

Hancock County Community Health Assessment



This Comprehensive Community Assessment
spanning Birth through Adulthood has been
commissioned by:

The Hancock County
Be Healthy Now Coalition

2015



FOREWORD

Thank you for taking a copy of the 2015 Hancock County Community Needs Assessment. It was borne of a common vision held by leading community service organizations: to cooperatively identify and preserve our community's many health assets, and address our fewer, but important, health vulnerabilities.

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

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 higher quality of life for all. Using this Assessment as just one tool, any and every organization can play a role, large or small, in making Hancock County an even better place to live and work.

A hallmark of this report is the collaborative spirit that produced it. The professional expertise of Britney Ward, MPH, who led the project from her role as Director of Community Health Improvement at the Hospital Council of Northwest Ohio is evident throughout the report. Without time and talent of the following people who spearheaded the study design and implementation this report would not exist: Connie Ament, Greg Arnette, Kimberly Bash, Larry Busdeker, Carolyn Copus, Diane Franks, Michelle Kessler, Andrea Koepke, William Kose, Larry Kreps, Kathy Kreuchauf, Craig Kupferberg, Amy Miranda, Jennifer Rathburn, Marty Rothey, Dave Salucci, Tom Shindledecker, Noah Stuby, Precia Stuby, Zach Thomas, Barb Wilhelm, and Marty Williman . This group was fortunate to steward the generous financial support of the following major sponsors: Findlay-Hancock County Community Foundation, Blanchard Valley Health System, United Way of Hancock County, Findlay City Health Department, Hancock County Health Department, Hancock County ADAMHS Board/Community Partnership, and Hancock County Family and Children First Council, 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.

Their investment will pay dividends. We conducted this study to do much more than assess our community's health; we conducted it to guide and inspire improvement in Hancock County's quality of life, both collectively and individually. We are confident that it will serve that purpose.

Sincerely,

William Kose, Chief Quality Officer
Blanchard Valley Hospital

Stephen Mills, Health Commissioner
Findlay City Health Department

Katherine Kreuchauf, President
Findlay-Hancock County
Community Foundation

John Urbanski, President & CEO
United Way of Hancock County

FOREWORD

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Findlay-Hancock County Community Foundation
Blanchard Valley Health Systems
United Way of Hancock County
Findlay City Health Department
Hancock County Health Department
Hancock County ADAMHS Board/Community Partnership
Hancock County Family and Children First Council

This report has been commissioned by Be Health Now Hancock County Coalition:

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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 2015 Hancock County Health Assessment is available on the following websites:

Hancock County Combined General Health District
<http://Hancockcohealth.org/Hancock-county-public-health/>

Hospital Council of Northwest Ohio
<http://www.hcno.org/community/reports.html>

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ACKNOWLEDGEMENTS

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EXECUTIVE SUMMARY

This executive summary provides an overview of health-related data for Hancock County adults (19 years of age and older), youth (ages 12 through 18), and children (ages 0-11) who participated in a county-wide health assessment survey during August 2015 through November 2015. 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) and Youth Risk Behavior Surveillance System (YRBSS) and the National Survey of Children's Health (NSCH) developed by the Child and Adolescent Health Measurement Initiative. The Hospital Council of Northwest Ohio collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

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 6-12, and one for parents of children ages 0-11. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio 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 and adolescents. The investigators decided to derive the majority of the adult survey items from the BRFSS. The majority of the survey items for the adolescent survey were derived from the YRBSS. The majority of the survey items for the parents of children 0-11 were derived 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 NW Ohio conducted a series of meetings with the planning committee from Hancock County. During these meetings, banks of potential survey questions from the BRFSS, YRBSS, and NSCH surveys were reviewed and discussed. Based on input from the Hancock County planning committee, the Project Coordinator composed drafts of surveys containing 116 items for the adult survey, 78 items for the adolescent grades 6-12 survey, and 94 items for the 0-11 survey. The drafts were reviewed and approved by health education researchers at the University of Toledo.

SAMPLING | *Adult Survey*

Adults ages 19 and over living in Hancock County were used as the sampling frame for the adult survey. There were 56,041 persons ages 18 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 Allegra Marketing Services in Louisville, KY.

SAMPLING | Adolescent Survey

There were 7,295 persons ages 12 to 18 years old living 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 | 0-11 Survey

Children ages 0-11 residing in Hancock County were used as the sampling frames for the surveys. Using U.S. Census Bureau data, it was determined that 11,446 children ages 0-11 reside in Hancock County. The investigators conducted a power analysis based on a post-hoc distribution of variation in responses (70/30 split) 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). Because many of the items were identical between the 0-5 and 6-11 surveys, the responses were combined to analyze data for children 0-11. The sample size required to generalize to children ages 0-11 was 372. The random sample of mailing addresses of parents of children 0-11 from Hancock County was obtained from Allegra Marketing Services in Louisville, KY.

PROCEDURE | Adult Survey

Prior to mailing the survey to adults, an advance letter was mailed to 1,200 adults in Hancock County. This advance letter was personalized, printed on Be Healthy Now Hancock County stationery and was signed by William Kose, M.D., Chief Quality Officer, Blanchard Valley Regional Health Center, Stephen Mills, D.O., Health Commissioner, Findlay City Health Department, Katherine Kreuchauf, President, Findlay-Hancock County Community Foundation, and John Urbanski, President & CEO, United Way of Hancock County. 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.

Three 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 stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a \$2 incentive. Approximately three weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored 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 for the mailing was 48% (n=501: CI= \pm 4.36). 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 superintendents. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. 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 87% (n=381: CI= \pm 4.89).

Prior to mailing the survey to parents of 0-11 year olds, an advance letter was mailed to 2,400 parents in Hancock County. This advance letter was personalized, printed on Be Healthy Now Hancock County stationery and was signed by William Kose, M.D., Chief Quality Officer, Blanchard Valley Regional Health Center, Stephen Mills, D.O., Health Commissioner, Findlay City Health Department, Katherine Kreuchauf, President, Findlay-Hancock County Community Foundation, and John Urbanski, President & CEO, United Way of Hancock County. 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.

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DATA ANALYSIS

Individual responses were anonymous and confidential. Only group data are available. All data was analyzed by health education researchers at the University of Toledo using SPSS 17.0. 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 2010 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.

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.

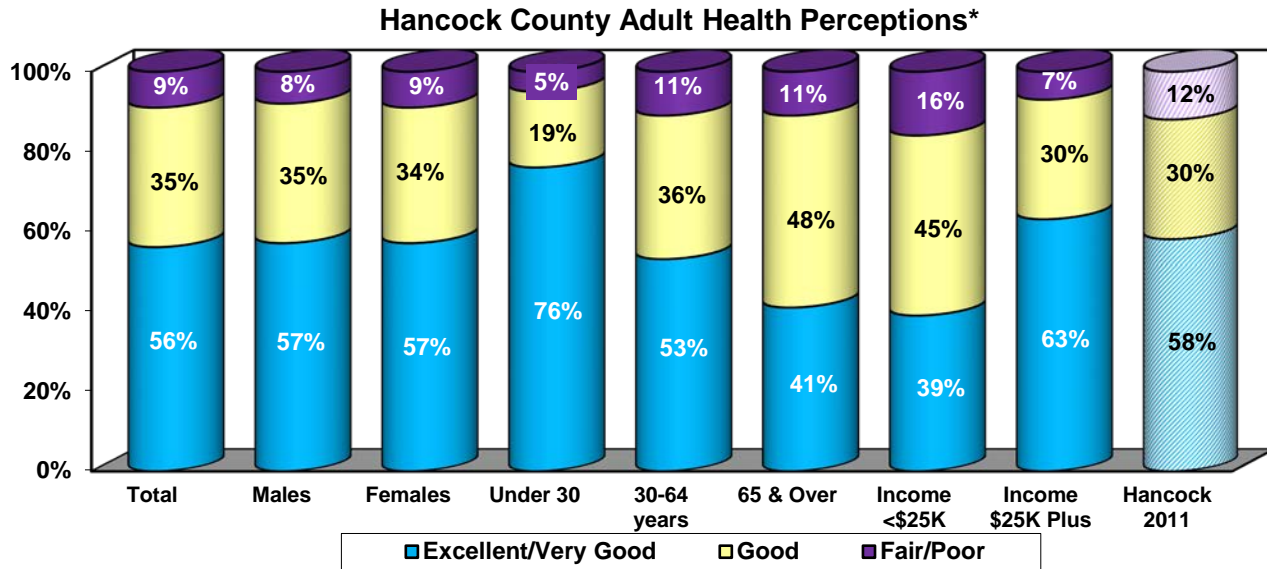
Second, it is important to note that, although several questions were asked using the same wording as the CDC questionnaires and the NSCH questionnaire, the adult and parent data collection method differed. CDC adult data and NSCH child data were collected using a set of questions from the total question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

Finally, this survey asked parents questions regarding their young children. Should enough parents feel compelled to respond in a socially desirable manner which is not consistent with reality, this would represent a threat to the internal validity of the results.

Data Summary

HEALTH PERCEPTIONS

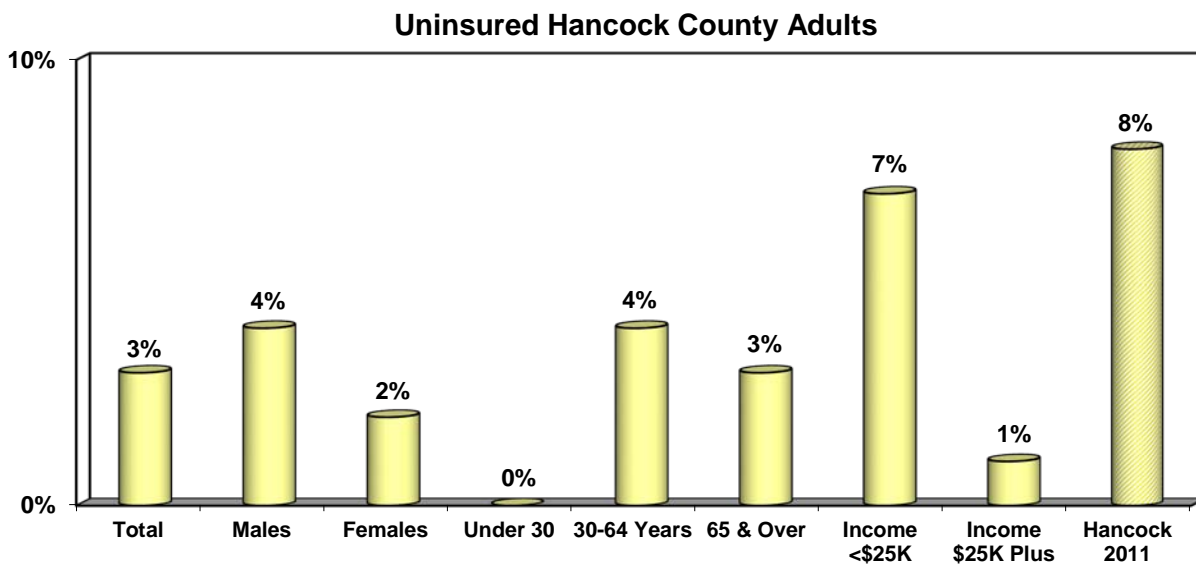
In 2015, more than half (56%) of the Hancock County adults rated their health status as excellent or very good. Conversely, 9% of adults, increasing to 11% of those over the age of 65, described their health as fair or poor.



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

HEALTH CARE COVERAGE

The 2015 Health Assessment data has identified that 3% of Hancock County adults were without health care coverage. Those most likely to be uninsured were adults with an income level under \$25,000. In Hancock County, 19.0% of residents live below the federal poverty level (Source: U.S. Census, American Community Survey 5 Year Estimate, 2013).



HEALTH CARE ACCESS

The 2015 Health Assessment project identified that 65% of Hancock County adults had visited a doctor for a routine checkup in the past year. 36% of adults went outside of Hancock County for health care services in the past year.

CARDIOVASCULAR HEALTH

Heart disease (20%) and stroke (7%) accounted for 27% of all Hancock County adult deaths in 2013 (Source: CDC Wonder, 2013). The 2015 Hancock County Health Assessment found that 4% of adults had survived a heart attack and 2% had survived a stroke at some time in their life. Over one-fourth (27%) of Hancock County adults were obese, 29% had been diagnosed with high blood pressure, 15% were sedentary, 33% had high blood cholesterol, and 13% were smokers, five known risk factors for heart disease and stroke.

**Hancock County
Leading Causes of Death
2013**

Total Deaths: 663

1. Cancer (24% of all deaths)
2. Heart Disease (20%)
3. Stroke (7%)
4. Chronic Lower Respiratory Diseases (7%)
5. Alzheimer’s disease (4%)

(Source: CDC Wonder, 2013)

CANCER

In 2015, 9% of Hancock County adults had been diagnosed with cancer at some time in their life. The Centers for Disease Control and Prevention (CDC) indicates that from 2009-2013, a total of 792 Hancock County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that not using tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

**Hancock County
Incidence of Cancer, 2008-2012**

All Types: 1,918 cases

- Prostate: 286 cases (15%)
- Breast: 269 cases (14%)
- Lung and Bronchus: 258 cases (13%)
- Colon and Rectum: 189 cases (10%)

In 2013, there were 161 cancer deaths in Hancock County.

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 1/9/2014)

DIABETES

In 2015, 9% of Hancock County adults had been diagnosed with diabetes.

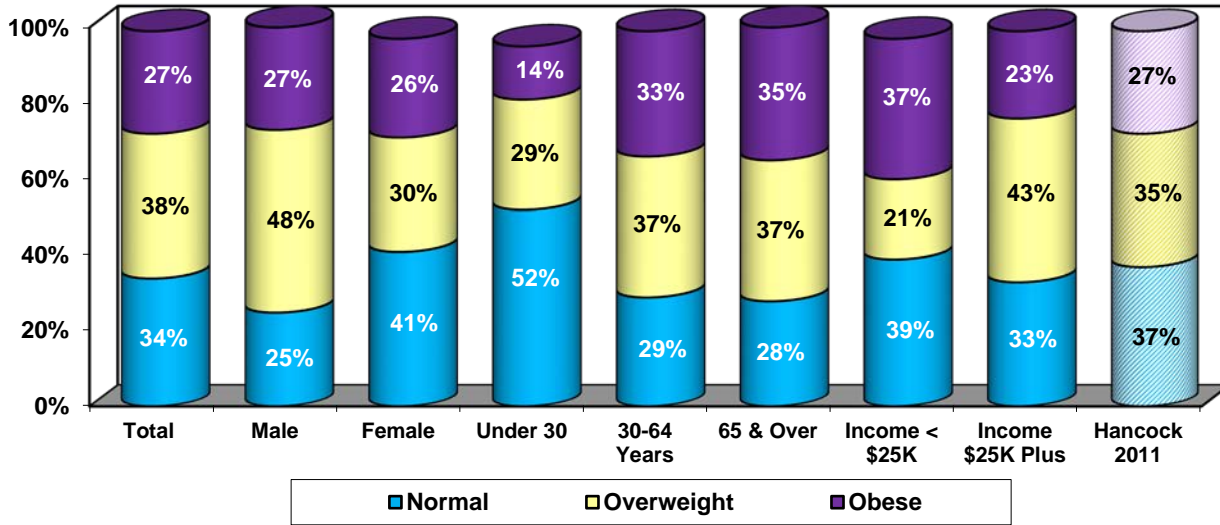
ASTHMA

In 2015, 11% of Hancock County adults had been diagnosed with asthma.

ADULT WEIGHT STATUS

The 2015 Health Assessment identified that 65% of Hancock County adults were overweight or obese based on Body Mass Index (BMI). More than one-fourth (27%) of Hancock County adults were obese. The 2014 BRFSS indicates that 33% of Ohio and 30% of U.S. adults were obese by BMI. More than two-fifths (42%) of adults were trying to lose weight.

Hancock County Adult BMI Classifications

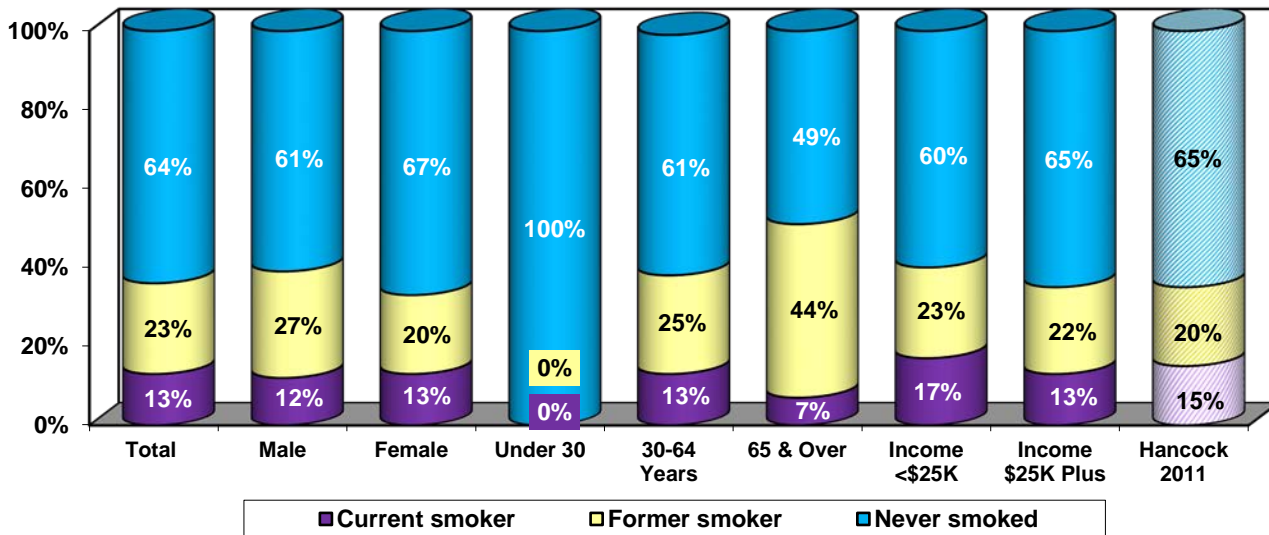


(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)

ADULT TOBACCO USE

In 2015, 13% of Hancock County adults were current smokers and 23% were considered former smokers. In 2015, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death worldwide, and is responsible for the deaths of approximately half of long-term users. Each year, tobacco use is responsible for almost 6 million premature deaths, 80% of which are in low-and middle-income countries, and by 2030, this number is expected to increase to 8 million (Source: Cancer Facts & Figures, American Cancer Society, 2015).

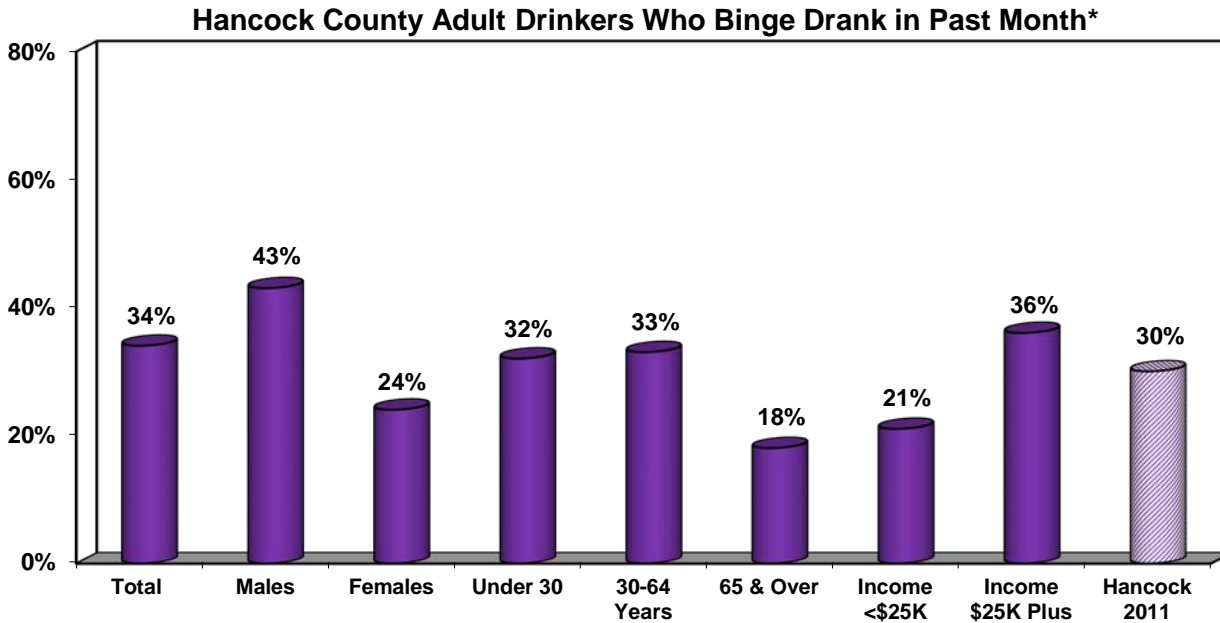
Hancock County Adult Smoking Behaviors



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

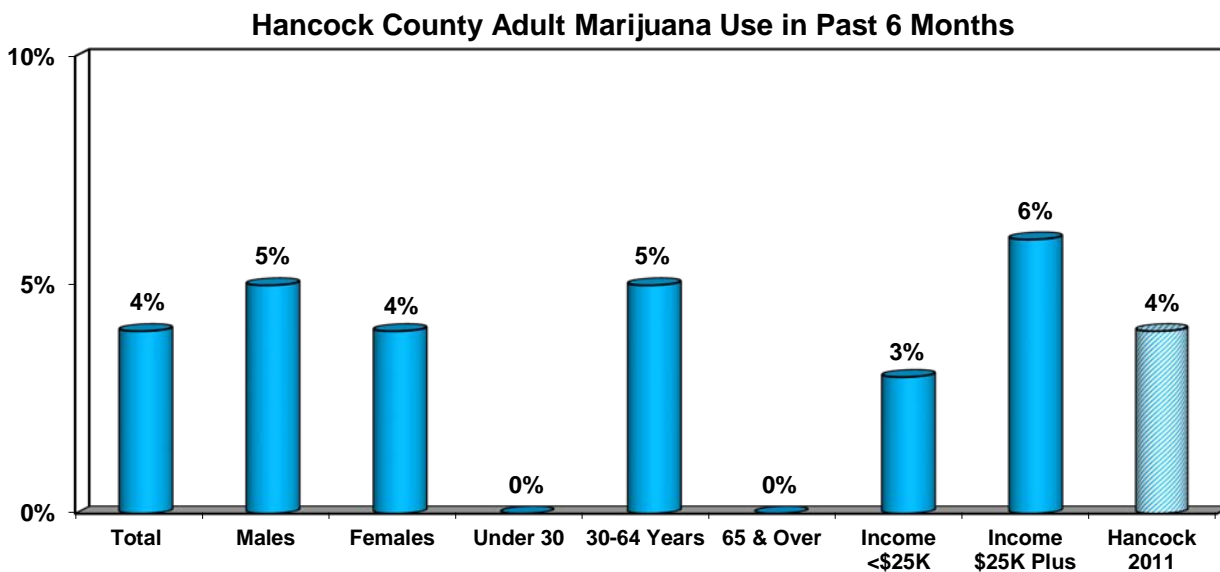
In 2015, the Health Assessment indicated that 15% of Hancock County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 34% of adults who drank had five or more drinks (for males) or 4 or more drinks (for females) on one occasion (binge drinking) in the past month. Four percent of adults drove after having perhaps too much to drink.



*Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion. Adults must have reported drinking five or more drinks (for males) or four or more drinks (for females) on an occasion at least once in the previous month.

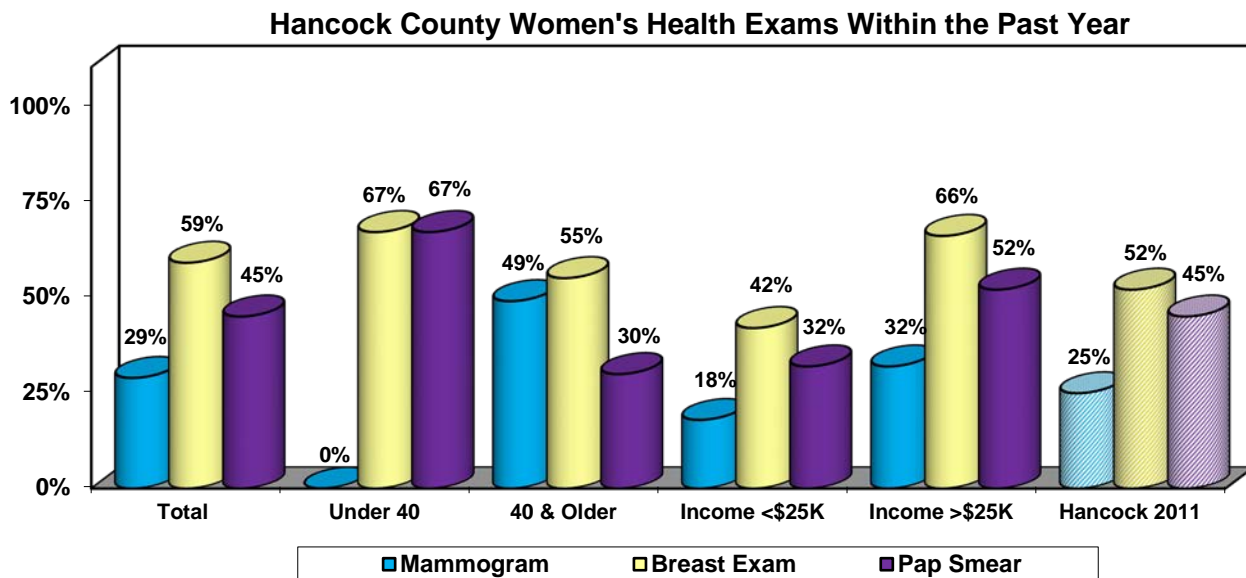
ADULT MARIJUANA AND OTHER DRUG USE

In 2015, 4% of Hancock County adults had used marijuana during the past 6 months. 9% 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.



WOMEN'S HEALTH

In 2015, nearly half (49%) of Hancock County women over the age of 40 reported having a mammogram in the past year. 59% of Hancock County women ages 19 and over had a clinical breast exam and 45% had a Pap smear to detect cancer of the cervix in the past year. The Health Assessment determined that 1% of women survived a heart attack and 2% survived a stroke at some time in their life. More than one-fourth (26%) had high blood pressure, 31% had high blood cholesterol, 26% were obese, and 13% were identified as smokers, known risk factors for cardiovascular diseases.



MEN'S HEALTH

In 2015, 47% of Hancock County males over the age of 50 had a Prostate-Specific Antigen (PSA) test. Major cardiovascular diseases (heart disease and stroke) accounted for 28% and cancers accounted for 28% of all male deaths in Hancock County from 2011-2013. The Health Assessment determined that 4% of men survived a heart attack and 2% survived a stroke at some time in their life. More than one-fourth (27%) of men had been diagnosed with high blood pressure, 34% had high blood cholesterol, and 12% were identified as smokers, which, along with obesity (27%), are known risk factors for cardiovascular diseases.

PREVENTIVE MEDICINE AND HEALTH SCREENINGS

More than two-thirds (70%) of adults ages 65 and over had a flu vaccination in the past year. More than half (57%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy within the past 5 years.

ADULT SEXUAL BEHAVIOR & PREGNANCY OUTCOMES

In 2015, nearly two-thirds (66%) of Hancock County adults had sexual intercourse. Four percent of adults had more than one partner. Prevalence estimates suggest that young people aged 15-24 years acquire half of all new STDs and that 1 in 4 sexually active adolescent females have an STD, such as chlamydia or human papilloma virus (HPV) (*Source: CDC, STDs in Adolescents and Young Adults, 2014 STD Surveillance*).

QUALITY OF LIFE

In 2015, 19% of Hancock County adults were limited in some way because of a physical, mental or emotional problem.

SOCIAL CONTEXT

In 2015, 2% of Hancock County adults were threatened and 5% were abused in the past year (including physical, sexual, emotional, financial, and verbal abuse). 37% of adults reported having firearms in and around their homes.

MENTAL HEALTH AND SUICIDE

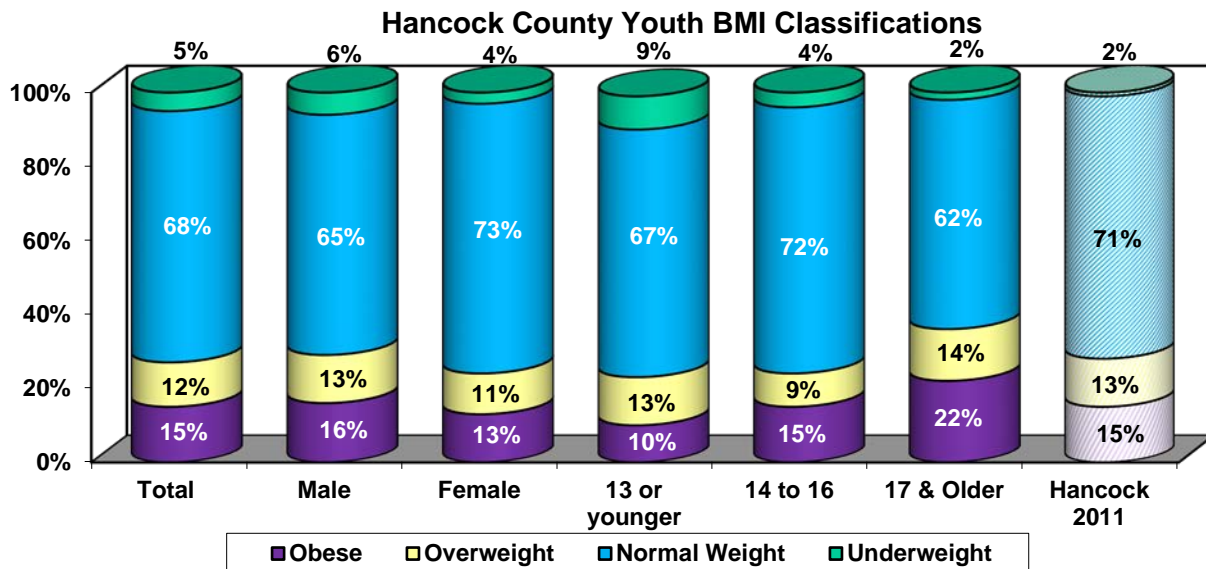
In 2015, 4% of Hancock County adults considered attempting suicide. 35% of adults felt worried, tense, or anxious in the past year.

ORAL HEALTH

The 2015 Health Assessment project has determined that nearly three-fourths (72%) of Hancock County adults had visited a dentist or dental clinic in the past year. The 2014 BRFSS reported that 67% of Ohio and U.S. adults had visited a dentist or dental clinic in the previous twelve months. Almost three-fourths (72%) of Hancock County youth in grades 6-12 had visited the dentist for a check-up, exam, teeth cleaning, or other dental work in the past year, increasing to 77% of females (2013 YRBS reported 75% for Ohio).

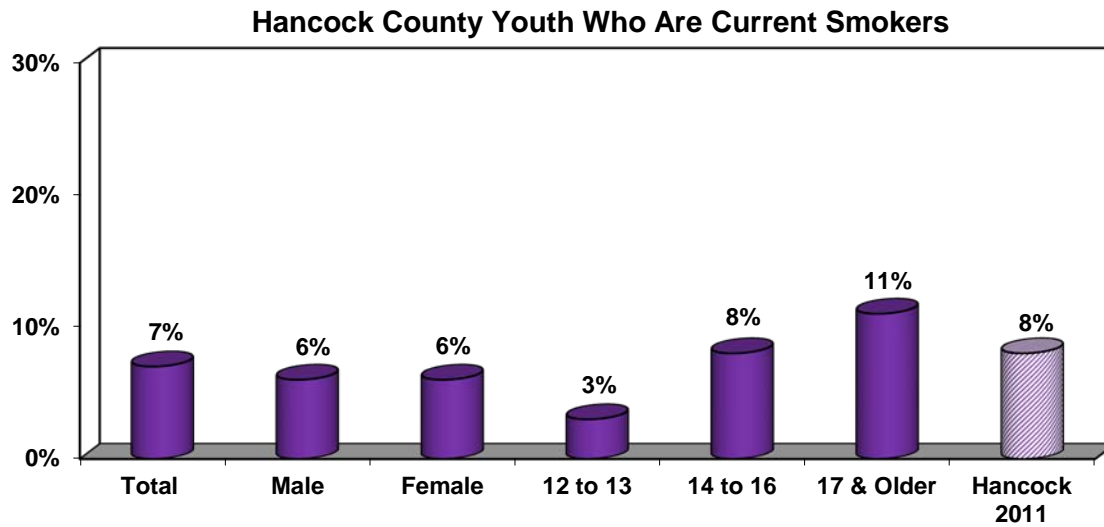
YOUTH WEIGHT STATUS

The 2015 Health Assessment identified that 15% of Hancock County youth were obese, according to Body Mass Index (BMI) by age. 75% of youth were exercising for 60 minutes on 3 or more days per week. 89% of youth were involved in extracurricular activities.



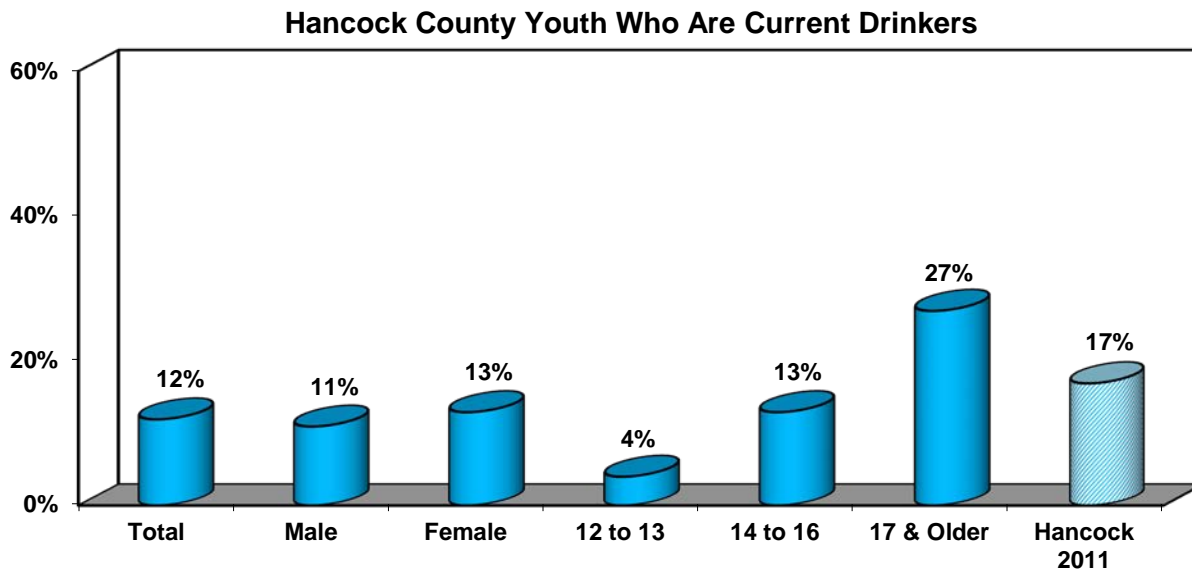
YOUTH TOBACCO USE

The 2015 Health Assessment identified that 7% of Hancock County youth in grades 6-12 were smokers. The average age of onset for smoking was 13.2 years old. 58% of current smokers were also current drinkers.



YOUTH ALCOHOL CONSUMPTION

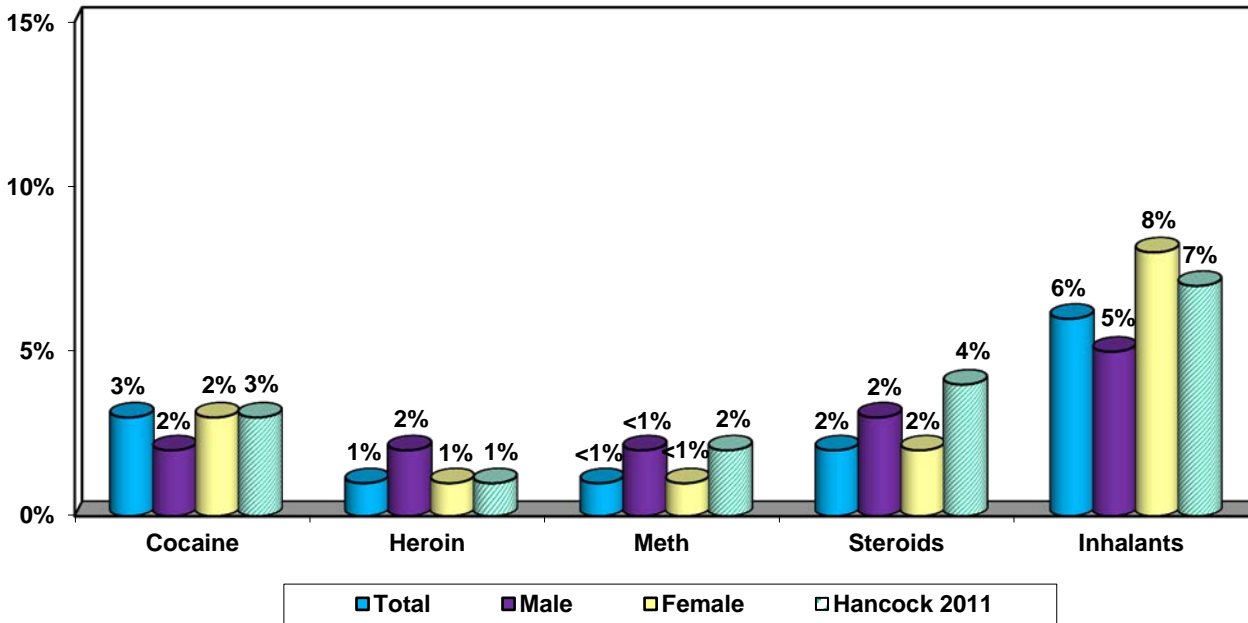
In 2015, the Health Assessment results indicated that 37% of Hancock County youth in grades 6-12 had drunk at least one drink of alcohol in their life, increasing to 58% of youth seventeen and older. 12% of all Hancock County 6th-12th grade youth and 27% of those over the age of 17 had at least one drink in the past 30 days. Over one-third (39%) of the 6th-12th grade youth who reported drinking in the past 30 days had at least one episode of binge drinking. 3% of all youth drivers had driven a car in the past month after they had been drinking alcohol.



YOUTH DRUG USE

In 2015, 7% of Hancock County 6th-12th grade youth had used marijuana at least once in the past 30 days. 5% of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life, increasing to 12% of those over the age of 17.

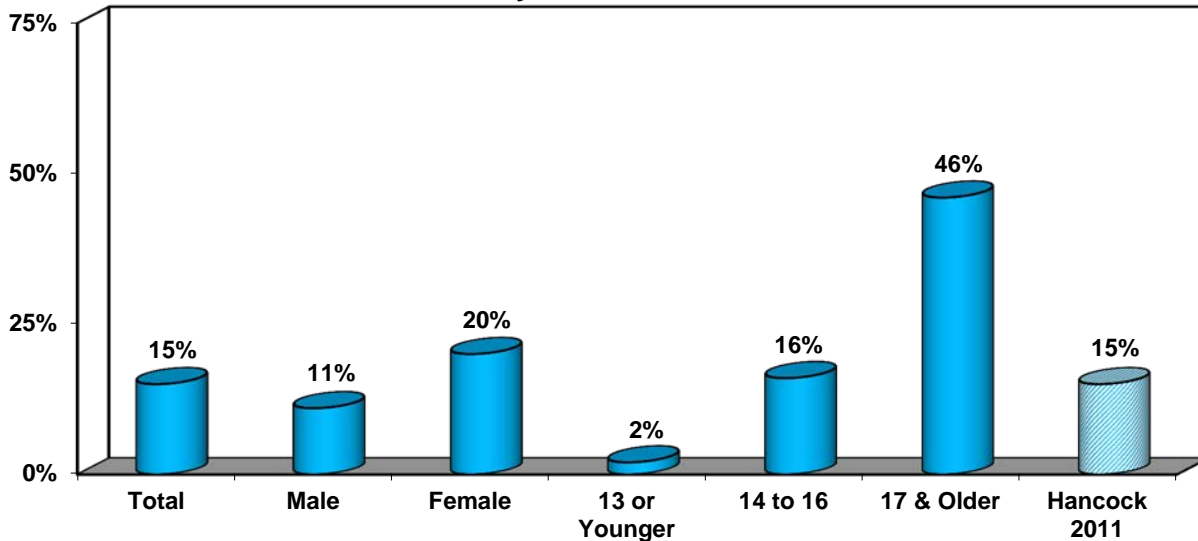
Hancock County Youth Lifetime Drug Use



YOUTH SEXUAL BEHAVIOR & PREGNANCY OUTCOMES

In 2015, nearly one in seven (15%) of Hancock County youth have had sexual intercourse, increasing to 46% of those ages 17 and over. 13% of youth had participated in oral sex and 3% had participated in anal sex. 19% of youth participated in sexting. Of those who were sexually active, 52% had multiple sexual partners. Two Hancock County school districts did not ask sexual health questions in all grades.

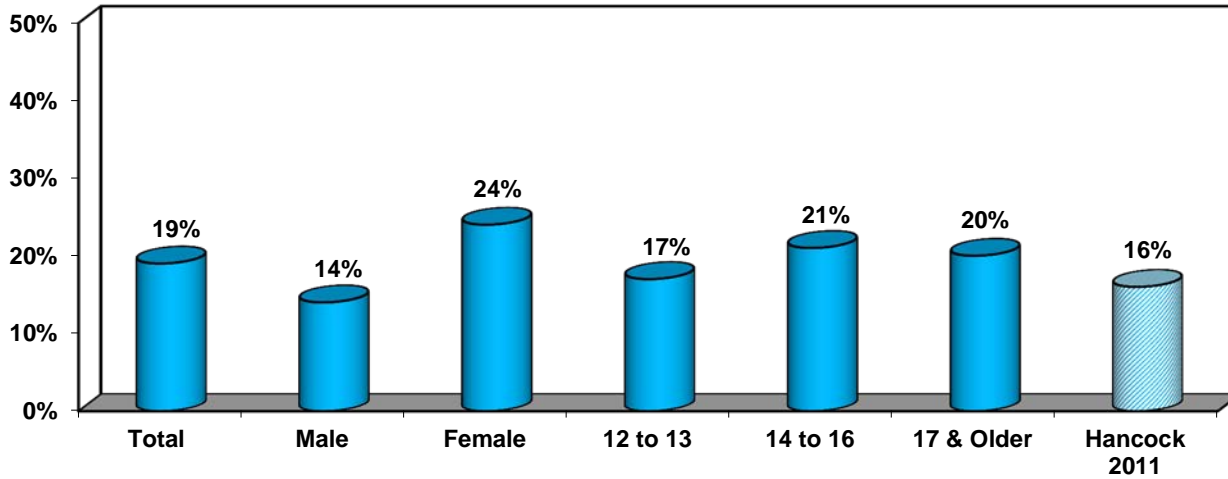
Hancock County Youth Who Had Sexual Intercourse



YOUTH MENTAL HEALTH AND SUICIDE

In 2015, the Health Assessment results indicated that 13% of Hancock County 6th-12th grade youth had seriously considered attempting suicide in the past year and 7% admitted actually attempting suicide in the past year.

Hancock County Youth Who Felt Sad or Hopeless Almost Every Day for Two Weeks or More in a Row



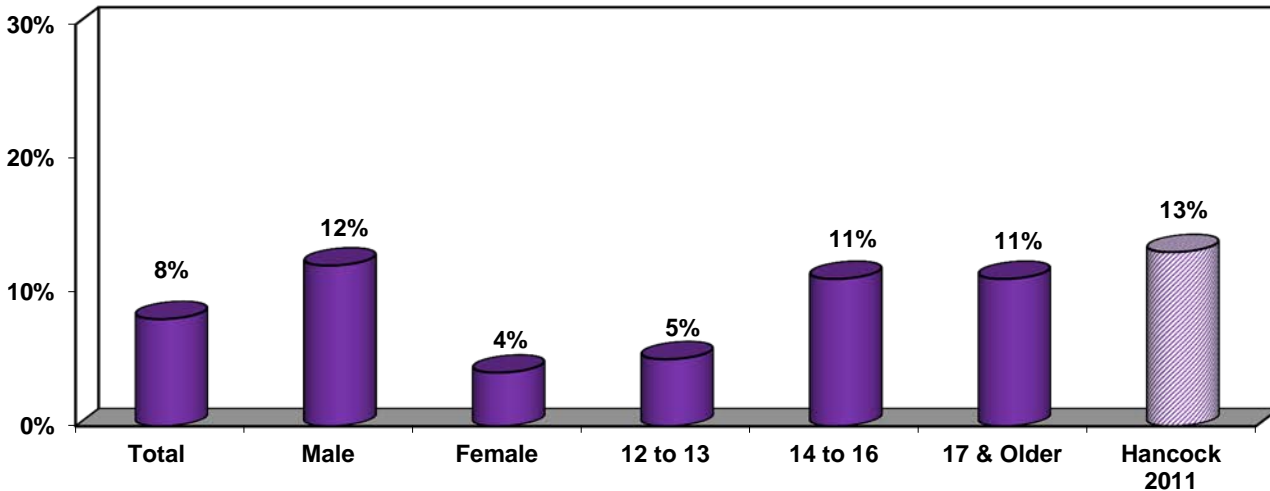
YOUTH SAFETY

In 2015, 16% of youth had ridden in a car driven by someone who had been drinking alcohol in the past month and 3% of youth drivers had driven after drinking alcohol. 41% of youth drivers texted while driving. 23% of youth had three or more adverse childhood experiences.

YOUTH VIOLENCE

In Hancock County, 5% of youth had been threatened or injured with a weapon on school property in the past year. 51% of youth had been bullied in the past year. *One school did not ask about forced sexual intercourse.

Hancock County Youth Carrying a Weapon During the Past 30 Days



CHILD HEALTH AND FUNCTIONAL STATUS

In 2015, 17% of children were classified as obese by Body Mass Index (BMI) calculations. 83% of Hancock County parents had taken their child to the dentist in the past year. 9% of Hancock County parents reported their child had been diagnosed with asthma and 4% reported their child had been diagnosed with ADD/ADHD.

CHILD HEALTH INSURANCE, ACCESS & UTILIZATION

In 2015, 4% of Hancock County parents reported their 0-11 year old did not have health insurance at some point in the past year. 19% of parents reported they had taken their child to the hospital emergency room in the past year. 82% 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. In 2015, 93% of Hancock County parents reported their child always rode in a car seat/booster seat when a passenger in a car. 94% of mothers got prenatal care within the first three months during their last pregnancy. 6% of mothers smoked during their last pregnancy. 81% of parents put their child to sleep on his/her back. 29% 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. In 2015, 63% of Hancock County parents reported their child always feels safe at school. 47% of parents reported their child was bullied at some time in the past year. 88% of parents reported their child participated in extracurricular activities. 26% of parents reported their child had an email or a social network account.

FAMILY FUNCTIONING, NEIGHBORHOOD AND COMMUNITY CHARACTERISTICS

In 2015, 74% of Hancock County parents reported their 0-11 year old child slept 10-11 hours per night. 93% of parents reported their neighborhood was always or usually safe enough for their child to go out and play. 20% of parents reported someone in their household used cigarettes, cigars, or pipe tobacco.

PARENT HEALTH

35% of parents were overweight and 24% were obese. Parents missed work an average of 1.5 days per year due to their child being ill or injured.

Adult I TREND SUMMARY

Adult Variables	Hancock County 2011	Hancock County 2013	Hancock County 2015	Ohio 2014	U.S. 2014
Health Status and Coverage					
Rated health as excellent or very good	58%	N/A	56%	51%	53%
Rated general health as fair or poor	12%	N/A	9%	18%	17%
Uninsured	8%	N/A	3%	10%	13%
Diabetes & Asthma					
Has been diagnosed with diabetes	6%	N/A	9%	12%	10%
Has been diagnosed with asthma	11%	N/A	11%	15%	14%
Cardiovascular Health					
Had a heart attack	4%	N/A	4%	5%	4%
Had a stroke	3%	N/A	2%	4%	3%
Had high blood pressure	24%	N/A	29%	34%*	31%*
Had high blood cholesterol	36%	N/A	33%	38%*	38%*
Weight Status					
Overweight	35%	34%	38%	34%	35%
Obese	27%	32%	27%	33%	30%
Alcohol Consumption					
Drank alcohol at least once in past month	51%	N/A	60%	53%	53%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	15%	23%	19%	18%	16%
Tobacco Use					
Current smoker (currently smoke some or all days)	18%	N/A	13%	21%	11%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	20%	N/A	23%	25%	25%
Drug Use					
Adults who used marijuana in the past 6 months	4%	N/A	4%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	4%	N/A	9%	N/A	N/A
Preventive Health					
Had a flu vaccine in the past year (ages 65 and over)	62%	N/A	63%	56%	61%
Had a mammogram in the past two years (ages 40 and older)	59%	N/A	61%	72%	73%
Had a pap smear in the past three years	70%	N/A	71%	74%	75%
Had a digital rectal exam within the past year	30%	N/A	18%	N/A	N/A
Had a PSA test within the past year	31%	N/A	28%	43%	43%

N/A - not available

*2012 BRFSS Data

TREND SUMMARY

Adult Variables	Hancock County 2011	Hancock County 2013	Hancock County 2015	Ohio 2014	U.S. 2014
Quality of Life					
Limited in some way because of physical, mental or emotional problem	20%	N/A	19%	22%	20%
Mental Health					
Considered attempting suicide in the past year	3%	N/A	4%	N/A	N/A
Attempted suicide in the past year	<1%	1%	1%	N/A	N/A
Social Context and Safety					
Threatened to be abused in the past year	N/A	5%	2%	N/A	N/A
Abused in the past year	3%	11%	5%	N/A	N/A
Attempted to get assistance from a social service agency	16%	16%	16%	N/A	N/A
Called 2-1-1 for assistance	2%	4%	2%	N/A	N/A
Never heard of 2-1-1	74%	73%	58%	N/A	N/A
Neighborhood extremely safe/quite safe	N/A	86%	78%	N/A	N/A
Neighborhood slightly unsafe/not safe at all	N/A	14%	19%	N/A	N/A
Three or more adverse childhood experiences	N/A	15%	17%	N/A	N/A
Oral Health					
Adults who have visited the dentist in the past year	71%	N/A	72%	65%	65%

N/A - not available

* 2013 BFRSS Data

**2010 BFRSS Data

Youth | TREND SUMMARY

Youth Variables	Hancock County 2011 (6 th -12 th)	Hancock County 2015 (6 th -12 th)	Hancock County 2015 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Weight Control					
Obese	15%	15%	17%	13%	14%
Overweight	13%	12%	12%	16%	17%
Trying to lose weight	42%	41%	41%	47%	48%
Exercised to lose weight	29%	39%	44%	61%‡	61%‡
Ate less food, fewer calories, or foods lower in fat to lose weight	20%	26%	28%	43%‡	39%‡
Went without eating for 24 hours or more	2%	4%	3%	10%	13%
Took diet pills, powders, or liquids without a doctor's advice	<1%	2%	2%	5%	5%
Vomited or took laxatives	<1%	2%	2%	5%	4%
Physically active at least 60 minutes per day on every day in past week	55%	57%	57%	48%	47%
Physically active at least 60 minutes per day on 5 or more days in past week	11%	14%	17%	13%	15%
Did not participate in at least 60 minutes of physical activity on any day in past week	15%	15%	17%	13%	14%
Unintentional Injuries & Violence					
Carried a weapon in past month	13%	8%	10%	14%	18%
Threatened or injured with a weapon on school property in past year	5%	5%	5%	8%‡	7%
Did not go to school because felt unsafe	4%	5%	3%	5%	7%
Bullied in past year	41%	51%	47%	N/A	N/A
Electronically/cyber bullied in past year	7%	13%	14%	15%	15%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	6%	4%	6%	7%	9%‡
Physically forced to have sexual intercourse	6%	7%	8%	7%	7%
Mental Health					
Youth who had seriously considered attempting suicide in the past year	12%	13%	12%	14%	17%
Youth who had attempted suicide in the past year	9%	7%	7%	6%	8%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	16%	19%	19%	26%	30%
Alcohol Consumption					
Ever tried alcohol	40%	37%	50%	71%*	66%
Current drinker	17%	12%	18%	30%	35%
Binge drinker (of all youth)	9%	7%	10%	16%	21%
Drank for the first time before age 13 (of all youth)	N/A	14%	14%	13%	19%
Rode with someone who was drinking	15%	16%	17%	17%	22%
Drank and drove (of youth drivers)	3%	3%	4%	4%	10%
Obtained the alcohol they drank by someone giving it to them	33%	27%	33%	38%	42%

* Comparative YRBS data for Ohio and U.S. is 2011, ‡ Comparative YRBS data for Ohio is 2007 and U.S. is 2009
 N/A - Not available

TRENDS SUMMARY

Youth Variables	Hancock County 2011 (6 th -12 th)	Hancock County 2015 (6 th -12 th)	Hancock County 2015 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Tobacco Use					
Ever tried cigarettes	22%	22%	33%	52%*	41%
Current smokers	8%	7%	9%	15%	16%
Smoked cigarettes on 20 or more days during the past month (of all youth)	3%	2%	4%	7%	6%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	N/A	7%	7%	14%*	9%
Sexual Behavior					
Ever had sexual intercourse	15%	15%	24%	43%	47%
Used a condom at last intercourse	55%	54%	63%	51%	59%
Used birth control pills at last intercourse	28%	31%	37%	24%	19%
Did not use any method to prevent pregnancy during last sexual intercourse	2%	12%	14%	12%	14%
Had four or more sexual partners (of all youth)	4%	3%	5%	12%	15%
Drank alcohol or used drugs before last sexual intercourse (of sexually active youth)	5%	9%	11%	18%	22%
Had sexual intercourse before age 13 (of all youth)	N/A	2%	1%	4%	6%
Drug Use					
Youth who used marijuana in the past month	7%	7%	11%	21%	23%
Ever used methamphetamines	2%	1%	2%	6%‡	3%
Ever used cocaine	3%	3%	4%	4%	6%
Ever used heroin	1%	1%	2%	2%	2%
Ever used steroids	4%	2%	2%	3%	3%
Ever used inhalants	7%	6%	5%	9%	9%
Ever misused medications	7%	5%	7%	N/A	N/A
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	13%	6%	8%	20%	22%
Personal Health					
Never or rarely wore a seatbelt	10%	8%	7%	8%	8%
Visited a dentist for a check-up within the past year	80%	72%	73%	75%	N/A

* Comparative YRBS data for Ohio and U.S. is 2011, ‡ Comparative YRBS data for Ohio is 2007 and U.S. is 2009

N/A - Not available

Child I TREND SUMMARY

Child Comparisons	Hancock County 2015 Ages 0-5	Hancock County 2015 Ages 0-5	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Hancock County 2015 Ages 6-11	Hancock County 2015 Ages 6-11	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Health and Functional Status								
Rated health as excellent or very good	93%	97%	89%	86%	90%	93%	86%	83%
Dental care visit in past year	54%	65%	50%	54%	93%	92%	92%	88%
Diagnosed with asthma	6%	4%	6%	6%	11%	12%	10%	10%
Diagnosed with ADHD/ADD	1%	0%	N/A	2%**	10%	6%	12%	9%
Diagnosed with behavioral or conduct problems	2%	1%	N/A	2%**	5%	5%	5%	4%
Diagnosed with vision problems that cannot be corrected	1%	0%	N/A	<1%	2%	4%	N/A	2%
Diagnosed with bone, joint, or muscle problems	3%	0%	N/A	1%	2%	2%	N/A	2%
Diagnosed with a head injury	3%	2%	N/A	<1%	3%	1%	N/A	<1%
Diagnosed with diabetes	0%	0%	N/A	N/A	1%	1%	N/A	<1%
Diagnosed with depression	0%	0%	N/A	<1%**	2%	1%	N/A	2%
Never breastfed their child	22%	17%	29%	21%	29%	28%	N/A	N/A
Health Care Coverage, Access and Utilization								
Had public insurance	11%	15%	40%	44%	11%	17%	34%	37%
Not covered by insurance at some time during past year	4%	4%	7%	11%	6%	3%	5%	12%
Been to doctor for preventive care in past year	89%	91%	94%	90%	54%	76%	86%	82%
2 or more visits to the ER	9%	9%	8%¥	8%¥	6%	2%	6%¥	4%¥
Received all the medical care they needed	95%	87%	99%¥	99%¥	92%	86%	98%¥	98%¥
Have a personal doctor or nurse	79%	86%	91%	91%	81%	86%	93%	90%

N/A - Not available

*2007 National Survey of Children's Health data

** Ages 2-5

¥ 2003 National Survey of Children's Health data

TRENDS SUMMARY

Child Comparisons	Hancock County 2011 Ages 0-5	Hancock County 2015 Ages 0-5	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Hancock County 2011 Ages 6-11	Hancock County 2015 Ages 6-11	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Family Functioning, Neighborhood and Community Characteristics								
Parent reads to child every day	31%	40%	53%	48%	6%	16%	N/A	N/A
Family eats a meal together every day of the week	51%	40%	63%	61%	44%	35%	45%	47%
Child never attends religious services	30%	36%	N/A	N/A	25%	22%	22%	18%
Neighborhood is usually or always safe	98%	97%	88%	86%	93%	91%	86%	86%
Someone in house smokes tobacco	15%	17%	29%	23%	23%	22%	34%	25%
Middle Childhood (6-11 Year Olds)								
Child did not miss any days of school because of illness or injury	N/A	N/A	N/A	N/A	16%	18%	16%*	22%*
Child missed school 11 days or more because of illness or injury	N/A	N/A	N/A	N/A	6%	4%	8%*	5%*
Parent felt child was usually/always safe at school	N/A	N/A	N/A	N/A	96%	96%	96%	94%
Parent Health								
Mother's mental or emotional health is fair/poor	2%	5%	7%	7%	5%	5%	10%	8%
Father's mental or emotional health is fair/poor	4%	0%	N/A	3%	3%	0%	7%	5%

N/A – Not available

*2007 National Survey of Children's Health

‡ Children ages 4months-5 years

Adult | HEALTH STATUS PERCEPTIONS

Key Findings

In 2015, more than half (56%) of the Hancock County adults rated their health status as excellent or very good. Conversely, 9% of adults, increasing to 11% of those over the age of 65, described their health as fair or poor.

