

2016

WILLIAMS COUNTY



COMMUNITY

HEALTH STATUS ASSESSMENT



EXAMINING THE HEALTH OF
WILLIAMS COUNTY

FOREWORD

It is our pleasure, on behalf of the Williams County Partners for Health Committee, to present the 2016 Williams County Community Health Assessment. The data contained in this report is a scientifically valid sampling conducted every three years in the community to better identify and understand health issues facing Williams County residents. Through a combined effort by the Williams County Health Department, Community Hospitals and Wellness Centers – Bryan and Montpelier, and the many organizations listed in this publication, we are able to provide valuable information both to individual residents and organizations in the community. In the past, this information has helped to educate citizens about their community and we hope you find the new report helpful in that regard. Organizations within the community have been able to leverage grant dollars from this report to bring funds back to Williams County to address needs found in these reports.

In the 2016 report you will find that in many ways the health of our community is very good and ranks higher than both the nation and state averages. In other areas, you will find we still have challenges that need to be addressed for the betterment of our community.

Whether you use this information to apply for grants or just become more informed we hope that you find this report useful for your purposes. For additional information or questions regarding the report, please contact Jim Watkins, Williams County Health Commissioner, at 419-485-3141 extension 122.

Sincerely,

James D. Watkins, MPH, RS
Health Commissioner
Williams County Health Department

Philip Ennen
CEO
Community Hospitals and Wellness Center

FOREWORD

This report has been funded by:

Community Hospitals and Wellness Centers – Bryan
Community Hospitals and Wellness Centers – Montpelier

This report has been commissioned by Williams County Partners for Health. It has been a joint effort between the Williams County Health Department, Community Hospitals and Wellness Centers – Bryan and Montpelier, and other organizations listed below:

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

<http://www.hcno.org/community/data-indicator.html>.

The 2016 Williams County Health Assessment is available on the following websites:

Community Hospitals and Wellness Centers

<https://www.chwchospital.org/community-health-assesment/>

Williams County Combined Health District

<http://www.williamscountyhealth.org/>

Hospital Council of Northwest Ohio

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

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EXECUTIVE SUMMARY

This executive summary provides an overview of health-related data for Williams County adults (19 years of age and older) and youth (ages 12 through 18) who participated in a county-wide health assessment survey during 2016. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Survey (YRBS). 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 and adolescents within Williams County, which constitutes the majority of the population served at Community Hospitals and Wellness Centers – Bryan and Montpelier. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

INSTRUMENT DEVELOPMENT

Two survey instruments were designed and pilot tested for this study: one for adults and one for adolescents. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults and adolescents. The investigators decided to derive the majority of the adult survey items from the BRFSS. The majority of the survey items for the adolescent survey were derived from the YRBS. This decision was based on being able to compare local data with state and national data. Feedback from key leaders and the public from the Williams County Health Assessment Community Event Results that occurred on September 5, 2013 was included in deriving the questions for the 2016 assessment.

The Project Coordinator from the Hospital Council of NW Ohio conducted a series of meetings with the planning committee from Williams County. During these meetings, banks of potential survey questions from the BRFSS and YRBS surveys were reviewed and discussed. Based on input from the Williams County planning committee, the Project Coordinator composed drafts of surveys containing 116 items for the adult survey and 78 items for the adolescent survey. The drafts were reviewed and approved by health education researchers at the University of Toledo.

SAMPLING | *Adult Survey*

Adults ages 19 and older living in Williams County were used as the sampling frame for the adult survey. There were 28,142 persons ages 19 and older living in Williams County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding 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 379 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Williams County was obtained from Allegra Marketing Services in Louisville, KY.

SAMPLING | *Adolescent Survey*

There were 3,622 persons ages 12 to 18 years old living in Williams County. A sample size of 347 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.

PROCEDURE | *Adult Survey*

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

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

The response rate for the mailing was 45% (n=513: CI= \pm 4.29). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

PROCEDURE | *Adolescent Survey*

The survey was approved by all superintendents. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 97% (n=436: CI= \pm 4.4).

DATA ANALYSIS

Individual responses were anonymous and confidential. Only group data are available. All data was analyzed by health education researchers at the University of Toledo using SPSS 21.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Williams County, the adult data collected was weighted by age, gender, race, and income using 2010 census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix III.

LIMITATIONS

As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Williams 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 Williams County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

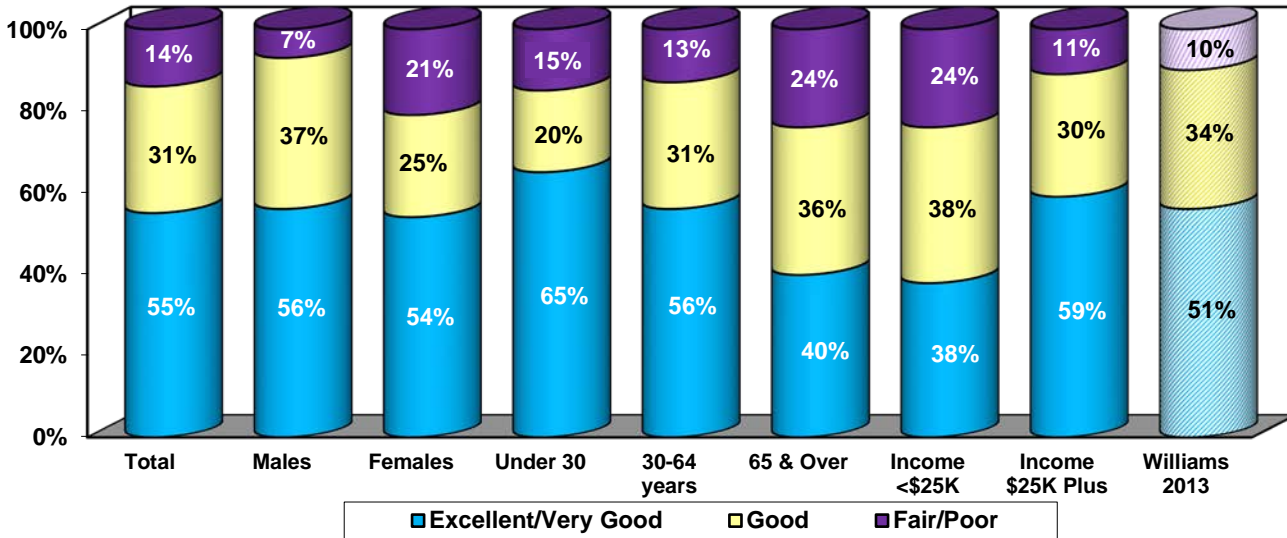
Second, it is important to note that, although several questions were asked using the same wording as the CDC questionnaires, the adult data collection method differed. CDC adult data were collected using a set of questions from the total question bank and adults were asked the questions over the telephone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

Data Summary

HEALTH PERCEPTIONS

In 2016, more than half (55%) of the Williams County adults rated their health status as excellent or very good. Conversely, 14% of adults, increasing to 24% of those over the age of 65, described their health as fair or poor.

Williams County Adult Health Perceptions*

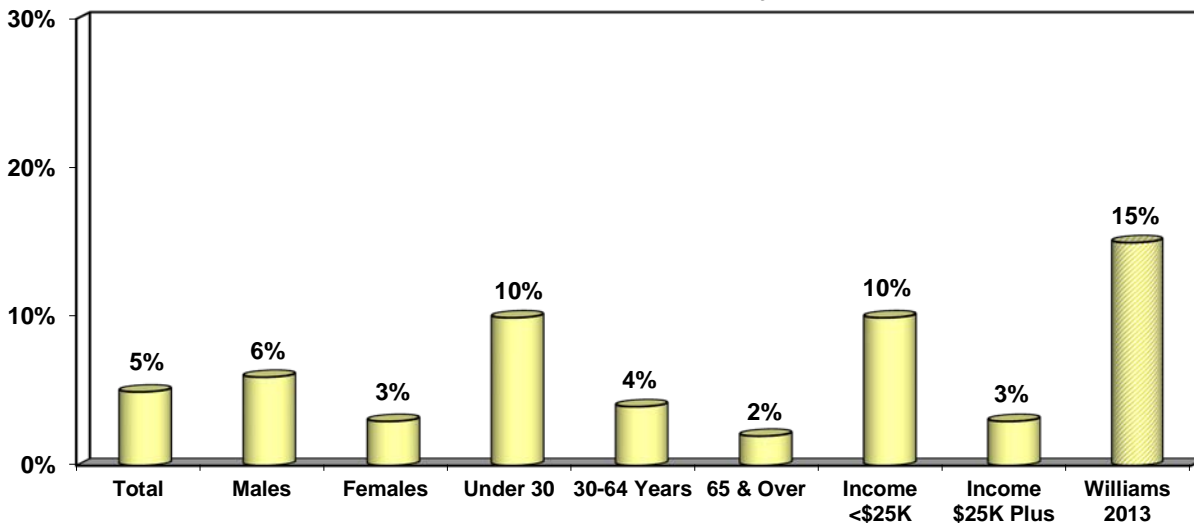


*Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"

HEALTH CARE COVERAGE

The 2016 Health Assessment data has identified that 5% of Williams County adults were without health care coverage. Those most likely to be uninsured were adults under age 30 and those with an income level under \$25,000. In Williams County, 14.5% of residents live below the federal poverty level (Source: U.S. Census, American Community Survey 5 Year Estimate, 2010-2014).

Uninsured Williams County Adults



HEALTH CARE ACCESS

The 2016 Health Assessment project identified that 59% of Williams County adults had visited a doctor for a routine checkup in the past year. 57% of adults went outside of Williams County for health care services in the past year.

CARDIOVASCULAR HEALTH

Heart disease (22%) and stroke (4%) accounted for 26% of all Williams County adult deaths in 2014 (Source: CDC Wonder, 2014). The 2016 Williams County Health Assessment found that 4% of adults had survived a heart attack and 1% had survived a stroke at some time in their life. Over two-fifths (41%) of Williams County adults were obese, 35% had been diagnosed with high blood pressure, 32% were sedentary, 36% had high blood cholesterol, and 22% were smokers, five known risk factors for heart disease and stroke.

CANCER

In 2016, 14% of Williams County adults had been diagnosed with cancer at some time in their life. The Centers for Disease Control and Prevention (CDC) indicates that from 2010-2014, a total of 462 Williams County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that not using tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

DIABETES

In 2016, 7% of Williams County adults had been diagnosed with diabetes.

ARTHRITIS

According to the Williams County survey data, 33% of Williams County adults were diagnosed with arthritis. According to the 2014 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.

ASTHMA

In 2016, 18% of Williams County adults had been diagnosed with asthma.

Williams County Leading Causes of Death 2014

Total Deaths: 397

1. Cancer (24% of all deaths)
2. Heart Disease (22%)
3. Chronic Lower Respiratory Diseases (8%)
4. Diabetes (7%)
5. Alzheimer's Disease (6%)

(Source: CDC Wonder, 2014)

Williams County Incidence of Cancer, 2008-2012

All Types: 976 cases

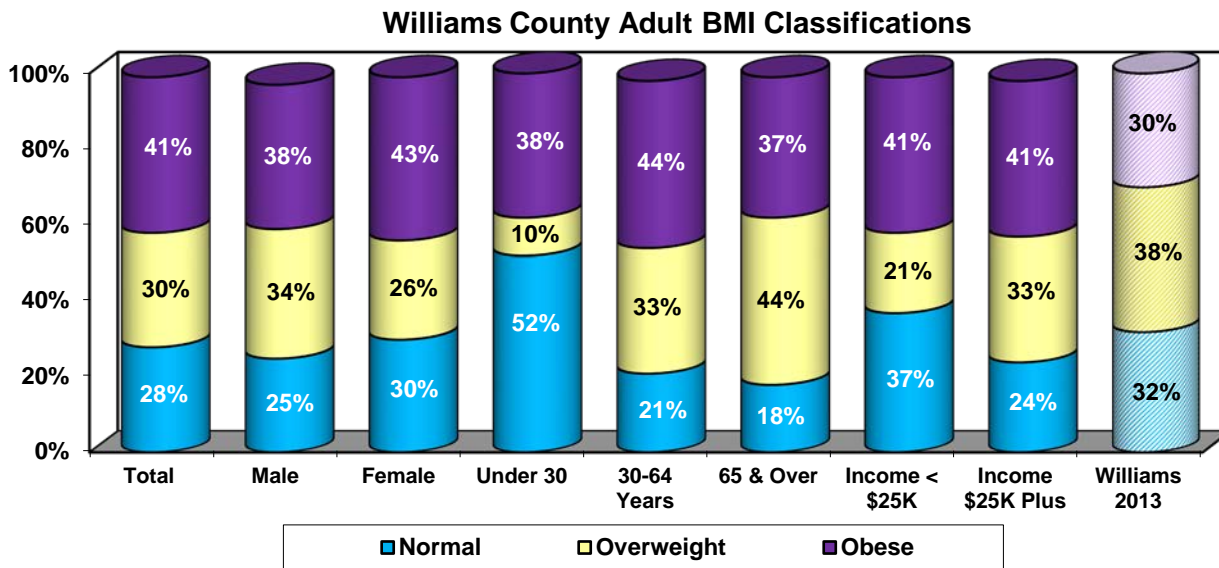
- Lung and Bronchus: 154 cases (16%)
- Breast: 140 cases (14%)
- Prostate: 119 cases (12%)
- Colon and Rectum: 116 cases (12%)

From 2010-2014, there were 462 cancer deaths in Williams County.

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 4/8/2015)

ADULT WEIGHT STATUS

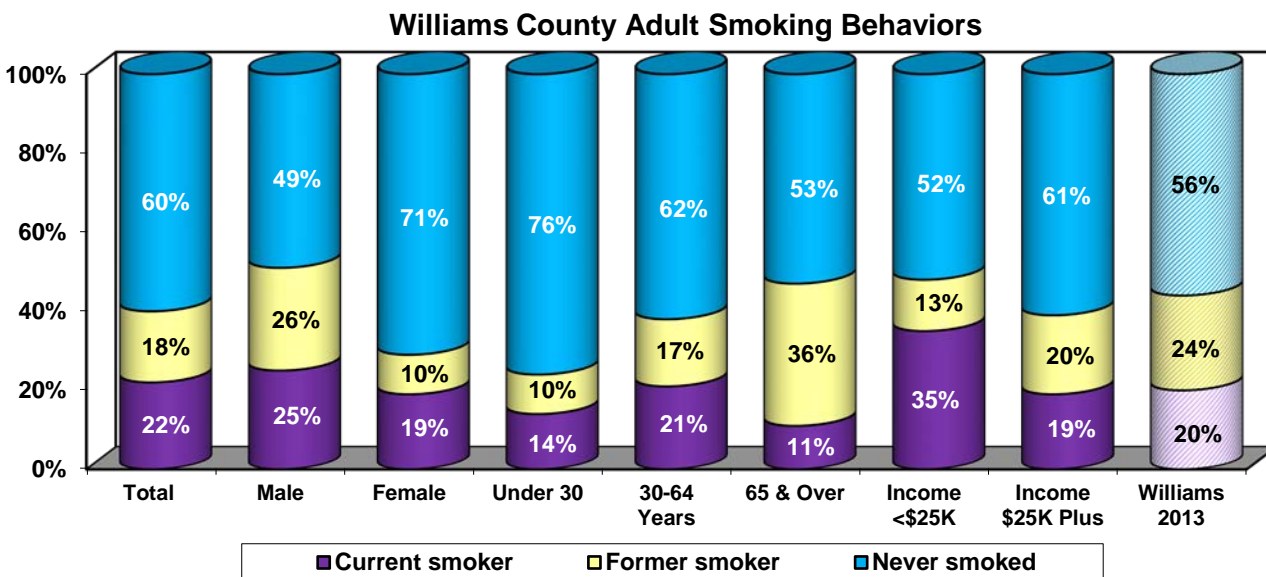
The 2016 Health Assessment identified that 71% of Williams County adults were overweight or obese based on Body Mass Index (BMI). More than two-fifths (41%) of Williams County adults were obese. The 2014 BRFSS indicates that 33% of Ohio and 30% of U.S. adults were obese by BMI. More than two-fifths (45%) of adults were trying to lose weight.



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

ADULT TOBACCO USE

In 2016, 22% of Williams County adults were current smokers and 18% were considered former smokers. In 2015, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death worldwide, and is responsible for the deaths of approximately half of long-term users. Each year, tobacco use is responsible for almost 6 million premature deaths, 80% of which are in low-and middle-income countries, and by 2030, this number is expected to increase to 8 million (Source: Cancer Facts & Figures, American Cancer Society, 2015).

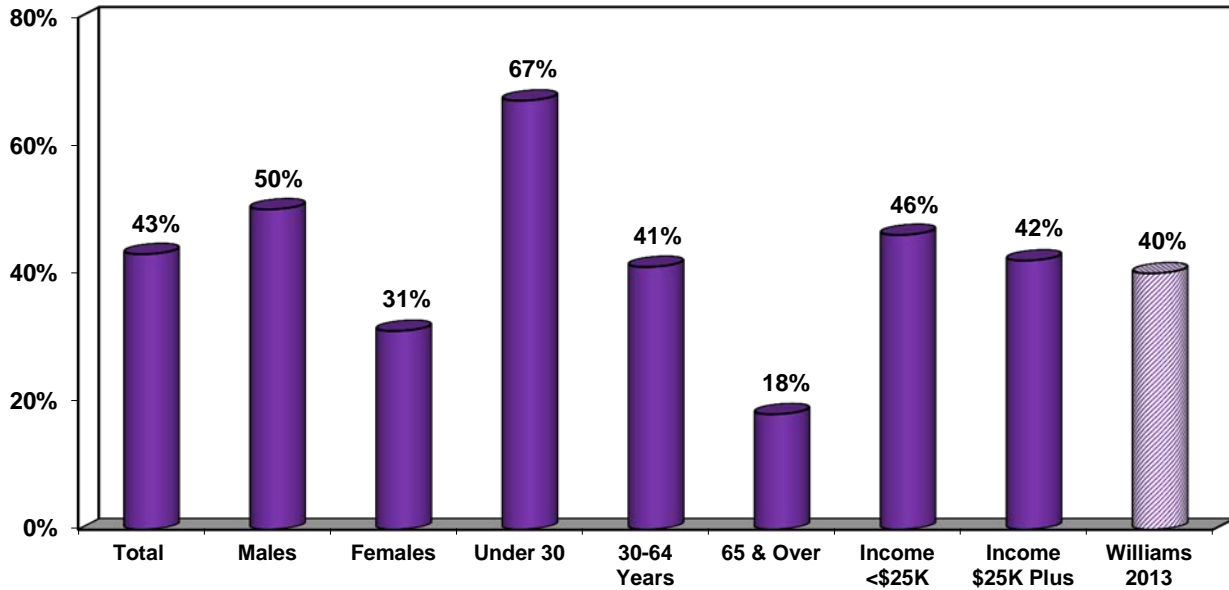


Respondents were asked:
 "Have you smoked at least 100 cigarettes in your entire life?
 If yes, do you now smoke cigarettes every day, some days or not at all?"

ADULT ALCOHOL CONSUMPTION

In 2016, the Health Assessment indicated that 9% of Williams County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 43% of adults who drank had five or more drinks (for males) or 4 or more drinks (for females) on one occasion (binge drinking) in the past month. Four percent of adults drove after having perhaps too much to drink.

Williams County Adult Drinkers Who Binge Drank in Past Month*

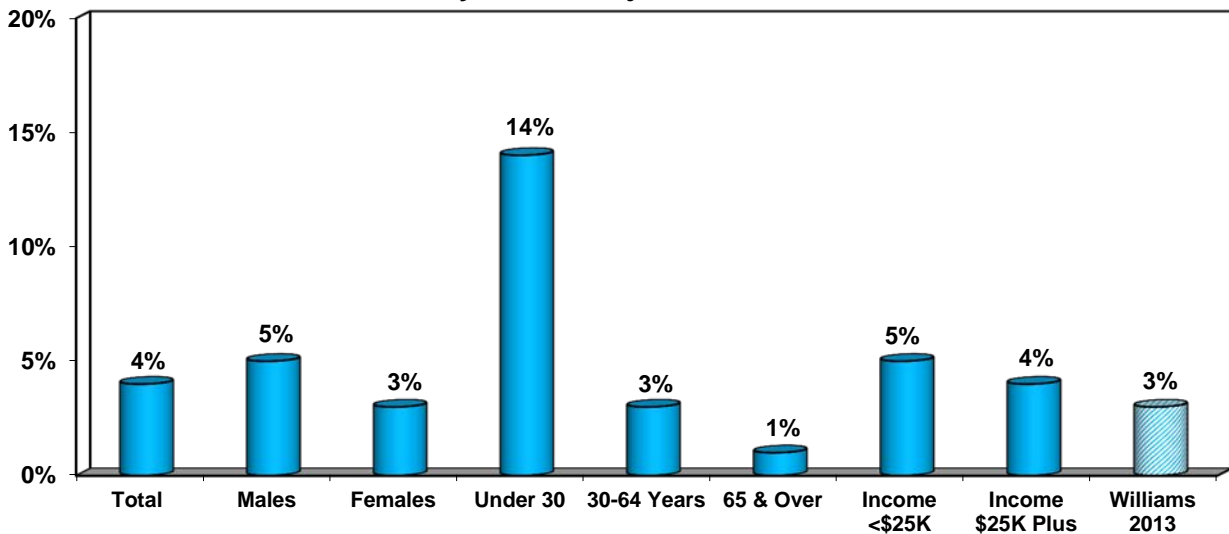


*Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion.

ADULT MARIJUANA AND OTHER DRUG USE

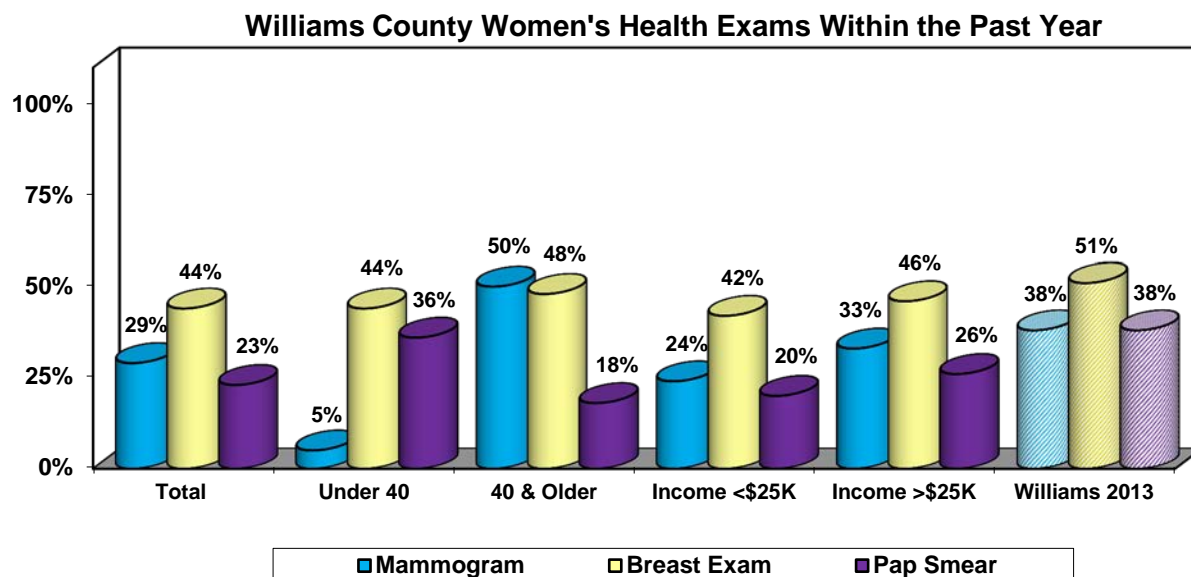
In 2016, 4% of Williams County adults had used marijuana during the past 6 months. 5% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Williams County Adult Marijuana Use in Past 6 Months



WOMEN'S HEALTH

In 2016, half (50%) of Williams County women over the age of 40 reported having a mammogram in the past year. 44% of Williams County women ages 19 and over had a clinical breast exam and 23% had a Pap smear to detect cancer of the cervix in the past year. The Health Assessment determined that 1% of women survived a heart attack and 1% survived a stroke at some time in their life. More than one-third (35%) had high blood pressure, 37% had high blood cholesterol, 43% were obese, and 19% were identified as smokers, known risk factors for cardiovascular diseases.



MEN'S HEALTH

Cancers accounted for 27% of all male deaths in Williams County from 2012-2014. 73% of Williams County males were overweight or obese. Williams County males were more likely to have been diagnosed with diabetes than females (10% compared to 4%).

PREVENTIVE MEDICINE AND HEALTH SCREENINGS

Two-thirds (67%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than half (52%) of adults ages 50 and over had a colonoscopy/sigmoidoscopy within the past 5 years.

ADULT SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES

In 2016, more than half (55%) of Williams County adults had sexual intercourse. Four percent of adults had more than one partner. Prevalence estimates suggest that young people aged 15-24 years acquire half of all new STDs and that 1 in 4 sexually active adolescent females have an STD, such as chlamydia or human papillomavirus (HPV) (Source: CDC, *STDs in Adolescents and Young Adults, 2014 STD Surveillance*).

QUALITY OF LIFE

In 2016, 15% of Williams County adults were limited in some way because of a physical, mental or emotional problem.

SOCIAL CONTEXT

In 2016, 4% of Williams County adults were threatened and 4% were abused in the past year (including physical, sexual, emotional, financial, and verbal abuse). 43% of adults reported having firearms in and around their homes.

MENTAL HEALTH AND SUICIDE

In 2016, 2% of Williams County adults considered attempting suicide. 9% of adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities.

ORAL HEALTH

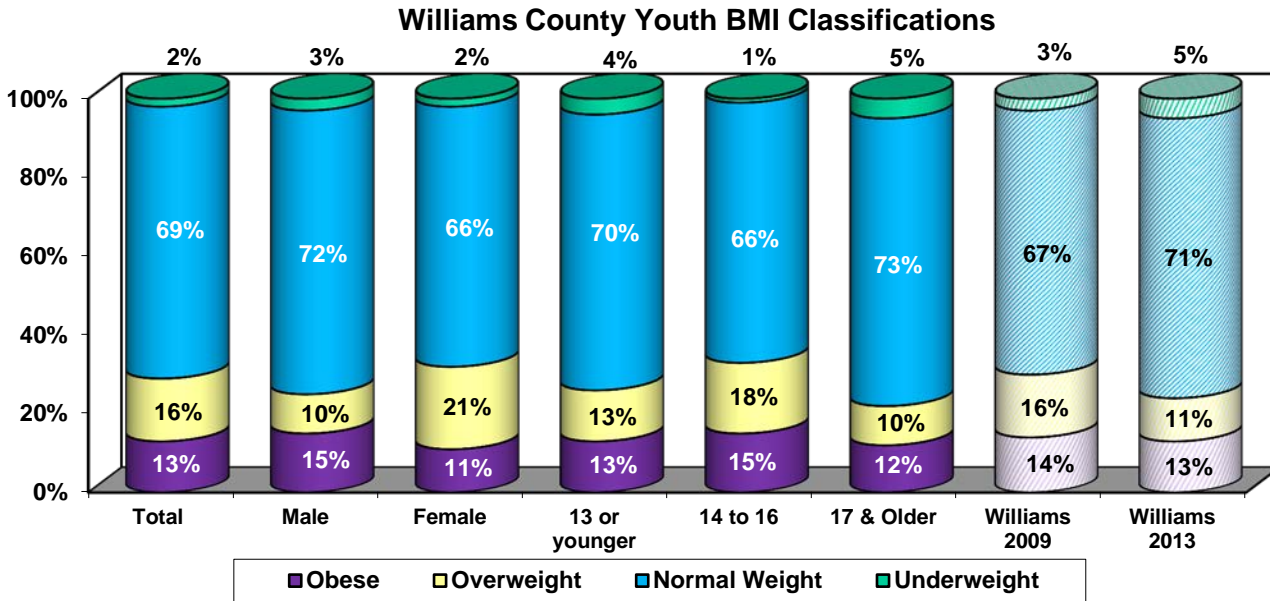
The 2016 Health Assessment project has determined that more than half (53%) of Williams County adults had visited a dentist or dental clinic in the past year. The 2014 BRFSS reported that 65% of U.S. adults and 65% of Ohio adults had visited a dentist or dental clinic in the previous twelve months. Nearly three-fourths (72%) of youth had been to the dentist for a check-up, exam, teeth cleaning or other dental work in the past year (2013 YRBS reported 75% for Ohio).

PARENTING

78% of parents discussed eating habits and peer pressure with their 6-to-17 year-old in the past year. 25% of mothers never breastfed their child.

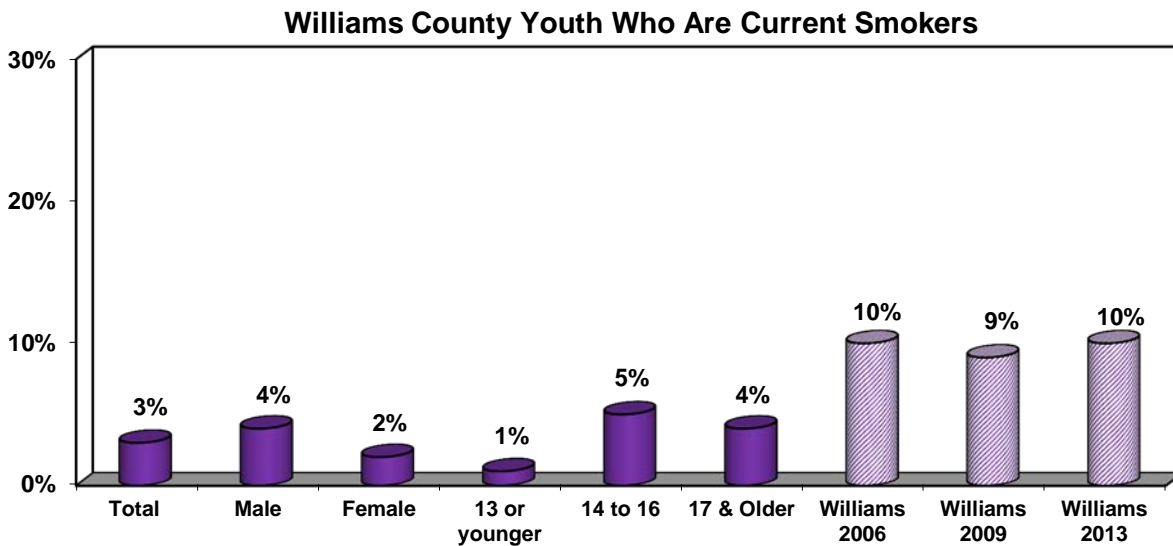
YOUTH WEIGHT STATUS

The 2016 Health Assessment identified that 13% of Williams County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 32% of Williams County youth reported that they were slightly or very overweight. 76% of youth were exercising for 60 minutes on 3 or more days per week. 90% of youth were involved in extracurricular activities.



YOUTH TOBACCO USE

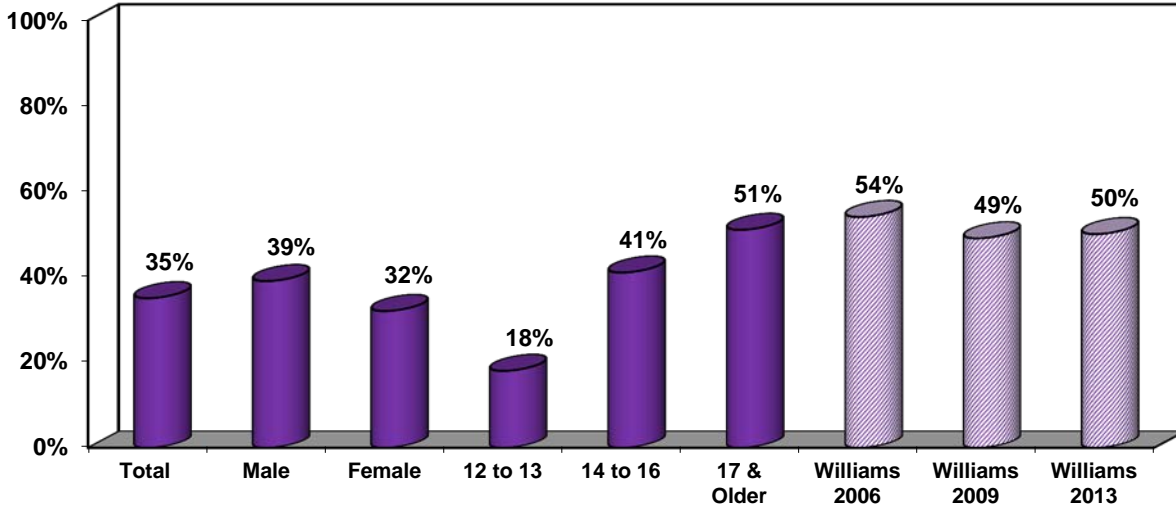
The 2016 Health Assessment identified that 18% of Williams County youth in grades 6-12 had tried smoking cigarettes, even one or two puffs. 21% of current smokers smoked daily. More than four-fifths (86%) of Williams County youth reported that their parents would disapprove of them smoking cigarettes.



YOUTH ALCOHOL CONSUMPTION

In 2016, the Health Assessment results indicated that 35% of Williams County youth in grades 6-12 had drunk at least one drink of alcohol in their life, increasing to 51% of youth 17 and older. 34% of those 6th-12th graders who drank, took their first drink at 12 years or younger. 16% of all Williams County 6th-12th grade youth and 25% of those over the age of 17 had at least one drink in the past 30 days. 10% of all youth had ridden in a car driven by someone who had been drinking alcohol.

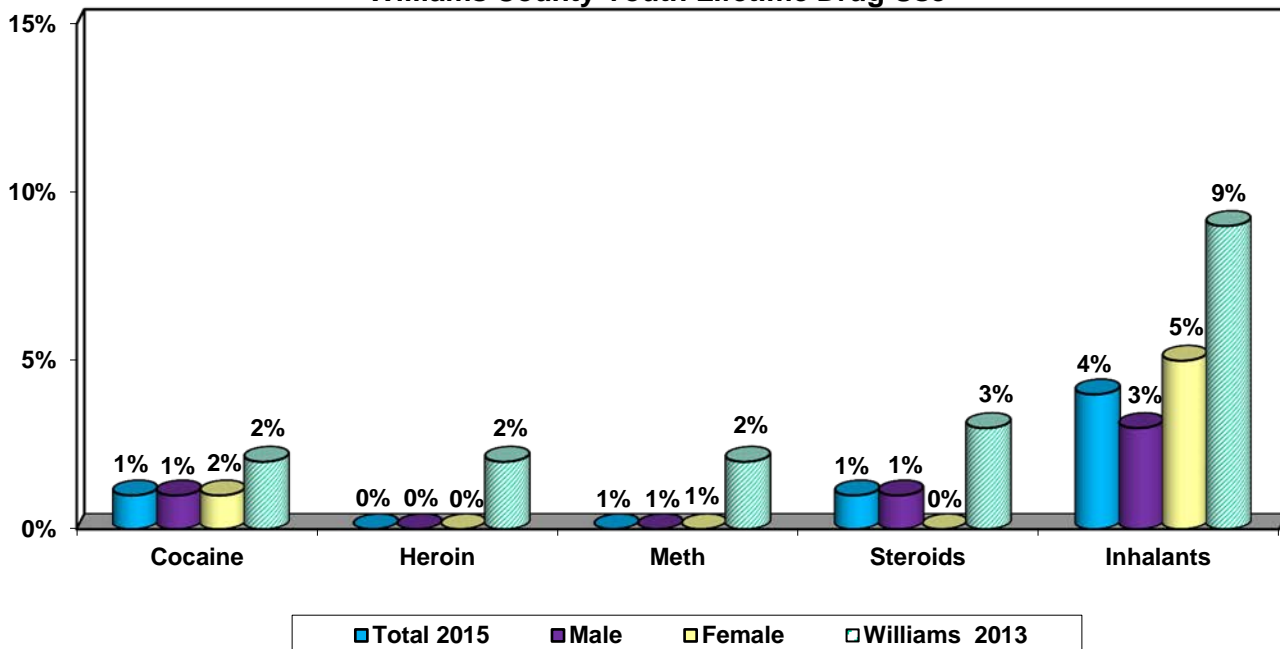
Williams County Youth Having At Least One Drink of Alcohol In Their Lifetime



YOUTH DRUG USE

In 2016, 4% of Williams County 6th-12th grade youth had used marijuana at least once in the past 30 days, increasing to 6% of high school youth. 3% of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life, increasing to 5% of those over the age of 17.

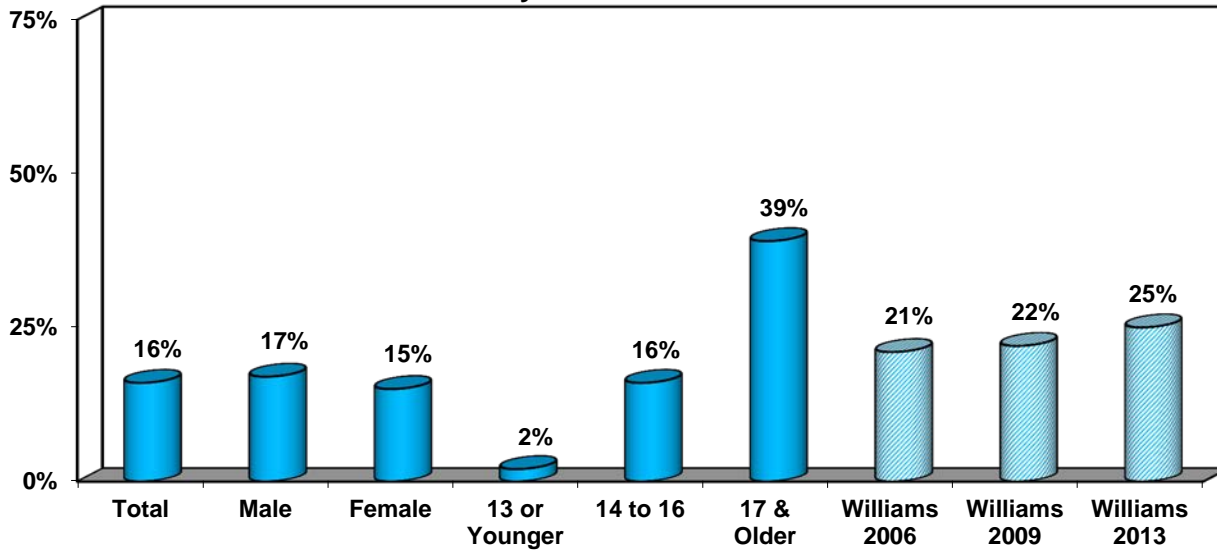
Williams County Youth Lifetime Drug Use



YOUTH SEXUAL BEHAVIOR & PREGNANCY OUTCOMES

In 2016, 16% of Williams County youth have had sexual intercourse, increasing to 39% of those ages 17 and over. 16% of youth had participated in oral sex and 4% had participated in anal sex. 14% of youth participated in sexting. Of those who were sexually active, 41% had multiple sexual partners.

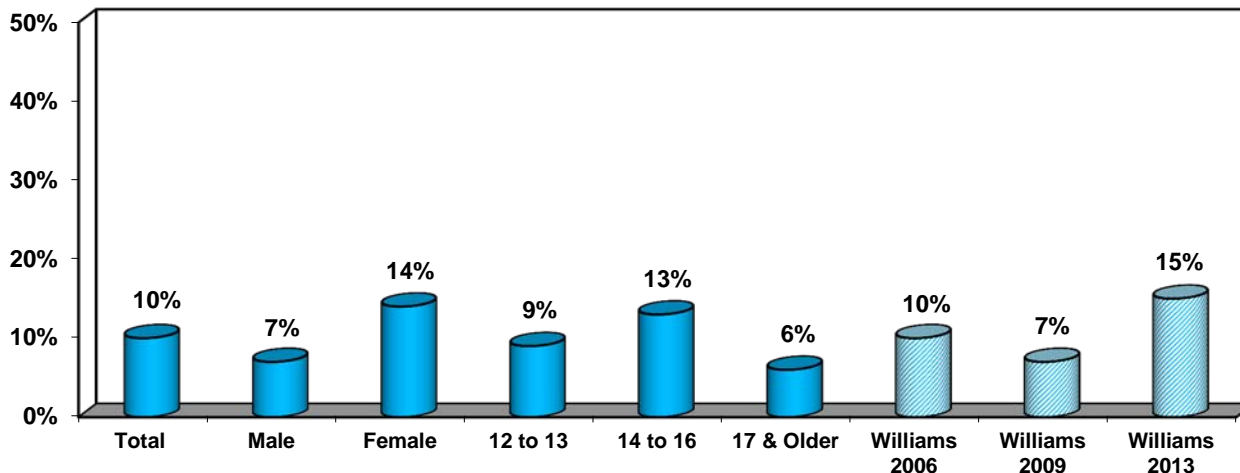
Williams County Youth Who Had Sexual Intercourse



YOUTH MENTAL HEALTH AND SUICIDE

In 2016, the Health Assessment results indicated that 10% of Williams County 6th-12th grade youth had seriously considered attempting suicide in the past year and 7% admitted to actually attempting suicide in the past year.

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



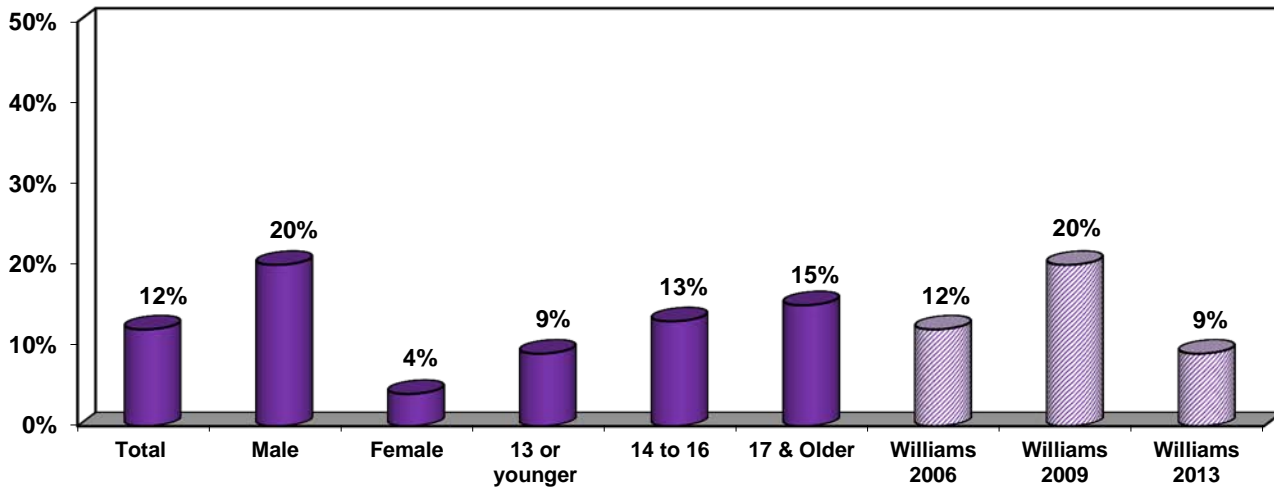
YOUTH SAFETY

In 2016, 10% of youth had ridden in a car driven by someone who had been drinking alcohol in the past 36% of youth drivers texted while driving. 17% of youth had purposefully hurt themselves at some time in their lives.

YOUTH VIOLENCE

In Williams County, 12% of youth had carried a weapon in the past month. 73% of Williams County youth reported there was a firearm in or around their home. 47% of youth had been bullied in the past year and 12% had been cyber bullied.

Williams County Youth Carrying a Weapon During the Past 30 Days



Adult | TREND SUMMARY

Adult Variables	Williams County 2013	Williams County 2016	Ohio 2014	U.S. 2014
Health Status				
Rated health as excellent or very good	56%	55%	51%	53%
Rated general health as fair or poor	10%	14%	18%	17%
Average days that physical health not good in past month	2.6	3.5	3.9***	3.7***
Average days that mental health not good in past month	2.3	4.5	3.9***	3.5***
Average days that poor physical or mental health kept them from doing their usual activities in past month	1.7	2.5	2.3***	2.4***
Health Care Coverage				
Uninsured	15%	5%	10%	13%
Arthritis, Asthma, & Diabetes				
Has been diagnosed with diabetes	8%	7%	12%	10%
Has been diagnosed with asthma	12%	18%	15%	14%
Has been diagnosed with arthritis	29%	33%	31%	26%
Cardiovascular Health				
Had angina	6%	6%	5%	4%
Had a heart attack	5%	4%	5%	4%
Had a stroke	3%	1%	4%	3%
Has been diagnosed with high blood pressure	29%	35%	34%*	31%*
Has been diagnosed with high blood cholesterol	35%	36%	38%*	38%*
Had blood cholesterol checked within the past 5 years	70%	79%	78%*	76%*
Weight Status				
Overweight	38%	30%	34%	35%
Obese	30%	41%	33%	30%
Alcohol Consumption				
Had at least one alcoholic beverage in past month	45%	38%	53%	53%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	18%	15%	18%	16%
Tobacco Use				
Current smoker (currently smoke some or all days)	20%	22%	21%	18%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	24%	18%	25%	25%
Drug Use				
Adults who used marijuana in the past 6 months	3%	4%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	6%	5%	N/A	N/A
Adults who used other recreational drugs in the past 6 months	<1%	1%	N/A	N/A

N/A - not available

*2013 BRFSS Data

** 2012 BRFSS Data

***2010 BRFSS Data

Adult Variables	Williams County 2013	Williams County 2016	Ohio 2014	U.S. 2014
Preventive Medicine				
Had a pneumonia vaccine (ages 65 and older)	56%	67%	70%	70%
Had a flu vaccine in the past year (ages 65 and over)	72%	72%	56%	61%
Had a clinical breast exam in the past two years (ages 40 and older)	68%	66%	75%***	77%***
Had a mammogram in the past two years (ages 40 and older)	69%	67%	72%	73%
Had a pap smear in the past three years	66%	54%	74%	75%
Quality of Life				
Limited in some way because of physical, mental or emotional problem	20%	15%	22%	20%
Mental Health				
Considered attempting suicide in the past year	3%	2%	N/A	N/A
Two or more weeks in a row felt sad or hopeless	8%	9%	N/A	N/A
Oral Health				
Adults who have visited the dentist in the past year	65%	53%	65%	65%

N/A - not available

***2010 BRFSS Data

Youth | TREND SUMMARY

Youth Variables	Williams County 2006 (6 th -12 th)	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2016 (6 th -12 th)	Williams County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Weight Control							
Obese	N/A	14%	13%	13%	15%	13%	14%
Overweight	N/A	16%	11%	16%	16%	16%	16%
Described themselves as slightly or very overweight	29%	26%	31%	32%	35%	28%	32%
Trying to lose weight	44%	49%	50%	45%	47%	47%	46%
Exercised to lose weight	45%	44%	51%	47%	53%	61%‡	61%‡
Ate less food, fewer calories, or foods lower in fat to lose weight	21%	22%	38%	27%	30%	43%‡	39%‡
Went without eating for 24 hours or more	5%	4%	7%	2%	3%	10%	12%*
Took diet pills, powders, or liquids without a doctor's advice	3%	1%	3%	2%	3%	5%	5%*
Vomited or took laxatives	1%	2%	3%	1%	2%	5%	4%*
Ate 1 to 4 servings of fruits and vegetables per day	N/A	N/A	81%	88%	89%	85%‡	78%‡
Physically active at least 60 minutes per day on every day in past week	N/A	N/A	28%	33%	31%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	N/A	59%	49%	54%	53%	48%	49%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A	12%	11%	15%	13%	13%	14%
Watched TV 3 or more hours per day	N/A	33%	38%	24%	26%	28%	25%
Unintentional Injuries & Violence							
Carried a weapon in past month	12%	20%	9%	12%	14%	14%	16%
Carried a weapon on school property in past month	4%	2%	2%	1%	1%	4%‡	4%
Threatened or injured with a weapon on school property in past year	5%	3%	7%	5%	3%	N/A	6%
Did not go to school because felt unsafe	2%	1%	5%	4%	3%	5%	6%
Electronically/cyber bullied in past year	4%	8%	13%	12%	12%	15%	16%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	3%	3%	3%	1%	2%	7%	9%‡
Ever physically forced to have sexual intercourse	5%	4%	4%	2%	2%	8%	7%
Alcohol Consumption							
Ever tried alcohol	54%	49%	50%	35%	48%	71%*	63%
Current drinker	23%	18%	18%	16%	25%	30%	33%
Binge drinker (of all youth)	14%	9%	10%	7%	12%	16%	18%
Drank for the first time before age 13 (of all youth)	23%	20%	16%	11%	11%	13%	17%
Rode with someone who was drinking	16%	15%	12%	10%	9%	17%	20%
Obtained the alcohol they drank by someone giving it to them	N/A	61%	57%	26%	28%	38%	44%

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

‡ Comparative YRBS data for Ohio is 2007 and U.S. is 2009

N/A - Not available

Youth Variables	Williams County 2006 (6 th -12 th)	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2016 (6 th -12 th)	Williams County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Tobacco Use							
Ever tried cigarettes	30%	26%	25%	18%	28%	52%*	32%
Current smokers	10%	9%	10%	3%	6%	15%	11%
Tried to quit smoking (of those youth who smoked in the past year)	63%	39%	46%	31%	38%	56%*	45%
Smoked cigarettes on 20 or more days during the past month (of all youth)	4%	2%	5%	1%	2%	7%	3%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	8%	5%	6%	5%	7%	14%*	7%
Sexual Behavior							
Ever had sexual intercourse	21%	22%	25%	16%	39%	43%	41%
Used a condom at last intercourse	62%	76%	57%	56%	61%	51%	57%
Used birth control pills at last intercourse	20%	28%	36%	30%	32%	24%	18%
Did not use any method to prevent pregnancy during last sexual intercourse	20%	3%	14%	7%	8%	12%	14%
Had four or more sexual partners (of all youth)	2%	4%	7%	3%	5%	12%	12%
Had sexual intercourse before age 13 (of all youth)	4%	3%	3%	1%	1%	4%	4%
Drug Use							
Youth who used marijuana in the past month	3%	4%	9%	4%	6%	21%	22%
Ever used methamphetamines	1%	1%	2%	<1%	0%	6%‡	3%
Ever used cocaine	2%	1%	2%	1%	3%	4%	5%
Ever used heroin	1%	<1%	2%	0%	0%	2%	2%
Ever used steroids	1%	1%	3%	1%	1%	3%	4%
Ever used inhalants	8%	6%	9%	4%	5%	9%	7%
Ever misused prescription medications	5%	5%	8%	3%	5%	N/A	N/A
Ever used ecstasy/MDMA	N/A	N/A	2%	2%	4%	N/A	5%
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	6%	6%	5%	5%	5%	20%	22%
Personal Health							
Visited a dentist for a check-up within the past year	67%	72%	68%	72%	69%	75%	N/A
Suffered blow or jolt to head	N/A	N/A	N/A	16%	17%	12%	N/A
Mental Health							
Youth who had seriously considered attempting suicide in the past year	10%	7%	15%	10%	10%	14%	18%
Youth who had attempted suicide in the past year	5%	3%	8%	7%	8%	6%	9%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (of all youth)	2%	1%	3%	2%	2%	1%	3%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	16%	16%	22%	22%	26%	26%	30%

* Comparative YRBS data for Ohio is 2011

‡ Comparative YRBS data for Ohio is 2007 and U.S. is 2009

N/A – Not available

Adult | HEALTH STATUS PERCEPTIONS

Key Findings

In 2016, more than half (55%) of the Williams County adults rated their health status as excellent or very good. Conversely, 14% of adults, increasing to 24% of those over the age of 65, described their health as fair or poor.

