

RICHLAND COUNTY COMMUNITY HEALTH ASSESSMENT 2016

Richland County Partners Community Health Assessment Collaborative
Richland County, Ohio · February 2017



FOREWORD

We are pleased to present the 2016 Richland County Community Health Needs Assessment.

A group of county organizations and agencies, working collaboratively, designed this assessment, meant to capture the medical, behavioral and community issues that affect the health of county adults and children.

The assessment was comprised of three phases: adults (19 and older), youth (12 to 18) and children (0 to 11). Parents provided the interview data for the last phase.

We suggest that community organizations, agencies and businesses use this information to

- Develop action plans
- Seek funding to address identified issues
- Develop and focus future programs or services where needs are the greatest
- Identify new needs
- Prioritize needs

Through this report, we have a better understanding of the health concerns of our community. The ultimate best use of this data is to study it and plan to improve the health of our neighbors and friends. Richland County organizations and agencies have a long-standing history of collaboration. With the data obtained in this assessment, we can better address the community needs to make Richland County a healthier, better place to live. Continued community support will be critical as we progress from the assessment to the action implementation of health improvement tactics. We hope that you will support and join us in this effort.

We thank the residents of Richland County who responded to the community surveys and the Richland County schools that allowed us to survey students. If you have questions or comments, please contact one of the collaborative agencies listed in this report.

Martin Tremmel
Health Commissioner
Richland Public Health

Joseph Trolan
Executive Director
Mental Health and Recovery Services Board
of Richland County

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Mental Health and Recovery Services Board of Richland County
Richland Public Health
Ohio Health Mansfield and Shelby Hospitals
Avita Health System
Richland County Children Services
Richland County Job and Family Services
Richland County Newhope
Shelby City Health Department
Third Street Family Health Services

This report prepared through the collaborative efforts of the following Richland County Community Health Partners:

Mental Health and Recovery Services Board of Richland County

Joe Trolan, Executive Director
Sherry Branham, Director of External Operations

Richland Public Health

Robert Exten, MD President Board of Health
Martin Tremmel, Health Commissioner
Amy Schmidt, Director of Nursing
Tina Picman, WIC Director
Selby Dorgan, Director of Health Promotion and Education
Ellen Claiborne, CPCD Health Educator
Margaret Lin, CPCD Health Educator
Karyl Price, CHC Health Educator

Shelby City Public Health

Ajay Chawla, MD
Andrea Barnes, Director of Environmental Health

Ohio Health Mansfield and Shelby Hospitals

Terry Weston, MD, VP Physician Services
Robert Exten, MD
Kerry Green, Director Cardio Pulmonary

Avita Health System

Jerry Morasko, Chief Executive Officer

Richland County Newhope/Richland County Board of Developmental Disabilities

Liz Prather, Superintendent
Julie Litt, Coordinator of Student Services

Richland County Children Services

Marsha Coleman, Clinical Director

Third Street Family Health Services

Nicole Hartge, Alcohol and Drug Counseling
Stacey Nolen, C.H.A.P.
Kari Westfield, Outreach Coordinator

Community Health Access Project

Sarah Redding, Executive Director

Community Action for Capable Youth

Tracee Anderson, Executive Director

First Call 2-1-1

Terry Carter, Information and Referral Coordinator

Harmony House

Mary Lacey, Case Manager

Mansfield City Schools

Peggy Sutton, School Nurse

Mansfield DRCA

Dale Au, Help Me Grow Program Manager

Mansfield Memorial Homes

Maggie Hoecker, Director of Admissions and Marketing

Seth Roberts, Administrator

Mansfield YMCA

James Twedt, Director of External Operations

Kerrick Franklin, Director Community Outreach

North End Community Collaborative

Tony Chinni, Community Development Coordinator

Nyshia Brooks, Community Organizer and CHW

Ohio District 5 Area Agency on Aging, Inc.

Teresa Cook, Chief of Marketing and Development

Diane Ramey, Chief of Long Term Care

Richland County Domestic Court

Elizabeth Blakely, Court Administrator

Richland County Juvenile Court

Brooke Henwood, CASA Director

Richland County Regional Planning Commission

Jotika Shetty, Executive Director

Richland County Youth and Family Council

Teresa Alt, Executive Director

Richland Foundation

Maura Teynor, Chief Advancement Officer

Richland Moves!

Nelson Shogren

Village of Bellville

Teri Brenkus, Mayor

Visiting Nurses Association of Ohio

Courtney Swihart, Clinical Manager

The collaborative would like to recognize and thank the following school districts for their cooperation and contribution to this community project:

Clear Fork Valley Local Schools, Janice Wychoff, Superintendent

Crestview Local Schools, Randy Dunlap, Superintendent

Lexington Local Schools, Michael Zeigelhofer, Superintendent

Lucas Local Schools, Daniel Freund, Superintendent

Mansfield City Schools, Brian K. Garverick, Superintendent

Ontario Local Schools, Lisa Carmichael, Superintendent

Plymouth-Shiloh Local Schools, James E. Metcalf, Superintendent

Shelby City Schools, Timothy S. Tarvin, Superintendent

**Project Management, Secondary Data, Data Collection, and Report Development
Data Collection & Analysis**

Hospital Council of Northwest Ohio

Britney L. Ward, MPH

Director of Community Health
Improvement

bward@hcno.org

Margaret Wielinski, MPH

Assistant Director of Community
Health Improvement

mwielinski@hcno.org

Selena Coley, MPH

Community Health Improvement
Coordinator

Tessa Elliott, MPH

Community Health Improvement
Coordinator

Emily Golias, MPH, CHES

Community Health Improvement
Coordinator

Emily Stearns, MPH, CHES

Community Health Improvement
Coordinator

Ellison Roselle

Graduate Assistant

Derick Sekyere, MPH

Graduate Assistant

Data Collection & Analysis

Joseph A. Dake, Ph.D., MPH

Professor and Chair of Health
Education

University of Toledo

Aaron J. Diehr, Ph.D., CHES

Consultant

Timothy R. Jordan, Ph.D., M.Ed.

Professor of Health Education
University of Toledo

Samantha Schroeder

Consultant

To see Richland 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 2016/17 Richland County Health Assessment is available on the following websites:

Richland Public Health

www.richlandhealth.org

Network of Care

<http://richland.oh.networkofcare.org/ph/>

Hospital Council of Northwest Ohio

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

Contact Information

Selby Dorgan, Director Health Promotion and Education

Richland Public Health

555 Lexington Avenue, Mansfield, Ohio 44907

419-774-0806

sdorgan@richlandhealth.org

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EXECUTIVE SUMMARY

This executive summary provides an overview of health-related data for Richland 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. 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), as well as 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 Richland 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. 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 ages 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 Richland 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 Richland County planning committee, the Project Coordinator composed drafts of surveys containing 113 items for the adult survey, 76 items for the adolescent survey, and 81 items for the child 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 Richland County were used as the sampling frame for the adult survey. Since U.S. Census Bureau age categories do not correspond exactly to this age parameter, the investigators calculated the population of those 18 years and over living in Richland County. There were 96,722 persons ages 18 and over living in Richland 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 383 adults was needed to ensure this level of confidence for the general population. The investigators also calculated the population of Shelby City and African American

adults living in Richland County. According to the 2015 American Community Survey 5-year estimate data, approximately 8,910 Shelby City and 9,146 African American adults 19 years and over lived in Richland County. A sample size of at least 364 Shelby City adults was needed to ensure a 95% confidence level for the Shelby City population. A sample size of 369 African American adults were needed to ensure a 95% confidence level for the African American population.

The random sample of mailing addresses of adults from Richland County was obtained from Allegra Marketing Services in Louisville, KY.

SAMPLING | Adolescent Survey

Youth in grades 6 through 12 in Richland County public school districts were used as a sample for the adolescent survey. For more information on participating districts and schools, see Appendix IV. Using the U.S. Census Bureau data, it was determined that approximately 11,492 youth ages 12 to 18 years old live in Richland County. A sample size of 372 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 Richland County were used as the sampling frame for the surveys. Using U.S. Census Bureau data, it was determined that 18,261 children ages 0-11 reside in Richland 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 376. The random sample of mailing addresses of parents of children 0-11 from Richland County was obtained from Allegra Marketing Services in Louisville, KY.

PROCEDURE | Adult Survey

Prior to mailing the survey, an advance letter was mailed to 3,400 adults in Richland County: 1,200 to the general population, an additional 1,200 to the African American population, and an additional 1,000 to oversample Shelby City. This advance letter was personalized, printed on The Richland County Community Health Assessment Partners stationery and listed the corresponding partners. The letter was signed by Martin Tremmel, Health Commissioner of Richland Public Health, as well as Joseph Trolan, Executive Director of the Mental Health and Recovery Services Board of Richland 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 describing the purpose of the study, the questionnaire, 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, 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 entire mailing, including all three groups, was 34% (n=1,074: CI=± 2.96). The response rate for the general population survey was 39% (n=443: CI=± 4.65). The response rate for the Shelby City mailing was 40% (n=375: CI= ± 4.95). The response rate for the African American mailing was 9% (n=97: CI= ± 9.9). 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. In order to ensure that every student in each selected grade had an equal chance to participate, required courses or homerooms were used. Activity periods, study halls, health and physical education classes are usually preferred by the schools. 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 survey was administered in December 2016 and January 2017. The response rate was 91% (n=446: CI=± 4.55).

PROCEDURE | Children 0-5 and 6-11

Prior to mailing the survey to parents of 0-11 year olds, an advance letter was mailed to 2,400 parents in Richland County. This advance letter was personalized, printed on The Richland County Community Health Assessment Partners stationery, and listed the corresponding partners. The letter was signed by Martin Tremmel, Health Commissioner of Richland Public Health, as well as Joseph Trolan, Executive Director of the Mental Health and Recovery Services Board of Richland 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 describing the purpose of the study, the questionnaire, 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 parents to reply, another copy of the questionnaire, and another reply envelope. A third wave postcard was sent three weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent. The response rate was 20% (n=372 CI=± 5.03).

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using SPSS 23.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Richland County, the adult data collected was weighted by age, gender, race, and income using the 2015 American Community Survey Estimates of the U.S. Census. 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 Richland County adult assessment had a high response rate for the general population. 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 Richland County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

Second, the response rate for African Americans in Richland County was very low (9%), even with a specialized mailing list being purchased specifically to recruit African Americans. While a typical response rate would yield enough surveys (n=369) to be 95% confident in our findings, the low response rate yielded only 97 African Americans which brings the confidence level down to 90%. It should be noted that among the African American respondents, the gender breakdown was nearly split between males and females, while in Richland County, the US Census reports that 62% of African Americans are male. For income, 49% of African American respondents earned a household income of \$25,000 or less, while the census data reports the percentage as 68%. Finally, African American respondents were slightly younger than the census data for the county. While 30% of respondents were less than 30 years of age, only 22% of adults in Richland County were less than 30 years of age. These differences are not unusual in survey research. As a result, these factors are mathematically taken into account using weightings when the results for the county are reported (see Appendix III for a detailed explanation of weightings used in this report).

Third, 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 through a mailed 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 have felt compelled to respond in a socially desirable manner inconsistent with reality, this would represent a threat to the internal validity of the results.

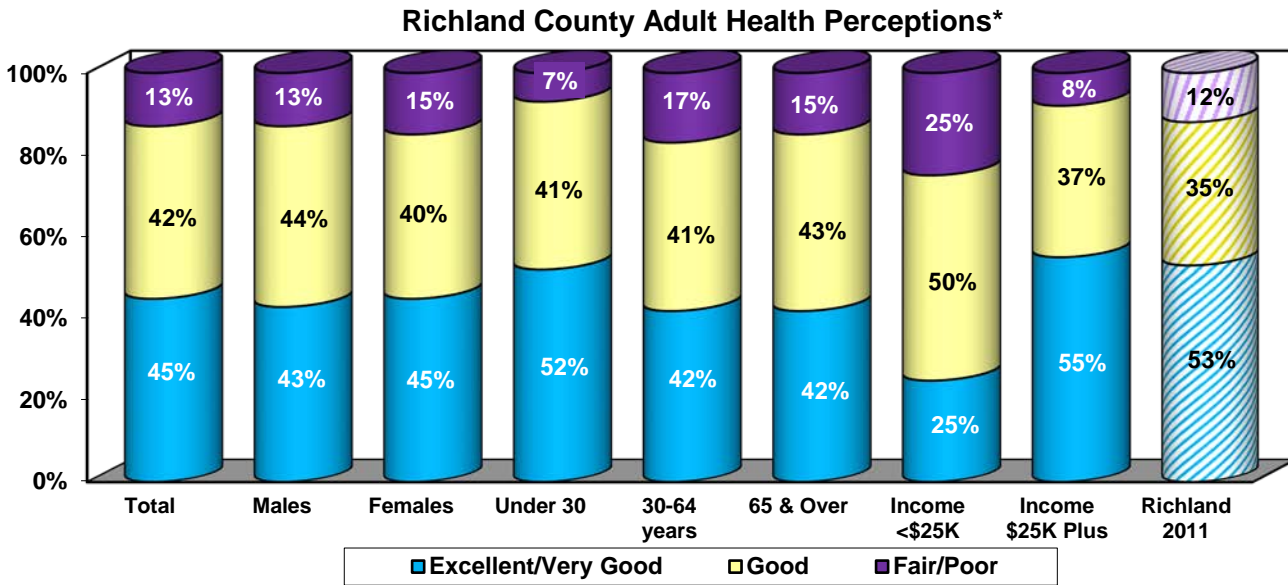
OhioHealth Mansfield and Shelby Hospitals Community Health Needs Assessment

In 2016, OhioHealth Mansfield Hospital and Ohio Health Shelby Hospital developed a Community Health Needs Assessment that reviewed and analyzed primary and secondary data from the 2011 Richland County Community Health assessment. In addition to incorporating the 2011 health assessment data, secondary data from the Ohio Department of Health, National Center for Health Statistics Health Indicators Warehouse, Network of Care, and County Health Rankings and Roadmaps were used. Mansfield Hospital and Shelby Hospital collaborated with Richland Public Health and various community stakeholders to identify significant community health needs in Richland County from this data and determined the priority health needs that will be addressed in the implementation strategy. The five priority health needs were as follows: mental health, substance abuse, chronic diseases, infant mortality, and child and family health.

Data Summary

HEALTH PERCEPTIONS

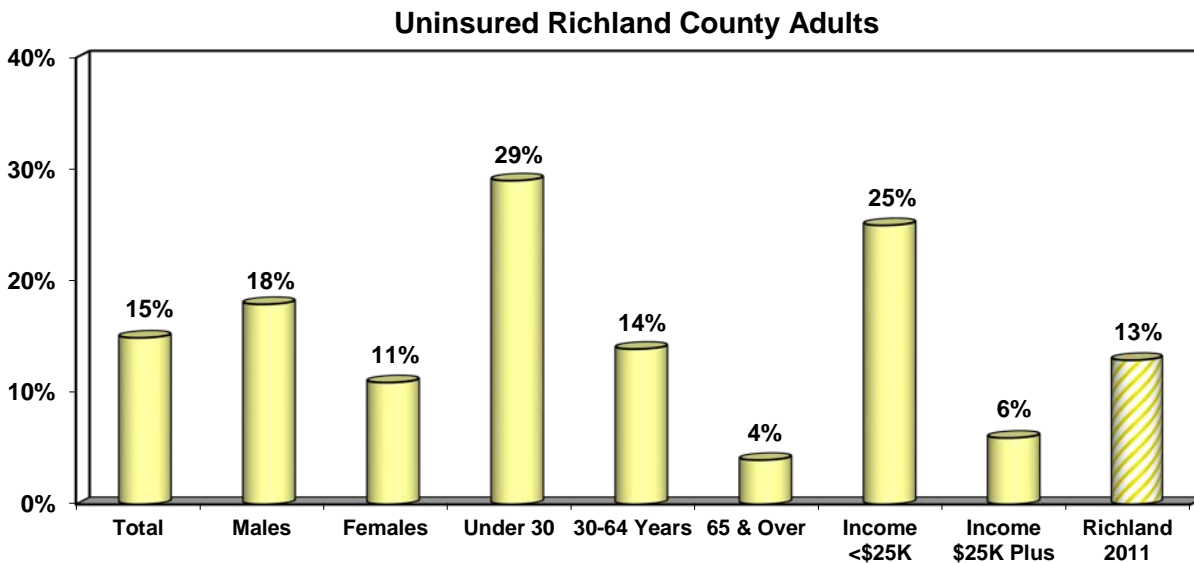
In 2016, almost half (45%) of Richland County adults rated their health status as excellent or very good. Conversely, 13% of adults described their health status as fair or poor, increasing to 25% of those with incomes less than \$25,000.



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

HEALTH CARE COVERAGE

The 2016 health assessment data has identified that 15% of Richland County adults were without health care coverage. Those most likely to be uninsured were adults under the age of 30 and those with an income level under \$25,000. In Richland County, 17.0% of residents live below the poverty level (Source: U.S. Census, American Community Survey 5 Year Estimate, 2011-2015).



HEALTH CARE ACCESS

The 2016 health assessment identified that 65% of Richland County adults had visited a doctor for a routine checkup in the past year. 36% of adults went outside of Richland County for health care services in the past year.

CARDIOVASCULAR HEALTH

Heart disease (23%) and stroke (5%) accounted for 28% of all Richland County adult deaths from 2013-2015 (Source: CDC Wonder, 2013-2015). The 2016 Richland County Health Assessment found that 5% of adults had survived a heart attack and 3% had survived a stroke at some time in their life. Nearly two-fifths (39%) of Richland County adults had high blood cholesterol, 42% were obese, 40% had high blood pressure, and 16% were smokers, four known risk factors for heart disease and stroke.

Richland County Leading Causes of Death 2013-2015

Total Deaths: 4,182

1. Heart Disease (23% of all deaths)
2. Cancer (22%)
3. Chronic Lower Respiratory Diseases (7%)
4. Stroke (5%)
5. Accidents, Unintentional Injuries (4%)

(Source: CDC Wonder, 2013-2015)

CANCER

In 2016, 13% of Richland County adults had been diagnosed with cancer at some time in their life. The Centers for Disease Control and Prevention (CDC) indicates that from 2013-2015, a total of 933 Richland County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that avoiding 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.

Richland County Incidence of Cancer, 2009-2013

All Types: 3,567 cases

- Lung and Bronchus: 588 cases (16%)
- Breast: 467 cases (13%)
- Prostate: 409 cases (11%)
- Colon and Rectum: 341 cases (10%)

In 2013-2015, there were 933 cancer deaths in Richland County.

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 4/27/2016)

DIABETES

In 2016, 13% of Richland County adults had been diagnosed with diabetes.

ARTHRITIS

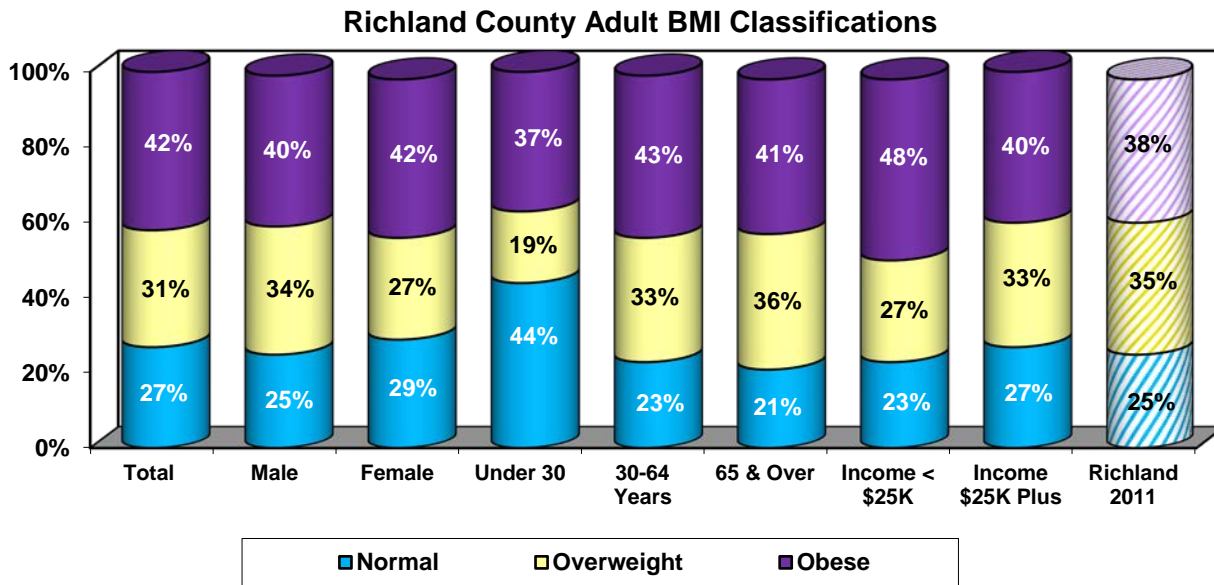
According to the Richland County survey data, 35% of adults were diagnosed with arthritis. The 2015 BRFSS reported 28% of Ohio adults and 25% of U.S. adults were told they have arthritis.

ASTHMA

The Richland County survey data reported that 18% of adults had been diagnosed with asthma.

ADULT WEIGHT STATUS

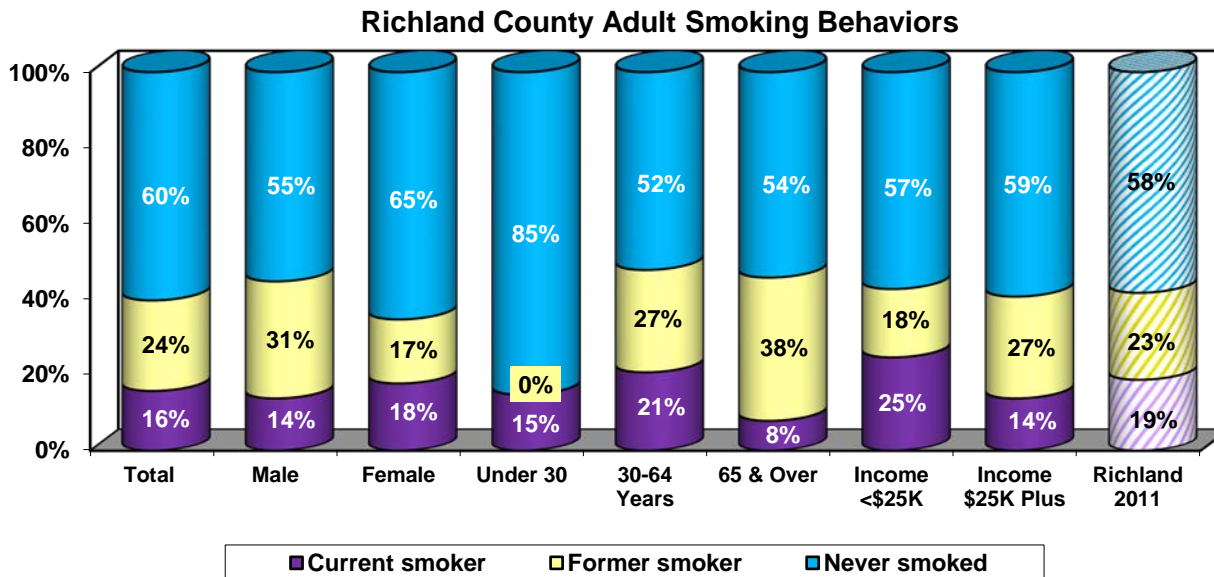
The 2016 health assessment identified that 73% of Richland County adults were overweight or obese based on Body Mass Index (BMI). The 2015 BRFSS indicates that 30% of Ohio and 30% of U.S. adults were obese as measured by BMI. More than two-fifths (42%) of Richland County adults were obese.



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

ADULT TOBACCO USE

In 2016, 16% of Richland County adults were current smokers and 24% were considered former smokers. In 2017, 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, 2017).

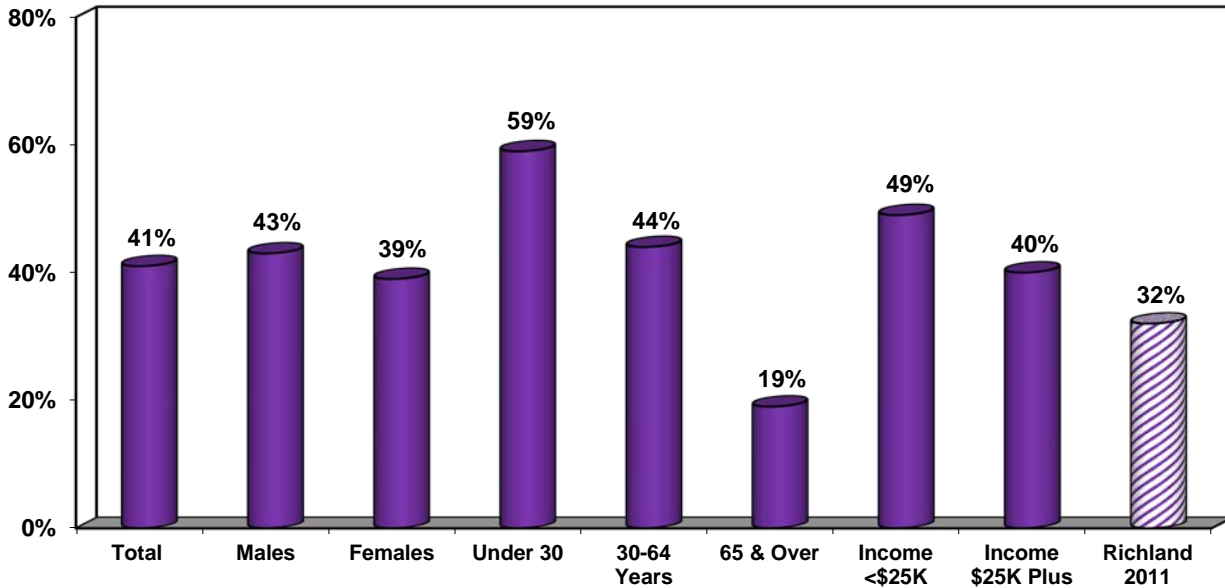


Respondents were asked:
 "Have you smoked at least 100 cigarettes in your entire life?
 If yes, do you now smoke cigarettes every day, some days or not at all?"

ADULT ALCOHOL CONSUMPTION

In 2016, the health assessment indicated that 50% of Richland County adults had at least one alcoholic drink in the past month. Additionally, 41% of adults who drank engaged in binge drinking (defined as 5 or more drinks for males or 4 or more drinks for females at one sitting) in the last month.

Richland County Adult Drinkers Who Binge Drank in Past Month*

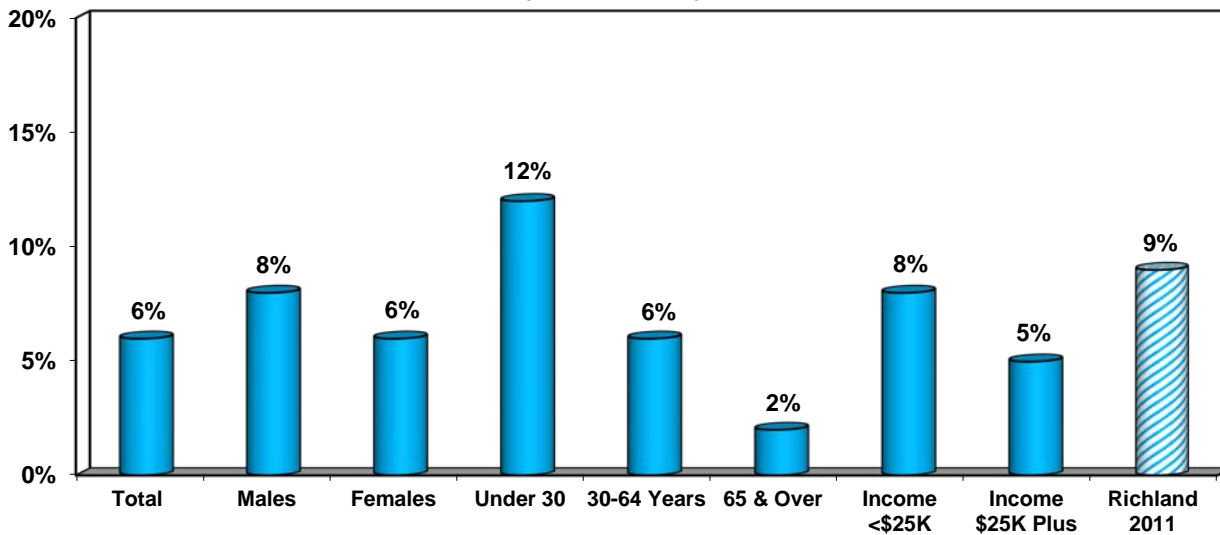


**Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion. Adults must have reported drinking five or more drinks (for males) for four or more drinks (for females) on an occasion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

ADULT MARIJUANA AND OTHER DRUG USE

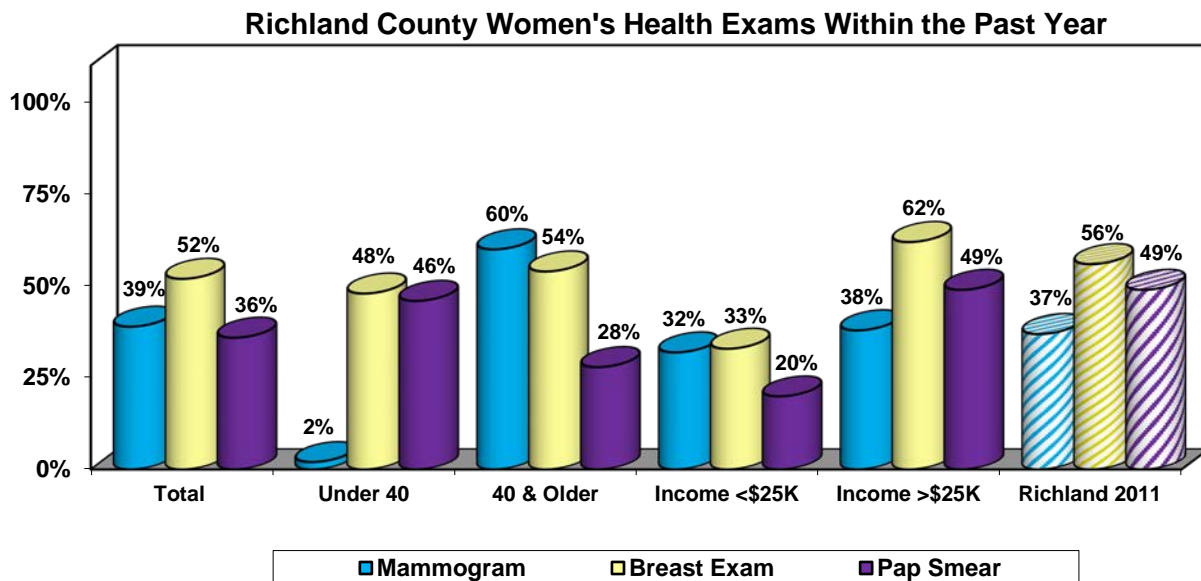
In 2016, 6% of Richland County adults had used marijuana during the past 6 months. 7% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Richland County Adult Marijuana Use in Past 6 Months



WOMEN'S HEALTH

In 2016, three-fifths (60%) of Richland County women over the age of 40 reported having a mammogram in the past year. 52% of Richland County women ages 19 and over had a clinical breast exam and 36% had a Pap smear to detect cancer of the cervix in the past year. 2% of women survived a heart attack and 2% survived a stroke at some time in their life. More than two-fifths (42%) were obese, 37% had high blood pressure, 37% had high blood cholesterol, and 18% were identified as smokers, all known risk factors for cardiovascular diseases.



MEN'S HEALTH

In 2016, 26% of Richland County males performed a self-testicular exam. The health assessment determined that 7% of men survived a heart attack and 3% survived a stroke at some time in their life. More than two-fifths (42%) of men had been diagnosed with high blood pressure, 40% had high blood cholesterol, and 14% were identified as smokers, which, along with obesity (40%), are known risk factors for cardiovascular diseases. Major cardiovascular diseases (heart disease and stroke) accounted for 30% and cancers accounted for 23% of all male deaths in Richland County from 2013-2015 (*Source: CDC Wonder, 2013-2015*).

PREVENTIVE MEDICINE AND HEALTH SCREENINGS

Almost three-quarters (72%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than half (56%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.

ADULT SEXUAL BEHAVIOR & PREGNANCY OUTCOMES

In 2016, 69% of Richland County adults had sexual intercourse. 6% percent of adults had more than one partner. The CDC estimates that youth ages 15-24 make up just over one quarter of the sexually active population, but account for half of the 20 million new sexually transmitted infections that occur in the United States each year (*Source: CDC, STD's in Adolescents and Young Adults, 2016 STD Surveillance*).

SOCIAL DETERMINANTS OF HEALTH

In 2016, 9% of Richland County adults were threatened or abused in the past year (including physical, sexual, emotional, financial, and verbal abuse). 46% of adults reported having firearms in and around their homes.

QUALITY OF LIFE

In 2016, 29% of Richland County adults were limited in some way because of a physical, mental or emotional problem.

MENTAL HEALTH AND SUICIDE

In 2016, 3% of Richland County adults considered attempting suicide. 31% of adults did not get enough rest or sleep almost every day for two or more weeks.

ORAL HEALTH

Nearly two-thirds (65%) of Richland County adults had visited a dentist or dental clinic in the past year. The 2014 BRFSS reported that 65% of Ohio adults and 65% of U.S. adults had visited a dentist or dental clinic in the previous twelve months.

AFRICAN AMERICAN HEALTH CARE ACCESS, COVERAGE & UTILIZATION

The 2016 health assessment indicates that 21% of African Americans did not have health care coverage. 22% rated their health status as fair or poor. Only 97 African Americans responded to the survey, so these findings are not generalizable to the entire population.

AFRICAN AMERICAN CHRONIC DISEASES & PREVENTION

In 2016, 15% of Richland County African Americans were diagnosed with diabetes, and 48% were diagnosed with high blood pressure. 74% of African Americans were either overweight or obese. Only 97 African Americans responded to the survey, so these findings are not generalizable to the entire population.

AFRICAN AMERICAN SOCIAL DETERMINANTS OF HEALTH

Nearly one-fourth (23%) of African Americans kept a firearm in or around their home. 20% of African American adults had 3 or more adverse childhood experiences in their lifetime. Only 97 African Americans responded to the survey, so these findings are not generalizable to the entire population.

SHELBY CITY HEALTH CARE ACCESS, COVERAGE & UTILIZATION

The 2016 health assessment indicated that 9% of Shelby City adults did not have health care coverage. 9% rated their health status as fair or poor.

SHELBY CITY CHRONIC DISEASES & PREVENTION

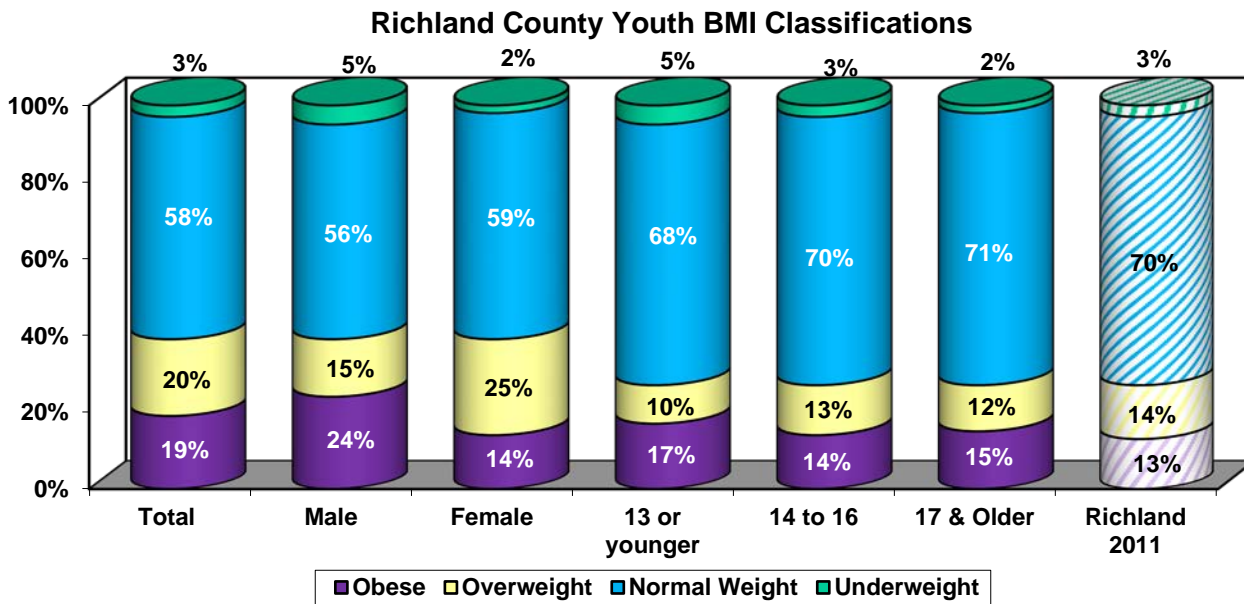
In 2016, 11% of Shelby City adults were diagnosed with diabetes and 32% with high blood pressure. More than two-thirds (71%) of Shelby City adults were either overweight (29%) or obese (42%). About one-quarter (24%) of Shelby City adults were limited in some way because of a physical, mental or emotional problem.

SHELBY CITY SOCIAL DETERMINANTS OF HEALTH

Nearly half (49%) of Shelby City adults kept a firearm in or around their home. 16% of Shelby City adults had 3 or more adverse childhood experiences in their lifetime.

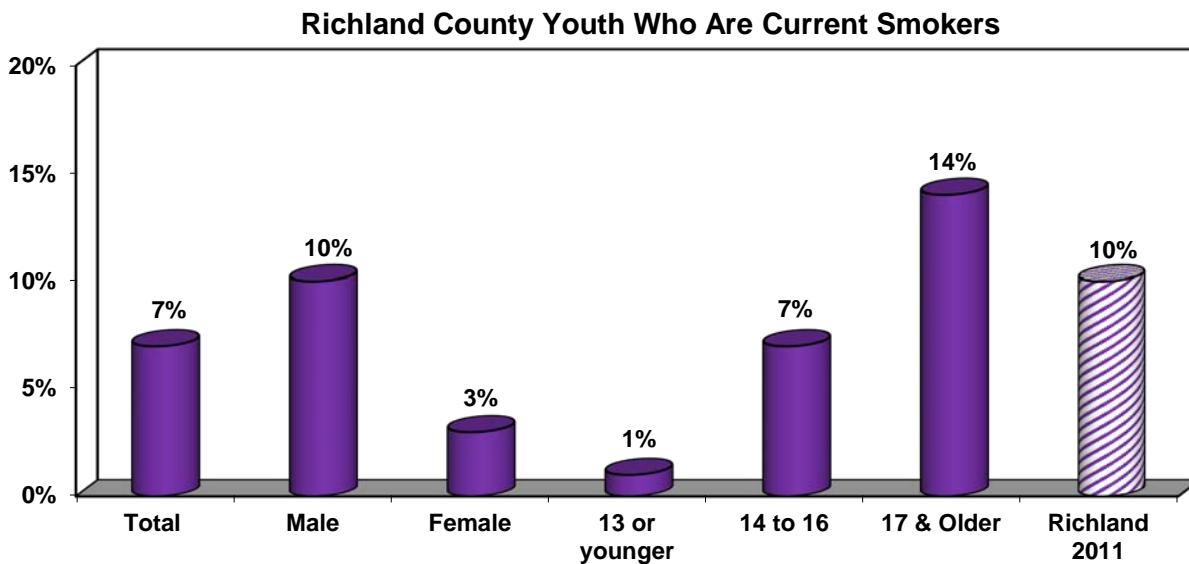
YOUTH WEIGHT STATUS

The 2016/17 health assessment identified that 19% of Richland County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 27% of Richland County youth reported that they were slightly or very overweight. 67% of youth reported exercising for 60 minutes on 3 or more days per week.



YOUTH TOBACCO USE

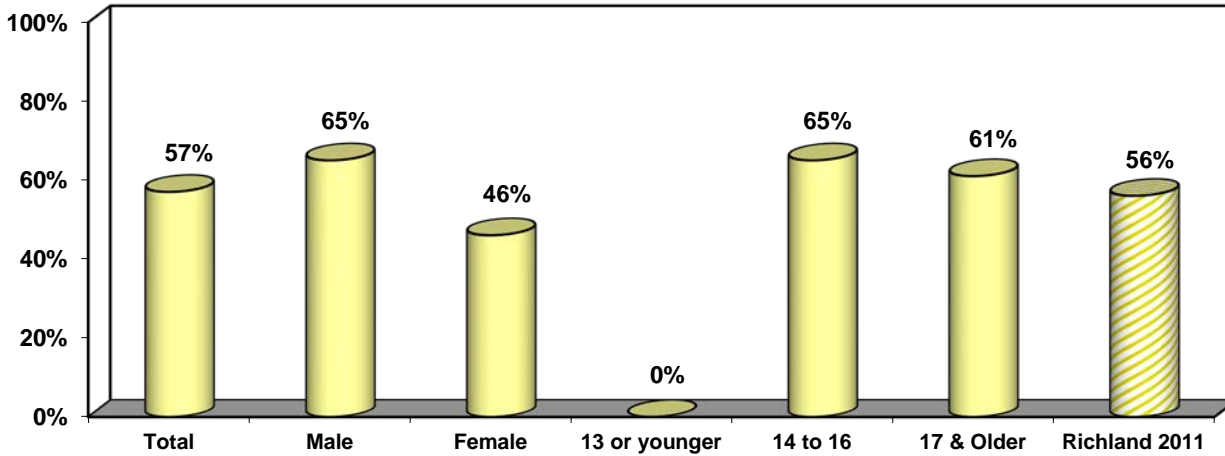
The 2016/17 health assessment identified that 7% of Richland County youth were current smokers, increasing to 14% of those ages 17 and older. Over three-fifths (68%) of Richland County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.



YOUTH ALCOHOL CONSUMPTION

In 2016/17, the health assessment results indicated that 38% of Richland County youth had drunk at least one drink of alcohol in their life, increasing to 57% of youth ages 17 and older. 17% of all Richland County youth and 32% of those over the age of 17 had at least one drink in the past 30 days. Nearly three-fifths (57%) of youth who reported drinking in the past 30 days had at least one episode of binge drinking. 9% of all youth drivers had driven a car in the past month after they had been drinking alcohol.

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

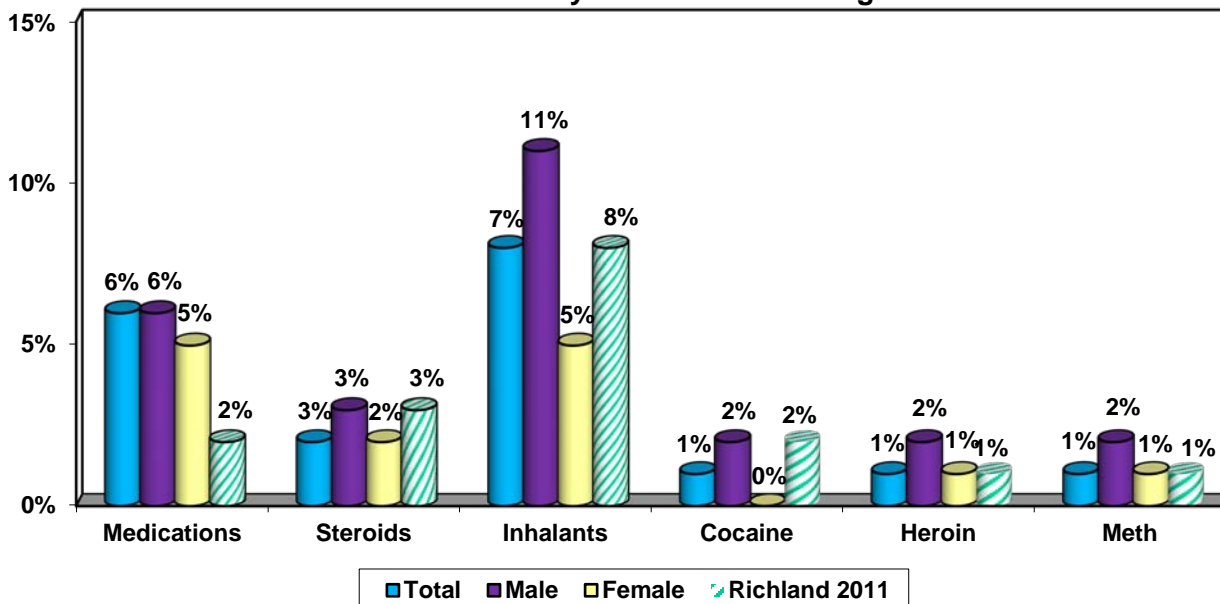


*Based on all current drinkers. Binge drinking is defined as having five or more drinks on an occasion.

YOUTH MARIJUANA AND OTHER DRUG USE

In 2016/17, 9% of Richland County youth had used marijuana at least once in the past 30 days, increasing to 18% of those ages 17 and older. 6% 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 11% of those over the age of 17.

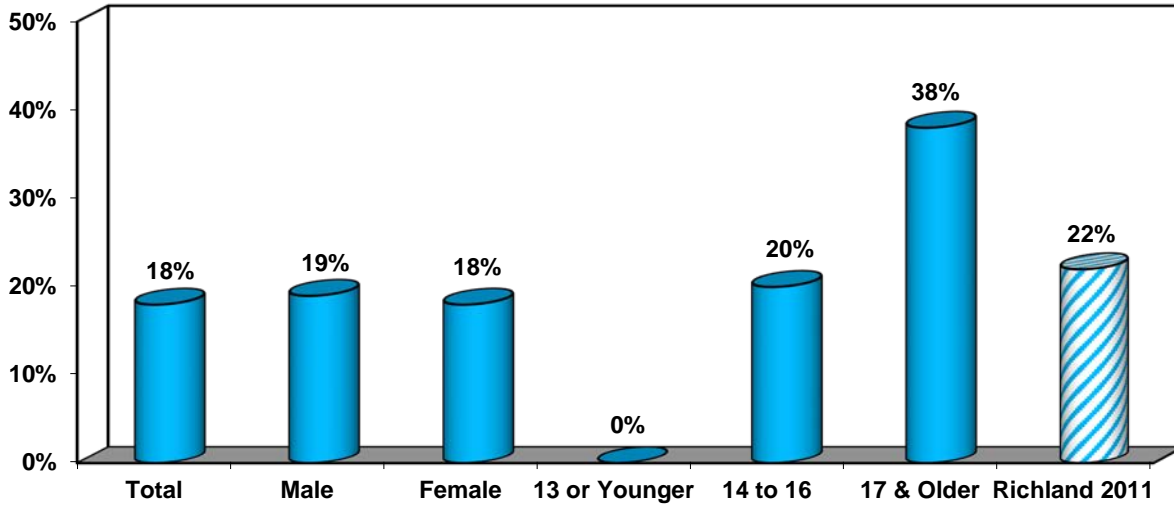
Richland County Youth Lifetime Drug Use



YOUTH SEXUAL BEHAVIOR & PREGNANCY OUTCOMES

In 2016/17, nearly one-fifth (18%) of Richland County youth had sexual intercourse at some point in their lives. 18% of youth had participated in oral sex, and 4% had participated in anal sex. 24% of youth participated in sexting. Of those who were sexually active, 51% had multiple sexual partners. One Richland County school district did not ask sexual behavior questions.

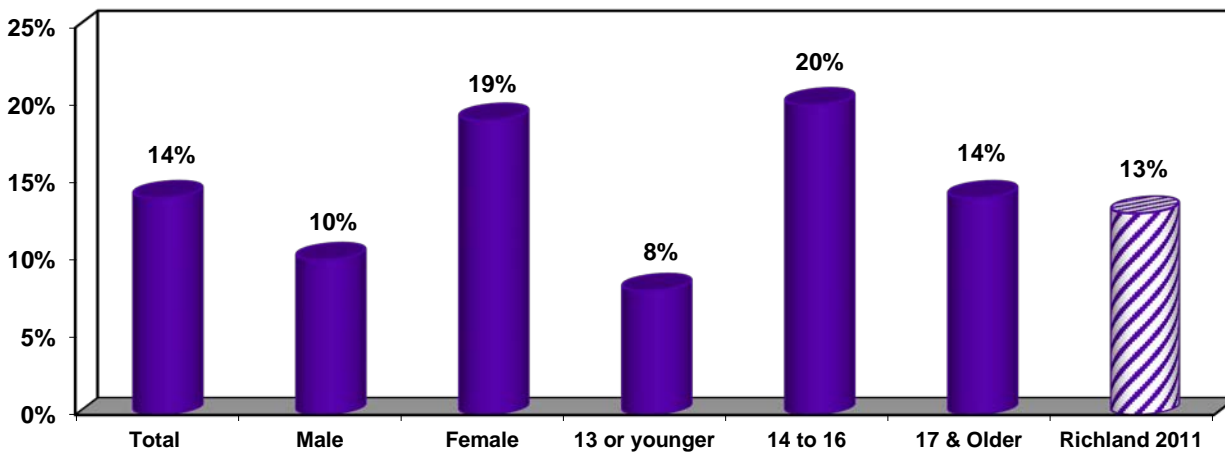
Richland County Youth Who Had Sexual Intercourse



YOUTH MENTAL HEALTH AND SUICIDE

In 2016/17, the health assessment results indicated that 14% of Richland County youth had seriously considered attempting suicide in the past year, and 7% actually attempted suicide in the past year.

Richland County Youth Who Had Seriously Considered Attempting Suicide in the Past 12 months

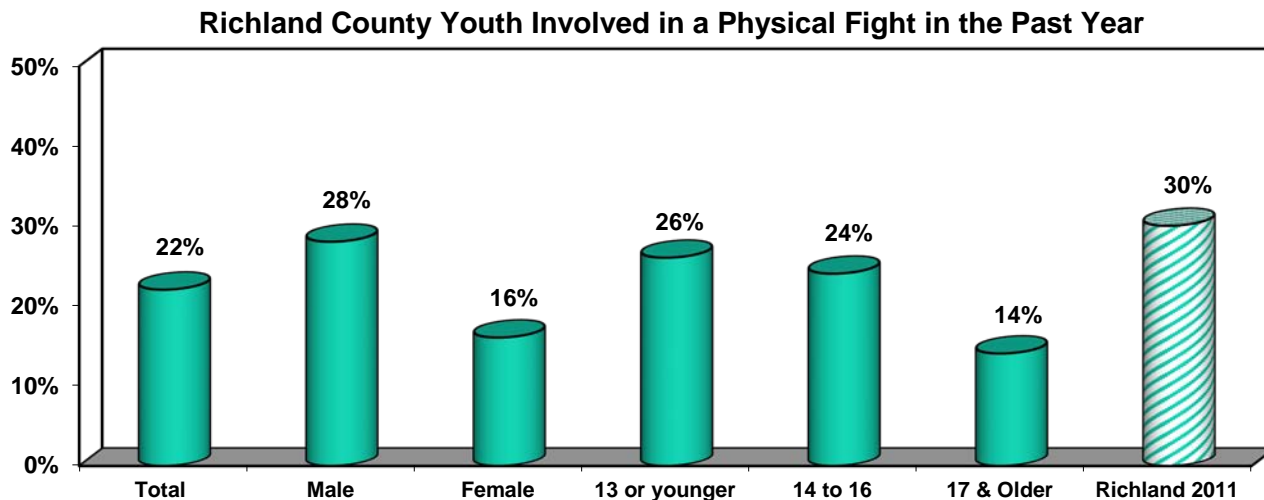


YOUTH SAFETY

In 2016/17, 44% of Richland County youth had hit their head hard enough that they were dizzy, had a concussion, were knocked out, had their "bell rung," etc., increasing to 52% of males. 19% of youth drivers texted while driving. 57% of youth who had a Twitter, Instagram, Facebook, online gaming, or other social network account believed that sharing information online is dangerous.

YOUTH VIOLENCE

In Richland County, 6% of youth had been threatened or injured with a weapon on school property in the past year. 17% of youth purposefully hurt themselves at some time in their life. 47% of youth had been bullied in the past year.



CHILD HEALTH AND FUNCTIONAL STATUS

In 2016, 41% of children were classified as obese by Body Mass Index (BMI) calculations. 79% of children had been to the dentist in the past year, increasing to 87% of 6-11 year olds. 10% of Richland County parents reported their child ages 0-11 had been diagnosed with asthma. 6% of parents reported their child had been diagnosed with ADD/ADHD.

CHILD HEALTH INSURANCE, ACCESS & UTILIZATION

In 2016, 7% of Richland County parents reported their 0-11-year-old did not have health insurance. 7% of Richland County children received mental health care or counseling in the past year. 91% of Richland County children had received all of their recommended vaccinations.

EARLY CHILDHOOD (0-5 YEARS OLD)

The following information was reported by parents of 0-5 year olds. 79% of mothers received prenatal care within the first three months during their last pregnancy. 8% of mothers smoked or used other tobacco products during their last pregnancy. 71% 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 Richland County parents of 6-11 year olds. In 2016, 75% of Richland County parents reported their child always felt safe at school. 43% of parents reported their child was bullied at some time in the past year. 90% of parents reported their child participated in extracurricular activities. 23% of parents reported their child had an email or a social network account.

FAMILY FUNCTIONING, NEIGHBORHOOD AND COMMUNITY CHARACTERISTICS

In 2016, 97% of parents reported their 0-11-year-old child slept 7 or more hours per night. 1% of parents reported their child went to bed hungry at least one day per week because they did not have enough money for food, increasing to 8% of those with incomes less than \$25,000. 11% of parents reported they received benefits from the SNAP/food stamps program.

PARENT HEALTH

In 2016, 22% of Richland County parents were uninsured. 60% of Richland County parents experienced challenges in the day to day demands of parenthood and raising children.

