



2016/2017 Lucas County Community Health Assessment



HEALTHY
LUCAS COUNTY

Foreword

The members of Healthy Lucas County are pleased to present the 2016/2017 health assessment of our community. Data from children, youth and adults are represented within this report. This comprehensive Community Health Assessment is the result of a strong commitment by dedicated community partners to work together to improve the health and well-being of residents of Lucas County.

This health assessment provides us with a snapshot of Lucas County, as well as our state and nation. The data presented in this report will provide valuable information to develop strategies that focus on wellness, access to care, and unmet community needs. The assessment will provide additional insight in the areas of health and well-being and how they relate to our community structure.

Through collaboration with The Hospital Council of Northwest Ohio and public health researchers at The University of Toledo, every effort has been made to assure that this report contains valid and reliable data. Healthy Lucas County conducted its first health assessment to provide health risk behavior information on Lucas County adult and youth residents in 1999. The health assessment expanded to include data regarding Lucas County children in 2011.

As a result of the 2011 health assessment, Healthy Lucas County implemented its first health improvement strategic plan to operate as a “coalition of coalitions” to reduce health disparities and improve health status by addressing five Healthy Lucas County health improvement priorities. This process has continued with subsequent health assessments, and 2017 will be no different. Five Healthy Lucas County health improvement priorities will be determined so that organizations across the community can adopt these priorities and align their resources to address these disparities organizationally and collaboratively.

As we review the results of the 2016/2017 health assessment, the members of Healthy Lucas County will continue to work collaboratively to identify unmet needs in our community. It is the hope of Healthy Lucas County that this assessment will be a valuable tool to assist you in your efforts to improve the health and well-being of Lucas County residents. It is also the hope that this assessment will foster new collaborative opportunities and initiate quality programs to improve the lives of Lucas County residents.

Sincerely,

Faith DeNardo, Ph.D., CHES
Chair
Healthy Lucas County

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This report was commissioned by Healthy Lucas County:

Adelante

Guisselle Mendoza McDonald
Amalia Gibson
Meyling Ruiz

Advocates for Basic Legal Equality, Inc. (ABLE)

Heather Hall
Holly Hillyer

American Cancer Society

Andrew Mariani

Area Office on Aging of Northwestern Ohio, Inc.

Regina A. Russell
Colette Cordova

Family and Child Abuse Prevention Center

Tammy Knighten

Healthy Lucas County

Faith DeNardo
Julie McKinnon

Hospital Council of Northwest Ohio

Jan Ruma
Britney Ward
Selena Coley
Carly Salamone
Amy Hurley
Barbara Gunning

Emily Stearns

Derek Anderson

Lake Erie West Traffic Safety

Jamie Blazeovich

Lucas County Family and Children First Council

Kristi Hannan

Mercy Health

Jessica Schultz
Vanessa Fitzpatrick

Mental Health and Recovery Services Board of Lucas County

Cami Roth Szirotnyak

New Concepts

David Nallo

Neighborhood Health Association

Doni Miller

Ottawa Hills Schools

Deborah Dolgin

Ohio State University Extension

Felicia Lonas

ProMedica

Gaye Martin

Toledo Fire and Rescue Department

Brian Byrd

Kirk Keane

James Price

Toledo/Lucas County CareNet

Jan Ruma

Julie Grasson

Toledo-Lucas County Commission on Minority Health

Celeste Smith

Toledo-Lucas County Health Department

Kelly Burkholder-Allen

Greg Moore

Lindsey Rodenhauser

Nia Davis

Melissa Hallenbeck

Zyishia Bailey

Jodi Sheaves

Toledo Public Schools

Ann Cipriani

The University of Toledo

Joseph A. Dake

Andrea Masters

United Way of Greater Toledo

Evelyn McKinney

United Pastors for Social Empowerment

Dr. Donald Perryman

YMCA of Greater Toledo/Live Well Greater Toledo

Beth Deakins

YWCA Hope Center

Dani Haynes

YWCA Child Care Resource and Referral

Janece Wooley

Contact Information

Britney Ward

Director of Community Health Improvement
Hospital Council of Northwest Ohio
3231 Central Park West Dr., Suite 200
Toledo, OH 43617
(419)-842-0800
bward@hcno.org

Project Management, Secondary Data, Data Collection, and Report Development Hospital Council of Northwest Ohio

Britney L. Ward, MPH

Director of Community Health Improvement

Selena Coley, MPH

Community Health Improvement Coordinator

Tessa Elliott, MPH

Community Health Improvement Coordinator

Rachel Hoecherl

Graduate Assistant

Broghan Gasser

Undergraduate Assistant

Carolynn McCartney

Undergraduate Assistant

Margaret Wielinski, MPH

Assistant Director of Community Health Improvement

Emily A. Golias, MPH, CHES

Community Health Improvement Coordinator

Emily Stearns, MPH, CHES

Community Health Improvement Coordinator

Derick Sekyere, MPH

Graduate Assistant

Erin Rauschenberg

Undergraduate Assistant

Data Collection & Analysis

Joseph A. Dake, Ph.D., MPH

Professor and Chair
School of Population Health
The University of Toledo

Samantha Schroeder, MPA

Consultant

Aaron J Diehr, PhD, CHES

Consultant

To see Lucas County data compared to other counties, please visit the Hospital Council of Northwest Ohio's Data Link website at:

<http://www.hcno.org/community-services/data-link/>

The 2016/2017 Lucas County Health Assessment is available on the following websites:

Healthy Lucas County

<http://www.healthylucascounty.org/about-us/>

Hospital Council of Northwest Ohio

<http://www.hcno.org/community-services/community-health-assessments/>

Mental Health and Recovery Services Board of Lucas County

<http://www.lcmhrsb.oh.gov/>

Toledo-Lucas County Health Department

<http://www.lucascountyhealth.com/>

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Executive Summary

This executive summary provides an overview of health-related data for Lucas County adults (19 years of age and older), youth (ages 12-18), and children (ages 0-11) who participated in a county-wide health assessment survey during January through April 2017. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention (CDC) for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS) and the National Survey of Children's Health (NSCH) developed by the Child and Adolescent Health Measurement Initiative. The Hospital Council of Northwest Ohio collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

Primary Data Collection Methods

DESIGN

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

INSTRUMENT DEVELOPMENT

Three survey instruments were designed and pilot tested for this study: one for adults, one for adolescents in grades 6-12, and one for parents of children ages 0-11. As a first step in the design process, health education researchers from The University of Toledo and staff members from The Hospital Council of Northwest Ohio (HCNO) met to discuss potential sources of valid and reliable survey items that would be appropriate to assess 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 survey items for the adolescent survey were derived from the YRBSS, and most of the survey items for the parents of children 0-11 were derived from the NSCH. This decision was based on being able to compare local data with state and national data.

The project coordinator from The Hospital Council of Northwest Ohio conducted a series of meetings with Healthy Lucas County's Health Assessment Committee. During these meetings, HCNO and the planning committee reviewed and discussed banks of potential survey questions from the BRFSS, YRBSS and NSCH surveys. Based on input from Healthy Lucas County's Health Assessment Committee, the project coordinator composed drafts of surveys containing 116 items for the adult survey, 70 items for the adolescent survey, and 88 items for the child survey. The drafts were reviewed and approved by health education researchers at The University of Toledo.

SAMPLING | Adult Survey

The sampling frame for the adult survey consisted of adults ages 19 and over living in Lucas County. There were an estimated 297,515 people ages 19 and over living in Lucas County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings). A sample size of at least 384 adults was needed to ensure this level of confidence for the general population. The investigators also calculated the population of African American and Latino adults living in Lucas County. According to 2015 American Community Survey 5-year estimate data, approximately 82,182 African American and 28,558 Latino adults 19 years and older were living in Lucas County. A sample size of at least 382 African American adults and 376 Latino adults were needed to ensure a 95% confidence level for each population.

The random sample of mailing addresses of adults from Lucas County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

SAMPLING | Adolescent Survey

The sampling frame for the adolescent survey consisted of youth in grades 6-12 in Lucas County public school districts. For more information on participating districts and schools, see Appendix IV. The U.S. 2010 Census Bureau reported that approximately 43,198 of all youth ages 12-18 years old live in Lucas County. A sample size of 382 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

SAMPLING | 0-11 Survey

The sampling frame for the survey of children consisted of parents of children ages 0-11 in Lucas County. The U.S. 2010 Census Bureau determined that approximately 69,902 children ages 0-11 live in Lucas County. The investigators conducted a power analysis based on a post-hoc distribution of variation in responses (70/30 split) to determine what sample size was needed to ensure a 95% confidence level with corresponding confidence interval of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error). The sample size required to generalize to children ages 0-11 was 382. The random sample of mailing addresses of parents of children 0-11 was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

PROCEDURE | Adult Survey

Prior to mailing the survey, the project coordinator mailed an advance letter to 3,600 adults in Lucas County: 1,200 to the general population, 1,200 to the African American population, and 1,200 to the Latino population. This advance letter was personalized, printed on Healthy Lucas County stationery and signed by the following: Eric Zgodzinski, Health Commissioner of the Toledo-Lucas County Health Department; W. Scott Fry, President and CEO of The Hospital Council of Northwest Ohio; Paula Hicks-Hudson, Mayor of Toledo; and Guisselle Mendoza McDonald, Executive Director of Adelante Inc. The letter introduced the county health assessment project and informed readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected, and it encouraged the readers to complete and return the survey promptly if they were selected.

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

The response rate for the general population was 41% (n=446: CI=± 4.64). This return rate and sample size means that the responses in the health assessment should be representative of the entire county. The response rate for the African American mailing was 22% (n=223: CI= ± 6.50). The response rate for the Latino mailing was 18% (n=182: CI= ± 7.23). Only 223 African Americans and 182 Latino adults responded to the survey. As a result, there is a greater margin of error when generalizing to the overall population of these specific two racial/ethnic groups. Caution should be taken when generalizing the results of this assessment to the African American and Latino communities.

Key leaders within the minority populations determined it would be beneficial to create individual health assessments for the African American and Latinos along with the general survey findings.

PROCEDURE | Adolescent Survey

The survey was approved by all participating superintendents. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a home room or health class. Classrooms were randomly chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 94% (n=1,535: CI=± 2.48).

PROCEDURE | Children 0-5 and 6-11

Prior to mailing the survey to parents of children ages 0-11, the project team mailed an advance letter to 2,400 parents in Lucas County. This advance letter was personalized, printed on Healthy Lucas County stationery and signed by the following: Eric Zgodzinski, Health Commissioner of the Toledo-Lucas County Health Department; W. Scott Fry, President and CEO of The Hospital Council of Northwest Ohio; Paula Hicks-Hudson, Mayor of Toledo; and Guisselle Mendoza McDonald, Executive Director of Adelante Inc. The letter introduced the county health assessment project and informed readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Three weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized, hand-signed cover letter (on Healthy Lucas County stationery) describing the purpose of the study, a questionnaire, a self-addressed stamped return envelope, and a \$2 incentive. Approximately three weeks after the first-wave mailing, a second-wave mailing included another personalized cover letter encouraging parents to reply, another copy of the questionnaire, and another reply envelope. A third-wave postcard was sent three weeks after the second-wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent. The response rate was 16% (n=316; CI= ± 5.51).

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at The University of Toledo using SPSS 23.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Lucas County, the adult data collected was weighted by age, gender, race, and income using 2015 Census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix III.

LIMITATIONS

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

Second, the response rate for African Americans (22%) and Latinos (18%) in Lucas County was very low, even though a specialized mailing list was purchased to recruit African Americans and Latinos. Though the African American and Latino response rates were low, Lucas County yielded a higher response than the 2015 Ohio BRFSS rate of 11.5% for African Americans and 2.8 % for Latinos. To be 95% confident in our findings with a 5% margin of error, we would have needed 382 surveys to be returned from the African American population and 376 from the Latino population. The low response rate yielded only 223 African American responses resulting in a margin of error of 6.50% and 182 Latino responses resulting in a margin of error of 7.23%.


Furthermore, while the survey was sent to random households in Lucas County, those responding to the survey were more likely to be older. For example, only 18 respondents were younger than 30. While weightings might be applied during calculations to help account for this, it still presents a potential limitation (to the extent that the responses from these 18 individuals might substantively differ than the majority of Lucas County residents younger than 30). Therefore, those younger than 30 were not included in the graphs throughout the report.

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

Lastly, this survey asked parents questions regarding their young children. Should enough parents feel compelled to respond in a socially desirable manner inconsistent with reality, this would represent a threat to the internal validity of the results.

2016 Ohio State Health Assessment (SHA)

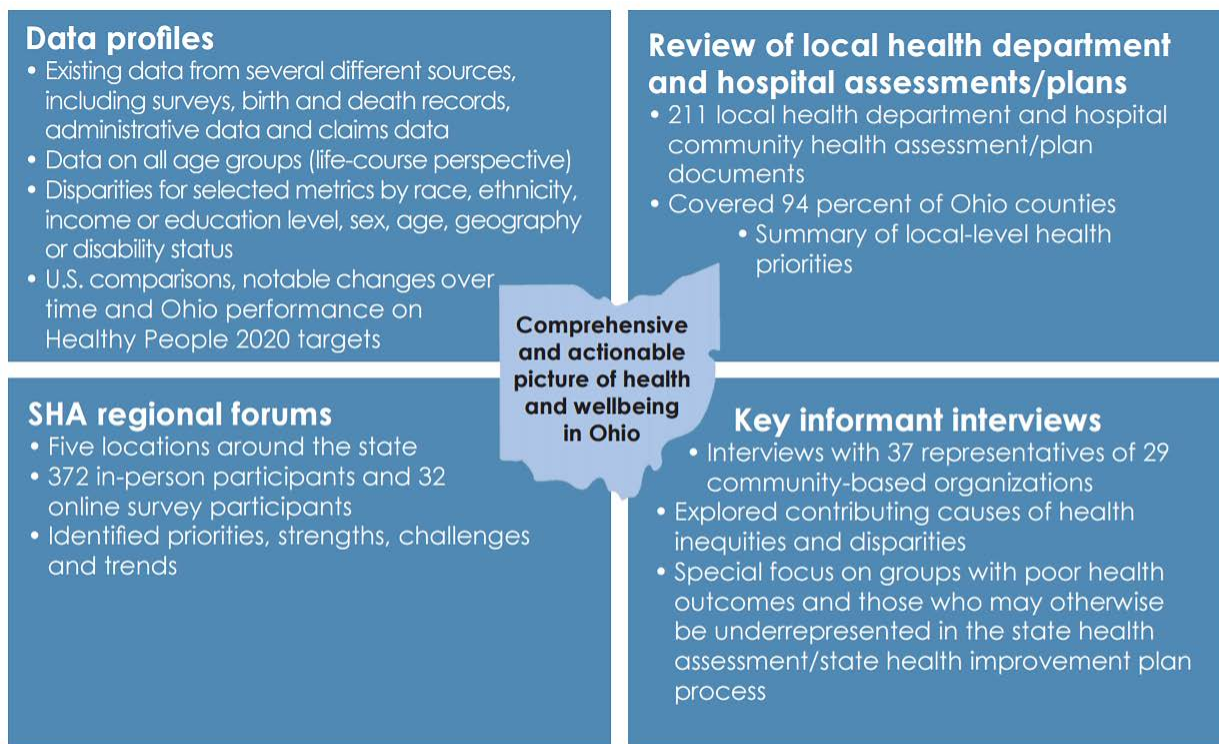
The 2016 Ohio State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes more than 140 metrics, organized into data profiles, as well as information gathered through five regional forums, a review of local health department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

Similar to the 2016 Ohio SHA, the 2016/2017 Lucas County Community Health Assessment (CHA) examined a variety of metrics from various areas of health, including, health behaviors, chronic disease, access to health care, and social determinants of health. Additionally, the CHA studied themes and perceptions from local public health stakeholders from a wide variety of sectors. **Note: This symbol  will be displayed in the trend summary when an indicator directly aligns with the 2016 Ohio SHA.**

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

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

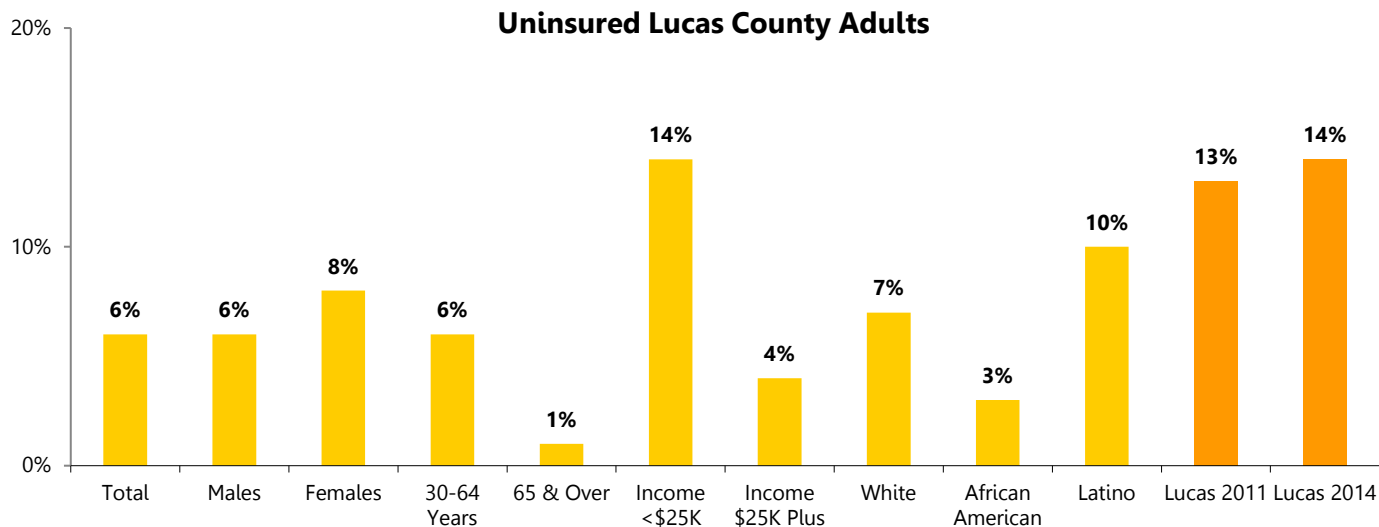
FIGURE 1.1 | State Health Assessment (SHA) Sources of Information



Data Summary

HEALTHCARE COVERAGE

The 2017 health assessment data identified that 6% of Lucas County adults were without health care coverage. Those most likely to be uninsured were adults with an income level of less than \$25,000 year. In Lucas County, 21.1% of residents live below the poverty level (*Source: U.S. Census, American Community Survey 5 Year Estimate, 2011-2015*).



ACCESS AND UTILIZATION

The 2017 health assessment identified that 79% of adults had visited a doctor's office for health care services or advice. Thirteen percent (13%) of adults looked for a program to help with depression, anxiety, or some mental health problem.

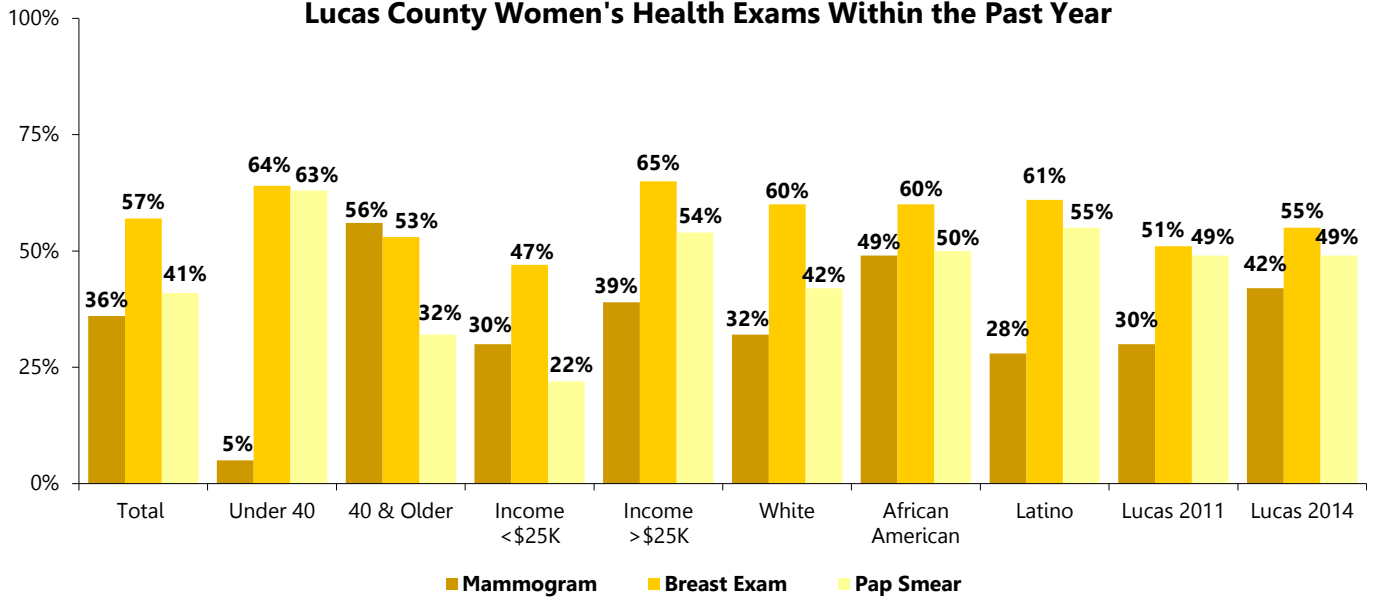
PREVENTIVE MEDICINE

More than two-thirds (71%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than half (52%) of adults had a flu vaccine in the past year.

WOMEN'S HEALTH

In 2017, more than half (56%) of Lucas County women older than 40 reported having a mammogram in the past year. Fifty-seven percent (57%) of Lucas County women ages 19 and older had a clinical breast exam and 41% had a Pap smear to detect cancer of the cervix in the past year. Three percent (3%) of women survived a heart attack and 2% survived a stroke at some time in their life. More than one-third (36%) were obese, 30% had high blood pressure, 23% had high blood cholesterol, and 15% were identified as smokers, all of which are known risk factors for cardiovascular diseases.

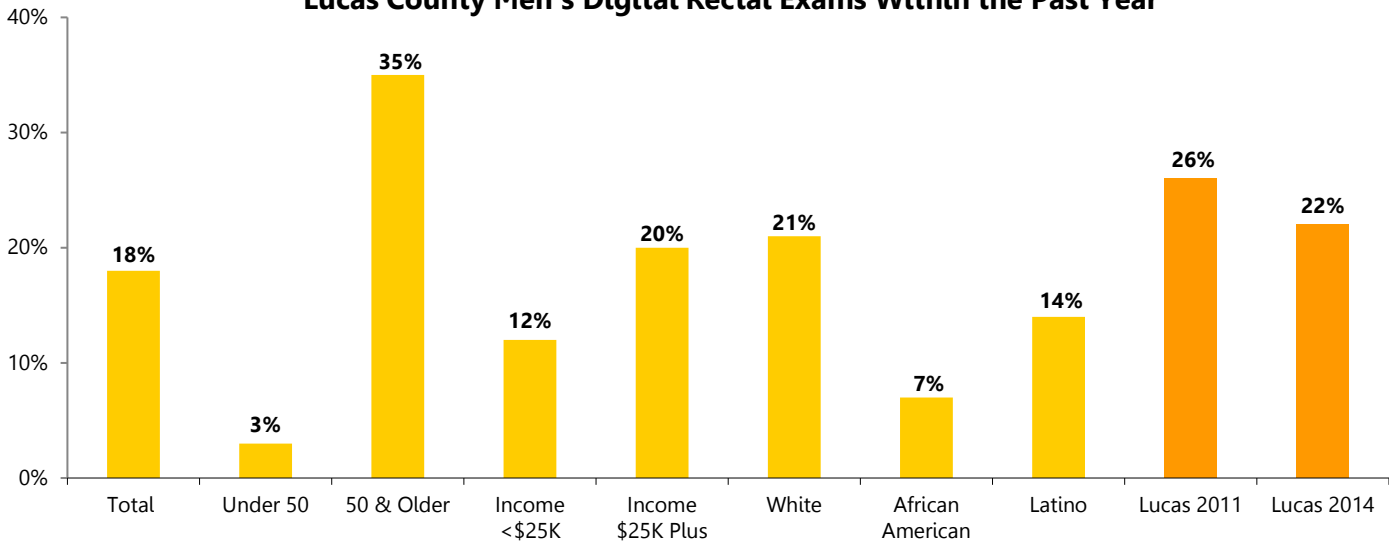
Lucas County Women's Health Exams Within the Past Year



MEN'S HEALTH

In 2017, 50% of Lucas County men had a digital rectal exam in their lifetime, and 18% had one in the past year. More than two-fifths (41%) of men had been diagnosed with high blood pressure, 27% had high blood cholesterol, and 16% were identified as smokers, which, along with obesity (31%), are known risk factors for cardiovascular diseases.

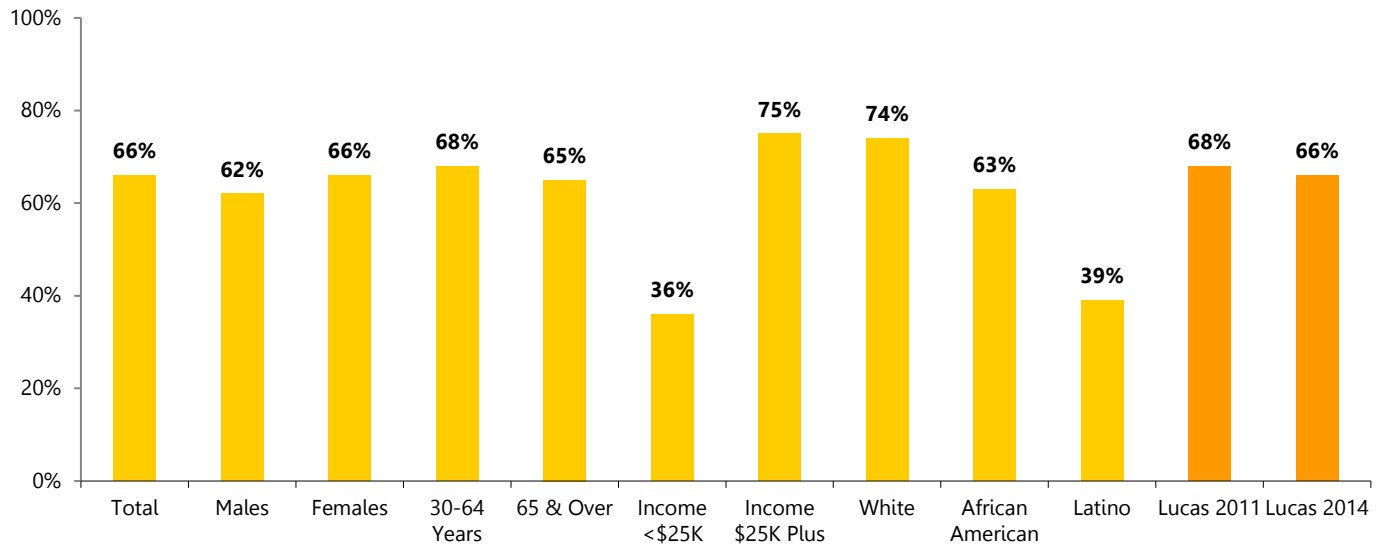
Lucas County Men's Digital Rectal Exams Within the Past Year



ORAL HEALTH

The 2016/2017 health assessment determined that two-thirds (66%) of Lucas County adults had visited a dentist or dental clinic in the past year. The 2014 BRFSS reported that 65% of Ohio adults and 65% of U.S. adults had visited a dentist or dental clinic in the previous 12 months.

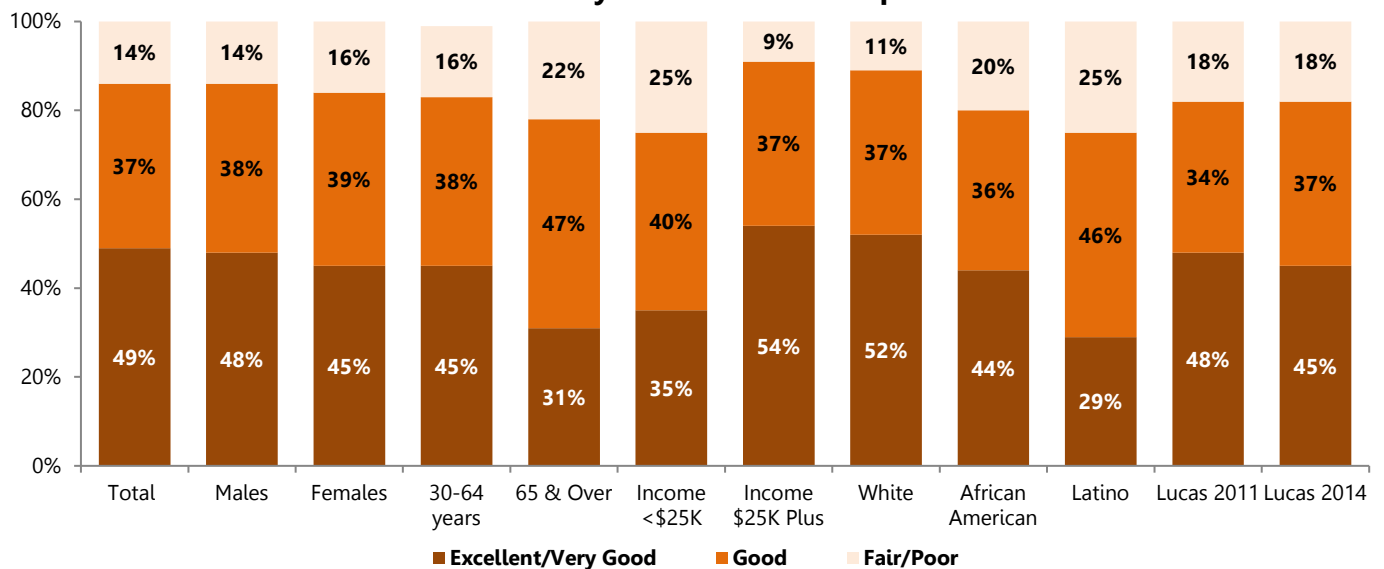
Lucas County Adults Visiting a Dentist in the Past Year



HEALTH STATUS PERCEPTIONS

In 2017, nearly half (49%) of Lucas County adults rated their health status as excellent or very good. Conversely, 14% of adults, increasing to 25% of those with incomes less than \$25,000, described their health as fair or poor.

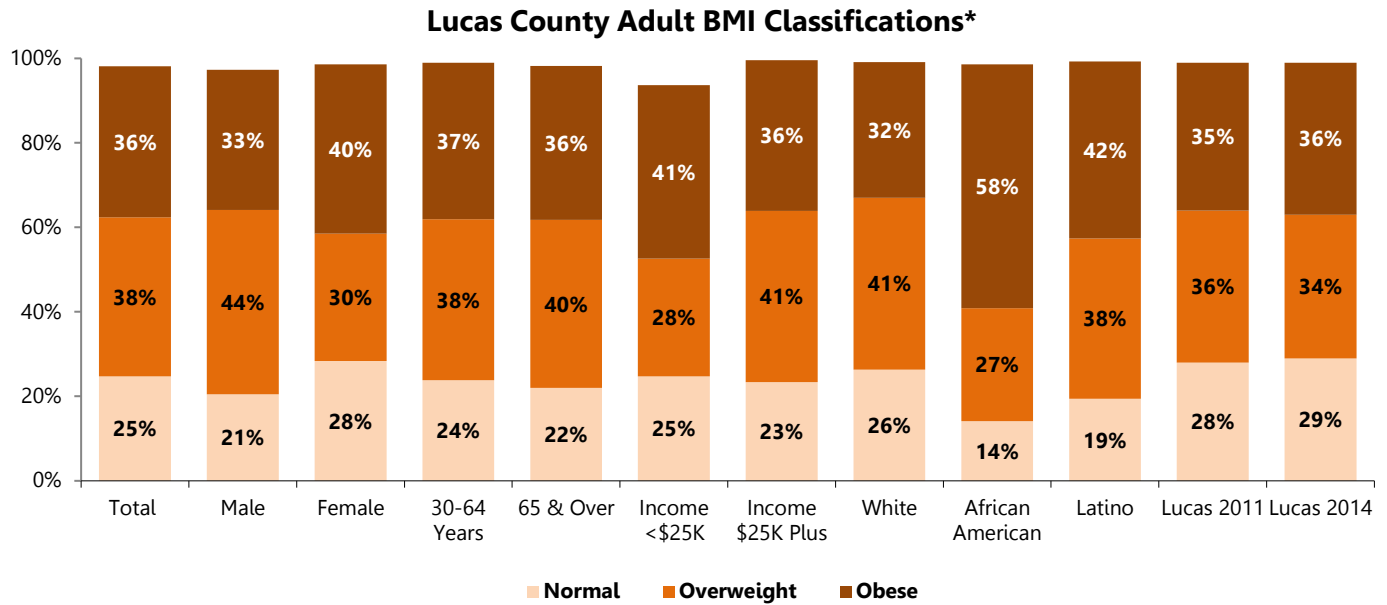
Lucas County Adult Health Perceptions*



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

ADULT WEIGHT STATUS

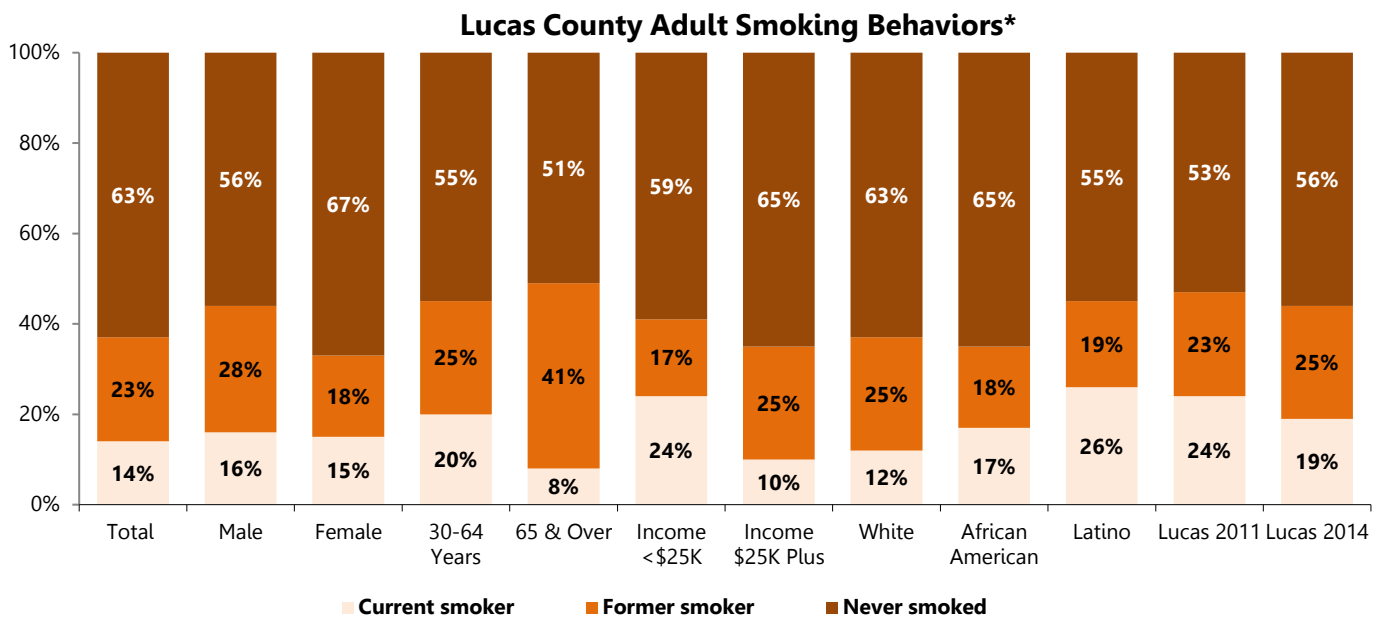
The 2017 health assessment identified that 74% of Lucas County adults were overweight or obese based on Body Mass Index (BMI). The 2015 BRFSS indicated that 30% of Ohio and of U.S. adults were obese by BMI. Over one-third (36%) of Lucas County adults were obese.



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

ADULT TOBACCO USE

In 2017, 14% of Lucas County adults were current smokers, and 23% were considered former smokers. Five percent (5%) of adults used e-cigarettes in the past year. Fifty percent (50%) of smokers reported trying to quit in the past year.

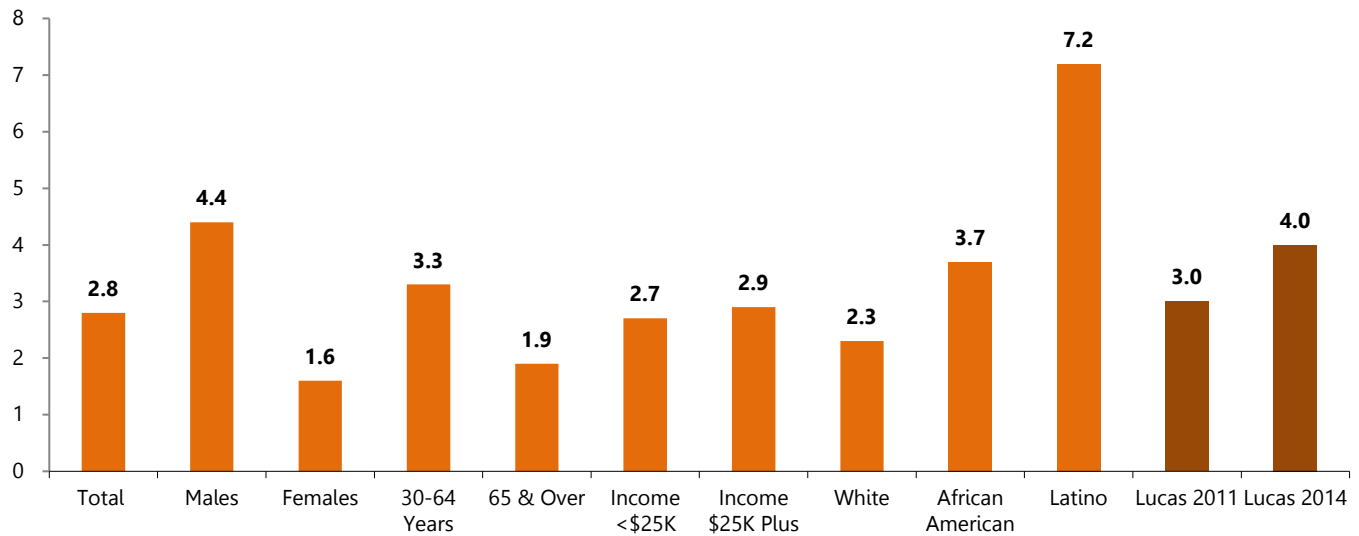


*Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days or not at all?"

ADULT ALCOHOL USE

Nearly one-fourth (24%) of Lucas County adults were considered binge drinkers (defined as five or more drinks for males or four or more drinks for females on one occasion) in the past month. The 2015 BRFSS reported binge drinking rates of 18% for Ohio and 16% for the U.S. Eight percent (8%) of adults reported driving after believing they may have had too much to drink, increasing to 12% of males.

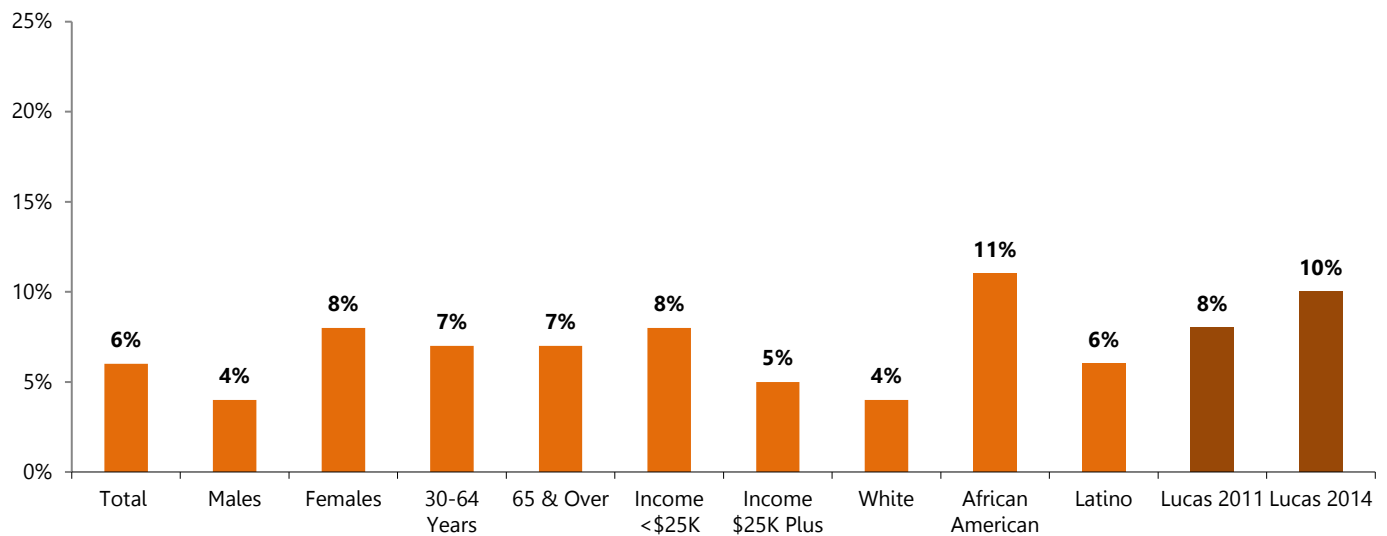
Adults' Average Number of Drinks Consumed Per Drinking Occasion



ADULT DRUG USE

In 2017, 12% of Lucas County adults had used marijuana during the past 6 months. Six percent (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.

Lucas County Adult Medication Misuse in Past 6 Months



ADULT SEXUAL BEHAVIOR

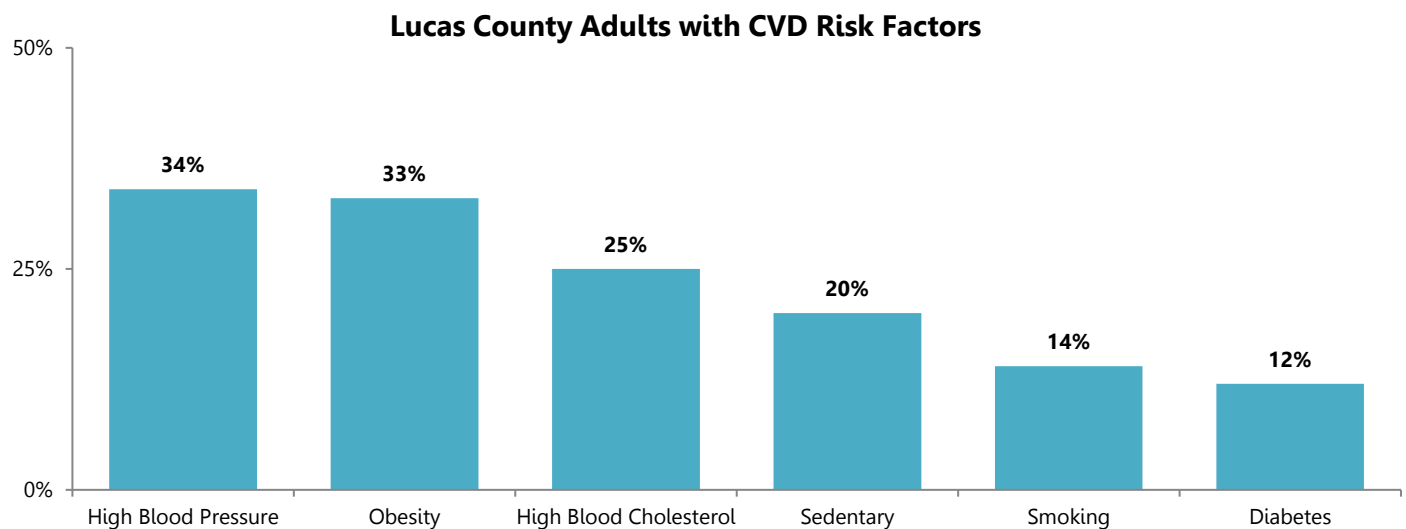
In 2017, 70% of Lucas County adults had sexual intercourse. Twelve percent (12%) of adults had more than one partner. The CDC estimates that youth ages 15-24 make up just over one quarter of the sexually active population but account for half of the 20 million new sexually transmitted infections that occur in the United States each year (Source: CDC, *STDs in Adolescents and Young Adults, 2017 STD Surveillance*).

ADULT MENTAL HEALTH

In 2017, 2% of Lucas County adults considered attempting suicide. Thirty-two percent (32%) of adults did not get enough rest or sleep almost every day for two or more weeks in a row. Fourteen percent (14%) of Lucas County adults had used a program or service to help with depression, anxiety, or other emotional problems for themselves or a loved one.

CARDIOVASCULAR HEALTH

The 2016/2017 Lucas County Community Health Assessment found that 5% of adults had survived a heart attack and 3% had survived a stroke at some time in their lives. More than one-third (34%) of Lucas County adults had high blood pressure, 33% were obese, 25% had high blood cholesterol, and 14% were smokers, four known risk factors for heart disease and stroke. Heart disease (26%) and stroke (6%) accounted for 32% of all Lucas County adult deaths from 2013-2015 (Source: CDC Wonder, 2013-2015).



CANCER

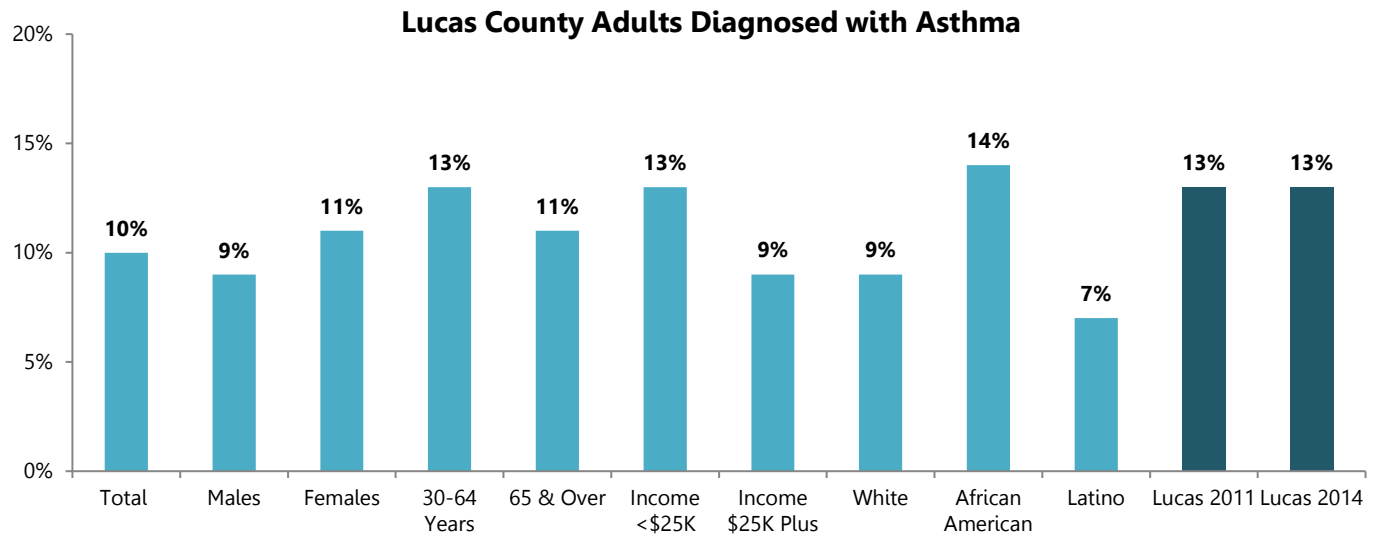
In 2017, 13% of Lucas County adults had been diagnosed with cancer at some time in their lives.

ARTHRITIS

Almost one-quarter (23%) of Lucas County adults were diagnosed with arthritis. The 2015 BRFSS indicated that 28% of Ohio adults and 25% of U.S. adults were told they had arthritis.

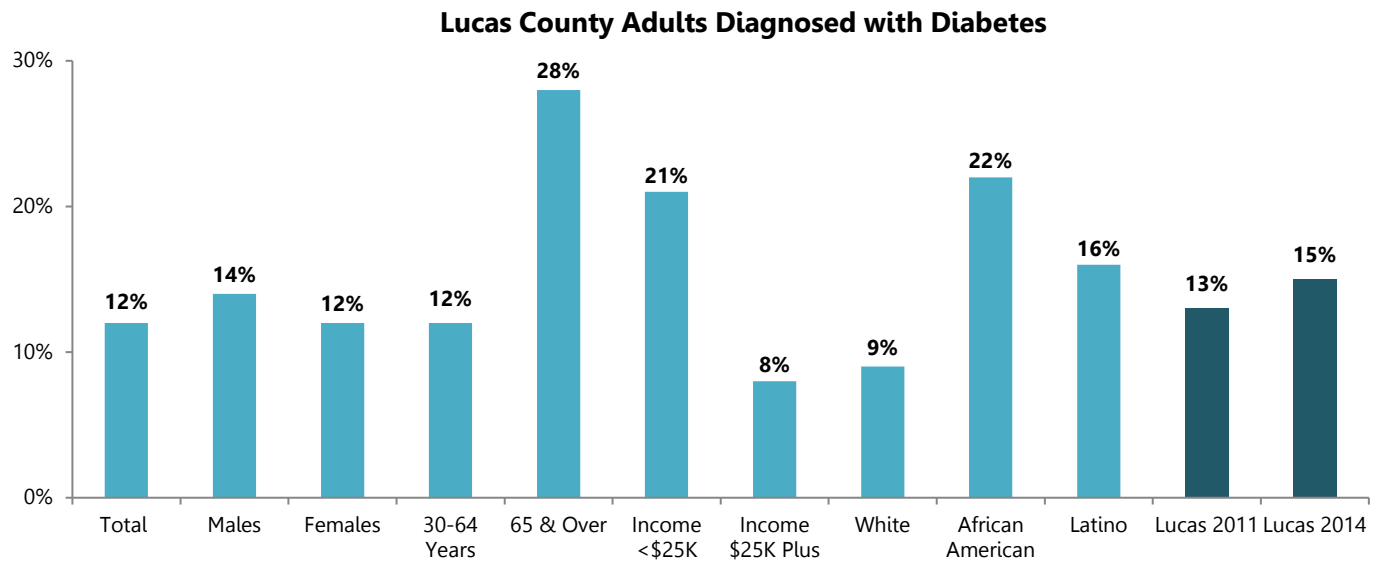
ASTHMA

One-in-ten (10%) Lucas County adults had been diagnosed with asthma.



DIABETES

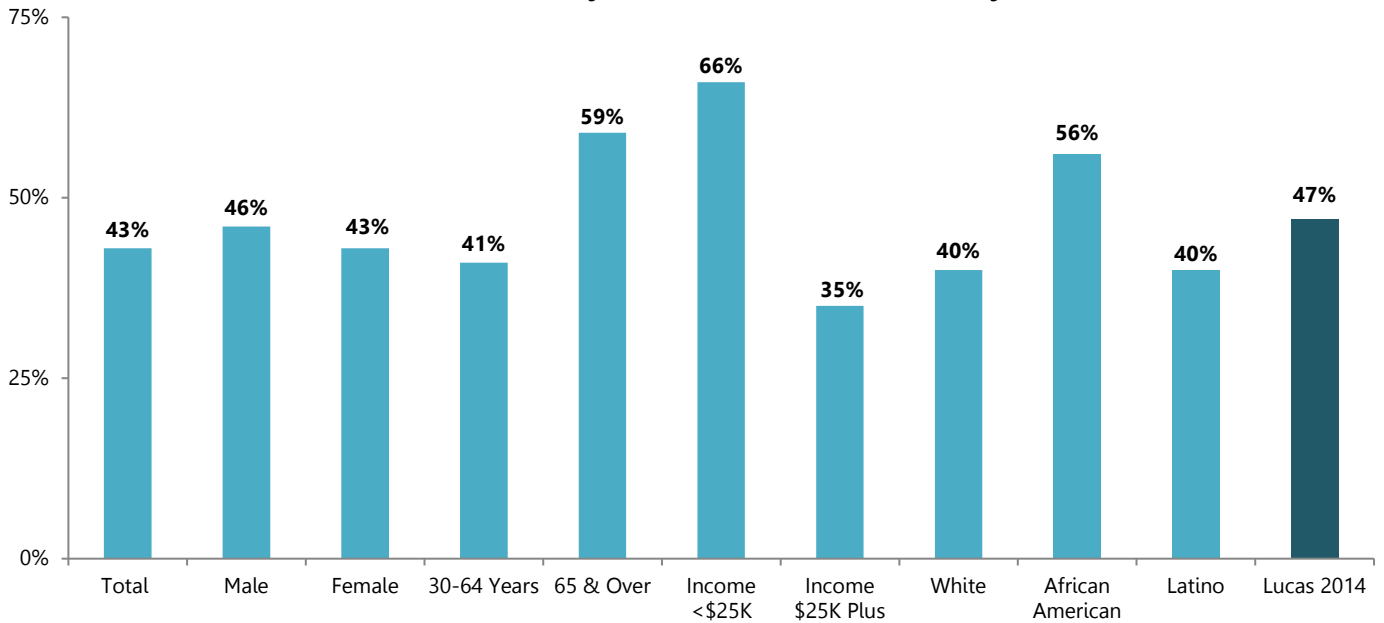
In 2017, 12% of Lucas County adults had been diagnosed with diabetes. Nearly two-fifths (38%) of adults with diabetes rated their health as fair or poor.



QUALITY OF LIFE

In 2017, 43% of Lucas County adults were limited in some way because of a physical, mental or emotional problem. Back or neck problems (47%) were reported as the most limiting problem in Lucas County.

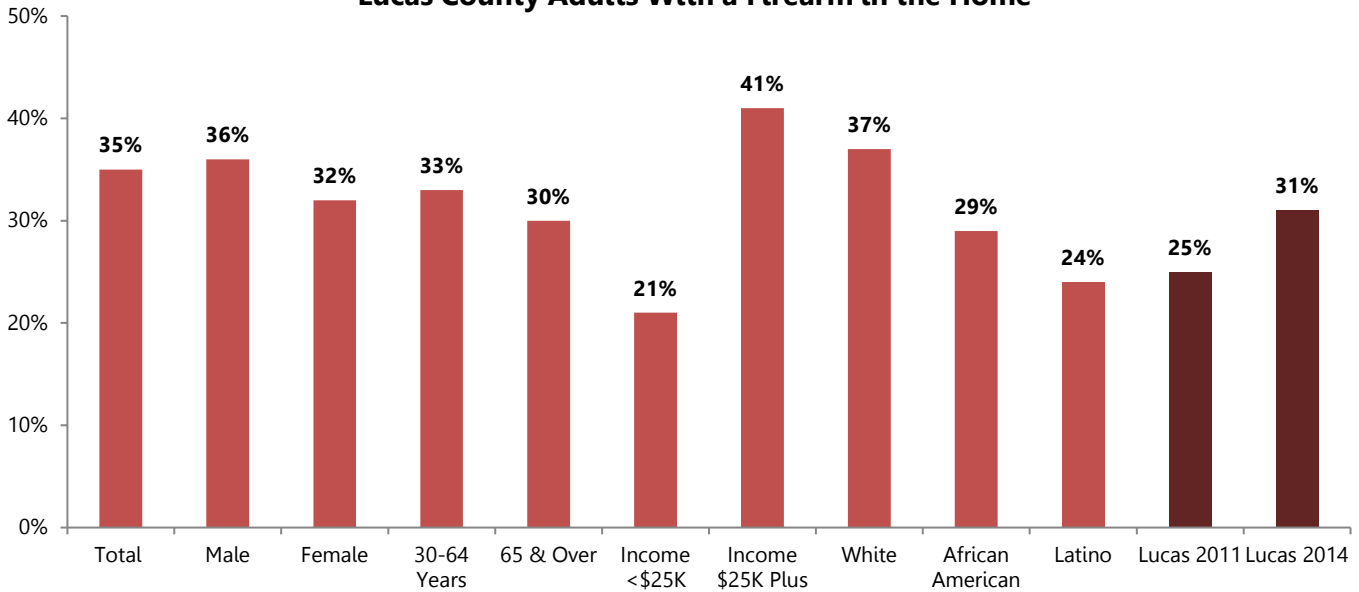
Lucas County Adults Limited in Some Way



SOCIAL DETERMINANTS OF HEALTH

In 2017, 9% of Lucas County adults were abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). Sixteen percent (16%) of adults had bills they could not pay. More than half (52%) of adults reported gambling in the past year.

Lucas County Adults With a Firearm in the Home



ENVIRONMENTAL HEALTH

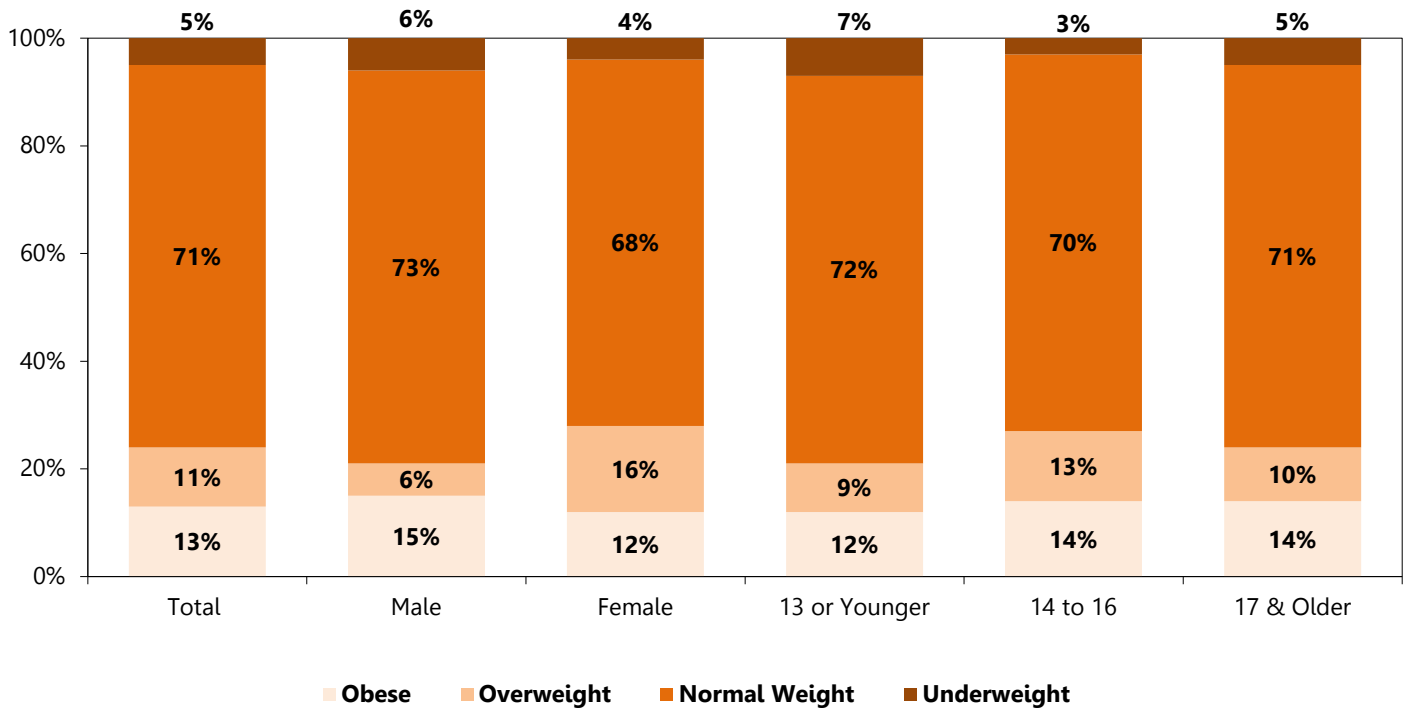
Lucas County adults reported the following as the top three issues that threatened their health in the past year: insects (11%), rodents (8%), and bed bugs (7%). Seventy-two percent (72%) of adults reported they had a working smoke detector in their home.

Data Summary | Youth Health

Youth Weight Status

The health assessment identified that 13% of Lucas County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 26% of youth reported that they were slightly or very overweight. Seventy percent (70%) of youth exercised for 60 minutes on 3 or more days per week.

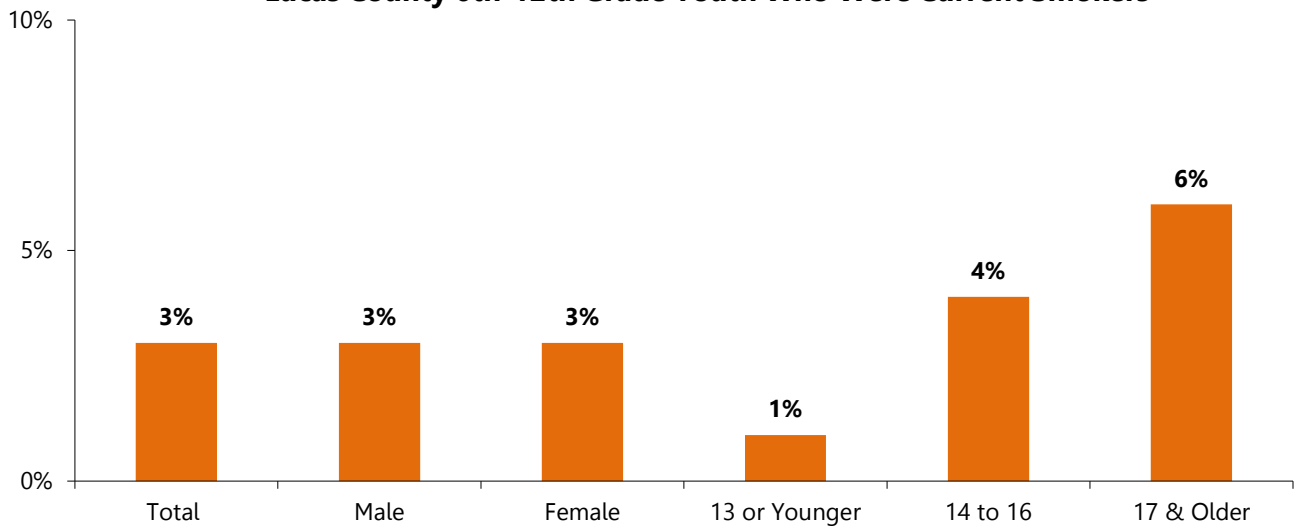
Lucas County 6th-12th Grade Youth BMI Classifications



Youth Tobacco Use

The health assessment identified that 3% of Lucas County youth were current smokers, increasing to 6% of those ages 17 and older. Twenty percent (20%) of those who had smoked a whole cigarette did so at 10 years old or younger, and another 23% had done so by 12 years old. The average age of onset for smoking was 12.5 years old. Seven percent (7%) of youth used e-cigarettes in the past year.

Lucas County 6th-12th Grade Youth Who Were Current Smokers

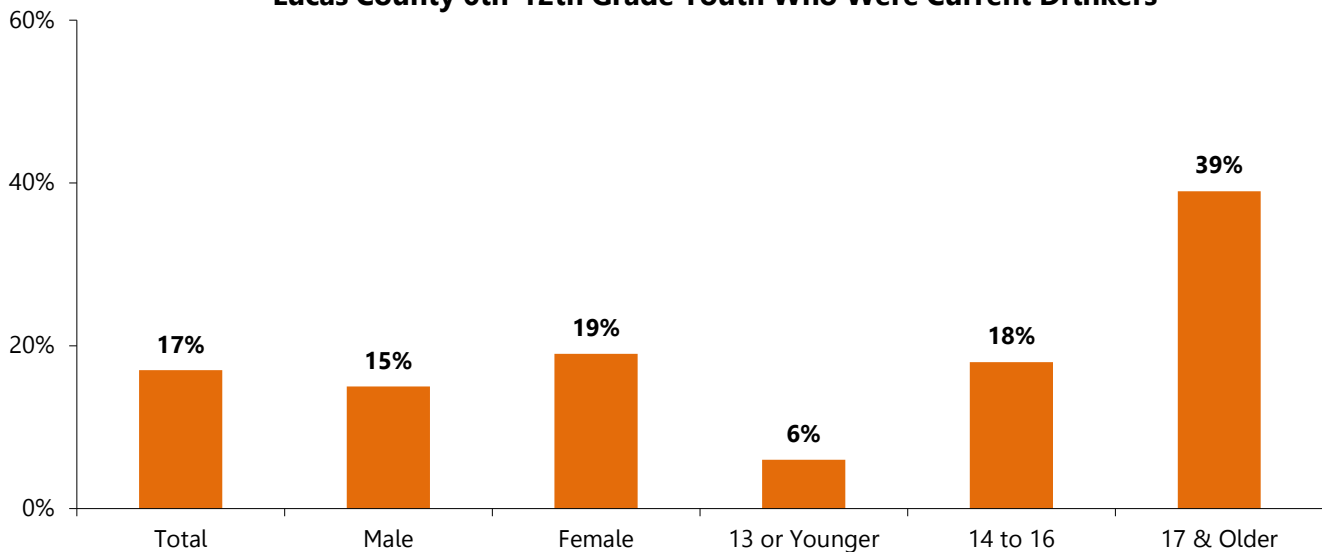


"Current smokers" indicate youth who self-reported smoking at any time during the past 30 days.

