



Examining the Health of
Huron County

2017

Huron County **Community Health** Assessment



Commissioned by:
Huron County Health Partners

Conducted by:
Hospital Council of Northwest Ohio

Foreword

Huron County Residents and Community Partner Organizations,

The members of the Huron County Health Partners are pleased to present the 2017 Community Health Assessment (CHA). This document provides a comprehensive snapshot of the health and well-being of Huron County Residents in 2017. In this document, you will find local data obtained from our residents, comparisons to regional/state/national data, as well as educational pieces about why these data points matter. We will combine the data in this report with community perceptions about health, local discussions about gaps in the public health system, and perceived opportunities and threats our community will face in the coming years. Examining information from a variety of sources will give us a better picture of the current strengths, weaknesses, and threats to the health of our community.

This document will be used by the Huron County Health Partners to determine areas in which we will focus our efforts and resources over the next few years. These priority areas, detailed in actionable steps towards health improvement, will be outlined in the 2018 Community Health Improvement Plan.

While continuing to work collaboratively to improve the health and well-being of community members, the Huron County Health Partners hope that this assessment will bring health to the forefront of community discussions. Moving forward, we encourage you to take an active role in our movement towards a healthier Huron County.

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Fisher-Titus Medical Center
Huron County Public Health
Mercy Health – Willard Hospital

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The Bellevue Hospital
Family Life Counseling
Firelands Counseling and Recovery Services
Huron County Board of Developmental Disabilities
Huron County Board of Mental Health and Addiction Services (MHAS)

Contributing Members (\$1,499-\$5,899)

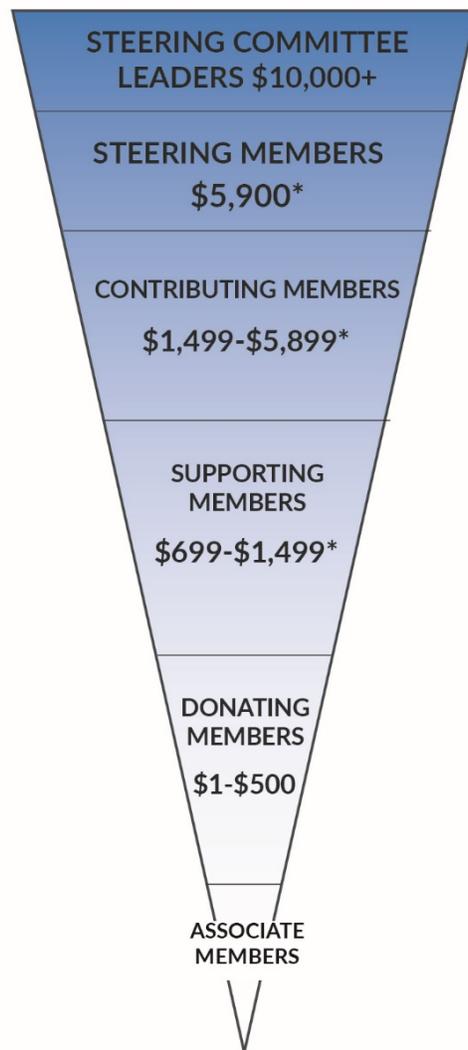
Huron County Job and Family Services
Huron County Services for Aging/Senior Enrichment Services
National Alliance on Mental Illness (NAMI) Huron County

Supporting Members (\$699-\$1,499)

Local School Districts (In-Kind Donations)
Bellevue City Schools
Immaculate Conception School (Bellevue)
Monroeville Local Schools
New London Local Schools
Norwalk Catholic Schools
Norwalk City Schools
Western Reserve Local Schools
Willard City Schools

Donating Members (\$1-\$500)

Norwalk Lion's Club



*Estimated Funding Levels

Associate Members

Advanced Computer Connections (ACC) Norwalk
Bellevue Police Department
Catholic Charities Diocese of Toledo
Celeryville
Celeryville Christian School
Christie Lane Industries
City of Bellevue
City of Bellevue Recreation & Parks
City of Norwalk
City of Willard
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Erie, Huron, Ottawa Vocational Education (EHOVE) Career Center
Episcopal Diocese of Ohio
Evans Funeral Home
Firelands Rails to Trails
Flickinger Insurance
Fund for Huron County
Gaymont Nursing Center
Huron County Clerk of Courts
Huron County Commissioners
Huron County Common Pleas Courts
Huron County Community Emergency Response Team (CERT)
Huron County Development Council (HCDC)
Huron County Emergency Management Agency (EMA)
Huron County Family & Children First Council (FCFC)
Huron County Help Me Grow (HMG)
Huron County Library
Huron County Master Gardeners
Huron County Sheriff
Huron County Medical Reserve Corps (MRC)
Imagine Norwalk
Immaculate Conception Church
Interagency Council
Miriam House
Monroeville Police Department
New Beginnings Pediatrics
New Haven
New London Greenwich Rail Trail Inc.
North Central Emergency Medical Services (EMS)
Northwest Ohio Hospital Council
Norwalk City Council
Norwalk Developmental Council
Norwalk Economic Development Corporation (NEDC)
Norwalk Fire Department
Norwalk Park and Rec
Norwalk Police Department
Norwalk Reservoir
Norwalk Area Food Bank
Norwalk Area United Fund
Ohio CAN
Ohio Department of Health (ODH)
Ohio Department of Transportation
Ohio Investigative Unit
Ohio State Highway Patrol (OSHP)
Ohio State University Extension Office Huron County
Oriana House
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Plymouth Police
Plymouth – Shiloh
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St. Joseph's
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Teen Challenge of the Firelands
TMC Willard
Toledo/Lucas County CareNET
Village of Greenwich
Village of Monroeville
Village of New London
Village of North Fairfield
Village of Plymouth
Village of Wakeman
Wakeman Police
Willard Fire Department
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To see Huron 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 2017 Huron County Health Assessment is available on the following websites:

Huron County Public Health

www.huroncohealth.com

Hospital Council of Northwest Ohio

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

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Executive Summary

This executive summary provides an overview of health-related data for Huron County adults (19 years of age and older), youth (ages 12 through 18), and children (ages 0-11) who participated in a county-wide health assessment survey during January 2017 through May 2017. 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, as well as the 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, youth, and parents within Huron 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 youth 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, most survey items for the youth survey from the YRBSS, and the majority of the survey items for the parents of children 0-11 from the NSCH. This decision was based on being able to compare local data with state and national data.

The project coordinator from the Hospital Council of NW Ohio conducted a series of meetings with the planning committee from Huron County. During these meetings, HCNO and the planning committee reviewed and discussed banks of potential survey questions from the BRFSS, YRBSS, and NSCH surveys. Based on input from the Huron County planning committee, the project coordinator composed drafts of surveys containing 112 items for the adult survey, 74 items for the youth survey, and 35 items for the 0-11 survey. Health education researchers from the University of Toledo reviewed and approved the drafts.

SAMPLING | Adult Survey

The sampling frame for the adult survey consisted of adults ages 19 and over living in Huron County. There were 43,128 persons ages 19 and over living in Huron 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 381 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Huron County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

SAMPLING | Youth Survey

Youth in grades 6-12 in Huron County public school districts were used as a sample for the youth survey. For more information on participating districts and schools, see Appendix IV. Using the U.S. Census Bureau data, it was determined that approximately 6,469 youth ages 12-18 years old lived in Huron County. A sample size of 363 youth 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 Huron County were used as the sampling frames for the surveys. Using U.S. Census Bureau data, it was determined that 10,029 children ages 0-11 resided in Huron County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error). 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 aged 0-11 was 370. The random sample of mailing addresses of parents from Huron County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

PROCEDURE | Adult Survey

Prior to mailing the survey to adults, an advance letter was mailed to 1,200 adults in Huron County. This advance letter was personalized, printed on Huron County Health Partners’ stationary and was signed by Tim Hollinger, MPH, Huron County Health Commissioner. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

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

The response rate for the mailing was 49% (n=552; CI=± 4.14). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

PROCEDURE | Youth Survey

The survey was approved by all participating superintendents. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a home room or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 92% (n=474; CI=± 4.33).

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 Huron County. This advance letter was personalized, printed on Huron County Health Partners stationary and was signed by Tim Hollinger, MPH, Huron County Health Commissioner. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Three weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized, hand-signed cover letter (on Huron County Health Partners’ stationary) describing the purpose of the study, a questionnaire printed on white paper, a self-addressed stamped return envelope, and a \$2 incentive. Approximately three weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on white paper, and another reply envelope. A third wave postcard was sent three weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent. The response rate was 20% (n=371; CI=± 4.99).

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 Huron County, the adult data collected was weighted by age, gender, race, and income using 2015 Census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix III.

LIMITATIONS

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

Furthermore, while the survey was sent to random households in Huron County, those responding to the survey were more likely to be older. For example, only 13 respondents were under the age of 30. While weightings are applied during calculations to help account for this, it still presents a potential limitation (to the extent that the responses from these 13 individuals are substantively different from the majority of Huron County residents under the age of 30). Therefore, the less than 30 population was not included in the age breakdown in the graphs throughout the report.

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

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

HEALTHY PEOPLE 2020

Healthy People 2020 provides science-based, 10-year objectives for improving the health of all Americans that are applicable at the national, state and local levels. For 3 decades, Healthy People 2020 has established benchmarks and monitored progress over time to: encourage collaborations across communities and sectors, empower individuals toward making informed health decisions, and measure the impact of prevention activities. The 2017 Huron County Community Health Assessment indicators that directly align with the Healthy People 2020 objectives will be represented throughout this report and will serve as one way to measure progress.

Huron County Community Profile

INTRODUCTION

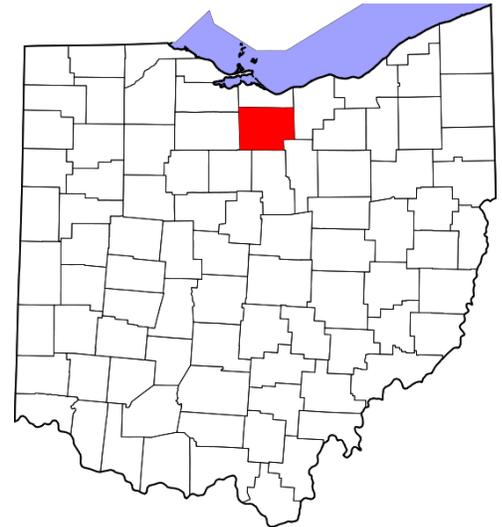
The Centers for Disease Control and Prevention (CDC) defines health as “a state of complete physical, mental, and social well-being and not just the absence of sickness or frailty.” Many factors, environments, demographic factors, education, socioeconomic status and health services can contribute to the health of a community. This section provides an overview of some of these characteristics that influence the health of residents in Huron County, Ohio, which is expanded upon throughout this report.

HURON COUNTY, OHIO

Huron County is a rural county in north-central Ohio made up of three cities, seven villages, and 19 townships which encompass approximately 493.1 square miles, ranking Huron County 27th of Ohio’s 88 counties in land area. The greatest percentage of land use in Huron County is cultivated crops (68.78%).

Some central features of Huron County include two small commercial airports, eight libraries, three hospitals, numerous parks, three reservoirs, three recreation facilities, and Summit Motorsports Park.

The largest City located within Huron County is Norwalk, the county seat, home to approximately 17,000 residents.



DEMOGRAPHIC CHARACTERISTICS

- Huron County has a total population of approximately 59,000 residents.
- The race/ethnicity makeup of Huron County 94.8% white alone, followed by 6.0% Hispanic or Latino, 1.9% two or more races, 1.9% other, 1.1% African American, 0.3% Asian, and 0.1% American Indian and Alaskan Native.
- Huron County is largely comprised of family households (69.9%) with an average family size of 3.06.
- 9.0% of the population identify as civilian veterans.
- Approximately 13.5% of the civilian noninstitutionalized population are living with a disability.
- A full demographic profile of Huron County can be found in *Appendix VI: Demographics and Household Information*.

EDUCATION, EMPLOYMENT, AND SOCIOECONOMIC CHARACTERISTICS

- Huron County has 23 local public school buildings, five non-public schools, and no universities.
- The largest percentage (48.1%) of the population are high school graduates (includes equivalency), followed by some college/no degree (19.8%) and bachelor’s degree (8.6%).
- The median household income in Huron County is \$48,838, increasing to a \$57,309 median income for Huron County families
- Approximately 10.4% of families and 13.5% of individuals are living below the poverty level.
- Major and notable employers throughout the county largely include manufacturing, educational/health/social services, and retail/wholesale trade. As of May 2016, the top five employers in Huron County were Fisher-Titus Medical Center, MTD Products/Midwest Industries, R.R. Donnelley & Sons, Norfolk Southern Corporation, and Pepperidge Farm/Campbell Soup.
- The unemployment rate in Huron County (May 2017) is 5.1.

2016 Ohio State Health Assessment (SHA)

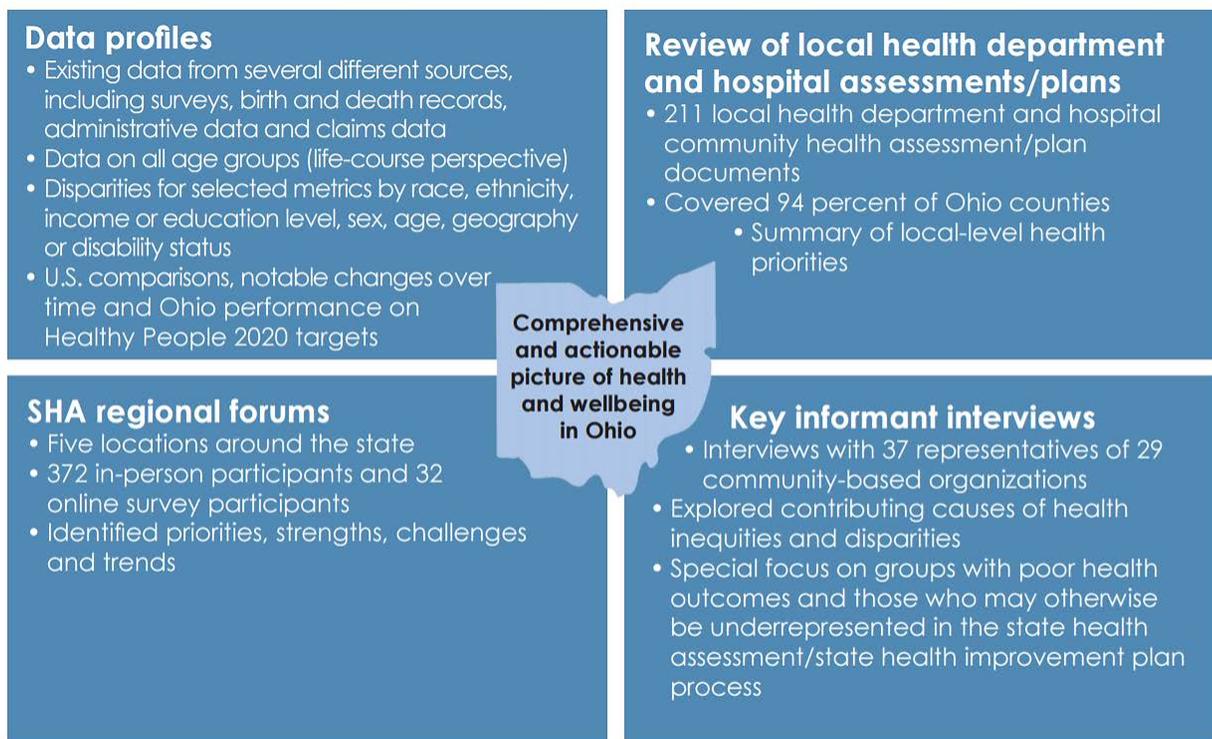
The 2016 Ohio State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, a review of local health department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

Similar to the 2016 Ohio SHA, the 2017 Huron County Community Health Assessment (CHA) examined a variety of metrics from various areas of health including, but not limited to, health behaviors, chronic disease, access to health care, and social determinants of health. Additionally, the CHA studied themes and perceptions from local public health stakeholders from a wide variety of sectors. **Note: This symbol  will be displayed in the trend summary when an indicator directly aligns with the 2016 Ohio SHA.**

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

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

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



Adult Trend Summary

Adult Variables	Huron County 2007	Huron County 2011	Huron County 2014	Huron County 2017	Progress	Ohio 2015	U.S. 2015
Health Status							
Rated general health as excellent or very good	57%	55%	52%	55%	↑	52%	52%
Rated general health as fair or poor 	12%	12%	14%	12%	↓	17%	16%
Rated their mental health as not good on four or more days in the previous month	21%	23%	20%	30%	↑	N/A	N/A
Average days that physical health not good in past month	N/A	N/A	3.2	4.7	↑	4.0*	3.8*
Average days that mental health not good in past month	N/A	N/A	3.1	4.8	↑	4.3*	3.7*
Healthcare Coverage, Access, and Utilization							
Uninsured	8%	12%	10%	7%	↓	8%	11%
Did not get a prescription filled in the past year	22%	33%	27%	34%	↑	N/A	N/A
Had at least one person they thought of as their personal doctor or healthcare provider 	73%	85%	87%	88%	↑	82%	79%
Visited a doctor for a routine checkup in the past year 	49%	52%	56%	56%	↔	72%	70%
Diabetes & Asthma							
Had been diagnosed with diabetes 	12%	15%	11%	8%	↓	11%	10%
Had been diagnosed with asthma 	14%	10%	14%	13%	↓	14%	14%
Cardiovascular Health							
Had angina 	7%	3%	5%	5%	↔	4%	4%
Had a heart attack 	8%	5%	5%	4%	↓	5%	4%
Had a stroke	3%	3%	2%	4%	↑	4%	3%
Had been diagnosed with high blood pressure 	36%	36%	39%	36%	↓	34%	31%
Had been diagnosed with high blood cholesterol	33%	31%	30%	31%	↑	37%	36%
Had blood cholesterol checked within the past 5 years	62%	71%	74%	74%	↔	78%	78%
Weight Status							
Overweight	34%	35%	33%	27%	↓	37%	36%
Obese 	34%	36%	37%	40%	↑	30%	30%
Alcohol Consumption							
Drank alcohol at least once in the past month	58%	50%	46%	58%	↑	53%	54%
Binge drank in past month (5 or more drinks in a couple of hours on an occasion) 	27%	19%	16%	25%	↑	18%	16%
Drove after having perhaps too much to drink	9%	4%	2%	11%	↑	4%*	3%*
Tobacco Use							
Current smoker (currently smoke some or all days)	20%	18%	17%	15%	↓	22%	18%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	25%	26%	27%	24%	↓	24%	25%
Tried to quit smoking 	50%	59%	43%	33%	↓	N/A	N/A

N/A - not available

*2014 BRFSS Data

 Indicates alignment with Ohio SHA

Adult Variables	Huron County 2007	Huron County 2011	Huron County 2014	Huron County 2017	Progress	Ohio 2015	U.S. 2015
Drug Use							
Adults who used marijuana in the past 6 months	6%	5%	4%	6%	↑	N/A	N/A
Adults who misused prescription drugs in the past 6 months	7%	8%	9%	3%	↓	N/A	N/A
Adults who used heroin in the past 6 months	0%	<1%	0%	0%	↔	N/A	N/A
Sexual Behavior							
Had more than one sexual partner in past year	5%	4%	6%	6%	↔	N/A	N/A
Forced into sexual activity when they did not want to	N/A	7%	6%	7%	↑	N/A	N/A
Preventive Medicine							
Had a pneumonia vaccine (age 65 and older)	72%	64%	63%	76%	↑	72%	73%
Had a flu vaccine in the past year (ages 65 and over)	N/A	76%	78%	73%	↓	58%	61%
Had a sigmoidoscopy/colonoscopy in the past 5 years (ages 50 and over)	N/A	50%	49%	52%	↑	68%*	69%*
Had a clinical breast exam in the past two years (age 40 and older)	73%	66%	77%	59%	↓	N/A	N/A
Had a mammogram in the past two years (age 40 and older)	74%	68%	71%	65%	↓	72%*	73%*
Had a PSA test in within the past two years (age 50 & over)	48%	50%	42%	55%	↑	N/A	N/A
Quality of Life							
Limited in some way because of physical, mental or emotional problem	25%	16%	20%	21%	↑	21%	21%
Mental Health							
Considered attempting suicide in the past year	3%	3%	3%	4%	↑	N/A	N/A
Two or more weeks in a row felt sad or hopeless	8%	9%	10%	11%	↑	N/A	N/A
Oral Health							
Adults who have visited the dentist in the past year	59%	57%	60%	62%	↑	65%*	65%*
Adults who had one or more permanent teeth removed	48%	47%	48%	47%	↓	47%*	43%*
Adults 65 years and older who had all of their permanent teeth removed	23%	18%	27%	19%	↓	18%*	15%*

N/A - not available
*2014 BFRSS Data

Youth Trend Summary

Youth Variables	Huron County 2007 (6 th -12 th)	Huron County 2011 (6 th -12 th)	Huron County 2014 (6 th -12 th)	Huron County 2017 (6 th -12 th)	Progress	Huron County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Weight Control								
Obese 	19%	15%	17%	20%	↑	21%	13%	14%
Overweight 	12%	13%	13%	15%	↑	14%	16%	16%
Trying to lose weight	45%	48%	49%	54%	↑	53%	47%	46%
Described themselves as slightly or very overweight	30%	32%	34%	39%	↑	40%	28%	32%
Exercised to lose weight	N/A	58%	50%	51%	↑	51%	N/A	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight	N/A	31%	31%	31%	↔	35%	N/A	N/A
Went without eating for 24 hours or more	15%	5%	7%	5%	↓	6%	10%	13%*
Took diet pills, powders, or liquids without a doctor's advice	5%	3%	2%	2%	↔	3%	5%	5%*
Vomited or took laxatives	2%	3%	2%	2%	↔	2%	5%	4%*
Ate 1 to 4 servings of fruits and vegetables per day 	N/A	80%	78%	88%	↑	83%	N/A	N/A
Physically active at least 60 minutes per day on every day in past week	N/A	32%	26%	30%	↑	32%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	N/A	56%	47%	54%	↑	58%	48%	49%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A	7%	13%	8%	↓	10%	13%	14%
Watched TV 3 or more hours per day	34%	40%	25%	17%	↓	15%	28%	25%
Tobacco Use								
Ever tried cigarettes	40%	35%	27%	23%	↓	32%	52%*	32%
Current smokers	16%	15%	10%	5%	↓	7%	15%	11%
Smoked cigarettes on 20 or more days during the past month (of all youth)	N/A	6%	2%	<1%	↓	1%	7%	3%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	15%	12%	5%	5%	↔	6%	14%*	7%
Usually obtained their own cigarettes by buying them in a store or gas station (of current smokers)	22%	21%	24%	34%	↑	33%	8%*	13%
Tried to quit smoking (of youth who smoked in the past year)	78%	64%	70%	49%	↓	50%	56%*	45%
Alcohol Consumption								
Ever tried alcohol	65%	57%	45%	47%	↑	63%	71%*	63%
Current drinker 	31%	29%	17%	23%	↑	34%	30%	33%
Binge drinker (of all youth) 	20%	16%	9%	12%	↑	19%	16%	18%
Drank for the first time before age 13 (of all youth)	30%	20%	11%	13%	↑	10%	13%	17%
Rode with someone who was drinking	16%	19%	13%	14%	↑	12%	17%	20%
Drank and drove (of youth drivers)	5%	5%	2%	2%	↔	3%	4%	8%

N/A – Not available

*Comparative YRBS data for Ohio is 2011 and U.S. is 2013

 Indicates alignment with Ohio SHA

Youth Variables	Huron County 2007 (6 th -12 th)	Huron County 2011 (6 th -12 th)	Huron County 2014 (6 th -12 th)	Huron County 2017 (6 th -12 th)	Progress	Huron County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Drug Use								
Youth who used marijuana in the past month 	10%	15%	8%	11%	↑	15%	21%	22%
Ever used methamphetamines	3%	3%	2%	1%	↓	<1%	N/A	3%
Ever used cocaine	6%	5%	3%	2%	↓	2%	4%	5%
Ever used heroin	1%	2%	1%	1%	↔	0%	2%	2%
Ever used inhalants	10%	10%	6%	5%	↓	6%	9%	7%
Ever used ecstasy/MDMA/Molly	N/A	N/A	3%	1%	↓	1%	N/A	5%
Ever misused medications	12%	21%	11%	5%	↓	7%	N/A	N/A
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	13%	14%	8%	8%	↔	11%	20%	22%
Sexual Behavior[‡]								
Ever had sexual intercourse	50%	35%	26%	30%	↑	51%	43%	41%
Used a condom at last intercourse	59%	74%	62%	35%	↓	37%	51%	57%
Used birth control pills at last intercourse	30%	41%	37%	13%	↓	14%	24%	18%
Did not use any method to prevent pregnancy during last sexual intercourse	14%	13%	8%	10%	↑	12%	12%	14%
Had four or more sexual partners (of all youth)	N/A	N/A	6%	6%	↔	10%	12%	12%
Had four or more sexual partners (of sexually active youth)	28%	30%	21%	19%	↓	20%	N/A	N/A
Had sexual intercourse before age 13 (of all youth)	N/A	6%	2%	1%	↓	2%	4%	4%
Mental Health								
Youth who had seriously considered attempting suicide in the past year 	11%	15%	14%	18%	↑	23%	14%	18%
Youth who had attempted suicide in the past year	5%	7%	6%	7%	↑	10%	6%	9%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row 	24%	26%	26%	29%	↑	36%	26%	30%
Social Determinants of Health								
Visited a dentist for a check-up within the past year	65%	74%	69%	67%	↓	69%	75%	74%
Suffered blow or jolt to head	N/A	N/A	11%	9%	↓	13%	N/A	N/A
Unintentional Injuries and Violence								
Carried a weapon on school property in past month	2%	3%	1%	3%	↑	3%	N/A	4%
Been in a physical fight in past year	37%	31%	22%	21%	↓	20%	20%	23%
Been in a physical fight on school property in the past year	13%	12%	7%	6%	↓	6%	6%	8%
Threatened or injured with a weapon on school property in past year	7%	9%	5%	7%	↑	6%	N/A	6%
Did not go to school because felt unsafe 	3%	3%	4%	6%	↑	5%	5%	6%
Electronically/cyber bullied in past year 	N/A	13%	11%	13%	↑	14%	15%	16%
Bullied in past year	49%	51%	44%	48%	↑	46%	N/A	N/A
Bullied on school property in past year	N/A	N/A	32%	32%	↔	31%	21%	20%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	8%	9%	4%	5%	↑	7%	N/A	10%
Ever physically forced to have sexual intercourse 	4%	4%	5%	2%	↓	3%	8%	7%

[‡] - Only Huron County high school youth were asked sexual health questions in 2007

N/A - Not available

 Indicates alignment with Ohio SHA

Child Trend Summary

Child Comparisons	Huron County 2014 Ages 0-5	Huron County 2017 Ages 0-5	Progress	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Huron County 2014 Ages 6-11	Huron County 2017 Ages 6-11	Progress	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Health and Functional Status										
Dental care visit in the past year	42%	45%	↑	50%	54%	81%	89%	↑	92%	88%
Child had no problems with teeth	95%	89%	↓	91%	89%	84%	91%	↑	78%	75%
Diagnosed with autism	5%	3%	↓	N/A	2%*	3%	2%	↓	N/A	3%
Diagnosed with asthma 	7%	7%	↔	6%	6%	9%	16%	↑	10%	10%
Diagnosed with ADHD/ADD	5%	1%	↓	N/A	2%*	8%	10%	↑	12%	9%
Diagnosed with behavioral or conduct problems	2%	2%	↔	N/A	2%*	3%	6%	↑	5%	4%
Diagnosed with vision problems that cannot be corrected	0%	1%	↑	N/A	<1%	4%	5%	↑	N/A	2%
Diagnosed with bone, joint, or muscle problems	0%	1%	↑	N/A	1%	2%	5%	↑	N/A	2%
Diagnosed with epilepsy	0%	1%	↑	N/A	<1%	<1%	1%	↑	N/A	1%
Diagnosed with a head injury	3%	1%	↓	N/A	<1%	1%	3%	↑	N/A	<1%
Diagnosed with diabetes	0%	1%	↑	N/A	N/A	<1%	1%	↑	N/A	<1%
HealthCare Access										
Received all the medical care they needed	97%	92%	↓	99%**	99%**	89%	94%	↑	98%**	98%**
Early Childhood (Ages 0-5)										
Never breastfed their child 	N/A	27%	N/A	29%	21%	N/A	N/A	N/A	N/A	N/A
Family and Community Characteristics										
Family eats a meal together every day of the week	52%	45%	↓	63%	61%	42%	33%	↓	45%	46%
Neighborhood is usually or always safe 	91%	90%	↓	88%	86%	95%	88%	↓	86%	86%

*Ages 2-5 years old

**2003 national and state data

N/A – Not Available

 Indicates alignment with Ohio SHA

Healthcare Access: Healthcare Coverage

Key Findings

The 2017 health assessment data has identified that 7% of Huron County adults were without health care coverage. Those most likely to be uninsured were adults with an income level under \$25,000. In Huron County, 13.5% of residents live below the poverty level (Source: U.S. Census, American Community Survey 5 Year Estimate, 2011-2015).

General Health Coverage

- In 2017, 93% Huron County adults had health care coverage, leaving 7% who were uninsured. The 2015 BRFSS reported prevalence rates as 8% for Ohio and 11% for the U.S.
- In the past year, 7% of adults were uninsured, increasing to 16% of those with incomes less than \$25,000.
- Eighteen percent (18%) of adults with children did not have healthcare coverage, compared to 4% of those who did not have children living in their household.
- The following types of health care coverage were used: employer (51%); Medicare (16%); someone else's employer (13%); Medicaid or medical assistance (10%); multiple, including private sources (3%); self-paid plan (3%); military or VA (2%); Health Insurance Marketplace (1%); and multiple, included government sources (1%).

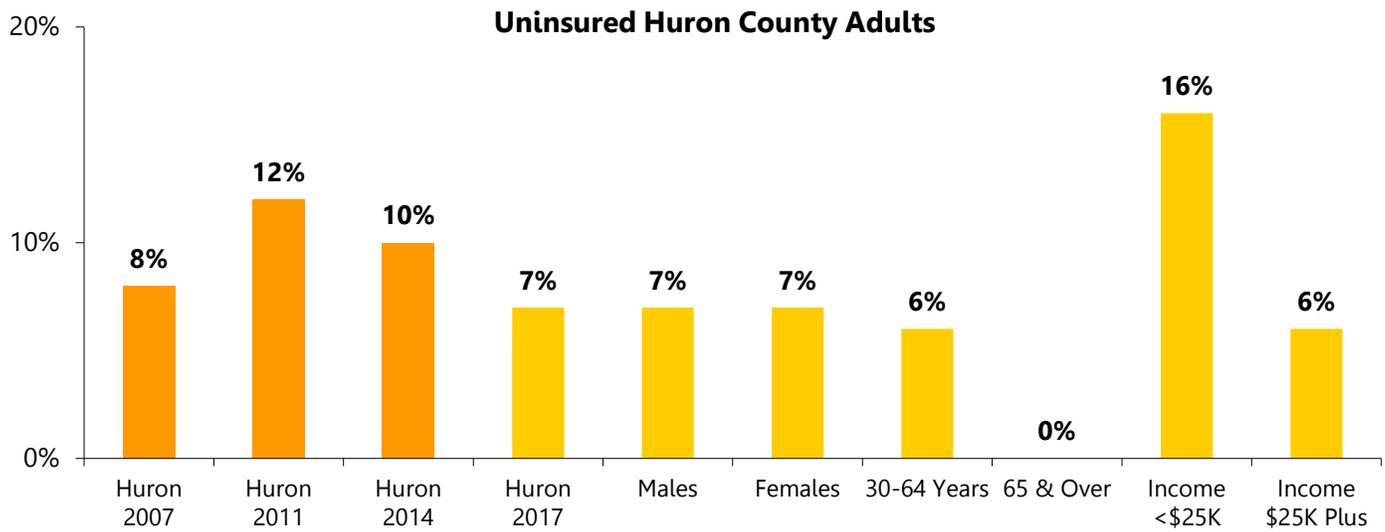
7% of Huron County adults were uninsured.

- Huron County adult health care coverage included the following: medical (91%), prescription coverage (85%), immunizations (77%), outpatient therapy (72%), preventive health (71%), dental (62%), vision (54%), mental health (53%), alcohol and drug treatment (40%), durable medical equipment (35%), home care (29%), skilled nursing/assisted living (25%), hospice (23%), and transportation (12%).
- More than one-third (34%) of adults did not get prescriptions from their doctor filled in the past year.
- Of those who did not get their prescriptions filled, they gave the following reasons: no prescriptions to be filled (60%), cost (33%), they stretched their prescription by taking less than prescribed (14%), no insurance (12%), they did not think they needed it (12%), there was no generic equivalent (9%), they were taking too many medications (4%), side effects (3%), fear of addiction (2%), and transportation (2%).
- The top reasons uninsured adults gave for being without health care coverage were:
 - They could not afford to pay the premiums (54%)
 - They lost their job or changed employers (52%)
 - They did not think they needed it (16%)
 - They became a part-time or temporary employee (15%)
 - Their employer does not/stopped offering coverage (14%)

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

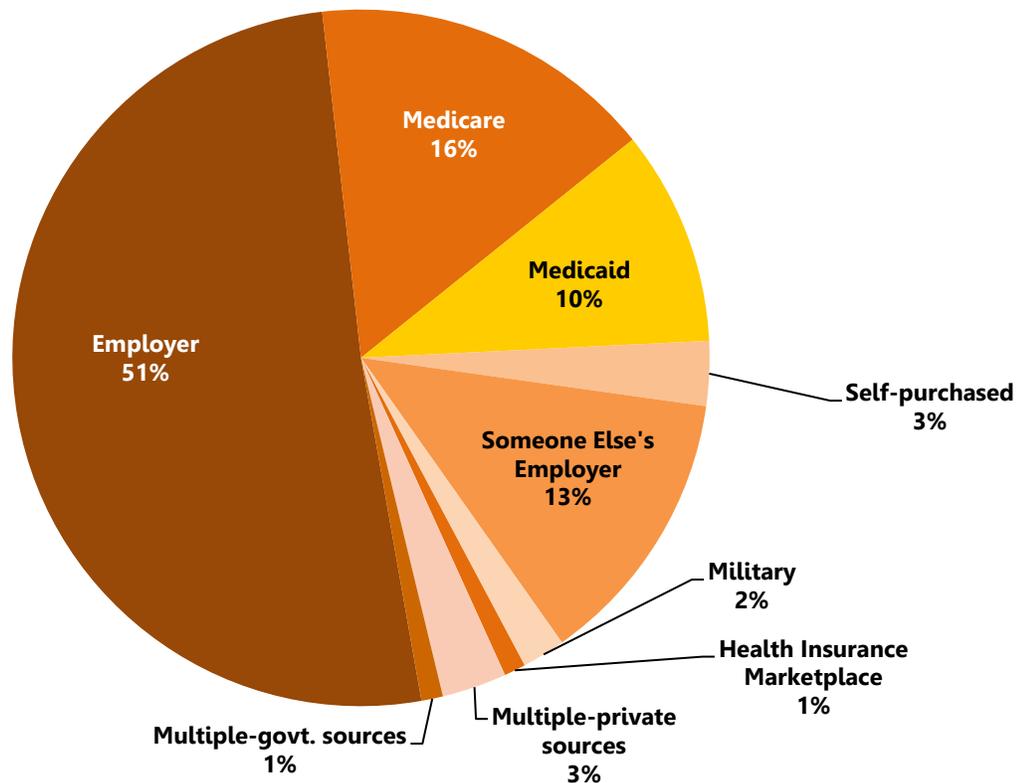
Adult Comparisons	Huron County 2007	Huron County 2011	Huron County 2014	Huron County 2017	Progress	Ohio 2015	U.S. 2015
Uninsured	8%	12%	10%	7%	↓	8%	11%
Did not get a prescription filled in the past year	22%	33%	27%	34%	↑	N/A	N/A

The following graph shows the percentages of Huron County adults who were uninsured by demographic characteristics. Examples of how to interpret the information in the graph include: 7% of all Huron County adults were uninsured, including 16% of those with an income less than \$25,000. The pie chart shows sources of Huron County adults' health care coverage.



16% of Huron County adults with incomes less than \$25,000 were uninsured.

Source of Health Coverage for Huron County Adults



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

Health Coverage Includes:	Yes	No	Don't Know
Medical	91%	1%	8%
Prescription Coverage	85%	7%	8%
Immunizations	77%	3%	20%
Outpatient Therapy	72%	3%	25%
Preventive Health	71%	4%	25%
Dental	62%	34%	4%
Vision	54%	36%	10%
Mental Health	53%	3%	44%
Alcohol and Drug Treatment	40%	8%	52%
Durable Medical Equipment	35%	7%	58%
Home Care	29%	9%	62%
Skilled Nursing/Assisted Living	25%	7%	68%
Hospice	23%	9%	68%
Transportation	12%	20%	68%

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

Objective	Huron County 2017	Ohio 2015	U.S. 2015	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health care insurance	67% age 20-24 89% age 25-34 90% age 35-44 94% age 45-54 97% 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, 2015 BRFSS, 2017 Huron County Health Assessment)*

Healthcare Access: Access And Utilization

Key Findings

The health assessment identified that 56% of Huron County adults had visited a doctor for a routine checkup in the past year. Forty-eight percent (48%) of adults went outside of Huron County for health care services in the past year.

Health Care Access

- More than half (56%) of Huron County adults visited a doctor for a routine checkup in the past year, increasing to 81% of those over the age of 65.
- Adults with health care coverage were more likely to have visited a doctor for a routine checkup in the past year (58%), compared to 28% of those without health care coverage.
- Reasons for not receiving medical care in the past 12 months included the following: no need to go (61%), cost/no insurance (12%), no transportation (2%), no child care (1%), too long of a wait for an appointment (1%), and too embarrassed to seek help (1%). Sixteen percent (16%) of adults indicated multiple reasons for not receiving medical care in the past year.
- More than four-fifths (88%) of Huron County adults reported they had one particular doctor or healthcare professional they went to for routine medical care, decreasing to 40% of those without health coverage.
- Reasons for not having a usual source of medical care included the following: no need to go (33%), two or more usual places (20%), cost/no insurance (17%), previous doctor unavailable/moved (10%), do not like/trust/believe in doctors (2%), no place available/close enough (1%), and other problems that prevented them from getting medical care (9%).
- Adults visited the following places for health care services or advice: doctor's office (51%); multiple places, including a doctor's office (22%); internet (8%); multiple places, not including a doctor's office (4%); hospital emergency room (2%); family and friends (2%); public health clinic or community health department (2%); Department of Veteran's Affairs (VA) (1%); urgent care center (1%); alternative therapies (<1%); chiropractor (<1%); in-store health clinic (<1); and some other place (4%). Two percent (2%) of adults indicated they had no usual place for health care services.
- Adults preferred to access information about their health or healthcare services from the following: doctor (81%), internet searches (36%), family member or friend (34%), medical portal (14%), advertisements or mailings from hospitals, clinics, or doctor's offices (8%), newspaper articles or radio/television news stories (8%), text messages (7%), social networks (4%), and billboards (2%).
- The following might prevent Huron County adults from seeing a doctor if they were sick, injured, or needed some kind of health care: cost (31%); could not get time off work (14%); difficult to get an appointment (11%); hours not convenient (11%); worried they might find something wrong (6%); doctor would not take their insurance (5%); frightened of the procedure or doctor (4%); difficult to find/no transportation (4%); could not find child care (2%); do not trust or believe doctors (2%); and some other reason (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?)

- Forty-eight percent (48%) of adults went outside of Huron County for the following health care services in the past year: specialty care (25%), dental services (15%), primary care (14%), obstetrics/ gynecology (8%), cardiac care (4%), female health services (4%), orthopedic care (4%), mental health care/counseling services (3%), cancer care (2%), pediatric care (2%), pediatric therapies (2%), addiction services (1%), and other services (9%).
- Reasons for seeking health care services outside of Huron County included the following: service not available locally (20%), better quality program (15%), used to live there (13%), did not like local services/provider (9%), insurance restrictions (9%), word of mouth (8%), bad experience locally (8%), closer to work (7%), wait list too long (2%), confidentiality/anonymity (2%), inconvenient hours (1%), and other reasons (16%).
- Huron County adults had not gotten any of the following recommended major care or preventive care due to cost: medications (7%), pap smear (7%), colonoscopy (6%), mammogram (6%), lab testing (5%), surgery (4%), weight loss program (3%), mental health services (3%), immunizations/vaccinations (2%), family planning services (2%), PSA test (1%), and smoking cessation (1%).

Adult Comparisons	Huron County 2007	Huron County 2011	Huron County 2014	Huron County 2017	Progress	Ohio 2015	U.S. 2015
Had at least one person they thought of as their personal doctor or healthcare provider	73%	85%	87%	88%	↑	82%	79%
Visited a doctor for a routine checkup in the past year	49%	52%	56%	56%	↔	72%	70%

Mercy Health – Willard Hospital

- In the summer, Mercy Health – Willard provides health screenings for the Migrant population in Huron County. The health screenings are done on site at the farms.
- In 2016, Mercy Health – Willard provided 50 health screenings to the Migrant population and in 2017 they provided 62 health screenings.

(Source: Mercy Health Willard Hospital)

Availability of Services

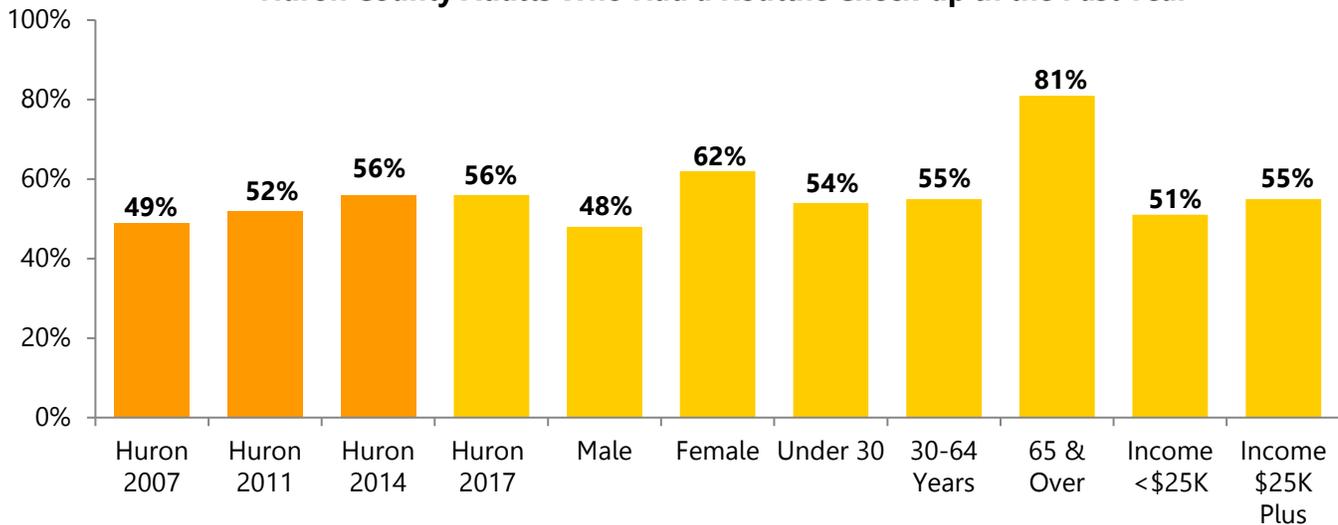
- Eight percent (8%) of Huron County adults had looked for a program to assist in care for the elderly or a disabled adult (either in-home or out-of-home) for either themselves or a loved one. Of those who looked, 48% looked for in-home care, 14% looked for out-of-home placement, 11% looked for an assisted living program, and 5% looked for a disabled adult program. Twenty-three percent (23%) of adults looked for multiple types of programs to assist in care for the elderly or a disabled adult.
- Huron County adults reported they had looked for the following programs for themselves or a loved one: depression, anxiety or mental health (10%); weight problems (9%); elderly care (7%); marital/family problems (4%); end-of-life/hospice care (3%); tobacco cessation (3%); disability (2%); alcohol abuse (<1%); drug abuse (<1%); and detoxification of opiates/heroin (<1%). No adults reported they had looked for a program for gambling abuse.
- Huron County adults gave the following reasons for not using a program or service to help with depression, anxiety, or emotional problems: had not thought of it (4%), stigma of seeking mental health services (4%), could not afford to go (3%), co-pay/deductible was too high (3%), fear (2%), did not feel the services they had received were good (2%), transportation (2%), did not know how to find a program (1%), could not get to the office or clinic (1%), other priorities (1%), and other reasons (4%). Eighty-four percent (84%) of adults did not need a program or service to help with depression, anxiety, or emotional problems.

Huron County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Huron County adults who have looked but have NOT found a specific program	Huron County adults who have looked and have found a specific program
Depression or Anxiety (10% of all adults looked)	14%	86%
Weight Problems (9% of all adults looked)	30%	70%
Elderly Care (7% of all adults looked)	26%	74%
Marital/Family Problems (4% of all adults looked)	35%	65%
End-of-Life/Hospice (3% of all adults looked)	7%	93%
Tobacco Cessation (3% of all adults looked)	7%	93%
Disability (2% of all adults looked)	22%	78%
Alcohol Abuse (<1% of all adults looked)	0%	100%

The following graph shows the percentage of Huron County adults who had a routine check-up in the past year. Example of how to interpret the information include: 56% of all Huron County adults had a routine check-up in the past year, including 48% of all Huron County males, 62% of all females, and 81% of those 65 years and older.

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



Healthcare Access: Preventive Medicine

Key Findings

More than three-quarters (76%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than half (52%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past five years.

Preventive Medicine

- More than two-fifths (44%) of Huron County adults had a flu vaccine during the past 12 months.
- Seventy-three percent (73%) of Huron 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.
- More than one-fourth (29%) of adults had a pneumonia shot in their life, increasing to 76% 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.
- Huron County adults had the following vaccines: tetanus booster (including Tdap) in the past 10 years (63%), MMR in their lifetime (63%), chicken pox in their lifetime (48%), pertussis vaccine in the past 10 years (18%), Zoster (shingles) vaccine in their lifetime (13%), and human papillomavirus (HPV) vaccine in their lifetime (6%).
- For more information on immunization recommendations for adults please go to the following website: <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule-easy-read.pdf>

Adult Comparisons	Huron County 2007	Huron County 2011	Huron County 2014	Huron County 2017	Progress	Ohio 2015	U.S. 2015
Had a pneumonia vaccination (ages 65 and over)	72%	64%	63%	76%	↑	72%	73%
Had a flu vaccine in the past year (ages 65 and over)	N/A	76%	78%	73%	↓	58%	61%
Had a sigmoidoscopy/colonoscopy in the past 5 years (ages 50 and over)	N/A	50%	49%	52%	↑	68%*	69%*

*2014 BRFSS data

N/A – Not Available

Preventive Health Screenings and Exams

- More than half (52%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past five years.
- In the past year, 45% of Huron County women ages 40 and over had a mammogram.
- In the past year, more than two-fifths (44%) of men ages 50 and over had a Prostate-Specific Antigen (PSA) test.
- See the Women and Men’s Health Sections for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Huron County adults.

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

Healthcare Topics	Total 2017
Immunizations	32%
Weight Control including diet and physical activity	28%
Family history	26%
Safe use of prescription medication	23%
Depression, anxiety, or emotional problems	16%
Tobacco use	13%
Injury prevention such as safety belt use, helmet use & smoke detectors	9%
PSA test	8%
Digital Rectal Exam (DRE)	7%
Safe use of opiate-based pain medication	7%
Family planning	5%
Sexually transmitted diseases (STD's)	5%
Alcohol use	2%
Domestic violence	2%
Self-testicular exams	2%
Illicit drug abuse	<1%

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

Objective	Huron County 2017	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	76%	72%	73%	90%

**U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2015 BRFSS, 2017 Huron County Health Assessment)*

Healthcare Access: Women's Health

Key Findings

In 2017, nearly half (45%) of Huron County women over the age of 40 reported having a mammogram in the past year. Forty-nine percent (49%) of Huron County women ages 19 and over had a clinical breast exam and 41% 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. Nearly two-fifths (37%) were obese, 30% had high blood pressure, 30% had high blood cholesterol, and 15% were identified as smokers, known risk factors for cardiovascular diseases.

Women's Health Screenings

- In 2017, 70% of women had a mammogram at some time, and one-third (33%) had this screening in the past year.
- Nearly half (45%) of women ages 40 and over had a mammogram in the past year, and 65% 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 (92%) Huron County women had a clinical breast exam at some time in their life, and 49% had one within the past year. Nearly three-fifths (59%) of women ages 40 and over had a clinical breast exam in the past two years.
- This assessment has identified that 91% of Huron County women had a Pap smear, and 41% reported having had the exam in the past year. Seventy percent (70%) 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.

Pregnancy

- Twenty-four percent (24%) of Huron County women had been pregnant in the past five years.
- During their last pregnancy, Huron County women got a prenatal appointment in the first three months (76%), took a multi-vitamin with folic acid during pregnancy (67%), got a dental exam (45%), took a multi-vitamin with folic acid pre-pregnancy (43%), took folic acid during pregnancy (28%), experienced depression (19%), experienced domestic violence (7%), received WIC benefits (7%), used marijuana (3%), took folic acid pre-pregnancy (3%), and received opiate replacement therapy (1%).

Women's Health Concerns

- Women used the following as their usual source of services for female health concerns: private gynecologist (51%), general or family physician (28%), family planning clinic (4%), health department clinic (4%), and community health center (1%). Eleven percent (11%) indicated they did not have a usual source of services for female health concerns.
- In 2017, 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.

Huron County Female Leading Causes of Death, 2013 – 2015

1. Cancers (21% of all deaths)
2. Heart Diseases (20%)
3. Chronic Lower Respiratory Diseases (7%)
4. Alzheimer's disease (6%)
5. Stroke (6%)

(Source: CDC Wonder, 2013-2015)

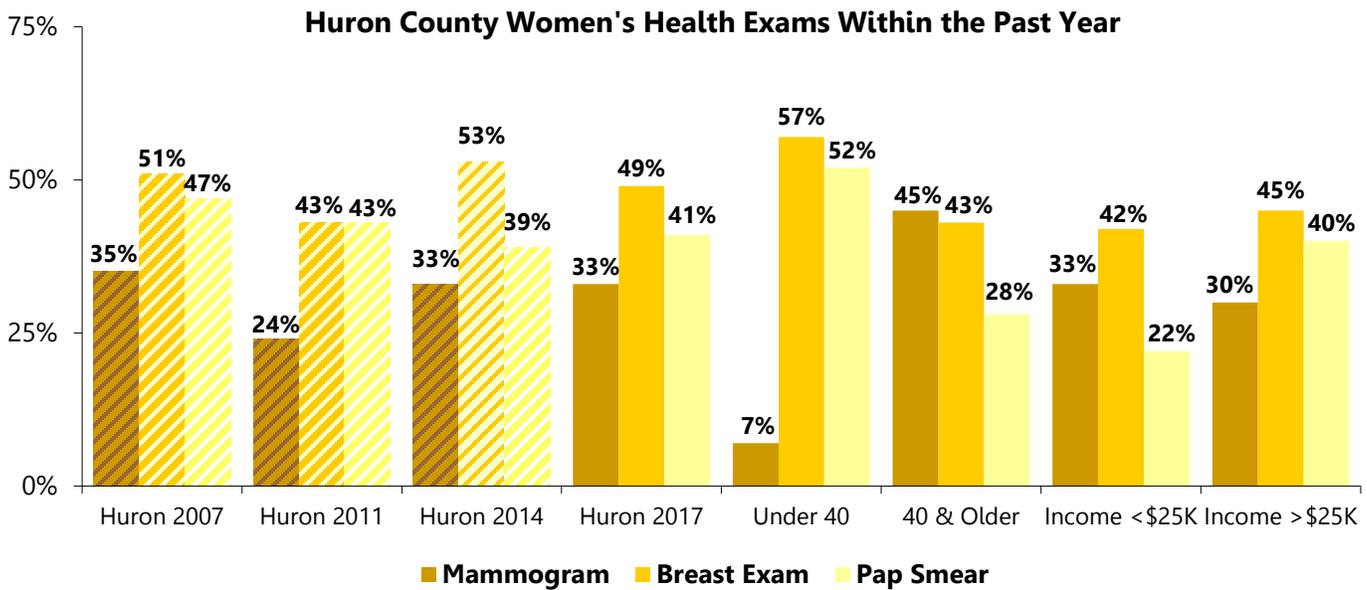
Ohio Female Leading Causes of Death, 2013 – 2015

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)

- From 2013-2015, major cardiovascular diseases (heart disease and stroke) accounted for 26% of all female deaths in Huron County (Source: CDC Wonder, Underlying Cause of Death).
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Huron County, the 2017 health assessment has identified that:
 - 60% were overweight or obese (61% Ohio, 59% U.S., 2015 BRFSS)
 - 30% were diagnosed with high blood pressure (31% Ohio, 30% U.S., 2015 BRFSS)
 - 30% were diagnosed with high blood cholesterol (36% Ohio, 35% U.S., 2015 BRFSS)
 - 15% were current smokers (20% Ohio, 15% U.S., 2015 BRFSS)
 - 7% had been diagnosed with diabetes (11% Ohio, 10% U.S., 2015 BRFSS)

The following graph shows the percentage of Huron County females that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 33% of Huron County females had a mammogram within the past year, 49% had a clinical breast exam, and 41% had a Pap smear.