Adult | TREND SUMMARY

Adult Variables	Richland County 2011	Richland County 2016	Ohio 2015	U.S. 2015
Health Status				
Rated health as excellent or very good	53%	45%	52%	52%
Rated general health as fair or poor	12%	13%	17%	16%
Rated their mental health as not good on four or more days in the past month	28%	34%	N/A	N/A
Average days that physical health not good in past month	N/A	5.5	4.0*	3.8*
Average days that mental health not good in past month	N/A	6.2	4.3*	3.7*
Health Care Coverage				
Uninsured	13%	15%	8%	11%
Arthritis, Asthma, & Diabetes				
Has been diagnosed with diabetes	10%	13%	11%	10%
Has been diagnosed with asthma	15%	18%	14%	14%
Has been diagnosed with arthritis	31%	35%	28%	25%
Cardiovascular Health				
Had angina	4%	6%	4%	4%
Had a heart attack	7%	5%	5%	4%
Had a stroke	6%	3%	4%	3%
Has been diagnosed with high blood pressure	35%	40%	34%	31%
Has been diagnosed with high blood cholesterol	34%	39%	37%	36%
Had blood cholesterol checked within past 5 years	73%	83%	78%	78%
Weight Status				
Overweight	38%	31%	37%	36%
Obese	35%	42%	30%	30%
Alcohol Consumption				
Had at least one alcoholic beverage in past month	51%	50%	53%	54%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	16%	20%	18%	16%
Tobacco Use				
Current smoker (currently smoke some or all days)	19%	16%	22%	18%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	23%	24%	24%	25%
Tried to quit smoking	49%	40%	N/A	N/A
Drug Use				
Adults who used marijuana in the past 6 months	9%	6%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	13%	7%	N/A	N/A
Preventive Medicine				
Had a pneumonia vaccine (ages 65 and older)	49%	72%	72%	73%
Had a flu vaccine in the past year (ages 65 and over)	56%	78%	58%	61%
Had a mammogram in the past two years (ages 40 and older)	83%	76%	72%*	73%*
Had a pap smear in the past three years	67%	66%	74%*	75%*
Had a clinical breast exam in the past two years (ages 40 & over)	N/A	73%	N/A	N/A
Had a colonoscopy or sigmoidoscopy in the past 5 years (ages 50 and over)	42%	56%	N/A	N/A

N/A - not available

*2014 BRFSS

Adult Variables	Richland County 2011	Richland County 2016	Ohio 2015	U.S. 2015
Quality of Life				
Limited in some way because of physical, mental or emotional problem	32%	29%	21%	21%
Mental Health				
Considered attempting suicide in the past year	1%	3%	N/A	N/A
Oral Health				
Adults who have visited the dentist in the past year	66%	65%	65%*	65%*
Adults who have had one or more permanent teeth removed	44%	51%	47%*	43%*
Adults 65 years and older who had all of their permanent teeth removed	14%	13%	18%*	15%*

N/A - not available
 *2014 BRFSS

Youth | TREND SUMMARY

Youth Variables	Richland County 2011 (6 th -12 th)	Richland County 2016/17 (6 th -12 th)	Richland County 2016/17 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Weight Control					
Obese	14%	19%	22%	13%	14%
Overweight	13%	20%	26%	16%	16%
Trying to lose weight	45%	37%	42%	47%	46%
Described themselves as slightly or very overweight	25%	27%	29%	28%	32%
Exercised to lose weight	48%	43%	45%	N/A	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight	30%	24%	29%	N/A	N/A
Went without eating for 24 hours or more	4%	3%	4%	10%	13%*
Took diet pills, powders, or liquids without a doctor's advice	1%	2%	3%	5%	5%*
Vomited or took laxatives	1%	1%	2%	5%	4%*
Physically active at least 60 minutes per day on every day in past week	26%	24%	24%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	50%	47%	47%	48%	49%
Did not participate in at least 60 minutes of physical activity on any day in past week	9%	15%	18%	13%	14%
Ate 1 to 4 servings of fruits and vegetables per day	81%	88%	90%	N/A	N/A
Watched TV 3 or more hours per day	N/A	19%	23%	28%	25%
Unintentional Injuries & Violence					
Carried a weapon in past month	11%	12%	14%	14%	16%
Been in a physical fight in past year	30%	22%	18%	6%	8%
Threatened or injured with a weapon on school property in past year	N/A	6%	7%	N/A	6%
Did not go to school because felt unsafe	4%	5%	4%	5%	6%
Bullied in past year	53%	47%	46%	N/A	N/A
Electronically/cyber bullied in past year	13%	12%	13%	15%	16%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	4%	5%	7%	N/A	10%
Forced to have sexual intercourse	6%	5%	9%	8%	7%
Alcohol Consumption					
Ever tried alcohol	41%	38%	55%	71%*	63%
Current drinker	18%	17%	28%	30%	33%
Binge drinker (of all youth)	10%	10%	18%	16%	18%
Drank for the first time before age 13 (of all youth)	N/A	11%	13%	13%	17%
Obtained the alcohol they drank by someone giving it to them	45%	35%	37%	38%	44%
Rode with someone who was drinking	14%	14%	14%	17%	20%
Drove a car after drinking alcohol (of youth drivers)	7%	9%	9%	4%	8%

* Comparative YRBS U.S. data is 2013

N/A- Not available

Youth Variables	Richland County 2011 (6 th -12 th)	Richland County 2016/17 (6 th -12 th)	Richland County 2016/17 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Tobacco Use					
Ever tried cigarettes	27%	21%	32%	52%*	32%
Current smokers	10%	7%	11%	15%	11%
Tried to quit smoking (of those youth who smoked in the past year)	50%	58%	57%	56%*	45%
Smoked cigarettes on 20 or more days during the past month (of all youth)	N/A	1%	1%	7%	3%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	N/A	5%	5%	14%*	7%
Sexual Behavior					
Ever had sexual intercourse	22%	18%	31%	43%	41%
Used a condom at last intercourse	61%	53%	57%	51%	57%
Used birth control pills at last intercourse	32%	23%	26%	24%	18%
Had multiple sexual partners	57%	51%	53%	N/A	N/A
Did not use any method to prevent pregnancy during last sexual intercourse	18%	10%	12%	12%	14%
Had four or more sexual partners (of all youth)	9%	6%	9%	12%	12%
Had sexual intercourse before age 13 (of all youth)	N/A	2%	2%	4%	4%
Drug Use					
Youth who used marijuana in the past month	8%	9%	15%	21%	22%
Ever used methamphetamines	1%	1%	2%	N/A	3%
Ever used cocaine	2%	1%	2%	4%	5%
Ever used heroin	<1%	1%	3%	2%	2%
Ever used steroids	3%	2%	3%	3%	4%
Ever used inhalants	8%	8%	10%	9%	7%
Ever misused prescription medications	9%	6%	8%	N/A	N/A
Ever used a needle to inject any illegal drug	1%	1%	2%	2%	2%
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	9%	7%	12%	20%	22%
Mental Health					
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	26%	25%	32%	26%	30%
Youth who had seriously considered attempting suicide in the past year	13%	14%	20%	14%	18%
Youth who had attempted suicide in the past year	6%	7%	7%	6%	9%

*Comparative YRBS data for Ohio is 2011
 N/A – Not available

Child | TREND SUMMARY

Child Comparisons	Richland County 2011 Ages 0-5	Richland County 2016 Ages 0-5	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Richland County 2011 Ages 6-11	Richland County 2016 Ages 6-11	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Health and Functional Status								
Dental care visit in past year	47%	43%	50%	54%	86%	87%	92%	88%
Diagnosed with asthma	9%	13%	6%	6%	16%	10%	10%	10%
Diagnosed with ADHD/ADD	0%	0%	N/A	2%*	10%	7%	12%	9%
Diagnosed with autism	0%	0%	N/A	2%*	1%	2%	N/A	3%
Diagnosed with behavioral or conduct problems	2%	2%	N/A	2%*	5%	3%	5%	4%
Diagnosed with vision problems that cannot be corrected	1%	2%	N/A	<1%	3%	6%	N/A	2%
Diagnosed with bone, joint, or muscle problems	1%	4%	N/A	1%	3%	4%	N/A	2%
Diagnosed with epilepsy	2%	0%	N/A	<1%	1%	1%	N/A	1%
Diagnosed with a head injury	2%	4%	N/A	<1%	1%	4%	N/A	<1%
Diagnosed with diabetes	0%	<1%	N/A	N/A	1%	<1%	N/A	<1%
Diagnosed with depression	0%	0%	N/A	<1%*	3%	2%	N/A	2%
Health Care Coverage, Access and Utilization								
Had public insurance	20%	26%	40%	44%	16%	18%	34%	37%
Been to doctor for preventive care in past year	85%	88%	94%	90%	70%	75%	86%	82%
Have a personal doctor or nurse	78%	84%	91%	91%	86%	83%	93%	90%
Family Functioning, Neighborhood and Community Characteristics								
Family eats a meal together every day of the week	47%	52%	63%	61%	44%	38%	45%	46%
2 or more Adverse Childhood Experiences	N/A	20%	15%	13%	N/A	20%	26%	24%
Early Childhood (0-5 years old)								
Never breastfed their child	27%	29%	29%	21%	N/A	N/A	N/A	N/A
Parent reads to child every day	39%	40%	53%	48%	N/A	N/A	N/A	N/A
Middle Childhood (6-11 years old)								
Child did not miss any days of school because of illness or injury	N/A	N/A	N/A	N/A	14%	25%	20%	23%
Parent felt child was usually/always safe at school	N/A	N/A	N/A	N/A	94%	98%	96%	94%
Parent Health								
Mother's mental or emotional health is fair/poor	6%	2%	7%	7%	5%	6%	10%	8%
Father's mental or emotional health is fair/poor	0%	0%	N/A	3%	2%	4%	7%	5%

N/A – Not available

* Ages 2-5

Adult | HEALTH STATUS PERCEPTIONS

Key Findings

In 2016, almost half (45%) of Richland County adults rated their health status as excellent or very good. Conversely, 13% of adults, described their health as fair or poor, increasing to 25% among individuals with incomes less than \$25,000.

Adults Who Rated General Health Status Excellent or Very Good

- Richland County 45% (2016)
- Ohio 52% (2015)
- U.S. 52% (2015)

(Source: BRFSS 2015 for Ohio and U.S.)

General Health Status

- In 2016, almost half (45%) of Richland County adults rated their health as excellent or very good. Richland County adults with higher incomes (55%) were most likely to rate their health as excellent or very good, compared to 25% of those with incomes less than \$25,000.
- 13% of adults rated their health as fair or poor. The 2015 BRFSS has identified that 17% of Ohio and 16% of U.S. adults self-reported their health as fair or poor.
- Richland County adults were most likely to rate their health as fair or poor if they:
 - Had been diagnosed with diabetes (37%)
 - Were divorced (26%)
 - Had an annual household income under \$25,000 (25%)
 - Had high blood cholesterol (21%) or high blood pressure (20%)

Physical Health Status

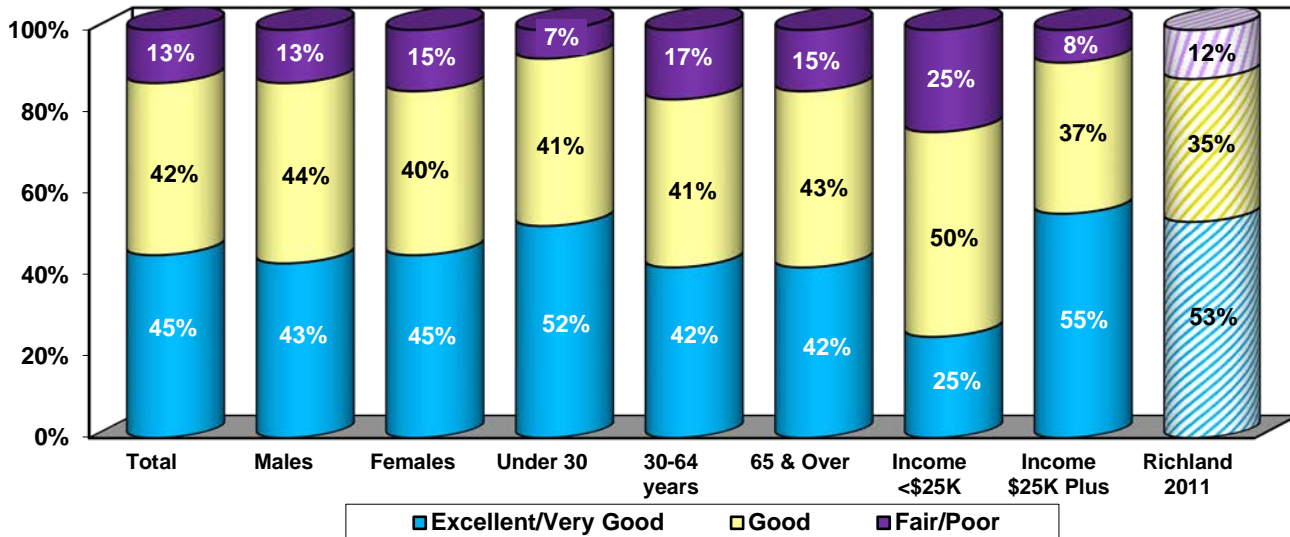
- In 2016, 27% of Richland County adults rated their physical health as not good on four or more days in the previous month.
- Richland County adults reported their physical health as not good on an average of 5.5 days in the previous month. Ohio and U.S. adults reported their physical health as not good on an average of 4.0 days and 3.8 days, respectively, in the previous month (Source: 2014 BRFSS).
- Richland County adults were most likely to rate their physical health as not good if they:
 - Had an annual household income under \$25,000 (39%)
 - Were female (31%)

Mental Health Status

- In 2016, 34% of Richland County adults rated their mental health as not good on four or more days in the previous month.
- Richland County adults reported their mental health as not good on an average of 6.2 days in the previous month. Ohio and U.S. adults reported their mental health as not good on an average of 4.3 days and 3.7 days, respectively, in the previous month (Source: 2014 BRFSS).
- One-third (33%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.
- Richland County adults were most likely to rate their mental health as not good if they:
 - Had an annual household income under \$25,000 (53%)
 - Were under the age of 30 (48%)
 - Were female (45%)

The following graph shows the percentage of Richland County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 45% of all Richland County adults, 52% of those under age 30, and 55% of those with incomes greater than \$25,000 rated their health as excellent or very good. The table shows the percentage of adults with poor physical and mental health in the past 30 days.

Richland County Adult Health Perceptions*



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

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	47%	25%	6%	3%	15%
Females	40%	25%	11%	2%	18%
Total	44%	25%	8%	3%	16%
Mental Health Not Good in Past 30 Days*					
Males	57%	18%	7%	2%	16%
Females	37%	18%	10%	4%	30%
Total	48%	18%	9%	2%	23%

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

Adult Comparisons	Richland County 2011	Richland County 2016	Ohio 2015	U.S. 2015
Rated health as excellent or very good	53%	45%	52%	52%
Rated health as fair or poor	12%	13%	17%	16%
Rated their mental health as not good on four or more days in the previous month	28%	34%	N/A	N/A
Average days that physical health not good in past month	N/A	5.5	4.0*	3.8*
Average days that mental health not good in past month	N/A	6.2	4.3*	3.7*

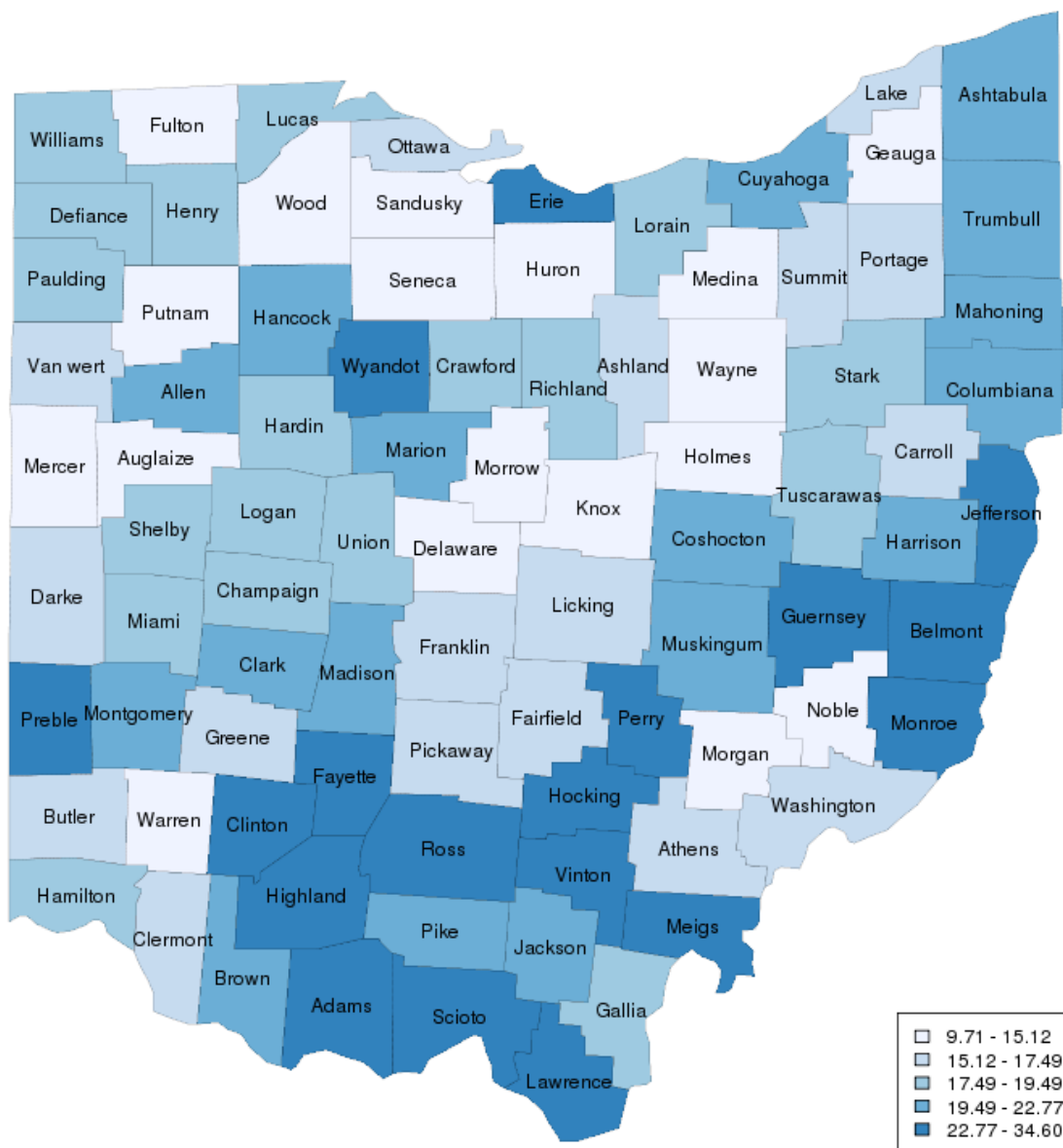
N/A - Not Available

*2014 BRFSS as compiled by County Health Rankings

The following map shows the estimated proportion of all adults, ages 19 years and older, with family incomes at 0% Federal Poverty Level (FPL) or more who rated their overall health as fair/poor.

- 19% of Richland County adults, ages 19 years and older, rated their overall health as fair/poor.
- 18% of Ohio adults, ages 19 years and older, rated their overall health as fair/poor.

Estimated Proportion: Poor/Fair Overall Health, All Adults, Ages 19 Years and Older with Family Incomes 0% FPL or More (2015)



(Source: Ohio Medicaid Assessment Survey (OMAS) Adult Dashboard, 2015)

Adult | HEALTH CARE COVERAGE

Key Findings

The 2016 health assessment data has identified that 15% of Richland County adults were without health care coverage. Those most likely to be uninsured were adults under the age of 30 and those with an income level under \$25,000. In Richland County, 17.0% of residents live below the poverty level (Source: U.S. Census, American Community Survey 5 Year Estimate, 2011-2015).

General Health Coverage

- In 2016, 85% of Richland County adults had health care coverage, leaving 15% who were uninsured. The 2015 BRFSS reports uninsured prevalence rates for Ohio (8%) and the U.S. (11%).
- In the past year, 15% of adults were uninsured, increasing to 25% of those with incomes less than \$25,000 and 29% of those under the age of 30.
- 15% of adults with children did not have healthcare coverage, compared to 9% of those who did not have children living in their household.
- The following types of health care coverage were used: employer (40%), Medicare (19%), someone else's employer (13%), Medicaid or medical assistance (8%), self-paid plan (6%), multiple, including private sources (5%), multiple, including government sources (4%), Health Insurance Marketplace (3%), and military or VA (2%).

15% of Richland County adults were uninsured.

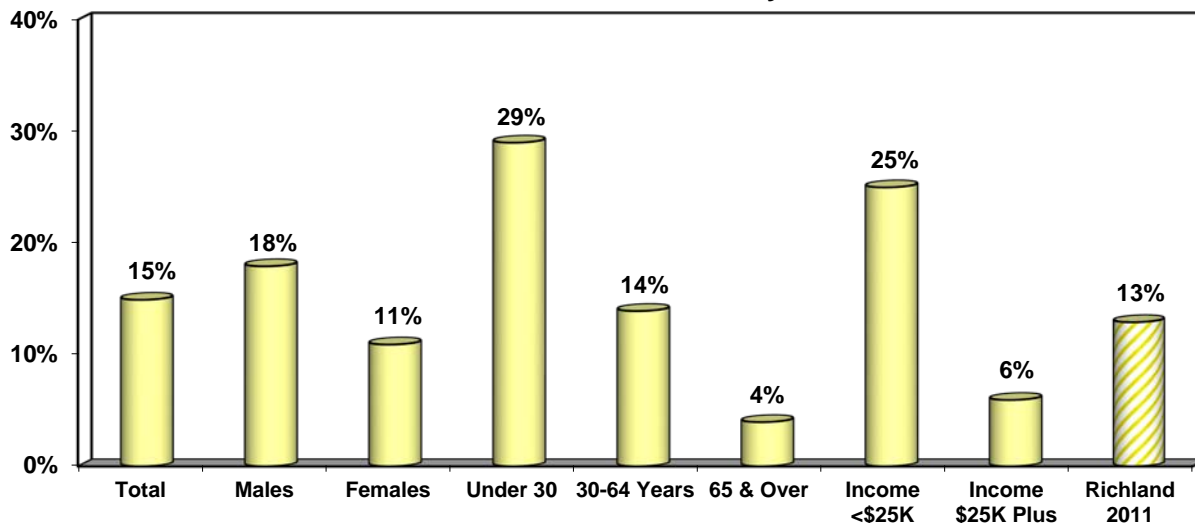
- Richland County adult health care coverage included the following: medical (96%); prescription coverage (92%); preventive health (77%); immunizations (75%); outpatient therapy (67%); dental (65%); vision (65%); mental health (57%); durable medical equipment (43%); alcohol and drug treatment (37%); home care (32%); skilled nursing/assisted living (31%); hospice (27%); and transportation (18%).
- The top reasons uninsured adults gave for being without health care coverage were:
 1. They lost their job or changed employers (45%)
 2. They could not afford to pay the premiums (32%)
 3. They were confused about how to enroll (14%)
 4. Their employer does not offer/stopped offering coverage (13%)
 5. They became a part-time or temporary employee (11%)

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

Adult Comparisons	Richland County 2011	Richland County 2016	Ohio 2015	U.S. 2015
Uninsured	13%	15%	8%	11%

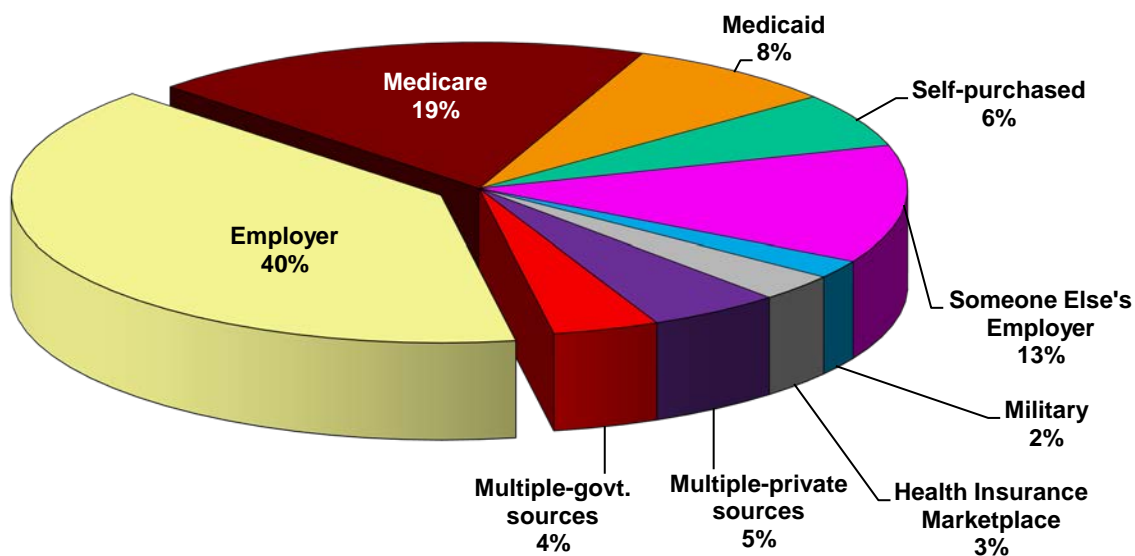
The following graph shows the percentages of Richland County adults who were uninsured by demographic characteristics. Examples of how to interpret the information in the graph include: 15% of all Richland County adults were uninsured, 25% of adults with an income less than \$25,000 reported being uninsured, and 29% of those under age 30 lacked health care coverage. The pie chart shows sources of Richland County adults' health care coverage.

Uninsured Richland County Adults



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

Source of Health Coverage for Richland County Adults



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

Health Coverage Includes:	Yes	No	Don't Know
Medical	96%	0%	4%
Prescription Coverage	92%	5%	2%
Preventive Health	77%	3%	20%
Immunizations	75%	2%	23%
Outpatient Therapy	67%	4%	29%
Dental	65%	31%	4%
Vision	65%	28%	7%
Mental Health	57%	3%	40%
Durable Medical Equipment	43%	4%	53%
Alcohol and Drug Treatment	37%	6%	57%
Home Care	32%	7%	61%
Skilled Nursing/Assisted Living	31%	5%	64%
Hospice	27%	6%	67%
Transportation	18%	25%	57%

Healthy People 2020 Access to Health Services (AHS)

Objective	Richland County 2016	Ohio 2015	U.S. 2015**	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health care insurance	78% age 21-24 84% age 25-34 71% age 35-44 88% age 45-54 87% age 55-64	84% age 18-24 88% age 25-34 89% age 35-44 93% age 45-54 93% age 55-64	76% age 18-24 74% age 25-34 80% age 35-44 84% age 45-54 87% age 55-64	100%

*U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2014 BRFSS, 2016 Richland County Health Assessment)
**2014 BRFSS Data. The 2015 U.S. BRFSS is not able to be broken down by age.

Third Street Family Health Services Uninsured Rates

- In 2011, 4,437 patients (33%) out of the 13,285 Third Street Family Health Services patients reported they were uninsured.
- In 2016, the uninsured patient rate decreased to 10%, with 1,717 patients out of a total of 16,659 patients reporting they were uninsured.

(Source: Third Street Family Health Services, 2016)

Adult HEALTH CARE ACCESS AND UTILIZATION

Key Findings

The 2016 health assessment identified that 65% of Richland County adults had visited a doctor for a routine checkup in the past year. 36% of adults went outside of Richland County for health care services in the past year.

Health Care Access

- Nearly two-thirds (65%) of Richland County adults visited a doctor for a routine checkup in the past year, increasing to 87% of those over the age of 65.
- Reasons for not receiving medical care included: no need to go (22%), cost/no insurance (10%), too long of a wait for an appointment (1%), too long of a wait in the waiting room (1%), distance (<1%), no transportation (<1%), office wasn't open when they could get there (<1%), too embarrassed to seek help (<1%), concerned about privacy (<1%), no child care (<1%), their provider did not take their insurance (<1%), and other problems that prevented them from getting medical care (5%).
- Adults visited the following places for health care services or advice: doctor's office (49%), multiple places including a doctor's office (10%), urgent care center (7%), hospital emergency room (4%), Third Street Family Health Services (4%), family and friends (3%), chiropractor (2%), Department of Veteran's Affairs (VA) (2%), Internet (2%), Mansfield Family Health (2%), multiple places- not including a doctor's office (1%), Hawkins Medical Center (1%), Shelby Health and Wellness (1%), Richland County Health Department (1%), alternative therapies (<1%), in-store health clinic (<1%), public health clinic or community health center (<1%), Shelby Public Health Clinic (<1%), and a walk-in clinic (<1%). 6% of adults indicated they had no usual place for health care services.
- More than three-fifths (62%) of adults rated their satisfaction with their overall health care as excellent or very good. One-third (33%) of adults rated their satisfaction with their health care as fair or poor.
- Richland County adults gave the following reasons for what might prevent them from seeing a doctor if they were sick, injured, or if they needed some type of health care: cost (29%), difficult to get an appointment (9%), doctor would not take their insurance (8%), hours not convenient (7%), worried they might find something wrong (6%), cannot get time off from work (6%), frightened of the procedure or doctor (5%), do not trust or believe doctors (4%), difficult to find/no transportation (3%), discrimination (1%), no child care (1%), and other reasons (4%).

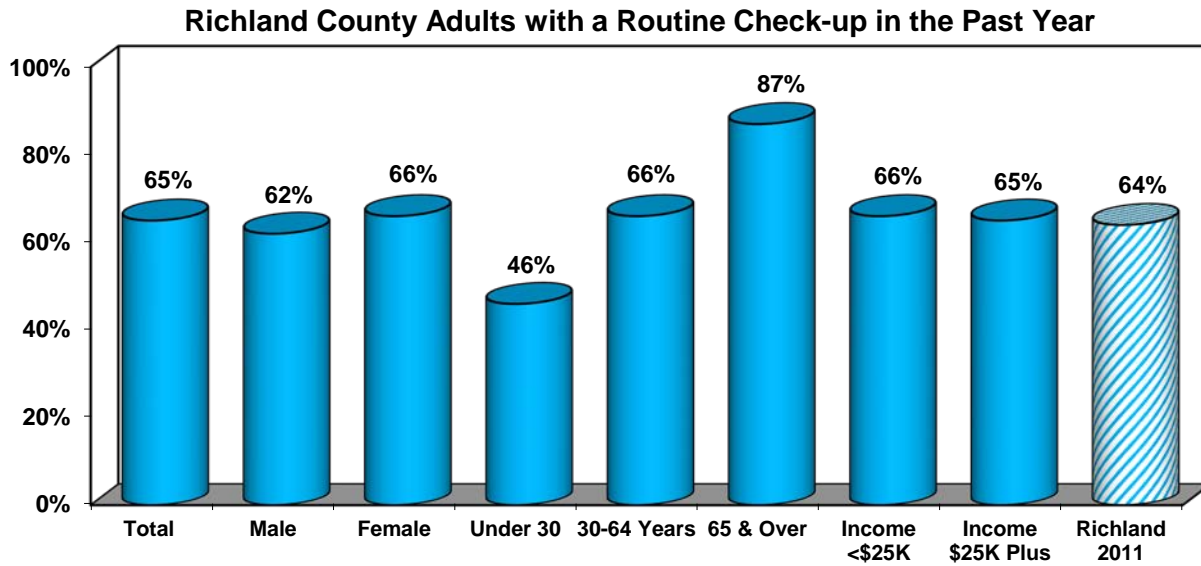
How does Lack of Insurance Affect Access to Health Care?

- Uninsured people are far more likely than those with insurance to report problems getting needed medical care.
- Uninsured people are less likely than those with coverage to receive timely preventive care.
- Anticipating high medical bills, many uninsured people are not able to follow recommended treatments.
- Because people without health coverage are less likely than those with insurance to have regular outpatient care, they are more likely to be hospitalized for avoidable health problems and experience declines in their overall health.
- Lack of health coverage, even for short periods of time, results in decreased access to care.

(Source: The Henry Kaiser Family Foundation, How Does Lack of Insurance Affect Access to Health Care?)

- Richland County adults gave the following reasons for switching doctors: provider moved or retired (13%), dissatisfied with former provider or liked new provider better (12%), changed residence or moved (6%), changed health care coverage (5%), medical care needs changed (1%), changed jobs (1%), former provider no longer reimbursed by health care coverage (1%), owed money to former provider (<1%), and other reasons (9%).
- Richland County adults had not gotten any of the following recommended major care or preventive care due to cost: lab testing (7%), medications (7%), pap smear (6%), colonoscopy (6%), mammogram (5%), immunizations/vaccinations (4%), weight loss program (4%), surgery (3%), mental health services (3%), family planning services (2%) PSA test (2%), alcohol/drug treatment (1%), and smoking cessation (1%).
- Adults preferred to access information about their health or healthcare services from the following: doctor (66%), internet searches (10%), family member or friend (10%), Medical Portal (4%), advertisements or mailings from hospitals, clinics, or doctor's offices (3%), newspaper articles or radio/television news stories (1%), social networks (1%), text messages (1%), and multiple places (5%).
- 83% of adults traveled less than 20 miles to get to the place they usually go for health care services. 12% traveled between 20 and 40 miles. 3% traveled between 41 and 60 miles, and 3% traveled 60 miles or more.
- 36% of adults went outside of Richland County for the following health care services in the past year: specialty care (14%), primary care (8%), dental services (6%), orthopedic care (6%), obstetrics/gynecology/NICU (5%), cardiac care (3%), cancer care (3%), pediatric care (2%), pediatric therapies (1%), addiction services (<1%), hospice/palliative care (<1%), and other services (7%).
- 3% of adults went outside of Richland County for mental health and/or counseling services in the past year.
- Richland County adults had the following issues regarding their healthcare coverage: deductibles were too high (30%), premiums were too high (26%), co-pays were too high (22%), high HSA account deductible (9%), could not understand their insurance plan (6%), opted out of certain coverage because they could not afford it (5%), opted out of certain coverage because they did not need it (5%), and difficulty working with their insurance company (3%).
- More than one-fourth (28%) of adults did not get their prescriptions from their doctor filled in the past year.
- Those who did not get their prescriptions filled gave the following reasons: no prescriptions to be filled (57%), too expensive/out-of-pocket costs too high (26%), did not think they needed it (16%), concern about side effects (13%), there was no generic equivalent (7%), stretched their current prescription by taking less than prescribed (7%), did not have insurance (4%), were taking too many medications (4%), fear of addiction (2%), and transportation issues (2%).
- When accessing healthcare, Richland County adults felt confident doing the following: filling out medical forms accurately (83%), following instructions correctly on a medicine or prescription container (83%), following health care provider advice (80%), knowing their healthcare provider's exchange information (50%), and knowing how to obtain health insurance that best fits their needs (46%).

The following graph shows the percentage of Richland County adults who have had a routine check-up in the past year. Examples of how to interpret the information on the first graph include: 65% of all adults, 66% of females, and 87% of those 65 years and older in Richland County have had a routine check-up in the past year.



Availability of Services

- Richland County adults reported they had looked for the following programs for themselves or a loved one: depression, anxiety or mental health (19%); weight problems (11%); elderly care (11%); disability (7%); end-of-life/hospice care (6%); marital/family problems (6%); tobacco cessation (3%); alcohol abuse (1%); drug abuse (1%); detoxification of opiates/heroin (1%); and gambling abuse (<1%).
- 14% of Richland County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included the following: not necessary (19%), stigma of seeking mental health services (6%), had not thought of it (5%), fear (4%), did not know how to find a program (4%), could not afford to go (4%), other priorities (3%), co-pay/deductible too high (3%), transportation (1%), could not get to the office or clinic (<1%), and other reasons (6%). 63% of adults indicated they did not need such a program.

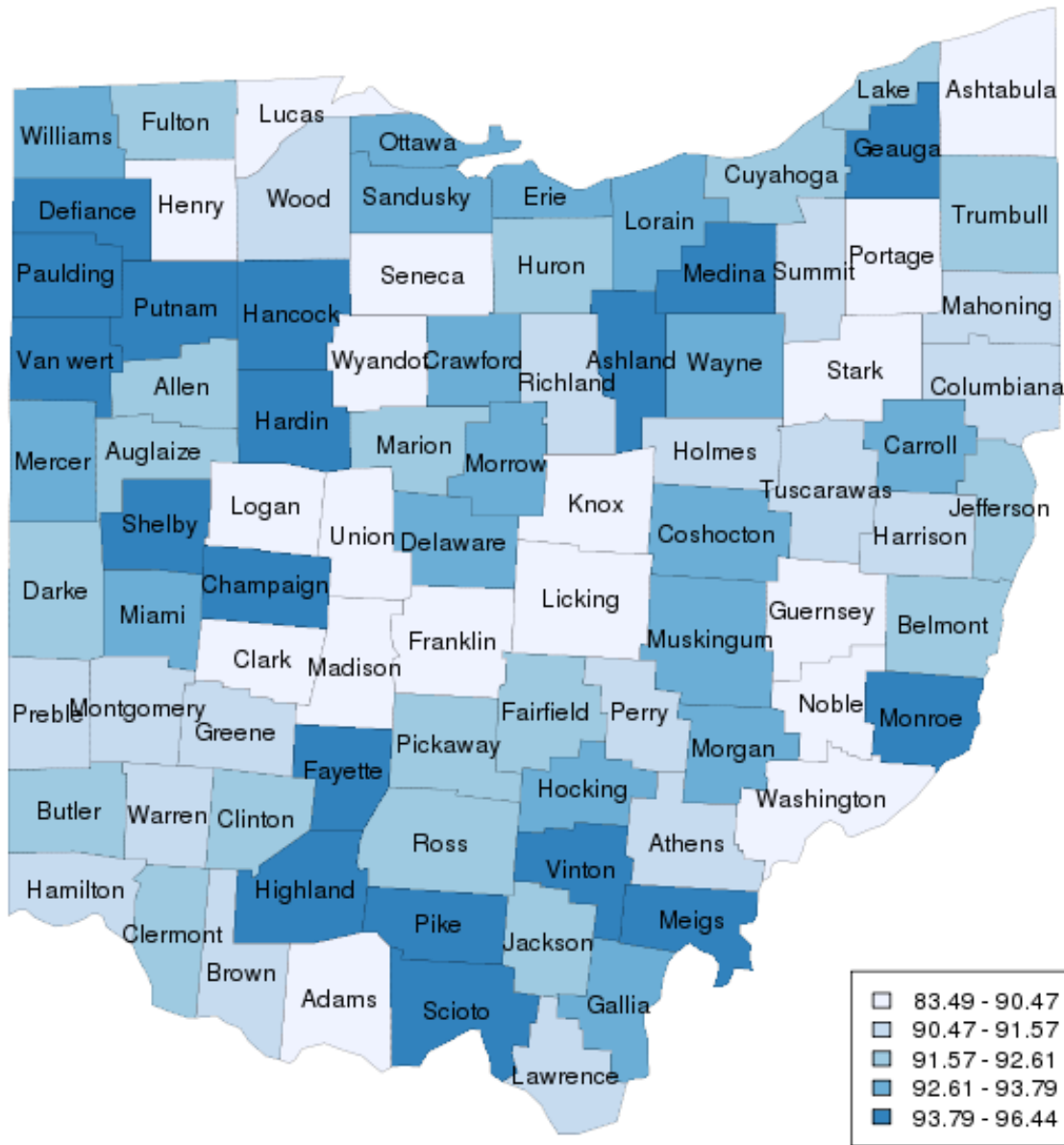
Richland County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Richland County adults who have looked but have <u>NOT</u> found a specific program	Richland County adults who have looked and have found a specific program
Depression or Anxiety (19% of all adults looked)	17%	83%
Weight Problems (11% of all adults looked)	47%	53%
Elderly Care (11% of all adults looked)	18%	82%
Disability (7% of all adults looked)	32%	68%
End-of-Life/Hospice Care (6% of all adults looked)	3%	97%
Marital/Family Problems (6% of all adults looked)	9%	91%
Tobacco Cessation (3% of all adults looked)	33%	67%
Alcohol Abuse (1% of all adults looked)	0%	100%
Drug Abuse (1% of all adults looked)	12%	88%
Detoxification for Opiates/Heroin (1% of all adults looked)	12%	88%
Gambling Abuse (<1% of all adults looked)	0%	100%

The following map shows the estimated proportion of all adults, ages 19 years and older, with family incomes at 0% Federal Poverty Level (FPL) or more with a usual source of care.

- 92% of Richland County adults, ages 19 years and older, had a usual source of care.
- 91% of Ohio adults, ages 19 years and older, had a usual source of care.

**Estimated Proportion: Usual Source of Care,
All Adults, Ages 19 and Older with Family Incomes 0% FPL or More (2015)**

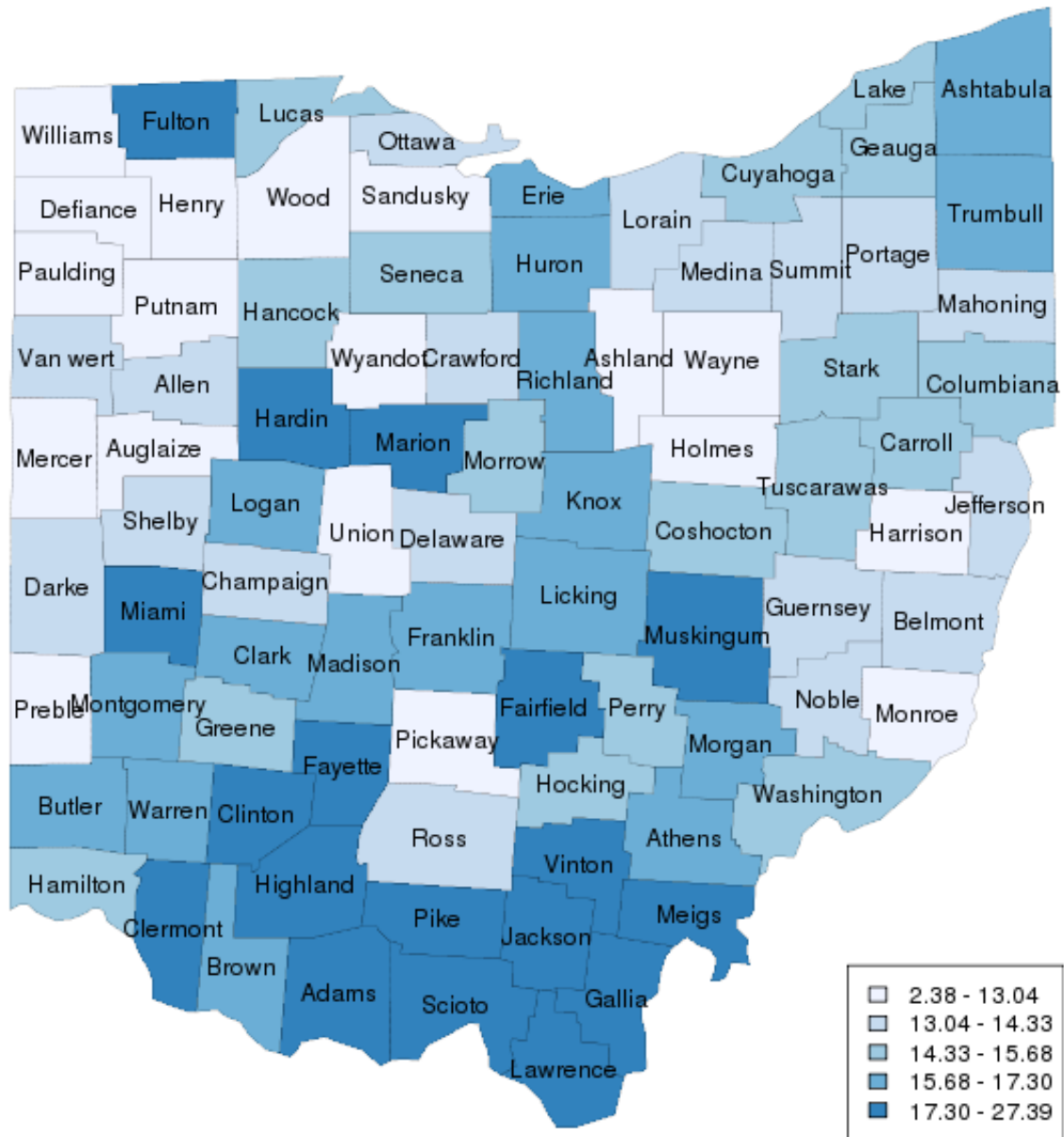


(Source: Ohio Medicaid Assessment Survey (OMAS) Adult Dashboard, 2015)

The following map shows the estimated proportion of all adults, ages 19 years and older, with family incomes at 0% Federal Poverty Level (FPL) or more with unmet needs in prescription medication.

- 17% of Richland County adults, ages 19 years and older, had unmet needs in prescription medication.
- 15% of Ohio adults, ages 19 years and older, had unmet needs in prescription medication.

Estimated Proportion: Unmet Needs in Prescription Medication, All Adults, Ages 19 and Older with Family Incomes 0% FPL or More (2015)



(Source: Ohio Medicaid Assessment Survey (OMAS) Adult Dashboard, 2015)

Adult | **CARDIOVASCULAR HEALTH**

Key Findings

The 2016 Richland County Health Assessment found that 5% of adults had survived a heart attack and 3% had survived a stroke at some time in their life. Nearly two-fifths (39%) of Richland County adults had high blood cholesterol, 42% were obese, 40% had high blood pressure, and 16% were smokers, four known risk factors for heart disease and stroke. Heart disease (23%) and stroke (5%) accounted for 28% of all Richland County adult deaths from 2013-2015 (Source: CDC Wonder, 2013-2015).

Heart Disease and Stroke

- In 2016, 5% of Richland County adults reported they had survived a heart attack or myocardial infarction, increasing to 10% 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 2015 (Source: 2015 BRFSS).
- 3% of Richland County adults reported they had survived a stroke, increasing to 6% of those over the age of 65.
- 4% of Ohio and 3% of U.S. adults reported having had a stroke in 2015 (Source: 2015 BRFSS).
- 6% of adults reported they had angina or coronary heart disease, increasing to 12% of those over the age of 65.
- 4% of Ohio and 4% of U.S. adults reported having had angina or coronary heart disease in 2014 (Source: 2015 BRFSS).
- 3% of adults reported they had congestive heart failure, increasing to 7% of those over the age of 65.

High Blood Pressure (Hypertension)

- Two-fifths (40%) of adults had been diagnosed with high blood pressure. The 2015 BRFSS reports hypertension prevalence rates of 34% for Ohio and 31% for the U.S.
- 92% of those with high blood pressure were being treated for it.
- 8% of adults were told they were pre-hypertensive/borderline high.
- 89% of adults had their blood pressure checked within the past year.
- Richland County adults diagnosed with high blood pressure were more likely to:
 - Have been ages 65 years or older (69%)
 - Have rated their overall health as fair or poor (60%)
 - Have been classified as obese by Body Mass Index-BMI (49%)
 - Have incomes less than \$25,000 (47%)

Richland County Leading Causes of Death 2013-2015

Total Deaths: 4,182

1. Heart Disease (23% of all deaths)
2. Cancer (22%)
3. Chronic Lower Respiratory Diseases (7%)
4. Stroke (5%)
5. Accidents, Unintentional Injuries (4%)

(Source: CDC Wonder, 2013-2015)

Ohio Leading Causes of Death 2013-2015

Total Deaths: 345,955

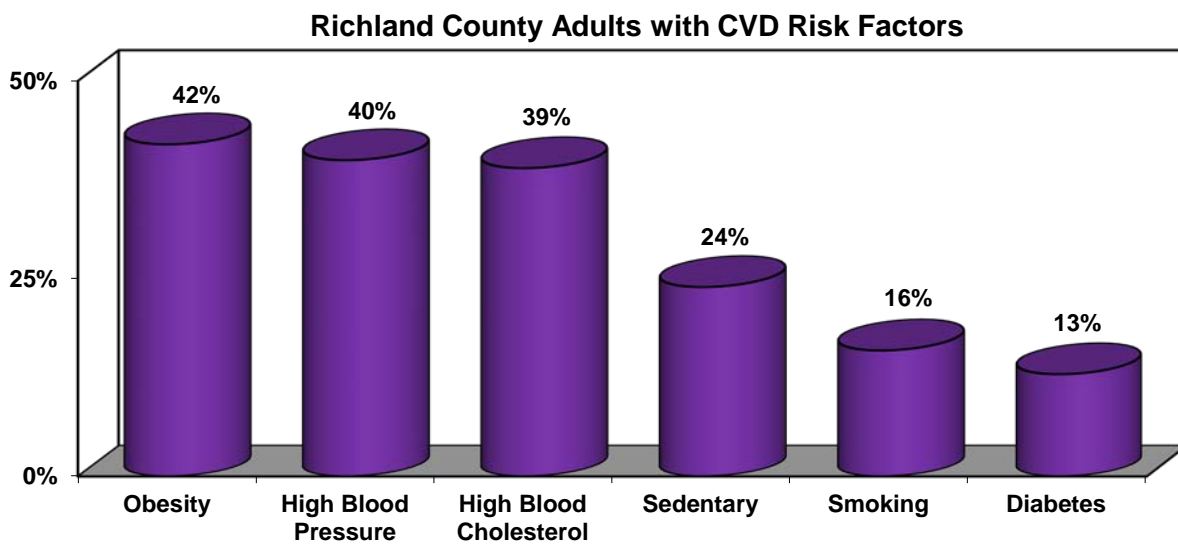
1. Heart Disease (24% of all deaths)
2. Cancers (22%)
3. Chronic Lower Respiratory Diseases (6%)
4. Accidents, Unintentional Injuries (5%)
5. Stroke (5%)

(Source: CDC Wonder, 2013-2015)

High Blood Cholesterol

- Nearly two-fifths (39%) of adults had been diagnosed with high blood cholesterol. The 2015 BRFSS reported that 37% of Ohio and 36% of U.S. adults have been told they have high blood cholesterol.
- More than four-fifths (83%) of adults had their blood cholesterol checked within the past 5 years. The 2015 BRFSS reported 78% of Ohio and 78% of U.S. adults had their blood cholesterol checked within the past 5 years.
- Richland County adults with high blood cholesterol were more likely to:
 - Have been ages 65 years or older (71%)
 - Have rated their overall health as fair or poor (63%)
 - Have been classified as overweight or obese by Body Mass Index-BMI (44%)

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



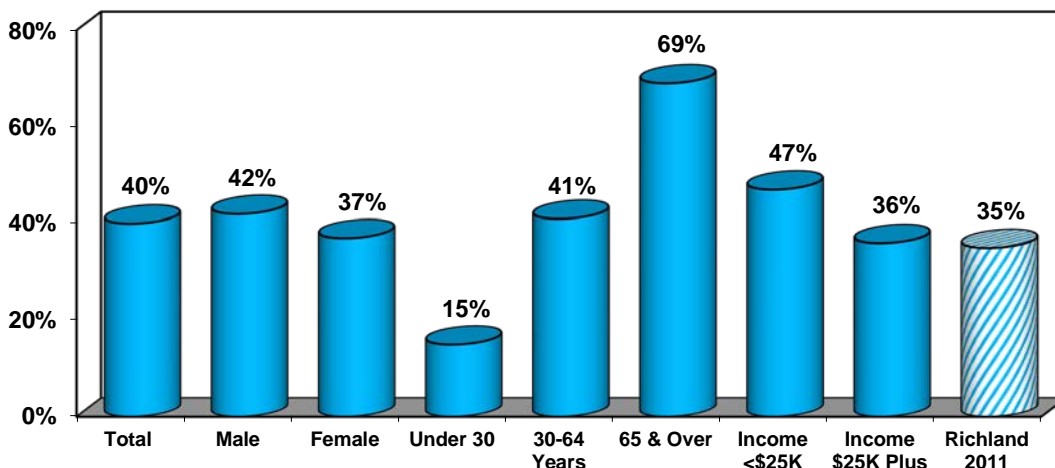
Source: 2016 Richland County Health Assessment)

Adult Comparisons	Richland County 2011	Richland County 2016	Ohio 2015	U.S. 2015
Had angina	4%	6%	4%	4%
Had a heart attack	7%	5%	5%	4%
Had a stroke	6%	3%	4%	3%
Had high blood pressure	35%	40%	34%	31%
Had high blood cholesterol	34%	39%	37%	36%
Had blood cholesterol checked within past 5 years	N/A	83%	78%	78%

N/A-Not available

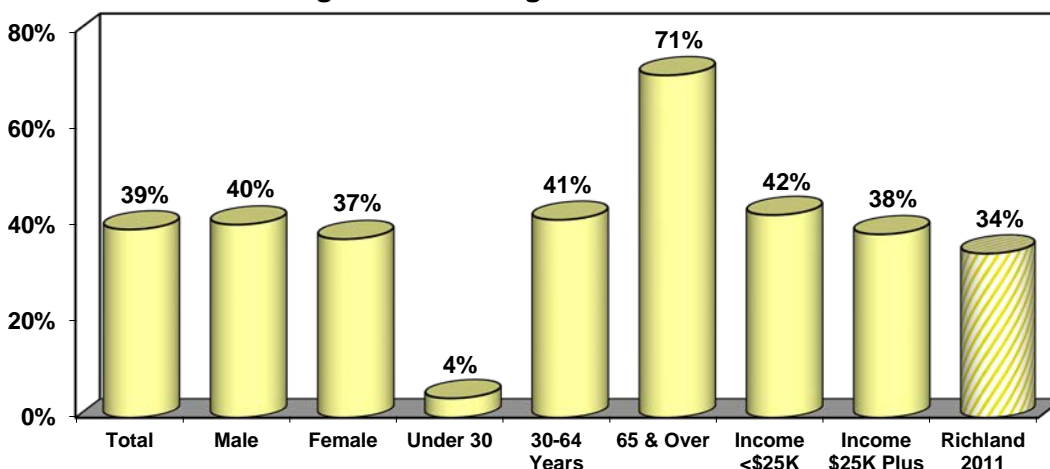
The following graphs show the number of Richland County adults who had been diagnosed with high blood pressure and high blood cholesterol. Examples of how to interpret the information on the first graph include: 40% of all adults, 42% of males, 37% of females, and 69% of those 65 years and older in Richland County had been diagnosed with high blood pressure. The last graph shows cardiovascular disease prevalence among Richland County and Ohio adults.

Diagnosed with High Blood Pressure*

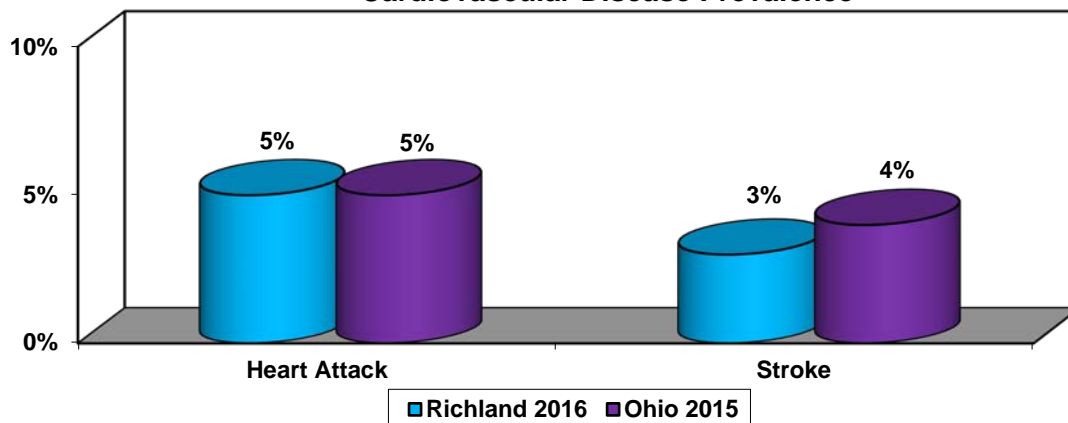


*Does not include respondents who indicated high blood pressure during pregnancy only.

Diagnosed with High Blood Cholesterol



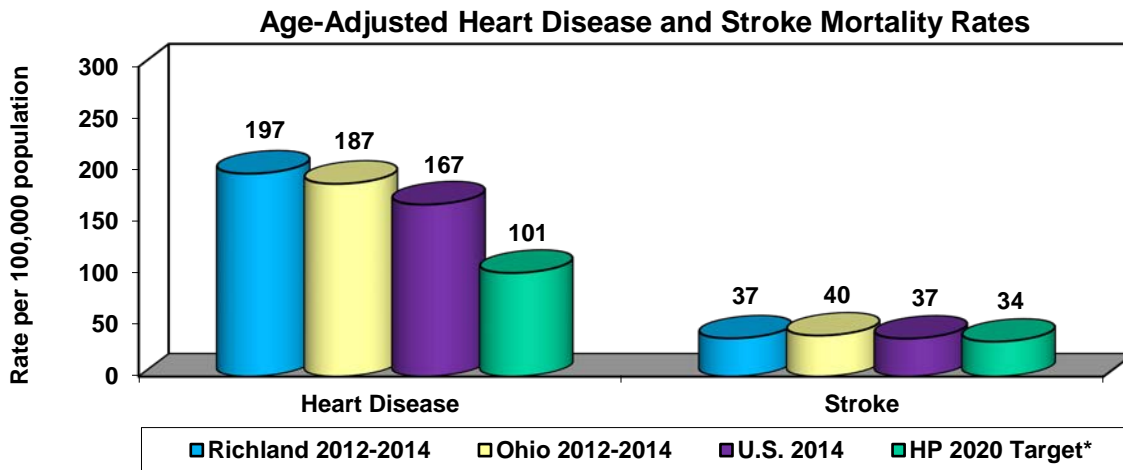
Cardiovascular Disease Prevalence



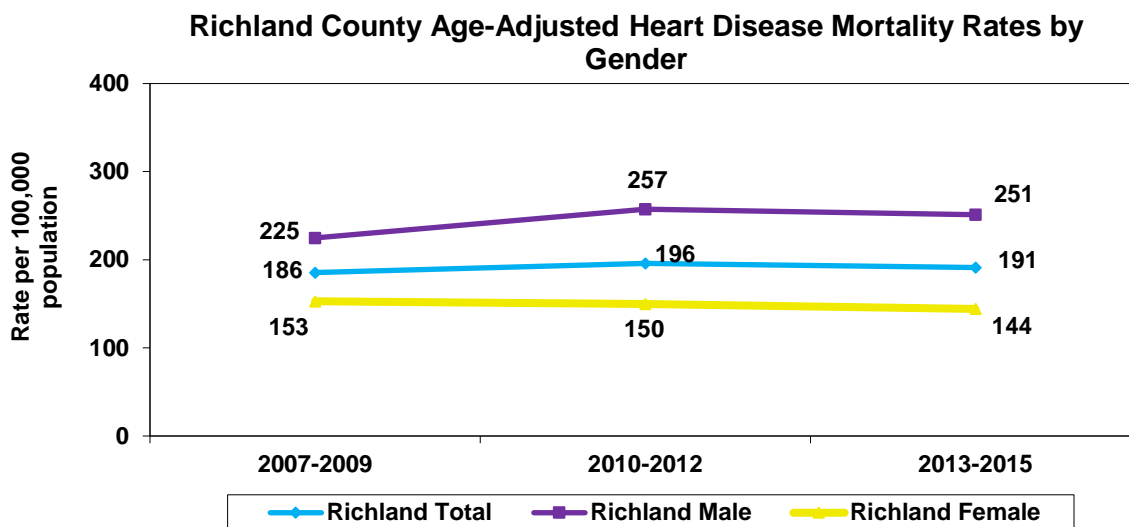
(Source: 2016 Richland Health Assessment and 2015 BRFSS)

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 from 2012-2014, Richland County heart disease mortality rate was greater than the figure for the state, U.S. and, the Healthy People 2020 target.
- From 2007-2015, the total Richland County age-adjusted heart disease mortality rate fluctuated.



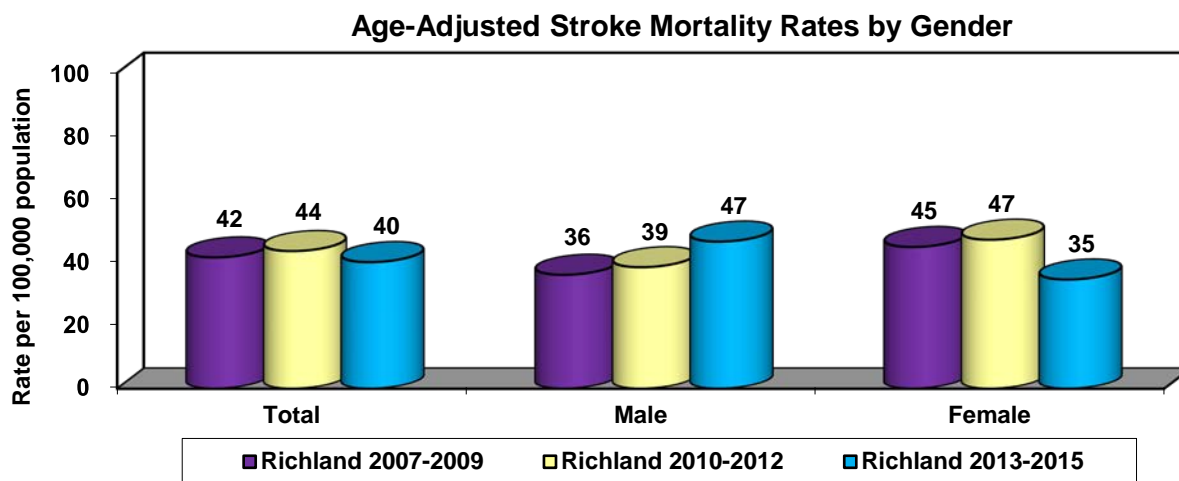
*The Healthy People 2020 Target objective for Coronary Heart Disease is reported for heart attack mortality (Source: Health Indicators Warehouse, Healthy People 2020)



(Source: CDC Wonder, Underlying Cause of Death, 2007-2015)

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

- From 2013-2015, the Richland County stroke mortality rate was higher for males than for females.