Youth Alcohol Use

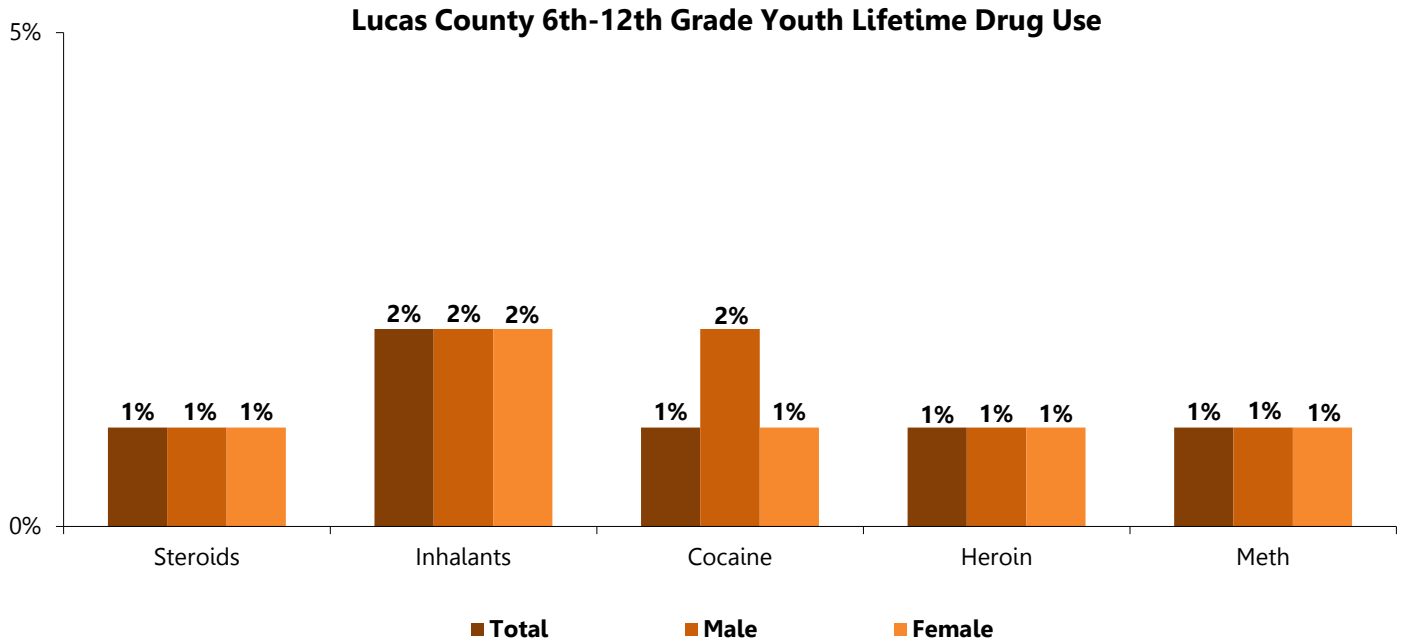
Seventeen percent (17%) of all youth and 39% of those over the age of 17 had at least one drink in the past 30 days. Over two-fifths (43%) of youth who reported drinking in the past 30 days had at least one episode of binge drinking. Four percent (4%) of all youth drivers had driven a car in the past month after they had been drinking alcohol.

Lucas County 6th-12th Grade Youth Who Were Current Drinkers



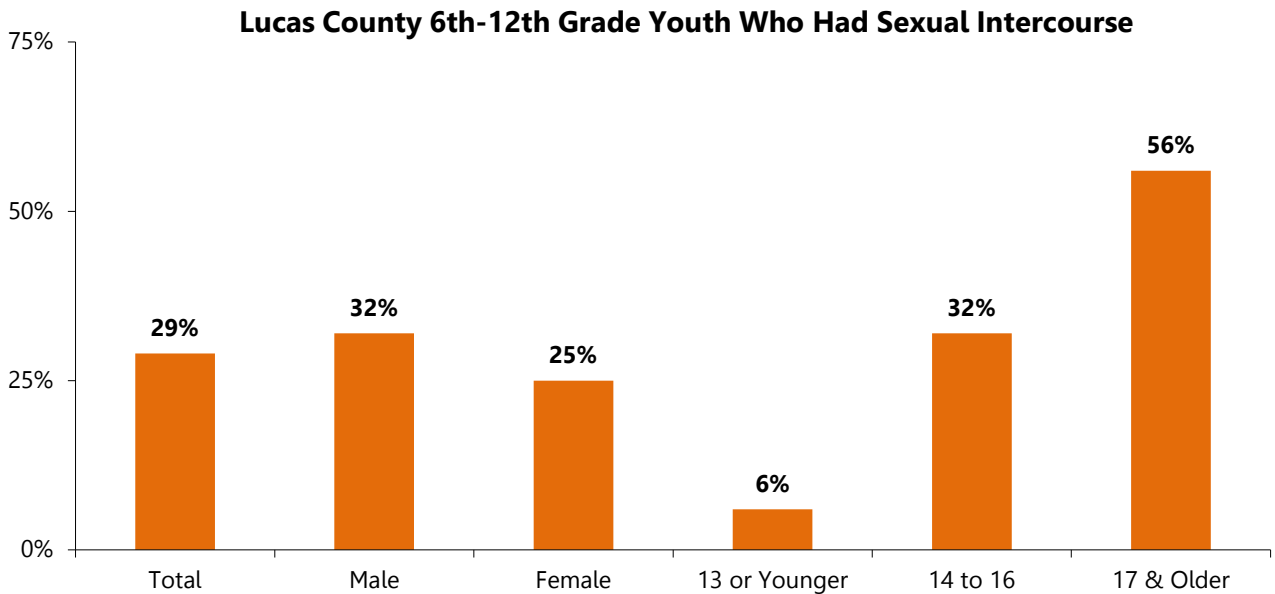
Youth Drug Use

Ten percent (10%) of Lucas County youth had used marijuana at least once in the past 30 days, increasing to 22% of those ages 17 and older. Five percent (5%) of youth had tried marijuana before the age of 13.



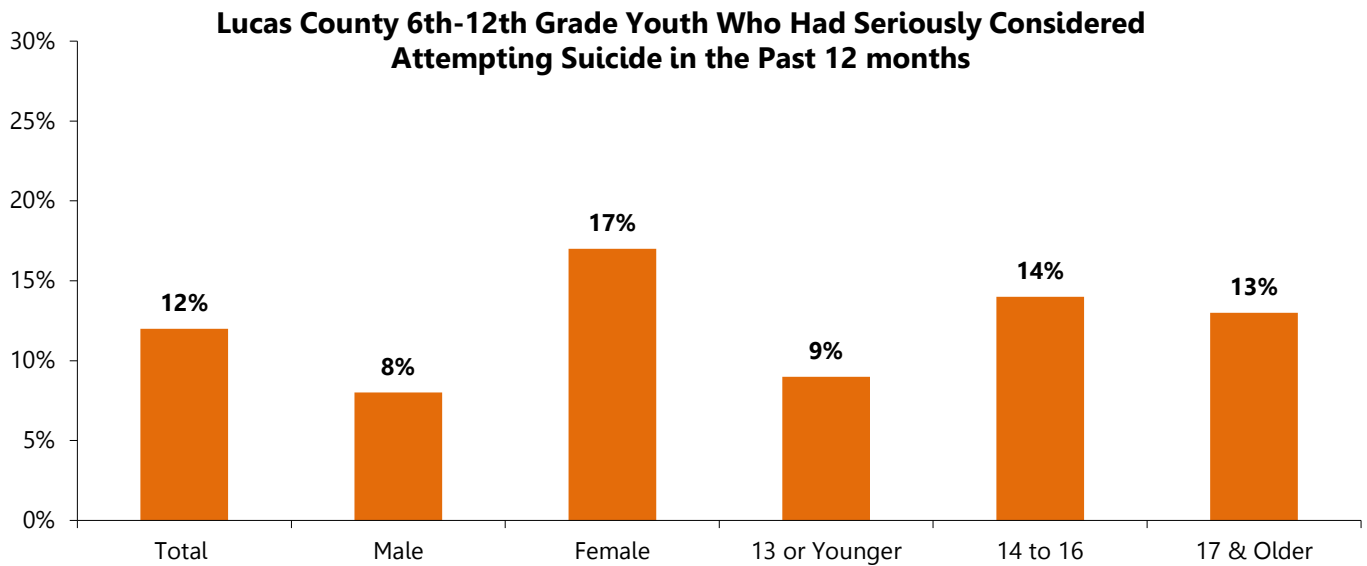
Youth Sexual Behavior

More than one-quarter (29%) of Lucas County youth have had sexual intercourse. Twenty-three percent (23%) of youth had participated in oral sex, and 6% had participated in anal sex. Twenty-five percent (25%) of youth participated in sexting. Of those who were sexually active, 63% had multiple sexual partners. (Disclaimer: 13 out of 29 participating Lucas County schools did not ask sexual behavior questions.)



YOUTH MENTAL HEALTH

Twelve percent (12%) of Lucas County youth had seriously considered attempting suicide in the past year, and 7% attempted suicide in the past year, increasing to 10% of females. Of those who experienced three or more adverse childhood experiences (ACEs), 33% seriously considered attempting suicide, compared to 4% of those who experienced zero ACEs. Sixteen percent (16%) of youth talked to no one when feeling depressed or suicidal.

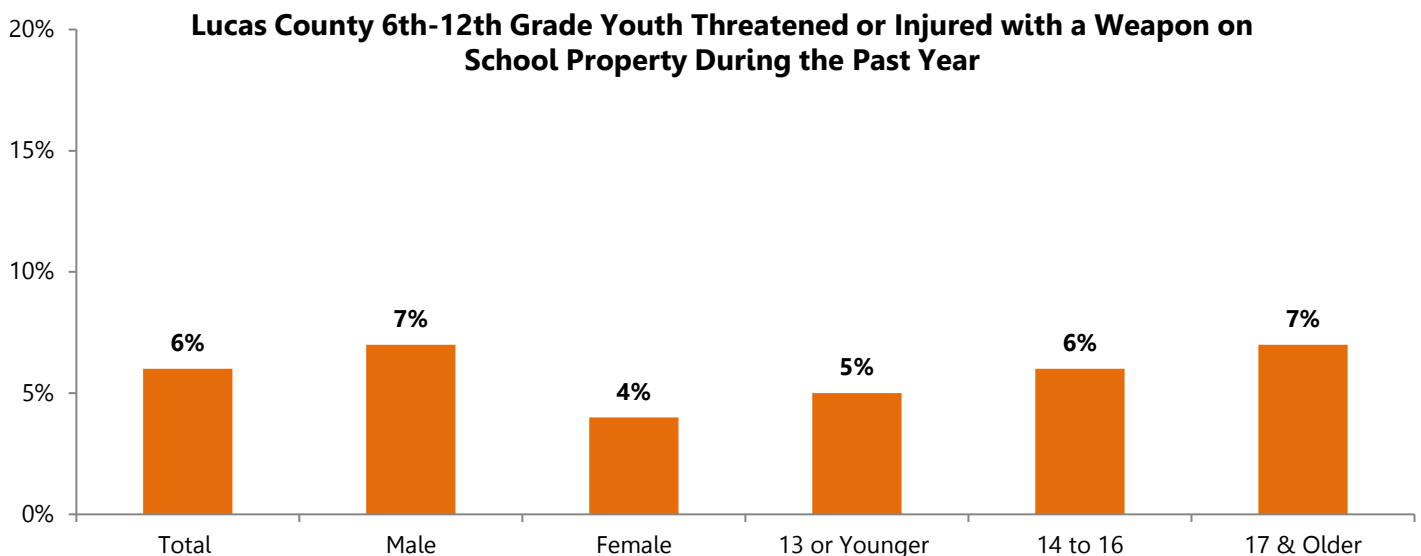


PERSONAL HEALTH AND SAFETY

About three-fourths (76%) of youth had been to the dentist in the past year. About one-fifth (21%) of youth had been diagnosed with asthma, increasing to 31% of those ages 17 and older. More than one-fifth (22%) of youth drivers texted while driving. Nineteen percent (19%) of youth had three or more adverse childhood experiences, increasing to 25% of females (compared to 14% of males).

YOUTH VIOLENCE

In Lucas County, 6% of youth had been threatened or injured with a weapon on school property in the past year. One-fifth (20%) of youth had been bullied on school property in the past year.



YOUTH PERCEPTIONS

In Lucas County, 74% of youth reported their parents would disapprove of them using marijuana. Seventy-two percent (72%) of youth reported their peers would disapprove of them misusing prescription drugs. Over half (52%) of youth reported that people risk harming themselves if they use e-cigarettes, decreasing to 43% of youth ages 17 and older.

Data Summary | Child Health

HEALTH AND FUNCTIONAL STATUS

In 2017, 33% of children were classified as obese by Body Mass Index (BMI) calculations. Eighty-four percent (84%) of Lucas County parents had taken their child ages 0-11 to the dentist in the past year. Twelve percent (12%) of Lucas County parents reported their child ages 0-11 had been diagnosed with asthma. Nine percent (9%) of parents reported their child had been diagnosed with ADD/ADHD.

HEALTH CARE ACCESS

In 2017, 1% of Lucas County parents reported their 0-11 year old did not have health insurance. Twenty-two (22%) of parents reported they had taken their child to the hospital emergency room at least once in the past year due to accidents, injury, and poisonings. Ninety-three percent (93%) of parents had taken their child to the doctor for preventive care in the past year.

EARLY CHILDHOOD (0-5 YEARS OLD)

The following information was reported by parents of children ages 0-5 years. Ninety-four percent (94%) of mothers got prenatal care within the first three months during their last pregnancy. Eight percent (8%) of mothers smoked cigarettes or used other tobacco products during their last pregnancy. Eighty-one percent (81%) of parents put their child to sleep on his/her back. Over two-fifths (22%) of mothers never breastfed their child.

MIDDLE CHILDHOOD (6-11 YEARS OLD)

The following information was reported by Lucas County parents of children ages 6-11 years. Seventy-one percent (71%) of parents reported their child was physically active for at least 60 minutes on 3 or more days per week. Twenty-eight percent (28%) of parents reported their child had an email or a social network account.










FAMILY AND COMMUNITY CHARACTERISTICS

In 2017, 44% of Lucas County parents reported their 0-11 year old child slept 10-11 hours per night. Ninety percent (90%) of parents reported their neighborhood was always or usually safe enough for their child to go out and play. Six percent (6%) of parents reported there was an unlocked and loaded firearm in their home. Almost one-fifth (18%) of parents reported they received benefits from the SNAP/food stamps program.

PARENT HEALTH


In 2017, 9% of Lucas County parents were uninsured. Nearly half (47%) of parents missed work in the past year due to their child being ill or injured.

ADULT TREND SUMMARY

Adult Variables	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Ohio 2015	U.S. 2015
Health Status and Coverage						
Rated health as excellent or very good	51%	48%	45%	49%	52%	52%
Rated general health as fair or poor 	14%	18%	18%	14%	17%	16%
Rated their mental health as not good on four or more days in the previous month	26%	25%	26%	37%	N/A	N/A
Average days that physical health not good in past month	N/A	N/A	4.0	4.8	3.7‡	3.6‡
Average days that mental health not good in past month	N/A	N/A	4.3	6.0	4.0‡	3.7‡
Uninsured	12%	13%	14%	6%	8%	11%
Arthritis, Asthma, & Diabetes						
Had been diagnosed with diabetes 	12%	13%	15%	12%	11%	10%
Had been diagnosed with arthritis	27%	19%	19%	23%	28%	25%
Had been diagnosed with asthma 	12%	13%	13%	10%	14%	14%
Cardiovascular Health						
Had angina	7%	3%	5%	2%	4%	4%
Had a heart attack 	N/A	3%	5%	5%	5%	4%
Had a stroke	N/A	2%	3%	3%	4%	3%
Had been diagnosed with high blood pressure 	35%	34%	37%	34%	34%	31%
Had been diagnosed with high blood cholesterol	34%	27%	25%	25%	37%	36%
Had blood cholesterol checked within the past 5 years	72%	76%	80%	77%	78%	78%
Weight Status						
Overweight 	37%	36%	34%	38%	37%	36%
Obese 	33%	35%	36%	36%	30%	30%
Alcohol Consumption						
Had at least one alcoholic beverage in the past month	57%	57%	54%	65%	53%	54%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion) 	18%	23%	21%	24%	18%	16%
Tobacco Use						
Current smoker (currently smoke some or all days) 	23%	24%	19%	14%	22%	18%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	25%	23%	25%	23%	24%	25%
Tried to quit smoking	85%	74%	74%	50%	N/A	N/A
Used chewing tobacco or snuff	3%	4%	3%	3%	N/A	N/A

N/A - not available

‡ 2015 BRFSS data as compiled by 2017 County Health Rankings

 Indicates alignment with Ohio State Health Assessment

Adult Variables	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Ohio 2015	U.S. 2015
Drug Use						
Adults who used marijuana in the past 6 months	9%	11%	10%	12%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	6%	8%	10%	6%	N/A	N/A
Adults who used heroin in the past 6 months	<1%	1%	<1%	<1%	N/A	N/A
Sexual Behavior						
Had more than one sexual partner in past year	10%	9%	8%	12%	N/A	N/A
Preventive Medicine						
Had a digital rectal exam within the past year	30%	26%	22%	18%	N/A	N/A
Had a pneumonia vaccine (age 65 and older)	59%	61%	56%	71%	72%	73%
Had a clinical breast exam in the past two years (age 40 and older)	N/A	N/A	72%	70%	75%**	77%**
Had a mammogram in the past two years (age 40 and older)	73%	74%	73%	75%	72%*	73%*
Had a pap smear in the past three years	77%	72%	73%	68%	74%*	75%*
Had a flu vaccine in the past year	31%	37%	53%	52%	N/A	N/A
Had a flu vaccine in the past year (ages 65 and older)	N/A	62%	74%	73%	58%	61%
Quality of Life						
Limited in some way because of physical, mental or emotional problem	42%	N/A	47%	43%	N/A	N/A
Mental Health						
Considered attempting suicide in the past year	3%	3%	3%	2%	N/A	N/A
Oral Health						
Adults who had visited the dentist in the past year	66%	68%	66%	66%	65%*	65%*
Adults who had one or more permanent teeth removed	N/A	45%	42%	40%	47%*	43%*
Adults 65 years and older who had all of their permanent teeth removed	N/A	18%	11%	10%	18%*	15%*










N/A - not available

*2014 BRFSS Data

**2013 BRFSS Data


MINORITY ADULT TREND SUMMARY

In addition to the general survey mailing, key leaders within the minority population determined it would be beneficial to create individual health assessments for the African American and Latino populations. Individual reports were created for both populations to identify disparities among the African American and Latino communities. These assessments can be found on the Health Lucas County website at, www.healthylucascounty.org in the "About Us" section.

Adult Variables	Lucas County Whites 2017	Lucas County Latinos 2017	Lucas County African Americans 2017	Lucas County 2017	Ohio 2015	U.S. 2015
Health Status and Coverage						
Rated health as excellent or very good	52%	29%	44%	49%	52%	52%
Rated general health as fair or poor 	11%	25%	20%	14%	17%	16%
Rated their mental health as not good on four or more days in the previous month	26%	34%	33%	37%	N/A	N/A
Average days that physical health not good in past month	N/A	7.5	6.5	4.8	3.7‡	3.6‡
Average days that mental health not good in past month	N/A	6.5	6.0	6.0	4.0‡	3.7‡
Uninsured	7%	10%	3%	6%	8%	11%
Arthritis, Asthma, & Diabetes						
Had been diagnosed with diabetes 	9%	16%	22%	12%	11%	10%
Had been diagnosed with arthritis	23%	20%	22%	23%	28%	25%
Had been diagnosed with asthma 	9%	7%	14%	10%	14%	14%
Cardiovascular Health						
Had angina	2%	3%	2%	2%	4%	4%
Had a heart attack 	5%	3%	4%	5%	5%	4%
Had a stroke	2%	6%	6%	3%	4%	3%
Had been diagnosed with high blood pressure 	30%	33%	44%	34%	34%	31%
Had been diagnosed with high blood cholesterol	25%	17%	24%	25%	37%	36%
Had blood cholesterol checked within the past 5 years	81%	69%	68%	77%	78%	78%
Weight Status						
Overweight 	41%	38%	27%	38%	37%	36%
Obese 	32%	42%	58%	36%	30%	30%
Alcohol Consumption						
Had at least one alcoholic beverage in the past month	72%	57%	42%	65%	53%	54%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion) 	19%	41%	21%	24%	18%	16%
Tobacco Use						
Current smoker (currently smoke some or all days) 	12%	26%	17%	14%	22%	18%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	25%	19%	18%	23%	24%	25%

N/A - not available

‡ 2015 BRFSS data as compiled by 2017 County Health Rankings

 Indicates alignment with Ohio State Health Assessment










Adult Variables	Lucas County Whites 2017	Lucas County Latinos 2017	Lucas County African Americans 2017	Lucas County 2017	Ohio 2015	U.S. 2015
Drug Use						
Adults who used marijuana in the past 6 months	14%	9%	7%	12%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	4%	6%	11%	6%	N/A	N/A
Adults who used heroin in the past 6 months	1%	N/A	1%	<1%	N/A	N/A
Sexual Behavior						
Had more than one sexual partner in past year	9%	14%	26%	12%	N/A	N/A
Preventive Medicine						
Had a digital rectal exam within the past year	21%	14%	7%	18%	N/A	N/A
Had a pneumonia vaccine (age 65 and older)	73%	70%	71%	71%	72%	73%
Had a flu vaccine in the past year	52%	40%	59%	52%	N/A	N/A
Had a flu vaccine in the past year (ages 65 and older)	73%	84%	73%	73%	58%	61%
Had a clinical breast exam in the past two years (age 40 and older)	67%	69%	81%	70%	75%**	77%**
Had a mammogram in the past two years (age 40 and older)	74%	64%	80%	75%	74%	74%
Had a pap smear in the past three years	69%	69%	77%	68%	74%*	75%*
Quality of Life						
Limited in some way because of physical, mental or emotional problem	40%	40%	56%	43%	N/A	N/A
Mental Health						
Considered attempting suicide in the past year	2%	7%	2%	2%	N/A	N/A
Oral Health						
Adults who had visited the dentist in the past year	74%	39%	63%	66%	65%*	65%*

N/A - not available

*2014 BRFSS Data


**2013 BRFSS Data




YOUTH TREND SUMMARY

Youth Variables	Lucas County 2016/17 (6 th -12 th)	Lucas County 2011 (9 th -12 th)	Lucas County 2013/14 (9 th -12 th)	Lucas County 2016/17 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Weight Control						
Obese 	13%	15%	13%	15%	13%	14%
Overweight 	11%	11%	11%	12%	16%	16%
Described themselves as slightly or very overweight	26%	25%	25%	30%	28%	32%
Trying to lose weight	57%	42%	44%	60%	47%	46%
Exercised to lose weight	41%	43%	48%	42%	N/A	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight	23%	28%	31%	26%	N/A	N/A
Went without eating for 24 hours or more	4%	7%	6%	4%	10%	13%*
Took diet pills, powders, or liquids without a doctor's advice	1%	3%	2%	1%	5%	5%*
Vomited or took laxatives	1%	3%	3%	1%	5%	4%*
Ate 1 to 4 servings of fruits and vegetables per day 	85%	82%	81%	87%	N/A	N/A
Physically active at least 60 minutes per day on every day in past week	26%	28%	28%	23%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	46%	43%	50%	44%	48%	49%
Watched TV 3 or more hours per day	18%	40%	34%	18%	28%	25%
Unintentional Injuries and Violence						
Been in a physical fight in past year	23%	28%	25%	23%	20%	23%
Threatened or injured with a weapon on school property in past year	6%	N/A	7%	7%	N/A	6%
Did not go to school because felt unsafe 	5%	6%	6%	4%	5%	6%
Electronically/cyber bullied in past year 	11%	15%	12%	12%	15%	16%
Bullied in past year	34%	43%	38%	35%	N/A	N/A
Bullied on school property in past year 	20%	N/A	22%	17%	21%	20%
Physically hurt by someone they were dating or going out with in the past year 	5%	N/A	11%	6%	N/A	10%
Mental Health						
Seriously considered attempting suicide in the past year 	12%	16%	18%	14%	14%	18%
Attempted suicide in past year	7%	4%	8%	8%	6%	9%
Felt sad or hopeless almost every day for 2 or more weeks in a row 	24%	24%	29%	29%	26%	30%
Suffered blow or jolt to head	10%	N/A	12%	10%	12%	N/A

N/A - Not available


* Comparative YRBS data for U.S. is 2013

 Indicates alignment with Ohio State Health Assessment










Youth Variables	Lucas County 2016/17 (6 th -12 th)	Lucas County 2011 (9 th -12 th)	Lucas County 2013/14 (9 th -12 th)	Lucas County 2016/17 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Alcohol Consumption						
Current drinker 	17%	39%	28%	27%	30%	33%
Binge drinker (of all youth) 	7%	23%	21%	13%	16%	18%
Rode with someone who was drinking alcohol in past month	17%	25%	21%	19%	17%	20%
Drank and drove (of youth drivers)	4%	9%	5%	6%	4%	8%
Drank for the first time before age 13 (of all youth)	8%	18%	12%	8%	13%	17%
Tobacco Use						
Current smokers	3%	18%	9%	5%	15%	11%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	3%	6%	5%	4%	14%*	7%
Tried to quit smoking (of those youth who smoked in the past year)	31%	46%	40%	34%	56%*	45%
Smoked cigarettes on 20 or more days during the past month (of all youth)	2%	N/A	N/A	2%	7%	3%
Sexual Behavior						
Ever had sexual intercourse	29%	63%	53%	42%	43%	41%
Participated in anal sex	6%	16%	6%	8%	N/A	N/A
Participated in oral sex	23%	46%	44%	35%	N/A	N/A
Participated in sexting	25%	40%	34%	37%	N/A	N/A
Had viewed pornography	32%	N/A	37%	42%	N/A	N/A
Used a condom at last intercourse	53%	75%	68%	58%	51%	57%
Used birth control pills at last intercourse	14%	20%	26%	15%	24%	18%
Did not use any method to prevent pregnancy during last sexual intercourse	12%	7%	10%	13%	12%	14%
Had four or more sexual partners (of all youth)	11%	27%	21%	15%	12%	12%
Had sexual intercourse before age 13 (of all youth)	7%	12%	10%	7%	4%	4%
Drug Use						
Used marijuana in the past month 	10%	26%	19%	18%	21%	22%
Ever used cocaine	1%	4%	3%	2%	4%	5%
Ever used heroin	1%	2%	1%	1%	2%	2%
Ever used methamphetamines	<1%	3%	2%	1%	N/A	3%
Ever used steroids	1%	4%	4%	1%	3%	4%
Ever used inhalants	2%	9%	5%	3%	9%	7%
Ever used ecstasy/MDMA	1%	N/A	3%	2%	N/A	5%
Personal Health and Safety						
Visited a dentist for a check-up within the past year	76%	79%	77%	76%	75%	74%
Diagnosed with asthma	21%	N/A	N/A	24%	N/A	23%

N/A – Not available




* Comparative YRBS data for Ohio is 2011

 Indicates alignment with Ohio State Health Assessment

MINORITY YOUTH TREND SUMMARY

Youth Variables	Lucas County White 2016/17 (6 th -12 th) N=860	Lucas County African Americans 2016/17 (6 th -12 th) N=272	Lucas County Latinos 2016/17 (6 th -12 th) N=157	Lucas County 2016/17 (6 th -12 th) N=1,535	Lucas County White 2016/17 (9 th -12 th) N=444	Lucas County African Americans 2016/17 (9 th -12 th) N=171	Lucas County Latinos 2016/17 (9 th -12 th) N=88	Lucas County 2016/17 (9 th -12 th) N=794
Weight Control								
Obese 	11%	22%	15%	13%	13%	21%	15%	15%
Overweight 	11%	8%	14%	11%	12%	9%	15%	12%
Described themselves as slightly or very overweight	26%	27%	29%	26%	32%	27%	30%	30%
Trying to lose weight	59%	55%	53%	57%	63%	51%	59%	60%
Exercised to lose weight	43%	36%	38%	41%	45%	33%	43%	42%
Ate less food, fewer calories, or foods lower in fat to lose weight	24%	21%	22%	23%	29%	18%	26%	26%
Went without eating for 24 hours or more	3%	4%	3%	4%	4%	5%	3%	4%
Took diet pills, powders, or liquids without a doctor's advice	1%	2%	2%	1%	1%	2%	2%	1%
Vomited or took laxatives	1%	1%	3%	1%	2%	1%	2%	1%
Ate 1 to 4 servings of fruits and vegetables per day 	90%	77%	81%	85%	92%	80%	83%	87%
Physically active at least 60 minutes per day on every day in past week	25%	28%	22%	26%	19%	32%	18%	23%
Physically active at least 60 minutes per day on 5 or more days in past week	51%	38%	32%	46%	47%	43%	27%	44%
Watched TV 3 or more hours per day	13%	35%	20%	18%	14%	31%	20%	18%
Unintentional Injuries and Violence								
Been in a physical fight in past year	18%	37%	27%	23%	16%	32%	25%	23%
Threatened or injured with a weapon on school property in past year	4%	8%	5%	6%	5%	7%	7%	7%
Did not go to school because felt unsafe 	4%	7%	7%	5%	3%	5%	6%	4%
Electronically/cyber bullied in past year 	12%	9%	8%	11%	13%	11%	10%	12%
Bullied in past year	36%	32%	32%	34%	38%	31%	32%	35%
Bullied on school property in past year 	20%	19%	19%	20%	18%	14%	14%	17%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year 	2%	5%	4%	5%	3%	7%	3%	6%
Mental Health								
Youth who had seriously considered attempting suicide in the past year 	10%	15%	17%	12%	12%	17%	17%	14%
Attempted suicide in past year	4%	12%	10%	7%	5%	11%	10%	8%
Felt sad or hopeless almost every day for 2 or more weeks in a row 	22%	30%	32%	24%	28%	32%	35%	29%
Suffered blow or jolt to head	10%	10%	12%	10%	10%	7%	9%	10%

 Indicates alignment with Ohio State Health Assessment

Youth Variables	Lucas County White 2016/17 (6 th -12 th) N=860	Lucas County African Americans 2016/17 (6 th -12 th) N=272	Lucas County Latinos 2016/17 (6 th -12 th) N=157	Lucas County 2016/17 (6 th -12 th) N=1,535	Lucas County White 2016/17 (9 th -12 th) N=444	Lucas County African Americans 2016/17 (9 th -12 th) N=171	Lucas County Latinos 2016/17 (9 th -12 th) N=88	Lucas County 2016/17 (9 th -12 th) N=794
Alcohol Consumption								
Current drinker 	17%	17%	23%	17%	26%	22%	36%	27%
Binge drinker (of all youth) 	7%	6%	12%	7%	12%	9%	18%	13%
Rode with someone who was drinking alcohol in past month	16%	21%	17%	17%	17%	21%	21%	19%
Drank and drove (of youth drivers)	2%	7%	1%	4%	4%	10%	3%	6%
Drank for the first time before age 13 (of all youth)	7%	11%	11%	8%	6%	10%	10%	8%
Tobacco Use								
Current smokers	2%	2%	7%	3%	4%	4%	9%	5%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	2%	3%	5%	3%	2%	5%	7%	4%
Tried to quit smoking (of those youths who smoked in the past year)	30%	27%	57%	31%	32%	40%	64%	34%
Smoked cigarettes on 20 or more days during the past month (of all youth)	1%	1%	4%	2%	2%	1%	5%	2%
Sexual Behavior								
Ever had sexual intercourse	22%	34%	33%	29%	31%	48%	48%	42%
Participated in anal sex	4%	6%	9%	6%	6%	6%	15%	8%
Participated in oral sex	19%	27%	30%	23%	27%	39%	46%	35%
Participated in sexting	25%	26%	30%	25%	34%	37%	44%	37%
Had viewed pornography	36%	28%	34%	32%	49%	38%	37%	42%
Used a condom at last intercourse	57%	57%	49%	53%	59%	63%	48%	58%
Used birth control pills at last intercourse	15%	11%	14%	14%	16%	12%	14%	15%
Did not use any method to prevent pregnancy during last sexual intercourse	6%	15%	8%	12%	7%	17%	10%	13%
Had four or more sexual partners (of all youth)	4%	15%	15%	11%	6%	20%	19%	15%
Had sexual intercourse before age 13 (of all youth)	3%	10%	8%	7%	2%	12%	6%	7%
Drug Use								
Used marijuana in the past month 	6%	20%	17%	10%	10%	30%	27%	18%
Ever used cocaine	1%	1%	3%	1%	1%	2%	5%	2%
Ever used heroin	<1%	1%	0%	1%	0%	1%	0%	1%
Ever used methamphetamines	0%	<1%	0%	<1%	0%	1%	0%	1%
Ever used steroids	1%	1%	0%	1%	1%	2%	0%	1%
Ever used inhalants	2%	2%	1%	2%	2%	2%	1%	3%
Ever used ecstasy/MDMA	<1%	1%	1%	1%	1%	2%	2%	2%
Personal Health and Safety								
Visited a dentist for a check-up within the past year	82%	65%	75%	76%	80%	65%	76%	76%
Diagnosed with asthma	18%	32%	22%	21%	19%	35%	23%	24%

 Indicates alignment with Ohio State Health Assessment

CHILD TREND SUMMARY

Child Comparisons	Lucas County 2014 Ages 0-5	Lucas County 2017 Ages 0-5	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Lucas County 2014 Ages 6-11	Lucas County 2017 Ages 6-11	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Health and Functional Status								
Rated health as excellent or very good	91%	98%	89%	86%	86%	97%	86%	83%
Dental care visit in past year	64%	61%	50%	54%	91%	94%	92%	88%
Diagnosed with asthma	11%	5%	6%	6%	17%	15%	10%	10%
Diagnosed with ADHD/ADD	1%	0%	N/A	2%**	14%	12%	12%	9%
Diagnosed with behavioral or conduct problems	3%	0%	N/A	2%**	5%	9%	5%	4%
Diagnosed with vision problems that cannot be corrected	2%	0%	N/A	<1%	2%	1%	N/A	2%
Diagnosed with bone, joint, or muscle problems	3%	1%	N/A	1%	1%	3%	N/A	2%
Diagnosed with epilepsy	0%	0%	N/A	<1%	2%	1%	N/A	1%
Diagnosed with a head injury	1%	0%	N/A	<1%	2%	1%	N/A	<1%
Diagnosed with depression	1%	0%	N/A	<1%**	2%	2%	N/A	2%
Child had no problems with teeth	82%	85%	91%	89%	59%	57%	78%	75%
HealthCare Access								
Had public insurance	28%	28%	40%	44%	22%	26%	34%	37%
Been to doctor for preventive care in past year	95%	96%	94%	90%	88%	92%	86%	82%
Have a personal doctor or nurse	56%	88%	91%	91%	58%	85%	93%	90%
Not covered by insurance at some time during past year	7%	1%	7%	11%	5%	2%	5%	12%
Received all the medical care they needed	93%	99%	99% †	99% †	94%	96%	98% †	98% †
Family and Community Characteristics								
Parent reads to child everyday	33%	40%	53%	48%	N/A	24%	N/A	N/A
Family eats a meal together every day of the week	50%	35%	63%	61%	39%	35%	45%	47%
Child never attends religious services	18%	64%	N/A	N/A	31%	45%	22%	18%
Neighborhood is usually or always safe	89%	90%	88%	86%	95%	91%	86%	86%
Someone in house smokes tobacco	25%	5%	29%	23%	21%	7%	34%	25%
Early Childhood (0-5 Year Olds)								
Never breastfed their child	29%	22%	29%	21%	N/A	N/A	N/A	N/A
Child put to bed on their back	68%	81%	N/A	N/A	N/A	N/A	N/A	N/A
Middle Childhood (6-11 Year Olds)								
Child did not miss any days of school because of illness or injury	N/A	N/A	N/A	N/A	24%	25%	16%*	22%*
Parent felt child was usually/always safe at school	N/A	N/A	N/A	N/A	96%	97%	96%	94%
Parent Health								
Mother's mental or emotional health was fair/poor	4%	10%	7%	7%	8%	9%	10%	8%
Father's mental or emotional health was fair/poor	2%	6%	N/A	3%	1%	9%	7%	5%

N/A – Not available

†2003 national and state data

*2007 National Survey of Children's Health

**2011/12 - Ages 2-5

Health Care Access: Health Care Coverage

Key Findings

The 2016/2017 health assessment identified that 6% of Lucas County adults were without health care coverage. Those most likely to be uninsured were adults with an income of less than \$25,000 a year. In Lucas County, 21.1% of residents live below the poverty level (Source: U.S. Census, American Community Survey 5 Year Estimate, 2011-2015).

General Health Coverage

- In 2017, 94% of Lucas County adults had health care coverage.
- In the past year, 6% of adults were uninsured, increasing to 14% of those with incomes less than \$25,000. The 2015 BRFSS reported uninsured prevalence rates as 8% for Ohio and 11% for U.S. adults.
- The following types of health care coverage were used: employer (47%), Medicare (15%), someone else's employer (11%), Medicaid or medical assistance (9%), self-paid plan (5%), multiple-including private sources (5%), multiple-including government sources (4%), military or VA (2%), and Health Insurance Marketplace (2%).

6% of Lucas County adults were uninsured.

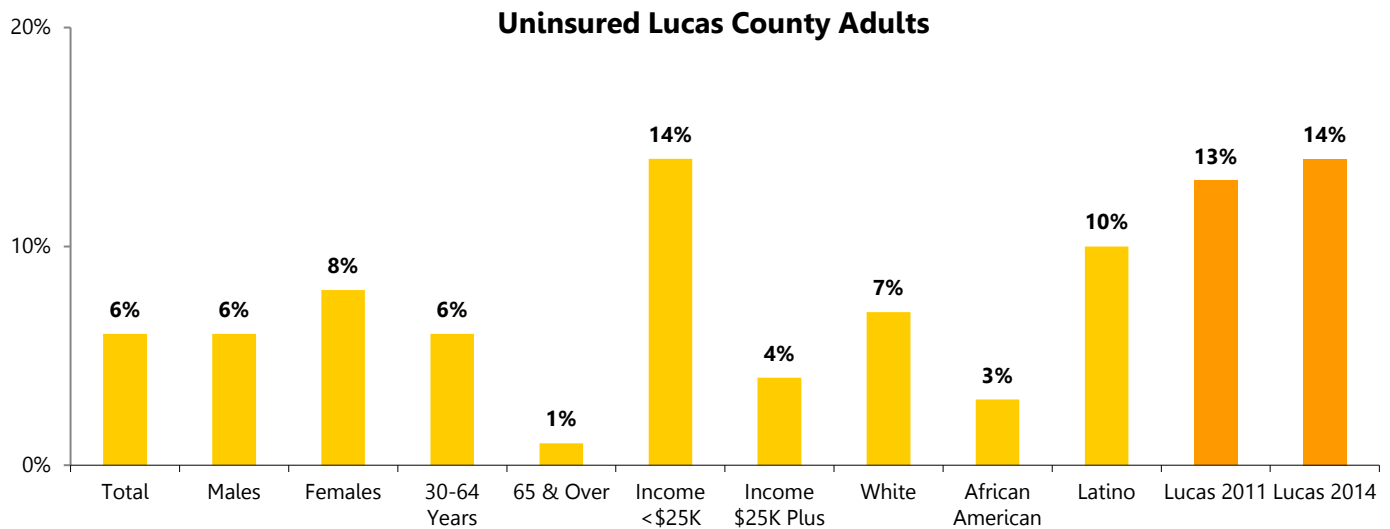
- Lucas County adult health care coverage included the following: medical (95%), prescription coverage (87%), immunizations (81%), dental (78%), preventive health (78%), vision/eyeglasses (73%), mental health (72%), outpatient therapy (72%), durable medical equipment (45%), alcohol and drug treatment (44%), home care (37%), skilled nursing/assisted living (35%), hospice (31%), and transportation (19%).
- The top reasons uninsured adults gave for being without health care coverage were:
 1. They lost their job or changed employers (38%)
 2. They could not afford to pay the premiums (28%)
 3. Their employer does not offer/stopped offering (20%)
 4. Their spouse or parent lost their job or changed employers (15%)
 5. They were confused about how to enroll (11%)

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

- Lucas County adults had the following issues regarding their healthcare coverage: cost (33%), pre-existing conditions (8%), provider was no longer covered (8%), opted out of certain coverage because they could not afford it (8%), opted out of certain coverage because they did not need it (7%), service not deemed medically necessary (6%), limited visits (6%), could not understand their insurance plan (5%), working with their insurance company (5%), and service no longer covered (4%).

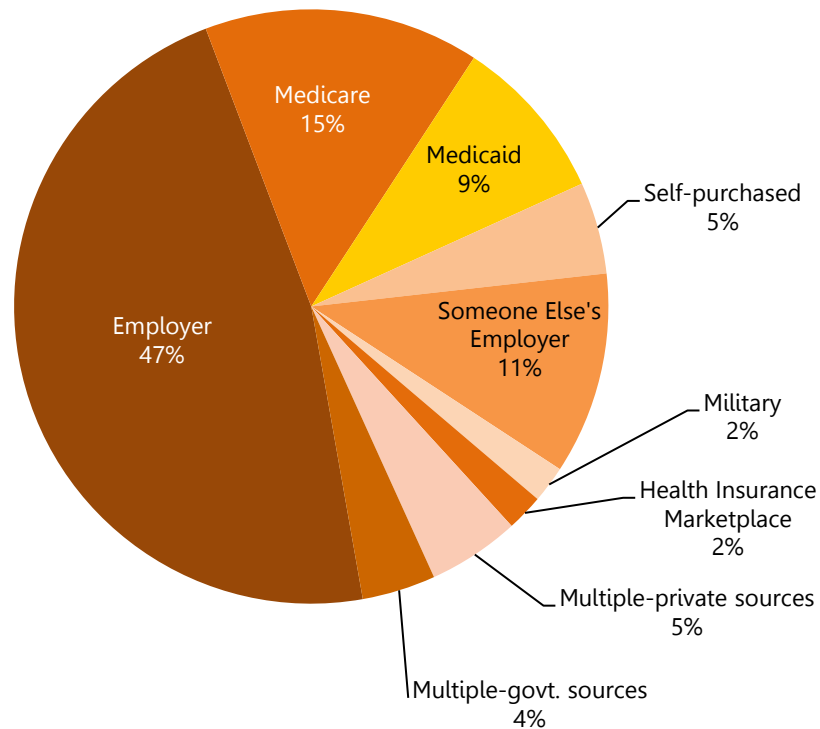
Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Ohio 2015	U.S. 2015
Uninsured	12%	13%	14%	6%	8%	11%

The following graph shows the percentages of Lucas County adults who were uninsured by demographic characteristics. Examples of how to interpret the information in the graph include: 6% of all Lucas County adults under the age of 30 had no insurance. 14% of adults with an income less than \$25,000 reported being uninsured, and 6% of those ages 30-64 had no insurance. The pie chart shows sources of Lucas County adults' health care coverage.



14% of Lucas County adults with incomes less than \$25,000 were uninsured.

Source of Health Coverage for Lucas County Adults



The following chart shows what was included in Lucas County adults' insurance coverage.

Health Coverage Included:	Yes	No	Don't Know
Medical	95%	1%	4%
Prescription Coverage	87%	4%	9%
Immunizations	81%	2%	17%
Dental	78%	19%	3%
Preventive Health	78%	3%	19%
Vision/Eyeglasses	73%	21%	6%
Mental Health	72%	3%	25%
Outpatient Therapy	72%	3%	25%
Durable Medical Equipment	45%	4%	51%
Alcohol and Drug Treatment	44%	4%	52%
Home Care	37%	6%	57%
Skilled Nursing/Assisted Living	35%	5%	60%
Hospice	31%	4%	65%
Transportation	19%	22%	59%

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

Objective	Lucas County 2017	Ohio 2015	U.S. 2015	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health care insurance	75% age 18-24 91% age 25-44 96% age 45-64	84% age 18-24 89% age 25-44 93% age 45-64	82% age 18-24 82% age 25-44 90% age 45-64	100%

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

Health Care Access: Access and Utilization

Key Findings

The 2016/2017 health assessment identified that 79% of adults had visited a doctor's office for health care services or advice. Thirteen percent (13%) of adults looked for a program to help with depression, anxiety, or some mental health problem.

Health Care Access and Utilization

- Adults usually visited the following places for health care services or advice: doctor's office (79%), internet (29%), family and friends (28%), urgent care center (23%), hospital emergency room (22%), chiropractor (7%), alternative therapies (6%), called 9-1-1/used an ambulance service (5%), in-store health clinic (4%), public health clinic or community health department (4%), Department of Veteran's Affairs (VA) (2%), telemedicine (1%), and some other place (3%). Three percent (3%) of adults indicated they had no usual place for health care services.
- The following might prevent Lucas County adults from seeing a doctor if they were sick, injured, or needed some kind of health care: cost (27%), could not get time off work (15%), difficult to get an appointment (14%), inconvenient hours (11%), doctor would not take their insurance (11%), worried they might find something wrong (11%), difficult to find/no transportation (6%), frightened of the procedure or doctor (6%), do not trust or believe doctors (2%), could not find childcare (2%), discrimination (1%), and some other reason (3%).
- More than one-third (35%) of adults did not get prescriptions from their doctor filled in the past year, increasing to 54% of those without health care coverage.
- Those who did not get their prescriptions filled gave the following reasons: no prescriptions to be filled (42%), too expensive (26%), they did not think they needed it (23%), side effects (15%), there was no generic equivalent (12%), no insurance (6%), they stretched their current prescription by taking less than prescribed (6%), fear of addiction (3%), transportation (2%), and they were taking too many medications (2%).
- A living will is a written legal document that details adults' wishes for end-of-life medical care if they are unable to make decisions for themselves. One-fourth (25%) of Lucas County adults reported they had a living will, decreasing to 13% of those with incomes less than \$25,000 and increasing to 54% of those over the age of 65.
- A durable power of attorney is a written legal document in which people name an individual who will make medical decisions for them when they are unable to do so. Eighteen percent (18%) had a durable power of attorney, decreasing to 9% of those with incomes less than \$25,000, and increasing to 46% of those over the age of 65.
- Of the Lucas County adults who did not have a living will or durable power of attorney, 71% had discussed their medical wishes with a family member or loved one.

How does Lack of Insurance Affect Access to Health Care?

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

(Source: The Henry J. Kaiser Family Foundation, The Kaiser Commission on Medicaid and the Uninsured; The Uninsured: A Primer, Key Facts about Health Insurance and the Uninsured in the Era of Health Reform, November 2016)

Availability of Services

- Lucas County adults reported they had looked for the following programs: depression, anxiety or mental health (13%); disability (7%); weight problems (6%); elderly care (4%); marital or family problems (4%); alcohol abuse (2%); end-of-life/Hospice care (2%); tobacco cessation (2%); drug abuse (1%); detoxification for opiates/heroin (<1%); and gambling abuse (<1%).

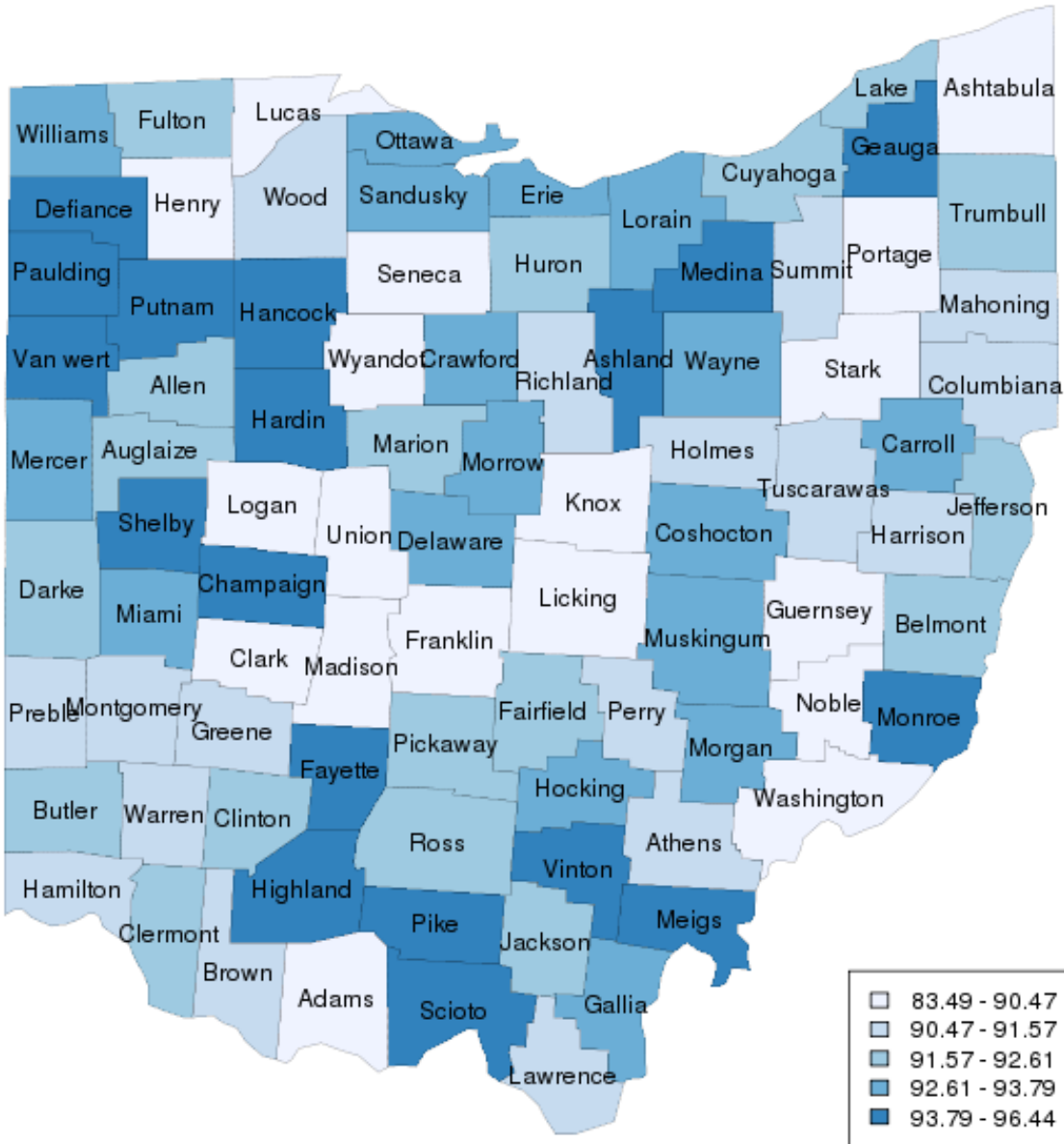
Lucas County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Lucas County adults who have looked but have NOT found a specific program	Lucas County adults who have looked and have found a specific program
Depression or Anxiety (13% of all adults looked)	15%	85%
Disability (7% of all adults looked)	23%	77%
Weight Problems (6% of all adults looked)	43%	57%
Elderly Care (4% of all adults looked)	45%	55%
Marital/Family Problems (4% of all adults looked)	6%	94%
Alcohol Abuse (2% of all adults looked)	14%	86%
End-of-Life/Hospice Care (2% of all adults looked)	7%	93%
Tobacco Cessation (2% of all adults looked)	42%	58%
Drug Abuse (1% of all adults looked)	20%	80%

The following map shows the estimated proportion of all adults, ages 19 years and older, with a usual source of care.

- Ninety percent (90%) of Lucas County adults, ages 19 years and older, had a usual source of care.
- Ninety-one percent (91%) of Ohio adults, ages 19 years and older, had a usual source of care.

Estimated Proportion: Usual Source of Care, All Adults, Ages 19 and Older (2015)

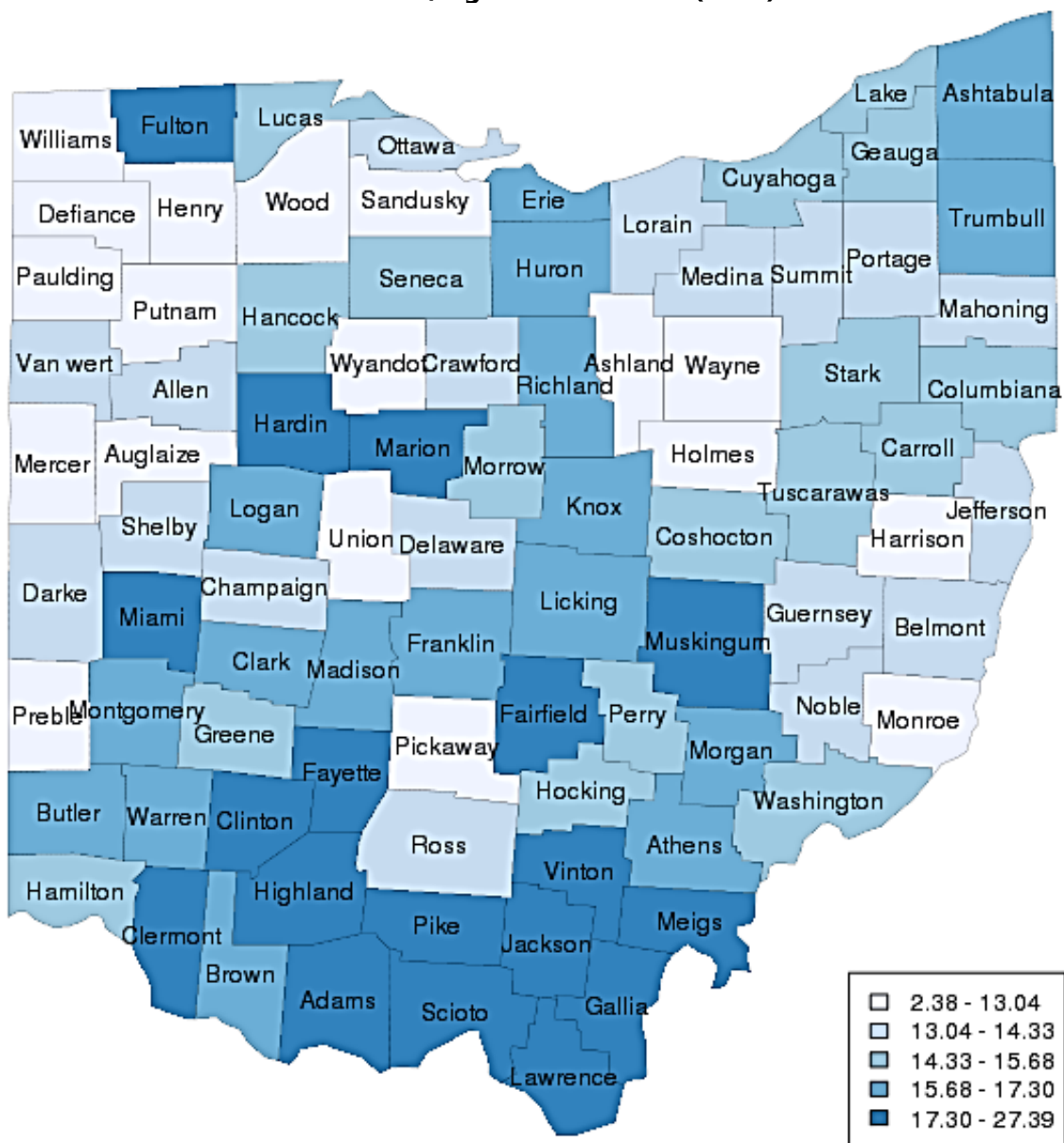


(Source: Ohio Medicaid Assessment Survey (OMAS) Adult Dashboard, 2015)

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

- Sixteen percent (16%) of Lucas County adults, ages 19 years and older, had unmet prescription medication needs.
- Fifteen percent (15%) of Ohio adults, ages 19 years and older, had unmet prescription medication needs.

Estimated Proportion: Unmet Prescription Medication Needs, All Adults, Ages 19 and Older (2015)



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

Healthcare Access: Preventive Medicine

Key Findings

More than two-thirds (71%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than half (52%) of adults had a flu vaccine in the past year.

Preventive Medicine

- More than half (52%) of Lucas County adults had a flu vaccine during the past 12 months.
- Almost three-quarters (73%) of Lucas County adults ages 65 and over had a flu vaccine in the past 12 months. The 2015 BRFSS reported that 58% of Ohio and 61% of U.S. adults ages 65 and over had a flu vaccine in the past year.
- More than one-third (34%) of adults had a pneumonia shot in their life, increasing to 71% of those ages 65 and over. The 2015 BRFSS reported that 72% of Ohio and 73% of U.S. adults ages 65 and over had a pneumonia shot in their life.
- Lucas County adults have had the following vaccines:
 - MMR in their lifetime (64%)
 - Tetanus booster (including Tdap) in the past 10 years (61%)
 - Chicken pox in their lifetime (41%)
 - Pneumonia vaccine in their lifetime (34%)
 - Pertussis vaccine in the past 10 years (22%)
 - Zoster (shingles) vaccine in their lifetime (18%) (BRFSS reports 21% for Ohio and 22% for U.S. in 2014)
 - Human papillomavirus (HPV) vaccine in their lifetime (10%)

Preventive Health Screenings and Exams

- In the past year, 56% of Lucas County women ages 40 and over have had a mammogram.
- See the Women and Men’s Health Sections for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Lucas County adults.

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Ohio 2015	U.S. 2015
Had a flu vaccine in the past year	31%	37%	53%	52%	N/A	N/A
Had a pneumonia vaccination (ages 65 and over)	59%	61%	56%	71%	72%	73%
Had a flu vaccine in the past year (ages 65 and over)	N/A	62%	74%	73%	58%	61%
Had a Zoster (shingles) vaccination	N/A	N/A	8%	18%	21%*	22%*

N/A – Not Available

* 2014 BRFSS Data

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

Healthcare Topics	Total 2011	Total 2014	Total 2017
Immunizations	N/A	28%	31%
Weight control including diet and physical activity	N/A	N/A	29%
Family history	N/A	17%	28%
Depression, anxiety, or emotional problems	21%	20%	19%
Safe use of prescription medication	N/A	N/A	15%
Family planning	N/A	N/A	12%
Tobacco use	N/A	N/A	11%
Alcohol use	9%	7%	8%
Sexually transmitted diseases (STD's)	N/A	N/A	8%
Injury prevention such as safety belt use, helmet use & smoke detectors	10%	8%	6%
Safe use of opiate-based pain medication	10%	10%	6%
Drug abuse	6%	4%	4%
Self-testicular exams	N/A	N/A	4%
Domestic violence	3%	2%	1%

N/A – Not Available

Lucas County Adult Health Screening Results

General Screening Results	Total 2017 Sample
Diagnosed with High Blood Pressure	34%
Diagnosed with High Blood Cholesterol	25%
Diagnosed with Diabetes	12%
Survived a Heart Attack	5%
Survived a Stroke	3%

Percentages based on all Lucas County adults surveyed

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

Objective	Lucas County 2017	Ohio 2015	U.S. 2015	Healthy People 2020 Target
IID-13.1: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated against pneumococcal disease	71%	72%	73%	90%

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

INFORMATION FOR ADULT PATIENTS

2017 Recommended Immunizations for Adults: By Age

If you are this age, **talk to your healthcare professional about these vaccines**

If you are this age,	Flu <i>Influenza</i>	Td/Tdap Tetanus, diphtheria, pertussis	Shingles <i>Zoster</i>	Pneumococcal		Meningococcal		MMR Measles, mumps, rubella	HPV <i>Human papillomavirus</i>		Chickenpox <i>Varicella</i>	Hepatitis A	Hepatitis B	Hib <i>Haemophilus influenzae type b</i>
				PCV13	PPSV23	MenACWY or MPSV4	MenB		for women	for men				
19 - 21 years	Green	Green	Light Green	Blue	Blue	Blue	Blue	Green	Green	Green	Green	Blue	Blue	Blue
22 - 26 years	Green	Green	Light Green	Blue	Blue	Blue	Blue	Green	Green	Blue	Green	Blue	Blue	Blue
27 - 59 years	Green	Green	Light Green	Blue	Blue	Blue	Blue	Green	Light Green	Light Green	Green	Blue	Blue	Blue
60 - 64 years	Green	Green	Green	Blue	Blue	Blue	Blue	Light Green	Light Green	Light Green	Green	Blue	Blue	Blue
65+ year	Green	Green	Light Green	Blue	Blue	Blue	Blue	Light Green	Light Green	Light Green	Green	Blue	Blue	Blue

More Information:

You should get flu vaccine every year.

You should get a Td booster every 10 years. You also need 1 dose of Tdap. Women should get a Tdap vaccine during every pregnancy to help protect the baby.

You should get shingles vaccine even if you have had shingles before.

You should get 1 dose of PCV13 and at least 1 dose of PPSV23 depending on your age and health condition.

You should get this vaccine if you did not get it when you were a child.

You should get HPV vaccine if you are a woman through age 26 years or a man through age 21 years and did not already complete the series.



Recommended For You: This vaccine is recommended for you *unless* your healthcare professional tells you that you do not need it or should not get it.



May Be Recommended For You: This vaccine is recommended for you if you have certain risk factors due to your health condition or other. Talk to your healthcare professional to see if you need this vaccine.

If you are traveling outside the United States, you may need additional vaccines.

Ask your healthcare professional about which vaccines you may need at least 6 weeks before you travel.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

(Source: Centers for Disease Control and Prevention, Immunization Schedules for Adults, 2017)

Healthcare Access: Women's Health

Key Findings

In 2017, more than half (56%) of Lucas County women older than 40 reported having a mammogram in the past year. Fifty-seven percent (57%) of Lucas County women ages 19 and older had a clinical breast exam and 41% had a Pap smear to detect cancer of the cervix in the past year. Three percent (3%) of women survived a heart attack and 2% survived a stroke at some time in their life. More than one-third (36%) were obese, 30% had high blood pressure, 23% had high blood cholesterol, and 15% were identified as smokers, all of which are known risk factors for cardiovascular diseases.

Women's Health Screenings

- In 2017, 58% of women had a mammogram at some time, and more than one-third (36%) had this screening in the past year.
- More than half (56%) of women ages 40 and over had a mammogram in the past year and 75% had one in the past two years. The 2014 BRFSS reported that 72% of women 40 and over in Ohio and 73% in the U.S. had a mammogram in the past two years.
- Most (91%) Lucas County women had a clinical breast exam at some time in their life, and 57% had one within the past year. More than two-thirds (70%) of women ages 40 and over had a clinical breast exam in the past two years. The 2013 BRFSS reported that 75% of women 40 and over in Ohio and 77% in the U.S. had a clinical breast exam in the past two years.
- Eighty-five percent (85%) of Lucas County women had a Pap smear, and 41% reported having had the exam in the past year. Sixty-eight percent (68%) of women had a Pap smear in the past three years. The 2014 BRFSS indicated that 74% of Ohio and 75% of U.S. women had a Pap smear in the past three years.
- More than four-fifths (81%) of Lucas County women had a pelvic exam at some time in their life, and 42% had one within the past year.

Women's Health Concerns

- Women used the following as their usual source of services for female health concerns: private gynecologist (56%), general or family physician (27%), multiple places (3%), community health center (2%), family planning clinic (1%), health department clinic (<1%), and some other place (1%). Nine percent (9%) indicated they did not have a usual source of services for female health concerns.
- In 2017, the health assessment determined that 3% of women 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 Lucas County, the 2017 health assessment has identified that:
 - 66% of women were overweight or obese (61% Ohio, 59% U.S., 2015 BRFSS)
 - 30% were diagnosed with high blood pressure (31% Ohio, 30% U.S., 2015 BRFSS)
 - 23% were diagnosed with high blood cholesterol (36% Ohio 35% U.S., 2015 BRFSS)
 - 15% of all women were current smokers (20% Ohio, 15% U.S., 2015 BRFSS)
 - 12% had been diagnosed with diabetes (11% Ohio, 10% U.S., 2015 BRFSS)

Lucas County Female Leading Causes of Death, 2013-2015

1. Heart Diseases (25% of all deaths)
2. Cancers (20%)
3. Chronic Lower Respiratory Diseases (7%)
4. Stroke (6%)
5. Alzheimer's disease (5%)

(Source: CDC Wonder, 2013-2015)

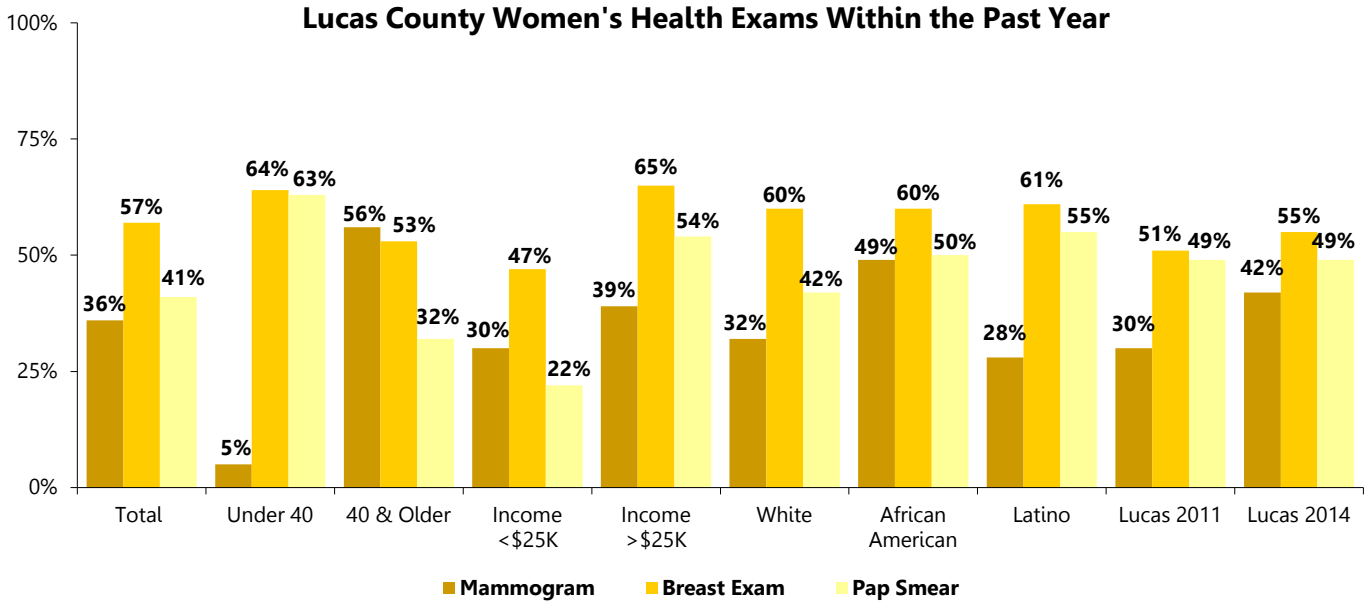
Ohio Female Leading Causes of Death, 2013 – 2015

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

(Source: CDC Wonder, 2013-2015)

- From 2013-2015, major cardiovascular diseases (heart disease and stroke) accounted for 31% of all female deaths in Lucas County (*Source: CDC Wonder, Underlying Cause of Death*).

