



2018

WOOD COUNTY

COMMUNITY HEALTH ASSESSMENT

Commissioned by
Wood County Health Partners

Foreword

Members of the Wood County Health Partners are proud to present the 2018 Wood County Community Health Assessment. This report is the result of dedication to a partnership that is focused on improving the health of our community.

This Community Health Assessment is a data-driven look at the health of adults, youth and children who live in Wood County. It compares new data to information from previous assessments, and also to data from across the state of Ohio and the United States.

Partnership has been the hallmark of the process that led to the creation of this report. Wood County Health Partners sought to include as many stakeholders as possible so that the Community Health Assessment represents their interests and reflects their needs.

The goal of the document is to highlight the strengths and needs of Wood County, so that organizations and agencies involved in the assessment process can make sound decisions using the best available data. It should help identify unmet needs, increase access to services, and provide insight into the best ways to favorably move the needle of the health of people in Wood County.

While addressing every challenge or opportunity for improvement would surely be overwhelming, the 2018 Community Health Assessment should help guide health priorities in Wood County for the next several years or longer. It is our hope that this report will be enlightening not only for the general public, but also those partners and other organizations that will use the data to write grant requests, form sensible strategic plans, and motivate communities to become champions for positive change.

The full report is available from Wood County Health Department at <http://woodcountyhealth.org/Reports/reportsandpubs.html>, and from the Hospital Council of Northwest Ohio at <http://www.hcno.org/community-services/community-health-assessments>. To see Wood County's data compared to other counties, visit the Hospital Council of Northwest Ohio's Data Link website at <http://www.hcno.org/community-services/data-link>.

Sincerely,

Wood County Health Partners

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United Way in Wood County
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Wood County Board of Developmental Disabilities
Wood County Committee on Aging
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Community Health Assessment Summary

These charts are a summary of results, trends and comparisons from the 2018 Wood County Community Health Assessment. For the full report, go to www.woodcountyhealth.org.

The arrows show whether the percentages went up, down or stayed the same. The colors show whether that was a good (green) or bad (red) change.




Adult Trend Summary	Wood County 2018	Change since 2015	Ohio 2016	How does Wood County compare to Ohio average?	U.S. 2016
Health Status					
Rated general health as good, very good, or excellent	86%	↓	82%	Better	83%
Rated health as excellent or very good	52%	↓	51%	Better	52%
Rated health as fair or poor 🇺🇸	14%	↑	18%	Better	17%
Average days that physical health not good (in the past month)	3.1	↑	4.0†	Better	3.7†
Rated physical health as not good on four or more days (in the past 30 days)	18%	↑	22%	Better	22%
Average days that mental health not good (in the past month) 🇺🇸	4.8	↑	4.3†	Better	3.8†
Rated their mental health as not good on four or more days (in the previous month)	32%	↑	24%	Worse	23%
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	32%	↑	22%	Worse	22%
Health Care Coverage, Access, and Utilization					
Uninsured	6%	Same	7%	Better	10%
Had at least one person they thought of as their personal doctor or health care provider	85%	Same	83%	Better	77%
Visited a doctor for a routine checkup in the past year 🇺🇸	61%	↑	75%	Worse	71%
Diabetes, Asthma, and Arthritis					
Diagnosed with diabetes 🇺🇸	8%	↑	11%	Better	11%
Diagnosed with pre-diabetes or borderline diabetes	5%	Same	1%	Worse	2%
Diagnosed with asthma 🇺🇸	15%	Same	14%	Worse	14%
Diagnosed with arthritis	28%	↓	31%	Better	26%
Cardiovascular Health					
Had angina or coronary heart disease 🇺🇸	5%	↑	5%	Same	4%
Had a heart attack 🇺🇸	3%	↓	5%	Better	4%
Had a stroke	2%	↓	4%	Better	3%
Diagnosed with high blood pressure 🇺🇸	35%	↑	34%*	Worse	31%*
Diagnosed with high blood cholesterol	32%	↑	37%*	Better	36%*
Had blood cholesterol checked within the past 5 years	80%	↑	78%*	Better	78%*
Weight Status					
Overweight	33%	↓	35%	Better	35%
Obese	39%	↑	32%	Worse	30%
Overweight or Obese	72%	↑	67%	Worse	65%


🇺🇸 Indicates alignment with the Ohio State Health Assessment (SHA)

N/A – Not Available

†2016 BRFSS Data as compiled by 2018 County Health Rankings

*2015 BRFSS


Adult Trend Summary	Wood County 2018	Change since 2015	Ohio 2016	How does Wood County compare to Ohio average?	U.S. 2016
Alcohol Consumption					
Current drinker (drank alcohol at least once in the past month)	68%	Same	53%	Worse	54%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days) 	27%		18%	Worse	17%
Drove after having too much alcohol to drink	7%	N/A	4%	Worse	4%
Tobacco Use					
Current smoker (currently smoke some or all days) 	11%	Same	23%	Better	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	23%		24%	Worse	25%
Tried to quit smoking	38%		N/A	N/A	N/A
Drug Use					
Adults who used recreational marijuana (in the past 6 months)	6%		N/A	N/A	N/A
Adults who used other recreational drugs (in the past 6 months)	2%		N/A	N/A	N/A
Adults who misused prescription drugs (in the past 6 months)	4%		N/A	N/A	N/A
Sexual Behavior					
Had more than one sexual partner (in the past year)	7%		N/A	N/A	N/A
Preventive Medicine					
Had a pneumonia vaccine (age 65 and older)	76%		75%	Better	73%
Had a flu vaccine in the past year (ages 65 and older) 	74%		57%	Better	58%
Had a mammogram in the past two years (age 40 and older)	63%		74%	Worse	72%
Had a clinical breast exam in the past two years (age 40 and older)	64%		N/A	N/A	N/A
Had a Pap smear in the past three years	73%		82%**	Worse	80%**
Had a digital rectal exam within the past year	17%		N/A	N/A	N/A
Mental Health					
Felt sad or hopeless for two or more weeks in a row	14%		N/A	N/A	N/A
Considered attempting suicide in the past year	2%	Same	N/A	N/A	N/A
Attempted suicide in the past year	0%	Same	N/A	N/A	N/A
Oral Health					
Adults who visited a dentist or dental clinic (in the past year) 	71%		68%	Better	66%
Adults who had one or more permanent teeth removed	31%	N/A	45%	Better	43%
Adults 65 years and older who had all their permanent teeth removed	10%	N/A	17%	Worse	14%
Quality of Life					
Limited in some way because of a major impairment or health problem	38%		N/A	N/A	N/A

 Indicates alignment with the Ohio State Health Assessment (SHA)

N/A – Not Available

**Ohio and U.S. BRFSS reports women ages 21-65

Youth Trend Summary	6 th through 12 th graders		9 th through 12 th graders		
	Wood County 2018	Change since 2015	Wood County 2018	U.S. 2017	How does Wood County compare to the U.S. average?
Weight Control					
Obese 	16%	↓	20%	15%	Worse
Overweight	13%	↓	13%	16%	Better
Overweight or Obese	29%	↓	33%	31%	Worse
Described themselves as slightly or very overweight	30%	↑	32%	32%	Same
Trying to lose weight	45%	↑	47%	47%	Same
Exercised to lose weight (in the past 30 days)	56%	↑	58%	N/A	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight (in the past 30 days)	32%	↑	35%	N/A	N/A
Went without eating for 24 hours or more (in the past 30 days)	6%	↑	6%	N/A	N/A
Took diet pills, powders, or liquids without a doctor's advice (in the past 30 days)	3%	↑	4%	N/A	N/A
Vomited or took laxatives (in the past 30 days)	2%	Same	2%	N/A	N/A
Physically active at least 60 minutes per day on every day (in the past week)	31%	↑	29%	26%	Better
Physically active at least 60 minutes per day on five or more days (in the past week)	54%	↑	53%	46%	Better
Did not participate in at least 60 minutes of physical activity on any day (in the past week)	10%	↓	10%	15%	Better
Tobacco Use					
Ever tried cigarette smoking (even one or two puffs)	14%	↓	23%	29%	Better
Current smoker (smoked on at least one day during the past 30 days)	3%	↓	6%	9%	Better
Tried to quit smoking (of those youth who smoked in the past year)	45%	↓	46%	N/A	N/A
Smoked a whole cigarette before the age of 13 (for the first time of all youth)	5%	↓	7%	10%	Better
Alcohol Consumption					
Ever tried alcohol	38%	↓	52%	60%	Better
Current drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	15%	↓	23%	30%	Better
Binge drinker (drank 5 or more drinks within a couple of hours on at least one day during the past 30 days)	7%	Same	11%	14%	Better
Drank for the first time before age 13 (of all youth)	10%	↓	9%	16%	Better
Rode with a driver who had been drinking alcohol (in a car or other vehicle on one or more occasion during the past 30 days)	12%	↓	14%	17%	Better
Drove when they had been drinking alcohol (of youth drivers on one or more occasion during the past 30 days)	1%	↓	1%	6%	Better
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	36%	↑	40%	N/A	N/A

 Indicates alignment with the Ohio State Health Assessment (SHA)

N/A – Not Available

Youth Trend Summary	6 th through 12 th graders		9 th through 12 th graders		
	Wood County 2018	Change since 2015	Wood County 2018	U.S. 2017	How does Wood County compare to the U.S. average?
Drug Use					
Youth who used marijuana (in the past month)	9%	↑	14%	20%	Better
Used methamphetamines (in their lifetime)	1%	↑	1%	3%	Better
Used cocaine (in their lifetime)	2%	↑	3%	5%	Better
Used heroin (in their lifetime)	0%	Same	0%	2%	Better
Used steroids (in their lifetime)	2%	↑	3%	3%	Same
Used inhalants (in their lifetime)	3%	Same	4%	6%	Better
Used ecstasy/MDMA/molly (in their lifetime)	1%	↓	1%	4%	Better
Ever misused medications (in their lifetime)	5%	↓	8%	14%	Better
Ever been offered, sold, or given an illegal drug by someone on school property (in the past year)	6%	↑	8%	20%	Better
Sexual Behavior					
Ever had sexual intercourse	20%	↓	35%	40%	Better
Used a condom at last intercourse	54%	↓	58%	54%	Better
Used birth control pills at last intercourse	34%	↑	38%	21%	Better
Used an IUD to prevent pregnancy before last sexual intercourse	5%	↑	5%	4%	Better
Used a shot, patch or birth control ring to prevent pregnancy before last intercourse	4%	↑	4%	5%	Worse
Did not use any method to prevent pregnancy during last sexual intercourse	9%	↑	10%	14%	Better
Had four or more sexual partners (of all youth)	4%	↓	7%	10%	Better
Had sexual intercourse before age 13 (of all youth)	2%	↓	1%	3%	Better
Drank alcohol or used drugs before last sexual intercourse (of sexually active youth)	9%	↓	9%	19%	Better
Mental Health					
Seriously considered attempting suicide (in the past 12 months)	19%	↑	20%	17%	Worse
Attempted suicide (in the past 12 months)	5%	↓	4%	7%	Better
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	27%	↑	28%	32%	Better
Social Determinants of Health					
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	78%	↓	78%	N/A	N/A
Suffered a blow or jolt to their head while playing with a sports team	15%	↑	14%	N/A	N/A
Unintentional Injuries and Violence					
Carried a weapon (in the past month)	9%	↓	10%	16%	Better
Had been in a physical fight (in the past year)	21%	↑	17%	24%	Better
Electronically bullied (in the past year)	12%	↑	11%	15%	Better
Bullied (in the past year)	37%	↓	34%	N/A	N/A
Bullied on school property (in past the year)	23%	↑	22%	19%	Worse
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend (in the past year)	2%	↓	4%	8%	Better

N/A-Not Available

Child Trend Summary – Ages 0 to 5 years	Wood County 2018	Change since 2012	Ohio 2016	How does Wood County compare to Ohio average?	U.S. 2016
Health and Functional Status					
Rated health as excellent or very good	98%	↑	94%	Better	93%
Dental care visit in past year	53%	↓	54%*	Worse	59%*
Diagnosed with ADHD/ADD	1%	Same	2%**	Better	3%**
Diagnosed with asthma 🇺🇸	6%	↓	9%	Better	6%
Diagnosed with autism or autism spectrum disorder (ASD)	1%	Same	N/A	N/A	2%*
Diagnosed with behavioral or conduct problems	3%	↑	3%**	Same	5%**
Diagnosed with a head injury, brain injury, or concussion	1%	Same	N/A	N/A	1%
Health Care Access					
Been to doctor for preventive care in past year	100%	↑	91%	Better	89%
Received all the medical care they needed	94%	↓	N/A	N/A	98%
Early Childhood					
Never breastfed their child	11%	↓	30%	Better	21%
Family member read to child every day in the past week	54%	↑	39%	Better	38%
Family and Community Characteristics					
Family eats a meal together every day of the week	38%	↓	51%	Worse	53%
Child experienced two or more ACEs 🇺🇸	7%	N/A	18%	Better	12%
Parent definitely agreed that their child lived in a safe neighborhood	87%	N/A	64%	Better	63%

* Ages 1-5

** Ages 3-5

Child Trend Summary – Ages 6 to 11 years	Wood County 2018	Change since 2012	Ohio 2016	How does Wood County compare to Ohio average?	U.S. 2016
Health and Functional Status					
Rated health as excellent or very good	93%	↑	91%	Better	89%
Dental care visit in past year	93%	↓	95%	Worse	91%
Diagnosed with ADHD/ADD	12%	↑	13%	Better	9%
Diagnosed with asthma 🇺🇸	9%	↓	16%	Better	15%
Diagnosed with autism or autism spectrum disorder (ASD)	4%	↑	N/A	N/A	3%
Diagnosed with behavioral or conduct problems	4%	↑	13%	Better	11%
Diagnosed with a head injury, brain injury, or concussion	2%	Same	N/A		2%
Health Care Access					
Been to doctor for preventive care in past year	91%	↑	83%	Better	79%
Received all the medical care they needed	93%	↓	N/A		97%
Middle Childhood					
Child participated in one or more after school or weekend activities	63%	↓	82%	Worse	76%
Child did not miss any days of school because of illness or injury	16%	↑	26%	Worse	29%
Did not engage in any physical activity during the past week	4%	↑	3%	Worse	5%
Parent definitely agreed that their child was safe at school	72%	N/A	77%	Worse	79%
Family and Community Characteristics					
Family eats a meal together every day of the week	33%	Same	43%	Worse	45%
Child experienced two or more ACEs 🇺🇸	6%	N/A	29%	Better	23%
Parent definitely agreed that their child lived in a safe neighborhood	78%	N/A	66%	Better	62%

🇺🇸 Indicates alignment with the Ohio State Health Assessment (SHA)

N/A – Not Available

Executive Summary

This executive summary provides an overview of health-related data for Wood County adults (19 years of age and older), youth (ages 12-18), and children (ages 0-11) who participated in a county-wide health assessment survey during February 2018 through April 2018. 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), Youth Risk Behavior Surveillance System (YRBSS), and the National Survey of Children's Health (NSCH), which was developed by the Child and Adolescent Health Measurement Initiative. The Hospital Council of Northwest Ohio (HCNO) collected the data, guided the health assessment process, and integrated sources of primary and secondary data into the final report.

Public Health Accreditation Board (PHAB)

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) requires Community Health Assessments (CHAs) to be completed at least every five years. The purpose of the community health assessment is to learn about the community: the health of the population, identify areas for health improvement, identify contributing factors that impact health outcomes, and identify community assets and resources that can be mobilized to improve population health.

PHAB standards highly recommend that national models of methodology are utilized in compiling CHAs. The 2018 CHA was completed using the National Association of County and City Health Officials (NACCHO) Mobilizing Action through Partnerships and Planning (MAPP) process. MAPP is a community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors.

This assessment includes a variety of data and information from various sources, focusing on primary data at the county level. Supporting data, such as secondary data, demographics, health disparities (including age, gender, and income-based disparities), and social determinants of health, can be found throughout the report. For a more detailed approach on primary data collection methods, please see the section below.

Primary Data Collection Methods

DESIGN

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

INSTRUMENT DEVELOPMENT

Three survey instruments were designed, and pilot tested for this study: one for adults, one for adolescents in grades 6-12, and one for parents of children ages 0-11. As a first step in the design process, health education researchers from the University of Toledo and staff members from HCNO 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, adolescents, and children. The investigators decided to derive the majority of the adult survey items from the BRFSS, the majority of the adolescent survey items from the YRBSS, and the majority of the survey items for the parents of children 0-11 from the NSCH. This decision was based on being able to compare local data with state and national data.

The project coordinator from HCNO conducted a series of meetings with Wood County Health Partners. During these meetings, HCNO and the planning committee reviewed and discussed banks of potential survey questions from the BRFSS, YRBSS, and NSCH surveys. Based on input from Wood County Health Partners, the project coordinator composed drafts of surveys containing 114 items for the adult survey, 73 items for the adolescent survey, and 78 items for the 0-11 survey. Health education researchers from the University of Toledo reviewed and approved the drafts.

SAMPLING | Adult Survey

The sampling frame for the adult survey consisted of adults ages 19 and over living in Wood County. There were 95,618 persons ages 19 and over living in Wood 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 383 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Wood County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

SAMPLING | Adolescent Survey

The sampling frame for the adolescent survey consisted of youth in grades 6-12 in Wood County public school districts. For more information on participating districts and schools, see Appendix IV. Using the U.S. Census Bureau data, it was determined that approximately 12,433 youth ages 12-18 years old lived in Wood County. A sample size of 373 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

SAMPLING | 0-11 Survey

The sampling frame for the child survey consisted of children ages 0-11 residing in Wood County. Using U.S. Census Bureau data, it was determined that 17,437 children ages 0-11 resided in Wood County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error). Because many of the items were identical between the 0-5 and 6-11 surveys, the responses were combined to analyze data for children 0-11. The sample size required to generalize to children aged 0-11 was 376. The random sample of mailing addresses of parents from Wood County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

PROCEDURE | Adult Survey

Prior to mailing the survey to adults, the project team mailed an advance letter to 1,200 adults in Wood County. This advance letter was personalized, printed on Wood County Health Partners stationery and signed by Benjamin Batey, Wood County Health Commissioner, and Stan Korducki, President and CEO of Wood County Hospital. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

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

The response rate for the mailing was 40% (n=431; CI=± 4.72). 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 participating superintendents. Schools and grades were randomly selected. To ensure that students in a particular grade had an equal chance of being selected, the research team used “general” school classes like English or Health to distribute surveys. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 96% (n=509: CI=± 4.25).

PROCEDURE | Children 0-5 and 6-11

Prior to mailing the survey to parents of 0-11-year-olds, the project team mailed an advance letter to 2,400 parents in Wood County. This advance letter was personalized, printed on Wood County Health Partners stationery, and signed by Benjamin Batey, Wood County Health Commissioner and Stan Korducki, President and CEO of Wood County Hospital. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Three weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Wood County Health Partners stationery) describing the purpose of the study, a questionnaire printed on white paper, a self-addressed stamped return envelope, and a \$2 incentive. Approximately three weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging the recipient to reply, another copy of the questionnaire on white paper, and another reply envelope. A third wave postcard was sent three weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent. The response rate was 17% (n=316: CI=± 5.44).

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using SPSS 23.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Wood County, the adult data collected was weighted by age, gender, race, and income using 2016 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 Wood 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 Wood County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

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

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

Lastly, caution should be used when interpreting subgroup results, as the margin of error for any subgroup is higher than that of the overall survey.

Secondary Data Collection Methods


HCNO collected secondary data from over 50 websites, including county-level data, wherever possible. HCNO utilized sites such as the Ohio Department of Health database, Behavioral Risk Factor Surveillance System (BRFSS), numerous CDC sites, The United States Census Bureau, American Community Survey, American Cancer Society, American Diabetes Association, Healthy People 2020, County Health Rankings, Job & Family Services (Individual & Family Services), among other sources. Most secondary data are from 2014-2016. All primary data collected in this report is from the 2018 Wood County Community Health Assessment. All other data is cited accordingly.

Healthy People 2020

Healthy People 2020 provides science-based, 10-year objectives for improving the health of all Americans that are applicable at the national, state and local levels. For 3 decades, Healthy People 2020 has established benchmarks and monitored progress over time to: encourage collaborations across communities and sectors, empower individuals toward making informed health decisions, and measure the impact of prevention activities. The 2018 Wood County Community Health Assessment indicators that directly align with the Healthy People 2020 objectives will be represented throughout this report and will serve as one way to measure progress.

2016 Ohio State Health Assessment (SHA)

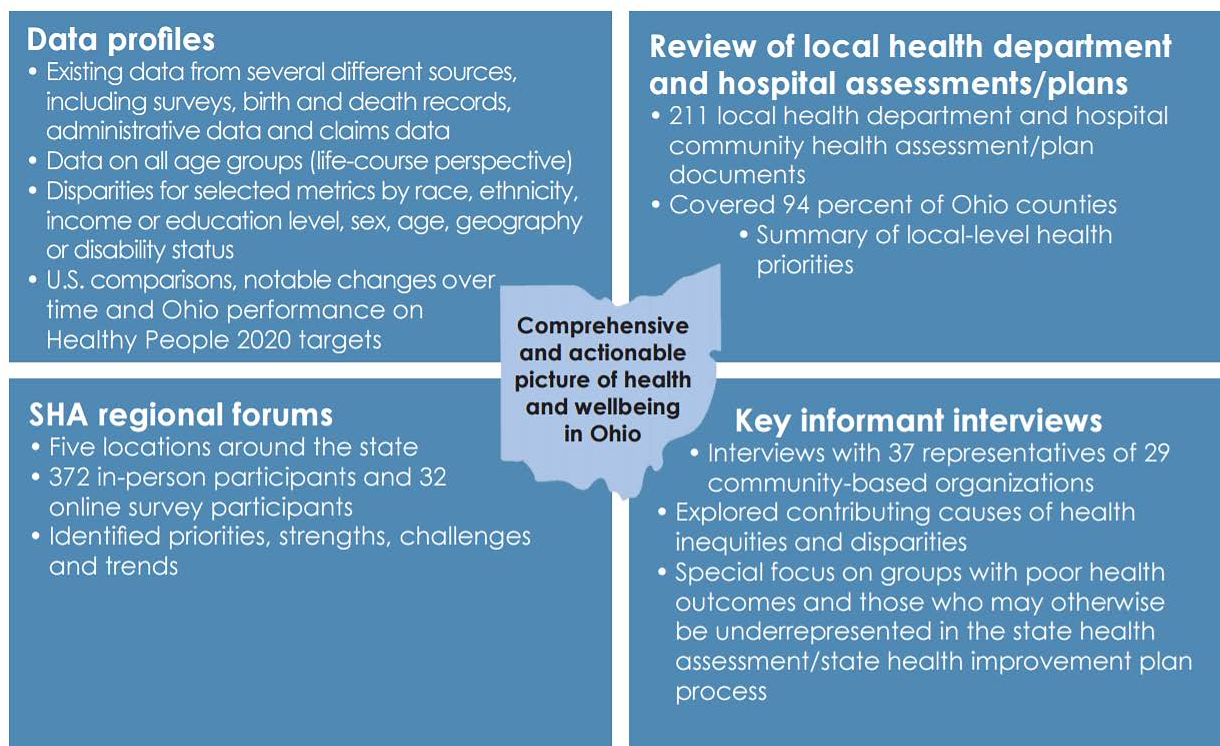
The 2016 Ohio State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, a review of local health department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

Similar to the 2016 Ohio SHA, the 2018 Wood County Community Health Assessment (CHA) examined a variety of metrics from various areas of health including but not limited to, health behaviors, chronic disease, access to health care, and social determinants of health. Additionally, the CHA studied themes and perceptions from local public health stakeholders from a wide variety of sectors. **Note: This symbol  will be displayed in the trend summary when an indicator directly aligns with the 2016 Ohio SHA.**

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

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

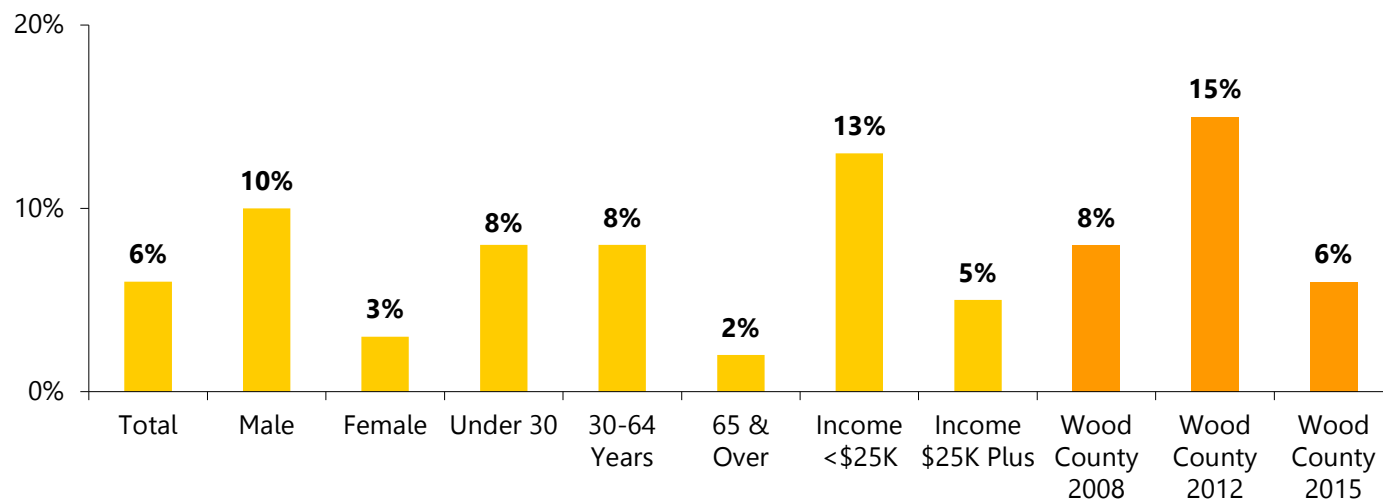
FIGURE 1.1 | State Health Assessment (SHA) Sources of Information



HEALTH CARE COVERAGE

In 2018, 6% of Wood County adults were without health care coverage. Those most likely to be uninsured were adults with an income of less than \$25,000 a year.