(Source: CDC Wonder, About Underlying Cause of Death, 2007-2015)

**Healthy People 2020 Objectives
Heart Disease and Stroke**

Objective	Richland Survey Population Baseline	2015 U.S. Baseline*	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	40% (2016)	31% Adults age 18 and up	27%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	39% (2016)	36% Adults age 20 & up with TBC>240 mg/dl	14%

*All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020, 2015 BRFSS, 2016 Richland County Health Assessment)

Adult | CANCER

Key Findings

In 2016, 13% of Richland County adults had been diagnosed with cancer at some time in their life. The Centers for Disease Control and Prevention (CDC) indicates that from 2013-2015, a total of 933 Richland 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.

Richland County Incidence of Cancer, 2009-2013

All Types: 3,567 cases

In 2013-2015, there were 933 cancer deaths in Richland County.

- Lung and Bronchus: 588 cases (16%)
- Breast: 467 cases (13%)
- Prostate: 409 cases (11%)
- Colon and Rectum: 341 cases (10%)

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 4/27/2016)

Adult Cancer

- 13% of Richland County adults were diagnosed with cancer at some point in their lives, increasing to 31% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types: breast (31%), other skin cancer (21%), prostate (15%), melanoma (7%), thyroid (7%), colon (5%), Non-Hodgkin's Lymphoma (4%), cervical (3%), lung (2%), renal (2%), bladder (1%), head and neck (1%), pharyngeal (1%), and other types of cancer (10%). 11% of adults had been diagnosed with multiple types of cancer.
- The age-adjusted cancer incidence rate from 2009-2013 for Richland County was 448.5 cases per 100,000 population, as compared to 480.0 cases per 100,000 population for Ohio (Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 4/27/2016)

13% of Richland County adults had been diagnosed with cancer at some time in their life.

Cancer Facts

- The Centers for Disease Control and Prevention (CDC) indicates that from 2013-2015, cancers caused 22% (933 of 4,182 total deaths) of all Richland County resident deaths. The largest percent (29%) of cancer deaths were from lung and bronchus cancers (Source: CDC Wonder).
- The 2016 health assessment has determined that 16% of Richland County adults were current smokers, and many more were exposed to environmental tobacco smoke (secondhand 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.
- The American Cancer Society reports that smoking tobacco is associated with cancers of the mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with the following types of cancers: lung, colorectal, stomach, pancreatic, kidney, bladder, uterine, ovarian (mucinous) and acute myeloid leukemia.

Lung Cancer

- The CDC reports that lung cancer (n=156) was the leading cause of male cancer deaths from 2013-2015 in Richland County. Cancer of the colon (n=35) and prostate cancer (n=39) caused male deaths during the same time period (Source: CDC Wonder).
- In Richland County, 14% of male adults were current smokers, and 77% had stopped smoking for one or more days in the past 12 months because they were trying to quit.

14% of Richland County male adults and 18% of female adults were current smokers.

- The CDC reports that lung cancer was the leading cause of female cancer deaths (n=116) in Richland County from 2013-2015, followed by breast (n=54) and colon (n=36) cancers (Source: CDC Wonder).
- Approximately 18% of female adults in the county were current smokers, and 66% had stopped smoking for one or more days in the past 12 months because they were trying to quit (Source: 2016 Richland County Health Assessment).
- According to the American Cancer Society, smoking causes 80% of lung cancer deaths in the U.S. Men and women who smoke are about 25 times more likely to develop lung cancer than nonsmokers (Source: American Cancer Society, Facts & Figures 2017).

Breast Cancer

- In 2016, 52% of Richland County females reported having had a clinical breast examination in the past year.
- 60% of Richland County females over the age of 40 had a mammogram in the past year.
- The 5-year relative survival for women diagnosed with localized breast cancer (cancer that has not spread to lymph nodes or other locations outside the breast) is 99% (Source: American Cancer Society, Facts & Figures 2017).

60% of Richland County females over the age of 40 had a mammogram in the past year.

- For women at average risk of breast cancer, recently updated American Cancer Society screening guidelines recommended that those 40 to 44 years of age have the choice of annual mammography; those 45 to 54 have annual mammography; and those 55 years of age and older have biennial or annual mammography, continuing as long as their overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual screening using magnetic resonance imaging (MRI) in addition to mammography is recommended, typically starting at age 30 (Source: American Cancer Society, Facts & Figures 2017).

Prostate Cancer

- CDC statistics indicate that prostate cancer deaths accounted for 8% of all male cancer deaths from 2013-2015 in Richland County.
- Incidence rates for prostate cancer are 74% higher in African Americans than in whites, and they are twice as likely to die of prostate cancer. Other risk factors include 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 2017*).

Colon and Rectum Cancers

- The CDC statistics indicate that colon, rectal, and anal cancer deaths accounted for 8% of all male and female cancer deaths from 2013-2015 in Richland County.
- The health assessment report identified that more than half (56%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.
- 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; and long-term smoking. Very low intake of fruits and vegetables is also potentially a risk factor for colorectal cancer.
- 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.

2017 Cancer Estimations

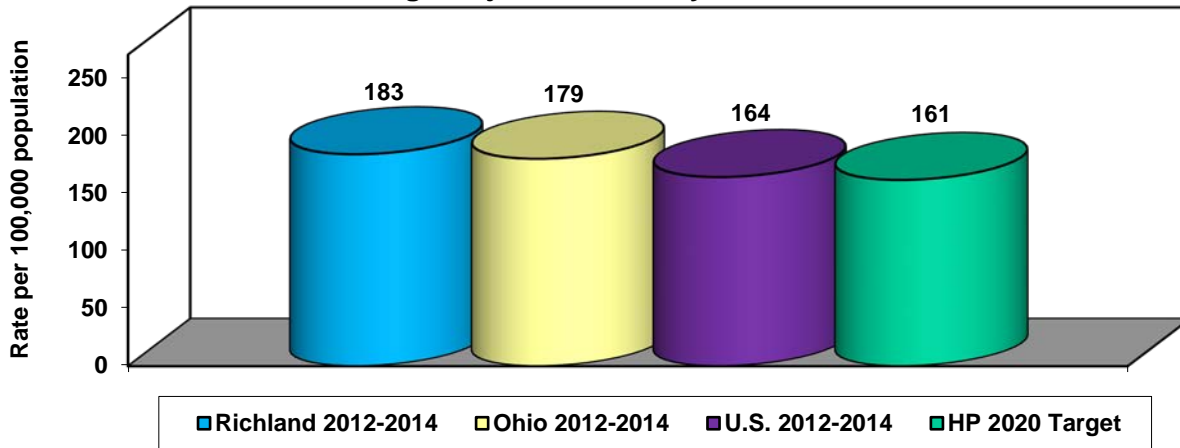
- In 2017, about 1,688,780 new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about 20% of the new cancer cases expected to occur in the U.S. in 2017 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 600,920 Americans are expected to die of cancer in 2017.
- In 2017, about 155,870 cancer deaths will be caused by tobacco use.
- In 2017, estimates predict that there will be 68,180 new cases of cancer and 25,430 cancer deaths in Ohio.
- Of the new cancer cases, approximately 10,660 (16%) will be from lung and bronchus cancers and 5,510 (8%) will be from colon and rectum cancers.
- About 9,430 new cases of female breast cancer are expected in Ohio.
- New cases of male prostate cancer in Ohio are expected to be 5,840 (9%).

(Source: American Cancer Society, Facts and Figures 2017)

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

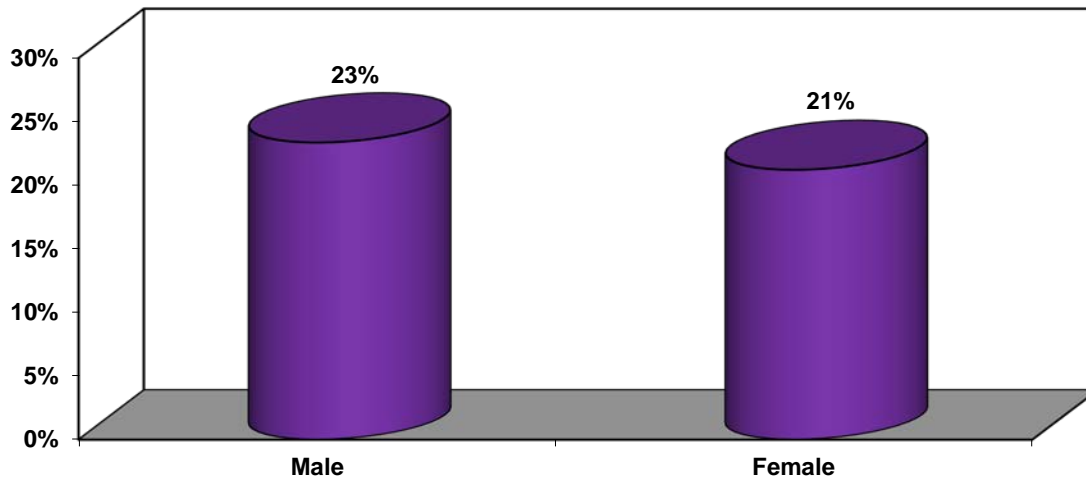
- When age differences are accounted for, Richland County had a higher cancer mortality rate than Ohio and the U.S. The Richland County age-adjusted cancer mortality rate was also higher than the Healthy People 2020 target objective.
- The percentage of Richland County males who died from all cancers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

Healthy People 2020 Objective and Age-Adjusted Mortality Rates for All Cancers



(Source: Health Indicators Warehouse; Healthy People 2020)

Cancer As Percent of Total Deaths in Richland County by Gender, 2013-2015



(Source: CDC Wonder, 2013-2015)

Richland County Incidence of Cancer 2009-2013

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer	Age-Adjusted Rates (per 100,000 population)
Lung and Bronchus	588	16%	71.4
Breast	467	13%	59.5
Prostate	409	11%	107.1
Colon and Rectum	341	10%	42.6
Other/Unspecified	330	9%	41.6
Non-Hodgkins Lymphoma	166	5%	21.3
Kidney and Renal Pelvis	129	4%	16.4
Bladder	157	4%	19.3
Oral Cavity & Pharynx	93	3%	11.3
Melanoma of Skin	117	3%	15.9
Leukemia	99	3%	13.0
Uterus	123	3%	29.9
Thyroid	81	2%	12.1
Pancreas	86	2%	10.5
Ovary	61	2%	15.4
Testis	20	1%	6.3
Stomach	40	1%	4.8
Multiple Myeloma	53	1%	6.5
Liver and Bile Ducts	46	1%	5.6
Larynx	36	1%	4.4
Esophagus	38	1%	4.7
Cervix	34	1%	9.8
Brain and CNS	42	1%	5.5
Hodgkins Lymphoma	11	<1%	1.6
Total	3,567	100%	448.5

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 4/27/2016)

Adult | DIABETES

Key Findings

In 2016, 13% of Richland County adults had been diagnosed with diabetes.

Diabetes

- The 2016 health assessment has identified that 13% of Richland County adults had been diagnosed with diabetes, increasing to 27% of those over the age of 65.
- The 2015 BRFSS reports an Ohio prevalence of 11% and U.S. prevalence of 10%.
- 7% of adults had been diagnosed with pre-diabetes.
- Diabetics were using the following to treat their diabetes: checking blood sugar (54%), 6-month checkup with provider (52%), diet control (52%), annual vision exam (45%), exercise (44%), diabetes pills (44%), checking A1C annually (41%), checking their feet (39%), dental exam (18%), insulin (18%), taking a class (7%), and injectables (i.e. Vyetta, Victoza, Bydurean) (3%).
- More than one-third (37%) of adults with diabetes rated their health as fair or poor.
- Richland County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 89% were obese or overweight
 - 80% had been diagnosed with high blood pressure
 - 80% had been diagnosed with high blood cholesterol

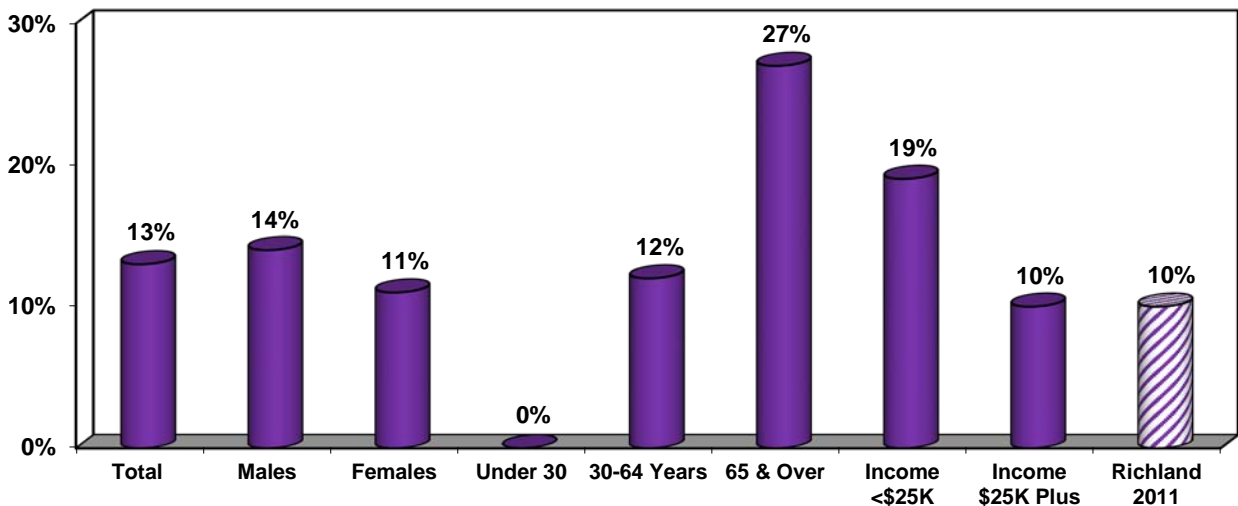
Diabetes Facts

- Nearly 30 million children and adults in the United States have diabetes.
- 86 million Americans have prediabetes.
- 1.4 million Americans are diagnosed with diabetes every year.
- Nearly 10% of the entire U.S. population has diabetes, including over 25% of seniors.
- One person is diagnosed with diabetes every 23 seconds.
- 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 234,051 Americans annually.

(Source: American Diabetes Association, 2015)

DIABETES

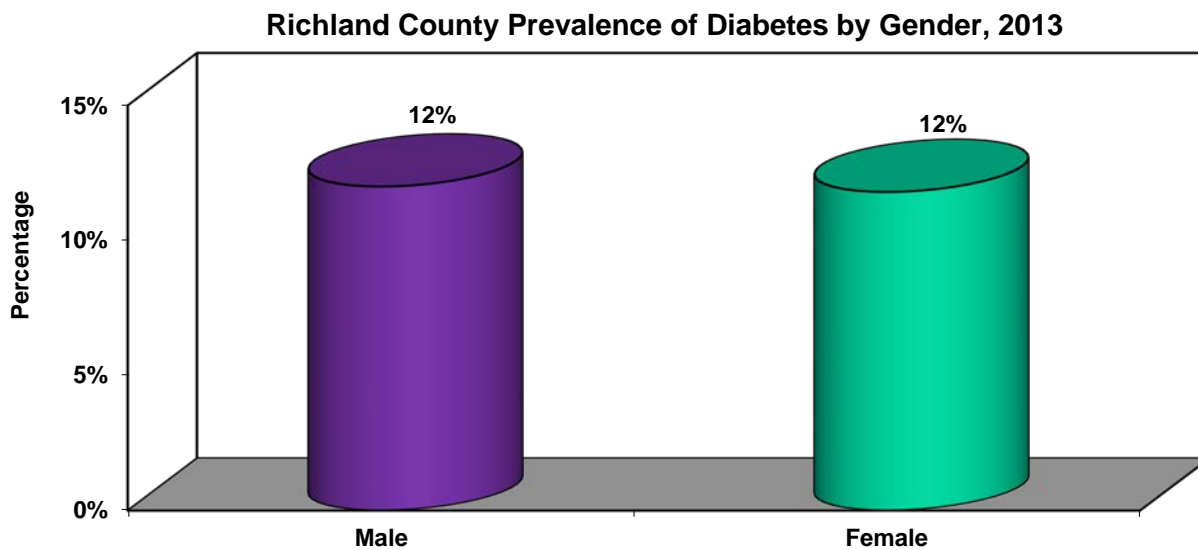
Richland County Adults Diagnosed with Diabetes



Adult Comparisons	Richland County 2011	Richland County 2016	Ohio 2015	U.S. 2015
Diagnosed with diabetes	10%	13%	11%	10%

The following graph shows prevalence of diabetes by gender. The following graph shows:

- In 2013, the prevalence of diabetes was equal among males and females in Richland County.



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

Adult | ARTHRITIS

Key Findings

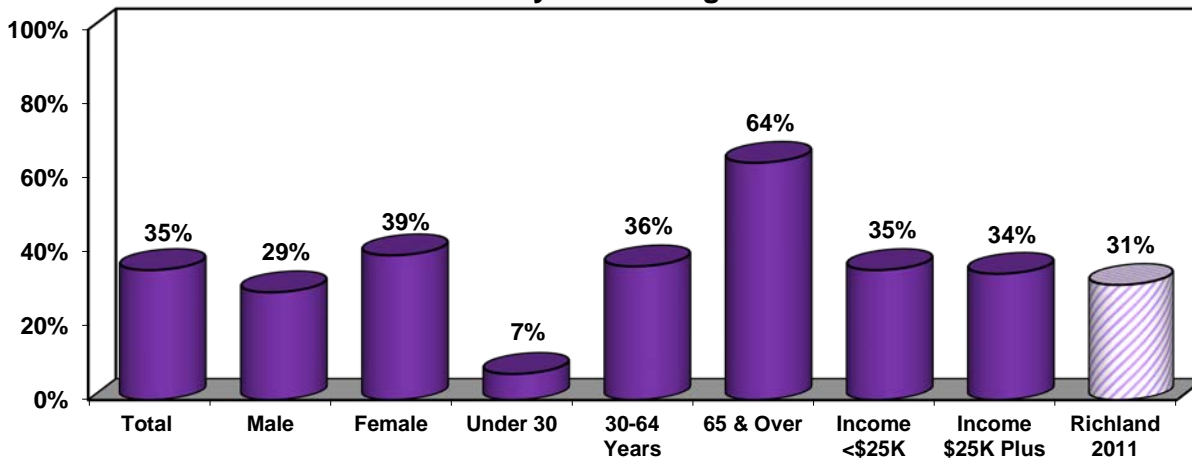
According to the Richland County survey data, 35% of Richland County adults were diagnosed with arthritis. The 2015 BRFSS reported 28% of Ohio adults and 25% of U.S. adults were told they have arthritis.

35% of Richland County adults were told by a health professional that they had some form of arthritis, increasing to 64% of those over the age of 65.

Arthritis

- More than one-third (35%) of Richland County adults were told by a health professional that they had some form of arthritis, increasing to 64% of those over the age of 65.
- More than four-fifths (82%) of adults diagnosed with arthritis were overweight or obese.
- According to the 2015 BRFSS, 28% of Ohio adults and 25% of U.S. adults were told they have arthritis.
- An estimated 53 million U.S. adults (about 23%) report having doctor-diagnosed arthritis. By 2040, over 78 million people will have arthritis. Arthritis is more common among women (26%) than men (19%), and it affects all racial and ethnic groups. Arthritis commonly occurs with other chronic diseases, like diabetes, heart disease, and obesity, and can make it harder for people to manage these conditions (Source: CDC, Arthritis at a Glance 2016).
- Adults are at higher risk of developing arthritis if they are female, have genes associated with certain types of arthritis, have an occupation associated with arthritis, are overweight or obese, and/or have joint injuries or infections (Source: CDC).

Richland County Adults Diagnosed Arthritis



Adult Comparisons	Richland County 2011	Richland County 2016	Ohio 2015	U.S. 2015
Diagnosed with arthritis	31%	35%	28%	25%

ARTHRITIS

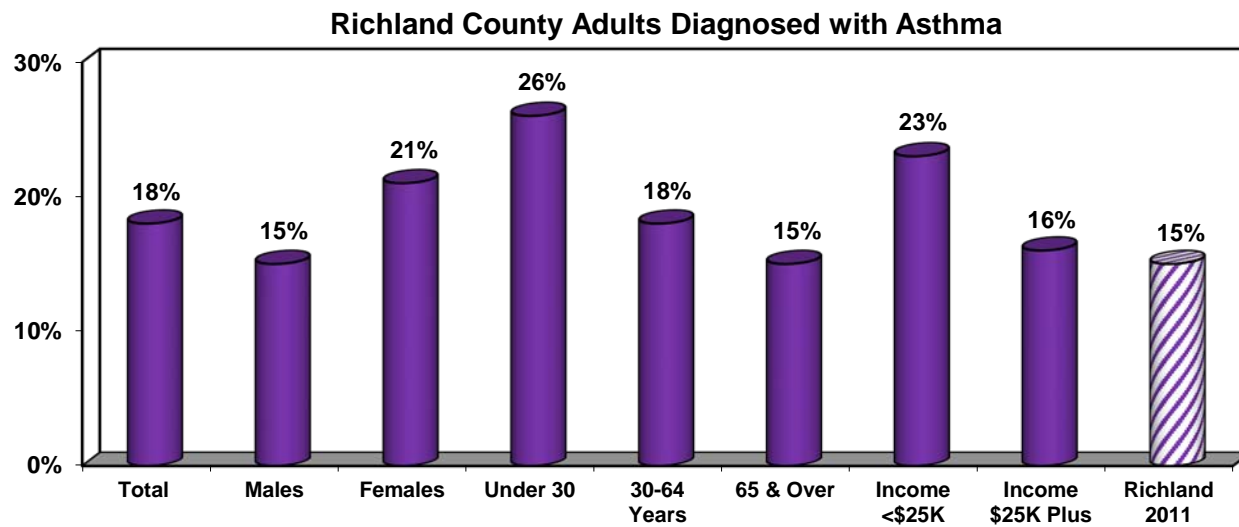
Adult | ASTHMA AND OTHER RESPIRATORY DISEASE

Key Findings

According to the Richland County survey data, 18% of adults had been diagnosed with asthma.

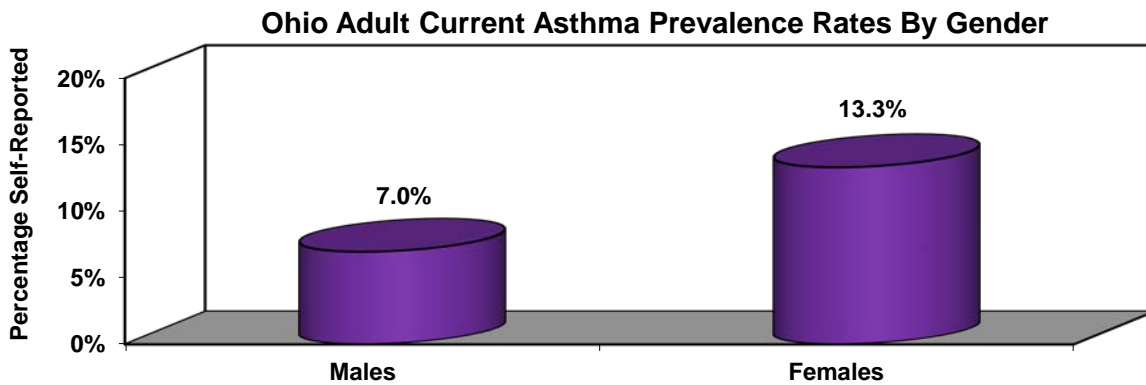
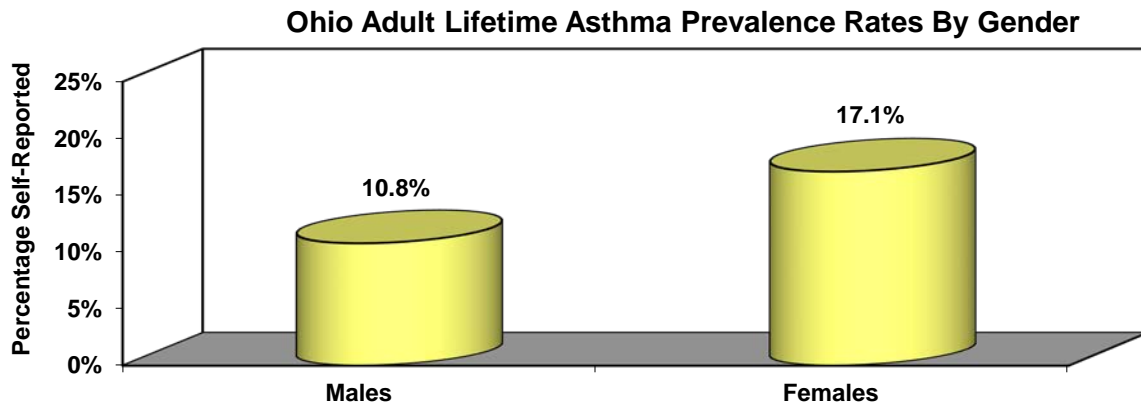
Asthma and Other Respiratory Disease

- In 2016, 18% of Richland County adults had been diagnosed with asthma, increasing to 23% of those with incomes less than \$25,000 and 26% of those under the age of 30.
- 14% of Ohio and U.S. adults had been diagnosed with asthma (Source: 2015 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).
- In 2015, chronic lower respiratory disease was the 3rd leading cause of death both in Richland County and in Ohio (Source: CDC Wonder, 2015).



Adult Comparisons	Richland County 2011	Richland County 2016	Ohio 2015	U.S. 2015
Had been diagnosed with asthma	15%	18%	14%	14%

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



(Source for graphs: 2015 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 439,000 hospitalizations and 1.8 million emergency room visits annually.
- Patients with asthma reported 14.2 million visits to a doctor's office and 1.3 million visits to hospital outpatient departments.
- Effective asthma treatment includes monitoring the disease with a peak flow meter, identifying and avoiding allergen triggers, using drug therapies including bronchodilators and anti-inflammatory agents, and developing an emergency plan for severe attacks.

(Source: American College of Allergy, Asthma, & Immunology, Asthma Facts, 2016)

Adult | WEIGHT STATUS

Key Findings

The 2016 health assessment identified that 73% of Richland County adults were either overweight (31%) or obese (42%) based on Body Mass Index (BMI). The 2015 BRFSS indicates that 30% of Ohio and 30% of U.S. adults were obese by BMI. 56% of adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week.

42% of Richland County adults are obese.

Adult Weight Status

- In 2016, the health assessment indicated that nearly three-fourths (73%) of Richland County adults were either overweight (31%) or obese (42%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.
- More than two-fifths (44%) of adults were trying to lose weight, 33% were trying to maintain their current weight or keep from gaining weight, and 3% were trying to gain weight.
- Richland County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (45%); drank more water (44%); exercised (41%); ate a low-carb diet (11%); took diet pills, powders or liquids without a doctor's advice (2%); used health coaching (2%); smoked cigarettes (2%); went without eating 24 or more hours (2%); took prescribed medications (1%); participated in a prescribed dietary or fitness program (1%); vomited after eating (1%); weight loss program (1%); received bariatric surgery (<1%); and took laxatives (<1%).

Physical Activity

- In Richland County, 56% of adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. 26% of adults exercised 5 or more days per week. Nearly one-fourth (24%) of adults did not participate in any physical activity in the past week, including 3% who were unable to exercise.
- 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*).

In Richland County, 56% of adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week.

- Richland County adults spent the most time doing the following physical activities in the past year: walking (70%), exercise machines (17%), occupational exercise (13%), strength training (12%), running/jogging (11%), cycling (8%), swimming (4%), group exercise classes (3%), exercise videos (2%), active video games (<1%), and other activities (12%). 14% of adults did not exercise at all, including 2% who were unable to do so.

- Reasons for not exercising included the following: time (27%), too tired (16%), laziness (14%), pain or discomfort (14%), could not afford a gym membership (11%), weather (11%), do not like to exercise (10%), no exercise partner (5%), no child care (3%), poorly maintained/no sidewalks (2%), neighborhood safety (2%), lack of opportunities for those with physical impairments or challenges (2%), did not know what activities to do (1%), doctor advised them not to exercise (1%), no gym available (1%), transportation (1%), and no walking, biking trails or parks (<1%).

Nutrition

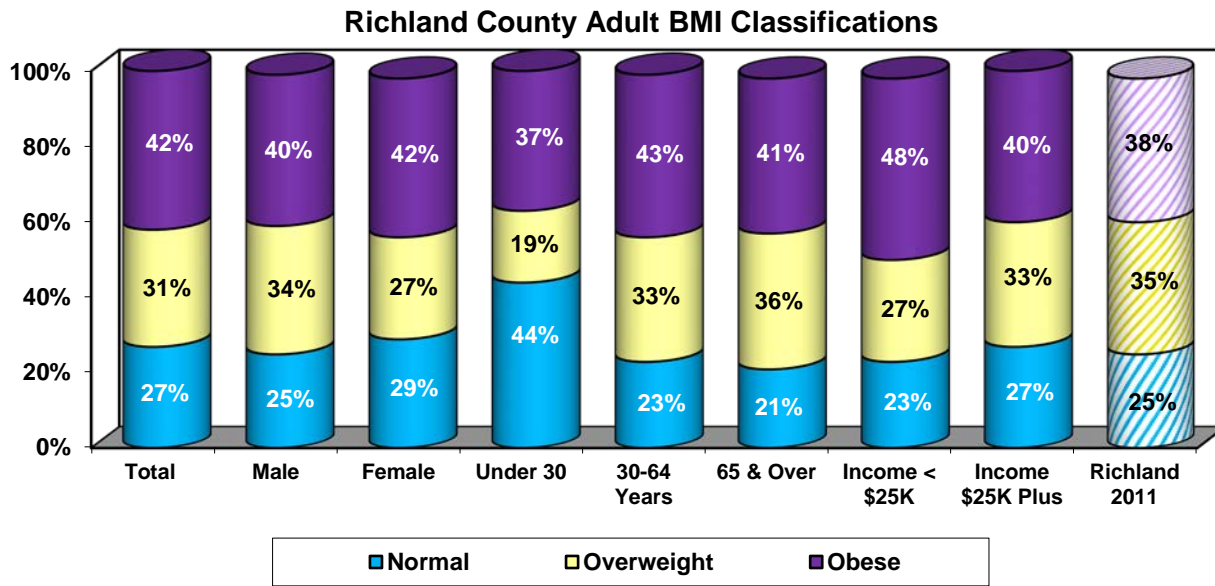
- In 2016, 65% of adults were ate between 1 to 2 servings of fruits and vegetables per day. 25% ate between 3 to 4 servings, and 4% ate 5 or more servings per day. The American Cancer Society recommends that adults eat at least 2 ½ cups of fruits and vegetables per day to reduce the risk of cancer and to maintain good health. The 2009 BRFSS reported that only 21% of Ohio adults and 23% of adults nationwide were eating the recommended number of servings of fruits and vegetables.
- Richland County adults purchased their fruit and vegetables from the following places: large grocery store (89%), farmer’s Market (30%), local grocery store (26%), grow their own/garden (24%), Dollar General/Store (4%), food pantry/free produce distribution (4%), corner/convenience store (2%), community garden (1%), Community Supported Agriculture (CSA) (<1%), mail order food service (<1%), and other places (2%).
- Adults reported the following barriers to consuming fruits and vegetables: too expensive (10%), did not like the taste (5%), no variety (3%), no access (3%), did not know how to prepare (1%), transportation (1%), stores did not take electronic benefits transfer (EBT) (<1%), and other barriers (3%).
- Richland County adults reported the following reasons they chose the types of food they ate: taste/enjoyment (58%), cost (56%), healthiness of food (50%), food they were used to (41%), what their family prefers (38%), ease of preparation/time (34%), nutritional content (29%), availability (25%), calorie content (20%), if it is organic (12%), artificial sweetener content (10%), if it is genetically modified (8%), health care provider’s advice (6%), other food sensitivities (5%), if it is gluten free (3%), if it is lactose free (3%), and other reasons (1%).
- 50% of adults drank soda pop, punch, Kool-Aid, sports drinks, energy drinks, or other fruit-flavored drinks at least once per day. 21% of adults did not drink any sugar-sweetened beverages in the past week.

Obesity Facts

- 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 (48.1%) followed by Hispanics (42.5%), non-Hispanic whites (34.5%), and non-Hispanic Asians (11.7%).
- Obesity is higher among middle age adults, 40-59 years old (40.2%) than among younger adults, age 20-39 (32.3%) or adults over the age of 60 (37%).

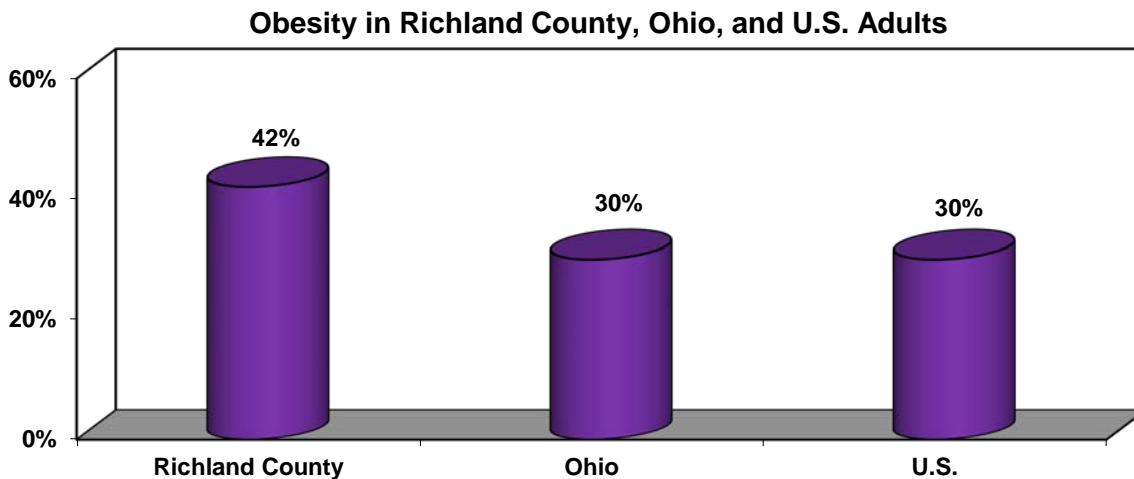
(Source: CDC, Adult Obesity Facts, updated September 1, 2016)

The following graph shows the percentage of Richland County adults who were overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 27% of all Richland County adults were classified as normal weight, 31% were overweight, and 42% 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 Richland County adults who were obese compared to Ohio and U.S.



(Source: 2016 Richland County Health Assessment and 2015 BRFSS)

Adult Comparisons	Richland County 2011	Richland County 2016	Ohio 2015	U.S. 2015
Obese	38%	42%	30%	30%
Overweight	35%	31%	37%	36%

Adult | TOBACCO USE

Key Findings

In 2016, 16% of Richland County adults were current smokers, and 24% were considered former smokers. In 2016, 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, 2017).

In 2016, 16% of Richland County adults were current smokers.

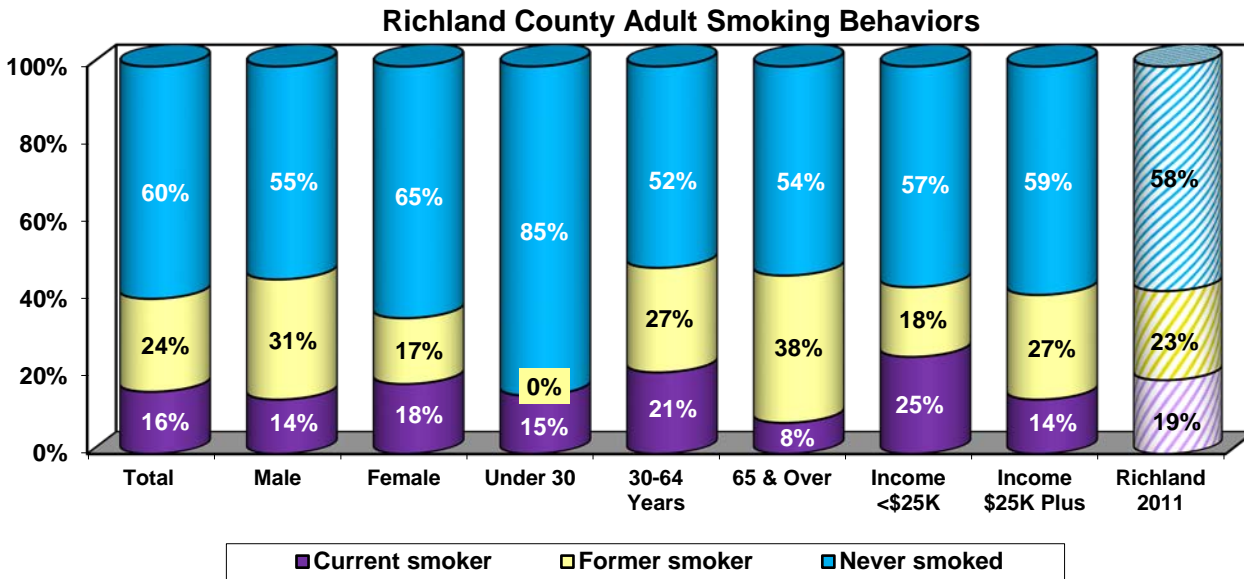
Adult Tobacco Use Behaviors

- The 2016 health assessment identified that about one-in-six (16%) Richland County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- The 2015 BRFSS reported current smoker prevalence rates of 22% for Ohio and 18% for the U.S.
- Nearly one-fourth (24%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- The 2015 BRFSS reported former smoker prevalence rates of 24% for Ohio and 25% for the U.S.
- Richland County adult smokers were more likely to:
 - Have rated their overall health as poor (54%)
 - Have been a member of an unmarried couple (33%)
 - Have incomes less than \$25,000 (25%)
- Richland County adults used the following tobacco products in the past year: cigarettes (22%), e-cigarettes (4%), cigars (4%), chewing tobacco (3%), Black and Milds (2%), cigarillos (2%), pipes (2%), roll-your-own (2%), Swishers (2%), hookah (1%), little cigars (1%), snuff (1%), and pouch (<1%).
- 40% of current smokers used one of the following methods to quit smoking in the past year: cold turkey (23%), e-cigarette (18%), prescribed Chantix (7%), nicotine gum (6%), nicotine patch (6%), Wellbutrin (6%), quit line (1%), substitute behaviors (1%), and support groups (1%).
- 18% of Richland County adults reported that they or someone else had smoked inside their home within the past month.

Adult Comparisons	Richland County 2011	Richland County 2016	Ohio 2015	U.S. 2015
Current smoker	19%	16%	22%	18%
Former smoker	23%	24%	24%	25%
Tried to quit smoking	49%	40%	N/A	N/A

N/A – Not available

The following graph shows the percentage of Richland County adults who smoke cigarettes. Examples of how to interpret the information include: 16% of all Richland County adults were current smokers, 24% of all adults were former smokers, and 60% had never smoked.



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

40% 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.

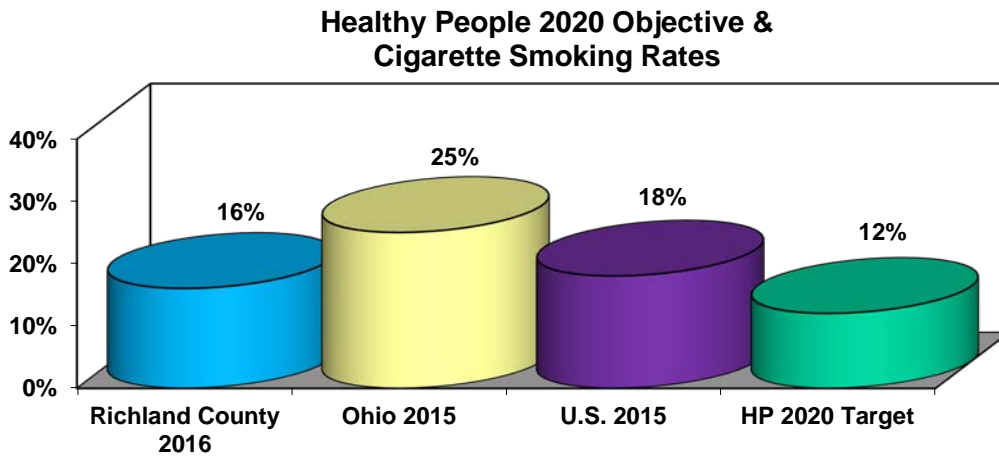
Smoking and Other Health Risks

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

(Source: CDC, Effects of Cigarette Smoking, Smoking and Other Health Risks, December 1, 2016)

The following graph shows Richland County, Ohio, and U.S. adult cigarette smoking rates. This graph shows:

- The Richland County adult cigarette smoking rate was lower than the Ohio and U.S. rates, but higher than the Healthy People 2020 target objective.



(Source: 2016 Richland County Health Assessment, 2015 BRFSS and Healthy People 2020)

24% of Richland County adults indicated that they were former smokers.

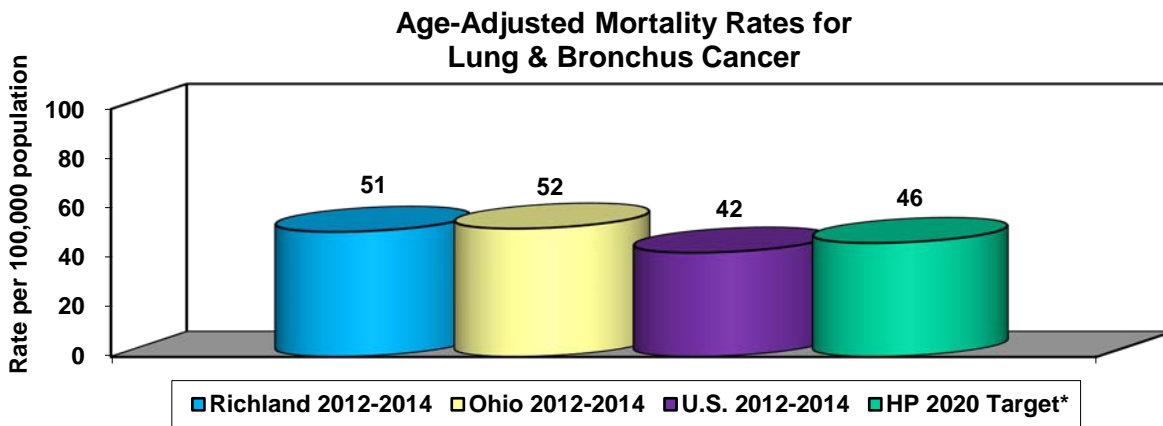
Electronic Cigarette Use Among Adults: United States, 2014

- Electronic cigarettes (e-cigarettes) are battery-powered products that typically deliver nicotine in the form of an aerosol.
- In 2014, 12.6% of adults had tried e-cigarettes even one time, with use differing by sex, age, and race and Hispanic or Latino origin.
- About 3.7% of adults currently used e-cigarettes, with use differing by age and race and ethnicity.
- Current cigarette smokers and former smokers who quit smoking within the past year were more likely to use e-cigarettes than former smokers who quit smoking more than 1 year ago and those who had never smoked.
- Among current cigarette smokers who had tried to quit smoking in the past year, more than half had tried an e-cigarette and 20.3% were current e-cigarette users.
- Men were more likely than women to have tried an e-cigarette.
- More than 20% of adults aged 18-24 had tried an e-cigarette, with use declining steadily as age increased.
- In 2014, both American Indian/Native American and white adults were more likely than black, Asian, and Hispanic adults to have ever tried e-cigarettes and to be current e-cigarette users.

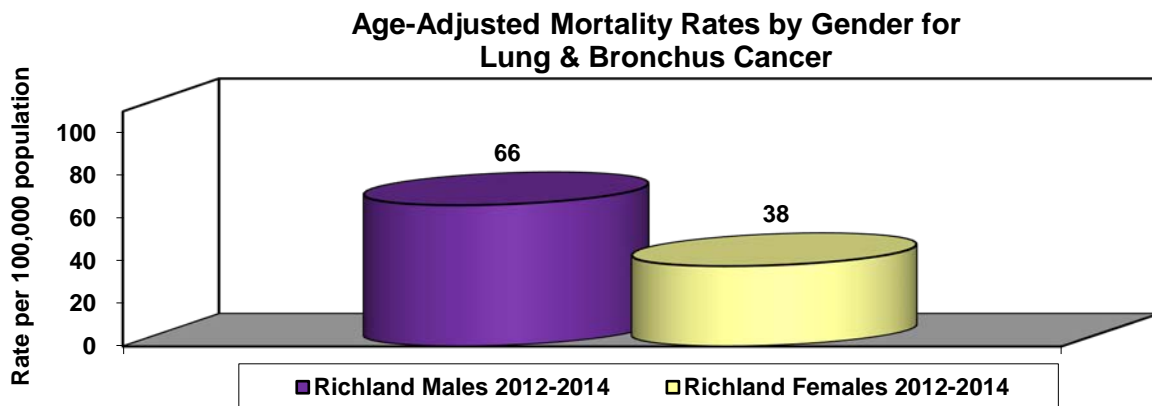
(Source: U.S. Department of Health and Human Services, National Center for Health Statistics Data Brief "Electronic Cigarette Use Among Adults, United States, 2014, updated October 2015)

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

- The Richland County 2012-2014 lung and bronchus cancer age-adjusted mortality rate was higher than the U.S. 2012-2014 lung and bronchus cancer age-adjusted mortality rate.
- Disparities existed by gender for Richland County lung and bronchus cancer age-adjusted mortality rates. The 2012-2014 Richland County male rates were substantially higher than the Richland County female rates.



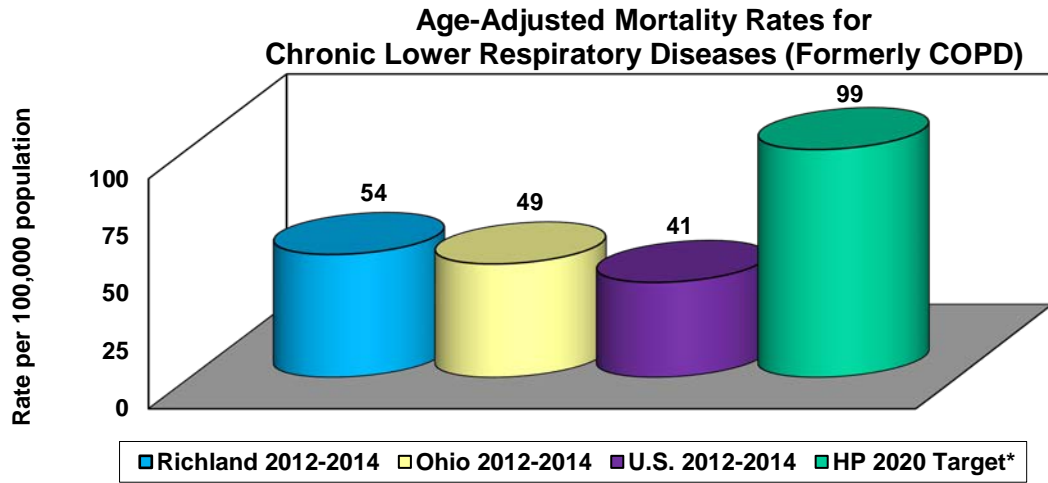
*Healthy People 2020 Target data is for lung cancer only
 (Sources: Healthy People 2020, National Cancer Institute, Health Indicators Warehouse)



(Source: Health Indicators Warehouse)

The following graph shows Richland County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for chronic lower respiratory diseases (formerly COPD) in comparison with the Healthy People 2020 objective.

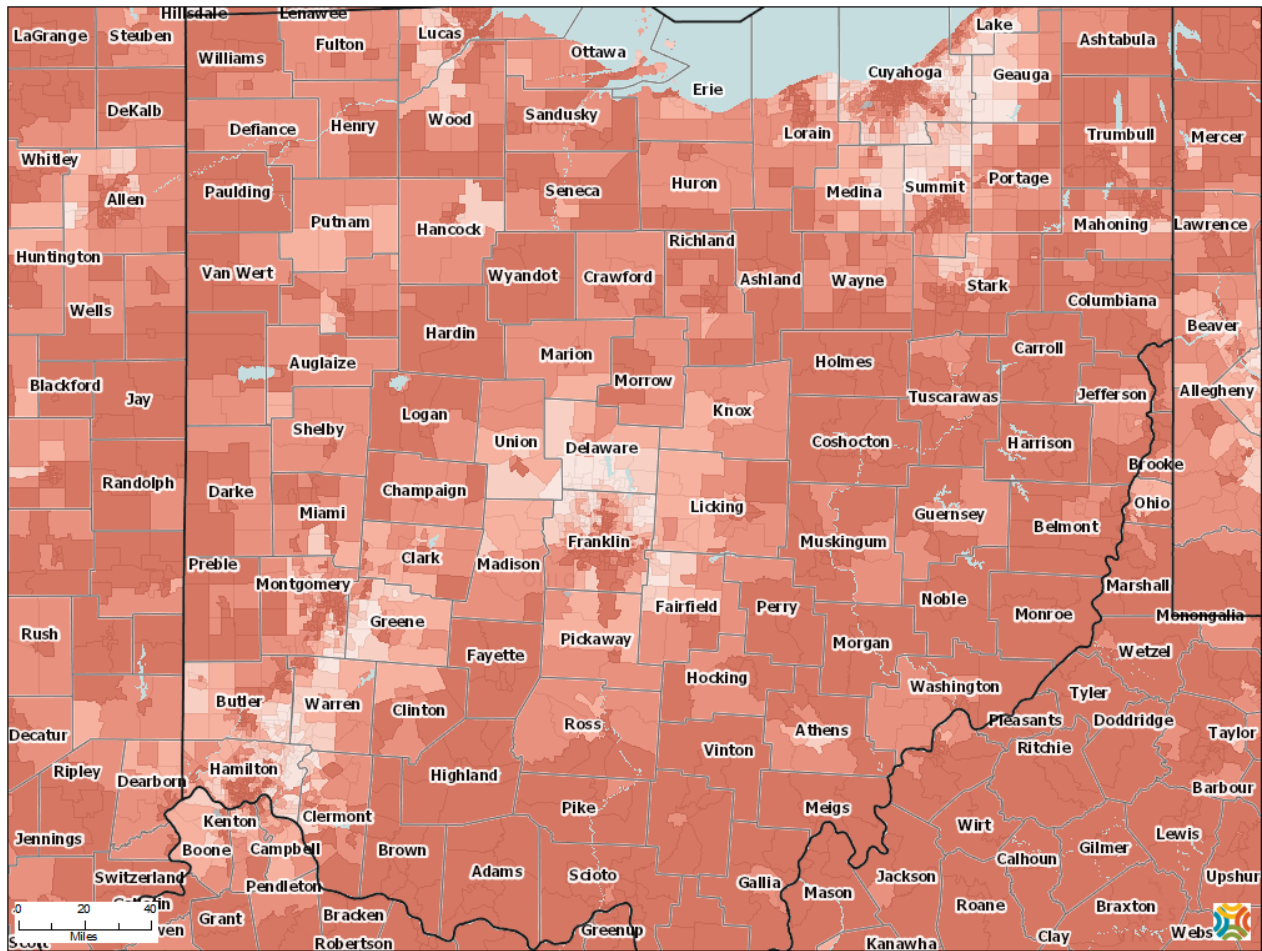
- From 2012-2014, Richland County's age-adjusted mortality rate for Chronic Lower Respiratory Disease was higher than the Ohio, and U.S. rate, but lower than the Healthy People 2020 target objective.



(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.

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



(Source: Nielsen, Nielsen Site Reports: 2014 as compiled by Community Commons, updated 8/11/2016)

Adult | ALCOHOL CONSUMPTION

Key Findings

In 2016, the health assessment indicated that 50% of the Richland County adults had at least one alcoholic drink in the past month. Additionally, 20% of adults engaged in binge drinking (defined as 5 or more drinks for males or 4 or more drinks for females at one sitting) in the past month.

50% of Richland County adults had at least one alcoholic drink in the past month.

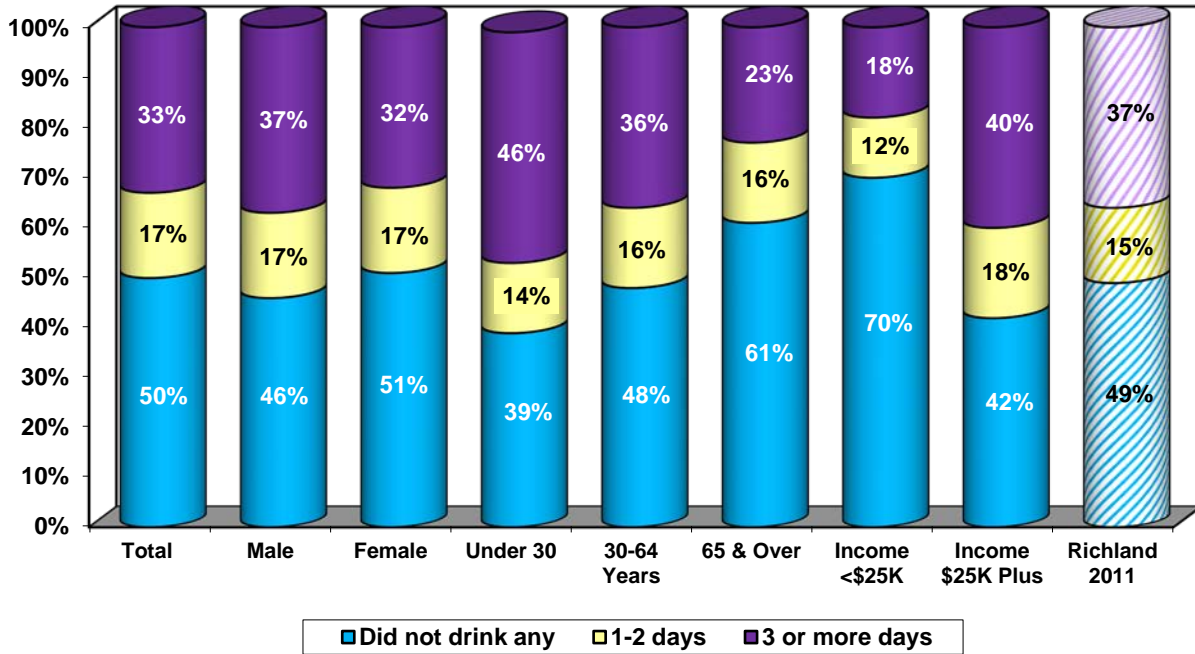
Adult Alcohol Consumption

- In 2016, 50% of Richland County adults had at least one alcoholic drink in the past month, increasing to 60% of those under the age of 30.
- The 2015 BRFSS reported current drinker prevalence rates of 53% for Ohio and 54% for the U.S.
- Of those who drank, Richland County adults drank 3.8 drinks on average, increasing to 5.3 drinks for those under the age of 30.
- One-in-five (20%) of Richland County adults 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. The 2015 BRFSS reported binge drinking rates of 18% for Ohio and 16% for the U.S.
- 41% of current drinkers reported at least one episode of binge drinking in the past month.
- Richland County adults experienced the following in the past six months: drank more than they expected (8%); drove a vehicle or other equipment after having any alcoholic beverage (8%); spent a lot of time drinking (6%); used prescription drugs while drinking (5%); continued to drink despite problems caused by drinking (2%); drank more to get the same effect (2%); gave up other activities to drink (2%); tried to quit or cut down but could not (2%); failed to fulfill duties at work, home, or school (1%); had legal problems (1%); drank to ease withdrawal symptoms (1%); and placed themselves or their family in harm (<1%).

Adult Comparisons	Richland County 2011	Richland County 2016	Ohio 2015	U.S. 2015
Drank alcohol at least once in past month	51%	50%	53%	54%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	16%	20%	18%	16%

The following graphs show the percentage of Richland County adults consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 50% of all Richland County adults did not drink alcohol, 46% of males did not drink, and 51% of females reported they did not drink.