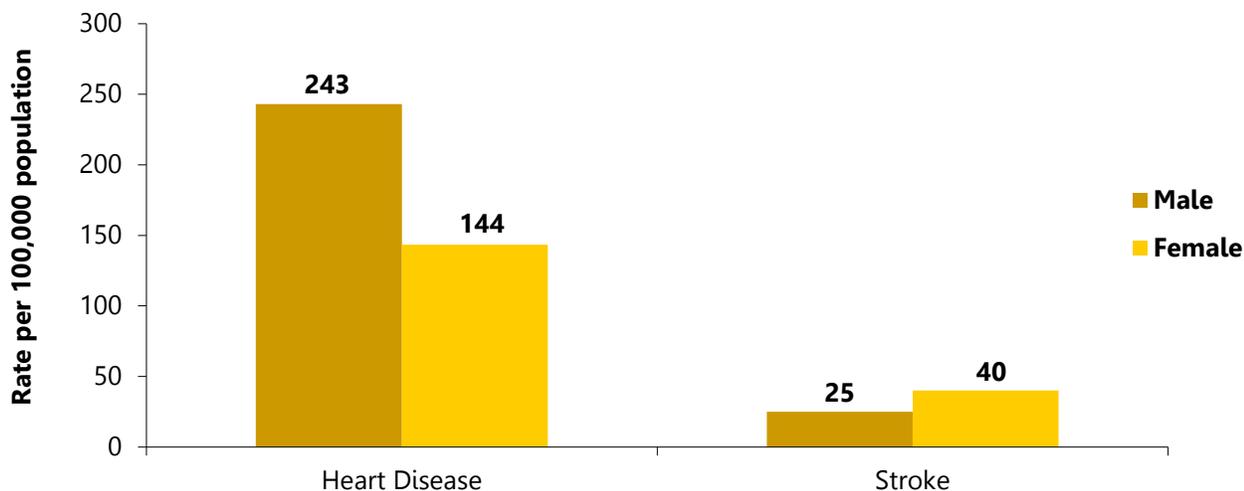
Adult Comparisons	Huron County 2007	Huron County 2011	Huron County 2014	Huron County 2017	Progress	Ohio 2015	U.S. 2015
Had a clinical breast exam in the past two years (age 40 & over)	73%	66%	77%	59%	↓	N/A	N/A
Had a mammogram in the past two years (age 40 & over)	74%	68%	71%	65%	↓	72%*	73%*

N/A-Not available
*2014 BRFSS Data

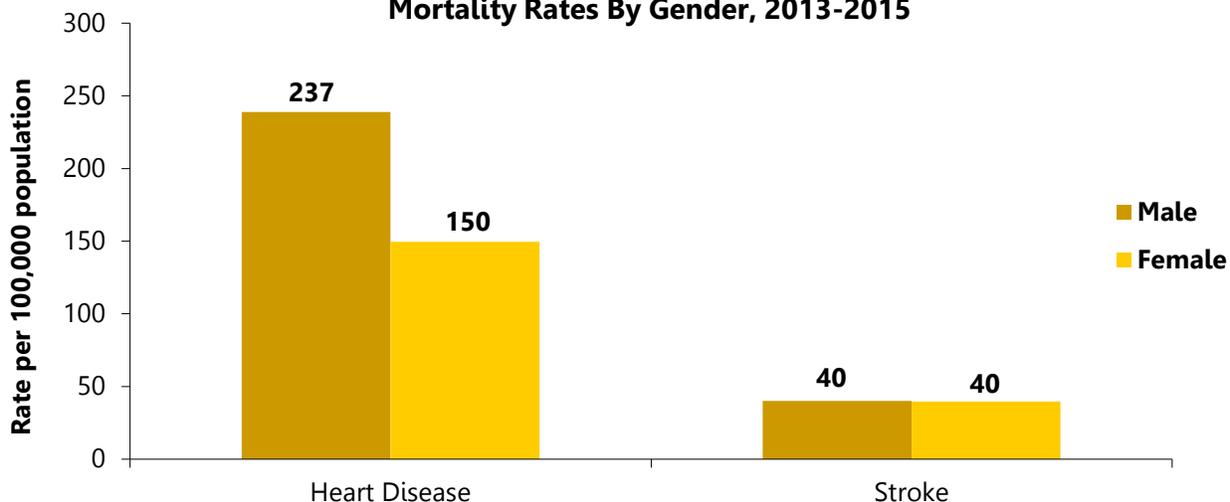
The following graphs show the Huron County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases. The graphs show:

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

Huron 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).

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

Healthcare Access: Men's Health

Key Findings

In 2017, 44% of Huron County males over the age of 50 had a Prostate-Specific Antigen (PSA) test. More than two-fifths (41%) of men had been diagnosed with high blood pressure, 31% had high blood cholesterol, and 15% were identified as smokers, which, along with obesity (43%), are known risk factors for cardiovascular diseases.

Men's Health Screenings and Concerns

- Nearly one-third (32%) of Huron County males had a Prostate-Specific Antigen (PSA) test at some time in their life, and 20% had one in the past year.
- 68% of males age 50 and over had a PSA test at some time in their life, and 44% had one in the past year.
- More than one-fourth (28%) of Huron County males performed a self-testicular exam in the past year.
- In 2017, the health assessment determined that 4% of men had a heart attack and 5% 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 Huron County, the 2017 health assessment has identified that:
 - 74% were overweight or obese (71% Ohio, 70% U.S., 2015 BRFSS)
 - 41% were diagnosed with high blood pressure (38% Ohio, 34% U.S., 2015 BRFSS)
 - 31% were diagnosed with high blood cholesterol (38% Ohio, 38% U.S., 2015 BRFSS)
 - 15% were current smokers (23% Ohio, 19% U.S., 2015 BRFSS)
 - 9% had been diagnosed with diabetes (11% Ohio, 11% U.S., 2015 BRFSS)
- From 2013-2015, major cardiovascular diseases (heart disease and stroke) accounted for 27% of all male deaths in Huron County (Source: CDC Wonder).
- From 2013-2015, the leading cancer deaths for Huron County males were lung, colon and rectum, and prostate 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).

Huron County Male Leading Causes of Death, 2013 – 2015

1. Cancers (25% of all deaths)
2. Heart Diseases (24%)
3. Accidents, Unintentional Injuries (8%)
4. Chronic Lower Respiratory Diseases (7%)
5. Diabetes (5%)

(Source: CDC Wonder, 2013-2015)

Ohio Male Leading Causes of Death, 2013 – 2015

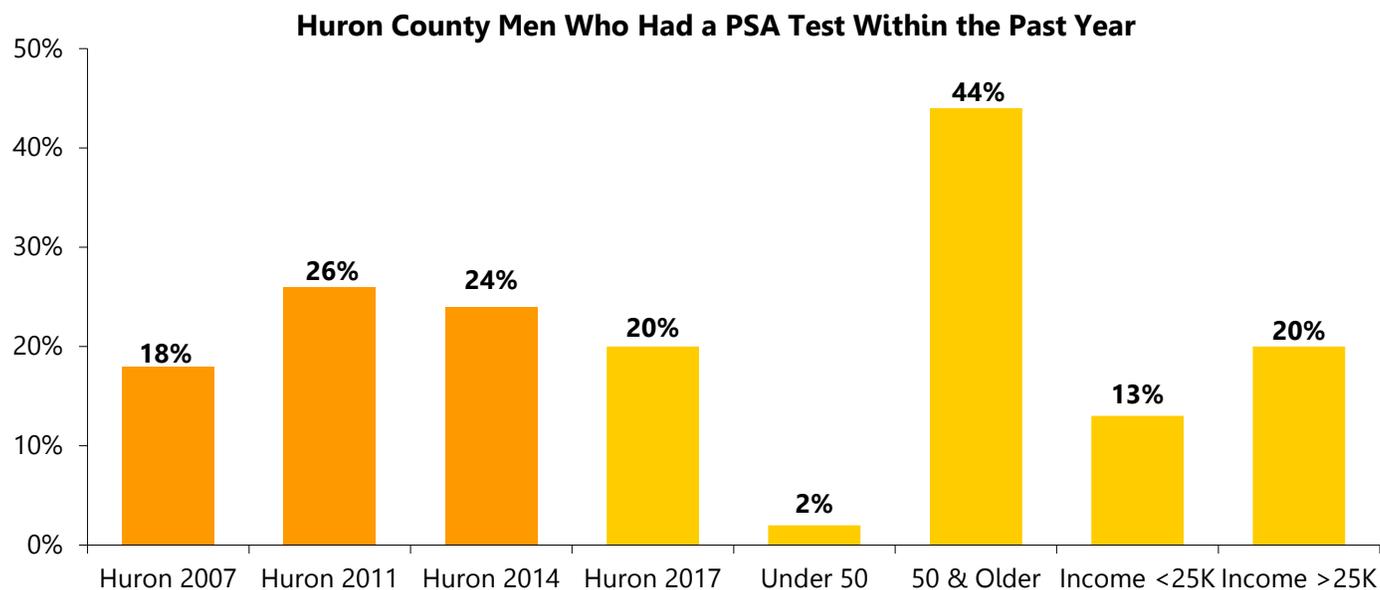
1. Heart Diseases (25% of all deaths)
2. Cancers (23%)
3. Accidents, Unintentional Injuries (7%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (4%)

(Source: CDC Wonder, 2013-2015)

Adult Comparisons	Huron County 2007	Huron County 2011	Huron County 2014	Huron County 2017	Progress	Ohio 2015	U.S. 2015
Had a PSA test in within the past two years (age 50 & over)	48%	50%	42%	55%	↑	N/A	N/A
Been diagnosed with prostate cancer	2%	1%	2%	2%	↔	N/A	N/A

N/A – Not Available

The following graph shows the percentage of Huron County male adults who had a PSA Test in the past year. Examples of how to interpret the information shown on the graph include: 20% of Huron County males had a PSA test within the past year.



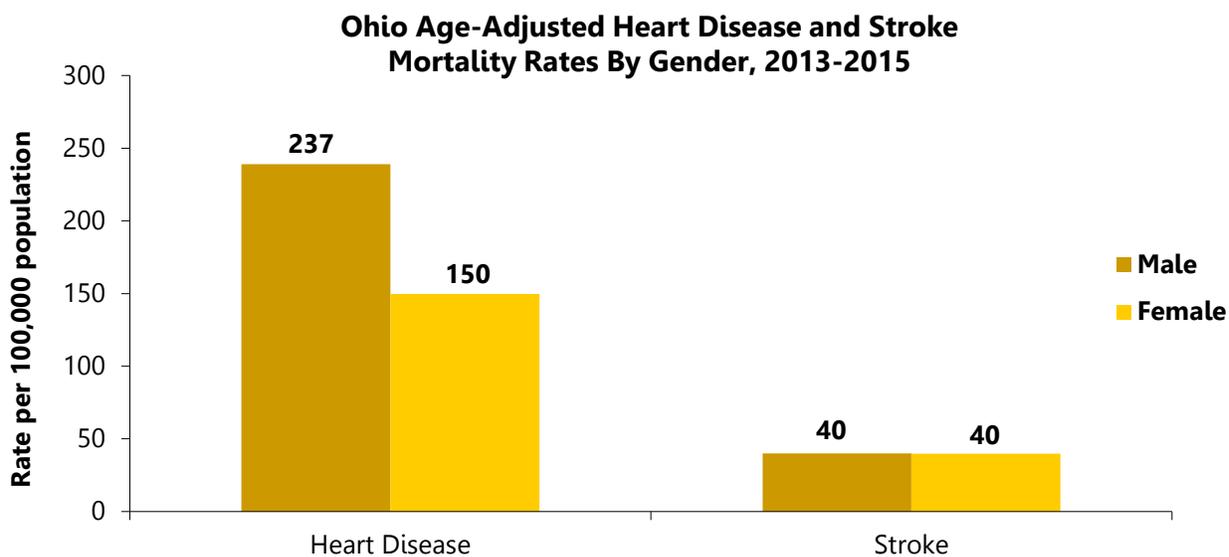
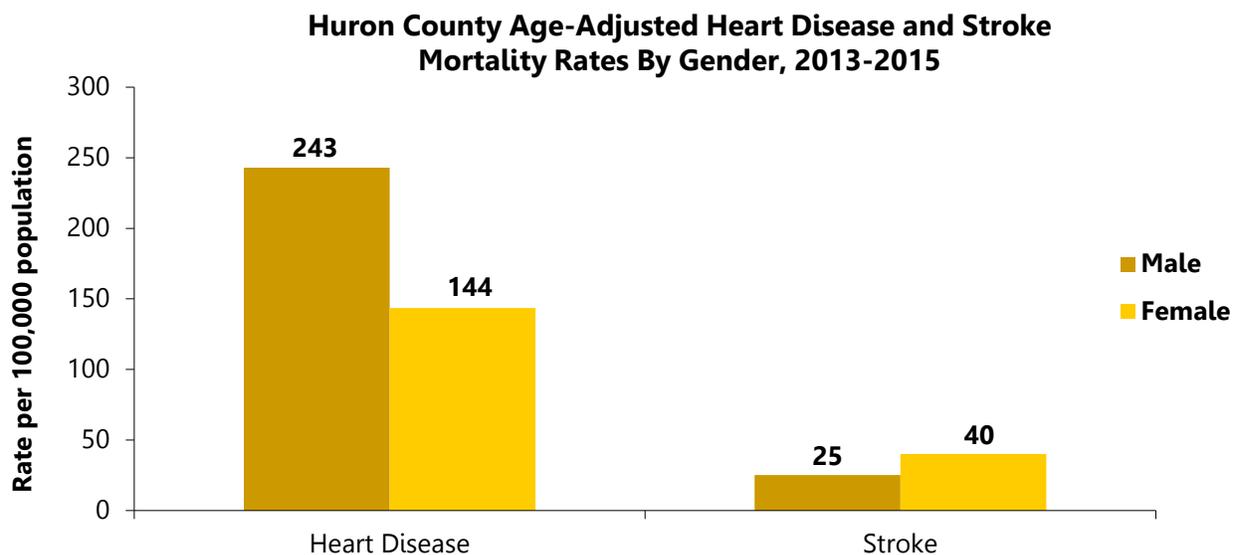
Prostate Cancer Awareness

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

(Source: Center for Disease Control and Prevention, Prostate Cancer Awareness, March 8, 2017)

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

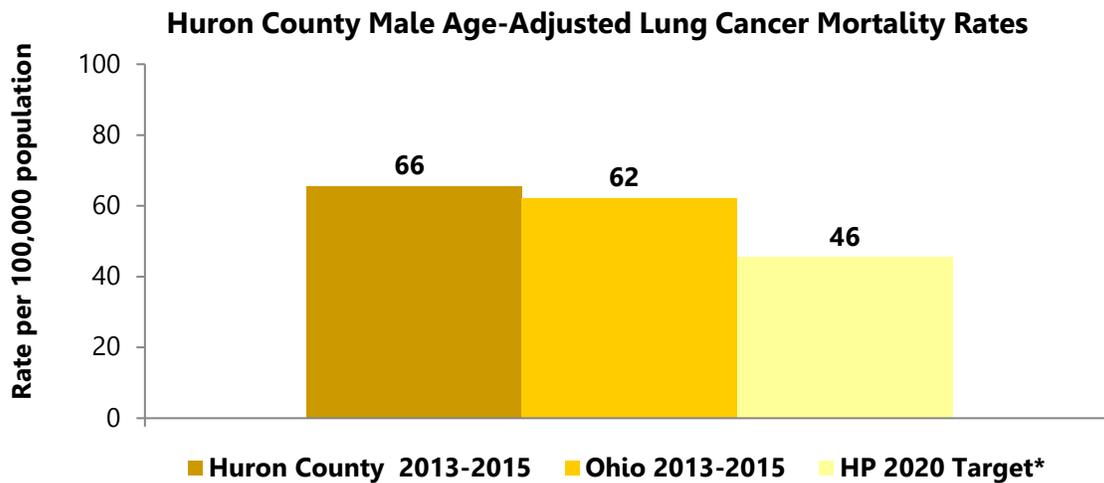
- From 2013-2015, the Huron County and Ohio male age-adjusted mortality rate was significantly higher than the female rate for heart disease.
- The Huron County male age-adjusted heart disease mortality rate was higher than the Ohio male rate.



(Source: CDC Wonder, 2013-2015)

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

- From 2013-2015, the Huron 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: Ohio Public Health Data Warehouse 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.
- 17% of adult males in the U.S. currently smoke.
- Of the adult males in the U.S., 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.
- 35% of men 20 years and over are obese.
- There are 12% of males under the age of 65 without healthcare 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, March 31, 2017)

Healthcare Access: Oral Health

Key Findings

The 2017 health assessment has determined more than three-fifths (62%) of Huron 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, 62% of Huron County adults had visited a dentist or dental clinic, decreasing to 41% 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.
- More than two-thirds (69%) of Huron County adults with dental insurance had been to the dentist in the past year, compared to 62% of those without dental insurance.
- When asked the main reason for not visiting a dentist in the last year, 31% said cost; 20% had no oral health problems/had not thought of it; 14% had dentures; 10% said fear, apprehension, nervousness, pain, and dislike going; 5% did not have/know a dentist; 4% said their dentist did not accept their medical insurance; 2% used the emergency room for dental issues; and 2% could not find a dentist taking new Medicaid patients. Eleven percent (11%) of adults reported multiple reasons for not visiting a dentist in the past year.
- Nearly half (47%) of adults had one or more of their permanent teeth removed, increasing to 77% 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.
- Nearly one-in-five (19%) Huron 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.

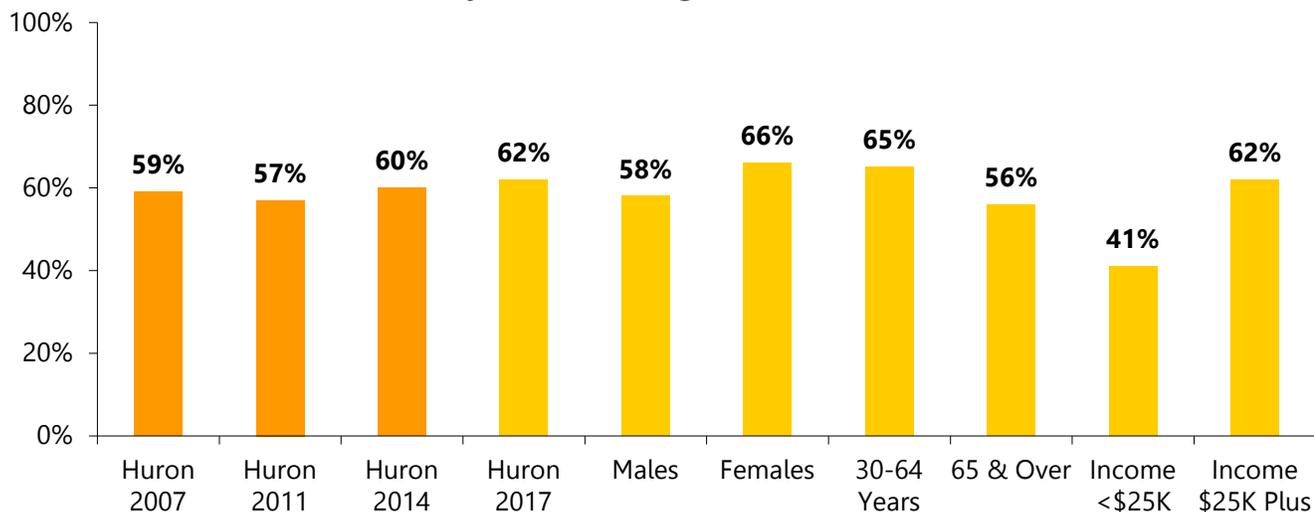
Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
Time Since Last Visit to Dentist/Dental Clinic					
Males	58%	7%	12%	18%	1%
Females	66%	12%	12%	7%	1%
Total	62%	10%	12%	13%	1%

Adult Comparisons	Huron County 2007	Huron County 2011	Huron County 2014	Huron County 2017	Progress	Ohio 2015	U.S. 2015
Adults who had visited the dentist in the past year	59%	57%	60%	62%	↑	65%*	65%*
Adults who had one or more permanent teeth removed	48%	47%	48%	47%	↓	47%*	43%*
Adults 65 years and older who had all their permanent teeth removed	23%	18%	27%	19%	↓	18%*	15%*

*2014 BRFSS data

The following graph provides information about the frequency of Huron County adult dental visits. Examples of how to interpret the information on the first graph include: 62% of all Huron County adults had been to the dentist in the past year, including 41% of those with incomes less than \$25,000.

Huron County Adults Visiting a Dentist in the Past Year



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

Oral Health Basics

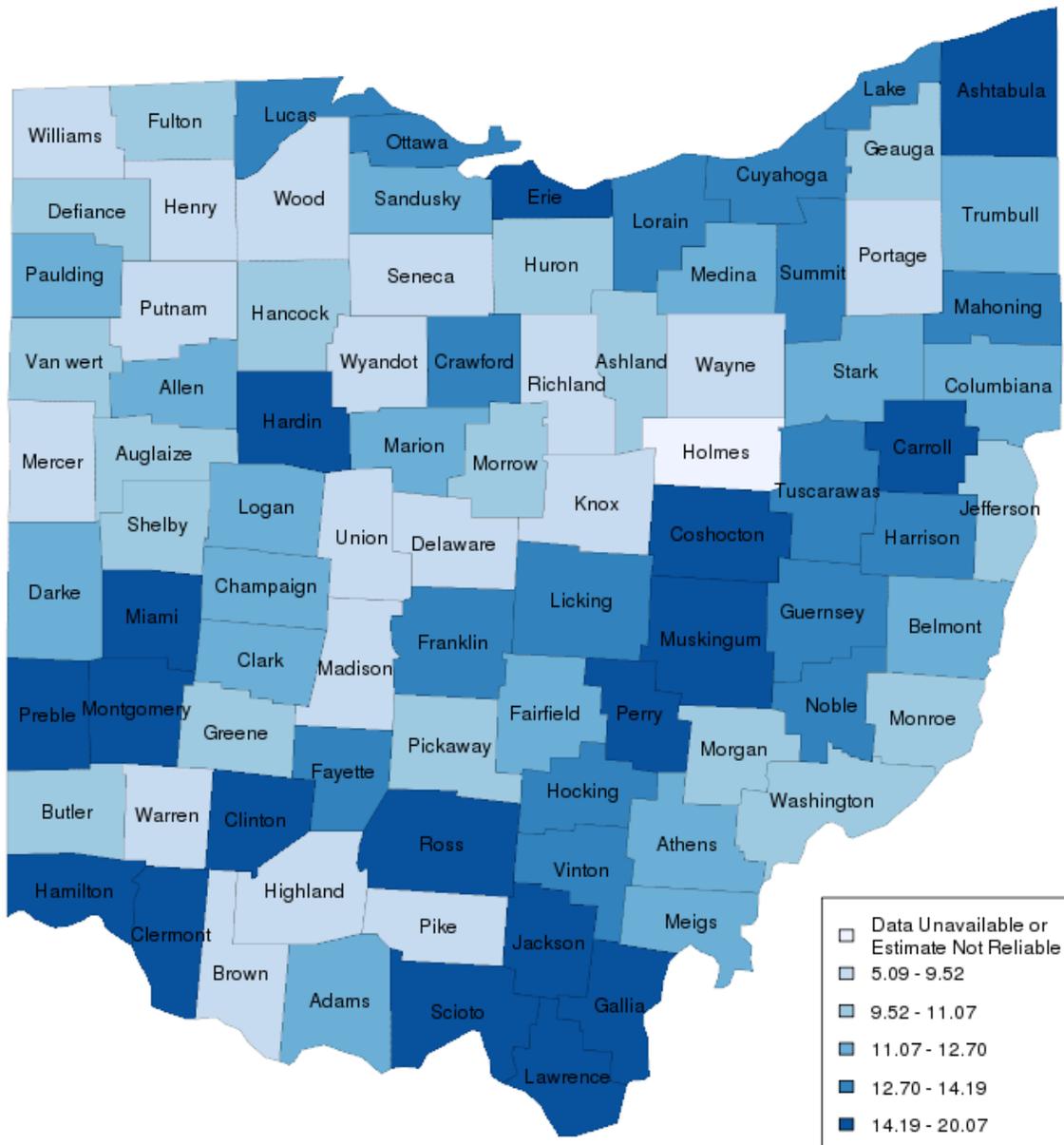
- Oral health affects our ability to speak, smile, eat, and show emotions. It also affects self-esteem, school performance, and attendance at work and school. Oral diseases—which range from cavities to gum disease to oral cancer—cause pain and disability for millions of Americans. They also cost taxpayers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

(Source: Centers for Disease Control and Prevention, Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, October 8, 2015)

The following map shows the estimated proportion of all adults, ages 19 years and older, with unmet needs in dental care.

- Ten percent (10%) of Huron County adults, ages 19 years and older, had unmet needs in dental care.
- Thirteen percent (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 (2015)



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

Health Behaviors: Health Status Perceptions

Key Findings

In 2017, more than half (55%) of the Huron County adults rated their health status as excellent or very good. Conversely, 12% of adults, increasing to 35% of those with incomes less than \$25,000, described their health as fair or poor.

General Health Status

- In 2017, more than half (55%) of Huron County adults rated their general health as excellent or very good. Huron County adults with higher incomes (61%) were most likely to rate their health as excellent or very good, compared to 26% of those with incomes less than \$25,000.
- Twelve percent (12%) of Huron County adults rated their general 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.
- Huron County adults were most likely to rate their health as fair or poor if they:
 - Had an annual household income under \$25,000 (35%)
 - Were widowed (32%)
 - Had been diagnosed with diabetes (28%)
 - Were 65 years of age or older (23%)
 - Had high blood pressure (22%) or high blood cholesterol (17%)
- More than one-fourth (26%) of Huron County adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.

Physical Health Status

- In 2017, 26% of Huron County adults rated their physical health as not good on four or more days in the previous month.
- Huron County adults reported their physical health as not good on an average of 4.7 days in the previous month. In 2014, 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*).
- Huron County adults were most likely to rate their physical health as not good if they:
 - Had an annual household income under \$25,000 (46%)
 - Were 65 years of age or older (49%)

Mental Health Status

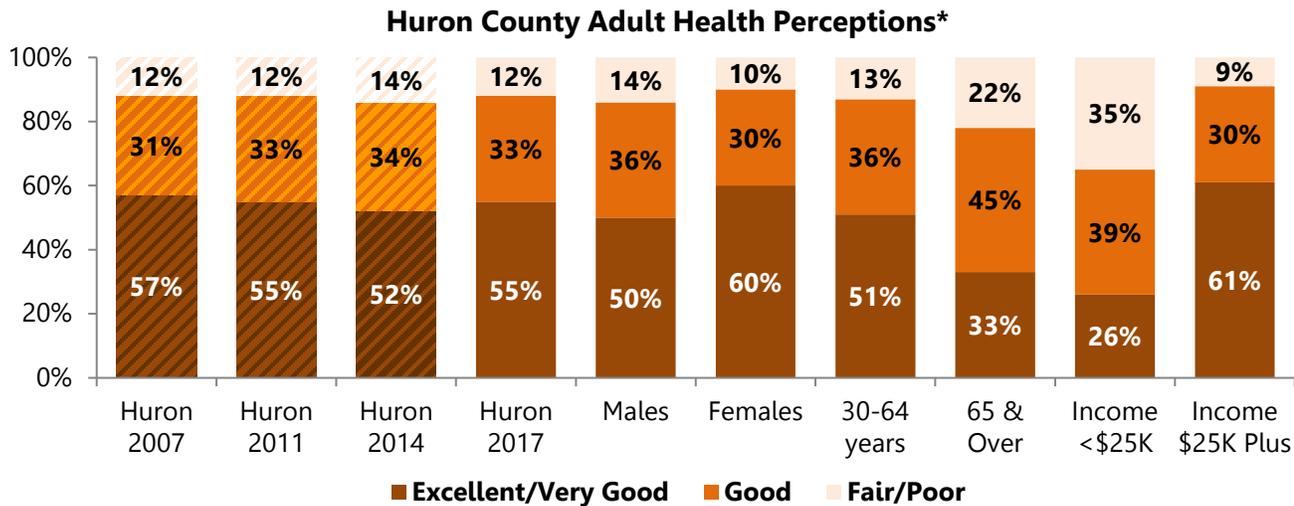
- In 2017, 30% of Huron County adults rated their mental health as not good on four or more days in the previous month.
- Huron County adults reported their mental health as not good on an average of 4.8 days in the previous month. Ohio and U.S. adults reported their mental health as not good on an average of 4.3 days and 3.7 days, respectively, in the previous month (*Source: 2014 BRFSS*).
- Huron County adults were most likely to rate their mental health as not good if they had an annual household income under \$25,000 (52%).

Adults Who Rated General Health Status Excellent or Very Good

- Huron County 55% (2017)
- Ohio 52% (2015)
- U.S. 52% (2015)

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

The following graph shows the percentage of Huron County adults who described their general health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 55% of all Huron County adults and 33% of those ages 65 and older 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.



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

The following table shows the percentage of Huron County adults who indicated their physical health and mental health was not good in the past 30 days. Examples of how to interpret the information in the table include: 21% of males reported their physical health was not good on 8 or more days in the past 30 days and 5% of females reported their mental health was not good on 4-5 days in the past 30 days.

	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	50%	17%	7%	3%	21%
Females	50%	27%	5%	2%	14%
Total	50%	22%	6%	3%	17%
Mental Health Not Good in Past 30 Days*					
Males	52%	13%	9%	5%	18%
Females	52%	19%	5%	4%	18%
Total	52%	16%	7%	5%	18%

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

Adult Comparisons	Huron County 2007	Huron County 2011	Huron County 2014	Huron County 2017	Progress	Ohio 2015	U.S. 2015
Rated general health as excellent or very good	57%	55%	52%	55%	↑	52%	52%
Rated general health as fair or poor	12%	12%	14%	12%	↓	17%	16%
Rated their mental health as not good on four or more days in the previous month	21%	23%	20%	30%	↑	N/A	N/A
Average days that physical health not good in past month	N/A	N/A	3.2	4.7	↑	4.0*	3.8*
Average days that mental health not good in past month	N/A	N/A	3.1	4.8	↑	4.3*	3.7*

*2014 BRFSS data
N/A – Not Available

Health Behaviors: Adult Weight Status

Key Findings

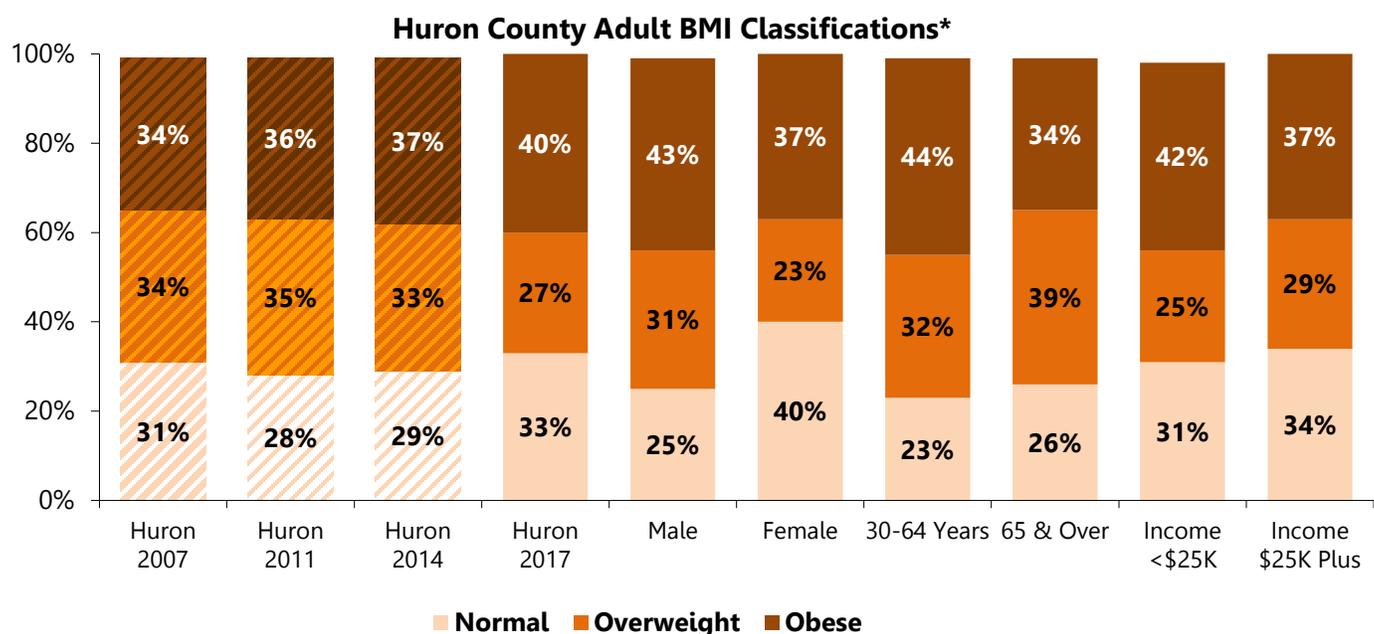
The 2017 health assessment identified that 67% of Huron County adults were overweight or obese based on Body Mass Index (BMI). The 2015 BRFSS indicates that 30% of Ohio and U.S. adults were obese and 37% of Ohio and 36% of U.S. adults were overweight by BMI. Two-fifths (40%) of Huron County adults were obese.

Adult Weight Status

- In 2017, the health assessment indicated that two-thirds (67%) of Huron County adults were either overweight (27%) or obese (40%) 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, 34% were trying to maintain their current weight or keep from gaining weight, and 6% were trying to gain weight.
- Huron County adults did the following to lose weight or keep from gaining weight: drank more water (46%); ate less food, fewer calories, or foods low in fat (45%); exercised (41%); ate a low-carb diet (9%); smoked cigarettes (4%); used a weight loss program (4%); took diet pills, powders or liquids without a doctor's advice (3%); health coaching (2%); took prescribed medications (1%); went without eating 24 or more hours (1%); participated in a prescribed dietary or fitness program (1%); took laxatives (<1%); and vomited after eating (<1%).

Adult Comparisons	Huron County 2007	Huron County 2011	Huron County 2014	Huron County 2017	Progress	Ohio 2015	U.S. 2015
Obese	34%	36%	37%	40%	↑	30%	30%
Overweight	34%	35%	33%	27%	↓	37%	36%

The following graph shows the percentage of Huron County adults who were overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 33% of all Huron County adults were classified as normal weight, 27% were overweight, and 40% were obese.



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

Physical Activity

- In Huron County, 48% of adults were engaging in some type of physical activity or exercise for at least 30 minutes three or more days per week. Twenty-eight percent (28%) of adults exercised five or more days per week. More than one-fourth (27%) 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 two hours and 30 minutes every week or vigorous exercise for at least one 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 two or more days per week (*Source: CDC, Physical Activity for Everyone, 2015*).
- Huron County adults spent the most time doing the following physical activities in the past year: walking (42%), occupational exercise (8%), exercise machines (5%), running/jogging (3%), cycling (3%), exercise videos (3%), strength training (3%), group exercise classes (2%), swimming (<1%), and other activities (6%). Twenty-two percent (22%) of adults did not exercise at all, including 4% who were unable to do so.
- Reasons for not exercising included the following: time (31%); too tired (21%); weather (21%); pain or discomfort (18%); laziness (16%); could not afford a gym membership (11%); did not like to exercise (9%); no gym available (4%); no exercise partner (4%); no child care (3%); poorly maintained/no sidewalks (3%); neighborhood safety (3%); did not know what activities to do (2%); no walking, biking trails or parks (2%); doctor advised them not to exercise (1%); and transportation (1%).
- On an average day of the week, Huron County adults spent an average of 2.6 hours watching TV, 1.5 hours on their cell phone, 1.1 hours on the computer (outside of work), and 0.1 hours playing video games.

Nutrition

- In 2017, 65% of adults ate between 1-2 servings of fruits and vegetables per day. Twenty-six percent (26%) ate between 3-4 servings per day, and 2% ate 5 or more servings per day. The American Cancer Society recommends that adults eat at least 2½ cups (five servings) of fruits and vegetables per day to reduce the risk of cancer and to maintain good health (*Source: American Cancer Society, 2017*).
- Seventy-nine percent (79%) of adults ate out in a restaurant or brought home take-out in a typical week, 6% of whom did so for five or more meals.
- Huron County adults reported the following reasons they chose the types of food they ate: taste/enjoyment (68%), cost (54%), ease of preparation/time (50%), healthiness of food (44%), food they were used to (38%), availability (38%), what their family prefers (35%), nutritional content (29%), calorie content (23%), if it is organic (10%), artificial sweetener content (10%), if it is genetically modified (9%), health care provider's advice (5%), if it is lactose free (5%), other food sensitivities (4%), if it is gluten free (3%), limitations set by WIC (<1%), and other reasons (5%).
- Huron County adults purchased their fruits and vegetables from the following places: large grocery store (73%), local grocery store (70%), grow their own/garden (31%), farmers market (27%), Dollar General/dollar store (5%), corner/convenience store (2%), food pantry (2%), Community Supported Agriculture (CSA) (1%), mail order food service (<1%), Veggie Mobile/mobile produce (<1%), and other places (3%).
- Adults reported the following barriers to consuming fruits and vegetables: too expensive (18%), did not like the taste (4%), did not know how to prepare (2%), no variety (1%), no access (1%), transportation (1%), and other barriers (4%).

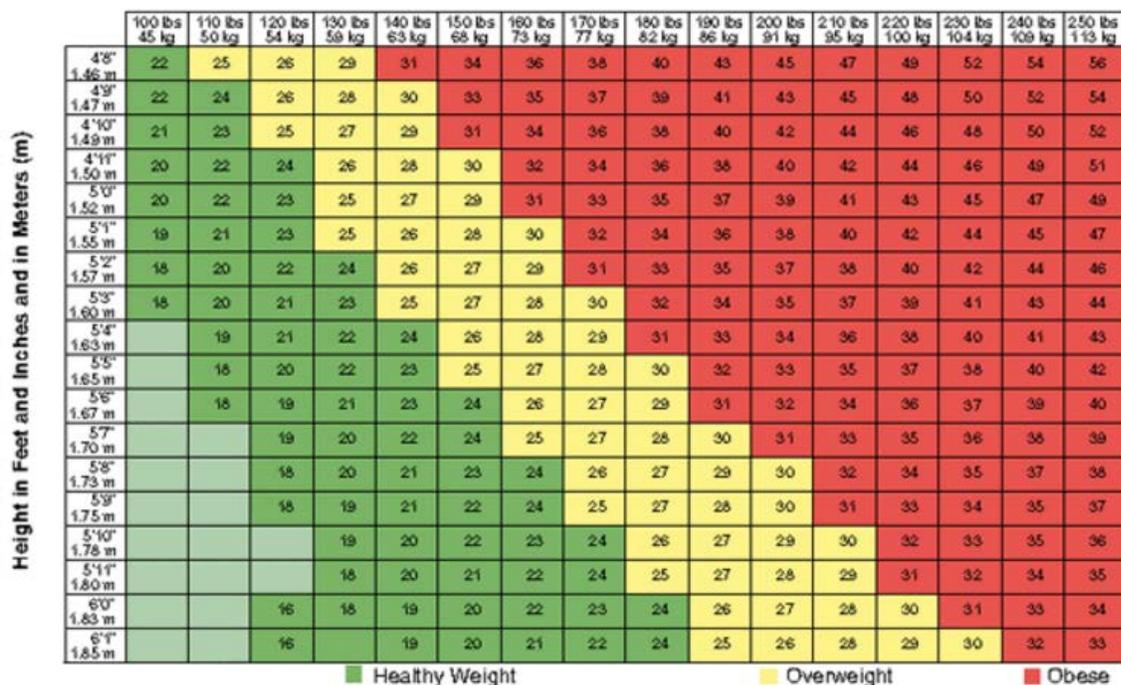
- Huron County adults had access to a wellness program through their employer or spouse's employer with the following features: lower insurance premiums for participation in wellness program (18%), on-site health screenings (13%), health risk assessment (12%), free/discounted gym membership (11%), gift cards or cash for participation in wellness program (9%), healthier food options in vending machines or cafeteria (7%), free/discounted smoking cessation program (5%), free/discounted weight loss program (5%), lower insurance premiums for positive changes in health status (3%), on-site health education classes (3%), on-site fitness facility (2%), and gift cards or cash for positive changes in health status (2%).
- Twenty-four percent (24%) of Huron County adults did not have access to any wellness programs.

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 (10.8%).
- 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 60 or above (32.3%) adults.

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

The following figure is a Body Mass Index (BMI) Chart showing weight in pounds (lbs.) and kilograms (kg) for adults.



(Source: U.S. Department of Health and Human Services, National Heart, Lung, and Blood Institute, 2008)

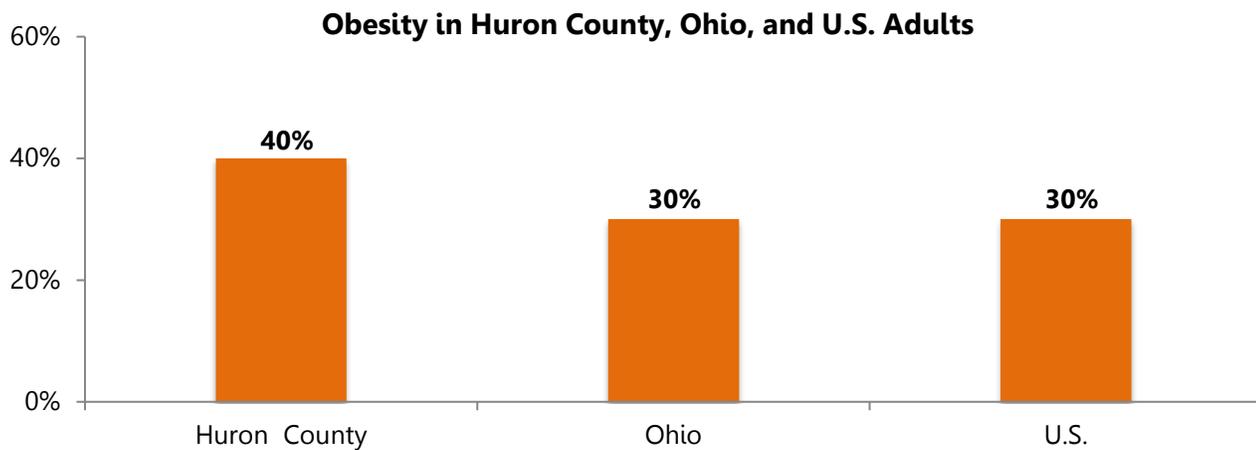
BMI Measurements

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

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

(Source: CDC, Healthy Weight, updated August 11, 2017)

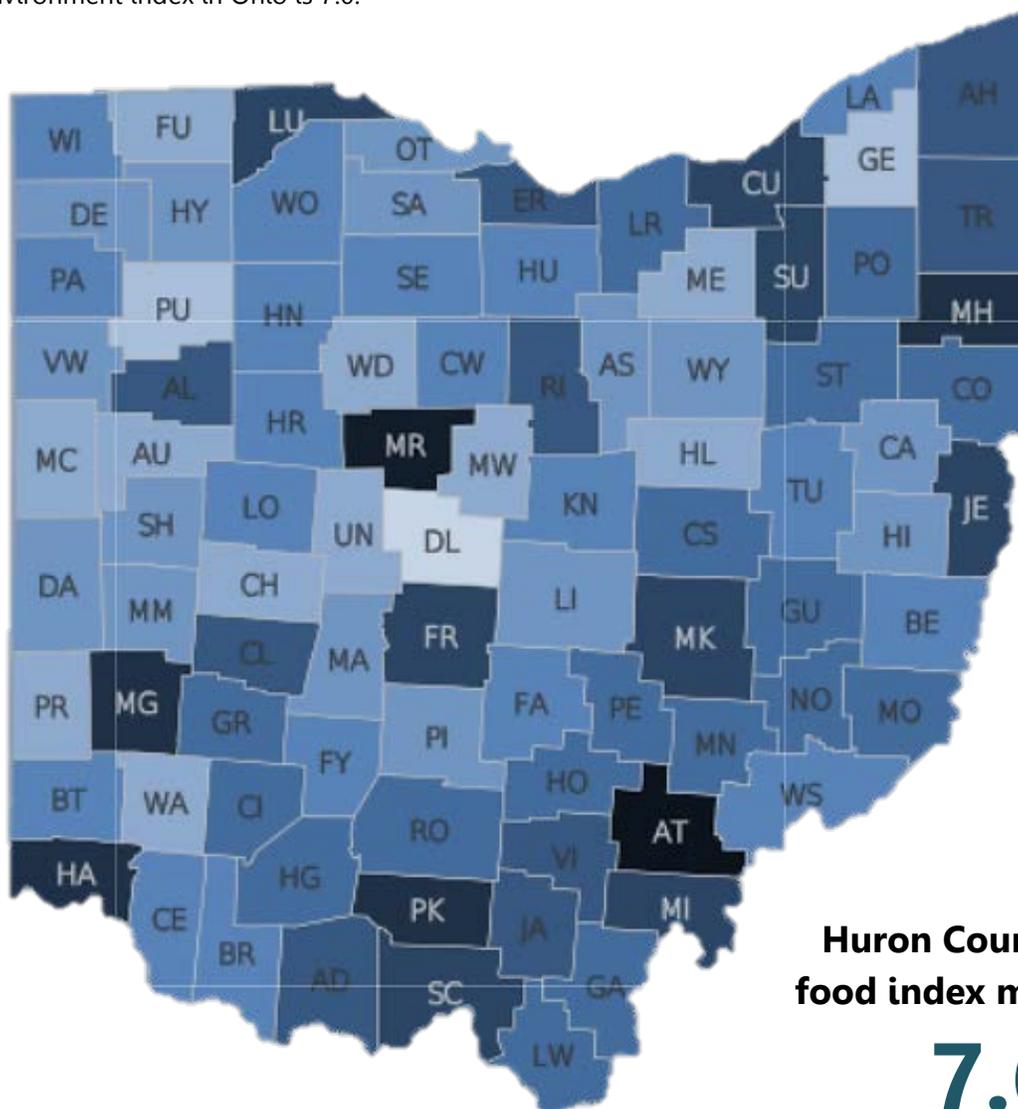
The following graph shows the percentage of Huron County adults who were obese compared to Ohio and U.S.



(Source: 2017 Huron County Health Assessment and 2015 BRFSS)

The Food Environment Index measures the quality of the food environment in a county on a scale from 0 to 10 (zero being the worst value in the nation, and 10 being the best). The two variables used to determine the measure are limited access to healthy foods (i.e. the percentage of the population who are low income and do not live close to a grocery store) & food insecurity (i.e. the percentage of the population who did not have access to a reliable source of food during the past year).

- The food environment index in Huron County is 7.6.
- The food environment index in Ohio is 7.0.



BEST  WORST

"Best" indicates a value of 10 while "Worst" indicates a value of 0.

(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2017)

Health Behaviors: Adult Tobacco Use

Key Findings

In 2017, 15% of Huron County adults were current smokers, and 24% were considered former smokers. Seven percent (7%) of adults used e-cigarettes in the past year.

In 2017, 15% of Huron County adults were current smokers.

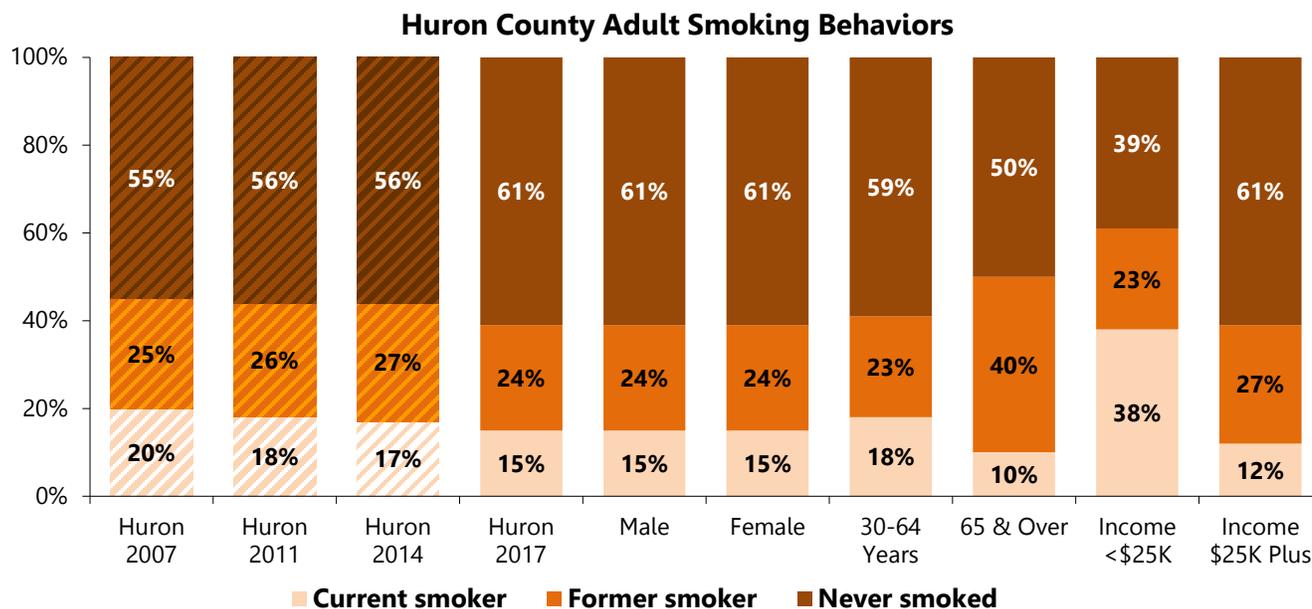
Adult Tobacco Use Behaviors

- The 2017 health assessment identified that more than one-in-seven (15%) Huron 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% of the U.S.
- Huron County adult smokers were more likely to have:
 - Rated their overall health as poor (63%)
 - Been divorced (27%)
 - Incomes less than \$25,000 (38%)
- Huron County adults used the following tobacco products in the past year: cigarettes (22%), e-cigarettes (7%), cigars (5%), roll-your-own (5%), Black and Milds (4%), snuff (3%), chewing tobacco (2%), pipes (2%), Swishers (2%), hookah (1%), little cigars (1%), cigarillos (<1%), and pouch (<1%).
- Thirty-three percent (33%) of current smokers used one of the following methods to quit smoking in the past year: cold turkey (20%), e-cigarette (7%), nicotine patch (7%), prescribed Chantix (6%), substitutive behaviors (4%), nicotine gum (2%), Wellbutrin (2%), and use a quit line (2%).

Adult Comparisons	Huron County 2007	Huron County 2011	Huron County 2014	Huron County 2017	Progress	Ohio 2015	U.S. 2015
Current smoker	20%	18%	17%	15%	↓	22%	18%
Former smoker	25%	26%	27%	24%	↓	24%	25%
Tried to quit smoking	50%	59%	43%	33%	↓	N/A	N/A

N/A – not available

The following graph shows the percentage of Huron County adults who were smokers. Examples of how to interpret the information include: 15% of all Huron County adults were current smokers, 24% of all adults were former smokers, and 61% 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?"