The following graph shows the percentage of Lucas County females that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 36% of Lucas County females had a mammogram within the past year, 57% had a clinical breast exam, and 41% had a Pap smear.



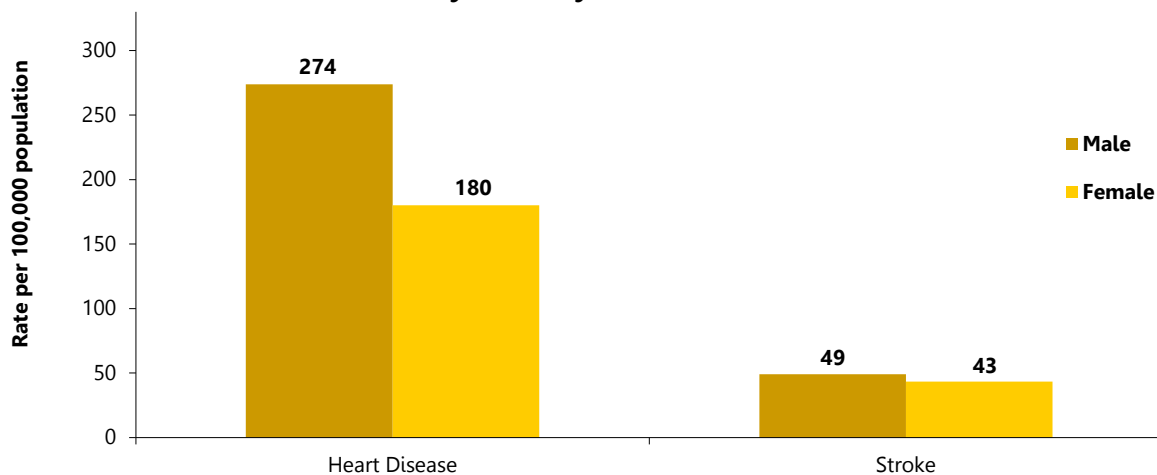
Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Ohio 2015	U.S. 2015
Had a mammogram in the past two years (age 40 & over)	73%	74%	73%	75%	72%*	73%*
Had a pap smear in the past three years	77%	72%	73%	68%	74%*	75%*
Had a clinical breast exam in the past two years (age 40 & over)	N/A	N/A	72%	70%	75%**	77%**

N/A – Not available
 *2014 BRFSS Data
 **2013 BRFSS Data

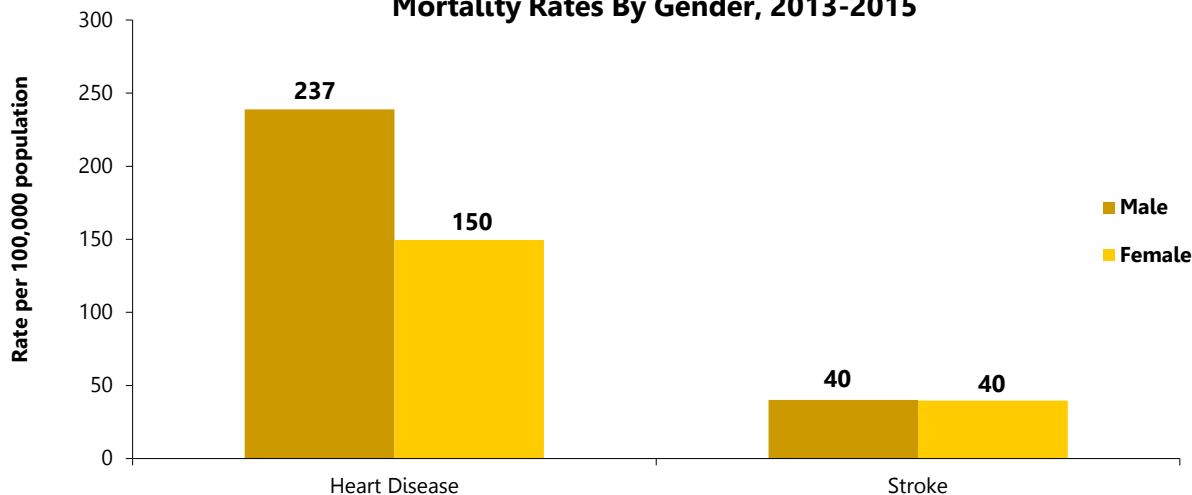
The following graphs show the Lucas County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases. The graphs show:

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

Lucas County Age-Adjusted Heart Disease Mortality Rates By Gender, 2013-2015



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



(Source: CDC Wonder, 2013-2015)

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

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

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

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

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

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

Healthcare Access: Men's Health

Key Findings

Half (50%) of Lucas County men had a digital rectal exam in their lifetime, and 18% had one in the past year. More than two-fifths (41%) of men had been diagnosed with high blood pressure, 27% had high blood cholesterol, and 16% were identified as smokers, which, along with obesity (31%), are known risk factors for cardiovascular diseases.

Men's Health Screenings

- Half (50%) of men had a digital rectal exam in their lifetime, and 18% had one in the past year.
- More than one-fourth (26%) of Lucas County males performed a self-testicular exam in the past year.
- Twenty-one percent (21%) of Lucas County males reported having erectile dysfunction, increasing to 49% of those over the age of 65.
- Lucas County males reported experiencing the following:
 - Enlarged prostate/benign prostatic hyperplasia (BPH) (10%)
 - Low testosterone (8%)
 - Incontinence (not having control of bladder) (6%)

Lucas County Male Leading Causes of Death, 2013-2015

1. Heart Diseases (27% of all deaths)
2. Cancers (24%)
3. Accidents, Unintentional Injuries (6%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (5%)

(Source: CDC Wonder, 2013-2015)

Ohio Male Leading Causes of Death, 2013 – 2015

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

(Source: CDC Wonder, 2013-2015)

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

Men's Health Concerns

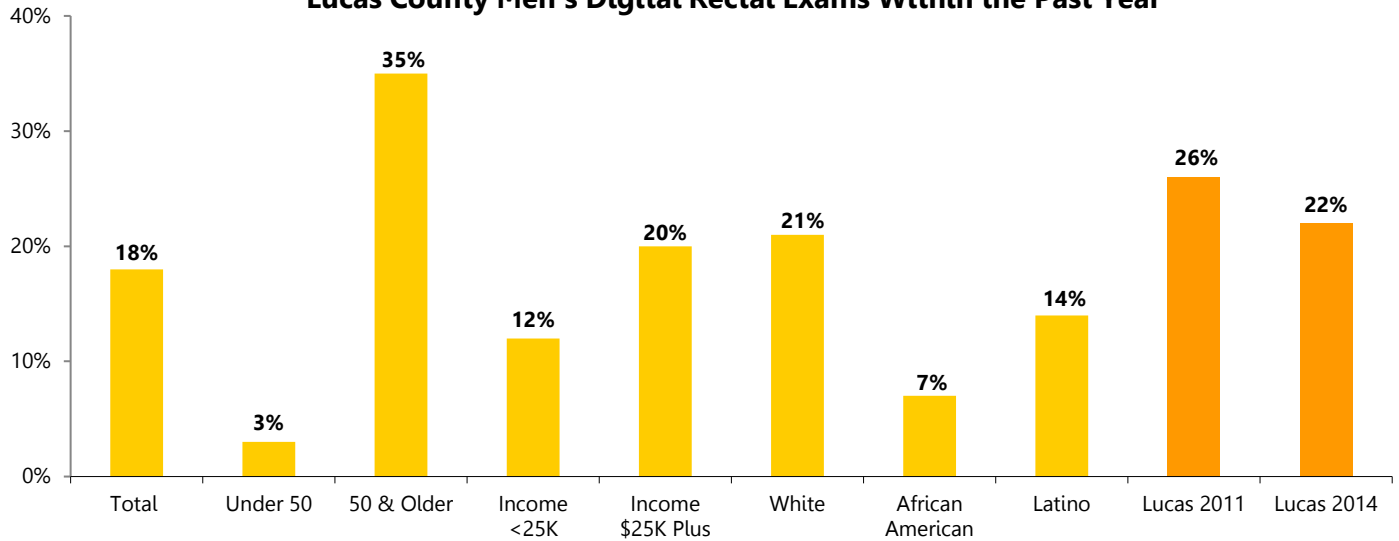
- In 2017, the health assessment determined that 7% of men had a heart attack and 5% had a stroke at some time in their life.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Lucas County, the 2017 health assessment identified that:
 - 73% of men were overweight or obese (71% Ohio, 70% U.S., 2015 BRFSS)
 - 41% were diagnosed with high blood pressure (38% Ohio, 34% U.S., 2015 BRFSS)
 - 27% were diagnosed with high blood cholesterol (38% Ohio, 38% U.S., 2015 BRFSS)
 - 16% of all men were current smokers (23% Ohio, 19% U.S., 2015 BRFSS)
 - 14% had been diagnosed with diabetes (11% Ohio, 11% U.S., 2015 BRFSS)
- From 2013-2015, major cardiovascular diseases (heart disease and stroke) accounted for 32% of all male deaths in Lucas County (Source: CDC Wonder).
- From 2013-2015, the leading cancer deaths for Lucas County males were lung, colon and rectum, and prostate cancers. Statistics from the same period for Ohio males indicate that lung, lymphoid, colon and rectum, and prostate cancers were the leading cancer deaths (Source: CDC Wonder).

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Ohio 2015	U.S. 2015
Had a digital rectal exam within the past year	30%	26%	22%	18%	N/A	N/A

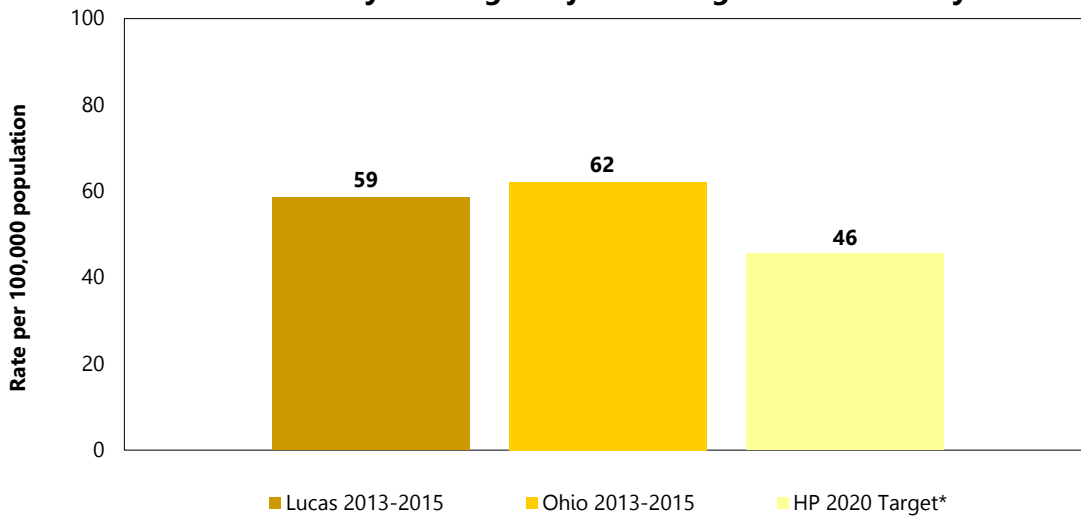
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The following graphs show the percentage of Lucas County males that had digital rectal exams in the past year and the Lucas County age-adjusted lung cancer mortality rates per 100,000 population for men with comparison to Ohio and the Healthy People 2020 objective. Examples of how to interpret the information shown on the first graph include 18% of Lucas County males had a digital rectal exam within the past year, including 35% of those aged 50 and older and 20% of those with incomes more than \$25,000.

Lucas County Men's Digital Rectal Exams Within the Past Year



Lucas County Male Age-Adjusted Lung Cancer Mortality Rates



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

Healthcare Access: Oral Health

Key Findings

The 2016/2017 health assessment determined that two-thirds (66%) of Lucas County adults had visited a dentist or dental clinic in the past year. The 2014 BRFSS reported that 65% of Ohio adults and 65% of U.S. adults had visited a dentist or dental clinic in the previous 12 months.

Access to Dental Care

- In the past year, 66% of Lucas County adults had visited a dentist or dental clinic, decreasing to 36% of those with incomes less than \$25,000.
- The 2014 BRFSS reported that 65% of Ohio adults and 65% of U.S. adults had visited a dentist or dental clinic in the previous 12 months.
- When asked the main reason for not visiting a dentist in the past year, 25% said fear, apprehension, nervousness, pain, and dislike going; 20% had no oral health problems; 19% said cost; 15% did not have/know a dentist; 8% had dentures; 3% said their dentist did not accept their medical coverage; 2% could not find a dentist taking new Medicaid patients; 2% said transportation; 1% could not get into a dentist; and 1% used the emergency room for dental issues.
- Lucas County adults completed the following oral health habits daily: brushed their teeth (94%), used mouth wash (46%), and flossed their teeth (42%).
- Two-fifths (40%) of adults had one or more of their permanent teeth removed, increasing to 66% of those ages 65 and over. The 2014 BRFSS reported that 47% of Ohio and 43% of U.S. adults had one or more permanent teeth removed.
- One-in-ten (10%) Lucas County adults ages 65 and over had all of their permanent teeth removed. The 2014 BRFSS reported that 18% of Ohio adults and 15% of U.S. adults ages 65 and over had all of their permanent teeth removed.
- Lucas County adults had the following oral health issues: pain (8%); difficulty eating/chewing (7%); oral bleeding (6%); problems with dentures, loose teeth (3%); no teeth (3%); skipped meals due to pain (2%); and missed work due to mouth pain (1%).
- Fifteen percent (15%) of Lucas County adults were aware they had an oral cancer screening in the past year.

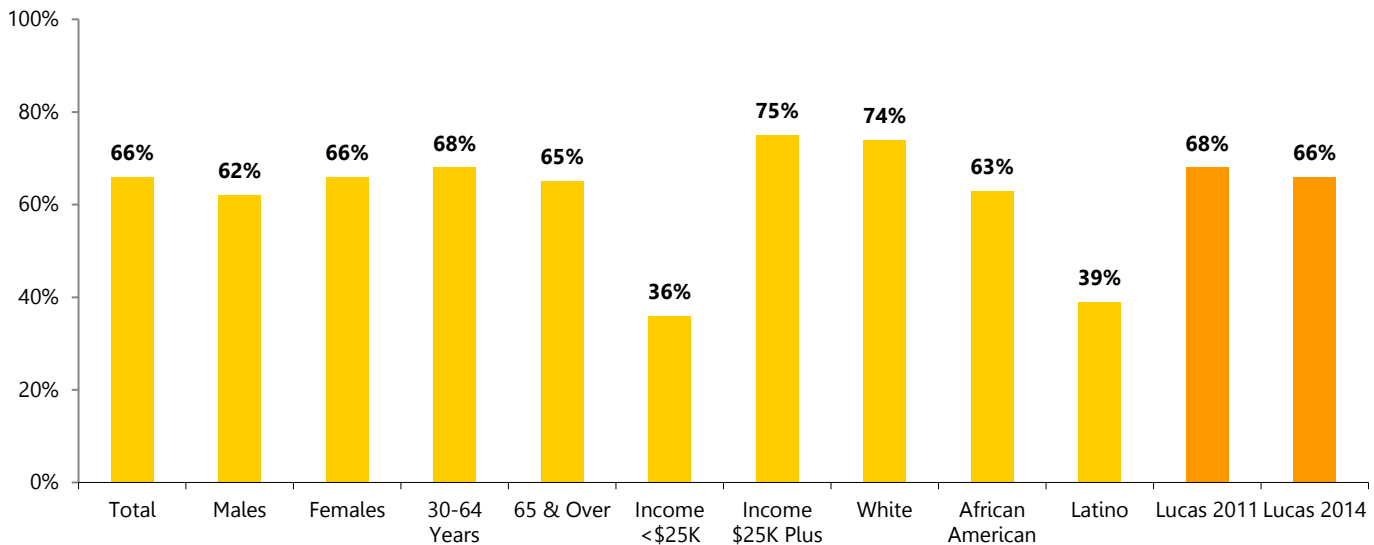
Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Ohio 2015	U.S. 2015
Adults who had visited the dentist in the past year	66%	68%	66%	66%	65%*	65%*
Adults who had one or more permanent teeth removed	N/A	45%	42%	40%	47%*	43%*
Adults 65 years and older who had all of their permanent teeth removed	N/A	18%	11%	10%	18%*	15%*

N/A – Not available

* 2014 BRFSS

The following graph provides information about the frequency of Lucas County adult dental visits. Examples of how to interpret the information on the graph include 66% of all Lucas County adults had been to the dentist in the past year, including 65% of those under the age of 30, and 36% of those with incomes less than \$25,000.

Lucas County Adults Visiting a Dentist in the Past Year



Oral Health Basics

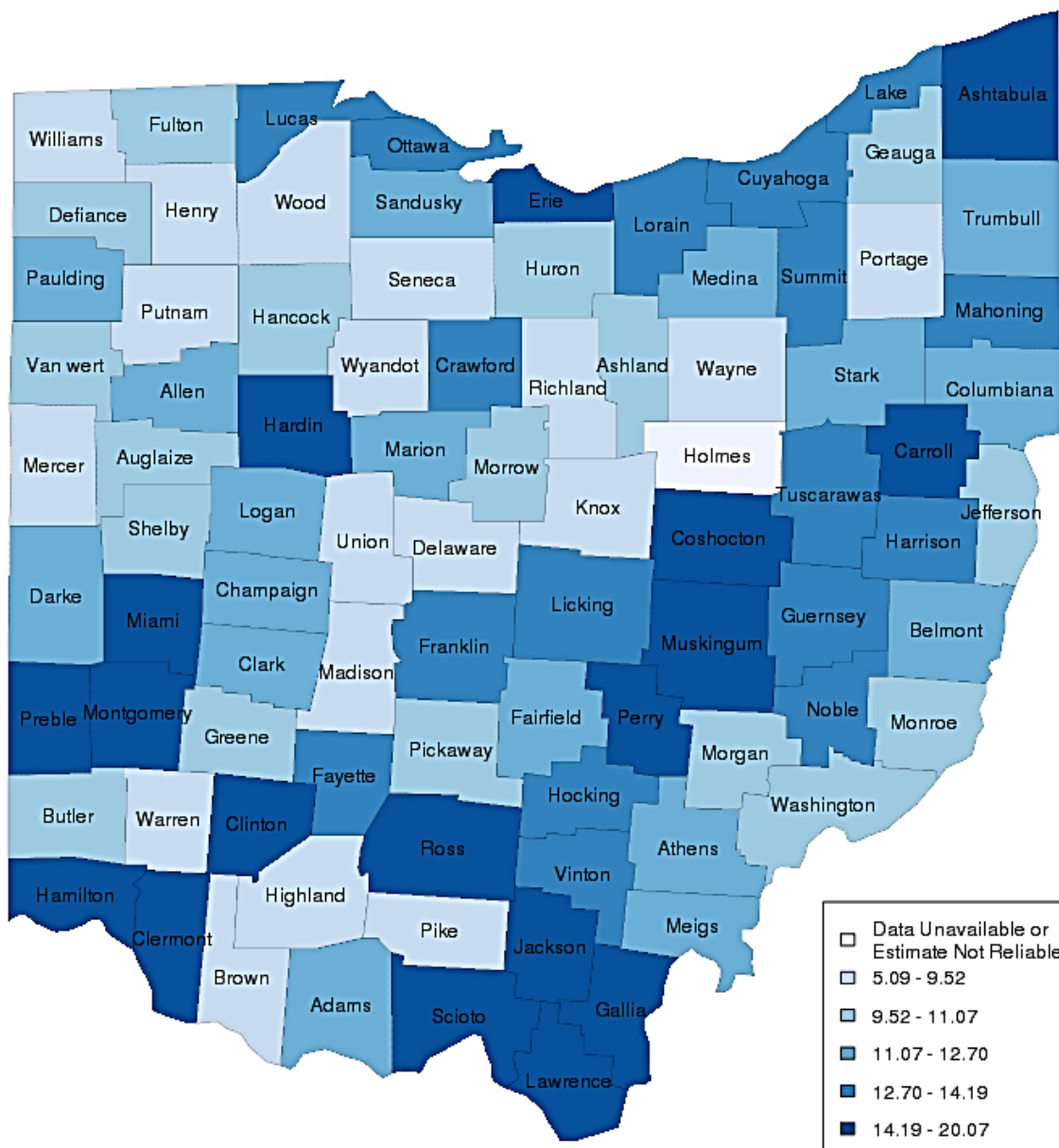
- Oral health affects our ability to speak, smile, eat, and show emotions. It also affects self-esteem, school performance, and attendance at work and school. Oral diseases—which range from cavities to gum disease to oral cancer—cause pain and disability for millions of Americans. They also cost taxpayers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

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

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

- Thirteen percent (13%) of Lucas County adults, ages 19 years and older, had unmet dental care needs.
- Thirteen percent (13%) of Ohio adults, ages 19 years and older, had unmet dental care needs.

Estimated Proportion: Unmet Dental Care Needs, All Adults, Ages 19 Years and Older (2015)



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

Health Behaviors: Health Status Perceptions

Key Findings

In 2017, nearly half (49%) of Lucas County adults rated their health status as excellent or very good. Conversely, 14% of adults described their health as fair or poor, increasing to 25% of those with incomes less than \$25,000, described their health as fair or poor.

Adults Who Rated General Health Status Excellent or Very Good

- Lucas County 49% (2017)
- Ohio 52% (2015)
- U.S. 52% (2015)

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

General Health Status

- In 2017, nearly half (49%) of Lucas County adults rated their health as excellent or very good. Lucas County adults with higher incomes (54%) were most likely to rate their health as excellent or very good, compared to 35% of those with incomes less than \$25,000.
- Fourteen (14%) of adults rated their health as fair or poor. The 2015 BRFSS has identified that 17% of Ohio and 16% of U.S. adults self-reported their health as fair or poor.
- Lucas County adults were most likely to rate their health as fair or poor if they:
 - Had been diagnosed with diabetes (38%)
 - Were separated (26%)
 - Had an annual household income under \$25,000 (25%)
 - Had high blood pressure or high blood cholesterol (25%)
 - Were Latino (25%)
 - Were 65 years of age or older (22%)
 - Were African American (20%)

Physical Health Status

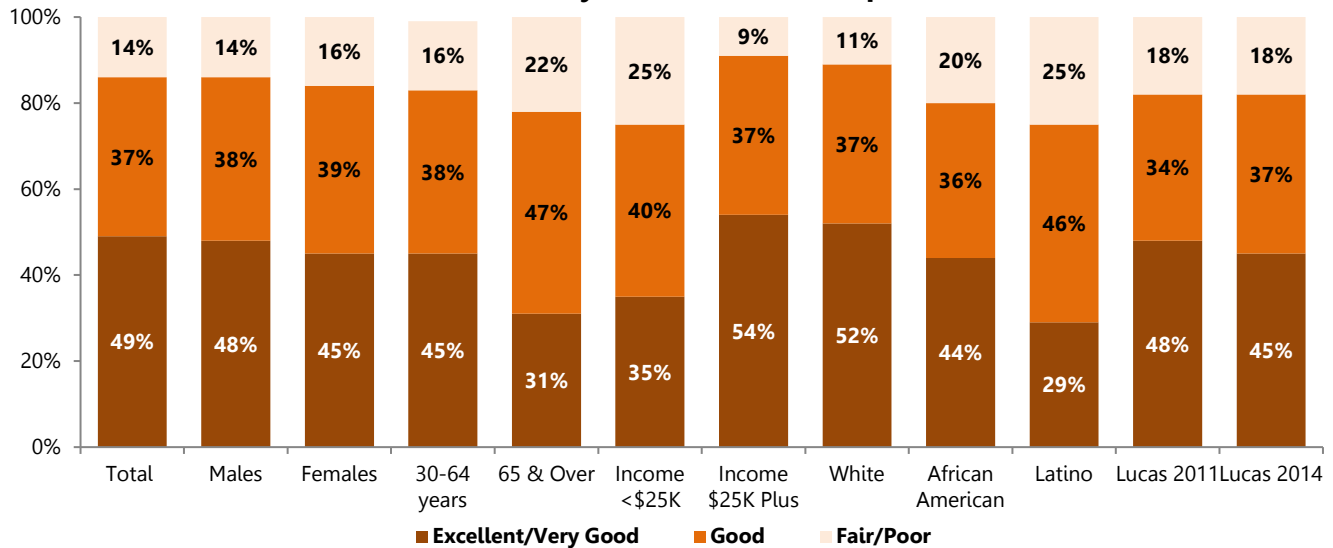
- Nearly one-fourth (24%) of Lucas County adults rated their physical health as not good on four or more days in the previous month.
- Lucas County adults reported their physical health as not good on an average of 4.8 days in the previous month. Ohio and U.S. adults reported their physical health as not good on an average of 3.7 days and 3.6 days, respectively, in the previous month (Source: 2015 BRFSS, as compiled by 2017 County Health Rankings).
- Lucas County adults were most likely to rate their physical health as not good if they:
 - Had an annual household income under \$25,000 (34%)
 - Were 65 years of age or older (34%)
 - Were Latino (34%)

Mental Health Status

- In 2017, 37% of Lucas County adults rated their mental health as not good on four or more days in the previous month.
- Lucas County adults reported their mental health as not good an average of 6.0 days in the previous month. Ohio and U.S. adults reported their mental health as not good an average of 4.0 days and 3.7 days, respectively, in the previous month (Source: 2015 BRFSS, as compiled by 2017 County Health Rankings).
- More than one-third (35%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.
- Lucas County adults were most likely to rate their mental health as not good if they:
 - Were under the age of 30 (65%)
 - Had an annual household income under \$25,000 (51%)

The following graph shows the percentage of Lucas County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 49% of all Lucas County adults, 45% of those under ages 30-64, and 31% 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.

Lucas County Adult Health Perceptions*



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

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	45%	18%	7%	1%	17%
Females	37%	34%	7%	2%	15%
Total	43%	26%	7%	2%	15%
Mental Health Not Good in Past 30 Days*					
Males	55%	8%	12%	2%	19%
Females	36%	19%	11%	3%	28%
Total	47%	14%	11%	3%	22%

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

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Ohio 2015	U.S. 2015
Rated health as excellent or very good	51%	48%	45%	49%	52%	52%
Rated health as fair or poor	14%	18%	18%	14%	17%	16%
Rated their mental health as not good on four or more days in the previous month	26%	25%	26%	37%	N/A	N/A
Average days that physical health not good in past month	N/A	N/A	4.0	4.8	3.7#	3.6#
Average days that mental health not good in past month	N/A	N/A	4.3	6.0	4.0#	3.7#

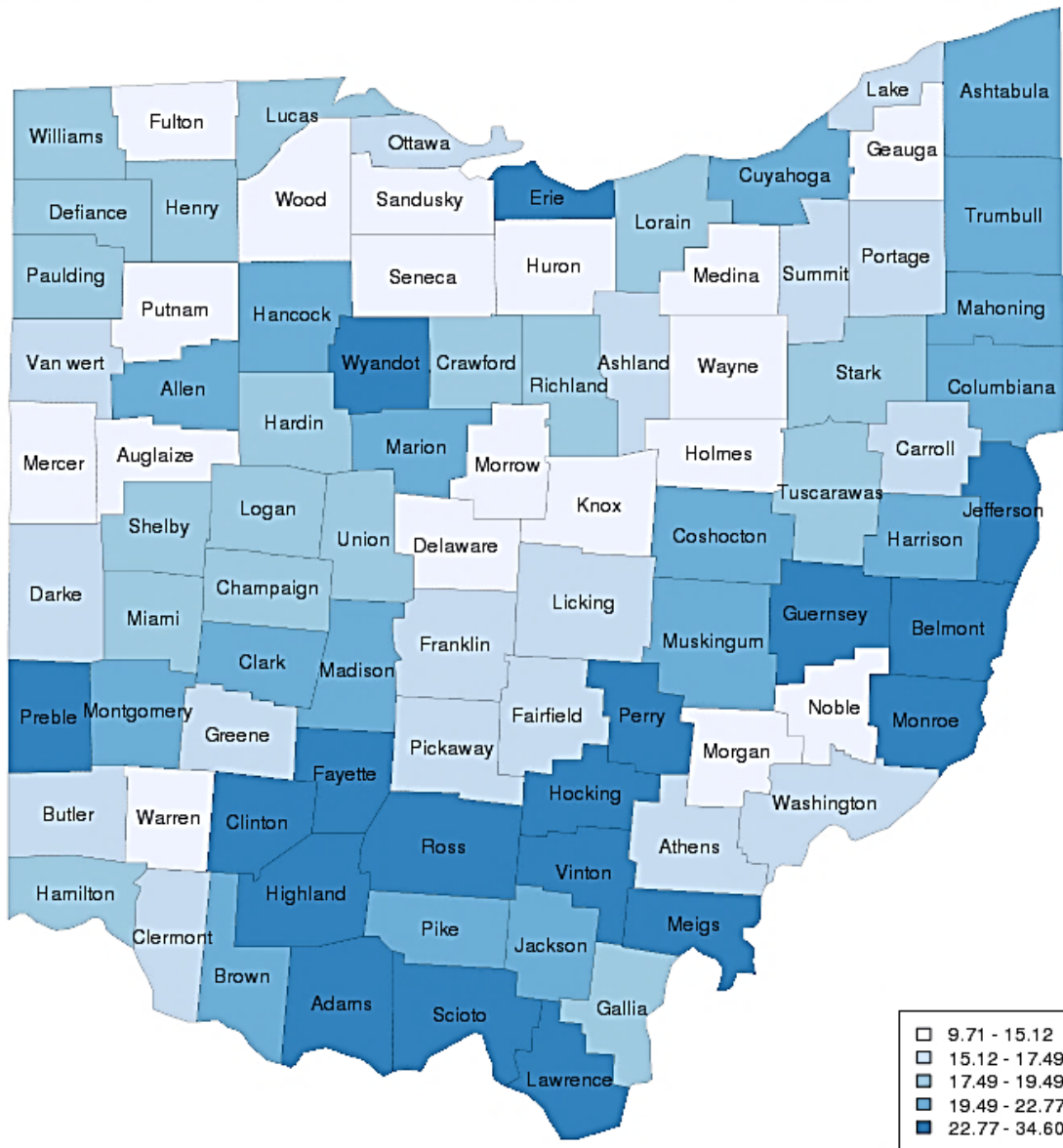
N/A – Not Available

#2015 BRFSS data as compiled by 2017 County Health Rankings

The following map shows the estimated proportion of all adults, ages 19 years and older, who rated their overall health as fair/poor, as reported by Ohio Medicaid Assessment Survey (OMAS).

- Eighteen percent (18%) of Lucas County adults, ages 19 years and older, rated their overall health as fair/poor.
- Eighteen percent (18%) of Ohio adults, ages 19 years and older, rated their overall health as fair/poor.

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



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

Health Behaviors: Adult Weight Status

Key Findings

The 2017 health assessment identified that 74% of Lucas County adults were overweight or obese based on Body Mass Index (BMI). The 2015 BRFSS indicated that 30% of Ohio and of U.S. adults were obese by BMI. Over one-third (36%) of Lucas County adults were obese.

Adult Weight Status

- Almost three-fourths (74%) of Lucas County adults were either overweight (38%) or obese (36%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.
- More than half (51%) of adults were trying to lose weight, 29% were trying to maintain their current weight or keep from gaining weight, and 3% were trying to gain weight. Eighteen percent (18%) of Lucas County adults were not doing anything to lose or gain weight.
- Lucas 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 (49%); drank more water (45%); ate a low-carb diet (12%); took diet pills, powders or liquids without a doctor's advice (4%); went without eating 24 or more hours (4%); health coaching (3%); vomited after eating (3%); smoked cigarettes (1%); used a weight loss program (1%); took laxatives (1%); took prescribed medications (1%); participated in a prescribed dietary or fitness program (1%); and bariatric surgery (<1%).

36% of Lucas County adults were obese.

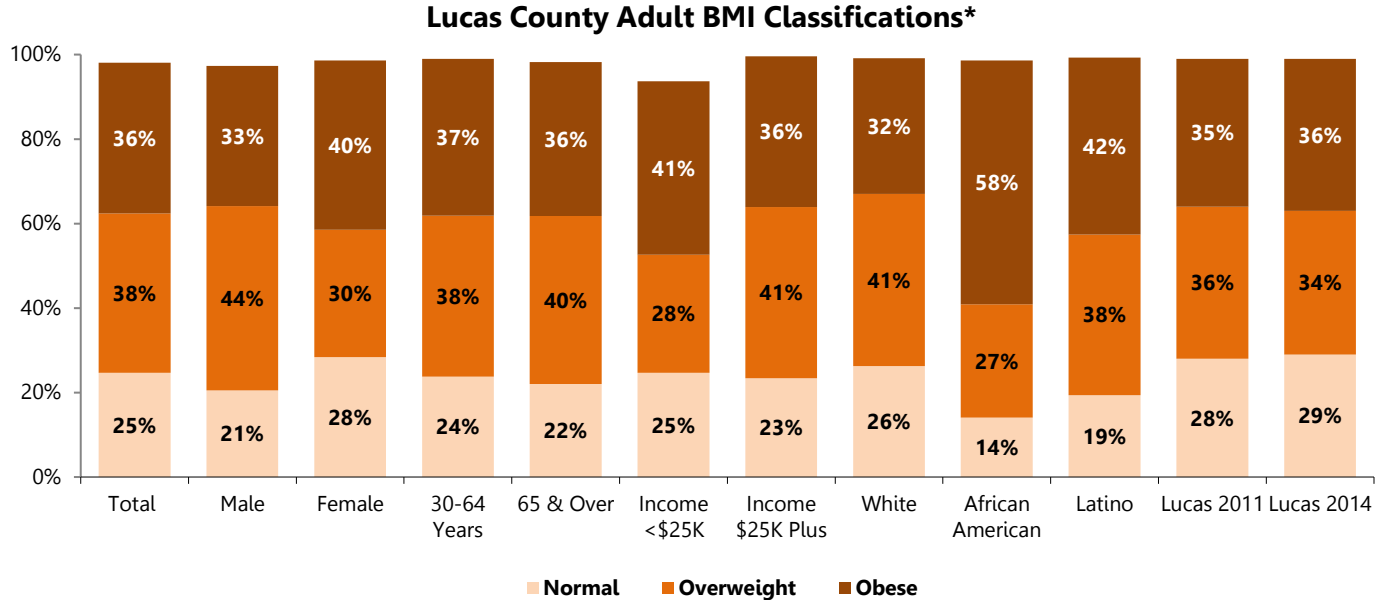
Physical Activity

- In Lucas County, 62% of adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. Thirty-three percent (33%) of adults exercised 5 or more days per week. One-fifth (20%) of adults did not participate 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, the CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week (*Source: CDC, Physical Activity*).
- Reasons for not exercising included the following: time (29%); too tired (26%); weather (21%); laziness (20%); pain or discomfort (16%); do not like to exercise (12%); could not afford a gym membership (7%); no exercise partner (7%); neighborhood safety (5%); poorly maintained/no sidewalks (3%); lack of opportunities for those with physical impairments or challenges (3%); transportation (2%); did not know what activities to do (2%); doctor advised them not to exercise (1%); no child care (1%); no gym available (1%); and no walking, biking trails or parks (1%).
- Lucas County adults spent the most time doing the following physical activities in the past year: walking (33%), strength training (4%), running/jogging (3%), exercise machines (2%), occupational exercise (2%), cycling (1%), group exercise classes (1%), swimming (<1%), and other (7%). Thirty-seven percent (37%) of adults engaged in multiple types of exercise.
- Lucas County adults spent an average of 2.8 hours watching TV, 2.4 hours on the computer, 2.1 hours on their cell phone, and 0.4 hours playing video games on an average day of the week.
- In 2014, 25% of Ohio and 24% of U.S. adults reported no leisure-time physical activity (*Source: 2014 BRFSS*).

Nutrition

- In 2017, 4% of adults ate 5 or more servings of fruits and vegetables per day. Sixty-two percent (62%) ate between 1 to 2 servings and 24% ate 3 to 4 servings of fruits and vegetables per day. Ten percent (10%) of adults ate 0 servings of fruits and vegetables 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. In 2013, 42% of Ohio adults consumed fruits less than one time daily, and 26% consumed vegetables less than one time daily (Source: 2013 BRFSS).
- Adults in Lucas County reported the following reasons they chose the types of food they ate: taste/enjoyment (62%), cost (57%), healthiness of food (51%), ease of preparation/time (42%), nutritional content (33%), food they were used to (32%), what their family prefers (28%), availability (27%), calorie content (23%), if it is organic (11%), artificial sweetener content (9%), if it is genetically modified (8%), other food sensitivities (8%), health care provider’s advice (4%), if it is lactose free (4%), if it is gluten free (3%), and limitations set by WIC (<1%).
- Lucas County adults purchased their fruit and vegetables from the following places: large grocery stores (86%), Farmer’s Market (37%), local grocery stores (26%), grew their own/garden (16%), Dollar General/Store (3%), food pantry (2%), Veggie Mobile/mobile produce (2%), mail order food service (1%), community garden (1%), corner/convenience stores (1%), Community Supported Agricultural (CSA) (<1%), and other places (4%).
- Lucas County adults reported the following barriers in consuming fruits and vegetables: too expensive (14%), did not like the taste (6%), did not know how to prepare them (3%), no access (2%), transportation (2%), no variety (1%), stores did not take EBT/WIC/SNAP (<1%), and other reasons (3%). Seventy-seven percent (77%) reported no barriers to consuming fruits and vegetables.

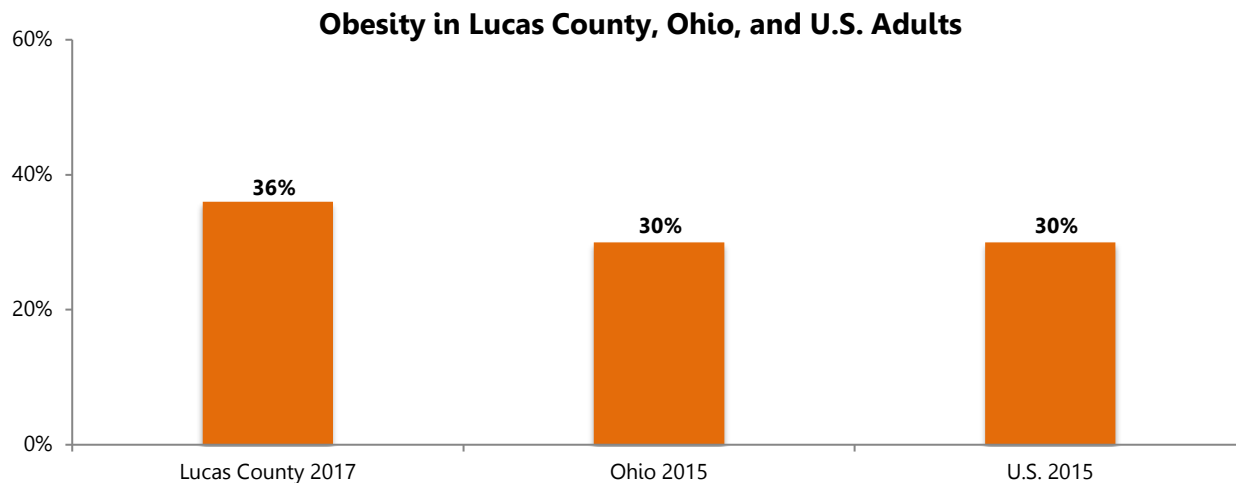
The following graph shows the percentage of Lucas County adults who were overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 25% of all Lucas County adults were classified as normal weight, 38% were overweight, and 36% were obese.



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

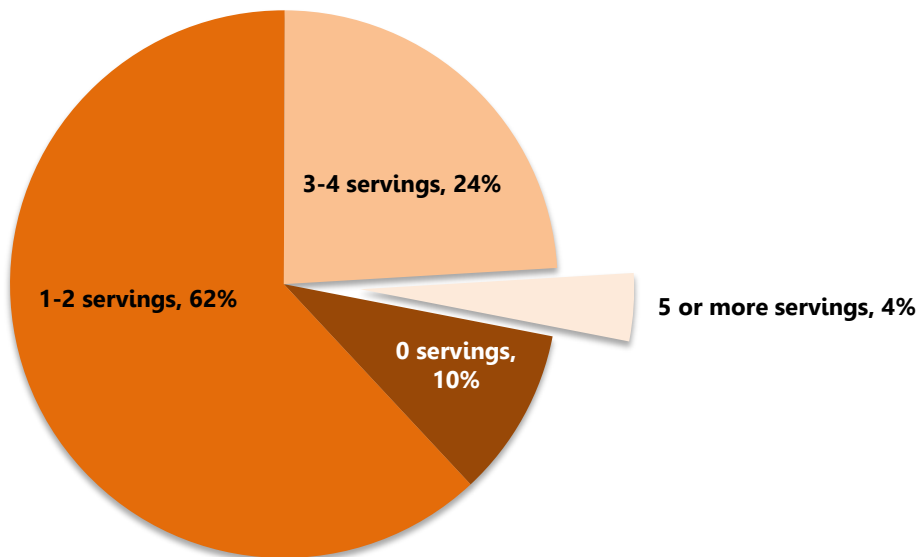
Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Ohio 2015	U.S. 2015
Obese	33%	35%	36%	36%	30%	30%
Overweight	37%	36%	34%	38%	37%	36%

The following graph shows the percentage of Lucas County adults who were obese compared to Ohio and U.S. The pie chart shows the average number of servings of fruits and vegetables Lucas County adults ate per day. Examples of how to interpret the information include: 36% of all Lucas County adults were obese, compared to 30% of Ohio and U.S. adults.



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

Average Number of Servings of Fruits and Vegetables Per Day for Lucas County Adults



Health Behaviors: Adult Tobacco Use

Key Findings

In 2017, 14% of Lucas County adults were current smokers, and 23% were considered former smokers. Five percent (5%) of adults used e-cigarettes in the past year. Fifty percent (50%) of smokers reported trying to quit in the past year.

In 2017, 14% of Lucas County adults were current smokers.

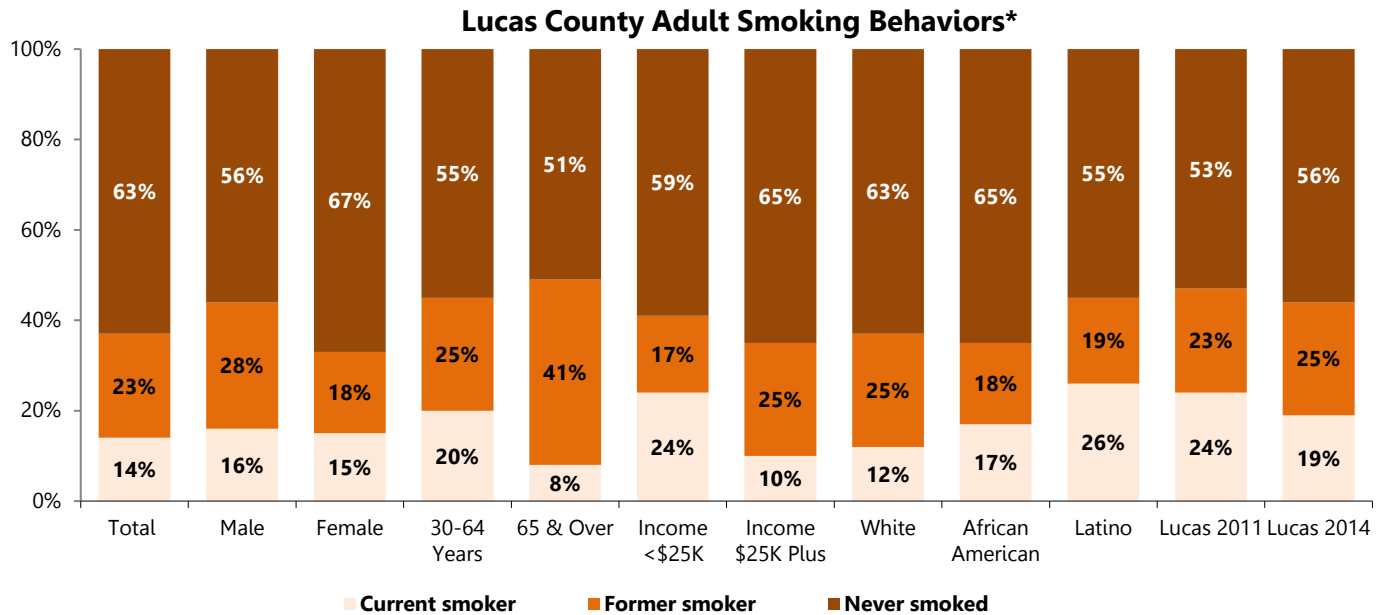
Adult Tobacco Use Behaviors

- One-in-seven (14%) Lucas County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days). The 2015 BRFSS reported current smoker prevalence rates of 22% for Ohio and 18% for the U.S.
- Nearly one-fourth (23%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). The 2015 BRFSS reported former smoker prevalence rates of 24% for Ohio and 25% for the U.S.
- Lucas County adult smokers were more likely to:
 - Be Latino (26%)
 - Have incomes less than \$25,000 (24%)
- Lucas County adults used the following tobacco products in the past year: cigarettes (21%), Black and Milds (7%), e-cigarettes (5%), cigars (5%), chewing tobacco (3%), pouch (2%), cigarillos (1%), roll-your-own (1%), snuff (1%), Swisher Sweets (1%), pipes (1%), betel quid (<1%), bidis (<1%), hookah (<1%), and little cigars (<1%).
- Half (50%) of current smokers responded that they stopped smoking for 1 day or longer because they were trying to quit smoking.
- Lucas County adults had the following rules/practices about smoking in their home: never allowed (75%), no rules about smoking (6%), allowed sometimes/in some places (5%), not allowed with children around (5%), and allowed anywhere (3%).
- Lucas County adults reported they would support an ordinance to ban smoking in the following places: vehicle with a minor present (66%), multi-unit housing (49%), parks or ball fields (49%), college/university campuses (46%), and fairgrounds (40%). Twenty-five percent (25%) of adults reported they would not support an ordinance to ban smoking anywhere.
- Approximately two-fifths (41%) of Lucas County adults believed that e-cigarette vapor was harmful to themselves. Thirty-six percent (36%) of adults believed that e-cigarette vapor was harmful to others, and 6% did not believe it was harmful to anyone. Forty-nine (49%) of adults did not know if e-cigarette vapor was harmful.

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Ohio 2015	U.S. 2015
Current smoker	23%	24%	19%	14%	22%	18%
Former smoker	25%	23%	25%	23%	24%	25%
Tried to quit smoking	85%	74%	74%	50%	N/A	N/A
Used chewing tobacco or snuff	3%	4%	3%	3%	N/A	N/A

N/A – Not Available

The following graph shows the percentage of Lucas County adults who smoked cigarettes. Examples of how to interpret the information include: 14% of all Lucas County adults were current smokers, 23% of all adults were former smokers, and 63% had never smoked.

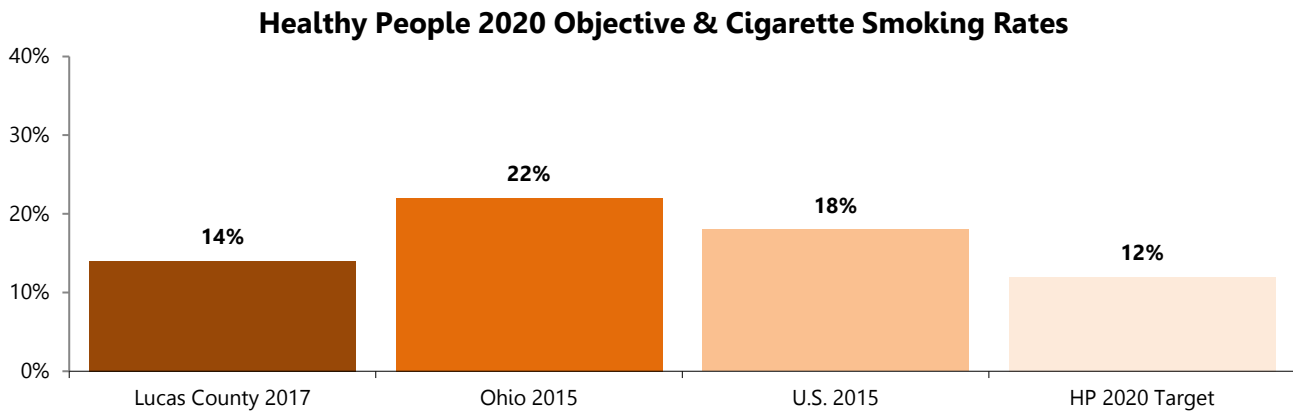


**Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days or not at all?"*

50% of current smokers had stopped smoking for at least one day in the past year because they were trying to quit smoking.

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

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



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

Electronic Cigarette Use Among Adults: United States, 2014

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

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

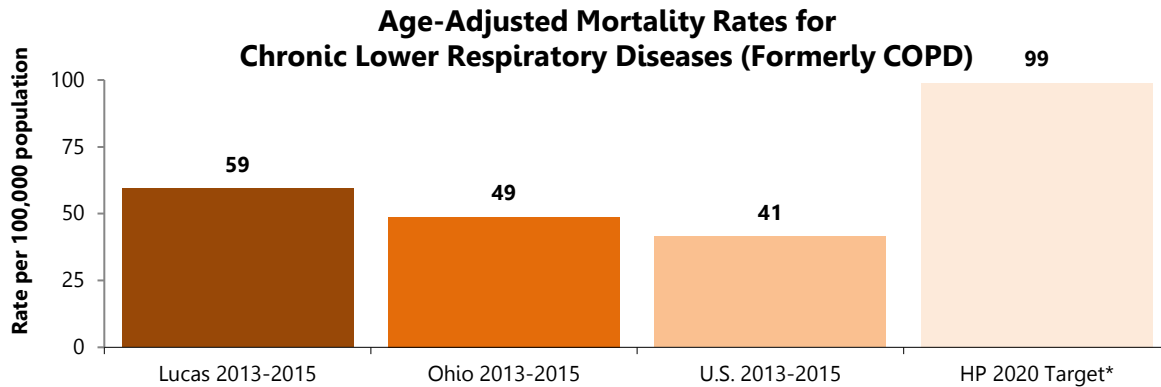
Smoking and Other Health Risks

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

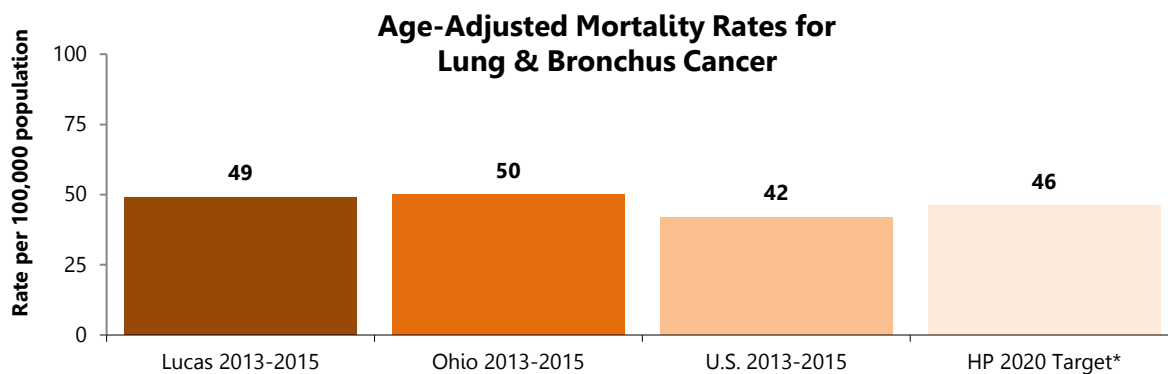
(Source: CDC, Effects of Cigarette Smoking, Smoking and Other Health Risks, May 15, 2017)

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

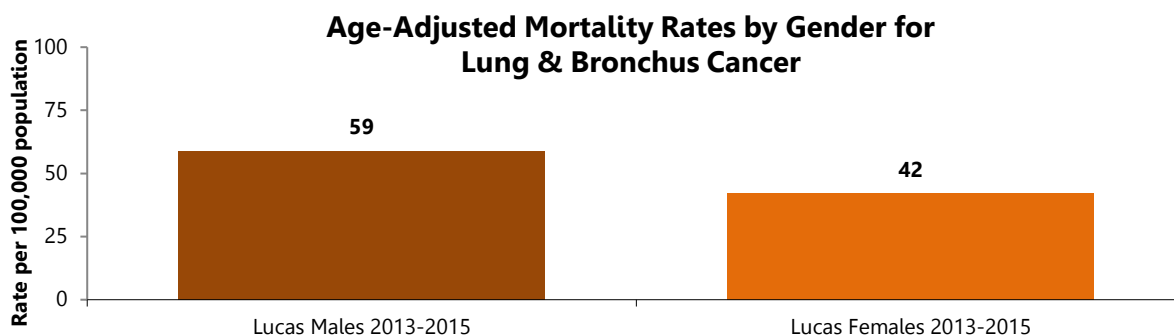
- From 2013-2015, the Lucas County's age-adjusted mortality rate for Chronic Lower Respiratory Disease was higher than the Ohio and U.S. rate but lower than the Healthy People 2020 target objective.
- From 2013-2015, the Lucas County's age-adjusted mortality rate for Lung and Bronchus cancer was higher than the U.S. rate and the Healthy People 2020 target objective but lower than the Ohio rate.
- Disparities existed by gender for Lucas County lung and bronchus cancer age-adjusted mortality rates. The 2013-2015 Lucas male rate was substantially higher than the Lucas female rate.



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



(Sources: Health People 2020, Ohio Public Health Data Warehouse 2013-2015, National Cancer Institute)
 Note: Healthy People 2020's target rate is for lung cancer only

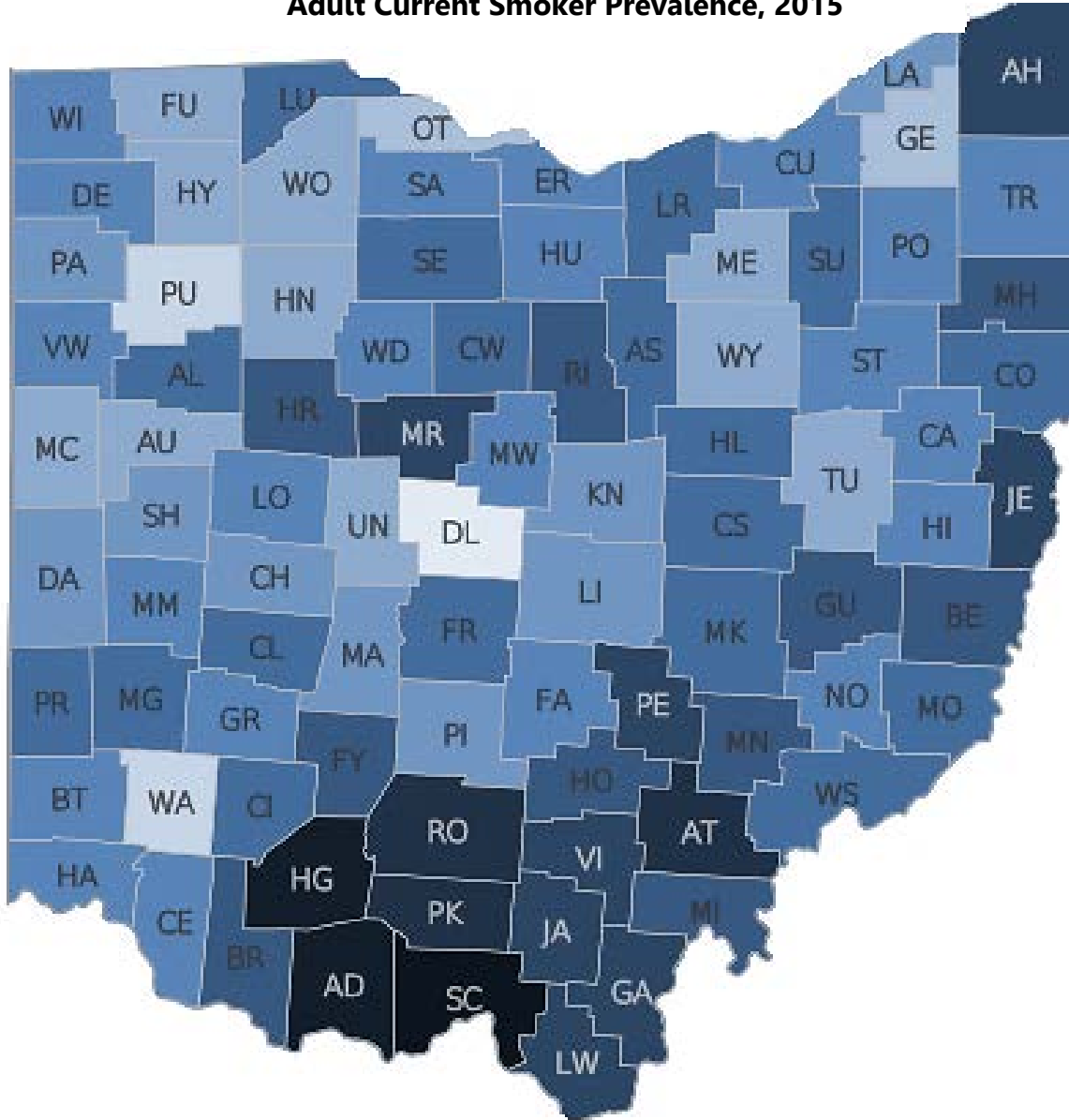


(Source: Ohio Public Health Data Warehouse, 2013-2015)

The map below shows the percentage of the adults who are current smokers by county in Ohio.

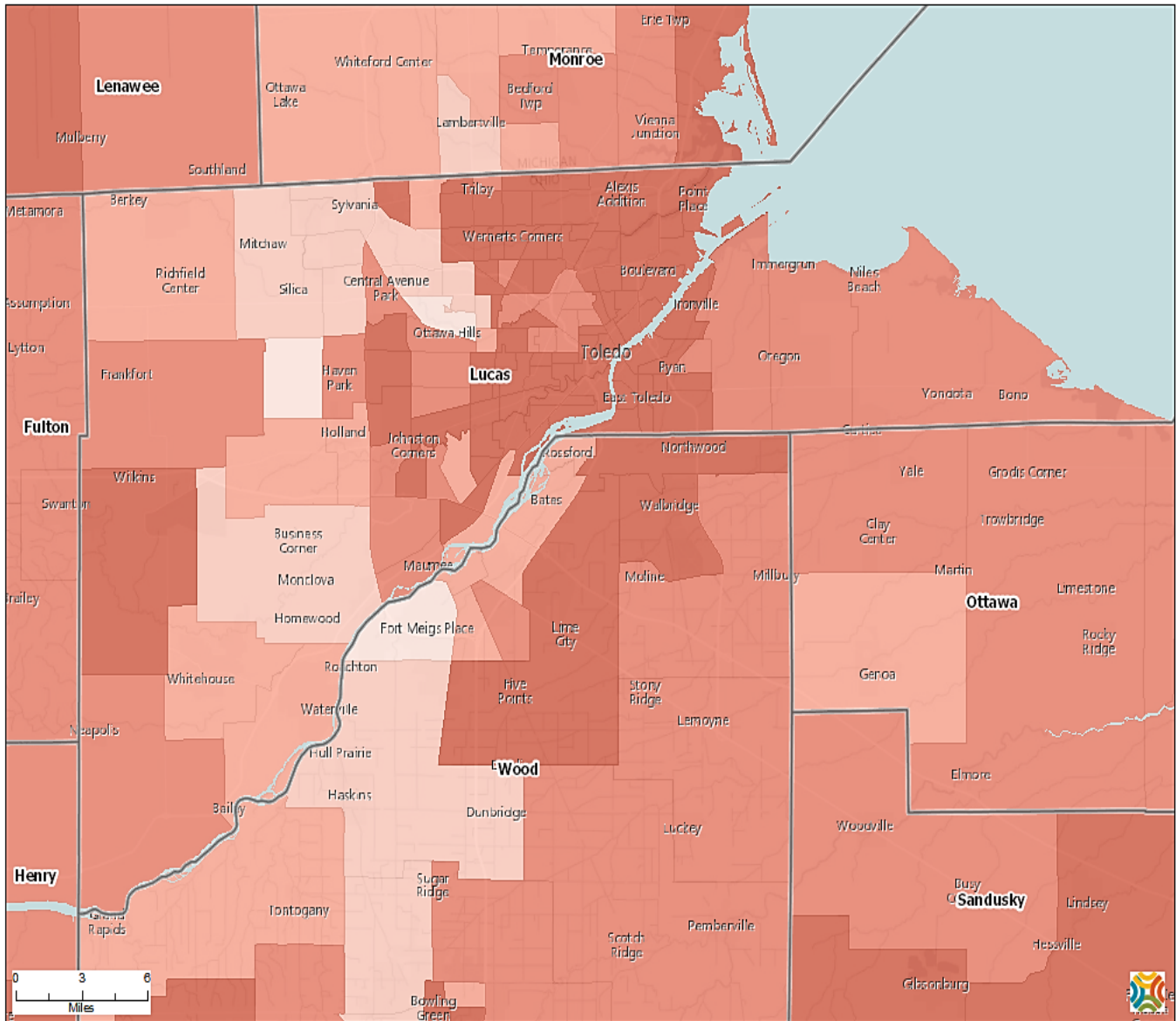
- One-fifth (20%) of Lucas County adults were current smokers in 2015.
- Overall in Ohio, 22% of adults were current smokers. The range of smoking prevalence between counties was 14%-25%.

Adult Current Smoker Prevalence, 2015



(Source: 2015 BRFSS, as compiled by County Health Rankings 2017)

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



Map Legend

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

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

Community Commons, 5/3/2017

(Source: Nielsen, Nielsen SiteReports: 2014, as compiled by Community Commons, updated 5/3/2017)

Health Behaviors: Adult Alcohol Use

Key Findings

Nearly one-fourth (24%) of Lucas County adults were considered binge drinkers (defined as five or more drinks for males or four or more for females on one occasion) in the past month.

65% of Lucas County adults had at least one alcoholic drink in the past month.

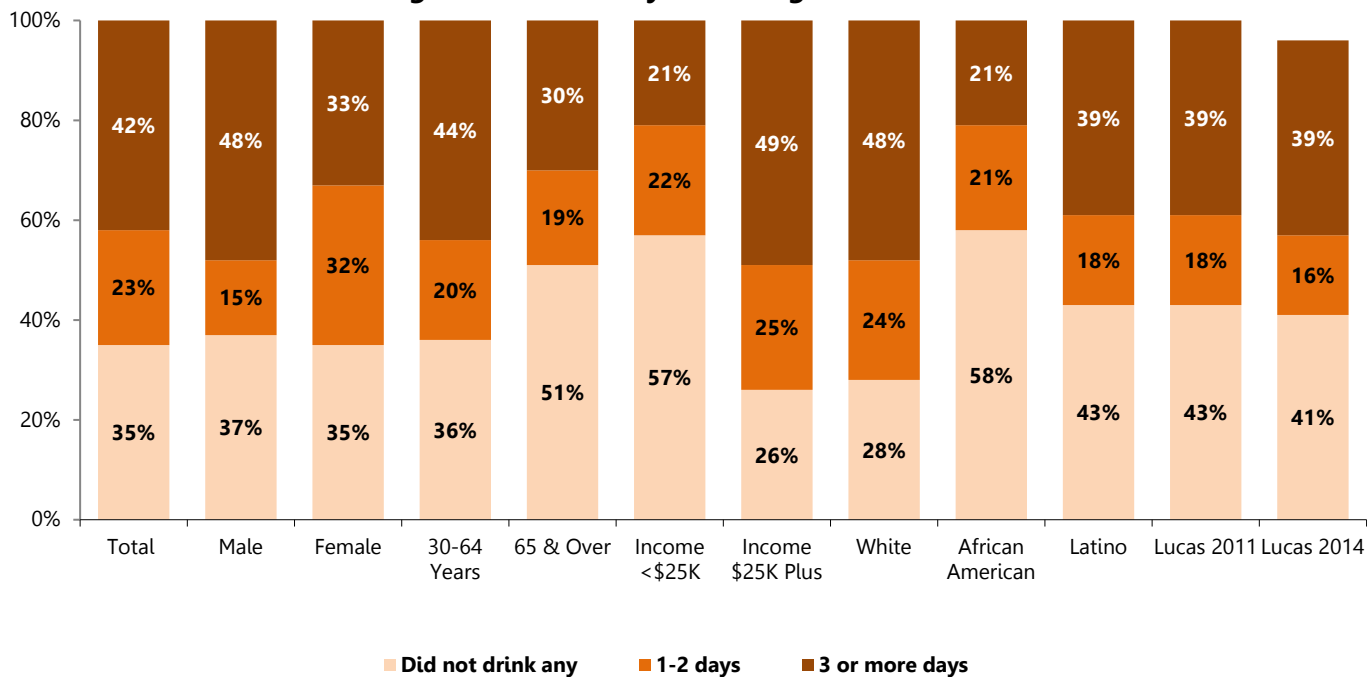
Adult Alcohol Consumption

- In 2017, 65% of Lucas County adults had at least one alcoholic drink in the past month. The 2015 BRFSS reported current drinker prevalence rates of 53% for Ohio and 54% for the U.S.
- In the past month, 8% of adults reported driving after believing they may have had too much to drink, increasing to 12% of males.
- Less than one-fourth (24%) of Lucas County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers (the 2015 BRFSS reported binge drinking rates of 18% for Ohio and 16% for the U.S.). Of those who drank in the past month, 38% had at least one episode of binge drinking.
- Lucas County adults experienced the following in the past six months: drove a vehicle or other equipment after having any alcoholic beverages (13%), drank more than they expected (11%), used prescription drugs while drinking (7%), drank more to get the same effect (5%), spent a lot of time drinking (3%), continued to drink despite problems caused by drinking (2%), tried to quit or cut down but could not (2%), gave up other activities to drink (1%), drank to ease withdrawal symptoms (1%), placed themselves or their family in harm (1%), and failed to fulfill duties at home or work (1%).
- Two percent (2%) of Lucas County adults used a program to help with an alcohol problem for themselves or a loved one. Reasons for not using such a program included the following: had not thought of it (5%), could not afford to go (1%), did not want to miss work (1%), could not get to the office or clinic (<1%), did not want to get in trouble (<1%), fear (<1%), no openings (<1%), stigma of seeking drug services (<1%), transportation (<1%), and other reasons (2%). Eighty-nine percent (89%) of adults indicated such a program was not needed.