Adults Who Rated General Health Status Excellent or Very Good

- Williams County 55% (2016)
- Ohio 51% (2014)
- U.S. 53% (2014)

(Source: BRFSS 2014 for Ohio and U.S.)

General Health Status

- In 2016, more than half (55%) of Williams County adults rated their health as excellent or very good. Williams County adults with higher incomes (59%) were most likely to rate their health as excellent or very good, compared to 38% of those with incomes less than \$25,000.
- 14% of adults rated their health as fair or poor. The 2014 BRFSS has identified that 18% of Ohio and 17% of U.S. adults self-reported their health as fair or poor.
- Williams County adults were most likely to rate their health as fair or poor if they:
 - Had high blood pressure (30%) or high blood cholesterol (25%)
 - Had an annual household income under \$25,000 (24%)
 - Were a member of an unmarried couple (24%)
 - Were over the age of 65 (24%)
 - Had been diagnosed with diabetes (23%)

Physical Health Status

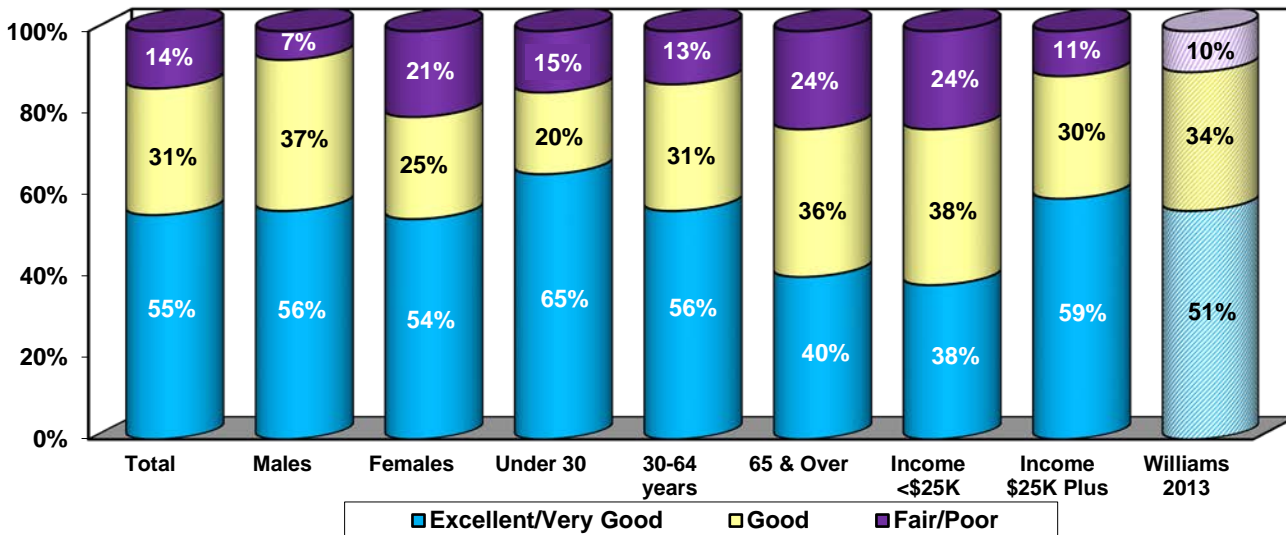
- In 2016, 20% of Williams County adults rated their physical health as not good on four or more days in the previous month.
- Williams County adults reported their physical health as not good on an average of 3.5 days in the previous month.
- Williams County adults were most likely to rate their physical health as not good if they:
 - Were over the age of 65 (27%)
 - Had an annual household income under \$25,000 (26%)

Mental Health Status

- In 2016, 23% of Williams County adults rated their mental health as not good on four or more days in the previous month.
- Williams County adults reported their mental health as not good on an average of 4.5 days in the previous month.
- One-in-six (17%) adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation in the past month.
- Williams County adults were most likely to rate their mental health as not good if they:
 - Had an annual household income under \$25,000 (36%)

The following graph shows the percentage of Williams County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 55% of all Williams County adults, 65% of those under age 30, and 40% of those ages 65 and older rated their health as excellent or very good.

Williams County Adult Health Perceptions*



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

Adult Comparisons	Williams County 2013	Williams County 2016	Ohio 2014	U.S. 2014
Rated health as excellent or very good	56%	55%	51%	53%
Rated health as fair or poor	10%	14%	18%	17%
Average days that physical health not good in past month	2.6	3.5	3.9***	3.7***
Average days that mental health not good in past month	2.3	4.5	3.9***	3.5***
Average days that poor physical or mental health kept them from doing their usual activities in past month	1.7	2.5	2.3***	2.4***

**2010 BRFSS Data

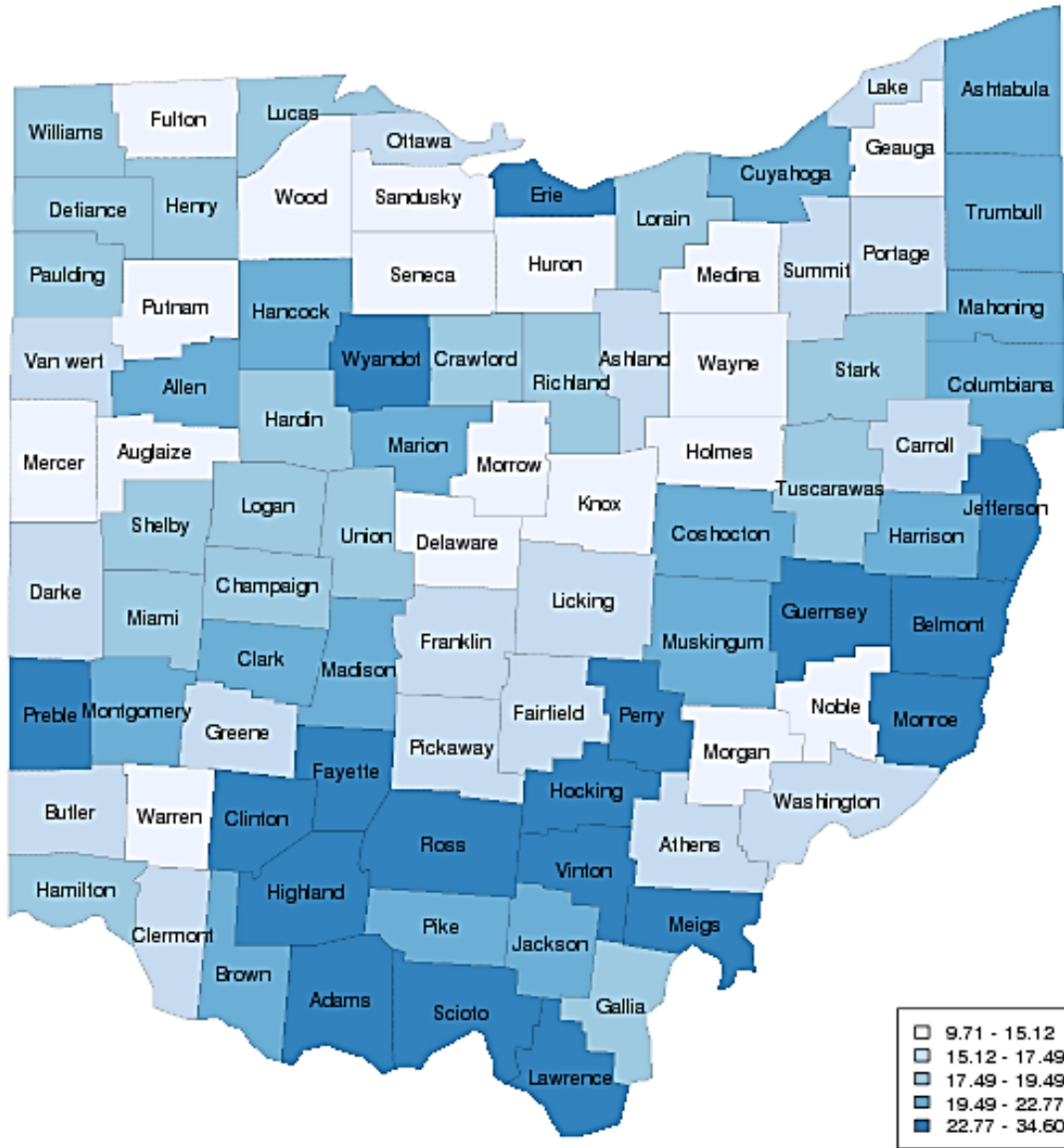
Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	71%	8%	6%	4%	8%
Females	63%	7%	4%	<1%	18%
Total	67%	7%	5%	2%	13%
Mental Health Not Good in Past 30 Days*					
Males	69%	6%	2%	1%	22%
Females	74%	5%	5%	1%	15%
Total	71%	6%	4%	1%	18%

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

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

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

Estimated Proportion: Poor/Fair Overall Health
Survey Year 2015; All Adults, Ages 19 Years and Older With Family Incomes 0% FPL or More



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

Adult | HEALTH CARE COVERAGE

Key Findings

The 2016 Health Assessment data has identified that 5% of Williams County adults were without health care coverage. Those most likely to be uninsured were adults under age 30 and those with an income level under \$25,000. In Williams County, 14.5% of residents live below the federal poverty level (Source: U.S. Census, American Community Survey 5 Year Estimate, 2010-2014).

General Health Coverage

- In 2016, 95% Williams County adults had health care coverage, leaving 5% who were uninsured. The 2014 BRFS reports uninsured prevalence rates for Ohio (10%) and the U.S. (13%).
- In the past year, 5% of adults were uninsured, increasing to 10% of those under the age of 30 and 10% of those with incomes less than \$25,000.
- 3% of adults with children did not have healthcare coverage, compared to 7% of those who did not have children living in their household.
- The following types of health care coverage were used: employer (45%), Medicare (27%), someone else's employer (12%), self-paid plan (6%), Medicaid or medical assistance (5%), Health Insurance Marketplace (2%), military or VA (1%), and other (1%).

Average Members Per Year 2010	Williams County Residents Enrolled in Medicaid	Ohio Residents Enrolled in Medicaid
Ages 0-18	3,856 (57%)	1,159,095 (55%)
Ages 19-64	2,434 (36%)	787,749 (38%)
Ages 65 and Over	461 (7%)	155,896 (7%)
Total	6,751 (100%)	2,102,740 (100%)

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

(Source: Ohio Department of Job & Family Services, Williams County 2008-2011 Profile)

5% of Williams County adults were uninsured.

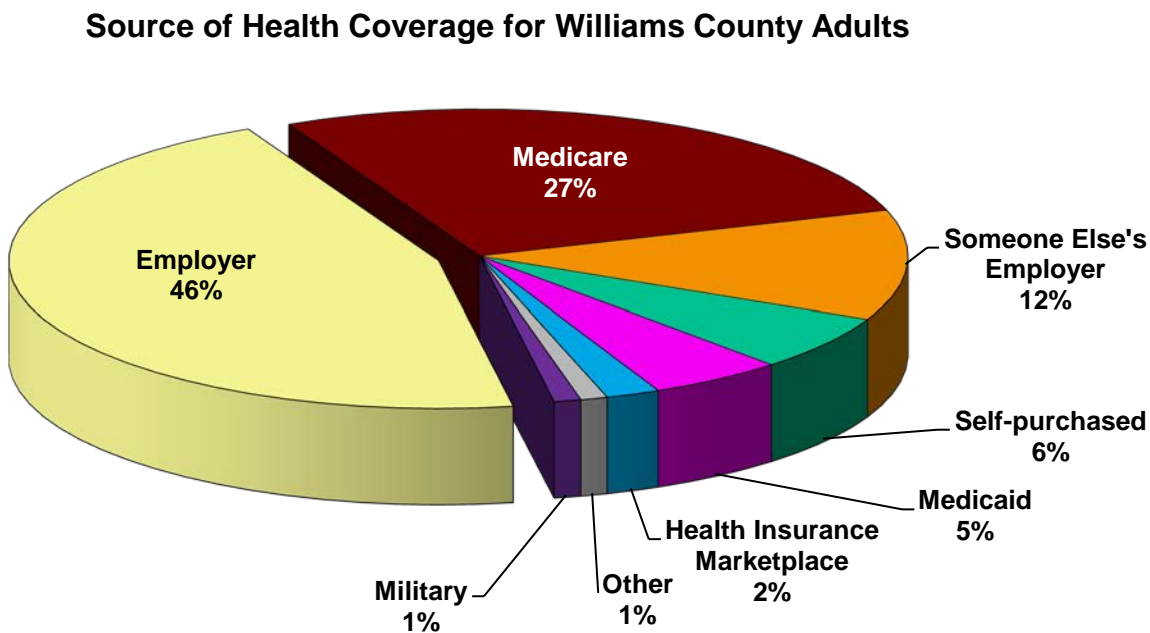
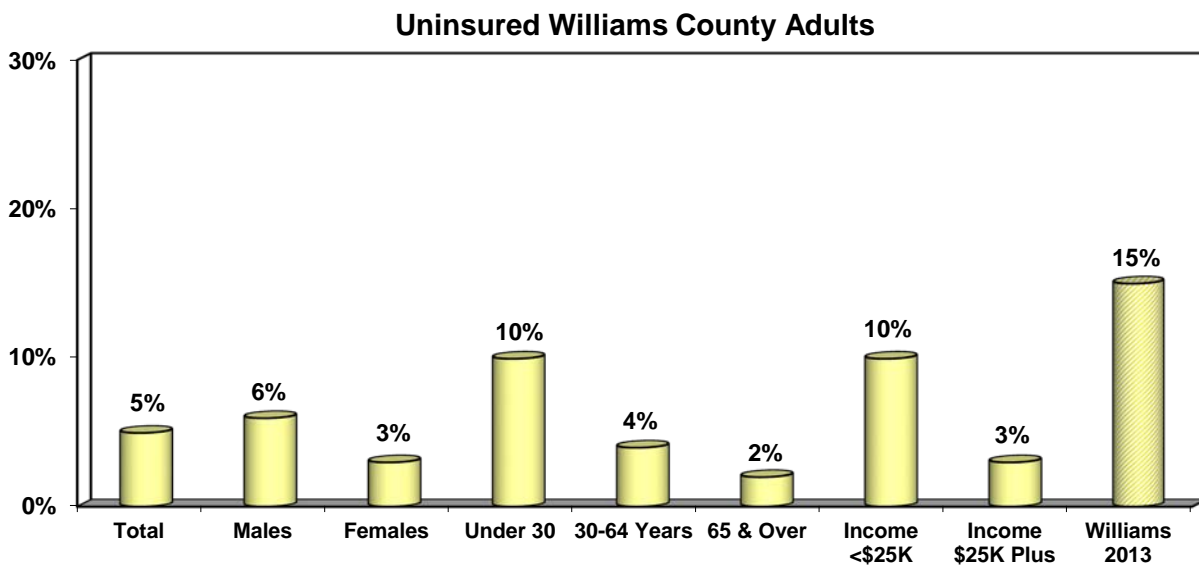
- Williams County adult health care coverage includes the following: medical (99%), prescription coverage (91%), immunizations (69%), preventive health (65%), dental (62%), vision (58%), their children (55%), their spouse (50%), outpatient therapy (48%), mental health (47%), County physicians (44%), mental health counseling (42%), alcohol and drug treatment (31%), long-term care (25%), their partner (23%), home care (19%), skilled nursing (17%), hospice (16%), transportation (10%), and assisted living (6%).
- Williams County adults had the following issues regarding their healthcare coverage: deductibles were too high (35%), co-pays were too high (24%), premiums were too high (18%), high HSA account deductible (16%), opted out of certain coverage because they could not afford it (10%), could not understand their insurance plan (6%), mental health services limited/not covered (5%), working with their insurance company (3%), provider/facility no longer covered (3%), limited visits (2%), service not deemed medically necessary (2%), difficulty navigating the Marketplace (2%), service no longer covered (2%), and opted out of certain coverage because they did not need it (1%).

- The top reasons uninsured adults gave for being without health care coverage were:
 1. They lost their job or changed employers (52%)
 2. They could not afford to pay the insurance premiums (38%)
 3. They could not afford the exchange premiums (16%)

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

10% of Williams County adults with incomes less than \$25,000 were uninsured.

The following graph shows the percentages of Williams County adults who were uninsured by demographic characteristics. Examples of how to interpret the information in the graph includes: 5% of all Williams County adults were uninsured, 10% of adults with an income less than \$25,000 reported being uninsured and 10% of those under age 30 lacked health care coverage. The pie chart shows sources of Williams County adults' health care coverage.



Adult Comparisons	Williams County 2013	Williams County 2016	Ohio 2014	U.S. 2014
Uninsured	15%	5%	10%	13%

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

Objective	Williams County 2016	Ohio 2013	U.S. 2013	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health care insurance	92% age 20-24 93% age 25-34 96% age 35-44 93% age 45-54 97% age 55-64	79% age 18-24 76% age 25-34 87% age 35-44 86% age 45-54 88% age 55-64	76% age 18-24 74% age 25-34 80% age 35-44 84% age 45-54 87% age 55-64	100%

*U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2013 BRFSS, 2016 Williams County Health Assessment)

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

Health Coverage Includes:	Yes	No	Don't Know
Medical	99%	<1%	1%
Prescription Coverage	91%	5%	4%
Immunizations	69%	11%	20%
Preventive Health	65%	12%	23%
Dental	62%	34%	4%
Vision	58%	38%	4%
Their Children	55%	41%	4%
Their Spouse	50%	36%	14%
Outpatient Therapy	48%	5%	47%
Mental Health	47%	5%	48%
County Physicians	44%	5%	50%
Mental Health Counseling	42%	5%	53%
Alcohol and Drug Treatment	31%	9%	60%
Long-Term Care	25%	14%	61%
Their Partner	23%	48%	29%
Home Care	19%	13%	67%
Skilled Nursing	17%	15%	68%
Hospice	16%	13%	71%
Transportation	10%	21%	69%
Assisted Living	6%	18%	76%

Adult HEALTH CARE ACCESS AND UTILIZATION

Key Findings

The 2016 Health Assessment project identified that 59% of Williams County adults had visited a doctor for a routine checkup in the past year. 57% of adults went outside of Williams County for health care services in the past year.

Health Care Access

- Nearly three-fifths (59%) of Williams County adults visited a doctor for a routine checkup in the past year, increasing to 79% of those over the age of 65.
- More than half (51%) of Williams County adults reported they had one person they thought of as their personal doctor or healthcare provider. 25% of adults had more than one person they thought of as their personal healthcare provider, and 23% did not have one at all.
- 60% of Williams County adults reported they had a usual source of medical care.
- Reasons for not having a usual source of medical care included: had not needed a doctor (19%), had two or more usual places (6%), previous doctor unavailable/moved (6%), cost (5%), no insurance (1%), do not like/trust/ believe in doctors (1%), not accepting new patients (<1%), did not know where to go (<1%), and other reasons (1%).
- Adults visited the following places for health care services: doctor's office (69%), urgent care center (5%), Internet (4%), Department of Veterans Affairs (VA) (4%), public health clinic or community health center (3%), walk-in health center (3%), family and friends (3%), telemedicine (1%), hospital emergency room (1%), in-store health clinic (1%), chiropractor (1%), and some other kind of place (<1%). 5% of adults indicated they had no usual place for health care services.
- Williams County adults had the following problems when they needed health care in the past year: could not get appointments when they wanted them (20%), could not find a doctor to take them as a patient (14%), did not have enough money to pay for health care (8%), had to change doctors because of their healthcare plan (5%), could not get time off work (5%), too busy to get the healthcare they needed (5%), could not find a doctor they were comfortable with (4%), did not have health insurance (2%), healthcare plan did not allow them to see doctors in Williams County (1%), too embarrassed to seek help (1%), did not have child care (1%), did not get health services because they were concerned about their confidentiality (<1%), no transportation (<1%), and other problems that prevented them from getting health care (1%).
- 18% of adults indicated there was a time in the past year they needed to see a doctor but could not because of cost.

Predictors of Access to Health Care

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

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

(Source: Healthy People 2020 and CDC)

- Williams County adults did not get the following major or preventive care because of cost: medications (7%), lab testing (6%), colonoscopy (5%), mammogram (4%), weight loss program (4%), pap smear test (3%), surgery (3%), mental health services (3%), immunizations (2%), PSA test (1%), smoking cessation (1%), and family planning services (1%).
- 57% of adults went outside of Williams County for the following health care services in the past year: specialty care (24%), primary care (22%), dental services (8%), orthopedic care (8%), obstetrics/gynecology/NICU (5%), mental health care (5%), cardiac care (4%), cancer care (4%), pediatric care (2%), pediatric therapies (1%), counseling (1%), addiction services (1%), developmental disability services (1%), hospice (<1%), and other services (8%).
- Adults travelled to the following locations for their health care needs outside of Williams County: Defiance (20%), Toledo (18%), Fort Wayne (12%), Wauseon (9%), Angola (8%), and other places (11%).

Access to Health Services

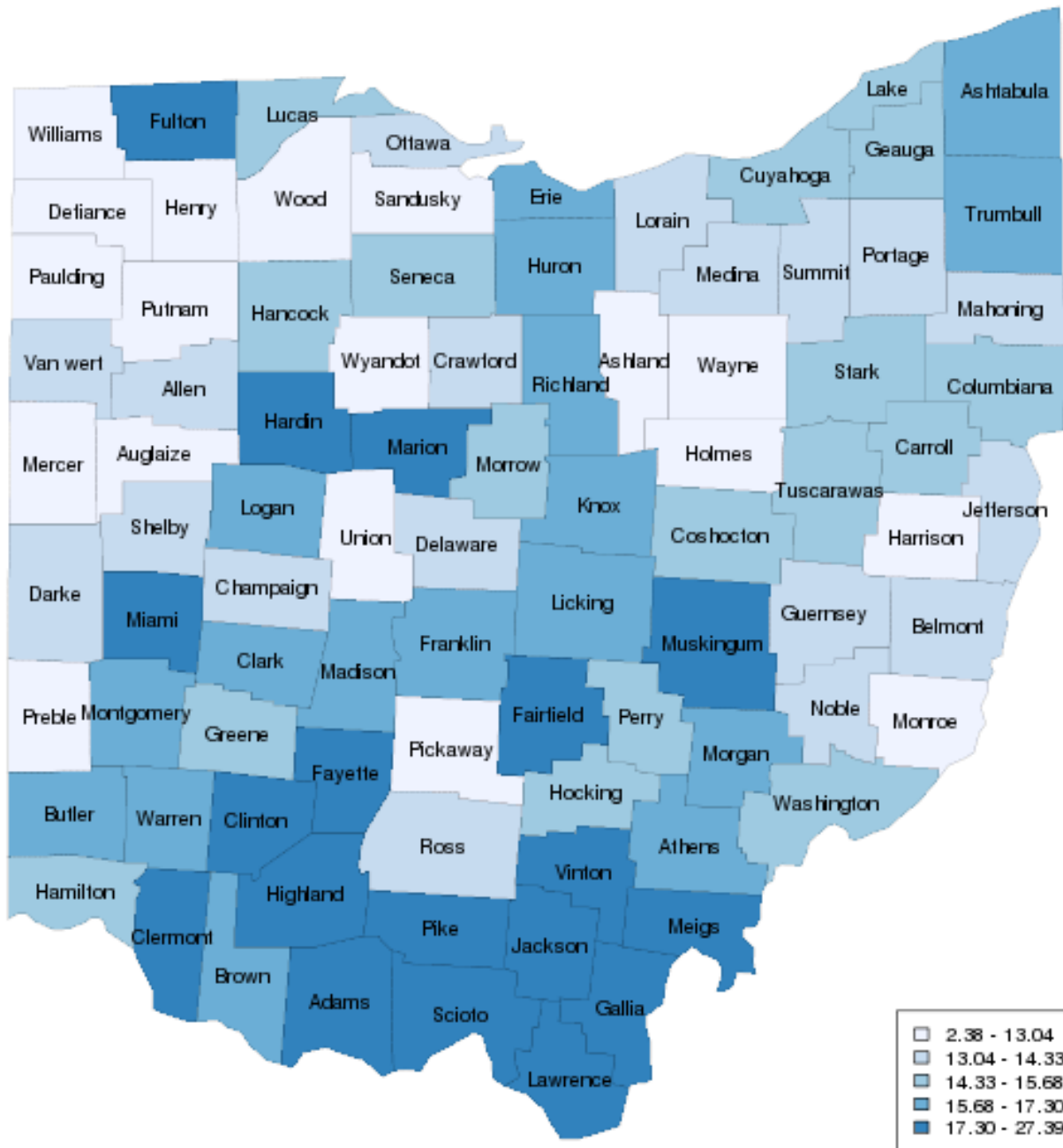
- Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires 3 distinct steps:
 1. Gaining entry into the health care system
 2. Accessing a health care location where needed services are provided
 3. Finding a health care provider with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

(Source: Healthy People 2020, Access to Health Services, Updated: 4/10/2013)

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

- 11% of Williams County adults, ages 19 years and older had unmet needs in prescription medication.
- 15% of Ohio adults, ages 19 years and older had unmet needs in prescription medication.

Estimated Proportion: Unmet Needs in Prescription Medication
Survey Year 2015; All Adults, Ages 19 Years and Older With Family Incomes 0% FPL or More

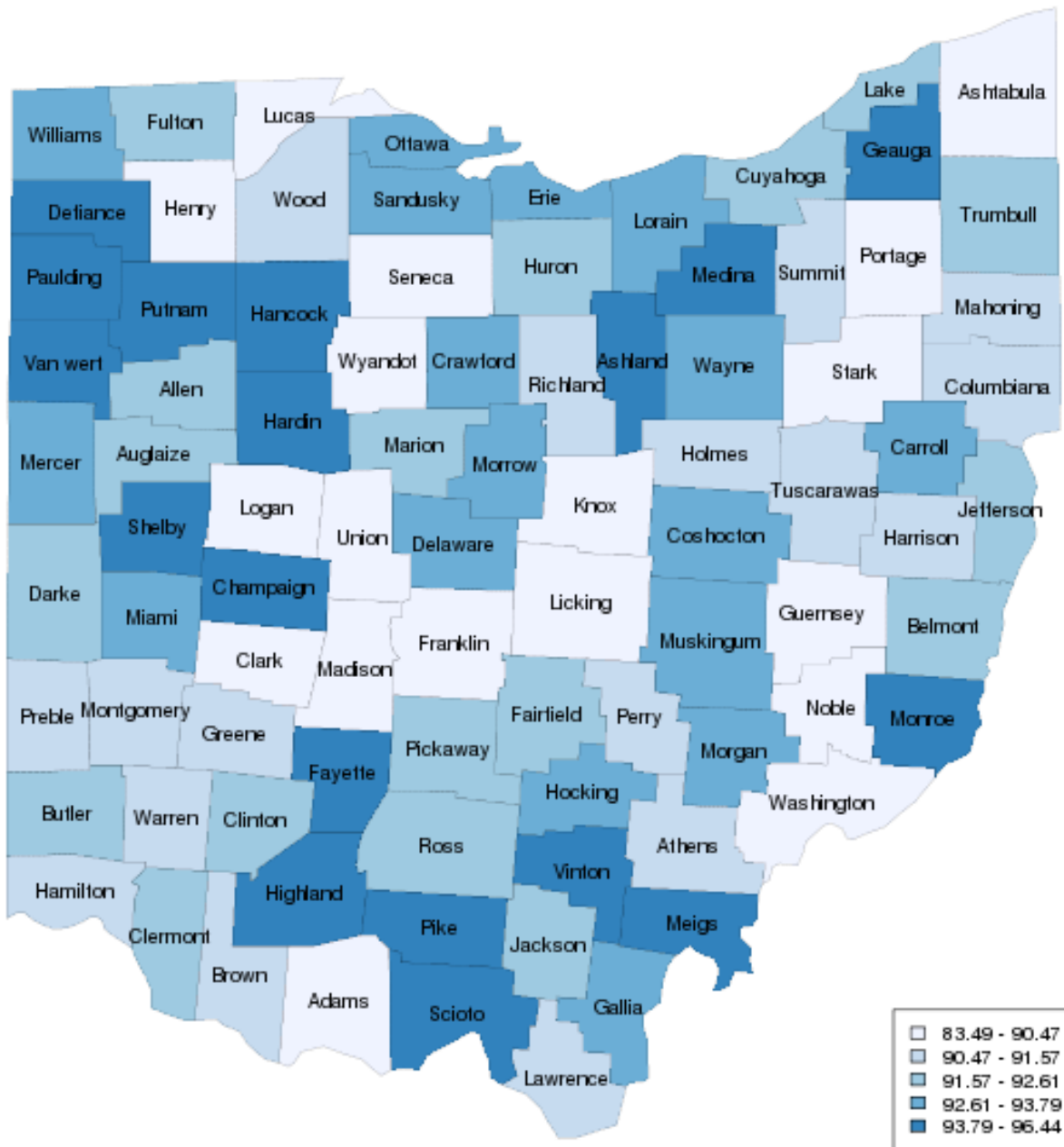


(Source: The Adult Ohio Medicaid Assessment Survey (OMAS) Dashboard, 2015)

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

- 7% of Williams County adults, ages 19 years and older did not have a usual source of care.
- 9% of Ohio adults, ages 19 years and older did not have a usual source of care.

Estimated Proportion: Usual Source of Care
Survey Year 2015; All Adults, Ages 19 Years and Older With Family Incomes 0% FPL or More



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

Adult | **CARDIOVASCULAR HEALTH**

Key Findings

Heart-related disease accounted for 33% of all Williams County deaths in 2015 (Source: Williams County Health Department Annual Report, 2015). The 2016 Williams County Health Assessment found that 4% of adults had survived a heart attack and 1% had survived a stroke at some time in their life. Over two-fifths (41%) of Williams County adults were obese, 35% had been diagnosed with high blood pressure, 32% were sedentary, 36% had high blood cholesterol, and 22% were smokers, five known risk factors for heart disease and stroke.

Williams County Leading Causes of Death 2015 Total Deaths: 294

1. Heart-related disease (33%)
2. Lung-related disease (18%)
3. Cancer (16%)
4. Brain disorder (7%)
5. Kidney disease (7%)

(Source: Williams County Health Department Annual Report, 2015)

Heart Disease and Stroke

- In 2016, 4% of Williams County adults reported they had survived a heart attack (myocardial infarction), increasing to 11% of those over the age of 65.
- 5% of Ohio and 4% of U.S. adults reported they had a heart attack or myocardial infarction in 2014 (Source: 2014 BRFSS).
- 1% of Williams County adults reported they had survived a stroke, increasing to 4% of those over the age of 65.
- 4% of Ohio and 3% of U.S. adults reported having had a stroke in 2014 (Source: 2014 BRFSS).
- 6% of adults reported they had angina or coronary heart disease, increasing to 10% of those over the age of 65.
- 5% of Ohio and 4% of U.S. adults reported having had angina or coronary heart disease in 2014 (Source: 2014 BRFSS).
- 2% of adults reported they had congestive heart failure, increasing to 4% of those over the age of 65.
- Doctors advised Williams County adults to do the following to lower their risk of developing heart disease or stroke: exercise more (31%), eat fewer high fat or high cholesterol foods (26%), and eat more fruits or vegetables (24%).

Ohio Leading Causes of Death 2014 Total Deaths: 114,509

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

(Source: CDC Wonder, 2014)

High Blood Pressure (Hypertension)

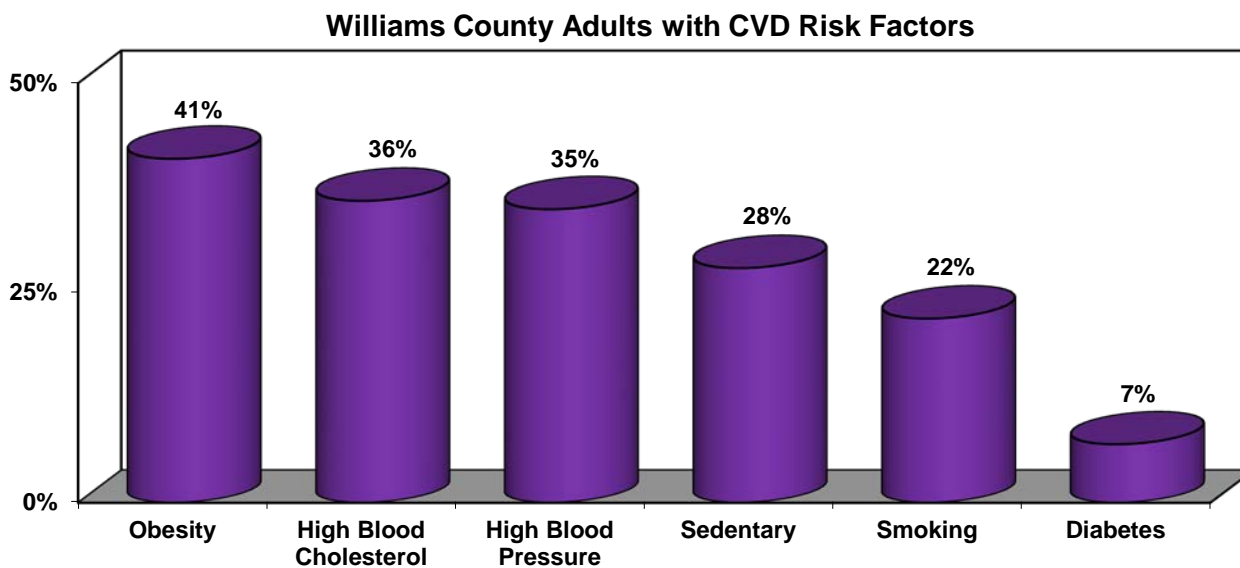
- More than one-third (35%) of adults had been diagnosed with high blood pressure. The 2013 BRFSS reports hypertension prevalence rates of 34% for Ohio and 31% for the U.S.
- 82% of adults had their blood pressure checked within the past year.

- Williams County adults diagnosed with high blood pressure were more likely to:
 - Have rated their overall health as fair or poor (71%)
 - Have been age 65 years or older (60%)
 - Have been classified as obese by Body Mass Index-BMI (44%)

High Blood Cholesterol

- More than one-third (36%) of adults had been diagnosed with high blood cholesterol. The 2013 BRFSS reported that 38% of both Ohio and U.S. adults have been told they have high blood cholesterol.
- More than three-fourths (79%) of adults had their blood cholesterol checked within the past 5 years. The 2013 BRFSS reported 78% of Ohio and 76% of U.S. adults had their blood cholesterol checked within the past 5 years.
- Williams County adults with high blood cholesterol were more likely to:
 - Have been age 65 years or older (63%)
 - Have rated their overall health as fair or poor (62%)
 - Have been classified as obese by Body Mass Index-BMI (41%)

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

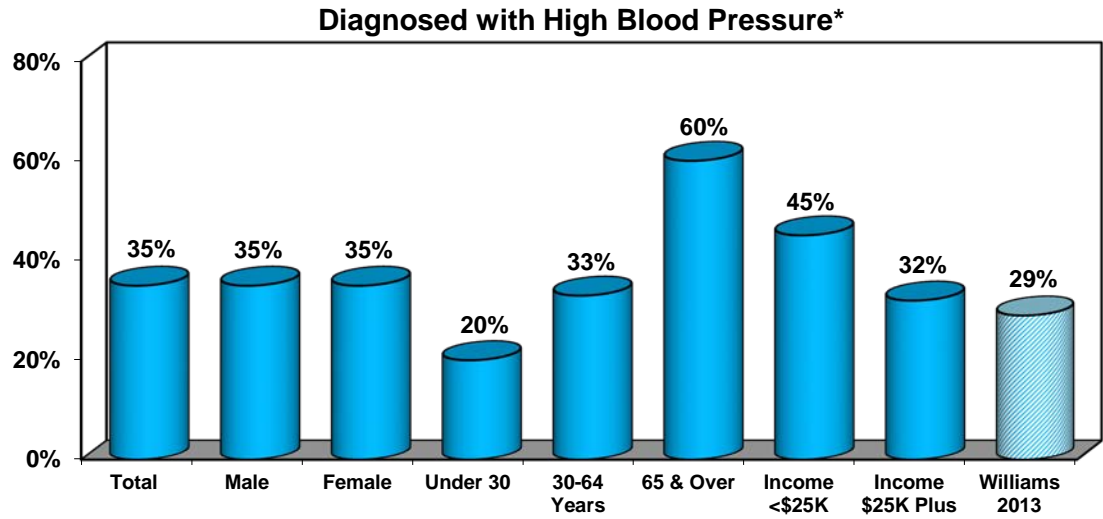


(Source: 2016 Williams County Health Assessment)

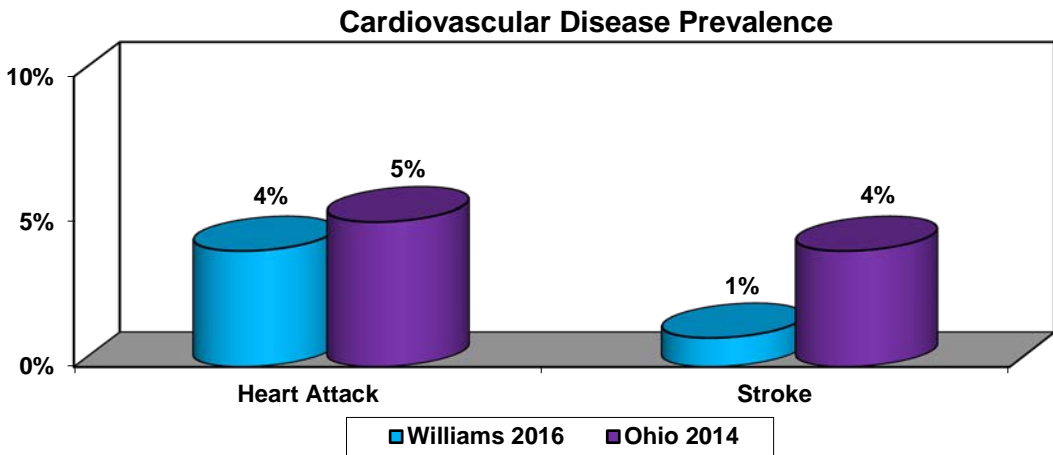
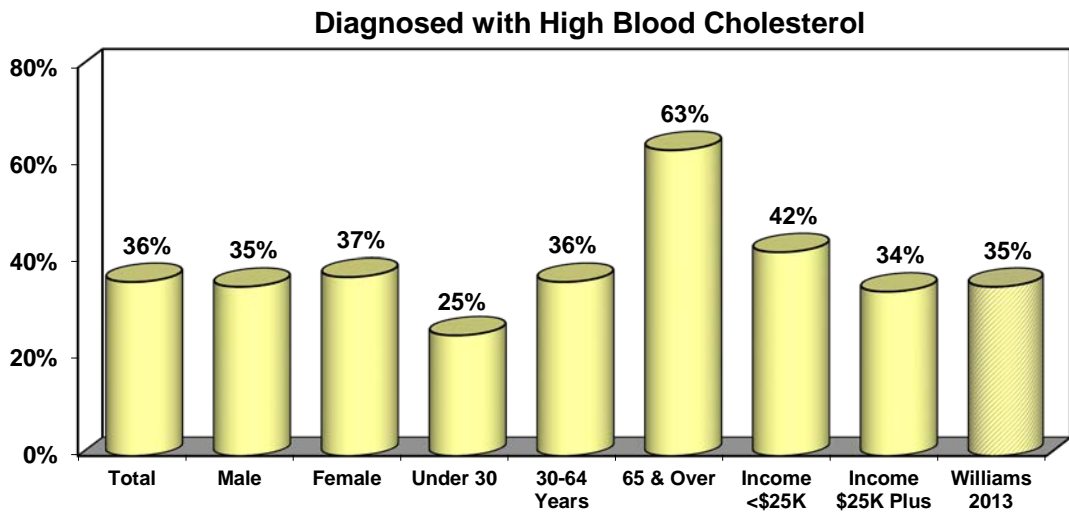
Adult Comparisons	Williams County 2013	Williams County 2016	Ohio 2014	U.S. 2014
Had angina	6%	6%	5%	4%
Had a heart attack	5%	4%	5%	4%
Had a stroke	3%	1%	4%	3%
Had high blood pressure	29%	35%	34%*	31%*
Had high blood cholesterol	35%	36%	38%*	38%*
Had blood cholesterol checked within past 5 years	70%	79%	78%*	76%*

*2013 BRFSS Data

The following graphs show the number of Williams County adults who have been diagnosed with high blood pressure, high blood cholesterol and cardiovascular disease prevalence. Examples of how to interpret the information on the first graph include: 35% of all Williams County adults have been diagnosed with high blood pressure, 35% of all Williams County males, 35% of all females, and 60% of those 65 years and older.



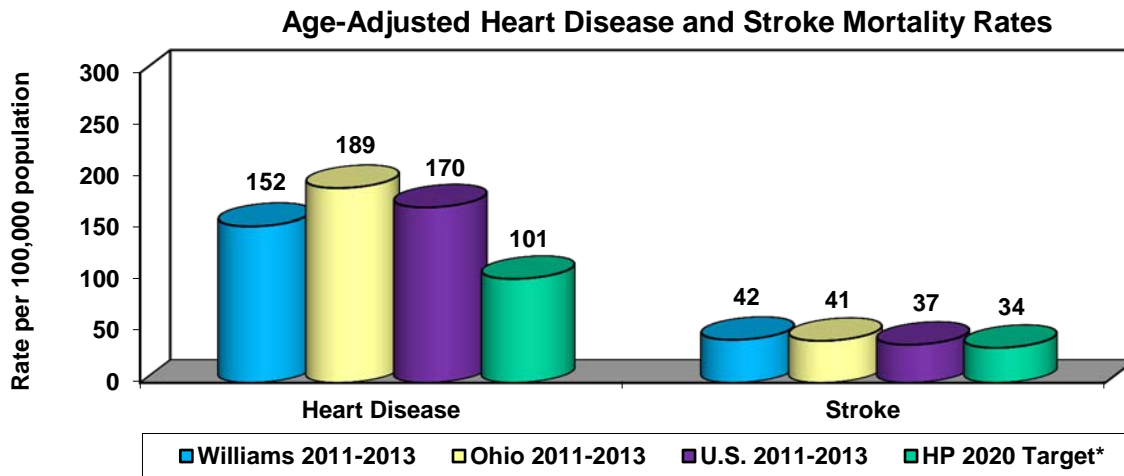
*Does not include respondents who indicated high blood pressure during pregnancy only.



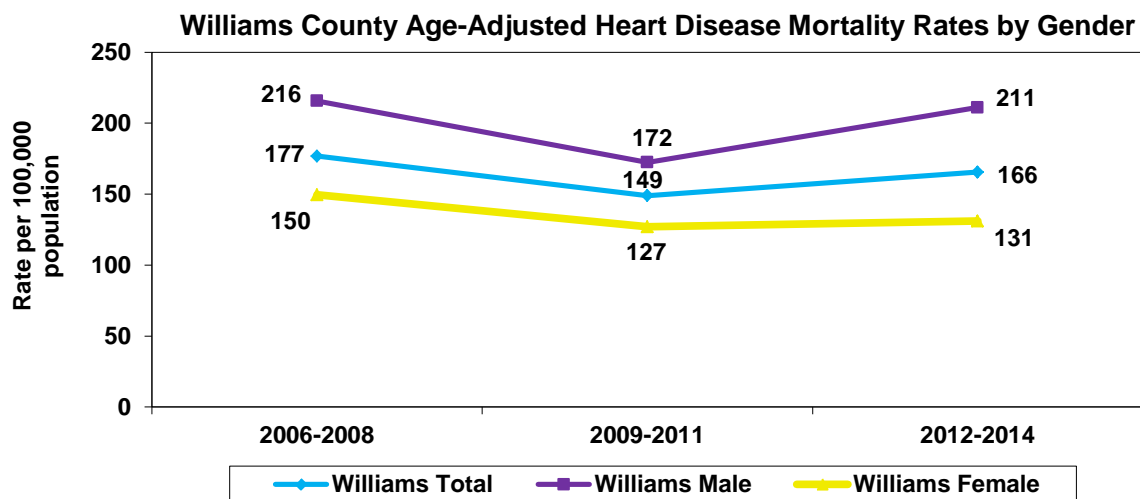
(Source: 2016 Williams Health Assessment and 2014 BRFSS)

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 2011-2013 the Williams County heart disease mortality rate was lower than the figure for the state and the U.S. figure, but higher than the Healthy People 2020 target.
- The Williams County age-adjusted stroke mortality rate from 2011-2013 was higher than the state, the U.S. figure, and the Healthy People 2020 target objective.
- From 2006-2014, the Williams County age-adjusted heart disease mortality rate fluctuated for both sexes.



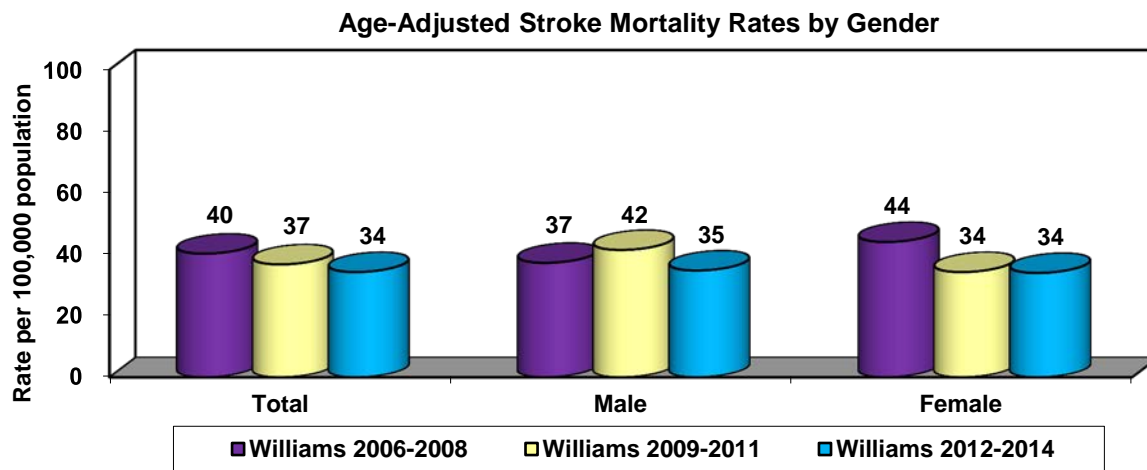
*The Healthy People 2020 Target objective for Coronary Heart Disease is reported for heart attack mortality.
 (Source: Health Indicators Warehouse, Healthy People 2020)



(Source: CDC Wonder, Underlying Cause of Death, 2006-2014)

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

- From 2006-2014, the Williams County stroke mortality rate decreased.
- From 2006-2008, the Williams County female stroke mortality rate was higher than males.



(Source: CDC Wonder, About Underlying Cause of Death, 2006-2014)

Healthy People 2020 Objectives
Heart Disease and Stroke (HDS)

Objective	Williams Survey Population Baseline	2013 U.S. Baseline*	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	35% (2016)	31% Adults age 18 and up	27%
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	79% (2016)	76% Adults age 18 & up	82%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	36% (2016)	38% Adults age 20 & up with TBC>240 mg/dl	14%

*All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020, 2013 BRFSS, 2016 Williams County Health Assessment)

Stroke Warning Signs and Symptoms

F.A.S.T. is an easy way to remember the sudden signs and symptoms of a stroke. When you can spot the signs, you'll know quickly that you need to call 9-1-1 for help. This is important because the sooner a stroke victim gets to the hospital, the sooner they'll get treatment. Being prompt can make a remarkable difference in their recovery. F.A.S.T is:

- **Face Drooping:** Does one side of the face droop or is it numb? Ask the person to smile.
- **Arm Weakness:** Is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?
- **Speech Difficulty:** Is speech slurred, are they unable to speak, or are they hard to understand? Ask the person to repeat a simple sentence, like "the sky is blue." Is the sentence repeated correctly?
- **Time to call 911:** If the person shows any of these symptoms, even if the symptoms go away, call 9-1-1 and get them to the hospital immediately.

Beyond F.A.S.T- Other Symptoms to Know

- Sudden confusion or trouble understanding
- Sudden numbness or weakness of the leg
- Sudden severe headache with no known cause
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination



(Source: American Heart Association, *Stroke Warning Signs and Symptoms*, 2013)

Adult | CANCER

Key Findings

In 2016, 14% of Williams County adults had been diagnosed with cancer at some time in their life. The Centers for Disease Control and Prevention (CDC) indicates that from 2010-2014, a total of 462 Williams County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that not using tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

Williams County Incidence of Cancer, 2008-2012

All Types: 976 cases

- Lung and Bronchus: 154 cases (16%)
- Breast: 140 cases (14%)
- Prostate: 119 cases (12%)
- Colon and Rectum: 116 cases (12%)

From 2010-2014, there were 462 cancer deaths in Williams County.

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 4/8/2015)

14% of Williams County adults had been diagnosed with cancer at some time in their life.

Adult Cancer

- 14% of Williams County adults were diagnosed with cancer at some point in their lives.
- Of those diagnosed with cancer, they reported the following types: other skin cancer (34%), cervical (28%), breast (22%), prostate (18%), endometrial (9%), melanoma (7%), colon (4%), lung (3%), renal (3%), head and neck (1%), bladder (1%), thyroid (1%), and other types of cancer (6%).
- The leading sites/types of cancer mortality in Williams County in 2008-2012 were lung and bronchus, colon and rectum, pancreas, prostate and female breast, representing 53.4 percent of all cancer deaths. *(Source: Williams County Cancer Profile, Ohio Department of Health, 2015).*

25% of Williams County male adults and 19% of female adults were current smokers.