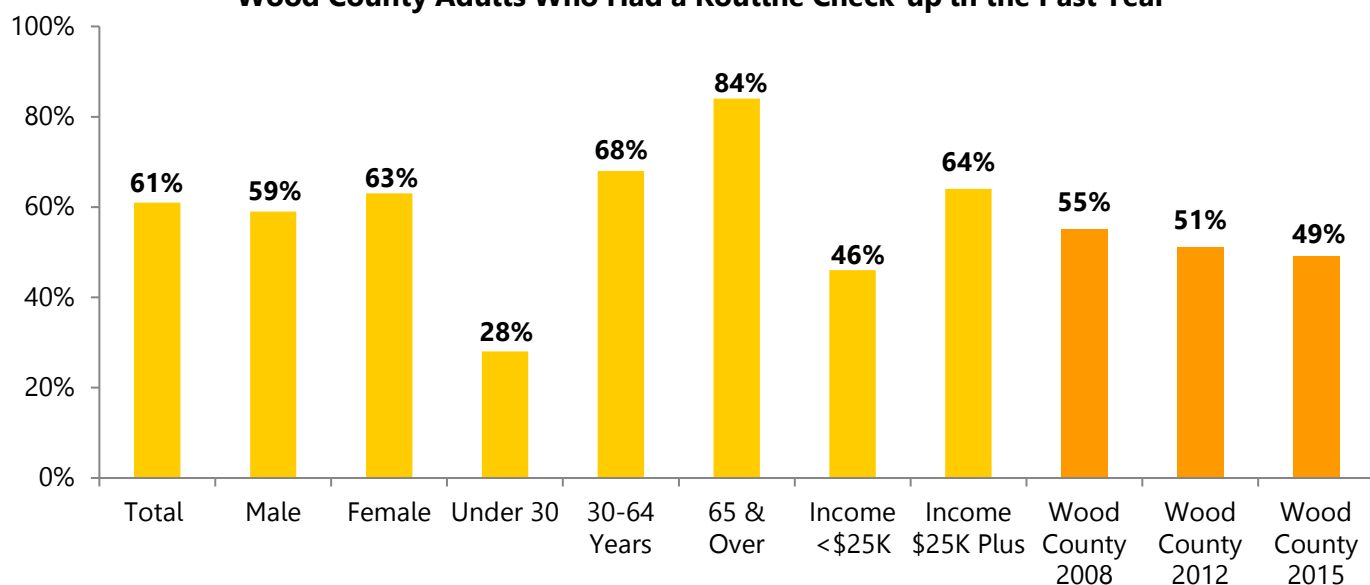
Uninsured Wood County Adults



ACCESS AND UTILIZATION

In 2018, 61% of Wood County adults had visited a doctor for a routine checkup. Fifteen percent (15%) of adults looked for a program to help with depression, anxiety, or other mental health problem.

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



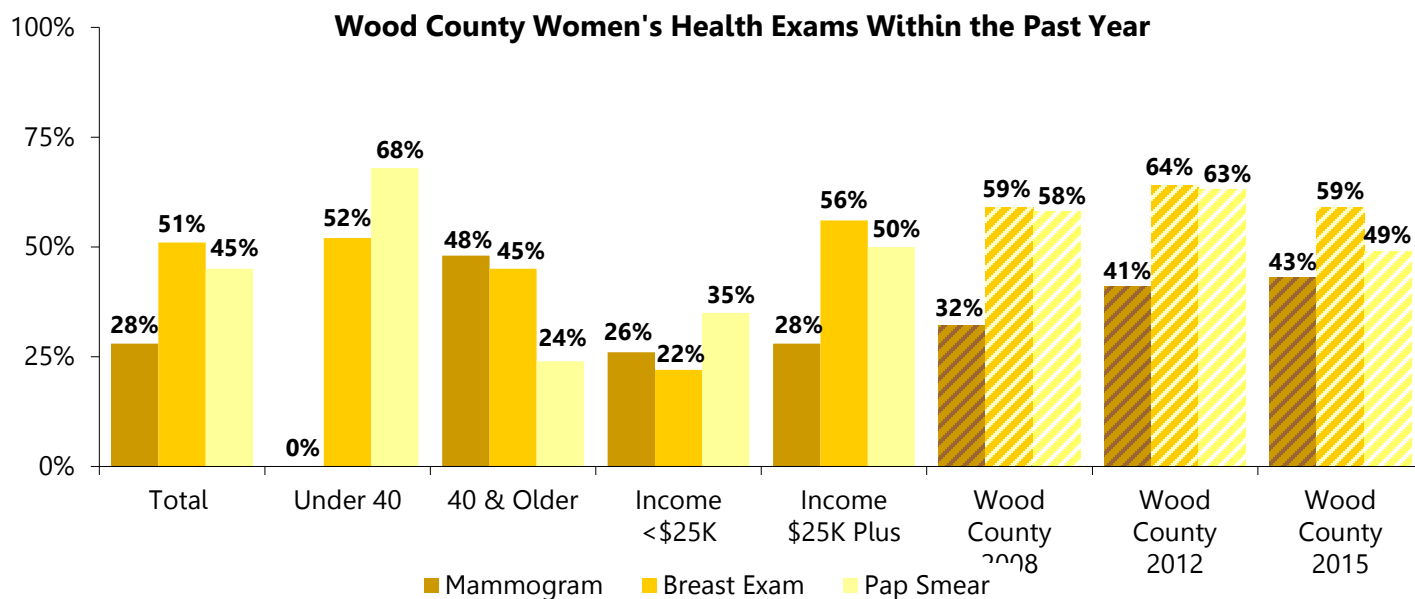
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

PREVENTIVE MEDICINE

Nearly three-fourths (74%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. Half (50%) of adults had a flu vaccine in the past year.

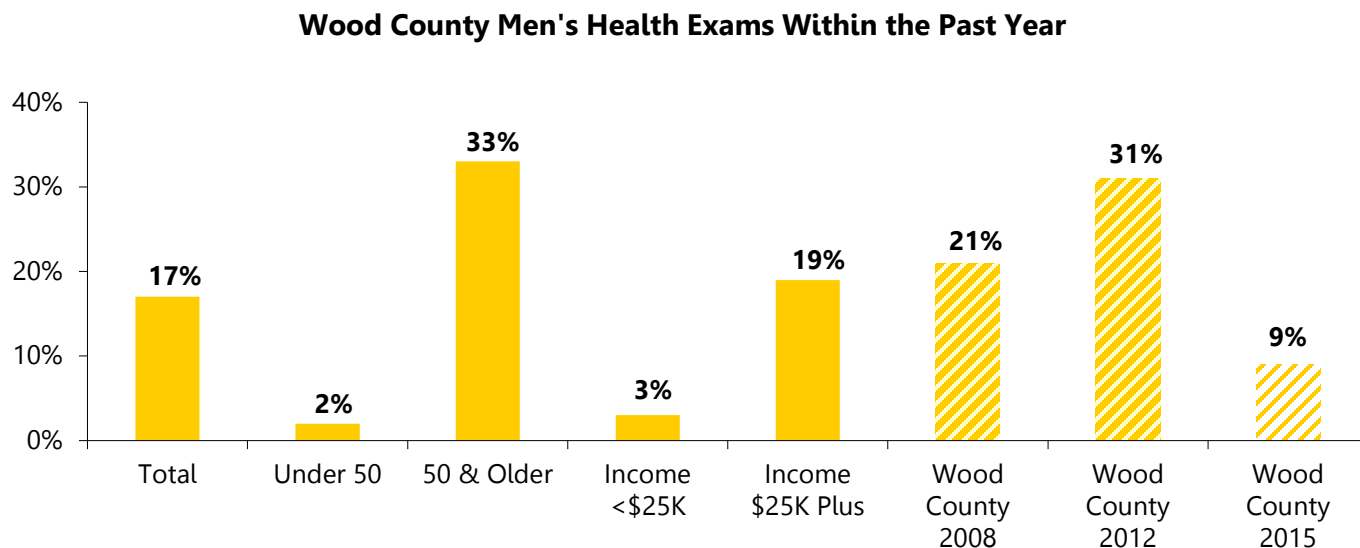
WOMEN'S HEALTH

In 2018, 48% of Wood County women older than 40 reported having a mammogram in the past year. Fifty-one percent (51%) of women had a clinical breast exam and 45% had a Pap smear to detect cancer of the cervix in the past year. Two percent (2%) of women survived a heart attack and 2% survived a stroke at some time in their life. More than one-third (37%) were obese, 32% had high blood pressure, 28% had high blood cholesterol, and 10% were identified as current smokers, all of which are known risk factors for cardiovascular diseases.



MEN'S HEALTH

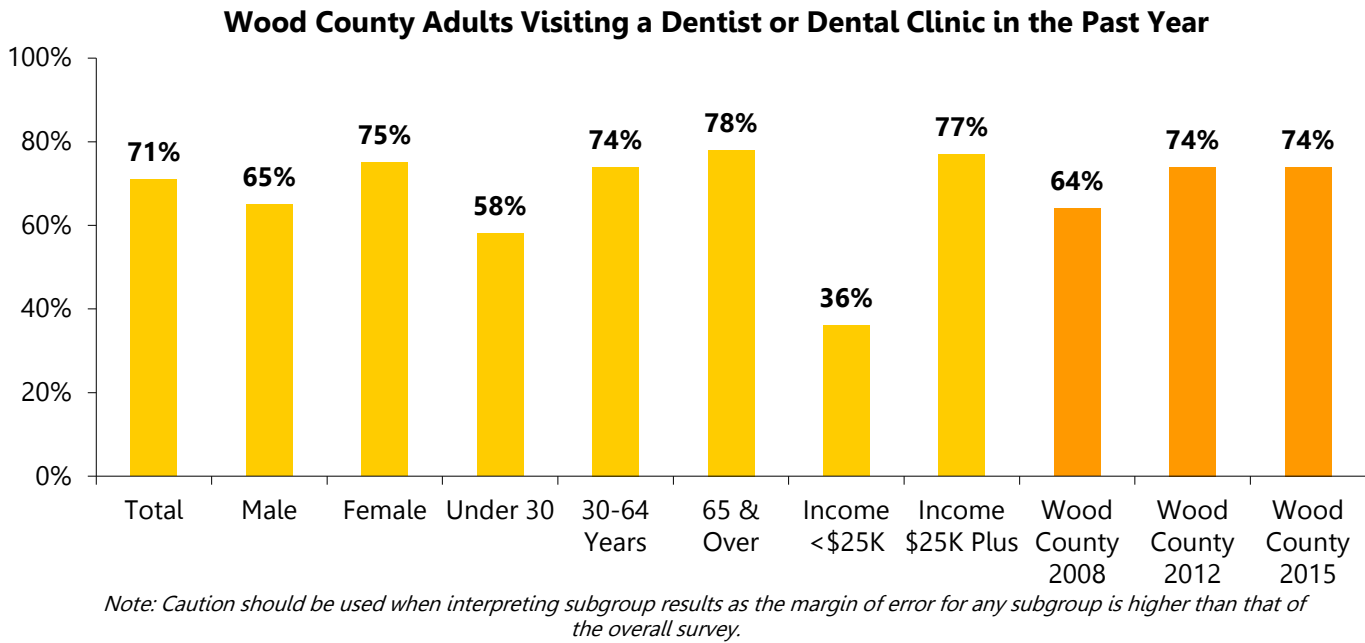
Half (50%) of Wood County men had a digital rectal exam in their lifetime, and 17% had one in the past year. More than one-third (38%) of men had been diagnosed with high blood pressure, 37% had high blood cholesterol, and 13% were identified as current smokers, which, along with obesity (40%), are known risk factors for cardiovascular diseases.



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

ORAL HEALTH

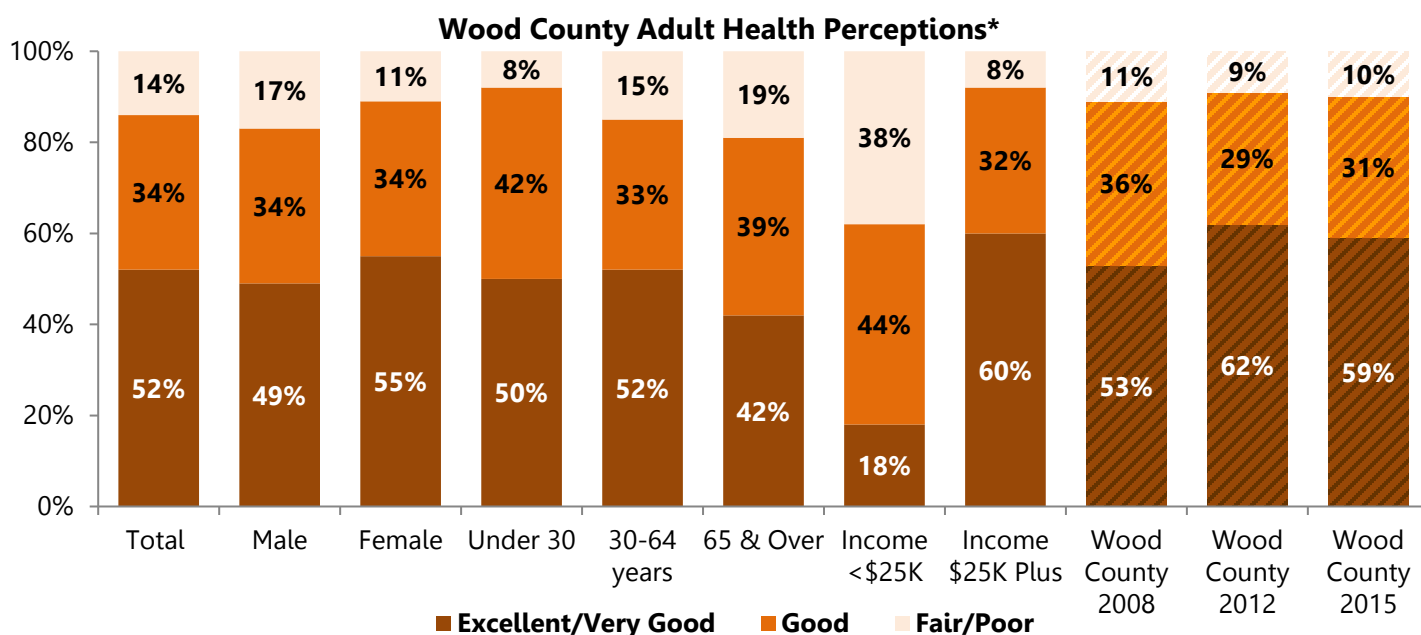
More than two-thirds (71%) of Wood County adults had visited a dentist or dental clinic in the past year. The top three reasons adults gave for not visiting a dentist in the past year were fear, apprehension, nervousness, pain and dislike going (20%); had no oral health problems (15%); and cost (11%).



Data Summary | Health Behaviors

HEALTH STATUS PERCEPTIONS

In 2018, 52% of Wood County adults rated their health status as excellent or very good. Conversely, 14% of adults described their health as fair or poor, increasing to 38% of those with incomes less than \$25,000.

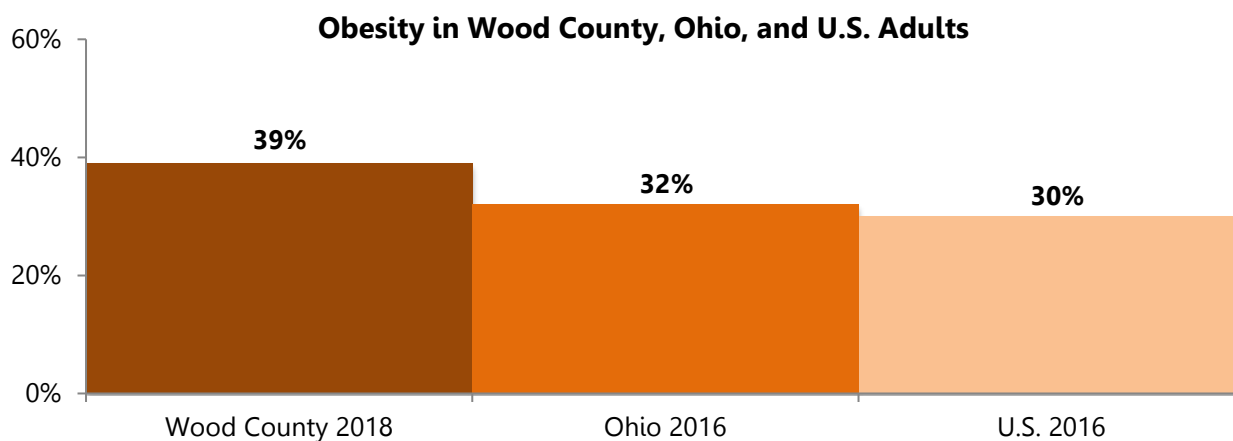


*Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

ADULT WEIGHT STATUS

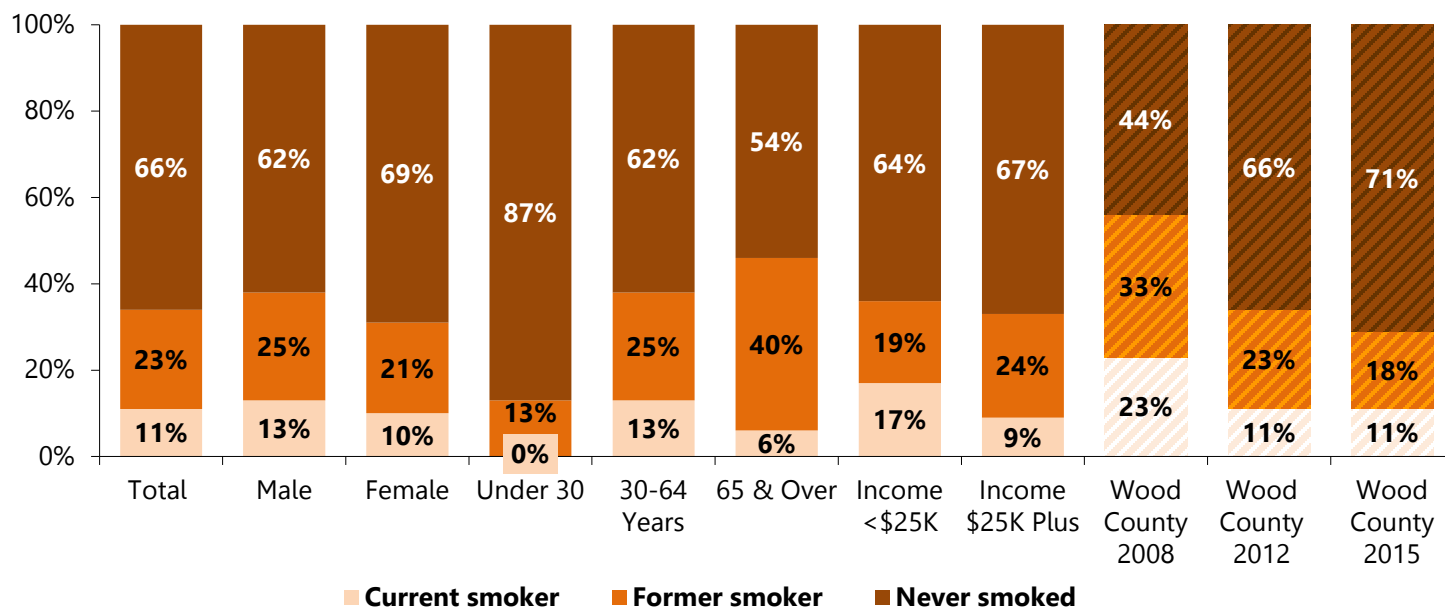
In 2018, 72% of Wood County adults were overweight or obese based on Body Mass Index (BMI). One-quarter (25%) of adults did not participate in any physical activity in the past week, including 3% who were unable to exercise.



ADULT TOBACCO USE

In 2018, 11% of Wood County adults were current smokers and 23% were considered former smokers. Six percent (6%) of adults used e-cigarettes in the past year. Thirty-eight percent (38%) of smokers reported trying to quit in the past year.

Wood County Adult Smoking Behaviors*

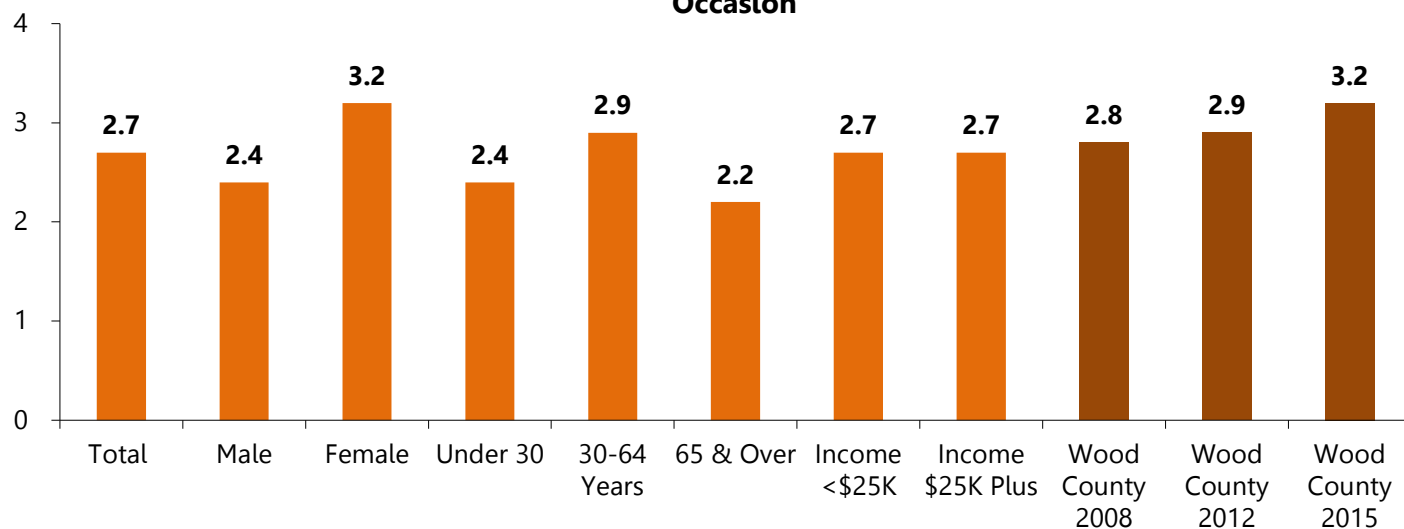


**Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days or not at all?"*

ADULT ALCOHOL CONSUMPTION

Sixty-eight percent (68%) of Wood County adults had at least one alcoholic drink in the past month and would be considered current drinkers. More than one-fourth (27%) of Wood County adults were considered binge drinkers (defined as five or more drinks for males or four or more for females on one occasion) in the past month.

Wood County Adult Average Number of Drinks Consumed Per Drinking Occasion

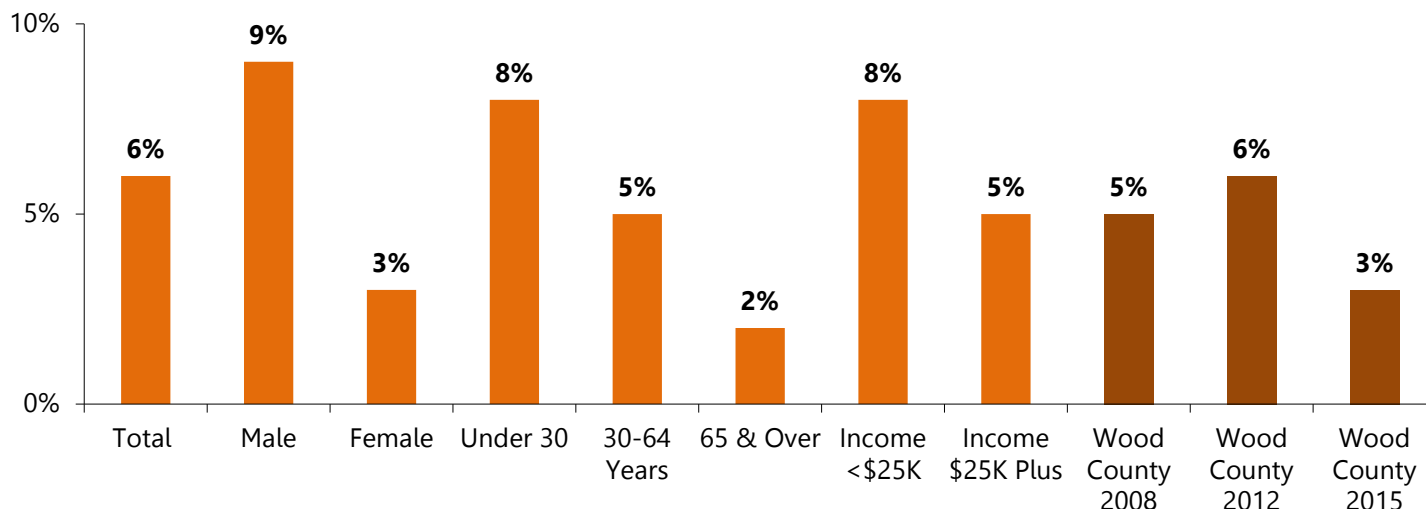


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

ADULT DRUG USE

In 2018, 6% of Wood County adults had used recreational marijuana during the past 6 months. Four percent (4%) of adults had used medication not prescribed for them or took more than prescribed to feel good, high, more active, and/or alert during the past 6 months.

Wood County Adult Marijuana Use in Past 6 Months



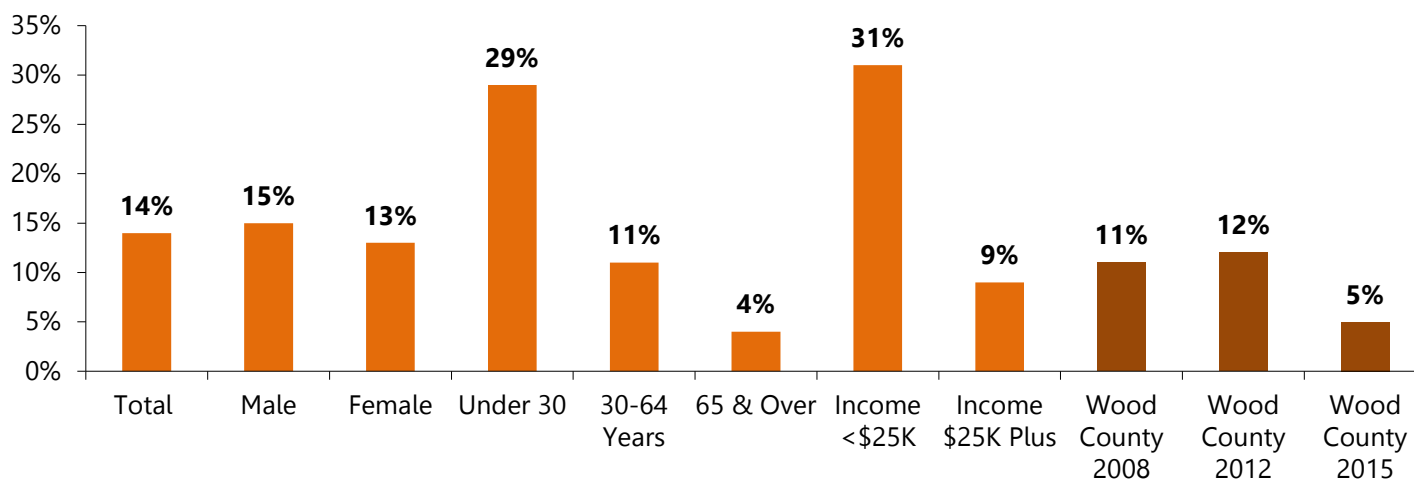
ADULT SEXUAL BEHAVIOR

In 2018, 70% of Wood County adults had sexual intercourse in the past year. Seven percent (7%) of adults had more than one partner. Five percent (5%) of adults had been forced to have sexual intercourse when they did not want to.

ADULT MENTAL HEALTH

In 2018, 2% of Wood County adults considered attempting suicide. Eleven percent (11%) of Wood County adults had used a program or service to help with depression, anxiety, or other emotional problems for themselves or a loved one.