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Ohio 2015	U.S. 2015
Drank alcohol at least once in past month	57%	57%	54%	65%	53%	54%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	18%	23%	21%	24%	18%	16%

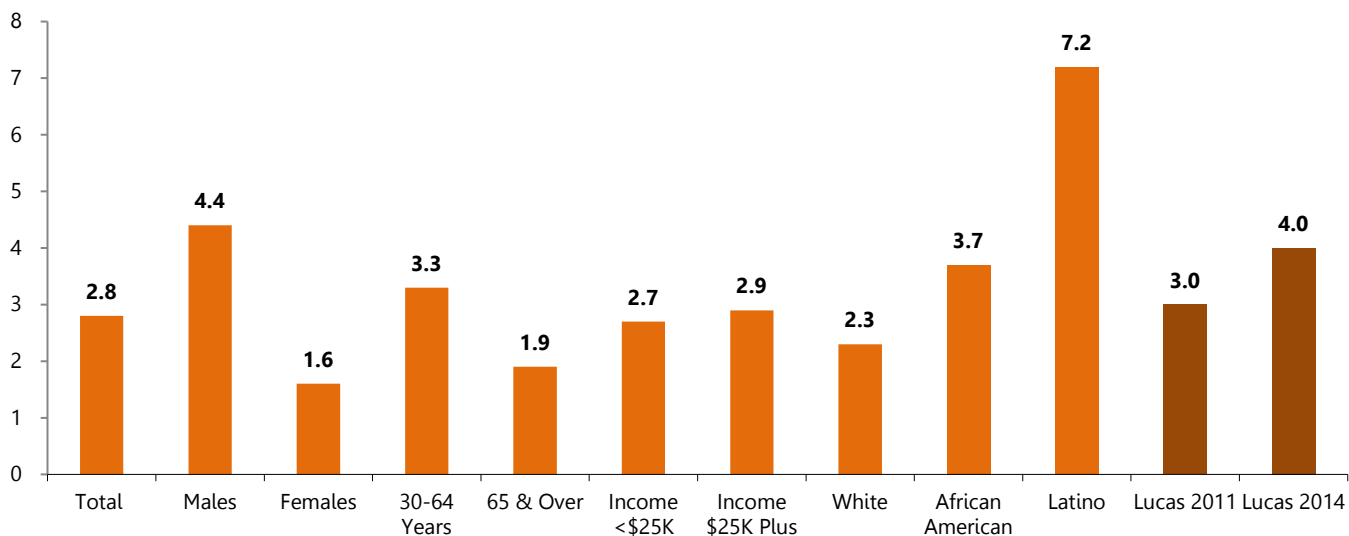
The following graphs show the percentage of Lucas County adults who consumed alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 35% of all Lucas County adults did not drink alcohol, 37% of Lucas County males did not drink, and 35% of adult females reported they did not drink.

Average Number of Days Drinking Alcohol in the Past Month*

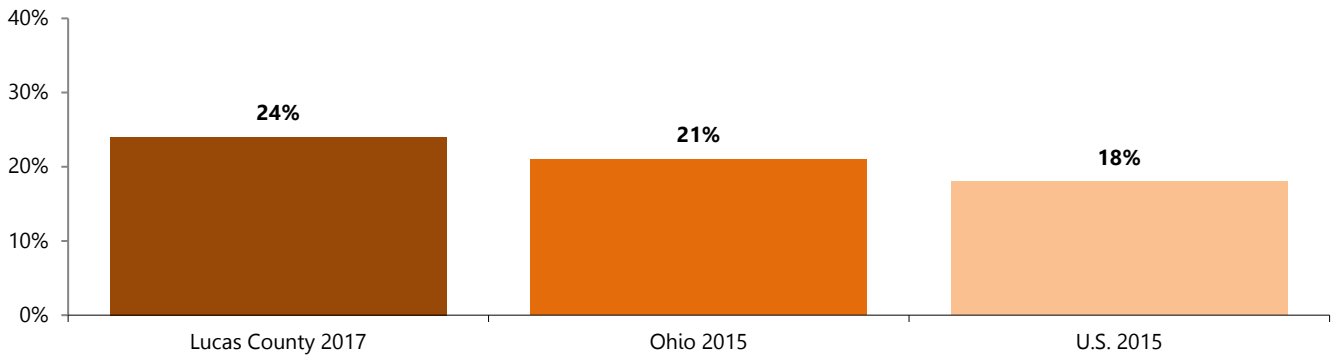


*Percentages may not equal 100% as some respondents answered "don't know"

Adults' Average Number of Drinks Consumed Per Drinking Occasion



Adult Binge Drinkers*



(Source: 2015 BRFSS, 2017 Lucas County Health Assessment)

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

The following table shows the cities of Maumee, Oregon, Sylvania, Toledo, Lucas County, and Ohio motor vehicle accident statistics. The table shows:

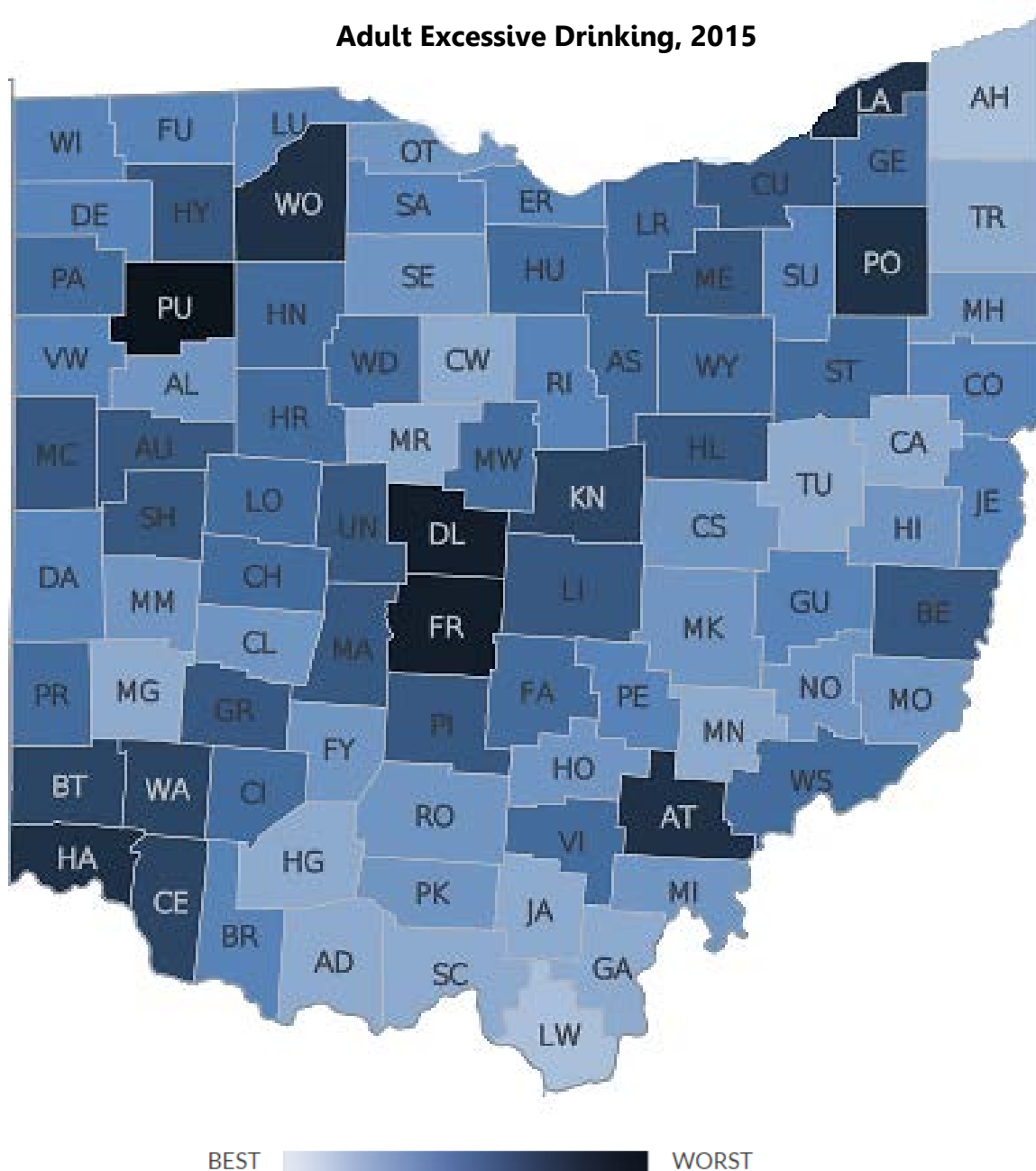
- Three percent (3%) of the total crashes in Lucas County in 2016 were alcohol-related, as opposed to the 4% for Ohio.
- Of all fatal injury crashes, 26% were alcohol-related for Lucas County and 30% for Ohio.
- Of the total number of alcohol-related crashes (397) in Lucas County, 54% were property damage only and 3% were fatal injury.
- There were 12,243 alcohol-related crashes in Ohio in 2016. Of those crashes, 56% were property damage only and 3% were fatal injury.

	City of Maumee 2016	City of Oregon 2016	City of Sylvania 2016	City of Toledo 2016	Lucas County 2016	Ohio 2016
Total Crashes	710	546	374	10,721	14,838	305,959
Alcohol-Related Total Crashes	24	31	9	232	397	12,243
Fatal Injury Crashes	1	3	0	22	35	1,054
Alcohol-Related Fatal Crashes	0	2	0	5	9	313
Alcohol Impaired Drivers in Crashes	24	31	9	223	387	11,958
Injury Crashes	171	190	109	2,990	4,170	77,513
Alcohol-Related Injury Crashes	9	8	2	105	172	5,076
Property Damage Only	538	353	265	7,709	10,633	227,392
Alcohol-Related Property Damage Only	15	21	7	122	216	6,854
Deaths	1	3	0	22	35	1,133
Alcohol-Related Deaths	0	2	0	6	10	346
Total Non-Fatal Injuries	235	301	148	4,707	6,455	112,330
Alcohol-Related Injuries	9	8	2	171	172	7,199

(Source: Ohio Department of Public Safety, Crash Reports, Traffic Crash Facts, Updated 7/7/2017)

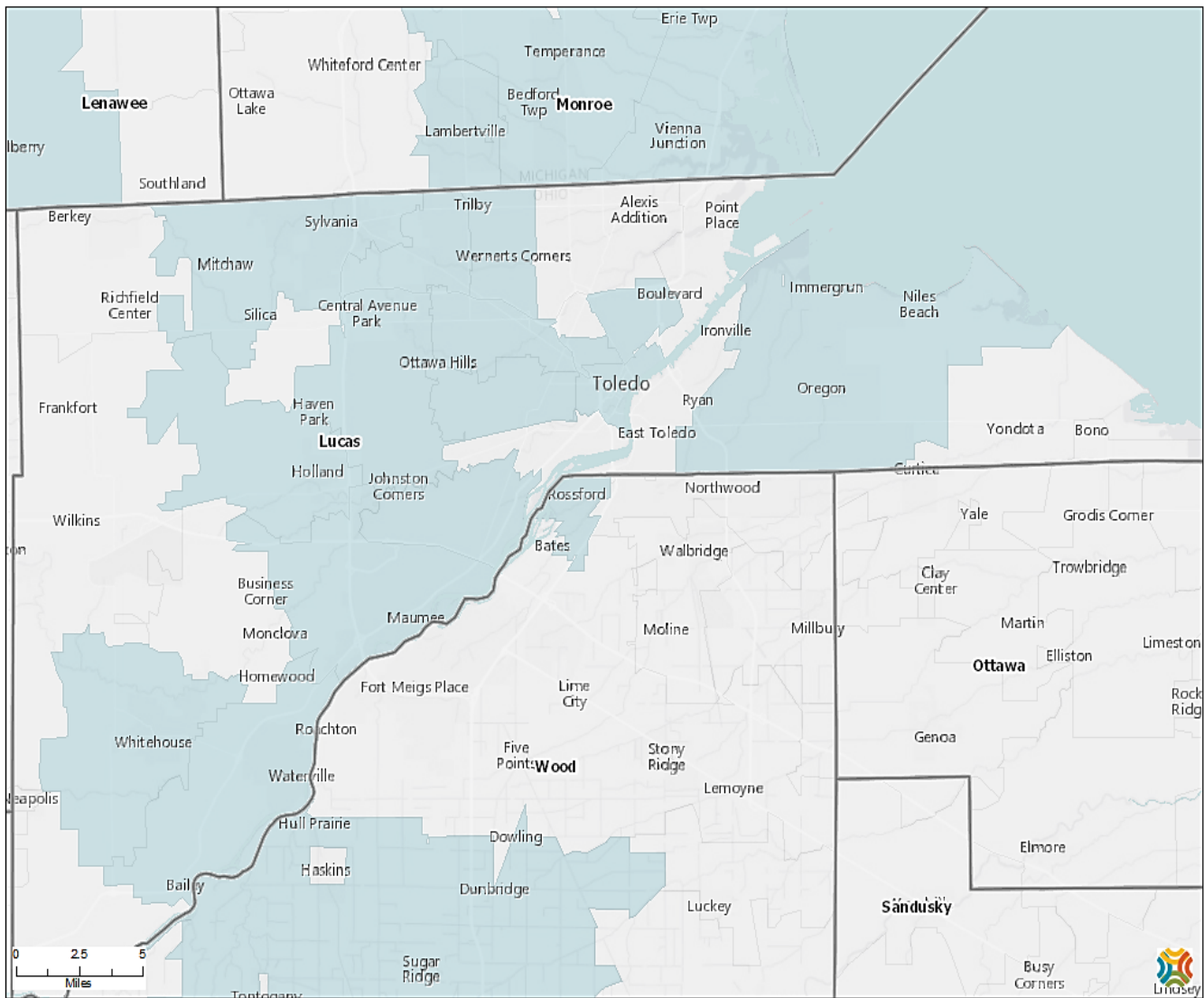
Excessive drinking is the percentage of adults that report either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than one (women) or two (men) drinks per day on average.

- One in six (17%) Lucas County adults were binge or heavy drinkers in 2015.
- Overall in Ohio, 19% of adults were binge or heavy drinkers. The range of excessive drinking prevalence between counties was 15%-23%.



(Source: 2015 BRFSS, as compiled by County Health Rankings, 2017)

Beer, Wine and Liquor Stores, Rate (Per 100,000 Pop.) by Zip Code Tabulation Area (ZCTA), Census Business Patterns (CBP), 2015



Map Legend

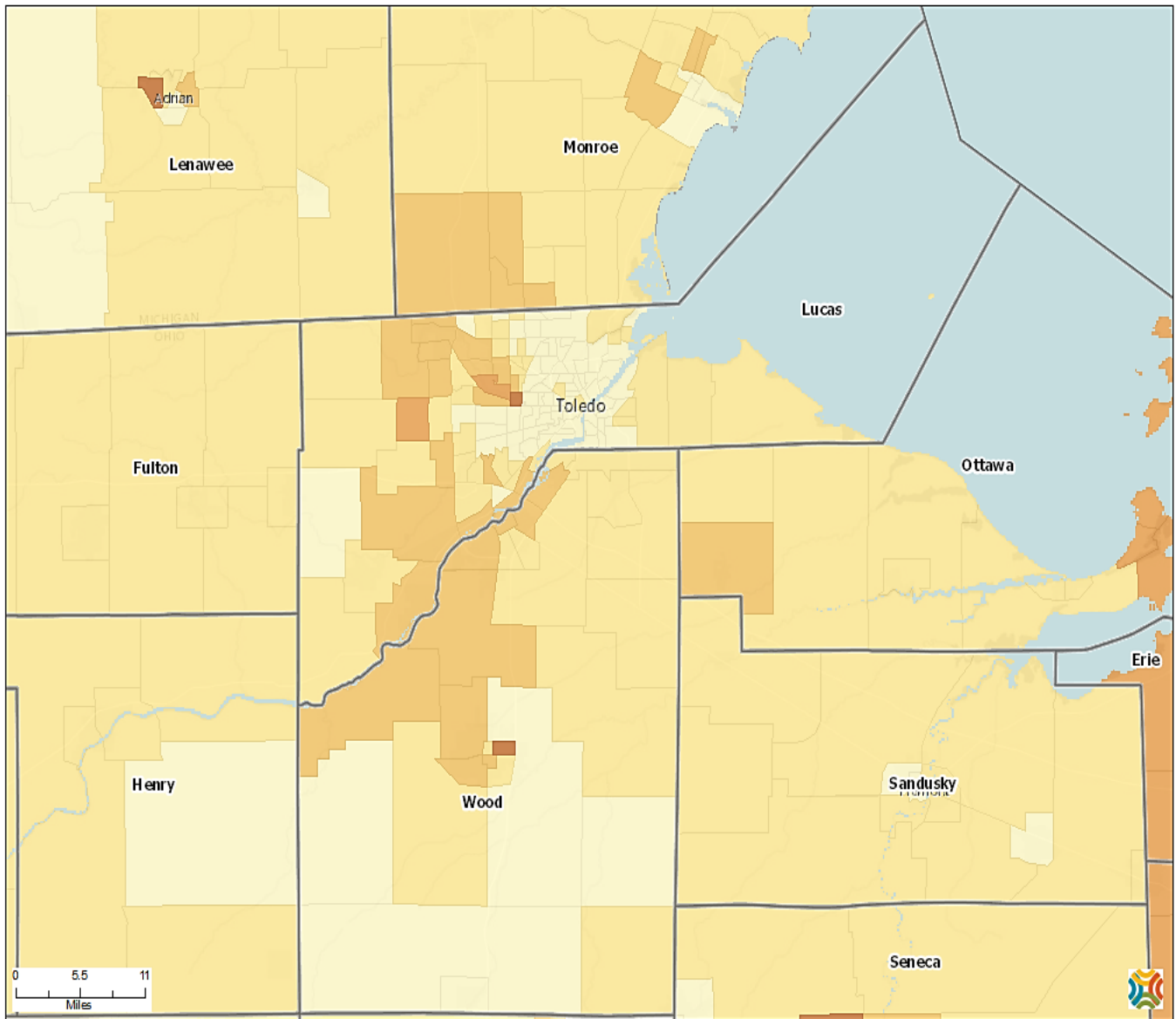
Beer, Wine and Liquor Stores, Rate (Per 100,000 Pop.) by ZCTA, CBP 2015

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

Community Commons, 5/3/2017

(Source: U.S. Census Bureau, County Business Patterns: 2015, as compiled by Community Commons, updated 5/3/2017)

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



Map Legend

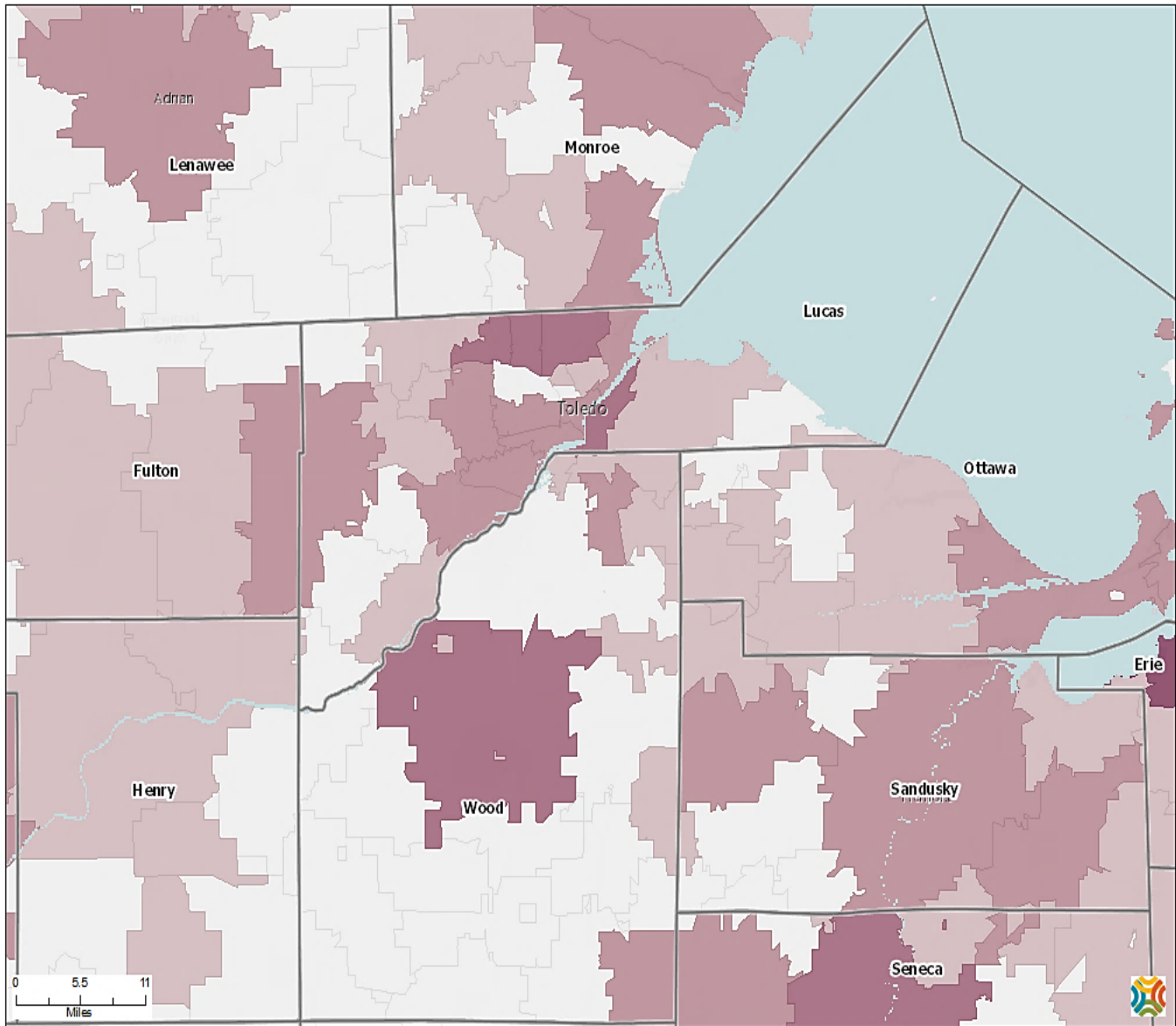
Alcoholic Beverage Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014

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

Community Commons, 5/3/2017

(Source: Nielsen, Nielsen SiteReports: 2014 as compiled by Community Commons)

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



Map Legend

Bars and Drinking Establishments, Total Establishments by ZCTA, CBP 2015

- Over 20
- 8 - 20
- 2 - 7
- 1 - 2
- No Bars or Drinking Establishments

Community Commons, 5/3/2017

(Source: U.S. Census Bureau, County Business Patterns: 2015, as compiled by Community Commons, updated 5/3/2017)

Health Behaviors: Adult Drug Use

Key Findings

In 2017, 12% of Lucas County adults had used marijuana during the past 6 months. Six percent (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

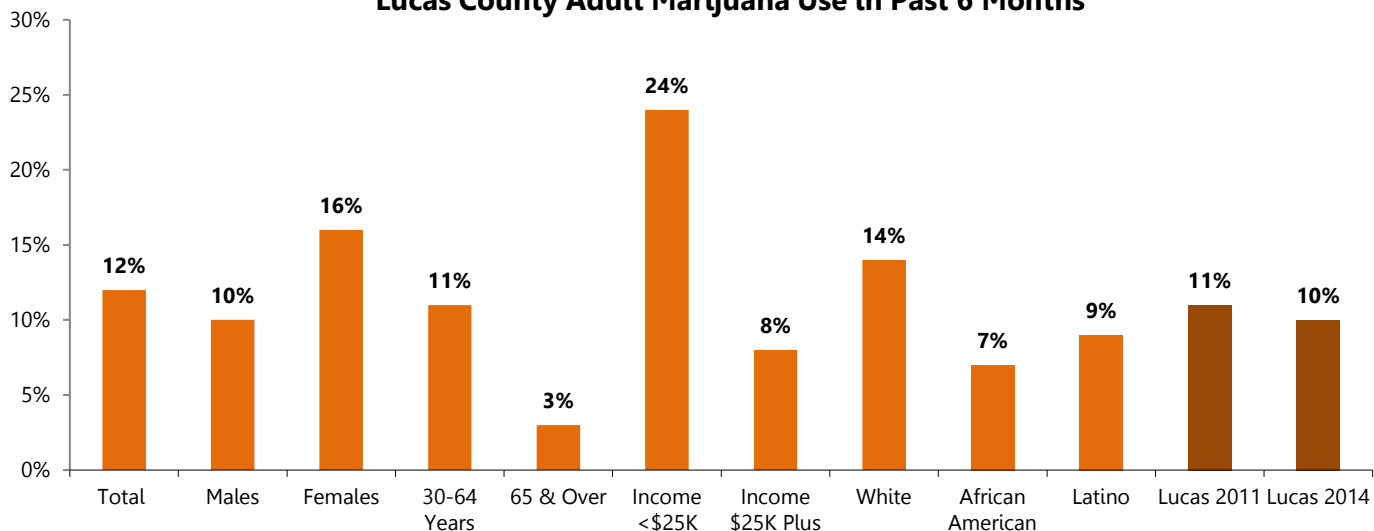
- Twelve percent (12%) of Lucas County adults had used marijuana in the past 6 months, increasing to 24% of those with incomes less than \$25,000.
- Five percent (5%) of Lucas County adults reported using other recreational drugs in the past 6 months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- Six percent (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 11% of African Americans.
- Two percent (2%) of Lucas County adults used a program to help with a drug problem for themselves or a loved one. Reasons for not using such a program included the following: had not thought of it (1%), fear (1%), stigma of seeking drug services (1%), insurance did not cover it (<1%), could not afford to go (<1%), did not want to miss work (<1%), did not want to get in trouble (<1%), and other reasons (3%). Ninety-three percent (93%) of adults indicated such a program was not needed.
- As a result of using drugs, Lucas County adults indicated they or a family member: had legal problems (2%), failed a drug screen (2%), regularly failed to fulfill obligations at work or home (2%), placed themselves in dangerous situations (1%), and overdosed and required EMS/hospitalization (1%).
- Five percent (5%) of adults had taken prescription opiates on a regular basis for more than 2 weeks.

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Ohio 2015	U.S. 2015
Adults who used marijuana in the past 6 months	9%	11%	10%	12%	N/A	N/A
Adults who used other recreational drugs in the past 6 months	N/A	12%	3%	5%	N/A	N/A
Adults who used heroin in the past 6 months	<1%	1%	<1%	<1%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	6%	8%	10%	6%	N/A	N/A

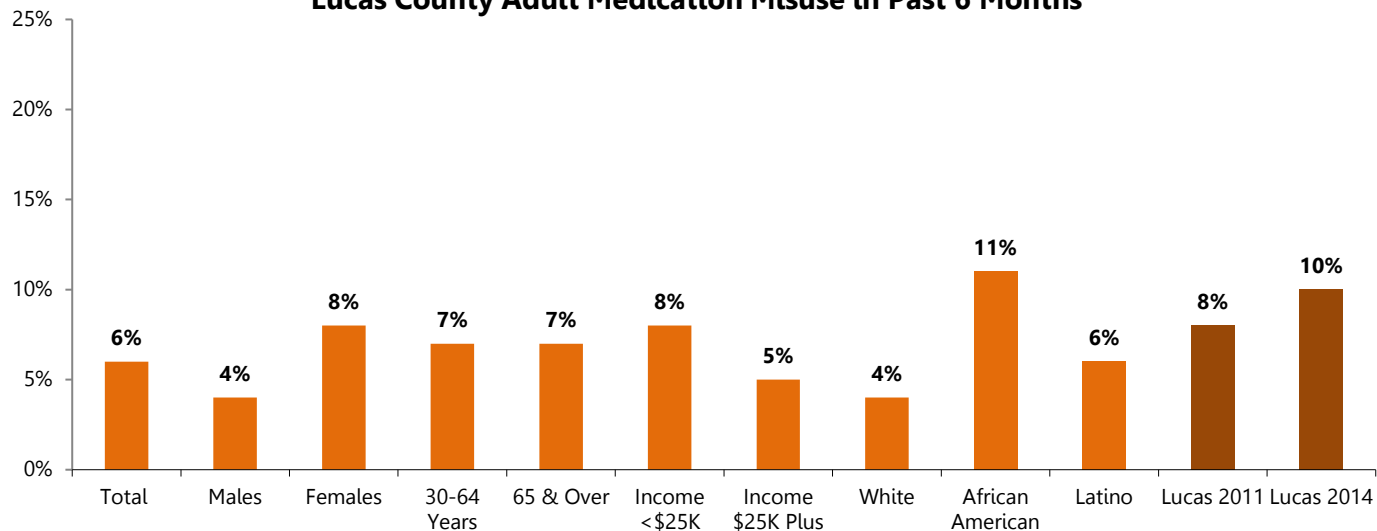
N/A – Not available

The following graphs indicate adult marijuana use and medication misuse in the past 6 months. Examples of how to interpret the information include: 12% of all Lucas County adults used marijuana in the past 6 months, and 24% of adults with incomes less than \$25,000 current users.

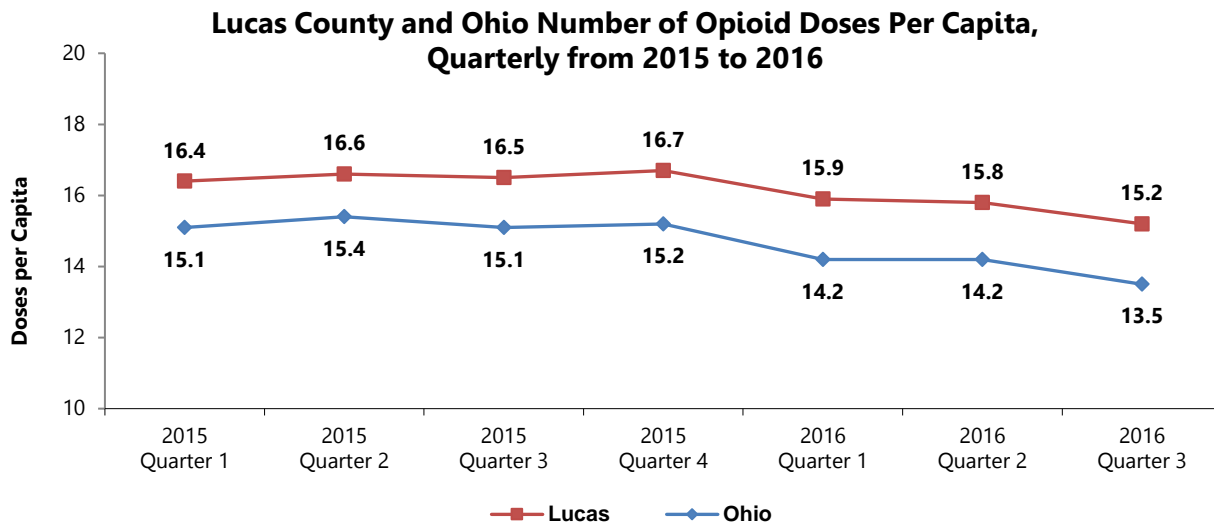
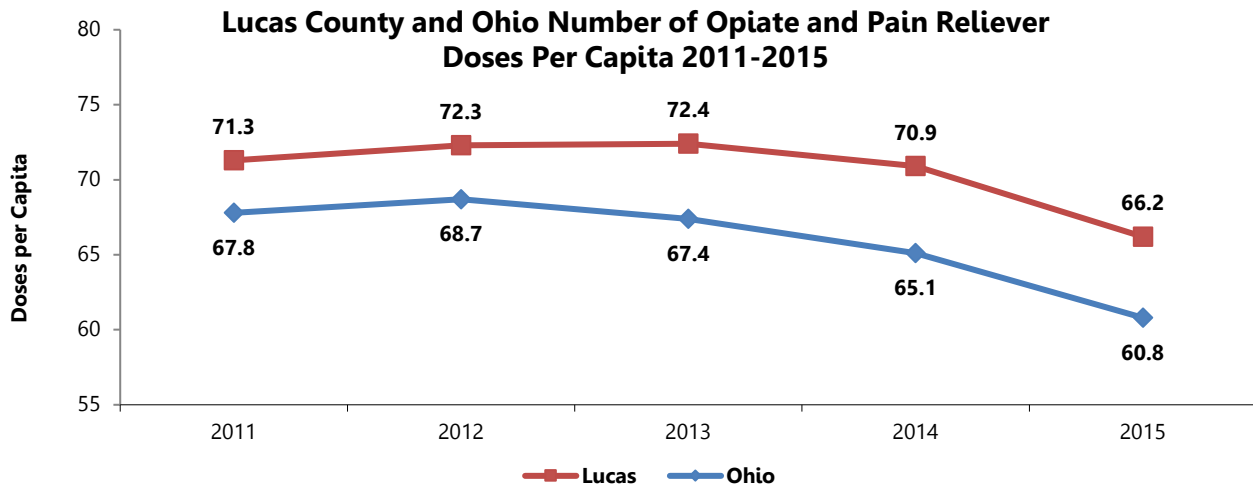
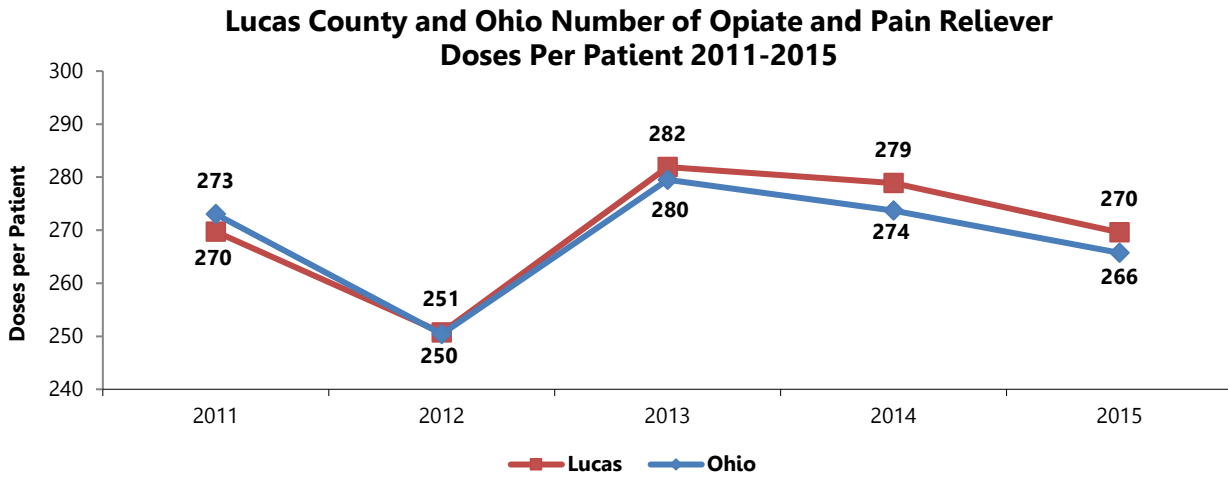
Lucas County Adult Marijuana Use in Past 6 Months



Lucas County Adult Medication Misuse in Past 6 Months



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



(Source: Ohio Automated Rx Reporting System, Quarterly County Data, Accessed on April 17, 2017)

Abuse of Prescription (Rx) Drugs

- Young adults (age 18-25) are the biggest abusers of prescription (Rx) opioid pain relievers, ADHD, stimulants, and anti-anxiety drugs.
- Reasons for abusing these drugs include: getting high, relieving pain, studying better, dealing with problems, losing weight, feeling better, increasing alertness, and having a good time with friends.
- In 2014, more than 1,700 young adults died from prescription drug (mainly opioid) overdoses- more than died from overdoses of any other drug, including heroin and cocaine combined- and many needed emergency treatment.
- Among young adults, for every death due to Rx drug overdose, there were 22 treatment admissions and 119 emergency room visits.

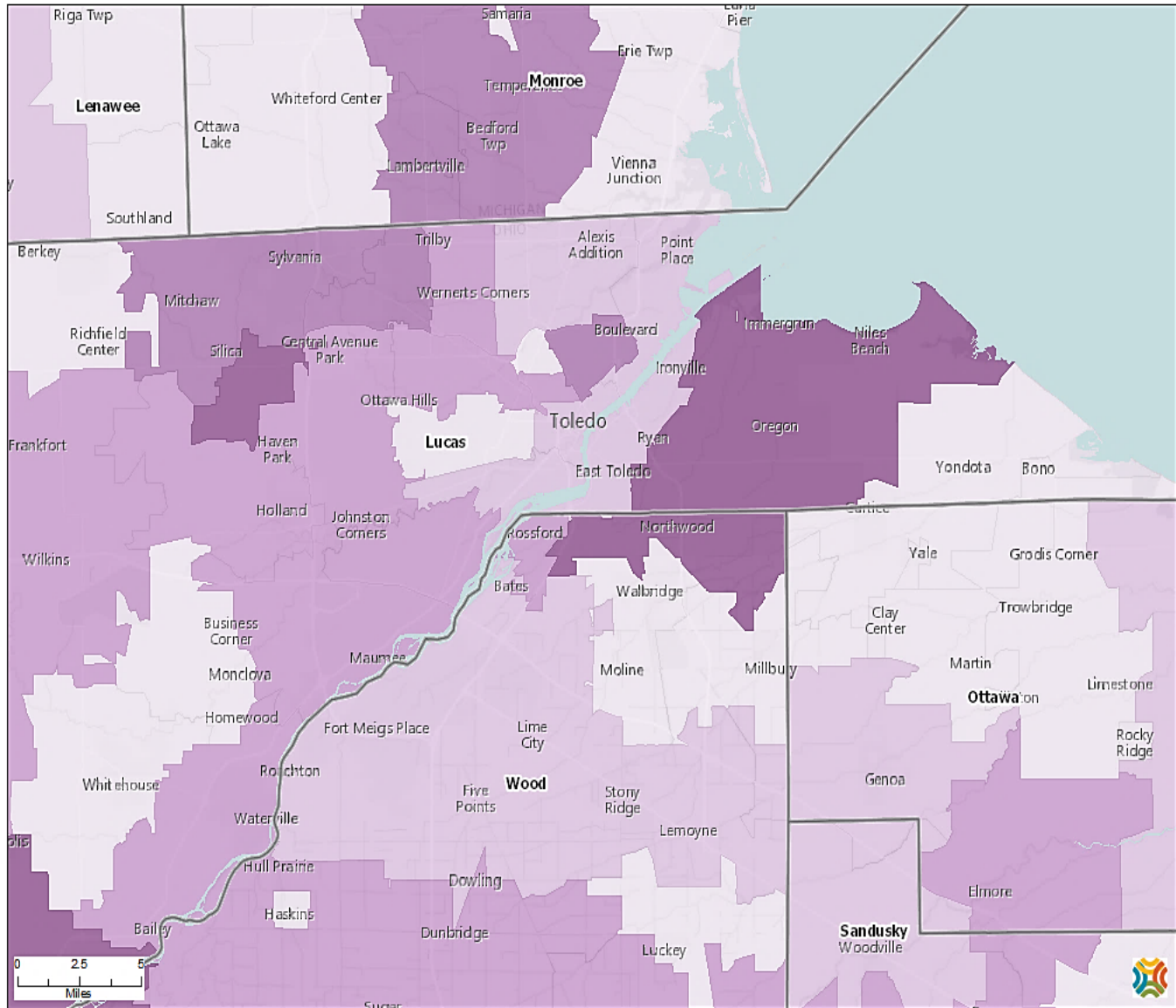
(Source: National Institute on Drug Abuse, Abuse of Prescription (Rx) Drugs Affects Young Adults Most, February 2016)

Heroin

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

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

Opioid Drug Claims, Percentage of Total Drug Claims by Zip Code Tabulation Area, Centers for Medicare and Medicaid (CMS), 2013



Map Legend

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

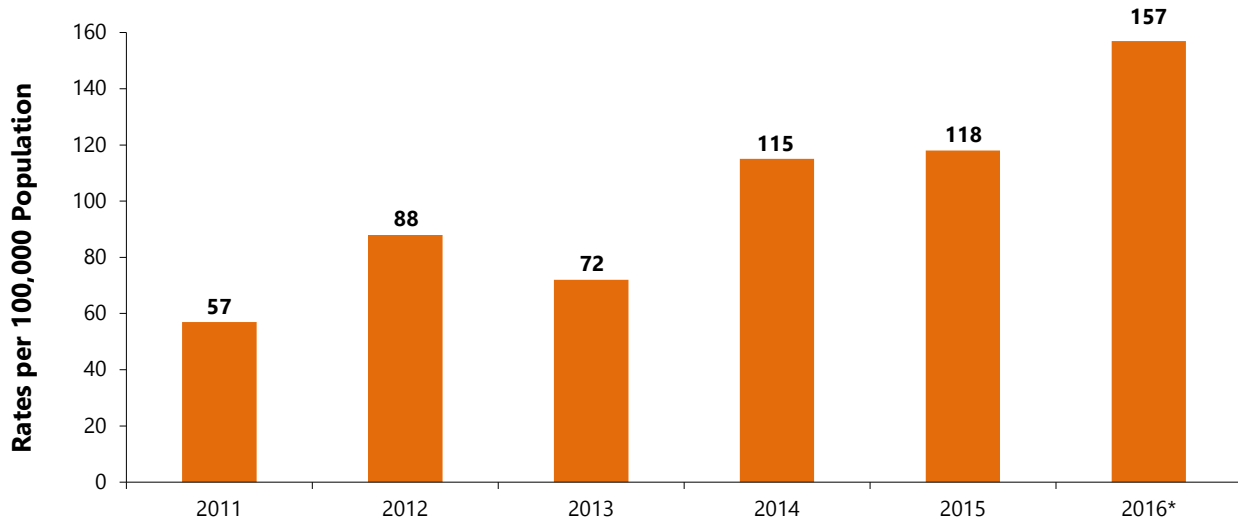
- Over 8.0%
- 6.1 - 8.0%
- 4.1 - 6.0%
- Under 4.1%
- No Claims or No Data

Community Commons, 5/3/2017

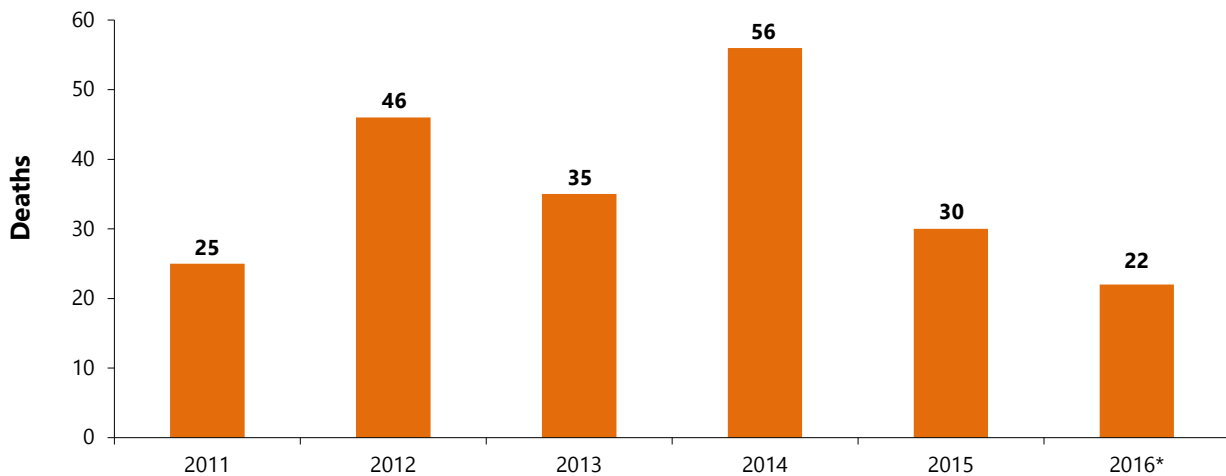
(Source: Centers for Medicare and Medicaid Services: 2013, as compiled by Community Commons)

The following graphs are data from Ohio's Public Health Data Warehouse indicating the number of unintentional drug overdose deaths and prescription opiate related drug overdose deaths from 2011-2016 in Lucas County.

Lucas County Unintentional Drug Overdose Death Rates, 2011-2016



Lucas County Number of Prescription Opiate Related Unintentional Drug Overdose Deaths, 2011-2016



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

Health Behaviors: Adult Sexual Behavior

Key Findings

In 2017, 70% of Lucas County adults had sexual intercourse. Twelve percent (12%) of adults had more than one partner. The CDC estimates that youth ages 15-24 make up just over one quarter of the sexually active population but account for half of the 20 million new sexually transmitted infections that occur in the United States each year (Source: CDC, STDs in Adolescents and Young Adults, 2017 STD Surveillance).

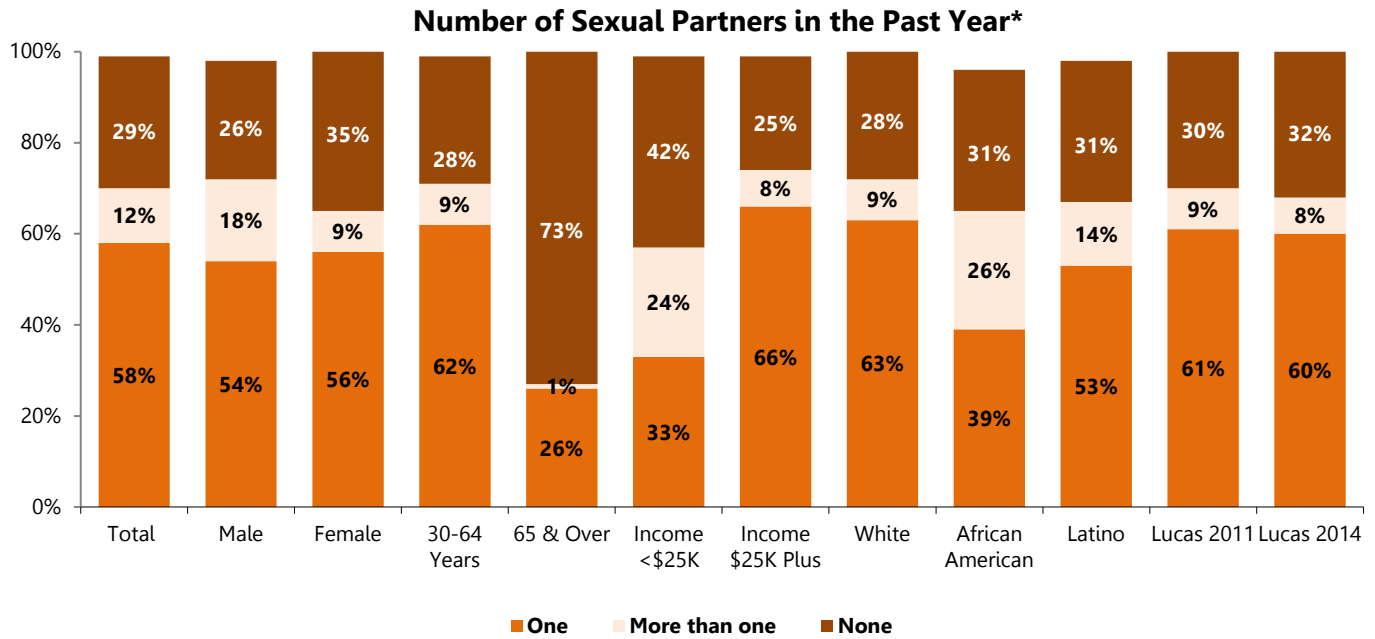
Adult Sexual Behavior

- Twelve percent (12%) of adults reported they had intercourse with more than one partner in the past year, increasing to 23% of African Americans.
- Lucas County adults used the following methods of birth control: condoms (14%), birth control pill (13%), they or their partner were too old (12%), abstinence (11%), vasectomy (9%), tubes tied (9%), hysterectomy (8%), withdrawal (8%), diaphragm (4%), infertility (4%), shots (4%), IUD (3%), ovaries or testicles removed (2%), rhythm method (2%), contraceptive patch (<1%), and contraceptive implants (<1%).
- Twelve percent (12%) of Lucas County adults did not use any method of birth control.
- Six percent (6%) of Lucas County adults had been forced to have sexual activity when they did not want to. Of those who were forced to have sexual activity, 17% reported it.
- The following situations applied to Lucas County adults in the past year: had anal sex without a condom (4%), had sexual activity with someone of the same gender (3%), forced to have sex (2%), had sex with someone they met on social media (2%), tested for an STD (2%), tested positive for HPV (2%), had sex with someone they did not know (2%), gave or received money or drugs in exchange for sex (1%), knew someone involved in sex trafficking (1%), treated for an STD (1%), tested positive for HIV (<1%), tested positive for Hepatitis C, used intravenous drugs (<1%), and thought they may have an STD (<1%).

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Ohio 2015	U.S. 2015
Had more than one sexual partner in past year	10%	9%	8%	12%	N/A	N/A

N/A – Not available

The following graph shows the number of sexual partners Lucas County adults had in the past year. Examples of how to interpret the information in the graph include: 58% of all Lucas County adults had one sexual partner in the past 12 months, 12% had more than one, and 26% of African Americans had more than one partner.



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

HIV in the United States

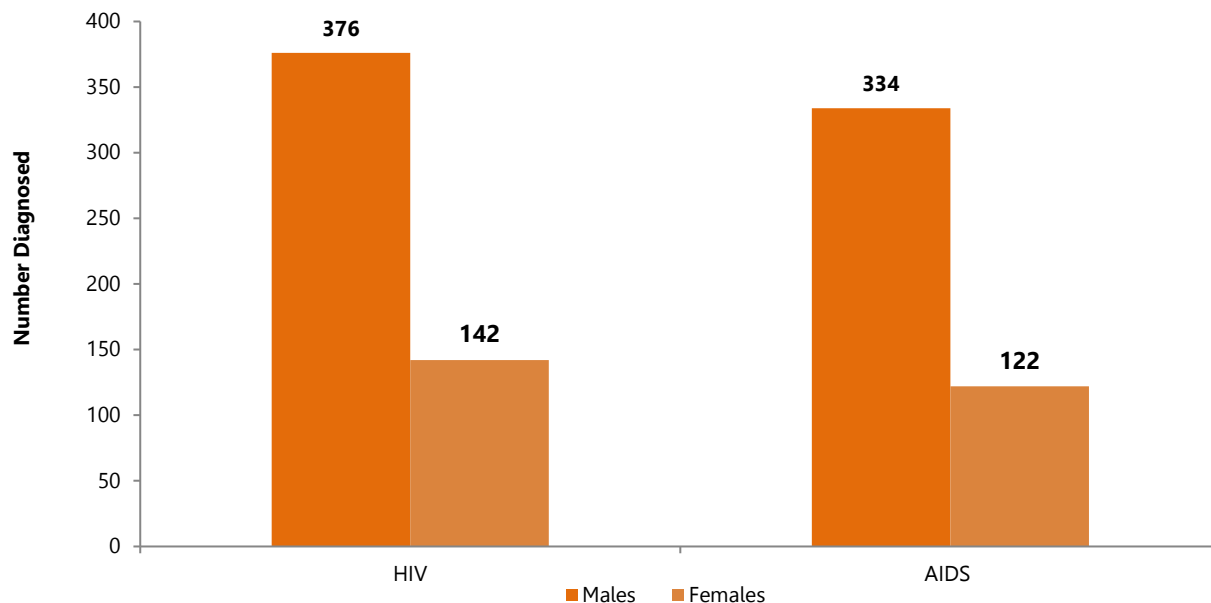
- More than 1.1 million people in the United States are living with HIV infection, and almost 1 in 7 are unaware of their infection.
- By race, African Americans face the most severe burden of HIV.
- The number of new HIV diagnoses fell 19% from 2005 to 2014.
- In 2014, an estimated 44,073 people were diagnosed with HIV infection in the United States. In that same year, an estimated 20,896 people were diagnosed with AIDS. Since the epidemic began, an estimated 1,210,835 people in the United States have been diagnosed with AIDS.
- In 2014, there were 12,333 deaths (due to any cause) of people with diagnosed HIV infection ever classified as AIDS, and 6,721 deaths were attributed directly to HIV.

(Source: CDC, HIV in the United States: At a Glance, 6/9/2017)

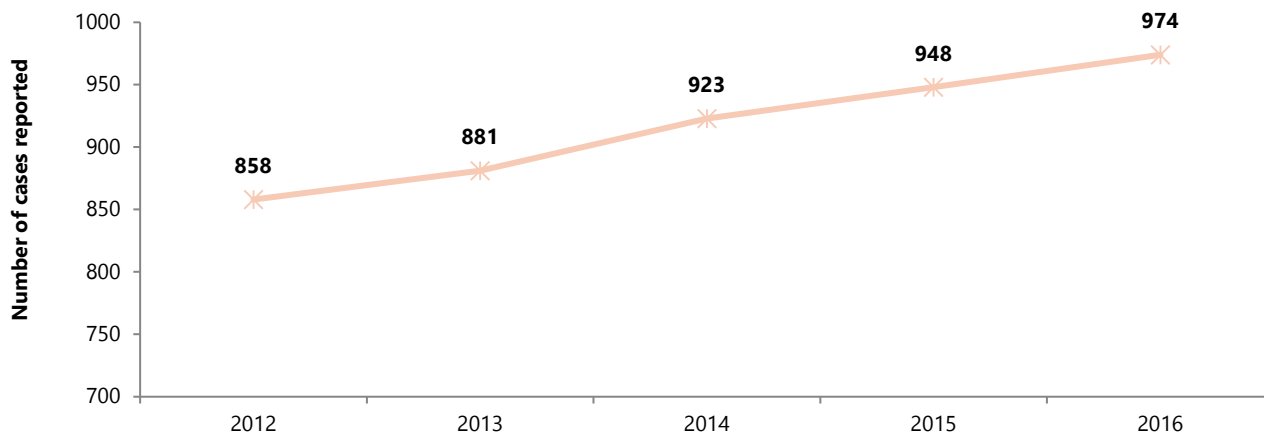
The following graphs show the number of Lucas County residents diagnosed with HIV/AIDS and the annual number of cases reported from 2011-2015. The graphs show:

- Lucas County males were almost three times more likely than females to be living with AIDS in 2015.
- From 2011-2015, the number of people living with HIV/AIDS in Lucas County steadily increased.

Lucas County Residents Living with HIV/AIDS, 2016



Living with HIV/AIDS in Lucas County

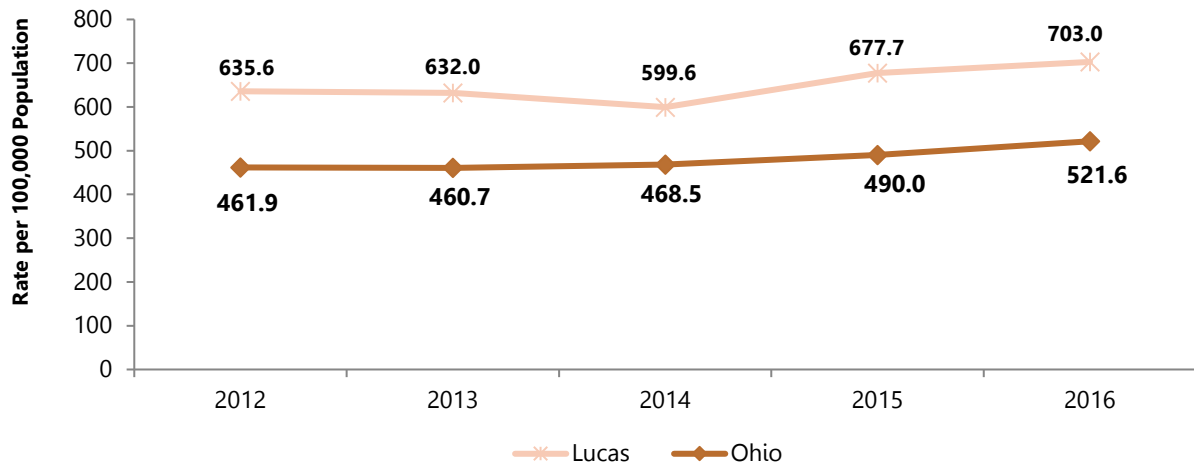


(Source for graphs: ODH HIV/AIDS Surveillance Program, data reported through 6-30-17)

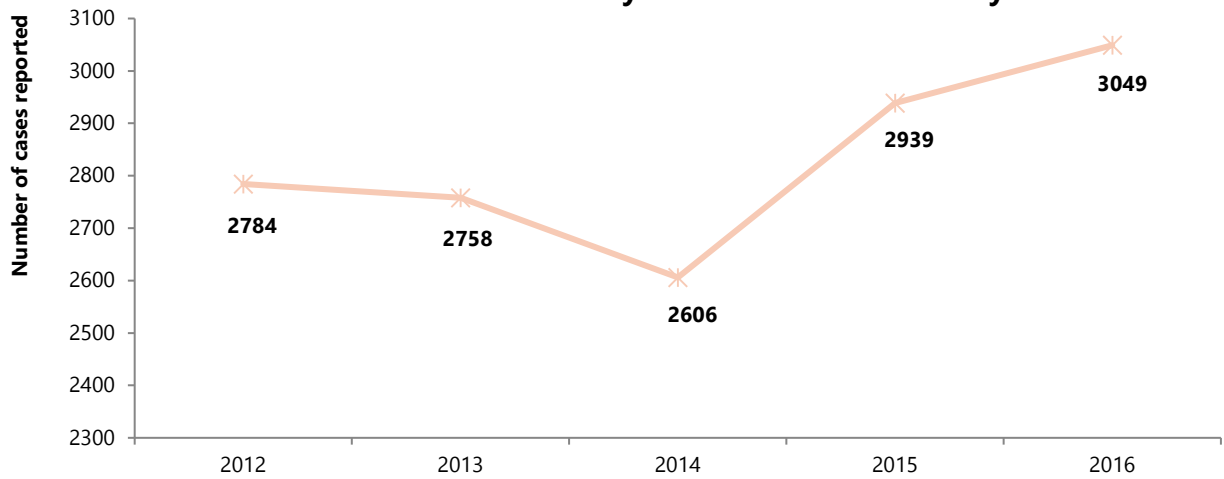
The following graphs show Lucas County chlamydia disease rates per 100,000 population. The graphs show:

- Lucas County chlamydia rates fluctuated from 2012-2016, but was always higher than the Ohio rates.
- The number of chlamydia cases in Lucas County greatly increased from 2013-2016.

Chlamydia Annualized Disease Rates for Lucas County and Ohio



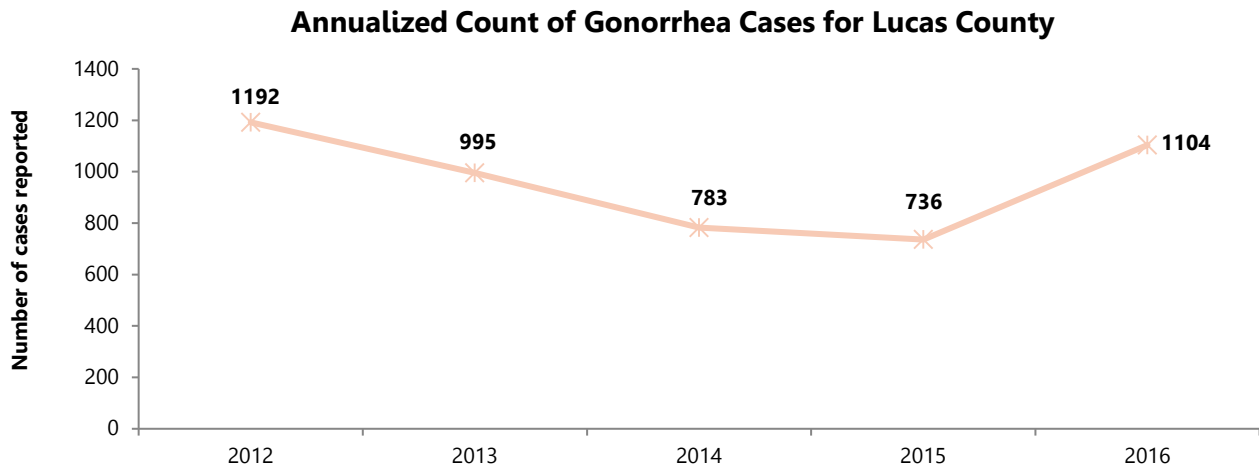
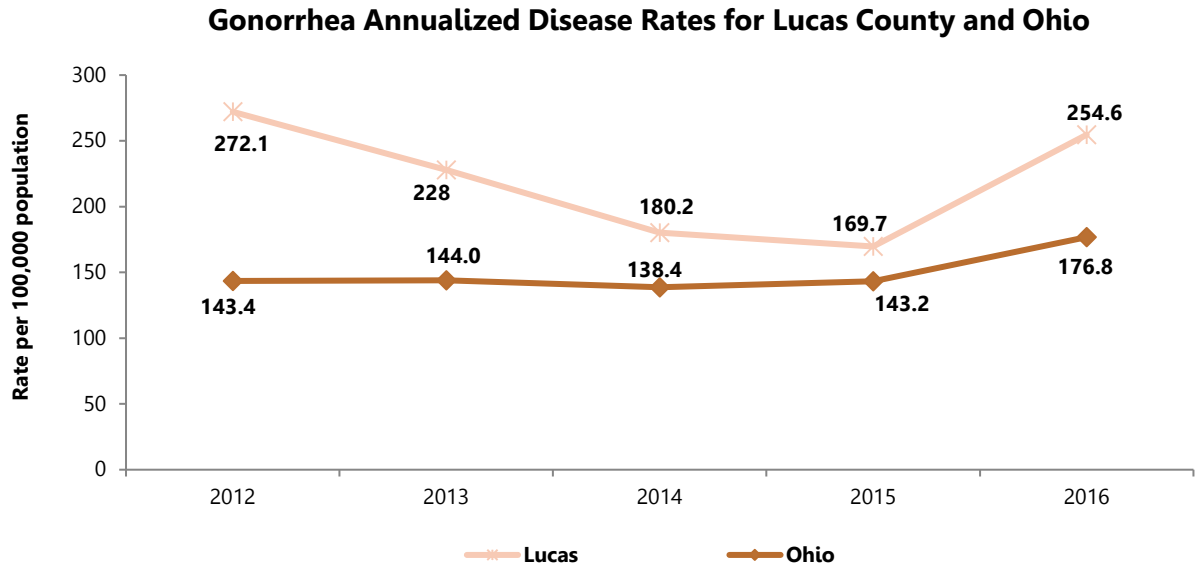
Annualized Count of Chlamydia Cases for Lucas County



(Source for graphs: ODH, STD Surveillance, data reported through 5-07-17)

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

- The Lucas County gonorrhea rates fluctuated from 2013-2016.
- The Ohio gonorrhea rate stayed about the same from 2012-2016.

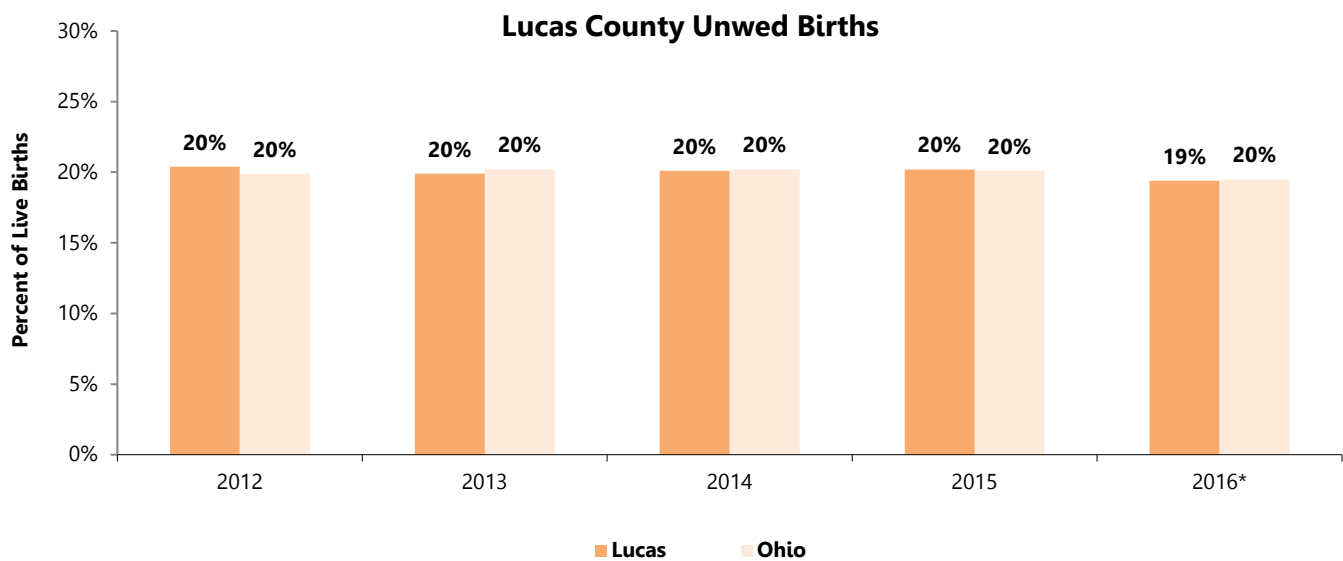
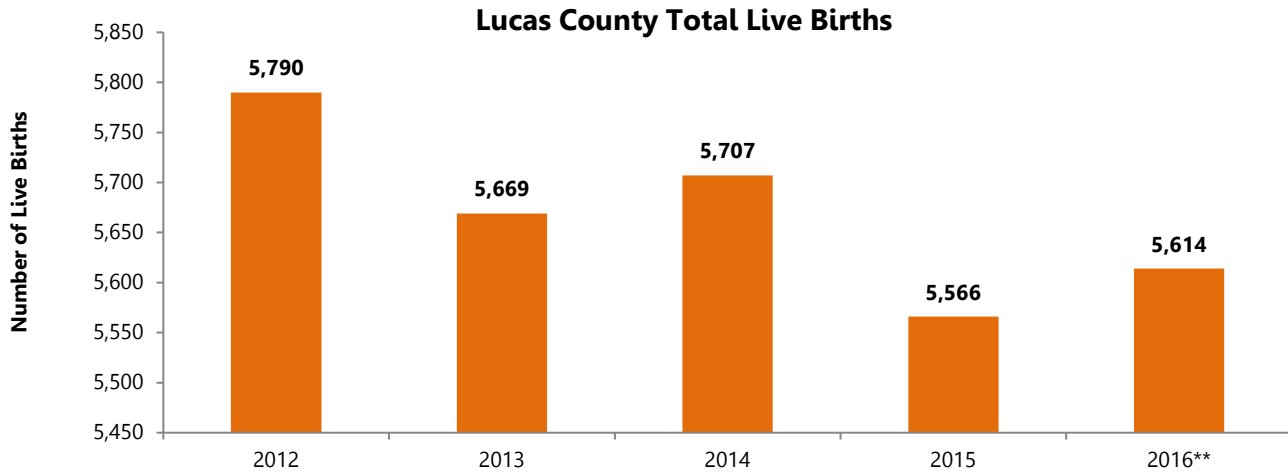


(Source for graphs: ODH, STD Surveillance, data reported through 5-07-17)

Pregnancy Outcomes

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

- From 2012-2016, there was an average of 5,661 live births per year in Lucas County.
- The percentage of Lucas County unwed births stayed about the same from 2013-2016.