Adults Who Rated General Health Status Excellent or Very Good

- Hancock County 56% (2015)
- Ohio 51% (2014)
- U.S. 53% (2014)

(Source: BRFSS 2014 for Ohio and U.S.)

General Health Status

- In 2015, more than half (56%) of Hancock County adults rated their health as excellent or very good. Hancock County adults with higher incomes (63%) were most likely to rate their health as excellent or very good, compared to 39% of those with incomes less than \$25,000.
- 9% of adults rated their health as fair or poor. The 2014 BRFSS has identified that 18% of Ohio and 17% of U.S. adults self-reported their health as fair or poor.
- Hancock County adults were most likely to rate their health as fair or poor if they:
 - Had been diagnosed with diabetes (32%)
 - Were a member of an unmarried couple (21%)
 - Had high blood pressure (18%)
 - Had an annual household income under \$25,000 (16%)
 - Had high blood cholesterol (14%)

Physical Health Status

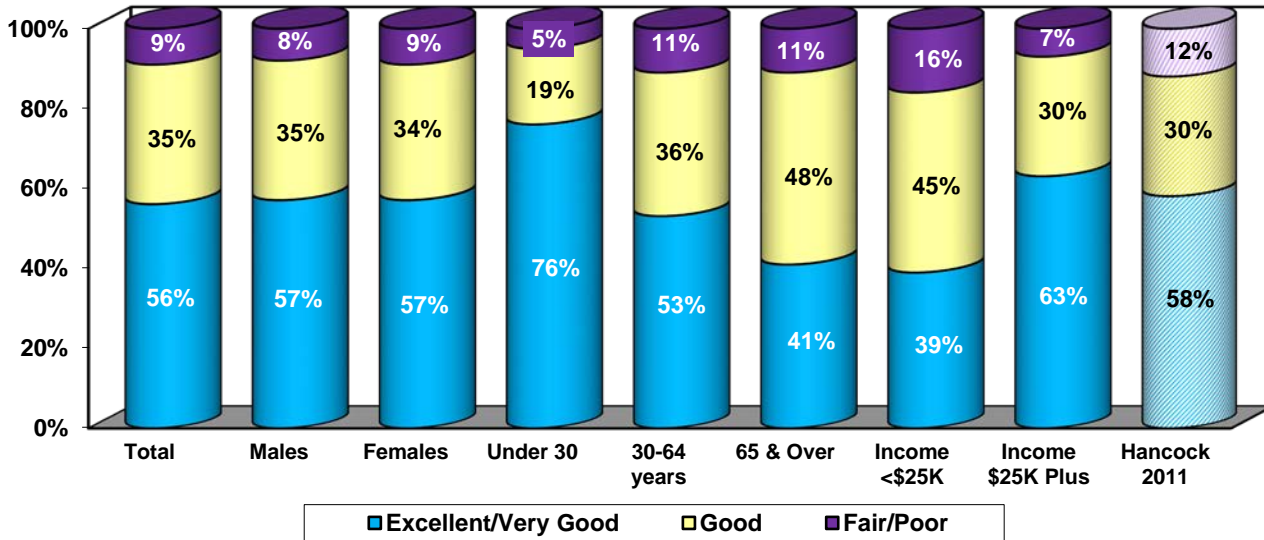
- In 2015, 14% of Hancock County adults rated their physical health as not good on four or more days in the previous month.
- Hancock County adults reported their physical health as not good on an average of 2.4 days in the previous month. Ohio and U.S. adults reported their physical health as not good on an average of 3.9 days and 3.7 days, respectively in the previous month (Source: 2010 BRFSS).
- Hancock County adults were most likely to rate their physical health as not good if they:
 - Had an annual household income under \$25,000 (27%)
 - Were ages 30-64 (18%)

Mental Health Status

- In 2015, 22% 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 3.2 days in the previous month. Ohio and U.S. adults reported their mental health as not good on an average of 3.9 days and 3.5 days, respectively, in the previous month (Source: 2010 BRFSS).
- More than one-fifth (21%) 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 mental health as not good if they:
 - Had an annual household income under \$25,000 (35%)
 - Were female (24%)

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: 56% of all Hancock County adults, 76% of those under age 30, and 41% of those ages 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?"

Adult Comparisons	Hancock County 2011	Hancock County 2015	Ohio 2014	U.S. 2014
Rated health as excellent or very good	58%	56%	51%	53%
Rated health as fair or poor	12%	9%	18%	17%

* Hancock County did not ask health status perceptions questions in 2013

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	76%	7%	3%	2%	8%
Females	61%	17%	5%	2%	10%
Total	68%	12%	4%	2%	9%
Mental Health Not Good in Past 30 Days*					
Males	64%	9%	8%	2%	11%
Females	61%	12%	2%	5%	16%
Total	64%	10%	5%	3%	13%

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

Adult | HEALTH CARE COVERAGE

Key Findings

The 2015 Health Assessment data has identified that 3% of Hancock County adults were without health care coverage. Those most likely to be uninsured were adults with an income level under \$25,000. In Hancock County, 19.0% of residents live below the federal poverty level (Source: U.S. Census, American Community Survey 5 Year Estimate, 2013).

General Health Coverage

- In 2015, 97% Hancock County adults had health care coverage, leaving 3% who were uninsured. The 2014 BRFSS reports uninsured prevalence rates for Ohio (10%) and the U.S. (13%).
- In the past year, 3% of adults were uninsured, increasing to 7% of those with incomes less than \$25,000.
- 2% of adults with children did not have healthcare coverage, compared to 3% of those who did not have children living in their household.
- The following types of health care coverage were used: employer (45%), Medicare (14%), someone else's employer (13%), Medicaid or medical assistance (7%), multiple-including private sources (7%), self-paid plan (6%), multiple-including government sources (5%), Health Insurance Marketplace (1%), military or VA (1%), and other (1%).

Hancock County and Ohio Medicaid Statistics		
Average Members Per Year 2010	Hancock County Residents Enrolled in Medicaid	Ohio Residents Enrolled in Medicaid
Ages 0-18	5,873 (57%)	1,159,095 (55%)
Ages 19-64	3,864 (37%)	787,749 (38%)
Ages 65 and Over	655 (6%)	155,896 (7%)
Total	10,391 (100%)	2,102,740 (100%)

**(Percent of Members Enrolled = Total Enrollment/Population per U.S. Census Bureau)*

(Source: Ohio Department of Job & Family Services, Hancock County 2008-2011 Profile, <http://jfs.ohio.gov/county/cntypro/pdf11/Hancock.pdf>)

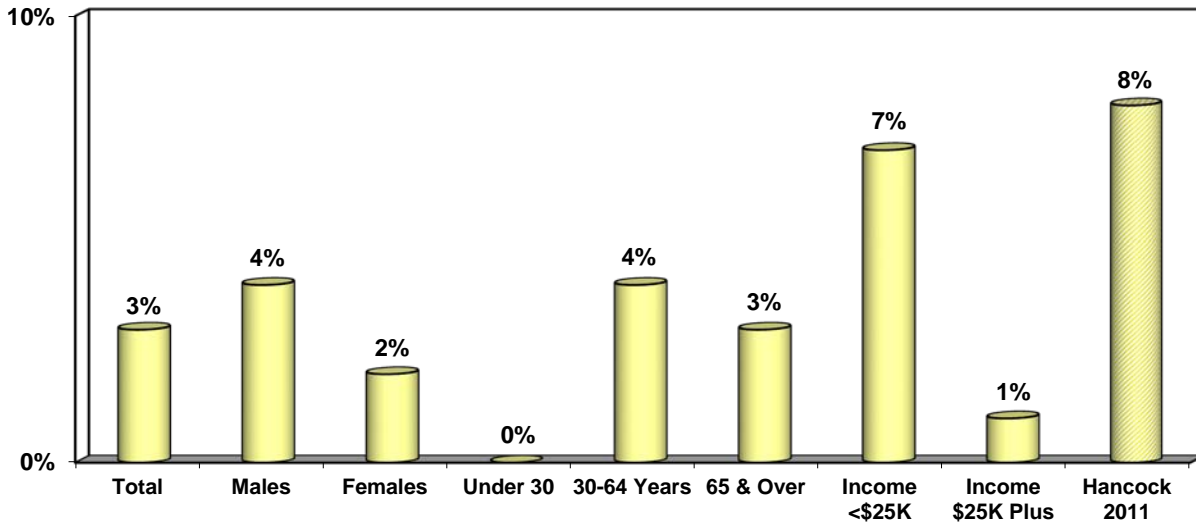
3% of Hancock County adults were uninsured.

- Hancock County adult health care coverage includes the following: medical (100%), prescription coverage (93%), immunizations (80%), preventive health (74%), dental (68%), vision (66%), outpatient therapy (63%), their spouse (60%), their children (57%), mental health (51%), mental health counseling (47%), alcohol and drug treatment (36%), their partner (30%), home care (24%), hospice (22%), skilled nursing (21%), long-term care (21%), transportation (11%), and assisted living (11%).
- The top reasons uninsured adults gave for being without health care coverage were:
 1. They lost their job or changed employers (52%)
 2. They could not afford to pay the insurance premiums (45%)
 3. Their employer does not/stopped offering coverage (21%)

(Percentages do not equal 100% because respondents could select more than one reason)

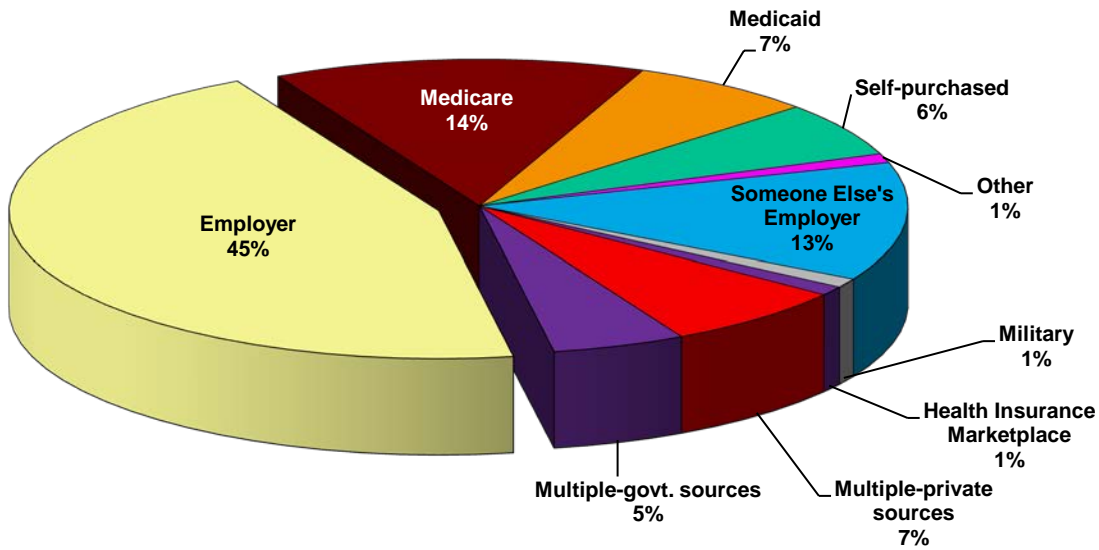
The following graph shows the percentages of Hancock County adults who were uninsured by demographic characteristics. Examples of how to interpret the information in the graph includes: 3% of all Hancock County adults were uninsured, 7% of adults with an income less than \$25,000 reported being uninsured and 0% of those under age 30 lacked health care coverage. The pie chart shows sources of Hancock County adults' health care coverage.

Uninsured Hancock County Adults



7% of Hancock County adults with incomes less than \$25,000 were uninsured.

Source of Health Coverage for Hancock County Adults



Adult Comparisons	Hancock County 2011	Hancock County 2015	Ohio 2014	U.S. 2014
Uninsured	8%	3%	10%	13%

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

Healthy People 2020
Access to Health Services (AHS)

Objective	Hancock County 2015	Ohio 2014	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health care insurance	100% age 20-24 96% age 25-34 96% age 35-44 98% age 45-54 95% age 55-64	87% age 18-24 80% age 25-34 89% age 35-44 90% age 45-54 91% age 55-64	100%

*U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2014 BRFSS, 2015 Hancock County Health Assessment)

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

Health Coverage Includes:	Yes	No	Don't Know
Medical	100%	0%	<1%
Prescription Coverage	93%	5%	2%
Immunizations	80%	6%	14%
Preventive Health	74%	6%	20%
Dental	68%	29%	2%
Vision	66%	32%	2%
Outpatient Therapy	63%	4%	33%
Their Spouse	60%	34%	6%
Their Children	57%	38%	5%
Mental Health	51%	13%	36%
Mental Health Counseling	47%	12%	41%
Alcohol and Drug Treatment	36%	10%	54%
Their Partner	30%	51%	19%
Home Care	24%	17%	59%
Hospice	22%	13%	65%
Skilled Nursing	21%	15%	64%
Long-Term Care	21%	22%	57%
Transportation	11%	24%	65%
Assisted Living	11%	25%	64%

Ohio Medicaid Assessment Survey

- Half of Ohio's adult Medicaid enrollees or their spouses work, and another 30 percent are individuals living with disabilities.
- Ohio's uninsured rate has been cut in half, from 17.3 percent in 2012 to 8.7 percent today.
- The rate of uninsured children in Ohio also has been cut in half, from 4.7 percent in 2012 to 2.0 percent in 2015. Medicaid eligibility for children has not changed, but aggressive enrollment efforts have resulted in Medicaid covering 46.1 percent of insured children, up from 42 percent in 2012.
- The rate of employer-sponsored insurance has remained constant since 2010, with nearly 55 percent of Ohioans covered through an employer.

(Source: Office of Health Transformation, Extend Medicaid Coverage and Automate Enrollment, 8/19/2015, from: <http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=EtKWtYqqEzU%3d&tabid=160>)

Adult | HEALTH CARE ACCESS AND UTILIZATION

Key Findings

The 2015 Health Assessment project identified that 65% of Hancock County adults had visited a doctor for a routine checkup in the past year. 36% of adults went outside of Hancock County for health care services in the past year.

Health Care Access

- Nearly two-thirds (65%) of Hancock County adults visited a doctor for a routine checkup in the past year, increasing to 88% of those over the age of 65.
- The 2014 BRFSS reports that 71% of Ohio adults and 70% of U.S. adults visited a doctor for a routine checkup in the past year.
- More than half (57%) of Hancock County adults reported they had one person they thought of as their personal doctor or healthcare provider, decreasing to 38% of those who were uninsured. 33% of adults had more than one person they thought of as their personal healthcare provider, and 9% did not have one at all.
- 13% of adults had a prescription from their doctor they did not get filled in the past year, increasing to 22% of those who were uninsured.
- 5% of adults indicated there was a time in the past year they needed care but could not get it, increasing to 7% of those with incomes less than \$25,000.
- Hancock County adults did not get the following major or preventive care because of cost: medication (8%), lab testing (7%), mammogram (5%), colonoscopy (5%), pap smear (4%), weight loss program (4%), immunizations (3%), mental health services (2%), PSA test (1%), surgery (1%), and smoking cessation (1%).
- 36% of adults went outside of Hancock County for the following health care services in the past year: specialty care (14%), primary care (9%), dental services (7%), neurology (3%), pediatric care (2%), cardiac care (1%), orthopedic care (1%), cancer care (1%), mental health care (1%), developmental disability/autism services (1%), addiction services (<1%), and other services (10%).

Availability of Services

- 14% of Hancock County adults have looked for a program to assist in care for the elderly (either in-home or out-of-home) for either themselves or a loved one. Of those who looked, 23% looked for in-home care, 17% looked for an assisted living program, 15% looked for out-of-home placement, 13% looked for day care, 13% looked for end-of-life care, 10% looked for a disabled adult program, and 8% looked for respite care.
- Hancock County adults reported they had looked for the following programs for themselves or a loved one: depression, anxiety, or some other mental health problem (14%), and alcohol or drug abuse/addiction (3%).

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 NOT found a specific program	Hancock County adults who have looked and have found a specific program
Depression, Anxiety, or Other Mental Health Problems (14% of all adults looked)	11%	89%
Alcohol or Drug Abuse/Addiction (3% of all adults looked)	9%	91%

Adult Comparisons	Hancock County 2011	Hancock County 2015	Ohio 2014	U.S. 2014
Visited their doctor for a routine check-up within the past year	55%	65%	71%	70%

* Hancock County did not ask about routine check questions in 2013

Access to Health Services

- Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires 3 distinct steps:
 1. Gaining entry into the health care system
 2. Accessing a health care location where needed services are provided
 3. Finding a health care provider with whom the patient can communicate and trust
- Access to health care impacts:
 - Overall physical, social, and mental health status
 - Prevention of disease and disability
 - Detection and treatment of health conditions
 - Quality of life
 - Preventable death
 - Life expectancy
- Disparities in access to health services affect individuals and society. Limited access to health care impacts people's ability to reach their full potential, negatively affecting their quality of life. Barriers to services include:
 - Lack of availability
 - High cost
 - Lack of insurance coverage
- Health insurance coverage helps patients get into the health care system. Uninsured people are:
 - Less likely to receive medical care
 - More likely to die early
 - More likely to have poor health status
- Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills. Current policy efforts focus on the provision of insurance coverage as the principal means of ensuring access to health care among the general population.

(Source: Healthy People 2020, Access to Health Services, Updated: 4/10/2013, from: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1>)

Adult | **CARDIOVASCULAR HEALTH**

Key Findings

Heart disease (20%) and stroke (7%) accounted for 27% of all Hancock County adult deaths in 2013 (CDC Wonder, 2013). The 2015 Hancock County Health Assessment found that 4% of adults had survived a heart attack and 2% had survived a stroke at some time in their life. Over one-fourth (27%) of Hancock County adults were obese, 29% had been diagnosed with high blood pressure, 15% were sedentary, 33% had high blood cholesterol, and 13% were smokers, five known risk factors for heart disease and stroke.

Heart Disease and Stroke

- In 2015, 4% of Hancock County adults reported they had survived a heart attack (myocardial infarction), increasing to 9% of those over the age of 65.
- 5% of Ohio and 4% of U.S. adults reported they had a heart attack or myocardial infarction in 2014 (Source: 2014 BRFSS).
- 2% of Hancock County adults reported they had survived a stroke, increasing to 4% of those over the age of 65.
- 4% of Ohio and 3% of U.S. adults reported having had a stroke in 2014 (Source: 2014 BRFSS).
- 4% of adults reported they had angina or coronary heart disease, increasing to 9% of those over the age of 65.
- 5% of Ohio and 4% of U.S. adults reported having had angina or coronary heart disease in 2014 (Source: 2014 BRFSS).

High Blood Pressure (Hypertension)

- More than one-fourth (29%) of adults had been diagnosed with high blood pressure. The 2013 BRFSS reports hypertension prevalence rates of 34% for Ohio and 31% for the U.S.
- 9% of adults were told they were pre-hypertensive/borderline high.
- 92% 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 (56%)
 - Have been age 65 years or older (55%)
 - Have been classified as obese by Body Mass Index-BMI (50%)

Hancock County Leading Causes of Death 2013

Total Deaths: 663

1. Cancer (24% of all deaths)
2. Heart Disease (20%)
3. Stroke (7%)
4. Chronic Lower Respiratory Diseases (7%)
5. Alzheimer's disease (4%)

(Source: CDC Wonder, 2013)

Ohio Leading Causes of Death 2013

Total Deaths: 113,258

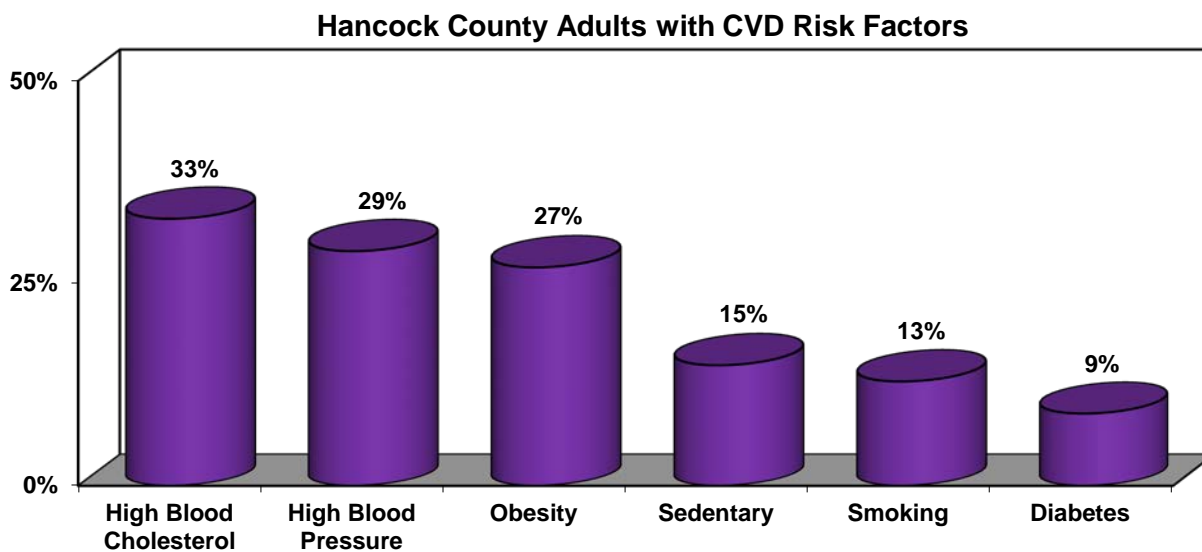
1. Heart Disease (24% of all deaths)
2. Cancers (22%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (5%)
5. Accidents, Unintentional Injuries (5%)

(Source: CDC Wonder, 2013)

High Blood Cholesterol

- One-third (33%) of adults had been diagnosed with high blood cholesterol. The 2013 BRFSS reported that 38% of Ohio and U.S. adults have been told they have high blood cholesterol.
- More than three-fourths (76%) of adults had their blood cholesterol checked within the past 5 years. The 2013 BRFSS reported 78% of Ohio and 76% of U.S. adults had their blood cholesterol checked within the past 5 years.
- Hancock County adults with high blood cholesterol were more likely to:
 - Have been age 65 years or older (55%)
 - Have rated their overall health as fair or poor (53%)
 - Have been classified as obese by Body Mass Index-BMI (45%)

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



(Source: 2015 Hancock County Health Assessment)

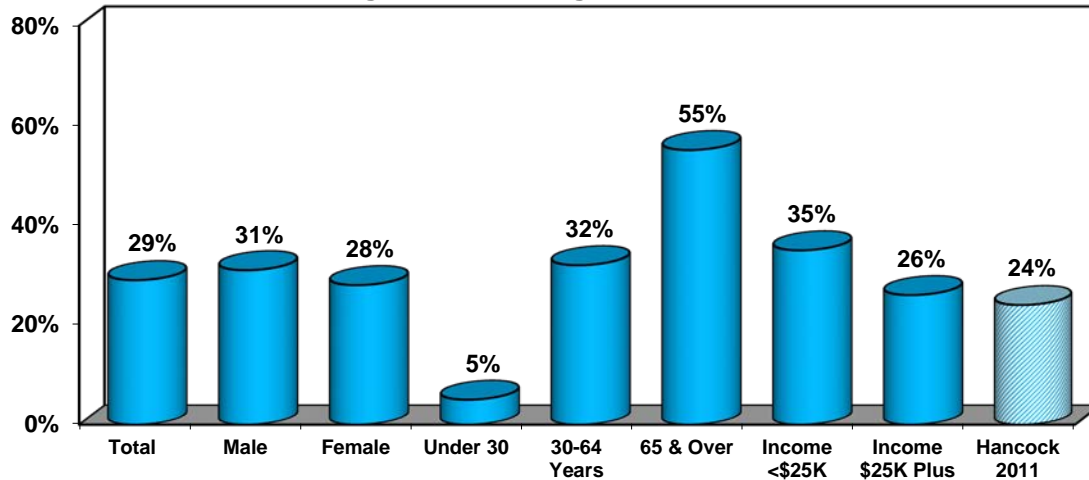
Adult Comparisons	Hancock County 2011	Hancock County 2015	Ohio 2014	U.S. 2014
Had angina or coronary heart disease	N/A	4%	5%	4%
Had a heart attack	4%	4%	5%	4%
Had a stroke	3%	2%	4%	3%
Had high blood pressure	24%	29%	34%*	31%*
Had high blood cholesterol	36%	33%	38%*	38%*
Had blood cholesterol checked within the past 5 years	74%	76%	78%*	76%*

*2013 BRFSS Data

‡ Hancock County did not ask health care coverage questions in 2013

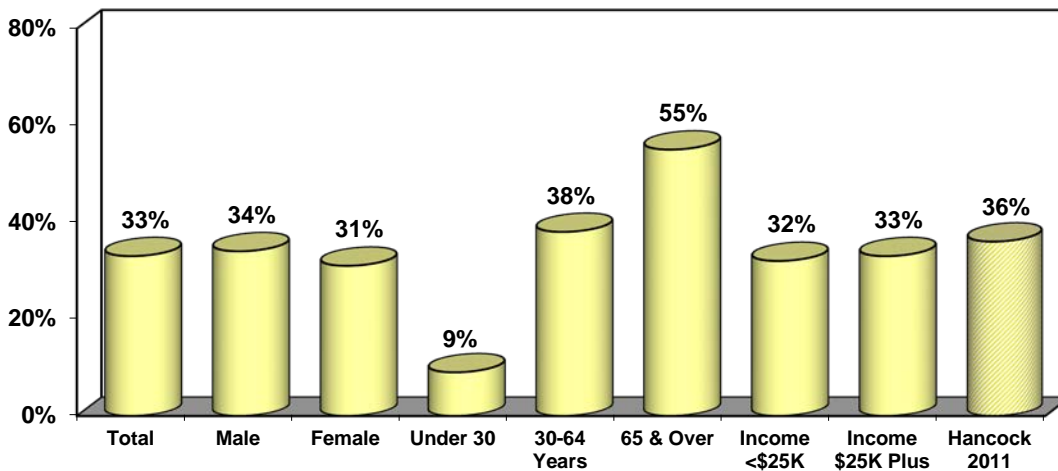
The following graphs show the number of Hancock County adults who have been diagnosed with high blood pressure, high blood cholesterol and cardiovascular disease prevalence. Examples of how to interpret the information on the first graph include: 29% of all Hancock County adults have been diagnosed with high blood pressure, 31% of all Hancock County males, 28% of all females, and 55% of those 65 years and older.

Diagnosed with High Blood Pressure*

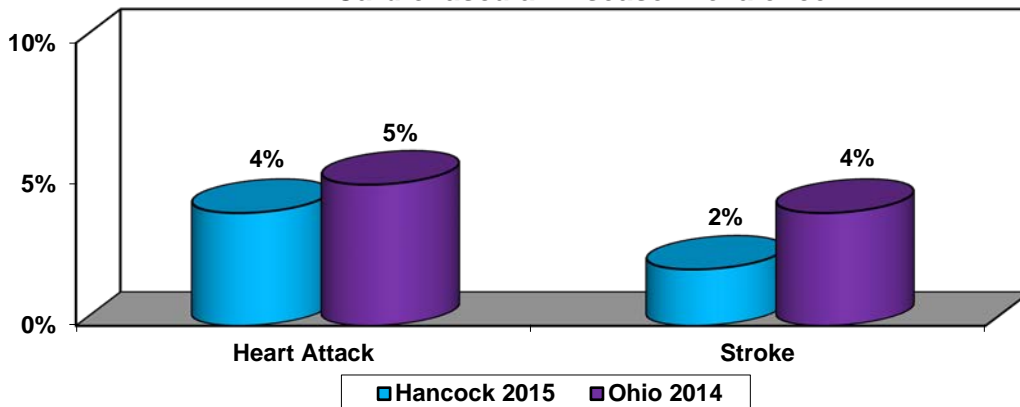


*Does not include respondents who indicated high blood pressure during pregnancy only.

Diagnosed with High Blood Cholesterol



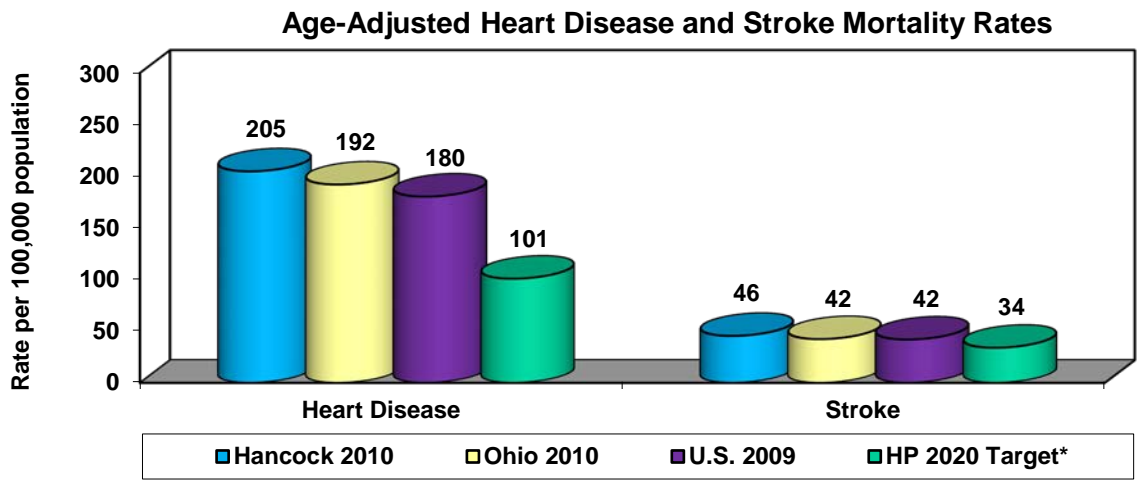
Cardiovascular Disease Prevalence



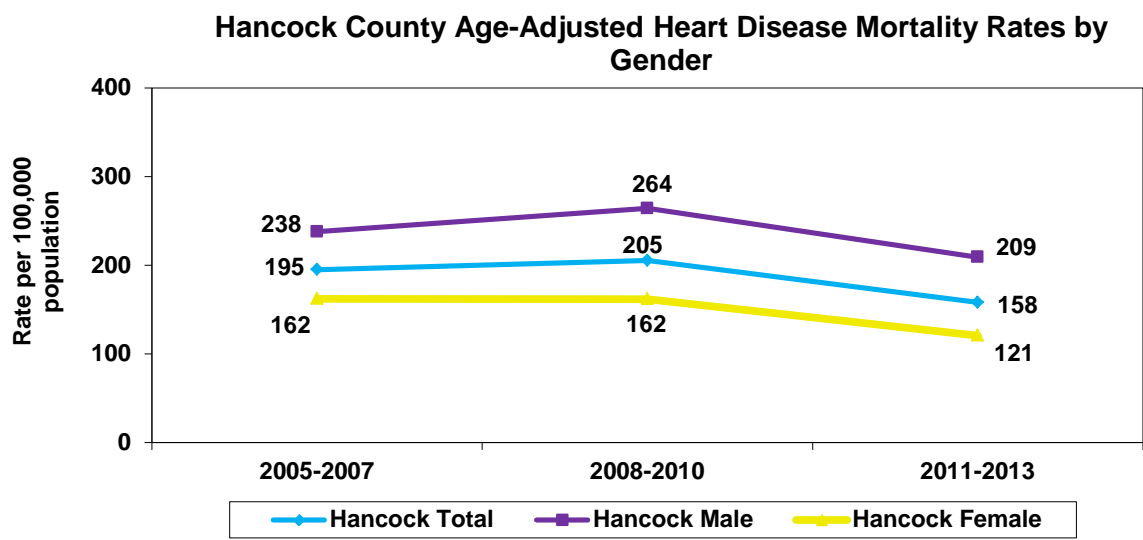
(Source: 2015 Hancock Health Assessment and 2014 BRFSS)

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

- When age differences are accounted for, the statistics indicate that the 2010 Hancock County heart disease mortality rate was higher than the figure for the state, the U.S., and the Healthy People 2020 target.
- The Hancock County age-adjusted stroke mortality rate for 2010 was higher than the state and the U.S. figure. The Hancock County age-adjusted stroke mortality rate for 2010 was higher than the Healthy People 2020 target objective.
- From 2005-2013, the Hancock County age-adjusted heart disease mortality rate has decreased for both sexes.



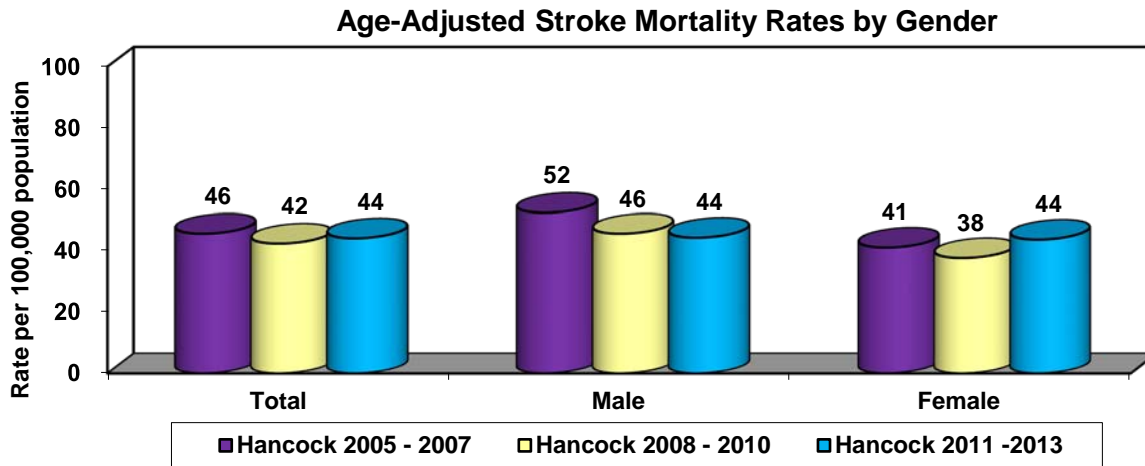
*The Healthy People 2020 Target objective for Coronary Heart Disease is reported for heart attack mortality. (Source: ODH Information Warehouse, updated 5-23-12, Healthy People 2020)



(Source: CDC Wonder, Underlying Cause of Death, 2005-2013)

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

- From 2005-2013, the Hancock County stroke mortality rate was higher for males than for females.



(Source: CDC Wonder, About Underlying Cause of Death, 2005-2013)

Healthy People 2020 Objectives Heart Disease and Stroke (HDS)

Objective	Hancock Survey Population Baseline	2013 U.S. Baseline*	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	29% (2015)	31% Adults age 18 and up	27%
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	76% (2015)	76% Adults age 18 & up	82%
HDS-7: Decrease proportion of adults with high total cholesterol (TBC)	33% (2015)	38% Adults age 20 & up with TBC>240 mg/dl	14%

*All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020, 2013 BRFSS, 2015 Hancock County Health Assessment)

Stroke Warning Signs and Symptoms

F.A.S.T. is an easy way to remember the sudden signs and symptoms of a stroke. When you can spot the signs, you'll know quickly that you need to call 9-1-1 for help. This is important because the sooner a stroke victim gets to the hospital, the sooner they'll get treatment. Being prompt can make a remarkable difference in their recovery. F.A.S.T is:

- **Face Drooping:** Does one side of the face droop or is it numb? Ask the person to smile.
- **Arm Weakness:** Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?
- **Speech Difficulty:** Is speech slurred, are they unable to speak, or are they hard to understand? Ask the person to repeat a simple sentence, like "the sky is blue." Is the sentence repeated correctly?
- **Time to call 911:** If the person shows any of these symptoms, even if the symptoms go away, call 9-1-1 and get them to the hospital immediately.

Beyond F.A.S.T- Other Symptoms to Know

- Sudden confusion or trouble understanding
- Sudden numbness or weakness of the leg
- Sudden severe headache with no known cause
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination



(Source: American Heart Association, Stroke Warning Signs and Symptoms, 2013, http://strokeassociation.org/STROKEORG/WarningSigns/Stroke-Warning-Signs-and-Symptoms_UCM_308528_SubHomePage.jsp)

Adult | CANCER

Key Findings

In 2015, 9% of Hancock County adults had been diagnosed with cancer at some time in their life. The Centers for Disease Control and Prevention (CDC) indicates that from 2009-2013, a total of 792 Hancock County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that not using tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

Hancock County Incidence of Cancer, 2008-2012

All Types: 1,918 cases

- Prostate: 286 cases (15%)
- Breast: 269 cases (14%)
- Lung and Bronchus: 258 cases (13%)
- Colon and Rectum: 189 cases (10%)

In 2013, there were 161 cancer deaths in Hancock County.

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 1/9/2014)

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

Adult Cancer

- 9% of Hancock County adults were diagnosed with cancer at some point in their lives.

Cancer Facts

- The Centers for Disease Control and Prevention (CDC) indicates that from 2009-2013, cancers caused 23% (792 of 3,386 total deaths) of all Hancock County resident deaths. The largest percent (27%) of cancer deaths were from lung and bronchus cancer *(Source: CDC Wonder)*.
- 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 cancers of the lung, colorectal, stomach, pancreas, kidney, bladder, uterine cervix, ovary (mucinous) and acute myeloid leukemia. The 2015 health assessment project has determined that 13% of Hancock County adults were current smokers and many more were exposed to environmental tobacco smoke, also a cause of heart attacks and cancer.

A current smoker is defined as someone who has smoked over 100 cigarettes in their lifetime and currently smokes some or all days.

Lung Cancer

- The CDC reports that lung cancer (n=128) was the leading cause of male cancer deaths from 2009-2013 in Hancock County, followed by colon cancer (n=40) and prostate cancer (n=36) *(Source: CDC Wonder)*.
- In Hancock County, 12% of male adults were current smokers *(Source: 2015 Hancock County Health Assessment)*.

- The CDC reports that lung cancer was the leading cause of female cancer deaths (n=91) in Hancock County from 2009-2013 followed by breast (n=68) and colon (n=36) cancers (Source: CDC Wonder).
- Approximately 13% of female adults in the county were current smokers (Source: 2015 Hancock County Health Assessment).
- According to the American Cancer Society, smoking causes 90% 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 2015).

12% of Hancock County male adults and 13% of female adults were current smokers.

Breast Cancer

- In 2015, 59% of Hancock County females reported having had a clinical breast examination in the past year.
- 49% 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%. However, only 61% of breast cancer cases are diagnosed early at a localized stage (Source: American Cancer Society, Facts & Figures 2015).
- For women in their 20s and 30s, a clinical breast exam should be done at least once every 3 years. Mammograms for women in their 20s and 30s are based upon increased risk (e.g., family history, past breast cancer) and physician recommendation. Otherwise, annual mammography is recommended beginning at age 40 (Source: American Cancer Society, Facts & Figures 2015).

Nearly half (49%) of Hancock County females over the age of 40 had a mammogram in the past year.

Colon and Rectum Cancer

- The CDC statistics indicate that colon, rectum, and anus cancer deaths accounted for 10% of all male and female cancer deaths from 2009-2013 in Hancock County.
- 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.
- In the U.S., 90% of colon cancers occur in individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings. In 2015, 76% of Hancock County adults over the age of 50 reported having been screened for colorectal cancers at some time in their life and 57% had been screened in the past 5 years.

Prostate Cancer

- CDC statistics indicate that prostate cancer deaths accounted for 8% of all male cancer deaths from 2009-2013 in Hancock County.
- Incidence rates for prostate cancer are 60% higher in African Americans than in whites and they are twice as likely to die of prostate cancer. In addition, about 56% of prostate cancers occur in men over the age of 65, and 97% occur in men 50 and older. Other risk factors include strong familial predisposition, diet high in processed meat or dairy foods, and obesity. African American men and Caribbean men of African descent have the highest documented prostate cancer incidence rates in the world (Source: American Cancer Society, Facts & Figures 2015).

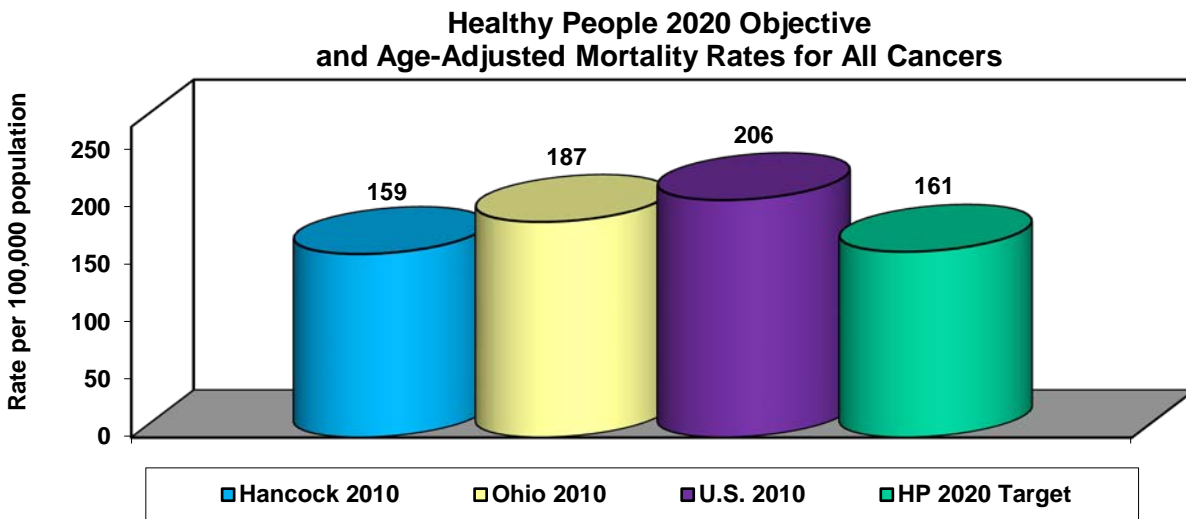
2015 Cancer Estimations

- In 2015, about 1,658,370 new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about one-quarter to one-third of the new cancer cases expected to occur in the U.S. in 2015 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 589,430 Americans are expected to die of cancer in 2015.
- In 2015, about 171,000 cancer deaths will be caused by tobacco use.
- In Ohio, 65,010 new cases of cancer are expected, and 25,260 cancer deaths are expected.
- The Ohio female new breast cancer cases are expected to be 8,950.
- About 15% of all new cancer cases in Ohio are expected to be from lung and bronchus cancers.
- About 5,430 (8%) of all new cancer cases in Ohio are expected to be from colon and rectum cancers.
- The Ohio male, new prostate cancer cases are expected to be 8,150 (13%).

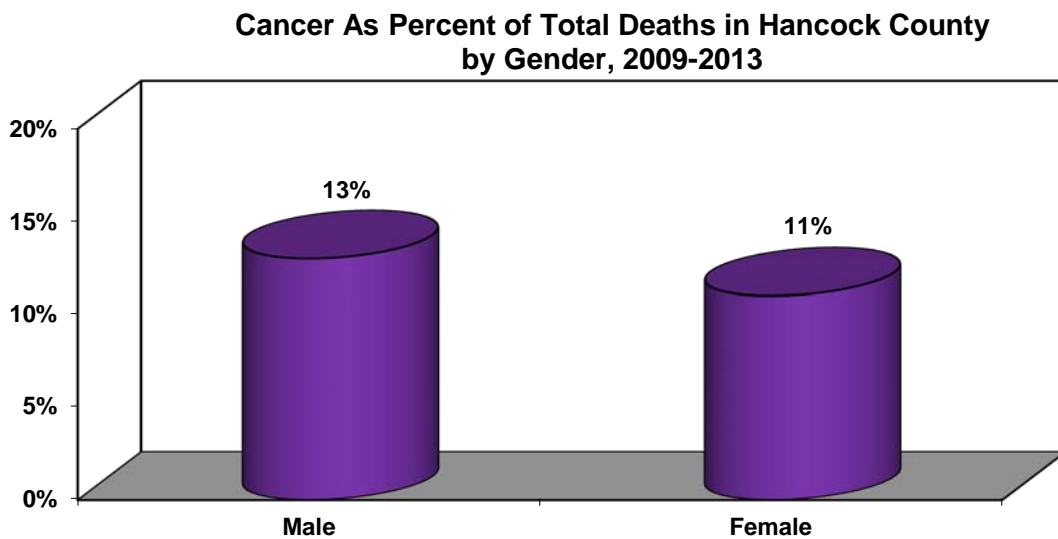
(Source: American Cancer Society, Facts and Figures 2015,
<http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>)

The following graphs show 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 and a comparison of the percent of cancer deaths by gender. The graph indicates:

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



(Source: ODH Information Warehouse, updated 10-27-14; Healthy People 2020)



(Source: CDC Wonder, 2009-2013)

**Hancock County Incidence of Cancer
2008-2012**

Type of Cancer	Number of Cases	Percent of Total Incidence of Cancer
Prostate	286	15%
Breast	269	14%
Lung and Bronchus	258	13%
Colon and Rectum	189	10%
Other/Unspecified	148	8%
Melanoma of Skin	90	5%
Non-Hodgkins Lymphoma	85	4%
Bladder	82	4%
Cancer and Corpus Uteri	66	3%
Pancreas	65	3%
Oral Cavity & Pharynx	53	3%
Kidney and Renal Pelvis	51	3%
Leukemia	48	3%
Thyroid	42	2%
Brain and CNS	28	1%
Multiple Myeloma	27	1%
Esophagus	25	1%
Ovary	25	1%
Stomach	20	1%
Liver and Bile Ducts	17	<1%
Cancer of Cervix Uteri	13	<1%
Hodgkins Lymphoma	13	<1%
Testis	10	<1%
Larynx	8	<1%
Total	1,918	100%

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 4/8/2015)

Adult | DIABETES

Key Findings

In 2015, 9% of Hancock County adults had been diagnosed with diabetes.

Diabetes

- The 2015 health assessment project has identified that 9% of Hancock County adults had been diagnosed with diabetes, increasing to 19% of those age 65 and older. The 2014 BRFSS reports that 12 % of Ohio and 10% of U.S. adults had been diagnosed with diabetes.
- Nearly one-third (32%) 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:
 - 85% were obese or overweight
 - 67% had been diagnosed with high blood pressure
 - 63% had been diagnosed with high blood cholesterol

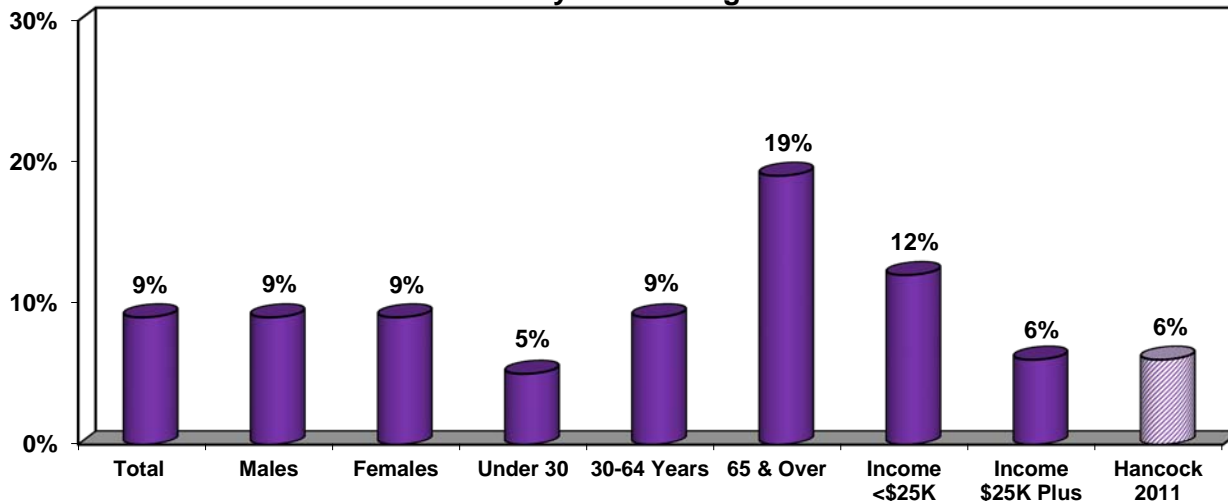
Diabetes Facts

- Nearly 30 million children and adults in the United States have diabetes.
- 86 million Americans have prediabetes.
- 1.7 million Americans are diagnosed with diabetes every year.
- Nearly 10% of the entire U.S. population has diabetes, including over 25% of seniors.
- As many as 1 in 3 American adults will have diabetes in 2050 if present trends continue.
- The economic cost of diagnosed diabetes in the U.S. is \$245 billion per year.
- 8.1 million Americans have undiagnosed diabetes
- Diabetes kills more Americans every year than AIDS and breast cancer combined.
- Diabetes is the primary cause of death for 69,071 Americans each year, and contributes to the death of 231,051 Americans annually.

(Source: American Diabetes Association, 2014 Fast Facts, http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/14_fast_facts_iune2014_final3.pdf)

DIABETES

Hancock County Adults Diagnosed with Diabetes



Adult Comparisons	Hancock County 2011	Hancock County 2015	Ohio 2014	U.S. 2014
Diagnosed with diabetes	6%	9%	12%	10%

* Hancock County did not ask questions about diabetes in 2013

Diabetes Symptoms

The most common symptoms of type 1 and type 2 diabetes are:

TYPE 1 DIABETES

- Frequent urination
- Unusual thirst
- Extreme hunger
- Unusual weight loss
- Extreme fatigue and irritability

TYPE 2 DIABETES

- Any of the type 1 symptoms
- Blurred vision
- Tingling/numbness in hands or feet
- Recurring skin, gum, or bladder infections
- Cuts/bruises that are slow to heal
- Frequent infections

(Source: American Diabetes Association, Diabetes Basics, Symptoms, <http://www.diabetes.org/diabetes-basics/symptoms/>)

Who is at Greater Risk for Type 2 Diabetes

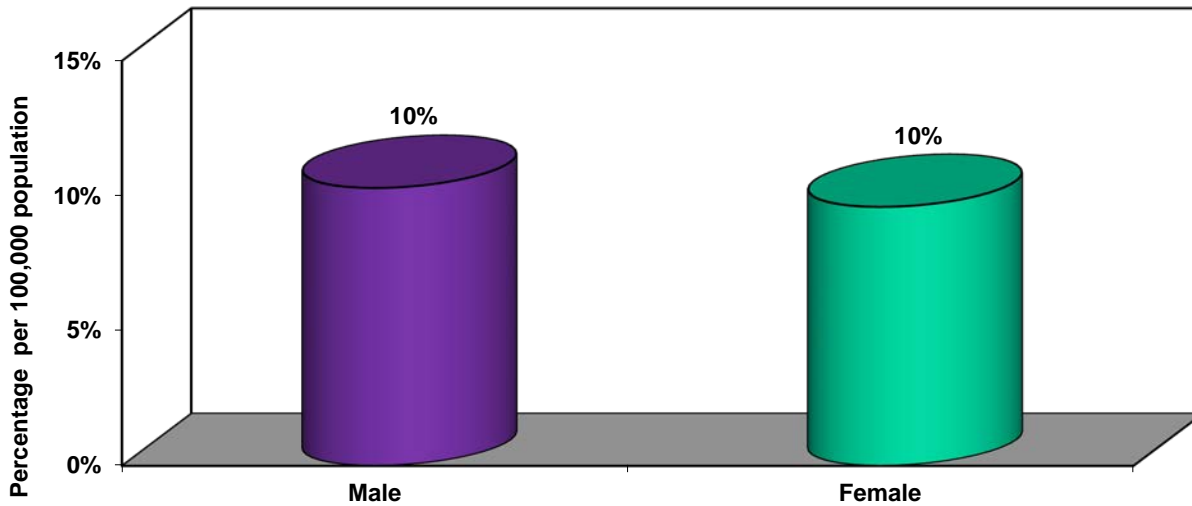
- People with impaired glucose tolerance (IGT) and/or impaired fasting glucose (IFG)
- People over age 45
- People with a family history of diabetes
- People who are overweight or obese
- People who do not exercise regularly
- People with low HDL cholesterol or high triglycerides, high blood pressure
- Certain racial and ethnic groups (e.g. African Americans, Hispanic/Latino Americans, Asian Americans and Pacific Islanders, and American Indians and Alaska Natives)
- Women who had gestational diabetes, or who have had a baby weighing 9 pounds or more at birth

(Source: American Diabetes Association, Diabetes Basics, Your Risk: Who is at Greater Risk for Type 2 Diabetes, <http://www.diabetes.org/diabetes-basics/prevention/risk-factors>)

The following graphs show prevalence of diabetes by gender and the age-adjusted mortality rates from diabetes for Hancock County and Ohio residents with comparison to the Healthy People 2020 target objective.

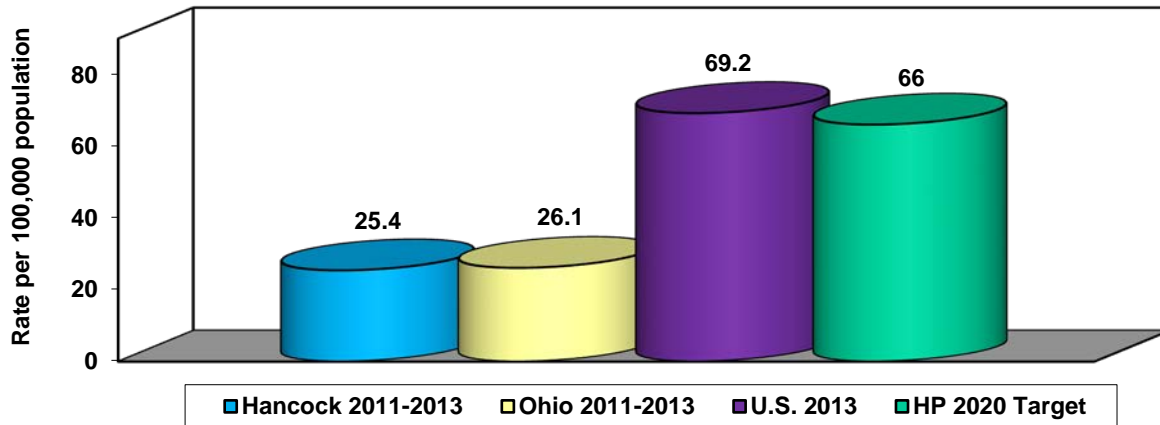
- In 2010, the prevalence of diabetes was equal among males and females in Hancock County.
- From 2011 to 2013, Hancock County's age-adjusted diabetes mortality rate was less than the Ohio, the national rate and the Healthy People 2020 target objective.

Hancock County Prevalence of Diabetes by Gender, 2010



(Source: Network of Care: Health Indicators, Public Health Assessment and Wellness)

Healthy People 2020 Objectives and Age-Adjusted Mortality Rates for Diabetes

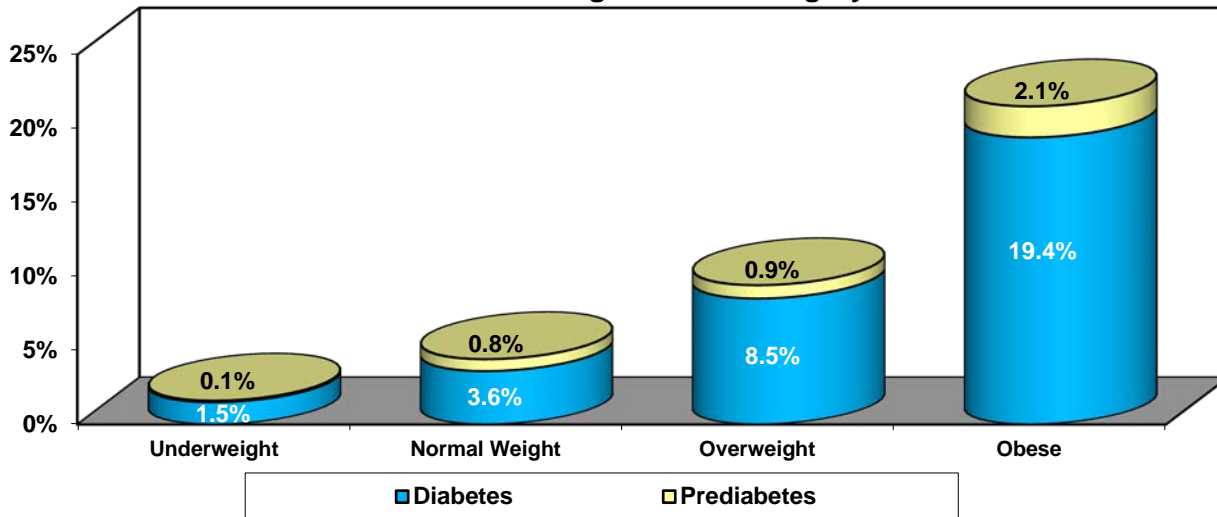


(Source: Network of Care: Health Indicators, CDC, and Healthy People 2020)

The following graph shows the Ohio prevalence of diabetes and prediabetes by BMI weight status category. The following graph shows:

- The chance of developing diabetes and prediabetes increases relative to increases in BMI weight status category.

2011 Ohio Prevalence of Diabetes and Prediabetes by BMI Weight Status Category



Overweight and Obese Type 2 Diabetes Risk by Sex in Ohio

Category	Increase in Risk
Overweight Men	2.4
Overweight Women	3.9
Obese Men	6.7
Obese Women	12.4

(Source: ODH, Obesity and Diabetes in Ohio 2013, from http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/diabetes/Obesity_Diabetes_Supp_2013.aspx)

Adult | ASTHMA AND OTHER RESPIRATORY DISEASE

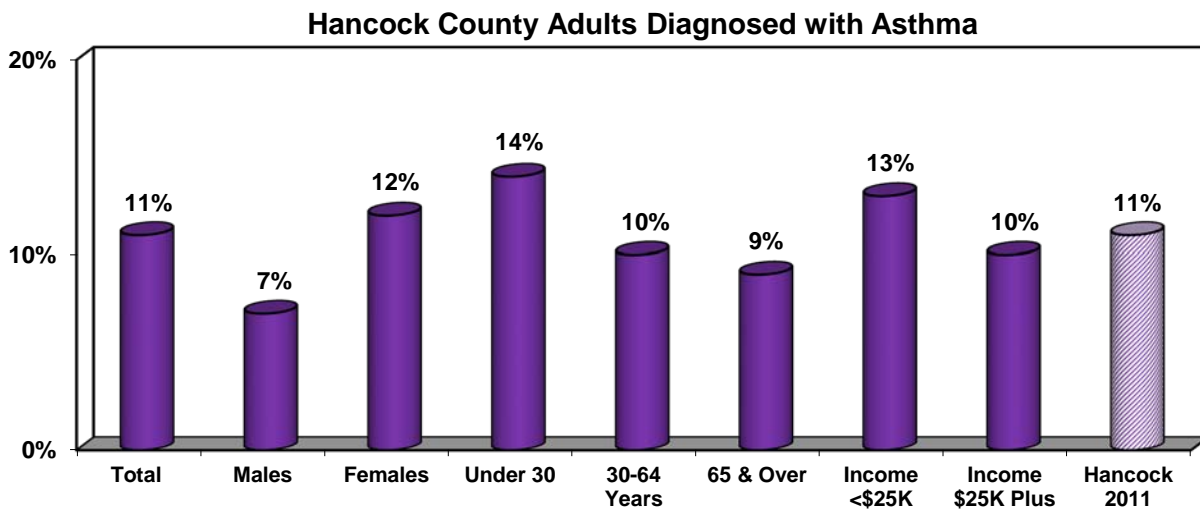
Key Findings

According to the Hancock County survey data, 11% of adults had been diagnosed with asthma.