33% 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, updates May 15, 2017)

Electronic Cigarettes Facts

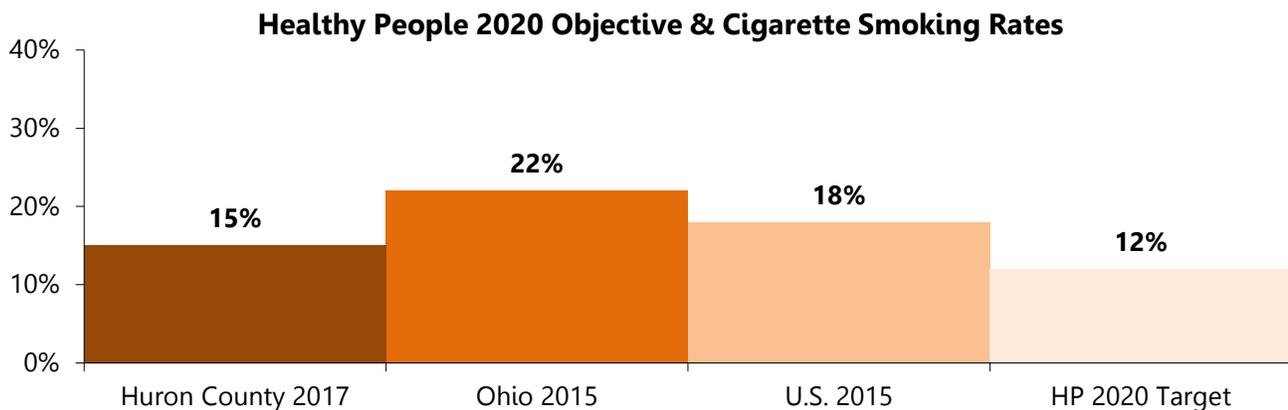
- Electronic cigarettes (e-cigarettes) are battery-powered products that typically deliver nicotine in the form of an aerosol.
- In 2014, 12.6% of adults had tried e-cigarettes even one time, with use differing by sex, age, and race and Hispanic or Latino origin.
- About 3.7% of adults currently used 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)

7% of Huron County adults used e-cigarettes in the past year

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

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

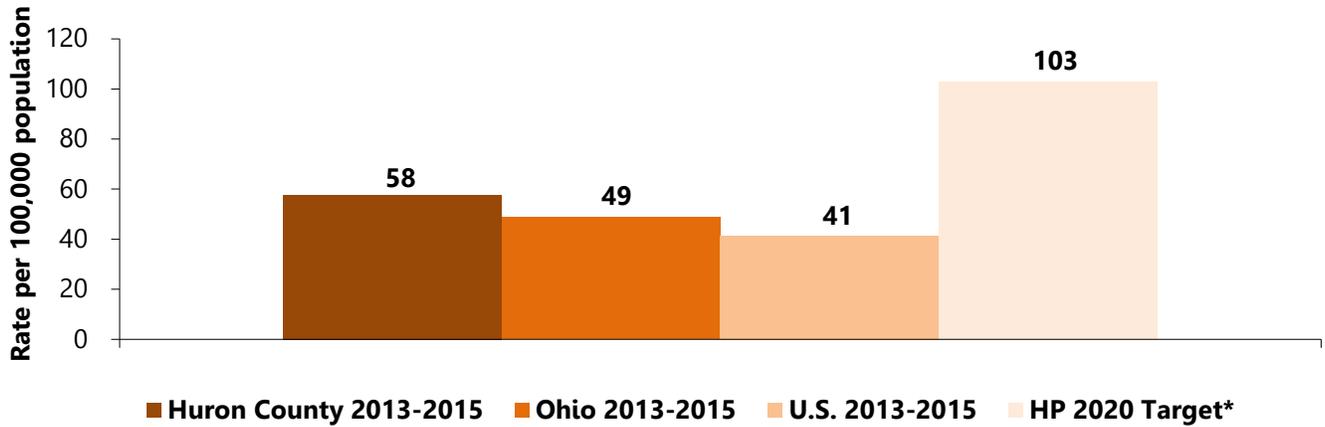


Source: 2017 Huron County Health Assessment, 2014 BRFSS and Healthy People 2020

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

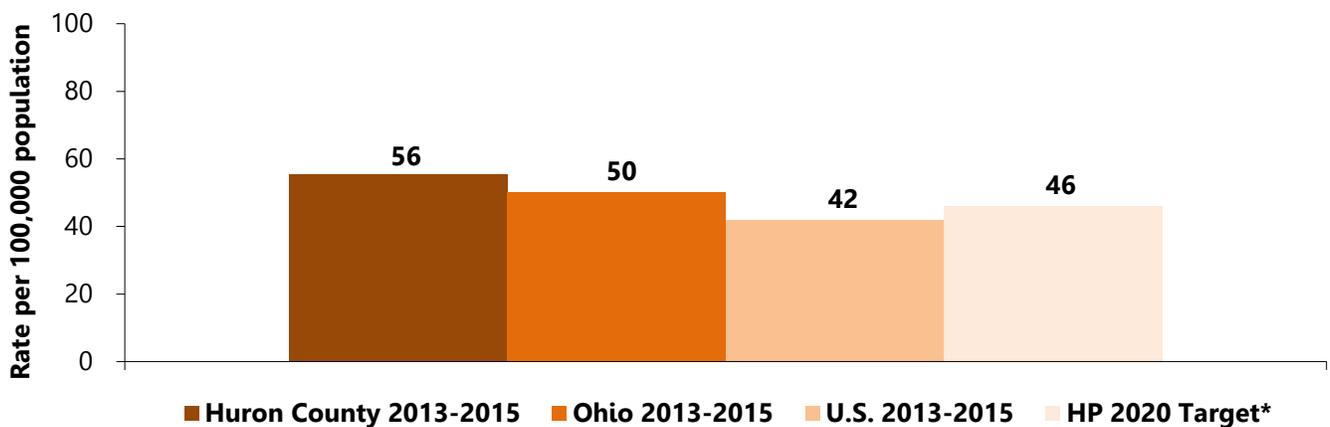
- From 2013-2015, Huron County's age-adjusted mortality rate for Chronic Lower Respiratory Disease was higher than both the U.S. and the Ohio rate, but lower than the Healthy People 2020 target objective.
- For the age-adjusted mortality rates for lung and bronchus cancer, Huron County rates were higher than U.S., Ohio and the Healthy People 2020 target.

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



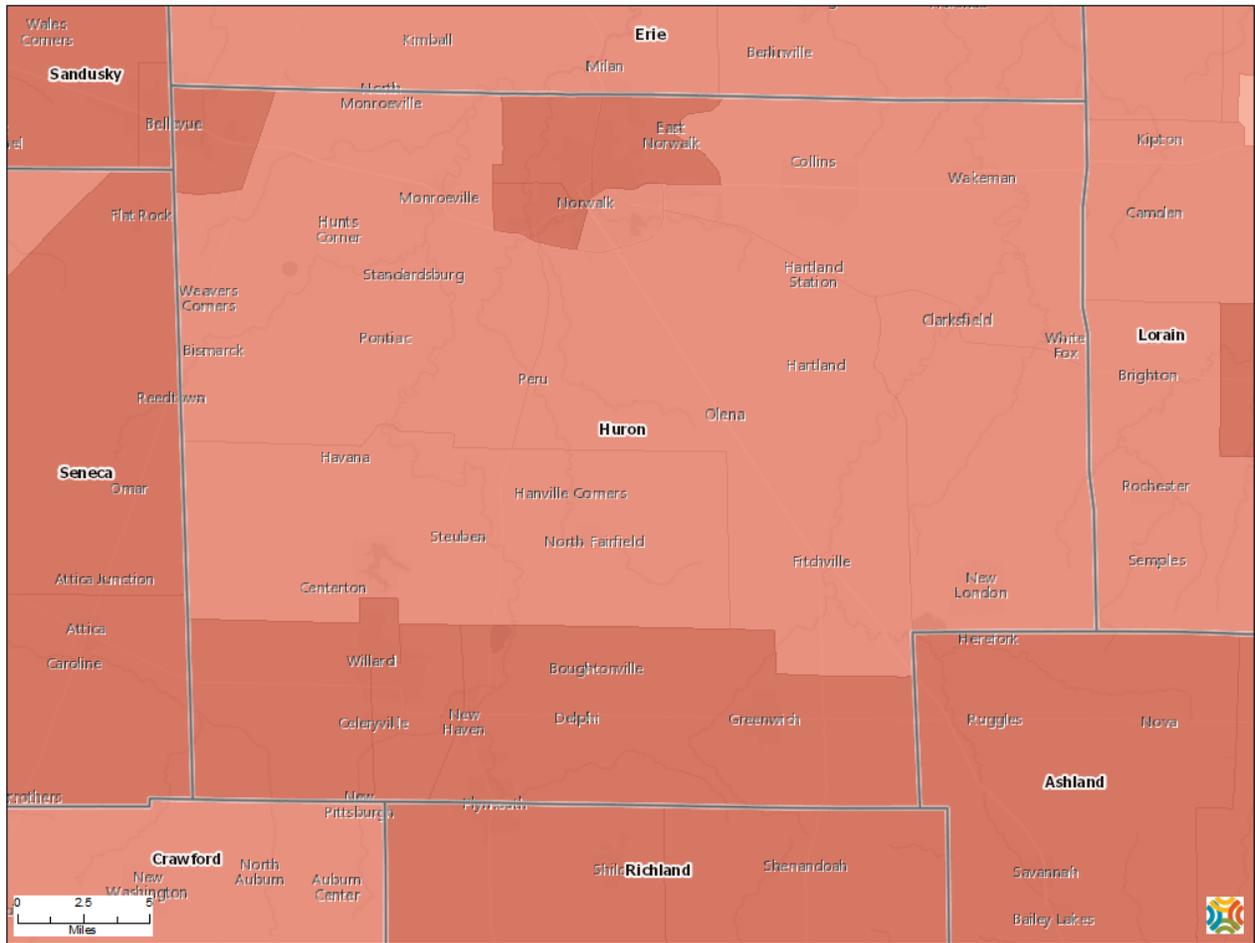
*Healthy People 2020's target rate and the U.S. rate is for adults aged 45 years and older.
(Source: CDC Wonder 2013-2015 and Healthy People 2020)

Age-Adjusted Mortality Rates for Lung & Bronchus Cancer



*Healthy People 2020 Target data is for lung cancer only
(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2013-2015, National Cancer Institute)

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



(Source: Community Commons, updated 4/13/2017)

Description of indicator: Tobacco expenditures included in this category are cigarettes only; cigars and other tobacco products are not included. Census tract level average and aggregated total household expenditures and category expenditures were acquired from the 2011 Nielsen Consumer Buying Power (CBP) SiteReports. To generate acceptable map output in compliance with the Nielsen terms of use agreement, percent expenditures for each tract were sorted and ranked. Quintiles were assigned to each tract based on national rank and symbolized within the map.

Health Behaviors: Adult Alcohol Consumption

Key Findings

In 2017, the health assessment indicated that 58% of Huron County adults had at least one alcoholic drink in the past month and would be considered current drinkers. Twenty-five percent (25%) of all Huron County adults were binge drinkers.

11% of Huron County adults reported driving after having perhaps too much to drink.

Adult Alcohol Consumption

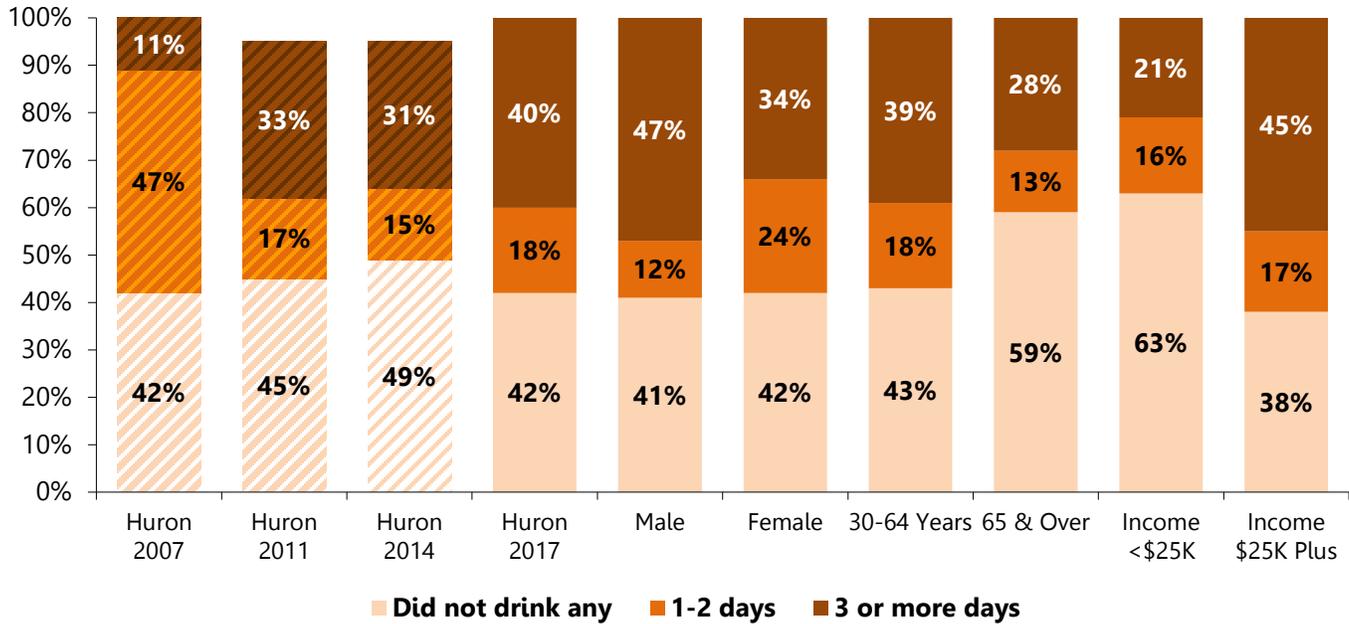
- In 2017, 58% of Huron County adults had at least one alcoholic drink in the past month and would be considered current drinkers. The 2015 BRFSS reported current drinker prevalence rates of 53% for Ohio and 54% for the U.S.
- Of those who drank, Huron County adults drank 2.6 drinks on average, increasing to 3.5 drinks for males.
- One-in-four (25%) Huron County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers (the 2015 BRFSS reported binge drinking rates of 18% for Ohio and 16% for the U.S.). Of current drinkers, 45% were considered binge drinkers.
- Eleven percent (11%) of Huron County adults reported driving after having perhaps too much to drink.
- Huron County adults experienced the following in the past six months: drove a vehicle or other equipment after having any alcoholic beverages (12%); drank more than they expected (10%); used prescription drugs while drinking (4%); continued to drink despite problems caused by drinking (3%); drank more to get the same effect (1%); gave up other activities to drink (1%); placed themselves or their family in harm (1%); failed to fulfill duties at work, home, or school (1%); spent a lot of time drinking (1%); tried to quit or cut down but could not (1%); and had legal problems (<1%).
- Huron County current drinkers indicated they drank alcohol for the following reasons: taste/enjoyment (36%), social events (31%), helped them relax/relieved stress (23%), liked the way it made them feel (7%), normal/part of the culture (3%), social expectation (3%), their parents drank alcohol (2%), not much else to do (1%), and other reasons (4%).

Adult Comparisons	Huron County 2007	Huron County 2011	Huron County 2014	Huron County 2017	Progress	Ohio 2015	U.S. 2015
Drank alcohol at least once in past month	58%	50%	46%	58%	↑	53%	54%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	27%	19%	16%	25%	↑	18%	16%
Drove after having perhaps too much to drink	9%	4%	2%	11%	↑	4%*	3%*

N/A - Not available
*2014 BRFSS

The following graphs show the percentage of Huron County adults consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 42% of all Huron County adults did not drink alcohol, 41% of Huron County males did not drink, and 42% of adult females reported they did not drink.

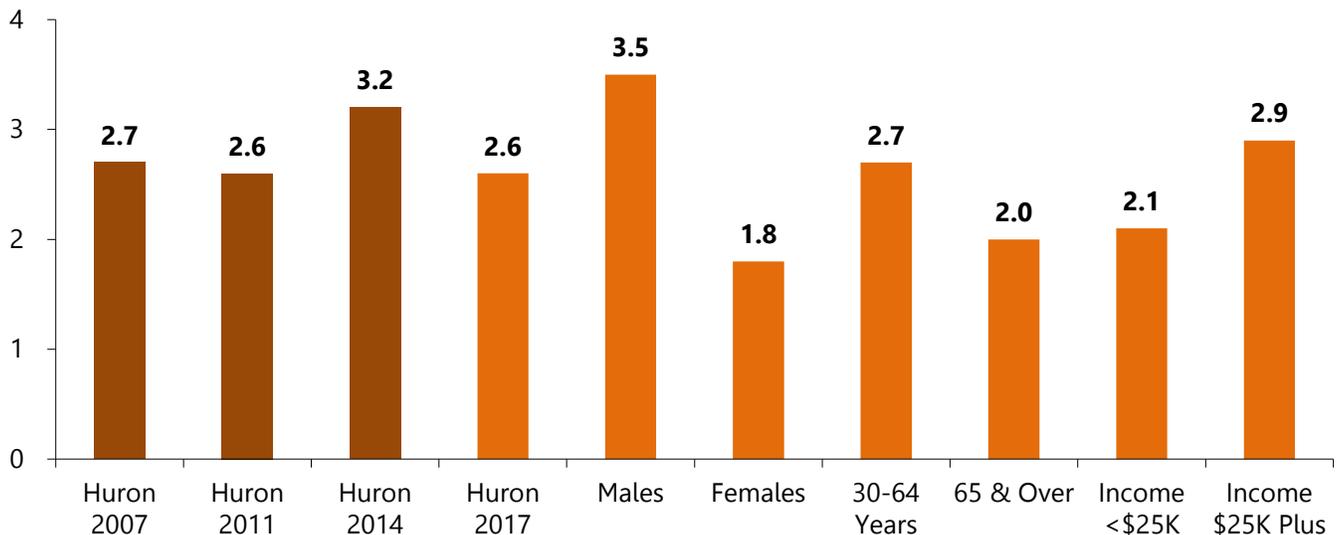
Average Number of Days Drinking Alcohol in the Past Month*



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

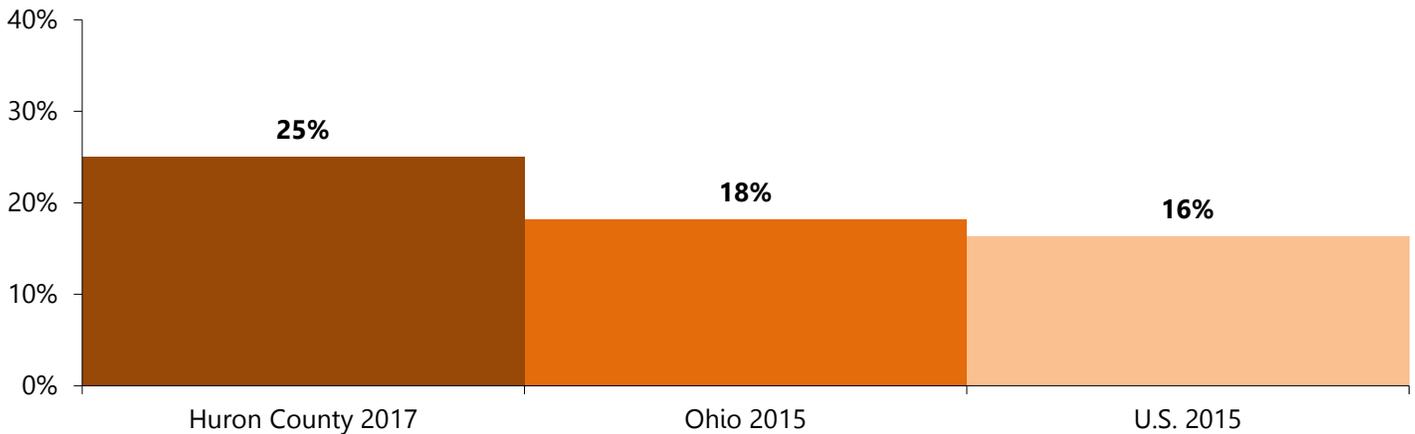
25% of Huron County adults were binge drinkers

Adults Average Number of Drinks Consumed Per Drinking Occasion



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

Adult Binge Drinkers In The Past Month*



Source: 2017 BRFSS, 2017 Huron 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.

Excessive Alcohol Use and Risks to Women’s Health

Although men are more likely to drink alcohol and drink in larger amounts, gender differences in body structure and chemistry cause women to absorb more alcohol, and take longer to break it down and remove it from their bodies (i.e., to metabolize it). In other words, upon drinking equal amounts, women have higher alcohol levels in their blood than men, and the immediate effects of alcohol occur more quickly and last longer in women than men. These differences also make it more likely that drinking will cause long-term health problems in women than men.

Women are more likely than men to experience the following as a result of drinking alcohol:

- **Liver Disease:** The risk of cirrhosis and other alcohol-related liver diseases is higher for women than for men.
- **Impact on the Brain:** Excessive drinking may result in memory loss and shrinkage of the brain. Research suggests that women are more vulnerable than men to the brain damaging effects of excessive alcohol use, and the damage tends to appear with shorter periods of excessive drinking for women than for men.
- **Impact on the Heart:** Studies have shown that women who drink excessively are at increased risk for damage to the heart muscle than men even for women drinking at lower levels.
- **Cancer:** Alcohol consumption increases the risk of cancer of the mouth, throat, esophagus, liver, colon, and breast among women. The risk of breast cancer increases as alcohol use increases.
- **Sexual Assault:** Binge drinking is a risk factor for sexual assault, especially among young women in college settings. Each year, about 1 in 20 college women are sexually assaulted. Research suggests that there is an increase in the risk of rape or sexual assault when both the attacker and victim have used alcohol prior to the attack.

(Source: Centers for Disease Control and Prevention, Excessive Alcohol Use and Risks to Women’s Health, March 2016)

Economic Costs of Excessive Alcohol Use

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

(Source: CDC, *Alcohol and Public Health – Excessive Drinking*, updated June 15 2017)

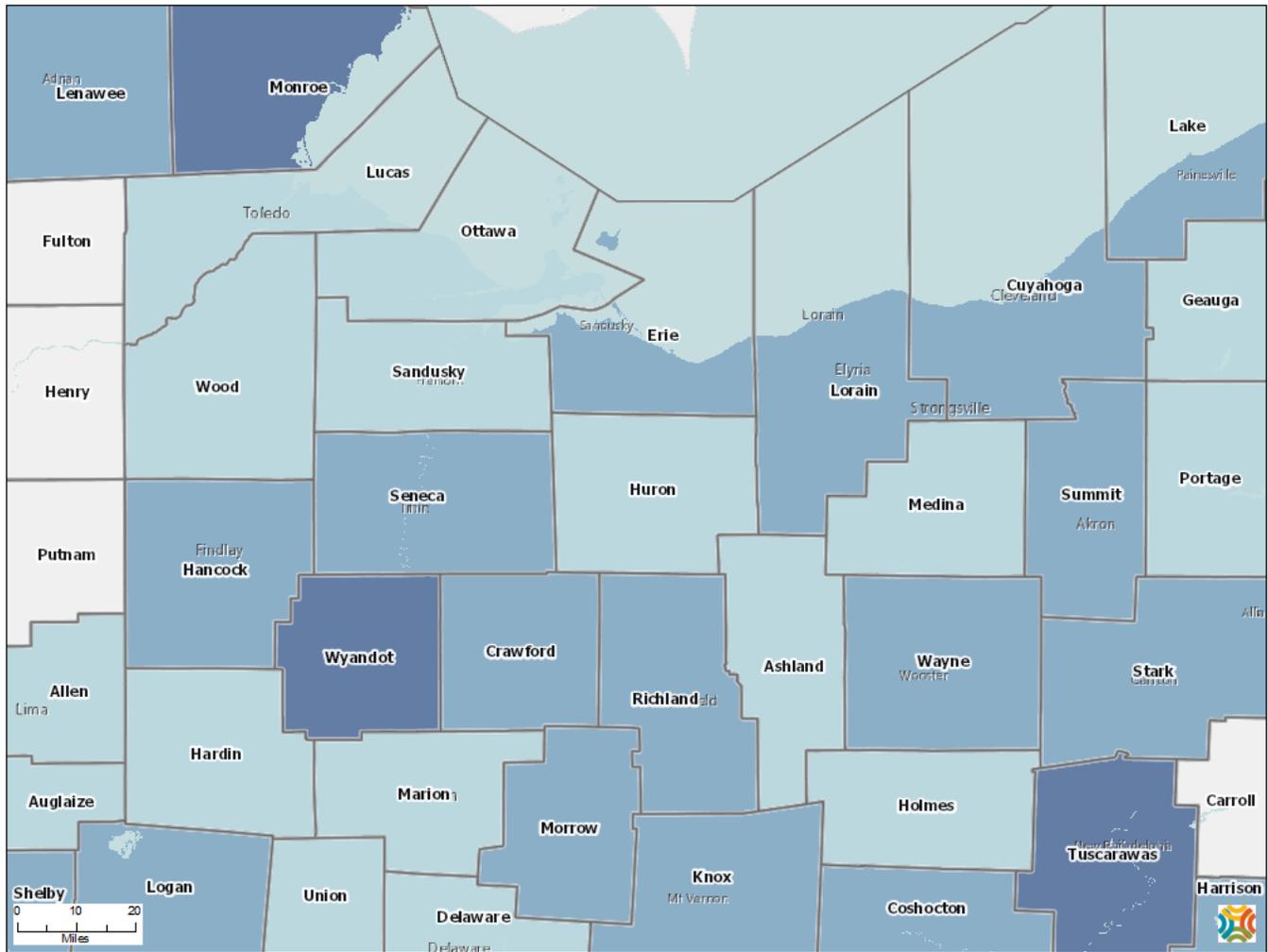
The following table shows the City of Norwalk, Huron County, and Ohio motor vehicle accident statistics. The table shows:

- In 2016, 5% of the total crashes in Huron County were alcohol-related, as opposed to 4% for Ohio.
- Of the total number of alcohol-related crashes (52) in Huron County, 38% were property damage only, 56% were non-fatal injury, and 6% were fatal injury.
- There were 12,243 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.

	City of Bellevue 2016	City of Norwalk 2016	City of Willard 2016	Huron County 2016	Ohio 2016
Total Crashes	23	188	77	985	305,959
Alcohol-Related Total Crashes	0	8	1	52	12,243
Fatal Injury Crashes	2	0	0	8	1,054
Alcohol-Related Fatal Crashes	0	0	0	3	313
Alcohol Impaired Drivers in Crashes	0	7	1	51	11,958
Injury Crashes	6	42	12	244	77,513
Alcohol-Related Injury Crashes	0	3	0	29	5,076
Property Damage Only	15	146	65	733	227,392
Alcohol-Related Property Damage Only	0	5	1	20	6,854
Deaths	2	0	0	9	1,133
Alcohol-Related Deaths	0	0	0	4	346
Total Non-Fatal Injuries	12	57	13	371	112,330
Alcohol-Related Injuries	0	3	0	45	7,199

(Source: Ohio Department of Public Safety, *Crash Reports, Updated 4/18/2017, Traffic Crash Facts*)

Beer, Wine and Liquor Stores, Rate (Per 100,000 Pop.) by County, (CBP) 2015



Map Legend

Beer, Wine and Liquor Stores, Rate (Per 100,000 Pop.) by County, CBP 2015

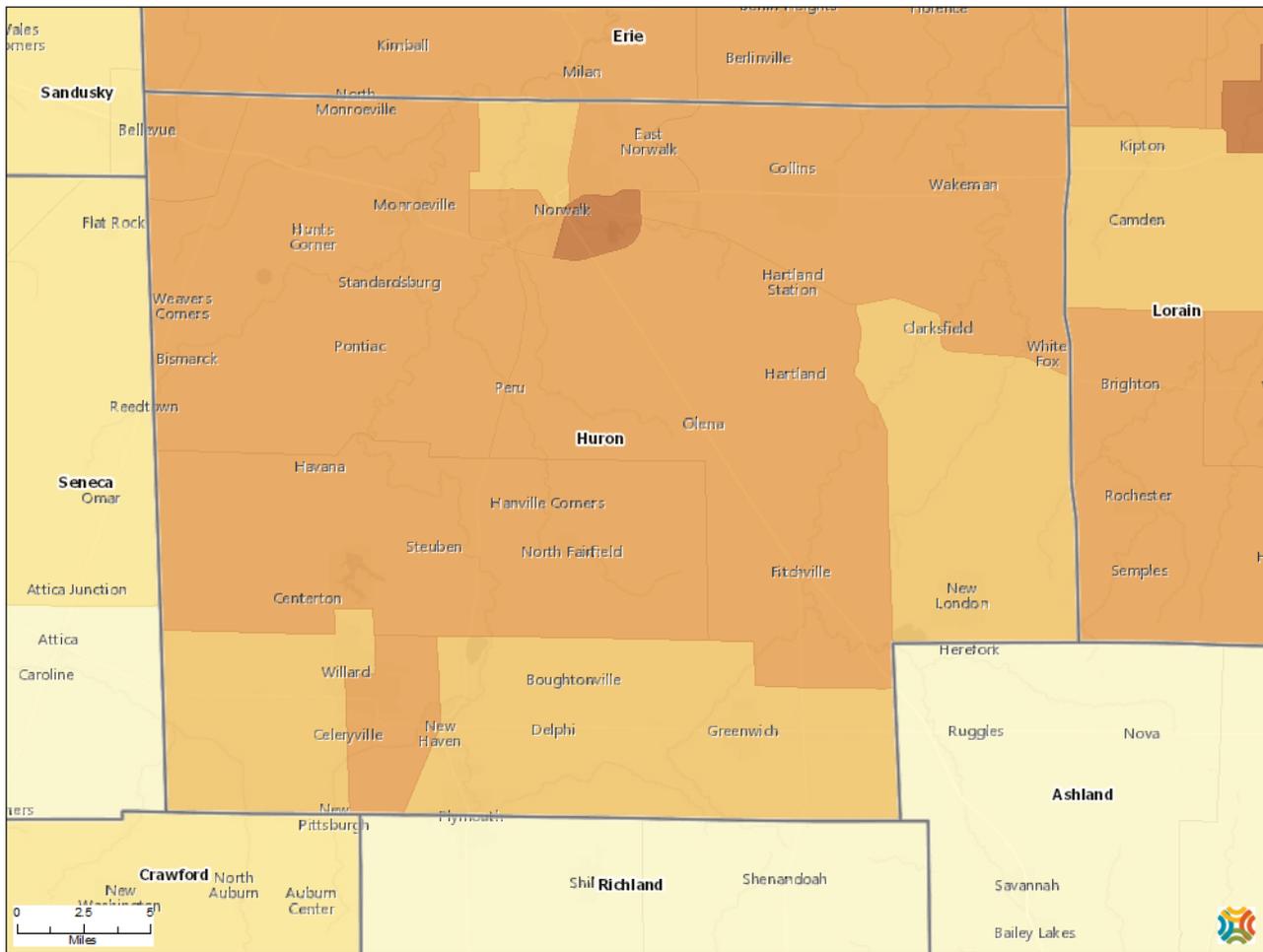
- Over 18.0
- 12.1 - 18.0
- 6.1 - 12.0
- Under 6.1
- No Beer, Wine, or Liquor Stores

Community Commons, 8/31/2017

(Source: Community Commons, updated 8/31/17)

Description of indicator: This layer provides information about select businesses and establishments across the United States. Data are from the US Census Bureau's County Business Patterns data series, which classifies businesses using the North American Industry Classification System (NAICS). Map layers include county-level establishment totals and establishment rates per 100,000 population. The population figures used in this analysis are from the US 2010 Decennial Census.

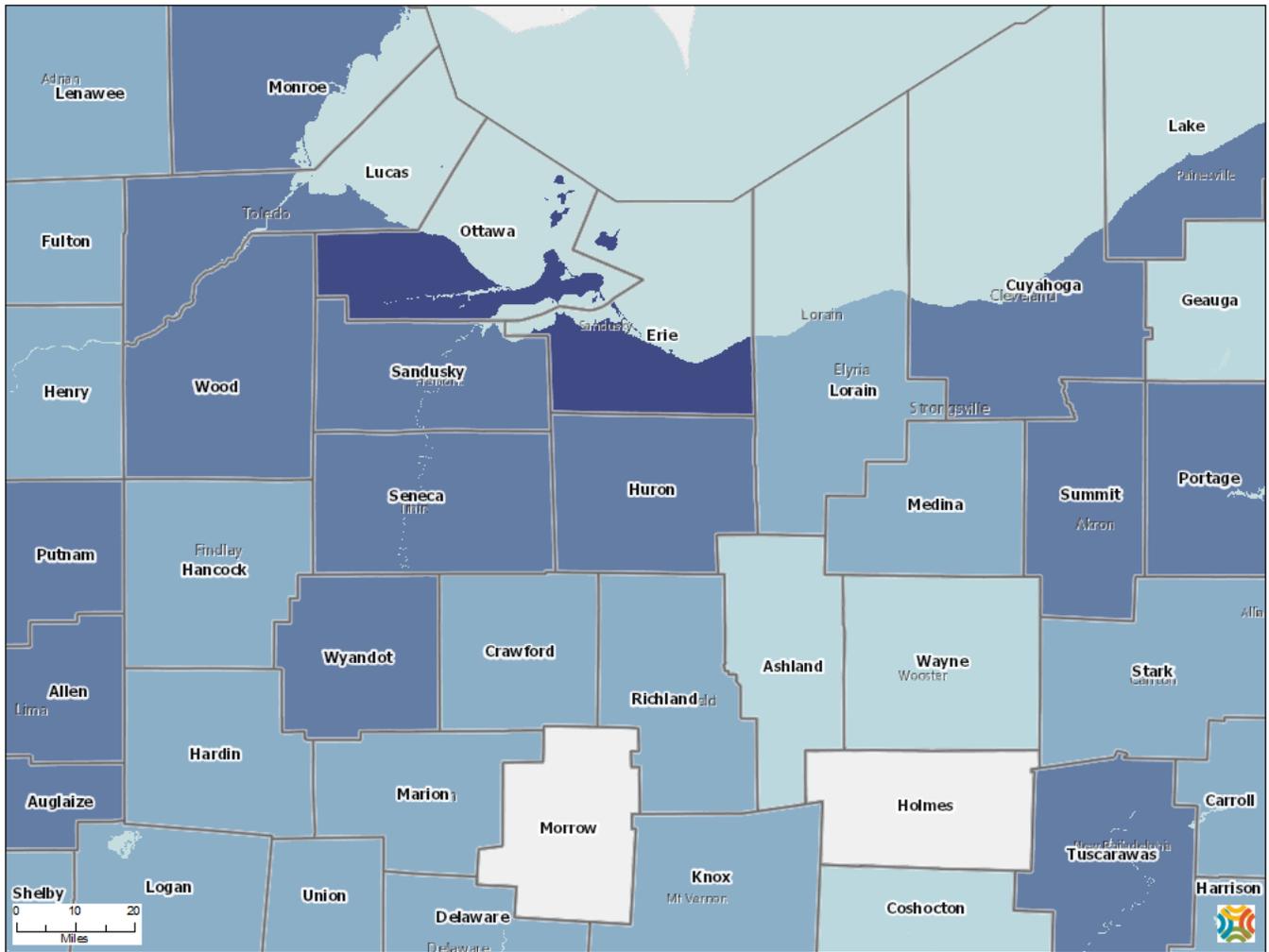
Alcohol Beverage Expenditures, National Rank by Tract, Nielsen 2014



(Source: Community Commons, updated 4/14/17)

Description of indicator: Alcohol expenditures included in this category are any beer, wine, and liquor purchased for consumption at home. Alcohol purchased at restaurants and bars is not included. Census tract level average and aggregated total household expenditures and category expenditures were acquired from the 2011 Nielsen Consumer Buying Power (CBP) SiteReports. To generate acceptable map output in compliance with the Nielsen terms of use agreement, percent expenditures for each tract were sorted and ranked; quintiles were assigned to each tract based on national rank and symbolized within the map. Additional attributes include each tract's within-state rank and quintile.

Bars and Drinking Establishments, Rate (Per 100,000 Pop.) by County, CBP 2015



Map Legend

Bars and Drinking Establishments, Rate (Per 100,000 Pop.) by County, CBP 2015

- Over 32.0
- 16.1 - 32.0
- 8.1 - 16.0
- Under 8.1
- No Bars or Drinking Establishments

Community Commons, 8/31/2017

(Source: Community Commons, updated 8/31/17)

Description of indicator: This layer provides information about select businesses and establishments across the United States. Data are from the US Census Bureau's County Business Patterns data series, which classifies businesses using the North American Industry Classification System (NAICS). Map layers include county-level establishment totals and establishment rates per 100,000 population. The population figures used in this analysis are from the US 2010 Decennial Census.

Health Behaviors: Adult Drug Use

Key Findings

In 2017, 6% of Huron County adults had used marijuana during the past six months. Three percent (3%) 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 six months.

Adult Drug Use

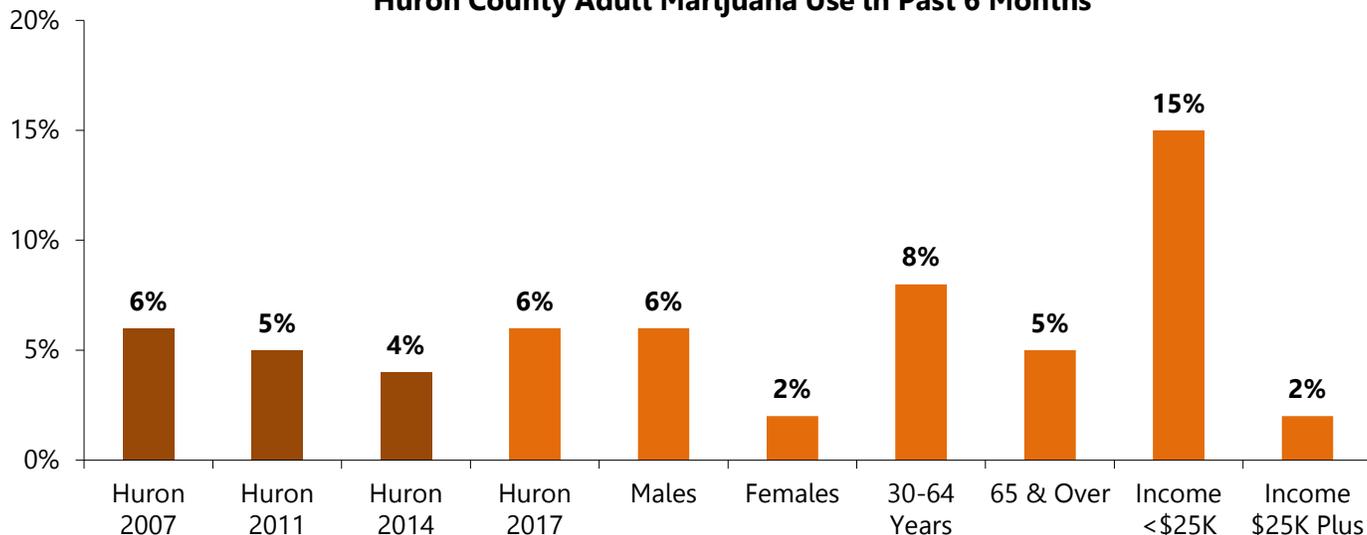
- Six percent (6%) of Huron County adults had used marijuana in the past 6 months, increasing to 15% of those with incomes less than \$25,000.
- One percent (1%) of Huron County adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- Three percent (3%) 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 six months, increasing to 10% of those with incomes less than \$25,000.
- Adults obtained these medications from the following: primary care physician (95%), multiple doctors (17%), ER or urgent care doctor (16%), free from friend or family member (9%), bought from a friend or family member (5%), and bought from a drug dealer (2%).
- Huron County adults indicated they did the following with their unused prescription medication: did not have unused prescription medication because they took all medication as prescribed (19%), threw it in the trash (17%), kept it (14%), took it to the Medication Collection program (10%), flushed it down the toilet (8%), took it to the Sheriff's Office (6%), took them in on Drug Take Back Days (5%), kept in a locked cabinet (3%), and traded it (<1%). Forty-seven percent (47%) of adults did not have unused medication.
- Huron County adults took the following over-the-counter drugs in a way not intended in the past six months: cough and cold medicine (13%), sleeping pills (5%), motion sickness pills (2%), energy boosters (1%), weight loss or diet pills (1%), and other drugs (1%).

Adult Comparisons	Huron County 2007	Huron County 2011	Huron County 2014	Huron County 2017	Progress	Ohio 2015	U.S. 2015
Adults who used marijuana in the past 6 months	6%	5%	4%	6%	↑	N/A	N/A
Adults who misused prescription drugs in the past 6 months	7%	8%	9%	3%	↓	N/A	N/A
Adults who used heroin in the past 6 months	0%	<1%	0%	0%	↔	N/A	N/A

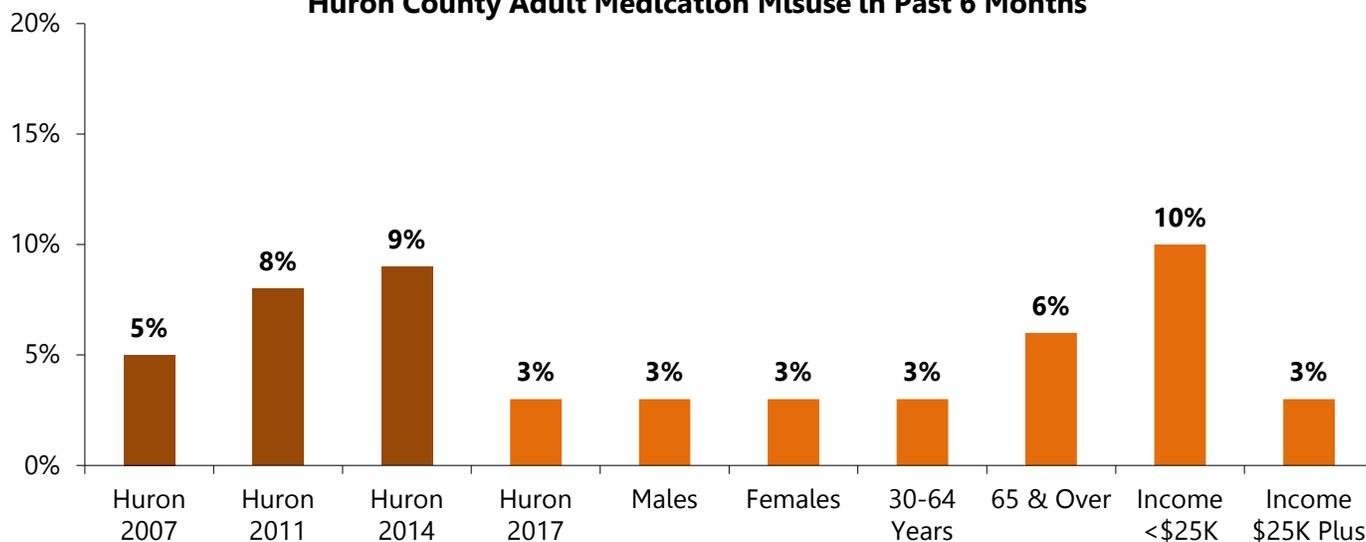
N/A – Not available

The following graphs show adult marijuana use in the past six months and medication misuse in the past six months. Examples of how to interpret the information include: 6% of all Huron County adults used marijuana in the past six months and 15% of adults with incomes less than \$25,000 were current users.

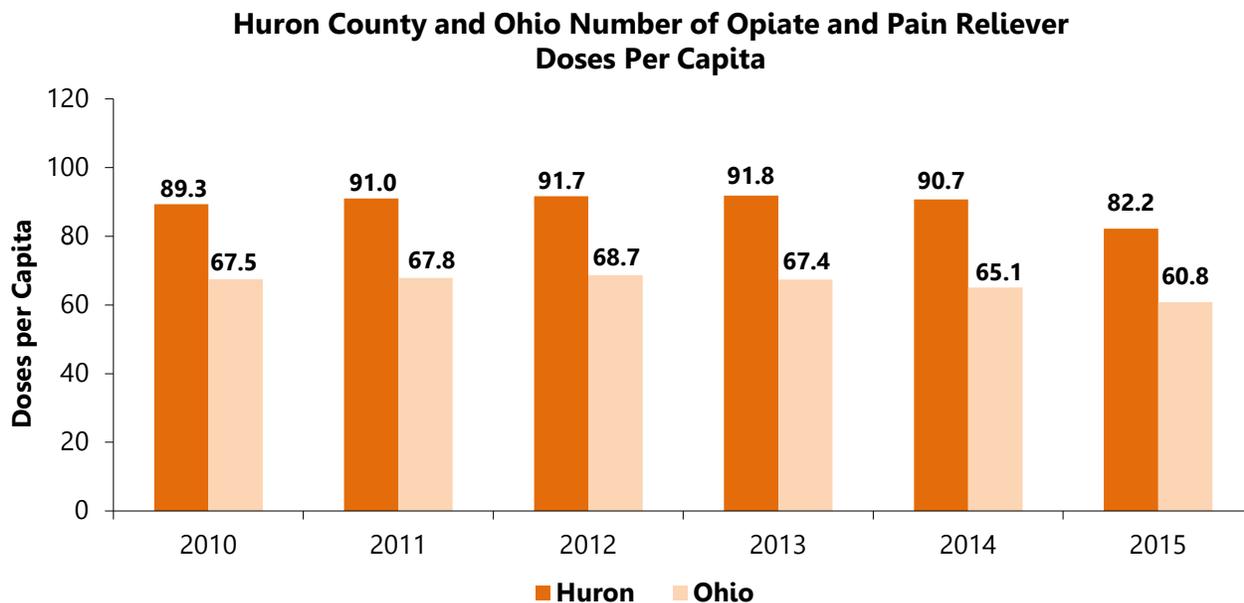
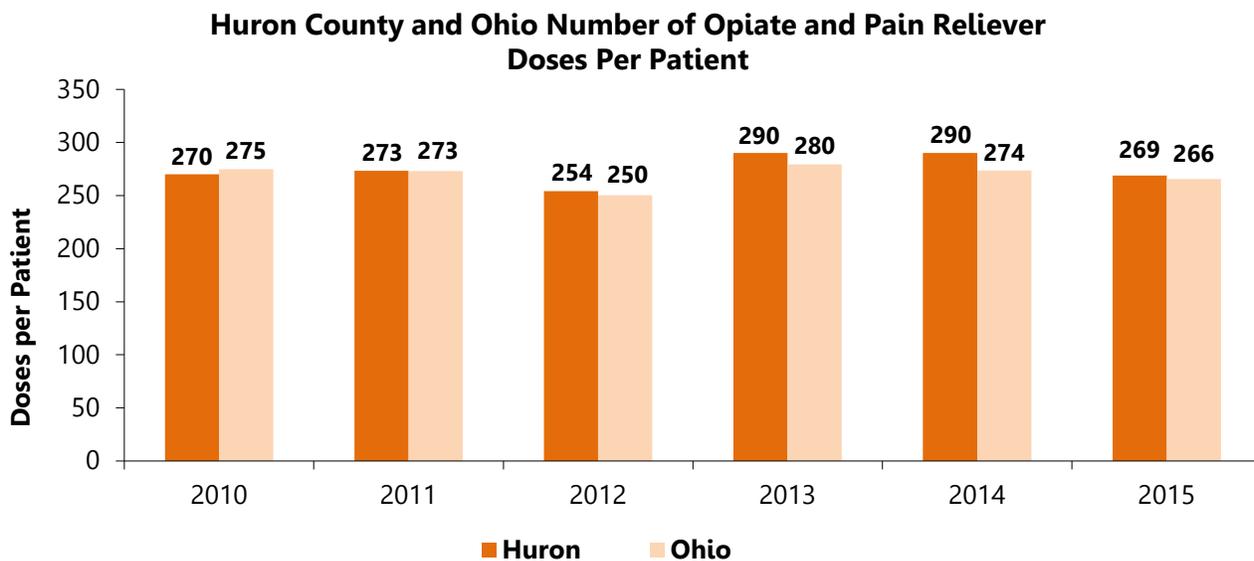
Huron County Adult Marijuana Use in Past 6 Months



Huron County Adult Medication Misuse in Past 6 Months

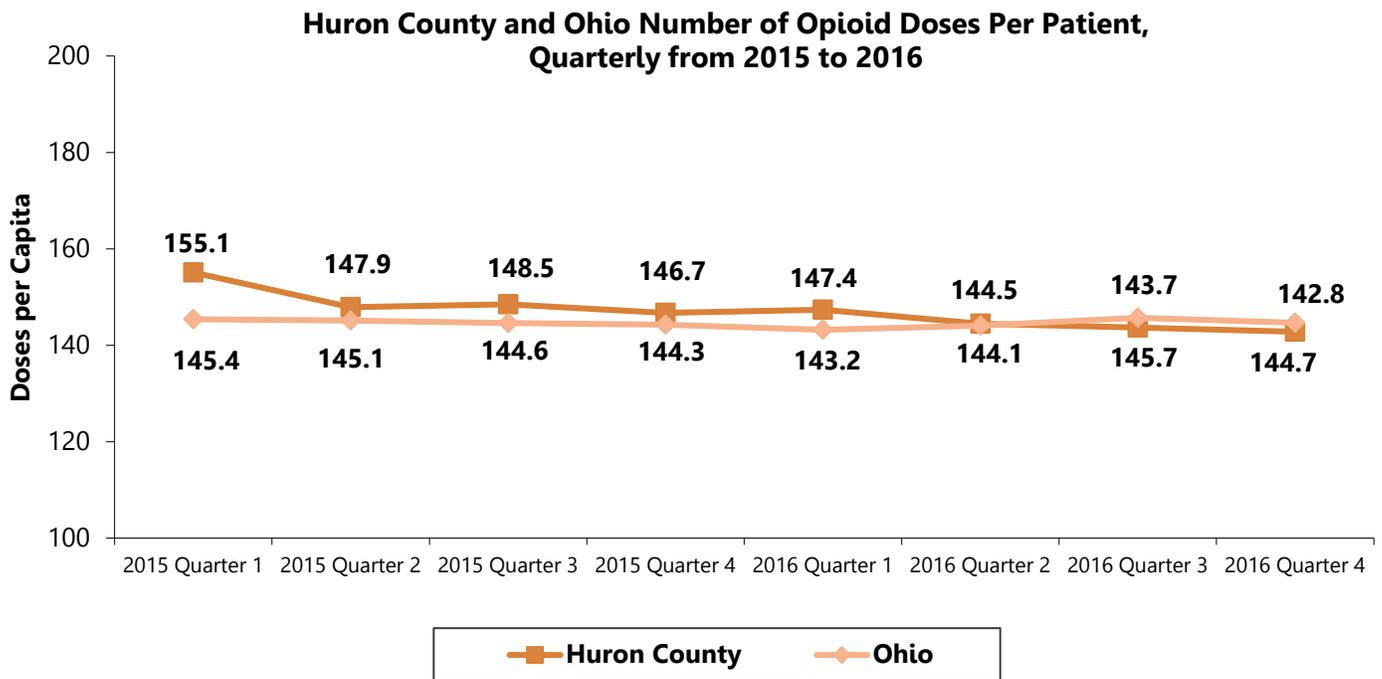
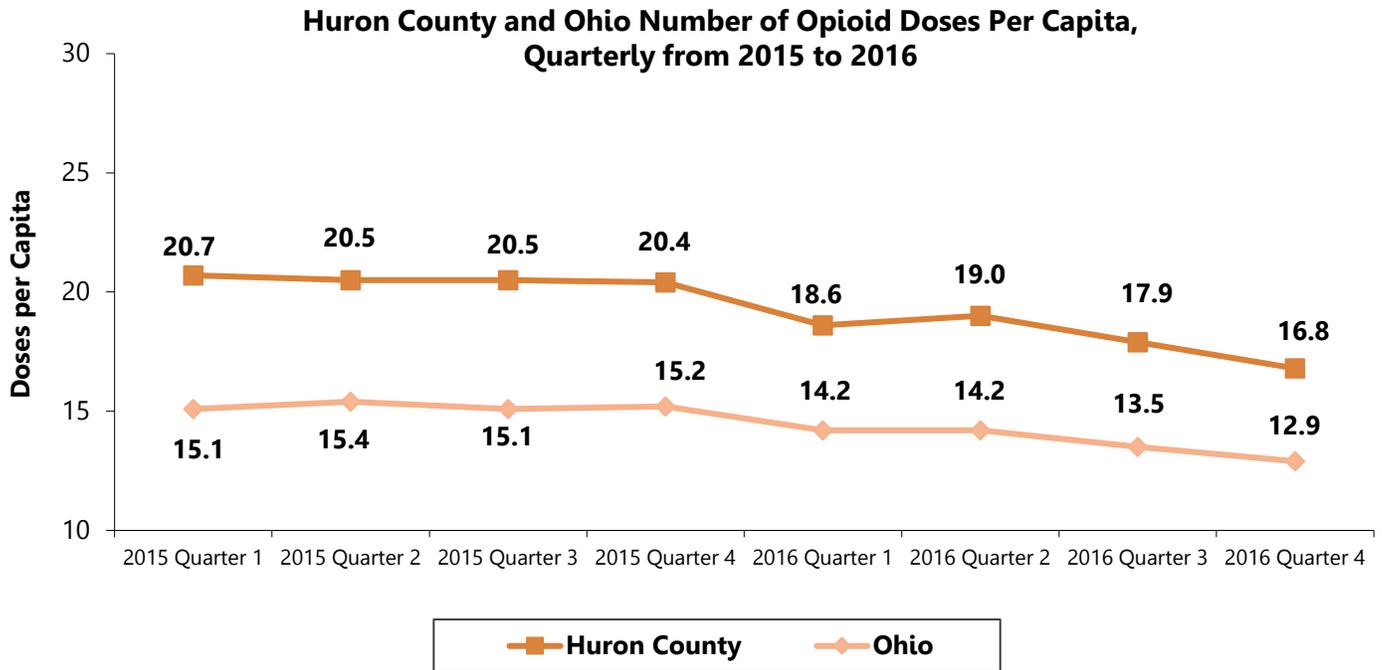


The following graphs show Huron County and Ohio opiate and pain reliever doses per patient and doses per capita.



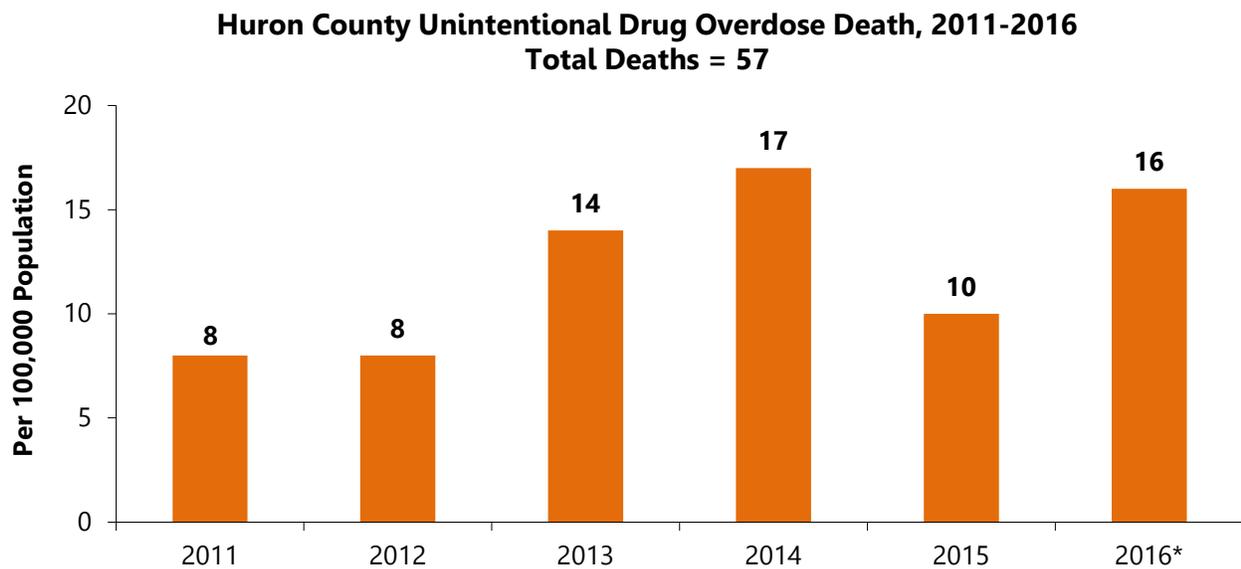
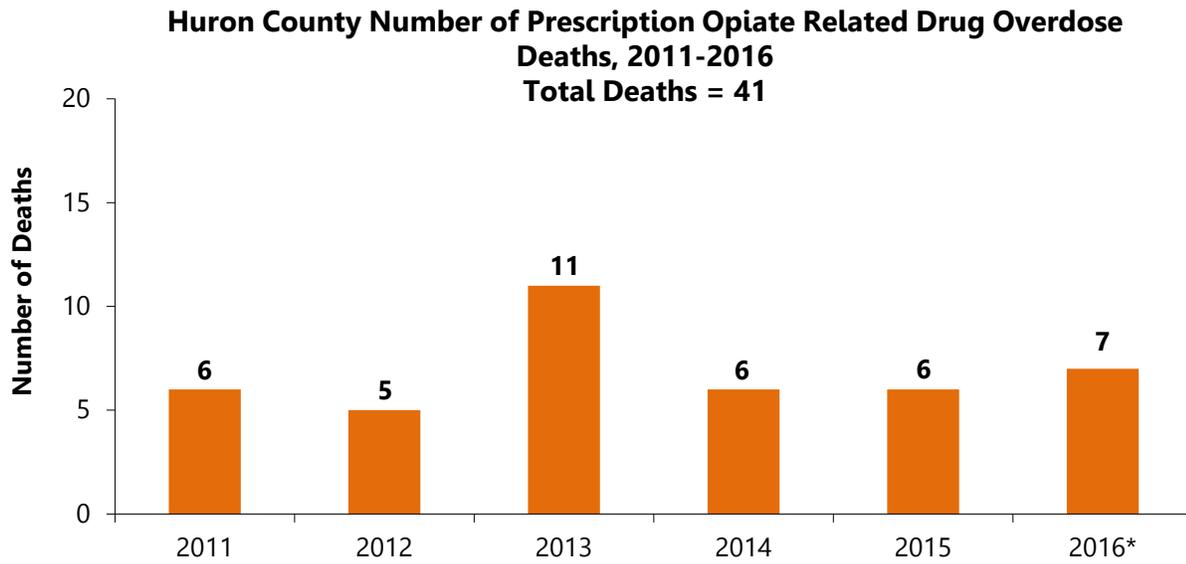
(Source for graphs: Ohio's Automated Rx Reporting System, 2015-2016)

The following graph shows Huron County and Ohio quarterly opiate doses per capita and per patient.