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

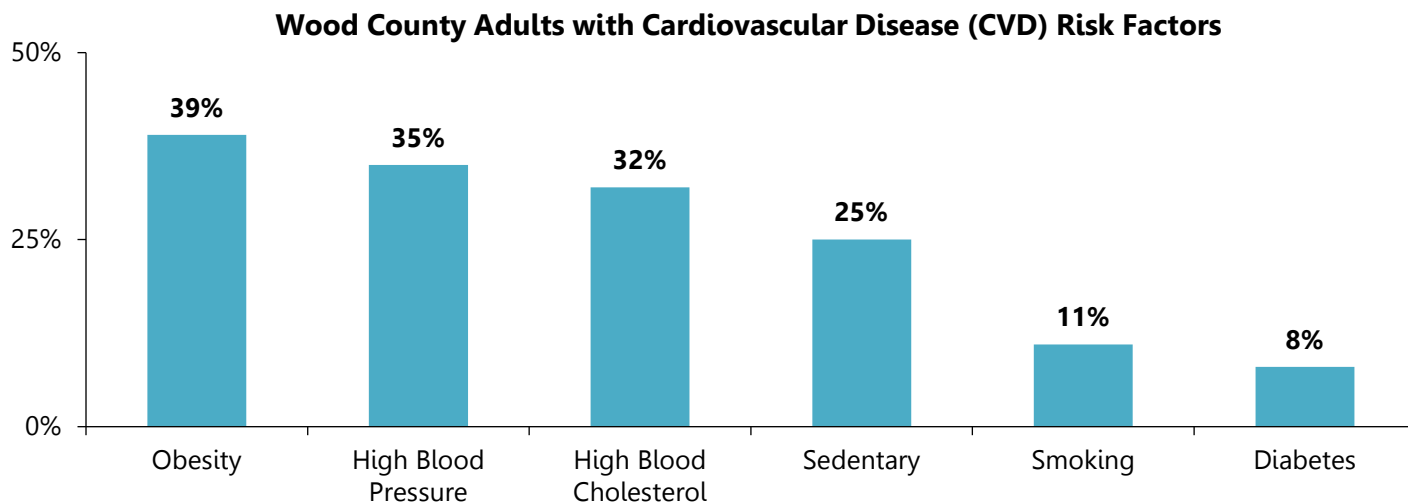


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

In 2018, 3% of Wood County adults had survived a heart attack and 2% had survived a stroke at some time in their lives. Thirty-nine percent (39%) of Wood County adults were obese, 35% had high blood pressure, 32% had high blood cholesterol, and 11% were current smokers, four known risk factors for heart disease and stroke.

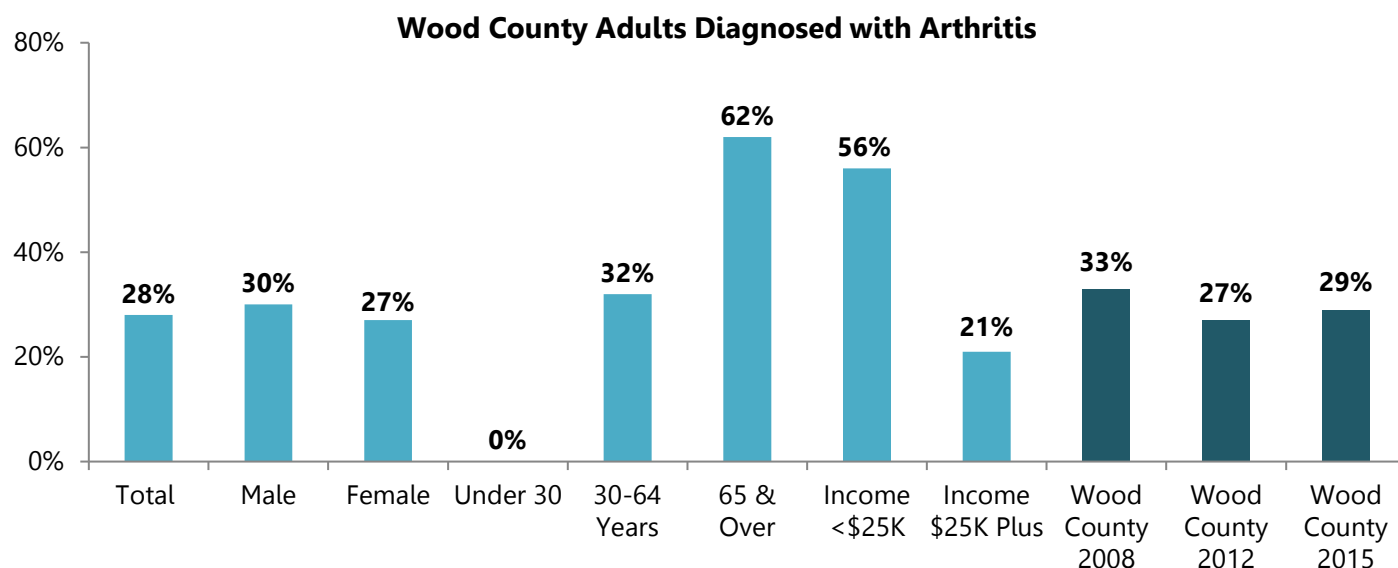


CANCER

In 2018, 14% of Wood County adults had been diagnosed with cancer at some time in their lives.

ARTHRITIS

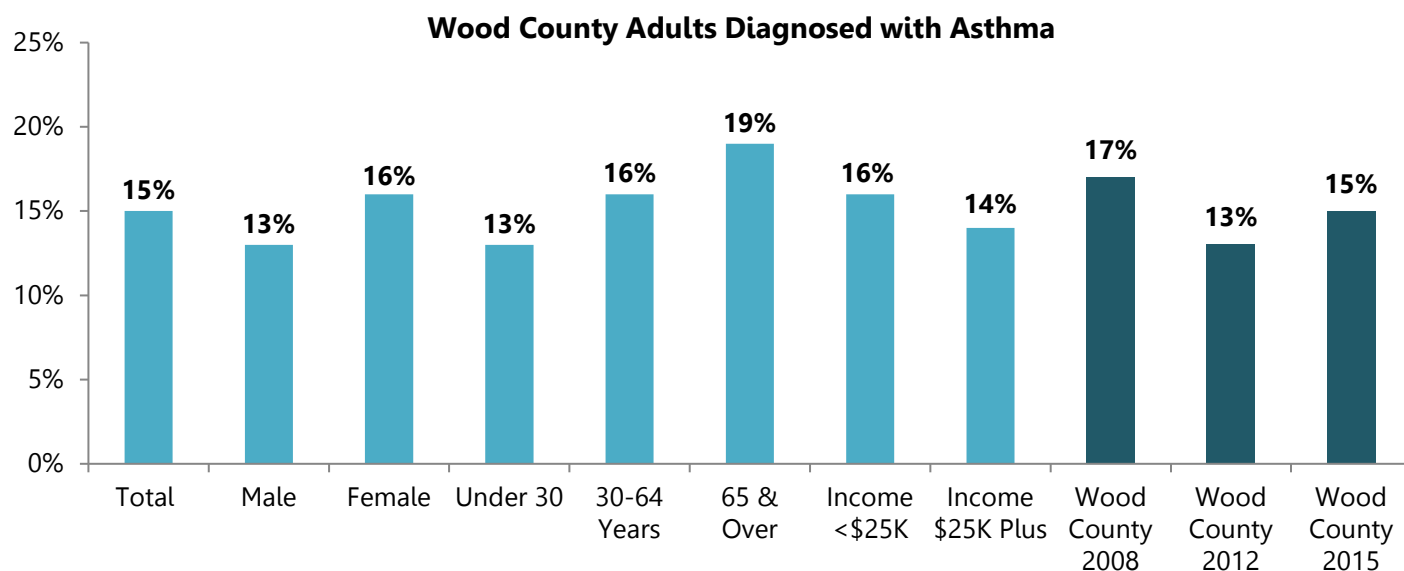
More than one-quarter (28%) of Wood County adults were diagnosed with arthritis.



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

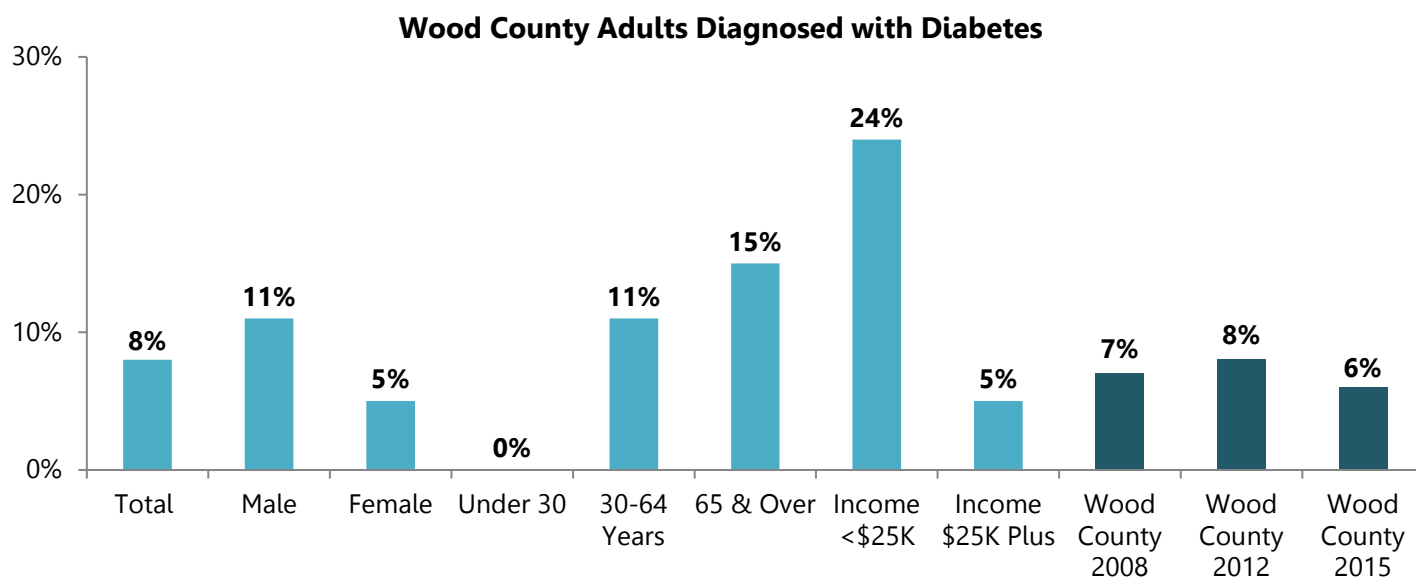
ASTHMA

Fifteen percent (15%) Wood County adults had been diagnosed with asthma.



DIABETES

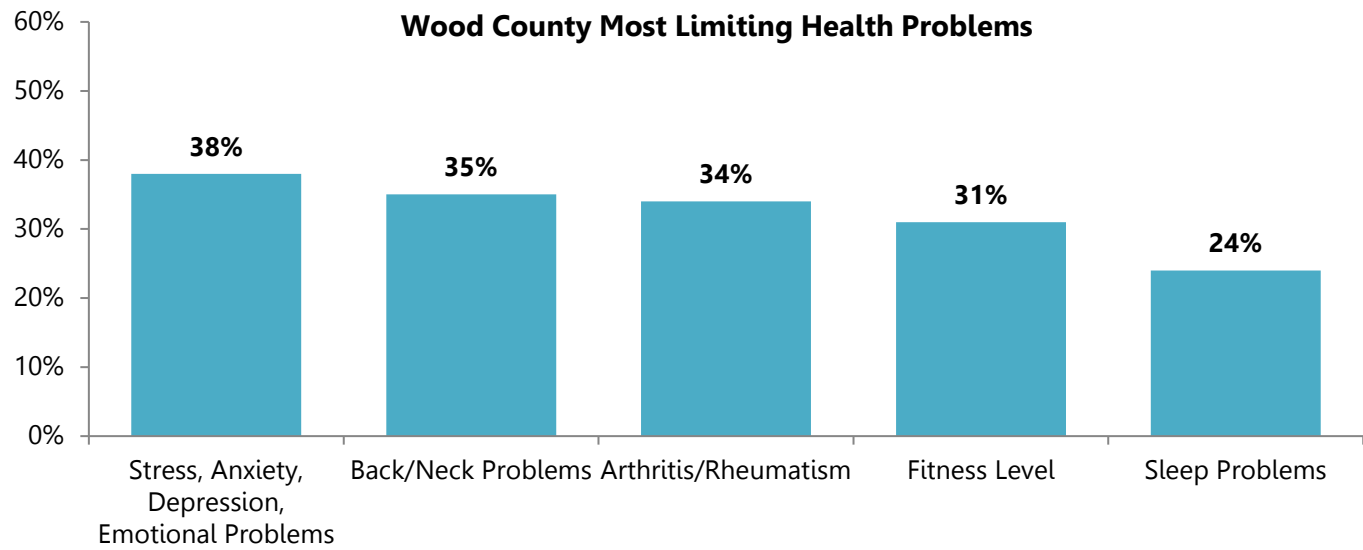
In 2018, 8% of Wood County adults had been diagnosed with diabetes. More than one-fourth (29%) of adults with diabetes rated their health as fair or poor.



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

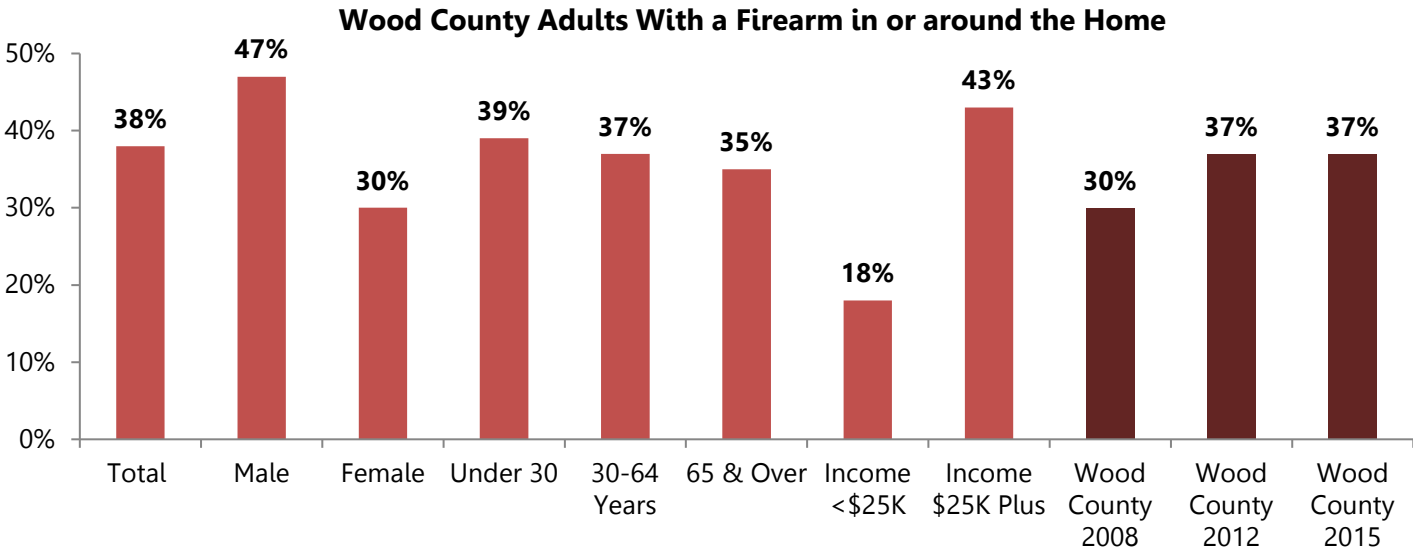
QUALITY OF LIFE

In 2018, the five most limiting health problems were stress, anxiety, depression, or emotional problems (38%); back or neck problems (35%); arthritis (34%); fitness level (31%); and sleep problems (24%).



SOCIAL DETERMINANTS OF HEALTH

In 2018, 2% of Wood County adults were abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). One-in-ten (10%) adults received assistance for healthcare in the past year. More than one-third (38%) of Wood County adults kept a firearm in or around their home.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

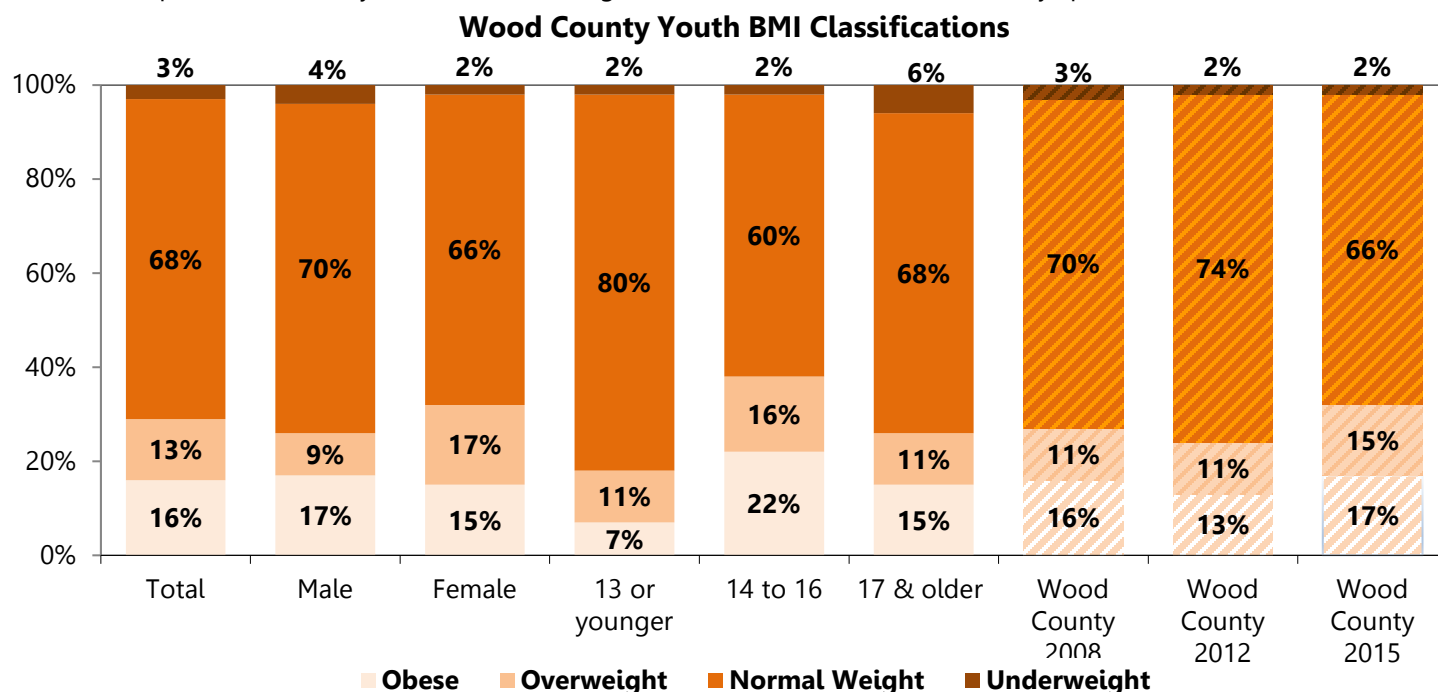
ENVIRONMENTAL HEALTH

Wood County adults reported the following as the top three environmental issues that threatened their health in the past year: insects (11%), mold (6%), and moisture issues (6%). Eighty-nine percent (89%) of adults reported they had a working smoke detector in their home.

Data Summary | Youth Health

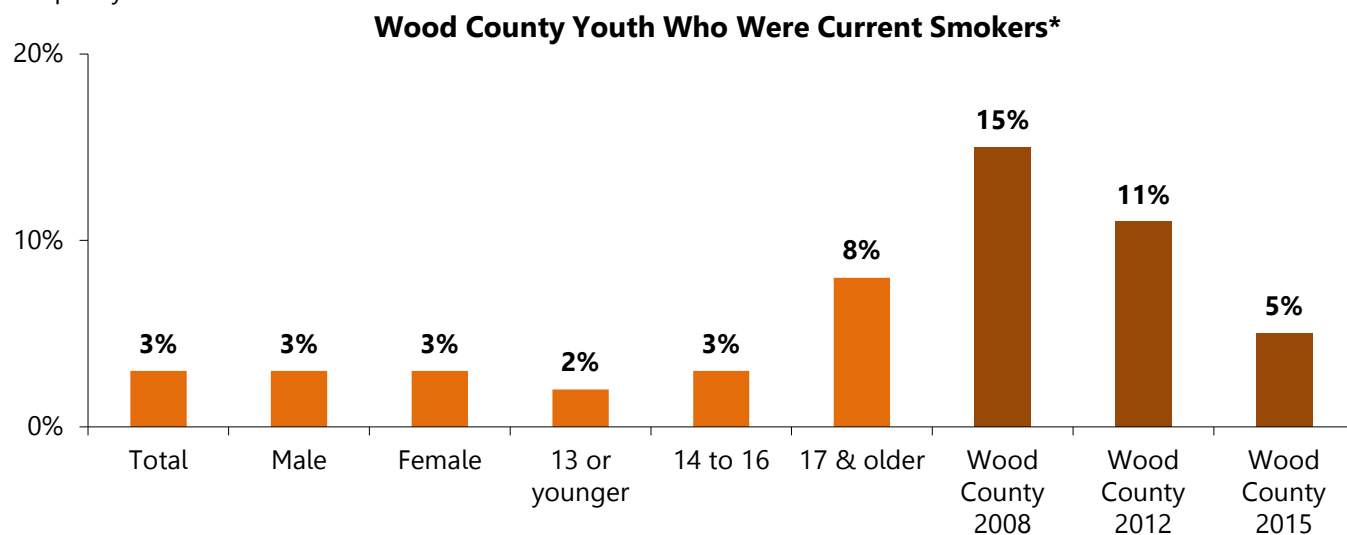
YOUTH WEIGHT STATUS

In 2018, 16% of Wood County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 30% of Wood County youth reported that they were slightly or very overweight. More than three-quarters (78%) of youth were exercising for 60 minutes on three or more days per week.



YOUTH TOBACCO USE

In 2018, 3% of Wood County youth were current smokers, having smoked at some time in the past 30 days. The average age of onset for smoking was 13.3 years old. Fourteen percent (14%) of youth used e-cigarettes/vapes in the past year.

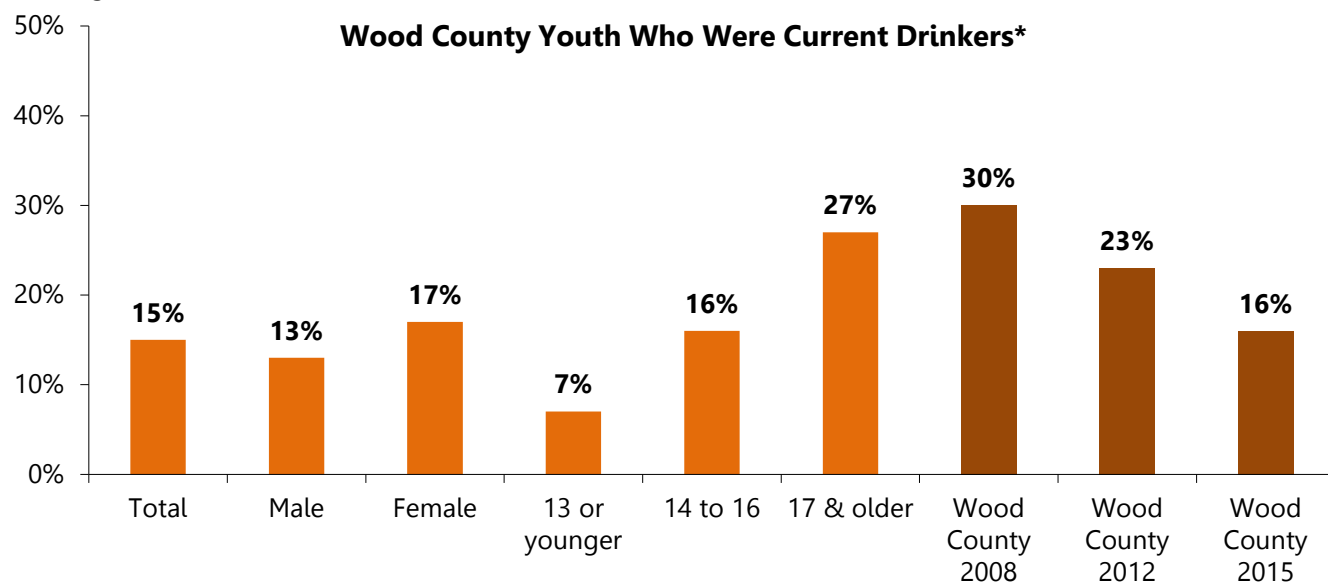


*Current smokers indicate youth who self-reported smoking at any time during the past 30 days.

Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

YOUTH ALCOHOL USE

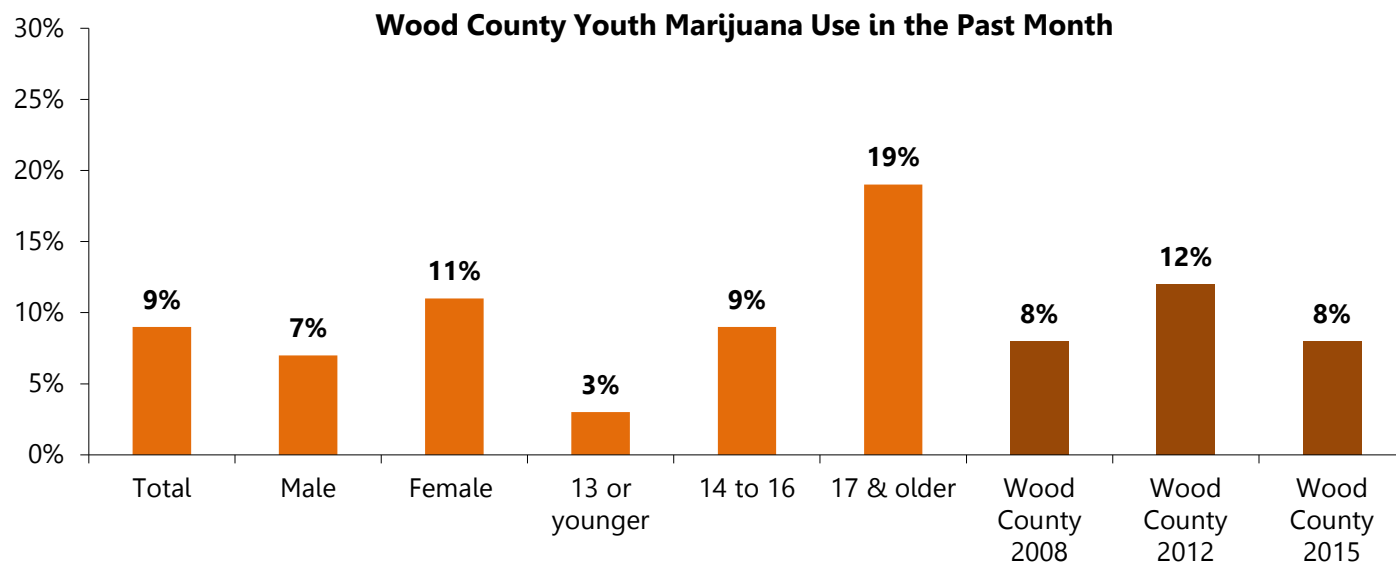
Fifteen percent (15%) of Wood County youth had at least one drink of alcohol in the past 30 days, increasing to 27% of those over the age of 17. Forty-six percent (46%) of youth who reported drinking in the past 30 days had at least one episode of binge drinking. In the past month, 1% of all youth drivers had driven a car after they had been drinking alcohol.