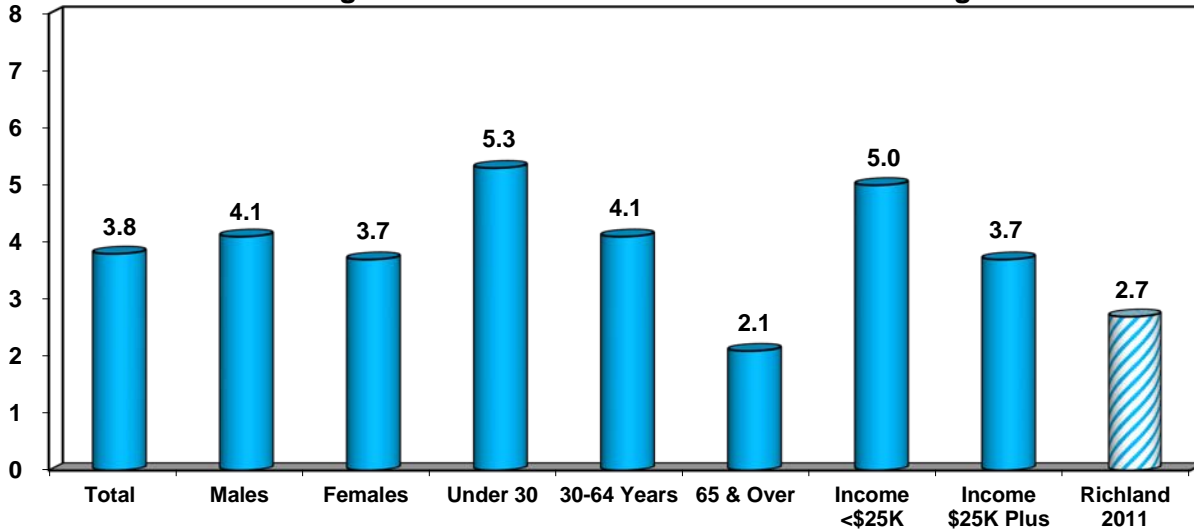
Average Number of Days Drinking Alcohol in the Past Month



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

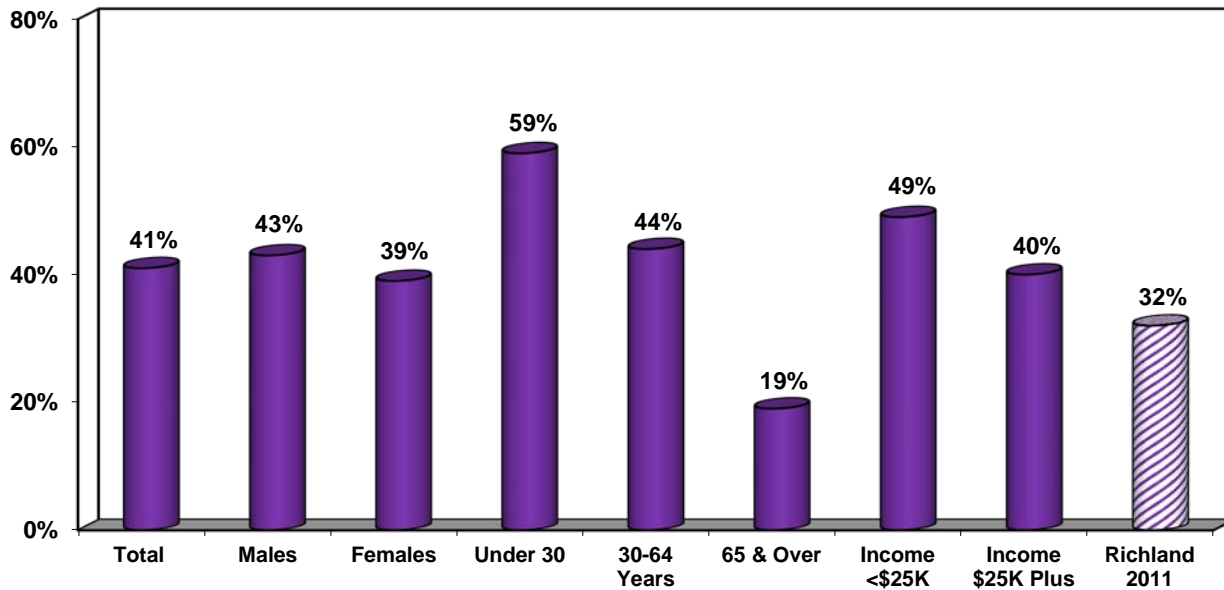
20% of Richland County adults were considered binge drinkers

Adults Average Number of Drinks Consumed Per Drinking Occasion



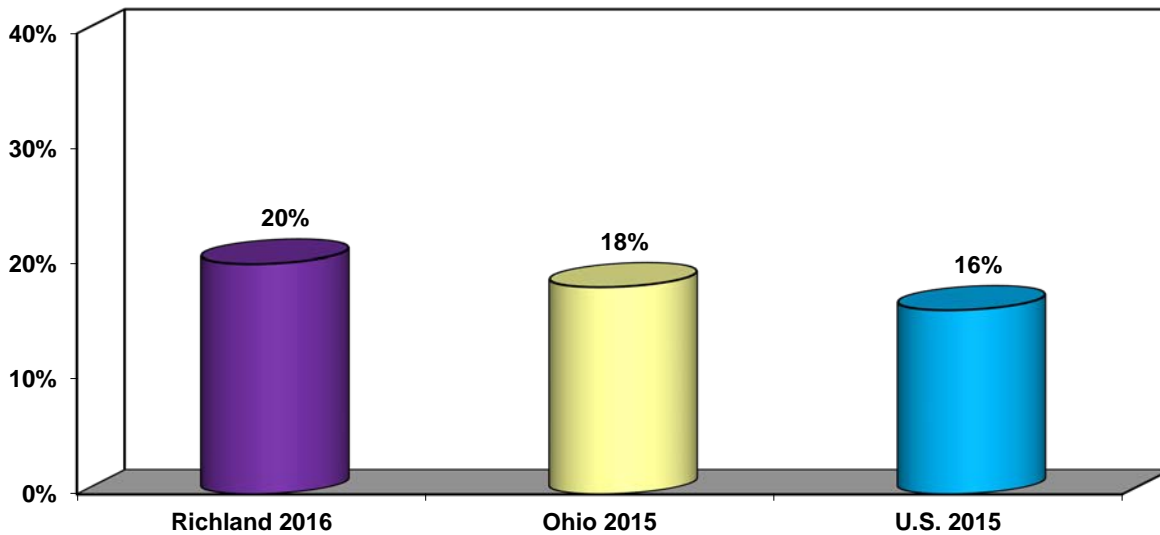
The following graphs show the percentage of Richland County current drinkers who binge drank in the past month and a comparison of Richland County binge drinkers with Ohio and U.S. binge drinkers.

Richland 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.

Adult Binge Drinkers*



(Source: 2015 BRFSS, 2016 Richland 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.

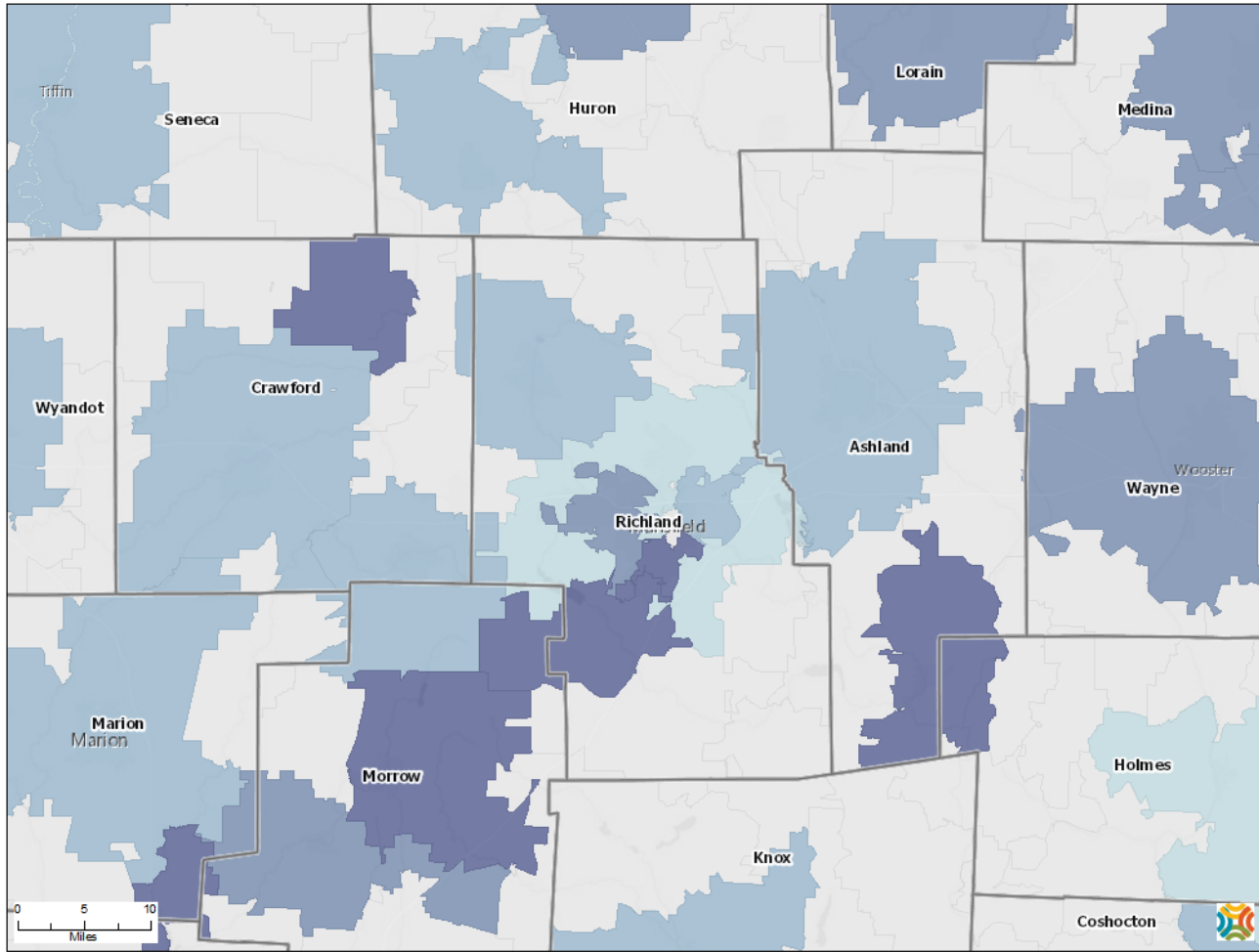
The following table shows the Richland County and Ohio motor vehicle accident statistics. The table shows:

- 4% of all crashes in Richland County and Ohio were alcohol-related.
- 17% of all fatal injury crashes in Richland County were alcohol-related, as compared to 30% of alcohol-related fatal injury crashes in Ohio.
- Of the total number of alcohol-related crashes (127) in Richland County, 46% were property damage only, 54% were non-fatal injury, and 5% were fatal injury.
- There were 12,219 alcohol-related crashes in Ohio in 2016. Of those crashes, 56% were property damage only, 41% were non-fatal injury, and 3% were fatal injury.

	Richland County 2016	Ohio 2016
Total Crashes	3,420	305,440
Alcohol-Related Total Crashes	127	12,219
Fatal Injury Crashes	6	1,048
Alcohol-Related Fatal Crashes	1	311
Alcohol Impaired Drivers in Crashes	125	11,940
Injury Crashes	864	77,393
Alcohol-Related Injury Crashes	67	5,067
Property Damage Only	2,550	227,001
Alcohol-Related Property Damage Only	59	6,841
Deaths	6	1,125
Alcohol-Related Deaths	1	341
Total Non-Fatal Injuries	1,248	112,139
Alcohol-Related Injuries	99	7,176

(Source: Ohio Department of Public Safety, Crash Reports, Updated 3/2/2017, Traffic Crash Facts)

Beer, Wine and Liquor Stores, Rate (Per 100,000 Pop.) by Zip Code Tabulation Area (ZCTA), Census Business Patterns (CBP), 2012



Map Legend

Beer, Wine and Liquor Stores, Rate (Per 100,000 Pop.) by ZCTA, CBP 2012

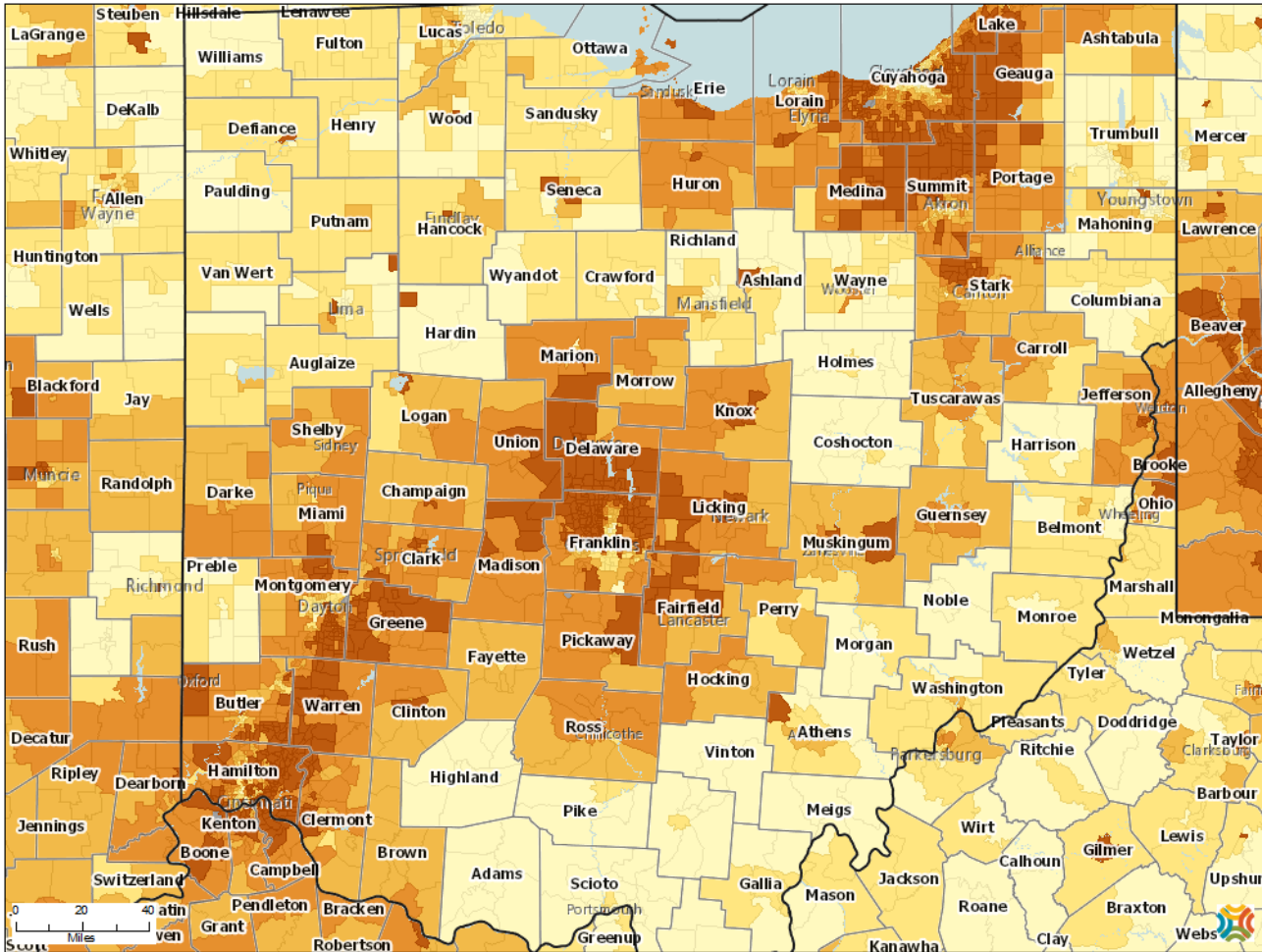
- Over 18.0
- 12.1 - 18.0
- 6.1 - 12.0
- Under 6.1
- No Establishments or No Data

Community Commons, 8/30/2016

(Source: Community Commons, updated 8/30/2016)

ADULT ALCOHOL

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



Map Legend

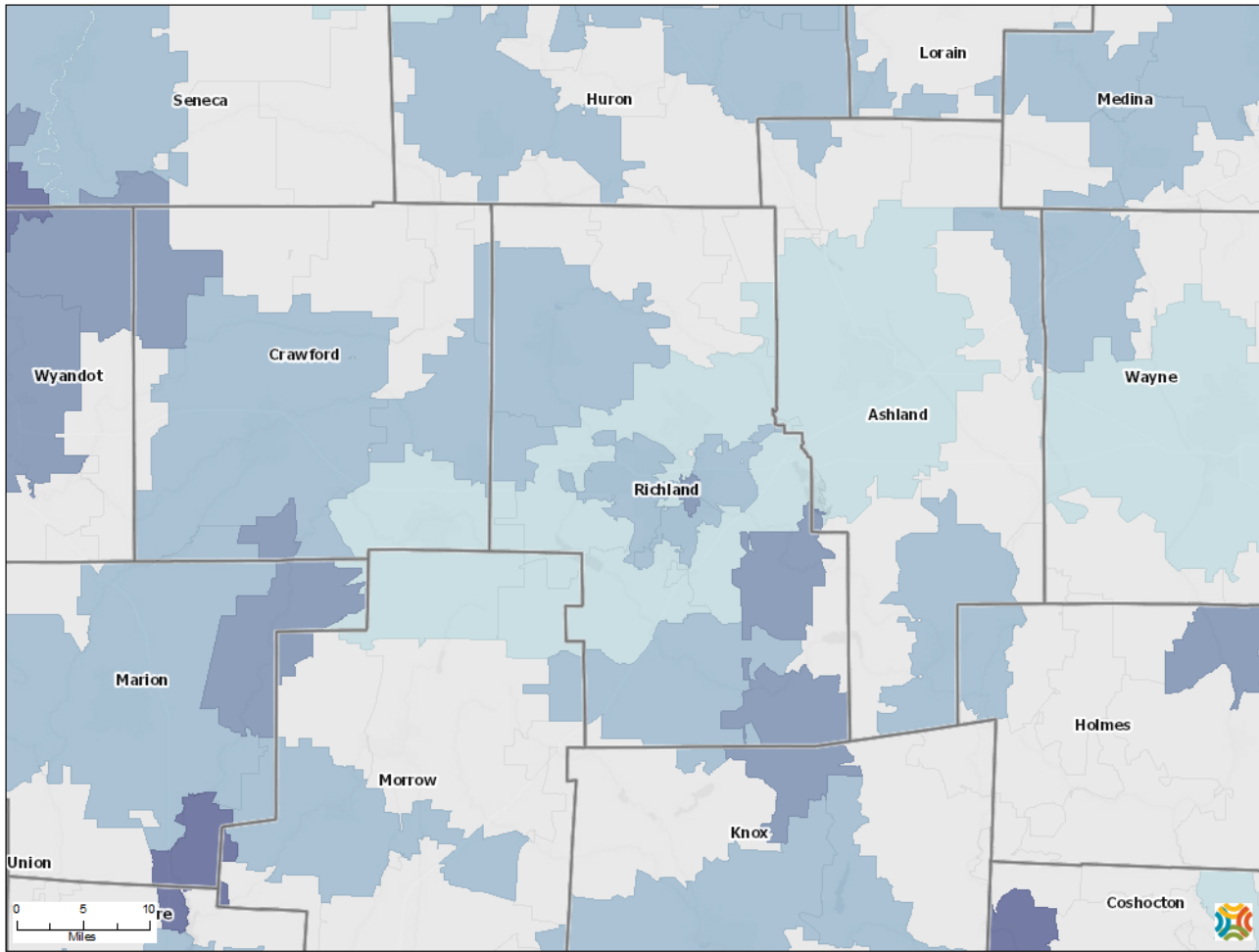
Alcoholic Beverage Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed

Community Commons, 8/30/2016

(Source: Community Commons, updated 8/30/2016)

Bars and Drinking Establishments, Rate (Per 100,000 Pop.) ZCTA, CBP 2012



Map Legend

Bars and Drinking Establishments, Rate (Per 100,000 Pop.) by ZCTA, CBP 2012

- Over 80.0
- 30.1 - 80.0
- 10.1 - 30.0
- Under 10.1
- No Establishments or No Data

Community Commons, 8/30/2016

(Source: Community Commons, updated 8/30/2016)

ADULT ALCOHOL

Adult | DRUG USE

Key Findings

In 2016, 6% of Richland County adults had used marijuana during the past 6 months. 7% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Adult Drug Use

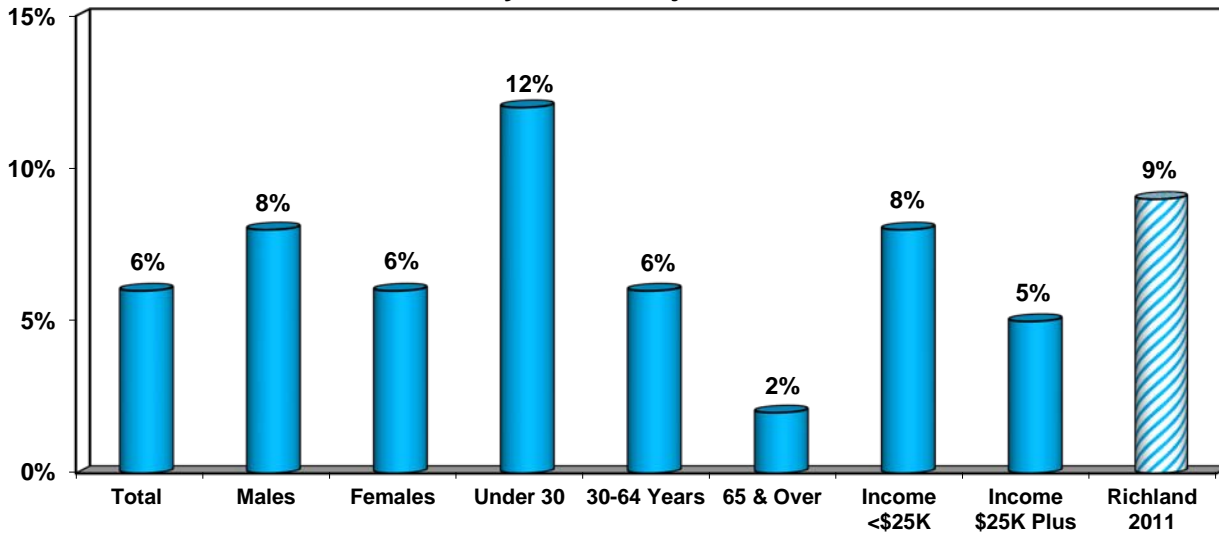
- 6% of Richland County adults had used marijuana in the past 6 months, increasing to 12% of those under the age of 30.
- 1% of Richland County adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- 7% of adults had used medication 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 10% of those with incomes less than \$25,000.
- Richland County adults indicated they did the following with their unused prescription medication: took as prescribed (20%), threw it in the trash (12%), took it to the Medication Collection program (11%), flushed it down the toilet (10%), kept it (10%), took them in on Drug Take Back Days (6%), took them to the sheriff's office (3%), kept in a locked cabinet (3%), gave it away (<1%), mailer to ship back to pharmacy (<1%), and some other destruction method (2%). 54% of adults did not have unused medication.
- 2% of adults used a program or service to help with an alcohol or drug problem for themselves or a loved one. Reasons for not using such a program included: had not thought of it (2%), could not afford to go (1%), fear (1%), did not want to get in trouble (<1%), did not want to miss work (<1%), no program available (<1%), stigma of seeking drug services (<1%), did not know how to find a program (<1%), could not get to the office or clinic (<1%), transportation (<1%), and other reasons (2%). 95% of adults indicated such a program was not needed.

Adult Comparisons	Richland County 2011	Richland County 2016	Ohio 2015	U.S. 2015
Adults who used marijuana in the past 6 months	9%	6%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	13%	7%	N/A	N/A

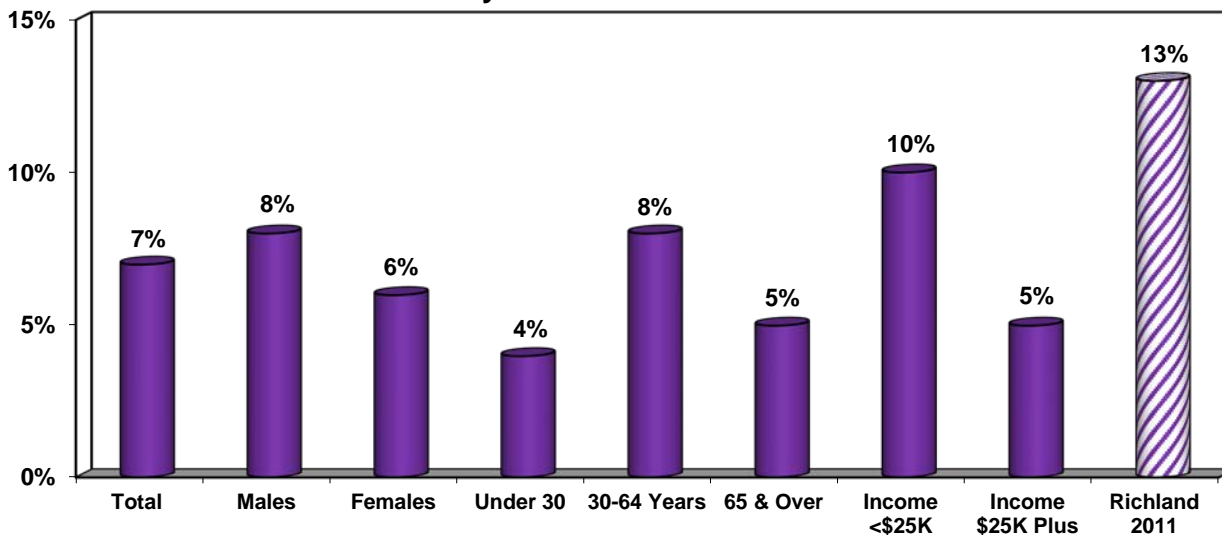
N/A – Not available

The following graphs are data from the 2016 Richland County health assessment indicating adult marijuana use and medication misuse in the past six months. Examples of how to interpret the information include: 6% of all Richland County adults used marijuana in the past six months; 12% of those adults under the age of 30 and 8% of adults with incomes less than \$25,000 were current users.

Richland County Adult Marijuana Use in Past 6 Months

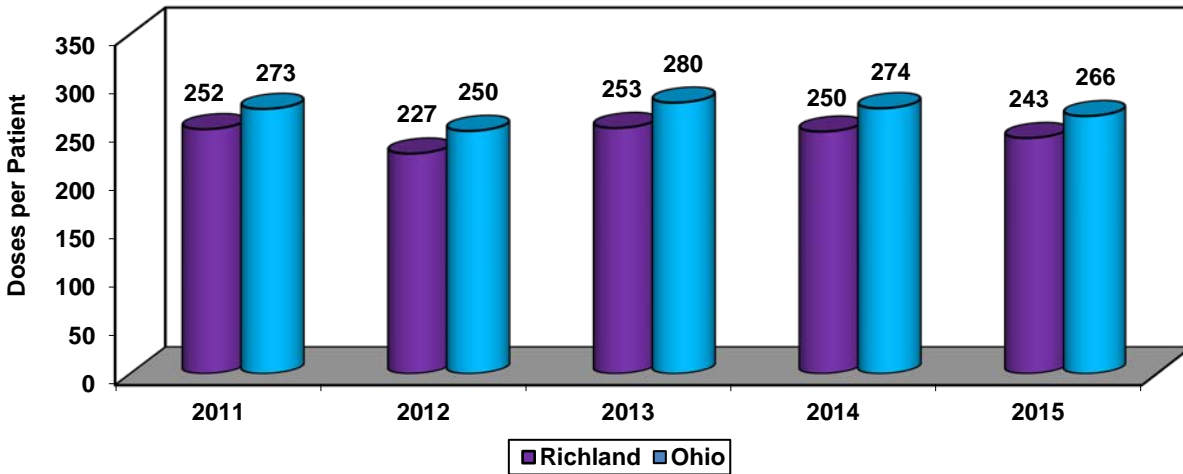


Richland County Adult Medication Misuse in Past 6 Months

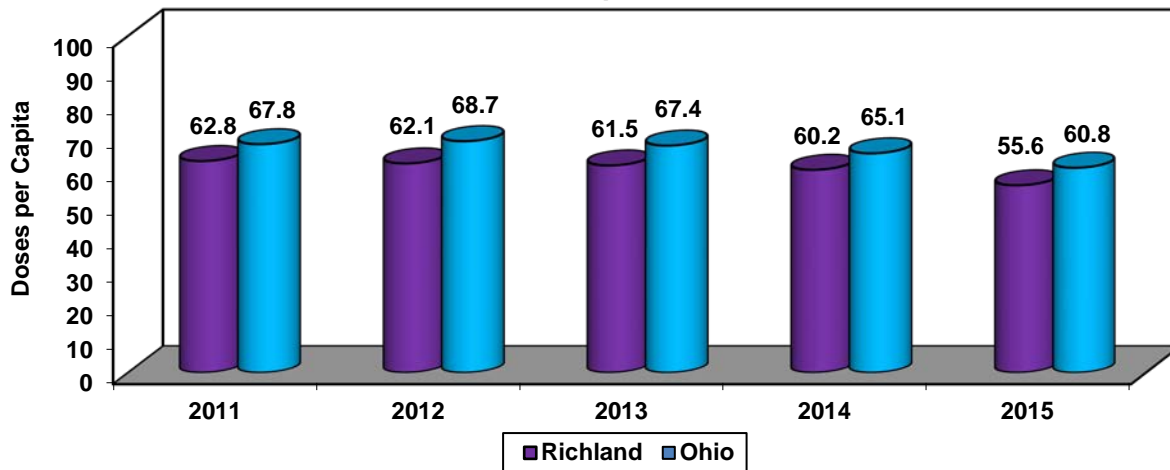


The following graphs are data from the Ohio Automated Prescription Reporting System indicating Richland County and Ohio doses per patient, as well as doses per capita.

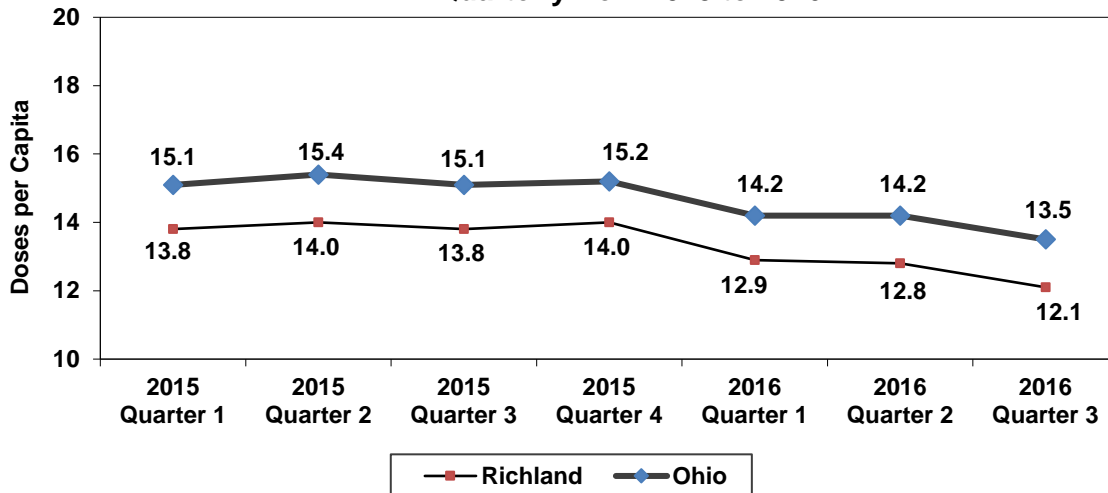
Richland County and Ohio Number of Opiate and Pain Reliever Doses Per Patient, 2011-2015



Richland County and Ohio Number of Opiate and Pain Reliever Doses Per Capita, 2011-2015



Richland County and Ohio Number of Opioid Doses Per Capita, Quarterly from 2015 to 2016



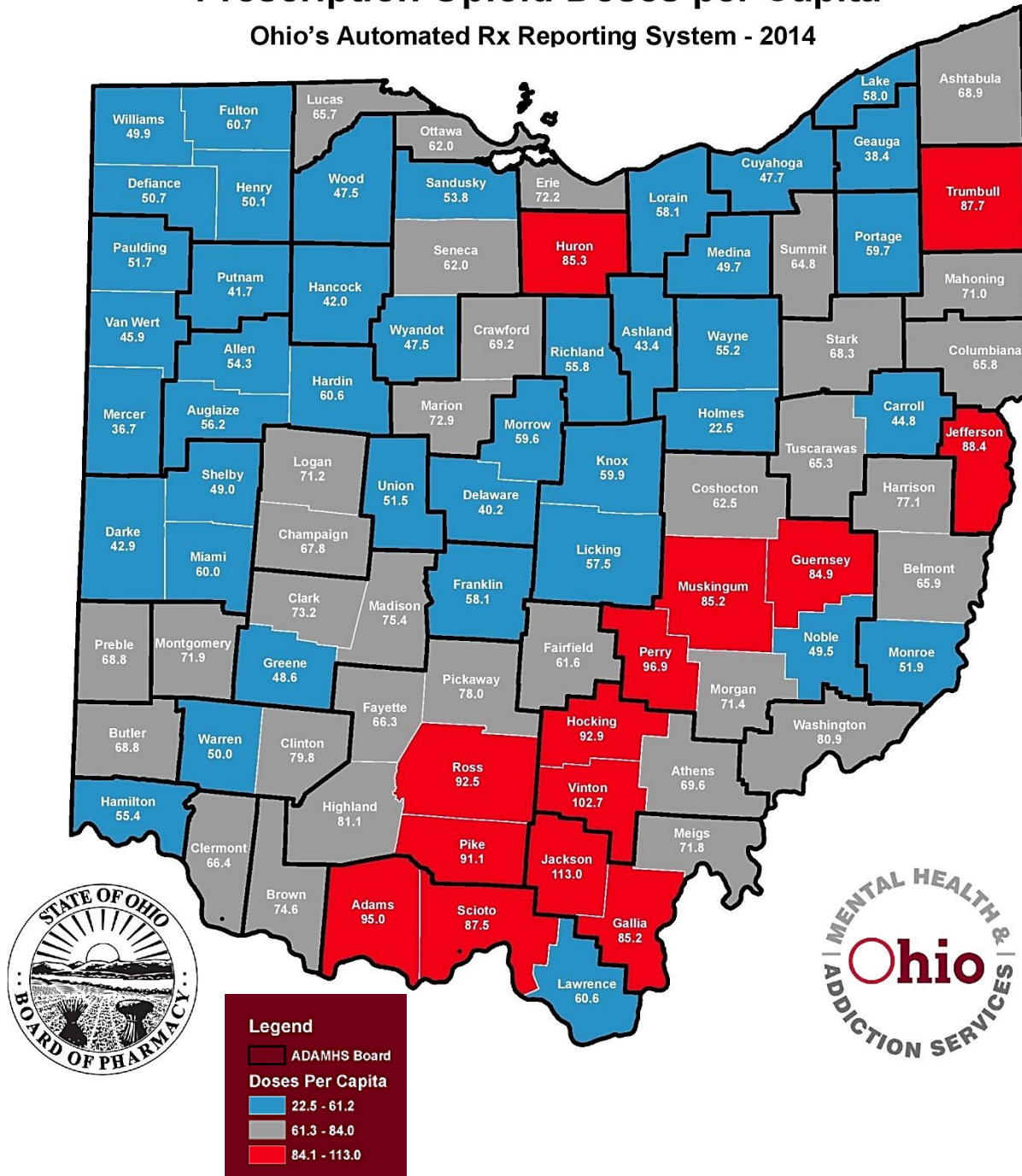
(Source: Ohio Automated Rx Reporting System, Quarterly County Data, Accessed on July 7, 2016)

Prescription Analgesic Doses Per Capita

- The average per capita dosage rate was 55.8 doses per person in Richland County in 2014.
- In 2014, the statewide average per capita dosage rate was 61.2 doses per person.

Prescription Opioid Doses per Capita

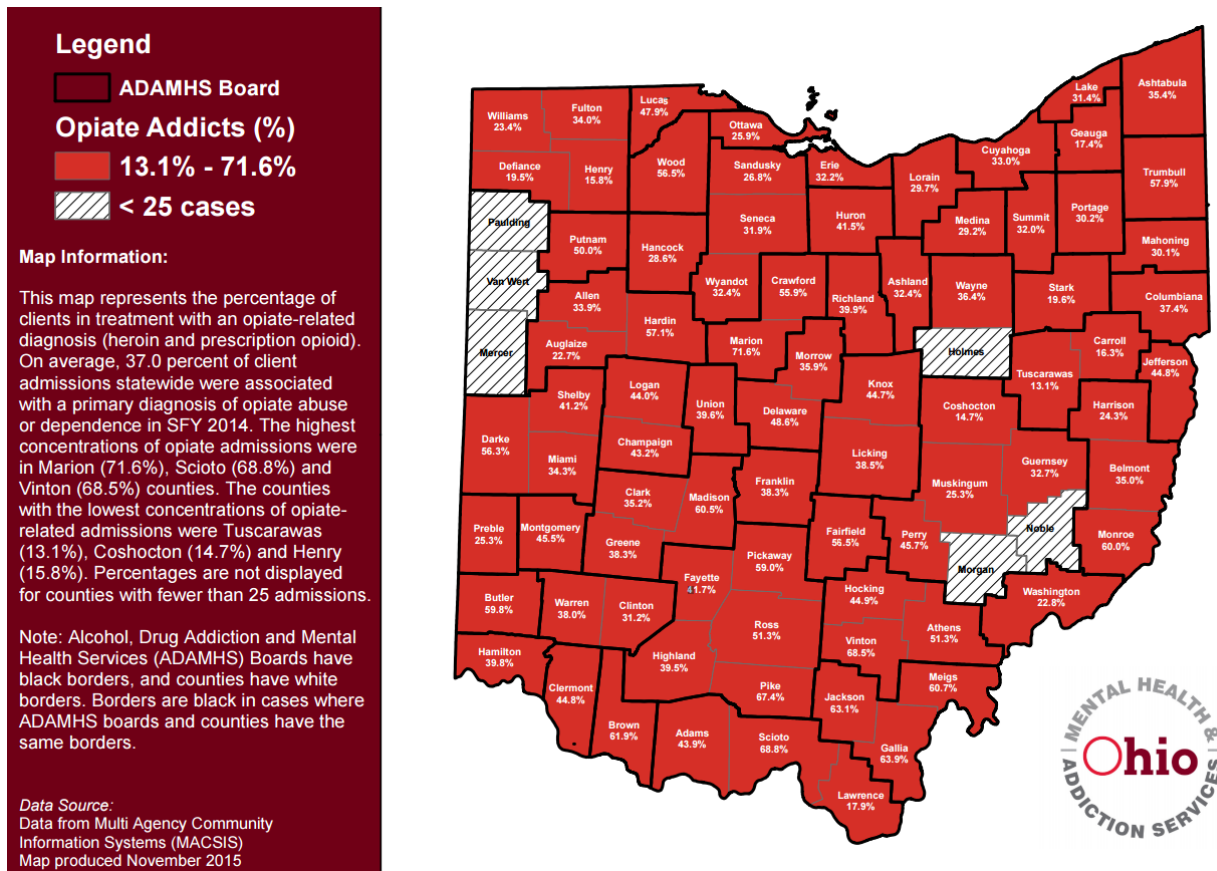
Ohio's Automated Rx Reporting System - 2014



(Source: Ohio Mental Health and Addiction Services, Doses Per Capita September 2014)

Unduplicated Admissions for Opiate Abuse and Dependence

- In 2014, 37% of client admissions throughout Ohio were associated with a primary diagnosis of opiate abuse or dependence.
- In Richland County in 2014, 40% of client admissions were opiate-related.



(Source: Ohio Mental Health and Addiction Services, Doses Per Capita September 2014)

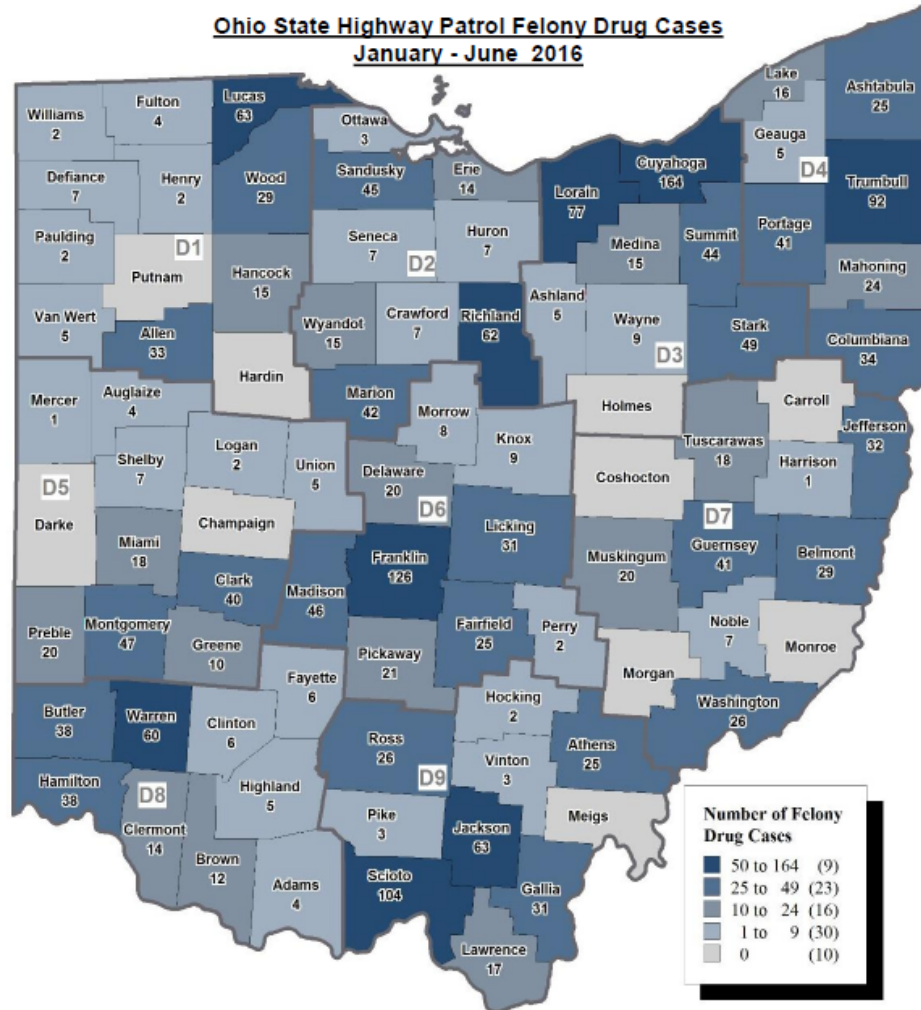
Felony Cases and Drug Arrests January – June 2016

- Ohio State Highway Patrol (OSHP) investigated a wide range of felony offenses during the first half of 2016, including vice (2,154), assault (893), larceny (318), false pretense (92), property crimes (87), homicide/death (136), robbery/burglary (2), and various other types of felony offenses (143).
- OSHP Troopers made 7,493 total drug arrests during the first 6 months of 2016 – a 20% increase compared to 2015 and a 35% increase compared to the previous 3-year average (2013-2015).
- Of the 7,493 drug arrests, over one-quarter (2,037 or 27%) included one or more felony drug charges. This represents a 37% increase over the previous 3-year average (2013-2015).

OSHP felony cases by type ¹ (Jan. 1 – Jun. 30, 2016)	
Homicide/Death	13
Robbery/Burglary	2
Larceny	318
Assault	893
False pretense ²	92
Vice ³	2,154
Property crimes	87
Other investigations	143
Total:	3,702

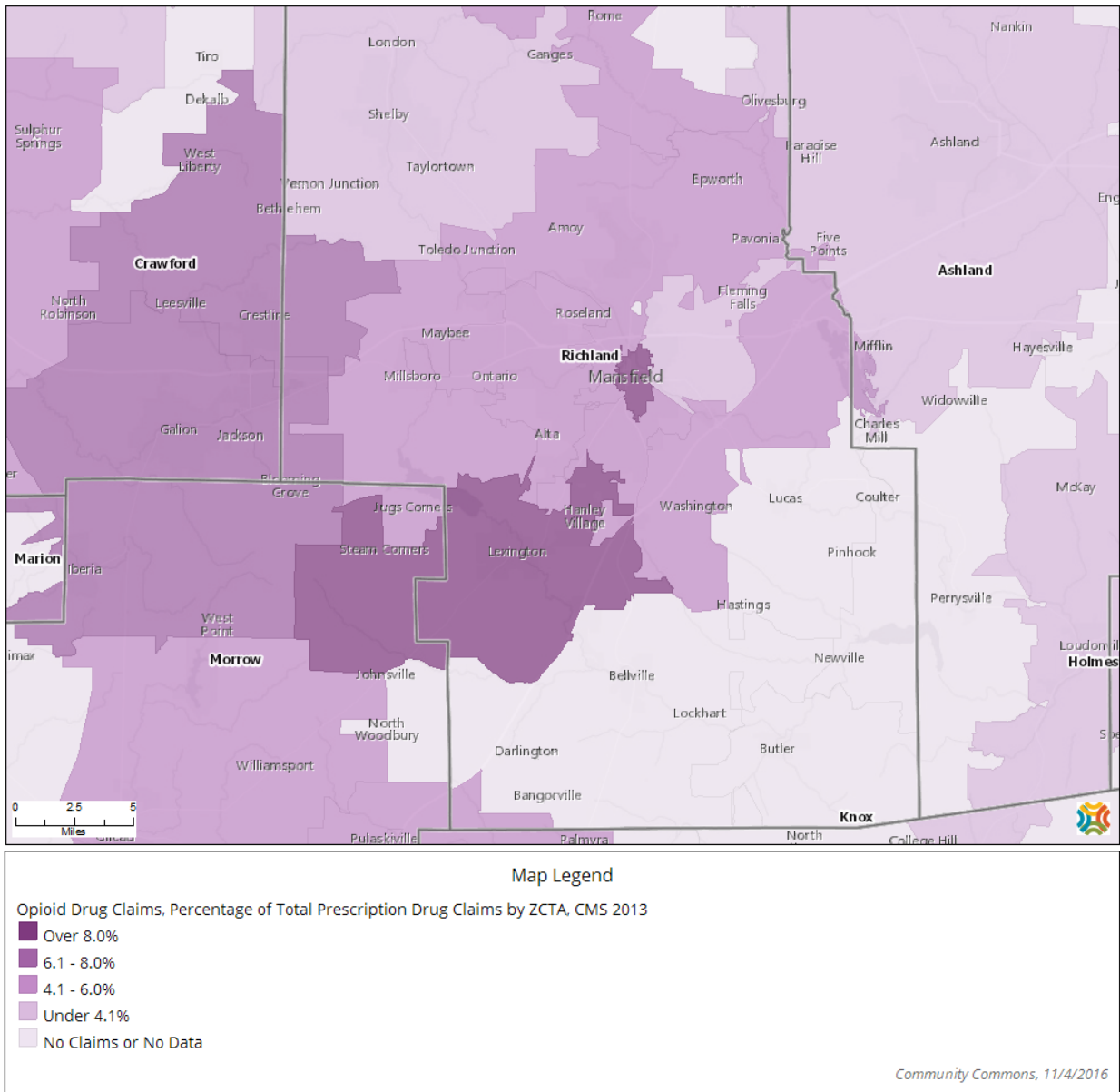
OSHP drug arrests (Jan. 1 - Jun. 30, 2016)	
Total drug arrests	7,493
Felony drug cases	2,037

OSHP drug seizures in grams (Jan. 1 - Jun. 30, 2016)	
Marijuana	885,221
Cocaine	38,804
Crack	1,266
Heroin	53,514
OSHP scheduled pill seizures (Jan. 1 - Jun. 30, 2016)	
Opiate	19,660
Stimulant	1,749
Depressant	11,059
Hallucinogen	316



(Source: Ohio State Highway Patrol, Felony Cases and Drug Arrests, January – June 2016)

Opioid Drug Claims, Percentage of Total Drug Claims by ZCTA, CMS 2013



(Source: Centers for Medicare and Medicaid Services: 2013 as compiled by Community Commons)

Adult | WOMEN'S HEALTH

Key Findings

In 2016, three-fifths (60%) of Richland County women over the age of 40 reported having a mammogram in the past year. 52% of Richland County women ages 19 and over had a clinical breast exam and 36% had a Pap smear to detect cancer of the cervix in the past year. The health assessment determined that 2% of women survived a heart attack and 2% survived a stroke at some time in their life. More than two-fifths (42%) were obese, 37% had high blood pressure, 37% had high blood cholesterol, and 18% were identified as smokers, all known risk factors for cardiovascular diseases.

Women's Health Screenings

- 57% of women had a mammogram at some time in their life, and nearly two-fifths (39%) had this screening in the past year.
- Three-fifths (60%) of women ages 40 and over had a mammogram in the past year, and 76% 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 (84%) Richland County women had a clinical breast exam at some time in their life, and 52% had one within the past year. Almost three-fourths (73%) 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 identified that 82% of Richland County women had a Pap smear at some time in their life, and 36% reported having had the exam in the past year. 66% 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

- Women used the following as their usual source of services for female health concerns: private gynecologist (52%), general or family physician (23%), family planning clinic (5%), community health center (3%), health department clinic (3%), and some other place (2%). 10% indicated they did not have a usual source of services for female health concerns.
- Richland County women have experienced the following: menopause (47%), premenstrual syndrome (PMS) (24%), incontinence (15%), hormone replacement therapy (9%), osteoporosis (9%), and perimenopause (9%).
- In 2016, the health assessment determined that 2% of women had survived a heart attack, and 2% had survived a stroke at some time in their life.

Richland County Female Leading Causes of Death, 2013 – 2015

1. Heart Diseases (22% of all deaths)
2. Cancers (21%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (5%)
5. Alzheimer's disease (4%)

(Source: CDC Wonder, 2013-2015)

Ohio Female Leading Causes of Death, 2013 – 2015

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

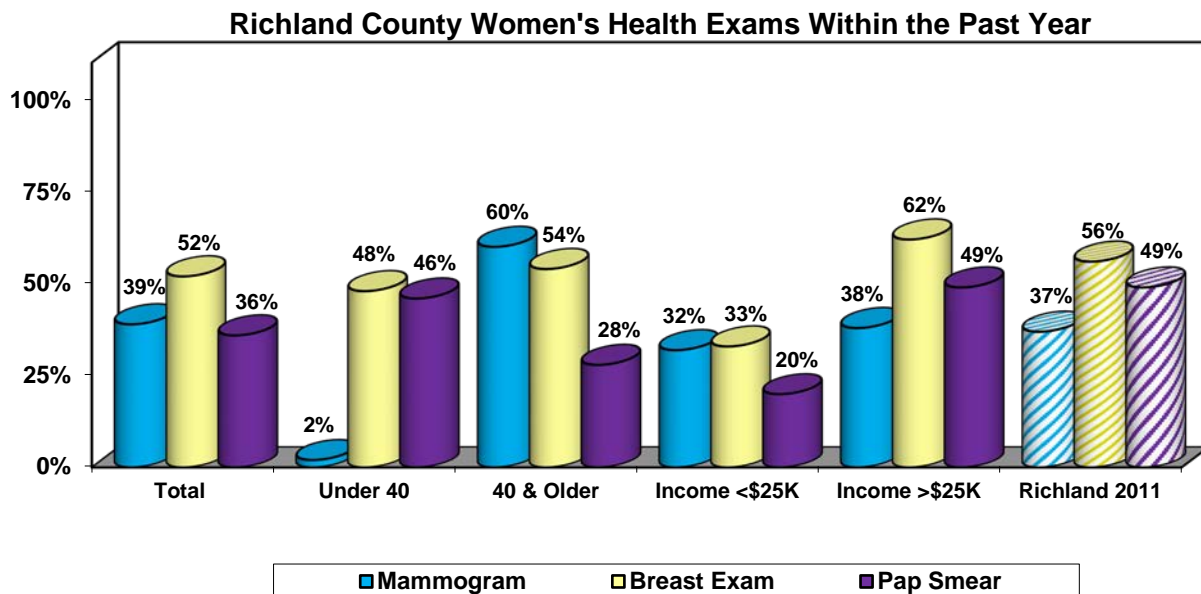
(Source: CDC Wonder, 2013-2015)

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Richland County, the 2016 Health Assessment has identified that:
 - 69% of women were overweight or obese (61% Ohio, 59% U.S., 2015 BRFSS)
 - 37% were diagnosed with high blood pressure (31% Ohio, 30% U.S., 2015 BRFSS)
 - 37% were diagnosed with high blood cholesterol (36% Ohio, 35% U.S., 2015 BRFSS)
 - 18% of all women were current smokers (20% Ohio, 15% U.S., 2015 BRFSS)
 - 11% had been diagnosed with diabetes (11% Ohio, 10% U.S., 2015 BRFSS)
- From 2013-2015, major cardiovascular diseases (heart disease and stroke) accounted for 27% of all female deaths in Richland County (Source: CDC Wonder, Underlying Cause of Death).

Pregnancy

- 18% of Richland County women had been pregnant in the past 5 years.
- During their last pregnancy, Richland County women got a prenatal appointment in the first 3 months (81%), took a multi-vitamin with folic acid during pregnancy (54%), took a multi-vitamin with folic acid pre-pregnancy (53%), got a dental exam (36%), received WIC benefits (27%), experienced depression (15%), consumed alcoholic beverages (10%), looked for options for an unwanted pregnancy (10%), used marijuana (10%), took folic acid during pregnancy (8%), took folic acid pre-pregnancy (3%), and smoked cigarettes or other tobacco products (3%).
- Thinking back to their last pregnancy 38% of women wanted to be pregnant then, 12% wanted to be pregnant sooner, 12% did not want to be pregnant then or any time in the future, 11% wanted to be pregnant later, and 27% of women did not recall.

The following graph shows the percentage of Richland County females that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 39% of Richland County females had a mammogram within the past year, 52% had a clinical breast exam, and 36% had a Pap smear.



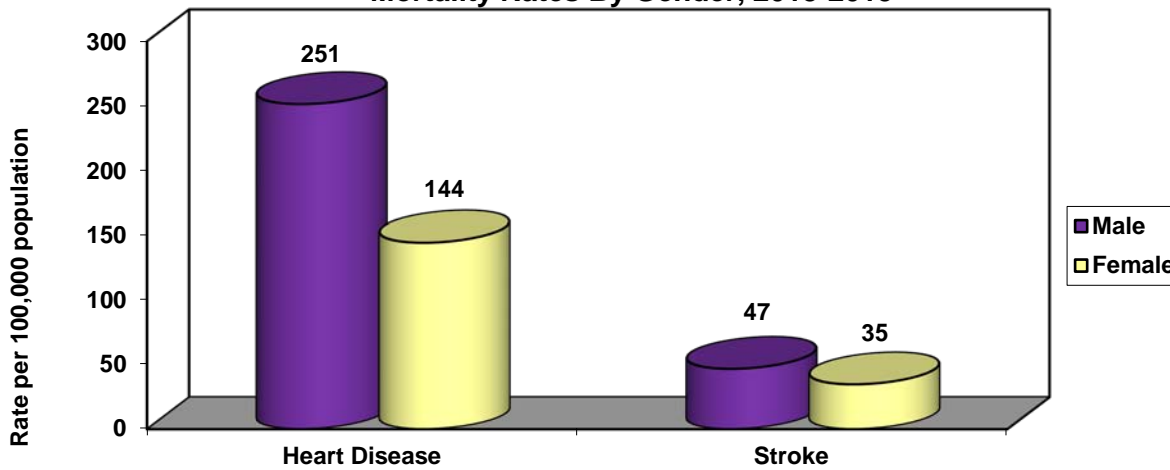
Adult Comparisons	Richland County 2011	Richland County 2016	Ohio 2015	U.S. 2015
Had a mammogram in the past two years (age 40 & over)	83%	76%	72%*	73%*
Had a clinical breast exam in the past two years (age 40 & over)	N/A	73%	N/A	N/A
Had a Pap smear in the past three years	67%	66%	74%*	75%*

*2014 BRFSS
N/A - Not Available

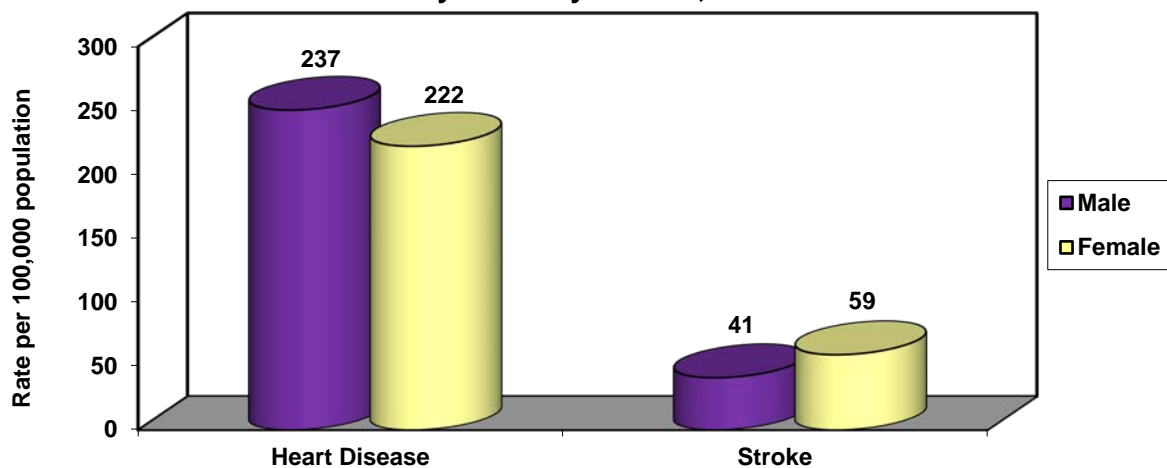
The following graphs show the Richland County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases. The graphs show:

- From 2013 to 2015, the Richland County and Ohio female age-adjusted mortality rate was lower than the male rate for heart disease.
- The Richland County female heart disease mortality rate was lower than the Ohio female rate from 2013 to 2015.

Richland County Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2013-2015



Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2013-2015



(Source: CDC Wonder, 2013-2015)

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

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

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

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

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

(Sources: Centers for Disease Control and Prevention, What Can I Do to Reduce My Risk of Breast Cancer? Updated April 14, 2016)

Binge Drinking: A Serious, Under Recognized Problem among Women and Girls

- Binge drinking for women is defined as consuming 4 or more alcohol drinks (beer, wine, or liquor) on an occasion.
- Binge drinking is a dangerous behavior but is not widely recognized as a women's health problem.
- Drinking too much results in about 23,000 deaths in women and girls each year.
- Binge drinking increases the chances of breast cancer, heart disease, sexually transmitted diseases, unintended pregnancy, and many other health problems.
- If women binge drink while pregnant, they risk exposing their developing baby to high levels of alcohol, increasing the chances the baby will be harmed by the mother's alcohol use.
- Drinking during pregnancy can lead to sudden infant death syndrome and fetal alcohol spectrum disorders.
- About 1 in 8 women aged 18 years and older and 1 in 5 high school girls binge drink. Women who binge drink do so frequently – about 3 times a month – and have about 6 drinks per binge.

(Sources: Centers for Disease Control and Prevention, Binge Drinking, October 2013)

Adult | MEN'S HEALTH

Key Findings

In 2016, 26% of Richland County males performed a self-testicular exam. The health assessment determined that 7% of men survived a heart attack and 3% survived a stroke at some time in their life. More than two-fifths (42%) of men had been diagnosed with high blood pressure, 40% had high blood cholesterol, and 14% were identified as smokers, which, along with obesity (40%), are known risk factors for cardiovascular diseases. Major cardiovascular diseases (heart disease and stroke) accounted for 30% and cancers accounted for 23% of all male deaths in Richland County from 2013-2015 (Source: CDC Wonder, 2013-2015).