Asthma and Other Respiratory Disease

- In 2015, 11% of Hancock County adults had been diagnosed with asthma.
- 15% of Ohio and 14% of U.S. adults have ever been diagnosed with asthma (Source: 2014 BRFSS).
- 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, infections linked to the flu, colds, and respiratory viruses (Source: CDC, 2013).
- Chronic lower respiratory disease was the 3rd leading cause of death in Hancock County and in Ohio, in 2013 (Source: CDC Wonder, Leading Causes of Death: 2013).

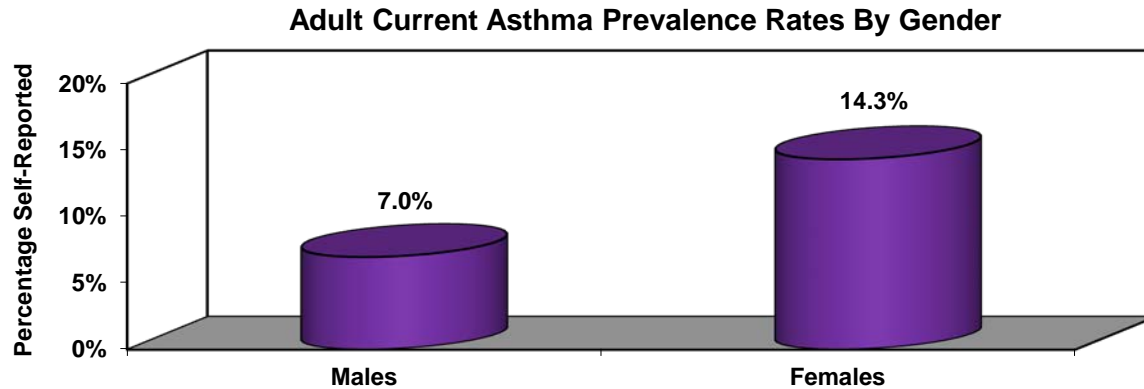
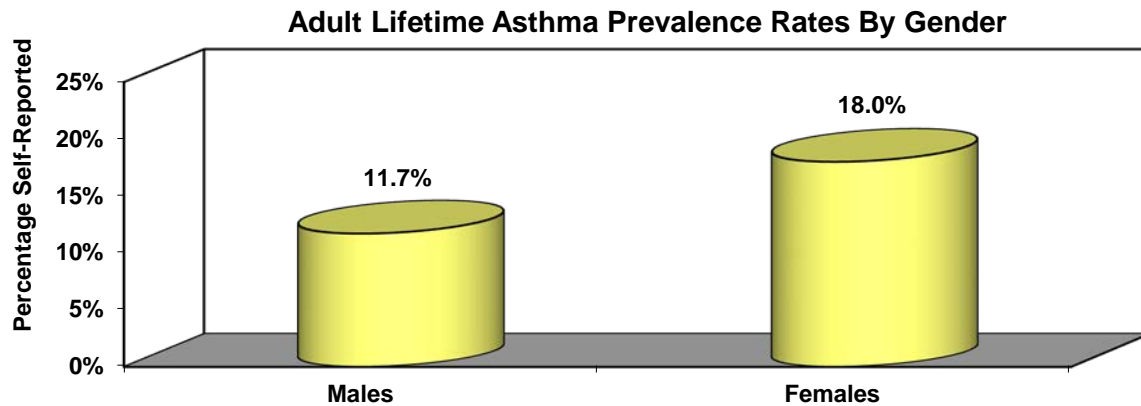
ASTHMA



Adult Comparisons	Hancock County 2011	Hancock County 2015	Ohio 2014	U.S. 2014
Had been diagnosed with asthma	11%	11%	15%	14%

* Hancock County did not ask questions about asthma in 2013

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



(Source for graphs: 2014 BRFSS)

Asthma Facts

- The number of Americans with asthma grows every year. Currently, 26 million Americans have asthma.
- Asthma mortality is almost 4,000 deaths per year.
- Asthma results in 456,000 hospitalizations and 2.1 million emergency room visits annually.
- Patients with asthma reported 13.9 million visits to a doctor's office and 1.4 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*, from: <http://acaai.org/news/facts-statistics/asthma>)

What Causes an Asthma Attack?

- **Tobacco Smoke:** People should never smoke near you, in your home, in your car, or wherever you may spend a lot of time if you have asthma. Tobacco smoke is unhealthy for everyone, especially people with asthma. If you have asthma and you smoke, quit smoking.
- **Dust Mites:** If you have asthma, dust mites can trigger an asthma attack. To prevent attacks, use mattress covers and pillowcase covers to make a barrier between dust mites and yourself. Do not use down-filled pillows, quilts, or comforters. Remove stuffed animals and clutter from your bedroom.
- **Outdoor Air Pollution:** This pollution can come from factories, automobiles, and other sources. Pay attention to air quality forecasts to plan activities when air pollution levels will be low.
- **Cockroach Allergens:** Get rid of cockroaches in your home by removing as many water and food sources as you can. Cockroaches are often found where food is eaten and crumbs are left behind. Cockroaches and their droppings can trigger an asthma attack, so vacuum or sweep areas that might attract cockroaches at least every 2 to 3 days.
- **Pets:** Furry pets can trigger an asthma attack. If you think a furry pet may be causing attacks, you may want to find the pet another home. If you can't or don't want to find a new home for a pet, keep it out of the person with asthma's bedroom.
- **Mold:** Breathing in mold can trigger an asthma attack. Get rid of mold in your home to help control your attacks. Humidity, the amount of moisture in the air, can make mold grow. An air conditioner or dehumidifier will help keep the humidity level low.
- **Smoke from Burning Wood or Grass:** Smoke from burning wood or other plants is made up of a mix of harmful gases and small particles. Breathing in too much of this smoke can cause an asthma attack. If you can, avoid burning wood in your home.
- **Other Triggers:** Infections linked to influenza (flu), colds, and respiratory syncytial virus (RSV) can trigger an asthma attack. Sinus infections, allergies, breathing in some chemicals, and acid reflux can also trigger attacks. Physical exercise, some medicines, bad weather, breathing in cold air, some foods, and fragrances can also trigger an asthma attack.

(Source: Centers for Disease Control, *Vital Signs, Asthma*, updated November 18, 2014, <http://www.cdc.gov/asthma/faqs.htm>)

Adult | WEIGHT STATUS

Key Findings

The 2015 Health Assessment identified that 65% of Hancock County adults were overweight or obese based on Body Mass Index (BMI). More than one-fourth (27%) of Hancock County adults were obese. The 2014 BRFSS indicates that 33% of Ohio and 30% of U.S. adults were obese by BMI. More than two-fifths (42%) of adults were trying to lose weight.

Adult Weight Status

- In 2015, the health assessment indicated that nearly two-thirds (65%) of Hancock County adults were either overweight (38%) or obese (27%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.
- More than two-fifths (42%) of adults were trying to lose weight, 39% were trying to maintain their current weight or keep from gaining weight, and 1% were trying to gain weight.
- Hancock County adults did the following to lose weight or keep from gaining weight: exercised (54%), ate less food, fewer calories, or foods low in fat (51%), ate a low-carb diet (8%), used a weight loss program (4%), took diet pills, powders or liquids without a doctor's advice (3%), smoked cigarettes (2%), participated in a prescribed dietary or fitness program (1%), took prescribed medications (1%), went without eating 24 or more hours (1%), bariatric surgery (1%), health coaching (1%), and vomited after eating (1%).

27% of Hancock County adults are obese.

Physical Activity

- In Hancock County, 64% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. 35% of adults were exercising 5 or more days per week. 15% of adults were not participating in any physical activity in the past week, including 2% who were unable to exercise.
- Reasons for not exercising included: time (29%), laziness (20%), too tired (17%), pain or discomfort (14%), weather (11%), chose not to exercise (10%), could not afford a gym membership (5%), no exercise partner (5%), no child care (5%), did not know what activity to do (2%), no sidewalks (2%), no gym available (1%), safety (1%), doctor advised them not to exercise (1%), no walking, biking trails, or parks (<1%), and other reasons (4%).
- On an average day, adults spent time doing the following: 2.5 hours watching television, 1.3 hour on their cell phone, 1.2 hours on the computer outside of work, and 0.2 hours playing video games.

In Hancock County, 64% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week.

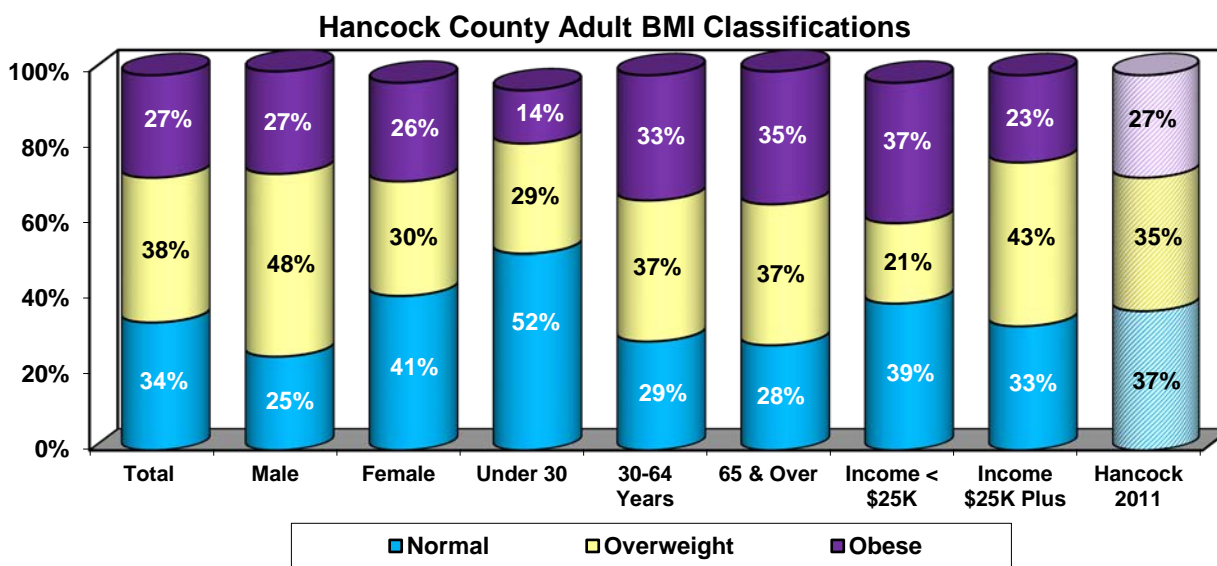
- The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week (Source: CDC, *Physical Activity for Everyone*).

Nutrition

- In 2015, 3% of adults were eating 5 or more servings of fruits and vegetables per day. 95% were eating between 1 and 4 servings per day. The American Cancer Society recommends that adults eat at least 2 ½ cups of fruits and vegetables per day to reduce the risk of cancer and to maintain good health. The 2009 BRFSS reported that only 21% of Ohio adults and 23% nationwide were eating the recommended number of servings of fruits and vegetables.
- Hancock County adults reported the following reasons they chose the types of food they ate: taste (68%), enjoyment (54%), cost (52%), ease of preparation (51%), healthiness of food (46%), time (39%), availability (37%), food they were used to (34%), nutritional content (28%), what their spouse prefers (25%), calorie content (23%), if it is organic (9%), what their child prefers (8%), if it is genetically modified (6%), lactose free (5%), gluten free (4%), health care provider's advice (3%), other food sensitivities (2%), and other reasons (4%).
- Hancock County adults obtained their fruits and vegetables from the following places: large grocery store (95%), garden/grew their own (29%), farmer's market (24%), local grocery store (20%), restaurants (15%), corner/convenience stores (3%), food pantry (2%), Veggie Mobile (1%), Consumer Supported Agriculture (1%), and other places (1%).
- Adults ate out in a restaurant or brought home take-out food an average of 2.5 times per week.

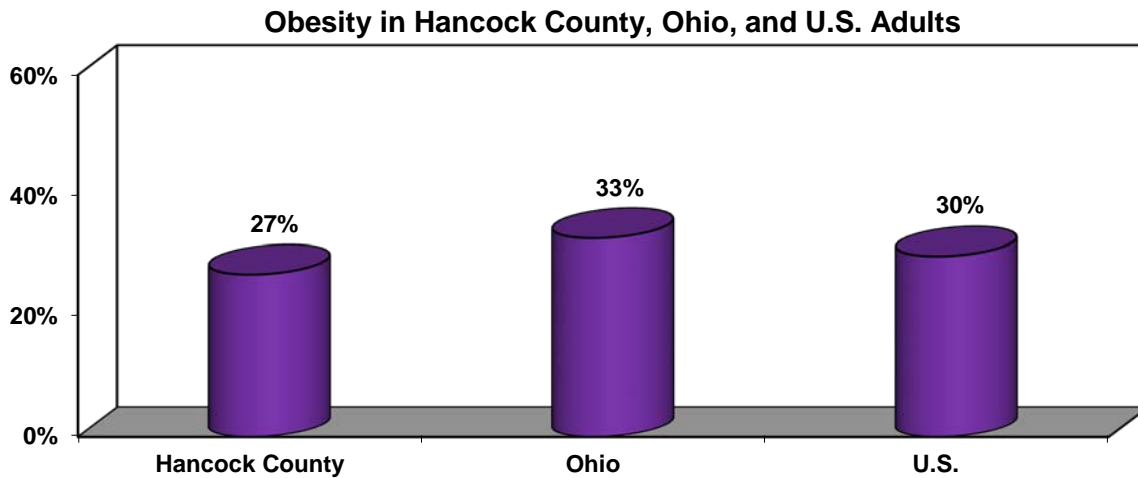
More than two-fifths (42%) of Hancock County adults were trying to lose weight.

The following graph shows the percentage of Hancock County adults who are overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 34% of all Hancock County adults were classified as normal weight, 38% were overweight, and 27% were obese.



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

The following graph shows the percentage of Hancock County adults who are obese compared to Ohio and U.S.



(Source: 2015 Hancock County Health Assessment and 2014 BRFSS)

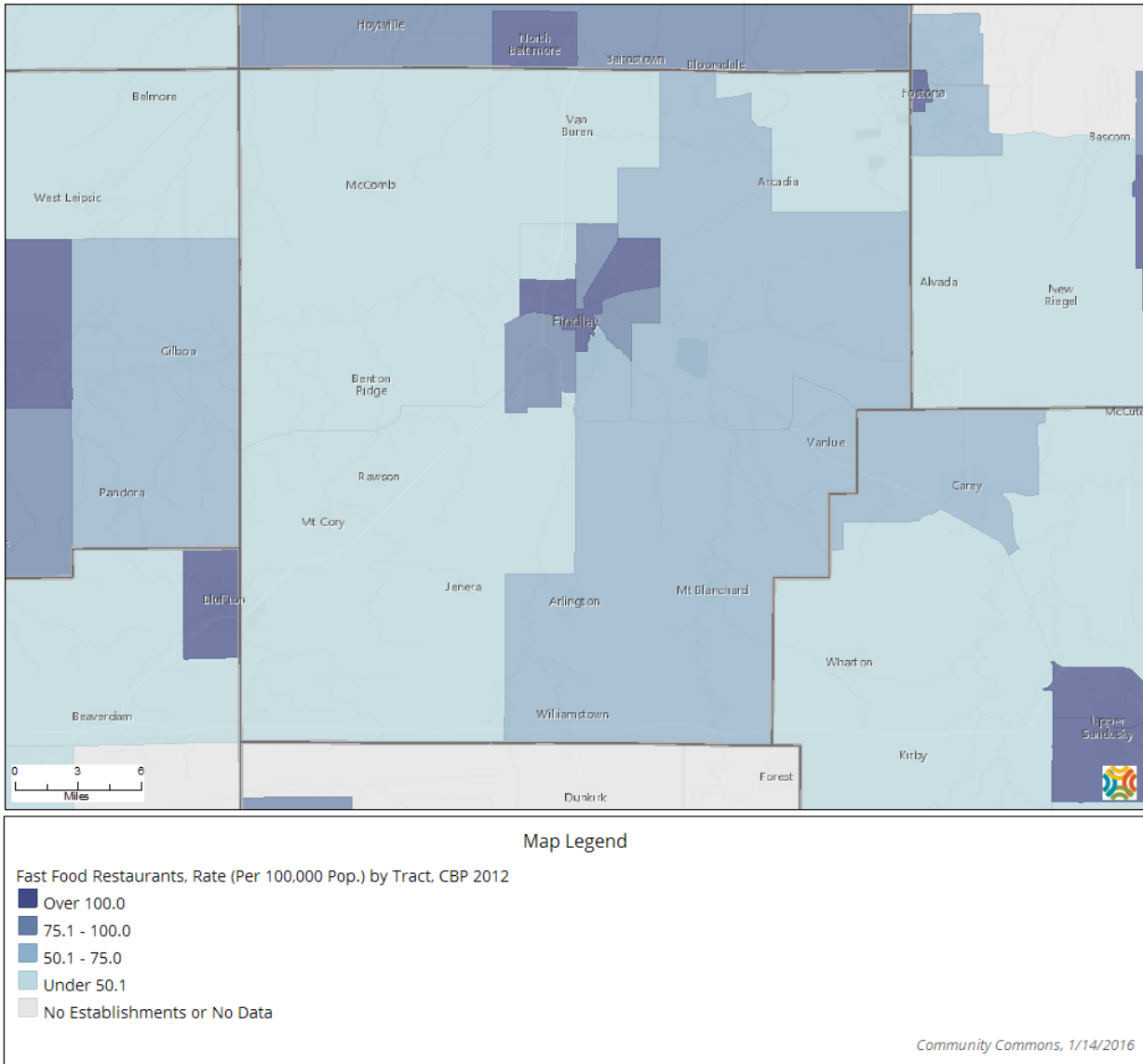
Adult Comparisons	Hancock County 2011	Hancock County 2013	Hancock County 2015	Ohio 2014	U.S. 2014
Obese	27%	32%	27%	33%	30%
Overweight	35%	34%	38%	34%	35%

Obesity Facts

- More than one-third of U.S. adults (34.9%) are obese.
- Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death.
- The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 U.S. dollars; the medical costs for people who are obese were \$1,429 higher than those of normal weight.
- Non-Hispanic blacks have the highest age-adjusted rates of obesity (47.8%) followed by Hispanics (42.5%), non-Hispanic whites (32.6%), and non-Hispanic Asians (10.8%).

(Source: CDC, *Adult Obesity Facts*, updated September 9, 2014, <http://www.cdc.gov/obesity/data/adult.html>)

Fast Food Restaurants, Rate (Per 100,000 Pop.) by Tract, Census Business Patterns (CBP), 2012



(Source: Community Commons, updated 1/14/16)

Adult | TOBACCO USE

Key Findings

In 2015, 13% of Hancock County adults were current smokers and 23% were considered former smokers. In 2015, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death worldwide, and is responsible for the deaths of approximately half of long-term users. Each year, tobacco use is responsible for almost 6 million premature deaths, 80% of which are in low-and middle-income countries, and by 2030, this number is expected to increase to 8 million (Source: Cancer Facts & Figures, American Cancer Society, 2015).

In 2015, 13% of Hancock County adults were current smokers.

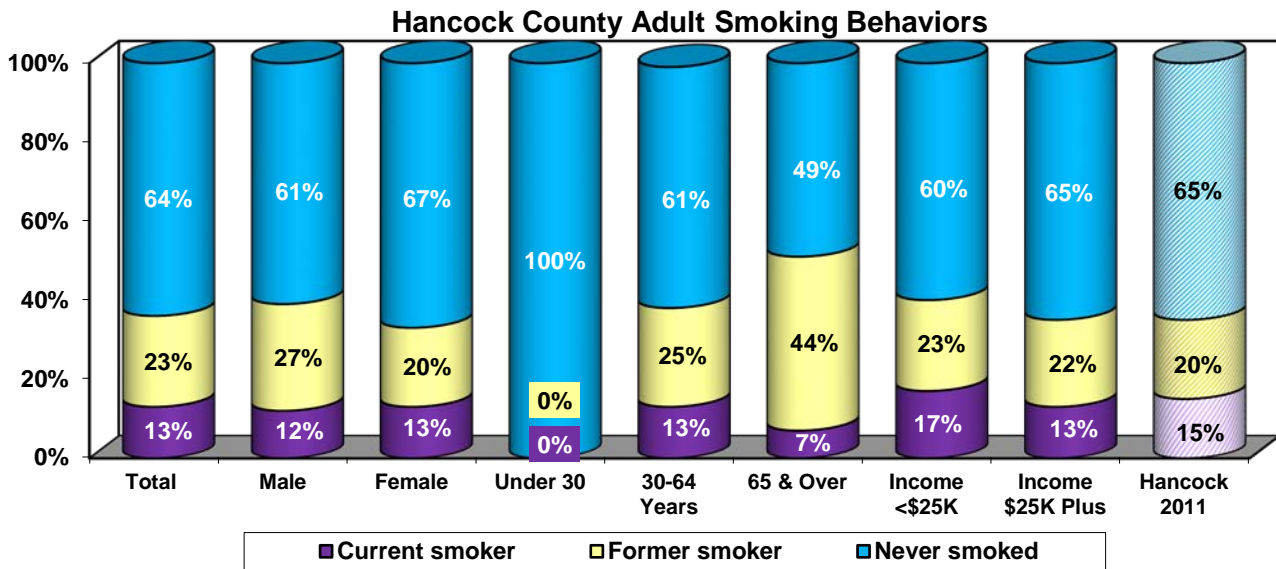
Adult Tobacco Use Behaviors

- The 2015 health assessment identified that one-in-eight (13%) Hancock County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). The 2014 BRFSS reported current smoker prevalence rates of 21% for Ohio and 18% for the U.S.
- Nearly one-fourth (23%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). The 2014 BRFSS reported former smoker prevalence rates of 25% for both Ohio and the U.S.
- Hancock County adult smokers were more likely to:
 - Have been separated (60%)
 - Have rated their overall health as poor (33%)
 - Have incomes less than \$25,000 (17%)
- Hancock County adults used the following tobacco products in the past year: cigarettes (19%), cigars (6%), e-cigarettes (5%), chewing tobacco (4%), snuff (4%), roll-your-own (2%), Black and Milds (2%), swishers (2%), cigarillos (1%), little cigars (1%), snus (1%), pipes (1%), and hookah (<1%).
- 37% of current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.
- Hancock County adult smokers gave the following reasons for trying to quit or quitting smoking: cost of tobacco products (20%), choosing a healthier lifestyle (18%), family pressure (13%), health issue (8%), cost of health insurance premiums (2%), and other reasons (2%).
- 14% of adults indicated they or someone else had smoked cigarettes, cigars, or pipes inside their home in the past 30 days.

Adult Comparisons	Hancock County 2011	Hancock County 2015	Ohio 2014	U.S. 2014
Current smoker	15%	13%	21%	18%
Former smoker	20%	23%	25%	25%

* Hancock County did not ask questions about smoking status in 2013

The following graph shows the percentage of Hancock County adults who used tobacco. Examples of how to interpret the information include: 13% of all Hancock County adults were current smokers, 23% of all adults were former smokers, and 64% had never smoked.



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

37% of current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.

Smoke-free Living: Benefits & Milestones

According to the American Heart Association and the U.S. Surgeon General, this is how your body starts to recover:

- In your first 20 minutes after quitting: your blood pressure and heart rate recover from the cigarette-induced spike.
- After 12 hours of smoke-free living: the carbon monoxide level in your blood returns to normal.
- After two weeks to three months of smoke-free living: your circulation and lung function begin to improve.
- After one to nine months of smoke-free living: clear and deeper breathing gradually returns as coughing and shortness of breath diminishes; you regain the ability to cough productively instead of hacking, which cleans your lungs and reduce your risk of infection.
- One year after quitting smoking, a person's risk of coronary heart disease is reduced by 50 percent.
- Five to 15 years after quitting smoking, a person's risk of stroke is similar to that of a nonsmoker.
- After 10 years of smoke-free living, your lung cancer death rate is about half that of a person who has continued to smoke. The risk of other cancers, such as throat, mouth, esophagus, bladder, cervix and pancreas decreases too.

(Source: AHA, Smoke-free Living: Benefits & Milestones, 2012, from:
http://www.heart.org/HEARTORG/GettingHealthy/QuitSmoking/QuittingSmoking/Smoke-free-Living-Benefits-Milestones_UCM_322711_Article.jsp)

Electronic Cigarettes Facts

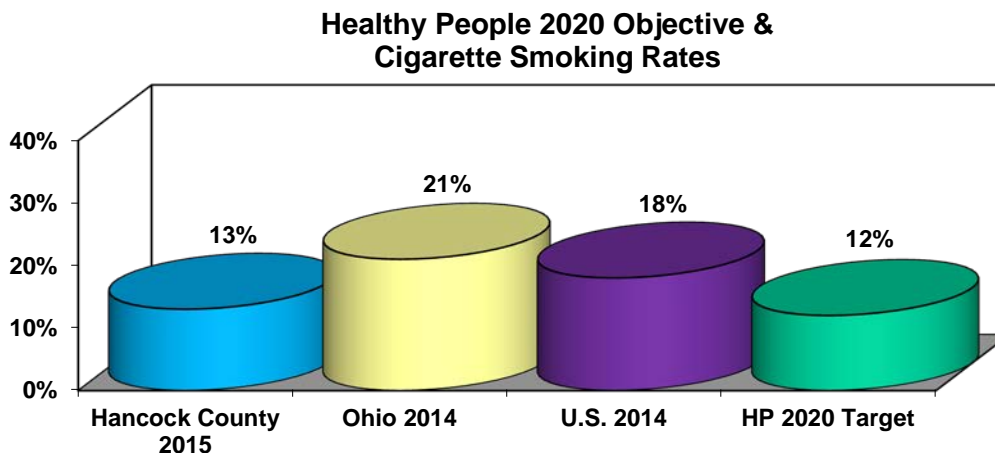
- Electronic cigarettes (e-cigarettes) are a type of electronic smoking device, resembling cigarettes. They can also look like pipes, pens, or USB memory sticks.
- E-cigarettes cost approximately \$30-60, and refill cartridges cost \$7-\$10. More recently, disposable e-cigarettes that “last up to two packs” are being sold for under \$10 in local and national convenience stores.
- Cartridges generally contain 10-20 mg of nicotine. However, as e-cigarettes are unregulated by the Food and Drug Administration (FDA), their contents and the level of these contents can be highly variable.
- Ever use of e-cigarettes is highest among current cigarette smoking adults in the U.S. and increased from 9.8% in 2010 to 21.2% in 2011 to 32% in 2012.
- Early studies by the FDA found varying levels of nicotine and other potentially harmful ingredients, including cancer-causing substances and di-ethylene glycol, which is found in anti-freeze. However, these substances were found at much lower levels than in traditional cigarettes.
- The awareness and use of electronic cigarettes are increasing. In 2011, 6 of 10 U.S. adults were aware of electronic cigarettes with 21% of smokers having ever used an electronic cigarette.
- Nicotine is found in both inhaled and exhaled vapor of electronic cigarettes. Studies have also found heavy metals, silicates, and cancer-causing compounds in exhaled e-cigarette vapor.

(Source: Philadelphia Department of Public Health, “Electronic Cigarette Fact sheet,” published February 2014, from: http://www.smokefreephilly.org/smokfree_philly/assets/File/Electronic%20Cigarette%20Fact%20Sheet_2_27_14.pdf & Legacy for Health, Tobacco Fact Sheet, May 2014, from: <http://www.legacyforhealth.org/content/download/582/6926/file/LEG-FactSheet-eCigarettes-JUNE2013.pdf>)

23% of Hancock County adults indicated that they were former smokers.

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:

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

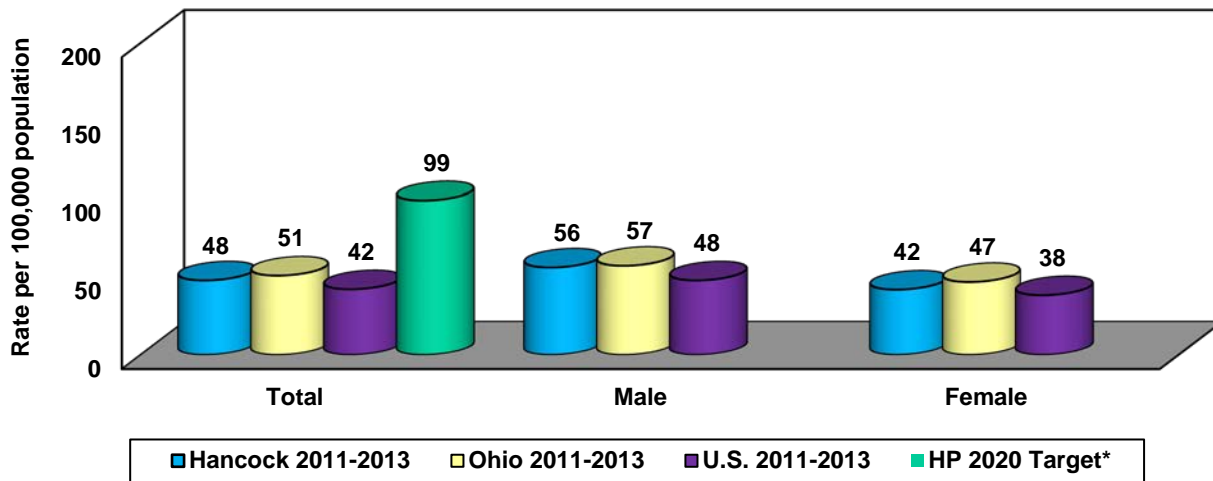


(Source: 2015 Hancock County Health Assessment, 2014 BRFSS and Healthy People 2020)

The following graphs show Hancock County, Ohio, and U.S. age-adjusted mortality rates per 100,000 population for chronic lower respiratory diseases (formerly COPD) in comparison with the Healthy People 2020 objectives and the percentage of Hancock County and Ohio mothers who smoked during pregnancy. These graphs show:

- From 2011-2013, Hancock County's age-adjusted mortality rate for chronic lower respiratory disease was lower than the Ohio and the Healthy People 2020 target objective, but higher than the U.S. rate.
- Disparities existed by gender for chronic lower respiratory disease mortality rate. The 2011-2013 Hancock County male rates were higher than the Hancock County female rates.

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

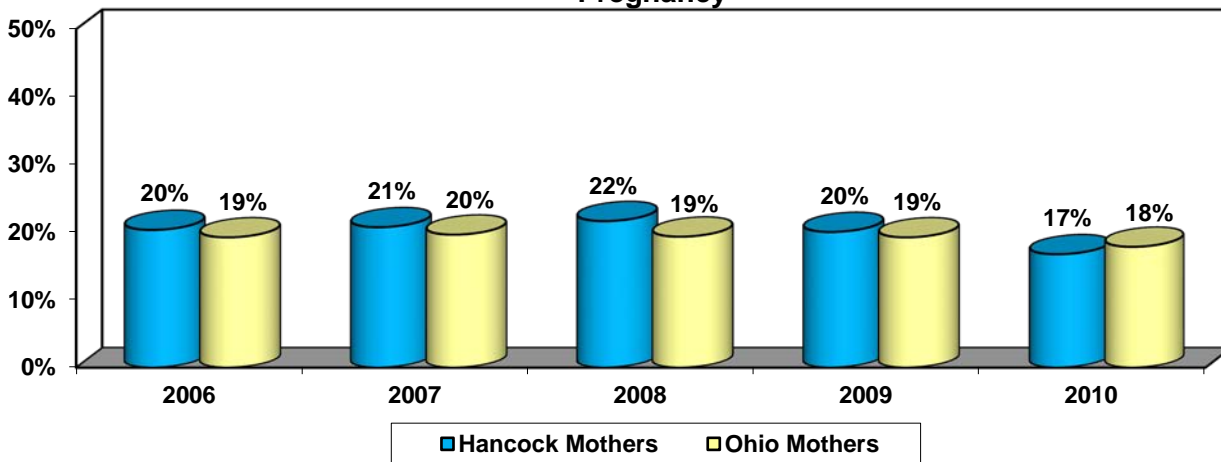


(Source: Health Indicators Warehouse and Healthy People 2020)

* Healthy People 2020's target rate and the U.S. rate is for adults aged 45 years and older.

**HP2020 does not report different goals by gender.

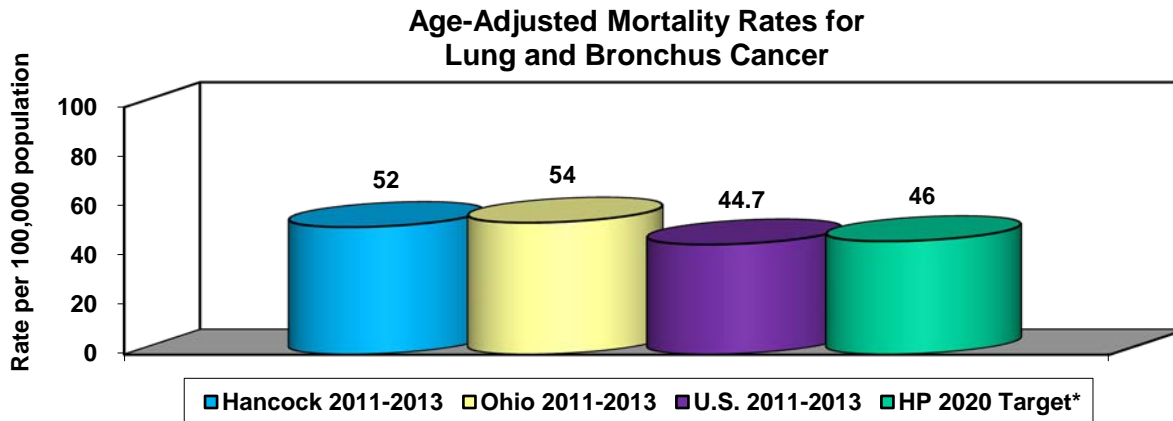
Hancock County and Ohio Births to Mothers Who Smoked During Pregnancy



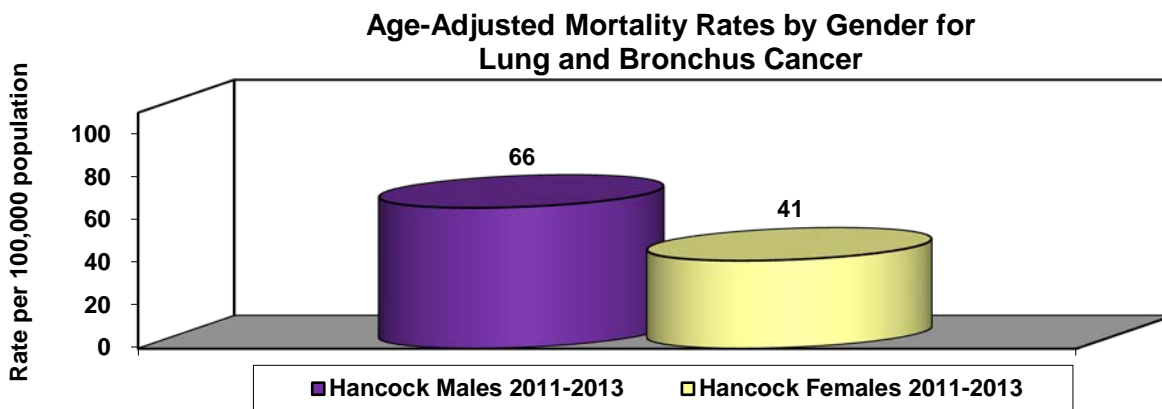
(Source: ODH Information Warehouse)

The following graphs show Hancock County, Ohio, and U.S. age-adjusted mortality rates per 100,000 population for lung and bronchus cancer in comparison with the Healthy People 2020 objective and Hancock County mortality rates by gender. These graphs show:

- Disparities existed by gender for Hancock County lung and bronchus cancer age-adjusted mortality rates.
- The 2011-2013 Hancock County lung and bronchus cancer mortality rates for males were substantially higher than the Hancock County female rates.



*Healthy People 2020 Target data is for lung cancer only
 (Sources: Healthy People 2020, National Cancer Institute, Health Indicators Warehouse)



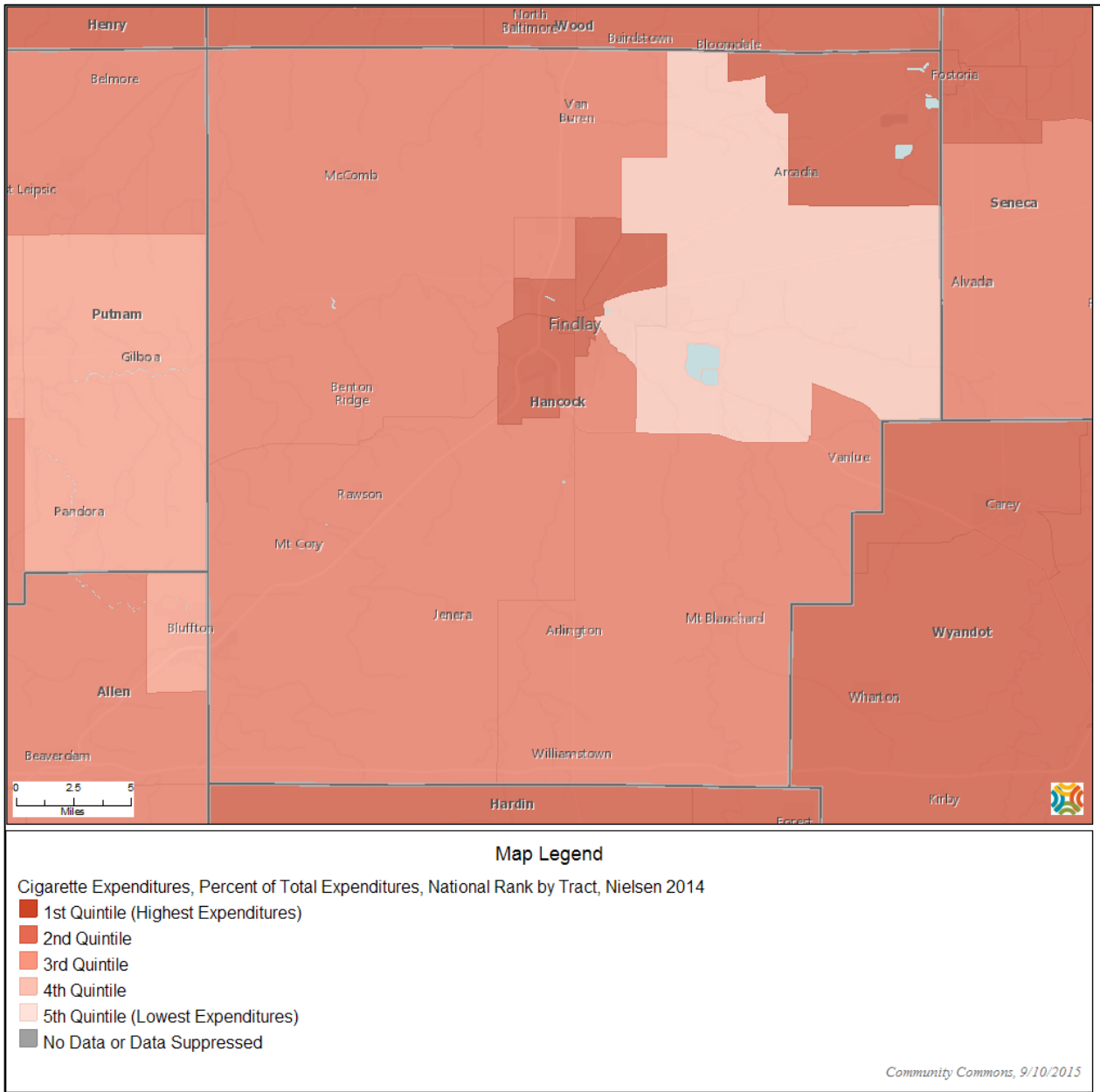
(Source: Health Indicators Warehouse)

U.S. Adult Smoking Facts

- The percentage of American adults who smoke decreased from (20.9%) in 2005 to (19.3%) in 2010.
- About 1 in 5 (46.6 million) adults still smoke.
- 443,000 Americans die of smoking or exposure to secondhand smoke each year.
- More men (about 22%) than women (about 17%) smoke.
- Adults living below poverty level (29%) are more likely to smoke than adults living at or above poverty level (18%).
- Smoking rates are higher among people with a lower education level.

(Source: CDC, Vital Signs, Tobacco Use: Smoking & Secondhand Smoke, September 2011, <http://www.cdc.gov/VitalSigns/AdultSmoking/#LatestFindings>)

Cigarette Expenditures, Percent of Total Expenditures,
National Rank by Tract, Nielsen 2014



(Source: Community Commons, updated 9/10/2015)

ADULT TOBACCO

Adult | ALCOHOL CONSUMPTION

Key Findings

In 2015, the Health Assessment indicated that 15% of Hancock County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 34% of adults who drank had five or more drinks (for males) or 4 or more drinks (for females) on one occasion (binge drinking) in the past month. Four percent of adults drove after having perhaps too much to drink.

Adult Alcohol Consumption

- In 2015, 60% of the Hancock County adults had at least one alcoholic drink in the past month, increasing to 87% of those under the age of 30. The 2014 BRFSS reported current drinker prevalence rates of 53% for Ohio and 53% for the U.S.
- 15% of adults were considered frequent drinkers (drank on an average of three or more days per week).
- Of those who drank, Hancock County adults drank 2.9 drinks on average, increasing to 3.6 drinks for males.
- 34% of those current drinkers reported they had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers by definition.

60% of Hancock County adults had at least one alcoholic drink in the past month.

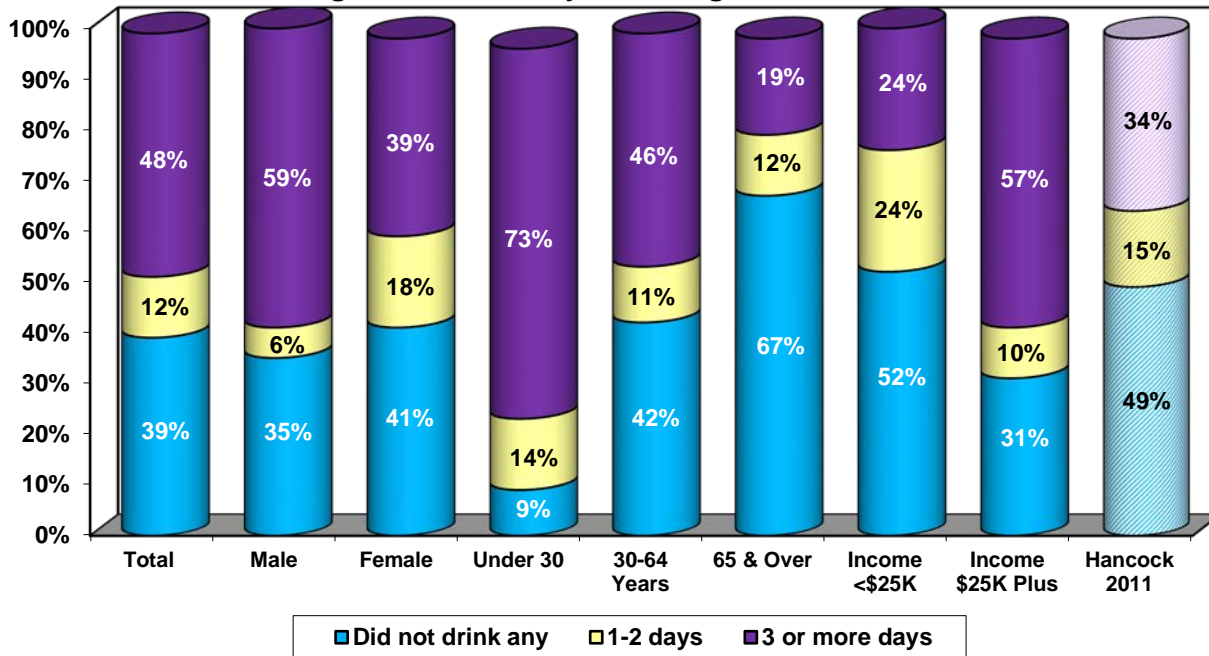
- Nearly one-fifth (19%) of Hancock County adults were considered binge drinkers. The 2014 BRFSS reported binge drinking rates of 18% for Ohio and 16% for the U.S.
- 7% of adults reported driving after having perhaps too much to drink, increasing to 14% of those under the age of 30.
- 24% of adults reported drinking alcohol while on prescription medication, increasing to 36% of those with incomes less than \$25,000 and 38% of those over the age of 65.
- Hancock County adults experienced the following in the past six months: drank more than they expected (8%), spent a lot of time drinking (3%), drank more to get the same effect (2%), gave up other activities to drink (2%), continued to drink despite problems caused by drinking (1%), failed to fulfill duties at home, work or school (1%), and tried to quit or cut down but could not (<1%).

Adult Comparisons	Hancock County 2011	Hancock County 2013	Hancock County 2015	Ohio 2014	U.S. 2014
Drank alcohol at least once in past month	51%	N/A	60%	53%	55%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	15%	23%	19%	18%	16%

N/A – Data is not available

The following graphs show the percentage of Hancock County adults consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 39% of all Hancock County adults did not drink alcohol, 35% of Hancock County males did not drink, and 41% of adult females reported they did not drink.

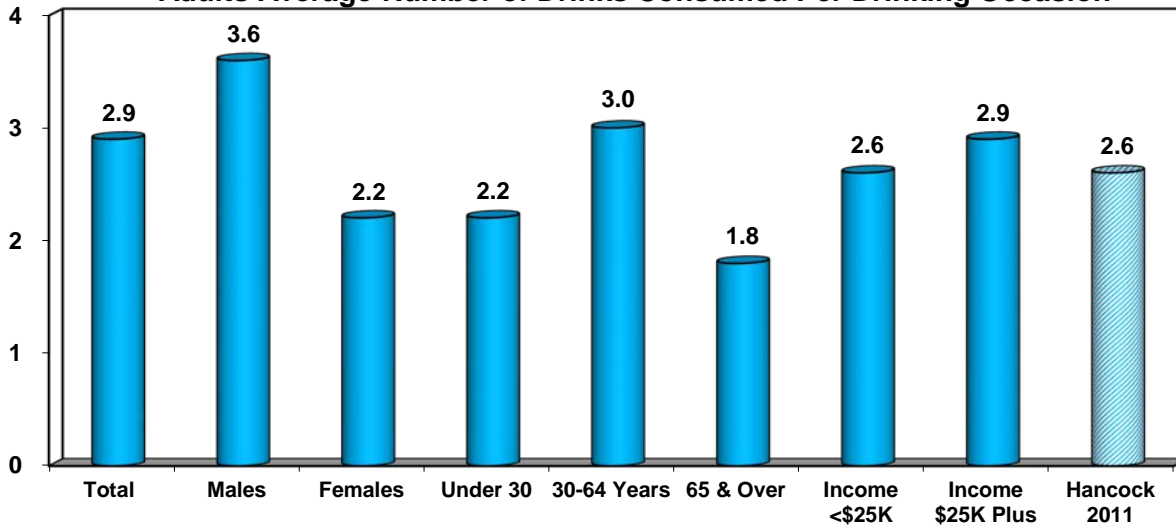
Average Number of Days Drinking Alcohol in the Past Month



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

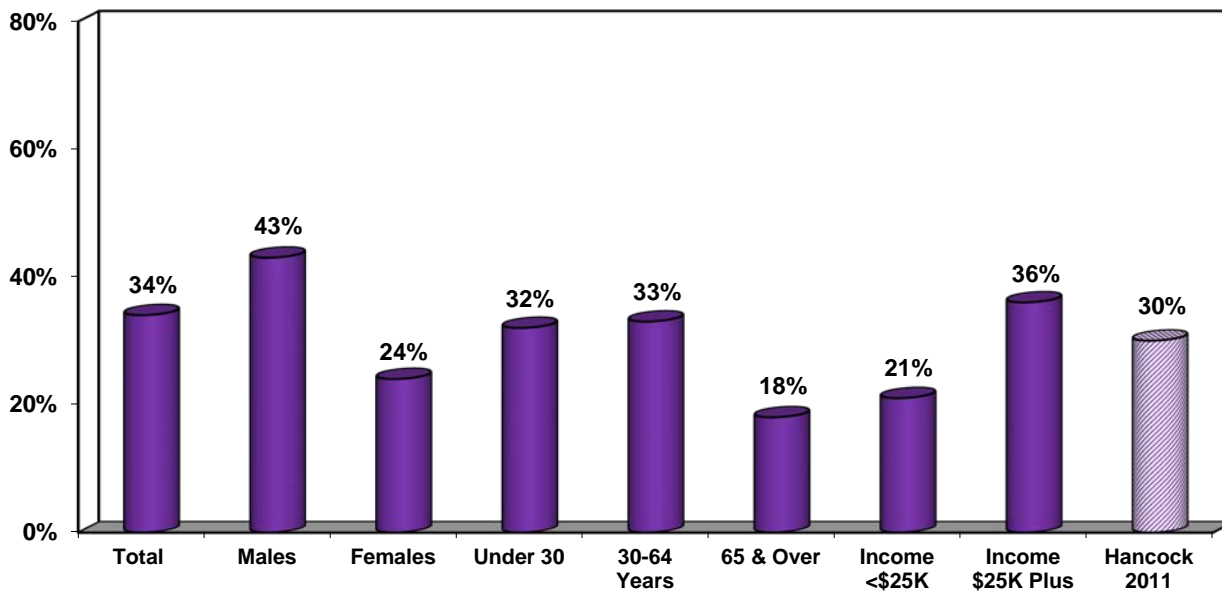
15% of Hancock County adults were considered frequent drinkers (drank on an average of three or more days per week).

Adults Average Number of Drinks Consumed Per Drinking Occasion



The following graphs show the percentage of Hancock County drinkers who binge drank in the past month and a comparison of Hancock County binge drinkers with Ohio and U.S.

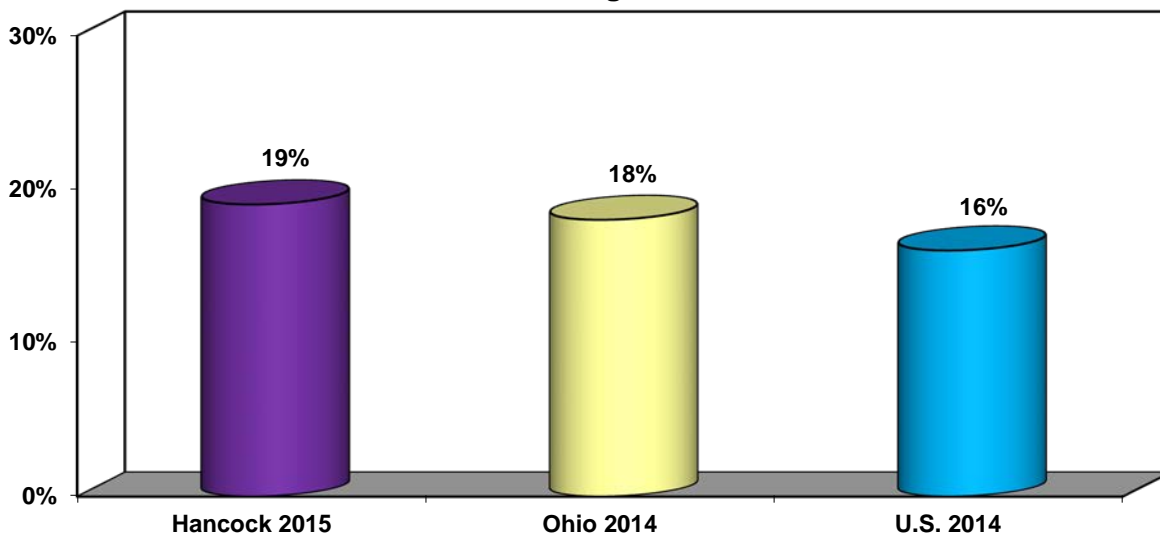
Hancock County Adult Drinkers Who Binge Drank in Past Month*



*Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion. Adults must have reported drinking five or more drinks (for males) or four or more drinks (for females) on an occasion at least once in the previous month.

7% of Hancock County adults reported driving after having perhaps too much to drink.

Adult Binge Drinkers*



(Source: 2014 BRFSS, 2015 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.

The following table shows the city of Findlay, Hancock County, and Ohio motor vehicle accident statistics. The table shows:

- 22% of all fatal injury crashes in Hancock County were alcohol-related compared to 30% in Ohio.

	City of Findlay 2015	Hancock County 2015	Ohio 2015
Total Crashes	1,057	2,443	299,877
Alcohol-Related Total Crashes	29	72	12,444
Fatal Injury Crashes	1	9	1,030
Alcohol-Related Fatal Crashes	0	2	314
Alcohol Impaired Drivers in Crashes	27	70	12,229
Injury Crashes	222	479	74,470
Alcohol-Related Injury Crashes	8	26	5,054
Property Damage Only	834	1,955	224,377
Alcohol-Related Property Damage Only	21	44	7,076
Deaths	1	10	1,109
Alcohol-Related Deaths	0	3	343
Total Non-Fatal Injuries	308	681	107,500
Alcohol-Related Injuries	9	36	7,083

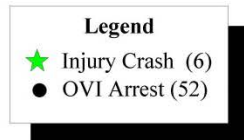
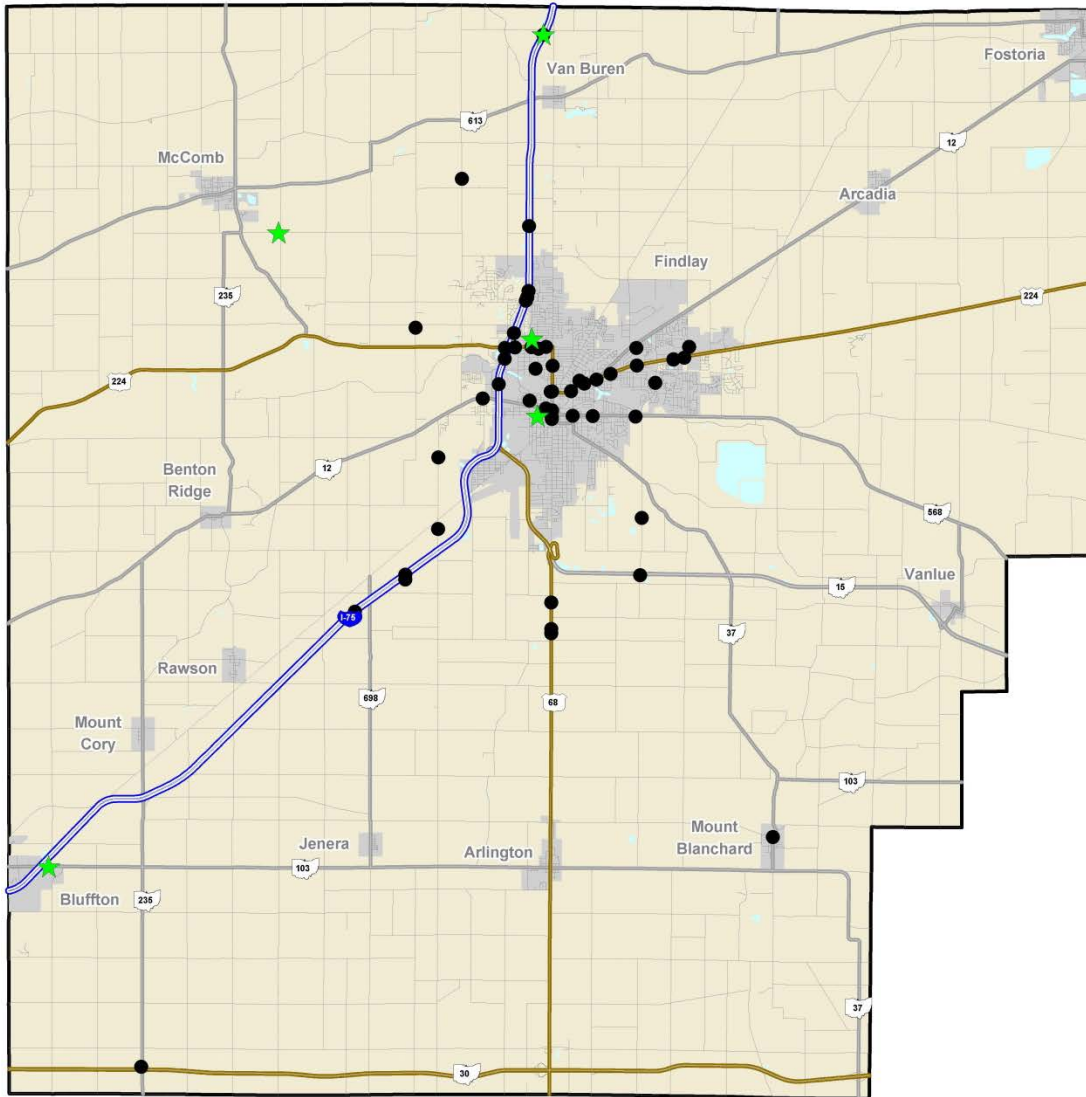
(Source: Ohio Department of Public Safety, Crash Reports, Updated 4/8/2016 Traffic Crash Facts)

Caffeinated Alcoholic Beverages

- Excessive alcohol consumption is responsible for about 88,000 deaths and 2.5 million years of potential life lost (YPLL) in the United States each year.
- Drinkers who consume alcohol mixed with energy drinks are 3 times more likely to binge drink than drinkers who do not report mixing alcohol with energy drinks.
- Drinkers who consume alcohol with energy drinks are about twice as likely as drinkers who do not report mixing to report being taken advantage of sexually, to report taking advantage of someone else sexually, and to report riding with a driver who was under the influence of alcohol.