**Current drinker is defined as any individual who has had at least one alcoholic beverage in the past 30 days.*

YOUTH DRUG USE

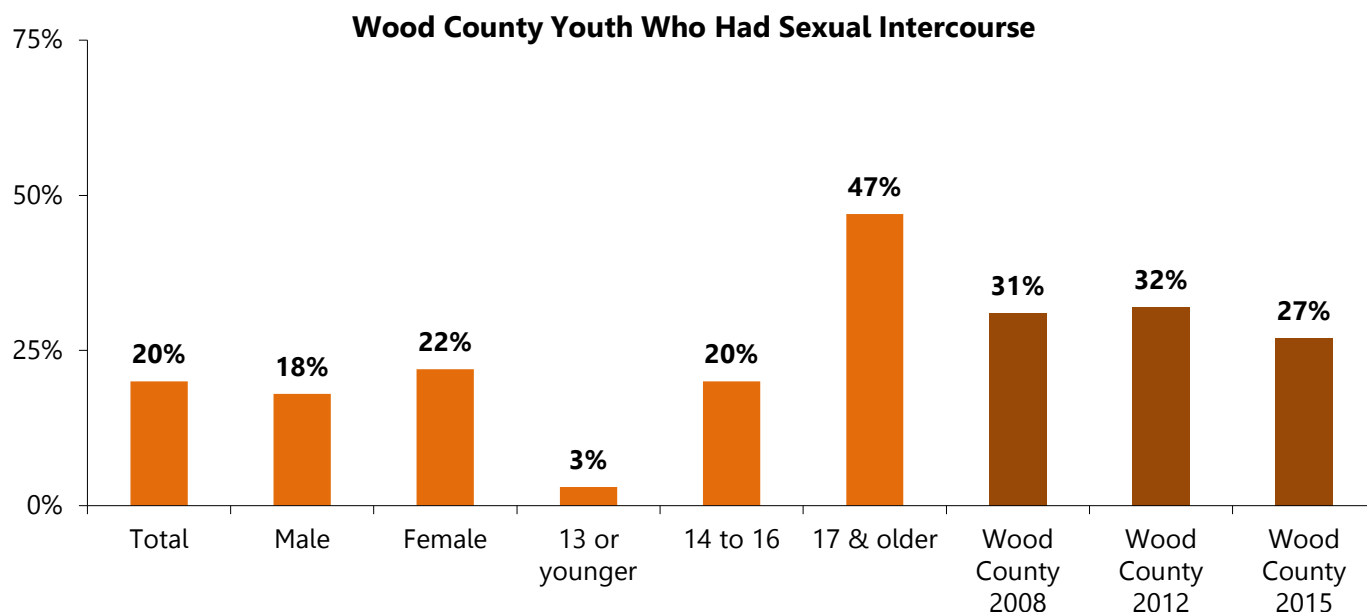
In 2018, 9% of Wood County youth had used marijuana at least once in the past 30 days, increasing to 19% of those ages 17 and older. Five percent (5%) of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life. In the past 12 months, 6% of youth reported being offered, sold, or given an illegal drug on school property.



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

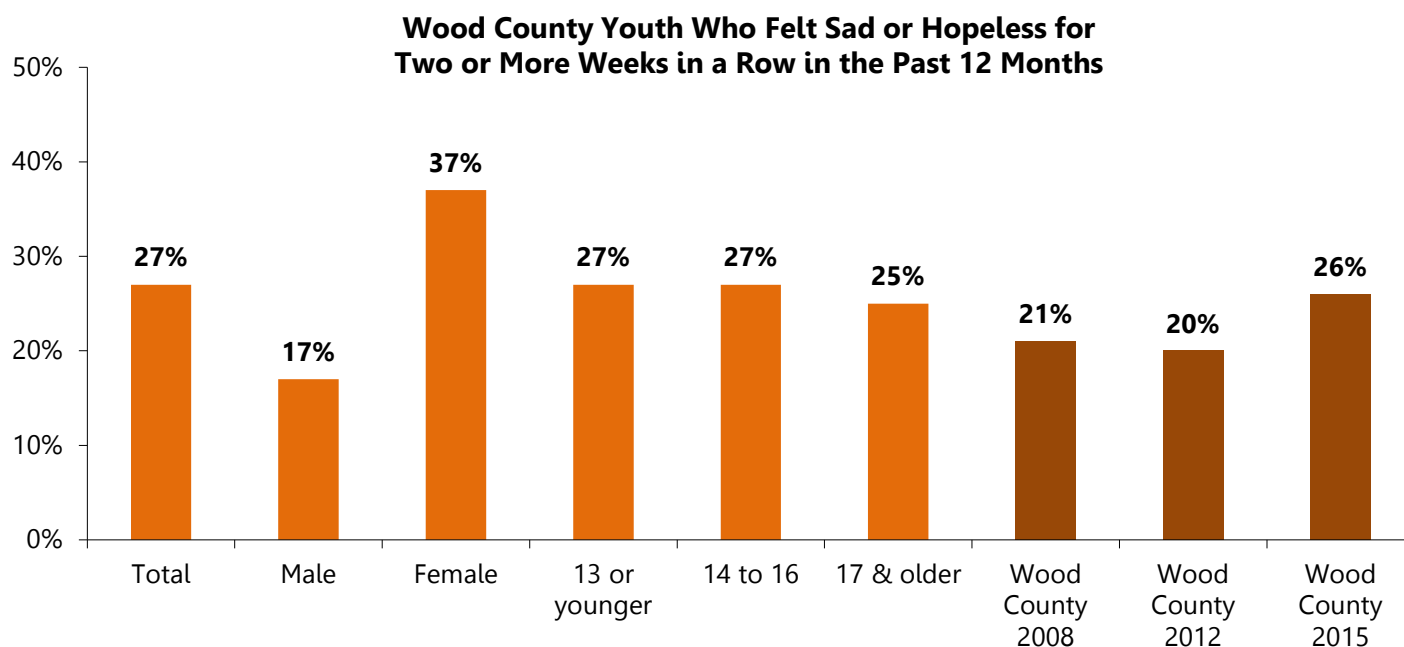
YOUTH SEXUAL BEHAVIOR

In 2018, 20% of Wood County youth had sexual intercourse. One-fifth (20%) of youth had participated in oral sex, 5% had participated in anal sex, and 21% of youth participated in sexting. Of those who were sexually active, 52% had multiple sexual partners.



YOUTH MENTAL HEALTH

In 2018, 27% 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 in the past year. Nineteen percent (19%) of youth had seriously considered attempting suicide in the past year and 5% attempted suicide in the past year.



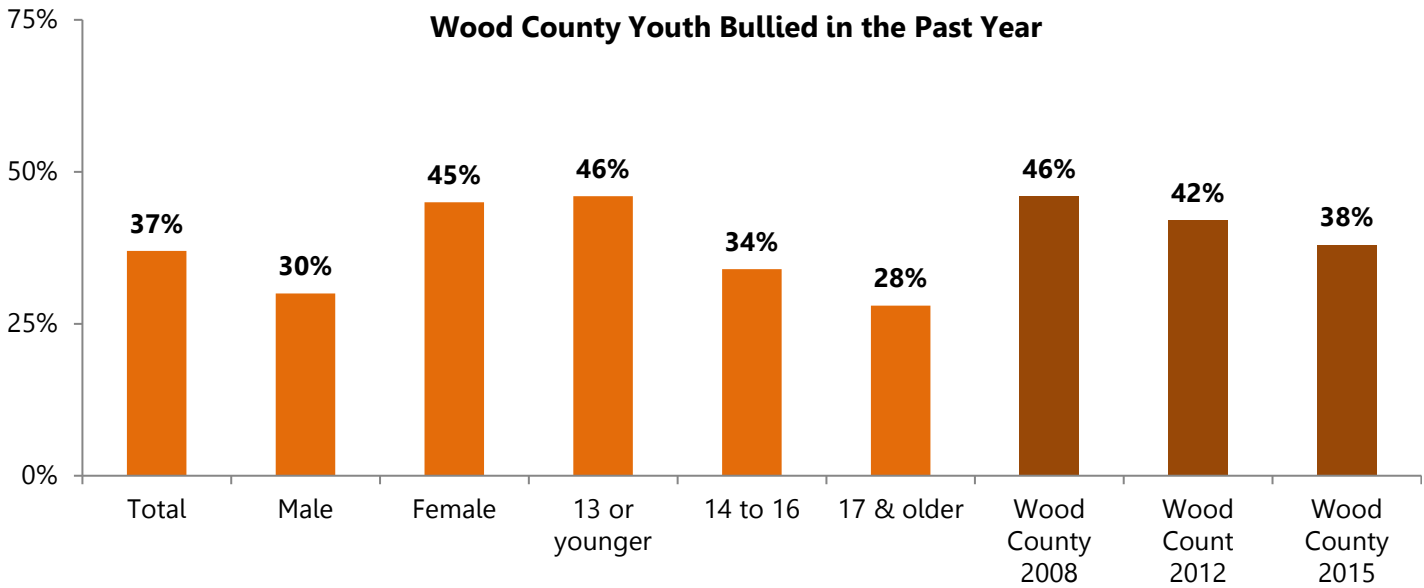
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

SOCIAL DETERMINANTS OF HEALTH

Seventy-one percent (71%) of youth had been to the doctor for a routine check-up in the past year. More than one-fifth (23%) of youth experienced three or more adverse childhood experiences (ACEs) in their life. Twenty-eight percent (28%) of youth would like to see more healthier snacks offered in their schools.

YOUTH VIOLENCE

Thirty-seven percent (37%) of youth had been bullied in the past year. One in eleven (9%) youth carried a weapon (such as a gun, knife or club) in the past month. In the past year, 21% of youth had been involved in a physical fight. Nine percent (9%) of youth had been hit, slapped, or physically hurt by an adult or caregiver in the past month.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Data Summary | Child Health

HEALTH AND FUNCTIONAL STATUS

In 2018, 22% of children were classified as obese by Body Mass Index (BMI) calculations. Eighty percent (80%) of Wood County parents had taken their child aged 0-11 to the dentist in the past year. Eight percent (8%) of parents reported their child had been diagnosed with asthma. Eight percent (8%) of parents reported their child had been diagnosed with ADD/ADHD.

HEALTH CARE ACCESS

In 2018, 1% of Wood County parents reported their child did not have health insurance. Fourteen percent (14%) of parents reported their child did not get all of the prescription medications they needed in the past year. Ninety-four percent (94%) of parents had taken their child to the doctor for preventive care in the past year.

EARLY CHILDHOOD (0-5 YEARS OLD)

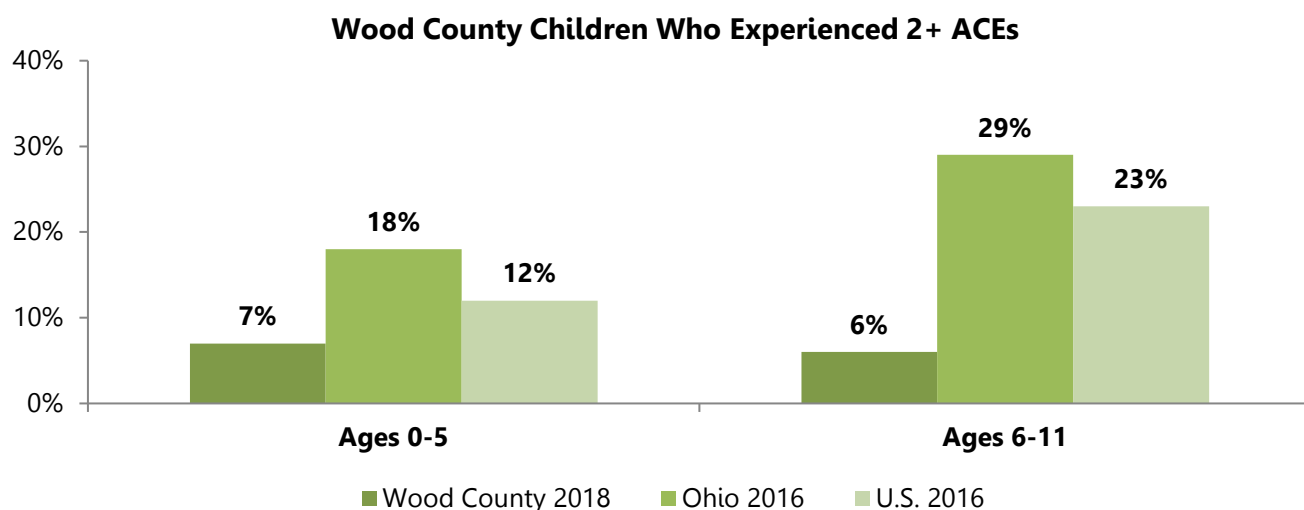
The following information was reported by parents of 0-5 year olds. One hundred percent (100%) of mothers got prenatal care within the first three months during their last pregnancy. Twelve percent (12%) of mothers received WIC services during their last pregnancy. Eighty-four percent (84%) of parents put their child to sleep on his/her back. Eleven percent (11%) of mothers never breastfed their child.

MIDDLE CHILDHOOD (6-11 YEARS OLD)

The following information was reported by Wood County parents of 6-11 year olds. Seventy-two percent (72%) of Wood County parents definitely agreed their child is safe at school. Forty-two percent (42%) of parents reported their child was bullied at some time in the past year. Sixty-three percent (63%) of parents reported their child participated in extracurricular activities.

FAMILY AND COMMUNITY CHARACTERISTICS

Most (99%) Wood County parents definitely or somewhat agreed their child was safe in their neighborhood. Three percent (3%) of parents reported that at least one person in the household went to bed hungry at least one day per week because they did not have enough money for food. In the past year, almost half (48%) of parents missed work due to their child's illnesses or injuries.



Health Care Access: Health Care Coverage

Key Findings

In 2018, 6% of Wood County adults were without health care coverage. Those most likely to be uninsured were adults with an income of less than \$25,000 a year.

General Health Coverage

- In 2018, 94% of Wood County adults had health care coverage.
- In the past year, 6% of adults were uninsured, increasing to 13% of those with incomes less than \$25,000. The 2016 BRFSS reported uninsured prevalence rates as 7% for Ohio and 10% for U.S. adults.
- The following types of health care coverage were used: employer (48%); Medicare (17%); someone else's employer (14%); self-paid plan (7%); Medicaid or medical assistance (5%); multiple, including private sources (3%); multiple-including government sources (3%); military or VA (1%); and Health Insurance Marketplace (1%).
- Wood County adult health care coverage included the following: medical (95%), prescription coverage (91%), immunizations (83%), preventive health (74%), dental (71%), vision/eyeglasses (64%), outpatient therapy (63%), mental health (58%), durable medical equipment (42%), alcohol and drug treatment (39%), hospice (27%), home care (24%), skilled nursing/assisted living (24%), and transportation (9%).

Key Facts about the Uninsured Population

- Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.
- Part of the reason for poor access among uninsured is that 50% do not have a regular place to go when they are sick or need medical advice.
- One in five (20%) nonelderly adults without coverage say that they went without care in the past year because of cost compared to 3% of adults with private coverage and 8% of adults with public coverage.
- In 2016, uninsured nonelderly adults were three times as likely as adults with private coverage to say that they postponed or did not get a needed prescription drug due to cost.
- Because people without health coverage are less likely than those with insurance to have regular outpatient care, they are more likely to be hospitalized for avoidable health problems and to experience declines in their overall health.

(Source: The Henry Kaiser Family Foundation, Key Facts about the Uninsured Population, 2017)

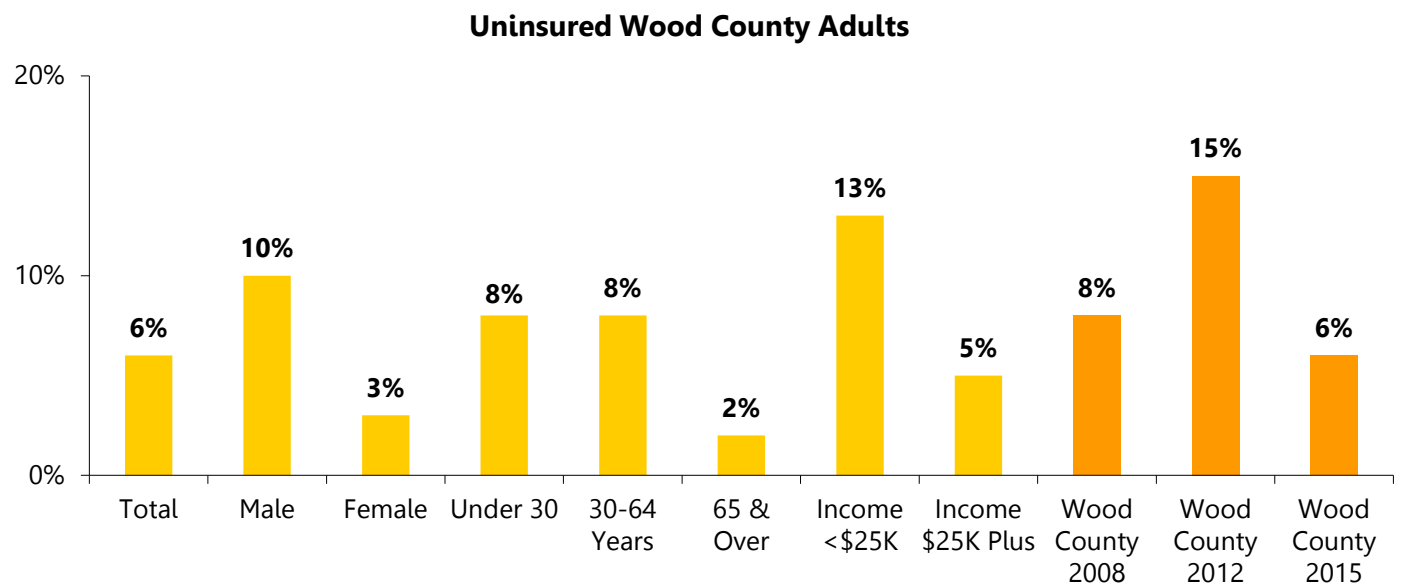
5,737 Wood County adults were uninsured in 2018.

- The top reasons uninsured adults gave for being without health care coverage were:
 1. They could not afford to pay the premiums (43%)
 2. They lost their job or changed employers (31%)
 3. Their employer does not offer/stopped offering (22%)

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

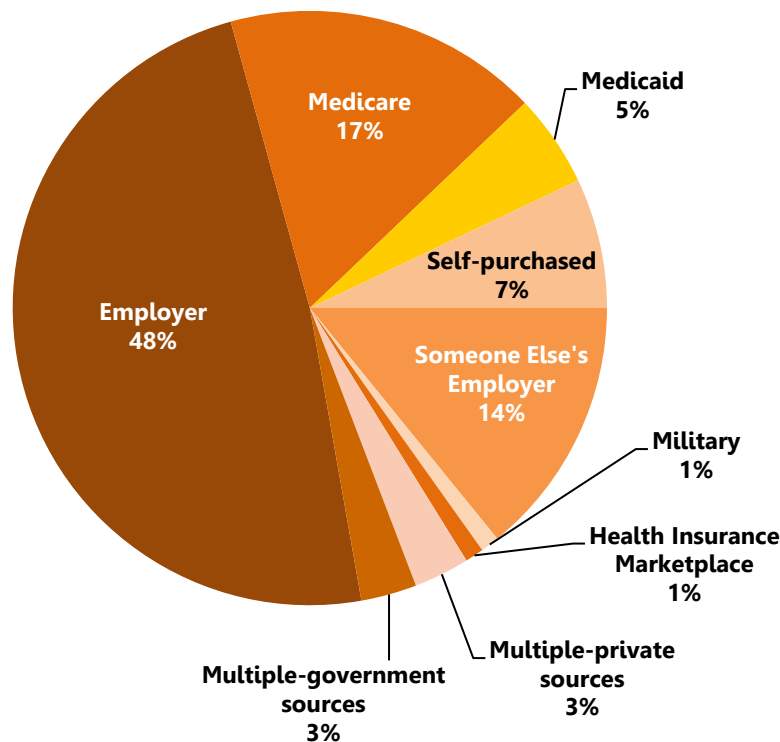
Adult Comparisons	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Uninsured	8%	15%	6%	6%	7%	10%

The following graph shows the percentage of Wood County adults who were uninsured. An example of how to interpret the information includes: 6% of all Wood County adults were uninsured, including 8% of those under the age of 30 and 13% of those with incomes less than \$25,000. The pie chart shows sources of Wood County adults' healthcare coverage.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Source of Health Coverage for Wood County Adults



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

Health Coverage Included:	Yes	No	Don't Know
Medical	95%	1%	4%
Prescription Coverage	91%	5%	4%
Immunizations	83%	1%	16%
Preventive Health	74%	4%	22%
Dental	71%	24%	5%
Vision/Eyeglasses	64%	28%	8%
Outpatient Therapy	63%	5%	32%
Mental Health	58%	1%	40%
Durable Medical Equipment	42%	7%	51%
Alcohol and Drug Treatment	39%	4%	57%
Hospice	27%	3%	70%
Home Care	24%	9%	67%
Skilled Nursing/Assisted Living	24%	8%	68%
Transportation	9%	20%	71%

Healthy People 2020 Access to Health Services (AHS)

Objective	Wood County 2018	Ohio 2016	U.S. 2016	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health care insurance	100% age 20-24 95% age 25-34 89% age 35-44 88% age 45-54 95% age 55-64	90% age 18-24 89% age 25-34 91% age 35-44 94% age 45-54 94% age 55-64	85% age 18-24 84% age 25-34 87% age 35-44 90% age 45-54 93% age 55-64	100%

Note: U.S. baseline is age-adjusted to the 2000 population standard

(Sources: Healthy People 2020 Objectives, 2016 BRFSS, 2018 Wood County Health Assessment)

Health Care Access: Access and Utilization

Key Findings

In 2018, 61% of Wood County adults had visited a doctor for a routine checkup. Fifteen percent (15%) of adults looked for a program to help with depression, anxiety, or other mental health problem.

Health Care Access and Utilization

- More than three-fifths (61%) of Wood County adults visited a doctor for a routine checkup in the past year, increasing to 84% of those over the age of 65.
- Half (50%) of Wood County adults reported they had one person they thought of as their personal doctor or healthcare provider. More than one-third (35%) of adults had more than one person they thought of as their personal healthcare provider, and 15% did not have one at all.
- One-in-eleven (9%) Wood County adults reported there was no particular clinic, health center, doctor's office, or other place that they usually go to if they were sick or needed advice about their health.
- Wood County adults preferred to access information about their health or healthcare services from the following: doctor (82%); family member or friend (39%); Internet searches (35%); medical portal (19%); newspaper articles or radio/television news stories (9%); social networks (6%); advertisements or mailings from hospitals, clinics, or doctor's offices (5%); text messages (4%); and billboards (<1%).
- Wood County adults did not receive medical care in the past 12 months for the following reasons: no need to go (16%), cost (5%), inconvenient appointment times (2%), office was not open when they could get there (2%), no child care (1%), distance (<1%), and other reason (2%).
- The following might prevent Wood County adults from seeing a doctor if they were sick, injured, or needed some kind of health care: cost (30%), inconvenient hours (17%), doctor would not take their insurance (14%), worried they might find something wrong (11%), could not get time off work (10%), difficult to get an appointment (10%), difficult to find/no transportation (5%), frightened of the procedure or doctor (4%), could not find childcare (3%), do not trust or believe doctors (1%), and some other reasons (2%).
- Adults usually visited the following places for health care services for advice: doctor's office (60%), urgent care center (4%), Internet (3%), public health clinic or community health department (2%), family and friends (1%), chiropractor (1%), hospital emergency room (<1%), and in-store health clinic (<1%). Twenty-six percent (26%) of adults visited multiple places, and two percent (2%) indicated they had no usual place for healthcare services.
- Nearly two-thirds (65%) of adults went outside of Wood County for the following health care services in the past 12 months: primary care (31%), specialty care (25%), dental services (24%), mental health care/counseling services (8%), obstetrics/ gynecology (7%), orthopedic care (6%), cardiac care (5%), cancer care (3%), pediatric care (2%), pediatric therapies (1%), addiction services (1%), skilled nursing (1%), hospice/palliative care (<1%), and other services (13%).
- Wood County adults had not gotten any of the following recommended major care or preventive care due to cost: weight loss program (8%), lab testing (6%), colonoscopy (5%), immunizations (4%), medications (4%), Pap smear (3%), mammogram (3%), mental health services (2%), surgery (2%), prostate-specific antigen (PSA) test (1%), smoking cessation (1%), family planning services (1%), and alcohol/drug treatment (<1%).
- Wood County adults had the following problems when they needed health care in the past year: too busy (8%), could not get appointments when they wanted them (6%), did not have enough money to pay for health care (6%), had to change doctors because of their health care plan (5%), could not find a doctor they were comfortable with (4%), did not have insurance (4%), could not find a doctor to take them as a patient (3%), did not have transportation (3%), did not have child care (3%), too embarrassed to seek help (2%), health care plan did not allow them to see doctors in Wood County (<1%), did not get health services because of discrimination (<1%), and other problems that prevented them from getting health care (2%).

- In the past 12 months, Wood County adults reported them or someone in their household visited the emergency room or urgent care for the following: oral pain (4%), asthma (2%), COPD or emphysema (2%), congestive heart failure (1%), and other illnesses (43%).

Availability of Services

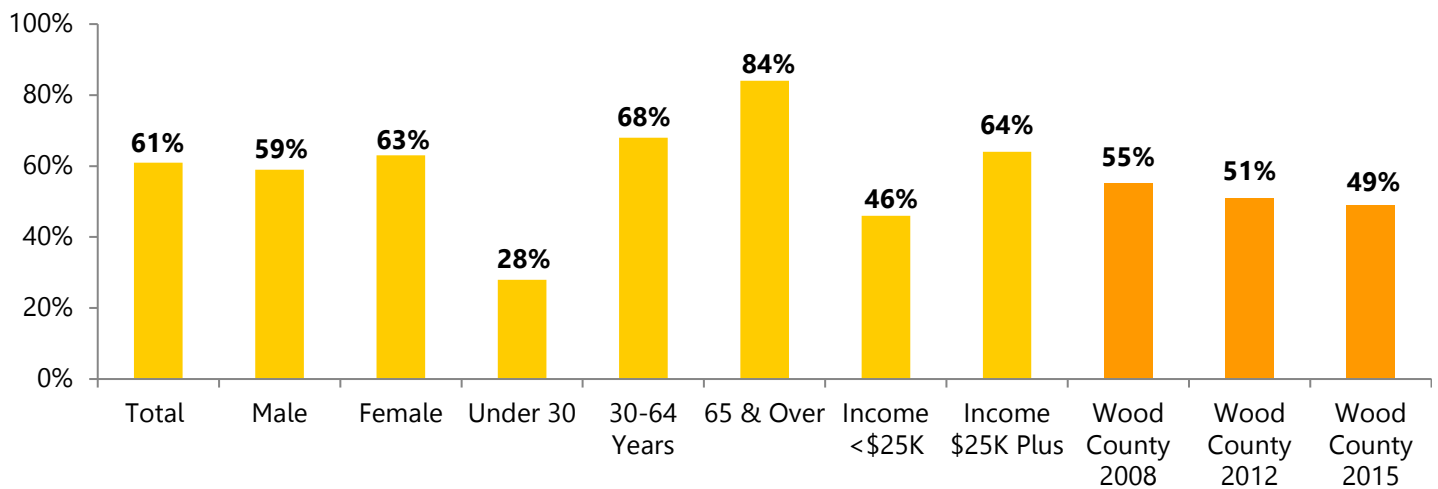
- Wood County adults reported they had looked for the following programs: depression, anxiety or mental health (15%); weight problems (9%); family planning (6%); disability (6%); elder care (4%); marital or family problems (4%); end-of-life/Hospice care (3%); alcohol abuse (2%); cancer support group/counseling (2%); detoxification for opiates/heroin (2%); drug abuse (2%); and tobacco cessation (1%). No adults reported looking for a program for gambling abuse.