Men's Health Screenings and Concerns

- Over one-fourth (26%) of Richland County males performed a self-testicular exam in the past year.
- Richland County males completed an average of 2.4 self-testicular exams in the past year.
- From 2013-2015, major cardiovascular diseases (heart disease and stroke) accounted for 30% of all male deaths in Richland County (Source: CDC Wonder, 2013-2015).
- In 2016, the health assessment determined that 7% of men had a heart attack and 3% had a stroke at some time in their life.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Richland County, the 2016 health assessment has identified that:
 - 74% of men were overweight or obese (71% Ohio, 70% U.S., 2015 BRFSS)
 - 42% were diagnosed with high blood pressure (38% Ohio, 34% U.S., 2015 BRFSS)
 - 40% were diagnosed with high blood cholesterol (38% Ohio, 38% U.S., 2015 BRFSS)
 - 14% of all men were current smokers (23% Ohio, 19% U.S., 2015 BRFSS)
 - 14% had been diagnosed with diabetes (11% Ohio, 11% U.S., 2015 BRFSS)
- From 2013-2014, the leading cancer deaths for Richland County males were lung, prostate, and colon and rectum cancers. Statistics from the same period for Ohio males indicate that lung, lymphoid, colon and rectum, and prostate cancers were the leading cancer deaths (Source: CDC Wonder).

Richland County Male Leading Causes of Death, 2013 – 2015

1. Heart Diseases (25% of all deaths)
2. Cancers (23%)
3. Chronic Lower Respiratory Diseases (7%)
4. Accidents, Unintentional Injuries (6%)
5. Stroke (5%)

(Source: CDC Wonder, 2013-2015)

Ohio Male Leading Causes of Death, 2013 – 2015

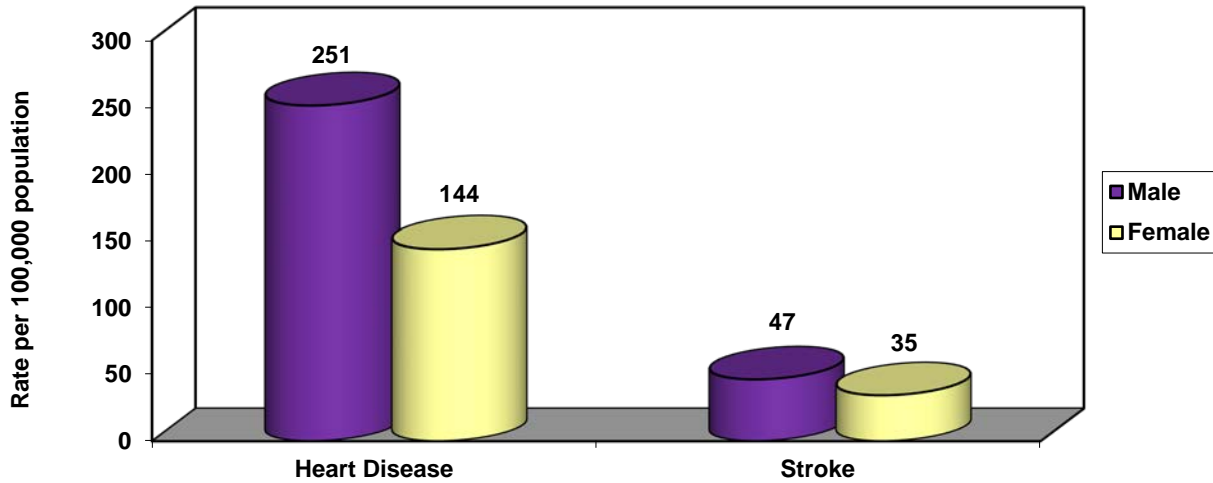
1. Heart Diseases (25% of all deaths)
2. Cancers (23%)
3. Accidents, Unintentional Injuries (7%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (4%)

(Source: CDC Wonder, 2013-2015)

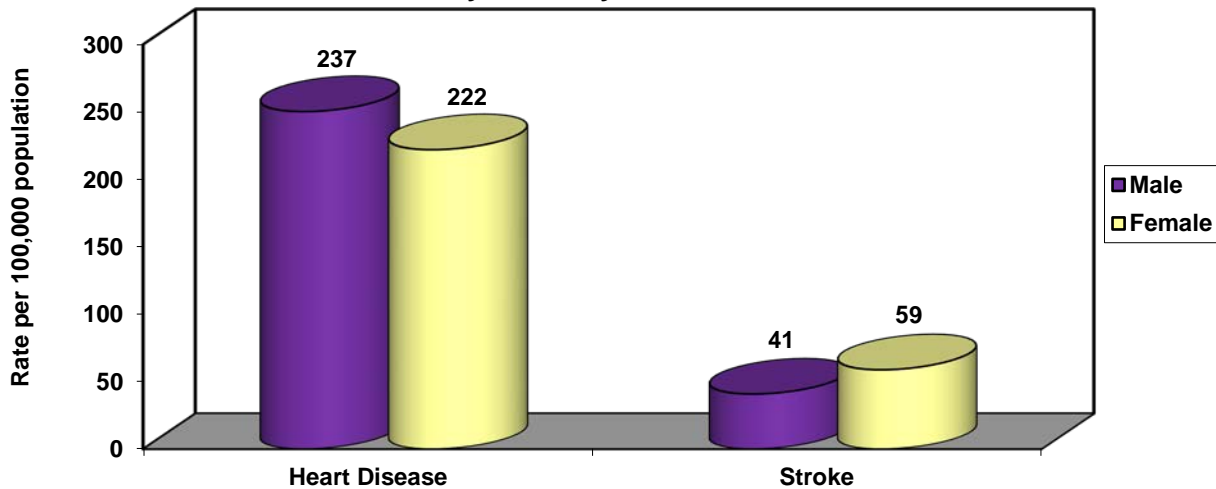
The following graphs show the Richland County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases by gender. The graphs show:

- From 2013-2015, the Richland County and Ohio male age-adjusted mortality rate was higher than the female rate for heart disease.
- The Richland County male age-adjusted heart disease mortality rate was higher than the Ohio male rate.

Richland County Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2013-2015



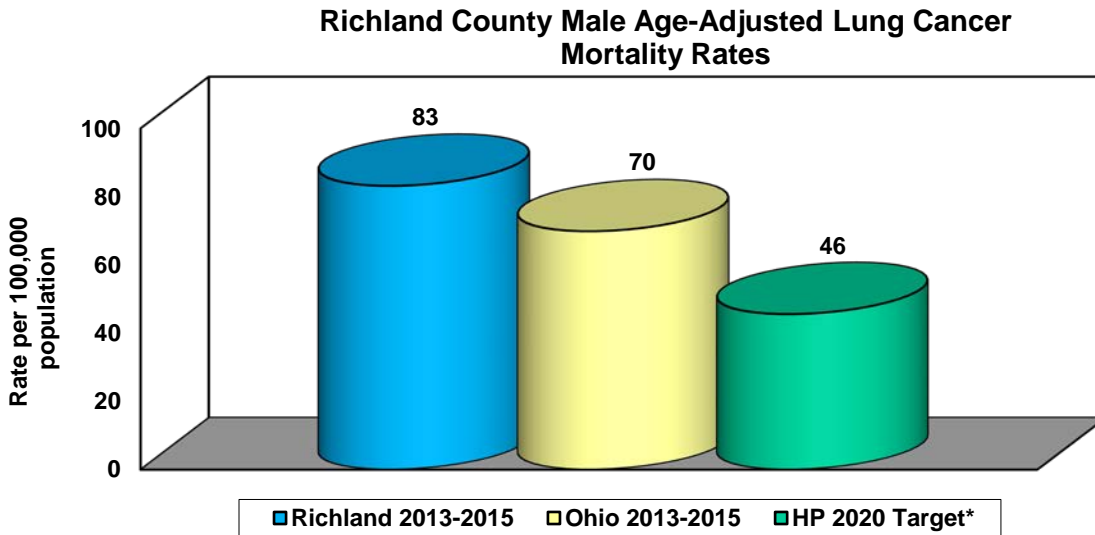
Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2013-2015



(Source: CDC Wonder, 2013-2015)

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

- From 2013-2015, the Richland County age-adjusted mortality rate for male lung cancer was higher than the Ohio rate and the Healthy People 2020 objective.



**Note: The Healthy People 2020 target rates are not gender specific.
(Source: CDC Wonder 2013-2015 and Healthy People 2020)*

Men's Health Data

- Approximately 12% of adult males ages 18 years or older reported fair or poor health in 2014.
- There are 17% of adult males in the U.S. currently smoke cigarettes, according to the 2015 National Health Interview Survey.
- Of the adult males in the U.S. in 2015, 30% had 5 or more drinks in 1 day at least once in the past year.
- Only 52% of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity, as reported by the 2015 National Health Interview Survey.
- From 2011-2014, 35% of men 20 years and over were considered obese.
- The 2015 National Health Interview Survey reported there were 12% of males under the age of 65 without health care coverage.
- The leading causes of death for males in the United States are heart disease, cancer and accidents (unintentional injuries).

(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, October 6, 2016)

Adult | PREVENTIVE MEDICINE AND DISASTER PREPAREDNESS

Key Findings

Almost three-quarters (72%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than half (56%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.

Preventive Medicine

- Nearly half (48%) of Richland County adults had a flu vaccine in the past 12 months.
- 78% of Richland County adults ages 65 and over had a flu vaccine in the past 12 months. The 2015 BRFSS reported that 58% of Ohio and 61% of U.S. adults ages 65 and over had a flu vaccine in the past year.
- Nearly one-third (32%) of adults have had a pneumonia shot in their life, increasing to 72% of those ages 65 and over. The 2015 BRFSS reported that 72% of Ohio and 73% of U.S. adults ages 65 and over had a pneumonia shot in their life.
- Richland County adults have had the following vaccines: MMR in their lifetime (68%), tetanus booster (including Tdap) in the past 10 years (55%), chicken pox vaccine in their lifetime (46%), Zoster (shingles) vaccine in their lifetime (20%), pertussis vaccine in the past 10 years (17%), and human papillomavirus (HPV) vaccine in their lifetime (11%).

Preventive Health Screenings and Exams

- More than half (56%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.
- Nearly one-third (31%) of adults have been screened by a doctor or other health professional for skin cancer.
- Richland County adults were at risk for the following based on family history: high blood pressure (60%), heart disease (44%), cancer (42%), diabetes (40%), high blood cholesterol (36%), mental illness (15%), Alzheimer’s disease (12%), alcohol addiction (12%), drug addiction (5%), suicide (4%), other addictions (2%), and unexplained sudden death (<1%).
- In the past year, 60% of Richland County women ages 40 and over have had a mammogram.
- In the past year, more than one-fourth (26%) of males performed a self-testicular exam.
- See the Women’s and Men’s Health Sections for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Richland County adults.

Adult Comparisons	Richland County 2011	Richland County 2016	Ohio 2015	U.S. 2015
Had a pneumonia vaccination (ages 65 and over)	49%	72%	72%	73%
Had a flu vaccine in the past year (ages 65 and over)	N/A	78%	58%	61%
Had a colonoscopy or sigmoidoscopy in the past 5 years (ages 50 and over)	42%	56%	N/A	N/A

N/A- Not available

Richland County Adult Health Screening Results

General Screening Results	Total
Diagnosed with High Blood Pressure	40%
Diagnosed with High Blood Cholesterol	39%
Diagnosed with Diabetes	13%
Survived a Heart Attack	5%
Survived a Stroke	3%

(Percentages based on all Richland County adults surveyed)

Healthy People 2020 Immunization and Infectious Diseases (IID)

Objective	Richland County 2016	Ohio 2015	U.S. 2015	Healthy People 2020 Target
IID-13.1: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated against pneumococcal disease	72%	72%	73%	90%

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

(Sources: Healthy People 2020 Objectives, 2015 BRFSS, 2016 Richland County Health Assessment)

Disaster Preparedness

- Richland County households had the following disaster preparedness supplies: working smoke detector (78%), working flashlight and working batteries (77%), cell phone with texting (77%), cell phone (76%), computer/tablet (65%), home land-line telephone (44%), 3-day supply of nonperishable food for everyone in the household (43%), working battery-operated radio and working batteries (43%), 3-day supply of prescription medication for each person who takes prescribed medicines (41%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (33%), generator (23%), communication plan (17%), family disaster plan (8%), and a disaster plan (8%).
- Richland County adults indicated the following as their main method of getting information from authorities in a large-scale disaster or emergency: television (75%), radio (64%), family/friends (63%), internet (59%), Richland County Emergency Alert System (45%), neighbors (42%), Facebook (41%), newspaper (35%), other social media (7%), Twitter (6%), and other methods (3%).

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)

Adult | SEXUAL BEHAVIOR

Key Findings

In 2016, 69% of Richland County adults had sexual intercourse. 6% percent of adults had more than one partner. CDC estimates that youth ages 15-24 make up just over one quarter of the sexually active population but account for half of the 20 million new sexually transmitted infections that occur in the United States each year (Source: CDC, STDs in Adolescents and Young Adults, 2016 STD Surveillance).

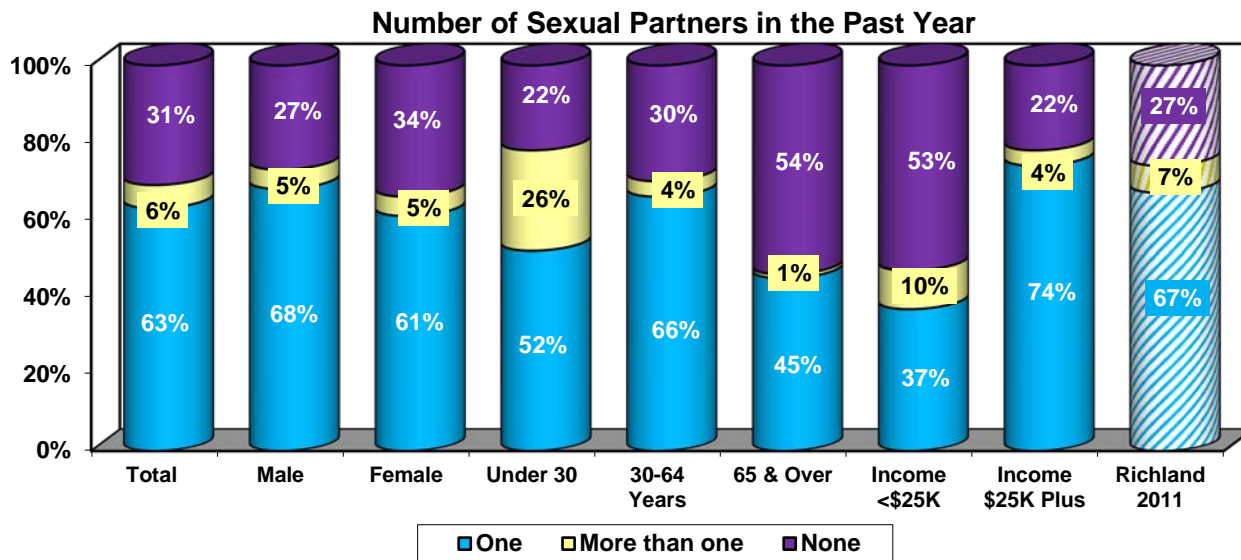
Adult Sexual Behavior

- 6% of adults reported they had intercourse with more than one partner in the past year, increasing to 26% of those under the age of 30.
- Richland County adults used the following methods of birth control: they or their partner were too old (18%), tubes tied (16%), condoms (13%), hysterectomy (13%), birth control pill (12%), vasectomy (11%), ovaries or testicles removed (7%), abstinence (5%), withdrawal (5%), infertility (4%), rhythm method (3%), IUD (2%), contraceptive implants (1%), and shots (1%).
- 14% of Richland County adults were not using any method of birth control.
- 12% of Richland County adults had been tested for a sexually transmitted disease (STD) in the past year.
- Reasons for not getting tested for a sexually transmitted disease (STD) in the past year included: married (44%), not sexually active (30%), in a monogamous relationship (28%), fear of knowing (1%), did not know where to go to get tested (1%), cost of testing (1%), confidentiality (1%), and other reasons (3%).
- The following situations applied to Richland County adults in the past year: had anal sex without a condom (3%), got tested for an STD (2%), was treated for an STD (2%), had sexual activity with someone of the same gender (1%), used intravenous drugs (1%), thought they may have an STD (<1%), and tested positive for Hepatitis C (<1%).

Adult Comparisons	Richland County 2011	Richland County 2016	Ohio 2015	U.S. 2015
Had more than one sexual partner in past year	7%	6%	N/A	N/A

N/A – Not available

The following graph shows the number of sexual partners Richland County adults had in the past year. Examples of how to interpret the information in the graph include: 63% of all Richland County adults had one sexual partner in the last 12 months, 6% had more than one, and 26% of those under the age of 30 had more than one partner.



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

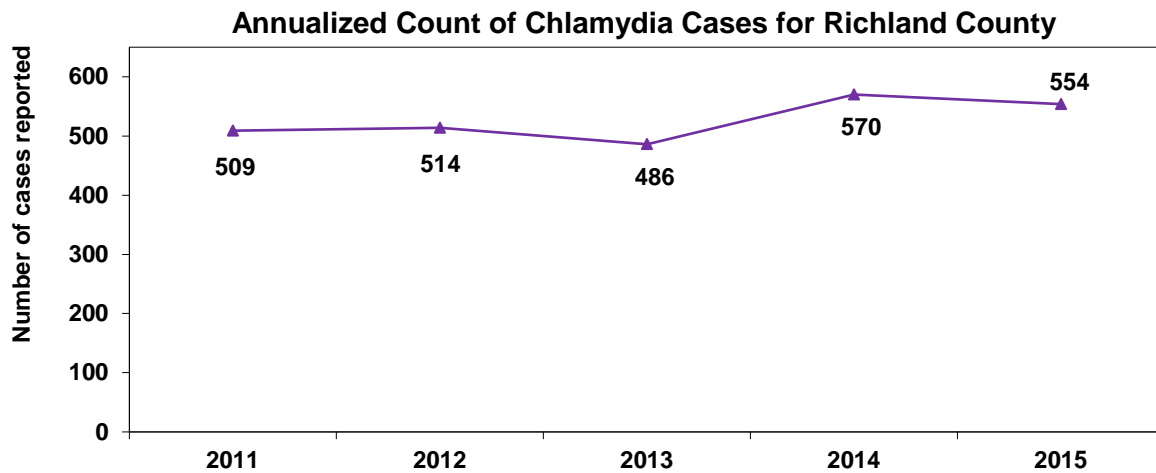
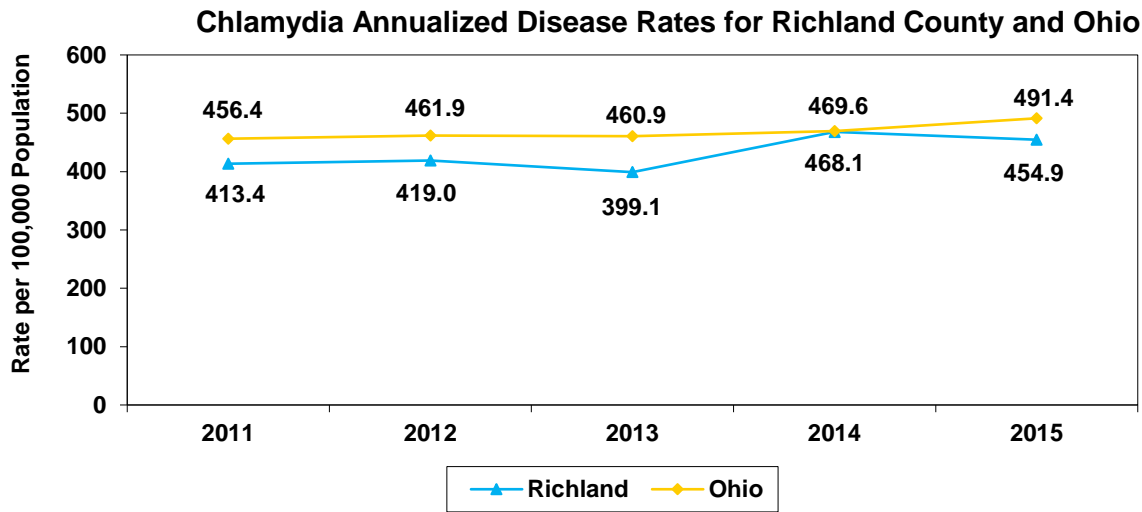
HIV in the United States

- More than 1.2 million people in the United States are living with HIV infection, and almost 1 in 8 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 2014, an estimated 44,073 people were diagnosed with HIV infection in the United States. In that same year, an estimated 20,896 people were diagnosed with AIDS. Since the epidemic began, an estimated 1,210,835 people in the United States have been diagnosed with AIDS
- In 2013, there were an estimated 12,963 deaths (due to any cause) of people with diagnosed HIV infection ever classified as AIDS, and 6,955 deaths were attributed directly to HIV.

(Source: CDC, HIV in the United States: At a Glance, 7/11/2016)

The following graphs show Richland County chlamydia disease rates per 100,000 population. The graphs show:

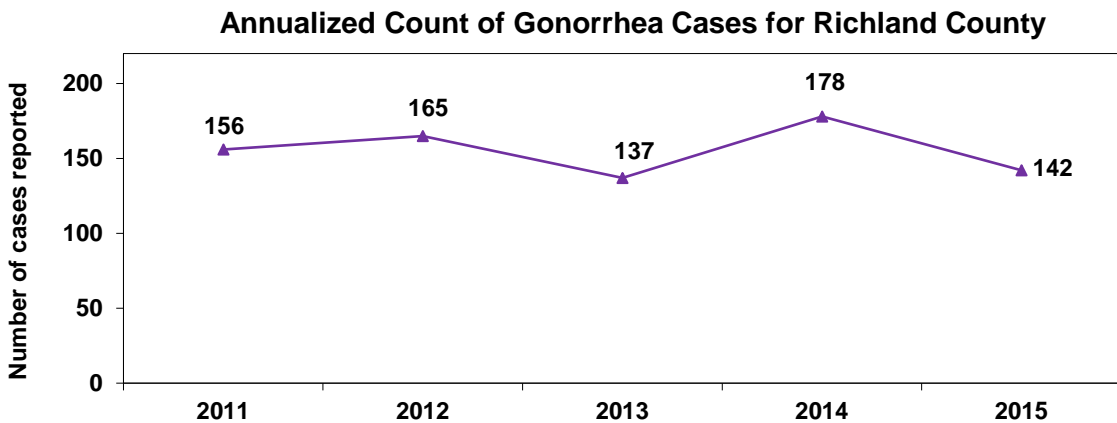
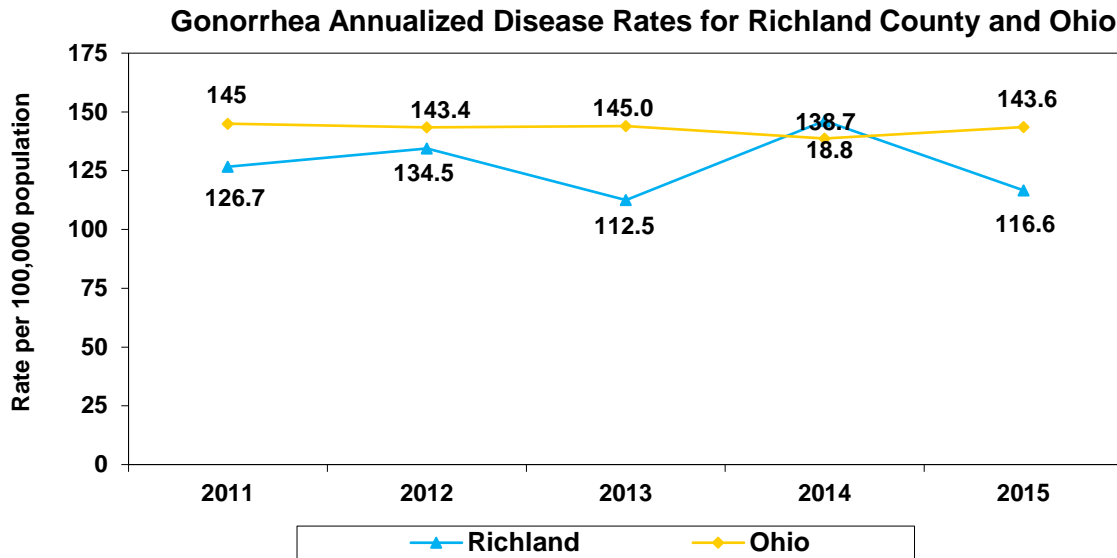
- Richland County chlamydia rates fluctuated from 2011 to 2015. Richland County rates remained below the Ohio rates.
- In 2015, the U.S. rate for new chlamydia cases was 479 per 100,000 population (Source: CDC, *STD Trends in the U.S., 2015*)



(Source for graphs: ODH, STD Surveillance, data updated on 5-15-16)

The following graphs show Richland County gonorrhea disease rates per 100,000 population, updated May 15, 2016 by the Ohio Department of Health. The graphs show:

- The Richland County gonorrhea rate fluctuated from 2011 to 2015, while the Ohio gonorrhea rate stayed about the same from 2011 to 2015.
- The Health People 2020 Objective for gonorrhea is 257 new female and 198 new male cases per 100,000 population.

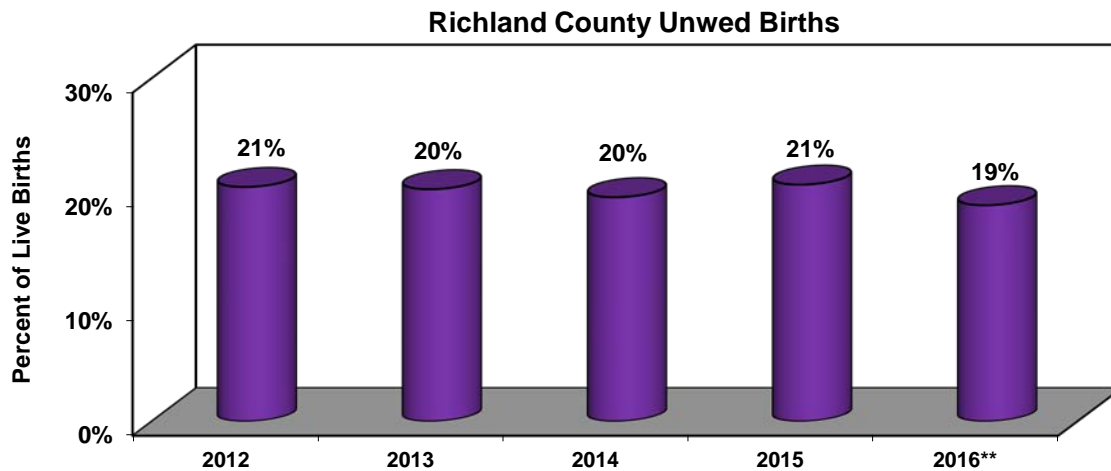
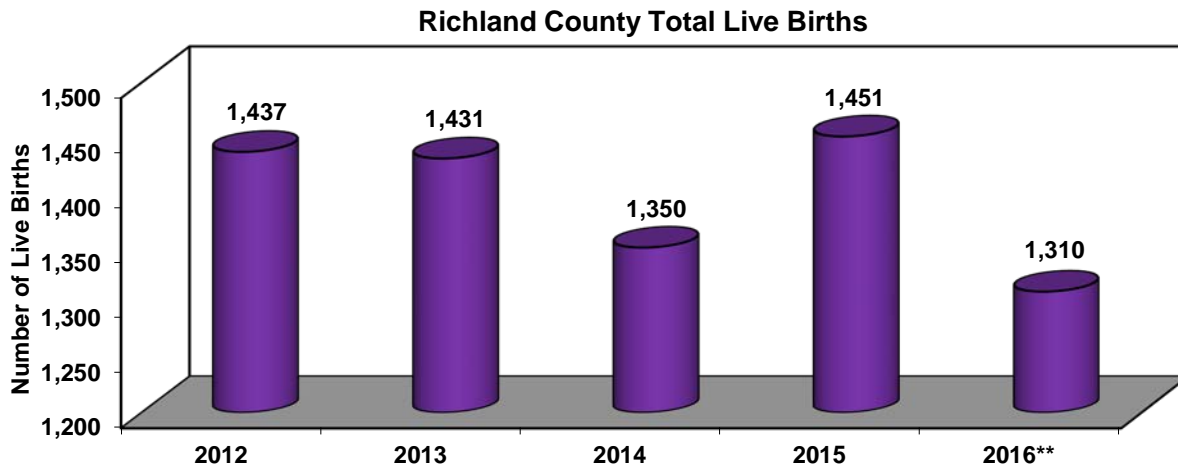


(Source for graphs: ODH, STD Surveillance, data reported through 5-17-15)

Pregnancy Outcomes

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

- From 2012-2016, there was an average of 1,396 live births per year in Richland County.



(Source for graphs: ODH Information Warehouse Updated 2-12-17)

** - Indicates preliminary data that may change

Adult | QUALITY OF LIFE

Key Findings

In 2016, 29% of Richland County adults were limited in some way because of a physical, mental or emotional problem.

Impairments and Health Problems

- In 2016, more than one-fourth (29%) of Richland County adults were limited in some way because of a physical, mental or emotional problem (21% Ohio, 21% U.S., 2015 BRFSS), increasing to 48% 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 (42%); arthritis/rheumatism (34%); stress, depression, anxiety, or emotional problems (26%); walking problems (23%); chronic illness (21%); lung/breathing problems (17%); chronic pain (16%); fractures, bone/joint injuries (14%); fitness level (13%); sleep problems (13%); mental health illness/disorder (7%); eye/vision problems (7%); hearing problems (7%); a learning disability (4%); dental problems (2%); drug addiction (1%); substance dependency (1%); and other impairments/problems (6%).
- Due to an impairment or health problem, Richland County adults needed help with the following: household chores (12%), shopping (10%), getting around for other purposes (9%), doing necessary business (7%), bathing (3%), dressing (2%), eating (1%), and getting around the house (1%).
- Richland County adults were responsible for providing regular care or assistance to the following: multiple children (17%); an elderly parent or loved one (13%); a friend, family member or spouse with a health problem (12%); grandchildren (7%); someone with special needs (5%); a friend, family member or spouse with a mental health issue (4%); an adult child (3%); a friend, family member or spouse with dementia (3%); children with discipline issues (2%); and foster children (<1%).
- 23% of adults had fallen in the past year, increasing to 35% of those ages 65 and older.
- During the past 12 months, 12% of Richland County adults experienced confusion or memory loss that was happening more often or was getting worse.

Preventing High Blood Pressure: Healthy Living Habits

By living a healthy lifestyle, you can help keep your blood pressure in a healthy range and lower your risk for heart disease and stroke. A healthy lifestyle includes:

- Eating a healthy diet
- Maintaining a healthy weight
- Getting enough physical activity
- Not smoking
- Limiting alcohol use

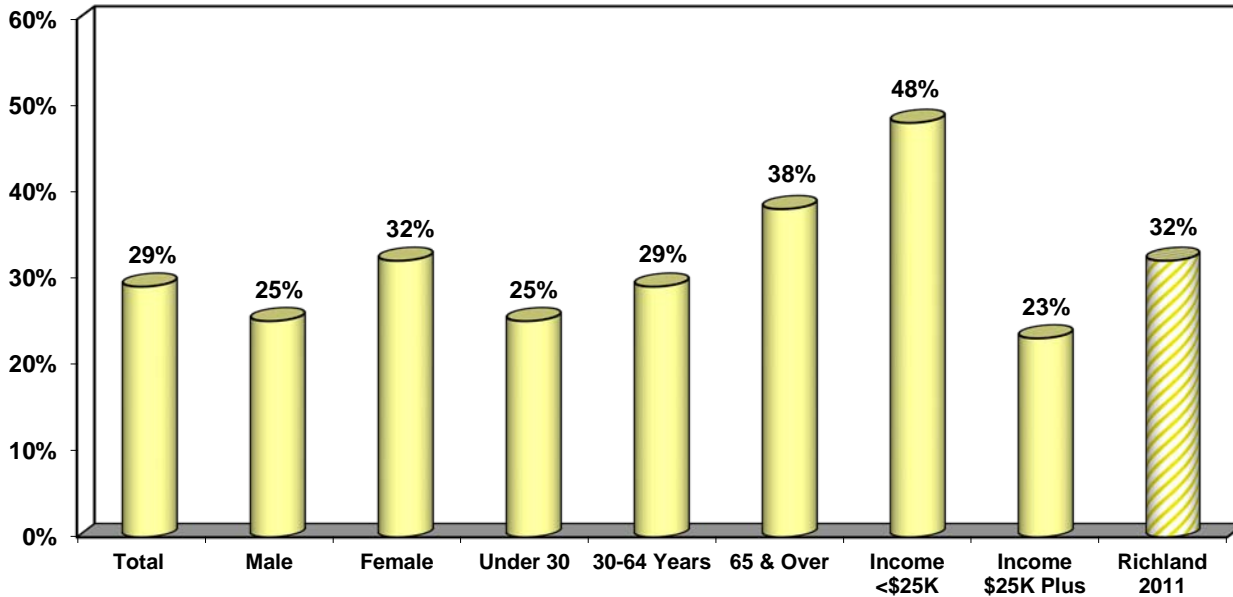
(Source: CDC, High Blood Pressure, July 7 2014)

QUALITY OF LIFE

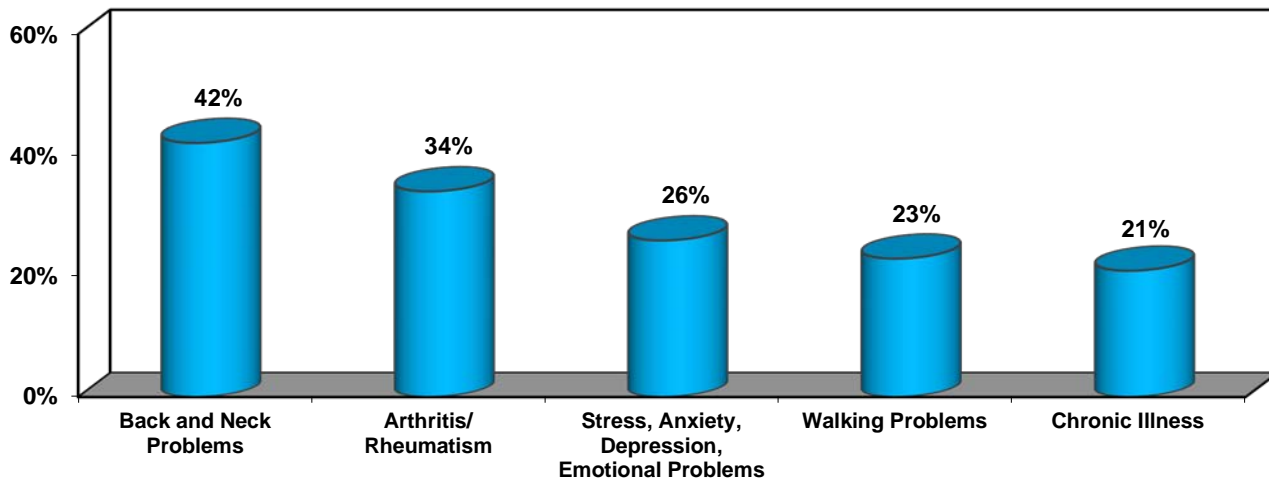
Adult Comparisons	Richland County 2011	Richland County 2016	Ohio 2015	U.S 2015
Limited in some way because of a physical, mental, or emotional problem	32%	29%	21%	21%

The following graphs show the percentage of Richland County adults that were limited in some way and the most limiting health problems. Examples of how to interpret the information shown on the graph include: 29% of Richland County adults were limited in some way, including 32% of females and 48% of those with incomes less than \$25,000.

Richland County Adults Limited in Some Way



Richland County Most Limiting Health Problems



Healthy People 2020

Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Richland County 2016	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	34%	36%

**U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2016 Richland County Health Assessment)*

Adult | SOCIAL DETERMINANTS OF HEALTH

Key Findings

In 2016, 9% of Richland County adults were threatened or abused in the past year (including physical, sexual, emotional, financial, and verbal abuse). 46% of adults reported having firearms in and around their homes. 18% of Richland County adults had 3 or more adverse childhood experiences (ACEs) in their lifetime, increasing to 26% of females.

Healthy People 2020

- Healthy People 2020 developed five key determinants as a “place-based” organizing framework. These five determinants include:
 - Economic stability
 - Education
 - Social and community context
 - Health and health care
 - Neighborhood and built environment



Economic Stability

- Richland County adults received assistance for the following in the past year: healthcare (15%), food (14%), dental care (12%), prescription assistance (11%), Medicare (9%), utilities (8%), mental illness issues (6%), employment (5%), rent/mortgage (5%), transportation (5%), home repair (4%), free tax preparation (4%), clothing (3%), legal aid services (2%), affordable childcare (2%), credit counseling (1%), drug or alcohol addiction (1%), unplanned pregnancy (<1%), and post-incarceration transition issues (<1%).
- 7% of adults had experienced at least one issue related to hunger in the past year. They experienced the following: had to choose between paying bills and buying food (9%), worried food might run out (6%), loss of income led to food insecurity issues (5%), their food assistance was cut (4%), did not eat because they did not have enough money for food (3%), and went hungry/ate less to provide more food for their family (3%).
- The median household income in Richland County was \$45,273. The U.S. Census Bureau reports median income levels of \$48,138 for Ohio and \$53,657 for the U.S. (Source: U.S. Census Bureau, *Small Area Income and Poverty Estimates*, 2015).
- 15% of all Richland County residents were living in poverty, and 23% of children and youth ages 0-17 were living in poverty (Source: U.S. Census Bureau, *Small Area Income and Poverty Estimates*, 2015).
- The unemployment rate for Richland County was 6.3, as of February 2017 (Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information).
- There were 54,353 housing units in Richland County. The owner-occupied housing unit rate was 68.6%. Rent in Richland County cost an average of \$624 per month (Source: U.S. Census Bureau, *American Community Survey*, 2011-2015).

Education

- 87% of Richland County adults 25 years and over had a high school diploma or higher (Source: U.S. Census Bureau, *American Community Survey*, 2011-2015).
- 16% of Richland County adults 25 years and over had at least a bachelor's degree (Source: U.S. Census Bureau, *American Community Survey*, 2011-2015).

Social Determinants of Health

- Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live.
- Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.
- Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the social determinants of health—including both social and physical determinants.

(Source: HealthyPeople2020, Retrieved May19, 2016)

Health and Health Care

- In the past year, 15% of adults were uninsured, increasing to 25% of those with incomes less than \$25,000 and 29% of those under the age of 30.
- Richland County adults did not get any of the following recommended major care or preventive care due to cost: lab testing (7%), medications (7%), pap smear (6%), colonoscopy (6%), mammogram (5%), immunizations/vaccinations (4%), weight loss program (4%), surgery (3%), mental health services (3%), family planning services (2%) PSA test (2%), alcohol/drug treatment (1%), and smoking cessation (1%).
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Richland County adults.

Social and Community Context

- Richland County adults experienced the following adverse childhood experiences (ACEs): their parents became separated or were divorced (20%); lived with someone who was a problem drinker or alcoholic (19%); a parent or adult in their home swore at, insulted, or put them down (18%); lived with someone who was depressed, mentally ill, or suicidal (14%); someone at least 5 years older than them or an adult touched them sexually (11%); their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (9%); their family did not look out for each other, feel close to each other, or support each other (8%); a parent or adult in their home hit, beat, kicked, or physically hurt them (7%); lived with someone who used illegal street drugs, or who abused prescription medications (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 (6%); lived with someone who served time or was sentenced to serve time in prison, jail or other correctional facility (5%); someone at least 5 years older than them or an adult forced them to have sex (4%); and they did not have enough to eat, had to wear dirty clothes, and had no one to protect them (4%).
- 18% of Richland County adults had 3 or more ACEs in their lifetime, increasing to 26% of females.
- 9% of Richland County adults were threatened or abused in the past year. They were threatened or abused by the following: someone outside their home (53%), a spouse or partner (38%), a parent (12%), a child (7%), another family member (5%), and someone else (12%).

- 1% of adults reported they had engaged in some type of sexual activity in exchange for something of value such as food, drugs, shelter or money.
- 2-1-1 is a non-emergency information referral telephone number. More than half (52%) of adults had never heard of 2-1-1. Eight percent (8%) had called 2-1-1 and received information that assisted them. 2% had called 2-1-1 and received information, but it did not help them with their needs.

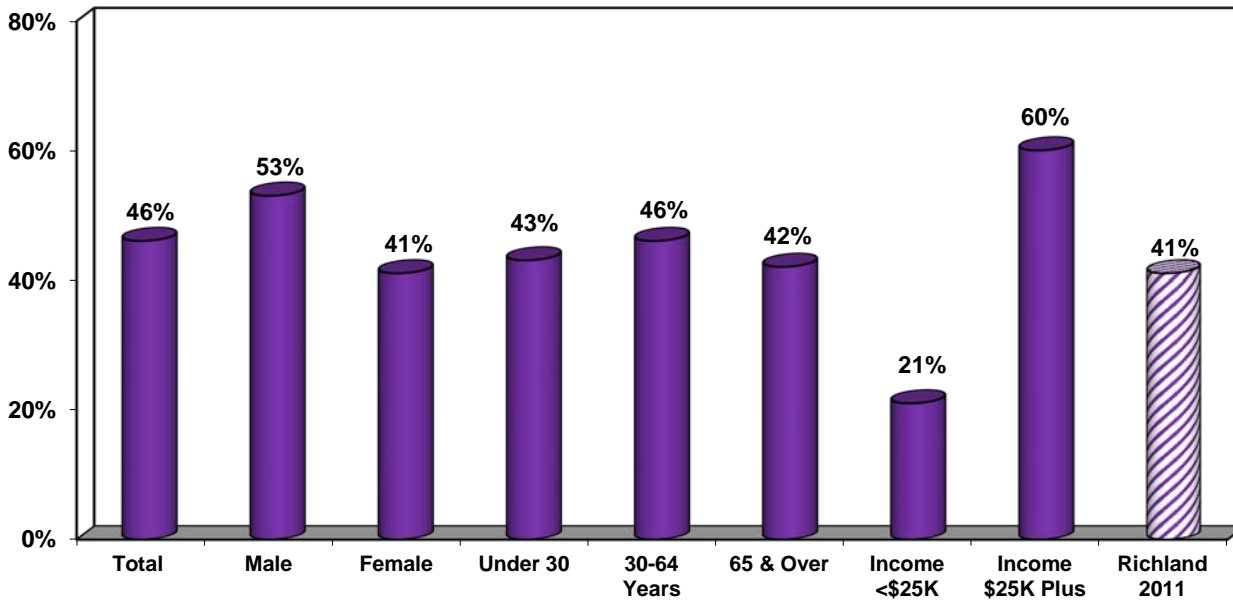
Neighborhood and Built Environment

- Nearly half (46%) of Richland County adults kept a firearm in or around their home. 5% of adults reported they were unlocked and loaded.
- 16% of Richland County adults thought their neighborhood was extremely safe from crime. 55% reported their neighborhood was quite safe, 21% said slightly safe, and 3% reported not at all safe from crime. 5% did not know if their neighborhood was safe from crime.
- Richland County adults reported doing the following while driving: eating (42%), talking on hand-held cell phone (33%), talking on hands-free cell phone (27%), having kids in the car (25%), playing loud music (20%), having pets in the car (20%), not wearing a seatbelt (13%), texting (12%), using internet on their cell phone (5%), being under the influence of alcohol (3%), being under the influence of prescription drugs (3%), reading (1%), being under the influence of recreational drugs (<1%), and other activities (such as applying makeup, shaving, etc.) (2%).
- Richland County adults thought the following threatened their health in the past year.

○ Insects (9%)	○ Plumbing problems (2%)
○ Rodents (9%)	○ Sewage/waste water problems (2%)
○ Mold (7%)	○ Asbestos (1%)
○ Moisture issues (5%)	○ Cockroaches (1%)
○ Temperature regulation (5%)	○ Safety hazards (1%)
○ Chemicals found in products (4%)	○ Fracking (<1%)
○ Indoor air quality (4%)	○ Lead paint (<1%)
○ Bed bugs (3%)	○ Lice (<1%)
○ Unsafe water supply/wells (3%)	○ Radiation (<1%)
○ Agricultural chemicals (2%)	○ Radon (<1%)
○ Outdoor air quality (2%)	

The following graph shows the percentage of Richland County adults that had a firearm in or around the home. Examples of how to interpret the information shown on the graph include: 46% of all Richland County adults had a firearm in or around the home, including 53% of males and 60% of those with incomes more than \$25,000.

Richland 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.
 - 33,880 people die from gun violence and 78,815 people survive gun injuries.
- Every day, an average of 309 people are shot in America. Of those 309 people, 93 people die and 216 are shot, but survive.
 - Of the 309 people who are shot every day, an average of 48 are children and teens.
 - Of the 93 people who die, 32 are murdered, 58 are suicides, 2 die accidentally and 1 with an unknown intent.
 - Of the 216 people who are shot but survive, 159 are from assault, 43 are shot accidentally, 11 are suicide attempts, 3 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)

Adult | MENTAL HEALTH AND SUICIDE

Key Findings

In 2016, 3% of Richland County adults considered attempting suicide. 31% of adults did not get enough rest or sleep almost every day for two or more weeks.

Adult Mental Health

- Richland County adults experienced the following almost every day for two or more weeks in a row: did not get enough rest or sleep (31%); had trouble sleeping/slept too much (25%); felt fatigued or had no energy (24%); felt worried, tense or anxious (22%); woke up before they wanted (20%); had high stress (19%); felt sad, blue, or depressed (14%); felt healthy and full of energy (12%); had trouble thinking or concentrating (11%); had weight/appetite change (9%); lost interest in most things (9%); felt worthless or hopeless (9%); felt extremely restless or slowed down (6%); thought about death or suicide (5%); and attempted suicide (2%).
- 3% of Richland County adults made a plan to attempt suicide in the past year.
- One percent (1%) of adults reported attempting suicide in the past year.
- Richland County adults reported they or a family member were diagnosed with or treated for the following mental health issues: anxiety or emotional problems (21%), depression (19%), an anxiety disorder (10%), attention deficit disorder (ADD/ADHD) (7%), alcohol and illicit drug abuse (6%), bipolar (6%), post-traumatic stress disorder (PTSD) (4%), eating disorder (2%), other trauma (2%), psychotic disorder (2%), autism spectrum (1%), developmental disability (1%), life-adjustment disorder (1%), problem gambling (1%), and some other mental health disorder (2%). 19% indicated they or a family member had taken medication for one or more mental health issues.
- Nearly one-third (31%) of Richland County adults always received the social and emotional support they need. 9% of adults reported they never receive the social and emotional support they need.

Suicide Facts

- 44,193 people in the U.S. died from suicide, and 1,104,825 people attempted suicide in the 2015.
- An average of one person killed themselves every 11.9 minutes
- Suicide is the 10th ranking cause of death in the U.S.
- For every female death by suicide, there are 3.3 male deaths.
- In 2015, there were 1,650 suicide deaths in Ohio.
- The leading suicide methods included:
 - Firearm suicides (49.8%)
 - Suffocation/Hanging (26.8%)
 - Poisoning (15.4%)
 - Cutting/Piercing (1.7%)
 - Drowning (1.2%)

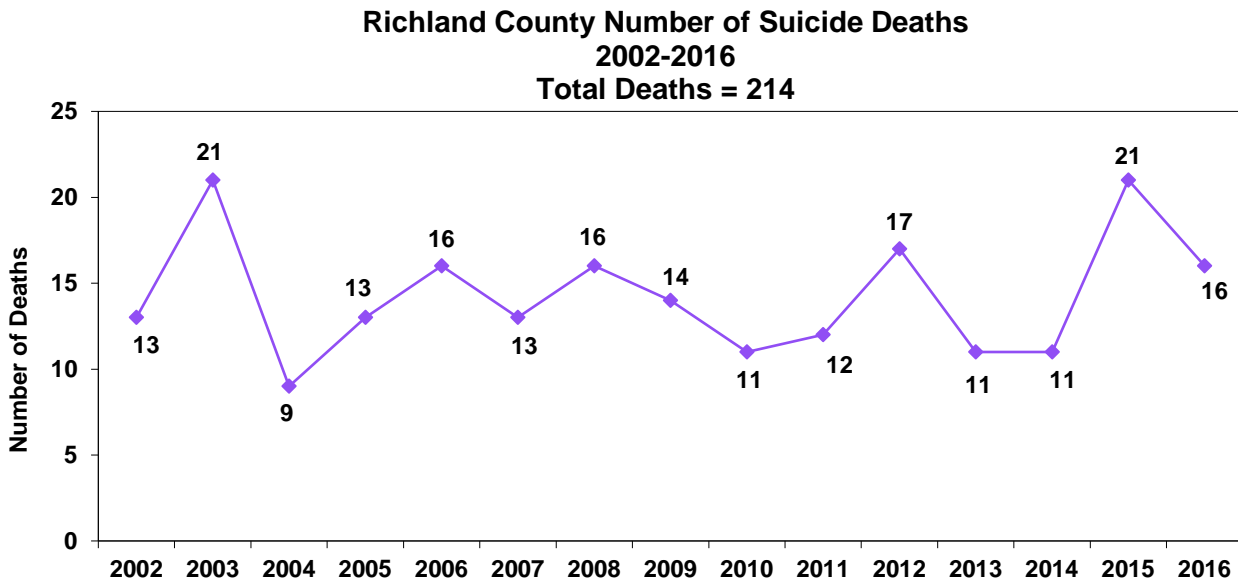
(Sources: American Association of Suicidology, Facts & Statistics. Updated in 2015)

Adult Comparisons	Richland County 2011	Richland County 2016	Ohio 2015	U.S. 2015
Considered attempting suicide in the past year	1%	3%	N/A	N/A

N/A – Not available

The graph below shows the Richland County suicide counts.

- From 2002-2016, there was an average of 14.2 suicides per year in Richland County.



(Source: Mental Health & Recovery Services Board of Richland County, Suicide Deaths 2002-2016)

Adult & Youth | ORAL HEALTH

Key Findings

The 2016 health assessment has determined nearly two-thirds (65%) of Richland County adults had visited a dentist or dental clinic in the past year. The 2014 BRFSS reported that 65% of Ohio adults and 65% of U.S. adults had visited a dentist or dental clinic in the previous twelve months.

Access to Dental Care

- In the past year, 65% of Richland County adults had visited a dentist or dental clinic, decreasing to 49% of those with incomes less than \$25,000.
- The 2014 BRFSS reported that 65% of Ohio adults and 65% of U.S. adults had visited a dentist or dental clinic in the previous twelve months.
- Four-fifths (80%) of Richland County adults with dental insurance have been to the dentist in the past year, compared to 56% of those without dental insurance.
- When asked the main reason for not visiting a dentist in the last year, 22% said cost; 22% had no oral health problems/had not thought of it; 15% had dentures; 13% said fear, apprehension, nervousness, pain, and dislike going; 5% said their dentist did not accept their medical insurance; 4% did not have/know a dentist; 1% said transportation; 1% could not find a dentist who took Medicaid; and 12% had other reasons for not visiting the dentist. 5% of adults selected multiple reasons for not visiting a dentist in the past year.
- More than half (51%) of adults had one or more of their permanent teeth removed, increasing to 76% of those ages 65 and over. The 2014 BRFSS reported that 47% of Ohio and 43% of U.S. adults had one or more permanent teeth removed.
- About one-in-eight (13%) Richland County adults ages 65 and over had all of their permanent teeth removed. The 2014 BRFSS reported that 18% of Ohio adults and 15% of U.S. adults ages 65 and over had all of their permanent teeth removed.
- 92% of Richland County adults brushed their teeth daily, 57% flossed their teeth weekly, and 44% used mouth wash daily.
- Three-fourths (70%) of youth had been to the dentist for a check-up, exam, teeth cleaning or other dental work in the past year (2013 YRBS reported 75% for Ohio and the 2015 YRBS reported 74% for the U.S.).

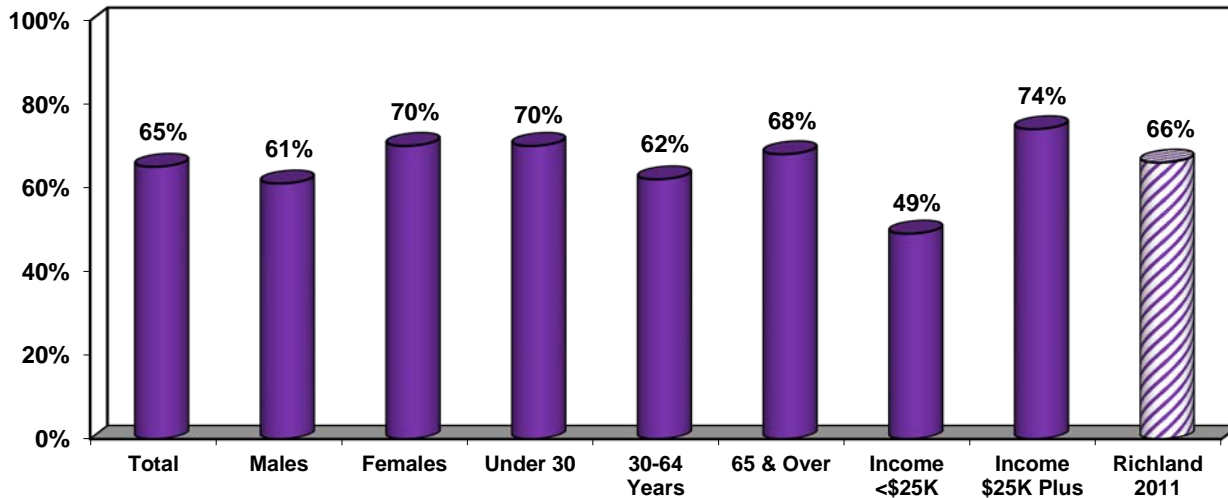
Oral Health in Older Adults

- 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)

The following graph provides information about the frequency of Richland County adult dental visits. Examples of how to interpret the information on the graph include: 65% of all Richland County adults had been to the dentist in the past year; specifically, 70% of those under the age of 30 and 49% of those with incomes less than \$25,000 visited the dentist in the past year.

Richland County Adults Visiting a Dentist in the Past Year



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

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	61%	8%	10%	16%	2%
Females	70%	9%	12%	6%	1%
Total	65%	9%	11%	11%	1%

Adult Comparisons	Richland County 2011	Richland County 2016	Ohio 2015	U.S. 2015
Adults who have visited the dentist in the past year	66%	65%	65%*	65%*
Adults who have had one or more permanent teeth removed	44%	51%	47%*	43%*
Adults 65 years and older who had all of their permanent teeth removed	14%	13%	18%*	15%*

*2014 BRFSS

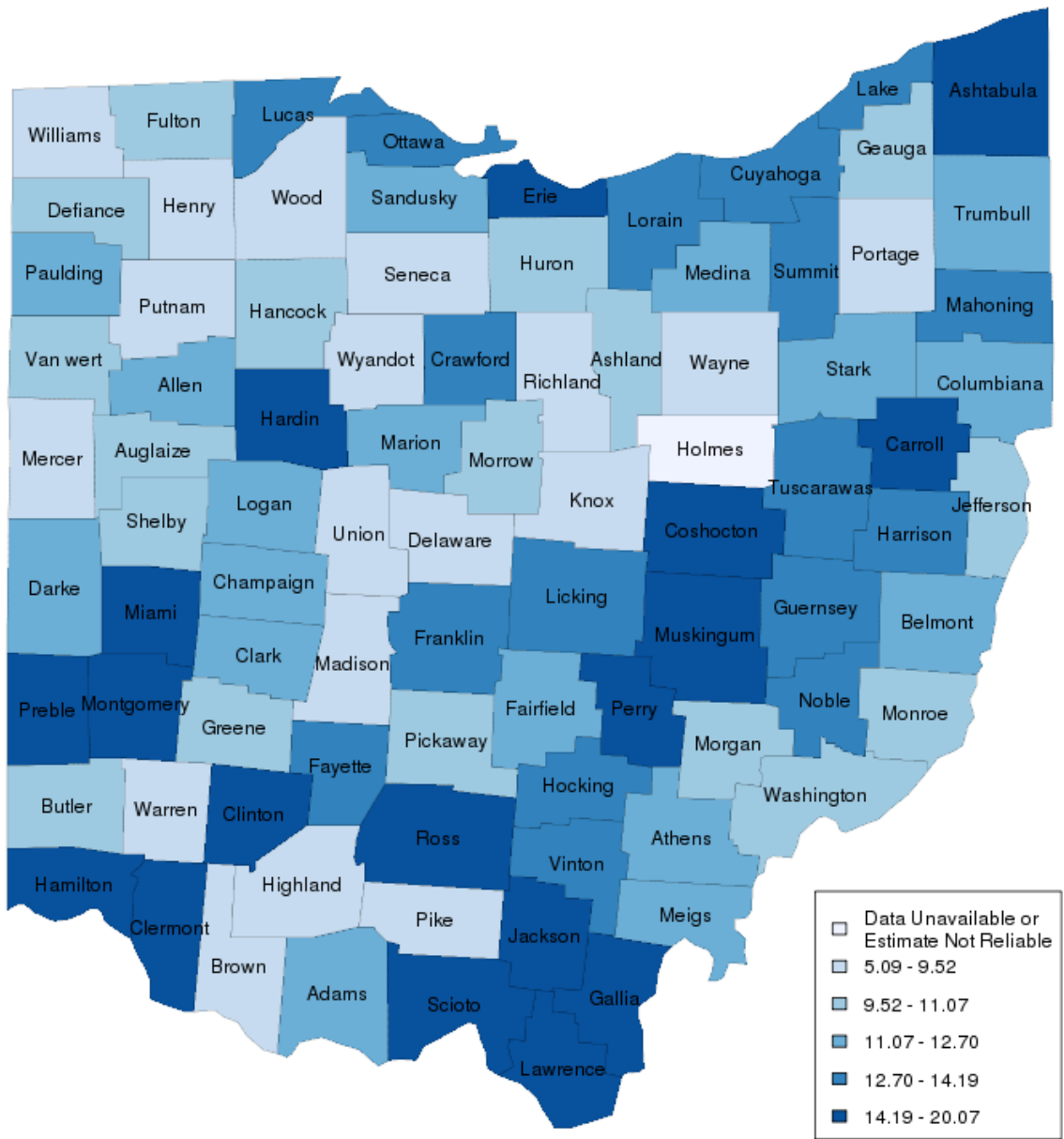
Youth Comparisons	Richland County 2011 (6 th -12 th)	Richland County 2016/17 (6 th -12 th)	Richland County 2016/17 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Visited a dentist for a check-up within the past year	N/A	70%	69%	75%	74%

N/A - Not available

The following map shows the estimated proportion of all adults, ages 19 years and older with family incomes at 0% Federal Poverty Level (FPL) or more with unmet needs in dental care.