Cancer Facts

- The Centers for Disease Control and Prevention (CDC) indicates that from 2010-2014, cancers caused 24% (462 of 1,896 total deaths) of all Williams County resident deaths. The largest percent (25%) of cancer deaths were from lung and bronchus cancer *(Source: CDC Wonder).*
- The American Cancer Society reports that smoking tobacco is associated with cancers of the mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with cancers of the lung, colorectal, stomach, pancreas, kidney, bladder, uterine cervix, ovary (mucinous) and acute myeloid leukemia. The 2015 health assessment project has determined that 15% of Williams County adults were current smokers and many more were exposed to environmental tobacco smoke, also a cause of heart attacks and cancer.

CANCER

Adult Comparisons	Williams County 2013	Williams County 2016	Ohio 2014	U.S. 2014
Diagnosed with skin cancer*	5%	6%	6%	6%
Diagnosed with any type of cancer, other than skin cancer	6%	9%	6%	7%

*Melanoma and other skin cancers are included for "diagnosed with skin cancer"

Lung Cancer

- The CDC reports that lung cancer (n=65) was the leading cause of male cancer deaths from 2010-2014 in Williams County, followed by prostate cancer (n=33) and cancer of the colon (n=27) (Source: CDC Wonder).
- In Williams County, 25% of male adults were current smokers and 45% had tried to quit smoking in the past 12 months (Source: 2016 Williams County Health Assessment).
- The CDC reports that lung cancer was the leading cause of female cancer deaths (n=50) in Williams County from 2010-2014 followed by breast (n=26) and colon (n=16) cancers (Source: CDC Wonder).
- Lung and bronchus cancer had the highest proportion of late-stage tumors in Williams County among the leading and screenable cancers. (Source: Williams County Cancer Profile, Ohio Department of Health, 2015).
- Approximately 19% of female adults in the county were current smokers and 39% had tried to quit smoking in the past 12 months (Source: 2016 Williams County Health Assessment).
- According to the American Cancer Society, smoking causes 83% and 76% respectively of all 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 2016).

Half (50%) of Williams County females over the age of 40 had a mammogram in the past year.

Breast Cancer

- In 2016, 44% of Williams County females reported having had a clinical breast examination in the past year.
- 50% of Williams 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%. However, only 61% of breast cancer cases are diagnosed early at a localized stage (Source: American Cancer Society, Facts & Figures 2016).
- For women at average risk of breast cancer, recently updated American Cancer Society screening guidelines recommended that those 40 to 44 years of age have the choice of annual mammography; those 45 to 54 have annual mammography, and those 55 years of age and older have biennial or annual mammography, continuing as long as their overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual screening using magnetic resonance imaging (MRI) in addition to mammography is recommended, typically starting at age 30 (Source: American Cancer Society, Facts & Figures 2016).

Colon and Rectum Cancer

- More than half (52%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.
- The CDC statistics indicate that colon, rectum, and anus cancer deaths accounted for 9% of all male and female cancer deaths from 2010-2014 in Williams 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; long-term smoking; and possibly very low intake of fruits and vegetables.
- In the U.S., 90% of colon cancers occur in individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings.

The leading types of cancer diagnoses for Williams County adults were: other skin cancer (34%), cervical (28%), breast (22%), and prostate (18%).

Prostate Cancer

- CDC statistics indicate that prostate cancer deaths accounted for 13% of all male cancer deaths from 2010-2014 in Williams County.
- Incidence rates for prostate cancer are 60% higher in African Americans than in whites and they are twice as likely to die of prostate cancer. In addition, about 56% of prostate cancers occur in men over the age of 65, and 97% occur in men 50 and older. Other risk factors include strong familial predisposition, diet high in processed meat or dairy foods, and obesity. 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 2016).

2016 Cancer Estimations

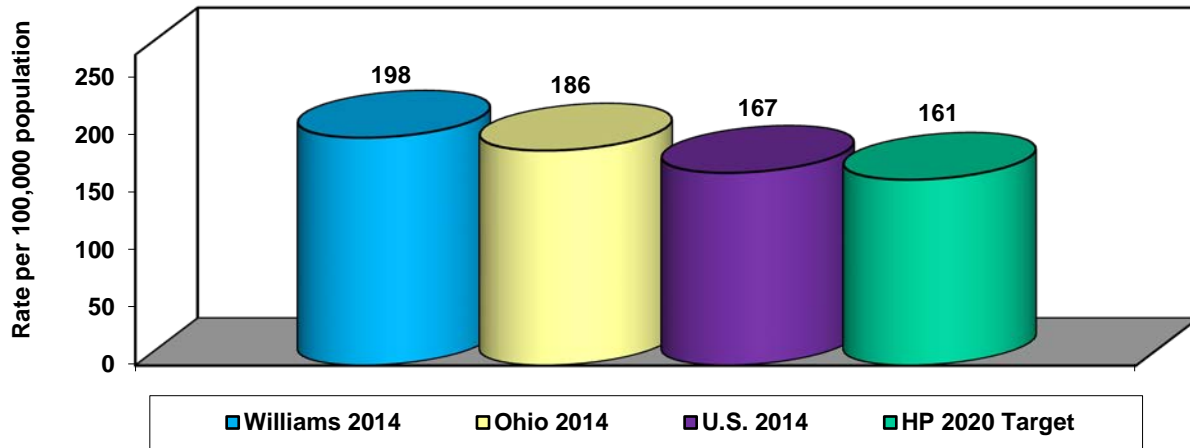
- In 2016, about 1,658,210 new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about twenty percent of the new cancer cases expected to occur in the U.S. in 2016 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 595,690 Americans are expected to die of cancer in 2016.
- In 2016, about 188,800 cancer deaths will be caused by tobacco use.
- In Ohio, 66,020 new cases of cancer are expected, and 25,510 cancer deaths are expected.
- The Ohio female new breast cancer cases are expected to be 9,390.
- About 16% of all new cancer cases in Ohio are expected to be from lung and bronchus cancers.
- About 5,340 (8%) of all new cancer cases in Ohio are expected to be from colon and rectum cancers.
- The Ohio male, new prostate cancer cases are expected to be 6,760 (10%).

(Source: American Cancer Society, Facts and Figures 2016)

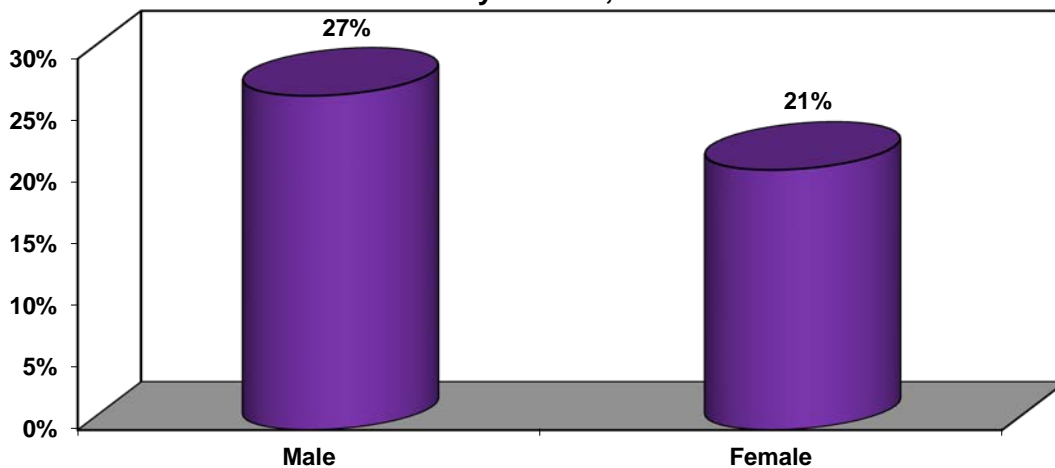
The following graph shows the Williams County, Ohio and U.S. age-adjusted mortality rates (per 100,000 population, 2000 standard) for all types of cancer in comparison to the Healthy People 2020 objective. The graph indicates:

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

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



Cancer As Percent of Total Deaths in Williams County by Gender, 2010-2014



(Source: CDC Wonder, 2010-2014)

**Williams County Incidence of Cancer
2008-2012**

Type of Cancer	Number of Cases	Percent of Total Incidence of Cancer
Lung and Bronchus	154	16%
Breast	140	14%
Prostate	119	12%
Colon and Rectum	116	12%
Other/Unspecified	63	6%
Bladder	61	6%
Melanoma of Skin	38	4%
Non-Hodgkins Lymphoma	38	4%
Pancreas	32	3%
Kidney and Renal Pelvis	29	3%
Oral Cavity & Pharynx	29	3%
Cancer and Corpus Uteri	24	25%
Leukemia	17	2%
Ovary	16	2%
Brain and CNS	15	2%
Esophagus	15	2%
Stomach	15	2%
Thyroid	13	1%
Larynx	11	1%
Multiple Myeloma	9	<1%
Hodgkins Lymphoma	7	<1%
Cancer of Cervix Uteri	6	<1%
Liver and Bile Ducts	6	<1%
Testis	3	<1%
Total		
	976	100%

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 4/8/2015)

CANCER

Adult | DIABETES

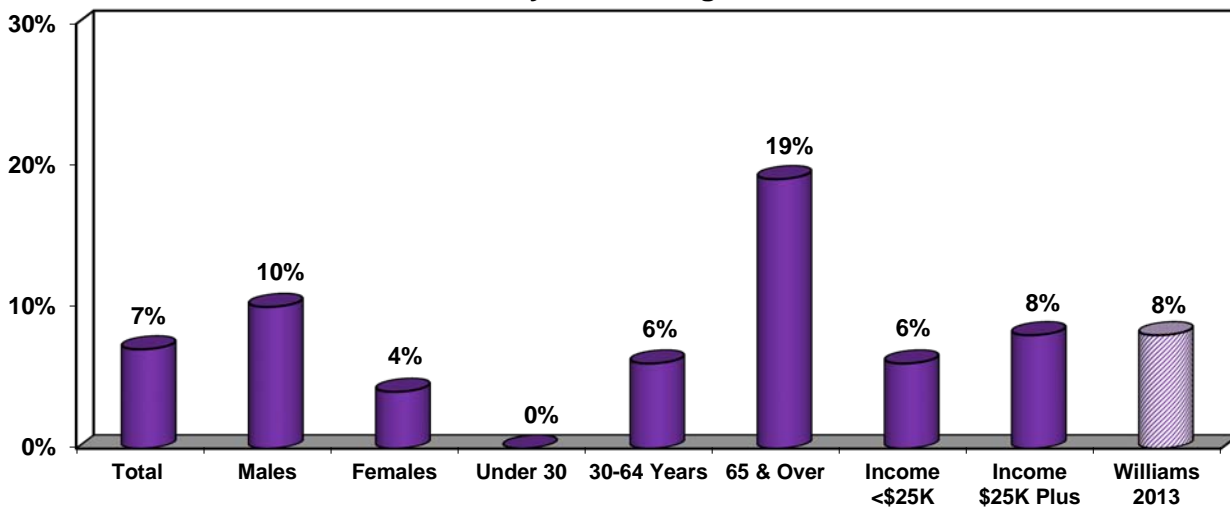
Key Findings

In 2016, 7% of Williams County adults had been diagnosed with diabetes.

Diabetes

- The 2016 health assessment project has identified that 7% of Williams County adults had been diagnosed with diabetes, increasing to 19% of those age 65 and older. The 2014 BRFSS reports an Ohio prevalence of 12% and U.S. prevalence of 10%.
- 4% of adults had been diagnosed with pre-diabetes.
- Adults with diabetes were using the following to treat their diabetes: diet control (75%), checking blood sugar (58%), exercise (53%), checking A1C annually (42%), annual vision exam (41%), checking their feet (39%), diabetes pills (37%), insulin (20%), dental exam (15%), taking a class (10%), and injectables (7%).
- Nearly one-fourth (23%) of adults with diabetes rated their health as fair or poor.
- Williams County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 88% were obese or overweight
 - 76% had been diagnosed with high blood cholesterol
 - 74% had been diagnosed with high blood pressure

Williams County Adults Diagnosed with Diabetes



Adult Comparisons	Williams County 2013	Williams County 2016	Ohio 2014	U.S. 2014
Diagnosed with diabetes	8%	7%	12%	10%

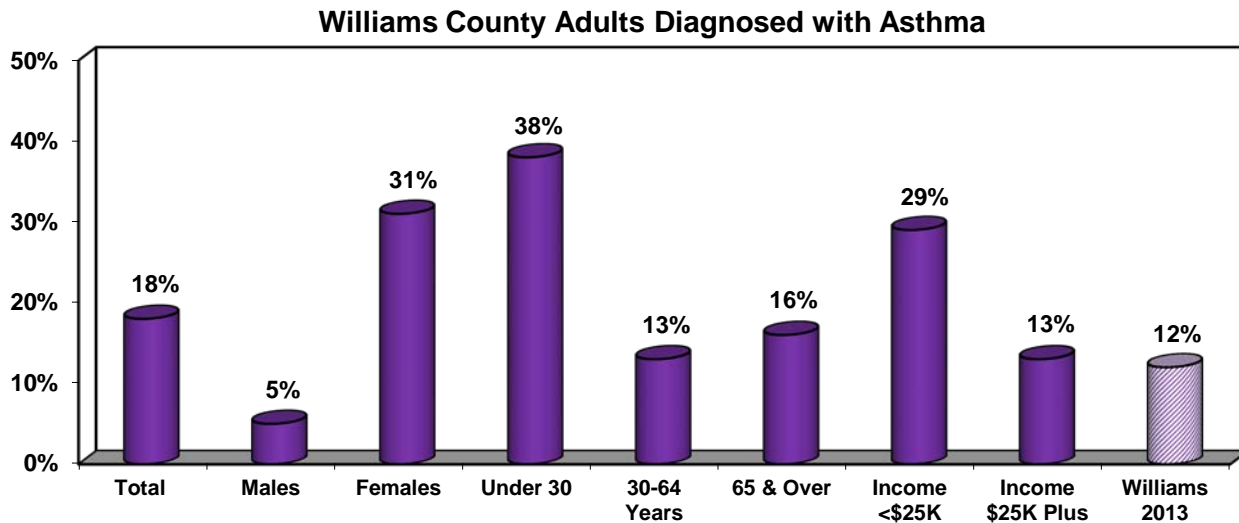
Adult | ASTHMA AND OTHER RESPIRATORY DISEASE

Key Findings

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

Asthma and Other Respiratory Disease

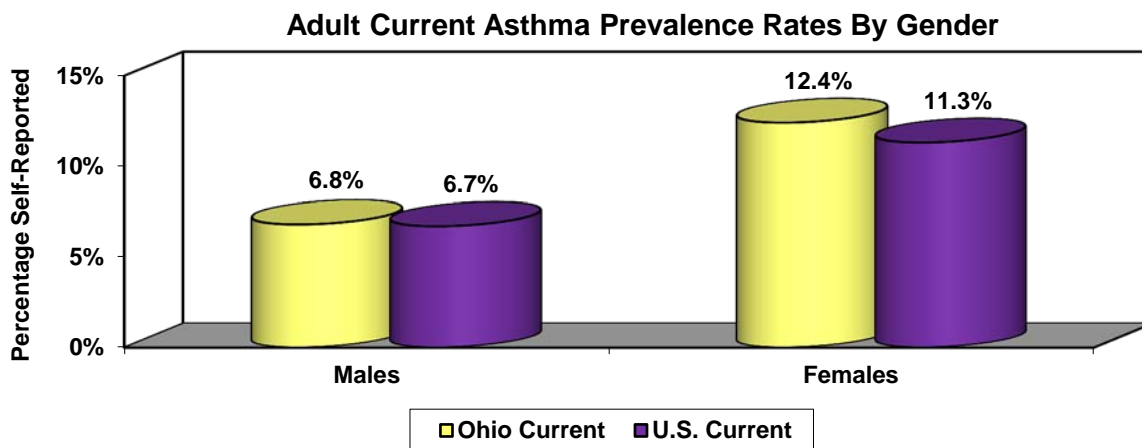
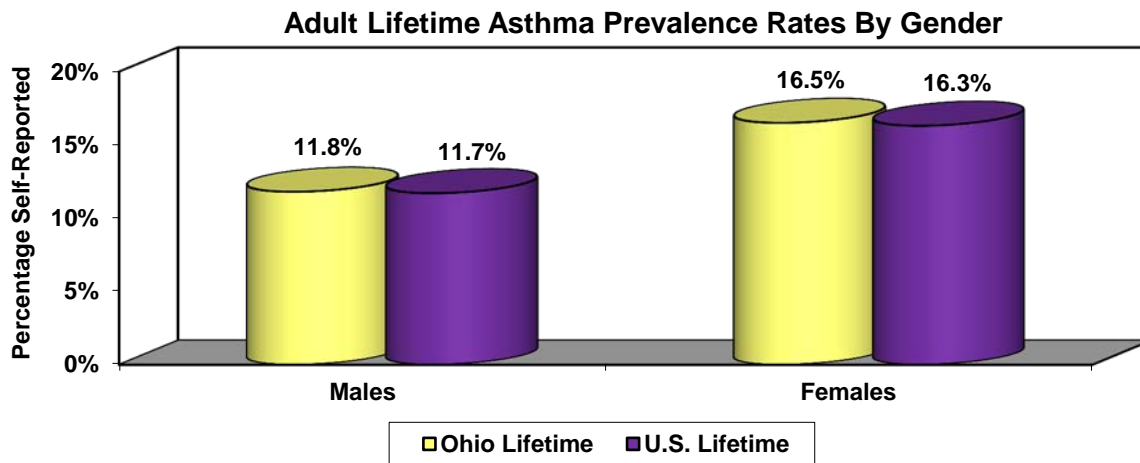
- In 2016, 18% of Williams County adults had been diagnosed with asthma.
- 15% of Ohio and 14% of U.S. adults have ever been diagnosed with asthma (Source: 2014 BRFSS).
- There are several important factors that may trigger an asthma attack. Some of these triggers are tobacco smoke, dust mites, outdoor air pollution, cockroach allergens, pets, mold, smoke from burning wood or grass, infections linked to the flu, colds, and respiratory viruses (Source: CDC, 2013).
- Chronic lower respiratory disease was the 3rd leading cause of death in Williams County and in Ohio, in 2014 (Source: CDC Wonder, 2014).



ASTHMA

Adult Comparisons	Williams County 2013	Williams County 2016	Ohio 2014	U.S. 2014
Had been diagnosed with asthma	12%	18%	15%	14%

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



(Source for graphs: 2013 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 1.75 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)

Adult | ARTHRITIS

Key Findings

According to the Williams County survey data, 33% of Williams County adults were diagnosed with arthritis. According to the 2014 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.

33% of Williams County adults were told by a health professional that they had some form of arthritis, increasing to 68% of those over the age of 65.

Arthritis

- One-third (33%) of Williams County adults were told by a health professional that they had some form of arthritis, increasing to 68% of those over the age of 65.
- According to the 2014 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.

15% of Williams County adults were limited in some way because of a physical, mental or emotional problem. Among those who were limited in some way, 51% were limited because of arthritis.

- An estimated 50 million U.S. adults (about 1 in 5) report having doctor-diagnosed arthritis. About 1 in 3 of working age adults (aged 18-65) reported that arthritis limited their work. As the U.S. population ages, the number of adults with arthritis is expected to increase sharply to 67 million by 2030 (Source: CDC, *Arthritis at a Glance 2013*).
- Adults are at higher risk of developing arthritis if they are female, have genes associated with certain types of arthritis, have an occupation associated with arthritis, are overweight or obese, and/or have joint injuries or infections (Source: CDC).

Adult Comparisons	Williams County 2013	Williams County 2016	Ohio 2014	U.S. 2014
Diagnosed with arthritis	29%	33%	31%	26%

Arthritis: Key Public Health Messages

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

Key self-management activities include the following:

- **Be Active** –Research has shown that physical activity decreases pain, improves function, and delays disability. Make sure you get at least 30 minutes of moderate physical activity at least 5 days a week. You can get activity in 10-minute intervals.
- **Watch your weight** –The prevalence of arthritis increases with increasing weight. Research suggests that maintaining a healthy weight reduces the risk of developing arthritis and may decrease disease progression. A loss of just 11 pounds can decrease the occurrence (incidence) of new knee osteoarthritis and a modest weight loss can help reduce pain and disability.
- **See your doctor** –Although there is no cure for most types of arthritis, early diagnosis and appropriate management is important, especially for inflammatory types of arthritis. For example, early use of disease-modifying drugs can affect the course of rheumatoid arthritis. If you have symptoms of arthritis, see your doctor and begin appropriate management of your condition.
- **Protect your joints** –Joint injury can lead to osteoarthritis. People who experience sports or occupational injuries or have jobs with repetitive motions like repeated knee bending have more osteoarthritis. Avoid joint injury to reduce your risk of developing osteoarthritis.

(Source: Centers for Disease Control and Prevention, Arthritis: Key Public Health Messages, www.cdc.gov/arthritis/basics/key.htm, updated June 19, 2014)

Adult | WEIGHT STATUS

Key Findings

The 2016 Health Assessment identified that 71% of Williams County adults were overweight or obese based on Body Mass Index (BMI). More than two-fifths (41%) of Williams County adults were obese. The 2014 BRFSS indicates that 33% of Ohio and 30% of U.S. adults were obese by BMI. More than two-fifths (45%) of adults were trying to lose weight.

Adult Weight Status

- In 2016, the health assessment indicated that more than two-thirds (71%) of Williams County adults were either overweight (30%) or obese (41%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.
- More than two-fifths (45%) of adults were trying to lose weight, 32% were trying to maintain their current weight or keep from gaining weight, and 1% were trying to gain weight.
- Williams County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (55%), drank more water (54%), exercised (43%), ate a low-carb diet (7%), smoked cigarettes (3%), took diet pills, powders or liquids without a doctor's advice (3%), went without eating 24 or more hours (3%), used a weight loss program (2%), took prescribed medications (1%), took laxatives (1%), health coaching (1%), participated in a prescribed dietary or fitness program (<1%), and Bariatric surgery (<1%).

41% of Williams County adults are obese.

Physical Activity

- In Williams County, 50% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. 19% of adults were exercising 5 or more days per week. More than one-fourth (28%) of adults were not participating in any physical activity in the past week, including 2% who were unable to exercise.
- Williams County adults spent the most time doing the following physical activities in the past year: walking (47%), active video games (9%), running/jogging (8%), occupational exercise (6%), cycling (5%), exercise machines (2%), strength training (1%), group exercise class (1%), swimming (1%), exercise videos (<1%), and other activities (4%). 17% of adults did not exercise at all, including 1% who were unable to do so.

In Williams County, 50% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week.

- Reasons for not exercising included: time (38%), weather (23%), too tired (23%), laziness (17%), pain or discomfort (14%), could not afford a gym membership (10%), chose not to exercise (7%), did not know what activity to do (5%), no walking, biking trails, or parks (5%), doctor advised them not to exercise (3%), did not have child care (3%), no exercise partner (2%), no gym available (1%), transportation (1%), safety (1%), poorly maintained/no sidewalks (1%), no access to parks (<1%), and other reasons (1%).

- Williams County adults had access to a wellness program through their employer or spouse's employer with the following features: lower insurance premiums for participation in wellness program (11%), health risk assessment (10%), free/discounted gym membership (8%), on-site health screenings (8%), gift cards or cash for participation in wellness program (5%), lower insurance premiums for positive changes in health status (4%), healthier food options in vending machines or cafeteria (4%), on-site fitness facility (3%), free/discounted weight loss program (3%), gift cards or cash for positive changes in health status (2%), free/discounted smoking cessation program (1%), on-site health education classes (1%), and other features (4%).
- 31% of Williams County adults did not have access to any wellness programs.
- Williams County adults spent an average of 3.0 hours watching TV, 1.3 hours on their cell phone, 1.1 hours on the computer (outside of work), and 0.1 hours playing video games on an average day of the week.
- The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week (*Source: CDC, Physical Activity for Everyone*).

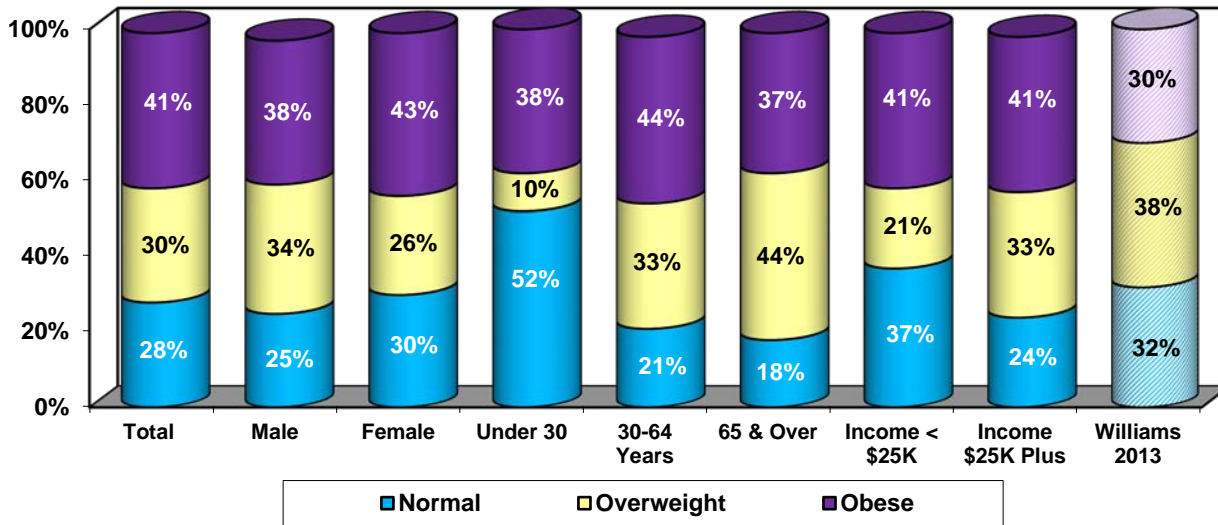
More than two-fifths (45%) of Williams County adults were trying to lose weight.

Nutrition

- In 2016, 8% of adults were eating 5 or more servings of fruits and vegetables per day. 84% were eating between 1 and 4 servings per day. The American Cancer Society recommends that adults eat at least 2 ½ cups of fruits and vegetables per day to reduce the risk of cancer and to maintain good health. The 2009 BRFSS reported that only 21% of Ohio adults and 23% nationwide were eating the recommended number of servings of fruits and vegetables.
- Williams County adults purchased their fruit and vegetables from the following places: grocery stores (97%), grow their own/garden (30%), Farmer's Market (29%), restaurants (6%), Dollar General/Store (3%), food pantry (2%), corner/convenience store (2%), community garden (1%), and other places (1%).
- Adults reported the following barriers to consuming fruits and vegetables: too expensive (16%), no variety (6%), did not like the taste (2%), did not know how to prepare (1%), transportation (1%), no access (1%), did not take electronic benefit transfer (EBT) (1%), and other barriers (5%).
- Williams County adults reported the following reasons they chose the types of food they ate: taste (58%), enjoyment (53%), cost (53%), healthiness of food (48%), ease of preparation (47%), time (35%), food they were used to (32%), availability (30%), nutritional content (28%), what their spouse prefers (23%), calorie content (22%), what their child prefers (13%), if it is organic (12%), if it is genetically modified (12%), gluten free (8%), lactose free (6%), health care provider's advice (5%), other food sensitivities (1%), and other reasons (1%).
- Adults ate out in a restaurant or brought home take-out food an average of 2.1 times per week.
- 26% of adults drank soda pop, punch, Kool-Aid, sports drinks, energy drinks, or other fruit-flavored drinks at least once per day.

The following graph shows the percentage of Williams County adults who are overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 28% of all Williams County adults were classified as normal weight, 30% were overweight, and 41% were obese.

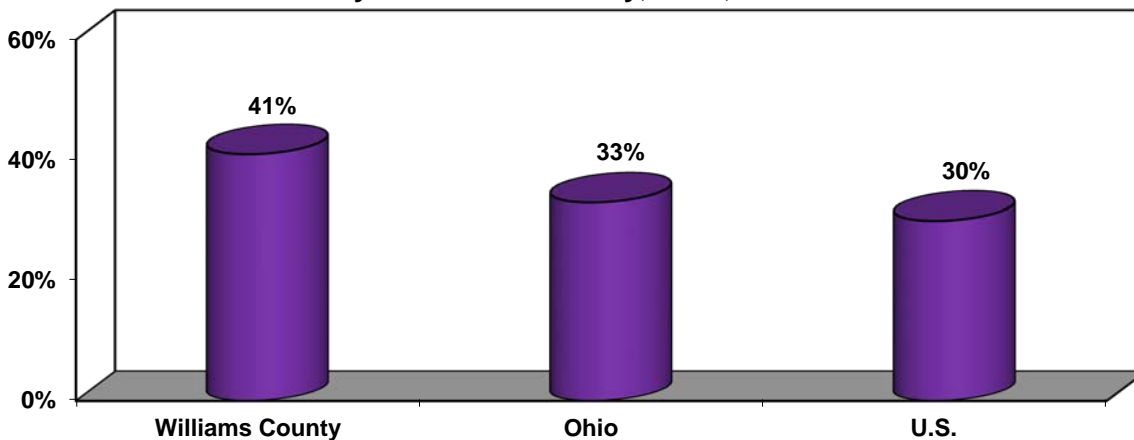
Williams County Adult BMI Classifications



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

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

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



(Source: 2016 Williams County Health Assessment and 2014 BRFSS)

Adult Comparisons	Williams County 2013	Williams County 2016	Ohio 2014	U.S. 2014
Obese	30%	41%	33%	30%
Overweight	38%	30%	34%	35%

Adult | TOBACCO USE

Key Findings

In 2016, 22% of Williams County adults were current smokers and 18% were considered former smokers. In 2015, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death worldwide, and is responsible for the deaths of approximately half of long-term users. Each year, tobacco use is responsible for almost 6 million premature deaths, 80% of which are in low-and middle-income countries, and by 2030, this number is expected to increase to 8 million (Source: Cancer Facts & Figures, American Cancer Society, 2015).

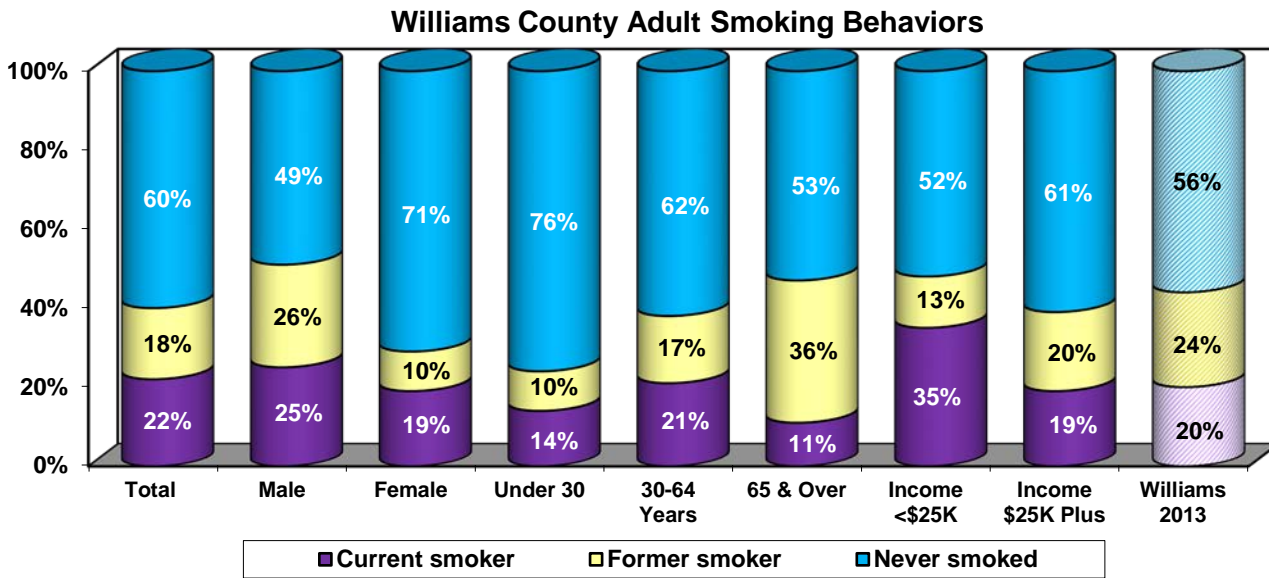
In 2016, 22% of Williams County adults were current smokers.

Adult Tobacco Use Behaviors

- The 2016 health assessment identified that more than one-in-five (22%) Williams County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). The 2014 BRFSS reported current smoker prevalence rates of 21% for Ohio and 18% for the U.S.
- Nearly one-fifth (18%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). The 2014 BRFSS reported former smoker prevalence rates of 25% for both Ohio and the U.S.
- Williams County adult smokers were more likely to:
 - Have been divorced (47%) or a member of an unmarried couple (47%)
 - Have incomes less than \$25,000 (35%)
 - Have rated their overall health as fair or poor (28%)
- Williams County adults used the following tobacco products in the past year: cigarettes (25%), e-cigarettes (4%), pouch/snus (3%), cigars (2%), roll-your-own (2%), snuff (2%), Black and Milds (2%), cigarillos (1%), chewing tobacco (1%), swishers (1%), pipes (1%), and little cigars (<1%).
- 41% of current smokers used the following methods to quit smoking in the past year: cold turkey (26%), nicotine patch (20%), nicotine gum (16%), e-cigarette (12%), prescribed Chantix (7%), Wellbutrin (2%), and substitute behaviors (2%).
- Williams County adults had the following rules/practices about smoking in their home: never allowed (80%), no rules about smoking (6%), allowed anywhere (5%), allowed sometimes/in some places (5%), and not allowed with children around (3%).
- Williams County adults would support an ordinance to ban smoking in the following places: vehicle with a minor present (68%), park or ball fields (58%), fairgrounds (56%), college/university campuses (54%), and multi-unit housing (51%).

Adult Comparisons	Williams County 2013	Williams County 2016	Ohio 2014	U.S. 2014
Current smoker	20%	22%	21%	18%
Former smoker	24%	18%	25%	25%

The following graph shows the percentage of Williams County adults who used tobacco. Examples of how to interpret the information include: 22% of all Williams County adults were current smokers, 18% of all adults were former smokers, and 60% had never smoked.



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

Smoke-free Living: Benefits & Milestones

According to the American Heart Association and the U.S. Surgeon General, this is how your body starts to recover:

- In your first 20 minutes after quitting: your blood pressure and heart rate recover from the cigarette-induced spike.
- After 12 hours of smoke-free living: the carbon monoxide levels in your blood return to normal.
- After two weeks to three months of smoke-free living: your circulation and lung function begin to improve.
- After one to nine months of smoke-free living: clear and deeper breathing gradually returns as coughing and shortness of breath diminishes; you regain the ability to cough productively instead of hacking, which cleans your lungs and reduce your risk of infection.
- One year after quitting smoking, a person's risk of coronary heart disease is reduced by 50 percent.
- Five to 15 years after quitting smoking, a person's risk of stroke is similar to that of a nonsmoker.
- After 10 years of smoke-free living, your lung cancer death rate is about half that of a person who has continued to smoke. The risk of other cancers, such as throat, mouth, esophagus, bladder, cervix and pancreas decreases too.

(Source: AHA, Smoke-free Living: Benefits & Milestones, 2012)

Electronic Cigarettes Facts

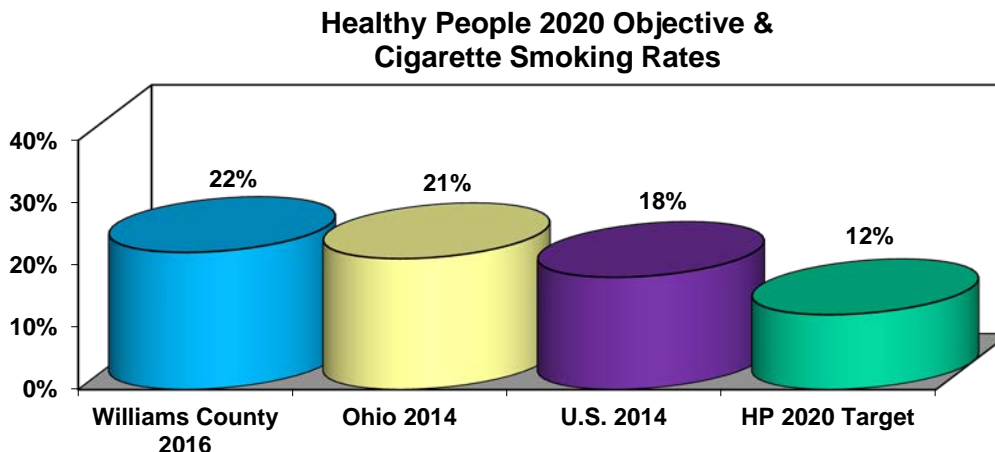
- Electronic cigarettes (e-cigarettes) are a type of electronic smoking device, resembling cigarettes. They can also look like pipes, pens, or USB memory sticks.
- E-cigarettes cost approximately \$30-60, and refill cartridges cost \$7-\$10. More recently, disposable e-cigarettes that “last up to two packs” are being sold for under \$10 in local and national convenience stores.
- Cartridges generally contain 10-20 mg of nicotine. However, as e-cigarettes are unregulated by the Food and Drug Administration (FDA), their contents and the level of these contents can be highly variable.
- Ever use of e-cigarettes is highest among current cigarette smoking adults in the U.S. and increased from 9.8% in 2010 to 21.2% in 2011 to 32% in 2012.
- Early studies by the FDA found varying levels of nicotine and other potentially harmful ingredients, including cancer-causing substances and di-ethylene glycol, which is found in anti-freeze. However, these substances were found at much lower levels than in traditional cigarettes.
- The awareness and use of electronic cigarettes are increasing. In 2011, 6 of 10 U.S. adults were aware of electronic cigarettes with 21% of smokers having ever used an electronic cigarette.
- Nicotine is found in both inhaled and exhaled vapor of electronic cigarettes. Studies have also found heavy metals, silicates, and cancer-causing compounds in exhaled e-cigarette vapor.

(Source: Philadelphia Department of Public Health, “Electronic Cigarette Fact sheet,” published February 2014 & Legacy for Health, Tobacco Fact Sheet, May 2014)

18% of Williams County adults indicated that they were former smokers.

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

- Williams County adult cigarette smoking rate was higher than the Ohio and U.S. rates, and the Healthy People 2020 objective.

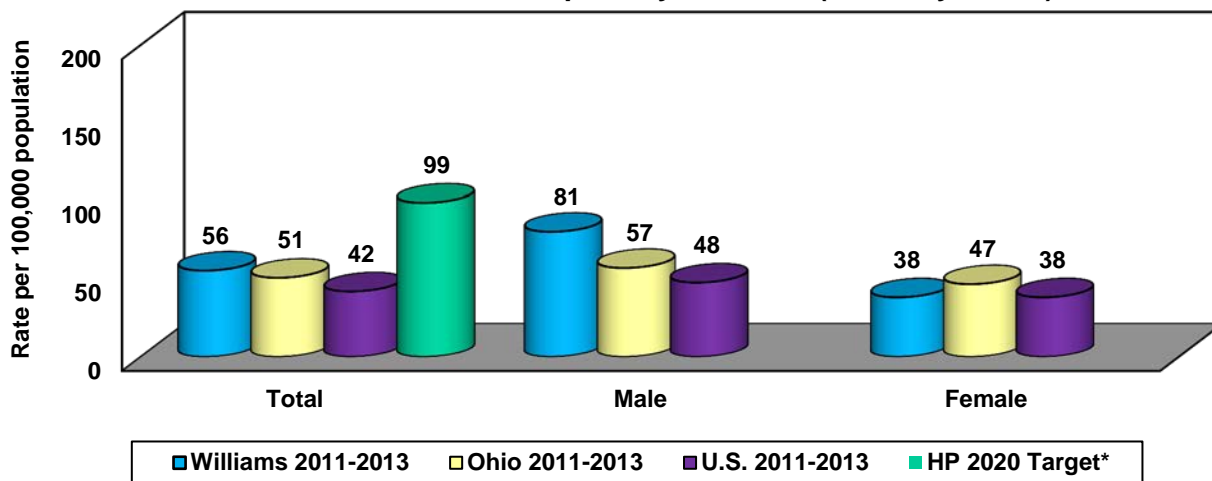


(Source: 2016 Williams County Health Assessment, 2014 BRFSS and Healthy People 2020)

The following graphs show Williams County, Ohio, and U.S. age-adjusted mortality rates per 100,000 population for chronic lower respiratory diseases (formerly COPD) in comparison with the Healthy People 2020 objective and the percentage of Williams County mothers who smoked during pregnancy. These graphs show:

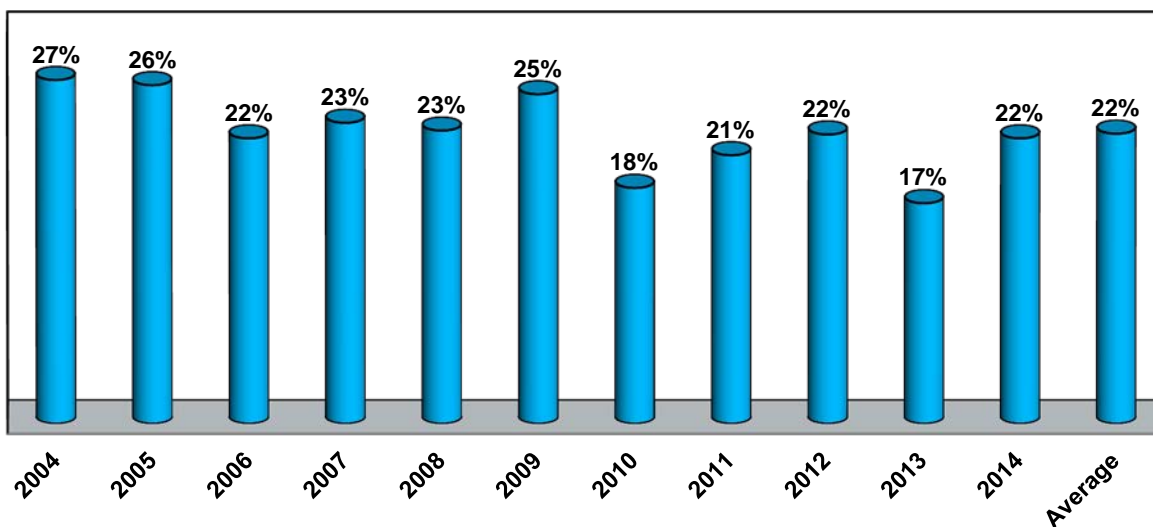
- From 2011-2013, Williams County's age-adjusted mortality rate for chronic lower respiratory disease was higher than the Ohio and the U.S. rate, but lower than the Healthy People 2020 target objective.
- Disparities existed by gender for chronic lower respiratory disease mortality rate. The 2011-2013 Williams County male rates were higher than the Williams County female rates.

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



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

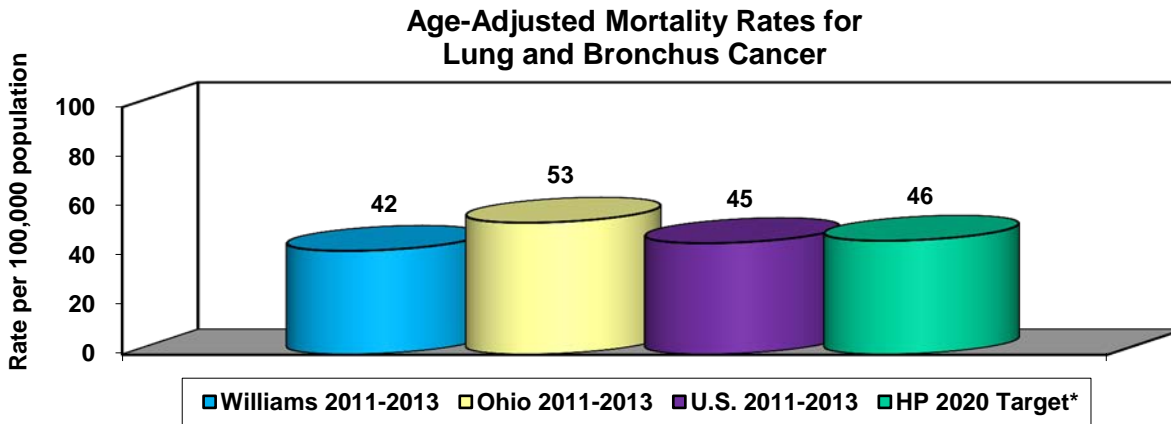
Percentage of Women in Williams County that Smoked during Pregnancy



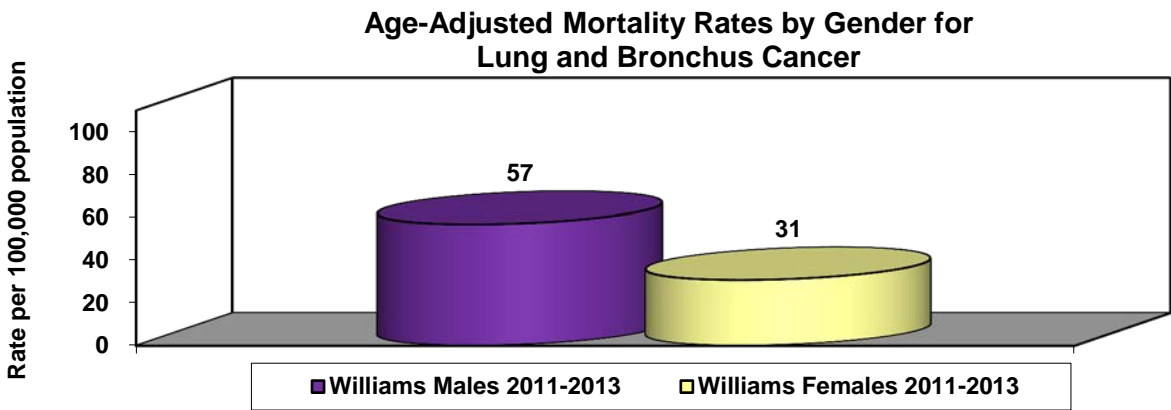
(Source: Percentage of Women in Williams County who smoked during Pregnancy, Williams County Health Department, 2014)

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

- Disparities existed by gender for Williams County lung and bronchus cancer age-adjusted mortality rates.
- The 2011-2013 Williams County lung and bronchus cancer mortality rates for males were substantially higher than the Williams County female rates.



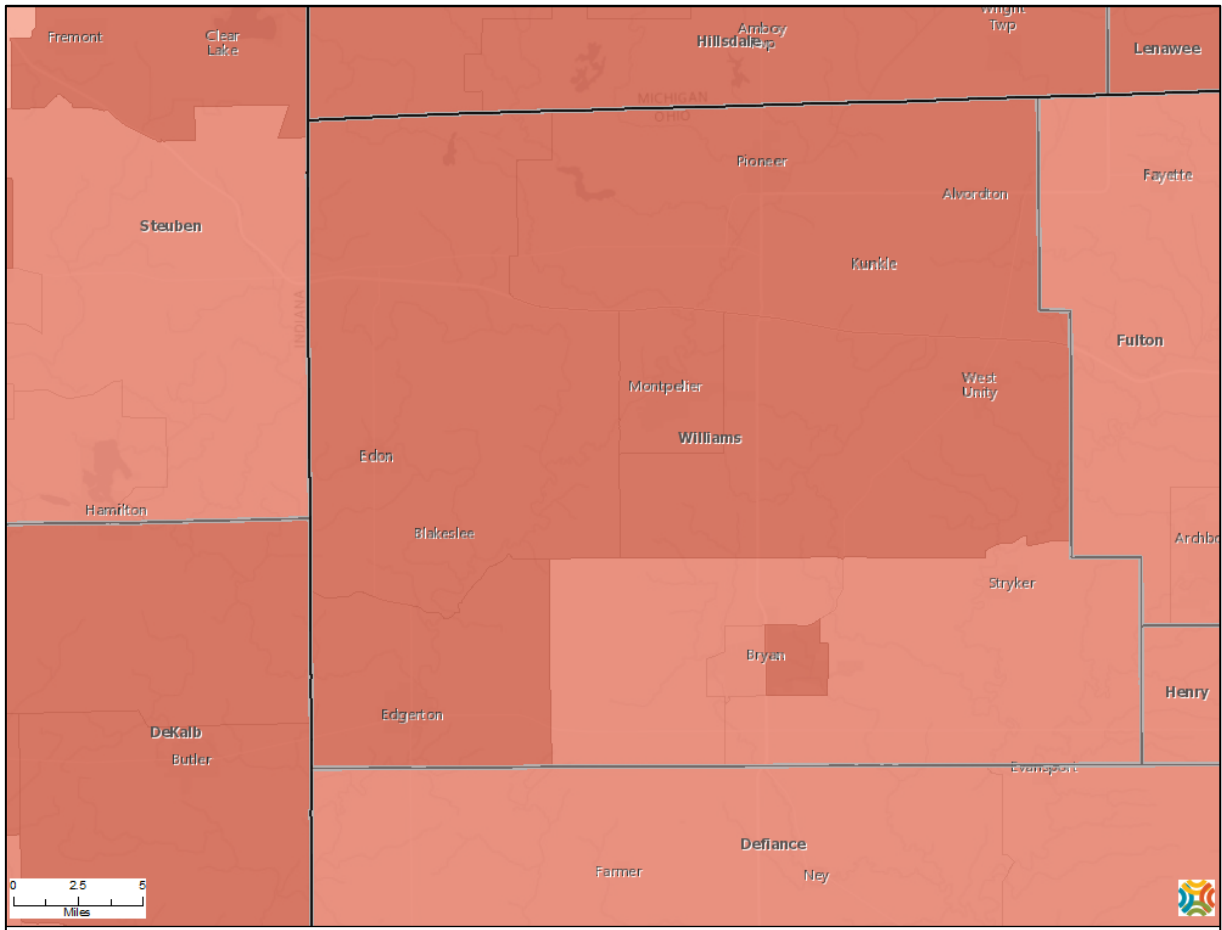
*Healthy People 2020 Target data is for lung cancer only
 (Sources: Healthy People 2020, National Cancer Institute, Health Indicators Warehouse)



(Source: Health Indicators Warehouse)

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

ADULT TOBACCO



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, 1/19/2016

(Source: Community Commons, updated 1/19/2016)

Adult | ALCOHOL CONSUMPTION

Key Findings

In 2016, the Health Assessment indicated that 9% of Williams County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 43% of adults who drank had five or more drinks (for males) or 4 or more drinks (for females) on one occasion (binge drinking) in the past month. Four percent of adults drove after having perhaps too much to drink.

39% of Williams County adults had at least one alcoholic drink in the past month.

