

Hancock County Community Health Assessment



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

The Hancock County Community
Assessment Collaborative

2011



Foreword

Dear Community Member:

Thank you for taking a copy of the 2011 Hancock County Community Needs Assessment. It was borne of a common vision held by leading community service organizations: to cooperatively identify and preserve our community's many health assets, and address our fewer, but important, health vulnerabilities.

This assessment is important because it is...

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

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

A hallmark of this report is the collaborative spirit that produced it. The professional expertise of Britney Ward, MPH, who led the project from her role as Assistant Director of Health Planning at the Hospital Council of Northwest Ohio is evident throughout the report. Without time and talent of the following people who spearheaded the study design and implementation this report would not exist: Greg Arnette, Kimberly Bash, Barbara Brahm, Julie Brown, Larry Busdeker, Keith DuVernay, Kathy Kreuchauf, Craig Kupferberg, Paul Lilley, Chris Press, Jennifer Rathburn, Marty Rothey, Precia Stuby, Barb Wilhelm, and Dean Wittwer. This group was fortunate to steward the generous financial support of the following major sponsors: Findlay-Hancock County Community Foundation, Blanchard Valley Health System, United Way of Hancock County, Findlay City Health Department, Hancock County Health Department, Hancock County ADAMHS Board/Community Partnership, Hancock County Family and Children First Council, Hancock County Schools and Hancock County Educational Service Center. We appreciate the time, talent, and treasure of all who helped.

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

Sincerely,

Christopher E. Press, President
Blanchard Valley Hospital
Bluffton Hospital

Stephen Mills, Health Commissioner
Findlay City Health Department

Katherine Kreuchauf, President
Findlay-Hancock County Community Foundation

Keith G. DuVernay, President & CEO
United Way of Hancock County

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Hancock County Family and Children First Council
Hancock County Schools and Hancock County Educational Service Center

Commissioned by: Hancock County Community Assessment Collaborative

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Hancock County Community Assessment

Executive Summary

This executive summary provides an overview of health-related data for Hancock County adults (19 years of age and older), youth (ages 12 through 18), and children (ages 0-11) who participated in a county-wide health assessment survey during 2011. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state *Behavioral Risk Factor Surveillance System* (BRFSS) and *Youth Risk Behavior Surveillance System* (YRBSS) and the *National Survey of Children's Health* (NSCH) developed by the Child and Adolescent Health Measurement Initiative. The Healthy Communities Foundation of the Hospital Council of Northwest Ohio collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

Primary Data Collection Methods

Design

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

Instrument Development

Four survey instruments were designed and pilot tested for this study: one for adults, one for adolescents, one for parents of children ages 0-5, and one for parents of child ages 6-11. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults and adolescents. The investigators decided to derive the majority of the adult survey items from the BRFSS. The majority of the survey items for the adolescent survey were derived from the YRBSS. The majority of the survey items for the parents of children 0-11 were derived from the NSCH. This decision was based on begin able to compare local data with state and national data.

The Project Coordinator from the Hospital Council of NW Ohio conducted a series of meetings with the planning committee from Hancock County. During these meetings, banks of potential survey questions from the BRFSS, YRBSS, and NSCH surveys were reviewed and discussed. Based on input from the Hancock County planning committee, the Project Coordinator composed drafts of surveys containing 116 items for the adult survey, 77 items for the adolescent survey, 79 items for the 0-5 survey, and 83 items for the 6-11 survey. The drafts were reviewed and approved by health education researchers at the University of Toledo.

Sampling

Adult Survey

Adults ages 19 and over living in Hancock County were used as the sampling frame for the adult survey. Since U.S. Census Bureau age categories do not correspond exactly to this age parameter, the

Primary Data Collection Methods

investigators calculated the population of those 18 years and over living in Hancock County. There were 56,398 persons ages 18 and over living in Hancock County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding confidence interval 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 responding adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Hancock County was obtained from American Clearinghouse in Louisville, KY.

Children 0-5 and 6-11 Surveys

Children ages 0-11 residing in Hancock County were used as the sampling frames for the surveys. Using U.S. Census Bureau data on the population of children ages 0-11, living in Hancock County, it was determined that 5,634 children ages 0-5 and 5,863 children ages 6-11 reside in Hancock County. The investigators conducted a power analysis based on a post-hoc distribution of variation in responses (70/30 split) to determine what sample size was needed to ensure a 95% confidence level with corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error). Because many of the items were identical between the 0-5 and 6-11 surveys, these items were combined to analyze data for children 0-11. The sample size required to generalize to children ages 0-11 was 370.

The random sample of mailing addresses of parents from Hancock County was obtained from Hugo Dunhill Mailing Lists, Inc. in New Rochelle, NY. They select a pool of adults based off of a number of sources which includes, birth records, education records, direct response data, etc.

Procedure

Adult Survey

Prior to mailing the survey to adults, an advance letter was mailed to 800 adults in Hancock County. This advance letter was personalized, printed on Hancock County Community Assessment Collaborative stationery and was signed by Christopher Press, President, Blanchard Valley Regional Health Center, Stephen Mills, Findlay City Health Department, Katherine Kreuchauf, President, Findlay-Hancock County Community Foundation, and Keith DuVernay, President & CEO, United Way of Hancock County. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Two weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Hancock County Community Assessment Collaborative stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a \$2 incentive. Approximately two weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave postcard was sent two weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent. The response rate for the mailing was 58% (n=444). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

Primary Data Collection Methods

Adolescent Survey

Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 96% (n=463). The survey contained 77 questions and had a multiple choice response format.

Children 0-5 and 6-11

Prior to mailing the survey to parents of 0-11 year olds, an advance letter was mailed to 1600 parents in Hancock County. This advance letter was personalized, printed on Hancock County Community Assessment Collaborative stationery and was signed by Christopher Press, President, Blanchard Valley Regional Health Center, Stephen Mills, Findlay City Health Department, Katherine Kreuchauf, President, Findlay-Hancock County Community Foundation, and Keith DuVernay, President & CEO, United Way of Hancock County. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

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Because much of the output combines identical items from the 0-5 and the 6-11 surveys, the number of returned surveys needed for power of the combined samples (n=11,497) was 370 and this was exceeded by having a combined 438 surveys.

Data Analysis

Individual responses were anonymous and confidential. Only group data are available. All data were analyzed by health education researchers at the University of Toledo using SPSS 17.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Hancock County, the adult data collected was weighted by age, gender, race, and income using 2010 census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix iii.

Limitations

As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Hancock County adult assessment had a high response rate (57%). However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Hancock County). In other words, if the approximate one-third of those who were sent the survey and did not return it would have answered the questions significantly differently than the two-

Primary Data Collection Methods

thirds who did respond, the results of this assessment would under-represent or over-represent their perceptions and behaviors. If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

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

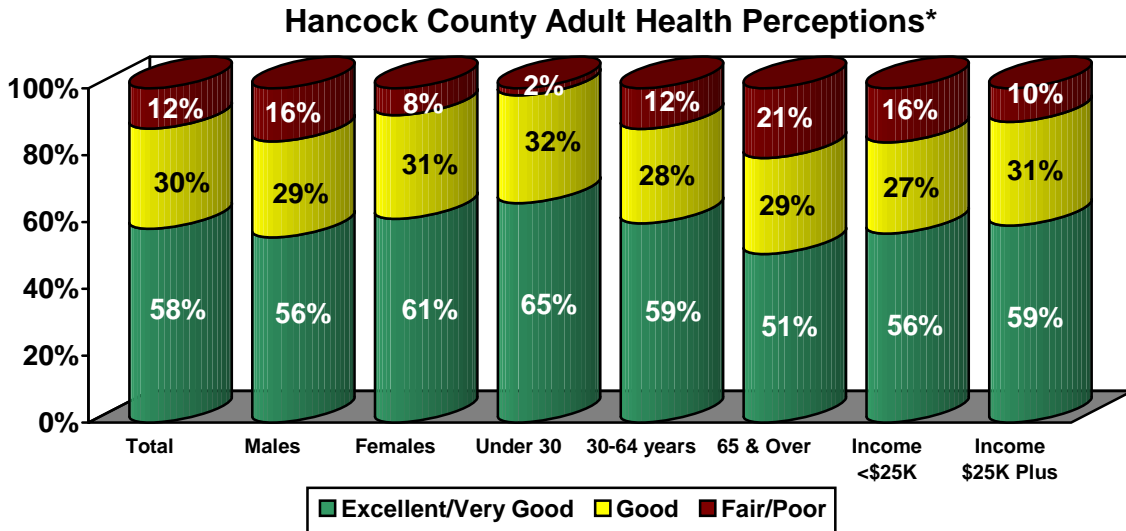
Third, this was the first time that parents of children ages 0-11 were surveyed in Hancock County. Being a new instrument, there may have been questions that would be worded differently or additional items that would be asked the next time this assessment is completed.

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

Data Summary

Health Perceptions

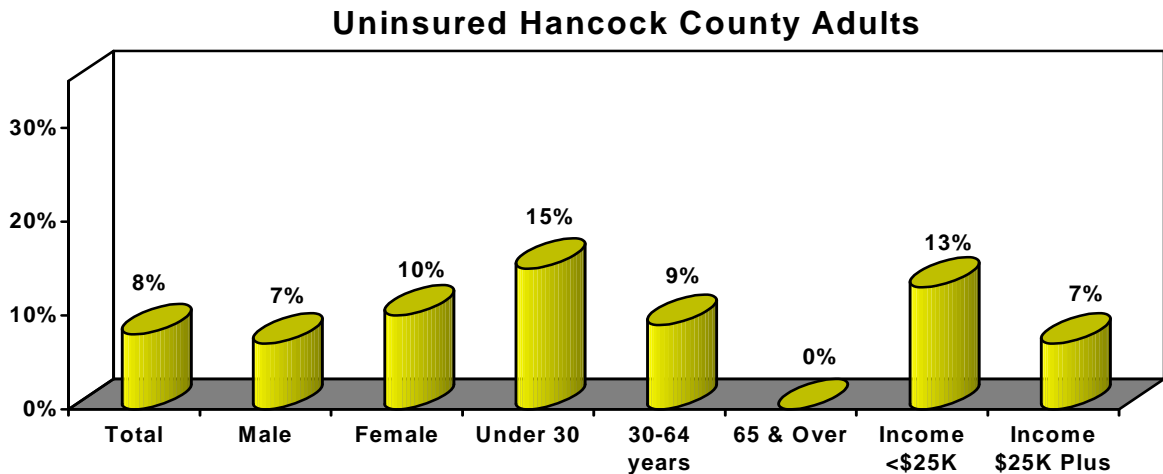
In 2011, over half (58%) of the Hancock County adults rated their health status as excellent or very good. Conversely, 12% of the adults increasing to 21% of those over the age of 65 described their health as fair or poor.



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

Health Care Coverage

The 2011 health assessment data has identified that 8% of Hancock County adults were without health care coverage. Those most likely to be uninsured were adults under age 30 and those with an income level under \$25,000. In Hancock County, 11.6% of residents live below the poverty level. (Source U.S. Census, American Community Survey 5 Year Estimates, 2005-2009)



Data Summary

Health Care Access

The 2011 health assessment project identified that 12% of Hancock County adults could not access the health care they needed at some time in the past year. 55% reported they had seen their doctor for a routine checkup within the past year.

Cardiovascular Health

Major cardiovascular diseases (heart disease and stroke) accounted for 31% of all Hancock County adult deaths from 2006-2008 (Source: ODH Information Warehouse). The 2011 Hancock County health assessment found that 3% of adults had a heart attack and 3% had a stroke at some time in their life. One-fourth (24%) of Hancock County adults have been diagnosed with high blood pressure, 36% have high blood cholesterol, and 27% were obese, three known risk factors for heart disease and stroke.

Cancer

Ohio Department of Health statistics indicate that from 2000-2008, a total of 551 Hancock County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that reducing tobacco use, increasing cancer education and awareness, changing diet and exercise habits, and early detection may reduce overall cancer deaths.

Diabetes

In 2011, 6% of Hancock County adults had been diagnosed with diabetes.

Arthritis

According to the Hancock County survey data, 34% of Hancock County adults were diagnosed with arthritis. According to the 2009 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.

Asthma

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

Hancock County Leading Types of Death 2006-2008

Total Deaths: 786

1. Cancers (25% of all deaths)
2. Heart Disease (23%)
3. Stroke (8%)
4. Accidents, Unintentional Injuries (6%)
5. Alzheimer's Disease (4%)

(Source: ODH Information Warehouse, updated 4-15-10)

Hancock County Incidence of Cancer, 2005 All Types: 132 cases

- ❖ Colon and Rectum: 20 cases (15%)
- ❖ Lung and Bronchus: 19 cases (14%)
- ❖ Prostate: 11 cases (8%)
- ❖ Breast: 10 cases (8%)
- ❖ Bladder: 8 cases (6%)

From 2006-2008, there were 193 cancer deaths in Hancock County.

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse)

Diabetes Facts

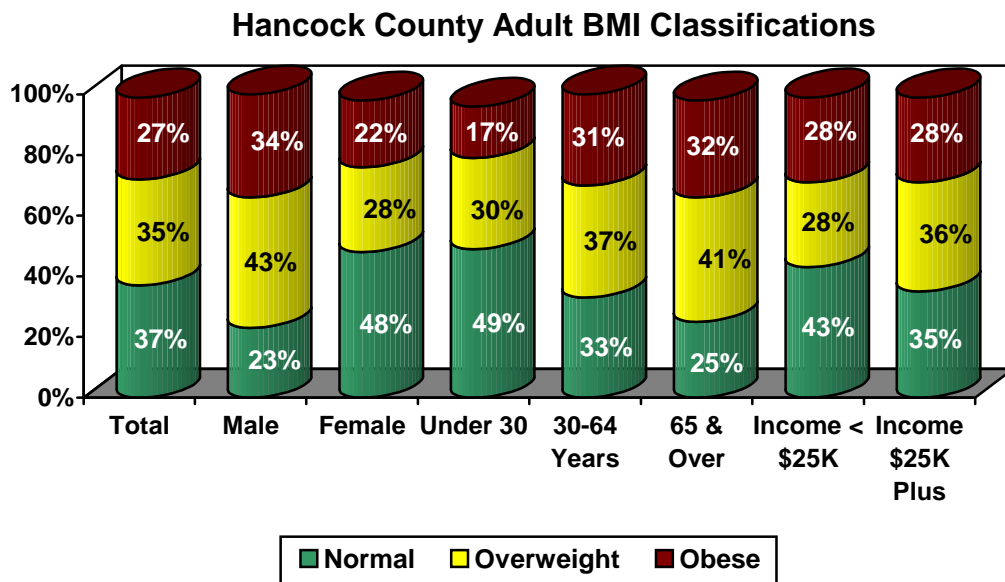
- ❖ Diabetes was the 7th leading cause of death in Hancock County from 2006-2008.
- ❖ Diabetes was the 7th leading cause of death in Ohio from 2006-2008.
- ❖ From 2006-2008, the Hancock County age-adjusted mortality rate per 100,000 for diabetes was 20.6 deaths for males (34.5 Ohio) and 29.1 (24.4 Ohio) deaths for females.

(Source: ODH, Information Warehouse, updated 4-15-10)

Data Summary

Adult Weight Status

The 2011 Health Assessment project identified that 62% of Hancock County adults were overweight or obese based on BMI. The 2010 BRFSS indicates that 30% of Ohio and 28% of U.S. adults were obese by BMI. Almost one-third (27%) of Hancock County adults were obese. More than half (57%) of adults were trying to lose weight. 30% of adults had not been participating in any physical activities or exercise in the past month.



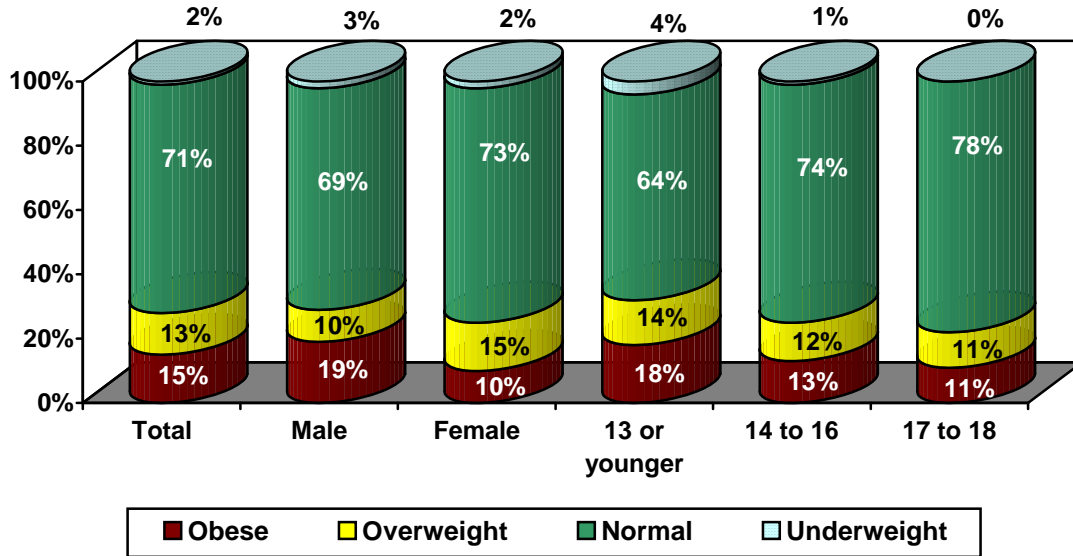
(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)

Youth Weight Status

The 2011 Health Assessment identified that 15% of Hancock County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 13% of Hancock County youth reported that they were overweight. 74% of youth were exercising for 60 minutes on 3 or more days per week.

Data Summary

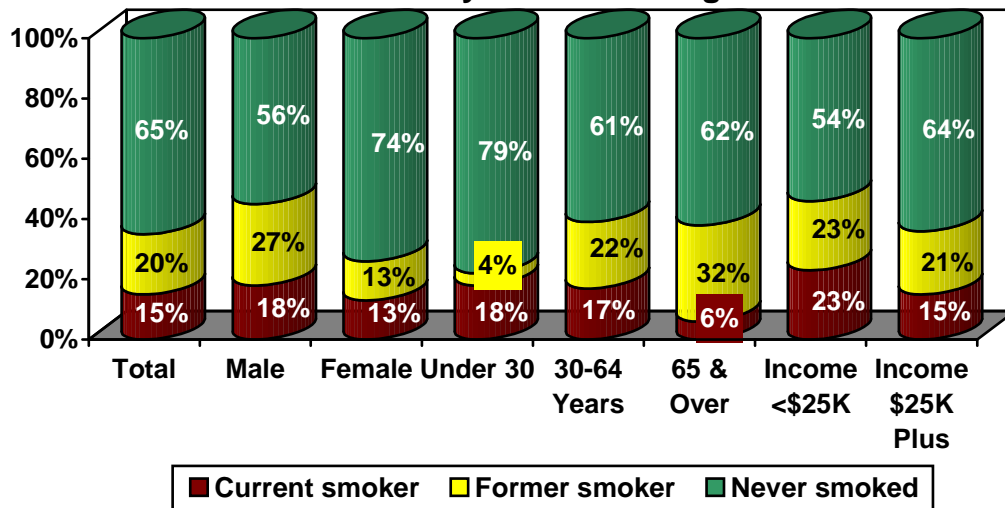
Hancock County Youth BMI Classifications



Adult Tobacco Use

In 2011, 15% of Hancock County adults were current smokers and 20% were considered former smokers. In 2010, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of disease and early death in the world, accounting for approximately 5.4 million premature deaths each year. ACS estimated that tobacco use would be linked to approximately one in five deaths in the U.S. *(Source: Cancer Facts & Figures, American Cancer Society, 2010)*

Hancock County Adult Smoking Behaviors

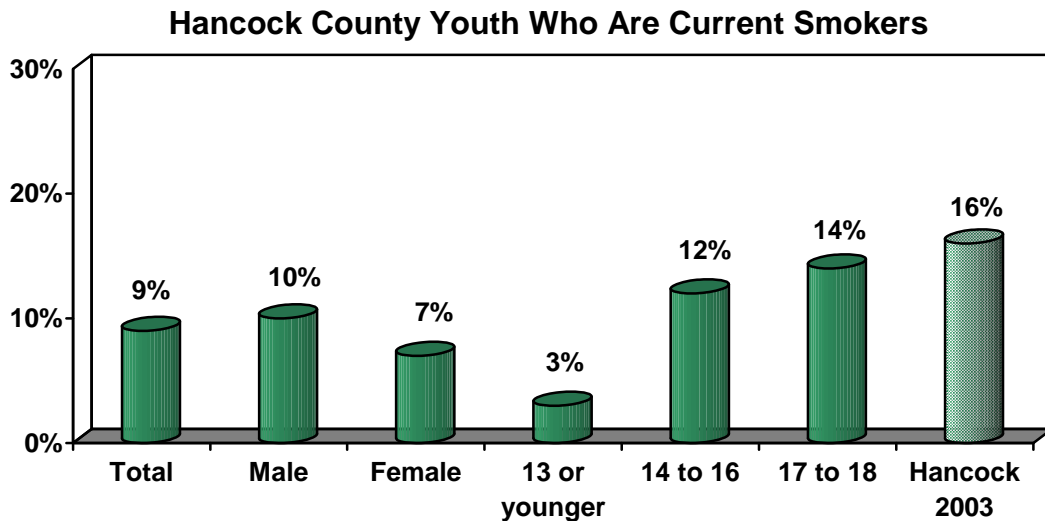


*Respondents were asked:
 "Have you smoked at least 100 cigarettes in your entire life?
 If yes, do you now smoke cigarettes everyday, some days or not at all?"*

Data Summary

Youth Tobacco Use

The 2011 health assessment identified that 9% of Hancock County youth (ages 12-18) were smokers increasing to 14% of those who were 17-18 years old. Overall, 4% of Hancock County youth indicated they had used chewing tobacco at some point.



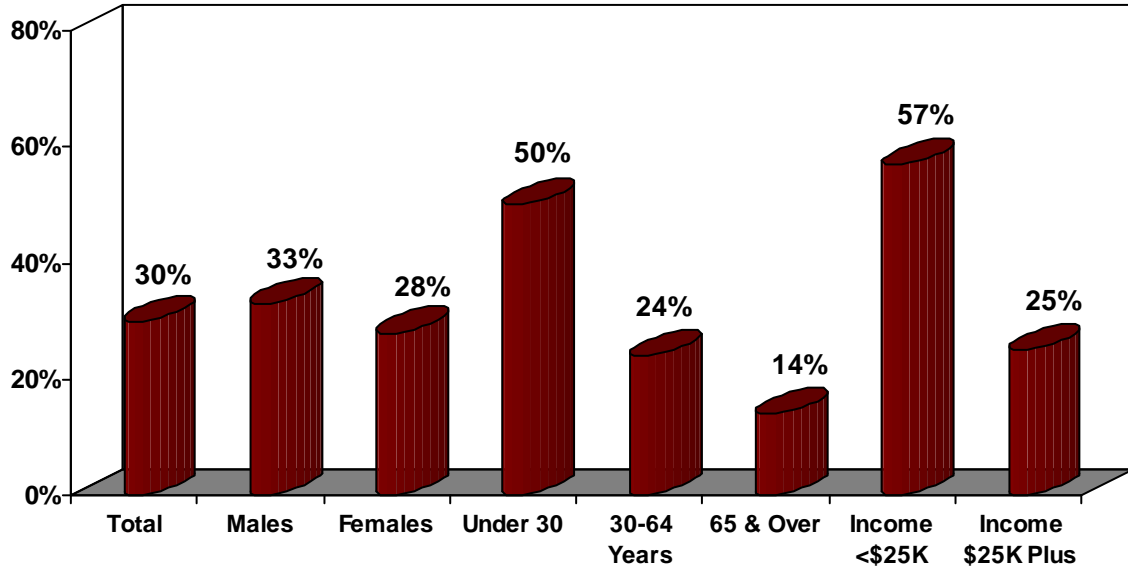
Current smokers are those who have smoked at any time during the past 30 days.

Adult Alcohol Consumption

In 2011, the health assessment indicated that 9% of Hancock County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 30% of adults who drank had five or more drinks on one occasion (binge drinking) in the past month. Ten percent of adults drove after having five or more drinks.

Data Summary

Hancock County Adult Drinkers Who Binge Drank in Past Month*

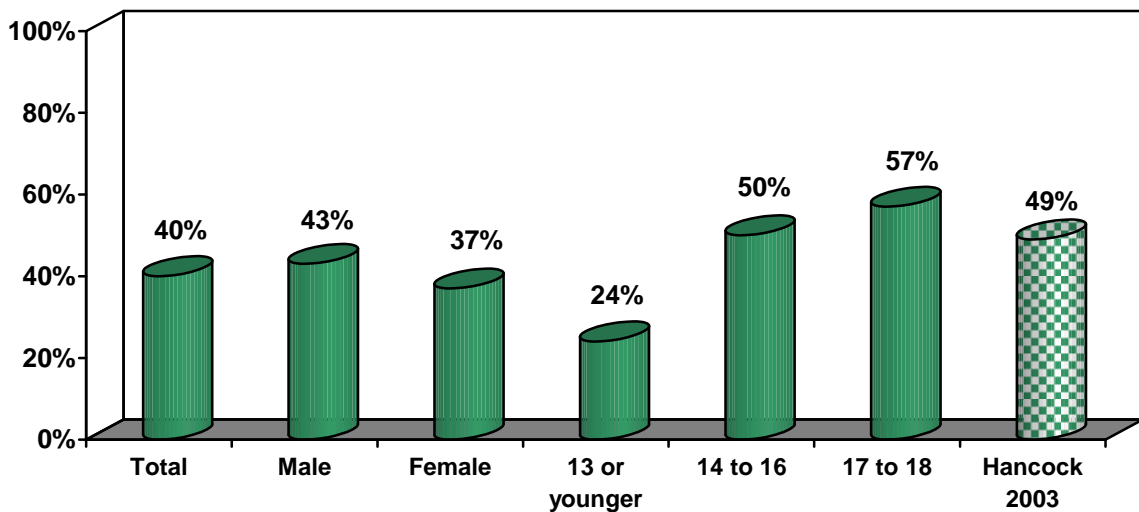


**Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks on an occasion.*

Youth Alcohol Consumption

In 2011, the health assessment results indicated that 40% of Hancock County youth had drunk at least one drink of alcohol in their life increasing to 57% of youth seventeen to eighteen years old. Less than one-fifth (17%) of all Hancock County youth and 30% of those 17-18 years had at least one drink in the past 30 days. Over half (53%) of the youth who reported drinking in the past 30 days had at least one episode of binge drinking. 3% of all youth drivers had driven a car in the past month after they had been drinking alcohol.

Hancock County Youth Having At Least One Drink In Their Lifetime



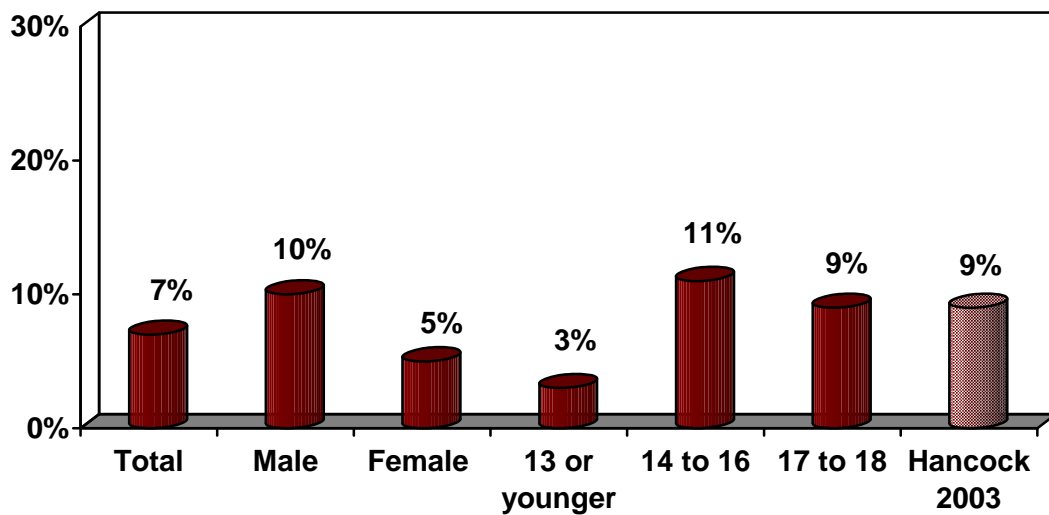
**Based on all current drinkers. Binge drinking is defined as having five or more drinks on an occasion.*

Data Summary

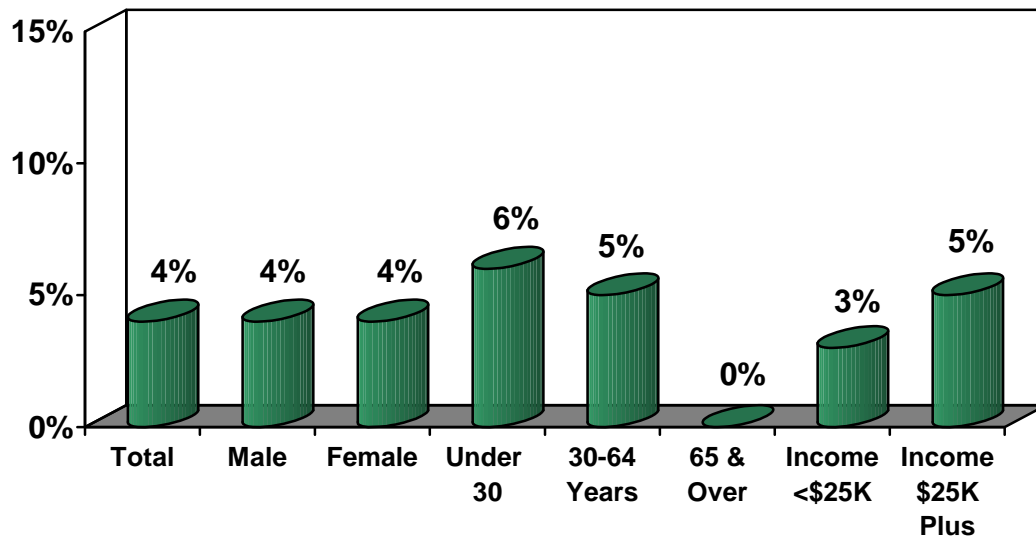
Adult and Youth Marijuana and Other Drug Use

In 2011, 4% of Hancock County adults had used marijuana during the past 6 months. 7% of Hancock County youth had used marijuana at least once in the past 30 days, increasing to 11% of high school youth. During the past 12 months, 10% of Hancock County youth had someone offer, sell, or give them an illegal drug on school property.

Hancock County Youth Marijuana Use in Past Month



Hancock County Adult Marijuana Use in Past 6 Months

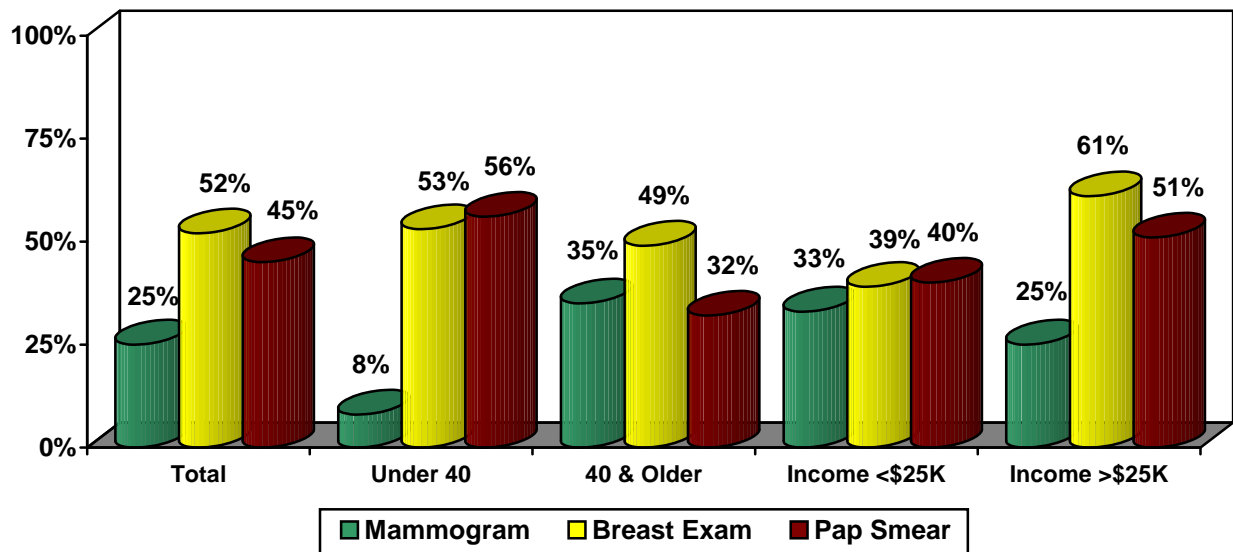


Data Summary

Women's Health

In 2011, about a third (35%) of Hancock County women over the age of 40 reported having a mammogram in the past year. 94% of Hancock County women have had a clinical breast exam and 93% have had a Pap smear to detect cancer of the cervix in the past year. The health assessment determined that 1% of women had a heart attack, and 4% had a stroke at some time in their life. One-fifth (20%) had high blood pressure, 35% had high blood cholesterol, 22% were obese, and 13% were identified as smokers, known risk factors for cardiovascular diseases.

Hancock Women's Health Exams Within the Past Year

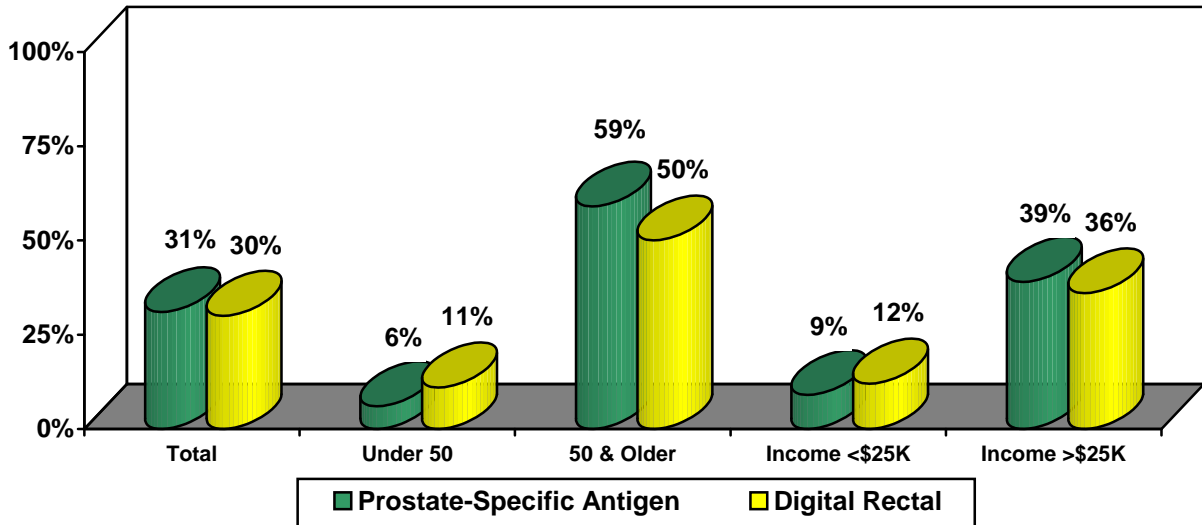


Men's Health

In 2011, more than half (59%) of Hancock County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. Half of the population (50%) of males over the age of 50 had a digital rectal exam in the past year. Major cardiovascular diseases (heart disease and stroke) accounted for 31% and cancers accounted for 24% of all male deaths in Hancock County from 2006-2008. The health assessment determined that 6% of men had a heart attack, and 2% had a stroke at some time in their life. Almost one-third (30%) of men had been diagnosed with high blood pressure, 38% had high blood cholesterol, and 18% were identified as smokers, which, along with obesity (34%), are known risk factors for cardiovascular diseases.

Data Summary

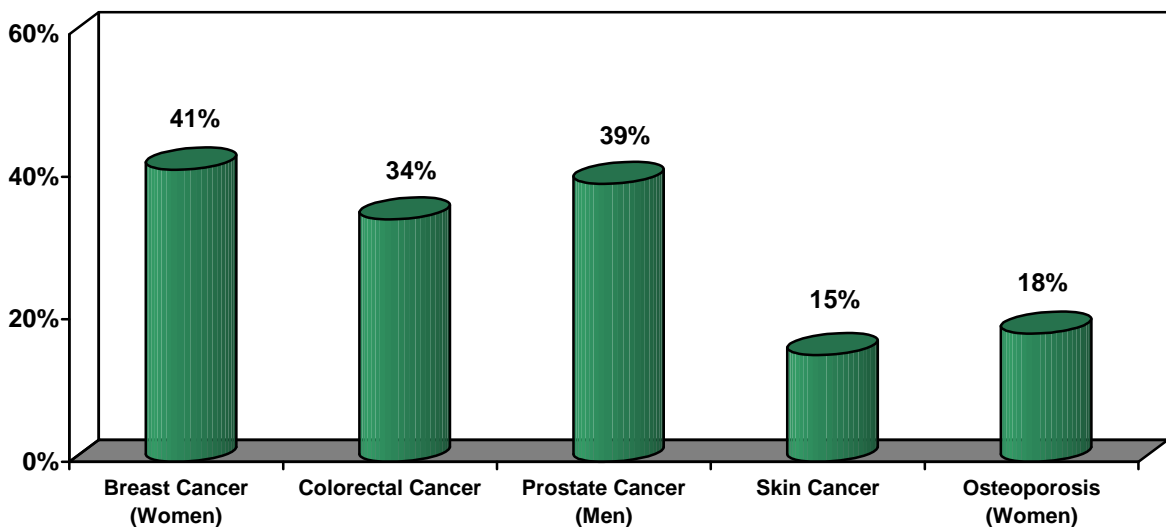
Hancock Men's Health Exams Within the Past Year



Preventive Medicine and Health Screenings

Slightly more than a third (37%) of adults had a seasonal/H1N1 flu shot during the past 12 months. 45% of adults 65 or older had received a colonoscopy or sigmoidoscopy in the past 5 years.

Percent of Hancock County Adults Receiving Preventive Testing From Health Care Professionals in the Past Two Years



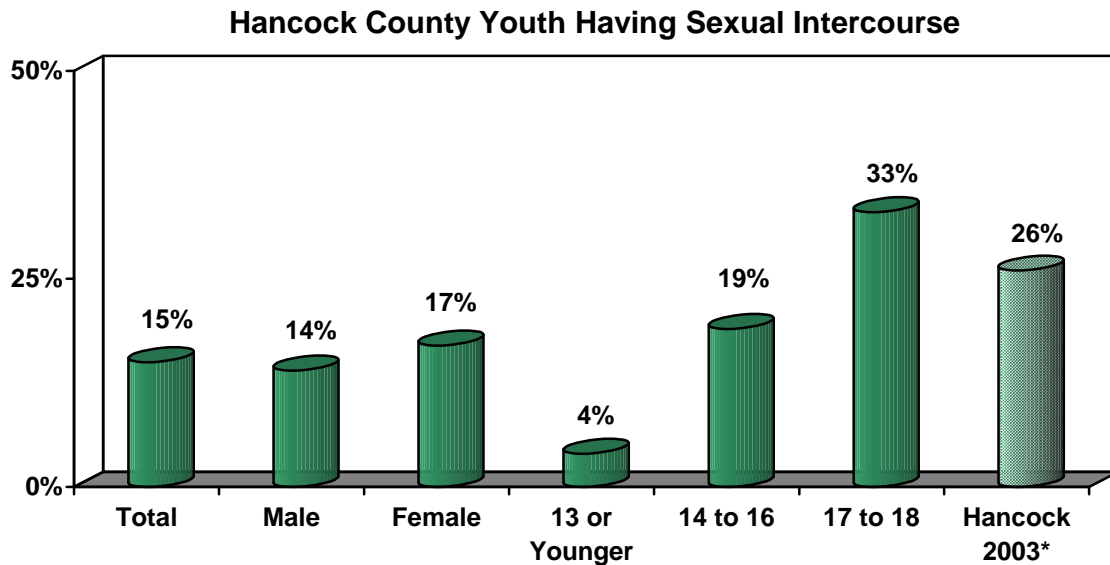
Data Summary

Adult Sexual Behavior & Pregnancy Outcomes

In 2011, over two-thirds (69%) of Hancock County adults had sexual intercourse. Eight percent of adults had more than one partner. Even though young people aged 15-24 represent only 25% of the sexually experienced population, they acquire nearly half of all STDs. (Source: CDC, *STDs in Adolescents and Young Adults, 2009 STD Surveillance*).

Youth Sexual Behavior & Pregnancy Outcomes

In 2011, about one in six (15%) of Hancock County youth have had sexual intercourse, increasing to 33% of those ages 17 to 18. 16% of youth had participated in oral sex and 3% had participated in anal sex. 17% of youth participated in sexting. Of those who were sexually active, 53% had multiple sexual partners.



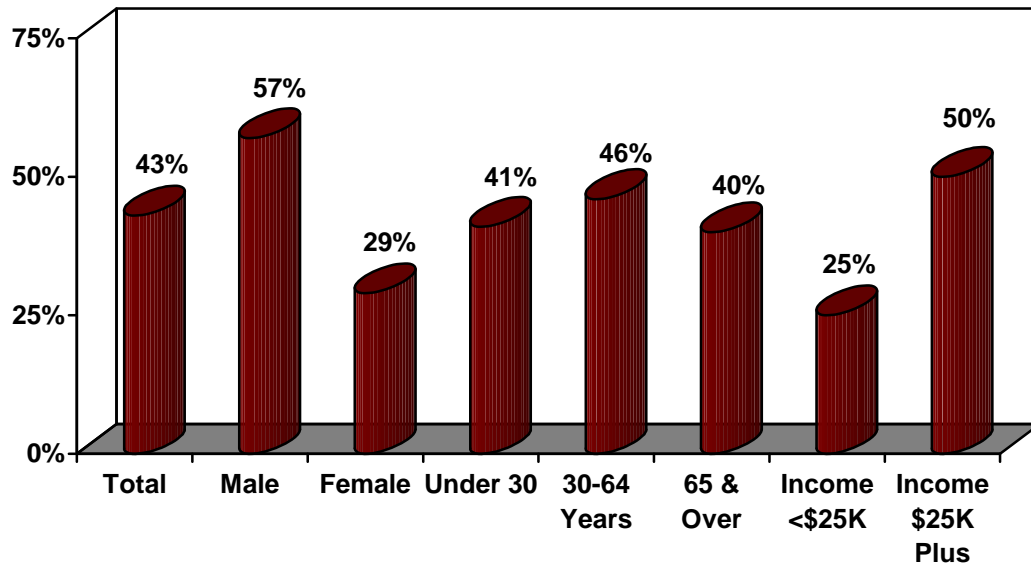
**Hancock County 2005 data for 9th – 12th grade youth*

Quality of Life

One in five (20%) Hancock County adults in 2011 reported they were limited in some way because of a physical, mental or emotional problem. The health assessment identified that 43% of Hancock County adults kept a firearm in or around their home.

Data Summary

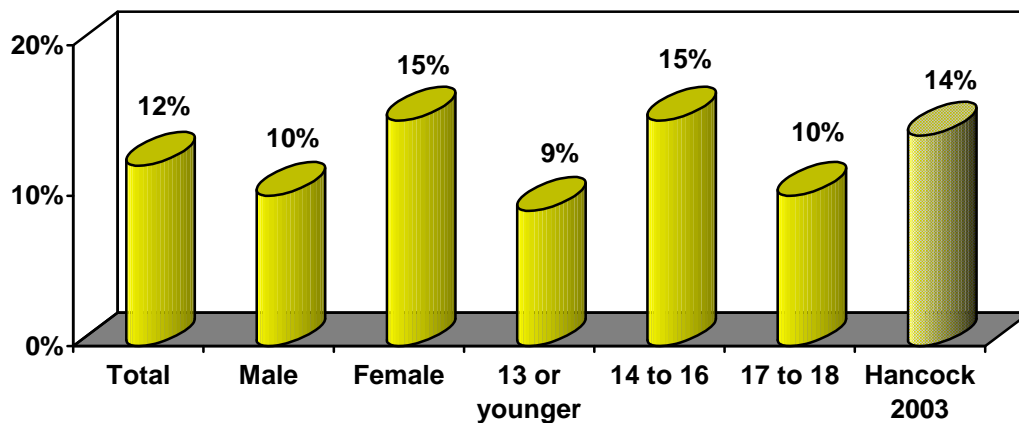
Hancock County Adults With a Firearm in the Home



Mental Health and Suicide

In 2011, 3% of Hancock County adults considered attempting suicide. The health assessment results indicated that 12% of Hancock County youth had seriously contemplated suicide in the past year and 9% admitted actually attempting suicide in the past year.

Hancock County Youth Contemplated Suicide in the Past 12 Months

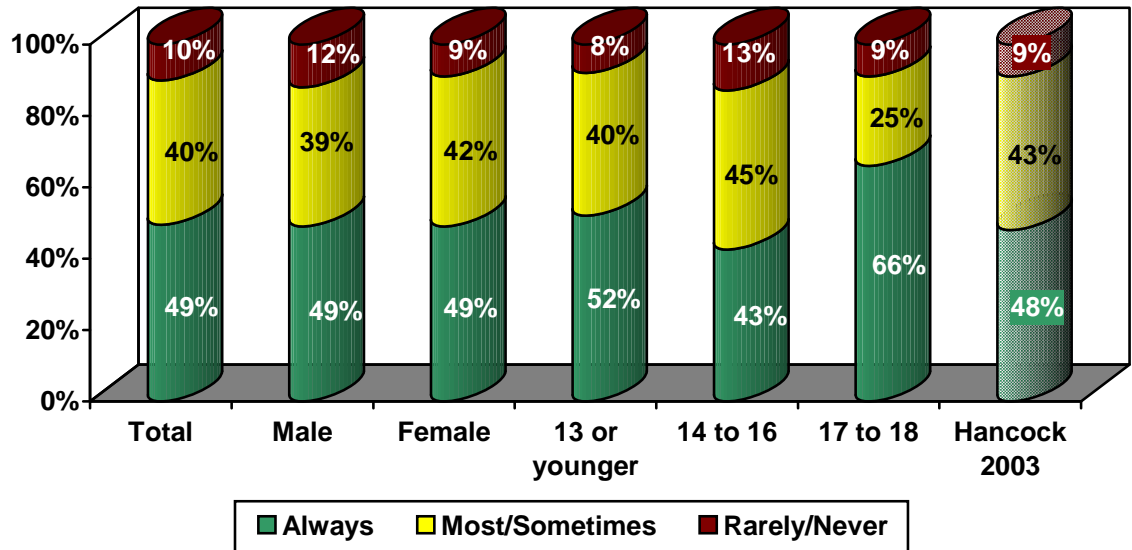


Data Summary

Youth Safety

In 2011, almost half (49%) of Hancock County youth self-reported that they always wore a seatbelt when riding in a car driven by someone else. 38% of youth drivers texted while driving. 69% of Hancock County youth had a firearm in or around their home.

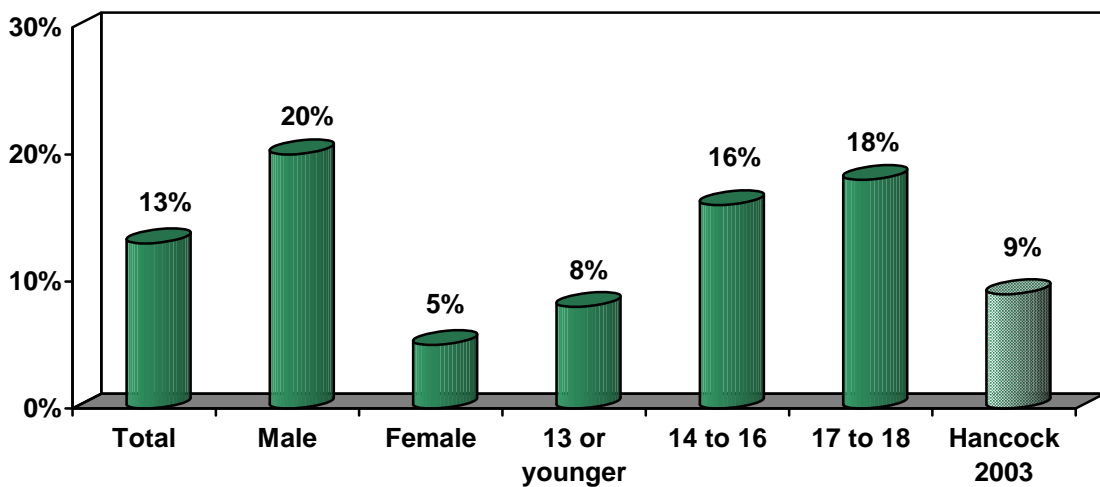
Hancock County Youth Seatbelt Use in the Past Month



Youth Violence

In Hancock County, 13% of the youth had carried a weapon in the past month. 5% of youth had been threatened or injured by a weapon on school property in the past year. 38% of youth were bullied in the past year. 19% of youth had purposefully hurt themselves at some time in their life.

Hancock County Youth Who Carried a Weapon in the Past 30 Days



Data Summary

Oral Health

The 2011 health assessment has determined that more than two-thirds (71%) of Hancock County adults had visited a dentist or dental clinic in the past year. The 2010 BRFSS reported that 70% of U.S. adults and 72% of Ohio adults had visited a dentist or dental clinic in the previous twelve months. Four-fifths (80%) of Hancock youth had visited the dentist for a check-up, exam, teeth cleaning, or dental work in the past year.

Children's Health & Functional Status

In 2011, 78% of Hancock County parents had taken their child ages 0-11 to the dentist in the past year. 7% of parents reported their child had an asthma attack in the past year. 6% of parents reported their child had ADD/ADHD. 58% of parents reported their child had exercised for 30 minutes on three or more days in the past week.