Wood County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Wood County adults who have looked but have <u>NOT</u> found a specific program	Wood County adults who have looked and have found a specific program
Depression or Anxiety (15% of all adults looked)	13%	87%
Weight Problems (9% of all adults looked)	39%	61%
Disability (6% of all adults looked)	24%	76%
Family Planning (6% of all adults looked)	12%	88%
Elderly Care (4% of all adults looked)	19%	81%
Marital/Family Problems (4% of all adults looked)	24%	76%
End-of-Life/Hospice Care (3% of all adults looked)	7%	93%
Cancer Support Group/Counseling (2% of all adults looked)	14%	86%
Drug Abuse (2% of all adults looked)	29%	71%

The following graph shows the percentage of Wood County adults who had a routine check-up in the past year. An example of how to interpret the information on the graph includes: 61% of all Wood County adults have had a routine check-up in the past year, including 63% of females and 84% of those 65 years and older.

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



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Had at least one person they thought of as their personal doctor or health care provider	N/A	89%	85%	85%	83%	77%
Visited a doctor for a routine checkup in the past year	55%	51%	49%	61%	75%	71%

N/A-Not available

Healthcare Access: Preventive Medicine

Key Findings

Nearly three-fourths (74%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. Half (50%) of adults had a flu vaccine in the past year.

Preventive Medicine

- Half (50%) of Wood County adults had a flu vaccine during the past 12 months.
- Nearly three-fourths (74%) of Wood County adults ages 65 and over had a flu vaccine in the past 12 months. The 2016 BRFSS reported that 57% of Ohio and 58% of U.S. adults ages 65 and over had a flu vaccine in the past year.
- More than one-quarter (29%) of adults have had a pneumonia shot in their life, increasing to 76% of those ages 65 and over. The 2016 BRFSS reported that 75% of Ohio and 73% of U.S. adults ages 65 and over had a pneumonia shot in their life.
- Wood County adults have had the following vaccines:
 - MMR in their lifetime (78%)
 - Tetanus booster (including Tdap) in the past 10 years (72%)
 - Chicken pox in their lifetime (59%)
 - Hepatitis B in their lifetime (50%)
 - Pneumonia vaccine in their lifetime (29%)
 - Pertussis vaccine in the past 10 years (25%)
 - Human papillomavirus (HPV) vaccine in their lifetime (17%)
 - Zoster (shingles) vaccine in their lifetime (15%)

Preventive Health Screenings and Exams

- Wood County adults have the following screenings:
 - Vision in the past year (62%)
 - Colorectal cancer in the past 5 years (25%)
 - Oral cancer screening in the past year (21%)
 - Skin cancer in the past year (21%)
 - Hearing the past year (18%)
 - Osteoporosis in the past year (7%)
 - Memory screening in the past year (6%)

Adult Comparisons	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Had a pneumonia vaccination (age 65 and older)	57%	64%	53%	76%	75%	73%
Had a flu vaccine in the past year (age 65 and older)	73%	64%	76%	74%	57%	58%

**Wood County Adults Having Discussed Health Care Topics
With Their Health Care Professional in the Past 12 Months**

Healthcare Topics	Total 2018
Family history	42%
Immunizations	35%
Weight control including diet and physical activity	33%
Depression, anxiety, or emotional problems	28%
Safe use of prescription medication	19%
Tobacco use	13%
Alcohol use	11%
Family planning	10%
Alternative pain therapy	10%
Bone density	10%
Falls	9%
Self-testicular exams	8%
Sexually transmitted diseases (STDs)	6%
Injury prevention such as safety belt use, helmet use & smoke detectors	6%
Safe use of opiate-based pain medication	5%
Domestic violence	4%
Illicit drug abuse	3%
Genetic testing	3%
Substance abuse treatment options	2%
Firearm safety	<1%

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

Objective	Wood County 2018	Ohio 2016	U.S. 2016	Healthy People 2020 Target
IID-13.1: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated against pneumococcal disease	76%	75%	73%	90%

*Note: U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2016 BRFSS, 2018 Wood County Health Assessment)*

INFORMATION FOR ADULT PATIENTS

2018 Recommended Immunizations for Adults: By Age

If you are this age, talk to your health care professional about these vaccines →

	Flu Influenza	Tdap or Td Tetanus, diphtheria, pertussis	Shingles Zoster		Pneumococcal		Meningococcal		MMR Measles, mumps, rubella	HPV Human papillomavirus		Chickenpox Varicella	Hepatitis A	Hepatitis B	Hib <i>Haemophilus influenzae</i> type b
			RZV	ZVL	PCV13	PPSV23	MenACWY	MenB		for women	for men				
19 - 21 years															
22 - 26 years															
27 - 49 years															
50 - 64 years															
65+ year															

More Information:

You should get flu vaccine every year.

You should get 1 dose of Tdap if you did not get it as a child or adult. You should also get a Td booster every 10 years. Women should get 1 dose of Tdap during every pregnancy.

There are 2 types of zoster vaccine. You should get 2 doses of RZV at age 50 years or older (preferred) or 1 dose of ZVL at age 60 years or older, even if you had shingles before.

There are 2 types of pneumococcal vaccine. You should get 1 dose of PCV13 and at least 1 dose of PPSV23 depending on your age and health condition.

There are 2 types of meningococcal vaccine. You may need one or both types depending on your health condition.

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

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

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

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

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

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

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



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

(Source: Centers for Disease Control and Prevention, Immunization Schedules for Adults, 2018)

Healthcare Access: Women's Health

Key Findings

In 2018, 48% of Wood County women older than 40 reported having a mammogram in the past year. Fifty-one percent (51%) of women had a clinical breast exam and 45% had a Pap smear to detect cancer of the cervix in the past year. Two percent (2%) of women survived a heart attack and 2% survived a stroke at some time in their life. More than one-third (37%) were obese, 32% had high blood pressure, 28% had high blood cholesterol, and 10% were identified as current smokers, all of which are known risk factors for cardiovascular diseases.

Women's Health Screenings

- In 2018, 55% of women had a mammogram at some time, and more than one-fourth (28%) had this screening in the past year.
- Nearly half (48%) of women ages 40 and over had a mammogram in the past year and 63% had one in the past two years. The 2016 BRFSS reported that 74% of women 40 and over in Ohio and 72% in the U.S. had a mammogram in the past two years.
- Most (93%) Wood County women had a clinical breast exam at some time in their life, and 51% had one within the past year. Almost two-thirds (64%) of women ages 40 and over had a clinical breast exam in the past two years.
- Eighty-nine percent (89%) of Wood County women had a Pap smear, and 45% reported having had the exam in the past year. Nearly three-fourths (73%) of women had a Pap smear in the past three years. The 2016 BRFSS indicated that 82% of Ohio and 80% of U.S. women age 21 to 65 had a Pap smear in the past three years.
- Four percent (4%) of Wood County women reported having at some time in their life genetic testing for inherited gene mutations known to cause breast cancer.

Women's Health Concerns

- Women used the following as their usual source of services for female health concerns: private gynecologist (65%), general or family physician (24%), family planning clinic (3%), and public health clinic or community health center (1%). Seven percent (7%) indicated they did not have a usual source of services for female health concerns.
- In 2018, 2% of women had survived a heart attack and 2% had survived a stroke at some time in their life.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Wood County, the 2018 health assessment has identified that:
 - 37% of women were obese (2016 BRFSS reports 32% for Ohio and 30% for U.S.)
 - 32% were diagnosed with high blood pressure (2015 BRFSS reports 31% for Ohio and 30% for U.S.)
 - 28% were diagnosed with high blood cholesterol (2015 BRFSS reports 36% for Ohio and 35% for U.S.)
 - 10% women were current smokers (2016 BRFSS reports 21% for Ohio and 14% for U.S.)
 - 5% had been diagnosed with diabetes (2016 BRFSS reports 11% for Ohio and 11% for U.S.)
- From 2014-2016, major cardiovascular diseases (heart disease and stroke) accounted for 28% of all female deaths in Wood County (Source: Ohio Public Health Data Warehouse, 2014-2016).

Wood County Female Leading Causes of Death, 2014-2016 Total Female Deaths: 939

1. Heart Diseases (22% of all deaths)
2. Cancers (20%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (6%)
5. Alzheimer's disease (6%)

(Source: Ohio Public Health Data Warehouse, 2014-2016)

Ohio Female Leading Causes of Death, 2014 – 2016 Total Female Deaths: 176,669

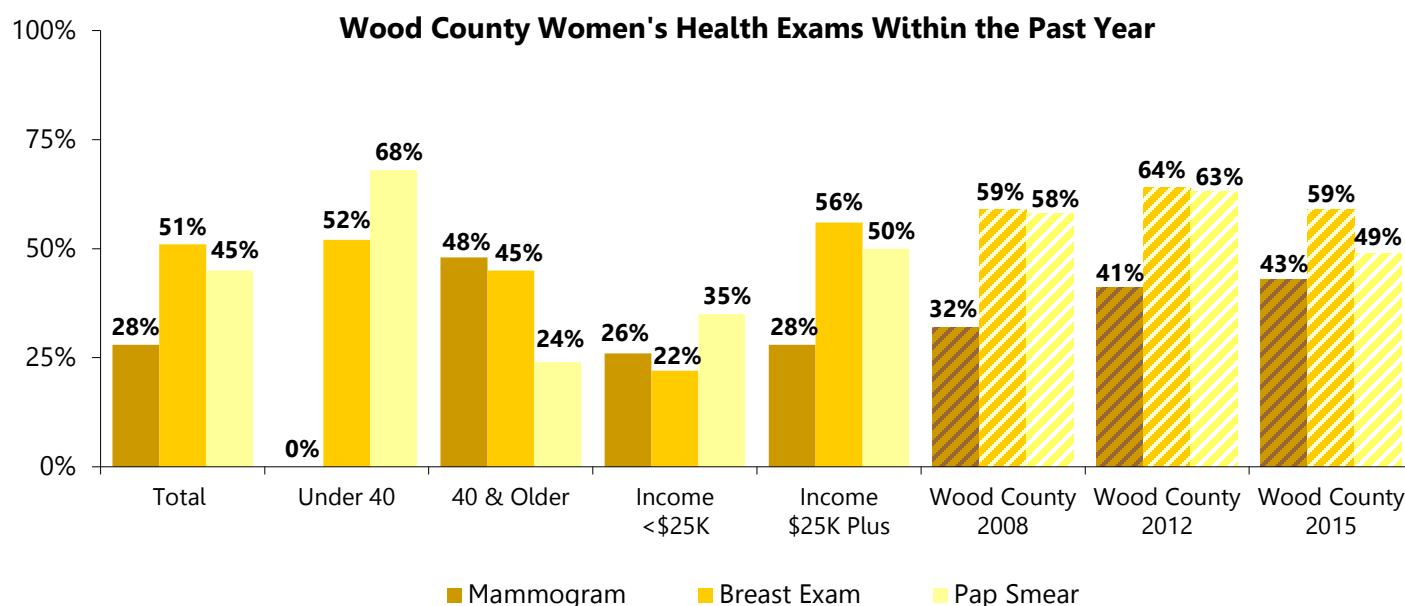
1. Heart Diseases (22% of all deaths)
2. Cancers (21%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (6%)
5. Alzheimer's disease (5%)

(Source: Ohio Public Health Data Warehouse, 2014-2016)

Pregnancy

- More than one-fourth (27%) of Wood County women had been pregnant in the past 5 years.
- During their last pregnancy, Wood County women did the following: got prenatal care within the first 3 months (82%), took a multi-vitamin with folic acid during pregnancy (73%), took a multi-vitamin with folic acid pre-pregnancy (67%), got a dental exam (60%), took folic acid during pregnancy (33%), took folic acid pre-pregnancy (20%), experienced domestic violence (7%), consumed alcoholic beverages (2%), and received WIC benefits (1%).

The following graph shows the percentage of Wood County females that had various health exams in the past year. An example of how to interpret the information shown on the graph includes: 28% of Wood County females had a mammogram within the past year, 51% had a clinical breast exam, and 45% had a Pap smear.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Had a mammogram in the past two years (age 40 and older)	67%	82%	73%	63%	74%	72%
Had a clinical breast exam in the past two years (age 40 and older)	70%	91%	74%	64%	N/A	N/A
Had a Pap smear in the past three years (age 21 to 65)	75%	79%	68%	73%	82%*	80%*

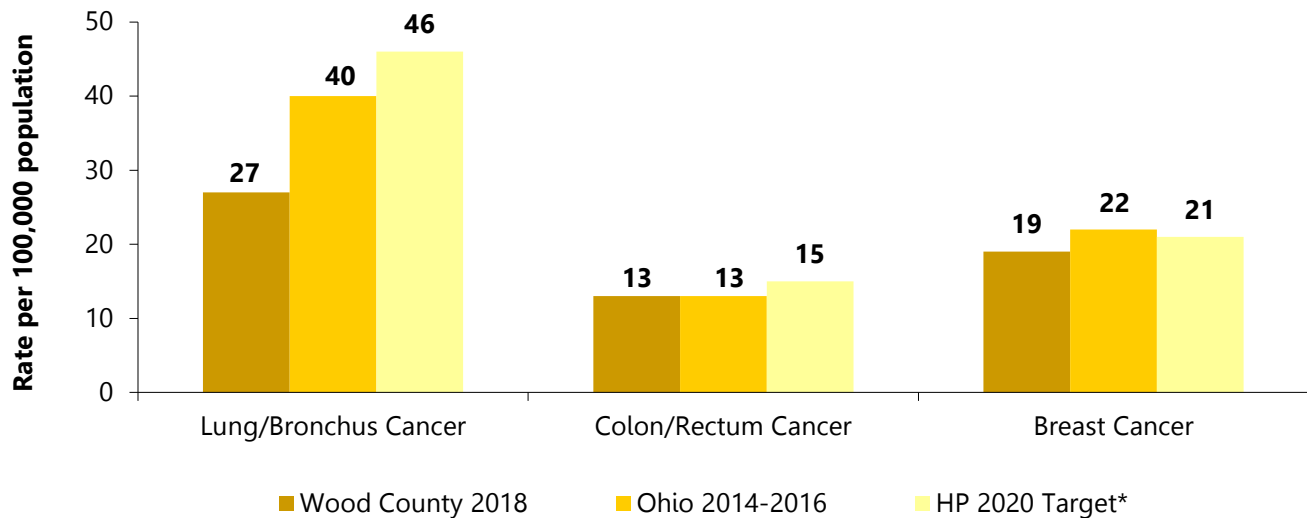
N/A- Not Available

*Ohio and U.S. BRFSS reports women ages 21-65

The following graph shows the Wood County and Ohio age-adjusted cancer mortality rates per 100,000 population for women with comparison to Healthy People 2020 objectives. The graph shows:

- From 2014 to 2016, the Wood County age-adjusted mortality rate for breast cancer was lower than both the Ohio rate and Healthy People 2020 target objective.

Wood County Female Age-Adjusted Cancer Mortality Rates, 2014-2016



(Source: Ohio Public Health Data Warehouse, 2014-2016 and Healthy People 2020)
 Note: The lung and colon/rectum cancer Healthy People 2020 target rates are not gender specific

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

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

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

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

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

(Source: Centers for Disease Control and Prevention, What Can I Do to Reduce My Risk of Breast Cancer? Updated September 27, 2017)

Healthcare Access: Men's Health

Key Findings

Half (50%) of Wood County men had a digital rectal exam in their lifetime, and 17% had one in the past year. More than one-third (38%) of men had been diagnosed with high blood pressure, 37% had high blood cholesterol, and 13% were identified as current smokers, which, along with obesity (40%), are known risk factors for cardiovascular diseases.

Men's Health Screenings

- Half (50%) of men had a digital rectal exam in their lifetime, and 17% had one in the past year.
- Nearly one-third (30%) of men completed a self-testicular exam in the past year.

Men's Health Concerns

- Wood County males reported they had experienced the following: erectile dysfunction (19%), enlarged prostate (BPH) (10%), low testosterone (6%), and incontinence (not having control of bladder) (4%).
- Five percent (5%) of men had a heart attack and 2% had a stroke at some time in their life.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Wood County, the 2018 health assessment identified that:
 - 40% of men were obese (2016 BRFSS reports 31% for Ohio and 30% for U.S.)
 - 38% were diagnosed with high blood pressure (2015 BRFSS reports 38% for Ohio and 34% for U.S.)
 - 37% were diagnosed with high blood cholesterol (2015 BRFSS reports 38% for Ohio and for U.S.)
 - 13% of all men were current smokers (2016 BRFSS reports 25% for Ohio and 19% for U.S.)
 - 11% had been diagnosed with diabetes (2016 BRFSS reports 12% for Ohio and 11% for U.S.)
- From 2014-2016, the leading cancer deaths for Wood County males were lung, prostate and colon/rectum cancers. Statistics from the same period for Ohio males indicate that lung, prostate, and colon and rectum cancers were the leading cancer deaths (Source: Ohio Public Health Data Warehouse).

Wood County Male Leading Causes of Death, 2014 – 2016

Total Male Deaths: 914

1. Heart Diseases (25% of all deaths)
2. Cancers (23%)
3. Accidents, Unintentional Injuries (8%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (4%)

(Source: Ohio Public Health Data Warehouse, 2014-2016)

Ohio Male Leading Causes of Death, 2014 – 2016

Total Male Deaths: 175,247

1. Heart Diseases (25% of all deaths)
2. Cancers (23%)
3. Accidents, Unintentional Injuries (8%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (4%)

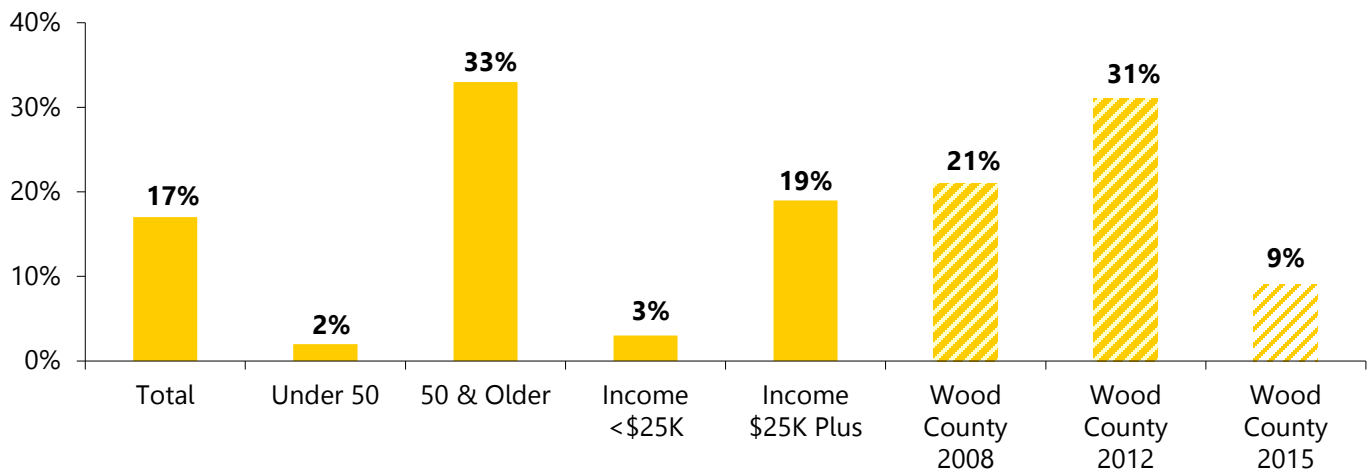
(Source: Ohio Public Health Data Warehouse, 2014-2016)

Adult Comparisons	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Had a digital rectal exam (within the past year)	21%	31%	9%	17%	N/A	N/A

N/A – Not Available

The following graph shows the percentage of Wood County males that had digital rectal exams in the past year. An example of how to interpret the information shown on the graph includes: 17% of Wood County males had a digital rectal exam within the past year, including 33% of those age 50 and older.

Wood County Men Who Had a Digital Rectal Exam in the Past Year



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

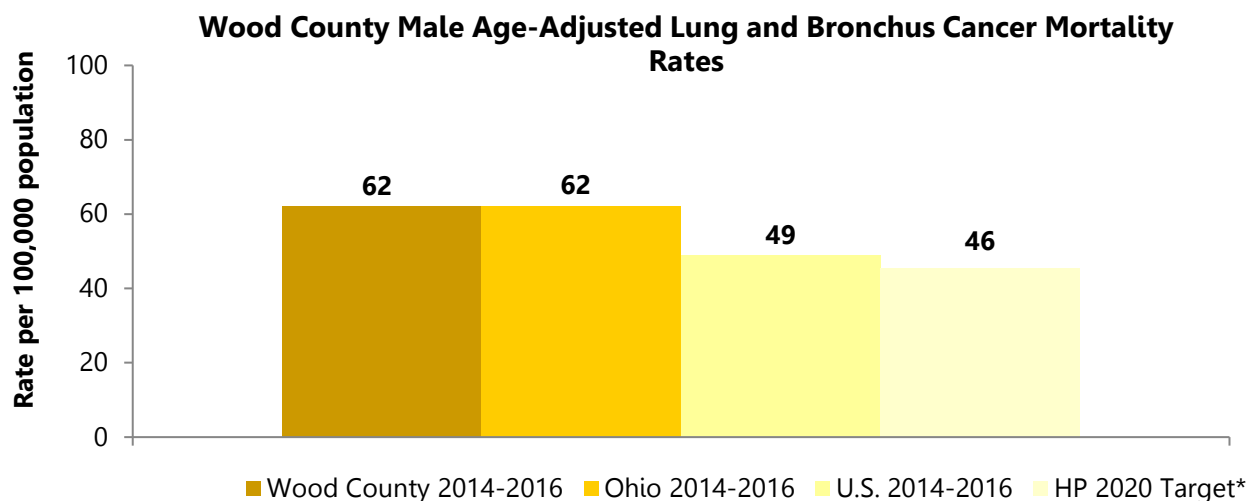
Prostate Cancer Awareness

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

(Source: Center for Disease Control and Prevention, Prostate Cancer Awareness, Updated September 21, 2017)

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

- From 2014-2016, the Wood County age-adjusted mortality rate for male lung cancer was the same as the Ohio rate but higher than the U.S. rate and the Healthy People 2020 objective.



*Note: The Healthy People 2020 target rates are not gender specific.
(Sources: CDC Wonder 2014-2016, Ohio Public Health Data Warehouse 2014-2016, and Healthy People 2020)*

Healthcare Access: Oral Health

Key Findings

More than two-thirds (71%) of Wood County adults had visited a dentist or dental clinic in the past year. The top three reasons adults gave for not visiting a dentist in the past year were fear, apprehension, nervousness, pain and dislike going (20%); had no oral health problems (15%); and cost (11%).

Access to Dental Care

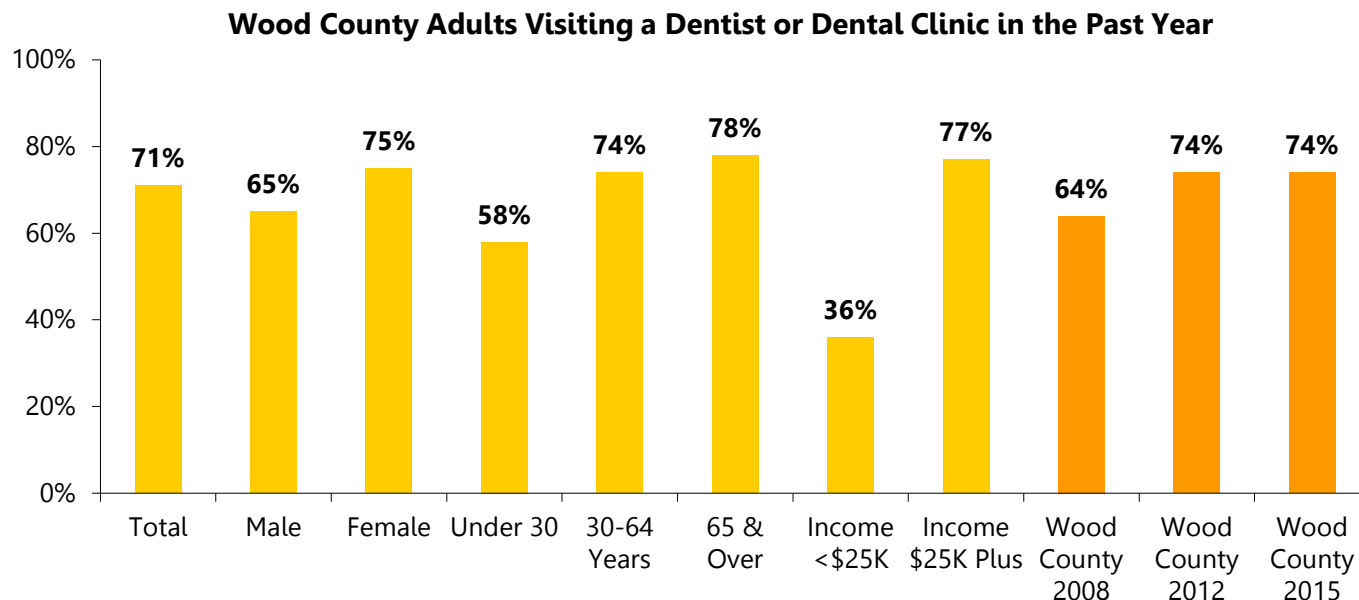
- In the past year, 71% of Wood County adults had visited a dentist or dental clinic, decreasing to 36% of those with incomes less than \$25,000.
- The 2016 BRFSS reported that 68% of Ohio adults and 66% of U.S. adults had visited a dentist or dental clinic in the previous 12 months.
- When asked the main reason for not visiting a dentist in the past year, 20% said fear, apprehension, nervousness, pain, and dislike going; 15% had no oral health problems; 11% said cost; 9% had dentures; 7% did not have/know a dentist; 2% said their dentist did not accept their medical coverage; and 2% said transportation. Twenty-four percent (24%) of adults reported multiple reasons for not visiting the dentist in the past year.
- Nearly one-third (31%) of adults had one or more of their permanent teeth removed, increasing to 60% of those ages 65 and over. The 2016 BRFSS reported that 45% of Ohio adults and 43% of U.S. adults had one or more permanent teeth removed
- One-in-ten (10%) Wood County adults ages 65 and over had all of their permanent teeth removed. The 2016 BRFSS reported that 17% of Ohio adults and 14% of U.S. adults ages 65 and over had all of their permanent teeth removed.

Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
Time Since Last Visit to Dentist/Dental Clinic					
Males	65%	6%	17%	12%	0%
Females	75%	11%	9%	3%	0%
Total	71%	9%	13%	8%	0%

Adult Comparisons	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Adults who had visited a dentist or dental clinic in the past year	64%	74%	74%	71%	68%	66%
Adults who had one or more permanent teeth removed	N/A	N/A	N/A	31%	45%	43%
Adults 65 years and older who had all their permanent teeth removed	N/A	N/A	N/A	10%	17%	14%

N/A-Not Available

The following graph shows the frequency of Wood County adult visits to a dentist or dental clinic in the past year. An example of how to interpret the information on the graph includes: 71% of all Wood County adults had been to the dentist in the past year, including 58% of those under the age of 30 and 36% of those with incomes less than \$25,000.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Facts About Adult Oral Health

- The baby boomer generation is the first where most people will keep their natural teeth over their entire lifetime. This is largely because of the benefits of water fluoridation and fluoride toothpaste. However, threats to oral health, including tooth loss, continue throughout life.
- The major risks for tooth loss are tooth decay and gum disease that may increase with age because of problems with saliva production; receding gums that expose “softer” root surfaces to decay-causing bacteria; or difficulties flossing and brushing because of poor vision, cognitive problems, chronic disease, and physical limitations.
- Although more adults are keeping their teeth, many continue to need treatment for dental problems. This need is even greater for members of some racial and ethnic groups—about 3 in 4 Hispanics and non-Hispanic black adults have an unmet need for dental treatment, as do people who are poor. These individuals are also more likely to report having poor oral health.
- In addition, some adults may have difficulty accessing dental treatment. For every adult aged 19 years or older without medical insurance, there are three who don’t have dental insurance.
- Oral health problems include the following: untreated tooth decay, gum disease, tooth loss, oral cancer, and chronic diseases such as arthritis, heart disease, and strokes.