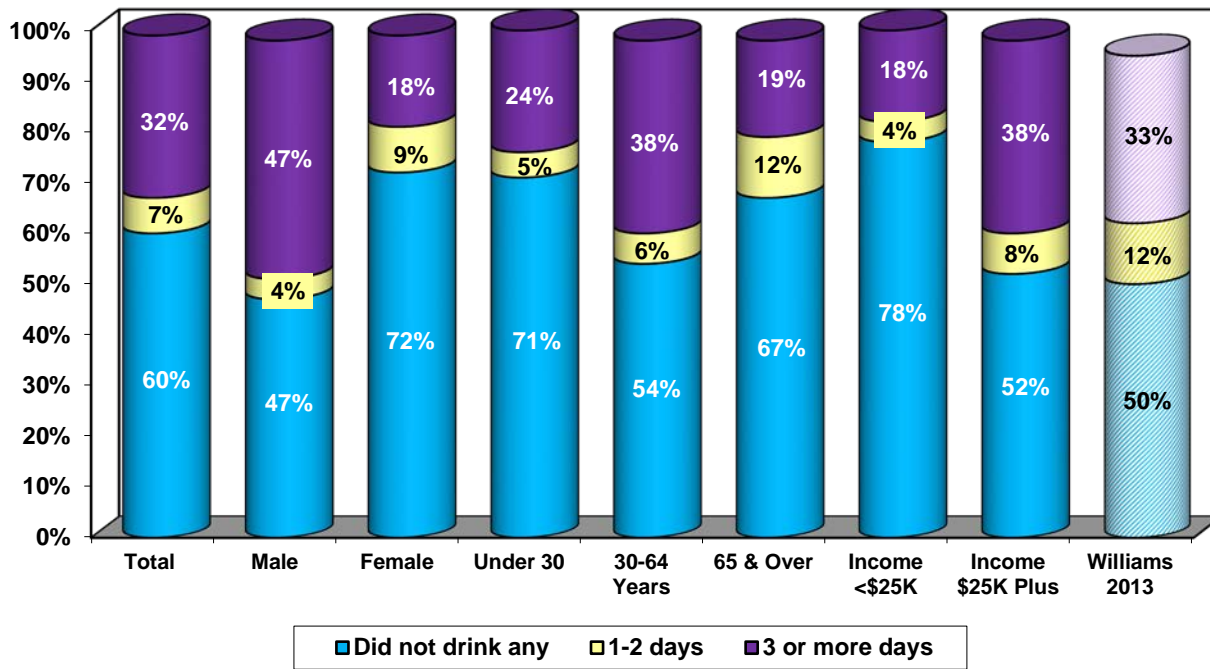
Adult Alcohol Consumption

- In 2016, 39% of the Williams County adults had at least one alcoholic drink in the past month, increasing to 46% of those with incomes more than \$25,000 and 51% of males. The 2014 BRFSS reported current drinker prevalence rates of 53% for both Ohio and the U.S.
- One-in-eleven (9%) adults were considered frequent drinkers (drank on an average of three or more days per week).
- Of those who drank, Williams County adults drank 4.3 drinks on average, increasing to 7.3 drinks for those under the age of 30.
- More than one-in-seven (15%) Williams County adults were considered binge drinkers. The 2014 BRFSS reported binge drinking rates of 18% for Ohio and 16% for the U.S.
- 43% of those current drinkers reported they had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers by definition.
- 4% of adults reported driving after having perhaps too much to drink, increasing to 33% of those under the age of 30.
- Williams County adults experienced the following in the past six months: drove after having any alcoholic beverage (6%), used prescription drugs while drinking (5%), drank more than they expected (5%), tried to quit or cut down but could not (3%), spent a lot of time drinking (2%), continued to drink despite problems caused by drinking (2%), gave up other activities to drink (2%), drank more to get the same effect (2%), failed to fulfill duties at home, work or school (1%), and drank to ease withdrawal symptoms (1%).

Adult Comparisons	Williams County 2013	Williams County 2016	Ohio 2014	U.S. 2014
Drank alcohol at least once in past month	45%	39%	53%	53%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	18%	15%	18%	16%

The following graphs show the percentage of Williams County adults consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 60% of all Williams County adults did not drink alcohol, 47% of Williams County males did not drink, and 72% of adult females reported they did not drink.

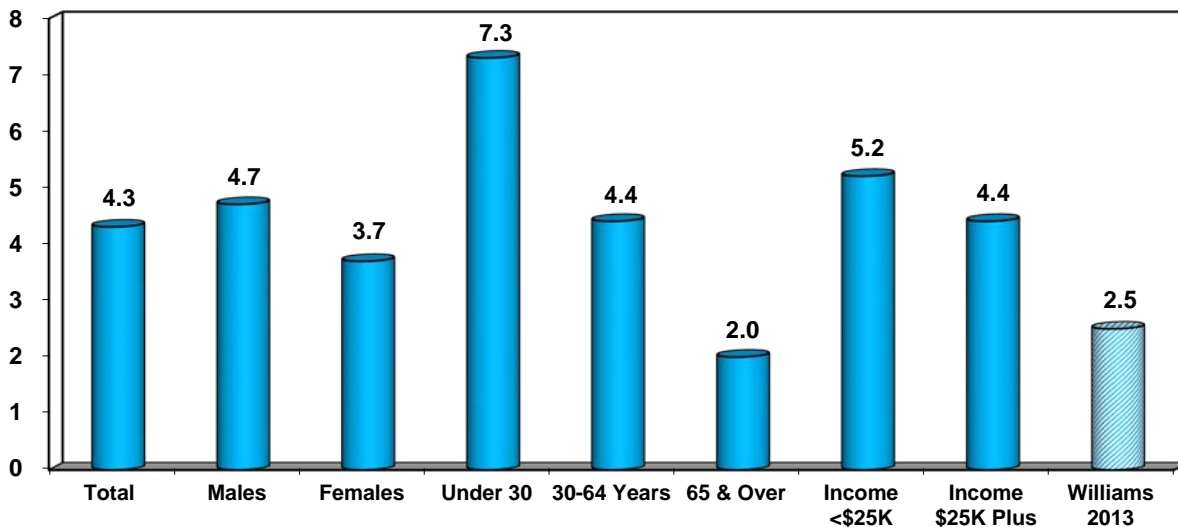
Average Number of Days Drinking Alcohol in the Past Month



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

9% of Williams County adults were considered frequent drinkers (drank on an average of three or more days per week).

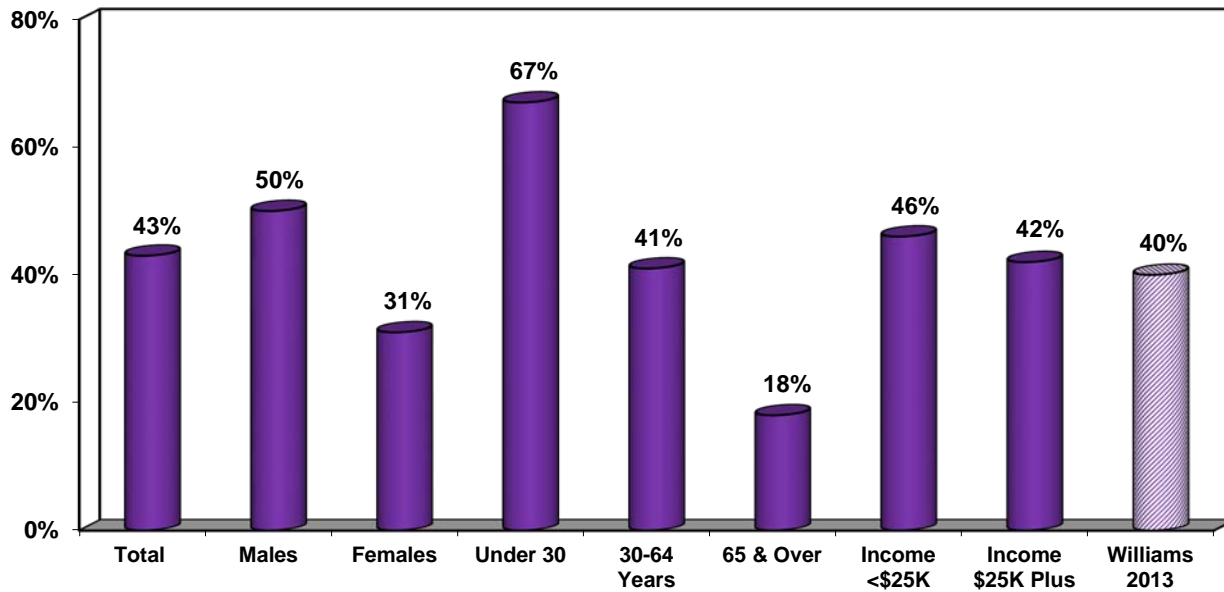
Adults Average Number of Drinks Consumed Per Drinking Occasion



ADULT ALCOHOL

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

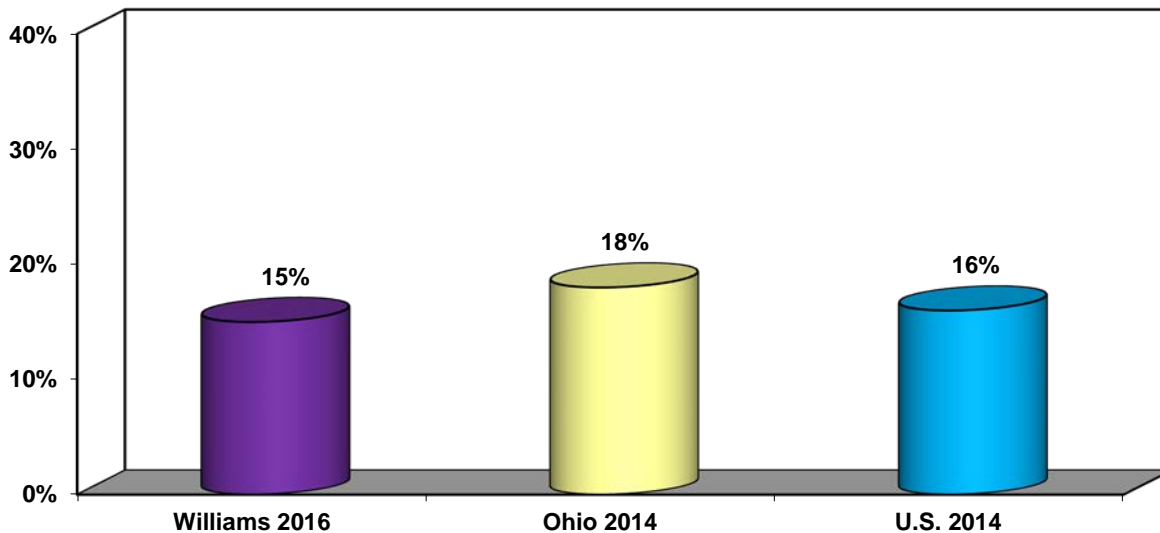
Williams County Adult Drinkers Who Binge Drank in Past Month*



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

4% of Williams County adults reported driving after having perhaps too much to drink.

Adult Binge Drinkers*



(Source: 2014 BRFSS, 2016 Williams 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 city of Bryan, Williams County, and Ohio motor vehicle accident statistics. The table shows:

- 11% of all fatal injury crashes in Williams County were alcohol-related compared to 7% in Ohio.

	City of Bryan 2015	Williams County 2015	Ohio 2015
Total Crashes	158	1,223	294,765
Alcohol-Related Total Crashes	13	60	12,174
Fatal Injury Crashes	1	7	1,002
Alcohol-Related Fatal Crashes	0	1	293
Alcohol Impaired Drivers in Crashes	12	58	11,967
Injury Crashes	34	222	73,198
Alcohol-Related Injury Crashes	5	26	4,963
Property Damage Only	123	994	220,565
Alcohol-Related Property Damage Only	8	33	6,918
Deaths	1	8	1,080
Alcohol-Related Deaths	0	2	321
Total Non-Fatal Injuries	52	349	105,628
Alcohol-Related Injuries	5	47	6,942

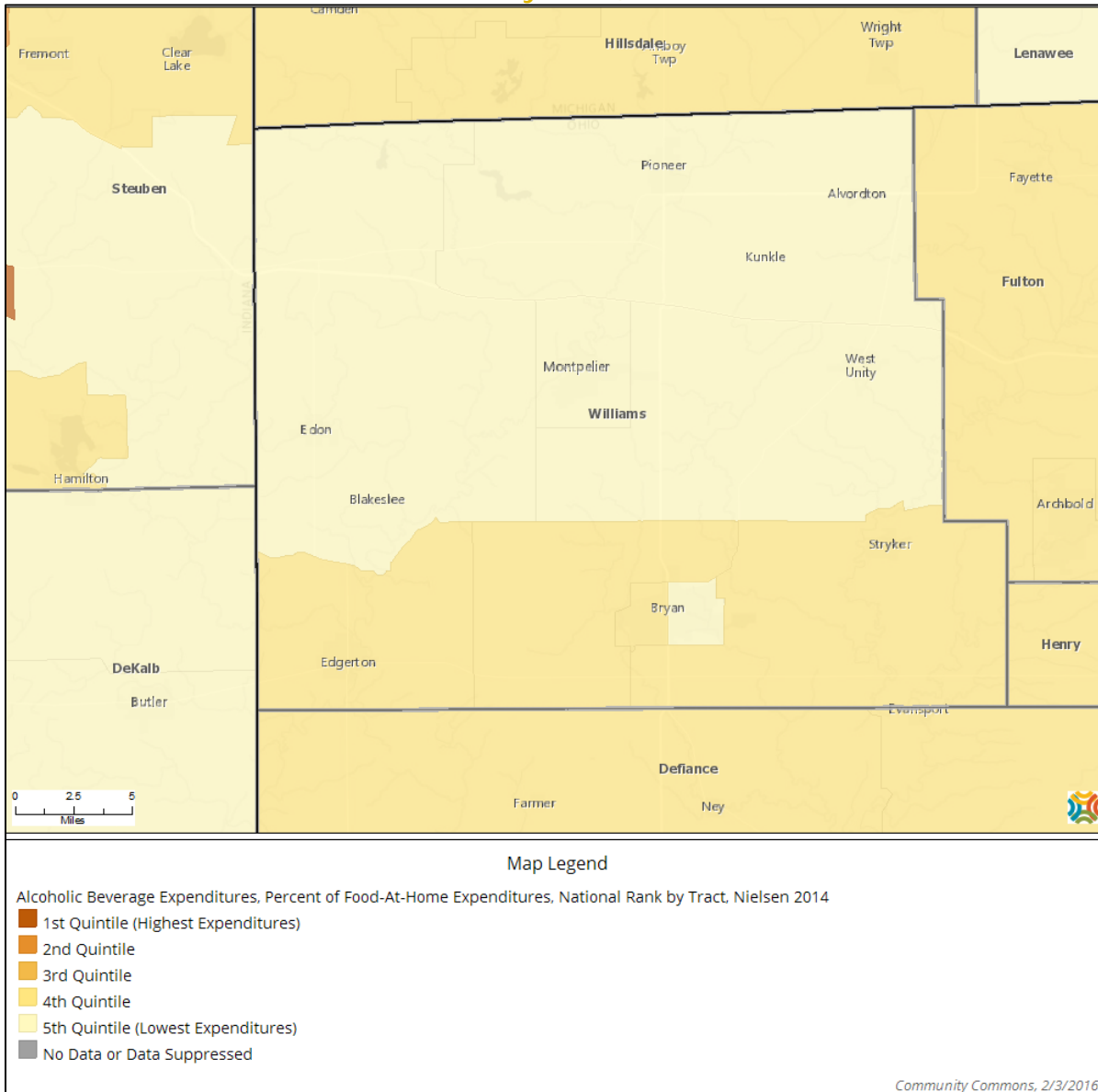
(Source: Ohio Department of Public Safety, Crash Reports, Updated 2/1/2016, Traffic Crash Facts)

Caffeinated Alcoholic Beverages

- Excessive alcohol consumption is responsible for about 88,000 deaths and 2.5 million years of potential life lost (YPLL) in the United States each year.
- Drinkers who consume alcohol mixed with energy drinks are 3 times more likely to binge drink than drinkers who do not report mixing alcohol with energy drinks.
- Drinkers who consume alcohol with energy drinks are about twice as likely as drinkers who do not report mixing to report being taken advantage of sexually, to report taking advantage of someone else sexually, and to report riding with a driver who was under the influence of alcohol.

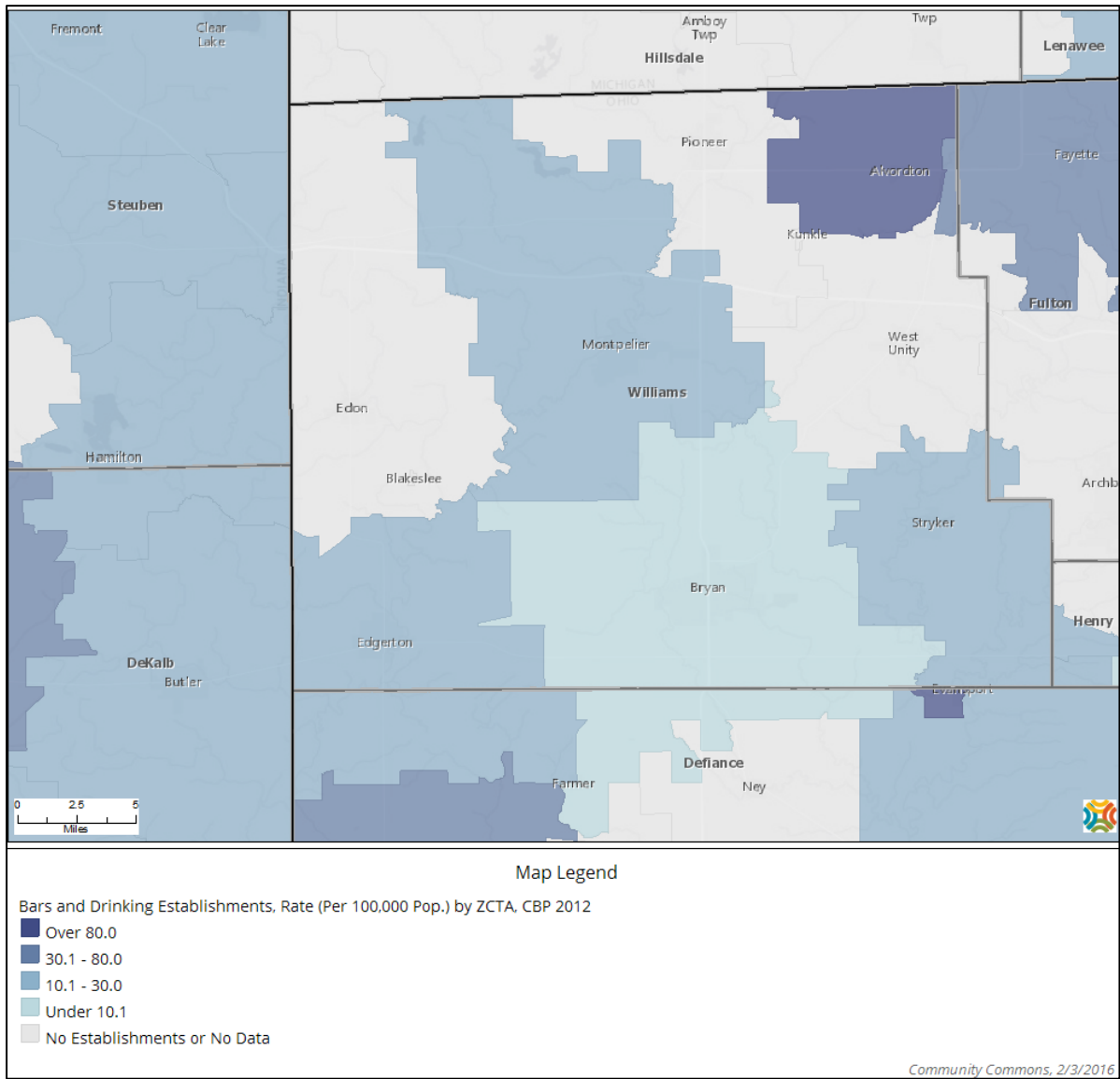
(Source: CDC, Alcohol and Public Health, Fact Sheets, Caffeinated Alcoholic Beverages, November 2014)

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



(Source: Community Commons, updated 2/3/2016)

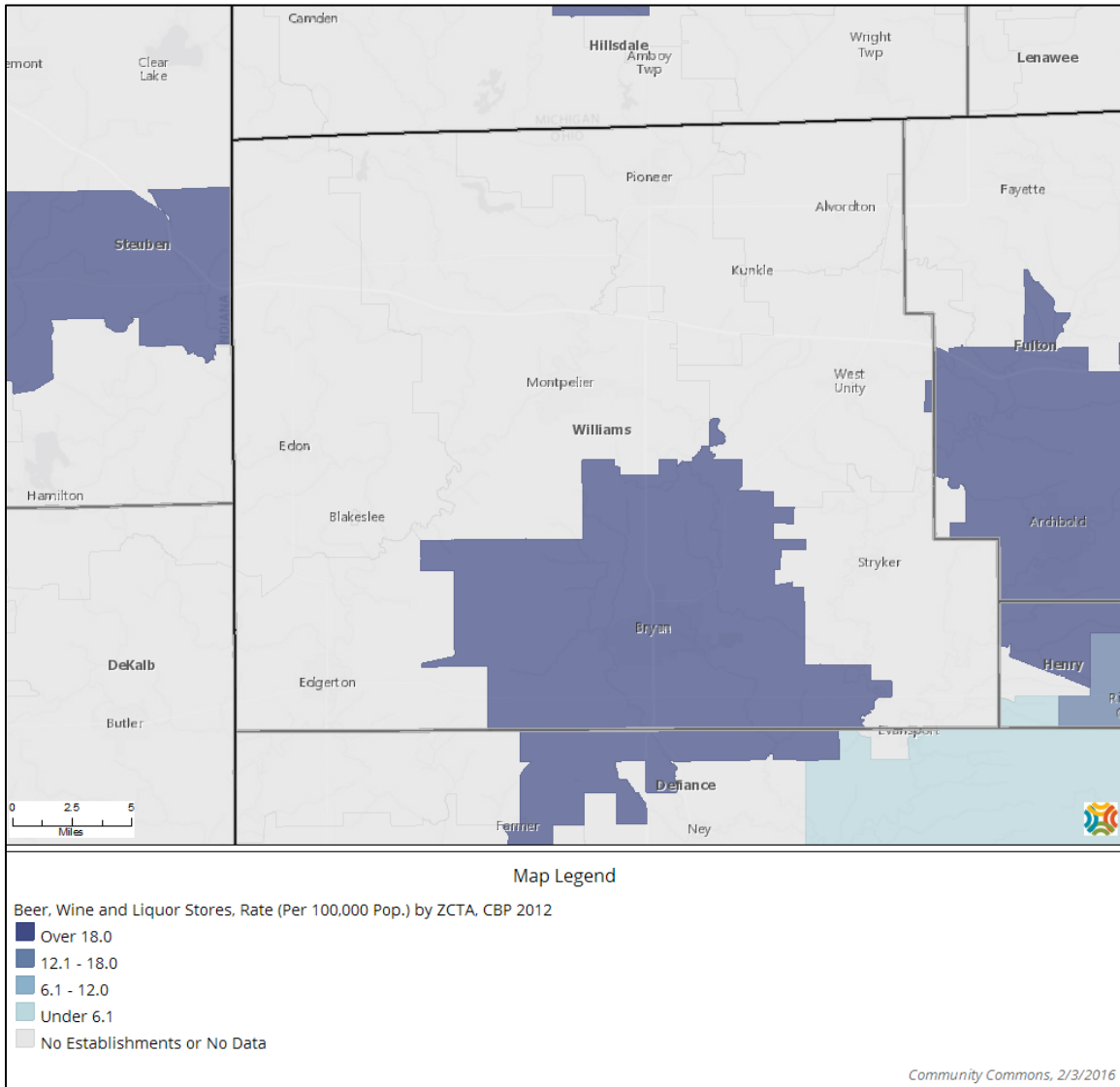
Bars and Drinking Establishments, Rate (Per 100,000 Pop.) by Zip Code Tract Area, Census Business Patterns 2012



(Source: Community Commons, updated 2/3/2016)

ADULT ALCOHOL

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



(Source: Community Commons, updated 2/3/2016)

Adult | DRUG USE

Key Findings

In 2016, 4% of Williams County adults had used marijuana during the past 6 months. 5% 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

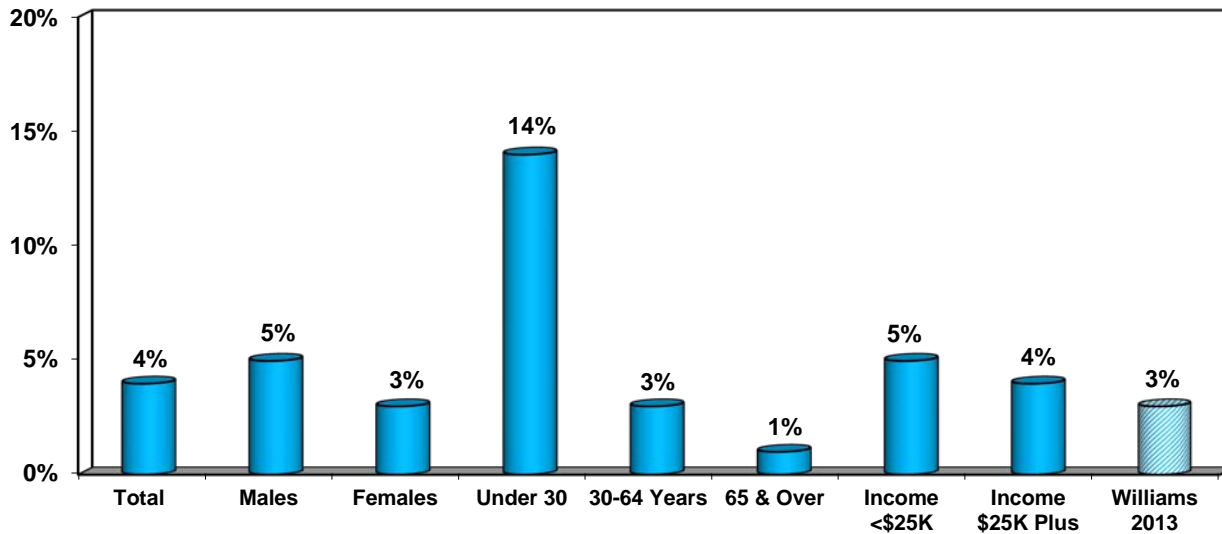
- 4% of Williams County adults had used marijuana in the past 6 months, increasing to 14% of those under the age of 30.
- 1% of Williams County adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- When asked about their frequency of marijuana and other recreational drug use in the past six months, 35% of Williams County adults who used drugs did so almost every day, and 15% did so less than once a month.
- 5% of adults had used medications 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 14% of those under the age of 30.
- When asked about their frequency of medication misuse in the past six months, 24% of Williams County adults who used these drugs did so almost every day, and 8% did so less than once a month.
- 2% of Williams County adults have used a program or service to help with drug problems for either themselves or a loved one. Reasons for not using such a program included: had not thought of it (1%), stigma of seeking drug services (1%), fear (<1%), could not afford to go (<1%), and did not know how to find a program (<1%). 97% of adults indicated they did not need a program or service to help with drug problems.
- Williams County adults indicated they did the following with their unused prescription medication: threw it in the trash (18%), took as prescribed (11%), kept it (11%), flushed it down the toilet (9%), took it to the Medication Collection program (4%), kept in a locked cabinet (3%), disposed in RedMed Box, Yellow Jug, etc. (<1%), and gave it away (<1%). 61% of adults did not have unused medication.

Adult Comparisons	Williams County 2013	Williams County 2016	Ohio 2014	U.S. 2014
Adults who used marijuana in the past 6 months	3%	4%	N/A	N/A
Adults who used other recreational drugs in the past 6 months	<1%	1%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	6%	5%	N/A	N/A

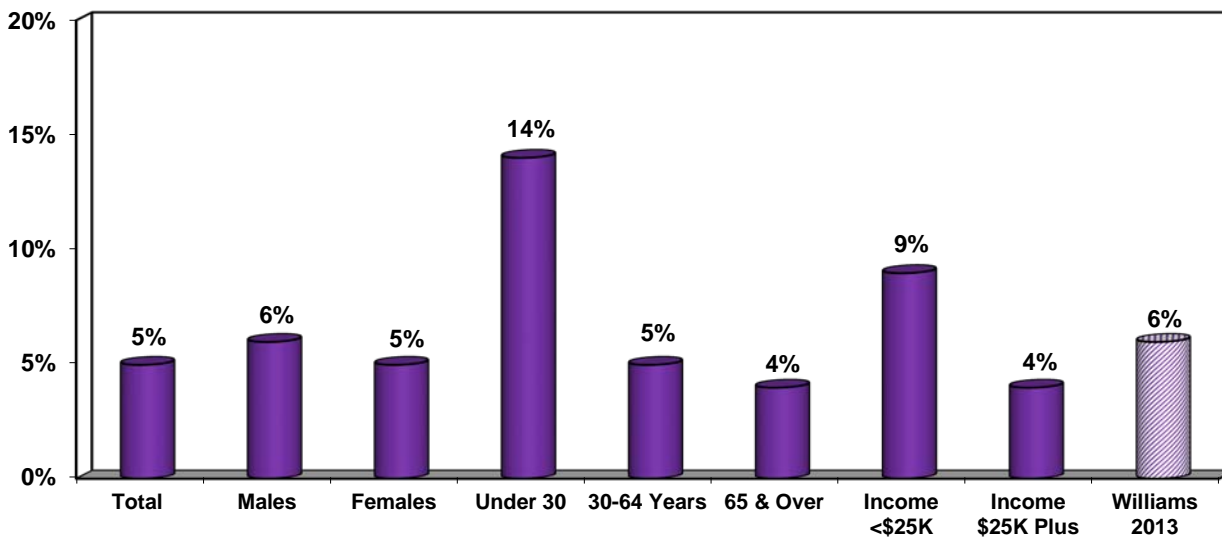
N/A - Not available

The following graphs are data from the 2016 Williams County Health Assessment indicating adult marijuana use in the past six months and medication misuse in the past six months. Examples of how to interpret the information include: 4% of all Williams County adults used marijuana in the past six months, 14% of adults under the age of 30 were current users, and 5% of adults with incomes less than \$25,000 were current users.

Williams County Adult Marijuana Use in Past 6 Months



Williams County Adult Medication Misuse in Past 6 Months



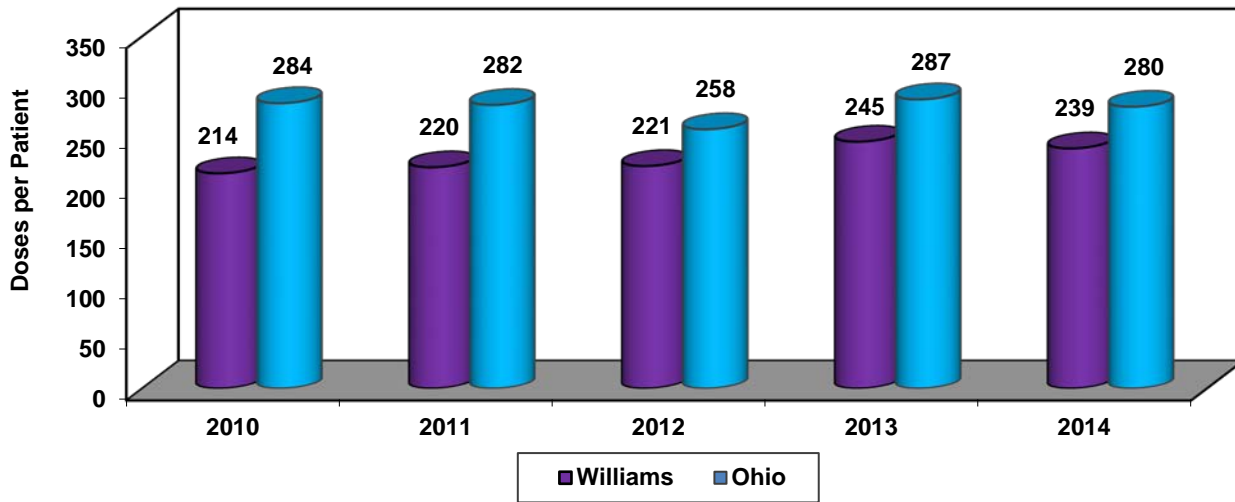
Prescription Opioid Abuse: A First Step to Heroin Use?

- Prescription opioid pain medications such as OxyContin and Vicodin can have effects similar to heroin when taken in doses or in ways other than prescribed, and they are currently among the most commonly abused drugs in the United States. Research now suggests that abuse of these drugs may open the door to heroin abuse.
- Nearly half of young people who inject heroin surveyed in three recent studies reported abusing prescription opioids before starting to use heroin. Some individuals reported taking up heroin because it is cheaper and easier to obtain than prescription opioids.
- Many of these young people also report that crushing prescription opioid pills to snort or inject the powder provided their initiation into these methods or drug administration.

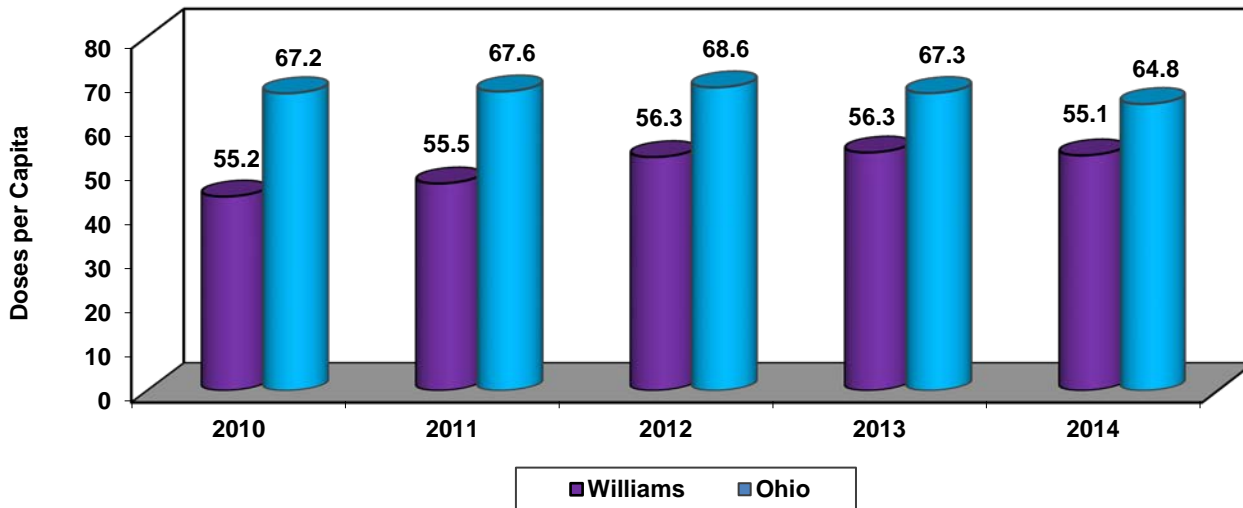
(Source: National Institute on Drug Abuse, Prescription Opioid Abuse: A First Step to Heroin Use?, October 2014, from: <http://www.drugabuse.gov/publications/drugfacts/heroin>)

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

Williams County and Ohio Number of Opiate and Pain Reliever Doses Per Patient



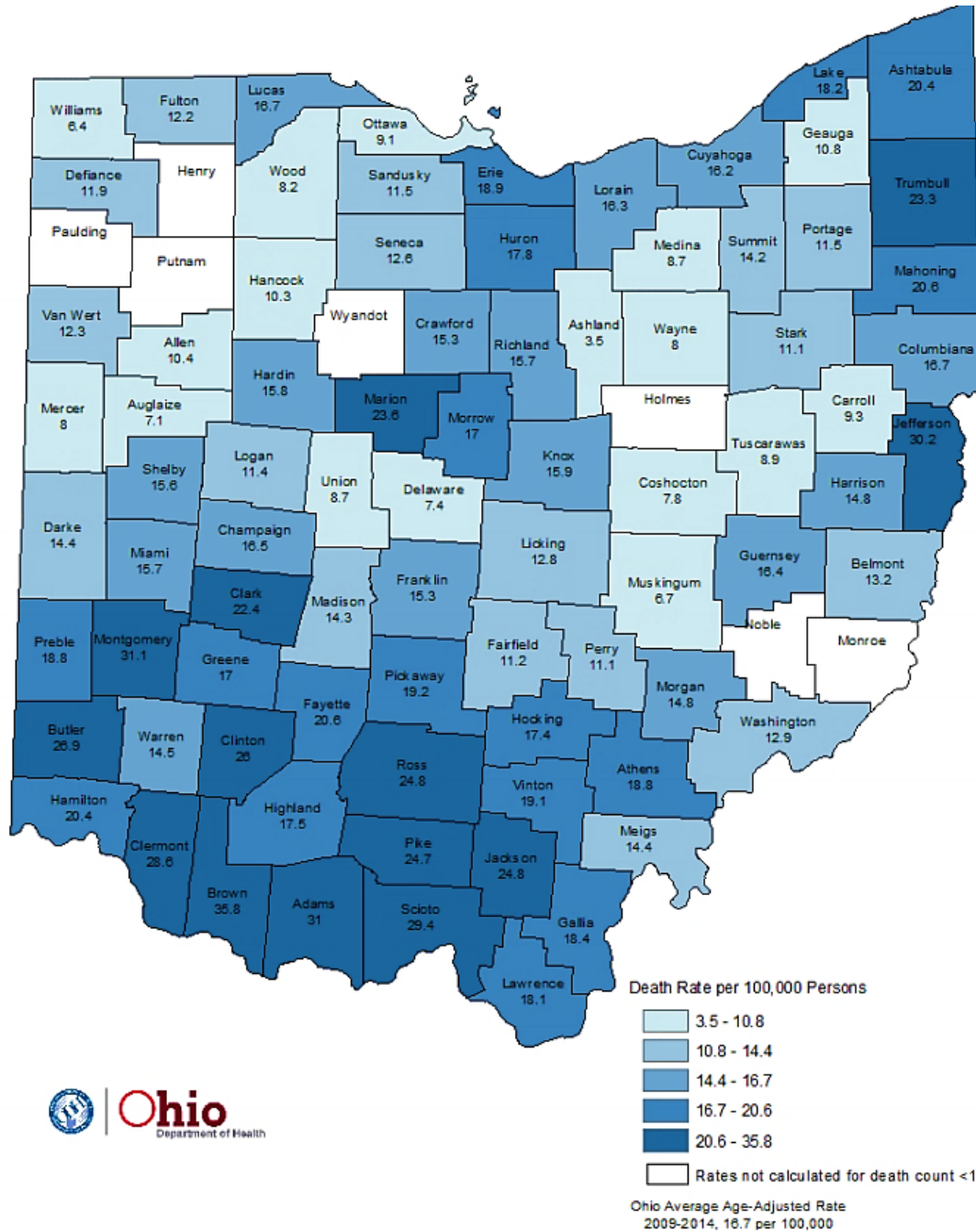
Williams County and Ohio Number of Opiate and Pain Reliever Doses Per Capita



(Source: Ohio Automated Rx Reporting System, April 22, 2015, from: <https://www.ohiopmp.gov/portal/docs.aspx>)

Average Age-Adjusted Unintentional Drug Overdose Death Rate by County, Ohio Residents, 2009-2014

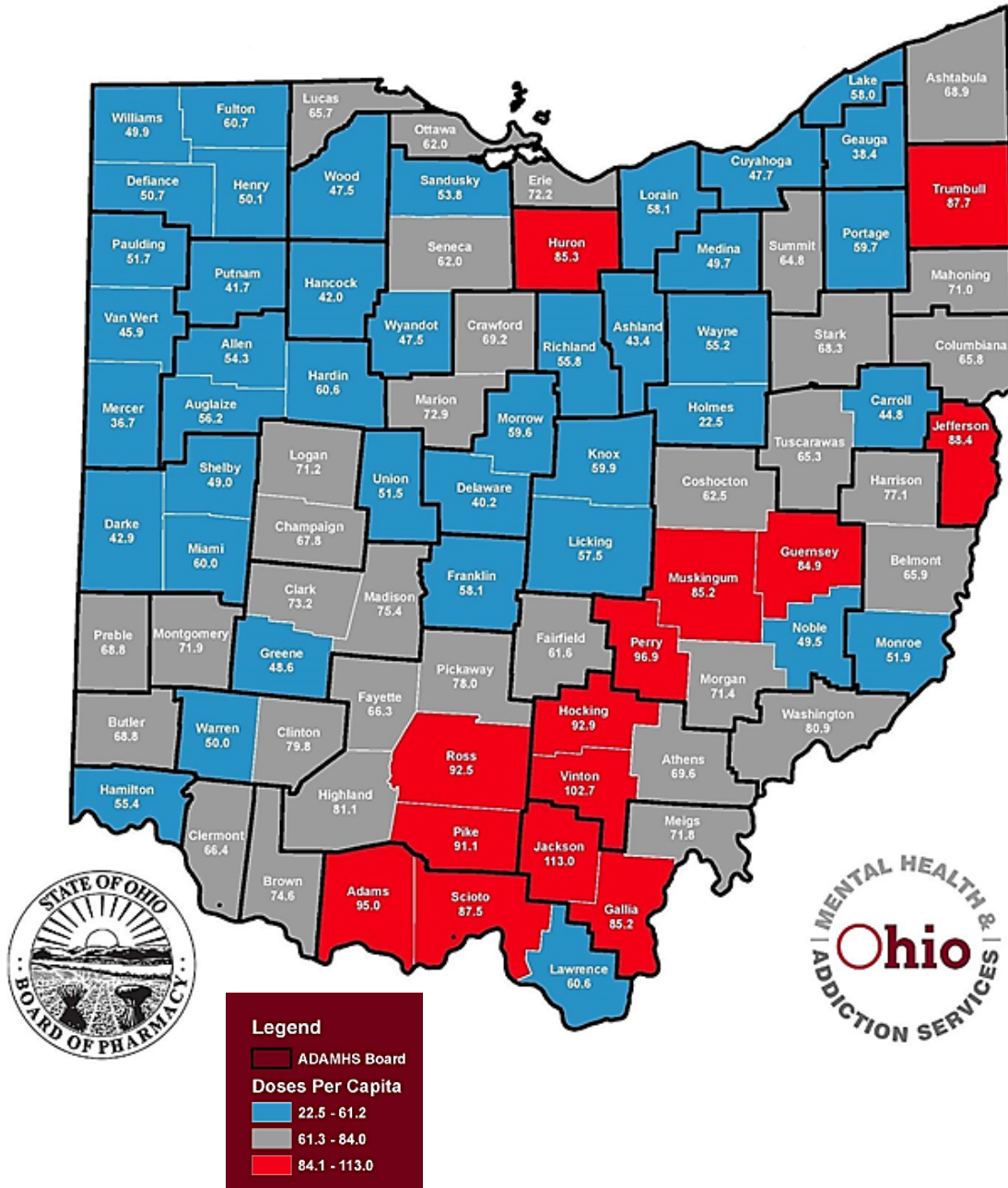
- The average age-adjusted unintentional drug overdose death rate was 6.4 deaths per 100,000 in Williams County from 2008-2013.
- The average age-adjusted unintentional drug overdose death rate was 16.7 deaths per 100,000 in Ohio from 2008-2013.



(Source: Ohio Department of Health, Office of Vital Statistics, Unintentional Drug Overdose Death Rates for Ohio Residents by County)

Prescription Analgesic Doses Per Capita

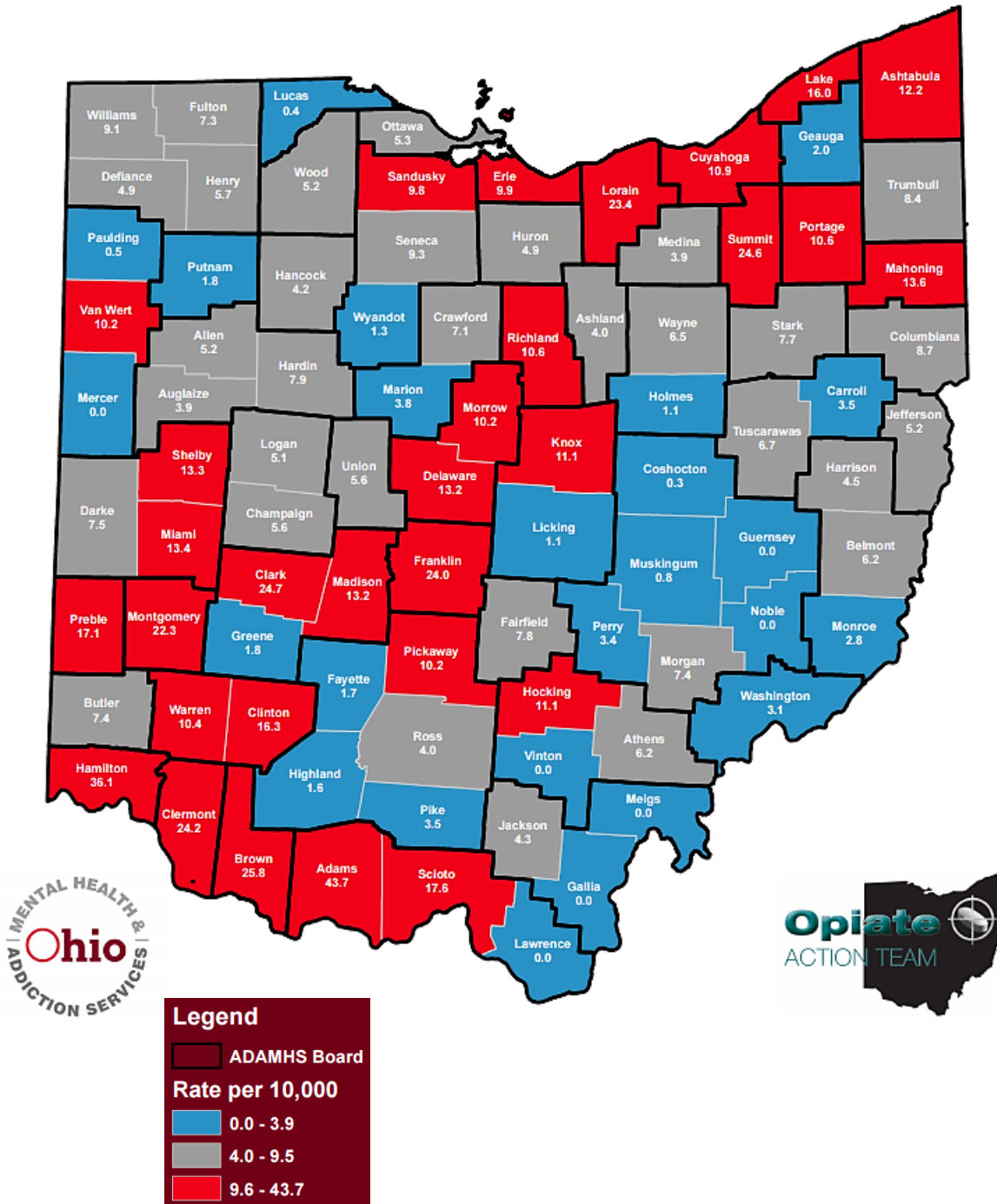
- In 2014, the statewide average per capita dosage rate was 61.2 doses per person.
- The average per capita dosage rate was 49.9 doses per person in Williams County in 2014.



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

Naloxone Administration Rates to Overdose Patients per 10,000 Population By County, EMS Incident Reporting System (EMSIRS) - 2014

- In 2014, there were 13.9 naloxone administrations per 10,000 persons.
- In Williams County, there were 9.1 naloxone administrations per 10,000 persons in 2014 (see map below). This rate decreased to 5.1 in 2015.



(Source: Ohio Mental Health and Addiction Services, Doses Per Capita June 2015)

Felony Cases and Drug Arrests January – June 2015

- Ohio State Highway Patrol (OSHP) investigated a wide range of felony offenses during the first half of 2015, including vice (1,820); assault (717); larceny (292); false pretense (100); property crimes (77); homicide/death (16); robbery/burglary (7); and various other types of felony offenses (150).
- OSHP Troopers made 6,256 total drug arrests during the first 6 months of 2015 – a 10% increase compared to 2014 and a 30% increase compared to the previous 3-year average (2012-2014).
- Of the 6,256 drug arrests, over one-quarter (1,720 or 27%) included one or more felony drug charges. This represents a 36% increase over the previous 3-year average (2012-2014).



OHIO STATE HIGHWAY PATROL FELONY CASES AND DRUG ARRESTS JANUARY – JUNE 2015

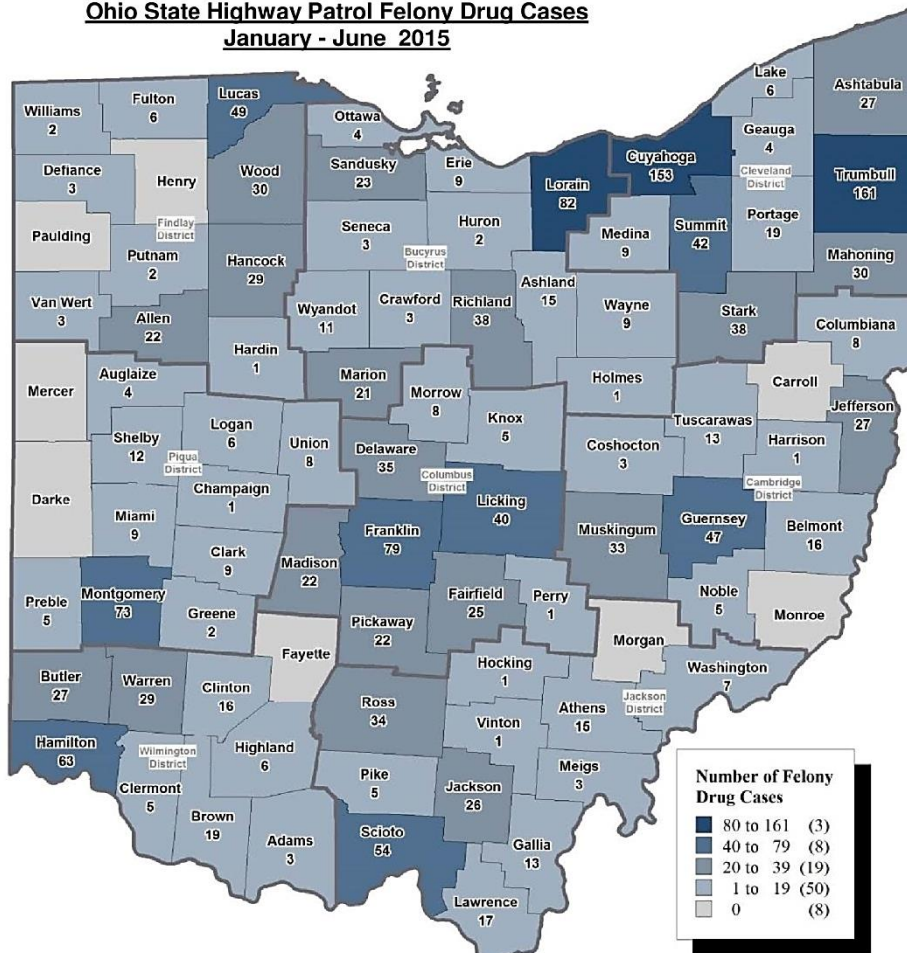


**Ohio State Highway Patrol Felony Drug Cases
January - June 2015**

OSHP felony cases by type ¹ (Jan. 1 – Jun. 30, 2015)	
Homicide/death	16
Robbery/burglary	7
Larceny	292
Assault	717
False pretense ²	100
Vice ³	1,820
Property crimes	77
Other investigations	150
Total:	3,179

OSHP drug arrests (Jan. 1 - Jun. 30, 2015)	
Total drug arrests	6,256
Felony drug cases	1,720

OSHP drug seizures in grams (Jan. 1 - Jun. 30, 2015)	
Marijuana	413,582
Cocaine	84,302
Crack	1,586
Heroin	7,274
OSHP scheduled pill seizures (Jan. 1 - Jun. 30, 2015)	
Opiate	15,313
Stimulant	1,073
Depressant	3,403
Hallucinogen	188



(Source: Ohio State Highway Patrol, Felony Cases and Drug Arrests, January – June 2015)

Adult | WOMEN'S HEALTH

Key Findings

In 2016, half (50%) of Williams County women over the age of 40 reported having a mammogram in the past year. 44% of Williams County women ages 19 and over had a clinical breast exam and 23% had a Pap smear to detect cancer of the cervix in the past year. The Health Assessment determined that 1% of women survived a heart attack and 1% survived a stroke at some time in their life. More than one-third (35%) had high blood pressure, 37% had high blood cholesterol, 43% were obese, and 19% were identified as smokers, known risk factors for cardiovascular diseases.