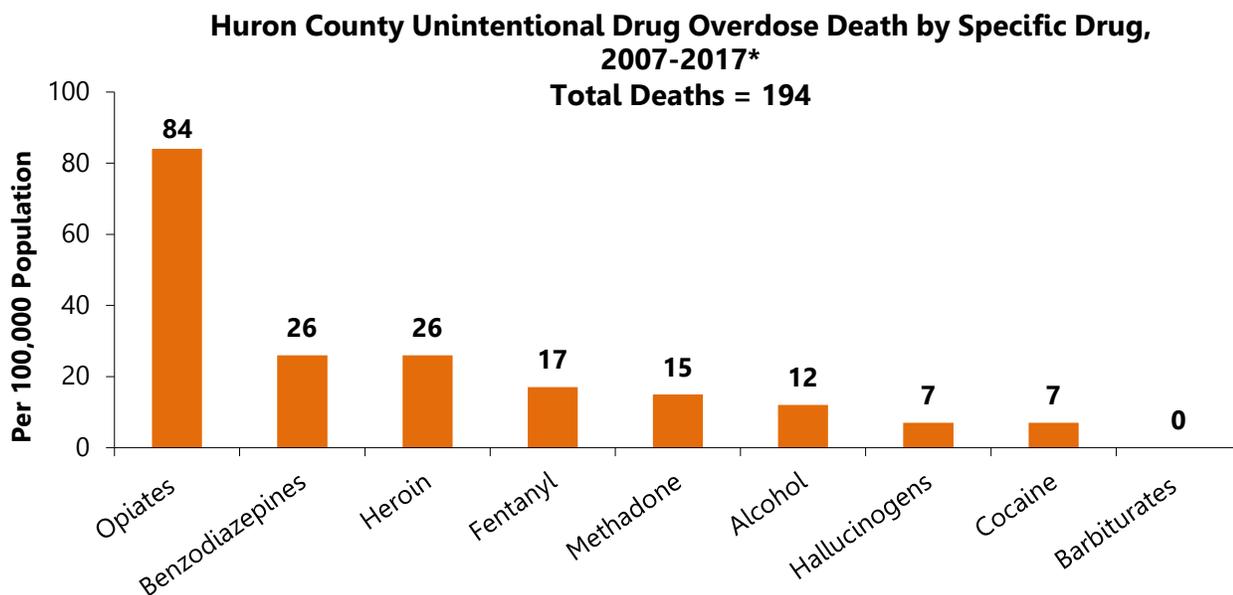
(Source for graphs: Ohio's Automated Rx Reporting System, 2015-2016)

The following graphs show the number of prescription opiate related drug overdose deaths and unintentional drug overdose deaths from 2011 to 2016 in Huron County.



(Source for graphs: Ohio Public Health Data Warehouse, 2011-2016)
*Data is incomplete and subject to change

The following graph shows the number of unintentional drug overdose deaths by specific drug from 2007-2017 in Huron County.



*(Source for graph: Ohio Public Health Data Warehouse, 2007-2017 updated 9-13-17)
Data for 2016 and 2017 is incomplete and subject to change

Heroin

- Heroin is an opioid drug that is synthesized from morphine, a naturally occurring substance extracted from the seed pod of the Asian opium poppy plant.
- Nearly 80% of Americans using heroin (including those in treatment) reported misusing prescription opioids prior to using heroin.
- Heroin overdoses frequently involve a suppression of breathing. This can affect the amount of oxygen that reaches the brain, a condition called hypoxia.
- Heroin abuse is associated with a number of serious health conditions, including fatal overdose, spontaneous abortion, and infectious diseases like hepatitis and HIV.
- Chronic users may develop collapsed veins, infection of the heart lining and valves, abscesses, constipation and gastrointestinal cramping, and liver or kidney disease.
- A range of treatments including medicines and behavioral therapies are effective in helping people stop heroin use.

(Source: National Institute on Drug Abuse, Drug Facts: Heroin, January 2017)

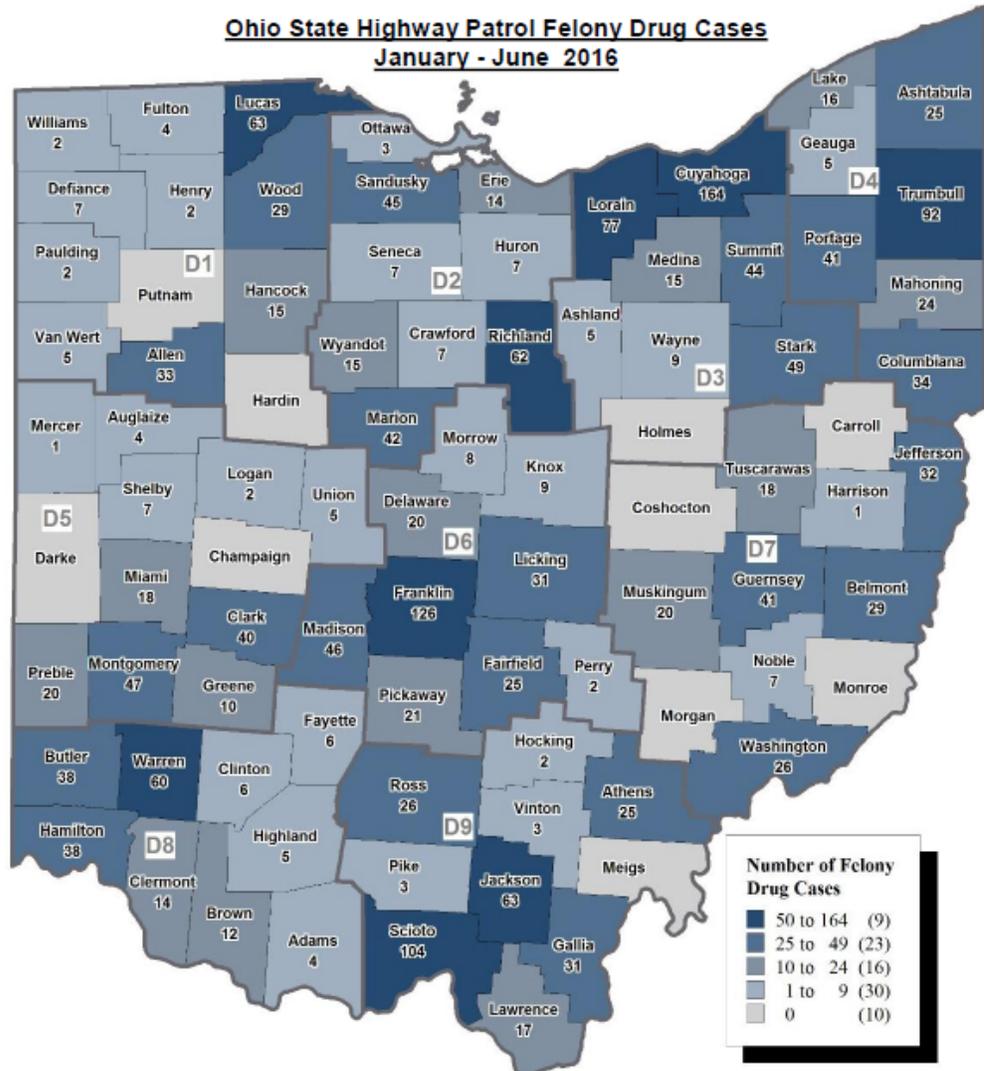
Felony Cases and Drug Arrests January – June 2016

- 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

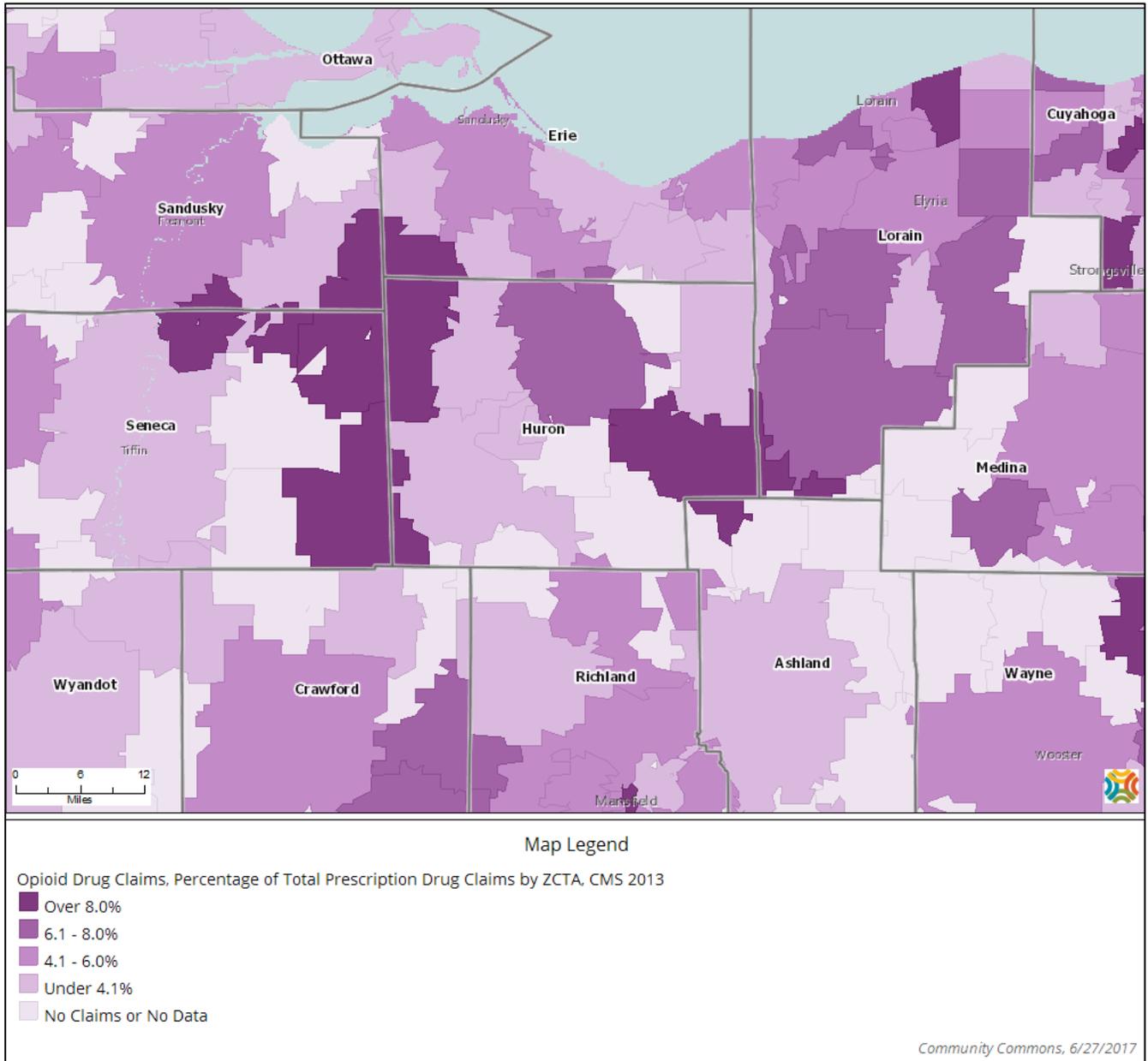
OSHP drug arrests (Jan. 1 - Jun. 30, 2016)	
Total drug arrests	7,493
Felony drug cases	2,037

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 Prescriptions Drug Claims by Zip Code Tabulation Area (ZCTA), CMS 2013



(Source: Community Commons, updated 6/27/17)

Description of indicator: This layer shows the de-identifiable Medicare Part D opioid prescription claims which are prescriptions written and then submitted to be filled. The data used is from the 2013 Medicare Part D prescription drug claims prescribed by health care providers and does not contain beneficiary information. Data are from the Centers for Medicare and Medicaid Services which is a branch of the Department of Health and Human Services (HHS) and is the federal agency that runs the Medicare Program and monitors Medicaid programs offered by each state.

Health Behaviors: Adult Sexual Behavior

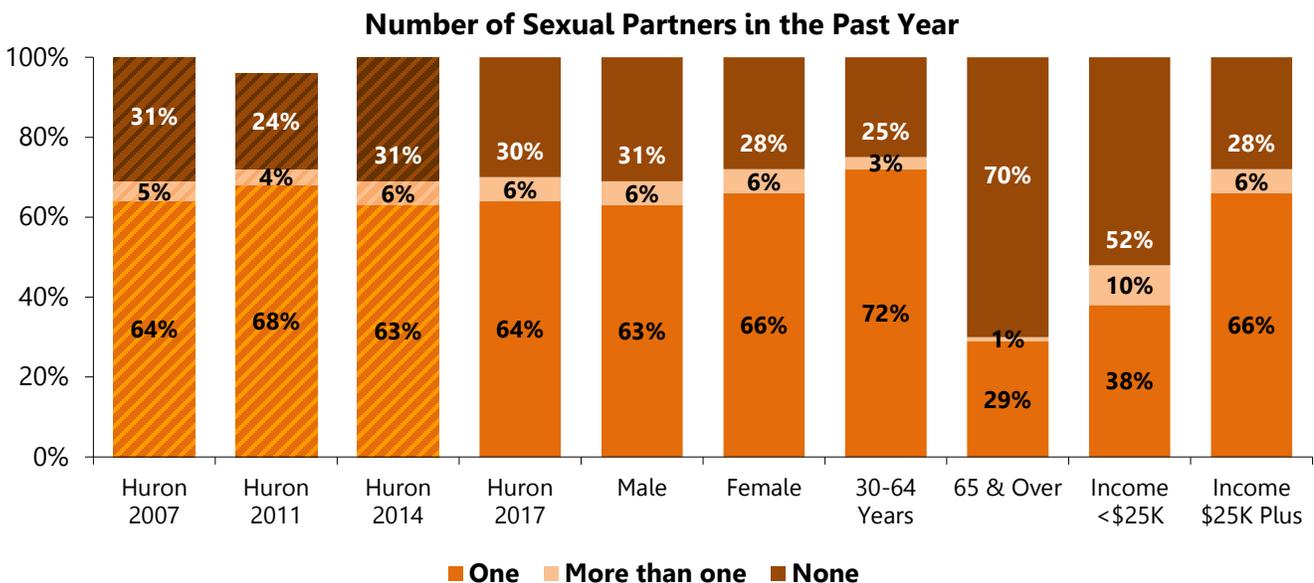
Key Findings

In 2017, 70% of Huron County adults had sexual intercourse. Six percent (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, STDs in Adolescents and Young Adults, 2017 STD Surveillance).

Adult Sexual Behavior

- Six percent (6%) of adults reported they had intercourse with more than one partner in the past year.
- Huron County adults used the following methods of birth control: they or their partner were too old (17%), abstinence (15%), vasectomy (15%), condoms (13%), birth control pill (12%), hysterectomy (9%), tubes tied (8%), withdrawal (7%), ovaries or testicles removed (5%), infertility (5%), IUD (3%), rhythm method (2%), shots (<1%), and contraceptive implants (<1%).
- Eleven percent (11%) of Huron County adults were not using any method of birth control.
- The following situations applied to Huron County adults in the past year: had anal sex without a condom (3%), treated for an STD (3%), tested for an STD (2%), thought they may have an STD (2%), tested positive for HPV (2%), had sex with someone they did not know (2%), had sex with someone they met on social media (2%), had sexual intercourse with someone of the same gender (1%), gave or received money or drugs in exchange for sex (1%), were forced to have sex (1%), used intravenous drugs (1%), knew someone involved in sex trafficking (<1%), tested positive for Hepatitis C (<1%), and tested positive for HIV (<1%).
- About one-in-eight (12%) Huron County adults reported they engaged in sexual activity following alcohol or other drug use that they would not have done if sober.
- Seven percent (7%) of adults had been forced into sexual activity when they did not want to, increasing to 13% of females and 20% of those with incomes less than \$25,000. Of those forced into sexual activity, 12% reported it.

The following graph shows the sexual activity of Huron County adults. Examples of how to interpret the information in the graph include: 64% of all Huron County adults had one sexual partner in the past 12 months and 6% had more than one; additionally, 63% of males had one partner in the past year.



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

Adult Comparisons	Huron County 2007	Huron County 2011	Huron County 2014	Huron County 2017	Progress	Ohio 2015	U.S. 2015
Had more than one sexual partner in past year	5%	4%	6%	6%	↔	N/A	N/A
Forced into sexual activity when they did not want to	N/A	7%	6%	7%	↑	N/A	N/A

N/A – Not available

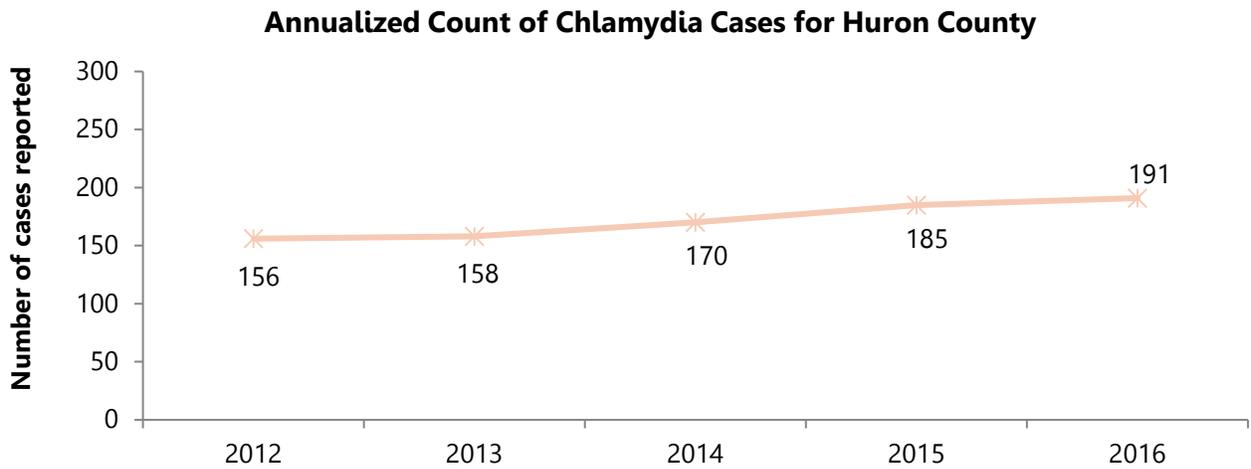
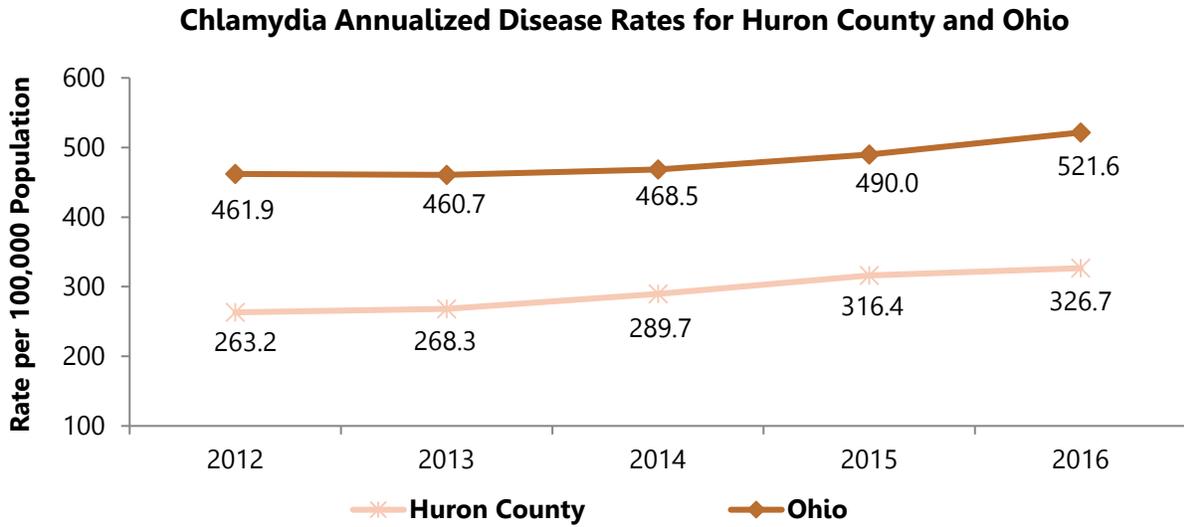
Understanding Sexual Violence

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

(Source: CDC, Sexual Violence, last updated April 4, 2017)

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

- Huron County chlamydia rates gradually increased from 2012-2016.
- The number of chlamydia cases in Huron County increased from 2012-2016.

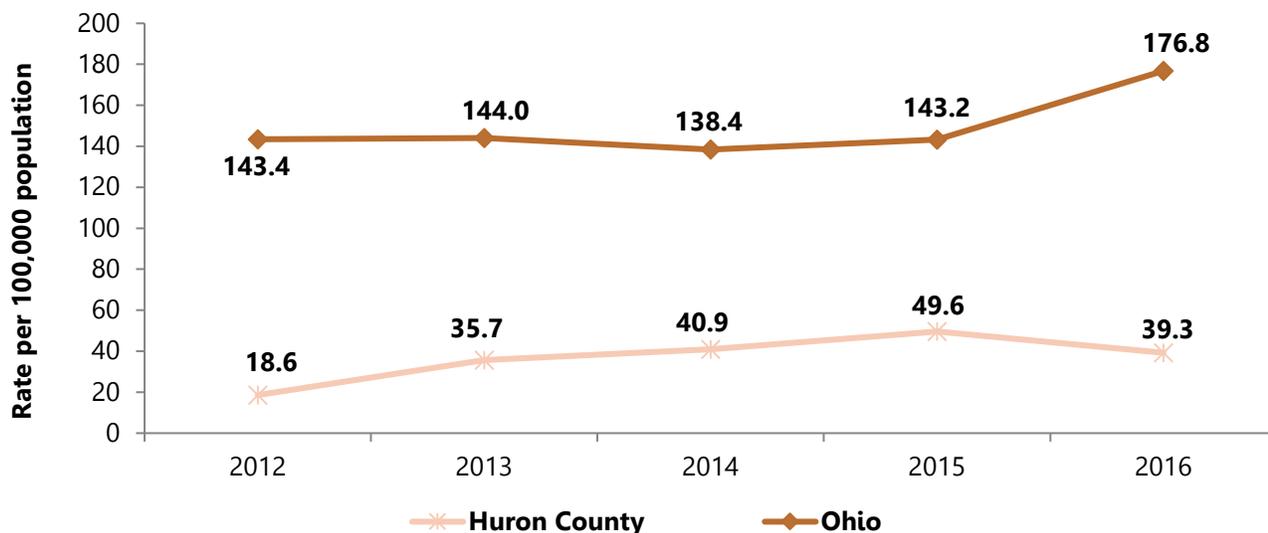


(Source for graphs: ODH, STD Surveillance, data reported through 5-17-17)

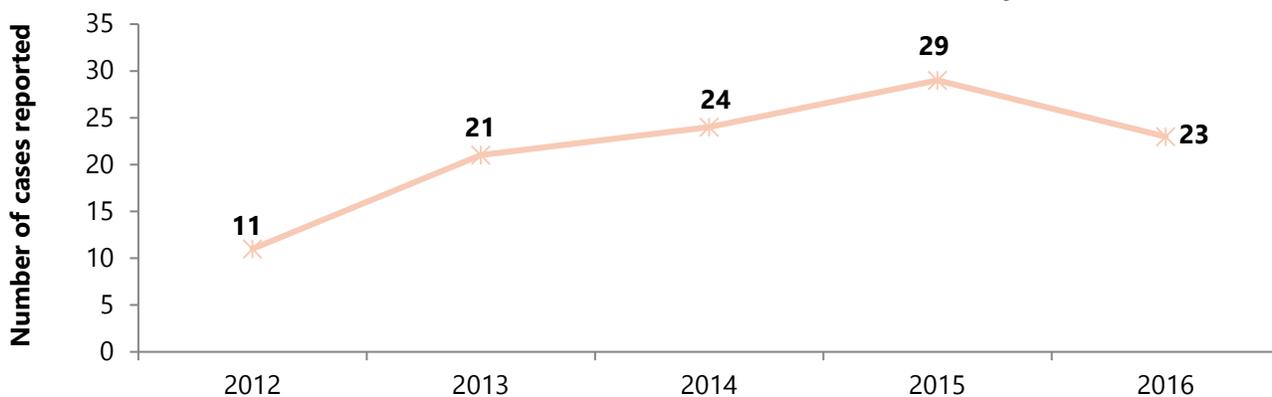
The following graphs show Huron County gonorrhea disease rates per 100,000 population. The graphs show:

- The Huron County gonorrhea rate fluctuated from 2012-2016, while the Ohio gonorrhea rate significantly increased from 2015-2016.
- The number of gonorrhea cases in Huron County gradually increased from 2012-2016, then decreased slightly in 2016.

Gonorrhea Annualized Disease Rates for Huron County and Ohio



Annualized Count of Gonorrhea Cases for Huron County

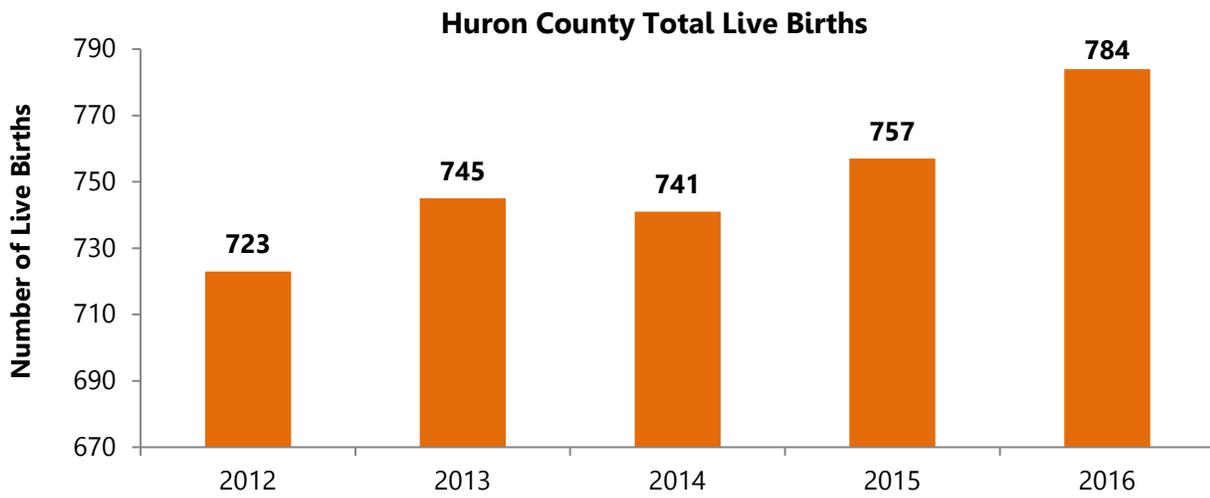


(Source for graphs: ODH, STD Surveillance, data reported through 5-17-17)

Pregnancy Outcomes

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

- From 2012-2016, there was an average of 750 live births per year in Huron County.



(Source for graph: ODH Information Warehouse Updated 4-9-17)

Health Behaviors: Adult Mental Health

Key Findings

In 2017, 4% of Huron County adults considered attempting suicide. Eleven percent (11%) of adults felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities.

Adult Mental Health

- Eleven percent (11%) of Huron County adults felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities, increasing to 29% of those with incomes less than \$25,000.
- Four percent (4%) of Huron County adults considered attempting suicide in the past year.
- Huron County adults reported they or a family member were diagnosed with or treated for the following mental health issues: depression (25%); anxiety or emotional problems (20%); an anxiety disorder (i.e. panic attacks, phobia, obsessive compulsive disorder) (11%); bipolar (7%); alcohol and illicit drugs abuse (5%); attention deficit disorder (ADD/ADHD) (5%); post-traumatic stress disorder (PTSD) (3%); autism spectrum (2%); other trauma (2%); developmental disability (1%); eating disorder (1%); life-adjustment disorder (1%); problem gambling (<1%); psychotic disorder (<1%); and some other mental health disorder (1%). Fifteen percent (15%) indicated they or a family member had taken medication for one or more mental health issues.
- Huron County adults dealt with stress in the following ways: talked to someone they trust (40%), prayer/meditation (37%), slept (37%), ate more than normal (33%), listened to music (32%), exercised (31%), worked on a hobby (30%), worked (26%), drank alcohol (15%), smoked tobacco (9%), ate less than normal (8%), took it out on others (7%), used prescription drugs as prescribed (3%), used illegal drugs (1%), misused prescription drugs (<1%), and other ways (11%).
- Thirteen percent (13%) of Huron 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: had not thought of it (10%), fear (5%), stigma of seeking mental health services (4%), other priorities (4%), could not afford to go (3%), co-pay/deductible too high (2%), religious reasons (2%), did not know how to find a program (1%), took too long to get in to see a doctor (1%), transportation (1%), and other reasons (5%). Seventy-one percent (71%) of adults indicated they did not need such a program.
- Huron County adults received the social and emotional support they needed from the following: family (83%), friends (72%), God/prayer (42%), church (31%), neighbors (9%), Internet (6%), a professional (4%), community (3%), online support group (<1%), self-help group (<1%), and other (3%).

Suicide Facts

- 44,193 people in the U.S. died from suicide, and 1,104,825 people attempted suicide in 2015.
- In 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%)

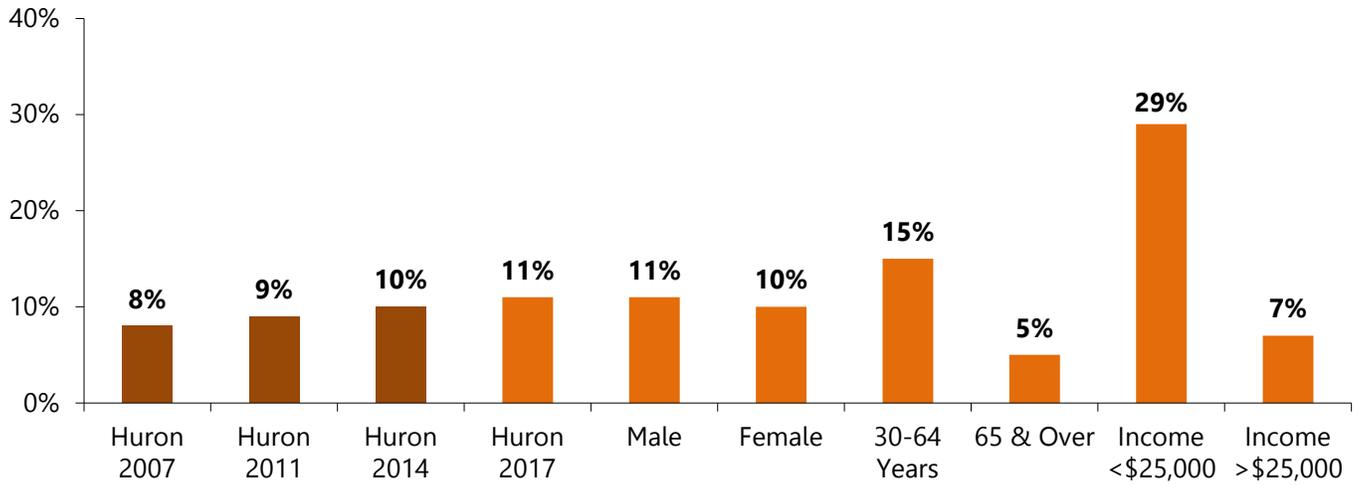
(Sources: American Association of Suicidology, Facts & Statistics)

Adult Comparisons	Huron County 2007	Huron County 2011	Huron County 2014	Huron County 2017	Progress	Ohio 2015	U.S. 2015
Considered attempting suicide in the past year	3%	3%	3%	4%	↑	N/A	N/A
Two or more weeks in a row felt sad or hopeless	8%	9%	10%	11%	↑	N/A	N/A

N/A – Not available

The following graph shows Huron County adults who felt sad or hopeless for two or more weeks in a row in the past year. Examples of how to interpret the information include: 11% of all Huron County adults felt sad or hopeless for two or more weeks in a row, including 11% of males, and 10% of females.

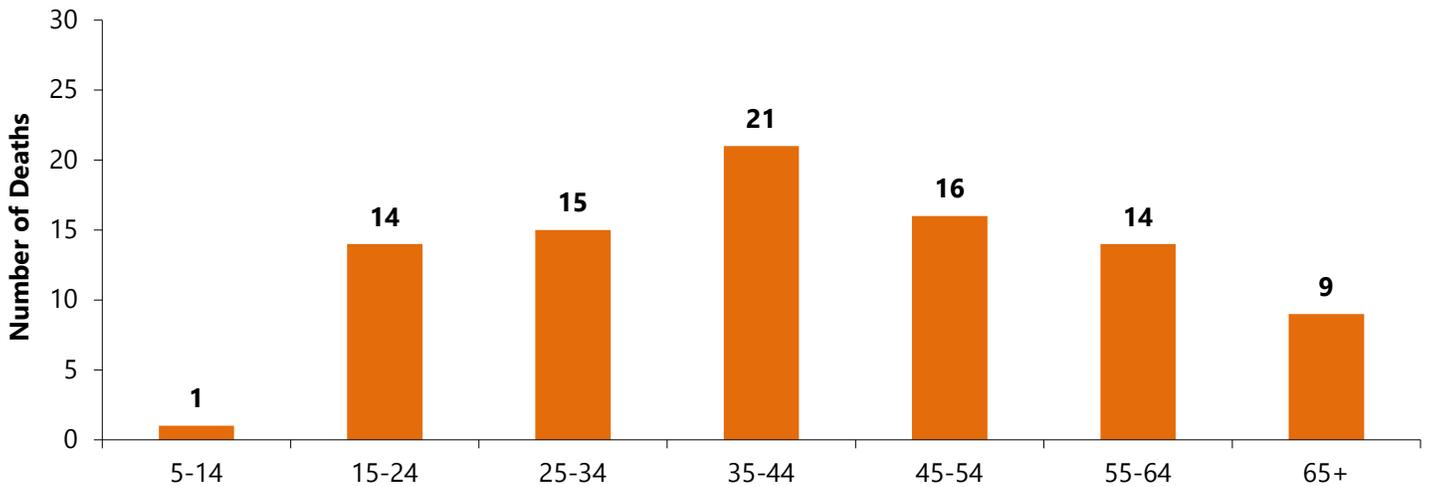
Huron County Adults Feeling Sad or Hopeless for Two or More Weeks in a Row



The graph below shows the Huron County suicide counts by age group. The graph shows:

- From 2007 to 2017, 40% of all Huron County suicide deaths occurred in those ages 25-44 years old.

Huron County Number of Suicide Deaths By Age Group 2007-2017* Total Deaths = 90

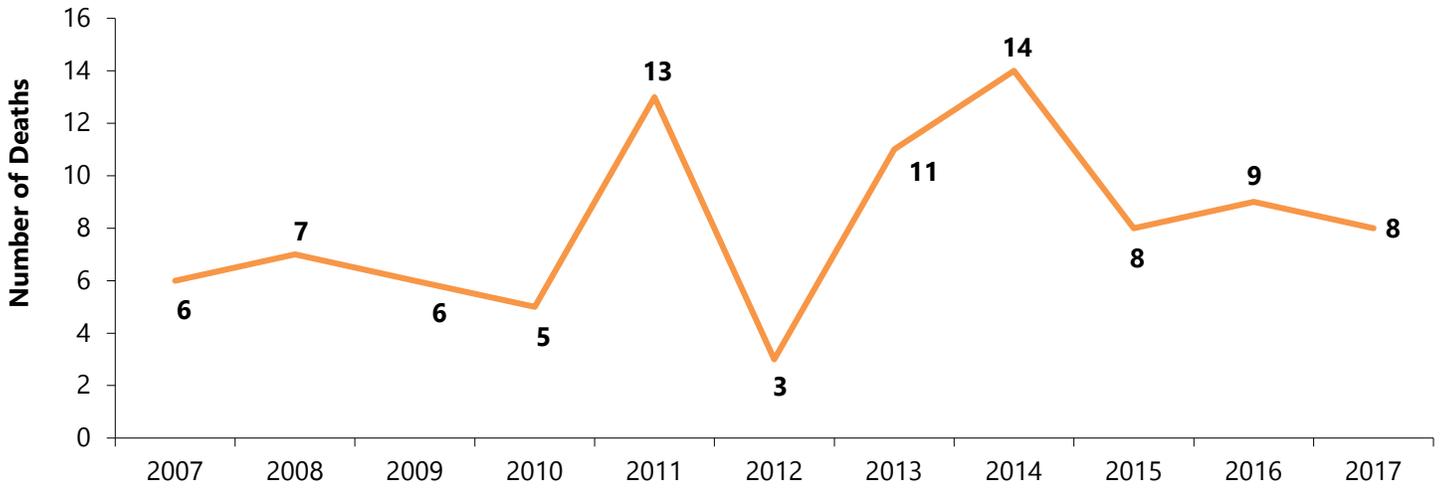


* Data for 2016 and 2017 are partial and incomplete, and should be used with caution
(Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 9-5-17)

The graph below shows the Huron County suicide counts by year. The graph shows:

- From 2007 to 2017, there was an average of 8.2 suicides per year in Huron County.

**Huron County Number of Suicide Deaths By Year
2007-2017***
Total Deaths = 90



** Data for 2016 and 2017 are partial and incomplete, and should be used with caution
(Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 9-5-17)*

Chronic Disease: Cardiovascular Health

Key Findings

The 2017 Huron County Health Assessment found that 4% of adults had survived a heart attack and 4% had survived a stroke at some time in their life. Forty percent (40%) of Huron County adults were obese, 36% had high blood pressure, 31% had high blood cholesterol, and 15% were smokers, four known risk factors for heart disease and stroke. Heart disease accounted for 22% of all Huron County adult deaths (Source: CDC Wonder, 2013-2015).

Heart Disease and Stroke

- In 2017, 4% of Huron County adults reported they had survived a heart attack or myocardial infarction, increasing to 14% of those over the age of 65.
- Five percent (5%) of Ohio and 4% of U.S. adults reported they had a heart attack or myocardial infarction in 2015 (Source: 2015 BRFSS).
- Four percent (4%) of Huron County adults reported they had survived a stroke, increasing to 8% of those over the age of 65.
- Four percent (4%) of Ohio and 3% of U.S. adults reported having had a stroke in 2015 (Source: 2015 BRFSS).
- Five percent (5%) of adults reported they had angina or coronary heart disease, increasing to 17% of those over the age of 65.
- Four percent (4%) of Ohio and 4% of U.S. adults reported having had angina or coronary heart disease in 2015 (Source: 2015 BRFSS).
- Three percent (3%) of adults reported they had congestive heart failure, increasing to 9% of those over the age of 65.

High Blood Pressure (Hypertension)

- More than one-third (36%) 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.
- Eleven percent (11%) of adults were told they were pre-hypertensive/borderline high.
- Eighty-one percent (81%) of adults had their blood pressure checked within the past year.
- Huron County adults diagnosed with high blood pressure were more likely to have:
 - Rated their overall health as fair or poor (62%)
 - Been ages 65 years or older (61%)
 - Been classified as obese by Body Mass Index-BMI (52%)
 - Incomes less than \$25,000 (50%)

Huron County Leading Causes of Death 2013-2015

Total Deaths: 1,780

- Cancer (23% of all deaths)
- Heart Disease (22%)
- Chronic Lower Respiratory Diseases (7%)
- Accidents, Unintentional Injuries (7%)
- Alzheimer's Disease (4%)

(Source: CDC Wonder, 2013-2015)

Ohio Leading Causes of Death 2013-2015

Total Deaths: 345,955

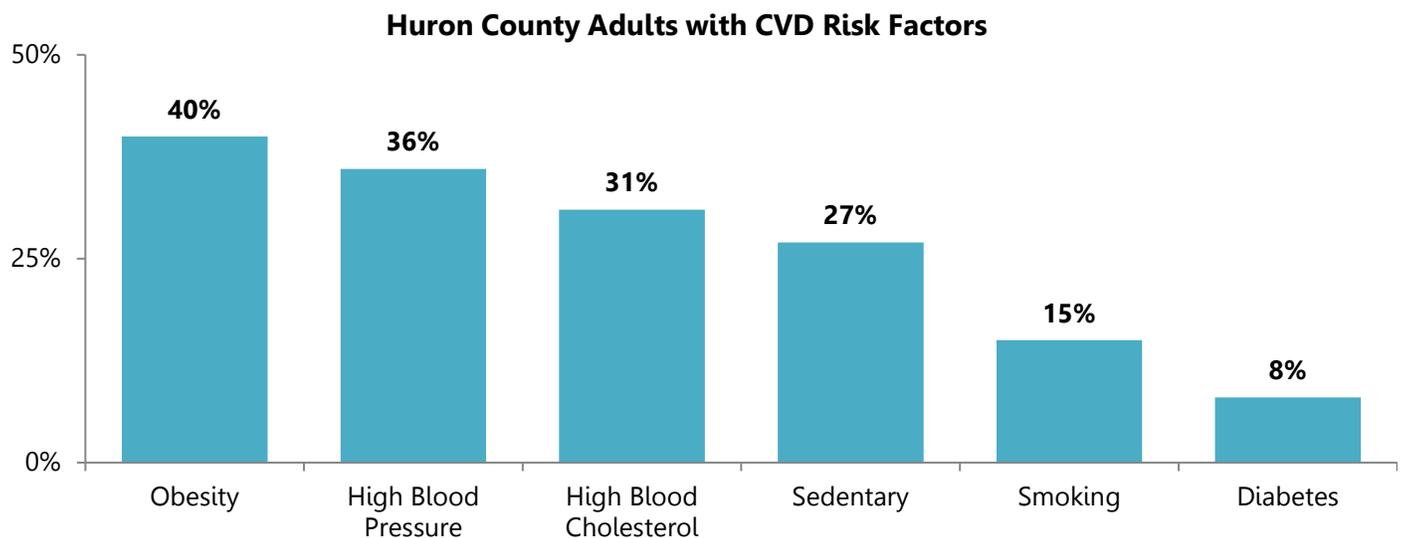
- Heart Disease (24% of all deaths)
- Cancers (22%)
- Chronic Lower Respiratory Diseases (6%)
- Accidents, Unintentional Injuries (5%)
- Stroke (5%)

(Source: CDC Wonder, 2013-2015)

High Blood Cholesterol

- Nearly one-third (31%) of adults had been diagnosed with high blood cholesterol. The 2015 BRFSS reported that 37% of Ohio and 36% U.S. adults had been told they have high blood cholesterol.
- Nearly three-fourths (74%) of adults had their blood cholesterol checked within the past five years. The 2015 BRFSS reported 78% of Ohio and 78% of U.S. adults had their blood cholesterol checked within the past five years.
- Huron County adults with high blood cholesterol were more likely to have:
 - Been ages 65 years or older (61%)
 - Rated their overall health as fair or poor (41%)

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



(Source: 2017 Huron County Health Assessment)

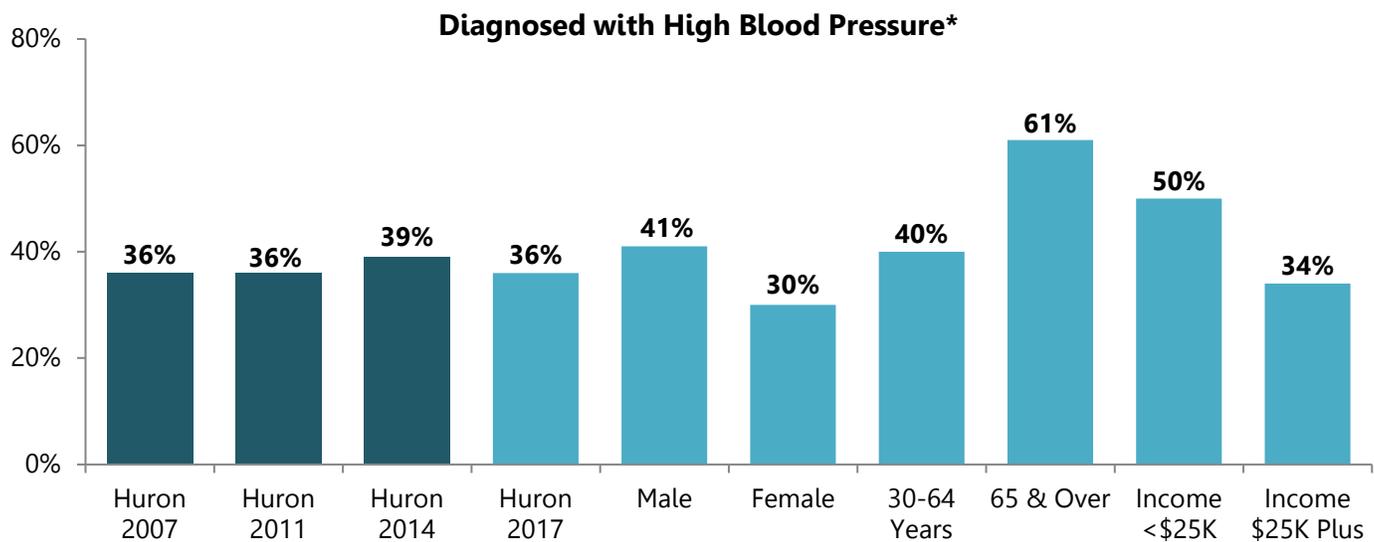
Adult Comparisons	Huron County 2007	Huron County 2011	Huron County 2014	Huron County 2017	Progress	Ohio 2015	U.S. 2015
Had angina	7%	3%	5%	5%	↔	4%	4%
Had a heart attack	8%	5%	5%	4%	↓	5%	4%
Had a stroke	3%	3%	2%	4%	↑	4%	3%
Had high blood pressure	36%	36%	39%	36%	↓	34%	31%
Had high blood cholesterol	33%	31%	30%	31%	↑	37%	36%
Had blood cholesterol checked within past 5 years	62%	71%	74%	74%	↔	78%	78%

Huron County Adult Health Screening Results

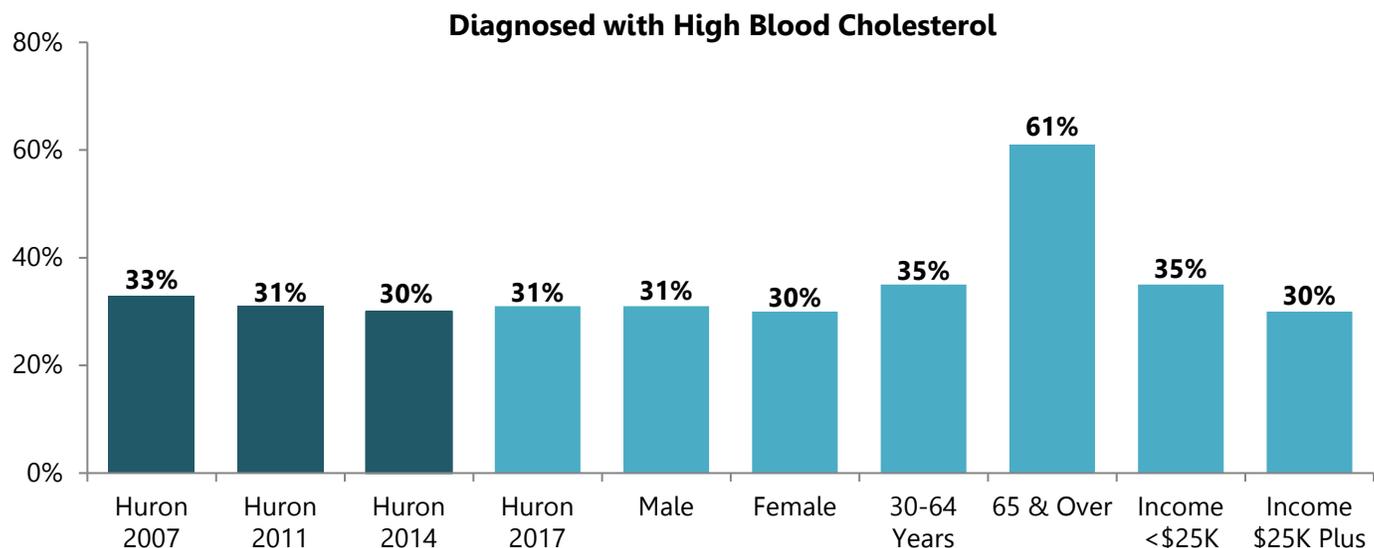
General Screening Results	Total Sample
Diagnosed with High Blood Pressure	36%
Diagnosed with High Blood Cholesterol	31%
Diagnosed with Diabetes	8%
Survived a Heart Attack	4%
Survived a Stroke	4%

**Percentages based on all Huron County adults surveyed*

The following graphs show the number of Huron 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: 36% of all Huron County adults had been diagnosed with high blood pressure, including 41% of all Huron County males, 30% of all females, and 61% of those 65 years and older.

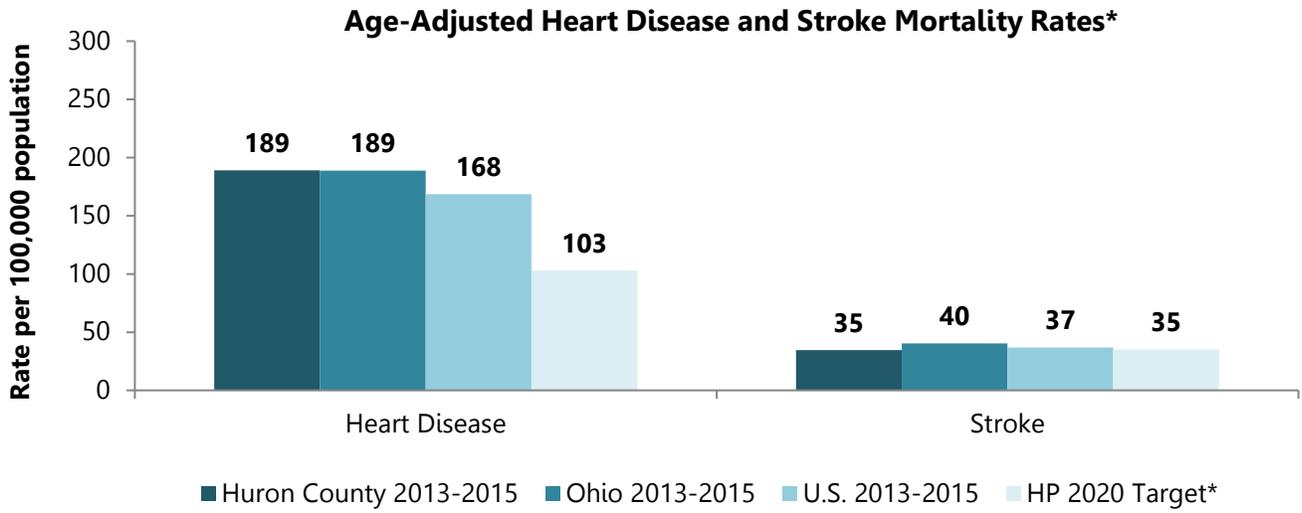


**Does not include respondents who indicated high blood pressure during pregnancy only.*

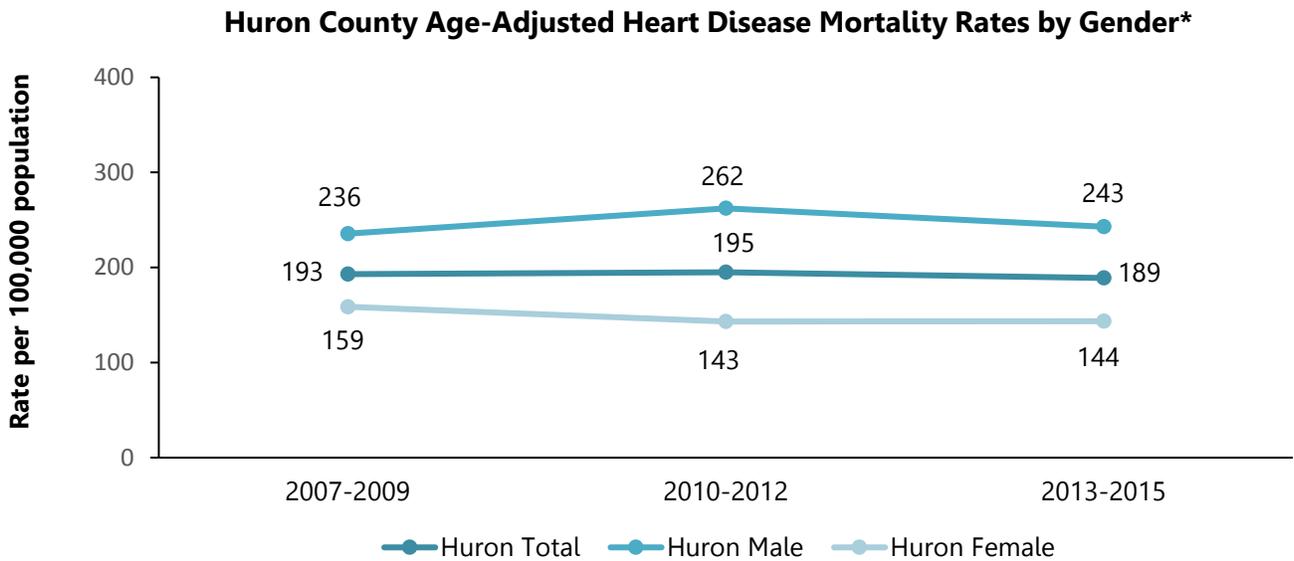


The following graphs show the age-adjusted mortality rates per 100,000 population for heart disease and stroke.