Children's Health Insurance, Access, Utilization, & Medical Home

In 2011, 5% of Hancock County parents reported there was a time in the past year their 0-11 year old was not covered by health insurance. 11% of parents reported they received benefits from the WIC program and SNAP/food program. 24% of parents reported they had taken their child to the hospital emergency room in the past year. 68% of parents had taken their child to the doctor for preventive care in the past year.

Early Childhood (Ages 0-5)

The following information was reported by parents of 0-5 year olds. In 2011, 94% of mothers got prenatal care within the first three months during their last pregnancy. 7% of mothers smoked during their last pregnancy. 71% of parents put their child to sleep on his/her back. 27% of mothers never breastfed their child.

Middle Childhood (Ages 6-11)

The following information was reported by Hancock County parents of 6-11 year olds. In 2011, 27% of Hancock County parents reported their child never wore a helmet when riding a bicycle. 54% of parents reported their child was bullied at some time in the past year. 88% of parents reported their child participated in extracurricular activities. 19% of parents reported their child had an email, MySpace, Facebook, Twitter, or another social networking account.

Family Functioning & Neighborhood Characteristics

In 2011, 37% of Hancock County parents reported they read to their child almost every day. 95% of parents reported their neighborhood was always or usually safe. 6% of parents reported someone smoked in their home.

Parent Health

In 2011, 37% of Hancock County parents were overweight and 25% were obese. Parents missed work an average of 1.7 days per year due to their child being ill or injured.

Hancock County Trend Summary

Youth Variables	Hancock County 2003 (6-12 grade)	Hancock County 2011 (6-12 grade)	Hancock County 2011 (9-12 grade)	Ohio 2007 (9-12 grade)	U.S. 2009 (9-12 grade)
Injury-Related Behavior †					
Rode with a driver who had been drinking in past 30 days	16%	15%	15%	23%	28%
Carried a weapon in past 30 days	9%	13%	16%	17%	18%
Threatened or injured with a weapon on school property in past 12 months	N/A	5%	4%	8%	8%
Seriously considered suicide in past 12 months	14%	12%	15%	13%	14%
Attempted suicide in past 12 months	7%	9%	12%	7%	6%
Alcohol Use					
Ever had at least one drink of alcohol in lifetime	49%	40%	53%	76%	73%
Used alcohol during past 30 days	25%	17%	23%	46%	42%
Binged during past 30 days (5 or more drinks in a couple of hours on an occasion)	13%	9%	14%	29%	24%
Tobacco Use					
Lifetime cigarette use (ever tried cigarette smoking, even 1 or 2 puffs)	40%	22%	31%	51%	46%
Used cigarettes on one or more of the past 30 days	16%	8%	12%	22%	20%
Sexual Behavior*‡					
Ever had sexual intercourse	26%	15%	23%	45%	46%
Had four or more sexual partners	58%	3%	4%	14%	14%
Used a condom at last sexual intercourse	70%	62%	52%	60%	61%
Used birth control pills at last sexual intercourse	30%	31%	27%	17%	20%
Drug Use					
Used marijuana in the past 30 days	9%	7%	11%	18%	21%
Used cocaine in their lifetime	4%	3%	5%	8%	6%
Used heroin in their lifetime	4%	1%	2%	4%	3%
Used methamphetamines in their lifetime	2%	2%	3%	6%	4%
Used steroids in their lifetime	3%	4%	5%	5%	3%
Used prescription medication in order to get high or feel good	20%	7%	9%	N/A	N/A
Used inhalants in order to get high in their lifetime	14%	7%	7%	12%**	12%
Offered, sold or given an illegal drug on school property during the past 12 months	13%	10%	12%	27%	23%

N/A= not available

*Data for 9th – 12th grade youth

**2005 YRBS Data

‡Arcadia, Arlington, Liberty Benton, and McComb school districts asked limited or no sexual health questions. Arlington schools and Liberty Benton high school did not ask some mental health questions.

Hancock County Trend Summary

Adult Variables	Hancock County 2011	Ohio 2010	U.S. 2010
Alcohol Consumption			
Had at least one alcoholic beverage in past month	51%	53%	54%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	15%	17%	15%
Tobacco Use			
Current smoker (currently smoke some or all days)	15%	23%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	20%	25%	25%
Arthritis, Asthma, & Diabetes			
Has been diagnosed with arthritis	34%	31%*	26%*
Has been diagnosed with asthma	11%	14%	14%
Has been diagnosed with diabetes	6%	11%	10%
Hypertension & Cholesterol Awareness			
Has been diagnosed with high blood pressure	24%	32%*	29%*
Has been diagnosed with high blood cholesterol	36%	40%*	38%*
Health Status			
Rated general health as fair or poor	12%	16%	15%
Preventive Health			
Has had a flu shot in past 12 months	36%	N/A	N/A
Age 65 & over had a pneumonia vaccine in lifetime	55%	69%	69%
Dental visit within past year	71%	72%	70%
Had mammogram in past year	25%	N/A	N/A
Had clinical breast exam in past year	52%	N/A	N/A
Weight Status			
Obese	27%	30%	28%
Overweight	35%	36%	36%

N/A= not available
*2009 BRFSS Data

Hancock County Sample Demographic Profile*

Variable	2011 Survey Sample	Hancock County Census 2010	Ohio Census 2010
Age			
20-29	17.8%	13.5%	12.8%
30-39	18.2%	11.7%	12.2%
40-49	15.4%	13.6%	14.0%
50-59	20.5%	14.3%	14.5%
60 plus	25.2%	20.2%	19.9%
Race / Ethnicity			
White	92.9%	93.4%	82.7%
Black or African American	1.2%	1.5%	12.2%
American Indian and Alaska Native	1.9%	0.2%	0.2%
Asian	0.3%	1.7%	1.7%
Other	2.7%	1.4%	1.1%
Hispanic Origin (may be of any race)	4.4%	4.5%	3.1%
Marital Status†			
Married Couple	54.6%	51.2%	49.0%
Never been married/member of an unmarried couple	22.3%	28.6%	30.6%
Divorced/Separated	13.6%	14.3%	13.8%
Widowed	8.5%	5.9%	6.6%
Education†			
Less than High School Diploma	5.3%	9.2%	11.9%
High School Diploma	26.8%	37.9%	35.2%
Some college/ College graduate	67.4%	53.0%	52.9%
Income			
\$14,999 and less	12.4%	11.0%	14.7%
\$15,000 to \$24,999	9.7%	12.3%	12.7%
\$25,000 to \$49,999	23.6%	26.5%	27.0%
\$50,000 to \$74,999	19.1%	27.2%	18.8%
\$75,000 or more	27.3%	23.0%	26.8%

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

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

Health Status Perceptions

Key Findings

In 2011, over half (58%) of the Hancock County adults rated their health status as excellent or very good. Conversely, 12% of the adults increasing to 21% of those over the age of 65 described their health as fair or poor.

General Health Status

- ◆ In 2011, over half (58%) of Hancock County adults rated their health as excellent or very good. Hancock County adults with higher incomes (59%) were most likely to rate their health as excellent or very good, compared to 51% of those 65 and older.
- ◆ 12% of adults rated their health as fair or poor. The 2010 BRFSS has identified that 15% of Ohio and 16% of U.S. adults self-reported their health as fair or poor.
- ◆ Hancock County adults were most likely to rate their health as fair or poor if they:
 - Were widowed (38%)
 - Were 65 years of age or older (21%)
 - Had an annual household income under \$25,000 (17%)
 - Had high blood cholesterol (16%) or high blood pressure (23%)

Adults Who Rated General Health Status Excellent or Very Good

- ◆ Hancock County 58% (2011)
- ◆ Ohio 53% (2010)
- ◆ U.S. 55% (2010)

(Source: BRFSS 2010 for Ohio and U.S.)

Physical Health Status

- ◆ In 2011, 13% of Hancock County adults rated their physical health as not good on four days or more in the previous month, increasing to 20% of those with incomes less than \$25,000.

Mental Health Status

- ◆ In 2011, 20% of Hancock County adults rated their mental health as not good on four days or more in the previous month, increasing to 25% of those with an annual income of less than \$25,000.
- ◆ About one in five (21%) adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.

2003 Hancock County Comparison Data

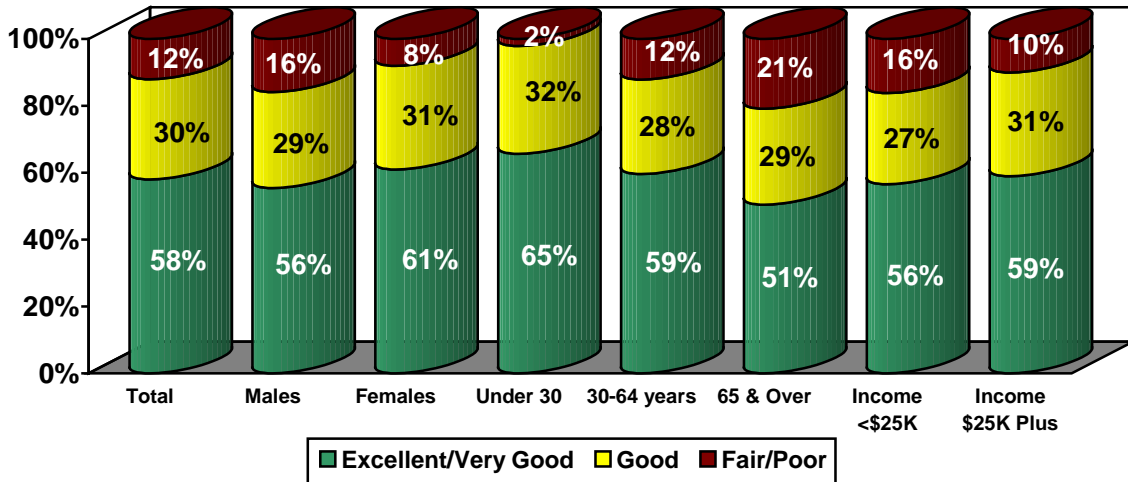
- ◆ 54% of Hancock County adults rated their health as excellent or very good.
- ◆ 10% of Hancock County adults considered their health to be poor or fair.

(Source: Hancock County Assessment 2003)

Health Status Perceptions

The following graph shows the percentage of Hancock County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 58% of all Hancock County adults, 65% of those under age 30, and 51% 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.

Hancock County Adult Health Perceptions*



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

Health Care Coverage

Key Findings

The 2011 health assessment data has identified that 8% of Hancock County adults were without health care coverage. Those most likely to be uninsured were adults under age 30 and those with an income level under \$25,000. In Hancock County, 11.6% of residents live below the poverty level. (Source U.S. Census, American Community Survey 5 Year Estimates, 2005-2009)

General Health Coverage

- ◆ In 2011, most (92%) Hancock County adults had health care coverage, leaving 8% who were uninsured. The 2010 BRFSS reports uninsured prevalence rates for Ohio (13%) and the U.S. (15%).
- ◆ In the past year 8% of adults were without healthcare coverage, increasing to 13% of those with incomes less than \$25,000 and 19% of those under the age of 30.
- ◆ 13% of adults with children did not have healthcare coverage compared to 6% of those who did not have children living in their household.
- ◆ The following types of health care coverage were used: employer (48%), Medicare (19%), someone else's employer (17%), Medicaid or medical assistance (6%), multiple (1%), and other (2%).
- ◆ Hancock County adult health care coverage included the following: medical (100%), prescription coverage (94%), dental (73%), vision (65%), mental health (60%), preventive care (65%), their spouse (54%), their children (50%), hospice (23%), home care (22%), and skilled nursing (19%).
- ◆ 94% of Hancock County adults have health care coverage that also covers prescription coverage.
- ◆ The top five reasons uninsured adults gave for being without health care coverage were:
 1. They lost their job or changed employers (4%)
 2. They could not afford out of pocket expenses (5%)
 3. They could not afford to pay the insurance premiums (8%)
 4. They became a part-time or temporary employee (3%)
 5. Their benefits from employer/former employer ran out (2%)

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

Hancock County and Ohio Medicaid Statistics

	Residents Enrolled in Medicaid	Annual Medicaid Expenditures*
Hancock County SFY 2009	12,239	\$57,001,502
State of Ohio SFY 2009	2,407,572	\$13,162,469,167
Hancock County SFY 2008	7,758	\$50,235,457
State of Ohio SFY 2008	1,789,934	\$11,962,683,659

*Payments made directly to providers as well as capitation payments to HMOs
SFY is State Fiscal Year. (Source: Ohio Job & Family Services, Hancock County Profile, Published July 2008,
<http://jfs.ohio.gov/County/cntypro/pdf07/Hancock.pdf> &
<http://jfs.ohio.gov/County/cntypro/Hancock.pdf>)

2003 Hancock County Comparison Data

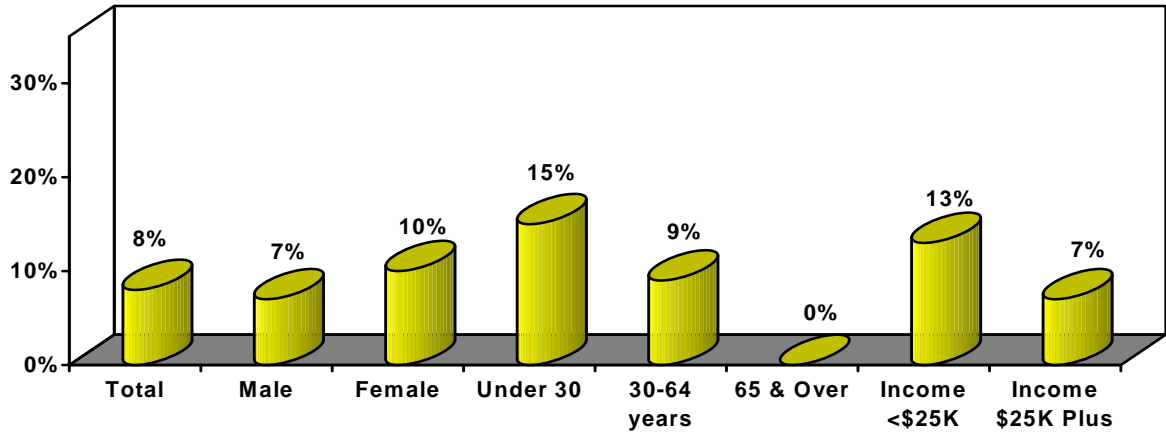
- ◆ 76% of Hancock County residents had health care coverage, leaving 24% who were uninsured.
- ◆ The top 3 reasons Hancock County residents reported not having health insurance were: due to job changes (19%), could not afford premiums (11%), and inability to afford out-of-pocket costs (9%).
- ◆ Of those who had health care insurance, their insurance was paid for by: their employer (38%), Medicare (20%), Medicaid (15%) or their spouse's employer (14%).

(Source: Hancock County Assessment 2003)

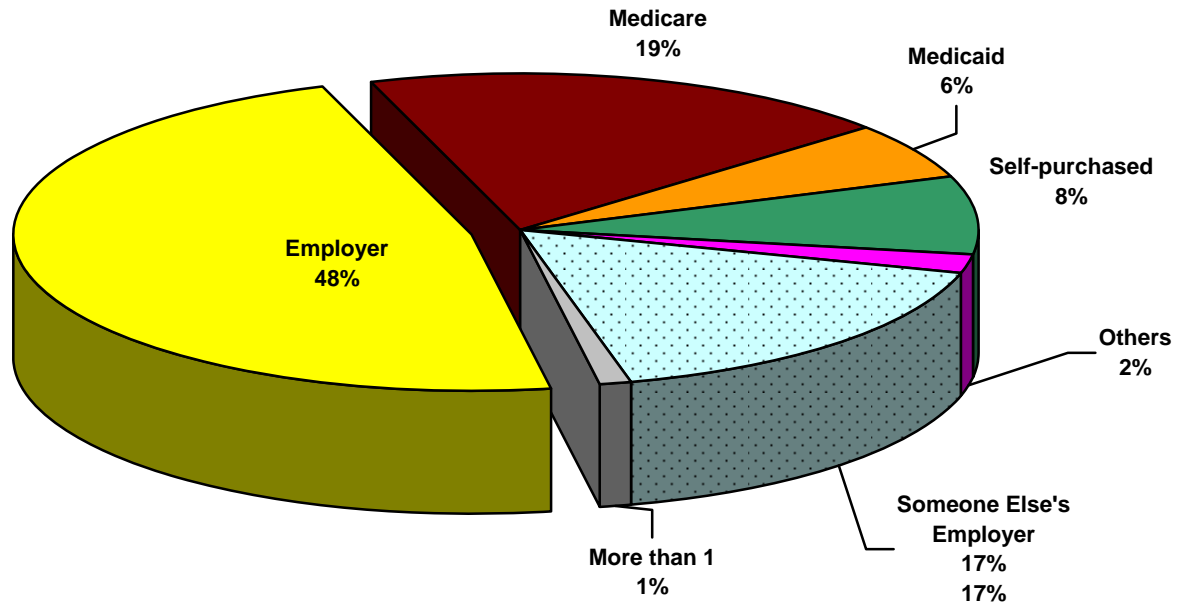
Health Care Coverage

The following graph shows the percentages of Hancock County adults who were uninsured by demographic characteristics. Examples of how to interpret the information in the first graph include: 8% of all Hancock County adults were uninsured, 13% of adults with an income less than \$25,000 reported being uninsured and 19% of those under age 30 lacked health care coverage. The pie chart shows sources of Hancock County adults' health care coverage.

Uninsured Hancock County Adults



Source of Health Coverage for Hancock County Adults



Health Care Coverage

Hancock County Medicaid and Medicare Enrollees

In 2007, there were approximately 4,525 adults and 5,955 children enrolled in Medicaid in Hancock County. Of the adults enrolled, 3,829 were under the age of 65 and 696 were age 65 and older. Of the children enrolled, 2,143 were under the age of 5 and 3,812 were ages 5 to 19. As of July 2007, there were approximately 11,030 people enrolled in Medicare in Hancock County. Of these enrollees, 9,645 were 65 years of age or older and 1,385 were disabled.

(Source: Ohio Department of Job and Family Services, Ohio Medicaid Report, SFY 2007; Center for Medicare & Medicaid Services, Medicare County Enrollment, July 1, 2007)

Medicaid Recipients by Aid Category 2007	Hancock County	Ohio
Healthy Families		
Fee for Service	5,955	758,341
Managed Care	4,797	1,144,556
Healthy Start		
CHIP I (Uninsured children whose countable family income is below 150% of Federal Poverty Level)		
Fee for Service	675	98,803
Managed Care	515	145,044
CHIP II (Uninsured children whose countable family income is between 150% and 200% of Federal Poverty Level)		
Fee for Service	376	54,176
Managed Care	277	78,866
Other Healthy Start		
Fee for Service	2,154	238,278
Managed Care	1,698	321,608
Aged, Blind, & Disabled (ABD)		
Fee for Service	981	271,889
Managed Care	358	107,241
Dual Eligible* (Individuals entitled to Medicare Part A and/or Part B and eligible for some form of Medicaid benefit)		
Fee for Service	1,240	289,884
Managed Care	3	1,756
Other**		
Fee for Service	263	59,237
Managed Care	0	519
TOTAL	10,480	2,170,311

*Dual eligible also includes Specified Low-Income Medicare Beneficiary (SLMB) and Qualified Medicare Beneficiary (QMB) premium assistance categories

**Other also includes non-state plan assistance programs (Source: Ohio Department of Job and Family Services, Ohio Medicaid Report, 2007)

2008 Ohio Family Health Survey Results

- ❖ In Ohio, 17% of adults 18-64 years old and 4% of children were uninsured in 2008, compared respectively to 15% and 5.4% in 2004.
- ❖ 17.1% of Hancock County adults 18-64 years old and 11.8% of Hancock County children were described as being uninsured in the report.
- ❖ Most of the uninsured children in Ohio are in families with incomes within 200% of the poverty level, making them eligible for Medicaid/SCHIP.
- ❖ Among children in Ohio, Hispanic children were 3.3 times more likely to be uninsured than the general population, while the uninsured rates for African American and white children were similar to each other.
- ❖ Among working age adults in Ohio, African Americans were 1.8 times more likely to be uninsured than whites.
- ❖ In Ohio, uninsured individuals reported greater issues with access to care, unmet needs, and paying for care than the insured.
- ❖ More Ohioans reported lacking coverage for dental, vision, mental health or prescription drug services than being uninsured.

(Source: 2008 Ohio Family Health Survey Results.)

Health Care Access

Key Findings

The 2011 health assessment project identified that 12% of Hancock County adults could not access the health care they needed at some time in the past year because of the cost. 55% reported they had visited a doctor for a routine checkup within the last year.

Health Care Access

- ◆ In 2011, 12% of adults could not access the care they needed at some time in the past year, increasing to 19% for those under the age of 30 and 23% for those with incomes less than \$25,000.
- ◆ 55% of Hancock County adults have visited their doctor for a routine checkup within the past year, 75% have visited their doctor within the past two years, 86% have visited their doctor within the past 5 years, and 4% have never visited their doctor for a routine checkup.
- ◆ 43% of Hancock County adults chose to go outside of Hancock County for health care services in the past year. The top 5 reasons they went outside of Hancock County were: primary care (10%), dental services (7%), cardiac care (4%), cancer care (4%), and special needs services (4%).
- ◆ Hancock County adults did not receive the following major care or preventive care due to cost: medications (10%), colonoscopy (7%), pap smear (6%), mammogram (5%), and surgery (5%).
- ◆ 5% of Hancock County adults have looked for a program to stop smoking for either themselves or a loved one. Of the 5%, 3% found one and 2% did not find one.
- ◆ 13% of Hancock County adults have looked for a program to help with depression, anxiety, or some other mental health problem for either themselves or a loved one. Of the 13%, 8% found one and 6% did not find one.
- ◆ 4% of Hancock County adults have looked for a program to control alcohol or drug abuse for either themselves or a loved one. Of the 4%, 2% found one and 2% did not find one.
- ◆ 10% of Hancock County adults have looked for a program to assist in care for the elderly or disabled adult (either in-home or out-of-home) for either themselves or a loved one. Of the 10%, 6% looked for in-home care and 2% looked for an assisted living program.
- ◆ 7% of Hancock County adults have looked for a program for end-of-life care of hospice care either for themselves or for a loved one. Of the 7%, more than 6% found one.

Predictors of Access to Health Care

Adults are more likely to have access to medical care if they:

- ❖ Earn a higher income
- ❖ Have a regular primary care provider
- ❖ Have health insurance
- ❖ Utilize preventive services in a clinic setting
- ❖ Have a college education
- ❖ Work for a large company

(Source: Healthy People 2020 and CDC)

2003 Hancock County Comparison Data

- ❖ 15% of Hancock County adults reported they could not access healthcare they needed because of the cost.
- ❖ 13% of Hancock County residents say they did not have one particular clinic, health center or doctor's office that they go to for care.

(Source: Hancock County Assessment 2003)

Health Care Access

Healthy People 2020 Access to Quality Health Services

Objective	Healthy People 2020 Target	Hancock County	Ohio	U.S.
AHS-1.1: Persons under age of 65 years with health care insurance	100%	84% age 20-24 94% age 25-34 95% age 35-44 90% age 45-54 93% age 55-64 (2011)	69% age 18-24 85% age 25-34 87% age 35-44 87% age 45-54 88% age 55-64 (2010)	74% age 18-24 80% age 25-34 85% age 35-44 87% age 45-54 89% age 55-64 (2010)
AHS-5.1: Persons who report a usual primary care provider	95%	62% (2011)	N/A	76%* (2007)

*U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Health People 2020 Objectives, BRFSS, ODH Information Warehouse, 1-7-10, 2011 Assessment)

Hancock County Health Care Statistics

- ❖ In 2009, 28.2% of all hospital visits occurred outside the county.
- ❖ In 2008, 16.5% of all Hancock County residents were enrolled in Medicaid.
- ❖ 36.4% of all Hancock County children were enrolled in Medicaid in 2008.
- ❖ 32.2% of all Hancock County births were paid by Medicaid in 2007.

Source: Job and Family Services- Hancock County Job and Family Services Profile: <http://jfs.ohio.gov/County/cntypro/Hancock.pdf>

Cardiovascular Health

Key Findings

Heart disease (27%) and stroke (7%) accounted for 34% of all Hancock County adult deaths from 2006-2008 (Source: ODH Information Warehouse). The 2011 Hancock County health assessment found that 4% of adults had a heart attack and 3% had a stroke at some time in their life. One-fourth (24%) of Hancock County adults have been diagnosed with high blood pressure, 36% have high blood cholesterol, and 27% were obese, three known risk factors for heart disease and stroke.

Heart Disease and Stroke

- ◆ In 2011, 4% of Hancock County adults reported they had a heart attack or myocardial infarction, increasing to 13% of those over the age of 65.
- ◆ 3% of Hancock County adults reported having had a stroke, increasing to 8% of those over the age of 65.

High Blood Pressure (Hypertension)

- ◆ One-fourth (24%) of Hancock County adults had been diagnosed with high blood pressure. The 2009 BRFSS reports hypertension prevalence rates of 32% for Ohio and 29% for the U.S.
- ◆ 70% of Hancock County adults have had their blood pressure taken by a doctor, nurse, or other health professional within the past six months. 85% have had their blood pressure taken within the past year and 93% have had their blood pressure taken within the past two years.
- ◆ Hancock County adults diagnosed with high blood pressure were more likely to:
 - Have been age 65 years or older (38%)
 - Have incomes more than \$25,000 (23%)

High Blood Cholesterol

- ◆ Slightly more than one-third (36%) of adults had been diagnosed with high blood cholesterol. The 2009 BRFSS reported that 40% of Ohio adults and 38% of U.S. adults have been told they have high blood cholesterol.
- ◆ About half (51%) of adults had their blood cholesterol checked in the past year.
- ◆ Hancock County adults with high blood cholesterol were more likely to:
 - Be age 65 years and older (57%)
 - Have incomes more than \$25,000 (38%)

Hancock County Leading Types of Death 2006-2008

Total Deaths: 1,894

1. Heart Disease (27% of all deaths)
2. Cancers (23%)
3. Stroke (7%)
4. Chronic Lower Respiratory Diseases (6%)
5. Alzheimer's Disease (4%)

(Source: ODH Information Warehouse, updated 4-15-10)

Ohio Leading Types of Death 2006-2008

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

(Source: ODH Information Warehouse, updated 4-15-10)

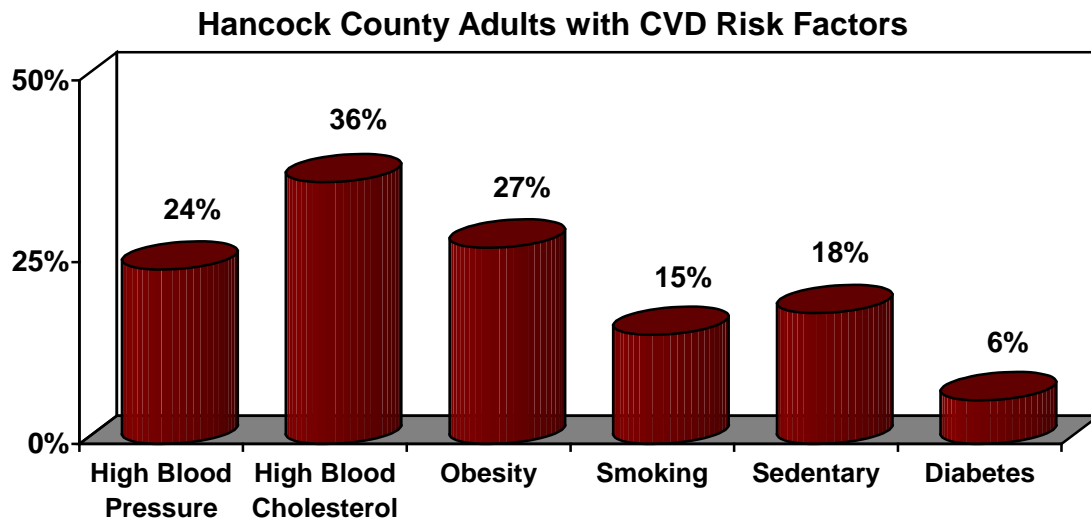
2003 Hancock County Comparisons

- ◆ In 2003, 8% of Hancock County residents have been diagnosed with angina/or coronary heart disease.
- ◆ 5% of Hancock County residents reported they had a heart attack or myocardial infarction.
- ◆ 30% of adults were told by a health care professional that they had high blood pressure.
- ◆ 28% of adults were told by a health care professional that they had high blood cholesterol.

(Source: Hancock County Assessment 2003)

Cardiovascular Health

The following graph demonstrates the percentage of Hancock County adults who had major risk factors for developing cardiovascular disease (CVD). (Source: 2011 Hancock County Health Assessment)



Risk Factors for Cardiovascular Disease That Can Be Modified or Treated:

Cholesterol – As blood cholesterol rises, so does risk of coronary heart disease. When other risk factors (such as high blood pressure and tobacco smoke) are present, this risk increases even more. A person's cholesterol level is also affected by age, sex, heredity and diet.

High Blood Pressure – High blood pressure increases the heart's workload, causing the heart to thicken and become stiffer and causes the heart not to work properly. It also increases your risk of stroke, heart attack, kidney failure and congestive heart failure. When high blood pressure exists with obesity, smoking, high blood cholesterol levels or diabetes, the risk of heart attack or stroke increases several times.

Obesity and Overweight – People who have excess body fat — especially at the waist — are more likely to develop heart disease and stroke even if they have no other risk factors. Excess weight increases the heart's work. It also raises blood pressure and blood cholesterol and triglyceride levels, and lowers HDL ("good") cholesterol levels. Many obese and overweight people may have difficulty losing weight. But by losing even as few as 10 pounds, you can lower your heart disease risk.

Smoking – Smokers' risk of developing coronary heart disease is 2-4 times that of nonsmokers. People who smoke a pack of cigarettes a day have more than twice the risk of heart attack as people who have never smoked. People who smoke cigars or pipes seem to have a higher risk of death from coronary heart disease (and possibly stroke) but their risk isn't as great as cigarette smokers. Exposure to other people's smoke increases the risk of heart disease even for nonsmokers.

Physical Inactivity – An inactive lifestyle is a risk factor for coronary heart disease. Regular, moderate-to-vigorous physical activity helps prevent heart and blood vessel disease. However, even moderate-intensity activities help if done regularly and long term. Physical activity can help control blood cholesterol, diabetes and obesity, as well as help lower blood pressure in some people.

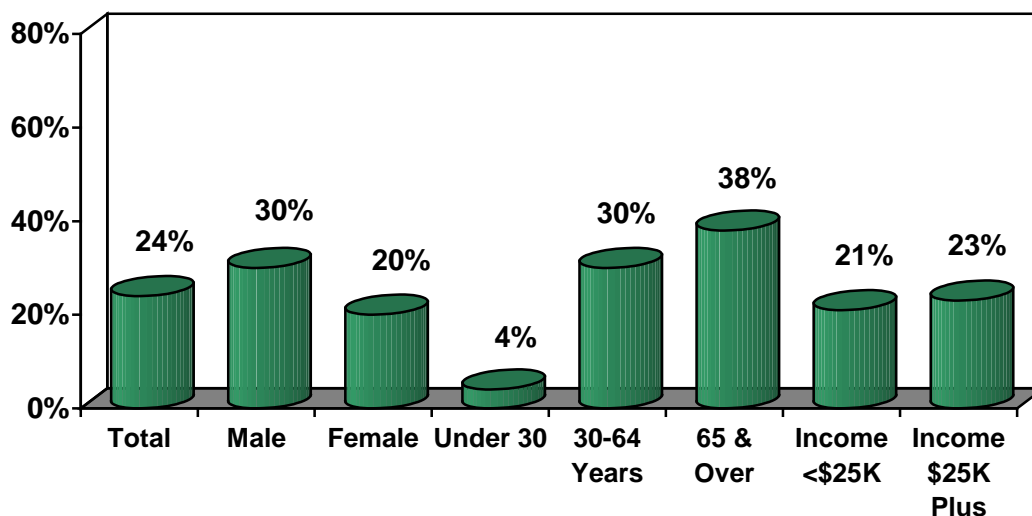
Diabetes Mellitus – Diabetes seriously increases your risk of developing cardiovascular disease. Even when glucose levels are under control, diabetes increases the risk of heart disease and stroke, but the risks are even greater if blood sugar is not well controlled. At least 65% of people with diabetes die of some form of heart or blood vessel disease.

(Source: American Heart Association, *Risk Factors for Coronary Heart Disease*, 6-20-11)

Cardiovascular Health

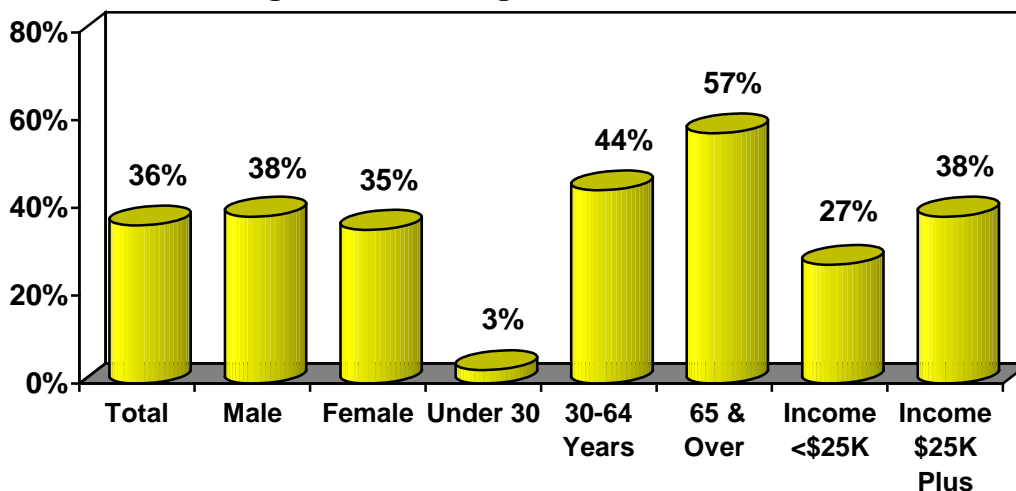
The following graphs show the number of Hancock County adults who have been diagnosed with high blood pressure and high blood cholesterol. Examples of how to interpret the information on the first graph include: 24% of all Hancock County adults have been diagnosed with high blood pressure, 30% of all Hancock County males, 20% of all females, and 38% of those 65 years and older.

Diagnosed with High Blood Pressure*



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

Diagnosed with High Blood Cholesterol

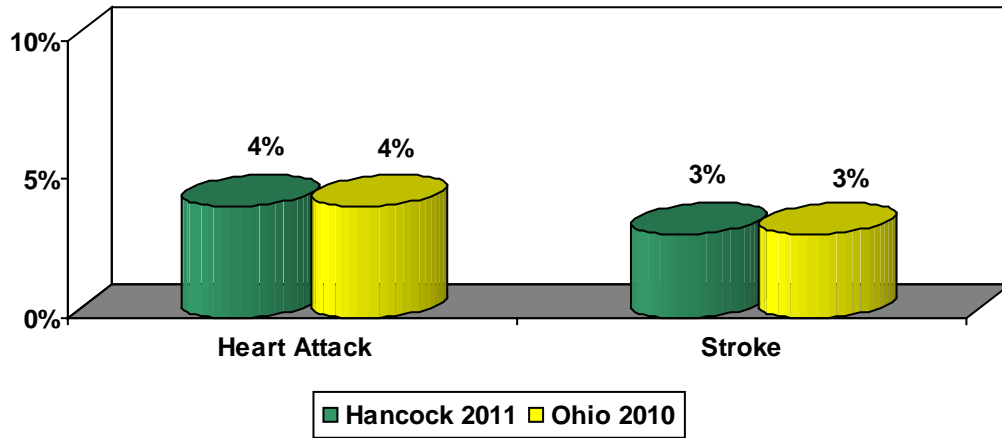


Cardiovascular Health

The following graphs show the Hancock County and Ohio age-adjusted mortality rates per 100,000 population for heart disease and stroke by gender and race/ethnicity.

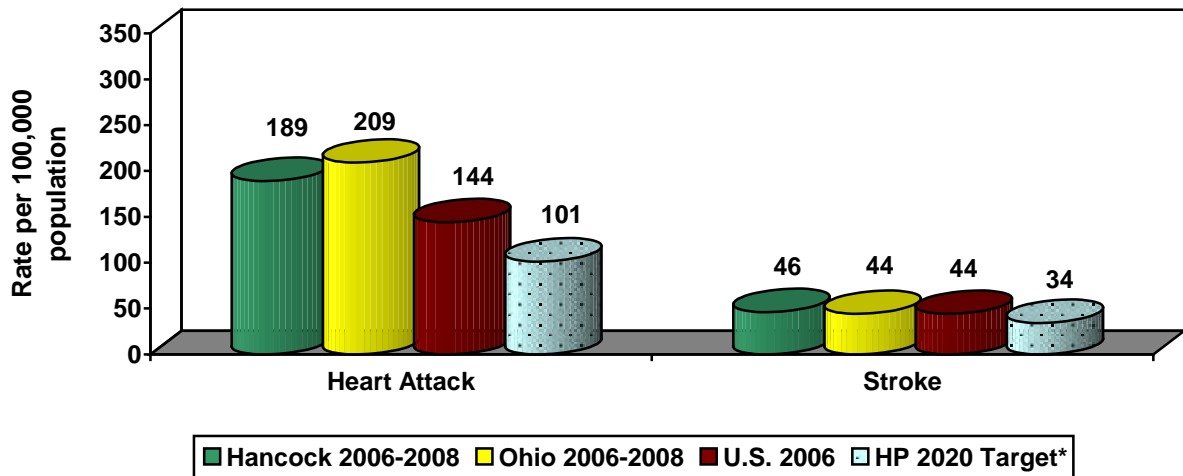
- The 2011 assessment shows that heart attacks are 1.3 times more prevalent than strokes in Hancock County.
- When age differences are accounted for, the statistics indicate that from 2006-2008 the Hancock County heart disease mortality rate is lower than the figure for the state, but higher than the U.S. figure and the Healthy People 2020 target.
- The Hancock County age-adjusted stroke mortality rate for 2006-2008 is higher than the state and U.S. figures, and the target rate.
- Disparities exist for heart disease mortality rates by gender in Hancock County.

Cardiovascular Disease Prevalence



(Source: 2011 Hancock Health Assessment and BRFSS)

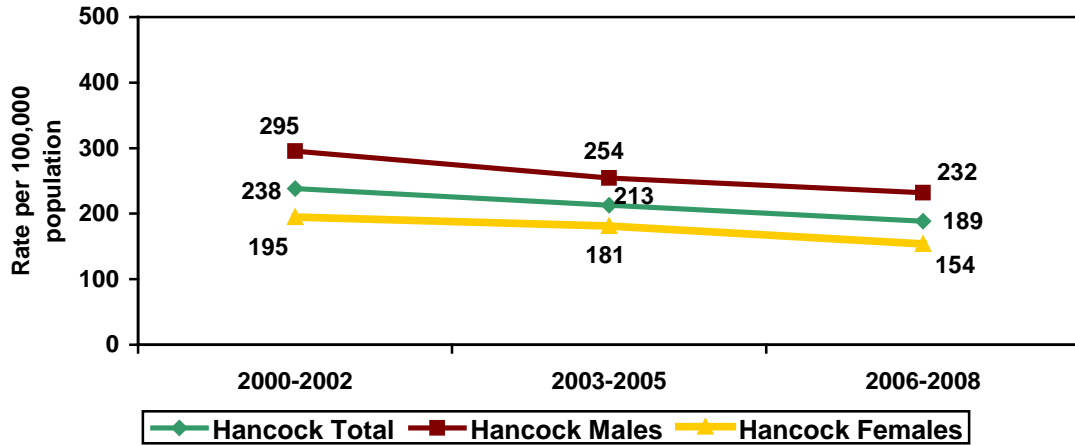
Age-Adjusted Heart Disease and Stroke Mortality Rates



**The Healthy People 2020 Target objective for Coronary Heart Disease is reported for heart attack mortality.
(Source: ODH Information Warehouse, updated 4-15-10, Healthy People 2020)*

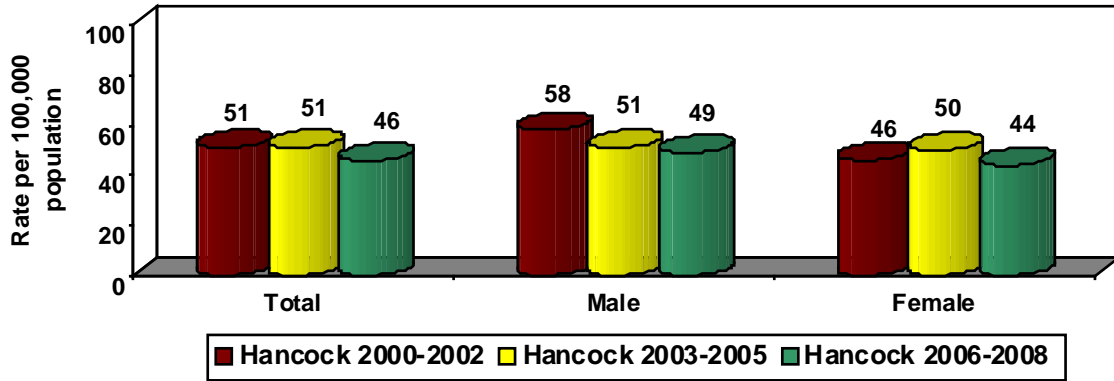
Cardiovascular Health

Age-Adjusted Heart Disease Mortality Rates by Gender



(Source: ODH Information Warehouse, updated 4-15-10)

Age-Adjusted Stroke Mortality Rates by Gender



(Source: ODH Information Warehouse, updated 4-15-10)

Cardiovascular Health

Healthy People 2020 Objectives

High Blood Pressure

Objective	Target	U.S. Baseline*	Hancock Survey Population Baseline (2011)
HDS-4 Increase the portion of adults who have had their blood pressure measured within the preceding 2 years and can state whether it was normal or high	93%	91% Adults age 18 and up (2008)	93%
HDS-5: Reduce proportion of adults with hypertension	27%	30% Adults age 18 and older (2005-2008)	24%

**All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020)*

Blood Cholesterol

Objective	Target	U.S. Baseline*	Hancock Survey Population Baseline (2011)
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	14%	15% Adults age 20 & up with TBC > 240 mg/dl (2005-2008)	36%
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	82%	75% Adults age 18 and up (2008)	74%

**All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020)*

Cancer

Key Findings

Ohio Department of Health statistics indicate that from 2000-2008, a total of 1,281 Hancock County residents died from cancer, the second leading cause of death in the county. 8% of Hancock County adults were diagnosed with cancer in 2011. The American Cancer Society advises that reducing tobacco use, increasing cancer education and awareness, healthy diet and exercise habits, and early detection may reduce overall cancer deaths.

Cancer Facts

- ◆ The Ohio Department of Health (ODH) vital statistics indicate that from 2000-2008, cancers caused 23% (1,281 of 5,638 total deaths) of all Hancock County resident deaths. The largest percent (27%) of cancer deaths were from lung and bronchus cancer. (Source: ODH Information Warehouse)
- ◆ Age-adjusted cancer mortality rates (calculated by ODH per 100,000 population) have decreased for Hancock County from 175.8 for 2000-2002 to 173.7 for 2006-2008. The Ohio cancer mortality rate shows a downward trend from 208.3 for 2000-2002 to 195.9 for 2006-2008. (Source: ODH Information Warehouse)
- ◆ The American Cancer Society reports that smoking tobacco is associated with cancers of the esophagus, pharynx, oral cavity, larynx, and lung. Also, smoking has been associated with cancers of the bladder, cervix, kidney, pancreas, stomach, uterus, and certain types of leukemia. The 2011 health assessment project has determined that 15% of Hancock County adults are current smokers and many more were exposed to environmental tobacco smoke, also a cause of heart attacks and cancer.

Lung Cancer

- ◆ The Ohio Department of Health reports that lung cancer (n=214) was the leading cause of male cancer deaths from 2000-2008 in Hancock County. Prostate cancer caused 55 deaths and colon cancer caused 51 deaths during the same time period. In Hancock County, 18% of male adults are current smokers¹ and 42% have stopped smoking for one or more days in the past 12 months because they were trying to quit. (Source: 2011 Hancock County Health Assessment)
- ◆ ODH reports that lung cancer was the leading cause of female cancer deaths (n=128) in Hancock County from 2000-2008 followed by breast (n=100) and colon & rectum (n=69) cancers. Approximately 13% of female adults in the county are current smokers¹ and 32% have stopped smoking for one or more days in the past 12 months because they were trying to quit. (Source: 2011 Hancock County Health Assessment)
- ◆ According to the American Cancer Society, smoking causes 87% of lung cancer deaths in the U.S. In addition, individuals living with smokers have a 30% greater risk of developing lung cancer than those who do not have smokers living in their household. Working in an environment with tobacco smoke also increases the risk of lung cancer.

Breast Cancer

- ◆ In 2011, 52% of Hancock County females reported having had a clinical breast examination in the past year.
- ◆ 35% of Hancock County females over the age of 40 had a mammogram in the past year.
- ◆ If detected early, the 5-year survival rate for localized breast cancer is 98%. (Source: American Cancer Society Facts & Figures 2011)
- ◆ For women age 40 and older, the American Cancer Society recommends annual mammograms and annual clinical breast exams. For women in their 20s and 30s, a clinical breast exam should be done at least once every 3 years. Mammograms for women in their 20s and 30s are based upon increased risk (e.g., family history, past breast cancer) and physician recommendation. (Source: American Cancer Society Facts & Figures 2011)

Hancock County Incidence of Cancer, 2007 All Types: 359 cases

- ❖ Breast: 72 cases (20%)
- ❖ Prostate: 57 cases (16%)
- ❖ Lung and Bronchus: 46 cases (13%)
- ❖ Colon and Rectum: 33 cases (9%)
- ❖ Melanoma of skin: 22 cases (6%)

From 2006-2008, there were 433 cancer deaths in Hancock County.

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse)

¹Have smoked over 100 cigarettes in lifetime and currently smoke some or all days.

Cancer

Colon and Rectum Cancer

- ◆ The American Cancer Society recognizes any cancer involving the esophagus, stomach, small intestine, colon, liver, gallbladder or pancreas as a digestive cancer. Digestive cancers accounted for 21% of all cancer deaths in Hancock County from 2000-2008. *(Source: ODH Information Warehouse)*
- ◆ 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; alcohol use; a high-fat or low-fiber diet lacking an appropriate amount of fruits and vegetables; physical inactivity; obesity; diabetes; and smoking.
- ◆ In the U.S., most cases of colon cancer occur in individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings. In 2011, 44% of Hancock County adults over the age of 50 reported having been screened for colorectal cancers within the past 5 years.

Prostate Cancer

- ◆ 59% of Hancock County males over the age of 50 had a PSA test in the past year.
- ◆ The Ohio Department of Health statistics indicate that prostate cancer deaths accounted for 8% of all male cancer deaths from 2000-2008 in Hancock County.
- ◆ African American men are twice as likely as white American men to develop prostate cancer and are more likely to die of prostate cancer. In addition, over 65% of prostate cancers occur in men over the age of 65. Other risk factors include diet, family history and nationality. Prostate cancer is more common in North America and Northwestern Europe than in Asia and South America. *(Source: Cancer Facts & Figures 2011, The American Cancer Society)*

Cancer

Hancock County Cancer Deaths 2000-2008

Type of Cancer	Number of Cancer Deaths	Percent of Total Cancer Deaths
Trachea, Lung and Bronchus	342	27%
Other/Unspecified	149	12%
Colon, Rectum & Anus	119	9%
Breast	100	8%
Non-Hodgkins Lymphoma	70	5%
Pancreas	68	5%
Prostate	55	4%
Ovary	52	4%
Esophagus	44	3%
Leukemia	40	3%
Multiple Myeloma	33	3%
Bladder	31	2%
Liver and Bile Ducts	31	2%
Brain and CNS	31	2%
Cancer of Corpus Uteri	25	2%
Melanoma of Skin	23	2%
Kidney and Renal Pelvis	23	2%
Lip, Oral Cavity & Pharynx	19	1%
Cancer of Cervix Uteri	9	< 1%
Stomach	8	< 1%
Larynx	7	< 1%
Hodgkins Disease	2	< 1%
Total	1,281	100%

(Source: ODH Information Warehouse, updated 4-15-10)

Hancock County Number of Cancer Cases, 2000-2007

Year	All Sites	Breast	Colon & Rectum	Lung	Prostate
2000	357	50	37	46	82
2001	327	44	40	41	54
2002	325	54	26	41	40
2003	310	53	36	58	30
2004	340	56	29	40	40
2005	379	56	40	60	55
2006	349	39	29	49	52
2007	359	72	33	46	57

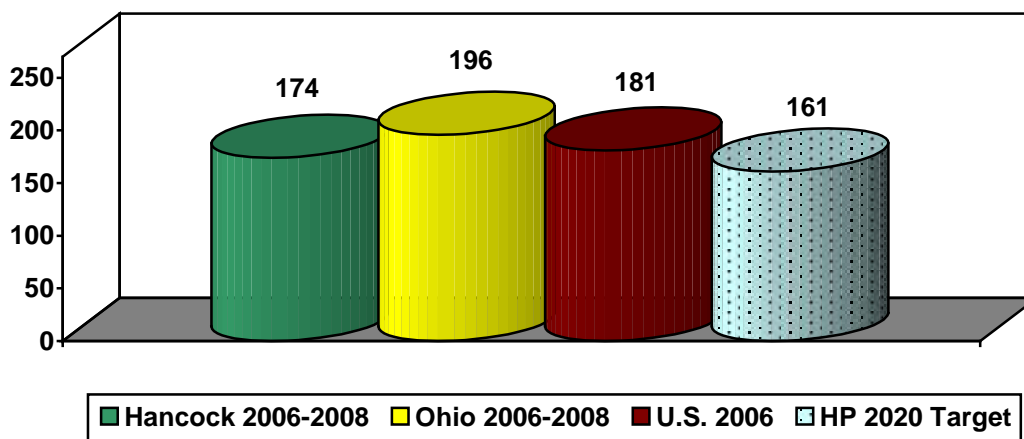
(Source: Ohio Cancer Incidence Surveillance System)

Cancer

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

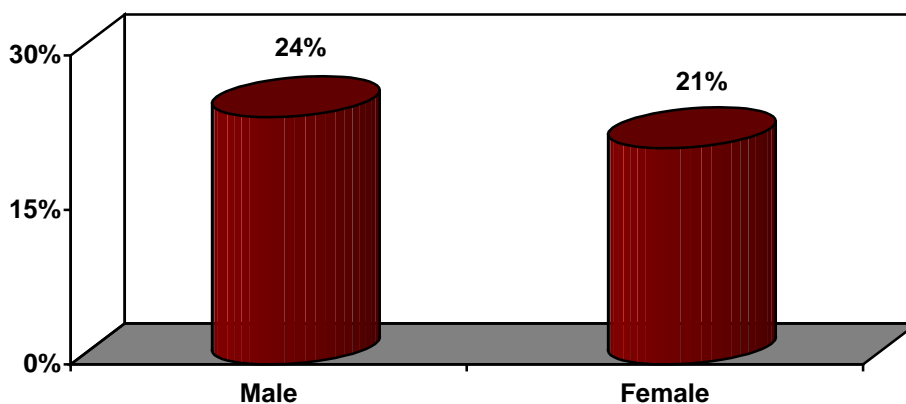
- ◆ When age differences are accounted for, Hancock County had a lower cancer mortality rate than the Ohio and the national rate, but the Hancock rate exceeded the Healthy People 2020 target objective.
- ◆ The percentage of Hancock County males who died from all cancers is higher than the percentage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

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



**Age-adjusted rates/ 100,000 population, 2000 standard
(Source: ODH Information Warehouse, updated 4-15-10; Healthy People 2020)*

**Cancer As Percent of Total Deaths in Hancock County
by Gender, 2000-2008**



(Source: ODH Information Warehouse, updated 4-15-10)

Diabetes

Key Findings

In 2011, 6% of Hancock County adults had been diagnosed with diabetes.