(Source for graphs: ODH Public Health Data Warehouse Updated 5-21-17)
 *Indicates preliminary data that may change

Health Behaviors: Adult Mental Health

Key Findings

In 2017, 2% of Lucas County adults considered attempting suicide. Thirty-two percent (32%) of adults did not get enough rest or sleep almost every day for two or more weeks in a row. Fourteen percent (14%) of Lucas County adults had used a program or service to help with depression, anxiety, or other emotional problems for themselves or a loved one.

Adult Mental Health

- During the past 12 months, Lucas County adults experienced the following almost every day for two weeks or more in a row: did not get enough sleep or rest (32%); felt worried, tense or anxious (25%); had high stress (23%); felt sad, blue or depressed (19%); felt very healthy and full of energy (10%); stopped during some usual activities (10%); and unusual increase or loss of appetite (9%).
- Two percent (2%) of Lucas County adults considered attempting suicide in the past year.
- One percent (1%) of adults reported attempting suicide in the past year.
- Lucas County adults reported they or a family member were diagnosed with, or treated for, the following mental health issues: anxiety or emotional problems (21%), depression (20%), an anxiety disorder (15%), attention deficit disorder (ADD/ADHD) (14%), bipolar (12%), alcohol and illicit drug abuse (5%), post-traumatic stress disorder (PTSD) (5%), other trauma (4%), developmental disability (3%), problem gambling (3%), autism spectrum (2%), psychotic disorder (2%), eating disorder (1%), life-adjustment disorder/issue (1%), and some other mental health disorder (2%). Thirteen percent (13%) indicated they or a family member had taken medication for one or more mental health issues.
- Lucas County adults dealt with stress in the following ways: talked to someone they trust (45%), listened to music (40%), prayer/meditation (39%), slept (36%), exercised (35%), ate more or less than normal (28%), worked on a hobby (26%), worked (20%), drank alcohol (18%), took it out on others (14%), smoked tobacco (7%), used illegal drugs (6%), used prescription drugs as prescribed (4%), misused prescription drugs as prescribed (<1%), and other ways (14%).
- Fourteen percent (14%) of Lucas County adults had used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included the following: had not thought of it (9%), fear (5%), other priorities (5%), co-pay/deductible too high (3%), could not afford to go (3%), stigma of seeking mental health services (3%), did not know how to find a program (2%), took too long to get in to see a doctor (2%), transportation (1%), could not get to the office (<1%), and other reasons (4%). Sixty-one percent (61%) of adults indicated they did not need such a program.

Suicide Facts

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

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

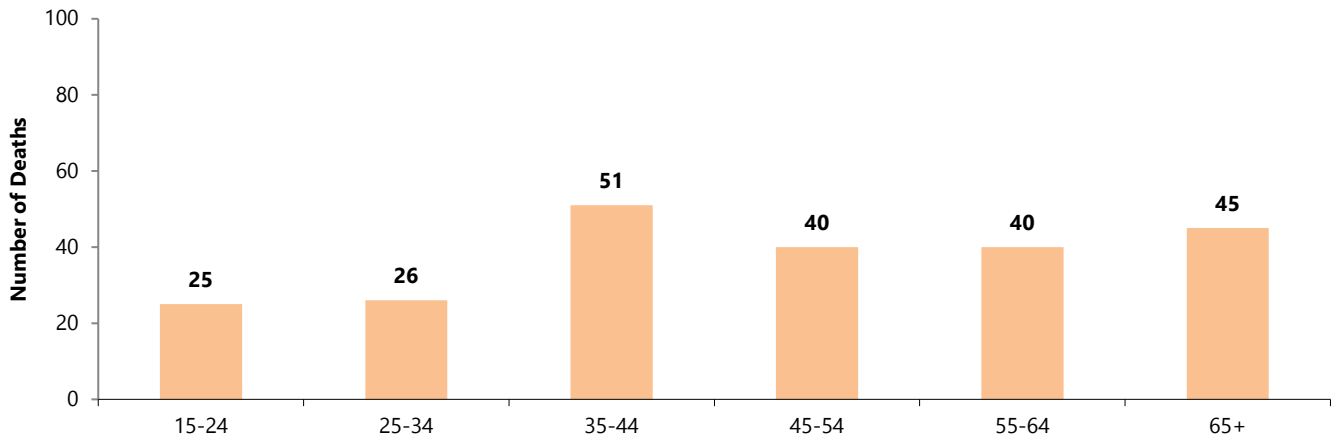
Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Ohio 2015	U.S. 2015
Considered attempting suicide in the past year	3%	3%	3%	2%	N/A	N/A

N/A – Not available

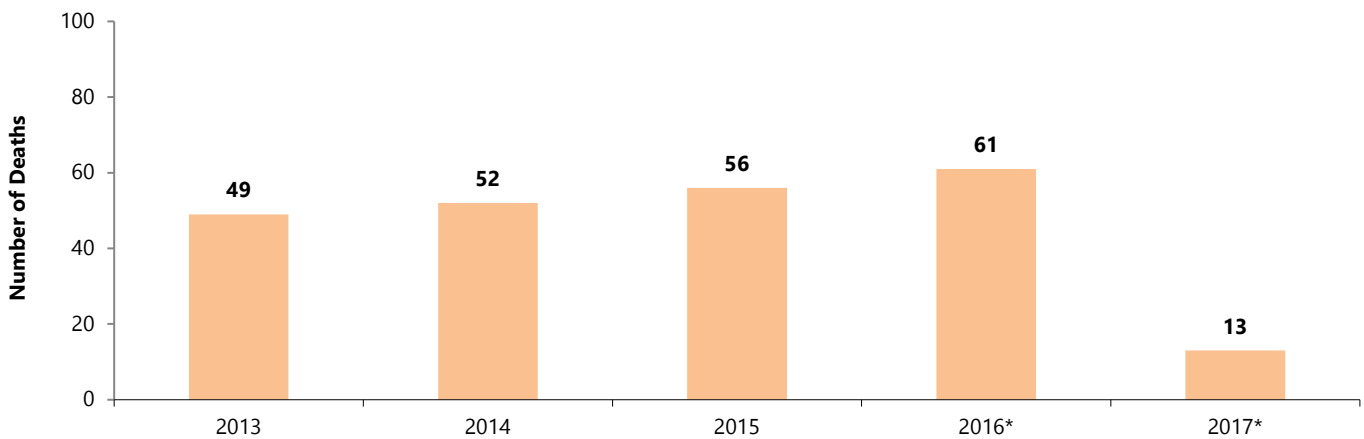
The graph below shows the number of Lucas County suicide deaths by age group and year. The graphs show:

- From 2013-2017, 22% of all Lucas County suicide deaths occurred among those ages 35-44 years old.
- The number of suicide deaths in Lucas County increased from 2013 to 2016.

**Lucas County Number of Suicide Deaths By Age Group
2013-2017***
Total Deaths =231



**Lucas County Number of Suicide Deaths Per Year
2013-2017***
Total Deaths =231



**Data for 2016 and 2017 are considered partial and may be incomplete, and should be used with caution
(Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 6/2/2017)*

Chronic Disease: Cardiovascular Health

Key Findings

The 2016/2017 Lucas County Community Health Assessment found that 5% of adults had survived a heart attack and 3% had survived a stroke at some time in their lives. More than one-third (34%) of Lucas County adults had high blood pressure, 33% were obese, 25% had high blood cholesterol, and 14% were smokers, four known risk factors for heart disease and stroke. Heart disease (26%) and stroke (6%) accounted for 32% of all Lucas County adult deaths from 2013-2015 (Source: CDC Wonder, 2013-2015).

Heart Disease and Stroke

- In 2017, 5% of Lucas County adults reported they had survived a heart attack or myocardial infarction, increasing to 16% of those over the age of 65.
- Five percent (5%) of Ohio and 4% of U.S. adults reported they had a heart attack or myocardial infarction in 2015 (Source: 2015 BRFSS).
- Eighty-one (81%) of adults who survived a heart attack were receiving treatment for it.
- Three percent (3%) of Lucas County adults reported they had survived a stroke, increasing to 9% of those over the age of 65.
- Four percent (4%) of Ohio and 3% of U.S. adults reported having had a stroke in 2015 (Source: 2015 BRFSS).
- Two-thirds (67%) of adults who survived a stroke were receiving treatment for it.
- Two percent (2%) of adults reported they had angina, increasing to 6% of those over the age of 65.
- Four percent (4%) of Ohio and U.S. adults reported having had angina or coronary heart disease in 2015 (Source: 2015 BRFSS).
- More than four-fifths (81%) of adults with angina were receiving treatment for it.
- Six percent (6%) of adults reported they had heart disease, increasing to 15% of those over the age of 65.
- More than four-fifths (88%) of adults with heart disease were receiving treatment for it.

High Blood Pressure (Hypertension)

- More than one-third (34%) of adults had been diagnosed with high blood pressure. The 2015 BRFSS reports hypertension prevalence rates of 34% for Ohio and 31% for the U.S.
- Ninety percent (90%) of adults had their blood pressure checked within the past year.
- Eighty-six percent (86%) of adults with high blood pressure were receiving treatment for it.

Lucas County Leading Causes of Death 2013-2015

Total Deaths: 13,244

- Heart Disease (26% of all deaths)
- Cancers (22%)
- Chronic Lower Respiratory Diseases (7%)
- Stroke (6%)
- Accidents, Unintentional Injuries (5%)

(Source: CDC Wonder, 2013-2015)

Ohio Leading Causes of Death 2013-2015

Total Deaths: 345,955

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

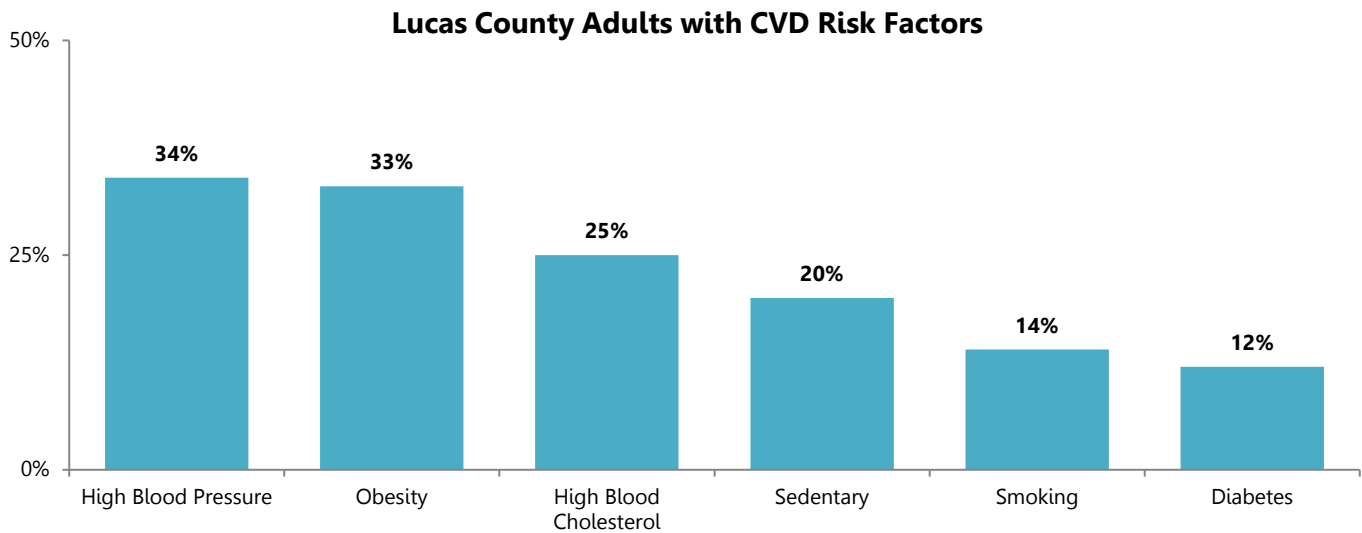
(Source: CDC Wonder, 2013-2015)

- Lucas County adults diagnosed with high blood pressure were more likely to have:
 - Been ages 65 years or older (65%)
 - Rated their overall health as fair or poor (58%)
 - Been classified as obese by Body Mass Index-BMI (48%)
 - Been African American (44%)

High Blood Cholesterol

- One-fourth (25%) of adults had been diagnosed with high blood cholesterol. The 2015 BRFSS reported that 37% of Ohio and 36% of U.S. adults have been told they have high blood cholesterol.
- More than three-fourths (78%) of adults with high blood cholesterol were receiving treatment for it.
- More than three-fourths (77%) of adults had their blood cholesterol checked within the past 5 years. The 2015 BRFSS reported 78% of Ohio and U.S. adults had their blood cholesterol checked within the past 5 years.
- Lucas County adults with high blood cholesterol were more likely to have:
 - Been ages 65 years or older (52%)
 - Rated their overall health as fair or poor (43%)
 - Been classified as obese by Body Mass Index-BMI (38%)

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



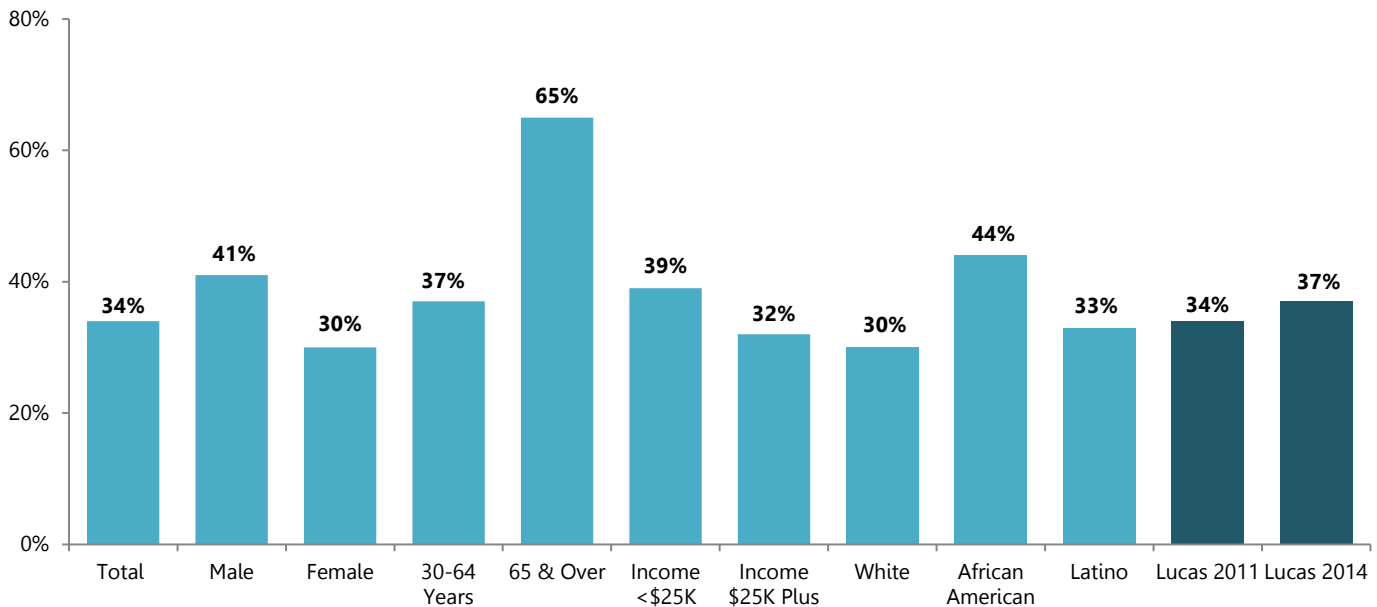
(Source: 2017 Lucas County Health Assessment)

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Ohio 2015	U.S. 2015
Had angina	7%	3%	5%	2%	4%	4%
Had a heart attack	N/A	3%	5%	5%	5%	4%
Had a stroke	N/A	2%	3%	3%	4%	3%
Had high blood pressure	35%	34%	37%	34%	34%	31%
Had high blood cholesterol	34%	27%	25%	25%	37%	36%
Had blood cholesterol checked within past 5 years	72%	76%	80%	77%	78%	78%

N/A – Not available

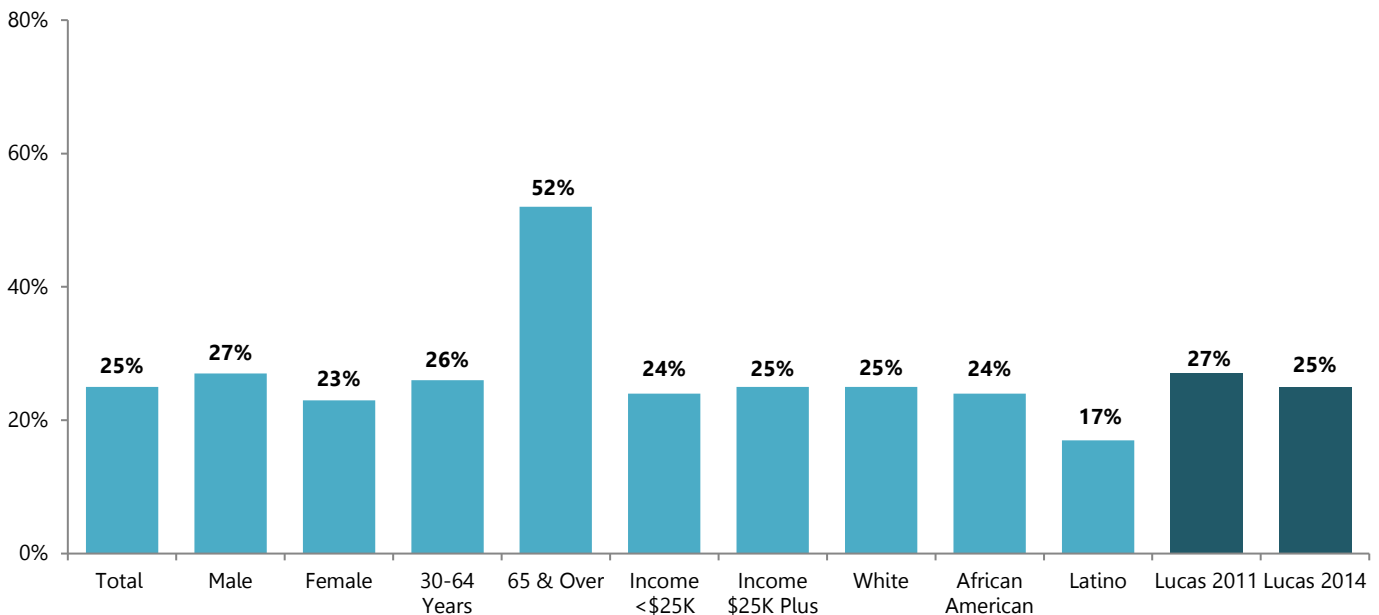
The following graphs show the number of Lucas County adults who had been diagnosed with high blood pressure and high blood cholesterol. Examples of how to interpret the information on the first graph include: 34% of all Lucas County adults had been diagnosed with high blood pressure, including 41% of all Lucas County males, 30% of all females, and 65% of those 65 years and older.

Lucas County Adults Diagnosed with High Blood Pressure*



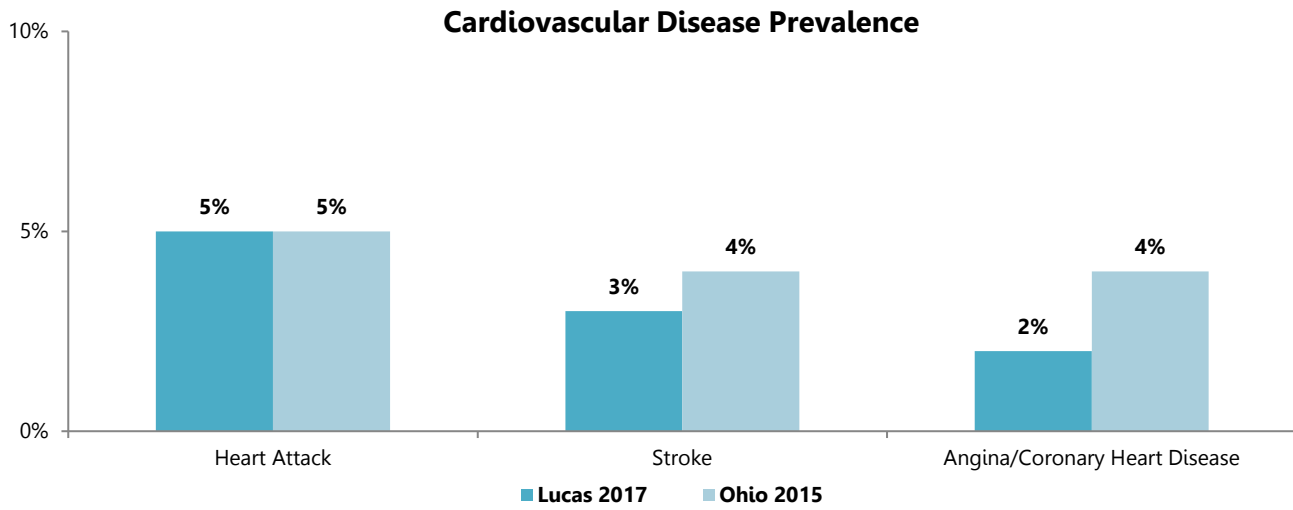
*Note: Does not include respondents who indicated high blood pressure during pregnancy only.

Lucas County Adults Diagnosed with High Blood Cholesterol



The following graph shows the prevalence of cardiovascular disease among Lucas County adults.

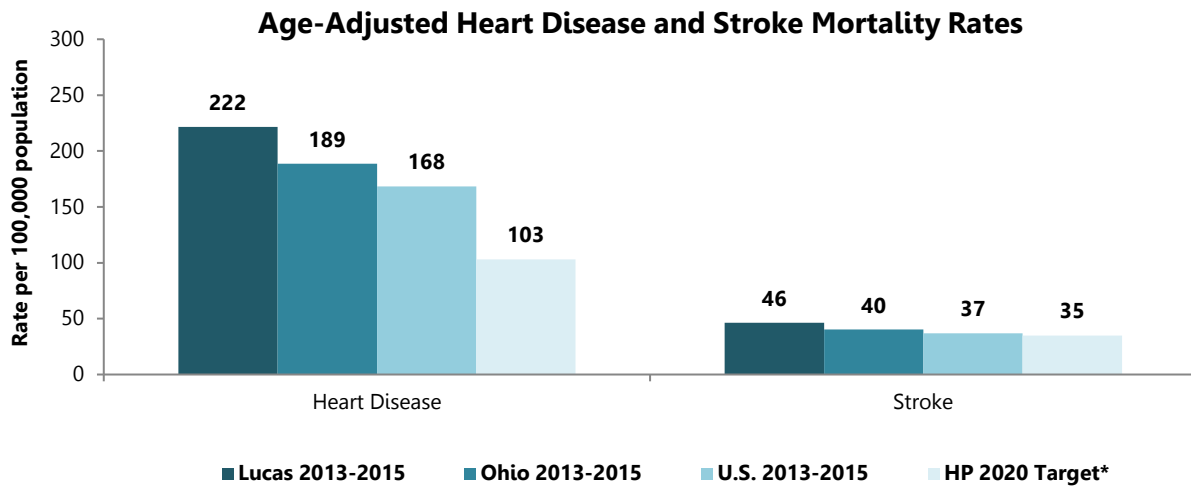
- The Lucas County angina prevalence was lower than the Ohio rate.



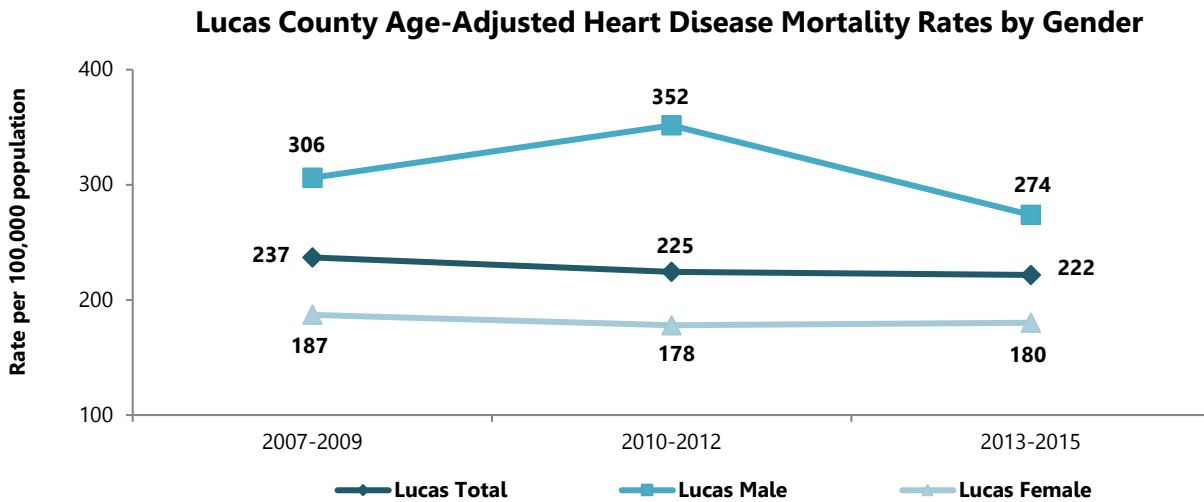
(Sources: 2017 Lucas Health Assessment and 2015 BRFSS)

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

- When age differences are accounted for, the statistics indicate that from 2013-2015, Lucas County heart disease mortality rate was greater than the figure for the state, the U.S. rate, and the Healthy People 2020 target.
- The Lucas County age-adjusted stroke mortality rate from 2013-2015 was higher than the state, the U.S. figure, and the Healthy People 2020 target objective.



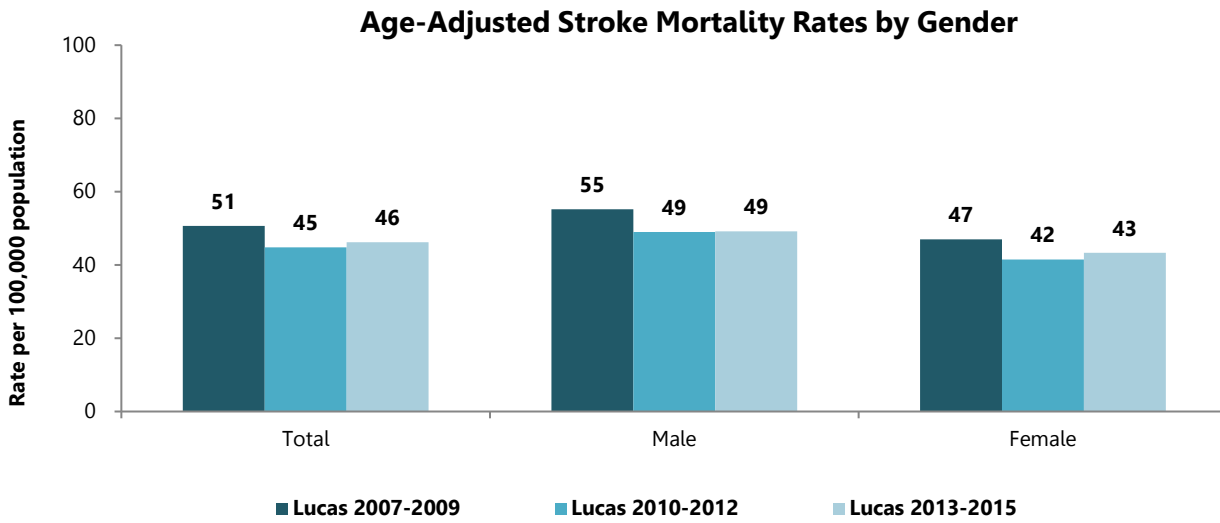
**The Healthy People 2020 Target objective for Coronary Heart Disease is reported for heart attack mortality.
(Source: CDC Wonder and Healthy People 2020)*



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

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

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



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

Healthy People 2020 Objectives Heart Disease and Stroke (HDS)

Objective	Lucas Survey Population 2017	2015 U.S. Baseline*	Healthy People 2020 Target
HDS-5.1: Reduce proportion of adults with hypertension	34%	31% Adults age 18 and up	27%
HDS-6: Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years	77%	78% Adults age 18 and up	82%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	25%	36% Adults age 20+ with TBC > 240 mg/dl	14%

Note: All U.S. figures age-adjusted to 2000 population standard.
(Sources: Healthy People 2020, 2015 BRFSS, 2017 Lucas County Health Assessment)

Chronic Disease: Cancer

Key Findings

In 2017, 13% of Lucas County adults had been diagnosed with cancer at some time in their lives.

Adult Cancer

- Thirteen percent (13%) of Lucas County adults were diagnosed with cancer at some point in their lives, increasing to 35% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types: prostate (24%), breast (19%), other skin cancer (19%), cervical (14%), melanoma (8%), endometrial (4%), ovarian (4%), colon (3%), lung (3%), head and neck (2%), oral (2%), pancreatic (2%), testicular (2%), thyroid (2%), stomach (1%), bladder (1%), Hodgkin's lymphoma (1%), renal (1%), and other types of cancer (15%). Nine percent (9%) of adults reported multiple types of cancer.
- Lucas County adults had the following cancer screenings: colorectal cancer in the past 5 years (28%), skin cancer in the past year (14%), and lung cancer in past 3 years (6%).

Lucas County Incidence of Cancer, 2010-2014

All Types: 11,692 cases

- Lung and Bronchus: 1,742 cases (15%)
- Breast: 1,675 cases (14%)
- Prostate: 1,527 cases (13%)
- Colon and Rectum: 1,111 cases (10%)

In 2015, there were 916 cancer deaths in Lucas County.

(Source: Ohio Cancer Incidence Surveillance System, ODH Public Health Data Warehouse, Updated 4/19/2017)

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

Cancer Facts

- The Centers for Disease Control and Prevention (CDC) indicates that from 2011-2015, cancers caused 22% (4,795 of 21,892 total deaths) of all Lucas County resident deaths. The largest percent (27%) of cancer deaths were from lung and bronchus cancers *(Source: CDC Wonder)*.
- The 2017 health assessment has determined that 14% of Lucas County adults were current smokers, and many more were exposed to environmental tobacco smoke, also a cause of heart attacks and cancer. The American Cancer Society reports that smoking tobacco is associated with cancers of the mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with the following types of cancer: lung, colorectal, stomach, pancreas, kidney, bladder, uterine, ovarian (mucinous) and acute myeloid leukemia.

Lung Cancer

- In Lucas County, 16% of male adults were current smokers, and 43% had stopped smoking for one or more days in the past 12 months because they were trying to quit *(Source: 2017 Lucas County Health Assessment)*.
- The CDC reports that lung cancer (n=678) was the leading cause of male cancer deaths from 2011-2015 in Lucas County. Cancer of the colon (n=246) and prostate cancer (n=217) caused male deaths during the same time period *(Source: CDC Wonder, 2011-2015)*.
- The CDC reports that lung cancer was the leading cause of female cancer deaths (n=628) in Lucas County from 2011-2015 followed by breast (n=314) and colon (n=215) cancers *(Source: CDC Wonder, 2011-2015)*.
- Approximately 15% of female adults in the county were current smokers, and 56% had stopped smoking for one or more days in the past 12 months because they were trying to quit *(Source: 2017 Lucas County Health Assessment)*.

- According to the American Cancer Society, smoking causes 80% of lung cancer deaths in the U.S. Men and women who smoke are about 25 times more likely to develop lung cancer than nonsmokers *(Source: American Cancer Society, Facts & Figures 2017)*.

Breast Cancer

- In 2017, 57% of Lucas County females reported having had a clinical breast examination in the past year.
- More than half (56%) of Lucas County females over the age of 40 had a mammogram in the past year.
- The 5-year relative survival for women diagnosed with localized breast cancer (cancer that has not spread to lymph nodes or other locations outside the breast) is 99% *(Source: American Cancer Society, Facts & Figures 2017)*.
- For women at average risk of breast cancer, recently updated American Cancer Society screening guidelines recommend that those 40 to 44 years of age have the choice of annual mammography; those 45 to 54 have annual mammography; and those 55 years of age and older have biennial or annual mammography, continuing as long as their overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual screening using magnetic resonance imaging (MRI) in addition to mammography is recommended, typically starting at age 30 *(Source: American Cancer Society, Facts & Figures 2017)*.

Prostate Cancer

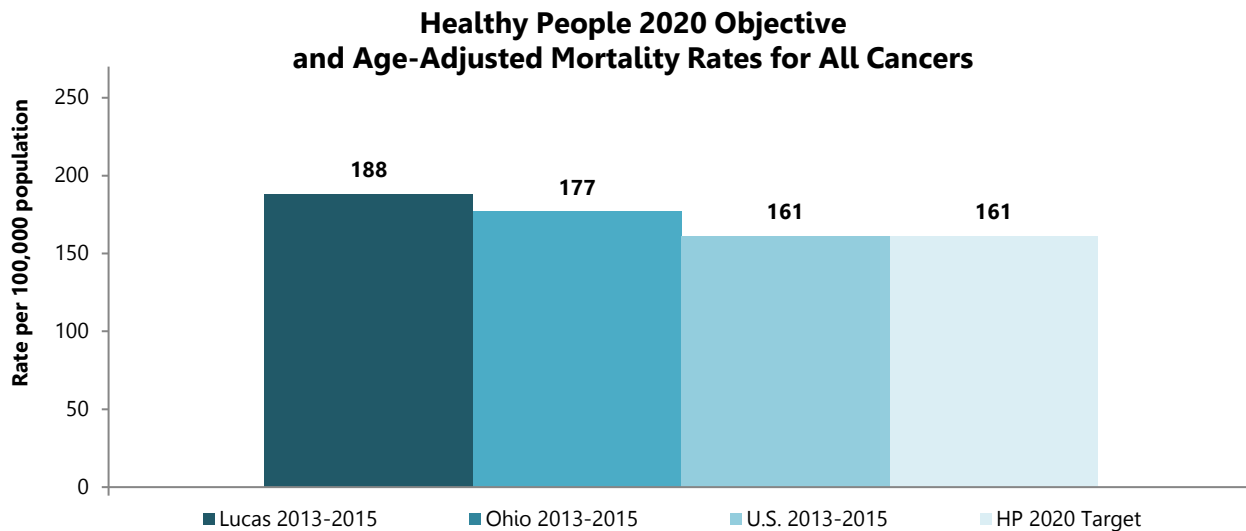
- CDC statistics indicate that prostate cancer deaths accounted for 9% of all male cancer deaths from 2011-2015 in Lucas County.
- Incidence rates for prostate cancer are 74% higher in African Americans than in whites, and African Americans are twice as likely to die of prostate cancer. Other risk factors include strong familial predisposition, diet high in processed meat or dairy foods, and obesity. African American men and Caribbean men of African descent have the highest documented prostate cancer incidence rates in the world *(Source: American Cancer Society, Facts & Figures 2017)*.

Colon and Rectum Cancers

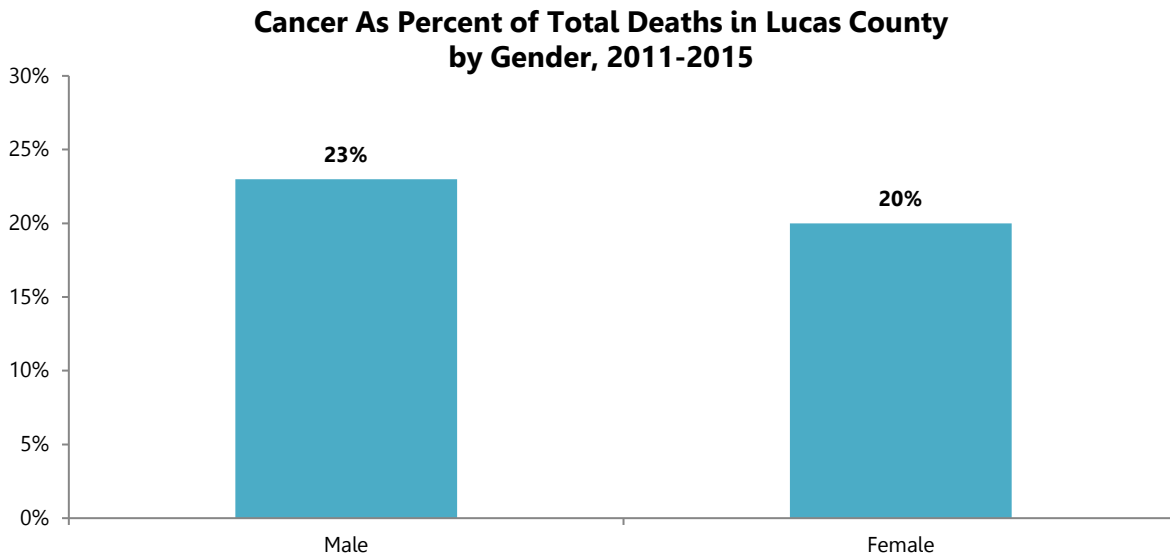
- Half (50%) of adults ages 50 and over had a colorectal cancer screening in the past 5 years.
- The CDC statistics indicate that colon, rectum, and anal cancer deaths accounted for 10% of all male and female cancer deaths from 2011-2015 in Lucas County.
- The American Cancer Society reports several risk factors for colorectal cancer including age; personal or family history of colorectal cancer; polyps, or inflammatory bowel disease; obesity; physical inactivity; a diet high in red or processed meat; alcohol use; and long-term smoking. Very low intake of fruits and vegetables is also potentially a risk factor for colorectal cancer.
- In the U.S., 90% of colon cancers occur in individuals over the age of 50. Therefore, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings.

The following graph shows the Lucas 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, Lucas County had a higher cancer mortality rate than Ohio and the U.S. The Lucas County age-adjusted cancer mortality rate was also higher than the Healthy People 2020 target objective.
- The percentage of Lucas County males who died from all cancers was higher than the percentage of Lucas County females who died from all cancers (Source: CDC Wonder; Healthy People 2020).



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



(Source: CDC Wonder, 2011-2015)

Lucas County Incidence of Cancer 2010-2014

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer	Age-Adjusted Rates
Bladder	558	5%	22.4
Brain and CNS	157	1%	6.8
Breast	1,675	14%	68.2
Cancer and Corpus Uteri	378	3%	26.7
Cancer of Cervix Uteri	94	1%	8.0
Colon and Rectum	1,111	10%	45.0
Esophagus	164	1%	6.4
Hodgkins Lymphoma	49	<1%	2.2
Kidney and Renal Pelvis	372	3%	15.0
Larynx	107	1%	4.2
Leukemia	297	3%	12.2
Liver and Bile Ducts	201	2%	7.6
Lung and Bronchus	1,742	15%	69.8
Melanoma of Skin	452	4%	18.7
Multiple Myeloma	160	1%	6.3
Non-Hodgkins Lymphoma	423	4%	17.3
Oral Cavity & Pharynx	336	3%	12.9
Other/Unspecified	903	8%	37.0
Ovary	155	1%	11.4
Pancreas	318	3%	12.7
Prostate	1,527	13%	129.2
Stomach	166	1%	6.8
Testis	56	<1%	5.5
Thyroid	291	3%	13.2
Total	11,692	100%	470.3

(Source: Ohio Cancer Incidence Surveillance System, ODH Public Health Data Warehouse, Updated 4/19/2017)

2017 Cancer Estimates

- In 2017, about 1,688,780 new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about twenty percent of the new cancer cases expected to occur in the U.S. in 2017 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 600,920 Americans are expected to die of cancer in 2017.
- In 2017, about 158,870 cancer deaths will be caused by tobacco use.
- In 2017, estimates predict that there will be 68,160 new cases of cancer and 25,430 cancer deaths in Ohio.
- Of the new cancer cases, approximately 10,660 (16%) will be from lung and bronchus cancers and 5,510 (8%) will be from colon and rectum cancers.
- About 9,430 new cases of female breast cancer are expected in Ohio.
- New cases of male prostate cancer in Ohio are expected to be 5,840 (9%).

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

Chronic Disease: Arthritis

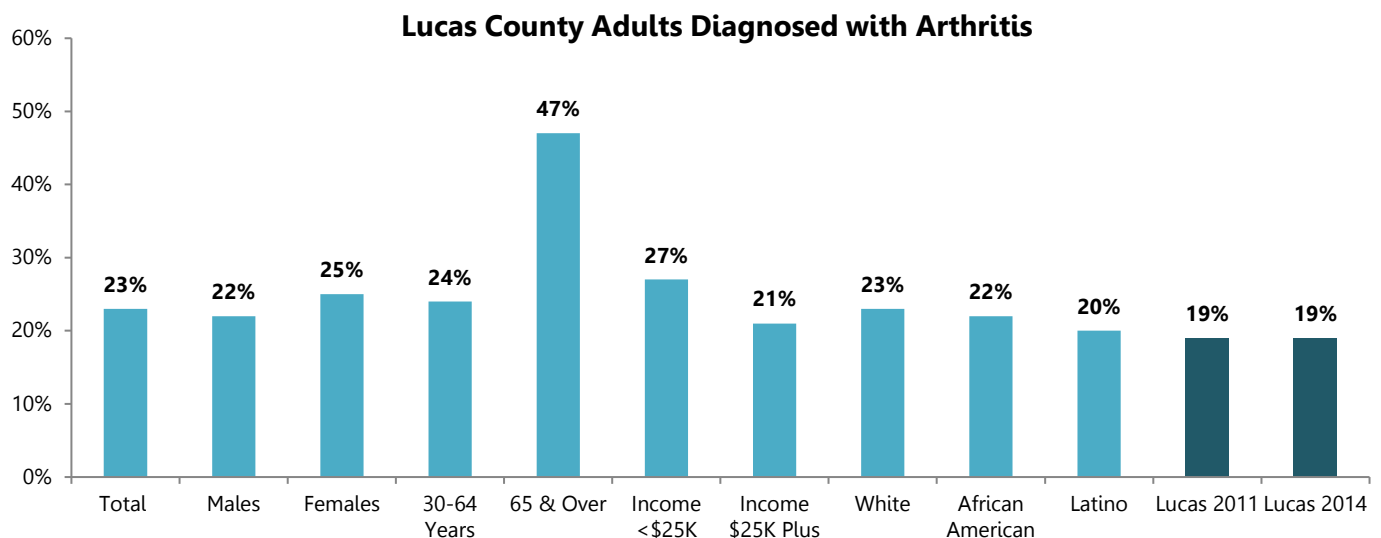
Key Findings

Almost one-quarter (23%) of Lucas County adults were diagnosed with arthritis. The 2015 BRFSS indicated that 28% of Ohio adults and 25% of U.S. adults were told they had arthritis.

Arthritis

- Nearly one-fourth (23%) of Lucas County adults were told by a health professional that they had some form of arthritis, increasing to 47% of those over the age of 65.
- Four-fifths (80%) of adults diagnosed with arthritis were overweight or obese.
- More than half (54%) of adults with arthritis were receiving treatment for it.
- More than two-fifths (43%) of Lucas County adults were limited in some way because of a physical, mental or emotional problem. Among those who were limited in some way, 40% were limited because of arthritis.
- According to the 2015 BRFSS, 28% of Ohio adults and 25% of U.S. adults were told they have arthritis.
- An estimated 53 million U.S. adults (about 23%) report having doctor-diagnosed arthritis. By 2040, over 78 million people will have arthritis. Arthritis is more common among women (24%) than men (18%), and it affects all racial and ethnic groups. Arthritis commonly occurs with other chronic diseases, like diabetes, heart disease, and obesity, and can make it harder for people to manage these conditions (Source: CDC, Arthritis at a Glance 2017).

The following graph shows the number of Lucas County adults who had been diagnosed with arthritis. Examples of how to interpret the information include: 23% of all Lucas County adults had been diagnosed with arthritis, including 24% of those ages 30-64 years old and 27% of those with incomes less than \$25,000.



Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Ohio 2015	U.S. 2015
Had been diagnosed with arthritis	27%	19%	19%	23%	28%	25%

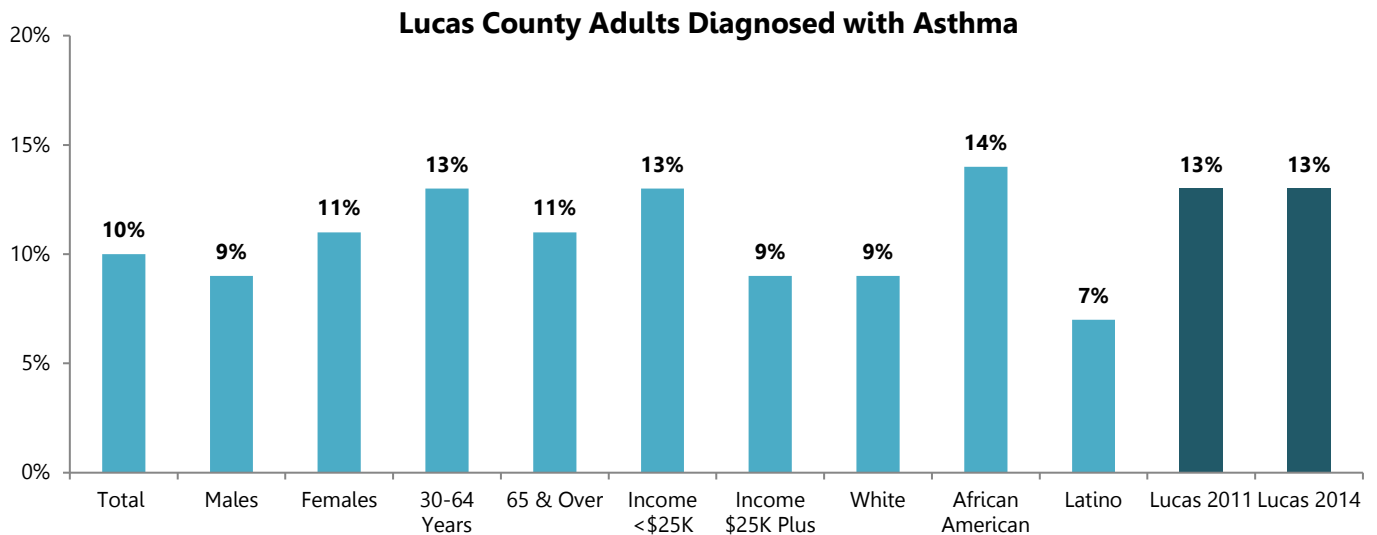
Chronic Disease: Asthma

Key Findings

One in ten (10%) Lucas County adults had been diagnosed with asthma.

Asthma and Other Respiratory Disease

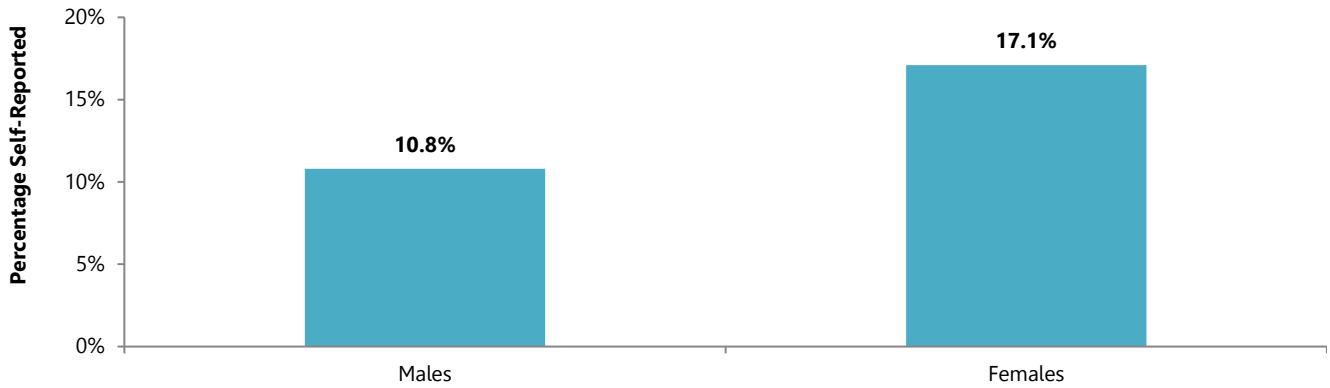
- In 2017, 10% of Lucas County adults had been diagnosed with asthma, increasing to 14% of African Americans.
- Fourteen percent (14%) of Ohio and U.S. adults had ever been diagnosed with asthma *(Source: 2015 BRFSS)*.
- Almost three-quarters (73%) of adults with asthma were receiving treatment for it.
- Chronic lower respiratory disease was the 3rd leading cause of death in Lucas County and the third leading cause of death in Ohio from 2013-2015 *(Source: CDC Wonder, 2013-2015)*.
- Asthma can be prompted by exposure to an allergen, irritants in the air, or extreme weather conditions *(Source: American College of Allergy, Asthma, & Immunology, Asthma Facts, 5/22/2016)*.



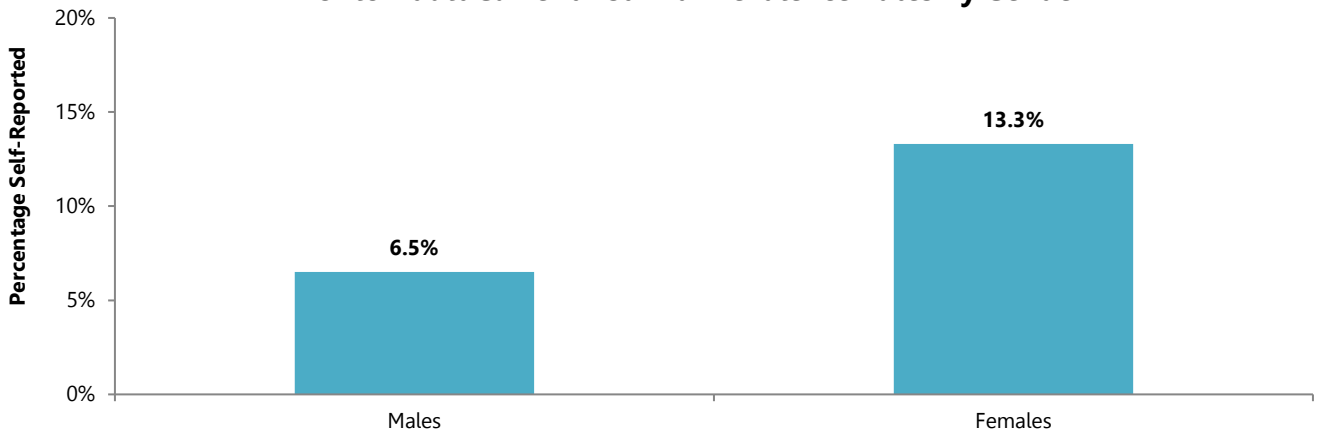
Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Ohio 2015	U.S. 2015
Had been diagnosed with asthma	12%	13%	13%	10%	14%	14%

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

Ohio Adult Lifetime Asthma Prevalence Rates By Gender



Ohio Adult Current Asthma Prevalence Rates By Gender



(Source: 2015 BRFSS)

Asthma Facts

- The number of Americans with asthma grows every year. Currently, 26 million Americans have asthma.
- Asthma mortality is almost 4,000 deaths per year.
- Asthma results in 456,000 hospitalizations and 2.1 million emergency room visits annually.
- Patients with asthma reported 13.9 million visits to a doctor's office and 1.4 million visits to hospital outpatient departments.
- Effective asthma treatment includes monitoring the disease with a peak flow meter, identifying and avoiding allergen triggers, using drug therapies including bronchodilators and anti-inflammatory agents, and developing an emergency plan for severe attacks.

(Source: American College of Allergy, Asthma, & Immunology, Asthma Facts, 5/22/2016)

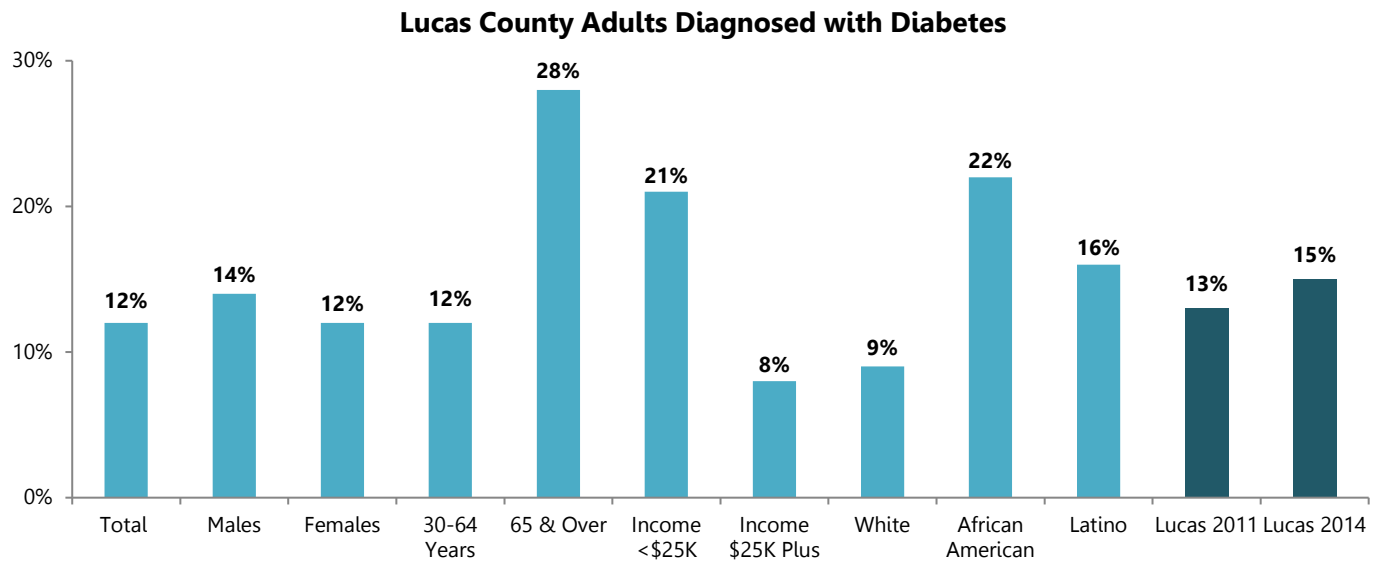
Chronic Disease: Diabetes

Key Findings

In 2017, 12% of Lucas County adults had been diagnosed with diabetes. Nearly two-fifths (38%) of adults with diabetes rated their health as fair or poor.

Diabetes

- The 2017 health assessment has identified that 12% of Lucas County adults had been diagnosed with diabetes, increasing to 28% of those over the age of 65. The 2015 BRFSS reports an Ohio prevalence of 11% and U.S. prevalence of 10%.
- Ninety-four percent (94%) of adults with diabetes were receiving treatment for it.
- Nearly two-fifths (38%) of adults with diabetes rated their health as fair or poor.
- Lucas County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 92% were obese or overweight
 - 79% had been diagnosed with high blood pressure
 - 63% had been diagnosed with high blood cholesterol

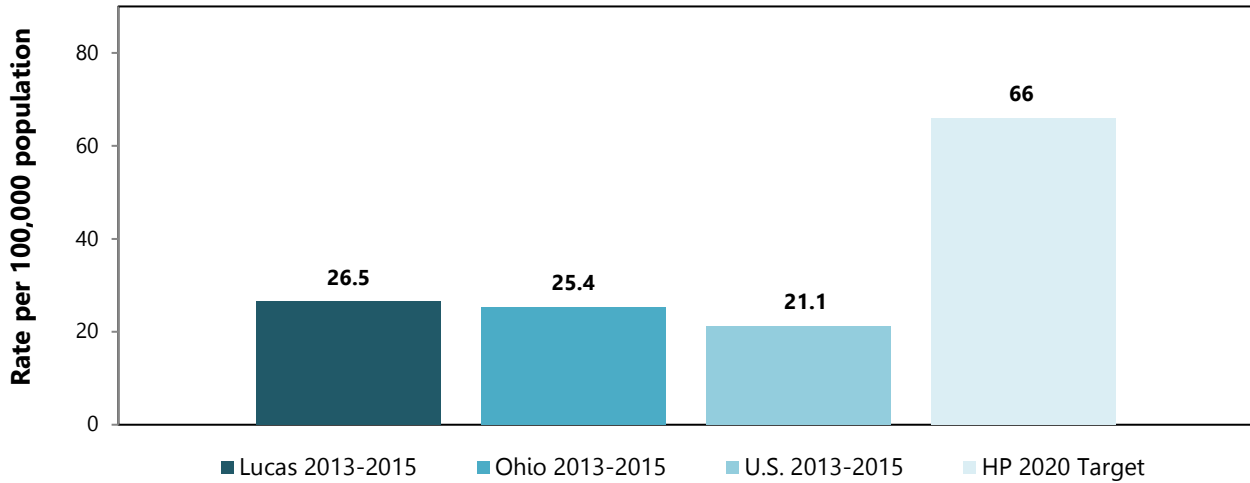


Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Ohio 2015	U.S. 2015
Diagnosed with diabetes	12%	13%	15%	12%	11%	10%

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

- From 2013- 2015, Lucas County’s age-adjusted diabetes mortality rate was greater than the Ohio and the U.S. rate, but less than the Healthy People 2020 target objective.

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



(Source: CDC Wonder and Healthy People 2020)

Statistics About Diabetes

- In 2015, 30.3 million Americans, or 9.4% of the population, had diabetes. Approximately 1.25 million American children and adults have type 1 diabetes.
- Of the 30.3 million, 7.2 million were undiagnosed.
- 84.1 million Americans have prediabetes.
- 1.5 million Americans are diagnosed with diabetes every year.
- American Indians/Alaska Natives had a higher prevalence rate for diabetes.
- An estimated, 34% of people had prediabetes, increasing to 48% of those ages 65 and older.
- In 2014, 7.2 million hospital discharges and 14.2 million emergency department visits were due to diabetic complications.
- The economic cost of diagnosed diabetes in the U.S. is \$245 billion per year.
- Diabetes is the primary cause of death for 79,535 Americans each year, and contributes to the death of 252,806 Americans annually.

(Source: American Diabetes Association, Statistics About Diabetes, Overall Numbers, Diabetes and Prediabetes, 2017)

Chronic Disease: Quality of Life

Key Findings

In 2017, 43% of Lucas County adults were limited in some way because of a physical, mental or emotional problem. Back or neck problems (47%) were reported the most limiting problem in Lucas County.

Impairments and Health Problems

- In 2017, more than two-fifths (43%) of Lucas County adults were limited in some way because of a physical, mental or emotional problem, increasing to 66% of those with incomes less than \$25,000.
- Among those who were limited in some way, the following most limiting problems or impairments were reported: back or neck problems (47%); arthritis/rheumatism (40%); walking problems (27%); stress, depression, anxiety, or emotional problems (25%); eye/vision problems (18%); chronic illness (17%); lung/breathing problems (15%); sleep problems (15%); fractures, bone/joint injuries (13%); hearing problems (8%); confusion (4%); memory loss (4%); mental health illness/disorder (4%); substance dependency (1%); drug addiction (<1%); and other impairments/problems (8%).
- Lucas County adults who were limited because of an impairment or health problem needed help with the following: household chores (12%), shopping (7%), getting around for other purposes (6%), doing necessary business (4%), bathing (4%), dressing (2%), getting around the house (2%), and eating (2%).
- More than one-fifth (23%) of Lucas County adults had fallen in the past 12 months, increasing to 37% of those 65 and older.

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Lucas County 2017	Ohio 2015	U.S 2015
Limited in some way because of a physical, mental, or emotional problems	42%	N/A	47%	43%	N/A	N/A

N/A – Not available

Healthy People 2020

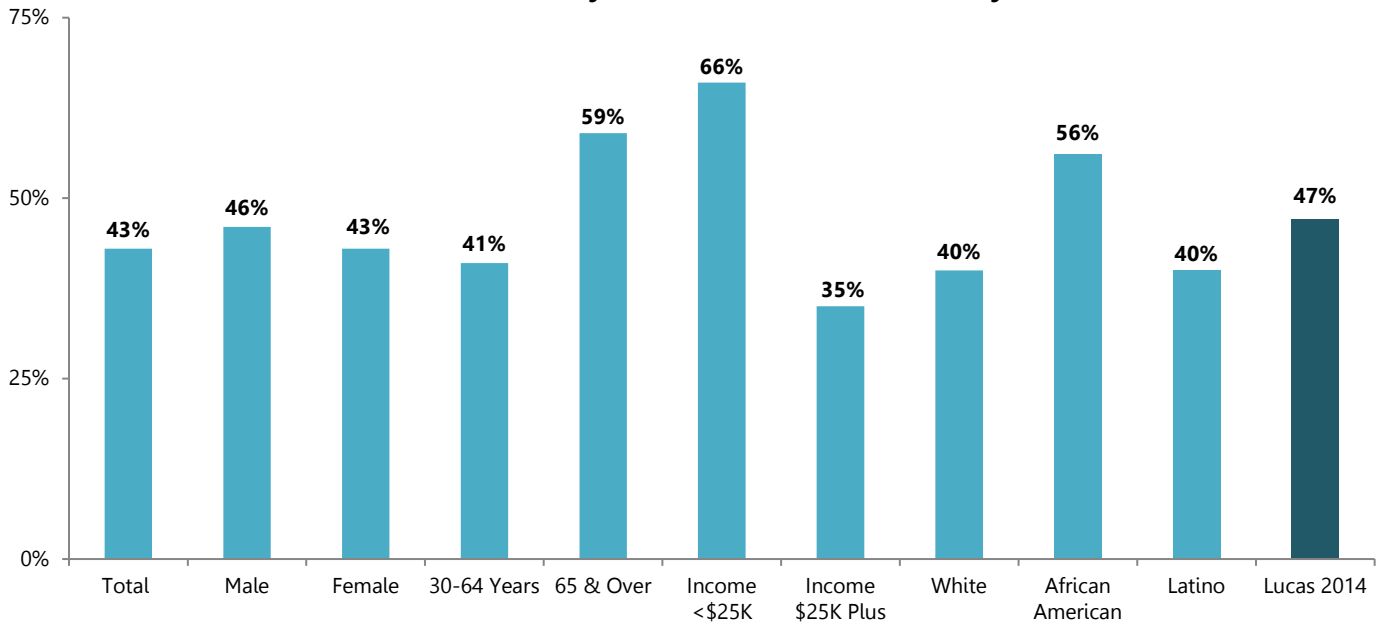
Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Lucas County 2017	Healthy People 2020 Target
AOCBC-2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	40%	36%

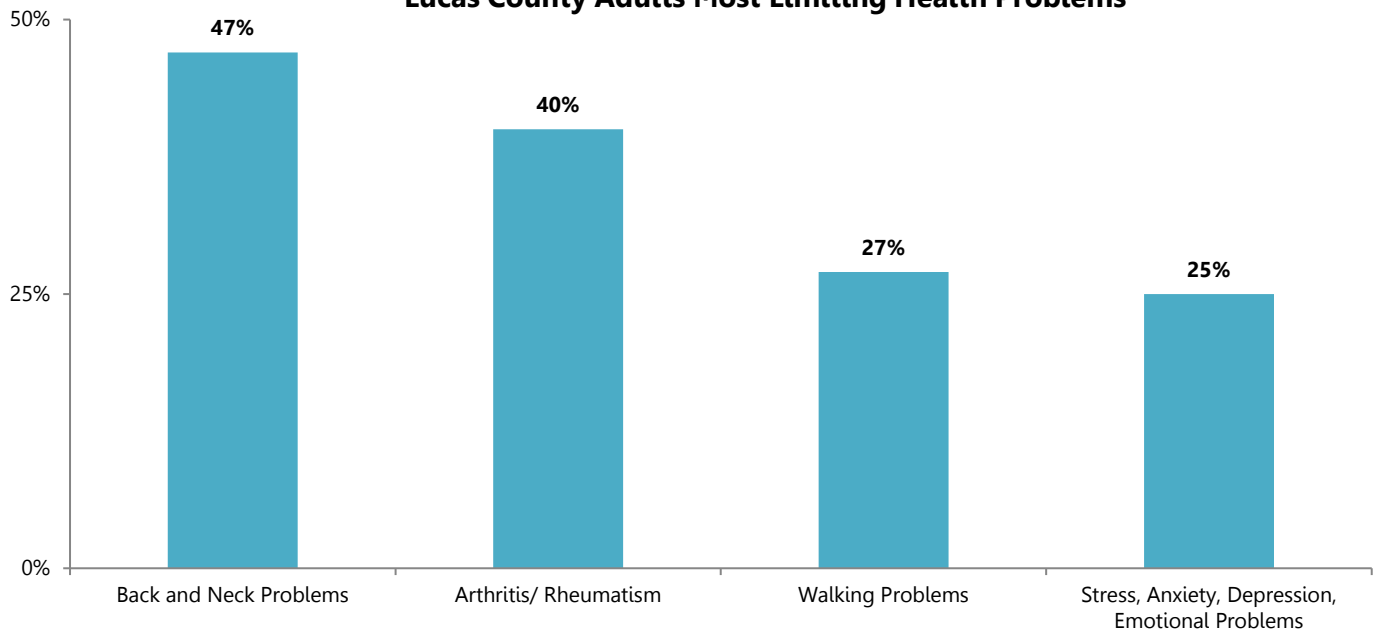
Note: U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2017 Lucas County Health Assessment)

The following graphs show the percentage of Lucas 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: 43% of Lucas County adults are limited in some way, including 46% of males and 59% of those 65 and older.