(Source: CDC, Alcohol and Public Health, Fact Sheets, Caffeinated Alcoholic Beverages, November 2014, <http://www.cdc.gov/alcohol/fact-sheets/cab.htm>)

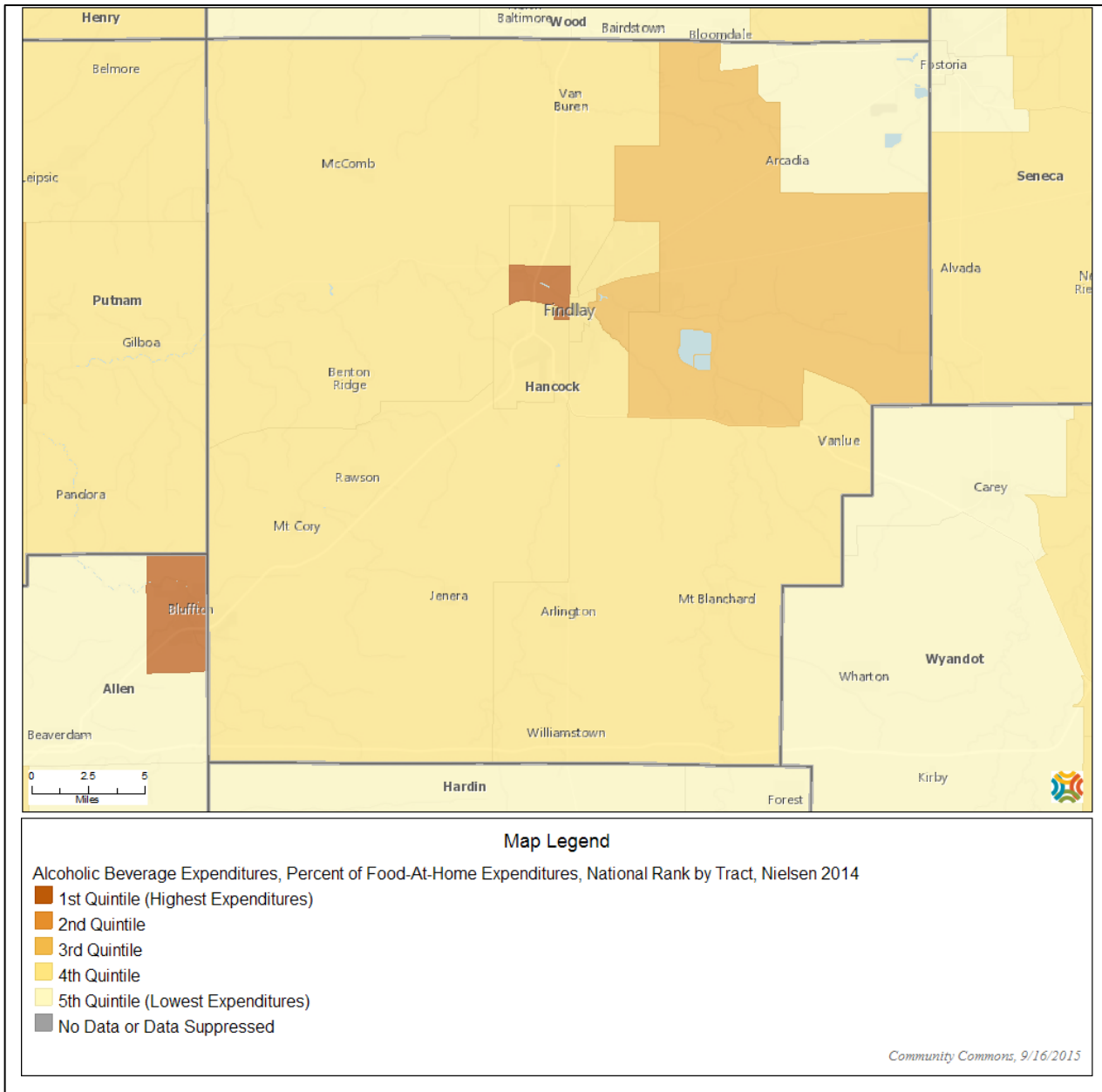
Hancock County OVI Activity 2016 YTD



	Hancock County 2014	Hancock County 2015	Hancock County 2016
OVI Checkpoint	2	2	N/A
OVI Stop	315	268	52
OVI-Related Fatal Crash	3	2	N/A
OVI-Related Injury Crash	21	32	6

(Source for map and table: Ohio State Highway Patrol, OVI Activity, updated March 22, 2016 from: <http://statepatrol.ohio.gov/statistics/statspage.asp?Area1=32&B2=Submit>)

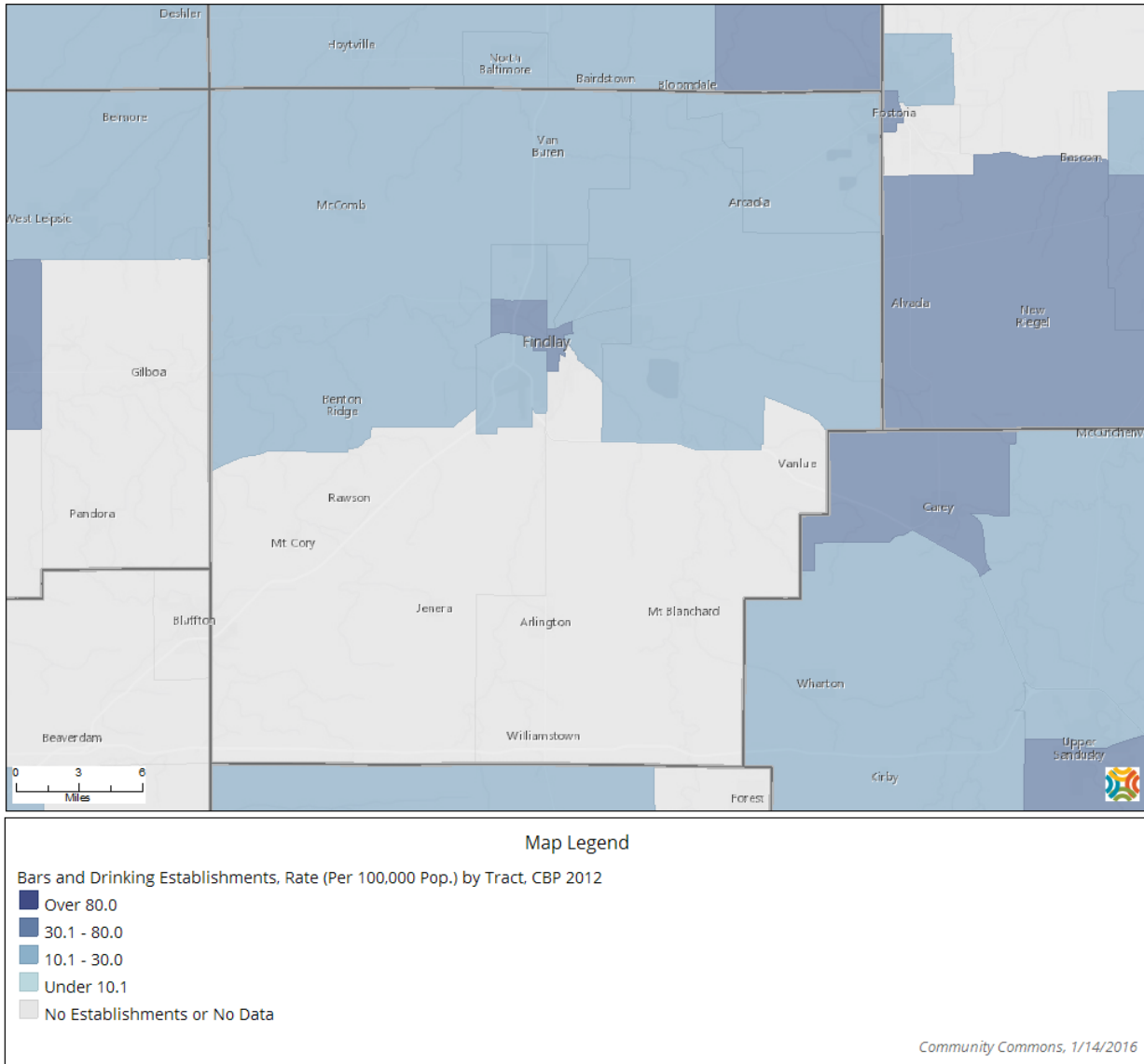
Alcohol Beverage Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014



(Source: Community Commons, updated 9/16/2015)

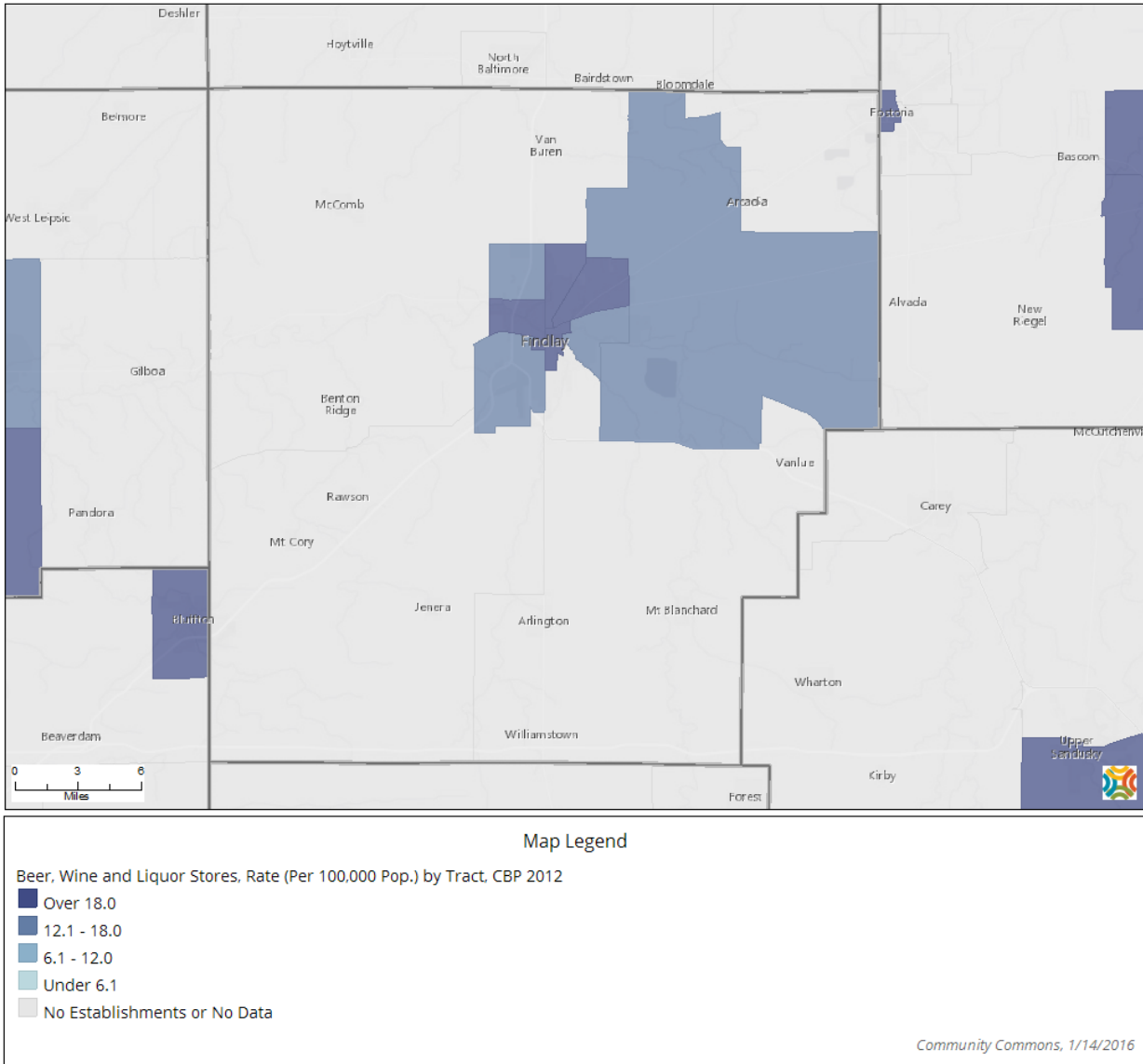
ADULT ALCOHOL

Bars and Drinking Establishments, Rate (Per 100,000 Pop.) by Tract, Census Business Patterns (CBP), 2012



(Source: Community Commons, updated 1/14/2016)

Beer, Wine and Liquor Stores, Rate (Per 100,000 Pop.) by Tract,
 Census Business Patterns (CBP), 2012



(Source: Community Commons, updated 1/14/2016)

Adult | DRUG USE

Key Findings

In 2015, 4% of Hancock County adults had used marijuana during the past 6 months. 9% 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

- 4% of Hancock County adults had used marijuana in the past 6 months, increasing to 6% of those with incomes more than \$25,000.
- 2% of Hancock County adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- When asked about their frequency of marijuana and other recreational drug use in the past six months, 41% of Hancock County adults who used drugs did so almost every day, and 41% did so less than once a month.
- 9% of adults had used medications not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 11% of those ages 30-64 and those with incomes less than \$25,000.
- 4% of adults reported they had an immediate family member who misused prescription drugs, and 2% reported that someone in their household misused prescription drugs.
- When asked about their frequency of medication misuse in the past six months, 29% of Hancock County adults who used these drugs did so almost every day, and 23% did so less than once a month.
- <1% of adults reported that they regularly failed to fulfill obligations at work or home, placed themselves in dangerous situations or had legal problems as a result of using drugs.
- Hancock County adults indicated they did the following with their unused prescription medication: took as prescribed (36%), threw it in the trash (25%), took it to the Medication Collection program (25%), flushed it down the toilet (15%), kept it (14%), disposed in RedMed Box, Yellow Jug, etc. (3%), and some other destruction method (3%).
- 1% of adults used a program or service to help with an alcohol or drug problem for themselves or a loved one. Reasons for not seeking such a program included: had not thought of it (2%), could not afford to go (1%), fear (1%), no program, available (1%), did not want to get in trouble (1%), did not want to miss work (1%), stigma of seeking drug services (<1%), did not know how to find a program (<1%), transportation (<1%), and other reasons (1%). 94% of adults reported such a program was not needed.

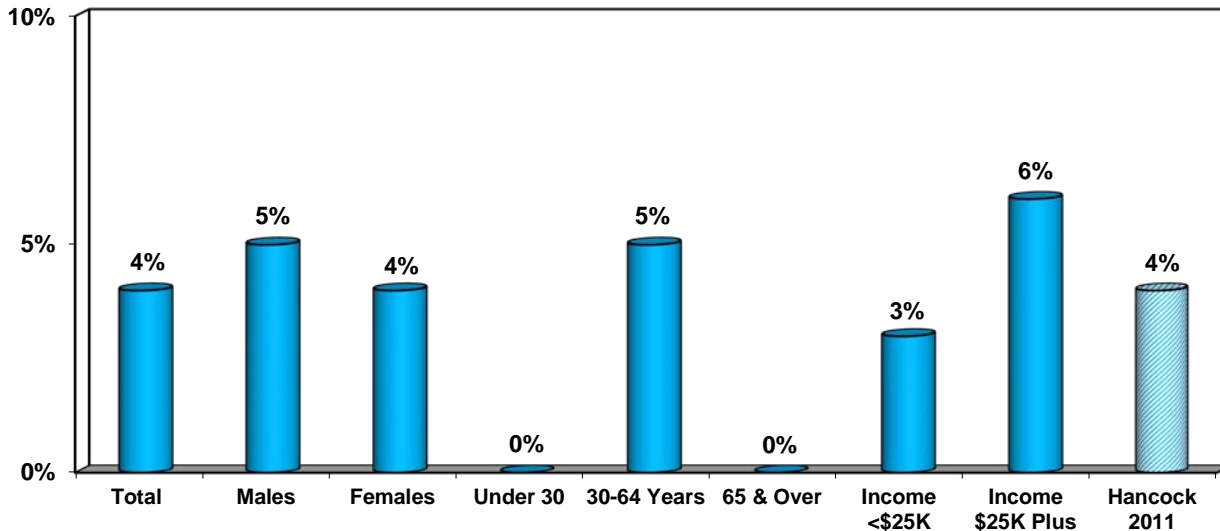
Adult Comparisons	Hancock County 2011	Hancock County 2015	Ohio 2014	U.S. 2014
Adults who used marijuana in the past 6 months	4%	4%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	4%	9%	N/A	N/A

N/A - Not available

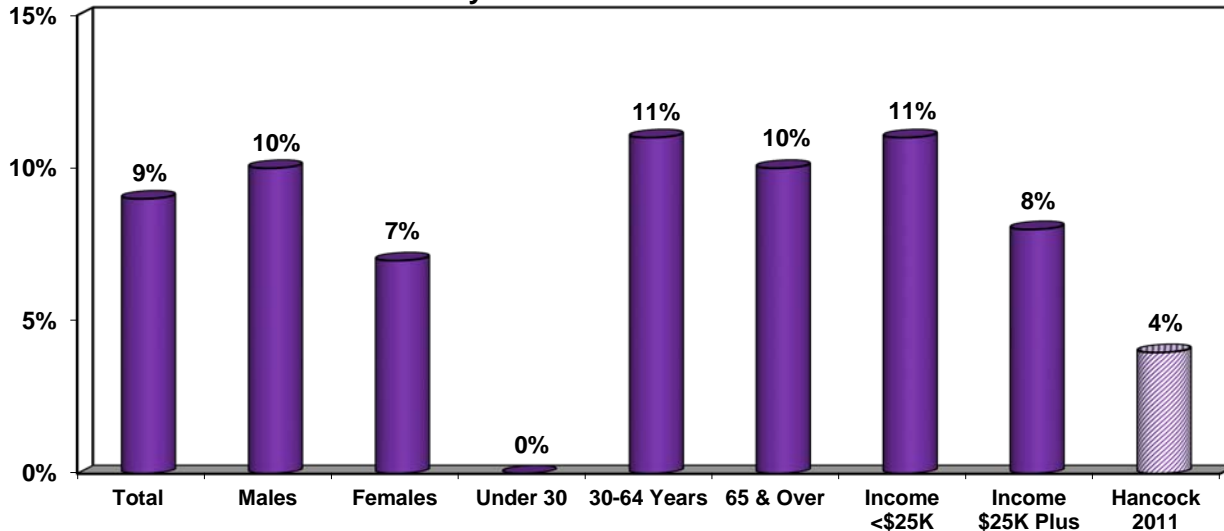
* Hancock County did not ask questions about drug use in 2013

The following graphs are data from the 2015 Hancock County Health Assessment indicating adult marijuana use in the past six months and medication misuse in the past six months. Examples of how to interpret the information include: 4% of all Hancock County adults used marijuana in the past six months, 5% of adults ages 30-64 were current users, and 3% of adults with incomes less than \$25,000 were current users.

Hancock County Adult Marijuana Use in Past 6 Months



Hancock County Adult Medication Misuse in Past 6 Months



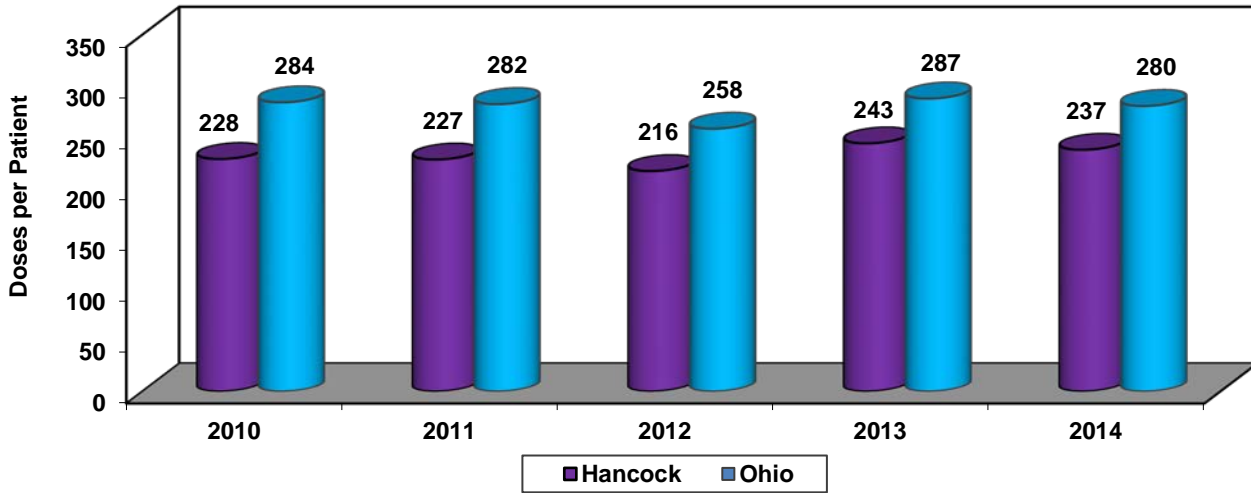
Heroin

- Heroin is an opioid drug that is synthesized from morphine, a naturally occurring substance extracted from the seed pod of the Asian opium poppy plant.
- In 2011, 4.2 million Americans aged 12 or older had used heroin at least once in their lives.
- It is estimated that about 23% of individuals who use heroin become dependent on it.
- Heroin overdoses frequently involve a suppression of breathing. This can affect the amount of oxygen that reaches the brain, a condition called hypoxia.
- Heroin abuse is associated with a number of serious health conditions, including fatal overdose, spontaneous abortion, and infectious diseases like hepatitis and HIV.
- Chronic users may develop collapsed veins, infection of the heart lining and valves, abscesses, constipation and gastrointestinal cramping, and liver or kidney disease.

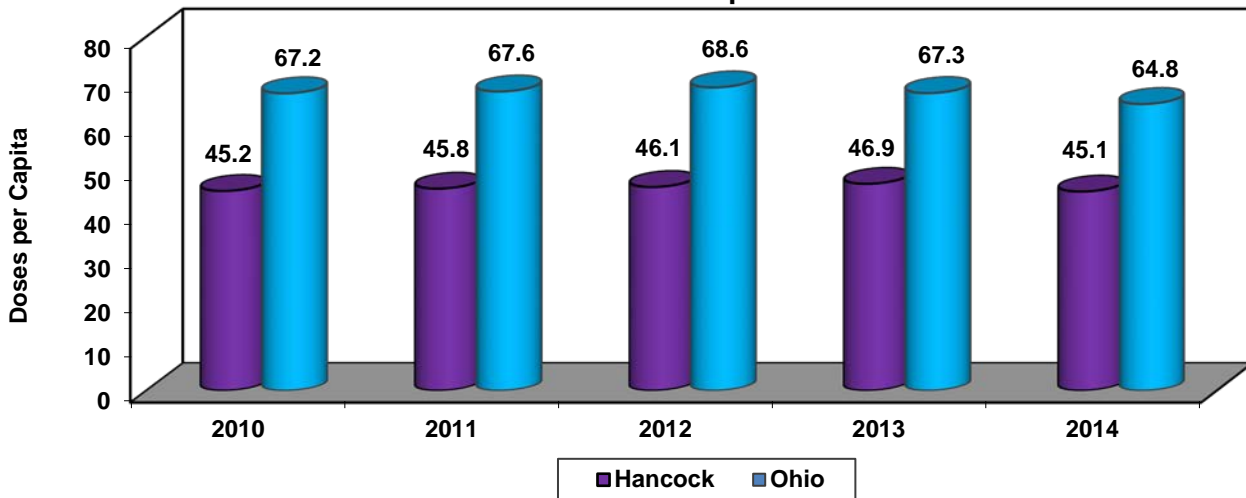
(Source: National Institute on Drug Abuse, Drug Facts: Heroin, October 2014, from: <http://www.drugabuse.gov/publications/drugfacts/heroin>)

The following graphs are data from the Ohio Automated Prescription Reporting System (OARRS) indicating Hancock County and Ohio Opiate and Pain Reliever doses prescribed per patient as well as Opiate and Pain Reliever doses per capita.

Hancock County and Ohio Number of Opiate and Pain Reliever Doses Per Patient



Hancock County and Ohio Number of Opiate and Pain Reliever Doses Per Capita

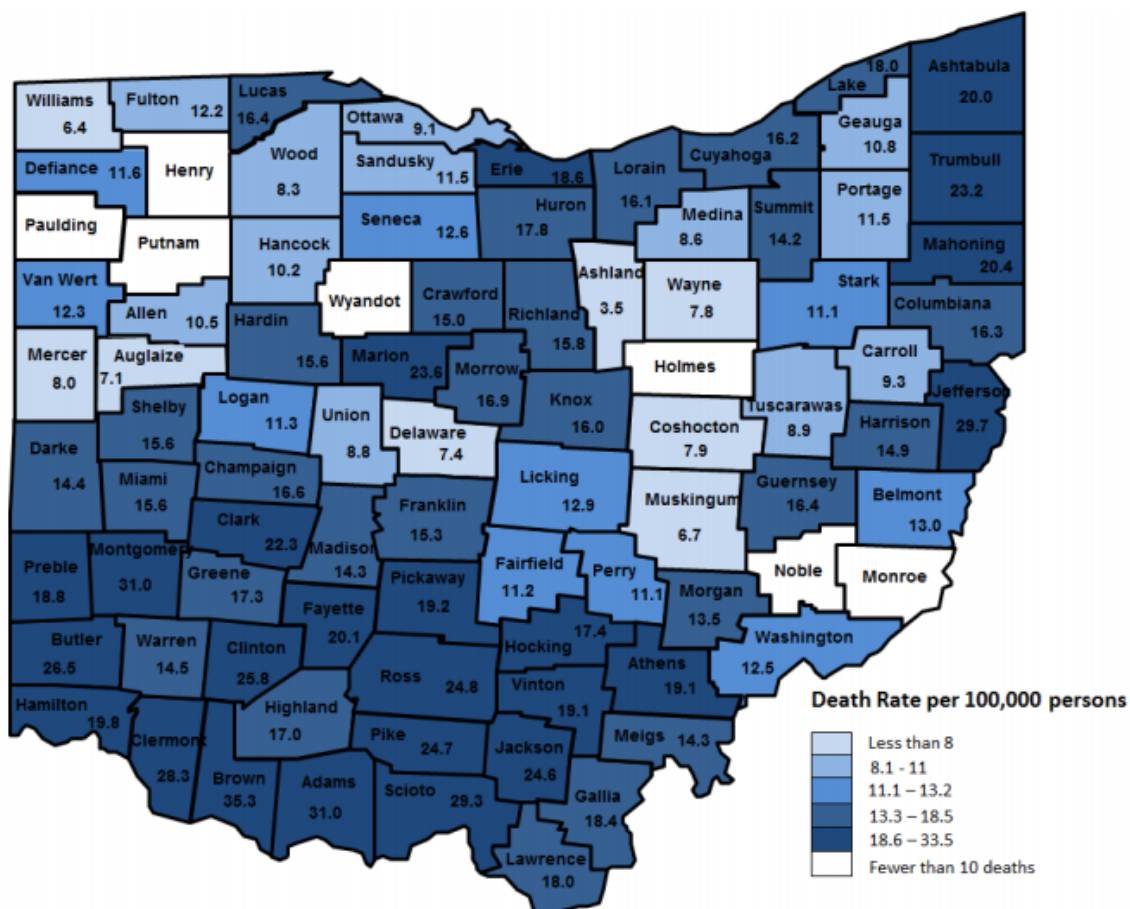


(Source: Ohio Automated Rx Reporting System, April 22, 2015, from: <https://www.ohiopmp.gov/portal/docs.aspx>)

Unintentional Drug Overdose Death Rates

- The average age-adjusted unintentional drug overdose death rate was 10.2 deaths per 100,000 in Hancock County from 2009-2014.
- The average age-adjusted unintentional drug overdose death rate was 16.6 deaths per 100,000 in Ohio from 2009-2014.

Average Age-Adjusted Unintentional Drug Overdose Death Rates Per 100,000 Population, By County, Ohio Residents, 2009-2014



¹Sources: Ohio Department of Health, Bureau of Vital Statistics; Analysis by Injury Prevention Program; U.S. Census Bureau (population estimates).

²Includes Ohio residents who died due to unintentional drug poisoning (primary underlying cause of death ICD-10 codes X40-X44).

* Rate suppressed if < 10 total deaths for 2008-2014; May be unreliable.

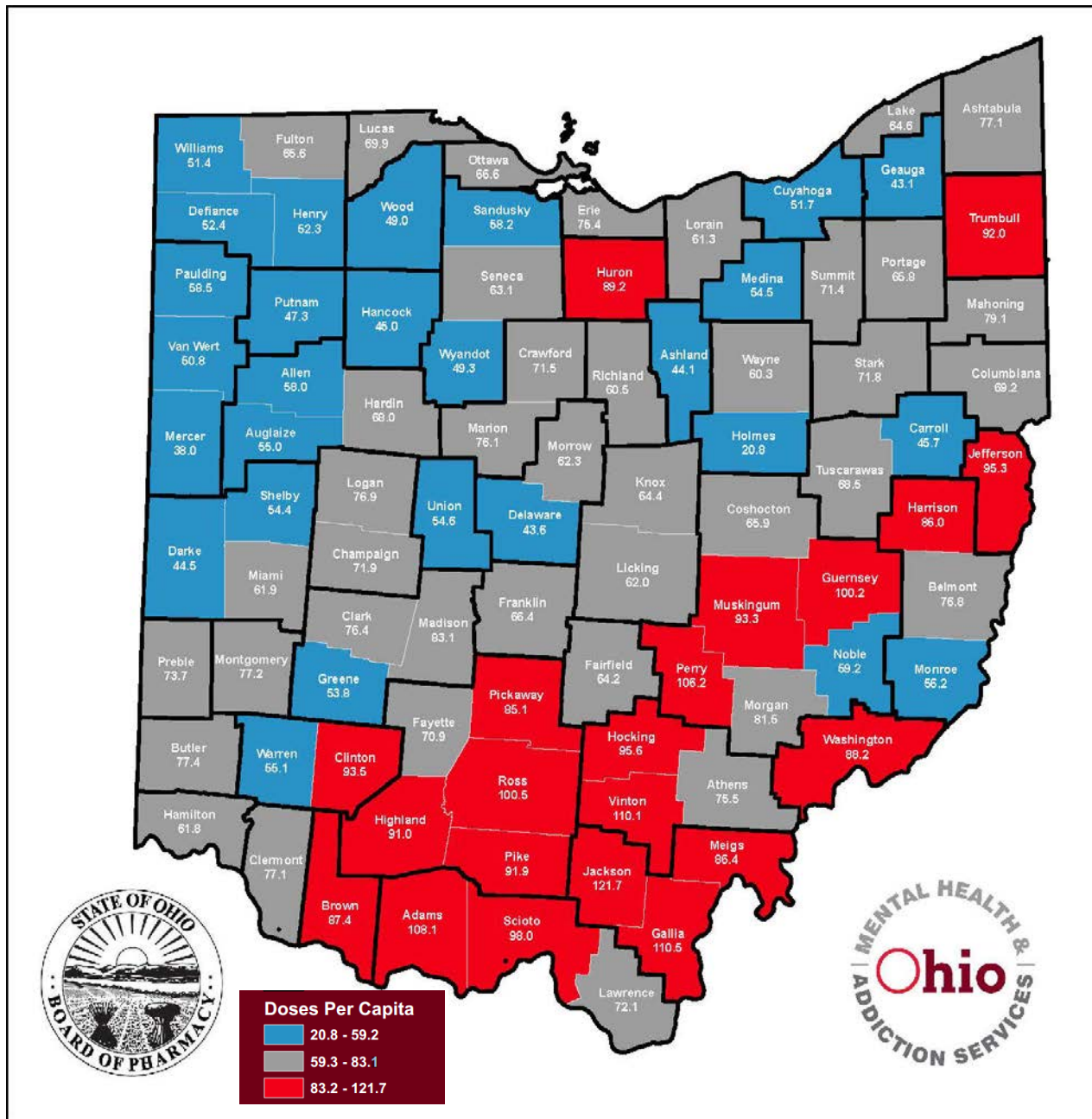
**Ohio Average Age-Adjusted Rate
2009-14: 16.6 per 100,000**

(Source: Ohio Department of Health, Office of Vital Statistics, Unintentional Drug Overdose Death Rates for Ohio Residents by County, obtained from:

<http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/injury%20prevention/2014%20Ohio%20Preliminary%20Overdose%20Report.pdf>)

Prescription Analgesic Doses Per Capita

- In 2012, the statewide average per capita dosage rate was 66.7 doses per person.
- The average per capita dosage rate was 46.0 doses per person in Hancock County in 2012.



(Source: Ohio Mental Health and Addiction Services, Doses Per Capita September 2013, obtained from: http://mha.ohio.gov/Portals/0/assets/Research/Maps/Ohio_OARRS_Opioids_2012_v2.pdf)

Felony Cases and Drug Arrests January – June 2015

- Ohio State Highway Patrol (OSHP) investigated a wide range of felony offenses during the first half of 2015, including vice (1,820); assault (717); larceny (292); false pretense (100); property crimes (77); homicide/death (16); robbery/burglary (7); and various other types of felony offenses (150).
- OSHP Troopers made 6,256 total drug arrests during the first 6 months of 2015 – a 10% increase compared to 2014 and a 30% increase compared to the previous 3-year average (2012-2014).
- Of the 6,256 drug arrests, over one-quarter (1,720 or 27%) included one or more felony drug charges. This represents a 36% increase over the previous 3-year average (2012-2014).



OHIO STATE HIGHWAY PATROL FELONY CASES AND DRUG ARRESTS JANUARY – JUNE 2015

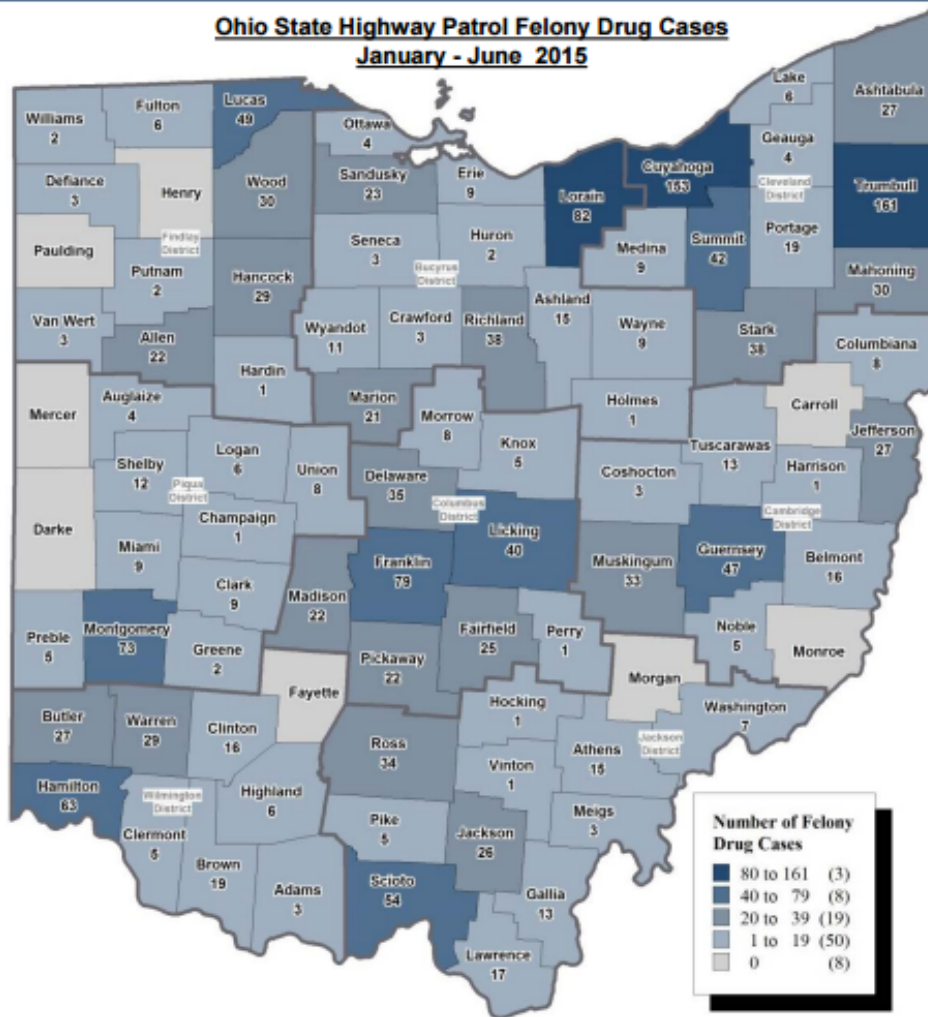


**Ohio State Highway Patrol Felony Drug Cases
January - June 2015**

OSHP felony cases by type ¹ (Jan. 1 – Jun. 30, 2015)	
Homicide/death	16
Robbery/burglary	7
Larceny	292
Assault	717
False pretense ²	100
Vice ³	1,820
Property crimes	77
Other investigations	150
Total:	3,179

OSHP drug arrests (Jan. 1 - Jun. 30, 2015)	
Total drug arrests	6,256
Felony drug cases	1,720

OSHP drug seizures in grams (Jan. 1 - Jun. 30, 2015)	
Marijuana	413,582
Cocaine	84,302
Crack	1,586
Heroin	7,274
OSHP scheduled pill seizures (Jan. 1 - Jun. 30, 2015)	
Opiate	15,313
Stimulant	1,073
Depressant	3,403
Hallucinogen	188



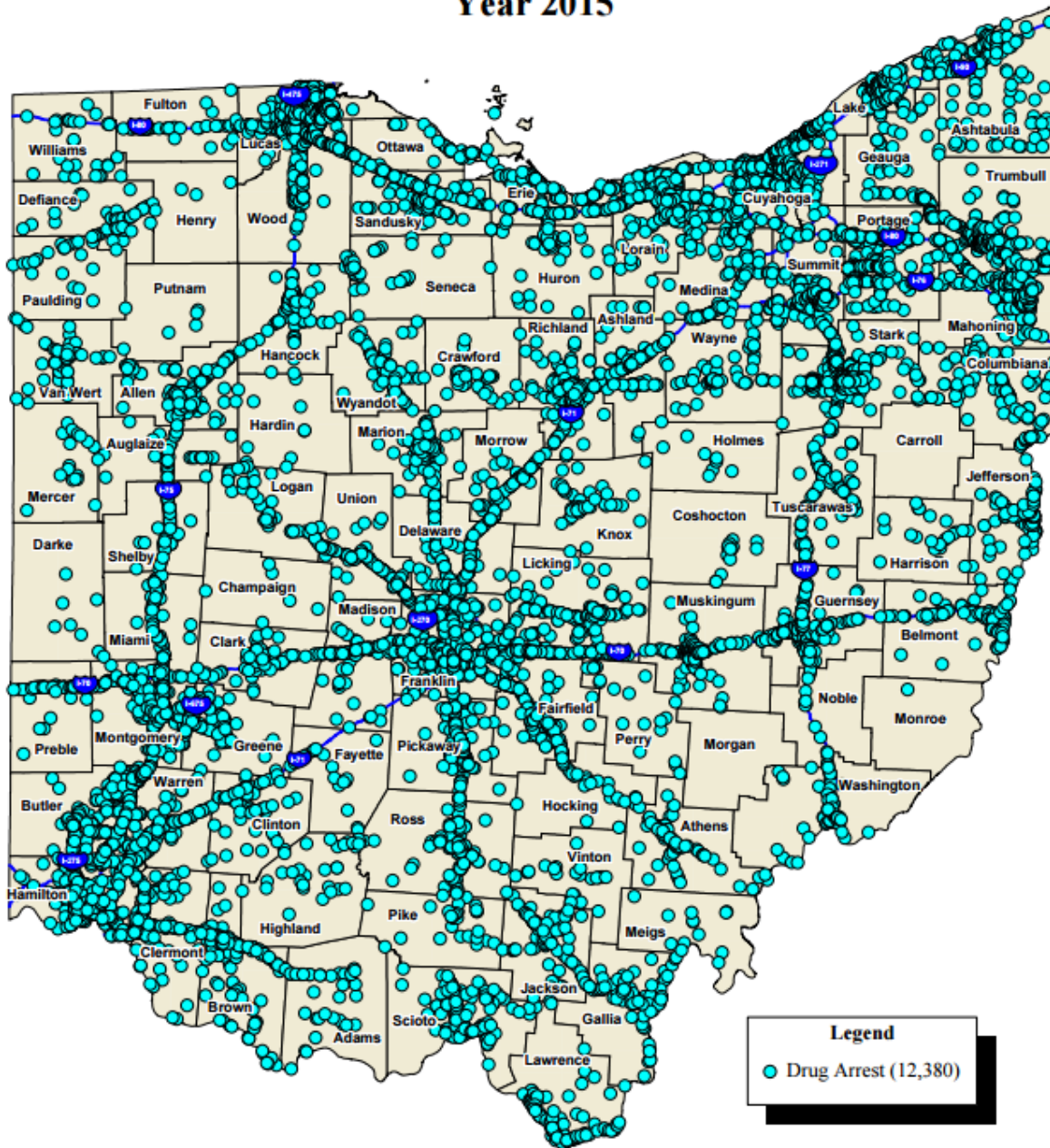
(Source: Ohio State Highway Patrol, Felony Cases and Drug Arrests, January – June 2015, from <http://statepatrol.ohio.gov/>)

ADULT DRUG USE

Ohio Drug Arrests 2015

- Ohio State Highway Patrol (OSHP) made 12,380 drug arrests in Ohio in 2015.

Ohio State Highway Patrol Drug Arrests Year 2015



(Source: Ohio State Highway Patrol, Drug Arrests, 2015, updated January 4, 2016, from http://statepatrol.ohio.gov/statistics/statdocs/crimemaps/2015/15_Drug_Violations.pdf)

Adult | WOMEN'S HEALTH

Key Findings

In 2015, nearly half (49%) of Hancock County women over the age of 40 reported having a mammogram in the past year. 59% of Hancock County women ages 19 and over had a clinical breast exam and 45% had a Pap smear to detect cancer of the cervix in the past year. The Health Assessment determined that 1% of women survived a heart attack and 2% survived a stroke at some time in their life. More than one-fourth (26%) had high blood pressure, 31% had high blood cholesterol, 26% were obese, and 13% were identified as smokers, known risk factors for cardiovascular diseases.

Women's Health Screenings

- In 2015, 60% of Hancock County women had a mammogram at some time in their life and more than one-fourth (29%) had this screening in the past year.
- Nearly half (49%) of women ages 40 and over had a mammogram in the past year and 61% had one in the past two years. The 2014 BRFSS reported that 72% of women 40 and over in Ohio and 73% in the U.S., had a mammogram in the past two years.
- Most (93%) Hancock County women have had a clinical breast exam at some time in their life and 59% had one within the past year. More than two-thirds (70%) of women ages 40 and over had a clinical breast exam in the past two years. The 2010 BRFSS reported that 75% of women 40 and over in Ohio and 77% in the U.S., had a clinical breast exam in the past two years.
- This assessment has identified that 91% of Hancock County women have had a Pap smear and 45% reported having had the exam in the past year. 71% of women had a pap smear in the past three years. The 2014 BRFSS indicated that 74% of Ohio and 75% of U.S. women had a pap smear in the past three years.

Women's Health Concerns

- From 2011-2013, major cardiovascular diseases (heart disease and stroke) accounted for 27% of all female deaths in Hancock County (Source: CDC Wonder, Underlying Cause of Death).
- Women used the following as their usual source of services for female health concerns: private gynecologist (67%), general or family physician (25%), nurse practitioner/physician's assistant (12%), community health center (3%), family planning clinic (1%), and health department clinic (1%). 6% indicated they did not have a usual source of services for female health concerns.
- In 2015, the health assessment determined that 1% of women had survived a heart attack and 2% had survived a stroke at some time in their life.

Hancock County Female Leading Types of Death, 2011- 2013

1. Cancers (22% of all deaths)
2. Heart Diseases (20%)
3. Stroke 7%)
4. Chronic Lower Respiratory Diseases (6%)
5. Alzheimer's Disease(5%)

(Source: CDC Wonder, 2011-2013)

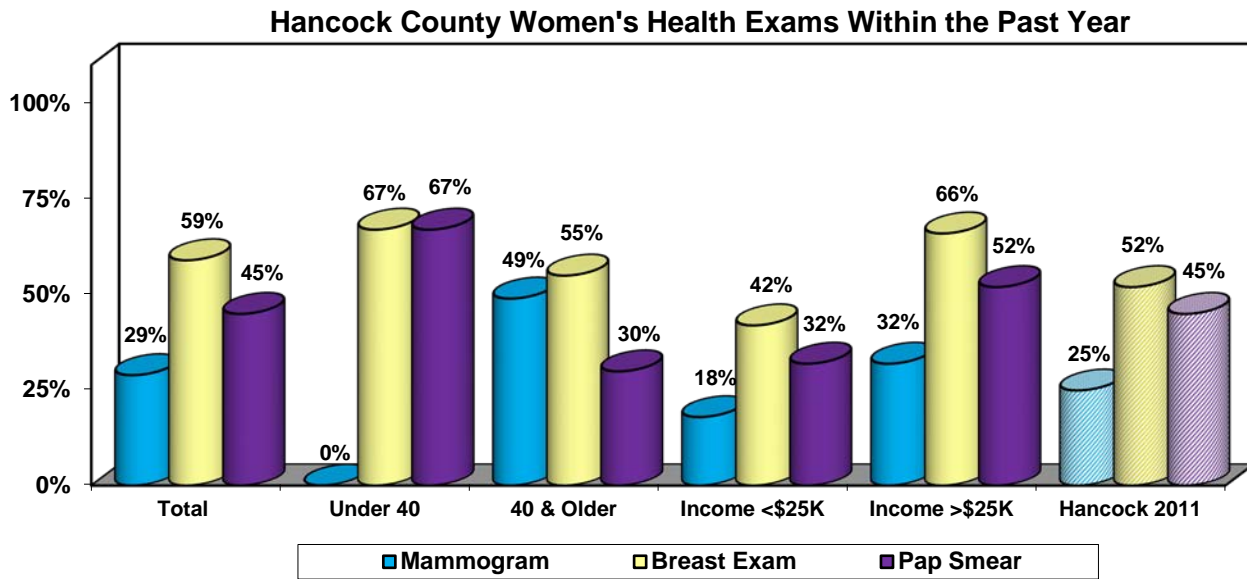
Ohio Female Leading Types of Death, 2011 - 2013

1. Heart Diseases (23% of all deaths)
2. Cancers (21%)
3. Chronic Lower Respiratory Diseases (7%)
4. Stroke (6%)
5. Alzheimer's Disease (5%)

(Source: CDC Wonder, 2011-2013)

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Hancock County, the 2015 Health Assessment has identified that:
 - 56% were overweight or obese (62% Ohio, 58% U.S., 2014 BRFSS*)
 - 31% were diagnosed with high blood cholesterol (38% Ohio, 37% U.S., 2013 BRFSS)
 - 28% were diagnosed with high blood pressure (32% Ohio, 30% U.S., 2013 BRFSS)
 - 13% of all women were current smokers (20% Ohio, 17% U.S., 2014 BRFSS*)
 - 9% had been diagnosed with diabetes (11% Ohio, 12% U.S., 2014 BRFSS*)
- * The U.S. data for the BRFSS is not able to be broken down by gender for 2014.*

The following graph shows the percentage of Hancock County female adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 29% of Hancock County females had a mammogram within the past year, 59% had a clinical breast exam, and 45% had a Pap smear.



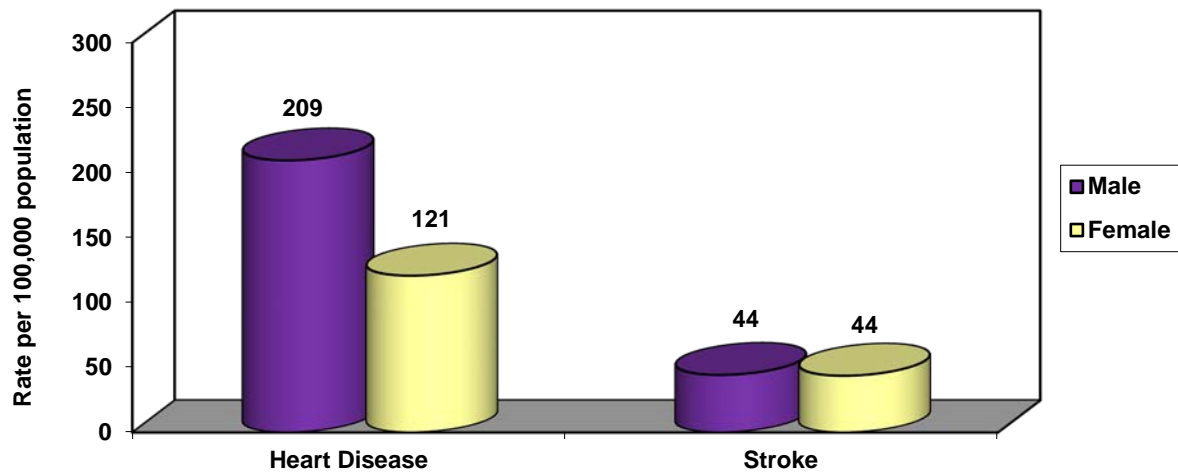
Adult Comparisons	Hancock County 2011	Hancock County 2015	Ohio 2014	U.S. 2014
Had a mammogram in the past two years (age 40 & over)	59%	61%	72%	73%
Had a pap smear in the past three years	70%	71%	74%	75%

** Hancock County did not ask questions about women's health in 2013*

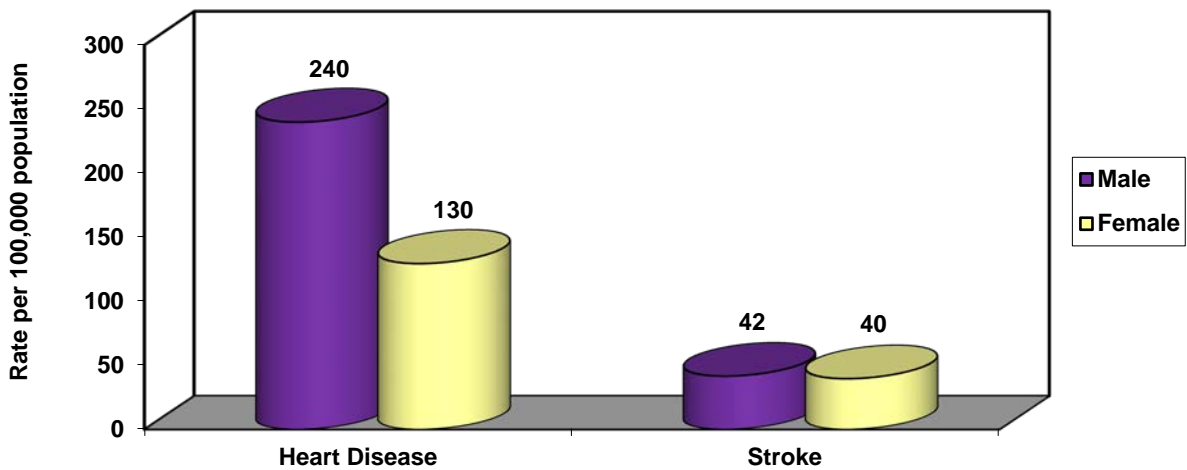
The following graphs show the Hancock County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases. The graphs show:

- From 2011-2013, the Hancock County female age-adjusted stroke mortality rate was equal to the male rate for stroke.
- The Hancock County female heart disease mortality rate was lower than the Ohio female rate from 2011 to 2013.

Hancock County Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2011-2013



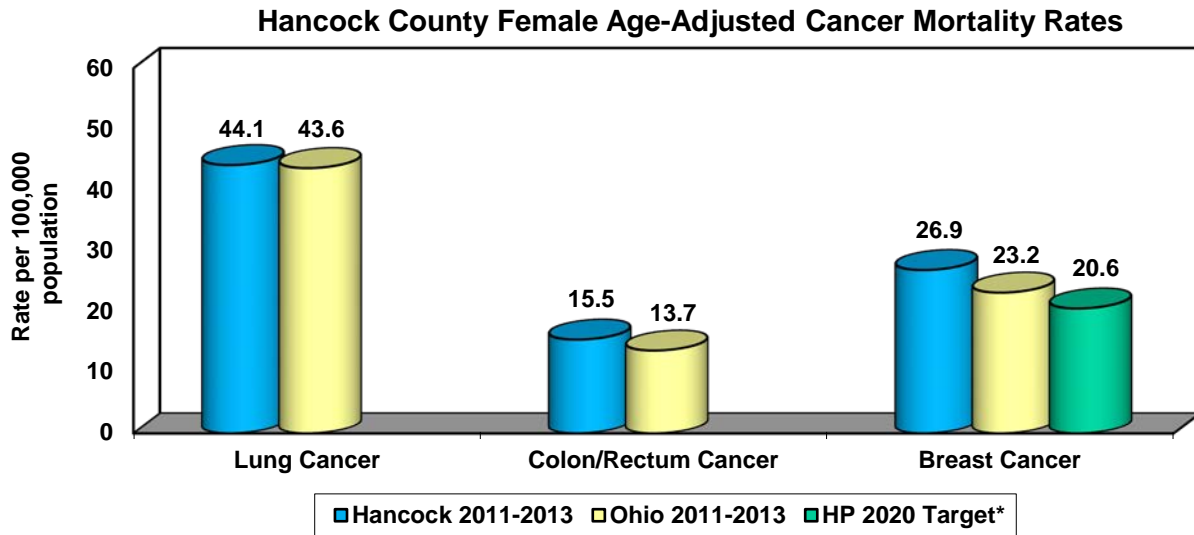
Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2011-2013



(Source: Health Indicators Warehouse, 2011-2013)

The following graphs show the Hancock County age-adjusted cancer mortality rates per 100,000 population for women with comparison to the Healthy People 2020 objective when available. The graphs show:

- From 2011-2013, the Hancock County age-adjusted mortality rate for female lung cancer mortality rate was slightly higher than the Ohio rate.
- The Hancock County breast cancer and colon/rectum mortality rates were greater than the Ohio rate.



(Source: CDC Wonder 2011-2013 and Healthy People 2020)

*Note: Healthy People 2020 target rates are not gender specific; Healthy People 2020 Targets may not be available for all diseases.

Human Papilloma Virus (HPV and Vaccine)

- Approximately 79 million Americans are infected with human papillomavirus (HPV); approximately 14 million people will become newly infected each year.
- Some HPV types can cause cervical, vaginal, and vulvar cancer among women, penile cancer among men, and anal and some oropharyngeal cancers among both men and women.
- Other HPV types can cause genital warts among both sexes. Each year in the United States an estimated 27,000 new cancers attributable to HPV occur, 17,600 among females (of which 10,400 are cervical cancer) and 9,300 among males (of which 7,200 are oropharyngeal cancers).
- There are, however, two HPV vaccines available (Gardasil® and Cervarix®) which protect against the types of HPV infection that cause most cervical cancers (HPV types 16 and 18). Both vaccines should be given as a three-shot series. Clinical trials and post-licensure monitoring data show that both vaccines are safe.
- CDC recommends HPV vaccination for the prevention of HPV infections responsible for most types of cervical cancer.

(Sources: Centers for Disease Control and Prevention, Vaccine Safety, Human Papillomavirus (HPV) Vaccine, updated January 26, 2015, from <http://www.cdc.gov/vaccinesafety/vaccines/HPV/Index.html>)

Adult | MEN'S HEALTH

Key Findings

In 2015, 47% of Hancock County males over the age of 50 had a Prostate-Specific Antigen (PSA) test. Major cardiovascular diseases (heart disease and stroke) accounted for 28% and cancers accounted for 28% of all male deaths in Hancock County from 2011-2013. The Health Assessment determined that 4% of men survived a heart attack and 2% survived a stroke at some time in their life. More than one-fourth (27%) of men had been diagnosed with high blood pressure, 34% had high blood cholesterol, and 12% were identified as smokers, which, along with obesity (27%), are known risk factors for cardiovascular diseases.

Men's Health Screenings and Concerns

- More than two-fifths (44%) of Hancock County males had a Prostate-Specific Antigen (PSA) test at some time in their life and 28% had one in the past year.
- 79% of males age 50 and over had a PSA test at some time in their life, and 47% had one in the past year.
- 51% of men had a digital rectal exam in their lifetime and 18% had one in the past year.
- From 2011-2013, major cardiovascular diseases (heart disease and stroke) accounted for 28% of all male deaths in Hancock County (Source: CDC Wonder).
- In 2015, the health assessment determined that 4% of men had a heart attack and 2% had a stroke at some time in their life.

18% of Hancock County males had a digital rectal exam in the past year.

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, and diabetes. In Hancock County the 2015 health assessment has identified that:
 - 75% were overweight or obese (72% Ohio, 71% U.S., 2014 BRFSS*)
 - 34% were diagnosed with high blood cholesterol (39% Ohio, 40% U.S., 2013 BRFSS)
 - 31% were diagnosed with high blood pressure (36% Ohio, 34% U.S., 2013 BRFSS)
 - 12% of all men were current smokers (22% Ohio, 22% U.S., 2014 BRFSS*)
 - 9% had been diagnosed with diabetes (12% Ohio, 11% U.S., 2014 BRFSS)

* The U.S. data for the BRFSS is not able to be broken down by gender for 2014.
- From 2011-2013, the leading cancer deaths for Hancock County males were lung, pancreas, colon and rectum, and prostate cancers. Statistics from the same period for Ohio males show lung, prostate, and colon and rectum cancers as the leading cancer deaths (Source: CDC Wonder).