Diabetes

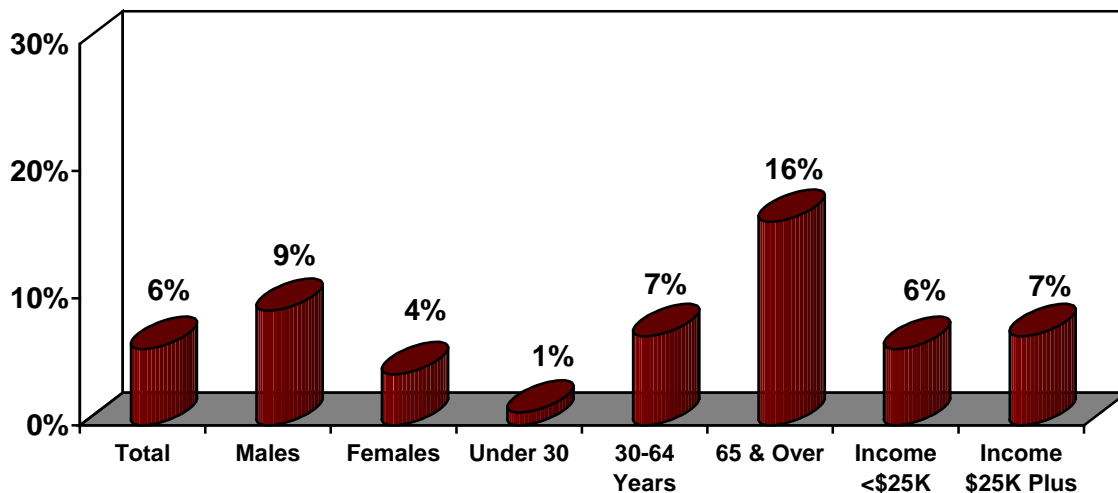
- ◆ The 2011 health assessment project has identified that 6% of Hancock County adults had been diagnosed with diabetes, increasing to 16% of those over the age of 65. The 2010 BRFSS reports an Ohio prevalence of 11% and 10% for the U.S.
- ◆ Hancock County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 15% had been diagnosed with high blood pressure
 - 11% had been diagnosed with high blood cholesterol
 - 85% were obese or overweight

Diabetes Facts

- ❖ Diabetes was the 6th leading cause of death in Hancock County from 2006-2008.
- ❖ Diabetes was the 7th leading cause of death in Ohio from 2006-2008.
- ❖ From 2006-2008, the Hancock County age-adjusted mortality rate per 100,000 for diabetes was 40.4 deaths for males (34.4 Ohio) and 21.3 (24.3 Ohio) deaths for females.

(Source: ODH, Information Warehouse, updated 4-15-10)

Hancock County Adults Diagnosed with Diabetes



2003 Hancock County Comparisons

- ❖ 7% of Hancock County residents were told they had diabetes.

(Source: Hancock County Assessment 2003)

Diabetes

Diabetes Symptoms

Many people with type 2 diabetes never show any signs, but some people do show symptoms caused by high blood sugar. The most common symptoms of diabetes are:

Type 1 Diabetes

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

Type 2 Diabetes

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

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

Who is at Greater Risk for Type 2 Diabetes

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

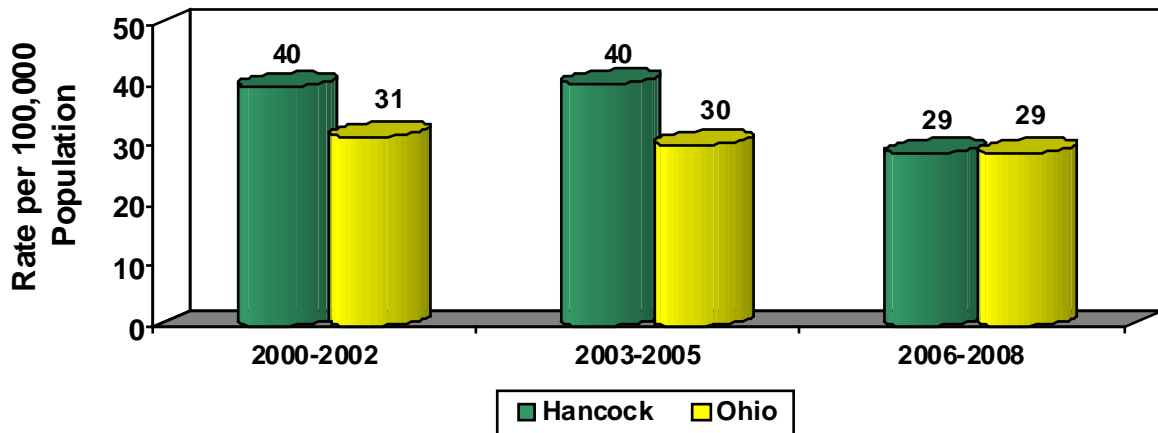
(Source: American Diabetes Association, *Diabetes Basics, Your Risk: Who is at Greater Risk for Type 2 Diabetes*, <http://www.diabetes.org/diabetes-basics/prevention/risk-factors/>)

Diabetes

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

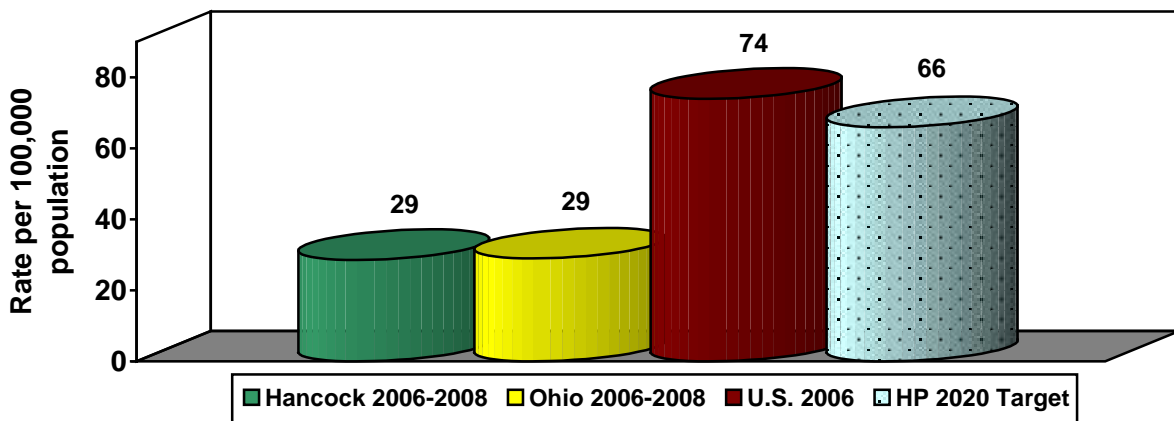
- ◆ Hancock County's age-adjusted diabetes mortality rate decreased from 2000 to 2008.
- ◆ From 2006 to 2008, both Hancock County and Ohio's age-adjusted diabetes mortality rates were less than half of the national rate and both met the Healthy People 2020 target objective.

Diabetes Age-Adjusted Mortality Rates



(Source: ODH Information Warehouse, updated 4-15-10)

Healthy People 2020 Objective and Age-adjusted Mortality Rates for Diabetes



(Source: ODH Information Warehouse, updated 4-15-10 and Healthy People 2020, CDC)

Arthritis

Key Findings

According to the Hancock County survey data, 34% of Hancock County adults were diagnosed with arthritis. According to the 2009 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.

Arthritis

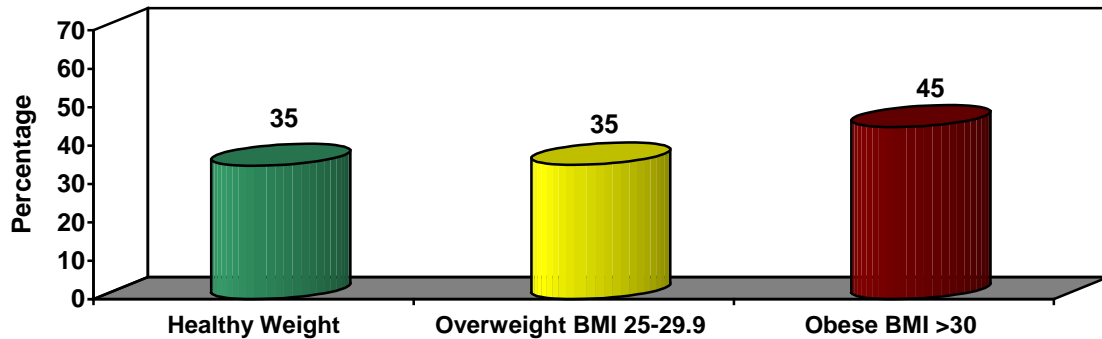
- ◆ Just over one-third (34%) of Hancock County adults were told by a health professional that they had some form of arthritis.
- ◆ 68% of those over the age of 65 were diagnosed with arthritis.
- ◆ According to the 2009 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.
- ◆ About 1 in 5 U.S. adults have doctor diagnosed arthritis. Among all U.S. adults of working age, 5.3% reported that arthritis limited their work (Source: CDC Arthritis at a Glance 2011).
- ◆ Adults are at higher risk of developing arthritis if they have any of the following characteristics: female, Caucasian, 65 years of age or older, have less than 8 years of education, overweight, and live an inactive lifestyle (Source CDC).

What Can Be Done to Address Arthritis?

- ◆ Self-management education programs can reduce pain and costs. The Arthritis Foundation holds classes called the Self-Help Program that teaches people how to manage arthritis and lessen its effects.
- ◆ Physical activity can have significant benefits for people with arthritis. The benefits include improvements in physical function, mental health, quality of life, and reductions in pain.
- ◆ Weight management and injury prevention are two ways to lower a person's risk for developing osteoarthritis.
- ◆ Early diagnosis and proper management can decrease or avoid the amount of pain that a person may experience or disability that accompanies arthritis.

(Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Arthritis at a Glance 2011)

Arthritis-Attributable Activity Limitations Increase with Weight



(Source for graph: Arthritis at a Glance 2011, Morbidity and Mortality Weekly Report 2010; 59(39):999-1003.)

2003 Hancock County Comparisons

- ◆ 29% of Hancock County residents were told they had arthritis.

(Source: Hancock County Assessment 2003)

Asthma & Other Respiratory Disease

Key Findings

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

Asthma & Other Respiratory Disease

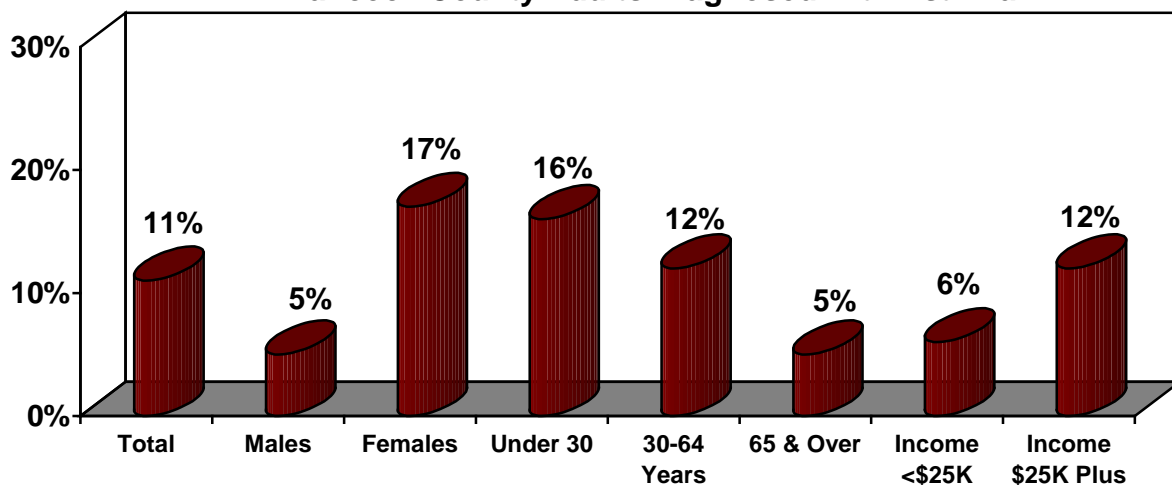
- ◆ In 2011, 11% of Hancock County adults had been diagnosed with asthma, increasing to 17% of females and 16% of those under the age of 30.
- ◆ 14% of Ohio and U.S. adults have ever been diagnosed with asthma. *(Source: 2010 BRFSS)*
- ◆ There are several important factors that may trigger an asthma attack. Some of these triggers are secondhand smoke, dust mites, outdoor air pollution, cockroach allergens, pets, and mold. *(Source: CDC- National Center for Environmental Health)*
- ◆ Chronic lower respiratory disease was the 4th leading cause of death in Hancock County and Ohio from 2006-2008. *(Source: ODH, Information Warehouse)*

Chronic Respiratory Conditions

- ◆ Asthma is a chronic lung disease that inflames and narrows airways. It can cause recurring periods of wheezing, chest tightness, shortness of breath and coughing.
- ◆ Chronic bronchitis is a condition where the bronchial tubes (the tubes that carry air to your lungs) become inflamed. Bronchitis can cause wheezing, chest pain or discomfort, a low fever, shortness of breath and a cough that brings up mucus. Smoking is the main cause of chronic bronchitis.
- ◆ Chronic Obstructive Pulmonary Disorder (COPD) is a disease that over time makes it harder to breathe. COPD can cause large amounts of mucus, wheezing, shortness of breath, chest tightness, and other symptoms. Smoking is the main cause of COPD.

(Source: National Heart, Lung, Blood Institute, 2008)

Hancock County Adults Diagnosed with Asthma



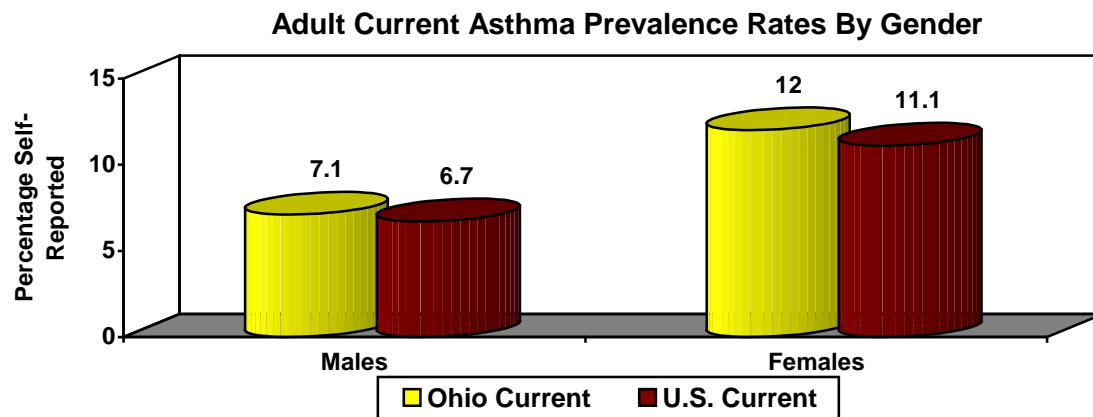
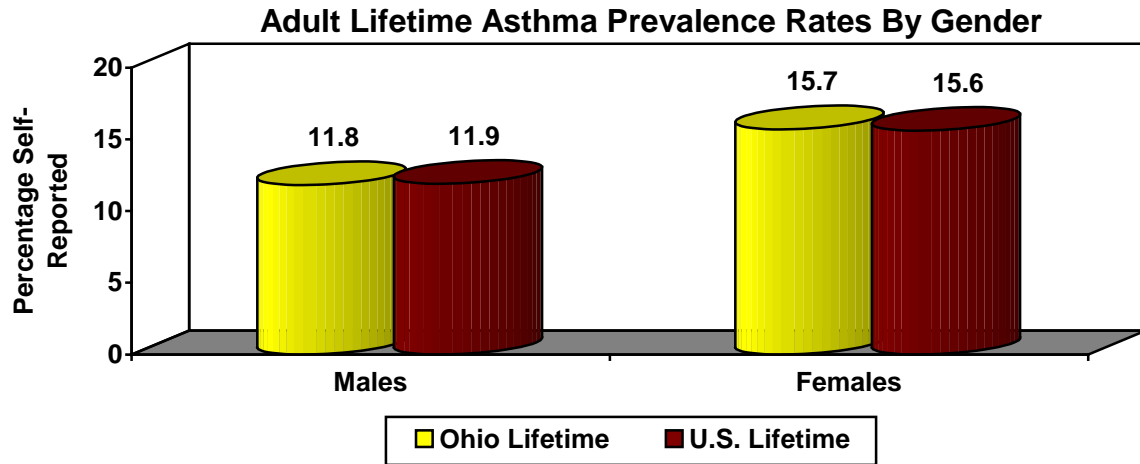
2003 Hancock County Comparisons

- ◆ 11% of Hancock County residents were told they had asthma.

(Source: Hancock County Assessment 2003)

Asthma & Other Respiratory Disease

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



(Source: 2009 BRFSS)

Asthma Control

Recommendations from the CDC's National Asthma Control Program include:

- Tracking: routinely collect and analyze asthma data to determine who is most affected in Henry County.
- Interventions: assure that research-based public health practices and programs are implemented to reduce the burden of asthma within the county.
- Partnerships: make sure that all stakeholders have the opportunity to be involved in developing, implementing and evaluating the local asthma control programs.

For youth, the CDC has published *Strategies for Addressing Asthma within a Coordinated School Health Program*, revised 2006. The six strategies identified include:

- Establishing management and support systems for asthma-friendly schools.
- Providing appropriate school health and mental health services for students with asthma.
- Providing asthma education and awareness programs for students and school staff.
- Providing a safe and healthy school environment to reduce asthma triggers.
- Providing safe, enjoyable physical education and activity opportunities for students with asthma.
- Coordinating school, family and community efforts to better manage asthma symptoms and reduce school absences among students with asthma.

Adult Weight Status

Key Findings

The 2011 Health Assessment project identified that 62% of Hancock County adults were overweight or obese based on BMI. The 2010 BRFSS indicates that 30% of Ohio and 28% of U.S. adults were obese by BMI. Just over one-quarter (27%) of Hancock County adults were obese. More than half (57%) of adults were trying to lose weight. 30% of adults had not been participating in any physical activities or exercise in the past month.

Adult Weight Status

- ◆ In 2011, the health assessment indicated that nearly two-thirds (62%) of Hancock County adults were either overweight (35%) or obese (27%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases (see below).
- ◆ More than half (57%) of adults were trying to lose weight, 30% were trying to maintain their current weight or keep from gaining weight and 1% were trying to gain weight.
- ◆ Hancock County adults did the following to lose weight or keep from gaining weight: eat less food, fewer calories, or foods low in fat (55%), exercised (51%), take diet pills, powders or liquids without a doctor's advice (5%), smoke cigarettes (1%), go without eating 24 or more hours (1%), and vomit or take laxatives (1%).
- ◆ On an average day, adults spent time doing the following: 2.3 hours watching television, 1.1 hours on the computer outside of work, 1.1 hours on their cell phone, and 0.2 hours playing video games, . 36% of adults watch 3 or more hours.

Defining the Terms

- ◆ Obesity: An excessively high amount of body fat compared to lean body mass.
- ◆ Body Mass Index (BMI): The contrasting measurement/relationship of weight to height. CDC uses this measurement to determine overweight and obesity.
- ◆ Underweight: Adults with a BMI less than 18.5.
- ◆ Normal: Adults with a BMI of 18.5 to 24.9.
- ◆ Overweight: Adults with a BMI of 25 to 29.9.
- ◆ Obese: Adults with a BMI of 30 or greater.

(Source: CDC)

Physical Activity

- ◆ In Hancock County, 67% of adults were engaging in physical activity for at least 30 minutes 3 or more days per week. 35% of adults were exercising 5 or more days per week. About one-fifth (18%) of adults were not participating in any physical activity in the past week, including those who were unable to exercise.
- ◆ Hancock County adults gave the following reasons for not exercising: time (28%), weather (21%), cannot afford a gym membership (8%), safety (5%), doctor advised them not to exercise (4%), do not have child care (3%), do not know what activity to do (3%), and no walking or biking trails (1%).
- ◆ The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week (Source: CDC, *Physical Activity for Everyone*, <http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>).

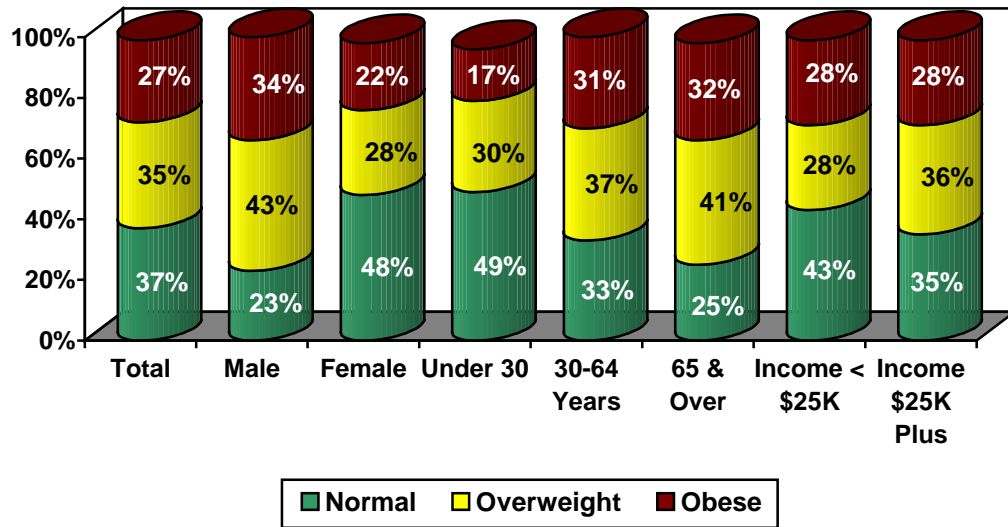
Nutrition

- ◆ In 2011, 8% of Hancock County adults ate 5 or more servings of fruits and vegetables per day. 92% ate 1 to 4 servings per day. The American Cancer Society recommends that adults eat 5-9 servings of fruits and vegetables per day to reduce the risk of cancer and to maintain good health. The 2009 BRFSS reported that only 21% of Ohio adults and 23% nationwide were eating the recommended number of servings of fruits and vegetables.
- ◆ About one-third (30%) of adults drank soda pop, punch, Kool-aid, sports drinks, or other fruit flavored drinks at least once per day in the past week.
- ◆ Just over four-fifths (81%) of adults did not know how much sodium they consumed per day. 11% consumed less than 1,500 mg and 1% consumed more than 3,400 mg of sodium per day.
- ◆ Just over one-fifth (22%) of adults reported they ate only whole grains. 41% reported half of the grains they ate were whole grains. 10% did not eat any whole grains.
- ◆ Hancock County adults ate at the following places 3 or more times in a typical week: restaurant-healthy choices (10%), restaurant-unhealthy choices (5%), fast food-healthy choices (3%), and fast food-unhealthy choices (10%).

Adult Weight Status

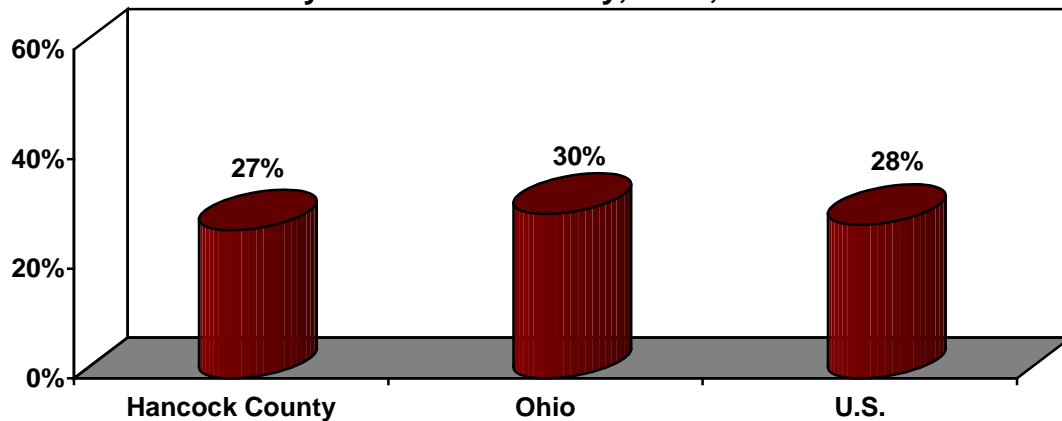
The following graphs show the percentage of Hancock County adults who were overweight or obese by Body Mass Index (BMI) and the percentage of Hancock County adults who were obese compared to Ohio and U.S. Examples of how to interpret the information include: 37% of all Hancock County adults were classified as normal weight, 35% overweight, and 27% obese.

Hancock County Adult BMI Classifications



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

Obesity in Hancock County, Ohio, and U.S. Adults



(Source: 2011 Hancock County Health Assessment and 2010 BRFSS)

2003 Hancock County Comparison Data

- ❖ 61% of Hancock County residents were obese (24%) or overweight (37%).
- ❖ 47% of Hancock County residents were trying to lose weight.
- ❖ 44% of Hancock County residents reported they did not participate in physical activities outside of their jobs. *(Source: Hancock County Assessment 2003)*

Adult Tobacco Use

Key Findings

In 2011, 15% of Hancock County adults were current smokers and 20% were considered former smokers. In 2010, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of disease and early death in the world, accounting for approximately 5.4 million premature deaths each year. ACS estimated that tobacco use would be linked to approximately one in five deaths in the U.S. (Source: Cancer Facts & Figures, American Cancer Society, 2010)

Adult Tobacco Use Behaviors

- ◆ The 2011 health assessment identified that less than one-sixth (15%) of Hancock County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). The 2010 BRFSS reported current smoker prevalence rates of 23% for Ohio and 17% for the U.S. One-quarter (20%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- ◆ Hancock County adult smokers were more likely to:
 - Have been divorced (37%)
 - Have rated their general health as fair or poor (33%)
 - Have incomes less than \$25,000 (23%)
 - Have been male (18%)
- ◆ 38% of the current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.
- ◆ 4% of Hancock County adults reported using chewing tobacco or snuff and 3% did so every day.
- ◆ Hancock County adults used the following tobacco products: flavored cigarettes (8%), cigars (5%), black and milds (2%), e-cigarettes (2%), cigarillos (2%), and snus (2%).
- ◆ 14% of adults lived with at least one person who smoked some form of tobacco.

Tobacco Use:

Smoking & Secondhand Smoke

- ◆ About 1 in 5 (46.6 million) adults smoke.
- ◆ 4 out of 10 nonsmokers are exposed to secondhand smoke.
- ◆ More than 1 out of 2 kids (aged 3-11 years) are exposed to secondhand smoke throughout the U.S.
- ◆ More men (nearly 24%) than women (about 18%) smoke.
- ◆ Smoking rates are higher among people with a lower education level.

(Source: CDC, Vital Signs, Tobacco Use: Smoking & Secondhand Smoke, September 2010, <http://www.cdc.gov/VitalSigns/pdf/2010-09-vitalsigns.pdf>)

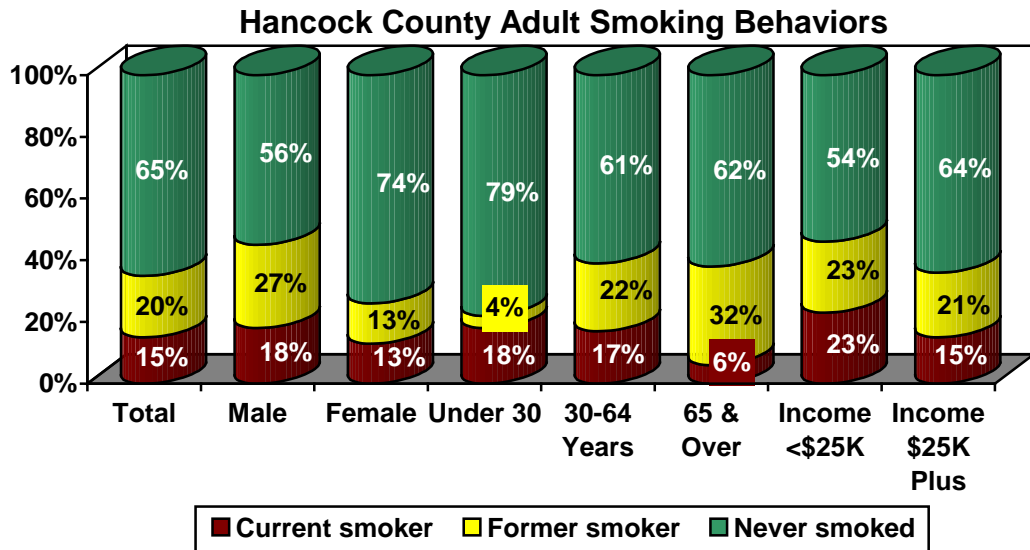
2003 Hancock County Comparison Data

- ◆ 28% of Hancock County adults were current smokers.
- ◆ 54% of Hancock County adult current smokers stopped smoking for at least one day because they were trying to quit.
- ◆ The average Hancock County adult smoker smoked 17 cigarettes a day.
- ◆ 37% of Hancock County adults reported they were exposed to secondhand smoke inside their home.
- ◆ 5% of Hancock County adult residents used smokeless tobacco.

(Source: Hancock County Assessment 2003)

Adult Tobacco Use

The following graph shows the percentage of Hancock County adults who used tobacco. Examples of how to interpret the information include: 15% of all Hancock County adults were current smokers, 20% of all adults were former smokers, and 65% had never smoked.



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

Costs of Tobacco Use

- ❖ If a pack-a-day smoker spent \$4/pack, they would spend: \$28/week, \$112/month, or \$1,456/year.
- ❖ 15% of Hancock County adults indicated they were smokers. That is approximately 3,735 adults.
- ❖ If 3,725 adults spent \$1,456/year, then \$5,423,600 is spent a year on cigarettes in Hancock County.

Smoking and Tobacco Facts

- ❖ Tobacco use is the most preventable cause of death in the U.S.
- ❖ Approximately 49,000 deaths per year in the U.S. are from secondhand smoke exposure.
- ❖ Typically, smokers die 13 to 14 years earlier than non-smokers.
- ❖ In 2009, cigarette smoking was highest in prevalence in adults among American Indians/Native Americans (23%), followed by whites (22.1%), African Americans (21.3%), Hispanics (14.5%), and Asians (12.0%).
- ❖ Smoking costs over \$193 billion in lost productivity (\$97 billion) and health care expenses (\$96 billion) per year.
- ❖ In 2006, the cigarette industry spent more than \$34 million per day on advertising and promotional expenses.

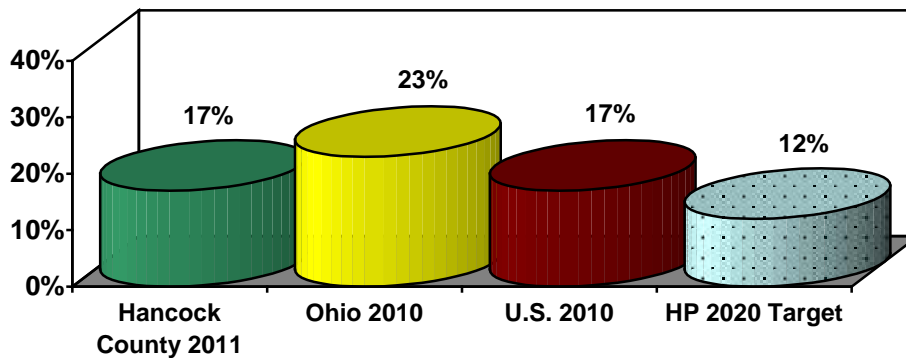
(Source: CDC: Fast Facts on Smoking and Tobacco Use, accessed from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm)

Adult Tobacco Use

The following graphs show Hancock County, Ohio, and U.S. adult cigarette smoking rates and age-adjusted mortality rates per 100,000 population for chronic lower respiratory diseases (formerly COPD) and trachea, bronchus and lung cancers in comparison with the Healthy People 2020 objectives. The BRFSS rates shown for Ohio and the U.S. were for adults 18 years and older. These graphs show:

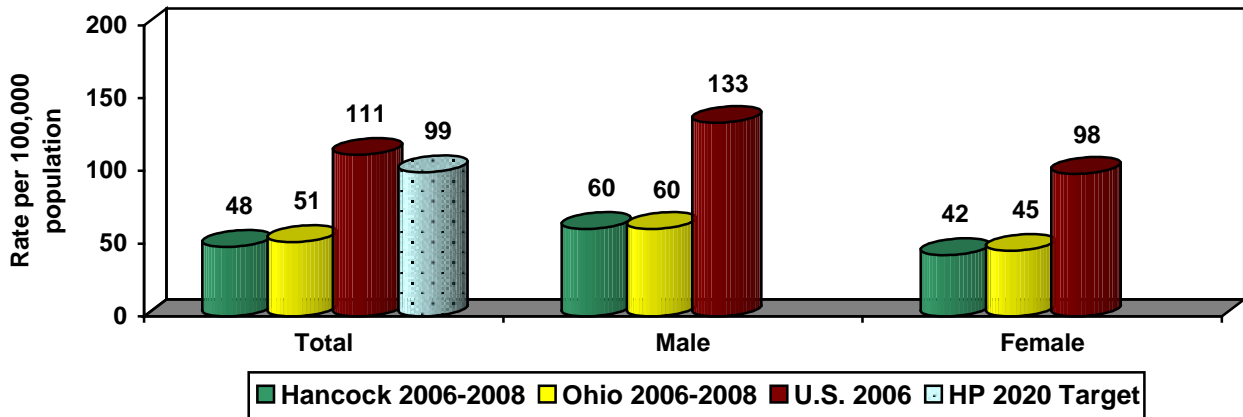
- ◆ Hancock County adult cigarette smoking rate was lower than the rate for Ohio and higher than the U.S. rate and the Healthy People 2020 Goal.
- ◆ From 2006-2008, Hancock County's age-adjusted mortality rate for Chronic Lower Respiratory Disease was lower than the Ohio rate, the U.S. rate, and the Healthy People 2020 target objective.
- ◆ From 2004-2008 the percentage of mothers who smoked during pregnancy in Hancock County fluctuated slightly from year to year, but was generally higher than the Ohio rate.
- ◆ Disparities existed by gender for Hancock County trachea, bronchus, and lung cancer age-adjusted mortality rates, as well as chronic lower respiratory disease mortality rates. The 2006-2008 Hancock male rates were higher than the Hancock female rates in both cases.

Healthy People 2020 Objectives & Cigarette Smoking Rates



(Source: 2011 Assessment, BRFSS and HP2020)

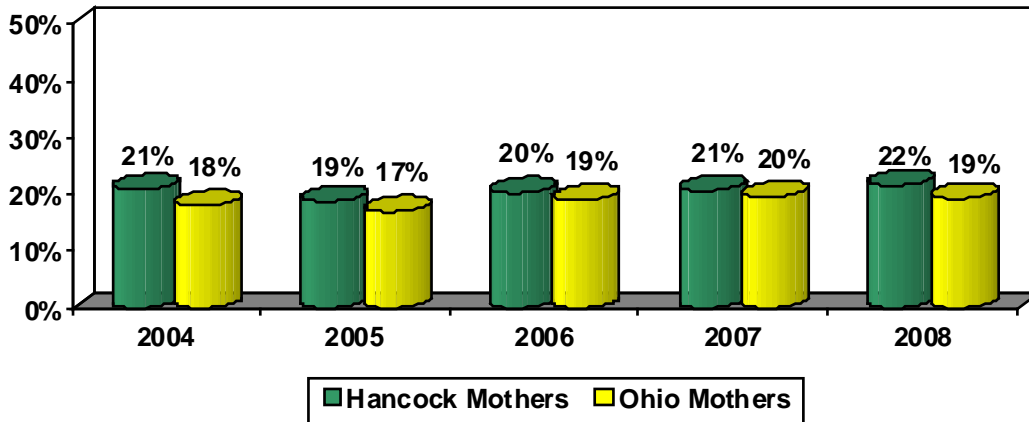
Age-Adjusted Mortality Rates for Chronic Lower Respiratory Diseases (Formerly COPD)



*(Source: ODH Information Warehouse and HP2020)
HP2020 does not report different goals by gender.*

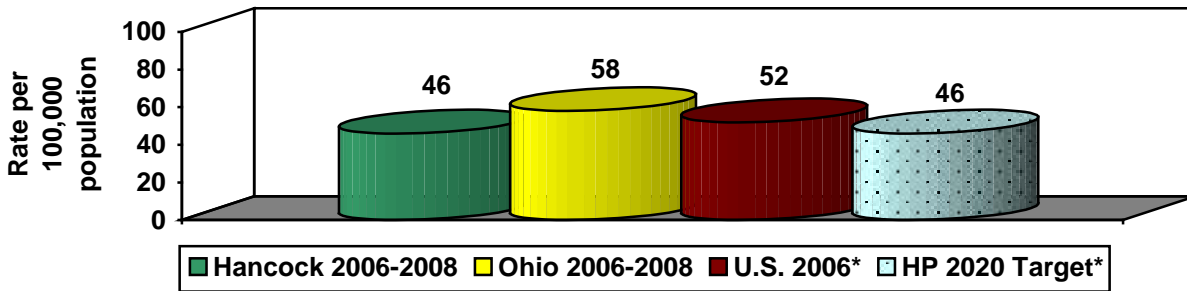
Adult Tobacco Use

Births to Mothers Who Smoked During Pregnancy



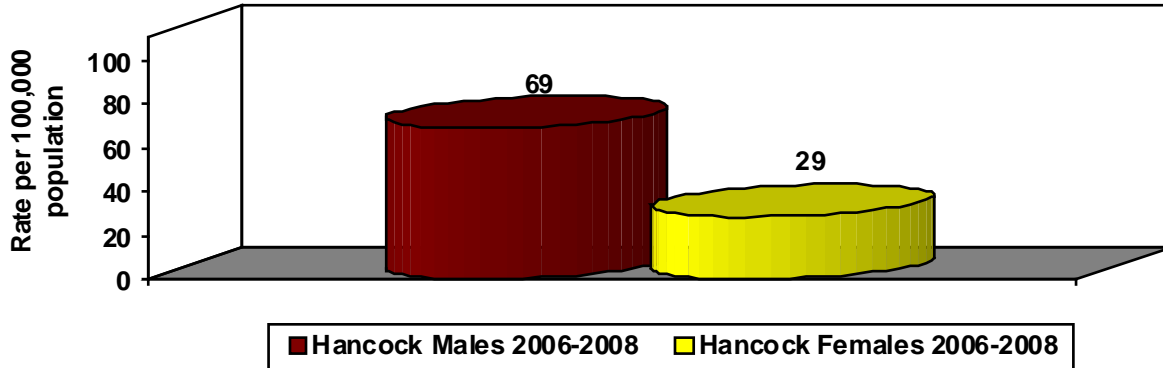
(Source: ODH Births, Vital Statistics Annual Birth Summaries by Year, 2004-2008)

Age-Adjusted Mortality Rates for Trachea, Bronchus & Lung Cancer



*Healthy People 2020 Target and U.S. 2006 data are for lung cancer only
(Source: Healthy People 2020, ODH Information Warehouse, updated 4-15-10)

Age-Adjusted Mortality Rates by Gender for Trachea, Bronchus & Lung Cancer



(Source: ODH Information Warehouse, updated 4-15-10)

Adult Alcohol Consumption

Key Findings

In 2011, the health assessment indicated that 9% of Hancock County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 30% of adults who drank had five or more drinks on one occasion (binge drinking) in the past month. Ten percent of adults drove after having five or more drinks.

Hancock County Adult Alcohol Consumption

- ◆ In 2011, half (51%) of the Hancock County adults had at least one alcoholic drink in the past month, increasing to 59% of those with incomes more than \$25,000. The 2010 BRFSS reported current drinker prevalence rates of 53% for Ohio and 54% for the U.S.
- ◆ About one in twelve (9%) adults were considered frequent drinkers (drank on an average of three or more days per week).
- ◆ Of those who drank, Hancock County adults drank 2.6 drinks on average, increasing to 3.9 drinks for those under the age of 30.
- ◆ Of all adults, 15% were considered binge drinkers. The 2010 BRFSS reported binge drinking rates of 17% for Ohio and 15% for the U.S.
- ◆ 30% of those who drink reported they had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition (See box above).
- ◆ 10% of adults reported driving after having perhaps too much to drink.
- ◆ During the past six months, 14% of Hancock County adults drank more than they expected, 4% gave up other activities to drink, and 3% tried to quit or cut down but could not.
- ◆ Hancock County adults' reasons for not seeking a program or service to help with alcohol problems for themselves or a loved one: not needed (94%), have not thought of it (3%), and stigma of seeking alcohol services (2%).
- ◆ 11% of Hancock County adults drank alcohol while on prescription medications.

Binge Drinking Dangers

- ❖ Binge drinking is defined as five or more drinks for a male and 4 or more drinks for a female on one occasion or in a short period of time.
- ❖ About 92% of U.S. adults who drink excessively reported binge drinking in the past month.
- ❖ The prevalence of males binge drinking is higher than the prevalence of females binge drinking.
- ❖ Approximately 75% of the alcohol consumed in the U.S. is in the form of binge drinks.
- ❖ The highest proportion age group to binge drink is in the 18-20 year old group at 51%.
- ❖ Most people who binge drink are not alcohol dependent.
- ❖ Unintentional injuries, violence, alcohol poisoning, hypertension, sexually transmitted diseases, cardiovascular diseases, sexual dysfunction and unintentional pregnancy are a few of the adverse health effects of binge drinking.

(Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Binge Drinking, 12-17-10)

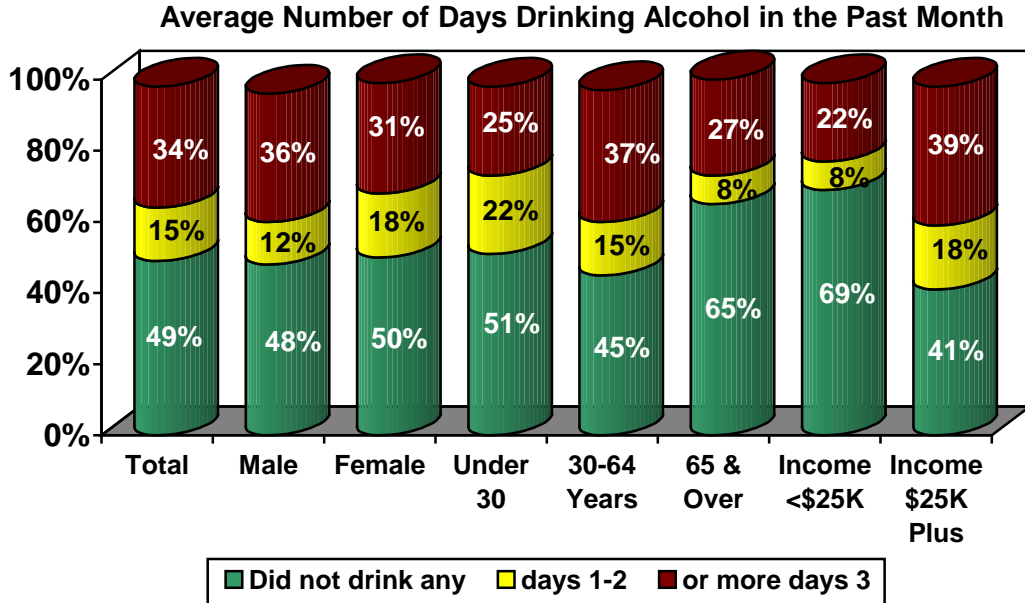
2003 Hancock County Comparison Data

- ❖ 45% of Hancock County adults reported they have had at least one drink of alcohol in the past month.
- ❖ 13% of adults are considered frequent drinkers (drinking an average of 3 or more days per week).
- ❖ 15% of Hancock County residents have consumed 5 or more drinks on an occasion (which is considered to be binge drinking). Of current drinkers, 33% were considered binge drinkers.

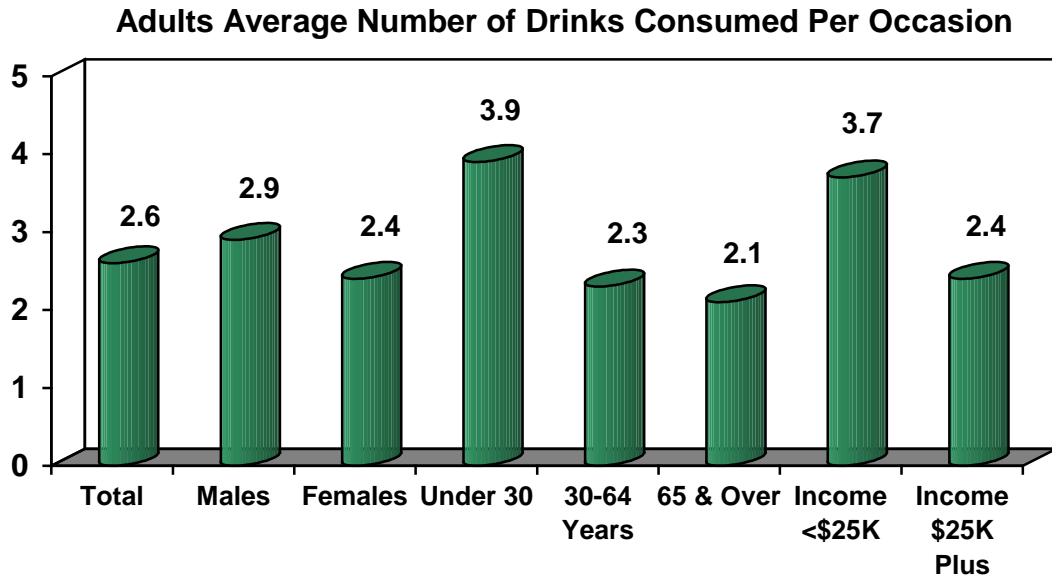
(Source: Hancock County Assessment 2003)

Adult Alcohol Consumption

The following graphs show the percentage of Hancock County adults consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 49% of all Hancock County adults did not drink alcohol, 48% of Hancock County males did not drink and 50% of adult females reported they did not drink.

