

**Bryan Hospital
Health Assessment
&
Implementation Plan
2013**



Williams County

Health Assessment Project

2013

COMMUNITY



FOREWORD

We appreciate your interest in the data presented in this publication. It is the result of the 2013 health assessment of adults and youth in Williams County. The information collected is reported along with health information from the Ohio Department of Health and relevant national, state and local data sources.

This health assessment publication contains a tremendous amount of data which can serve as one source for strategic planning with respect to making Williams County a healthier community. It can influence the current course of action and support new areas of interest. When using this publication for planning purposes the process should look more in depth at the results obtained, seek additional sources of information from service providers and identify the target population to put the findings in perspective.

This report would not have been possible without the assistance of a number of community leaders and organizations. We thank them for their support or financial assistance in making this health assessment a reality and the Healthy Communities Foundation of the Hospital Council of Northwest Ohio for guiding the process.

The information in this publication can ultimately benefit our community. We encourage you to be open to new ideas and collaborations as you use this information. It is designed for your use as you consider the health needs of the people of Williams County. By all of us working together we can positively impact the health of this community.

Sincerely,

James D. Watkins
Health Commissioner
Williams County Health Department

Philip Ennen
CEO
Community Hospitals and Wellness Centers

FOREWORD

ACKNOWLEDGEMENTS

Funding for the Williams County Health Assessment Provided by:

Community Hospitals and Wellness Centers
Four County ADAMhs Board
Williams County Health Department

Commissioned by: Williams County Partners for Health

EXECUTIVE COMMITTEE

Phil Ennen
Chief Executive Officer
Community Hospitals and Wellness Centers

Les McCaslin
Chief Executive Officer
Four County ADAMhs Board

Diana Savage
Superintendent
Bryan City Schools

James D. Watkins
Health Commissioner
Williams County Health Department

STEERING COMMITTEE

Beth Schweitzer & Becki Snyder
Williams County Health Department

Debra Guilford & Dennis Myers
Board of Developmental Disabilities

Ric Beale
Village of West Unity

Michelle Price
Community Hospitals and Wellness Centers

Pamela Johnson
Williams County Job and Family Services

Pam Phlum
Four County ADAMhs Board

Karyn Cox
Bryan City Schools

Project Management, Secondary Data, Data Collection, and Report Development

Healthy Communities Foundation
Hospital Council of Northwest Ohio

Britney L. Ward, MPH
Assistant Director of Health Planning

Margaret Wielinski, MPH
Health Improvement Data Specialist

Michelle Von Lehmden
Health Assessment Coordinator

Amy Nagle
Graduate Assistant

Data Collection & Analysis

James H. Price, Ph.D., MPH
Professor Emeritus of Health Education
University of Toledo

Joseph A. Dake, Ph.D., MPH
Professor and Chair of Health Education
University of Toledo

Timothy R. Jordan, Ph.D., M.Ed.
Professor of Health Education
University of Toledo

Contact Information

James D. Watkins
Health Commissioner
Williams County Health Department
419-485-3141
willcohd@odh.ohio.gov

TABLE OF CONTENTS

EXECUTIVE SUMMARY	PAGES 4-15
TREND SUMMARY	PAGES 16-18

Adult Health (Ages 19 and Over)

HEALTH STATUS PERCEPTIONS	PAGES 19-21
HEALTH CARE COVERAGE	PAGES 22-24
HEALTH CARE ACCESS AND UTILIZATION	PAGES 25-26
CARDIOVASCULAR HEALTH	PAGES 27-32
CANCER	PAGES 33-37
DIABETES	PAGES 38-40
ARTHRITIS	PAGES 41-43
ASTHMA AND OTHER RESPIRATORY DISEASE	PAGES 44-46
WEIGHT STATUS	PAGES 47-49
TOBACCO USE	PAGES 50-54
ALCOHOL CONSUMPTION	PAGES 55-59
MARIJUANA AND OTHER DRUG USE	PAGES 60-61
WOMEN'S HEALTH	PAGES 62-67
MEN'S HEALTH	PAGES 68-72
PREVENTIVE MEDICINE AND HEALTH SCREENINGS	PAGES 73-75
SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES	PAGES 76-83
QUALITY OF LIFE	PAGES 84-85
SOCIAL CONTEXT AND SAFETY	PAGES 86-88
MENTAL HEALTH AND SUICIDE	PAGES 89-91
ORAL HEALTH	PAGES 92-94
PARENTING	PAGES 95-96

Youth Health (Ages 12-18)

WEIGHT CONTROL	PAGES 97-101
TOBACCO USE	PAGES 102-104
ALCOHOL CONSUMPTION	PAGES 105-108
MARIJUANA AND OTHER DRUG USE	PAGES 109-111
SEXUAL BEHAVIOR AND TEEN PREGNANCY OUTCOMES	PAGES 112-115
MENTAL HEALTH AND SUICIDE	PAGES 116-118
YOUTH SAFETY	PAGES 119-121
YOUTH VIOLENCE ISSUES	PAGES 122-124

Appendices

HEALTH ASSESSMENT INFORMATION SOURCES	APPENDIX I	PAGES 125-130
LIST OF ACRONYMS AND TERMS	APPENDIX II	PAGES 131-132
WEIGHTING METHODS	APPENDIX III	PAGES 133-135
SCHOOL PARTICIPATION	APPENDIX IV	PAGE 136
DEMOGRAPHIC PROFILE	APPENDIX V	PAGE 137
DEMOGRAPHICS AND HOUSEHOLD INFORMATION	APPENDIX VI	PAGES 138-145

Implementation Plan	PAGES 146-176
---------------------	---------------

EXECUTIVE SUMMARY

This executive summary provides an overview of health-related data for Williams County adults (19 years of age and older) and youth (ages 12 through 18) who participated in a county-wide health assessment survey during 2013. 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). 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 for adults and adolescents within Williams 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

Two survey instruments were designed and pilot tested for this study: one for adults and one for adolescents. 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. This decision was based on being able to compare local data with state and national data.

The Project Coordinator from the Hospital Council of NW Ohio conducted a series of meetings with the planning committee from Williams County. During these meetings, banks of potential survey questions from the BRFSS and YRBSS surveys were reviewed and discussed. Based on input from the Williams County planning committee, the Project Coordinator composed drafts of surveys containing 109 items for the adult survey and 76 items for the adolescent 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 Williams County were used as the sampling frame for the adult survey. Since U.S. Census Bureau age categories do not correspond exactly to this age parameter, the investigators calculated the population of those 18 years and over living in Williams County. There were 28,723 persons ages 18 and over living in Williams 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 379 adults was needed to ensure this level of confidence. The response rate for the mailing was 52% (n=490). This return rate and sample size means that the responses in the health assessment should be representative of the entire county. The random sample of mailing addresses of adults from Williams County was obtained from American Clearinghouse in Louisville, KY.

SAMPLING | Adolescent Survey

Youth in grades 6-12 were used as the sampling frame for the youth survey. 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 353 adolescents was needed to ensure this level of confidence. The response rate was 93% (n=383).

PROCEDURE | Adult Survey

Prior to mailing the survey to adults, an advance letter was mailed to 1,000 adults in Williams County. This advance letter was personalized, printed on Williams County Health Partners stationery and was signed by James D. Watkins, Health Commissioner, Williams County Combined Health District. 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 Williams County Health Partners 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 entire mailing procedure for adults took place from January through April 2013.

PROCEDURE | Adolescent Survey

Superintendents reviewed and approved the 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 survey contained 76 questions and had a multiple choice response format. The students were surveyed in February 2013.

DATA ANALYSIS

Individual responses were anonymous and confidential. Only group data is 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 Williams County, the adult data collected were 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 Williams County adult assessment had a good response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of

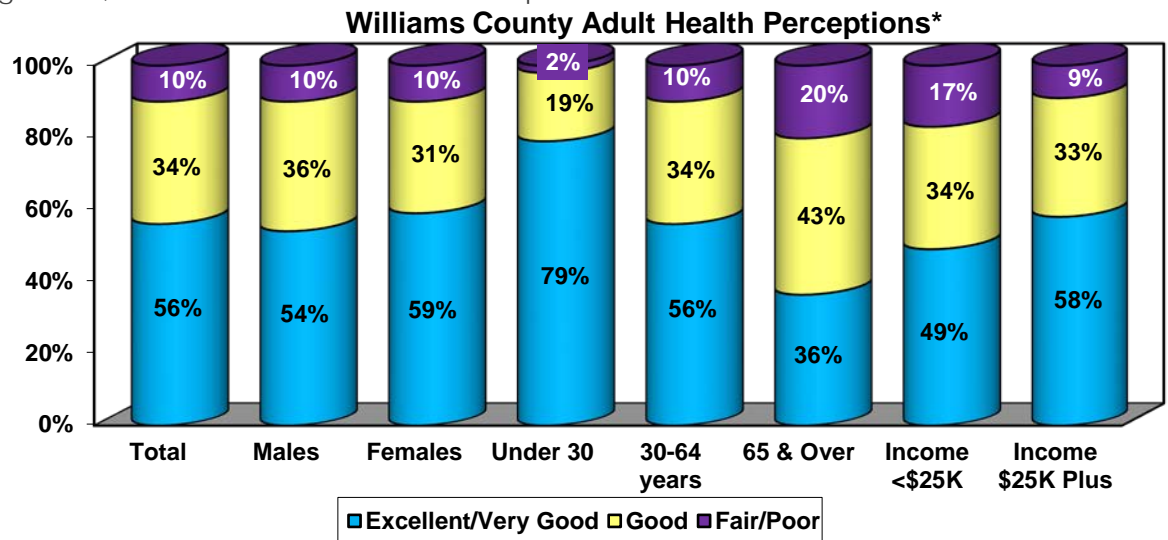
the results (the generalizability of the results to the population of Williams County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

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

Data Summary

HEALTH PERCEPTIONS

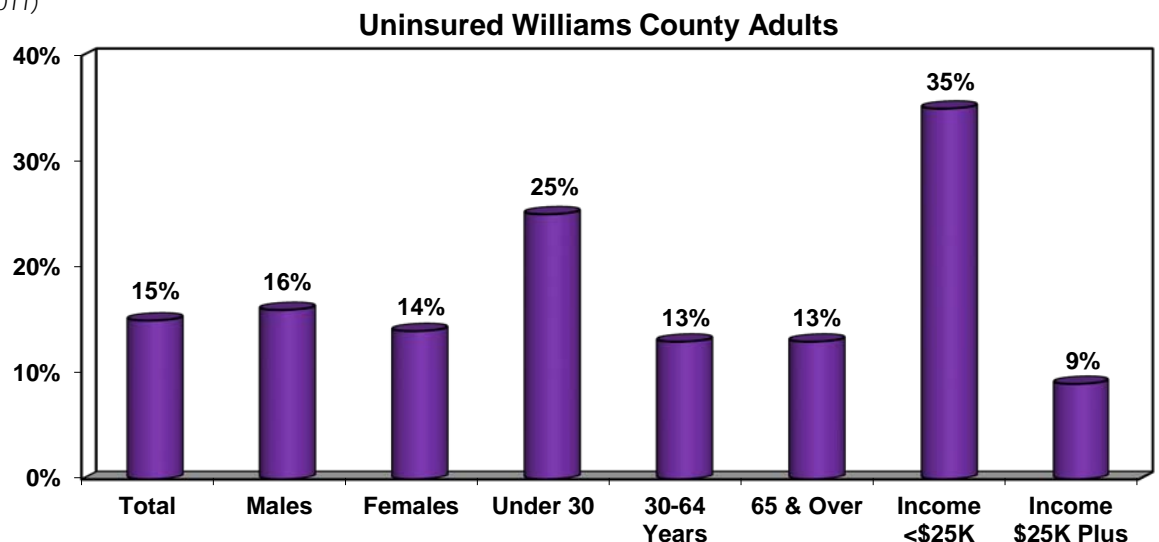
In 2013, more than half (56%) of the Williams County adults rated their health status as excellent or very good. Conversely, 10% of the adults, increasing to 20% of those over the age of 65, described their health as fair or poor.



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

HEALTH CARE COVERAGE

The 2013 Health Assessment data has identified that 15% of Williams 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 Williams County, 12.9% of residents live below the poverty level. (Source U.S. Census, American Community Survey 3 Year Estimates, 2009-2011)



HEALTH CARE ACCESS

The 2013 Health Assessment project identified that 6% of Williams County adults were using a hospital emergency room as their usual place of health care, increasing to 12% of those with incomes less than \$25,000. In the past year, 50% of adults had visited a doctor for a routine checkup.

CARDIOVASCULAR HEALTH

The 2013 Williams County Health Assessment found that 5% of adults had survived a heart attack and 3% had a stroke at some time in their life. More than one-quarter (29%) of Williams County adults have been diagnosed with high blood pressure, 35% had high blood cholesterol, 30% were obese, and 44% were smokers, four known risk factors for heart disease and stroke.

CANCER

In 2013, 11% of Williams County adults had been diagnosed with cancer at some time in their life. Ohio Department of Health statistics indicate that from 2000-2008, a total of 750 Williams County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that not using tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

DIABETES

In 2013, 8% of Williams County adults had been diagnosed with diabetes.

ARTHRITIS

According to the Williams County survey data, 29% of Williams County adults were diagnosed with arthritis. According to the 2011 BRFSS, 29% of Ohio adults and 24% of U.S. adults were told they have arthritis.

Williams County Leading Types of Death 2010

1. Cancers (100 deaths)
2. Heart Disease (80)
3. Chronic Lower Respiratory Diseases (27)
4. Accidents and Unintentional Injuries (19)
5. Alzheimer's Disease (19)

(Source: ODH Information Warehouse, updated 5-23-12)

Williams County Incidence of Cancer, 2005-2009 All Types: 198 cases

- Lung and Bronchus: 32 cases (16%)
- Prostate: 27 cases (14%)
- Breast: 24 cases (12%)
- Colon and Rectum: 23 cases (12%)

From 2010, there were 101 cancer deaths in Williams County.

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

Diabetes Facts

- Diabetes was the 7th leading cause of death in Williams County from 2006-2008.
- Diabetes was the 7th leading cause of death in Ohio from 2006-2008.
- From 2006-2008, the Williams County age-adjusted mortality rate per 100,000 for diabetes was 48.6 deaths for males (34.5 Ohio) and 41.3 (24.4 Ohio) deaths for females.

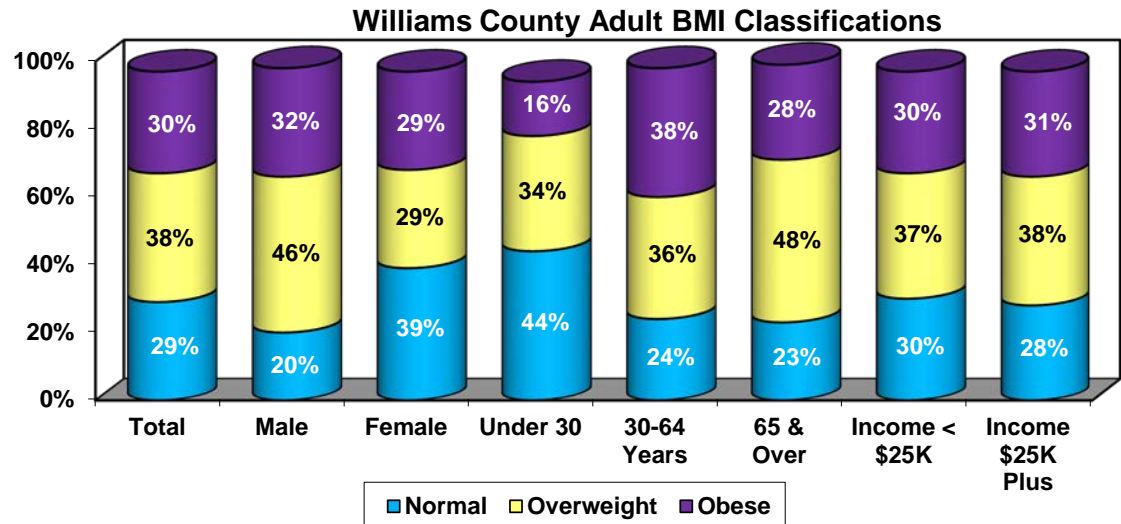
(Source: ODH, Information Warehouse, updated 4-15-10)

ASTHMA

According to the Williams County survey data, 12% of Williams County adults had been diagnosed with asthma.

ADULT WEIGHT STATUS

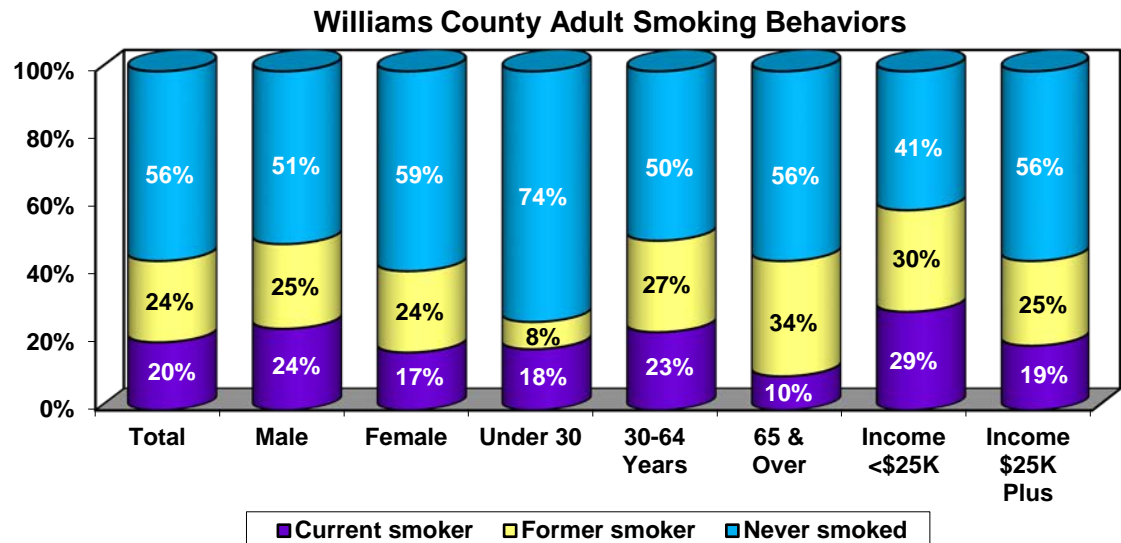
The 2013 Health Assessment identified that 68% of Williams County adults were overweight or obese based on Body Mass Index (BMI). The 2011 BRFSS indicates that 30% of Ohio and 28% of U.S. adults were obese by BMI. Nearly one-third (30%) of Williams County adults were obese. Almost half (46%) of adults were trying to lose weight.



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

ADULT TOBACCO USE

In 2013, 20% of Williams County adults were current smokers and 24% were considered former smokers. In 2013, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death worldwide, and is responsible for the deaths of approximately half of long-term users. Each year, tobacco use is responsible for almost 6 million premature deaths, and by 2030, this number is expected to increase to 8 million. (Source: Cancer Facts & Figures, American Cancer Society, 2013)



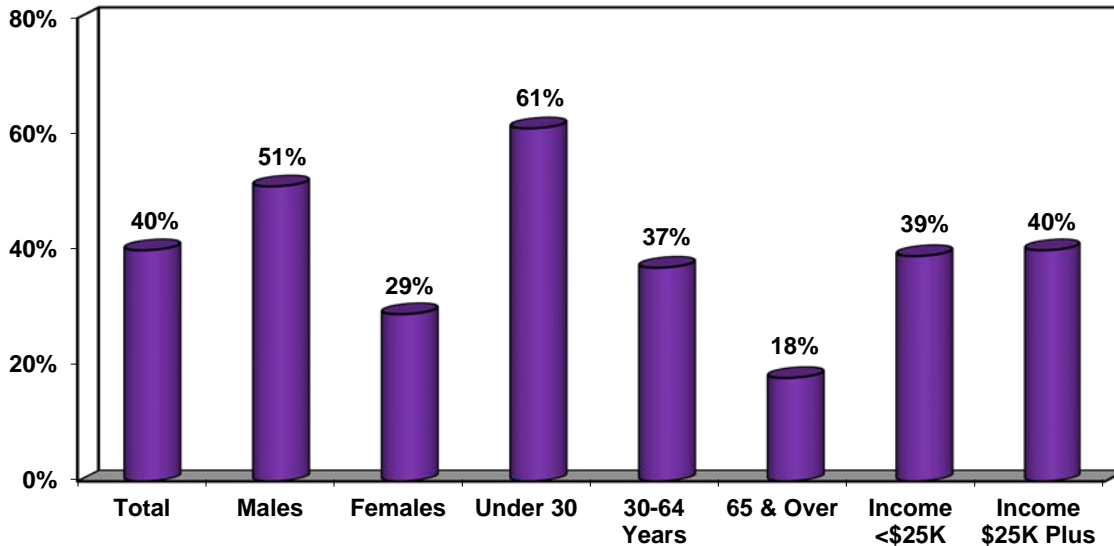
Respondents were asked:

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

ADULT ALCOHOL CONSUMPTION

In 2013, the Health Assessment indicated that 10% of Williams County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 40% of adults who drank had five or more drinks (for males) or 4 or more drinks (for females) on one occasion (binge drinking) in the past month. Three percent of adults drove after having perhaps too much to drink.

**Williams County Adult Drinkers Who Binge Drank
in Past Month***

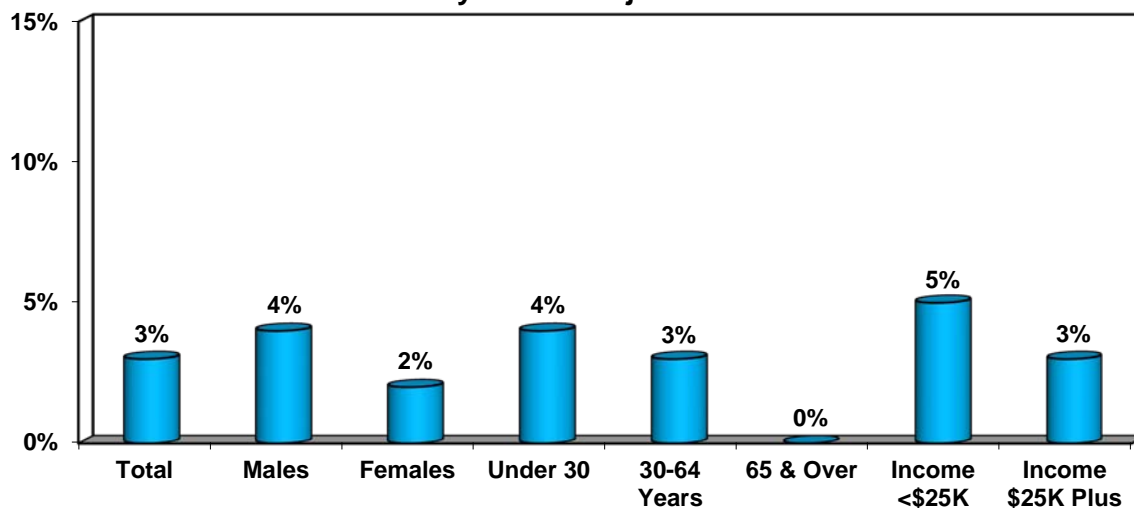


**Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion. Adults must have reported drinking five or more drinks (for males) or four or more drinks (for females) on an occasion at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

ADULT MARIJUANA AND OTHER DRUG USE

In 2013, 3% of Williams County adults had used marijuana during the past 6 months. 6% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

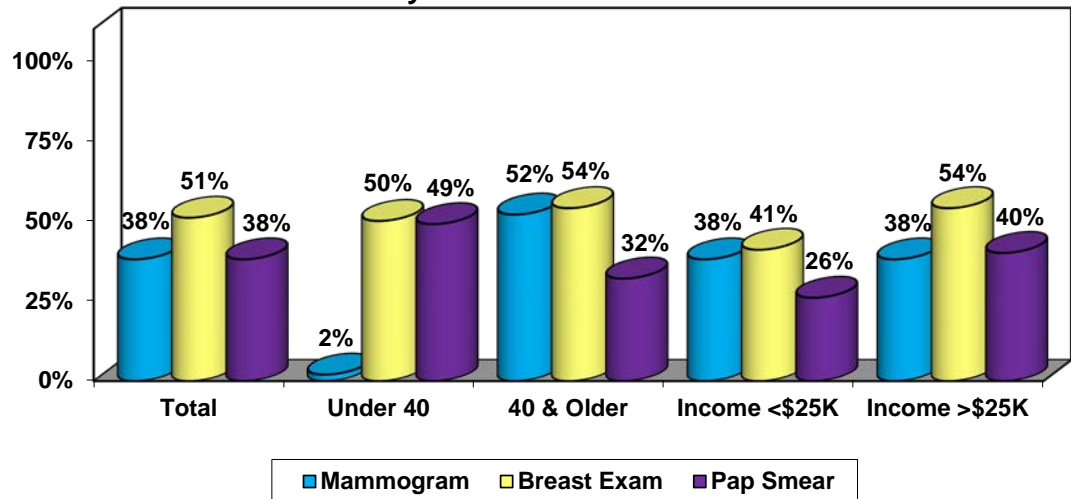
Williams County Adult Marijuana Use in Past 6 Months



WOMEN'S HEALTH

In 2013, more than half (52%) of Williams County women over the age of 40 reported having a mammogram in the past year. 51% of Williams County women ages 19 and over had a clinical breast exam and 38% had a Pap smear to detect cancer of the cervix in the past year. The Health Assessment determined that 4% of women had a heart attack and 4% had a stroke at some time in their life.

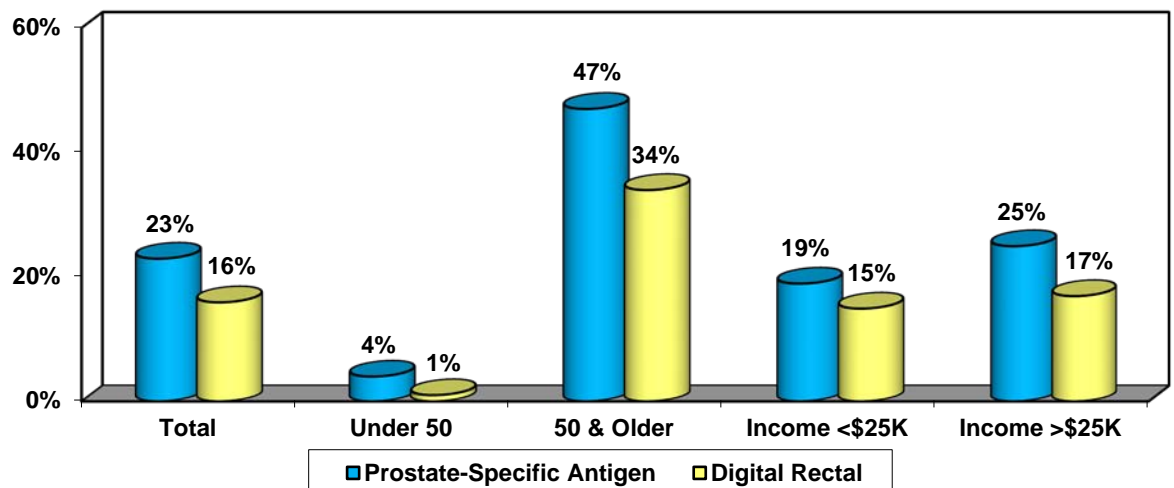
Williams County Women's Health Exams Within the Past Year



MEN'S HEALTH

In 2013, 47% of Williams County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. More than one-third (34%) 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 27% and cancers accounted for 25% of all male deaths in Williams County from 2006-2008. The Health Assessment determined that 6% of men had a heart attack at some time in their life. Nearly one-third (32%) of men had been diagnosed with high blood pressure, 36% had high blood cholesterol, and 24% were identified as smokers, which, along with obesity (32%), are known risk factors for cardiovascular diseases.

Williams County Men's Health Exams Within the Past Year



PREVENTIVE MEDICINE AND HEALTH SCREENINGS

Over half (56%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. In the past year, nearly two-fifths (39%) of adults had a flu vaccine.

ADULT SEXUAL BEHAVIOR & PREGNANCY OUTCOMES

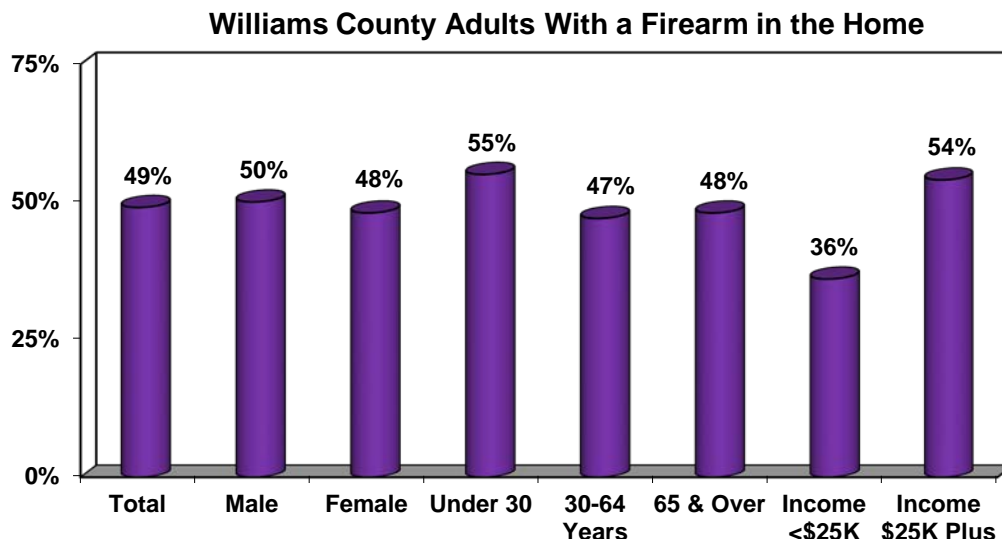
In 2013, over two-thirds (68%) of Williams County adults had sexual intercourse. Three percent of adults had more than one partner. Even though young people aged 15-24 represent only 25% of the sexually experienced population, they acquire nearly half of all STDs (Source: CDC, STDs in Adolescents and Young Adults, 2011 STD Surveillance).

QUALITY OF LIFE

In 2013, 20% of Williams County adults were limited in some way because of a physical, mental or emotional problem.

SOCIAL CONTEXT

In 2013, 7% of Williams County adults were abused in the past year. 49% of adults kept a firearm in or around their home.



MENTAL HEALTH AND SUICIDE

In 2013, 3% of Williams County adults considered attempting suicide. In the past year, 14% of adults had a period of two or more weeks when they felt sad, blue or depressed nearly every day.

ORAL HEALTH

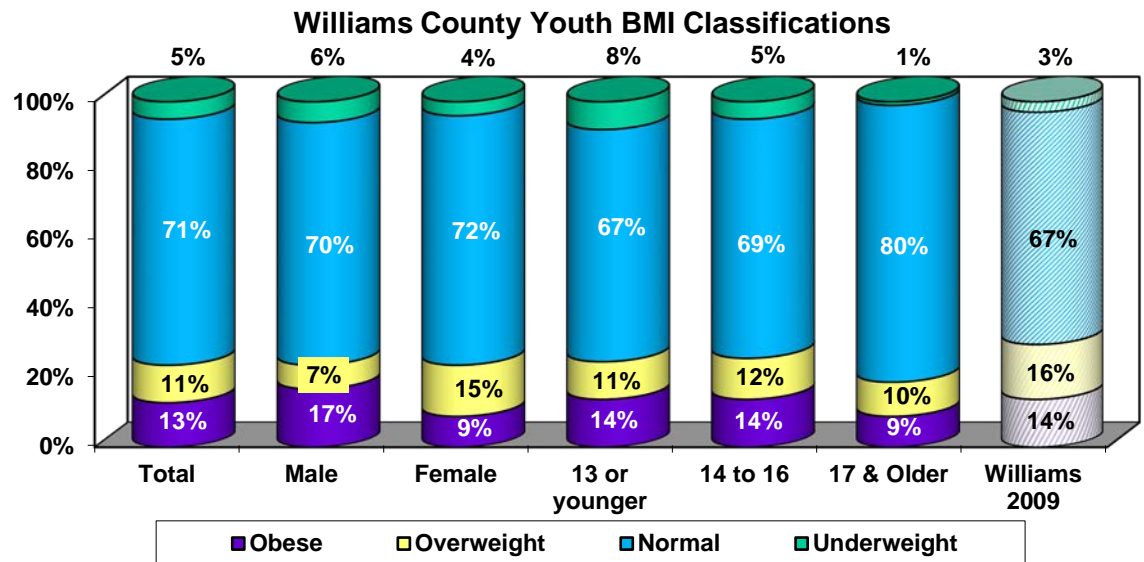
The 2013 Health Assessment project has determined that nearly two-thirds (65%) of Williams County adults had visited a dentist or dental clinic in the past year. The 2010 BRFSS reported that 70% of U.S. adults and 72% of Ohio adults had visited a dentist or dental clinic in the previous twelve months. Over two-thirds (68%) of Williams youth in grades 6-12 had visited the dentist for a check-up, exam, teeth cleaning, or other dental work in the past year.

PARENTING

The 2013 Health Assessment project identified that 22% of children were never breastfed. 25% of parents were concerned about their child not getting enough exercise and 17% were concerned about facebook and other social network sites.

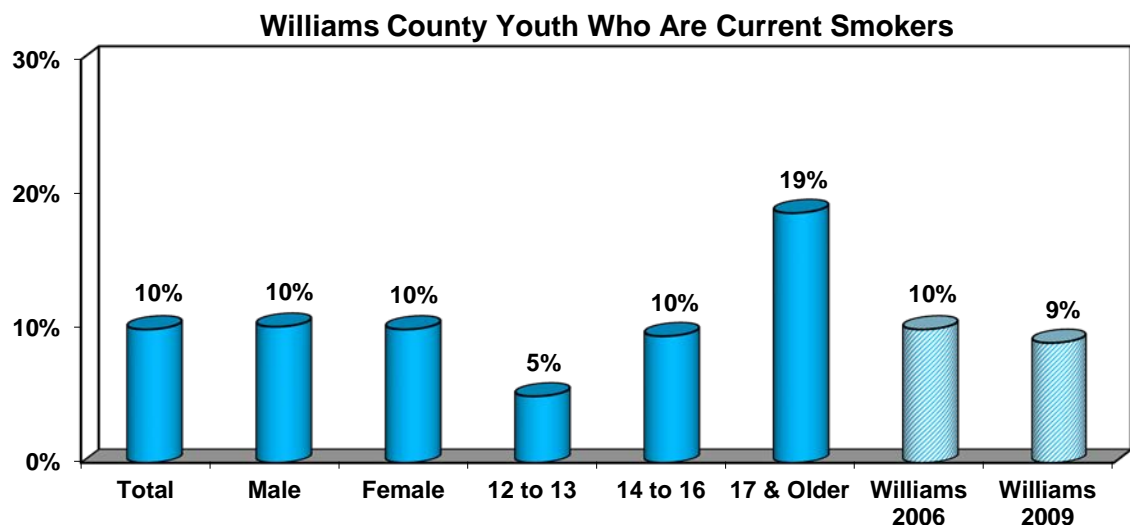
YOUTH WEIGHT STATUS

The 2013 Health Assessment identified that 13% of Williams County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 31% of Williams County youth reported that they were slightly or very overweight. 70% of youth were exercising for 60 minutes on 3 or more days per week. 90% of youth were involved in extracurricular activities. 20% of youth reported they went to bed hungry on at least one day per week because they did not have enough food.



YOUTH TOBACCO USE

The 2013 Health Assessment identified that 10% of Williams County youth in grades 6-12 were smokers, increasing to 19% of those who were over the age of 17. Overall, 7% of Williams County youth in grades 6-12 indicated they had used chewing tobacco in the past month. Of those 6th-12th grade youth who currently smoked, 46% had tried to quit.

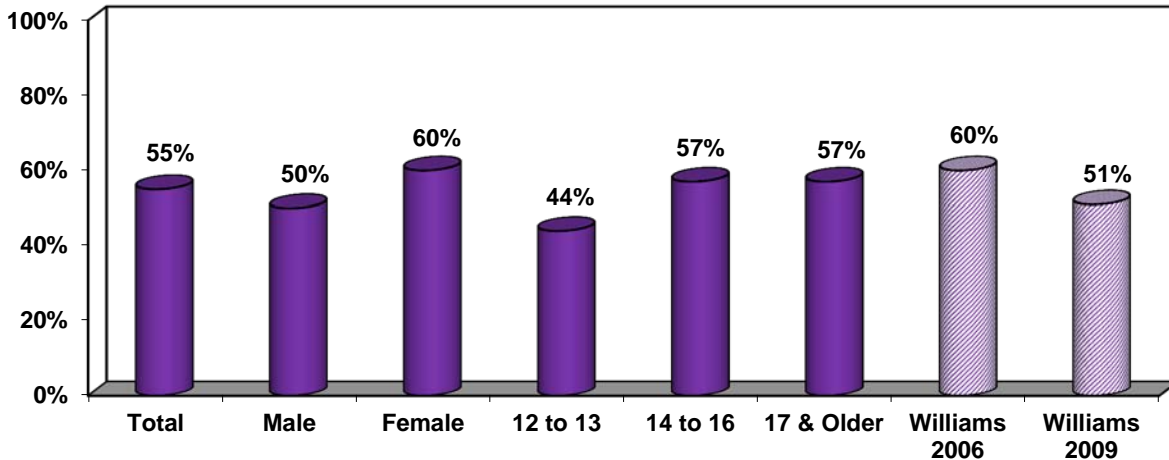


Current smokers are those who have smoked at any time during the past 30 days.

YOUTH ALCOHOL CONSUMPTION

In 2013, the Health Assessment results indicated that 50% of Williams County youth in grades 6-12 had drank at least one drink of alcohol in their life, increasing to 78% of youth ages 17 and older. 36% of those 6th-12th graders who drank, took their first drink at 12 years old or younger. 18% of all Williams County 6th-12th grade youth and 39% of those over the age of 17 had at least one drink in the past 30 days. Over half (55%) of the 6th-12th grade youth who reported drinking in the past 30 days had at least one episode of binge drinking. 5% of all high school youth had driven a car in the past month after they had been drinking alcohol.

Williams County Youth Current Drinkers Binge Drinking in Past Month*

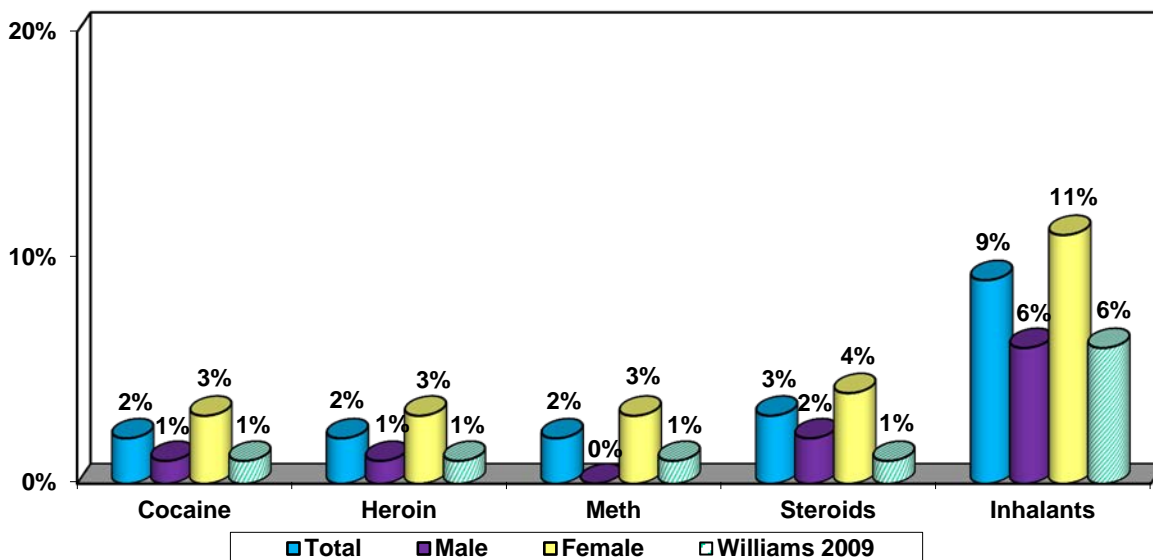


*Based on all current drinkers. Binge drinking is defined as having five or more drinks on an occasion.

YOUTH MARIJUANA AND OTHER DRUG USE

In 2013, 9% of Williams County 6th-12th grade youth had used marijuana at least once in the past 30 days, increasing to 16% of those ages 17 and older. 8% of 6th-12th grade youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life, increasing to 18% of those over the age of 17.

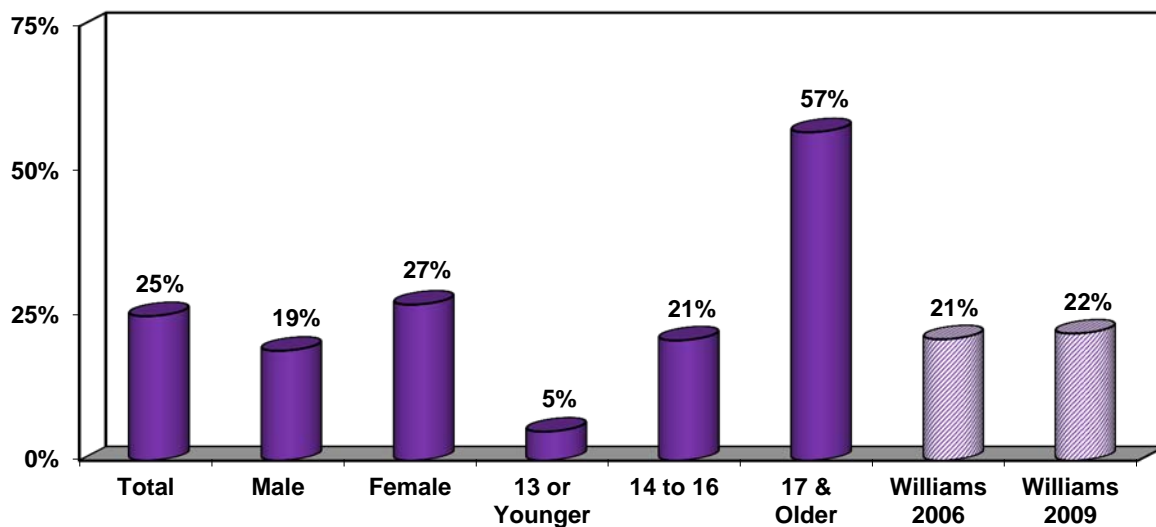
Williams County Youth Lifetime Drug Use



YOUTH SEXUAL BEHAVIOR & PREGNANCY OUTCOMES

In 2013, one-quarter (25%) of Williams County youth have had sexual intercourse, increasing to 57% of those ages 17 and over. 23% of youth had participated in oral sex and 8% had participated in anal sex. 19% of youth participated in sexting. Of those who were sexually active, 55% had multiple sexual partners.

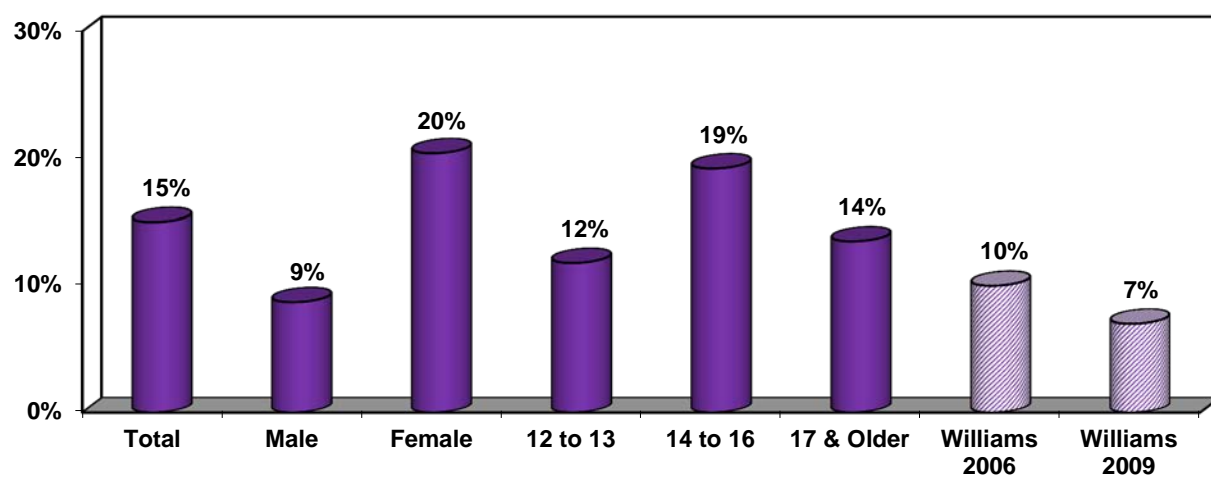
Williams County Youth Who Had Sexual Intercourse



YOUTH MENTAL HEALTH AND SUICIDE

In 2013, the Health Assessment results indicated that 15% of Williams County 6th-12th grade youth had seriously considered attempting suicide in the past year and 8% admitted actually attempting suicide in the past year.

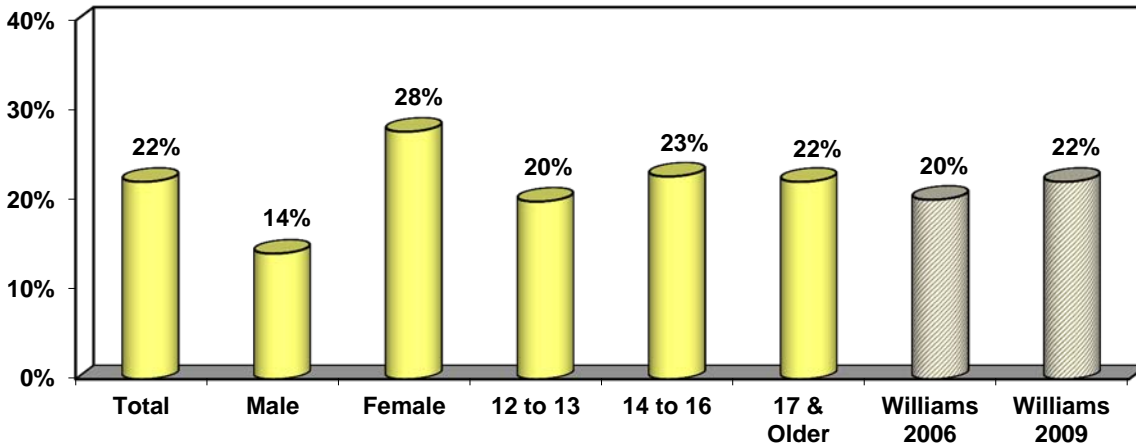
Williams County Youth Who Had Seriously Considered Attempting Suicide in the Past 12 Months



YOUTH SAFETY

In 2013, 22% of Williams County youth self-reported that they had purposely hurt themselves at some point in their life. 49% of youth texted while driving.

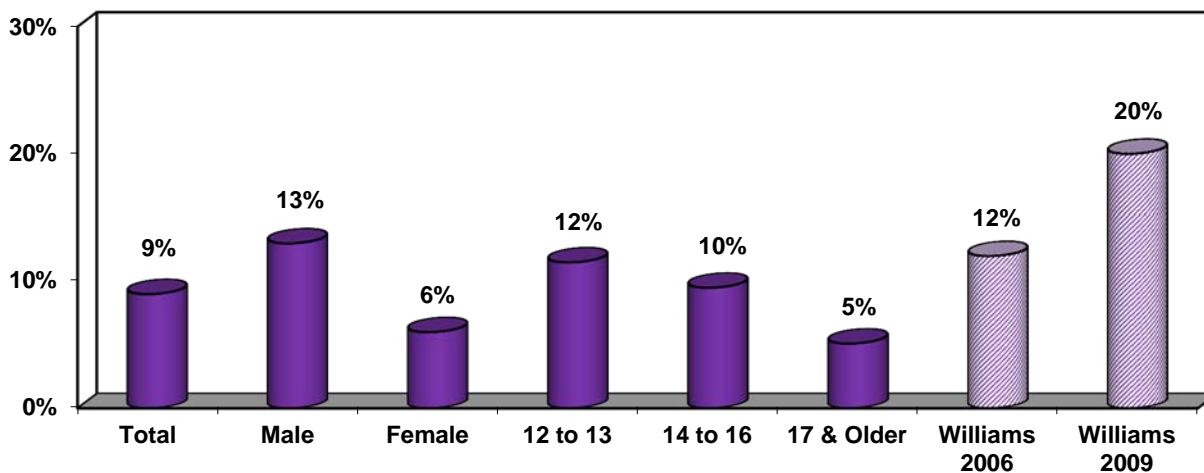
Williams County Youth Who Purposefully Hurt Themselves During Their Life



YOUTH VIOLENCE

In Williams County, 9% of youth had carried a weapon in the past month. 7% of youth had been threatened or injured with a weapon on school property in the past year. 47% of youth had been bullied in the past year and 34% had been bullied on school property.