- 9% of Richland County adults, ages 19 years and older, had unmet needs in dental care.
- 13% of Ohio adults, ages 19 years and older, had unmet needs in dental care.

**Estimated Proportion: Unmet Needs in Dental Care,
All Adults, Ages 19 Years and Older with Family Incomes 0% FPL or More (2015)**



(Source: Ohio Medicaid Assessment Survey (OMAS) Adult Dashboard, 2015)

African American | TREND SUMMARY

TREND SUMMARY

Adult Variables	Richland County 2016	Richland County African Americans 2016	Ohio African Americans 2015	U.S. African Americans 2015
Health Status				
Rated health as fair or poor	13%	22%	21%	21%
Health Care Coverage				
Uninsured	15%	21%	12%	15%
Arthritis, Asthma, & Diabetes				
Has been diagnosed with diabetes	13%	15%	14%	14%
Has been diagnosed with asthma	18%	23%	18%	16%
Has been diagnosed with arthritis	35%	29%	26%	24%
Cardiovascular Health				
Had angina	6%	7%	4%	4%
Had a heart attack	5%	7%	6%	4%
Had a stroke	3%	2%	4%	4%
Has been diagnosed with high blood pressure	40%	48%	40%	41%
Had blood cholesterol checked within past 5 years	83%	80%	75%	78%
Weight Status				
Overweight	31%	51%	34%	35%
Obese	42%	24%	35%	38%
Alcohol Consumption				
Had at least one alcoholic beverage in past month	50%	50%	49%	46%
Tobacco Use				
Current smoker (currently smoke some or all days)	16%	27%	28%	19%

African American | HEALTH CARE ACCESS, COVERAGE & UTILIZATION

Key Findings

Only 97 African Americans responded to the survey, so the data is NOT generalizable to the entire population. According to the 2015 American Community Survey 5-Year estimate data, approximately 9,146 African American adults ages 19 years and older lived in Richland County. The 2016 health assessment indicates that 21% of African Americans did not have health care coverage. 22% rated their health status as fair or poor.

Uninsured African Americans

- 18% of African Americans under 65 years of age are without health insurance coverage.
- Over 103 million African Americans suffer disproportionately in the health care system.
- A larger share of African Americans and Latinos lack a usual place of health care, and they are less than half as likely as Whites to have a regular doctor.

(Source: NAACP, Health care Fact Sheet)

Health Status

- Richland County African American adults were more likely to:
 - Have rated their health status as fair or poor (22% compared to 13% of the rest of Richland County adults).
 - Have rated their physical health as not good on four or more days in the previous month (41% compared to 27% of the rest of Richland County adults).
 - Have rated their mental health as not good on four or more days in the previous month (47% compared to 34% of the rest of Richland County adults).
 - Have reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation (42% compared to 33% of the rest of Richland County adults).
- Richland County African American adults were less likely to:
 - Have rated their health status as excellent or very good (32% compared to 45% of the rest of Richland County adults).

22% of Richland County African Americans rated their health as fair or poor.

Health Care Coverage

- 21% of Richland County African American adults did not have health care coverage, compared to 15% of the rest of Richland County adults.

Health Care Access and Utilization

- Over half (54%) of African American adults rated their satisfaction with their overall health care as excellent or very good. Over two-fifths (41%) of African American adults rated their satisfaction with their health care as fair or poor.
- 18% of Richland County African American adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included the following: not necessary (20%), could not afford to go (7%), did not know how to find a program (6%), had not thought of it (5%), transportation (4%), stigma of seeking mental health services (3%), co-pay/deductible too high (2%), fear (1%), and other reasons (18%). 51% of adults indicated they did not need such a program.

- Richland County African American adults were more likely to have:
 - Visited a doctor for a routine checkup in the past year (70% compared to 65% of the rest of Richland County adults).
 - Rated their satisfaction with their overall health care as fair or poor (41% compared to 33% of the rest of Richland County adults).
 - Used a program or service to help with depression or anxiety (18% compared to 14% of the rest of Richland County adults).
 - Looked for a program to help with marital or family problems (16% compared to 6% of the rest of Richland County adults).
 - Looked for a program to help with a disability (20% compared to 7% of the rest of Richland County adults).

Adult Comparisons	Richland County 2016	Richland County African Americans 2016	Ohio African Americans 2015	U.S. African Americans 2015
Rated health as fair or poor	13%	22%	21%	21%
Uninsured	15%	21%	12%	15%

(Sources: 2016 Richland County Health Assessment and 2015 BRFSS)

African American | CHRONIC DISEASES & PREVENTION

Key Findings

Only 97 African Americans responded to the survey, so the data is NOT generalizable to the entire population. In 2016, 15% of Richland County African Americans were diagnosed with diabetes and 48% were diagnosed with high blood pressure. 75% of African Americans were either overweight or obese.

Richland County African American Leading Causes of Death

2011-2015

Total Deaths: 444

1. Heart Disease (25% of all deaths)
2. Cancer (24%)
3. Stroke (6%)
4. Diabetes Mellitus (5%)
5. Chronic Lower Respiratory Disease (6%)

(Source: CDC Wonder, 2011-2015)

Health Status

- Richland County African American adults were more likely to have been diagnosed with:
 - High blood pressure (48% compared to 40% of the rest of Richland County adults).
 - Asthma (23% compared to 18% of the rest of Richland County adults).
 - Diabetes (15% compared to 13% of the rest of Richland County adults).
 - Congestive heart failure (5% compared to 3% of the rest of Richland County adults).
- Richland County African American adults were less likely to have been diagnosed with:
 - High blood cholesterol (27% compared to 39% of the rest of Richland County adults).
 - Cancer (6% compared to 13% of the rest of Richland County adults).
 - Arthritis (29% compared to 35% of the rest of Richland County adults).

74% of African Americans in Richland County were overweight or obese in 2016.

- Richland County African American adults were more likely to:
 - Be overweight or obese (75% compared to 73% of the rest of Richland County adults).
 - Have used marijuana in the past 6 months (9% compared to 6% of the rest of Richland County adults).
 - Have misused prescription drugs in the past 6 months (13% compared to 7% of the rest of Richland County adults).
 - Have had a mammogram in the past year (47% compared to 39% of the rest of Richland County adults).
 - Have performed a self-testicular exam in the past year (29% compared to 26% of the rest of Richland County adults).
 - Be a current smoker (27% compared to 16% of the rest of Richland County adults).
 - Have had intercourse with more than one partner in the past year (15% compared to 6% of the rest of Richland County adults).
 - Have been tested for an STD in the past year (27% compared to 12% of the rest of Richland County adults).
 - Be considered a binge drinker (33% compared to 20% of the rest of Richland County adults).
 - Have been limited in some way because of a physical, mental or emotional problem (31% compared to 29% of the rest of Richland County adults).

- Richland County African American adults were less likely to have:
 - Had a colonoscopy or sigmoidoscopy in the past 5 years (28% compared to 56% of the rest of Richland County adults).
 - Had a flu vaccine in the past year (41% compared to 48% of the rest of Richland County adults).
 - Had a breast exam in the past year (46% compared to 52% of the rest of Richland County adults).
 - Visited a dentist or dental clinic in the past year (55% compared to 65% of the rest of Richland County adults).

Preventive Medicine

- Richland County African American adults have had the following vaccines: chicken pox vaccine in their lifetime (60%), MMR in their lifetime (57%), tetanus booster (including Tdap) in the past 10 years (35%), pneumonia vaccine in their lifetime (31%), human papillomavirus vaccine in their lifetime (14%), Zoster (shingles) vaccine in their lifetime (14%), and pertussis vaccine in the past 10 years (13%).

Tobacco Use

- Over one-fourth of (27%) African American adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- 9% of African American adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).

Alcohol Use

- In 2016, 49% of Richland County African American adults had at least one alcoholic drink in the past month.
- One-third (33%) of Richland County African American adults 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.
- Of those who drank, Richland County African American adults drank 5.9 drinks on average, compared to 3.6 drinks for the rest of Richland County adults

Weight Control

- In 2016, the health assessment indicated that three-fourths (75%) of Richland County African American adults were either overweight (24%) or obese (51%) by Body Mass Index (BMI).
- In 2016, 61% of African American adults ate between 1 to 2 servings of fruits and vegetables per day. 18% ate between 3 to 4 servings and 7% ate 5 or more servings per day.
- Richland County African American adults reported the following reasons they chose the types of food they ate: cost (58%), healthiness of food (42%), food they were used to (46%), taste/enjoyment (35%), what their family prefers (31%), nutritional content (28%), availability (27%), ease of preparation/time (17%), calorie content (14%), if it is organic (13%), artificial sweetener content (12%), health care provider's advice (7%), if it is lactose free (7%), if it is genetically modified (6%), if it is gluten free (6%), and other food sensitivities (2%).

- In Richland County, 47% of African American adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. 25% of adults exercised 5 or more days per week. Almost one-third (29%) of adults did not participate in any physical activity in the past week, including 4% who were unable to exercise.
- More than two-fifths (42%) of Richland County African American adults were trying to lose weight, 26% were trying to maintain their current weight or keep from gaining weight, and 8% were trying to gain weight.

Sexual Behavior

- 27% of Richland County African American adults had been tested for a sexually transmitted disease (STD) in the past year.
- Reasons for not getting tested for a sexually transmitted disease (STD) in the past year included: not sexually active (37%), married (16%), in a monogamous relationship (13%), confidentiality (2%), did not know where to go to get tested (1%), and other reasons (6%).
- 15% of adults reported they had intercourse with more than one partner in the past year,

Quality of Life

- Nearly one-third (31%) of African American adults were limited in some way because of a physical, mental or emotional problem.
- During the past 12 months, 14% of Richland County African American adults experienced confusion or memory loss that was happening more often or was getting worse.
- More than one-fourth (26%) of African American adults had fallen in the past year.

Health of Black or African American Non-Hispanic Population

- 13.6% of African Americans of all ages reported that they are in fair or poor health.
- 11.2% of African Americans under 65 years are without health insurance coverage.
- 22% of African American men and 15% of African American women 18 years and over currently smoke cigarettes.
- The leading causes of death among African Americans are Heart Disease, Cancer, and Stroke.
- 38% of African American men and 57% of African American women are obese.
- 41% of African American men and 45% of African American women have hypertension (measured high blood pressure and/or taking antihypertensive medication).

(Source: National Center for Health Statistics: Health of Black or African American Non-Hispanic Population, 7/15/16)

Adult Comparisons	Richland County 2016	Richland County African Americans 2016	Ohio African Americans 2015	U.S. African Americans 2015
Has been diagnosed with diabetes	13%	15%	14%	14%
Has been diagnosed with asthma	18%	23%	18%	16%
Has been diagnosed with arthritis	35%	29%	26%	24%
Had angina	6%	7%	4%	4%
Had a heart attack	5%	7%	6%	4%
Had a stroke	3%	2%	4%	4%
Has been diagnosed with high blood pressure	40%	48%	40%	41%
Had blood cholesterol checked within past 5 years	83%	80%	75%	78%
Overweight	31%	51%	34%	35%
Obese	42%	24%	35%	38%
Had at least one alcoholic beverage in past month	50%	49%	49%	46%
Current smoker (currently smoke some or all days)	16%	27%	28%	19%

(Sources: 2016 Richland County Health Assessment and the 2015 BRFSS)

African Americans and Diabetes

- Compared to the general population, African Americans are disproportionately affected by diabetes:
 - 13.2% of all African Americans 20 years or older have diabetes.
 - African Americans are 1.7 times more likely to have diabetes as non-Hispanic Whites.
- Diabetes is associated with an increased risk for a number of serious, sometimes life-threatening complications, and certain populations experience an even greater threat. Good diabetes management can help reduce your risk; however, many people are not even aware that they have diabetes until they develop one of its complications.
 - **Blindness:** African Americans are almost 50 percent as likely to develop diabetic retinopathy as non-Hispanic Whites.
 - **Kidney Disease:** African Americans are 2.6 to 5.6 times as likely to suffer from kidney disease.
 - **Amputations:** African Americans are 2.7 times as likely to suffer from lower-limb amputations.

(Source: American Diabetes Association, African Americans & Complications)

African Americans and High Blood Pressure (Hypertension)

- More than 40% of non-Hispanic African Americans have high blood pressure.
- Not only is high blood pressure more severe in African Americans than Whites, but it also develops earlier in life.
- Risk factors that can be controlled include being overweight or obese, eating an unhealthy diet with too much salt, drinking too much alcohol, and lack of physical activity.
- Researchers have found that there may be a gene that makes African-Americans much more salt sensitive, which is a trait that increases the risk of developing high blood pressure. In people who have this gene, as little as one extra gram (half a teaspoon) of salt could raise blood pressure as much as 5 millimeters of mercury (mm Hg).
- Factors that may lead to high blood pressure in 5 to 10 percent of cases include kidney disease, tumors of the adrenal glands near the kidneys and narrowing of certain arteries.

(Source: American Heart Association, High Blood Pressure and African Americans)

African American | SOCIAL DETERMINANTS OF HEALTH

Key Findings

Only 97 African Americans responded to the survey, so the data is NOT generalizable to the entire population. Nearly one-fourth (23%) of African Americans kept a firearm in or around their home. 20% of African American adults had 3 or more adverse childhood experiences (ACE's) in their lifetime.

- African American adults were more likely to have:
 - Had 3 or more adverse childhood experiences (ACE's) in their lifetime (20% compared to 18% of the rest of Richland County adults).
 - Received information/assistance from 2-1-1 (28% compared to 8% of the rest of Richland County adults).
 - Made a plan to attempt suicide in the past year (8% compared to 3% of the rest of Richland County adults).
 - Attempted suicide in the past year (7% compared to 1% of the rest of Richland County adults).
 - Reported always getting the emotional support they needed (39% compared to 31% of the rest of Richland County adults).
- African American adults were less likely to:
 - Have a firearm in or around their home (23% compared to 46% of the rest of Richland County adults).

Economic Stability

- 9% of African American adults had experienced at least one issue related to hunger in the past year. They experienced the following: had to choose between paying bills and buying food (10%), went hungry/ate less to provide more food for their family (9%), their food assistance was cut (9%), loss of income led to food insecurity issues (8%), worried food might run out (7%) and did not eat because they did not have enough money for food (1%).
- African American adults received assistance for the following in the past year: healthcare (32%), food (29%), dental care (27%), prescription assistance (24%), Medicare (22%), employment (21%), utilities (20%), mental illness issues (18%), transportation (16%), rent/mortgage (14%), affordable childcare (13%), free tax preparation (10%), home repair (8%), clothing (8%), gambling addiction (5%), credit counseling (4%), legal aid services (3%), drug or alcohol addiction (1%) and unplanned pregnancy (1%).
- 35% of all Richland County residents were living in poverty, and 35% of children and youth ages 0-17 were living in poverty (Source: U.S. Census Bureau, American Community Survey, 2011-2015).

Education

- 77% of Richland County African American adults 25 years and over had a high school diploma or higher (Source: U.S. Census Bureau, American Community Survey, 2011-2015).
- 6% of Richland County African American adults 25 years and over had at least a bachelor's degree (Source: U.S. Census Bureau, American Community Survey, 2011-2015).

Social and Community Context

- 18% of Richland County African American adults were threatened or abused in the past year. They were threatened or abused by the following: a spouse or partner (39%), someone outside their home (33%), a child (11%), someone else (11%), another family member (17%), and a parent (6%).
- 1% of African American adults reported they had engaged in any type of sexual activity in exchange for something of value such as food, drugs, shelter or money.
- 2-1-1 is a non-emergency information referral telephone number. One-third (33%) of African American adults had never heard of 2-1-1. Twenty-eight percent (28%) had called 2-1-1 and received information that assisted them. 2% had called 2-1-1 and received information, but it did not help them with their needs.
- In the neighborhoods and/or Census Tracts where the African American population is the highest, the U.S. Department of Agriculture (USDA) has identified an issue with food access calling them “Food Deserts” (Source: *North End Community Improvement Collaborative*). The USDA defines a food desert as an area, typically found in impoverished areas, being vapid of fresh fruit, vegetables, and other healthful foods due to lack of grocery stores, farmer’ markets and healthy food providers (Source: *U.S. Department of Agriculture, 2017*).

Neighborhood and Built Environment

- 9% of African American adults thought their neighborhood was extremely safe from crime. 41% reported their neighborhood was quite safe, 31% said slightly safe, and 5% reported not at all safe from crime. 14% did not know if their neighborhood was safe from crime.

African American Mental Health

- African Americans experience more severe forms of mental health conditions due to unmet needs and other barriers.
- According to the Health and Human Services Office of Minority Health, African Americans are 20% more likely to experience serious mental health problems than the general population.
- Common mental health disorders among African Americans include:
 - Major depression
 - Attention deficit hyperactivity disorder (ADHD)
 - Suicide (among young African American men)
 - Post-traumatic stress disorder (PTSD) (because African Americans are more likely to be victims of violent crime)
- African Americans are also more likely to experience certain factors that increase the risk for developing a mental health condition:
 - **Homelessness** - people experiencing homelessness are at a greater risk of developing a mental health condition. African Americans make up 40% of the homeless population.
 - **Exposure to violence** - increases the risk of developing a mental health condition such as depression, anxiety and post-traumatic stress disorder. African American children are more likely to be exposed to violence than other children.

(Source: *National Alliance on Mental Illness (NAMI), African American Mental Health, 2017*)

Employment Status by Race and Sex

		Employed			Unemployed			Non-working		
		Percentage of Employed of each racial group's population 16-64 years of age			Percentage unemployed of each racial group's population 16 to 64 years of age			Percentage of each racial group's population 16 to 64 years of age that is either unemployed or not in the labor force		
		Male	Female	Total	Male	Female	Total	Male	Female	Total
U.S.A.	White	73.3%	66.1%	69.7%	7.0%	5.3%	6.12%	26.7%	33.9%	30.3%
	Black	54.4%	59.9%	57.3%	12.4%	10.7%	11.5%	45.6%	40.1%	42.7%
Ohio	White	72.2%	66.5%	69.4%	7.7%	5.6%	6.65%	27.8%	33.5%	30.6%
	Black	50.3%	58.5%	54.6%	15.4%	11.6%	13.4%	49.7%	41.5%	45.4%
Richland County	White	67.3%	66.8%	67.1%	7.7%	6.2%	6.98%	32.7%	33.2%	32.9%
	Black	23.1%	51.1%	32.4%	6.8%	13.4%	9.02%	76.9%	48.9%	67.6%
Mansfield	White	54.2%	65.5%	59.5%	8.7%	8.1%	8.45%	45.8%	34.5%	40.5%
	Black	20.7%	53.7%	31.2%	7.2%	14.8%	9.62%	79.3%	46.3%	68.8%
Census Tract 6	White	52.4%	49.9%	51.3%	13.6%	9.6%	11.7%	47.6%	50.1%	48.7%
	Black	39.5%	52.3%	44.6%	18.3%	4.3%	12.7%	60.5%	47.7%	55.4%
Census Tract 7	White	49.5%	61.4%	56.1%	18.0%	14.0%	15.8%	50.5%	38.6%	43.9%
	Black	42.7%	67.7%	58.7%	25.9%	10.4%	16.0%	57.3%	32.3%	41.3%
Census Tract 16	White	44.5%	67.8%	58.0%	11.3%	5.4%	7.86%	55.5%	32.2%	42.0%
	Black	100.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

(Source: The North End Community Improvement Collaborative (NECIC), Economic Base Assessment of the North End of Mansfield, Ohio; Employment Status by Race and Sex in Tract 000600, Tract 000700, Tract 001600, Richland County and Mansfield, OH, U.S.A., Retrieved January, 13 2016)

Shelby City | TREND SUMMARY

Adult Variables	Shelby City 2016	Richland County 2016	Ohio 2015	U.S. 2015
Health Status				
Rated health as fair or poor	9%	13%	17%	16%
Health Care Coverage				
Uninsured	9%	15%	8%	11%
Arthritis, Asthma, & Diabetes				
Has been diagnosed with diabetes	11%	13%	11%	10%
Has been diagnosed with asthma	14%	18%	14%	14%
Has been diagnosed with arthritis	30%	35%	28%	25%
Cardiovascular Health				
Had angina	6%	6%	4%	4%
Had a heart attack	5%	5%	5%	4%
Had a stroke	3%	3%	4%	3%
Has been diagnosed with high blood pressure	32%	40%	34%	31%
Has been diagnosed with high blood cholesterol	31%	39%	37%	36%
Weight Status				
Overweight	29%	31%	37%	36%
Obese	42%	42%	30%	30%
Alcohol Consumption				
Had at least one alcoholic beverage in past month	51%	50%	53%	54%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	19%	20%	18%	16%
Tobacco Use				
Current smoker (currently smoke some or all days)	17%	16%	22%	18%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	25%	24%	24%	25%
Oral Health				
Adults who have visited the dentist in the past year	63%	65%	65%*	65%*
Quality of Life				
Limited in some way because of physical, mental or emotional problem	24%	29%	21%	21%

*2014 BRFSS

Shelby City | HEALTH CARE ACCESS, COVERAGE & UTILIZATION

Key Findings

The 2016 health assessment indicates that 9% of Shelby City adults did not have health care coverage. 9% rated their health status as fair or poor.

Health Status

- Shelby City adults were less likely than the rest of Richland County adults to have:
 - Rated their health status as fair or poor (9% compared to 13% of the rest of Richland County adults).
 - Rated their physical health as not good on four or more days in the previous month (22% compared to 27% of the rest of Richland County adults).
 - Rated their mental health as not good on four or more days in the previous month (32% compared to 34% of the rest of Richland County adults).
 - Reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation (25% compared to 33% of the rest of Richland County adults).

Health Care Coverage

- 9% of Shelby City adults did not have health care coverage, compared to 15% of the rest of Richland County adults.

Health Care Access and Utilization

- Almost three-fourths (71%) of Shelby City adults rated their satisfaction with their overall health care as excellent or very good. Nearly one-fourth (23%) of Shelby City adults rated their satisfaction with their health care as fair or poor.
- 10% of Shelby City adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included the following: not necessary (23%), could not afford to go (5%), stigma of seeking mental health services (5%), fear (5%), co other priorities (2%), pay/deductible too high (2%), had not thought of it (2%), did not know how to find a program (1%), transportation (1%), and other reasons (1%). 71% of adults indicated they did not need such a program.
- Shelby City adults were less likely than the rest of Richland County adults to:
 - Have rated their satisfaction with their overall health care as fair or poor (23% compared to 33% of the rest of Richland County adults).
 - Have used a program or service to help with depression or anxiety (10% compared to 14% of the rest of Richland County adults).

Adult Comparisons	Shelby City 2016	Richland County 2016	Ohio 2015	U.S. 2015
Uninsured	9%	15%	8%	11%
Rated health as fair or poor	9%	13%	17%	16%

(Source: 2016 Richland County Health Assessment and 2015 BRFSS)

Shelby City | CHRONIC DISEASES AND PREVENTION

Key Findings

In 2016, 11% of Shelby City adults were diagnosed with diabetes and 32% with high blood pressure. More than two-thirds (71%) of Shelby City adults were either overweight (29%) or obese (42%). About one-quarter (24%) of Shelby City adults were limited in some way because of a physical, mental or emotional problem.

- Shelby City adults were more likely than the rest of Richland County adults to:
 - Have performed a self-testicular exam in the past year (32% compared to 26% of the rest of Richland County adults).
 - Have had intercourse with more than one partner in the past year (8% compared to 6% of the rest of Richland County adults).
 - Be a current drinker (51% compared to 50% of the rest of Richland County adults).

71% of Shelby City adults were overweight or obese in 2016.

- Shelby City adults were less likely than the rest of Richland County adults to:
 - Have had their blood cholesterol checked in the past 5 years (82% compared to 83% of the rest of Richland County adults).
 - Have had a colonoscopy or sigmoidoscopy in the past 5 years (33% compared to 56% of the rest of Richland County adults).
 - Have had a mammogram in the past year (37% compared to 39% of the rest of Richland County adults).
 - Have had a breast exam in the past year (49% compared to 52% of the rest of Richland County adults).
 - Have visited a dentist or dental clinic in the past year (63% compared to 65% of the rest of Richland County adults).
 - Be overweight or obese (71% compared to 73% of the rest of Richland County adults).
 - Have misused prescription drugs in the past 6 months (6% compared to 7% of the rest of Richland County adults).
 - Have used marijuana in the past 6 months (4% compared to 6% of the rest of Richland County adults).
 - Have been tested for an STD in the past year (8% compared to 12% of the rest of Richland County adults).
 - Be considered a binge drinker of all adults (19% compared to 20% of the rest of Richland County adults).
 - Have been limited in some way because of a physical, mental or emotional problem (24% compared to 29% of the rest of Richland County adults).
- Shelby City adults were more likely to have been diagnosed with:
 - Cancer (15% compared to 13% of the rest of Richland County adults).
- Shelby City adults were less likely to have been diagnosed with:
 - High blood cholesterol (31% compared to 39% of Richland County adults).
 - High blood pressure (32% compared to 40% of the rest of Richland County adults).
 - Arthritis (30% compared to 35% of the rest of Richland County adults).
 - Asthma (14% compared to 18% of the rest of Richland County adults).
 - Diabetes (11% compared to 13% of the rest of Richland County adults).

Preventative Medicine

- Shelby City adults had the following vaccines: MMR in their lifetime (67%), tetanus booster (including Tdap) in the past 10 years (55%), chicken pox vaccine in their lifetime (42%), pneumonia vaccine in their lifetime (33%), Zoster (shingles) vaccine in their lifetime (15%), pertussis vaccine in the past 10 years (13%), and human papillomavirus vaccine in their lifetime (8%).

Weight Control

- In 2016, the health assessment indicated that nearly three-fourths (71%) of Shelby City adults were either overweight (29%) or obese (42%) by Body Mass Index (BMI).
- More than two-fifths (44%) of Shelby City adults were trying to lose weight, 35% were trying to maintain their current weight or keep from gaining weight, and 2% were trying to gain weight.
- In 2016, 74% of Shelby City adults ate between 1 to 2 servings of fruits and vegetables per day. 19% ate between 3 to 4 servings and 2% ate 5 or more servings per day.
- Shelby City adults reported the following reasons they chose the types of food they ate: cost (64%), taste/enjoyment (62%), healthiness of food (47%), what their family prefers (44%), ease of preparation/time (41%), food they were used to (40%), availability (27%), nutritional content (24%), calorie content (19%), artificial sweetener content (8%), health care provider's advice (8%), if it is organic (5%), if it is genetically modified (4%), if it is gluten free (3%), if it is lactose free (3%), other food sensitivities (1%), and other reasons (3%).
- 56% of Shelby City adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. 27% of adults exercised 5 or more days per week. Nearly one-fourth (23%) of adults did not participate in any physical activity in the past week, including 3% who were unable to exercise.

Tobacco Use

- Nearly one-fifth of (17%) Shelby City adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- One-fourth (25%) of Shelby City adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).

Alcohol Use

- In 2016, 51% of Shelby City adults had at least one alcoholic drink in the past month.
- Nearly one-fifth (19%) of Shelby City adults 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.
- Of those who drank, Shelby City adults drank 4.2 drinks on average, compared to 3.9 drinks for the rest of Richland County adults.

Sexual Behavior

- 8% of Shelby City adults had been tested for a sexually transmitted disease (STD) in the past year.
- 8% of adults reported they had intercourse with more than one partner in the past year.

Quality of Life

- Nearly one-fourth (24%) of Shelby City adults were limited in some way because of a physical, mental or emotional problem.
- During the past 12 months, 9% of Shelby City adults experienced confusion or memory loss that was happening more often or was getting worse.
- Nearly one-fourth (24%) of Shelby City adults have fallen in the past year.

Adult Comparisons	Shelby City 2016	Richland County 2016	Ohio 2015	U.S. 2015
Has been diagnosed with diabetes	11%	13%	11%	10%
Has been diagnosed with asthma	14%	18%	14%	14%
Has been diagnosed with arthritis	30%	35%	28%	25%
Had angina	6%	6%	4%	4%
Had a heart attack	5%	5%	5%	4%
Had a stroke	3%	3%	4%	3%
Has been diagnosed with high blood pressure	32%	40%	31%	31%
Has been diagnosed with high blood cholesterol	31%	39%	37%	36%
Overweight	29%	31%	37%	36%
Obese	42%	42%	30%	30%
Current drinker (had at least one alcoholic beverage in past month)	51%	50%	53%	54%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	19%	20%	18%	16%
Current smoker (currently smoke some or all days)	17%	16%	22%	18%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	25%	24%	24%	25%
Adults who have visited the dentist in the past year	63%	65%	65%*	65%*
Limited in some way because of physical, mental or emotional problem	24%	29%	21%	21%

*2014 BRFSS

(Source: 2016 Richland County Health Assessment and 2015 BRFSS)

Shelby City | SOCIAL DETERMINANTS OF HEALTH

Key Findings

Nearly half (49%) of Shelby City adults kept a firearm in or around their home. 16% of Shelby City adults have had 3 or more adverse childhood experiences in their lifetime.

- Shelby City adults were more likely than the rest of Richland County adults to:
 - Have a firearm in or around their home (49% compared to 46% of the rest of Richland County adults).
- Shelby City adults were less likely than the rest of Richland County adults to have:
 - Had 3 or more adverse childhood experiences in their lifetime (16% compared to 18% of the rest of Richland County adults).
 - Received information/assistance from 2-1-1 (2% compared to 8% of the rest of Richland County adults).

Economic Stability

- 12% of Shelby City adults had experienced at least one issue related to hunger in the past year. They experienced the following: had to choose between paying bills and buying food (11%), worried food might run out (8%), did not eat because they did not have enough money for food (6%), went hungry/ate less to provide more food for their family (5%), loss of income led to food insecurity issues (4%) and their food assistance was cut (4%).
- Shelby City adults received assistance for the following in the past year: healthcare (12%), food (12%), prescription assistance (8%), dental care (7%), Medicare (7%), utilities (6%), rent/mortgage (6%), mental illness issues (4%), transportation (4%), clothing (4%), free tax preparation (3%), home repair (2%), drug or alcohol addiction (2%), credit counseling (1%), employment (1%), unplanned pregnancy (1%) and legal aid services (<1%).
- The median household income in Shelby City was \$41,147 (Source: U.S. Census Bureau, American Community Survey, 2011-2015).
- 13% of all Shelby City residents were living in poverty, and 15% of children and youth ages 0-17 were living in poverty (Source: U.S. Census Bureau, American Community Survey, 2011-2015).
- There were 4,566 housing units. The owner-occupied housing unit rate was 60%. Rent in Richland County cost an average of \$614 per month (Source: U.S. Census Bureau, American Community Survey, 2011-2015).

Education

- 88% of Shelby City adults 25 years and over had a high school diploma or higher (Source: U.S. Census Bureau, American Community Survey, 2011-2015).
- 15% of Shelby City adults 25 years and over had at least a bachelor's degree (Source: U.S. Census Bureau, American Community Survey, 2011-2015).

Social and Community Context

- 1% of Shelby City adults reported they had engaged in any type of sexual activity in exchange for something of value such as food, drugs, shelter or money.
- 2-1-1 is a non-emergency information referral telephone number. More than half (58%) of Shelby City adults had never heard of 2-1-1. Two percent (2%) had called 2-1-1 and received information that assisted them. 2% had called 2-1-1 and received information, but it did not help them with their needs.

Neighborhood and Built Environment

- 19% of Shelby City adults thought their neighborhood was extremely safe from crime. 66% reported their neighborhood was quite safe, 12% said slightly safe, and 1% reported not at all safe from crime. 2% did not know if their neighborhood was safe from crime.

Youth | WEIGHT STATUS

Key Findings

The 2016/17 health assessment identified that 19% of Richland County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 27% of Richland County youth reported that they were slightly or very overweight. 67% of youth exercised for 60 minutes on 3 or more days per week.

Youth Weight Status

- BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific, as children's body fat changes over the years as they grow. In children and teens, BMI is used to assess if a child or teen is underweight, normal, overweight, and obese.
- In 2016/17, 19% of youth were classified as obese by Body Mass Index (BMI) calculations (YRBS reported 13% for Ohio in 2013 and 14% for the U.S. in 2015). 20% of youth were classified as overweight (YRBS reported 16% for Ohio in 2013 and 16% for the U.S. in 2015). 58% were normal weight, and 3% were underweight.

19% of Richland County youth were classified as obese.

- 27% of youth described themselves as being either slightly or very overweight (YRBS reported 28% for Ohio in 2013 and 32% for the U.S. in 2015).
- Over one-third (37%) of all youth were trying to lose weight, increasing to 47% of Richland County female youth (compared to 28% of males) (YRBS reported 47% for Ohio in 2013 and 46% for the U.S. in 2015).
- Richland County youth reported doing the following to lose weight or keep from gaining weight in the past 30 days:
 - 43% exercised.
 - 37% drank more water.
 - 27% ate more fruits and vegetables.
 - 24% ate less food, fewer calories, or foods lower in fat.
 - 12% skipped meals.
 - 3% went without eating for 24 hours or more (2013 YRBS reported 10% for Ohio).
 - 2% took diet pills, powders, or liquids without a doctor's advice (2013 YRBS reported 5% for Ohio).
 - 1% smoked cigarettes
 - 1% vomited or took laxatives (2013 YRBS reported 5% for Ohio).

Nutrition

- 2% of Richland County youth ate 5 or more servings of fruits and vegetables per day. 26% ate 3 to 4 servings of fruits and vegetables per day, and 61% ate 1 to 2 servings per day. 9% reported not eating any fruits and vegetables.
- 28% of youth drank soda pop (not diet), punch, Kool-Aid, sports drinks, energy drinks or other fruit flavored drinks at least once per day during the past week.

- 27% of youth had a drink that was high in caffeine, such as coffee, espresso or energy drinks at least 1 to 3 times during the past week. 5% had a drink that was high in caffeine at least 4 to 6 times during the past week. 60% of youth did not drink any high caffeine drinks in the past week.
- In the past month, youth reported they went to bed hungry because their family could not afford food: sometimes (8%), most of the time (1%), and always (<1%). 91% of youth reported they rarely or never went to bed hungry.

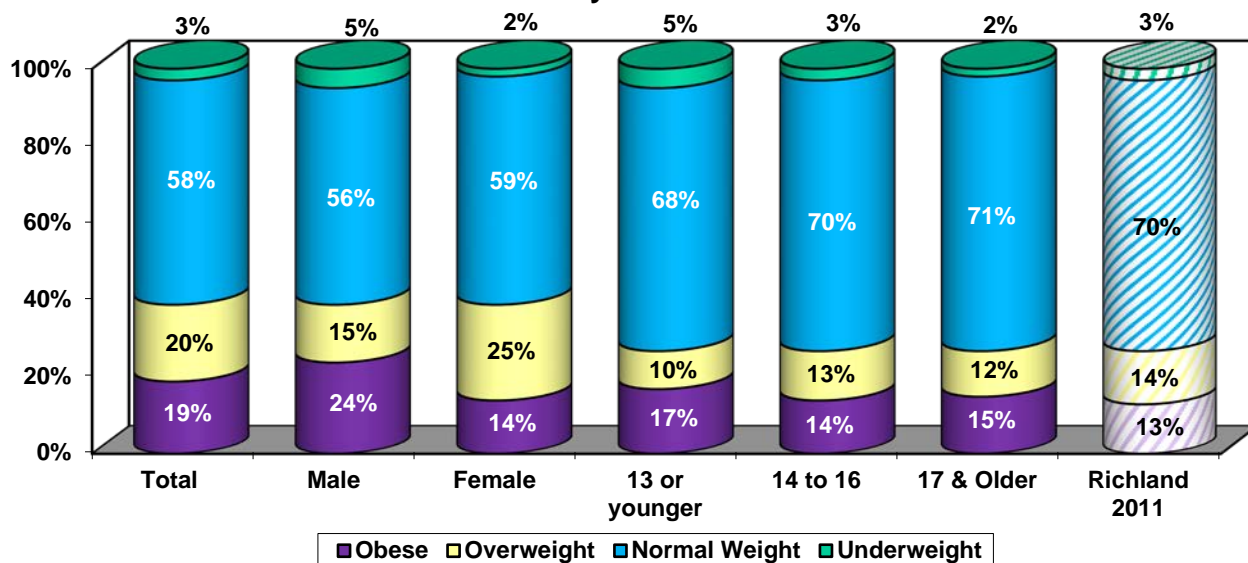
Physical Activity

- 78% of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (54%), school club or social organization (41%), exercising (outside of school) (38%), church youth group (26%), babysitting for other kids (25%), volunteering in the community (25%), church or religious organization (23%), part-time job (22%), caring for siblings after school (19%), caring for parents or grandparents (11%), or some other organized activity (Scouts, 4H, etc.) (23%).
- Richland County youth reported the following reasons for not participating in extracurricular activities: have a job (12%), transportation (11%), parents would not take them (11%), programs do not exist/not offered (10%), cost (10%), watch their younger siblings (10%), taking care of a parent/grandparent (4%) and not interested (29%).
- 67% of Richland County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. 47% did so on 5 or more days in the past week (YRBS reports 48% for Ohio in 2013 and 49% for the U.S. in 2015), and 24% did so every day in the past week (YRBS reports 26% for Ohio in 2013 and 27% for the U.S. in 2015). 15% of youth did not participate in at least 60 minutes of physical activity on any day in the past week (YRBS reports 13% for Ohio in 2013 and 14% for the U.S. in 2015).
- The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity 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.
- Richland County youth spent an average of 3.0 hours on their cell phone, 1.5 hours watching TV, 1.4 hours on their computer/tablet and 1.0 hours playing video games on an average day of the week.
- Nearly one-fifth (19%) of youth spent 3 or more hours watching TV on an average day (2013 YRBS reported 28% for Ohio and the 2015 YRBS reported 25% for the U.S.).

Richland County Youth did the following to lose weight in the past 30 days:	Percent
Exercised	43%
Drank more water	37%
Ate more fruits and vegetables	27%
Ate less food, fewer calories, or foods lower in fat	24%
Skipped meals	12%
Went without eating for 24 hours	3%
Took diet pills, powders, or liquids without a doctor's advice	2%
Smoked cigarettes	1%
Vomited or took laxatives	1%

The following graph shows the percentage of Richland 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: 58% of all Richland County youth were classified as normal weight, 19% were obese, 20% were overweight, and 3% were underweight for their age and gender.

Richland County Youth BMI Classifications



YOUTH WEIGHT

Youth Comparisons	Richland County 2011 (6 th -12 th)	Richland County 2016/17 (6 th -12 th)	Richland County 2016/17 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Obese	14%	19%	22%	13%	14%
Overweight	13%	20%	26%	16%	16%
Trying to lose weight	45%	37%	42%	47%	46%
Described themselves as slightly or very overweight	25%	27%	29%	28%	32%
Exercised to lose weight	48%	43%	45%	N/A	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight	30%	24%	29%	N/A	N/A
Went without eating for 24 hours or more	4%	3%	4%	10%	13%*
Took diet pills, powders, or liquids without a doctor's advice	1%	2%	3%	5%	5%*
Vomited or took laxatives	1%	1%	2%	5%	4%*
Physically active at least 60 minutes per day on every day in past week	26%	24%	24%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	50%	47%	47%	48%	49%
Did not participate in at least 60 minutes of physical activity on any day in past week	9%	15%	18%	13%	14%
Ate 1 to 4 servings of fruits and vegetables per day	81%	88%	90%	N/A	N/A
Watched TV 3 or more hours per day	N/A	19%	23%	28%	25%

* Comparative YRBS U.S. data is 2013

N/A- Not available

Healthy People 2020 Nutrition and Weight Status (NWS)

Objective	Richland County 2016/17	Ohio 2013	U.S. 2015	Healthy People 2020 Target
NWS-10.4 Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese	19% (6-12 Grade) 22% (9-12 Grade)	13% (9-12 Grade)	14% (9-12 Grade)	15%*

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

(Sources: Healthy People 2020 Objectives, 2013 YRBS for Ohio and 2015 YRBS for U.S., NHANES, CDC/NCHS, 2016/17 Richland County Health Assessment)

Health Effects of Childhood Obesity

Childhood obesity has both immediate and long-term effects on health and well-being.

Immediate health effects:

- Obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. In a population-based sample of 5- to 17-year-olds, 70% of obese youth had at least one risk factor for cardiovascular disease.
- Obese adolescents are more likely to have prediabetes, a condition in which blood glucose levels indicate a high risk for development of diabetes.
- Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem.

Long-term health effects:

- Children and adolescents who are obese are likely to be obese as adults and are therefore more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis. One study showed that children who became obese as early as age 2 were more likely to be obese as adults.
- Overweight and obesity are associated with increased risk for many types of cancer, including cancer of the breast, colon, endometrium, esophagus, kidney, pancreas, gall bladder, thyroid, ovary, cervix, and prostate, as well as multiple myeloma and Hodgkin's lymphoma.

(Sources: CDC, Childhood Overweight and Obesity, Updated: 10/26/16)

Youth | TOBACCO USE

Key Findings

The 2016/17 health assessment identified that 7% of Richland County youth were current smokers, increasing to 14% of those ages 17 and older. 10% of youth used e-cigarettes in the past year. Over two-thirds (68%) of Richland County youth who were identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.

Youth Tobacco Use Behaviors

- The 2016/17 health assessment indicated that 21% of Richland County youth had tried cigarette smoking, increasing to 32% of high school youth (2015 YRBS reported 32% for the U.S.).
- 5% of all Richland County youth had smoked a whole cigarette for the first time before the age of 13 (2015 YRBS reported 7% for the U.S.).
- 21% of those who had smoked a whole cigarette did so at 10 years old or younger, and another 13% had done so by 12 years old. The average age of onset for smoking was 13.2 years old.
- In 2016/17, 7% of Richland County youth were current smokers, having smoked at some time in the past 30 days, increasing to 14% of those 17 and older (YRBS reported 15% for Ohio in 2013 and 11% for the U.S. in 2015).
- 24% of current smokers smoked cigarettes daily.
- 1% of all Richland 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 3% for the U.S. in 2015).

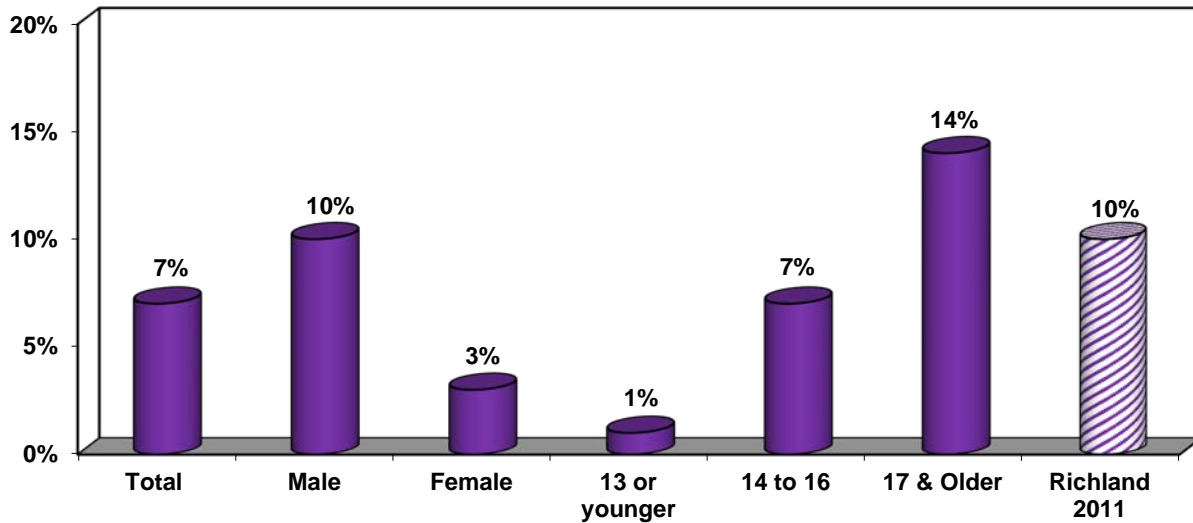
In 2016/17, 7% of Richland County youth were current smokers, having smoked at some time in the past 30 days.

- Over three-fifths (68%) of Richland County youth who were identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- 47% of youth smokers reported a person 18 years or older gave them the cigarettes, 41% of borrowed cigarettes from someone else, 34% indicated they bought cigarettes from a store or gas station (2015 YRBS reported 18% for the U.S.), 16% took them from a store or family member and 25% got them some other way. No one reported getting their cigarettes from a vending machine.
- Richland County youth used the following forms of tobacco the most in the past year: cigarettes (12%); e-cigarette (10%); Black and Milds (8%); Swishers (7%); chewing tobacco or snuff (6%); cigars (5%); hookah (3%); snus (3%); cigarillos (2%); little cigars (2%); dissolvable tobacco products (1%); and bidis (<1%).
- Almost three-fifths (58%) of Richland County youth who smoked in the past year had tried to quit smoking (2015 YRBS reported 45% for the U.S.).

- Over one-quarter (28%) of youth who bought cigarettes in a store during the past month were asked to show proof of age.
- Over half (57%) of Richland County youth were exposed to second hand smoke. Youth reported being exposed to second hand smoke in the following places: another relative's home (28%), home (25%), at a friend's home (17%), in the car (16%), at the fairgrounds (13%), and at a park or ball field (10%).

The following graph shows the percentage of Richland County youth who were current smokers (i.e. having smoked cigarettes in the past 30 days). Examples of how to interpret the information include: 7% of all Richland County youth were current smokers. 10% of males and 3% of females were current smokers.

Richland County Youth Who Are Current Smokers



24% of current youth smokers smoked cigarettes daily.

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

Youth Behaviors	Current Smoker	Non-Current Smoker
Have had at least one drink of alcohol in the past 30 days	68%	14%
Experienced 3 or more adverse childhood experiences (ACEs) in their lifetime	62%	21%
Been bullied in any way in the past year	59%	46%
Have used marijuana in the past 30 days	57%	5%
Had sexual intercourse in the past 12 months	56%	15%
Felt sad or hopeless for 2 or more weeks in a row	45%	23%
Seriously considered attempting suicide in the past 12 months	39%	12%
Misused prescription medications in the past 30 days	21%	4%
Attempted suicide in the past 12 months	21%	6%

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

Healthy People 2020 Tobacco Use (TU)

Objective	Richland County 2016/17	Ohio 2013	U.S. 2015	Healthy People 2020 Target
TU-2.2 Reduce use of cigarettes by adolescents (past month)	7% (6-12 Grade) 11% (9-12 Grade)	15% (9-12 Grade)	11% (9-12 Grade)	16%*

*Note: The Healthy People 2020 target is for youth in grades 9-12.
(Sources: Healthy People 2020 Objectives, 2015 YRBS, CDC/NCHHSTP, 2016/17 Richland County Health Assessment)

Youth Comparisons	Richland County 2011 (6 th -12 th)	Richland County 2016/17 (6 th -12 th)	Richland County 2016/17 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever tried cigarettes	27%	21%	32%	52%*	32%
Current smoker	10%	7%	11%	15%	11%
Tried to quit smoking (of those youth who smoked in the past year)	50%	58%	57%	56%*	45%
Smoked cigarettes on 20 or more days during the past month (of all youth)	N/A	1%	1%	7%	3%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	N/A	5%	5%	14%*	7%

*Comparative YRBS data for Ohio is 2011
N/A-Not available

Electronic Cigarettes and Teenagers in the U.S.

- The percentage of U.S. middle and high school students who tried electronic cigarettes tripled from 2013 to 2014.
- 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.
- Current e-cigarette use among high school students rose from 4.5% in 2013 to 13.4% in 2014, rising from approximately 660,000 to 2 million students.
- Among middle school students, current e-cigarette use more than tripled from 1.1% in 2013 to 3.9% in 2014 – an increase from approximately 120,000 to 450,000 students.
- 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, April 16, 2015)

Youth | ALCOHOL CONSUMPTION

Key Findings

In 2016/17, the health assessment results indicated that 38% of Richland County youth had drunk at least one drink of alcohol in their life, increasing to 57% of youth 17 and older. 17% of all Richland County youth and 32% of those over the age of 17 had at least one drink in the past 30 days. Nearly three-fifths (57%) of youth who reported drinking in the past 30 days had at least one episode of binge drinking. 9% of all youth drivers had driven a car in the past month after they had been drinking alcohol.

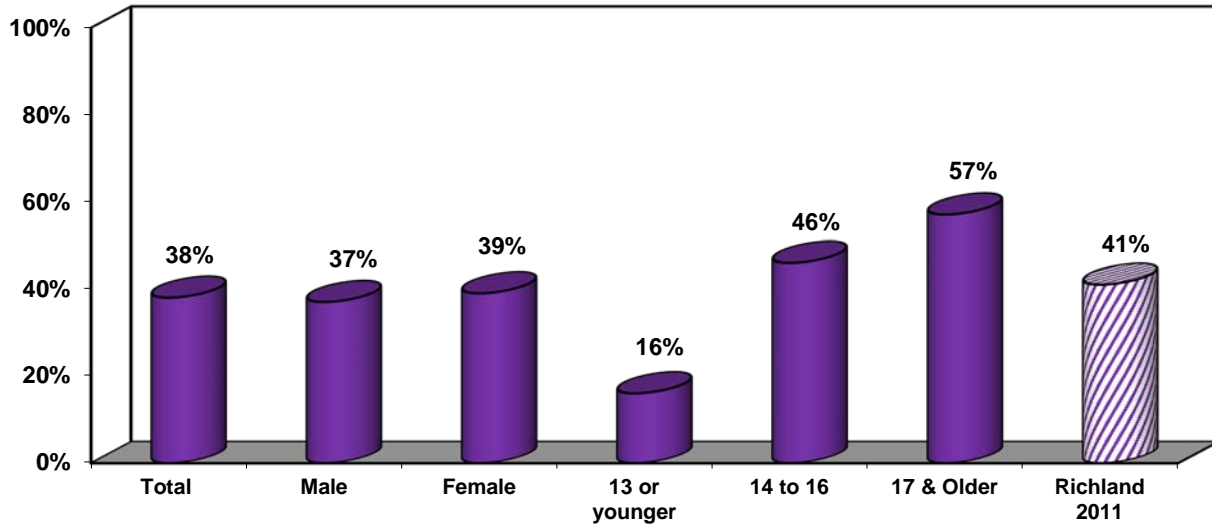
In 2016, 17% of Richland County youth had at least one drink in the past 30 days.

Youth Alcohol Consumption

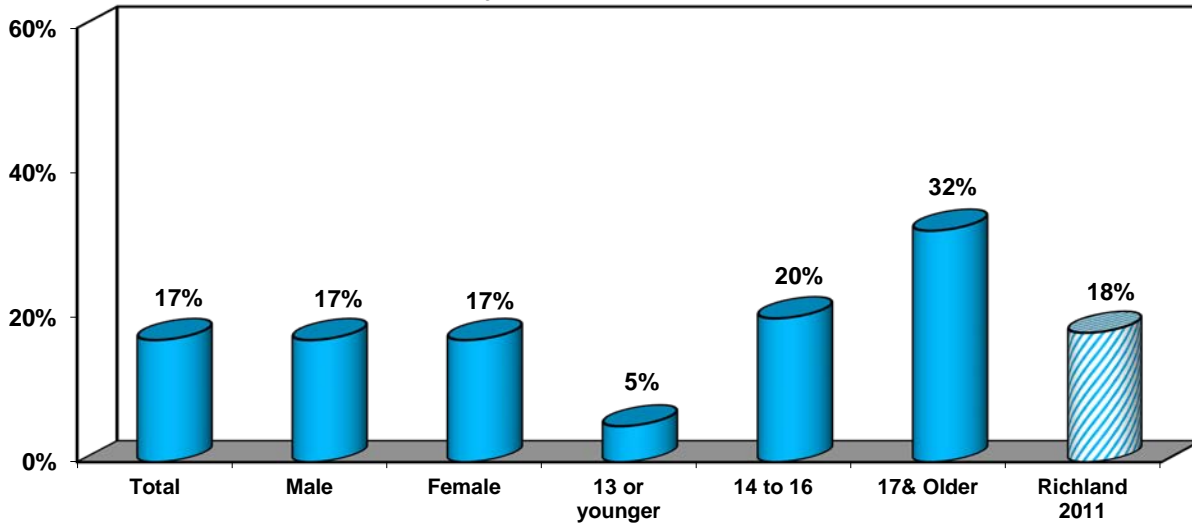
- In 2016/17, the health assessment results indicated that nearly two-fifths (38%) of all Richland County youth (ages 12 to 18) had at least one drink of alcohol in their life, increasing to 57% of those ages 17 and older (2015 YRBS reports 63% for the U.S.).
- Nearly one-fifth (17%) of youth had at least one drink in the past 30 days (current drinker), increasing to 32% of those ages 17 and older (YRBS reports 30% for Ohio in 2013 and 33% for the U.S. in 2015).
- Of those who drank, 57% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition, increasing to 65% of males.
- Based on all youth surveyed, 10% were defined as binge drinkers, increasing to 19% of those ages 17 and older (YRBS reports 16% for Ohio in 2013 and 18% for the U.S. in 2015).
- Nearly one-third (30%) of Richland 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 40% started drinking between the ages of 15 and 18. The average age of onset was 13.3 years old.
- Of all Richland County youth, 11% had drunk alcohol for the first time before the age of 13 (YRBS reports 13% of Ohio youth drank alcohol for the first time before the age of 13 in 2013 and 17% for the U.S. in 2015).
- Richland County youth drinkers reported they got their alcohol from the following: someone gave it to them (35%) (2013 YRBS reports 38% for Ohio and 2015 YRBS reports 44% for the U.S.); a parent gave it to them (27%); older friend or sibling bought it (19%); someone older bought it (15%); took it from a store or family member (9%); a friend's parent gave it to them (4%); bought it with a fake ID (4%); bought it in a liquor store/convenience store/gas station (3%); and obtained it some other way (20%).
- During the past month, 14% of Richland County youth had ridden in a car driven by someone who had been drinking alcohol (YRBS reports 17% for Ohio in 2013 and 20% for the U.S. in 2015).
- 9% of youth drivers had driven a car in the past month after they had been drinking alcohol (YRBS reports 4% for Ohio in 2013 and 8% for the U.S. in 2015).
- 26% of youth reported that their parent or caregiver had talked to them about the dangers of underage drinking within the past month. 36% reported that they had never been talked to about this topic.

The following graphs show the percentage of Richland County youth who had drunk in their lifetime and those who were current drinkers. Examples of how to interpret the information include: 38% of all Richland County youth have drunk at some time in their life; specifically, 37% of males and 39% of females have drunk at some point in their life.

Richland County Youth Having At Least One Drink In Their Lifetime

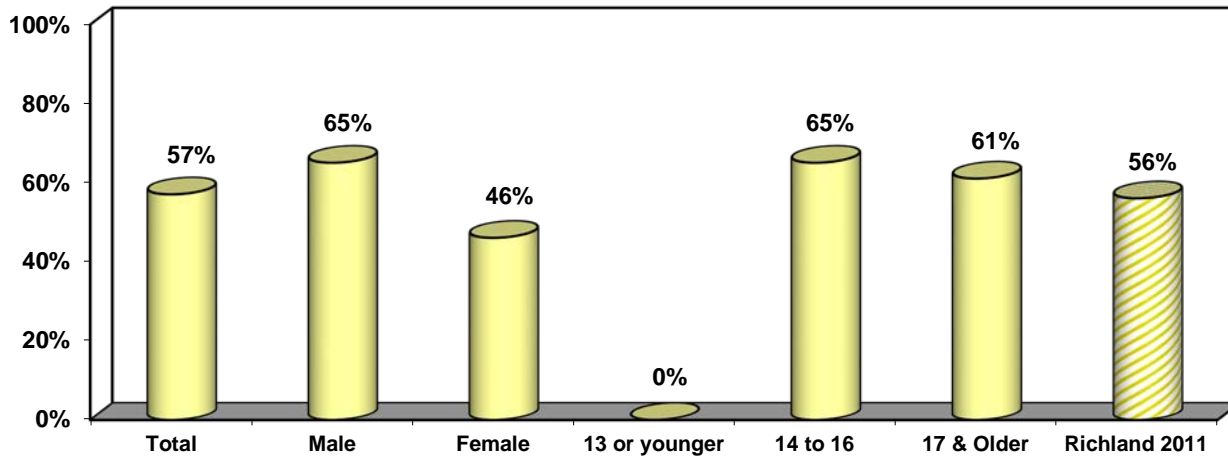


Richland County Youth Who Were Current Drinkers



The following graph shows the percentage of Richland County current drinkers who were binge drinkers. Examples of how to interpret the information include: 57% of current drinkers binge drank in the past month; specifically, 65% of males, and 46% of females binge drank in the past month.

Richland County Youth Current Drinkers Binge Drinking in Past Month*



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

Based on all Richland County youth surveyed, 10% were defined as binge drinkers.