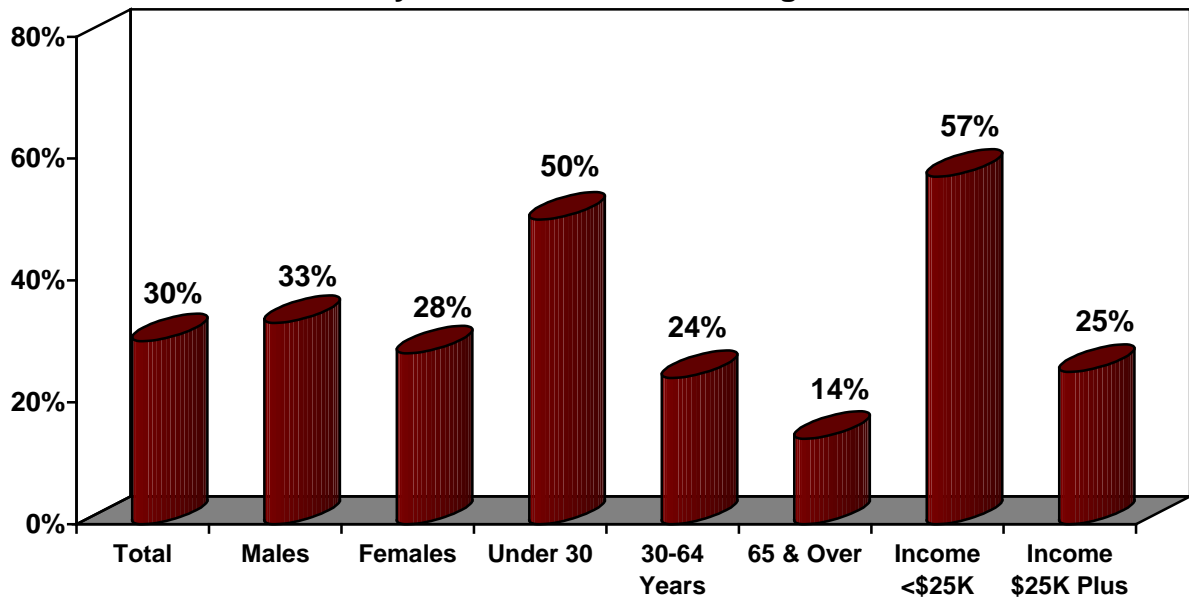


Percentages may not equal 100% as some respondents answered "don't know"



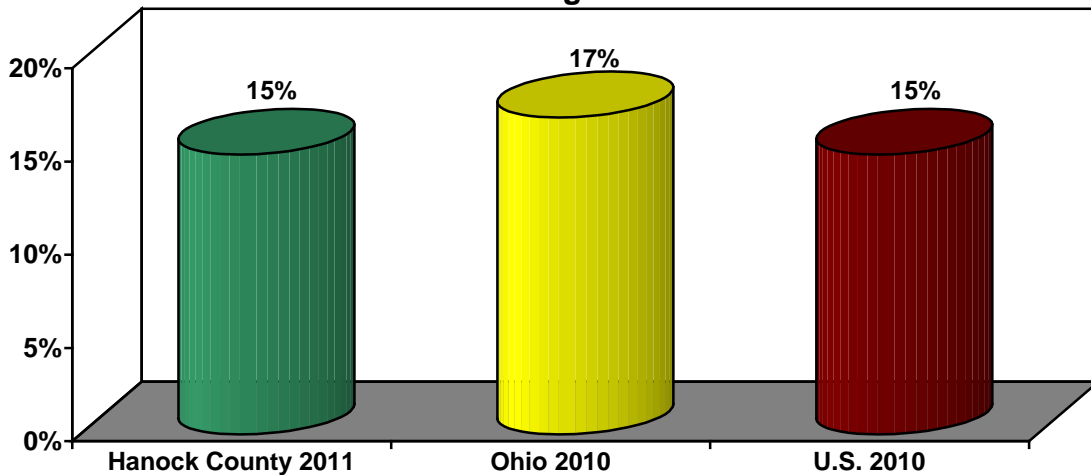
Adult Alcohol Consumption

Hancock County Adult Drinkers Who Binge Drank in Past Month*



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

Adult Binge Drinkers



(Source: 2010 BRFSS, 2011 Hancock County Health Assessment)

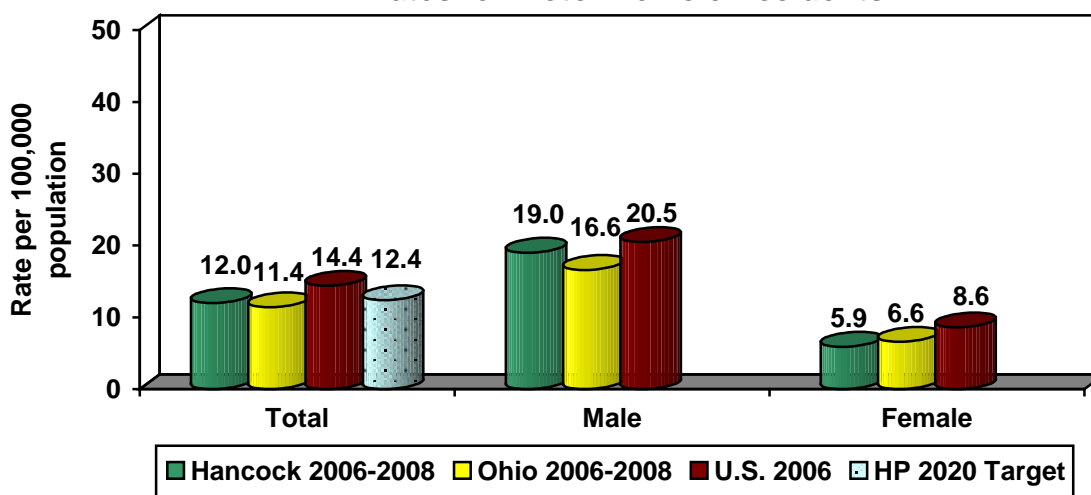
**Based on all adults. Binge drinking is defined as having five or more drinks on an occasion.*

Motor Vehicle Accidents

The following graphs show Hancock County and Ohio age-adjusted motor vehicle accident mortality rates per 100,000 population with comparison to Healthy People 2020 Objective. The graphs show:

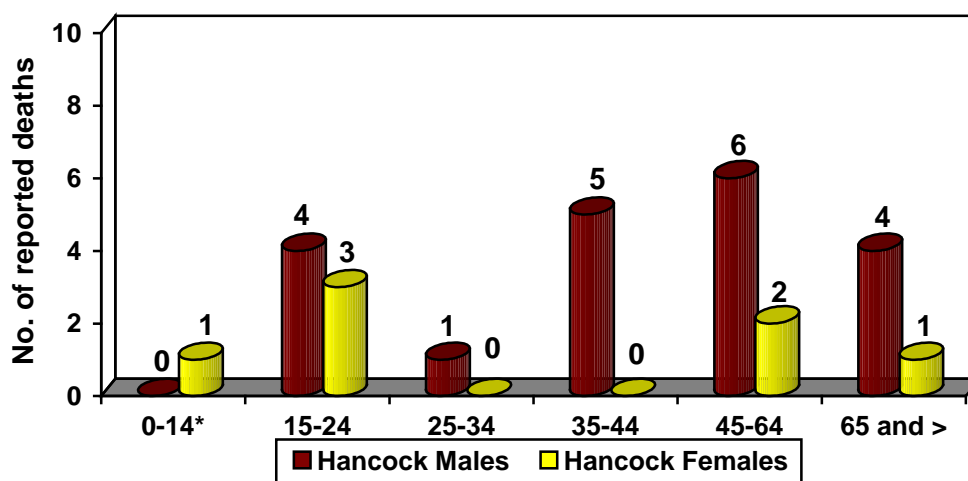
- ◆ From 2006-2008, the Hancock County motor vehicle age-adjusted mortality rate of 12.0 deaths per 100,000 population is lower than the state rate, yet higher than the national rate and the Healthy People 2020 Objective.
- ◆ The Hancock County age-adjusted motor vehicle accident mortality rate for males is higher than the female rate.
- ◆ 20 Hancock County males died of motor vehicle accidents from 2006-2008 while 7 Hancock County females died of motor vehicle accidents during the same period.

Healthy People 2020 Objective and Age-Adjusted Mortality Rates for Motor Vehicle Accidents



(Source: ODH Information Warehouse, updated 4-15-10 and Healthy People 2020)

Hancock County Number of Motor Vehicle Deaths By Age and Gender, 2006-2008
N=27*



**Zero motor vehicle accident deaths were reported for ages 1 to 4, and ODH Information Warehouse found records for 1 death for ages 5 to 14
(Source: ODH Information Warehouse, updated 4-15-10)*

Hancock County Crash Statistics

	City of Findlay 2010	Hancock County 2010	Ohio 2010
Total Crashes	1,022	2,310	300,104
Alcohol-Related Total Crashes	44	90	13,032
Fatal Crashes	3	6	985
Alcohol-Related Fatal Crashes	2	3	393
Alcohol Impaired Drivers in Crashes	45	91	12,898
Injury Crashes	282	507	74,414
Alcohol-Related Injury Crashes	16	36	5,452
Property Damage Only	731	1,780	221,550
Alcohol-Related Property Damage Only	26	51	7,093
Deaths	3	7	1,081
Alcohol-Related Deaths	2	4	431
Total Non-Fatal Injuries	392	728	108,738
Alcohol-Related Injuries	21	46	7,703

(Source: Ohio Department of Public Safety, Crash Reports, 2010 Traffic Crash Facts)

Adult Marijuana and Other Drug Use

Key Findings

In 2011, 4% of Hancock County adults had used marijuana during the past 6 months. 6% of adults used other recreational drugs. 4% of adults misused medications.

Adult Drug Use

- ◆ Four percent (4%) of Hancock County adults had used marijuana in the past 6 months.
- ◆ 6% of Hancock County adults reported using other recreational drugs such as cocaine, methamphetamines, heroin, LSD, inhalants, or Ecstasy.
- ◆ When asked about their frequency of drug use in the past six months, 21% of Hancock County adults who used recreational drugs did so every day, and 50% did so less than once a month.
- ◆ 4% of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months.
- ◆ When asked about their frequency of medication misuse in the past six months, 6% of Hancock County adults who used these drugs did so every day and 29% did so less than once per month.
- ◆ As a result of using drugs, 2% of Hancock County adults reported they regularly failed to fulfill obligations at work or home, placed themselves in dangerous situations, or had legal problems.
- ◆ Hancock County adults gave the following reasons for not seeking a program for themselves or a loved one to help with drug problems: not needed (96%), have not thought of it (2%), don't know how to find a program (2%), cannot afford it (1%), fear (1%), and transportation (1%).
- ◆ Hancock County adults did the following with their unused prescription medications:
 - Throw it in the trash (43%)
 - Keep them (23%)
 - Flush it down the toilet (17%)
 - Take them to the Medication Collection program (13%)
 - Give them away (1%)
 - Sell them (<1%)

Drug-Related Emergency Department Visits

- ❖ In the U.S. in 2009, there were nearly 4.6 million drug-related emergency department (ED) visits. Almost one half (2.1 million) were attributed to drug misuse or abuse.
- ❖ The misuse or abuse of pharmaceuticals resulting in ED visits occurred at a rate of 405.4 visits per 100,000 population, compared with a rate of 317.1 per 100,000 population for illicit drugs.
- ❖ Alcohol was a factor in the drug misuse or abuse accounting for less than one third (31.8%) or 650,000 visits.

(Source: SAMHSA, Drug Abuse Warning Network Report, December 28, 2010, <http://oas.samhsa.gov/2k10/DAWN034/EDHighlightsHTML.pdf>)

2003 Hancock County Comparisons

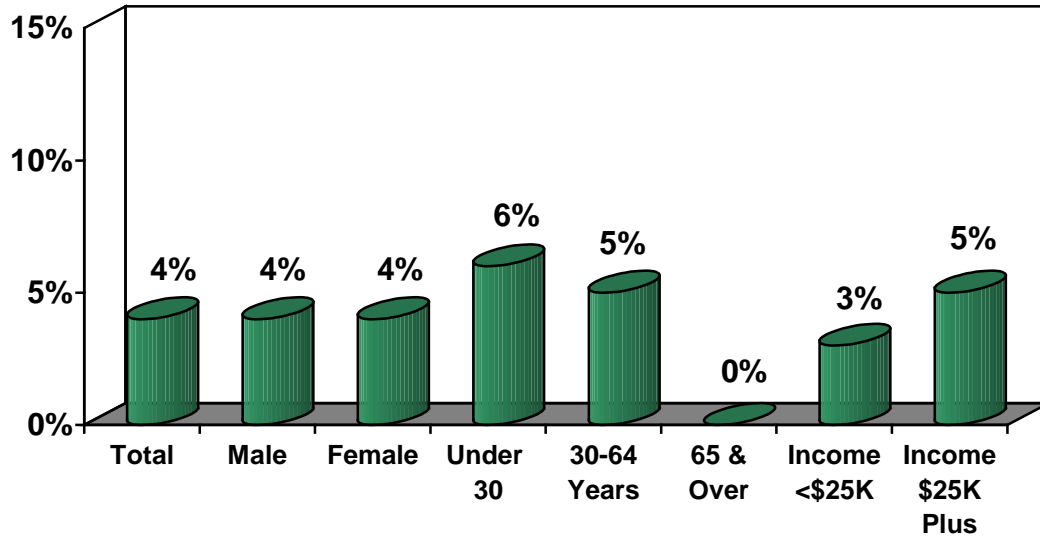
- ❖ In 2003, 13% of Hancock County adults used drugs in the past month.
- ❖ 7% of Hancock County adults used marijuana in the past month.

(Source: Hancock County Assessment 2003)

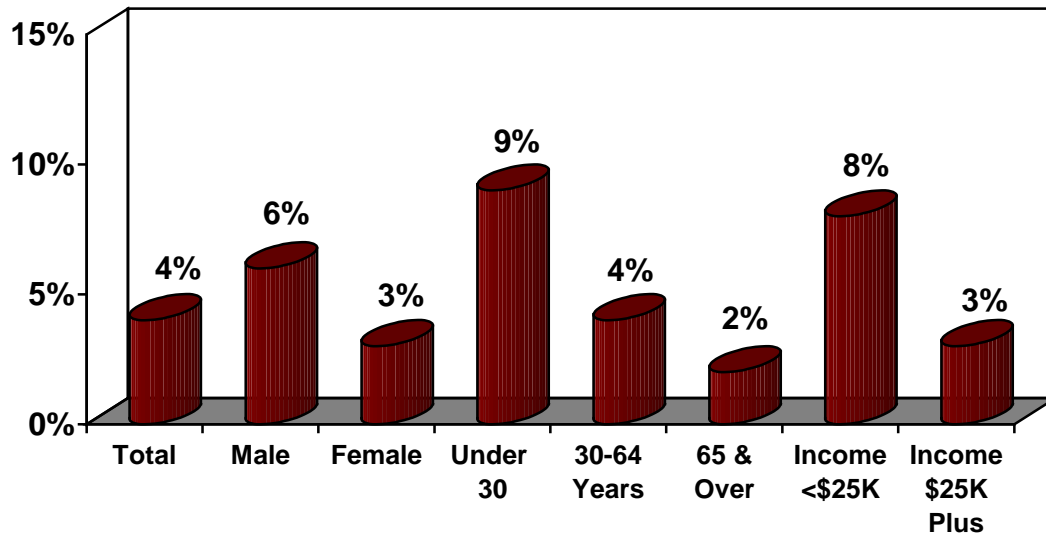
Adult Marijuana and Other Drug Use

The following graphs are data from the 2011 Hancock County Health Assessment indicating adult marijuana use and medication misuse in the past six months. Examples of how to interpret the information include: 4% of all Hancock County adults used marijuana in the past six months, 6% of adults under the age of 30 were current users and 5% of adults with incomes more than \$25,000 were current users.

Hancock County Adult Marijuana Use in Past 6 Months



Hancock County Adult Medication Misuse in Past 6 Months



Women's Health

Key Findings

In 2011, more than a third (35%) of Hancock County women over the age of 40 reported having a mammogram in the past year. 94% of Hancock County women have had a clinical breast exam and 93% have had a Pap smear to detect cancer of the cervix in the past year. The health assessment determined that 1% of women had a heart attack, and 4% had a stroke at some time in their life. One-fifth (20%) had high blood pressure, 35% had high blood cholesterol, 22% were obese, and 13% were identified as smokers, known risk factors for cardiovascular diseases.

Women's Health Screenings

- ◆ In 2011, 62% of women had a mammogram at some time and one-fourth (25%) had this screening in the past year.
- ◆ About a third (35%) of women ages 40 and over had a mammogram in the past year and 59% had one in the past two years. The 2010 BRFSS reported that 76% of women 40 and over in the U.S. and 74% in Ohio had a mammogram in the past two years.
- ◆ Most (90%) Hancock County women have had a clinical breast exam at some time in their life and 52% had one within the past year.
- ◆ 65% of women have done a self-breast exam during the past year.
- ◆ This assessment has identified that 90% of Hancock County women have had a Pap smear and 45% report having had the exam in the past year. 70% of women had a pap smear in the past three years. The 2010 BRFSS indicated that 81% of U.S. and 82% of Ohio women had a pap smear in the past three years.

Women's Health Concerns

- ◆ Women used the following as their usual source of services for female health concerns: private gynecologist (61%), general or family physician (21%), and the Caughman Clinic (10%).
- ◆ Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Hancock County the 2011 health assessment has identified that:
 - 13% of all women were current smokers(16% U.S., 22% Ohio, 2010 BRFSS)
 - 50% were overweight or obese (57% U.S., 59% Ohio, 2010 BRFSS)
 - 35% were diagnosed with high blood cholesterol (36% U.S., 37% Ohio, 2009 BRFSS)
 - 20% were diagnosed with high blood pressure (28% U.S. and 30% Ohio, 2009 BRFSS)
 - 35% were exercising less than three days per week (includes 3% who were unable to exercise)
 - 4% have been diagnosed with diabetes (10% U.S., 11% Ohio, 2010 BRFSS)

Hancock County Female Leading Types of Death, 2006 - 2008

1. Heart Diseases (22% of all deaths)
2. Cancers (22%)
3. Stroke (8%)
4. Chronic Lower Respiratory Diseases (6%)
5. Alzheimer's Disease (6%)

(Source: ODH Information Warehouse, updated 4-15-10)

Ohio Female Leading Types of Death, 2006 - 2008

1. Heart Diseases (25% of all deaths)
2. Cancers (22%)
3. Stroke (6%)
4. Chronic Lower Respiratory Diseases (6%)
5. Alzheimer's disease (5%)

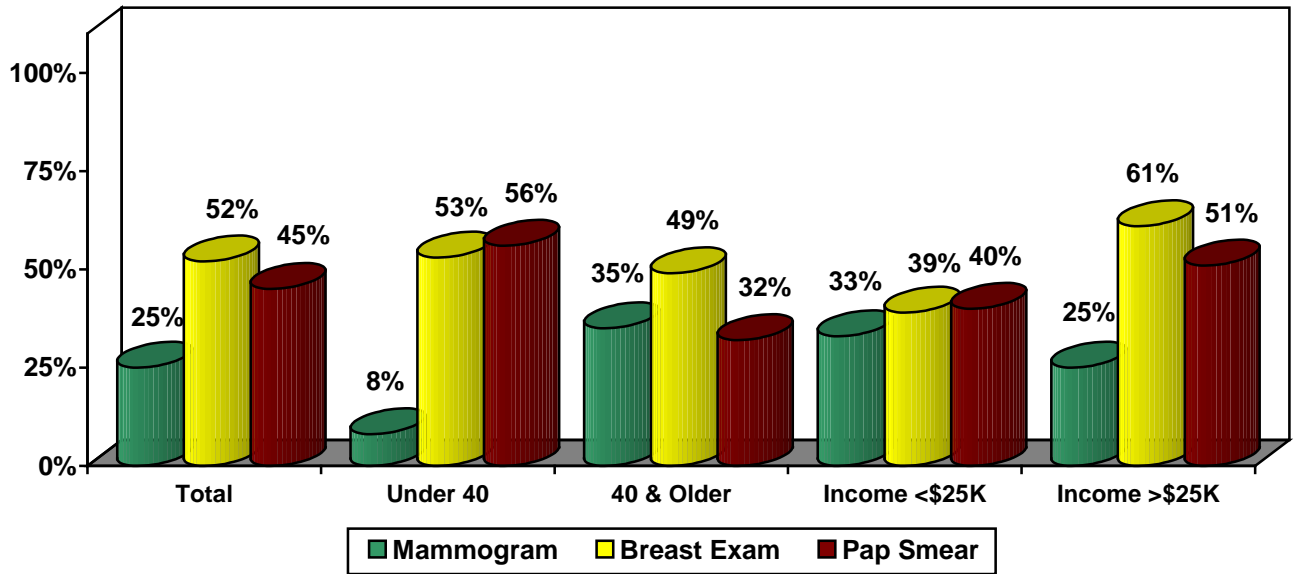
(Source: ODH Information Warehouse, updated 4-15-10)

2011 Adult Comparisons	Hancock County 2011	Ohio 2010	U.S. 2010
Age 40 and over having had a mammogram in the past 2 years	59%	74%	76%
Had a pap smear in the past three years	70%	82%	81%

Women's Health

The following graph shows the percentage of Hancock County female adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 25% of Hancock County females have had a mammogram within the past year, 52% have had a clinical breast exam, and 45% have had a Pap smear.

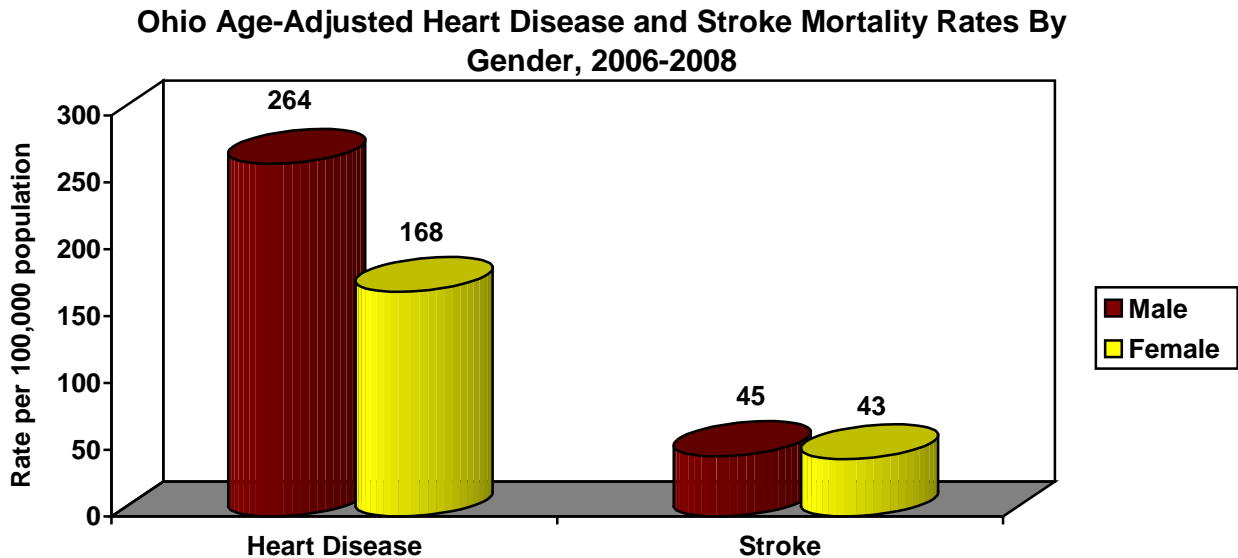
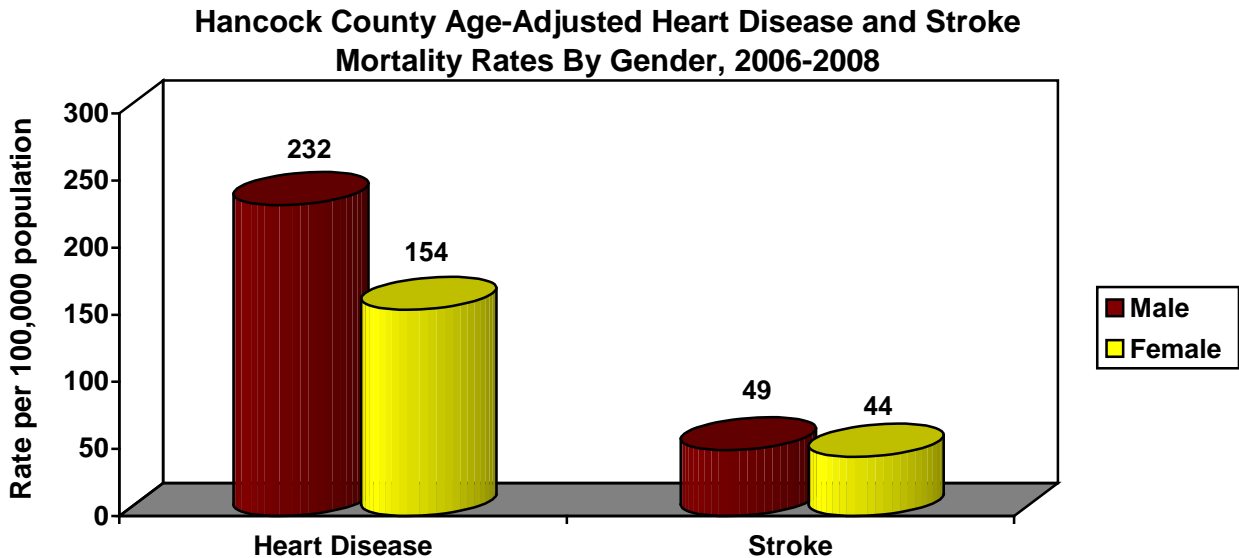
Hancock Women's Health Exams Within the Past Year



Women's Health

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

- ◆ From 2006-2008, the Hancock County and Ohio female age-adjusted mortality rate was lower than the male rate for both heart disease and stroke.
- ◆ The Hancock County female heart disease mortality rate was lower than the Ohio female rate.



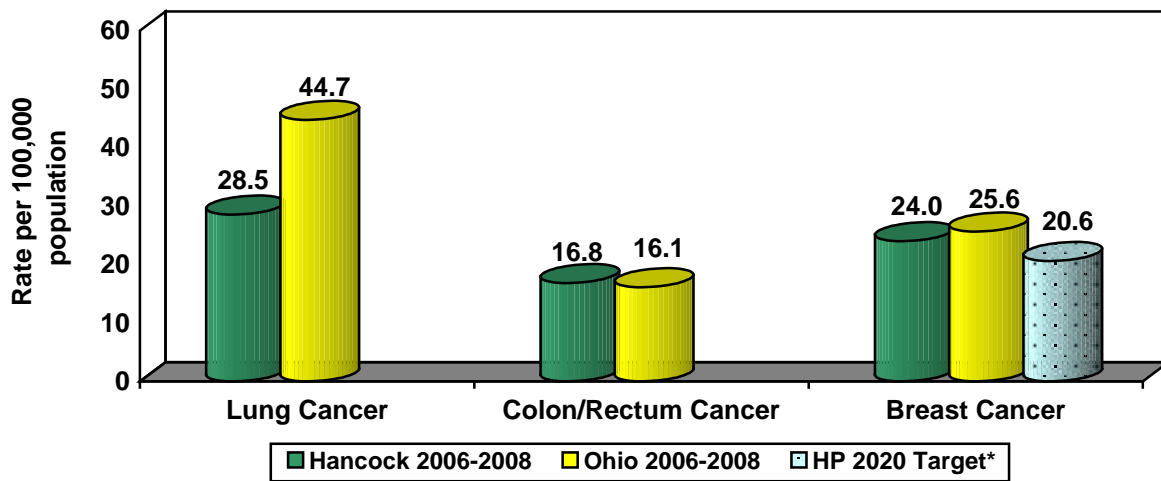
(Source for graphs: ODH Information Warehouse, updated 4-15-10)

Women's Health

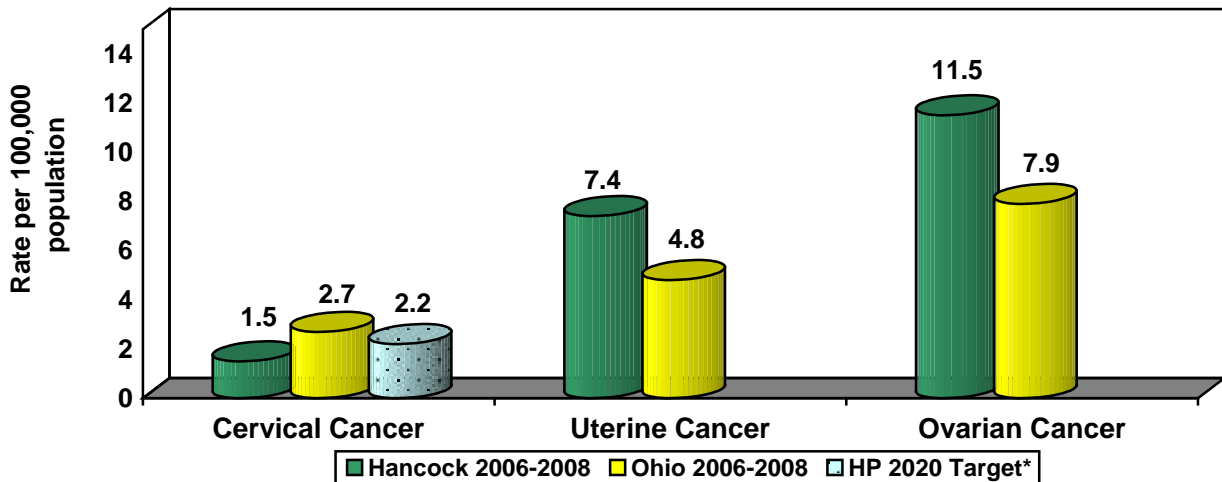
The following graphs show the Hancock County age-adjusted mortality rates per 100,000 population for women's health with comparison to Healthy People 2020 objectives when available. The graphs show:

- ◆ From 2006-2008, the Hancock County age-adjusted mortality rate for female lung cancer was less than the Ohio rate.
- ◆ From 2006-2008, the Hancock County age-adjusted breast cancer mortality rate was higher than the Healthy People 2020 target objective and lower than the Ohio rate.
- ◆ The Hancock County age-adjusted uterine and ovarian cancer mortality rates for 2006-2008 were all higher than the state rates.

Hancock County Female Age-Adjusted Cancer Mortality Rates



Hancock County Female Age-Adjusted Cancer Mortality Rates



**Note: Healthy People 2020 target rates are not gender specific; Healthy People 2020 Targets may not be available for all diseases.
(Source: ODH Information Warehouse, updated 4-15-10, and Healthy People 2020)*

Men's Health

Key Findings

In 2011, more than half (59%) of Hancock County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. Half of the population (50%) of males over the age of 50 had a digital rectal exam in the past year. Major cardiovascular diseases (heart disease and stroke) accounted for 31% and cancers accounted for 24% of all male deaths in Hancock County from 2006-2008. The health assessment determined that 6% of men had a heart attack, and 2% had a stroke at some time in their life. Almost one-third (30%) of men had been diagnosed with high blood pressure, 38% had high blood cholesterol, and 18% were identified as smokers, which, along with obesity (34%), are known risk factors for cardiovascular diseases.

Men's Health Screenings

- ◆ About two-fifths (41%) of Hancock County males had a Prostate-Specific Antigen (PSA) test at some time in their life and 31% had one in the past year.
- ◆ Three-fifths (60%) of men had a digital rectal exam in their lifetime and 30% had one in the past year.
- ◆ 78% of males age 50 and over had a PSA test at some time in their life, and 59% had one in the past year.
- ◆ 88% of males age 50 and over had a digital rectal exam at some time in their life, and 50% have had one in the past year.
- ◆ During the past year, 31% of males had done a self-testicular exam.

Men's Health Concerns

- ◆ From 2006-2008, major cardiovascular diseases (heart disease and stroke) accounted for 31% of all male deaths in Hancock County (*Source: ODH Information Warehouse*).
- ◆ In 2011, the health assessment determined that 6% of men had a heart attack and 2% 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 Hancock County the 2011 health assessment has identified that:
 - 18% of all men were current smokers (19% U.S., 23% Ohio, 2010 BRFSS)
 - 77% were overweight or obese (71% U.S., 73% Ohio, 2010 BRFSS)
 - 38% were diagnosed with high blood cholesterol (40% U.S., 43% Ohio, 2009 BRFSS)
 - 30% were diagnosed with high blood pressure (30% U.S., 33% Ohio, 2009 BRFSS)
 - 30% were exercising less than three days per week (includes 6% who were unable to exercise)
 - 9% have been diagnosed with diabetes (9% U.S., 10% Ohio, 2010 BRFSS)
- ◆ From 2006-2008, the leading cancer deaths for Hancock County males were lung, prostate, pancreas, and esophageal cancers (*Source: ODH Information Warehouse*). Statistics from the same period for Ohio males show lung, prostate, colorectal, and pancreas cancers as the leading cancer deaths.

Hancock County Male Leading Types of Death, 2006 - 2008

1. Heart Diseases (26% of all deaths)
2. Cancers (24%)
3. Chronic Lower Respiratory Diseases (7%)
4. Stroke (5%)
5. Accidents, Unintentional Injuries (5%)

(Source: ODH Information Warehouse, updated 4-15-10)

Ohio Male Leading Types of Death, 2006 - 2008

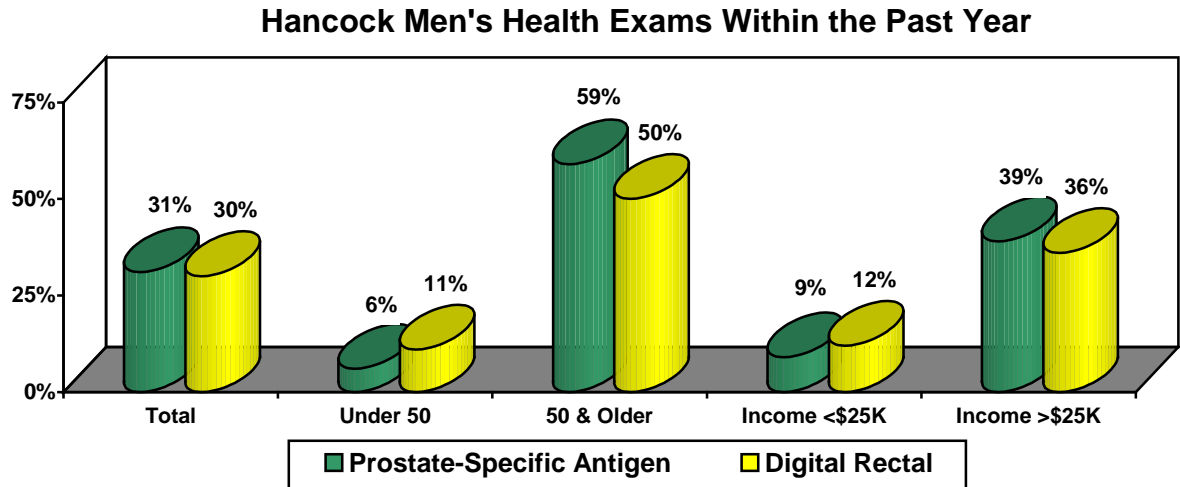
1. Heart Diseases (26% of all deaths)
2. Cancers (25%)
3. Chronic Lower Respiratory Diseases (6%)
4. Accidents, Unintentional Injuries (6%)
5. Stroke (4%)

(Source: ODH Information Warehouse, updated 4-15-10)

2011 Adult Comparisons	Hancock County 2011	Ohio 2010	U.S. 2010
Had a PSA test within the past year	31%	N/A	N/A
Had a digital rectal exam within the past year	30%	N/A	N/A

Men's Health

The following graph shows the percentage of Hancock County males surveyed that have had the listed health exams in the past year. Examples of how to interpret the information shown on the graph include: 31% of Hancock County males have had a PSA test within the past year and 30% have had a digital rectal exam.



Men's Health Data

- ❖ Approximately 12% of adult males aged 18 years or older reported fair or poor health.
- ❖ 22% of adult males in the U.S. currently smoke.
- ❖ Of the adult males in the U.S., 31.5% 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.
- ❖ There are 20% of males under the age of 65 without health care coverage.
- ❖ The leading causes of death for males in the United States are heart disease, cancer and accidents (unintentional injuries).

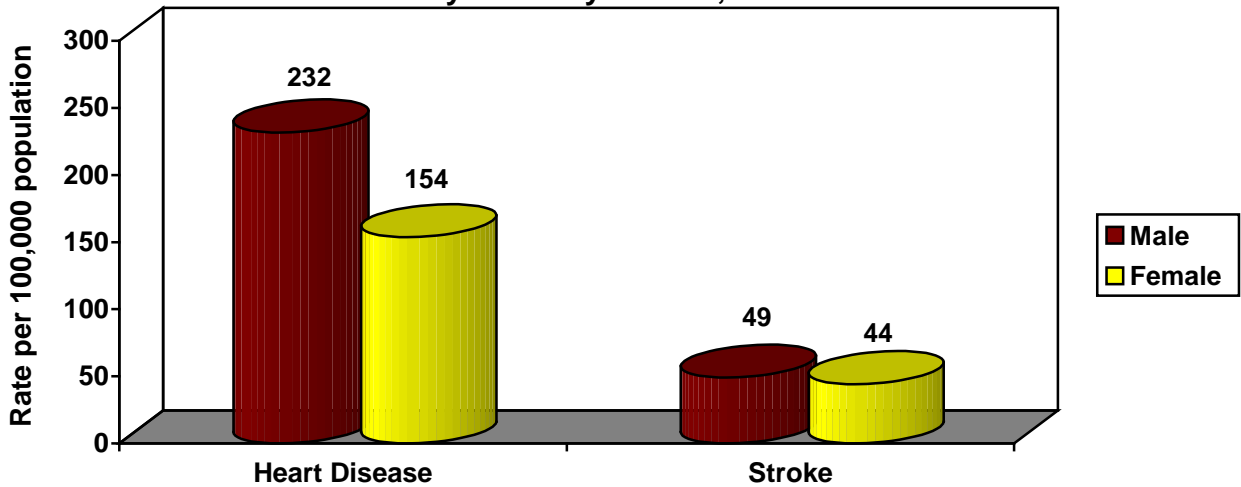
(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, 2/18/2011 from http://www.cdc.gov/nchs/fastats/mens_health.htm)

Men's Health

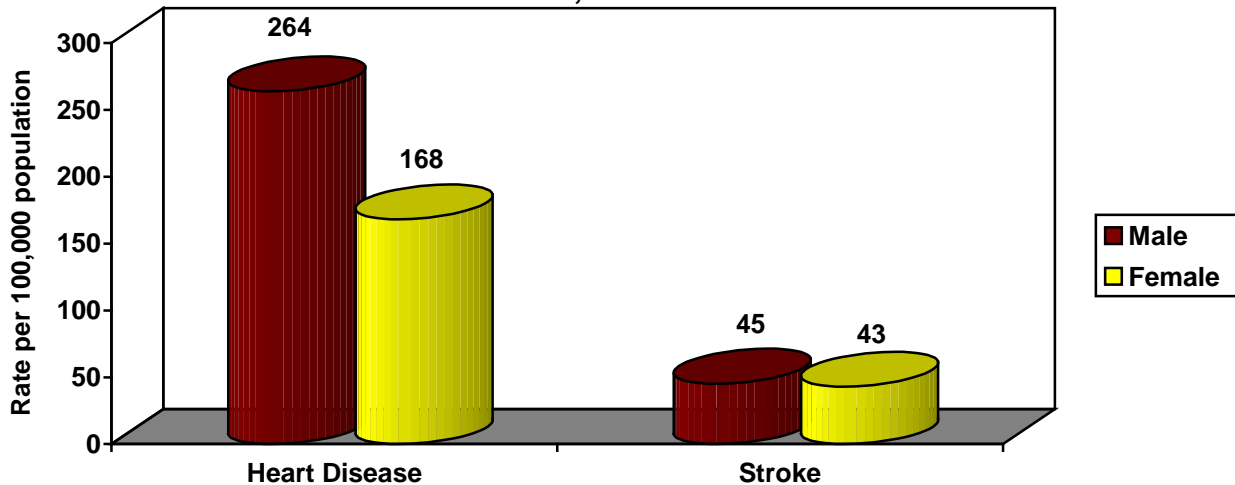
The following graphs show the Hancock County and Ohio age-adjusted mortality rates per 100,000 population for men's cardiovascular diseases. The graphs show:

- ◆ From 2006-2008, the Hancock County and Ohio male age-adjusted mortality rate was higher than the female rate for both heart disease and stroke.
- ◆ The Hancock County male age-adjusted heart disease mortality rate was lower than the Ohio male rate.
- ◆ The Hancock County male age-adjusted stroke mortality rate was higher than the Ohio male rate.

Hancock County Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2006-2008



Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2006-2008

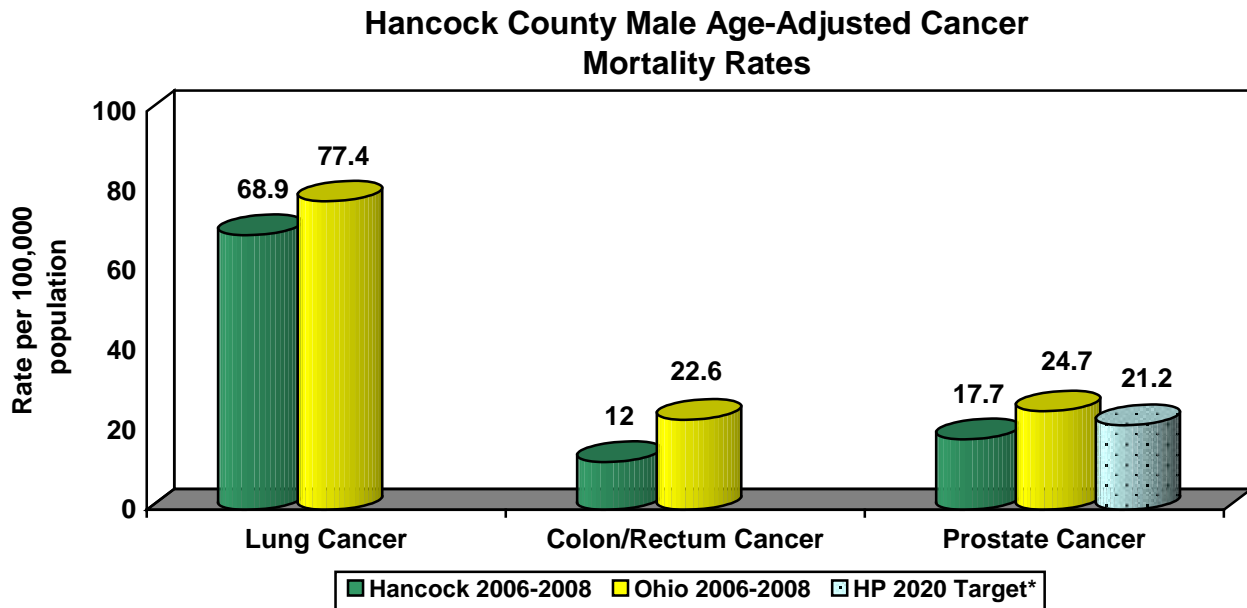


(Source for graphs: ODH Information Warehouse, updated 4-15-10)

Men's Health

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

- ◆ From 2006-2008, the Hancock County age-adjusted mortality rate for male lung cancer was less than the Ohio rate.
- ◆ The age-adjusted prostate cancer mortality rate in Hancock County for 2006-2008 was lower than the Ohio rate and the Healthy People 2020 objective.



**Note: the Healthy People 2020 target rates are not gender specific.
(Source: ODH Information Warehouse and Healthy People 2020)*

Adult Preventive Medicine and Environmental Health

Key Findings

More than one-third (37%) of adults had a seasonal/H1N1 flu shot during the past 12 months. 44% of adults 50 or older had received a colonoscopy or sigmoidoscopy in the past 5 years. Adults reported that insects and mold as the top two environmental issues that threatened their health in the past year.

Preventive Medicine

- ◆ More than a third (37%) of Hancock County adults had a seasonal/H1N1 flu vaccine during the past 12 months.
- ◆ Of those who had a seasonal flu vaccine, 96% had the shot and 4% had the nasal spray.
- ◆ Almost one-fifth (18%) of adults have had a pneumonia shot in their life, increasing to 55% of those ages 65 and over.

Ways to Prevent Seasonal Flu

1. Get vaccinated each year.
2. Avoid close contact with people who are sick.
3. Stay home when you are sick.
4. Cover your mouth and nose.
5. Wash your hands.
6. Avoid touching eyes, nose, or mouth.
7. Practice other good health habits, such as get plenty of sleep, exercise routinely, drink plenty of fluids, eat a nutritious diet.

(Source: Centers for Disease Control, National Center for Immunization and Respiratory Diseases (NCIRD), Fact Sheet: Good Health Habits for Preventing Seasonal Flu)

Preventive Health Screenings and Exams

- ◆ 24% of adults had a colonoscopy or sigmoidoscopy in the past five years, increasing to 44% of those over the age of 50.
- ◆ 15% of adults received preventive testing for skin cancer in the past 2 years.
- ◆ 18% of females were tested for osteoporosis in the past 2 years.
- ◆ 55% of adults had been to the doctor for a routine visit in the past year.
- ◆ In the past year, 35% of Hancock County women ages 40 and over have had a mammogram.
- ◆ In the past year, 59% of men ages 50 and over had a Prostate-Specific Antigen (PSA) test.
- ◆ See the Women and Men's Health Section for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Hancock County adults.

Environmental Health

- ◆ Of those adults who had a private drinking water source, 9% had their water source tested in the past year. An additional 46% had it tested in the past 3 years. 29% had never had their water tested.
- ◆ Hancock County adults thought the following threatened their health in the past year:
 - Insects (6%)
 - Mold (5%)
 - Temperature regulation (4%)
 - Plumbing problems (2%)
 - Chemicals found in household products (2%)
 - Unsafe water supply (1%)
 - Rodents or mice (1%)
 - Safety hazards (1%)
 - Sewage water problems (1%)
 - Lead paint (<1%)
 - Asbestos (<1%)

2003 Hancock County Comparisons

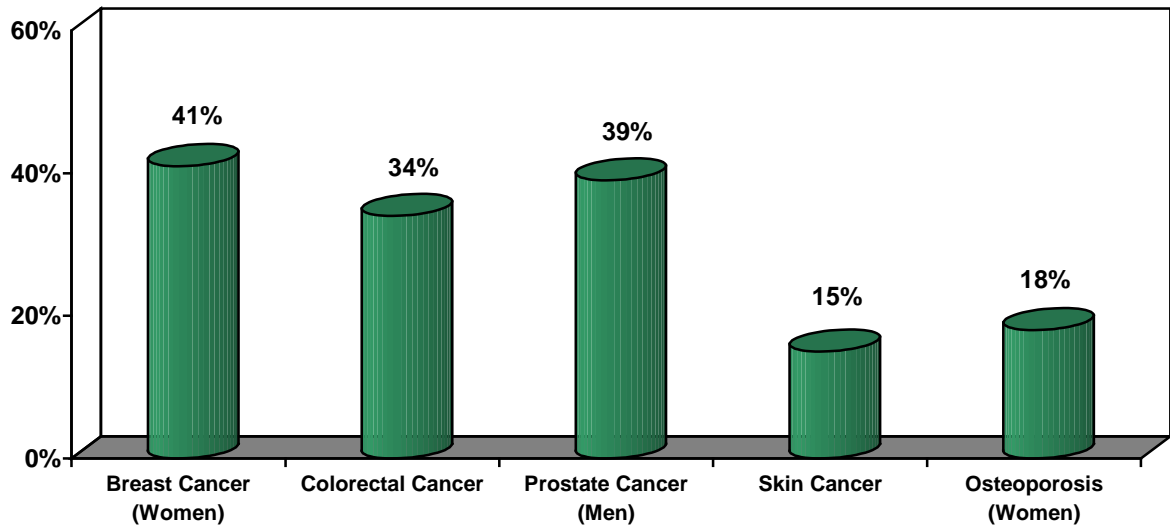
- ◆ In 2003, 39% of Hancock County adults had a flu shot.
- ◆ 17% of Hancock County adults had a pneumonia vaccination sometime in their life.

(Source: Hancock County Assessment 2003)

Adult Preventive Medicine and Health Screenings

The following graph indicates the percentage of Hancock County adults who received preventive screenings by a health care professional for several health risk factors and disease categories. They show the number of adults in each segment giving each answer (i.e., the first graph shows that 41% of all women had received a screening for breast cancer in the past two years, 15% of adults had received a skin cancer screening and 18% of women had received an osteoporosis screening).

Percent of Hancock County Adults Receiving Preventive Testing From Health Care Professionals in the Past Two Years



Hancock County Adult Health Screening Results

GENERAL SCREENING RESULTS	Total Sample
Diagnosed with High Blood Pressure	24%
Diagnosed with High Blood Cholesterol	36%
Diagnosed with Diabetes	6%
Diagnosed with a Heart Attack	4%
Diagnosed with a Stroke	3%

Common Risk Factors for Osteoporosis

- ❖ Older age
- ❖ Being female
- ❖ Family history of osteoporosis
- ❖ Low body weight/ being small and thin
- ❖ Being Caucasian, Asian or Latino
- ❖ Having a history of broken bones
- ❖ Having gone through menopause
- ❖ Having low sex hormone levels (such as estrogen or testosterone)
- ❖ Inactive lifestyle
- ❖ Smoking

(Source: National Osteoporosis Foundation – Risk Factors for Osteoporosis)

Adult Sexual Behavior and Pregnancy Outcomes

Key Findings

In 2011, over two-thirds (69%) of Hancock County adults had sexual intercourse. Eight percent of adults had more than one partner. Even though young people aged 15-24 represent only 25% of the sexually experienced population, they acquire nearly half of all STDs (Source: CDC, STDs in Adolescents and Young Adults, 2009 STD Surveillance).

Adult Sexual Behavior

- ◆ Over two-thirds (69%) of Hancock County adults had sexual intercourse in the past year.
- ◆ 8% of adults reported they had intercourse with more than one partner in the past year, increasing to 13% of those under the age of 30.
- ◆ Hancock County adults used the following methods of birth control: vasectomy (15%), hysterectomy (11%), condoms (9%), tubes tied (8%), birth control pill (8%), diaphragm (3%), withdrawal (2%), shots (2%), IUD (1%), and rhythm method (1%).
- ◆ 9% of Hancock County adults were not using any method of birth control.
- ◆ Hancock County adults did not use birth control for the following reasons:
 - They are not having sex (34%)
 - They did not think they could get pregnant (5%)
 - They wanted to get pregnant (4%)
 - They did not want to use birth control (3%)
 - Their partner did not want to use birth control (2%)
 - They can't pay for birth control (1%)
- ◆ 28% of adults have had an HIV test.
- ◆ Hancock County adults gave the following reasons for having an HIV test: it was part of a blood donation process (6%), because of their pregnancy (6%), for hospitalization or a surgical procedure (5%), for a routine check-up (4%), to apply for life insurance (2%), for employment (2%), or because of occupational exposure (2%).
- ◆ Hancock County adults were diagnosed with the following sexually transmitted diseases (STDs) in the past 5 years: genital herpes (1%), human papilloma virus (HPV), chlamydia (<1%), and gonorrhea (<1%).
- ◆ The following situations applied to Hancock County adults: been treated for an STD (1%), had anal sex without a condom (1%), and used intravenous drugs (1%).
- ◆ 1% of Hancock County adults have had sex with someone they did not know.