Hancock County Male Leading Causes of Death, 2011 - 2013

1. Cancers (28% of all deaths)
2. Heart Diseases (23%)
3. Chronic Lower Respiratory Diseases (6%)
4. Accidents, Unintentional Injuries (5%)
5. Stroke (5%)

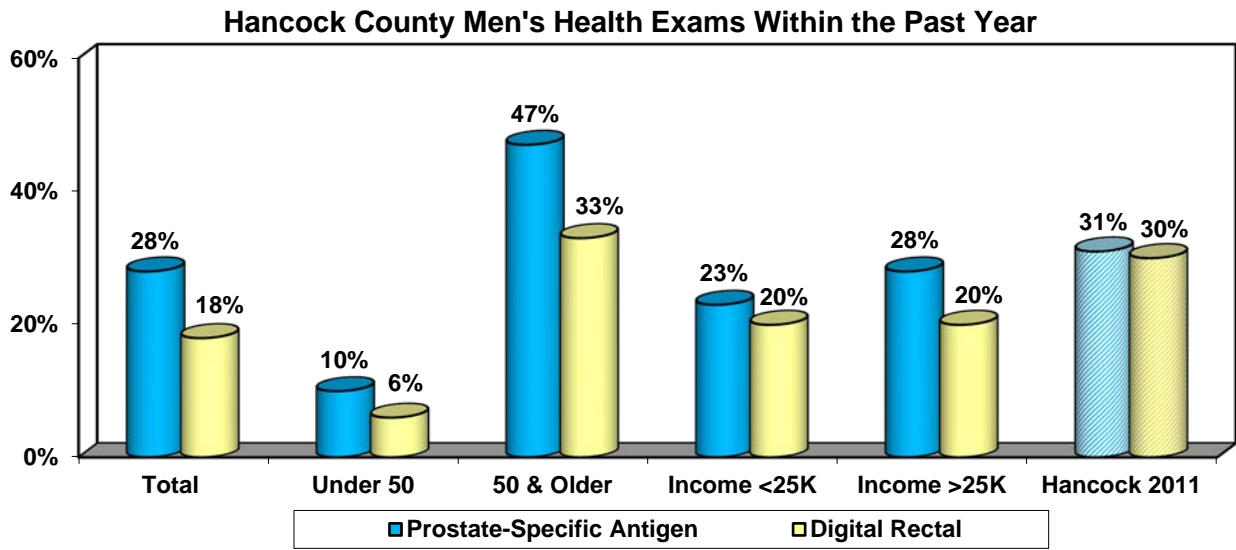
(Source: CDC Wonder, 2011-2013)

Ohio Male Leading Causes of Death, 2011 - 2013

1. Heart Diseases (25% of all deaths)
2. Cancers (24%)
3. Chronic Lower Respiratory Diseases (6%)
4. Accidents, Unintentional Injuries (6%)
5. Stroke (4%)

(Source: CDC Wonder, 2011-2013)

The following graph shows the percentage of Hancock County male adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 28% of Hancock County males had a PSA test within the past year and 18% had a digital rectal exam.



Adult Comparisons	Hancock County 2011	Hancock County 2015	Ohio 2014	U.S. 2014
Had a digital rectal exam within the past year	30%	18%	N/A	N/A
Had a PSA test within the past year	31%	28%	43%	43%

N/A - Not Available

* Hancock County did not ask questions about men's health in 2013

Cancer and Men

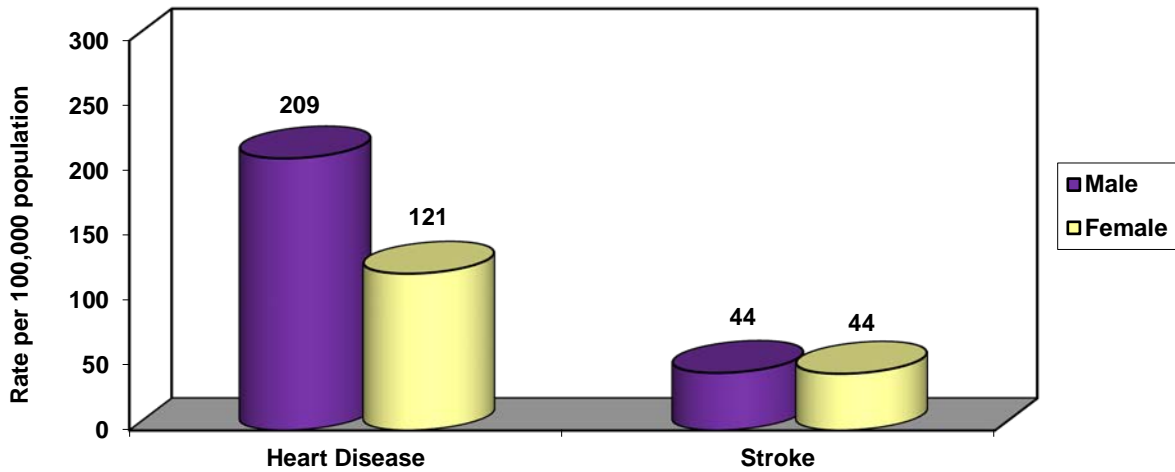
- Every year, more than 300,000 men in America lose their lives to cancer.
- The most common kinds of cancer among men in the U.S. are skin cancer, prostate cancer, lung cancer, and colorectal cancer.
- Skin cancer is the most common cancer in the United States. Most cases of melanoma, the deadliest kind of skin cancer, are caused by exposure to ultraviolet (UV) light from the sun and tanning devices.
- More men in the U.S. die from lung cancer than any other type of cancer, and cigarette smoking accounts for 90% of lung cancer deaths.
- Smoking increases the risk of developing the following types of cancer: esophagus, pancreas, pharynx, larynx, lip, oral cavity, kidney, bladder, stomach, colorectal, and acute myeloid leukemia.
- In men, the following cancers are associated with being overweight: colorectal cancer, esophageal adenocarcinoma (a type of cancer of the tube that connects your throat to your stomach), and cancer of the kidney and pancreas. Adopting a lifestyle that includes healthy eating and regular physical activity can help lower the risk for several types of cancers.
- Prostate cancer is the most frequently diagnosed cancer in men aside from skin cancer. For unclear reasons, incidence rates are 63% higher in African Americans than in whites. It is the second most common cause of cancer death in men.

(Source: Center for Disease Control and Prevention, *Cancer Prevention and Control*, June 9, 2015, <http://www.cdc.gov/features/cancerandmen/>, and American Cancer Society, *Cancer Facts & Figures 2015*, <http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>)

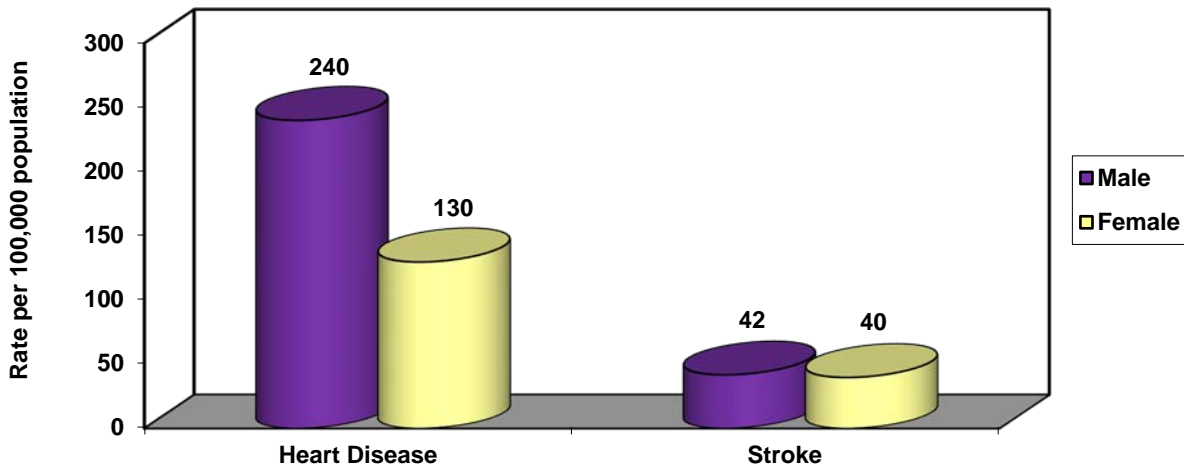
The following graphs show the Hancock County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases by gender. The graphs show:

- From 2011-2013, the Hancock County and Ohio male age-adjusted mortality rates were higher than the female rate for heart disease.
- The Hancock County male age-adjusted mortality rate was equal to the female rate for stroke in 2011-2013.
- The Hancock County male age-adjusted heart disease mortality rate was lower than the Ohio male rate.

Hancock County Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2011-2013



Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2011-2013

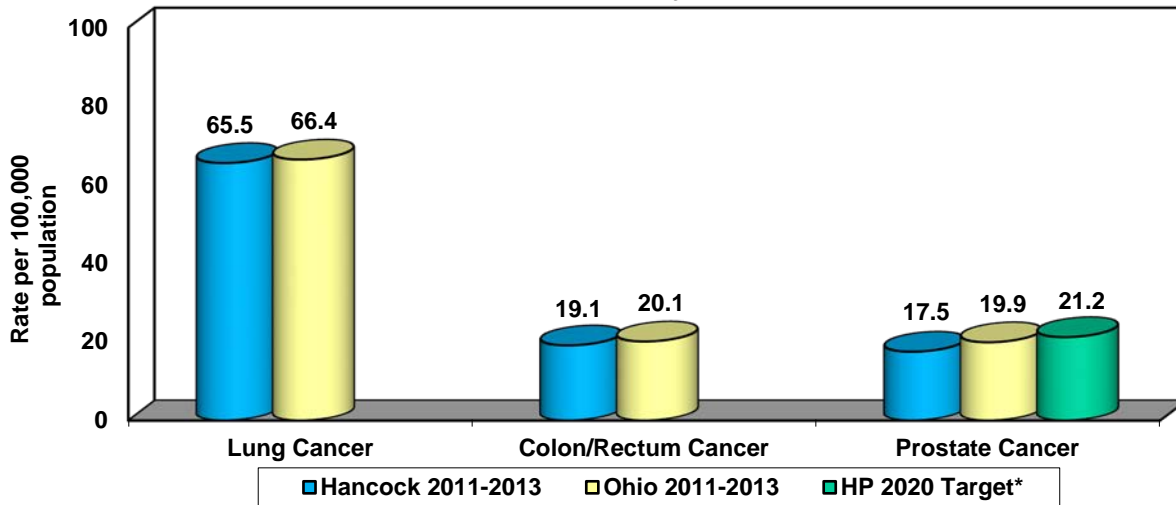


(Source: Health Indicators Warehouse, 2011-2013)

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

- From 2011-2013, the Hancock County age-adjusted mortality rate for male lung cancer was lower than the Ohio average.
- The Hancock County colon/rectum cancer age-adjusted mortality rate for males was lower than the Ohio rate for 2011-2013.
- The age-adjusted prostate cancer mortality rate in Hancock County for 2011-2013 was lower than the Ohio rate and the Healthy People 2020 objective.

Hancock County Male Age-Adjusted Cancer Mortality Rates



*Note: the Healthy People 2020 target rates are not gender specific.
 (Source: CDC Wonder 2011-2013 and Healthy People 2020)

Men's Health Data

- Approximately 12% of adult males ages 18 years or older reported fair or poor health.
- 21% of adult males in the U.S. currently smoke.
- Of the adult males in the U.S., 31% had 5 or more drinks in 1 day at least once in the past year.
- Only 54% 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 19% 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, July 14, 2014, from http://www.cdc.gov/nchs/fastats/mens_health.htm)

Adult | PREVENTIVE MEDICINE AND ENVIRONMENTAL HEALTH

Key Findings

More than two-thirds (70%) of adults ages 65 and over had a flu vaccination in the past year. More than half (57%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy within the past 5 years.

Preventive Medicine

- Nearly half (47%) of Hancock County adults had a flu vaccine during the past 12 months.
- Of those who had a flu vaccine, 99% had the shot and 1% had the nasal spray.
- 70% of Hancock County adults ages 65 and over had a flu vaccine in the past 12 months. The 2014 BRFSS reported that 61% of U.S. and 56% of Ohio adults ages 65 and over had a flu vaccine in the past year.
- 11% of Hancock County adults had a tetanus booster (including Tdap) in the past year.
- 6% of adults over the age of 60 have been diagnosed with pneumonia.
- 12% of Hancock County adults have been told by a healthcare professional that they or a loved one had Alzheimer's Disease, and an additional 13% have been told they had some other form of dementia.
- 8% of Hancock County adults reported that confusion or memory loss always interfered with their ability to work, volunteer, or engage in social activities.
- 58% of Hancock County adults reported that confusion or memory loss never interfered with their ability to work, volunteer, or engage in social activities.
- Adults were at risk for the following based on family history: high blood pressure (57%), heart disease (52%), cancer (45%), diabetes (43%), high blood cholesterol (35%), alcohol addiction (16%), Alzheimer's Disease (14%), mental illness (14%), drug addiction (5%), and unexplained sudden death (2%).

Skin Cancer Prevention Recommendations

- Seek shade, especially during midday hours.
- Wear clothing to protect exposed skin.
- Wear a hat with a wide brim to shade the face, head, ears, and neck.
- Wear sunglasses that wrap around and block as close to 100% of both UVA and UVB rays as possible.
- Use sunscreen with sun protective factor (SPF) 15 or higher, and both UVA and UVB protection.
- Avoid indoor tanning.

(CDC, Skin Cancer Prevention, Updated 5/29/2014, http://www.cdc.gov/cancer/skin/basic_info/prevention.htm)

Hancock County Adults Confusion/Memory Loss Interfered with Daily Activities

Frequency of Interference With Daily Activity	Total 2015
Always	8%
Usually	11%
Sometimes	18%
Rarely	5%
Never	58%

Preventive Health Screenings and Exams

- More than half (57%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.
- Hancock County adults have had the following screenings or exams in the past 2 years: vision (68%), hearing (23%), skin cancer (13%), osteoporosis (6%), and memory screening (2%).
- In the past year, 49% of Hancock County women ages 40 and over have had a mammogram.
- In the past year, nearly half (47%) of men ages 50 and over have had a PSA test.
- See the Women and Men's Health Sections for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Hancock County adults.

Adult Comparisons	Hancock County 2011	Hancock County 2015	Ohio 2014	U.S. 2014
Had a flu vaccine in the past year (ages 65 and over)	62%	70%	56%	61%

* Hancock County did not ask questions about vaccinations in 2013

Hancock County Adults Having Discussed Healthcare Topics With Their Healthcare Professional in the Past 12 Months

HEALTHCARE TOPICS	Total 2015
Physical Activity or Exercise	42%
Weight, Dieting or Eating Habits	36%
Immunizations	36%
Self-Breast or Self-Testicular Exam	29%
Depression, Anxiety, or Emotional Problems	18%
Significance of Family History	17%
Injury Prevention Such As Safety Belt Use & Helmet Use	10%
Quitting Smoking	9%
Alcohol Use	9%
Sexual Practices Including Family Planning, STDs, AIDS, & Condom Use	8%
Alcohol Use When Taking Prescription Drugs	7%
Alternative Pain Therapy	6%
Domestic Violence	3%
Illicit Drug Abuse	3%

Hancock County Adult Health Screening Results

GENERAL SCREENING RESULTS	Total Sample
Diagnosed with High Blood Cholesterol	33%
Diagnosed with High Blood Pressure	29%
Diagnosed with Diabetes	9%
Diagnosed with a Heart Attack	4%
Diagnosed with a Stroke	2%

Environmental Health

- 24% of Hancock County adults had a private water source for drinking water. Of those who had a private water source, 19% had it tested within the past year, and 17% have never had it tested. 16% did not know the last time their water source had been tested.
- Hancock County households had the following disaster preparedness supplies: working smoke detector (89%), cell phone (86%), working flashlight and working batteries (86%), cell phone with texting (82%), working battery-operated radio and working batteries (48%), 3-day supply of nonperishable food for everyone in the household (47%), 3-day supply of prescription medication for each person who takes prescribed medicines (43%), home land-line telephone (42%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (33%), generator (26%), communication plan (17%), disaster plan (10%), and a family disaster plan (10%).
- Hancock County adults thought the following threatened their health in the past year.
 - Insects (14%)
 - Temperature regulation (5%)
 - Agricultural chemicals (5%)
 - Moisture issues (5%)
 - Mold (5%)
 - Outdoor air quality (4%)
 - Bed bugs (4%)
 - Rodents (3%)
 - Radon (3%)
 - Food safety/food-borne infections (2%)
 - Unsafe water supply/wells (2%)
 - Plumbing problems (2%)
 - Indoor air quality (2%)
 - Safety hazards (2%)
 - Sewage/waste water problems (1%)
 - Chemicals found in products (1%)
 - Excess medications in home (1%)
 - General living conditions (1%)
 - Sanitation issues (1%)
 - Cockroaches (1%)
 - Lead paint (1%)
 - Asbestos (1%)
 - Fracking (1%)
 - Lice (1%)
 - Hazardous waste incidents, storage, and transport (<1%)
 - Radiation (<1%)

Basic Disaster Supplies Kit

A basic emergency supply kit could include the following recommended items:

- One gallon of water per person per day for at least three days, for drinking and sanitation.
- At least a three-day supply of non-perishable food.
- A working battery operated radio and working batteries.
- Flashlight and extra batteries.
- First aid kit.
- Whistle to signal for help.
- Dust mask to help filter contaminated air.
- Moist towelettes, garbage bags and plastic ties for personal sanitation.
- Cell phone with chargers, inverter or solar charger.
- Manual can opener for food.

(Source: Federal Emergency Management Agency (FEMA), Ready: Prepare. Basic Disaster Supplies Kit, Updated 6/10/2014, from: <http://www.ready.gov/basic-disaster-supplies-kit>)

Who Should Get a Yearly Flu Shot?

The following groups are recommended to get a yearly flu vaccine:

- All persons aged 6 months and older should be vaccinated annually.
- When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to persons who:
 - Are aged 6 months through 4 years.
 - Are aged 50 years and older.
 - Have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus).
 - Are or will be pregnant during the influenza season.
 - Are American Indians/Alaska Natives.
 - Are morbidly obese (body-mass index is 40 or greater).
 - Are health-care personnel.
 - Are household contacts and caregivers of children aged younger than 5 years and adults aged 50 years and older, with particular emphasis on vaccinating contacts of children aged younger than 6 months.
 - Are household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.

(Source: CDC, Seasonal Influenza (Flu), Who Should Get Vaccinated Against Influenza, Updated in 2014, from: <http://www.cdc.gov/flu/protect/whoshouldvax.htm>)

Adult | SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES

Key Findings

In 2015, nearly two-thirds (66%) of Hancock County adults had sexual intercourse. Four percent of adults had more than one partner. Prevalence estimates suggest that young people aged 15-24 years acquire half of all new STDs and that 1 in 4 sexually active adolescent females have an STD, such as chlamydia or human papilloma virus (HPV) (Source: CDC, *STDs in Adolescents and Young Adults, 2014 STD Surveillance*).

Adult Sexual Behavior

- 4% of adults reported they had intercourse with more than one partner in the past year, increasing to 5% of males and those under the age of 30.
- Hancock County adults used the following methods of birth control: birth control pill (21%), vasectomy (19%), they or their partner were too old (18%), tubes tied (16%), condoms (13%), hysterectomy (11%), withdrawal (7%), IUD (6%), infertility (5%), abstinence (2%), rhythm method (1%), and emergency contraception (1%).
- 11% of Hancock County adults were not using any method of birth control.
- Hancock County adults did not use birth control for the following reasons:
 - They or their partner had a hysterectomy/vasectomy/tubes tied (31%)
 - They or their partner were too old (21%)
 - They did not care if they or their partner got pregnant (5%)
 - They or their partner were currently pregnant (4%)
 - They did not think they or their partner could get pregnant (3%)
 - They did not want to use birth control (3%)
 - They wanted to get pregnant (3%)
 - They had a same-sex partner (3%)
 - Their partner did not want to use birth control (2%)
 - Lapse in use of method (2%)
 - Religious preferences (2%)
 - They or their partner did not like birth control/fear of side effects (1%)
 - They or their partner were currently breast feeding (1%)
 - They or their partner had just had a baby (1%)
 - They had a problem getting birth control when they needed it (<1%)

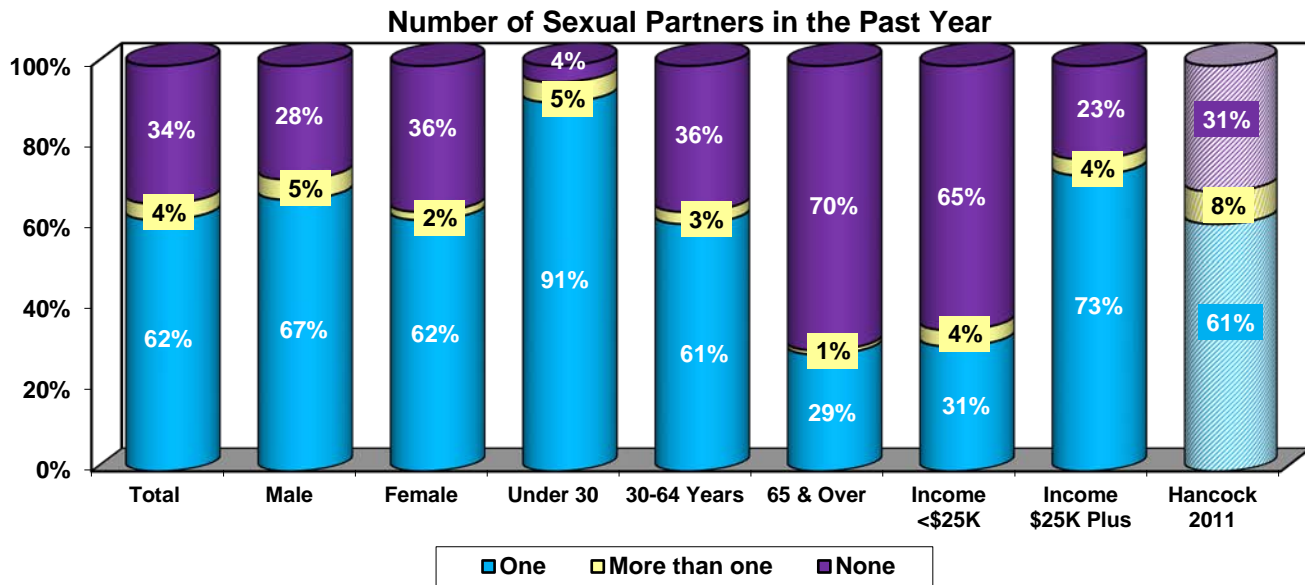
HIV in the United States

- More than 1.2 million people in the United States are living with HIV infection, and almost 1 in 8 (13%) are unaware of their infection.
- By race, African Americans face the most severe burden of HIV.
- The estimated incidence of HIV has remained stable overall in recent years, at about 50,000 new HIV infections per year.
- In 2013, an estimated 47,352 people were diagnosed with HIV infection in the United States. In that same year, an estimated 26,688 people were diagnosed with AIDS. Since the epidemic began, an estimated 1,194,039 people in the United States have been diagnosed with AIDS
- An estimated 13,712 people with an AIDS diagnosis died in 2012, and approximately 658,507 people in the United States with an AIDS diagnosis have died since the epidemic began.

(Source: CDC, *HIV in the United States: At a Glance, 7/1/2015, from:*
<http://www.cdc.gov/hiv/statistics/basics/ataglance.html>)

- Hancock County adults were diagnosed with the following sexually transmitted diseases in the past five years: human papilloma virus (HPV) (5%), genital herpes (1%), chlamydia (1%), gonorrhea (<1%), syphilis (<1%), HIV/AIDS (<1%), and other sexually transmitted diseases (<1%).
- The following situations applied to Hancock County adults in the past year: had anal sex without a condom (2%), tested for an STD (1%), treated for an STD (1%), used intravenous drugs (1%), and thought they may have an STD (<1%).

The following graph shows the sexual activity of Hancock County adults. Examples of how to interpret the information in the graph include: 62% of all Hancock County adults had one sexual partner in the last 12 months and 4% had more than one, and 67% of males had one partner in the past year.



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

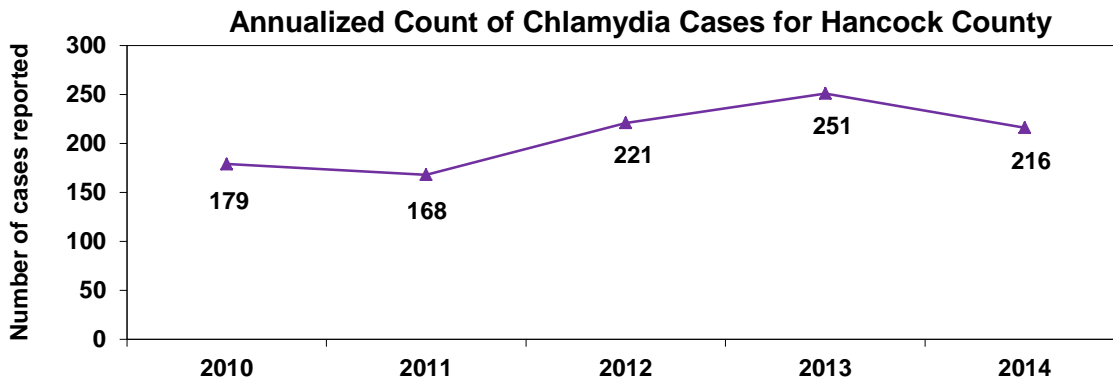
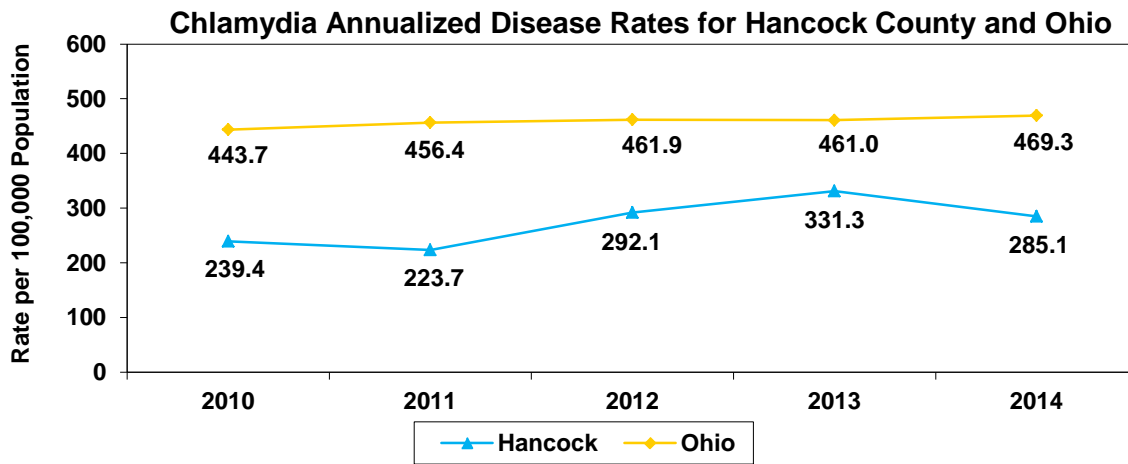
Adult Comparisons	Hancock County 2011	Hancock County 2015	Ohio 2014	U.S. 2014
Had more than one sexual partner in past year	8%	4%	N/A	N/A

N/A - Not available

* Hancock County did not ask questions about sexual health in 2013

The following graphs show Hancock County chlamydia disease rates per 100,000 population updated June 14, 2015 by the Ohio Department of Health. The graphs show:

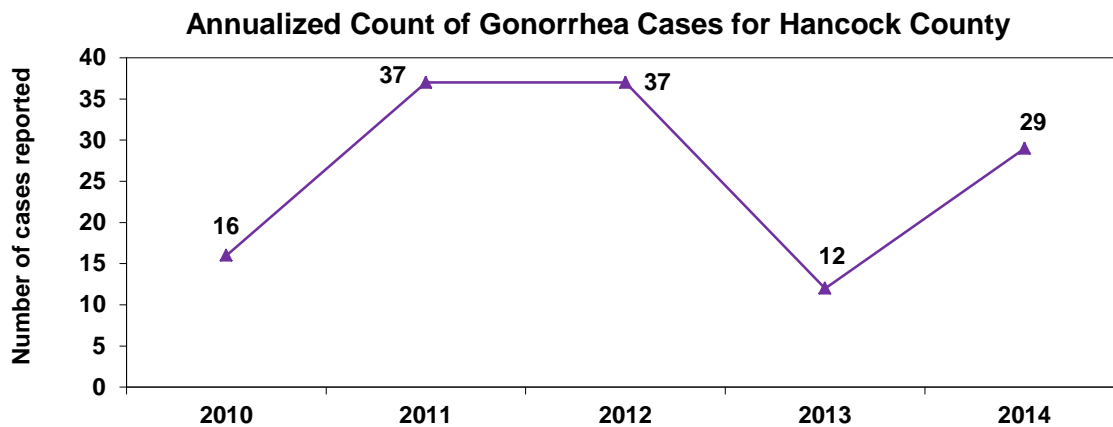
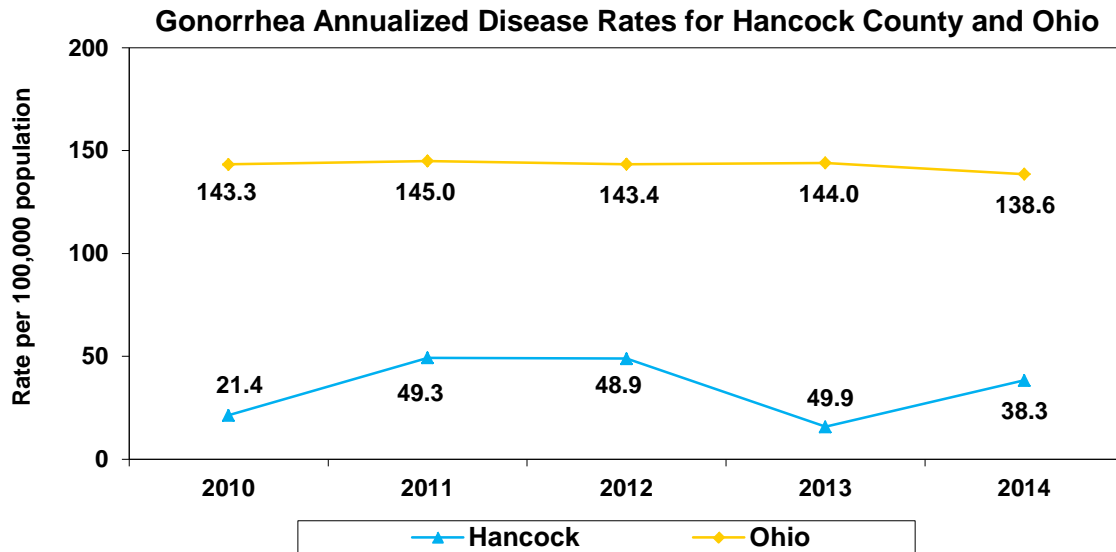
- Hancock County chlamydia rates fluctuated from 2010 to 2014. Hancock County rates remained below the Ohio rates.
- In 2013, the U.S. rate for new chlamydia cases was 456.7 per 100,000 population (Source: CDC, *STD Trends in the U.S., 2014*).



(Source for graphs: ODH, *STD Surveillance*, data reported through 6-14-15)

The following graphs show Hancock County gonorrhea disease rates per 100,000 population updated June 14, 2015 by the Ohio Department of Health. The graphs show:

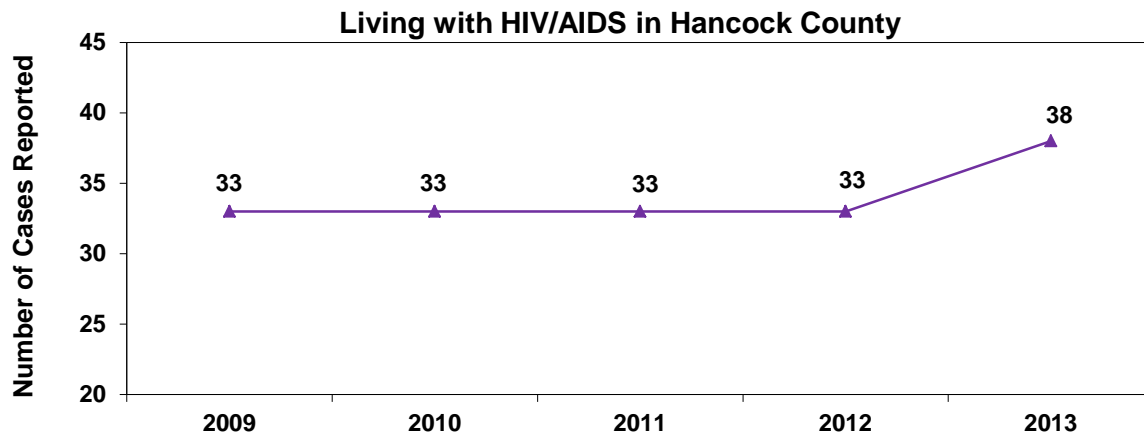
- The Hancock County gonorrhea rate fluctuated from 2010 to 2014. The Hancock County gonorrhea rate remained below the Ohio rate.
- In 2013, the U.S. rate for new gonorrhea cases for the total population was 107.5 per 100,000 population (Source: CDC, *STD Trends in the U.S., 2014*).
- The Healthy People 2020 objective for gonorrhea is 257 new female and 198 new male cases per 100,000 population.



(Source for graphs: ODH, STD Surveillance, data reported through 6-14-2015)

The following graph shows Hancock County HIV/AIDS rates per 100,000 population updated December 31, 2013 by the Ohio Department of Health. The graph shows:

- The number of people living with HIV/AIDS in Hancock County remained unchanged from 2009 to 2012, but increased in 2013.

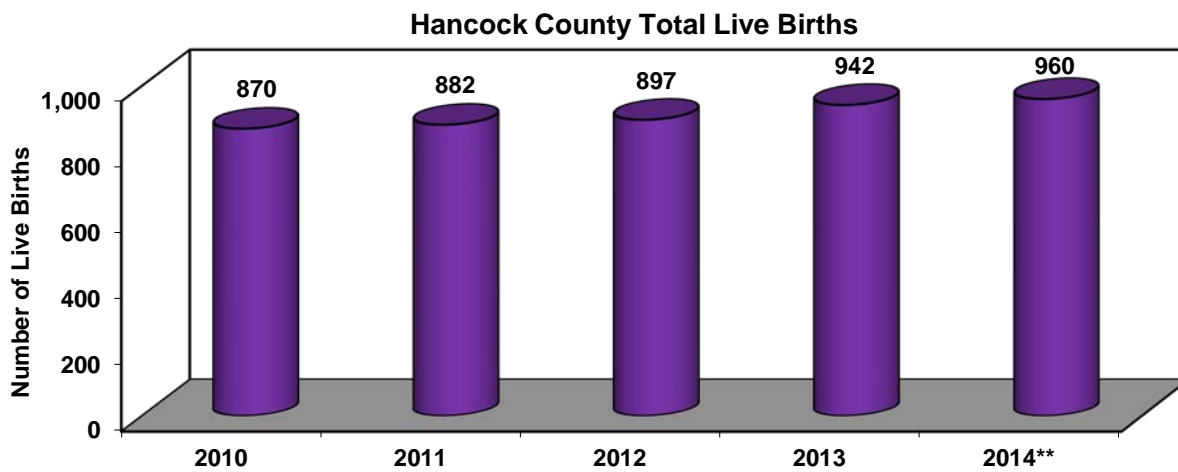


(Source: ODH HIV/AIDS Surveillance Program, Updated 12-31-13)

Pregnancy Outcomes

*Please note that the pregnancy outcomes data includes all births to adults and adolescents.

- From 2010-2014, there was an average of 910 live births per year in Hancock County.



(Source: ODH Information Warehouse Updated 4-6-15)

** Indicates preliminary data that may change

Adult | QUALITY OF LIFE

Key Findings

In 2015, 19% of Hancock County adults were limited in some way because of a physical, mental or emotional problem.

Impairments and Health Problems

- In 2015, nearly one-fifth (19%) of Hancock County adults were limited in some way because of a physical, mental or emotional problem (22% Ohio, 20% U.S., 2014 BRFSS), increasing to 26% of those over the age of 65 and 35% of those with incomes less than \$25,000.
- Among those who were limited in some way, the following most limiting problems or impairments were reported: back or neck problems (49%), arthritis/rheumatism (45%), chronic pain (28%), sleep problems (25%), walking problems (24%), fitness level (22%), stress, depression, anxiety, or emotional problems (21%), lung/breathing problems (16%), eye/vision problems (13%), fractures, bone/joint injuries (12%), high blood pressure (10%), hearing problems (10%), diabetes (8%), a learning disability (8%), heart problems (7%), mental health illness/disorder (5%), tobacco dependency (3%), cancer (2%), stroke-related problems (2%), other mental health issue (2%), developmental disability (2%), incontinence (2%), and alcohol dependency (1%).
- Hancock County adults needed help with the following because of an impairment or health problem: household chores (27%), yard work (27%), transportation (13%), shopping (9%), doing necessary business (8%), cooking (7%), getting around for other purposes (6%), bills (6%), bathing (4%), getting around the house (2%), eating (2%), dressing (1%), and toileting (1%).
- Hancock County adults were responsible for providing regular care or assistance to the following: multiple children (15%), an elderly parent or loved one (8%), a friend, family member or spouse with a health problem (6%), grandchildren (4%), someone with special needs (4%), a friend, family member or spouse with dementia (3%), an adult child (3%), children with discipline issues (2%), a friend, family member or spouse with a mental health issue (2%), and foster children (1%).
- Adults reported that pain made it hard to do their usual activities, such as self-care, work, or recreation an average of 2.3 days in the past month.

Nine ways you can help protect your vision

Follow these simple guidelines for maintaining healthy eyes:

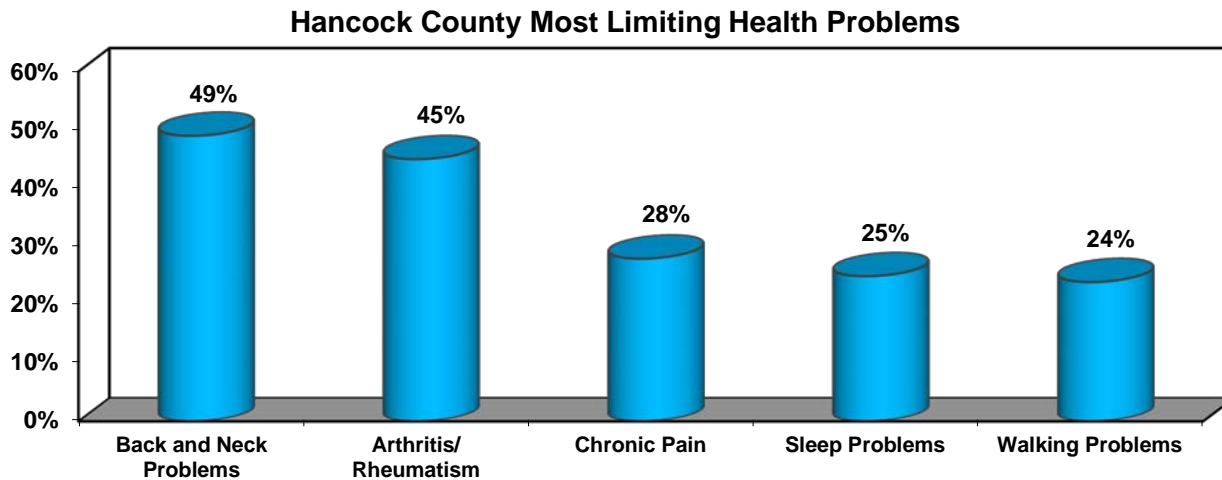
- Have a comprehensive dilated eye exam.
- Know your family's eye health history.
- Eat right to protect your sight.
- Maintain a healthy weight
- Wear sunglasses to protect your eyes from the sun's ultraviolet rays.
- Give your eyes a rest.
- Quit smoking or never start.
- Clean your hands and your contact lenses properly.
- Practice workplace eye safety.

(Source: CDC, Vision Health Initiative, 2014, from: <http://www.cdc.gov/visionhealth/healthyvisionmonth/index.htm>)

Adult Comparisons	Hancock County 2011	Hancock County 2015	Ohio 2014	U.S 2014
Limited in some way because of a physical, mental, or emotional problems	20%	19%	22%	20%

* Hancock County did not ask questions about vaccinations in 2013

The following graph shows the most limiting health problems of Hancock County adults who reported being limited by a physical, mental or emotional problem. Examples of how to interpret the information shown on the graph includes: 49% of Hancock County adults who had a limitation reported back and neck problems.



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

Objective	Hancock County 2015	Healthy People 2020 Target
AOCBC-2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	45%	36%

**U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2015 Hancock County Health Assessment)*

Hearing Loss in Older Adults

- Hearing loss is one of the most common conditions affecting older adults. Approximately 17 percent, or 36 million, of American adults report some degree of hearing loss.
- There is a strong relationship between age and reported hearing loss: 18 percent of American adults 45-64 years old, 30 percent of adults 65-74 years old, and 47 percent of adults 75 years old, or older, have a hearing impairment.
- Men are more likely to experience hearing loss than women.
- People with hearing loss may find it hard to have a conversation with friends and family. They may also have trouble understanding a doctor's advice, responding to warnings, and hearing doorbells and alarms.

(Source: NIH Senior Health, Hearing Loss, <http://nihseniorhealth.gov/hearingloss/hearinglossdefined/01.html>)

Adult | SOCIAL CONTEXT AND SAFETY

Key Findings

In 2015, 2% of Hancock County adults were threatened and 5% were abused in the past year (including physical, sexual, emotional, financial, and verbal abuse). 37% of adults reported having firearms in and around their homes.

Social Context

- 2% of Hancock County adults were threatened in the past year. They were threatened by the following: a spouse or partner (22%), someone outside their home (22%), a parent (11%), and someone else (44%).
- 5% of Hancock County adults were abused in the past year. They were abused by the following: a spouse or partner (35%), a parent (25%), someone outside their home (25%), and someone else (25%).

2% of Hancock County adults were threatened, and 5% were abused in the past year.

- Hancock County adults experienced the following as a child: their parents became separated or were divorced (25%), a parent or adult in their home swore at, insulted, or put them down (20%), lived with someone who was a problem drinker or alcoholic (15%), lived with someone who was depressed, mentally ill, or suicidal (15%), someone at least 5 years older than them or an adult touched them sexually (10%), a parent or adult in their home hit, beat, kicked, or physically hurt them (9%), lived with someone who used illegal stress drugs, or who abused prescription medications (8%), their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (7%), lived with someone who served time or was sentenced to serve time in prison, jail or other correctional facility (7%), someone at least 5 years older than them or an adult tried to make them touch them sexually (6%), their parents were not married (5%), and someone at least 5 years older than them or an adult forced them to have sex (3%).
- 17% of Hancock County adults had 3 or more Adverse Childhood Experiences (ACE) happen to them as a child (under the age of 18). 13% had two experiences, and 18% had one experience. 47% of adults had at least one experience.
- 72% of current smokers experienced one or more adverse childhood experiences, compared to 43% of non-smokers.
- 90% of adults who had used recreational drugs in the past 6 months also experienced one or more adverse childhood experiences, compared to 45% of adults who did not use recreational drugs in the past 6 months.
- 74% of adults who reported having been depressed in the past year experienced one or more adverse childhood experiences, compared to 42% of adults who were not depressed.
- 3% of adults reported they went to bed hungry because they cannot afford food at least one night per week, increasing to 13% of those with incomes less than \$25,000.

- Hancock County adults experienced the following stressful situations in the past 12 months: a close family member went to the hospital (36%), death of a family member or close friend (30%), had bills they could not pay (10%), moved to a new address (10%), someone close to them had a problem with drinking or drugs (8%), someone in their household lost their job (4%), someone in their household had their hours at work reduced (4%), had household income cut by 50% (3%), became separated or divorced (3%), someone in their household went to jail (2%), had someone homeless living with them (2%), were abuse by someone physically, emotionally, sexually, or verbally (2%), were involved in a physical fight (1%), they or a family member were incarcerated (1%), lost a large sum of money due to gambling activities (1%), were financially exploited (1%), were threatened by someone close to them (1%), their child was threatened by someone close to them (1%), their child was hit or slapped by their spouse or partner (1%), and were hit or slapped by their spouse or partner (<1%).
- Hancock County adults received assistance for the following in the past year: healthcare (9%), food (7%), prescription assistance (7%), utilities (5%), mental illness issues (5%), free tax preparation (5%), home repair (5%), transportation (3%), employment (2%), legal aid services (1%), clothing (1%), credit counseling (1%), alcohol or substance dependency (1%), unplanned pregnancy (1%), rent/mortgage (1%), abuse or neglect issues (<1%), post incarceration transition issues (<1%), affordable childcare (<1%), and emergency shelter (<1%).
- Hancock County adults attempted to get assistance from the following social service agencies: Job & Family Services (9%), friend or family member (4%), Welfare Department (3%), Christian Clearing House (3%), Chopin Hall (3%), WIC or Health Department (3%), Community Action Commission (2%), Associated Charities (2%), Hancock Metro (2%), legal aid (1%), cash advance services (1%), church (1%), City Mission (1%), Blanchard Valley Center (1%), Alzheimer's Association (1%), Open Arms (1%), Cancer Patient Services (<1%), and somewhere else (1%). 2% did not know where to look for assistance.
- 2% of adults have called 2-1-1 for assistance, increasing to 5% of those with incomes less than \$25,000. Of those who have called, 89% received assistance and 11% did not receive assistance. 58% of adults had never heard of 2-1-1.
- Hancock County residents reported the following concerns in their community: illegal drug use (47%), distracted driving (40%), traffic (31%), opiate/prescription drug abuse (31%), bullying/cyberbullying (29%), youth substance abuse (28%), violence (27%), speeding (21%), DUI (21%), OVI (20%), lack of affordable healthcare (20%), alcohol abuse (19%), suicide prevention (19%), school funding (18%), senior/elder care (18%), unemployment (17%), parents hosting/allowing underage drinking (17%), lack of affordable housing (16%), teen pregnancy (15%), homelessness (13%), sexting (12%), lack of affordable transportation (12%), tobacco use (11%), underemployment (10%), hunger/food security (9%), disaster preparedness (9%), discrimination based on race, ethnicity, sexual orientation, etc. (9%), bicycle safety (7%), healthy eating (7%), nutrition (7%), physical fitness opportunities (6%), seat belt or restraint usage (6%), cancer prevention screenings (5%), lack of health education (5%), gambling (5%), chronic disease prevention (4%), falls (4%), and cooking (2%).
- 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 loan them \$50 (8%), someone to talk about their problems (8%), someone to take them to a clinic or doctor's office if they needed a ride (7%), someone to accompany them to their doctor's appointments (7%), someone to help pay for their medical expenses (6%), someone to explain directions from their doctor (4%), and back-up childcare (4%).
- Hancock County adults reported they or an immediate family member had the following literacy needs: learning computer skills (9%), reading and understanding instructions (3%), completing a job application (1%), and reading a map, signs, food ingredient labels, etc. (1%).

- Hancock County adults spent money on the following types of gambling activities: lottery or scratch-offs (26%), casino gambling (16%), sports betting/office sports pool (7%), dice, craps, poker (not at a casino) (2%), bingo (1%), and horse/dog racing track (1%).
- Adults experienced the following due to gambling: gambled while drunk or high (3%), gambled with larger amounts of money to get the same excitement (1%), lied to family members to hide their gambling (1%), and someone else expressed concern (about their gambling) (1%).

Adult Comparisons	Hancock County 2011	Hancock County 2013	Hancock County 2015	Ohio 2014	U.S. 2014
Threatened to be abused in the past year	N/A	5%	2%	N/A	N/A
Abused in the past year	3%	11%	5%	N/A	N/A
Attempted to get assistance from a social service agency	16%	16%	16%	N/A	N/A
Called 2-1-1 for assistance	2%	4%	2%	N/A	N/A
Never heard of 2-1-1	74%	73%	58%	N/A	N/A
Neighborhood extremely safe/quite safe	N/A	86%	78%	N/A	N/A
Neighborhood slightly unsafe/ not safe at all	N/A	14%	19%	N/A	N/A
Experienced lingering issues with regards to the 2007 flood	17%	17%	18%	N/A	N/A

N/A – Not available

Hancock County Adults Spent Money on the Following Gambling Activities in the Past 12 Months*

Gambling Activities	Total 2013	Total 2015
Lottery or scratch-offs	31%	26%
Casino gambling	14%	16%
Sports betting/ office sports pool	6%	7%
Dice, craps, poker (not casino)	3%	2%
Bingo	3%	1%
Horse/dog track racing	2%	1%

* Hancock County did not ask gambling questions in 2011

Hancock County Adults Experienced the Following Due to Gambling in the Past 12 Months*

Experiences	Total 2013	Total 2015
Gambled while drunk or high	9%	3%
Gambled with larger amounts of money to get the same excitement	4%	1%
Lied to family members to hide their gambling	4%	1%
Someone else expressed concern (about their gambling)	N/A	1%

N/A – Not available

* Hancock County did not ask gambling questions in 2011

Hancock County Residents Reported the Following Top Concerns in their Community*

Community Concerns	Hancock County 2013	Hancock County 2015
Traffic	17%	31%
Opiate/prescription drug abuse	31%	31%
Violence	14%	27%
Lack of affordable healthcare	28%	20%
School funding	22%	18%
Unemployment	35%	17%
Lack affordable housing	19%	16%
Lack of affordable transportation	14%	12%
Underemployment	21%	10%

* Hancock County did not ask community concern questions in 2011

Hancock County Adults Reported They or an Immediate Family Member Had the Following Literacy Needs

Literacy Needs	Hancock County 2013	Hancock County 2015
Learning Computer Skills	11%	9%
Reading and understanding instructions	4%	3%
Completing a job application	2%	1%
Reading a map, signs, food ingredient labels, etc.	2%	1%

* Hancock County did not ask literacy questions in 2011

Hancock County Adults Reported Adverse Childhood Experiences Happened To Them as a Child (Under the Age of 18)

Adult Comparisons	Hancock County 2013	Hancock County 2015
No experiences	56%	53%
One experience	20%	17%
Two experiences	9%	13%
Three or more experiences	15%	17%

* Hancock County did not ask about adverse childhood experiences in 2011

Safety

- More than one-third (37%) of Hancock County adults kept a firearm in or around their home. 5% of adults reported they were unlocked and loaded.
- Hancock County adults reported doing the following while driving: wearing a seatbelt (93%), eating (46%), talking on hand-held cell phone (44%), talking on hands-free cell phone (27%), texting (18%), using internet on their cell phone (11%), not wearing a seatbelt (9%), checking Facebook on their cell phone (7%), being under the influence of alcohol (3%), being under the influence of prescription drugs (3%), reading (1%), and other activities (such as applying makeup, shaving, etc.) (1%).
- 18% Hancock County adults reported that their neighborhood was extremely safe, 60% reported it to be quite safe, 18% reported it to be slightly safe, and 1% reported it to be not safe at all.
- Hancock County adults reported experiencing the following lingering issues from the August 2007 flood: fear of another flood (12%), decrease in property value (8%), repairs (5%), anxiety (3%), anger (3%), depression (2%), debt (2%), physical health issues (1%), loss of pets (1%), alcohol and/or drug use (<1%), and other issues (4%). 82% of adults did not have any lingering issues.

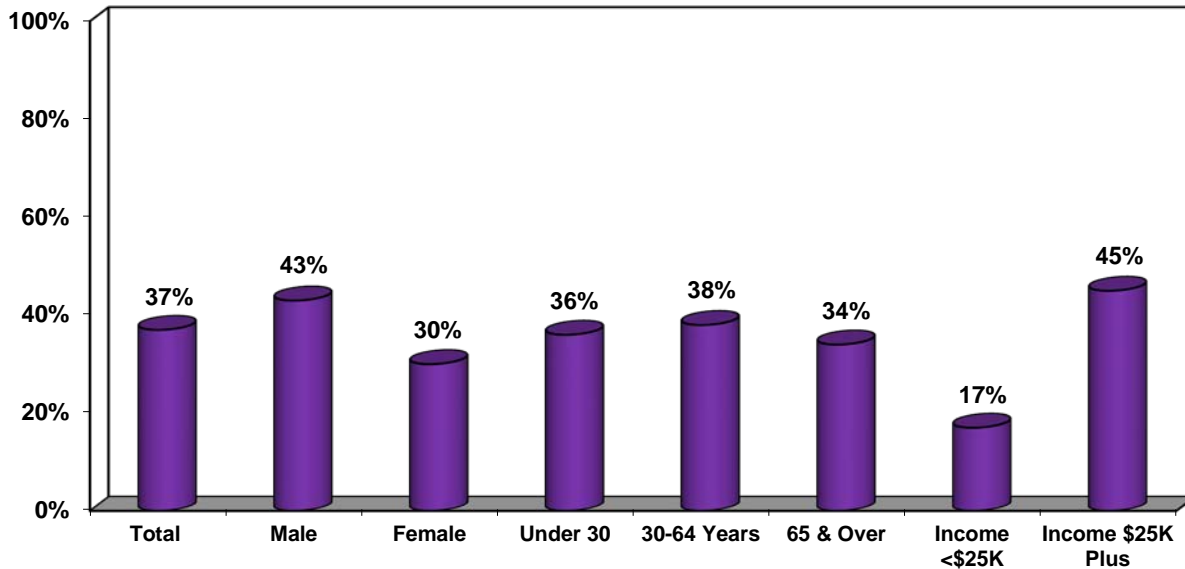
Distracted Driving

- Distracted driving is driving while doing another activity that takes your attention away from driving. Distracted driving can increase the chance of a motor vehicle crash.
- Each day, more than 9 people are killed and more than 1,060 people are injured in crashes that were reported to involve a distracted driver.
- In 2011, 3,331 people were killed in crashes involving a distracted driver. An additional 387,000 people were injured in motor vehicle crashes involving a distracted driver in 2011
- 69% of drivers in the U.S. ages 18-64 reported that they had talked on their cell phone while driving, and 31% reported that they had read or sent text messages or email messages while driving at least once within the last 30 days.
- Nearly half of all U.S. high school students' aged 16 years or older text or email while driving.

(Source: CDC, *Distracted Driving*, updated October 10, 2014,
http://www.cdc.gov/motorvehiclesafety/distracted_driving/index.html)

The following graph shows the percentage of Hancock County adults that had a firearm in the home. Examples of how to interpret the information shown on the first graph include: 37% of all Hancock County adults kept a firearm in their home, 43% of males, and 38% of those ages 30-64 kept a firearm in their home.

Hancock County Adults With a Firearm in the Home



Victims of Gun Violence in America

- More than 100,000 people are shot in murders, assaults, suicides, and suicide attempts, accidents or by police intervention in America in an average year.
 - 31,537 people die from gun violence and 71,386 people survive gun injuries.
- Every day, an average of 282 people are shot in America. Of those 282 people, 86 people die and 196 are shot, but survive.
 - Of the 282 people who are shot every day, an average of 50 are children and teens.
 - Of the 86 people who die, 32 are murdered, 51 are suicides, 2 die accidentally and 1 with an unknown intent.
 - Of the 196 people who are shot but survive, 140 are from assault, 43 are shot accidentally, 10 are suicide attempts, 2 are police interventions and 1 is of unknown intent.

(Source: Brady Campaign to Prevent Gun Violence, "There Are Too Many Victims of Gun Violence" fact sheet, retrieved from: <http://www.bradiycampaign.org/sites/default/files/GunDeathandInjuryStatSheet3YearAverageFINAL.pdf>)

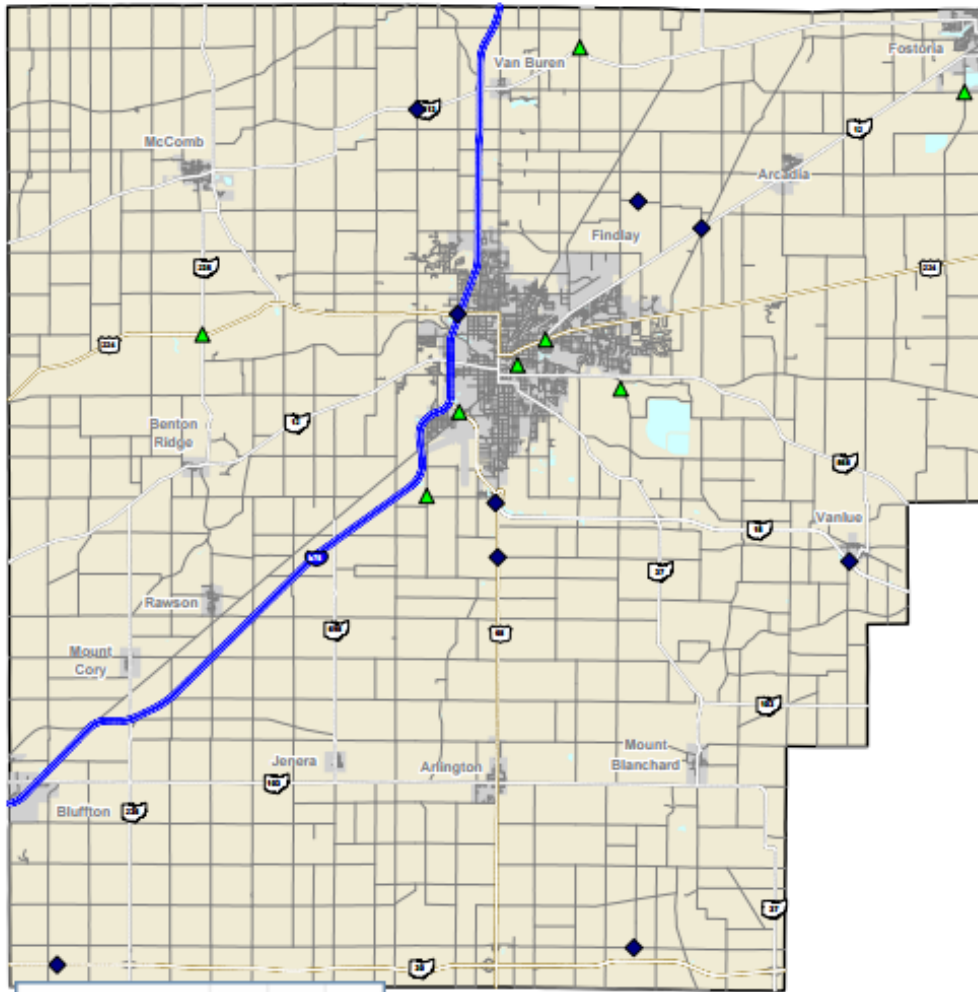
Ohio State Patrol Activity Statistics

- The table below shows activity that has been produced by the Ohio State Highway Patrol for Hancock County from 1/1/2015 through 8/7/2015.
- The table also shows a previous year comparison for the same time frame.