- When age differences are accounted for, the statistics indicate that from 2013-2015, the Huron County heart disease mortality rate was equal to the figure for the state but higher than the U.S. rate and the Healthy People 2020 target.
- The Huron County age-adjusted stroke mortality rate from 2013-2015 was lower than the state and the U.S. figure but slightly higher than the Healthy People 2020 target objective.
- From 2007-2015, the Huron County female age-adjusted heart disease mortality rate decreased, while the total Huron County age-adjusted heart disease mortality rate slightly increased.



*The Healthy People 2020 Target objective for Coronary Heart Disease is reported for heart attack mortality.
 (Source: CDC Wonder, Healthy People 2020)

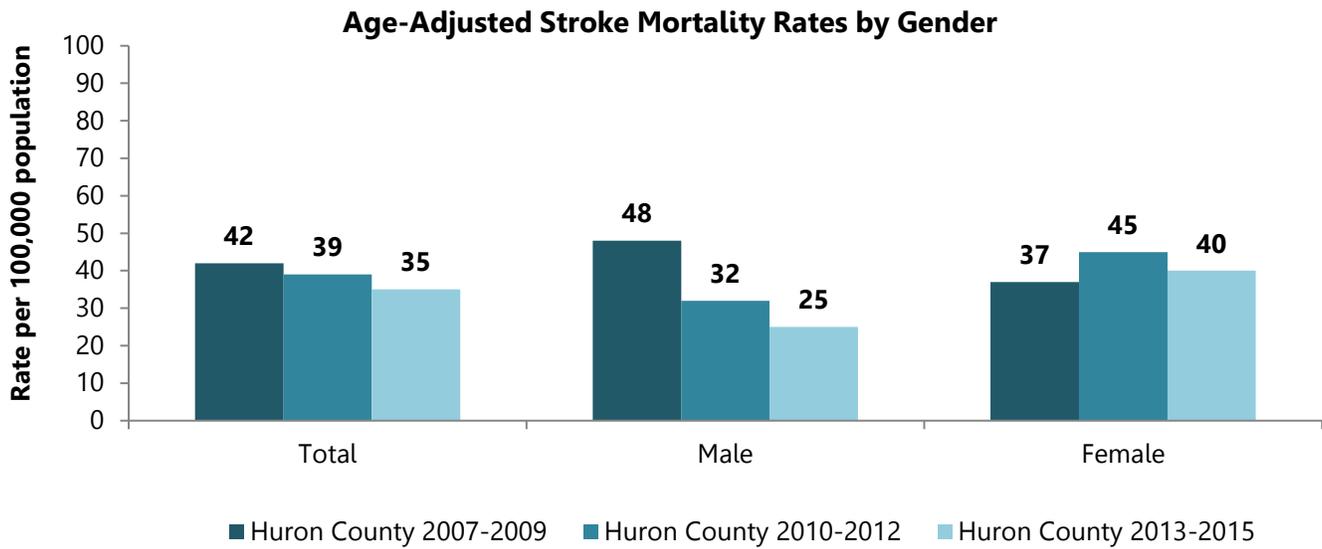


(Source: CDC Wonder, Underlying Cause of Death, 2007-2015)

*Heart disease includes a wide range of conditions that affect the heart, these include coronary artery disease, arrhythmias, angina, and stroke

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

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



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

Healthy People 2020 Objectives Heart Disease and Stroke

Objective	Huron Survey Population Baseline	2015 U.S. Baseline*	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	36% (2017)	31% Adults age 18 and up	27%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	31% (2017)	36% Adults age 20+ with TBC > 240 mg/dl	14%

*All U.S. figures age-adjusted to 2000 population standard.

(Source: Healthy People 2020, 2015 BRFSS, 2017 Huron County Health Assessment)

Chronic Disease: Cancer

Key Findings

In 2017, 11% of Huron 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 413 Huron County residents died from cancer, the second leading cause of death in the county. More than half (52%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.

Adult Cancer

- Eleven percent (11%) of Huron County adults were diagnosed with cancer at some point in their lives, increasing to 25% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types: other skin cancer (24%), prostate (22%), breast (17%), cervical (14%), testicular (9%), melanoma (8%), leukemia (6%), bladder (5%), colon (5%), ovarian (3%), renal (3%), lung (2%), and thyroid (2%). Ten percent (10%) of adults reported being diagnosed with multiple types of cancer.
- The age-adjusted cancer incidence rate from 2010-2014 for Huron County was 463.9 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).

Huron County Incidence of Cancer, 2010-2014

All Types: 1,586 cases

- Lung and Bronchus: 261 cases (16%)
- Breast: 199 cases (13%)
- Prostate: 170 cases (11%)
- Colon and Rectum: 147 cases (9%)

From 2013-2015, there were 413 cancer deaths in Huron County

(Source: Ohio Cancer Incidence Surveillance System, ODH Public Health Data Warehouse, Updated 6/28/17 and CDC Wonder, 2013-2015)

11% of Huron 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 23% (413 of 1,780 total deaths) of all Huron County resident deaths. The largest percent (29%) of cancer deaths were from lung and bronchus cancers (Source: CDC Wonder).
- The 2017 health assessment has determined that 15% of Huron 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 cancer: lung, colorectal, stomach, pancreas, kidney, bladder, uterine, ovarian (mucinous) and acute myeloid leukemia.

Lung Cancer

- In Huron County, 15% of males were current smokers, and 31% had stopped smoking for one or more days in the past 12 months because they were trying to quit (Source: 2017 Huron County Health Assessment).
- The CDC reports that lung cancer (n=63) was the leading cause of male cancer deaths from 2013-2015 in Huron County. Prostate cancer (n=26) and colon cancer (n=22) caused male deaths during the same time (Source: CDC Wonder, 2013-2015).

- Approximately 15% of females in the county were current smokers, and 38% had stopped smoking for one or more days in the past 12 months because they were trying to quit *(Source: 2017 Huron County Health Assessment)*.
- The CDC reports that lung cancer was the leading cause of female cancer deaths (n=56) in Huron County from 2013-2015 followed by lymphoid (n=20), breast (n=16) and colon (n=15) cancers *(Source: CDC Wonder, 2013-2015)*.
- 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 2017, 49% of Huron County females reported having had a clinical breast examination in the past year.
- Forty-five percent (45%) of Huron 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)*.
- 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

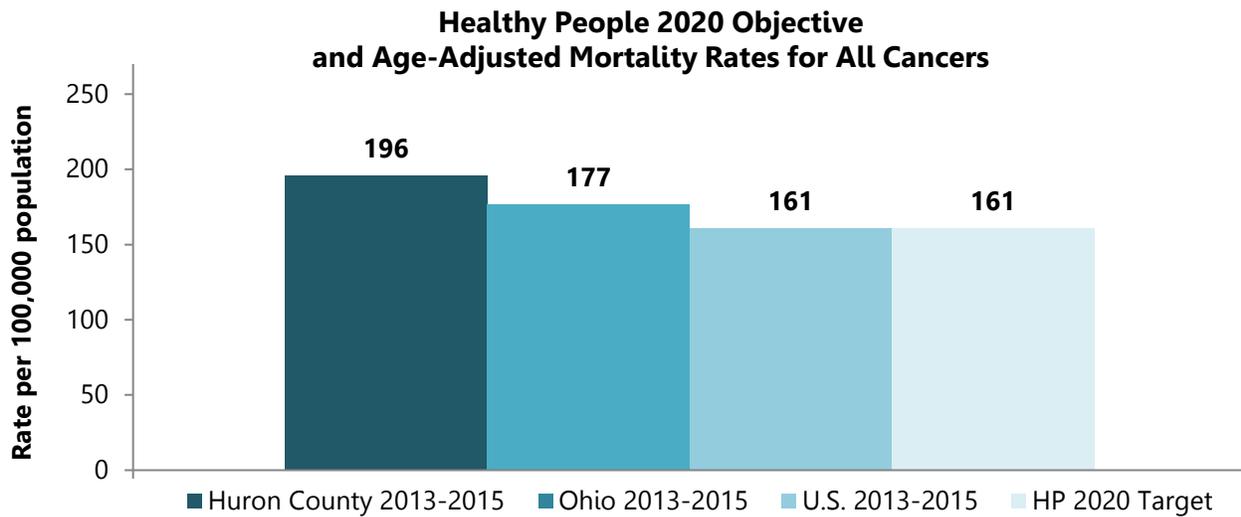
- Nearly one-third (32%) of Huron County males had a Prostate-Specific Antigen (PSA) test at some time in their life, and 20% had one in the past year. Sixty-eight percent (68%) of males age 50 and over had a PSA test at some time in their life, and 44% had one in the past year.
- CDC statistics indicate that prostate cancer deaths accounted for 11% of all male cancer deaths from 2013-2015 in Huron County.

Colon and Rectum Cancers

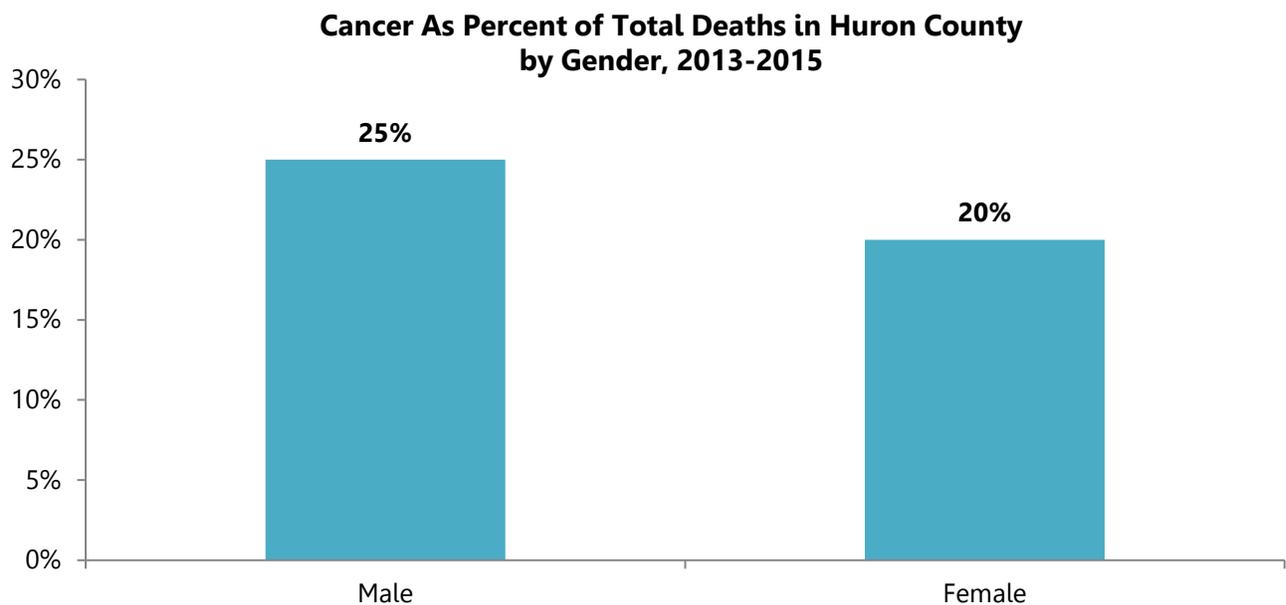
- In 2017, more than half (52%) of Huron County adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.
- The CDC statistics indicate that colon, rectum, and anus cancer deaths accounted for 9% of all male and female cancer deaths from 2013-2015 in Huron County.
- The American Cancer Society reports several risk factors for colorectal cancer, including age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; obesity; physical inactivity; a diet high in red or processed meat; alcohol use; 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.

The following graph shows the Huron 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 Huron County. The graphs show:

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



(Source: CDC Wonder, 2013-2015; Healthy People 2020)



(Source: CDC Wonder, 2013-2015)

Huron County Incidence of Cancer 2010-2014

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer	Age-Adjusted Rate
Lung and Bronchus	261	16%	75.4
Breast	199	13%	60.0
Prostate	170	11%	100.9
Colon and Rectum	147	9%	42.8
Other/Unspecified	144	9%	42.5
Melanoma of Skin	82	5%	24.8
Bladder	76	5%	21.9
Non-Hodgkins Lymphoma	65	4%	18.4
Kidney and Renal Pelvis	57	4%	17.0
Leukemia	51	3%	15.2
Thyroid	46	3%	15.0
Cancer and Corpus Uteri	42	3%	21.9
Oral Cavity & Pharynx	40	3%	11.0
Pancreas	37	2%	10.3
Brain and CNS	35	2%	11.0
Esophagus	20	1%	5.8
Ovary	20	1%	10.8
Cancer of Cervix Uteri	19	1%	11.6
Stomach	17	1%	4.9
Liver and Bile Ducts	15	1%	4.1
Multiple Myeloma	13	1%	4.0
Testis	11	1%	7.8
Larynx	11	1%	3.3
Hodgkins Lymphoma	8	1%	3.1
Total	1,586	100%	463.9

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 5/1/2017)

2017 Cancer Estimates

- In 2017, about 1,688,780 new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about twenty percent 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 158,870 cancer deaths will be caused by tobacco use.
- In 2017, estimates predict that there will be 68,160 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)

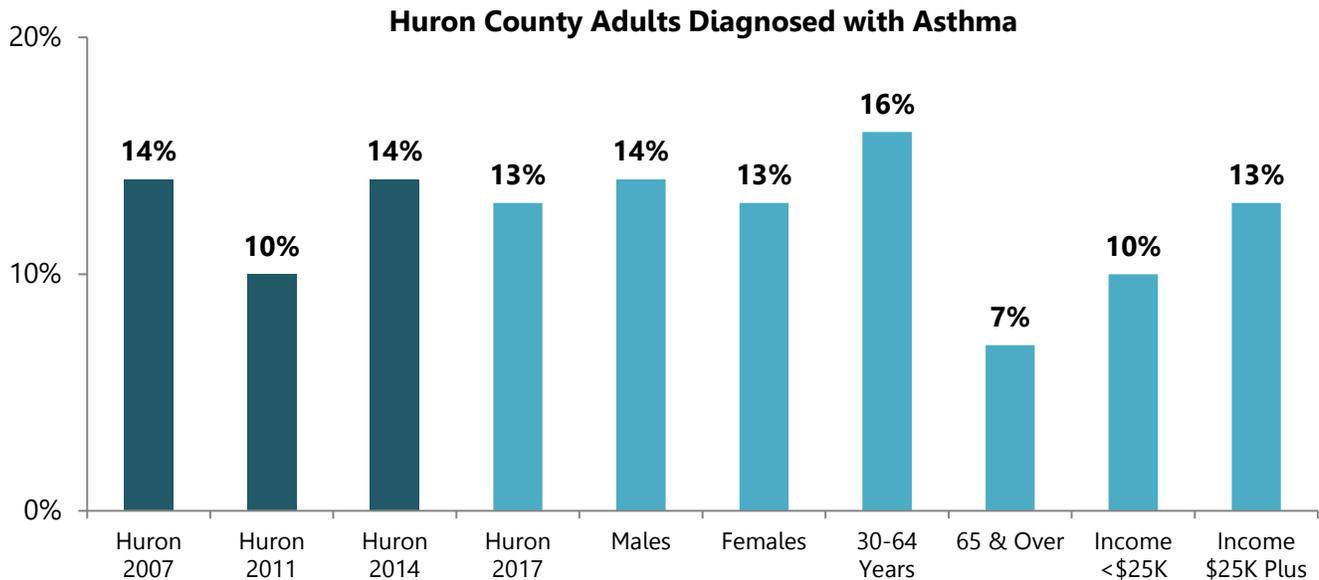
Chronic Disease: Asthma

Key Findings

According to the Huron County survey data, 13% of adults had been diagnosed with asthma.

Asthma and Other Respiratory Disease

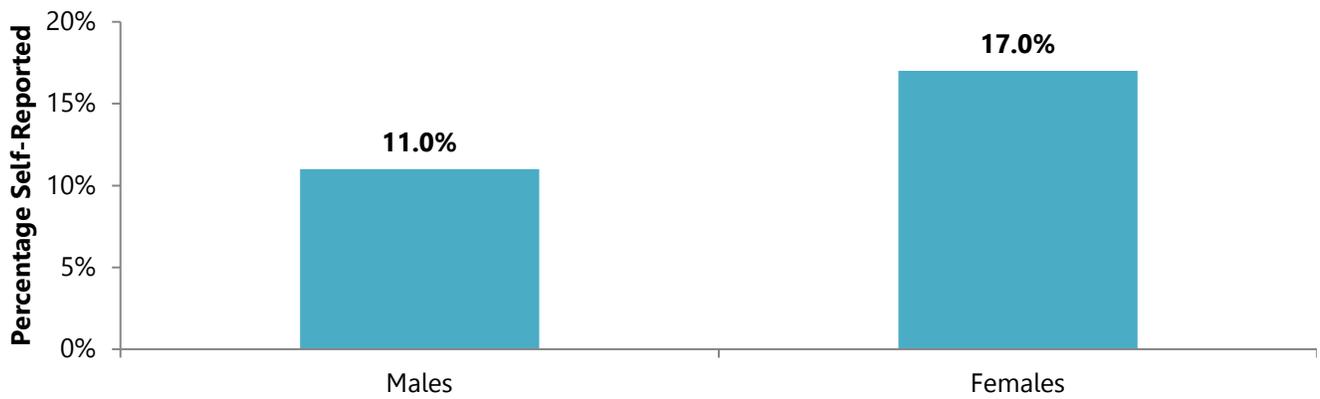
- In 2017, 13% of Huron County adults had been diagnosed with asthma.
- Fourteen percent (14%) of Ohio and 14% of U.S. adults had ever been diagnosed with asthma (Source: 2015 BRFSS).
- There are several important factors that may trigger an asthma attack. Some of these triggers are tobacco smoke, dust 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).
- Chronic lower respiratory disease was the 3rd leading cause of death in Huron County and the 3rd leading cause of death in Ohio, in 2015 (Source: CDC Wonder, 2013-2015).



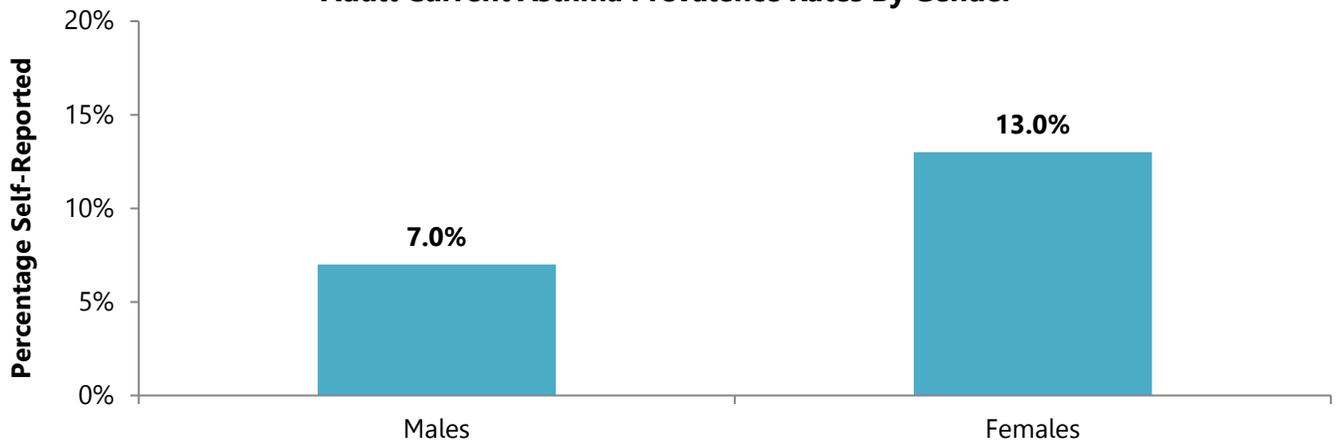
Adult Comparisons	Huron County 2007	Huron County 2011	Huron County 2014	Huron County 2017	Progress	Ohio 2015	U.S. 2015
Had been diagnosed with asthma	14%	10%	14%	13%	↓	14%	14%

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

Adult Lifetime Asthma Prevalence Rates By Gender



Adult Current Asthma Prevalence Rates By Gender



(Source for graphs: 2015 BRFSS)

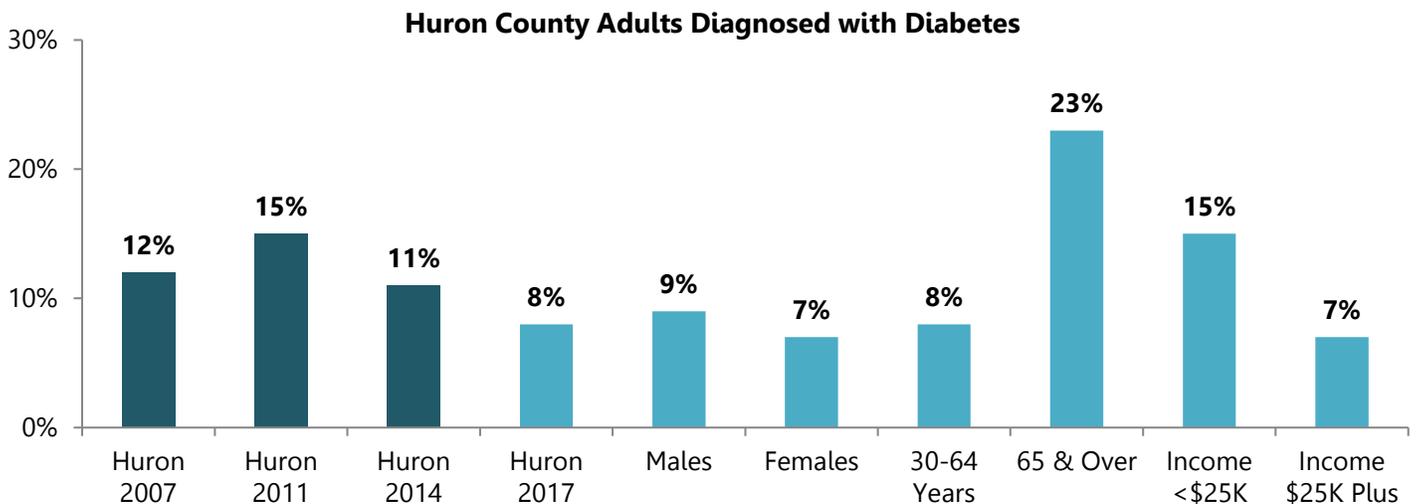
Chronic Disease: Diabetes

Key Findings

In 2017, 8% of Huron County adults had been diagnosed with diabetes.

Diabetes

- The 2017 health assessment has identified that 8% of Huron County adults had been diagnosed with diabetes, increasing to 23% of those over the age of 65. The 2015 BRFSS reports an Ohio prevalence of 11% and U.S. prevalence of 10%.
- Seven percent (7%) of adults had been diagnosed with pre-diabetes.
- Diabetics were using the following to treat their diabetes: checking blood sugar (56%), 6-month checkup with provider (55%), diet control (54%), checking A1C annually (52%), diabetes pills (46%), annual vision exam (41%), checking their feet (35%), exercise (33%), insulin (24%), injectable (11%), taking a class (8%), and dental exam (7%).
- More than one-fourth (28%) of adults with diabetes rated their health as fair or poor.
- Huron County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 91% were obese or overweight
 - 72% had been diagnosed with high blood pressure
 - 64% had been diagnosed with high blood cholesterol



Adult Comparisons	Huron County 2007	Huron County 2011	Huron County 2014	Huron County 2017	Progress	Ohio 2015	U.S. 2015
Diagnosed with diabetes	12%	15%	11%	8%	↓	11%	10%

Statistics About Diabetes

- In 2012, 29.1 million Americans, or 9.3% of the population, had diabetes. Approximately 1.25 million American children and adults have type 1 diabetes.
- Of the 29.1 million, 8.1 million were undiagnosed.
- 86 million Americans have prediabetes.
- 1.4 million Americans are diagnosed with diabetes every year.
- 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.
- 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, Statistics About Diabetes, Overall Numbers, Diabetes and Prediabetes, 2017)

Chronic Disease: Quality Of Life

Key Findings

In 2017, 21% of Huron County adults were limited in some way because of a physical, mental or emotional problem. The most limiting health problems were arthritis/rheumatism (42%), back or neck problems (41%), and stress, depression, anxiety or emotional problems (39%).

Impairments and Health Problems

- In 2017, more than one-fifth (21%) of Huron County adults were limited in some way because of a physical, mental or emotional problem (21% for Ohio and U.S., 2015 BRFSS), increasing to 52% 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: arthritis/rheumatism (42%); back or neck problems (41%); stress, depression, anxiety, or emotional problems (39%); chronic pain (30%); walking problems (30%); sleep problems (19%); fitness level (18%); fractures, bone/joint injuries (18%); eye/vision problems (14%); lung/breathing problems (12%); chronic illness (11%); dental problems (10%); hearing problems (9%); mental health illness/disorder (5%); confusion/memory loss (4%); substance dependency (1%); and a learning disability (1%).
- Huron County adults were responsible for providing regular care or assistance to the following: multiple children (17%); an elderly parent or loved one (7%); someone with special needs (7%); a friend, family member or spouse with a health problem (6%); an adult child (6%); grandchildren (4%); children with discipline issues (2%); a friend, family member or spouse with a mental health issue (1%); a friend, family member or spouse with dementia (1%); and foster children (1%).
- Huron County adults would have a problem getting the following if they needed it today: someone to loan them \$50 (13%), someone to help if they were sick in bed (11%), someone to take them to the doctor (10%), someone to talk to about their problems (10%), someone to help them pay for medical expenses (10%), someone to accompany them to their doctor appointments (6%), back-up child care (5%), and someone to explain directions from their doctor (4%).

Adult Comparisons	Huron County 2007	Huron County 2011	Huron County 2014	Huron County 2017	Progress	Ohio 2015	U.S. 2015
Limited in some way because of a physical, mental, or emotional problems	25%	16%	20%	21%	↑	21%	21%

Healthy People 2020

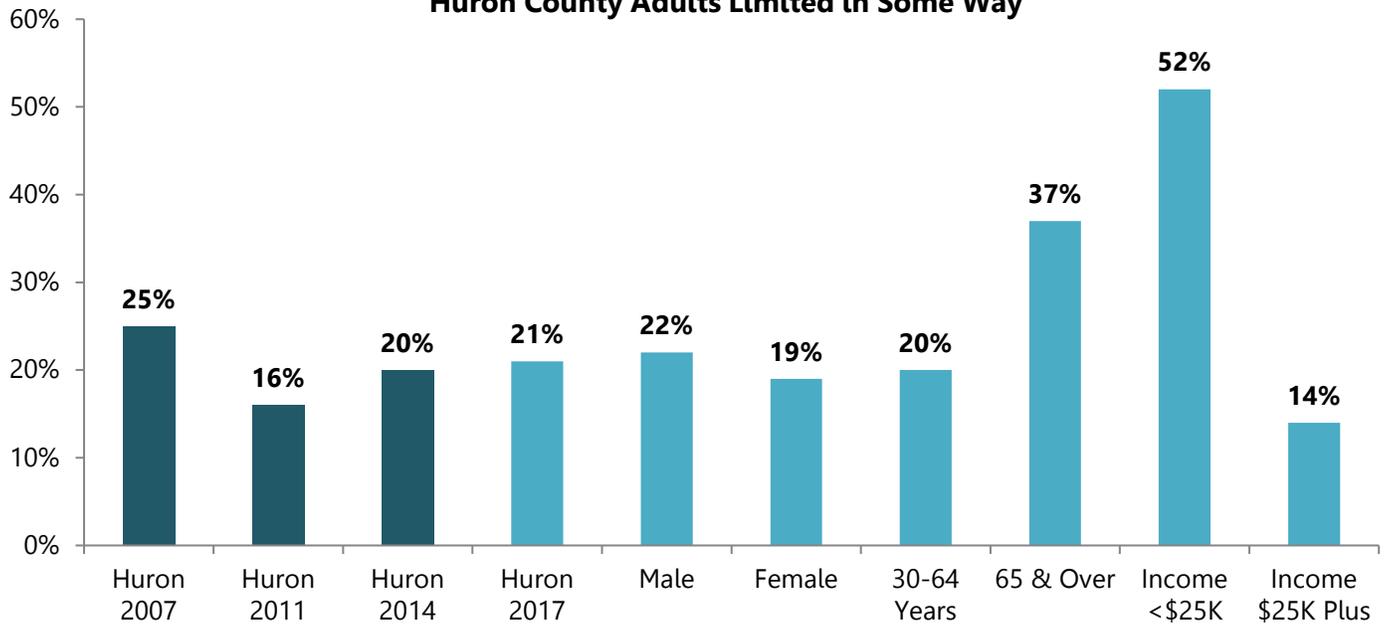
Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Huron County 2017	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	42%	36%

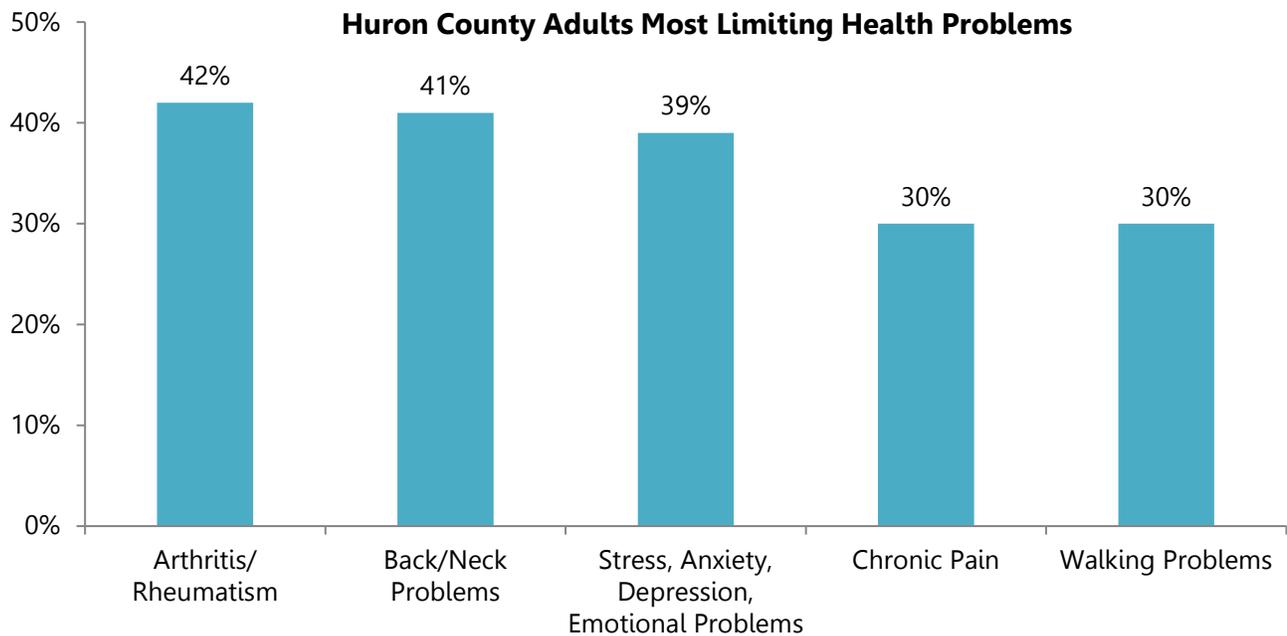
*U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2017 Huron County Health Assessment)

The following graphs show the percentage of Huron 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: 21% of Huron County adults were limited in some way, including 22% of males, and 52% of those 65 and older.

Huron County Adults Limited in Some Way



Huron County Adults Most Limiting Health Problems



Social Conditions: Social Determinants of Health

Key Findings

In 2017, 9% of Huron County adults were threatened or abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). Sixteen percent (16%) of Huron County adults had four or more Adverse Childhood Experiences (ACEs) in their lifetime, increasing to 35% of those with incomes less than \$25,000.

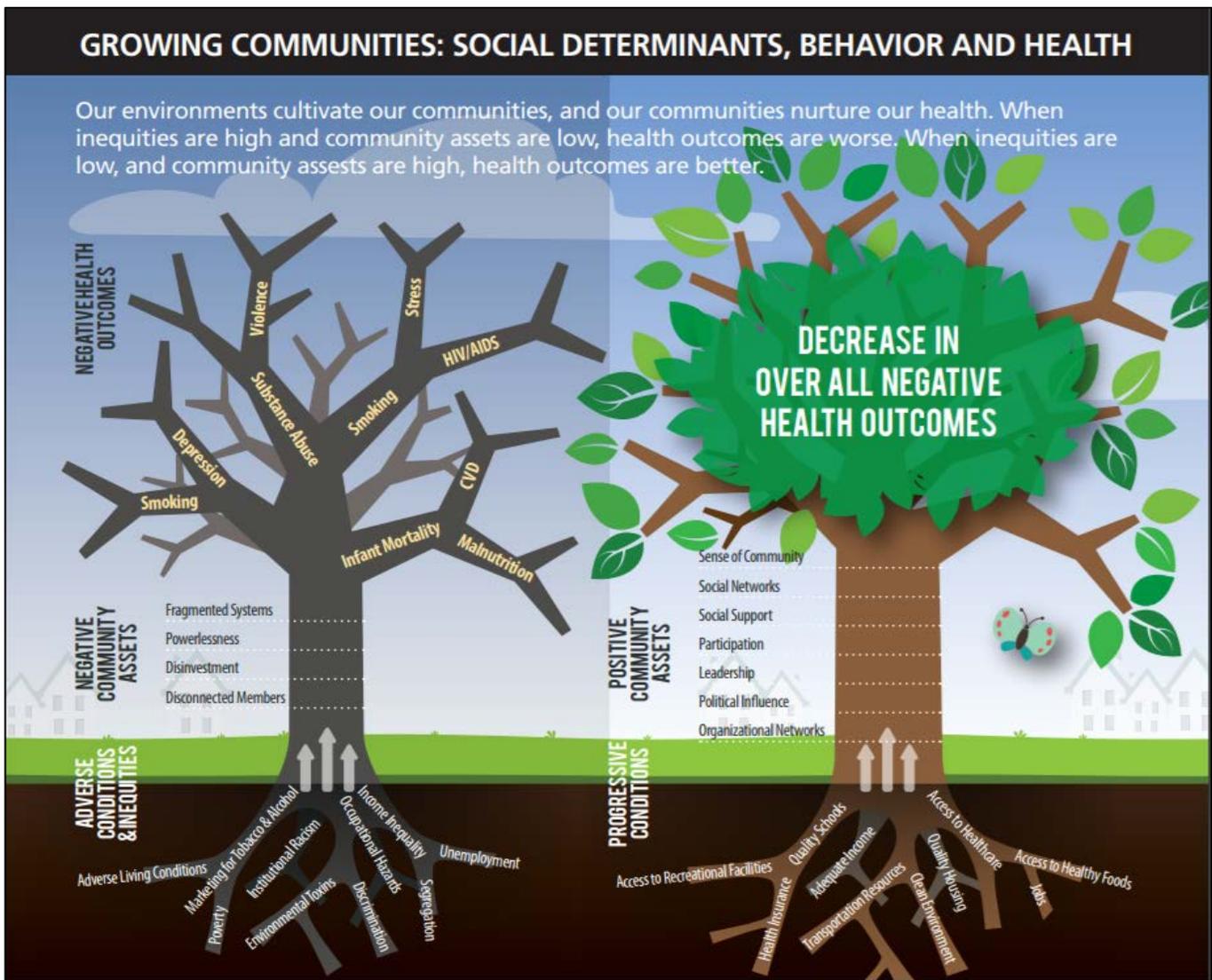
Social Determinants of Health

- Social determinants of health are conditions in the environment 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. 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 (Source: *HealthyPeople2020, 2016*).
- Healthy People 2020 developed a “place-based” organizing framework reflecting the five key areas of social determinants of health. These five determinants include:
 - Economic stability
 - Education
 - Social and community context
 - Health and health care
 - Neighborhood and built environment

Economic Stability

- Huron County adults attempted to get assistance from the following social service agencies: Huron County Job & Family Services (12%), CAC/HEAP Housing (8%), food pantry/food bank (6%), church (6%), Huron County Public Health (4%), Salvation Army (4%), Help Me Grow (2%), Huron County Medical Assistance Program (2%), Christie Lane/Huron County Board of Developmental Disabilities (1%), American Red Cross (1%), United Fund (1%), somewhere else (3%) and did not know where to look for assistance (5%).
- Huron County adults received assistance for the following in the past year: food (9%), healthcare (8%), prescription assistance (7%), Medicare (6%), free tax preparation (4%), utilities (4%), dental care (3%), mental illness issues (3%), employment (3%), home repair (2%), drug or alcohol addiction (2%), rent/mortgage (2%), legal aid services (2%), transportation (2%), clothing (2%), credit counseling (<1%), and unplanned pregnancy (<1%).
- Five percent (5%) of adults reported that at least one person in their household went to bed hungry on at least one day in the past week because they did not have enough money for food, increasing to 14% of those with incomes less than \$25,000. Two percent (2%) went to bed hungry every night of the week.
- The median household income in Huron County was \$48,838. The 2015 U.S. Census Bureau reports median income levels of \$49,429 for Ohio and \$53,889 for the U.S. (Sources: *U.S. Census Bureau, Small Area Income and Poverty Estimates*).
- Thirteen percent (13%) of all Huron County residents were living in poverty, and 21% 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 Huron County was 5.1, as of May 2017 (Sources: *Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information*).
- There were 25,134 housing units. The owner-occupied housing unit rate was 90%. Rent in Huron County cost an average of \$630 per month (Source: *U.S. Census Bureau, Small Area Income and Poverty Estimates, 2011-2015*).

- Seventy-one percent (71%) of occupied housing units in Huron County were owner-occupied and 29% were renter-occupied. (Source: U.S. Census Bureau, American Community Survey, 2011-2015).



(Source: Brennan Ramirez LK, Baker EA, Metzler M. Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2008).

Education

- Eighty-seven percent (87%) of Huron County adults 25 years and over had a high school diploma or higher. Thirteen percent (13%) had less than a high school diploma (U.S. Census Bureau, American Community Survey, 2011-2015).
- Thirteen percent (13%) of Huron County adults 25 years and over had at least a bachelor's degree (U.S. Census Bureau, American Community Survey, 2011-2015).

Health and Health Care

- In the past year, 7% of adults were uninsured, increasing to 16% of those with incomes less than \$25,000.
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Huron County adults.

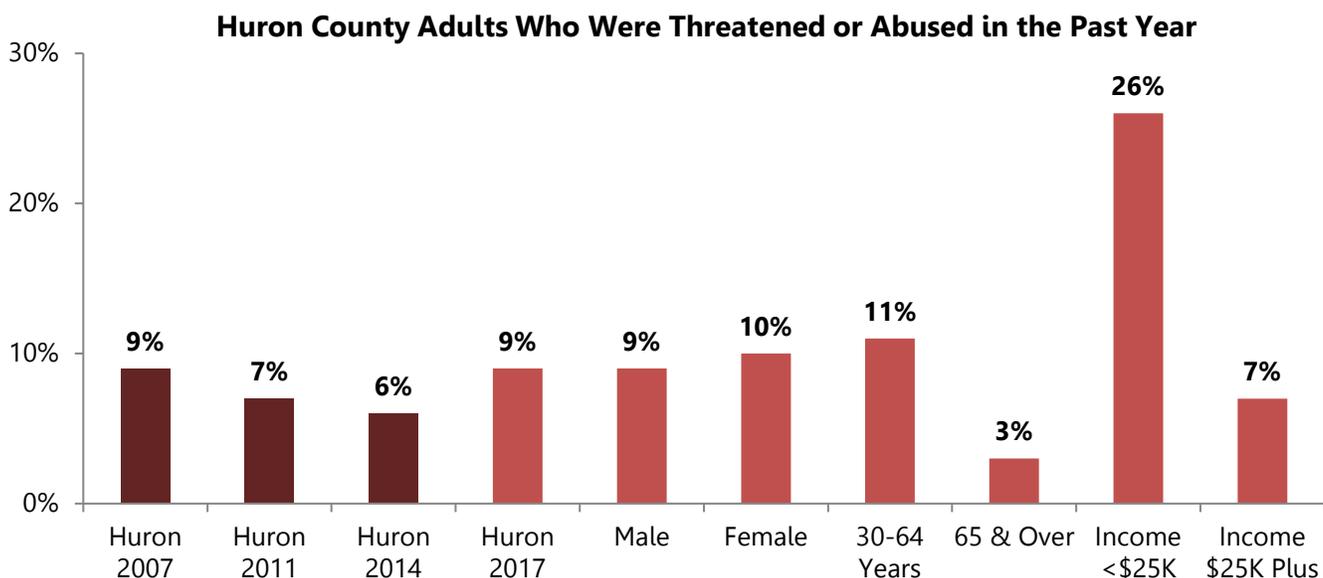
Social and Community Context

- Huron County adults experienced the following in the past 12 months: a close family member went to the hospital (32%); death of a family member or close friend (31%); had bills they could not pay (15%); moved to a new address (12%); someone in their household lost their job/had their hours reduced at work (12%); someone close to them had a problem with drinking or drugs (9%); became separated or divorced (6%); household income was cut by 50% (4%); were threatened or abused by someone physically, emotionally, sexually, or verbally (3%); witnessed someone in their family being hit or slapped (3%); had someone homeless living with them (3%); knew someone who lived in a hotel (2%); their child was threatened or abused by someone physically, emotionally, sexually, or verbally (1%); and were homeless (1%).
- Nine percent (9%) of Huron County adults were threatened or abused in the past year. They were threatened or abused by the following: a spouse or partner (49%), someone outside their home (43%), a child (11%), a parent (8%), another family member (6%), and someone else (13%).
- Huron County adults had the following transportation issues: no car (4%), could not afford gas (3%), suspended/no driver's license (3%), limited public transportation available or accessible (2%), did not feel safe to drive (2%), no car insurance (2%), no public transportation available or accessible (1%), disabled (1%), and other car issues/expenses (4%).
- Adults reported experiencing the following due to gambling: gambled while drunk or high (3%), gambled with larger amounts of money to get the same excitement (1%), unable to pay bills (<1%), and lied to family members or others to hide their gambling (<1%).

Adult Comparisons	Huron County 2007	Huron County 2011	Huron County 2014	Huron County 2017	Progress	Ohio 2015	U.S. 2015
Threatened or abused in the past year	9%	7%	6%	9%	↑	N/A	N/A

N/A-Not available

The following graph shows the percentage of Huron County adults that had been threatened or abused in the past year. Examples of how to interpret the information shown on the first graph include: 9% of all Huron County adults have been threatened or abused, including 10% of females.



Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan. (Source: Substance Abuse and Mental Health Services Administration, 2017).

- Huron County adults experienced the following adverse childhood experiences (ACEs): a parent or adult in their home swore at, insulted, or put them down (27%); lived with someone who was a problem drinker or alcoholic (24%); their parents became separated or were divorced (22%); lived with someone who was depressed, mentally ill, or suicidal (16%); a parent or adult in their home hit, beat, kicked, or physically hurt them (13%); someone at least five 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 (11%); their family did not look out for each other, feel close to each other, or support each other (9%); someone at least 5 years older than them or an adult tried to make them touch them sexually (6%); lived with someone who used illegal street drugs, or who abused prescription medications (6%); lived with someone who served time or was sentenced to serve time in prison, jail or other correctional facility (4%); someone at least 5 years older than them or an adult forced them to have sex (2%); they did not have enough to eat, had to wear dirty clothes, and had no one to protect them (2%); and their parents were not married (1%).
- Sixteen percent (16%) of Huron County adults had 4 or more ACEs in their lifetime, increasing to 35% of those with incomes less than \$25,000.

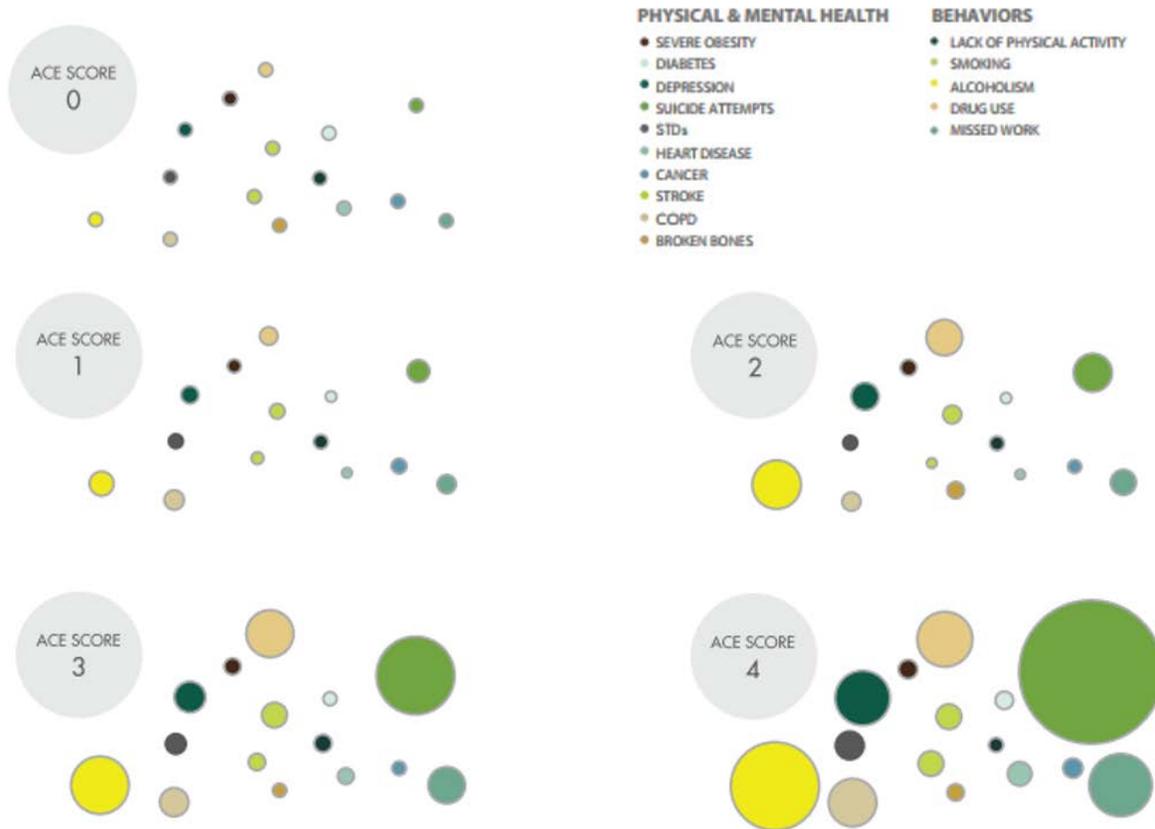
Adverse Childhood Experiences (ACEs)

- Childhood abuse, neglect, and exposure to other traumatic stressors which we term adverse childhood experiences (ACE) are common. The most common are separated or divorced parents, verbal, physical or sexual abuse, witness of domestic violence, and having a family member with depression or mental illness.
- According to the CDC, 59% of people surveyed in five 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
 - STDs
 - 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 between ACE and levels of exposure. 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)

ACEs Can Have Lasting Effects on Behavior & Health

- Childhood experiences have a tremendous, lifelong impact on the health and quality of a person's life. The ACE Study showed dramatic links between adverse childhood experiences and risky behavior, psychological issues, serious illness and the leading causes of death.
- The following charts compare how likely a person with 1, 2, 3 or 4 ACEs will experience specified behaviors than a person without ACEs.



(Source: CDC, Adverse Childhood Experiences, Looking How ACEs Affect our Lives and Society, June 2016)

Behaviors of Huron County Adults Experienced 4 or More ACEs vs. Did Not Experience Any ACEs*

Adult Behaviors	Experienced 4 or More ACEs	Did Not Experience Any ACEs
Current drinker (had at least one alcoholic beverage in the past month)	63%	60%
Had an income less than \$25,000	33%	14%
Current smoker (currently smoke on some or all days)	32%	14%
Felt sad or hopeless for two or more weeks in a row	30%	6%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	28%	29%
Threatened or abused by one or more people	8%	4%

Sixteen percent (16%) of Huron County adults had 4 or ACEs in their lifetime

*ACEs indicate adults who self-reported having experienced four or more adverse childhood experiences in their lifetime.

*Adults with an ACE score of 4 or more will be at a greater risk of developing health harming behaviors (i.e. substance abuse, risky sexual behavior), suffering poor adult health (i.e. obesity, cancer, heart disease), and premature mortality.

Neighborhood and Built Environment

- Huron County adults reported doing the following while driving: eating (47%); talking on hand-held cell phone (42%); talking on hands-free cell phone (28%); texting (19%); not wearing a seatbelt (13%); using internet on their cell phone (9%); reading (4%); being under the influence of alcohol (2%); being under the influence of prescription drugs (2%); being under the influence of recreational drugs (1%); and other activities (such as applying makeup, shaving, etc.) (5%).
- Huron County adults had the following safety items in their home: working smoke alarm/detector (86%), fire extinguisher (54%), working carbon monoxide detector (43%), Poison Control number (1-800-222-1222) by the phone (15%), and the suicide hotline number (5%).

Adult Comparisons	Huron County 2007	Huron County 2011	Huron County 2014	Huron County 2017	Progress	Ohio 2015	U.S. 2015
Have a working carbon monoxide detector	49%	44%	53%	43%	↓	N/A	N/A

N/A-Not available

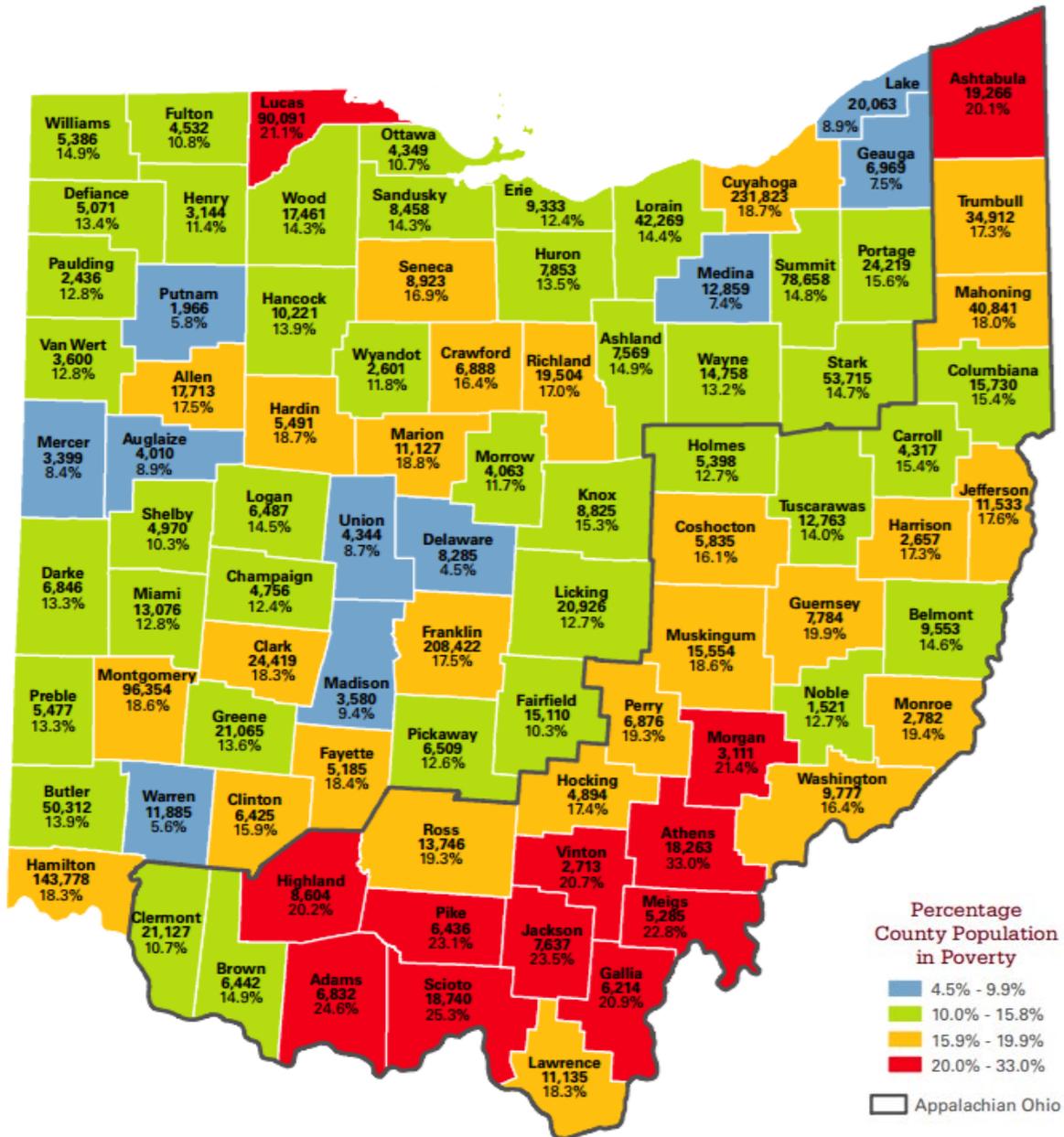
Veterans' Affairs

- Thirty-eight percent (38%) of Huron County adults reported that someone in their immediate family had served in the military in the past 10-15 years.
- As a result of their military service, adults reported their immediate family members were affected by the following: post-traumatic stress disorder (PTSD) (13%), access to medical care at a VA facility (9%), marital problems (9%), problems getting VA benefits (8%), major health problems due to injury (7%), inability to find/keep a job (5%), substance/drug abuse or overdose (4%), access to medical care at a non-VA facility (3%), access to mental health treatment (3%), suicide attempt (3%), suicide completion (3%), problems getting information on VA eligibility and applying (3%), housing issues (2%), and access to substance/drug abuse treatment (1%). Eighty-one percent (81%) did not have any problems listed.