Williams County Youth Carrying a Weapon During the Past 30 Days



Youth | TREND SUMMARY

Youth Variables	Williams County 2006 (6-12 grade)	Williams County 2009 (6-12 grade)	Williams County 2013 (6-12 grade)	Williams County 2013 (9-12 grade)	Ohio 2011 (9-12 grade)	U.S. 2011 (9-12 grade)
Weight Control						
Obese	N/A	14%	13%	12%	15%	13%
Overweight	N/A	16%	11%	11%	15%	15%
Described themselves as slightly or very overweight	29%	26%	31%	32%	30%	29%
Trying to lose weight	44%	49%	50%	48%	N/A	N/A
Exercised to lose weight	45%	44%	51%	53%	61%*	61% ‡
Ate less food, fewer calories, or foods lower in fat to lose weight	21%	22%	38%	40%	43%*	39% ‡
Went without eating for 24 hours or more	5%	4%	7%	7%	13%	12%
Took diet pills, powders, or liquids without a doctor's advice	3%	1%	3%	4%	6%	5%
Vomited or took laxatives	1%	2%	3%	4%	6%	4%
Ate 1 to 4 servings of fruits and vegetables per day	N/A	N/A	81%	82%	85%*	78% ‡
Physically active at least 60 minutes per day on less than 7 days in past week	N/A	N/A	73%	71%	75%	71%
Physically active at least 60 minutes per day on less than 5 days in past week	N/A	N/A	51%	47%	55%	51%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A	12%	11%	11%	16%	14%
Watched TV 3 or more hours per day	N/A	33%	38%	38%	31%	32%
Unintentional Injuries and Violence						
Carried a weapon in past month	12%	20%	9%	9%	16%	17%
Been in a physical fight in past year	34%	30%	26%	21%	31%	33%
Threatened or injured with a weapon on school property in past year	5%	3%	7%	5%	8%*	7%
Did not go to school because felt unsafe	2%	1%	5%	3%	6%	6%
Ever been electronically/cyber bullied in past year	4%	8%	13%	13%	15%	16%
Bullied on school property in past year	N/A	N/A	34%	27%	23%	20%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	3%	3%	3%	4%	N/A	9%
Felt sad or hopeless almost every day for 2 or more weeks in a row	16%	16%	22%	23%	27%	29%
Seriously considered suicide in past year	10%	7%	15%	17%	14%	16%
Attempted suicide in past year	5%	3%	8%	9%	9%	8%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (of all youth)	2%	1%	3%	4%	4%	2%

N/A - not available

‡ 2009 YRBS Data

*2007 YRBS Data

**2005 YRBS Data

TREND SUMMARY

Youth Variables	Williams County 2006 (6-12 grade)	Williams County 2009 (6-12 grade)	Williams County 2013 (6-12 grade)	Williams County 2013 (9-12 grade)	Ohio 2011 (9-12 grade)	U.S. 2011 (9-12 grade)
Alcohol Consumption						
Ever had at least one drink of alcohol in lifetime	54%	49%	50%	65%	71%	71%
Used alcohol during past month	23%	18%	18%	28%	38%	39%
Binged during past month (5 or more drinks in a couple of hours on an occasion)	14%	9%	10%	17%	24%	22%
Drank for the first time before age 13 (of all youth)	23%	20%	16%	17%	18%	21%
Rode with someone who was drinking in past month	16%	15%	12%	14%	21%	24%
Drank and drove	4%	2%	3%	5%	7%	8%
Obtained the alcohol they drank by someone giving it to them	N/A	61%	57%	59%	N/A	40%
Tobacco Use						
Lifetime cigarette use (ever tried cigarette smoking, even 1 or 2 puffs)	30%	26%	25%	36%	52%	45%
Used cigarettes on one or more days during the past month	10%	9%	10%	16%	21%	18%
Smoked cigarettes on 20 or more days during the past month (of all youth)	4%	2%	5%	7%	10%	6%
Tried to quit smoking	63%	39%	46%	35%	56%	50%
Used chewing tobacco or snuff in past month	5%	7%	7%	11%	12%	8%
Sexual Behavior						
Ever had sexual intercourse	21%	22%	25%	39%	45%*	47%
Used a condom at last intercourse	62%	76%	57%	56%	60%*	60%
Had four or more sexual partners (of all youth)	2%	4%	7%	12%	18%	15%
Drug Use						
Used marijuana in the past month	3%	4%	9%	14%	24%	23%
Used cocaine in their lifetime	2%	1%	2%	3%	7%	7%
Used heroin in their lifetime	1%	<1%	2%	2%	3%	3%
Used methamphetamines in their lifetime	1%	1%	2%	3%	6%*	4%
Used steroids in their lifetime	1%	1%	3%	4%	4%	4%
Used prescription medication in order to get high or feel good in their lifetime	5%	5%	8%	13%	N/A	N/A
Used inhalants in order to get high in their lifetime	8%	6%	9%	8%	12%**	11%
Ever used ecstasy/MDMA	N/A	N/A	2%	3%	N/A	8%
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	6%	6%	5%	7%	24%	26%

N/A - not available

*2007 YRBS Data

**2005 YRBS Data

Adult | TREND SUMMARY

Adult Variables	Williams County 2013	Ohio 2011	U.S. 2011
Health Status			
Rated health as excellent or very good	56%	51%	51%
Rated general health as fair or poor	10%	18%	17%
Average days that physical health not good in past month	2.6	3.9*	3.7*
Average days that mental health not good in past month	2.3	3.9*	3.5*
Average days that poor physical or mental health kept them from doing their usual activities in past month	1.7	2.3*	2.4*
Health Care Coverage			
Has health care coverage	85%	86%	82%
Arthritis, Asthma & Diabetes			
Has been diagnosed with arthritis	29%	29%	24%
Has ever been diagnosed with asthma	12%	14%	14%
Has been diagnosed with diabetes	8%	11%	10%
Cardiovascular Health			
Had angina	6%	5%	4%
Had a heart attack	5%	5%	4%
Had a stroke	3%	3%	3%
Has been diagnosed with high blood pressure	29%	33%	31%
Has been diagnosed with high blood cholesterol	35%	39%	38%
Had blood cholesterol checked within the past 5 years	70%	76%	76%
Weight Status			
Overweight	38%	36%	36%
Obese	30%	30%	28%
Alcohol Consumption			
Had at least one alcoholic beverage in past month	45%	56%	57%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	18%	20%	18%
Tobacco Use			
Current smoker (currently smoke some or all days)	20%	25%	21%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	24%	25%	25%
Preventive Medicine			
Had a pneumonia vaccine in lifetime (age 65 and older)	56%	70%	70%
Had a flu vaccine in past year (age 65 and older)	72%	61%	61%
Had a clinical breast exam in the past two years (age 40 and older)	68%	75%*	77%*
Had a mammogram in the past two years (age 40 and older)	69%	74%*	75%*
Had a pap smear in the past three years	66%	82%*	81%*
Had a PSA test in within the past two years (age 40 and older)	42%	54%*	53%*
Quality of Life			
Limited in some way because of physical, mental or emotional problem	20%	24%	24%
Oral Health			
Adults who have visited the dentist in the past year	65%	72%*	70%*
Adults who had one or more permanent teeth removed	41%	45%*	44%*
Adults 65 years and older who had all of their permanent teeth removed	13%	20%*	17%*

*2010 BRFSS Data

Adult | HEALTH STATUS PERCEPTIONS

Key Findings

In 2013, more than half (56%) of the Williams County adults rated their health status as excellent or very good. Conversely, 10% of the adults, increasing to 20% of those over the age of 65, described their health as fair or poor.

Adults Who Rated General Health Status Excellent or Very Good

- Williams County 56% (2013)
- Ohio 51% (2011)
- U.S. 51% (2011)

(Source: BRFSS 2011 for Ohio and U.S.)

General Health Status

- In 2013, more than half (56%) of Williams County adults rated their health as excellent or very good. Williams County adults with higher incomes (58%) were most likely to rate their health as excellent or very good, compared to 49% of those with incomes less than \$25,000.
- 10% of adults rated their health as fair or poor. The 2011 BRFSS has identified that 18% of Ohio and 17% of U.S. adults self-reported their health as fair or poor.
- Williams County adults were most likely to rate their health as fair or poor if they:
 - Had been diagnosed with diabetes (30%)
 - Were separated (25%)
 - Were 65 years of age or older (20%)
 - Had high blood pressure (20%)
 - Had an annual household income under \$25,000 (17%)

Physical Health Status

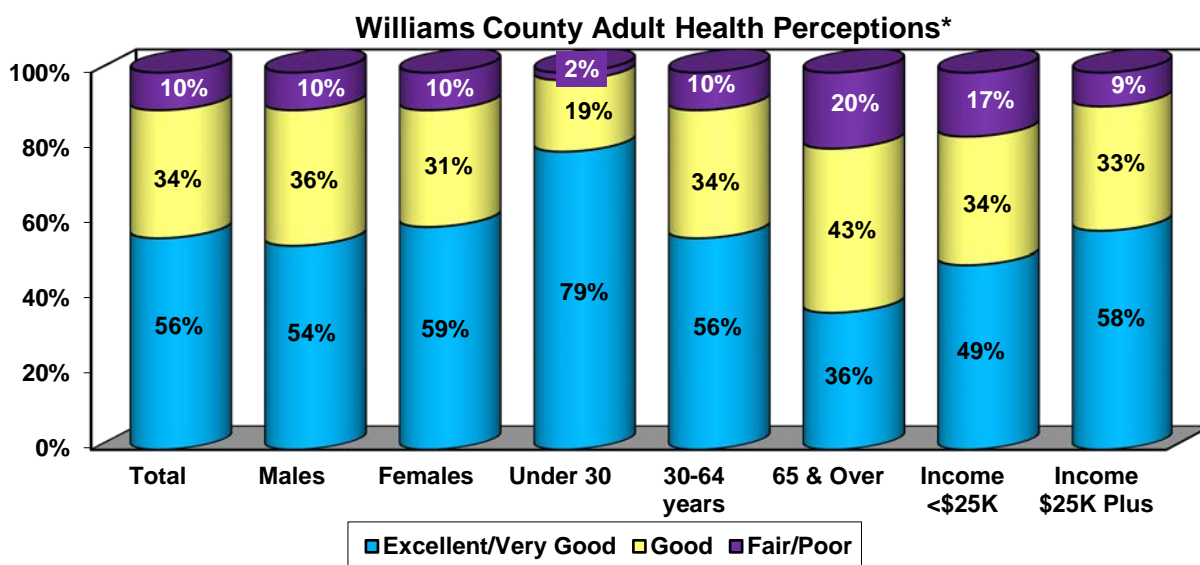
- In 2013, 18% of Williams County adults rated their physical health as not good on four days or more in the previous month.
- Williams County adults reported their physical health as not good on an average of 2.6 days in the previous month. Ohio and U.S. adults reported their physical health as not good on an average of 3.9 days and 3.7 days, respectively in the previous month
(Source: 2010 BRFSS).
- Williams County adults were most likely to rate their physical health as not good if they:
 - Were 65 years of age or older (24%)

Mental Health Status

- In 2013, 15% of Williams County adults rated their mental health as not good on four days or more in the previous month.
- Williams County adults reported their mental health as not good on an average of 2.3 days in the previous month. Ohio and U.S. adults reported their mental health as not good on an average of 3.9 days and 3.5 days, respectively in the previous month
(Source: 2010 BRFSS).

- Williams County adults were most likely to rate their mental health as not good if they:
 - Had an annual household income under \$25,000 (19%)
 - Were less than 30 years old (17%)
- Nearly one-fifth (18%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation, increasing to 25% of those with incomes less than \$25,000.
- Williams County adults reported that poor physical or mental health kept them from doing their usual activities on an average of 1.7 days in the previous month. Ohio and U.S. adults reported that poor physical or mental health kept them from doing their usual activities on an average of 2.4 days and 2.3 days, respectively, in the previous month (Source: 2010 BRFSS).

The following graph shows the percentage of Williams County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 56% of all Williams County adults, 79% of those under age 30, and 36% 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.



Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	68%	10%	8%	1%	9%
Females	65%	12%	5%	2%	11%
Total	66%	11%	6%	2%	10%
Mental Health Not Good in Past 30 Days*					
Males	76%	6%	5%	1%	9%
Females	69%	11%	4%	1%	11%
Total	73%	8%	4%	1%	10%

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

HEALTH STATUS

2013 Adult Comparisons	Williams County 2013	Ohio 2011	U.S. 2011
Rated health as excellent or very good	56%	51%	51%
Rated health as fair or poor	10%	18%	17%
Average days that physical health not good in past month	2.6	3.9*	3.7*
Average days that mental health not good in past month	2.3	3.9*	3.5*
Average days that poor physical or mental health kept them from doing their usual activities in past month	1.7	2.3*	2.4*

*2010 BRFSS data

Adult | HEALTH CARE COVERAGE

Key Findings

The 2013 Health Assessment data has identified that 15% of Williams 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 Williams County, 12.9% of residents live below the poverty level. (Source U.S. Census, American Community Survey 3 Year Estimates, 2009-2011)

General Health Coverage

- In 2013, most (85%) Williams County adults had health care coverage, leaving 15% who were uninsured. The 2011 BRFSS reports uninsured prevalence rates for Ohio (14%) and the U.S. (18%).
 - In the past year, 15% of adults were uninsured, increasing to 25% of those under the age of 30 and 35% of those with incomes less than \$25,000.
 - 12% of adults with children did not have healthcare coverage, compared to 16% of those who did not have children living in their household.
 - The following types of health care coverage were used: employer (50%), someone else's employer (16%), Medicare (13%), self-paid plan (8%), multiple-including private sources (6%), Medicaid or medical assistance (2%), multiple-including government sources (1%), military, CHAMPUS, TriCare, or VA (1%), and other (2%).
- 15% of Williams County adults were uninsured.**
- Williams County adult health care coverage included the following: medical (99%), prescription coverage (91%), county physicians (88%), preventive care (73%), dental (71%), immunizations (71%), their spouse (70%), vision (66%), their children (56%), mental health (55%), alcohol and drug treatment (33%), home care (25%), skilled nursing (23%), and hospice (20%).
 - The top reasons uninsured adults gave for being without health care coverage were:
 1. They could not afford to pay the insurance premiums (31%)
 2. They lost their job or changed employers (26%)
 3. Their employer does not/stopped offering coverage (10%)
 4. They became a part-time/temporary employee (9%)

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

Williams County and Ohio Medicaid Statistics

Calendar Year 2010	Williams County Residents Enrolled in Medicaid	Ohio Residents Enrolled in Medicaid
Average Members per Year Ages 0-18	3,856 (57%)	1,159,095 (55%)
Average Members per Year Ages 19-64	2,434 (36%)	787,749 (38%)
Average Members per Year Ages 65 and Over	461 (7%)	155,896 (7%)

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

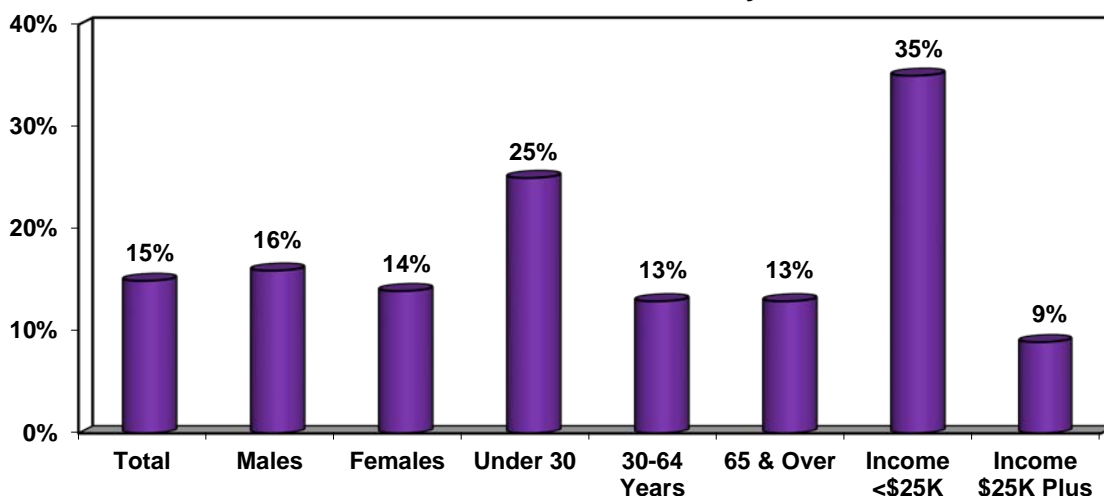
(Source: Ohio Department of Job & Family Services, Seneca County 2008-2011 Profile, <http://jfs.ohio.gov/county/cntypro/pdf11/Williams.pdf>)

2013 Adult Comparisons	Williams County 2013	Ohio 2011	U.S. 2011
Uninsured	15%	14%	18%

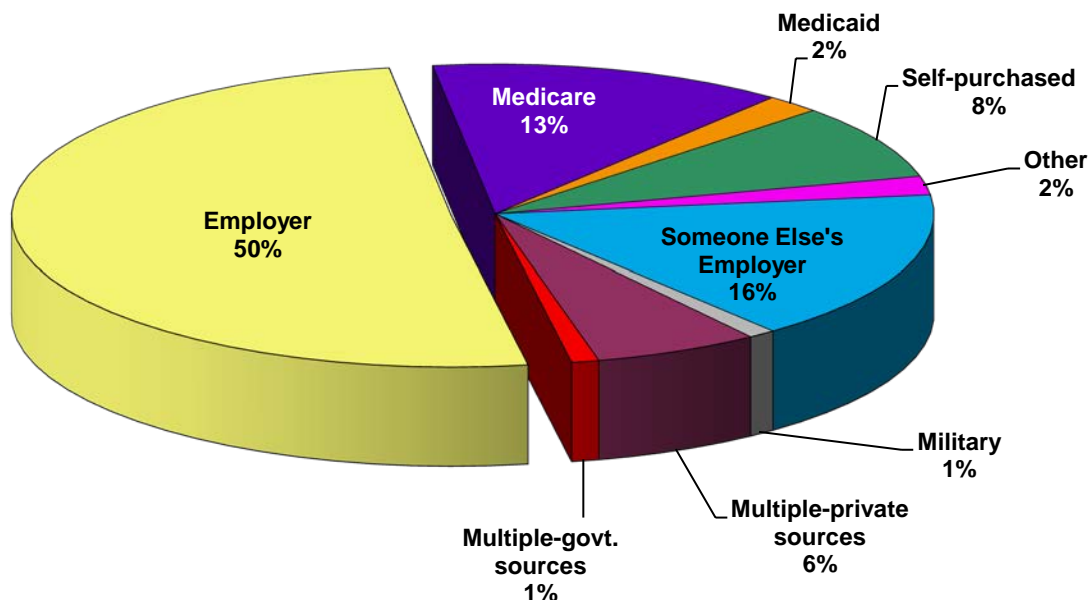
12% of adults with children did not have healthcare coverage.

The following graph shows the percentages of Williams County adults who were uninsured by demographic characteristics. Examples of how to interpret the information in the first graph include: 15% of all Williams County adults were uninsured, 35% of adults with an income less than \$25,000 reported being uninsured and 25% of those under age 30 lacked health care coverage. The pie chart shows sources of Williams County adults' health care coverage.

Uninsured Williams County Adults



Source of Health Coverage for Williams County Adults



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

Health Coverage Includes:	Yes	No	Don't Know
Medical	99%	<1%	1%
Prescription Coverage	91%	5%	4%
County Physicians	88%	3%	9%
Preventive Health	73%	7%	20%
Immunizations	71%	9%	20%
Dental	71%	26%	3%
Their Spouse	70%	26%	4%
Vision	66%	31%	3%
Their Children	56%	38%	6%
Mental Health	55%	7%	38%
Alcohol and Drug Treatment	33%	8%	59%
Home Care	25%	13%	62%
Skilled Nursing	23%	13%	64%
Hospice	20%	12%	68%

Healthy People 2020 Access to Quality Health Services

Objective	Williams County 2013	Ohio 2011	U.S. 2011	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health care insurance	74% age 20-24 76% age 25-34 94% age 35-44 86% age 45-54 87% age 55-64	80% age 18-24 81% age 25-34 84% age 35-44 83% age 45-54 87% age 55-64	75% age 18-24 73% age 25-34 80% age 35-44 84% age 45-54 87% age 55-64	100%

Ohio Medicaid Assessment Survey

- More than 2.3 million Ohioans are enrolled in Medicaid.
- In 2012, 1.36 million Ohioans were uninsured (1,229,587 adults and 139,884 children).
- In Ohio, 19% of adults 18-64 years old and 5% of children were uninsured in 2010, compared respectively to 17% and 4% in 2008.
- In 2010, uninsured children had an 11.7 times higher rate of **not** having a usual source of care than insured children. Uninsured children had an almost 3 times higher rate of **not** having a usual source of coverage than uninsured adults.
- In Ohio, uninsured individuals reported greater issues with access to care, unmet needs, and paying for care than the insured.

(Source: Ohio Medicaid Assessment Survey, 2012 Presentation Slides, <https://ckm.osu.edu/sitetool/sites/omaspublic/documents/OMASStatewideRolloutPresentationSlides.pdf> & 2010 Ohio Family Health Survey Results, 03-08-2011)

Adult HEALTH CARE ACCESS AND UTILIZATION

Key Findings

The 2013 Health Assessment project identified that 6% of Williams County adults were using a hospital emergency room as their usual place of health care, increasing to 12% of those with incomes less than \$25,000. In the past year, 50% of adults had visited a doctor for a routine checkup.

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)

Health Care Access

- Half (50%) of Williams County adults visited a doctor for a routine checkup in the past year, increasing to 71% of those over the age of 65.
- Half (51%) of Williams County adults reported they had one particular doctor or healthcare professional they go to for routine medical care, decreasing to 49% of those with incomes less than \$25,000. 27% of adults had more than one particular doctor or healthcare professional they go to for routine medical care, and 22% did not have one at all.
- When adults were sick or needed advice about their health, they usually went to the following: a doctor's office (77%), the internet (18%), chiropractor (12%), urgent care center (8%), hospital emergency room (6%), no usual place (6%), alternative therapies (5%), store clinic (3%), public health clinic/community health center (2%), hospital outpatient department (1%), and some other place (1%).
- 6% of Williams County adults used a hospital emergency room as their usual place of health care, increasing to 12% of those with incomes less than \$25,000.
- Williams County adults had the following problems when they needed health care in the past year: did not have enough money to pay for health care or insurance (12%), could not get appointments when they wanted them (12%), could not find a doctor they were comfortable with (5%), too busy to get the healthcare they needed (4%), could not find a doctor to take them as a patient (3%), healthcare plan did not allow them to see doctors in Williams County (2%), changed doctors because of their healthcare plan (1%), too embarrassed to seek help (1%), did not have transportation (1%), concerned about their confidentiality (1%), did not have childcare (1%), discrimination (<1%), and other problems that prevented them from getting health care (2%).

- One in ten (10%) adults could not see a doctor when needed at some time in the past year due to cost.
- 60% of adults went outside of Williams County for the following health care services in the past year: specialty care (20%), primary care (14%), dental services (12%), obstetrics/gynecology/NICU (9%), cardiac care (4%), pediatric care (4%), orthopedic care (4%), mental health care (3%), cancer care (2%), hospice care (<1%), developmental disability services (<1%), and other services (10%).
- Residents sought care outside of Williams County in the following places: Fort Wayne (24%), Toledo (21%), Defiance (17%), Wauseon (7%), Angola (4%), Archbold (3%), Hicksville (2%), and other places (11%).
- Williams County adults did not receive the following major care or preventive care due to cost: medications (9%), mammogram (8%), pap smear (8%), colonoscopy (8%), surgery (4%), immunizations (4%), weight-loss program (3%), mental health (3%), smoking cessation (2%), PSA test (2%), alcohol and drug treatment (1%), and family planning (<1%).

Access to Health Services

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

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

Adult | CARDIOVASCULAR HEALTH

Key Findings

The 2013 Williams County Health Assessment found that 5% of adults survived a heart attack and 3% had a stroke at some time in their life. More than one-quarter (29%) of Williams County adults have been diagnosed with high blood pressure, 35% had high blood cholesterol, 30% were obese, and 44% were smokers, four known risk factors for heart disease and stroke.

Heart Disease and Stroke

- In 2013, 5% of Williams County adults survived a heart attack or myocardial infarction, increasing to 14% of those over the age of 65.
- 5% of Ohio and 4% of U.S. adults reported they had a heart attack or myocardial infarction in 2011 (Source: 2011 BRFSS).
- 3% of Williams County adults reported having survived a stroke, increasing to 9% of those over the age of 65.
- 3% of Ohio and U.S. adults reported having had a stroke in 2011 (Source: 2011 BRFSS).
- 6% of adults reported they had angina, increasing to 13% of those over the age of 65.
- 5% of Ohio and 4% of U.S. adults reported having had angina or coronary heart disease in 2011 (Source: 2011 BRFSS).
- In the past year, a doctor advised Williams County adults to do the following to lower their risk of developing heart disease or stroke: exercise more (25%), eat fewer high fat or high cholesterol foods (19%), and eat more fruits and vegetables (15%).

High Blood Pressure (Hypertension)

- About one-third (35%) of adults had been diagnosed with high blood cholesterol. The 2011 BRFSS reported that 39% of Ohio adults and 38% of U.S. adults have been told they have high blood cholesterol.
- More than two-thirds (70%) of adults had their blood cholesterol checked within the past 5 years. The 2011 BRFSS reported 76% of Ohio and U.S. adults had theirs checked within the past 5 years.

Williams County Leading Types of Death 2010

1. Cancers (100 deaths)
2. Heart Disease (80)
3. Chronic Lower Respiratory Diseases (27)
4. Accidents and Unintentional Injuries (19)
5. Alzheimer's Disease (19)

(Source: ODH Information Warehouse, updated 5-23-12)

Ohio Leading Types of Death 2010

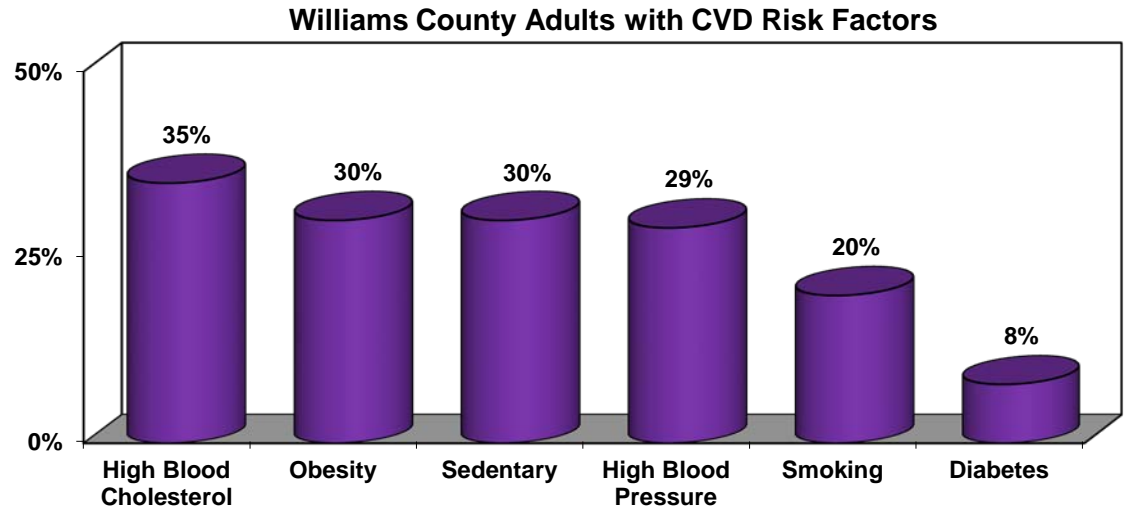
1. Heart Disease (26,072 deaths)
2. Cancers (25,030)
3. Chronic Lower Respiratory Diseases (6,705)
4. Stroke (5,735)
5. Accidents, Unintentional Injuries (5,030)

(Source: ODH Information Warehouse, updated 5-23-12)

- Williams County adults with high blood cholesterol were more likely to:
 - Have been age 65 years or older (54%)
 - Have been classified as obese by Body Mass Index-BMI (47%)
 - Have rated their overall health as fair or poor (38%)

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

(Source: 2013 Williams 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.

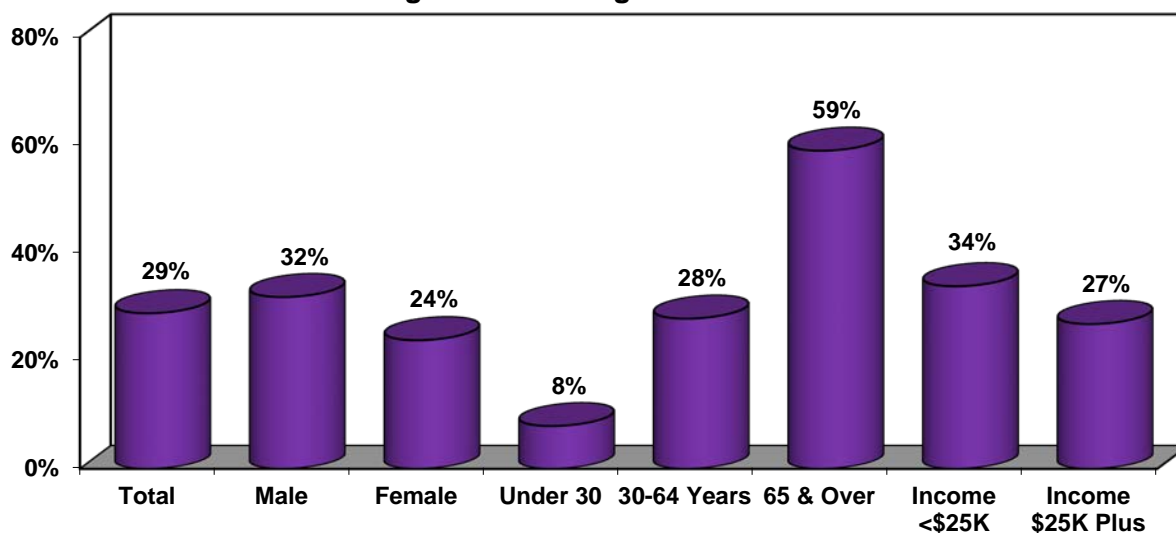
SMOKING | Smokers' risk of developing coronary heart disease is 2-4 times that of nonsmokers. People who smoke a pack of cigarettes a day have more than twice the risk of heart attack than people who've never smoked. People who smoke cigars or pipes seem to have a higher risk of death from coronary heart disease (and possibly stroke) but their risk is not 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, 2013)

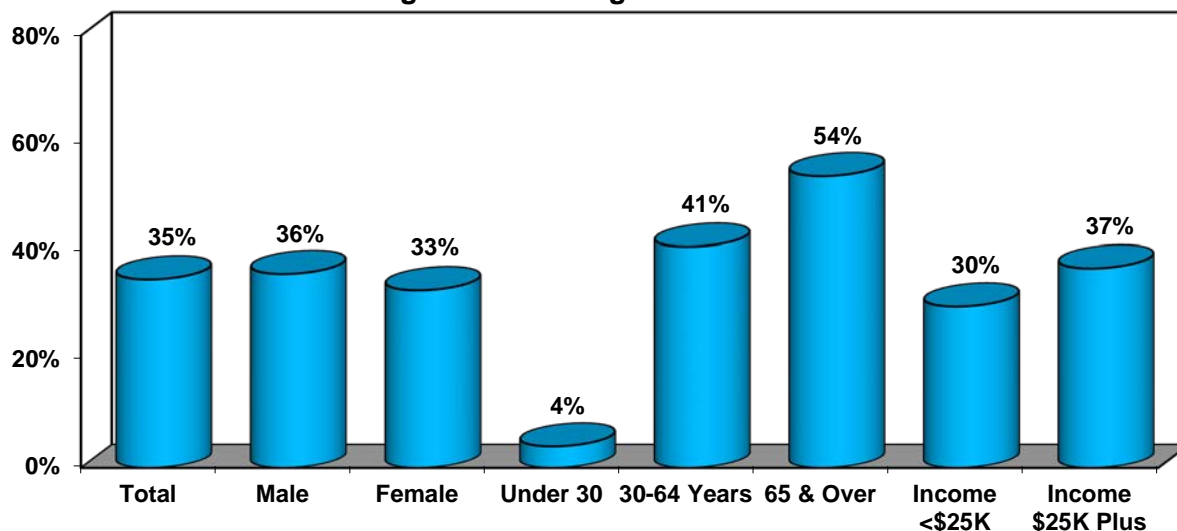
The following graphs show the number of Williams County adults who have been diagnosed with high blood pressure or high blood cholesterol. Examples of how to interpret the information on the first graph include: 29% of all Williams County adults have been diagnosed with high blood pressure, 32% of all Williams County males, 24% of all females, and 59% of those 65 years and older.

Diagnosed with High Blood Pressure*



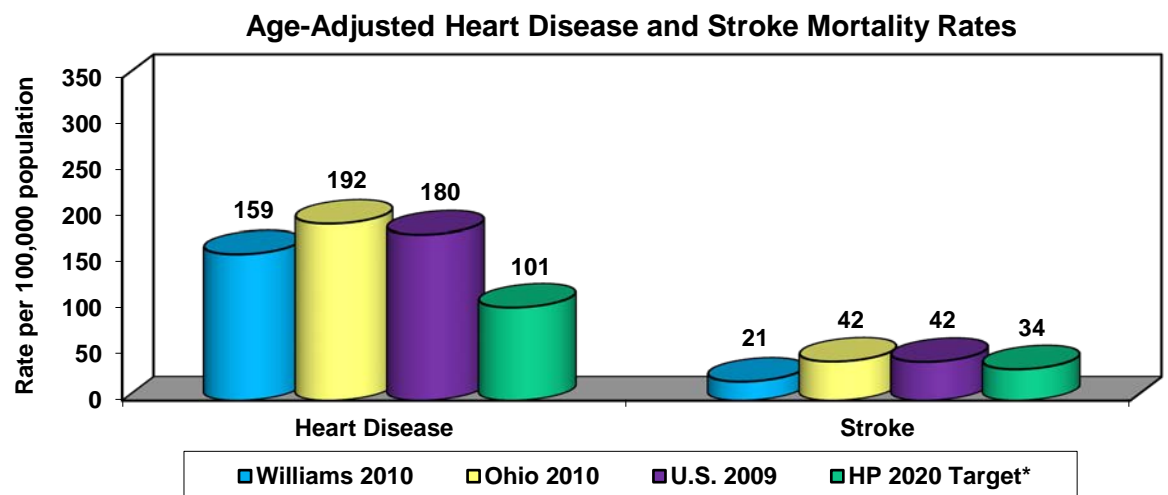
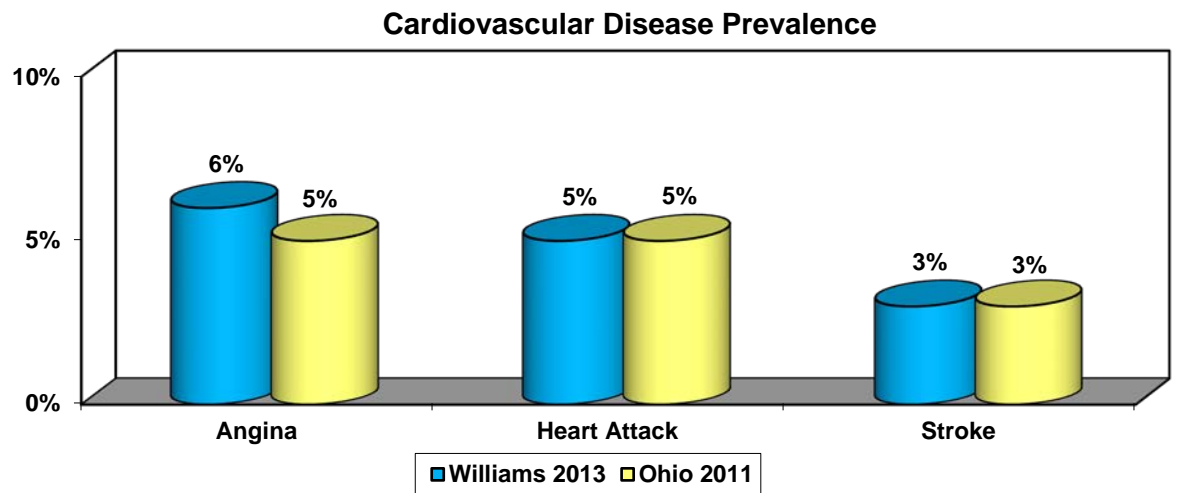
*Does not include respondents who indicated high blood pressure during pregnancy only.

Diagnosed with High Blood Cholesterol

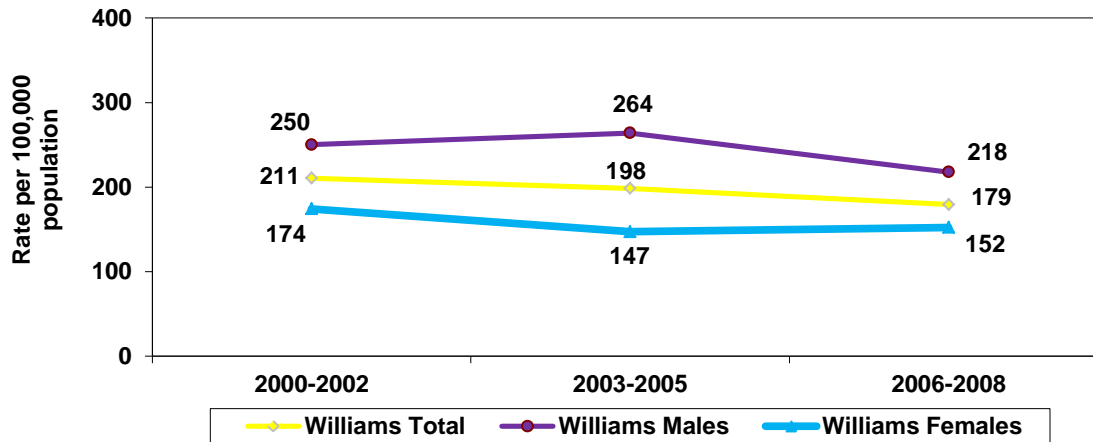


The following graphs show the Williams County and Ohio age-adjusted mortality rates per 100,000 population for heart disease and stroke by gender and race/ethnicity.

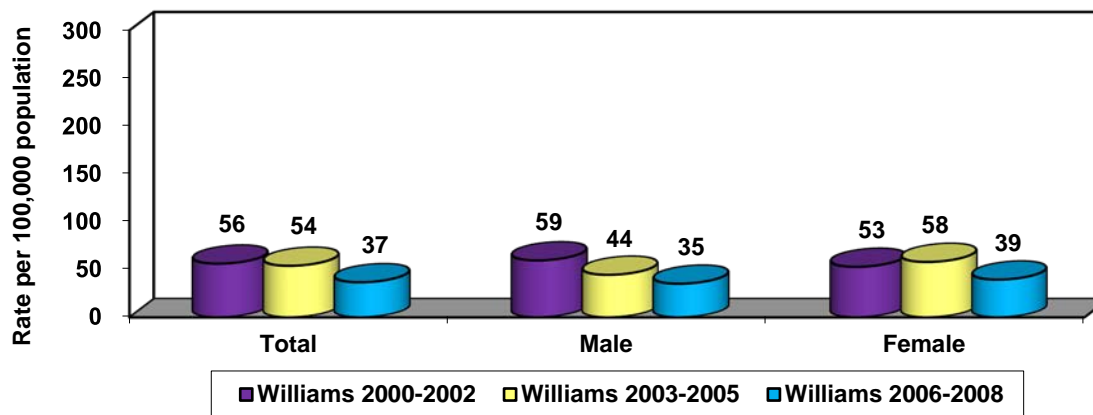
- When age differences are accounted for, the statistics indicate that the 2010 Williams County heart disease mortality rate was lower than the figure for the state and the U.S. figure, but higher than the Healthy People 2020 target.
- The Williams County age-adjusted stroke mortality rate for 2010 was lower than the state, the U.S. figure and Healthy People 2020 target objective.
- Disparities exist for heart disease mortality rates by gender in Williams County



Williams County Age-Adjusted Heart Disease Mortality Rates by Gender



Age-Adjusted Stroke Mortality Rates by Gender



High Blood Pressure

Objective	Williams Survey Population Baseline	U.S. Baseline*	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	29% (2013)	31% Adults age 18 and up (2011)	27%

*All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020, 2011 BRFSS, 2013 Williams County Health Assessment)

Blood Cholesterol

Objective	Williams Survey Population Baseline	U.S. Baseline*	Healthy People 2020 Target
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	70% (2013)	76% Adults age 18 & up (2011)	82%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	35% (2013)	38% Adults age 2- & up with TBC>240 mg/dl (2011)	14%

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

(Source: Healthy People 2020, 2011 BRFSS, 2013 Williams County Health Assessment)

2013 Adult Comparisons	Williams County 2013	Ohio 2011	U.S. 2011
Had angina	6%	5%	4%
Had a heart attack	5%	5%	4%
Had a stroke	3%	3%	3%
Had high blood pressure	29%	33%	31%
Had high blood cholesterol	35%	39%	38%
Had blood cholesterol checked within past 5 years	70%	76%	76%

Adult | CANCER

Key Findings

In 2013, 11% of Williams County adults had been diagnosed with cancer at some time in their life. Ohio Department of Health statistics indicate that from 2000-2008, a total of 750 Williams County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that not using tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

Williams County Incidence of Cancer, 2005-2009

All Types: 198 cases

- Lung and Bronchus: 32 cases (16%)
- Prostate: 27 cases (14%)
- Breast: 24 cases (12%)
- Colon and Rectum: 23 cases (12%)

In 2010, there were 101 cancer deaths in Williams County.

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

11% of Williams County adults were diagnosed with cancer at some point in their lives.

Adult Cancer

- 11% of Williams County adults were diagnosed with cancer at some point in their lives.
- Of those diagnosed with cancer, they reported the following types: breast (29%), other skin cancer (29%), prostate (19%), melanoma (10%), colon (4%), lung (4%), endometrial (4%), non-Hodgkin's lymphoma (2%), pharyngeal (2%), renal (2%), Hodgkin's lymphoma (2%), and other types (13%).

Cancer Facts

- The Ohio Department of Health (ODH) vital statistics indicate that from 2000-2008, cancers caused 23% (750 of 3,292 total deaths) of all Williams County resident deaths. The largest percent (28%) of cancer deaths were from trachea, lung and bronchus cancer *(Source: ODH Information Warehouse)*.
- The American Cancer Society reports that smoking tobacco is associated with cancers of the mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with cancers of the lung, colorectum, stomach, pancreas, kidney, bladder, uterine cervix, ovary (mucinous) and acute myeloid leukemia. The 2013 health assessment has determined that 20% of Williams County adults were current smokers and many more were exposed to environmental tobacco smoke, also a cause of heart attacks and cancer.

C
A
N
C
E
R

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

Lung Cancer

- The Ohio Department of Health reports that lung cancer (n=130) was the leading cause of male cancer deaths from 2000-2008 in Williams County. Prostate cancer caused 46 male deaths and colorectal cancer caused 28 male deaths during the same time period.
- In Williams County, 24% of male adults were current smokers and 42% had stopped smoking for one or more days in the past 12 months because they were trying to quit (Source: 2013 Williams County Health Assessment).
- ODH reports that lung cancer was the leading cause of female cancer deaths (n=83) in Williams County from 2000-2008 followed by breast (n=49) and colon & rectum (n=28) cancers.
- Approximately 17% of female adults in the county were current smokers and 68% had stopped smoking for one or more days in the past 12 months because they were trying to quit (Source: 2013 Williams County Health Assessment).
- According to the American Cancer Society, smoking causes 87% of lung cancer deaths in the U.S. The risk of developing lung cancer is about 23 times higher in male smokers and 13 times higher in female smokers, compared to lifelong nonsmokers (Source: American Cancer Society, Facts & Figures 2013).

24% of Williams County male adults and 17% of female adults were current smokers.

Breast Cancer

- In 2013, 51% of Williams County females reported having had a clinical breast examination in the past year.
- Just over half (52%) of Williams County females over the age of 40 had a mammogram in the past year.
- If detected early, the 5-year survival rate for breast cancer is 98% (Source: American Cancer Society, Facts & Figures 2013).
- For women in their 20s and 30s, a clinical breast exam should be done at least once every 3 years. Mammograms for women in their 20s and 30s are based upon increased risk (e.g., family history, past breast cancer) and physician recommendation. Otherwise, annual mammography is recommended, beginning at age 40 (Source: American Cancer Society, Facts & Figures 2013).

Over half (52%) of Williams County females over the age of 40 had a mammogram in the past year.

Colon and Rectum Cancer

- The American Cancer Society recognizes any cancer involving the esophagus, stomach, small intestine, colon, rectum, anus (anal canal & anorectum), liver, gallbladder or pancreas as a digestive cancer. Digestive cancers accounted for 22% of all cancer deaths in Williams 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; obesity; physical inactivity; a diet high in red or processed meat; alcohol use; long-term smoking; and possibly very low intake of fruits and vegetables.
- In the U.S., 90% of colon cancers are diagnosed in individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings.

The leading types of cancer diagnoses for Williams County adults were: breast (29%), other skin cancer (29%), prostate (19%), and melanoma (10%).

Prostate Cancer

- In 2013, 47% of Williams 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 12% of all male cancer deaths from 2000-2008 in Williams County.
- Incidence rates for prostate cancer are 70% higher in African Americans than in whites and they are twice as likely to die of prostate cancer. In addition, about 60% of prostate cancers occur in men over the age of 65, and 97% occur in men 50 and older. Other risk factors include strong familial predisposition, diet high in processed meat or dairy foods, and obesity. Prostate cancer is more common in North America and Northwestern Europe than in Asia and South America (*Source: American Cancer Society, Facts & Figures 2013*).

In 2013, 47% of Williams County males over the age of 50 had a PSA test in the past year.

CANCER

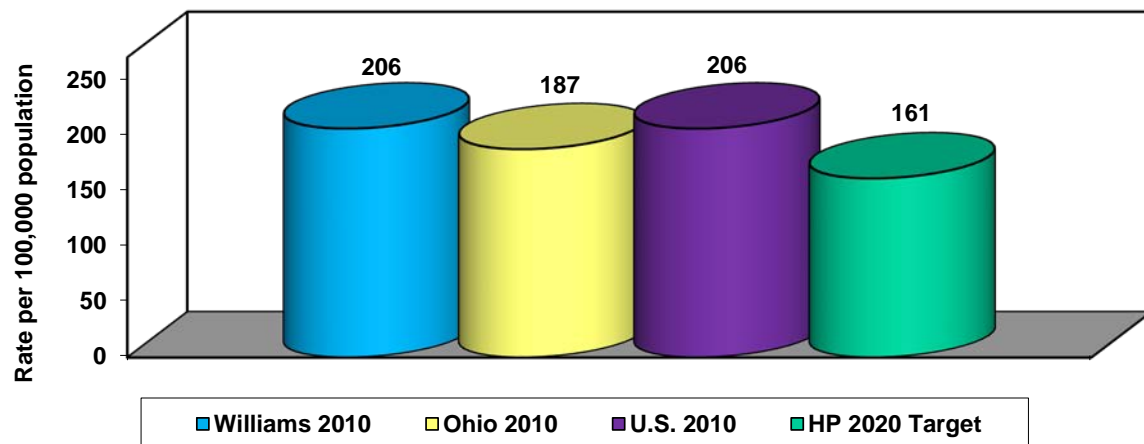
CANCER

Type of Cancer	Number of Cancer Deaths	Percent of Total Cancer Deaths
Trachea, Lung and Bronchus	213	28%
Other/Unspecified	80	11%
Colon, Rectum & Anus	66	9%
Pancreas	54	7%
Breast	49	7%
Prostate	46	6%
Leukemia	34	5%
Non-Hodgkins Lymphoma	32	4%
Multiple Myeloma	24	3%
Kidney and Renal Pelvis	23	3%
Esophagus	18	2%
Liver and Bile Ducts	17	2%
Ovary	17	2%
Brain and CNS	14	2%
Bladder	14	2%
Melanoma of Skin	13	2%
Cancer of Cervix Uteri	10	1%
Cancer of Corpus Uteri	9	1%
Lip, Oral Cavity & Pharynx	8	1%
Stomach	5	<1%
Larynx	2	<1%
Other & Unspecified Lymphatic Cancer	2	<1%
Hodgkins Disease	0	0%
Total	750	100%

The following graphs show the Williams 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. The graph indicates:

- When age differences are accounted for, Williams County had the same cancer mortality rate as the U.S., but a higher cancer mortality rate than Ohio and Healthy People 2020.

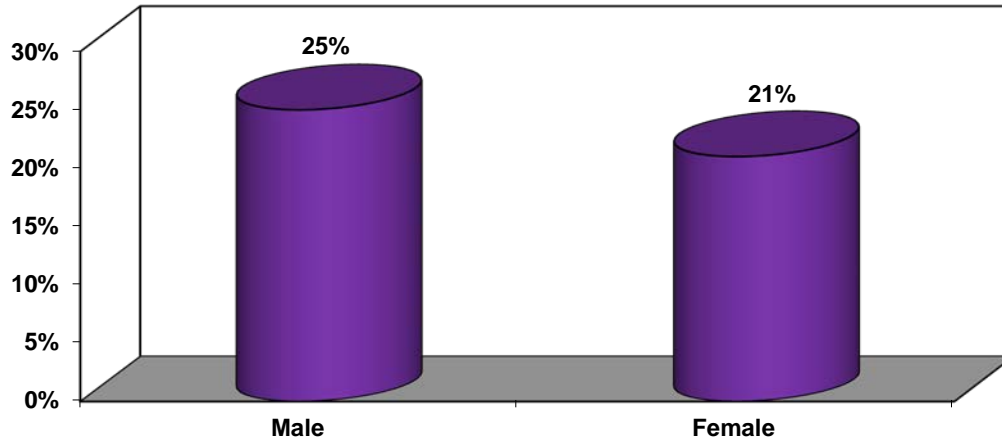
**Healthy People 2020 Objective
and Age-Adjusted Mortality Rates for All Cancers**



The following graph shows cancer as a percentage of total deaths in Williams County by gender. The graph indicates:

- The percentage of Williams County males who died from all cancers is higher than the percentage of Williams County females who died from all cancers.

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



2013 Cancer Estimations

- In 2013, about 1,660,290 new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about one-quarter to one-third of the new cancer cases expected to occur in the U.S. in 2013 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 580,350 Americans are expected to die of cancer in 2013.
- In 2013, about 174,100 cancer deaths will be caused by tobacco use.
- In Ohio, 66,610 new cases of cancer are expected, and 25,130 cancer deaths are expected.
- The Ohio female new breast cancer cases are expected to be 9,060.
- About 15% of all new cancer cases in Ohio are expected to be from lung & bronchus cancers.
- About 5,890 (9%) of all new cancer cases in Ohio are expected to be from colon & rectum cancers.
- The Ohio male, new prostate cancer cases are expected to be 8,530 (13%).

(Source: American Cancer Society, *Facts and Figures 2013*,
<http://www.cancer.org/acs/groups/content/@epidemiologysurveillance/documents/document/acspc-036845.pdf>)

Adult | DIABETES

Key Findings

In 2013, 8% of Williams County adults had been diagnosed with diabetes.

Diabetes

- The 2013 health assessment project has identified that 8% of Williams County adults had been diagnosed with diabetes, increasing to 23% of those over the age of 65. The 2011 BRFSS reports an Ohio prevalence of 11% and 10% for the U.S.

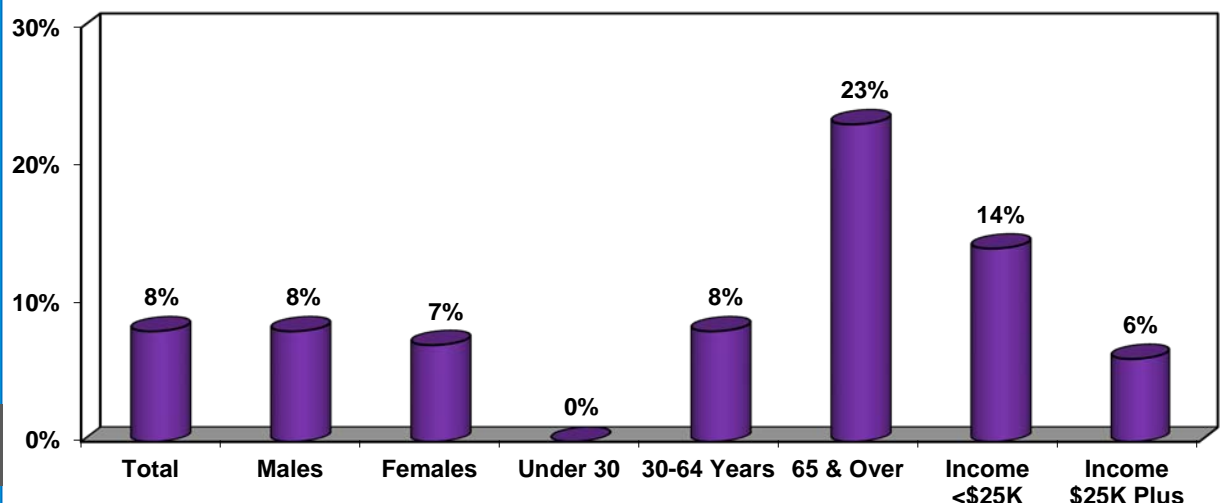
- 5% of adults had been diagnosed with pre-diabetes.
- 57% of adults with diabetes had taken a course or class on how to manage their diabetes.
- More than three-fourths (78%) of adults with diabetes felt that they had received enough information about how to manage their diabetes.
- Nearly one-third (30%) of adults with diabetes rated their health as fair or poor.
- Williams County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 96% were obese or overweight
 - 72% had been diagnosed with high blood cholesterol
 - 67% had been diagnosed with high blood pressure

Diabetes Facts

- Diabetes was the 7th leading cause of death in Williams County from 2006-2008.
- Diabetes was the 7th leading cause of death in Ohio from 2006-2008.
- From 2006-2008, the Williams County age-adjusted mortality rate per 100,000 for diabetes was 48.6 deaths for males (34.5 Ohio) and 41.3 (24.4 Ohio) deaths for females.