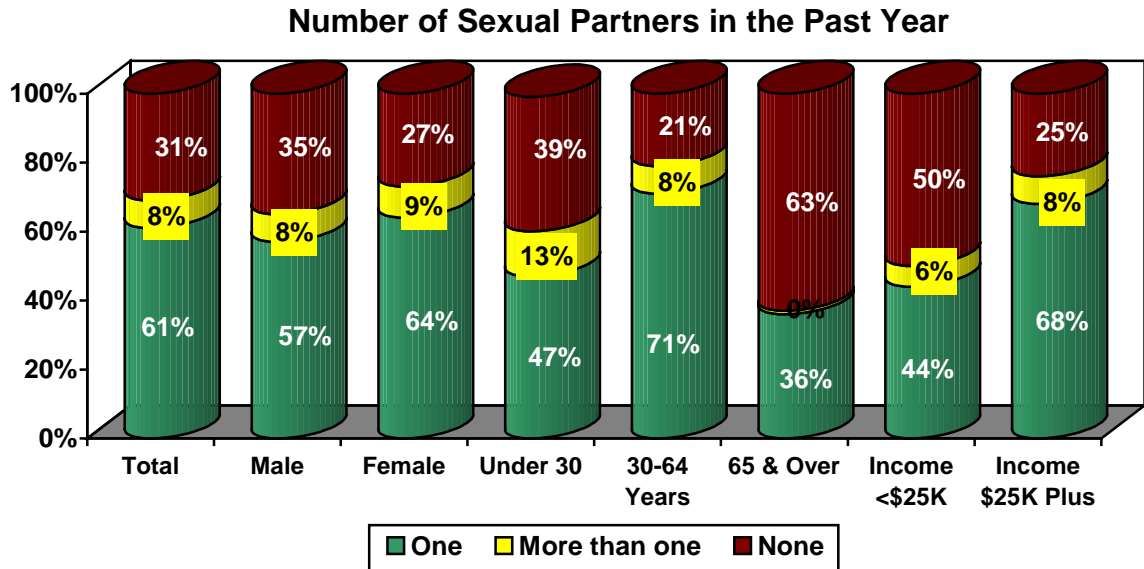
Human Papillomavirus (HPV) Vaccine

- ◆ HPV is a common virus that is spread through sexual contact. Most of the time HPV has no symptoms so people do not know they have it.
- ◆ There are approximately 40 types of genital HPV.
- ◆ The HPV vaccine works by preventing the most common types that cause cervical cancer and genital warts.
- ◆ The vaccine is given as shots in three doses.
- ◆ Gardasil has been tested and licensed for use in males. It also has been tested and shown to protect against cancers of the vulva, vagina, and anus.

(Source: CDC, Vaccines and Preventable Diseases: Human Papillomavirus (HPV) Vaccine, May 2011, <http://www.cdc.gov/vaccines/vpd-vac/hpv/default.htm>)

Adult Sexual Behavior and Pregnancy Outcomes

The following graph shows the sexual activity of the Hancock County adults. Examples of how to interpret the information in graph one include: 61% of all Hancock County adults had one sexual partner in the last 12 months and 8% had more than one, and 57% 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?"

United States 2009 Sexually Transmitted Disease Surveillance Profile

- ❖ Chlamydia is the most commonly reported notifiable disease in the United States and is the most prevalent of all STDs. From 1990-2009, the rate of chlamydial infections increased from 160.2 to 409.2 cases per 100,000 population.
- ❖ Gonorrhea is the second most commonly reported notifiable disease. During 2008-2009, the gonorrhea rate decreased in 84% of the states.
- ❖ Studies from 2003-2005 show that there was an overall high-risk HPV prevalence of 23%. Differences in age groups were observed, such as 35% in those aged 14-19 year olds, 29% in those aged 20-29%, 13% in those 30-39 year olds, 11% in those aged 40-49, and 6.3% in those aged 50-65 year olds.

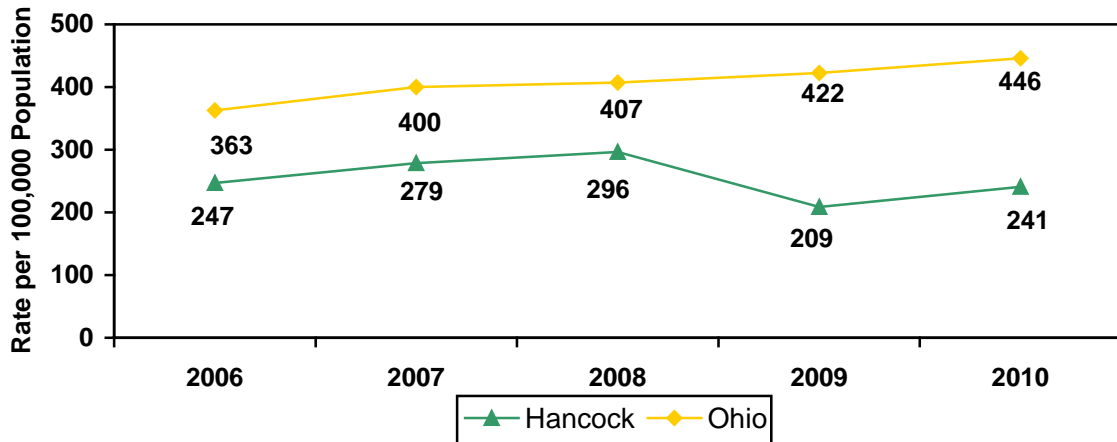
(Source: CDC, Sexually Transmitted Diseases, 2009 Sexually Transmitted Diseases Surveillance, National Profile, <http://www.cdc.gov/std/stats09/Natpintro.htm>)

Adult Sexual Behavior and Pregnancy Outcomes

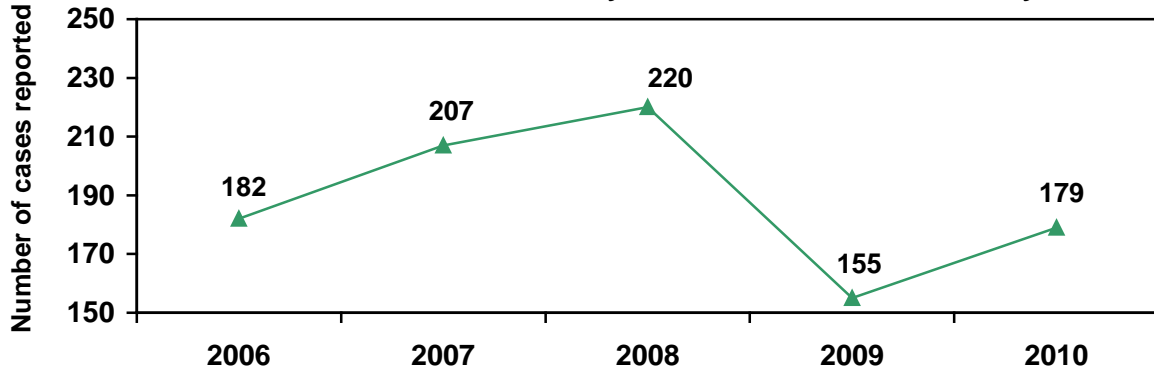
The following graphs show Hancock County Chlamydia and Gonorrhea disease rates per 100,000 population updated March 5, 2011 by the Ohio Department of Health. The graphs show:

- ◆ Hancock County Chlamydia rates fluctuated from 2006 to 2010. These rates remained well below Ohio rates.
- ◆ In 2009, the U.S. rate for new Chlamydia cases was 409.2 per 100,000 population. *(Source: CDC, Sexually Transmitted Diseases Surveillance, 2009)*

Chlamydia Annualized Disease Rates for Hancock County and Ohio



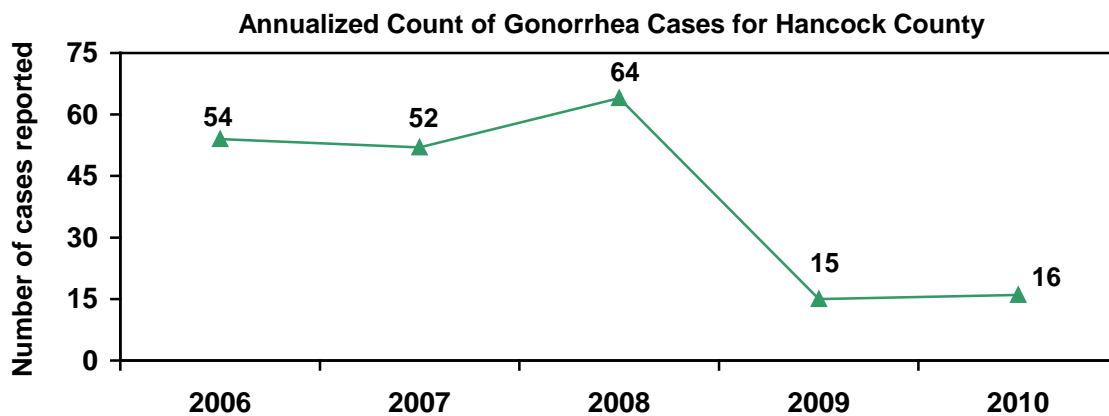
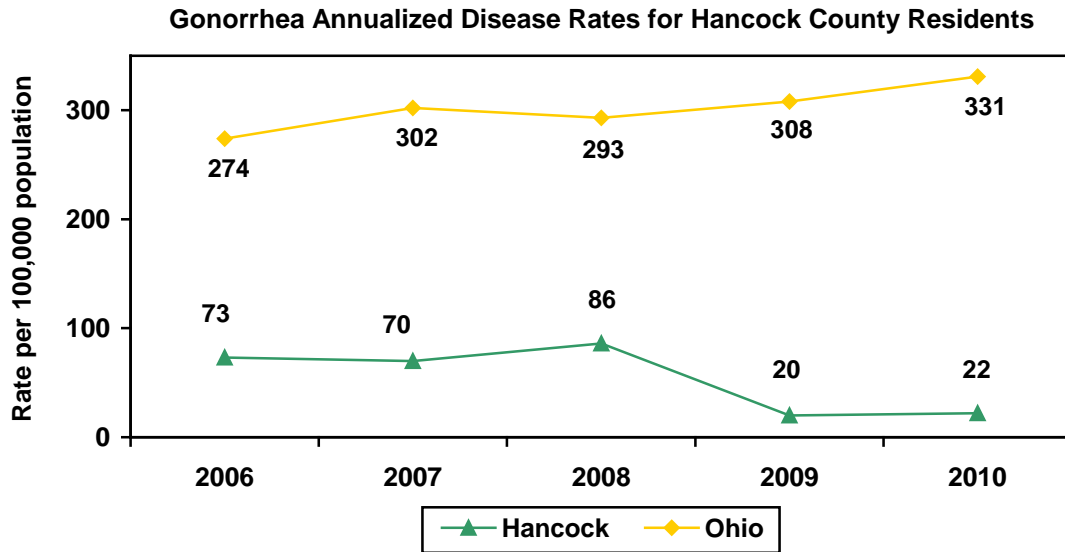
Annualized Count of Chlamydia Cases for Hancock County



(Source for graphs: ODH, STD Surveillance, data reported through 3-5-2011)

Adult Sexual Behavior and Pregnancy Outcomes

- ◆ The Hancock County Gonorrhea rate fluctuated from 2006 to 2010, but decreased overall.
- ◆ The Ohio Gonorrhea rate increased from 2006 to 2010.
- ◆ In 2009, the U.S. rate for new Gonorrhea cases for the total population was 99.1 per 100,000 population. *(Source: CDC, Sexually Transmitted Diseases Surveillance, 2009)*
- ◆ The Healthy People 2020 Objective for Gonorrhea is 257 new female and 198 new male cases per 100,000 population.



(Source for graphs: ODH, STD Surveillance, data reported through 3-5-2011)

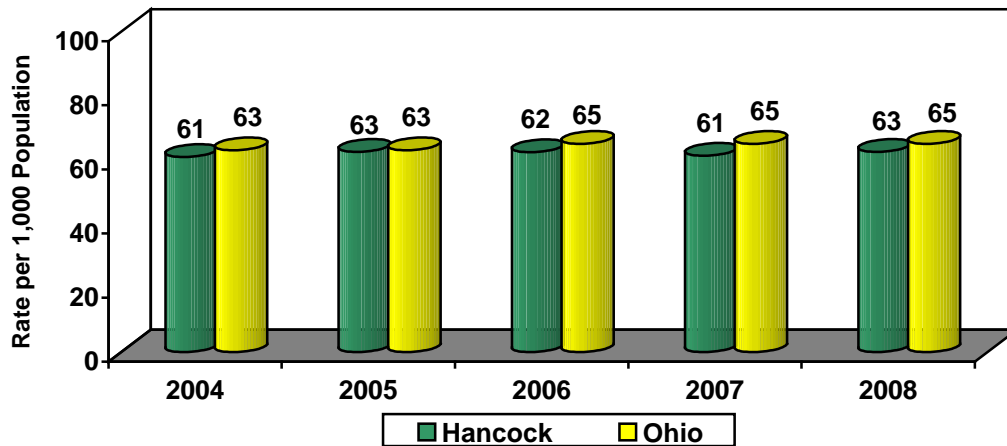
Adult Sexual Behavior and Pregnancy Outcomes

Pregnancy Outcomes

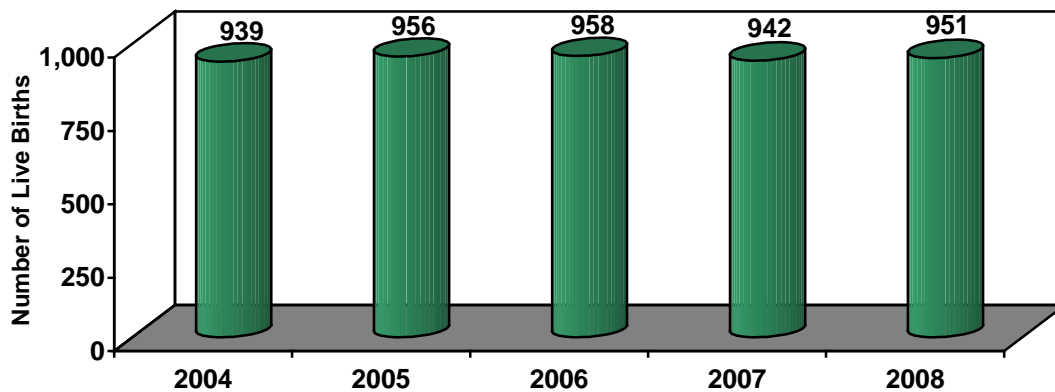
**Please note that the pregnancy outcomes data includes all births to adults and adolescents.*

- ◆ From 2004-2008, there was an average of 949 live births per year in Hancock County.
- ◆ In 2009, the U.S. fertility rate was 70.1 per 1,000 women (*Source: ODH, Birth Statistics, 2009*).

Hancock County and Ohio Fertility Rates



Hancock County Total Live Births



(Source for graphs: ODH Information Warehouse Updated 1-7-10)

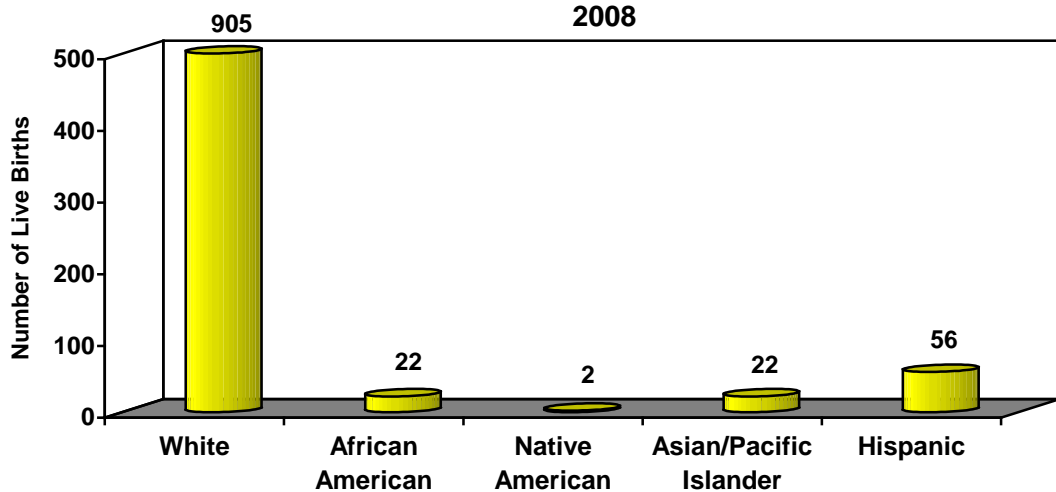
Adult Sexual Behavior and Pregnancy Outcomes

Pregnancy Outcomes

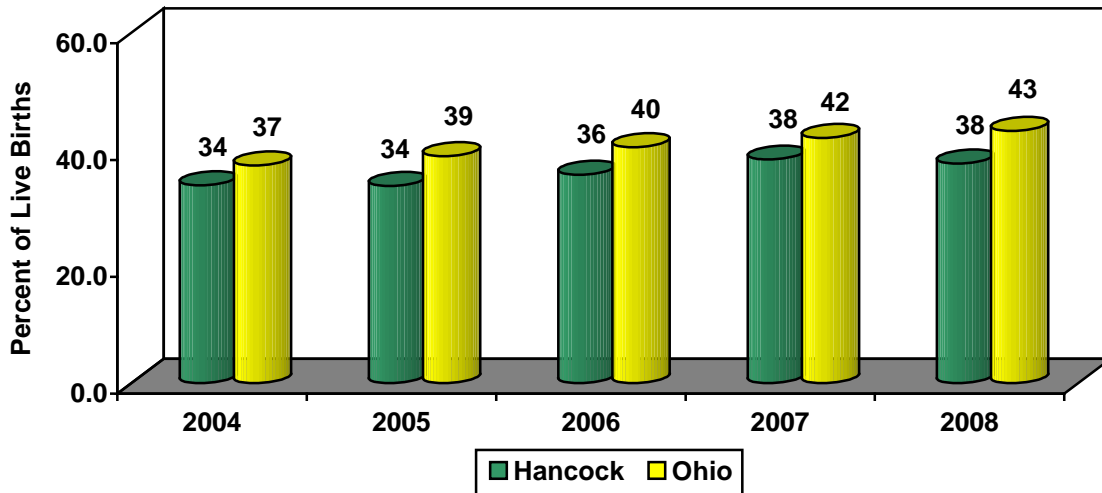
**Please note that the pregnancy outcomes data includes all births to adults and adolescents.*

- ◆ The percentage of births to unwed mothers in Hancock was below the Ohio percentage each year from 2004 to 2008, but increased overall during the five year period.
- ◆ In 2008, 41% of U.S. births were to unwed mothers *(Source: National Center for Health Statistics 2008)*

Hancock County Total Live Births By Race/Ethnicity



Hancock County Unwed Births



(Source for graphs: ODH Information Warehouse Updated 1-7-10)

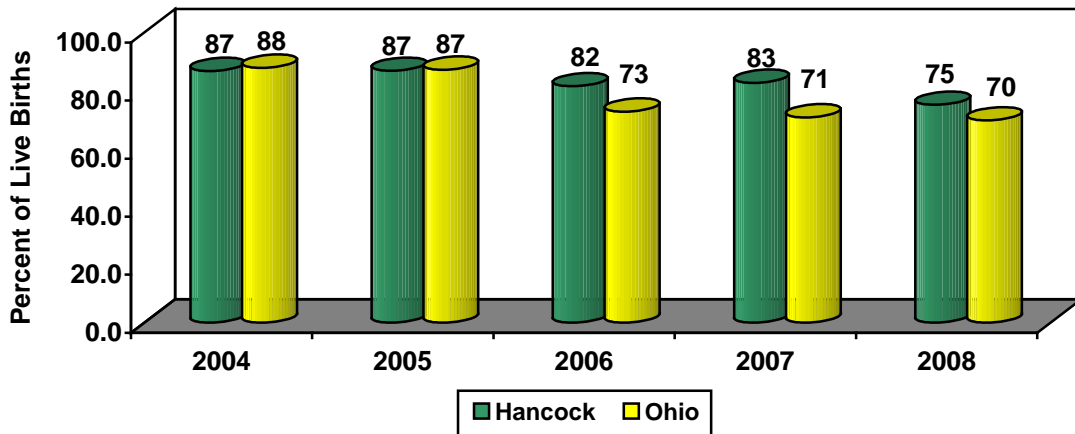
Adult Sexual Behavior and Pregnancy Outcomes

Pregnancy Outcomes

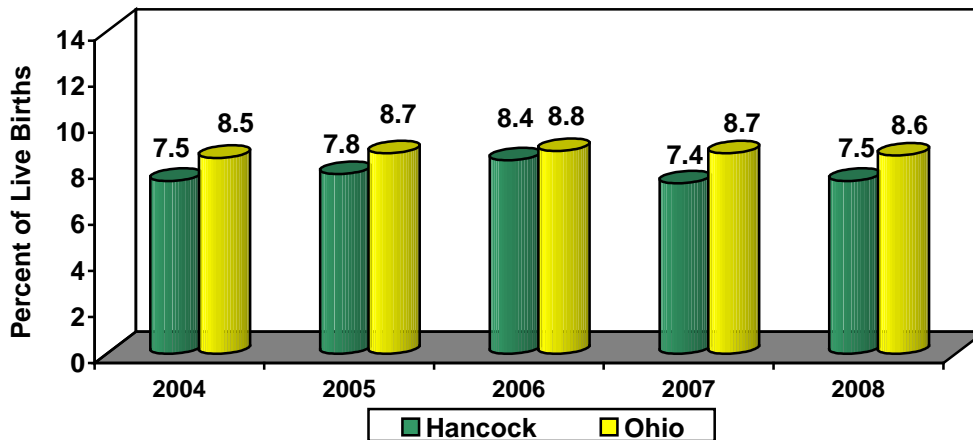
*Please note that the pregnancy outcomes data includes all births to adults and adolescents

- ◆ In 2009, 76% of Ohio mothers received prenatal care during the first trimester (ODH, Birth Statistics, 2009).
- ◆ In 2008, 8.2% of all U.S. live births were low birth weight births (Source: National Center for Health Statistics 2008).

Hancock County Births with First Trimester Prenatal Care



Hancock County Low Birth Weight Births*



*Low Birth Weight is defined as weighing less than 2,500 grams or 5 pounds, 8 ounces.
(Source for graphs: ODH Information Warehouse Updated 1-7-10)

Quality of Life and Safety

Key Findings

One in five (20%) Hancock County adults in 2011 reported they were limited in some way because of a physical, mental or emotional problem. The health assessment identified that 43% of Hancock County adults kept a firearm in or around their home.

Impairments and Health Problems

- ◆ One in five (20%) Hancock County adults are limited in some way because of a physical, mental or emotional problems (22% Ohio, 21% U.S., 2010 BRFSS), increasing to 30% of those over the age of 65.
- ◆ One in four (26%) Hancock County adults reported that pain made it hard to do usual activities, such as self-care, work, or recreation at least one day in the past month.
- ◆ Major impairments or health problems that limited activities included: arthritis (19%), back or neck problems (19%), walking problems (13%), lung or breathing problems (8%), and hearing problems (8%).
- ◆ Because of any impairment or health problem, 6% of Hancock County adults need the help of other people with personal care needs, such as eating, bathing, dressing, or getting around the house.
- ◆ Because of any impairment or health problem, 11% of Hancock County adults need the help of other people with routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes.

Safety

- ◆ Under half (43%) of Hancock County adults kept a firearm in or around their home. 15% of adults reported they were unlocked and 6% reported that they were loaded.
- ◆ Smoke detectors had been deliberately tested in homes by 69% of Hancock County adults in the past year. 15% of adults had tested their smoke detector in the past month. 4% of adults reported having no smoke detectors in their Hancock County home.
- ◆ 74% of Hancock County adults always wore a seatbelt, while 3% never did.
- ◆ Hancock County adults did the following while driving: talked on their cell phone (61%), ate (50%), texted (17%), were under the influence of alcohol (4%), or read (2%).
- ◆ 74% of Hancock County adults have never heard of the non-emergency referral telephone number 2-1-1. 2% had called 2-1-1 for assistance.
- ◆ During the past year, 3% of Hancock County adults were abused. They were abused by the following: a spouse or partner (64%), another family member (21%), someone else (14%), a child (7%), and a parent (7%).
- ◆ In the past month, 13% of Hancock County adults have needed help meeting general daily needs such as food, clothing, shelter, or paying utility bills, increasing to 28% of those with incomes less than \$25,000.
- ◆ 16% of adults attempted to get assistance from a social service agency. They went to the following: Job and Family Services (12%), Hancock County Community Action Commission (5%), Christian Clearing House (3%), Hope House (2%), church (1%), United Way/2-1-1 (1%), Open Arms (1%), and Associated Charities (1%).
- ◆ 17% of Hancock County adults were currently experiencing lingering issues with regards to the August 2007 flood. Adults were dealing with the following flood issues: fear of another flood (16%), decrease in property value (9%), debt (6%), unfinished repairs (4%), anxiety (3%), anger (3%), depression (1%), loss of pets (1%), and physical health issues (1%).
- ◆ Hancock County households had the following disaster/emergency supplies: cell phone (91%), working flashlight and working batteries (90%), 3-day supply of non-perishable food for everyone who lives there (54%), working battery operated radio and working batteries (54%), 3-day supply of prescription medications (43%), and 3-day supply of water for everyone who lives there (31%).

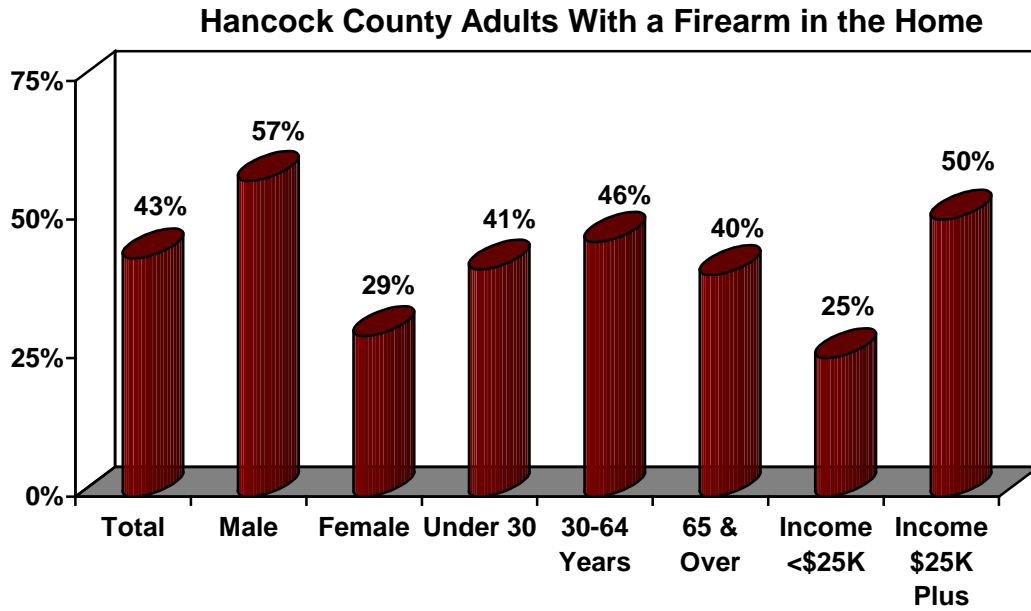
Firearm Statistics

- ◆ Between 2006-2008, there have been 52 deaths attributed to accidental discharge of firearms.
- ◆ There have been 1,956 suicides by firearms in Ohio from 2006-2008.
- ◆ There have been 1,252 homicides by firearms in Ohio from 2006-2008.
- ◆ In Lucas County from 2006-2008, there have been 62 suicides by firearms and 45 homicides by firearms.

(Source: Ohio Department of Health, Information Warehouse)

Quality of Life and Safety

The following graph shows the percentage of Hancock County adults that had a firearm in the home. Examples of how to interpret the information shown on the first graph include: 43% of all Hancock County adults kept a firearm in their home, 57% of males, and 41% of those under 30 kept a firearm in their home.



- ◆ 17% of Hancock County adults were currently experiencing lingering issues with regards to the August 2007 flood. Adults were dealing with the following flood issues: fear of another flood (16%), decrease in property value (9%), debt (6%), unfinished repairs (4%), anxiety (3%), anger (3%), depression (1%), loss of pets (1%), and physical health issues (1%).

Summary of Hancock County 2007 Flood Survey- Released August 2009

- ◆ Hancock County adult respondents reported they had the following lingering issues with regards to the August, 2007 flood: fear of another flood (19%), decrease in property value (17%), loss of irreplaceable items (10%), stress (9%), debt (9%), anxiety (8%), unfinished repairs (7%), anger (6%), repair bills (6%), depression (4%), physical health issues (3%), fear for your children (1%), loss of pet(s) (1%), and use of drugs or alcohol (<1%).

(Source: Lessons Learned: A Response to Flood Recovery, University of Findlay, Released August 2009)

Mental Health and Suicide

Key Findings

In 2011, 3% of Hancock County adults considered attempting suicide. 17% of adults felt sad, blue, or depressed on four or more days in the past month.

Adult Mental Health

- ◆ 3% of Hancock County adults considered attempting suicide in the past year.
- ◆ Less than 1% of adults attempted suicide.
- ◆ 10% of adults felt sad, blue, or depressed nearly every day for two or more weeks in a row that they stopped doing usual activities, increasing to 12% of those under the age of 30.
- ◆ During the past month, 15% of adults felt sad, blue, or depressed between 1-3 days. 17% felt this way for 4 or more days.
- ◆ 37% of Hancock County adults always receive the social and emotional support they need. 31% reported usually, 17% sometimes, and 8% never receive the social and emotional support they need.
- ◆ Hancock County adults' reasons for not seeking a program or service to help with depression, anxiety, or emotional problems for themselves or a loved one include: cannot afford to go (7%), have not thought of it (6%), the stigma of seeking mental health services (4%), other priorities (4%), don't know how to find a program (3%), fear (3%), co-pay or deductible is too high (2%), or transportation (1%).

Stigma of Mental Illness

(Based on 2007 BRFSS data)

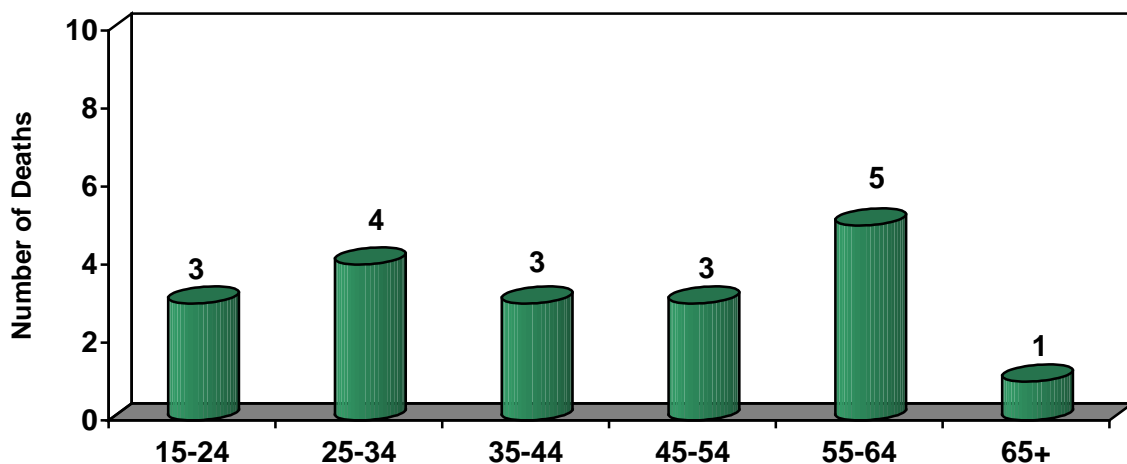
- ◆ Most adult with mental health symptoms (78%) and without mental health symptoms agreed that treatment can help persons with mental illness lead normal lives.
- ◆ 57% of adults believed that people care and are sympathetic to persons with mental illness.
- ◆ Only 25% of adults with mental health symptoms believed that people are caring and sympathetic to persons with mental illness.

(Sources: CDC, National Center for Chronic Disease Prevention and Health Promotion, Stigma of Mental Illness, July 2011, http://www.cdc.gov/mentalhealth/data_stats/mental-illness.htm)

Hancock County Number of Suicide Deaths By Age Group

2006-2008

Total Deaths = 19



(Source: ODH Information Warehouse, updated 4-15-10)

2003 Hancock County Comparison Data

- ◆ 14% of Hancock County adults reported they felt sad, blue or depressed for 5 or more days in the past month.
- ◆ 44% of Hancock County adults felt worried anxious or had a hard time controlling their worries.

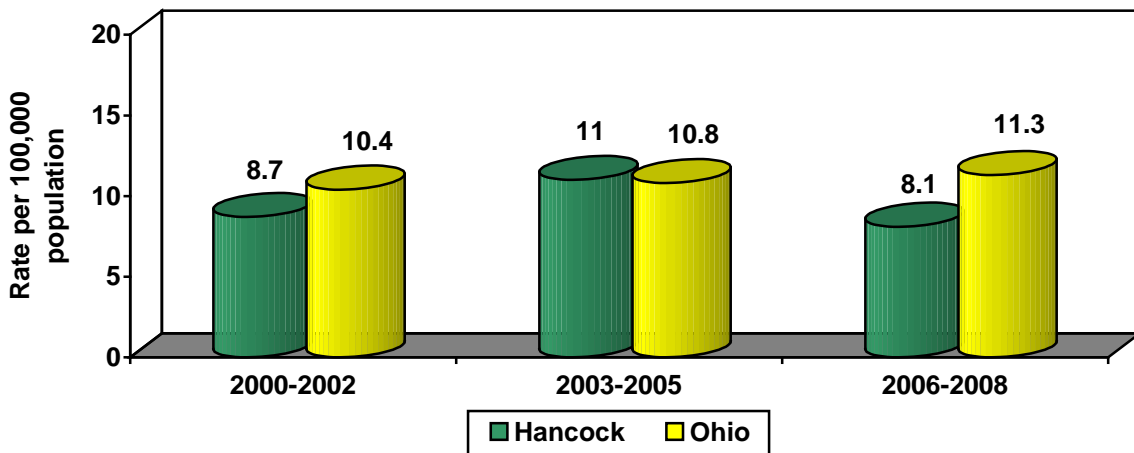
(Source: Hancock County Assessment 2003)

Mental Health and Suicide

The following graphs show the Ohio and Hancock County age-adjusted suicide mortality rates per 100,000 population and the number of suicide deaths by age group for the county. The graphs show:

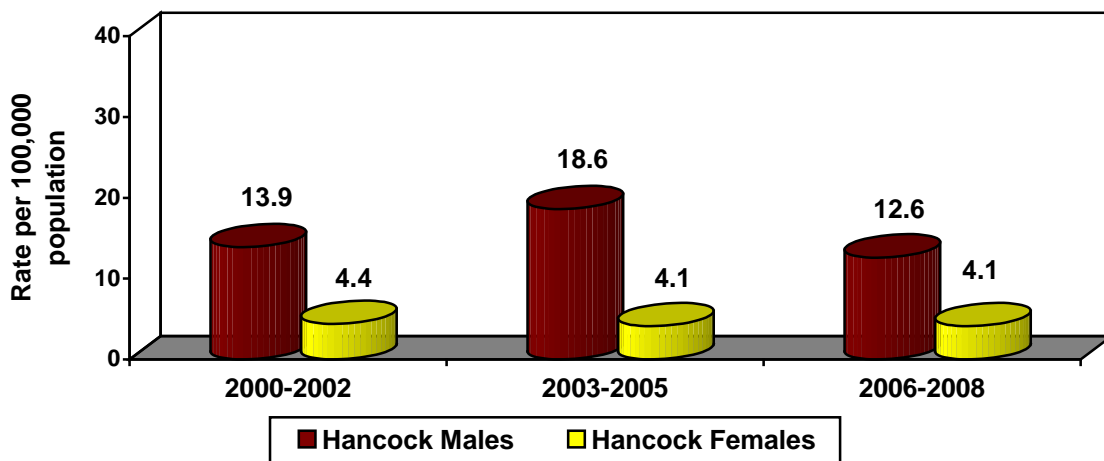
- ◆ The Hancock County age-adjusted suicide mortality rate decreased overall to a rate below the Ohio rate from 2000 to 2008.
- ◆ The Hancock County male age-adjusted suicide rate consistently exceeded the female rate from 2000 to 2008.
- ◆ From 2006-2008, 26% of all Hancock County suicide deaths occurred to those ages 55-64 years old.

Hancock County Age-Adjusted Suicide Mortality Rates



(Source: ODH Information Warehouse, updated 4-15-10)

Hancock County Age-Adjusted Suicide Mortality Rates by Gender



(Source: ODH Information Warehouse, updated 4-15-10)

Oral Health

Key Findings

The 2011 health assessment project has determined that more than two-thirds (71%) of Hancock County adults had visited a dentist or dental clinic in the past year. The 2010 BRFSS reported that 70% of U.S. adults and 72% of Ohio adults had visited a dentist or dental clinic in the previous twelve months. Four-fifths (80%) of Hancock youth had visited the dentist for a check-up, exam, teeth cleaning, or other dental work in the past year.

Hancock County Dental Care Resources - 2009

- ❖ Number of licensed dentists- 38
- ❖ Number of primary care dentists- 33
- ❖ Ratio of population per dentist- 1,943:1
- ❖ Number of dentists who treat Medicaid patients- 15
- ❖ Ratio of Medicaid population per dentist who treats Medicaid patients- 656: 1

(Source: ODH Ohio Oral Health Surveillance System, 2009)

Access to Dental Care

- ◆ In the past year, 71% of Hancock County adults had visited a dentist or dental clinic, decreasing to 53% of adults with annual household incomes less than \$25,000.
- ◆ When asked how long it had been since their last visit to a dentist or dental clinic, 7% of Hancock County adults reported that it had been more than one year but less than two years, 10% reported that it had been more than two years but less than five years, and 10% responded it had been five or more years ago.
- ◆ When asked the main reason for not visiting a dentist in the last year, almost half (44%) said because of cost, 29% said they had no reason to go, 13% said fear, apprehension, nervousness, pain, and dislike going, and 6% said they do not have/know a dentist.
- ◆ In the past year, 80% of Hancock County youth had visited the dentist for a check-up, exam, teeth cleaning, or other dental work. 8% responded more than one year but less than 2 years, and 3% responded more than 2 years ago.

Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
Time Since Last Visit to Dentist/Dental Clinic					
Males	68%	10%	7%	13%	1%
Females	73%	5%	13%	7%	1%
Total	70%	7%	10%	10%	1%

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

2003 Hancock County Comparison Data

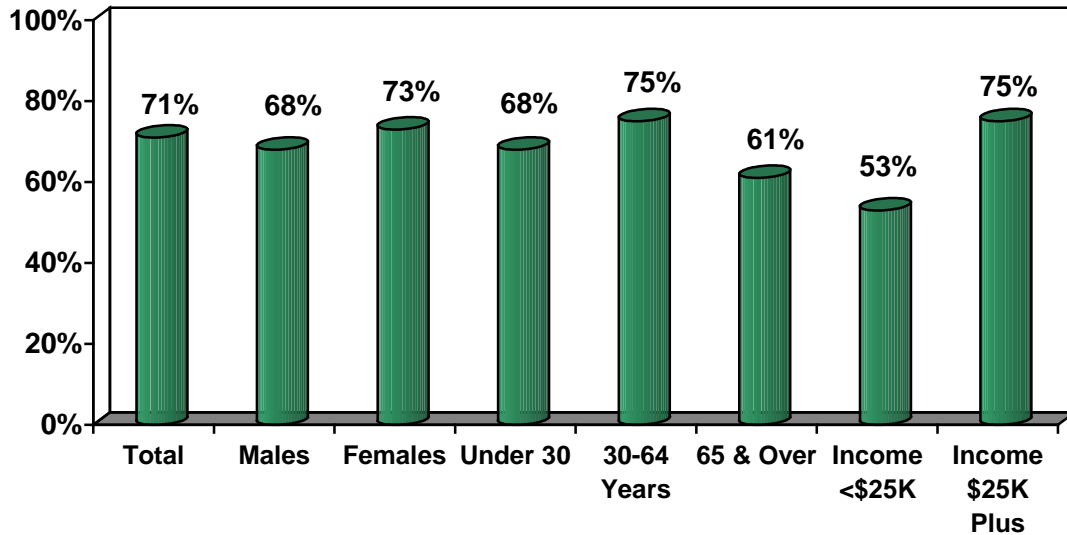
- ❖ 65% of Hancock County adults visited a dentist for a regular checkup within the past year.

(Source: Hancock County Assessment 2003)

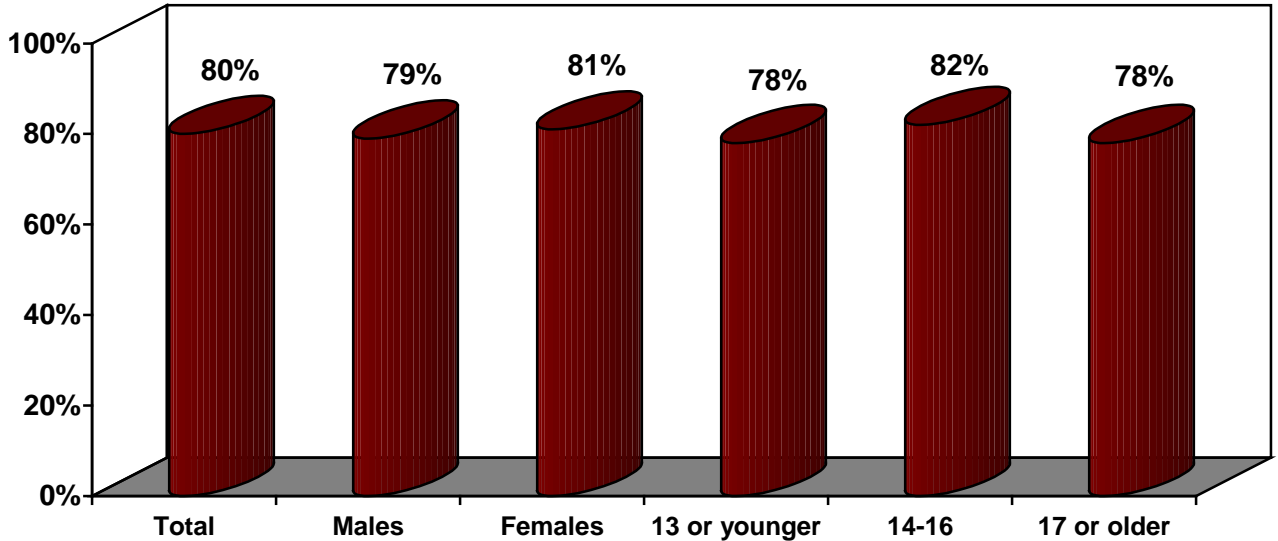
Oral Health

The following graphs provide information about the frequency of Hancock County adult and youth dental visits. Examples of how to interpret the information on the first graph include: 71% of all Hancock County adults had been to the dentist in the past year, 68% of those under the age of 30 and 53% of those with incomes less than \$25,000.

Hancock County Adults Visiting a Dentist in the Past Year



Hancock County Youth Visiting a Dentist in the Past Year



Youth Weight Status

Key Findings

The 2011 Health Assessment identified that 15% of Hancock County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 13% of Hancock County youth reported that they were overweight. 74% of youth were exercising for 60 minutes on 3 or more days per week.

Youth Weight Status

- ◆ BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific as children's body fatness changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese.
- ◆ In 2011, 15% of youth were classified as obese by Body Mass Index (BMI) calculations (2007 YRBS reported 12% for Ohio, 2009 YRBS reported 12% for the U.S.). 13% of youth were classified as overweight, 71% were normal weight, and 2% were underweight.
- ◆ 42% of all youth were trying to lose weight (2007 YRBS reported 47% for Ohio and 45% for the U.S.), increasing to 49% of Hancock County female youth (compared to 35% of males).
- ◆ In the past 30 days, 2% of all Hancock County youth (2007 YRBS reported 11% for Ohio, 2009 YRBS reported 11% for the U.S.) reported going without eating for 24 hours or more to lose weight or keep from gaining weight. <1% vomited or took laxatives, and <1% took diet pills, powders, or liquids without a doctor's advice.
- ◆ 20% of youth ate less food, fewer calories, or foods lower in fat to try to lose weight or keep from gaining weight in the past month and 29% exercised to try to lose weight or keep from gaining weight.

Nutrition

- ◆ 37% of Hancock County youth ate fruit or drank 100% fruit juice at least once per day in the past week, 41% had eaten vegetables such as green salads, carrots and potatoes at least once per day in the past week, and 54% drank at least one glass of milk.
- ◆ 41% of Hancock County youth drank energy drinks. They did so for the following reasons: they tasted good (28%), to stay awake (18%), to get pumped up (11%), to help them perform (4%), to drink before games or practice (4%), and to mix with alcohol (3%).

Physical Activity

- ◆ 74% of Hancock County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. 55% did so on 5 or more days in the past week and 31% did so every day in the past week. 11% of youth did not participate in any physical activity in the past week. The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity per day. As part of their 60 minutes per day; aerobic activity, muscle strengthening, and bone strengthening are three distinct types of physical activity that children should engage in, appropriate to their age. Children should participate in each of these types of activity on at least three days per week.
- ◆ Hancock County youth spent an average of 2.2 hours watching TV or playing video games, and 3.3 hours on their cell phone, iPad, or computer on an average day of the week.
- ◆ Hancock County youth spent an average of 1.5 hours on homework and 0.9 hours reading for pleasure during the week.
- ◆ 82% of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (63%), church or religious organization (32%), school club or social organization (25%), volunteer in the community (16%), or some other organized activity (15%).

Obese Adolescents

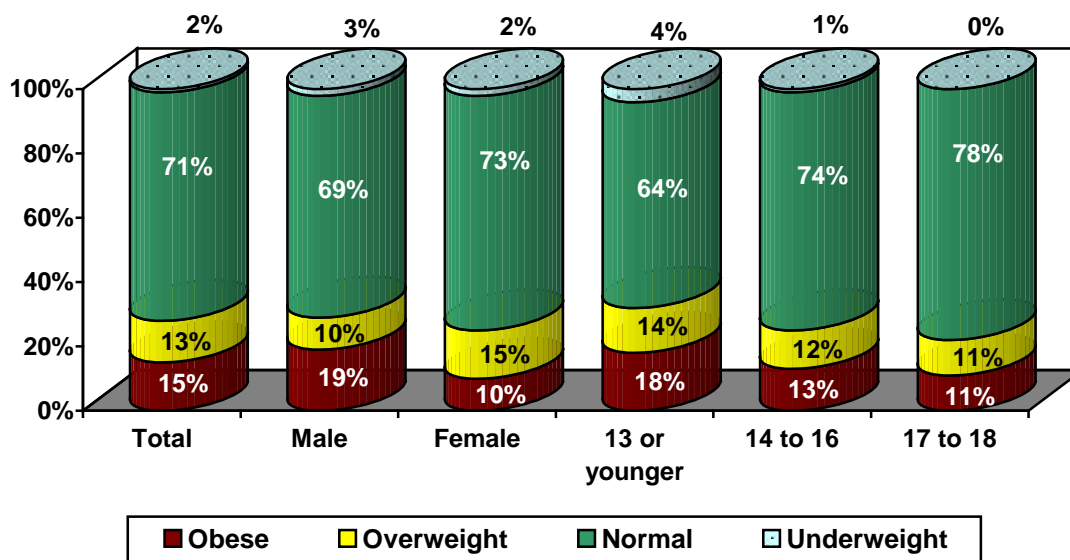
- ◆ Obese adolescents have a 70% chance of being overweight or obese as adults. If the parents are overweight as well, the risk increases to 80%.
- ◆ Poor self-esteem and depression are additional consequences of childhood obesity.
- ◆ Sedentary activities, such as television, computer and video games, contribute to the children's inactive lifestyles.
- ◆ Youth who are obese have an increased frequency for heart disease, diabetes, and other health problems than those children who have a healthy weight.

(Source: Surgeon General's Call to Action To Prevent and Decrease Overweight and Obesity 2001 and 2007 YRBS)

Youth Weight Status

The following graph shows the percentage of Hancock County youth who were classified as obese, overweight, normal, or underweight by Body Mass Index (BMI). The table shows the unhealthy ways youth lost weight. Examples of how to interpret the information in the first graph include: 71% of all Hancock County youth were classified as normal weight, 15% were obese, 13% were overweight, and 2% were calculated to be underweight for their age and gender.

Hancock County Youth BMI Classifications



Hancock County Youth did the following to lose weight in the past 30 days:	Percent
Exercised	29%
Ate less food, fewer calories, or foods lower in fat	20%
Went without eating for 24 hours	2%
Vomited or took laxatives	<1%
Took diet pills, powders, or liquids without a doctor's advice	<1%

2003/2011 Youth Comparisons	Hancock County 2003 (6 th -12 th)	Hancock County 2011 (6 th -12 th)	Hancock County 2011 (9 th -12 th)	Ohio 2007 (9 th -12 th)	U.S. 2009 (9 th -12 th)
Obese	N/A	15%	13%	12%	12%
Went without eating for 24 hours or more	9%	2%	1%	11%	11%
Trying to lose weight	44%	42%	39%	47%	45%*

*2007 YRBS Data
N/A – Not available

Youth Tobacco Use

Key Findings

The 2011 health assessment identified that 8% of Hancock County youth (ages 12-18) were smokers increasing to 14% of those who were 17-18 years old.

Overall, 4% of Hancock County youth indicated they had used chewing tobacco in the past year.