The map below shows the 2011-2015 American Community Survey estimates of the number and percentage of persons in poverty by county in Ohio.

- The 2011-2015 American Community Survey 5-year estimates show that approximately 1,775,836 Ohio residents or 15.8% of the population were in poverty.
- From 2011-2015, 14% of Huron County residents were in poverty.

Estimated Poverty Rates in Ohio by County (2011-2015)



(Source: 2011-2015 American Community Survey 5-year estimates, as compiled by Ohio Development Services Agency, Office of Research, Ohio Poverty Report, February 2017)

Social Conditions: Environmental Health

Key Findings

The top three environmental health issues reported by Huron County adults were insects (6%), mold (6%) and temperature regulation (4%). Eighty-seven percent (87%) of adults had a working flashlight and working batteries in preparation for a disaster.

Disaster Preparedness

- Huron County households had the following disaster preparedness supplies: working flashlight and working batteries (87%), cell phone with texting (87%), cell phone (85%), working smoke detector (85%), computer/tablet (73%), 3-day supply of nonperishable food for everyone in the household (55%), working battery-operated radio and working batteries (45%), 3-day supply of prescription medication for each person who takes prescribed medicines (42%), home land-line telephone (41%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (39%), generator (27%), communication plan (18%), disaster plan (11%), and a family disaster plan (9%).
- Huron County adults indicated the following as their main method or way of getting information from authorities in a large-scale disaster or emergency: television (12%), internet (9%), Huron County Emergency Alert System (8%), radio (6%), friends/family (3%), social media (i.e. Facebook, Twitter) (2%), newspaper (1%), neighbors (<1%), and other methods (1%). More than half (55%) of adults selected multiple sources of getting information from authorities in a large-scale disaster or emergency.

Environmental Health

- Huron County adults thought the following threatened their health in the past year.
 - Insects (6%)
 - Mold (6%)
 - Temperature regulation (4%)
 - Rodents (3%)
 - Agricultural chemicals (2%)
 - Air quality (2%)
 - Chemicals found in products (2%)
 - Cockroaches (2%)
 - Plumbing problems (2%)
 - Sewage/waste water problems (2%)
 - Bed bugs (1%)
 - Lice (1%)
 - Safety hazards (1%)
 - Unsafe water supply/wells (<1%)

Basic Disaster Supplies Kit

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

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

(Source: Federal Emergency Management Agency (FEMA), Ready: Prepare. Basic Disaster Supplies Kit, updated 6/10/14)

Youth Health: Weight Status

Key Findings

The health assessment identified that 20% of Huron County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 39% of Huron County youth reported that they were slightly or very overweight. Over three-quarters (76%) of youth exercised for 60 minutes on three 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 fatness changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese.
- One-fifth (20%) of Huron County 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); 15% of youth were classified as overweight (2013 YRBS reported 16% for Ohio and 2015 YRBS reported 16% for the U.S.); 61% were normal weight; and 4% were underweight.
- Nearly two-fifths (39%) of youth described themselves as being either slightly or very overweight (2013 YRBS reported 28% for Ohio and 2015 YRBS reported 32% for the U.S.).
- Over half (54%) of all youth were trying to lose weight, increasing to 70% of females (compared to 39% of males) (2013 YRBS reported 47% for Ohio and 2015 YRBS reported 46% for the U.S.).

20% of Huron County youth were classified as obese.

- Youth did the following to lose or keep from gaining weight in the past 30 days:
 - Exercised (51%)
 - Drank more water (45%)
 - Ate less food, fewer calories, or foods lower in fat (31%)
 - Ate more fruits and vegetables (28%)
 - Skipped meals (16%)
 - Went without eating for 24 hours or more (5%) (2013 YRBS reported 10% for Ohio and 13% for the U.S.)
 - Took diet pills, powders, or liquids without a doctor's advice (2%) (2013 YRBS reported 5% for Ohio and the U.S.)
 - Vomited or took laxatives (2%) (2013 YRBS reported 5% for Ohio and 4% for the U.S.)
 - Smoked cigarettes or e-cigarettes to lose weight (<1%)
- Nearly one-third (32%) of youth did not do anything to lose or keep from gaining weight.

Nutrition

- Six percent (6%) of Huron County youth ate 5 or more servings of fruits and vegetables per day. Twenty-three percent (23%) ate 3-4 servings of fruits and vegetables per day, and 65% ate 1-2 servings per day. Six percent (6%) reported not eating any fruits and vegetables.
- Youth reported eating out or bringing home take-out food 1-2 meals per week (67%), 3-4 meals per week (14%), and five or more meals per week (4%). Fifteen percent (15%) of youth reported they do not eat or bring take-out food home to eat.
- Nearly one-quarter (23%) 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.

Fast Food Calorie Intake Among Adolescents in the United States

Data from the National Health and Nutrition Examination Survey found that:

- Just over one-third of children and adolescents consumed fast food on a given day.
- Children and adolescents consumed on average 12.4% of their daily calories from fast food restaurants.
- Caloric intake from fast foods was higher in adolescents aged 12–19 years than in children aged 2–11 years.
- Non-Hispanic Asian children had significantly lower caloric intake from fast food compared with non-Hispanic white, non-Hispanic black, and Hispanic children.
- No significant differences in caloric intake from fast food were noted by sex, poverty status, or weight status.

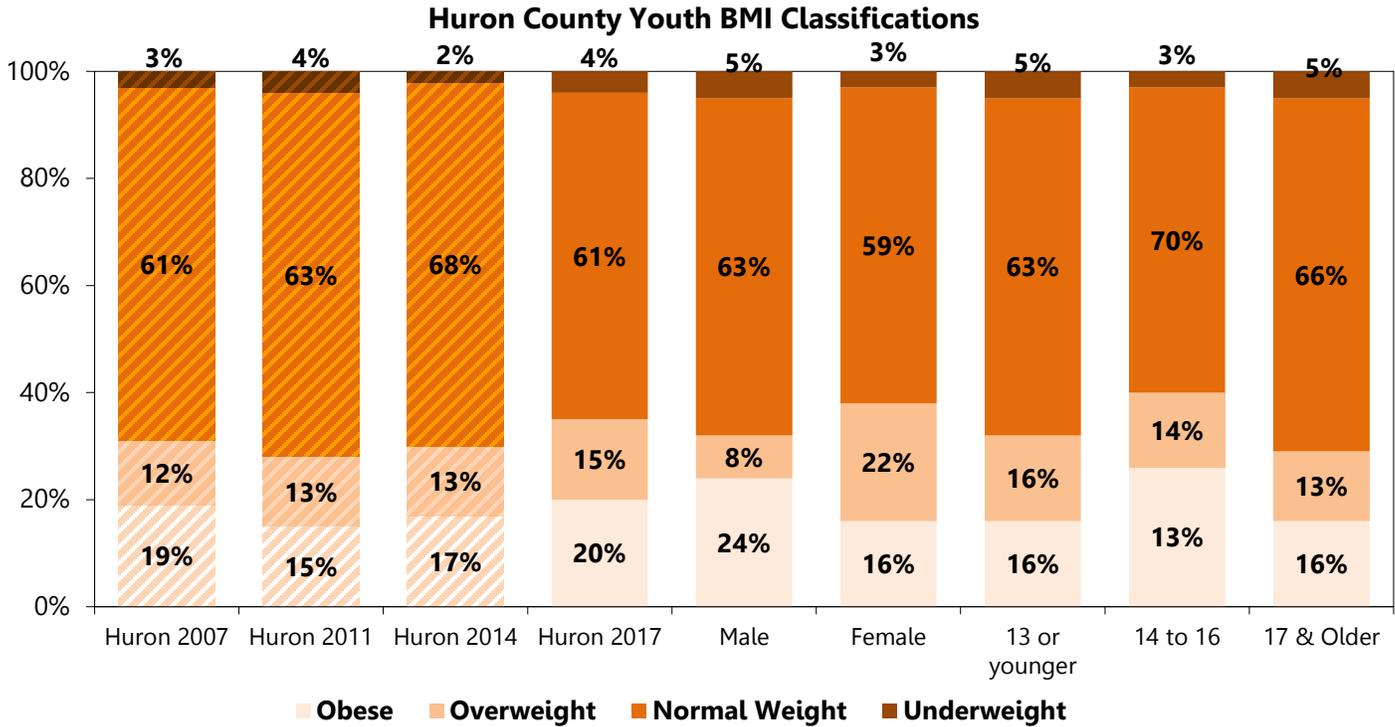
(Source: CDC, National Center for Health Statistics, Caloric Intake from Fast Food Among Children and Adolescents in the United States, 2011-2012, reviewed on November 6, 2015)

Physical Activity

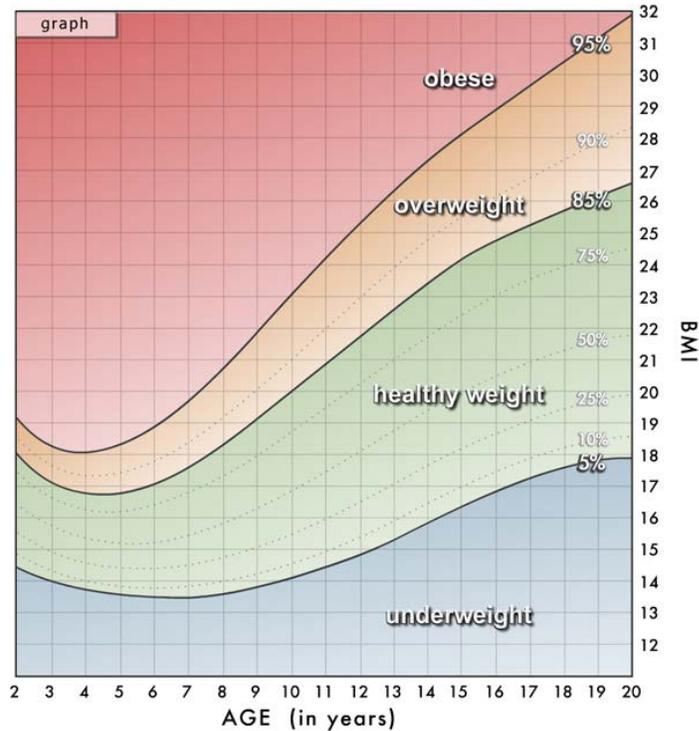
- Over three-fourths (76%) of youth participated in at least 60 minutes of physical activity on three or more days in the past week, 54% did so on five or more days in the past week (2013 YRBS reports 48% for Ohio and 2015 YRBS reports 49% for the U.S.), and 30% did so every day in the past week (2013 YRBS reports 26% for Ohio and 2015 YRBS reports 27% for the U.S.). Eight percent (8%) of youth did not participate in at least 60 minutes of physical activity on any day in the past week (2013 YRBS reports 13% for Ohio and 2015 YRBS reports 14% for the U.S.).
- The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity per day. As part of their 60 minutes per day, aerobic activity, muscle strengthening, and bone strengthening are three distinct types of physical activity that children should engage in, appropriate to their age. Children should participate in each of these types of activity on at least three days per week.
- Huron County youth spent an average of 3.0 hours socializing on their computer/tablet/cell phone, 2.3 hours texting, 1.4 hours watching TV, and 0.9 hours playing video games on an average day of the week.
- Nearly one-fifth (17%) 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.).
- More than half (54%) of Huron County youth participated in a sports or intramural program, and 39% exercised outside of school.

Huron County youth did the following to lose weight in the past 30 days:	Percent
Exercised	51%
Drank more water	45%
Ate less food, fewer calories, or foods lower in fat	31%
Ate more fruits and vegetables	28%
Skipped meals	16%
Went without eating for 24 hours	5%
Vomited or took laxatives	2%
Took diet pills, powders, or liquids without a doctor's advice	2%
Smoked cigarettes	<1%

The following graph shows the percentage of Huron County youth who were classified as obese, overweight, normal weight or underweight according to Body Mass Index (BMI) by age. Examples of how to interpret the information in the graph include: 61% of all Huron County youth were classified as normal weight, 20% were obese, 15% were overweight, and 4% were underweight for their age and gender.



The following figure is a Body Mass Index (BMI) Chart for youth.



(Source: KidsHealth, Body Mass Index (BMI) Charts, 2017)

Youth Comparisons	Huron County 2007 (6 th -12 th)	Huron County 2011 (6 th -12 th)	Huron County 2014 (6 th -12 th)	Huron County 2017 (6 th -12 th)	Progress	Huron County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Obese	19%	15%	17%	20%	↑	21%	13%	14%
Overweight	12%	13%	13%	15%	↑	14%	16%	16%
Trying to lose weight	45%	48%	49%	54%	↑	53%	47%	46%
Described themselves as slightly or very overweight	30%	32%	34%	39%	↑	40%	28%	32%
Exercised to lose weight	N/A	58%	50%	51%	↑	51%	N/A	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight	N/A	31%	31%	31%	↔	35%	N/A	N/A
Went without eating for 24 hours or more	15%	5%	7%	5%	↓	6%	10%	13%*
Took diet pills, powders, or liquids without a doctor's advice	5%	3%	2%	2%	↔	3%	5%	5%*
Vomited or took laxatives	2%	3%	2%	2%	↔	2%	5%	4%*
Ate 1 to 4 servings of fruits and vegetables per day	N/A	80%	78%	88%	↑	83%	N/A	N/A
Physically active at least 60 minutes per day on every day in past week	N/A	32%	26%	30%	↑	32%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	N/A	56%	47%	54%	↑	58%	48%	49%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A%	7%	13%	8%	↓	10%	13%	14%
Watched TV 3 or more hours per day	34%	40%	25%	17%	↓	15%	28%	25%

N/A – Not Available

*Comparative YRBS data for U.S. is 2013

Healthy People 2020 Nutrition and Weight Status (NWS)

Objective	Huron County 2017	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	20% (6-12 Grade) 21% (9-12 Grade)	13% (9-12 Grade)	14% (9-12 Grade)	15%*

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

(Sources: Healthy People 2020 Objectives, 2013 Ohio YRBS, 2015 U.S. YRBS, CDC/NCHHSTP, 2017 Huron County Health Assessment)

The Impact of Sugary Drinks



(Source: Levi, J., Segal L., Lauren, R., & Rayburn, J. (2014). *The State of Obesity*. Trust for America's Health and Ludwig, D.S., Karen, P.E., & Gortmater, S.L. (2001). *Relation between consumption of sugar-sweetened drinks and childhood obesity: a prospective, observational analysis* (Vol. 357). *The Lancet*.)

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: 12/15/16*)

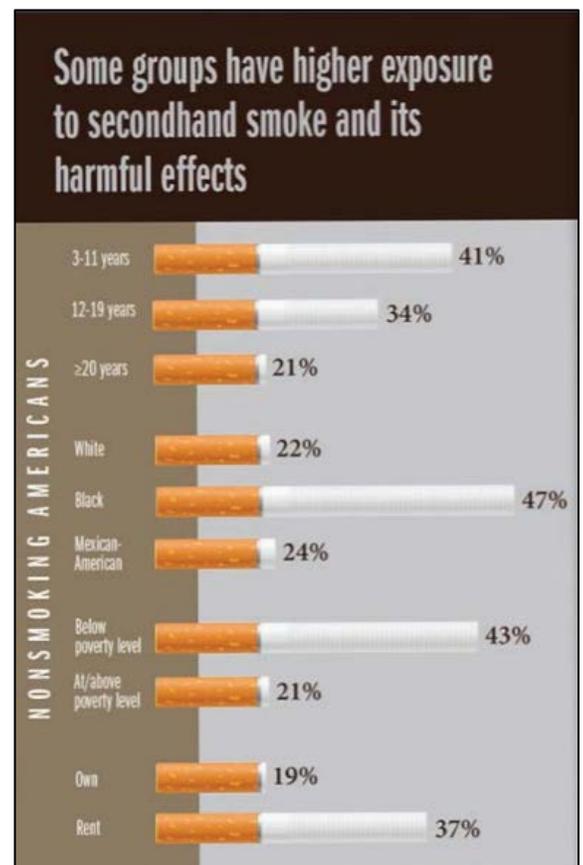
Youth Health: Tobacco Use

Key Findings

The health assessment identified that 5% of Huron County youth were current smokers. Four percent (4%) of youth had used e-cigarettes in the past year. The average age of onset for smoking was 13.1 years old.

Youth Tobacco Use Behaviors

- Nearly one-quarter (23%) of Huron County youth had tried cigarette smoking, increasing to 33% of those ages 17 and older (YRBS reported 32% for the U.S. in 2015).
- According to the Centers for Disease Control and Prevention (CDC) (2017), nearly 9 out of 10 cigarette smokers first tried smoking by age 18.
- Five percent (5%) of all Huron County youth had smoked a whole cigarette for the first time before the age of 13 (YRBS reported 7% for the U.S. in 2015).
- One-fifth (20%) of those youth who had smoked a whole cigarette did so at 10 years old or younger, and another 12% had done so by 12 years old. The average age of onset for smoking was 13.1 years old.
- Five percent (5%) of youth were current smokers, having smoked at some time in the past 30 days (YRBS reported 15% for Ohio in 2013 and 11% for the U.S. in 2015).
- Huron County youth used the following forms of tobacco in the past year: cigarettes (11%); e-cigarettes (9%); Swishers (7%); cigars (6%); Black and Milds (6%); chewing tobacco, snuff, or dip (5%); hookah (4%); little cigars (4%); pouch [snus] (3%); cigarillos (3%); and bidis (1%).
- Less than one percent (<1%) of all youth smoked cigarettes on 20 or more days during the past month (2013 YRBS reported 7% for Ohio and 3% for the U.S. in 2015).
- About two-thirds (65%) youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- Thirty-four percent (34%) of current smokers indicated they bought cigarettes from a store or gas station (2015 YRBS reported 13% for the U.S.), 29% of youth smokers borrowed cigarettes from someone else, 28% said a person 18 years or older gave them the cigarettes, 15% took them from a store or family member, and 22% got them some other way. No one reporting getting them from a vending machine.
- Nearly half (49%) of youth who smoked in the past year had tried to quit smoking (2015 YRBS reported 45% for the U.S.).
- More than half (56%) of Huron County youth were exposed to second hand smoke. Youth reported being exposed to second hand smoke in the following places: home (29%), another relative's home (28%), in the car (22%) and at a friend's home (17%).

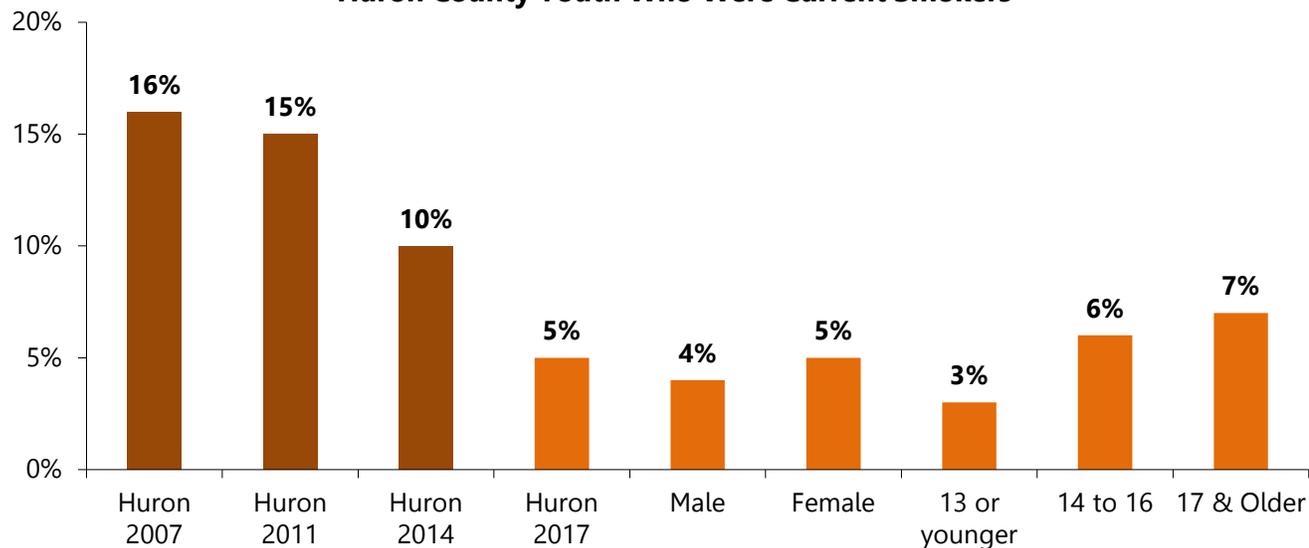


(Source: CDC, National Health and Nutrition Examination Survey Data 1999-2012)

In 2017, 5% of Huron County youth were current smokers, having smoked at some time in the past 30 days.

The following graph shows the percentage of Huron County youth who were current smokers. Examples of how to interpret the information include: 5% of all Huron County youth were current smokers, including 4% of males and 5% of females.

Huron County Youth Who Were Current Smokers



Huron County youth used the following forms of tobacco products in the past...	Year	30 Days
Cigarettes	11%	4%
E-Cigarette	9%	5%
Swishers	7%	3%
Cigars	6%	3%
Black and Milds	6%	4%
Chewing Tobacco, Snuff, dip	5%	3%
Little Cigars	4%	2%
Hookah	4%	1%
Pouch (i.e. Snus)	3%	2%
Cigarillos	3%	2%
Bidis	1%	<1%

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)

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

Youth Behaviors	Current Smoker	Non-Current Smoker
Participated in extracurricular activities	91%	90%
Had sexual intercourse in the past 12 months	71%	28%
Had at least one drink of alcohol in the past 30 days	65%	21%
Experienced 3 or more adverse childhood experiences (ACEs) in their lifetime	64%	28%
Seriously considered attempting suicide in the past 12 months	61%	16%
Had used marijuana in the past 30 days	48%	9%
Been bullied in any way in the past year	48%	48%
Attempted suicide in the past 12 months	35%	6%
Ever misused medications	27%	4%

*Five percent (5%) of Huron County youth were current smokers.

"Current smokers" indicate youth who self-reported smoking at any time during the past 30 days.

Healthy People 2020
Tobacco Use (TU)

Objective	Huron County 2017	Ohio 2013	U.S. 2015	Healthy People 2020 Target
TU-2.2 Reduce use of cigarettes by adolescents (past month)	5% (6-12 Grade) 7% (9-12 Grade)	15% (9-12 Grade)	11% (9-12 Grade)	16%*

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

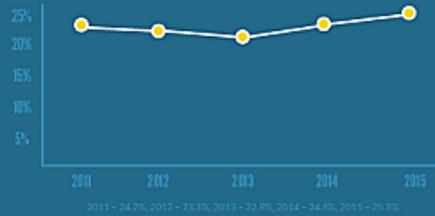
(Sources: Healthy People 2020 Objectives, 2013 Ohio YRBS, 2015 YRBS, CDC/NCHHSTP, 2017 Huron County Health Assessment)

Youth Comparisons	Huron County 2007 (6 th -12 th)	Huron County 2011 (6 th -12 th)	Huron County 2014 (6 th -12 th)	Huron County 2017 (6 th -12 th)	Progress	Huron County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever tried cigarettes	40%	35%	27%	23%	↓	32%	52%*	32%
Current smokers	16%	15%	10%	5%	↓	7%	15%	11%
Smoked cigarettes on 20 or more days during the past month (of all youth)	N/A	6%	2%	<1%	↓	1%	7%	3%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	15%	12%	5%	5%	↔	6%	14%*	7%
Usually obtained their own cigarettes by buying them in a store or gas station (of current smokers)	22%	21%	24%	34%	↑	33%	8%*	13%
Tried to quit smoking (of youth who smoked in the past year)	78%	64%	70%	49%	↓	50%	56%*	45%

*Comparative YRBS data for Ohio is 2011

Tobacco Use Among Middle and High School Students—United States, 2011-2015

There has been **no significant change in overall tobacco use** among high school students since 2011.



3 million middle and high school students were **current users of e-cigarettes** in 2015



up from 2.46 million in 2014.

There was a **significant decrease in current cigarette use** among high school students from 2011–2015



2011 – 15.8%, 2012 – 14%, 2013 – 12.7%, 2014 – 9.2%, 2015 – 9.3%



About half of middle school and high school students who used tobacco products in 2015 were current users of **two or more tobacco products**.

Current use of tobacco products by high school students in 2015



E-cigarettes – 16%, Cigarettes – 9.3%, Cigars – 8.6%, Hookahs – 7.2%, Smokeless Tobacco – 5.6%

YOUTH USE OF TOBACCO IN ANY FORM IS UNSAFE.

bit.ly/YouthTobaccoUse



Source: National Youth Tobacco Survey 2011-2015

(Source: *Smoking & Tobacco Use*, Centers for disease Control and Prevention, 2016)

Youth Health: Alcohol Consumption

Key Findings

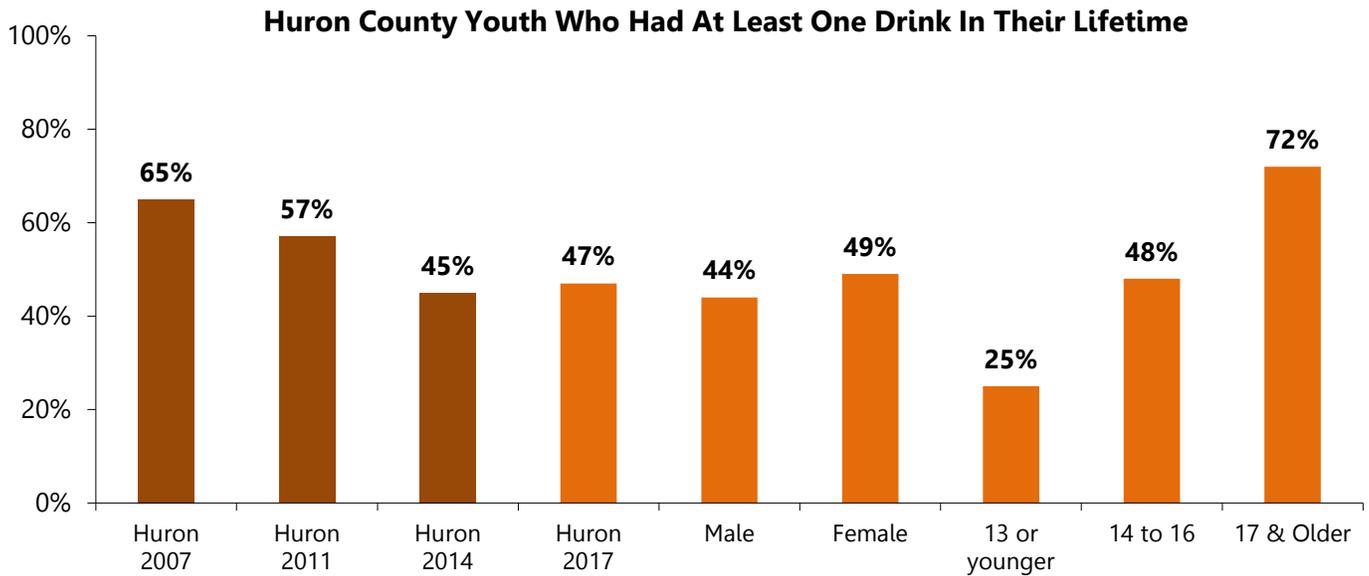
Almost half (47%) of Huron County youth had drunk at least one drink of alcohol in their life. Twenty-three percent (23%) of youth had at least one drink in the past 30 days. Fourteen percent (14%) of all youth had ridden in a car driven by someone who had been drinking alcohol.

In 2017, 23% of Huron County youth had at least one drink in the past 30 days.

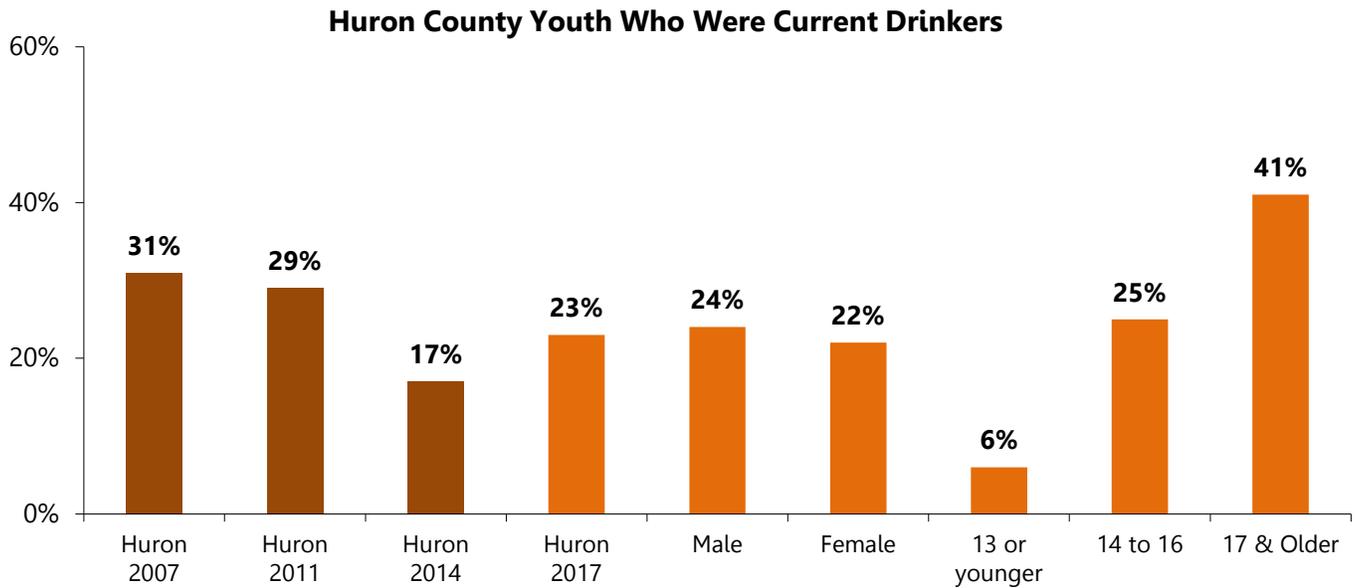
Youth Alcohol Consumption

- Almost half (47%) of youth had at least one drink of alcohol in their life, increasing to 72% of those ages 17 and older (2015 YRBS reports 63% for the U.S.).
- Nearly one-quarter (23%) of youth had at least one drink in the past 30 days and would be considered a current drinker, increasing to 41% of those ages 17 and older (YRBS reports 30% for Ohio in 2013 and 33% for the U.S. in 2015).
- Based on all youth surveyed, 12% had 5 or more drinks and would be considered binge drinkers, increasing to 21% of those ages 17 and older (YRBS reports 16% for Ohio in 2013 and 18% for the U.S. in 2015). Of those who drank in the past month, 52% had at least one episode of binge drinking, increasing to 56% of those 14 to 16 years old.
- Excessive drinking is responsible for more than 4,300 deaths among underage youth each year (*Source: Centers for Disease Control and Prevention, 2016*).
- Of all youth, 13% had drunk alcohol for the first time before the age of 13 (YRBS reports 13% of Ohio in 2013 and 17% for the U.S. in 2015).
- Nearly one third (29%) of youth who reported drinking at some time in their life had their first drink at 12 years old or younger; 25% took their first drink between the ages of 13 and 14, and 47% started drinking between the ages of 15 and 18. The average age of onset was 13.4 years old.
- Youth drinkers reported they got their alcohol from the following: a parent gave it to them (33%); someone older bought it (25%); an older friend or sibling bought it for them (23%); a friend's parent gave it to them (10%); took it from a store or family member (9%); bought it in a liquor store, convenience store, or gas station (3%); bought it with a fake ID (2%); and some other way (36%).
- During the past month, 14% of all Huron 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).
- Two percent (2%) 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).

The following graphs show the percentage of Huron County youth who drank in their lifetime and those who were current drinkers. Examples of how to interpret the information include: 47% of all Huron County youth have drunk at some time in their life, including 44% of males and 49% of females.

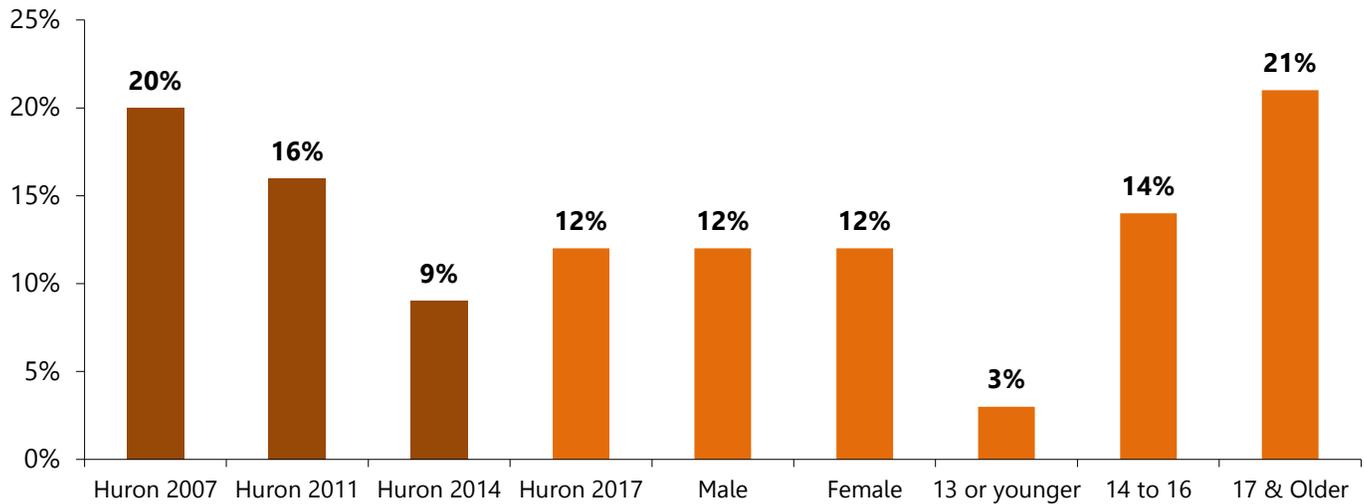


Based on all Huron County youth surveyed, 12% were defined as binge drinkers.



The following graph shows the percentage of Huron County youth who were binge drinkers. Example of how to interpret the information include: 12% of youth binge drank in the past month, including 12% of males and 12% of females.

Huron County Youth Binge Drinking in Past Month



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

Youth Behaviors	Current Drinker	Non-Current Drinker
Participated in extracurricular activities	95%	89%
Had sexual intercourse in the past 12 months	67%	18%
Experienced 3 or more adverse childhood experiences (ACEs) in their lifetime	55%	22%
Bullied in the past year	49%	48%
Seriously considered attempting suicide in the past 12 months	34%	13%
Have used marijuana in the past 30 days	33%	4%
Attempted suicide in the past 12 months	16%	5%
Ever misused medications	14%	2%
Have smoked cigarettes in the past 30 days	14%	2%

*Twenty-three percent (23%) of Huron County youth were current drinkers.

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

Healthy People 2020 Substance Abuse (SA)

Objective	Huron County 2017	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	12% (6-12 Grade)	16% (9-12 Grade)	18% (9-12 Grade)	9%*
	19% (9-12 Grade)			

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

(Sources: Healthy People 2020 Objectives, 2013 Ohio YRBS, 2015 U.S. YRBS, 2017 Huron County Health Assessment)

Youth Comparisons	Huron County 2007 (6 th -12 th)	Huron County 2011 (6 th -12 th)	Huron County 2014 (6 th -12 th)	Huron County 2017 (6 th -12 th)	Progress	Huron County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever tried alcohol	65%	57%	45%	47%	↑	63%	71%*	63%
Current drinker	31%	29%	17%	23%	↑	34%	30%	33%
Binge drinker (of all youth)	20%	16%	9%	12%	↑	19%	16%	18%
Drank for the first time before age 13 (of all youth)	30%	20%	11%	13%	↑	10%	13%	17%
Rode with someone who was drinking	16%	19%	13%	14%	↑	12%	17%	20%
Drank and drove (of youth drivers)	5%	5%	2%	2%	↔	3%	4%	8%

*Comparative YRBS data for Ohio is 2011

Consequences of Underage Drinking

- 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.
 - Higher risk for suicide and homicide.
 - Alcohol-related car crashes and other unintentional injuries, such as burns, falls, and drowning.
 - 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 six 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: Fact Sheets, Consequences of Underage Drinking, 2016)

Youth Health: Drug Use

Key Findings

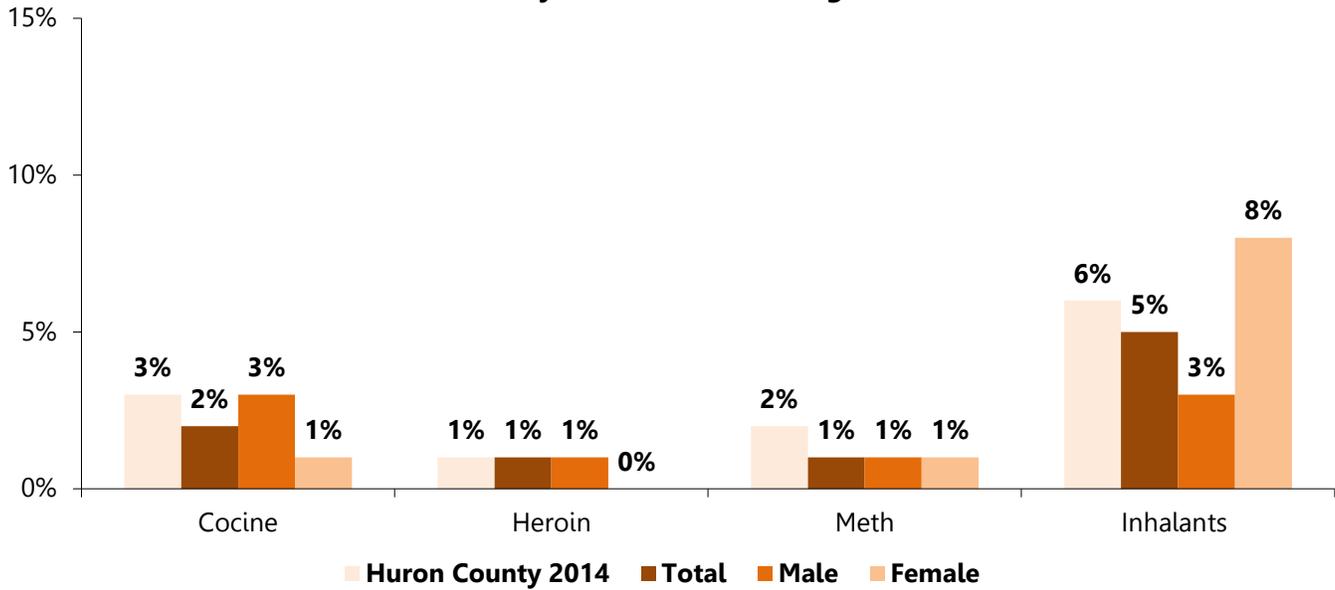
In 2017, eleven percent (11%) of Huron County youth had used marijuana at least once in the past 30 days. Five percent (5%) of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life.

Youth Drug Use

- In 2017, 11% of all Huron County youth had used marijuana at least once in the past 30 days, increasing to 17% of those ages 17 and older. The 2013 YRBS found a prevalence of 21% for Ohio youth and a prevalence of 22% for U.S. youth in 2015.
- Huron County youth have tried the following in their life:
 - Inhalants (5%) (YRBS reports 9% for Ohio in 2013 and 7% for the U.S. in 2015)
 - Misused cough syrup (2%)
 - Misused over-the-counter medications (2%)
 - Liquid THC (2%)
 - Cocaine (2%) (YRBS reports 4% for Ohio in 2013 and 5% for U.S. in 2015)
 - K2/spice (1%)
 - Bath salts (1%)
 - Misused hand sanitizer (1%)
 - Posh/salvia/synthetic marijuana (1%)
 - Ecstasy/MDMA/Molly (1%) (YRBS reports 5% for the U.S. in 2015)
 - Heroin (1%) (YRBS reports 2% for Ohio in 2013 and 2% for U.S. in 2015)
 - Methamphetamines (1%) (YRBS reports 3% for U.S. in 2015)
 - No one reported having gone to a pharm party
 - No one reported using Gamma-Hydroxybutyric Acid (GhB)
- Five percent (5%) of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life.
- Eight percent (8%) of all 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).
- In the past 30 days, youth reported being on school property under the influence of the following: marijuana (3%), alcohol (1%), prescription drugs not prescribed for them (1%), and other illegal drugs (<1%).
- Youth reported their parents would disapprove of them doing the following: smoking cigarettes (85%), misusing prescription drugs (83%), using marijuana (82%), using e-cigarettes (78%), and drinking alcohol (73%).
- Youth reported their friends would disapprove of them doing the following: misusing prescription drugs (74%), smoking cigarettes (67%), using e-cigarettes (59%), using marijuana (59%), texting and driving (57%), and drinking alcohol (50%).
- Youth reported the following reasons for not using drugs: their parents would be upset (65%), values (62%), legal consequences (47%), kicked out of extra-curricular activities (42%), friends would not approve (42%), health problems (37%), random student drug testing (19%), drug testing at home (11%), and other (21%).
- Youth reported the following would put themselves at a greater health risk: smoking cigarettes (88%), drinking and driving (88%), texting while driving (86%), using prescription drugs not prescribed to them (86%), drinking alcohol (74%), using electronic cigarettes (70%), bullying others (69%), using marijuana (67%), carrying a weapon (59%), participating in sexual intercourse (39%), and participating in other sexual activities (39%).
- According to the Substance Abuse and Mental Health Services Administration (SAMHSA) (2016) protective factors such as peer and parental disapproval are associated with a decreased likelihood of substance use. Peer and parental disapproval, in addition to reducing the influence of different risk factors, are commonly used in the efforts to prevent substance abuse.

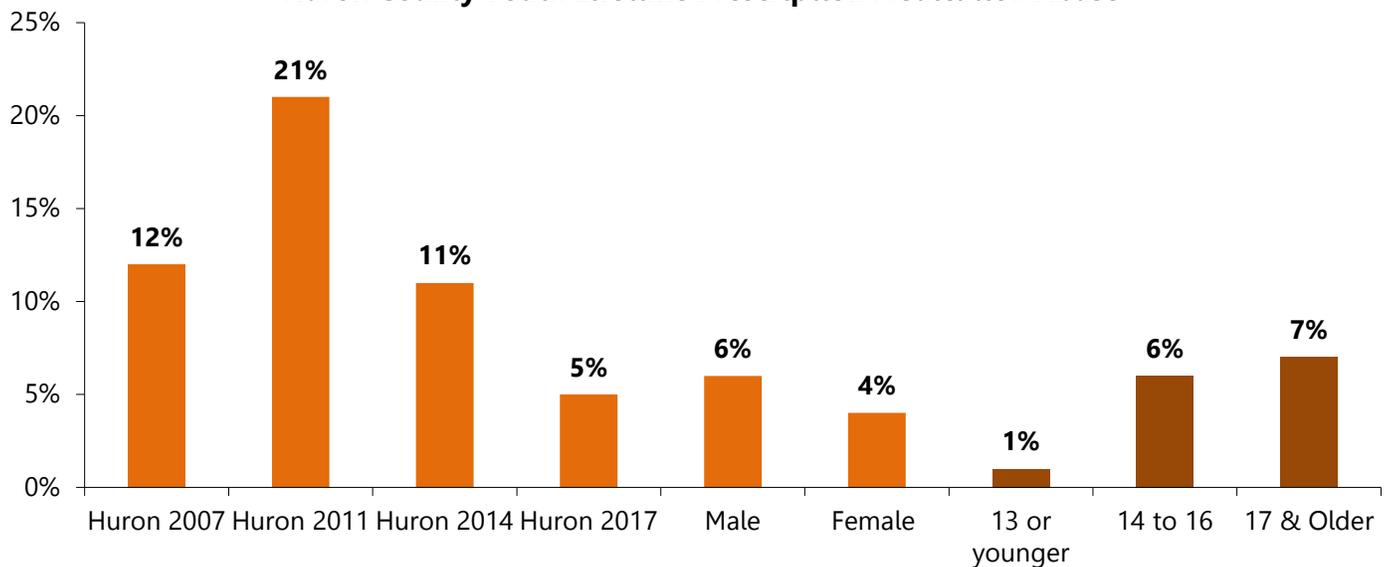
The following graphs show data indicating youth lifetime drug use and youth lifetime prescription medication abuse. Examples of how to interpret the information include: 2% of youth used cocaine at some point in their life, including 3% of males and 1% of females.

Huron County Youth Lifetime Drug Use

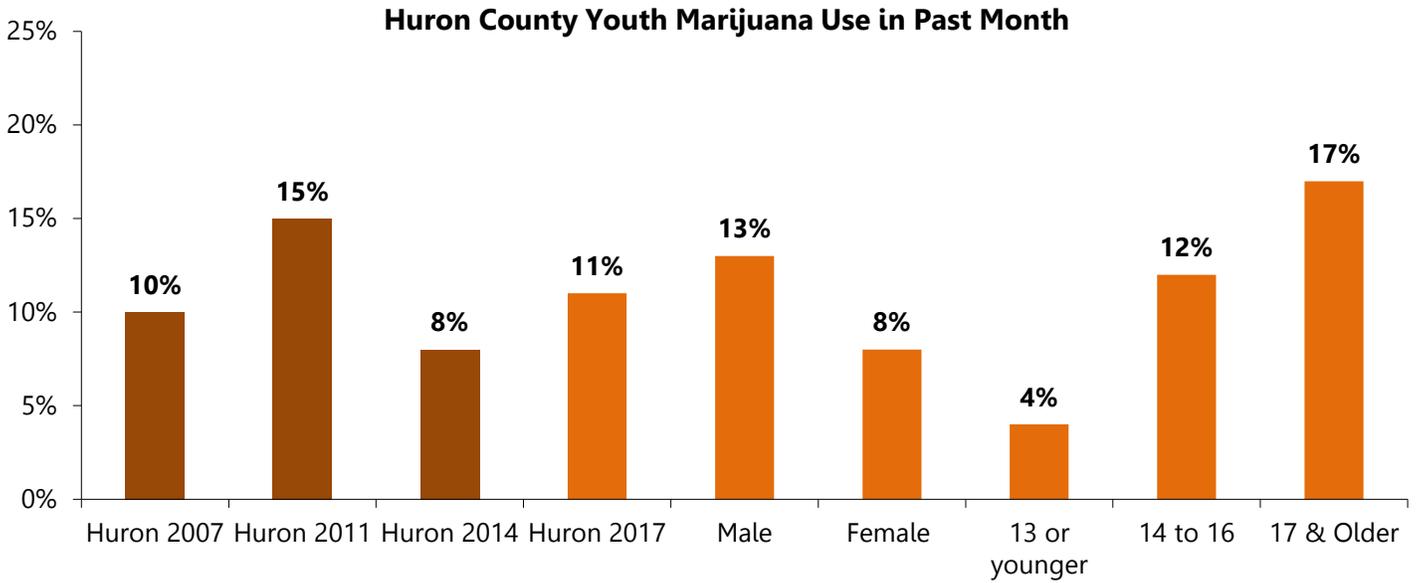


50% of Huron County reported their friends would disapprove of them drinking alcohol.

Huron County Youth Lifetime Prescription Medication Abuse



The following graph shows youth marijuana use in the past 30 days. Examples of how to interpret the information include: 11% of youth had used marijuana in the past 30 days, including 13% of males.



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

Youth Behavior	Current Marijuana User	Non-Current Marijuana User
Participated in extracurricular activities	94%	90%
Drank alcohol in the past 30 days	71%	17%
Had sexual intercourse in the past 12 months	67%	25%
Experienced 3 or more adverse childhood experiences (ACEs) in their lifetime	61%	26%
Been bullied in any way in the past year	52%	48%
Seriously considered attempting suicide in the past 12 months	45%	14%
Smoked cigarettes in the past 30 days	22%	3%
Ever misused medications	22%	3%
Attempted suicide in the past 12 months	22%	5%

**Eleven percent (11%) of Huron County youth used marijuana in the past month
 "Current marijuana use" indicates youth who self-reported using marijuana at any time during the past 30 days.*

Youth Comparisons	Huron County 2007 (6 th -12 th)	Huron County 2011 (6 th -12 th)	Huron County 2014 (6 th -12 th)	Huron County 2017 (6 th -12 th)	Progress	Huron County 2017 (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	10%	15%	8%	11%	↑	15%	21%	22%
Ever used methamphetamines	3%	3%	2%	1%	↓	<1%	N/A	3%
Ever used cocaine	6%	5%	3%	2%	↓	2%	4%	5%
Ever used heroin	1%	2%	1%	1%	↔	0%	2%	2%
Ever used inhalants	10%	10%	6%	5%	↓	6%	9%	7%
Ever used ecstasy/MDMA/Molly	N/A	N/A	3%	1%	↓	1%	N/A	5%
Ever misused medications	12%	21%	11%	5%	↓	7%	N/A	N/A
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	13%	14%	8%	8%	↔	11%	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 Health: Sexual Behavior

Key Findings

In 2017, 30% of Huron County youth had sexual intercourse. Nearly one-fifth (19%) of sexually active youth had four or more sexual partners. One-third (33%) of youth had viewed pornography. Two Huron County schools did not ask sexual behavior questions.

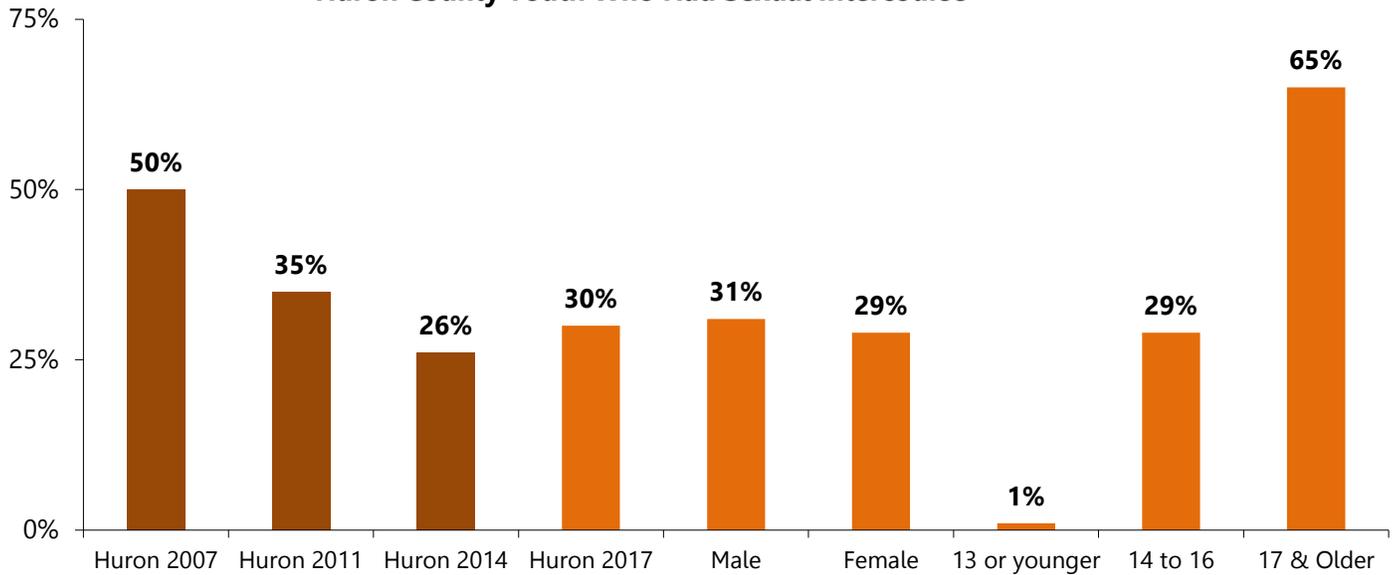
30% of Huron County youth had sexual intercourse.