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

Williams County Adults Diagnosed with Diabetes



2013 Adult Comparisons	Williams County 2013	Ohio 2011	U.S. 2011
Diagnosed with diabetes	8%	11%	10%

Diabetes Symptoms

Diabetes often goes undiagnosed because many of its symptoms seem so harmless. Recent studies indicate that the early detection of diabetes symptoms and treatment can decrease the chance of developing the complications of diabetes. 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

If you have one or more of these diabetes symptoms, **see your doctor right away.**

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

Those at Greater Risk for Type 2 Diabetes

- People with impaired glucose tolerance (IGT) and/or impaired fasting glucose (IFG)
- People over age 45
- People with a family history of diabetes
- People who are overweight or obese
- People who do not exercise regularly
- People with low HDL cholesterol or high triglycerides, high blood pressure
- Certain racial and ethnic groups (e.g. 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

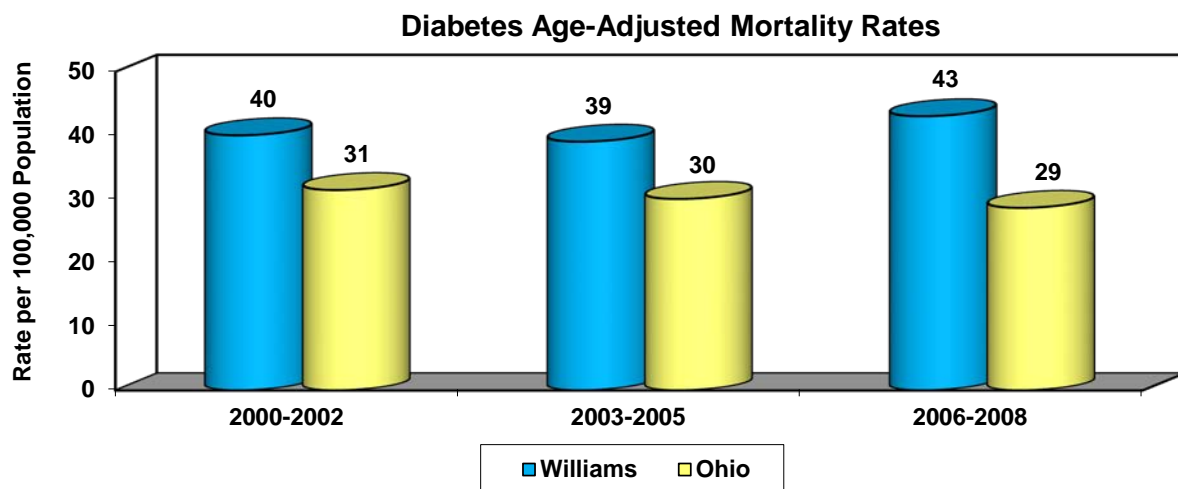
(Source: American Diabetes Association, *Diabetes Basics, Your Risk: Who is at Greater Risk for Type 2 Diabetes*, <http://www.diabetes.org/diabetes-basics/prevention/risk-factors>)

DIABETES

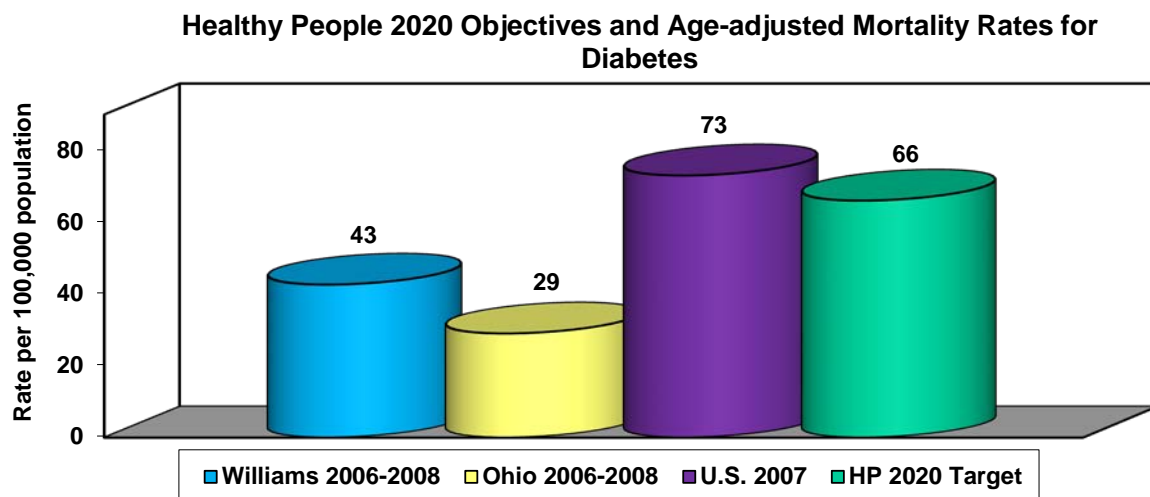
DIABETES

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

- Williams County's age-adjusted diabetes mortality rate increased from 2000 to 2008.
- From 2006 to 2008, both Williams County and Ohio's age-adjusted diabetes mortality rates were less than the national rate and the Healthy People 2020 target objective.



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



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

Adult | ARTHRITIS

Key Findings

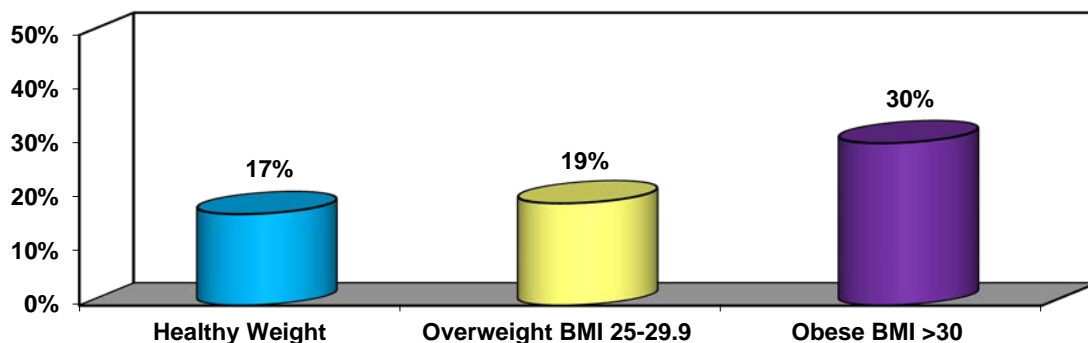
According to the Williams County survey data, 29% of Williams County adults were diagnosed with arthritis. According to the 2011 BRFSS, 29% of Ohio adults and 24% of U.S. adults were told they have arthritis.

29% of Williams County adults were told by a health professional that they had some form of arthritis, increasing to 55% of those over the age of 65.

Arthritis

- More than one-quarter (29%) of Williams County adults were told by a health professional that they had some form of arthritis, increasing to 55% of those over the age of 65.
- According to the 2011 BRFSS, 29% of Ohio adults and 24% of U.S. adults were told they have arthritis.
- An estimated 50 million U.S. adults (about 1 in 5) have doctor diagnosed arthritis. About 1 in 3 of working age adults (aged 18-65) reported that arthritis limited their work (Source: CDC Arthritis at a Glance 2012).
- Adults are at higher risk of developing arthritis if they are female, have genes associated with certain types of arthritis, have an occupation associated with arthritis, are overweight or obese, and/or have joint injuries or infections (Source CDC).

Arthritis Prevalence Increases With Body Weight



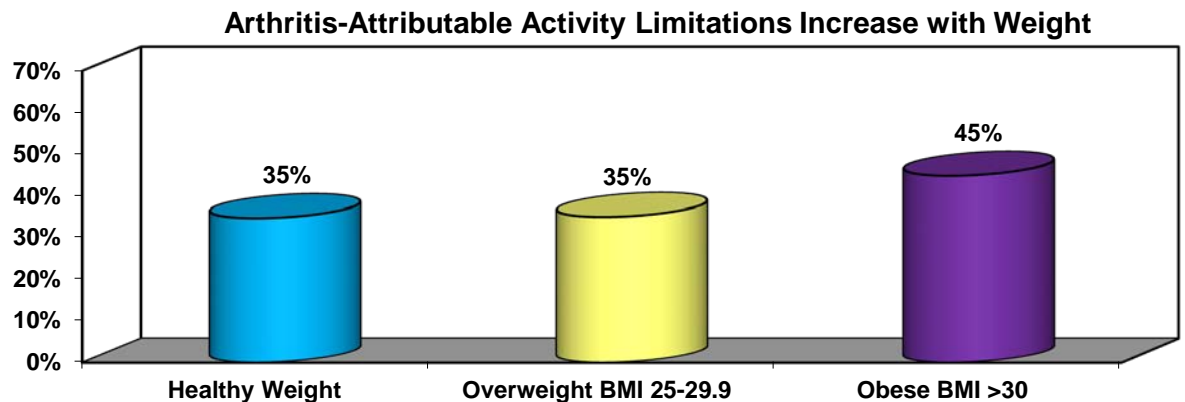
(Source for graph: CDC Arthritis Morbidity and Mortality Weekly Report 2010; 59(39):1261-1265.)

ARTHRITIS

ARTHRITIS

2013 Adult Comparisons	Williams County 2013	Ohio 2011	U.S. 2011
Diagnosed with arthritis	29%	29%	24%

20% of Williams County adults were limited in some way because of a physical, mental or emotional problem. Among those who were limited in some way, 45% were limited because of arthritis.



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

What Can Be Done to Address Arthritis?

- Self-management education interventions such as the Arthritis Self-Management Program can teach people how to manage arthritis and lessen its effects. This intervention was found to improve people's health by reducing depression, fatigue, and health distress.
- Physical activities such as walking, bicycling, and swimming have shown to have significant benefits for people with arthritis. Benefits include improvements in physical function, mental health, quality of life, and reductions in pain.
- Weight control and injury prevention measures can lower a person's risk of developing osteoarthritis. Symptoms for overweight or obese people with knee osteoarthritis can be reduced through weight loss as well.
- Early diagnosis and proper management are essential for people with inflammatory arthritis. Consulting with a physician for recommendations is an influential factor for managing arthritis.

(Source: CDC, Arthritis at a Glance 2012)

Arthritis: Key Public Health Messages

Early diagnosis of arthritis and self-management activities can help people decrease their pain, improve function, and stay productive.

Key self-management activities include the following:

LEARN ARTHRITIS MANAGEMENT STRATEGIES | Learning techniques to reduce pain and limitations can be beneficial to people with arthritis. Self-management education, such as the *Arthritis Self-Management Program* (ASMP), or the *Chronic Disease Self-Management Program* (CDSMP) help you develop the skills and confidence to manage your arthritis on a day to day basis.

BE ACTIVE | Research has shown that physical activity decreases pain, improves function, and delays disability. Make sure you get at least 30 minutes of moderate physical activity at least 5 days a week. You can get activity in 10-minute intervals.

WATCH YOUR WEIGHT | The prevalence of arthritis increases with increasing weight. Research suggests that maintaining a healthy weight reduces the risk of developing arthritis and may decrease disease progression. A loss of just 11 pounds can decrease the occurrence (incidence) of new knee osteoarthritis and a modest weight loss can help reduce pain and disability.

SEE YOUR DOCTOR | Although there is no cure for most types of arthritis, early diagnosis and appropriate management is important, especially for inflammatory types of arthritis. For example, early use of disease-modifying drugs can affect the course of rheumatoid arthritis. If you have symptoms of arthritis, see your doctor and begin appropriate management of your condition.

PROTECT YOUR JOINTS | Joint injury can lead to osteoarthritis. People who experience sports or occupational injuries or have jobs with repetitive motions like repeated knee bending have more osteoarthritis. Avoid joint injury to reduce your risk of developing osteoarthritis.

(Source: Centers for Disease Control and Prevention, *Arthritis: Key Public Health Messages*, www.cdc.gov/arthritis/basics/key.htm, updated September 2011)

ARTHRITIS

Adult | ASTHMA AND OTHER RESPIRATORY DISEASE

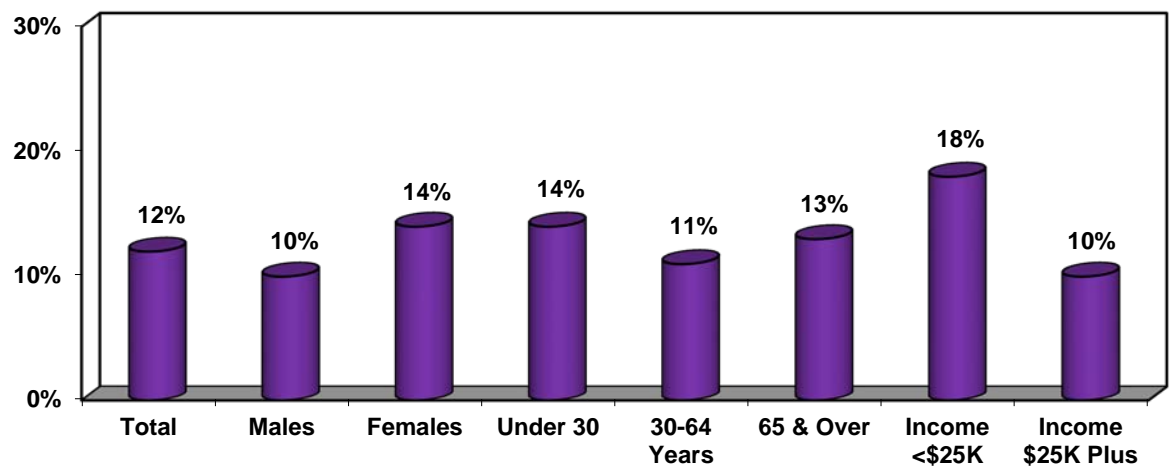
Key Findings

According to the Williams County survey data, 12% of Williams County adults had been diagnosed with asthma.

Asthma and Other Respiratory Disease

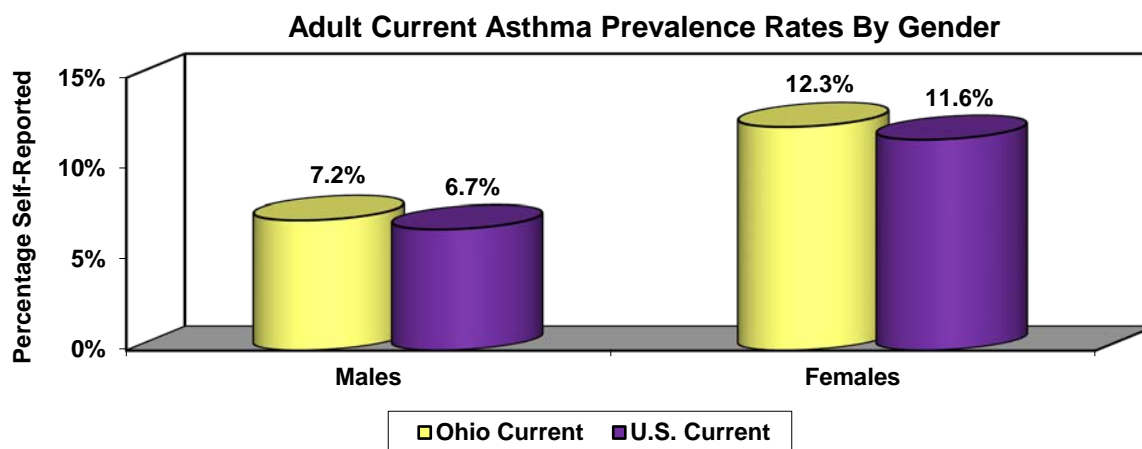
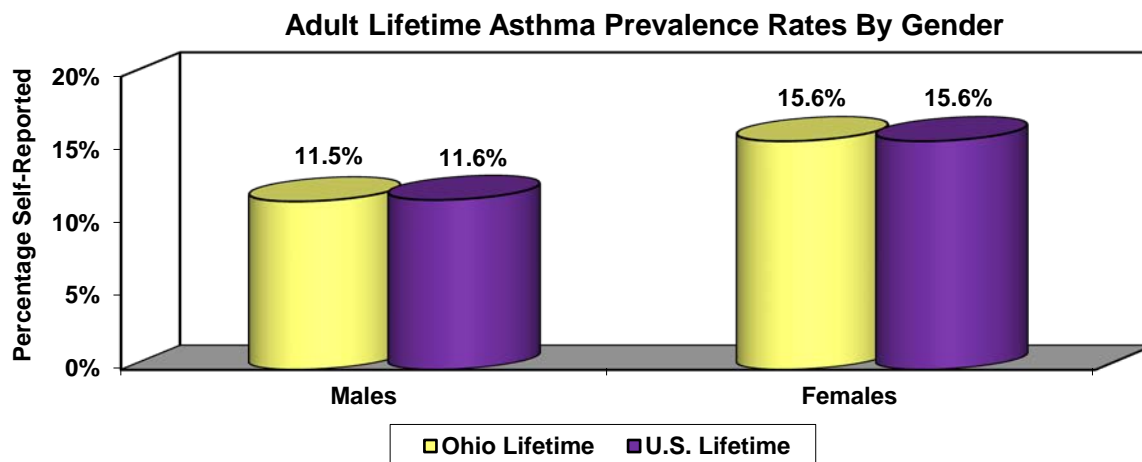
- In 2013, 12% of Williams County adults had been diagnosed with asthma.
- 14% of Ohio and U.S. adults have ever been diagnosed with asthma (Source: 2011 BRFSS).
- There are several important factors that may trigger an asthma attack. Some of these triggers are secondhand smoke, dust mites, outdoor air pollution, cockroach allergens, pets, mold, smoke from burning wood or grass, infections linked to the flu, colds, and respiratory viruses (Source: CDC, 2012).
- Chronic lower respiratory disease was the 3rd leading cause of death in Williams County and the 3rd leading cause of death in Ohio, from 2006-2008 (Source: ODH, Information Warehouse).

Williams County Adults Diagnosed with Asthma



2013 Adult Comparisons	Williams County 2013	Ohio 2011	U.S. 2011
Had been diagnosed with asthma	12%	14%	14%

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



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, 2011)

What Causes an Asthma Attack?

- **Tobacco Smoke:** People should never smoke near you, in your home, in your car, or wherever you may spend a lot of time if you have asthma.
- **Dust Mites:** If you have asthma, dust mites can trigger an asthma attack. To prevent attacks, use mattress covers and pillowcase covers to make a barrier between dust mites and yourself.
- **Outdoor Air Pollution:** This pollution can come from factories, automobiles, and other sources. Pay attention to air quality forecasts to plan activities when air pollution levels will be low.
- **Cockroach Allergens:** Get rid of cockroaches in your home by removing as many water and food sources as you can. Cockroaches and their droppings can trigger an asthma attack.
- **Pets:** Furry pets can trigger an asthma attack. If you think a furry pet may be causing attacks, you may want to find the pet another home.
- **Mold:** Breathing in mold can trigger an asthma attack. Get rid of mold in your home to help control your attacks.
- **Smoke from Burning Wood or Grass:** Smoke from burning wood or other plants is made up of a mix of harmful gases and small particles. Breathing in too much of this smoke can cause an asthma attack. If you can, avoid burning wood in your home.
- **Other Triggers:** Infections linked to influenza (flu), colds, and respiratory syncytial virus (RSV) can trigger an asthma attack. Sinus infections, allergies, breathing in some chemicals, and acid reflux can also trigger attacks.

(Source: Centers for Disease Control, *Vital Signs, Asthma*, updated April 30, 2013, <http://www.cdc.gov/asthma/faqs.htm>)

Adult | WEIGHT STATUS

Key Findings

The 2013 Health Assessment identified that 68% of Williams County adults were overweight or obese based on Body Mass Index (BMI). The 2011 BRFSS indicates that 30% of Ohio and 28% of U.S. adults were obese by BMI. Nearly one-third (30%) of Williams County adults were obese. Almost half (46%) of adults were trying to lose weight.

Adult Weight Status

- In 2013, the health assessment indicated that more than two-thirds (68%) of Williams County adults were either overweight (38%) or obese (30%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.
- Almost half (46%) of adults were trying to lose weight, 35% were trying to maintain their current weight or keep from gaining weight, and 2% were trying to gain weight
- Williams County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (49%), exercised (45%), ate a low-carb diet (9%), smoked cigarettes (4%), used a weight loss program (3%), took diet pills, powders or liquids without a doctor's advice (2%), participated in a prescribed dietary or fitness program (1%), went without eating 24 or more hours (1%), took prescribed medications (<1%), and vomited or took laxatives (<1%).
- Williams County adults had access to a wellness program through their employer or spouse's employer with the following features: health risk assessment (11%), gift cards or cash for participation in wellness program (10%), on-site health screenings (8%), free/discounted gym membership (8%), healthier food options in vending machines or cafeteria (7%), lower insurance premiums for participation in wellness program (5%), on-site fitness facility (5%), gift cards or cash for positive changes in health status (4%), lower insurance premiums for positive changes in health status (2%), free/discounted weight loss program (2%), free/discounted smoking cessation program (2%), on-site health education classes (2%), and other (2%). 32% of Williams County adults did not have access to any wellness programs.

30% of Williams County adults are obese.

Physical Activity

- In Williams County, 51% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. 28% of adults were exercising 5 or more days per week. Nearly one-third (30%) of adults were not participating in any physical activity in the past week, including 2% who were unable to exercise.
- The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week (Source: CDC, *Physical Activity for Everyone*).

ADULT WEIGHT

- Williams County adults spent the most time doing the following physical activities in the past year: walking (50%), exercise machines (12%), running/jogging (11%), cycling (10%), strength training (10%), swimming (4%), and other (14%). 19% of adults did not exercise at all, including 2% who were unable to do so.
- Reasons for not exercising included: time (22%), too tired (19%), weather (19%), laziness (13%), pain/discomfort (12%), chose not to exercise (12%), could not afford a gym membership (8%), no sidewalks (3%), no walking/biking trails (3%), no childcare (1%), did not know what activity to do (1%), safety (1%), no gym available (1%), doctor advised them not to exercise (<1%), and other (6%).
- More than one-third (37%) of adults were mostly sitting or standing while at work. 20% were doing mostly heavy labor or physically demanding work.
- On an average day, adults spent time doing the following: 2.7 hours watching television, 1.3 hours on the computer outside of work, 1.1 hours on their cell phone, and 0.2 hours playing video games.

In Williams County, 51% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week.

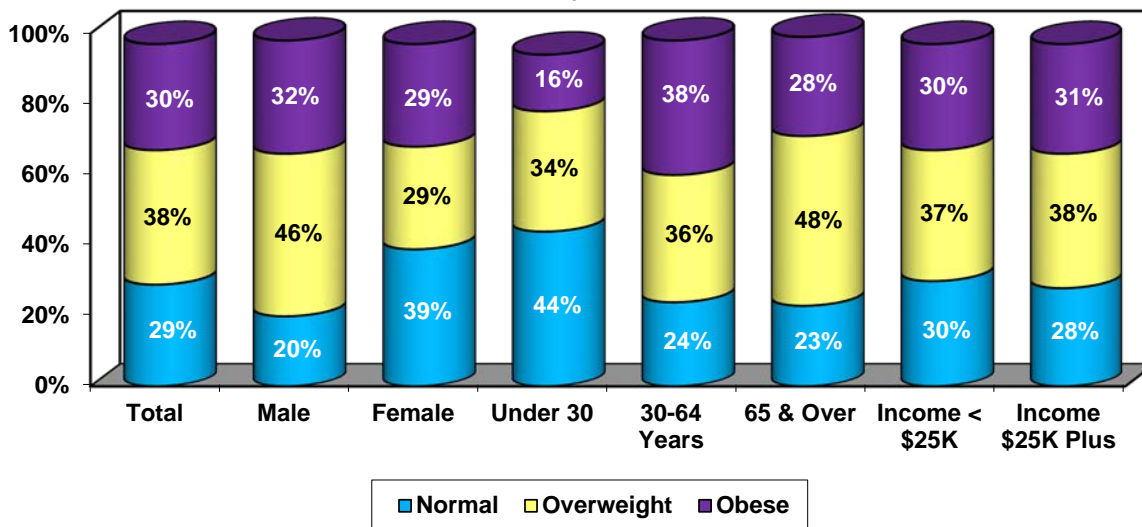
Nutrition

- In 2013, 6% of adults were eating 5 or more servings of fruits and vegetables per day. 92% were eating between 1 and 4 servings per day. The American Cancer Society recommends that adults eat at least 2 ½ cups of fruits and vegetables per day to reduce the risk of cancer and to maintain good health. The 2009 BRFSS reported that only 21% of Ohio adults and 23% nationwide were eating the recommended number of servings of fruits and vegetables.
- Adults ate out in a restaurant or brought home take-out food an average of 2.4 times per week.
- Williams County adults reported the following reasons they chose the types of food they ate: taste (63%), enjoyment (52%), cost (50%), ease of preparation (43%), availability (42%), healthiness of food (41%), nutritional value (35%), time (35%), food they were used to (25%), what their spouse prefers (24%), calorie content (18%), what their child prefers (14%), health care provider's advice (3%), and other (1%).

Almost half (46%) of Williams County adults were trying to lose weight.

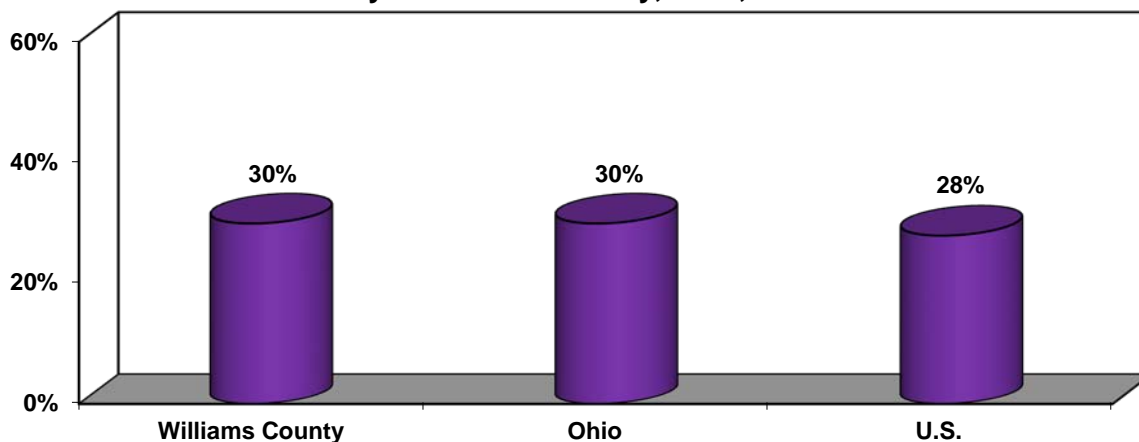
The following graphs show the percentage of Williams County adults who are overweight or obese by Body Mass Index (BMI) and the percentage of Williams County adults who are obese compared to Ohio and U.S. Examples of how to interpret the information include: 29% of all Williams County adults were classified as normal weight, 38% were overweight, and 30% were obese.

Williams County Adult BMI Classifications



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

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



2013 Adult Comparisons	Williams County 2013	Ohio 2011	U.S. 2011
Obese	30%	30%	28%
Overweight	38%	36%	36%

Adult | TOBACCO USE

Key Findings

In 2013, 20% of Williams County adults were current smokers and 24% were considered former smokers. In 2013, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death worldwide, and is responsible for the deaths of approximately half of long-term users. Each year, tobacco use is responsible for almost 6 million premature deaths, and by 2030, this number is expected to increase to 8 million. (Source: Cancer Facts & Figures, American Cancer Society, 2013)

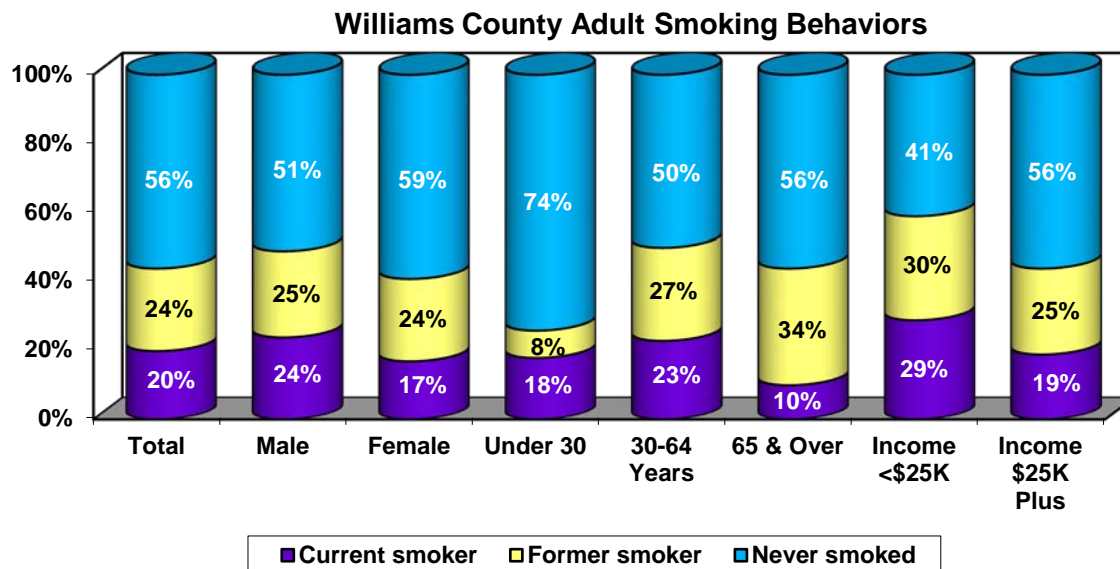
One-fifth of Williams County adults were current smokers.

Adult Tobacco Use Behaviors

- The 2013 health assessment identified that one-fifth (20%) of Williams County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). The 2011 BRFSS reported current smoker prevalence rates of 25% for Ohio and 21% for the U.S.
- Nearly one-quarter (24%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). The 2011 BRFSS reported former smoker prevalence rates of 25% for Ohio and the U.S.
- Williams County adult smokers were more likely to:
 - Have been a member of an unmarried couple (58%) or divorced (38%)
 - Have rated their overall health as fair or poor (30%)
 - Have incomes less than \$25,000 (29%)
 - Have been male (24%)
- Williams County adults used the following tobacco products in the past year: cigarettes (26%), cigars (5%), e-cigarettes (5%), chewing tobacco (4%), snuff (4%), Black and Milds (3%), cigarillos (2%), little cigars (2%), snus (2%), swishers (2%), flavored cigarettes (1%), and pipes (1%).
- 52% 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.
- Williams County adults reported the following rules about smoking inside their home: not allowed anywhere inside home (82%), allowed in some places or at some times (7%), no rules about smoking (6%), and allowed anywhere (4%).

2013 Adult Comparisons	Williams County 2013	Ohio 2011	U.S. 2011
Current smoker	20%	25%	21%
Former smoker	24%	25%	25%

The following graph shows the percentage of Williams County adults who used tobacco. Examples of how to interpret the information include: 20% of all Williams County adults were current smokers, 24% of all adults were former smokers, and 56% had never smoked.



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

52% 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.

Costs of Tobacco Use

- The average price for a pack of cigarettes in the United States is \$5.98.
- If a pack-a-day smoker spent approximately \$6/pack, they would spend: \$42/week, \$168/month, or \$2,190/year.
- There are 28,723 adults 18 years old and older living in Williams County.
- 20% of Williams County adults indicated they were smokers. That is approximately 5,744 adults.
- If 5,744 adults spent \$2,190/year, then \$12,578,360 is spent a year on cigarettes in Williams County.

(Source: Campaign for Tobacco-Free Kids, State Cigarette Excise Tax Rates & Rankings, accessed from: <http://www.tobaccofreekids.org/research/factsheets/pdf/0097.pdf> and 2013 Williams County Health Assessment)

Flavored Cigar Smoking among U.S. Adults

Cigars contain the same toxic and cancer-causing chemicals found in cigarettes; they are not a safe alternative to cigarettes. Health consequences of regular cigar smoking can include cancers of the lung, larynx, oral cavity, and esophagus. Those who inhale cigar smoke and who smoke multiple cigars a day are also at increased risk for developing heart disease and COPD.

- From 2009-2010, 6.6% of adults in the U.S. smoke cigars and 2.8% smoke flavored cigars.
- Nearly 43% of all adult cigar smokers in the U.S. report using flavored cigars.
- More than 57% of cigar smokers in the 18-24 year-old age group, say they smoke flavored cigars.
- Flavored cigar smoking was more common among those with a Graduate Equivalency Degree (GED) (65%), and those with annual household income under \$20,000 (52%).
- Flavored cigar use was higher among Hispanic cigar smokers (62%); higher among female cigar smokers (61%); and higher among Lesbian, Gay, Bisexual, Transgendered (LGBT) cigar smokers (67%).

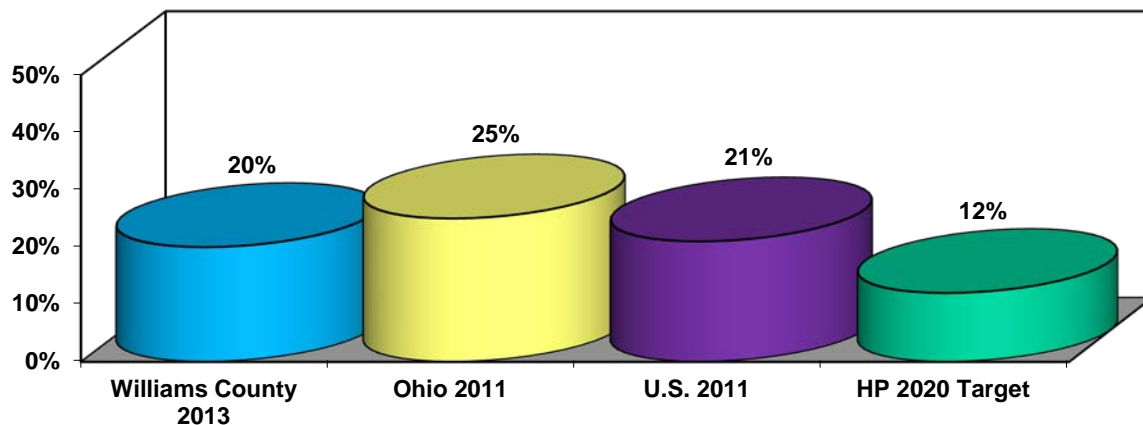
(Source: Nicotine & Tobacco Research, "Flavored Cigar Smoking Among U.S. Adults: Findings From the 2009-2010 National Adult Tobacco Survey," published August 27, 2012)

Nearly one-quarter (24%) of Williams County adults indicated that they were former smokers.

The following graphs show Williams 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:

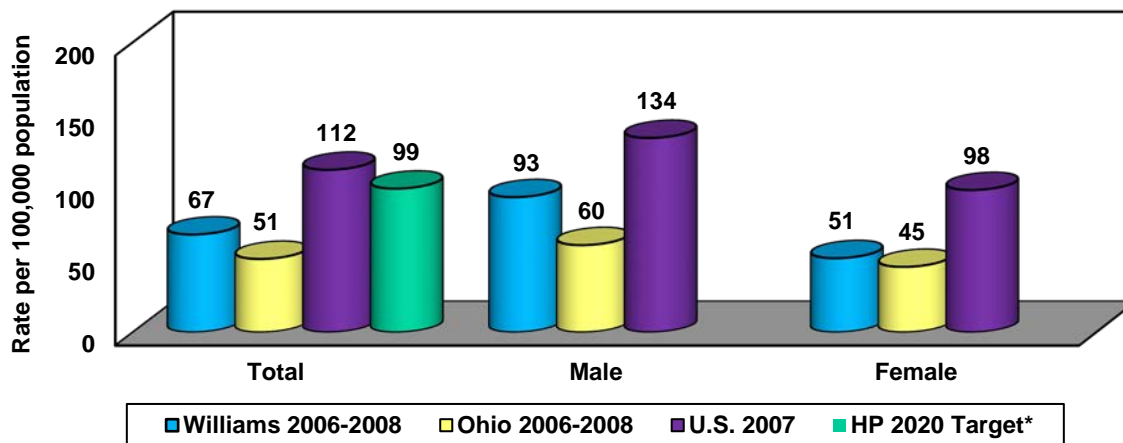
- Williams County adult cigarette smoking rate was lower than the Ohio and U.S. rates, but higher than the Healthy People 2020 Goal.
- From 2006-2008, Williams County's age-adjusted mortality rate for Chronic Lower Respiratory Disease was higher than the Ohio rate, but lower than the U.S. rate and the Healthy People 2020 target objective.
- From 2006-2010 the percentage of mothers who smoked during pregnancy in Williams County fluctuated slightly from year to year, but was generally higher than the Ohio rate.
- Disparities existed by gender for Williams County trachea, bronchus, and lung cancer age-adjusted mortality rates, as well as chronic lower respiratory disease mortality rates. The 2006-2008 Williams male rates were higher (2.4 times) than the Williams female rates in both cases.

Healthy People 2020 Objective & Cigarette Smoking Rates



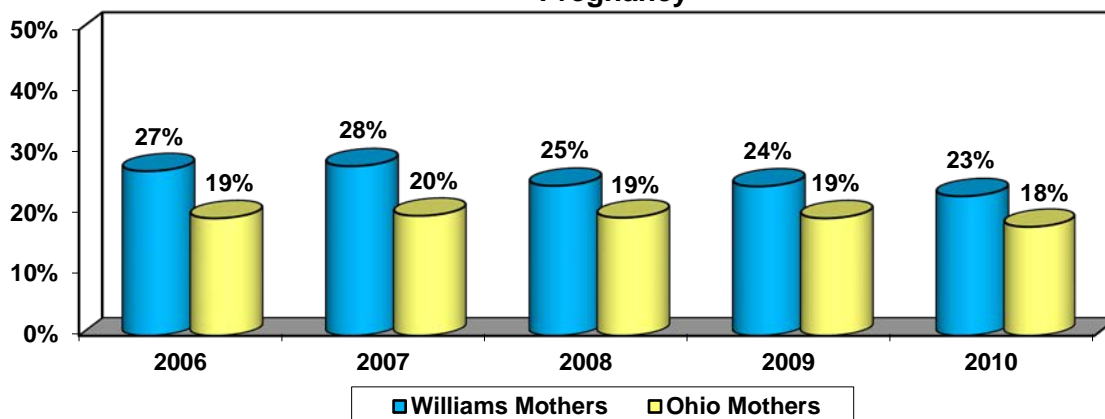
(Source: 2013 Assessment, 2011 BRFSS and Healthy People 2020)

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



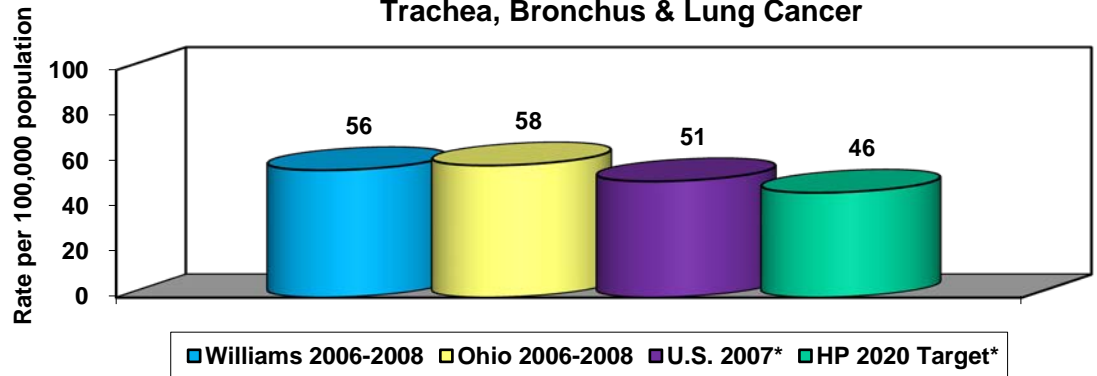
(Source: ODH Information Warehouse and Healthy People 2020)
 * Healthy People 2020's target rate and the U.S. rate is for adults aged 45 years and older.
 **HP2020 does not report different goals by gender.

Williams County and Ohio Births to Mothers Who Smoked During Pregnancy



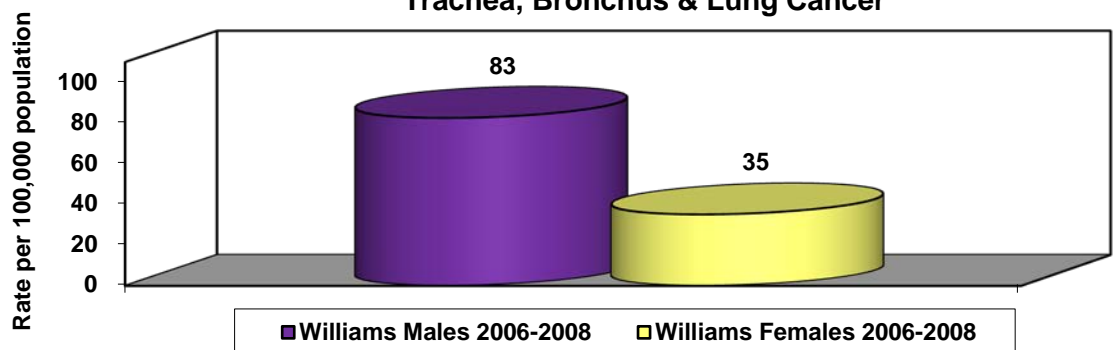
(Source: ODH Births, Vital Statistics Annual Birth Summaries by Year, 2006-2010)

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



**Healthy People 2020 Target and U.S. 2007 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)

U.S. Adult Smoking Facts

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

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

Adult | ALCOHOL CONSUMPTION

Key Findings

In 2013, the Health Assessment indicated that 10% of Williams County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 40% of adults who drank had five or more drinks (for males) and 4 or more drinks (for females) on one occasion (binge drinking) in the past month. Three percent of adults drove after having perhaps too much to drink.

45% of the Williams County adults had at least one alcoholic drink in the past month.

Adult Alcohol Consumption

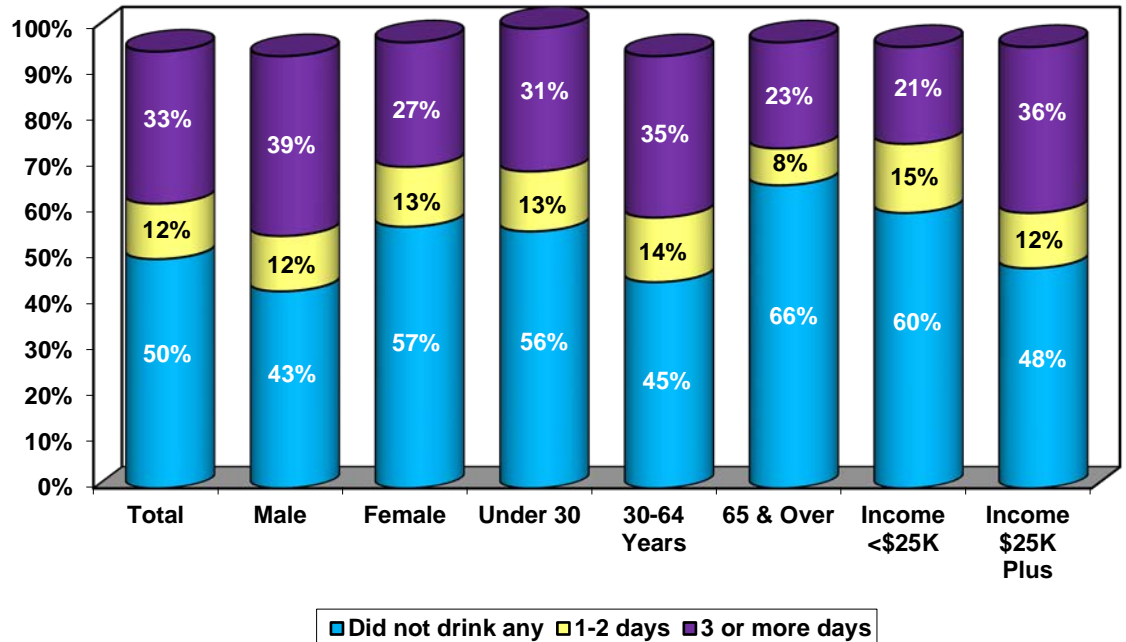
- In 2013, 45% of the Williams County adults had at least one alcoholic drink in the past month, increasing to 51% of males. The 2011 BRFSS reported current drinker prevalence rates of 56% for Ohio and 57% for the U.S.
- One in ten (10%) adults were considered frequent drinkers (drank on an average of three or more days per week).
- Of those who drank, Williams County adults drank 3.7 drinks on average, increasing to 5.5 drinks for those under 30.
- Nearly one in five (18%) of all Williams County adults were considered binge drinkers. The 2011 BRFSS reported binge drinking rates of 20% for Ohio and 18% for the U.S.
- 40% of those current drinkers reported they had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers by definition.
- 3% of adults reported driving after having perhaps too much to drink, increasing to 6% of those with incomes less than \$25,000.
- As a result of drinking, 6% of Williams County adults had repeatedly placed themselves in dangerous situations, failed to fulfill duties at home, and had legal problems.

2013 Adult Comparisons	Williams County 2013	Ohio 2011	U.S. 2011
Drank alcohol at least once in past month	45%	56%	57%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	18%	20%	18%

ADULT ALCOHOL

The following graphs show the percentage of Williams County adults consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 50% of all Williams County adults did not drink alcohol, 43% of Williams County males did not drink, and 57% of adult females reported they did not drink.

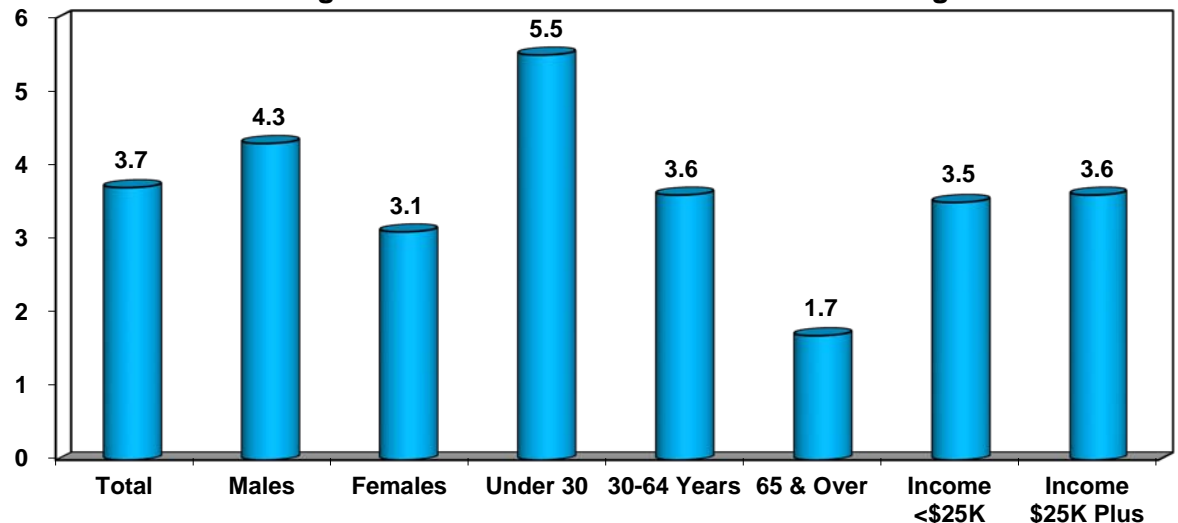
Average Number of Days Drinking Alcohol in the Past Month



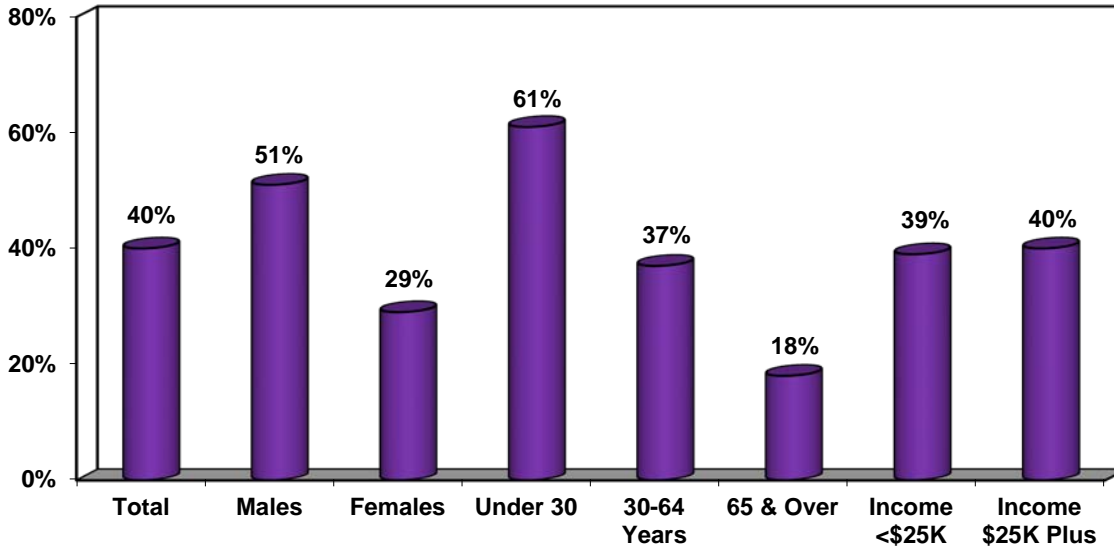
Percentages may not equal 100% as some respondents answered "don't know"

One in ten (10%) adults were considered frequent drinkers (drank on an average of three or more days per week).

Adults Average Number of Drinks Consumed Per Drinking Occasion



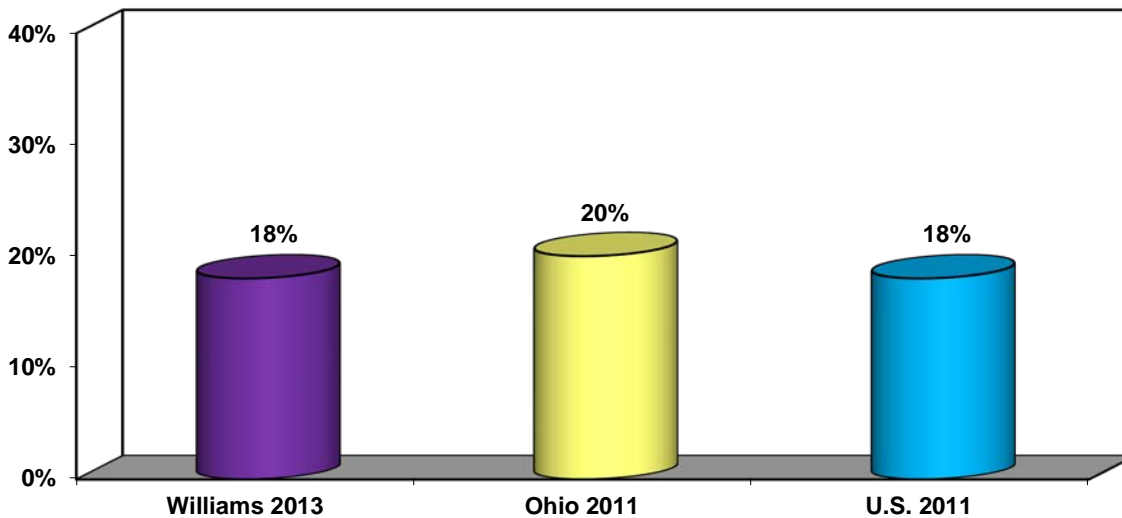
Williams County Adult Drinkers Who Binge Drank in Past Month*



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

3% of Williams County adults reported driving after having perhaps too much to drink.