Year to Date Activity	2014	2015
Enforcement Stops	5,619	6,303
Non-Enforcement Activity	10,265	8,902
Warnings	5,529	4,634
Motorist Assists	3,536	2,716
Crashes Investigated	348	355
OVI Enforcement	221	179
Driving Under Suspension Enforcement	244	216
Seat Belt Enforcement	1,049	1,006
Commercial Vehicle Enforcement	235	1,114
Felony Arrests	34	39
Felony Warrants Served	6	7
Misdemeanor Summons Issued	116	102
Misdemeanor Warrants Served	32	31
Drug Violations	95	94
Identity Theft Enforcements	2	0
Resisting Arrest Violations	10	3
Weapons Violations	6	2

(Source: Ohio State Highway Patrol Statistics, Hancock County Activity Statistics, Updated 9/7/2015, obtained from: <http://www.statepatrol.ohio.gov/statistics/statspage.asp?Area1=26&B2=Submit>)

Hancock County Fatal Traffic Crashes 2014 to 2016 YTD



Type	2016	2015	2014
# Rural	0	8	5
# Urban	0	1	3
# OVI Related	0	2	3
# Commercial Related	0	2	0
# Motorcycle Related	0	2	1

Fatal Crashes

- ◆ 2015 (9)
- ▲ 2014 (8)



Data Source: OSHP LINC'S Database
 Map Design and Layout: OSHP Statistical Analysis Unit
 Ohio State Highway Patrol
 January 6, 2016



(Source: Ohio State Highway Patrol Statistics, Hancock County Fatal Traffic Crash Statistics, Updated 1/6/2016, http://statepatrol.ohio.gov/statistics/statdocs/Fatals_16/Hancock_Fatals_16.pdf)

Ohio State Highway Patrol Statistics

- Below are the yearly activity summaries and officer complaints from 2010-2014.
- In 2014 there were 68,904 total crashes in the state of Ohio.

Crashes Investigated	2010	2011	2012	2013	2014	5 Year Total
Total Crashes	69,077	66,628	64,561	64,468	68,904	334,638
Fatal	514	499	535	468	453	2,469
Injury	20,741	20,118	19,498	18,586	19,197	98,140
Property/Unknown	47,822	46,011	44,528	46,414	49,254	234,029

Traffic Enforcement	2010	2011	2012	2013	2014	5 Year Total
Total Contacts	1,386,383	1,404,060	1,495,564	1,582,694	1,583,785	7,452,486
Enforcement	514,247	512,125	567,858	601,371	615,100	2,810,701
Non-Enforcement	872,136	891,935	927,706	981,323	968,685	4,641,785
OVI Arrests	22,090	23,747	24,529	24,128	24,705	119,199
Speed Citations	325,423	323,477	362,821	381,500	385,451	1,778,672
Safety Belt Citations	86,623	84,176	91,595	97,463	108,193	468,050
Driver License Citations	25,367	25,656	28,299	32,344	33,407	145,073
Traffic Warnings	371,085	367,739	409,029	440,349	433,277	2,021,479
Motorist Assists	308,573	312,104	304,293	291,837	289,958	1,506,765

Crime Enforcement	2010	2011	2012	2013	2014	5 Year Total
Cases	11,458	9,281	9,432	10,394	10,047	50,612
Stolen Vehicles Recovered	676	653	735	654	526	3,244
Drug Arrests	5,665	6,164	7,644	9,630	11,157	40,260
Illegal Weapon Arrests	332	362	395	572	489	2,150
Resisting Arrests	682	726	721	732	708	3,569

(Source: OSHP Computer-Aided Dispatch (CAD) System and DPS Electronic Crash Record System. Updated: 02/11/2014)

Traffic Stop Data

- This data is compiled from all traffic stops in which a citation, inspection, warning, or vehicle defect notice was issued by Ohio State Highway Patrol Troopers in 2014.

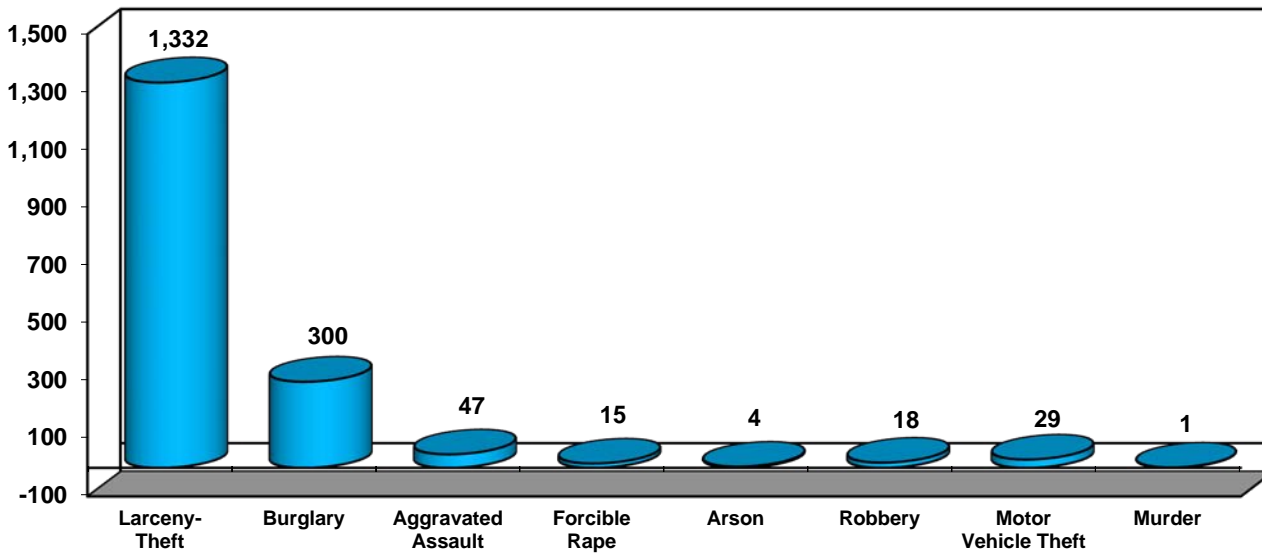
Crime Enforcement	Asian	Black	Hispanic	White	Unknown	Total
Traffic Stop Contracts	13,490	131,211	21,810	808,830	3,413	979,381

(Source: OSHP Computer-Aided Dispatch (CAD) System and DPS Electronic Crash Record System)

Crime Data

- In 2013, the total population in Hancock County was 71,546.
- There were a total of 1,661 property crimes and 81 violent crimes in 2013.

Total Number of Crimes in Hancock County in 2013



(Source: Office of Criminal Justice Services, Crime Statistics and Crime Reports, 2013, from http://www.ocjs.ohio.gov/crime_stats_reports.stm)

Arrests/Incarceration Data

- In August 2015, the total inmate population in the state of Ohio was 50,433.
- In FY 2015, the total budget is \$1,619,085,171. The budget has increased \$19,390,404 since FY 2014.
- The average daily cost per inmate in 2015 was \$62.57, and the annual budget per inmate was \$22,836.34.

Ohio Department of Rehabilitation and Correction Counts	2015
Inmates Under 18 Years of Age	34
Inmates Over 50 Years of Age	8,093
Pregnant Females	73
Mothers/Babies in the ABC Nursery	10
Inmates Serving Life Without Parole (LWOP)	535

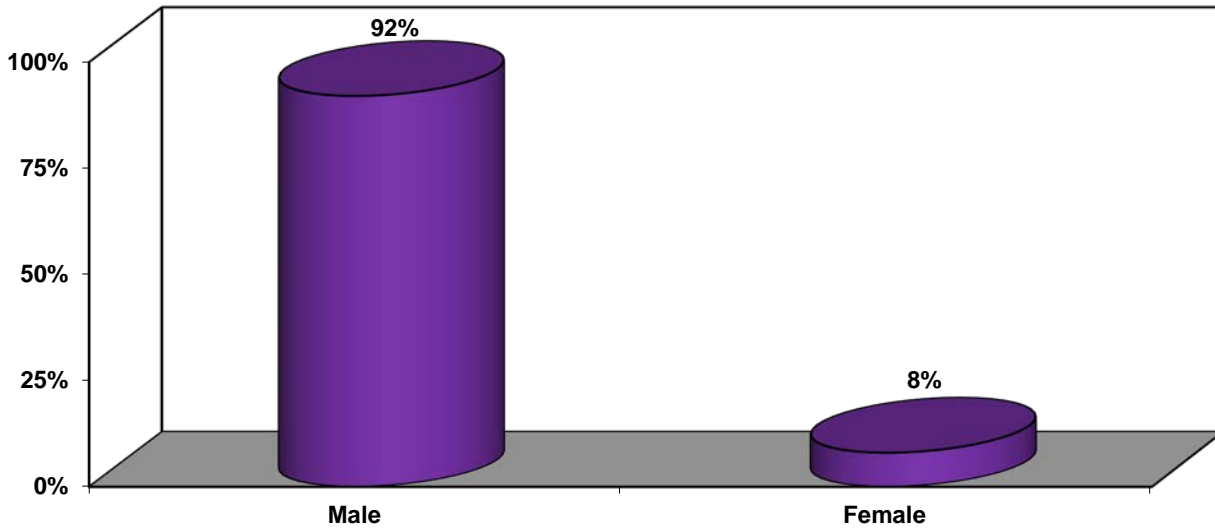
Age Range of Offender Population	2014
Male	37.67 years
Female	35.08 years
Average Stay in Prison	2.26 years

(Source: Ohio Department of Rehabilitation and Correction, Fact Sheet, August 2015, from <http://www.drc.ohio.gov/web/Reports/FactSheet/August%202015.pdf>)

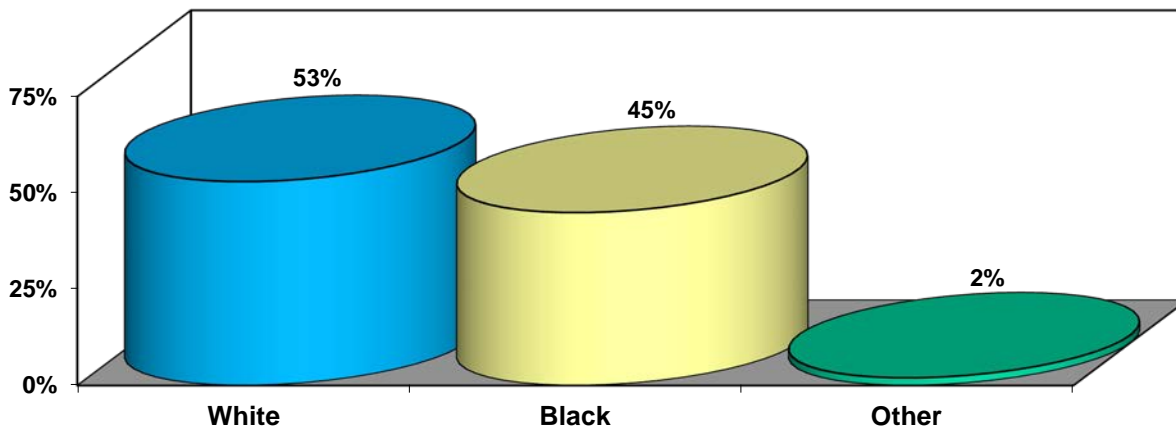
The following graphs show the Ohio inmate population in 2015 by gender and race. These graphs show:

- The percentage of Ohio males who are incarcerated is extremely higher than the percentage of females.
- More than half (53%) of the Ohio population that is incarcerated is White, followed by African Americans at 45%.

Inmate Population by Gender, 2014



Inmate Population by Race, 2014



(Source: Ohio Department of Rehabilitation and Correction, Fact Sheet, August 2015, from <http://www.drc.ohio.gov/web/Reports/FactSheet/August%202015.pdf>)

Adult | MENTAL HEALTH AND SUICIDE

Key Findings

In 2015, 4% of Hancock County adults considered attempting suicide. 35% of adults felt worried, tense, or anxious in the past year.

Adult Mental Health

- 4% of Hancock County adults considered attempting suicide in the past year.
- One percent (1%) of adults reported attempting suicide in the past year.
- In the past year, Hancock County adults experienced the following: felt worried, tense, or anxious (35%), were grieving (19%), were depressed (18%), felt hopeless (7%), treated for mental health issue (4%), and diagnosed with mental health issue (2%).
- 11% of Hancock County adults used a program or service to help with depression, anxiety or emotional problems. Reasons for not using such a program included: had not thought of it (6%), cost (5%), stigma of seeking mental health services (5%), other priorities (2%), fear (2%), co-pay/deductible too high (2%), did not know how to find a program (2%), transportation (1%), could not get to the office or clinic (1%), and other reasons (3%). 72% of adults did not need such a program.
- 25% of adults reported always getting the social and emotional support they needed, increasing to 32% of those under the age of 30. 12% reported never getting the social and emotional support they needed, increasing to 20% of those over the age of 65.

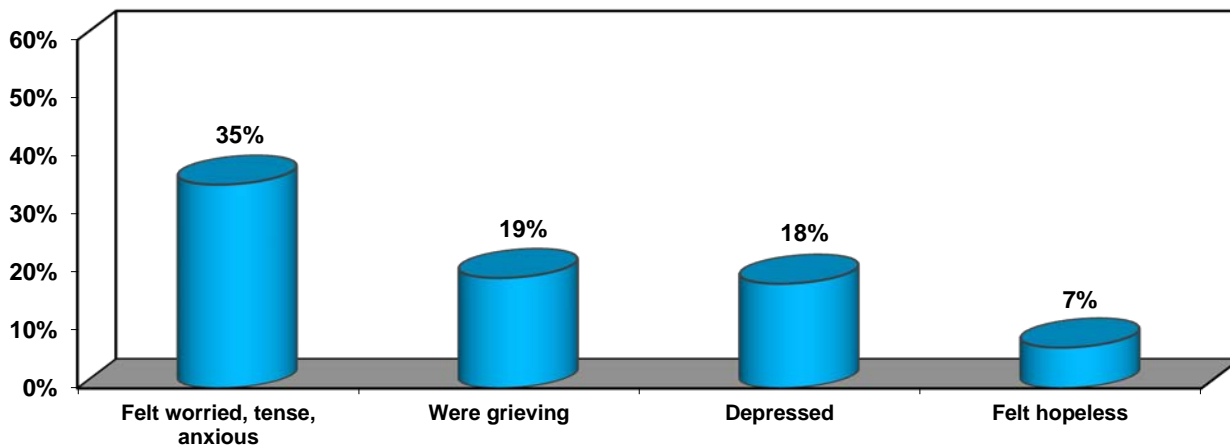
Suicide Facts

- 41,149 people in the U.S. died from suicide, and 1,028,725 people attempted suicide in the 2013.
- An average of one person killed themselves every 12.8 minutes
- Suicide is the 10th ranking cause of death in the U.S.
- For every female death by suicide, there are 3.5 male deaths.
- In 2013, there were 1,526 suicide deaths in Ohio.
- The leading suicide methods included:
 - Firearm suicides (51.5%)
 - Suffocation/Hanging (24.5%)
 - Poisoning (16.1%)
 - Cutting/Piercing (1.9%)
 - Drowning (1.0%)

(Sources: American Association of Suicidology, Facts & Statistics, from:
<http://www.suicidology.org/resources/facts-statistics>)

The following graph shows the mental health issues of Hancock County adults in the past year. Examples of how to interpret the information shown on the graph includes: 35% of Hancock County adults had felt worried, tense, or anxious in the past year.

Hancock County Adults Experienced Mental Health Issues in the Past Year



MENTAL HEALTH

Adult Variables	Hancock County 2011	Hancock County 2013	Hancock County 2015	Ohio 2014	U.S. 2014
Contemplated suicide in the past year	3%	5%	4%	N/A	N/A
Attempted suicide in the past year	<1%	1%	1%	N/A	N/A

N/A – Not available

Warning Signs for Suicide

More than 90 percent of people who kill themselves are suffering from one or more psychiatric disorders, in particular:

- Major depression
- Bipolar depression
- Schizophrenia
- Drug abuse & dependence
- Alcohol abuse & dependence
- Post-Traumatic Stress Disorder (PTSD)
- Eating disorders
- Personality disorders

The core symptoms of major depression are a “down” or depressed mood most of the day or a loss of interest or pleasure in activities that were previously enjoyed for at least two weeks, as well as:

- Changes in sleeping patterns
- Change in appetite or weight
- Intense anxiety, agitation, restlessness
- Fatigue or loss of energy
- Decreased concentration, indecisiveness, or poorer memory
- Feelings of hopelessness, worthlessness, self-reproach or excessive or inappropriate guilt
- Recurrent thoughts of suicide

Prevention: Take it Seriously

Fifty to 75% of all suicides give some warning of their intentions to a friend or family member. Recognize the *Imminent Dangers*:

- Threatening to hurt or kill oneself
- Talking or writing about death, dying, or suicide
- Looking for ways to kill oneself (weapons, pills, or other means)
- Has made plans or preparations for a potentially serious attempt

(Source: American Foundation for Suicide Prevention, *When You Fear Someone May Take Their Life*, <https://www.afsp.org/>)

Adult and Youth | ORAL HEALTH

Key Findings

The 2015 Health Assessment project has determined that nearly three-fourths (72%) of Hancock County adults had visited a dentist or dental clinic in the past year. The 2014 BRFSS reported that 65% of Ohio and U.S. adults had visited a dentist or dental clinic in the previous twelve months. Almost three-fourths (72%) of Hancock County youth in grades 6-12 had visited the dentist for a check-up, exam, teeth cleaning, or other dental work in the past year, increasing to 77% of females (2013 YRBS reported 75% for Ohio).

Hancock County Dental Care Resources – 2012

- Number of licensed dentists- 40
- Number of primary care dentists- 31
- Ratio of population per dentist- 1,892:1
- Number of dentists who treat Medicaid patients- 12
- Ratio of Medicaid population per dentist who treats Medicaid patients- 1,087:1

(Source: ODH Ohio Oral Health Surveillance System, 2012)

Access to Dental Care

- In the past year, 72% of Hancock County adults had visited a dentist or dental clinic, decreasing to 58% of adults with annual household incomes less than \$25,000.
- The 2014 BRFSS reported that 65% of U.S. adults and 65% of Ohio adults had visited a dentist or dental clinic in the previous twelve months.
- More than four-fifths (81%) of Hancock County adults with dental insurance have been to the dentist in the past year, compared to 64% of those without dental insurance.
- When asked the main reason for not visiting a dentist in the last year, 50% said cost, 26% said fear, apprehension, nervousness, pain, and dislike going, 16% had no oral health problems, 13% had other priorities, 7% said their dentist did not accept their medical coverage, 6% had not thought of it, 5% could not get into a dentist, 5% did not have/know a dentist, 3% could not get to the office, 1% could not find a dentist to who took Medicaid, and 1% could not find a dentist who treats special needs clients.
- Hancock County youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work: less than a year ago (72%), 1 to 2 years ago (6%), 2 or more years ago (5%), never (2%), and do not know (15%).

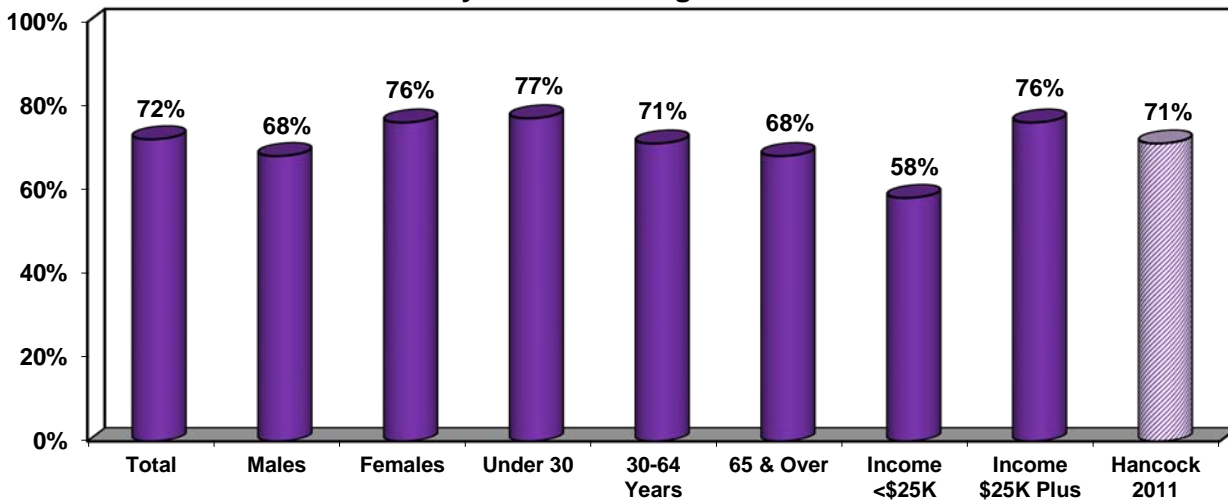
What You Can Do to Maintain Good Oral Health

- Drink fluoridated water and use fluoride toothpaste. Fluoride's protection against tooth decay works at all ages.
- Take care of your teeth and gums. Thorough tooth brushing and flossing to reduce dental plaque can prevent gingivitis—the mildest form of gum disease.
- Avoid tobacco. In addition to the general health risks posed by tobacco, smokers have 4 times the risk of developing gum disease compared to non-smokers.
- Limit alcohol. Heavy use of alcohol is a risk factor for oral and throat cancers.
- Eat wisely. Adults should avoid snacks full of sugars and starches.
- Visit the dentist regularly. Check-ups can detect early signs of oral health problems and can lead to treatments that will prevent further damage, and in some cases, reverse the problem.

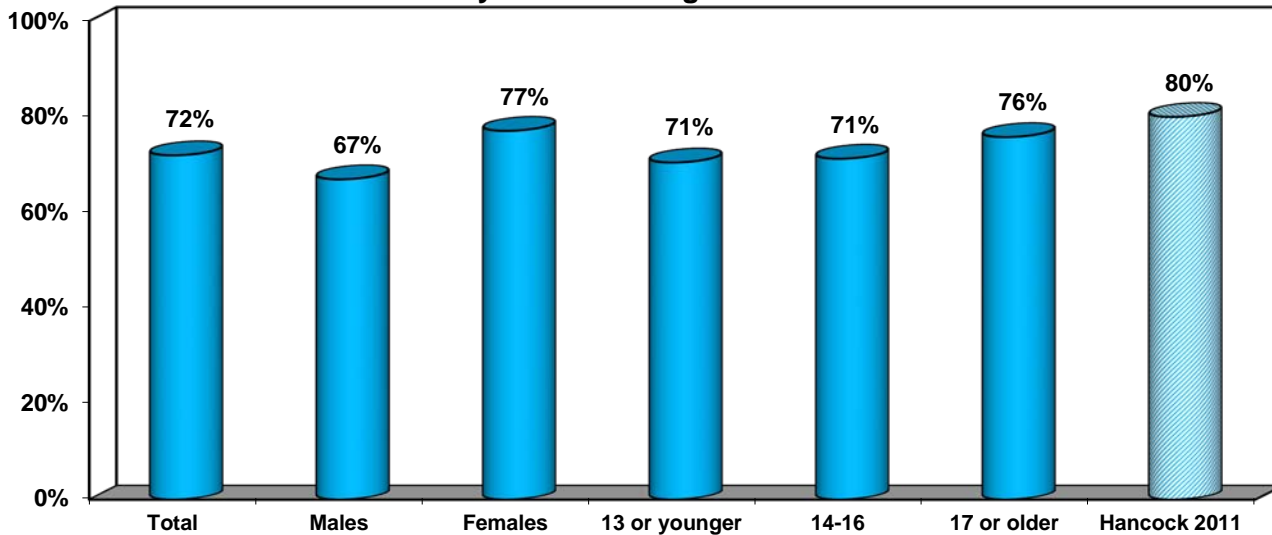
(Source: CDC: Oral Health for Adults, July 2013, from:
http://www.cdc.gov/OralHealth/publications/factsheets/adult_oral_health/adults.htm)

The following graphs provide information about the frequency of Hancock County adult and youth dental visits. Examples of how to interpret the information on the first graph include: 72% of all Hancock County adults had been to the dentist in the past year, 77% of those under the age of 30, and 58% of those with incomes less than \$25,000.

Hancock County Adults Visiting a Dentist in the Past Year



Hancock County Youth Visiting a Dentist in the Past Year



Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
Time Since Last Visit to Dentist/Dental Clinic					
Males	68%	9%	12%	10%	0%
Females	76%	8%	11%	4%	0%
Total	72%	8%	11%	8%	<1%

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

Adult Comparisons	Hancock County 2011	Hancock County 2015	Ohio 2014	U.S. 2014
Adults who have visited the dentist in the past year	71%	72%	65%	65%

* Hancock County did not ask questions about oral health in 2013

Oral Health in Older Adults

- Older adults are at risk for getting cavities, gum disease and mouth cancer – and these may not cause any pain or discomfort until they are advanced.
- Everyone needs to see their dentist for a checkup at least once a year – preferably more often.
- People without natural teeth are at risk for mouth cancer as well as gum problems. Denture wearers need to have their mouth and their dentures checked at least once a year.
- As with many other cancers, older adults are more likely to get mouth cancer than younger people.
- Everyone is at a greater risk of getting mouth cancer if they use tobacco, drink alcohol a lot, or are repeatedly exposed to the sunlight.
- Severe gum disease has also been associated with pneumonia in long-term care patients, heart disease, stroke, and poor diabetic control.
- Periodontal disease can be prevented by:
 - Cleaning your teeth and gums thoroughly every day.
 - Getting regular checkups from your dentist.
 - Following the advice of your dentist and dental hygienist.

(Source: American Dental Association: Oral Longevity Questions and Answers, from: <http://www.ada.org/en/>)

Youth | WEIGHT STATUS

Key Findings

The 2015 Health Assessment identified that 15% of Hancock County youth were obese, according to Body Mass Index (BMI) by age. 75% of youth were exercising for 60 minutes on 3 or more days per week. 89% of youth were involved in extracurricular activities.

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.
- In 2015, 15% of youth were classified as obese by Body Mass Index (BMI) calculations (2013 YRBS reported 13% for Ohio and 14% for the U.S.). 12% of youth were classified as overweight (2013 YRBS reported 16% for Ohio and 17% for the U.S.). 68% were normal weight, and 5% were underweight.

15% of Hancock County youth were classified as obese.

- Over two-fifths (41%) of all youth were trying to lose weight, increasing to 48% of Hancock County female youth (compared to 35% of males) (2013 YRBS reported 47% for Ohio and 48% for the U.S.).
- Hancock County youth reported doing the following to lose weight or keep from gaining weight in the past 30 days:
 - 39% of youth exercised.
 - 38% of youth drank more water.
 - 30% of youth ate more fruits and vegetables.
 - 26% of youth ate less food, fewer calories, or foods lower in fat.
 - 12% of youth skipped meals.
 - 4% reported going without eating for 24 hours or more (2013 YRBS reported 10% for Ohio and 13% for the U.S.).
 - 3% reported smoking to lose weight.
 - 2% reported taking diet pills, powders, or liquids without a doctor's advice (2013 YRBS reported 5% for Ohio and the U.S.).
 - 2% vomited or took laxatives (2013 YRBS reported 5% for Ohio and 4% for the U.S.).

Nutrition

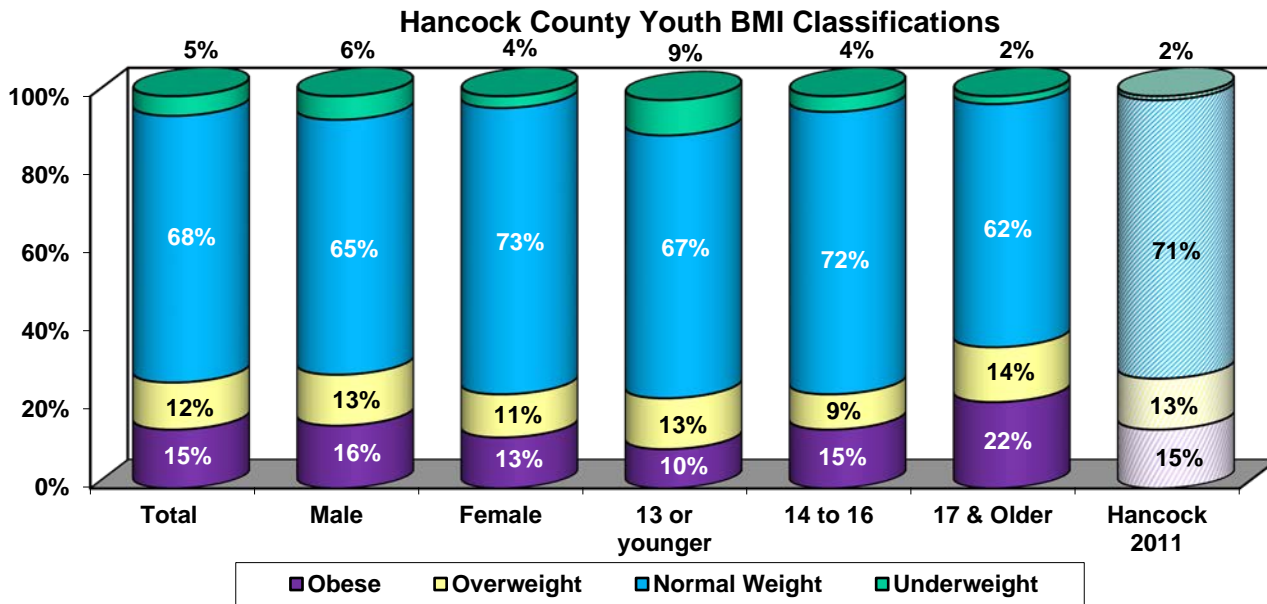
- 17% of Hancock County youth drank 100% fruit juice such as orange juice, apple juice, or grape juice at least once per day during the past 7 days.
- Nearly half (47%) of youth drank a glass of milk at least once per day during the past 7 days. 12% of youth reported they did not drink any milk in the past 7 days.
- 31% of youth ate vegetables 1-3 times per day such as green salad, carrots and potatoes. 5% of youth ate vegetables four or more times per day during the past 7 days. 12% of youth reported they did not eat any vegetables in the past week.
- 33% of youth reported they drank energy drinks for the following reasons: to stay awake (59%), to get pumped up (26%), to help them perform (18%), before games or practice (18%), to mix with alcohol (8%), and some other reason (40%).

Physical Activity

- Three-fourths (75%) of Hancock County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. 57% did so on 5 or more days in the past week (2013 YRBS reports 48% for Ohio and 47% for the U.S.), and 39% did so every day in the past week (2013 YRBS reports 26% for Ohio and 27% for the U.S.). 14% of youth did not participate in at least 60 minutes of physical activity on any day in the past week (2013 YRBS reports 13% for Ohio and 15% for the U.S.).
- The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity per day. As part of their 60 minutes per day; aerobic activity, muscle strengthening, and bone strengthening are three distinct types of physical activity that children should engage in, appropriate to their age. Children should participate in each of these types of activity on at least three days per week.
- Hancock County youth spent an average of 3.0 hours on their cell phone/computer/tablet, 1.9 hours watching TV/playing video games, 1.4 hours doing homework and 0.6 hours reading on an average day of the week.
- 89% of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (70%), exercising (outside of school) (42%), school club or social organization (39%), church youth group (30%), church or religious organization (29%), babysitting for other kids (23%), part-time job (22%), caring for siblings after school (21%), volunteering in the community (20%), caring for parents or grandparents (6%) or some other organized activity (Scouts, 4 H, etc.) (14%).

Hancock County 6 th -12 th Grade Youth did the following to lose weight in the past 30 days:	Percent
Exercised	39%
Drank more water	38%
Ate more fruits and vegetables	30%
Ate less food, fewer calories, or foods lower in fat	26%
Skipped meals	12%
Went without eating for 24 hours	4%
Smoked cigarettes	3%
Took diet pills, powders, or liquids without a doctor's advice	2%
Vomited or took laxatives	2%

The following graph shows the percentage of Hancock County youth who were classified as obese, overweight, normal weight, or underweight by Body Mass Index (BMI). Examples of how to interpret the information in the first graph include: 68% of all Hancock County youth were classified as normal weight, 15% were obese, 12% were overweight, and 5% were underweight for their age and gender.



Physical Activity Facts

- Regular physical activity in childhood and adolescence improves strength and endurance, helps build healthy bones and muscles, helps control weight, reduces anxiety and stress, increases self-esteem, and may improve blood pressure and cholesterol levels.
- The U.S. Department of Health and Human Services recommends that young people ages 6–17 years participate in at least 60 minutes of physical activity daily.
- The percentage of high school students who attended physical education classes daily decreased from 42% in 1991 to 25% in 1995 and remained stable at that level until 2011 (31%).
- Regular physical activity:
 - Helps build and maintain healthy bones and muscles.
 - Helps reduce the risk of developing obesity and chronic diseases, such as diabetes, cardiovascular disease, and colon cancer.
 - Reduces feelings of depression and anxiety and promotes psychological well-being.
 - May help improve students' academic performance, including academic achievement and academic behavior.

(Sources: CDC, Adolescent and School Health, Updated: 2/19/2013, from: <http://www.cdc.gov/healthyyouth/physicalactivity/facts.htm>)

Youth Comparisons	Hancock County 2011 (6 th -12 th)	Hancock County 2015 (6 th -12 th)	Hancock County 2015 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Obese	15%	15%	17%	13%	14%
Overweight	13%	12%	12%	16%	17%
Trying to lose weight	42%	41%	41%	47%	48%
Exercised to lose weight	29%	39%	44%	61%‡	61%‡
Ate less food, fewer calories, or foods lower in fat to lose weight	20%	26%	28%	43%‡	39%‡
Went without eating for 24 hours or more	2%	4%	3%	10%	13%
Took diet pills, powders, or liquids without a doctor's advice	<1%	2%	2%	5%	5%
Vomited or took laxatives	<1%	2%	2%	5%	4%
Physically active at least 60 minutes per day on every day in past week	31%	39%	39%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	55%	57%	57%	48%	47%
Did not participate in at least 60 minutes of physical activity on any day in past week	11%	14%	17%	13%	15%

‡ Comparative YRBS data for Ohio is 2007 and U.S. is 2009

Healthy People 2020 Nutrition and Weight Status (NWS)

Objective	Hancock County 2015	Ohio 2013	U.S. 2013	Healthy People 2020 Target
NWS-10.4 Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese	15% (grades 6-12) 17% (grades 9-12)	13% (grades 9-12)	14% (grades 9-12)	15%*

*Note: The Healthy People 2020 target is for children and youth aged 2-19 years.

(Sources: Healthy People 2020 Objectives, 2013 YRBS, NHANES, CDC/NCHS, 2015 Hancock County Health Assessment)

Youth | TOBACCO USE

Key Findings

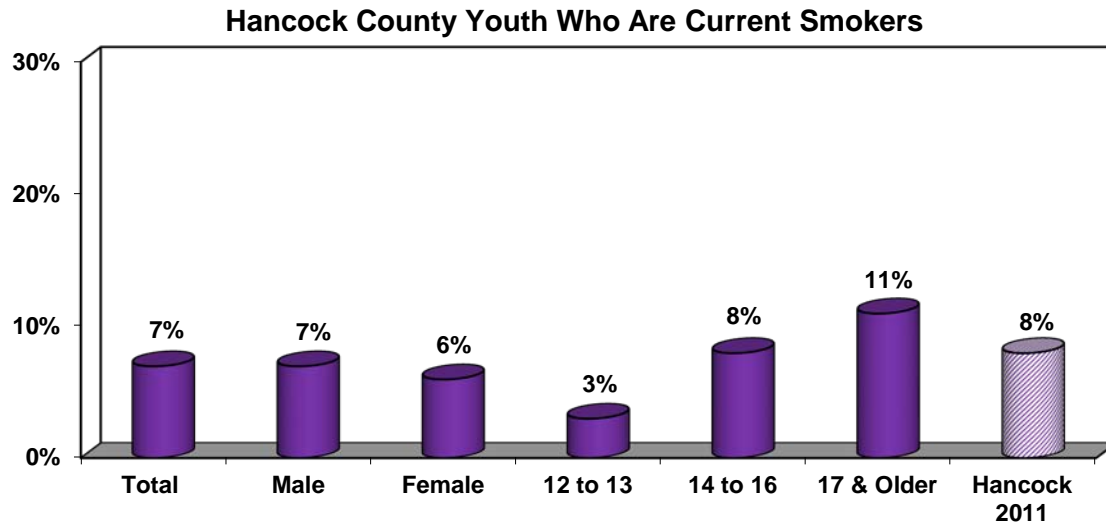
The 2015 Health Assessment identified that 7% of Hancock County youth in grades 6-12 were smokers. The average age of onset for smoking was 13.2 years old. 11% of youth used e-cigarettes in the past year.

In 2015, 7% of Hancock County youth were current smokers, having smoked at some time in the past 30 days.

Youth Tobacco Use Behaviors

- The 2015 health assessment indicated that 22% of Hancock County youth had tried cigarette smoking (2013 YRBS reported 41% for the U.S.).
- 13% of those who had smoked a whole cigarette did so at 10 years old or younger, and another 31% had done so by 12 years old. The average age of onset for smoking was 13.2 years old.
- 7% of all Hancock County youth had smoked a whole cigarette for the first time before the age of 13 (2013 YRBS reported 9% for the U.S.)
- In 2015, 7% of Hancock County youth were current smokers, having smoked at some time in the past 30 days (2013 YRBS reported 15% for Ohio and 16% for the U.S.).
- 17% of current smokers smoked cigarettes daily.
- 2% of all Hancock County youth smoked cigarettes on 20 or more days during the past month (2013 YRBS reported that 7% of youth in Ohio smoked cigarettes on 20 or more days during the past month and 6% for the U.S.).
- Over half 58% 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.
- 39% of youth smokers borrowed cigarettes from someone else, 31% gave someone else money to buy them cigarettes, 25% took them from a family member, 19% indicated they bought cigarettes from a store or gas station (2013 YRBS reported 18% for the U.S.), 19% said a person 18 years or older gave them the cigarettes, 3% got them from a vending machine, 3% got them on the internet, 3% took them from a store and 31% got them some other way.
- Hancock County youth used the following forms of tobacco the most in the past year: e-cigarette (11%), cigarettes (11%), hookah (7%), cigars (7%), Black and Milds (5%), swishers (5%), chewing tobacco or snuff (4%), cigarillos (3%), little cigars (2%), pouch (2%), dissolvable tobacco products (2%) and bidis (1%).
- Over four-fifths (85%) of Hancock County youth reported that their parents would disapprove of them smoking cigarettes and 73% reported their friends would disapprove of them smoking cigarettes.
- 75% of youth reported they would disapprove of someone their age smoking cigarettes and 66% would disapprove of someone their age using E-cigarettes.

The following graph shows the percentage of Hancock County youth who smoke cigarettes. Examples of how to interpret the information include: 7% of all Hancock County youth were current smokers, 6% of males smoked, and 6% of females were current smokers.



7% of all Hancock County youth had smoked a whole cigarette for the first time before the age of 13.

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

Youth Behaviors	Current Smoker	Non-Current Smoker
Participated in extracurricular activities	91%	90%
Have had sexual intercourse	71%	12%
Have been bullied in the past 12 months	71%	49%
Have had at least one drink of alcohol in the past 30 days	58%	9%
Have used marijuana in the past 30 days	46%	4%
Misused prescription medications in the past 30 days	38%	2%
Attempted suicide in the past 12 months	38%	5%

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

Youth Comparisons	Hancock County 2011 (6 th -12 th)	Hancock County 2015 (6 th -12 th)	Hancock County 2015 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Ever tried cigarettes	22%	22%	33%	52%*	41%
Current smokers	8%	7%	9%	15%	16%
Smoked cigarettes on 20 or more days during the past month (of all youth)	3%	2%	4%	7%	6%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	N/A	7%	7%	14%*	9%

* Comparative YRBS data for Ohio is 2011

Healthy People 2020 Tobacco Use (TU)

Objective	Hancock County 2015	Ohio 2013	U.S. 2013	Healthy People 2020 Target
TU-2.2 Reduce use of cigarettes by adolescents (past month)	7% (grades 6-12) 9% (grades 9-12)	15% (grades 9-12)	16% (grades 9-12)	16% (grades 9-12)

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

(Sources: Healthy People 2020 Objectives, 2013 YRBS, CDC/NCHHSTP, 2015 Hancock County Health Assessment)

Electronic Cigarettes and Teenagers in the U.S.

- The percentage of U.S. middle and high school students who tried electronic cigarettes more than doubled from 2011 to 2012.
- E-cigarettes look like regular cigarettes, but they are operated by battery. An atomizer heats a solution of liquid, flavorings, and nicotine that creates a mist that is inhaled.
- The percentage of high school students who had ever used e-cigarettes rose from 4.7% in 2011 to 10% in 2012. In the same time period, high school students using e-cigarettes within the past 30 days rose from 1.5% to 2.8%.
- The percentage of middle school students who had ever used e-cigarettes also doubled from 1.4% to 2.7%.
- Altogether, as of 2012 more than 1.78 million middle and high school students in the US had tried e-cigarettes.
- 76% of current young e-cigarette users also smoked regular cigarettes. Some experts fear that e-cigarettes may encourage children to try regular cigarettes.
- Nicotine is a highly addictive drug. Many teens that start with e-cigarettes may be condemned to struggling with a lifelong addiction to nicotine and conventional cigarettes.

(Source: CDC, Press Release, September 5, 2013, <http://www.cdc.gov/media/releases/2013/p0905-ecigarette-use.html> & ACS, Electronic Cigarette Use Doubles Among Teenagers, September 9, 2013, <http://www.cancer.org/cancer/news/electronic-cigarette-use-doubles-among-teenagers>)

Youth | ALCOHOL CONSUMPTION

Key Findings

In 2015, the Health Assessment results indicated that 37% of Hancock County youth in grades 6-12 had drunk at least one drink of alcohol in their life, increasing to 58% of youth seventeen and older. 12% of all Hancock County 6th-12th grade youth and 27% of those over the age of 17 had at least one drink in the past 30 days. Over one-third (39%) of the 6th-12th grade youth who reported drinking in the past 30 days had at least one episode of binge drinking. 3% of all youth drivers had driven a car in the past month after they had been drinking alcohol.

In 2015, 12% of Hancock County youth had at least one drink in the past 30 days.

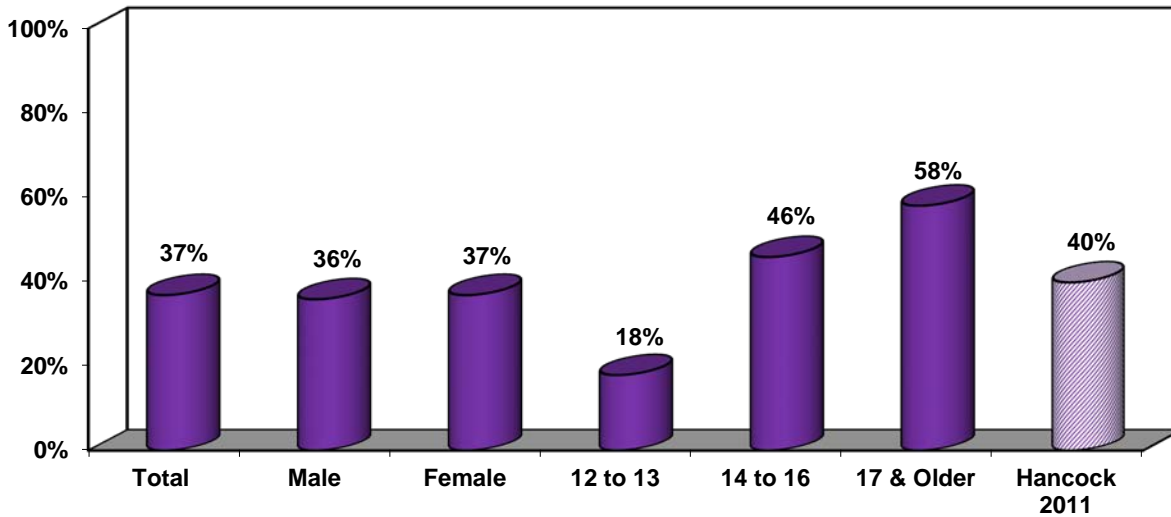
Youth Alcohol Consumption

- In 2015, the Health Assessment results indicated that over one-third (37%) of all Hancock County youth (ages 12 to 18) had at least one drink of alcohol in their life, increasing to 58% of those ages 17 and older (2013 YRBS reports 66% for the U.S.).
- 12% of youth had at least one drink in the past 30 days, increasing to 27% of those ages 17 and older (2013 YRBS reports 30% for Ohio and 35% for the U.S.).
- Of those who drank, 53% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition, increasing to 62% of youth ages 14-16 years old.
- Based on all youth surveyed, 7% were defined as binge drinkers, increasing to 14% of those ages 17 and older (2013 YRBS reports 16% for Ohio and 21% for the U.S.).
- Nearly two-fifths (39%) of Hancock County youth who reported drinking at some time in their life had their first drink at 12 years old or younger; 30% took their first drink between the ages of 13 and 14, and 31% started drinking between the ages of 15 and 18. The average age of onset was 13.0 years old.
- Of all Hancock County youth, 14% had drunk alcohol for the first time before the age of 13 (2013 YRBS reports 13% of Ohio youth drank alcohol for the first time before the age of 13 and 19% for the U.S.).
- Hancock County youth drinkers reported they got their alcohol from the following: someone gave it to them (27%) (2013 YRBS reports 38% for Ohio and 42% for the U.S.), a parent gave it to them (23%), an older friend or sibling bought it (23%), someone older bought it (20%), gave someone else money to buy it (13%), a friend's parent gave it to them (7%), took it from a store or family member (5%), bought it in a liquor store/ convenience store/gas station (5%), bought it with a fake ID (2%) and some other way (15%). No one reported buying it in a restaurant/bar/club, or at a public event.
- During the past month 16% of all Hancock County youth had ridden in a car driven by someone who had been drinking alcohol (2013 YRBS reports 17% for Ohio and 22% for the U.S.).
- 3% of youth drivers had driven a car in the past month after they had been drinking alcohol (2013 YRBS reports 4% for Ohio and 10% for the U.S.).

- Over three-fourths (76%) of Hancock County youth reported that their parents would disapprove of them drinking alcohol and 59% reported their friends would disapprove of them drinking alcohol.
- 64% of youth reported they would disapprove of someone their age drinking alcohol.

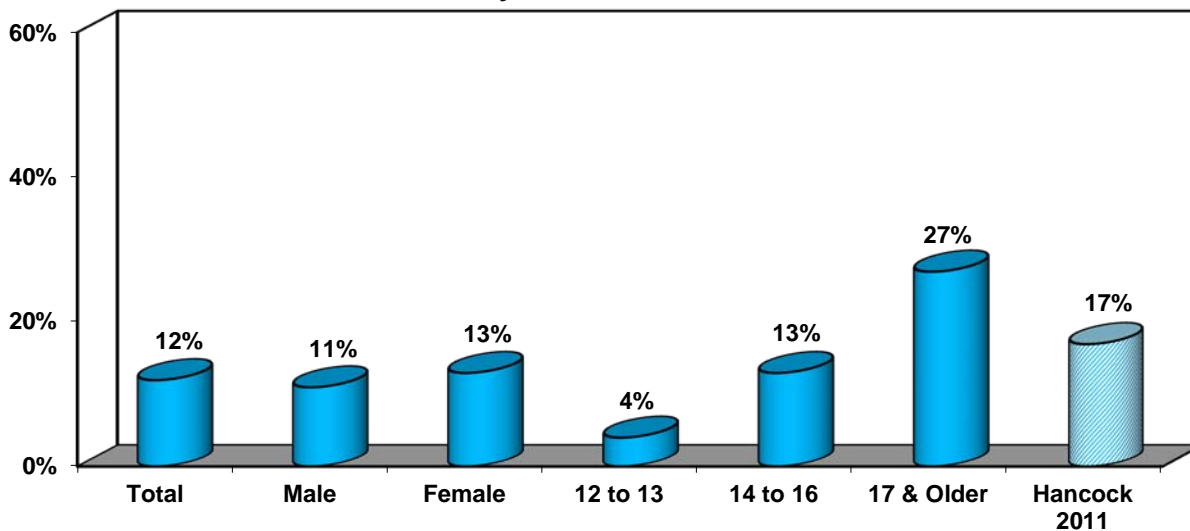
The following graphs show the percentage of Hancock County youth who have drunk in their lifetime and those who are current drinkers. Examples of how to interpret the information include: 37% of all Hancock County youth have drunk at some time in their life: 36% of males and 37% of females.

Hancock County Youth Having At Least One Drink of Alcohol In Their Lifetime



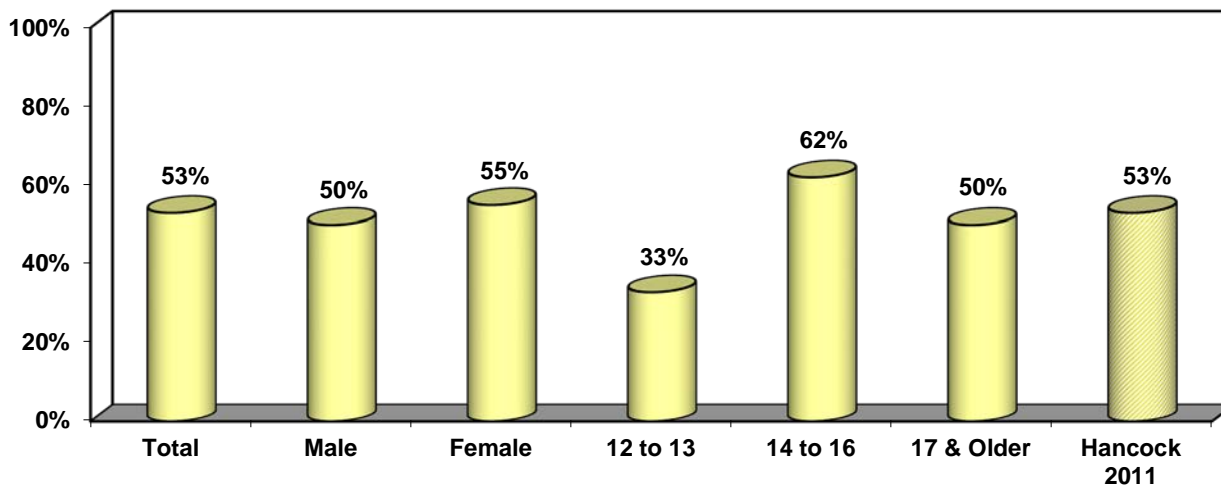
Based on all Hancock County youth surveyed, 7% were defined as binge drinkers.

Hancock County Youth Who Are Current Drinkers



The following graph shows the percentage of Hancock County youth who were binge drinkers. Examples of how to interpret the information include: 53% of current drinkers binge drank in the past month, 50% of males, and 55% of females had binge drank. The table shows differences in specific risk behaviors between current drinkers and non-current drinkers.

Hancock County Youth Current Drinkers Who Binge Drank in Past Month*



*Based on all current drinkers. Binge drinking is defined as having five or more drinks on an occasion.

23% of Hancock County youth drinkers reported they got their alcohol from a parent giving it to them.

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

Youth Behaviors	Current Drinker	Non-Current Drinker
Participated in extracurricular activities	91%	89%
Have had sexual intercourse	68%	9%
Have been bullied in the past 12 months	58%	49%
Have used marijuana in the past 30 days	38%	3%
Have had 3 or more adverse childhood experiences	37%	20%
Misused prescription medications in the past 30 days	33%	1%
Have smoked cigarettes in the past 30 days	32%	3%
Attempted suicide in the past 12 months	24%	4%

Current drinkers are those youth surveyed who have self-reported drinking at any time during the past 30 days.

Healthy People 2020 Substance Abuse (SA)

Objective	Hancock County 2015	Ohio 2013	U.S. 2013	Healthy People 2020 Target
SA-14.4 Reduce the proportion of persons engaging in binge drinking during the past month	7% (grades 6-12) 10% (grades 9-12)	16% (grades 9-12)	21% (grades 9-12)	9% (ages 12-17)

(Sources: Healthy People 2020 Objectives, 2013 YRBS, 2015 Hancock County Health Assessment)

Youth Comparisons	Hancock County 2011 (6 th -12 th)	Hancock County 2015 (6 th -12 th)	Hancock County 2015 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Ever tried alcohol	40%	37%	50%	71%*	66%
Current drinker	17%	12%	18%	30%	35%
Binge drinker (of all youth)	9%	7%	10%	16%	21%
Drank for the first time before age 13 (of all youth)	N/A	14%	14%	13%	19%
Rode with someone who was drinking	15%	16%	17%	17%	22%
Drank and drove (of youth drivers)	3%	3%	4%	4%	10%
Obtained the alcohol they drank by someone giving it to them	33%	27%	33%	38%	42%

* Comparative YRBS data for Ohio is 2011

Teen Binge Drinking: All Too Common

Risks Associated with Binging:

- It is estimated that alcohol consumption is responsible for about 80,000 deaths in the US each year.
- Binge drinking has also been associated with many health problems, including:
 - Heart disease
 - Stroke
 - Cancer
 - Liver disease
 - Chemical dependency
 - Pregnancy
 - STDs
 - Alcohol poisoning
- MRI scans of the brains of teens that drank heavily showed damaged nerve tissue compared to those who did not.
- Studies have shown that alcohol can cause long-term damage to the brain and impair memory, coordination and movement.

(Source: Psychology Today, Teen Angst, Teen Binge Drinking: All Too Common, 1/26/2013, from: <http://www.psychologytoday.com/blog/teen-angst/201301/teen-binge-drinking-all-too-common>)

Youth | DRUG USE

Key Findings

In 2015, 7% of Hancock County 6th-12th grade youth had used marijuana at least once in the past 30 days. 5% of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life, increasing to 12% of those over the age of 17.

Youth Drug Use

- In 2015, 7% of all Hancock County youth had used marijuana at least once in the past 30 days. The 2013 YRBS found a prevalence of 21% for Ohio youth and a prevalence of 23% for U.S. youth.
- Hancock County youth have tried the following in their life:
 - 6% of youth used inhalants, (2013 YRBS reports 9% for Ohio and U.S.).
 - 3% used cocaine (2013 YRBS reports 4% for Ohio and 6% for U.S.).
 - 2% used steroids, (2013 YRBS reports 3% for Ohio and U.S.).
 - 1% used methamphetamines, (2013 YRBS reports 3% for the U.S.).
 - 1% used heroin, (2013 YRBS reports 2% for Ohio and U.S.).
- 5% of Hancock County youth used medications that were not prescribed for them or took

Drug Facts: Drugged Driving

- Vehicle accidents are the leading cause of death among young people aged 16 to 19. When teens' relative lack of driving experience is combined with the use of marijuana or other substances that affect cognitive and motor abilities, the results can be tragic.
- According to the 2013 National Survey on Drug Use and Health (NSDUH), an estimated 9.9 million people aged 12 or older reported driving under the influence of illicit drugs during the year prior to being surveyed.
- After alcohol, THC (delta-9-tetrahydrocannabinol), the active ingredient in marijuana is the substance most commonly found in the blood of impaired drivers, fatally injured drivers, and motor vehicle crash victims. Studies in several localities have found that approximately 4 to 14 percent of drivers who sustained injury or died in traffic accidents tested positive for THC.

(Source: National Institute on Drug Abuse, *The Science of Drug Abuse & Addiction: Drug Facts: Drugged Driving*, <http://www.drugabuse.gov/publications/drugfacts/drugged-driving>, revised 12-14)

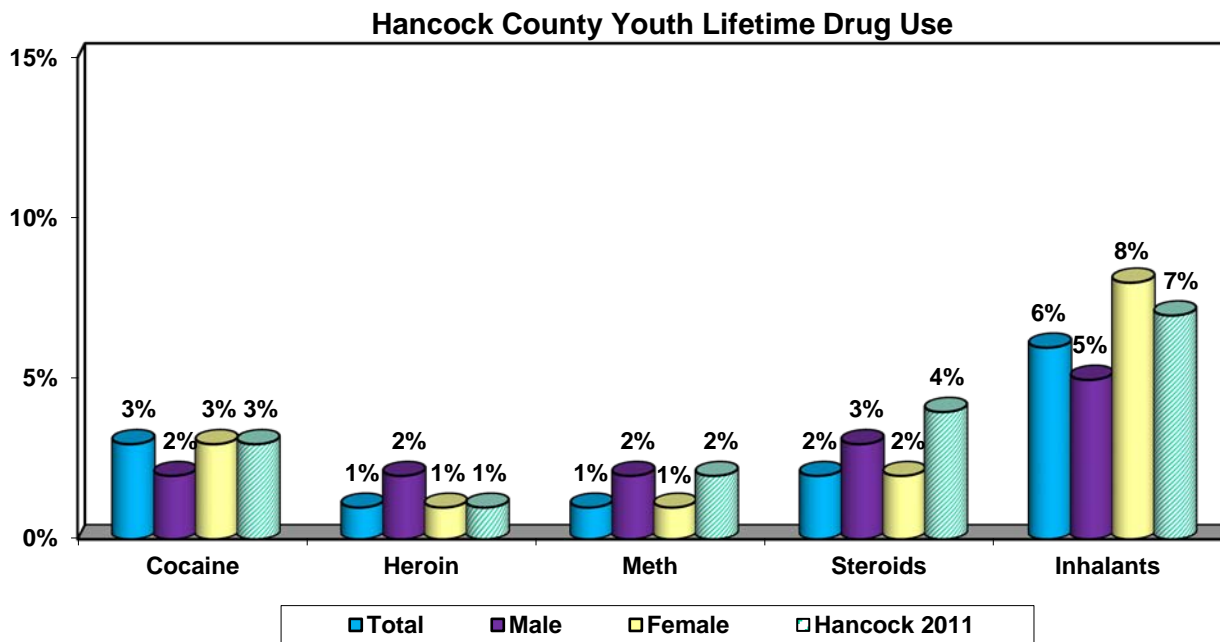
7% of Hancock County youth had used marijuana in the past month.

more than prescribed to feel good or get high at some time in their lives, increasing to 12% of those over the age of 17.

- Youth who misused prescription medications got them in the following ways: a friend gave it to them (53%), bought it from someone else (14%), a parent gave it to them (11%), they took it from a friend or family member (11%), bought it from a friend (8%), another family member gave it to them (6%), and the internet (3%).
- During the past 12 months, 6% of all Hancock County youth reported that someone had offered, sold, or given them an illegal drug on school property (2013 YRBS reports 20% for Ohio and 22% for the U.S.).
- Youth reported that the following would keep them from seeking help to quit using alcohol, tobacco, or other drugs: they might get in trouble (25%), do not know where to go to get help (14%), paying for it (7%), transportation (1%) and time (1%). 58% reported they don't think they need help.