Youth Sexual Behavior

- Thirty percent (30%) of Huron County youth had sexual intercourse, increasing to 65% of those ages 17 and over. (The YRBS reports 43% for Ohio in 2013 and 41% for U.S. in 2015).
- Over one-quarter (27%) youth had participated in oral sex, increasing to 57% of those ages 17 and over.
- Eight percent (8%) of youth had participated in anal sex, increasing to 17% of those ages 17 and over.
- Nearly one-third (31%) of youth had participated in sexting, increasing to 58% of those ages 17 and over.
- One-third (33%) of youth had viewed pornography, increasing to 44% of males and 52% of those ages 17 and over.
- Of sexually active youth, 46% had one sexual partner, and 54% had multiple partners.
- About one-fifth (19%) of sexually active youth had 4 or more sexual partners (2013 YRBS reports 28% for Ohio).
- Six percent (6%) of all youth had four or more sexual partners (YRBS reports 12% for Ohio in 2013 and 12% for the U.S. in 2015).
- Of sexually active youth, 14% had done so by the age of 13, and another 44% had done so by 15 years of age. The average age of onset was 15.0 years old
- Of all youth, 1% were sexually active before the age of 13 (YRBS reports 4% for Ohio in 2013 and 4% for the U.S. in 2015)
- Over one-third (35%) of youth who were sexually active used condoms to prevent pregnancy; 13% used birth control pills; 2% used the withdrawal method; 2% used a shot, patch or birth control ring; and 2% used an IUD. Three percent (3%) indicated they were gay or lesbian. Sixteen percent (16%) of sexually active youth reported they used multiple methods to prevent pregnancy including condoms.
- Ten percent (10%) of youth engaged in intercourse without a method of protection, and 10% reported they were unsure.
- Huron County youth had experienced the following: been pregnant (1%); had a miscarriage (1%); wanted to get pregnant (1%); had sex in exchange for something of value such as food, drugs, shelter or money (1%); got someone pregnant (1%); had been treated for an STD (1%); had a child (<1%); had an abortion (<1%); and tried to get pregnant (<1%).
- When asked where they were taught about pregnancy prevention, STDs, AIDS/HIV, and birth control, Huron County youth reported the following: school (67%), parents (56%), friends (29%), internet or other social media (28%), doctor (22%), siblings (15%), church (7%), and somewhere else (6%).

The following graphs show the percentage of Huron County youth who participated in sexual intercourse and oral sex. Examples of how to interpret the information include: 30% of all Huron County youth had sexual intercourse, including 31% of males and 29% of females.

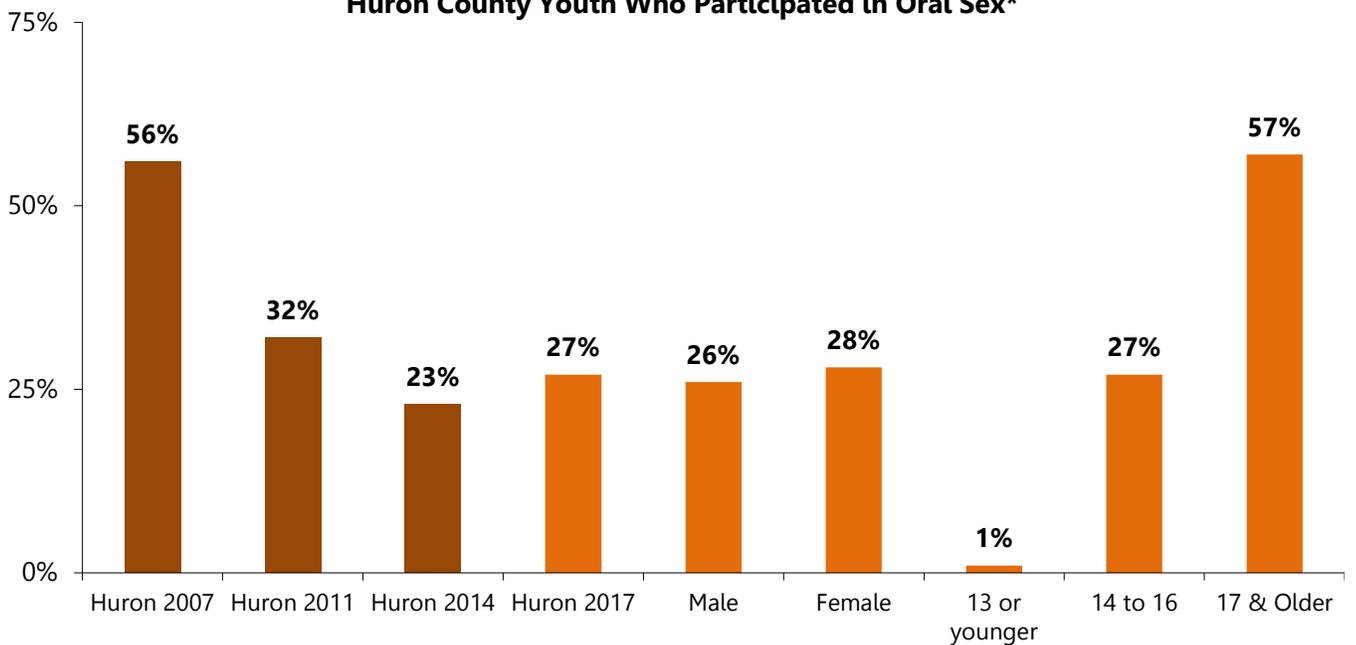
Huron County Youth Who Had Sexual Intercourse*



*Huron County high school students were only asked sexual health questions in 2007.

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

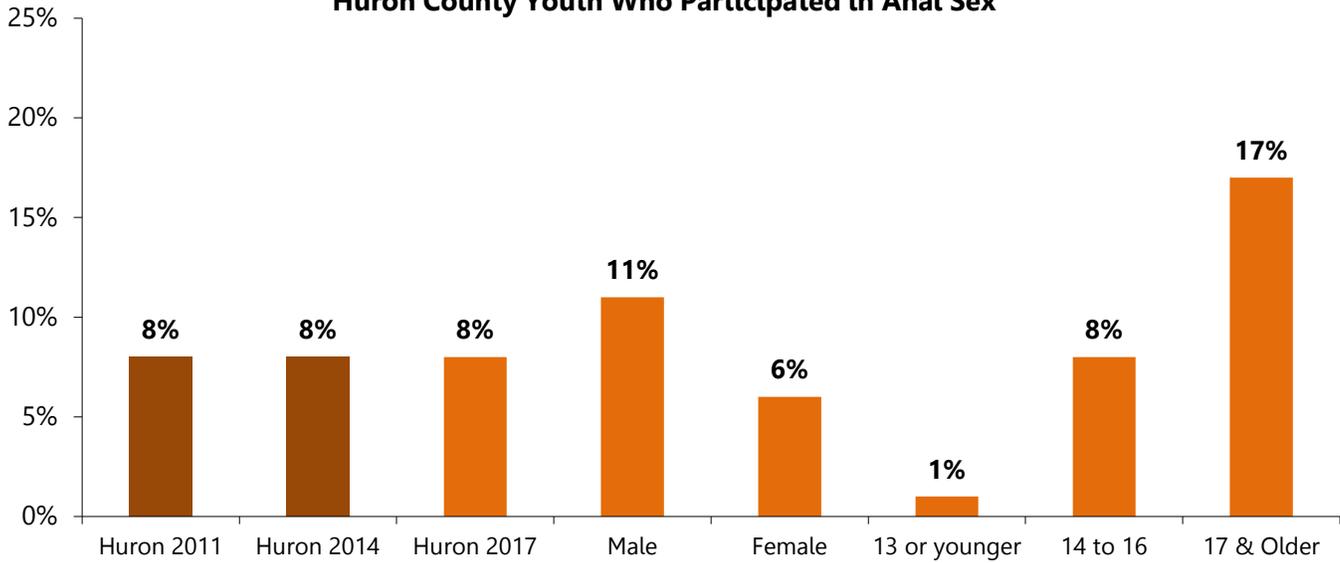
Huron County Youth Who Participated in Oral Sex*



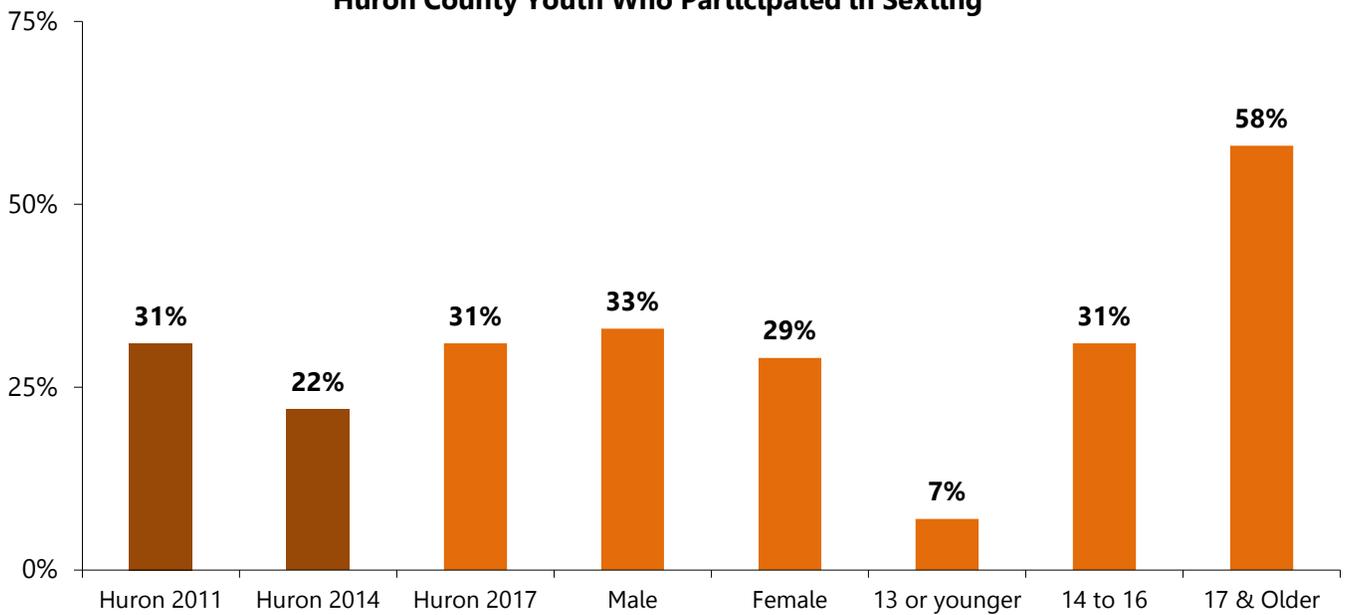
*Huron County high school students were only asked sexual health questions in 2007.

The following graphs show the percentage of Huron County youth who participated in anal sex and sexting. Examples of how to interpret the information include: 8% of all Huron County youth had anal sex, including 11% of males and 6% of females.

Huron County Youth Who Participated in Anal Sex



Huron County Youth Who Participated in Sexting



Youth Comparisons	Huron County 2007‡ (6 th -12 th)	Huron County 2011 (6 th -12 th)	Huron County 2014 (6 th -12 th)	Huron County 2017 (6 th -12 th)	Progress	Huron County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever had sexual intercourse	50%	35%	26%	30%	↑	51%	43%	41%
Used a condom at last intercourse	59%	74%	62%	35%	↓	37%	51%	57%
Used birth control pills at last intercourse	30%	41%	37%	13%	↓	14%	24%	18%
Did not use any method to prevent pregnancy during last sexual intercourse	14%	13%	8%	10%	↑	12%	12%	14%
Had four or more sexual partners (of all youth)	N/A	N/A	6%	6%	↔	10%	12%	12%
Had four or more sexual partners (of sexually active youth)	28%	30%	21%	19%	↓	20%	N/A	N/A
Had sexual intercourse before age 13 (of all youth)	N/A	6%	2%	1%	↓	2%	4%	4%

‡ - Only Huron County high school youth were asked sexual health questions in 2007
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 Health: Mental Health

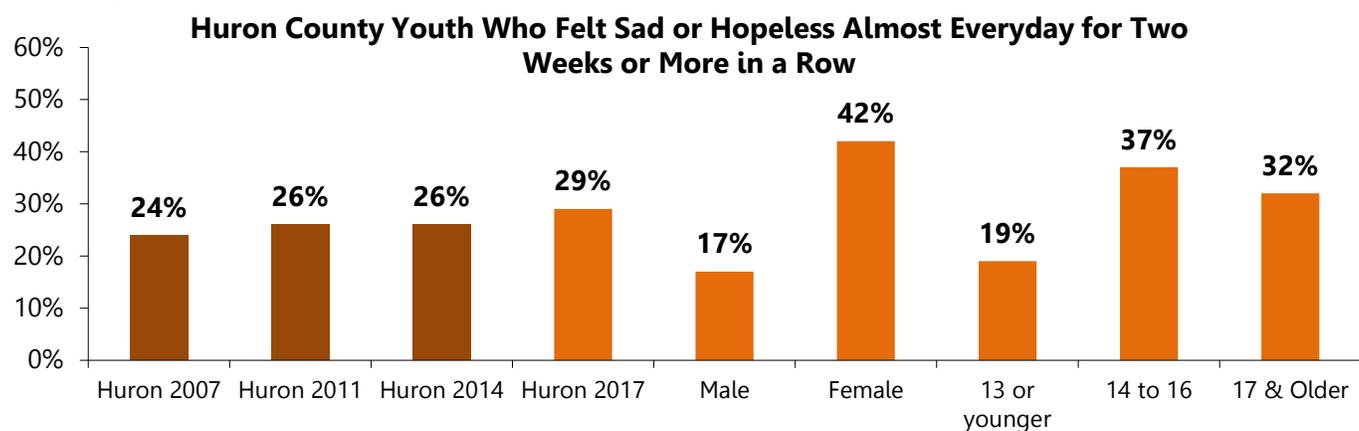
Key Findings

The health assessment results indicated that nearly one-fifth (18%) of Huron County youth had seriously considered attempting suicide in the past year; 7% attempted suicide in the past year. Nearly half (49%) of youth reported they would seek help if they were dealing with anxiety, stress, depression or thoughts of suicide.

Youth Mental Health

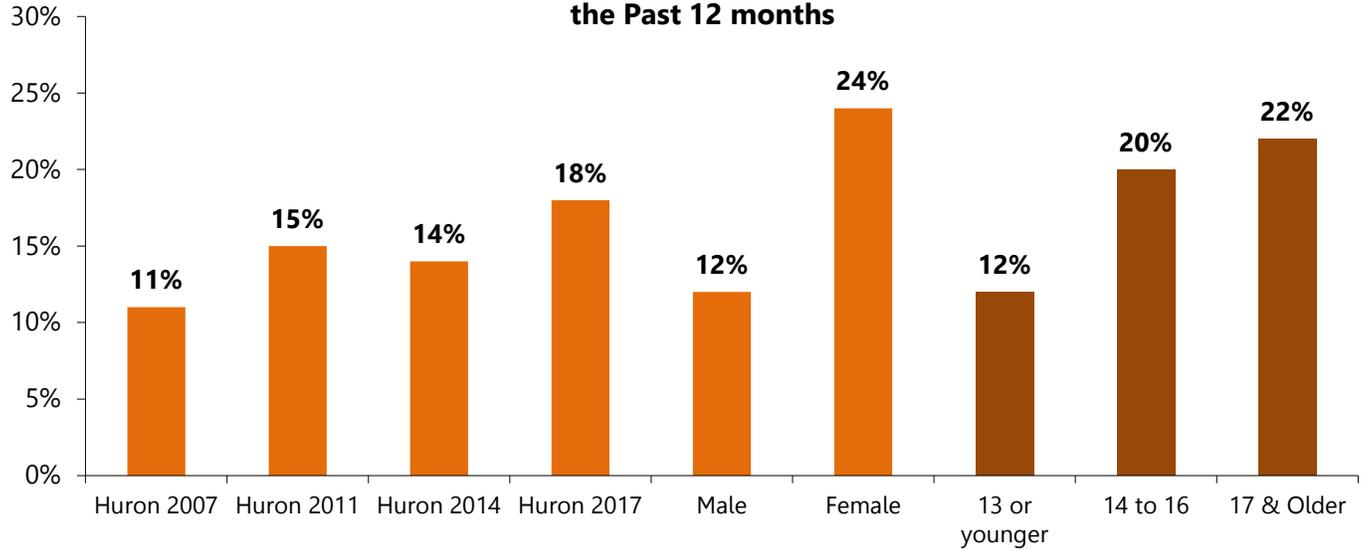
- Nearly one-third (29%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 42% of females (YRBS reported 26% for Ohio in 2013 and 30% for the U.S. in 2015).
- Nearly one-fifth (18%) of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 24% of females. About one-fourth (23%) of high school youth had seriously considered attempting suicide (YRBS reported 14% for Ohio in 2013 and 18% for the U.S. in 2015).
- In the past year, 7% of youth had attempted suicide. Four percent (4%) of youth had made more than one attempt. Ten percent (10%) of high school youth (grades 9-12) had attempted suicide in the past year. 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.
- Youth reported the following caused them anxiety, stress or depression: academic success (42%), self-image (29%), other stress at home (27%), fighting with friends (25%), fighting in the home (25%), sports (23%), death of a close family member or friend (22%), being bullied (20%), breakups (18%), peer pressure (18%), dating relationships (18%), parent divorce/separation (15%), poverty/no money (10%), taking care of younger siblings (9%), not having enough to eat (3%), sexual orientation (2%), not having a place to live (1%), and other (17%).
- Youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (39%); hobbies (31%); exercising (25%); texting someone (24%); talking to a peer (20%); talking to someone in their family (17%); eat more than normal (16%); eat less than normal (16%); using social media (16%); praying/reading the Bible (15%); shopping (8%); breaking something (7%); writing in a journal (7%); and drinking alcohol, smoking/using tobacco, using illegal drugs (7%). About one-fifth (21%) of youth reported they did not have anxiety, stress, or depression.
- Almost half (49%) of youth reported they would seek help if they were dealing with anxiety, stress, depression or thoughts of suicide. Reasons for not seeking help included the following: they can handle it themselves (29%), worried what others might think (24%), no time (11%), cost (9%), did not know where to go (8%), their family would not support them (7%), their friends would not support them (6%), they were already in treatment (5%), and transportation (3%).
- Eighty-two percent (82%) of Huron County youth reported their friends would disapprove of them attempting suicide.

The following graph shows Huron County youth who felt sad or hopeless almost every day for two weeks or more in a row. Examples of how to interpret the information include: 29% of youth felt sad or hopeless, including 17% of males and 42% of females.

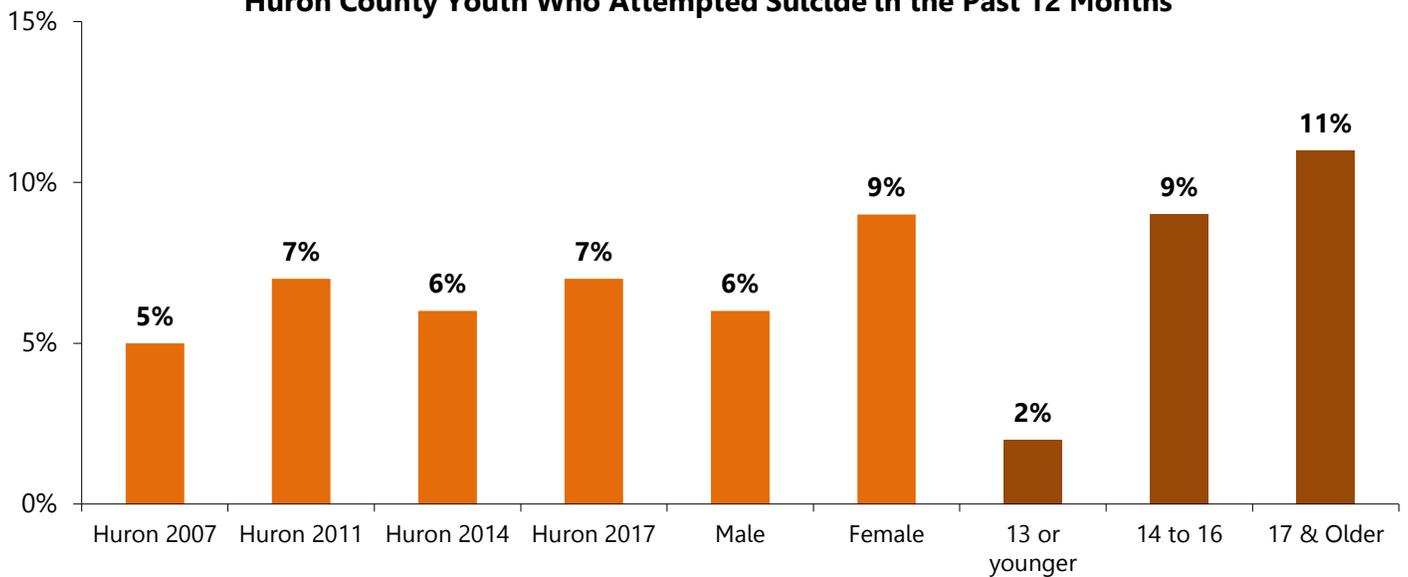


The following graphs show Huron County youth who had seriously considered attempting suicide and those who had attempted suicide in the past year. Examples of how to interpret the information include: 18% of youth seriously considered attempting suicide in the past year, including 12% of males and 24% of females.

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



Huron County Youth Who Attempted Suicide in the Past 12 Months



Youth Comparisons	Huron County 2007 (6 th -12 th)	Huron County 2011 (6 th -12 th)	Huron County 2014 (6 th -12 th)	Huron County 2017 (6 th -12 th)	Progress	Huron County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Youth who had seriously considered attempting suicide in the past year	11%	15%	14%	18%	↑	23%	14%	18%
Youth who had attempted suicide in the past year	5%	7%	6%	7%	↑	10%	6%	9%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	24%	26%	26%	29%	↑	36%	26%	30%

Behaviors of Huron County Youth

*Contemplated Suicide vs. Did Not Contemplate Suicide**

Youth Behaviors	Contemplated Suicide	Did Not Contemplate Suicide
Been bullied in any way in the past year	74%	43%
Experienced 3 or more adverse childhood experiences (ACEs) in their lifetime	62%	23%
Had at least one drink of alcohol in the past 30 days	44%	19%
Used marijuana in the past 30 days	27%	7%
Smoked cigarettes in the past 30 days	17%	2%

**Eighteen percent (18%) of Huron County youth had seriously contemplated suicide in the past year*

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

Youth Depression: Signs and Symptoms

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

(Source: CDC, Children's Mental Health: Anxiety and Depression, March 23, 2017)

Youth Health: Social Determinants of Health

Key Findings

Almost one-third (29%) of Huron County youth drivers had texted while driving in the past 30 days. About two-thirds (65%) of youth who had a social media or online gaming account believed that sharing information online is dangerous.

Personal Health

- In the past year, 9% of Huron County Youth suffered a blow or jolt to the head while playing on a sports team which caused them to get “knocked out,” have memory problems, blurry vision, headaches, nausea or vomiting.
- Youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work: less than a year ago (67%), (2013 YRBS reported 75% for Ohio and the 2015 YRBS reported 74% for U.S.), 1-2 years ago (15%), more than two years ago (5%) and never (1%). 12% reported they did not know.
- Huron County youth reported they limited their exposure to the sun by using sunscreen (48%), avoiding using tanning beds (30%), wearing sunglasses (45%), wearing a hat (32%), staying out of the sun (17%), and other (7%).

Youth Comparisons	Huron County 2007 (6 th -12 th)	Huron County 2011 (6 th -12 th)	Huron County 2014 (6 th -12 th)	Huron County 2017 (6 th -12 th)	Progress	Huron County 2017 (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	65%	74%	69%	67%	↓	69%	75%	74%
Suffered blow or jolt to head	N/A	N/A	11%	9%	↓	13%	N/A	N/A

Personal Safety

- In the past month, youth drivers did the following while driving: wore a seatbelt (98%), ate (51%), talked on their cell phone (39%), drove while tired or fatigued (38%), texted (29%), used their cell phone other than for talking or texting (27%), used marijuana (3%), drank alcohol (2%), read (1%), used illegal drugs (1%), and applied makeup (1%). No one reported misusing prescription drugs.
- About two-thirds (65%) of youth drivers had more than one distraction while driving.
- Motor vehicle crashes are the leading cause of death for U.S. teens. In fact, per mile driven, teen drivers ages 16 to 19 are nearly three times more likely than drivers aged 20 and older to be in a fatal crash. (Source: Centers for Disease Control Prevention, 2017).
- Ninety-four percent (94%) of youth had a social media or online gaming account.
- Of those youth who have a social media account, they reported the following:
 - Their account was currently checked private (51%)
 - They knew all of their “friends” (47%)
 - They knew all of the people they play online (23%)
 - Their parents had their password (20%)
 - Their friends had their password (13%)
 - They were bullied because of their accounts (7%)
 - They had been asked to meet someone they met online (11%)
 - They share personal information (6%)
 - They had participated in sexual activity with someone they met online (4%)
 - Their parents do not know they had an account (5%)
- About two-thirds (65%) of youth who had a social media or online gaming account believed that sharing information online is dangerous.

U.S. Teen Drivers

- Motor vehicle crashes are the leading cause of death for U.S. teens.
- In 2015, about 2,333 teens aged 16-19 died from motor vehicle injuries.
 - That means that six teens aged 16-19 died every day from motor vehicle injuries.
- 221,313 teens aged 16-19 were treated in emergency departments for injuries suffered in motor-vehicle crashes in 2014.
- The risk of motor vehicle crashes is higher among 16-19-year-olds than among any other age group. In fact, per mile driven, teen drivers aged 16-19 are nearly three times more likely than drivers aged 20 and older to be in a fatal crash.
- In 2014, the motor vehicle death rate for male drivers and passengers ages 16-19 was more than two times that of their female counterparts.
- The presence of teen passengers increases the crash risk of unsupervised teen drivers; this risk increases with the number of teen passengers.
- In 2013, young people aged 15-19 represented only 7% of the U.S. population. However, they accounted for 11% (\$10 billion) of the total costs of motor vehicle injuries.

(Source: CDC, Teen Drivers: Get the Facts, Updated 5/12/17)

Education

- Huron County youth reported the following plans for their future: attend a 4-year college (61%), follow their career path (56%), attend a community college or technical/trade school (21%), join the military (13%), and not finish high school (1%). Two percent (2%) had no hope for their future.

Social and Community Context

- Huron County youth lived with the following: both parents (57%), one parent (21%), mother and step-father (14%), father and step-mother (7%), grandparents (6%), another relative (3%), mother and partner (2%), father and partner (2%), and guardians/foster parents (<1%). No one reported living on their own or with friends.
- Ninety-one percent (91%) of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (54%); exercise (outside of school) (39%); school club or social organization (35%); part-time job (28%); caring for siblings after school (20%); caring church or religious organization (21%); church youth group (17%); babysitting for other kids (16%); volunteering in the community (14%); for parents or grandparents (3%); or some other organized activity (Scouts, 4H, etc.) (13%).

Adverse Childhood Experiences (ACEs)

- Youth reported the following adverse childhood experiences (ACEs): parents became separated or were divorced (38%); parents or adults in home swore at them, insulted them or put them down (31%); lived with someone who was a problem drinker or alcoholic (20%); lived with someone who was depressed, mentally ill or suicidal (18%); lived with someone who served time or was sentenced to serve in prison or jail (16%); family did not look out for each other, feel close to each other, or support each other (15%); lived with someone who used illegal drugs or misused prescription drugs (15%); parents were not married (13%); parents or adults in home abused them (8%); parents or adults in the home abused each other (7%); an adult or someone five years older than them touched them sexually (4%); an adult or someone five years older than them tried to make them touch them sexually (2%), did not have enough to eat, had to wear dirty clothes, and had no one to protect them (2%); and an adult or someone five years older than them forced them to have sex (<1%).
- Thirty percent (30%) of youth had three or more ACE's, increasing to 37% of females.

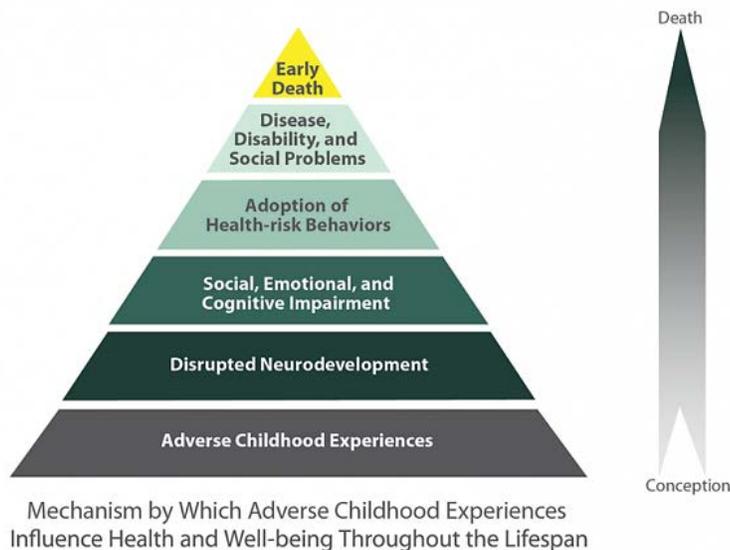
Behaviors of Huron County Youth
*Experienced 3 or More ACEs vs. Did Not Experience Any ACEs**

Youth Behaviors	Experienced 3 or More ACEs	Zero ACEs
Participated in extracurricular activities	92%	91%
Used marijuana in the past 30 days	78%	6%
Had sexual intercourse in the past 12 months	49%	16%
Had at least one drink of alcohol in the past 30 days	42%	13%
Seriously considered attempting suicide in the past 12 months	36%	5%
Attempted suicide in the past 12 months	15%	2%

**Thirty percent (30%) of Huron County youth had experienced three or more ACE's. "ACEs" indicate youth who self-reported having experienced three or more adverse childhood experiences in their lifetime.*

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.
- 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
 - STDs
 - Multiple sexual partners
 - Alcoholism and alcohol abuse
 - COPD
 - Unintended pregnancies
 - Suicide attempts
 - Early initiation of smoking
 - Risk for intimate partner violence
- Given the high prevalence of ACEs, additional efforts are needed at the state and local level to reduce and prevent childhood maltreatment and associated family dysfunction in the US.



(Source: CDC, Adverse Childhood Experiences, June 2016)

Youth Health: Violence

Key Findings

Nearly half (48%) of youth had been bullied in the past year. Twenty-five percent (25%) of youth had purposefully hurt themselves at some point in their lives. Six percent (6%) 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.

Violence-Related Behaviors

- Three percent (3%) of youth carried a weapon (such as a gun, knife or club) on school property in the past 30 days. (YRBS reported 4% for the U.S. in 2015).
- Seven percent (7%) of youth were threatened or injured with a weapon on school property in the past year (2015 YRBS reported 6% for the U.S.).
- Six percent (6%) 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).
- In the past year, 21% 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).
- In the past year, 6% of youth had been involved in a physical fight on school property (YRBS reported 6% for Ohio in 2013 and 8% for the U.S. in 2015).
- Of those who had been in a physical fight, 31% had been in a fight on more than one occasion.

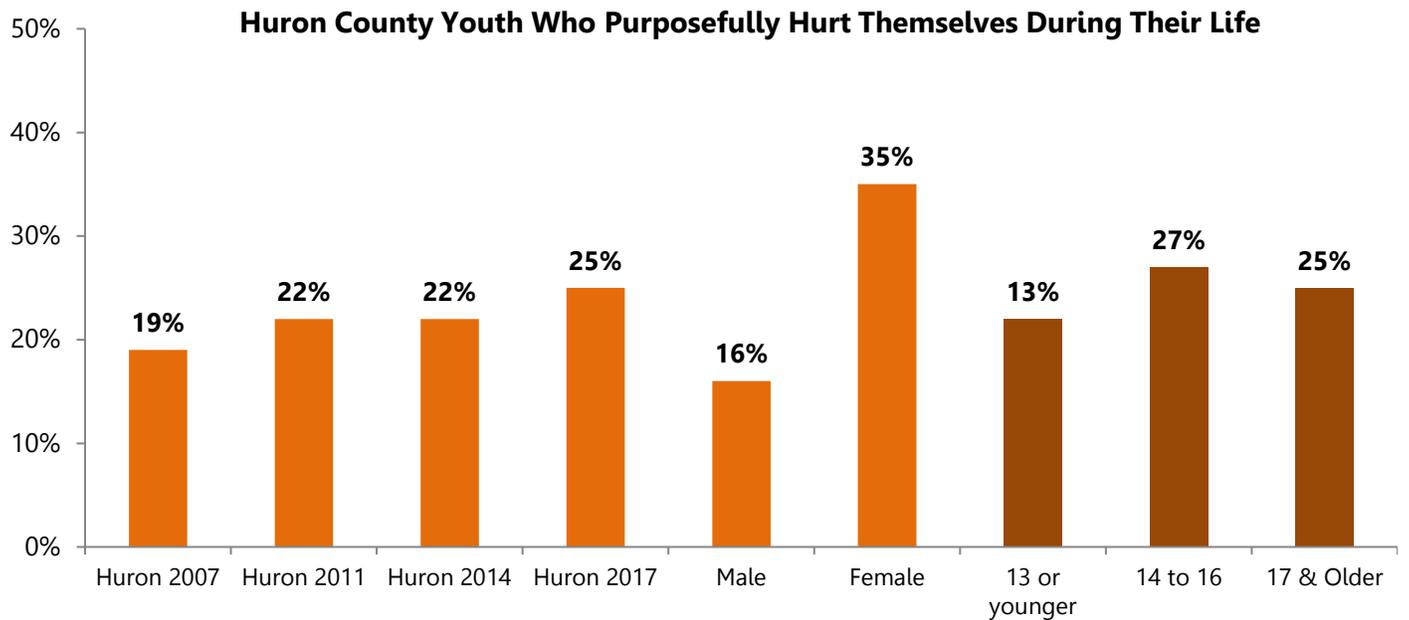
Physical and Sexual Violence

- One-quarter (25%) of youth had purposefully hurt themselves at some time in their lives. They did so in the following ways: cutting (16%), scratching (12%), hitting (7%), biting (7%), burning (3%), and self-embedding (2%).
- Seventy-eight percent (78%) of Huron County youth reported their friends would disapprove of them purposefully hurting themselves.
- Five percent (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, 11% of youth reported an adult or caregiver had ever hit, slapped or physically hurt them on purpose.
- Five percent (5%) of Huron County youth reported they were touched in an unsafe sexual way, increasing to 10% of females, 2% of youth were physically forced to have sexual intercourse (YRBS reported 8% for Ohio in 2013 and 7% for the U.S. in 2015), 2% were forced to participate in other sexual activity, and 1% were forced to participate in oral sex.

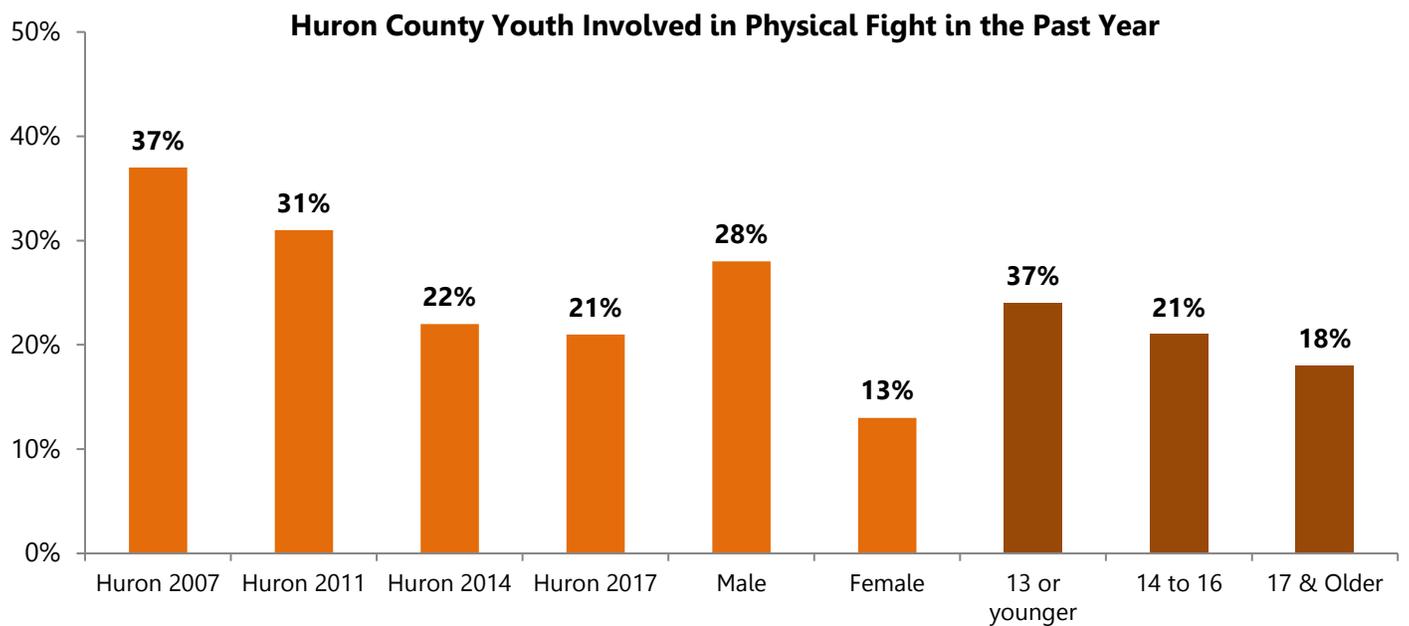
Bullying

- Nearly half (48%) of youth had been bullied in the past year. The following types of bullying were reported:
 - Over one-third (36%) of youth were verbally bullied (teased, taunted or called harmful names)
 - About one-quarter (27%) of youth were indirectly bullied (spread mean rumors about them or kept them out of a "group")
 - Thirteen percent (13%) of youth 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)
 - Eight percent (8%) of youth were physically bullied (were hit, kicked, punched or people took their belongings)
 - Two percent (2%) of youth were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person)
- In the past year, 32% of youth had been bullied on school property (YRBS reported 21% for Ohio in 2013 and 20% for the U.S. in 2015).

The following graphs show Huron County youth who purposefully hurt themselves during their life and youth who were in a physical fight in the past year. Examples of how to interpret the information include: 25% of all youth had purposefully hurt themselves; specifically, 16% of males and 35% of females purposefully hurt themselves.



32% of Huron County youth were bullied on school property in the past year



Types of Bullying Huron 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	27%	19%	35%	22%	32%	26%
Cyber Bullied	13%	9%	17%	11%	16%	11%
Physically Bullied	8%	12%	5%	12%	6%	8%
Sexually Bullied	2%	1%	3%	2%	2%	2%

Behaviors of Huron County Youth

*Bullied vs. Non-Bullied**

Youth Behavior	Bullied	Non-Bullied
Participated in extracurricular activities	93%	88%
Felt sad or hopeless for two or more weeks in a row	41%	18%
Seriously considered attempting suicide in the past 12 months	26%	9%
Have drank alcohol in the past 30 days	23%	22%
Used marijuana in the past 30 days	12%	10%
Attempted suicide in the past 12 months	12%	3%
Ever misused medications	6%	4%
Smoked cigarettes in the past 30 days	4%	6%

**Forty-eight percent (48%) of Huron County youth had been bullied in the past year*

Understanding Bullying

- Bullying is a form of youth violence. CDC defines bullying as any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated.
- Bullying can result in physical injury, social and emotional distress, and even death. Victimized youth are at increased risk for depression, anxiety, sleep difficulties, and poor school adjustment. Youth who bully others are at increased risk for substance use, academic problems, and violence later in adolescence and adulthood.
- Some of the factors associated with a higher likelihood of bullying behavior include:
 - Externalizing problems such as defiant and disruptive behavior
 - Harsh parenting by caregivers
 - Attitudes accepting of violence
- Some of the factors associated with a higher likelihood of victimization include:
 - Poor peer relationships
 - Low self-esteem
 - Perceived by peers as different or quiet

(Source: CDC, Injury Center: Violence Prevention, Understanding Bullying Fact Sheet, 2016)

Youth Comparisons	Huron County 2007 (6 th -12 th)	Huron County 2011 (6 th -12 th)	Huron County 2014 (6 th -12 th)	Huron County 2017 (6 th -12 th)	Progress	Huron County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Carried a weapon on school property in past month	2%	3%	1%	3%	↑	3%	N/A	4%
Been in a physical fight in past year	37%	31%	22%	21%	↓	20%	20%	23%
Been in a physical fight on school property in the past year	13%	12%	7%	6%	↓	6%	6%	8%
Threatened or injured with a weapon on school property in past year	7%	9%	5%	7%	↑	6%	N/A	6%
Did not go to school because felt unsafe	3%	3%	4%	6%	↑	5%	5%	6%
Electronically/cyber bullied in past year	N/A	13%	11%	13%	↑	14%	15%	16%
Bullied in past year	49%	51%	44%	48%	↑	46%	N/A	N/A
Bullied on school property in past year	N/A	N/A	32%	32%	↔	31%	21%	20%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	8%	9%	4%	5%	↑	7%	N/A	10%
Ever physically forced to have sexual intercourse	4%	4%	5%	2%	↓	3%	8%	7%

N/A – Not available

Child Health: Health and Functional Status

Key Findings

In 2017, 39% of children were classified as obese by Body Mass Index (BMI) calculations. Seventy-seven percent (77%) of Huron County parents had taken their child to the dentist in the past year. Thirteen percent (13%) of Huron County parents reported their child had been diagnosed with asthma. Seven percent (7%) of parents reported their child had been diagnosed with ADD/ADHD.

Health of Children Ages 0-11

- Nearly two-fifths (39%) of children were classified as obese by Body Mass Index (BMI) calculations. Seventeen percent (17%) of children were classified as overweight, 37% were normal weight, and 7% were underweight.
- Five percent (5%) of Huron County children ate five or more servings of fruits and vegetables per day, 40% ate 3-4 servings per day, and 53% ate 1-2 servings of fruits and vegetables per day. Two percent (2%) of children did not have any servings of fruits and vegetables.
- Huron County children spent an average of 3.0 hours participating in physical activity, 2.2 hours watching TV, 1.6 hours on other screen time including videogames and tablets, and 1.4 hours reading per week.
- Seventy-seven percent (77%) of children had been to the dentist in the past year, increasing to 89% of 6-11 year olds.
- Parents gave the following reasons for not getting dental care for their child: child was not old enough to go to the dentist (10%), cost (4%), no insurance (3%), could not find a dentist who accepted their insurance (3%), treatment was ongoing (2%), did not know where to go for treatment (2%), child refused to go (2%), health plan problem (1%), not available in area/transportation problems (1%), no convenient times/could not get appointment (1%), no referral (1%), dissatisfaction with dentist (1%), and other (6%).
- A doctor told Huron County parents their 0-11 year old child had the following conditions:
 - Asthma (13%)
 - Speech and language problems (10%)
 - Dental problems (8%)
 - Urinary tract infection (8%)
 - ADD/ADHD (7%)
 - Anxiety problems (6%)
 - Pneumonia (6%)
 - Learning disability (5%)
 - Developmental delay or physical impairment (5%)
 - Behavioral/conduct problem (5%)
 - Vision problems that cannot be corrected with glasses (4%)
 - Bone/joint/muscle problems (4%)
 - Birth defect (3%)
 - Autism (3%)
 - Head injury (2%)
 - Hearing problems (2%)
 - Digestive tract infections (2%)
 - Other life threatening illness (2%)
 - Cerebral palsy (1%)
 - Cancer (1%)
 - Epilepsy (1%)
 - Diabetes (1%)
- Twenty-one percent (21%) of Huron County children ages 0-11 years old had at least one health condition.

Child Comparisons	Huron County 2014 Ages 0-5	Huron County 2017 Ages 0-5	Progress	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Huron County 2014 Ages 6-11	Huron County 2017 Ages 6-11	Progress	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Dental care visit in the past year	42%	45%	↑	50%	54%	81%	89%	↑	92%	88%
Child had no problems with teeth	95%	89%	↓	91%	89%	84%	91%	↑	78%	75%
Diagnosed with autism	5%	3%	↓	N/A	2%*	3%	2%	↓	N/A	3%
Diagnosed with asthma	7%	7%	↔	6%	6%	9%	16%	↑	10%	10%
Diagnosed with ADHD/ADD	5%	1%	↓	N/A	2%*	8%	10%	↑	12%	9%
Diagnosed with behavioral or conduct problems	2%	2%	↔	N/A	2%*	3%	6%	↑	5%	4%
Diagnosed with vision problems that cannot be corrected	0%	1%	↑	N/A	<1%	4%	5%	↑	N/A	2%
Diagnosed with bone, joint, or muscle problems	0%	1%	↑	N/A	1%	2%	5%	↑	N/A	2%
Diagnosed with epilepsy	0%	1%	↑	N/A	<1%	<1%	1%	↑	N/A	1%
Diagnosed with a head injury	3%	1%	↓	N/A	<1%	1%	3%	↑	N/A	<1%
Diagnosed with diabetes	0%	1%	↑	N/A	N/A	<1%	1%	↑	N/A	<1%

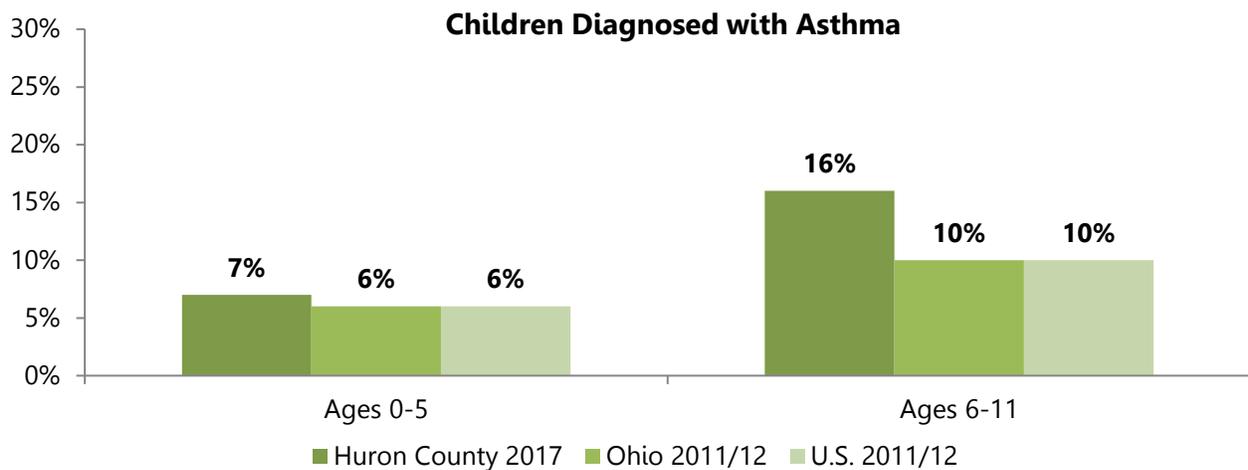
*Ages 2-5 years old

N/A – Not Available

Asthma

The following graph shows the percent of children who had been diagnosed with asthma.

- Huron County has a higher percentage of children ages 0-5 and 6-11 who were diagnosed with asthma, compared to both Ohio and the U.S.



(Source: National Survey of Children's Health & 2017 Huron County Health Assessment)

Child Health: Health Care Access

Key Findings

In 2017, 99% of parents reported their child had one particular place they usually went if they were sick or needed advice about their health. Seven percent (7%) of parents reported their child did not get all of the medical care they needed in the past year.

Access and Utilization

- In the past year, 93% of Huron County children saw a doctor, nurse, or other health care professional for some kind of medical care, including sick-child care, well-child checkups, physical exams, and hospitalizations.
- Seven percent (7%) of parents reported their child did not get all of the medical care they needed in the past year. They reported the following reasons: cost (4%), inconvenient times/could not get an appointment (2%), could not find a doctor who accepted child's insurance (2%), treatment is ongoing (1%), no insurance (1%), not available in area/transportation problems (1%), did not like the doctor (<1%), no referral (<1%), did not know where to go for treatment (<1%), and other reasons (1%).
- Parents reported they took their child to the emergency room at least once for the following: fever/cold/flu (19%); accidents, injury or poisonings (15%); ear infections (7%); doctor's office told them to go (5%); broken bones (4%); asthma (3%); dental issues (3%); primary care (3%); and other sick visits (10%).
- In the past year, parents reported they took their child to the doctor for the following: regular check-up (88%), dental visit (77%), other visits for any illness (68%), ear infections (22%), injuries (13%), behavioral problems (8%), asthma (8%), head lice (4%), and poisonings (1%).
- Fifteen percent (15%) of parents reported their child needed the following special services in the past year: speech therapy (6%), counseling (5%), special education (4%), occupational therapy (3%), physical therapy (2%), psychiatry (2%), medical equipment, such as a wheelchair (1%), mental health (1%), and home health nursing (<1%). Five percent (5%) of children needed more than one special service in the past year.

Child Comparisons	Huron County 2014 Ages 0-5	Huron County 2017 Ages 0-5	Progress	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Huron County 2014 Ages 6-11	Huron County 2017 Ages 6-11	Progress	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Received all the medical care they needed	97%	92%	↓	99%**	99%**	89%	94%	↑	98%**	98%**

**2003 national and state data

Medical Home

- In 2017, 99% of Huron 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 (89%), an urgent care center (3%), a hospital emergency room (2%), and some other kind of place (1%). Four percent (4%) reported multiple places.
- Huron County children had been referred to the following specialists: ear, nose, and throat (ENT) doctor (22%), pediatric ophthalmologist (10%), dermatologist (8%), allergist (6%), psychiatrist (6%), neurologist (4%), cardiologist (heart doctor) (3%), endocrinologist (diabetes doctor) (1%), developmental pediatrician (1%), oncologist (cancer doctor) (1%), and other specialist (10%).

Child Health: Early Childhood (Ages 0-5)

Key Findings

The following information was reported by parents of 0-5 year olds. Seventy-three percent (73%) of parents put their child to sleep on his/her back. Thirty-two percent (32%) of mothers never breastfed their child.

Early Childhood

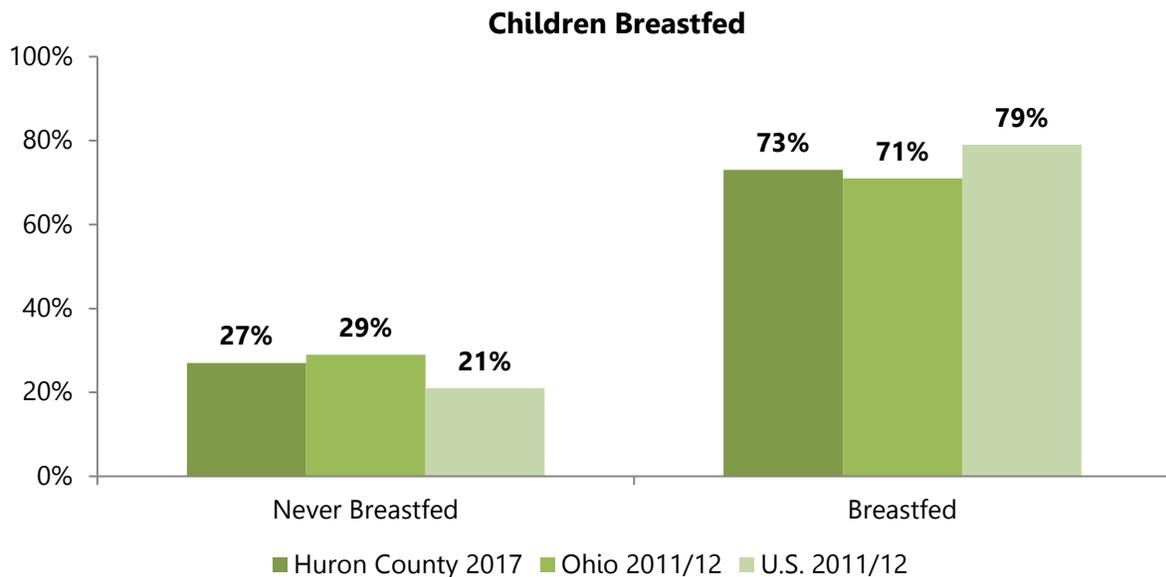
- When asked how parents put their child to sleep as an infant, 77% said on their back, 9% said in bed with them or another person, 8% said on their side, 5% said on their stomach, and 1% said various methods.
- Mothers breastfed their child for the following lengths of time: more than one year (9%), 10-12 months (8%), 7-9 months (7%), 4-6 months (18%), less than three months (28%), still breastfeeding (3%), and never breastfed (27%).
- Children 0-5 years old were more likely than children 6-11 years old to have:
 - Been put to sleep on their back as an infant (77% compared to 71% of 6-11).
 - Gone to the emergency room for a fever, cold or flu (25% compared to 16% of 6-11).
 - 5 or more servings of fruits and vegetables per day (11% compared to 3% of 6-11).

Child Comparisons	Huron County 2014 0-5 years	Huron County 2017 0-5 years	Progress	Ohio 2011/12 0-5 years	U.S. 2011/12 0-5 years
Never breastfed their child	N/A	27%	N/A	29%	21%

Breastfeeding

The following graph shows the percent of infants who had been breastfed or given breast milk for Huron 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 Huron County.



(Source: National Survey of Children's Health & 2017 Huron County Health Assessment)

Facts about Breastfeeding

- The percent of infants who were ever breastfed is 65% in Ohio, compared to 77% in the U.S.
- Human milk provides virtually all the protein, sugar, and fat your baby needs to be healthy, and it also contains many substances that benefit your baby's immune system, including antibodies, immune factors, enzymes, and white blood cells. These substances protect your baby against a wide variety of diseases and infections not only while he is breastfeeding but in some cases long after he has weaned. Formula cannot offer this protection.
- With regards 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 two years of age or beyond.