Youth Tobacco Use Behaviors

- ◆ The 2007 YRBS reports that 51% of youth in Ohio had tried cigarette smoking (2009 YRBS reports 46% of U.S. youth) and the 2011 health assessment indicated that 22% of Hancock County youth had done the same.
- ◆ Over one-quarter (34%) of those who have smoked a whole cigarette did so when they were under 10 years old and 53% had done so under the age of 12. The average age of onset for smoking was 12.2 years old.
- ◆ In 2011, 8% of Hancock County youth were current smokers, having smoked at some time in the past 30 days (2007 YRBS reported 22% for Ohio and 2009 YRBS reported 20% for the U.S.). 14% of 17-18 year olds were current smokers compared to 3% of 13 year olds and younger and 12% of 14-16 year olds.
- ◆ Of those who smoked, 18% smoked less than 1 cigarette per day and 11% smoked 11 to 20 cigarettes per day.
- ◆ About one-fifth (22%) of current smokers smoked cigarettes daily.
- ◆ Almost three-fourths (73%) of the Hancock County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- ◆ 34% of youth smokers asked someone else to buy them cigarettes, 15% bought cigarettes from a store or gas station, 12% took cigarettes from a store or family member, 10% borrowed cigarettes from someone else, and 10% said an adult gave them the cigarettes.
- ◆ Hancock County youth used the following forms of tobacco the most in the past year: cigarettes (12%), black and milds (6%), cigars (5%), hookah (4%), chewing tobacco or snuff (4%), flavored cigarettes (3%), cigarillos (3%), swishers (3%), snus (3%), little cigars (2%), and bidis (1%).
- ◆ In the past 30 days, 4% of Hancock County youth used chewing tobacco or snuff (2007 YRBS reported 10% for Ohio and 2009 YRBS reported 9% for the U.S.) increasing to 6% of males.

2008 Ohio Youth Tobacco Survey

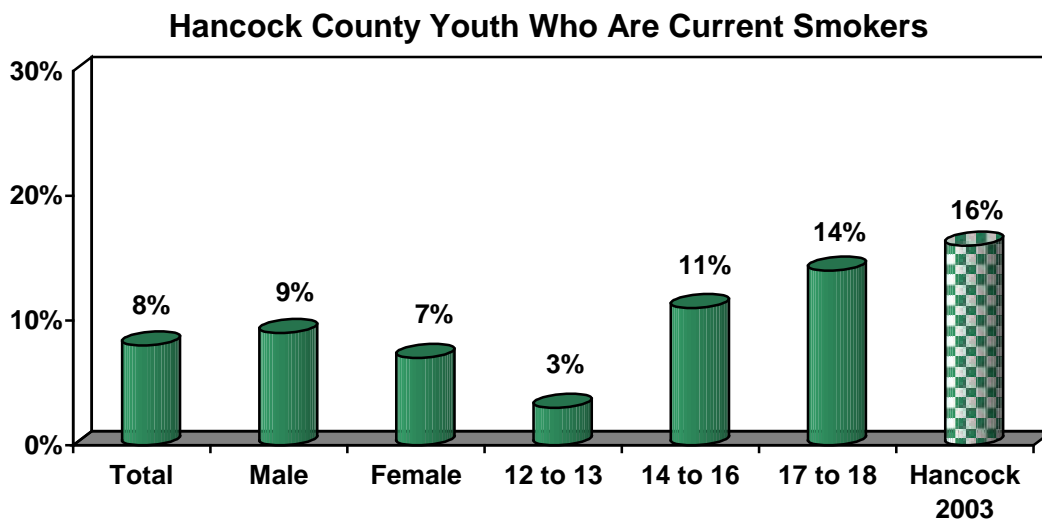
- ◆ In 2008, 57.2% of Ohio high school students had used some form of tobacco during their lifetime.
- ◆ 6% of high school students and 4.8% of middle school students had started smoking by age 11.
- ◆ 11% of middle school and 20.8% of high school students reported using smokeless tobacco in their lifetime.
- ◆ According to the survey results, 19.1% of middle school students and 20.6% of high school students had never smoked a cigarette.

(Source: Ohio Youth Tobacco Survey, 2008, Office of Healthy Ohio, Tobacco Use Prevention and Cessation Program)

2003/2011 Youth Comparisons	Hancock County 2003 (6 th – 12 th)	Hancock County 2011 (6 th – 12 th)	Hancock County 2011 (9 th – 12 th)	Ohio 2007 (9 th – 12 th)	U.S. 2009 (9 th – 12 th)
Ever tried cigarettes	40%	22%	31%	51%	46%
Current smokers	16%	8%	14%	22%	20%
Used chewing tobacco or snuff	5%	4%	6%	10%	9%

Youth Tobacco Use

The following graph shows the percentage of Hancock County youth who smoked cigarettes. Examples of how to interpret the information include: 9% of all Hancock County youth were current smokers, 10% of males smoked, and 7% of females were current smokers. The table shows differences in specific risk behaviors between current smokers and non-current smokers (nonsmokers).



Current smokers are those who have smoked at any time during the past 30 days.

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

Youth Behaviors	Current Smoker	Non-Current Smoker
Attempted suicide in the past 12 months	38%	9%
Have had at least one drink of alcohol in the past 30 days	73%	12%
Have used marijuana in the past 30 days	58%	3%
Have participated in sexual activity	86%	22%

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

Youth Alcohol Consumption

Key Findings

In 2011, the health assessment results indicated that 40% of Hancock County youth had drunk at least one drink of alcohol in their life increasing to 57% of youth seventeen to eighteen years old. 45% of those who drank, took their first drink by the age of 12. Less than one-fifth (17%) of all Hancock County youth and 30% of those 17-18 years had at least one drink in the past 30 days. Over half (53%) of the youth who reported drinking in the past 30 days had at least one episode of binge drinking. 3% of all youth drivers had driven a car in the past month after they had been drinking alcohol.

Youth Alcohol Consumption

- ◆ In 2011, the health assessment results indicate that two-fifths (40%) of all Hancock County youth (ages 12 to 18) have had at least one drink of alcohol in their life, increasing to 57% of 17-18 year olds (2007 YRBS reports 76% for Ohio and 2009 YRBS reports 73% for the U.S.).
- ◆ Less than one-fifth (17%) of the youth had at least one drink in the past 30 days, increasing to 30% of 17-18 year olds (2007 YRBS reports 46% for Ohio and 2009 YRBS reports 42% for the U.S.).
- ◆ Of those who drank, 53% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition.
- ◆ Based on all youth surveyed, 9% were defined as binge drinkers (2007 YRBS reports 29% for Ohio and 2009 YRBS reports 24% for the U.S.).
- ◆ 13% of Hancock County youth who reported drinking in the past 30 days, drank on at least 10 or more days during the month.
- ◆ Almost half (45%) of Hancock County youth who reported drinking at sometime in their life had their first drink by the age of 12, 26% took their first drink between the ages of 13 and 14, and 29% drank between the ages of 15 and 18. The average age of onset was 12.4 years old.
- ◆ Hancock County youth drinkers reported they got their alcohol from the following: a parent gave it to them (39%), someone gave it to them (33%), paid an older person to buy it for them (16%), took it from a store of family member (6%), their friend's parents gave it to them (5%), bought in a store (4%), and some other way (26%).
- ◆ During the past month 15% of all Hancock County youth had ridden in a car driven by someone who had been drinking alcohol (2007 YRBS reports 23% for Ohio and 2009 YRBS reports 28% for the U.S.).
- ◆ 3% of all youth drivers had driven a car in the past month after they had been drinking alcohol increasing to 5% of those in high school (2007 YRBS reports 10% for Ohio and 2009 YRBS reports 10% for the U.S.).
- ◆ Almost three-fourths (72%) of Hancock County youth reported that their parents would strongly disapprove of them drinking alcohol, decreasing to 47% of 17-18 year olds.

Youth Risk Behavior Survey Results* Alcohol Use

- ◆ 46% of Ohio high school students drank alcohol in the past month compared with 42% of U.S. high school students.
- ◆ 29% of Ohio and 24% of U.S. high school students reported binge drinking in the past month.
- ◆ Among U.S. high school students, current drinking prevalence was higher for females (43%) than males (41%), however binge drinking incidence was higher for males (25%) than females (23%).

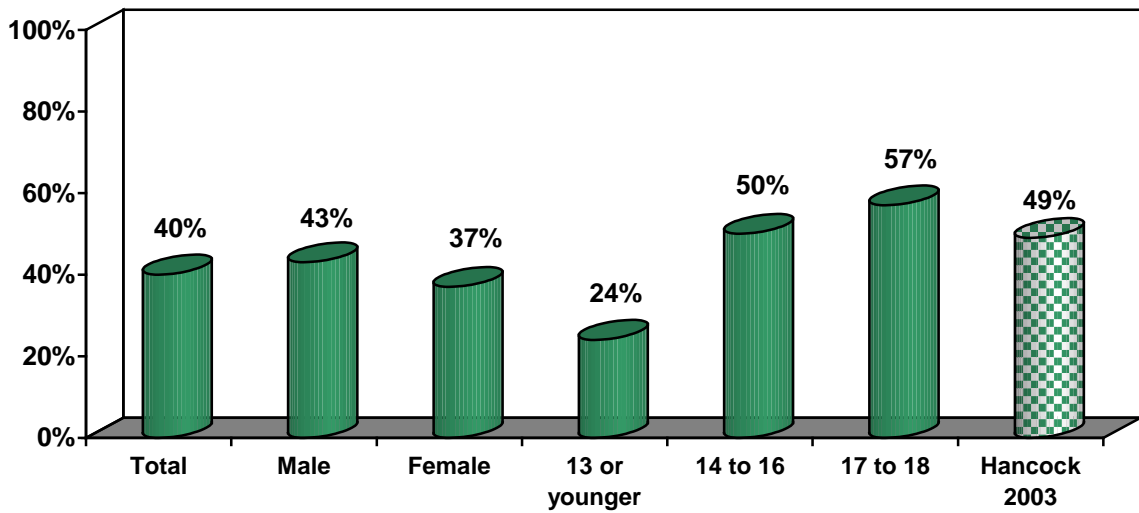
*U.S. data from 2009 YRBS and Ohio data from 2007 YRBS. 2009 YRBS data is unavailable for Ohio due to an insufficient amount of data to generate weighted results. (Source: CDC: YRBS 6-7-10)

2003/2011 Youth Comparisons	Hancock County 2003 (6 th – 12 th)	Hancock County 2011 (6 th – 12 th)	Hancock County 2011 (9 th – 12 th)	Ohio 2007 (9 th – 12 th)	U.S. 2009 (9 th – 12 th)
Ever tried alcohol	49%	40%	53%	76%	73%
Current drinker	25%	17%	23%	46%	42%
Binge drinker	13%	9%	14%	29%	24%
Rode with someone who was drinking	16%	15%	15%	23%	28%
Drank and drove	3%	3%	5%	10%	10%

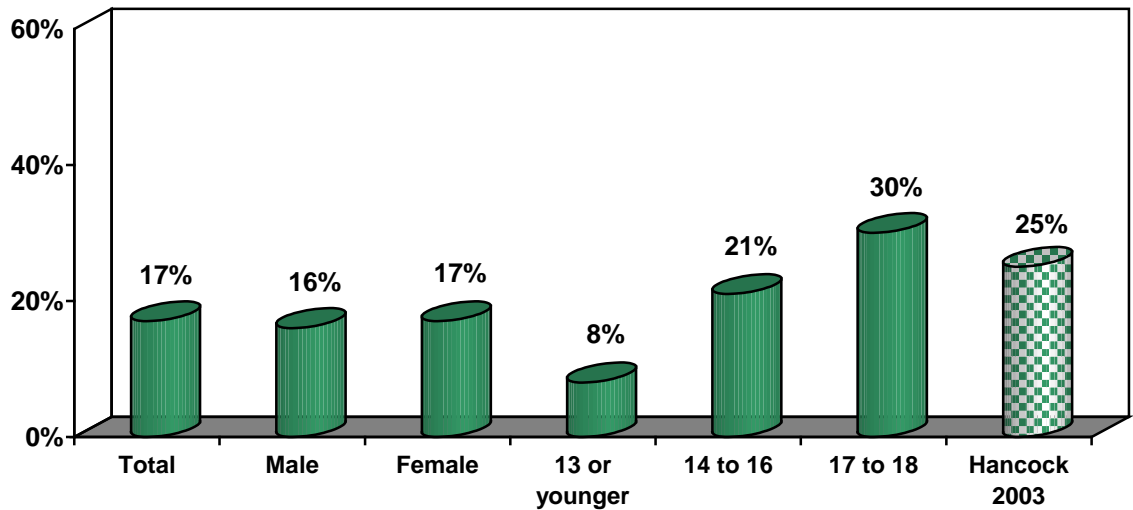
Youth Alcohol Consumption

The following graphs show the percentage of Hancock County youth who have drunk in their lifetime and those who are current drinkers. Examples of how to interpret the information include: 40% of all Hancock County youth have drunk at some time in their life, 43% of males, and 37% of females had drank.

Hancock County Youth Who Had At Least One Drink In Their Lifetime

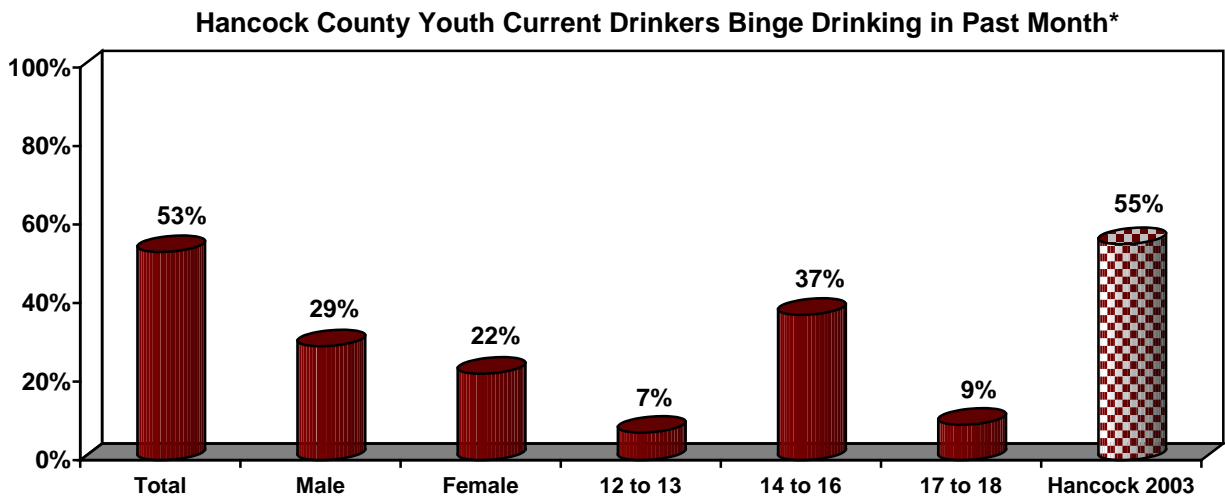


Hancock County Youth Who Were Current Drinkers



Youth Alcohol Consumption

The following graph shows the percentage of Hancock County youth who were binge drinkers. Examples of how to interpret the information include: 53% of current drinkers binge drank in the past month, 29% of males, and 22% of females had binge drank. The table shows differences in specific risk behaviors between current drinkers and non-current drinkers.



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

Behaviors of Hancock Youth

Current Drinkers vs. Non-Current Drinkers

Youth Behaviors	Current Drinker	Non-Current Drinker
Considered attempting suicide in the past 12 months	33%	7%
Have smoked in the past 30 days	37%	3%
Have used marijuana in the past 30 days	33%	2%
Have had sexual activity	70%	18%

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

Youth Marijuana and Other Drug Use

Key Findings

In 2011, 7% of Hancock County youth had used marijuana at least once in the past 30 days, increasing to 11% of high school youth. During the past 12 months, 10% of Hancock County youth had someone offer, sell, or give them an illegal drug on school property.

Youth Drug Use

- ◆ In 2011, 7% of all Hancock County youth had used marijuana at least once in the past 30 days, increasing to 11% of high school youth. The 2007 YRBS found a prevalence of 18% for Ohio youth and the 2009 YRBS found a prevalence of 21% for U.S. youth who had used marijuana one or more times during the past 30 days.
- ◆ 7% of youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at sometime in their lives, increasing to 13% of those ages 17-18.
- ◆ 1% of Hancock County youth have reported using a needle to inject illegal drugs into their body.
- ◆ 7% of youth used inhalants, 4% used steroids, 3% used cocaine, 2% used methamphetamines, and 1% used heroin.
- ◆ During the past 12 months, 10% of all Hancock County youth reported that someone had offered, sold, or given them an illegal drug on school property increasing to 12% of high school youth (2007 YRBS reports 27% for Ohio and 2009 YRBS reports 23% for the U.S.).
- ◆ Hancock County youth reported that the following would keep them from seeking help to quit using alcohol, tobacco, or other drugs: they do not think they need help (12%), they might get in trouble (4%), time (3%), do not know where to get help (2%), and paying for it (2%).
- ◆ Hancock County youth reported the following reasons for not using drugs: parents would be upset (61%), legal consequences (46%), kicked out of extracurricular activities (44%), and health problems (41%).
- ◆ One-fourth (25%) of Hancock County youth thought that random drug testing in the school had reduced the number of students using drugs. 27% did not think so and 47% did not know.

2007 National Survey on Drug Use and Health (NSDUH)

- ❖ Rates of current use remained stable from 2006 to 2007 among youths aged 12 to 17 for all drugs except use of heroin, which decreased.
- ❖ From 2002 to 2007, rates of current use among youths aged 12 to 17 declined significantly for illicit drugs overall and for several specific drugs, including marijuana, cocaine, hallucinogens, LSD, Ecstasy, prescription-type drugs used non-medically, pain relievers, stimulants, and methamphetamine.
- ❖ The rate of current marijuana use among youths aged 12 to 17 decreased from 8.2 percent in 2002 to 6.7 percent in 2007.

(Source: Department of Health and Human Services, SAMHSA, NSDUH, 2007)

2003/2011 Youth Comparisons	Hancock County 2003 (6 th - 12 th)	Hancock County 2011 (6 th - 12 th)	Hancock County 2011 (9 th - 12 th)	Ohio 2007 (9 th - 12 th)	U.S. 2009 (9 th - 12 th)
Youth who used marijuana in the past 30 days	9%	7%	11%	18%	21%
Ever used methamphetamines	4%*	2%	3%	6%	4%
Ever used cocaine	4%	3%	5%	8%	6%
Ever used heroin	2%	1%	2%	4%	3%
Ever used steroids	3%	4%	5%	5%	3%
Ever used inhalants	14%	7%	7%	12%**	12%
Ever misused medications	20%	7%	9%	N/A	N/A
Youth who reported that someone offered, sold, or gave them an illegal drug on school property	13%	10%	12%	27%	23%

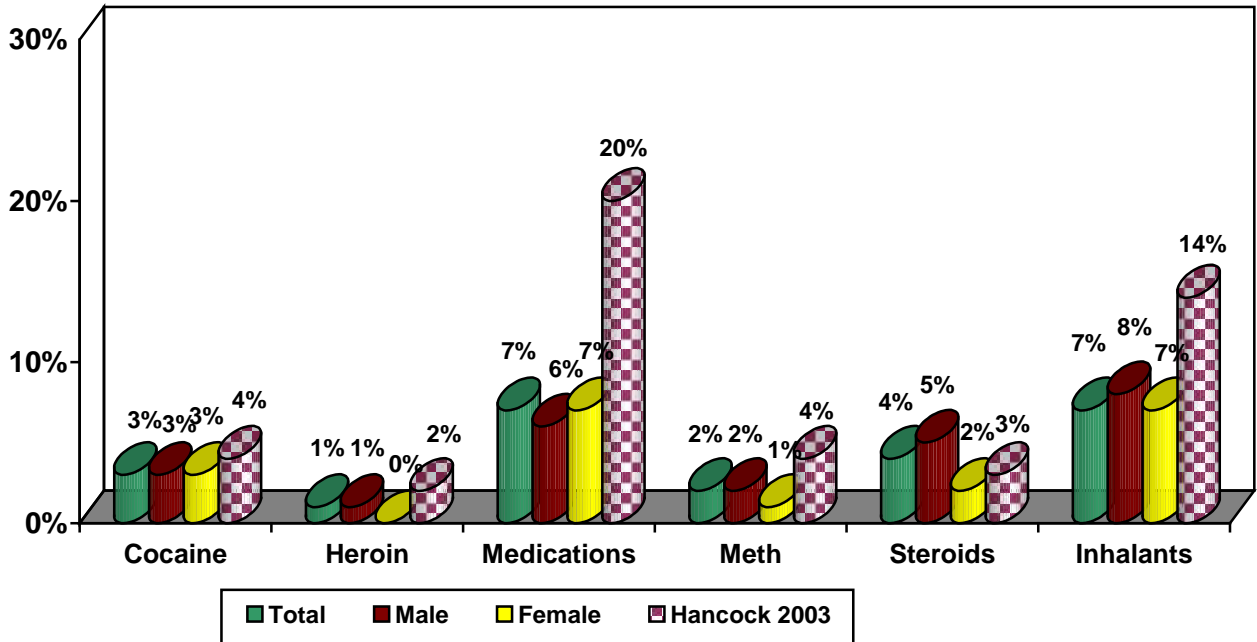
* In 2003, methamphetamines were reported as speed.

**2005 YRBS Data

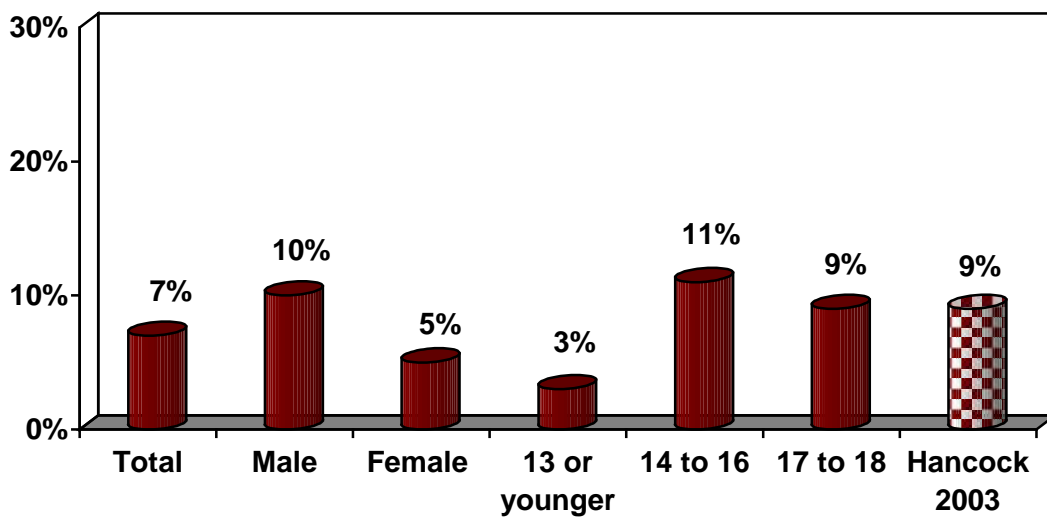
Youth Marijuana and Other Drug Use

The following graphs are data from the 2011 Hancock County Health Assessment indicating youth lifetime drug use, marijuana use in the past 30 days, and the percent of youth who had been offered, sold, or given an illegal drug on school property in the past month. Examples of how to interpret the information include: 3% of all youth had used cocaine, 1% had used medications, and 7% had used inhalants.

Hancock County Youth Lifetime Drug Use

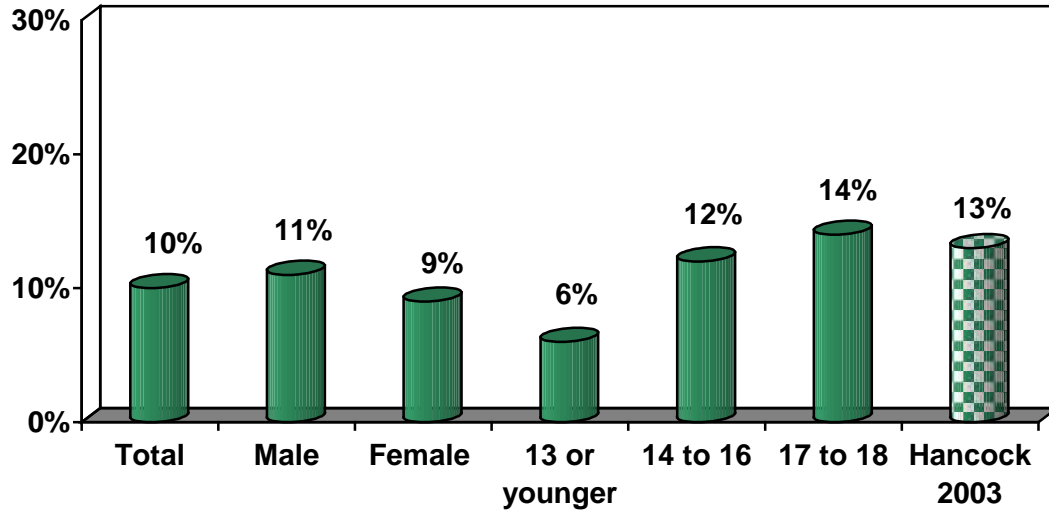


Hancock County Youth Who Used Marijuana in the Past Month



Youth Marijuana and Other Drug Use

Hancock County Youth Offered, Sold, or Given Illegal Drugs by Someone on School Property in the Past 12 Months



Youth Sexual Behavior and Teen Pregnancy Outcomes

Key Findings

Arcadia, Arlington, Liberty Benton, and McComb school districts asked limited or no sexual health questions. In 2011, about one in six (15%) of Hancock County youth have had sexual intercourse, increasing to 33% of those ages 17 to 18. 16% of youth had participated in oral sex and 3% had participated in anal sex. 17% of youth participated in sexting. Of those who were sexually active, 53% had multiple sexual partners.

Youth Sexual Behavior

- ◆ Arcadia, Arlington, Liberty Benton, and McComb school districts asked limited or no sexual health questions.
- ◆ One in six (15%) Hancock County youth have had sexual intercourse, increasing to 33% of those ages 17 to 18. The 2007 YRBS reports that 45% of Ohio youth have had sexual intercourse and the 2009 YRBS reports that 46% of U.S. youth have had sexual intercourse.
- ◆ 16% of youth had participated in oral sex, increasing to 33% of those ages 17 to 18.
- ◆ 3% of youth had participated in anal sex.
- ◆ 17% of youth had participated in sexting, increasing to 21% of those ages 17 to 18.
- ◆ Of those youth who were sexually active in their lifetime, 47% had one sexual partner and 53% had multiple partners.
- ◆ 6% of all Hancock County high school youth had 4 or more partners (2007 YRBS reports 14% for Ohio, 2009 YRBS reports 14% for the U.S.).
- ◆ Of those youth who were sexually active, 33% had done so by the age of 13. Another 40% had done so by 15 years of age. The average age of onset was 14.0 years old.
- ◆ Of those youth who had oral sex, 40% had done so by the age of 13.
- ◆ Of all high school youth, 6% were sexually active by the age of 13 (2007 YRBS reports 6% for Ohio, 2009 YRBS reports 6% for the U.S.).
- ◆ Hancock County youth had experienced the following: have been pregnant (1%), got someone pregnant (1%), and been treated for an STD (1%).
- ◆ 88% of youth were taught about sexual practices, sexually transmitted diseases, or HIV or AIDS infection. They were taught about these issues by the following: school (59%), home (7%), their friends (1%), their doctor (<1%), the internet (<1%), and somewhere else (<1%). (Totals are greater than 100% because more than one answer could be chosen).
- ◆ Over half (55%) of youth who were sexually active used condoms to prevent pregnancy, 28% used birth control pills, 5% used Depo-Provera, and 19% used the withdrawal method. However, 12% were engaging in intercourse without a reliable method of protection.
- ◆ 5% of youth drank alcohol or used drugs before they had sexual intercourse the last time, increasing to 9% of high school youth.

Facts on American Teens' Sexual and Reproductive Health

- ❖ Almost half (46%) of all 15-19 year olds in the U.S. have had sex at least once.
- ❖ By age 15, 13% of teens have had sex, increasing to 70% by age 19.
- ❖ About 25% of sexually active teens acquire an STD.
- ❖ A sexually active teen who does not use contraceptives has a 90% chance of becoming pregnant within a year.
- ❖ Eleven percent of all U.S. births are to teens.
- ❖ The majority of decline in teen pregnancy rates is due to more consistent contraceptive use; the rest is due to higher proportions of teens choosing to delay sexual activity.

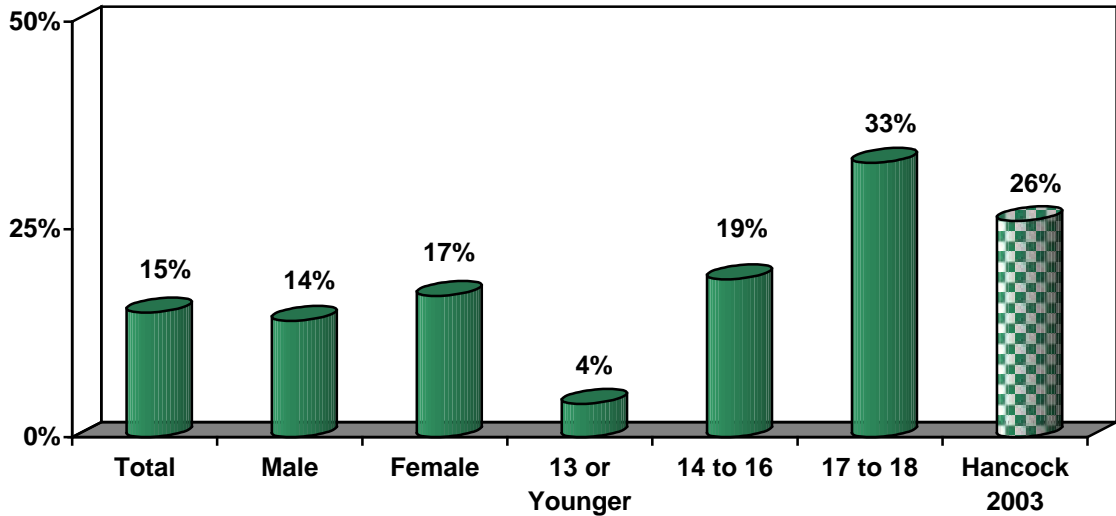
(Source: The Alan Guttmacher Institute, Facts on American Teens' Sexual and Reproductive Health)

2011 Youth Comparisons	Hancock County 2003 (6 th -12 th)	Hancock County 2011 (6 th - 12 th)	Hancock County 2011 (9 th - 12 th)	Ohio 2007 (9 th - 12 th)	U.S. 2009 (9 th - 12 th)
Ever had sexual intercourse	26%	15%	23%	45%	46%
Used a condom at last intercourse	70%	55%	47%	60%	61%
Used birth control pills at last intercourse	30%	28%	24%	17%	20%
Had multiple sexual partners	58%	53%	45%	N/A	N/A

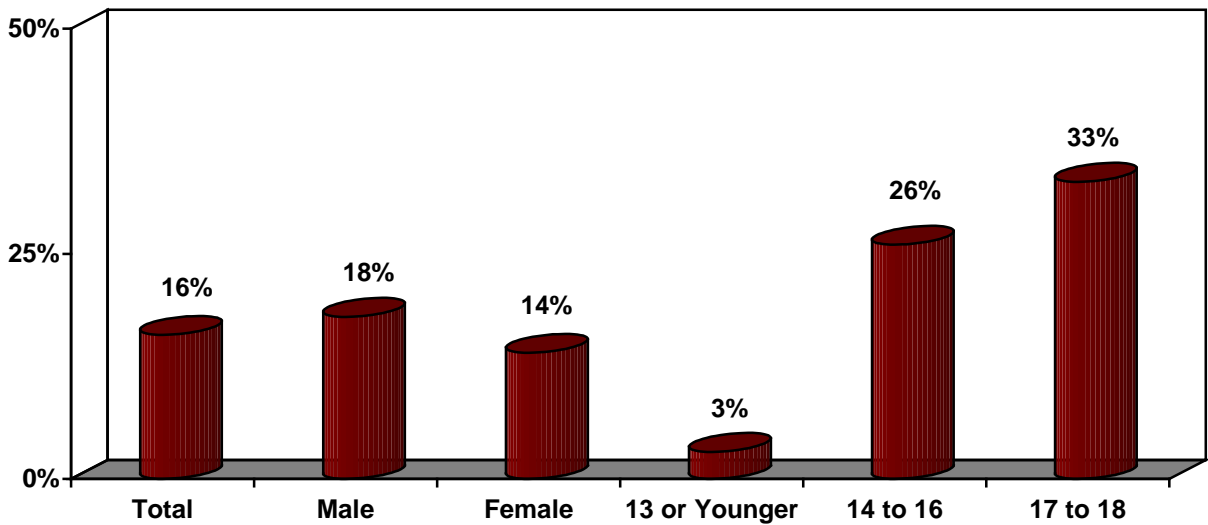
Youth Sexual Behavior and Teen Pregnancy Outcomes

The following graphs show the percentage of Hancock County youth who participated in sexual intercourse and oral sex. Examples of how to interpret the information include: 15% of all Hancock County youth had sexual intercourse, 14% of males, and 17% of females had sex.

Hancock County Youth Who Had Sexual Intercourse

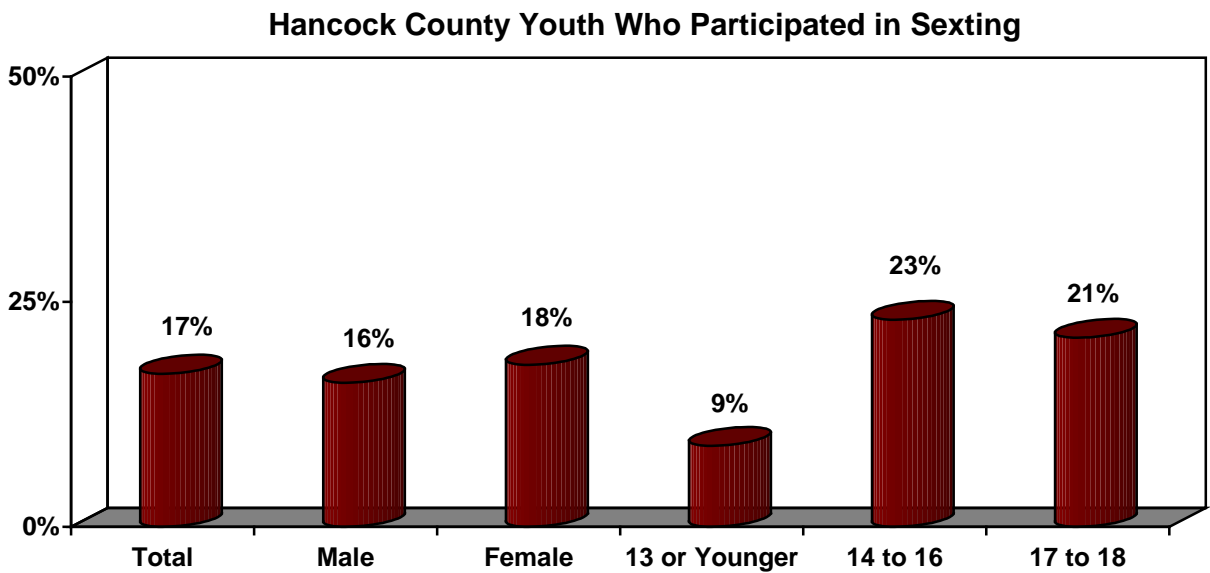
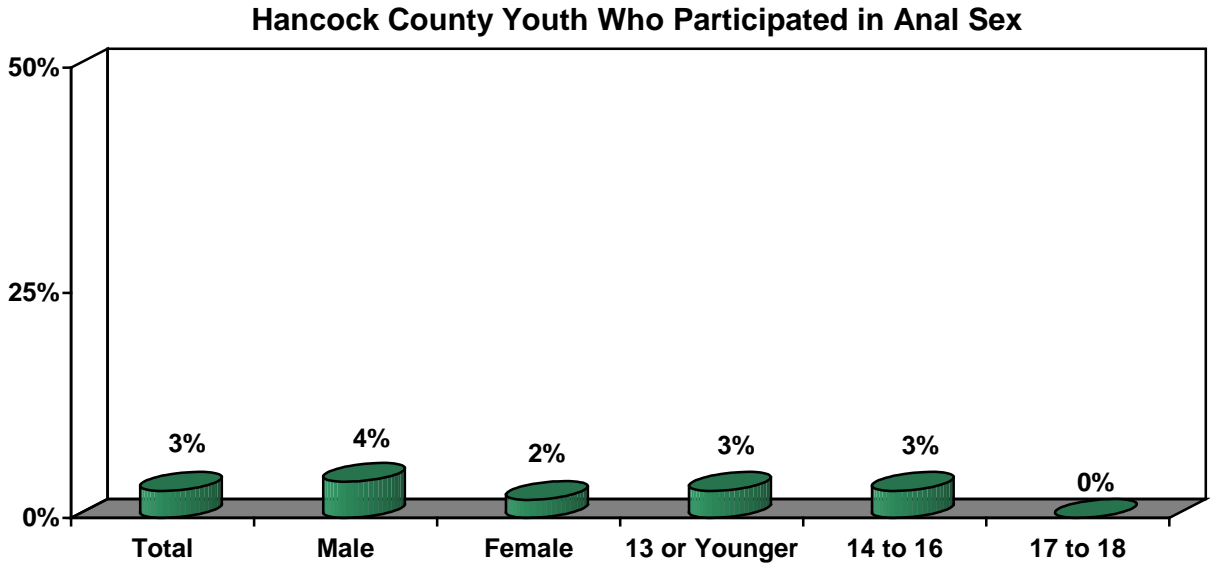


Hancock County Youth Who Participated in Oral Sex



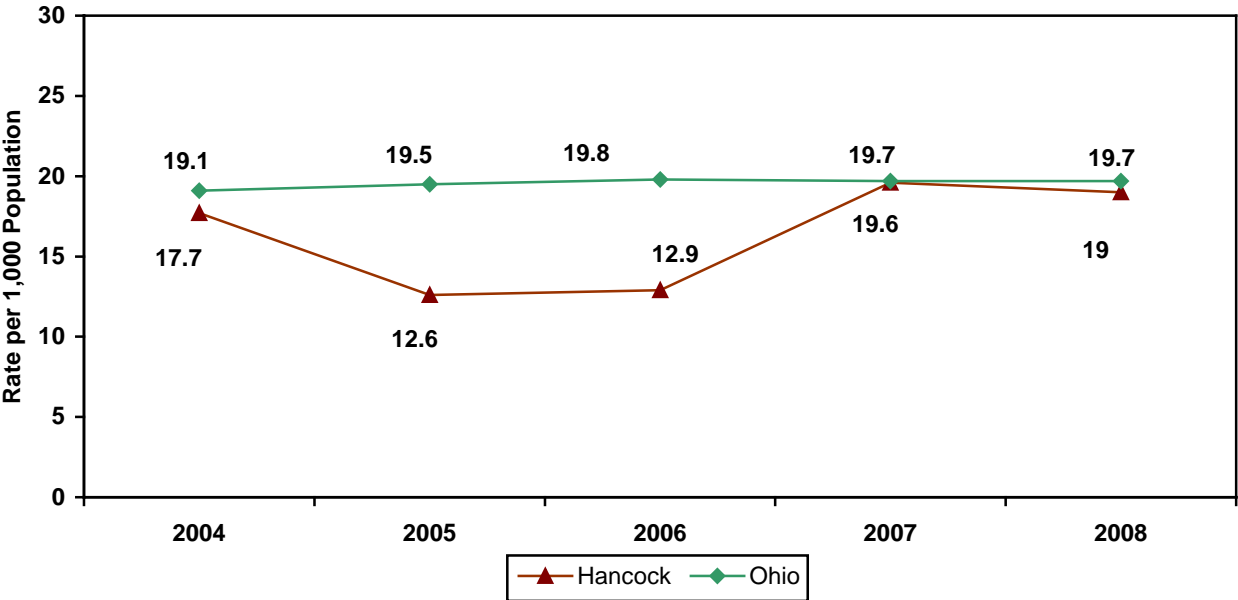
Youth Sexual Behavior and Teen Pregnancy Outcomes

The following graphs show the percentage of Hancock County youth who participated in anal sex and sexting. Examples of how to interpret the information include: 3% of all Hancock County youth participated in anal sex, 4% of males, and 2% of females.



Youth Sexual Behavior and Teen Pregnancy Outcomes

Teen Birth Rates for Hancock County and Ohio*



*Teen birth rates include women ages 15-17
(Source: Ohio Department of Health Information Warehouse Updated 1-7-10)

Youth Mental Health and Suicide

Key Findings

In 2011, 12% of Hancock County youth had seriously contemplated suicide in the past year and 9% admitted actually attempting suicide in the past year. Arlington schools and Liberty Benton high school did not ask some mental health questions.

Youth Mental Health

- ◆ Arlington schools and Liberty Benton high school did not ask some mental health questions.
- ◆ In 2011, 12% of Hancock County youth reported seriously considering attempting suicide in the past twelve months compared to the 2007 YRBS rate of 13% for Ohio youth and 2009 YRBS rate of 14% for U.S. youth.
- ◆ In the past year, 9% of Hancock County youth had attempted suicide and 2% had made more than one attempt. The 2007 YRBS reported a suicide attempt prevalence rate of 7% for Ohio youth and the 2009 YRBS reported a 6% rate for U.S. youth. Of those who attempted suicide, 28% of them resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.
- ◆ Hancock County youth reported the following reasons for not seeking help if they were dealing with anxiety, stress, depression, or thoughts of suicide: they would seek help (47%), they can handle it themselves (36%), worried what others would think (16%), paying for it (7%), no time (7%), do not know where to go (7%), family would not support them in getting help (6%), and transportation (2%).
- ◆ Hancock County youth reported the following ways of dealing with anxiety, stress, or depression: talk to someone (35%), sleep (31%), hobbies (25%), exercise (19%), eat (16%), journal (8%), self-harm (6%), shop (6%), smoke (4%), use illegal drugs (4%), use medication (4%), and drink alcohol (3%).
- ◆ Hancock County youth reported the following causes them anxiety: academic success (23%), sports (22%), fighting in the home (20%), fighting with friends (20%), peer pressure (18%), breakup (17%), dating relationship (16%), poverty/no money (7%), parent lost job (4%), flood (3%), family member in the military (2%), and other stress at home (23%). *(Percentages may equal more than 100% as they were allowed to choose more than one answer.)*
- ◆ Almost one-fifth (16%) of youth reported they felt sad or hopeless almost every day for two weeks or more in a row that stopped them from doing some usual activities (2007 YRBS reported 25% for Ohio and 2009 YRBS reported 26% for the U.S.).
- ◆ When Hancock County youth are dealing with depression or suicide they usually talk to the following: no one (27%), parents (18%), best friend (17%), girlfriend/boyfriend (4%), brother/sister (1%), pastor/priest (1%), school counselor (1%), youth minister (1%), and professional counselor (1%).

Risk Factors of Suicide

- ◆ Mental Health disorder, especially depression
- ◆ Substance abuse
- ◆ Stressful life events
- ◆ Prior suicide attempt
- ◆ Has experienced violence
- ◆ Feeling socially isolated
- ◆ Experiences poor parent/child communication
- ◆ Has medical condition
- ◆ Served jail/prison time
- ◆ Has access to lethal suicide methods (for instance, firearms)

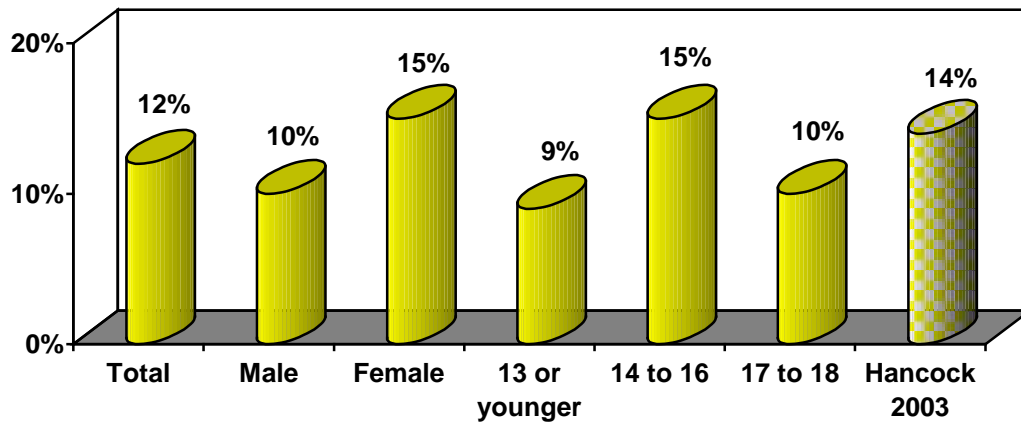
(Source: CDC, National Depression and Manic Depression Association)

2003/2011 Youth Comparisons	Hancock 2003 (6 th -12 th)	Hancock 2011 (6 th -12 th)	Hancock 2011 (9 th -12 th)	Ohio 2007 (9 th -12 th)	U.S. 2009 (9 th -12 th)
Youth who had seriously considered suicide	14%	12%	15%	13%	14%
Youth who had attempted suicide	7%	9%	12%	7%	6%

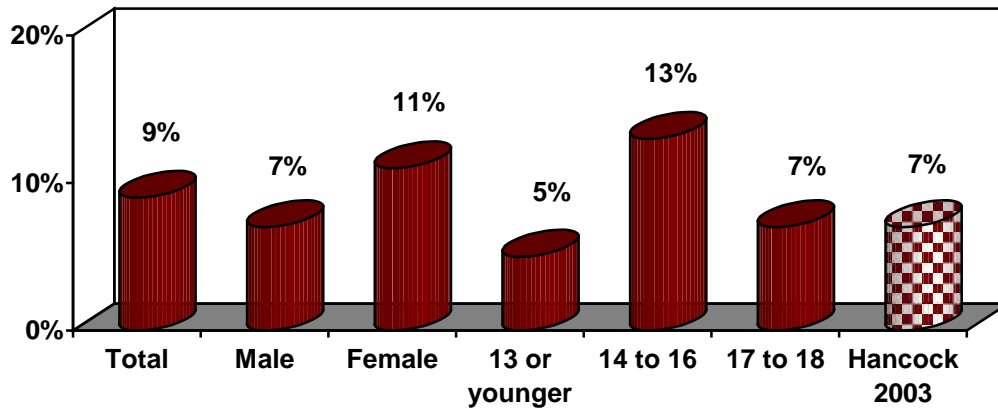
Mental Health and Suicide

The following graphs show the percentage of Hancock County youth who contemplated and/or attempted suicide in the past 12 months (i.e., the first graph shows that 12% of all youth had contemplated suicide, 10% of males and 15% of females).

Hancock County Youth Who Contemplated Suicide in Past 12 Months



Hancock County Youth Who Attempted Suicide in Past 12 Months



Youth Safety & Support

Key Findings

In 2011, almost half (49%) of Hancock County youth self-reported that they always wore a seatbelt when riding in a car driven by someone else. 38% of youth drivers texted while driving. 69% of youth had a firearm in or around their home.

Personal Safety

- ◆ Almost half (49%) of youth always wore a seatbelt when riding in a car driven by someone else, increasing to 66 % of those 17-18 years old.
- ◆ About two-thirds (64%) of youth had been to the doctor for a routine check-up in the past year.
- ◆ In the past 30 days, 15% of youth had ridden in a car driven by someone who had been drinking alcohol and 3% had driven a car themselves after drinking alcohol, increasing to 5% of 17-18 year olds.
- ◆ Hancock County youth always wore a helmet in the past year when they rode the following: a motorcycle or moped (13%), an ATV (7%), a bicycle (3%), and a skateboard (2%).
- ◆ Hancock County youth never wore a helmet in the past year when they rode the following: a skateboard (20%), a bicycle (62%), an ATV (19%), or a motorcycle or moped (9%).
- ◆ Hancock County youth drivers did the following while driving: talk on their cell phone (51%), text (38%), used the internet on their cell phone (8%), used Facebook on their cell phone (8%), used cell phone for other things (6%), read (3%), and applied makeup (3%).
- ◆ 69% of Hancock County youth had a firearm in or around their home. 9% were unlocked and 7% were loaded.

Hancock County Youth Leading Causes of Death 2006-2008

Total Deaths: 38

- ❖ Accidents, Unintentional Injuries
- ❖ Cancers
- ❖ Chronic Lower Respiratory Diseases

(Source: ODH Information Warehouse, updated 4-15-10)

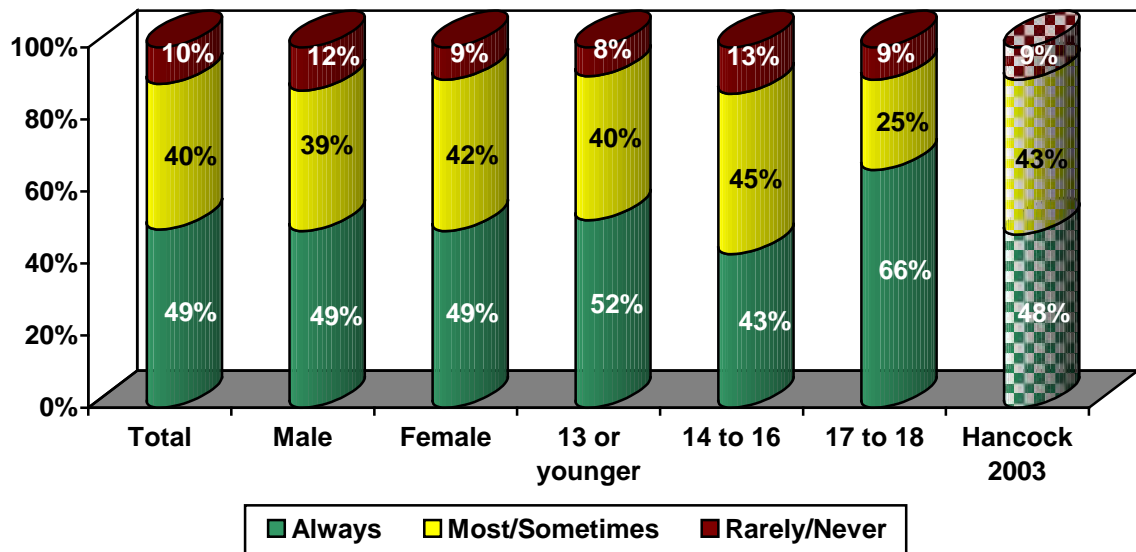
Personal Support

- ◆ Hancock County youth reported their parents or guardians regularly did the following: asked them about homework (71%), helped them with school work (66%), talked to them about school (64%), made the family eat a meal together (62%), and went to meetings or events at their school (61%).
- ◆ Hancock County youth reported they had three or more adults they looked up to and they were located: at school (43%), in their community (42%), in their home (38%).
- ◆ Hancock County youth reported the following about school: their teachers push them to their best (66%), their teachers care about them (62%), they get a lot of encouragement (55%), they are bored at school (50%), they come to class unprepared (9%), and they skipped school in the past month (3%).