Adult Binge Drinkers*



(Source: 2011 BRFSS, 2013 Williams County Health Assessment)

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

The following table shows select cities in Williams County, Williams County, and Ohio motor vehicle accident statistics. The table shows:

- 50% of all fatal crashes in Williams County were alcohol-related compared to 42% in Ohio.

	City of Bryan 2012	Williams County 2012	Ohio 2012
Total Crashes	178	1,162	272,875
Alcohol-Related Total Crashes	N/A	43	11,989
Fatal Crashes	0	6	1,028
Alcohol-Related Fatal Crashes	0	3	430
Alcohol Impaired Drivers in Crashes	3	43	11,846
Injury Crashes	36	208	68,546
Alcohol-Related Injury Crashes	1	18	5,095
Property Damage Only	142	948	203,301
Alcohol-Related Property Damage Only	2	22	6,464
Deaths	0	6	1,126
Alcohol-Related Deaths	0	3	470
Total Non-Fatal Injuries	50	301	100,007
Alcohol-Related Injuries	1	24	7,259

N/A – Not available

(Source: Ohio Department of Public Safety, Crash Reports, Updated 5/14/2013, Traffic Crash Facts)

Caffeinated Alcoholic Beverages

- Drinkers who consume alcohol mixed with energy drinks are 3 times more likely to binge drink than drinkers who do not report mixing alcohol with energy drinks.
- Drinkers who consume alcohol with energy drinks are about twice as likely as drinkers who do not report mixing to report being taken advantage of sexually, to report taking advantage of someone else sexually, and to report riding with a driver who was under the influence of alcohol.
- Currently, more than 25 brands of caffeinated alcoholic beverages are sold in retail alcohol outlets, including convenience stores.

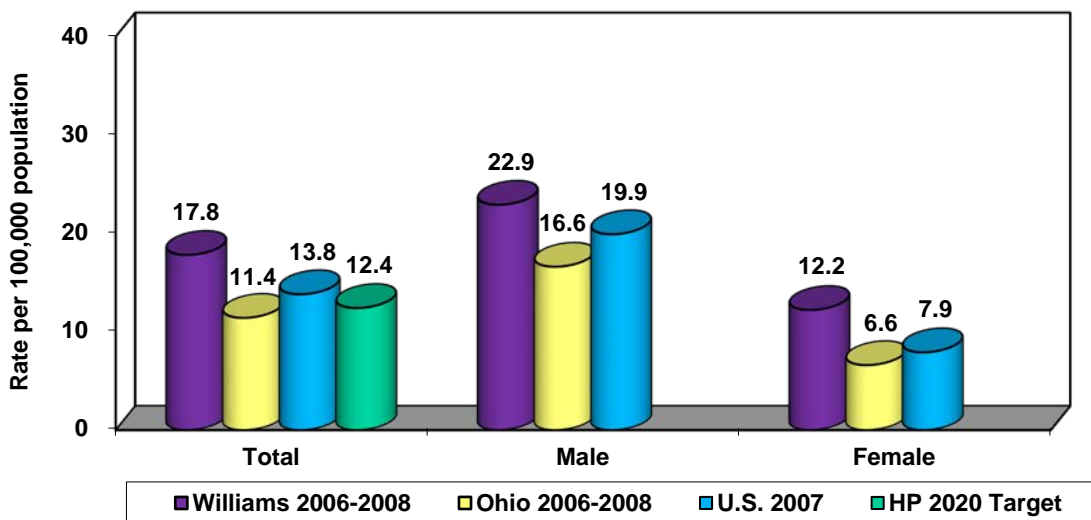
(Source: CDC, Alcohol and Public Health, Fact Sheets, Caffeinated Alcoholic Beverages, July 2010, <http://www.cdc.gov/alcohol/fact-sheets/cab.htm>)

Motor Vehicle Accidents

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

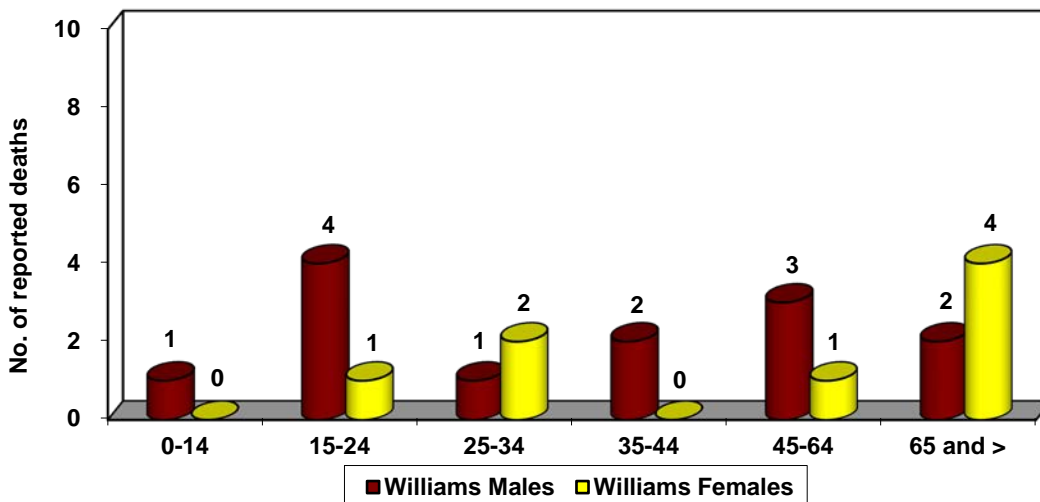
- From 2006-2008, the Williams County motor vehicle age-adjusted mortality rate of 17.8 deaths per 100,000 population was greater than the state rate, the national rate, and the Healthy People 2020 objective.
- The Williams County age-adjusted motor vehicle accident mortality rate for males was higher than the female rate from 2006 to 2008.
- 13 Williams County males died of motor vehicle accidents from 2006-2008 while 8 Williams 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)

Williams County Number of Motor Vehicle Deaths By Age and Gender, 2006-2008
N= 21



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

Adult | MARIJUANA AND OTHER DRUG USE

Key Findings

In 2013, 3% of Williams County adults had used marijuana during the past 6 months. 6% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Adult Drug Use

- 3% of Williams County adults had used marijuana in the past 6 months, increasing to 5% of those with incomes less than \$25,000.
- Less than 1% of Williams County adults reported using other recreational drugs such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- When asked about their frequency of marijuana and other recreational drug use in the past six months, 14% of Williams County adults who used drugs did so almost every day, and 29% did so less than once a month.
- 6% of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 8% of females and those over the age of 65.
- When asked about their frequency of medication misuse in the past six months, 50% of Williams County adults who used these drugs did so almost every day, and 17% did so 1-3 days a month.
- Williams County adults indicated they did the following with their unused prescription medication: took as prescribed (43%), threw it in the trash (23%), flushed it down the toilet (21%), kept it (19%), took it to the Medication Collection program (8%), gave it away (<1%), and some other destruction method (5%).

Commonly Abused Prescription Drugs

OPIOIDS | most often prescribed to relieve pain. Examples include: Codeine, Percocet, Darvon (Propoxyphene), Duragesic (Fentanyl), Dilaudid (Hydromorphone), Demerol (Meperidine), OxyContin (Oxycodone), and Vicodin (hydrocodone)

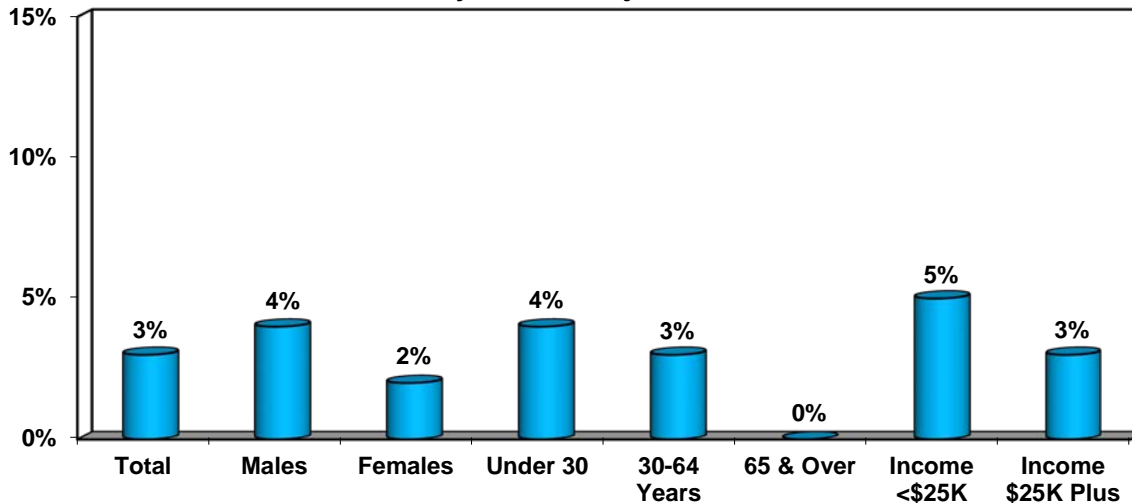
CENTRAL NERVOUS SYSTEM (CNS) DEPRESSANTS | may be used to treat anxiety and sleep disorders. Examples include: Mebaral (mephobarbital), Nembutal (pentobarbital sodium), Valium (diazepam), Librium (chlordiazepoxide HCL), Xanax (alprazolam), and ProSom (estazolam)

STIMULANTS | prescribed to treat narcolepsy, attention-deficit hyperactivity disorder (ADHD), asthma and obesity. Examples include: Dexedrine (dextroamphetamine), and Ritalin (methylphenidate)

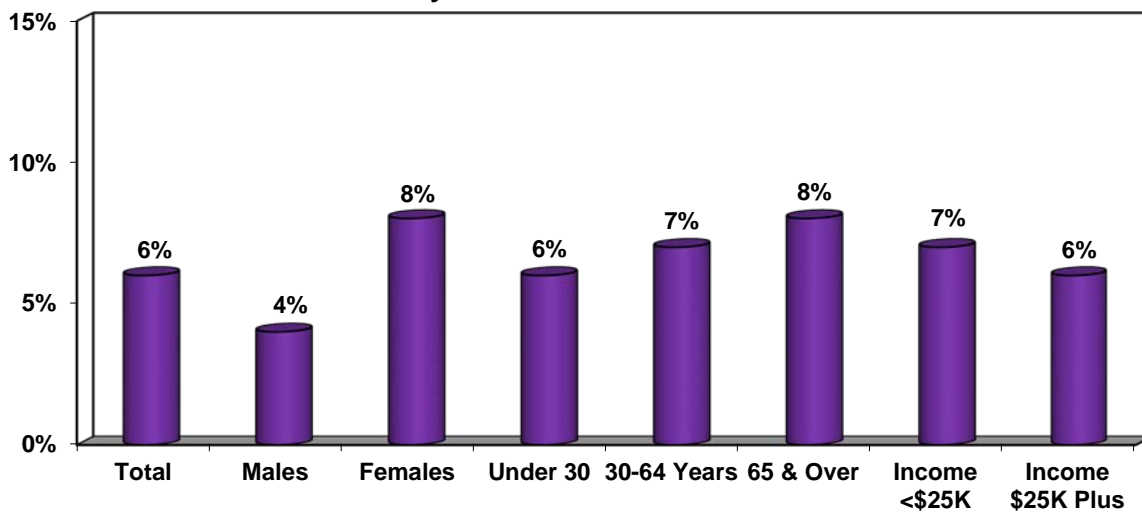
(Source: National Institute on Drug Abuse, www.nida.nih.gov)

The following graphs are data from the 2013 Williams County Health Assessment indicating adult marijuana use in the past six months and medication misuse. Examples of how to interpret the information include: 3% of all Williams County adults used marijuana in the past six months, 4% of adults under the age of 30 were current users, and 5% of adults with incomes less than \$25,000 were current users.

Williams County Adult Marijuana Use in Past 6 Months



Williams County Adult Medication Misuse in Past 6 Months



Drug-Related Emergency Department Visits Involving Synthetic Cannabinoids

- In 2010, an estimated 11,406 emergency department (ED) visits involved a synthetic cannabinoid product, sometimes referred to as "synthetic marijuana" and commonly known by street names such as "Spice" or "K2".
- Three fourths of these ED visits involved patients aged 12 to 29 (75%), of which 78% were male.
- The majority (76%) of these ED visits did not receive follow-up care upon discharge from the ED.

(Source: SAMHSA, Drug Abuse Warning Network Report, December 4, 2012, <http://www.samhsa.gov/data/2k12/DAWN105/SR105-synthetic-marijuana.pdf>)

Adult | WOMEN'S HEALTH

Key Findings

In 2013, more than half (52%) of Williams County women over the age of 40 reported having a mammogram in the past year. 51% of Williams County women ages 19 and over had a clinical breast exam and 38% had a Pap smear to detect cancer of the cervix in the past year. The Health Assessment determined that 4% of women had a heart attack and 4% had a stroke at some time in their life.

Women's Health Screenings

- In 2013, 66% of women had a mammogram at some time and nearly two-fifths (38%) had this screening in the past year.
- More than half (52%) of women ages 40 and over had a mammogram in the past year and 69% had one in the past two years. The 2010 BRFSS reported that 75% of women 40 and over in the U.S. and 74% in Ohio, had a mammogram in the past two years.
- Most (91%) Williams County women have had a clinical breast exam at some time in their life and 51% had one within the past year.
- More than two-thirds (68%) of women ages 40 and over had a clinical breast exam in the past two years. The 2010 BRFSS reported that 77% of women 40 and over in the U.S. and 75% in Ohio, had a clinical breast exam in the past two years.
- This assessment identified that 92% of Williams County women have had a Pap smear and 38% reported having had the exam in the past year. 66% 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.

Pregnancy

- Women used the following as their usual source of services for female health concerns: general or family physician (41%), private gynecologist (32%), community health center (5%), nurse practitioner/physician's assistant (2%), family planning clinic (2%), and a health department clinic (1%). 15% indicated they did not have a usual source of services for female health concerns.

Williams County Female Leading Types of Death, 2006 – 2008

1. Heart Diseases (25% of all deaths)
2. Cancers (21%)
3. Chronic Lower Respiratory Diseases (8%)
4. Stroke (6%)
5. Diabetes Mellitus (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)

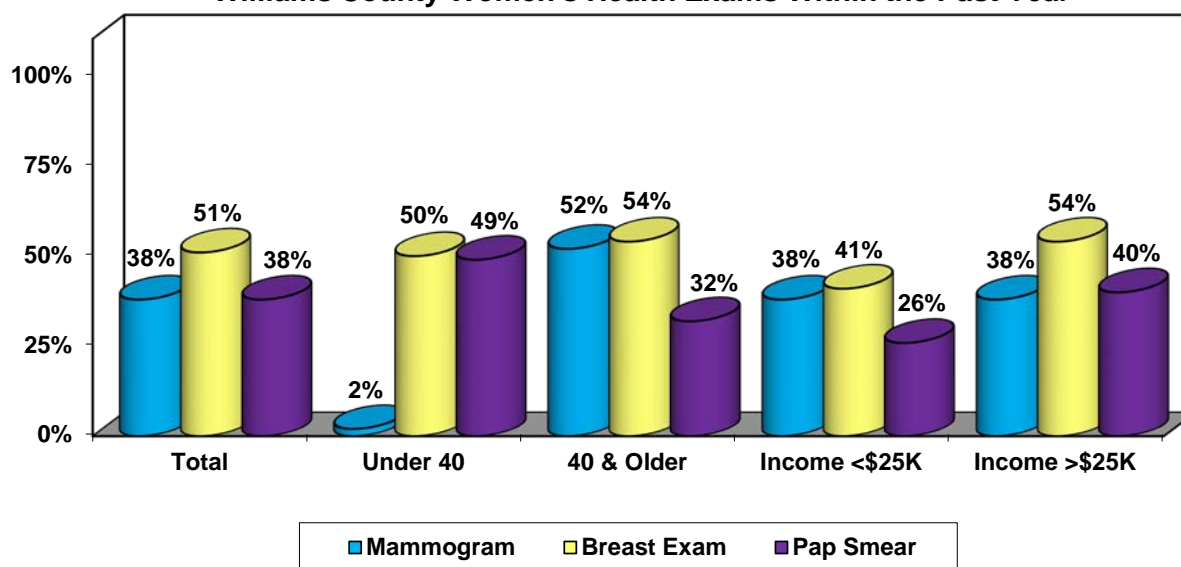
- 21% of Williams County women had been pregnant in the past 5 years. During their last pregnancy, Williams County women: got a prenatal appointment in the first 3 months (52%), took a multi-vitamin (50%), took folic acid during pregnancy (32%), took folic acid pre-pregnancy (30%), experienced perinatal depression (7%), smoked cigarettes (2%), and looked for options for an unwanted pregnancy (2%).

Women's Health Concerns

- In 2013, the health assessment determined that 4% of women had survived a heart attack and 4% had survived a stroke at some time in their life.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Williams County the 2013 Health Assessment has identified that:
 - 58% were overweight or obese (57% U.S., 58% Ohio, 2011 BRFSS)
 - 33% were diagnosed with high blood cholesterol (37% U.S., 37% Ohio, 2011 BRFSS)
 - 24% were diagnosed with high blood pressure (30% U.S., 32% Ohio, 2011 BRFSS)
 - 17% of all women were current smokers (19% U.S., 24% Ohio, 2011 BRFSS)
 - 7% had been diagnosed with diabetes (11% U.S., 10% Ohio, 2011 BRFSS)

The following graph shows the percentage of Williams County female adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 38% of Williams County females had a mammogram within the past year, 51% had a clinical breast exam, and 38% had a Pap smear.

Williams County Women's Health Exams Within the Past Year

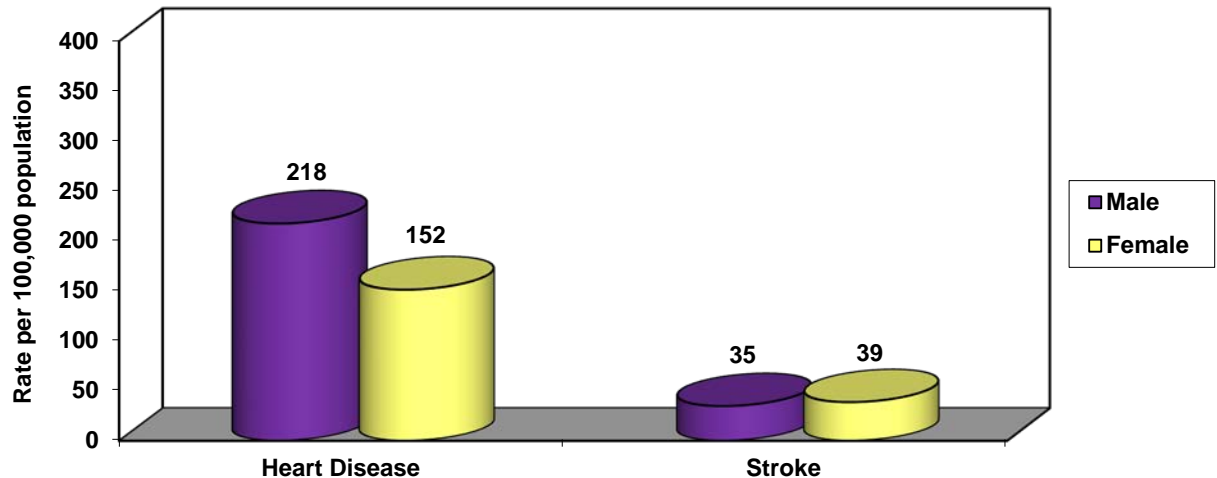


2013 Adult Comparisons	Williams County 2013	Ohio 2010	U.S. 2010
Had a clinical breast exam in the past two years (age 40 & over)	68%	75%	77%
Had a mammogram in the past two years (age 40 & over)	69%	74%	75%
Had a pap smear in the past three years	66%	82%	81%

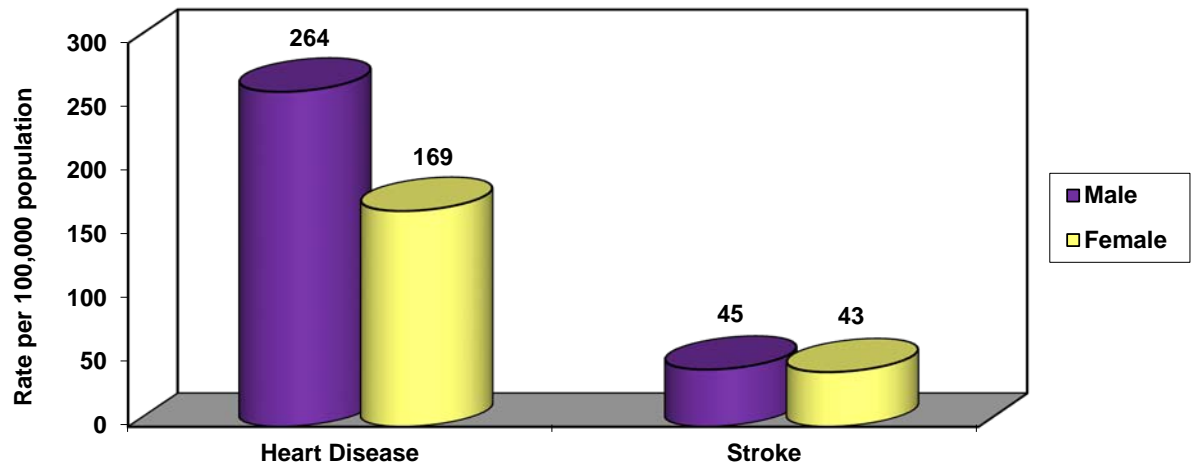
The following graphs show the Williams County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases. The graphs show:

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

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



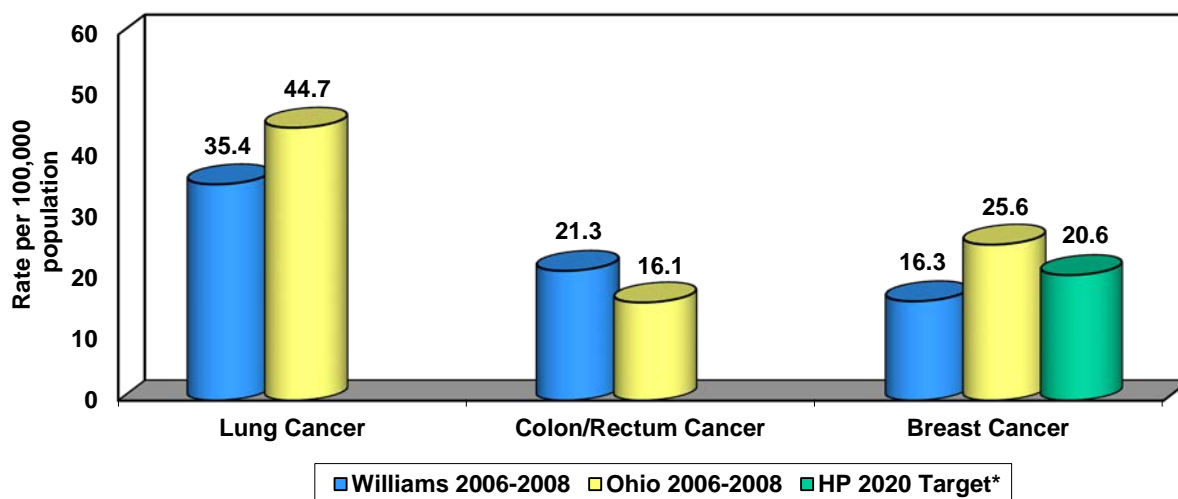
Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2006-2008



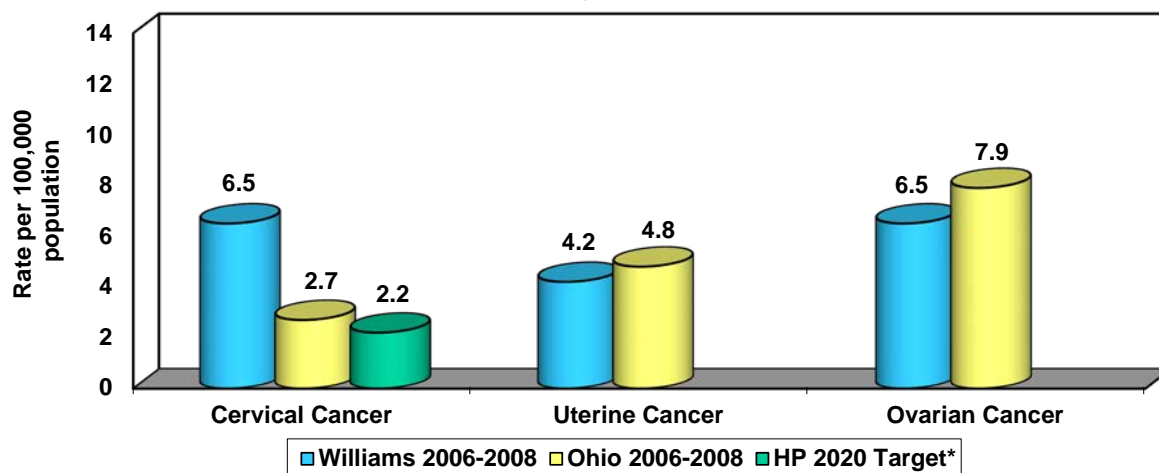
The following graphs show the Williams County age-adjusted mortality rates per 100,000 population for women's health with comparison to Healthy People 2020 objectives when available. The graphs show:

- From 2006-2008, the Williams County age-adjusted mortality rate for female lung cancer was less than the Ohio rate.
- From 2006-2008, the Williams County age-adjusted breast cancer mortality rate was less than the Ohio rate and the Healthy People 2020 target objective.
- The Williams County age-adjusted cervical cancer mortality rate for 2006-2008 was higher than the Ohio rate and the Healthy People 2020 target objective. Uterine cancer and ovarian cancer were less than the state rate.

Williams County Female Age-Adjusted Cancer Mortality Rates



Williams 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)

Human Papilloma Virus (HPV and Vaccine)

HPV is the most common sexually transmitted infection in the U.S., with 6.2 million people becoming newly infected annually. There are more than 100 types of HPV, more than 40 of which can infect the genitals. Most HPV infections are benign and transient; however, almost all cervical cancers are related to infections by HPV.

The Centers for Disease Control and Prevention report that every year in the U.S., about 11,000 women are diagnosed with cervical cancer and almost 4,000 of them die from this disease.

- Most cases of cervical cancer and all cases of genital warts are caused by human papillomavirus (HPV).
 - 70% of cervical cancers are caused by HPV types 16 and 18.
- There are two HPV vaccines available to protect against types 16, 18, and other subtypes of HPV that cause cervical cancers. These vaccinations include:
 - **Cervarix:** The Federal Food and Drug Administration (FDA) licensed Cervarix in 2009. This vaccine is recommended for female's ages 10 through 25.
 - **Gardasil:** The FDA licensed Gardasil in 2006. This vaccine is recommended for 11 and 12 year-old girls as well as females ages 13 through 26, who were not previously vaccinated. The vaccine protects females against HPV types 6, 11, 16, and 18. Gardasil is also recommended for 9 through 26 year-old males to protect against some genital warts.
- HPV Vaccines are approximately \$130 per dose and are available in all 50 states through the Vaccine for Children (VFC) program, which covers vaccine costs for children and teens who do not have insurance and for some children and teens who are underinsured or eligible for Medicaid.

Recent data from the National Immunization Survey of Teens showed:

- Among U.S. girls ages 13 to 17, uptake of the HPV vaccine initiation increased from 25.1% in 2007 to 48.7% in 2010.
- 32% or about one-third of girls had the complete three-shot vaccine series by 2010.
- Catch-up vaccine uptake improved for women between the ages of 13 and 26; from 10.5% in 2008 to 17.1% in 2009.
- Non-Hispanic women had the highest catch-up HPV vaccine uptake (19.8%) in 2009. Following were African American women (13.3%) and Hispanic women (12.6%).

(Sources: Centers for Disease Control and Prevention, Vaccine Safety, Human Papillomavirus (HPV) Vaccine, updated January 24, 2013, from <http://www.cdc.gov/vaccinesafety/vaccines/HPV/Index.html> and American Cancer Society. Cancer Prevention & Early Detection Facts & Figures 2012; p. 40-41. Atlanta: American Cancer Society; 2012)

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

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

(Sources: Centers for Disease Control and Prevention, *Binge Drinking*, January 2013, <http://www.cdc.gov/vitalsigns/BingeDrinkingFemale/index.html>)

Cancer and Women

- More women in the U.S. die from lung cancer than any other type of cancer. One of the most important things you can do to prevent lung cancer is to stop smoking if you smoke, and avoid secondhand smoke.
- Breast cancer is the most common cause of cancer and the second most common cause of cancer deaths in American women. Mammograms are the best way to find breast cancer early, before it can be felt, and when it is easier to treat.
- Colorectal cancer is the third leading cause of cancer deaths in American women. Screening tests can find precancerous polyps so they can be removed before they turn into cancer. Everyone should be tested for colorectal cancer regularly, starting at age 50.
- Gynecologic cancers (cervix, ovaries, and uterus) can be prevented by pap tests, which can find abnormal cells and detect cancer early.

(Source: CDC, *Cancer and Women*, updated May 14, 2012, <http://www.cdc.gov/features/womenandcancer/>)

Adult | MEN'S HEALTH

Key Findings

In 2013, 47% of Williams County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. About one-third (34%) 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 27% and cancers accounted for 25% of all male deaths in Williams County from 2006-2008. The Health Assessment determined that 6% of men had survived a heart attack at some time in their life. Nearly one-third (32%) of men had been diagnosed with high blood pressure, 36% had high blood cholesterol, and 24% were identified as smokers, which, along with obesity (32%), are known risk factors for cardiovascular diseases.

Men's Health Screenings

- Almost two-fifths (39%) of Williams County males had a Prostate-Specific Antigen (PSA) test at some time in their life and 23% had one in the past year.
- About two-fifths (42%) of men ages 40 and over had a PSA in the past two years. The 2010 BRFSS reported that 53% of men 40 and over in the U.S. and 54% in Ohio, had a PSA test in the past two years.
- Half (50%) of men had a digital rectal exam in their lifetime and 16% had one in the past year.
- 74% of males ages 50 and over had a PSA test at some time in their life, and 47% had one in the past year.
- 82% of males ages 50 and over had a digital rectal exam at some time in their life, and 34% had one in the past year.
- About one in five (21%) men reported having erectile dysfunction, increasing to 48% of those over the age of 65.
- 20% of men had been taught by a healthcare professional how to do a self-testicular exam.
- From 2006-2008, major cardiovascular diseases (heart disease and stroke) accounted for 27% of all male deaths in Williams County (Source: ODH Information Warehouse).

Williams County Male Leading Types of Death, 2006 – 2008

1. Cancers (25% of all deaths)
2. Heart Diseases (22%)
3. Chronic Lower Respiratory Diseases (10%)
4. Accidents, Unintentional Injuries (6%)
5. Diabetes Mellitus (5%)

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

Ohio Male Leading Types of Death, 2006 – 2008

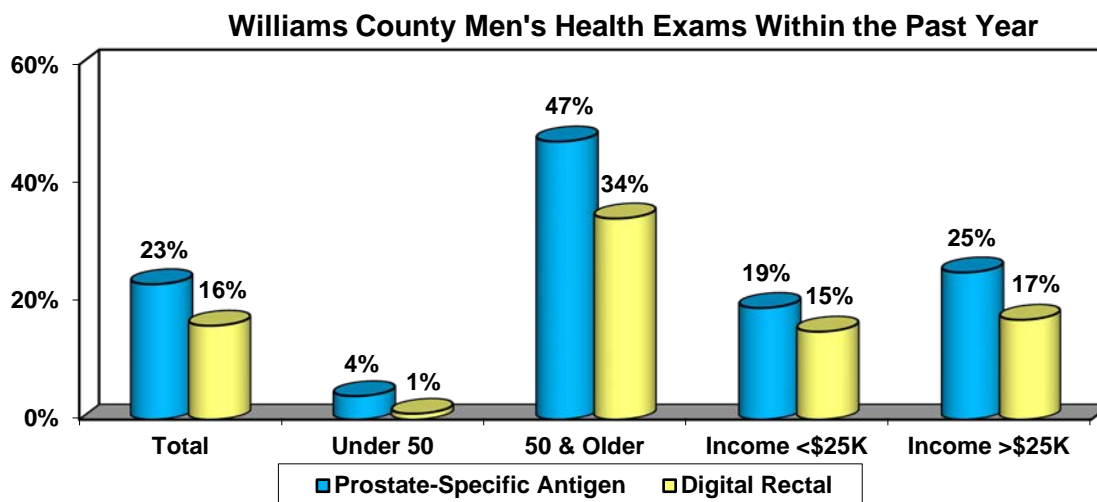
1. Heart Diseases (26% of all deaths)
2. Cancers (25%)
3. Chronic Lower Respiratory Diseases (6%)
4. Accidents, Unintentional Injuries (6%)
5. Stroke (4%)

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

- In 2013, the health assessment determined that 6% of men had survived a heart attack and 2% had survived a stroke at some time in their life.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Williams County the 2013 health assessment has identified that:
 - 78% were overweight or obese (70% U.S., 74% Ohio, 2011 BRFSS)
 - 36% were diagnosed with high blood cholesterol (40% U.S., 41% Ohio, 2011 BRFSS)
 - 32% were diagnosed with high blood pressure (32% U.S., 34% Ohio, 2011 BRFSS)
 - 24% of all men were current smokers (24% U.S., 26% Ohio, 2011 BRFSS)
 - 8% have been diagnosed with diabetes (10% U.S., 10% Ohio, 2011 BRFSS)
- From 2006-2008, the leading cancer deaths for Williams County males were lung, colorectal, prostate, and kidney. Statistics from the same period for Ohio males show lung, prostate, colorectal, pancreas, and esophagus cancers were the leading cancer deaths (*Source: ODH Information Warehouse*). From 2006-2008, major cardiovascular diseases (heart disease and stroke) accounted for 27% of all male deaths in Williams County (*Source: ODH Information Warehouse*).

39% of Williams County males had a Prostate-Specific Antigen (PSA) test at some time in their life.

The following graph shows the percentage of Williams County males surveyed that have had a PSA test and digital rectal exam in the past year. Examples of how to interpret the information shown on the graph include: 23% of Williams County males had a PSA test within the past year and 16% had a digital rectal exam.



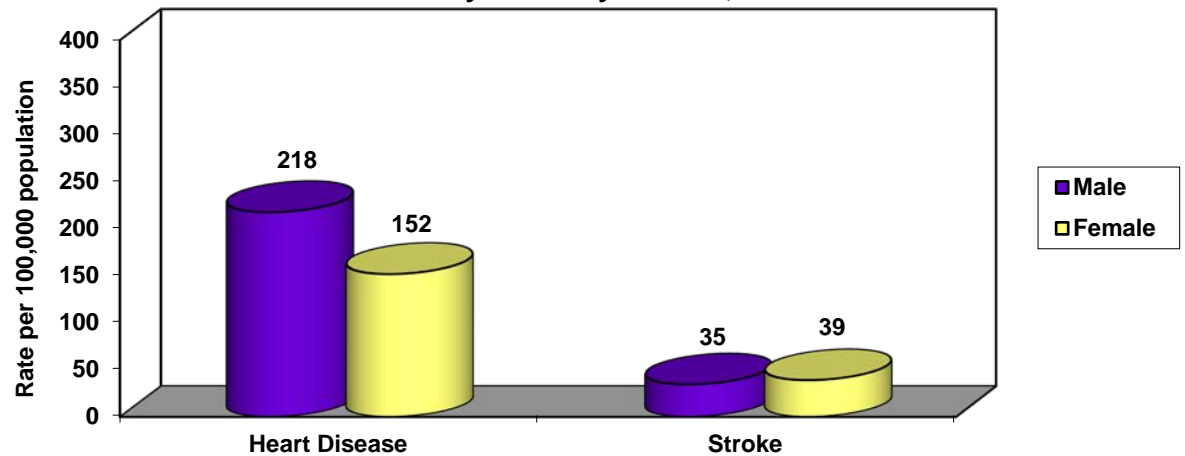
20% of Williams County men had been taught by a healthcare professional how to do a self-testicular exam.

2013 Adult Comparisons	Williams County 2013	Ohio 2010	U.S. 2010
Had a PSA test in within the past two years (age 40 and older)	42%	54%	53%

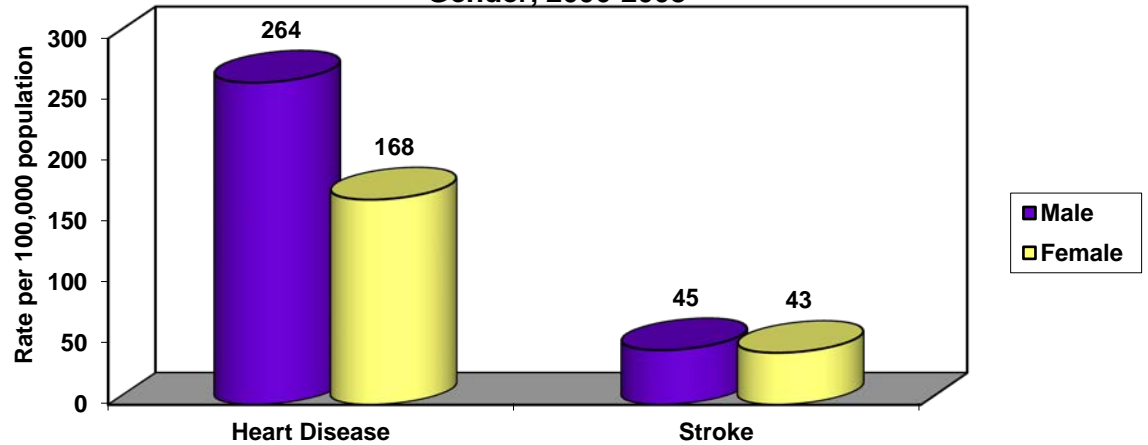
The following graphs show the Williams County and Ohio age-adjusted mortality rates per 100,000 population for men's cardiovascular diseases. The graphs show:

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

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



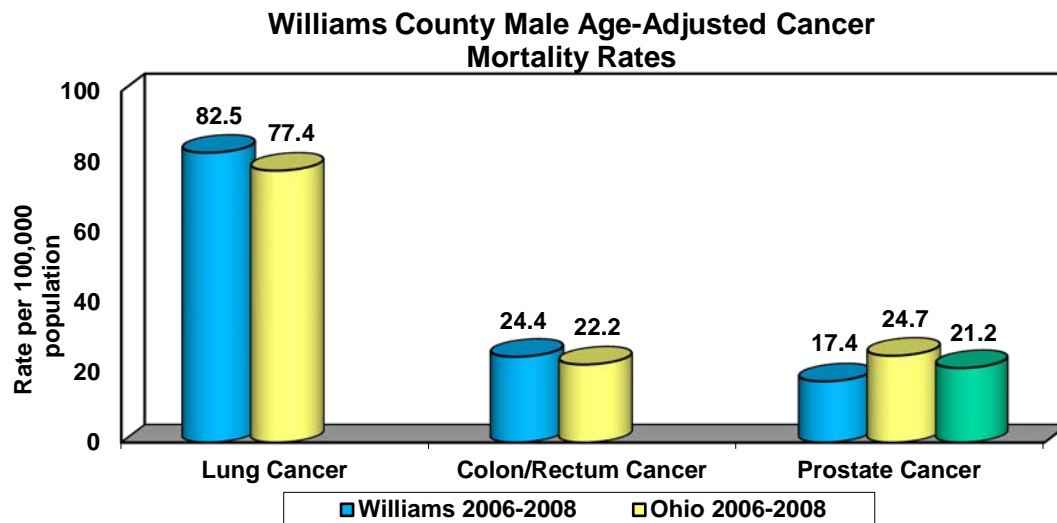
Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2006-2008



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

The following graph shows the Williams 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 Williams County age-adjusted mortality rate for male lung cancer was higher than the Ohio rate.
- The age-adjusted prostate cancer mortality rate in Williams 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)*

Men's Health Data

- Approximately 13% 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% 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.
- 34% of men 20 years and over are obese.
- There are 19% of males under the age of 65 without health care coverage.
- The leading causes of death for males in the United States are heart disease, cancer and accidents (unintentional injuries).

(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, 1/11/2013 from http://www.cdc.gov/nchs/fastats/mens_health.htm)

Cancer and Men

- Every year, cancer claims the lives of nearly 300,000 men in America.
- More men in the U.S. die from lung cancer than any other type of cancer. The most important thing you can do to prevent lung cancer is not to start smoking, or to quit if you smoke.
- Smoking causes cancers of the esophagus, larynx (voice box), mouth, throat, kidney, bladder, pancreas, stomach, and acute myeloid leukemia.
- In men, the following cancers are associated with being overweight: colorectal cancer, esophageal adenocarcinoma (a type of cancer of the tube that connects your throat to your stomach), and cancer of the kidney and pancreas.
- Prostate cancer is the most common cancer in men in the U.S., not counting skin cancer. It is the second most common cause of cancer death in men. While all men are at risk for prostate cancer, some factors increase risk. These include:
 - older age
 - family history of prostate cancer
 - being African American
- Colorectal cancer is the third leading cause of cancer deaths in America men. Screening tests can find precancerous polyps so they can be removed before they turn into cancer. Everyone should be tested for colorectal cancer regularly, starting at age 50.

(Source: Center for Disease Control and Prevention, National Cancer Institute, June 18, 2012, <http://www.cdc.gov/features/cancerandmen/>)

Adult | PREVENTIVE MEDICINE AND HEALTH SCREENINGS

Key Findings

Over half (56%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. In the past year, nearly two-fifths (39%) of adults had a flu vaccine.

Preventive Medicine

- Nearly two-fifths (39%) of Williams County adults had a flu vaccine during the past 12 months.
- Of those who had a flu vaccine, 98% had the shot and 2% had the nasal spray.
- 72% of Williams County adults ages 65 and over had a flu vaccine in the past 12 months. The 2011 BRFSS reported that 61% of U.S. and Ohio adults ages 65 and over had a flu vaccine in the past year.
- Williams County adults received their last flu shot from the following places: doctor's office/health maintenance organization (20%), workplace (12%), health department (4%), store (4%), hospital (2%), another type of clinic or health center (2%), a school (2%), senior, recreation or community center (1%), emergency room (<1%), and some other place (2%).
- One in six (17%) adults has had a pneumonia shot in their life, increasing to 56% of those ages 65 and over.
- The 2011 BRFSS reported that 70% of U.S. and Ohio adults ages 65 and over had a pneumonia shot in their life.
- Williams County adults have had the following vaccines: tetanus booster (including Tdap) in the past 10 years (50%), Zoster (shingles) vaccine in their lifetime (8%), pertussis in the past 10 years (7%), and human papillomavirus vaccine in their lifetime (3%).

Preventive Health Screenings and Exams

- In the past year, 52% of Williams County women ages 40 and over have had a mammogram.
- In the past year, 47% of men ages 50 and over had a Prostate-Specific Antigen (PSA) test.
- See the Women and Men's Health Sections for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Williams County adults.

2013 Comparisons	Williams County 2013	Ohio 2011	U.S. 2011
Had a pneumonia vaccination (ages 65 and over)	56%	70%	70%
Had a flu vaccination in the past year (ages 65 and over)	72%	61%	61%

Williams County Adult Health Screening Results

GENERAL SCREENING RESULTS	Total Sample
Diagnosed with High Blood Cholesterol	35%
Diagnosed with High Blood Pressure	29%
Diagnosed with Diabetes	8%
Diagnosed with a Heart Attack	5%
Diagnosed with a Stroke	3%

(Percents based on all Williams County adults surveyed)

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

HEALTHCARE TOPICS	Total 2013
Physical Activity or Exercise	31%
Weight, Dieting or Eating Habits	29%
Self-Breast or Self-Testicular Exams	22%
Immunizations	19%
Significance of Family History	15%
Depression, Anxiety, or Emotional Problems	14%
Quitting Smoking	10%
Alcohol Use When Taking Prescription Drugs	7%
Injury Prevention Such As Safety Belt Use & Helmet Use	6%
Sexual Practices Including Family Planning, STDs, AIDS, & Condom Use	4%
Alcohol Use	4%
Ways to Prepare for a Healthy Pregnancy and Baby	2%
Drug Use	2%
Domestic Violence	1%

Healthy People 2020 Pneumonia Vaccination

Objective	Williams County 2013	Ohio 2011	U.S. 2011	Healthy People 2020 Target
IID-13.1: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated against pneumococcal disease	56%	70%	70%	90%

Preventive Actions to Help Fight the Flu

1. Get vaccinated each year.
2. Avoid close contact with people who are sick.
3. Stay home when you are sick for at least 24 hours.
4. Cover your mouth and nose with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
5. Wash your hands often with soap and water.
6. Avoid touching your eyes, nose, and mouth.
7. Clean and disinfect surfaces and objects that may be contaminated with germs.
8. Practice other good health habits, such as get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

(Source: CDC, Seasonal Influenza (Flu), updated November 8, 2012, <http://www.cdc.gov/flu/protect/habits/index.htm>)

Adult | SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES

Key Findings

In 2013, over two-thirds (68%) of Williams County adults had sexual intercourse. Three 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, 2011 STD Surveillance).

Adult Sexual Behavior

- About two-thirds (68%) of Williams County adults had sexual intercourse in the past year.
- 3% of adults reported they had intercourse with more than one partner in the past year, increasing to 6% of those under the age of 30 and 7% of those with incomes less than \$25,000.
- Williams County adults used the following methods of birth control: vasectomy (24%), tubes tied (21%), they or their partner were too old (19%), hysterectomy (16%), birth control pill (9%), condoms (8%), withdrawal (3%), abstinence (3%), IUD (1%), rhythm method (3%), shots (1%), and contraceptive implants (<1%).
- 13% of Williams County adults were not using any method of birth control.

2011 STD Trends in the United States

The CDC estimates that 19 million new STD infections occur every year in the United States, nearly half among young people ages 15-24. STDs are a potential threat to an individual's immediate and long-term health and well-being. STDs cost the nation about \$17 billion in health care costs every year. Below are the reported STD cases and rates in 2011.

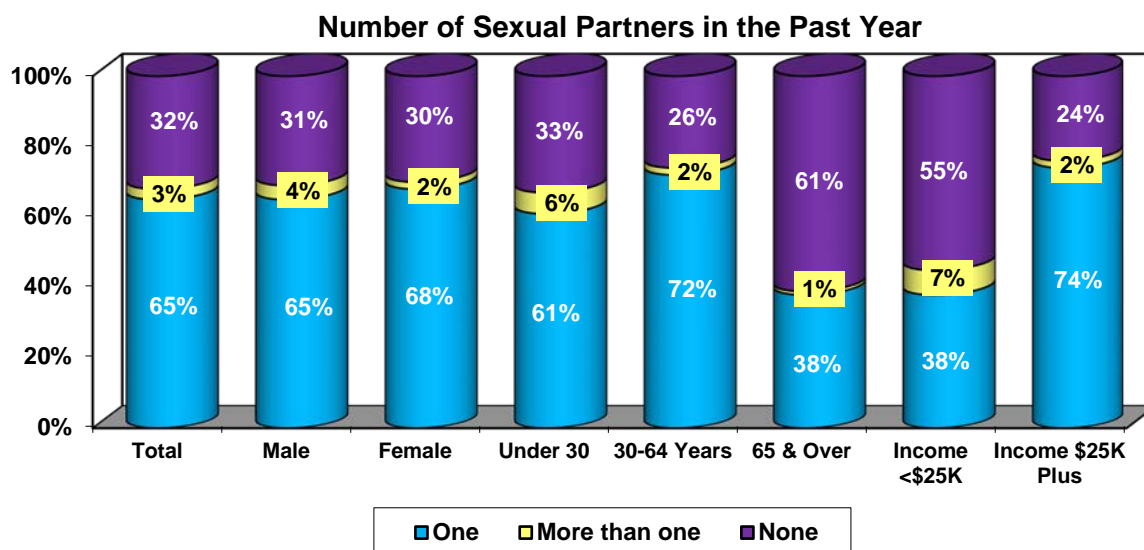
- Chlamydia cases: 1,412,791.
- Chlamydia rates per 100,000 people: 457.6; increase in 8% since 2010.
- Gonorrhea cases: 321,849.
- Gonorrhea rate per 100,000 people: 104.2; increase in 4% since 2010.
- Syphilis (primary and secondary) cases: 13,970.
- Syphilis rate per 100,000 people: 4.5; unchanged from 2010.
- Syphilis (congenital) cases: 360
- Syphilis rate per 100,000 live births: 8.5; decrease in 7% since 2010.

(Source: CDC, Sexually Transmitted Diseases, Sexually Transmitted Diseases Surveillance, 2011, <http://www.cdc.gov/std/stats/>)

- Williams County adults did not use birth control for the following reasons:
 - They or their partner had a hysterectomy/vasectomy/tubes tied (47%)
 - They or their partner were too old (19%)
 - They did not think they or their partner could get pregnant (7%)
 - They did not care if they or their partner got pregnant (4%)
 - They or their partner did not like birth control/had a fear of side effects (3%)
 - They did not want to use birth control (3%)
 - Religious preferences (2%)
 - Their partner was pregnant (2%)
 - They wanted to get pregnant (2%)
 - They or their partner had just had a baby (1%)
 - They or their partner was breastfeeding (1%)
 - Lapse in use of method (<1%)
 - Their partner did not want to use birth control (<1%).
- The following situations applied to Williams County adults in the past year: had anal sex without a condom (3%), tested for an STD (2%), treated for an STD (1%), thought they may have had an STD (<1%), had sex with someone they did not know (<1%), and used intravenous drugs (<1%).
- Williams County adults have been diagnosed with the following sexually transmitted diseases (STDs) in the past 5 years: human papilloma virus (HPV) (1%), genital herpes (1%), and HIV (<1%), and other STDs (<1%).

13% of Williams County adults were not using any method of birth control.

The following graph shows the sexual activity of Williams County adults. Examples of how to interpret the information in the graph include: 65% of all Williams County adults had one sexual partner in the last 12 months and 3% had more than one, and 65% 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?"

About two-thirds (68%) of Williams County adults had sexual intercourse in the past year.