Women's Health Screenings

- In 2016, 56% of women had a mammogram at some time and more than one-fourth (29%) had this screening in the past year.
- Half (50%) of women ages 40 and over had a mammogram in the past year and 67% 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 (88%) Williams County women have had a clinical breast exam at some time in their life and 44% had one within the past year. Nearly two-thirds (66%) of women ages 40 and over had a clinical breast exam in the past two years. The 2010 BRFSS reported that 75% of women 40 and over in Ohio and 77% in the U.S., had a clinical breast exam in the past two years.
- This assessment has identified that 87% of Williams County women have had a Pap smear and 23% reported having had the exam in the past year. 54% of women had a pap smear in the past three years. The 2014 BRFSS indicated that 74% of Ohio and 75% in the U.S. women had a pap smear in the past three years.

Pregnancy

- 15% of Williams County women had been pregnant in the past 5 years.
- During their last pregnancy, Williams County women: took a multi-vitamin (87%), got a prenatal appointment in the first 3 months (71%), took folic acid during pregnancy (37%), got a dental exam (29%), received WIC benefits (29%), took folic acid pre-pregnancy (24%), used marijuana (13%), experienced domestic violence (13%), experienced perinatal depression (5%), smoked cigarettes (5%), and received services at a pregnancy resource/crisis intervention center (3%).

Williams County Female Leading Causes of Death, 2012– 2014

1. Heart Diseases (23% of all deaths)
2. Cancers (21%)
3. Alzheimer's (9%)
4. Chronic Lower Respiratory Diseases (8%)
5. Stroke (6%)

(Source: CDC Wonder, 2012-2014)

Ohio Female Leading Causes of Death, 2012 – 2014

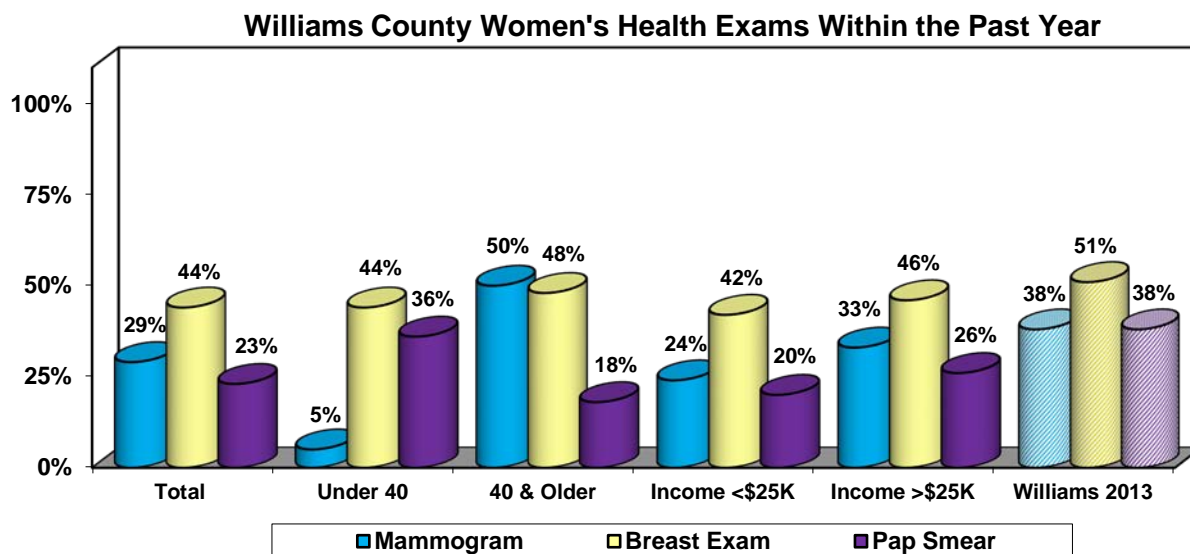
1. Heart Diseases (22% of all deaths)
2. Cancers (21%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (6%)
5. Alzheimer's disease (5%)

(Source: CDC Wonder, 2012-2014)

Women's Health Concerns

- Women used the following as their usual source of services for female health concerns: Parkview (41%), CHWC (10%), primary care physician/family doctor (5%), CPC Women's Health Resource (4%), Williams County Health Department-Family Planning Clinic (3%), Health Partners of Western Ohio (1%), and some other source (11%). 25% indicated they did not have a usual source of services for female health concerns.
 - In 2016, the health assessment determined that 1% of women had survived a heart attack and 1% had survived a stroke at some time in their life.
 - Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Williams County, the 2016 Health Assessment has identified that:
 - 69% of women were overweight or obese (62% Ohio, 2014 BRFSS*)
 - 37% were diagnosed with high blood cholesterol (36% Ohio, 37% U.S., 2013 BRFSS)
 - 35% were diagnosed with high blood pressure (32% Ohio, 30% U.S., 2013 BRFSS)
 - 19% of all women were current smokers (20% Ohio, 2014 BRFSS*)
 - 4% had been diagnosed with diabetes (11% Ohio, 2014 BRFSS*)
- * The U.S. data for the BRFSS is not able to be broken down by gender for 2014.

The following graph shows the percentage of Williams County female adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 29% of Williams County females had a mammogram within the past year, 44% had a clinical breast exam, and 23% had a Pap smear.



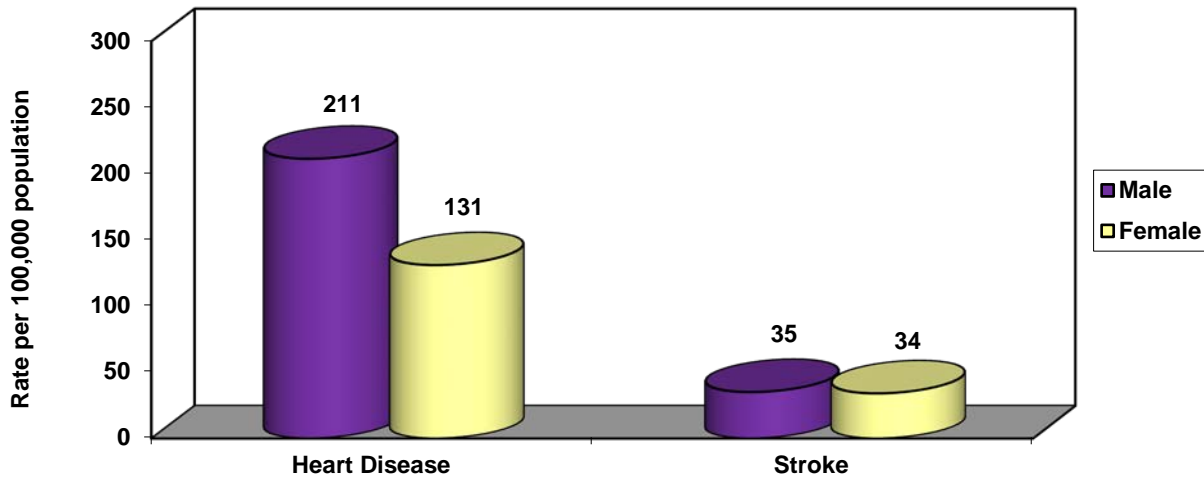
Adult Comparisons	Williams County 2013	Williams County 2016	Ohio 2014	U.S. 2014
Had a clinical breast exam in the past two years (age 40 & over)	68%	66%	75%**	77%**
Had a mammogram in the past two years (age 40 & over)	69%	67%	72%	73%
Had a pap smear in the past three years	66%	54%	74%	75%

N/A - Not Available
 **2012 BRFSS Data

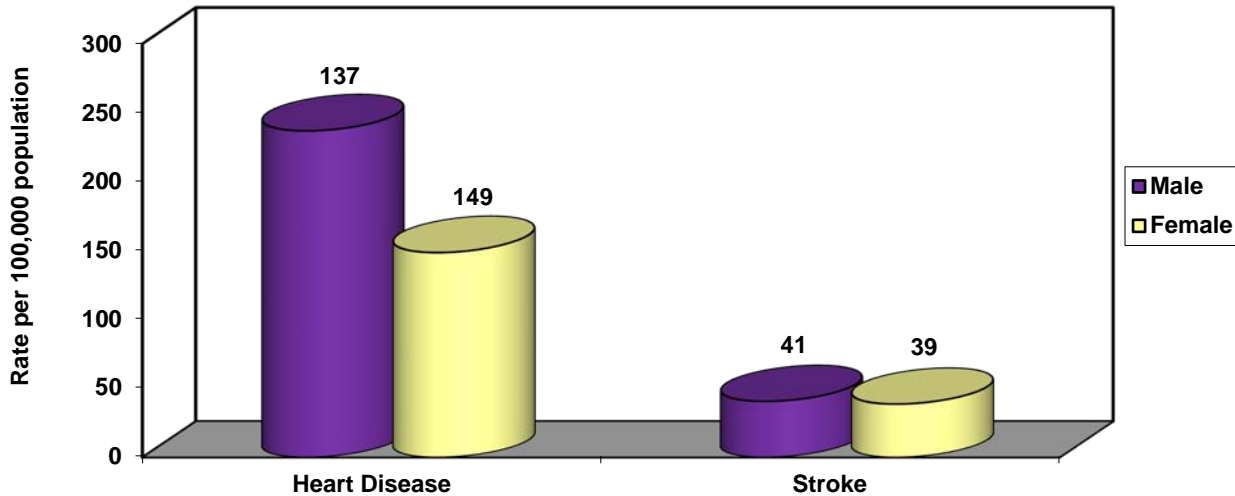
The following graphs show the Williams County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases. The graphs show:

- From 2011-2013, the Williams County and Ohio female age-adjusted mortality rates were lower than the male rates for heart disease.
- The Williams County female heart disease mortality rate was lower than the Ohio female rate from 2011-2013.

Williams County Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2009-2011



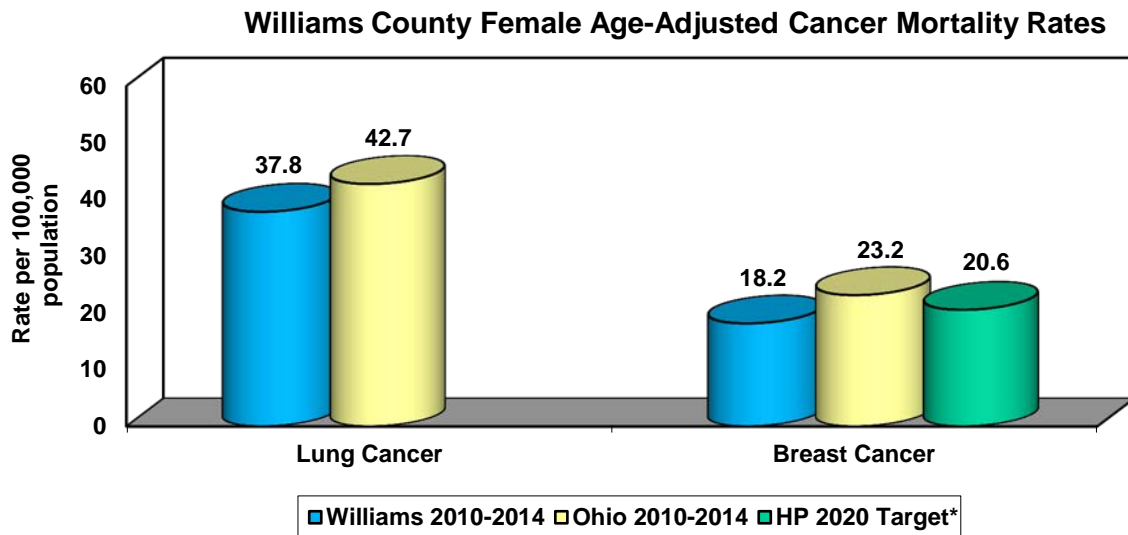
Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2009-2011



(Source: Health Indicators Warehouse, 2011-2013)

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

- From 2010-2014, the Williams County age-adjusted mortality rate for female lung cancer mortality rate was less than the Ohio rate.
- The Williams County breast cancer mortality rate was lower than both the Ohio rate and the Healthy People 2020 objective.



(Source: CDC Wonder 2010-2014 and Healthy People 2020)

*Note: Healthy People 2020 target rates are not gender specific; Healthy People 2020 Targets may not be available for all diseases.

Human Papilloma Virus (HPV and Vaccine)

- Approximately 79 million Americans are infected with human papillomavirus (HPV); approximately 14 million people will become newly infected each year.
- Some HPV types can cause cervical, vaginal, and vulvar cancer among women, penile cancer among men, and anal and some oropharyngeal cancers among both men and women.
- Other HPV types can cause genital warts among both sexes. Each year in the United States an estimated 27,000 new cancers attributable to HPV occur, 17,600 among females (of which 10,400 are cervical cancer) and 9,300 among males (of which 7,200 are oropharyngeal cancers).
- There are, however, two HPV vaccines available (Gardasil® and Cervarix®) which protect against the types of HPV infection that cause most cervical cancers (HPV types 16 and 18). Both vaccines should be given as a three-shot series. Clinical trials and post-licensure monitoring data show that both vaccines are safe.
- CDC recommends HPV vaccination for the prevention of HPV infections responsible for most types of cervical cancer.

(Sources: Centers for Disease Control and Prevention, Vaccine Safety, Human Papillomavirus (HPV) Vaccine, updated January 26, 2015)

Adult | MEN'S HEALTH

Key Findings

Cancers accounted for 27% of all male deaths in Williams County from 2012-2014. 73% of Williams County males were overweight or obese. Williams County males were more likely to have been diagnosed with diabetes than females (10% compared to 4%).

Men's Health

- From 2012-2014, major cardiovascular diseases (heart disease and stroke) accounted for 22% of all male deaths in Williams County (Source: CDC Wonder).
- From 2012-2014, the leading cancer deaths for Williams 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).
- In 2016, 6% of Williams County males did not have health care coverage, compared to 3% of females.
- 56% of Williams County males rated their health as excellent or very good, compared to 54% of females.
- Williams County males were less likely to have been diagnosed with:
 - Asthma (5% compared to 31% of females).
- Williams County males were more likely to have been diagnosed with:
 - Diabetes (10% compared to 4% of females).
- Williams County males and females were equally as likely to have been diagnosed with:
 - High blood pressure (35%).
- Williams County males were less likely to:
 - Feel sad or hopeless on two or more weeks in a row (4% compared to 14% of females).
- Williams County males were more likely to:
 - Be considered overweight or obese (73% compared to 69% of Williams County females).
 - Have consumed alcohol in the past 30 days (51% compared to 27% of females).
 - Have smoked cigarettes in the past 30 days (25% compared to 19% of females).
 - Have been to the dentist in the past year (61% compared to 46% of females).

Williams County Male Leading Causes of Death, 2012 – 2014

1. Cancers (27% of all deaths)
2. Heart Diseases (22%)
3. Chronic Lower Respiratory Diseases (8%)
4. Accidents, Unintentional Injuries (7%)
5. Diabetes (6%)

(Source: CDC Wonder, 2012-2014)

Ohio Male Leading Causes of Death, 2012 – 2014

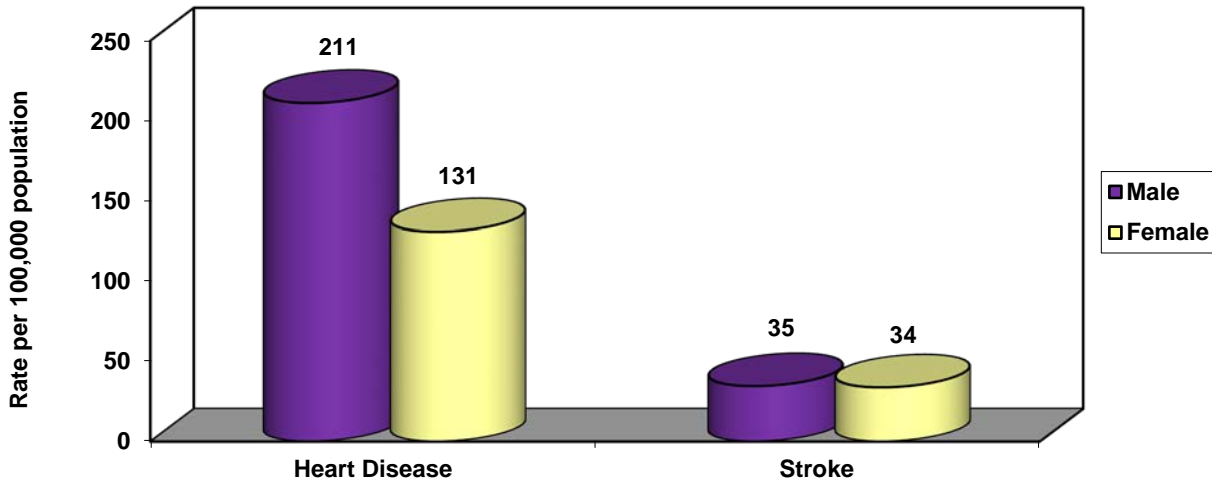
1. Heart Diseases (25% of all deaths)
2. Cancers (24%)
3. Accidents, Unintentional Injuries (6%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (4%)

(Source: CDC Wonder, 2012-2014)

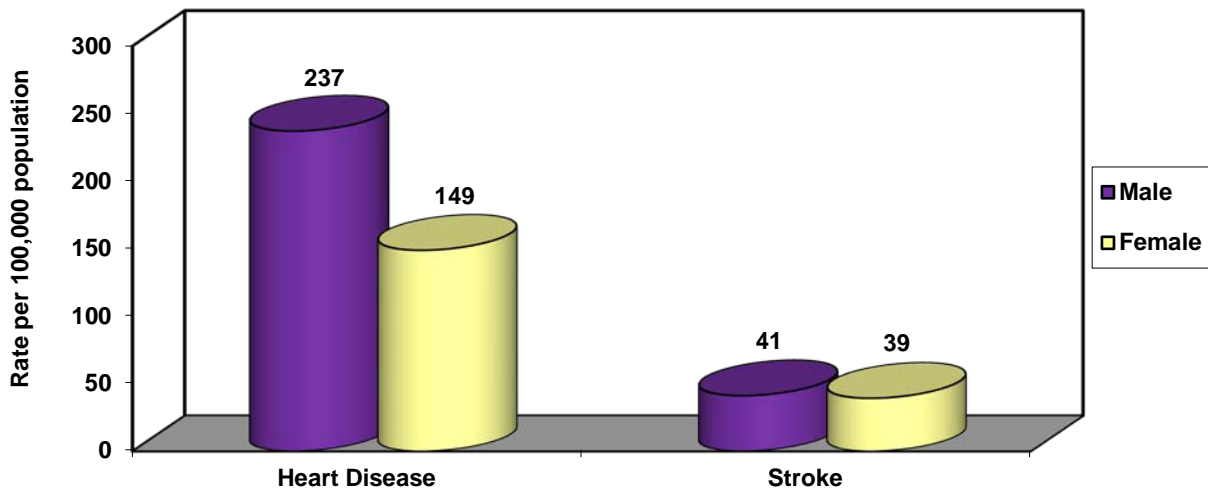
The following graphs show the Williams County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases by gender. The graphs show:

- From 2012-2014, the Williams County and Ohio male age-adjusted mortality rate was higher than the female rate for heart disease.
- The Williams County male age-adjusted heart disease mortality rate was lower than the Ohio male rate.

Williams County Age-Adjusted Heart Disease Mortality Rates By Gender, 2012-2014



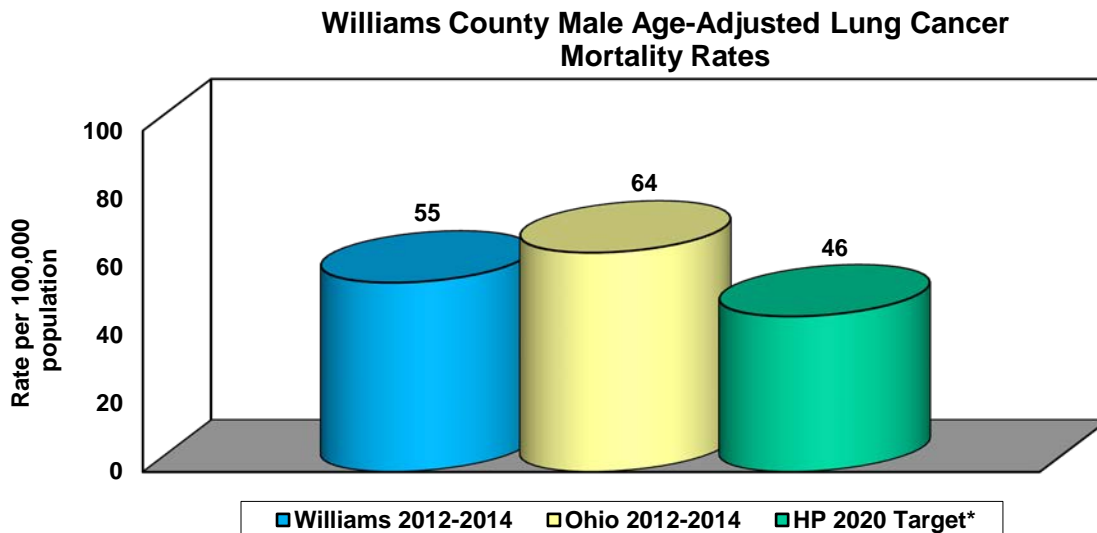
Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2012-2014



(Sources: Health Indicators Warehouse, 2012-2014)

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

- From 2012-2014, the Williams County age-adjusted mortality rate for male lung cancer was lower than the Ohio rate but higher than the Healthy People 2020 objective.



**Note: the Healthy People 2020 target rates are not gender specific.
(Source: CDC Wonder 2012-2014 and Healthy People 2020)*

Cancer and Men

- Every year, more than 300,000 men in America lose their lives to cancer.
- The most common kinds of cancer among men in the U.S. are skin cancer, prostate cancer, lung cancer, and colorectal cancer.
- Skin cancer is the most common cancer in the United States. Most cases of melanoma, the deadliest kind of skin cancer, are caused by exposure to ultraviolet (UV) light from the sun and tanning devices.
- More men in the U.S. die from lung cancer than any other type of cancer, and cigarette smoking accounts for 90% of lung cancer deaths.
- Smoking increases the risk of developing the following types of cancer: esophagus, pancreas, pharynx, larynx, lip, oral cavity, kidney, bladder, stomach, colorectum, and acute myeloid leukemia.
- In men, the following cancers are associated with being overweight: colorectal cancer, esophageal adenocarcinoma (a type of cancer of the tube that connects your throat to your stomach), and cancer of the kidney and pancreas. Adopting a lifestyle that includes healthy eating and regular physical activity can help lower the risk for several types of cancers.
- Prostate cancer is the most frequently diagnosed cancer in men aside from skin cancer. For unclear reasons, incidence rates are 63% higher in African Americans than in whites. It is the second most common cause of cancer death in men.

(Source: Center for Disease Control and Prevention, Cancer Prevention and Control, June 9, 2015)

Adult | PREVENTIVE MEDICINE

Key Findings

Two-thirds (67%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than half (52%) of adults ages 50 and over had a colonoscopy/sigmoidoscopy within the past 5 years.

Preventive Medicine

- More than two-fifths (44%) of Williams County adults had a flu vaccine during the past 12 months.
- Of those who had a flu vaccine, 99% had the shot and 1% had the nasal spray.
- Adults received their last flu shot from the following places: doctor's office or health maintenance organization (18%), store or pharmacy (11%), workplace (10%), another type of clinic or health center (8%), health department (3%), senior, recreation, or community center (2%), hospital (<1%), school (<1%), and some other place (1%).
- 72% of Williams County adults ages 65 and over had a flu vaccine in the past 12 months. The 2014 BRFSS reported that 56% of Ohio and 61% of U.S. adults ages 65 and over had a flu vaccine in the past year.
- More than one-fourth (29%) of adults had a pneumonia shot in their life, increasing to 67% of those ages 65 and over. The 2014 BRFSS reported that 70% of both Ohio and U.S. adults ages 65 and over had a pneumonia shot in their life.
- Williams County adults have had the following vaccines: tetanus booster (including Tdap) in the past 10 years (47%), MMR in their lifetime (30%), pneumonia vaccine in their lifetime (29%), Zoster (shingles) vaccine in their lifetime (13%), human papillomavirus vaccine in their lifetime (7%), and pertussis vaccine in the past 10 years (6%).
- 60% of adults indicated they and their family had received all recommended immunizations. Reasons for not receiving immunizations included: did not think immunizations were necessary (18%), personal beliefs (4%), cost (3%), fear of adverse effects (2%), doctor did not recommend them (2%), fear of getting sick (2%), religious beliefs (1%), did not know where to go (<1%), fear of needles (<1%), pre-existing health issue that prevented them from getting immunizations (<1%), and other reasons (3%).

Preventive Health Screenings and Exams

- More than half (52%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.
- 21% of adults have tested their blood stool using a home kit at some time in their life, and 8% of adults tested it within the past year.

Skin Cancer Prevention Recommendations

- Seek shade, especially during midday hours.
- Wear clothing to protect exposed skin.
- Wear a hat with a wide brim to shade the face, head, ears, and neck.
- Wear sunglasses that wrap around and block as close to 100% of both UVA and UVB rays as possible.
- Use sunscreen with sun protective factor (SPF) 15 or higher, and both UVA and UVB protection.
- Avoid indoor tanning.

(CDC, Skin Cancer Prevention, Updated 5/29/2014)

- 37% of adults indicated they experienced routine heartburn, GERD, or acid reflux. Of those who experienced routine heartburn, GERD, or acid reflux, 44% used over-the-counter medication for it, and 17% used prescription medication for it.
- In the past year, 50% of Williams County women ages 40 and over have had a mammogram.
- See the Women’s Health Section for further mammogram, clinical breast exam, and Pap smear screening test information for Williams County adults.

Adult Comparisons	Williams County 2013	Williams County 2016	Ohio 2014	U.S. 2014
Had a pneumonia vaccination (ages 65 and over)	56%	67%	70%	70%
Had a flu vaccine in the past year (ages 65 and over)	72%	72%	56%	61%

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

Healthcare Topics	Total 2016
Physical Activity or Exercise	34%
Weight, Dieting or Eating Habits	30%
Immunizations	26%
Self-Breast or Self-Testicular Exam	19%
Safe Use of Prescription Medication	16%
Depression, Anxiety, or Emotional Problems	15%
Quitting Smoking	14%
Significance of Family History	12%
Injury Prevention Such As Safety Belt Use & Helmet Use	10%
Safe Use of Opiate-Based Pain Medication	6%
Alcohol Use When Taking Prescription Drugs	6%
Alcohol Use	6%
Sexual Practices Including Family Planning, STDs, AIDS, & Condom Use	4%
Alternative Pain Therapy	4%
Illicit Drug Abuse	2%
Domestic Violence	1%

Williams County Adult Health Screening Results

General Screening Results	Total Sample
Diagnosed with High Blood Cholesterol	36%
Diagnosed with High Blood Pressure	35%
Diagnosed with Diabetes	7%
Diagnosed with a Heart Attack	4%
Diagnosed with a Stroke	1%

(Percentages based on all Williams County adults surveyed)

Healthy People 2020

Immunization and Infectious Diseases (IID) - Pneumonia Vaccination

Objective	Williams County 2016	Ohio 2014	U.S. 2014	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	67%	70%	70%	90%

**U.S. baseline is age-adjusted to the 2000 population standard
 (Sources: Healthy People 2020 Objectives, 2013 BRFSS, 2016 Williams County Health Assessment)*

Who Should Get a Yearly Flu Shot?

The following groups are recommended to get a yearly flu vaccine:

- All persons aged 6 months and older should be vaccinated annually.
- When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to persons who:
 - Are aged 6 months through 4 years.
 - Are aged 50 years and older.
 - Have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus).
 - Are or will be pregnant during the influenza season.
 - Are American Indians/Alaska Natives.
 - Are morbidly obese (body-mass index is 40 or greater).
 - Are health-care personnel.
 - Are household contacts and caregivers of children aged younger than 5 years and adults aged 50 years and older, with particular emphasis on vaccinating contacts of children aged younger than 6 months.
 - Are household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.

(Source: CDC, Seasonal Influenza (Flu), Who Should Get Vaccinated Against Influenza, Updated in 2014)

Adult | SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES

Key Findings

In 2016, more than half (55%) of Williams County adults had sexual intercourse. Four percent of adults had more than one partner. Prevalence estimates suggest that young people aged 15-24 years acquire half of all new STDs and that 1 in 4 sexually active adolescent females have an STD, such as chlamydia or human papilloma virus (HPV) (Source: CDC, *STDs in Adolescents and Young Adults, 2014 STD Surveillance*).

Adult Sexual Behavior

- 4% of adults reported they had intercourse with more than one partner in the past year, increasing to 20% of those under the age of 30.
- Williams County adults used the following methods of birth control: hysterectomy (21%), they or their partner were too old (19%), vasectomy (18%), tubes tied (16%), ovaries or testicles removed (11%), infertility (9%), birth control pill (7%), condoms (7%), shots (4%), contraceptive implants (3%), IUD (2%), withdrawal (1%), and abstinence (1%).
- 14% of Williams County adults were not using any method of birth control.
- Williams County adults were treated for the following sexually transmitted diseases in the past five years: chlamydia (1%), human papilloma virus (HPV) (1%), and genital herpes (<1%).
- The following situations applied to Williams County adults in the past year: had anal sex without a condom (1%), tested for an STD (1%), had sex with someone they did not know (1%), gave or received money or drugs in exchange for sex (1%), tested positive for HIV (1%), treated for an STD (<1%), and tested positive for Hepatitis C (<1%).

HIV in the United States

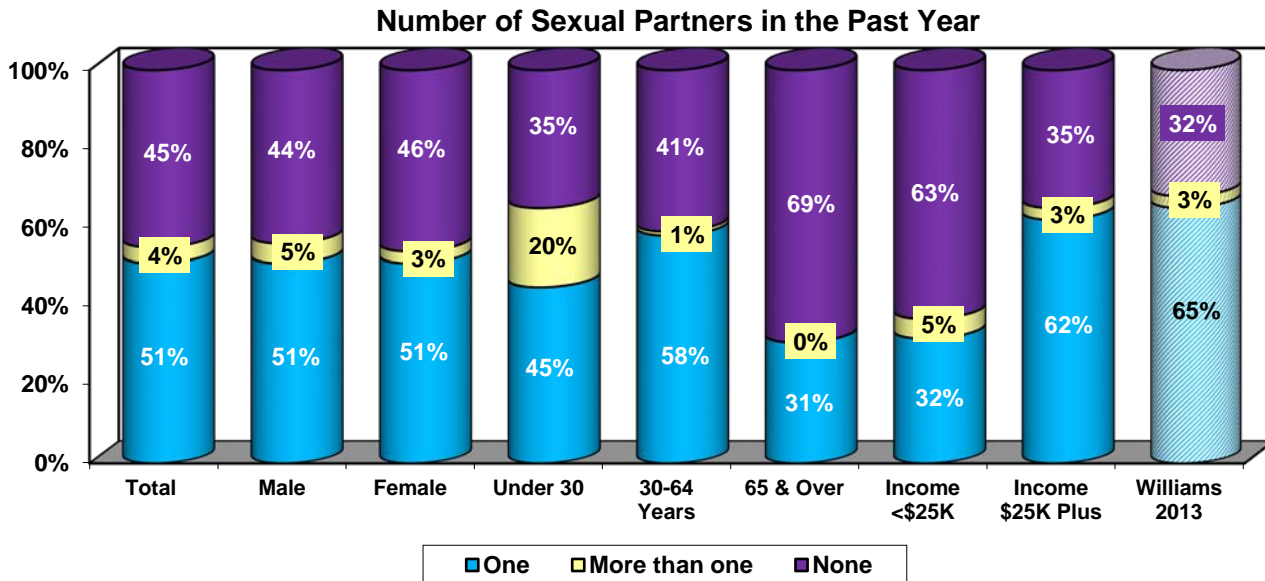
- More than 1.2 million people in the United States are living with HIV infection, and almost 1 in 8 (13%) are unaware of their infection.
- By race, African Americans face the most severe burden of HIV.
- The estimated incidence of HIV has remained stable overall in recent years, at about 50,000 new HIV infections per year.
- In 2013, an estimated 47,352 people were diagnosed with HIV infection in the United States. In that same year, an estimated 26,688 people were diagnosed with AIDS. Since the epidemic began, an estimated 1,194,039 people in the United States have been diagnosed with AIDS.
- An estimated 13,712 people with an AIDS diagnosis died in 2012, and approximately 658,507 people in the United States with an AIDS diagnosis have died since the epidemic.

(Source: CDC, *HIV in the United States: At a Glance, 9/29/2015*)

Adult Comparisons	Williams County 2013	Williams County 2016	Ohio 2014	U.S. 2014
Had more than one sexual partner in past year	3%	4%	N/A	N/A

N/A – Not available

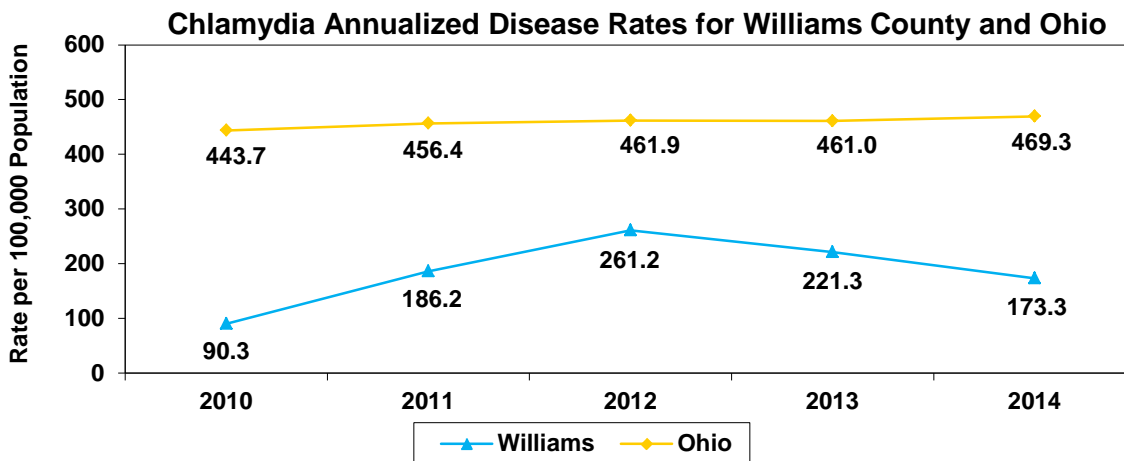
The following graph shows the sexual activity of Williams County adults. Examples of how to interpret the information in the graph include: 51% of all Williams County adults had one sexual partner in the last 12 months and 4% had more than one, and 51% of males had one partner in the past year.



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

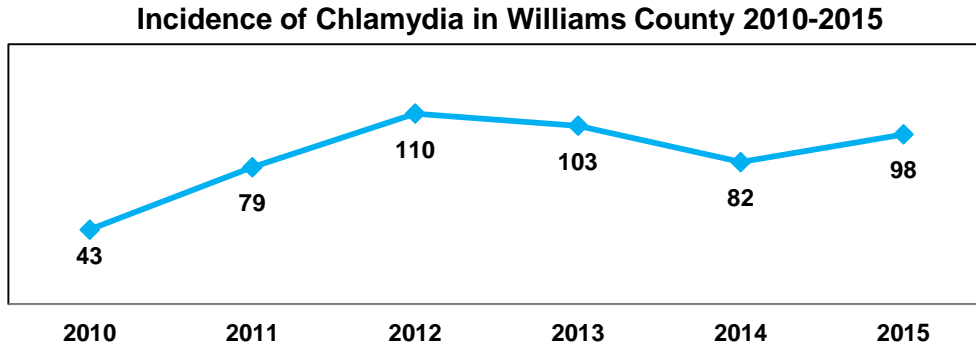
The following graph shows Williams County chlamydia disease rates per 100,000 population updated May 17, 2015 by the Ohio Department of Health. The graph shows:

- Williams County chlamydia rates increased from 2010 to 2012, then decreased from 2012-2014. Williams County rates remained below the Ohio rates.



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

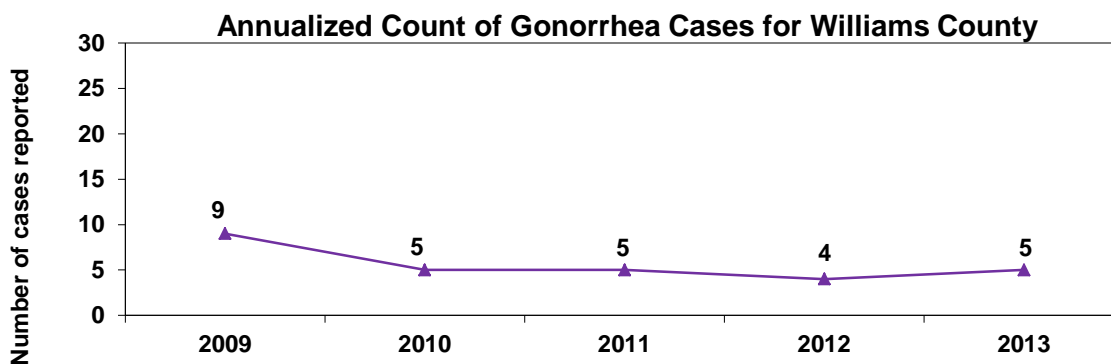
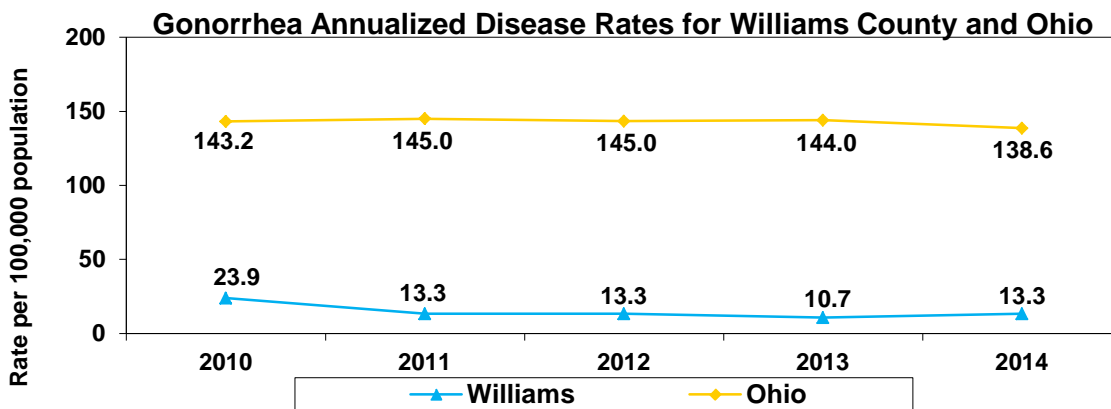
- The incidence of chlamydia in Williams County increased from 2010 to 2012, decreased from 2012 to 2014, then increased from 2014 to 2015.



(Source: Williams County Chlamydia Trends 2010-2015, Williams County Health Department, 2016)

The following graphs show Williams County gonorrhea disease rates per 100,000 population updated May 17, 2015 by the Ohio Department of Health. The graphs show:

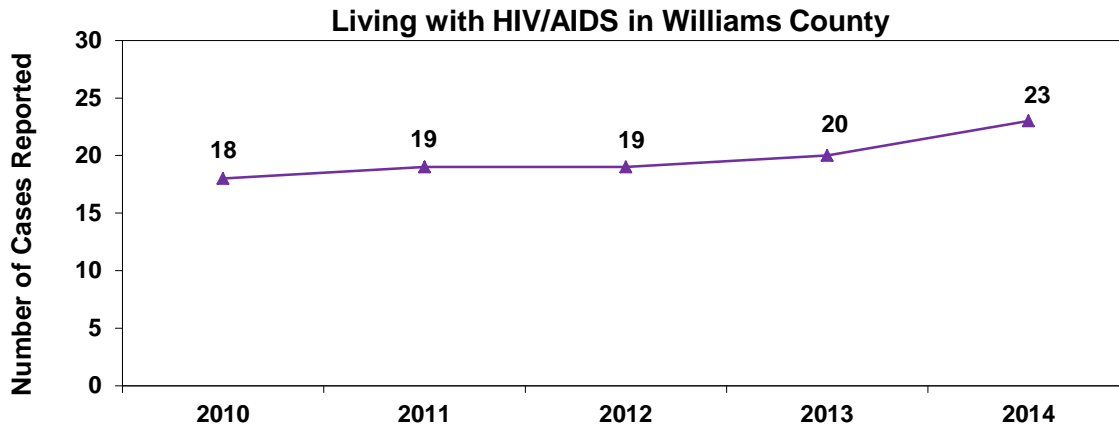
- The Williams County gonorrhea rate decreased from 2010 to 2013, and then increased from 2013 to 2014. The Williams County gonorrhea rate remained below the Ohio rate.
- The Healthy People 2020 objective for gonorrhea is 257 new female and 198 new male cases per 100,000 population.



(Source for graphs: ODH, STD Surveillance, data reported through 5-17-2015)

The following graph shows Williams County HIV/AIDS rates per 100,000 population updated June 30, 2015 by the Ohio Department of Health. The graph shows:

- From 2010-2014, the number of people living with HIV/AIDS in Williams County increased.

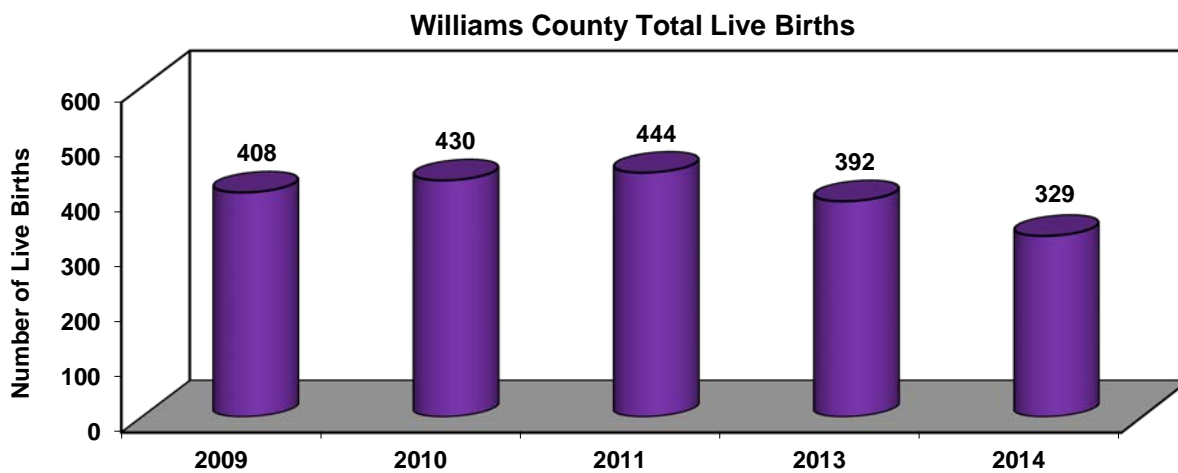


(Source for graphs: ODH HIV/AIDS Surveillance Program, Updated 6-30-15)

Pregnancy Outcomes

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

- From 2009-2014, there was an average of 401 live births per year in Williams County.



* 2012 Live Births data for Williams County is missing from data reports
(Source for graphs: ODH Information Warehouse Updated 4-6-15)

Adult | QUALITY OF LIFE

Key Findings

In 2016, 15% of Williams County adults were limited in some way because of a physical, mental or emotional problem.

Impairments and Health Problems

- In 2016, 15% of Williams County adults were limited in some way because of a physical, mental or emotional problem (22% Ohio, 20% U.S., 2014 BRFSS).
- Among those who were limited in some way, the following most limiting problems or impairments were reported: arthritis/ rheumatism (51%), back or neck problems (50%), chronic pain (32%), walking problems (30%), stress, depression, anxiety, or emotional problems (28%), high blood pressure (18%), lung/breathing problems (18%), sleep problems (15%), eye/vision problems (13%), fractures, bone/joint injuries (12%), fitness level (12%), heart problems (12%), mental health illness/disorder (10%), diabetes (9%), dental problems (6%), hearing problems (6%), incontinence (5%), tobacco dependency (4%), stroke-related problems (4%), learning disability (4%), alcohol dependency (3%), and a developmental disability (3%).
- Williams County adults were responsible for providing regular care or assistance to the following: multiple children (16%), a friend, family member or spouse with a health problem (7%), an elderly parent or loved one (6%), children with discipline issues (3%), someone with special needs (3%), a friend, family member or spouse with a mental health issue (3%), grandchildren (2%), an adult child (2%), a friend, family member or spouse with dementia (1%), and foster children (<1%).
- In the past year, Williams County adults reported needing the following services or equipment: eyeglasses or vision services (10%), help with routine needs (6%), a cane (6%), help with personal care needs (4%), pain management (3%), medical supplies (2%), a walker (2%), hearing aids or hearing care (1%), mobility aids or devices (1%), oxygen or respiratory support (1%), a wheelchair (1%), durable medical equipment (<1%), wheelchair ramp (<1%), a special bed (<1%), a special telephone (<1%), and a personal emergency response system (<1%).
- Williams County adults would have a problem getting the following if they needed it today: someone to help them pay for medical expenses (18%), someone to loan them \$50 (13%), someone to help if they were sick in bed (12%), someone to take them to the doctor (11%), someone to talk to about their problems (11%), someone to accompany them to their doctor appointments (9%), back-up child care (6%), and someone to explain directions from their doctor (5%).
- Adults indicated all family members in their household ate a meal together an average of 6.7 times in the past week.

Simple Tips for Healthy Eyes

Follow these simple guidelines for maintaining healthy eyes:

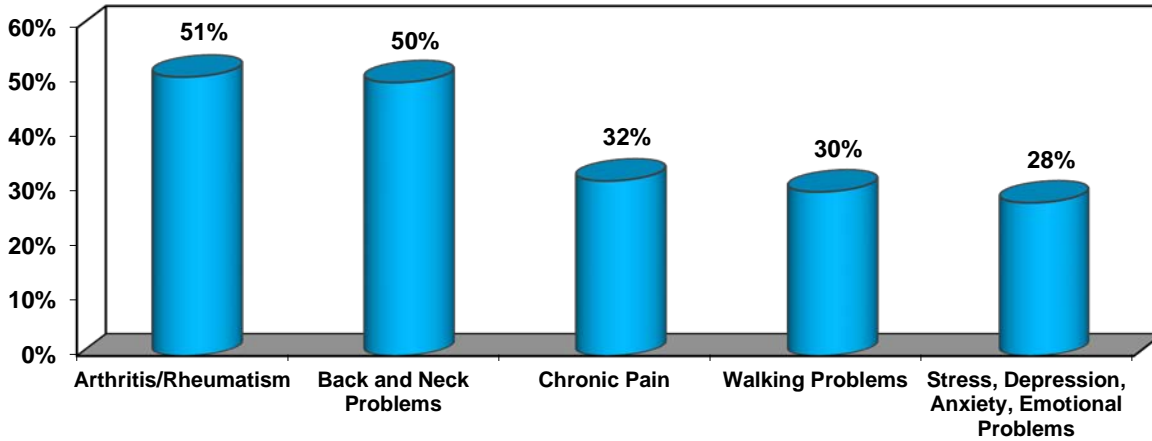
- Have a comprehensive dilated eye exam.
- Know your family's eye health history.
- Eat right to protect your sight.
- Wear sunglasses to protect your eyes from the sun's ultraviolet rays.
- Give your eyes a rest.
- Quit smoking or never start.
- Clean your hands and your contact lenses properly.

(Source: CDC, Vision Health Initiative, 2012)

Adult Comparisons	Williams County 2013	Williams County 2016	Ohio 2014	U.S. 2014
Limited in some way because of a physical, mental, or emotional problem	20%	15%	22%	20%

The following graph shows the most limiting health problems of Williams County adults who reported being limited by a physical, mental or emotional problem. Examples of how to interpret the information shown on the graph includes: 50% of Williams County adults who had a limitation reported back and neck problems.

Williams County Most Limiting Health Problems



Healthy People 2020

Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Williams County 2016	Healthy People 2020 Target
AOCBC-2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	51%	36%

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

Hearing Loss in Older Adults

- Hearing loss is one of the most common conditions affecting older adults. Approximately 17 percent, or 36 million, of American adults report some degree of hearing loss.
- There is a strong relationship between age and reported hearing loss: 18 percent of American adults 45-64 years old, 30 percent of adults 65-74 years old, and 47 percent of adults 75 years old, or older, have a hearing impairment.
- Men are more likely to experience hearing loss than women.
- People with hearing loss may find it hard to have a conversation with friends and family. They may also have trouble understanding a doctor's advice, responding to warnings, and hearing doorbells and alarms.