(Source: CDC, Breastfeeding, July, 31, 2013 & Healthy Children, Breastfeeding Benefits Your Baby's Immune System, 8/22/16)

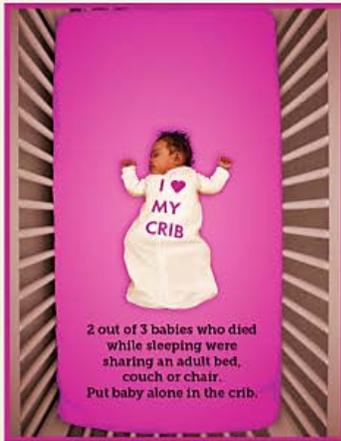
Sleep-Related Infant Deaths: Who is at Greater Risk?

All infants are at risk for sleep-related deaths, but we know the risks are much greater for:

- **Infants who bed share:** Fifty-eight percent of sleep-related deaths occurred while the infant was sharing a sleep surface with another person.
- **Infants not placed to sleep on their backs:** Only 36% of sleep-related deaths had been placed to sleep on their backs.
- **Infants not placed to sleep in a crib:** Seventy-one percent (71%) of sleep-related deaths occurred when infants were sleeping some place other than a crib or bassinet. Forty-five percent (45%) occurred in adult beds.
- **Infants exposed to tobacco smoke:** Forty three percent of sleep-related deaths were to infants exposed to tobacco smoke in utero and/or after birth. It is estimated that one-third of SIDS deaths would be prevented if maternal smoking during pregnancy were eliminated.
- **Younger infants:** Sleep-related deaths decrease substantially after 3 months of age. Eighty-eight percent (88%) occurred prior to 6 months of age.
- **African-American infants:** Thirty-eight percent of sleep-related deaths were African-American infants, which is disproportionately higher than their representation in the general infant population (15%). Differences in the prevalence of safe-sleep positioning and other environment conditions among races may contribute to this disparity.

ABCs of Safe Sleep

- Every week in Ohio, three babies die in unsafe sleep environments.

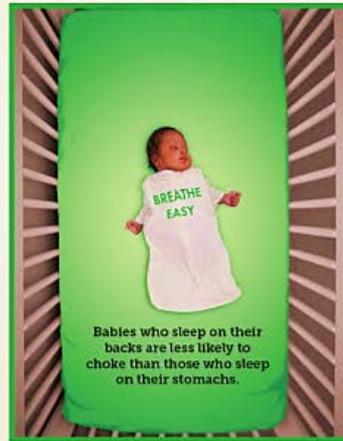


A lone.

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

You should never share the bed with your baby because:

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



B ack.

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

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

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

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



C rib.

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

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

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

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

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

(Source: Ohio Department of Health, Infant Safe Sleep)

Child Health: Middle Childhood (Ages 6-11)

Key Findings

The following information was reported by Huron County parents of 6-11 year olds. In 2016, 31% of Huron County parents reported they did not feel their child was safe at school. The top three topics parents talked to their child about were screen time (76%), refusal skills/peer pressure (72%), and eating habits (68%).

Middle Childhood

- Thirty-one percent (31%) of Huron County parents reported they did not feel their child was safe at school. They reported the following reasons: fear of bullying (26%), drug/alcohol activity (10%), afraid of other kids who show unusual behavior (10%), buildings are secure (6%), bomb threats (2%), and gangs (2%).
- Parents discussed the following topics with their 6-11 year old child in the past year: screen time (76%), refusal skills/peer pressure (72%), eating habits (68%), tobacco use (47%), alcohol use (47%), body image (45%), marijuana and other drugs (38%), prescription drug misuse (27%), dating and relationships (19%), abstinence and how to refuse sex (8%), birth control (3%), and condoms/safe sex/STD prevention (2%). Eight percent (8%) of parents did not discuss any of these topics with their 6-11 year old child.
- Children 6-11 years old were more likely than children 0-5 years old to have:
 - Gone to the dentist in the past year (89% compared to 45% of 0-5).
 - Been diagnosed with asthma (16% compared to 7% of 0-5).
 - ADD or ADHD (10% compared to 1% of 0-5).

How to Help Increase Your School-Aged Child's Social Ability

Consider the following as ways to foster your school-aged child's social abilities:

- Set and provide appropriate limits, guidelines, and expectations and consistently enforce using appropriate consequences.
- Model appropriate behavior.
- Offer compliments for your child being cooperative and for any personal achievements.
- Help your child choose activities that are appropriate for your child's abilities.
- Encourage your child to talk with you and be open with his or her feelings.
- Encourage your child to read and read with your child.
- Encourage your child to get involved with hobbies and other activities.
- Encourage physical activity.
- Encourage self-discipline; expect your child to follow rules that are set.
- Teach your child to respect and listen to authority figures.
- Encourage your child to talk about peer pressure and help set guidelines to deal with peer pressure.
- Spend uninterrupted time together—giving full attention to your child.
- Limit television, video, and computer time.

(Source: eClinicalWorks, *The Growing Child: School Age (6 to 12 Years)*, 2017)

Child Health: Family and Community Characteristics

Key Findings

Eighty-nine percent (89%) of Huron County parents reported their neighborhood was always or usually safe enough for their child to go out and play. One-in-ten (10%) parents reported they received benefits from the SNAP/food stamps program.

Family Functioning

- Less than one percent (<1%) of parents reported their child went to bed hungry at least one day per week because their family did not have enough money for food.
- Over one third (36%) of parents reported that every family member who lived in their household ate a meal together every day of the week, increasing to 45% of parents of 0-5 year olds. Families ate a meal together an average of 5.0 times per week.

Child Safety Characteristics

- Huron County children have moved to a new address an average of 0.9 times in their life. Fifty-one percent (51%) of children have never moved to a new address.
- Parents reported their neighborhood was always safe (42%), usually safe (47%), sometimes safe (9%), and never safe (3%). Twenty-four percent (24%) of those with incomes less than \$25,000 reported their neighborhood was always safe, compared to 45% of those with higher incomes.
- Ninety percent (90%) of parents reported their child under the age of 8 years old and less than 4 feet, 9 inches always rode in a car seat when a passenger in a car, and 4% never rode in a car seat.
- Over half (55%) of parents reported their child under the age of 8 years old and less than 4 feet, 9 inches always rode in a booster seat, as compared to 23% who never rode in a booster seat.
- Eighty percent (80%) of parents whose child was old enough and/or tall enough to not be in a booster seat, reported their child always wore a seat belt, and 8% reported their child never wore a seat belt.
- Parents reported that their child spent the following amount of time unsupervised after school on the average school day: less than one hour (11%) and 1 to 2 hours (5%). Eighty-four percent (84%) of parents reported that their child was never unsupervised after school.

Neighborhood and Community Characteristics

- In the past year, parents reported that someone in the household received the following: free or reduced cost breakfast or lunches at school (18%), SNAP/food stamps (10%), benefits from WIC program (5%), mental health or substance abuse treatment (5%), cash assistance from a welfare program (3%), subsidized childcare through Huron County JFS (3%), and Help Me Grow (2%).

Child Passenger Safety Facts

- In the United States during 2014, 663 children ages 12 years and younger died as occupants in motor vehicle crashes, and more than 121,350 were injured.
- One CDC study found that, in one year, more than 618,000 children ages 0-12 rode in vehicles without the use of a child safety seat or booster seat or a seat belt at least some of the time.
- More than two-thirds of fatally injured children were killed while riding with a drinking driver.
- Restraint use among young children often depends upon the driver's seat belt use. Of the children ages 12 years and younger who died in a crash in 2015, 35% were not buckled up.
- Booster seats reduce the risk for serious injury by 45% for children ages 4 to 8 years.
- Child safety seats reduce the risk of death in passenger cars by 71% for infants and by 54% for toddlers ages 1 to 4 years.
- Child restraint systems are often used incorrectly. An estimated 46% of car and booster seats (59% of car seats and 20% of booster seats) are misused in a way that could reduce their effectiveness.

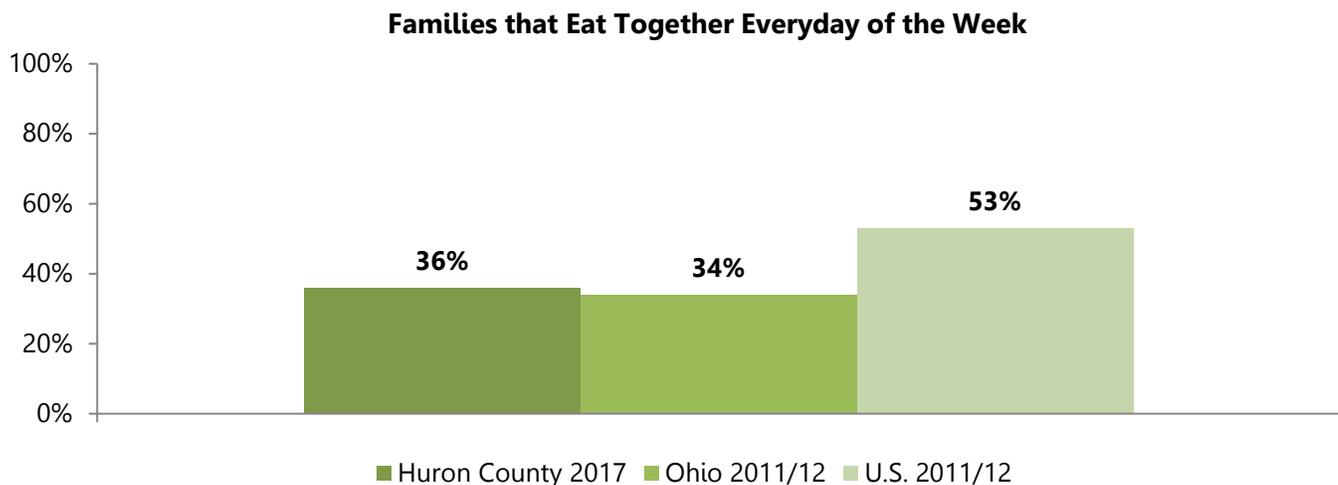
(Source: CDC, Injury Prevention & Control: Motor Vehicle Safety, Updates February 8, 2016)

Child Comparisons	Huron County 2014 0-5 Years	Huron County 2017 0-5 Years	Progress	Ohio 2011/12 0-5 Years	U.S. 2011/12 0-5 Years	Huron County 2014 6-11 Years	Huron County 2017 6-11 Years	Progress	Ohio 2011/12 6-11 Years	U.S. 2011/12 6-11 Years
Family eats a meal together every day of the week	52%	45%	↓	63%	61%	42%	33%	↓	45%	46%
Neighborhood is usually or always safe	91%	90%	↓	88%	86%	95%	88%	↓	86%	86%

Family Dinners

The following graph shows the percent of Huron County families that eat a meal together every day of the week compared to Ohio and U.S. families.

- U.S. families ate a meal together every day of the week more frequently than Huron County and Ohio families.



(Source: National Survey of Children's Health & 2017 Huron County Health Assessment)

Five Ways That Family Meals Keep Kids Healthy

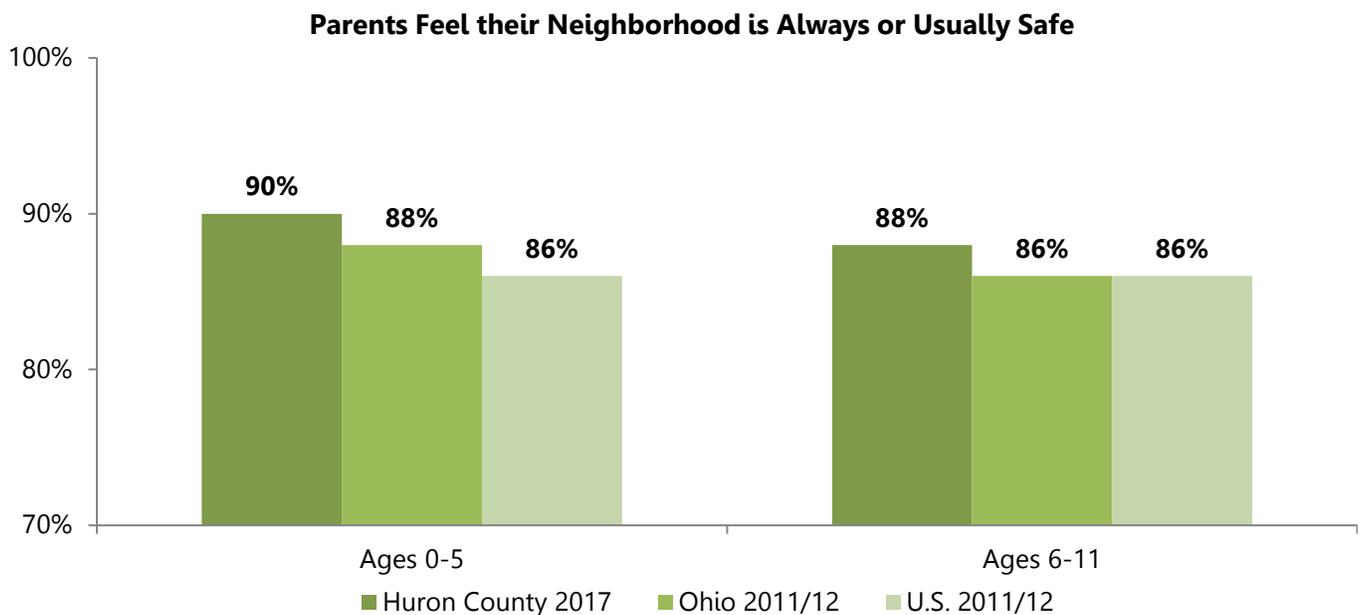
- 1. Family meals prevent excessive weight gain:** Eating 3 or more family meals (meaning at least one parent is present and the meal is prepared at home) results in a 12% lower likelihood of children being overweight.
- 2. Family meals teach healthy food choices:** The eating habits of childhood often last a lifetime. Families that ate at least three meals together each had a 20% decrease in unhealthy food choices. Teaching your children to enjoy healthy foods rather than junk foods is a gift that will stay with them through adulthood.
- 3. Family meals prevent eating disorders:** Children and adolescents who ate family meals at least three times per week had a 35% reduction in disordered eating habits such as anorexia and bulimia.
- 4. Family dinner improves social-emotional health, too:** The ability to understand emotions, express empathy, demonstrate self-regulation, and form positive relationships with peers and adults is called social-emotional health. Young children with high social-emotional health adapt well to the school environment and perform well academically, even in long term studies. Guess which kids had the best social-emotional health? The ones who ate family dinner together regularly and talked about their day, told stories, etc.
- 5. Family dinner can help kids deal with cyberbullying:** About one-fifth of adolescents are victims of cyberbullying, putting them at risk for depression, substance abuse, and a host of other concerns. But adolescents who eat regular family dinners handle cyberbullying better and are less likely to engage in substance abuse or develop psychiatric health concerns, even after their involvement in face-to-face bullying is taken into account.

(Source: *The Benefits & Tricks to Having a Family Dinner*, HealthyChildren.org, 2015)

Neighborhood Safety

The following graph shows the percent of Huron County, Ohio, and U.S. parents who felt their neighborhood was always or usually safe.

- Huron County has the largest percent of parents for both the 0-5 age group and the 6-11 age group who felt that their neighborhood was always or usually safe as compared to Ohio and U.S. parents.



(Source: *National Survey of Children's Health & 2017 Huron County Health Assessment*)

Child Health: Parent Health

Key Findings

In 2017, forty-four percent (44%) of parents missed work due to their child being ill or injured.

Parent Health

- Those filling out the survey had the following relationship to the child: mother (68%), father (26%), grandparent (5%), and other family member (1%).
- In the past year, nearly half (44%) of parents missed work due to their child's illnesses or injuries. Thirty-three percent (33%) missed work due to their child's medical appointments, 7% missed work due to lack of or unreliable child care, 6% missed work due to their child's chronic illness and 4% missed work due to their child's behavioral/emotional problems.
- Parents reported the following challenges they face in regards to the day-to-day demands of parenthood/raising children: demands of multiple children (35%), financial burdens (29%), being a single parent (11%), lack of parental support (7%), child has special needs (6%), loss of freedom (5%), difficulty with lifestyle changes (4%), post-partum depression (2%), alcohol and/or drug abuse (1%), and other challenges (7%).

Parents' Health

- 57% of U.S. children have mothers who are in excellent or very good physical and mental health, increasing to 61% of mothers of 0-5 year olds (of children with a living mother in their household).
- 62% of U.S. children have fathers who are in excellent or very good physical and mental health, increasing to 66% of fathers of 0-5 year olds (of children with a living father in their household).
- 83% of U.S. parents indicated they were completely happy or very happy with their spouse/partner, increasing to 86% of parents of 0-5 year olds.
- 7% of U.S. parents reported it was very hard to get by on their family's income very often.
- 11% of U.S. parents indicated they usually/always felt stress from parenting, decreasing to 9% of parents of 0-5 year olds.

(Source: National Survey of Children's Health, Data Resource Center for Child & Adolescent Health, 2012)

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Cancer Society, Cancer Facts and Figures 2017. Atlanta: ACS, 2017	<ul style="list-style-type: none"> 2017 Cancer Facts, Figures, and Estimates 	www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2017.html
American Diabetes Association, 2017	<ul style="list-style-type: none"> Statistics About Diabetes, Overall Numbers, Diabetes and Prediabetes 	www.diabetes.org/diabetes-basics/statistics/
American Association of Suicidology	<ul style="list-style-type: none"> Suicide Facts 	www.suicidology.org/Portals/14/docs/Resources/FactSheets/2015/2015datapgsv1.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
CDC, Adolescent and School Health	<ul style="list-style-type: none"> Sexual Risk Behavior (HIV, STD, & Teen Pregnancy Prevention) 	www.cdc.gov/healthyyouth/sexualbehaviors/
CDC, Adverse Childhood Experiences	<ul style="list-style-type: none"> ACEs Can Have Lasting Effects on Behavior & Health (infographic) 	https://vetoviolence.cdc.gov/apps/phl/resource_center_infographic.html
CDC, Alcohol and Public Health	<ul style="list-style-type: none"> Age 21 Minimum Legal Drinking Age 	www.cdc.gov/alcohol/fact-sheets/minimum-legal-drinking-age.htm
	<ul style="list-style-type: none"> Economic costs of excessive drinking 	www.cdc.gov/alcohol/data-stats.htm
	<ul style="list-style-type: none"> Excessive Alcohol Use and Risks to Women's Health 	www.cdc.gov/alcohol/fact-sheets/womens-health.htm
CDC, Children's Mental Health: Anxiety and Depression	<ul style="list-style-type: none"> Depression: Signs and Symptoms 	www.cdc.gov/childrensmentalhealth/depression.html
CDC, Breast Cancer, 2016	<ul style="list-style-type: none"> What Can I Do to Reduce My Risk of Breast Cancer? 	www.cdc.gov/cancer/breast/basic_info/prevention.htm
CDC, Cancer Prevention and Control	<ul style="list-style-type: none"> Prostate Cancer Awareness 	www.cdc.gov/cancer/dcpc/resources/features/prostatecancer/index.htm
CDC, Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, 2015	<ul style="list-style-type: none"> Oral Health Basics 	www.cdc.gov/oralhealth/basics/index.html
CDC, Motor Vehicle Safety, Teen Drivers: Get the Facts	<ul style="list-style-type: none"> Teen Drivers 	www.cdc.gov/motorvehiclesafety/teen_drivers/teendrivers_factsheet.html
CDC, National Center for Health Statistics	<ul style="list-style-type: none"> Men's Health Data 	www.cdc.gov/nchs/fastats/mens-health.htm
	<ul style="list-style-type: none"> Caloric Intake from Fast Food Among Children and Adolescents in the United States, 2011-2012 	https://www.cdc.gov/nchs/data/databriefs/db213.htm
CDC, Overweight & Obesity	<ul style="list-style-type: none"> Adult Obesity Facts 	www.cdc.gov/obesity/data/adult.html
	<ul style="list-style-type: none"> Childhood Obesity Facts 	www.cdc.gov/obesity/data/childhood.html

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
CDC, Press Release	<ul style="list-style-type: none"> Electronic Cigarettes and Teenagers in the U.S. 	www.cdc.gov/media/releases/2015/p0416-e-cigarette-use.html
CDC, Smoking and Tobacco Use	<ul style="list-style-type: none"> Smoking and Other Health Risks 	www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/health_effects/index.htm
	<ul style="list-style-type: none"> Tobacco Use Among Middle and High School Students – United States, 2011-2015 	www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/
CDC, Sexually Transmitted Diseases Surveillance, 2017	<ul style="list-style-type: none"> U.S. STD Surveillance Profile U.S. Chlamydia and Gonorrhea Rates 	www.cdc.gov/std/stats/
CDC, Sexual Violence	<ul style="list-style-type: none"> Understanding Sexual Violence 	www.cdc.gov/features/sexualviolence/index.html
CDC, Violence Prevention	<ul style="list-style-type: none"> Adverse Childhood Experiences 	www.cdc.gov/violenceprevention/acestudy/ace_brfss.html
	<ul style="list-style-type: none"> Understanding Bullying 	www.cdc.gov/violenceprevention/pdf/bullying_factsheet.pdf
	<ul style="list-style-type: none"> About the CDC-Kaiser ACE Study 	www.cdc.gov/violenceprevention/acestudy/about.html
CDC, Wonder	<ul style="list-style-type: none"> Huron Underlying Cause of Death, 2009-2014 Huron County and Ohio Leading Causes of Death Huron County and Ohio Mortality Statistics 	http://wonder.cdc.gov/ucd-icd10.html
Community Commons	<ul style="list-style-type: none"> Beer, Wine and Liquor Stores Alcoholic Beverage Expenditures Bars and Drinking Establishments Cigarette Expenditures 	www.communitycommons.org/
County Health Rankings, 2017	<ul style="list-style-type: none"> Food Environment Index Ratio of Population to Mental Health Providers 	www.countyhealthrankings.org/
Federal Emergency Management Agency (FEMA)	<ul style="list-style-type: none"> Basic Disaster Supplies Kit 	www.ready.gov/kit
Foundation for Advancing Alcohol Responsibility, Underage Drinking Statistics, 2015	<ul style="list-style-type: none"> Teen Binge Drinking: On the Decline 	responsibility.org/get-the-facts/research/statistics/underage-drinking-statistics/
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
Healthy People 2020	<ul style="list-style-type: none"> Social Determinants of Health 	www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
Kaiser Family Foundation	<ul style="list-style-type: none"> How does Lack of Insurance Affect Access to Healthcare? 	www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
KidsHealth	<ul style="list-style-type: none"> Youth Body Mass Index (BMI) Charts (BMI) 	http://kidshealth.org/en/parents/bmi-charts.html
National Association of Counties, 2008	<ul style="list-style-type: none"> Growing Communities: Social Determinants, Behavior and Health 	www.naco.org/sites/default/files/documents/Social%20Determinants%20of%20Health.pdf
National Health and Nutrition Examination Survey Data, 1999-2012	<ul style="list-style-type: none"> Secondhand Smoke (infographic) 	www.cdc.gov/tobacco/infographics/secondhand-smoke/pdfs/2015-02-vitalsigns-508.pdf?s_cid=bb-osh-shs-graphic-004
National Heart, Lung and Blood Institute, 2008	<ul style="list-style-type: none"> Adult Body Mass Index (BMI) Chart 	www.nhlbi.nih.gov/health/resources/heart/latino-weight-html/need
National Institute on Drug Abuse	<ul style="list-style-type: none"> Drug Facts: Drugged Driving 	www.drugabuse.gov/publications/drugfacts/drugged-driving
	<ul style="list-style-type: none"> Heroin 	www.drugabuse.gov/publications/drugfacts/heroin
Ohio Automated Rx Reporting System	<ul style="list-style-type: none"> Opiate and Pain Reliever Doses Per Patient Opiate and Pain Reliever Doses Per Capita Opioid Doses per Capita, Quarterly from 2015-2016 	www.ohiopmp.gov/Portal/Reports.aspx
ODH, STD Surveillance Data	<ul style="list-style-type: none"> Huron County and Ohio Chlamydia and Gonorrhea Disease Rates Huron County Chlamydia and Gonorrhea Cases 	www.odh.ohio.gov/odhprograms/stdsurv/stdsur1.aspx
ODH, Ohio Public Health Data Warehouse	<ul style="list-style-type: none"> Huron County and Ohio Birth Statistics 	www.odh.ohio.gov/healthstats/dataandstats.aspx
	<ul style="list-style-type: none"> Incidence of Cancer 	www.odh.ohio.gov/healthstats/ocisshs/access1.aspx
	<ul style="list-style-type: none"> Leading Causes of Death 	www.odh.ohio.gov/healthstats/vitalstats/deathstat.aspx
	<ul style="list-style-type: none"> Mortality 	http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality
Ohio Department of Public Safety	<ul style="list-style-type: none"> 2016 Huron County and Ohio Crash Facts 	https://services.dps.ohio.gov/Crashstatistics/CrashReports.aspx
Ohio Medicaid Assessment Survey (OMAS), 2015	<ul style="list-style-type: none"> Unmet needs in Dental Care Poor/Fair Overall Health 	http://grcapps.osu.edu/dashboards/OMAS/adult/
Ohio State Highway Patrol	<ul style="list-style-type: none"> Felony Cases and Drug Arrests, January – June 2016 	http://statepatrol.ohio.gov/
Substance Abuse and Mental Health Services Administration (SAMHSA), 2017	<ul style="list-style-type: none"> Adverse Childhood Experiences 	www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
Substance Abuse and Mental Health Services Administration (SAMHSA), 2016	<ul style="list-style-type: none"> Risk and Protective Factors and Estimates of Substance Use Initiation: Results from the 2015 National Survey on Drug Use and Health 	www.samhsa.gov/data/sites/default/files/NSDUH-PreventionandInit-2015/NSDUH-PreventionandInit-2015.htm
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 	www.cdc.gov/nchs/data/databriefs/db217.pdf
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"> 2009 - 2015 youth Ohio and U.S. correlating statistics 	nccd.cdc.gov/YouthOnline/App/Default.aspx
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> American Community Survey 5-year estimate, 2011-2015 	www.census.gov/programs-surveys/acs/
	<ul style="list-style-type: none"> Federal Poverty Thresholds 	www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html
	<ul style="list-style-type: none"> Ohio and Huron County 2015 Census Demographic Information 	factfinder.census.gov/faces/nav/jsf/pages/index.xhtml
	<ul style="list-style-type: none"> Small Area Income and Poverty Estimates 	www.census.gov/did/www/saipe/

Appendix II: Acronyms and Terms

AHS	Access to Health Services , Topic of Healthy People 2020 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
AOCBC	Arthritis, Osteoporosis, and Chronic Back Conditions
BMI	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
BRFSS	Behavior Risk Factor Surveillance System , an adult survey conducted by the CDC.
CDC	Centers for Disease Control and Prevention .
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
CY	Calendar Year
FY	Fiscal Year
HCNO	Hospital Council of Northwest Ohio
HDS	Heart Disease and Stroke , Topic of Healthy People 2020 objectives
HP 2020	Healthy People 2020 , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic ≥ 140 and Diastolic ≥ 90
IID	Immunizations and Infectious Diseases , Topic of Healthy People 2020 objectives
N/A	Data is not available.
NSCH	National Survey of Children's Health
ODH	Ohio Department of Health
OSHP	Ohio State Highway Patrol
Race/Ethnicity	Census 2010: U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." Data are presented as "Hispanic or Latino" and "Not Hispanic or Latino." Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, "White alone" or "Black alone", means the respondents reported only one race.
Weapon	Defined in the YRBS as "a weapon such as a gun, knife, or club"
Youth	Defined as 12 through 18 years of age

YPLL/65	Years of P otential L ife L ost before age 65. Indicator of premature death.
Youth BMI Classifications	<p>Underweight is defined as BMI-for-age \leq 5th percentile</p> <p>Overweight is defined as BMI-for-age 85th percentile to < 95th percentile.</p> <p>Obese is defined as \geq 95th percentile.</p>
YRBS	Youth R isk B ehavior S urvey, a youth survey conducted by the CDC
ZCTA	Zip C ode T abulation A rea

Appendix III: Methods for Weighting The 2017 Huron 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 2017 Huron County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Huron County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (7 different age categories), and income (9 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Huron 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 Huron County Survey and the 2015 Census estimates.

<u>Sex</u>	<u>2017 Huron Survey</u>		<u>2015 Census estimates</u>		<u>Weight</u>
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	216	40.60150	29,086	49.35100	1.215497
Female	316	59.39850	29,851	50.64900	0.852698

In this example, it shows that there was a slightly larger portion of females in the sample compared to the actual portion in Huron County. The weighting for males was calculated by taking the percent of males in Huron County (based on Census information) (49.35100%) and dividing that by the percent found in the 2016 Huron County sample (40.60150%) [$49.35100 / 40.60150 =$ weighting of 1.215497 for males]. The same was done for females [$50.64900 / 59.39850 =$ weighting of 0.852698 for females]. Thus males' responses are weighted heavier by a factor of 1.215497 and females' responses weighted less by a factor of 0.852698.

This same thing was done for each of the 20 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 2.200407 [0.852698 (weight for females) x 0.96007 (weight for White) x 3.22795 (weight for age 35-44) x 0.83268 (weight for income \$50-\$75k)]. Thus, each individual in the 2016 Huron 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	Huron Sample	%	2014 Census*	%	Weighting Value
Sex:					
Male	216	40.60150	29,086	49.35100	1.215497
Female	316	59.39850	29,851	50.64900	0.852698
Age:					
20-24	3	0.55351	3,436	8.04778	14.53966
25-34	32	5.90406	6,927	16.22438	2.74800
35-44	29	5.35055	7,374	17.27134	3.22795
45-54	80	14.76015	8,265	19.35824	1.31152
55-59	59	10.88561	4,241	9.93325	0.91251
60-64	75	13.83764	3,793	8.88394	0.64201
65-74	264	48.70849	8,659	20.28106	0.41638
Race:					
White	525	93.08511	52,564	89.18676	0.95812
Non-White	39	6.91489	6,373	10.81324	1.56376
Household Income:					
Less than \$10,000	19	3.87755	1,293	5.73978	1.48026
\$10k-\$15k	39	7.95918	1,170	5.19377	0.65255
\$15k-\$25k	67	13.67347	2,821	12.52275	0.91584
\$25k-\$35k	73	14.89796	2,601	11.54614	0.77502
\$35k-\$50	79	16.12245	3,651	16.20722	1.00526
\$50k-\$75k	121	24.69388	4,632	20.56199	0.83268
\$75k-\$100k	45	9.18367	3,183	14.12971	1.53857
\$100k-\$150k	29	5.91837	2,274	10.09455	1.70563
\$150k or more	18	3.67347	902	4.00408	1.09000

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

* Huron County population figures taken from the 2015 Census estimates.

Appendix IV: School Participation

The following schools were randomly chosen and agreed to participate in the 2017 Huron County Health Assessment:

Bellevue City

Bellevue Middle School
Bellevue High School

Monroeville Local

Monroeville Junior/Senior High School
Monroeville Elementary School

New London Local

New London Middle School
New London High School

Norwalk City

Norwalk Middle School
Norwalk High School

Western Reserve Local

Western Reserve Middle School
Western Reserve High School

Willard City

Willard High School
Willard Middle School

Parochial Schools

St. Paul High School
Immaculate Conception School

Appendix V: Huron County Sample Demographic Profile*

Variable	2017 Survey Sample	Huron County 2011-2015 Census (5 year estimates)	Ohio Census 2015
Age			
20-29	11.9%	11.6%	13.3%
30-39	18.6%	12.4%	12.2%
40-49	18.6%	12.7%	12.5%
50-59	22.6%	14.6%	14.3%
60 plus	26.3%	21.3%	22.4%
Race/Ethnicity			
White	93.1%	94.8%	82.0%
Black or African American	1.5%	1.1%	12.3%
American Indian and Alaska Native	0%	0.1%	0.2%
Asian	0%	0.3%	2.0%
Other	5.3%	1.9%	0.8%
Hispanic Origin (may be of any race)	4.4%	6.0%	3.5%
Marital Status†			
Married Couple	55.3%	53.1%	47.5%
Never been married/member of an unmarried couple	21.5%	26.3%	32.1%
Divorced/Separated	16.7%	14.1%	14.0%
Widowed	6.3%	6.4%	6.4%
Education†			
Less than High School Diploma	7.8%	12.1%	10.3%
High School Diploma	29.8%	48.1%	33.7%
Some college/ College graduate	62.0%	39.9%	56.0%
Income (Families)			
\$14,999 and less	7.6%	7.9%	7.7%
\$15,000 to \$24,999	7.5%	7.3%	7.4%
\$25,000 to \$49,999	23.2%	27.7%	22.1%
\$50,000 to \$74,999	19.3%	22.3%	20.2%
\$75,000 or more	34.8%	34.8%	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 Huron 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.

Variable	2017 Youth Survey Sample
Age	
12 years old or younger	11.1%
13 years old	22.1%
14 years old	9.6%
15 years old	14.2%
16 years old	16.5%
17 years old	15.7%
18 years old or older	10.2%
Gender	
Male	51.3%
Female	47.3%
Sexual Orientation	
Heterosexual (straight)	89.2%
Gay or lesbian	0.7%
Bisexual	4.0%
Transgender	0.2%
Unsure	4.5%
Race/Ethnicity	
White	86.5%
American Indian and Alaska Native	5.1%
Black or African American	3.8%
Asian	1.1%
Hispanic or Latino	12.5%
Native Hawaiian or Other Pacific Islander	0.6%
Grade Level	
Middle School (6-8)	43.3%
High School (9-12)	55.9%
Individual Grade Level	
6 th grade	8.4%
7 th grade	22.0%
8 th grade	13.0%
9 th grade	11.7%
10 th grade	15.9%
11 th grade	16.7%
12 th grade	11.5%

**Percents may not add up to 100% due to missing data (non-responses) or percents may exceed 100% due to respondents answering more than one option.*

Appendix VI: Demographics and Household Information

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

Age	Total	Males	Females
Huron County	59,626	29,371	30,255
0-4 years	4,053	2,052	2,001
1-4 years	3,288	1,652	1,636
< 1 year	765	400	365
1-2 years	1,657	843	814
3-4 years	1,631	809	822
5-9 years	4,176	2,115	2,061
5-6 years	1,625	828	797
7-9 years	2,551	1,287	1,264
10-14 years	4,583	2,355	2,228
10-12 years	2,712	1,377	1,335
13-14 years	1,871	978	893
12-18 years	6,469	3,382	3,087
15-19 years	4,337	2,272	2,065
15-17 years	2,855	1,476	1,379
18-19 years	1,482	796	686
20-24 years	3,176	1,591	1,585
25-29 years	3,431	1,745	1,686
30-34 years	3,590	1,765	1,825
35-39 years	3,749	1,889	1,860
40-44 years	3,985	1,966	2,019
45-49 years	4,488	2,221	2,267
50-54 years	4,510	2,218	2,292
55-59 years	4,043	1,979	2,064
60-64 years	3,421	1,704	1,717
65-69 years	2,482	1,166	1,316
70-74 years	1,915	904	1,011
75-79 years	1,512	625	887
80-84 years	1,140	464	676
85-89 years	682	231	451
90-94 years	286	93	193
95-99 years	64	16	48
100-104 years	1	0	1
105-109 years	1	0	1
110 years & over	1	0	1
Total 85 years and over	1,035	340	695
Total 65 years and over	8,084	3,499	4,585
Total 19 years and over	43,128	20,926	22,202

HURON COUNTY PROFILE

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

2011-2015 ACS 5-year estimate

Total Population

2015 Total Population 58,937

Largest City-Norwalk

2014 Total Population 16,898 100%

2000 Total Population 16,608 100%

Population By Race/Ethnicity

Total Population 58,937 100%

White Alone 55,845 94.8%

Hispanic or Latino (of any race) 3,538 6.0%

African American 665 1.1%

Asian 150 0.3%

Two or more races 1,099 1.9%

Other 1,101 1.9%

American Indian and Alaska Native 77 0.1%

Population By Age 2015

Under 5 years 3,772 6.4%

5 to 19 years 12,370 21.0%

20 to 24 years 3,436 5.8%

25 to 44 years 14,301 24.3%

45 to 64 years 16,299 27.6%

65 years and more 8,759 14.8%

Median age (years) 38.8

Household By Type

Total Households 22,527 100%

Family Households (families) 15,754 69.9%

 With own children <18 years 6,718 29.8%

 Married-Couple Family Households 11,915 52.9%

 With own children <18 years 4,571 20.3%

 Female Householder, No Husband Present 2,704 12.0%

 With own children <18 years 1,576 7.0%

Non-family Households 6,773 30.1%

 Householder living alone 5,480 24.3%

 Householder 65 years and > 2,374 10.5%

Households With Individuals < 18 years 7,718 34.3%

Households With Individuals 65 years and > 6,265 27.8%

Average Household Size 2.58 people

Average Family Size 3.06 people

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

2011-2015 ACS 5-year estimate

Median Value of Owner-Occupied Units	\$116,100
Median Monthly Owner Costs (With Mortgage)	\$1,109
Median Monthly Owner Costs (Not Mortgaged)	\$408
Median Gross Rent for Renter-Occupied Units	\$630
Median Rooms Per Housing Unit	6.0
Total Housing Units	25,134
No Telephone Service	424
Lacking Complete Kitchen Facilities	61
Lacking Complete Plumbing Facilities	64

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

2011-2015 ACS 5-year estimates

School Enrollment

Population 3 Years and Over Enrolled In School	14,246	100%
Nursery & Preschool	1,069	7.5%
Kindergarten	916	6.4%
Elementary School (Grades 1-8)	6,622	46.5%
High School (Grades 9-12)	3,424	24.0%
College or Graduate School	2,215	15.5%

Educational Attainment

Population 25 Years and Over	39,359	100%
< 9 th Grade Education	1,855	4.7%
9 th to 12 th Grade, No Diploma	2,913	7.4%
High School Graduate (Includes Equivalency)	18,921	48.1%
Some College, No Degree	7,781	19.8%
Associate Degree	2,738	7.0%
Bachelor's Degree	3,377	8.6%
Graduate Or Professional Degree	1,774	4.5%

Percent High School Graduate or Higher	*(X)	87.9%
Percent Bachelor's Degree or Higher	*(X)	13.1%

*(X) – Not available

Selected Social Characteristics, Continued
 (Source: U.S. Census Bureau, Census 2015)
 2011-2015 ACS 5-year estimate

Marital Status

Population 15 Years and Over	46,779	100%
Never Married	12,325	52.8%
Now Married, Excluding Separated	24,843	51.9%
Separated	792	3.4%
Widowed	549	2.4%
Female	2,459	10.3%
Divorced	2,635	11.5%
Female	3,176	13.3%

Veteran Status

Civilian Veterans 18 years and over	3,971	9.0%
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Disability Status of the Civilian Non-institutionalized Population

Total Civilian Noninstitutionalized Population	58,421	100%
With a Disability	7,866	13.5%
Under 18 years	14,814	100%
With a Disability	778	5.3%
18 to 64 years	35,141	100%
With a Disability	3,874	11.0%
65 Years and Over	8,466	100%
With a Disability	3,214	38.0%

Selected Economic Characteristics
 (Source: U.S. Census Bureau, Census 2015)
 2011-2015 ACS 5-year estimates

Employment Status

Population 16 Years and Over	45,662	100%
In Labor Force	29,084	63.7%
Not In Labor Force	16,578	36.3%
Females 16 Years and Over	23,265	100%
In Labor Force	13,515	58.1%

Population Living With Own Children <6 Years	4,398	100%
All Parents In Family In Labor Force	7,335	77.0%

Class of Worker

Employed Civilian Population 16 Years and Over	26,987	100%
Private Wage and Salary Workers	22,799	84.5%
Government Workers	2,749	10.2%
Self-Employed Workers in Own Not Incorporated Business	1,380	5.1%
Unpaid Family Workers	59	0.2%

Median Earnings

Male, Full-time, Year-Round Workers	\$44,920
Female, Full-time, Year-Round Workers	\$31,574

Selected Economic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2014)
2011-2015 ACS 5-year estimate

Occupations

Employed Civilian Population 16 Years and Over	26,987	100%
Production, Transportation, and Material Moving Occupations	7,090	26.3%
Management, business, science, and art occupations	6,345	23.5%
Sales and Office Occupations	5,540	20.5%
Service Occupations	4,309	16.0%
Natural Resources, Construction, and Maintenance Occupations	3,703	13.7%

Leading Industries

Employed Civilian Population 16 Years and Over	26,987	100%
Manufacturing	6,231	23.1%
Educational, health and social services	5,553	20.6%
Trade (retail and wholesale)	2,538	9.4%
Arts, entertainment, recreation, accommodation, and food services	2,164	8.0%
Professional, scientific, management, administrative, and waste management services	1,578	5.8%
Transportation and warehousing, and utilities	1,751	6.5%
Finance, insurance, real estate and rental and leasing	749	2.8%
Other services (except public administration)	1,257	4.7%
Construction	2,252	8.3%
Public administration	751	2.8%
Information	343	1.3%
Agriculture, forestry, fishing and hunting, and mining	1,196	4.4%

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

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2015	\$36,453	55 th of 88 counties
BEA Per Capita Personal Income 2014	\$35,251	56 th of 88 counties
BEA Per Capita Personal Income 2013	\$34,505	53 rd of 88 counties
BEA Per Capita Personal Income 2012	\$33,484	56 th of 88 counties
BEA Per Capita Personal Income 2011	\$32,824	53 rd 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)

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

2011-2015 ACS 5-year estimate

Income In 2015

Households	22,527	100%
< \$10,000	1,293	5.7%
\$10,000 to \$14,999	1,170	5.2%
\$15,000 to \$24,999	2,821	12.5%
\$25,000 to \$34,999	2,601	11.5%
\$35,000 to \$49,999	3,651	16.2%
\$50,000 to \$74,999	4,632	20.6%
\$75,000 to \$99,999	3,183	14.1%
\$100,000 to \$149,999	2,274	10.1%
\$150,000 to \$199,999	568	2.5%
\$200,000 or more	334	1.5%

Median Household Income ***\$48,745***

Income In 2015

Families	15,754	100%
< \$10,000	800	5.1%
\$10,000 to \$14,999	446	2.8%
\$15,000 to \$24,999	1,152	7.3%
\$25,000 to \$34,999	1,641	10.4%
\$35,000 to \$49,999	2,729	17.3%
\$50,000 to \$74,999	3,516	22.3%
\$75,000 to \$99,999	2,714	17.2%
\$100,000 to \$149,999	1,998	12.7%
\$150,000 to \$199,999	466	3.0%
\$200,000 or more	292	1.9%

Median Household Income (families) ***\$57,309***

Per Capita Income In 2011-2015 ***\$23,158***

Poverty Status In 2015

	<i>Number Below Poverty Level</i>	<i>% Below Poverty Level</i>
Families	*(X)	10.4%
Individuals	*(X)	13.5%

*(X) – Not available

**Poverty Rates, 5-year averages
2011 to 2015**

Category	Huron	Ohio
Population in poverty	13.5%	15.8%
< 125% FPL (%)	18.8%	20.3%
< 150% FPL (%)	23.7%	24.8%
< 200% FPL (%)	35.4%	33.9%
Population in poverty (1999)	8.5%	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	Huron	Ohio
Labor Force	28,400	5,771,500
Employed	26,900	5,505,200
Unemployed	1,400	266,200
Unemployment Rate* in May 2017	5.1	4.6
Unemployment Rate* in April 2017	5.8	4.4
Unemployment Rate* in May 2016	5.0	4.4

**Rate equals unemployment divided by labor force.*

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

Estimated Poverty Status in 2015

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Huron County				
All ages in poverty	7,569	6,343 to 8,795	13.1%	11.0 to 15.2
Ages 0-17 in poverty	2,898	2,385 to 3,411	20.7%	17.0 to 24.4
Ages 5-17 in families in poverty	10,357	1,556 to 2,338	18.8%	15.0 to 22.6
Median household income	\$48,838	\$44,935 to \$52,741		
Ohio				
All ages in poverty	1,670,487	1,646,455 to 1,694,519	14.8%	14.6 to 15.0
Ages 0-17 in poverty	546,968	532,624 to 561,312	21.2%	20.6 to 21.8
Ages 5-17 in families in poverty	365,471	352,710 to 378,232	19.3%	18.6 to 20.0
Median household income	\$51,086	\$50,853 to \$51,319		
United States				
All ages in poverty	46,153,077	45,878,016 to 46,428,138	14.7%	14.6 to 14.8
Ages 0-17 in poverty	15,000,273	14,862,975 to 15,137,571	20.7%	20.5 to 20.9
Ages 5-17 in families in poverty	10,245,028	10,145,484 to 10,344,572	19.5%	19.3 to 19.7
Median household income	\$55,775	\$55,690 to \$55,860		

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

Federal Poverty Thresholds in 2015 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$12,486					
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	\$24,755	\$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, <http://www.census.gov/hhes/www/poverty/data/threshld/index.html>)

Appendix VII: County Health Rankings

	Huron County	Ohio	U.S.
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2011-2013)	8,100	7,566	6,600
Overall health. Percentage of adults reporting fair or poor health (age-adjusted) (2014)	16%	15%	15%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2014)	3.7	3.7	3.6
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2014)	3.8	4.0	3.7
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2007-2013)	7%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2014)	19%	22%	18%
Obesity. Percentage of adults that report a BMI of 30 or more (2012)	33%	31%	28%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2013)	7.6	7.0	7.3
Physical activity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2012)	31%	25%	22%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2014)	70%	83%	84%
Drug and alcohol abuse. Percentage of adults reporting binge or heavy drinking (2014)	17%	19%	18%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2010-2014)	30%	34%	30%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2013)	288.7	474	456:1
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2007-2013)	36	32	32

(Source: 2017 County Health Rankings for Huron County, Ohio and U.S. data)

	Huron County	Ohio	U.S
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2013)	11%	10%	14%
Access to health care/medical care. Ratio of population to primary care physicians (2013)	2,350:1	1300:1	1,320:1
Access to dental care. Ratio of population to dentists (2014)	3,250:1	1692:1	1,520:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2013)	65	60	50
Diabetes. Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring (2013)	86%	85%	85%
Cancer. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2013)	63%	61%	63%
Social and Economic Environment			
Education. Percentage of ninth-grade cohort that graduates in four years (2012-2013)	95%	81%	83%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2010-2014)	49%	64%	64%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2014)	6.6%	5%	5%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2014)	21%	21%	21%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2010-2014)	3.9	4.8	5.0
Family and social support. Percentage of children that live in a household headed by single parent (2010-2014)	30%	36%	34%
Family and social support. Number of membership associations per 10,000 population (2013)	14.1	11.3	9
Violence. Number of reported violent crime offenses per 100,000 population (2010-2012)	N/A	290	380
Injury. Number of deaths due to injury per 100,000 population (2009-2013)	77	70%	62

(Source: 2017 County Health Rankings for Huron County, Ohio and U.S. data)

	Huron 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)	11.2	11.3	8.7
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)	Yes	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)	83%	83%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2010-2014)	33%	30%	34%

(Source: 2017 County Health Rankings for Huron County, Ohio and U.S. data)

N/A – Data is not available

Appendix VIII: Community Stakeholder Perceptions

n=39

What topic results surprised you the *most*?

- Sexual Behavior (23)
- Alcohol Use (15)
- Mental Health/Suicide (11)
- Social Determinants of Health (8)
- Child/Parent/Family Health (8)
- Drug Use (7)
- Youth Violence (5)
- Weight Status (3)
- Healthcare Access and Utilization (3)
- Oral Health (2)
- Tobacco Use (2)
- Health Status Perceptions/Quality of Life (1)
- Other (*please specify*):
 - Youth risky behaviors
 - Youth behavior comparisons (tobacco vs. non-tobacco users)
 - Impact of having an income less than \$25,000
 - Free and reduced lunch data
 - Youth bullying especially among teen girls
 - Condoms and birth control pills

Why did the topic result(s) you selected in question 1 surprise you?

- *Results were better than I thought (please explain why you thought they would be worse):*
 - The drug use statistics among adults was lower than I thought (2)
 - Number of people eating together
 - County survey shows higher income surveyed will not have as many of those risky behaviors (jailed, tobacco)
 - ACE's, while not favorable, appear low. Thought a broader representation of the population would be higher
 - The percent of adults who were diagnosed with diabetes
 - Sexual behavior is always surprising to me in that it is worse than I was expecting
 - There was a high percentage in sexual behavior, but where is the data for STD's?
 - "Big Impact" drug addiction only accounted for a small portion, but Huron County's biggest problem is substance abuse
 - I thought we had a bigger obesity problem from my observations
- *Results were worse than I thought (please explain why you thought they would be better):*
 - Sexual abuse/forced sexual activity (5)
 - Just surprised that there is still so much unprotected sex still happening
 - Protected sex among youth, where is the "fear" of contacting STD's?
 - While I am not an expert on sexual behavior, I found the numbers surprisingly high
 - The results for problems related to alcohol use and forced sexual activity
 - Surprised at the number of youth that were affected by these issues
 - Perceptions of factors
 - 31% of parents felt child was not safe at school
 - Alcohol and childhood ACE's
 - Bullying, feeling safe in school, ACE's in youth
 - Mental health and suicide
 - The number of ways the children are adversely affected by the behaviors of other people
 - I thought alcohol use would be lower with ASK Training
 - Female youth depression, bullying
 - Bullying
 - Safety in the home and at school
 - Alcohol binge drinker
 - Feeling of hopelessness
 - Poverty

Why did the topic result(s) you selected in question 1 surprise you? Continued...

- *Results were worse than I thought (please explain why you thought they would be better):*
 - How much of the bullying is real vs. what is perceived bullying?
 - Tobacco use – due to the amount of education over the past several years, thought it would be better
 - Alcohol and tobacco use correlates with other risky behaviors
 - Unfilled prescription medications
 - There seems to be so much information and education out there, but yet percentages are still going up
 - Not enough time is being spent in the schools
- *Results were unchanged from previous assessment (please explain why you thought they would change):*
 - Did not attend last year, therefore do not have comparison
 - There were small variations
 - No surprises in the data this time around
 - The results were as I expected
 - It takes time and resources to make real change

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

- More sup-population-specific data (i.e. health inequities of specific groups(s)) (please specify): (12)
 - Income disparities/lower income group (3)
 - African American population (2)
 - Mennonites
 - Drug/alcohol survey
 - Business input on adopting health policies
 - Unemployed
 - Regional data in county
 - Teen parents
 - Hispanic population
 - Elderly
 - Individuals in poverty
- More opinion-based/anecdotal data (7)
- More primary data (6)
- Data on a specific topic (please specify):
 - Those with incomes less than \$25,000 (2)
 - Add in more local data from agency data bases such as drug ER visits, Narcan use, etc.
 - Fentanyl usage
 - Perceptions of sexually inappropriate behaviors
 - What helps kids and adults feel like they have a purpose?
 - Teen pregnancy
 - Families that overcame poverty
- Other (please specify):
 - Neighboring counties comparison data (2)
 - The prevalence of sexual behaviors and how it relates to bullying and self-image
 - Individuals with disabilities
 - Data with more identifiable variables
 - Compare nationally
 - Qualitative data – specifically, how is youth sexual behavior affecting teen pregnancies, STDs, etc.?

What will you or your organization do with this data?

- Create programs and/or services to address this data (25)
- Use it to inform organizational decisions (not related to program or committee creation) (17)
- Create a subcommittee to address this data (8)
- We will do something, but I'm not sure what at this time (7)
- Other (please specify):
 - Disseminate information to physicians, nurses, etc.
 - Will collaborate (not duplicate services)
 - Develop educational programming/materials
 - Have internal meetings first to determine next steps

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, Twitter) (22)
- Local Organizations' Website(s) (i.e. websites of hospitals, public health, schools, etc.) (20)
- Local Community-Based meetings (i.e. City Council Meetings) (15)
- Online news sites (i.e. Norwalk Reflector, Sandusky Resister, etc.) (10)
- Printed Newspaper (10)
- Paper copies (available for public to read at public places, i.e. libraries) (5)
- Special marketing (1)
- Other (please specify):
 - Apps (on smart phones) focusing on education (2)
 - Get a group together to speak to manufactures/employers
 - Go to different group in the county including Salvation Army, Clothing Bank, Food Bank, DJFS, Senior Meal Sites
 - Talk to school age children about it

What are some of the *barriers* that your organization may face in addressing the issues identified?

- Financial barriers (29)
- Staffing limitations (24)
- Conflicting priorities (14)
- My involvement in organizational decision making is limited (5)
- Facility limitations (size/space) (4)
- Organizational culture (4)
- My position's job duties are limited and/or rarely change over time (3)
- Organizational policies, procedures or rules (3)
- Other (please specify):
 - Passion to address the problem (2)
 - A closed system that does not allow other organizations to participate
 - A dedicated staff

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

- The schools (to better reach the youths) (3)
- Family Life Counseling (2)
- Church youth groups
- Huron County Public Health
- Mental Health Board
- Courts, law, EMS, medical
- OSU Extension SNAP Ed
- Continue regional collaboration
- Commissioners office
- Jobs and Family Services (JFS)
- Everyone who attended the community event

What improvements could be made to the next Community Health Assessment Release Event to make it better and/or more useful?

- Use a more visual PowerPoint presentation vs. just narrative data points. Also, show trends and improvements on various data points (3)
- Find a way to get more numbers from the less than \$25,000 income population (2)
- Slow down – it was a bit hard to take notes
- Clearer economic ties to the CHA responses
- Comparison of survey data to actual statistics of incarceration, overdoses, and mental health
- Better explanation of what will be discussed on invitation to gain more attendees
- Add in “best practices” to address the issues that surfaced
- Can we look at other counties and how many in that county are seeking healthcare services outside of the county?
- Roll it out via email first to let us see the data then come together

Other comments or concerns:

- Compliments to the presentation (5)
- Match survey data with qualitative data
- What is the “root cause”
- Focus on strengthening families and supporting youth
- I was surprised that the results seemed to point us to mental health as the root cause for many of the issues and less emphasis on access to health care and chronic disease