Chlamydia Profile: U.S. and Ohio

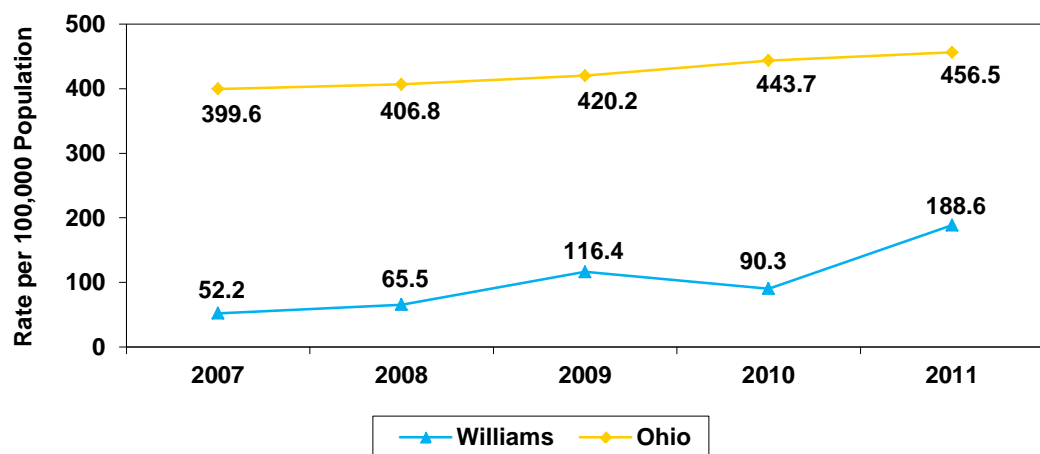
- Chlamydia is the most frequently reported bacterial sexually transmitted infection in the United States.
- 1,412,791 chlamydial infections were reported to CDC from 50 states and the District of Columbia, in 2011.
- In 2011, 10.1% of women ages 15-24, who were tested for chlamydia in family planning clinics in Ohio, tested positive.
- In 2011, 52,653 cases of Chlamydia were reported in Ohio.
- It is estimated that 1 in 15 sexually active females aged 14-19 years has chlamydia.
- Sexually active females 25 years old and younger need testing every year.
- Chlamydia can infect both men and women and can cause serious, permanent damage to a woman's reproductive organs.
- Chlamydia can be easily treated and cured with antibiotics.

(Source: CDC, *Chlamydia Statistics and Chlamydia-CDC Facts Sheet*, <http://www.cdc.gov/std/chlamydia/stats.htm> & <http://www.cdc.gov/std/chlamydia/STDFact-Chlamydia.htm>)

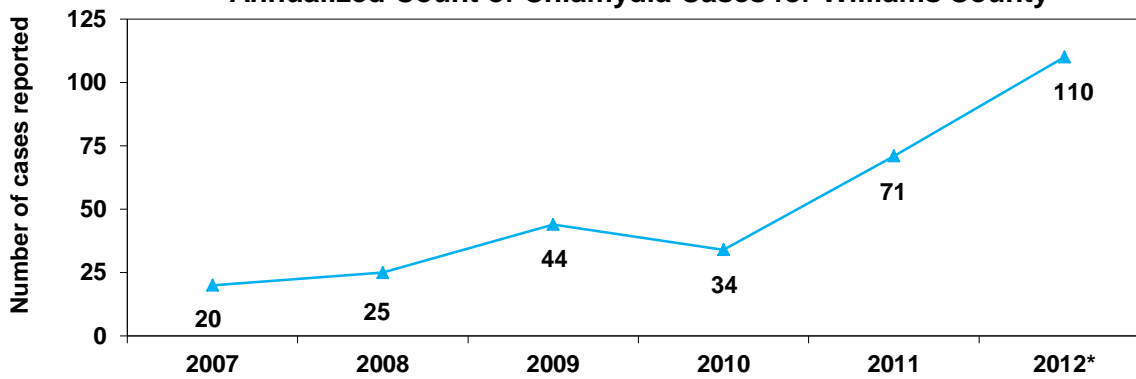
The following graphs show Williams County chlamydia disease rates per 100,000 population updated April 18, 2012 by the Ohio Department of Health. The graphs show:

- Williams County chlamydia rates increased overall from 2007 to 2011. Williams County rates remained below the Ohio rates.
- In 2012, there were 110 reported cases of chlamydia in Williams County. (Source: Williams County Health Department)
- In 2011, the U.S. rate for new chlamydia cases was 457.6 per 100,000 population. (Source: CDC, *STD Trends in the U.S., 2013*)

Chlamydia Annualized Disease Rates for Williams County and Ohio



Annualized Count of Chlamydia Cases for Williams County

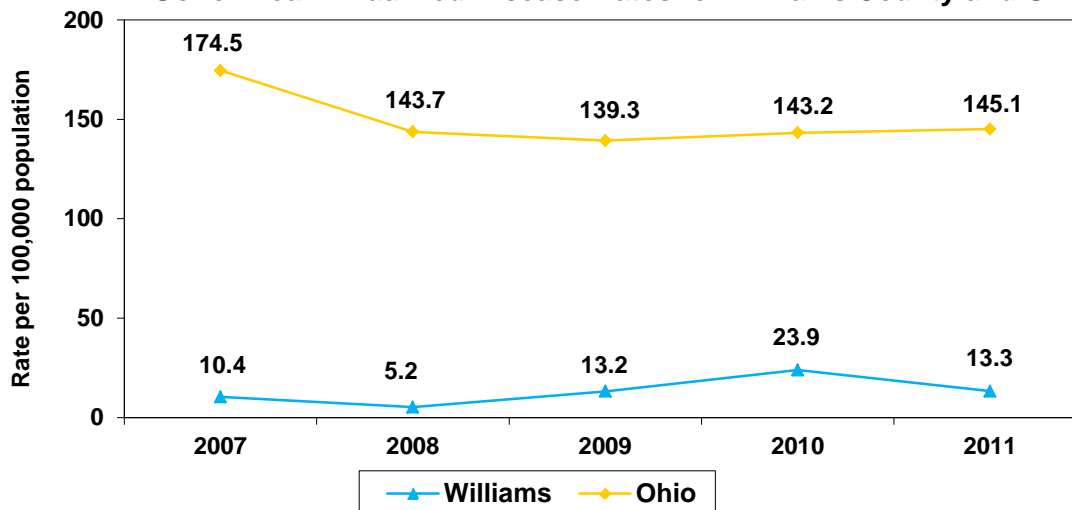


*2012 data was provided by the Williams County Health Department
(Source for graphs: ODH, STD Surveillance, data reported through 4-18-12)

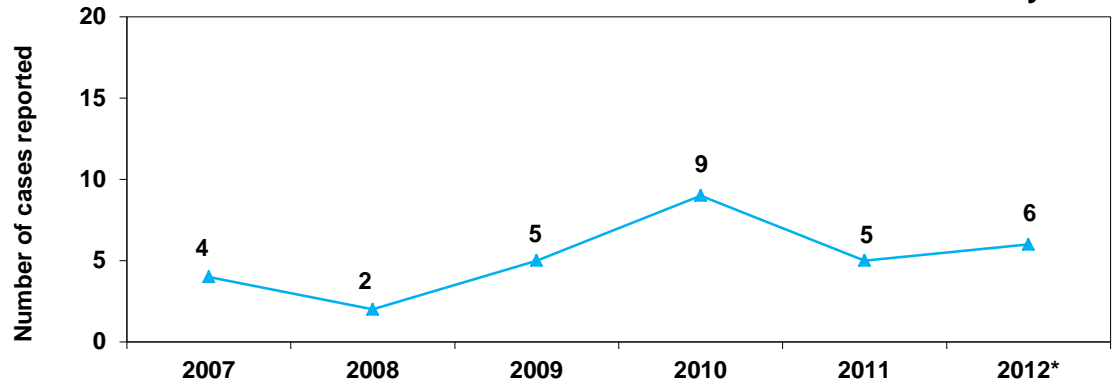
The following graphs show Williams County gonorrhea disease rates per 100,000 population updated April 18, 2012 by the Ohio Department of Health. The graphs show:

- The Williams County gonorrhea rate fluctuated from 2007 to 2011. Williams County rates remained below the Ohio rates.
- In 2012, there were 6 reported cases of gonorrhea in Williams County. (Source: Williams County Health Department)
- In 2011, the U.S. rate for new gonorrhea cases for the total population was 104.2 per 100,000 population (Source: CDC, STD Trends in the U.S., 2013)
- The Healthy People 2020 Objective for gonorrhea is 257 new female and 198 new male cases per 100,000 population.

Gonorrhea Annualized Disease Rates for Williams County and Ohio



Annualized Count of Gonorrhea Cases for Williams County



*2012 data was provided by the Williams County Health Department
(Source for graphs: ODH, STD Surveillance, data reported through 4-18-12)

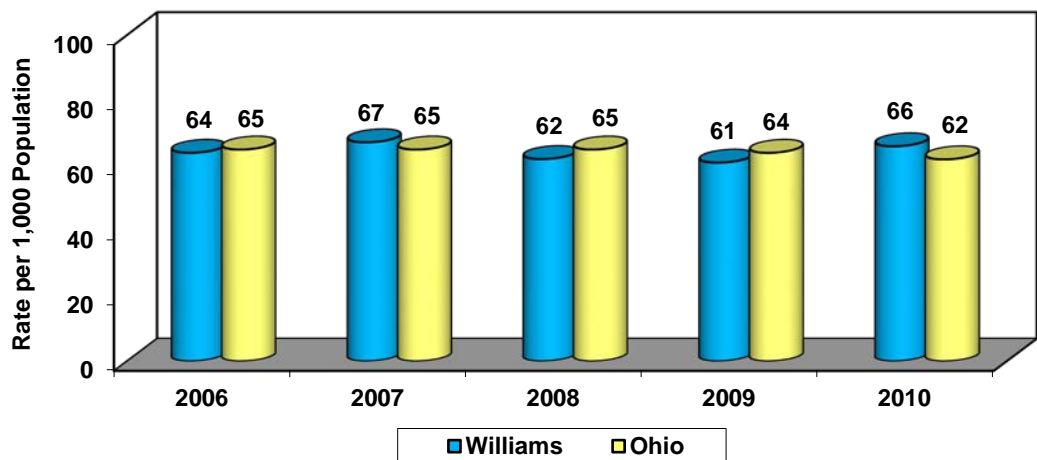
Pregnancy Outcomes

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

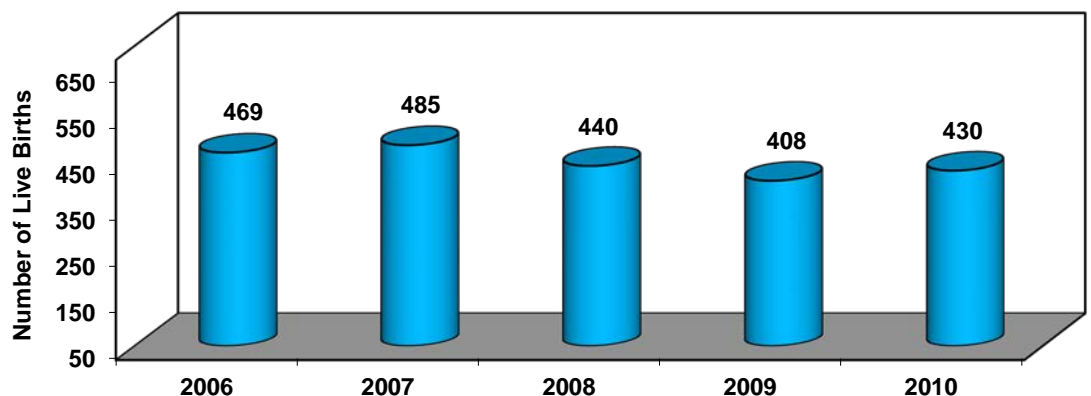
The following graphs show Williams County and Ohio fertility rates per 1,000 population and total number of live births updated April 12, 2012 by the Ohio Department of Health. The graphs show:

- From 2006-2010, there was an average of 446 live births per year in Williams County.
- In 2010, the U.S. fertility rate was 64.1 per 1,000 women ages 15-44. (Source: National Vital Statistics Report 2012)

Williams County and Ohio Fertility Rates



Williams County Total Live Births

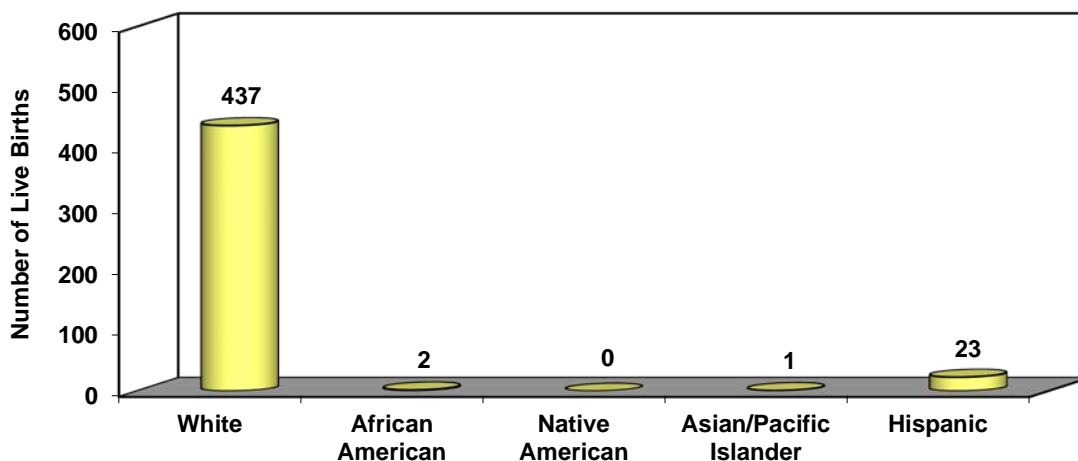


(Source for graphs: ODH Information Warehouse Updated 4-12-12)

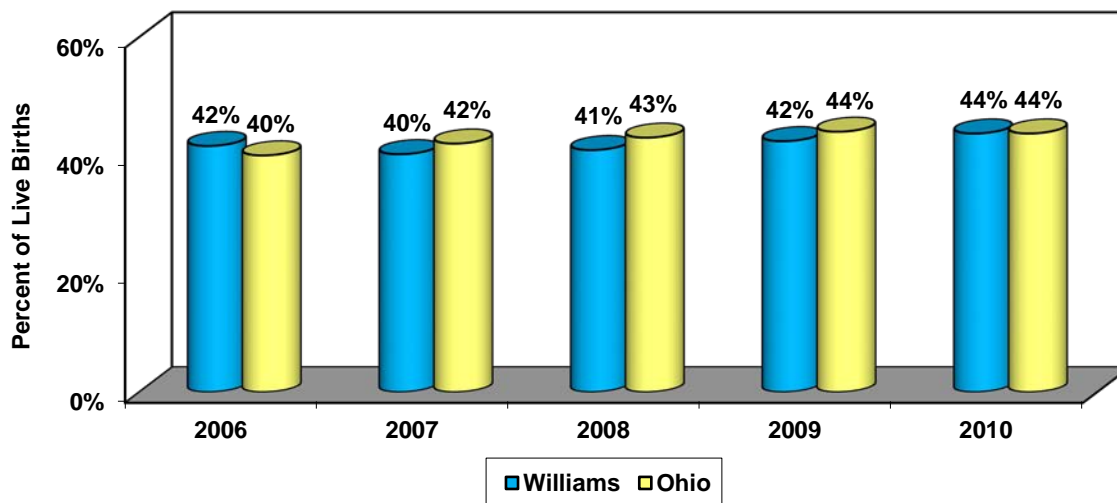
The following graphs show Williams County total number of live births by race/ethnicity and Williams County and Ohio percentage of unwed births updated January 13, 2012 by the Ohio Department of Health. The graphs show:

- The percentage of births to unwed mothers in Williams fluctuated during the five year period.
- In 2010, 41% of U.S. births were to unwed mothers. (Source: *National Vital Statistics Report 2012*)

**Williams County Total Live Births By Race/Ethnicity
2008**



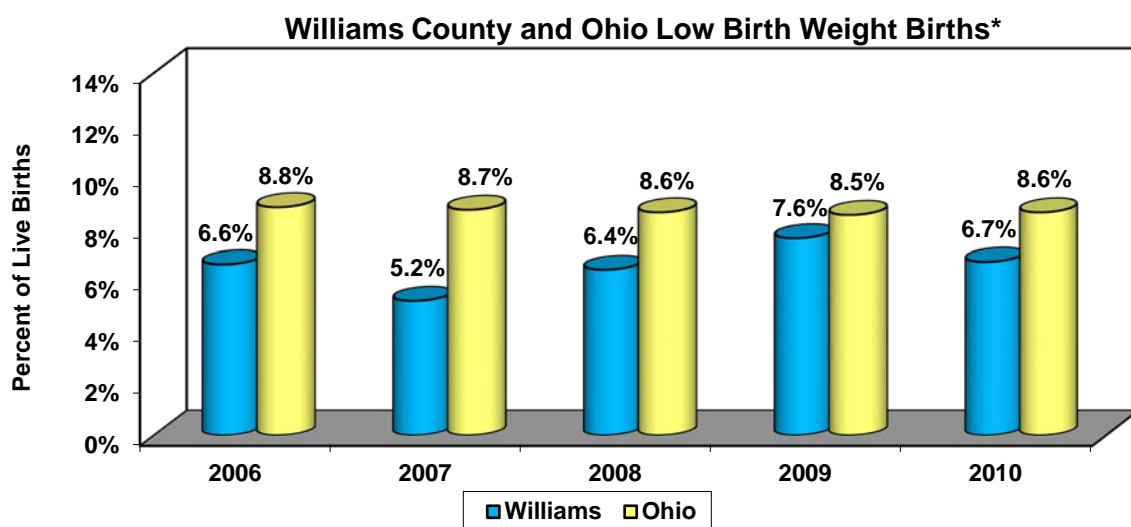
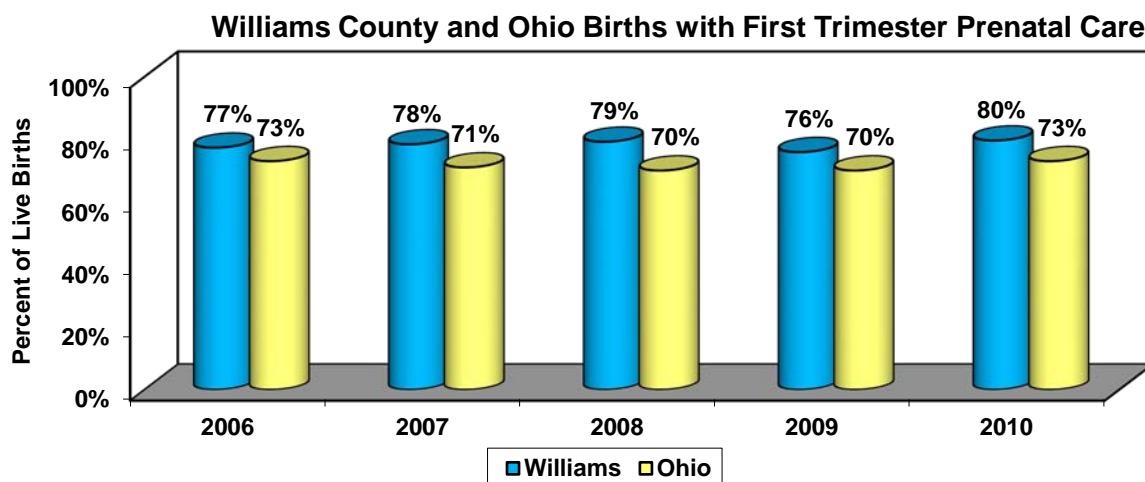
Williams County and Ohio Unwed Births



(Source for graphs: ODH Information Warehouse Updated 1-13-12)

The following graphs show Williams County and Ohio percentage of births with first trimester prenatal care and low birth weight rates updated January 13, 2012 by the Ohio Department of Health. The graphs show:

- In 2010, 80% of Williams County mothers received prenatal care during the first trimester. (*ODH, Birth Statistics, 2010*)
- In 2010, 8.2% of all U.S. live births were low birth weight births. (*Source: National Vital Statistics Report 2012*)



*Low Birth Weight is defined as weighing less than 2,500 grams or 5 pounds, 8 ounces.
(Source for graphs: ODH Information Warehouse Updated 1-13-12)

What Causes a Baby to Be Low Birth Weight?

- **Premature birth:** This is birth before 37 completed weeks of pregnancy. About 7 of 10 low-birth weight babies are premature. The earlier a baby is born, the lower her birth weight may be. About 1 in 8 babies in the United States is born prematurely.
- **Fetal growth restriction:** This means a baby doesn't gain the weight they should before birth. They may have low birth weight simply because their parents are small. Others may have low birth weight because something slowed or stopped their growth in the womb. About 1 in 10 babies (10 percent) are growth-restricted.
- **Chronic health conditions:** These are health conditions that last for a long time or that happen again and again over a long period of time. Chronic health conditions need treatment from a health care provider. Conditions that may lead to low birth weight include high blood pressure, diabetes and heart, lung and kidney problems.
- **Infections:** Certain infections, especially infections in the uterus, may increase your chances of having a premature baby.
- **Not gaining enough weight during pregnancy:** Women who don't gain enough weight during pregnancy are more likely to have a low-birth weight baby than women who gain the right amount of weight.
- **Smoking, drinking alcohol and using street drugs:** Pregnant women who smoke cigarettes are nearly twice as likely to have a low-birth weight baby as women who don't smoke. Smoking slows a baby's growth and increases your chances of having a premature birth. Using alcohol and street drugs during pregnancy can slow your baby's growth in the womb and can cause birth defects. Some drugs, like cocaine, may increase your chances of having premature birth.

(Source: March of Dimes, *Your Premature Baby*, 2013, Obtained from: <http://www.marchofdimes.com/baby/low-birthweight.aspx>)

Adult | QUALITY OF LIFE

Key Findings

In 2013, 20% of Williams County adults were limited in some way because of a physical, mental or emotional problem.

Impairments and Health Problems

- In 2013, one in five (20%) Williams County adults were limited in some way because of a physical, mental or emotional problem (24% Ohio and U.S., 2011 BRFSS), increasing to 26% of those ages 65 and older, and 27% of those with incomes less than \$25,000.
- Among those who were limited in some way, the following most limiting problems or impairments were reported: arthritis (45%), back or neck problems (42%), walking problems (20%), fractures, bone/joint injuries (15%), lung/breathing problems (13%), eye/vision problems (13%), stress, depression, anxiety, or emotional problems (11%), heart problems (11%), diabetes (8%), tobacco dependency (8%), high blood pressure (7%), hearing problems (5%), cancer (2%), stroke-related problems (2%), drug addiction (1%), alcohol dependency (1%), and other impairments (11%).
- Williams County adults needed the following services in the past year: eyeglasses or vision care (26%), help with routine needs (6%), help with personal care needs (5%), a cane (4%), medical supplies (4%), hearing aids or hearing care (3%), a walker (3%), wheelchair (2%), a special bed (2%), mobility aids or devices (2%), durable medical equipment (2%), oxygen or respiratory support (1%), and personal emergency response system (<1%).
- Williams County adults were responsible for providing regular care or assistance to the following: multiple children (20%), elderly parent or loved one (7%), a friend, family member or spouse with a health problem (6%), a friend, family member or spouse with a mental health issue (3%), children with discipline issues (2%), an adult child (2%), a friend, family member or spouse with dementia (2%), and someone with special needs (1%).

Back Pain Prevention

The best things you can do to prevent back pain are:

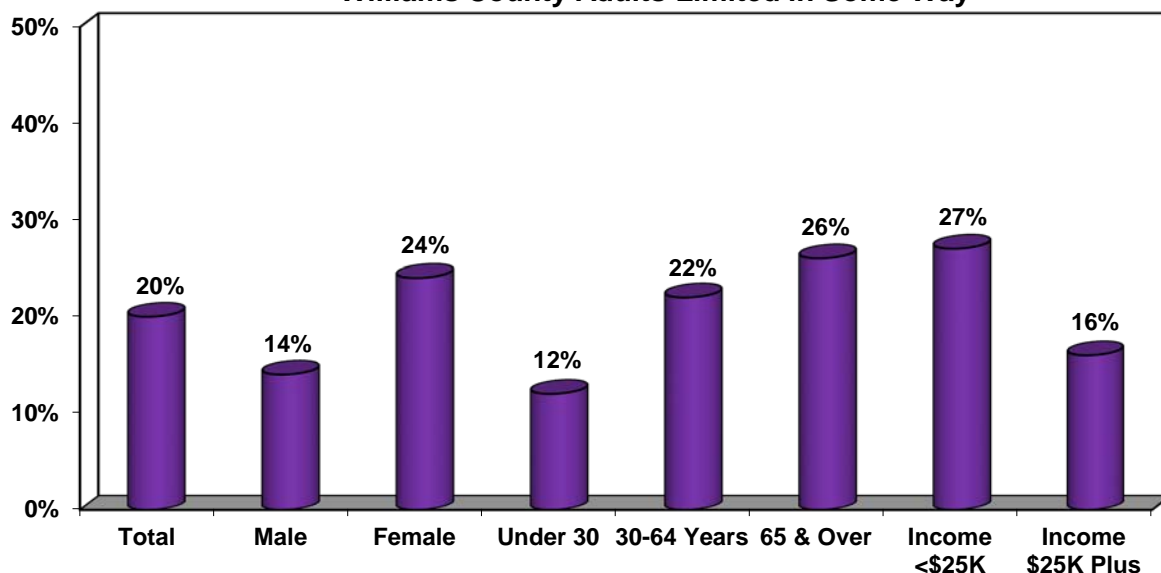
- Exercise often and keep your back muscles strong.
- Maintain a healthy weight or lose weight if you weigh too much.
- Make sure you are getting enough calcium and vitamin D every day. This is very important to keep bones strong.
- Try to stand up straight and avoid heavy lifting when you can. If you do lift something heavy, bend your legs and keep your back straight.

(Source: National Institutes of Health, National Institute of Arthritis and Musculoskeletal and Skin Diseases, http://www.ninds.nih.gov/disorders/backpain/detail_backpain.htm)

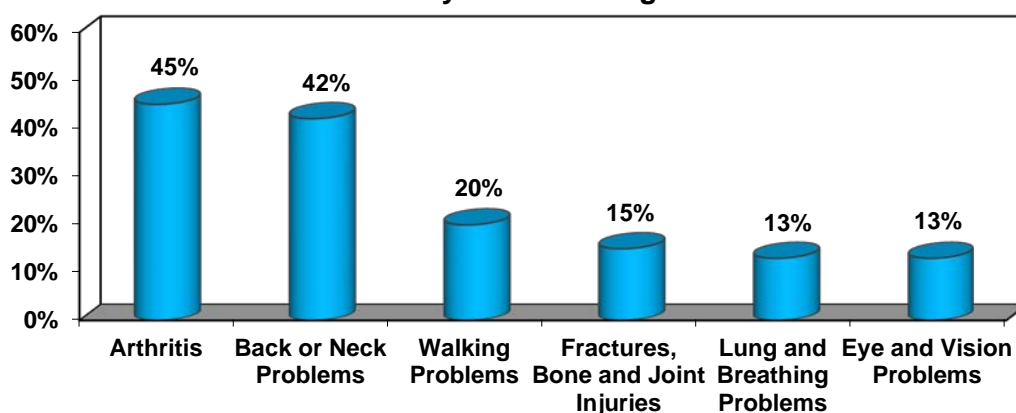
2013 Adult Comparisons	Williams County 2013	Ohio 2011	U.S. 2011
Limited in some way because of a physical, mental, or emotional problem	20%	24%	24%

The following graphs show the percentage of Williams County adults that were limited in some way and the most limiting health problems. Examples of how to interpret the information shown on the graph include: 20% of Williams County adults are limited in some way, 14% of males, and 26% of those 65 and older.

Williams County Adults Limited in Some Way



Williams County Most Limiting Health Problems



Objective	Williams County 2013	Healthy People 2020 Target
AOCBC-2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	45%	36%

Adult | SOCIAL CONTEXT AND SAFETY

Key Findings

In 2013, 7% of Williams County adults were abused in the past year. 49% of adults kept a firearm in or around their home.

11% of Williams County adults were threatened to be abused in the past year.

Social Context

- In the past 30 days, 8% of Williams County adults needed help meeting their general daily needs such as food, clothing, shelter or paying utility bills, increasing to 23% of those with annual incomes less than \$25,000.
- 11% of Williams County adults were threatened to be abused in the past year. They were threatened by the following: a child (14%), another person outside the home (14%), another family member (6%), a spouse or partner (4%), a parent (2%), and someone else (59%).
- 7% of Williams County adults were abused in the past year. They were abused by the following: another person outside the home (40%), a spouse or partner (27%), a child (20%), another family member (7%), a parent (3%), and someone else (7%).
- Williams County adults sought assistance for the following in the past year: food (10%), prescription assistance (8%), healthcare (7%), utilities (4%), employment (3%), home repair (2%), transportation (2%), legal aid services (2%), free tax preparation (2%), rent/mortgage (1%), clothing (1%), and credit counseling (1%).
- Williams County adults experienced the following situations in the past year: a close family member had to go in the hospital (36%), death of a close family member or close friend (29%), had bills they could not pay (10%), someone in the household had their hours at work reduced (9%), someone in the household lost their job (9%), moved to a new address (7%), someone close to them had a problem with drinking or drugs (6%), someone in the household went to jail (5%), had household income cut in half (5%), were threatened by someone close to them (3%), were financially exploited (2%), became separated or divorced (1%), were involved in a physical fight (1%), had someone homeless living with them (1%), their child was threatened by someone close to them (1%), and were homeless (<1%).
- 47% of Williams County adults reported that someone in their immediate family had served in the military. Those with family members in the military reported that the following issues had affected their family as a result of military service: post-traumatic stress disorder (14%), major health problems due to injury (5%), marital problems (4%), substance/drug abuse (3%), access to medical care (2%), could not find/keep a job (1%), housing issues (1%), access to mental health treatment (1%), and access to substance abuse/drug use treatment (<1%).

Safety

- Nearly half (49%) of Williams County adults kept a firearm in or around their home. 3% of adults reported they were unlocked and loaded.
- 79% of adults reported always wearing their seatbelt while driving or riding in a car. An additional 14% reported wearing their seatbelt most of the time.
- Williams County adults reported doing the following while driving: wearing their seatbelt (91%), talking on hand-held cell phone (50%), eating (49%), talking on hands-free cell phone (14%), texting (13%), using internet on their cell phone (6%), checking Facebook on their cell phone (3%), being under the influence of alcohol (2%), reading (1%), being under the influence of drugs (<1%), and other activities (such as applying makeup, shaving, etc.) (1%).

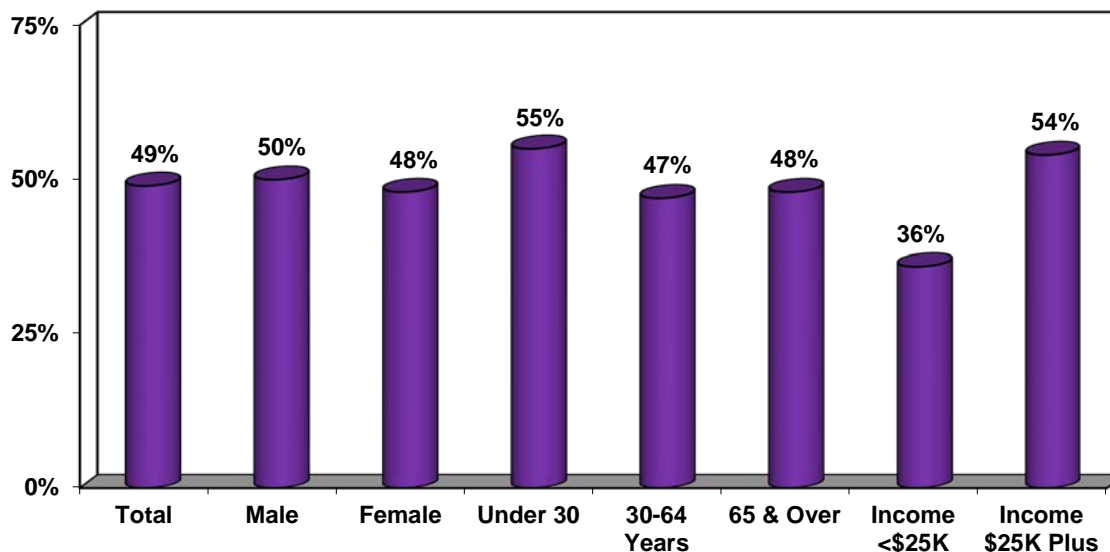
Distracted Driving

- Each day, more than 15 people are killed and more than 1,200 people are injured in crashes that were reported to involve a distracted driver.
- Among those killed or injured in these crashes, nearly 1,000 deaths and 24,000 injuries included cell phone use as the major distraction.
- 52% of U.S. drivers ages 18-29 reported texting or e-mailing while driving at least once in the last 30 days.

(Source: CDC, *Distracted Driving*, updated September 20, 2012, http://www.cdc.gov/motorvehiclesafety/distracted_driving/index.html)

The following graph shows the percentage of Williams County adults that had a firearm in the home. Examples of how to interpret the information shown on the first graph include: 49% of all Williams County adults kept a firearm in their home, 50% of males, and 55% of those under 30 kept a firearm in their home.

Williams County Adults With a Firearm in the Home



Disaster Preparedness

- 68% of Williams County residents thought that their household was somewhat or well prepared to handle a large-scale disaster or emergency. 24% reported their household was not prepared at all.
- Williams County households had the following disaster preparedness supplies: working flashlight and working batteries (86%), cell phone (85%), cell phone with texting (72%), home land-line telephone (57%), 3-day supply of nonperishable food for everyone in the household (56%), working battery-operated radio and working batteries (51%), 3-day supply of prescription medication for each person who takes prescribed medicines (48%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (32%), generator (27%), communication plan (15%), and a disaster plan (7%).

Basic Disaster Supplies Kit

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

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

(Source: Federal Emergency Management Agency (FEMA), Ready: Prepare. Basic Disaster Supplies Kit, Updated 3/13/2013)

Williams County Adults Who Had Sought Assistance in the Past Year

	Received Assistance	Did Not Know Where to Look	Did Not Need Assistance
Food	10%	2%	88%
Prescription Assistance	8%	2%	90%
Healthcare	7%	2%	91%
Utilities	4%	3%	93%
Employment	3%	1%	96%
Home repair	2%	3%	95%
Transportation	2%	<1%	98%
Legal aid services	2%	0%	98%
Free tax preparation	2%	2%	96%
Clothing	1%	1%	98%
Credit counseling	1%	1%	97%
Rent/mortgage	1%	2%	97%

(Source: 2013 Williams County Health Assessment)

Adult | MENTAL HEALTH AND SUICIDE

Key Findings

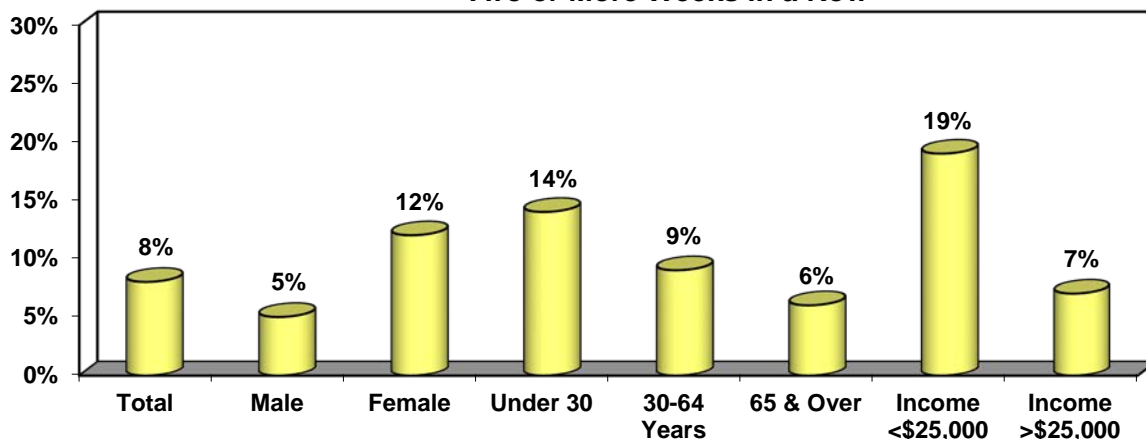
In 2013, 3% of Williams County adults considered attempting suicide. In the past year, 14% of adults had a period of two or more weeks when they felt sad, blue or depressed nearly every day.

Adult Mental Health

- Williams County adults experienced the following almost every day for two weeks or more in a row: did not get enough rest or sleep (30%), felt worried, tense, or anxious (21%), had high stress (20%), felt sad, blue or depressed (14%), and felt very healthy and full of energy (11%).
- In the past year, 8% of adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities, increasing to 14% of those under the age of 30.
- 3% of Williams County adults considered attempting suicide in the past year.
- <1% of adults reported attempting suicide in the past year.
- 8% of Williams County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included: could not afford to go (6%), had not thought of it (6%), did not know how to find a program (2%), co-pay/deductible too high (2%), stigma of seeking mental health services (2%), fear (2%), other priorities (2%), could not get to the clinic/office (1%), transportation (1%), and other reasons (2%). 77% of adults indicated they did not need such a program.

In the past year, 14% of Williams County adults had a period of two or more weeks when they felt sad, blue or depressed nearly every day.

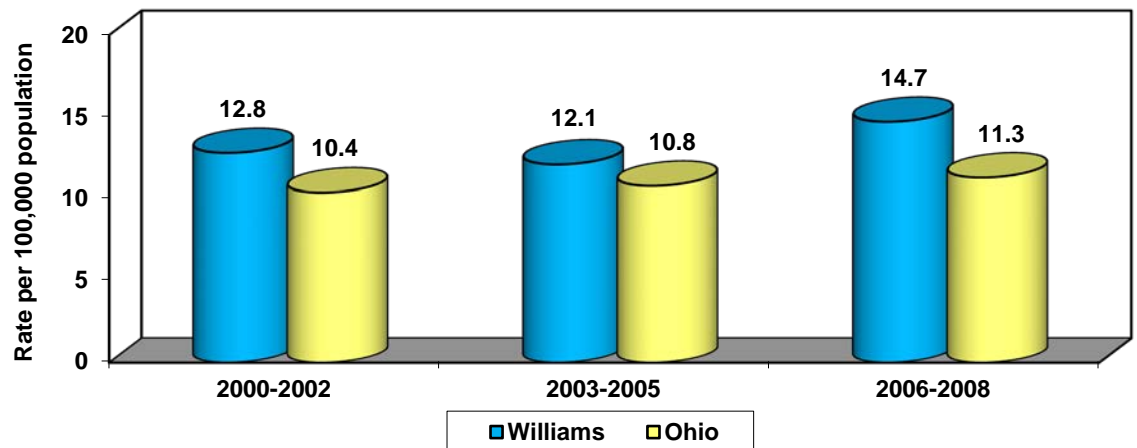
Williams County Adults Feeling Sad or Hopeless for Two or More Weeks in a Row



The following graphs show the Ohio and Williams 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:

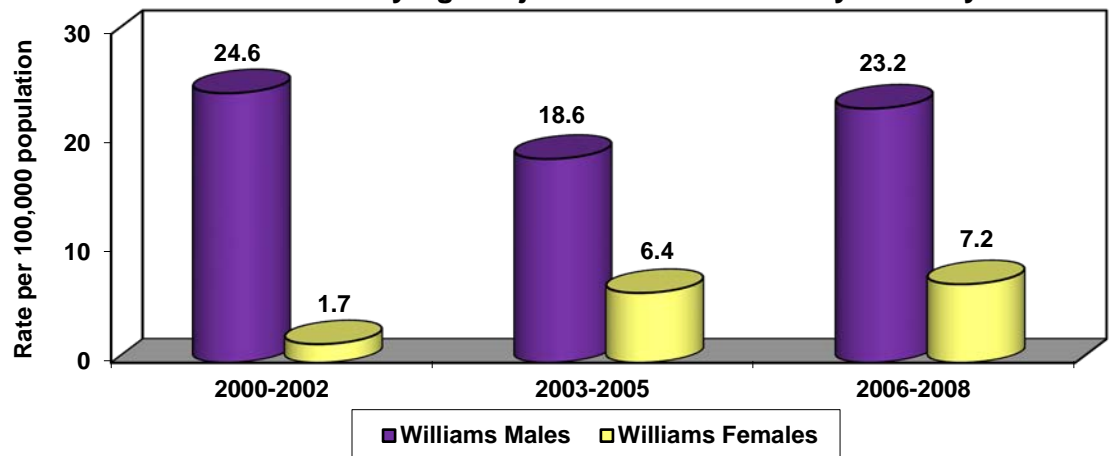
- The Williams County age-adjusted suicide mortality rates from 2000-2008 was higher than the state.
- The Williams County male age-adjusted suicide rate consistently exceeded the female rate from 2000 to 2008.
- From 2008-2012, 27% of all Williams County suicide deaths occurred to those ages 30-39 years old.

Williams County and Ohio Age-Adjusted Suicide Mortality Rates

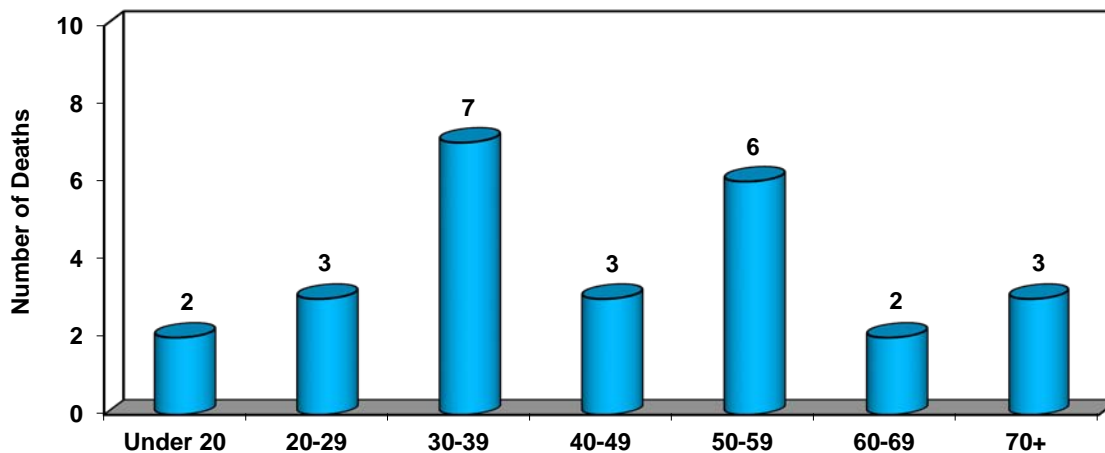


3% of Williams County adults considered attempting suicide in the past year.

Williams County Age-Adjusted Suicide Mortality Rates by Gender



**Williams County Number of Suicide Deaths By Age Group
2008-2012
Total Deaths = 26**



Warning Signs for Suicide

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

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

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

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

Prevention: Take it Seriously

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

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

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

Adult and Youth | ORAL HEALTH

Key Findings

The 2013 Health Assessment project has determined that nearly two-thirds (65%) of Williams 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. Over two-thirds (68%) of Williams County youth in grades 6-12 had visited the dentist for a check-up, exam, teeth cleaning, or other dental work in the past year.

Williams County Dental Care Resources – 2011

- Number of licensed dentists- 15
- Number of primary care dentists- 9
- Ratio of population per dentist- 2,521:1
- Number of dentists who treat Medicaid patients- 4
- Ratio of Medicaid population per dentist who treats Medicaid patients- 6,057:1

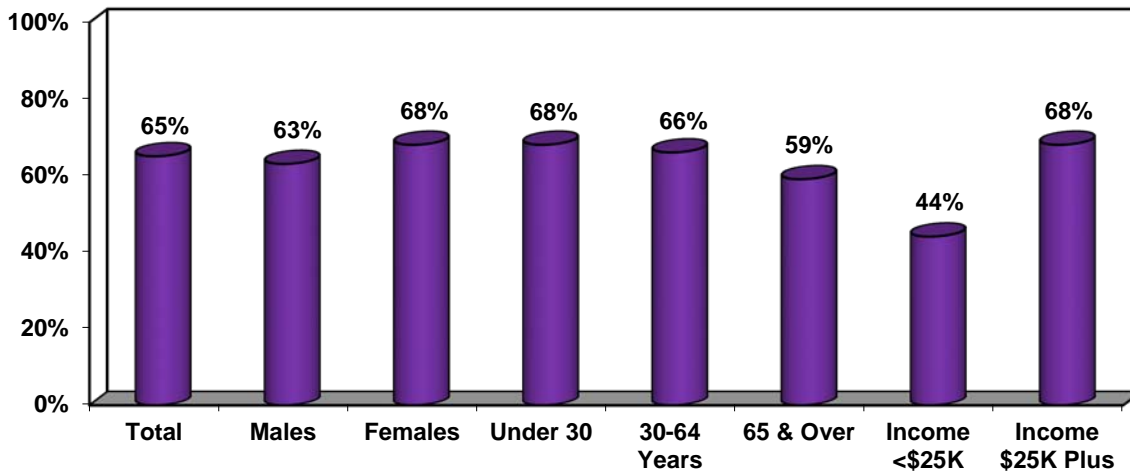
(Source: ODH Ohio Oral Health Surveillance System, 2011)

Access to Dental Care

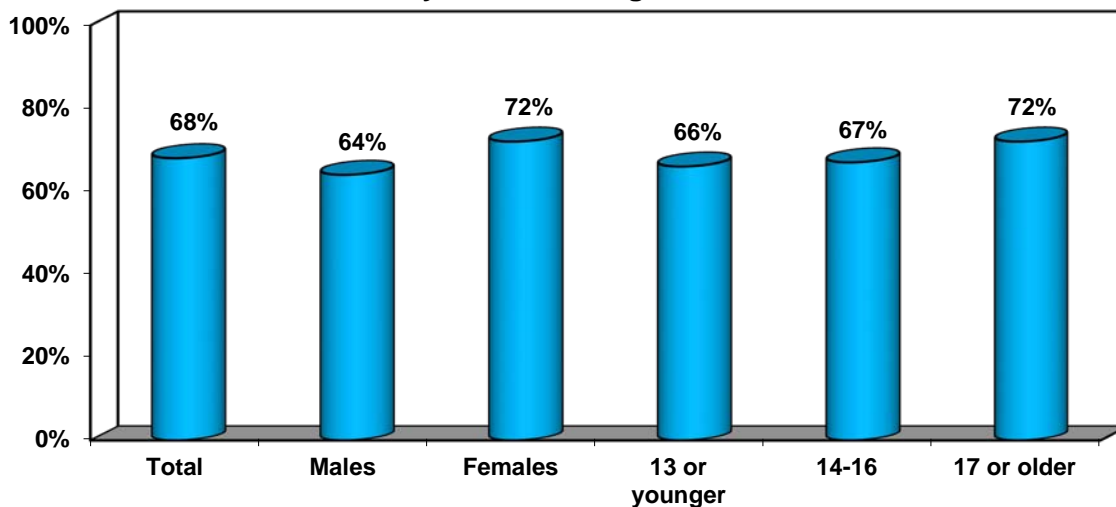
- In the past year, 65% of Williams County adults had visited a dentist or dental clinic, decreasing to 44% of adults with household incomes less than \$25,000.
- The 2010 BRFSS reported that 70% of U.S. adults and 72% of Ohio adults had visited a dentist or dental clinic in the previous twelve months.
- When asked how long it had been since their last visit to a dentist or dental clinic, 9% of Williams 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.
- More than three-fourths (76%) of Williams County adults with dental insurance have been to the dentist in the past year, compared to 57% of those without dental insurance.
- When asked the main reason for not visiting a dentist in the last year, 39% said cost, 29% had no reason to go, 16% said fear, apprehension, nervousness, pain, and dislike going, 6% had not thought of it, 6% did not have/know a dentist, 4% had other priorities, 3% said their dentist did not accept their medical coverage, 3% could not find a dentist who accepted Medicaid, 3% could not get to the office/clinic, and 9% had other reasons for not visiting the dentist.
- Two-fifths (41%) of adults had one or more of their permanent teeth removed, increasing to 67% of those ages 65 and over. The 2010 BRFSS reported that 44% of U.S. adults and 45% of Ohio adults had one or more permanent teeth removed.
- The 2013 Health Assessment reports that 13% of Williams County adults ages 65 and over had all of their permanent teeth removed. The 2010 BRFSS reported that 17% of U.S. adults and 20% of Ohio adults ages 65 and over had all of their permanent teeth removed.
- In the past year, 68% of Williams County youth had visited the dentist for a check-up, exam, teeth cleaning, or other dental work. 14% responded more than one year but less than 2 years, and 7% responded more than 2 years ago.

The following graphs provide information about the frequency of Williams County adult and youth dental visits. Examples of how to interpret the information on the first graph include: 65% of all Williams County adults had been to the dentist in the past year, 68% of those under the age of 30, and 44% of those with incomes less than \$25,000.

Williams County Adults Visiting a Dentist in the Past Year



Williams County Youth Visiting a Dentist in the Past Year



ORAL HEALTH

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	63%	11%	10%	11%	1%
Females	68%	8%	10%	10%	0%
Total	65%	9%	10%	10%	1%

2013 Adult Comparisons	Williams County 2013	Ohio 2010	U.S. 2010
Adults who have visited the dentist in the past year	65%	72%	70%
Adults who had one or more permanent teeth removed	41%	45%	44%
Adults 65 years and older who had all of their permanent teeth removed	13%	20%	17%

Key Findings

The 2013 Health Assessment project identified that 22% of children were never breastfed. 25% of parents were concerned about their child not getting enough exercise and 17% were concerned about Facebook and other social network sites.

Parenting

- Williams County children were breastfed: more than 9 months (28%), 6 to 9 months (16%), 4 to 6 months (8%), 7 weeks to 3 months (4%), 3 to 6 weeks (14%), 2 weeks or less (4%), still breastfeeding (4%), and never breastfed (22%).
- Parents discussed the following with their 6-to-17 year old in the past year: eating habits (97%), physical activity (93%), screen time (89%), bullying (87%), body image (77%), weight status (62%), dating and relationships (60%), social media issues (57%), negative effects of marijuana and other drugs (57%), negative effects of tobacco (53%), refusal skills/peer pressure (52%), negative effects of alcohol (51%), abstinence and how to refuse sex (47%), school/legal consequences of using tobacco/alcohol/other drugs (45%), energy drinks (44%), condom use/safer sex/STD prevention (29%), anxiety/depression/suicide (28%), birth control (21%), and negative effects of misusing prescription medication (21%).
- Parents believed there was a reason to be concerned about the following issues with their child: not getting enough exercise (25%), watching TV (23%), having a poor diet (21%), facebook or other social network sites (17%), texting (16%), academic performance (15%), depression/anxiety/mental health (13%), bullying (13%), teen pregnancy (13%), developing a weight problem (12%), violence (11%), using alcohol (9%), communication/speech (8%), using drugs (7%), using tobacco (7%), drinking and driving (7%), alcohol (6%), and hearing (2%).

How to Talk to your Teen about Safe Sex

- Talk calmly and honestly about safe sex.
- Practice talking about safe sex with another adult before approaching your adolescent.
- Listen to your adolescent and answer his/her questions honestly.
- Topics that are appropriate for a safe sex discussion may include: STDs and prevention, peer pressure to have sex, birth control, different forms of sexuality, and date rape.