- Youth reported the following reasons for not using drugs: their values (62%), parents would be upset (58%), kicked out of extra-curricular activities (49%), legal consequences (47%), and health problems (38%).
- Youth reported their parents would disapprove of the following: misusing prescription drugs (84%) and using marijuana (81%).
- Youth reported their friends would disapprove of the following: misusing prescription drugs (78%) and using marijuana (67%).
- Youth reported they would disapprove of someone their age doing the following: misusing prescription drugs (81%) and using marijuana (71%).
- Youth reported the following about the I Am Enough Project: 71% had never heard of the I Am Enough Project, 26% of youth were aware but are not actively involved and 2% of Hancock County youth reported they were aware and were actively involved.

The following graph is data from the 2015 Hancock County Health Assessment indicating youth lifetime drug use. Examples of how to interpret the information include: 3% of youth have used cocaine at some point in their lives, and 6% of youth have used inhalants at some point in their life.

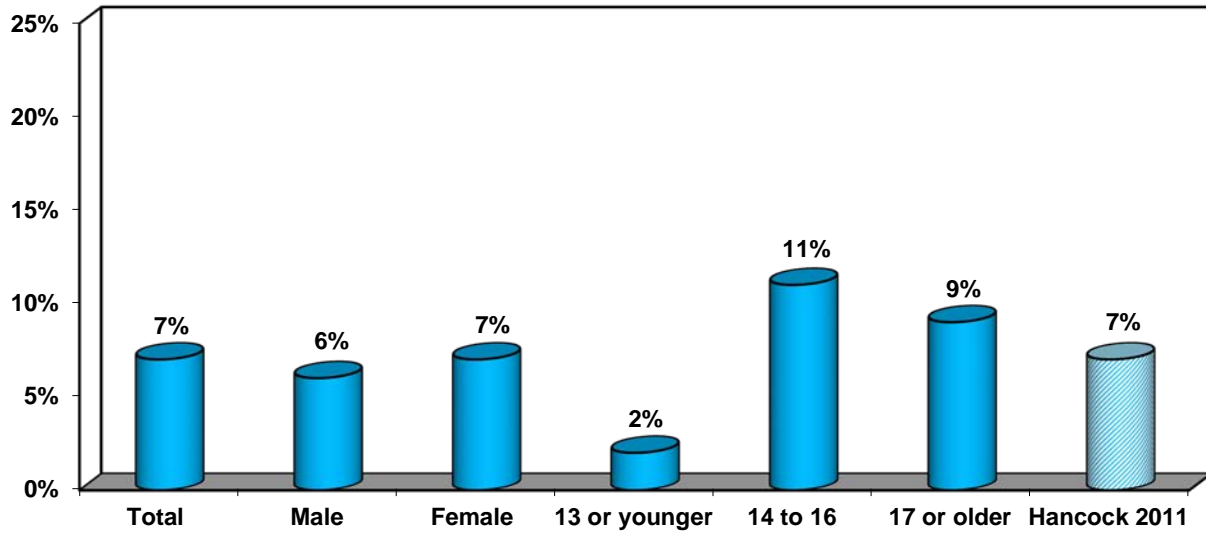


Accessibility of Substances to Hancock County Youth

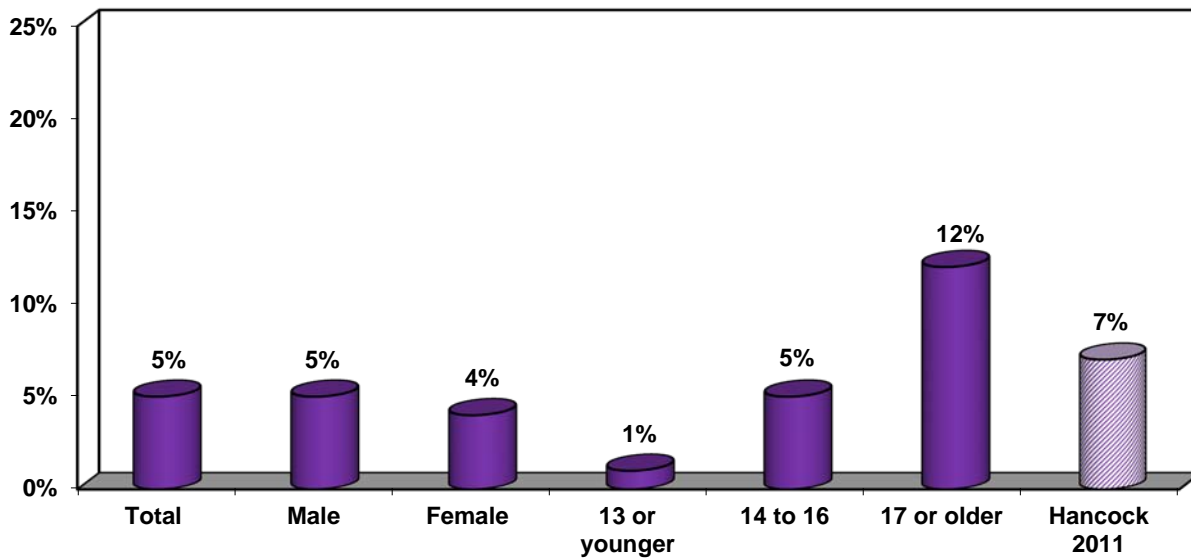
Substance	Available	Not Available	Don't Know
Alcohol	45%	39%	16%
Tobacco	31%	46%	23%
Prescription drugs not prescribed to you	26%	51%	23%
E-Cigarettes	21%	55%	24%
Marijuana	20%	59%	21%
Synthetic drugs (ex. K2, Spice, etc.)	7%	67%	26%
Heroin	5%	71%	24%

The following graphs are data from the 2015 Hancock County Health Assessment indicating youth marijuana use in the past month and lifetime prescription medication abuse. Examples of how to interpret the information include: 7% of youth have used marijuana in the past month, 6% of males and 7% of females.

Hancock County Youth Marijuana Use in Past Month



Hancock County Youth Lifetime Prescription Medication Abuse



Youth Comparisons	Hancock County 2011 (6 th -12 th)	Hancock County 2015 (6 th -12 th)	Hancock County 2015 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Youth who used marijuana in the past month	7%	7%	11%	21%	23%
Ever used methamphetamines	2%	1%	2%	6%‡	3%
Ever used cocaine	3%	3%	4%	4%	6%
Ever used heroin	1%	1%	2%	2%	2%
Ever used steroids	4%	2%	2%	3%	3%
Ever used inhalants	7%	6%	5%	9%	9%
Ever misused medications	7%	5%	7%	N/A	N/A
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	13%	6%	8%	20%	22%

N/A - Not available

‡ Comparative YRBS data for Ohio is 2007

Youth | SEXUAL BEHAVIOR AND TEEN PREGNANCY OUTCOMES

Key Findings

In 2015, nearly one in seven (15%) of Hancock County youth have had sexual intercourse, increasing to 46% of those ages 17 and over. 13% of youth had participated in oral sex and 3% had participated in anal sex. 19% of youth participated in sexting. Of those who were sexually active, 52% had multiple sexual partners. Two Hancock County school districts did not ask sexual health questions in all grades.

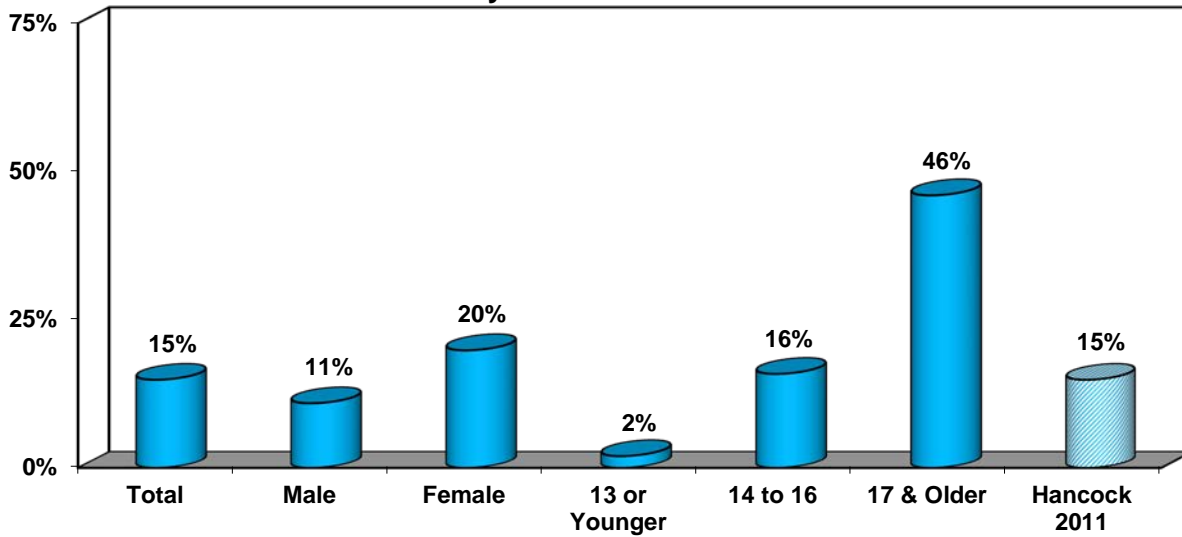
46% of Hancock County youth ages 17 and over have had sexual intercourse.

Youth Sexual Behavior

- In 2015, nearly one in seven (15%) of Hancock County youth have had sexual intercourse, increasing to 46% of those ages 17 and over (The 2013 YRBS reports 43% for Ohio and 47% of U.S. youth have had sexual intercourse).
- 13% of youth had participated in oral sex, increasing to 42% of those ages 17 and over.
- 3% of youth had participated in anal sex, increasing to 10% of those ages 17 and over.
- 19% of youth had participated in sexting, increasing to 44% of those ages 17 and over.
- 22% of youth had viewed pornography, increasing to 29% of males and 40% of those ages 17 and over.
- Of those youth who were sexually active in their lifetime, 48% had one sexual partner and 52% had multiple partners.
- 3% of all Hancock County youth had 4 or more sexual partners (2013 YRBS reports 12% for Ohio and 15% for the U.S.).
- Of those youth who were sexually active, 24% had done so by the age of 13. Another 39% had done so by 15 years of age. The average age of onset was 14.8 years old.
- Of all youth, 2% were sexually active before the age of 13 (2013 YRBS reports 4% for Ohio and 6% for the U.S.).
- Of the youth who were sexually active, 9% had drunk alcohol or used drugs before their last sexual encounter (2013 YRBS reports 18% for Ohio and 22% for the U.S.).
- 54% of youth who were sexually active used condoms to prevent pregnancy, 31% used birth control pills, 17% used the withdrawal method, 8% used an IUD, 7% used a shot, patch or birth control ring, and 2% used some other method. 3% reported they were gay or lesbian. However, 12% were engaging in intercourse without a reliable method of protection and 25% reported they were unsure.
- Hancock County youth had experienced the following: had sex in exchange for something of value such as food, drugs, shelter or money (1%), wanted to get pregnant (1%), been pregnant (1%), tried to get pregnant (1%) had a miscarriage (1%), got someone pregnant (1%), had an abortion (1%) and had a child (<1%) and had been treated for an STD (<1%).

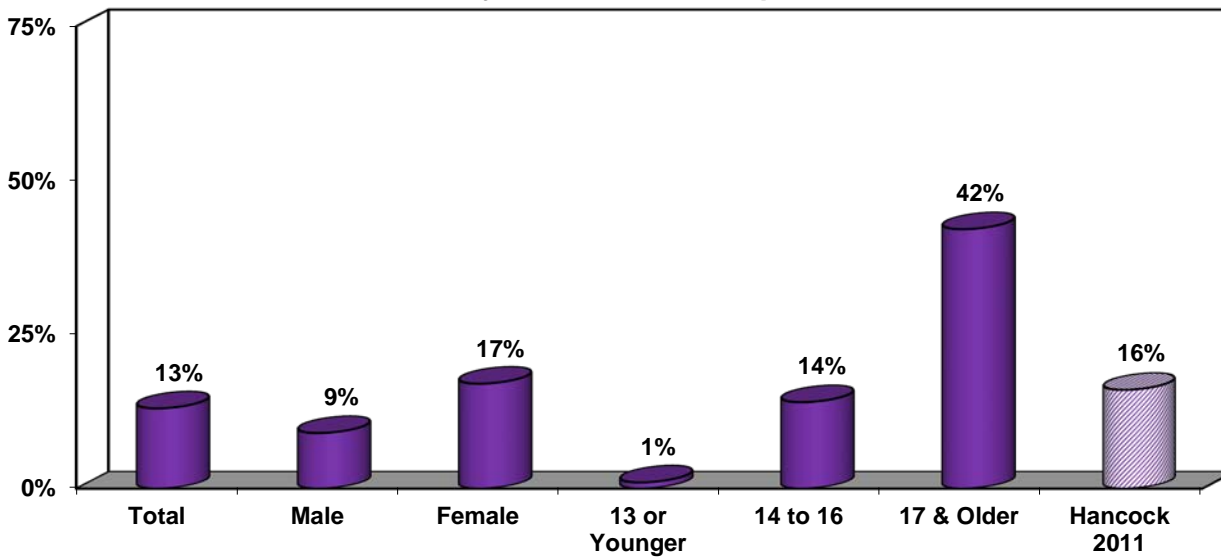
The following graphs show the percentage of Hancock County youth who participated in sexual intercourse and oral sex. Examples of how to interpret the information include: 15% of all Hancock County youth had sexual intercourse, 11% of males, and 20% of females had sex.

Hancock County Youth Who Had Sexual Intercourse



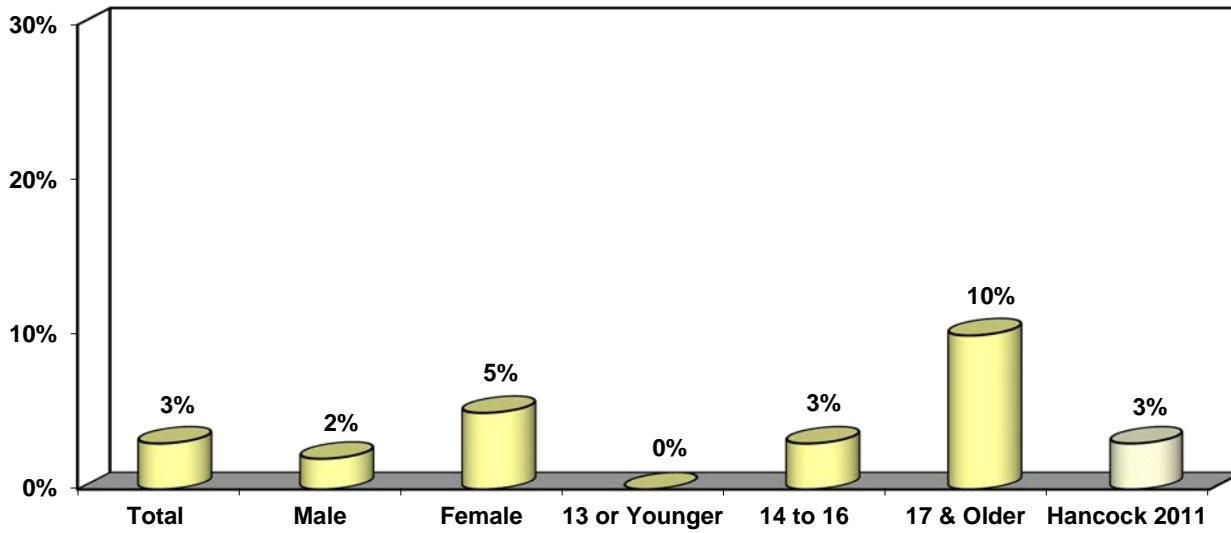
12% of Hancock County youth who were sexually active were not using a reliable method of protection to prevent pregnancy.

Hancock County Youth Who Participated in Oral Sex

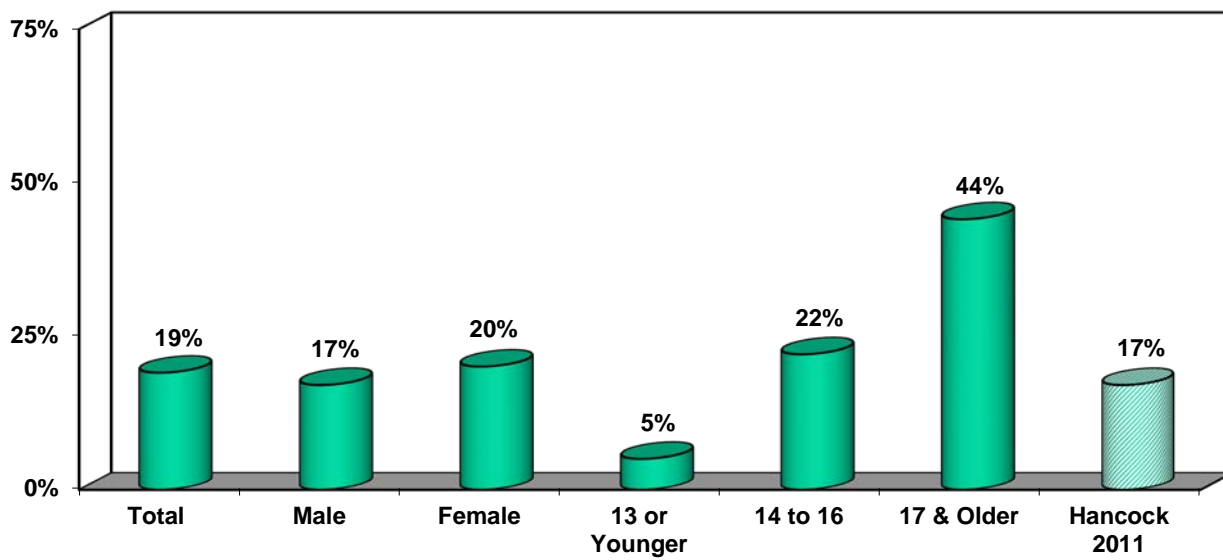


The following graphs show the percentage of Hancock County youth who participated in anal sex and sexting. Examples of how to interpret the information include: 3% of all Hancock County youth participated in anal sex, 2% of males, and 5% of females.

Hancock County Youth Who Participated in Anal Sex



Hancock County Youth Who Participated in Sexting



Youth Comparisons	Hancock County 2011 (6 th -12 th)	Hancock County 2015 (6 th -12 th)	Hancock County 2015 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Ever had sexual intercourse	15%	15%	24%	43%	47%
Used a condom at last intercourse	55%	54%	63%	51%	59%
Used birth control pills at last intercourse	28%	31%	37%	24%	19%
Did not use any method to prevent pregnancy during last sexual intercourse	2%	12%	14%	12%	14%
Had four or more sexual partners (of all youth)	4%	3%	5%	12%	15%
Drank alcohol or used drugs before last sexual intercourse (of sexually active youth)	5%	9%	11%	18%	22%
Had sexual intercourse before age 13 (of all youth)	N/A	2%	1%	4%	6%

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 2013:

- 47% had ever had sexual intercourse
- 34% had sexual intercourse during the previous 3 months, and, of these
- 41% did not use a condom the last time they had sex
- 15% had sex with 4 or more people during their life
- Only 22% of sexually experienced students have ever been tested for HIV

Sexual risk behaviors place adolescents at risk for HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy:

- Approximately 10,000 young people aged 13–24 years were diagnosed with HIV infection in the United States in 2013
- Nearly half of the 20 million new STDs each year are among young people aged 15–24 years
- In 2013, about 273,000 babies were born to teenage girls

(Source: CDC, *Adolescent and School Health*, updated 3/25/2015, from: <http://www.cdc.gov/HealthyYouth/sexualbehaviors/>)

Youth | MENTAL HEALTH AND SUICIDE

Key Findings

In 2015, the Health Assessment results indicated that 13% of Hancock County 6th-12th grade youth had seriously considered attempting suicide in the past year and 7% admitted actually attempting suicide in the past year.

Youth Mental Health

- In 2015, nearly one-fifth (19%) 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 24% of females (2013 YRBS reported 26% for Ohio and 30% for the U.S.).
- 13% of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 19% of females (2013 YRBS rate of 14% for Ohio youth and 17% for U.S. youth).
- In the past year, 7% of Hancock County youth had attempted suicide. 3% of youth had made more than one attempt. The 2013 YRBS reported a suicide attempt prevalence rate of 6% rate for Ohio youth and 8% for U.S. youth.
- Of youth that attempted suicide in the past year: 11% went to an emergency room, 7% were already in treatment, 5% were referred to inpatient care, 2% received follow-up care within 30 days and 1% contacted crisis services.
- When Hancock County youth are dealing with personal problems or feelings of depression or suicide, they usually talked to the following: best friend (22%), parents (11%), girlfriend/boyfriend (11%), brother/sister (5%), professional counselor (4%), school counselor (3%), teacher (3%), pastor/priest (2%), youth minister (1%), coach (1%), scout master/club advisor (1%), and someone else (6%). 15% of youth reported they talk to no one. 52% reported they do not have personal problems or feelings of depression or suicide.
- 51% of youth reported they would seek help if they were dealing with anxiety, stress, depression or thoughts of suicide. Of youth who reported they would not seek help the following reasons were reported: they can handle it themselves (59%), worried what others might think (30%), did not know where to go (20%), no time (18%), their family would not support them (9%), cost (7%), they were currently in treatment (7%), and transportation (2%).
- Hancock County youth reported the following causes of anxiety, stress and depression: academic success (28%), sports (26%), fighting with friends (21%), fighting at home (21%), self-image (18%), dating relationship (18%), being bullied (18%), peer pressure (17%), death of close family member or friend (17%), breakup (16%), parent divorce/separation (11%), poverty/no money (8%), caring for younger siblings (8%), ill parent (5%), not feeling safe at home (5%), alcohol or drug use at home (5%), not having enough to eat (3%), parent lost their job (3%), parent/caregiver with a substance abuse problem (3%), sexual orientation (3%), family member in the military (2%), not feeling safe in the community (2%), not having a place to live (2%), parent with a mental illness (2%), and other stress at home (17%).

2013 Ohio Suicide Statistics for Youth Grades 9-12

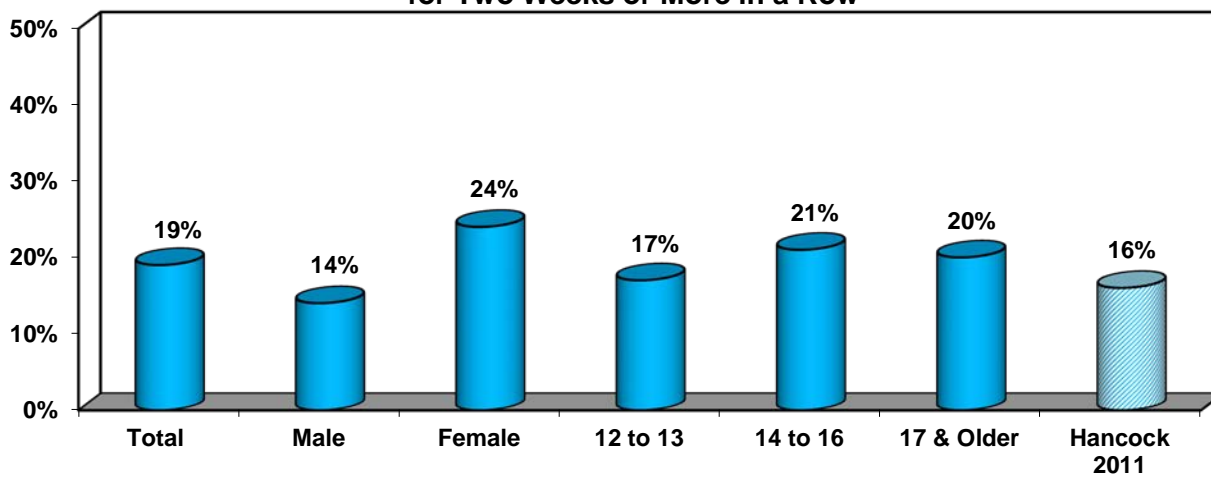
- 14% of Ohio youth seriously considered attempting suicide in the 12 months prior to the survey.
- 11% of Ohio youth made a plan about how they would attempt suicide in the 12 months prior to the survey.
- 6% of youth had attempted suicide one or more times in the 12 months prior to the survey.
- 1% of youth had a suicide attempt that resulted in an injury, poisoning, or an overdose that had to be treated by a doctor or nurse in the 12 months prior to the survey.

(Source: Centers for Disease Control and Prevention, Healthy Youth, YRBSS 2013)

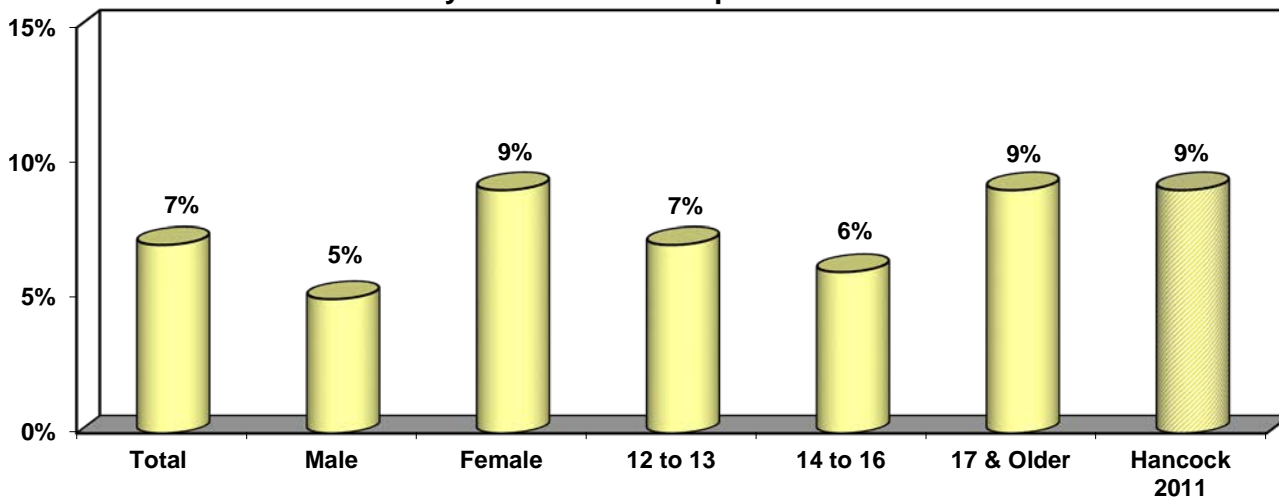
- Hancock County youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (43%), texting someone (31%), hobbies (29%), eating (22%), exercising (21%), talking to someone in their family (21%), talking to a peer (20%), praying (17%), using social media (13%), breaking something (10%), shopping (10%), reading the Bible (7%), talk to a counselor /teacher (6%), self-harm (5%), writing in a journal (5%), smoking/using tobacco (5%), using prescribed medication (5%), vandalism/violent behavior (4%), drinking alcohol (4%), using illegal drugs (4%), using un-prescribed medication (3%), talking to a medical professional (2%), gambling (1%), and harming someone else (1%). 30% of youth reported they did not have anxiety, stress, or depression.

The following graphs show the percentage of Hancock County youth who had felt sad or hopeless almost every day for two weeks or more in a row and attempted suicide in the past 12 months (i.e., the first graph shows that 19% of all youth had felt sad or hopeless for two weeks or more, 14% of males and 24% of females).

Hancock County Youth Who Felt Sad or Hopeless Almost Every Day for Two Weeks or More in a Row



Hancock County Youth Who Attempted Suicide in Past 12 Months



Youth Comparisons	Hancock County 2011 (6 th -12 th)	Hancock County 2015 (6 th -12 th)	Hancock County 2015 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Youth who had seriously considered attempting suicide in the past year	12%	13%	12%	14%	17%
Youth who had attempted suicide in the past year	9%	7%	7%	6%	8%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	16%	19%	19%	26%	30%

Youth Suicide

Suicide affects all youth, but some groups are at a higher risk than others. Boys are more likely than girls to die from suicide. Girls, however, are more likely to report attempting suicide than boys. Several factors can put a young person at risk for suicide. However, having these risk factors does not always mean that suicide will occur.

Risk Factors Include:

- History of previous suicide attempts
- Family history of suicide
- History of depression or other mental illness
- Alcohol or drug abuse
- Stressful life event or loss
- Easy access to lethal methods
- Exposure to the suicidal behavior of others
- Incarceration

(Source: CDC 2014, Injury Center: Violence Prevention; Suicide Prevention; Youth Suicide http://www.cdc.gov/violenceprevention/pub/youth_suicide.html)

Youth | SAFETY

Key Findings

In 2015, 16% of youth had ridden in a car driven by someone who had been drinking alcohol in the past month and 3% of youth drivers had driven after drinking alcohol. 41% of youth drivers texted while driving. 23% of youth had three or more adverse childhood experiences.

Personal Safety

- In the past 30 days, 16% of youth had ridden in a car driven by someone who had been drinking alcohol, (2013 YRBS reported 17% for Ohio and 22% for the U.S.) and 3% of youth drivers had driven a car themselves after drinking alcohol, (2013 YRBS reported 4% for Ohio and 10% for the U.S.).
- Over half (52%) of youth always wore a seatbelt when riding in a car driven by someone else, increasing to 58% of those ages 13 and younger.
- 8% of youth rarely or never wore a seatbelt when riding in a car driven by someone else (2013 YRBS reported 8% for Ohio and the U.S.).
- Hancock County youth drivers did the following while driving in the past month: wore a seatbelt (79%), talked on their cell phone (50%), ate (50%), drove while tired or fatigued (44%), texted (41%), used the internet on their cell phone (20%), used cell phone for other things (13%), checked Facebook on their cell phone (7%), applied makeup (6%), used marijuana (6%), misused prescription drugs (4%), drank alcohol (3%), read (3%), used other illegal drugs (2%), and played electronic games on cell phone (2%).
- Almost one-third (32%) of Hancock County youth reported there was a firearm in or around their home. 4% of youth reported they were unlocked and loaded.
- Youth reported that they would put themselves at a greater health risk if they did any of the following: drink alcohol and then drive (87%), smoke cigarettes (85%), use prescription drugs not prescribed to them (84%), text while driving (82%), drink alcohol (78%), use marijuana (72%), use electronic cigarettes (71%) bully others (70%), carry a weapon (63%), participate in other sexual activities (60%), and participate in sexual intercourse (58%). 6% of youth reported that none of the above would put them at a greater health risk.

Personal Health

- Almost three-fourths (72%) of youth had been to the dentist for a check-up, exam, teeth cleaning or other dental work in the past year, increasing to 77% of females (2013 YRBS reported 75% for Ohio).
- Youth reported they preferred to get information about their health from the following: parents (58%), healthcare professional (53%), school (20%), app on tablet/cell phone (9%), Fitbit (9%), friends (16%), the internet (20%), siblings (10%), TV (4%), Twitter (4%), Facebook (5%), Instagram (5%), and the radio (3%).
- Hancock County youth reported having at least one adult they could talk to and look up to in the following places: home (87%), school (69%), and their community (65%).
- Hancock County youth reported the following about school: their teachers care about them (61%), their teachers push them to their best (60%), they are bored at school (57%), they get a lot of encouragement (47%), they come to class unprepared (11%), and they skipped school in the past month (9%).

- Youth reported their parents or guardians regularly did the following: asked them about homework (70%), talked to them about school (66%), made the family eat a meal together (57%), and went to meetings or events at their school (56%), helped them with school work (55%), talked to them about healthy choices (45%), talked to them about social media (35%), and talked to them about alcohol, drug use and/or sex (29%). 8% of youth reported their parents or guardians did not do any of the above.
- Hancock County youth reported the following adverse childhood experiences (ACE): parents became separated or were divorced (33%), parents or adults in home swore at them, insulted them or put them down (23%), lived with someone who was a problem drinker or alcoholic (19%), lived with someone who was depressed, mentally ill or suicidal (19%), lived with someone who served time or was sentenced to serve in prison or jail (17%), parents were not married (13%), lived with someone who used illegal drugs or misused prescription drugs (12%), parents or adults in home abused them (7%), parents or adults in home abused each other (5%), an adult or someone 5 years older than them touched them sexually (3%), an adult or someone 5 years older tried to make them touch them sexually (1%), and an adult or someone 5 years older than them forced them to have sex (1%).
- 23% of youth had three or more adverse childhood experiences.

Youth Comparisons	Hancock County 2011 (6 th -12 th)	Hancock County 2015 (6 th -12 th)	Hancock County 2015 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Ridden with someone who had been drinking alcohol in past month	18%	16%	17%	17%	22%
Drove a car after drinking alcohol (of all youth drivers)	6%	3%	4%	4%	10%
Never or rarely wore a seatbelt	10%	8%	7%	8%	8%
Visited a dentist for a check-up within the past year	80%	72%	73%	75%	N/A

N/A - Not available

Adverse Childhood Experiences (ACE)

- Childhood abuse, neglect, and exposure to other traumatic stressors which we term adverse childhood experiences (ACE) are common. The most common are separated or divorced parents, verbal, physical or sexual abuse, witness of domestic violence, and having a family member with depression or mental illness.
- According to the CDC, 59% of people surveyed in 5 states in 2009 reported having had at least one ACE while 9% reported five or more ACEs.
- The short and long-term outcomes of these childhood exposures include a multitude of health and social problems such as:
 - Depression
 - Fetal death
 - Illicit drug use
 - Liver disease
 - STD's
 - Multiple sexual partners
 - Alcoholism and alcohol abuse
 - COPD
 - Unintended pregnancies
 - Suicide attempts
 - Early initiation of smoking
 - Risk for intimate partner violence
- Given the high prevalence of ACEs, additional efforts are needed at the state and local level to reduce and prevent childhood maltreatment and associated family dysfunction in the US.

(Source: CDC, Adverse Childhood Experiences (ACE) Study, January 18, 2013, <http://www.cdc.gov/ace/about.htm> & Adverse Childhood Experiences Reported by Adults, Last Reviewed: June 3, 2011, <http://www.cdc.gov/features/dsaces/index.html>)

Youth | VIOLENCE ISSUES

Key Findings

In Hancock County, 51% of youth had been bullied in the past year. 5% of youth had been threatened or injured with a weapon on school property in the past year. *One school did not ask about forced sexual intercourse.

Violence-Related Behaviors

- In 2015, 8% of youth had carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 12% of males (2013 YRBS reported 14% for Ohio and 18% for the U.S.).
- 5% of youth were threatened or injured with a weapon on school property in the past year (2013 YRBS reported 7% for the U.S.).
- 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 (2013 YRBS reported 5% for Ohio and 7% for the U.S.).
- In the past year, 3% of youth were in a physical fight in which they were injured and had to be treated by a doctor or nurse.
- 4% of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months (2013 YRBS reported 10% for the U.S.)
- 7% of youth were physically forced to participate in sexual intercourse when they did not want to, increasing to 13% of females.
- 51% of youth had been bullied in the past year. The following types of bullying were reported:
 - 39% were verbally bullied (teased, taunted or called harmful names)
 - 25% were indirectly bullied (spread mean rumors about them or kept them out of a "group")
 - 13% were cyber bullied (teased, taunted or threatened by e-mail or cell phone) (2013 YRBS reported 15% for Ohio and the U.S.).
 - 12% 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)
- 19% of youth had purposefully hurt themselves at some time in their lives. They did so in the following ways: cutting (12%), scratching (7%), hitting (5%), biting (3%), burning (3%), and self-embedding (2%).
- Hancock County youth reported that they had been the victim of teasing or name calling because of the following: their weight, size, or physical appearance (36%), because someone thought they were gay, lesbian, or bisexual (11%), their race or ethnic background (7%) and their gender (4%).

Types of Bullying

- **Verbal Bullying:** Any bullying that is done by speaking. Calling names, teasing, threatening somebody, and making fun of others are all forms of verbal bullying.
- **Indirect Bullying:** A form of bullying that involves mean rumors being spread about someone or keeping someone out of a "group".
- **Physical Bullying:** Any bullying that hurts someone's body or damages their possessions. Stealing, shoving, hitting, fighting, and destroying property all are types of physical bullying.
- **Cyber Bullying:** Any bullying that happens over any technological device. This includes email, instant messaging, social networking sites (such as Facebook), text messages, and cell phones.
- **Sexual Bullying:** Any bullying that involves comments, gestures, action or attention that is intended to hurt, offend or intimidate someone that focuses on appearance, body parts, or sexual orientation.

(Source: RESPECT, Bullying Definitions, obtained from: <http://www.respect2all.org/parents/bullying-definitions> & Teens Health, Sexual Harassment and Sexual Bullying, obtained from: http://kidshealth.org/teen/sexual_health/guys/harassment.html)

Types of Bullying Hancock County Youth Experienced in Past Year

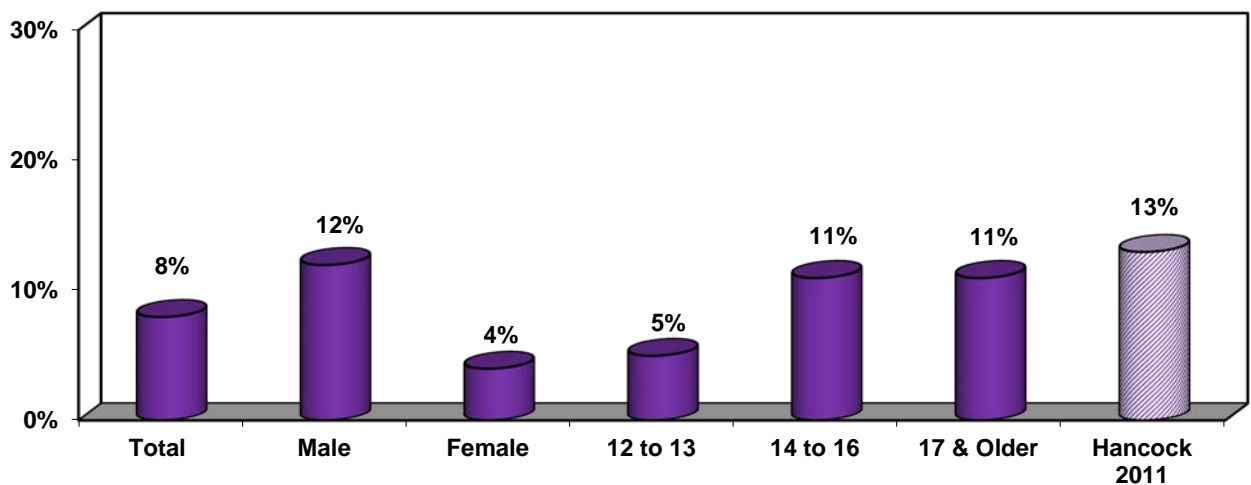
Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 and older
Verbally Bullied	39%	37%	41%	42%	40%	30%
Indirectly Bullied	25%	17%	33%	23%	27%	23%
Cyber Bullied	13%	11%	15%	10%	16%	11%
Physically Bullied	12%	17%	6%	15%	14%	0%
Sexually Bullied	2%	1%	3%	1%	2%	2%

Behaviors of Hancock Youth
Bullied vs. Non-Bullied

Youth Behaviors	Bullied	Non-Bullied
Contemplated suicide in the past 12 months	20%	6%
Have drank alcohol in the past 30 days	14%	10%
Attempted suicide in the past 12 months	10%	3%
Have smoked cigarettes in the past 30 days	9%	4%
Have used marijuana in the past 30 days	8%	5%
Misused prescription medications in the past 30 days	7%	2%

The following graph shows Hancock County youth who carried a weapon in the past month. The graph shows the number of youth in each segment giving each answer (i.e., the graph shows that 8% of all youth had carried a weapon in the past month, 12% of males and 4% of females).

Hancock County Youth Carrying a Weapon During the Past 30 Days



Youth Comparisons	Hancock County 2011 (6 th -12 th)	Hancock County 2015 (6 th -12 th)	Hancock County 2015 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Carried a weapon in past month	13%	8%	10%	14%	18%
Threatened or injured with a weapon on school property in past year	5%	5%	5%	8%‡	7%
Did not go to school because felt unsafe	4%	5%	3%	5%	7%
Bullied in past year	41%	51%	47%	N/A	N/A
Electronically/cyber bullied in past year	7%	13%	14%	15%	15%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	6%	4%	6%	7%	9%‡
Physically forced to have sexual intercourse	6%	7%	8%	7%	7%

‡ Comparative YRBS data for Ohio is 2007 and U.S. is 2009
N/A – Not available

Understanding Self Harm

- Self-harm is often a behavior that is used to cope with difficult situations. It may bring an immediate sense of relief, but it is not a long-term solution and it can cause permanent damage to the body by injuring nerves.
- Self-harm is correlated with the following behaviors and symptoms but it is NOT caused by these:
 - Depression
 - Hopelessness
 - Impulsivity
 - Anxiety, self-blaming
 - Hypercritical parents
 - Loneliness/isolation
 - Perfectionism
 - Impaired family communication
 - Low self-esteem
 - Awareness of self-harm by peers
- Typically teens who self-harm are trying to feel better, while a teen who attempts suicide is trying to end all feelings, BUT the intent of the behavior can vary and needs to be assessed. Self-harm can be a risk factor for suicide; the higher the frequency of self-harm, the greater the risk of suicide.

(Source: Youth Suicide Prevention Program, Understanding Self Harm, http://www.yspp.org/about_suicide/self_harm.htm)

Child HEALTH & FUNCTIONAL STATUS

Key Findings

In 2015, 17% of children were classified as obese by Body Mass Index (BMI) calculations. 83% of Hancock County parents had taken their child to the dentist in the past year. 9% of Hancock County parents reported their child had been diagnosed with asthma and 4% of reported their child had been diagnosed with ADD/ADHD.

National Survey of Children's Health 2011/12

- 6% of Ohio children ages 0-5 were diagnosed with asthma, increasing to 10% of 6-11 year olds.
- 12% of Ohio children ages 6-11 were diagnosed with ADD/ADHD.

(Source: National Survey of Children's Health, 2011/12, <http://nschdata.org>)

Health of Children ages 0-11

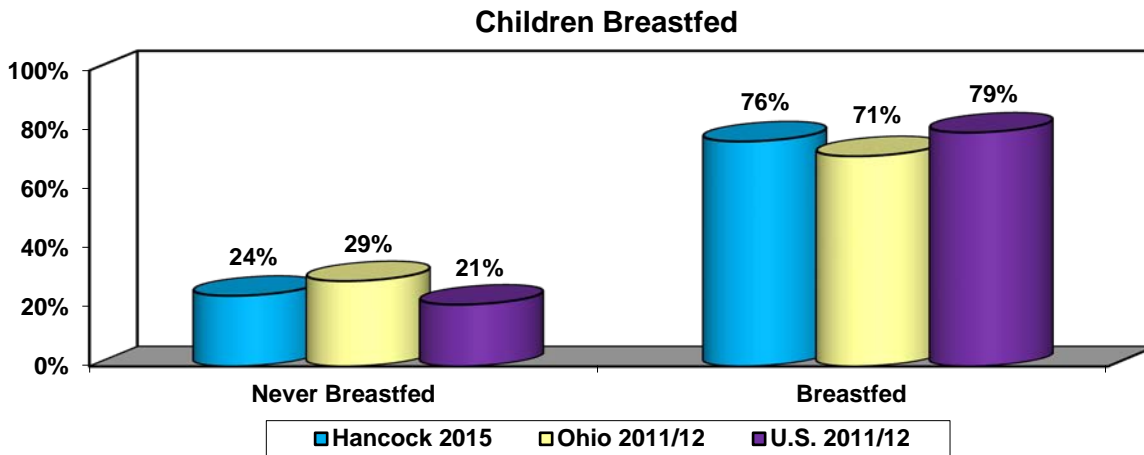
- More than half (56%) of Hancock County parents of 0-11 year olds rated their child's health as excellent. About two-fifths (38%) of parents rated their child's health as very good and 6% of parents rated their child's health as fair.
- In 2015, 17% of children were classified as obese by Body Mass Index (BMI) calculations. 12% of children were classified as overweight, 61% were normal weight, and 10% were underweight.
- 95% of parents reported their child ate breakfast 5 days or more per week, and 87% of children ate breakfast every day of the week. 1% of parents reported their child does not eat breakfast.
- Hancock County children spent an average of 1.8 hours watching TV, 1.0 hour on the computer/tablet/cellphone, 0.5 hour playing video games, and 0.5 hour playing games on their cell phones an average day of the week.
- More than half (58%) of Hancock County children ate vegetables at least once per day during the past week. 20% of children ate vegetables 4 to 6 times during the past week. 2% of children had not eaten any vegetables in the past week.
- 60% of youth ate fruit or drank 100% fruit juice at least once per day during the past week.
- 69% of parents reported their child drank at least one glass of milk per day in the past week.
- 86% of Hancock County children participated in at least 20 minutes of physical activity that caused sweating and hard breathing on 3 or more days in the past week. 61% did so on 5 or more days in the past week and 30% did so every day in the past week. 7% of children did not participate in at least 20 minutes of physical activity that caused sweating and hard breathing on any day in the past week.
- Parents reported that they and their child ate out in a restaurant or brought home take-out food an average of 1.9 times per week.
- Mothers breastfed their child: more than 9 months (29%), 4 to 9 months (17%), 7 weeks to 3 months (11%), 3 to 6 weeks (11%), 2 weeks or less (8%), still breastfeeding (<1%), and never breastfed (24%).
- Parents reported their child was not breastfed for a year for the following reasons: they did not produce enough milk (33%), they did not want to (21%), time (9%), inconvenient (7%), did not have workplace support (5%), medical issues with their child (3%), did not have a breast pump (2%), did not have adequate support (2%), did not have adequate education (<1%), and some other reason (16%). 14% of parents reported multiple reasons.

- 83% of children had been to the dentist in the past year, increasing to 92% of 6-11 year olds.
- Of those children who had not been to the dentist in the past year, parents gave the following reasons for not getting dental care for their child: child was not old enough to go to the dentist (30%), cost (8%), no insurance (8%), could not find a dentist who accepted their insurance (5%), inconvenient times/could not get an appointment (5%), child refused to go (5%), health plan problem (3%), did not know where to go for treatment (3%), not available in area/transportation problems (3%), dentist would not see child yet because of age (3%), no referral (3%), treatment was ongoing (2%), dissatisfaction with dentist (2%), and other (10%). No one reported having missed an appointment and not being allowed back to the clinic or that the dentist did not know how to treat or provide care.
- A doctor told Hancock County parents their 0-11 year old child had the following conditions:
 - Asthma (9%)
 - Speech and language problems (7%)
 - Dental problems (7%)
 - Anxiety problems (5%)
 - ADD/ADHD (4%)
 - Developmental delay (4%)
 - Urinary tract infection (4%)
 - Hearing problems (4%)
 - Behavioral/conduct problem (3%)
 - Pneumonia (3%)
 - Learning disability (3%)
 - Vision problems that cannot be corrected with glasses (3%)
 - Bone/joint/muscle problems (2%)
 - Autism (2%)
 - Digestive tract problems (1%)
 - Depression problems (1%)
 - Physical impairment (1%)
 - Head injury (1%)
 - Genetic disease (1%)
 - Cerebral palsy (1%)
 - Diabetes (1%)
 - Appendicitis (<1%)
 - Birth defect (<1%)
 - Other life threatening illness (<1%)
- 22% of parents reported their child had been tested for lead poisoning, and the results were within normal limits. 1% reported the levels were elevated and medical follow-up was needed. An additional 1% reported the levels were elevated, but no medical follow-up was needed. 60% of parents had not had their child tested for lead poisoning and 16% of parents did not know if their child had been tested for lead.
- 7% of parents reported their child currently had asthma.
- More than half (54%) of parents with children who had asthma, had an asthma attack in the past 12 months. Parents reported treatment for an asthma attack their child had took place at the following in the past 6 months: home (44%), emergency room (11%), doctor's office (4%), and Urgent Care Center (4%).
- One-fifth (20%) of Hancock County children ages 0-11 had difficulties in the following areas: emotions (12%), concentration (10%), behavior (8%), and being able to get along with people (4%). 8% had more than one difficulty.
- Of those parents who reported difficulties with their child, they were managed in the following ways: family and friends take care of it (47%), professional help (23%), school/day care (21%), in-home care (1%), and other (3%). 35% of children with difficulties did not need help.

Breastfeeding

The following graph shows the percent of infants who have been breastfed or given breast milk from Hancock County, Ohio, and U.S.

- The U.S. has a larger percent of children who have been breastfed for any length of time, compared to Ohio and Hancock County.



(Source: National Survey of Children's Health, Data Resource Center, and 2015 Hancock County Health Assessment)

Facts about Breastfeeding

- The percent of infants who were ever breastfed is 65% in Ohio, compared to 77% in the U.S.
- Human milk provides virtually all the protein, sugar, and fat your baby needs to be healthy, and it also contains many substances that benefit your baby's immune system, including antibodies, immune factors, enzymes, and white blood cells. These substances protect your baby against a wide variety of diseases and infections not only while he is breastfeeding but in some cases long after he has weaned. Formula cannot offer this protection.
- With regard to allergy prevention, there is some evidence that breastfeeding protects babies born to families with a history of allergies, compared to those babies who are fed either a standard cow's milk based formula or a soy formula.
- Recent research even indicates that breastfed infants are less likely to be obese in adolescence and adulthood. They are also less vulnerable to developing both type 1 and type 2 diabetes.
- The American Academy of Pediatrics (AAP) recommends that breastfeeding continue for at least 12 months, and thereafter for as long as mother and baby desire. The World Health Organization recommends continued breastfeeding up to 2 years of age or beyond.

(Source: CDC, Breastfeeding, July, 31, 2013, from: <http://www.cdc.gov/breastfeeding/faq/index.htm> & Healthy Children, Breastfeeding Benefits Your Baby's Immune System, 5/11/2013, from: <http://www.healthychildren.org/>)

Child Comparisons	Hancock County 2011 Ages 0-5	Hancock County 2015 Ages 0-5	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Hancock County 2011 Ages 6-11	Hancock County 2015 Ages 6-11	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Rated health as excellent or very good	93%	97%	89%	86%	90%	93%	86%	83%
Dental care visit in past year	54%	65%	50%	54%	93%	92%	92%	88%
Diagnosed with asthma	6%	4%	6%	6%	11%	12%	10%	10%
Diagnosed with ADHD/ADD	1%	0%	N/A	2%**	10%	6%	12%	9%
Diagnosed with behavioral or conduct problems	2%	1%	N/A	2%**	5%	5%	5%	4%
Diagnosed with vision problems that cannot be corrected	1%	0%	N/A	<1%	2%	4%	N/A	2%
Diagnosed with bone, joint, or muscle problems	3%	0%	N/A	1%	2%	2%	N/A	2%
Diagnosed with a head injury	3%	2%	N/A	<1%	3%	1%	N/A	<1%
Diagnosed with diabetes	0%	0%	N/A	N/A	1%	1%	N/A	<1%
Diagnosed with depression	0%	0%	N/A	<1%**	2%	1%	N/A	2%
Never breastfed their child	22%	17%	29%	21%	29%	28%	N/A	N/A

N/A – Not available

** - Ages 2-5

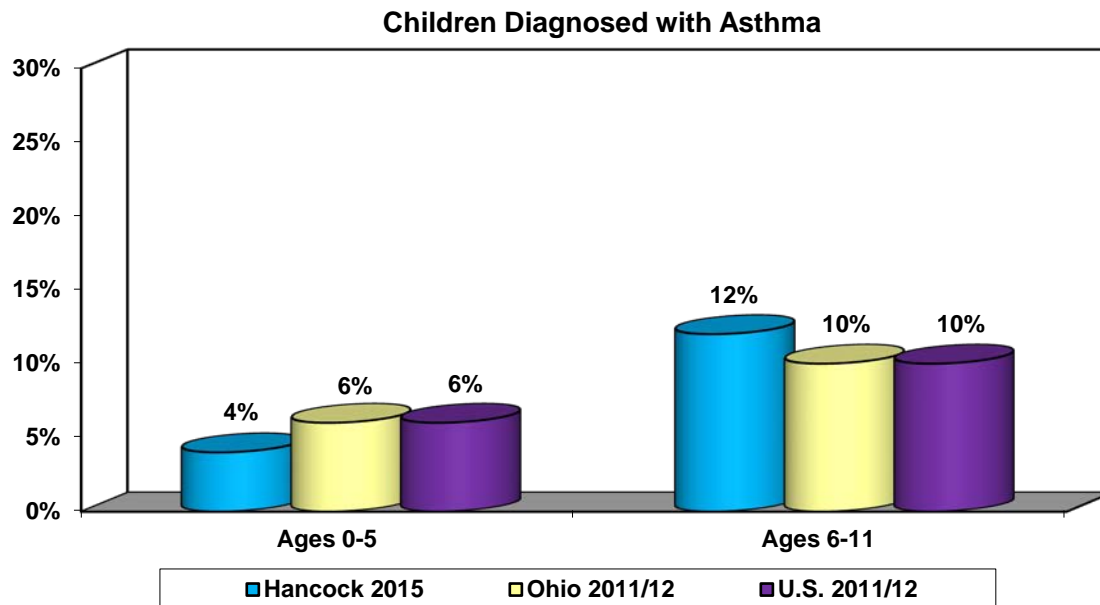
Children's Dental Health

- Dental disease remains a common problem among Ohio's children; 51% of children have experienced tooth decay by third grade.
- Dental care remains the single most common unmet health care need for nearly 157,400 children in Ohio, regardless of family income.
- Almost 486,000 (19%) of Ohio's children are without dental insurance; this is four times the number of children without medical insurance.
- Almost 340,000 children in Ohio have never been to the dentist.
- The overall percentage of children in Ohio with dental sealants has increased; however, children in rural/non-Appalachian counties are significantly less likely to have dental sealants.

(Source: ODH, Oral Health Isn't Optional, 2011, from:
http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/ohs/oral%20health/ohioreport8_9.ashx)

Asthma

The following graph shows that Hancock County has a higher percentage of children ages 6-11 who were diagnosed with asthma than both Ohio and the U.S.



Asthma and Children

- Asthma is one of the most common chronic disorders in childhood, currently affecting an estimated 7.1 million children under 18 years; of which 4.1 million suffered from an asthma attack or episode in 2011.
- An asthma episode is a series of events that results in narrowed airways. These include: swelling of the lining, tightening of the muscle, and increased secretion of mucus in the airway. The narrowed airway is responsible for the difficulty in breathing with the familiar “wheeze”.
- Secondhand smoke can cause serious harm to children. An estimated 400,000 to 1 million children with asthma have their condition worsened by exposure to secondhand smoke.
- In 2010, approximately 640,000 emergency room visits were due to asthma in those under 15.
- The annual direct health care cost of asthma is approximately \$50.1 billion; indirect costs (e.g. lost productivity) add another \$5.9 billion, for a total of \$56.0 billion dollars.
- Asthma is characterized by excessive sensitivity of the lungs to various stimuli. Triggers range from viral infections to allergies, to irritating gases and particles in the air. Each child reacts differently to the factors that may trigger asthma, including:
 - Respiratory infections and colds
 - Cigarette smoke
 - Allergic reactions to such allergens as pollen, mold, animal dander, feather, dust, food, and cockroaches
 - Indoor and outdoor air pollutants, including ozone and particle pollution
 - Exposure to cold air or sudden temperature change
 - Excitement/stress
 - Exercise

(Source: American Lung Association, *Asthma & Children Fact Sheet*, September 2014, from: <http://www.lung.org/lung-disease/asthma/resources/facts-and-figures/asthma-children-fact-sheet.html>)

Child | HEALTH INSURANCE, ACCESS, UTILIZATION AND MEDICAL HOME

Key Findings

In 2015, 4% of Hancock County parents reported their 0-11 year old did not have health insurance at some point in the past year. 19% of parents reported they had taken their child to the hospital emergency room in the past year. 82% of parents had taken their child to the doctor for preventive care in the past year.

Health Insurance

- 4% of parents reported there was a time in the past year that their child was not covered by any health insurance.
- 1% of parents reported that their child did not currently have health insurance.
- Hancock County children had the following types of health insurance: parent's employer (63%), Medicaid, Healthy Start, or other public health benefits (16%), someone else's employer (14%), self-paid (3%), Medicare (1%), Health Insurance Marketplace/Exchange (<1%), or some other source of insurance (<1%).
- Parents reported their child's health insurance covered the following: well visits (95%), doctor visits (95%), hospital stays (93%), prescription coverage (93%), immunizations (93%), dental (89%), vision (78%), and mental health (71%).

National Survey of Children's Health 2011/12

- 7% of 0-5 year old and 5% of 6-11 year old Ohio children were without insurance at some time in the past year.
- 40% of 0-5 year old and 34% of 6-11 year old Ohio children had public insurance.
- 94% of 0-5 year old and 86% of 6-11 year old Ohio children had been to the doctor for preventive care in the past year.

(Source: National Survey of Children's Health, 2011/12
<http://nschdata.org>)

Access and Utilization

- 13% 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 did not need prescription medication (9%), no referral (2%), cost (1%), treatment is ongoing (1%), dissatisfaction with doctor (1%), health plan problem (1%), doctor did not know how to treat or provide care (<1%), could not find a doctor to accept child's insurance (<1%), religious preference (<1%), and other reasons (1%). No one reported the reason their child did not get the prescriptions they needed was because they didn't have insurance, had transportation problems, inconvenient times, a specialist was not available, or they did not know where to get treatment.
- 13% 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 (6%), no insurance (3%), did not like doctor (2%), no referral (2%), inconvenient times/could not get an appointment (1%), treatment is ongoing (1%), not available in area/transportation problems (1%), could not find a doctor who accepted child's insurance (1%), health plan problem (1%), did not know where to go for treatment (1%), vaccine shortage (1%), doctor did not know how to treat or provide care (<1%), and other reasons (3%). No one reported that their child refused to go or that there was a language barrier.
- Almost one-fifth(19%) of parents took their child to the hospital emergency room for health care in the past year, increasing to 53% of parents with incomes less than \$25,000. 1% of children had been to the ER three or more times in the past year.

- 7% of Hancock County children received mental health care or counseling in the past year, increasing to 13% of those with incomes less than \$25,000.
- Children had received the following vaccines in the past year: seasonal flu vaccine-nasal spray (23%) and the seasonal flu vaccine-shot (20%).
- 68% of parents reported a healthcare professional had talked with them in the past year and an additional 23% reported their healthcare professional talked with them more than a year ago about making sure their child had all the recommended vaccinations.
- 91% of Hancock County children had received all of their recommended vaccinations.
- 9% of children did not get all of their recommended vaccinations for the following reasons: child had received some, but not all recommended vaccinations (3%), parents chose to not vaccinate their child (3%), fear of negative effects (2%), use alternative vaccination schedule (2%), too expensive (1%), not sure which are recommended (1%), religious or cultural beliefs (1%), and other reasons (3%).