(Source: Centers for Disease Control and Prevention, Division of Oral Health, Adult Oral Health, October 23, 2017)

Health Behaviors: Health Status Perceptions

Key Findings

In 2018, more than half (52%) of Wood County adults rated their health status as excellent or very good. Conversely, 14% of adults described their health as fair or poor, increasing to 38% of those with incomes less than \$25,000.

Adults Who Rated General Health Status Excellent or Very Good

- Wood County 52% (2018)
- Ohio 51% (2016)
- U.S. 52% (2016)

(Source: BRFSS 2016 for Ohio and U.S.)

General Health Status

- In 2018, more than half (52%) of Wood County adults rated their health as excellent or very good. Wood County adults with higher incomes (60%) were most likely to rate their health as excellent or very good, compared to 18% of those with incomes less than \$25,000.
- Fourteen (14%) of adults rated their health as fair or poor. The 2016 BRFSS has identified that 18% of Ohio and 17% of U.S. adults self-reported their health as fair or poor.
- Wood County adults were most likely to rate their health as fair or poor if they:
 - Had an annual household income under \$25,000 (38%)
 - Had been diagnosed with diabetes (32%)
 - Had high blood pressure (28%) or high blood cholesterol (19%)
 - Were 65 years of age or older (19%)

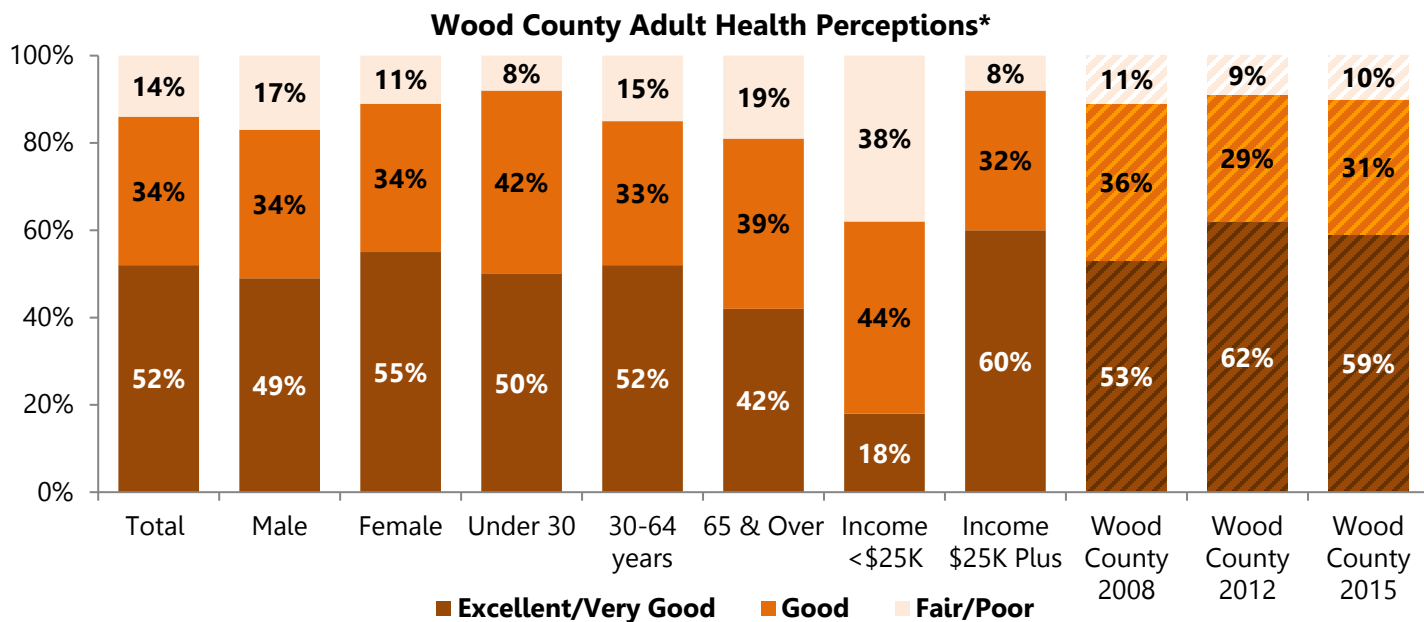
Physical Health Status

- Nearly one-fifth (18%) of Wood County adults rated their physical health as not good on four or more days in the previous month.
- Wood County adults reported their physical health as not good on an average of 3.1 days in the previous month. Ohio and U.S. adults reported their physical health as not good on an average of 4.0 days and 3.7 days, respectively, in the previous month *(Source: 2016 BRFSS as compiled by 2018 County Health Rankings)*.
- Wood County adults were most likely to rate their physical health as not good if they:
 - Had an annual household income under \$25,000 (31%)
 - Were 65 years of age or older (29%)

Mental Health Status

- Thirty-two percent (32%) of Wood County adults rated their mental health as not good on four or more days in the previous month.
- Wood County adults reported their mental health as not good an average of 4.8 days in the previous month. Ohio and U.S. adults reported their mental health as not good on an average of 4.3 days and 3.8 days, respectively, in the previous month *(Source: 2016 BRFSS as compiled by 2018 County Health Rankings)*.
- Nearly one-third (32%) of adults reported that poor mental or physical health or emotional health kept them from doing usual activities such as self-care, work, or recreation in the past 30 days.
- Wood County adults were most likely to rate their mental health as not good if they:
 - Had an annual household income under \$25,000 (61%)
 - Were under the age of 30 (50%)
 - Were female (39%)

The following graph shows the percentage of Wood County adults who described their personal health status as excellent/very good, good, and fair/poor. An example of how to interpret the information includes: 52% of all Wood County adults, including 52% of those ages 30-64 and 42% of those ages 65 and older, rated their health as excellent or very good. The table shows the percentage of adults with poor physical and mental health in the past 30 days.



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

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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	60%	13%	3%	4%	12%
Females	56%	21%	4%	1%	11%
Total	58%	17%	4%	2%	12%
Mental Health Not Good in Past 30 Days*					
Males	58%	11%	2%	4%	17%
Females	38%	19%	15%	2%	20%
Total	47%	16%	8%	3%	18%

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

Adult Comparisons	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Rated general health as good, very good, or excellent	89%	91%	90%	86%	82%	83%
Rated health as excellent or very good	53%	62%	59%	52%	51%	52%
Rated health as fair or poor	11%	9%	10%	14%	18%	17%
Average days that physical health not good (in the past month)	N/A	3.0	1.6	3.1	4.0‡	3.7‡
Rated physical health as not good on four or more days (in the past 30 days)	20%	17%	14%	18%	22%	22%
Average days that mental health not good (in the past month)	N/A	3.8	1.9	4.8	4.3‡	3.8‡
Rated their mental health as not good on four or more days (in the previous month)	23%	29%	16%	32%	24%	23%
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	13%	N/A	18%	32%	22%	22%

‡2016 BRFSS data as compiled by 2018 County Health Rankings

N/A – Not Available

Health Behaviors: Adult Weight Status

Key Findings

In 2018, 72% of Wood County adults were overweight or obese based on Body Mass Index (BMI). One-quarter (25%) of adults did not participate in any physical activity in the past week, including 3% who were unable to exercise.

Adult Weight Status

- Almost three-fourths (72%) of Wood County adults were either overweight (33%) or obese (39%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.
- More than half (57%) of adults were trying to lose weight, 29% were trying to maintain their current weight or keep from gaining weight, and 2% were trying to gain weight. Twelve percent (12%) of Wood County adults were not doing anything to lose or gain weight.
- Wood County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (58%); drank more water (54%); exercised (50%); ate a low-carb diet (19%); used a weight loss program (5%); health coaching (2%); took diet pills, powders or liquids without a doctor's advice (1%); went without eating 24 or more hours (1%); smoked cigarettes (1%); took prescribed medications (1%); participated in a prescribed dietary or fitness program (1%); and bariatric surgery (1%).

Approximately 37,291 Wood County adults were obese.

Physical Activity

- In Wood County, 55% of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week. Nearly one-fourth (24%) of adults exercised 5 or more days per week. One-quarter (25%) of adults did not participate in any physical activity in the past week, including 3% who were unable to exercise.
- In the past week, adults spent an average of 203 minutes doing some type of physical activity or exercise.
- The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, the CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week (*Source: CDC, Physical Activity Basics, 2015*).
- Wood County adults spent the most time doing the following physical activities in the past year: walking (72%), using exercise machines (29%), running/jogging (25%), strength training (23%), cycling (13%), engaging in occupational exercise (13%), taking group exercise classes (10%), using exercise videos (9%), playing active video games (<1%), other activities (11%).
- Reasons for not exercising included the following: time (29%); weather (23%); too tired (21%); laziness (21%); pain or discomfort (14%); did not like to exercise (11%); could not afford a gym membership (8%); no exercise partner (5%); did not know what activities to do (4%); poorly maintained/no sidewalks (4%); lack of opportunities for those with physical impairments or challenges (3%); transportation (2%); no child care (2%); no gym available (1%); doctor advised them not to exercise (1%); neighborhood safety (1%); and no walking paths, biking trails or parks (<1%).
- Wood County adults spent an average of 2.4 hours watching TV, 1.5 hours on their cell phone, 1.4 hours on the computer, and 0.4 hours playing video games on an average day of the week.

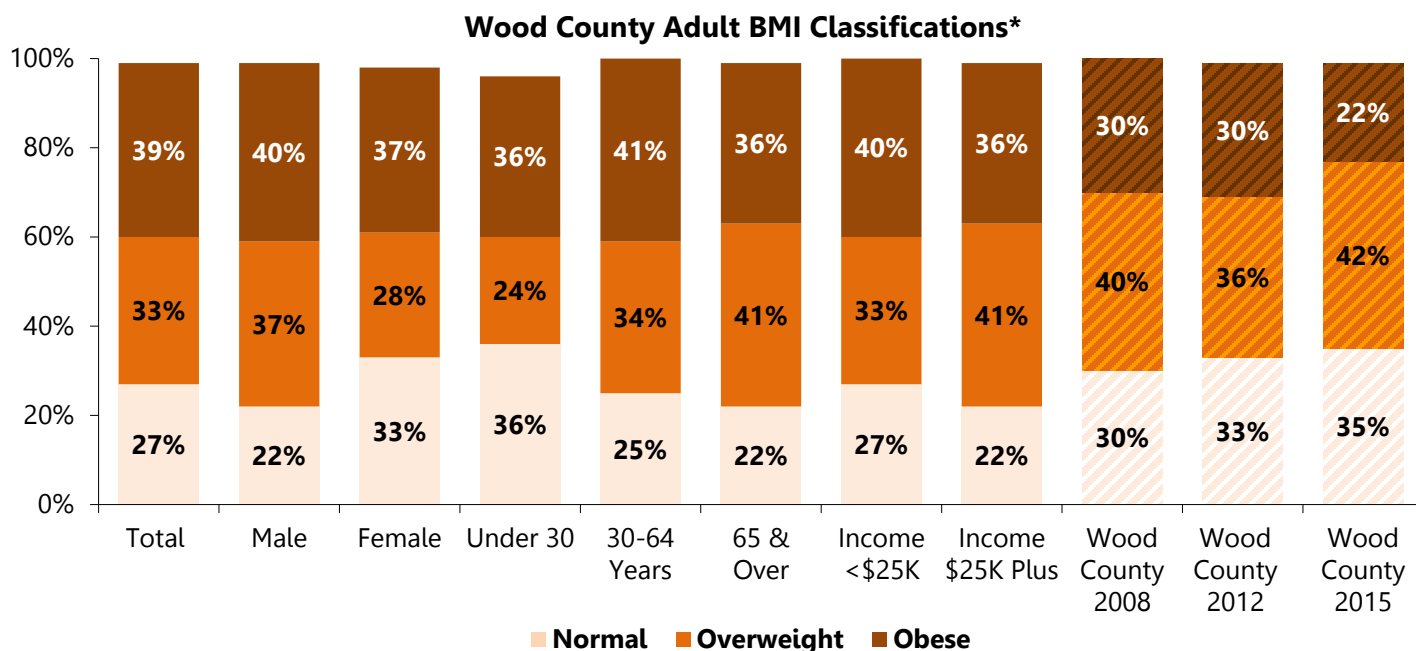
- Wood County adults reported visiting the parks, bike trails, and walking paths in their community at the following frequencies: very often (15%), somewhat often (20%), not very often (45%), and not at all (18%). Two percent (2%) reported there were no parks, bike trails, or walking paths in their community. Of those who had parks in their community, 62% reported they were easily accessible
- Wood County adults reported that the following would motivate them to use community parks, bike trails, and walking paths: more available parks, trails, and paths (40%); better promotion and advertising of existing parks, trails, and paths (23%); improvements to existing parks, trails, and paths (20%); designated safe routes (20%); and more public events and programs involving parks, trails, and paths (12%).

Nutrition

- In 2018, 34% of adults ate between 1 to 2 servings of fruits and vegetables per day. Forty-two percent (42%) ate between 3 to 4 servings per day, and 21% ate 5 or more servings per day. Three percent (3%) of adults ate no servings of fruits and vegetables per day.
- In 2018, 1% of Wood County adults ate 5 or more servings of fruit per day. Twelve percent (12%) ate 3 to 4 servings of fruit per day, and 74% ate 1 to 2 servings per day. Thirteen percent (13%) of adults did not eat any fruit.
- Two percent (2%) of Wood County adults ate 5 or more servings of vegetables per day. Twenty percent (20%) ate 3 to 4 servings of vegetables per day, and 73% ate 1 to 2 servings per day. Five percent (5%) of adults did not eat any vegetables.
- The American Cancer Society recommends that adults eat at least 2½ cups (five servings) of fruits and vegetables per day to reduce the risk of cancer and to maintain good health (*Source: American Cancer Society, 2017*).
- Two percent (2%) of adults consumed 5 or more servings of sugar-sweetened beverages per day. Six percent (6%) drank 3 to 4 servings per day, 35% consumed 1 to 2 servings per day, and 57% consumed 0 servings per day.
- Seven percent (7%) of adults consumed 5 or more servings of caffeinated beverages per day. Nearly one-fifth (18%) consumed 3 to 4 servings per day, 56% consumed 1 to 2 servings of per day, and 19% drank 0 servings per day.
- Wood County adults reported the following reasons they chose the types of food they ate: taste/enjoyment (71%), healthiness of food (62%), ease of preparation/time (56%), cost (51%), food they were used to (40%), calorie content (37%), nutritional content (36%), what their family prefers (32%), availability (29%), if it is organic (15%), artificial sweetener content (10%), if it is genetically modified (8%), other food sensitivities (5%), if it is lactose free (5%), health care provider's advice (4%), if it is gluten free (3%), limitations due to dental issues (1%), and other reasons (7%).
- Wood County adults reported the following barriers in consuming fruits and vegetables: too expensive (24%), did not know how to prepare (9%), did not like the taste (7%), no variety (3%), transportation (2%), no access (1%), and other reasons (3%). Sixty-six percent (66%) reported no barriers to consuming fruits and vegetables.

Adult Comparisons	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Obese	30%	30%	22%	39%	32%	30%
Overweight	40%	36%	42%	33%	35%	35%

The following graph shows the percentage of Wood County adults who were overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 27% of all Wood County adults were classified as normal weight, 33% were overweight, and 39% were obese.

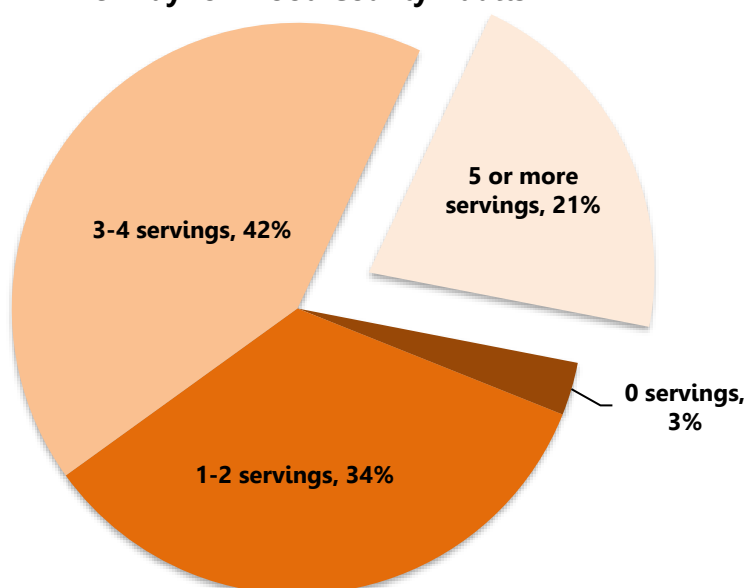


**Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight*

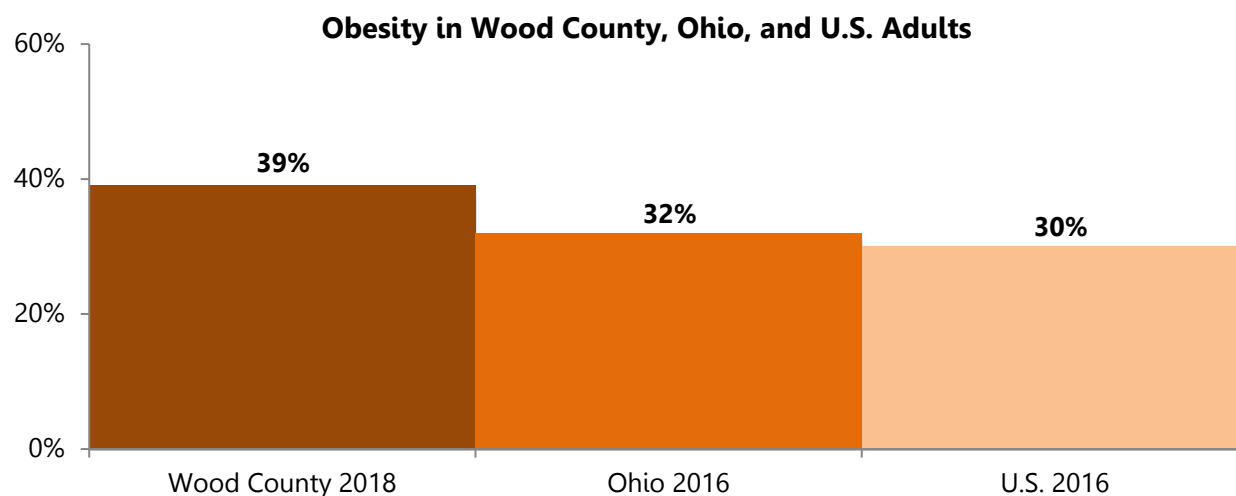
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following pie chart shows the average daily consumption of fruits and/or vegetables of Wood County adults.

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



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



(Source: 2018 Wood County Health Assessment and 2016 BRFSS)

BMI Measurements

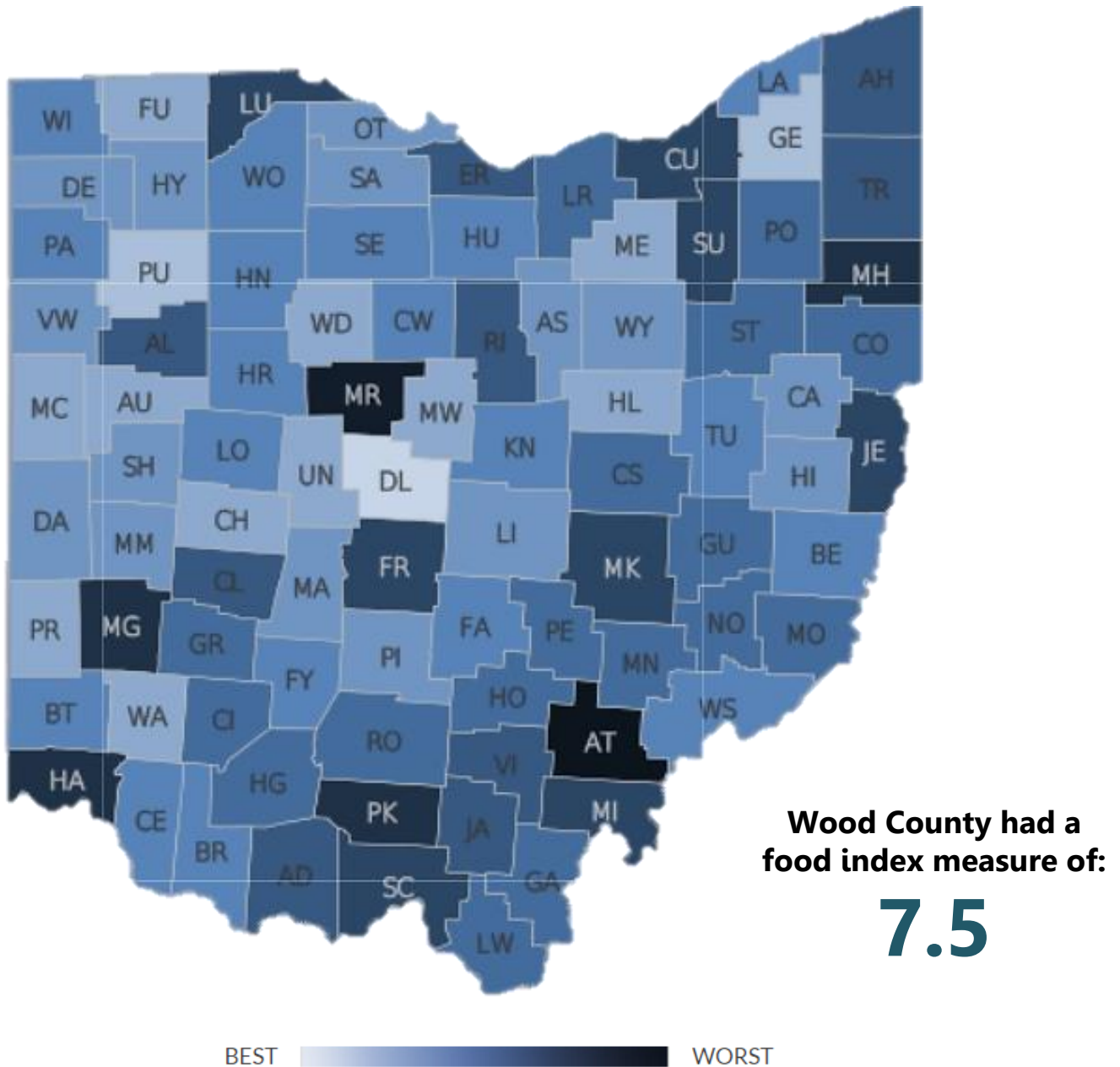
- Body Mass Index (BMI) is a person's weight in kilograms divided by the square of height in meters.
- A high BMI can be an indicator of high body fat.
- BMI can be used to screen for weight categories that may lead to health problems, but it is not diagnostic of the body fatness or health of any individual.

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

Source: CDC, Healthy Weight: About Adult Weight, updated August 29, 2017

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

- The food environment index in Wood County is 7.5
- The food environment index in Ohio is 6.6.



(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2018)

Health Behaviors: Adult Tobacco Use

Key Findings

In 2018, 11% of Wood County adults were current smokers, and 23% were considered former smokers. Six percent (6%) of adults used e-cigarettes in the past year. Thirty-eight percent (38%) of smokers reported trying to quit in the past year.

10,518 Wood County adults were current smokers.

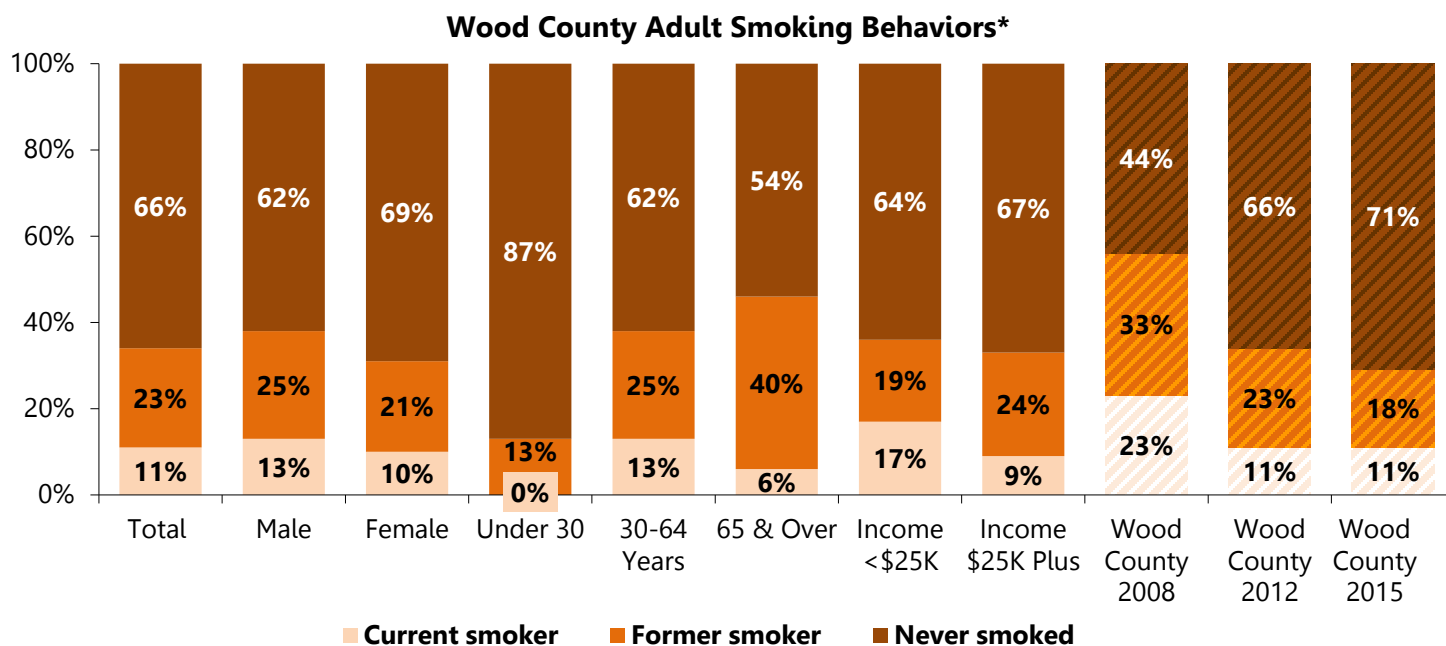
Adult Tobacco Use Behaviors

- One-in-nine (11%) Wood County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days). The 2016 BRFSS reported current smoker prevalence rates of 23% for Ohio and 17% for the U.S.
- Nearly one-quarter (23%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). The 2016 BRFSS reported former smoker prevalence rates of 24% for Ohio and 25% for the U.S.
- Wood County adult smokers were more likely to:
 - Have incomes less than \$25,000 (17%)
 - Have rated their overall health as fair or poor (16%)
 - Have been widowed or never married (15%)
- Adults used the following tobacco products in the past year: cigarettes (14%), e-cigarettes (6%), cigars (4%), chewing tobacco (4%), little cigars (2%), pouch (1%), cigarillos (1%), pipes (1%), dissolvable tobacco (1%), and hookah (<1%).
- Wood County adults who used e-cigarettes/vape pens in the past year put the following in them: e-liquid or e-juice with nicotine (35%), e-liquid with marijuana or THC (35%), and e-liquid or e-juice without nicotine (29%).
- During the past year, 38% of Wood County adult smokers reported that they stopped smoking for 1 day or longer because they were trying to quit smoking.