(Source: American Academy of Pediatrics (AAP), Safer Sex Guidelines,
<http://www.lpch.org/DiseaseHealthInfo/HealthLibrary/adolescent/safesex.html>)

Tips for Parents – Ideas to Help Children Maintain a Healthy Weight

- Encourage healthy eating habits by providing fruits, vegetables, whole grains, low fat or non-fat dairy products, and lean meats and proteins for your family.
- Find ways to make your family's favorite dishes in a healthier way.
- Limit or reduce the consumption of calorie-rich, sugary and/or saturated fat in your home.

- Adding physical activity into the family's routine will lead to it becoming a healthy habit. Some examples of moderate intensity physical activity include brisk walking, playing tag, jumping rope, playing soccer, swimming and dancing.
- Encourage fun activities to reduce the amount of sedentary time watching TV, playing video games or on the computer.
- The goal is to reduce the rate of weight gain in overweight and obese children and teens while still accounting for normal growth and development. Children and teens should not be placed on a diet without consulting a doctor.

(Source: CDC, Healthy Weight, "Tips for Parents – Ideas to Help Children Maintain a Healthy Weight", <http://www.cdc.gov/healthyweight/children/index.html>, October 31, 2011)

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)

Youth | WEIGHT STATUS

Key Findings

The 2013 Health Assessment identified that 13% of Williams County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 31% of Williams County youth reported that they were slightly or very overweight. 70% of youth were exercising for 60 minutes on 3 or more days per week. 90% of youth were involved in extracurricular activities. 20% of youth reported they went to bed hungry on at least one day per week because they did not have enough food.

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 obesity.
- In 2013, 13% of youth were classified as obese by Body Mass Index (BMI) calculations (2011 YRBS reported 15% for Ohio and 13% for the U.S.). 11% of youth were classified as overweight (2011 YRBS reported 15% for Ohio and 15% for the U.S.). 71% were normal weight, and 5% were underweight.
- 31% of youth described themselves as being either slightly or very overweight (2011 YRBS reported 30% for Ohio and 29% for the U.S.).
- Half (50%) of all youth were trying to lose weight, increasing to 61% of Williams County female youth (compared to 40% of males).
- Williams County youth reported doing the following to lose weight or keep from gaining weight in the past 30 days:
 - 51% of youth exercised
 - 38% of youth ate less food, fewer calories, or foods lower in fat
 - 7% reported going without eating for 24 hours or more (2011 YRBS reported 13% for Ohio and 12% for the U.S.)
 - 3% reported taking diet pills, powders, or liquids without a doctor's advice (2011 YRBS reported 6% for Ohio and 5% for the U.S.)
 - 3% vomited or took laxatives to lose weight (2011 YRBS reported 6% for Ohio and 4% for the U.S.)
 - 3% reported smoking to lose weight

50% of all youth were trying to lose weight, increasing to 61% of Williams County female youth (compared to 40% of males).

Williams County 6 th -12 th Grade Youth did the following to lose weight in the past 30 days:	Percent
Exercised	51%
Ate less food, fewer calories, or foods lower in fat	38%
Went without eating for 24 hours	7%
Took diet pills, powders, or liquids without a doctor's advice	3%
Vomited or took laxatives	3%
Smoked cigarettes	3%

Nutrition

- 11% of Williams County youth ate 5 or more servings of fruits and vegetables per day. 81% ate 1 to 4 servings of fruits and vegetables per day.
- Over one-quarter (29%) of youth drank pop, punch, Kool-aid, sports drinks, fruit flavored drinks, energy drinks, etc. at least once per day.
- Williams County youth consumed the following sources of calcium daily: milk (84%), other dairy products (62%), yogurt (30%), calcium-fortified juice (13%), and calcium supplements (7%).
- Over one-third (36%) of youth reported drinking energy drinks. They drank them for the following reasons: to stay awake (62%), to get pumped up (31%), to mix with alcohol (12%), to help them perform (7%), before games or practice (7%), and some other reason (48%).
- One-fifth (20%) of youth reported they went to bed hungry because they did not have enough food at least one night per week. 3% of youth went to bed hungry every night of the week.

Physical Activity

- Over two-thirds (70%) of Williams County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. 49% did so on 5 or more days in the past week and 28% did so every day in the past week. 11% of youth did not participate in at least 60 minutes of physical activity on any day in the past week (2011 YRBS reports 16% for Ohio and 14% for the U.S.).
- About three-fourths (73%) of youth were physically active at least 60 minutes per day on less than 7 days, (2011 YRBS reported 75% for Ohio and 71% for the U.S.) and 51% were physically active at least 60 minutes per day on less than 5 days (2011 YRBS reported 55% for Ohio and 51% for the U.S.).

- The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity per day. As part of their 60 minutes per day; aerobic activity, muscle strengthening, and bone strengthening are three distinct types of physical activity that children should engage in, appropriate to their age. Children should participate in each of these types of activity on at least three days per week.
- Williams County youth spent an average of 3.7 hours on their cell phone, 2.5 hours watching TV, 2.3 hours on the computer/tablet, and 1.4 hours playing video games on an average day of the week.
- Over one-third (38%) of youth spent 3 or more hours watching TV on an average day (2011 YRBS reported 31% for Ohio and 32% for the U.S.).
- 90% of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (54%), church youth group (37%), school club or social organization (32%), church or religious organization (29%), babysitting for other kids (21%), part-time job (20%), caring for siblings after school (18%), volunteering in the community (12%), caring for parents or grandparents (3%), or some other organized activity (Scouts, 4H, etc.) (17%).

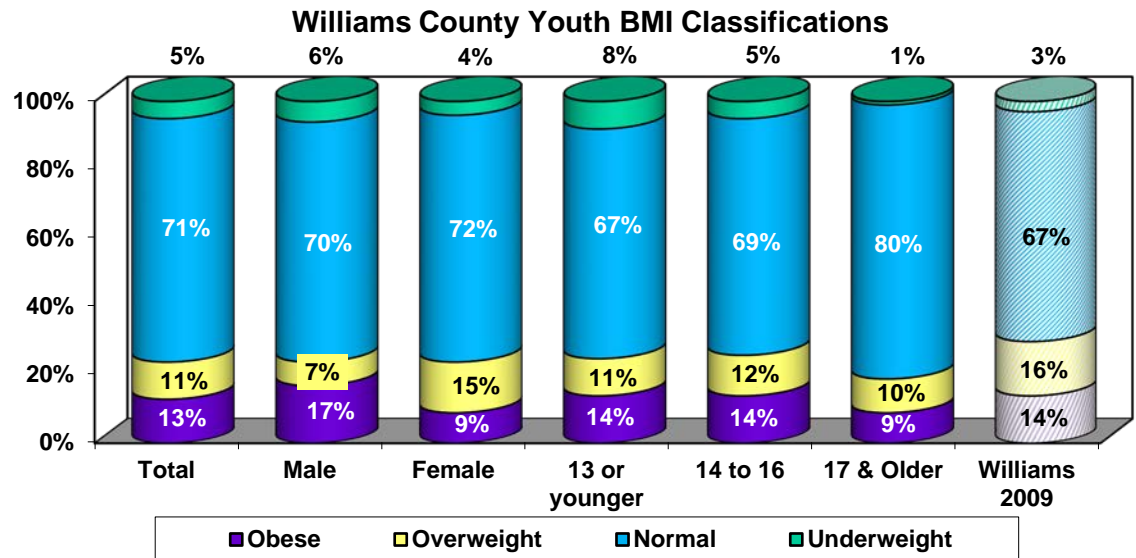
Learning To Get Fit; Stronger Bodies, Sharper Minds

- Exercise leads to better cardiovascular fitness, reduced body fat and stronger bones.
- Getting active can also improve academic performance. In a study of 214 middle-school students by researchers from Michigan State University, those who participated in vigorous physical activity did about 10% better in core classes like math, science and English.
- Exercise breaks during the day have been shown to improve learning and classroom behavior, and regular physical activity has psychological benefits that can help kids cope socially and deal with peer pressure.
- Current guidelines call for kids to get at least 60 minutes of exercise a day. Yet, according to a study published in *Medicine and Science in Sports and Exercise*, only 42% of children ages 6 to 11 and a mere 8% of adolescents meet that goal.

(Source: National Dairy Council, 2010; Newsweek Back-To-School Guidebook: In Association with Fuel up to Play 60, obtained from: www.nationaldairycouncil.org/childnutrition)

In 2013, 13% of Williams County youth were classified as obese by Body Mass Index (BMI) calculations.

The following graph shows the percentage of Williams County youth who were classified as obese, overweight, normal, or underweight by Body Mass Index (BMI). Examples of how to interpret the information in the first graph include: 71% of all Williams County youth were classified as normal weight, 13% were obese, 11% were overweight, and 5% were calculated to be underweight for their age and gender.



2006/2009/2013 Youth Comparisons	Williams County 2006 (6 th -12 th)	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2013 (9 th -12 th)	Ohio 2011 (9 th -12 th)	U.S. 2011 (9 th -12 th)
Obese	N/A	14%	13%	12%	15%	13%
Overweight	N/A	16%	11%	11%	15%	15%
Described themselves as slightly or very overweight	29%	26%	31%	32%	30%	29%
Trying to lose weight	44%	49%	50%	48%	N/A	N/A
Exercised to lose weight	45%	44%	51%	53%	61%*	61%*
Ate less food, fewer calories, or foods lower in fat to lose weight	21%	22%	38%	40%	43%*	39%*
Went without eating for 24 hours or more	5%	4%	7%	7%	13%	12%

N/A – Not available

* Comparative YRBSS data for Ohio is 2007 and U.S. is 2009

2006/2009/2013 Youth Comparisons	Williams County 2006 (6 th -12 th)	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2013 (9 th -12 th)	Ohio 2011 (9 th -12 th)	U.S. 2011 (9 th -12 th)
Took diet pills, powders, or liquids without a doctor's advice	3%	1%	3%	4%	6%	5%
Vomited or took laxatives	1%	2%	3%	4%	6%	4%
Ate 1 to 4 servings of fruits and vegetables per day	N/A	N/A	81%	82%	85%*	78%*
Physically active at least 60 minutes per day on less than 7 days in past week	N/A	N/A	73%	71%	75%	71%
Physically active at least 60 minutes per day on less than 5 days in past week	N/A	N/A	51%	47%	55%	51%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A	12%	11%	11%	16%	14%
Watched TV 3 or more hours per day	N/A	33%	38%	38%	31%	32%

N/A – Not available

* Comparative YRBSS data for Ohio is 2007 and U.S. is 2009

Soft Drinks & Adolescent Weight

- Empty calories from added sugars and solid fats contribute to 40% of daily calories for children and adolescents aged 2–18 years, affecting the overall quality of their diets. Approximately half of these empty calories come from 6 sources: soda, fruit drinks, dairy desserts, grain desserts, pizza, and whole milk.
- Adolescents drink more full-calorie soda per day than milk. Males aged 12–19 years drink an average of 22 ounces of full-calorie soda per day, more than twice their intake of fluid milk (10 ounces), and females drink an average of 14 oz. of full-calorie soda and only 6 oz. of fluid milk.

(Source: CDC, *Adolescent and School Health*,
<http://www.cdc.gov/healthyyouth/nutrition/facts.htm>, 9-15-11)

Youth | TOBACCO USE

Key Findings

The 2013 Health Assessment identified that 10% of Williams County youth in grades 6-12 were smokers, increasing to 19% of those who were over the age of 17. Overall, 7% of Williams County youth in grades 6-12 indicated they had used chewing tobacco in the past month. Of those 6th -12th grade youth who currently smoked, 46% had tried to quit.

10% of Williams County youth were current smokers, having smoked at some time in the past 30 days.

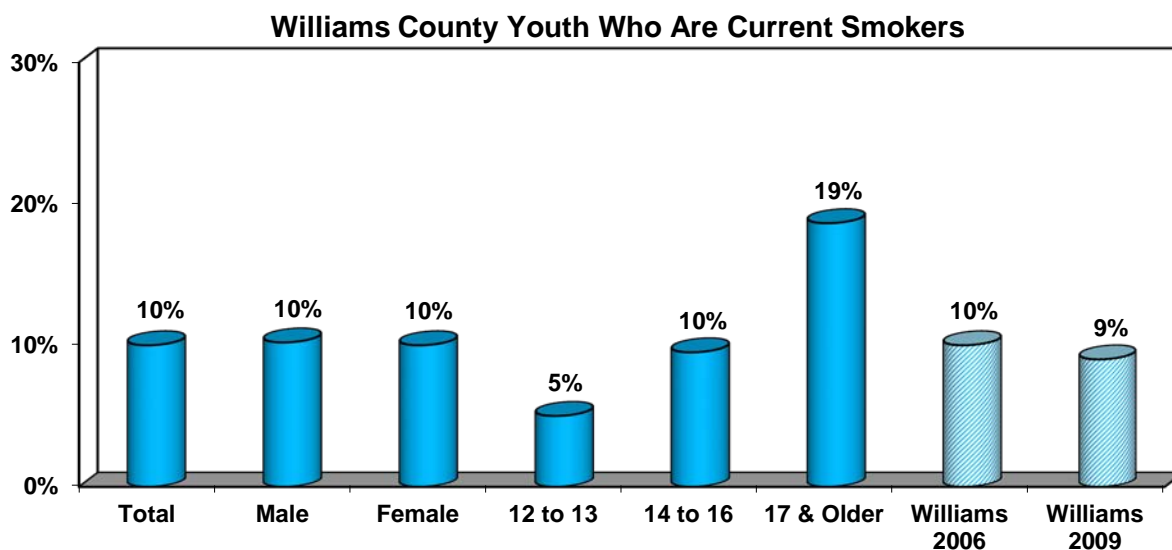
Youth Tobacco Use Behaviors

- The 2013 Health Assessment indicated that 25% of Williams County youth had tried cigarette smoking. The 2011 YRBS reports that 52% of youth in Ohio and 45% of U.S. youth had done the same.
- 18% of those who have smoked a whole cigarette did so at 10 years old or younger, and 34% had done so by 12 years old. The average age of onset for smoking was 13.4 years old.
- 6% of all Williams County youth had smoked a whole cigarette for the first time before the age of 13. The 2011 YRBS reported that 14% of youth in Ohio had smoked a whole cigarette for the first time before age 13 and 2011 YRBS reported 10% for the U.S.
- In 2013, 10% of Williams County youth were current smokers, having smoked at some time in the past 30 days (2011 YRBS reported 21% for Ohio and 18% for the U.S). Almost one-fifth (19%) of those 17 years of age and older were current smokers, compared to 5% of 12-13 year olds and 10% of 14-16 year olds.
- Over one-third (36%) of current smokers smoked cigarettes daily.
- 5% of all Williams County youth smoked cigarettes on 20 or more days during the past month (2011 YRBS reported that 10% of youth in Ohio smoked cigarettes on 20 or more days during the past month and 6% for the U.S).
- Just under two-thirds (62%) of the Williams County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- About half (45%) of youth smokers borrowed cigarettes from someone else, 40% asked someone else to buy them cigarettes, 24% said a person 18 years or older gave them the cigarettes, 19% indicated they bought cigarettes from a store or gas station, 19% took them from a family member, 7% took them from a store, and 14% got them some other way. No one reported buying them from a vending machine.

- Williams County youth used the following forms of tobacco the most in the past year: cigarettes (15%), cigars (9%), Black and Milds (7%), chewing tobacco or snuff (7%), swishers (5%), flavored cigarettes (5%), cigarillos (3%), snus (3%), hookah (3%), e-cigarette (3%), little cigars (2%), and bidis (1%).
- In the past 30 days, 7% of Williams County youth used chewing tobacco or snuff (2011 YRBS reported 12% for Ohio and 8% for the U.S.), increasing to 9% of males and 13% of those ages 17 and older.
- Almost half (46%) of Williams County 6th-12th grade youth smokers had tried to quit smoking in the past year (2011 YRBS reported 56% for Ohio and 50% for the U.S.).
- More than four-fifths (86%) of Williams County youth reported that their parents would disapprove of them smoking cigarettes, increasing to 90% of those ages 17 and older.
- 72% of youth reported that their friends would disapprove of them smoking cigarettes.
- Youth were exposed to second hand smoke in the following places: at home (33%), at a relative's home (32%), in the car (30%), and at a friend's home (20%).

6% of all Williams County youth had smoked a whole cigarette for the first time before the age of 13.

The following graph shows the percentage of Williams County youth who smoke cigarettes. Examples of how to interpret the information include: 10% of all Williams County youth were current smokers, 10% of males smoked, and 10% of females were current smokers.



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

Youth Behaviors	Current Smoker	Non-Current Smoker
Have had sexual intercourse	74%	19%
Were bullied in the past year	67%	45%
Had drank alcohol in the past 30 days	62%	12%
Have used marijuana in the past 30 days	59%	3%
Misused prescription medication at some time in their life	49%	4%
Were depressed in the past year	41%	20%
Attempted suicide in the past 12 months	28%	6%

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

2006/2009/2013 Youth Comparisons	Williams County 2006 (6 th -12 th)	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2013 (9 th -12 th)	Ohio 2011 (9 th -12 th)	U.S. 2011 (9 th -12 th)
Ever tried cigarettes	30%	26%	25%	36%	52%	45%
Current smokers	10%	9%	10%	16%	21%	18%
Smoked cigarettes on 20 or more days during the past month (of all youth)	4%	2%	5%	7%	10%	6%
Used chewing tobacco or snuff in past month	5%	7%	7%	11%	12%	8%
Tried to quit smoking	63%	39%	46%	35%	56%	50%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	8%	5%	6%	8%	14%	10%

Tobacco Sales and Promoting to Youth

- All states have laws making it illegal to sell cigarettes to anyone under the age of 18, yet 14% of students under the age of 18 who currently smoke cigarettes reported they usually obtained their own cigarettes by buying them in a store or gas station during the 30 days before the survey.
- Cigarette companies spent more than \$15.2 billion in 2003 to promote their products.
- Children and teenagers constitute the majority of all new smokers, and the industry's advertising and promotion campaigns often have special appeal to these young people.
- 83% of young smokers (aged 12-17) choose the three most heavily advertised brands.

(Source: <http://www.cdc.gov/healthyyouth/tobacco/facts.htm>, retrieved 11-3-11)

Youth | ALCOHOL CONSUMPTION

Key Findings

In 2013, the Health Assessment results indicated that 50% of Williams County youth in grades 6-12 had drank at least one drink of alcohol in their life, increasing to 78% of youth ages 17 and older. 36% of those 6th-12th graders who drank, took their first drink at 12 years old or younger. 18% of all Williams County 6th-12th grade youth and 39% of those over the age of 17 had at least one drink in the past 30 days. Over half (55%) of the 6th-12th grade youth who reported drinking in the past 30 days had at least one episode of binge drinking. 5% of all high school youth had driven a car in the past month after they had been drinking alcohol.

In Williams County, 18% of youth had at least one drink in the past 30 days.

Youth Alcohol Consumption

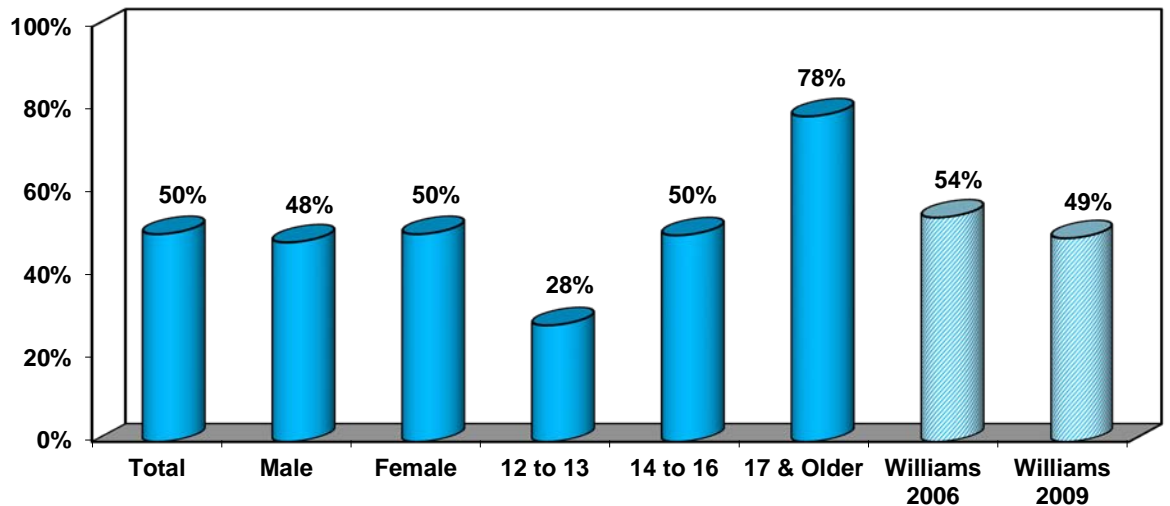
- In 2013, the Health Assessment results indicate that half (50%) of all Williams County youth (ages 12 to 18) have had at least one drink of alcohol in their life, increasing to 78% of those ages 17 and older (2011 YRBS reports 71% for Ohio and 71% for the U.S.).
- Almost one-fifth (18%) of youth had at least one drink in the past 30 days, increasing to 39% of those ages 17 and older (2011 YRBS reports 38% for Ohio and 39% for the U.S.).
- Of those who drank, 55% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition, increasing to 60% of high school youth.
- Based on all youth surveyed, 10% were defined as binge drinkers, increasing to 22% of those ages 17 and older (2011 YRBS reports 24% for Ohio and 22% for the U.S.).
- 7% of Williams County youth who reported drinking in the past 30 days drank on at least 10 or more days during the month.
- Over one-third (36%) of Williams County youth who reported drinking at sometime in their life had their first drink at 12 years old or younger; 29% took their first drink between the ages of 13 and 14, and 34% drank between the ages of 15 and 18. The average age of onset was 13.0 years old.
- Of all Williams County youth, 16% had drank alcohol for the first time before the age of 13. (2011 YRBS reports 18% of Ohio youth drank alcohol for the first time before the age of 13 and 21% for the U.S.).
- Williams County youth drinkers reported they got their alcohol from the following: someone gave it to them (57%), (2011 YRBS reports 40% for the U.S.), an older friend or sibling bought it for them (34%), someone older bought it for them (33%), a parent gave it to them (28%), took it from a store or family member (12%), a friend's parent gave it to them (9%), and some other way (22%). No one reported buying it in a liquor store/ convenience store/gas station, at a restaurant/bar/club, or at a public event. No one reported buying alcohol with a fake ID.

- During the past month 12% of all Williams County youth had ridden in a car driven by someone who had been drinking alcohol (2011 YRBS reports 21% for Ohio and 2011 YRBS reports 24% for the U.S.).
- 5% of all high school youth had driven a car in the past month after they had been drinking alcohol (2011 YRBS reports 7% for Ohio and 8% for the U.S.).
- More than three-quarters (78%) of Williams County youth reported that their parents would disapprove of them drinking alcohol, increasing to 82% of middle school youth.
- 60% of youth reported that their friends would disapprove of them drinking alcohol.

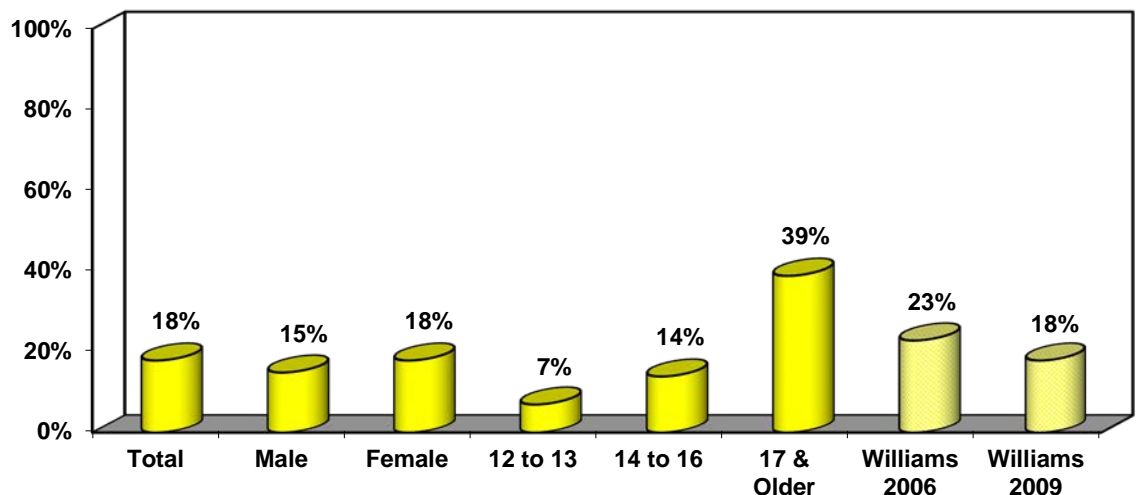
7% of Williams County youth who reported drinking in the past 30 days drank on at least 10 or more days during the month.

The following graphs show the percentage of Williams County youth who have drunk in their lifetime and those who are current drinkers. Examples of how to interpret the information include: 50% of all Williams County youth have drunk at some time in their life: 48% of males and 50% of females.

Williams County Youth Having At Least One Drink In Their Lifetime

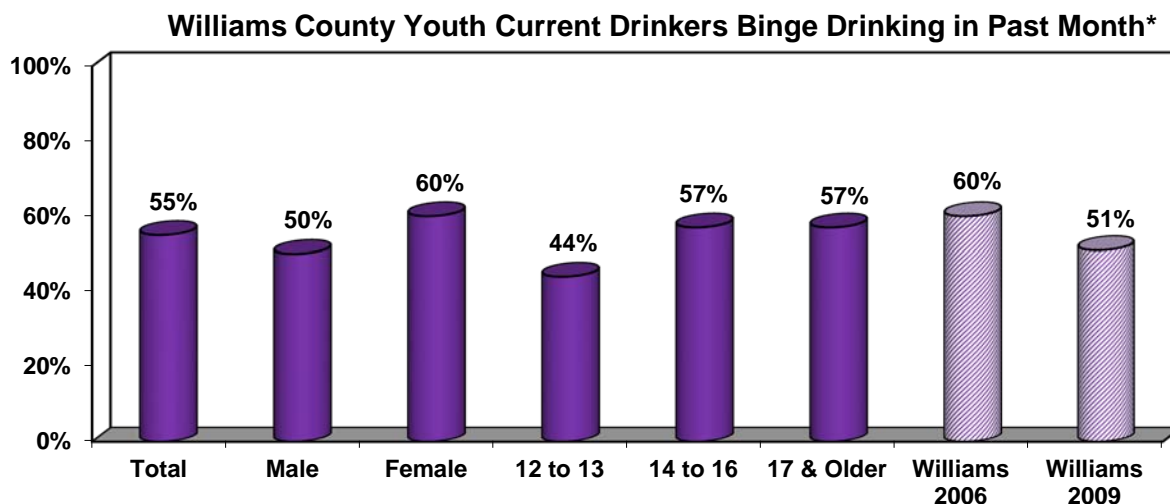


Williams County Youth Current Drinkers



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

The following graph shows the percentage of Williams County youth who were binge drinkers. Examples of how to interpret the information include: 55% of current drinkers binge drank in the past month, 50% of males, and 60% of females had binge drank. The table shows differences in specific risk behaviors between current drinkers and non-current drinkers.



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

Of all Williams County youth, 16% had drank alcohol for the first time before the age of 13.

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

Youth Behaviors	Current Drinker	Non-Current Drinker
Participated in extracurricular activities	93%	89%
Have had sexual intercourse	69%	15%
Were bullied in the past year	62%	44%
Were depressed in the past year	39%	18%
Have smoked in the past 30 days	36%	5%
Have used marijuana in the past 30 days	34%	4%
Misused prescription medication at some time in their life	27%	5%
Attempted suicide in the past 12 months	17%	6%

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

2006/2009/2013 Youth Comparisons	Williams County 2006 (6 th -12 th)	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2013 (9 th -12 th)	Ohio 2011 (9 th -12 th)	U.S. 2011 (9 th -12 th)
Ever tried alcohol	54%	49%	50%	65%	71%	71%
Current drinker	23%	18%	18%	28%	38%	39%
Binge drinker	14%	9%	10%	17%	24%	22%
Drank for the first time before age 13 (of all youth)	23%	20%	16%	17%	18%	21%
Rode with someone who was drinking	16%	15%	12%	14%	21%	24%
Drank and drove	4%	2%	3%	5%	7%	8%
Obtained the alcohol they drank by someone giving it to them	N/A	61%	57%	59%	N/A	40%

N/A – Not available

Underage Drinking in Ohio

- The price for underage drinking on Ohio residents was \$2.9 billion in 2010.
- The figure of \$2.9 billion translates to a cost of \$2,596 per year for each youth in Ohio or \$3.19 per drink consumed underage.
- In 2009, there were 4,178 youth ages 12-20 who were admitted to an alcohol treatment program in Ohio, which was 11% of all alcohol abuse treatment admissions.
- Approximately 1,253 teen pregnancies and 36,019 teens engaging in risky sex can be attributed to underage drinking in 2009.
- In 2009, about 31 traffic fatalities and 1,872 nonfatal injuries were associated with driving after underage drinking.

(Source: Pacific Institute for Research and Evaluation (PIRE) with funding from the Office of Juvenile Justice and Delinquency Prevention, *Underage Drinking in Ohio: The Facts*, September 2011, <http://www.udetc.org/factsheets/OH.pdf>)

Youth | MARIJUANA AND OTHER DRUG USE

Key Findings

In 2013, 9% of Williams County 6th-12th grade youth had used marijuana at least once in the past 30 days, increasing to 16% of those ages 17 and older. 8% of 6th-12th grade youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life, increasing to 18% of those over the age of 17.

Youth Drug Use

- In 2013, 9% of all Williams County youth had used marijuana at least once in the past 30 days, increasing to 16% of those over the age of 17. The 2011 YRBS found a prevalence of 24% for Ohio youth and a prevalence of 23% for U.S. youth had used marijuana one or more times during the past 30 days.
- 8% of Williams County 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 18% of those over the age of 17.
- Williams County youth have tried the following in their life:
 - 9% of youth used inhalants, (2011 YRBS reports 11% for U.S.)
 - 6% used K2/spice /posh/salvia/synthetic marijuana
 - 3% misused over-the-counter medications
 - 3% used steroids, (2011 YRBS reports 4% for Ohio and 4% for U.S.)
 - 3% misused hand sanitizer
 - 2% used ecstasy/MDMA, (2011 YRBS reports 8% for U.S.)
 - 2% used cocaine, (2011 YRBS reports 7% for Ohio and 7% for U.S.)
 - 2% used methamphetamines, (2011 YRBS reports 4% for the U.S.)
 - 2% used heroin, (2011 YRBS reports 3% for Ohio and 3% for U.S.)
 - 1% used bath salts
 - 1% had been to a pharm party/used skittles
 - 1% used GhB

Synthetic Marijuana

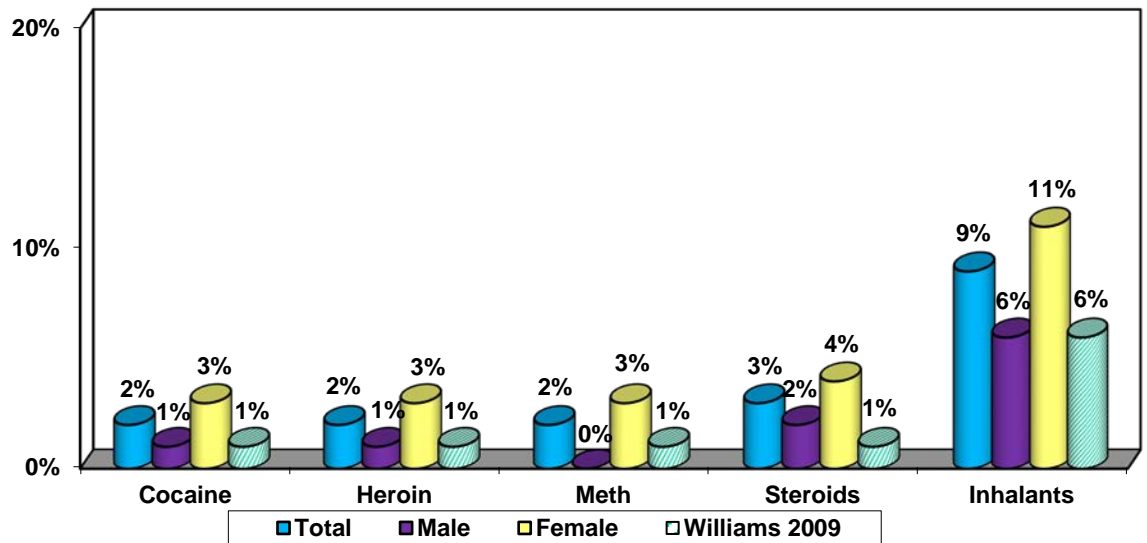
- “K2” and “Spice” are street names for synthetic marijuana. It is a mixture of herbs or other plant materials that have been sprayed with artificial chemicals that are supposed to mimic the effects of marijuana.
- The physical signs of using synthetic marijuana are very troubling and include increased agitation, profuse sweating, pale skin, vomiting and uncontrolled/spastic body movements.
- While these drugs may be “new” to many parents, more than one in 10 American high school seniors used synthetic marijuana in the prior year according to the “Monitoring the Future” study, conducted by the University of Michigan.
- Calls to poison control centers for exposure to synthetic marijuana doubled between 2010 and 2011 and is on track to continue rising in 2012.

(Source: The Partnership At Drugfree.Org, Parents 360 Synthetic Drugs : Bath Salts, K2/Spice : A Guide for parents and other influencer, www.drugfree.org, 2-16-12)

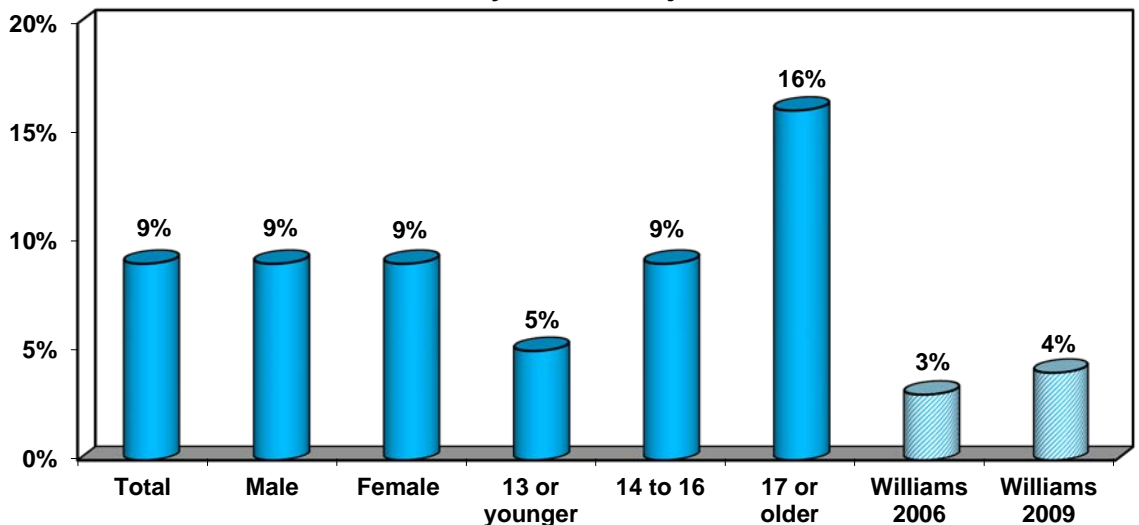
- During the past 12 months, 5% of all Williams County youth reported that someone had offered, sold, or given them an illegal drug on school property, increasing to 7% of high school youth (2011 YRBS reports 24% for Ohio and 26% for the U.S.).
- More than four-fifths (89%) of Williams County youth reported that their parents would disapprove of them using marijuana, and 88% reported their parents would disapprove of them misusing prescription drugs.
- 74% of youth reported that their friends would disapprove of them using marijuana and 79% reported their friends would disapprove of them misusing prescription drugs.

9% of all Williams County youth had used marijuana at least once in the past 30 days.

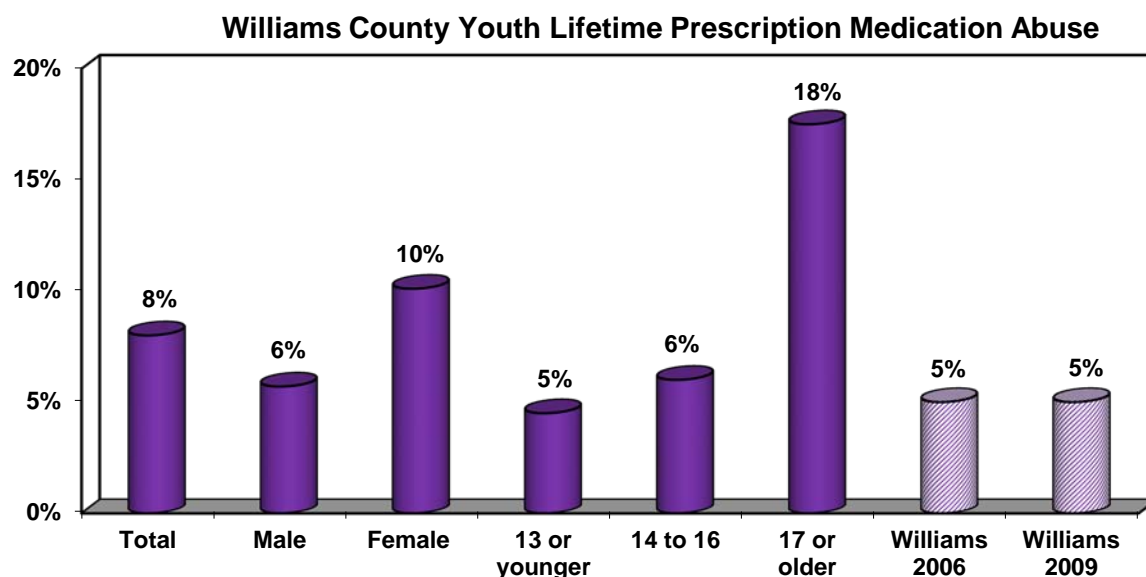
Williams County Youth Lifetime Drug Use



Williams County Youth Marijuana Use in Past Month



5% of all Williams County youth reported that someone had offered, sold, or given them an illegal drug on school property.



89% of Williams County youth reported that their parents would disapprove of them using marijuana.

2006/2009/2013 Youth Comparisons	Williams County 2006 (6 th -12 th)	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2013 (9 th -12 th)	Ohio 2011 (9 th -12 th)	U.S. 2011 (9 th -12 th)
Youth who used marijuana in the past	3%	4%	9%	14%	24%	23%
Ever used cocaine	2%	1%	2%	3%	7%	7%
Ever used heroin	1%	<1%	2%	2%	3%	3%
Ever used methamphetamines	1%	1%	2%	3%	6%*	4%
Ever used steroids	1%	1%	3%	4%	4%	4%
Ever misused medications	5%	5%	8%	13%	N/A	N/A
Ever used inhalants	8%	6%	9%	8%	12%**	11%
Ever used ecstasy/MDMA	N/A	N/A	2%	3%	N/A	8%
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	6%	6%	5%	7%	24%	26%

N/A – Not available

*2007 YRBS Data

**2005 YRBS Data

YOUTH MARIJUANA

Youth | SEXUAL BEHAVIOR AND TEEN PREGNANCY OUTCOMES

Key Findings

In 2013, one-quarter (25%) of Williams County youth have had sexual intercourse, increasing to 57% of those ages 17 and over. 23% of youth had participated in oral sex and 8% had participated in anal sex. 19% of youth participated in sexting. Of those who were sexually active, 55% had multiple sexual partners.

57% of Williams County youth ages 17 and over have had sexual intercourse.

Youth Sexual Behavior

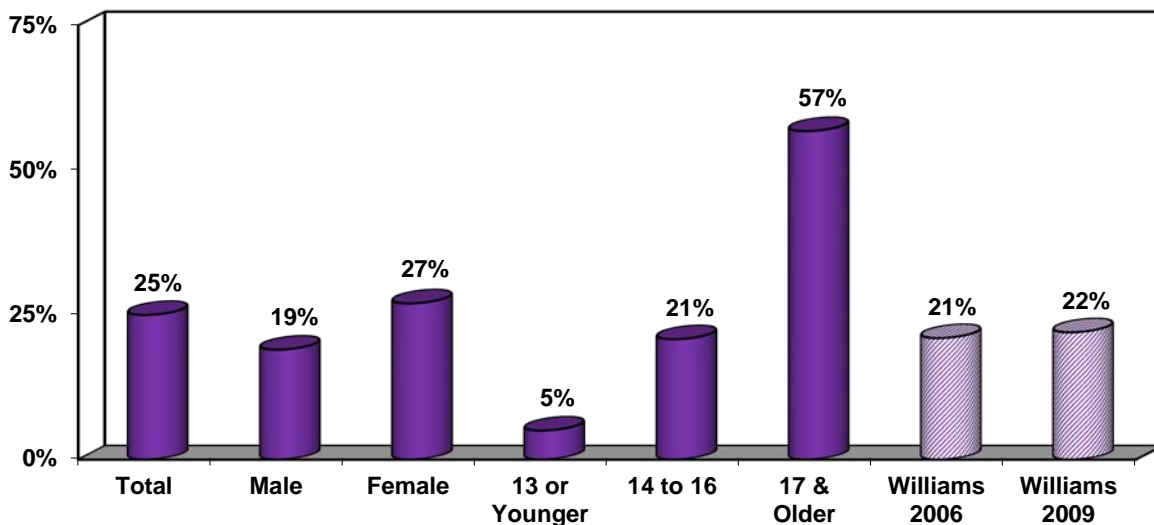
- One-quarter (25%) of Williams County youth have had sexual intercourse, increasing to 57% of those ages 17 and over (2011 YRBS reports 47% of U.S. youth have had sexual intercourse).
- 23% of youth had participated in oral sex, increasing to 51% of those ages 17 and over.
- 8% of youth had participated in anal sex, increasing to 19% of those ages 17 and over.
- 19% of youth had participated in sexting, increasing to 40% of those ages 17 and over.
- 23% of youth had viewed pornography, increasing to 37% of males.
- Of those youth who were sexually active in their lifetime, 45% had one sexual partner and 55% had multiple partners. 12% of all Williams County high school youth had 4 or more partners (2011 YRBS reports 18% for Ohio and 15% for the U.S.).
- Of those youth who were sexually active, 12% had done so by the age of 13. Another 37% had done so by 15 years of age. The average age of onset was 14.8 years old.
- Of all youth, 3% were sexually active before the age of 13 (2011 YRBS reports 6% for Ohio and 6% for the U.S.).
- Of the youth who were sexually active, 13% had drank alcohol or used drugs before their last sexual encounter (2011 YRBS reports 19% for Ohio and 22% for the U.S.).
- 55% of youth planned to stay abstinent until marriage, increasing to 81% of those ages 13 and younger.

- Over half (57%) of youth who were sexually active used condoms to prevent pregnancy; (2011 YRBS reports 60% for the U.S) 36% used birth control pills, (2011 YRBS reports 23% for Ohio and 18% for the U.S) 22% used the withdrawal method, 11% used Depo-Provera, and 2% used some other method. However, 14% were engaging in intercourse without a reliable method of protection (2011 YRBS reports 10% for Ohio and 13% for the U.S.).
- When asked where they were taught about pregnancy prevention, STDs, AIDS/HIV, and birth control, Williams County youth reported the following: middle school or junior high school (84%), home (50%), high school (44%), elementary or grade school (35%), friends (31%), doctor (23%), church (17%), internet (15%), and somewhere else (7%).

14% of youth who were sexually active were not using a reliable method of protection to prevent pregnancy.

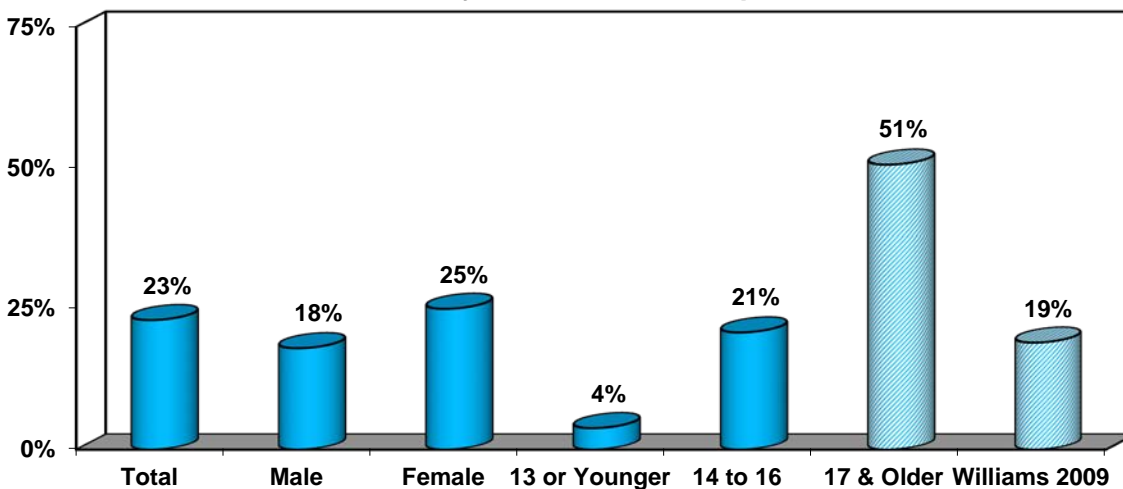
The following graph shows the percentage of Williams County youth who participated in sexual intercourse and oral sex. Examples of how to interpret the information include: 25% of all Williams County youth had sexual intercourse, 19% of males, and 27% of females had sexual intercourse.

Williams County Youth Who Had Sexual Intercourse



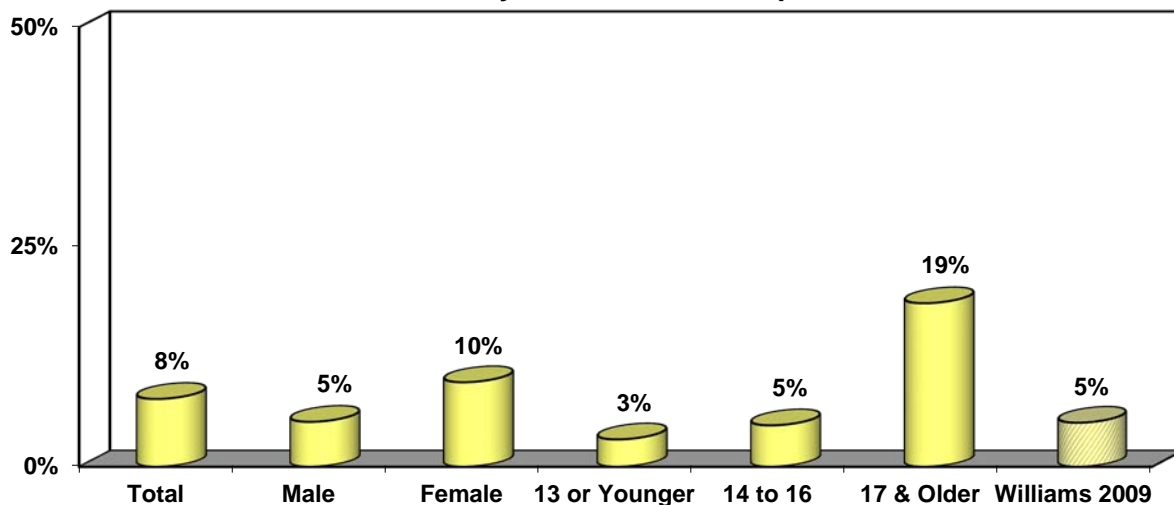
* Williams 2006 data is only for 9-12th graders

Williams County Youth Who Participated in Oral Sex

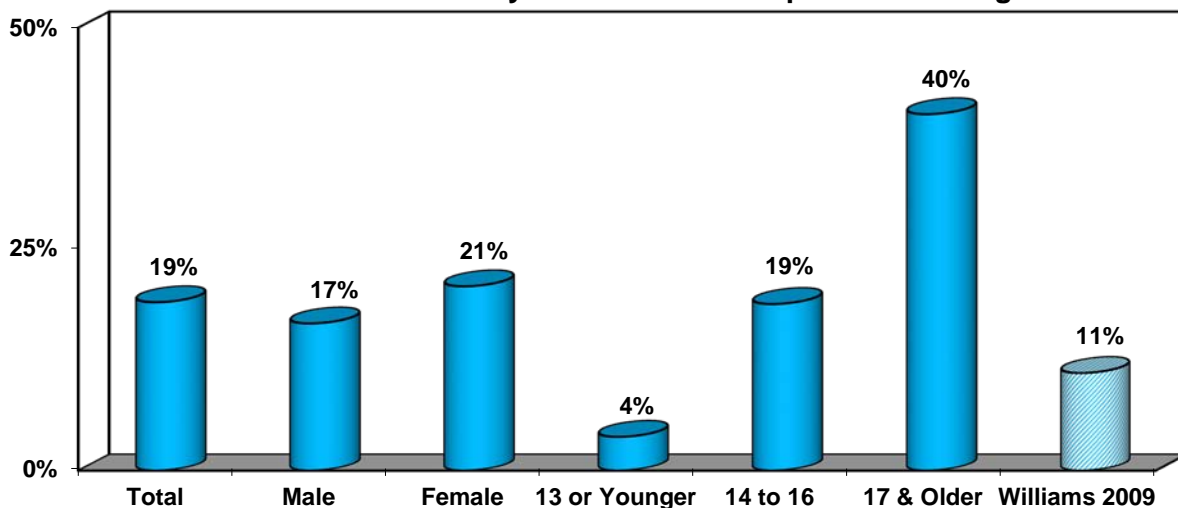


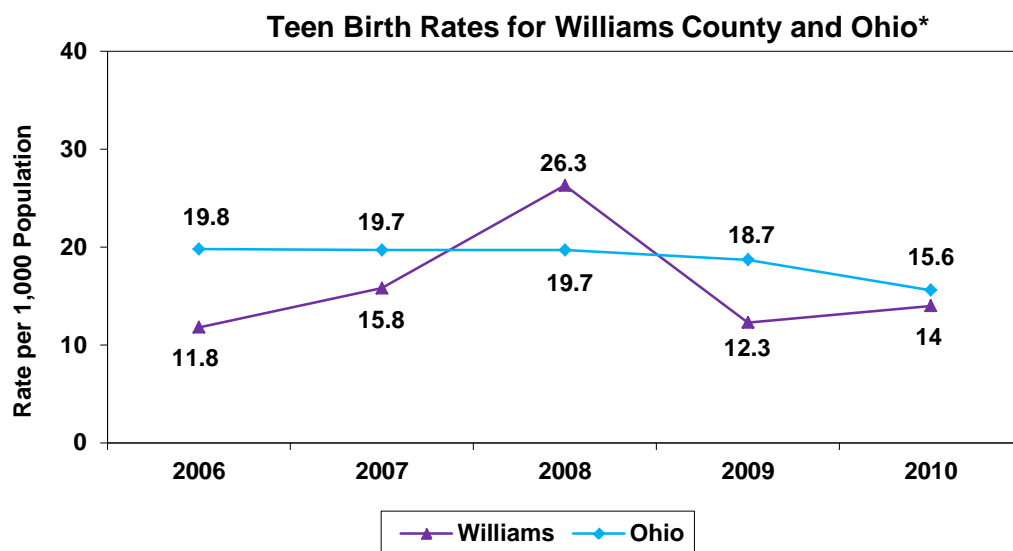
The following graph shows the percentage of Williams County youth who participated in anal sex and sexting. Examples of how to interpret the information include: 8% of all Williams County youth participated in anal sex, 5% of males, and 10% of females.