(Source: NIH Senior Health, Hearing Loss)

Adult | SOCIAL DETERMINANTS OF HEALTH

Key Findings

In 2016, 4% of Williams County adults were threatened and 4% were abused in the past year (including physical, sexual, emotional, financial, and verbal abuse). 43% of adults reported having firearms in and around their homes.

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

- The median household income in Williams County was \$42,214. The U.S. Census Bureau reports median income levels of \$49,349 for Ohio and \$53,657 for the U.S. (Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2014)
- 14% of all Williams County residents were living in poverty and 22% of children and youth ages 0-17 were living in poverty. (Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2014)
- The unemployment rate for Williams County was 4.4, as of June 2016. (Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information)
- There were 16,533 housing units. The owner-occupied housing unit rate was 75%. Rent in Williams County cost an average of \$630 per month. (Source: U.S. Census Bureau, American Community Survey, 2010-2014)
- Williams County adults received assistance for the following in the past year: healthcare (8%), food (7%), prescription assistance (6%), Medicare (5%), dental care (4%), utilities (4%), mental illness issues (3%), transportation (3%), home repair (3%), free tax preparation (2%), rent/mortgage (2%), employment (2%), legal aid services (1%), affordable childcare (1%), clothing (1%), unplanned pregnancy (<1%), credit counseling (<1%), and post-incarceration issues (<1%). (Source: 2016 Williams County Health Assessment)
- 3% of adults reported that at least one person in their household went to bed hungry at least one day per week because they did not have enough food. (Source: 2016 Williams County Health Assessment)

Education

- 89% of Williams County adults 25 years and over had a high school diploma or higher. (Source: U.S. Census Bureau, American Community Survey, 2010-2014)
- 14% of Williams County adults 25 years and over had at least a bachelor's degree (Source: U.S. Census Bureau, American Community Survey, 2010-2014)

Health and Health Care

- In the past year, 5% of adults were uninsured, increasing to 10% of those with incomes less than \$25,000.
- The top reasons uninsured adults gave for being without health care coverage were: they lost their job or changed employers (52%), they could not afford to pay the insurance premiums (38%), and they could not afford the exchange premiums (16%).
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Williams County adults.

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 2016, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>)

Social and Community Context

- 4% of Williams County adults were threatened in the past year. They were threatened by the following: a spouse or partner (43%), another family member (17%), someone outside the home (9%), a parent (4%), a child (4%), and someone else (26%).
- 4% of Williams County adults were abused in the past year. They were abused by the following: a spouse or partner (61%), someone outside the home (30%), a child (13%), another family member (4%), and someone else (22%).

4% of Williams County adults were threatened, and 4% were abused in the past year.

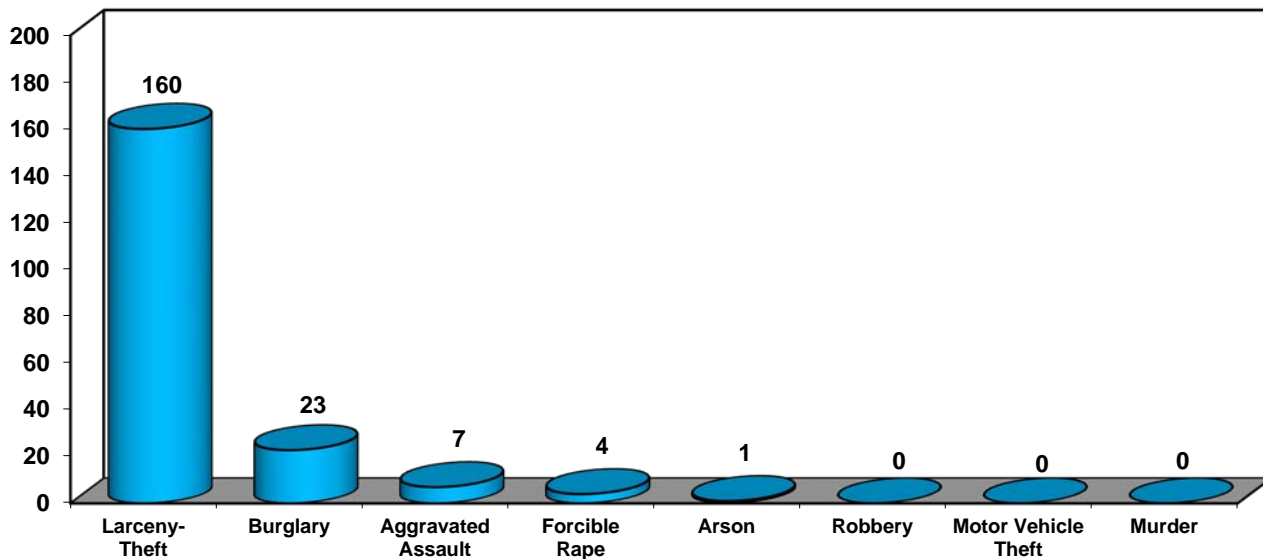
- Williams County adults experienced the following adverse childhood experiences (ACEs): a parent or adult in their home swore at, insulted, or put them down (20%), their parents became separated or were divorced (20%), a parent or adult in their home hit, beat, kicked, or physically hurt them (15%), lived with someone who was a problem drinker or alcoholic (13%), lived with someone who was depressed, mentally ill, or suicidal (12%), their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (9%), someone at least 5 years older than them or an adult touched them sexually (6%), someone at least 5 years older than them or an adult tried to make them touch them sexually (4%), lived with someone who used illegal street drugs, or who abused prescription medications (3%), lived with someone who served time or was sentenced to serve time in prison, jail or other correctional facility (2%), someone at least 5 years older than them or an adult forced them to have sex (2%), and their parents were not married (2%).

- 16% of adults experienced 3 or more adverse childhood experiences, increasing to 48% of those who used recreational drugs in the past 6 months and 32% of those who used prescription medications not prescribed to them.
- Williams County adults experienced the following stressful situations in the past 12 months: a close family member went to the hospital (36%), death of a family member or close friend (29%), had bills they could not pay (12%), moved to a new address (6%), someone in their household had their hours at work reduced (5%), household income was cut by 50% (5%), someone in their household lost their job (4%), someone close to them had a problem with drinking or drugs (3%), had someone homeless living with them (3%), were abused by someone physically, emotionally, sexually or verbally (2%), became separated or divorced (2%), were financially exploited (2%), were involved in a physical fight (2%), were threatened by someone close to them (2%), were hit or slapped by their spouse or partner (1%), someone in their household went to jail (1%), they or a member family were incarcerated (1%), and their child was threatened by someone close to them (1%).

Crime Data

- In 2014, the total population in Williams County was 13,950.
- There were a total of 183 property crimes and 11 violent crimes in 2014.

Total Number of Crimes in Williams County in 2014



(Source: Office of Criminal Justice Services, Crime Statistics and Crime Reports, 2014, from http://www.ocjs.ohio.gov/crime_stats_reports.stm)

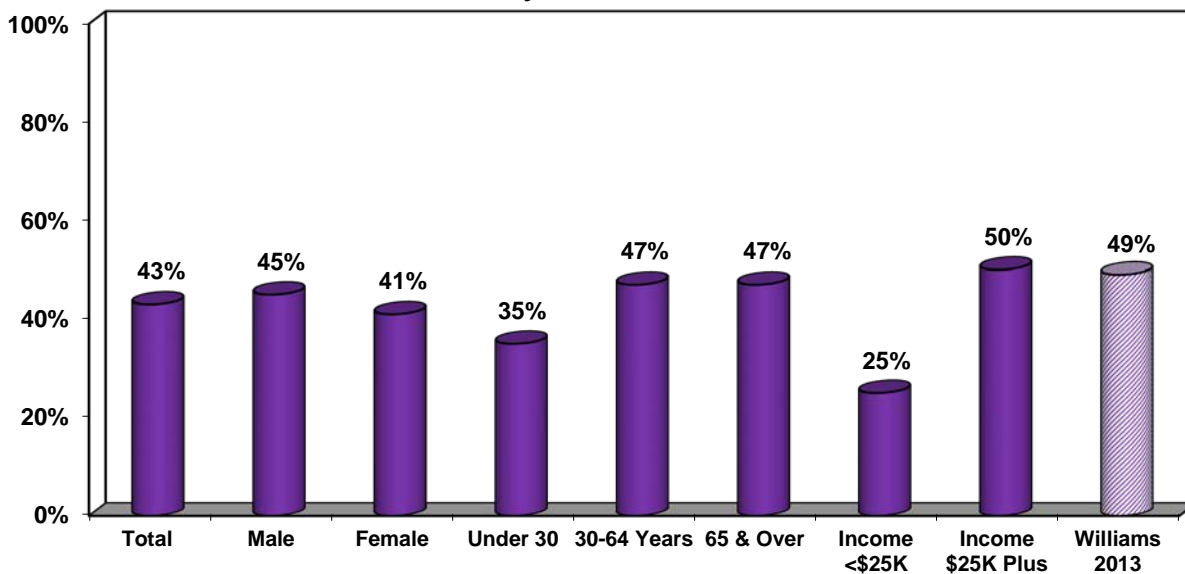
Neighborhood and Built Environment

- More than two-fifths (43%) of Williams County adults kept a firearm in or around their home. 3% of adults reported they were unlocked and loaded
- Williams County residents reported the following concerns in their community: illegal drug use (50%), bullying/cyberbullying (36%), lack of affordable healthcare (34%), unemployment (33%), distracted driving (29%), opiate/prescription drug abuse (25%), senior/elder care (24%), youth substance abuse (22%), alcohol abuse (19%), violence (19%), underemployment (19%), hunger/food security (18%), DUI (15%), teen pregnancy (15%), sexting (10%), and physical fitness opportunities (8%).

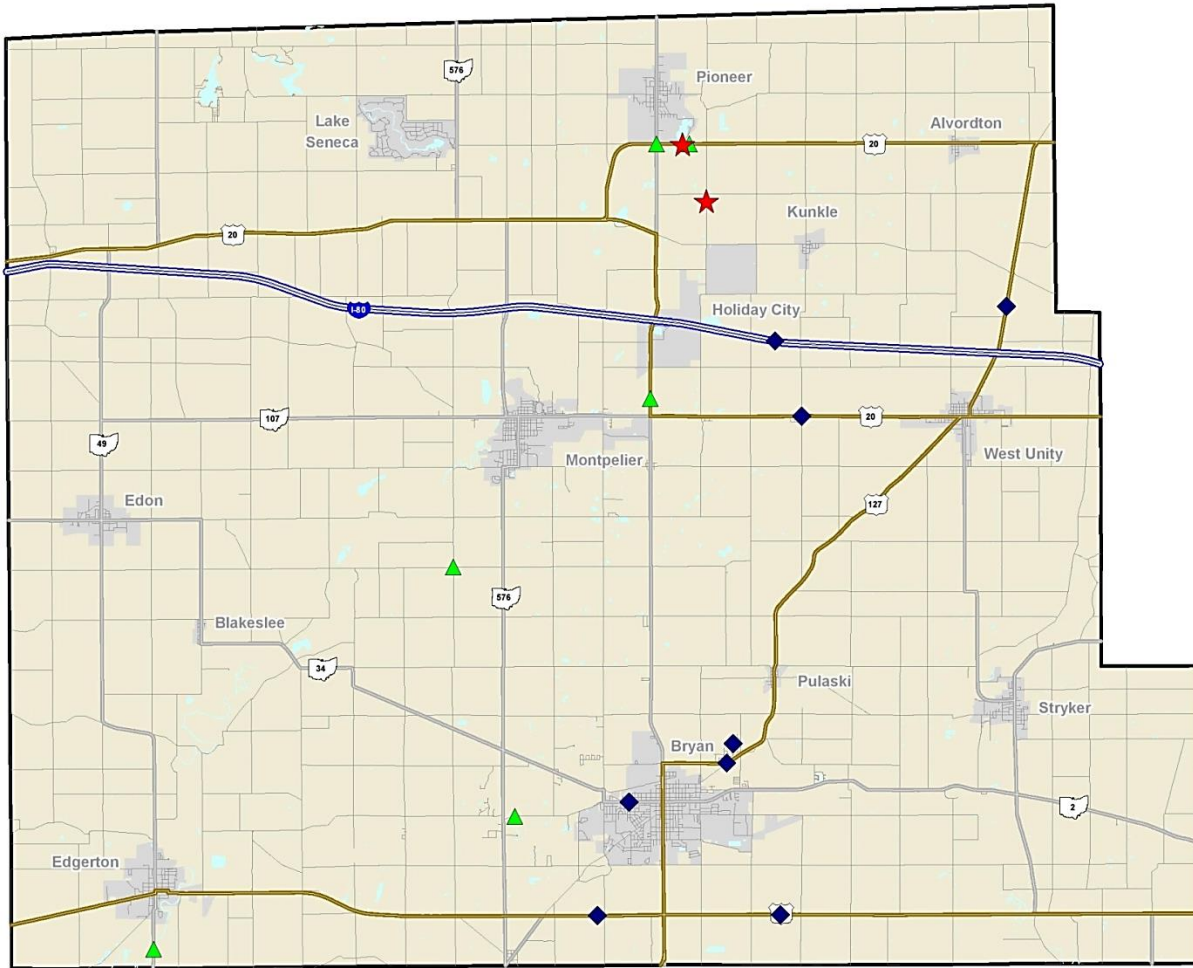
- Williams County adults reported doing the following while driving: wearing a seatbelt (95%), eating (42%), talking on hand-held cell phone (41%), talking on hands-free cell phone (14%), texting (7%), not wearing a seatbelt (6%), using internet on their cell phone (3%), being under the influence of prescription drugs (3%), reading (3%), checking facebook on their cell phone (2%), being under the influence of alcohol (2%), being under the influence of recreational drugs (1%), and other activities (such as applying makeup, shaving, etc.) (<1%).
- Williams County adults thought the following threatened their health in the past year.
 - Mold (16%)
 - Insects (9%)
 - Agricultural chemicals (6%)
 - Moisture issues (6%)
 - Chemicals found in products (4%)
 - Plumbing problems (4%)
 - Indoor air quality (3%)
 - Rodents (3%)
 - Lead paint (3%)
 - Temperature regulation (2%)
 - Sewage/waste water problems (1%)
 - Unsafe water supply/wells (1%)
 - Outdoor air quality (1%)
 - Safety hazards (1%)
 - Sanitation issues (<1%)
 - Bed bugs (<1%)

The following graph shows the percentage of Williams County adults that had a firearm in the home. Examples of how to interpret the information shown on the first graph include: 43% of all Williams County adults kept a firearm in their home, 45% of males, and 47% of those ages 30-64 kept a firearm in their home.

Williams County Adults With a Firearm in the Home



Williams County Fatal Traffic Crashes 2014 to 2016 YTD



Fatal Crashes

- ★ 2016 (2)
- ◆ 2015 (8)
- ▲ 2014 (6)

Type	2016	2015	2014
# Rural	2	7	6
# Urban	0	1	0
# OVI Related	0	2	2
# Commercial Related	0	4	0
# Motorcycle Related	0	0	2

(Source: Ohio State Highway Patrol Statistics, Williams County Fatal Traffic Crash Statistics, Updated 6/7/2016, obtained from: <http://www.statepatrol.ohio.gov/statistics/statspage.asp?Area1=26&B2=Submit>)

Adult | MENTAL HEALTH AND SUICIDE

Key Findings

In 2016, 2% of Williams County adults considered attempting suicide. 9% of adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities.

Adult Mental Health

- In the past year, 9% of Williams County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities.
- 2% of Williams County adults considered attempting suicide in the past year.
- No adults reported attempting suicide in the past year.
- Williams County adults had a period of two or more weeks when they felt so sad, blue, or depressed that they experienced the following: felt fatigued, no energy (20%), had trouble sleeping/slept too much (16%), had trouble thinking or concentrating (12%), woke up before they wanted (10%), felt worthless or hopeless (8%), lost interest in most things (6%), had a weight/appetite change (5%), felt extremely restless or slowed down (5%), and thought about death or suicide (4%).
- 10% of Williams County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included: had not thought of it (6%), could not afford to go (4%), did not know how to find a program (3%), co-pay/deductible too high (3%), stigma of seeking mental health services (1%), other priorities (1%), fear (1%), transportation (<1%), and other reasons (1%). 75% of adults indicated they did not need such a program.
- Williams County adults indicated the following caused them anxiety, stress or depression: financial stress (41%), job stress (30%), poverty/no money (25%), raising/caring for children (18%), death of close family member or friend (12%), marital/dating relationship (11%), fighting at home (9%), other stress at home (8%), caring for parent (7%), sick family member (6%), unemployment (5%), family member with mental illness (5%), divorce/separation (4%), sexual orientation/gender identity (3%), not feeling safe at home (3%), caring for someone with special needs (2%), raising/caring for grandchildren (2%), fighting with friends (2%), alcohol or drug use at home (1%), family member in the military (1%), not having enough to eat (1%), and not feeling safe in the community (1%).

Suicide Facts

- 41,149 people in the U.S. died from suicide, and 1,028,725 people attempted suicide in 2013.
- An average of one person killed themselves every 12.8 minutes.
- Suicide is the 10th ranking cause of death in the U.S.
- For every female death by suicide, there are 3.5 male deaths.
- In 2013, there were 1,526 suicide deaths in Ohio.
- The leading suicide methods included:
 - Firearm suicides (51.5%)
 - Suffocation/Hanging (24.5%)
 - Poisoning (16.1%)
 - Cutting/Piercing (1.9%)
 - Drowning (1.0%)

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

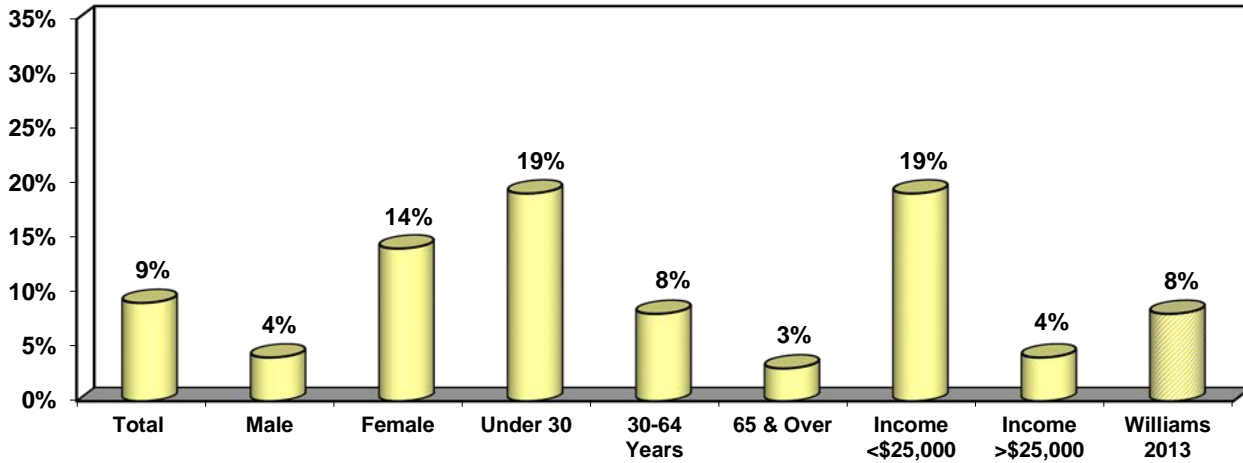
MENTAL HEALTH

Adult Comparisons	Williams County 2013	Williams County 2016	Ohio 2014	U.S. 2014
Two or more weeks in a row felt sad or hopeless	8%	9%	N/A	N/A
Considered attempting suicide in the past year	3%	2%	N/A	N/A

N/A - Not available

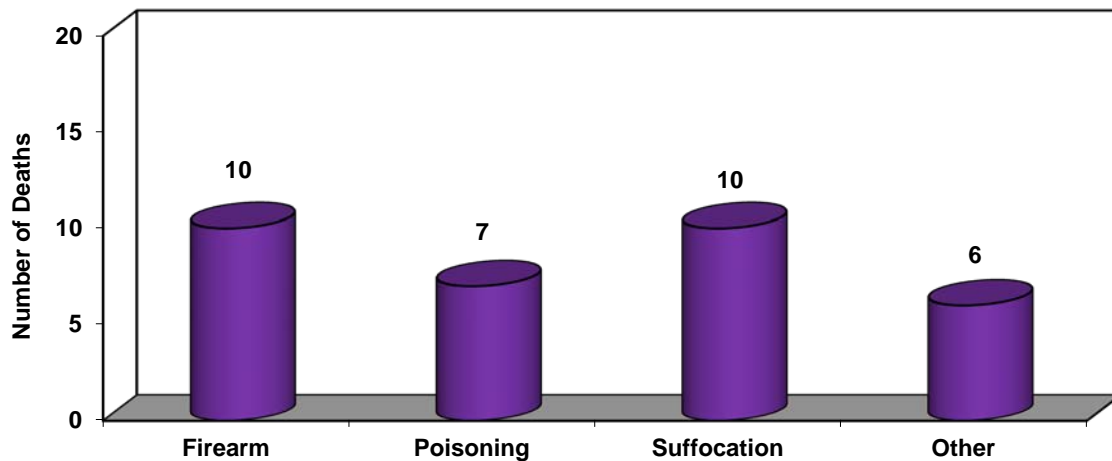
The following graphs show Williams County adults who felt sad or hopeless for two or more weeks in a row in the past year and number of suicide deaths by means. Examples of how to interpret the information in the graph include: 9% of all Williams County adults felt sad or hopeless for two or more weeks in a row, 4% of males, and 14% of females.

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



(Source: 2016 Williams County Health Assessment)

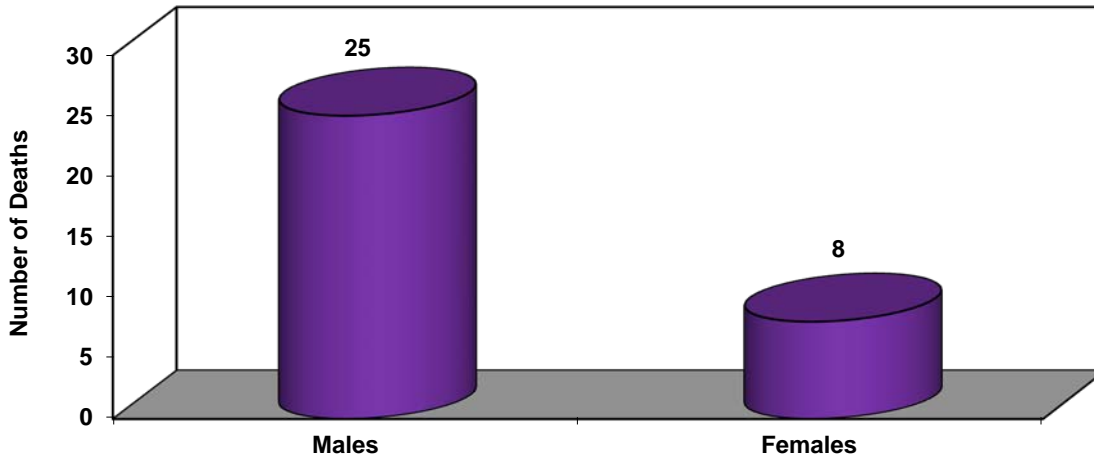
Williams County Number of Suicide Deaths By Means 2008-2015
Total Deaths = 33



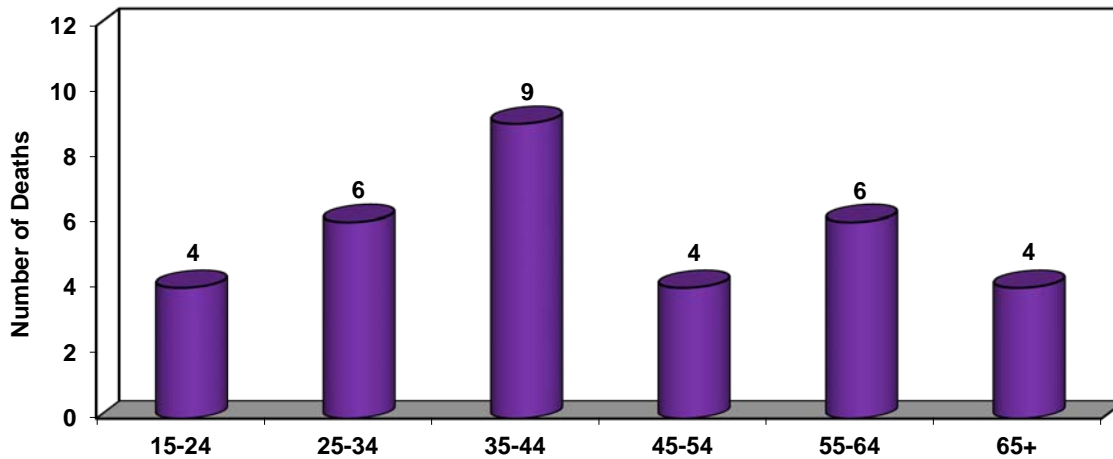
(Source: Four County ADAMHS Board, Suicide Deaths from 2008-2015)

The graphs below show the Williams County suicides by gender and age.

**Williams County Number of Suicide Deaths By Gender
2008-2015
Total Deaths = 33**



**Williams County Number of Suicide Deaths By Age Group
2008-2015
Total Deaths = 33**



(Source: Four County ADAMHS Board, Suicide Deaths from 2008-2015)

Adult and Youth | ORAL HEALTH

Key Findings

The 2016 Health Assessment project has determined that more than half (53%) of Williams County adults had visited a dentist or dental clinic in the past year. The 2014 BRFSS reported that 65% of U.S. adults and 65% of Ohio adults had visited a dentist or dental clinic in the previous twelve months. Nearly three-fourths (72%) of youth had been to the dentist for a check-up, exam, teeth cleaning or other dental work in the past year (2013 YRBS reported 75% for Ohio).

**Williams County
Dental Care Resources – 2012**

- Number of licensed dentists- 15
- Number of primary care dentists- 12
- Ratio of population per dentist- 2,578:1
- Number of dentists who treat Medicaid patients- 3
- Ratio of Medicaid population per dentist who treats Medicaid patients- 2,853:1

(Source: ODH Ohio Oral Health Surveillance System, 2012)

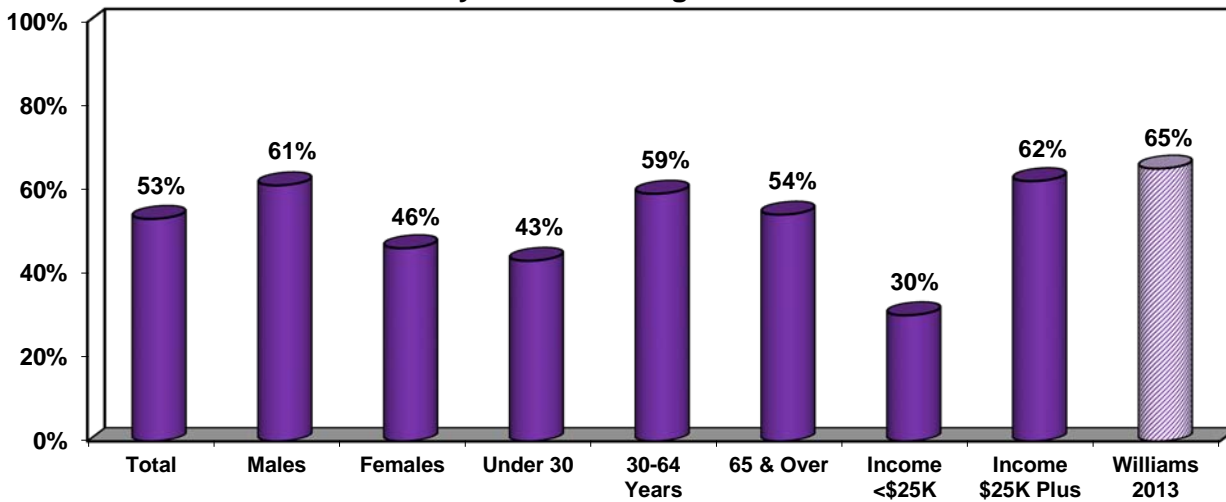
Access to Dental Care

- In the past year, 53% of Williams County adults had visited a dentist or dental clinic, decreasing to 30% of adults with annual household incomes less than \$25,000.
- The 2014 BRFSS reported that 65% of U.S. adults and 65% of Ohio adults had visited a dentist or dental clinic in the previous twelve months.
- More than two-thirds (68%) of Williams County adults with dental insurance have been to the dentist in the past year, compared to 35% of those without dental insurance.
- 48% of adults had their teeth cleaned by a dentist or dental hygienist in the past year, increasing to 63% of those with dental insurance.
- When asked the main reason for not visiting a dentist in the last year, 34% said fear, apprehension, nervousness, pain, and dislike going, 33% said cost, 16% had no oral health problems, 9% said their dentist did not accept their medical coverage, 2% had not thought of it, 2% did not have/know a dentist, 1% could not find a dentist taking new Medicaid patients, <1% could not get to the office/clinic, <1% could not find a dentist to who took Medicaid, <1% had other priorities, and <1% said the wait for an appointment was too long.
- More than two-fifths (46%) of adults had one or more of their permanent teeth removed, increasing to 71% of those ages 65 and over. The 2014 BRFSS reported that 47% of Ohio adults and 43% of U.S. adults have had any permanent teeth removed.
- 13% of Williams County adults ages 65 and over had all of their permanent teeth removed. The 2014 BRFSS reported that 18% of Ohio and 15% of U.S. adults ages 65 and over have had all of their permanent teeth removed.
- Nearly three-fourths (72%) of youth had been to the dentist for a check-up, exam, teeth cleaning or other dental work in the past year (2013 YRBS reported 75% for Ohio).

Adult Comparisons	Williams County 2013	Williams County 2016	Ohio 2014	U.S. 2014
Adults who have visited the dentist in the past year	65%	53%	65%	65%

The following graphs provide information about the frequency of Williams County adult and youth dental visits. Examples of how to interpret the information on the first graph include: 53% of all Williams County adults had been to the dentist in the past year, 43% of those under the age of 30, and 30% of those with incomes less than \$25,000.

Williams County Adults Visiting a Dentist in the Past Year



Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
Time Since Last Visit to Dentist/Dental Clinic					
Males	61%	10%	6%	10%	7%
Females	46%	14%	10%	19%	0%
Total	53%	12%	8%	15%	3%

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

Oral Health in Older Adults

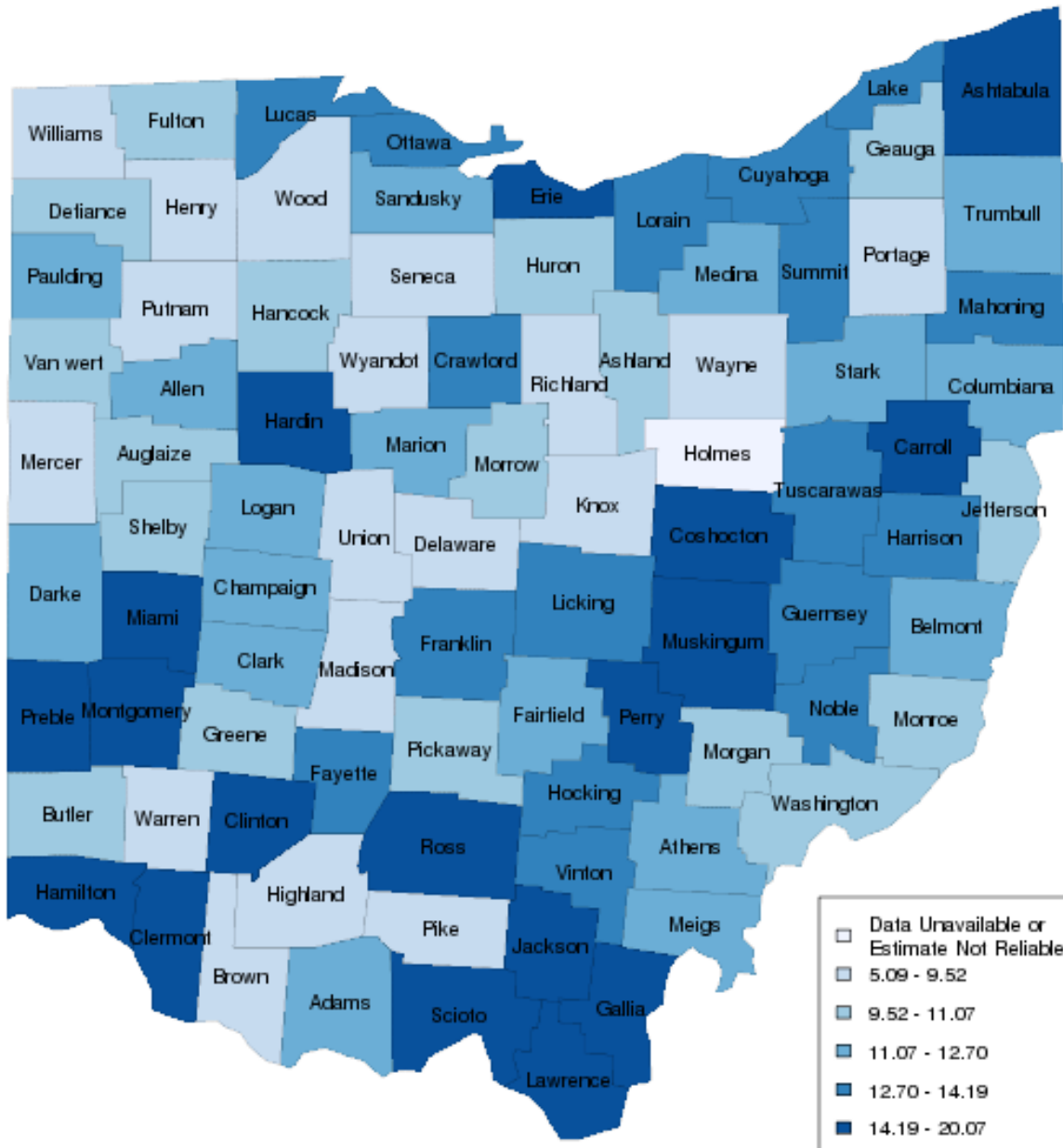
- Older adults are at risk for getting cavities, gum disease and mouth cancer – and these may not cause any pain or discomfort until they are advanced.
- Everyone needs to see their dentist for a checkup at least once a year – preferably more often.
- People without natural teeth are at risk for mouth cancer as well as gum problems. Denture wearers need to have their mouth and their dentures checked at least once a year.
- As with many other cancers, older adults are more likely to get mouth cancer than younger people.
- Everyone is at a greater risk of getting mouth cancer if they use tobacco, drink alcohol a lot, or are repeatedly exposed to the sunlight.
- Severe gum disease has also been associated with pneumonia in long-term care patients, heart disease, stroke, and poor diabetic control.
- Periodontal disease can be prevented by:
 - Cleaning your teeth and gums thoroughly every day.
 - Getting regular checkups from your dentist.
 - Following the advice of your dentist and dental hygienist.

(Source: American Dental Association: Oral Longevity Questions and Answers)

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

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

Estimated Proportion: Unmet Needs in Dental Care
Survey Year 2015; All Adults, Ages 19 Years and Older With Family Incomes 0% FPL or More



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

Adult | PARENTING

Key Findings

78% of parents discussed eating habits and peer pressure with their 6-to-17 year-old in the past year. 25% of mothers never breastfed their child.

Parenting

- Mothers breastfed their child: 6 months to 9 months (17%), 4 to 6 months (11%), 7 weeks to 3 months (11%), 3 to 6 weeks (16%), 2 weeks or less (8%), still breastfeeding (11%), and never breastfed (25%).
- When asked how parents put their child to sleep as an infant, 70% said on their back, 22% said on their side, 17% said on their stomach, and 9% said in bed with them or another person.
- Parents discussed the following sexual health and other health topics with their 6-to-17 year-old in the past year:
 - Eating habits (78%)
 - Peer pressure (78%)
 - Screen-time (76%)
 - Bullying (70%)
 - Dating and relationships (66%)
 - Physical activity (66%)
 - Career plan/post-secondary education (65%)
 - Social media issues (53%)
 - Negative effects of tobacco (49%)
 - Abstinence/how to refuse sex (48%)
 - Volunteering (37%)
 - Body image (36%)
 - Negative effects of marijuana and other drugs (32%)
 - Negative effects of alcohol (25%)
 - Weight status (25%)
 - School/legal consequences of using tobacco/alcohol/other drugs (20%)
 - Refusal skills/peer pressure (19%)
 - Condom use/safer sex/STD prevention (17%)
 - Anxiety/depression/suicide (16%)
 - Birth control (16%)
 - Negative effects of misusing prescription medication (16%)
 - Energy drinks (14%)

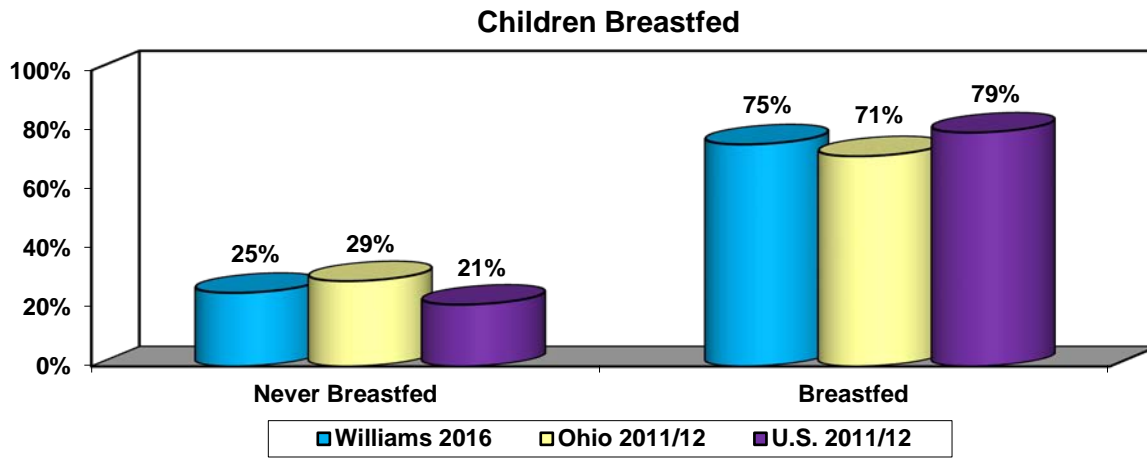
Talking to your teen about drinking

- Be honest and direct.
- Encourage your teen to talk to you about drinking, remain calm when listening.
- Try not to judge or criticize. Make it comfortable for your teen to talk honestly.
- Remind your teen that drinking comes with serious risks.
- Emphasize that your teen should never drink and drive or ride with a driver who has been drinking.

(Source: MedlinePlus, Talking to your teen about drinking, May 14, 2014)

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

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



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

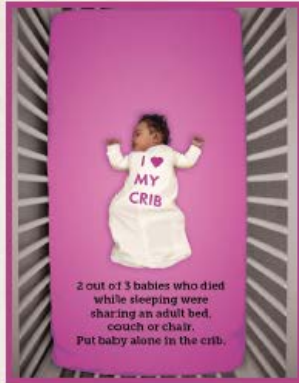
Tips for Parents – Ideas to Help Children Maintain a Healthy Weight

- Encourage healthy eating habits by providing fruits, vegetables, whole grains, low-fat or non-fat dairy products, and lean meats and proteins for your family.
- Find ways to make your family's favorite dishes in a healthier way.
- Limit or reduce the consumption of calorie-rich, sugary and/or saturated fat in your home.
- Adding physical activity into the family's routine will lead to it becoming a healthy habit. Some examples of moderate intensity physical activity include brisk walking, playing tag, jumping rope, playing soccer, swimming and dancing.
- Encourage fun activities to reduce the amount of sedentary time watching TV, playing video games or on the computer.
- The goal is to reduce the rate of weight gain in overweight and obese children and teens while still accounting for normal growth and development. Children and teens should not be placed on a diet without consulting a doctor.

(Source: CDC, Healthy Weight, "Tips for Parents – Ideas to Help Children Maintain a Healthy Weight")

ABCs of Safe Sleep

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



Alone.

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

You should never share the bed with your baby because:

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



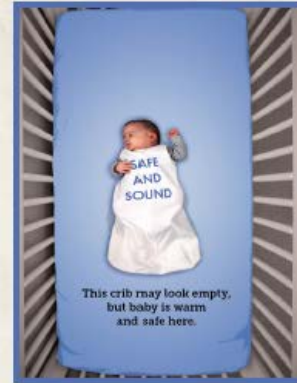
Back.

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

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

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

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



Crib.

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

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

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

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

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

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

Youth | WEIGHT STATUS

Key Findings

The 2016 Health Assessment identified that 13% of Williams County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 32% of Williams County youth reported that they were slightly or very overweight. 76% of youth were exercising for 60 minutes on 3 or more days per week. 90% of youth were involved in extracurricular activities.

Youth Weight Status

- BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific as children's body fatness changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese.

- In 2016, 13% of youth were classified as obese by Body Mass Index (BMI) calculations (2013 YRBS reported 13% for Ohio in 2013 and 14% for the U.S. in 2015). 16% of youth were classified as overweight (2013 YRBS reported 16% for Ohio and 2015 YRBS reported 16% for the U.S.). 69% were normal weight, and 2% were underweight.

13% of Williams County youth were classified as obese.

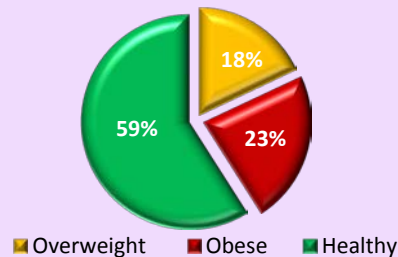
- 32% of youth described themselves as being either slightly or very overweight (2013 YRBS reported 28% for Ohio and 2015 YRBS reported 32% for the U.S.).
- Over-two-fifths (45%) of all youth were trying to lose weight, increasing to 55% of Williams County female youth (compared to 35% of males) (2013 YRBS reported 47% for Ohio and 2015 YRBS reported 46% for the U.S.).
- Williams County youth reported doing the following to lose weight or keep from gaining weight in the past 30 days:
 - 47% of youth exercised
 - 37% of youth drank more water
 - 32% of youth ate more fruits and vegetables
 - 27% of youth ate less food, fewer calories, or foods lower in fat
 - 8% of youth skipped meals
 - 2% reported going without eating for 24 hours or more (2013 YRBS reported 10% for Ohio and 13% for the U.S.)
 - 2% reported taking diet pills, powders, or liquids without a doctor's advice (2013 YRBS reported 5% for Ohio and the U.S.)
 - 1% vomited or took laxatives (2013 YRBS reported 5% for Ohio and 4% for the U.S.)
 - 1% reported smoking to lose weight

Childhood Obesity

- In 2015, the Williams County Health Department reported that 41% of children grades K-6 were overweight or obese by Body Mass Index (BMI) calculations.
- 18% of youth grades K-6 were overweight and 23% were obese.

Percentage of Williams County Children Grades K-6 Overweight or Obese 2015 -2016

Total of 892 Students Screened for BMI



Source: Williams County Youth BMI Data 2015-2016, Williams County Health Department, 2016.

Child Weight Status

- About one-fifth (21%) of preschool age children were classified as overweight or obese by Body Mass Index (BMI), with 10% of children being classified as obese. 11% of preschool age children were classified as overweight, 75% were normal weight, and 4% were underweight (Source: *Williams County Preschool BMI Data 2013, Williams County Health Department, 2013*).
- Of those preschoolers classified as overweight or obese, 22% were females. (Source: *Williams County Preschool BMI Data 2013, Williams County Health Department, 2013*).
- 41% of children grades K-6 were classified as overweight or obese by Body Mass Index (BMI), with 23% of children being classified as obese. 18% of children grades K-6 were classified as overweight and 59% were normal weight (Source: *Williams County Youth BMI Data 2015-2016, Williams County Health Department, 2016*).

6% of Williams County youth ate 5 or more servings of fruits and vegetables per day.

Nutrition

- 6% of Williams County youth ate 5 or more servings of fruits and vegetables per day. 88% ate 1 to 4 servings of fruits and vegetables per day.
- Nearly one-quarter (23%) of youth drank soda pop (not diet), punch, Kool-Aid, sports drinks, energy drinks or other fruit flavored drinks at least once per day during the past week.
- 25% of youth reported they drank energy drinks for the following reasons: to stay awake (15%), to get pumped up (6%), to help them perform (3%), before games or practice (3%), to mix with alcohol (2%), and some other reason (8%).
- Youth reported they ate most of their food at the following places: home (94%), school (3%), from a fast food place (1%), and a restaurant (<1%).
- In an open-ended survey question, parents reported that the three biggest barriers to their children eating healthy were: cost/expense, taste, and lack of time/convenience (Source: *Healthy Habit Survey, Williams County Health Department, 2015*).
- 7% of youth reported they went to bed hungry because their family did not have enough money for food at least one night per week. 2% of youth went to bed hungry every night of the week.

USDA Nutrition Guidelines – MyPlate

- MyPlate is a reminder that encourages individuals to find their healthy eating style and build it throughout their lifetime. The right mix can help individuals be healthier now and in the future. This means:
 - Focus on variety, amount, and nutrition.
 - Choose foods and beverages with less saturated fat, sodium, and added sugars.
 - Start with small changes to build healthier eating styles.
 - Support healthy eating for everyone.
- MyPlate focuses on making healthy food and beverage choices from all five food groups including fruits, vegetables, grains, protein foods, and dairy to get the nutrients needed.
- MyPlate encourages eating the right amount of calories based on age, sex, height, weight, and physical activity level. Building a healthier eating style can help avoid overweight and obesity and reduce the risk of diseases such as heart disease, diabetes, and cancer.
- Individuals should focus on the following when building a healthy plate:
 - Make half your plate fruits and vegetables.
 - Focus on whole fruits.
 - Vary your veggies.
 - Make half your grains whole grains.
 - Move to low-fat and fat-free dairy.
 - Vary your protein routine.
 - Eat and drink the right amount for you.

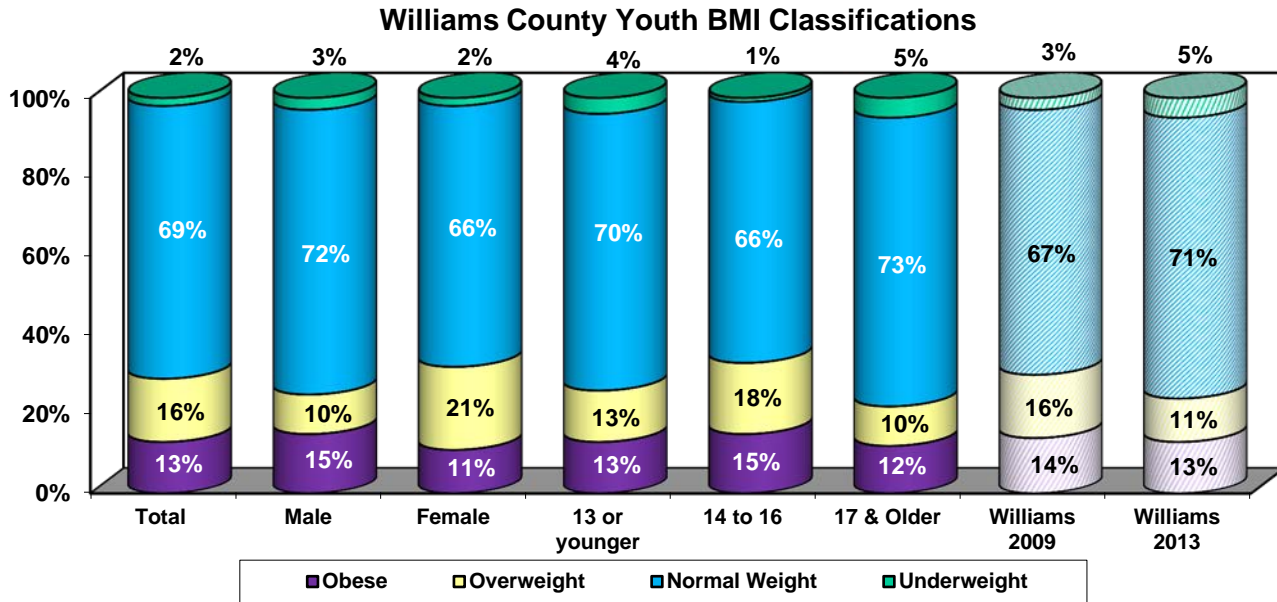


Source: United States Department of Agriculture, 2016. <http://www.choosemyplate.gov/MyPlate>

Physical Activity

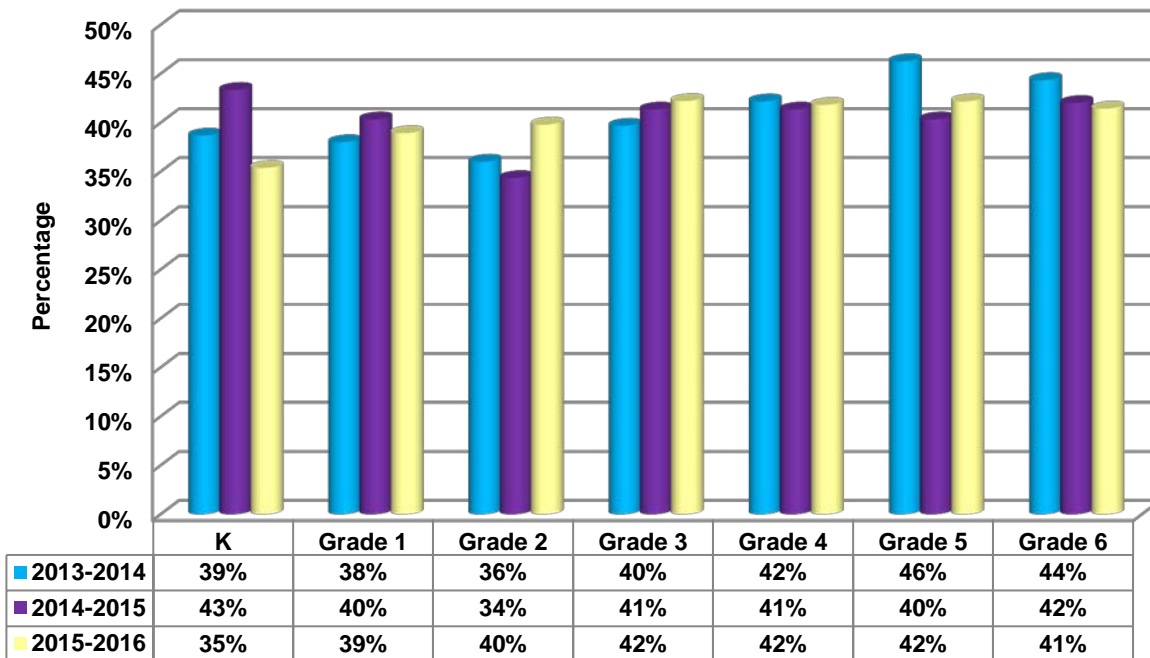
- Over three-fourths (76%) of Williams County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. 54% did so on 5 or more days in the past week (2013 YRBS reports 48% for Ohio and 2015 YRBS reports 49% for the U.S.), and 33% did so every day in the past week (2013 YRBS reports 26% for Ohio and 2015 YRBS reports 27% for the U.S.). 15% of youth did not participate in at least 60 minutes of physical activity on any day in the past week (2013 YRBS reports 13% for Ohio and 2015 YRBS reports 14% for the U.S.).
- The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity per day. As part of their 60 minutes per day; aerobic activity, muscle strengthening, and bone strengthening are three distinct types of physical activity that children should engage in, appropriate to their age. Children should participate in each of these types of activity on at least three days per week.
- Williams County youth spent an average of 3.0 hours on their cell phone, 1.9 hours on their computer/tablet, 1.8 hours watching TV and 1.2 hours playing video games on an average day of the week.
- Nearly one-fourth (24%) 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.).
- 90% of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (56%), exercising (outside of school) (41%), school club or social organization (36%), church youth group (34%), church or religious organization (30%), part-time job (20%), caring for siblings after school (16%), babysitting for other kids (16%), volunteering in the community (13%), caring for parents or grandparents (3%) or some other organized activity (Scouts, 4H, etc.) (15%).