Lucas County Adults Limited in Some Way



Lucas County Adults Most Limiting Health Problems



Social Conditions: Social Determinants of Health

Key Findings

In 2017, 9% of Lucas County adults were abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). Sixteen percent (16%) of adults had bills they could not pay for, and more than half (52%) of adults reported gambling in the past year.

Healthy People 2020

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



Economic Stability

- Twenty-two percent (22%) of adults attempted to get assistance from a social service agency, increasing to 43% of those with incomes less than \$25,000.
- Lucas County adults attempted to get assistance from the following social service agencies: Job & Family Services/JFS (13%), friend or family member (4%), food pantries (4%), 2-1-1/United Way (3%), church/mosque/synagogue (2%), WIC/Health Department (2%), Lucas County Community Action Commission (1%), personal debts/budgeting (1%), other charities (1%), Legal Aid (<1%), and somewhere else (4%). Three percent (3%) did not know where to look for assistance.
- Lucas County adults received assistance for the following in the past year: healthcare (17%), dental care (14%), food (12%), Medicare (11%), prescription assistance (11%), transportation (10%), utilities (10%), rent/mortgage (8%), home repair (7%), free tax preparation (6%), employment (6%), mental illness issues (6%), affordable childcare (1%), clothing (1%), legal aid services (1%), credit counseling (1%), diapers (1%), post-incarceration issues (<1%), unplanned pregnancy (<1%), drug or alcohol addiction (<1%), and gambling addiction (<1%).
- The median household income in Lucas County was \$43,136. The U.S. Census Bureau reports median income levels of \$51,086 for Ohio and \$55,775 for the U.S. (Source: U.S. Census Bureau, Small Area Income and Poverty Estimates).
- Twenty percent (20%) of all Lucas County residents were living in poverty, and 29% of children and youth ages 0-17 were living in poverty (Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2015).
- The unemployment rate for Lucas County was 6.0 as of February 2017 (Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information).
- There were 202,269 housing units, of which 12% were vacant (Source: U.S. Census Bureau, American Community Survey, 2011-2015).
- Sixty-one percent (61%) of occupied housing units in Lucas County were owner-occupied, and 39% were renter-occupied (Source: U.S. Census Bureau, American Community Survey, 2011-2015).
- Rent in Lucas County cost an average of \$666 per month (Source: U.S. Census Bureau, American Community Survey, 2011-2015).

Top 5 Places Lucas County Adults Attempted to get Assistance

Type of Service Agency	Lucas County Adults Incomes <\$25K	Lucas County 2017
Job and Family Services	28%	13%
Food pantries	12%	4%
Church/mosque/synagogue	6%	2%
2-1-1/United Way	6%	3%
A friend of family member	5%	4%

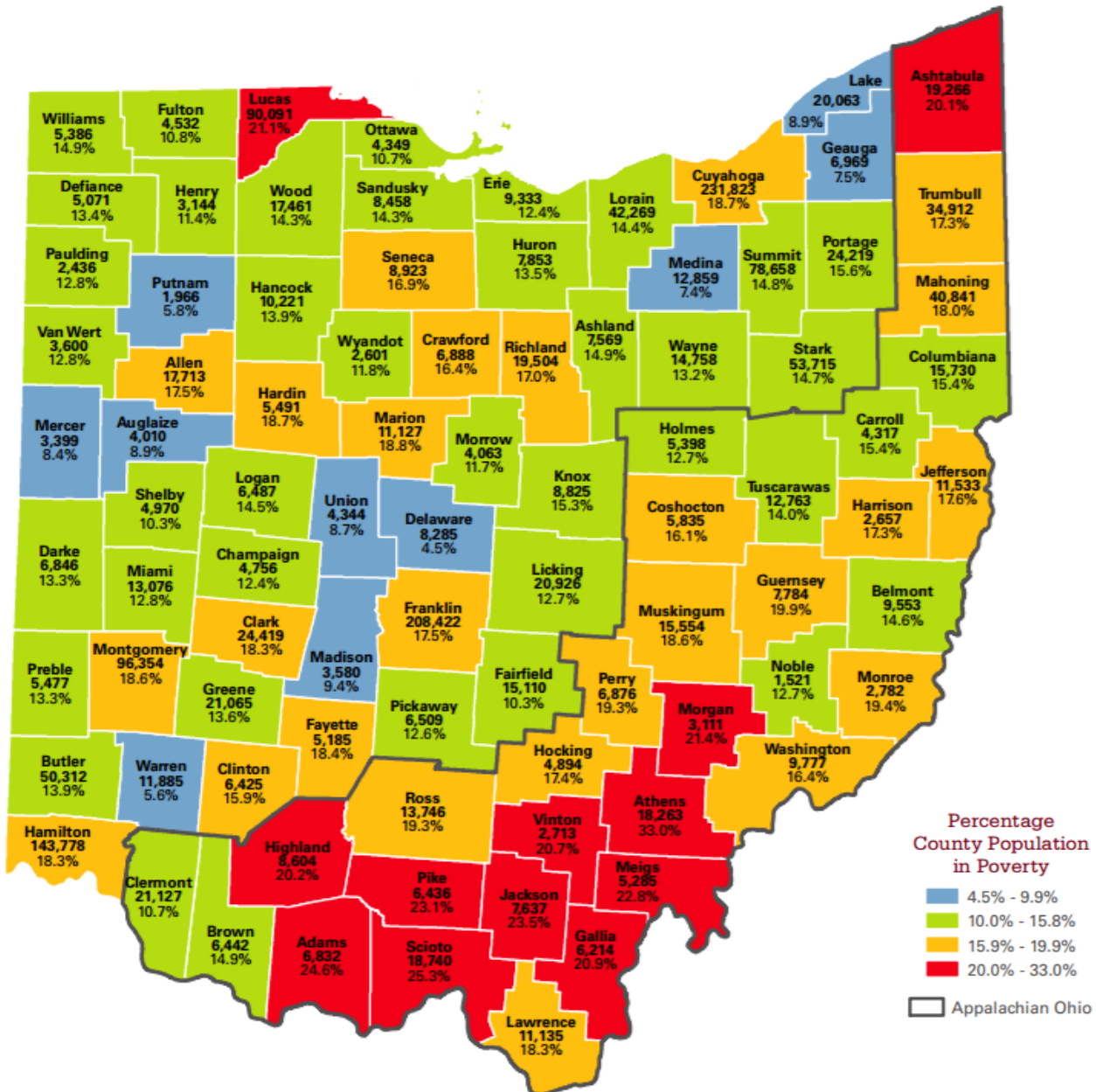
Lucas County Adults Who Received Assistance

Types of Assistance	Lucas County Adults Incomes <\$25K	Lucas County 2017
Healthcare	45%	17%
Dental care	38%	14%
Transportation	36%	10%
Medicare	32%	11%
Prescription	32%	11%
Utilities	31%	10%
Food	31%	12%
Rent/mortgage	28%	8%
Free tax preparation	18%	6%
Home repair	15%	7%
Employment	11%	6%

The map below shows the variation in poverty rates across Ohio during the 2011-15 period.

- The 2011-2015 American Community Survey 5-year estimates report that 1,775,836 Ohio residents or 15.8% of the population were in poverty.
- From 2011-2015, more than one-fifth (21%) of Lucas County residents were in poverty.

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



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

Education

- Eighty-eight percent (88%) of Lucas County adults 25 years and over had a high school diploma or higher *(Source: U.S. Census Bureau, American Community Survey, 2011-2015).*
- Twenty-four percent (24%) of Lucas County adults 25 years and over had at least a bachelor's degree *(Source: U.S. Census Bureau, American Community Survey, 2011-2015).*

Social Determinants of Health

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

Source: HealthyPeople2020, Retrieved May 19 2017

Social and Community Context

- Four percent (4%) of Lucas County adults were threatened to be abused in the past year. They were threatened by the following: a spouse or partner (59%), someone outside their home (27%), an employer (16%), a child (5%), another family member (5%), a paid caregiver (3%), and someone else (16%).
- Nine percent (9%) of Lucas County adults were abused in the past year. They were abused by the following: an employer (44%), a spouse or partner (29%), someone outside their home (19%), another family member (4%), a child (3%), a parent (1%), a paid caregiver (1%), and someone else (11%). One percent (1%) of adults had been abused by one or more people, increasing to 12% for Latinos.
- One percent (1%) of adults had engaged in some type of sexual activity in exchange for something of value, such as food, drugs, shelter or money.
- In the past 30 days, 16% of adults were concerned about having enough food for themselves and their family, increasing to 38% of those with incomes less than \$25,000.
- Lucas County adults experienced the following in the past 12 months: a close family member went to the hospital (35%); death of a family member or close friend (34%); had bills they could not pay (16%); someone in their household lost their job/had their hours at work reduced (11%); moved to a new address (10%); someone close to them had a problem with drinking or drugs (9%); were threatened or abused by someone physically, emotionally, sexually and/or verbally (6%); had someone homeless living with them (4%); household income was cut by 50% (4%); knew someone living in a hotel (3%); became separated or divorced (2%); their child was threatened or abused by someone physically, emotionally, sexually and/or verbally (2%); were homeless (1%); and witnessed someone in their family being hit or slapped (1%).
- Lucas County adults had the following transportation issues: no car (11%), did not feel safe to drive (6%), suspended/no driver's license (5%), could not afford gas (2%), disabled (2%), limited public transportation available or accessible (2%), other car issues/expenses (2%), no car insurance (1%), and no public transportation available or accessible (1%).

- Eighty-five percent (85%) of Lucas County adults used their vehicle or family vehicle for regular transportation. Other forms of transportation included walking (23%), ride from friend or family member (18%), bike (9%), public transportation (7%), and other forms of transportation (6%).
- More than half (52%) of adults reported gambling in the past year. They reported the following types of gambling: lottery/scratch-offs/pull tabs (36%); casinos (24%); keno (6%); poker or other card games, dice, or craps (not at a casino) (4%); fantasy sports/online betting (4%); sports betting (3%); and bingo (3%).
- One percent (1%) of Lucas County adults reported engaging in some form of gambling daily, and 32% of adults reported gambling once or twice a year.
- Adults experienced the following due to gambling: consumed more alcohol or drugs when gambling (3%), tried to cut down or stop gambling (2%), borrowed money or relied on someone to pay their bills (1%), felt the need to lie to hide the extent of their gambling (1%), gambled with larger amounts of money to get the same excitement (1%), someone expressed a concern about their gambling (1%), restless or irritable when trying to cut down or stop gambling (<1%), and jeopardized a significant relationship due to gambling (<1%).
- Twenty-three percent (23%) of Lucas County adults reported attending a religious service one to three times per month, and 21% reported attending four or more times per month. Fifty-four percent (54%) reported they did not attend a religious service in the past month. Two percent (2%) of adults did not know how many times they attended a religious service.

Health and Health Care

- In the past year, 6% of adults were uninsured, increasing to 14% of those with incomes less than \$25,000.
- Lucas County adults had the following issues regarding their healthcare coverage: cost (33%), pre-existing conditions (8%), provider no longer covered (8%), opted out of certain coverage because they could not afford it (8%), opted out of certain coverage because they did not need it (7%), service not deemed medically necessary (6%), limited visits (6%), could not understand their insurance plan (5%), working with their insurance company (5%), and service no longer covered (4%).
- Within the past year, when seeking healthcare, 3% of Lucas County adults felt their experiences were worse than other races. Forty-seven percent (47%) felt their experiences were the same, and 7% reported their experiences were better than other races.
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Lucas County adults.

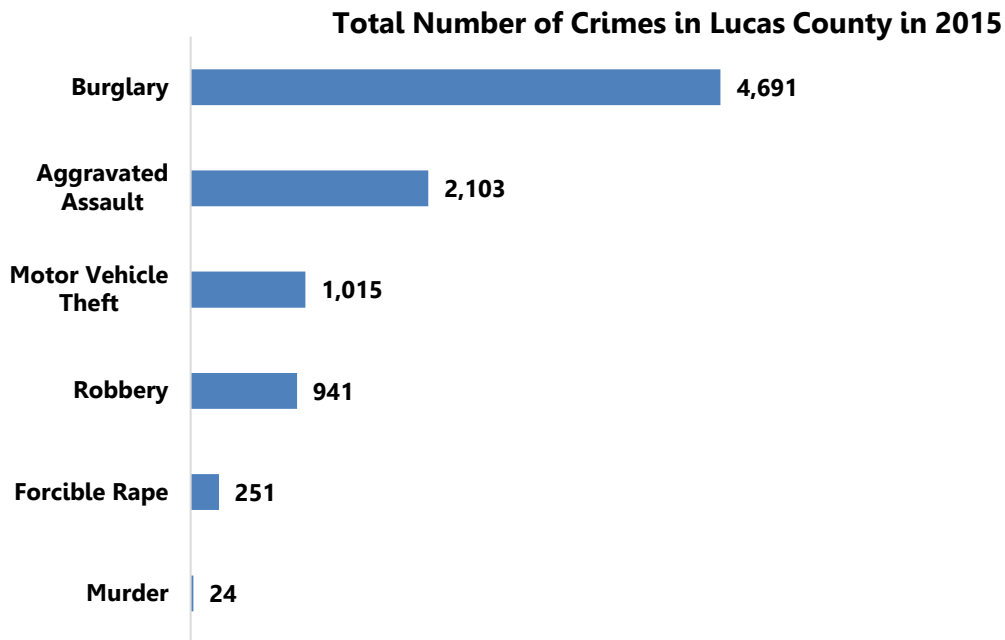
Neighborhood and Built Environment

- Lucas County adults considered their neighborhood to be extremely safe (13%), quite safe (45%), slightly safe (27%), and not safe at all (11%) from crime.
- More than one-third (35%) of Lucas County adults kept a firearm in or around their home. Four percent (4%) of adults reported they were unlocked and loaded.
- Adults with firearms in or around their home reported the following reasons for having them: protection (68%), hunting or sport (31%), work (5%), and other reasons (7%).
- Lucas County adults reported doing the following while driving: eating (39%); talking on hand-held cell phone (39%); talking on hands-free cell phone (33%); texting (19%); smoking (14%); using internet on their cell phone (13%); not wearing a seatbelt (7%); being under the influence of alcohol (5%); being under the influence of recreational drugs (3%); being under the influence of prescription drugs (2%); reading (2%); and other activities (such as applying makeup, shaving, etc.) (5%).

- Lucas County adults reported regularly using the following to reduce their risk of injury: seat belt (90%), sunscreen (47%), life jacket (19%), bike helmet (9%), and motorcycle/ATV/snowmobile helmet (8%).
- Sixty-three percent (63%) of Lucas County adults reported deliberately testing all of the smoke detectors in their home within the past year. Twelve percent (12%) have never tested the smoke detectors in their home.

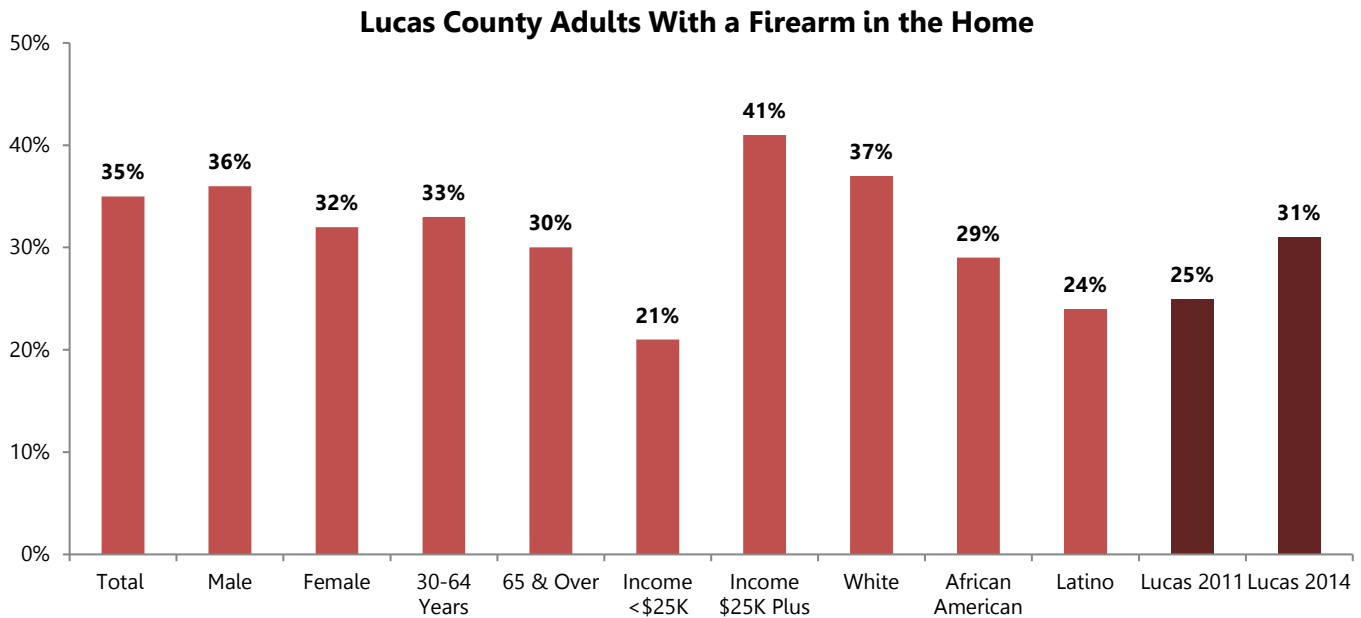
Crime Data

- There was a total of 15,072 property crimes and 3,325 violent crimes in 2015.



(Source: Office of Criminal Justice Services, Crime Statistics and Crime Reports, 2015)

The following graph shows the percentage of Lucas County adults that had a firearm in or around the home. Examples of how to interpret the information shown on the graph include: 35% of all Lucas County adults had a firearm in or around the home, including 36% of males and 41% of those with incomes greater than \$25,000.



Veterans' Affairs

- Nearly two-fifths (39%) of Lucas County adults reported that someone in their immediate family had served in the military in the past 10-15 years.
- As a result of military service during the past 10-15 years, the following have affected veterans' immediate family members: post-traumatic stress disorder (PTSD) (6%), access to medical care at a VA facility (4%), major health problems due to injury (4%), marital problems (3%), suicide attempt (3%), suicide completion (2%), had problems getting VA benefits (2%), could not find/keep a job (2%), had problems getting information on VA eligibility and applying (2%), substance/drug abuse/overdose (1%), housing issues (1%), access to medical care at a non-VA facility (1%), and access to mental health treatment (<1%).

Reactions to Race

- Approximately 10% of Lucas County adults reported feeling upset, angry, sad or frustrated as a result of how they were treated based on their race in the past 30 days.
- Twelve percent (12%) of Lucas County adults reported unequal experiences at work compared to people of other races in the past 12 months.

Lucas County Adults Experiences When Seeking Health Care*

Demographics	Experiences When Seeking Health Care			
	Worse than Other Races	Better than Other Races	Same as Other Races	Don't Know
Total	3%	7%	47%	32%
African American	10%	1%	38%	40%
White	1%	8%	50%	30%
Latino of any race	5%	3%	42%	36%

*Percentages may not equal 100% due to the exclusion of data for those who did not have healthcare and answered multiple responses

Social Conditions: Environmental Health

Key Findings

Lucas County adults reported the following as the top three issues that threatened their health in the past year: insects (11%), rodents (8%), and bed bugs (7%). Seventy-two percent (72%) of adults reported they had a working smoke detector in their home.

Environmental Health

- Lucas County adults thought the following threatened their health in the past year:
 - Insects (11%)
 - Rodents (8%)
 - Bed bugs (7%)
 - Mold (7%)
 - Moisture issues (6%)
 - Plumbing problems (5%)
 - Unsafe water supply/wells (5%)
 - Indoor air quality (4%)
 - Outdoor air quality (4%)
 - Temperature regulation (4%)
 - Sewage/waste water problems (2%)
 - Agricultural chemicals (1%)
 - Asbestos (1%)
 - Chemicals found in products (1%)
 - Cockroaches (1%)
 - Lead paint (1%)
 - Lice (1%)
 - Safety hazards (1%)
 - Sanitation issues (<1%)

Disaster Preparedness

- Lucas County households had the following disaster preparedness supplies: cell phone (80%), cell phone with texting (77%), working flashlight and working batteries (74%), computer/tablet (72%), working smoke detector (72%), 3-day supply of nonperishable food for everyone in the household (47%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (39%), 3-day supply of prescription medication for each person who takes prescribed medicines (38%), home land-line telephone (33%), working battery-operated radio and working batteries (32%), communication plan (13%), generator (9%), disaster plan (8%), and family disaster plan (7%).

Youth Health: Weight Status

Key Findings

The health assessment identified that 13% of Lucas County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 26% of youth reported that they were slightly or very overweight. Seventy percent (70%) of youth exercised for 60 minutes on 3 or more days per week.

Youth Weight Status

- BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific, as children's body fatness changes over the years as they grow. In children and teens, BMI is used to assess if a child or teen is underweight, normal, overweight, and obese.
- Thirteen percent (13%) of youth were classified as obese by Body Mass Index (BMI) calculations (YRBS reported 13% for Ohio in 2013 and 14% for the U.S. in 2015), 11% of youth were classified as overweight (YRBS reported 16% for Ohio in 2013 and 16% for the U.S. in 2015), 71% were normal weight, and 5% were underweight.
- Over one-fourth (26%) of youth described themselves as being either slightly or very overweight (2013 YRBS reported 28% for Ohio and 2015 YRBS reported 32% for the U.S.).
- Over half (57%) of all youth were trying to lose weight, increasing to 64% of females (compared to 52% of males) (2013 YRBS reported 47% for Ohio and 2015 YRBS reported 46% for the U.S.).

13% of Lucas County youth were classified as obese.

- Youth did the following to lose weight or keep from gaining weight in the past 30 days:
 - Exercised (41%)
 - Drank more water (36%)
 - Ate more fruits and vegetables (26%)
 - Ate less food, fewer calories, or foods lower in fat (23%)
 - Skipped meals (12%)
 - Went without eating for 24 hours or more (4%) (2013 YRBS reported 10% for Ohio and 13% for the U.S.)
 - Took diet pills, powders, or liquids without a doctor's advice (1%) (2013 YRBS reported 5% for Ohio and the U.S.)
 - Vomited or took laxatives (1%) (2013 YRBS reported 5% for Ohio and 4% for the U.S.)
 - Smoked cigarettes/e-cigarettes (1%)
- More than two-fifths (43%) of youth did not do anything to lose or keep from gaining weight.

Nutrition

- Eight percent (8%) of youth reported they went to bed hungry because their family did not have enough money for food at least one night per week. Two percent (2%) of youth went to bed hungry every night of the week.
- Six percent (6%) of youth ate 5 or more servings of fruits and vegetables per day. Twenty-four percent (24%) ate 3 to 4 servings of fruits and vegetables per day, and 61% ate 1 to 2 servings per day. Nine percent (9%) reported not eating any fruits and vegetables per day.

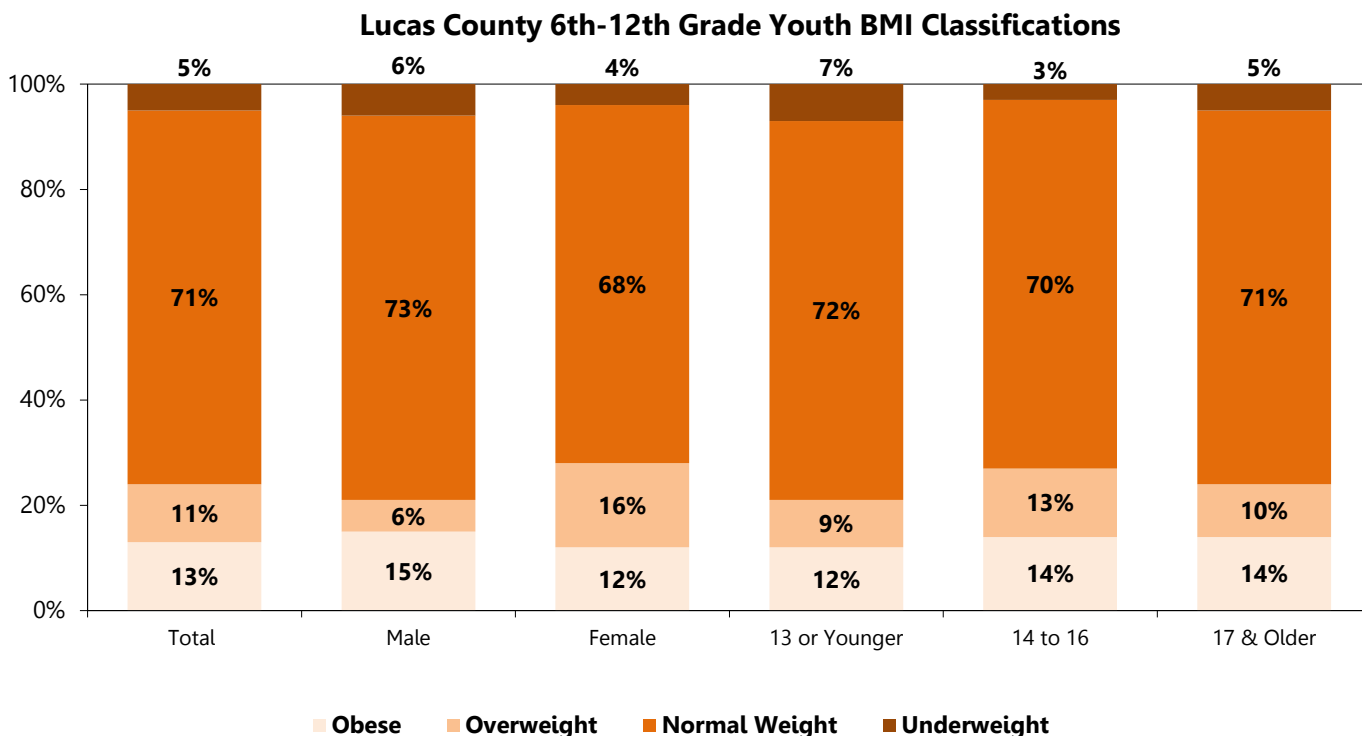
- Sixteen percent (16%) of youth drank a can, bottle, or glass of soda or pop at least once per day during the past week. Six percent (6%) of youth drank soda 3 or more times per day.
- Youth reported drinking beverages high in caffeine, such as coffee, espresso or energy drinks, at the following frequencies: 1-3 times per week (25%), 4-6 times per week (5%), and at least once per day (7%). Sixty-three percent (63%) of youth did not drink any highly caffeinated drinks in the past week.
- Youth reported their family got most of their food from the following places: grocery store (94%), fast food restaurant (9%), convenience/corner store (2%), food pantry (2%), church (1%), doctor's office/food pharmacy (<1%), and other (2%).

Physical Activity

- Seventy percent (70%) of Lucas County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week, 46% did so on 5 or more days in the past week (2013 YRBS reports 48% for Ohio and 2015 YRBS reports 49% for the U.S.), and 26% did so every day in the past week (2013 YRBS reports 26% for Ohio and 2015 YRBS reports 27% for the U.S.). Thirteen percent (13%) of youth did not participate in at least 60 minutes of physical activity on any day in the past week (2013 YRBS reports 13% for Ohio and 2015 YRBS reports 14% for the U.S.).
- The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity per day. 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.
- Lucas County youth spent an average of 3.0 hours on their cell phone, 1.6 hours on their computer/tablet, 1.4 hours watching TV and 1.2 hours playing video games on an average day of the week.
- Nearly one-fifth (18%) of youth spent 3 or more hours watching TV on an average day (2013 YRBS reported 28% for Ohio and 2015 YRBS reports 25% for the U.S.).

Lucas County youth did the following to lose weight in the past 30 days:	Percent
Exercised	41%
Drank more water	36%
Ate more fruits and vegetables	26%
Ate less food, fewer calories, or foods lower in fat	23%
Skipped meals	12%
Went without eating for 24 hours	4%
Took diet pills, powders, or liquids without a doctor's advice	1%
Vomited or took laxatives	1%
Smoked cigarettes/e-cigarettes	1%

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



Healthy People 2020 Nutrition and Weight Status (NWS)

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

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

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

Youth Comparisons	Lucas County 2016/17 (6th-12th)	Lucas County 2011 (9th-12th)	Lucas County 2013/14 (9th-12th)	Lucas County 2016/17 (9th-12th)	Ohio 2013 (9th-12th)	U.S. 2015 (9th-12th)
Obese	13%	15%	13%	15%	13%	14%
Overweight	11%	11%	11%	12%	16%	16%
Described themselves as slightly or very overweight	26%	25%	25%	30%	28%	32%
Trying to lose weight	57%	42%	44%	60%	47%	46%
Exercised to lose weight	41%	43%	48%	42%	N/A	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight	23%	28%	31%	26%	N/A	N/A
Went without eating for 24 hours or more	4%	7%	6%	4%	10%	13%*
Took diet pills, powders, or liquids without a doctor's advice	1%	3%	2%	1%	5%	5%*
Vomited or took laxatives to lose weight	1%	3%	3%	1%	5%	4%*
Ate 1 to 4 servings of fruits and vegetables per day	85%	82%	81%	87%	N/A	N/A
Physically active at least 60 minutes per day on every day in past week	26%	28%	28%	23%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	46%	43%	50%	44%	48%	49%
Watched TV 3 or more hours per day	18%	40%	34%	18%	28%	25%

*Comparative YRBS data for U.S. is 2013

N/A- Not Available

Youth Health: Tobacco Use

Key Findings

The health assessment identified that 3% of Lucas County youth were current smokers, increasing to 6% of those ages 17 and older. Twenty percent (20%) of those who had smoked a whole cigarette did so at 10 years old or younger, and another 23% had done so by 12 years old. The average age of onset for smoking was 12.5 years old. Seven percent (7%) of youth used e-cigarettes in the past year.

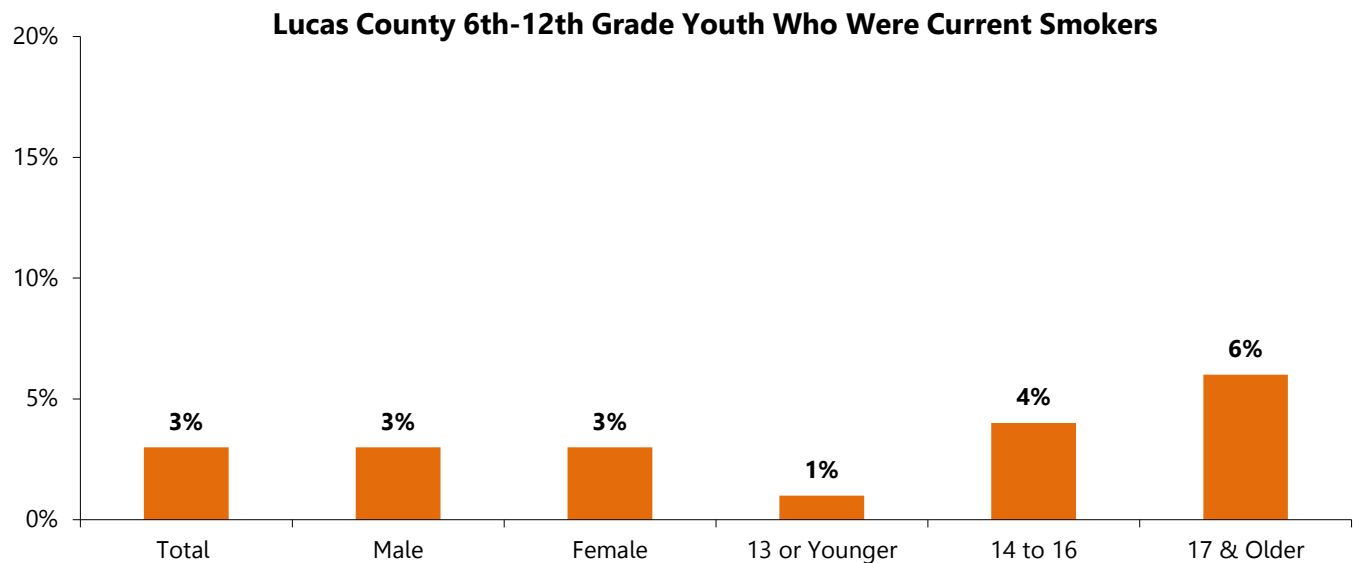
Youth Tobacco Use Behaviors

- Three percent (3%) of youth had smoked a whole cigarette for the first time before the age of 13 (2015 YRBS reported 7% for the U.S.)
- One-fifth (20%) of those who had smoked a whole cigarette did so at 10 years old or younger, and another 23% had done so by 12 years old. The average age of onset for smoking was 12.5 years old.
- Three percent (3%) of youth were current smokers, having smoked at some time in the past 30 days, increasing to 6% of those 17 and older (YRBS reported 15% for Ohio in 2013 and 11% for the U.S. in 2015).
- Two percent (2%) of all youth smoked cigarettes on 20 or more days during the past month (2013 YRBS reported that 7% of Ohio youth smoked cigarettes on 20 or more days during the past month and 3% for the U.S. in 2015).
- Almost two-fifths (38%) of current smokers smoked cigarettes daily.

3% of Lucas County youth were current smokers, having smoked at some time in the past 30 days.

- More than two-thirds (68%) of youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- Youth used the following forms of tobacco the most in the past year: e-cigarettes (7%), Swishers (5%), Black and Milds (5%), cigarettes (4%), hookah (4%), cigarillos (3%), cigars (2%), chewing tobacco or snuff (2%), snus (1%), little cigars (1%), dissolvable tobacco products (<1%), and bidis (<1%).
- Almost two-fifths (38%) of youth tobacco users indicated they bought tobacco products from a store or gas station (2015 YRBS reported 13% for the U.S.). Thirty-three percent (33%) said a person 18 years or older gave them tobacco products, 21% of youth tobacco users borrowed tobacco products from someone else, 7% took them from a store or family member, 2% got them from a vending machine and 29% got them some other way.
- Almost one-third (31%) of youth who smoked in the past year had tried to quit smoking (2015 YRBS reported 45% for the U.S.).

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



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

7% of youth used e-cigarettes in the past year.

Youth Comparisons	Lucas County 2016/17 (6 th -12 th)	Lucas County 2011 (9 th -12 th)	Lucas County 2013/14 (9 th -12 th)	Lucas County 2016/17 (9 th -12 th)	Ohio 2013 (9 th 12 th)	U.S. 2015 (9 th 12 th)
Current smokers	3%	18%	9%	5%	15%	11%
Smoked cigarettes on 20 or more days during the past month (of all youth)	2%	N/A	N/A	2%	7%	3%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	3%	6%	5%	4%	14%*	7%
Tried to quit smoking (of those youth who smoked in the past year)	31%	46%	40%	34%	56%*	45%

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

Healthy People 2020

Tobacco Use (TU)

Objective	Lucas County 2016/17	Ohio 2013	U.S. 2015	Healthy People 2020 Target
TU-2.2: Reduce use of cigarettes by adolescents in grades 9-12 (past month)	3% (6-12 Grade) 5% (9-12 Grade)	15% (9-12 Grade)	11% (9-12 Grade)	16%*

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

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

Behaviors of Lucas County Youth

Current Smokers vs. Non-Current Smokers

Youth Behaviors	Current Smoker	Non-Current Smoker
Have had at least one drink of alcohol in the past 30 days	68%	15%
Have used marijuana in the past 30 days	66%	9%
Have had sexual intercourse	65%	27%
Experienced 3 or more adverse childhood experiences (ACEs) in their lifetime	64%	18%
Been bullied in any way in the past year	54%	33%
Seriously considered attempting suicide in the past 12 months	48%	11%
Felt sad or hopeless almost every day for 2 or more weeks in a row	48%	23%
Attempted suicide in the past 12 months	34%	6%

E-Cigarette Use Among Youth and Young Adults

- E-cigarettes are now the most commonly used tobacco product among youth, surpassing conventional cigarettes in 2014.
- E-cigarette aerosol is not harmless “water vapor”. It can contain harmful and potentially harmful constituents, including nicotine. Nicotine exposure during adolescence can cause addiction and can harm the developing adolescent brain.
- The most recent estimates available show that 13.5% of middle school students (2015), 37.7% of high school students (2015), and 35.8% of young adults (2013–2014) had ever used an e-cigarette.
- Among middle and high school students, both ever and past-30-day e-cigarette use have more than tripled since 2011.
- The most recent data available show that the prevalence of past-30-day use of e-cigarettes is similar among high school students (16% in 2015, 13.4% in 2014) and young adults 18–24 years of age (13.6% in 2013–2014) compared to middle school students (5.3% in 2015, 3.9% in 2014) and adults 25 years of age and older (5.7% in 2013–2014).
- In 2015, 58.8% of high school students who were current users of combustible tobacco products were also current users of e-cigarettes.
- E-cigarette products can be used as a delivery system for cannabinoids and potentially for other illicit drugs. More specific surveillance measures are needed to assess the use of drugs other than nicotine in e-cigarettes.

(Source: U.S. Department of Health and Human Services, A Report of the Surgeon General, 2016)

Youth Health: Alcohol Use

Key Findings

Seventeen percent (17%) of all youth and 39% of those over the age of 17 had at least one drink in the past 30 days. Over two-fifths (43%) of youth who reported drinking in the past 30 days had at least one episode of binge drinking. Four percent (4%) of all youth drivers had driven a car in the past month after they had been drinking alcohol.

Youth Alcohol Consumption

- Almost one-fifth (17%) of youth had at least one drink in the past 30 days, increasing to 39% of those ages 17 and older (YRBS reports 30% for Ohio in 2013 and 33% for the U.S. in 2015).
- Based on all youth surveyed, 7% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers, increasing to 16% of those ages 17 and older (YRBS reports 16% for Ohio in 2013 and 18% for the U.S. in 2015). Of those who drank, 43% were considered binge drinkers, increasing to 46% of females.
- Almost one-third (30%) of youth who reported drinking at some time in their life had their first drink at 12 years old or younger, 28% took their first drink between the ages of 13 and 14, and 42% started drinking between the ages of 15 and 18. The average age of onset was 13.5 years old.

17% of Lucas County youth had at least one drink in the past 30 days.

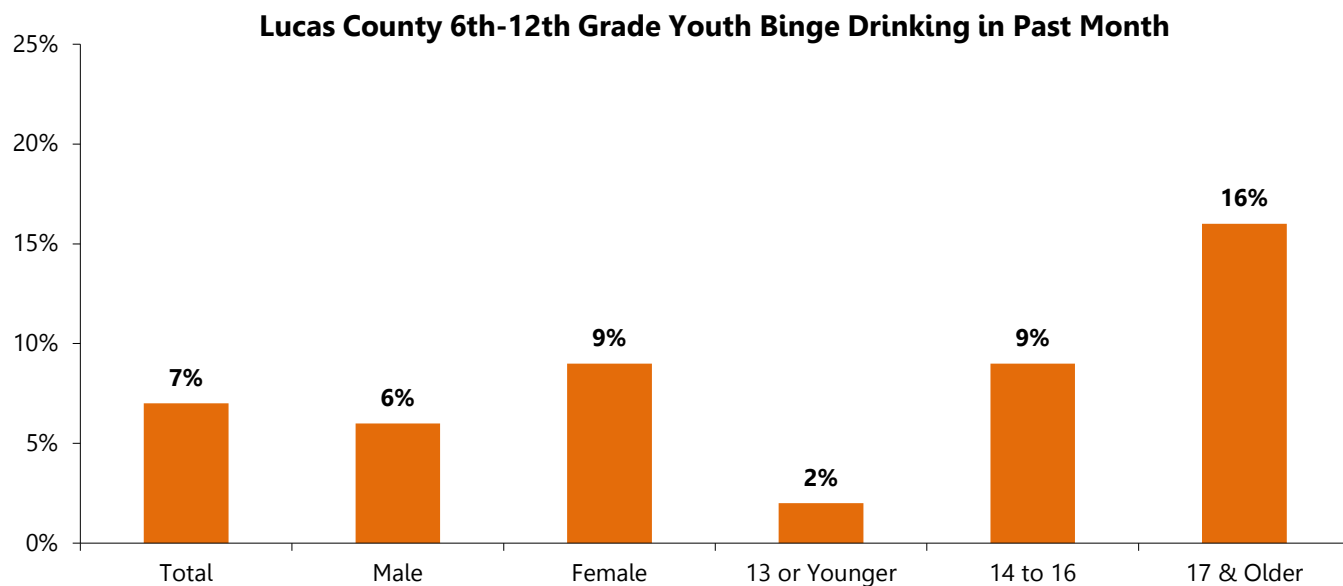
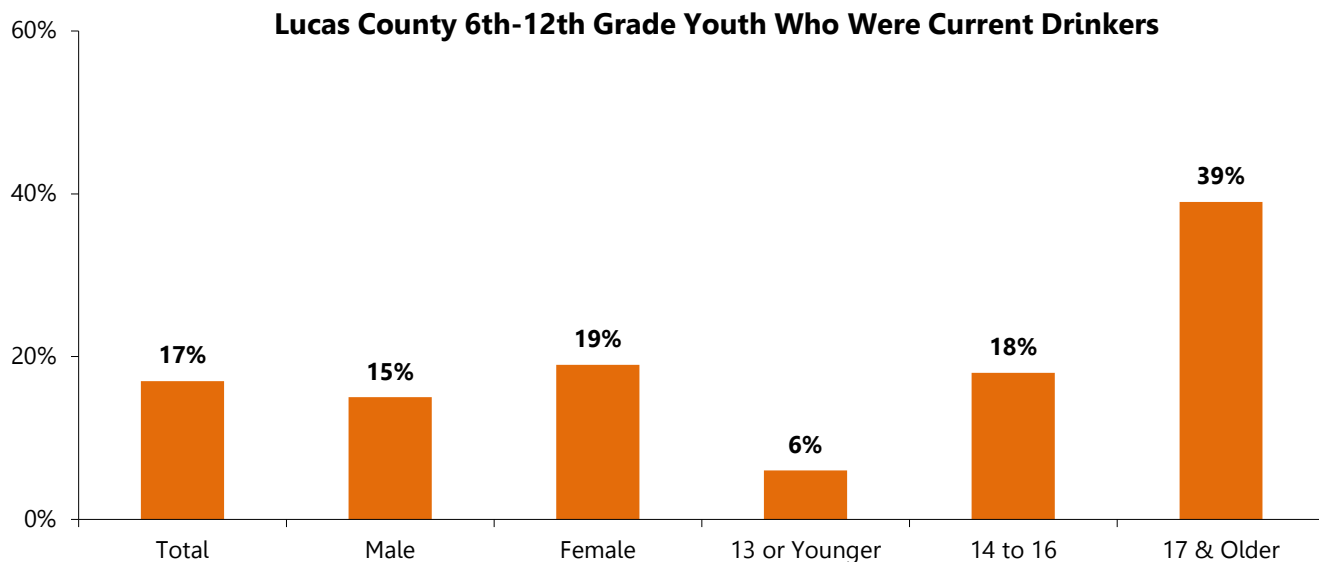
- Of all youth, 8% had drunk alcohol for the first time before the age of 13 (YRBS reports 13% of Ohio youth drank alcohol for the first time before the age of 13 in 2013 and 17% for the U.S. in 2015).
- Youth drinkers reported they got their alcohol from the following: an older friend or sibling bought it for them (24%), a parent gave it to them (23%), someone older bought it for them (21%), took it from a store or family member (7%), a friend's parent gave it to them (6%), bought it in a liquor store/convenience store/gas station (6%), bought it with a fake ID (3%), and obtained it some other way (36%).
- During the past month, 17% of all youth had ridden in a car driven by someone who had been drinking alcohol (YRBS reports 17% for Ohio in 2013 and 20% for the U.S. in 2015).
- Four percent (4%) of youth drivers had driven a car in the past month after they had been drinking alcohol (YRBS reports 4% for Ohio in 2013 and 8% for the U.S. in 2015).

Teen Binge Drinking: On the Decline

- From 2015 to 2016, statistically significant declines in underage drinking were recorded for 8th and 10th grades lifetime and annual consumption and been drunk in the past year and lifetime, 8th grade past 30-day consumption and binge drinking (5 or more drinks in a row in the last two weeks), and 12th grade daily alcohol consumption.
- 77% 8th graders report they have never consumed alcohol, down 67% proportionally from 70% in 1991 to 23% in 2016. Lifetime consumption of alcohol among tenth graders and twelfth graders declined proportionally 48% and 30%, respectively, since 1991.
- One in five eighth grade students (18%), 38% of tenth graders, and 56% of twelfth graders report they consumed alcohol in the past year. - See more at: <http://responsibility.org/get-the-facts/research/statistics/underage-drinking-statistics>

(Source: Foundation For Advancing Alcohol Responsibility: Underage Drinking Statistics)

The following graphs show the percentage of Lucas County youth who were current drinkers and youth who were binge drinkers. Examples of how to interpret the information include: 17% of youth were current drinkers, including 15% of males and 19% of females.



Youth Comparisons	Lucas County 2016/17 (6 th -12 th)	Lucas County 2011 (9 th -12 th)	Lucas County 2013/14 (9 th -12 th)	Lucas County 2016/17 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Current drinker	17%	39%	28%	27%	30%	33%
Binge drinker (of all youth)	7%	23%	21%	13%	16%	18%
Drank for the first time before age 13 (of all youth)	8%	18%	12%	8%	13%	17%
Rode with someone who was drinking alcohol in the past month	17%	25%	21%	19%	17%	20%
Drank and drove (of youth drivers)	4%	9%	5%	6%	4%	8%

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

Youth Behaviors	Current Drinker	Non-Current Drinker
Had sexual intercourse	57%	22%
Have been bullied in the past 12 months	41%	33%
Have used marijuana in the past 30 days	41%	4%
Felt sad or hopeless two or more weeks in a row	38%	21%
Experienced 3 or more adverse childhood experiences (ACEs) in their lifetime	37%	16%
Seriously considered attempting suicide in the past 12 months	25%	9%
Attempted suicide in the past 12 months	16%	5%
Have smoked cigarettes in the past 30 days	13%	1%

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

Healthy People 2020
Substance Abuse (SA)

Objective	Lucas County 2016/17	Ohio 2013	U.S. 2015	Healthy People 2020 Target
SA-14.4: Reduce the proportion of persons, aged 12-17 years old, engaging in binge drinking during the past month	7% (6-12 Grade) 13% (9-12 Grade)	16% (9-12 Grade)	18% (9-12 Grade)	9%*

**Note: The Healthy People 2020 target is for youth aged 12-17 years.
(Sources: Healthy People 2020 Objectives, 2013 YRBS, 2015 YRBS, 2016/17 Lucas County Health Assessment)*

Youth Health: Drug Use

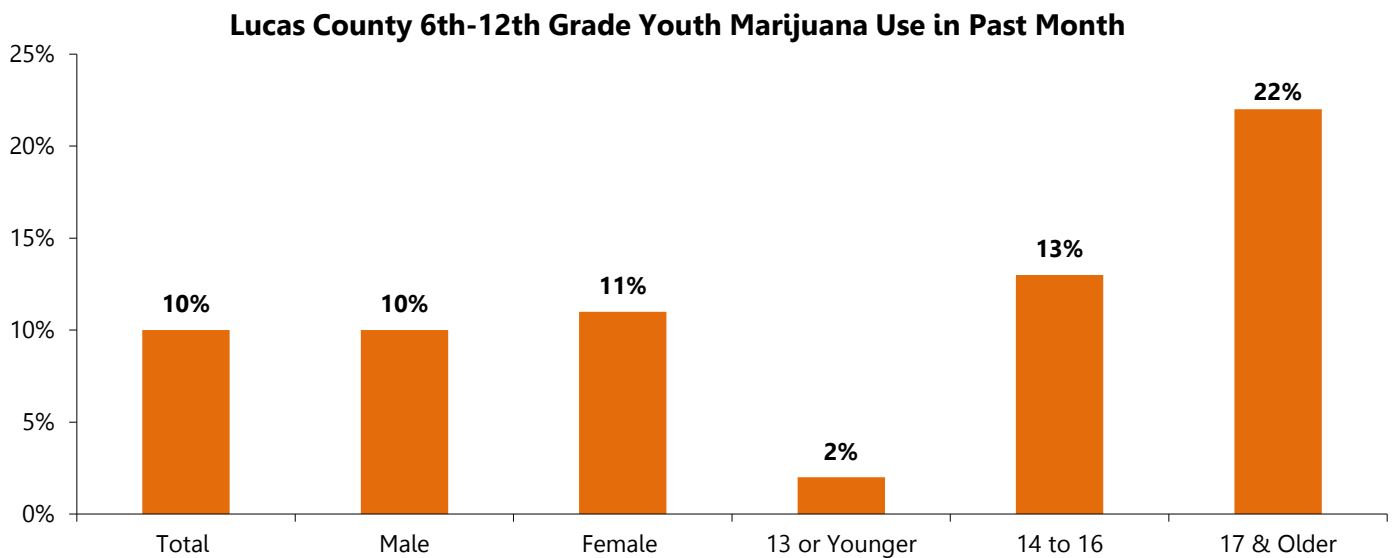
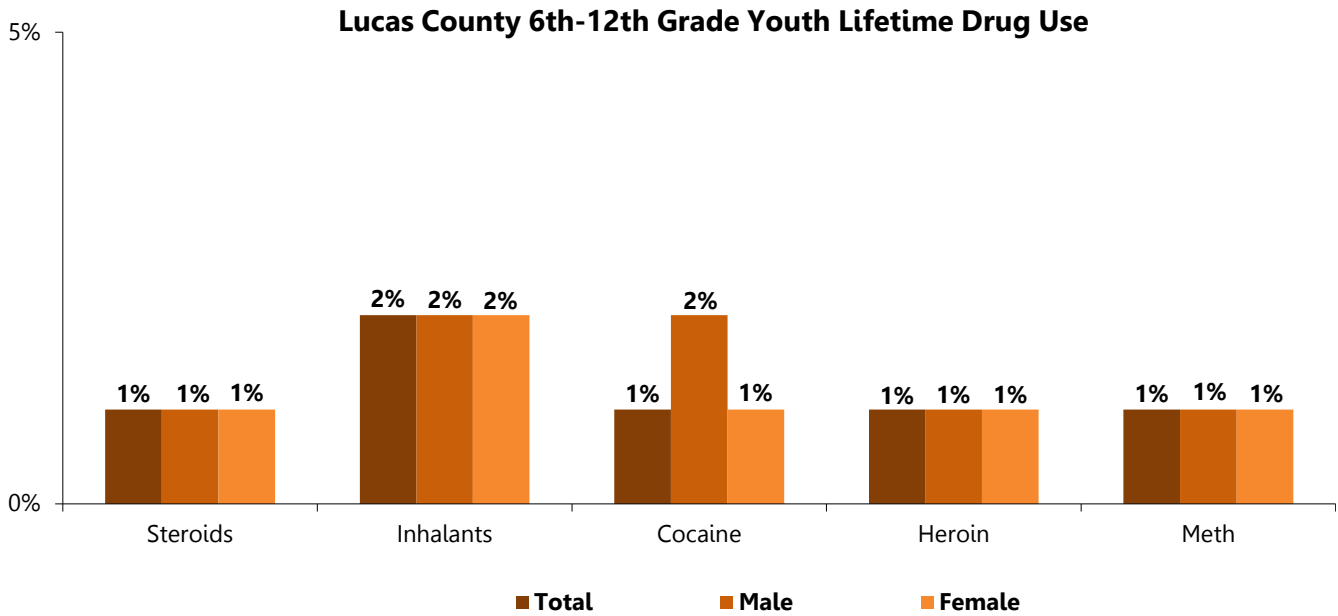
Key Findings

Ten percent (10%) of Lucas County youth had used marijuana at least once in the past 30 days, increasing to 22% of those ages 17 and older. Five percent (5%) of youth had tried marijuana before the age of 13.

Youth Drug Use

- Ten percent (10%) of all youth had used marijuana at least once in the past 30 days, increasing to 22% of those over the age of 17. The YRBS found a prevalence of 21% for Ohio youth in 2013 and 22% for U.S. youth in 2015.
- Almost one fifth (18%) of youth had tried marijuana in their lifetime.
- Five percent (5%) of youth had tried marijuana before the age of 13.
- Youth have tried the following in their life:
 - Inhalants (2%) (YRBS reports 9% for Ohio in 2013 and 7% for the U.S. in 2015)
 - Liquid THC (2%)
 - Misused cough syrup (2%)
 - Misused over-the-counter medications (1%)
 - Posh/salvia/synthetic marijuana (1%)
 - Cocaine (1%) (YRBS reports 4% for Ohio in 2013 and 5% for U.S. in 2015)
 - Ecstasy/MDMA/Molly (1%) (2015 YRBS reports 5% for the U.S.)
 - Heroin (1%) (YRBS reports 2% for Ohio in 2013 and 2% for U.S. in 2015)
 - Steroids (1%) (YRBS reports 3% for Ohio in 2013 and 4% for the U.S. in 2015)
 - Bath salts (1%)
 - K2/spice (1%) (YRBS reports 9% for U.S. in 2015)
 - Misused hand sanitizer (1%)
 - Methamphetamines (<1%) (2015 YRBS reports 3% for the U.S.)
 - Had been to a pharm party/used skittles (<1%)
 - GhB (liquid ecstasy) (<1%)
- Five percent (5%) of youth used the following medications that were not prescribed to them or took more than prescribed to feel good or high: Ritalin, Adderall, Concerta, or other ADHD medications (3%); tranquilizers (2%); Codeine, Demerol, Morphine, Percodan or Dilaudid (2%); OxyContin (1%), steroids (1%); Vicodin (1%); Ultram (<1%); Fentanyl (<1%); and Suboxone or Methadone (<1%).
- Youth who misused prescription medications got them in the following ways: a parent gave it to them (41%), a friend gave it to them (28%), bought it from someone else (14%) took it from a friend or family member (9%), bought it from a friend (8%), another family member gave it to them (6%) and the Internet (4%).

The following graphs indicate youth lifetime drug use and youth marijuana use in the past 30 days. Examples of how to interpret the information include: 2% of youth have used inhalants at some point in their life, including 2% of males and 2% of females.



Youth Comparisons	Lucas County 2016/17 (6 th -12 th)	Lucas County 2011 (9 th -12 th)	Lucas County 2013/14 (9 th -12 th)	Lucas County 2016/17 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Used marijuana in the past month	10%	26%	19%	18%	21%	22%
Ever used methamphetamines	<1%	3%	2%	1%	N/A	3%
Ever used cocaine	1%	4%	3%	2%	4%	5%
Ever used heroin	1%	2%	1%	1%	2%	2%
Ever used steroids	1%	4%	4%	1%	3%	4%
Ever used inhalants	2%	9%	5%	3%	9%	7%
Ever used ecstasy/MDMA/Molly	1%	N/A	3%	2%	N/A	5%

N/A – Not Available

Drug Facts: Drugged Driving

- Vehicle accidents are the leading cause of death among youth aged 16 to 19. When teens' relative lack of driving experience is combined with the use of marijuana or other substances that affect cognitive and motor abilities, the results can be tragic.
- According to the 2014 National Survey on Drug Use and Health (NSDUH), an estimated 10 million people aged 12 or older reported driving under the influence of illicit drugs during the year prior to being surveyed.
- After alcohol, THC (delta-9-tetrahydrocannabinol), the active ingredient in marijuana, is the substance most commonly found in the blood of impaired drivers, fatally injured drivers, and motor vehicle crash victims. Studies in several localities have found that approximately 4 to 14 percent of drivers who sustained injury or died in traffic accidents tested positive for THC.
- One NHTSA study found that in 2009, 18 percent of drivers killed in a crash tested positive for at least one drug. A 2010 study showed that 1 percent of deadly crashes involved a drugged driver.

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

Youth Health: Sexual Behavior

Key Findings

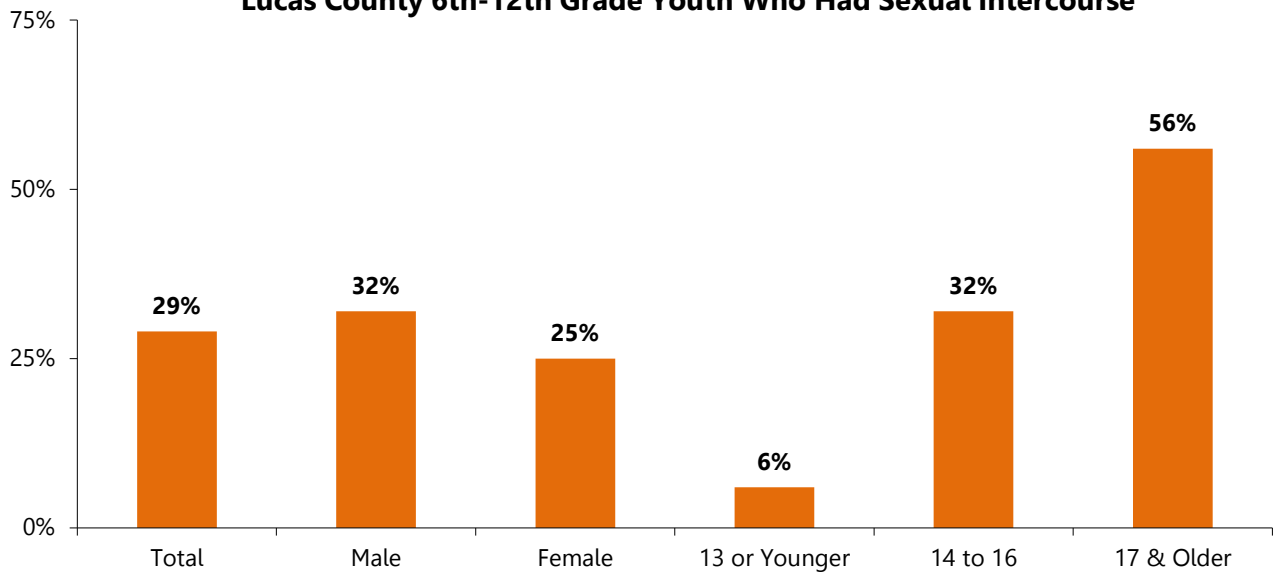
More than one-quarter (29%) of Lucas County youth have had sexual intercourse. Twenty-three percent (23%) of youth had participated in oral sex, and 6% had participated in anal sex. Twenty-five percent (25%) of youth participated in sexting. Of those who were sexually active, 63% had multiple sexual partners. (Disclaimer: 13 out of 29 participating Lucas County schools did not ask sexual behavior questions.)

Youth Sexual Behavior

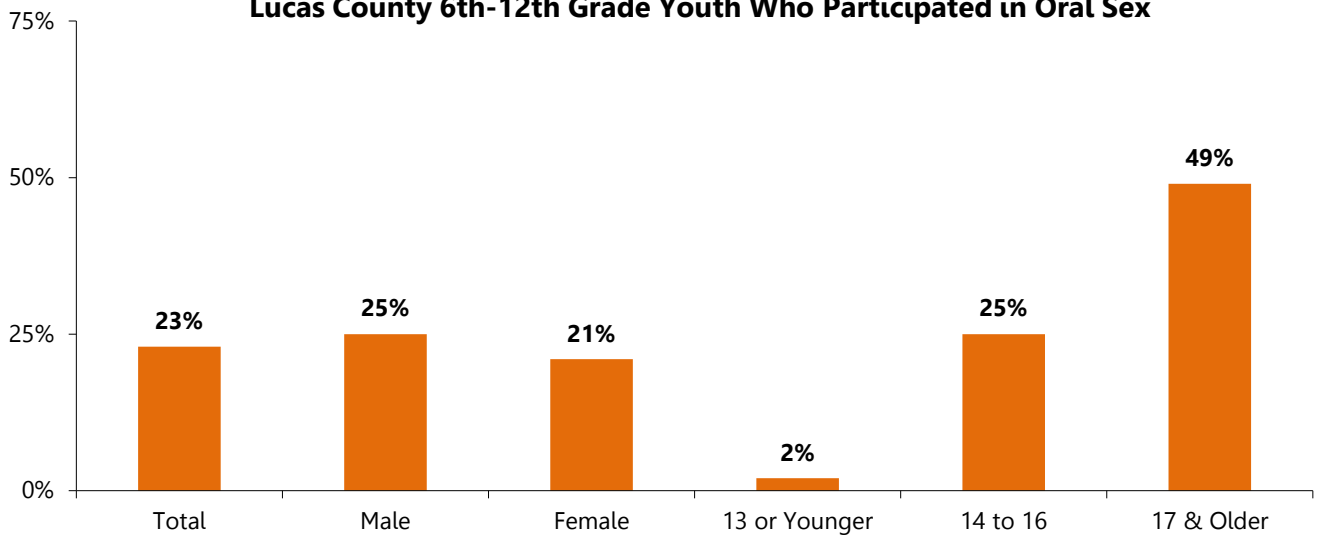
- *Disclaimer: Thirteen out of twenty-nine participating Lucas County schools did not ask sexual behavior questions.*
- Twenty-nine percent (29%) of youth have had sexual intercourse, increasing to 56% of those ages 17 and over (YRBS reports 43% for Ohio in 2013 and 41% for U.S. in 2015).
- Almost one-quarter (23%) of youth had participated in oral sex, increasing to 49% of those ages 17 and over.
- Six percent (6%) of youth had participated in anal sex, increasing to 11% of those ages 17 and over.
- One-quarter (25%) of youth had participated in sexting, increasing to 47% of those ages 17 and over.
- About one-third (32%) of youth had viewed pornography, increasing to 41% of males and 46% of those ages 17 and over.
- Of sexually active youth, 37% had one sexual partner and 63% had multiple partners.
- One in nine (11%) of all youth had 4 or more sexual partners (YRBS reports 12% for Ohio in 2013 and 12% for the U.S. in 2015).
- About one-third (32%) of all sexually active youth had 4 or more partners (2013 YRBS reports 28% for Ohio).
- Of youth who were sexually active, 41% 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 years old.
- Of all youth, 7% were sexually active before the age of 13 (YRBS reports 4% for Ohio in 2013 and 4% for the U.S. in 2015).
- Youth had experienced the following: wanted to get pregnant (3%); got someone pregnant (3%); had sex in exchange for something of value such as food, drugs, shelter or money (2%); had a miscarriage (2%); been pregnant (1%); had been treated for an STD (1%); had a child (1%); had an abortion (1%); and tried to get pregnant (<1%).
- More than half (53%) of sexually active youth used condoms to prevent pregnancy; 14% used birth control pills; 6% used a shot, patch or birth control ring; 4% used the withdrawal method; 1% used an IUD; and 4% used some other method. However, 12% engaged in intercourse without a reliable method of protection, and 15% reported they were unsure. Six percent (6%) of youth reported they were gay or lesbian.
- Youth were taught about pregnancy prevention, sexually transmitted diseases, AIDS, or HIV infection, or the use of condoms from the following: school (68%), parents (57%), doctor (30%), Internet or other social media (27%), friends (23%), siblings (19%), place of worship (3%), and somewhere else (5%). Twelve percent (12%) of youth had not been taught about these subjects.

The following graphs show the percentage of Lucas County youth who participated in sexual intercourse and oral sex. Examples of how to interpret the information including 29% of youth had sexual intercourse, including 32% of males and 25% of females.