Adult Comparisons	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Current smoker (currently smoke some or all days)	23%	11%	11%	11%	23%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	33%	23%	18%	23%	24%	25%
Tried to quit smoking	52%	44%	59%	38%	N/A	N/A

N/A- Not Available

The following graph shows the percentage of Wood County adults' smoking behaviors. An example of how to interpret the information includea: 11% of all Wood County adults were current smokers, 23% of all adults were former smokers, and 66% had never smoked.

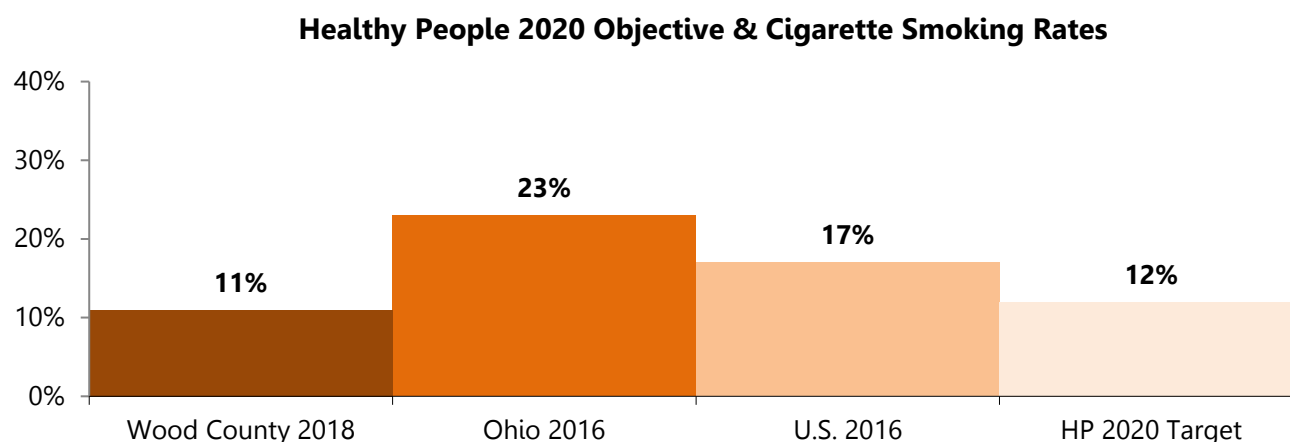


**Respondents were asked: "Have you smoked at least 100 cigarettes in your entire life? If yes, do you now smoke cigarettes every day, some days or not at all?"*

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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

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

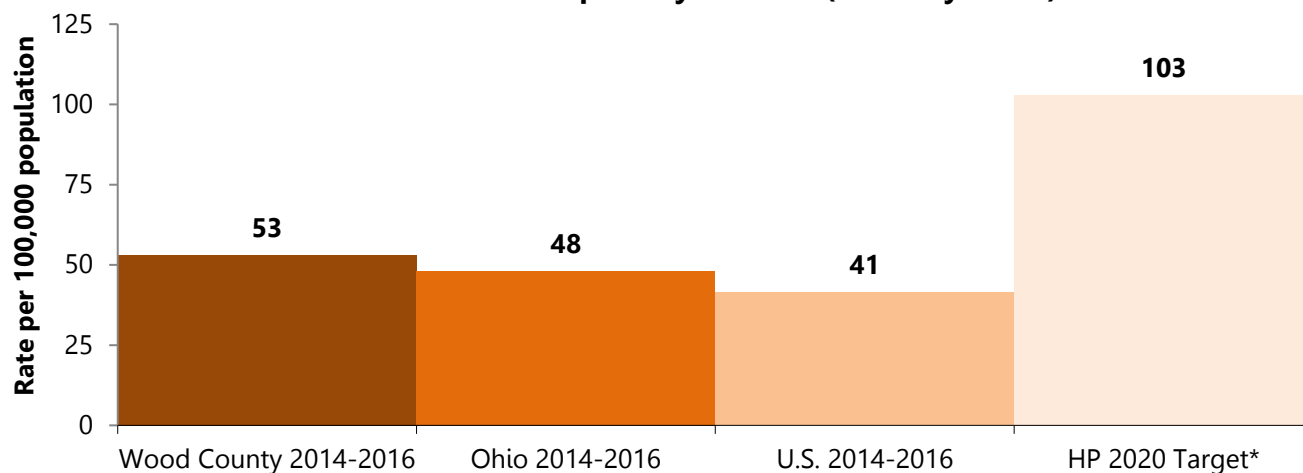


(Source: 2018 Wood County Health Assessment, 2016 BRFSS and Healthy People 2020)

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

- From 2014-2016, Wood County's age-adjusted mortality rate for chronic lower respiratory disease was higher than both the Ohio and U.S. rates.
- Wood County's age-adjusted mortality rate for lung and bronchus cancer was lower than the Ohio rate and the Healthy People 2020 target objective rate.

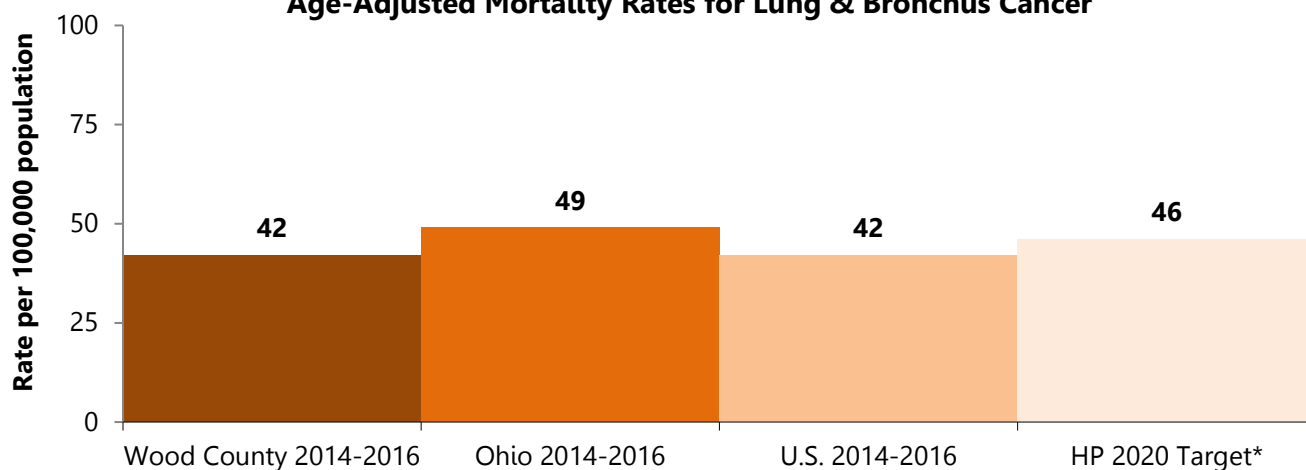
Age-Adjusted Mortality Rates for Chronic Lower Respiratory Diseases (Formerly COPD)



(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2014-2016, CDC Wonder 2014-2016)

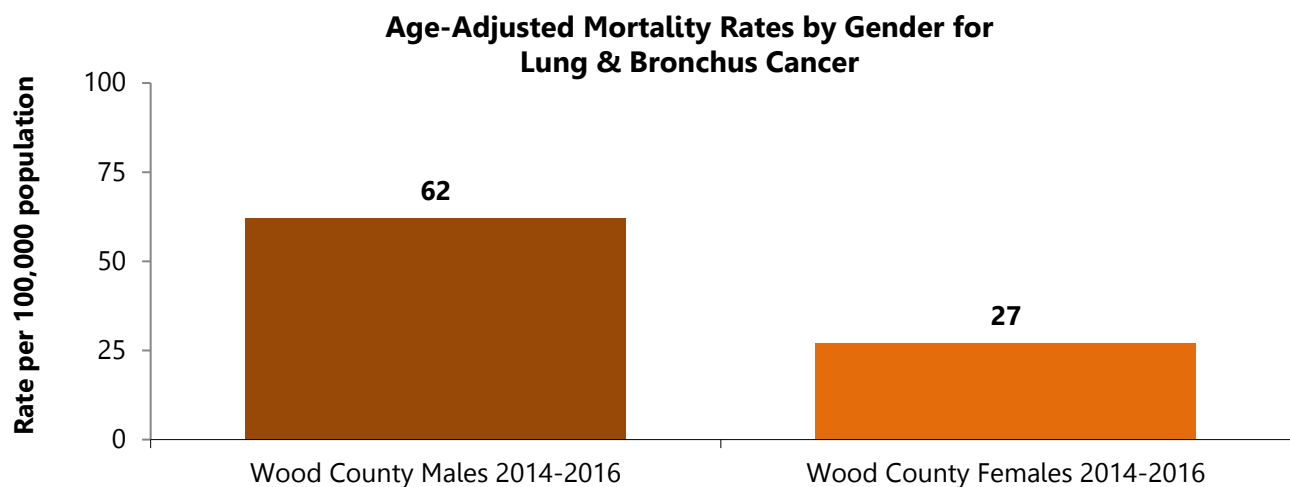
**Healthy People 2020's target rate and the U.S. rate is for adults aged 45 years and older.*

Age-Adjusted Mortality Rates for Lung & Bronchus Cancer



**The Health People 2020 target objective only includes the age-adjusted lung cancer death rate
(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2014-2016, CDC Wonder 2014-2016)*

The following graph shows the Wood County age-adjusted mortality rates for lung and bronchus cancer by gender. The graph shows:



(Source: Ohio Public Health Data Warehouse 2014-2016)

Smoking and Other Health Risks

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

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

Health Behaviors: Adult Alcohol Consumption

Key Findings

Sixty-eight percent (68%) of Wood County adults had at least one alcoholic drink in the past month and would be considered current drinkers. More than one-fourth (27%) of Wood County adults were considered binge drinkers (defined as five or more drinks for males or four or more for females on one occasion) in the past month.

65,020 Wood County adults had at least one alcoholic drink in the past month.

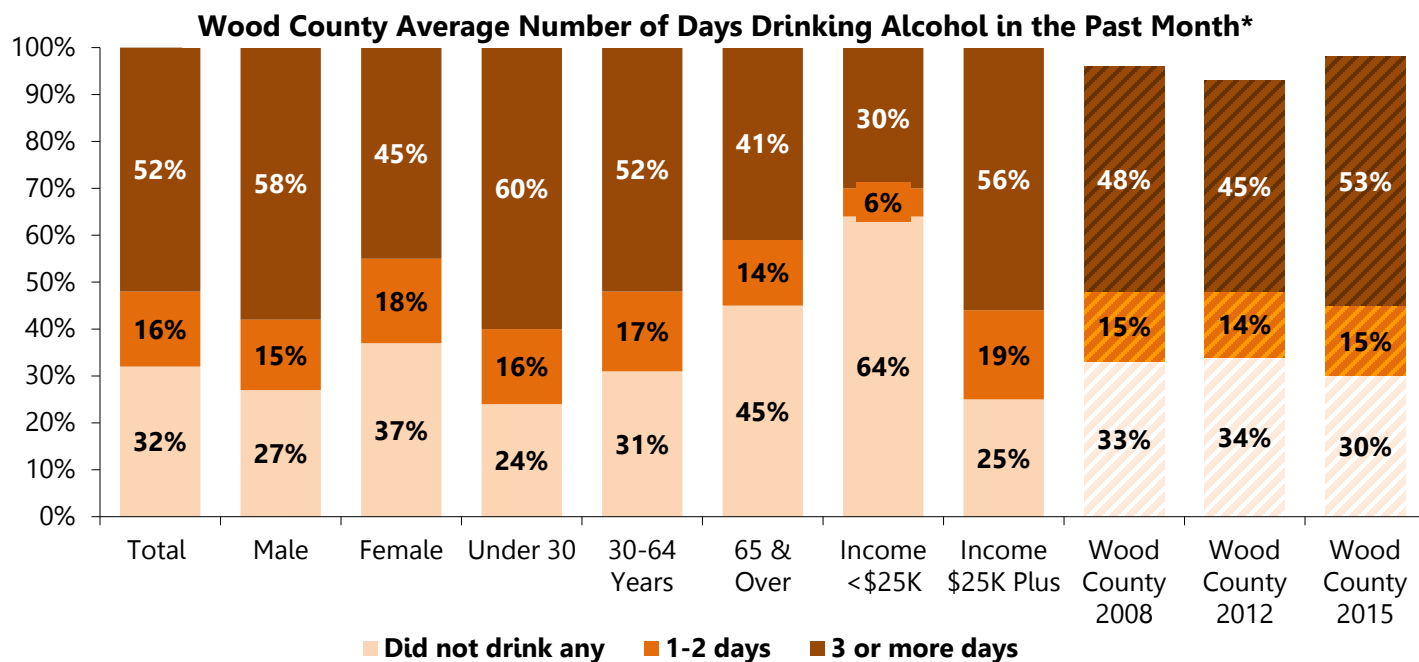
Adult Alcohol Consumption

- Sixty-eight percent (68%) of Wood County adults had at least one alcoholic drink in the past month, increasing to 75% of those with incomes more than \$25,000 and 76% of those under the age 30. The 2016 BRFSS reported current drinker prevalence rates of 53% for Ohio and 54% for the U.S.
- Of those who drank, Wood County adults drank 2.7 drinks on average, increasing to 3.2 drinks for females.
- More than one-quarter (27%) of Wood County adults reported they had five or more alcoholic drinks for males or four or more drinks for females on an occasion in the last month and would be considered binge drinkers (the 2016 BRFSS reported binge drinking rates of 18% for Ohio and 17% for the U.S.). Of those who drank in the past month, 42% had at least one episode of binge drinking.
- One-in-fourteen (7%) of adults reported driving after having too much to drink.

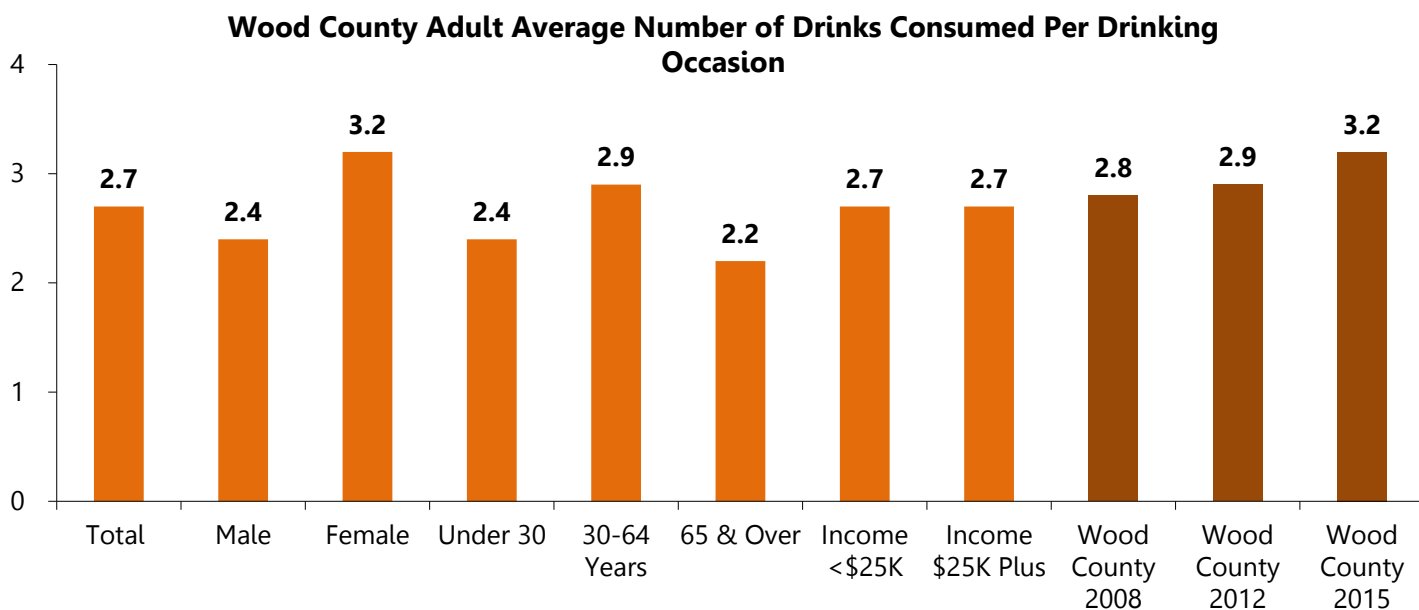
Adult Comparisons	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Current drinker (drank alcohol at least once in the past month)	63%	59%	68%	68%	53%	54%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	29%	24%	20%	27%	18%	17%
Drove after having too much alcohol to drink	N/A	N/A	N/A	7%	4%	4%

N/A-Not Available

The following graphs show the percentage of wood County adults consuming alcohol and the amount consumed on average in the past month. An example of how to interpret the information shown on the first graph include: 32% of all Wood County adults did not drink alcohol in the past month, including 27% of males and 37% of females.



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

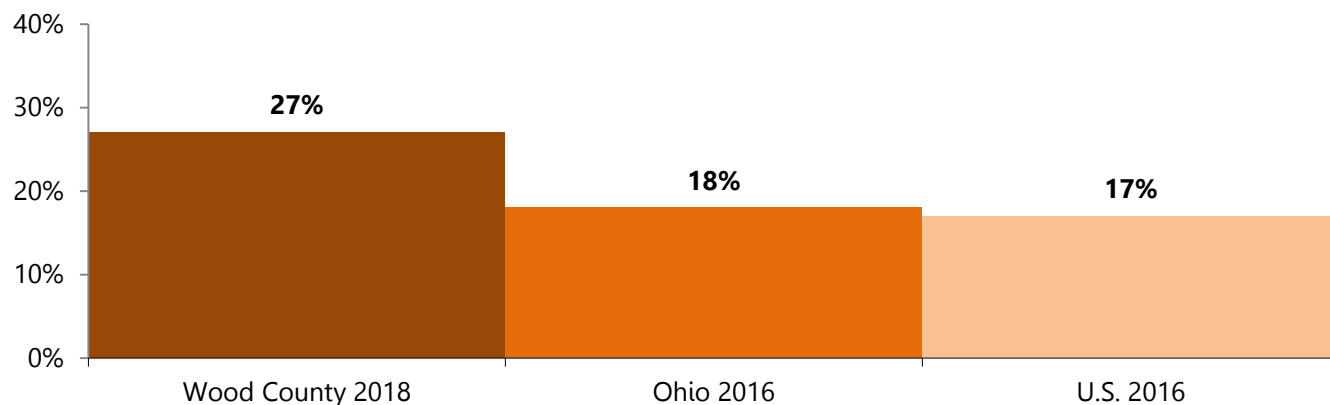


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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

- In 2018, Wood County had a larger percentage of binge drinkers in comparison to Ohio and U.S. rates.

Wood County Adult Binge Drinkers*



**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.*

(Source: 2016 BRFSS, 2018 Wood County Health Assessment)

Economic Costs of Excessive Alcohol Use

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

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

The following table shows Wood County and Ohio motor vehicle accident statistics. The table shows:

- Three percent (3%) of the total crashes in Wood County in 2017 were alcohol-related, as opposed to 4% for Ohio.
- Of the total number of alcohol-related crashes (118) in Wood County, 64% were property damage only and 3% resulted in fatal injury.
- There were 11,928 alcohol-related crashes in Ohio in 2017. Of those crashes, 56% were property damage only, 41% resulted in non-fatal injury, and 2% resulted in fatal injury.

	Wood County 2017	Ohio 2017
Total Crashes	3,567	303,298
Alcohol-Related Total Crashes	118	11,928
Fatal Injury Crashes	14	1,094
Alcohol-Related Fatal Crashes	4	297
Alcohol Impaired Drivers in Crashes	114	11,666
Injury Crashes	780	75,437
Property Damage Only	2,773	226,767
Alcohol-Related Property Damage Only	75	6,733
Deaths	16	1,179
Alcohol-Related Deaths	4	314
Total Non-Fatal Injuries	1,098	108,801
Alcohol-Related Injuries	39	4,898

(Source: Ohio Department of Public Safety, Crash Reports, Traffic Crash Facts, Updated 4/2/2018)

Health Behaviors: Adult Drug Use

Key Findings

In 2018, 6% of Wood County adults had used recreational marijuana during the past 6 months. Four percent (4%) of adults had used medication not prescribed for them or took more than prescribed to feel good, high, more active, and/or alert during the past 6 months.

Adult Drug Use

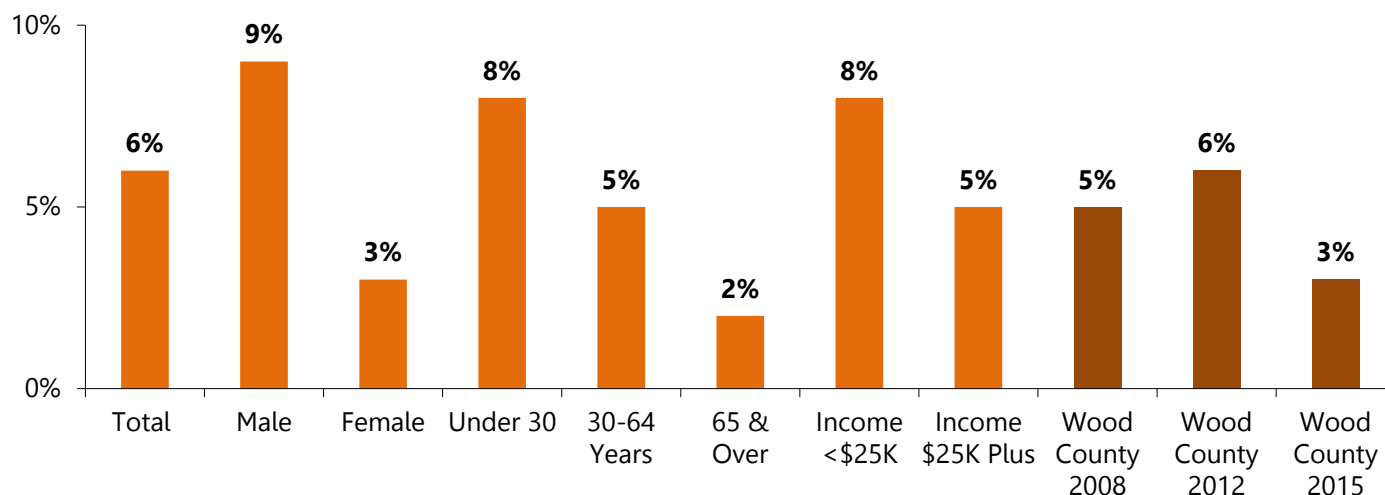
- Six percent (6%) of Wood County adults had used recreational marijuana in the past 6 months, increasing to 9% of males.
- Three percent (3%) of adults had used medicinal marijuana in the past 6 months.
- Two percent (2%) of Wood County adults reported using other recreational drugs in the past 6 months, such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, methamphetamines, inappropriate use of over-the-counter medications such as cold or cough medicine, and wax or oil with THC edibles. Of those adults who reported using these drugs, 24% had done so almost every day.
- Wood County adults reported using the following in the past 30 days: recreational marijuana (5%), medical marijuana (2%), other products that have THC oil (2%), and marijuana that they or their family member or friend grew (2%).
- Wood County adults who used marijuana in the past 30 days used it in the following ways: smoked it (88%), vaporized it (24%), ate it (12%), drank it (8%), dabbed it (8%), and used it in some other way (8%).
- Four percent (4%) of adults had used medication not prescribed for them or they took more than prescribed to feel good, high, more active, and/or alert during the past 6 months, increasing to 7% of those with incomes less than \$25,000 and those over the age of 65.
- Of those who reported misusing prescription medication, 47% did so every day, and 13% did so less than once a month.
- Wood County adults indicated they did the following with their unused prescription medication: took as prescribed (20%), kept it (19%), threw it in the trash (17%), took it to the medication collection program (10%), flushed it down the toilet (7%), took it to the sheriff's office (4%), took it in on drug take back days (4%), kept in a locked cabinet (4%), used drug deactivation pouches (1%), they were stolen (1%), and gave it away (<1%). Thirty-seven percent (37%) of adults did not have unused medication.
- Three percent (3%) of Wood County adults used a program to help with an **alcohol or drug** problem for themselves or a loved one. Reasons for not using such a program included the following: wait time (1%), did not know how to find a program (1%), no program available (1%), had not thought of it (1%), stigma of seeking drug services (1%), did not want to miss work (1%), and other reasons (2%). Ninety-three percent (93%) of adults indicated such a program was not needed.

Adult Comparisons	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Adults who used recreational marijuana (in the past 6 months)	5%	6%	3%	6%	N/A	N/A
Adults who used other recreational drugs (in the past 6 months)	5%	6%	<1%	2%	N/A	N/A
Adults who misused prescription drugs (in the past 6 months)	6%	10%	6%	4%	N/A	N/A

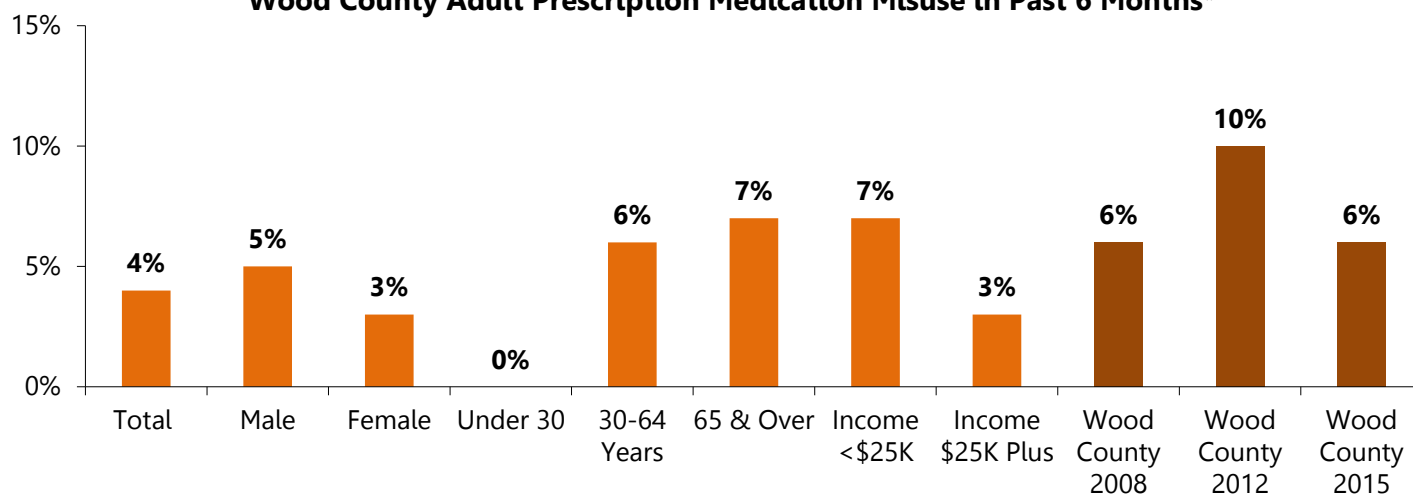
N/A – Not available

The following graphs show adult recreational marijuana use in the past 6 months and prescription medication misuse in the past 6 months. Examples of how to interpret the information include: 6% of all Wood County adults and 8% of adults with incomes less than \$25,000 used recreational marijuana in the past 6 months.