Williams County Youth Who Participated in Anal Sex



Williams County Youth Who Participated in Sexting





*Teen birth rates include women ages 15-17
 (Source: Ohio Department of Health Information Warehouse Updated 4-12-12)

2006/2009/2013 Youth Comparisons	Williams County 2006 (6 th –12 th)	Williams County 2009 (6 th –12 th)	Williams County 2013 (6 th –12 th)	Williams County 2013 (9 th –12 th)	Ohio 2011 (9 th –12 th)	U.S. 2011 (9 th –12 th)
Ever had sexual intercourse	21%	22%	25%	39%	45%*	47%
Used a condom at last intercourse	62%	76%	57%	56%	60%*	60%
Used birth control pills at last intercourse	20%	28%	36%	38%	23%	18%
Did not use any method to prevent pregnancy during last sexual intercourse	20%	3%	14%	4%	10%	13%
Had four or more sexual partners (of all youth)	2%	4%	7%	12%	18%	15%
Had sexual intercourse before age 13 (of all youth)	4%	3%	3%	2%	6%	6%
Drank alcohol or used drugs before last sexual intercourse	16%	12%	13%	14%	19%	22%

*2007 YRBS data

Youth | MENTAL HEALTH AND SUICIDE

Key Findings

In 2013, the Health Assessment results indicated that 15% of Williams County 6th-12th grade youth had seriously considered attempting suicide in the past year and 8% admitted actually attempting suicide in the past year.

8% of Williams County youth had attempted suicide in the past year.

Youth Mental Health

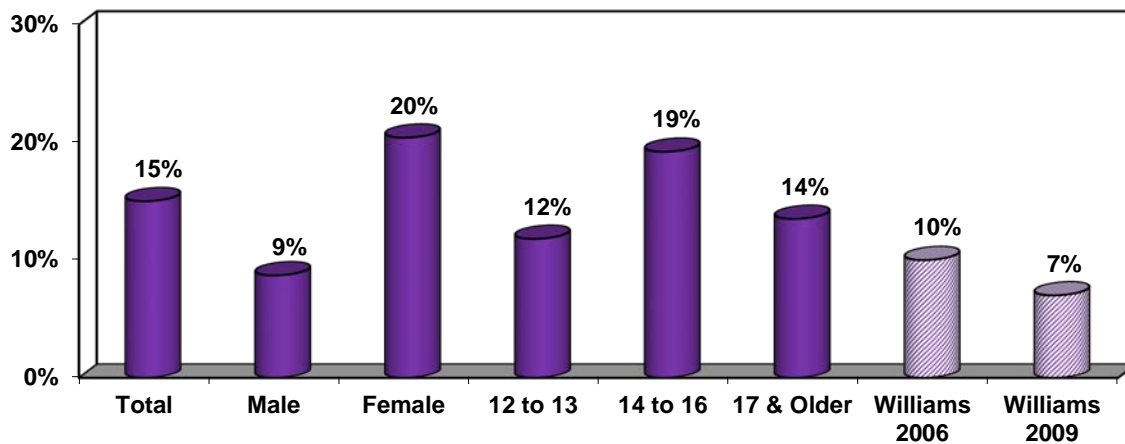
- In 2013, about one-fifth (22%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities (2011 YRBS reported 27% for Ohio and 29% for the U.S.).
- 15% of youth reported they had seriously considered attempting suicide in the past 12 months. 17% of high school youth had seriously considered attempting suicide, compared to the 2011 YRBS rate of 16% for U.S. youth and 14% for Ohio youth.
- In the past year, 8% of Williams County youth had attempted suicide and 4% had made more than one attempt. The 2011 YRBS reported a suicide attempt prevalence rate of 8% for U.S. youth and a 9% rate for Ohio youth.
- Of those who attempted suicide, 39% resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.
- Of all Williams County youth, 3% had to be treated by a doctor or nurse as a result of a related injury, poisoning or overdose due to a suicide attempt (2011 YRBS reported 4% for Ohio and 2% for the U.S.).
- 15% of youth reported they would be very likely to seek help if they were feeling depressed or suicidal. 12% reported they would be somewhat likely to seek help, 8% reported they would be somewhat unlikely to seek help, and 16% said they would be very unlikely to seek help if they were feeling depressed or suicidal. 50% of youth reported they never felt depressed or suicidal.
- Williams County youth reported the following reasons would keep them from seeking help if there were dealing with anxiety, stress, depression or thoughts of suicide: can handle it themselves (37%), worried what others might think (27%), do not know where to go (13%), paying for it (11%), no time (11%), family would not support them in getting help (7%), transportation (5%), and 46% reported they would seek help.
- Williams County youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (43%), texting someone (37%), hobbies (34%), talking to someone in their family (31%), exercising (30%), talking to a peer (29%), praying (29%), eating (26%), using social media (16%), reading the Bible (11%), breaking something (11%), writing in a journal (11%), shopping (10%), drinking alcohol (7%), self-harm (7%), smoking/using tobacco (7%), using illegal drugs (5%), using prescribed medication (4%), talking to a medical professional (4%), vandalism/violent behavior (3%), using un-prescribed medication (2%), harm someone else (2%), and gambling (1%). 29% of youth reported they do not have anxiety, stress, or depression.

- When dealing with feelings of depression or suicide, Williams County youth talk about their concerns with the following: best friend (29%), their parents (18%), girlfriend/boyfriend (14%), brother/sister (8%), pastor/priest/religious leader (4%), teacher (4%), school counselor (4%), coach (4%), youth minister (3%), professional counselor (3%), or other (6%). 12% of youth talked to no one when feeling depressed or suicidal. 49% of youth reported they do not have thoughts of depression or suicide.

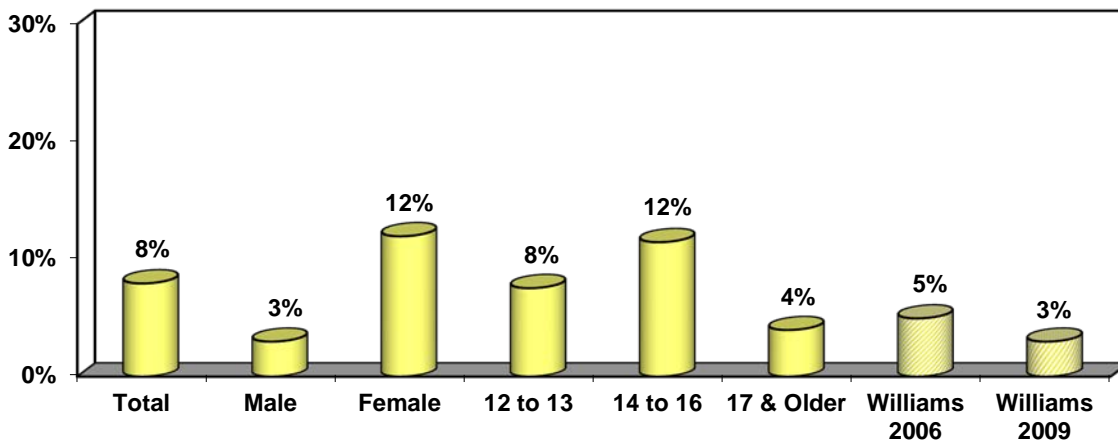
15% of Williams County youth seriously considered attempting suicide in the 12 months.

The following graphs show the percentage of Williams County youth who had seriously considered attempting suicide and attempted suicide in the past 12 months (i.e., the first graph shows that 15% of all youth had seriously considered attempting suicide, 9% of males and 20% of females).

Williams County Youth Who Had Seriously Considered Attempting Suicide in the Past 12 Months



Williams County Youth Who Attempted Suicide in Past 12 Months



12% of Williams County youth had no one to talk to when feeling depressed or suicidal.

2006/2009/2013 Youth Comparisons	Williams County 2006 (6 th -12 th)	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2013 (9 th -12 th)	Ohio 2011 (9 th -12 th)	U.S. 2011 (9 th -12 th)
Youth who had seriously considered attempting suicide in the past year	10%	7%	15%	17%	14%	16%
Youth who had attempted suicide in the past year	5%	3%	8%	9%	9%	8%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (of all youth)	2%	1%	3%	4%	4%	2%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	16%	16%	22%	23%	27%	29%

3% of youth had a suicide attempt that resulted in an injury, poisoning, or an overdose that had to be treated by a doctor or nurse in the 12 months prior to the survey.

Recognizing Warning Signs of Suicide in Others

- Feelings of despair or hopelessness
- Taking care of business-preparing for the family's welfare
- Drug or alcohol abuse
- Rehearsing suicide or seriously discussing specific suicide methods
- Shows signs of improvement, but in reality, relief comes from having made the decision to commit suicide

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

Youth | SAFETY

Key Findings

In 2013, 22% of Williams County youth self-reported that they had purposely hurt themselves at some point in their life. 49% of youth texted while driving.

49% of Williams County youth drivers admitted to texting while driving.

Personal Safety

- In the past 30 days, 12% of youth had ridden in a car driven by someone who had been drinking alcohol, (2011 YRBS reported 21% for Ohio and 24% for the U.S.) and 14% of high school youth had driven a car themselves after drinking alcohol, increasing to 15% of those ages 17 and older (2011 YRBS reported 7% for Ohio and 8% for the U.S.).
- 5% of all high school youth had driven a car in the past month after they had been drinking alcohol (2011 YRBS reports 7% for Ohio and 8% for the U.S.).
- Williams County youth drivers did the following while driving in the past month: wore a seatbelt (81%), talked on their cell phone (51%), texted (49%), ate (47%), checked facebook on their cell phone (14%), used the internet on their cell phone (13%), used cell phone for other things (11%), applied makeup (6%), played electronic games (4%), and read (2%).
- Almost two-thirds (62%) of youth had been to the doctor for a routine check-up in the past year.
- Over two-thirds (68%) of youth had been to the dentist for a check-up, exam, teeth cleaning or other dental work in the past year.
- Youth reported the following ways they prefer to get information about their health: parents (67%), school (49%), friends (29%), internet (25%), siblings (14%), TV (10%), facebook (5%), Twitter (2%), and radio (4%).
- Over four-fifths (88%) of youth had a Twitter, facebook, online gaming, or other social network account. Of those who had an account, they reported the following: they knew all of "my friends" (57%), their account was currently checked private (40%), their parents had their password (36%), they knew all of the people they play online (18%), they had been asked to share personal info (12%), they shared personal info (10%), their friends had their password (6%), and they had problems as a result of their account (5%). More than half (59%) of the youth who had a Twitter, facebook, online gaming, or other social network account believed that sharing information online is dangerous.
- 22% of youth had purposefully hurt themselves at some time in their lives. They did so in the following ways: cutting (13%), scratching (10%), hitting (7%), biting (6%), burning (4%), and self-embedding (2%).
- 6% of youth played the choking game, increasing to 8% of those 17 and older.

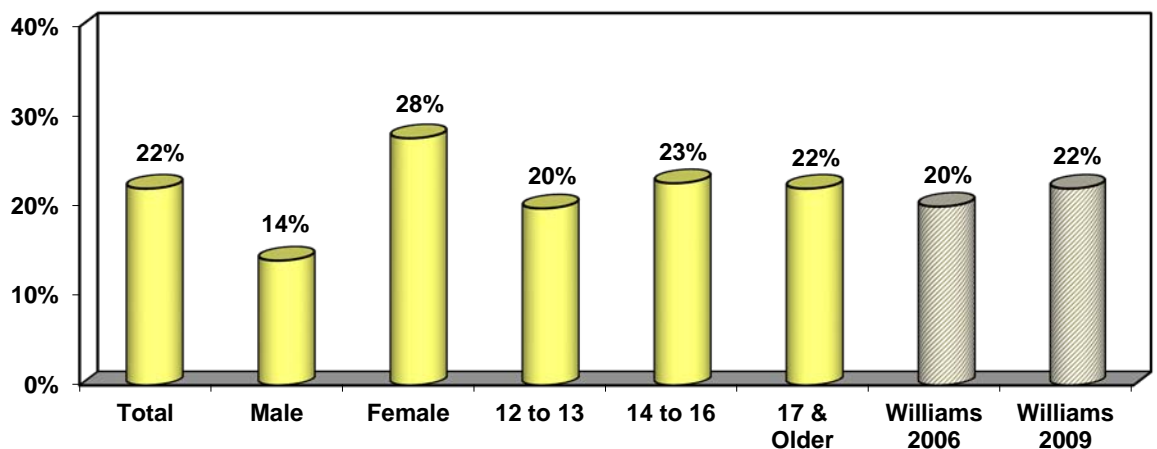
Understanding Self Harm

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

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

14% of high school youth had driven a car themselves after drinking alcohol.

Williams County Youth Who Purposefully Hurt Themselves During Their Life



Almost one-quarter (22%) of Williams County youth purposefully hurt themselves during their life.

2006/2009/2013 Youth Comparisons	Williams County 2006 (6 th -12 th)	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2013 (9 th -12 th)	Ohio 2011 (9 th -12 th)	U.S. 2011 (9 th -12 th)
Ridden in a car driven by someone who had been drinking alcohol in past month	16%	15%	12%	14%	21%	24%
Drove a car after drinking alcohol	4%	2%	3%	5%	7%	8%
Visited a doctor for a routine check-up within the past year	60%	63%	62%	63%	N/A	N/A
Visited a dentist for a check-up within the past year	67%	72%	68%	70%	N/A	N/A

N/A - Not available

YOUTH SAFETY

Youth | VIOLENCE ISSUES

Key Findings

In Williams County, 9% of youth had carried a weapon in the past month. 7% of youth had been threatened or injured with a weapon on school property in the past year. 47% of youth had been bullied in the past year and 34% had been bullied on school property.

Violence-Related Behaviors

- In 2013, 9% of Williams County youth had carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 13% of males (2011 YRBS reported 16% for Ohio and 17% for the U.S.).
- 2% of youth carried a weapon on school property in the past month (2011 YRBS reported 5% for the U.S.).
- 7% of youth were threatened or injured with a weapon on school property in the past year. (2011 YRBS reported 7% for the U.S.)
- 5% of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school (2011 YRBS reported 6% for Ohio and 6% for the U.S.).
- 47% of youth had been bullied in the past year. The following types of bullying were reported:
 - 38% were verbally bullied (teased, taunted or called you harmful names)
 - 29% were indirectly bullied (spread mean rumors about you or kept you out of a "group")
 - 13% were cyber bullied (teased, taunted or threatened by e-mail or cell phone) (2011 YRBS reported 15% for Ohio and 16% for the U.S.)
 - 12% were physically bullied (you were hit, kicked, punched or people took your belongings)
- In the past year, 34% of youth had been bullied on school property (2011 YRBS reported 23% for Ohio and 20% for the U.S.).
- In the past year, 26% of youth had been involved in a physical fight; 12% on more than one occasion (2011 YRBS reported 31% for Ohio and 33% for the U.S.).
- In the past year, 8% of youth had been involved in a physical fight on school property (2011 YRBS reported 9% for Ohio and 12% for the U.S.).
- Over half (52%) of Williams County youth reported there was a firearm in or around their home. 2% of youth reported they were unlocked and loaded.

Types of Bullying

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

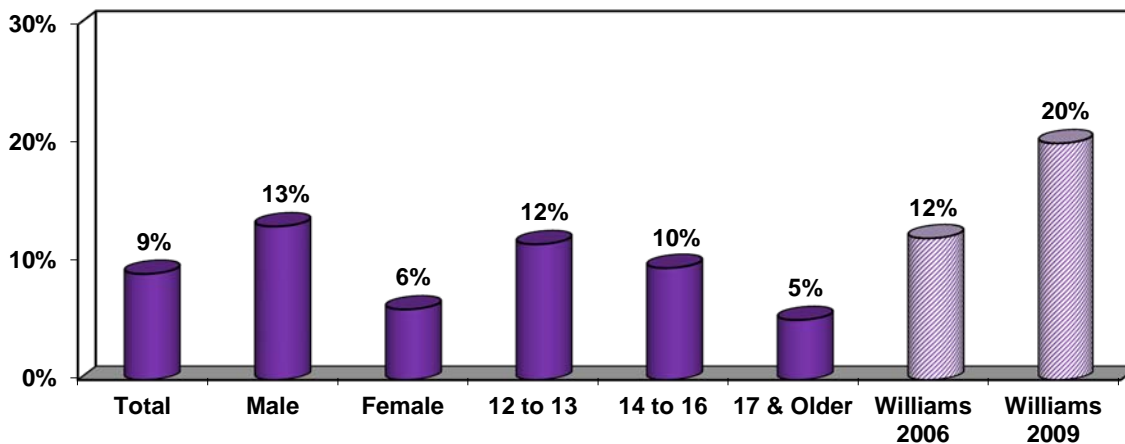
(Source: RESPECT, Bullying Definitions, obtained from: <http://www.respect2all.org/parents/bullying-definitions>)

- In the past year, youth reported being hit, slapped or physically hurt on purpose by the following: parent or caregiver (5%), boyfriend or girlfriend (3%) (2011 YRBS reported 9% for the U.S.), other adult (1%), and another teen or student (16%).
- Williams County youth had been forced to engage in the following: touched in an unsafe sexual way (7%), oral sex (6%), sexual intercourse (4%) (2011 YRBS reported 9% for Ohio and 8% for the U.S.), and other sexual activity (4%).

Types of Bullying Williams County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 and older
Verbally Bullied	38%	31%	43%	46%	37%	28%
Indirectly Bullied	29%	19%	38%	32%	28%	28%
Cyber Bullied	13%	4%	20%	13%	15%	11%
Physically Bullied	12%	13%	12%	15%	12%	7%

Williams County Youth Carrying a Weapon During the Past 30 Days



Behaviors of Williams County Youth
Bullied vs. Non-Bullied

Youth Behaviors	Bullied	Non-Bullied
Were depressed in the past year	34%	12%
Contemplated suicide in the past 12 months	24%	7%
Had drank alcohol in the past 30 days	23%	13%
Attempted suicide in the past 12 months	16%	1%
Had smoked in the past 30 days	15%	7%
Misused prescription medication at some time in their life	14%	4%
Had used marijuana in the past 30 days	13%	6%

YOUTH VIOLENCE

2006/2009/2013 Youth Comparisons	Williams County 2006 (6 th -12 th)	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2013 (9 th -12 th)	Ohio 2011 (9 th -12 th)	U.S. 2011 (9 th -12 th)
Carried a weapon in past month	12%	20%	9%	9%	16%	17%
Carried a weapon on school property in past month	4%	2%	2%	2%	N/A	5%
Been in a physical fight in past year	34%	30%	26%	21%	31%	33%
Been in a physical fight on school property in past year	11%	9%	8%	7%	9%	12%
Threatened or injured with a weapon on school property in past year	5%	3%	7%	5%	8%*	7%
Did not go to school because felt unsafe	2%	1%	5%	3%	6%	6%
Electronically/cyber bullied in past year	4%	8%	13%	13%	15%	16%
Bullied on school property in past year	N/A	N/A	34%	27%	23%	20%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	3%	3%	3%	4%	N/A	9%
Ever physically forced to have sexual intercourse	5%	4%	4%	5%	9%	8%

N/A – Not available

Appendix I

WILLIAMS COUNTY HEALTH ASSESSMENT INFORMATION SOURCES

Source	Data Used	Website
American Academy of Pediatrics (AAP)	<ul style="list-style-type: none">Safe Sex Guidelines	http://www.lpch.org/DiseaseHealthInfo/HealthLibrary/adolescent/safesex.html
American Cancer Society, Cancer Facts and Figures 2013. Atlanta: ACS, 2013	<ul style="list-style-type: none">Cancer Facts & Figures 2013Nutrition Recommendations	www.cancer.org
American Diabetes Association	<ul style="list-style-type: none">Type 1 and 2 DiabetesRisk Factors for Diabetes	www.diabetes.org
American Foundation for Suicide Prevention	<ul style="list-style-type: none">When You Fear Someone May Take Their Life	https://www.afsp.org/
American Heart Association. <i>Risk Factors for Coronary Heart Disease</i> , 2013	<ul style="list-style-type: none">Risk Factors for Cardiovascular Disease That Can be Modified or Treated	www.americanheart.org
Annals of Emergency Medicine, v. 57, issue 6, 2011, p. 691	<ul style="list-style-type: none">Firearm Injury Prevention	http://journals.ohiolink.edu/ejc/pdf.cgi/EJC_Article.pdf?issn=01960644&issue=v57i0006&article=691_fip
<i>Arthritis at a Glance</i> , 2012, Centers for Disease Control & Prevention, Morbidity and Mortality Weekly Report 2010; 59(39):999-1003 & 59(39):1261-1265	<ul style="list-style-type: none">What Can Be Done to Address Arthritis?Arthritis Statistics	http://www.cdc.gov/chronicdisease/resources/publications/AAG/arthritis.htm

APPENDIX I

Source	Data Used	Website
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> 2009 - 2011 Adult Ohio and U.S. Correlating Statistics 	www.cdc.gov
Center for Disease Control and Prevention	<ul style="list-style-type: none"> Asthma Statistics Binge Drinking Binge Drinking Among Women Caffeinated Alcoholic Beverages Cancer and Men Cancer and Women Chlamydia Profile: U.S. & Ohio Distracted Driving Human Papillomavirus (HPV) Obesity Statistics Seasonal Flu Smoking and Tobacco Facts U.S. Adult Smoking Facts 	www.cdc.gov
CDC, Adolescent & School Health	<ul style="list-style-type: none"> Soft drinks & adolescent weight 	http://www.cdc.gov/healthyyouth/nutrition/facts.htm
CDC, Arthritis	<ul style="list-style-type: none"> Key Public Health Messages The Impact of Arthritis 	www.cdc.gov/arthritis/basics/key.htm
CDC, Healthy Weight	<ul style="list-style-type: none"> Tips for Parents 	http://www.cdc.gov/healthyweight/children/index.html
CDC, National Center for Health Statistics	<ul style="list-style-type: none"> Caloric Intake From Fast Food Leading Causes of Death in U.S. Men's Health U.S. Female Fertility Rate U.S. Births to Unwed Mothers U.S. Low Birth Weight, Live Births 	http://www.cdc.gov/nchs/fastats/

Source	Data Used	Website
CDC, National Depressive and Manic Depression Association	<ul style="list-style-type: none"> Warning Signs of Suicide 	N/A
CDC, Physical Activity for Everyone	<ul style="list-style-type: none"> Physical Activity Recommendations 	http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html
CDC, Sexually Transmitted Diseases Surveillance, 2011	<ul style="list-style-type: none"> U.S. Chlamydia and Gonorrhea Rates STD's in Adolescents and Young Adults U.S. STD Surveillance Profile, 2011 	http://www.cdc.gov/std/stats/
CDC, Vaccine Safety, Human Papillomavirus (HPV), updated January 24 2013	<ul style="list-style-type: none"> Human Papillomavirus 	http://www.cdc.gov/vaccinesafety/vaccines/HPV/index.html
Federal Emergency Management Administration	<ul style="list-style-type: none"> Disaster Supplies Kit 	http://www.ready.gov/basic-disaster-supplies-kit
Healthy People 2020: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> All Healthy People 2020 Target Data Points Some U.S. Baseline Statistics Predictors of Access to Health Care 	http://www.healthypeople.gov/2020/topicsobjectives2020
Healthy Youth: Tobacco, CDC	<ul style="list-style-type: none"> Tobacco Sales & Promoting to Youth 	http://www.cdc.gov/healthyouth/tobacco/facts.htm
March of Dimes, Your Premature Baby, 2013	<ul style="list-style-type: none"> What causes a baby to be low birth weight? 	http://www.marchofdimes.com/baby/low-birthweight.aspx
National Campaign to Prevent Teen and Unplanned Pregnancy	<ul style="list-style-type: none"> Facts about "Sexting" 	www.thenationalcampaign.org/sextech/PDF/SexTech_PressReleaseFIN.pdf
National Center for Environmental Health, CDC, 2012	<ul style="list-style-type: none"> Asthma trigger factors 	http://www.cdc.gov/asthma/faqs.htm
National Dairy Council, 2010; Newsweek Back-To-School Guidebook	<ul style="list-style-type: none"> Learning to get fit; stronger bodies, sharper minds 	www.nationaldairycouncil.org/childnutrition
National Heart, Lung, and Blood Institute, 2011	<ul style="list-style-type: none"> Chronic Respiratory Conditions 	http://www.nhlbi.nih.gov/

APPENDIX I

APPENDIX I

Source	Data Used	Website
National Institute on Drug Abuse	<ul style="list-style-type: none"> Commonly Abused Prescription Drugs NIDA for Teens: Prescription drug abuse facts 	www.drugabuse.gov
National Institute of Health, National Institute of Arthritis and Musculoskeletal and Skin Diseases	<ul style="list-style-type: none"> Back Pain Prevention 	http://www.niams.nih.gov/Health_Info/Back_Pain/back_pain_ff.asp , updated 9/09
National Safety Council	<ul style="list-style-type: none"> Distracted Driving Texting while Driving 	http://www.nsc.org/safety_road/Distracted_Driving/Pages/distracted_driving.aspx
National Vital Statistics Report	<ul style="list-style-type: none"> Live Birth Data 	http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_01.pdf#table01
Nicotine & Tobacco Research, "Flavored Cigar Smoking Among U.S. Adults: Findings from the 2009-2010 National Adult Tobacco Survey," 2012	<ul style="list-style-type: none"> Flavored Cigar Smoking Among U.S. Adults 	http://ntr.oxfordjournals.org/content/early/2012/08/17/ntr.nts178.abstract
Ohio Department of Health, Information Warehouse	<ul style="list-style-type: none"> Diabetes Facts Williams County and Ohio Mortality Statistics Williams County and Ohio Birth Statistics Williams County and Ohio Sexually Transmitted Diseases HIV/AIDS Surveillance Program Statistics: Access to Health Services 	http://www.odh.ohio.gov/
Ohio Department of Health, Ohio Cancer Incidence Surveillance System	<ul style="list-style-type: none"> Williams County and Ohio Cancer Mortality Williams County and Ohio Cancer Incidence 	http://www.odh.ohio.gov/
Ohio Department of Health, Ohio Oral Health Surveillance System	<ul style="list-style-type: none"> Williams County Oral Health Resources for Adults and Children 	http://publicapps.odh.ohio.gov/oralhealth/default.aspx
Ohio Department of Job & Family Services	<ul style="list-style-type: none"> Poverty Statistics Williams County and Ohio Medicaid Statistics Williams County Health Care Statistics 	http://jfs.ohio.gov/county/cntypro/pdf11/Williams.pdf

APPENDIX I

Source	Data Used	Website
Ohio Department of Public Safety	<ul style="list-style-type: none"> 2013 Williams County and Ohio Traffic Crash Facts 	https://ext.dps.state.oh.us/crashstatistics/CrashReports.aspx
Ohio Family Health Survey Results, 2010	<ul style="list-style-type: none"> Ohio Uninsured Rates 	http://grc.osu.edu/omas/
Ohio Medicaid Assessment Survey, 2012	<ul style="list-style-type: none"> Ohio Statistics 	https://ckm.osu.edu/sites/ol/sites/omaspublic/documents/OMASStatewideRolloutPresentationSlides.pdf
Pacific Institute for Research and Evaluation, "Underage Drinking in Ohio: The Facts," September 2011	<ul style="list-style-type: none"> Underage drinking in Ohio fact sheet 	http://www.udetc.org/factsheets/OH.pdf
Respect2All	<ul style="list-style-type: none"> Types of Bullying 	www.respect2all.org/parents/bullying-definitions
Substance Abuse and Mental Health Services Administration (SAMHSA)	<ul style="list-style-type: none"> Drug-Related Emergency Department Visits Involving Synthetic Cannabinoids 	http://www.samhsa.gov/data/2k12/DAWN105/SR105-synthetic-marijuana.pdf
The Partnership at Drugfree.org, Parents 360, 2012	<ul style="list-style-type: none"> Synthetic Drugs: Bath Salts, K2/Spice: A guide for parents and other influencers 	www.drugfree.org
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> American Community Survey 3 Year Estimates, 2009-2011 Ohio and Seneca County 2010 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"> MySpace and Facebook 	http://www.safeamericakids.org/index.php/layouts/parent-tips

APPENDIX I

Source	Data Used	Website
U.S. Department of Health and Human Services, Ohio Department of Mental Health	<ul style="list-style-type: none"> Mental Health Services in Ohio 	http://www.lsc.state.oh.us/fiscal/ohiofacts/sept2012/health&humanservices.pdf
Virginia Tech Transportation Institute	<ul style="list-style-type: none"> Texting While Driving 	N/A
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 - 2011 youth Ohio and U.S. correlating statistics 	www.cdc.gov
Youth Suicide Prevention Program	<ul style="list-style-type: none"> Understanding Self Harm 	www.yspp.org/about_suicide/self_harm.htm

Appendix II

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	Adult consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) 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.
CY	Calendar Year
FY	Fiscal Year
HCF	Healthy Communities Foundation of the Hospital Council of Northwest Ohio.
HP 2020	Healthy People 2020, a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.

Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic ≥ 140 and Diastolic ≥ 90
N/A	Data not available.
ODH	Ohio Department of Health
Race/Ethnicity	Census 2010: U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as “a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.” Data are presented as “Hispanic or Latino” and “Not Hispanic or Latino.” Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, “White alone” or “Black alone”, means the respondents reported only one race.
Weapon	Defined in the YRBSS as “a weapon such as a gun, knife, or club”
Youth	Defined as 12 through 18 years of age
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

Appendix III

METHODS FOR WEIGHTING THE 2013 WILLIAMS 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 2013 Williams County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Williams 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 Williams 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 2013 Williams County Survey and the 2010 Census.

<u>2013 Williams Survey</u>			<u>2010 Census</u>		<u>Weight</u>
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	227	49.240781	18,679	49.62276181	1.007757
Female	234	50.759219	18,963	50.37723819	0.992475

In this example, it shows that the proportions by gender were nearly identical. However, there was a slightly larger portion of females in the sample compared to the actual portion in Williams County. The weighting for males was calculated by taking the percent of males in Williams County (based on Census information) (49.62276181%) and dividing that by the percent found in the 2013 Williams County sample (49.240781%) [$49.62276181/49.240781 =$ weighting of 1.007757409 for males]. The same was done for females [$50.37723819/50.759219 =$ weighting of 0.99247465 for females]. Thus males' responses are weighted slightly heavier by a factor of 1.007757409 and females' responses weighted lightly less by a factor of 0.99247465.

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 1.7558304 [0.99247465 (weight for females) x 0.996059108 (weight for White) x 1.800061061 (weight for age 35-44) x 0.986712871 (weight for income \$50-\$75k)]. Thus, each individual in the 2013 Williams 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 20.0) 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.

APPENDIX



APPENDIX III

Category	Williams Sample	%	2010 Census *	%	Weighting Value
Sex:					
Male	227	49.240781	18,679	49.62276181	1.007757409
Female	234	50.759219	18,963	50.37723819	0.99247465
Age:					
20-24	29	6.430155	1,959	7.056153874	1.097353585
25-34	48	10.643016	4,368	15.73317005	1.478262436
35-44	42	9.312639	4,654	16.76331809	1.800061061
45-54	94	20.842572	5,904	21.26571336	1.020301779
55-59	67	14.855876	2,700	9.725173792	0.654634833
60-64	52	11.529933	2,147	7.733314123	0.670716283
65-74	95	21.064302	3,192	11.49731657	0.545819976
75-84	24	5.321508	1,917	6.904873393	1.297540792
85+	0	0.000000	922	3.320966754	1.097353585
Race:					
White	446	96.328294	36,117	95.94867435	0.996059108
Non-White	17	3.671706	1,525	4.051325647	1.103390456
Household Income					
Less than \$10,000	12	2.830189	814	5.376841271	1.899817249
\$10k-\$15k	20	4.716981	821	5.423079464	1.149692846
\$15k-\$25k	66	15.566038	2,136	14.10925424	0.906412697
\$25k-\$35k	58	13.679245	1,986	13.11843583	0.959002895
\$35k-\$50	103	24.292453	2,685	17.73564965	0.730088879
\$50k-\$75k	91	21.462264	3,206	21.17709228	0.986712871
\$75k or more	74	17.452830	3,491	23.05964727	1.321255465

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

* Williams County population figures taken from the 2010 Census.

Appendix IV

WILLIAMS COUNTY SCHOOLS

The following schools were randomly chosen and agreed to participate in the 2013 Williams County Health Assessment:

BRYAN CITY SCHOOLS

Bryan Middle School
Bryan High School

EDGERTON LOCAL SCHOOLS

Edgerton Junior/Senior High School

EDON-NORTHWEST LOCAL SCHOOLS

Edon Elementary School
Edon High School

MILLCREEK-WEST UNITY LOCAL SCHOOLS

Hilltop Junior High/High School

MONTPELIER EXEMPTED VILLAGE SCHOOLS

Montpelier Junior High/ High School

NORTH CENTRAL LOCAL SCHOOLS

North Central Junior High/ High School

STRYKER LOCAL SCHOOLS

Stryker Junior High/ High School

Appendix V

WILLIAMS COUNTY SAMPLE DEMOGRAPHIC PROFILE*

Variable	2013 Survey Sample	Williams County Census 2011	Ohio Census 2011
Age			
20-29	13.6%	10.9%	12.9%
30-39	14.5%	11.8%	12.1%
40-49	18.4%	14.2%	13.7%
50-59	22.2%	15.3%	14.6%
60 plus	25.3%	21.8%	20.4%
Race/Ethnicity			
White	92.8%	96.4%	82.9%
Black or African American	0.3%	1.1%	12.1%
American Indian and Alaska Native	0.9%	0.2%	0.2%
Asian	0.1%	0.2%	1.7%
Other	2.4%	0.5%	0.9%
Hispanic Origin (may be of any race)	1.9%	3.6%	3.2%
Marital Status†			
Married Couple	65.6%	55.6%	48.3%
Never been married/member of an unmarried couple	17.0%	22.5%	31.2%
Divorced/Separated	9.2%	16.0%	14.1%
Widowed	4.0%	5.9%	6.5%
Education†			
Less than High School Diploma	5.5%	9.9%	11.7%
High School Diploma	39.3%	48.5%	34.8%
Some college/ College graduate	51.7%	41.5%	53.5%
Income (Families)			
\$14,999 and less	6.4%	7.4%	9.3%
\$15,000 to \$24,999	12.1%	9.3%	8.5%
\$25,000 to \$49,999	32.5%	30.5%	24.4%
\$50,000 to \$74,999	19.7%	23.8%	21.3%
\$75,000 or more	18.0%	29.0%	36.5%

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

Appendix VI

DEMOGRAPHICS AND HOUSEHOLD INFORMATION

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

Category	Total	Males	Females
Williams County	37,642	18,679	18,963
0-4 years	2,273	1,123	1,150
1-4 years	1,885	939	946
< 1 year	388	184	204
1-2 years	911	454	457
3-4 years	974	485	489
5-9 years	2,543	1,304	1,239
5-6 years	999	512	487
7-9 years	1,544	792	752
10-14 years	2,515	1,253	1,262
10-12 years	1,549	792	757
13-14 years	966	461	505
12-18 years	3,622	1,837	1,785
15-19 years	2,548	1,333	1,215
15-17 years	1,588	804	784
18-19 years	960	529	431
20-24 years	1,959	1,050	909
25-29 years	2,118	1,101	1,017
30-34 years	2,250	1,149	1,101
35-39 years	2,293	1,208	1,085
40-44 years	2,361	1,189	1,172
45-49 years	2,824	1,413	1,411
50-54 years	3,080	1,550	1,530
55-59 years	2,700	1,351	1,349
60-64 years	2,147	1,048	1,099
65-69 years	1,818	848	970
70-74 years	1,374	685	689
75-79 years	1,044	437	607
80-84 years	873	345	528
85-89 years	587	209	378
90-94 years	250	70	180
95-99 years	73	11	62
100-104 years	11	2	9
105-109 years	1	0	1
110 years & over	0	0	0
Total 85 years and over	922	292	630
Total 65 years and over	6,031	2,607	3,424
Total 19 years and over	28,142	13,870	14,272

WILLIAMS COUNTY PROFILE

General Demographic Characteristics (Source: U.S. Census Bureau, Census 2011)

Total Population

2011 Total Population	37,698
2000 Total Population	39,188

Largest City-Bryan

2011 Total Population	8,588	100%
2000 Total Population	8,333	100%

Population By Race/Ethnicity

Total Population	37,698	100%
White Alone	36,327	96.4%
Hispanic or Latino (of any race)	1,370	3.6%
African American	409	1.1%
American Indian and Alaska Native	72	0.2%
Asian	72	0.2%
Native Hawaiian and Other Pacific Islander	112	0.3%
Two or more races	510	1.3%
Other	196	0.5%

Population By Age 2010

Under 5 years	2,273	6.0%
5 to 17 years	6,646	17.7%
18 to 24 years	2,919	7.8%
25 to 44 years	9,022	24.0%
45 to 64 years	10,751	28.5%
65 years and more	6,031	16.0%
Median age (years)	41.1	

Household By Type

Total Households	14,962	100%
Family Households (families)	10,215	68.3%
With own children <18 years	4,117	27.5%
Married-Couple Family Households	8,098	54.1%
With own children <18 years	2,837	19.0%
Female Householder, No Husband Present	1,533	10.2%
With own children <18 years	896	6.0%
Non-family Households	4,747	31.7%
Householder living alone	3,961	26.5%
Householder 65 years and >	1,650	11.0%

Households With Individuals < 18 years	4,622	30.9%
Households With Individuals 65 years and >	4,088	27.3%

Average Household Size	2.44 people
Average Family Size	2.95 people

General Demographic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2011)

2011 ACS 3-year estimates

Median Value of Owner-Occupied Units	\$102,500
Median Monthly Owner Costs (With Mortgage)	\$1,028
Median Monthly Owner Costs (Not Mortgaged)	\$364
Median Gross Rent for Renter-Occupied Units	\$592
Median Rooms Per Housing Unit	6.0
Total Housing Units	16,665
No Telephone Service	258
Lacking Complete Kitchen Facilities	112
Lacking Complete Plumbing Facilities	18

Selected Social Characteristics
(Source: U.S. Census Bureau, Census 2011)

2011 ACS 3-year estimates

School Enrollment

Population 3 Years and Over Enrolled In School	9,064	100%
Nursery & Preschool	668	7.4%
Kindergarten	515	5.7%
Elementary School (Grades 1-8)	4,265	47.0%
High School (Grades 9-12)	2,031	22.4%
College or Graduate School	1,585	17.5%

Educational Attainment

Population 25 Years and Over	25,948	100%
< 9 th Grade Education	476	1.8%
9 th to 12 th Grade, No Diploma	2,112	8.1%
High School Graduate (Includes Equivalency)	12,578	48.5%
Some College, No Degree	5,174	19.9%
Associate Degree	2,120	8.2%
Bachelor's Degree	2,469	9.5%
Graduate Or Professional Degree	1,019	3.9%

Percent High School Graduate or Higher	*(X)	90.0%
--	------	-------

Percent Bachelor's Degree or Higher	*(X)	13.4%
-------------------------------------	------	-------

*(X) - Not available

Selected Social Characteristics, Continued
(Source: U.S. Census Bureau, Census 2011)

2011 ACS 3-year estimates

Marital Status

Population 15 Years and Over	30,444	100%
Never Married	6,832	22.4%
Now Married, Excluding Separated	16,927	55.6%
Separated	537	1.8%
Widowed	1,803	5.9%
Female	1,418	9.2%
Divorced	4,345	14.3%
Female	2,274	14.7%

Grandparents As Caregivers*

Grandparent Living in Household with 1 or more own grandchildren <18 years	1,006	100%
Grandparent Responsible for Grandchildren	383	38.1%

Veteran Status

Civilian Veterans 18 years and over	3,329	11.6%
-------------------------------------	-------	-------

Disability Status of the Civilian Non-institutionalized Population

Total Civilian Non-institutionalized Population	36,509	100%
With a Disability	4,605	12.6%
Under 18 years	8,845	100%
With a Disability	384	4.3%
18 to 64 years	21,961	100%
With a Disability	2,175	9.9%
65 Years and Over	5,703	100%
With a Disability	2,046	35.9%

Selected Economic Characteristics
(Source: U.S. Census Bureau, Census 2011)

2011 ACS 3-year estimates

Employment Status

Population 16 Years and Over	29,891	100%
In Labor Force	19,282	64.5%
Not In Labor Force	10,609	35.5%
Females 16 Years and Over	15,132	100%
In Labor Force	8,995	59.4%

Population Living With Own Children <6 Years	2,641	100%
All Parents In Family In Labor Force	1,926	72.9%

Selected Economic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2011)

2011 ACS 3-year estimates

Occupations

Employed Civilian Population 16 Years and Over	16,534	100%
Management, business, science, and art occupations	3,666	22.2%
Production, Transportation, and Material Moving Occupations	4,958	30.0%
Sales and Office Occupations	3,623	21.9%
Service Occupations	2,425	14.7%
Natural Resources, Construction, and Maintenance Occupations	1,862	11.2%

Leading Industries

Employed Civilian Population 16 Years and Over	16,534	100%
Manufacturing	4,905	29.7%
Educational, health and social services	3,305	20.0%
Trade (retail and wholesale)	2,238	13.5%
Arts, entertainment, recreation, accommodation, and food services	845	5.1%
Professional, scientific, management, administrative, and waste management services	961	5.8%
Transportation and warehousing, and utilities	834	5.0%
Finance, insurance, real estate and rental and leasing	433	2.6%
Other services (except public administration)	869	5.3%
Construction	1,243	7.5%
Public administration	475	2.9%
Information	194	1.2%
Agriculture, forestry, fishing and hunting, and mining	232	1.4%

Class of Worker

Employed Civilian Population 16 Years and Over	16,534	100%
Private Wage and Salary Workers	13,591	82.2%
Government Workers	1,830	11.1%
Self-Employed Workers in Own Not Incorporated Business	1,113	6.7%
Unpaid Family Workers	0	0.0%

Median Earnings

Male, Full-time, Year-Round Workers	\$39,868
Female, Full-time, Year-Round Workers	\$28,645

Selected Economic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2011)

2011 ACS 3-year estimates

Income In 2011

Households	14,962	100%
< \$10,000	938	6.3%
\$10,000 to \$14,999	949	6.3%
\$15,000 to \$24,999	2,239	15.0%
\$25,000 to \$34,999	2,058	13.8%
\$35,000 to \$49,999	2,563	17.1%
\$50,000 to \$74,999	2,959	19.8%
\$75,000 to \$99,999	1,921	12.8%
\$100,000 to \$149,999	958	6.4%
\$150,000 to \$199,999	257	1.7%
\$200,000 or more	120	0.8%

Median Household Income

\$41,329

Income In 2011

Families	10,215	100%
< \$10,000	373	3.7%
\$10,000 to \$14,999	375	3.7%
\$15,000 to \$24,999	948	9.3%
\$25,000 to \$34,999	1,284	12.6%
\$35,000 to \$49,999	1,831	17.9%
\$50,000 to \$74,999	2,432	23.8%
\$75,000 to \$99,999	1,799	17.6%
\$100,000 to \$149,999	871	8.5%
\$150,000 to \$199,999	213	2.1%
\$200,000 or more	89	0.9%

Median Household Income (families)

\$52,818

Per Capita Income In 2011

\$20,846

Poverty Status In 2011

	Number Below Poverty Level	% Below Poverty Level
Families	*(X)	9.7%
Individuals	*(X)	12.9%

*(X) – Not available

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

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

	Income	Rank of Ohio counties
BEA Per Capita Personal Income 2011	\$33,278	42 nd of 88 counties
BEA Per Capita Personal Income 2010	\$31,351	41 st of 88 counties
BEA Per Capita Personal Income 2009	\$29,953	47 th of 88 counties
BEA Per Capita Personal Income 2008	\$31,504	42 nd of 88 counties
BEA Per Capita Personal Income 2001	\$25,307	43 rd of 88 counties
BEA Per Capita Personal Income 2000	\$24,993	41 st of 88 counties
(BEA PCPI figures are greater than Census figures for comparable years due to deductions for retirement, Medicaid, Medicare payments, and the value of food stamps, among other things)		

Poverty Rates, 5-year averages 2006 to 2010

Category	Williams	Ohio
Overall (%)	11.8%	14.2%
Children under 18 (%)	17.6%	20.2%
Age 65 and over (%)	8.6%	8.3%
< 50% FPL, i.e. severe poverty (%)	4.8%	6.5%
< 200% FPL, i.e. below self-sufficiency (%)	33.7%	31.8%

(Source: *The State of Poverty in Ohio 2012*, Ohio Association of Community Action Agencies, 2012 Annual Report, http://issuu.com/oacaa/docs/state_of_poverty_2012_final?mode=window)

Employment Statistics

Category	Williams	Ohio
Labor Force	19,000	5,824,900
Employed	17,700	5,388,500
Unemployed	1,400	436,400
Unemployment Rate* in June 2013	7.2	7.5
Unemployment Rate* in May 2013	6.8	6.9
Unemployment Rate* in June 2012	7.7	7.4

*Rate equals unemployment divided by labor force.

(Source: Ohio Department of Job and Family Services, June 2013, from: <http://ohiolmi.com/laus/current.htm>)

Estimated Poverty Status in 2011

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Williams County				
All ages in poverty	4,569	3,747 to 5,391	12.5%	10.2 to 14.8
Ages 0-17 in poverty	1,598	1,257 to 1,939	18.7%	14.7 to 22.7
Ages 5-17 in families in poverty	1,067	818 to 1,316	16.7%	12.8 to 20.6
Median household income	\$40,856	38,465 to 43,247		
Ohio				
All ages in poverty	1,836,098	1,811,265 to 1,860,931	16.3%	16.1 to 16.5
Ages 0-17 in poverty	634,234	618,946 to 649,522	23.9%	23.3 to 24.5
Ages 5-17 in families in poverty	417,165	404,352 to 429,978	21.5%	20.8 to 22.2
Median household income	\$45,803	45,487 to 46,119		
United States				
All ages in poverty	48,452,035	48,217,869 to 48,686,201	15.9%	15.8 to 16.0
Ages 0-17 in poverty	16,386,500	16,262,247 to 16,510,753	22.5%	22.3 to 22.7
Ages 5-17 in families in poverty	10,976,987	10,882,675 to 11,071,299	20.8%	20.6 to 21.0
Median household income	\$50,502	50,429 to 50,575		

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

Federal Poverty Thresholds in 2012 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	\$11,945					
1 Person 65 and >	\$11,011					
2 people Householder < 65 years	\$15,374	\$15,825				
2 People Householder 65 and >	\$13,878	\$15,765				
3 People	\$17,959	\$18,480	\$18,498			
4 People	\$23,681	\$24,069	\$23,283	\$23,364		
5 People	\$28,558	\$28,974	\$28,087	\$27,400	\$26,981	
6 People	\$32,847	\$32,978	\$32,298	\$31,647	\$30,678	\$30,104
7 People	\$37,795	\$38,031	\$37,217	\$36,651	\$35,594	\$34,362
8 People	\$42,271	\$42,644	\$41,876	\$41,204	\$40,249	\$39,038
9 People or >	\$50,849	\$51,095	\$50,416	\$49,845	\$48,908	\$47,620

(Source: U. S. Census Bureau, Poverty Thresholds 2012, <http://www.census.gov/hhes/www/poverty/data/threshld/index.html>)

Bryan Hospital

Implementation Plan

2013



Table of Contents

<u>Executive Summary</u>	<u>Page 3</u>
<u>Partners & Strategic Planning Model</u>	<u>Page 4</u>
<u>Needs Assessment & Priorities</u>	<u>Pages 5-7</u>
<u>Strategy #1 Reduce Adult & Youth Obesity</u>	<u>Pages 8-22</u>
<u>Strategy #2 Increase Preventive Health</u>	<u>Pages 23-30</u>
<u>Measuring Outcomes & Contact Information</u>	<u>Page 31</u>

Executive Summary

Since 2006, Bryan Hospital has conducted community health assessments for the purpose of measuring and addressing health status. Historically, the community has come together as one to measure health status. Bryan Hospital and Williams County Stakeholders (Stakeholders) have come together to prioritize the health issues that will require the commitment of every sector of the community to address these issues effectively. It is hoped that as a result of this plan, these Stakeholders will rally around the issues identified and work together to implement best practices that will improve the health of the community Bryan Hospital services (Williams County).

Strategies:

Priority Health Issues for Bryan Hospital
1. Decrease adult and youth obesity
2. Increase preventive health (prenatal care, women's health, men's health & vaccinations)

Target Impact Areas:

To decrease youth and adult obesity-related behaviors, Stakeholders will focus on the following target impact areas: 1) Increase awareness of available programs, 2) Increase consumption of fruits and vegetables, 3) Increase exercise, and 4) Decrease sedentary behavior.

To increase preventive health, Stakeholders will focus on the following target impact areas: 1) Increase vaccinations, 2) Increase women's and men's health screenings, and 3) Increase prenatal care in first trimester.

Action Steps:

To work toward decreasing **youth obesity**, the following action steps are recommended: 1) Implement a healthier choices campaign, which will lead to increased fruit and vegetable consumption, 2) Increase opportunities for youth to engage in physical activity and decrease sedentary behavior.

To work toward decreasing **adult obesity**, the following action steps are recommended: 1) Implement a healthy hospital campaign, which will lead to increased fruit and vegetable consumption, 2) Update and disseminate community wellness guides and calendars that contain information about community gardens, sports programs, and exercise and nutrition programs available in Williams County, 3) Increase opportunities for businesses/organizations to provide wellness and insurance incentive programs for their employees, and 4) Increase community gardens.

To work toward increasing **preventive health**, the following action steps are recommended: 1) County-wide vaccination campaign, 2) Create consistent men's and women's health screening recommendations, and 3) Increase 1st trimester prenatal care.

Partners

The Bryan Hospital wishes to acknowledge the numerous contributions of the following partners and stakeholders. Their continued commitment to the health of the community helps to make Williams County a great place to live and work.

Committee Members:

American Cancer Society – Jessica West
Board of Developmental Disabilities – Debra Guilford, Dennis Myers
Bryan City Schools – Diana Savage
Clergy – Dave Tilly
Community Health & Wellness Centers – Jan David, Tammy Degryse, Phil Ennen, Mike Freeman, Jessica Reitzel, Jeanette Roberts, Linda Trausch
Four County ADAMhs Board – Les McCaslin
Job & Family Services – Pamela Johnson
Parkview Physicians Group – Krystal Miller
Williams County Health Department – Megan Riley, Beth Schweitzer, Becki Snyder, Jim Watkins
Williams County Sheriff – Steve Towns
United Way – Bill Pepple
YMCA – Rob Imber

This strategic planning process was facilitated by Britney Ward, MPH, Director of Community Health Improvement, from the Hospital Council of Northwest Ohio.