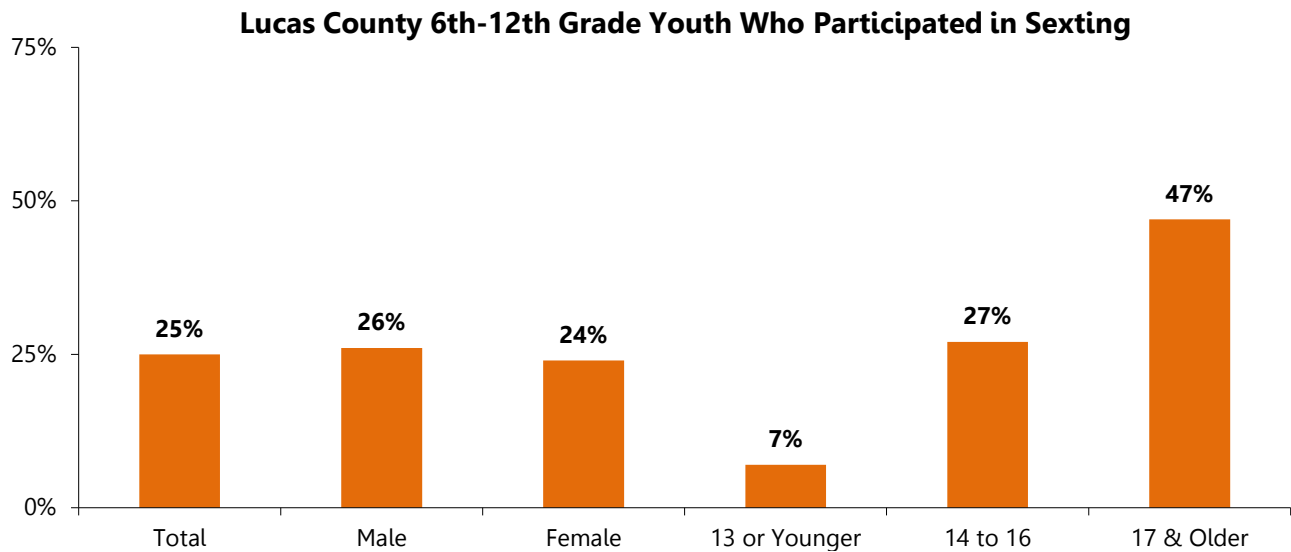
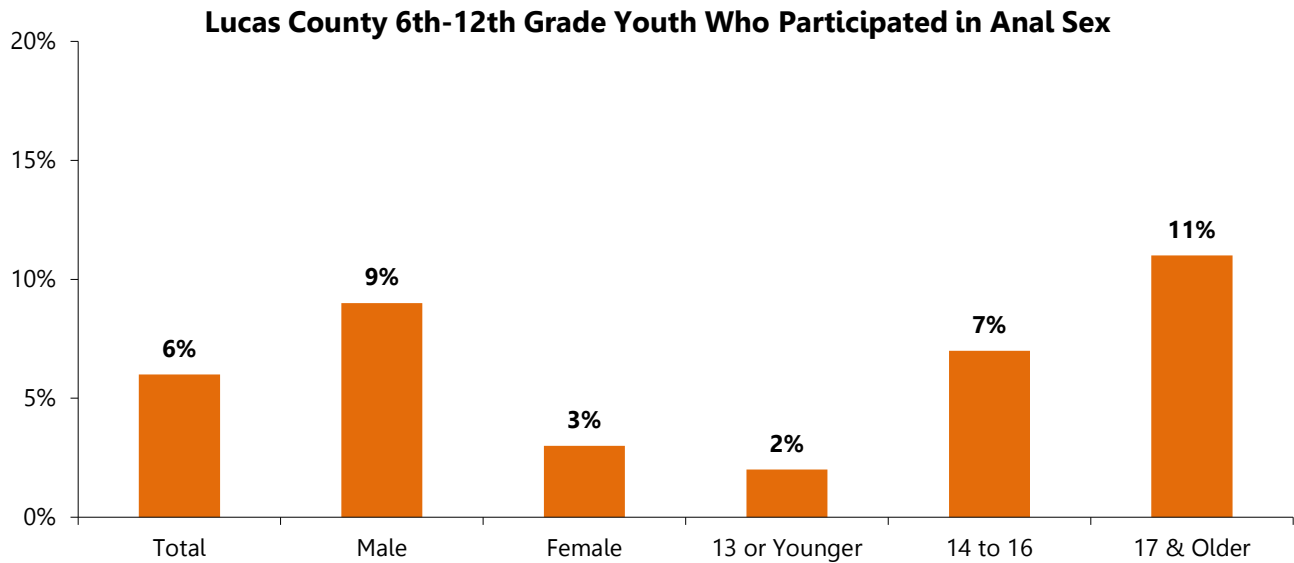
Lucas County 6th-12th Grade Youth Who Had Sexual Intercourse



Lucas County 6th-12th Grade Youth Who Participated in Oral Sex



The following graphs show the percentage of Lucas County youth who participated in anal sex and sexting. Examples of how to interpret the information include: 6% of all youth participated in anal sex, including 9% of males and 3% of females.



Youth Comparisons	Lucas County 2016/17 (6 th -12 th)	Lucas County 2011 (9 th -12 th)	Lucas County 2013/14 (9 th -12 th)	Lucas County 2016/17 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever had sexual intercourse	29%	63%	53%	42%	43%	41%
Participated in anal sex	6%	16%	6%	8%	N/A	N/A
Participated in oral sex	23%	46%	44%	35%	N/A	N/A
Participated in sexting	25%	40%	34%	37%	N/A	N/A
Had viewed pornography	32%	N/A	37%	42%	N/A	N/A
Used a condom at last intercourse	53%	75%	68%	58%	51%	57%
Used birth control pills at last intercourse	14%	20%	26%	15%	24%	18%
Did not use any method to prevent pregnancy during last sexual intercourse	12%	7%	10%	13%	12%	14%
Had four or more sexual partners (of all youth)	11%	27%	21%	15%	12%	12%
Had sexual intercourse before age 13 (of all youth)	7%	12%	10%	7%	4%	4%

N/A – Not Available

Sexual Risk Behavior

Many young people engage in sexual risk behaviors that can result in unintended health outcomes. For example, among U.S. high school students surveyed in 2015:

- 41% had ever had sexual intercourse.
- 30% had sexual intercourse during the previous 3 months, and, of these:
 - 43% did not use a condom the last time they had sex.
 - 14% did not use any method to prevent pregnancy.
 - 21% drank alcohol or used drugs before last sexual intercourse.
- Only 10% of sexually experienced students have ever been tested for HIV. Sexual risk behaviors place adolescents at risk for HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy
- Young people (aged 13-24) accounted for an estimated 22% of all new HIV diagnoses in the United States in 2014.
- Among those aged 13-24 diagnosed with HIV in 2015, 81% were gay and bisexual males.
- Half of the nearly 20 million new STDs reported each year are among young people, between the ages of 15–24.
- Nearly 230,000 babies were born to teen girls aged 15-19 years in 2015.

(Source: CDC, *Adolescent and School Health*, updated 8/04/17)

Youth Health: Mental Health

Key Findings

Twelve percent (12%) of Lucas County youth had seriously considered attempting suicide in the past year, and 7% attempted suicide in the past year, increasing to 10% of females. Of those who experienced three or more adverse childhood experiences (ACEs), 33% seriously considered attempting suicide compared to 4% of those who experienced zero ACEs. Sixteen percent (16%) of youth talked to no one when feeling depressed or suicidal.

Youth Mental Health

- About one-quarter (24%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 32% of females (YRBS reported 26% for Ohio in 2013 and 30% for the U.S. in 2015).
- Twelve percent (12%) of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 17% of females. Fourteen percent (14%) of high school youth had seriously considered attempting suicide, compared to the 2015 YRBS rate of 18% for U.S. youth and the 2013 YRBS rate of 14% for Ohio youth.
- In the past year, 7% of youth had attempted suicide, increasing to 10% of females. Four percent (4%) of youth had made more than one attempt. The 2013 YRBS reported a suicide attempt prevalence rate of 6% for Ohio youth and a 2015 YRBS rate of 9% for U.S. youth.

24% of Lucas County youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.

- Lucas County youth talked to the following when dealing with personal problems or feelings of depression or suicide: parents (27%), best friend (24%), girlfriend/boyfriend (10%), brother/sister (9%), adult relative (6%), caring adult (5%), school counselor (3%), professional counselor (3%), adult friend (3%), coach (2%), teacher (2%), religious leader (1%), and other (4%). Sixteen percent (16%) of youth reported they talked to no one when dealing with personal problems or feelings of depression or suicide.
- Ten percent (10%) of youth suffered a blow or jolt to their head while playing with a sports team which caused them to get “knocked out,” have memory problems, double or blurry vision, headaches or “pressure” in the head, or nausea or vomiting, increasing to 12% of males.

Youth Suicide

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

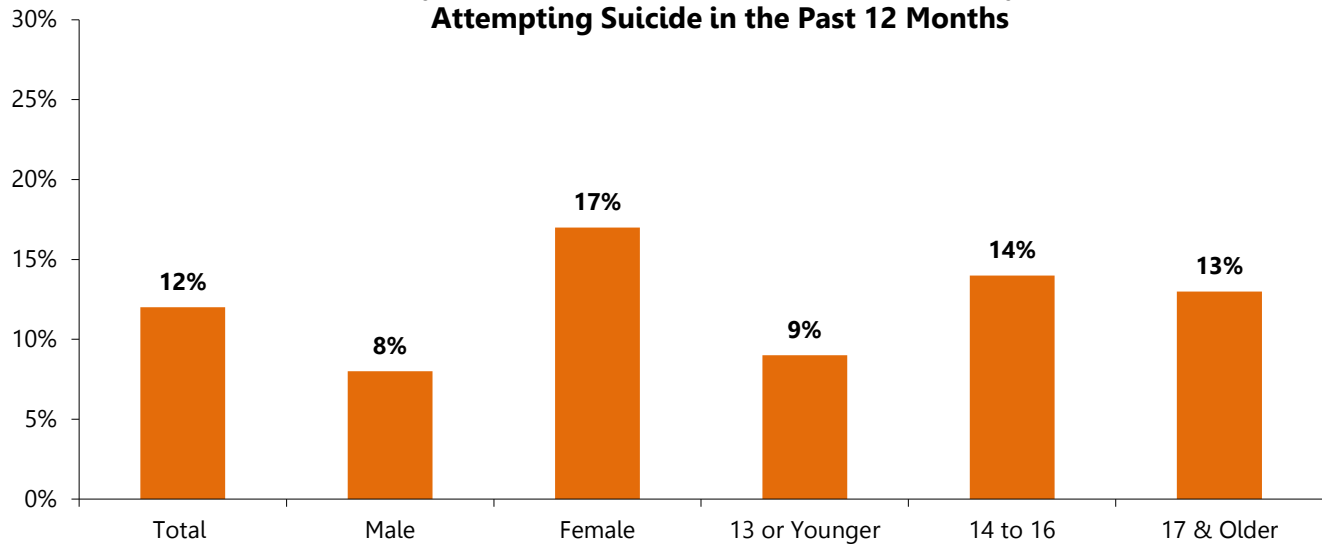
Risk Factors Include:

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

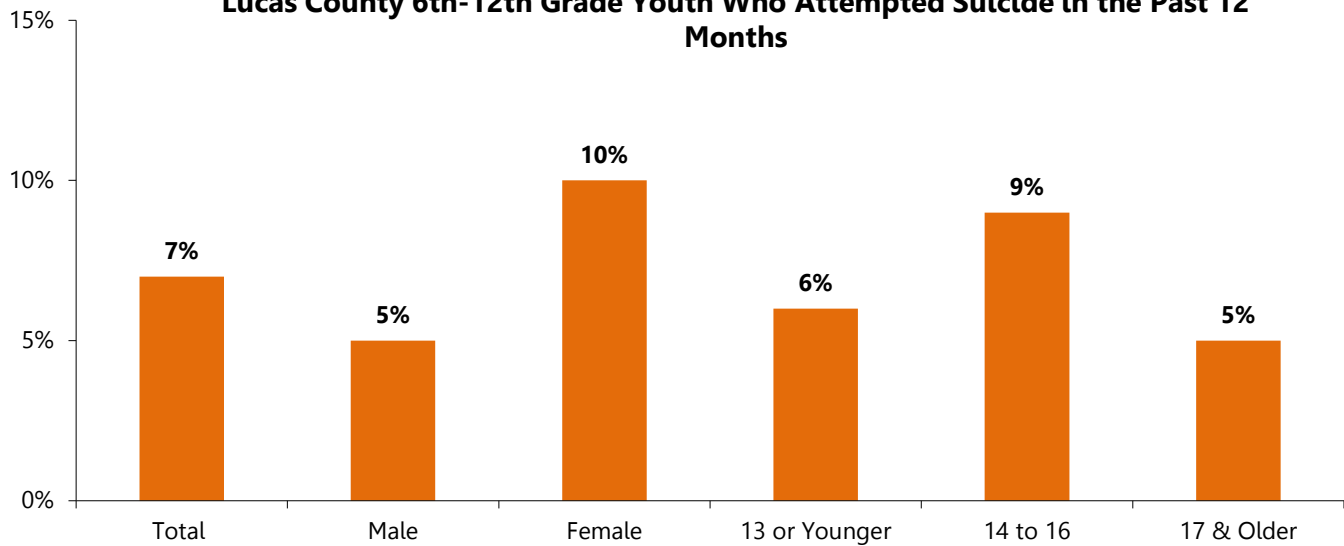
(Source: CDC 2015, Injury Center: Violence Prevention; Suicide Prevention; Youth Suicide)

The following graphs show Lucas County youth who had seriously considered attempting suicide and those who attempted suicide in the past year. Examples of how to interpret the information include 12% of youth seriously considered suicide, including 17% of females and 8% of males.

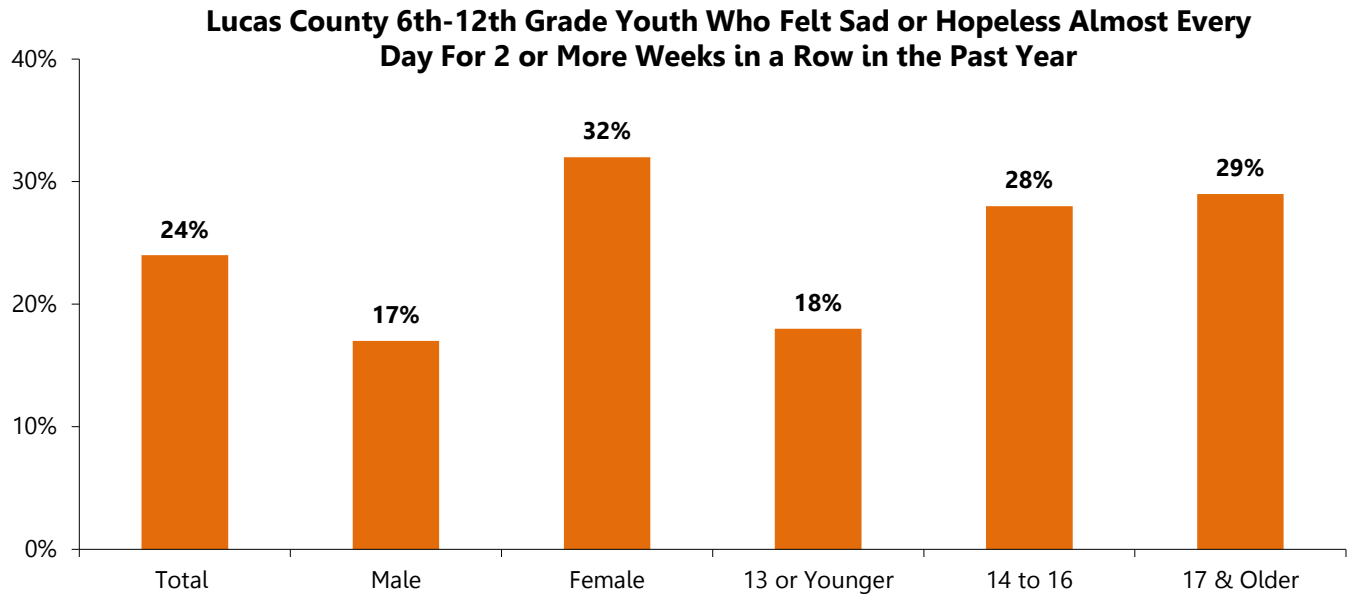
Lucas County 6th-12th Grade Youth Who Had Seriously Considered Attempting Suicide in the Past 12 Months



Lucas County 6th-12th Grade Youth Who Attempted Suicide in the Past 12 Months



The following graph shows Lucas County youth who felt sad or hopeless almost every day for 2 or more weeks in a row in the past year. Examples of how to interpret the information include 24% of youth felt sad or hopeless almost every day for 2 or more weeks in a row in the past year, including 32% of females and 17% of males.



Youth Comparisons	Lucas County 2016/17 (6 th -12 th)	Lucas County 2011 (9 th -12 th)	Lucas County 2013/14 (9 th -12 th)	Lucas County 2016/17 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Seriously considered attempting suicide in the past year	12%	16%	18%	14%	14%	18%
Attempted suicide in the past year	7%	4%	8%	8%	6%	9%
Felt sad or hopeless almost every day for 2 or more weeks in a row	24%	24%	29%	29%	26%	30%
Suffered blow or jolt to head	10%	N/A	12%	10%	12%	N/A

N/A – Not Available

Youth Health: Personal Health and Safety

Key Findings

About three-fourths (76%) of youth had been to the dentist in the past year. About one-fifth (21%) of youth had been diagnosed with asthma, increasing to 31% of those ages 17 and older. More than one-fifth (22%) of youth drivers texted while driving. Nineteen percent (19%) of youth had three or more adverse childhood experiences, increasing to 25% of females (compared to 14% of males).

Personal Health

- During the past year, youth reported an adult discussed the following topics with them: goals for the future (77%), dating and healthy relationships (46%), respecting themselves (43%), healthy ways to deal with stress and depression (38%), condoms/safer sex/STD prevention (26%), body image (22%), abstinence and how to refuse sex (16%), and birth control options (14%). Fourteen percent (14%) of youth reported an adult did not discuss any of these topics with them.
- About one-fifth (21%) of Lucas County youth had been diagnosed with asthma, increasing to 31% of those ages 17 and older. The 2015 YRBS reported 23% of U.S. youth had been diagnosed with asthma.
- Youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work at the following frequencies: less than a year ago (76%), (YRBS reported 75% for Ohio in 2013 and 74% for the U.S. in 2015), 1 to 2 years ago (8%), more than 2 years ago (3%), never (1%), and do not know (11%).

Youth Comparisons	Lucas County 2016/17 (6 th -12 th)	Lucas County 2011 (9 th -12 th)	Lucas County 2013/14 (9 th -12 th)	Lucas County 2016/17 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Visited a dentist for a check-up within the past year	76%	79%	77%	76%	75%	74%
Diagnosed with asthma	21%	N/A	N/A	24%	N/A	23%

N/A – Not Available

Personal Safety

- Youth drivers did the following while driving in the past month: wore a seatbelt (79%), ate (38%), talked on their cell phone (30%), drove while tired or fatigued (26%), texted (22%), used the Internet on their cell phone (13%), used cell phone for other things (10%), used marijuana (7%), checked Facebook on their cell phone (7%), played electronic games on cell phone (4%), drank alcohol (3%), read (3%), used illegal drugs (2%), applied makeup (2%), and misused prescription drugs (2%).
- Youth reported being unsupervised on an average school day at the following frequencies: less than one hour (27%), 1 to 2 hours (29%), 3 to 4 hours (12%), and more than 4 hours (11%). Twenty-two percent (22%) of youth reported they spent no time unsupervised on an average school day.

Education

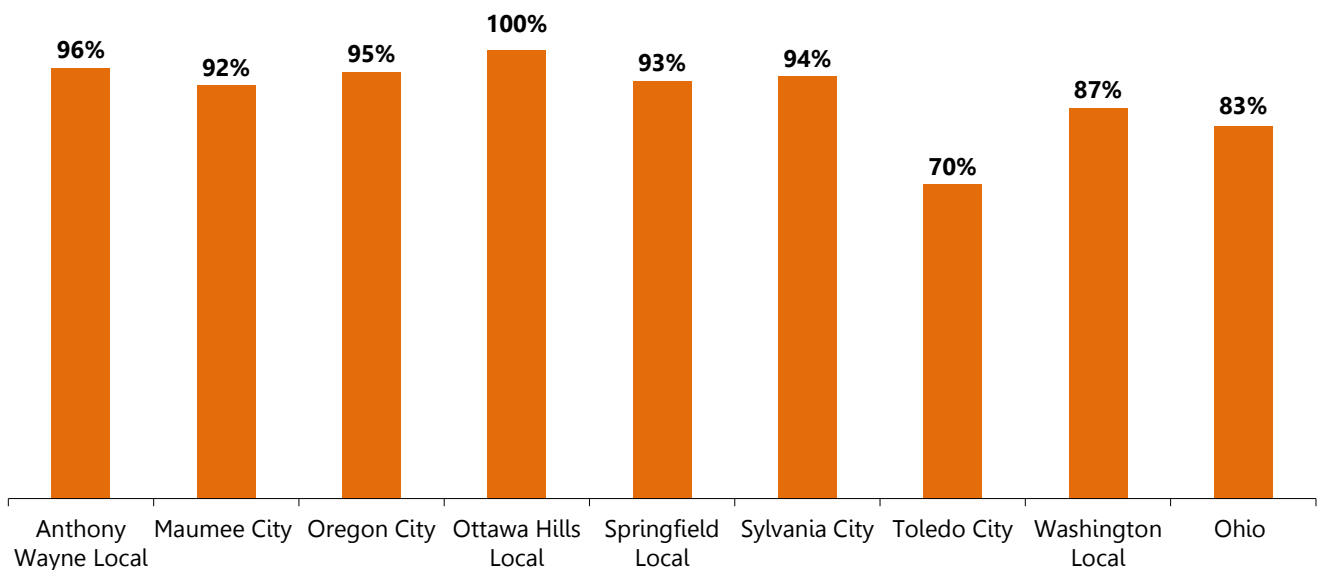
- Youth reported the following plans for their future: graduate from high school (77%), attend a 4-year college (68%), follow their career path (61%), attend a community college or technical/trade school (20%), and join the military (9%). Four percent (4%) of youth reported they did not have a plan.
- Youth reported the following regarding school: my teachers push me to do my best (69%), my teachers care about me (65%), I get a lot of encouragement (56%), I feel protected at school (55%), I am bored at school (55%), I came to class unprepared (13%), I skipped school in the past month (11%), adults do not take bullying seriously at my school (11%), and teachers and/or staff bully me (2%).

2015-2016 Third Grade Reading Guarantee

School District	% Met promotion threshold	% Did not meet promotion threshold
Anthony Wayne Local	98%	2%
Maumee City	99%	1%
Oregon City	86%	14%
Ottawa Hills Local	100%	0%
Springfield Local	99%	1%
Sylvania City	100%	0%
Toledo City	73%	27%
Washington Local	97%	3%
Ohio	93%	7%

(Source: Ohio Department of Education: School Report Cards, 2015-2016 Third Grade Reading Guarantee)

Four Year Longitudinal Graduation Rate- Class of 2015



(Source: Ohio Department of Education: School Report Cards, 2015 District Graduation Rates)

Social and Community Context

- Eleven percent (11%) of youth reported gambling in their life. Youth gamblers experienced the following: gambled with larger amounts of money to get the same excitement (19%), gambled while drunk or high (16%), someone expressed concern about their gambling habits (7%), and lied to a family member or others to hide their gambling (4%). Six percent (6%) of youth gamblers reported more than one gambling issue, and 67% did not experience any gambling issues.
- Youth participated in the following extra-curricular activities: sports or intramural program (50%), school club or social organization (39%), exercise outside of school (39%), church or religious organization (17%), take care of siblings after school (17%), babysit for other kids (16%), volunteer in the community (15%), part-time job (13%), church youth group (12%), some other organized activity (8%), and take care of parents or grandparents (3%). Twelve percent (12%) of youth did not participate in any extra-curricular activities.
- Lucas County youth reported the following adverse childhood experiences (ACEs): parents became separated or were divorced (25%); parents or adults in home swore at them, insulted them or put them down (20%); family did not look out for each other or support each other (15%); parents were not married (15%); lived with someone who was a problem drinker or alcoholic (11%); lived with someone who was depressed, mentally ill or suicidal (10%); lived with someone who served time or was sentenced to serve in prison or jail (10%); lived with someone who used illegal drugs or misused prescription drugs (7%); parents or adults in home abused them (6%); parents or adults in home abused each other (6%); an adult or someone 5 years older than them touched them sexually (3%); did not have enough to eat, had to wear dirty clothes or had no one to protect them (3%); an adult or someone 5 years older tried to make them touch them sexually (1%); and an adult or someone at least 5 years older force them to have sex (1%).
- Nineteen percent (19%) of youth had three or more ACEs, increasing to 25% of females (compared to 14% of males).

Behaviors of Lucas County Youth

Experienced 3 or More ACEs vs. Did Not Experience Any ACEs

Youth Behaviors	Experienced 3 or More ACEs	Did Not Experience Any ACEs
Participated in sexual intercourse	56%	23%
Have had at least one drink of alcohol in the past 30 days	33%	12%
Used marijuana in the past 30 days	14%	7%
Misused prescription medication	14%	5%
Have smoked cigarettes in the past 30 days	11%	1%
Seriously considered attempting suicide	33%	4%
Attempted suicide	21%	2%
Felt sad or hopeless almost every day for 2 or more weeks in a row	56%	11%

Neighborhood and Built Environment

- Lucas County youth lived with the following: both parents (58%), one parent (23%), mother and step-father (12%), grandparents (5%), father and step-mother (4%), mother and partner (3%), another relative (3%), father and partner (1%), and guardians/foster parents (1%). One percent (1%) of youth reported living on their own or with friends.
- Youth lived in the following places: a house (92%), an apartment (7%), a relative's home (2%), other (2%), a shelter (1%), and a hotel/motel (<1%).
- Youth reported the following issues in their household: insects (9%), rodents or mice (5%), temperature regulation (3%), plumbing problems (3%), bed bugs/lice (1%), and mold (1%).

Youth Health: Violence

Key Findings

In Lucas County, 6% of youth had been threatened or injured with a weapon on school property in the past year. One-fifth (20%) of youth had been bullied on school property in the past year.

Violence-Related Behaviors

- Five percent (5%) of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school (YRBS reported 5% for Ohio in 2013 and 6% for the U.S. in 2015).
- Six percent (6%) of youth were threatened or injured with a weapon on school property in the past year (2015 YRBS reported 6% for the U.S.).
- Three percent (3%) of youth had carried a weapon on school property (such as a gun, knife or club) in the past 30 days.
- One-quarter (25%) of youth reported purposefully hurting themselves at some time in their life. Thirteen percent (13%) of youth reporting hurting themselves 3 or more times in their life.

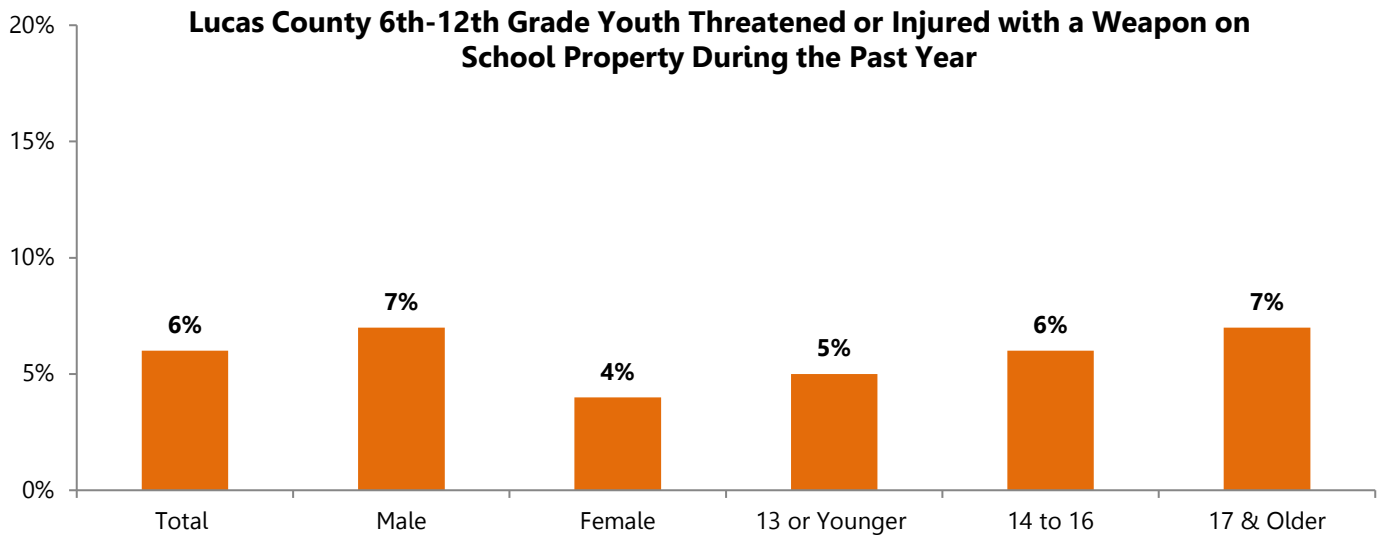
Physical and Sexual Violence

- In the past year, 23% of youth had been involved in a physical fight, increasing to 29% of males. Thirteen percent (13%) had been in a fight on more than one occasion (YRBS reported 20% for Ohio in 2013 and 23% for the U.S. in 2015).
- In the past year, 6% of youth reported an adult or caregiver had ever hit, slapped or physically hurt them on purpose.
- Eight percent (8%) of youth had been forced to participate in a sexual activity when they did not want to.
- In the past 12 months, youth reported someone they were dating or going out with did the following: forced or pressured them to do sexual things that they did not want to (6%), physically hurt them on purpose (5%), or stalked them (5%). Eighty-eight percent (88%) of youth reported they had not experienced any of these things.

Bullying

- More than one-third (34%) of youth had been bullied in the past year. The following types of bullying were reported:
 - 25% were verbally bullied (teased, taunted or called harmful names)
 - 18% were indirectly bullied (spread mean rumors about them or kept them out of a "group")
 - 11% were cyber bullied (teased, taunted or threatened by e-mail or cell phone) (YRBS reported 16% for Ohio in 2013 and 16% for the U.S. in 2015)
 - 6% were physically bullied (were hit, kicked, punched or people took their belongings)
 - 2% were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person)
- In the past year, 20% of youth had been bullied on school property (YRBS reported 21% for Ohio in 2013 and 20% for the U.S. in 2015).
- In the past year, youth reported they had been a victim of teasing or name calling due to the following: weight, size or physical appearance (24%), sexual orientation (8%), race or ethnic background (7%), and gender (3%).

The following graph shows Lucas County youth who were threatened or injured with a weapon on school property in the past year. Examples of how to interpret the information shown on the graph include: 6% of all youth had been threatened or injured with a weapon on school property in the past year, including 7% of males and 4% of females.



Types of Bullying Lucas County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 and younger	14-16 Years old	17 and older
Verbally Bullied	25%	23%	28%	25%	27%	19%
Indirectly Bullied	18%	12%	26%	17%	20%	16%
Cyber Bullied	11%	8%	15%	10%	13%	8%
Physically Bullied	6%	7%	5%	8%	6%	3%
Sexually Bullied	2%	1%	3%	2%	3%	2%

Healthy People 2020 Injury and Violence Prevention (IVP)

Objective	Lucas County 2016/17	Ohio 2013	U.S. 2015	Healthy People 2020 Target
IVP-35: Reduce bullying among adolescents	20% (6-12 Grade) 17% (9-12 Grade)	21% (9-12 Grade)	20% (9-12 Grade)	18%*

*Note: The Healthy People 2020 target is for youth in grades 9-12 who reported they were bullied on school property in the past year. (Sources: Healthy People 2020 Objectives, 2013 YRBS for Ohio and 2015 YRBS for U.S., 2016/17 Lucas County Health Assessment)

Behaviors of Lucas County Youth

Bullied vs. Non-Bullied

Youth Behaviors	Bullied	Non-Bullied
Overweight or obese	29%	22%
Seriously considered attempting suicide in the past 12 months	25%	5%
Drank alcohol in the past 30 days	21%	15%
Used marijuana in the past 30 days	14%	9%
Attempted suicide in the past 12 months	14%	3%
Smoked cigarettes in the past 30 days	5%	2%

Youth Comparisons	Lucas County 2016/17 (6 th -12 th)	Lucas County 2011 (9 th -12 th)	Lucas County 2013/14 (9 th -12 th)	Lucas County 2016/17 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Been in a physical fight in past year	23%	28%	25%	23%	20%	23%
Threatened or injured with a weapon on school property in past year	6%	N/A	7%	7%	N/A	6%
Did not go to school because felt unsafe	5%	6%	6%	4%	5%	6%
Electronically/cyber bullied in past year	11%	15%	12%	12%	15%	16%
Bullied in past year	34%	43%	38%	35%	N/A	N/A
Bullied on school property in past year	20%	N/A	22%	17%	21%	20%
Physically hurt by someone they were dating or going out with in the past year	5%	N/A	11%	6%	N/A	10%

N/A – Not Available

Youth Health: Perceptions

Key Findings

In Lucas County, 74% of youth reported their parents would disapprove of them using marijuana. Seventy-two percent (72%) of youth reported their peers would disapprove of them misusing prescription drugs. Over half (52%) of youth reported that people risk harming themselves if they use e-cigarettes, decreasing to 43% of youth ages 17 and older.

Perceived Risk of Use

- Youth reported that people risk harming themselves physically or in other ways if they misuse prescription drugs (75%), smoke cigarettes (69%), drink alcohol (69%), use marijuana (57%), and use e-cigarettes (52%).

Perceived Disapproval

- Youth reported their peers would disapprove of them smoking cigarettes (71%), misusing prescription drugs (72%), using e-cigarettes (63%), using marijuana (58%), and drinking alcohol (53%).
- Youth reported their parent would disapprove of them smoking cigarettes (81%), misusing prescription drugs (81%), using marijuana (78%), using e-cigarettes (76%), and drinking alcohol (73%).

Lucas County Youth Perceived Risk of Use

Do you believe people risk harming themselves if they:	Total	Male	Female	13 and younger	14-16 years old	17 and older
Smoke cigarettes	69%	68%	69%	69%	70%	66%
Use e-cigarettes	52%	52%	52%	58%	51%	43%
Drink alcohol	69%	66%	73%	67%	72%	68%
Use marijuana	57%	54%	61%	63%	57%	44%
Misuse prescription drugs	75%	71%	80%	73%	76%	77%

Lucas County Youth Perceived Disapproval by Peers

Friends would disapprove for you to do the following:	Total	Male	Female	13 and younger	14-16 years old	17 and older
Smoke cigarettes	71%	68%	75%	72%	72%	67%
Use e-cigarettes	63%	60%	66%	70%	61%	50%
Drink alcohol	53%	50%	56%	67%	49%	28%
Use marijuana	58%	56%	60%	69%	56%	38%
Misuse prescription drugs	72%	68%	77%	71%	73%	70%

Lucas County Youth Perceived Disapproval by Parents

Parent would disapprove for you to do the following:	Total	Male	Female	13 and younger	14-16 years old	17 and older
Smoke cigarettes	81%	78%	84%	79%	83%	78%
Misuse prescription drugs	81%	78%	84%	77%	84%	80%
Use e-cigarettes	76%	74%	79%	76%	78%	71%
Drink alcohol	73%	71%	77%	73%	76%	66%
Use marijuana	78%	76%	81%	77%	81%	74%
Misuse prescription drugs	81%	78%	84%	77%	84%	80%

Lucas County Youth Focus Groups: Issues That Impact Positive Development

A qualitative study was conducted from June to July, to explore Lucas County youths' experiences and perceptions of the most critical issues impacting their positive development. Three focus groups were conducted with a purposive sample of 34 Lucas County youth ages 13-18.

Major Issues Impacting Youth Development:

- Increased Social Media Engagement-** While some positive examples include awareness of broader ideas and communities, a platform for communication and access to like-minded group and resources, the majority of participants noted the increase exposure leading to poor or unrealistic expectations of body image and relationships, exposure to and glorification of questionable role models and manicured images of reality and the creation of alternate identities.
- Relationships with Adults-** Many of the participants discussed the difficulty of authentic interactions with parents, teachers, and counselors at school and adults in general. Participants noted the need for more support and not to be told what to do, but to know that they have adults who are there for them. A majority of the participants suggested adults should get more comfortable discussing the issues that youth face and not turn in immediately to punitive measures; Participants said that a lot of the times they don't approach adults because interactions with adults, especially regarding difficult topics like drugs and relationships, are associated with punishment or judgement.
- Pressure-** Participants described the social media consumption as creating a culture where everyone wants to fit in. The filtered images and selective posts lead to body image issues among some of the female participants, while also working to cause general anxiety. Owing to the somewhat restricted relationships some of the youth participants described having with their parents, they mentioned how parental pressure was constantly weighting on them and causing them to fear making mistakes. There was a couple of mentions about the need for adults to develop better awareness and ways of addressing the mental health and well-being of the youth as several participants related stories of seeing an increasing number of students dealing with depression.

While some themes emerged that suggest that youth experience different issues depending on their district of residence in Lucas County, a deeper examination of the data suggested that all three focus groups most consistently expressed a need for the underlying capabilities of supportive relationships especially with adults and opportunities to belong.

(Source: Dake, J. & Duckett, T.R. (2017). Considering the youths' experiences of critical issues that impact positive development: A phenomenological study. Special Report for the Youth Advocacy Alliance.)

Child Health: Health and Functional Status

Key Findings

In 2017, 33% of children were classified as obese by Body Mass Index (BMI) calculations. Eighty-four percent (84%) of Lucas County parents had taken their child ages 0-11 to the dentist in the past year. Twelve percent (12%) of Lucas County parents reported their child ages 0-11 had been diagnosed with asthma. Nine percent (9%) of parents reported their child had been diagnosed with ADD/ADHD.

Health of Children Ages 0-11

- In 2017, 97% of Lucas County parents of children ages 0-11 rated their child's health as excellent. Three percent (3%) of parents rated their child's health as fair.
- One-third (33%) of children were classified as obese by Body Mass Index (BMI) calculations. Twelve percent (12%) of children were classified as overweight, 50% were normal weight, and 5% were underweight.
- Nine percent (9%) of Lucas County children ate 5 or more servings of fruits and vegetables per day, 36% ate 3 to 4 servings of fruits and vegetables per day, and 53% ate 1 to 2 servings per day. Two percent (2%) reported not eating any fruits and vegetables per day.
- Lucas County children consumed the following sources of calcium daily: milk (87%), yogurt (56%), calcium fortified juice (13%), lactose free milk/lactose intolerant (3%), calcium supplements (2%), other dairy products (40%), or other calcium sources (10%).
- Fourteen percent (14%) of children drank soda pop (not including diet pop), punch, Kool-Aid, sports drinks, energy drinks or other fruit flavored drinks at least once per day during the past week. Two percent (2%) of children drank 3 or more sugary beverages per day.
- Lucas County children spent an average of 1.8 hours watching TV, 1.3 hours reading, 0.8 hours on the computer, 0.7 hours playing video games, and 0.5 hours on the cell phone on an average day of the week.
- Eighty-four percent (84%) of children had been to the dentist in the past year, increasing to 94% of 6-11 year olds.
- Lucas County children went to the following for dental care: private dentist (74%), Dental Center of Northwest Ohio (4%), University of Toledo Medical Center Dental Clinic (4%), Toledo-Lucas County Health Department (2%), School-based Dental Program (1%), Cordelia Martin (<1%), and other (4%). No one reported their child went to the Emergency Department for dental care.
- Parents gave the following reasons for not getting dental care for their child: child was not old enough to go to the dentist (9%), dentist would not see child yet because of their age (6%), did not know where to go for treatment (5%), cost (4%), no insurance (2%), not available in area/transportation problems (2%), could not find a dentist who accepted their insurance (1%), no convenient times/could not get appointment (1%), health plan problem (<1%), missed an appointment and was not allowed to go back to clinic (<1%), and other (5%). One percent (1%) of parents reported their child did not have a referral for dental care.
- Half (50%) of parents reported problems with their child's teeth. The types of problems reported were cavities (16%), crooked teeth/teeth that need braces (13%), hygiene (6%), family history of dental problems (4%), broken front tooth/teeth need repair (2%), discoloration (2%), enamel problems (2%), teeth grinding (2%), not knowing how to brush teeth (2%), gum problems (<1%), and nerves (<1%).
- Parents reported their children had the following allergies: environmental allergies (20%), animal allergies (14%), peanuts (4%), milk (3%), eggs (2%), red dye (1%), wheat (1%), soy (1%), gluten (<1%), bees (<1%), other food allergies (5%), and other (5%). Of those with allergies, 4% of parents had an Epi-pen.

- Nearly half (48%) of parents reported their child had been tested for lead poisoning, and the results were within normal limits. One percent (1%) reported the levels were elevated and medical follow-up was needed. Thirty-seven percent (37%) of parents had not had their child tested for lead poisoning, and 13% of parents did not know if their child had been tested for lead.
- Almost one-fifth (17%) of Lucas County children ages 0-11 had at least one health condition.
- Lucas County parents were told by a doctor that their 0-11-year-old child had the following conditions:
 - Asthma (12%)
 - Speech and language problems (11%)
 - Dental problems (9%)
 - ADD/ADHD (9%)
 - Any Developmental delay or physical impairment (9%)
 - Developmental delay only (8%)
 - Anxiety problems (7%)
 - Behavioral/conduct problem (6%)
 - Learning disability (4%)
 - Reactive Airway Disease (4%)
 - Hearing problems (4%)
 - Urinary tract infection (4%)
 - Bone/joint/muscle problems (2%)
 - Intellectual disability/mental retardation (2%)
 - Autism (2%)
 - Genetic disease (2%)
 - Head injury (1%)
 - Digestive tract infections (1%)
 - Fetal Alcohol Syndrome (1%)
 - Epilepsy (1%)
 - Depression problems (1%)
 - Vision problems that cannot be corrected with glasses (1%)
 - Neonatal Abstinence Syndrome (<1%)
- Seven percent (7%) of parents reported their children ages 0-11 had an episode of asthma or had an asthma attack during the past 12 months.
- Thirteen percent (13%) of Lucas County parents whose child had been diagnosed with autism/Autism Spectrum Disorder or a developmental delay received therapy services to meet their child's developmental needs, such as early intervention, occupational therapy, or behavioral therapy.

Child Comparisons	Lucas County 2014 Ages 0-5	Lucas County 2017 Ages 0-5	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Lucas County 2014 Ages 6-11	Lucas County 2017 Ages 6-11	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Rated health as excellent or very good	91%	98%	89%	86%	86%	97%	86%	83%
Dental care visit in past year	64%	61%	50%	54%	91%	94%	92%	88%
Diagnosed with asthma	11%	5%	6%	6%	17%	15%	10%	10%
Diagnosed with ADHD/ADD	1%	0%	N/A	2%**	14%	12%	12%	9%
Diagnosed with behavioral or conduct problems	3%	0%	N/A	2%**	5%	9%	5%	4%
Diagnosed with vision problems that cannot be corrected	2%	0%	N/A	<1%	2%	1%	N/A	2%
Diagnosed with bone, joint, or muscle problems	3%	1%	N/A	1%	1%	3%	N/A	2%
Diagnosed with epilepsy	0%	0%	N/A	<1%	2%	1%	N/A	1%
Diagnosed with a head injury	1%	0%	N/A	<1%	2%	1%	N/A	<1%
Diagnosed with depression	1%	0%	N/A	<1%**	2%	2%	N/A	2%
Child had no problems with teeth	82%	85%	91%	89%	59%	57%	78%	75%

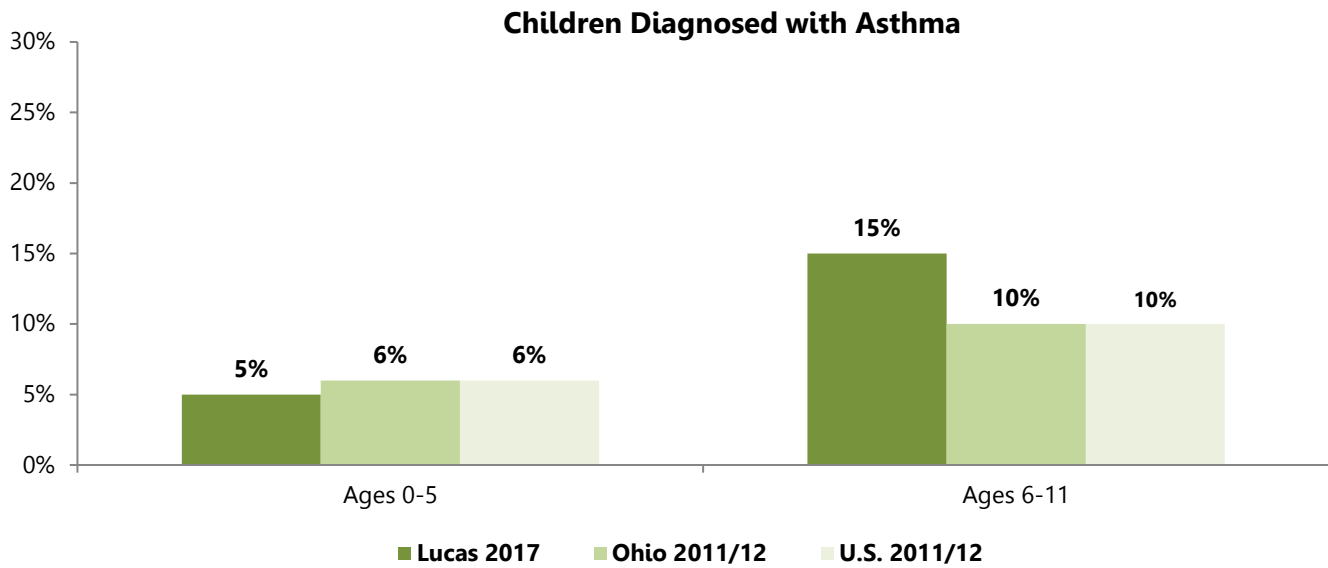
N/A – Not available

*2007 National Survey of Children's Health

**2011/12 - Ages 2-5

Asthma

The following graph shows that Lucas County has a lower percentage of children ages 0-5 who were diagnosed with asthma than both Ohio and the U.S., as well as a much higher percentage for those children ages 6-11.

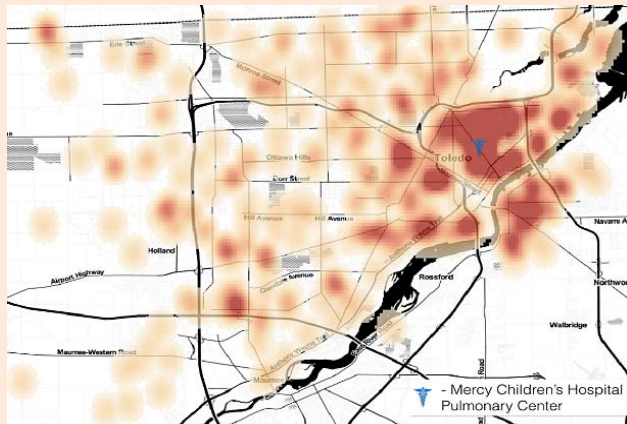


(Source: National Survey of Children's Health, Data Resource Center, and 2017 Lucas County Health Assessment)

Child Asthma Incidents in Lucas County

Mercy Children's Hospital and Advocates for Basic Legal Equality completed significant research on the geographic concentration of child-asthma incidents in Lucas County. The research was a prospective, observational study aiming to describe neighborhood hot-spots (epicenters) of pediatric asthma patients within a single inner-city pulmonary clinic; to compare rates of housing-related asthma triggers and hospital and ER utilization based on social determinants of health; to address individual patient needs; and to use the data to educate the community and advocate for improved local policies.

Data were available from 513 pediatric asthmatic patients. About 6% of the patients had uncontrolled asthma as indicated high ER utilization (3 or more ER visits in the previous 6 months). Among the patients with trigger testing, mold was present for 44.2%, cockroach 17.4%, smoke 36.5%, both mold and cockroach 10.7% use these sites wisely.



On the heat map, **Figure 1.**, the dark red areas show high concentrations of where our Center's pediatric asthmatic patients live. Lighter shades indicate smaller concentration.

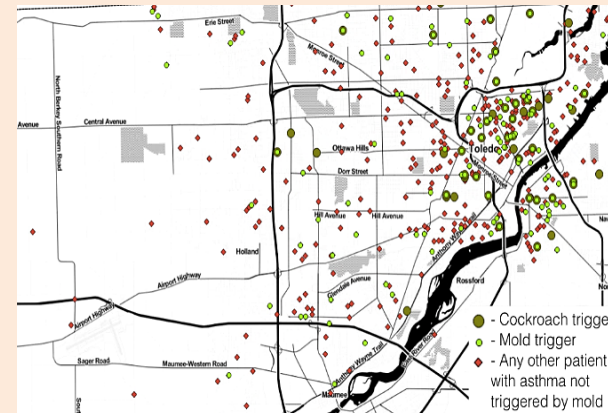


Figure 2. indicates the allergy triggers for patients in that area. Some areas had multiple triggers.

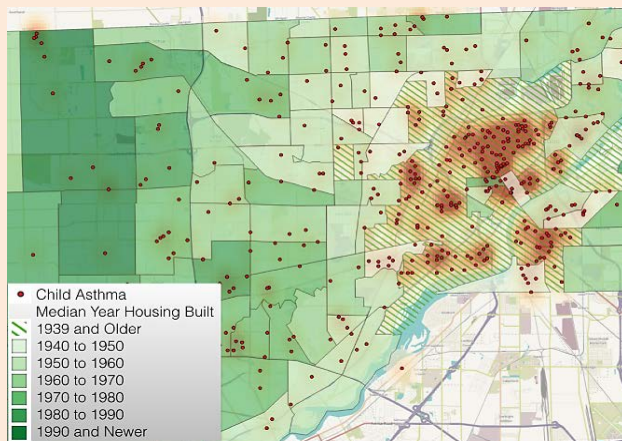


Figure 3. shows that asthma was highly clustered in the inner-city areas with older housing stock.

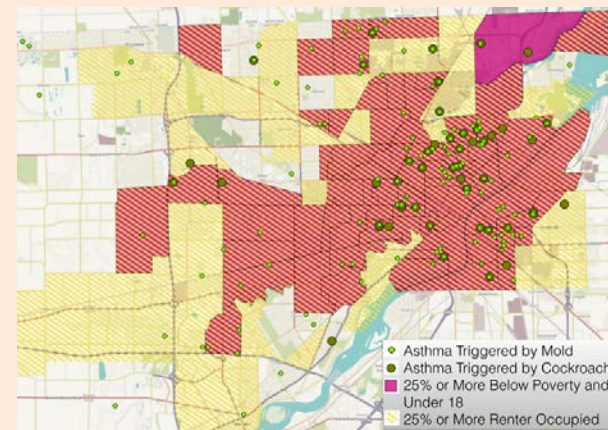


Figure 4. shows that mold and cockroach triggers occur more frequently in renter-occupied areas with higher poverty rates.

Although this clinic treats asthma patients throughout Lucas County, this research identifies a significant geographic concentration of patients in central-city, renter-occupied, and low-income areas with older housing stock. The data suggests a connection between social determinants of health and child asthma in Lucas County, and a need for the community to explore solutions for these underlying factors.

(Source: The research was conducted by Ramalinga Reddy MD, MBA, George Thomas, Esq, Dawn Bolyard, RN, MSN, Nancy Buderer, MS.)

Child Health: Health Care Access

Key Findings

In 2017, 1% of Lucas County parents reported their 0-11 year old did not have health insurance. Twenty-two percent (22%) of parents reported they had taken their child to the hospital emergency room at least once in the past year due to accidents, injury, and poisonings. Ninety-three percent (93%) of parents had taken their child to the doctor for preventive care in the past year.

Health Insurance of Children Ages 0-11

- Two percent (2%) of parents reported there was a time in the past year when their child was not covered by any health insurance.
- One percent (1%) of parents reported their child did not currently have health insurance.
- Lucas County children had the following types of health insurance: parent's employer (49%); Medicaid, Buckeye, or other public health benefits (27%); someone else's employer (16%); self-paid (3%); Insurance Marketplace (1%); Medicare (<1%); or some other source of insurance (1%).
- Parents reported their child's health insurance covered the following: doctor visits (99%), immunizations (99%), prescription coverage (98%), well visits (97%), hospital stays (96%), dental (92%), vision (85%), mental health (79%) and speech/physical/occupational therapies (71%).

Access and Utilization of Children Ages 0-11

- Three percent (3%) of parents reported their child did not get all the medical care they needed in the past year. They reported the following reasons: no referral (43%), cost (42%), inconvenient times/could not get an appointment (29%), missed an appointment and not allowed to return to clinic (14%), dissatisfied with the doctor (14%), health plan problem (14%), too long of a wait for an appointment (14%), and other reasons (29%).
- Eleven percent (11%) of parents reported their child did not get all the prescription medications they needed in the past year for the following reasons: their child was not prescribed medication (73%), no referral (19%), cost (15%), health plan problem (8%), they did not think child needed prescription medication (4%), treatment is ongoing (4%), no insurance (4%), and other reasons (8%).
- Twelve percent (12%) of parents reported their child did not get all the mental health/behavioral health care they needed in the past year. They reported the following reasons: no referral (52%), cost (11%), no insurance (7%), too long of a wait for an appointment (7%), doctor did not know how to treat or provide care (7%), dissatisfied with the doctor (4%), health plan problem (4%), inconvenient times/could not get an appointment (4%), could not find a doctor who accepted child's insurance (4%), they didn't know where to go for treatment (4%), and other reasons (33%).
- Parents reported at least one emergency room visit due to the following: accidents, injury or poisonings (22%); fever/cold/flu (18%); ear infections (12%); doctor's office told them to go (7%); broken bones (7%); asthma (7%); primary care (3%); dental issues (2%); mental health (1%); and other sick visits (12%). No one reported they went to the emergency room for addiction.
- Just over half (51%) of Lucas County children ages 0-11 years old had received the flu vaccine in the past year.
- Ninety-five percent (95%) of Lucas County children had received all their recommended vaccinations.

- Children did not get all their recommended vaccinations for the following reasons: child had received some, but not all recommended vaccinations (4%); parents chose not to vaccinate their child (1%); fear of negative effects (1%); alternate vaccination schedule used (1%); religious or cultural beliefs (<1%); vaccine not available at doctor's office (<1%); and other reasons (<1%).

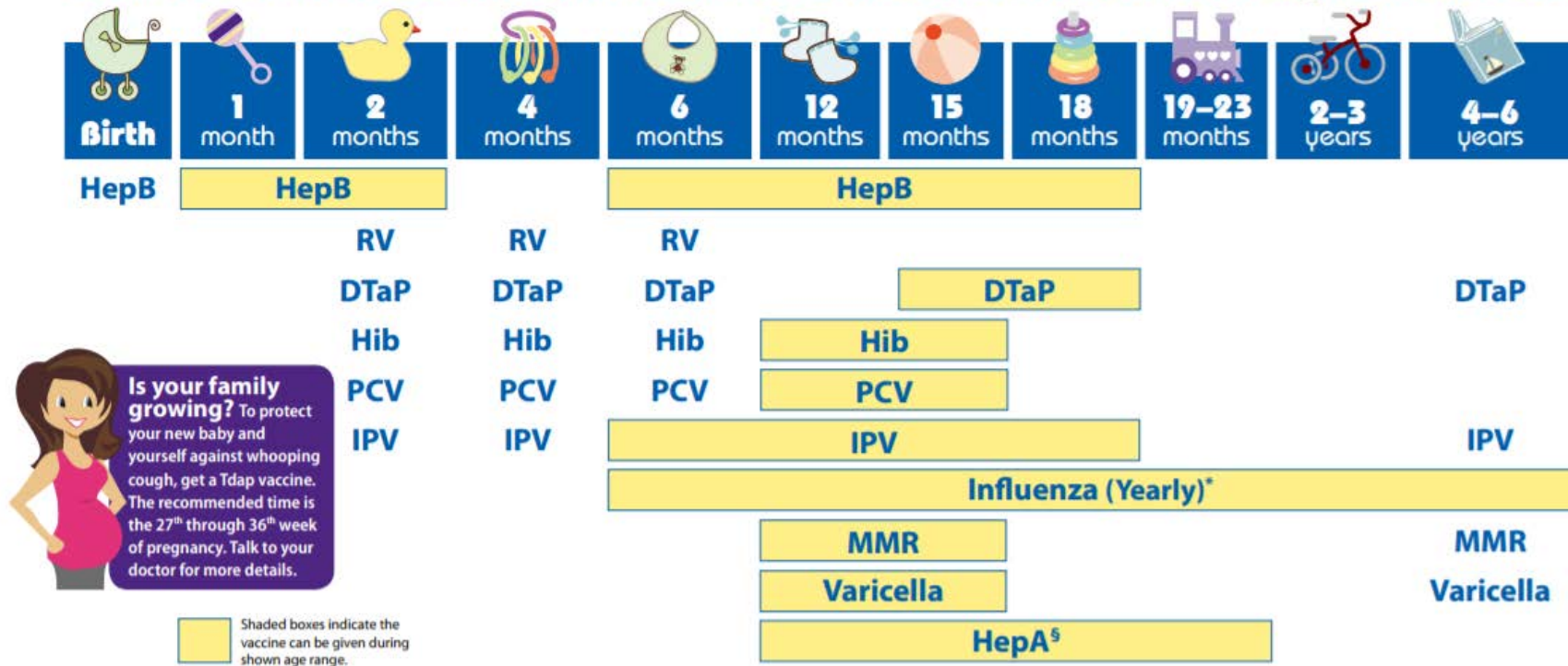
Medical Home of Children Ages 0-11

- Eighty-six percent (86%) of parents reported they had one or more people they think of as their child's personal doctor or nurse, decreasing to 78% of those with incomes less than \$25,000.
- Ninety-three percent (93%) of children ages 0-11 years old had visited their health care provider for preventive care in the past year, increasing to 96% of children ages 0-5 years old.
- In 2017, 96% of Lucas County parents reported that their child had one particular place they usually went to if they were sick or needed advice about their health. They reported the following places: a private doctor's office (91%), a hospital emergency room (3%), an urgent care center (2%), a community health center (2%), mental health provider (<1%), and some other kind of place (1%). Two percent (2%) reported multiple places.
- Lucas County children were referred and went to the following specialists: pediatric ophthalmologist (eye doctor) (22%); ear, nose, and throat (ENT) doctor (20%); psychiatrist (mental health provider) (13%); allergist (11%); dermatologist (skin doctor) (11%); cardiologist (heart doctor) (5%); neurologist (5%); pulmonologist (lung doctor) (4%); developmental Pediatrician (4%); endocrinologist (diabetes doctor) (2%); oncologist (cancer doctor) (<1%); and other specialist (11%).

Child Comparisons	Lucas County 2014 Ages 0-5	Lucas County 2017 Ages 0-5	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Lucas County 2014 Ages 6-11	Lucas County 2017 Ages 6-11	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Had public insurance	28%	28%	40%	44%	22%	26%	34%	37%
Not covered by insurance at some time during past year	7%	1%	7%	11%	5%	2%	5%	12%
Been to doctor for preventive care in past year	95%	96%	94%	90%	88%	92%	86%	82%
Received all the medical care they needed	93%	99%	99%‡	99%‡	94%	96%	98%‡	98%‡
Had a personal doctor or nurse	56%	88%	91%	91%	58%	85%	93%	90%

‡2003 national and state data

2017 Recommended Immunizations for Children from Birth Through 6 Years Old



NOTE:
If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

- * Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.
If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.

For more information, call toll free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention







American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN[®]

(Source: Centers for Disease Control and Prevention, Immunization Schedules for Infants and Children, 2017)

Talk to your child's doctor or nurse about the vaccines recommended for their age.

	Flu <i>Influenza</i>	Tdap Tetanus, diphtheria, pertussis	HPV Human papillomavirus	Meningococcal		Pneumococcal	Hepatitis B	Hepatitis A	Inactivated Polio	MMR Measles, mumps, rubella	Chickenpox <i>Varicella</i>
				MenACWY	MenB						
7-8 Years	Green	Orange		Purple		Purple	Orange	Purple	Orange	Orange	Orange
9-10 Years	Green	Orange	Purple, Blue	Purple		Purple	Orange	Purple	Orange	Orange	Orange
11-12 Years	Green	Orange	Green	Green		Purple	Orange	Purple	Orange	Orange	Orange
13-15 Years	Green	Orange	Orange	Orange		Purple	Orange	Purple	Orange	Orange	Orange
16-18 Years	Green	Orange	Orange	Orange	Blue	Purple	Orange	Purple	Orange	Orange	Orange
More information:	Preteens and teens should get a flu vaccine every year.	Preteens and teens should get one shot of Tdap at age 11 or 12 years.	All 11-12 year olds should get a 2-shot series of HPV vaccine at least 6 months apart. A 3-shot series is needed for those with weakened immune systems and those age 15 or older.	All 11-12 year olds should get a single shot of a quadrivalent meningococcal conjugate vaccine (MenACWY). A booster shot is recommended at age 16.	Teens, 16-18 years old, may be vaccinated with a MenB vaccine.						

-  These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.
-  These shaded boxes indicate the vaccine should be given if a child is catching-up on missed vaccines.
-  These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at www.cdc.gov/vaccines/pubs/ACIP-list.htm.
-  This shaded box indicates the vaccine is recommended for children not at increased risk but who wish to get the vaccine after speaking to a provider.



(Source: Centers for Disease Control and Prevention, Immunization Schedules for Preteens and Teens, 2017)

Child Health: Early Childhood (Ages 0-5)

Key Findings

The following information was reported by parents of children ages 0-5 years. Ninety-four percent (94%) of mothers got prenatal care within the first three months during their last pregnancy. Eight percent (8%) of mothers smoked cigarettes or used other tobacco products during their last pregnancy. Eighty-one percent (81%) of parents put their child to sleep on his/her back. Over two-fifths (22%) of mothers never breastfed their child.

Early Childhood

The following information was reported by Lucas County parents of children ages 0-5 years.

- During their last pregnancy, mothers did the following: received prenatal care within the first 3 months (94%), took a prenatal vitamin with folic acid during pregnancy (96%), took a prenatal vitamin with folic acid pre-pregnancy (82%), had a dental exam (61%), received WIC services (30%), took folic acid during pregnancy (35%), took folic acid pre-pregnancy (26%), experienced depression during or after pregnancy (17%), smoked cigarettes or used other tobacco products (8%), consumed alcoholic beverages (5%), used any drugs not prescribed for them (1%), and received opiate replacement therapy (1%).
- Thinking back to their last pregnancy, 57% of women wanted to be pregnant then, 18% wanted to be pregnant sooner, 8% wanted to be pregnant later, 5% did not want to be pregnant then or any time in the future, and 12% of women did not recall.
- Most (95%) Lucas County mothers reported they attended their post-partum checkup within 7 weeks after delivery.
- Nine percent (9%) of mothers had their children less than 18 months apart, increasing to 32% of those with incomes less than \$25,000 and 11%.
- When asked how parents put their child to sleep as an infant, 81% said on their back, 14% said on their side, and 14% said on their stomach.
- Children were put to sleep in the following places: crib/bassinette without bumper, blankets, or stuffed animals (73%); pack n' play (30%); swing (28%); crib/bassinette with bumper, blankets, or stuffed animals (24%); in bed with parent or another person (24%); car seat (18%); floor (5%); couch or chair (1%).
- Mothers breastfed their child for the following lengths of time: more than 12 months (17%), 10 to 12 months (8%), 7 to 9 months (8%), 4 to 6 months (15%), less than 3 months (24%), still breastfeeding (7%), and never breastfed (22%).
- Parents gave the following reasons why their child was not breastfed for a year: did not produce enough milk (30%), did not want to (20%), inconvenient (18%), medical issue with baby (8%), medical issues with self (7%), did not have workplace support (4%), did not have adequate support (3%), did not have adequate education (3%), and other (11%). No one reported they did not have a breast pump or for cultural reasons.
- Parents reported they or someone in the family read to their 0-5 year old child with the following frequency: every day (40%), almost every day (24%), a few times a week (21%), a few times a month (14%), and a few times a year (<1%). Two percent (2%) reported never reading to their child due to lack of interest from the child. Four percent (4%) reported their child reads to his/herself.
- Parents reported their child regularly attended the following: child care outside of their home (41%), child care center (33%), child care in their home provided by a relative other than a parent/guardian (32%), and Head Start or Early Start program (15%).

- Parents reported their childcare decisions were influenced by the following: cost (62%), trust in the staff (60%), location/environment (60%), child to teacher ratios (48%), hours of operation (47%), Quality Star ratings (40%), licensure of childcare (40%), and availability of Early Head Start (4%).

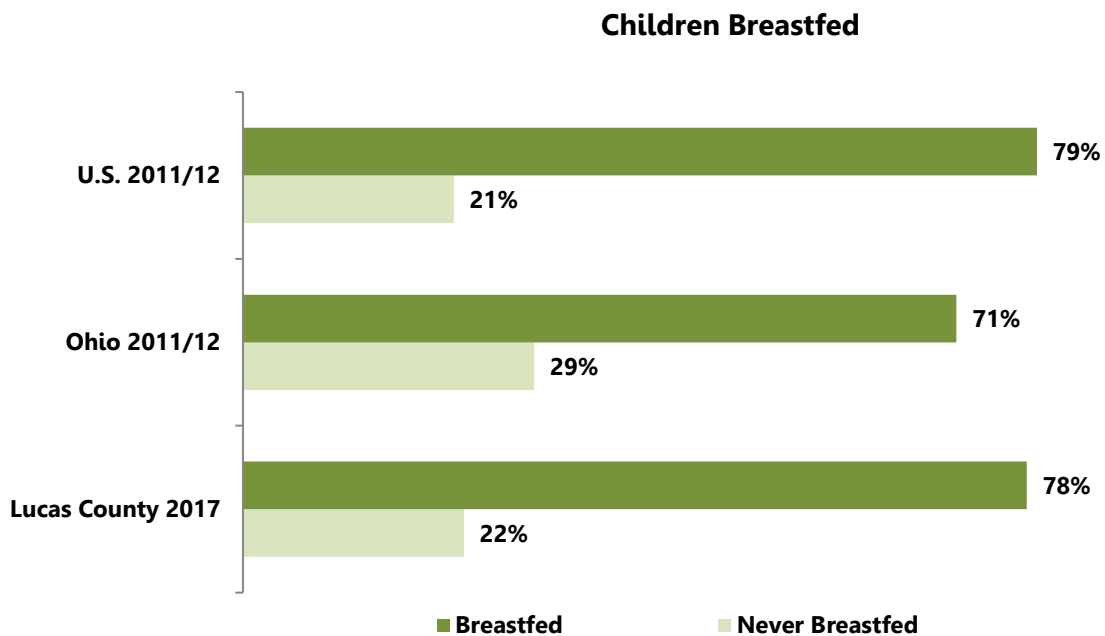
Child Comparisons	Lucas County 2014 Ages 0-5 years	Lucas County 2017 Ages 0-5 years	Ohio 2011/12 Ages 0-5 years	U.S. 2011/12 Ages 0-5 years
Parent reads to child every day	33%	40%	53%	48%
Never breastfed their child	29%	22%	29%	21%
Child put to bed on their back	68%	81%	N/A	N/A

N/A- Not available

Breastfeeding

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

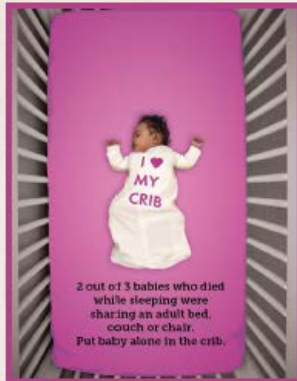
- The U.S. has a larger percent of children who had been breastfed for any length of time, compared to Ohio and Lucas County.



(Source: National Survey of Children's Health, Data Resource Center, and 2017 Lucas County Health Assessment)

ABCs of Safe Sleep

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



A lone.

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

You should never share the bed with your baby because:

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



B ack.

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

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

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

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



C rib.