The following graph shows the percentage of Williams 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: 69% of all Williams County youth were classified as normal weight, 13% were obese, 16% were overweight, and 2% were underweight for their age and gender.



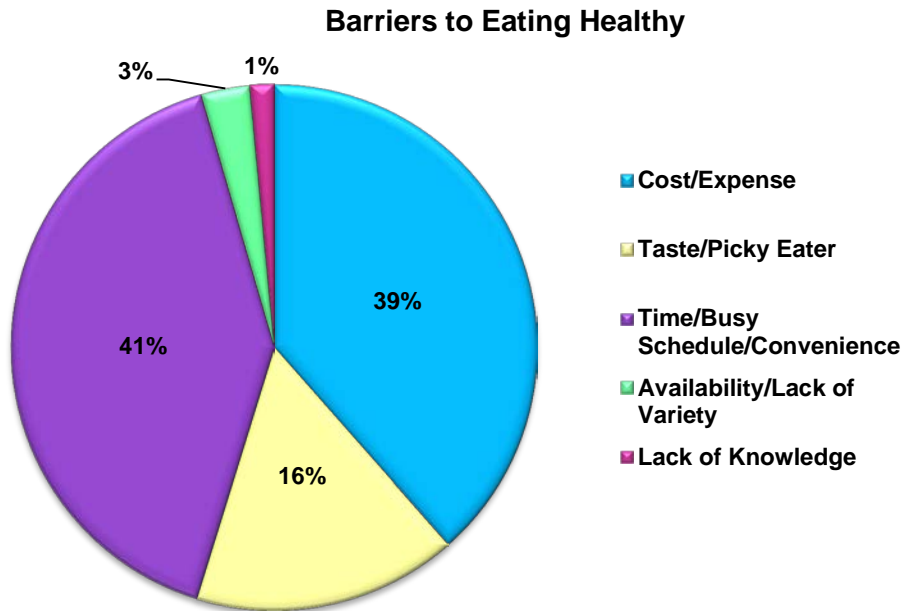
The following graph shows the percentage of Williams County children grades K-6 who were overweight or obese. An example of how to interpret the information in the graph includes: 39% of Williams County 1st graders were overweight or obese during the 2015-2016 school year.

Percentage of Williams County Children Grades K-6 Overweight or Obese



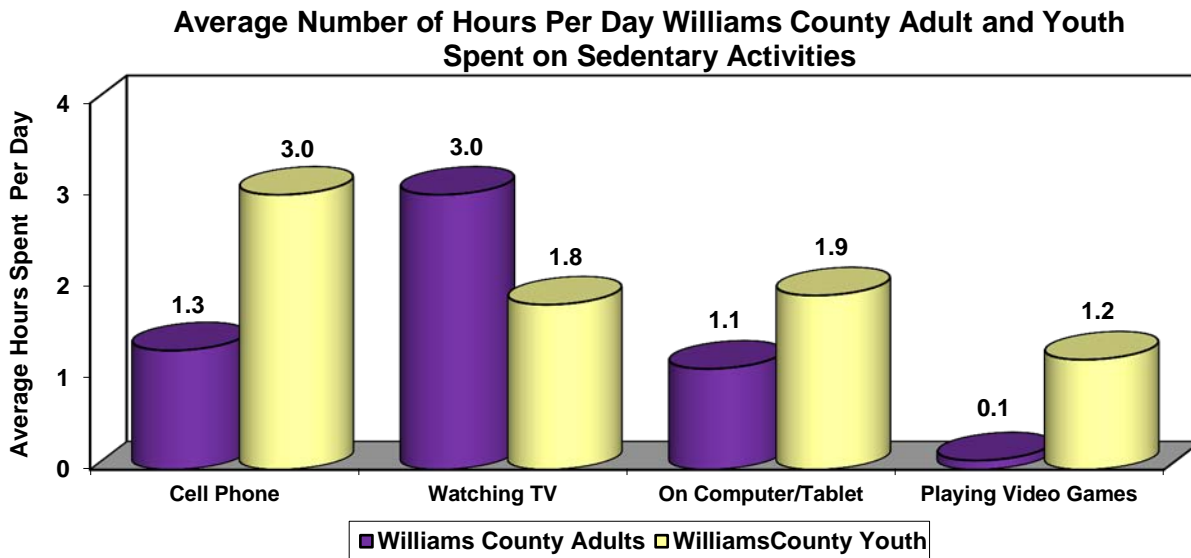
(Source: Williams County Youth BMI Data 2015-2016, Williams County Health Department, 2016)

The following chart shows the percentage of Williams County parents with children in grades K-6 who reported the following barriers to eating healthy.



**Respondents were asked: "What are some barriers, if any, that keep your family from eating healthy (i.e., expense, taste, convenience)?"*
 (Source: Healthy Habit Survey, Williams County Health Department, 2015)

The following graph shows the average number of hours spent per day in sedentary activities for Williams County adults and youth. Examples of how to interpret the information in the graph include: Williams County youth spent an average of 3.0 hours on their cell phone per day, compared to 1.3 hours for adults.



Williams County 6 th -12 th Grade Youth did the following to lose weight in the past 30 days:	Percent
Exercised	47%
Drank more water	37%
Ate more fruits and vegetables	32%
Ate less food, fewer calories, or foods lower in fat	27%
Skipped meals	8%
Went without eating for 24 hours	2%
Took diet pills, powders, or liquids without a doctor's advice	2%
Vomited or took laxatives	1%
Smoked cigarettes	1%

Youth Comparisons	Williams County 2006 (6 th -12 th)	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2016 (6 th -12 th)	Williams County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Obese	N/A	14%	13%	13%	15%	13%	14%
Overweight	N/A	16%	11%	16%	16%	16%	16%
Described themselves as slightly or very overweight	29%	26%	31%	32%	35%	28%	32%
Trying to lose weight	44%	49%	50%	45%	47%	47%	46%
Exercised to lose weight	45%	44%	51%	47%	53%	61%‡	61%‡
Ate less food, fewer calories, or foods lower in fat to lose weight	21%	22%	38%	27%	30%	43%‡	39%‡
Went without eating for 24 hours or more	5%	4%	7%	2%	3%	10%	13%*
Took diet pills, powders, or liquids without a doctor's advice	3%	1%	3%	2%	3%	5%	5%*
Vomited or took laxatives	1%	2%	3%	1%	2%	5%	4%*
Ate 1 to 4 servings of fruits and vegetables per day	N/A	N/A	81%	88%	89%	85%‡	78%‡
Physically active at least 60 minutes per day on every day in past week	N/A	N/A	28%	33%	31%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	N/A	59%	49%	54%	53%	48%	49%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A	12%	11%	15%	13%	13%	14%
Watched TV 3 or more hours per day	N/A	33%	38%	24%	26%	28%	25%

‡ Comparative YRBS data for Ohio is 2007 and U.S. is 2009

*YRBS data is from 2013

N/A - Not available

Youth | TOBACCO USE

Key Findings

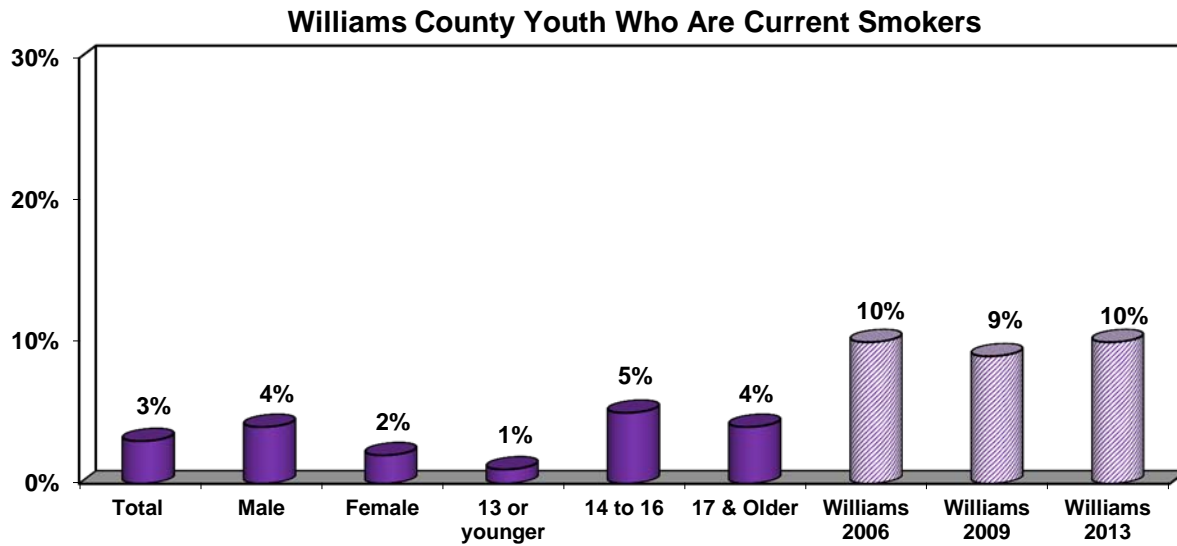
The 2016 Health Assessment identified that 18% of Williams County youth in grades 6-12 had tried smoking cigarettes, even one or two puffs. 21% of current smokers smoked daily. More than four-fifths (86%) of Williams County youth reported that their parents would disapprove of them smoking cigarettes.

In 2016, 3% of Williams County youth were current smokers, having smoked at some time in the past 30 days.

Youth Tobacco Use Behaviors

- The 2016 health assessment indicated that 18% of Williams County youth had tried cigarette smoking (2015 YRBS reported 32% for the U.S.).
- 22% of those who had smoked a whole cigarette did so at 10 years old or younger, and another 22% had done so by 12 years old. The average age of onset for smoking was 12.6 years old.
- 5% of all Williams County youth had smoked a whole cigarette for the first time before the age of 13 (2015 YRBS reported 7% for the U.S.).
- In 2016, 3% of Williams County youth were current smokers, having smoked at some time in the past 30 days (2013 YRBS reported 15% for Ohio and 2015 YRBS reported 11% for the U.S.).
- 21% of current smokers smoked cigarettes daily.
- 1% of all Williams County youth smoked cigarettes on 20 or more days during the past month (2013 YRBS reported that 7% of youth in Ohio smoked cigarettes on 20 or more days during the past month and 2015 YRBS reported 3% for the U.S.).
- Over half (57%) of Williams County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- 35% of youth smokers borrowed cigarettes from someone else, 30% gave someone else money to buy them cigarettes, 15% indicated they bought cigarettes from a store or gas station (2013 YRBS reported 18% for the U.S.), 10% took them from a family member, 5% said a person 18 years or older gave them the cigarettes, 5% reported getting them from the internet, 5% reported getting them from a vending machine, 5% reported taking them from a store and 15% got them some other way.
- Williams County youth used the following forms of tobacco the most in the past year: cigarettes (10%), e-cigarette (8%), chewing tobacco or snuff (7%), snus (4%), cigars (4%), hookah (3%), Black and Milds (3%), swishers (3%), cigarillos (2%), little cigars (2%), bidis (<1%) and dissolvable tobacco products (<1%).
- Less than one-third (31%) of Williams County youth who smoked in the past year had tried to quit smoking (2015 YRBS reported 45% for the U.S.).
- Over half (55%) of youth were exposed to second hand smoke. Youth reported being exposed to second hand smoke in the following places; another relative's home (30%), home (29%), in the car (17%) at a friend's home (15%), fairgrounds (11%), and park/ball field (10%).
- 86% of youth reported their parents would disapprove of them smoking cigarettes.
- 76% of youth reported their friends would disapprove of them smoking cigarettes.

The following graph shows the percentage of Williams County youth who smoke cigarettes. Examples of how to interpret the information include: 3% of all Williams County youth were current smokers, 4% of males smoked, and 2% of females were current smokers.



5% of all Williams County youth had smoked a whole cigarette for the first time before the age of 13.

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

Youth Behaviors	Current Smoker	Non-Current Smoker
Participated in extracurricular activities	79%	90%
Have had sexual intercourse	77%	14%
Have been bullied in the past 12 months	62%	47%
Have had at least one drink of alcohol in the past 30 days	57%	14%
Have used marijuana in the past 30 days	36%	3%
Misused prescription medications in the past 30 days	15%	2%
Attempted suicide in the past 12 months	14%	7%

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

Youth Comparisons	Williams County 2006 (6 th -12 th)	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2016 (6 th -12 th)	Williams County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever tried cigarettes	30%	26%	25%	18%	28%	52%*	32%
Current smokers	10%	9%	10%	3%	6%	15%	11%
Tried to quit smoking (of those youth who smoked in the past year)	63%	39%	46%	31%	38%	56%*	45%
Smoked cigarettes on 20 or more days during the past month (of all youth)	4%	2%	5%	1%	2%	7%	3%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	8%	5%	6%	5%	7%	14%*	7%

* Comparative YRBS data for Ohio is 2011

Electronic Cigarettes and Teenagers in the U.S.

- The percentage of U.S. middle and high school students who tried electronic cigarettes more than doubled from 2011 to 2012.
- E-cigarettes look like regular cigarettes, but they are operated by battery. An atomizer heats a solution of liquid, flavorings, and nicotine that creates a mist that is inhaled.
- The percentage of high school students who had ever used e-cigarettes rose from 4.7% in 2011 to 10% in 2012. In the same time period, high school students using e-cigarettes within the past 30 days rose from 1.5% to 2.8%.
- The percentage of middle school students who had ever used e-cigarettes also doubled from 1.4% to 2.7%.
- Altogether, as of 2012 more than 1.78 million middle and high school students in the US had tried e-cigarettes.
- 76% of current young e-cigarette users also smoked regular cigarettes. Some experts fear that e-cigarettes may encourage children to try regular cigarettes.
- Nicotine is a highly addictive drug. Many teens that start with e-cigarettes may be condemned to struggling with a lifelong addiction to nicotine and conventional cigarettes."

(Source: CDC, Press Release, September 5, 2013, <http://www.cdc.gov/media/releases/2013/p0905-ecigarette-use.html> & ACS, *Electronic Cigarette Use Doubles Among Teenagers*, September 9, 2013, <http://www.cancer.org/cancer/news/electronic-cigarette-use-doubles-among-teenagers>)

Youth | ALCOHOL CONSUMPTION

Key Findings

In 2016, the Health Assessment results indicated that 35% of Williams County youth had drunk at least one drink of alcohol in their life, increasing to 51% of youth 17 and older. 34% of those who drank, took their first drink at 12 years or younger. 16% of all Williams County youth and 25% of those over the age of 17 had at least one drink in the past 30 days. 10% of all youth had ridden in a car driven by someone who had been drinking alcohol.

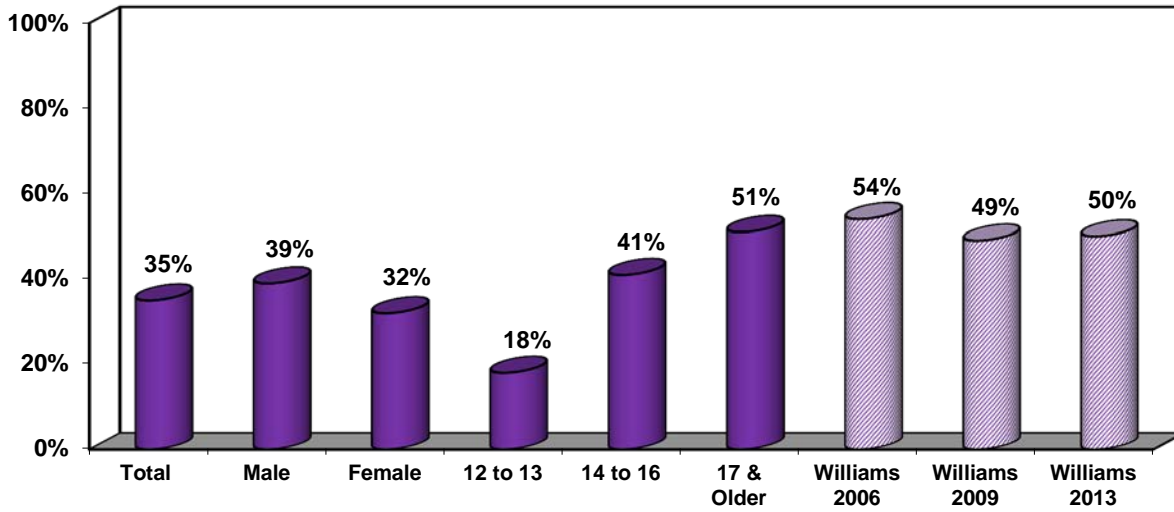
In Williams County in 2016, 16% of youth had at least one drink in the past 30 days.

Youth Alcohol Consumption

- In 2016, the Health Assessment results indicated that over one-third (35%) of all Williams County youth (ages 12 to 18) had at least one drink of alcohol in their life, increasing to 51% of those ages 17 and older (2015 YRBS reports 63% for the U.S.).
- 16% of youth had at least one drink in the past 30 days, increasing to 25% of those ages 17 and older (2013 YRBS reports 30% for Ohio and 2015 YRBS reports 33% for the U.S.).
- Based on all youth surveyed, 7% were defined as binge drinkers, increasing to 14% of those ages 17 and older (2013 YRBS reports 16% for Ohio and 2015 YRBS reports 18% for the U.S.).
- Of those who drank, 43% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition, increasing to 48% of females.
- Over one-third (34%) of Williams County youth who reported drinking at some time in their life had their first drink at 12 years old or younger; 35% took their first drink between the ages of 13 and 14, and 31% started drinking between the ages of 15 and 18. The average age of onset was 12.8 years old.
- Of all Williams County youth, 11% had drunk alcohol for the first time before the age of 13 (2013 YRBS reports 13% of Ohio youth drank alcohol for the first time before the age of 13 and 2015 YRBS reports 17% for the U.S.).
- Youth drinkers reported they drank alcohol in the following places; at home (13%), at a friend's home (10%), at another person's home (5%), while riding in or driving a car or other vehicle (1%), at a public place such as a park, beach or parking lot (1%), at a public event (1%), at a restaurant, bar or club, at a public place (<1%), and on school property (<1%).
- Williams County youth drinkers reported they got their alcohol from the following: a parent gave it to them (35%), someone gave it to them (26%) (2013 YRBS reports 38% for Ohio and the 2015 YRBS reports 44% for the U.S.), an older friend or sibling bought it for them (23%), someone older bought it (20%), a friend's parent gave it to them (8%), gave someone else money to buy it for them (8%), took it from a store or family member (6%), bought it in a liquor store/ convenience store/gas station (2%), used a fake ID to buy alcohol (2%). No one reported buying alcohol at a restaurant, bar or club, or public event such as a concert or sporting event.
- During the past month 10% of all Williams County youth had ridden in a car driven by someone who had been drinking alcohol (2013 YRBS reports 17% for Ohio and 2015 YRBS reports 20% for the U.S.).

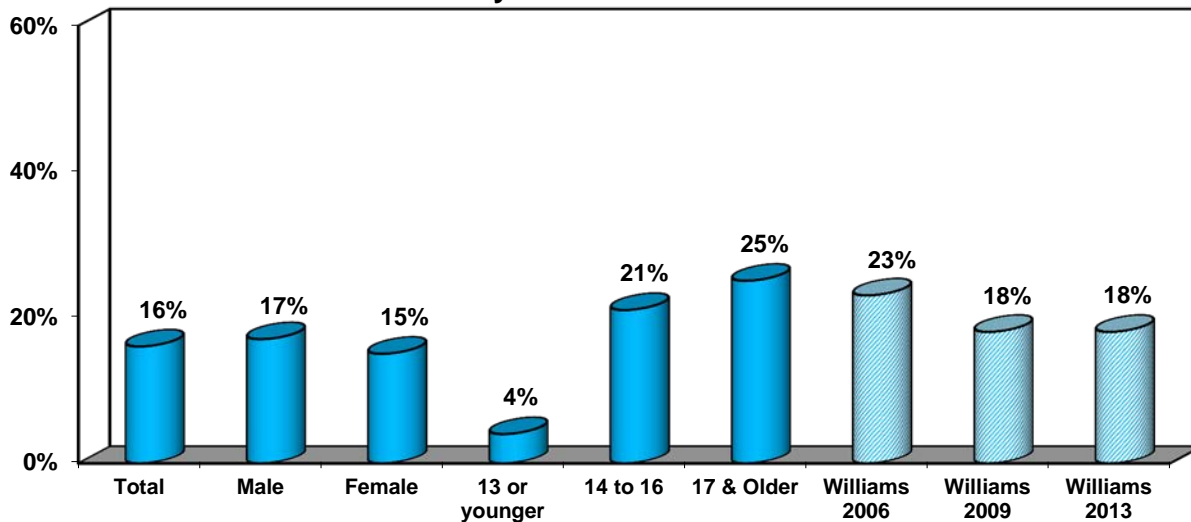
The following graphs show the percentage of Williams County youth who have drunk in their lifetime and those who are current drinkers. Examples of how to interpret the information include: 35% of all Williams County youth have drunk alcohol at some time in their life: 39% of males and 32% of females.

Williams County Youth Having At Least One Drink of Alcohol In Their Lifetime



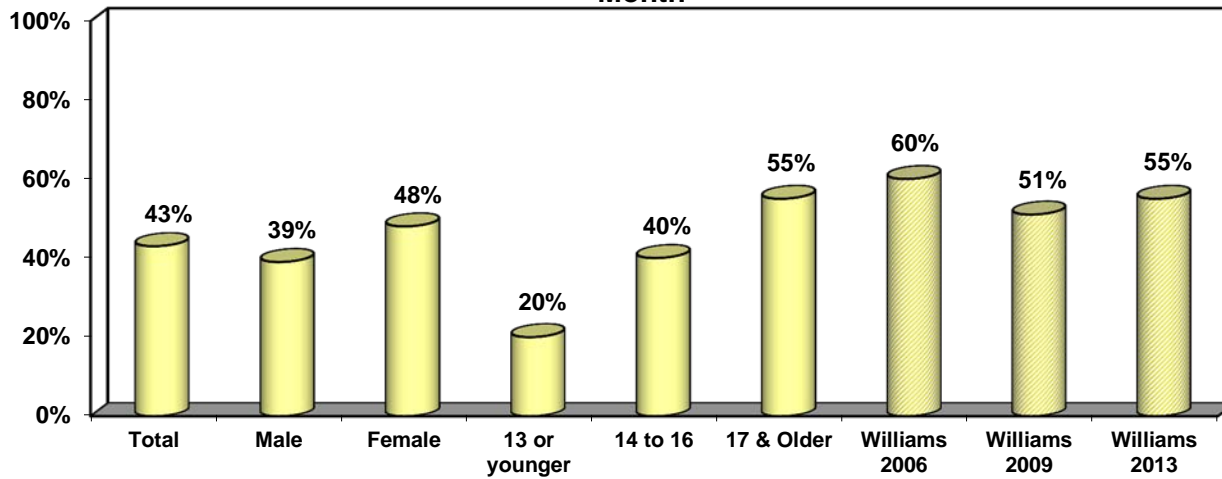
Based on all Williams County youth surveyed, 7% were defined as binge drinkers.

Williams County Youth Who Are Current Drinkers



The following graph shows the percentage of Williams County youth who were binge drinkers. Examples of how to interpret the information include: 43% of current drinkers binge drank in the past month, 39% of males, and 48% of females had binge drank. The table shows differences in specific risk behaviors between current drinkers and non-current drinkers.

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



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

35% of Williams County youth drinkers reported they got their alcohol from a parent giving it to them.

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

Youth Behaviors	Current Drinker	Non-Current Drinker
Participated in extracurricular activities	89%	90%
Have been bullied in the past 12 months	67%	44%
Have had sexual intercourse	40%	12%
Have used marijuana in the past 30 days	17%	1%
Attempted suicide in the past 12 months	16%	5%
Have smoked cigarettes in the past 30 days	12%	2%
Misused prescription medications in the past 30 days	9%	2%

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

Of all Williams County youth, 11% had drunk alcohol for the first time before the age of 13.

Youth Comparisons	Williams County 2006 (6 th -12 th)	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2016 (6 th -12 th)	Williams County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever tried alcohol	54%	49%	50%	35%	48%	71%*	63%
Current drinker	23%	18%	18%	16%	25%	30%	33%
Binge drinker (of all youth)	14%	9%	10%	7%	12%	16%	18%
Drank for the first time before age 13 (of all youth)	23%	20%	16%	11%	11%	13%	17%
Rode with someone who was drinking	16%	15%	12%	10%	9%	17%	20%
Obtained the alcohol they drank by someone giving it to them	N/A	61%	57%	26%	28%	38%	44%

* Comparative YRBS data for Ohio is 2011

N/A – Not available

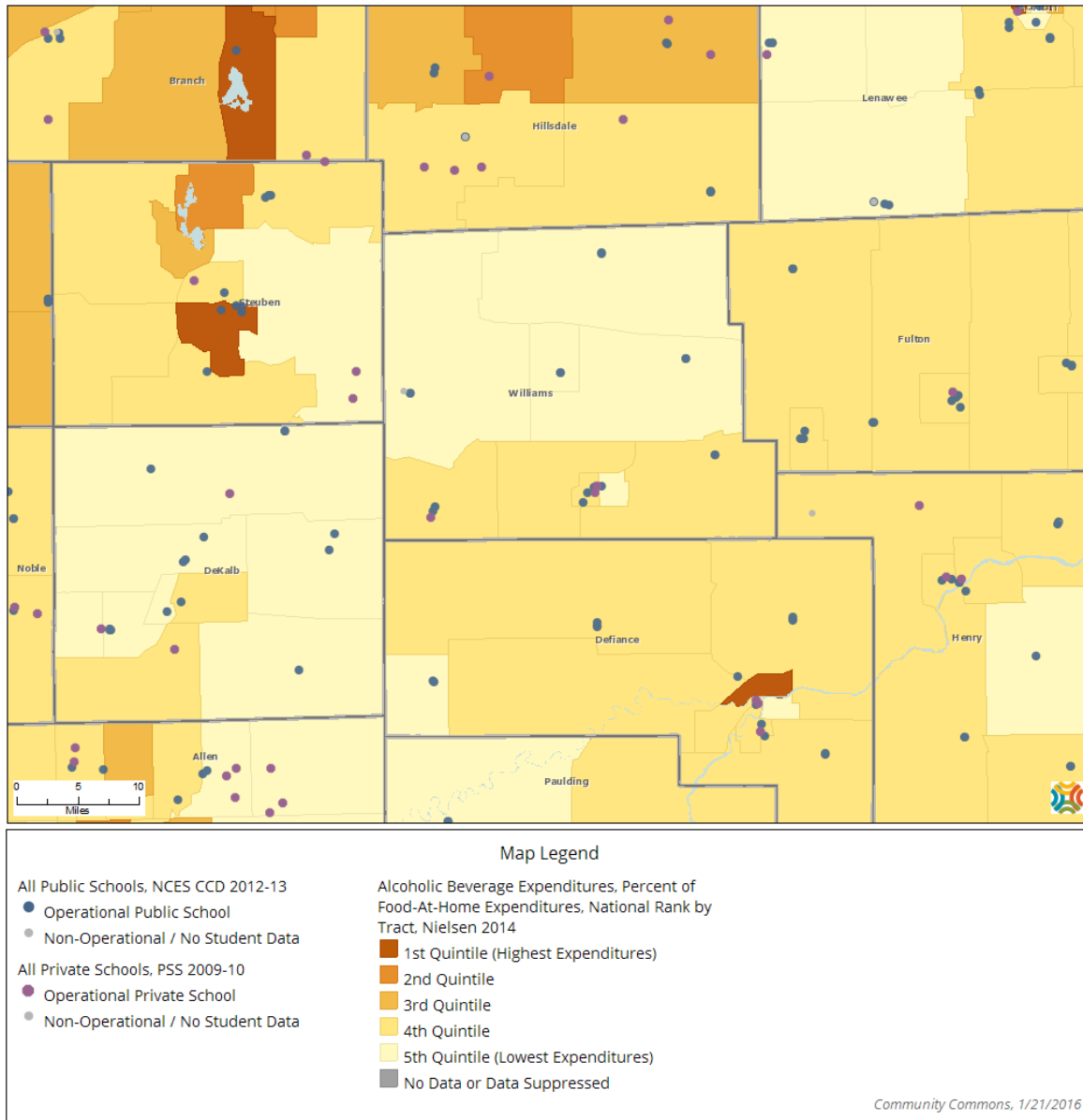
Teen Binge Drinking: All Too Common

Risks Associated with Binging:

- It is estimated that alcohol consumption is responsible for about 80,000 deaths in the US each year.
- Binge drinking has also been associated with many health problems, including:
 - Heart disease
 - Stroke
 - Cancer
 - Liver disease
 - Chemical dependency
 - Pregnancy
 - STDs
 - Alcohol poisoning
- MRI scans of the brains of teens that drank heavily showed damaged nerve tissue compared to those who did not.
- Studies have shown that alcohol can cause long-term damage to the brain and impair memory, coordination and movement.

(Source: Psychology Today, Teen Angst, Teen Binge Drinking: All Too Common, 1/26/2013)

Alcoholic Beverage Expenditures in Proximity to Schools



(Source: Community Commons, updated 1/21/16)

Youth | DRUG USE

Key Findings

In 2016, 4% of Williams County youth had used marijuana at least once in the past 30 days, increasing to 6% of high school youth. 3% of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life, increasing to 5% of those over the age of 17.

Youth Drug Use

- In 2016, 4% of all Williams County youth had used marijuana at least once in the past 30 days, increasing to 6% of high school youth. The 2013 YRBS found a prevalence of 21% for Ohio youth and the 2015 YRBS found a prevalence of 22% for U.S. youth.
- One-quarter (25%) of youth who reported they used marijuana in the past month had begun using at 12 years old or younger; 33% used for the first time between the ages of 13 and 14, and 43% started using marijuana between the ages of 15 and 18. The average age of onset was 13.5 years old.
- Williams County youth have tried the following in their life:
 - 4% of youth used inhalants, (2013 YRBS reports 9% for Ohio and 2015 YRBS reports 7% for U.S.)
 - 2% used ecstasy/MDMA (2015 YRBS reports 5% for U.S.)
 - 2% misused over-the-counter medications
 - 1% used K2/spice
 - 1% misused cough syrup
 - 1% used cocaine, (2013 YRBS reports 4% for Ohio and 2015 YRBS reports 5% for U.S.)
 - 1% used steroids, (2013 YRBS reports 3% for Ohio and 2015 YRBS reports 4% U.S.)
 - 1% used posh/salvia/synthetic marijuana
 - 1% used liquid THC
 - 1% used bath salts
 - 1% reported misusing hand sanitizer
 - <1% used methamphetamines, (2015 YRBS reports 3% for the U.S.)
 - <1% used Cloud 9
 - No one had been to a pharm party/used skittles
 - No one reported using Opana
 - No one reported using GhB
 - No one reported using heroin (2013 YRBS reports 2% for Ohio and 2015 YRBS reports 2% for U.S.)
- During the past 12 months, 5% of all Williams County youth reported that someone had offered, sold, or given them an illegal drug on school property (2013 YRBS reports 20% for Ohio and 2015 YRBS reports 22% for the U.S.).
- 3% Williams County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives, increasing to 5% of those over the age of 17.

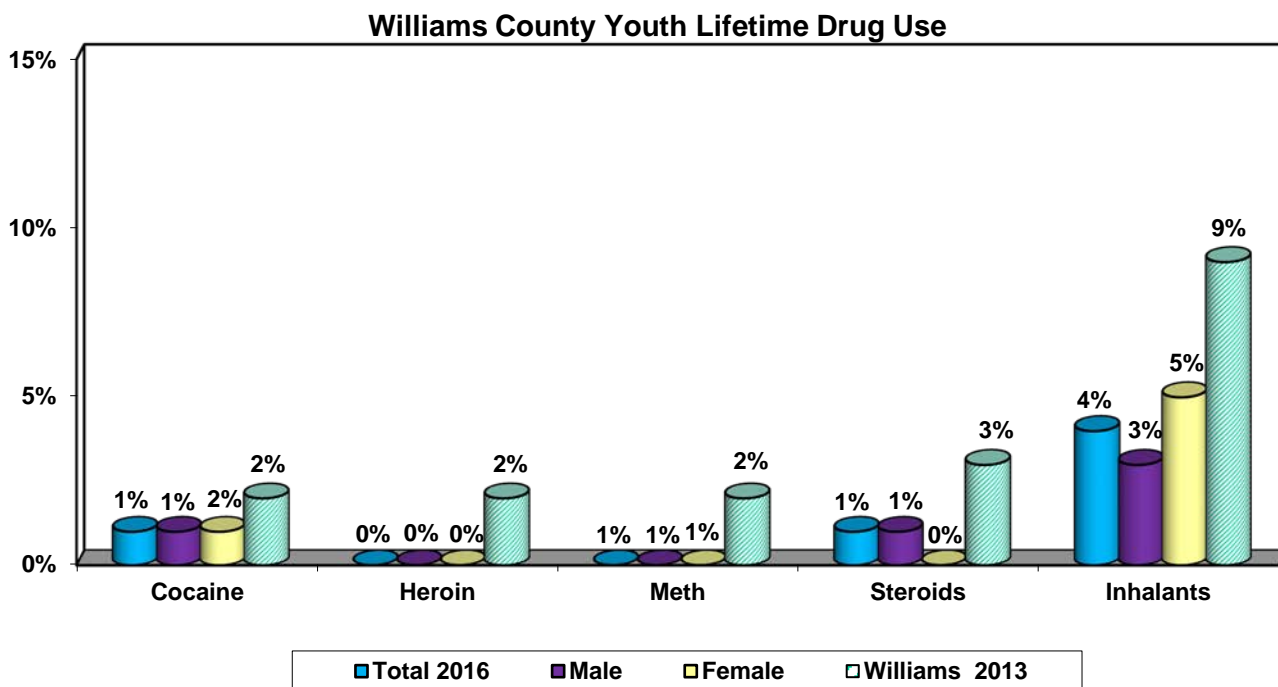
Drug Facts: Drugged Driving

- Vehicle accidents are the leading cause of death among youth people aged 16 to 19. When teens' relative lack of driving experience is combined with the use of marijuana or other substances that affect cognitive and motor abilities, the results can be tragic.
- According to the 2013 National Survey on Drug Use and Health (NSDUH), an estimated 9.9 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.

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

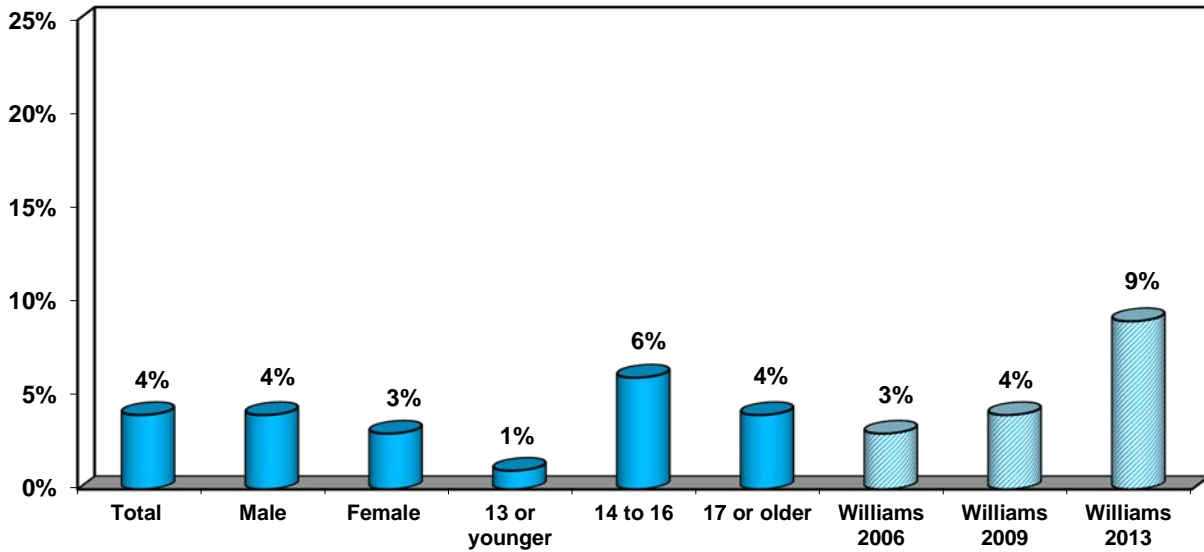
- Youth who misused prescription medications got them in the following ways: a friend gave it to them (47%), they took it from a friend or family member (22%), the internet (16%), a parent gave it to them (16%), bought it from a friend (8%), another family member gave it to them (6%) and bought it from someone else (3%).
- Youth who used illegal drugs got them in the following ways: a friend gave it to them (70%), bought it from a friend (26%), bought it from someone else (26%), another family member gave it to them (15%), they took it from a friend or family member (7%) and a parent gave it to them (4%).
- Youth reported the following reasons for not using drugs: parents would be upset (63%), their values (60%), legal consequences (47%), kicked out of extra-curricular activities (46%), my friends would not approve (43%), health problems (38%), random student drug testing (22%) and other (21%).
- Youth reported their parents would disapprove of them doing the following: misusing prescription drugs (88%), using marijuana (86%), smoking cigarettes (86%) and drinking alcohol (80%).
- Youth reported their friends would disapprove of them doing the following: misusing prescription drugs (80%), smoking cigarettes (76%), using marijuana (73%) and drinking alcohol (65%).

The following graph is data from the 2016 Williams County Health Assessment indicating youth lifetime drug use. Examples of how to interpret the information include: 1% of youth have used cocaine at some point in their lives, and 4% of youth have used inhalants at some point in their life.

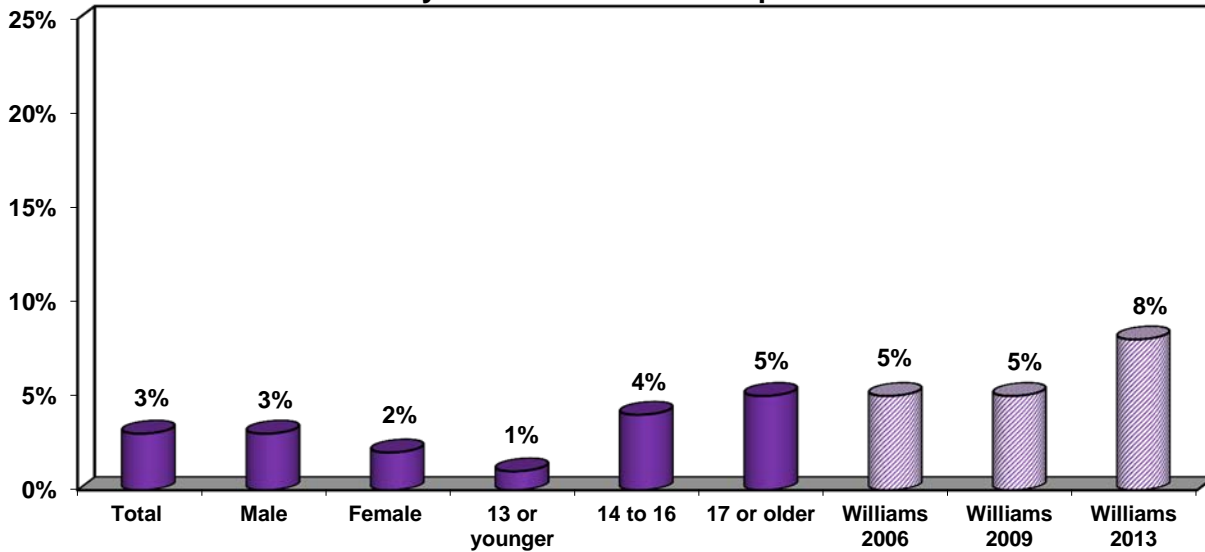


The following graph is data from the 2016 Williams County Health Assessment indicating youth marijuana use in the past month and lifetime prescription medication abuse. Examples of how to interpret the information include: 4% of youth have misused marijuana in the past month, 4% of males and 3% of females.

Williams County Youth Marijuana Use in Past Month



Williams County Youth Lifetime Prescription Medication Abuse



YOUTH DRUG USE

Youth Comparisons	Williams County 2006 (6 th -12 th)	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2016 (6 th -12 th)	Williams County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Youth who used marijuana in the past month	3%	4%	9%	4%	6%	21%	22%
Ever used methamphetamines	1%	1%	2%	<1%	0%	6%‡	3%
Ever used cocaine	2%	1%	2%	1%	3%	4%	5%
Ever used heroin	1%	<1%	2%	0%	0%	2%	2%
Ever used steroids	1%	1%	3%	1%	1%	3%	4%
Ever used inhalants	8%	6%	9%	4%	5%	9%	7%
Ever misused prescription medications	5%	5%	8%	3%	5%	N/A	N/A
Ever used ecstasy/MDMA	N/A	N/A	2%	2%	4%	N/A	5%
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	6%	6%	5%	5%	5%	20%	22%

‡ Comparative YRBS data for Ohio is 2007
 N/A - Not available

Youth | SEXUAL BEHAVIOR AND TEEN PREGNANCY OUTCOMES

Key Findings

In 2016, 16% of Williams County youth have had sexual intercourse, increasing to 39% of those ages 17 and over. 16% of youth had participated in oral sex and 4% had participated in anal sex. 14% of youth participated in sexting. Of those who were sexually active, 41% had multiple sexual partners.

Youth Sexual Behavior

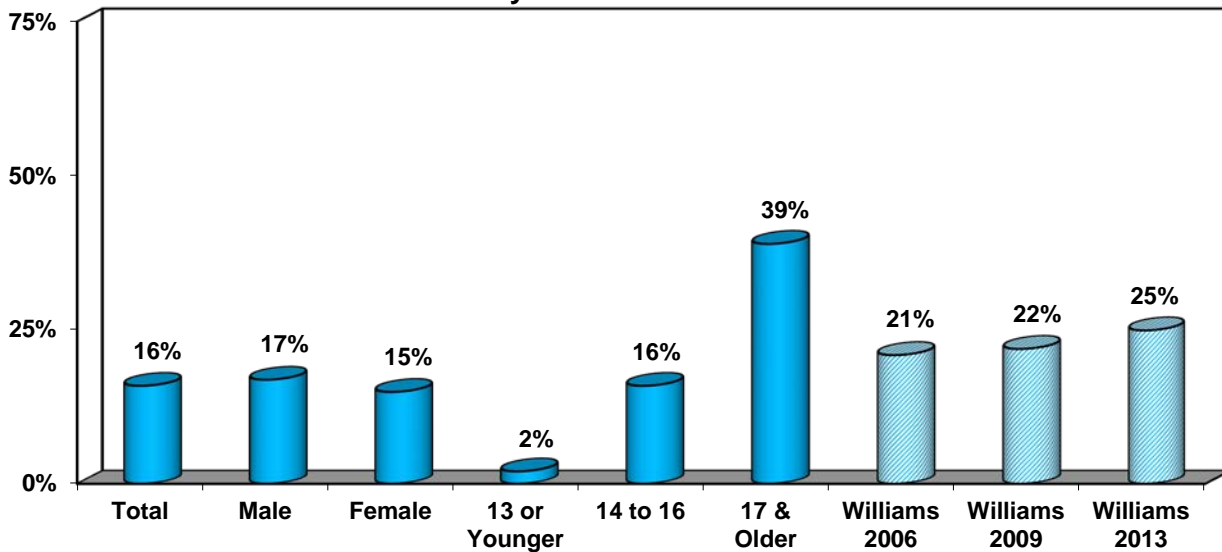
- 16% of Williams County youth have had sexual intercourse, increasing to 39% of those ages 17 and over (The 2013 YRBS reports 43% for Ohio and the 2015 YRBS reports 41% for U.S.).
- 16% of youth had participated in oral sex, increasing to 42% of those ages 17 and older.
- 4% of youth had participated in anal sex, increasing to 6% of those ages 17 and older.
- 14% of youth had participated in sexting, increasing to 23% of those ages 17 and older.
- 20% of youth had viewed pornography, increasing to 30% of males and those ages 17 and older.
- Of those youth who were sexually active in their lifetime, 59% had one sexual partner and 41% had multiple partners.
- 17% of all Williams County sexually active youth had 4 or more partners (2013 YRBS reports 28% for Ohio).
- 3% of all Williams County youth had 4 or more sexual partners (2013 YRBS reports 12% for Ohio and the 2015 YRBS reports 12% for the U.S.).
- Of those youth who were sexually active, 20% had done so by the age of 13. Another 41% had done so by 15 years of age. The average age of onset was 15.0 years old.
- Of all youth, 1% were sexually active before the age of 13 (2013 YRBS reports 4% for Ohio and the 2015 YRBS reports 4% for the U.S.).
- 56% of youth who were sexually active used condoms to prevent pregnancy, 30% used birth control pills, 20% used the withdrawal method, 11% used a shot, patch or birth control ring, 6% used an IUD and 11% used some other method. 3% reported they were gay or lesbian. However, 7% were engaging in intercourse without a reliable method of protection and 7% reported they were unsure.
- Williams County youth had experienced the following: wanted to get pregnant (1%), been pregnant (1%), had a miscarriage (1%), tried to get pregnant (1%), had been treated for an STD (1%), got someone pregnant (<1%), had an abortion (<1%) and had a child (<1%). No one reported having sex in exchange for something of value such as food, drugs, shelter or money.
- About half (47%) of youth planned to stay abstinent until marriage. 31% said they were not sure and 22% said they were not planning to stay abstinent.
- Over half (54%) of females planned to stay abstinent until marriage compared to 39% of males.
- 54% of youth 13 and younger planned to stay abstinent compared to 37% of those ages 17 and over.

- When asked where they were taught about pregnancy prevention, STDs, AIDS/HIV, and birth control, Williams County youth reported the following: school (77%), parents (54%), doctor (25%), friends (24%), the internet/social media (17%), church (12%), siblings (14%), and somewhere else (6%). 14% of youth reported they had not been taught about these subjects.
- Youth had experienced the following situations in the past 30 days: had received a text or e-mail with a revealing photo of someone (9%), had texted, e-mailed, or posted electronically a revealing or sexual photo of themselves (3%), and a revealing or sexual photo of themselves was texted, e-mailed, or posted electronically without their permission (1%).

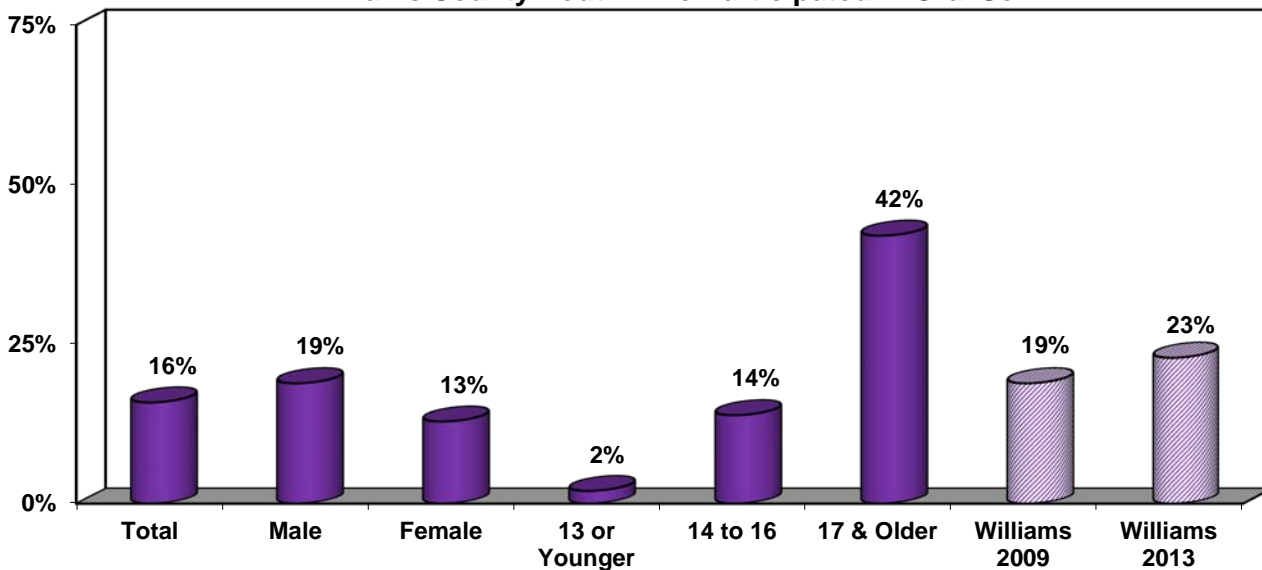
7% of Williams County youth who were sexually active were not using a reliable method of protection to prevent pregnancy.

The following graphs show the percentage of Williams County youth who participated in sexual intercourse and oral sex. Examples of how to interpret the information include: 16% of all Williams County youth had sexual intercourse, 17% of males, and 15% of females had sex.