2003/2011 Youth Comparisons	Hancock County 2003 (6 th -12 th)	Hancock County 2011 (6 th -12 th)	Hancock County 2011 (9 th -12 th)	Ohio 2007 (9 th -12 th)	U.S. 2009 (9 th -12 th)
Always wore a seatbelt	48%	49%	49%	N/A	N/A
Ridden in a car driven by someone who had been drinking alcohol in past month	16%	15%	15%	N/A	N/A

Youth Safety

Hancock County Youth Seatbelt Use in the Past Month



Youth Developmental Assets: Hancock County Comparisons (2000 & 2003)

- ❖ In 2000, 31% of Hancock County youth in grades 7 and 10 reported that the school provided a caring, encouraging environment, decreasing to 29% in 2003.
- ❖ In 2000, 48% of Hancock County youth in grades 7 and 10 reported that they received support from three or more non-parent adults, increasing to 51% in 2003.
- ❖ In 2000, 35% of Hancock County youth in grades 7 and 10 reported they their parent(s) are actively involved in helping them succeed in school, decreasing to 30% in 2003.

(Source: Search Institute Developmental Assets Report, July, 2003 compiled by the Ohio State University Extension, Hancock County)

Youth Violence Issues

Key Findings

In Hancock County, 13% of the youth had carried a weapon in the past month. 5% of youth had been threatened or injured by a weapon on school property in the past year. 41% of youth were bullied in the past year. 19% of youth had purposefully hurt themselves at some time in their life.

Violence-Related Behaviors

- ◆ In 2011, 13% of Hancock County youth had carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 20% of males (2007 YRBS reported 17% for Ohio, 2009 YRBS reported 18% for the U.S.).
- ◆ During the past 12 months, 5% of Hancock County youth were threatened or injured with a weapon such as a gun, knife, or club on school property.
- ◆ 4% 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 (2007 YRBS reported 4% for Ohio, 2009 YRBS reported 5% for the U.S.).
- ◆ 19% of youth had purposefully hurt themselves at some time in their lives. They did so in the following ways: cutting (13%), hitting (9%), scratching (6%), biting (6%), and burning (3%).
- ◆ 41% of youth had been bullied in the past year. The following types of bullying were reported:
 - 30% were verbally bullied (teased, taunted or called you harmful names)
 - 19% were indirectly bullied (spread mean rumors about you or kept you out of a “group”)
 - 8% were physically bullied (you were hit, kicked, punched or people took your belongings)
 - 7% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
- ◆ In the past year, 5% of youth were in a physical fight in which they were injured and had to be treated by a doctor or nurse.
- ◆ 6% of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months, increasing to 9% of those in high school.
- ◆ 6% of youth were physically forced to have sexual intercourse when they did not want to, compared to 10% of Ohio youth in 2007 and 7% of U.S. youth in 2009 (Source: 2007, 2009 YRBS).

Facts Concerning Youth Violence

- ❖ Youth violence is defined by the CDC as “harmful behaviors that can start early and continue into young adulthood.”
- ❖ In 2007, 5,764 youth ages 10-24 were murdered, averaging 16 per day.
- ❖ Emergency rooms treated in excess of 656,000 youth ages 10-24 for violence-related injuries in 2008.
- ❖ Approximately 20% of high school students reported being bullied on school property in 2009.

(Source: CDC, Understanding Youth Violence Fact Sheet, 2010)

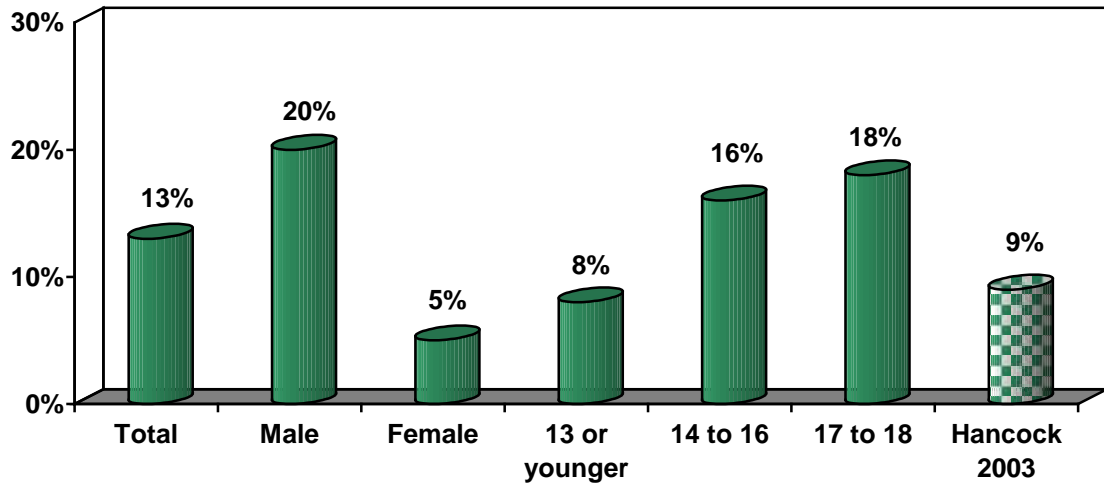
2003/2011 Youth Comparisons	Hancock County 2003 (6 th -12 th)	Hancock County 2011 (6 th -12 th)	Hancock County 2011 (9 th -12 th)	Ohio 2007 (9 th -12 th)	U.S. 2009 (9 th -12 th)
Carried a weapon in past month	9%	13%	16%	17%	18%
Did not go to school because felt unsafe	5%	4%	3%	4%	5%
Physically hurt by a boyfriend/girlfriend	N/A	6%	9%	N/A	10%
Forced to have sexual intercourse	N/A	6%	8%	10%	7%

*N/A – Not available

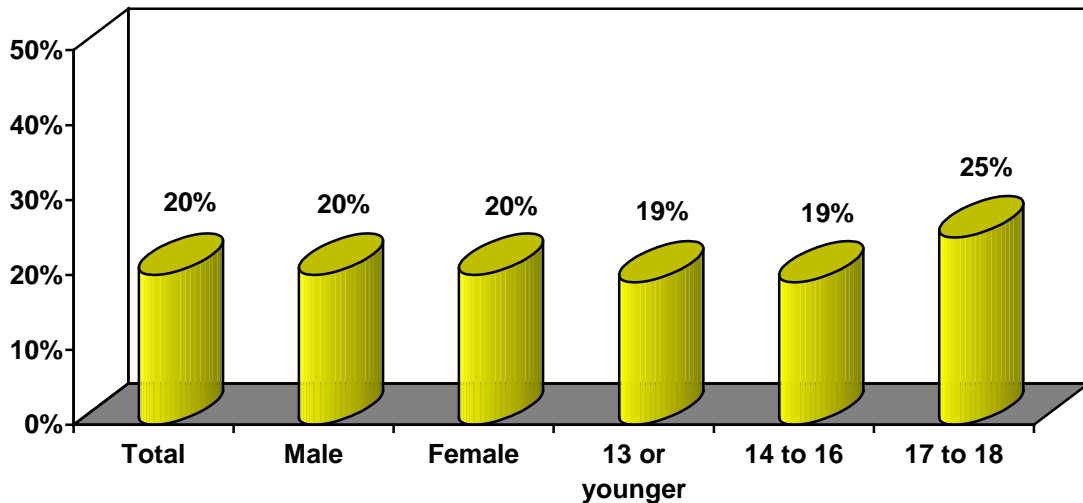
Youth Violence Issues

The following graphs show Hancock County youth carrying a weapon in the past 30 days and those who purposefully hurt themselves. The graphs show the number of youth in each segment giving each answer (i.e., the first graph shows that 13% of all youth carried a weapon in the past 30 days, 20% of males and 5% of females).

Hancock County Youth Carrying a Weapon during the Past 30 Days



Hancock County Youth Who Purposefully Hurt Themselves During Their Life



Youth Violence Issues

Types of Bullying Hancock County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 to 18
Physically Bullied	8%	12%	4%	10%	8%	0%
Verbally Bullied	30%	29%	30%	25%	34%	30%
Indirectly Bullied	19%	11%	27%	16%	22%	18%
Cyber Bullied	7%	6%	9%	7%	9%	4%

Health Risk Behaviors by Bullied vs. Not Bullied Students

Youth Behaviors	Bullied	Not Bullied
Were depressed (felt sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities)	27%	9%
Contemplated suicide in the past 12 months	22%	6%
Attempted suicide in the past 12 months	17%	3%
Have had at least one drink of alcohol in the past 30 days	20%	15%
Have smoked in the past 30 days	10%	7%

Children's Health and Functional Status

Key Findings

In 2011, 78% of Hancock County parents had taken their child ages 0-11 to the dentist in the past year. 7% of parents reported their child had an asthma attack in the past year. 6% of parents reported their child had ADD/ADHD. 58% of parents reported their child had exercised for 30 minutes on three or more days in the past week.

Health of Children ages 0-11

- ◆ More than half (57%) of Hancock County parents of 0-11 year olds rated their child's health as excellent. No parents rated their child's health as poor.
- ◆ 37% of children had a seasonal flu vaccine (65% received a shot and 35% received nasal spray).
- ◆ 78% of children had been to the dentist in the past year, increasing to 93% of 6-11 year olds. <1% of 6-11 year olds had never been to the dentist.
- ◆ Parents gave the following reasons for not getting dental care for their child: costs too much (13%), no insurance (9%), cannot find a dentist who accepts their insurance (5%), and other (11%).
- ◆ Parents reported their child had the following allergies:
 - Pollen (7%)
 - Grasses (6%)
 - Ragweed (5%)
 - House dust mites (4%)
 - Mold (3%)
 - Milk (3%)
 - Dogs (2%)
 - Cats (2%)
 - Eggs (2%)
 - Wheat (2%)
 - Peanuts (2%)
 - Other (3%)
- ◆ A doctor told Hancock County parents their 0-11 year old child had the following at some time:
 - Asthma (9%)
 - ADD/ADHD (6%)
 - Urinary tract infections (5%)
 - Developmental delay or physical impairment (5%)
 - Behavioral or conduct problems (4%)
 - Anxiety problems (3%)
 - Hearing problems (3%)
 - Autism (2%)
 - Vision problems that cannot be corrected by glasses or contact lenses (1%)
 - Bone, joint, muscle problems (2%)
 - Pneumonia (2%)
 - Head injury (2%)
 - Birth defect (1%)
 - Digestive tract infections (1%)
 - Diabetes (1%)
 - Depression (6-11 year olds) (1%)
 - Epilepsy (1%)
- ◆ 7% of parents reported their child currently had asthma. 52% of those parents reported their child had an asthma attack in the past six months. Treatment took place at the following places: at home (41%), at the doctor's office (12%), at the urgent care center (9%), and at the emergency room (6%).
- ◆ Hancock County parents thought that their child had difficulties with one or more of the following: emotions (11%), concentration (11%), behavior (6%), being able to get along with people (5%), or none of the above (80%).
- ◆ The above difficulties were being managed in the following ways: family and friends take care of it (53%), professional help (27%), and do not need help (30%).

National Survey of Children's Health, 2007

- ◆ 9% of Ohio children ages 0-5 were diagnosed with asthma, increasing to 21% of 6-11 year olds.
- ◆ 2% of Ohio children ages 0-5 were diagnosed with ADD/ADHD, increasing to 9% of 6-11 year olds.
- ◆ 8% of Ohio and 10% of U.S. children ages 0-5 had an injury that required medical attention.

*(Source: National Survey of Children's Health, 2007
<http://nschdata.org>)*

Children's Health and Functional Status

- ◆ In a typical week, children ate out in a restaurant or takeout food was brought home to them an average of 2.0 times.
- ◆ Hancock County children ages 0-11 had the following at least once per day: milk (69%), vegetables (61%), and fruit or fruit juice (60%).
- ◆ 86% of Hancock County children ate breakfast every day.
- ◆ 89% of parents reported their child was physically active for at least 20 minutes that caused them to sweat or breathe hard on 3 or more days in the past week. 45% had done so every day of the week.
- ◆ 16% of Hancock County children spent four or more hours watching TV, 4% spent four or more hours playing non-active video games, and 3% spent four or more hours on the computer.

Child Comparisons	Hancock County 2011 Ages 0-5	Ohio 2007 Ages 0-5	U.S. 2007 Ages 0-5	Hancock County 2011 Ages 6-11	Ohio 2007 Ages 6-11	U.S. 2007 Ages 6-11
Rated health as excellent or very good	93%	91%	87%	90%	84%	84%
Diagnosed with asthma	6%	9%	9%	11%	21%	16%
Diagnosed with ADHD/ADD	1%	2%	1%	10%	9%	9%
Diagnosed with behavioral or conduct problems	2%	N/A	1%	5%	N/A	5%
Diagnosed with developmental delay or physical impairment	6%	2%	3%	4%	8%	6%
Diagnosed with anxiety problems	0%	N/A	1%	5%	N/A	3%
Diagnosed with vision problems that cannot be corrected	1%	N/A	1%	2%	N/A	2%
Diagnosed with bone, joint, or muscle problems	3%	1%	2%	2%	3%	3%
Diagnosed with hearing problems	4%	2%	2%	3%	4%	3%
Diagnosed with epilepsy	1%	N/A	<1%	2%	N/A	1%
Diagnosed with a head injury	3%	N/A	<1%	2%	N/A	2%
Diagnosed with autism	0%	N/A	1%	4%	N/A	1%
Diagnosed with diabetes	0%	N/A	<1%	1%	N/A	<1%
Diagnosed with depression	0%	1%	1%	2%	5%	2%
No physical activity	10%	N/A	N/A	2%	6%	7%

Children's Health and Functional Status

Children's Dental Health

- ❖ Dental care is the number one unmet health care need for children of all family incomes across Ohio as well as for all races and ethnicities.
- ❖ Severe dental problems can result in poor performance or absence from school.
- ❖ Of Ohio children ages 0-17, 17% do not have insurance for dental care.
- ❖ 13% of Ohio children ages 0-17 have had a recent toothache.
- ❖ For Ohio Medicaid consumers ages 0-3, 12% had a dental visit in 2008. For Ohio Medicaid consumers ages 3-18, 42% had a dental visit in 2008.
- ❖ In 2011, <1% of Hancock County 6-11 year olds had never been to the dentist.
- ❖ Even though low-income children ages 0-18 in Ohio had higher rates of dental coverage, they were less likely to have a dental visit in the past year. 68% of low-income children ages 0-18 (200% FPL or less) had a dental visit in the past year, 82% of higher-income children had a dental visit within the past year.

(Source: ODH)

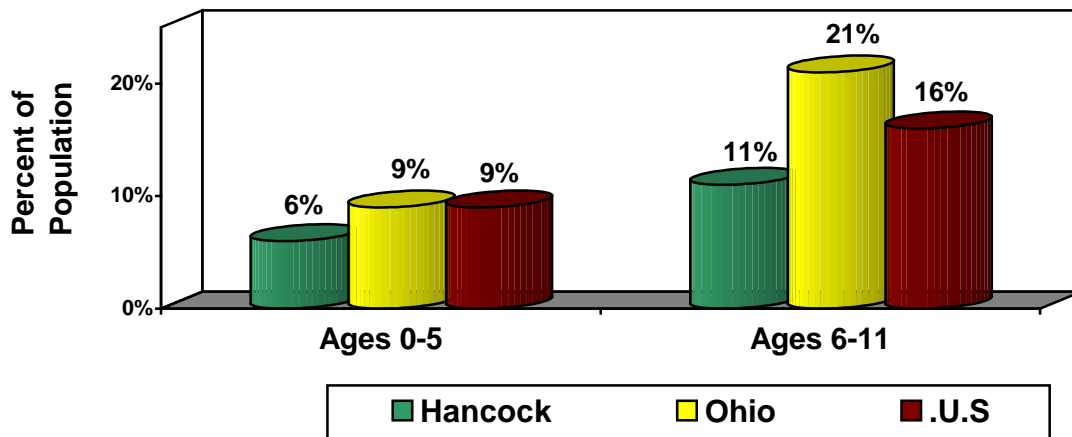
Asthma

- ◆ In 2007, 29% of children with food allergy also had reported asthma compared with 12% of children without food allergy.
- ◆ 8% of U.S. children ages 0-4 have asthma, while 14% of children ages 5-14 have asthma.

(Source: CDC, National Center for Health Statistics Data Brief October 2008)

The following graph shows that Hancock County has a smaller percentage of children ages 0-5 that are diagnosed with asthma than both Ohio and the U.S. For children ages 6-11, Hancock County also has a smaller percentage that is diagnosed with asthma than both Ohio and the U.S.

Diagnosed with Asthma



Children's Health and Functional Status

Children's Health

- ❖ About 30 to 50 percent of students with ADHD will also have a learning disability.
- ❖ If a child has cortex-based disorders, emotional regulatory disorders, or chronic motor and/or vocal tic disorder the child has up to a 50% chance that he or she will have at least one of the others as well. Cortex-based disorders are learning, language, and/or motor disabilities. Emotional regulatory disorders are anxiety disorders, which may include panic attacks, depression, anger-control disorders, and obsessive-compulsive disorder.
- ❖ About 1 out of every 33 babies is born with a major birth defect.
- ❖ The causes of about 70% of birth defects are unknown.
- ❖ Most birth defects happen during early pregnancy; before the woman knows she is pregnant.
- ❖ Parents who have a child with an Autism Spectrum Disorder (ASD) have a 2 to 8% chance of having a second child with an ASD.
- ❖ About 40% of children with an ASD do not talk at all. Another 25 to 30% have some words at 12 to 18 months of age and lose them. Others may speak, but not until later in childhood.
- ❖ ASD is reported to occur in all racial, ethnic, and socioeconomic groups, yet are on average 4 to 5 times more likely to occur in boys rather than in girls.

(Source: CDC, Learning Disabilities Association of America, National Birth Defects Prevention Network)

Children's Nutrition

- ❖ Healthy eating contributes to overall healthy growth and development, including healthy bones, skin, and energy levels; and a lowered risk of dental caries, eating disorders, constipation, malnutrition, and iron deficiency anemia.
- ❖ Hunger and food insufficiency in children are associated with poor behavioral and academic functioning.
- ❖ 39% of children ages 2-17 meet the USDA's dietary recommendations for fiber.
- ❖ Less than 40% of U.S. children and adolescents meet the U.S. dietary guidelines for saturated fat.
- ❖ Of U.S. children ages 2-5 100% get the total recommended amount of fruit, grains, and milk. While 73% get the total recommended amount of meat and beans, only 44% get the total recommended amount of vegetables. Of U.S. children ages 6-11 100% get the total recommended amount of grains. 58% get the total recommended amount of fruit, 46% get the total recommended amount of vegetables, 87% get the total recommended amount of milk, and 78% get the total recommended amount of meat and beans.
- ❖ Overweight and obesity, influenced by poor diet and inactivity, are significantly associated with an increased risk of diabetes, high blood pressure, high cholesterol, asthma, joint problems, and poor health status. The prevalence of obesity among children ages 6-11 has more than doubled in the past 20 years. Overweight child and adolescents are more likely to become overweight or obese adults. One study has shown that children who became obese by the age of eight were more severely obese as adults.
- ❖ Research suggests that not having breakfast can affect children's intellectual performance. 98% of Hancock County children ages 0-11 eat breakfast, 92% of U.S. children ages 6-11 eat breakfast, and 77% of U.S. adolescents ages 12-19 eat breakfast.

(Source: CDC, childstats.gov)

Children's Health and Functional Status

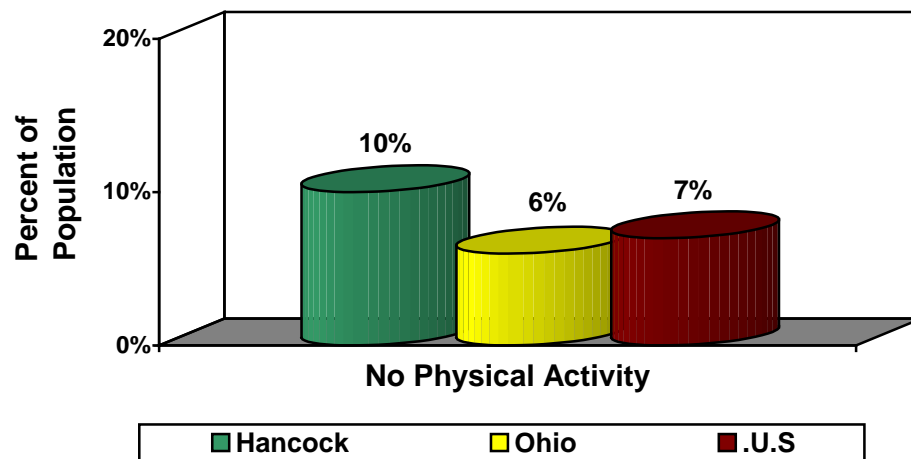
Physical Activity

- ◆ 10% of Ohio children ages 6-11 have not participated in physical activity for at least 30 minutes in the past week. During the past week 15% of Ohio children ages 6-11 have participated in physical activity for at least 20 minutes 1 to 3 days, 37% have participated in physical activity for at least 20 minutes 4 to 6 days, and 42% have participated in physical activity for at least 20 minutes everyday.

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

The following graph shows that Hancock County children ages 6-11 participate in some type of physical activity less than both Ohio and the U.S. children, although the percent of Ohio children that do not participate in any physical activity is close to the percent of children in the U.S., Hancock County has a higher percent of children ages 6-11 that participate in no physical activity.

Children 6-11 with No Physical Activity



TV, Video Games, and Computer Usage

- ❖ The average time Hancock County children ages 0-11 spend watching TV is 2.2 hours, and the average time playing video games is 0.8 hours. 15% of parents with children ages 0-5 and 31% of parents with children ages 6-11 reported that their child spends 4 or more hours watching TV and playing video games.
- ❖ For parents of Ohio children ages 6-11 6% have no rules about what programs their children can watch, and 94% of parents of Ohio children ages 6-11 have rules about what programs their children can watch.
- ❖ Hancock County children ages 0-11 use a computer for an average of 0.6 hours on an average day. Ohio children ages 6-11 use a computer on an average weekday for purposes other than school work for the following: no time (24%), less than an hour (39%), 1-3 hours (27%), and more than 3 hours (2%). 8% of Ohio children ages 6-11 do not own a computer.

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

Children's Health Insurance, Access, Utilization, & Medical Home

Key Findings

In 2011, 5% of Hancock County parents reported there was a time in the past year their 0-11 year old was not covered by health insurance. 11% of parents reported they received benefits from the WIC program and SNAP/food program. 24% of parents reported they had taken their child to the hospital emergency room in the past year. 68% of parents had taken their child to the doctor for preventive care in the past year.

Health Insurance (Ages 0-11)

- ◆ 5% of parents reported there was a time in the past year that their child was not covered by any health insurance.
- ◆ Hancock County children had the following types of health insurance: parent's employer (71%), someone else's employer (12%), Medicaid (11%), and self-pay (4%).
- ◆ Parents reported their child's health insurance covered the following: doctor visits (96%), hospital stays (96%), prescription coverage (95%), well visits (89%), dental (86%), immunizations (84%), vision (71%), and mental health (68%).

National Survey of Children's Health, 2007

- ❖ 12% of 0-5 year old and 11% of 6-11 year old Ohio children were without insurance at some time in the past year.
- ❖ 32% of 0-5 year old and 26% of 6-11 year old Ohio children had public insurance.
- ❖ 96% of 0-5 year old and 87% of 6-11 year old Ohio children had been to the doctor for preventive care in the past year.

(Source: National Survey of Children's Health, 2007 <http://nscldata.org>)

Access and Utilization

- ◆ In the past year, parents reported that someone in the household received the following: benefits from free or reduced breakfast or lunch (11%), SNAP/food stamps (7%), WIC program (4%), mental health/substance abuse treatment (4%), Help Me Grow (3%), cash assistance from a welfare program (2%), and subsidized child care through JFS (1%).
- ◆ 7% of parents reported their child did not get all of the medical care they needed in the past year. They gave the following reasons: costs too much (2%), no insurance (2%), health plan problem (1%), no referral (1%), treatment is ongoing (1%), not a convenience time/could not get appointment (1%), can't find a doctor who accepts child's insurance (1%), did not like the doctor (1%), and doctor didn't know how to treat or provide care (1%).
- ◆ 10% of parents reported their child did not get all of the prescription medications they needed in the past year. They gave the following reasons: child did not need prescription medication (7%), costs too much (2%), no insurance (1%), and no referral (1%).
- ◆ About one-fourth (24%) of parents took their child to the hospital emergency room for health care in the past year, increasing to 36% of parents with incomes less than \$25,000. 3% of children had been to the ER three or more times in the past year.

Medical Home

- ◆ 80% of parents reported they had one or more people they think of as their child's personal doctor.
- ◆ The Healthy People 2020 objective for children who have access to a medical home is 63%.
- ◆ A child's personal doctor or nurse explains things in a way that the parent and child can understand: always (68%), usually (25%), sometimes (3%), and never (2%).
- ◆ 68% of children had visited their health care provider for preventive care in the past year.
- ◆ Hancock County parents were referred to any of the following specialists for their child: ear, nose, and throat (18%), heart doctor (2%), psychiatrist (2%), endocrinologist (2%), and other (19%). 99% of those who were referred to a specialist followed through and went to their appointment.

Children's Health Insurance, Access, Utilization, & Medical Home

- ◆ 13% of children needed special services, equipment, or other care in the past year (such as physical therapy, wheelchairs, special education services, or counseling), increasing to 24% of those with incomes less than \$25,000. Those services most needed were speech therapy (7%), special education (4%), counseling (3%) and occupational therapy (3%).

Child Comparisons	Hancock County 2011 Ages 0-5	Ohio 2007 Ages 0-5	U.S. 2007 Ages 0-5	Hancock County 2011 Ages 6-11	Ohio 2007 Ages 6-11	U.S. 2007 Ages 6-11
Child was not covered by insurance at some time in the past year	4%	12%	15%	6%	11%	16%
Had public insurance	11%	32%	35%	11%	26%	28%
Been to doctor for preventive care in past year	89%	96%	96%	54%	87%	85%
Dental care visit in past year	54%	51%	54%	93%	92%	90%
2 or more visits to the ER	9%	8%*	8%*	6%	6%*	4%*
Received all the medical care they needed	95%	99%*	99%*	92%	98%*	98%*
Have a personal doctor or nurse	79%	95%	94%	81%	95%	92%

* 2003 national and state data

Usual Place of Health Care

- ◆ 95% of U.S. children have a usual place of health care. 98% of children with private health insurance, 96% of children with Medicaid or other public insurance, and 73% of uninsured children have a usual place of health care.
- ◆ 74% used a doctor's office, 24% used a clinic, 1% used a hospital outpatient clinic, and 1% used an emergency room as their usual place of health care. 85% of children with private insurance used a doctor's office, while only 60% of children with Medicaid or other public insurance used a doctor's office. 3% of uninsured children used an emergency room as their usual place of health care.
- ◆ 41% of children with poor families used a clinic as their usual place of health care, while only 16% of children with non-poor families used a clinic.
- ◆ 62% of children with private health insurance were in excellent health, while 45% of children with Medicaid or other public insurance were in excellent health. Children in fair or poor health were more likely to use a clinic as their usual place of health care (36%) than children in excellent or very good health (23%).

(Source: National Survey of Children's Health, 2007 <http://nschdata.org>)

Preventive Care

- ◆ 90% of Ohio children and 89% of U.S. children had a preventive medical visit in the past year. While 79% of Ohio children and 78% of U.S. children had a preventive dental visit in the past year.
- ◆ 21% of Ohio children ages 10 months-5 years and 20% of U.S. children ages 10 months-5 years received a standardized screening for developmental or behavioral problems.
- ◆ 66% of Ohio children ages 2-17 and 60% of U.S. children ages 2-17 with problems requiring counseling who received mental health care in the past year.
- ◆ 66% of Ohio children received care within a medical home in the past year, while 56% of U.S. children received care within a medical home in the past year.

(Source: National Survey of Children's Health, 2007 <http://nschdata.org>)

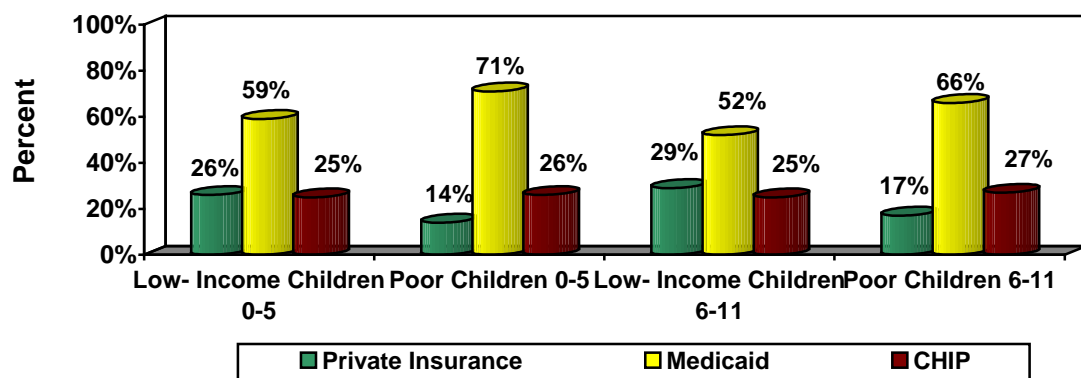
Children's Health Insurance, Access, Utilization, & Medical Home

Low-Income Families and Health Insurance

- ◆ As children get older they are more likely to become uninsured.
- ◆ In the United States, 14% of low-income family children ages 0-5 are uninsured; also 14% of poor family children ages 0-5 are uninsured. 16% of low-income children ages 6-11 are uninsured, and 17% of poor family children ages 6-11 are uninsured. For children ages 12-17, 19% of those of low-income families, and 20% of those of poor families are uninsured. *(Source: National Center for Children in Poverty), Basic Facts About Low-income Children, 2009, Released October 2010)*

The following graph shows the percent of low-income children that have different types of health insurance or no health insurance. The graph also shows the percent of poor children that have different types of health insurance or no health insurance. The types of health insurance include uninsured, private insurance, Medicaid, or Children Health Insurance Program (CHIP). Low-income is 100-200% of the Federal Poverty Level (FPL), while poor is 0-99% of the FPL. Children that have more than one type of health insurance are included in both percents. Children that are in poor families are more likely to be uninsured or on Medicaid than those of low-income families. Children of low-income families are more likely than those of poor families to have private insurance. Children of low-income families are just as likely as those of poor families to be covered by CHIP.

Children's Health Insurance Coverage in the United States



(Source: National Center for Children in Poverty, Basic Facts About Low-income Children, 2009, Released October 2010)

Health Insurance

- ❖ In the United States every 39 seconds a child is born uninsured.
- ❖ 11% of U.S. children are uninsured; while in Ohio 8% of children are uninsured.
- ❖ U.S. children are 50% of total Medicaid enrollment, Ohio children are also 50% of total Medicaid enrollment.
- ❖ In 2007, parents reported that 11% of Ohio children and 15% of U.S. children did not have consistent coverage in the past year.
- ❖ In 2008, 4% of Central Ohio children, 3% of Northeast Ohio children, 4% of Northwest Ohio children, 5% of Southeast Ohio children, 4% of Southwest Ohio children, 5% of West Central Ohio children, and 4% of East Central Ohio children were without health insurance.
- ❖ In 2008, more Ohio children were covered by job-based insurance than any other type of insurance.
- ❖ 45% of Ohio children with special health care needs are covered by Medicaid/Children Health Insurance Program (CHIP), while only 33% of all Ohio children were covered by Medicaid/CHIP.

(Source: Children's Defense Fund, National Survey of Children's Health, Ohio Family Health Survey, Ohio Chartbook)

Children's Health Insurance, Access, Utilization, & Medical Home

Unmet Medical Needs

- ❖ Children in near-poor families were more likely to have unmet medical needs and to have delayed medical care than children in poor families or children in families that are not poor.
- ❖ 3% of children were unable to get needed medical care because the family could not afford it, and 5% of children had medical care delayed because of worry about the cost.
- ❖ Children in single-mother families were more likely to have been unable to get medical care compared with children in two-parent families or in single-father families.
- ❖ 15% of uninsured children had not had contact with a doctor or other health professional in more than two years (including those that had never had contact) compared with only 2% of children with private insurance.

(Source: National Health Interview Survey, 2008)

Prescriptions

- ❖ 13% of U.S. children had a health problem in 2008 for which prescription medication had been taken regularly for at least three months. 16% of children ages 12-17, 14% of children ages 5-11, and 7% of children ages 0-5 were on regular prescription medication.
- ❖ 13% of white children, 12% of black children, and 8% of Asian children were on regular prescription medication.
- ❖ 15% of children with Medicaid or other public health insurance, 13% of children with private insurance, and 6% of uninsured children have been on regular prescription medication for at least three months.

(Source: National Health Interview Survey, 2008)

Emergency Room Visits

- ❖ In 2008, 14% of U.S. children had an emergency room visit in the past year. 7% of U.S. children had two or more emergency room visits in the past year.
- ❖ 12% of children in single-mother families had two or more visits to an emergency room in the past year, while only 6% of children in two-parent families had two or more visits to an emergency room in the past year.
- ❖ 11% of children with Medicaid or other public insurance had two or more emergency room visits in the past year. 6% of uninsured children had two or more emergency room visits in the past year. 5% of children with private health insurance had two or more emergency room visits in the past year.

(Source: National Health Interview Survey, 2008)

Early Childhood (0-5 year olds)

Key Findings

The following information was reported by parents of 0-5 year olds. In 2011, 94% of mothers got prenatal care within the first three months during their last pregnancy. 7% of mothers smoked during their last pregnancy. 71% of parents put their child to sleep on his/her back. 27% of mothers never breastfed their child.

Early Childhood

- ◆ The following information was reported by Hancock County parents of 0-5 year olds:
- ◆ Thinking back to their last pregnancy: 57% of women wanted to be pregnant then, 21% wanted to be pregnant sooner, 10% wanted to be pregnant later, 3% did not want to be pregnant then or any time in the future, and 10% did not recall.
- ◆ During their last pregnancy, mothers did the following: got prenatal care within the first 3 months (94%), took a multi-vitamin (89%), took folic acid (49%), smoked cigarettes (7%), used alcohol (1%), used marijuana (1%), used drugs that were not prescribed for them (1%), and experienced domestic violence (1%).
- ◆ When asked how parents put their child to sleep as an infant, 71% said on their back, 12% said on their side, 6% said on their stomach, and 5% said in bed with them or another person. The Healthy People 2020 Target Objective for infants who are put to sleep on their backs is 76%.
- ◆ Mothers breastfed their child: more than 9 months (20%), 4 to 9 months (18%), 7 weeks to 3 months (13%), 3 to 6 weeks (13%), 2 weeks or less (8%), still breastfeeding (2%), and never breastfed (27%).
- ◆ 20% of parents reported their child had been tested for lead poisoning and 9% did not know.
- ◆ 92% of parents reported their child always rode in a car seat/booster seat when a passenger in a car and 2% reported their child never rode in a car seat/booster seat.
- ◆ Parents of 4-9 month olds were concerned about the following: how child makes speech sounds (40%), how child uses their hands and fingers to do things (40%), how child uses their arms and legs (40%), and how child understands what they say (27%).
- ◆ Parents of 10-17 month olds were concerned about the following: how child uses their arms and legs (50%), how their child gets along with others (50%), how child talks and makes speech sounds (48%), how child uses their hands and fingers to do things (46%), how their child behaves (38%), how child is learning to do things for themselves (36%), and how child understands what they say (36%).
- ◆ Parents of 18-71 month olds were concerned about the following: how child talks and makes speech sounds (30%), how child gets along with others (30%), how a child understands what they say (28%), how a child uses their hands and fingers (28%), how child is learning to do things for themselves (27%), how child behaves (27%), how child uses their arms and legs (27%), and how child is learning pre-school or school skills (25%).
- ◆ Parents reported their child regularly attended the following: child care in their home provided by a relative (24%), child care outside of their home provided by a relative (26%), nursery school, pre-school, or kindergarten (28%), family-based child care outside of their home (23%), a child care center (20%), child care in their home provided by a nanny (6%), and head start or early start program (5%).

National Survey of Children's Health, 2007

- ❖ 50% of Ohio and 48% of U.S. parents of 0-5 year olds read to their child every day.
- ❖ 17% of Ohio and 13% of U.S. parents of 0-5 year olds reported their child watched 4 or more hours of TV each day.
- ❖ 34% of Ohio and 25% of U.S. parents of 0-5 year olds never breastfed their child.

(Source: National Survey of Children's Health, 2007 <http://nscbdata.org>)

Early Childhood (0-5 years old)

Child Comparisons	Hancock County 2011 0-5 years	Ohio 2007 0-5 years	U.S. 2007 0-5 years
Parent reads to child every day	31%	50%	48%
Spent 4 or more hours watching TV	11%	17%	13%
Never breastfed their child	27%	34%	25%

Sleep and SIDS

- ❖ Babies should be placed on his/her back with face and head clear of blankets and other soft items. Doctors have not found an increase in choking or other problems in infants who sleep on their backs.
- ❖ Sudden Infant Death Syndrome (SIDS) is the leading cause of death in children between one month and one year. SIDS is most likely to occur between two and three months, it also occurs more often in males than females. Native American infants are three times more likely than Caucasians to die of SIDS and African-Americans are two to three times more likely than Caucasians to die of SIDS.
- ❖ SIDS is likely to occur if an infant is sleeping on his/her stomach, using a soft or unsafe bed, has loose bedding materials like blankets and pillows, overheating due to clothing, blankets or room temperature, mother's age is younger than 20 years, mother smoked during pregnancy, mother received late or no prenatal care, child was born with a premature or low birth weight, or the baby is exposed to secondhand smoke.
- ❖ Side sleeping infants is not as safe as back sleeping. Infants who sleep on their sides can roll onto their stomachs; which puts them at a greater risk for SIDS.
- ❖ Studies show that pacifiers may protect against SIDS. Pacifiers are recommended from one month for breast-fed infants to one year. The pacifier should be used when placing the baby down to sleep, but should not be reinserted once the infant falls asleep. If the infant refuses the pacifier, he/she should not be forced to take it. Pacifiers should be cleaned regularly and should not be coated with sweet substances.

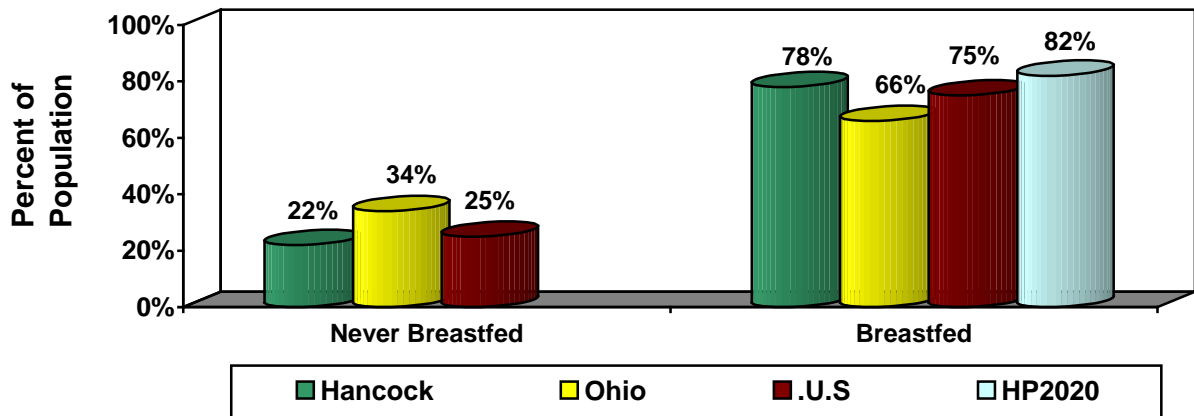
(Sources: National Sleep Foundation)

Early Childhood (0-5 years old)

Breastfeeding

The following graph shows the percent of infants that have been breastfed or given breast milk from Hancock County, Ohio, and U.S. Hancock County has a larger percent than the U.S., and the U.S. has a larger percent than Ohio of children that have been breastfed for any length of time. The graph also shows the percent of children from Hancock County, Ohio, and U.S. that have never been breastfed or given breast milk. Ohio has the largest percent of children never breastfed, then the U.S., and Hancock County has the smallest percent never breastfed or given breast milk.

Children Breastfed



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

Car Seats and Booster Seats

- ❖ For children ages 0-8, child restraint use has increased from 15% in 1999 to 73% in 2005.
- ❖ In a study observing the misuse of 3,442 child restraint systems in six states, about 73% showed at least one critical misuse. 84% of infant seats showed critical misuse, and 41% of booster seats showed critical misuse. The most common form of misuse included loose vehicle seat belt attachment to the child restraint systems and loose harness straps securing the child to the child restraint systems.
- ❖ Children ages 2-5 using safety belts prematurely are four times more likely to suffer a serious head injury in a crash than those restrained in child safety seats or booster seats.
- ❖ Child safety seats reduce fatal injury in passenger cars by 71% for infants less than 1 year old and by 54% for children ages 1-4.
- ❖ For children under the age of 5, 451 lives were saved in 2004 due to child restraint use. Of these 451 lives saved, the use of child safety seats was responsible for 413 and the use of safety belts saved 38.

(Sources: Safe Kids USA)

Child Care

- ❖ Children ages 0-5 from single-mother households are more likely to have a parent who cut back or quit working in the past year due to child care issues (19%), than children in two-parent households (11%).
- ❖ Of children ages 0-5 who needed child care, 67% have parents who made different arrangements for care at the last minute due to circumstances beyond their control.

(Sources: childhealthdata.gov, Data Resource Center for Child & Adolescent Health)

Middle Childhood (6-11 years old)

Key Findings

The following information was reported by Hancock County parents of 6-11 year olds. In 2011, 27% of Hancock County parents reported their child never wore a helmet when riding a bicycle. 54% of parents reported their child was bullied at some time in the past year. 88% of parents reported their child participated in extracurricular activities. 19% of parents reported their child had an email, MySpace, Facebook, Twitter, or another social networking account.

Middle Childhood

- ◆ The following information was reported by Hancock County parents of 6-11 year olds.
- ◆ 49% of parents reported their 6-8 year old child always rode in a booster seat when a passenger in a car. 20% reported their 6-8 year old never rode in a booster seat. 15% of parents reported their 6-8 year old did not need a booster seat since they were taller than the recommended height.
- ◆ 58% 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.
- ◆ Parents reported their 6-11 year old always wore a helmet when riding the following: a bicycle (22%), an ATV (14%), a motorcycle or a moped (13%), and a skateboard (6%).
- ◆ Parents reported their 6-11 year old never wore a helmet when riding the following: a bicycle (27%), a skateboard (11%), an ATV (3%), and a motorcycle or a moped (1%).
- ◆ 67% of parents reported they felt their child was always safe at school. 29% reported usually and 2% reported sometimes.
- ◆ 54% of parents reported their child was bullied in the past year. The following types of bullying were reported:
 - 36% were verbally bullied (teased, taunted or called you harmful names)
 - 17% were indirectly bullied (spread mean rumors about you or kept you out of a “group”)
 - 10% were physically bullied (you were hit, kicked, punched or people took your belongings)
 - <1% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
- ◆ 7% of parents reported their child received mental health care or counseling in the past year.
- ◆ Children were enrolled in the following types of schools: public (84%), private (12%), and home-schooled (3%).
- ◆ 19% of parents reported their child spent 4 or more hours watching TV or playing video games on an average day after school.
- ◆ Hancock County parents discussed the following safety concerns with their child: water safety (74%), bike helmets (44%), burns (39%), firearms (37%), falls (34%), poisoning (26%), and furniture falling (16%).

National Survey of Children's Health, 2007

- ❖ 8% of Ohio and 5% of U.S. parents of 6-11 year olds reported their child missed 11 or more days of school due to an illness or injury.
- ❖ 14% of Ohio and 9% of U.S. parents of 6-11 year olds reported their child watched 4 or more hours of TV or playing video games each day.
- ❖ 15% of Ohio and 9% of U.S. parents of 6-11 year olds reported their child spent time home alone without an adult.

(Source: National Survey of Children's Health, 2007 <http://nschdata.org>)

Middle Childhood (6-11 years old)

- ◆ Almost one in five (19%) parents reported their child had an email, MySpace, Facebook, Twitter, or another social networking account. Of those who had an account, they reported the following: they had their child's password (68%), they knew all of the people in their child's "my friends" (60%), and their child's account was checked private (32%). No parents reported that their child's friends had their passwords or that their child had a problem as a result of their account.
- ◆ Parents reported their child had the following unsupervised time after school on an average school day: less than one hour (90%), 1-2 hours (9%), 3-4 hours (<1%) and 4 or more hours (1%).
- ◆ Parents reported their child read: almost every day (43%), a few times a week (24%), a few times a month (4%), a few times a year (1%), and almost never-child has no interest (1%).
- ◆ Parents reported their child missed school an average of 3.4 times in the past school year because of illness or injury.
- ◆ Parents were very concerned about the following: child's academic achievement (22%), child's self-esteem (18%), how child copes with stress (18%), having enough time for their child (16%), relationship with child (13%), learning difficulties (8%), anxiety (6%), bullying (5%), depression (2%), substance abuse (2%), eating disorders (2%), and violence in home, school, or neighborhood (1%).
- ◆ Hancock County children participated in the following after-school activities: a sports team (71%), a religious group (45%), a club or organization (33%), or some other organized activity (29%).

Child Comparisons	Hancock County 2011 6-11 Years	Ohio 2007 6-11 Years	U.S. 2007 6-11 Years
Child participated in 1 or more activities	88%	85%	79%
Child did not miss any days of school because of illness or injury	16%	16%	22%
Child missed school 11 days or more because of illness or injury	6%	8%	5%
Child spent 4 or more hours watching TV, playing non-active video games, or time on the computer	26%	14%	9%
Child spent some time home alone with out an adult	10%	15%	9%
Parent felt child was usually/always safe at school	96%	95%	92%

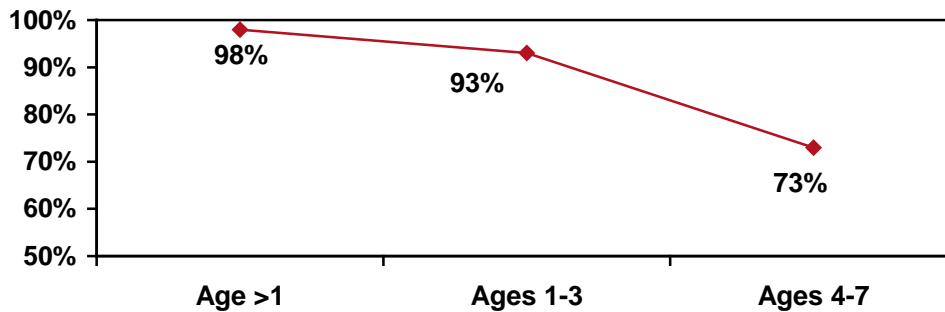
Middle Childhood (6-11 years old)

Children's Safety in Cars

- ◆ Children are more likely to be properly restrained when the driver is properly restrained.
- ◆ 83% of children ages 6-11 always use a safety belt or a booster seat.
- ◆ Safety belts are not designed for children under 4'9". Some children may need a booster seat past the age of 8, even though it isn't required.
- ◆ Over 400 children ages 4-8 are killed in traffic crashes every year and roughly 70,000 more are injured. Research has shown that booster seats reduce injury risk by 59% for children ages 4-8 compared to safety belts alone.
- ◆ A booster seat raises the child so the safety belt fits properly. The lap belt should rest on the hip or pelvis and the shoulder belt should cross the chest.
- ◆ All children under 13 should sit in the back seat.
- ◆ Ohio law states that children under 8 years old must ride in a booster seat or other appropriate child safety seat unless they are 4'9" or taller. Children from 8 to 15 years old who are not secured in a car seat must be secured in the vehicle's seat belt.

(Sources: Safe Kids USA, ODH, Ohio Booster Seat Coalition)

Percentage of Children Using Safety Restraints, by Age, 2004



(Source: Safe Kids USA)

Helmet Safety

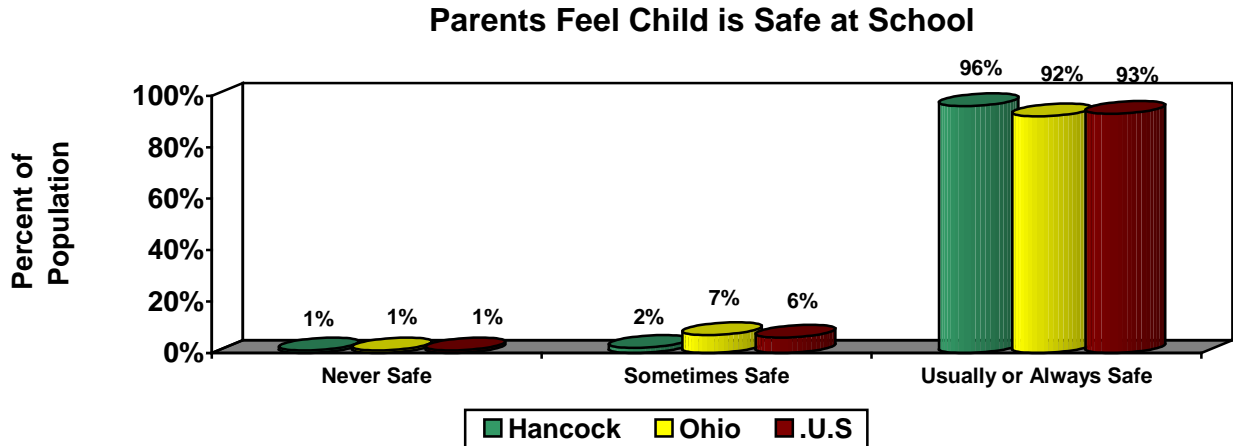
- ❖ More than 70% of children ages 5-14 regularly ride a bicycle.
- ❖ Each year, approximately 140 children are killed as bicyclists, and sustain more than 275,000 nonfatal bicycle injuries. An estimated 75% of fatal head injuries could have been prevented with a helmet.
- ❖ National usage of bicycle helmets ranges from 15 to 25%.
- ❖ More children ages 5-14 are seen in hospital emergency rooms for injuries related to biking than any other sport.
- ❖ For motor vehicle-related bicycle crashes, 69% of deaths occur between May and October, 58% of deaths occur at non-intersection locations, and 70% of deaths occur between 2 and 8 pm.