Medical Home

- 86% of parents reported they had one or more people they think of as their child’s personal doctor or nurse, decreasing to 72% of those with incomes less than \$25,000.
- 82% of children had visited their health care provider for preventive care in the past year, increasing to 91% of 0-5 year olds.
- 13% of parents reported their child needed the following special services in the past year: speech therapy (5%), special education (3%), counseling (3%), medical equipment, such as a wheelchair (3%), physical therapy (2%), occupational therapy (2%), respite care (1%), or out of home care (1%).
- 67% of parents reported their child’s personal doctor or nurse always explains things in a way that they and their child can understand.
- Hancock County children had been referred to the following specialists: Ear, Nose, and Throat (ENT) doctor (20%), Allergist (9%), Dermatologist (6%), Pediatric Ophthalmologist (5%), Cardiologist (heart doctor) (4%), Developmental Pediatrician (3%), Psychiatrist (3%), Neurologist (3%), Endocrinologist (diabetes doctor) (1%), Oncologist (cancer doctor) (<1%), and other specialist (10%).

Child Comparisons	Hancock County 2011 Ages 0-5	Hancock County 2015 Ages 0-5	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Hancock County 2011 Ages 6-11	Hancock County 2015 Ages 6-11	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Had public insurance	11%	15%	40%	44%	11%	17%	34%	37%
Not covered by insurance at some time during past year	4%	4%	7%	11%	6%	3%	5%	12%
Been to doctor for preventive care in past year	89%	91%	94%	90%	54%	76%	86%	82%
2 or more visits to the ER	9%	9%	8%¥	8%¥	6%	2%	6%¥	4%¥
Received all the medical care they needed	95%	87%	99%¥	99%¥	92%	86%	98%¥	98%¥
Have a personal doctor or nurse	79%	86%	91%	91%	81%	86%	93%	90%

¥2003 national and state data

Child | EARLY CHILDHOOD (0-5 YEAR OLDS)

Key Findings

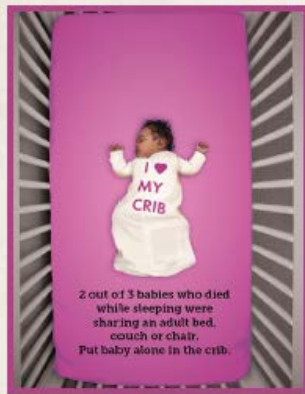
The following information was reported by parents of 0-5 year olds. In 2015, 93% of Hancock County parents reported their child always rode in a car seat/booster seat when a passenger in a car. 94% of mothers got prenatal care within the first three months during their last pregnancy. 6% of mothers smoked during their last pregnancy. 81% of parents put their child to sleep on his/her back. 29% of mothers never breastfed their child.

Early Childhood

- The following information was reported by Hancock County parents of 0-5 year olds.
- Thinking back to their/their partner's last pregnancy: 57% of parents wanted to be pregnant then, 16% wanted to be pregnant sooner, 11% wanted to be pregnant later, 6% did not want to be pregnant then or any time in the future, and 10% of parents did not recall.
- During their last pregnancy, mothers did the following: got prenatal care within the first 3 months (94%), took a multi-vitamin (91%), took folic acid (40%), smoked cigarettes (6%), experienced depression during or after pregnancy (4%), and used marijuana (2%). No one reported drinking alcohol, using prescription drugs not prescribed for them, or experiencing domestic violence during their last pregnancy.
- When asked how parents put their child to sleep as an infant, 81% said on their back, 8% said on their side, 4% said on their stomach, 4% said in bed with them or another person and 4% said various methods.
- 93% of parents reported their child always rode in a car seat/booster seat when a passenger in a car, and 3% reported their child never rode in a car seat/booster seat.
- 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 (29%), how child understands what you say (21%), how child uses their hands and fingers to do things (21%), and how child makes speech sounds (18%).
- Parents reported they had a lot of concern for their 10-17 month old in the following areas: how child uses their hands and fingers to do things (35%), how child uses their arms and legs (35%), how child understands what you say (33%), how child is learning to do things for themselves (29%), how child makes speech sounds (28%), how child behaves (21%), and how child gets along with others (21%).
- Parents reported they had a lot of concern for their 18-71 month old in the following areas: how child makes speech sounds (28%), how child behaves (27%), how child understands what you say (26%), how child uses their hands and fingers to do things (26%), how child uses their arms and legs (25%), how child gets along with others (26%), and how child is learning to do things for themselves (25%) and how child is learning pre-school or school skills (23%).
- Children 0-5 years old were more likely than children 6-11 years old to:
 - Have gone to the emergency room two or more times in the past year (9% compared to 2% of 6-11).
 - Have visited a doctor for preventive care in the past year (91% compared to 76% of 6-11).

ABCs of Safe Sleep

Every week in Ohio, 3 babies die in unsafe sleep environments.



A lone.

Share the room, not the bed. Always place your baby alone in a crib, bassinet, or play yard with a firm mattress. The safest place for your baby to sleep is in your room (within arm's reach), but not in your bed. This way, you can easily breastfeed and bond with your baby. Never nap on a couch or chair while holding your baby and don't lay your baby down on adult beds, chairs, sofas, waterbeds, air mattresses, pillows, or cushions.

You should never share the bed with your baby because:

- You can roll too close to or onto your baby while she sleeps.
- Babies can get stuck between the mattress and the wall, headboard, footboard or other furniture.
- Your baby could fall off the bed and get hurt, or fall onto something on the floor and suffocate.



B back.

Back is best for baby. Always put your baby to sleep on his back. Healthy babies naturally swallow or cough up their spit up, so your baby will not choke if he's on his back.

It's also safer for your baby to wake up often during the night on his back.

If your baby is sleeping on his tummy and needs to take a deep breath, it could be dangerous because:

- He may be unable to move his head.
- His mouth or nose may be blocked and he could suffocate, even in a bare crib.
- The air people breathe out is filled with carbon dioxide, or "bad air," and your baby could keep breathing "bad air" and suffocate.



C rib.

Bare is Best. Many parents believe their baby won't be safe and warm without bumper pads, blankets, pillows, and stuffed animals, but these items can be deadly. Babies can suffocate on any extra item in the crib.

Place your baby to sleep in a safety-approved crib with a firm mattress covered by a fitted sheet. Sleep clothing like fitted, appropriate-sized sleepers and sleep sacks, are safer for baby than blankets!

If you use a safety-approved crib, baby's hand or foot won't get caught.

Many parents think baby will get hurt if they don't use bumper pads, but this isn't true because:

- Babies don't have enough strength to hurt themselves.
- No babies have seriously hurt themselves by getting stuck between the crib railings.

(Source: Ohio Department of Health, *Infant Safe Sleep*, from:

<http://www.odh.ohio.gov/features/odhfeatures/SafeSleep/Safe%20Sleep%20Home%20Page.aspx>)

Sudden Infant Death Syndrome (SIDS)

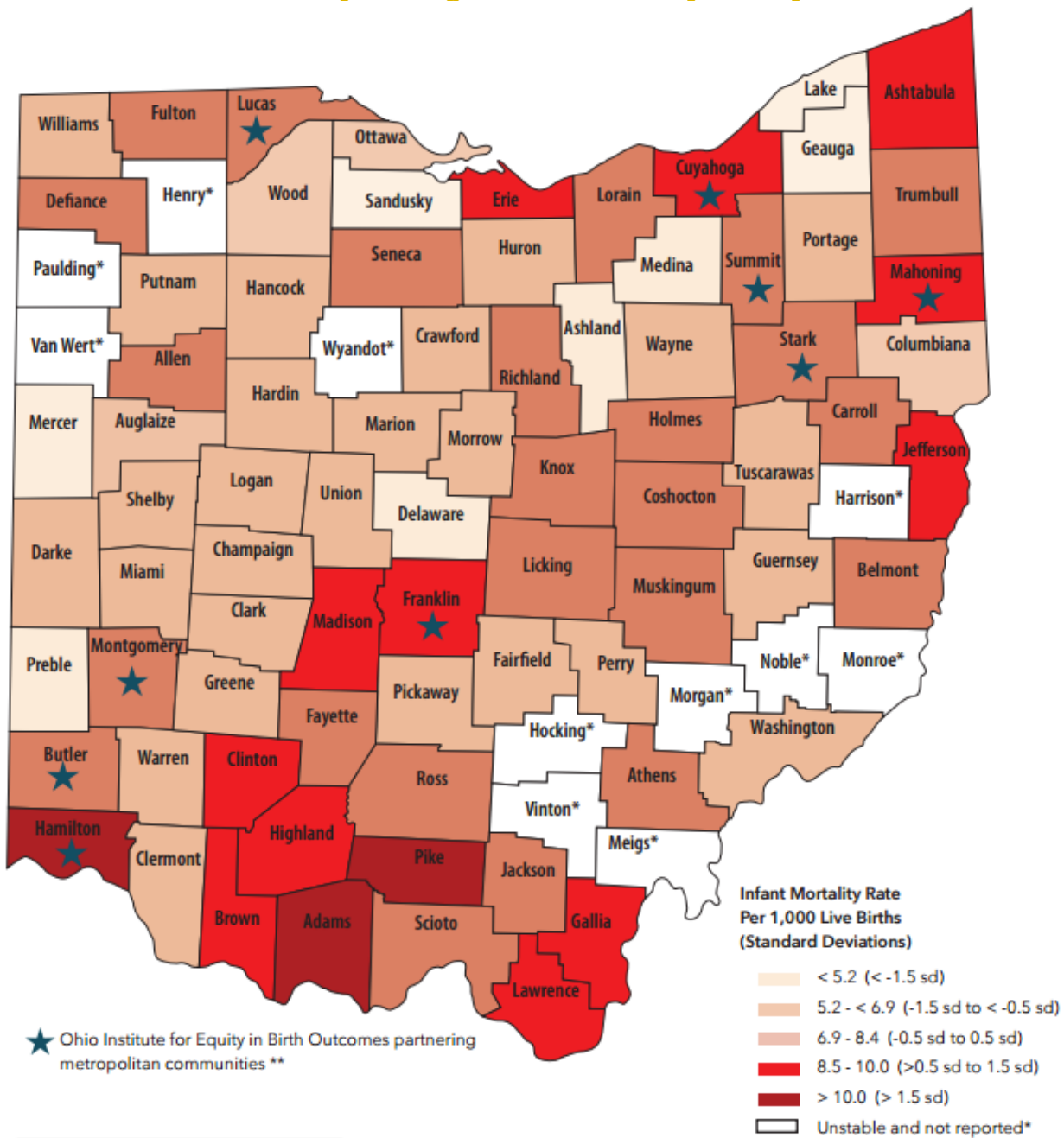
SIDS is the diagnosis given when an infant under one year of age dies suddenly, and the incident cannot be explained by recent illness, medical history, an autopsy or the death scene itself. Risk factors for SIDS have been identified and include:

- Sleeping in the prone position (stomach sleeping)
- Soft bedding or unsafe beds (couches, daybeds, waterbeds)
- Loose bedding such as blankets and pillows
- Overheating due to clothing, blankets or room temperature
- Mother's age younger than 20 years
- Mother smoking during pregnancy
- Exposure to secondhand smoke
- Mother receiving late or no prenatal care
- Premature birth or low birth weight

(Source: National Sleep Foundation, *Sudden Infant Death Syndrome and Sleep*,

<http://sleepfoundation.org/sleep-disorders-problems/sudden-infant-death-syndrome-and-sleep>)

Ohio Infant Mortality Average 10-Year Rate by County, 2005-2014



* Rates based on fewer than 20 infant deaths are unstable and not reported.

** Ohio Institute for Equity in Birth Outcomes partnering communities seek to improve overall birth outcomes and reduce racial and ethnic disparities in infant mortality.

Ohio Overall Infant Mortality Rate 2005-2014: 7.6 infant deaths per 1,000 live births.

Healthy People 2020 Objective: 6.0 infant deaths per 1,000 live births.

Source: Ohio Department of Health, Bureau of Vital Statistics.

(Source: Ohio Department of Health, Bureau of Vital Statistics, 2014 Ohio Infant Mortality Data: General Findings, obtained from:
<http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/cfhs/Infant%20Mortality/2014%20Ohio%20Infant%20Mortality%20Report%20Final.pdf>)

Child I MIDDLE CHILDHOOD (6-11 YEARS OLD)

Key Findings

The following information was reported by Hancock County parents of 6-11 year olds. In 2015, 63% of Hancock County parents reported their child always feels safe at school. 47% of parents reported their child was bullied at some time in the past year. 88% of parents reported their child participated in extracurricular activities. 26% of parents reported their child had an email or a social network account.

Middle Childhood

- The following information was reported by Hancock County parents of 6-11 year olds.
- Parents reported their child spent the following unsupervised time after school on an average school day: no unsupervised time (73%), less than one hour (16%), 1-2 hours (10%), and more than 4 hours (1%).
- 29% of parents reported their child under the age of 8 years old and less than 4 feet, 9 inches always rode in a booster seat when a passenger in a car.
- 13% reported their child under the age of 8 years old and less than 4 feet, 9 inches never rode in a booster seat. 13% of parents reported their child did not need a booster seat since they were taller than the recommended height.
- 63% 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 12% reported their child never wore a seat belt.
- 88% of parents reported their child participated in extracurricular activities in the past year. Their child participated in the following: a sports team or sports lessons (71%), a religious group (39%), a club or social organization (25%), and some other organized activity (29%).
- Parents were concerned with the following: having enough time with their child (48%), how their child copes with stressful things (44%), academic achievement (36%), self-esteem (32%), being bullied by classmates (31%), their relationship with their child (28%), anxiety (28%), cell phone and technology use (26%), internet use (25%), getting along with others (19%), learning difficulties (18%), violence in their home, school or neighborhood (14%), risky behaviors (11%), depression (7%), eating disorders (7%), their speech (6%), their crawling, walking or running (4%), and substance abuse (3%).
- Children missed school an average of 2.7 days per year because of illness or injury.
- Hancock County children 6-11 years old were enrolled in the following types of schools: public (84%), private (10%), charter (1%), and home-schooled (5%).

National Survey of Children's Health 2011/12

- 10% of Ohio and 9% 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.
- 83% of Ohio and 79% of U.S. parents of 6-11 year olds reported their child participated in one or more organized activities outside of school
- 96% of Ohio and 94% of U.S. parents of 6-11 year olds reported they felt their child was usually or always safe at school.

(Source: National Survey of Children's Health, 2011/12, accessed from: <http://nschdata.org>)

- 63% of parents reported they felt their child was always safe at school. 33% reported usually, 1% reported sometimes, and 2% reported they felt their child was never safe at school.
- Parents reported they did not feel their child was safe at school for the following reasons: fear of bullying (23%), bomb threats (14%), afraid of other kids who show unusual behavior (9%), buildings are not secure (4%), drug/alcohol activity (4%), and other reasons (4%).
- 47% of parents reported their child was bullied in the past year. The following types of bullying were reported:
 - 32% were verbally bullied (teased, taunted or called harmful names)
 - 14% were indirectly bullied (spread mean rumors about or kept out of a “group”)
 - 9% 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)
- 8% of parents reported they did not know if their child was bullied.
- One-quarter (25%) of parents reported their child had an email, Facebook, Twitter, Instagram or other social network account. Of those who had an account, they reported the following: they knew all of the people in their child’s “my friends” (88%), their child’s account was checked private (88%), they had their child’s password (77%), their child had a problem as a result of their account (1%), and their child’s friends had their passwords (1%). 2% of parents reported they did not know if their child had a social network account.
- Parents reported their child reads: almost every day (84%), a few times a week (12%), a few times a month (2%), a few times a year (2%), almost never-child has no interest (1%), and almost never-child cannot read (1%).
- Children 6-11 years old were more likely than children 0-5 years old to:
 - Have been diagnosed with asthma (12% compared to 4% of 0-5).
 - Have ADD or ADHD (6% compared to 0% of 0-5).
 - Have gone to the dentist in the past year (92% compared to 65% of 0-5).

Child Comparisons	Hancock County 2011 6-11 Years	Hancock County 2015 6-11 Years	Ohio 2011/12 6-11 Years	U.S. 2011/12 6-11 Years
Child did not miss any days of school because of illness or injury	16%	18%	16%*	22%*
Child missed school 11 days or more because of illness or injury	6%	4%	8%*	5%*
Parent felt child was usually/always safe at school	96%	96%	96%	94%

*2007 National Survey of Children’s Health

Child | FAMILY FUNCTIONING, NEIGHBORHOOD AND COMMUNITY CHARACTERISTICS

Key Findings

In 2015, 74% of Hancock County parents reported their 0-11 year old child slept 10-11 hours per night. 93% of parents reported their neighborhood was always or usually safe enough for their child to go out and play. 20% of parents reported someone in their household used cigarettes, cigars, or pipe tobacco.

National Survey of Children's Health 2011/12

- 63% of Ohio and 61% of U.S. parents of 0-5 year olds reported their family ate a meal together every night of the week.
- 29% of 0-5 year old and 34% of 6-11 year old Ohio children lived in a household with someone who smokes.

(Source: National Survey of Children's Health, 2011/12
<http://nschdata.org>)

Family Functioning

- 59% of Hancock County parents experienced challenges in the day to day demands of parenthood and raising children. Parents reported the following challenges they face: demands of multiple children (36%), financial burdens (21%), being a single parent (8%), difficulty with lifestyle changes (4%), loss of freedom (4%), child has special needs (4%), post-partum depression (1%), alcohol and/or drug abuse (<1%), and other challenges (6%).
- 69% of parents reported they had sometimes felt angry with their child in the past month. An additional 30% reported they never felt angry with their child in the past month.
- Parents reported they or someone in the family reads to their child: every day (24%), almost every day (23%), a few times a week (19%), a few times a month (20%) and a few times a year (3%). 17% reported their child reads to themselves. 2% reported never reading to their child due to lack of interest from the child.
- Almost three-quarters (74%) of parents reported their child slept 10-11 hours per night. 18% reported their child slept 8-9 hours each night, 1% reported less than 8 hours, and 7% reported 12 or more hours a night. Parents reported their child slept an average of 10.1 hours per night.
- 2% of parents reported their child went to bed hungry at least one day per week because they did not have enough food.
- 37% of parents reported that every family member who lived in their household ate a meal together every day of the week, increasing to 40% of parents of 0-5 year olds. Families ate a meal together an average of 5.1 times per week.
- 49% of parents reported their child attended religious service four or more times per month and 24% reported one to three times per month. 27% reported their child has never attended a religious service. Parents reported their child attended religious services an average of 3.1 times per month.
- 93% 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 5% reported one in the past week. Parents reported their family had an outing an average of 4.1 times per week.
- Parents reported the following forms of discipline they used for their child: take away privileges (84%), time out (64%), yelling (39%), spanking (34%), grounding (26%), washing mouth out (1%) and other method (7%).

- Parents reported their child regularly attended the following: elementary school (57%), child care in their home provided by a relative other than a parent/guardian (35%), child care outside of their home provided by a relative (29%), nursery school, pre-school, or kindergarten (24%), family-based child care outside of home (23%), child care in their home provided by a baby sitter (17%), child care center (16%), and Head Start or Early Start program (1%).
- 99% of parents reported the primary language spoken in their home was English. <1% reported Spanish. <1% reported multiple languages were spoken in their home.

Child Safety Characteristics

- Parents reported their neighborhood was: always safe (45%), usually safe (48%), sometimes safe (6%), and never safe (1%).
- Parents reported that people in their neighborhood might be a bad influence on their child because of the following: drugs/alcohol activity (14%), loud/disrespectful noise levels (10%), bullying (9%), crime (6%), gangs (1%), and other reasons (5%).
- Parents reported having the following safety items in their home: working smoke alarm/detector (98%), fire extinguisher (77%), carbon monoxide detector (67%), and Poison Control number by the phone (39%). 90% had more than one of these safety items in their home.
- Parents discussed the following safety concerns with their child in the past year: water safety (74%), bike helmets (52%), burns (52%), falls (48%), firearms (44%), poisoning (36%), and furniture falling (32%).
- Parents reported their child always wore a helmet when riding the following: a bike/scooter (23%), ATV (13%), a snowmobile (4%), and a skateboard (4%).
- Parents reported their child never wore a helmet when riding the following: a bike/scooter (25%), a skateboard (8%), an ATV (7%), and a snowmobile (1%).

Neighborhood and Community Characteristics

- 20% of parents reported someone in their household used cigarettes, cigars or pipe tobacco, increasing to 44% of those with incomes less than \$25,000.
- 3% of parents reported they vaped 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 (81%), smoking is not allowed when children are present (7%), smoking is allowed anywhere (3%), and smoking is allowed in some rooms only (2%).
- Hancock County parents had the following rules about smoking in their car: no one is allowed to smoke inside their car at any time (76%), smoking is not allowed when children are present (7%), smoking is allowed as long as a window is open (3%), and smoking is allowed anywhere (1%).
- Hancock County children had moved to a new address an average of 1.1 times in their life. 45% of children have never moved to a new address. 17% of children had moved to a new address 3 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 (12%), SNAP/food stamps (9%), benefits from WIC program (6%), mental health/substance abuse treatment (3%), cash assistance from a welfare program (2%), Help Me Grow (2%), and subsidized childcare through Hancock County JFS (1%).
- Hancock County parents received assistance from the following in the past year: friend or family member (7%), Job & Family Services (5%), Christian Clearing House (4%), Chopin Hall (4%), Community Action Commission (3%), Associated Charities (3%), cash advance services (2%), church (2%), Open Arms (1%), 2-1-1/United Way (1%), Hancock Metro (1%), City Mission (<1%), and somewhere else (2%). 27% did not know where to look for assistance.

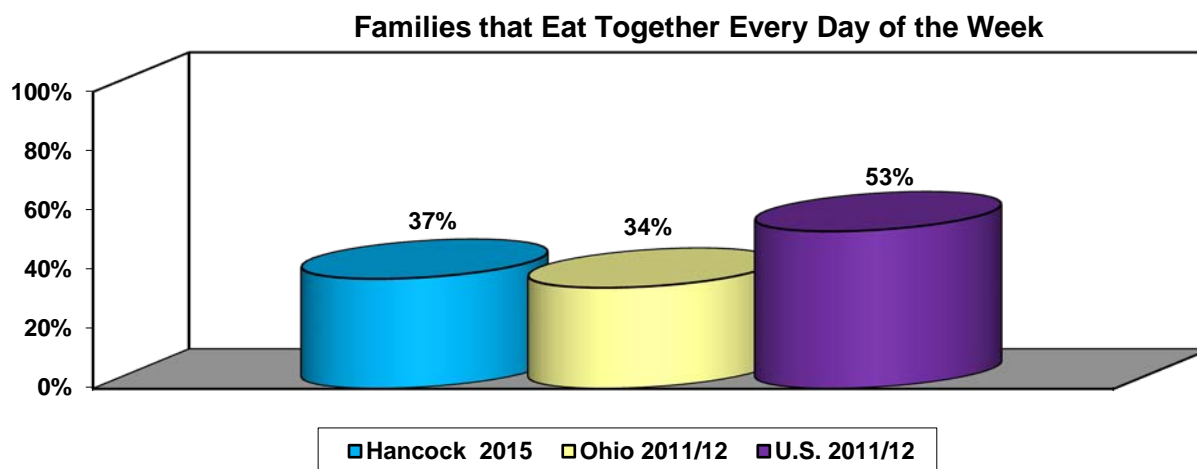
Child Comparisons	Hancock County 2011 0-5 Years	Hancock County 2015 0-5 Years	Ohio 2011/12 0-5 Years	U.S. 2011/12 0-5 Years	Hancock County 2011 6-11 Years	Hancock County 2015 6-11 Years	Ohio 2011/12 6-11 Years	U.S. 2011/12 6-11 Years
Family eats a meal together every day of the week	51%	40%	63%	61%	44%	35%	45%	47%
Parent reads to child every day	31%	40%	53%	48%	6%	16%	N/A	N/A
Child never attends religious services	30%	36%	N/A	N/A	25%	22%	22%	18%
Neighborhood is usually or always safe	98%	97%	88%	86%	93%	91%	86%	86%
Someone in house smokes tobacco	15%	17%	29%	23%	23%	22%	34%	25%

N/A - Not available

Family Dinners

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

- U.S. families as a whole had the largest percent, followed by Hancock County and Ohio families, who ate together every day.

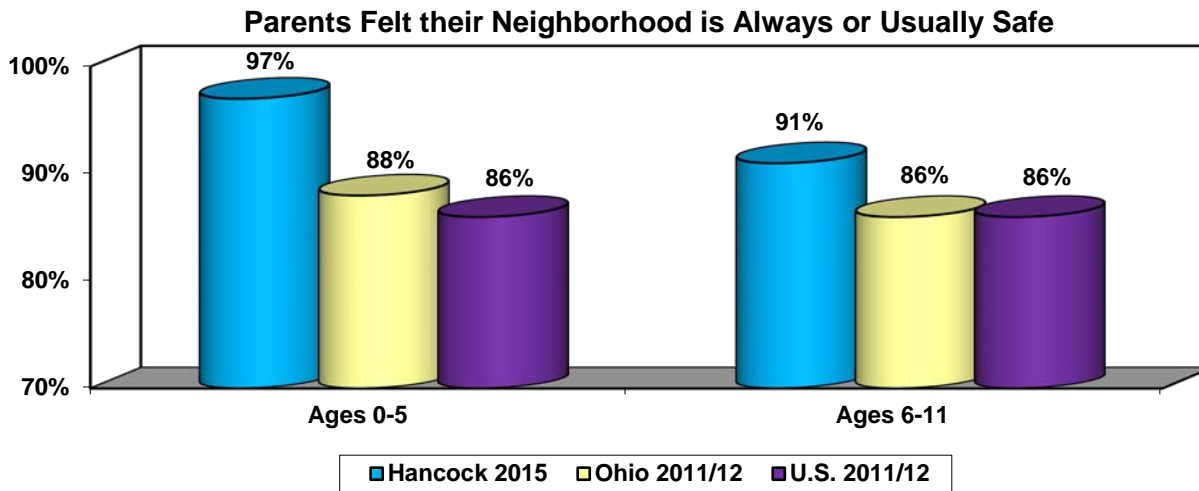


(Source: National Survey of Children's Health & 2015 Hancock County Health Assessment)

Neighborhood Safety

The following graph shows the percent of Hancock County, Ohio, and U.S. parents who feel their neighborhood is always or usually safe.

- Hancock County has the largest percent of parents for the 0-5 age group and 6-11 age group who felt that their neighborhood is always/usually safe.



(Source: National Survey of Children's Health & 2015 Hancock County Health Assessment)

Children and Sleep

- Children five to twelve years old need 10-11 hours of sleep.
- Sleep problems and disorders are prevalent at this age. Poor or inadequate sleep can lead to mood swings, behavioral problems such as hyperactivity and cognitive problems that impact their ability to learn in school.
- Sleep tips for school-aged children:
 - Teach school-aged children about healthy sleep habits
 - Emphasize need for regular and consistent sleep schedule and bedtime routine
 - Make child's bedroom conducive to sleep – dark, cool and quiet
 - Keep TV and computers out of the bedroom.

(Source: National Sleep Foundation, *Children and Sleep*; <http://www.sleepfoundation.org/article/sleep-topics/children-and-sleep>)

Child | PARENT HEALTH

Key Findings

35% of parents were overweight and 24% were obese. Parents missed work an average of 1.5 days per year due to their child being ill or injured.

Parent Health

- Those filling out the survey had the following relationship to the child: mother (69%), father (29%), grandparent (2%), and other non-relative (<1%).
- Three-quarters (75%) of parents rated their health as excellent or very good, decreasing to 41% of parents with incomes less than \$25,000. 3% of parents had rated their health as fair or poor.
- 79% of parents rated their mental and emotional health as excellent or very good, decreasing to 47% of parents with incomes less than \$25,000. 4% rated their mental and emotional health as fair or poor.
- 5% of mothers and 0% of fathers of 0-5 year olds rated their mental and emotional health as fair or poor. 5% of mothers and 0% of fathers of 6-11 year olds rated their mental or emotional health as fair or poor.
- 14% of parents drove after drinking any alcoholic beverages in the past month.
- 59% of parents were either overweight (35%) or obese (24%). 39% were normal weight, and 2% were underweight.
- Parents missed work an average of 1.5 days per year due to their child being ill or injured, 0.6 days per year due to their child’s medical appointments, 0.2 days due to unreliable/lack of child care, 0.1 days due to child’s asthma, and 0.04 days due to behavioral or emotional problems.

**National Survey of Children’s Health
2011/2012**

- 78% of mothers of 0-5 year olds and 70% of mothers of 6-11 year olds in Ohio rated their mental and emotional health as excellent or very good.
- 83% of fathers of 0-5 year olds and 80% of fathers of 6-11 year olds in Ohio rated their mental and emotional health as excellent or very good.
- 7% of mothers of 0-5 year olds and 10% of mothers of 6-11 year olds in Ohio rated their mental and emotional health as fair or poor.
- 7% of fathers of 6-11 year olds in Ohio rated their mental and emotional health as fair or poor.

(Source: National Survey of Children’s Health, 2011/12, <http://nschdata.org>)

Child Comparisons	Hancock County 2011 0-5 Years	Hancock County 2015 0-5 Years	Ohio 2011/12 0-5 Years	U.S. 2011/12 0-5 Years	Hancock County 2011 6-11 Years	Hancock County 2015 6-11 Years	Ohio 2011/12 6-11 Years	U.S. 2011/12 6-11 Years
Mother’s mental or emotional health is fair/poor	2%	5%	7%	7%	5%	5%	10%	8%
Father’s mental or emotional health is fair/poor	4%	0%	N/A	3%	3%	0%	7%	5%

N/A – Not available

Appendix I | HANCOCK COUNTY HEALTH ASSESSMENT INFORMATION SOURCES

Source	Data Used	Website
American Association of Suicidology	<ul style="list-style-type: none"> Suicide Facts 	www.suicidology.org/resources/facts-statistics-current-research/suicide-statistics
American Cancer Society, Cancer Facts and Figures 2015. Atlanta: ACS, 2015	<ul style="list-style-type: none"> 2015 Cancer Facts, Figures, and Estimates Nutrition Recommendations 	www.cancer.org
American College of Allergy, Asthma & Immunology	<ul style="list-style-type: none"> Asthma Facts 	http://acaai.org/news/facts-statistics/asthma
American Dental Association	<ul style="list-style-type: none"> Oral Health in Older Adults 	www.ada.org/sections/publicResources/pdfs/faq.pdf
American Diabetes Association	<ul style="list-style-type: none"> Type 1 and 2 Diabetes Risk Factors for Diabetes Diabetes Facts 	www.diabetes.org
American Foundation for Suicide Prevention	<ul style="list-style-type: none"> Warning Signs for Suicide 	www.afsp.org/
American Heart Association, 2013	<ul style="list-style-type: none"> Stroke Warning Signs and Symptoms Smoke-free Living: Benefits & Milestones 	www.heart.org/HEARTORG/
<i>Arthritis at a Glance, 2012, Centers for Disease Control & Prevention, Morbidity and Mortality Weekly Report 2010; 59(39):999-1003 & 59(39):1261-1265</i>	<ul style="list-style-type: none"> Arthritis Statistics 	www.cdc.gov/chronicdisease/resources/publications/AAG/arthritis.htm
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"> 2009 – 2014 Adult Ohio and U.S. Correlating Statistics 	www.cdc.gov
Brady Campaign to Prevent Gun Violence	<ul style="list-style-type: none"> Victims of Gun Violence 	www.bradycampaign.org/sites/default/files/GunDeathandInjuryStatSheet3YearAverageFINAL.pdf
Caron Pennsylvania	<ul style="list-style-type: none"> Characteristics of New Marijuana Users 	www.caron.org/signs-of-pot-use-5827.html

Source	Data Used	Website
Center for Disease Control and Prevention (CDC)	<ul style="list-style-type: none"> ▪ Asthma Attacks ▪ Binge Drinking Among Women ▪ Caffeinated Alcohol Beverages ▪ Cancer and Men ▪ Community Health Status Indicators ▪ Distracted Driving ▪ Health Care Access Among the Employed and Unemployed ▪ Health Care Access and Utilization ▪ Healthy Eyes ▪ HIV in the U.S. ▪ Heart Health and Stroke Facts ▪ Obesity Facts ▪ Oral Health ▪ Skin Cancer Prevention ▪ Smoking facts ▪ Tips for Parents ▪ Yearly Flu Shots 	www.cdc.gov
CDC, Alcohol and Public Health, 2012	<ul style="list-style-type: none"> ▪ Underage Drinking 	www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm
CDC, Adolescent and School Health, 2013	<ul style="list-style-type: none"> ▪ Youth Physical Activity Facts 	www.cdc.gov/healthyouth/physicalactivity/facts.htm
CDC, Arthritis	<ul style="list-style-type: none"> ▪ Key Public Health Messages 	www.cdc.gov/arthritis/basics/key.htm
CDC, Injury Center: Violence Prevention 2014	<ul style="list-style-type: none"> ▪ Understanding Bullying Fact Sheet ▪ Youth Suicide 	www.cdc.gov/violenceprevention/
CDC, National Center for Health Statistics	<ul style="list-style-type: none"> ▪ Leading Causes of Death in U.S. ▪ Men's Health ▪ U.S. Female Fertility Rate ▪ U.S. Births to Unwed Mothers ▪ U.S. Low Birth Weight, Live Births 	www.cdc.gov/nchs/fastats/
CDC, Physical Activity for Everyone	<ul style="list-style-type: none"> ▪ Physical Activity Recommendations 	www.cdc.gov/physicalactivity/everyone/guidelines/adults.html
CDC, Sexually Transmitted Diseases Surveillance, 2014	<ul style="list-style-type: none"> ▪ U.S. Chlamydia and Gonorrhea Rates ▪ STD's in Adolescents and Young Adults ▪ U.S. STD Surveillance Profile 	www.cdc.gov/std/stats/
CDC, Vaccine Safety, Human Papillomavirus (HPV)	<ul style="list-style-type: none"> ▪ Human Papillomavirus 	www.cdc.gov/vaccinesafety/vaccines/HPV/Index.html
CDC, Wonder	<ul style="list-style-type: none"> ▪ About Underlying Cause of Death, 1999-2013 	http://wonder.cdc.gov/ucd-icd10.html

Source	Data Used	Website
Community Commons	<ul style="list-style-type: none"> Cigarette Expenditures Alcohol Beverage Expenditures Beer, Wine and Liquor Stores Bars and Drinking Establishments 	www.communitycommons.org/
Federal Emergency Management Agency (FEMA)	<ul style="list-style-type: none"> Basic Disaster Supplies Kit 	www.ready.gov/basic-disaster-supplies-kit
Health Indicators Warehouse	<ul style="list-style-type: none"> Age-Adjusted Mortality Rates for Motor Vehicle Accidents Heart Disease and Stroke Mortality Rates 	www.healthindicators.gov/Indicators/Selection
Healthy People 2020: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> All Healthy People 2020 Target Data Points Some U.S. Baseline Statistics Predictors of Access to Health Care 	www.healthypeople.gov/2020/topicsobjectives2020
Legacy for Health	<ul style="list-style-type: none"> Tobacco Fact Sheet 	www.legacyforhealth.org/content/download/582/6926/file/LEG-FactSheet-eCigarettes-JUNE2013.pdf
National Cancer Institute	<ul style="list-style-type: none"> Age-Adjusted Cancer Mortality Rates 	http://statecancerprofiles.cancer.gov/index.html
National Institute on Drug Abuse	<ul style="list-style-type: none"> Abuse of Prescription Drugs Drug Facts: Heroin 	www.drugabuse.gov
National Institute of Health, Senior Health	<ul style="list-style-type: none"> Hearing Loss 	http://nihseniorhealth.gov/hearingloss/hearinglossdefined/01.html
Network of Care	<ul style="list-style-type: none"> Health Indicators Age-Adjusted Mortality Rates 	http://Hancock.oh.networkofcare.org/ph/county-indicators.aspx#cat1
Office of Health Transformation	<ul style="list-style-type: none"> Ohio Medicaid Assessment Survey 	http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=oid6Wo-y0gs%3D&tabid=160
Office of Criminal Justice Services	<ul style="list-style-type: none"> Crime Statistics and Crime Reports 	www.ocjs.ohio.gov/crime_stats_reports.stm
Ohio Automated Rx Reporting System (OARRS)	<ul style="list-style-type: none"> Hancock County and Ohio Number of Opiate and Pain Reliever Doses Per Patient Hancock County and Ohio Number of Opiate and Pain Reliever Doses Per Capita 	www.ohiopmp.gov/portal/docs.aspx

APPENDIX I

Source	Data Used	Website
Ohio Department of Health, Bureau of Vital Statistics, 2014 Ohio Infant Mortality Data	<ul style="list-style-type: none"> Ohio Infant Mortality Average 2005-2014 by County 	www.odh.ohio.gov/~media/ODH/ASSETS/Files/cfhs/Infant%20Mortality/2014%20Ohio%20Infant%20Mortality%20Report%20Final.pdf
Ohio Department of Health, Infant Safe Sleep	<ul style="list-style-type: none"> ABC's of Safe Sleep 	www.odh.ohio.gov/features/odhfeatures/SafeSleep/Safe%20Sleep%20Home%20Page.aspx
Ohio Department of Health, Information Warehouse	<ul style="list-style-type: none"> Obesity and Diabetes in Ohio Hancock County and Ohio Mortality Statistics Hancock County and Ohio Birth Statistics Sexually Transmitted Diseases Incidence of Cancer HIV/AIDS Surveillance Program Statistics: Access to Health Services Teen Birth Rates 	www.odh.ohio.gov/
Ohio Department of Health, Ohio Oral Health Surveillance System	<ul style="list-style-type: none"> Hancock County Dental Care Resources 	http://publicapps.odh.ohio.gov/oralhealth/default.aspx
Ohio Department of Job & Family Services	<ul style="list-style-type: none"> Hancock County and Ohio Medicaid Statistics 	http://jfs.ohio.gov/county/cntypro/pdf11/Hancock.pdf
Ohio Department of Public Safety	<ul style="list-style-type: none"> 2014 Hancock County and Ohio Crash Facts OSHP Computer-Aided Dispatch (CAD) System 	https://ext.dps.state.oh.us/crashstatistics/CrashReports.aspx
Ohio Department of Rehabilitation and Correction	<ul style="list-style-type: none"> Arrests/Incarceration Data Inmate Population by Gender and Race 	www.drc.ohio.gov/web/Reports/FactSheet/March%202014.pdf
Ohio Mental Health and Addiction Services	<ul style="list-style-type: none"> Doses Per Capita 	http://mha.ohio.gov/Portals/0/assets/Research/Maps/Ohio_OARRS_Opioids_2012_v2.pdf
Ohio State Highway Patrol	<ul style="list-style-type: none"> Compliant Data Electronic Crash Records Felony Cases and Drug Arrests Hancock County Activity Statistics 	http://statepatrol.ohio.gov/

Source	Data Used	Website
Philadelphia Department of Public Health	<ul style="list-style-type: none"> Electronic Cigarette Factsheet 	www.smokefreephilly.org/smokfree_philly/assets/File/Electronic%20Cigarette%20Fact%20Sheet_2_27_14.pdf
RESPECT	<ul style="list-style-type: none"> Bullying Definitions 	www.respect2all.org/parents/bullying-definitions
Teens Health	<ul style="list-style-type: none"> Sexual Harassment and Sexual Bullying 	http://kidshealth.org/teen/sexual_health/guys/harassment.html
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> American Community Survey 5 year estimate, 2013 Ohio and Hancock County 2013 Census Demographic Information Ohio and U.S. Health Insurance Sources Small Area Income and Poverty Estimates Federal Poverty Thresholds 	www.census.gov
U.S. Department of Health and Human Services, Ohio Department of Mental Health	<ul style="list-style-type: none"> Mental Health Services in Ohio 	www.lsc.state.oh.us/fiscal/ohiofacts/sept2012/health&human-services.pdf
U.S. Environmental Protection Agency, Biological Pollutants	<ul style="list-style-type: none"> Health Effects from Biological Contaminants 	www.epa.gov/iaq/biologic.html
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"> 2005 - 2013 youth Ohio and U.S. correlating statistics 	https://nccd.cdc.gov/youthonline/App/Default.aspx

Appendix II | HANCOCK COUNTY

ACRONYMS AND TERMS

AHS	Access to Health Services, Topic of Healthy People 2020 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
AOCBC	Arthritis, Osteoporosis, and Chronic Back Conditions, Topic of Healthy People 2020 objectives
BMI	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
BRFSS	Behavior Risk Factor Surveillance System, an adult survey conducted by the CDC.
CDC	Centers for Disease Control and Prevention.
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
CY	Calendar Year
FY	Fiscal Year
HCNO	Hospital Council of Northwest Ohio
HDS	Heart Disease and Stroke, Topic of Healthy People 2020 objectives
HP 2020	Healthy People 2020, a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic \geq 140 and Diastolic \geq 90
IID	Immunizations and Infectious Diseases, Topic of Healthy People 2020 objectives
IVP	Injury and Violence Prevention, Topic of Healthy People 2020 objectives
MHMD	Mental Health and Mental Disorders, Topic of Healthy People 2020 objectives
N/A	Data is not available.

NWS	Nutrition and Weight Status , Topic of Healthy People 2020 objectives
OARRS	Ohio Automated Prescription (Rx) Reporting System
ODH	Ohio Department of Health
OSHP	Ohio State Highway Patrol
Race/Ethnicity	Census 2010: 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.
SA	Substance Abuse , Topic of Healthy People 2020 objectives
TU	Tobacco Use , Topic of Healthy People 2020 objectives
Weapon	Defined in the YRBSS as “a weapon such as a gun, knife, or club”
Youth	Defined as 12 through 18 years of age
YPLL/65	Years of Potential Life Lost before age 65. Indicator of premature death.
Youth BMI Classifications	Underweight is defined as BMI-for-age \leq 5 th percentile Overweight is defined as BMI-for-age 85 th percentile to < 95 th percentile. Obese is defined as \geq 95 th percentile.
YRBSS	Youth Risk Behavior Surveillance System , a youth survey conducted by the CDC
Race/Ethnicity	Census 2010: 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.
Weapon	Defined in the YRBSS as “a weapon such as a gun, knife, or club”
Youth	Defined as 12 through 18 years of age
YPLL/65	Years of Potential Life Lost before age 65. Indicator of premature death.

**Youth BMI
Classifications**

Underweight is defined as BMI-for-age \leq 5th percentile
Overweight is defined as BMI-for-age 85th percentile to $<$ 95th percentile.
Obese is defined as \geq 95th percentile.

YRBSS

Youth Risk Behavior Surveillance System, a youth survey conducted by the CDC

Appendix III | METHODS FOR WEIGHTING THE 2015 HANCOCK COUNTY 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 in order 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 2015 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 (9 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 2015 Hancock County Survey and the 2013 American Community Survey (Census data).

<u>2015 Hancock Survey</u>			<u>2013 Census Estimate</u>		<u>Weight</u>
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	218	55.897436	36,503	48.5160621	0.867948
Female	172	44.102564	38,736	51.4839379	1.167368

In this example, it shows that the survey sample was nearly the same distribution as the census data. However, there was a slightly smaller portion of males in the sample compared to the actual portion in Hancock County. The weighting for males was calculated by taking the percent of males in Hancock County (based on Census information) (48.5160621%) and dividing that by the percent found in the 2015 Hancock County sample (55.897436%) [48.5160621/55.897436 = weighting of 0.867948 for males]. The same was done for females [51.4839379/44.102564 = weighting of 1.167368 for females]. Thus males' responses are weighted less by a factor of 0.867948 and females' responses weighted greater by a factor of 1.167368.

This same thing was done for each of the 20 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 2.58277 [1.167368 (weight for females) x 0.962492 (weight for White) x 2.163664 (weight for age 35-44) x 1.062409 (weight for income \$50-\$75k)]. Thus, each individual in the 2015 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 21.0) 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 each individual. 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	%	2013 Census Estimate*	%	Weighting Value
Sex:					
Male	218	55.897436%	36,503	48.516062%	0.867948
Female	172	44.102564%	38,736	51.483938%	1.167368
Age:					
20-24	12	3.183024%	5,435	9.782393%	3.073302
25-34	28	7.427056%	9,420	16.954949%	2.282863
35-44	29	7.692308%	9,247	16.643568%	2.163664
45-54	62	16.445623%	10,742	19.334401%	1.175656
55-59	54	14.323607%	5,057	9.102036%	0.635457
60-64	55	14.588859%	4,445	8.000504%	0.548398
65-74	93	24.668435%	5,959	10.725535%	0.434788
75-84	44	11.671088%	3,289	5.919833%	0.507222
85+	0	0%	1,965	3.536781%	N/A
Race:					
White	369	94.132653%	68,168	90.601948%	0.962492
Non-White	23	5.867347%	7,071	9.398052%	1.601755
Household Income					
Less than \$10,000	21	5.570292%	1,815	5.929435%	1.064475
\$10k-\$15k	24	6.366048%	1,700	5.553741%	0.872400
\$15k-\$25k	42	11.140584%	4,035	13.181967%	1.183238
\$25k-\$35k	42	11.140584%	3,484	11.381901%	1.021661
\$35k-\$50	54	14.323607%	4,383	14.318850%	0.999668
\$50k-\$75k	69	18.302387%	5,952	19.444626%	1.062409
\$75k or more	125	33.156499%	9,241	30.189481%	0.910515

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.

* Hancock County population figures taken from the 2013 American Community Survey (Census Estimates).

Appendix IV | HANCOCK COUNTY SCHOOLS

The following schools were randomly chosen and agreed to participate in the 2015 Hancock County Health Assessment:

Arlington Local Schools

Arlington High School

Cory-Rawson Local Schools

Cory-Rawson High School

Findlay City Schools

Findlay High School

Donnell Middle School

Glenwood Middle School

McComb Local Schools

McComb Middle/High School

Riverdale Local Schools

Riverdale Middle/High 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	2015 Survey Sample	Hancock County Census 2009-2013 (5 year estimate)	Ohio Census 2013
Age			
20-29	15.2%	13.6%	13.2%
30-39	15.1%	12.2%	11.9%
40-49	16.7%	13.1%	13.2%
50-59	20.0%	14.1%	14.7%
60 plus	22.6%	20.9%	21.3%
Race/Ethnicity			
White	87.9%	93.8%	82.5%
Black or African American	2.7%	1.5%	12.1%
American Indian and Alaska Native	1.7%	0.1%	0.2%
Asian	0.8%	1.6%	1.8%
Other	1.6%	1.3%	0.8%
Hispanic Origin (may be of any race)	1.1%	4.7%	3.3%
Marital Status†			
Married Couple	58.1%	52.4%	47.8%
Never been married/member of an unmarried couple	18.0%	27.9%	31.8%
Divorced/Separated	16.4%	11.0%	14.0%
Widowed	6.7%	6.9%	6.4%
Education†			
Less than High School Diploma	2.7%	8.2%	11.0%
High School Diploma	30.7%	36.3%	34.2%
Some college/ College graduate	65.6%	55.4%	54.8%
Income (Families)			
\$14,999 and less	12.5%	6.2%	8.7%
\$15,000 to \$24,999	6.2%	7.8%	8.2%
\$25,000 to \$49,999	20.8%	22.9%	23.4%
\$50,000 to \$74,999	15.9%	21.7%	20.3%
\$75,000 or more	35.2%	41.4%	39.4%

* 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).

† 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 VI | DEMOGRAPHICS AND HOUSEHOLD INFORMATION

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

Age	Total	Males	Females
Hancock County	74,782	36,284	38,498
0-4 years	4,751	2,400	2,351
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
5-9 years	4,695	2,417	2,278
5-6 years	1,826	920	906
7-9 years	2,869	1,497	1,372
10-14 years	5,016	2,497	2,519
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
15-19 years	5,514	2,712	2,802
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
Total 85 years and over	1,608	497	1,107
Total 65 years and over	10,673	4,568	6,101
Total 19 years and over	56,041	26,799	29,238

HANCOCK COUNTY PROFILE

General Demographic Characteristics (Source: U.S. Census Bureau, Census 2013)

2009-2013 ACS 5-year estimate

Total Population

2013 Total Population	75,239
2000 Total Population	71,295

Largest City-Findlay

2013 Total Population	41,373	100%
2000 Total Population	38,967	100%

Population By Race/Ethnicity

Total Population	75,239	100%
White Alone	70,588	93.8%
Hispanic or Latino (of any race)	3,540	4.7%
African American	1,094	1.5%
Asian	1,224	1.6%
Two or more races	1,232	1.6%
Other	964	1.3%
American Indian and Alaska Native	93	0.1%

Population By Age 2010

Under 5 years	8,190	5.1%
5 to 17 years	12,877	17.2%
18 to 24 years	7,687	10.3%
25 to 44 years	18,264	24.4%
45 to 64 years	20,530	27.5%
65 years and more	10,673	14.3%
Median age (years)	38.5	

Household By Type

Total Households	30,610	100%
Family Households (families)	20,125	65.7%
With own children <18 years	8,487	27.7%
Married-Couple Family Households	15,365	50.2%
With own children <18 years	5,418	17.7%
Female Householder, No Husband Present	3,314	10.8%
With own children <18 years	2,003	6.5%
Non-family Households	10,485	34.3%
Householder living alone	8,984	29.3%
Householder 65 years and >	3,262	10.7%
Households With Individuals < 18 years	9,134	29.8%
Households With Individuals 65 years and >	7,710	25.5%
Average Household Size	2.40 people	
Average Family Size	2.89 people	

General Demographic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2013)

2009-2013 ACS 5-year estimate

Median Value of Owner-Occupied Units	\$127,800
Median Monthly Owner Costs (With Mortgage)	\$1,223
Median Monthly Owner Costs (Not Mortgaged)	\$417
Median Gross Rent for Renter-Occupied Units	\$652
Median Rooms Per Housing Unit	6.1
Total Housing Units	33,158
No Telephone Service	561
Lacking Complete Kitchen Facilities	315
Lacking Complete Plumbing Facilities	24

Selected Social Characteristics
(Source: U.S. Census Bureau, Census 2013)

2009-2013 ACS 5-year estimates

School Enrollment

Population 3 Years and Over Enrolled In School	19,976	100%
Nursery & Preschool	1,293	6.5%
Kindergarten	987	4.9%
Elementary School (Grades 1-8)	7,546	37.8%
High School (Grades 9-12)	3,976	19.9%
College or Graduate School	6,174	30.9%

Educational Attainment

Population 25 Years and Over	50,124	100%
< 9 th Grade Education	919	1.8%
9 th to 12 th Grade, No Diploma	3,221	6.4%
High School Graduate (Includes Equivalency)	18,181	36.3%
Some College, No Degree	10,480	20.9%
Associate Degree	4,462	8.9%
Bachelor's Degree	8,394	16.7%
Graduate Or Professional Degree	4,467	8.9%

Percent High School Graduate or Higher	*(X)	91.7%
Percent Bachelor's Degree or Higher	*(X)	25.7%

*(X) - Not available

Disability Status of the Civilian Non-institutionalized Population

Total Civilian Noninstitutionalized Population	74,507	100%
With a Disability	8,280	11.1%
Under 18 years	17,410	100%
With a Disability	584	3.4%
18 to 64 years	46,440	100%
With a Disability	4,115	8.9%
65 Years and Over	10,657	100%
With a Disability	3,581	33.6%

Selected Social Characteristics, Continued
(Source: U.S. Census Bureau, Census 2013)

2009-2013 ACS 5-year estimate

Marital Status

Population 15 Years and Over	60,889	100%
Never Married	16,979	27.9%
Now Married, Excluding Separated	31,900	52.4%
Separated	1,066	1.8%
Widowed	4,222	6.9%
Female	3,390	5.6%
Divorced	6,722	11.0%
Female	3,689	6.1%

Veteran Status

Civilian Veterans 18 years and over	5,455	9.4%
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Selected Economic Characteristics
(Source: U.S. Census Bureau, Census 2013)

2009-2013 ACS 5-year estimate

Employment Status

Population 16 Years and Over	59,918	100%
In Labor Force	40,134	67.0%
Not In Labor Force	19,784	33.0%
Females 16 Years and Over	31,116	100%
In Labor Force	19,160	61.6%

Population Living With Own Children <6 Years	5,334	100%
All Parents In Family In Labor Force	4,036	75.7%

Class of Worker

Employed Civilian Population 16 Years and Over	36,682	100%
Private Wage and Salary Workers	31,600	86.1%
Government Workers	3,388	9.2%
Self-Employed Workers in Own Not Incorporated Business	1,671	4.6%
Unpaid Family Workers	23	0.1%

Median Earnings

	\$47,073
Male, Full-time, Year-Round Workers	\$34,047
Female, Full-time, Year-Round Workers	

Selected Economic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2013)

2009-2013 ACS 5-year estimate

Occupations

Employed Civilian Population 16 Years and Over	36,682	100%
Production, transportation, and material moving occupations	7,573	20.6%
Management, business, science, and art occupations	12,577	34.3%
Sales and office occupations	7,380	20.1%
Service occupations	6,169	16.8%
Natural resources, construction, and maintenance occupations	2,983	8.1%

Leading Industries

Employed Civilian Population 16 Years and Over	36,682	100%
Manufacturing	9,473	17.0%
Educational, health and social services	7,815	21.7%
Trade (retail and wholesale)	4,760	12.9%
Arts, entertainment, recreation, accommodation, and food services	3,816	10.4%
Professional, scientific, management, administrative, and waste management services	2,783	7.6%
Transportation and warehousing, and utilities	1,623	4.4%
Finance, insurance, real estate and rental and leasing	1,374	3.7%
Other services (except public administration)	1,525	4.2%
Construction	1,525	4.2%
Public administration	969	2.6%
Information	340	0.9%
Agriculture, forestry, fishing and hunting, and mining	679	1.9%

Employment Statistics

Category	Hancock	Ohio
Labor Force	41,000	5,715,900
Employed	39,300	5,396,60000
Unemployed	1,700	319,400
Unemployment Rate* in February 2016	4.1	5.6
Unemployment Rate* in January 2015	4.4	5.7
Unemployment Rate* in February 2015	4.0	5.6

*Rate equals unemployment divided by labor force.

(Source: Ohio Department of Job and Family Services, February 2016, <http://ohiolmi.com/laus/current.htm>)

Selected Economic Characteristics, Continued
 (Source: U.S. Census Bureau, Census 2013)

2009-2013 ACS 5-year estimate

Income In 2013

Households	30,610	100%
< \$10,000	1,815	5.9%
\$10,000 to \$14,999	1,700	5.6%
\$15,000 to \$24,999	4,035	13.2%
\$25,000 to \$34,999	3,484	11.4%
\$35,000 to \$49,999	4,383	14.3%
\$50,000 to \$74,999	5,952	19.4%
\$75,000 to \$99,999	3,811	12.5%
\$100,000 to \$149,999	3,458	11.3%
\$150,000 to \$199,999	1,133	3.7%
\$200,000 or more	839	2.7%
Median Household Income	\$49,589	

Income In 2013

Families	20,125	100%
< \$10,000	822	4.1%
\$10,000 to \$14,999	413	2.1%
\$15,000 to \$24,999	1,579	7.8%
\$25,000 to \$34,999	1,917	9.5%
\$35,000 to \$49,999	2,698	13.4%
\$50,000 to \$74,999	4,359	21.7%
\$75,000 to \$99,999	3,285	16.3%
\$100,000 to \$149,999	3,179	15.8%
\$150,000 to \$199,999	1,072	5.3%
\$200,000 or more	801	4.0%

Median Household Income (families) \$64,032

Per Capita Income In 2013 \$26,139

Poverty Status In 2013

	Number Below Poverty Level	% Below Poverty Level
Families	*(X)	9.6%
Individuals	*(X)	14.0%

*(X) - Not available

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

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2013	\$43,046	10 th of 88 counties
BEA Per Capita Personal Income 2012	\$41,201	13 th of 88 counties
BEA Per Capita Personal Income 2011	\$40,534	10 th of 88 counties
BEA Per Capita Personal Income 2003	\$31,081	16 th 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)

Estimated Poverty Status in 2014

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Hancock County				
All ages in poverty	9,313	7,931 to 10,695	12.7%	10.8 to 14.6
Ages 0-17 in poverty	3,030	2,513 to 3,547	18.2%	15.1 to 21.3
Ages 5-17 in families in poverty	2,025	1,643 to 2,407	16.7%	13.5 to 19.9
Median household income	\$51,498	\$49,206 to \$53,790		
Ohio				
All ages in poverty	1,778,288	1,755,728 to 1,800,848	15.8%	15.6 to 16.0
Ages 0-17 in poverty	588,618	574,885 to 602,351	22.7%	22.2 to 23.2
Ages 5-17 in families in poverty	395,792	383,745 to 407,839	20.8%	20.2 to 21.4
Median household income	\$49,349	\$48,991 to \$49,707		
United States				
All ages in poverty	48,208,387	47,966,830 to 48,449,944	15.5%	15.4 to 15.6
Ages 0-17 in poverty	15,686,012	15,564,145 to 15,807,879	21.7%	21.5 to 21.9
Ages 5-17 in families in poverty	10,714,518	10,632,252 to 10,796,784	20.4%	20.2 to 20.6
Median household income	\$53,657	\$53,564 to \$53,750		

(Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, <http://www.census.gov/did/www/saipe/data/interactive/#>)

Federal Poverty Thresholds in 2015 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	\$12,331					
1 Person 65 and >	\$11,367					
2 people Householder < 65 years	\$15,871	\$16,337				
2 People Householder 65 and >	\$14,326	\$16,275				
3 People	\$18,540	\$19,078	\$19,096			
4 People	\$24,447	\$24,847	\$24,036	\$24,120		
5 People	\$29,482	\$29,911	\$28,995	\$28,286	\$27,853	
6 People	\$33,909	\$34,044	\$33,342	\$32,670	\$31,670	\$31,078
7 People	\$39,017	\$39,260	\$38,421	\$37,835	\$36,745	\$35,473
8 People	\$43,637	\$44,023	\$43,230	\$42,536	\$41,551	\$40,300
9 People or >	\$52,493	\$52,747	\$52,046	\$51,457	\$50,490	\$49,159

Source: U. S. Census Bureau, Poverty Thresholds 2015, <http://www.census.gov/hhes/www/poverty/data/threshld/index.html>)