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

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

If you use a safety-approved crib, baby's hand or foot won't get caught. Many parents think baby will get hurt if they don't use bumper pads, but this isn't true because:

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

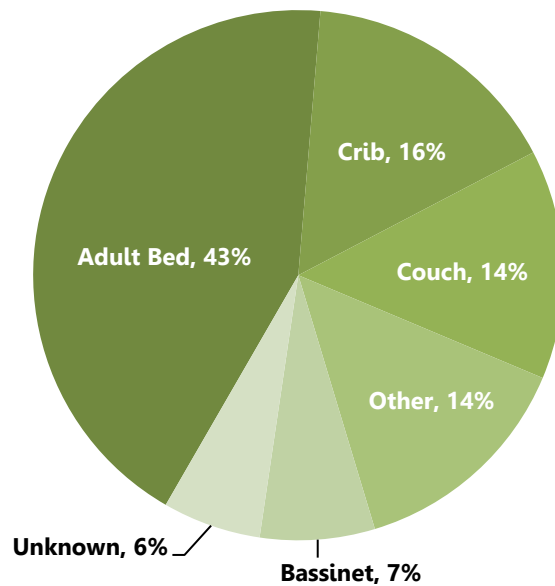
(Source: Ohio Department of Health, Safe Sleep Ohio, ABCs of Safe Sleep)

Sleep-Related Infant Death Factors

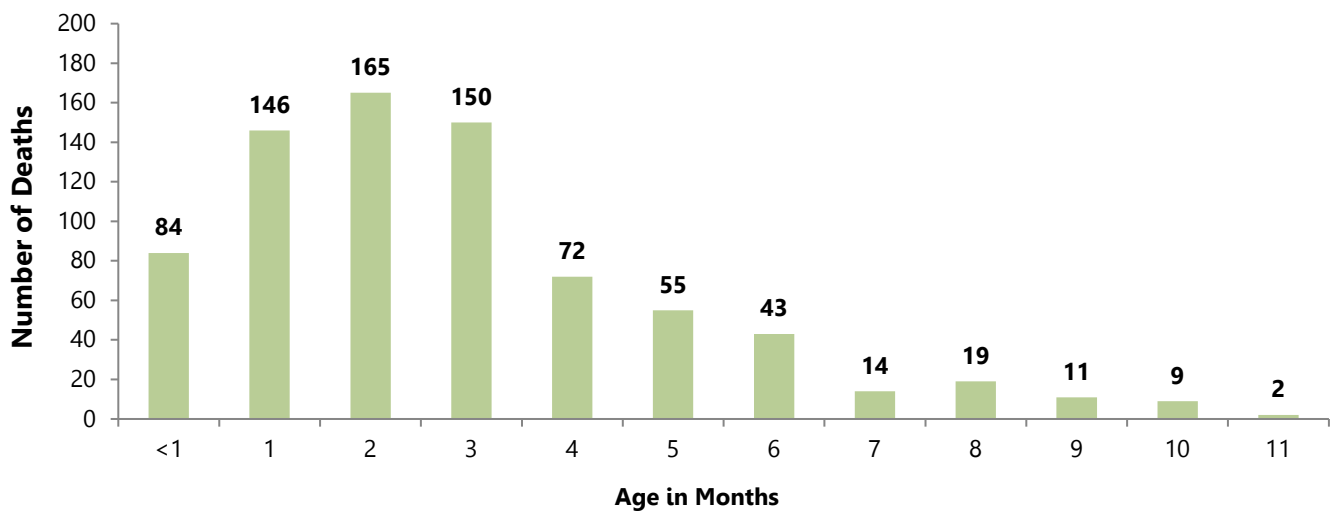
The following graph show the percentage of Ohio infant deaths by location when the infant was found and the age of infant at time of death.

- More than two-fifths (43%) of the sleep-related infant deaths in Ohio were found in an adult bed.
- Bed sharing was reported at the time of the death in 53% of the cases that were reviewed.
- Three-fifths (60%) of the sleep-related deaths involved infants between one month and three months old.

Reviews of Ohio Sleep-Related Infant Deaths by Incident Location, 2011-2015 (n=770)

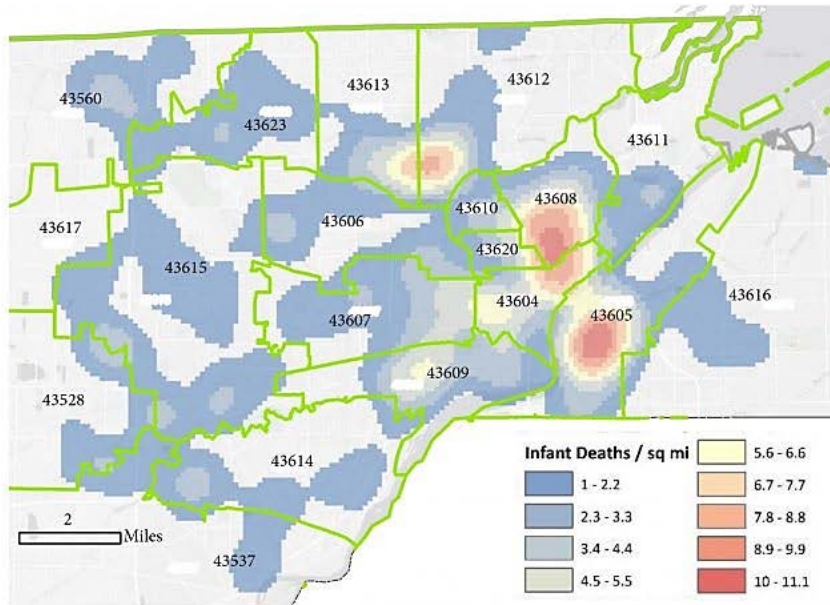


Ohio Sleep-Related Infant Deaths by Age in Months, 2011-2015 (n=770)



(Source: ODH, Ohio Child Fatality Review, Sixteenth Annual Report)

Toledo-Lucas County Infant Mortality Community Profile



Map Courtesy of the Kirwan Institute (2007-2011)

2012* Infant Mortality Rate (per 1,000 live births)

7.05 

Lucas County White

13.52 

Lucas County Black

2014* Infant Mortality Rate (per 1,000 live births)

5.87** 

U.S.

6.8 

Ohio

9.3 

Lucas County 



*Most Recent Data Available from the Ohio Department of Health

**2015



Child Health: Middle Childhood (Ages 6-11)

Key Findings

The following information was reported by Lucas County parents of children ages 6-11 years. Seventy-one percent (71%) of parents reported their child was physically active for at least 60 minutes on 3 or more days per week. Twenty-eight percent (28%) of parents reported their child had an email or a social network account.

Middle Childhood

The following information was reported by Lucas County parents of children ages 6-11 years.

- Lucas County children ages 6-11 were enrolled in the following types of schools: public (71%), private (18%), charter (9%), and home-schooled/online (2%). No parent reported their child was not enrolled in school.
- Almost 9 out of 10 (86%) of parents reported their child participated in extracurricular activities in the past year. Their child participated in the following: a sports team or sports lessons (70%), a club or organization such as Scouts (36%), a religious group (23%), and some other organized activity (36%).
- Parents reported their child had missed at least one day of school in the past year due to the following: being ill or injured (22%), asthma (4%), school suspension, (3%), and being bullied (1%). No one reported missing school due to babysitting siblings.
- Thirteen percent (13%) of Lucas County parents allowed their child to walk or bike to/from school.
- Parents reported the following issues that would affect their decision to allow their child to walk or bike to/from school: distance (72%), amount of traffic along route (57%), weather or climate (47%), sidewalks or pathways (39%), violence or crime (31%), crossing guards (23%), time (22%), appropriate lighting outside (17%), convenience of driving (14%), and child's before or after-school activities (15%).
- Seventy-one percent (71%) of parents reported their child was physically active for at least 60 minutes on 3 or more days per week. Thirty-eight percent (38%) reported their child had done so on 5 or more days, and 12% said their child was physically active for at least 60 minutes every day per week. Six percent (6%) reported no physical activity.
- More than one-quarter (28%) of parents reported their child had a social media account or other virtual network account. Of those who had an account, they reported the following: they had their child's password (84%), they knew all of the people in their child's "my friends" (83%), their child's account was checked private (66%), and their child had a problem as a result of their account (2%). Ten percent (10%) of parents reported they did not know if their child had a social network account. No one reported their child's friends had their password.
- Outside of school, parents reported their child read almost every day (57%), a few times a week (32%), a few times a month (5%), a few times a year (1%), and 6% reported their child never reads due to lack of interest. No one reported their child did not know how to read.
- Seven percent (7%) of Lucas County children ages 9-11 had been vaccinated for HPV.
- Parents reported they had to contact the following agencies to help with problems with their child: child's school (14%), mental health agency (14%), health department (3%), Children's Services (2%), Bureau for Children with Medical Handicaps (2%), juvenile court (2%), faith-based agency (1%), and legal services/legal aid (1%). Ten percent (10%) of parents reported they contacted more than one agency. No one reported contacting law enforcement. Fifty-eight percent (58%) of parents reported they had never needed help with their child, and 21% reported they had never called an agency for help with their child.

- Parents discussed the following topics with their child: bullying/violence (84%), eating habits (77%), screen time (TV or computer) (69%), empathy (65%), body image (54%), cyber/internet safety (53%), cultural sensitivity (52%), negative effects of tobacco (49%), negative effects of alcohol (44%), negative effects of marijuana and other drugs (38%), marijuana and other drugs (35%), respect for gender identity/sexual orientation (30%), negative effects of heroin/opiates (26%), refusal skills (25%), misuse of prescription drugs (20%), abstinence and how to refuse sex (15%), dating and relationships (12%), condoms, safer sex and STD prevention (3%), and birth control (2%). Three percent (3%) of parents reported they did not discuss any of the above topics with their child.
- Most (97%) parents felt their child was usually/always safe at school. Two percent (2%) felt their child was sometimes safe, and 1% felt their child was never safe while at school.
- Almost half (46%) of parents believed that teaching the reproductive system should be taught in grades 3-5. Forty-five percent (45%) believed it should be taught in grades 6-8, 7% believed in grades K-2, and 1% believed it should be taught in grades 9-12. One percent (1%) of parents thought this should not be taught at all.
- Nearly two-thirds (63%) of parents believed that abstinence and refusal skills should be taught in grades 6-8. Twenty-one percent (21%) believed it should be taught in grades 3-5, 10% believed in grades K-2, and 5% believed it should be taught in grades 9-12. One percent (1%) of parents thought this should not be taught at all.
- Just over half (55%) of parents thought that birth control and the use of condoms should be taught in grades 6-8. Thirty-five percent (35%) believed it should be taught in grades 9-12, and 7% believed it should be taught in grades 3-5. Three percent (3%) of parents thought this should not be taught at all.
- Children 6-11 years old were more likely than children 0-5 years old to:
 - Have been diagnosed with asthma (15% compared to 5% of 0-5 years old).
 - Have ADD or ADHD (12% compared to <1% of 0-5 years old).
 - Have gone to the dentist in the past year (94% compared to 61% of 0-5 years old).

Child Comparisons	Lucas County 2014 Ages 6-11 Years	Lucas County 2017 Ages 6-11 Years	Ohio 2011/12 Ages 6-11 Years	U.S. 2011/12 Ages 6-11 Years
Parent reads to child everyday	N/A	24%	N/A	N/A
Child did not miss any days of school because of illness or injury	24%	25%	16%*	22%*
Parent felt child was usually/always safe at school	96%	97%	96%	94%

*2007 National Survey of Children's Health

N/A- not available

Social Networking and Children

- Social networking sites play an important role in the lives of many young people. Over 60% of 13-17 year olds have at least one profile on a social networking site, many spending more than 2 hours per day on social networking sites.
- Social networking sites can present opportunities to youth who participate with them but like any activity there are also associated risks and it is important for parents to help their children use these sites wisely.
- Some potential benefits are:
 - Staying connected to friends
 - Developing new social contacts with peers with similar interests
 - Sharing content of self-expression such as art work, music and political views
 - Developing and expressing your individual identity
- Online social networking can involve new risks such as:
 - Bullying online "cyber bullying"
 - Sharing too much information
 - Vulnerability to predatory adults
 - Sharing photos or video that you later regret
 - Exposure to large amounts of commercial advertisements which may not be age appropriate
 - Risk of identity theft
 - Reduced amount of time for physical activity

(Source: American Academy of Child and Adolescent Psychiatry, Social Networking and Children, No. 100, February 2017)

Child Health: Family and Community Characteristics

Key Findings

In 2017, 44% of Lucas County parents reported their 0-11 year old child slept 10-11 hours per night. Ninety percent (90%) of parents reported their neighborhood was always or usually safe enough for their child to go out and play. Six percent (6%) of parents reported there was an unlocked and loaded firearm in their home. Almost one-fifth (18%) of parents reported they received benefits from the SNAP/food stamps program.

Family Functioning

- In 2017, 44% of parents reported their child slept 10-11 hours per night. Forty-two percent (42%) reported their child slept 8-9 hours each night, 11% reported 6-7 hours, and 2% reported 5 hours or less each night. Less than one percent (<1%) of parents reported their child slept 12 or more hours a night.
- Five percent (5%) of parents reported their child went to bed hungry at least one day per week because they did not have enough money for food, increasing to 21% of those with incomes less than \$25,000.
- Just over (35%) of parents reported that every family member who lived in their household ate a meal together every day of the week.
- Over half (56%) of parents reported that they or another family member had taken their child on an outing (including the park, library, zoo, shopping, church, a restaurant, or family gatherings) three or more times in the past week, decreasing to 44% of those with incomes less than \$25,000.
- About one-quarter (24%) of parents reported their child attended religious service one to three times per month and 25% reported four or more times per month. Fifty-one percent (51%) reported their child had never attended a religious service.

Child Safety Characteristics

- More than two-fifths (44%) of parents reported they had a firearm in or around their home. Six percent (6%) reported they were unlocked and loaded.
- Sixty-five percent (65%) of parents talked with their child about gun safety. Twenty-one percent (21%) reported that they had not yet talked to their child, but plan to. An additional 14% said their child was not old enough to discuss gun safety. Less than one percent (<1%) of parents reported they did not need to talk to their child about gun safety.
- Parents reported having the following safety items in their home: working smoke alarm/detector (98%), carbon monoxide detector (68%), fire extinguisher (54%), Poison Control number by the phone (27%), and a gun lock/safe (26%). Eighty-seven percent (87%) had more than one of these safety items in their home.
- Over one-quarter (26%) of parents reported their child always wore a helmet when riding a bike in the past 12 months, and 15% reported their child never wore a helmet.
- Eighty-one percent (81%) of parents reported their child up to age 5 or met weight and height limits, always rode in a car seat when a passenger in a car, and 18% never rode in a car seat.
- Fifty-eight percent (58%) of parents reported their child who weighs less than 80 pounds and is 4 feet, 9 inches, always rode in a booster seat, as compared to 26% who never rode in a booster seat.
- More than four-fifths (81%) of parents whose child was old enough and/or tall enough to not be in a booster seat reported their child always wore a seat belt, and 10% reported their child never wore a seat belt.

Neighborhood and Community Characteristics

- Twenty-eight percent (28%) of parents reported their child was bullied in the past year. The following types of bullying were reported:
 - 18% were verbally bullied (teased, taunted or called harmful names)
 - 9% were indirectly bullied (spread mean rumors about or kept out of a “group”)
 - 6% were physically bullied (they were hit, kicked, punched or people took their belongings)
 - 1% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
 - <1% were sexually bullied (semi-nude pictures were used to pressure them to have sex)
- Three percent (3%) of parents reported they did not know if their child was bullied.
- Parents whose child had been bullied in the past year sought help from the following: handled it themselves (57%), child’s school personnel (47%), church (11%), mental health professional (7%), internet (1%), and law enforcement (1%). No one reported seeking help through a bully hotline. Five percent (5%) of parents reported no one helped them.
- One-sixth (17%) of Lucas County children had moved to a new address 3 or more times, increasing to 35% of those with incomes less than \$25,000. Twenty-four percent (24%) moved one time, 14% moved two times, and 45% had never moved.
- Parents reported their neighborhood was always safe (46%), usually safe (44%), sometimes safe (6%), and never safe (3%).
- Parents reported their neighborhood was unsafe due to the following concerns: high traffic (16%), drugs/alcohol activity (12%), crime (12%), lack of sidewalks (10%), lack of safe play areas (7%), loud/disrespectful noises (7%), gangs (7%), bullying (5%), weather conditions (2%), and other (7%).

Home Environment Characteristics

- Seven percent (7%) of Lucas County parents reported that someone in the household used cigarettes, cigars, or pipe tobacco around their children.
- Four percent (4%) reported that someone in the household used e-cigarettes or vaped around their children.
- Lucas County parents had the following rules about smoking in their home: no one is allowed to smoke inside their home at any time (80%), smoking is not allowed when children are present (7%), smoking is allowed anywhere (7%), and smoking is allowed in some rooms only (4%).
- Lucas County parents had the following rules about smoking in their car: no one is allowed to smoke inside their car at any time (67%), smoking is not allowed when children are present (6%), smoking is allowed as long as a window is open (2%), and smoking is allowed anywhere (1%).
- In the past year, parents reported that someone in the household received the following: free or reduced cost breakfast or lunches at school (21%), SNAP/food stamps (18%), mental health treatment (10%), benefits from WIC program (9%), cash assistance from a welfare program (6%), Head Start/Early Head Start (3%), subsidized childcare through Lucas County JFS (3%), and Help Me Grow (1%).
- Almost one in five (19%) parents qualified for WIC, but did not apply. They did not apply for the following reasons: food stamps are easier to get and use (11%), too much paperwork/renewal every 6 months (7%), transportation (5%), inconvenient work schedule (5%), and limited choices of brands/foods (2%).

Child Comparisons	Lucas County 2014 Ages 0-5 Years	Lucas County 2017 Ages 0-5 Years	Ohio 2011/12 Ages 0-5 Years	U.S. 2011/12 Ages 0-5 Years	Lucas County 2014 Ages 6-11 Years	Lucas County 2017 Ages 6-11 Years	Ohio 2011/12 Ages 6-11 Years	U.S. 2011/12 Ages 6-11 Years
Family ate a meal together every day of the week	50%	35%	63%	61%	39%	35%	45%	47%
Child never attends religious services	18%	64%	N/A	N/A	31%	45%	22%	18%
Neighborhood is usually or always safe	89%	90%	88%	86%	95%	91%	86%	86%
Someone in house smokes tobacco	25%	5%	29%	23%	21%	7%	34%	25%

N/A – Not available

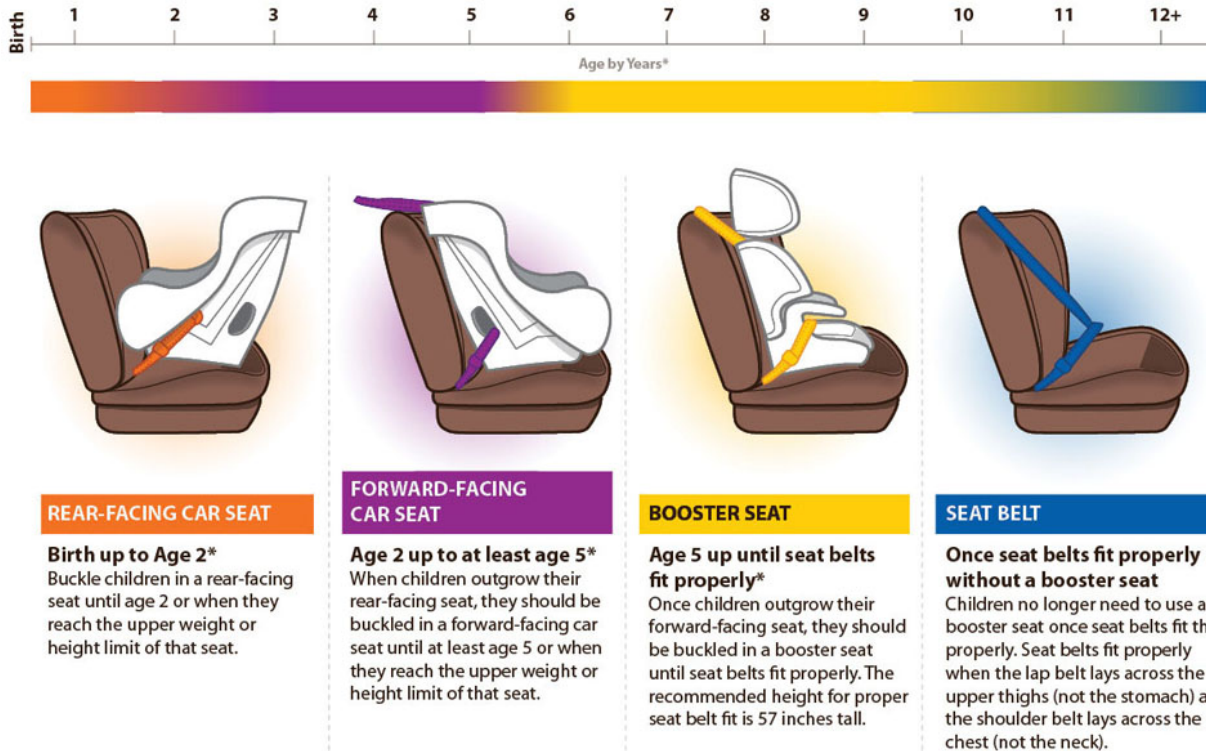
Children and Smoking

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

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

Car Seat Safety

Using the correct car seat or booster seat can be a lifesaver: make sure your child is always buckled in an age- and size-appropriate car seat or booster seat.



Keep children ages 12 and under in the back seat. Never place a rear-facing car seat in front of an active air bag.

**Recommended age ranges for each seat type vary to account for differences in child growth and height/weight limits of car seats and booster seats. Use the car seat or booster seat owner's manual to check installation and the seat height/weight limits, and proper seat use.*

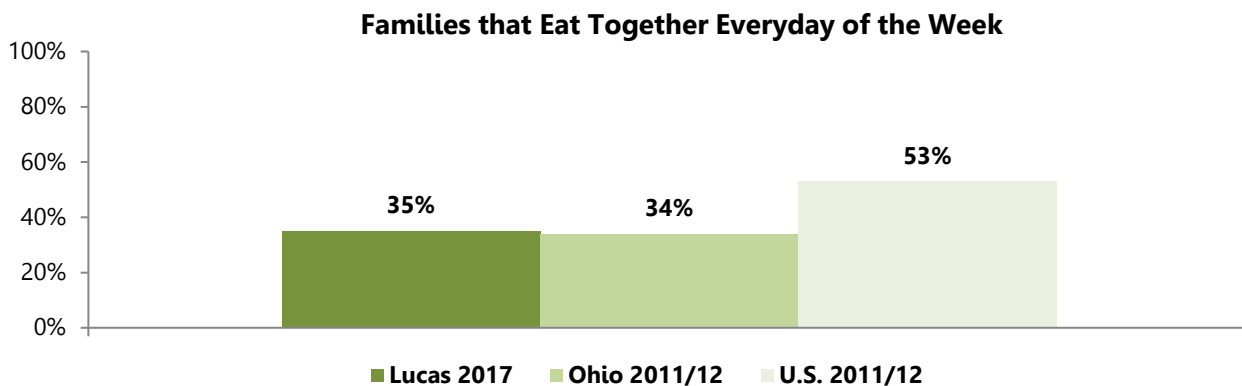
Child safety seat recommendations: American Academy of Pediatrics.
Graphic design: adapted from National Highway Traffic Safety Administration.

(Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention, *Child Passenger Safety Infographics*, updated 2/4/14, accessed on: <https://www.cdc.gov/vitalsigns/childpassengersafety/infographic.html>)

Family Dinners

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

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



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

Five Ways That Family Meals Keep Kids Healthy

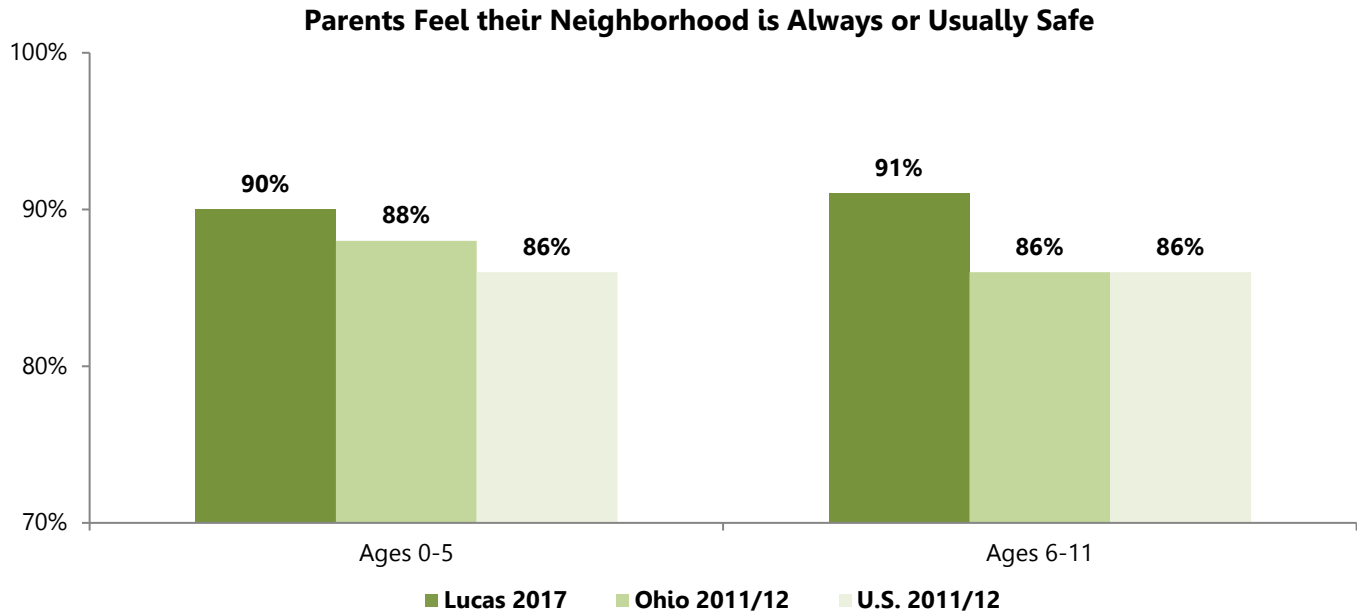
- 1. Family meals prevent excessive weight gain:** Eating 3 or more family meals (meaning at least one parent is present and the meal is prepared at home) results in a 12% lower likelihood of children being overweight.
- 2. Family meals teach healthy food choices:** The eating habits of childhood often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

(Source: Berchermann, Kathleen; *The Benefits & Tricks to Having a Family Dinner*; HealthyChildren.org, 2014)

Neighborhood Safety

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

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



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

Child Health: Parent Health

Key Findings

In 2017, 9% of Lucas County parents were uninsured. Nearly half (47%) of parents missed work in the past year due to their child being ill or injured.

Parent Health

- Those filling out the survey had the following relationship to the child: mother (78%), father (18%), grandparent (2%), mother and father together (1%), aunt/uncle (<1%), and other family member (1%).
- About three-quarters (74%) of parents rated their health as excellent or very good, decreasing to 50% of parents with incomes less than \$25,000. Six percent (6%) of parents had rated their health as fair or poor.
- Seventy-four percent (74%) of parents rated their mental and emotional health as excellent or very good. Six percent (6%) rated their mental and emotional health as fair or poor.
- Ten percent (10%) of mothers and 6% of fathers of 0-5 year olds rated their mental and emotional health as fair or poor. Nine percent (9%) of mothers and 9% of fathers of 6-11 year olds rated their mental or emotional health as fair or poor.
- One in eleven (9%) parents were uninsured, increasing to 14% of parents with incomes less than \$25,000.
- Parents missed work at least once in the past year due to their child's illness or injuries (47%), medical appointments (33%), behavioral or emotional problems (7%), lack of childcare (7%); and chronic illness (2%).

Child Comparisons	Lucas County 2014 Ages 0-5 Years	Lucas County 2017 Ages 0-5 Years	Ohio 2011/12 Ages 0-5 Years	U.S. 2011/12 Ages 0-5 Years	Lucas County 2014 Ages 6-11 Years	Lucas County 2017 Ages 6-11 Years	Ohio 2011/12 Ages 6-11 Years	U.S. 2011/12 Ages 6-11 Years
Mother's mental or emotional health was fair/poor	4%	10%	7%	7%	8%	9%	10%	8%
Father's mental or emotional health was fair/poor	2%	6%	N/A	3%	1%	9%	7%	5%

N/A – Not available

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Academy of Child and Adolescent Psychiatry, Social Networking and Children, No. 100, February 2017	<ul style="list-style-type: none"> Social Networking and Children 	www.aacap.org/AACAP/Families_and_Youth/Facts_for_Families/FFF-Guide/Children-and-Social-Networking-100.aspx
American Academy of Pediatrics, Benefits and Tricks to Having a Family Dinner, 2015	<ul style="list-style-type: none"> Five Ways That Family Meals Keep Kids Healthy 	www.healthychildren.org/English/family-life/family-dynamics/Pages/Mealtime-as-Family-Time.aspx
American Association of Suicidology, 2015	<ul style="list-style-type: none"> Suicide Facts 	http://www.suicidology.org/Portals/14/docs/Resources/FactSheets/2015/2015datapgsv1.pdf?ver=2017-01-02-220151-870
American Cancer Society, Cancer Facts and Figures 2017. Atlanta: ACS, 2017	<ul style="list-style-type: none"> 2017 Cancer Facts, Figures, and Estimates 	www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2017.html
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Community Commons	<ul style="list-style-type: none"> Alcohol Beverage Expenditures Bars and Drinking Establishments Beer, Wine and Liquor Stores Cigarette Expenditures Opioid Drug Claims 	www.communitycommons.org/
County Health Rankings, 2017	<ul style="list-style-type: none"> Adult Smoking Prevalence Map Adult Excessive Drinking Prevalence Map 	www.countyhealthrankings.org/app/ohio/2017/overview
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Source	Data Used	Website
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National Institute on Drug Abuse, Drugged Driving, June 2016	<ul style="list-style-type: none"> Drug Facts: Heroin Drug Facts: Drugged Driving 	www.drugabuse.gov/publications/drugfacts/drugged-driving
National Survey on Children's Health, Data Resource Center for Child and Adolescent Health	<ul style="list-style-type: none"> 2007 & 2011/12 Child Ohio and U.S. Correlating Statistics 	http://childhealthdata.org/browse/survey
Office of Health Transformation, Ohio Medicaid Assessment Survey	<ul style="list-style-type: none"> Unmet Dental Needs Unmet Prescription Needs Usual Source of Care for Adults 	http://grc.osu.edu/omas/
Ohio Automated Rx Reporting System (OARRS)	<ul style="list-style-type: none"> Quarterly County Data Annual Opiate and Pain Reliever Doses Per Patient Annual Opiate and Pain Reliever Doses Per Capita 	https://www.ohiopmp.gov/County.aspx
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Ohio Department of Health, HIV/AIDS Surveillance Program	<ul style="list-style-type: none"> HIV/AIDS Incidence and Prevalence 	www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health-statistics---disease---hiv-aids/2015-Data-Tables.pdf?la=en
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Ohio Department of Health, Public Health Data Warehouse	<ul style="list-style-type: none"> Lucas County and Ohio Birth Statistics Incidence of Cancer Lucas County Mortality 	http://publicapps.odh.ohio.gov/EDW/DataCatalog
Ohio Department of Health, STD Surveillance Program	<ul style="list-style-type: none"> Chlamydia Statistics Gonorrhea Statistics 	www.odh.ohio.gov/odhprograms/stdsurv/std1.aspx
Ohio Department of Health, Safe Sleep Ohio	<ul style="list-style-type: none"> ABCs of Safe Sleep 	www.odh.ohio.gov/-/media/ODH/ASSETS/Files/cfhs/infant-safe-sleep/SafeSleep_Brochure-TriFold-Print_5-6-14.pdf?la=en
Ohio Department of Job and Family Services, Ohio Labor Market Information, Current Civilian Labor Force Estimates	<ul style="list-style-type: none"> Lucas County and Ohio unemployment Statistics 	http://ohiolmi.com/laus/current.htm
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Ohio Department of Public Safety, Office of Criminal Justice Services	<ul style="list-style-type: none"> 2015 Lucas County crimes 	www.ocjs.ohio.gov/crime_stats_reports.stm
Ohio State Highway Patrol, January-June 2016	<ul style="list-style-type: none"> Felony Cases and Drug Arrests 	www.statepatrol.ohio.gov/doc/2016_Jan-Jun_FelonyAndDrug.pdf

Source	Data Used	Website
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U. S. Census Bureau; American Community Survey	<ul style="list-style-type: none"> American Community Survey 5-year estimates, 2011-2015 	https://factfinder.census.gov/
U. S. Census Bureau; Poverty Thresholds by Size of Family and Number of Children	<ul style="list-style-type: none"> 2016 Federal Poverty Thresholds 	www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html
U. S. Census Bureau; Small Area Income and Poverty Estimates	<ul style="list-style-type: none"> Small Area Income and Poverty Estimates 	www.census.gov/did/www/saipe/
U.S. Department of Health and Human Services, Office of Surgeon General	<ul style="list-style-type: none"> E-Cigarette Use Among Youth and Young Adults 	https://e-cigarettes.surgeongeneral.gov/documents/2016_SGR_Fact_Sheet_508.pdf
Youth Advocacy Alliance	<ul style="list-style-type: none"> Lucas County Youth Focus Groups 	http://grantfundamentals.com/?page_id=28
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"> 2013 - 2015 Youth Ohio and U.S. Correlating Statistics 	www.cdc.gov/healthyYouth/data/yrbs/index.htm

Appendix II: Acronyms and Terms

AHS	A ccess to H ealth S ervices, Topic of Healthy People 2020 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
AOCBC	A rthritis, O steoporosis, and C hronic B ack C onditions, Topic of Healthy People 2020 objectives
BMI	B ody M ass I ndex is defined as the contrasting measurement/relationship of weight to height.
BRFSS	B ehavior R isk F actor S urveillance S ystem, an adult survey conducted by the CDC.
CDC	C enters for D isease C ontrol and P revention.
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
CY	C alendar Y ear
FY	F iscal Y ear
HCNO	H ospital C ouncil of N orthwest O hio
HDS	H eart D isease and S troke, Topic of Healthy People 2020 objectives
HP 2020	H ealthy P eople 2020 , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic \geq 140 and Diastolic \geq 90
IID	I mmunizations and I nfectious D iseases, Topic of Healthy People 2020 objectives
N/A	Data is not available.
NSCH	N ational S urvey of C hildren's H ealth
ODH	O hio D epartment of H ealth
OSHP	O hio S tate H ighway P atrol
Race/Ethnicity	Census 2010: U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." Data are presented as "Hispanic or Latino" and "Not Hispanic or Latino." Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, "White alone" or "Black alone", means the respondents reported only one race.

Weapon	Defined in the YRBS as “a weapon such as a gun, knife, or club”
Youth	Defined as 12 through 18 years of age
YPLL/65	Y ears of P otential L ife L ost before age 65. Indicator of premature death.
Youth BMI Classifications	Underweight is defined as BMI-for-age \leq 5 th percentile Overweight is defined as BMI-for-age 85 th percentile to $<$ 95 th percentile. Obese is defined as \geq 95 th percentile.
YRBS	Y outh R isk B ehavior S urvey, a youth survey conducted by the CDC

Appendix III: Methods for Weighting the 2017 Lucas County Health Assessment Data

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

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2017 Lucas County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Lucas County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Black, Latino, all others), Age (7 different age categories), and income (9 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Lucas 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 2017 Lucas County Survey and the 2015 Census estimates.

<u>Sex</u>	2017 Lucas Survey		2015 Census Estimate		Weight
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	267	32.05282	211,587	48.50010	1.513130
Female	566	67.94718	224,674	51.49990	0.757940

In this example, it shows that there was a larger portion of females in the sample compared to the actual portion in Lucas County. The weighting for males was calculated by taking the percent of males in Lucas County (based on Census information) (48.50010%) and dividing that by the percent found in the 2017 Lucas County sample (32.05282%) [$48.50010/32.05282 =$ weighting of 1.513130 for males]. The same was done for females [$51.49990/67.94718 =$ weighting of 0.757940 for females]. Thus males' responses are weighted heavier by a factor of 1.513130 and females' responses weighted less by a factor of 0.757940.

This same thing was done for each of the 22 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 1.357043 [0.757940 (weight for females) x 1.348456 (weight for White) x 1.277788 (weight for age 35-44) x 1.039114 (weight for income \$50-\$75k)]. Thus, each individual in the 2017 Lucas County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 23.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

1. **Total weight** (product of 4 weights) – for all analyses that did not separate age, race, sex, or income.
2. **Weight without sex** (product of age, race, and income weights) – used when analyzing by sex.
3. **Weight without age** (product of sex, race, and income weights) – used when analyzing by age.
4. **Weight without race** (product of age, sex, and income weights) – used when analyzing by race.
5. **Weight without income** (product of age, race, and sex weights) – used when analyzing by income.
6. **Weight without sex or age** (product of race and income weights) – used when analyzing by sex and age.
7. **Weight without sex or race** (product of age and income weights) – used when analyzing by sex and race.
8. **Weight without sex or income** (product of age and race weights) – used when analyzing by sex and income.

Category	Lucas Sample	%	2014 Census*	%	Weighting Value
Sex:					
Male	267	32.05282	211,587	48.50010	1.513130
Female	566	67.94718	224,674	51.49990	0.757940
Age:					
20-24	4	0.47004	32,716	10.15104	21.596344
25-34	47	5.52291	57,861	17.95297	3.250634
35-44	108	12.69095	52,264	16.21635	1.277788
45-54	165	19.38895	59,389	18.42708	0.950391
55-59	115	13.51351	31,332	9.72162	0.719400
60-64	95	11.16334	26,783	8.31017	0.744416
65+	317	37.25029	61,947	19.22077	0.515990
Race:					
White Alone (non-Hispanic)	434	51.97605	305,764	70.08740	1.348456
Black (non-Hispanic)	212	25.38922	93,400	21.40920	0.843240
Latino (any race)	138	16.52695	28,558	6.54608	0.396085
All others	51	6.10778	8,539	1.95731	0.320462
Household Income:					
Less than \$10,000	107	13.73556	20,289	11.42276	0.831620
\$10k-\$15k	72	9.24262	11,734	6.60628	0.714762
\$15k-\$25k	115	14.76252	23,595	13.28405	0.899850
\$25k-\$35k	90	11.55327	20,289	11.42276	0.988704
\$35k-\$50	112	14.37741	24,770	13.94558	0.969965
\$50k-\$75k	124	15.91784	29,379	16.54046	1.039114
\$75-\$100k	59	7.57381	19,405	10.92507	1.442480
\$100k-\$150k	64	8.21566	18,004	10.13630	1.233778
\$150k or more	36	4.62131	10,154	5.71673	1.237037

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

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

Appendix IV: School Participation

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

Dioceses

St. John Jesuit High School

Maumee City Schools

Gateway Middle School

Maumee High School

Oregon City Schools

Fassett Middle School

Clay High School

Ottawa Hills Local

Ottawa Hills Elementary

Ottawa Hills Junior/Senior High School

Springfield Local Schools

Springfield Middle School

Springfield High School

Sylvania City Schools

Sylvania Arbor Hills Junior High

Sylvania McCord Junior High

Sylvania Timberstone Junior High

Sylvania Northview High School

Sylvania Southview High School

Toledo Public Schools

Elm Elmhurst Elementary School

McTigue Elementary School

Robinson Elementary School

Edgewater Elementary School

Raymer Elementary School

Harvard Elementary School

Bowsher High School

Rogers High School

Scott High School

Start High School

Waite High School

Woodward High School

Washington Local Schools

Jefferson Junior High School

Washington Junior High School

Whitmer High School

Appendix V: Lucas County Sample Demographic Profile*

Variable	2017 Survey Sample	Lucas County Census 2011-2015 (5 year estimate)	Ohio Census 2015
Age			
20-29	2.0%	14.4%	13.3%
30-39	10.1%	11.8%	12.2%
40-49	15.2%	12.5%	12.5%
50-59	23.8%	14.3%	14.3%
60 plus	48.0%	21.3%	22.4%
Race/Ethnicity			82.0%
White	50.6%	73.0%	
Black or African American	24.7%	18.8%	12.3%
American Indian and Alaska Native	1.7%	0.3%	0.2%
Asian	1.2%	1.7%	2.0%
Other	3.0%	2.0%	0.8%
Hispanic Origin (may be of any race)	16.1%	6.5%	3.5%
Marital Status†			
Married Couple	38.5%	41.1%	47.5%
Never been married/member of an unmarried couple	19.9%	37.0%	32.1%
Divorced/Separated	24.7%	15.6%	14.0%
Widowed	15.5%	6.3%	6.4%
Education†			
Less than High School Diploma	11.1%	11.0%	10.3%
High School Diploma	30.3%	30.6%	33.7%
Some college/ College graduate	57.4%	58.3%	56.0%
Income (Families)			
\$14,999 and less	20.9%	11.4%	7.7%
\$15,000 to \$24,999	13.4%	7.2%	7.4%
\$25,000 to \$49,999	23.6%	23.9%	22.1%
\$50,000 to \$74,999	14.5%	18.6%	20.2%
\$75,000 or more	18.6%	37.9%	44.7%

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

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

Variable	2016/17 Youth Survey Sample
Age	
12 years old or younger	24.5%
13 years old	16.7%
14 years old	14.7%
15 years old	13.5%
16 years old	13.3%
17 years old	11.9%
18 years old or older	5.4%
Gender	
Male	53.0%
Female	44.9%
Transgender	0.9%
Do not identify as female, male or transgender	1.2%
Race/Ethnicity*	
White	71.3%
American Indian and Alaska Native	5.9%
Black or African American	19.7%
Hispanic or Latino	10.4%
Asian	5.6%
Native Hawaiian or Other Pacific Islander	1.1%
Grade Level	
Middle School (6-8)	47.7%
High School (9-12)	52.3%
Individual Grade Level	
6 th grade	15.4%
7 th grade	16.3%
8 th grade	16.0%
9 th grade	14.9%
10 th grade	11.7%
11 th grade	12.6%
12 th grade	13.1%

* Race/Ethnicity may exceed 100% due to youth being permitted to select all that may apply.

Appendix VI: Demographics and Household Information

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

Age	Total	Males	Females
Lucas County	37,642	18,679	18,963
0-4 years	29,732	15,052	14,680
1-4 years	23,928	12,130	11,798
< 1 year	5,804	2,922	2,882
1-2 years	12,017	6,072	5,853
3-4 years	11,911	6,058	5,853
5-9 years	28,756	14,772	13,984
5-6 years	11,648	6,034	5,614
7-9 years	17,108	8,738	8,370
10-14 years	28,629	14,625	14,004
10-12 years	17,259	8,903	8,356
13-14 years	11,370	5,722	5,648
12-18 years	43,198	22,027	21,171
15-19 years	33,647	17,137	16,510
15-17 years	16,320	9,750	9,270
18-19 years	14,627	7,387	7,240
20-24 years	33,821	16,792	17,029
25-29 years	29,411	14,536	14,875
30-34 years	26,532	13,032	13,500
35-39 years	27,604	13,492	14,112
40-44 years	27,046	13,209	13,837
45-49 years	31,196	15,064	16,132
50-54 years	33,245	16,157	17,088
55-59 years	29,749	14,411	15,338
60-64 years	24,638	11,918	12,720
65-69 years	16,696	7,676	9,020
70-74 years	12,727	5,622	7,105
75-79 years	10,456	4,244	6,212
80-84 years	9,333	3,572	5,761
85-89 years	5,776	1,919	3,857
90-94 years	2,267	632	1,635
95-99 years	494	94	400
100-104 years	56	9	47
105-109 years	2	0	2
110 years & over	2	1	1
Total 85 years and over	8,597	2,655	5,942
Total 65 years and over	57,809	23,769	34,040
Total 19 years and over	328,715	156,239	172,476

LUCAS COUNTY PROFILE

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

2011-2015 ACS 5-year estimate

Total Population

2015 Total Population	436,261
2000 Total Population	455,054

Largest City-Toledo

2015 Total Population	282,275
2000 Total Population	313,619

Population By Race/Ethnicity

Total Population	436,261	100%
White Alone	318,341	73.0%
Hispanic or Latino (of any race)	28,558	6.5%
African American	82,182	18.8%
Asian	7,412	1.7%
Two or more races	18,000	4.1%
Other	8,888	2.0%
American Indian and Alaska Native	1,297	0.3%

Population By Age 2010

Under 5 years	29,872	6.7%
5 to 17 years	76,405	17.3%
18 to 24 years	48,448	11.0%
25 to 44 years	111,592	25.0%
45 to 64 years	118,783	26.9%
65 years and more	57,894	13.1%
Median age (years)	37.0	

Household By Type

Total Households	177,619	100%
Family Households (families)	106,520	60.0%
With own children <18 years	47,014	26.5%
Married-Couple Family Households	69,053	38.9%
With own children <18 years	25,324	14.3%
Female Householder, No Husband Present	28,062	15.8%
With own children <18 years	16,868	9.5%
Non-family Households	71,099	40.0%
Householder living alone	58,818	33.1%
Householder 65 years and >	19,976	11.2%
Households With Individuals < 18 years	52,877	29.8%
Households With Individuals 65 years and >	44,773	25.2%
Average Household Size	2.40 people	
Average Family Size	3.07 people	

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

2011-2015 ACS 5-year estimate

Median Value of Owner-Occupied Units	\$104,200
Median Monthly Owner Costs (With Mortgage)	\$1,187
Median Monthly Owner Costs (Not Mortgaged)	\$432
Median Gross Rent for Renter-Occupied Units	\$666
Median Rooms Per Housing Unit	5.8
Total Housing Units	202,269
No Telephone Service	3,497
Lacking Complete Kitchen Facilities	1,660
Lacking Complete Plumbing Facilities	703

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

2015 ACS 1-year estimate

School Enrollment

Population 3 Years and Over Enrolled In School	110819	100%
Nursery & Preschool	6,401	5.8%
Kindergarten	6,122	5.5%
Elementary School (Grades 1-8)	44,681	40.3%
High School (Grades 9-12)	22,687	20.5%
College or Graduate School	30,928	27.9%

Educational Attainment

Population 25 Years and Over	291,369	100%
< 9 th Grade Education	8,291	2.8%
9 th to 12 th Grade, No Diploma	23,754	8.2%
High School Graduate (Includes Equivalency)	89,270	30.6%
Some College, No Degree	68,788	23.6%
Associate Degree	29,824	10.2%
Bachelor's Degree	44,357	15.2%
Graduate Or Professional Degree	27,085	9.3%

Percent High School Graduate or Higher	*(X)	89.0%
Percent Bachelor's Degree or Higher	*(X)	24.5%

*(X) – Not available

Selected Social Characteristics, Continued
 (Source: U.S. Census Bureau, Census 2015)
 2015 ACS 1-year estimate

Marital Status

Population 15 Years and Over	351,676	100%
Never Married	128,032	36.4%
Now Married, Excluding Separated	146,269	41.6%
Separated	6,870	2.0%
Widowed	23,274	6.6%
Female	18,377	5.2%
Divorced	47,231	13.4%
Female	27,324	7.8%

Veteran Status

Civilian Veterans 18 years and over	25,072	7.5%
With a Disability	7,206	29.3%

Disability Status of the Civilian Non-institutionalized Population

Total Civilian Noninstitutionalized Population	428,530	100%
With a Disability	66,359	15.5%
Under 18 years	100,550	100%
With a Disability	6,848	6.8%
18 to 64 years	265,802	100%
With a Disability	37,590	14.1%
65 Years and Over	62,178	100%
With a Disability	21,921	32.9%

Selected Economic Characteristics
 (Source: U.S. Census Bureau, Census 2015)
 2015 ACS 1-year estimates

Employment Status

Population 16 Years and Over	344,224	100%
In Labor Force	215,785	62.7%
Not In Labor Force	128,439	37.3%
Females 16 Years and Over	179,272	100%
In Labor Force	106,362	59.3%
Population Living With Own Children <6 Years	31,828	100%
All Parents In Family In Labor Force	22,663	71.2%

Class of Worker

Employed Civilian Population 16 Years and Over	197,937	100%
Private Wage and Salary Workers	163,665	82.7%
Government Workers	23,629	11.9%
Self-Employed Workers in Own Not Incorporated Business	10,529	5.3%
Unpaid Family Workers	114	0.1%

Median Earnings

Male, Full-time, Year-Round Workers	\$50,279
Female, Full-time, Year-Round Workers	\$35,956

Selected Economic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2015)
2015 ACS 1-year estimate

Occupations

Employed Civilian Population 16 Years and Over	197,937	100%
Production, Transportation, and Material Moving Occupations	35,918	18.1%
Management, business, science, and art occupations	68,124	34.4%
Sales and Office Occupations	43,488	22.0%
Service Occupations	36,879	18.6%
Natural Resources, Construction, and Maintenance Occupations	13,528	6.8%

Leading Industries

Employed Civilian Population 16 Years and Over	197,937	100%
Manufacturing	32,443	16.4%
Educational, health and social services	53,534	27.0%
Trade (retail and wholesale)	27,176	13.8%
Arts, entertainment, recreation, accommodation, and food services	20,517	10.4%
Professional, scientific, management, administrative, and waste management services	19,714	10.0%
Transportation and warehousing, and utilities	11,292	5.7%
Finance, insurance, real estate and rental and leasing	6,585	3.3%
Other services (except public administration)	9,720	4.9%
Construction	8,895	4.5%
Public administration	5,469	2.8%
Information	2,195	1.1%
Agriculture, forestry, fishing and hunting, and mining	397	0.2%

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

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2015	\$42,075	21 st of 88 counties
BEA Per Capita Personal Income 2014	\$40,367	23 rd of 88 counties
BEA Per Capita Personal Income 2013	\$38,413	26 th of 88 counties
BEA Per Capita Personal Income 2012	\$38,055	24 th of 88 counties
BEA Per Capita Personal Income 2011	\$37,105	23 rd of 88 counties

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

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

2015 ACS 1-year estimate

Income In 2015

Households	176,176	100%
< \$10,000	19,075	10.8%
\$10,000 to \$14,999	11,343	6.4%
\$15,000 to \$24,999	20,383	11.6%
\$25,000 to \$34,999	21,771	12.4%
\$35,000 to \$49,999	24,337	13.8%
\$50,000 to \$74,999	28,404	16.1%
\$75,000 to \$99,999	19,205	10.9%
\$100,000 to \$149,999	20,528	11.7%
\$150,000 to \$199,999	5,960	3.4%
\$200,000 or more	5,170	2.9%

Median Household Income

\$42,594

Income In 2015

Families	104,461	100%
< \$10,000	8,588	8.2%
\$10,000 to \$14,999	3,350	3.2%
\$15,000 to \$24,999	7,495	7.2%
\$25,000 to \$34,999	11,490	11.0%
\$35,000 to \$49,999	13,470	12.9%
\$50,000 to \$74,999	19,401	18.6%
\$75,000 to \$99,999	14,073	13.5%
\$100,000 to \$149,999	16,968	16.2%
\$150,000 to \$199,999	5,434	5.2%
\$200,000 or more	4,212	4.0%

Median Household Income (families)

\$60,002

Per Capita Income In 2015

\$25,939

Poverty Status In 2015

	<i>Number Below Poverty Level</i>	<i>% Below Poverty Level</i>
Families	*(X)	15.0%
Individuals	*(X)	19.6%

*(X) – Not available

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

Category	Lucas	Ohio
Population in poverty	21.1%	15.8%
< 125% FPL (%)	26.3%	20.3%
< 150% FPL (%)	31.2%	24.8%
< 200% FPL (%)	40.7%	33.9%
Population in poverty (1999)	13.9%	10.6%

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

Employment Statistics

Category	Lucas County	Ohio
Labor Force	217,500	5,846,500
Employed	202,800	5,524,200
Unemployed	14,700	322,300
Unemployment Rate* in July 2017	6.8	5.5
Unemployment Rate* in June 2017	6.7	5.4
Unemployment Rate* in July 2016	5.1	5.0

**Rate equals unemployment divided by labor force.*

(Source: Ohio Department of Job and Family Services, July 2017)

Estimated Poverty Status in 2015

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Lucas County				
All ages in poverty	82,814	77,400 to 88,228	19.5%	18.2 to 20.8
Ages 0-17 in poverty	28,577	25,950 to 31,204	28.9%	26.2 to 31.5
Ages 5-17 in families in poverty	18,684	16,537 to 20,831	26.0	23.0 to 29.0
Median household income	\$43,136	\$41,359 to \$44,913		
Ohio				
All ages in poverty	1,670,487	1,646,455 to 1,694,519	14.8%	14.6 to 15.0
Ages 0-17 in poverty	546,968	532,624 to 561,312	21.2%	20.6 to 21.8
Ages 5-17 in families in poverty	365,471	352,710 to 378,232	19.3%	18.6 to 20.0
Median household income	\$51,086	\$50,853 to \$51,319		
United States				
All ages in poverty	46,153,077	45,878,016 to 46,428,138	14.7%	14.6 to 14.8
Ages 0-17 in poverty	15,000,273	14,862,975 to 15,137,571	20.7%	20.5 to 20.9
Ages 5-17 in families in poverty	10,245,028	10,145,484 to 10,344,572	19.5%	19.3 to 19.7
Median household income	\$55,775	\$55,690 to \$55,860		

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

Federal Poverty Thresholds in 2016 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$12,486					
1 Person 65 and >	\$11,511					
2 people Householder < 65 years	\$16,072	\$16,543				
2 People Householder 65 and >	\$14,507	\$16,480				
3 People	\$18,774	\$19,318	\$19,337			
4 People	\$24,755	\$25,160	\$24,339	\$24,424		
5 People	\$29,854	\$30,288	\$29,360	\$28,643	\$28,205	
6 People	\$34,337	\$34,473	\$33,763	\$33,082	\$32,070	\$31,470
7 People	\$39,509	\$39,756	\$38,905	\$38,313	\$37,208	\$35,920
8 People	\$44,188	\$44,578	\$43,776	\$43,072	\$42,075	\$40,809
9 People or >	\$53,155	\$53,413	\$52,702	\$52,106	\$51,127	\$49,779

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

Appendix VII: 2017 County Health Rankings

	Lucas County	Ohio	U.S.
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2012-2014)	8,576	7,566	6,600
Overall health. Percentage of adults reporting fair or poor health (age-adjusted) (2015)	18%	15%	15%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2015)	3.7	3.7	3.6
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2015)	4.2	4.0	3.7
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2008-2014)	9%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2015)	20%	22%	18%
Obesity. Percentage of adults that report a BMI of 30 or more (2013)	34%	31%	28%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2014)	6.6	7.0	7.3
Physical activity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2013)	27%	25%	22%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2014)	95%	83%	84%
Drug and alcohol abuse. Percentage of adults reporting binge or heavy drinking (2015)	17%	19%	18%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2011-2015)	39%	34%	30%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2014)	603	474	456:1
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2008-2014)	40	32	32

	Lucas County	Ohio	U.S
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2014)	10%	10%	14%
Access to health care/medical care. Ratio of population to primary care physicians (2014)	1113:1	1300:1	1,320:1
Access to dental care. Ratio of population to dentists (2015)	1511:1	1692:1	1,520:1
Access to behavioral health care. Ratio of population to mental health providers (2016)	537:1	633:1	500:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2014)	71	60	50
Diabetes. Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring (2014)	82%	85%	85%
Cancer. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2014)	60%	61%	63%
Social and Economic Environment			
Education. Percentage of ninth-grade cohort that graduates in four years (2014-2015)	60%	81%	83%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2011-2015)	64%	64%	64%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2015)	5%	5%	5%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2015)	29%	21%	21%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2011-2015)	5.4	4.8	5.0
Family and social support. Percentage of children that live in a household headed by single parent (2011-2015)	47%	36%	34%
Family and social support. Number of membership associations per 10,000 population (2015)	10.1	11.3	9
Violence. Number of reported violent crime offenses per 100,000 population (2012-2014)	794	290	380
Injury. Number of deaths due to injury per 100,000 population (2011-2015)	74	70%	62

	Lucas County	Ohio	U.S.
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2012)	11.4	11.3	8.7
Air, water, and toxic substances. Indicator of the presence of health-related drinking water violations. 1 - indicates the presence of a violation, 0 - indicates no violation (FY 2013-2014)	Yes	N/A	N/A
Housing. Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2009-2013)	17%	15%	19%
Transportation. Percentage of the workforce that drives alone to work (2011-2015)	84%	83%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2011-2015)	19%	30%	34%

(Source: 2017 County Health Rankings for Lucas County, Ohio and U.S. data)
N/A – Data is not available

Appendix VIII: Qualitative Data

2016/2017 Lucas County General Community Event

September 25th, 2017 – Key Leaders Perceptions: N=86

Based on data from the 2016/2017 Lucas County Community Health Assessment, what are the top five issues that Healthy Lucas County needs to address?

- Adult and youth mental health/depression (24)
- Adult, youth, and child obesity (11)
- Drug usage/opiates (10)
- Maternal health/infant mortality (9)
- Youth sexual behavior (8)
- Chronic disease (8)
- Social determinates of health & Adverse Childhood Experiences (ACE's) (5)
- Access to healthcare (4)
- Cervical and skin cancer (4)
- Youth tobacco products (4)
- Food insecurity (3)
- Health screenings (3)
- Disparities among minorities (2)
- Gun safety and firearms unlocked and loaded in the home (2)
- Hunger (2)
- Youth smoking (2)
- Early childhood mental health
- Bullying
- Quality of Life
- Oral health awareness
- Arthritis education in adults
- Diabetes education in adults
- Vaping
- Youth screen time
- Youth binge drinking

What actions will you take individually and/or organizationally to address the state's health priorities: mental health and addiction, chronic disease, and maternal and infant health?

- Promote more health screenings (2)
- Provide parent education classes, counseling, and bring in outside services
- Blog and write editorials on health priorities
- Attend workshops to remain informed
- Donate money to efforts
- Continue to focus on Medicaid eligibility and food assistance
- Advocate for funding
- Have programs to align with the state
- Advocate for increase tax rates for other tobacco
- Continue to provide services to families and children affected by prenatal alcohol exposure
- Determine the correlation between smoking risky behaviors
- Advocate at the state and local level for funding of behavioral health social service components of care
- Advocate for child dental visits by their first birthday
- Continue efforts of health screenings offered within the community

2016/2017 Lucas County General Community Event

September 25th, 2017 – Community Stakeholder Perceptions: N=108

Based on the data, what are the top 5 issues Lucas County needs to focus on?

- Mental health (19)
- Obesity (19)
- Substance abuse (drugs, alcohol, opiates) (12)
- Youth sexual behavior (12)
- Youth Adverse Childhood Experiences (ACEs) (6)
- Youth bullying (6)
- Nutrition (fruit and vegetable consumption) (6)
- Infant mortality (5)
- Chronic diseases (5)
- Access to health care (3)
- Social determinants of health (3)
- Youth alcohol consumption and binge drinking (3)
- Food insecurity (3)
- Low percentage of yearly Pap smears (2)
- Environmental health concerns (2)
- Health disparities among Latinos and African Americans (3)
- High level of youth females trying to lose weight
- Incarcerated population
- Homeless population
- Gun violence
- Quality of life
- Lack of dental care for those with incomes less than \$25,000
- Asthma

What surprised you the most?

- Youth sexual behavior (6)
- Youth suicide rates (5)
- Bed bugs among the top three environmental health concerns (3)
- Youth marijuana use (2)
- Overall youth statistics (2)
- Food insecurity (2)
- Youth Adverse Childhood Experiences (ACEs) (2)
- Fruit and vegetable consumption (2)
- Low number of adults who drink
- Number of those who performed sexual acts in exchange for goods
- Higher number of female alcohol consumption
- Prenatal care received within the first trimester
- Higher disparity between income than race
- Early age of onset for youth drinking
- Smoking rates decreased
- High percent of children diagnosed with ADD/ADHD
- Youth e-cigarette use
- Attended post-partum follow-up appointments
- Social determinants of health

What will you or your organization do with this data?

- Use to apply for grants (9)
- Assist in improving existing programs available to the community (6)
- Implement in strategic plan (3)
- Look further into youth programs

What will you or your organization do with this data? *Continued*

- Partner with other organizations
- Work on quality improvement of current services provided
- Help to identify trends in mental health

Based on the 2015-2018 CHIP priorities, which do you see as the most important?

- Mental health and addiction (11)
- Maternal health and infant mortality (9)
- Obesity (6)
- Food insecurity (3)
- Chronic diseases (3)
- Alcohol consumption (2)
- Adverse Childhood Experiences (ACEs) (2)
- Healthcare reform
- Youth bullying
- Oral health
- Environmental health concerns
- Drugged driving

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

- Social media outlets (17)
- Local T.V. shows/news channels (7)
- Local newspapers (6)
- Conduct presentations in schools (6)
- Neighborhood meetings and community forums (5)
- Promote on local agency websites (4)
- Billboards and radio stations/public service announcements (4)
- E-newsletters (3)
- Press releases (2)
- Partner with additional agencies
- Faith-based forums
- Community Health Workers

What are some of the barriers that you or your family may face regarding the issues identified?

- Changes in health insurance (2)
- Income level (2)
- Single family homes (2)
- Quality of personal health
- Gym memberships not affordable
- Transportation issues
- Lack of awareness of available resources
- Cost of premiums
- Language barriers

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

- Schools and universities (4)
- Faith-based organizations (4)
- City council members (3)
- Managed Care (2)
- The mayor (2)
- Hospitals (2)
- Toledo Fire and Rescue (EMS and Paramedics)

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

- Health commissioner
- Ohio State Extension
- Supplemental Nutrition Assistance Program Education (SNAP-ED)
- Getting to 1
- Mental Health Recovery and Service Board of Lucas County
- National Alliance on Mental Illness (NAMI) of Greater Toledo
- The Ability Center
- Soma City Church
- Local grocery stores and restaurants
- YMCA of Greater Toledo
- Social services agencies

2016/2017 Lucas County Minority Data Release Community Event

September 26th, 2017 – Community Stakeholder Perceptions: N=130

Based on the data, what are the top 5 issues Lucas County needs to focus on?

- Mental Health (23)
- Obesity (20)
- Infant mortality (15)
- Preventive medicine health care access (14)
- Racism (13)
- Alcohol consumption (11)
- Sexual health (10)
- Drug use (9)
- Minority adult and youth health (8)
- Social determinants of health (7)
- Tobacco use (6)
- Chronic diseases (4)
- Oral health (4)
- Physical health (3)
- Environmental health (bed bugs or rodents in the home) (3)
- Fruit and vegetable consumption (3)
- Firearms in the home (2)
- Employment (2)
- Suicide (2)
- Poverty (2)
- Violence (2)
- Weight loss programs
- Food security
- Collaboration between the community

What surprised you the most?

- Youth data overall (10)
- Latino health overall (7)
- Fruit and vegetable consumption (4)
- Obesity (4)
- Overall data is alarming (4)
- Numbers are not getting better in many areas (3)
- Suicide attempt rates (2)
- Youth alcohol and drug abuse (2)
- Disparities within minority data (2)
- Infant mortality (2)
- High rate of low health perception
- The large amount of people that attended the community event
- Percentage of firearms owned and unlocked
- Small number of Latino total population
- Chronic disease rates
- Latinos health seems worse than African Americans
- Mental health data
- Environmental issues effecting health

What will you or your organization do with this data?

- Create services and/or programs that are collaborative and meet the needs of the community (14)
- Educate patients, people, and students (11)
- Organize, plan, and implement policy systems and create partnerships to improve environment conditions (10)

What will you or your organization do with this data? *Continued*

- Review outreach efforts (7)
- Share information (7)
- Keep in mind the data when interacting with the community (5)
- Research (3)
- Increase funding (2)
- Try to help decrease barriers to improve health (2)
- Grant reports will now have data and behaviors for diabetes (2)
- Set goals
- Look at the quality and satisfaction of services and programs addressing chronic diseases
- Advocate for current agency programs
- Address gaps and disparities with members we serve

Based on the 2015-2018 CHIP priorities, which do you see as the most important?

- Social determinants of health (education and quality of life) (10)
- Mental health (8)
- Infant mortality (8)
- Racism (7)
- Obesity (5)
- Access to healthcare services (4)
- Education (3)
- Latino health (2)
- Child health
- Collaboration with grass roots organizations
- Health of low income populations
- School readiness
- Youth disparities
- Chronic disease
- Sexual health in youth

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

- Media and news (18)
- Churches and their leaders (13)
- Schools (11)
- Public meetings (8)
- Local presentations (7)
- Community events (7)
- Through local agencies (6)
- Forums (2)
- Have available in various formats
- Educating/understanding, not just communicating
- Hospitals
- Universities
- Workplaces
- Government officials
- Bulletin boards
- Library
- Engage minority health
- Housing units
- Barbershops

What are some of the barriers that you or your family may face regarding the issues identified?

- Cost/finances (7)
- Racism (7)
- Access to healthcare (5)
- Education (5)
- Time (2)
- Making positive health changes (2)
- Youth risky behaviors (2)
- U.S Immigration and Customs Enforcement (ICE)
- Health disparities
- Decision makers
- Being a barrier to someone else
- Chronic diseases
- Stigma
- Stress

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

- Faith based groups (13)
- All who attended the community event (6)
- Universities (4)
- Schools (3)
- Homeless shelters (3)
- YWCA (3)
- Coalitions (2)
- Lucas County Health Department services (2)
- Elected officials (2)
- Community centers (2)
- Community members (2)
- Neighborhood Health Association (2)
- Athletic coaches
- Neighborhood groups
- Minority providers
- Ohio State Extension
- Mental health groups
- Job and Family Services
- Social services agencies
- Planned Parenthood
- American Association for Respiratory Care (AARC)
- Sofia Quintero Art and Cultural Center
- Cherry Street Mission
- Including the youth in the CHIP committee
- Transportation agencies
- Women, Infants, and Children (WIC)
- Head Start
- Healthy Start
- Help Me Grow
- Fredrick Douglas Community Center
- National Association for the Advancement of Colored People (NAACP)