(Source: Safe Kids USA)

Middle Childhood (6-11 years old)

Safe Schools

The following graph shows whether Hancock parents, Ohio parents, and U.S. parents feel their child's school is never, sometimes, or usually/always safe. Hancock County has the highest percent for usually or always, the lowest percent for sometimes safe, and all three have the same for never safe.



(Source: National Survey Children's Health, Data Resource Center)

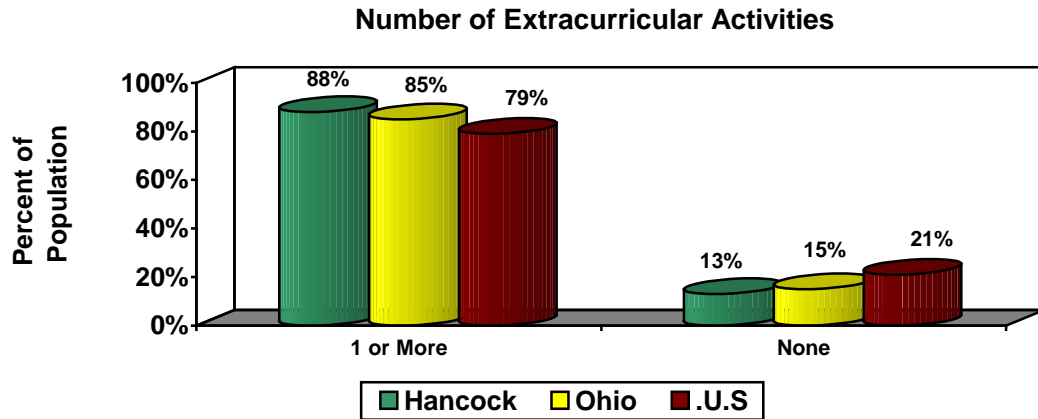
Unhappy, Sad, and Depressed Children

- ❖ U.S. parents reported their child being unhappy, sad, or depressed. 52% reported never, 31% reported rarely, 16% reported sometimes, and 2% reported usually/always. Ohio parents also reported their child being unhappy, sad, or depressed. 46% reported never, 32% reported rarely, 19% reported sometimes, and 3% reported usually/always.

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

Extracurricular Activities

The following graph shows the percent of children in Hancock County, Ohio, and U.S. children that participate in at least one or more extracurricular activities and those that do not participate in any. Hancock County has more participants than the U.S. and Ohio.



(Source: Nation Survey of Children's Health, Data Resource Center)

Middle Childhood (6-11 years old)

MySpace and Facebook

- ❖ 55% of teens have profiles on a social networking website. Of 10-17 years old with social profiles, 34% posted their real names, telephone numbers, home addresses, or the names of their schools. 45% had posted their date of birth or ages, and 18% had posted pictures of themselves.
- ❖ When signing up for MySpace, you are asked for your date of birth, if you are not over the age of 13 it will come up and say “We’re sorry. Based on the information you have submitted to us, you are ineligible to register on MySpace.” Also, when you click “signup free” you are agreeing to the Terms of Use, which under the first section states “By using the MySpace Services, you represent and warrant that ... you are 13 years of age or older... Your profile may be deleted and your Membership may be terminated without warning, if we believe that you are under 13 years of age...”
- ❖ Facebook will also asks for your date of birth, if you are not over the age of 13 it will come up and say “Sorry, you are ineligible to sign up for Facebook.” Also when you click “sign up” you are agreeing that you have read and agree to the Terms of Use, which under section 4 states “You will not use Facebook if you are under 13.”

(Source: U.S. Department of Education, Facebook, MySpace)

Family Functioning, Neighborhood & Community Characteristics

Key Findings

In 2011, 37% of Hancock County parents reported they read to their child almost every day. 95% of parents reported their neighborhood was always or usually safe. 6% of parents reported someone smoked in their home.

Family Functioning

- ◆ 12% of parents reported that they were very concerned about the relationship with their child and 67% reported they were not concerned at all.
- ◆ Hancock County parents reported they were coping with the following day-to-day demands of parenthood: demands of multiple children (43%), financial burdens (24%), being a single parent (8%), child has special needs (7%), difficulty with lifestyle changes (6%), loss of freedom (2%), and alcohol and/or drug abuse (1%).
- ◆ Parents reported they read to their child: every day (16%), almost every day (22%), a few times a week (25%), a few times a month (13%) and a few times a year (2%). 20% reported their child reads to him/herself.
- ◆ 2% of parents reported their child went to bed hungry at least one day per week because they did not have enough food. 1% reported their child went to bed hungry every night.
- ◆ 51% of parents of 0-5 year olds reported that every family member that lived in their household ate a meal together every day of the week.
- ◆ Parents reported the average number of times their 0-5 year old attended religious services was 2.7 times per month. 74% of parents reported their child attended religious service at least once per month and 45% reported at least once per week. 27% reported their child has never attended a religious service.
- ◆ Parents or family members take their children on any kind of outing, such as to the park, library, zoo, shopping, church, restaurants, or family gatherings an average of 4.8 times per week.
- ◆ Parents reported they felt angry with their child during the past month: always or usually (1%), sometimes (72%), and never (27%).
- ◆ Parents use the following forms of discipline with their child: take away privileges (76%), time out (60%), yell (37%), spanking (28%), grounding (23%), wash mouth out (4%), and other (6%).
- ◆ Parents reported the average time their child woke up was 7:55 a.m. and the average time they went to bed was 8:00 p.m. The average child slept 10.5 hours at night. 2007 NSCH results showed 71% of Ohio and 72% of U.S. children ages 6-11 got enough sleep in the past week.

National Survey of Children's Health, 2007

- ◆ 55% of Ohio and 58% of U.S. parents of 0-5 year olds reported their family ate a meal together every night of the week.
- ◆ 37% of 0-5 year old and 34% of 6-11 year old Ohio children lived in a household with someone who smokes.

(Source: National Survey of Children's Health, 2007 <http://nscldata.org>)

Neighborhood and Community Characteristics

- ◆ Parents reported their neighborhood was: always safe (58%), usually safe (37%), sometimes safe (3%) and never safe (2%). 49% of those with incomes less than \$25,000 reported their neighborhood as always safe, as compared to 60% of those with higher incomes.
- ◆ 9% of parents reported their child had moved to a new address 3 or more times.
- ◆ 97% of parents reported they had a smoke alarm in their home.
- ◆ 6% of parents reported smoking is allowed in their house, increasing to 15% of those with incomes less than \$25,000.

Family Functioning, Neighborhood & Community Characteristics

- ◆ Hancock County parents had the following rules about smoking in their home: no one is allowed to smoke inside their home at any time (93%), smoking is allowed in some rooms only (3%), smoking is allowed anywhere (3%), and smoking is not allowed when children are present (2%).
- ◆ Hancock County parents had the following rules about smoking in their car: no one is allowed to smoke inside their car at any time (88%), smoking is not allowed when children are present (5%), smoking is allowed as long as a window is open (4%) and smoking is allowed at any time (2%).
- ◆ 99% of parents reported the primary language spoken in their home was English and 1% reported Spanish.

Child Comparisons	Hancock County 2011 0-5 Years	Ohio 2007 0-5 Years	U.S. 2007 0-5 Years	Hancock County 2011 6-11 Years	Ohio 2007 6-11 Years	U.S. 2007 6-11 Years
Family eat a meal together every day of the week	51%	55%	58%	44%	40%	47%
Child never attends religious services	30%	35%	32%	25%	14%	15%
Neighborhood is usually or always safe	98%	88%	85%	93%	84%	86%
Someone in the house smokes tobacco	15%	37%	26%	23%	34%	25%

Child and Parent Relationships

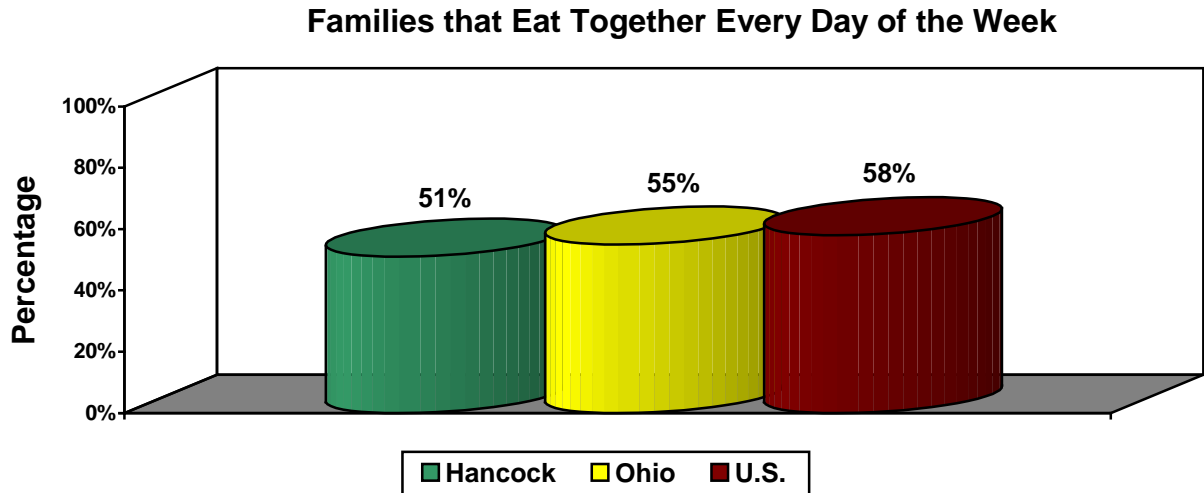
- ❖ 70% of U.S. children ages 6-17 have parents with whom they can share ideas very well or talk with them about things that matter.
- ❖ 60% of U.S. parents of children ages 0-17 are coping very well with the demands of parenting.
- ❖ 87% of U.S. parents of children ages 0-17 have someone to go to for emotional help with parenting.
- ❖ 10 % of U.S. children live with parents who experience high levels of stress from parenting. High stress is reported more often by the parents of children living in single-mother households. Also, children with special health care needs have parents who are twice as likely to report high levels of stress.

(Source: childhealthdata.org, Data Resource Center for Child & Adolescent Health)

Family Functioning, Neighborhood & Community Characteristics

Family Dinners

The following graph shows the percent of Hancock County families that eat a meal together everyday of the week along with the percent of Ohio families and the percent of U.S. families. U.S. families as a whole have the largest percent, followed closely by Ohio families. Hancock County families have the lowest percent for eating a meal together everyday of the week.



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

Families that Read to Children Everyday

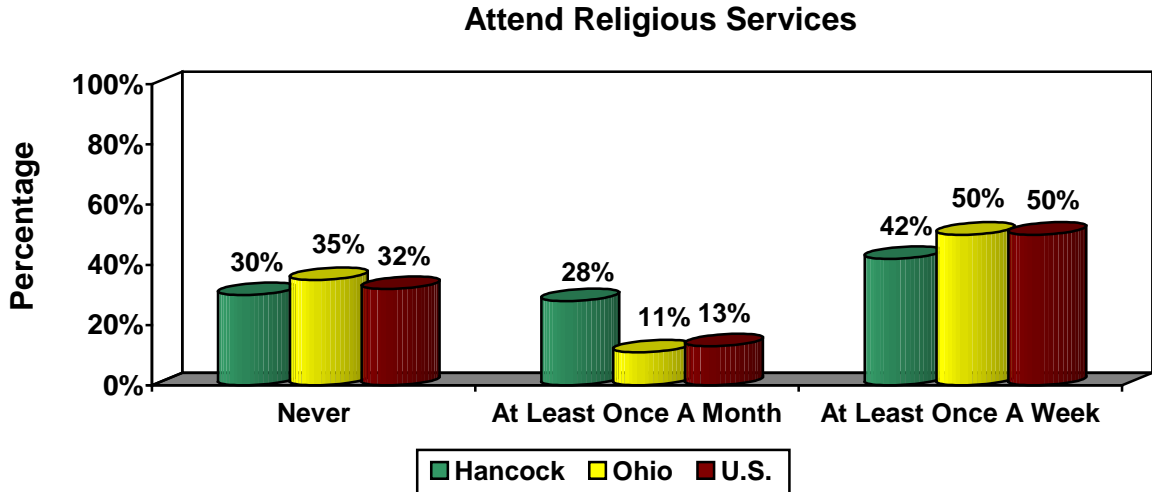
- ❖ 55% of children ages 3-5 in the United States get read to everyday by a family member.
- ❖ Race affects the percent that read to their child everyday. 67 % for White, non-Hispanic, 60% for Asian and Pacific Islander, non-Hispanic, 35% for Black, non-Hispanic, and 37% for Hispanic.
- ❖ The parents' marital status also has a large effect. Two parent families that are married have 61.9%, while two parent families that are unmarried is 24 %. One parent families have 43%.
- ❖ Mothers that have a bachelor's degree or higher are more likely to read to their children than mothers with any other amount of education.
- ❖ Children that have mothers that work less than 35 hours a week are the most likely to get read to everyday with 63%. While mothers that are not in the labor force are the next with 58%. 51% of mothers that work more than 35 hours per week, and mothers that are looking for work have the lowest percentage for reading to their children everyday with only 40%.

(Source: childstats.gov)

Family Functioning, Neighborhood & Community Characteristics

Religious Service Attendance

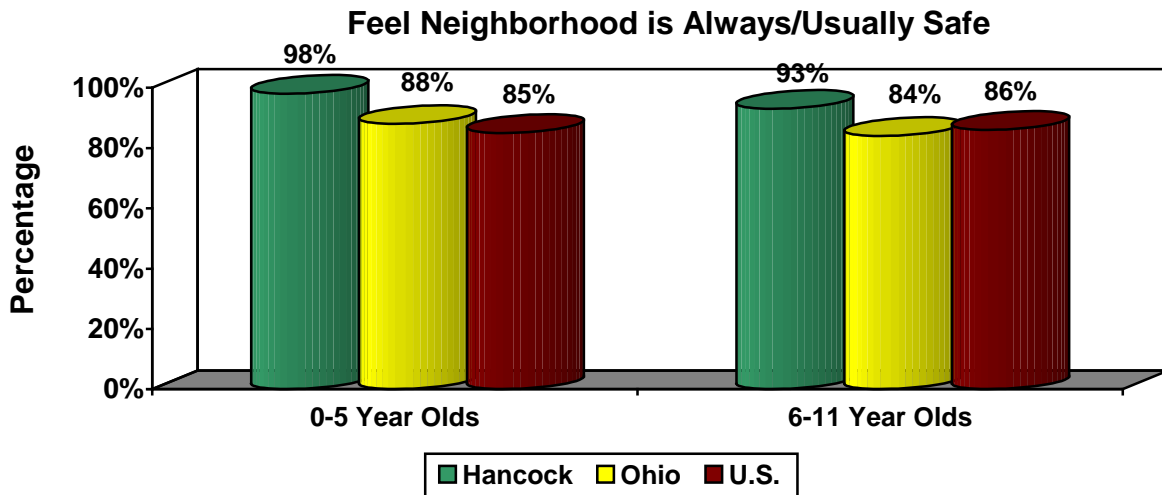
The following chart shows the percent of Hancock County, Ohio, and U.S. children ages 0-5 that attend religious services at least once a week, once a month, and those that have never attended a religious service or don't attend religious services. Hancock County has a much larger percent that attends religious services at least once a month than both Ohio and the U.S., and a smaller percent that attends religious services at least once a week. Hancock County is between Ohio and the U.S. in percent of children ages 0-5 that had never attended a religious service or doesn't attend religious services.



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

Neighborhood Safety

The following graph shows the percent of Hancock County, Ohio, and U.S. parents that feel their neighborhood is always or usually safe. Hancock County had a larger portion of parents of children ages 0-5 and 6-11 feel that their neighborhood is always/usually safe, as compared to Ohio and U.S. Ohio has a larger percent of parents that feel their neighborhood is always/usually safe for children ages 0-5 than all parents in the U.S., but a smaller percent of Ohio parents feel their neighborhood is always/usually safe for children ages 6-11 for U.S. parents of children ages 6-11.



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

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

Family Functioning, Neighborhood & Community Characteristics

Smoke Alarms

- ❖ 96% of American homes have at least one smoke alarm; however, no smoke alarms were present or non-operated in 41% of the reported fires between 2003 and 2006.
- ❖ In fires considered large enough to activate the alarm, hardwired smoke alarms operated 91% of the time, while battery-powered smoke alarms operated in 75%.
- ❖ Over half of the reasons that a smoke alarm failed to go off for fires between 2003 and 2006 was because the battery was disconnected or missing. 22% failed because the battery was dead, and only 8% failed because the hardwired power failed, shut-off or was disconnected.

(Source: National Fire Protection Association)

Firearm Safety

- ❖ In 2004, 2% of children that died as a result of a home injury were killed by unintentional shootings in the home. 75% of these children were between the ages 5 and 14.

(Source: Safe Kids USA)

Children and Smoking

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

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

Smoking Rules

- ❖ 30% of people that live in households with no smoking rules have smoked at some point in their lives. While for people that have some smoking rules in their household 24% have smoked at some point in their lives. For people that live in houses where no smoking was allowed at all only 12% have smoked at some point.
- ❖ 27% of people that live in households without smoking rules currently smoke. 19% of people that live in houses with some smoking rules currently smoke. While only 9% of people that live in houses where smoking is not allowed currently smoke.

(Source: CDC, Impact of Home Smoking Rules on Smoking Patterns Among Adolescents and Young Adults)

Parent Health

Key Findings

In 2011, 37% of Hancock County parents were overweight and 25% were obese. Parents missed work an average of 1.7 days per year due to their child being ill or injured.

Parent Health

- ◆ Those filling out the survey had the following relationship to the child: mother (64%), father (33%), grandparent (2%) and aunt or uncle (<1%).
- ◆ More than three-fourths (76%) of parents rated their health as excellent or very good, decreasing to 59% of parents with incomes less than \$25,000. 4% of parents had rated their health as fair or poor.
- ◆ 76% of parents rated their mental and emotional health as excellent or very good.
- ◆ 4% of parents of 0-5 year olds rated their mental and emotional health as fair or poor. 5% of parents of 6-11 year olds rated their mental and emotional health as fair or poor.
- ◆ 16% of parents have driven after drinking an alcoholic beverage.
- ◆ 6% of parents are physically active for at least 30 minutes every day of the week, 22% are physically active 3 days a week, 11% are not physically active at all, and 2% are unable to exercise.
- ◆ 6% of parents reported someone smoked inside their home.
- ◆ 62% of parents were either overweight (37%) or obese (25%). 1% were underweight.
- ◆ Parents missed work an average of 1.7 days per year due to their child being ill or injured, 0.5 days per year due to their child's medical appointments, and 0.1 days due to child's asthma.

National Survey of Children's Health, 2007

- ❖ 22% of mothers of 0-5 year olds and 15% of mothers of 6-11 year olds in Ohio were sedentary (not exercising in the past week).
- ❖ 22% of fathers of 0-5 year olds and 13% of fathers of 6-11 year olds in Ohio were sedentary (not exercising in the past week).

(Source: National Survey of Children's Health, 2007 [http:// nschdata.org](http://nschdata.org))

Child Comparisons	Hancock County 2011 Ages 0-5	Ohio 2007 Ages 0-5	U.S. 2007 Ages 0-5	Hancock County 2011 Ages 6-11	Ohio 2007 Ages 6-11	U.S. 2007 Ages 6-11
Mother's mental or emotional health is fair/poor	8% (4%)	5%	6%	5%	8%	8%
Father's mental or emotional health is fair/poor	0%	5%	4%	3%	5%	5%

Parent Health

Parent's Health

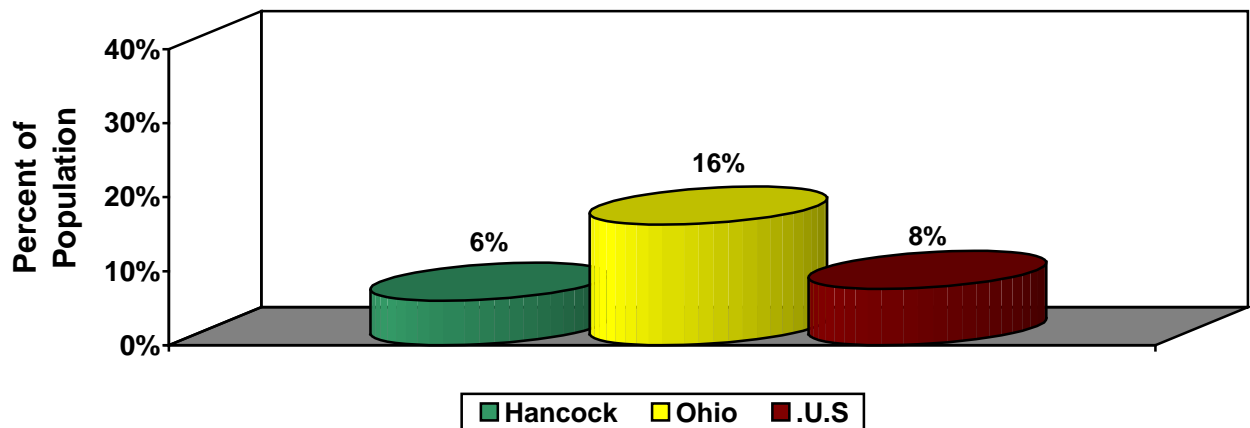
- ❖ 57% of children have mothers who are in excellent or very good physical and mental health (of children with a living mother in their household). Children with special health care needs are less likely to have mothers who are in excellent or very good health (48% vs. 59% for children without special health care needs).
- ❖ 63% of children have fathers who are in excellent or very good physical and mental health (of children with a living father in their household). Children with special health care needs are less likely to have fathers who are in excellent or very good health (58% vs. 64% for children without special health care needs).
- ❖ A child who lives with a mother or father who exercises for at least 20 minutes on four or more days per week is more likely to also exercise at least four days per week. Of children who live with their mothers, 33% have mothers who exercise four or more days per week. Of children who live with their fathers, 45% have fathers who exercise four or more days per week.
- ❖ Higher household income increases the likelihood that a child will exercise regularly. For children living with their mother that does not exercise four or more days a week and that are between 0-99% FPL, 46% exercise regularly, while for children living with their mother that does not exercise four or more days a week and are 400% FPL, 66% exercise regularly. For children between 0-99% FPL and have mothers that exercise regularly 69% also exercise regularly, and for children at 400% FPL and have mothers that exercise regularly 80% also exercise regularly.

(Source: childhealthdata.org, Data Resource Center for Child & Adolescent Health)

Smoking in Home of a Child

The following graph compares the percent of parents in Hancock County that allow people to smoke inside their home with those of Ohio and the U.S. Hancock County has a smaller percent of people that allow someone to smoke in their home than Ohio and the U.S.

Someone Smokes Inside the Child's Home



(Source: 2007 National Survey of Children's Health, Data Resource Center, 2011 Hancock Health Assessment)

Hancock County Health Assessment Information Sources

Source	Data Used	Website
<i>A New Perspective on the Health of Canadians: A Working Document.</i> LaLonde, M, 1974.	<ul style="list-style-type: none"> ◆ Preface, Figure 1: Risks To Good Health 	N/A
<i>Actual causes of death in the United States, 2000.</i> Mokdad AH, Marks JS, Stroup DF, & Gerberding JL. Journal of the American Medical Association 2004; 291:1238-1245	<ul style="list-style-type: none"> ◆ Preface, Table 1: Leading Types of Death in the U.S. ◆ Preface, Table 2: Actual Causes of Death in the U.S. 	N/A
American Diabetes Association	<ul style="list-style-type: none"> ◆ Risk factors for diabetes ◆ All about Diabetes: Type 2 Diabetes ◆ Diabetes Care: Screening for Type 2 	www.diabetes.org
American Heart Association. <i>Risk Factors for Coronary Heart Disease, 2005.</i>	<ul style="list-style-type: none"> ◆ Cardiovascular disease risk factors 	www.americanheart.org
<i>Arthritis at a Glance, 2011,</i> Centers for Disease Control & Prevention	<ul style="list-style-type: none"> ◆ Arthritis statistics 	www.cdc.gov/nccdphp/aag/aag_arthritis.htm
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, CDC	<ul style="list-style-type: none"> ◆ 1999 - 2010 adult Ohio and U.S. correlating statistics 	www.cdc.gov
CDC Child Statistics	<ul style="list-style-type: none"> ◆ Children's Nutrition ◆ Children's Health 	www.childstats.gov
CDC, Sexually Transmitted Diseases Surveillance, 2008	<ul style="list-style-type: none"> ◆ U.S. Chlamydia and Gonorrhea rates ◆ STD's in Adolescents and Young Adults 	http://www.cdc.gov/std/stats08/Natprointro.htm
CDC, Vaccines and Preventable Diseases	<ul style="list-style-type: none"> ◆ HPV Vaccine, May 2011 	http://www.cdc.gov/vaccines/vpd-vac/hpv/default.htm
CDC, Vital Signs	<ul style="list-style-type: none"> ◆ Tobacco Use: Smoking & Secondhand Smoke, September 2010 	http://www.cdc.gov/VitalSigns/pdf/2010-09-vitalsigns.pdf
CDC, Youth Violence & Suicide Prevention	<ul style="list-style-type: none"> ◆ Youth Violence Fact Sheet, 2008 	http://www.cdc.gov/ncipc/dvp/dvp.htm
FASTATS A to Z, U.S. Department of Health & Human Services, Centers for Disease Control & Prevention, National Center for Health Statistics, Division of Data Services	<ul style="list-style-type: none"> ◆ U.S. mortality statistics ◆ U.S. predictors of access to health care ◆ U.S. birth rates ◆ Men's health 	www.cdc.gov/nchs/fastats
Data Resource Center for Child & Adolescent Health	<ul style="list-style-type: none"> ◆ Child & parent relationships ◆ Parent health ◆ Smoker's inside the home 	www.childhealthdata.org
HealthyPeople.gov, Healthy People 2020 Data: U.S. Department of Health & Human Services, May 2011	<ul style="list-style-type: none"> ◆ All Healthy People 2020 target data points ◆ Some U.S. baseline statistics 	http://www.healthypeople.gov/2020/topicsobjectives2020/
Healthy Youth: Addressing Asthma in Schools, CDC, 2006	<ul style="list-style-type: none"> ◆ Strategies for addressing asthma within schools 	www.cdc.gov/HealthyYouth/asthma/pdf/asthma.pdf

Hancock County Health Assessment Information Sources

Source	Data Used	Website
National Asthma Control Program, CDC	<ul style="list-style-type: none"> ◆ Asthma control 	http://www.cdc.gov/asthma/default.htm
National Center for Chronic Disease Prevention and Health Promotion, CDC	<ul style="list-style-type: none"> ◆ US alcohol-related motor vehicle crashes and intentional injury stats ◆ Type 2 diabetes ◆ Nutrition and physical activity ◆ Alcohol and public health ◆ Arthritis ◆ BMI definition ◆ Preventing seasonal flu ◆ Stigma of mental illness 	www.cdc.gov
National Center for Children in Poverty	<ul style="list-style-type: none"> ◆ Basic Facts about Low Income Children, 2009 	N/A
National Center for Environmental Health, CDC	<ul style="list-style-type: none"> ◆ You Can Prevent Carbon Monoxide Exposure, March, 2010 	http://www.cdc.gov/co/guidelines.htm
National Center for Health Statistics, CDC	<ul style="list-style-type: none"> ◆ Children's Asthma Statistics, 2008 	N/A
National Center for Immunization and Respiratory Diseases, CDC (NCIRD)	<ul style="list-style-type: none"> ◆ Fact Sheet: Good Health Habits for Preventing Seasonal Flu 	www.cdc.gov/flu/protect/habits.htm
National Fire Protection Association	<ul style="list-style-type: none"> ◆ Smoke Alarms 	N/A
National Health Interview Survey	<ul style="list-style-type: none"> ◆ Unmet Medical Needs, 2008 ◆ Prescriptions ◆ Emergency Room Visits 	www.cdc.gov/nchs/nhis.htm
National Heart, Lung, and Blood Institute, 2008	<ul style="list-style-type: none"> ◆ Chronic respiratory conditions 	http://www.nhlbi.nih.gov/
National Osteoporosis Foundation	<ul style="list-style-type: none"> ◆ Risk factors for osteoporosis 	http://www.nof.org/
National Sleep Foundation	<ul style="list-style-type: none"> ◆ Sleep and SIDS 	http://www.sleepfoundation.org
National Survey of Children's Health	<ul style="list-style-type: none"> ◆ Injuries, Asthma, ADHD, Physical Activity, Neighborhood Safety, Family Dinners, Attend Religious Services, Neighborhood Safety, 2007 	http://nschdata.org
Ohio Department of Health, Information Warehouse	<ul style="list-style-type: none"> ◆ Hancock County and Ohio mortality statistics ◆ Hancock County and Ohio birth statistics ◆ Hancock County and Ohio sexually transmitted diseases ◆ Statistics re: access to health services ◆ Ohio cancer incidence surveillance system 	www.odh.state.oh.us
Ohio Department of Health, Office of Healthy Ohio, Tobacco Use Prevention and Cessation Program	<ul style="list-style-type: none"> ◆ 2008 Ohio Youth Tobacco Survey 	http://www.odh.ohio.gov/ASSETS/9FD3BA6D31C14EA4AFD0E0A55E5B0F68/yts08w.pdf
Ohio Department of Health, Ohio Cancer Incidence Surveillance System	<ul style="list-style-type: none"> ◆ Hancock County and Ohio cancer incidence & mortality 	www.odh.state.oh.us

Hancock County Health Assessment Information Sources

Source	Data Used	Website
Ohio Department of Health, Ohio Oral Health Surveillance System	<ul style="list-style-type: none"> ◆ Hancock County oral health resources 	http://publicapps.odh.ohio.gov/oralhealth/default.aspx
Ohio Department of Health, STD Surveillance	<ul style="list-style-type: none"> ◆ Ohio and Hancock County Chlamydia and Gonorrhea rates 	http://www.odh.ohio.gov/healthStats/disease/std/std1.aspx
Ohio Department of Job & Family Services	<ul style="list-style-type: none"> ◆ Poverty statistics ◆ Hancock County and Ohio Medicaid statistics ◆ Hancock County health care statistics 	http://jfs.ohio.gov/
Ohio Family Health Survey Results, 2008	<ul style="list-style-type: none"> ◆ Hancock County and Ohio uninsured rates 	http://ofhs.webexone.com
Ohio Medicaid Report, Office of Ohio Health Plans (OHP), Ohio Job & Family Services, Published 2008	<ul style="list-style-type: none"> ◆ Hancock County Medicaid statistics ◆ Ohio Medicaid statistics 	http://jfs.ohio.gov/ohp/bhpp/reports/
Safe Kids USA	<ul style="list-style-type: none"> ◆ Firearm safety ◆ Car seats & booster seats 	www.safekids.org
Sexually Transmitted Disease Surveillance, Centers for Disease Control and Prevention	<ul style="list-style-type: none"> ◆ STD facts 	www.cdc.gov
Surgeon General's Call to Action	<ul style="list-style-type: none"> ◆ Costs of obesity 	N/A
The Alan Guttmacher Institute	<ul style="list-style-type: none"> ◆ Facts on American Teens' Sexual and Reproductive Health 	http://www.guttmacher.org/pubs/fb_ATSRH.html
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> ◆ Ohio and Hancock County 2000 Census demographic information ◆ Ohio and U.S. health insurance sources ◆ Small Area Income and Poverty Estimates ◆ Federal Poverty Thresholds 	www.census.gov
U.S Department of Education	<ul style="list-style-type: none"> ◆ Facebook, MySpace 	www.ed.gov
U. S. Department of Health and Human Services, SAMHSA, NSDUH, 2007	<ul style="list-style-type: none"> ◆ National Survey on Drug Use and Health 	http://www.oas.samhsa.gov/NSDUH/2k7NSDUH/2k7results.cfm
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	<ul style="list-style-type: none"> ◆ 2005 - 2009 youth Ohio and U.S. correlating statistics 	www.cdc.gov

List of Acronyms and Terms

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.
Binge drinking	Consumption of five alcoholic beverages or more on one occasion.
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.
Crude Mortality Rates	Number of deaths/estimated mid-year population times 100,000.
HCF	Healthy Communities Foundation of the Hospital Council of Northwest Ohio.
HP 2010/2020	Healthy People 2010/2020, a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic \geq 140 and Diastolic \geq 90
N/A	Data not available.
ODH	Ohio Department of Health

List of Acronyms and Terms

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 2000 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, “White alone” or “Black alone”, means the respondents reported only one race.
Weapon	Defined in the YRBSS as “a weapon such as a gun, knife, or club”
Youth	Defined as 12 through 18 years of age
YPLL/65	Years of Potential Life Lost before age 65. Indicator of premature death.
Youth BMI Classifications	Underweight is defined as BMI-for-age $\leq 5^{\text{th}}$ percentile. Overweight is defined as BMI-for-age 85^{th} percentile to $< 95^{\text{th}}$ percentile. Obese is defined as $\geq 95^{\text{th}}$ percentile.
YRBSS	Youth Risk Behavior Surveillance System , a youth survey conducted by the CDC

Methods for Weighting the 2011 Hancock County Assessment Data

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

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2011 Hancock County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Hancock County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (7 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Hancock County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2011 Hancock County Survey and Census estimates from 2005-2009.

<u>Sex</u>	<u>2011 Hancock Survey</u>		<u>2005-2009 Census Estimates</u>		<u>Weight</u>
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	214	50.591017	35,947	48.538983	0.959439
Female	209	49.408983	38,111	51.461017	1.041532

In this example, it shows that there was a slightly larger portion of males in the sample compared to the actual portion in Hancock County. The weighting for males was calculated by taking the percent of males in Hancock County (based on Census information) (48.538983%) and dividing that by the percent found in the 2011 Hancock County sample (50.591017%) [$48.538983/50.591017 =$ weighting of 0.959439 for males]. The same was done for females [$51.461017/49.408983 =$ weighting of 1.041532 for females]. Thus males' responses are weighted less by a factor of 0.959439 and females' responses weighted heavier by a factor of 1.041532.

Methods for Weighting the 2011 Hancock County Assessment Data

This same thing was done for each of the 18 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 1.145239 [1.04153159 (weight for females) x 0.95252488 (weight for White) x 1.22703820 (weight for age 35-44) x 0.94078240 (weight for income \$50-\$75k)]. Thus, each individual in the 2011 Hancock County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 14.0) 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.

Methods for Weighting the 2011 Hancock County Assessment Data

Category	Hancock Sample	%	2005-2009 Census Estimates*	%	Weighting Value
Sex:					
Male	214	0.50591017	35,947	0.48538983	0.95943878
Female	209	0.49408983	38,111	0.51461017	1.04153159
Age:					
20-24	50	0.11848341	4,999	0.092392711	0.77979448
25-34	57	0.13507109	9,739	0.179998521	1.33262063
35-44	62	0.14691943	9,754	0.180275755	1.22703820
45-54	60	0.14218009	11,148	0.206039996	1.44914797
55-59	40	0.09478673	4,574	0.084537759	0.89187336
60-64	51	0.12085308	3,666	0.067755887	0.56064675
65-74	65	0.15402844	5,082	0.093926736	0.60980127
75-84	24	0.05687204	3,528	0.065205338	1.14652719
85+	13	0.03080569	1,616	0.029867298	0.96953843
Race:					
White	412	0.96261682	67,905	0.916916471	0.95252488
Other	16	0.03738318	6,153	0.083083529	2.22248440
Household Income					
Less than \$10,000	18	0.04522613	2,199	0.069480868	1.53629920
\$10k-\$15k	17	0.04271357	2,096	0.066226421	1.55047739
\$15k-\$25k	36	0.09045226	3,516	0.111093557	1.22820100
\$25k-\$35k	55	0.13819095	3,519	0.111188347	0.80459931
\$35k-\$50	71	0.17839196	4,935	0.155929097	0.87408142
\$50k-\$75k	90	0.22613065	6,733	0.212739739	0.94078240
\$75k or more	111	0.27889447	8,651	0.27334197	0.98009103
<p>Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Hancock County in each subcategory by the proportion of the sample in the Hancock County survey for that same category.</p> <p>* Hancock County population figures taken from the Census' 2005-2009 American Community Survey Census Estimates.</p>					

Hancock County Schools

The following schools were randomly chosen and agreed to participate in the 2011 Hancock County Health Assessment:

Arcadia Local

Arcadia High School

Arlington Local

Arlington High School

Cory-Rawson Local

Cory-Rawson High School

Findlay City

Findlay High School

Central Middle School

Glenwood Middle School

Liberty-Benton Local

Liberty-Benton High School

Liberty-Benton Middle School

McComb Local

McComb High School

McComb Middle School

Van Buren Local

Van Buren High School

Van Buren Middle School

Vanlue Local

Vanlue Local School

Demographics

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

Category	Total	Males	Females
Hancock County	74,782	36,284	38,498
0-4 years	4,751	2,400	2,351
1-4 years	3,838	1,932	1,906
< 1 year	913	468	445
1-2 years	1,892	975	917
3-4 years	1,946	957	989
5-9 years	4,695	2,417	2,278
5-6 years	1,826	920	906
7-9 years	2,869	1,497	1,372
10-14 years	5,016	2,497	2,519
10-12 years	3,017	1,493	1,524
13-14 years	1,999	1,004	995
12-18 years	7,295	3,695	3,600
15-19 years	5,514	2,712	2,802
15-17 years	3,166	1,616	1,550
18-19 years	2,348	1,096	1,252
20-24 years	5,339	2,429	2,910
25-29 years	4,773	2,427	2,346
30-34 years	4,275	2,118	2,157
35-39 years	4,503	2,254	2,249
40-44 years	4,713	2,387	2,326
45-49 years	5,472	2,687	2,785
50-54 years	5,715	2,817	2,898
55-59 years	4,991	2,473	2,518
60-64 years	4,352	2,098	2,254
65-69 years	3,120	1,472	1,648
70-74 years	2,467	1,166	1,301
75-79 years	1,920	836	1,084
80-84 years	1,558	597	961
85-89 years	1,024	337	687
90-94 years	474	140	334
95-99 years	98	20	78
100-104 years	12	0	12
105-109 years	0	0	0
110 years & over	0	0	0
Total 85 years and over	1,608	497	1,111
Total 65 years and over	10,673	4,568	6,105
Total 19 years and over	56,041	26,799	29,242

Hancock County Profile

General Demographic Characteristics

(Source: U.S. Census Bureau 2010)

Total Population

2010 Total Population	74,782	
2000 Total Population	71,295	
Population, Percent Change, 2000-2010	4.9%	

Largest City-Findlay

2010 Total Population	41,202	100%
2000 Total Population	38,967	100%

Population By Race/Ethnicity

Total Population	74,872	100%
White Alone	69,828	93.4%
Hispanic or Latino (of any race)	3,363	4.5%
Two or more races	1,328	1.8%
Asian	1,263	1.7%
African American	1,158	1.5%
Other	1,026	1.4%
American Indian and Alaska Native	167	0.2%

Population By Age

Under 5 years	4,751	6.4%
5 to 17 years	12,877	17.3%
18 to 24 years	7,687	10.3%
25 to 44 years	18,264	24.4%
45 to 64 years	20,530	27.4%
65 years and more	10,673	14.3%
Median age (years)	38.5	

Household By Type

Total Households	30,197	100%
Family Households (families)	19,884	65.8%
With own children <18 years	8,498	28.1%
Married-Couple Family Households	15,492	51.3%
With own children <18 years	5,801	19.2%
Female Householder, No Husband Present	3,013	10.0%
With own children <18 years	1,884	6.2%
Non-family Households	10,313	34.2%
Householder living alone	8,433	27.9%
Householder 65 years and >	3,077	10.2%
Households With Individuals < 18 years	9,284	30.7%
Households With Individuals 65 years and >	7,466	24.7%

Average Household Size

2.42 people

Average Family Size

2.94 people

Hancock County Profile

General Demographic Characteristics, Continued

(Source: U.S. Census Bureau, American Community Survey 2010 - 1 Year Estimates)

Median Value of Owner-Occupied Units	\$131,600
Median Monthly Owner Costs (With Mortgage)	\$1,183
Median Monthly Owner Costs (Not Mortgaged)	\$362
Median Gross Rent for Renter-Occupied Units	\$686
Median Rooms Per Housing Unit	5.9

Selected Social Characteristics

(Source: U.S. Census Bureau, American Community Survey 2010 - 1 Year Estimates)

School Enrollment

Population 3 Years and Over Enrolled In School	18,418	100%
Nursery & Preschool	1,486	8.1%
Kindergarten	937	5.1%
Elementary School (Grades 1-8)	7,224	39.2%
High School (Grades 9-12)	3,727	20.2%
College or Graduate School	5,044	27.4%

Educational Attainment

Population 25 Years and Over	49,979	100%
< 9 th Grade Education	1,193	2.4%
9 th to 12 th Grade, No Diploma	3,406	6.8%
High School Graduate (Includes Equivalency)	18,943	37.9%
Some College, No Degree	11,474	23.0%
Associate Degree	3,239	6.5%
Bachelor's Degree	7,576	15.2%
Graduate Or Professional Degree	4,148	8.3%
 Percent High School Graduate or Higher	 90.8%	
Percent Bachelor's Degree or Higher	23.5%	

Hancock County Profile

Selected Social Characteristics, Continued

(Source: U.S. Census Bureau, American Community Survey 2010 - 1 Year Estimates)

Marital Status

Population 15 Years and Over	60,102	100%
Never Married	17,219	28.6%
Now Married, Excluding Separated	32,204	51.2%
Separated	1,434	2.4%
Widowed	3,551	5.9%
Female	3,044	9.8%
Divorced	7,128	11.9%
Female	4,285	13.7%

Veteran Status

Civilian Veterans 18 years and over	5,495	9.6%
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Disability Status of the Civilian Non-institutionalized Population

Population 5 to 17 Years	12,520	100%
With a Disability	820	6.5%
Population 18 to 64 Years	45,792	100%
With a Disability	3,853	8.4%
No Disability	41,939	91.6%
Population 65 Years and Over	10,654	100%
With a Disability	3,871	36.3%

Selected Economic Characteristics

(Source: U.S. Census Bureau, American Community Survey 2010 - 1 Year Estimates)

Employment Status

Population 16 Years and Over	59,439	100%
In Labor Force	39,861	67.1%
Not In Labor Force	19,578	32.9%
Females 16 Years and Over	31,054	100%
In Labor Force	18,773	60.5%
Population Living With Own Children <6 Years	5,692	100%
All Parents In Family In Labor Force	4,669	82.0%

Hancock County Profile

Selected Economic Characteristics, Continued

(Source: U.S. Census Bureau, American Community Survey 2010 - 1 Year Estimates)

Occupations

Employed Civilian Population 16 Years and Over	36,192	100%
Management, Professional, and Related Occupations	11,834	32.7%
Production, Transportation, and Material Moving Occupation	8,591	23.7%
Sales and Office Occupations	7,287	20.1%
Service Occupations	5,444	15.0%
Natural Resources, Construction, and Maintenance Occupations	3,036	8.4%

Leading Industries

Employed Civilian Population 16 Years and Over	36,192	100%
Manufacturing	9,869	27.3%
Educational services and health care and social assistance	6,964	19.2%
Trade (retail and wholesale)	5,087	14.1%
Arts, entertainment, recreation, accommodation, and food services	3,433	9.5%
Professional, scientific, management, administrative, and waste management services	3,185	8.8%
Construction	1,775	4.9%
Finance, insurance, real estate and rental and leasing	1,588	4.4%
Other services (except public administration)	1,215	3.4%
Transportation and warehousing, and utilities	1,178	3.3%
Public administration	1,174	3.2%
Agriculture, forestry, fishing and hunting, and mining	684	1.9%
Information	40	0.1%

Class of Worker

Employed Civilian Population 16 Years and Over	36,192	100%
Private Wage and Salary Workers	31,924	88.2%
Government Workers	2,709	7.5%
Self-Employed Workers in Own Not Incorporated Business	1,559	4.3%
Unpaid Family Workers	0	0%

Median Earnings

Male, Full-time, Year-Round Workers	\$40,667
Female, Full-time, Year-Round Workers	\$32,265

Hancock County Profile

Selected Economic Characteristics, Continued

(Source: U.S. Census Bureau, American Community Survey 2010 - 1 Year Estimates)

Income In 2010 (Inflation-Adjusted Dollars)

Households	30,198	100%
< \$10,000	1,903	6.3%
\$10,000 to \$14,999	1,411	4.7%
\$15,000 to \$24,999	3,721	12.3%
\$25,000 to \$34,999	2,482	8.2%
\$35,000 to \$49,999	5,520	18.3%
\$50,000 to \$74,999	8,212	27.2%
\$75,000 to \$99,999	3,062	10.1%
\$100,000 to \$149,999	2,685	8.9%
\$150,000 or \$199,999	628	2.1%
\$200,000 or more	574	1.9%

Median Household Income

\$50,150

Income In 2010 (Inflation-Adjusted Dollars)

Families	21,057	100%
< \$10,000	750	3.6%
\$10,000 to \$14,999	461	2.2%
\$15,000 to \$24,999	1,366	6.5%
\$25,000 to \$34,999	2,054	9.8%
\$35,000 to \$49,999	3,575	17.0%
\$50,000 to \$74,999	6,533	31.0%
\$75,000 to \$99,999	2,788	13.2%
\$100,000 to \$149,999	2,423	11.5%
\$150,000 or \$199,999	628	3.0%
\$200,000 or more	479	2.3%

Median Household Income

\$59,037

Per Capita Income In 1999

\$24,800

Poverty Status in 2010

Families
Individuals

***% Below
Poverty Level***
7.0%
12.4%

Hancock County Profile

(Source: U.S. Bureau of Economic Analysis)

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

	Income	Rank of Ohio counties
BEA Per Capita Personal Income 2009	\$35,753	12 th of 88 counties
BEA Per Capita Personal Income 2008	\$36,303	12 th of 88 counties
BEA Per Capita Personal Income 2007	\$35,416	12 th of 88 counties
BEA Per Capita Personal Income 2000	\$29,008	16 th of 88 counties
BEA Per Capita Personal Income 1999	\$27,780	16 th of 88 counties

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

Employment Statistics

Category	Hancock	Ohio
Labor Force	40,000	5,931,700
Employed	37,000	5,411,900
Unemployed	3,000	591,800
Unemployment Rate* in August 2011	7.6	8.8
Unemployment Rate* in July 2011	8.3	9.2
Unemployment Rate* in August 2010	8.4	9.7

*Rate equals unemployment divided by labor force.
(Source: Ohio Department of Job and Family Services, August 2011)

Hancock County Profile

Estimated Poverty Status in 2009

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Hancock County				
All ages in poverty	7,910	6,646 to 9,173	11.0%	9.2 to 12.7
Ages 0-17 in poverty	2,604	2,110 to 3,099	15.3%	12.4 to 18.2
Ages 5-17 in families in poverty	1,676	1,328 to 2,024	13.6%	10.8 to 16.4
Median household income	\$48,676	44,834 to 52,517		
Ohio				
All ages in poverty	1,699,288	1,673,917 to 1,724,660	15.1%	14.9 to 15.4
Ages 0-17 in poverty	577,026	562,062 to 591,990	21.6%	21.0 to 22.2
Ages 5-17 in families in poverty	371,431	358,289 to 384,573	19.2%	18.6 to 19.9
Median household income	\$45,467	45,121 to 45,813		
United States				
All ages in poverty	42,868,163	42,631,574 to 43,104,752	14.3%	14.3 to 14.4
Ages 0-17 in poverty	14,656,962	14,526,159 to 14,787,765	20.0%	19.8 to 20.2
Ages 5-17 in families in poverty	9,509,142	9,419,830 to 9,598,454	18.2%	18.1 to 18.4
Median household income	\$50,221	50,147 to 50,295		

(Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, <http://www.census.gov/hhes/www/saippe/county.html>)

Federal Poverty Thresholds in 2010 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	\$11,344					
1 Person 65 and >	\$10,458					
2 people Householder < 65 years	\$14,602	\$15,030				
2 People Householder 65 and >	\$13,180	\$14,973				
3 People	\$17,057	\$17,552	\$17,568			
4 People	\$22,491	\$22,859	\$22,113	\$22,190		
5 People	\$27,123	\$27,518	\$26,675	\$26,023	\$25,625	
6 People	\$31,197	\$31,320	\$30,675	\$30,056	\$29,137	\$28,591
7 People	\$35,896	\$36,120	\$35,347	\$34,809	\$33,805	\$32,635
8 People	\$40,146	\$40,501	\$39,772	\$39,133	\$38,227	\$37,076
9 People or >	\$48,293	\$48,527	\$47,882	\$47,340	\$46,451	\$45,227

(Source: U. S. Census Bureau, Poverty Thresholds 2010, <http://www.census.gov/hhes/www/poverty/data/incpovhlth/2010/tables.html>)