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

Youth Behaviors	Current Drinker	Non-Current Drinker
Have been bullied in the past 12 months	53%	45%
Felt sad or hopeless for 2 or more weeks in a row	47%	20%
Had sexual intercourse in the past 12 months	40%	13%
Have used marijuana in the past 30 days	36%	3%
Experienced 3 or more adverse childhood experiences (ACEs) in their lifetime	35%	21%
Seriously considered attempting suicide in the past 12 months	27%	12%
Have smoked cigarettes in the past 30 days	25%	3%
Misused prescription medications in the past 30 days	20%	2%
Attempted suicide in the past 12 months	9%	6%

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	Richland County 2016/17	Ohio 2013	U.S. 2015	Healthy People 2020 Target
SA-14.4 Reduce the proportion of persons engaging in binge drinking during the past month	10% (6-12 Grade) 18% (9-12 Grade)	16% (9-12 Grade)	18% (9-12 Grade)	9%*

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

(Sources: Healthy People 2020 Objectives, 2015 YRBS, 2016/17 Richland County Health Assessment)

Youth Comparisons	Richland County 2011 (6 th -12 th)	Richland County 2016/17 (6 th -12 th)	Richland County 2016/17 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever tried alcohol	41%	38%	55%	71%*	63%
Current drinker	18%	17%	28%	30%	33%
Binge drinker (of all youth)	10%	10%	18%	16%	18%
Drank for the first time before age 13 (of all youth)	N/A	11%	13%	13%	17%
Obtained the alcohol they drank by someone giving it to them	45%	35%	37%	38%	44%
Rode with someone who was drinking in the past month	14%	14%	14%	17%	20%
Drove a car after drinking alcohol (of youth drivers)	7%	9%	9%	4%	8%

N/A-Not available

*Comparative YRBS data for Ohio is 2011

Underage Drinking

Excessive drinking is responsible for more than 4,300 deaths among underage youth each year, and cost the U.S. \$24 billion in economic costs in 2010.

On average, underage drinkers consume more drinks per drinking occasion than adult drinkers.

In 2010, there were approximately 189,000 emergency room visits by persons under age 21 for injuries and other conditions linked to alcohol.

Youth who drink alcohol are more likely to experience:

- School problems, such as higher absence and poor or failing grades.
- Social problems, such as fighting and lack of participation in youth activities.
- Legal problems, such as arrest for driving or physically hurting someone while drunk.
- Physical problems, such as hangovers or illnesses.
- Unwanted, unplanned, and unprotected sexual activity.
- Disruption of normal growth and sexual development.
- Physical and sexual assault.
- Alcohol-related car crashes and other unintentional injuries, such as burns, falls, and drowning.
- Higher risk for suicide and homicide.
- Memory problems.
- Abuse of other drugs.
- Changes in brain development that may have life-long effects.
- Death from alcohol poisoning.

In general, the risk of youth experiencing these problems is greater for those who binge drink than for those who do not binge drink,

Youth who start drinking before age 15 years are five times more likely to develop alcohol dependence or abuse later in life than those who begin drinking at or after age 21 years.

(Source: CDC, Alcohol and Public Health, updated on October 20, 2016)

Youth | DRUG USE

Key Findings

In 2016/17, 9% of Richland County youth had used marijuana at least once in the past 30 days, increasing to 18% of those ages 17 and older. 6% 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 11% of those over the age of 17.

Youth Drug Use

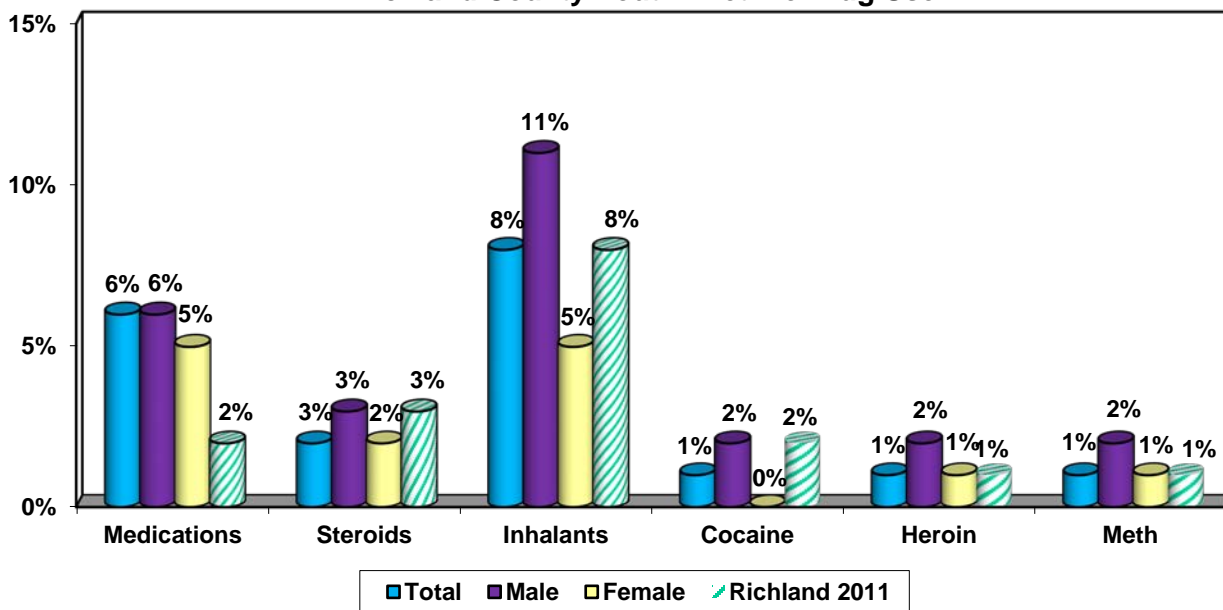
- In 2016/17, 9% of all Richland County youth had used marijuana at least once in the past 30 days, increasing to 18% of those over the age of 17. The 2013 YRBS found a prevalence of 21% for Ohio youth and a prevalence of 22% for U.S. youth in 2015.
- 6% Richland County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives, increasing to 11% of those over the age of 17.
- Youth who misused prescription medications got them in the following ways: a friend gave it to them (29%), they took it from a friend or family member (29%), a parent gave it to them (29%), the internet (13%), another family member gave it to them (13%), bought it from someone else (8%) and bought it from a friend (4%).
- Richland County youth have tried the following in their life:
 - 8% used inhalants (YRBS reports 9% for Ohio in 2013 and 7% for the U.S. in 2015)
 - 5% misused cough syrup
 - 3% used posh/salvia/synthetic marijuana
 - 2% misused over-the-counter medications
 - 2% used steroids (YRBS reports 3% for Ohio in 2013 and 4% for the U.S. in 2015)
 - 1% used liquid THC
 - 1% used cocaine (YRBS reports 4% for Ohio in 2013 and 5% for U.S. in 2015)
 - 1% used methamphetamines (2015 YRBS reports 3% for the U.S.)
 - 1% used ecstasy/MDMA/Molly (2015 YRBS reports 5% for the U.S.)
 - 1% used heroin (YRBS reports 2% for Ohio in 2013 and 2% for U.S. in 2015)
 - 1% used bath salts
 - 1% used K2/spice
 - 1% misused hand sanitizer
 - No one reported having gone to a pharm party/used skittles or using GhB
- During the past 12 months, 7% of all Richland County youth reported that someone had offered, sold, or given them an illegal drug on school property (YRBS reports 20% for Ohio in 2013 and 22% for the U.S. in 2015).
- 1% of youth had used a needle at some point in their life to inject an illegal drug into their body. (YRBS reports 2% for Ohio in 2013 and 2% for the U.S. in 2015).
- Youth reported the following reasons for not using drugs: parents would be upset (58%), values (50%), legal consequences (40%), kicked out of extra-curricular activities (35%), friends would not approve (28%), health problems (25%), random student drug testing (15%) and other (27%).

Accessibility of Substances to Richland County Youth

Substance	Available	Not Available	Don't Know
Alcohol	42%	42%	17%
Tobacco	32%	51%	17%
Prescription drugs not prescribed to you	23%	56%	21%
Electronic Vapor Products (ex. E-cigarettes, e-cigars, vaping pens, and hookah pens)	22%	58%	20%
Marijuana	20%	62%	18%
Synthetic drugs (ex. K2, Spice, etc.)	5%	71%	25%
Heroin	3%	74%	23%

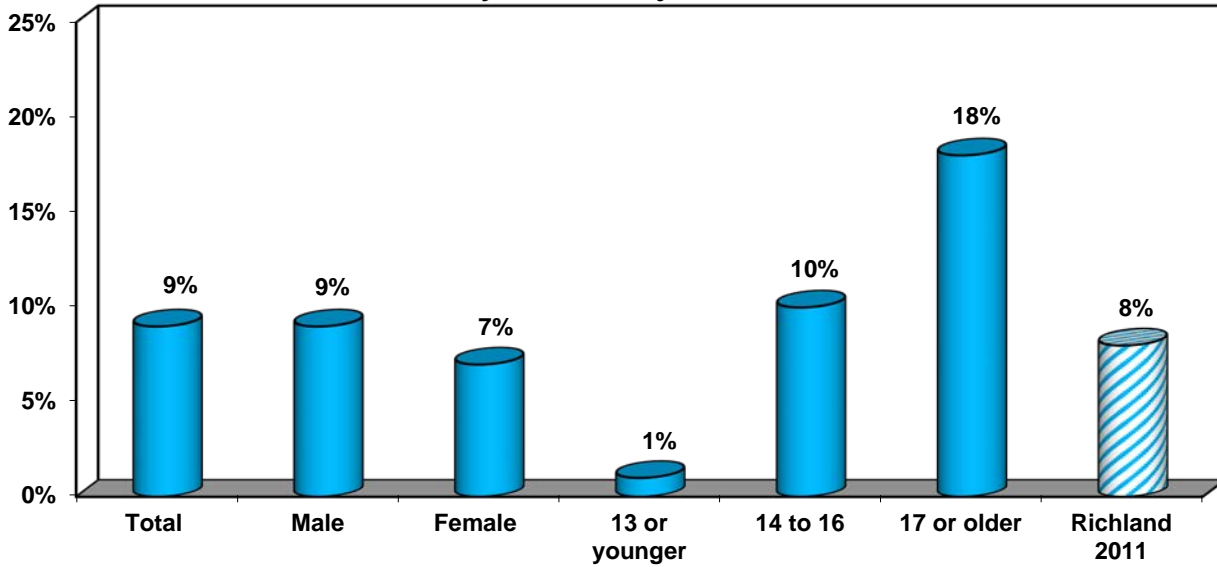
The following graph is data from the 2016/17 Richland County Health Assessment indicating youth lifetime drug use. Examples of how to interpret the information include: 8% of youth have used inhalants at some point in their life; specifically 11% of males and 5% of females have used inhalants at some point in their life.

Richland County Youth Lifetime Drug Use

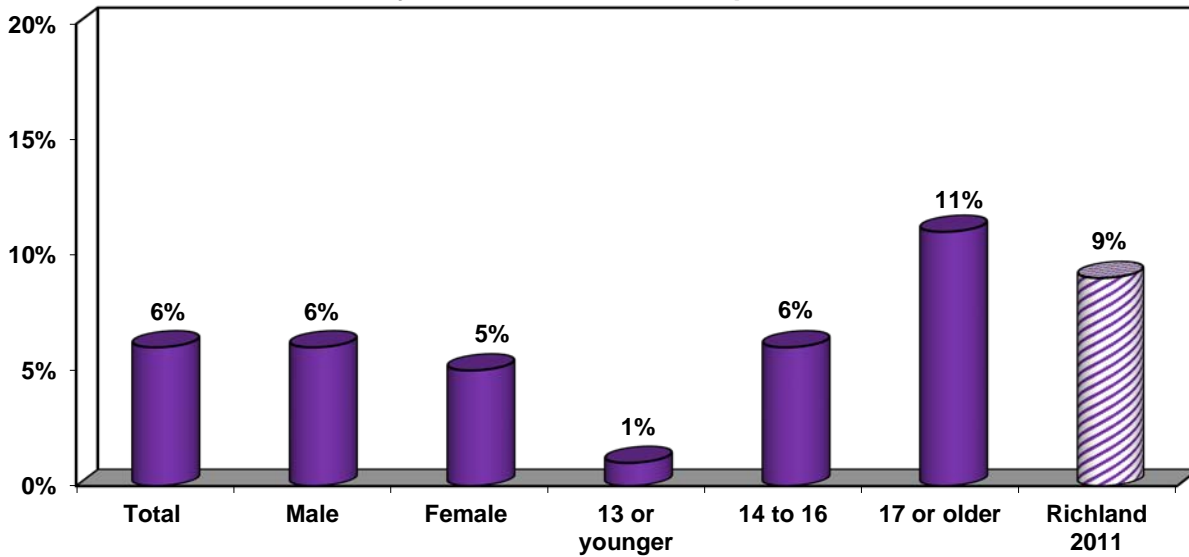


The following graphs show data from the 2016/17 Richland County Health Assessment indicating youth marijuana use in the past month and youth prescription medication abuse in their lifetime. Examples of how to interpret the information include: 9% of youth have used marijuana in the past 30 days; specifically, 9% of males and 7% of females.

Richland County Youth Marijuana Use in Past Month



Richland County Youth Lifetime Prescription Medication Abuse



Youth Comparisons	Richland County 2011 (6 th -12 th)	Richland County 2016/17 (6 th -12 th)	Richland County 2016/17 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Youth who used marijuana in the past month	8%	9%	15%	21%	22%
Ever used methamphetamines	1%	1%	2%	N/A	3%
Ever used cocaine	2%	1%	2%	4%	5%
Ever used heroin	<1%	1%	3%	2%	2%
Ever used steroids	3%	2%	3%	3%	4%
Ever used inhalants	8%	8%	10%	9%	7%
Ever misused prescription medications	9%	6%	8%	N/A	N/A
Ever used a needle to inject any illegal drug	1%	1%	2%	2%	2%
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	9%	7%	12%	20%	22%

N/A – Not available

Drug Facts: Drugged Driving

- Vehicle accidents are the leading cause of death among youth 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 2014 National Survey on Drug Use and Health (NSDUH), an estimated 10 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.
- One NHTSA study found that in 2009, 18 percent of drivers killed in a crash tested positive for at least one drug. A 2010 study showed that 1 percent of deadly crashes involved a drugged driver

(Source: National Institute on Drug Abuse, *The Science of Drug Abuse & Addiction: Drug Facts: Drugged Driving*, June 2016)

Youth | SEXUAL BEHAVIOR

Key Findings

In 2016/17, nearly one-fifth (18%) of Richland County youth had sexual intercourse at some point in their lives. 18% of youth had participated in oral sex, and 4% had participated in anal sex. 24% of youth participated in sexting. Of those who were sexually active, 51% had multiple sexual partners. One Richland County school district did not ask sexual behavior questions.

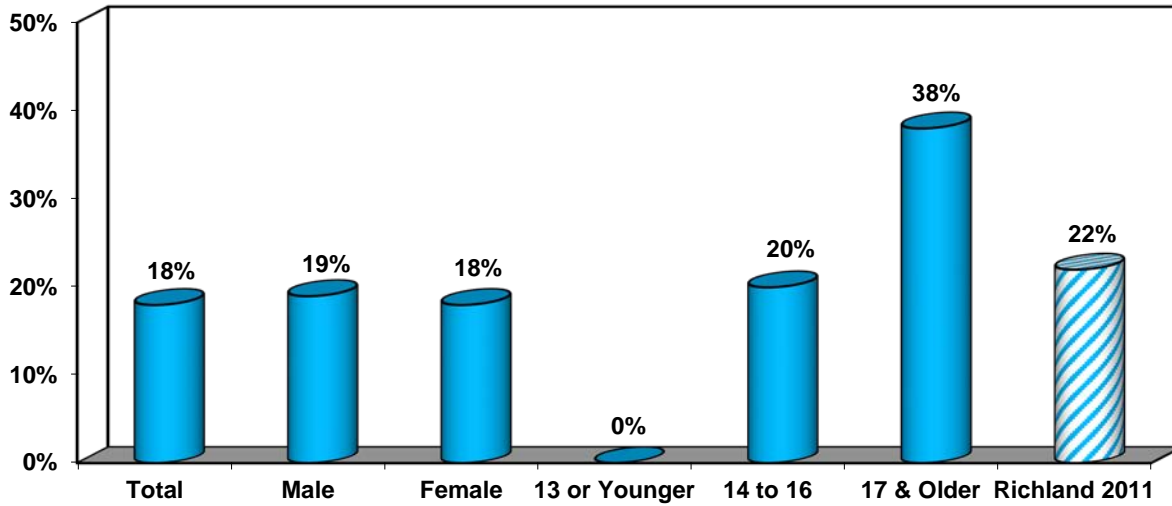
18% of Richland County youth have had sexual intercourse.

Youth Sexual Behavior

- Nearly one-fifth (18%) of Richland County youth have had sexual intercourse, increasing to 38% of those ages 17 and over. (The YRBS reports 43% for Ohio in 2013 and 41% for U.S. in 2015).
- 18% of youth had participated in oral sex, increasing to 35% of those ages 17 and over.
- 4% of youth had participated in anal sex, increasing to 9% of those ages 17 and over.
- 24% of youth had participated in sexting, increasing to 37% of those ages 17 and over.
- 24% of youth had viewed pornography, increasing to 33% of males and 40% of those ages 17 and over.
- Of those youth who were sexually active in their lifetime, 49% had one sexual partner and 51% had multiple partners.
- 6% of all Richland County youth had 4 or more sexual partners (YRBS reports 12% for Ohio in 2013 and 12% for the U.S. in 2015).
- 22% of all Richland County sexually active youth had 4 or more partners (2013 YRBS reports 28% for Ohio).
- Of those youth who were sexually active, 13% had done so by the age of 13. Another 54% had done so by 15 years of age. The average age of onset was 14.9 years old.
- Of all youth, 2% were sexually active before the age of 13 (YRBS reports 4% for Ohio in 2013 and 4% for the U.S. in 2015).
- Richland County youth had experienced the following: been pregnant (2%); had a miscarriage (1%); wanted to get pregnant (1%); had a child (1%); had an abortion (1%); had sex in exchange for something of value such as food, drugs, shelter or money (<1%); got someone pregnant (<1%); and had been treated for an STD (<1%). No one reported trying to get pregnant.
- 53% of youth who were sexually active used condoms to prevent pregnancy; 23% used birth control pills; 7% used an IUD; 7% used a shot, patch or birth control ring; and 6% used the withdrawal method. 1% reported they were gay or lesbian. However, 10% were engaging in intercourse without a reliable method of protection, and 25% reported they were unsure.

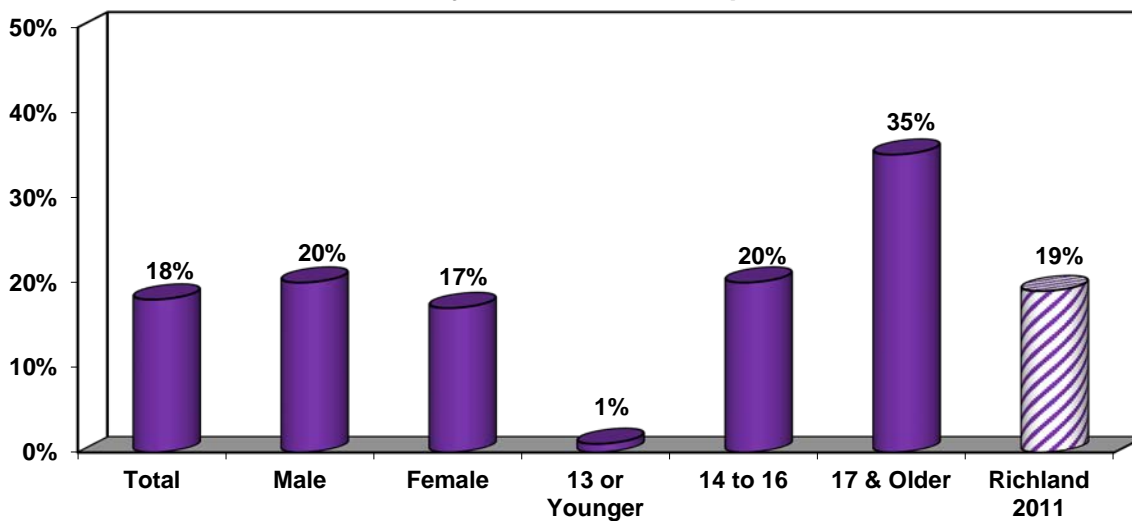
The following graphs show the percentage of Richland County youth who participated in sexual intercourse and oral sex. Examples of how to interpret the information include: 18% of all Richland County youth had sexual intercourse: specifically, 19% of males, and 18% of females had sex.

Richland County Youth Who Had Sexual Intercourse



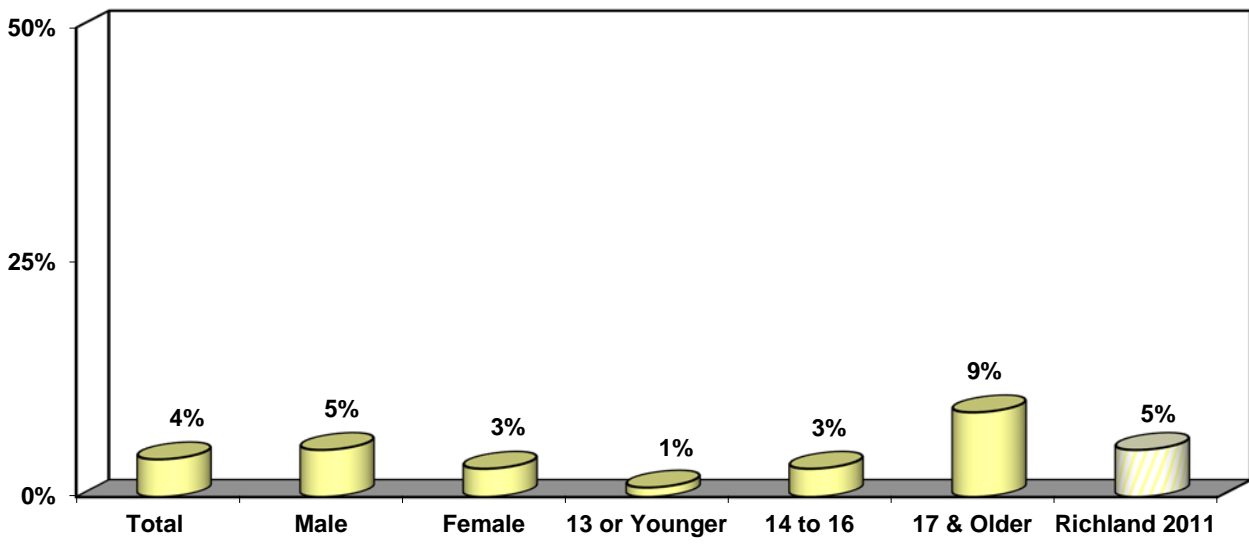
10% of Richland County youth who were sexually active were not using a reliable method of protection to prevent pregnancy.

Richland County Youth Who Participated in Oral Sex

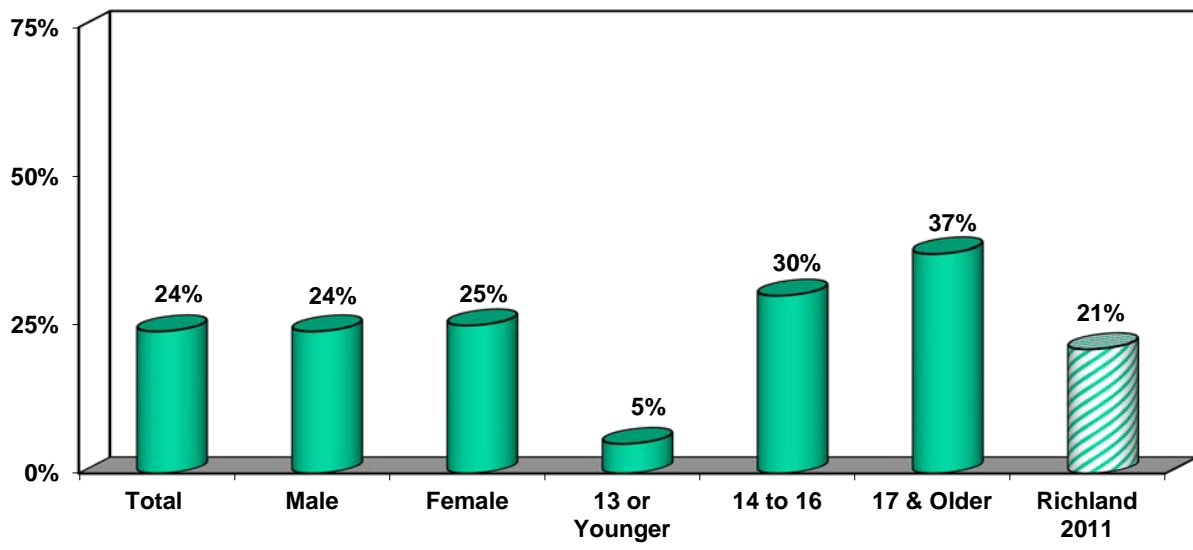


The following graphs show the percentage of Richland County youth who participated in anal sex and sexting. Examples of how to interpret the information include: 4% of all Richland County youth participated in anal sex: specifically, 5% of males, and 3% of females.

Richland County Youth Who Participated in Anal Sex



Richland County Youth Who Participated in Sexting



Youth Comparisons	Richland County 2011 (6 th -12 th)	Richland County 2016/17 (6 th -12 th)	Richland County 2016/17 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever had sexual intercourse	22%	18%	31%	43%	41%
Used a condom at last intercourse	61%	53%	57%	51%	57%
Used birth control pills at last intercourse	32%	23%	26%	24%	18%
Had multiple sexual partners	57%	51%	53%	N/A	N/A
Did not use any method to prevent pregnancy during last sexual intercourse	18%	10%	12%	12%	14%
Had four or more sexual partners (of all youth)	9%	6%	9%	12%	12%
Had sexual intercourse before age 13 (of all youth)	N/A	2%	2%	4%	4%

*One Richland County school district did not ask sexual behavior questions in 2016/17
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 2015:

- 41% had ever had sexual intercourse.
- 30% had sexual intercourse during the previous 3 months.
- 43% did not use a condom the last time they had sex.
- 14% did not use any method to prevent pregnancy.
- 21% had drunk alcohol or used drugs before last sexual intercourse.
- Only 10% 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

- Young people (aged 13-24) accounted for an estimated 22% of all new HIV diagnoses in the United States in 2015.
- Among young people (aged 13-24) diagnosed with HIV in 2015, 81% were gay and bisexual males.
- Half of the nearly 20 million new STDs reported each year are among young people, between the ages 15-24.
- Nearly 230,000 babies were born to teen girls aged 15-19 years in 2015.

(Source: CDC, *Adolescent and School Health*, updated 3/10/17)

Youth | MENTAL HEALTH AND SUICIDE

Key Findings

In 2016/17, the health assessment results indicated that 14% of Richland County youth had seriously considered attempting suicide in the past year, and 7% actually attempted suicide in the past year.

Youth Mental Health

- In 2016/17, one-quarter (25%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 33% of females (YRBS reported 26% for Ohio in 2013 and 30% for the U.S. in 2015).
- 14% of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 19% of females. 20% of high school youth had seriously considered attempting suicide, compared to the 2015 YRBS rate of 18% for U.S. youth and the 2013 YRBS rate of 14% for Ohio youth.
- In the past year, 7% of Richland County youth had attempted suicide. 3% of youth had made more than one attempt. The 2015 YRBS reported a suicide attempt prevalence rate of 9% for U.S. youth and a 2013 YRBS rate of 6% for Ohio youth.

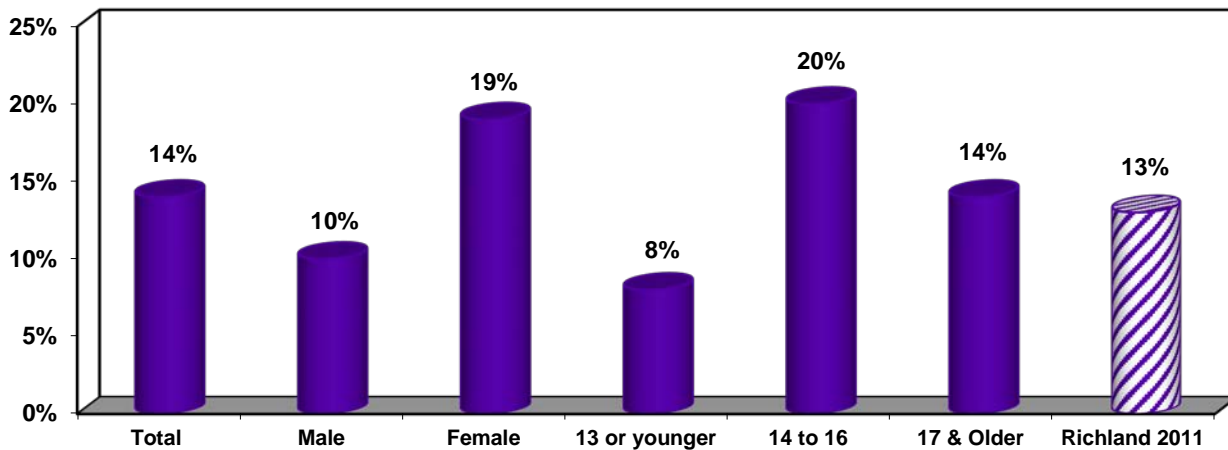
25% of Richland County youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.

- 13% of youth reported that they would be very likely to seek help if they were feeling depressed or suicidal. 14% said they would be very unlikely to seek help. 49% reported they never feel depressed or suicidal.
- Of youth who reported they would not seek help, the following reasons were reported: they can handle it themselves (26%), worried what others might think (19%), did not know where to go (10%), no time (9%), cost (8%), their family would not support them (5%), transportation (4%), and their friends would not support them (4%).
- Richland County youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (39%); engaging in hobbies (34%); texting someone (33%); exercising (25%); eating (24%); talking to someone in their family (24%); talking to a peer (21%); pray/read the Bible (17%); using social media (14%); breaking something (10%); shopping (7%); writing in a journal (7%); drinking alcohol, smoke/use tobacco or use illegal drugs (6%). 22% of youth reported they did not have anxiety, stress, or depression.

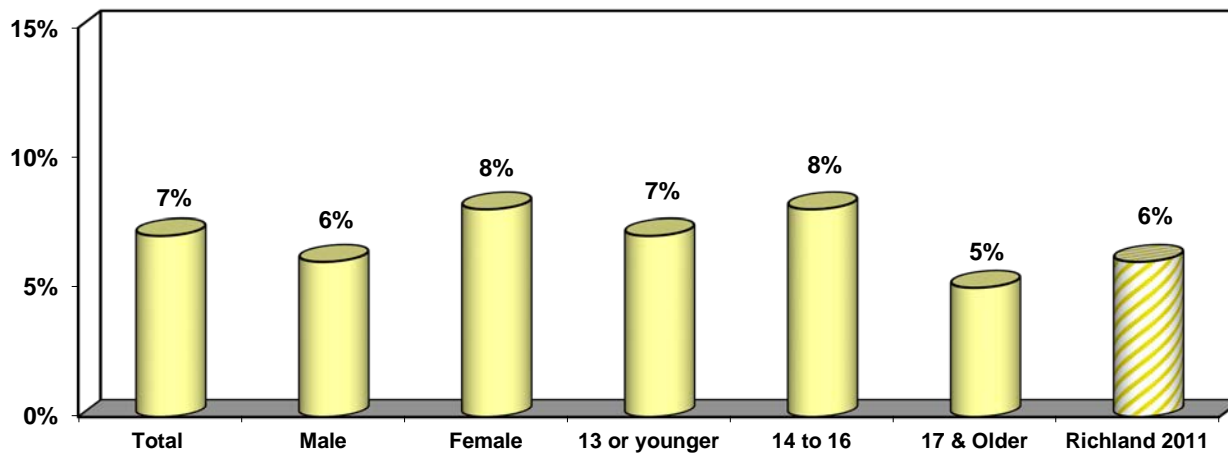
- Richland County youth reported the following adverse childhood experiences (ACEs): parents became separated or were divorced (31%); parents or adults in home swore at them, insulted them or put them down (25%); lived with someone who was a problem drinker or alcoholic (17%); family did not look out for each other or support each other (17%); parents were not married (12%); lived with someone who was depressed, mentally ill or suicidal (11%); lived with someone who served time or was sentenced to serve in prison or jail (11%); lived with someone who used illegal drugs or misused prescription drugs (8%); parents or adults in home abused them (8%); parents or adults in home abused each other (7%); an adult or someone 5 years older than them touched them sexually (3%); did not have enough to eat, had to wear dirty clothes or had no one to protect them (2%); an adult or someone 5 years older tried to make them touch them sexually (1%). No one reported having an adult or someone at least 5 years older force them to have sex.
- 24% of youth had three or more ACE's, increasing to 30% of females (compared to 17% of males).

The following graphs show the percentage of Richland County youth who had seriously considered attempting suicide and those who attempted suicide in the past 12 months (i.e., the first graph shows that 14% of all youth had seriously considered attempting suicide: specifically, 10% of males and 19% of females).

Richland County Youth Who Had Seriously Considered Attempting Suicide in the Past 12 months



Richland County Youth Who Attempted Suicide in the Past 12 Months



Youth Comparisons	Richland County 2011 (6 th -12 th)	Richland County 2016/17 (6 th -12 th)	Richland County 2016/17 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	26%	25%	32%	26%	30%
Youth who had seriously considered attempting suicide in the past year	13%	14%	20%	14%	18%
Youth who had attempted suicide in the past year	6%	7%	7%	6%	9%

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

(Source: CDC, 2015, Injury Center: Violence Prevention; Suicide Prevention; Youth Suicide)

Youth | SAFETY

Key Findings

In 2016/17, 44% of Richland County youth had hit their head hard enough that they were dizzy, had a concussion, were knocked out, had their "bell rung," etc., increasing to 52% of males. 19% of youth drivers texted while driving. 57% of youth who had a Twitter, Instagram, Facebook, online gaming, or other social network account believed that sharing information online is dangerous.

57% of the youth who had a Twitter, Instagram, Facebook, online gaming, or other social network account believed that sharing information online is dangerous

Personal Safety

- Richland County youth drivers did the following while driving in the past month: wore a seatbelt (97%), ate (44%), drove while tired or fatigued (35%), talked on their cell phone (25%), texted (19%), used cell phone for other things (18%), used marijuana (4%), read (3%), applied makeup (2%) and drank alcohol (1%). No one reported using illegal drugs or misusing prescription drugs while driving.
- In the past 30 days, 14% of youth had ridden in a car driven by someone who had been drinking alcohol (YRBS reported 17% for Ohio in 2013 and 20% for the U.S. in 2015).
- 9% of youth drivers had driven a car themselves after drinking alcohol (YRBS reported 4% for Ohio in 2013 and 8% for the U.S. in 2015).
- 72% of youth had a Twitter, Instagram, Facebook, online gaming, or other social network account.
- Of those who had an account, they reported the following:
 - Their account was currently checked private (56%)
 - They knew all of their "friends" (53%)
 - They knew all of the people they play online (44%)
 - Their parents had their password (34%)
 - Their friends had their password (25%)
 - They share personal information (24%)
 - They were bullied because of their accounts (20%)
 - They had been asked to meet someone they met online (18%)
 - Their parents do not know they have an account (13%)
 - They had participated in sexual activity with someone they met online (10%)
- Over half (57%) of the youth who had a Twitter, Instagram, Facebook, online gaming, or other social network account believed that sharing information online is dangerous.
- Richland County youth reported the following about their future plans: attend a 4 year college (67%), follow their career path (51%), attend a community college/trade school (31%), join the military (24%), and not finish high school (15%).

Personal Health

- 44% of Richland County youth had hit their head hard enough that they were dizzy, had a concussion, were knocked out, had their “bell rung,” etc., increasing to 52% of males.
- Almost three-fourths (70%) of youth had been to the dentist for a check-up, exam, teeth cleaning or other dental work in the past year (2013 YRBS reported 75% for Ohio and the 2015 YRBS reported 74% for the U.S.).

Youth Comparisons	Richland County 2011 (6 th -12 th)	Richland County 2016/17 (6 th -12 th)	Richland County 2016/17 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Visited a dentist for a check-up within the past year	N/A	70%	69%	75%	74%
Rode with someone who had been drinking alcohol in past month	14%	14%	14%	17%	20%
Drove a car after drinking alcohol (of youth drivers)	N/A	9%	9%	4%	8%

N/A – Not available

Heads UP: Concussion in Youth Sports

- A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.
- You can’t see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear to be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself seek medical attention right away.

Signs of and Symptoms of a Concussion Observed by Parents or Guardians:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Answers questions slowly
- Moves clumsily
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

Signs of and Symptoms of a Concussion Reported by Athlete:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or “feeling down”

(Source: CDC, Injury Prevention & Control, Traumatic Brain Injury, Heads UP: Concussion in Youth Sports, Fact Sheet for Parents, 2015)

Youth | VIOLENCE ISSUES

Key Findings

In Richland County, 6% of youth had been threatened or injured with a weapon on school property in the past year. 17% of youth purposefully hurt themselves at some time in their life. 47% of youth had been bullied in the past year.

Violence-Related Behaviors

- In 2016/17, 12% of youth had carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 20% of males (YRBS reported 14% for Ohio in 2013 and 16% for the U.S. in 2015).
- 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 (YRBS reported 5% for Ohio in 2013 and 6% for the U.S. in 2015).
- 6% of youth were threatened or injured with a weapon on school property in the past year (2015 YRBS reported 6% for the U.S.).
- In the past year, 22% of youth had been involved in a physical fight, increasing to 28% of males. (YRBS reported 20% for Ohio in 2013 and 23% for the U.S. in 2015). 13% had been in a fight on more than one occasion
- 47% of youth had been bullied in the past year. The following types of bullying were reported:
 - 36% were verbally bullied (teased, taunted or called harmful names)
 - 23% were indirectly bullied (had mean rumors spread about them or were kept out of a "group")
 - 12% were cyber bullied (teased, taunted or threatened by e-mail or cell phone) (YRBS reported 15% for Ohio in 2013 and 16% for the U.S. in 2015)
 - 7% were physically bullied (were hit, kicked, punched or people took their belongings)
 - 3% were sexually bullied (had nude or semi-nude pictures used to blackmail, intimidate, exploit, or pressure them to have sex when they did not want to)
- In the past year, Richland County youth reported they had been a victim of teasing or name calling due to the following: weight, size or physical appearance (25%); sexual orientation (11%); race or ethnic background (4%); and gender (4%).
- 5% of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months (2015 YRBS reported 10% for the U.S.).
- In the past year 13% of youth reported an adult or caregiver had ever hit, slapped or physically hurt them on purpose.

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)

- 15% of youth had felt threatened or unsafe in their homes in the past year.
- 5% of Richland County youth had been forced to participate in a sexual activity when they did not want to, increasing to 10% of females.
- 17% of youth purposefully hurt themselves at some time in their life. They did so by: cutting (9%), scratching (9%), hitting (6%), biting (4%), burning (2%), and self-embedding (1%).

Types of Bullying Richland County Youth Experienced in Past Year

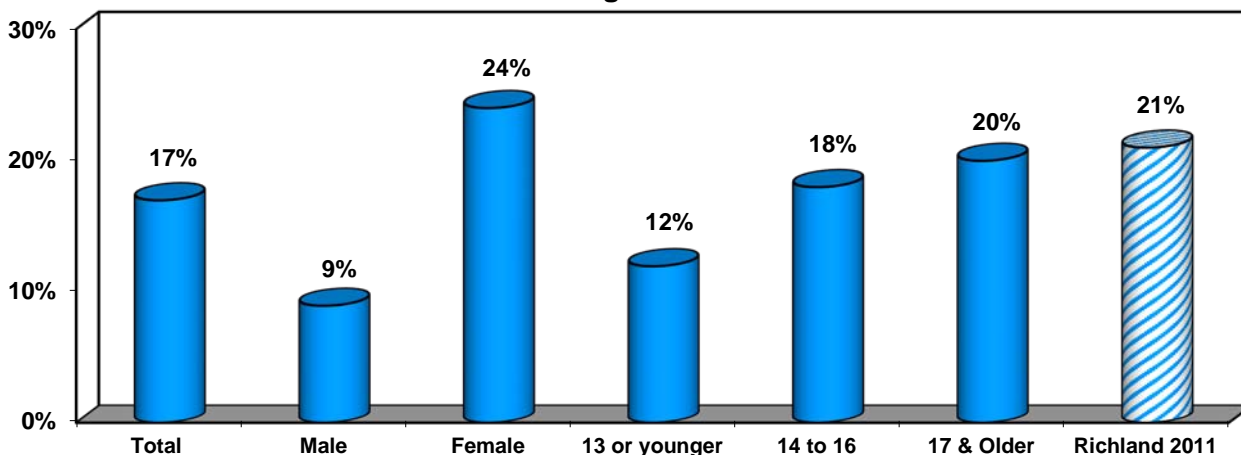
Youth Behaviors	Total	Male	Female	13 and younger	14-16 Years old	17 and older
Verbally Bullied	36%	30%	42%	39%	40%	25%
Indirectly Bullied	23%	13%	34%	21%	27%	21%
Cyber Bullied	12%	8%	16%	11%	17%	4%
Physically Bullied	7%	8%	6%	8%	8%	4%
Sexually Bullied	3%	1%	5%	1%	5%	3%

Behaviors of Richland County Youth Bullied vs. Non-Bullied

Youth Behaviors	Bullied	Non-Bullied
Felt sad or hopeless for 2 or more weeks in a row	36%	15%
Seriously considered attempting suicide in the past 12 months	24%	6%
Have drank alcohol in the past 30 days	20%	15%
Attempted suicide in the past 12 months	13%	2%
Have smoked cigarettes in the past 30 days	9%	5%
Have used marijuana in the past 30 days	8%	9%

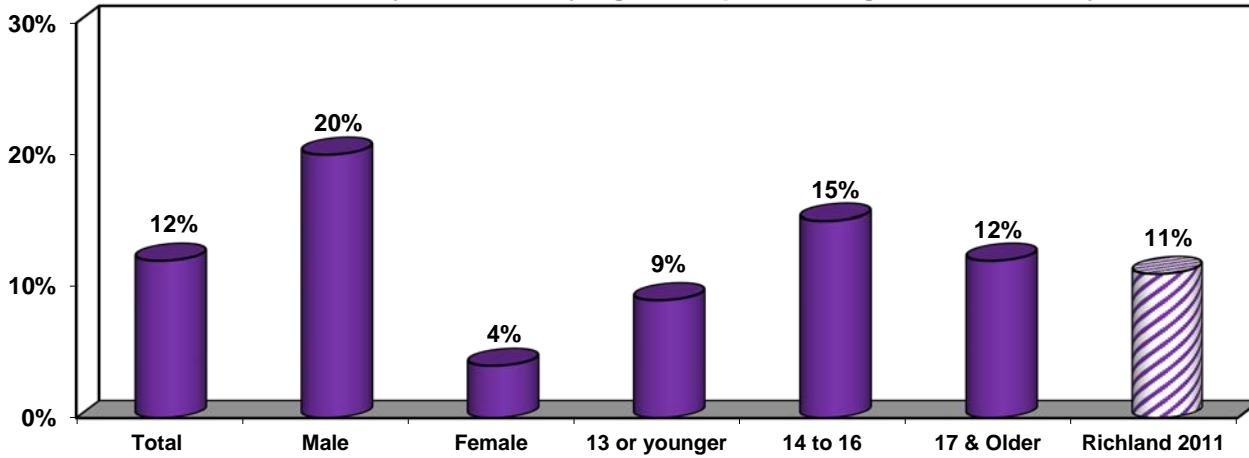
The following graph shows Richland County youth who purposefully hurt themselves during their life. The graph shows the number of youth in each segment giving each answer (i.e., the graph shows that 17% of all youth had purposefully hurt themselves; specifically, 9% of males and 24% of females purposefully hurt themselves).

Richland County Youth Who Purposefully Hurt Themselves During Their Life

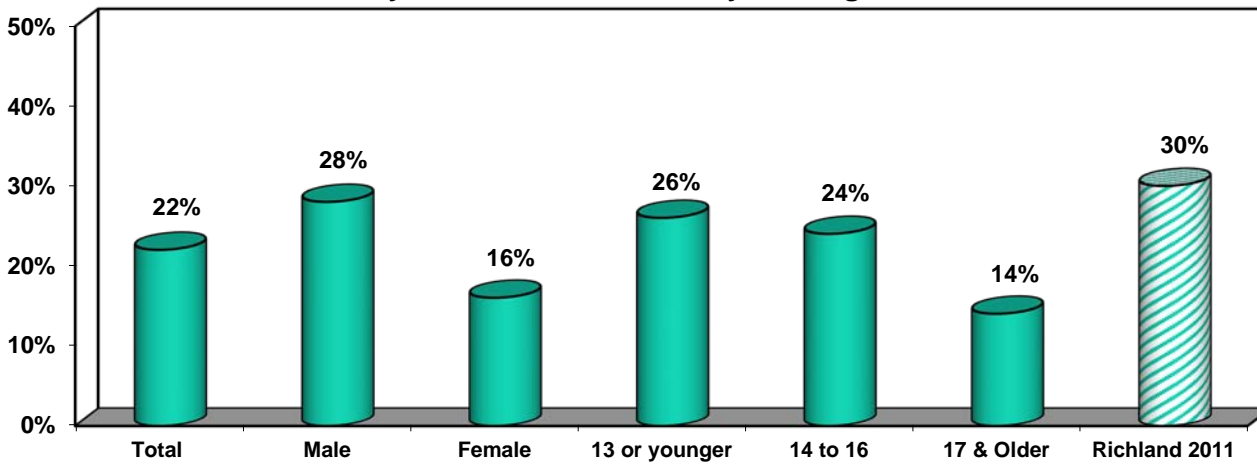


The following graphs show Richland County youth who carried a weapon in the past 30 days and youth who had been in a physical fight in the past year. The first graph shows the number of youth in each segment giving each answer (i.e., the graph shows that 12% of all youth had carried a weapon in the past 30 days; specifically, 20% of males and 4% of females carried a weapon).

Richland County Youth Carrying a Weapon During the Past 30 Days



Richland County Youth Involved in a Physical Fight in the Past Year



Youth Comparisons	Richland County 2011 (6 th -12 th)	Richland County 2016/17 (6 th -12 th)	Richland County 2016/17 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Carried a weapon in past month	11%	12%	14%	14%	16%
Been in a physical fight in past year	30%	22%	18%	6%	8%
Threatened or injured with a weapon on school property in past year	N/A	6%	7%	N/A	6%
Did not go to school because felt unsafe	4%	5%	4%	5%	6%
Bullied in past year	53%	47%	46%	N/A	N/A
Electronically/cyber bullied in past year	13%	12%	13%	15%	16%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	4%	5%	7%	N/A	10%
Forced to participate in sexual activity	6%	5%	9%	8%	7%

N/A - Not available

Child HEALTH & FUNCTIONAL STATUS

Key Findings

In 2016, 41% of children were classified as obese by Body Mass Index (BMI) calculations. 79% of children had been to the dentist in the past year, increasing to 87% of 6-11 year old's. 10% of Richland County parents reported their child ages 0-11 had been diagnosed with asthma. 6% of parents 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 old's.
- 12% of Ohio children ages 6-11 were diagnosed with ADD/ADHD.

(Source: National Survey of Children's Health)

Health of Children Ages 0-11

- In 2016, three-fifths (60%) of Richland County parents of 0-11 year old's rated their child's mental and emotional health as excellent. 6% of parents rated their child's health as fair or poor.
- About two-fifths (41%) of children were classified as obese by Body Mass Index (BMI) calculations. 17% of children were classified as overweight, 37% were normal weight, and 5% were underweight.
- Richland County children ate the following for breakfast: cereal (73%), milk (58%), toast (39%), eggs (37%), fruit/fruit juice (29%), oatmeal (27%), yogurt (26%), bacon/ham/sausage (22%), Pop Tart/donut/pastry (20%), pizza (1%) and other (11%). 5% of children ate nothing for breakfast. No parent reported that their child had soda pop for breakfast. 19% of children ate at the school breakfast program.
- 4% of Richland County children ate 5 or more servings of fruits and vegetables per day. 43% ate 3 to 4 servings per day, and 50% ate 1 to 2 servings of fruits and vegetables per day.
- 79% of parents reported they ate out in a restaurant or brought home take-out at least once in a typical week. 1% did so for 5 or more meals.
- 41% of Richland County children ate "junk food" such as soda pop, cookies, candy, cake, gum and potato chips at least once per day during the past 7 days. 5% of children did not eat any "junk food" in the past 7 days.
- Richland County children spent an average of 1.7 hours watching TV, 1.3 hours on the computer, 0.7 hours playing video games, and 0.4 hours on their cell phone on an average day of the week.
- Richland County children had the following allergies: environmental allergies (23%), animal allergies (8%), peanuts (3%), red dye (3%), other food allergies (3%), milk (2%), soy (1%), eggs (1%), wheat (1%), gluten (<1%), bees (<1%), and other (6%). Of those with allergies, 2% had an Epi-pen.
- 42% 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. 43% of parents had not had their child tested for lead poisoning, and 13% of parents did not know if their child had been tested for lead.
- No Richland County parents reported that their child had been poisoned by accident and required medical attention during the past 12 months.

- 79% of children had been to the dentist in the past year, increasing to 87% of 6-11 year old's.
- Parents gave the following reasons for not getting dental care for their child: child was not old enough to go to the dentist/dentist would not see child yet because of their age (10%), cost (5%), no insurance (3%), treatment was ongoing (2%), no convenient times/could not get appointment (2%), could not find a dentist who accepted their insurance (2%), health plan problem (1%), dissatisfaction with dentist (1%), missed an appointment and was not allowed to go back to clinic (<1%), and other (3%). No one reported not having a dentist available in the area/transportation problems, not knowing where to go for treatment, or that their child refused to go.
- Richland County children went to the following places for dental services: private dentist (86%), out of county provider (5%), Third Street Family Health Services (3%), mobile dentist (<1%), and Richland Dental Clinic (<1%). No one reported going to Shelby Health and Wellness or the emergency room for dental services. 6% of parents reported a dentist would not see their child because of age. 4% of parents reported their child did not go anywhere for dental services.
- Two-fifths (40%) of parents reported problems with their child's teeth. The top five problems were: cavities (21%), crooked teeth/teeth that need braces (16%), hygiene (5%), family history of dental problems (3%) and enamel problems (3%).
- 14% of Richland County parents whose child had been diagnosed with autism, Autism Spectrum Disorder (ASD), or Developmental Delay reported that their child had received therapy services including early intervention, occupational therapy and behavioral therapy to meet their developmental needs.
- 10% of parents reported their child had asthma.
- 33% of parents with an asthmatic child reported their child had an asthma attack in the past six months. Treatment took place in the following locations: home (32%), doctor's office (3%), and the emergency room (3%). No one reported having the treatment take place at an urgent care center.
- No parents reported their child stayed overnight in a hospital because of their asthma.
- Richland County parents were told by a doctor that their 0-11-year-old child had the following conditions:
 - Speech and language delays (12%)
 - Asthma (10%)
 - Dental problems (10%)
 - Urinary tract infection (9%)
 - Developmental delay or physical impairment (7%)
 - Learning disability (7%)
 - ADD/ADHD (6%)
 - Vision problems that cannot be corrected with glasses (5%)
 - Pneumonia (4%)
 - Bone/joint/muscle problems (4%)
 - Head injury (4%)
 - Hearing problems (3%)
 - Anxiety problems (3%)
 - Behavioral/conduct problems (3%)
 - Autism (2%)
 - Intellectual disability/mental retardation (2%)
 - Genetic disease (1%)
 - Epilepsy (1%)
 - Birth defect (1%)
 - Other life threatening illness (1%)
 - Depression problems (1%)
 - Digestive tract infections (1%)
 - Cancer (1%)
 - Cerebral palsy (1%)
 - Neonatal Abstinence Syndrome (1%)
 - Diabetes (<1%)
 - Addiction disorder (<1%)
 - Fetal Alcohol Syndrome (<1%)
 - Appendicitis (<1%)

- 25% of Richland County children ages 0-11 had difficulties in the following areas: concentration (17%), emotions (12%), behavior (9%), and being able to get along with people (3%). 10% had more than one difficulty.
- 19% of children had special health care needs. 16% of parents felt that their child's caregiver/teacher was sufficiently trained to take care of their child's special health care needs.
- When Richland County parents wanted to find out about current health issues in the community, they went to the following: doctor/health care provider (54%), social media (31%), local radio station (27%), newspaper (26%), websites (26%), neighbor/friends (25%), church bulletin (5%) and cable channel announcements (5%).

Child Comparisons	Richland County 2011 Ages 0-5	Richland County 2016 Ages 0-5	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Richland County 2011 Ages 6-11	Richland County 2016 Ages 6-11	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Dental care visit in past year	47%	43%	50%	54%	86%	87%	92%	88%
Diagnosed with asthma	9%	13%	6%	6%	16%	10%	10%	10%
Diagnosed with ADHD/ADD	0%	0%	N/A	2%*	10%	7%	12%	9%
Diagnosed with autism	0%	0%	N/A	2%*	1%	2%	N/A	3%
Diagnosed with behavioral or conduct problems	2%	2%	N/A	2%**	5%	3%	5%	4%
Diagnosed with vision problems that cannot be corrected	1%	2%	N/A	<1%	3%	6%	N/A	2%
Diagnosed with bone, joint, or muscle problems	1%	4%	N/A	1%	3%	4%	N/A	2%
Diagnosed with epilepsy	2%	0%	N/A	<1%	1%	1%	N/A	1%
Diagnosed with a head injury	2%	4%	N/A	<1%	1%	4%	N/A	<1%
Diagnosed with diabetes	0%	<1%	N/A	N/A	1%	<1%	N/A	<1%
Diagnosed with depression	0%	0%	N/A	<1%*	3%	2%	N/A	2%

N/A - Not available

* - Ages 2-5

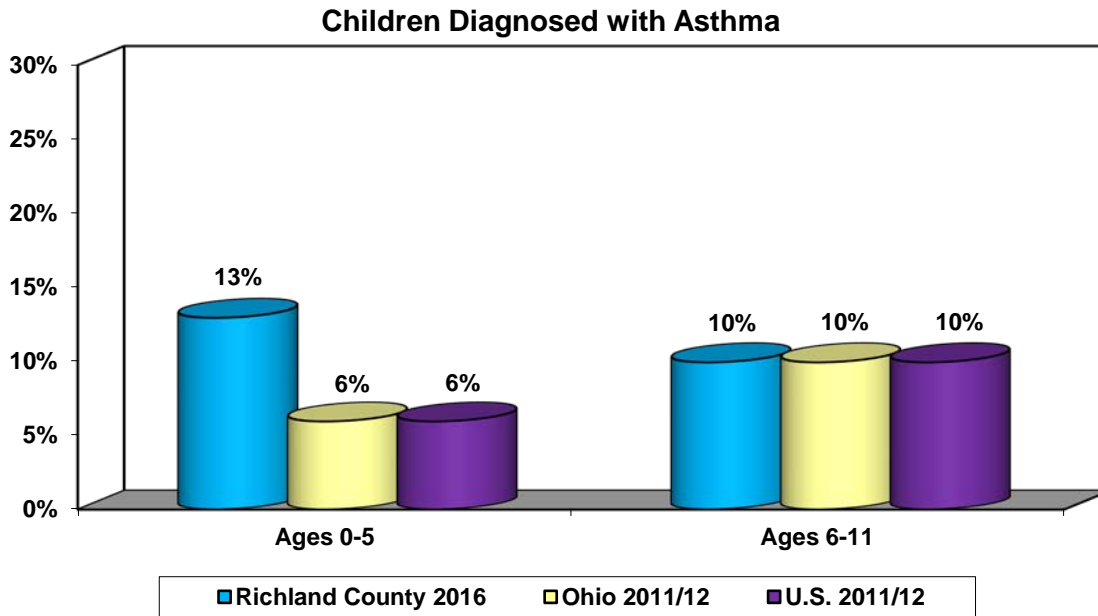
Oral Health

- During 2013–2014, 89 percent of children ages 5–11 had a dental visit in the past year, an 8 percentage point increase from 1999–2000. During 2013–2014, 87 percent of adolescents ages 12–17 had a dental visit in the past year, a 7 percentage point increase from 1999–2000.
- Between 1999–2000 and 2013–2014, the percentage of children and adolescents with a dental visit in the past year increased for all racial and ethnic groups, except Asian, non-Hispanic children and adolescents.
- Among children in 2013–2014, White, non-Hispanic children (90 percent) were more likely to have had a dental visit in the past year than Black, non-Hispanic (88 percent) and Hispanic (87 percent) children. The percentages of dental visits in the past year for American Indian or Alaska Native, non-Hispanic (93 percent) and Asian, non-Hispanic (87 percent) children were not different from those of other racial and ethnic groups.
- Among adolescents in 2013–2014, White, non-Hispanic adolescents (90 percent) were more likely to have had a dental visit in the past year than Black, non-Hispanic (84 percent); Asian, non-Hispanic (84 percent); and Hispanic (81 percent) adolescents. The percentage of dental visits in the past year for American Indian or Alaska Native, non-Hispanic adolescents (89 percent) was not significantly different from other racial and ethnic groups.

(Source: America's Children in Brief: Key National Indicators of Well-Being, 2016)

Asthma

The following graph shows that Richland County had a higher percentage of children ages 0-5 who were diagnosed with asthma than both Ohio and the U.S. The percentage of Richland County children ages 6-11 diagnosed with asthma were the same for both Ohio and the U.S.