Strategic Planning Model

Beginning in June 2013, the Bryan Hospital Strategic Planning Committee met six (6) times and completed the following planning steps:

1. Choosing Priorities- Use of quantitative and qualitative data to prioritize target impact areas
2. Ranking Priorities- Ranking the health problems based on magnitude, seriousness of consequences, and feasibility of correcting
3. Resource Assessment- Determine existing programs, services, and activities in the community that address the priority target impact areas and look at the number of programs that address each outcome, geographic area served, prevention programs, and interventions
4. Gap Analysis- Determine existing discrepancies between community needs and viable community resources to address local priorities; Identify strengths, weaknesses, and evaluation strategies; and Strategic Action Identification
5. Best Practices- Review of best practices and proven strategies, Evidence Continuum, and Feasibility Continuum
6. Draft Plan- Review of all steps taken; Action step recommendations based on one or more the following: Enhancing existing efforts, Implementing new programs or services, Building infrastructure, Implementing evidence based practices, and Feasibility of implementation

Needs Assessment

The Bryan Hospital Planning Committee reviewed the 2013 Williams County Health Assessment. Each member completed an “Identifying Key Issues and Concerns” worksheet. The following two tables are the group results.

What are the most significant **ADULT** health issues or concerns identified in the 2013 health assessment report?

Key Issue or Concern	% of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
1. Obesity and Overweight (13 votes) (Nutrition: 5+ fruits and vegetables) (Lack of physical activity- sedentary)	68% 6% 30%	30-64 -- --	Males -- --
2. Preventive Medicine (13 votes) (Vaccinations) (PSA in past year) (Mammogram) (Prenatal Care First 3 Months) (Pap Smear) (DRE) (Flu Vaccination) (Pneumonia Vaccination)	-- 47% 52% 52% 38% 34% 72% 56%	-- 50+ 40+ Total Total 50+ 65+ 65+	-- Males Females Females Females Males Males/Females Males/Females
3. Mental Health Access (12 votes) (Professional Referrals) (Looked for a program) (Suicide) (Depressed) (Considered Suicide)	-- 8% <1% 8% 3%	-- -- (55-64) -- --	-- -- -- -- --
4. Drug Use (10 votes) (At risk: 15%-25% affected)	6%: Rx 3% Marijuana	<65 --	Females --
5. Diabetes (10 votes) (Total Population)	8% total pop	65+ (23%)	M & F
6. Sedentary- No Physical Activity (5 votes)	30%	--	--
7. Cardiovascular Disease (5 votes) – Risk factors:Hypertension-29%; High Cholesterol-35%; Sedentary Lifestyle-30%; Smoking-20%; Diabetes-8%; Obesity-30%	24% (COD)	>50	Males
8. Binge Drinkers (3 votes): (40% current drinkers)	18%	<30	--
9. STD's/AIDS (1 vote)	--	15-24	M & F
10. Spouse/Domestic Abuse (1 vote) (Threatened) (Abused)	11% 7%	-- --	-- --
11. Motor Vehicle Accidents (1 vote) (Alcohol Related Crashes)	50%	--	--

Needs Assessment, continued

What are the most significant **YOUTH** health issues or concerns identified in the 2013 health assessment report?

Key Issue or Concern	% of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
1.Overweight and Obesity (12 votes)	24%	12-18	Males slightly more than females
2.Binge Drinking (11 votes) (All Youth) (Current Drinkers)	17% of all 57%	<13	Females
3. Marijuana and Other Illegal Drugs (11 votes)	9% current mar. users	>17	Females
4. Misuse Prescription Medication (10 votes)	8%	>17	Females
5. Depressed (10 votes)	22%	--	--
6. Suicide/Contemplated Suicide (9 votes) (attempted) (contemplated)	8% 15%	-- --	-- --
7. Bullying (8 votes) (Bullied) (Bullied on School Property)	47% 34%	-- --	-- --
8. Smoking (7 votes) (Ever Tried) (Current Smokers) (62% Also Drank)	25% 10%	>17 --	-- --
9.Sexual Health Issues (5 votes) (Sexual Intercourse) (Condom Use)	25% 57%	>17	Females
10.Texting and driving (2 votes)	49%	16-18	Not differentiated
11. Immunizations- All youth (HPV) (1 vote)	--	--	--
12. Self-Esteem (1 vote)	--	--	--
13. Sexual Abuse (1 vote) (Touched in unsafe way) (Oral Sex) (Sexual Intercourse) (Other Sexual Activity)	7% 6% 4% 4%	-- -- -- --	-- -- -- --

Other thoughts and discussion points to consider:

- Adult socioeconomic factors have an impact
- Those who make less than \$25,000 are disproportionately affected by many issues found in the report

Priorities Chosen

The Bryan Hospital Strategic Planning Committee completed an exercise where they ranked the key issues based on the magnitude of the issue, seriousness of the consequence, and the feasibility of correcting the issue. A total score was given to each priority. The max score was 30. All committee members' scores were combined and then average numbers were produced. Based off these parameters, the group decided to focus on the following two issues: adult and youth weight control, and preventive health (prenatal care, women's health, men's health & vaccinations). The results were sent out to the full committee for approval.

The rankings were as follows:

Issue	Average Score
Adult Weight Control	22.6
Youth Weight Control	22.6
Adult Preventive Medicine	21.5
Youth Texting and Driving	21.2
Youth Bullying	20.3
Youth Depression	19.6
Youth Suicide	19.2
Cardiovascular Health	19.2
Youth Smoking	19.2
Youth Binge Drinking	19.1
Adult Sedentary Behavior	18.2
Adult Drug Use	17.8
Youth Sexual Behavior	17.3
Adult Mental Health	17.2
Youth Drug Use	16.9
Youth Prescription Misuse	16.8
Adult Diabetes	16.6
Motor Vehicle Accidents	16.3
Adult Binge Drinking	15.6
Youth Self Esteem	15.0
Youth Sexual Abuse	15.0
Youth Immunizations	14.9
Adult STDs/AIDS	14.3
Domestic Violence	13.8

Priority Health Issues for Bryan Hospital

1. Decrease adult and youth obesity
2. Increase preventive health (prenatal care, women's health, men's health & vaccinations)

Strategy #1: Decrease obesity among adults and youth

Obesity indicators

68% of Williams County adults were overweight or obese based on Body Mass Index (BMI). 24% of Williams County youth in grades 6-12 are classified as overweight or obese based on BMI.

Weight Status

The 2013 Williams County Health Assessment indicates that 38% of adults were overweight and 30% were obese based on Body Mass Index (BMI). The 2011 BRFSS reported that 36% of Ohio and 36% of U.S. adults were overweight and 30% of Ohio and 28% of U.S. adults were obese.

Williams County adults had access to a wellness program through their employer or spouse's employer with the following features: health risk assessment (11%), gift cards or cash for participation in wellness program (10%), on-site health screenings (8%), free/discounted gym membership (8%), healthier food options in vending machines or cafeteria (7%), lower insurance premiums for participation in wellness program (5%), on-site fitness facility (5%), gift cards or cash for positive changes in health status (4%), lower insurance premiums for positive changes in health status (2%), free/discounted weight loss program (2%), free/discounted smoking cessation program (2%), on-site health education classes (2%), and other (2%).

32% of Williams County adults did not have access to any wellness programs.

11% of Williams County youth in grades 6-12 were classified as overweight (2011 YRBS reported 15% for Ohio and 15% for the U.S.). 13% of youth were classified as obese by BMI compared to 15% for Ohio and 13% for the U.S. (2011 YRBS)

Nutrition

In 2013, 6% of adults ate 5 or more servings of fruits and vegetables per day. 92% of adults ate one to four 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.

11% of Williams County youth ate 5 or more servings of fruits and vegetables per day. 81% ate 1 to 4 servings of fruits and vegetables per day.

Over one-quarter (29%) of youth drank pop, punch, Kool-aid, sports drinks, fruit flavored drinks, energy drinks, etc. at least once per day.

One-fifth (20%) of youth reported they went to bed hungry because they did not have enough food at least one night per week. 3% of youth went to bed hungry every night of the week.

Physical Activity

In Williams County, 51% of adults were engaging in physical activity for at least 30 minutes on 3 or more days per week. 28% of adults exercised 5 or more days per week and 30% of adults reported they did not participate in any physical activity in the past week, including those who were unable to exercise.

Reasons for not exercising included: time (22%), too tired (19%), weather (19%), laziness (13%), pain/discomfort (12%), chose not to exercise (12%), could not afford a gym membership (8%), no sidewalks (3%), no walking/biking trails (3%), no childcare (1%), did not know what activity to do (1%), safety (1%), no gym available (1%), doctor advised them not to exercise (<1%), and other (6%).

More than one-third (37%) of adults were mostly sitting or standing while at work. 20% were doing mostly heavy labor or physically demanding work.

On an average day, adults spent time doing the following: 2.7 hours watching television, 1.3 hours on the computer outside of work, 1.1 hours on their cell phone, and 0.2 hours playing video games.

Strategy #1: Decrease obesity among adults and youth

Obesity indicators, continued

70% of youth in grades 6-12 participated in at least 60 minutes of physical activity on 3 or more days in the past week. 49% did so on 5 or more days in the past week and 28% did so every day in the past week. 11% of youth reported that they did not participate in at least 60 minutes of physical activity on any day in the past week (2011 YRBS reported 16% for Ohio and 14% for the U.S.).

Williams County youth spent an average of 3.7 hours on their cell phone, 2.5 hours watching TV, 2.3 hours on the computer/tablet, and 1.4 hours playing video games on an average day of the week.

38% of youth spent 3 or more hours watching TV on an average day (2011 YRBS reported 31% for Ohio and 32% for the U.S.).

2006/2009/2013 Youth Comparisons	Williams County 2006 (6 th -12 th)	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2013 (9 th -12 th)	Ohio 2011 (9 th -12 th)	U.S. 2011 (9 th -12 th)
Obese	N/A	14%	13%	12%	15%	13%
Overweight	N/A	16%	11%	11%	15%	15%
Described themselves as slightly or very overweight	29%	26%	31%	32%	30%	29%
Trying to lose weight	44%	49%	50%	48%	N/A	N/A
Exercised to lose weight	45%	44%	51%	53%	61%*	61%*
Ate less food, fewer calories, or foods lower in fat to lose weight	21%	22%	38%	40%	43%*	39%*
Went without eating for 24 hours or more	5%	4%	7%	7%	13%	12%
Took diet pills, powders, or liquids without a doctor's advice	3%	1%	3%	4%	6%	5%
Vomited or took laxatives	1%	2%	3%	4%	6%	4%
Ate 1 to 4 servings of fruits and vegetables per day	N/A	N/A	81%	82%	85%*	78%*
Physically active at least 60 minutes per day on less than 7 days in past week	N/A	N/A	73%	71%	75%	71%
Physically active at least 60 minutes per day on less than 5 days in past week	N/A	N/A	51%	47%	55%	51%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A	12%	11%	11%	16%	14%
Watched TV 3 or more hours per day	N/A	33%	38%	38%	31%	32%

N/A – Not available

* Comparative YRBSS data for Ohio is 2007 and U.S. is 2009

2013 Adult Comparisons	Williams County 2013	Ohio 2011	U.S. 2011
Obese	30%	30%	28%
Overweight	38%	36%	36%

Strategy #1: Decrease obesity among adults and youth

Resource Assessment

Program/Strategy/ Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Weight Watchers	Weight Watchers	14 years and older	Prevention, early intervention, treatment	Evidence based program
Policy- Removal of sugar-sweetened beverages	Schools, churches, businesses	Bryan City Schools, Presbyterian Church	Prevention, early intervention	Best practice
Various Aerobics	YMCA	All ages	Prevention, early intervention, treatment	Best practice
Land-based & aquatic group exercise (including aqua zumba class)	YMCA	All ages	Prevention, early intervention, treatment	Best practice
Zumba	Various sites	Bryan, Edgerton, Stryker	Prevention, early intervention, treatment	Best practice
Silver Sneakers Silver Splash Gold & Fit	YMCA	All ages	Prevention, early intervention, treatment	Best practice
Personal training & fitness coaching	YMCA	All ages	Prevention, early intervention, treatment	Best practice
Swimming (only year round pool in county)	YMCA	All ages	Prevention, early intervention, treatment	Best practice
Babysitting service (available to parents while exercising)	YMCA	Children	N/A	None
Main Line Fitness Center	Main Line Fitness Center	All ages	Prevention, early intervention, treatment	Best practice
Fitness Classes	FCHC	Adults	Prevention, early intervention, treatment	Best practice
Active for Life Program	American Cancer Society (ACS)	Adults	Prevention, early intervention, treatment	Best practice
Employee Gym	Hospital	Employees	Prevention, early intervention, treatment	Best practice
Poker Walk for Employees	Hospital	Employees	Prevention, early intervention, treatment	Best practice
Various Races (5k/biking)	Various	All ages	Prevention, early intervention, treatment	Best practice
24/7 Fitness (24 hours)	Anytime Fitness	Bryan	Prevention, early intervention, treatment	Best practice
Adult & Youth Sports Programs	Parks and Rec	3 years and older	Prevention, early intervention, treatment	Best practice

Strategy #1: Decrease obesity among adults and youth

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Adult & Youth Sports Programs	YMCA	All ages	Prevention, early intervention, treatment	Best practice
City Pools	Park and Rec	Bryan	Prevention, early intervention, treatment	Best practice
All Things Food (garden presentation, organic)	All Things Food	Bryan	Prevention, early intervention, treatment	Best practice
School Lunches	Ohio Department of Education (ODE) Mandate	All school districts	Prevention, early intervention, treatment	Best practice
Summer Food Programs	Private, Northwestern Ohio Community Action Commission (NOCAC)	Bryan, Montpelier, Edgerton (preschool-high school)	Prevention, early intervention, treatment	# of youth participating
Cross Country Skiing	Boy Scouts	Anyone	Prevention, early intervention, treatment	Best practice
Dance Studio	Various	Bryan, Edgerton	Prevention, early intervention, treatment	Best practice
Cheer/Gymnastics	All-starts	All county	Prevention, early intervention, treatment	Best practice
Other wellness programs for businesses	ACS	Business	Prevention, early intervention, treatment	Best practice
Meeting Well (Healthy Meetings)	ACS	Business	Prevention, early intervention, treatment	Best practice
Golf	Various golf facilities	All ages	Prevention, early intervention, treatment	Best practice
Nutrition Classes: Weight Control Heart Health	Hospital	All ages	Prevention, early intervention, treatment	Best practice
Steps to Success (Diabetes)	Hospital	Adults	Treatment	Best practice
Medical Nutrition Therapy	Hospital	All ages	Prevention, early intervention, treatment	Best practice
Coach in your Corner (Nutrition Program)	Hospital	Spangles Employees	Prevention, early intervention, treatment	Best practice
Hypnosis for Weight Control	Hospital	Employees and Community	Treatment	Best practice
HeartStar Employee Wellness Program	Hospital	Employees	Prevention, early intervention, treatment	Best practice
(Voluntary) Diabetes Support Group	Hospital	Those with Diabetes	Treatment	Best practice
Cooking Classes	Helping Hands Food Pantry (Paula Pephley)	Montpelier	Prevention	None
Farmer's Market	Various (OSU Extension, private, Pioneer, St. Johns)	Various	Prevention, early intervention, treatment	Best practice

Strategy #1: Decrease obesity among adults and youth

Resource Assessment, continued

Program/Strategy/ Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
School Athletics	All Schools	All Schools	Prevention	None
Public use of tracks and use of buildings	All Schools	All Schools	Prevention	Best practice
Church Sports Leagues	Area Churches	All youth	Prevention, early intervention, treatment	Participation numbers
Upward Basketball	Nazarene Church	Community	Prevention, early intervention, treatment	Number of youth participating
Online/Apps for Nutrition, or Physical Activity	Various	All ages	Prevention, early intervention, treatment	None
Walking Trails (Measured Distances)	Health Departments and Villages	All ages	Prevention, early intervention, treatment	Best practice
Grow it, Try it, Like it (Nutrition Program)	Health Department (USDA/ODH suggested)	Preschoolers, day care centers	Prevention, early intervention	Evidence based
Bike Paths	Rails to Trails (City of Bryan)	All ages	Prevention, early intervention, treatment	Best practice
WIC Breastfeeding and Nutrition Counseling	Health Department	0-5 years of age	Prevention	Best practice
Walking program (school is open in winter months for walking)	Bryan City Schools	All ages	Prevention, early intervention, treatment	Best practice
Fitness classes	Bryan City Schools	All ages	Prevention, early intervention, treatment	Best practice
Volleyball/basketball leagues	Bryan City Schools & Parks and Recreation	All ages	Prevention, early intervention, treatment	Best practice

Strategy #1: Decrease obesity among adults and youth

Gaps & Potential Strategies

Gaps	Potential Strategies
Comprehensive community-based obesity prevention programs	<ul style="list-style-type: none"> Implementing long-term multi-focal interventions (home, school, church, etc..) Report on existing comprehensive programs (are they following comprehensive frameworks?) Making programs accessible
Low socioeconomic status (SES)	<ul style="list-style-type: none"> Increase accessibility of programs Create a policy on built environment (Safe Routes to School, vending, cafeterias) Community gardens
Policies that impact obesity	<ul style="list-style-type: none"> Take inventory of existing policies Gather support Create an opportunity for exchanging information among worksites on existing policies in place that impact obesity
Community involvement in implementing change	<ul style="list-style-type: none"> Provide incentives Broader representation of the community (community coalitions)
Information dissemination	<ul style="list-style-type: none"> Inventory/collect data to create a resource assessment Use technology to increase awareness of programs Create a community awareness plan (using multiple strategies, including media campaigns, community mobilizations, education for health professionals and the general public, modifications of physical environments, health screenings and home-and-school based interventions)
Food Pantry -people do not know how to prepare healthy meals	<ul style="list-style-type: none"> Teach food pantry clients how to cook and prepare healthy meals
No place for zumba classes in the winter	<ul style="list-style-type: none"> Look into churches and/or fairgrounds for available spaces Newspaper article
Time for exercising	<ul style="list-style-type: none"> Develop company programs supporting exercise during work hours Insurance deductible – credits for participating in an exercise program Company discounts to local gyms and exercise programs
Demand versus health choice for sugared drinks	<ul style="list-style-type: none"> Remove pop from vending machines Work with high profile individuals to stop drinking pop
Access to wellness for non-insured patients	<ul style="list-style-type: none"> Research for additional grant money to cover screenings Wellness fairs for non-insured
Insurance coverage for wellness programs	<ul style="list-style-type: none"> Educate company leaders on benefits of wellness coverage Community education on wellness screenings Community and industry health fairs

Strategy #1: Decrease obesity among adults and youth

Best Practices

Best Practices

The following programs and policies have been reviewed and have proven strategies to **reduce obesity in youth**:

1. **We Can!** (Ways to Enhance Children's Activity & Nutrition) is a national movement designed to give parents, caregivers, and entire communities a way to help children 8 to 13 years old stay at a healthy weight. Research shows that parents and caregivers are the *primary influence* on this age group. The **We Can!** national education program provides parents and caregivers with tools, fun activities, and more to help them encourage healthy eating, increased physical activity, and reduced time sitting in front of the screen (TV or computer) in their entire family. **We Can!** also offers organizations, community groups, and health professionals a centralized resource to promote a healthy weight in youth through community outreach, partnership development, and media activities that can be adapted to meet the needs of diverse populations. Science-based educational programs, support materials, training opportunities, and other resources are available to support programming for youth, parents, and families in the community. For more information go to:
<http://www.nhlbi.nih.gov/health/public/heart/obesity/wecan/index.htm>
2. **School Fruit and Vegetable Gardens:** School gardens are generally on school grounds, and allow students to garden during school or non-school hours, often with school staff guidance. School gardens may be accompanied by nutrition education, food preparation lessons, and fruit and vegetable tasting opportunities. School gardens can also provide students with hands-on learning opportunities in subjects like science, math, health, and environmental studies.

Expected Beneficial Outcomes

- Increased fruit & vegetable consumption
- Increased physical activity for kids helping in the garden

Evidence of Effectiveness

There is strong evidence that school gardens increase participating children's vegetable consumption and willingness to try new vegetables (Robinson-O'Brien 2009, Ozer 2007, Blair 2009, Ratcliffe 2009, Parmer 2009). Establishing school gardens is a recommended strategy to promote healthy eating, improve nutrition, and reduce obesity (WIPAN-Schools, CDC-School-based obesity prevention, CDC MMWR-School health 2011, IOM 2009).

Garden-based nutrition intervention programs have been shown to increase fruit and vegetable intake, health-related knowledge, willingness to taste, and preference for fruits and vegetables in schools around the country (Robinson-O'Brien 2009, Ozer 2007, Blair 2009). School gardening can also improve the variety of vegetables consumed (Ratcliffe 2009, Parmer 2009), increase child preference for fruits and vegetables, and shape long-term healthy diet choices (Upstream-Oregon HIA 2011). Surveys of California educators indicate that school gardens can also enhance academic instruction (Graham 2005a, Graham 2005). For more information go to:

<http://www.countyhealthrankings.org/policies/school-fruit-vegetable-gardens>

Strategy #1: Decrease obesity among adults and youth

Best Practices

3. **FRESH FRUITS AND VEGETABLES PROGRAM**

The Fresh Fruit and Vegetable Program (FFVP) provides all children in participating schools with a variety of free fresh fruits and vegetables throughout the school day. It is an effective and creative way of introducing fresh fruits and vegetables as healthy snack options. The FFVP also encourages schools to develop partnerships at the State and local level for support in implementing and operating the program.

The Goal of the FFVP

Create healthier school environments by providing healthier food choices

- Expand the variety of fruits and vegetables children experience
- Increase children's fruit and vegetable consumption
- Make a difference in children's diets to impact their present and future health

This program is seen as an important catalyst for change in efforts to combat childhood obesity by helping children learn more healthful eating habits. The FFVP introduces school children to a variety of produce that they otherwise might not have had the opportunity to sample. Each school that participates in the FFVP must submit an application that includes, at a minimum:

- The total number of enrolled students and the percentage eligible for free/reduced price meals
- A certification of support for participation in the FFVP signed by the school food service manager, school principal, *and* district superintendent (or equivalent position)
- A program implementation plan that includes efforts to integrate the FFVP with other efforts to promote sound health and nutrition, reduce overweight and obesity, or promote physical activity

It is recommended that each school include a description of partnership activities undertaken or planned. Schools are encouraged to develop partnerships with one or more entities that will provide non-Federal resources, including entities representing the fruit and vegetable industry and entities working to promote children's health in the community. For more information go to:

www.fns.usda.gov/cnd/FFVP/handbook.pdf

- #### 4. **FUEL UP TO PLAY 60-** (National Dairy Council & National Football League) Fuel Up to Play 60 encourages youth to eat healthy and move more — and studies suggest that well-nourished, physically active kids can be better students. Better nutrition, including eating a healthy breakfast each day, helps students get the nutrients they need and may help improve their academic performance. What's more, being physically active may help students improve self-esteem, cognitive function and test scores. And with Fuel Up to Play 60, healthy students can have more fun! By participating in the program, youth have the opportunity to earn rewards and prizes. Those students who help build the program may benefit even more. In fact, researchers say peer group interaction may help to influence healthy choices, and student involvement can lead to motivation and engagement in learning. Schools have the chance to receive \$4,000 through a competitive, nationwide funding program to help implement the program successfully. The next application deadline is November 1, 2013. For more information go to: <http://school.fueluptoplay60.com/home.php>

Strategy #1: Decrease obesity among adults and youth

Best Practices

The following programs and policies have been reviewed and have proven strategies to **reduce obesity in adults**:

1. **Weight Watchers-** Weight Watchers has been the gold standard for successful weight loss programs. Among the reasons for Weight Watchers' longevity, the program is based on science and addresses the dieter's lifestyle as a whole. Weight Watchers has always focused on long-term weight management and a commitment to an overall healthy lifestyle. The program is based on four basic principles: eating smarter, moving more, getting support, and developing better habits. For more information go to <http://www.weightwatchers.com>.
2. **Diet Therapy-** Current dietary recommendations continue to focus on the low-calorie, low-fat diet, with intake of 800 to 1500 kcal of energy per day. Caloric reduction in the range of 500 to 1000 kcal less than the usual intake is appropriate. This will allow for approximately 1 to 2 pounds of weight loss per week. For more information go to <http://www.mypyramid.gov/>.
3. **Healthy Hospitals Initiatives/Dietary Guidelines for Americans, 2010:** The Dietary Guidelines for Americans are evidence-based recommendations intended to help people choose an overall healthy diet. The 2010 Dietary Guidelines include 23 key recommendations for the general population and 6 additional key recommendations for specific population groups, such as pregnant women.

Developed By: USDA/CNPP, HHS/OASH

For more information go to:

<http://www.cnpp.usda.gov/Publications/DietaryGuidelines/2010/PolicyDoc/PolicyDoc.pdf>

4. **Exercise program-** The CDC recommends 60 minutes of physical activity for at least 5 days a week. Encourage people to make lifestyle changes such as taking the stairs, parking farther away, playing with their kids, etc. Small bouts of physical activity all day long can account to 60 minutes easily. It does not have to be a full hour of exercising in a gym. For more information go to <http://www.mypyramidtracker.gov/>.
5. **Health Insurance Incentives & Penalties:** The number of employers offering financial rewards for participating in wellness programs rose by 50 percent from 2009 to 2011. In 2012, four out of five companies plan to offer some type of financial health incentive. The use of penalties among employers more than doubled from 2009 to 2011, rising from 8 percent to 19 percent. It could double again next year when 38 percent of companies plan to have penalties in place. Requiring smokers to pay a higher portion of the health insurance premium is among the most common penalties. A growing number of employers also base rewards on actual outcomes, such as reaching targeted healthy weights or cholesterol levels, rather than simply rewarding participation. A provision in the federal health care reform law will let employers offer greater incentives for participating in wellness programs starting in 2014. Under current rules, employers can provide incentives of up to 20 percent of the total health insurance premium per person. The 2010 Patient Protection and Affordable Care Act boosts the threshold to 30 percent and, in cases approved by federal health and labor officials, up to 50 percent in 2014. Employer programs often reward employees who exercise, lose weight or participate in disease management programs. Incentives may include cash awards, gift cards, higher employer contributions toward the health insurance premium, contributions toward employee health savings accounts, or the chance to compete in a sweepstakes. A lot of research shows people are very much motivated by the potential of a large prize. Some employers offer both individual awards and team awards. Some

Strategy #1: Decrease obesity among adults and youth

Best Practices

employers have found rescission of a reward especially effective. For instance, an employer might offer a \$500 health insurance premium discount to everyone and rescind the reward for employees who choose not to participate in the care management program.

6. **Community Gardens:** A community garden is any piece of land that is gardened or cultivated by a group of people. Community gardens are generally owned by local governments or not-for-profit groups. Supporting community gardens may include the means to establish gardens (e.g., tax incentives, land banking, zoning regulation changes) or ongoing assistance through free services such as water or waste disposal.

Expected Beneficial Outcomes

- Increased accessibility of fruit & vegetables
- Increased consumption of fruit & vegetables
- Increased physical activity for gardeners
- Increased availability of healthy foods in food deserts

For more information go to <http://www.countyhealthrankings.org/policies/community-gardens>.

Strategy #1: Decrease obesity among adults and youth

Action Step Recommendations & Action Plan

Action Step Recommendations

To work toward decreasing **youth obesity**, the following action steps are recommended:

1. Implement a Healthier Choices campaign, which will lead to increased fruit and vegetable consumption, as well as other healthy foods.
2. Increase opportunities for students to engage in physical activity and decrease sedentary behavior.

To work toward decreasing **adult obesity**, the following action steps are recommended:

1. Update and disseminate community wellness guides and calendars that contain information about exercise, nutrition programs and community gardens in Williams County.
2. Increase nutrition/physical education materials being offered to patients by primary care providers
3. Increase opportunities for business to provide wellness programs and insurance incentive programs for their employees.
4. Expand community gardens.
5. Implement the OHA Health Hospitals Initiative.

Action Plan

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Implement a Healthier Choices Campaign		
Year 1: Organize a meeting with all Williams County School District Superintendents to offer support, services and coordinate efforts to increase school nutrition. Work with school and community wellness committees as well as other youth-based organizations to support the following: <ul style="list-style-type: none"> • Healthier snack “extra choices” offered during school lunches • Healthier fundraising foods • Healthier choices in vending machines • Healthier choices at sporting events and concession stands, • Reducing unhealthy foods as rewards 	Diana Savage Bryan City Schools	October 31, 2014
Year 2: Each school district and youth organization will choose at least 1 priority area to focus on and implement.		October 31, 2015
Year 3: Each school district and youth organization will implement at least 3 of the 5 priority areas.		October 31, 2016

Strategy #1: Decrease obesity among adults and youth

Action Step Recommendations & Action Plan, continued

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Increase Opportunities for Students to Engage in Physical Activity & Decrease Sedentary Behavior		
<p>Year One: Research the awareness campaign We Can! Program. Decide which group(s) to implement program with: individuals, families, organizations, or community (public programs or policies)</p> <p>Download and print educational handouts for program group(s) and disseminate</p> <p>Enlist at least xxx individuals, xx families, xx schools, xx grocery stores, xx restaurants, or xx employers to participate in the program</p> <p>Year 2: Continue efforts from year 1</p> <p>Year 3: Continue efforts from years 1 and 2</p> <p>Research Fuel Up to Play 60 grant application deadlines and determine organizations/schools that should apply</p>	<p>Megan Riley Williams County Health Department</p>	<p>October 31, 2014</p>
<p>Year Two: Continue educating parents on the importance of reducing screen time and eating healthy foods.</p> <p>Apply for Fuel Up to Play 60 grants in each school district</p>		<p>October 31, 2015</p>
<p>Year Three: Continue education to parents</p> <p>Implement Fuel Up to Play 60 grant deliverables</p>		<p>October 31, 2016</p>

Strategy #1: Decrease obesity among adults and youth

Action Step Recommendations & Action Plan, continued

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Wellness Community Guide and Calendar		
<p>Year 1: Create a community calendar/guide with the most up-to-date information regarding nutrition and exercise programs and opportunities in Williams County. Include information regarding community gardens and farmer's markets in the area.</p> <p>Work with Parks and Rec Dept. on what is currently made available</p> <p>Make sure guides and calendars are available online and through social media. Update key words on search engines.</p> <p>Search for funding to sustain guides and calendars.</p>	<p style="text-align: center;">Megan Riley Williams County Health Department</p> <p style="text-align: center;">With help from OSU Cooperative Extension</p>	October 31, 2014
<p>Year 2: Partner with local businesses, churches and schools to begin printing the calendar and disseminate current information throughout Williams County.</p> <p>Enlist local businesses to sponsor the printing and dissemination of the calendar.</p> <p>Enlist organizations to update the guides and calendars.</p> <p>Keep the community calendar updated on a quarterly basis.</p>		October 31, 2015
<p>Year 3: Continue efforts of year 1 and 2. Determine on an annual basis who will sponsor and update the guides and calendars for the next 3 years.</p>		October 31, 2016

Strategy #1: Decrease obesity among adults and youth

Action Step Recommendations & Action Plan, continued

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Increase Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Providers		
Year One: Work with primary care physician offices to assess what information and/or materials they are lacking to provide better care for overweight and obese patients.	Krystal Miller Parkview Physicians Group With help from Patsy Miller and Rita Kaufman	October 31, 2014
Year Two: Offer a training for primary care physicians and/or staff such as nutrition counseling and/or other practice-based changes to provide better care for obese/overweight patients. Provide participants with referral and educational materials. Enlist at least 10 primary care physicians and/or staff to be trained.		October 31, 2015
Year Three: Offer additional trainings to reach at least 75% of the primary care physician offices in the county		October 31, 2016
Increase Businesses/Organizations Providing Wellness Programs & Insurance Incentive Programs to Their Employees		
Year 1: Collect baseline data on businesses and organizations offering wellness and insurance incentive programs to employees. Educate Williams County Businesses about the benefits of implementing these programs Encourage businesses and organizations to offer free or subsidized evidence-based programs such as Weight Watchers to their employees and their spouses	Krystal Miller Parkview Physicians Group With help from LouAnn	October 31, 2014
Year 2: Enlist 5 small and 3 large business/organization to initiate wellness and/or insurance incentive programs. Partner with hospitals when appropriate.		October 31, 2015
Year 3: Double the number of businesses/organizations providing wellness and insurance incentive programs from baseline. Encourage businesses and organizations to incentivize employees who are reaching goals and making positive changes.		October 31, 2016

Strategy #1: Decrease obesity among adults and youth

Action Step Recommendations & Action Plan, continued

Decrease Obesity		
Action Step	Responsible Person/Agency	Timeline
Expand Community Gardens & Farmer's Markets		
<p>Year 1: Obtain baseline data regarding which cities/towns, school districts, churches, and organizations currently have community gardens and/or farmer's markets.</p> <p>Obtain baseline data regarding which local food pantries have fresh produce available.</p> <p>Create a community garden/farmer's market coalition.</p> <p>Research grants and funding opportunities to increase the number of community gardens and/or farmer's markets in Williams County.</p>	<p>Sister Rita (community member)</p> <p>With help from Bill Pepple United Way</p> <p>With help from OSU Cooperative Extension</p>	October 31, 2014
<p>Year 2: Help school districts and other organizations apply for grants to obtain funding to start a community garden or farmer's market.</p> <p>Increase the number of food pantries offering fresh produce</p> <p>Encourage the use of SNAP/EBT (electronic benefit transfer) at farmer's markets</p>		October 31, 2015
<p>Year 3: Implement community gardens in all school districts and double the number of organizations with community gardens and/or farmer's markets from baseline.</p> <p>Implement the use of WIC and SNAP/EBT benefits in all farmer's markets</p>		October 31, 2016
Implement OHA Healthy Hospitals Initiative		
<p>Year 1: Community Hospitals and Wellness Centers will implement guidelines and strategies from OHA in their hospital (changes in cafeteria, vending, meetings, etc.)</p>	<p>Phil Ennen Community Health & Wellness Centers Bryan Hospital</p>	October 31, 2014
<p>Year 2: The program will be introduced to area businesses and organizations.</p> <p>The hospital will assist other to adopt the guidelines and strategies, providing sample policies, signage and timeframes</p>		October 31, 2015
<p>Year 3: The program will be introduced into other areas of the community (schools, churches, etc.)</p>		October 31, 2016

Strategy #2: Increase Preventive Health Preventive Health Indicators

In 2013, the health assessment results indicated that 56% of Williams County adults ages 65 and over had a pneumonia vaccination at some time in their life. Nearly 39% of adults had a flu vaccine. 52% of women over the age of 40 reported having a mammogram in the past year. 47% of males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year.

Preventive Medicine

Nearly two-fifths (39%) of Williams County adults had a flu vaccine during the past 12 months.

72% of Williams County adults ages 65 and over had a flu vaccine in the past 12 months. The 2011 BRFSS reported that 61% of U.S. and Ohio adults ages 65 and over had a flu vaccine in the past year.

One in six (17%) adults has had a pneumonia shot in their life, increasing to 56% of those ages 65 and over.

The 2011 BRFSS reported that 70% of U.S. and Ohio adults ages 65 and over had a pneumonia shot in their life.

Williams County adults have had the following vaccines: tetanus booster (including Tdap) in the past 10 years (50%), Zoster (shingles) vaccine in their lifetime (8%), pertussis in the past 10 years (7%), and human papillomavirus vaccine in their lifetime (3%).

Prenatal Care

21% of Williams County women had been pregnant in the past 5 years. During their last pregnancy, Williams County women: got a prenatal appointment in the first 3 months (52%), took a multi-vitamin (50%), took folic acid during pregnancy (32%), took folic acid pre-pregnancy (30%), experienced perinatal depression (7%), smoked cigarettes (2%), and looked for options for an unwanted pregnancy (2%).

Women's Health Screenings and Exams

In 2013, 66% of women had a mammogram at some time and nearly two-fifths (38%) had this screening in the past year.

More than half (52%) of women ages 40 and over had a mammogram in the past year and 69% had one in the past two years. The 2010 BRFSS reported that 75% of women 40 and over in the U.S. and 74% in Ohio, had a mammogram in the past two years.

Most (91%) Williams County women have had a clinical breast exam at some time in their life and 51% had one within the past year.

More than two-thirds (68%) of women ages 40 and over had a clinical breast exam in the past two years. The 2010 BRFSS reported that 77% of women 40 and over in the U.S. and 75% in Ohio, had a clinical breast exam in the past two years.

This assessment identified that 92% of Williams County women have had a Pap smear and 38% reported having had the exam in the past year. 66% 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.

Men's Health Screenings and Exams

Almost two-fifths (39%) of Williams County males had a Prostate-Specific Antigen (PSA) test at some time in their life and 23% had one in the past year.

About two-fifths (42%) of men ages 40 and over had a PSA in the past two years. The 2010 BRFSS reported that 53% of men 40 and over in the U.S. and 54% in Ohio, had a PSA test in the past two years.

Strategy #2: Increase Preventive Health

Preventive Health Indicators, continued

Half (50%) of men had a digital rectal exam in their lifetime and 16% had one in the past year.

74% of males ages 50 and over had a PSA test at some time in their life, and 47% had one in the past year.

82% of males ages 50 and over had a digital rectal exam at some time in their life, and 34% had one in the past year.

About one in five (21%) men reported having erectile dysfunction, increasing to 48% of those over the age of 65.

20% of men had been taught by a healthcare professional how to do a self-testicular exam.

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

HEALTHCARE TOPICS	Total 2013
Physical Activity or Exercise	31%
Weight, Dieting or Eating Habits	29%
Self-Breast or Self-Testicular Exams	22%
Immunizations	19%
Significance of Family History	15%
Depression, Anxiety, or Emotional Problems	14%
Quitting Smoking	10%
Alcohol Use When Taking Prescription Drugs	7%
Injury Prevention Such As Safety Belt Use & Helmet Use	6%
Sexual Practices Including Family Planning, STDs, AIDS, & Condom Use	4%
Alcohol Use	4%
Ways to Prepare for a Healthy Pregnancy and Baby	2%
Drug Use	2%
Domestic Violence	1%

2013 Comparisons	Williams County 2013	Ohio 2011	U.S. 2011
Had a pneumonia vaccination (ages 65 and over)	56%	70%	70%
Had a flu vaccination in the past year (ages 65 and over)	72%	61%	61%
Had a clinical breast exam in the past two years	68%	75%*	77%*
Had a mammogram in the past two years (age 40 & over)	69%	74%*	75%*
Had a pap smear in the past three years	66%	82%*	81%*
Had a PSA test in within the past two years (age 40 & over)	42%	54%*	53%*

*2010 BRFSS

Strategy #2: Increase Preventive Health Resource Assessment

Program/Strategy/ Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Community Lab Draw (PSA)	Community Hospitals and Wellness Centers (CHWC)	Community	Prevention	Best practice
Francine's Friends (Mobile mammogram)	Komen & Parkview Foundation	Bryan	Prevention	Best practice
OB Navigator	CHWC & Parkview	Bryan	Prevention	Best practice
Patient Navigator (mammograms)	CHWC	Bryan	Prevention	Best practice
Vaccines	Health Partners (Recovery Services)	Bryan	Prevention	Best practice
Mammograms & Pap Smears (Funding for low- income)	Breast and Cervical Cancer Prevention/ODH (BCCP) (Through Family & Children First Council)	Women through their primary care physician	Prevention	Best practice
Mammograms (Free)	Komen & Hospital Council of Northwest Ohio (HCNO)	Women	Prevention	Best practice
Breast exams & Pap Smears	Family Planning Clinic (State grant from Fulton County)	Montpelier & Bryan	Prevention	Best practice
Colorectal screenings & mammograms	Parkview Physician's Group	Bryan	Prevention	Best practice
Pneumonia & flu vaccines	Williams County Health Department	All/ community	Prevention	Best practice
Flu vaccines	CHWC	Employees & family members	Prevention	Best practice
HeartStar PSA testing	CHWC	Men	Prevention	Best practice
Employee testing/screenings (PSA)	Various organizations/locations	Men	Prevention	Best practice
County Health Fair (PSA)	Williams County Health Department	All/community	Prevention	None
Flu shots (businesses)	Multiple businesses and agencies	Employees	Prevention	Best practice
Prenatal care	Private OB offices (4 physicians) & Primary Care Physicians	Pregnant women	Prevention/early intervention/treatment	Best practice

Strategy #2: Increase Preventive Health Gaps & Potential Strategies

Gaps	Potential Strategies
Access to affordable mammograms	<ul style="list-style-type: none"> • Target low SES populations • Communicate that you do not need a doctor's referral to get a mammogram • Increase awareness of Medicare offsetting costs • Use patient navigators to help with next steps after the mammogram • Deliver services in alternative or non-clinical settings (go to the people, mobile mammogram bus) • Increase utilization of the mobile mammogram bus
Lack of knowledge of importance of preventive health procedures	<ul style="list-style-type: none"> • Public awareness campaign for flu/pneumococcal (mailed/phone reminders, expanding access such as offering immunizations in nontraditional settings, more convenient hours, drop in clinics or express lane vaccination services, providing vaccine information statements to review in waiting room of doctor's office, prior hospital discharge, upon admission to a healthcare facility) • Target low SES population • Continue offering free flu shots (hospital employees & families)
Unwillingness to get colonoscopy	<ul style="list-style-type: none"> • Client reminder system • Patient navigator • Target low SES population • Diagnostic versus screening (pay)
People think they cannot get in to see a doctor because they owe money	<ul style="list-style-type: none"> • Financial counseling • Offer significant discounts (Parkview)
Prenatal care during first trimester (cannot get a doctor's appointment until 8-12 weeks)	<ul style="list-style-type: none"> • Send a packet of do's and don'ts before the first appointment

Strategy #2: Increase Preventive Health Best Practices

Best Practices

1. Center for Disease Control and Prevention's Best Practices for Mass Influenza Vaccination Campaigns:

Ensuring that Persons at High Risk and their Household Contacts are Vaccinated General Strategies:

- Develop liaisons with community groups representing the elderly and those with chronic diseases (e.g., offer incentives for groups to attend clinics, ask for volunteers to help promote and run clinics).
- Share information about vaccine availability with other clinics/facilities providing flu vaccine in your community. Inform clients about other locations where vaccine is available.
- Schedule and publicize special “senior clinics” when only elderly or other high-risk patients will be accepted.
- Schedule flu vaccine delivery during daytime hours when the elderly, and other high-risk patients, have less need to compete with younger, healthy clients for a place in line at the vaccination location.
- Workplace sites can offer vaccination to elderly and chronically ill employees and relatives of persons in the workplace.
- Promote the campaign by publishing “public service” announcements in local media stressing a commitment to first serve the high-risk population and asking healthy people to cooperate by waiting for availability of vaccine. Include up-to-date information about expected availability of more vaccine and about flu activity (or lack thereof) in the community.
- Share vaccine with other providers (e.g., hospitals, nursing homes, physicians) who see high-risk patients.

At the Vaccination Location:

- Establish criteria for identifying high-risk individuals and those living with them, and ensure that they receive top priority.
- Develop a brief questionnaire or checklist to enable prospective vaccinees to determine their risk status, and encourage those not at high risk to return in December or later.
- Post notices (or personnel) asking healthy people to defer their flu shots so high-risk people can be protected with available vaccine. Give people the opportunity to defer before they have started to wait in line.
- Establish “express lanes” for elderly and high-risk patients to reduce the amount of time they have to stand in line to receive the vaccine.
- Offer incentives for non-high-risk patients who accept a “rain check” to return at a later date for their shots.
- Keep customers informed. Post notices informing clients of hours of flu vaccine clinics and of the need to vaccinate high-risk patients first. Assure them (if appropriate) that additional shipments of vaccine are expected. Post information about other locations where vaccine is available.

For more information go to www.immunize.org/vis/flupract.pdf.

Strategy #2: Increase Preventive Health Best Practices, continued

2. Best Practices for flu/pneumonia community campaign:

Enlist the following groups to support the campaign:

- Community organizations
- Places of worship
- Beauty shops, barber shops, senior centers, and recreation centers
- Political officials and community leaders
- Pharmacies, grocery stores, clothing stores, shoe stores, video stores, and convenience stores
- Fire, police, and rescue departments
- Local library
- Local businesses
- Movie theaters
- Fitness centers, gyms, dance studios, recreation centers, and social halls
- Media

Each of these groups can support many of the following ideas:

- Distribute campaign flyers and/or posters and flu shot clinic listings for display by community partners in high-visibility areas.
- Include campaign materials in special events such as annual family reunions, ethnic festivals, health fairs, and more.
- Contact other businesses and organizations to ask them to join the effort to raise awareness of the need for flu and pneumonia immunizations, or for permission to post flyers and posters.
- Include campaign message in organizational meetings and/or newsletters.
- Organize group to post campaign flyers and/or posters and flu shot clinic listings in senior centers, polling places, apartment-building laundry facilities, etc.
- Organize car pool for those needing transportation to a local flu shot clinic.
- Offer to assist with coordination of a local flu shot clinic.
- Hold employee education session on importance of yearly flu immunizations.
- Sponsor brown bag lunch seminar on importance of yearly flu immunizations.
- Sponsor flu shot clinic for employees.
- Display campaign flyers and/or posters in high-visibility areas.
- Display list providing dates and locations of local flu shot clinics in high-visibility areas.
- Distribute handout with paychecks.

3. **Prenatal care in the first trimester** – Accessing prenatal care in the first trimester by 10 to 12 weeks is vital to improve pregnancy outcomes. HRSA recommends the way to increase the rate of early access to prenatal care is to increase awareness of the importance of prenatal care and to standardize preconception health as part of the routine health care for women of childbearing age. Adequate prenatal care includes counseling, education, along with identification and treatment of potential complications. There are no evidence-based guidelines regarding the content of prenatal visits, but they usually include evaluation of blood pressure, weight, protein levels in the urine, and monitoring fetal heart rate.

For more information, go to:

<http://www.hrsa.gov/quality/toolbox/measures/prenatalfirsttrimester/part3.html>

Strategy #2: Increase Preventive Health Best Practices, continued

4. Men's and Women's Health Screenings Guidelines from American Cancer Society (ACS)

Breast cancer screenings:

- Yearly mammograms are recommended starting at age 40 and continuing for as long as a woman is in good health
- Clinical breast exam (CBE) about every 3 years for women in their 20s and 30s and every year for women 40 and over
- Women should know how their breasts normally look and feel and report any breast change promptly to their health care provider. Breast self-exam (BSE) is an option for women starting in their 20s.
- Some women – because of their family history, a genetic tendency, or certain other factors – should be screened with MRI in addition to mammograms. (The number of women who fall into this category is small: less than 2% of all the women in the US.) Talk with your doctor about your history and whether you should have additional tests at an earlier age.

Prostate cancer screenings:

- The American Cancer Society recommends that men make an informed decision with their doctor about whether to be tested for prostate cancer. Research has not yet proven that the potential benefits of testing outweigh the harms of testing and treatment. The American Cancer Society believes that men should not be tested without learning about what we know and don't know about the risks and possible benefits of testing and treatment.
- Starting at age 50, men should talk to a doctor about the pros and cons of testing so they can decide if testing is the right choice for them. If they are African American or have a father or brother who had prostate cancer before age 65, men should have this talk with a doctor starting at age 45. If men decide to be tested, they should have the PSA blood test with or without a rectal exam. How often they are tested will depend on their PSA level.

5. Financial Incentives for patients undergoing preventive care: Financial incentives such as payments, vouchers, and tickets for prize drawings can be used to encourage patients to undergo preventive care such as screenings, vaccinations, and other brief interventions. Personal incentive programs are usually offered through the public sector and typically offer incentives to low income individuals (Sutherland 2008).

Expected Beneficial Outcomes

- Increased vaccination
- Increased cancer screening
- Increased adherence to treatment
- Reduced health care costs

Evidence of Effectiveness

There is strong evidence that financial incentives increase preventive care among low income and high risk populations (Sutherland 2008). Effects appear strongest for brief, infrequent behaviors such as attending an appointment, and for rewards that are large or delivered soon after the patient completes a target behavior (Marteau 2009).

Financial incentives have been shown to improve patients' participation in vaccination programs, screening for various cancers, and adherence to treatments for tuberculosis and sexually transmitted infections (Sutherland 2008). Incentives can also reduce drug use in the short-term (Marteau 2009) and increase prenatal care for pregnant teenagers (Sutherland 2008).

For more information go to: <http://www.countyhealthrankings.org/policies/financial-incentives-patients-undergoing-preventive-care>

Strategy #2: Increase Preventive Health Action Step Recommendations & Action Plan

Action Step Recommendations

To work toward **increasing preventive health**, the following actions steps are recommended:

1. County-wide vaccination campaign
2. Increase 1st trimester prenatal care
3. Create consistent men's and women's health screening recommendations

Action Plan

Increase Preventive Health		
Action Step	Responsible Person/Agency	Timeline
County-wide Vaccination Campaign		
Year 1: Incorporate various sectors of the community into the community-wide plan (such as community organizations, churches, political officials, law enforcement, schools, media, etc.) Provide sectors with ways to support the campaign: posting or handing out flyers, offering their facility as a flu clinic site, offer free vaccines to employees, etc.) Create a branded logo and flyers that everyone can use	Jim Watkins Williams County Health Dept. Krystal Miller Parkview Physicians Group Dr. Walls Community Health & Wellness Centers	October 31, 2014
Year 2: Continue efforts from Year 1.		October 31, 2015
Year 3: Continue efforts from Years 1 and 2		October 31, 2016
Increase 1st Trimester Prenatal Care		
Year 1: Enlist primary care and OB/GYN and family physician offices to educate women of childbearing age on using prenatal vitamins and folic acid before getting pregnant; and send education on pregnancy do's and don'ts when patient calls in to confirm a pregnancy Expedite the process of enrolling pregnant women in Medicaid. Education on retro-active payments and Paramount Advantage & Buckeye offering monetary incentives for prenatal care and well-baby visits	Laurie Phillips (Navigator) Midwest Community Health Associates (MCHA)	October 31, 2014
Year 2: Double number of offices offering education		October 31, 2015
Year 3: Triple number of offices offering education		October 31, 2016
Create Consistent Men's and Women's Health Screening Recommendations		
Year 1: Complete a baseline survey with physician's offices to determine which screenings they are recommending	Krystal Miller Parkview Physicians Group	October 31, 2014
Year 2: Educate community on current screening recommendations Educate community on new health care laws that pertain to 100% coverage for preventive health care Let community know when free screenings or health fairs will be taking place in the community. Offer incentives to participate		October 31, 2015
Year 3: Continue efforts from year 2		October 31, 2016

Progress and Measuring Outcomes

The progress of meeting the local priorities will be monitored with measurable indicators identified by the Bryan Hospital Planning Committee. The individuals that are working on action steps will meet on an as needed basis. The full strategic planning committee will meet monthly for the first six months and then quarterly to report out the progress. A marketing committee will be formed to disseminate the strategic plan to the community. Action steps, responsible person/agency and timelines will be reviewed at the end of each year by the committee. Edits and revisions will be made accordingly.

Contact Us

For more information about any of the agencies, programs, and services described in this report, please contact:

Chad D. Tinkel, VP/CFO
Community Hospitals & Wellness Centers – Bryan Hospital
433 West High Street
Bryan, Ohio 43506
Phone: 419 636-1131

or

James D. Watkins, Health Commissioner
Williams County Health Department
310 Lincoln Ave.
Montpelier, Ohio 43543
Phone: 419-485-3141
E-mail: willcohd@odh.ohio.gov