Williams County Youth Who Had Sexual Intercourse

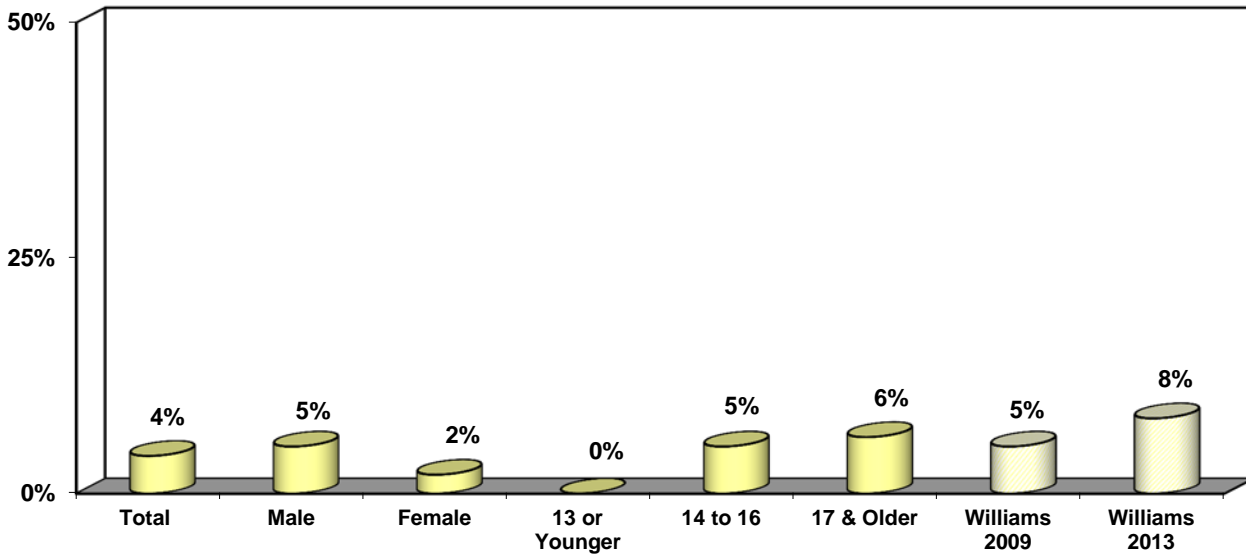


Williams County Youth Who Participated in Oral Sex

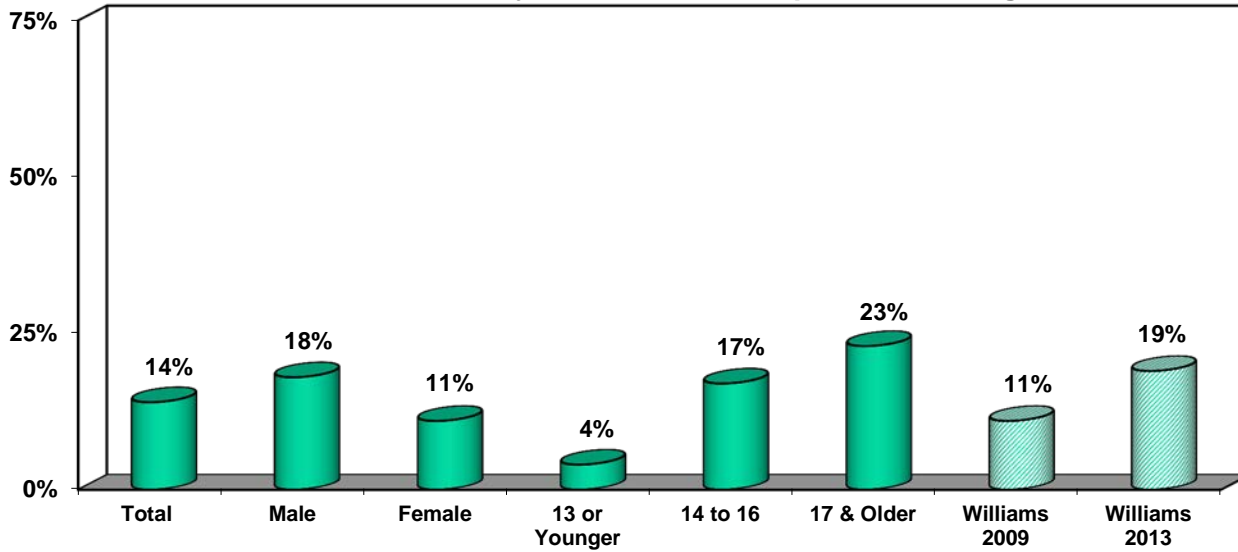


The following graphs show the percentage of Williams County youth who participated in anal sex and sexting. Examples of how to interpret the information include: 4% of all Williams County youth participated in anal sex, 5% of males, and 2% of females.

Williams County Youth Who Participated in Anal Sex



Williams County Youth Who Participated in Sexting



SEXUAL BEHAVIOR

Youth Comparisons	Williams County 2006 (6 th -12 th)	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2016 (6 th -12 th)	Williams County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever had sexual intercourse	21%	22%	25%	16%	39%	43%	41%
Used a condom at last intercourse	62%	76%	57%	56%	61%	51%	57%
Used birth control pills at last intercourse	20%	28%	36%	30%	32%	24%	18%
Did not use any method to prevent pregnancy during last sexual intercourse	20%	3%	14%	7%	8%	12%	14%
Had four or more sexual partners (of all youth)	2%	4%	7%	3%	5%	12%	12%
Had sexual intercourse before age 13 (of all youth)	4%	3%	3%	1%	1%	4%	4%

Youth | MENTAL HEALTH AND SUICIDE

Key Findings

In 2016, the Health Assessment results indicated that 10% of Williams County youth had seriously considered attempting suicide in the past year and 7% admitted to actually attempting suicide in the past year. 22% of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities; increasing to 28% of females

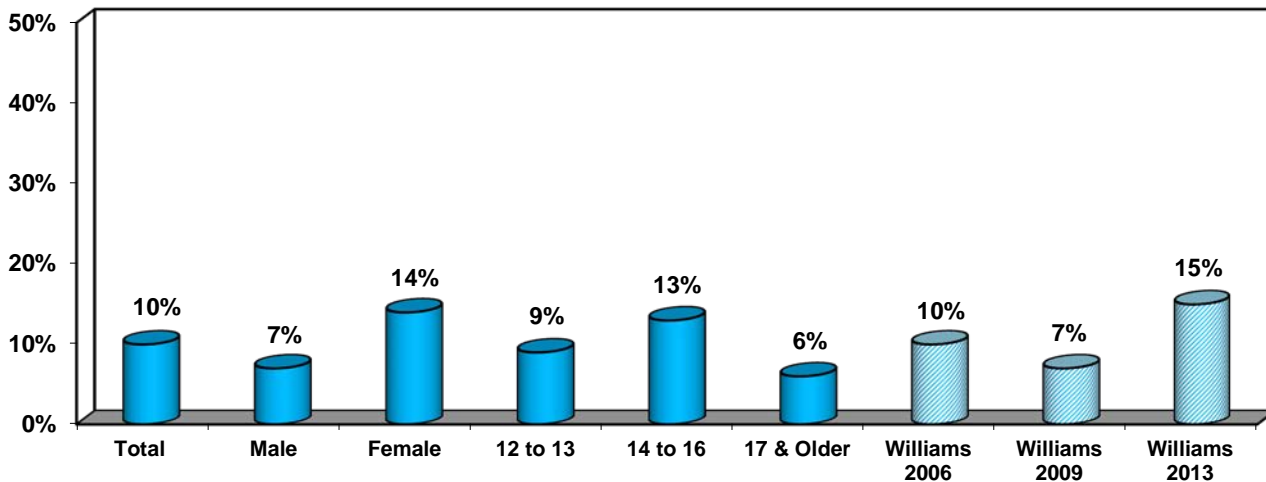
Youth Mental Health

- In 2016, 22% of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities; increasing to 28% of females (2013 YRBS reported 26% for Ohio and the 2015 YRBS reports 30% for the U.S.).
- 10% of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 14% of females. 10% of high school youth had seriously considered attempting suicide, compared to the 2015 YRBS rate of 18% for U.S. youth and from the 2013 YRBS reporting 14% for Ohio youth.
- In the past year, 7% of Williams County youth had attempted suicide, increasing to 11% of females. 4% of youth had made more than one attempt. The 2015 YRBS reported a suicide attempt prevalence rate of 9% for U.S. youth and 2013 YRBS reports a 6% rate for Ohio youth.
- Of all youth, 2% made a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (2013 YRBS reported 1% for Ohio and 2015 YRBS reports 3% for the U.S.).
- Of those who attempted suicide, 7% resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.
- 13% of Williams County youth stated that they would be very likely to seek help if they were feeling depressed or suicidal. 13% reported that it would be very unlikely they would seek help.
- 55% of youth reported they would seek help if they were dealing with anxiety, stress, depression or thoughts of suicide. Of youth who reported they would not seek help the following reasons were reported: they can handle it themselves (56%), worried what others might think (40%), did not know where to go (28%), cost (15%), no time (14%), their family would not support them (12%) and transportation (3%). 7% of youth were currently seeking treatment.
- Williams County youth reported the following causes of anxiety, stress and depression: academic success (29%), fighting with friends (29%), fighting at home (25%), sports (24%), peer pressure (22%), breakup (19%), being bullied (19%), death of close family member or friend (18%), self-image (18%), parent divorce/separation (15%), dating relationship (14%), caring for younger siblings (12%), poverty/no money (8%), ill parent (7%), parent/caregiver with a substance abuse problem (4%), not feeling safe at home (4%), parent lost their job (4%), parent with a mental illness (3%), alcohol or drug use at home (3%), family member in the military (3%), sexual orientation (3%), not feeling safe in the community (3%), not having enough to eat (3%), not having a place to live (1%) and other stress at home (18%).

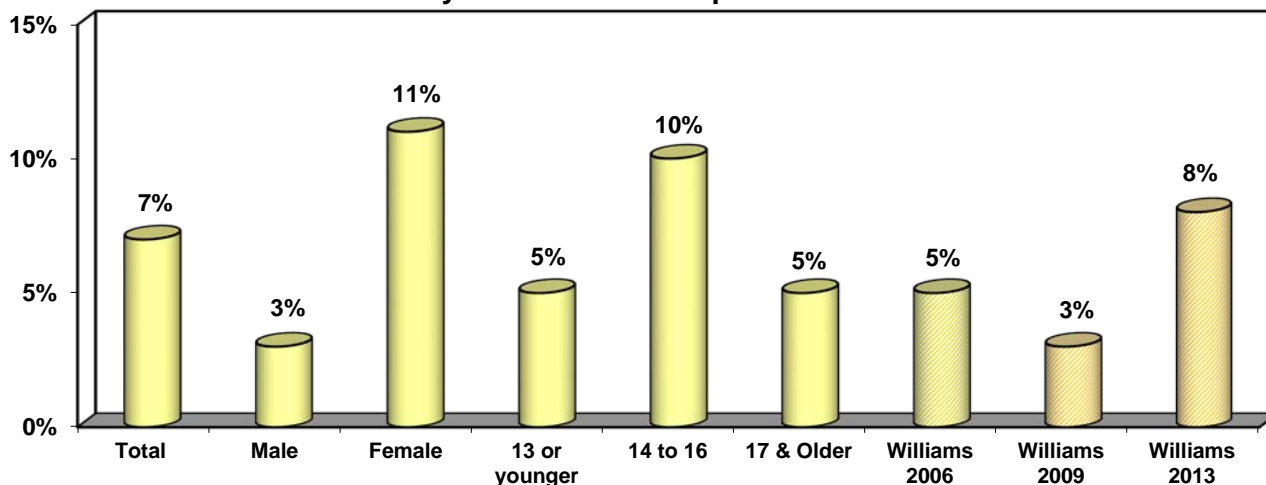
- Williams County youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (45%), hobbies (35%), playing video games (28%), talk to someone in their family (26%), praying (25%), texting someone (25%), exercising (25%), talking to a peer (23%), eating (17%), reading the Bible (14%), using social media (13%), writing in a journal (9%), shopping (9%), breaking something (7%), talk to a counselor or teacher (5%), self-harm (4%), using prescribed medication (4%), talking to a medical professional (3%), smoking/using tobacco (3%), drinking alcohol (3%), vandalism/violent behavior (2%), harm someone else (1%), using illegal drugs (1%), using un-prescribed medication (1%), and gambling (1%).
- When Williams County youth had feelings of depression or suicide, they talked to the following: best friend (56%), their parents (32%), girlfriend or boyfriend (22%), pastor/priest (22%), brother/sister (16%), an adult relative such as a grandparent, aunt or uncle (12%), caring adults (9%), adult friend (8%), teacher (6%), school counselor (6%), professional counselor (6%), coach (5%), youth minister (4%), and scout master/club advisor (<1%). 1% of youth called Teen Line or First Call for Help. 27% of youth reported they had no one.

The following graphs show the percentage of Williams County youth who had seriously considered attempting suicide in the past 12 months and those who attempted suicide in the past 12 months (i.e., the first graph shows that 10% of all youth had seriously considered attempting suicide, 7% of males and 14% of females).

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



Williams County Youth Who Attempted Suicide in Past 12 Months



Youth Comparisons	Williams County 2006 (6 th -12 th)	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2016 (6 th -12 th)	Williams County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Youth who had seriously considered attempting suicide in the past year	10%	7%	15%	10%	10%	14%	18%
Youth who had attempted suicide in the past year	5%	3%	8%	7%	8%	6%	9%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (of all youth)	2%	1%	3%	2%	2%	1%	3%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	16%	16%	22%	22%	26%	26%	30%

Williams County youth reported the following leading causes of anxiety, stress and depression: academic success (29%), fighting with friends (29%), fighting at home (25%), sports (24%), peer pressure (22%)

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

(Source: CDC 2014, Injury Center: Violence Prevention; Suicide Prevention; Youth Suicide)

Youth | SAFETY

Key Findings

In 2016, 10% of youth had ridden in a car driven by someone who had been drinking alcohol in the past 30 days. 36% of youth drivers texted while driving. 17% of youth had purposefully hurt themselves at some time in their lives.

16% of Williams County youth had suffered a blow or jolt to their head while playing with a sports team in the past year.

Personal Safety

- In the past 30 days, 10% of youth had ridden in a car driven by someone who had been drinking alcohol, (2013 YRBS reported 17% for Ohio and 2015 YRBS reports 20% for the U.S.).
- Williams County youth drivers did the following while driving in the past month: wore a seatbelt (80%), ate (50%), talked on their cell phone (46%), drove while tired or fatigued (45%), texted (36%), used the internet on their cell phone (17%), used cell phone for other things (10%), checked facebook on their cell phone (10%), applied makeup (5%), played electronic games on cell phone (3%), read (3%), drank alcohol (1%), used illegal drugs (<1%) and misused prescription drugs (<1%).

Personal Health

- 16% of youth reported in the past year they had suffered a blow or jolt to their head while playing with a sports team (either during a game or during practice) which caused them to get “knocked out”, have memory problems, double or blurry vision, headaches or “pressure” in the head, or nausea or vomiting (2013 YRBS reported 12% for Ohio).
- Nearly three-fourths (72%) of youth had been to the dentist for a check-up, exam, teeth cleaning or other dental work in the past year (2013 YRBS reported 75% for Ohio and 2015 YRBS reported 74% for the U.S.).
- Two-thirds (66%) of Williams County youth had visited the doctor for a routine check-up in the past year, 10% one to two years ago, and 2% said they had never been to the doctor for a routine check-up.
- 17% of youth had purposefully hurt themselves at some time in their lives. Of those youth who had purposefully hurt themselves, they had done so in the following ways: scratching (50%), hitting (43%), biting (24%), burning (16%), self-embedding (9%) and cutting (6%).

Youth Comparisons	Williams County 2006 (6 th -12 th)	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2016 (6 th -12 th)	Williams County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ridden with someone who had been drinking alcohol in past month	16%	15%	12%	10%	9%	17%	20%
Visited a dentist for a check-up within the past year	67%	72%	68%	72%	69%	75%	74%
Suffered blow or jolt to head	N/A	N/A	N/A	16%	17%	12%	N/A

N/A – Not available

Youth | VIOLENCE ISSUES

Key Findings

In Williams County, 12% of youth had carried a weapon in the past month. 73% of Williams County youth reported there was a firearm in or around their home. 47% of youth had been bullied in the past year and 12% had been cyber bullied.

Violence-Related Behaviors

- In 2016, 12% of youth had carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 20% of males (2013 YRBS reported 14% for Ohio and 2015 YRBS reports 16% for the U.S.).
- 1% of Williams County youth had carried a weapon (such as a gun, knife or club) on school property in the past 30 days (2015 YRBS reported 4% for the U.S.).
- Almost three-fourths (73%) of Williams County youth reported there was a firearm in or around their home. 14% of youth reported they were unlocked and 10% reported that they were loaded.
- 5% of youth were threatened or injured with a weapon on school property in the past year (2015 YRBS reported 6% for the U.S.).
- 47% of youth had been bullied in the past year. The following types of bullying were reported:
 - 37% were verbally bullied (teased, taunted or called harmful names)
 - 25% were indirectly bullied (spread mean rumors about them or kept them out of a "group")
 - 12% were cyber bullied (teased, taunted or threatened by e-mail or cell phone) (2013 YRBS reported 15% for Ohio and 2015 YRBS reported 16% for the U.S.)
 - 12% 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, youth reported being hit, slapped or physically hurt on purpose by the following: another teen or student (12%), parent or caregiver (5%), boyfriend or girlfriend (1%) (2013 YRBS reported 7% for Ohio), or other adult (1%).
- In the past year, Williams County youth reported they had been a victim of teasing or name calling due to the following: weight, size or physical appearance (77%), sexual orientation (23%) race or ethnic background (14%) and gender (10%).
- Williams County youth had been forced to engage in the following: touched in an unsafe sexual way (5%), sexual intercourse (2%), oral sex (1%), and other sexual activity (1%).
- 4% of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school (2013 YRBS reported 5% for Ohio and 2015 YRBS reported 6% for the U.S.).

Types of Bullying Williams County Youth Experienced in Past Year

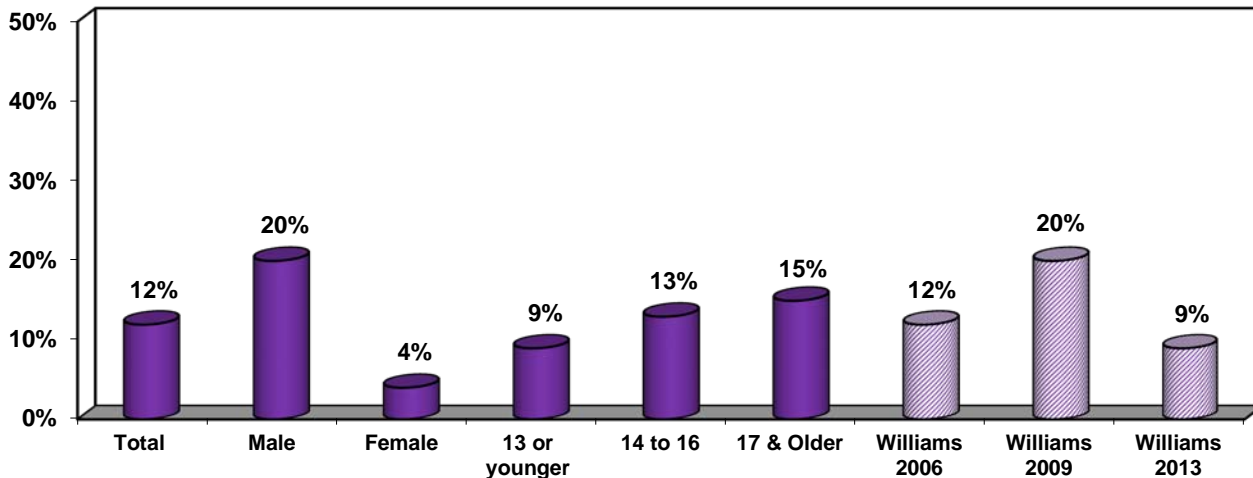
Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 and older
Verbally Bullied	37%	33%	41%	38%	40%	29%
Indirectly Bullied	25%	13%	37%	25%	27%	19%
Cyber Bullied	12%	7%	16%	11%	12%	11%
Physically Bullied	12%	15%	9%	16%	12%	5%
Sexually Bullied	2%	2%	2%	1%	3%	3%

Behaviors of Williams County Youth
Bullied vs. Non-Bullied

Youth Behaviors	Bullied	Non-Bullied
Hurt self in any way	29%	6%
Have drank alcohol in the past 30 days	22%	10%
Contemplated suicide in the past 12 months	17%	4%
Attempted suicide in the past 12 months	13%	2%
Have used marijuana in the past 30 days	5%	2%
Have smoked cigarettes in the past 30 days	4%	2%

The following graph shows Williams County youth who carried a weapon in the past 30 days. The graph shows the number of youth in each segment giving each answer (i.e., the graph shows that 12% of all youth had carried a weapon in the past 30 days, 20% of males and 4% of females).

Williams County Youth Carrying a Weapon During the Past 30 Days



Youth Comparisons	Williams County 2006 (6 th -12 th)	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2016 (6 th -12 th)	Williams County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Carried a weapon in past month	12%	20%	9%	12%	14%	14%	16%
Carried a weapon on school property in past month	4%	2%	2%	1%	1%	4%‡	4%
Threatened or injured with a weapon on school property in past year	5%	3%	7%	5%	3%	N/A	6%
Did not go to school because felt unsafe	2%	1%	5%	4%	3%	5%	6%
Electronically/cyber bullied in past year	4%	8%	13%	12%	12%	15%	16%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	3%	3%	3%	1%	2%	7%	9%‡
Ever physically forced to have sexual intercourse	5%	4%	4%	2%	2%	8%	7%

‡ Comparative YRBS data for U.S. is 2009

N/A – Not available

Understanding Bullying

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

(Source: CDC, Injury Center: Violence Prevention, Understanding Bullying Fact Sheet, January 2014)

Appendix I | WILLIAMS COUNTY HEALTH ASSESSMENT INFORMATION SOURCES

APPENDIX I

Source	Data Used	Website
American Association of Suicidology	<ul style="list-style-type: none"> Suicide Facts 	www.suicidology.org/resources/facts-statistics-current-research/suicide-statistics
American Cancer Society, Cancer Facts and Figures 2015. Atlanta: ACS, 2015	<ul style="list-style-type: none"> 2015 Cancer Facts, Figures, and Estimates Nutrition Recommendations 	www.cancer.org
American Cancer Society, Electronic Cigarette Use Doubles Among Teenagers, 2013	<ul style="list-style-type: none"> Electronic Cigarettes and Teenagers in the U.S. 	www.cancer.org/cancer/news/electronic-cigarette-use-doubles-among-teenagers
American College of Allergy, Asthma & Immunology	<ul style="list-style-type: none"> Asthma Facts 	http://acaai.org/news/facts-statistics/asthma
American Dental Association	<ul style="list-style-type: none"> Oral Health in Older Adults 	www.ada.org/sections/publicResources/pdfs/faq.pdf
American Diabetes Association	<ul style="list-style-type: none"> Type 1 and 2 Diabetes Risk Factors for Diabetes Diabetes Facts 	www.diabetes.org
American Heart Association, 2013	<ul style="list-style-type: none"> Stroke Warning Signs and Symptoms Smoke-free Living: Benefits & Milestones 	www.heart.org/HEARTORG/
<i>Arthritis at a Glance, 2012</i> , Centers for Disease Control & Prevention, <i>Morbidity and Mortality Weekly Report 2010</i> ; 59(39):999-1003 & 59(39):1261-1265	<ul style="list-style-type: none"> Arthritis Statistics 	www.cdc.gov/chronicdisease/resources/publications/AAG/arthritis.htm
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> 2009 - 2014 Adult Ohio and U.S. Correlating Statistics 	www.cdc.gov
Brady Campaign to Prevent Gun Violence	<ul style="list-style-type: none"> Victims of Gun Violence 	www.bradycampaign.org/sites/default/files/GunDeathandInjuryStatSheet3YearAverageFINAL.pdf

Source	Data Used	Website
Caron Pennsylvania	<ul style="list-style-type: none"> Characteristics of New Marijuana Users 	www.caron.org/signs-of-pot-use-5827.html
Center for Disease Control and Prevention (CDC)	<ul style="list-style-type: none"> Adverse Childhood Experiences (ACE) Asthma Attacks Binge Drinking Among Women Caffeinated Alcohol Beverages Cancer and Men Distracted Driving Electronic Cigarettes and Teenagers Health Care Access Among the Employed and Unemployed Health Care Access and Utilization Healthy Eyes HIV in the U.S. Heart Health and Stroke Facts Obesity Facts Oral Health Skin Cancer Prevention Smoking facts Tips for Parents Yearly Flu Shots 	www.cdc.gov
Center for Disease Control and Prevention; National Center for Injury Prevention and Control	<ul style="list-style-type: none"> Concussion Information 	www.cdc.gov/HEADSUP
CDC, Adolescent and School Health, 2013	<ul style="list-style-type: none"> Youth Physical Activity Facts 	www.cdc.gov/healthyyouth/physicalactivity/facts.htm
CDC, Arthritis	<ul style="list-style-type: none"> Key Public Health Messages 	www.cdc.gov/arthritis/basics/key.htm
CDC, Injury Center: Violence Prevention 2014	<ul style="list-style-type: none"> Suicide Prevention Youth Suicide 	www.cdc.gov/violenceprevention/pub
CDC, National Center for Health Statistics	<ul style="list-style-type: none"> Leading Causes of Death in U.S. Men's Health U.S. Female Fertility Rate U.S. Births to Unwed Mothers U.S. Low Birth Weight, Live Births 	www.cdc.gov/nchs/fastats/
CDC, Physical Activity for Everyone	<ul style="list-style-type: none"> Physical Activity Recommendations 	www.cdc.gov/physicalactivity/everyone/guidelines/adults.html

Source	Data Used	Website
CDC, Press Release, 2013	<ul style="list-style-type: none"> Electronic Cigarettes and Teenagers in the U.S. 	www.cdc.gov/media/releases/2013/p0905-ecigarette-use.html
CDC, Sexually Transmitted Diseases Surveillance, 2014	<ul style="list-style-type: none"> U.S. Chlamydia and Gonorrhea Rates STD's in Adolescents and Young Adults U.S. STD Surveillance Profile 	www.cdc.gov/std/stats/
CDC, Vaccine Safety, Human Papillomavirus (HPV)	<ul style="list-style-type: none"> Human Papillomavirus 	www.cdc.gov/vaccinesafety/vaccines/HPV/Index.html
CDC, Wonder	<ul style="list-style-type: none"> About Underlying Cause of Death, 1999-2014 Williams County and Ohio Leading Causes of Death Williams County and Ohio Mortality Statistics 	http://wonder.cdc.gov/ucd-icd10.html
Community Commons	<ul style="list-style-type: none"> Cigarette Expenditures Alcohol Beverage Expenditures Beer, Wine and Liquor Stores Bars and Drinking Establishments 	www.communitycommons.org/
Federal Emergency Management Agency (FEMA)	<ul style="list-style-type: none"> Basic Disaster Supplies Kit 	www.ready.gov/basic-disaster-supplies-kit
Health Indicators Warehouse	<ul style="list-style-type: none"> Age-Adjusted Mortality Rates for Motor Vehicle Accidents Heart Disease and Stroke Mortality Rates 	www.healthindicators.gov/Indicators/Selection
Healthy People 2020: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> All Healthy People 2020 Target Data Points Some U.S. Baseline Statistics Predictors of Access to Health Care 	www.healthypeople.gov/2020/topicsobjectives2020
Legacy for Health	<ul style="list-style-type: none"> Tobacco Fact Sheet 	www.legacyforhealth.org/content/download/582/6926/file/LEG-FactSheet-eCigarettes-JUNE2013.pdf
National Institute on Drug Abuse	<ul style="list-style-type: none"> Drug Facts: Heroin Drug Facts: Drugged Driving 	www.drugabuse.gov
National Institute of Health, Senior Health	<ul style="list-style-type: none"> Hearing Loss 	http://nihseniorhealth.gov/hearingloss/hearinglossdefined/01.html

Source	Data Used	Website
Office of Health Transformation	<ul style="list-style-type: none"> Ohio Medicaid Assessment Survey 	http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=oid6Wo-y0gs%3D&tabid=160
Office of Criminal Justice Services	<ul style="list-style-type: none"> Crime Statistics and Crime Reports 	www.ocjs.ohio.gov/crime_stats_reports.stm
Ohio Department of Health, Information Warehouse	<ul style="list-style-type: none"> Williams County and Ohio Birth Statistics Sexually Transmitted Diseases Incidence of Cancer HIV/AIDS Surveillance Program Statistics: Access to Health Services 	www.odh.ohio.gov/
Ohio Department of Health, Ohio Oral Health Surveillance System	<ul style="list-style-type: none"> Williams County Dental Care Resources 	http://publicapps.odh.ohio.gov/oralhealth/default.aspx
Ohio Department of Job & Family Services	<ul style="list-style-type: none"> Williams County and Ohio Medicaid Statistics 	http://jfs.ohio.gov/county/cntypro/pdf11/Williams.pdf
Ohio Department of Public Safety	<ul style="list-style-type: none"> 2015 Williams County and Ohio Crash Facts OSHP Computer-Aided Dispatch (CAD) System 	https://ext.dps.state.oh.us/crashstatistics/CrashReports.aspx
Ohio Department of Rehabilitation and Correction	<ul style="list-style-type: none"> Arrests/Incarceration Data Inmate Population by Gender and Race 	www.drc.ohio.gov/web/Reports/FactSheet/January%202016.pdf
Ohio Mental Health and Addiction Services	<ul style="list-style-type: none"> Opiate and Pain Reliever Doses Per Capita Opiate and Pain Reliever Doses Per Patient 	http://mha.ohio.gov/Portals/0/assets/Research/Maps/Ohio_OARRS_Opioids_2012_v2.pdf
Ohio State Highway Patrol	<ul style="list-style-type: none"> Compliant Data Electronic Crash Records Felony Cases and Drug Arrests Williams County Activity Statistics 	http://statepatrol.ohio.gov/
Philadelphia Department of Public Health	<ul style="list-style-type: none"> Electronic Cigarette Factsheet 	www.smokefreephilly.org/smokfree_philly/assets/File/Electronic%20Cigarette%20Fact%20Sheet_2_27_14.pdf

Source	Data Used	Website
Psychology Today, 2013	<ul style="list-style-type: none"> ▪ Teen Angst ▪ Teen Binge Drinking: All Too Common 	www.psychologytoday.com/blog/teen-angst/201301/teen-binge-drinking-all-too-common
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> ▪ American Community Survey 5 year estimate, 2014 ▪ Ohio and Williams County 2015 Census Demographic Information ▪ Ohio and U.S. Health Insurance Sources ▪ Small Area Income and Poverty Estimates ▪ Federal Poverty Thresholds 	www.census.gov
U.S. Department of Health and Human Services, Ohio Department of Mental Health	<ul style="list-style-type: none"> ▪ Mental Health Services in Ohio 	www.lsc.state.oh.us/fiscal/ohiofacts/sept2012/health&human-services.pdf
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	<ul style="list-style-type: none"> ▪ 2009 - 2015 youth Ohio and U.S. correlating statistics 	http://apps.nccd.cdc.gov/YouthOnline/App/Default.aspx

Appendix II | WILLIAMS COUNTY ACRONYMS AND TERMS

AHS	Access 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
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 urveillanc 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 ear S t D isease and S troke, Topic of Healthy People 2020 objectives
HP 2020	H ealth S y P eople 2020 , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic ≥ 140 and Diastolic ≥ 90
IID	I mmunizations and I nfectious D iseases, Topic of Healthy People 2020 objectives
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	Years of Potential Life Lost 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	Youth Risk Behavior Survey , a youth survey conducted by the CDC

Appendix III | METHODS FOR WEIGHTING THE 2016 WILLIAMS COUNTY ASSESSMENT DATA

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

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2016 Williams County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Williams County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (9 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Williams County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2016 Williams County Survey and the 2014 Census.

<u>2016 Williams Survey</u>			<u>2014 Census</u>		<u>Weight</u>
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	241	48.103792	18,549	49.473235	1.02847
Female	260	51.896208	18,944	50.526765	0.97361

In this example, it shows that there was a slightly larger portion of females in the sample compared to the actual portion in Williams County. The weighting for males was calculated by taking the percent of males in Williams County (based on Census information) (49.473235%) and dividing that by the percent found in the 2016 Williams County sample (48.103792%) [$49.473235 / 48.103792 =$ weighting of 1.02847 for males]. The same was done for females [$50.526765 / 51.896208 =$ weighting of 0.97361 for females]. Thus males' responses are weighted heavier by a factor of 1.02847 and females' responses weighted less by a factor of 0.97361.

This same thing was done for each of the 20 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 1.342151 [0.973611 (weight for females) x 0.966689 (weight for White) x 1.522252 (weight for age 35-44) x 0.936791 (weight for income \$50-\$75k)]. Thus, each individual in the 2016 Williams County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 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	Williams Sample	%	2014 Census *	%	Weighting Value
Sex:					
Male	241	48.103792	18,549	49.473235	1.02847
Female	260	51.896208	18,944	50.526765	0.97361
Age:					
20-24	10	2.016129	2,058	7.36209487	3.65160
25-34	30	6.048387	4,334	15.5040424	2.56334
35-44	53	10.685484	4,547	16.2660084	1.52225
45-54	87	17.540323	5,578	19.9542105	1.13762
55-59	73	14.717742	2,790	9.98068255	0.67814
60-64	70	14.112903	2,366	8.46390499	0.59973
65-74	135	27.217742	3,357	12.0090148	0.44122
75-84	37	7.459677	1,992	7.1259927	0.95527
85+	1	0.201613	932	3.33404879	16.53688
Race:					
White	488	96.633663	35,024	93.4147708	0.96669
Non-White	17	3.366337	2,469	6.58522924	1.95620
Household Income:					
Less than \$10,000	22	4.751620	982	6.54623	1.37768
\$10k-\$15k	25	5.399568	894	5.95960	1.10372
\$15k-\$25k	69	14.902808	2,075	13.83241	0.92817
\$25k-\$35k	75	16.198704	2,074	13.82574	0.85351
\$35k-\$50	85	18.358531	2,773	18.48543	1.00691
\$50k-\$75k	91	19.654428	2,762	18.41211	0.93679
\$75k or more	96	20.734341	3,441	22.93847	1.10630

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

* Williams County population figures taken from the 2014 Census.

Appendix IV | WILLIAMS COUNTY SCHOOLS

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

Bryan City Schools

Bryan Middle School
Bryan High School

Edgerton Local Schools

Edgerton Jr./Sr. High School

Edon-Northwest Local Schools

Edon Jr./Sr. High School

Millcreek West-Unity Local Schools

Hilltop Elementary
Hilltop Junior High/High School

Montpelier Exempted Village Schools

Montpelier Elementary
Montpelier Jr./Sr. High School

North Central Local Schools

North Central Junior High/High School

Stryker Local Schools

Stryker High School

Appendix V | WILLIAMS COUNTY SAMPLE DEMOGRAPHIC PROFILE*

Variable	2016 Survey Sample	Williams County Census 2010-2014 (5 year estimate)	Ohio Census 2014
Age			
20-29	12.1%	11.2%	13.1%
30-39	17.3%	11.5%	12.1%
40-49	15.8%	13.5%	13.4%
50-59	22.5%	15.4%	14.6%
60 plus	29.0%	23.0%	20.7%
Race/Ethnicity			
White	89.6%	95.6%	82.6%
Black or African American	0.4%	1.1%	12.2%
American Indian and Alaska Native	1.8%	0.3%	0.2%
Asian	0%	0.4%	1.8%
Other	2.6%	1.1%	1.6%
Hispanic Origin (may be of any race)	6.3%	3.9%	3.3%
Marital Status†			
Married Couple	56.7%	51.9%	48.5%
Never been married/member of an unmarried couple	20.0%	25.0%	31.1%
Divorced/Separated	16.0%	16.0%	13.9%
Widowed	6.2%	7.0%	6.5%
Education†			
Less than High School Diploma	6.2%	11.0%	11.2%
High School Diploma	34.9%	46.1%	34.5%
Some college/ College graduate	57.7%	42.9%	54.4%
Income (Families)			
\$14,999 and less	9.4%	12.5%	8.6%
\$15,000 to \$24,999	16.3%	13.8%	7.9%
\$25,000 to \$49,999	30.2%	32.3%	23.0%
\$50,000 to \$74,999	17.3%	18.4%	20.5%
\$75,000 or more	18.5%	23.0%	40.1%

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

Appendix VI | DEMOGRAPHICS AND HOUSEHOLD INFORMATION

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

Age	Total	Males	Females
Williams County	37,642	18,679	18,963
0-4 years	2,273	1,123	1,150
1-4 years	1,885	939	946
< 1 year	388	184	204
1-2 years	911	396	515
3-4 years	974	485	469
5-9 years	2,543	1,304	1,239
5-6 years	999	512	487
7-9 years	1,544	792	752
10-14 years	2,515	1,253	1,262
10-12 years	1,549	792	757
13-14 years	966	461	505
12-18 years	3,622	1,837	1,785
15-19 years	2,548	1,333	1,215
15-17 years	1,588	804	784
18-19 years	960	529	431
20-24 years	1,959	1,050	909
25-29 years	2,118	1,101	1,017
30-34 years	2,250	1,149	1,101
35-39 years	2,293	1,208	1,085
40-44 years	2,361	1,189	1,172
45-49 years	2,824	1,413	1,411
50-54 years	3,080	1,550	1,530
55-59 years	2,700	1,351	1,349
60-64 years	2,147	1,048	1,099
65-69 years	1,818	848	970
70-74 years	1,374	685	689
75-79 years	1,044	437	607
80-84 years	873	345	528
85-89 years	587	209	378
90-94 years	250	70	180
95-99 years	73	11	62
100-104 years	11	2	9
105-109 years	1	0	1
110 years & over	0	0	0
Total 85 years and over	922	292	630
Total 65 years and over	6,031	2,607	3,424
Total 19 years and over	28,142	13,870	14,272

APPENDIX VI

WILLIAMS COUNTY PROFILE

*General Demographic Characteristics
(Source: U.S. Census Bureau, Census 2014)*

2010-2014 ACS 5-year estimate

Total Population

2014 Total Population	37,493
2000 Total Population	39,188

Largest City-Bryan

2014 Total Population	8,523	100%
2000 Total Population	8,333	100%

Population By Race/Ethnicity

Total Population	37,493	100%
White Alone	35,830	95.6%
Hispanic or Latino (of any race)	1,467	3.9%
African American	424	1.1%
Asian	161	0.4%
Two or more races	481	1.3%
Other	420	1.1%
American Indian and Alaska Native	128	0.3%

Population By Age 2010

Under 5 years	2,273	6.4%
5 to 17 years	6,646	17.7%
18 to 24 years	2,919	7.8%
25 to 44 years	9,022	24.0%
45 to 64 years	10,751	28.6%
65 years and more	6,031	16.0%
Median age (years)	41.5	

Household By Type

Total Households	15,001	100%
Family Households (families)	9,873	65.8%
With own children <18 years	4,038	26.9%
Married-Couple Family Households	7,586	50.6%
With own children <18 years	2,675	17.8%
Female Householder, No Husband Present	1,556	10.4%
With own children <18 years	913	6.1%
Non-family Households	5,128	34.2%
Householder living alone	4,323	28.8%
Householder 65 years and >	1,819	12.1%
Households With Individuals < 18 years	4,487	29.9%
Households With Individuals 65 years and >	4,370	29.1%
Average Household Size	2.42 people	
Average Family Size	2.97 people	

General Demographic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2014)

2010-2014 ACS 5-year estimate

Median Value of Owner-Occupied Units	\$96,200
Median Monthly Owner Costs (With Mortgage)	\$1,051
Median Monthly Owner Costs (Not Mortgaged)	\$372
Median Gross Rent for Renter-Occupied Units	\$630
Median Rooms Per Housing Unit	6.0
Total Housing Units	16,593
No Telephone Service	304
Lacking Complete Kitchen Facilities	92
Lacking Complete Plumbing Facilities	37

Selected Social Characteristics
(Source: U.S. Census Bureau, Census 2014)

2010-2014 ACS 5-year estimates

School Enrollment

Population 3 Years and Over Enrolled In School	9,084	100%
Nursery & Preschool	707	7.8%
Kindergarten	432	4.8%
Elementary School (Grades 1-8)	4,079	44.9%
High School (Grades 9-12)	2,009	22.1%
College or Graduate School	1,857	20.4%

Educational Attainment

Population 25 Years and Over	25,896	100%
< 9 th Grade Education	784	3.0%
9 th to 12 th Grade, No Diploma	2,061	8.0%
High School Graduate (Includes Equivalency)	11,944	46.1%
Some College, No Degree	5,122	19.8%
Associate Degree	2,437	9.4%
Bachelor's Degree	2,513	9.7%
Graduate Or Professional Degree	1,035	4.0%

Percent High School Graduate or Higher	*(X)	89.0%
Percent Bachelor's Degree or Higher	*(X)	13.7%

*(X) - Not available

Selected Social Characteristics, Continued
(Source: U.S. Census Bureau, Census 2014)
2010-2014 ACS 5-year estimate

Marital Status

Population 15 Years and Over	30,340	100%
Never Married	7,584	24.9%
Now Married, Excluding Separated	15,755	51.9%
Separated	574	1.9%
Widowed	2,138	7.0%
Female	1,676	5.5%
Divorced	4,289	14.1%
Female	2,337	7.7%

Veteran Status

Civilian Veterans 18 years and over	2,980	10.3%
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Disability Status of the Civilian Non-institutionalized Population

Total Civilian Noninstitutionalized Population	36,360	100%
With a Disability	5,025	13.8%
Under 18 years	8,646	100%
With a Disability	399	4.6%
18 to 64 years	21,736	100%
With a Disability	2,660	12.2%
65 Years and Over	5,978	100%
With a Disability	1,966	32.9%

Selected Economic Characteristics
(Source: U.S. Census Bureau, Census 2014)
2010-2014 ACS 5-year estimates

Employment Status

Population 16 Years and Over	29,817	100%
In Labor Force	18,426	61.8%
Not In Labor Force	18,413	61.8%
Females 16 Years and Over	15,107	100%
In Labor Force	8,735	57.8%
Population Living With Own Children <6 Years	2,513	100%
All Parents In Family In Labor Force	1,752	69.7%

Class of Worker

Employed Civilian Population 16 Years and Over	16,614	100%
Private Wage and Salary Workers	13,854	83.4%
Government Workers	1,895	11.4%
Self-Employed Workers in Own Not Incorporated Business	836	5.0%
Unpaid Family Workers	29	0.2%

Median Earnings

Male, Full-time, Year-Round Workers	\$42,034
Female, Full-time, Year-Round Workers	\$31,053

Selected Economic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2014)
2010-2014 ACS 5-year estimate

Occupations

Employed Civilian Population 16 Years and Over	16,614	100%
Production, Transportation, and Material Moving Occupations	5,356	32.2%
Management, business, science, and art occupations	3,798	22.9%
Sales and Office Occupations	3,506	21.1%
Service Occupations	2,352	14.2%
Natural Resources, Construction, and Maintenance Occupations	1,602	9.6%

Leading Industries

Employed Civilian Population 16 Years and Over	16,614	100%
Manufacturing	5,844	35.2%
Educational, health and social services	2,904	17.5%
Trade (retail and wholesale)	2,075	12.5%
Arts, entertainment, recreation, accommodation, and food services	984	5.9%
Professional, scientific, management, administrative, and waste management services	891	5.4%
Transportation and warehousing, and utilities	773	4.7%
Finance, insurance, real estate and rental and leasing	416	2.5%
Other services (except public administration)	869	5.2%
Construction	824	5.0%
Public administration	562	3.4%
Information	182	1.1%
Agriculture, forestry, fishing and hunting, and mining	290	1.7%

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

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2014	\$36,241	46 th of 88 counties
BEA Per Capita Personal Income 2013	\$34,965	46 th of 88 counties
BEA Per Capita Personal Income 2012	\$33,936	47 th of 88 counties
BEA Per Capita Personal Income 2011	\$33,450	43 rd of 88 counties
BEA Per Capita Personal Income 2010	\$31,344	42 nd 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 2014)

2010-2014 ACS 5-year estimate

Income In 2014

Households	15,001	100%
< \$10,000	982	6.5%
\$10,000 to \$14,999	894	6.0%
\$15,000 to \$24,999	2,075	13.8%
\$25,000 to \$34,999	2,074	13.8%
\$35,000 to \$49,999	2,773	18.5%
\$50,000 to \$74,999	2,762	18.4%
\$75,000 to \$99,999	1,764	11.8%
\$100,000 to \$149,999	1,257	8.4%
\$150,000 to \$199,999	273	1.8%
\$200,000 or more	147	1.0%

Median Household Income **\$42,455**

Income In 2014

Families	9,873	100%
< \$10,000	361	3.7%
\$10,000 to \$14,999	310	3.1%
\$15,000 to \$24,999	912	9.2%
\$25,000 to \$34,999	1,222	12.4%
\$35,000 to \$49,999	1,851	18.7%
\$50,000 to \$74,999	2,200	22.3%
\$75,000 to \$99,999	1,496	15.2%
\$100,000 to \$149,999	1,113	11.3%
\$150,000 to \$199,999	290	2.9%
\$200,000 or more	118	1.2%

Median Household Income (families) **\$53,099**

Per Capita Income In 2010-2014 **\$21,413**

Poverty Status In 2014

	Number Below Poverty Level	% Below Poverty Level
Families	*(X)	9.9%
Individuals	*(X)	14.5%

*(X) - Not available

**Poverty Rates, 5-year averages
2009 to 2013**

Category	Williams	Ohio
Population in poverty	13.7%	15.8%
< 125% FPL (%)	20.2%	20.3%
< 150% FPL (%)	27.4%	24.9%
< 200% FPL (%)	41.4%	34.1%
Population in poverty (1999)	6.0%	10.6%

(Source: The Ohio Poverty Report, Ohio Development Services Agency, January 2015, <http://www.development.ohio.gov/files/research/P7005.pdf>)

Employment Statistics

Category	Williams	Ohio
Labor Force	19,100	5,703,400
Employed	18,300	5,439,500
Unemployed	800	263,900
Unemployment Rate* in December 2015	4.1	4.6
Unemployment Rate* in November 2015	4.0	4.4
Unemployment Rate* in December 2014	4.3	4.7

**Rate equals unemployment divided by labor force.*

(Source: Ohio Department of Job and Family Services, December 2015, <http://ohiolmi.com/laus/current.htm>)

Estimated Poverty Status in 2014

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Williams County				
All ages in poverty	5,125	4,354 to 5,896	14.2%	12.1 to 16.3
Ages 0-17 in poverty	1,811	1,517 to 2,105	21.6%	18.1 to 25.1
Ages 5-17 in families in poverty	1,269	1,060 to 1,478	20.4%	17.0 to 23.8
Median household income	\$42,214	\$39,521 to \$44,907		
Ohio				
All ages in poverty	1,778,288	1,755,728 to 1,800,848	15.8%	15.6 to 16.0
Ages 0-17 in poverty	588,618	574,885 to 602,351	22.7%	22.2 to 23.2
Ages 5-17 in families in poverty	395,792	383,745 to 407,839	20.8%	20.2 to 21.4
Median household income	\$49,349	\$48,991 to \$49,707		
United States				
All ages in poverty	48,208,387	47,966,830 to 48,449,944	15.5%	15.4 to 15.6
Ages 0-17 in poverty	15,686,012	15,564,145 to 15,807,879	21.7%	21.5 to 21.9
Ages 5-17 in families in poverty	10,714,518	10,632,252 to 10,796,784	20.4%	20.2 to 20.6
Median household income	\$53,657	\$53,564 to \$53,750		

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

Federal Poverty Thresholds in 2014 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	\$12,316					
1 Person 65 and >	\$11,354					
2 people Householder < 65 years	\$15,853	\$16,317				
2 People Householder 65 and >	\$14,309	\$16,256				
3 People	\$18,518	\$19,055	\$19,073			
4 People	\$24,418	\$24,817	\$24,008	\$24,091		
5 People	\$29,477	\$29,875	\$28,960	\$28,252	\$27,820	
6 People	\$33,869	\$34,004	\$33,303	\$32,631	\$31,633	\$31,041
7 People	\$38,971	\$39,214	\$38,375	\$37,791	\$36,701	\$35,431
8 People	\$43,586	\$43,970	\$43,179	\$42,485	\$41,501	\$40,252
9 People or >	\$52,430	\$52,685	\$51,984	\$51,396	\$50,430	\$49,101

(Source: U. S. Census Bureau, Poverty Thresholds 2014, <http://www.census.gov/hhes/www/poverty/data/threshld/index.html>)

Appendix VII | WILLIAMS COUNTY HEALTH RANKINGS

	Williams County	Ohio	U.S.
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2011-2013)	6,343	7,534	6,600
Overall health. Percentage of adults reporting fair or poor health (age-adjusted) (2014)	17%	17%	18%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2014)	3.9	4.0	3.8
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2014)	4.0	4.3	3.7
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2007-2013)	6%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2014)	20%	21%	17%
Obesity. Percentage of adults that report a BMI of 30 or more (2012)	34%	30%	27%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2013)	7.4	6.9	7.2
Physical activity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2012)	30%	26%	23%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2014)	52%	83%	84%
Drug and alcohol abuse. Percentage of adults reporting binge or heavy drinking (2014)	17%	19%	17%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2010-2014)	37%	35%	31%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2013)	221	460	447
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2007-2013)	43	34	35

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

	Williams County	Ohio	U.S
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2013)	12%	13%	17%
Access to health care/medical care. Ratio of population to primary care physicians (2013)	1,974:1	1,296:1	1,320:1
Access to dental care. Ratio of population to dentists (2014)	2194:1	1,713:1	1,540:1
Access to behavioral health care. Ratio of population to mental health providers (2015)	1776:1	642:1	490:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2013)	48	65	54
Diabetes. Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring (2013)	88%	85%	85%
Cancer. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2013)	56%	60%	63%
Social and Economic Environment			
Education. Percentage of ninth-grade cohort that graduates in four years (2012-2013)	95%	83%	82%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2010-2014)	52%	63%	64%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2014)	5%	6%	6%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2014)	22%	23%	22%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2010-2014)	4.1	4.8	4.7
Family and social support. Percentage of children that live in a household headed by single parent (2010-2014)	32%	35%	34%
Family and social support. Number of membership associations per 10,000 population (2013)	18.7	11.4	9.0
Violence. Number of reported violent crime offenses per 100,000 population (2010-2012)	59	307	392
Injury. Number of deaths due to injury per 100,000 population (2009-2013)	67	63	60

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

	Williams County	Ohio	U.S.
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2011)	13.0	13.5	11.4
Air, water, and toxic substances. Indicator of the presence of health-related drinking water violations. 1 - indicates the presence of a violation, 0 - indicates no violation (FY 2013-2014)	No	N/A	N/A
Housing. Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2008-2012)	11%	15%	19%
Transportation. Percentage of the workforce that drives alone to work (2010-2014)	87%	84%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2010-2014)	19%	29%	31%

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

N/A - Data is not available