Child I HEALTH INSURANCE, ACCESS, UTILIZATION AND MEDICAL HOME

Key Findings

In 2016, 7% of Richland County parents reported their 0-11 year old did not have health insurance. 7% of Richland County children received mental health care or counseling in the past year. 91% of Richland County children had received all their recommended vaccinations.

Health Insurance

- 7% of parents reported that their child did not currently have health insurance.
- Richland County children had the following types of health insurance: parent's employer (50%); Medicaid, Healthy Start, or other public health benefits (20%); someone else's employer (13%); self-paid (3%); Insurance Marketplace (1%); Medicare (1%); or some other source of insurance (1%).
- Parents reported their child's health insurance covered the following: doctor visits (97%), well visits (97%), hospital stays (96%), prescription coverage (95%), immunizations (94%), dental (85%), vision (77%), and mental health (77%).

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)

Access and Utilization

- 14% of parents reported their child did not get all the prescription medications they needed in the past year for the following reasons: their child did not need prescription medication (11%), no referral (1%), treatment is ongoing (<1%), cost (1%), no insurance (<1%), health plan problem (<1%), and other reasons (1%).
- 5% of Richland County parents reported their child did not get all of the medical care they needed in the past year. Parents reported the following reasons: no referral (1%), treatment is ongoing (1%), cost (3%), no insurance (1%), not available in area/transportation problems (1%), could not find a doctor who accepted child's insurance (1%), specialist not available (1%), health plan problems (<1%), and other reasons (1%).
- 2% of parents had missed medical appointments due to unreliable or lack of child care in the past 12 months.
- 7% of Richland County children received mental health care or counseling in the past year.
- 24% of parents reported their child needed to see a specialist. They faced the following challenges: distance to travel (10%), insurance (6%), too long of a wait (5%), could not get a referral (1%), and other (5%).
- Parents took their child to the hospital emergency room for the following: accidents, injury or poisoning (23%); fever/cold/flu (19%); ear infections (8%); broken bones (7%); primary care (4%); doctor told them to go (3%); asthma (3%); dental issue (2%); mental health (<1%); and other sick visits (12%).

- Over one-quarter (27%) of Richland County children had a flu vaccine during the past 12 months, increasing to 33% of those ages 0-5 years old.
- 91% of Richland County children had received all their recommended vaccinations.
- 9% of children did not get all their recommended vaccinations for the following reasons: child had received some, but not all recommended vaccinations (5%); parents chose to not vaccinate their child (5%); fear of negative effects (2%); alternate vaccination schedule used (<1%); and other reasons (1%). No one reported that it was too expensive, not knowing which are recommended or religious or cultural beliefs.

Medical Home

- 83% of parents reported they had one or more people they think of as their child’s personal doctor or nurse.
- 79% of children had visited their health care provider for preventive care in the past year.
- In 2016, 98% of Richland County parents reported that their child had one particular place they usually went if they were sick or needed advice about their health. They reported the following places: a private doctor’s office (82%), an urgent care center (4%), Mansfield Family Health (2%), Third Street Family Health Services (1%), Third Street Pediatrics (1%), Richland Public Health (<1%), Richland County Health Department Clinic (<1%), Shelby Health Department (<1%), a hospital emergency room (<1%), and some other kind of place (4%).
- 16% of parents reported their child needed the following special services in the past year: speech therapy (6%); physical therapy (5%); occupational therapy (5%); counseling (4%); medical equipment, such as a wheelchair (3%); special education (3%); home health nursing (2%); respite care (2%); out of home care (2%); psychiatry (1%); and mental health (1%).
- Of those parents who reported their child needed any type of special service, 27% needed services for their newborn to 2-year-old, 9% for their 3-5-year-old, and 41% for their 6-11-year-old.

Child Comparisons	Richland County 2011 Ages 0-5	Richland County 2016 Ages 0-5	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Richland County 2011 Ages 6-11	Richland County 2016 Ages 6-11	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Had public insurance	20%	26%	40%	44%	16%	18%	34%	37%
Been to doctor for preventive care in past year	85%	88%	94%	90%	70%	75%	86%	82%
Have a personal doctor or nurse	78%	84%	91%	91%	86%	83%	93%	90%

Child | EARLY CHILDHOOD (0-5 YEAR OLDS)

Key Findings

The following information was reported by parents of 0-5 year olds. 79% of mothers got prenatal care within the first three months during their last pregnancy. 8% of mothers smoked or used other tobacco products during their last pregnancy. 71% of parents put their child to sleep on his/her back. 29% of mothers never breastfed their child.

Progress on Childhood Obesity

- 1 in 8 preschoolers is obese in the US.
- Obesity among low-income preschoolers declined, from 2008 through 2011, in 19 of 43 states and territories.
- Children who are overweight or obese as preschoolers are 5 times as likely as normal weight children to be overweight or obese as adults.

(Source: CDC, Progress on Childhood Obesity, August 2013)

Early Childhood

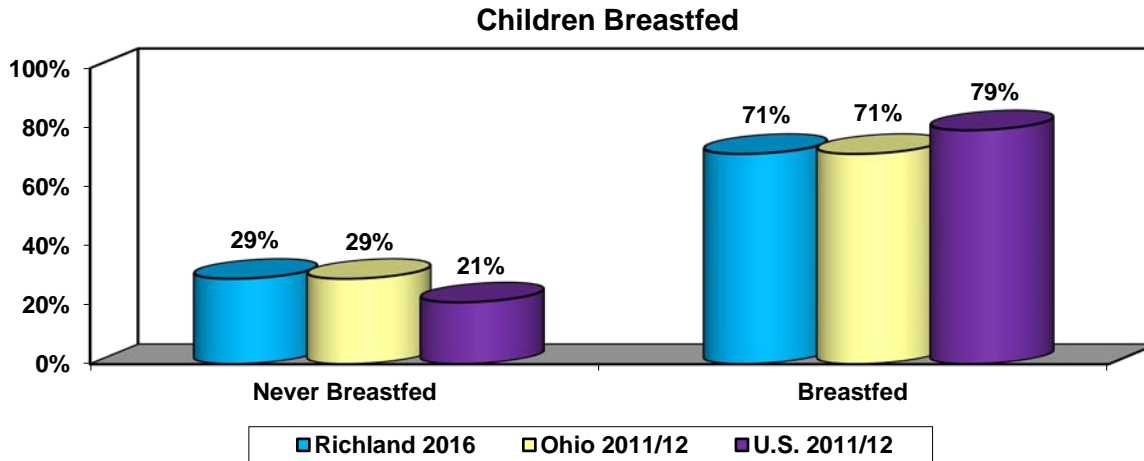
- The following information was reported by Richland County parents of 0-5 year olds.
- During their last pregnancy, mothers did the following: took a multi-vitamin with folic acid during pregnancy (83%), got prenatal care within the first 3 months (79%), took a multi-vitamin with folic acid pre-pregnancy (79%), got a dental exam (40%), received WIC services (27%), experienced depression during or after pregnancy (17%), took folic acid during pregnancy (15%), took folic acid pre-pregnancy (8%), and smoked cigarettes or use other tobacco products (8%).
- When asked how parents put their child to sleep as an infant, 71% said on their back, 14% said on their side, 5% said on their stomach, 4% said in bed with them or another person, and 5% said various methods.
- Children were put to sleep in the following places: crib/bassinette without bumper, blankets, or stuffed animals (63%); in bed with parent or another person (38%); crib/bassinette with bumper, blankets, or stuffed animals (36%); pack n' play (32%); swing (29%); car seat (25%); couch or chair (14%); and floor (7%).
- Mothers breastfed their child for the following lengths of time: more than 6 months (32%), 4 to 6 months (11%), 7 weeks to 3 months (9%), 3 to 6 weeks (11%), 2 weeks or less (5%), still breastfeeding (4%), and never breastfed (29%).
- Parents reported they read to their 0-5 year old child every day (40%), almost every day (34%), a few times a week (17%), and a few times a month (8%). 2% reported never reading to their child due to lack of interest from the child.
- Children 0-5 years old were more likely than children 6-11 years old to:
 - Have been diagnosed with asthma (13% compared to 10% of 6-11).
 - Have had a seasonal flu vaccine (33% compared to 25% of 6-11)
 - Have visited a doctor for preventive care in the past year (88% compared to 75% of 6-11).

Child Comparisons	Richland County 2011 0-5 years	Richland County 2016 0-5 years	Ohio 2011/12 0-5 years	U.S. 2011/12 0-5 years
Never breastfed their child	27%	29%	29%	21%
Parent reads to child every day	39%	40%	53%	48%

Breastfeeding

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

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



(Source: National Survey of Children's Health, Data Resource Center, and 2016 Richland County Health Assessment)

Facts about Breastfeeding

- 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 & Healthy Children, *Breastfeeding Benefits Your Baby's Immune System*, 8/22/16)

ABCs of Safe Sleep

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



Alone.

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.



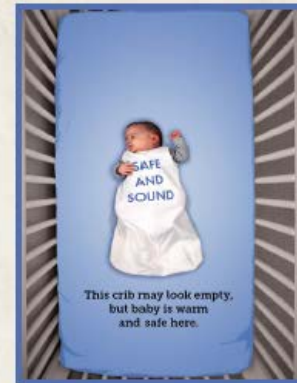
Back.

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.



Crib.

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)

Child | MIDDLE CHILDHOOD (6-11 YEARS OLD)

Key Findings

The following information was reported by Richland County parents of 6-11 year old's. In 2016, 75% of Richland County parents reported their child always feels safe at school. 43% of parents reported their child was bullied at some time in the past year. 90% of parents reported their child participated in extracurricular activities. 23% of parents reported their child had an email or a social network account.

Middle Childhood

- The following information was reported by Richland County parents of 6-11 year old's.
- 79% of parents of 6-11 year old's reported their child was physically active for at least 60 minutes on 3 or more days per week. 43% reported their child were physically active on 5 or more days and 17% said their child was physically active for at least 60 minutes every day per week. 1% reported no physical activity.
- 90% of parents reported their 6-11 year old child participated in extracurricular activities in the past year. Their child participated in the following: a sports team or sports lessons (69%), a religious group (38%), a club or organization such as Scouts (29%), Boys/Girls Club (5%), and some other organized activity (28%).
- Children missed school an average of 1.5 days per year because of illness or injury.
- 55% of parents reported that they thought the topic of the reproductive system should be covered with their child when they were in grades 6-8. 29% thought it should be covered when their child was in grades 3-5. 4% thought it should never be discussed.
- 56% of parents reported that they thought the topic of abstinence and refusal skills should be covered with their child when they were in grades 6-8. 24% thought it should be covered in Grades 3-5, and 9% preferred grades 9-12. 1% thought it should never be discussed.
- 53% of parents reported that they thought the topic of birth control and the use of condoms should be covered with their child when they were in grades 6-8. 32% thought it should be covered in grades 9-12. 12% thought it should never be discussed.
- 75% of parents reported they felt their child was always safe at school. 23% reported usually, 1% reported sometimes, and 1% reported they felt their child was never safe at school.
- 41% of parents reported their child was never unhappy, sad or depressed in the past month. 52% reported sometimes, 1% reported usually, and 6% reported they did not know.
- Parents reported their child read almost every day (82%), a few times a week (14%), a few times a month (1%), almost never-child has no interest (1%), and almost never-child cannot read (2%).

National Survey of Children's Health 2011/12

- 10% of Ohio and 9% of U.S. parents of 6-11 year old's 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 old's 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 old's reported they felt their child was usually or always safe at school.

(Source: National Survey of Children's Health, 2011/12)

- 43% of parents reported their child was bullied in the past year. The following types of bullying were reported:
 - 28% were verbally bullied (teased, taunted or called harmful names)
 - 16% were indirectly bullied (spread mean rumors about or kept out of a “group”)
 - 10% 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)
 - <1% 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)
- 9% of parents reported they did not know if their child was bullied.
- Parents reported that their child spent the following amount of time unsupervised after school on the average school day: less than one hour (20%), 1 to 2 hours (7%), 3 to 4 hours (<1%), more than 4 hours (<1%). 72% of parents reported that their child was never unsupervised after school.
- Nearly one-quarter (23%) of parents of 6-11 year old’s reported their child had a social media or other virtual network account. Of those who had an account, parents reported the following: they had their child’s password (89%), they knew all the people in their child’s “my friends” (62%), their child’s account was checked private (60%), their child’s friends have their password (2%), and their child had a problem because of their account (2%). 2% of parents reported they did not know if their child had a social network account.
- Parents discussed the following topics with their 6 to 11 year old child in the past year: eating habits (69%), screen time (58%), tobacco use (46%), alcohol use (42%), body image (41%), marijuana and other drugs (41%), refusal skills (34%), prescription drug misuse (19%), dating and relationships (19%), abstinence and how to refuse sex (11%), condoms/safe sex/STD prevention (2%), and birth control (2%). 9% of parents did not discuss any of these topics with their 6 to 11 year old child.
- 9% of Richland County parents contacted an agency to help with problems for their child. They contacted the following: child’s school (8%), mental health (2%), faith based agency (2%), children’s services (2%), juvenile court (<1%) and law enforcement (<1%).
- Children 6-11 years old were more likely than children 0-5 years old to have:
 - ADD or ADHD (7% compared to 0% of 0-5).
 - Gone to the dentist in the past year (87% compared to 43% of 0-5).

Child Comparisons	Richland County 2011 6-11 Years	Richland County 2016 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	14%	25%	20%	23%
Parent felt child was usually/always safe at school	94%	98%	96%	94%

Child I FAMILY FUNCTIONING, NEIGHBORHOOD AND COMMUNITY CHARACTERISTICS

Key Findings

In 2016, 97% of parents reported their 0-11 child slept 7 or more hours per night. 1% of parents reported their child went to bed hungry at least one day per week because they did not have enough money for food, increasing to 8% of those with those with incomes less than \$25,000. 11% of parents reported they received benefits from the SNAP/food stamps program.

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)

Family Functioning

- 97% of parents reported their child slept 7 or more hours per night.
- 60% of parents reported that they or another family member had taken their child on an outing including the park, library, zoo, shopping, church, a restaurant and family gatherings three or more times in the past week, decreasing to 38% of those with incomes less than \$25,000.
- 1% of parents reported their child went to bed hungry at least one day per week because they did not have enough money for food, increasing to 8% of those with those with incomes less than \$25,000.
- 41% of parents reported that every family member who lived in their household ate a meal together every day of the week. Families ate a meal together an average of 5.3 times per week.
- Parents reported their child regularly attended the following: elementary school (72%), child care outside of their home provided by a relative other than a parent or guardian (25%), child care in their home provided by a relative other than a parent/guardian (20%), family-based child care outside of home (10%), child care in their home provided by a baby sitter (8%), nursery school, pre-school, or kindergarten (7%), child care center (6%), and Head Start or Early Start program (<1%).
- Parents reported the following forms of discipline they used for their child: take away privileges (67%), grounding (66%), time out/thinking chair (47%), wash mouth out (46%), spanking (45%), yelling (32%) and other methods (33%).

Neighborhood and Community Characteristics

- Richland County parents had the following rules about smoking in their home: no one is allowed to smoke inside their home at any time (76%), smoking is allowed anywhere (8%), smoking is not allowed when children are present (7%), and smoking is allowed in some rooms only (2%).

- Richland County parents had the following rules about smoking in their car: no one is allowed to smoke inside their car at any time (72%), smoking is not allowed when children are present (6%), smoking is allowed as long as a window is open (2%), and smoking is allowed anywhere (1%).

Children and Smoking

- 63% of Ohio children ages 0-5 do not have anyone that smokes in their household. 27% has someone in their household that smokes, but does not smoke inside the child's house. 10% have someone that smokes in their household and smokes inside the child's house.
- 66% of Ohio children ages 6-11 do not have anyone that smokes in their household. 18% have someone that smokes in their household, but doesn't smoke inside the child's home. 16% have someone that smokes in the household, and smokes inside the home of the child.
- For U.S. children ages 0-5, 74% have no one that smokes in their household. 21% have someone that smokes in their household, but does not smoke inside the house. 5% have someone that smokes in the household, and smokes inside the child's home
- For U.S. children ages 6-11, 75% have no one that smokes in their household. 18% have someone that smokes in their household, but does not smoke inside the house. 8% have someone that smokes in the household, and smokes inside the child's house.

(Source: National Survey of Children's Health, Data Resource Center, 2011/2012)

- 21% of parents reported their neighborhood was unsafe due to the following concerns: drugs/alcohol activity (24%), lack of sidewalks (10%), high traffic (8%), registered sex offenders (7%), vacant lots and theft (7%), bullying (6%), lack of safe play areas (5%), loud/disrespectful noises (5%), houses (5%), crime (5%), gangs (2%), disruptive behavior (2%), domestic violence (2%), and violence (1%).
- In the past year, parents reported that someone in the household received the following: free or reduced cost breakfast or lunches at school (19%), SNAP/food stamps (11%), benefits from WIC program (6%), mental health/substance abuse treatment (3%), Help Me Grow (2%), subsidized childcare through Richland County JFS (3%) cash assistance from a welfare program (2%) and Head Start/Early Head Start (1%).
- Richland County parents reported their child experienced the following adverse childhood experiences (ACEs): their parents became separated or were divorced (25%); lived with someone who had a problem with alcohol or drugs (16%); lived with someone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks (14%); lived with a parent/guardian who served time or was sentenced to serve time in prison or jail after they were born (14%); lived with a parent/guardian who died (12%); were treated or judged unfairly because his/her ethnic group (7%); seen or heard any parents or adults in their home hit, beat, kicked, or physically hurt each other (4%); and been the victim of violence or witness violence in their neighborhood (3%).
- 20% of Richland County parents reported their child had 2 or more Adverse Childhood Experiences (ACEs), increasing to 26% of those with income less than \$25,000.

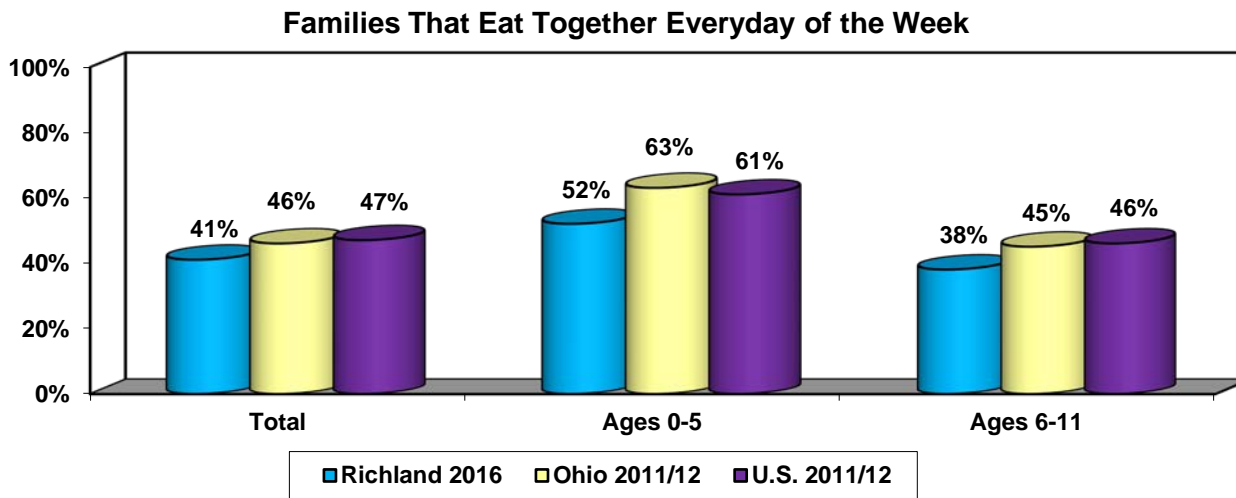
Child Comparisons	Richland County 2011 0-5 Years	Richland County 2016 0-5 Years	Ohio 2011/12 0-5 Years	U.S. 2011/12 0-5 Years	Richland County 2011 6-11 Years	Richland County 2016 6-11 Years	Ohio 2011/12 6-11 Years	U.S. 2011/12 6-11 Years
Family eats a meal together every day of the week	47%	52%	63%	61%	44%	38%	45%	46%
2 or more Adverse Childhood Experiences	N/A	20%	15%	13%	N/A	20%	26%	24%

N/A – Not available

Family Meals

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

- Richland County families ate a meal together less frequently than Ohio and U.S. families.



(Source: National Survey of Children's Health & 2016 Richland County Health Assessment)

Adverse Childhood Experiences (ACEs)

- Childhood abuse, neglect, and exposure to other traumatic stressors which we term adverse childhood experiences (ACEs) 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.
- Studies are finding that there is a repetitive dose-response relationship as the number of ACE's increase. A dose-response means that as the dose of the stressor increases, the intensity of the outcome will increase as well. As the number of ACEs increase so does the risk for the following:
 - Myocardial Infarction
 - Mental Distress
 - Unemployment
 - Diabetes
 - Asthma
 - Disability
 - Stroke
 - Lowered educational attainment

(Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey ACE Data, 2009-2014. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2015)

Child | PARENT HEALTH

Key Findings

In 2016, 22% of Richland County parents were uninsured. 60% of Richland County parents experienced challenges in the day to day demands of parenthood and raising children.

Parent Health

- Those filling out the survey had the following relationship to the child: mother (77%), father (20%) and grandparent (3%).
- Two-thirds (68%) of parents rated their health as excellent or very good, decreasing to 53% of parents with incomes less than \$25,000. 9% of parents rated their health as fair or poor.
- 75% of parents rated their mental and emotional health as excellent or very good. 5% rated their mental and emotional health as fair or poor.
- 2% of mothers and 0% of fathers of 0-5 year old's rated their mental and emotional health as fair or poor. 6% of mothers and 4% of fathers of 6-11 year old's rated their mental or emotional health as fair or poor.
- 22% of parents were uninsured.
- 60% of Richland County parents experienced challenges in the day to day demands of parenthood and raising children. Parents reported the following challenges: financial burdens (28%), demands of multiple children (27%), working long hours (24%), managing child's behavior (15%), being a single parent (12%), affordable housing (9%), mental health (5%), lack of parental support (5%), child has special needs (4%), difficulty with lifestyle changes (3%), loss of freedom (3%), post-partum depression (2%), move a lot (1%), domestic violence relationship (1%), alcohol and/or drug abuse (1%), and other challenges (2%).
- 57% of Richland County parents reported they were physically active for at least 30 minutes on 3 or more days per week. 28% were physically active on 5 or more days, and 11% were physically active for at least 30 minutes every day per week. 12% reported no physical activity.
- In the past year, parents missed work on 1 or more days due to the following: child's illness or injury (37%), child's medical appointments (27%), chronic illness (i.e. asthma) (4%), unreliable/lack of child care (3%), and behavioral/emotional problems (2%).

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

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

(Source: National Survey of Children's Health, 2011/12)

Child Comparisons	Richland County 2011 0-5 Years	Richland County 2016 0-5 Years	Ohio 2011/12 0-5 Years	U.S. 2011/12 0-5 Years	Richland County 2011 6-11 Years	Richland County 2016 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	6%	2%	7%	7%	5%	6%	10%	8%
Father's mental or emotional health is fair/poor	0%	0%	N/A	3%	2%	4%	7%	5%

N/A – Not available

Appendix I | RICHLAND COUNTY HEALTH ASSESSMENT INFORMATION SOURCES

Source	Data Used	Website
American Association of Suicidology	<ul style="list-style-type: none"> Suicide Facts 	www.suicidology.org/Portals/14/docs/Resources/FactSheets/2015/2015datapgsv1.pdf
American Cancer Society	<ul style="list-style-type: none"> Electronic Cigarettes and Teenagers 2016 Cancer Facts, Figures, and Estimates Nutrition Recommendations 	www.cancer.org
American College of Allergy, Asthma & Immunology	<ul style="list-style-type: none"> Asthma Facts 	acaai.org/news/facts-statistics/asthma
American Dental Association	<ul style="list-style-type: none"> Oral Health in Older Adults 	www.researchamerica.org/sites/default/files/Oral%20Health%20in%20Older%20Americans.pdf
American Diabetes Association	<ul style="list-style-type: none"> Type 1 and 2 Diabetes Risk Factors for Diabetes Diabetes Facts African Americans & Complications 	www.diabetes.org
American Heart Association, 2015	<ul style="list-style-type: none"> Smoke-free Living: Benefits & Milestones High Blood Pressure and African Americans 	www.heart.org/HEARTORG/HealthyLiving/QuitSmoking/YourNonSmokingLife/Smoke-free-Living-Benefits-Milestones_UCM_322711_Article.jsp
Arthritis at a Glance, 2016	<ul style="list-style-type: none"> Arthritis: Improving the Quality of Life for People with Arthritis 	www.cdc.gov/chronicdisease/resources/publications/aag/pdf/2016/aag-arthritis.pdf
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 - 2015 Adult Ohio and U.S. Correlating Statistics 	www.cdc.gov

APPENDIX I

Source	Data Used	Website
Brady Campaign to Prevent Gun Violence	<ul style="list-style-type: none"> Victims of Gun Violence 	www.bradycampaign.org/sites/default/files/brady-gun-deaths-fact-sheet_jan2017.pdf
Caron Pennsylvania	<ul style="list-style-type: none"> Characteristics of New Marijuana Users 	www.caron.org/understanding-addiction/drug-addiction/marijuana
Center for Disease Control and Prevention (CDC)	<ul style="list-style-type: none"> Adverse Childhood Experience(ACE) Asthma Attacks Binge Drinking Among Women Caffeinated Alcohol Beverages Cancer and Men Distracted Driving Electronic Cigarettes and Teenagers Health Care Access Among the Employed and Unemployed Health Care Access and Utilization Heads UP: Concussion in Youth Sports High Blood Pressure 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, Adolescent and School Health, 2016	<ul style="list-style-type: none"> Sexual Risk Behavior Youth Physical Activity Facts 	www.cdc.gov/healthy-youth/
CDC, Arthritis	<ul style="list-style-type: none"> Key Public Health Messages 	www.cdc.gov/arthritis/basics/key.htm
CDC, Injury Center: Violence Prevention 2015	<ul style="list-style-type: none"> Youth Suicide 	www.cdc.gov/ViolencePrevention/suicide/youth_suicide.html
CDC, National Center for Health Statistics	<ul style="list-style-type: none"> Men's Health 	www.cdc.gov/nchs/facts/
CDC, Physical Activity for Everyone	<ul style="list-style-type: none"> Physical Activity Recommendations 	www.cdc.gov/physicalactivity/basics/adults/

Source	Data Used	Website
CDC, Sexually Transmitted Diseases Surveillance, 2015	<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/hpv/parents/vaccinesafety.html
CDC, Wonder	<ul style="list-style-type: none"> About Underlying Cause of Death, 1999-2014 	wonder.cdc.gov/ucd-icd10.html
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/kit
Enough is Enough: Internet Safety 101	<ul style="list-style-type: none"> Texting While Driving Statistics and Information 	www.internetsafety101.org/textinganddriving.htm
Health Indicators Warehouse	<ul style="list-style-type: none"> 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
Truth Initiative	<ul style="list-style-type: none"> Tobacco Fact Sheet 	http://truthinitiative.org/topics/tobacco-products/e-cigarettes
MedlinePlus	<ul style="list-style-type: none"> Talking to your teen about drinking 	www.nlm.nih.gov/medlineplus/ency/patientinstructions/000505.htm
National Association for the Advancement of Colored People (NAACP)	<ul style="list-style-type: none"> Health Care Fact Sheet: Health Disparities 	https://donate.naacp.org/pages/health-care-fact-sheet
National Center for Health Statistics	<ul style="list-style-type: none"> Health of Black or African American non-Hispanic Population 	www.cdc.gov/nchs/fatsats/black-health.htm
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 Drug Facts: Drugged Driving 	www.drugabuse.gov

Source	Data Used	Website
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://Richland.oh.networkofcare.org/ph/county-indicators.aspx#cat1
Office of Health Transformation	<ul style="list-style-type: none"> Ohio Medicaid Assessment Survey 	http://grc.osu.edu/OMAS/2015Survey
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 Department of Health, Information Warehouse	<ul style="list-style-type: none"> Richland 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"> Richland County Dental Care Resources 	http://publicapps.odh.ohio.gov/oralhealth/default.aspx
Ohio Department of Job & Family Services	<ul style="list-style-type: none"> Richland County and Ohio Medicaid Statistics 	http://jfs.ohio.gov/County/cntypro/pdf13/Richland.stm
Ohio Department of Public Safety	<ul style="list-style-type: none"> 2015 Richland County and Ohio Crash Facts OSHP Computer-Aided Dispatch (CAD) System 	http://ohiohighwaysafetyoffice.ohio.gov/ots_o_annual_crash_facts.stm
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 Richland County Activity Statistics 	http://statepatrol.ohio.gov/
Ohio Suicide Prevention Foundation	<ul style="list-style-type: none"> Suicide Deaths by Gender and Age Group 	www.ohiospf.org/content.php?pageurl=ohio_statistics

Source	Data Used	Website
Psychology Today	<ul style="list-style-type: none"> Teen Angst Teen Binge Drinking: All Too Common 	www.psychologytoday.com
RESPECT	<ul style="list-style-type: none"> Bullying Definitions 	http://respect2all.org/bullying-definitions/
Teens Health	<ul style="list-style-type: none"> Sexual Harassment and Sexual Bullying 	http://kidshealth.org/teen/sexual_health/guys/harassment.html
University of Minnesota, Institute on Domestic Violence in the African American Community	<ul style="list-style-type: none"> Intimate Partners Violence (IPV) Risk Factors in the African American Community 	www.idvaac.org/media/publications/FactSheet.IDVAAC_AAPCFV-Community%20Insights.pdf
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> American Community Survey 5 year estimate, 2010-2014 Ohio and Richland County 2014-2014 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&humanservices.pdf
U.S. Department of Health and Human Services, National Center for Health Statistics Data Brief	<ul style="list-style-type: none"> Electronic Cigarette Use Among Adults, United States. 2014 	https://www.cdc.gov/nchs/products/databriefs/db217.htm
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 - 2015 youth Ohio and U.S. correlating statistics 	https://nccd.cdc.gov/YouthOnline/App/Default.aspx

Appendix II | RICHLAND COUNTY ACRONYMS AND TERMS

AHS	A ccess to H ealth S ervices, 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	A rthritis, O steoporosis, and C hronic B ack C onditions, Topic of Healthy People 2020 objectives
BMI	B ody M ass I ndex is defined as the contrasting measurement/relationship of weight to height.
BRFSS	B ehavior R isk F actor S urveillance S ystem, an adult survey conducted by the CDC.
CDC	C enters for D isease C ontrol and P revention.
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
CY	C alendar Y ear
DRE	D igital R ectal E xam
FY	F iscal Y ear
HCNO	H ospital C ouncil of N orthwest O hio
HDS	H eat D isease and S troke, Topic of Healthy People 2020 objectives
HP 2020	H ealthy P eople 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 ≥ 140 and Diastolic ≥ 90
IID	I mmunizations and I nfectious D iseases, Topic of Healthy People 2020 objectives
IVP	I njury and V iolence P revention, Topic of Healthy People 2020 objectives
MHMD	M ental H ealth and M ental D isorders, Topic of Healthy People 2020 objectives
N/A	Data is not available.

NWS	N utrition and W eight S tatus, Topic of Healthy People 2020 objectives
OARRS	O hio A utomated Prescription (Rx) R eporting S ystem
ODH	O hio D epartment of H ealth
OSHP	O hio S tate H ighway P atrol
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	S ubstance A buse, Topic of Healthy People 2020 objectives
TU	T obacco U se, 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	Y ears of P otential L ife L ost before age 65. Indicator of premature death.
Youth BMI Classifications	U nder w eight is defined as BMI-for-age \leq 5 th percentile O ver w eight is defined as BMI-for-age 85 th percentile to < 95 th percentile. O bese is defined as \geq 95 th percentile.
YRBSS	Y outh R isk B ehavior S urveillance S ystem, a youth survey conducted by the CDC

Appendix III | METHODS FOR WEIGHTING THE 2016 RICHLAND 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 2016 Richland County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Richland 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 Richland 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 2016 Richland County Survey and the 2015 Census estimates.

<u>2016 Richland Survey</u>			<u>2015 Census Estimate</u>		<u>Weight</u>
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	493	48.95730	61,944	50.64425	1.03446
Female	514	51.04270	60,368	49.35575	0.96695

In this example, it shows that there was a slightly larger portion of females in the sample compared to the actual portion in Richland County. The weighting for males was calculated by taking the percent of males in Richland County (based on Census information) (50.64425%) and dividing that by the percent found in the 2016 Richland County sample (48.95730%) [$50.64425/48.95730 =$ weighting of 1.03446 for males]. The same was done for females [$49.35575/51.04270 =$ weighting of 0.96695 for females]. Thus males' responses are weighted heavier by a factor of 1.03446 and females' responses weighted less by a factor of 0.96695.

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 1.757426 [0.96695 (weight for females) x 1.00182 (weight for White) x 2.00388 (weight for age 35-44) x 0.90534 (weight for income \$50-\$75k)]. Thus, each individual in the 2016 Richland County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 23.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for 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	Richland Sample	%	2014 Census *	%	Weighting Value
Sex:					
Male	493	48.95730	61,944	50.64425	1.03446
Female	514	51.04270	60,368	49.35575	0.96695
Age:					
20-24	19	1.85910	7,514	8.10939	4.36200
25-34	60	5.87084	14,795	15.96732	2.71977
35-44	81	7.92564	14,716	15.88206	2.00388
45-54	159	15.55773	17,112	18.46791	1.18706
55-59	122	11.93738	8,634	9.31814	0.78058
60-64	144	14.09002	8,339	8.99976	0.63873
65+	437	42.75930	21,548	23.25541	0.54387
Race:					
White	901	86.05540	105,448	86.21231	1.00182
African American	87	8.30946	9,094	7.43508	0.89477
Other	59	5.63515	7,770	6.35261	1.12732
Household Income:					
Less than \$10,000	53	5.59072	4055	8.42983	1.50783
\$10k-\$15k	76	8.01688	2721	5.65661	0.70559
\$15k-\$25k	125	13.18565	6,772	14.07812	1.06768
\$25k-\$35k	123	12.97468	6,419	13.34428	1.02849
\$35k-\$50	157	16.56118	7,909	16.44180	0.99279
\$50k-\$75k	194	20.46414	8,912	18.52691	0.90534
\$75k-\$99k	100	10.54852	5,615	11.67287	1.10659
\$100k-\$149k	92	9.70464	4,152	8.63148	0.88942
\$150k or more	28	2.95359	1,548	3.21809	1.08955

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

* Richland County population figures taken from the 2015 American Community Survey Estimates of the U.S. Census.

Appendix IV | RICHLAND COUNTY SCHOOLS

The following schools were randomly chosen and agreed to participate in the 2016/17 Richland County Health Assessment:

Clearfork Valley Local
Clear Fork High School
Clearfork Middle School

Crestview Local
Crestview High School

Lexington Local
Lexington High School
Lexington Junior High School

Lucas Local
Lucas High School

Mansfield City
Mansfield High School
Mansfield Middle School

Ontario Local
Ontario Middle School

Plymouth-Shiloh Local
Plymouth High School

Shelby City
Shelby High School
Shelby Middle School

Appendix V | RICHLAND COUNTY

SAMPLE DEMOGRAPHIC PROFILE*

Variable	2016 Survey Sample	Richland County Census 2015 (1 year estimate)	Ohio Census 2015
Age			
20-29	13.6%	12.0%	13.3%
30-39	17.4%	12.9%	12.2%
40-49	14.3%	11.5%	12.5%
50-59	19.4%	13.7%	14.3%
60 plus	30.5%	25.8%	22.4%
Race/Ethnicity			
White	87.2%	86.2%	82.0%
Black or African American	8.1%	6.6%	12.3%
American Indian and Alaska Native	3.3%	0.2%	0.2%
Asian	0.7%	0.9%	2.0%
Other	2.3%	0.7%	0.8%
Hispanic Origin (may be of any race)	2.3%	1.8%	3.5%
Marital Status†			
Married Couple	55.4%	47.1%	47.5%
Never been married/member of an unmarried couple	22.7%	27.0%	32.1%
Divorced/Separated	13.5%	17.4%	14.0%
Widowed	6.5%	8.4%	6.4%
Education†			
Less than High School Diploma	6.0%	13.6%	10.3%
High School Diploma	33.8%	40.7%	33.7%
Some college/ College graduate	58.1%	45.7%	56.0%
Income (Families)			
\$14,999 and less	12.5%	5.2%	7.7%
\$15,000 to \$24,999	9.8%	10.1%	7.4%
\$25,000 to \$49,999	24.5%	28.5%	22.1%
\$50,000 to \$74,999	16.0%	23.1%	20.2%
\$75,000 or more	24.7%	33.2%	44.7%

* 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 Richland 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 | DEMOGRAPHIC INFORMATION

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

Age	Total	Males	Females
Richland County	124,475	62,927	61,548
0-4 years	7,458	3,790	3,668
1-4 years	6,032	3,043	2,989
< 1 year	1,426	747	679
1-2 years	2,953	1,462	1,491
3-4 years	3,079	1,581	1,498
5-9 years	7,627	3,917	3,710
5-6 years	3,018	1,554	1,464
7-9 years	4,609	2,363	2,246
10-14 years	7,886	4,028	3,858
10-12 years	4,717	2,425	2,292
13-14 years	3,169	1,603	1,566
12-18 years	11,492	5,991	5,501
15-19 years	8,365	4,448	3,917
15-17 years	5,048	2,632	2,416
18-19 years	3,317	1,816	1,501
20-24 years	7,192	3,954	3,238
25-29 years	7,338	4,117	3,221
30-34 years	7,420	4,084	3,336
35-39 years	7,517	4,052	3,465
40-44 years	8,134	4,315	3,819
45-49 years	9,069	4,667	4,402
50-54 years	9,652	4,917	4,735
55-59 years	8,796	4,281	4,515
60-64 years	7,761	3,703	4,058
65-69 years	5,786	2,712	3,074
70-74 years	4,785	2,174	2,611
75-79 years	3,864	1,643	2,221
80-84 years	3,064	1,230	1,834
85-89 years	1,825	622	1,203
90-94 years	738	236	502
95-99 years	179	35	144
100-104 years	19	2	17
105-109 years	0	0	0
110 years & over	0	0	0
Total 85 years and over	2,761	895	1,866
Total 65 years and over	20,260	8,654	11,606
Total 19 years and over	94,722	47,603	47,119

RICHLAND COUNTY PROFILE

General Demographic Characteristics (Source: U.S. Census Bureau, Census 2015)

2015 ACS 1-year estimate

Total Population

2015 Total Population	121,707	100%
2000 Total Population	128,852	100%

Largest City- Mansfield

2015 Total Population	47,150	100%
2000 Total Population	49,346	100%

Population By Race/Ethnicity

Total Population	121,707	100%
White Alone	105,515	86.7%
Hispanic or Latino (of any race)	2,205	1.8%
African American	8,063	6.6%
American Indian and Alaska Native	191	0.2%
Asian	1,070	0.9%
Two or more races	6,075	5.0%
Other	793	0.7%

Population By Age 2010

Under 5 years	7,458	6.0%
5 to 17 years	20,561	16.5%
18 to 24 years	10,509	8.4%
25 to 44 years	30,409	24.4%
45 to 64 years	35,278	28.3%
65 years and more	20,260	16.3%
Median age (years)	40.9	

Household By Type

Total Households	46,989	100%
Family Households (families)	28,748	61.2%
With own children <18 years	10,071	21.4%
Married-Couple Family Households	21,802	46.4%
With own children <18 years	6,332	13.5%
Female Householder, No Husband Present	5,539	11.8%
With own children <18 years	2,837	6.0%
Non-family Households	18,241	38.8%
Householder living alone	15,078	32.1%
Householder 65 years and >	6,850	14.8%
Households With Individuals < 18 years	12,724	27.1%
Households With Individuals 65 years and >	16,121	34.3%
Average Household Size	2.44 people	
Average Family Size	3.06 people	

General Demographic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2015)

2015 ACS 1-year estimate

Median Value of Owner-Occupied Units	\$102,600
Median Monthly Owner Costs (With Mortgage)	\$962
Median Monthly Owner Costs (Not Mortgaged)	\$403
Median Gross Rent for Renter-Occupied Units	\$640
Median Rooms Per Housing Unit	5.9
Total Housing Units	54,204
No Telephone Service	1,164
Lacking Complete Kitchen Facilities	163
Lacking Complete Plumbing Facilities	101

Selected Social Characteristics
(Source: U.S. Census Bureau, Census 2015)

2015 ACS 1-year estimates

School Enrollment

Population 3 Years and Over Enrolled In School	27,386	100%
Nursery & Preschool	1,545	5.6%
Kindergarten	1,267	4.6%
Elementary School (Grades 1-8)	12,459	45.5%
High School (Grades 9-12)	6,767	24.7%
College or Graduate School	5,348	19.5%

Educational Attainment

Population 25 Years and Over	84,510	100%
< 9 th Grade Education	3,333	3.9%
9 th to 12 th Grade, No Diploma	8,206	9.7%
High School Graduate (Includes Equivalency)	34,384	40.7%
Some College, No Degree	18,740	22.2%
Associate Degree	7,680	9.1%
Bachelor's Degree	8,086	9.6%
Graduate Or Professional Degree	4,081	4.8%

Percent High School Graduate or Higher	*(X)	86.3%
Percent Bachelor's Degree or Higher	*(X)	14.4%

*(X) - Not available

Selected Social Characteristics, Continued
(Source: U.S. Census Bureau, Census 2015)

2015 ACS 1-year estimate

Marital Status

Population 15 Years and Over	100,002	100%
Never Married	27,039	27.0%
Now Married, Excluding Separated	47,098	47.1%
Separated	3,412	3.4%
Widowed	8,407	8.4%
Female	6,808	6.8%
Divorced	14,046	14.0%
Female	8,170	8.2%

Veteran Status

Civilian Veterans 18 years and over	8,680	9.1%
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Disability Status of the Civilian Non-institutionalized Population

Total Civilian Noninstitutionalized Population	115,152	100%
With a Disability	17,548	14.0%
Under 18 years	26,296	100%
With a Disability	1,405	5.3%
18 to 64 years	67,072	100%
With a Disability	8,297	12.4%
65 Years and Over	21,784	100%
With a Disability	7,846	36.0%

Selected Economic Characteristics
(Source: U.S. Census Bureau, Census 2015)

2015 ACS 1-year estimate

Employment Status

Population 16 Years and Over	98,229	100%
In Labor Force	55,108	56.1%
Not In Labor Force	43,121	43.9%
Females 16 Years and Over	48,427	100%
In Labor Force	25,655	53.0%
Population Living With Own Children <6 Years	7,626	100%
All Parents In Family In Labor Force	4,499	59.0%

Selected Economic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2015)

2015 ACS 1-year estimate

Occupations

Employed Civilian Population 16 Years and Over	51,798	100%
Production, Transportation, and Material Moving Occupations	11,833	22.8%
Management, business, science, and art occupations	12,593	24.3%
Sales and Office Occupations	11,856	22.9%
Service Occupations	10,991	21.2%
Natural Resources, Construction, and Maintenance Occupations	4,525	8.7%

Leading Industries

Employed Civilian Population 16 Years and Over	51,798	100%
Manufacturing	10,293	19.9%
Educational, health and social services	12,235	23.6%
Trade (retail and wholesale)	7,508	14.5%
Arts, entertainment, recreation, accommodation, and food services	5,755	11.1%
Professional, scientific, management, administrative, and waste management services	2,946	5.7%
Transportation and warehousing, and utilities	2,461	4.8%
Finance, insurance, real estate and rental and leasing	2,372	4.6%
Other services (except public administration)	2,146	4.1%
Construction	2,440	4.7%
Public administration	2,109	4.1%
Information	810	1.6%
Agriculture, forestry, fishing and hunting, and mining	723	1.4%

Class of Worker

Employed Civilian Population 16 Years and Over	51,798	100%
Private Wage and Salary Workers	42,903	82.8%
Government Workers	5,968	11.5%
Self-Employed Workers in Own Not Incorporated Business	2,927	5.7%
Unpaid Family Workers	0	0%

Median Earnings

Male, Full-time, Year-Round Workers	\$42,310
Female, Full-time, Year-Round Workers	\$31,632

Selected Economic Characteristics, Continued
 (Source: U.S. Census Bureau, Census 2015)

2015 ACS 1-year estimate

Income 2015

Households	46,989	100%
< \$10,000	3,198	6.8%
\$10,000 to \$14,999	1,685	3.6%
\$15,000 to \$24,999	6,524	13.9%
\$25,000 to \$34,999	6,126	13.0%
\$35,000 to \$49,999	7,921	16.9%
\$50,000 to \$74,999	9,572	20.4%
\$75,000 to \$99,999	6,198	13.2%
\$100,000 to \$149,999	4,621	9.8%
\$150,000 to \$199,999	471	1.0%
\$200,000 or more	673	1.4%
Median Household Income	\$45,155	

Income 2015

Families	28,748	100%
< \$10,000	1,176	4.1%
\$10,000 to \$14,999	320	1.1%
\$15,000 to \$24,999	2,899	10.1%
\$25,000 to \$34,999	3,015	10.5%
\$35,000 to \$49,999	5,178	18.0%
\$50,000 to \$74,999	6,645	23.1%
\$75,000 to \$99,999	4,768	16.6%
\$100,000 to \$149,999	3,755	13.1%
\$150,000 to \$199,999	369	1.3%
\$200,000 or more	623	2.2%

Median Household Income (families) **\$57,093**

Per Capita Income 2015 **\$23,725**

Poverty Status In 2015

	Number Below Poverty Level	% Below Poverty Level
Families	*(X)	9.1%
Individuals	*(X)	14.2%
*(X) – Not available		

Selected Economic Characteristics, Continued
(Source: U.S. Bureau of Economic Analysis)

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

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2015	\$35,588	61 st of 88 counties
BEA Per Capita Personal Income 2014	\$34,596	61 st of 88 counties
BEA Per Capita Personal Income 2013	\$33,223	62 nd of 88 counties
BEA Per Capita Personal Income 2012	\$33,009	57 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)

Poverty Rates, 5-year averages 2010 to 2014

Category	Richland	Ohio
Population in poverty	17.0%	15.8%
< 125% FPL (%)	22.6%	20.3%
< 150% FPL (%)	27.1%	24.8%
< 200% FPL (%)	39.0%	33.9%
Population in poverty (1999)	10.6%	10.6%

(Source: The Ohio Poverty Report, Ohio Development Services Agency, February 2017, <http://www.development.ohio.gov/files/research/P7005.pdf>)

Employment Statistics

Category	Richland	Ohio
Labor Force	53,100	5,719,600
Employed	49,700	5,379,600
Unemployed	3,400	340,000
Unemployment Rate* in February 2017	6.3	5.9
Unemployment Rate* in January 2017	6.7	6.0
Unemployment Rate* in February 2016	6.2	5.5

**Rate equals unemployment divided by labor force.*

(Source: Ohio Department of Job and Family Services, February 2017, <http://ohiolmi.com/laus/current.htm>)

Estimated Poverty Status in 2015

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Richland County				
All ages in poverty	17,265	14,304 to 20,226	15.1%	12.5 to 17.7
Ages 0-17 in poverty	6,057	4,915 to 7,199	23.4	19.0 to 27.8
Ages 5-17 in families in poverty	4,055	3,172 to 4,938	21.4	16.7 to 26.1
Median household income	\$45,273	\$42,292 to \$48,254		
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	\$48,138	\$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 2016 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	\$12,486					
1 Person 65 and >	\$11,511					
2 people Householder < 65 years	\$16,072	\$16,543				
2 People Householder 65 and >	\$14,507	\$16,480				
3 People	\$18,774	\$19,318	\$19,337			
4 People	\$24,775	\$25,160	\$24,339	\$24,424		
5 People	\$29,854	\$30,288	\$29,360	\$28,643	\$28,205	
6 People	\$34,337	\$34,473	\$33,763	\$33,082	\$32,070	\$31,470
7 People	\$39,509	\$39,756	\$38,905	\$38,313	\$37,208	\$35,920
8 People	\$44,188	\$44,578	\$43,776	\$43,072	\$42,075	\$40,809
9 People or >	\$53,155	\$53,413	\$52,702	\$52,106	\$51,127	\$49,779

(Source: U. S. Census Bureau, Poverty Thresholds 2016)

Living Wages for Mansfield, Ohio Metropolitan Statistical Area

	Hourly Wage		
	Living Wage	Poverty Wage	Minimum Wage
1 Adult	\$9.39	\$5.00	\$8.10
1 Adult 1 Child	\$19.29	\$7.00	\$8.10
1 Adult 2 Children	\$25.53	\$9.00	\$8.10
1 Adult 3 Children	\$30.24	\$11.00	\$8.10
2 Adults (one working)	\$14.84	\$7.00	\$8.10
2 Adults (one working) 1 Child	\$18.02	\$9.00	\$8.10
2 Adults (one working) 2 Children	\$20.51	\$11.00	\$8.10
2 Adults (one working) 3 Children	\$22.99	\$13.00	\$8.10
2 Adults	\$7.42	\$3.00	\$8.10
2 Adults 1 Child	\$10.70	\$4.00	\$8.10
2 Adults 2 Children	\$13.07	\$5.00	\$8.10
2 Adults 3 Children	\$15.43	\$6.00	\$8.10

(Source: The North End Community Improvement Collaborative (NECIC), Economic Base Assessment of the North End of Mansfield, Ohio; Living Wage Calculation for Mansfield, OH, retrieved September 8, 2015)

Percentage of People Whose Income In The Past 12 Months Was Below The Poverty Level

	All People	Under 18 years	18 Years and Over	18 to 64 Years	65 Years and Over
Census Tract 6	45.7%	53.3%	42.8%	43.5%	39.1%
Census Tract 7	38.7%	57.4%	30.6%	32.6%	21.5%
Census Tract 16	35.4%	52.9%	27.0%	31.0%	11.3%
Mansfield	24.4%	38.2%	20.4%	23.3%	10.7%
Richland County	15.7%	23.8%	13.3%	14.8%	8.2%
Ohio	15.8%	22.8%	13.6%	14.9%	8.0%
United States	15.4%	21.6%	13.4%	14.3%	9.4%

(Source: The North End Community Improvement Collaborative (NECIC), Economic Base Assessment of the North End of Mansfield, Ohio; United States Census Bureau, 2015, Selected Economic Characteristics, 2009-2013 American Community Survey 5-year Estimates, retrieved September 8, 2015)

**Percentage of Families Whose Income in The Past 12 Months
Was Below The Poverty Level**

	Census Tract 6	Census Tract 7	Census Tract 16	Mansfield	Richland County	Ohio	United States
All Families	34.1%	38.0%	33.5%	20.0%	12.3%	11.6%	11.3%
Families with Related Children Under 18 Years	43.1%	53.6%	53.9%	34.8%	22.8%	19.5%	17.8%
Married Couple Families	23.9%	19.3%	16.7%	9.2%	5.7%	4.7%	5.6%
Married Couple Families with Related Children Under 18 Years	21.1%	33.6%	27.0%	15.0%	9.8%	7.3%	8.3%
Families with Females Householder, No Husband Present	51.1%	53.1%	58.9%	42.3%	35.5%	34.4%	30.6%
Families with Female Householder, No Husband Present with Related Children Under 18 Years	62.2%	59.2%	91.5%	54.5%	46.7%	45.0%	40.0%

(Source: The North End Community Improvement Collaborative (NECIC), Economic Base Assessment of the North End of Mansfield, Ohio; United States Census Bureau, 2015, Selected Economic Characteristics, 2009-2013 American Community Survey 5-year Estimates, retrieved September 8, 2015)

Appendix VII | RICHLAND COUNTY HEALTH RANKINGS

APPENDIX VII

	Richland County	Ohio	U.S.
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2011-2013)	7,900	7,500	6,600
Overall health. Percentage of adults reporting fair or poor health (age-adjusted) (2014)	16%	17%	18%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2014)	3.8	4.0	3.8
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2014)	3.9	4.3	3.7
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2007-2013)	8%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2014)	20%	21%	17%
Obesity. Percentage of adults that report a BMI of 30 or more (2012)	33%	30%	27%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2013)	6.8	6.9	7.2
Physical activity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2012)	29%	26%	23%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2014)	61%	83%	84%
Drug and alcohol abuse. Percentage of adults reporting binge or heavy drinking (2014)	17%	19%	17%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2010-2014)	35%	35%	31%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2013)	393	460	447
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2007-2013)	51	34	35

(Source: 2016 County Health Rankings for Richland County, Ohio and U.S. data)

	Richland County	Ohio	U.S
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2013)	14%	13%	17%
Access to health care/medical care. Ratio of population to primary care physicians (2013)	1,900:1	1,300:1	1,320:1
Access to dental care. Ratio of population to dentists (2014)	1,470:1	1,710:1	1,540:1
Access to behavioral health care. Ratio of population to mental health providers (2015)	520:1	640:1	490:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2013)	69	65	54
Diabetes. Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring (2013)	83%	85%	85%
Cancer. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2013)	60%	60%	63%
Social and Economic Environment			
Education. Percentage of ninth-grade cohort that graduates in four years (2012-2013)	79%	83%	82%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2010-2014)	53%	63%	64%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2014)	6.4%	6%	6%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2014)	23%	23%	22%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2010-2014)	4.2	4.8	4.7
Family and social support. Percentage of children that live in a household headed by single parent (2010-2014)	35%	35%	34%
Family and social support. Number of membership associations per 10,000 population (2013)	15.9	11.4	9.0
Violence. Number of reported violent crime offenses per 100,000 population (2010-2012)	188	307	392
Injury. Number of deaths due to injury per 100,000 population (2009-2013)	56	63	60

(Source: 2016 County Health Rankings for Richland County, Ohio and U.S. data)

	Richland County	Ohio	U.S.
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2011)	13.7	13.5	11.4
Air, water, and toxic substances. Indicator of the presence of health-related drinking water violations. 1 - indicates the presence of a violation, 0 - indicates no violation (FY 2013-2014)	No	N/A	N/A
Housing. Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2008-2012)	12%	15%	19%
Transportation. Percentage of the workforce that drives alone to work (2010-2014)	85%	84%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2010-2014)	20%	29%	31%

(Source: 2016 County Health Rankings for Richland County, Ohio and U.S. data)

N/A – Data is not available

2016 RICHLAND COUNTY COMMUNITY HEALTH ASSESSMENT EVENT PARTICIPANT FEEDBACK

September 7, 2017

n=28

What surprised you the most?

- Low African American response rate (7)
- The high obesity rate (4)
- The high uninsured rate (3)
- Youth data (3)
- Lack of exercise
- The percent of youth who are not using protection during sex
- The array of chronic disease and mental health issues
- Percentage of smokers lower than the state percentage
- Most issues in the report happened as a result of poor diet and exercise
- African American data
- The age of onset for youth sexual activity
- Youth alcohol use
- Depression among adults
- Percent of youth who had low self-esteem and poor mental health
- The high percentage of women receiving prenatal care in the first trimester
- The overall high response rate to the survey
- Misuse of hand sanitizer by youth
- The number of youth that have stressors

What would you like to see covered in the report next time?

- Increase the African American response rate (2)
- Different strategies to obtain more African American data
- More effort to get data from underreported communities
- More information on nutrition
- Breakdown by socio-economic status where appropriate
- More information on the opioid crisis
- Access to home healthcare
- Other county comparisons
- More information on the elderly population
- What people did to seek and obtain better health
- Updates on how the county and committee are tracking progress
- Information on job retention
- More CHIP information next time
- More emphasis on obesity and the issues that happen because of being obese

What will you or your organization do with this data?

- Policy and advocacy
- Guide the work being done in land use and quality of life solutions
- Look for opportunities to improve health
- Determine our position to help the community
- Build a food system intervention
- Look at policies for county buildings to address areas of concern (i.e. smoke free)
- Use it to develop programming/develop different initiatives
- Help get the information out to the public
- Focus on reducing behaviors that are detrimental to employers
- Continue to make healthcare more available and promote different services
- Use the data to inform strategies to alleviate health outcomes
- Plan more organized health activities
- Get different businesses involved in the process
- Participate in the process and align agency focus
- Continue to work with the CHIP committee
- Increase efforts to decrease childhood obesity
- Use the data to obtain grants to better serve the community
- Share mental health data with therapists throughout the county and encourage focus on trauma related treatment and training. Address the importance of Adverse Childhood Experiences (ACE's)
- Look for ways to impact services and staff

In your opinion, what is the best way to communicate the information from the Community Health Assessment and Community Health Improvement Plan to the rest of the public?

- | | |
|------------------------------------|-----------------------------------------------------------------------------|
| ○ Social media (i.e. Facebook) (9) | ○ Radio |
| ○ Mailings (5) | ○ Public health announcements |
| ○ Town halls/community events (4) | ○ Meetings |
| ○ Richland Area Chamber (2) | ○ Kiwanis Club |
| ○ Newspaper (2) | ○ Rotary Club |
| ○ The news (television) (2) | ○ Market it to HR representatives at different businesses and organizations |
| ○ Advertisements (2) | |
| ○ Richland Source | |

What are some of the barriers that your community or organization may face regarding the issues identified?

- Funding (5)
- Lack of overall knowledge (2)
- The public and political buy-in (2)
- Food availability (2)
- Transportation (2)
- Relationships to work collaboratively
- Lack of cooperation
- Access to different exercise activities
- Knowledge on what to do and how to handle the different issues
- Lack of support for healthy foods throughout the community

Are there any groups or agencies you think would be valuable resources or partners to work towards the priority health issues?

- Richland Public Health (3)
- NECIC (North End Community Improvement Collaborative)
- UMADAOP (Urban Minority Alcoholism and Drug Abuse Outreach Programs)
- Ohio State
- United Way agencies
- YMCA
- Youth Centers
- Different social organizations
- Life Steps Counseling

Other Comments or Concerns:

- It is important to understand the historic implications of why Black Americans don't respond and communicate to surveys (i.e. levels of distrust and feelings that if information is collected no real change in policy will take place or that the policy will not responsive or effective for black and marginalized Americans.)