Wood County Adult Recreational Marijuana Use in Past 6 Months



Wood County Adult Prescription Medication Misuse in Past 6 Months*

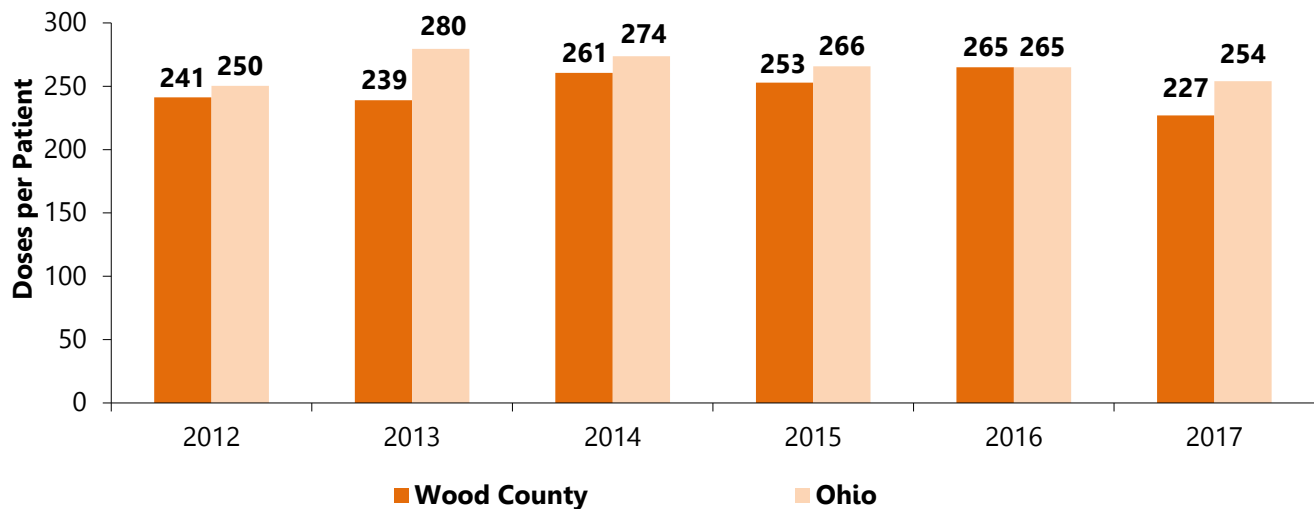


**Respondents were asked "during the past 6 months, have you used any of the following medications that were not prescribed to you, or you took more than was prescribed to feel good or high, more active or alert?"*

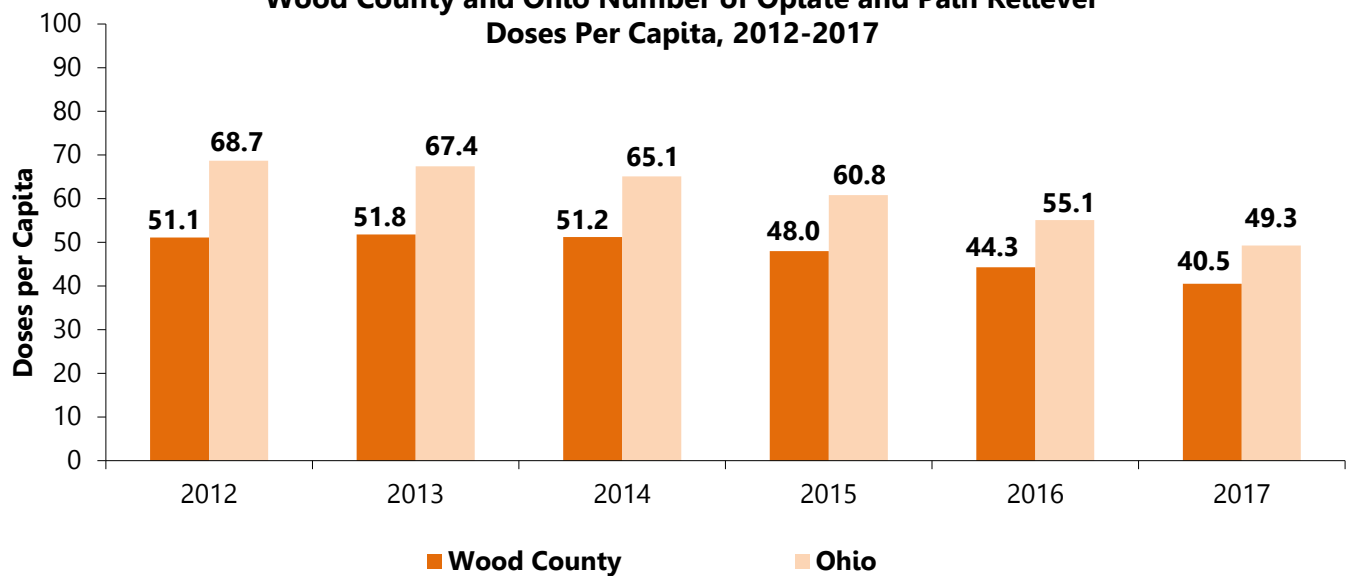
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

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

**Wood County and Ohio Number of Opiate and Pain Reliever
Doses Per Patient, 2012-2017**



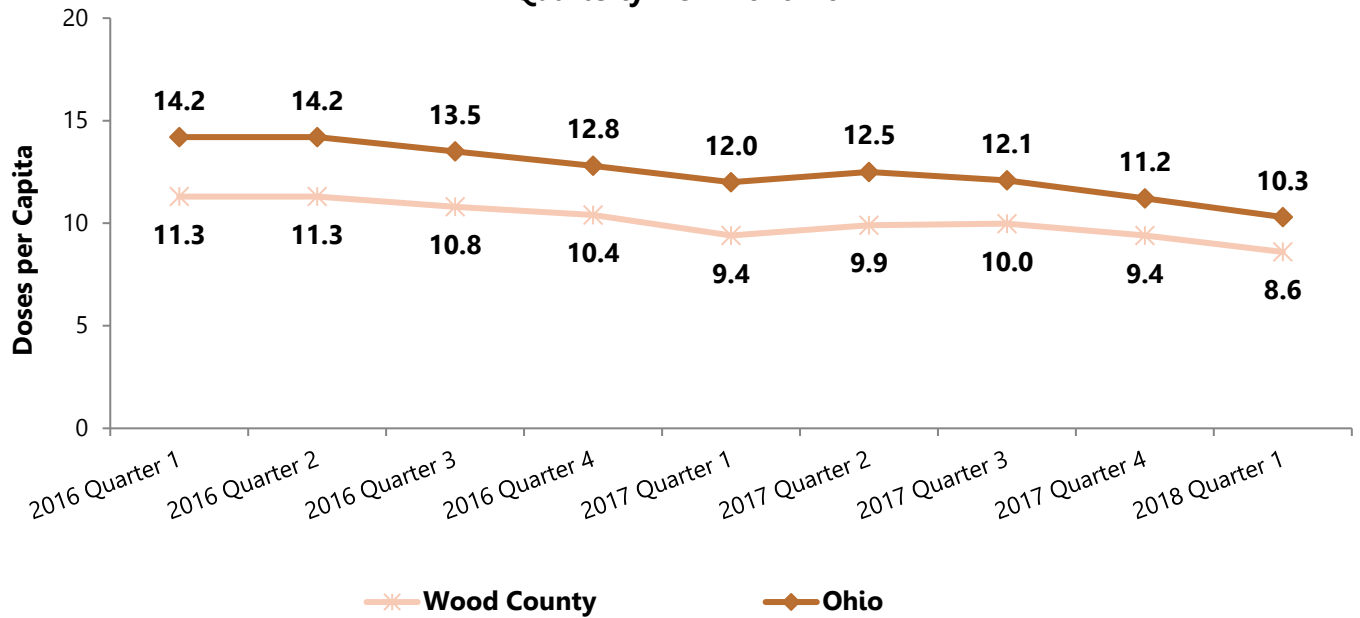
**Wood County and Ohio Number of Opiate and Pain Reliever
Doses Per Capita, 2012-2017**



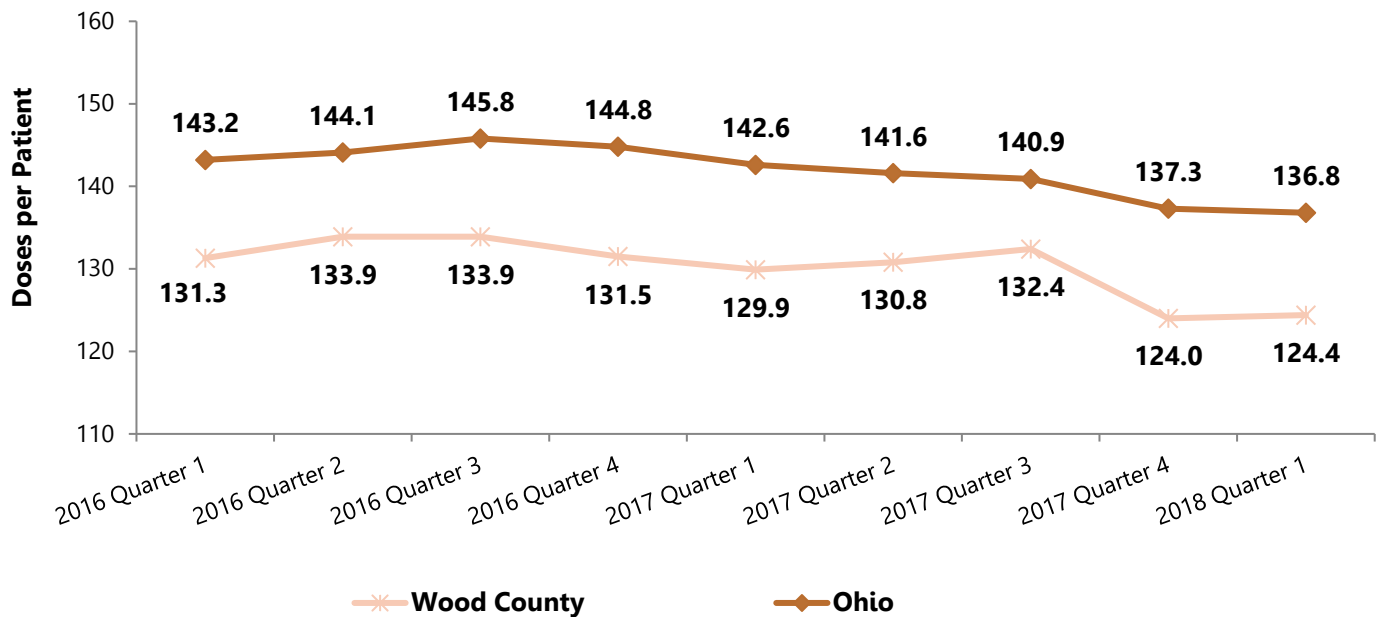
(Source for graphs: Ohio's Automated Rx Reporting System, 2012-2017)

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

Wood County and Ohio Number of Opioid Doses Per Capita, Quarterly from 2016-2017



Wood County and Ohio Number of Opioid Doses Per Patient, Quarterly from 2016-2017



(Source for graphs: Ohio's Automated Rx Reporting System, 2016-2017)

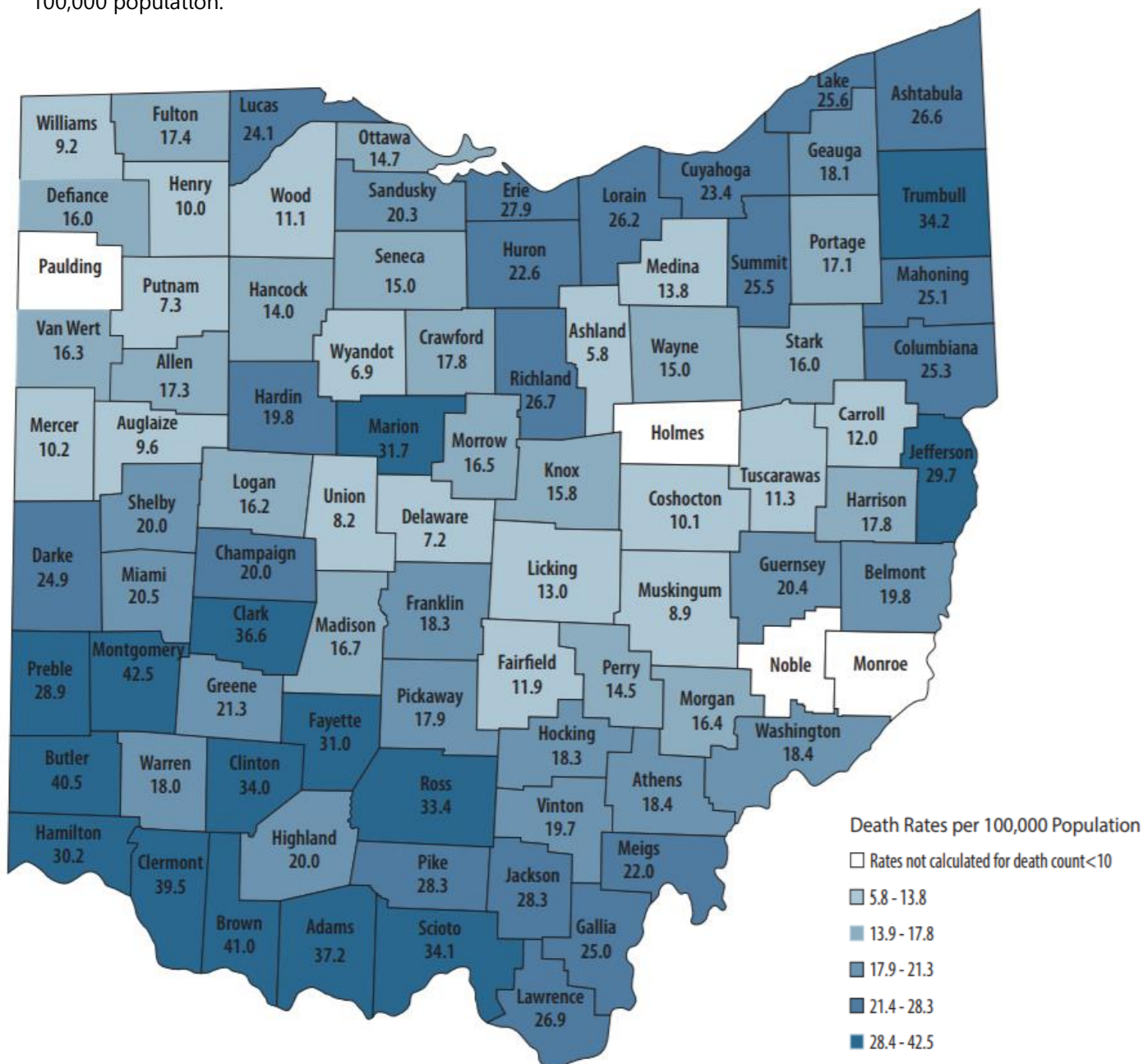
Ohio Automated Rx Reporting System (OARRS)

- OARRS has been collecting information from all Ohio-licensed pharmacies and Ohio personal licensed prescribers regarding outpatient prescriptions for controlled substance since 2006.
 - All data reported is updated every 24 hours and is maintained in a secure database.
- OARRS aims to be a reliable tool in addressing prescription drug diversion and abuse.
- With many features such as a patient care tool, epidemic early warning system, drug diversion and insurance fraud investigation tool, OARRS is the only statewide electronic database that helps prescribers and pharmacists avoid potential life-threatening drug interactions.
 - OARRS also works in limiting patients who “doctor shop” which refers to individuals fraudulently obtaining prescriptions from multiple health care providers for the same or multiple prescription for abuse or illegal distribution.
- Additionally, OARRS is also used for investigating and identifying health care professionals with continual inappropriate prescribing and dispensing to patients, and then aids in law enforcement cases against such acts.

(Source: Ohio Automated RX Reporting System; What is OARRS? updated August 15, 2017)

Average Age-Adjusted Unintentional Drug Overdose Death Rate Per 100,000 Population, by County, 2011-2016

- The Ohio age-adjusted unintentional drug overdose death rate for 2011-2016 was 23.1 deaths per 100,000 population.
- Wood's County's age-adjusted unintentional drug overdose death rate for 2011-2016 was 11.1 deaths per 100,000 population.



(Sources: "2016 Ohio Drug Overdoses Data: General Findings," Ohio Department of Health; Ohio Department of Health, Bureau of Vital Statistics; analysis conducted by ODH Violence and Injury Prevention Program; U.S. Census Bureau (Vintage 2016 population estimates))

Note: Includes Ohio residents who died due to unintentional drug poisoning (underlying cause of death ICD-10 codes X40-X44). Rate suppressed if < 10 total deaths for 2011-2016.

Health Behaviors: Adult Sexual Behavior

Key Findings

In 2018, 70% of Wood County adults had sexual intercourse in the past year. Seven percent (7%) of adults had more than one partner. Five percent (5%) of adults had been forced to have sexual intercourse when they did not want to.

Adult Sexual Behavior

- In 2018, 70% of Wood County adults had sexual intercourse in the past year.
- Seven percent (7%) of adults reported they had intercourse with more than one partner in the past year, increasing to 16% of those incomes less than \$25,000.
- Wood County adults used the following methods of birth control: condoms (26%), birth control pill (15%), they or their partner were too old (14%), vasectomy (14%), withdrawal (9%), tubes tied (7%), hysterectomy (6%), IUD (5%), infertility (3%), shots (2%), ovaries or testicles removed (2%), abstinence (2%), and contraceptive implants (2%), diaphragm (1%), and rhythm method (1%).
- Twenty-one percent (21%) of Wood County adults did not use any method of birth control.
- The following situations applied to Wood County adults:
 - Had sex without a condom in the past year (33%)
 - Tested for an STD in the past year (5%)
 - Engaged in sexual activity they would not have done if sober (3%)
 - Had anal sex without a condom in the past year (3%)
 - Had four or more sexual partners in the past year (3%)
 - Had sexual activity with someone of the same gender (2%)
 - Had sex with someone they met on social media (2%)
 - Tested positive for HPV (1%)
 - Injected any drug other than those prescribed for them (1%)
 - Treated for an STD in the past year (1%)
 - Had given or received money or drugs in exchange for sex in the past year (1%)
 - Had sex with someone they did not know (1%)
 - Tested positive for Hepatitis C (1%)
- Five percent (5%) of Wood County adults had been forced to have sexual activity when they did not want to, increasing to 9% of females.

Contraceptive Use in the United States

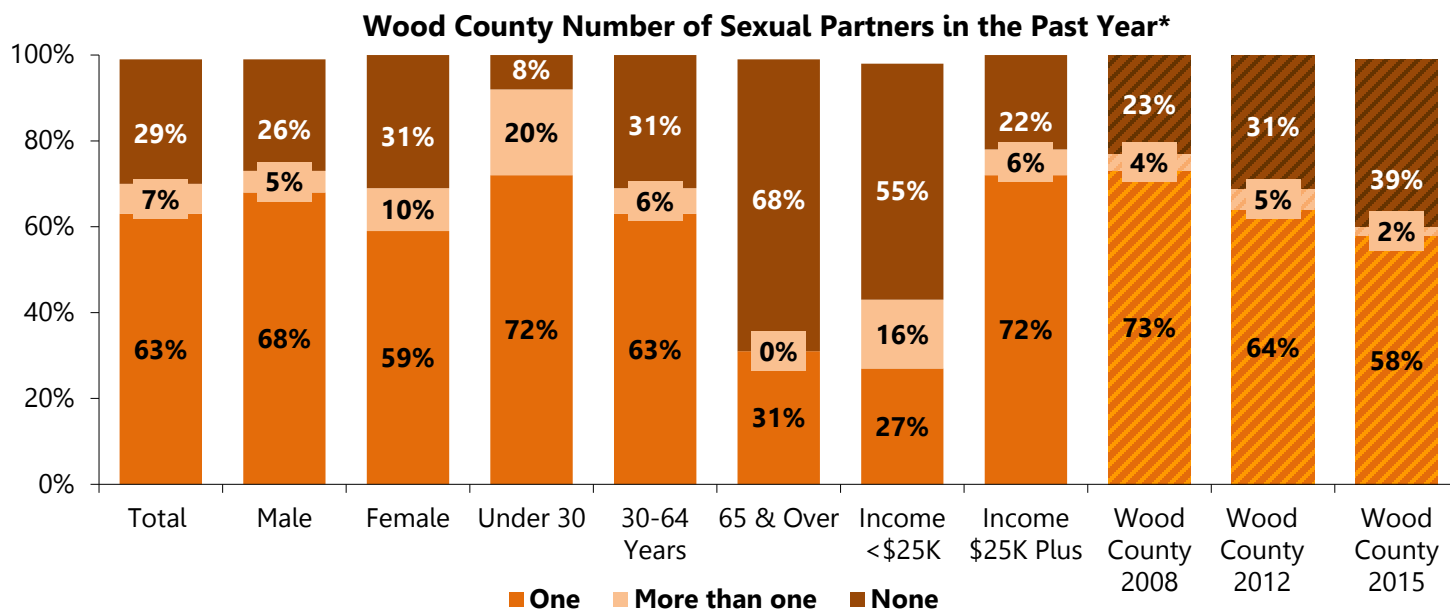
- Sixteen percent (16%) of women aged 15-44 are currently using birth control pills.
- Eight percent (8%) of women aged 15-44 are currently using long-acting reversible contraception such as an Intrauterine device or contraceptive implant.
- Fourteen percent (14%) of women aged 15-44 are currently using female sterilization.
- Five percent (5%) of women aged 15-44 are currently using male sterilization.

(Source: CDC, National Center for Health Statistics, Contraceptive Use, Last Updated July 15, 2016)

Adult Comparisons	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Had more than one sexual partner (in the past year)	4%	5%	2%	7%	N/A	N/A

N/A – Not Available

The following graph shows the number of sexual partners Wood County adults had in the past year. An example of how to interpret the information in the graph includes: 63% of all Wood County adults had one sexual partner in the past 12 months, 7% had more than one, and 20% of those under the age of 30 had more than one partner.



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

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

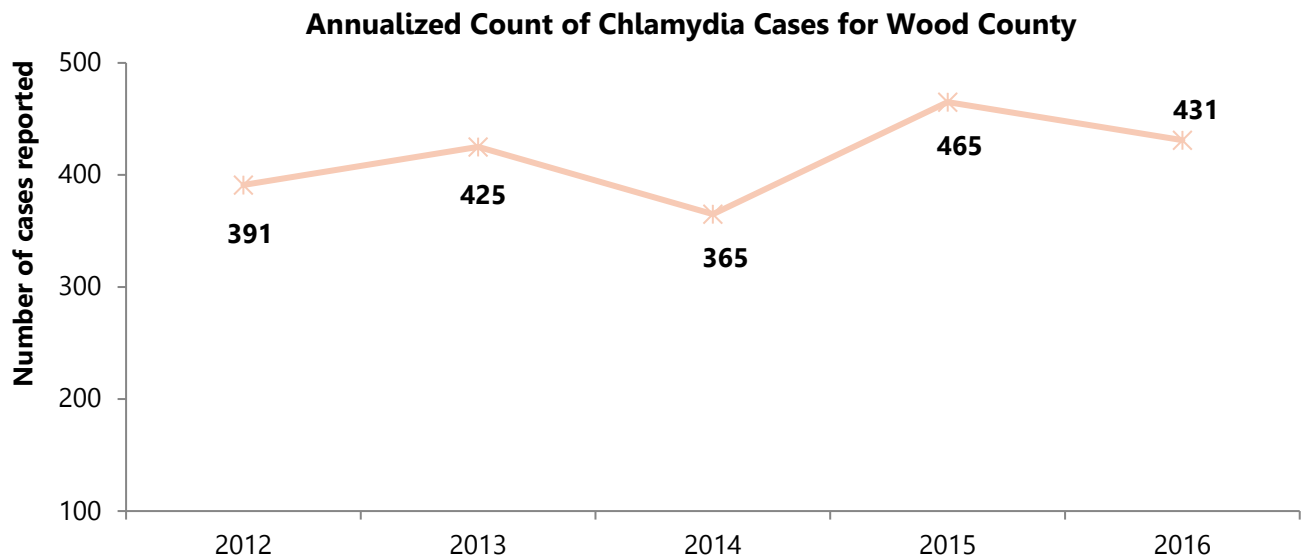
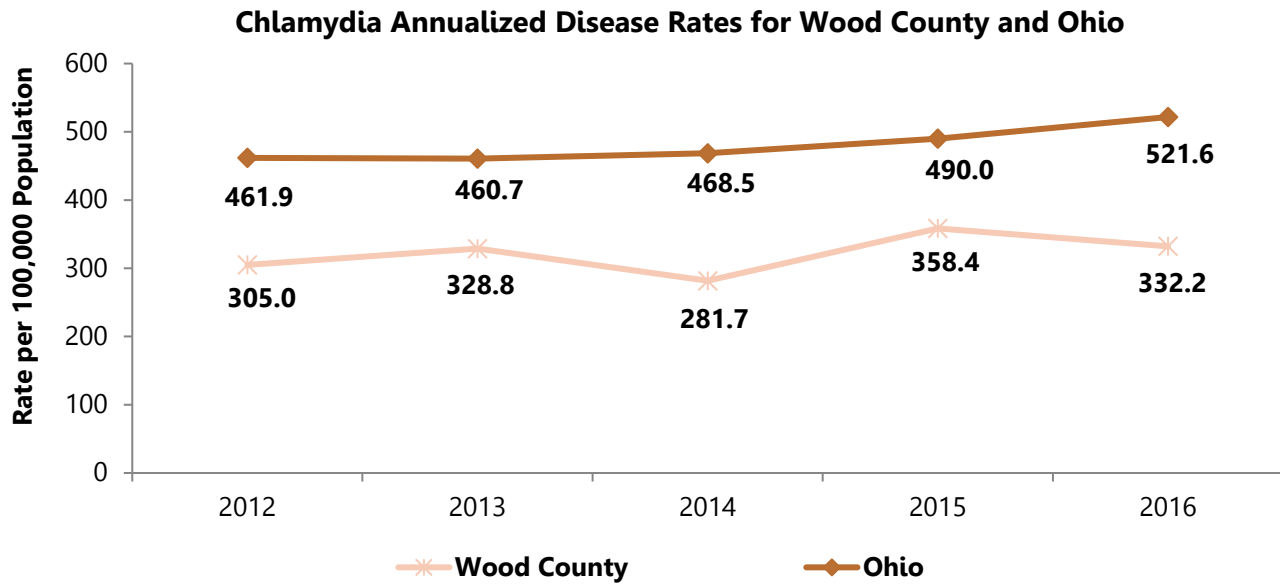
Understanding Sexual Violence

- Sexual violence refers to any sexual activity where consent is not obtained or freely given.
- Anyone can experience or perpetrate sexual violence.
 - Most victims of sexual violence are female
 - Perpetrators are usually someone known to the victim
- There are many types of sexual violence including unwanted touching, unwanted sexual penetration, sexual harassment, and threats.
- Sexual violence is a significant problem in the United States, even though many cases are not reported.
 - 7.3% of high school students reported having been forced to have sex
 - An estimated 20-25% of college women in the U.S. were victims of attempted or completed rape during their college career
 - About 1 in 5 women and 1 in 59 men in the U.S. have been raped at some time in their lives
- Sexual violence can negatively impact health in many ways including chronic pain and STD's and is also linked to negative health behaviors including tobacco, drug, and alcohol abuse.
- The ultimate goal is to stop sexual violence before it begins. Many activities are needed to accomplish this goal including:
 - Engaging middle and high school students in skill-building activities that address healthy sexuality
 - Helping parents identify and address violent attitudes and model healthy relationships
 - Engaging youth and adults as positive bystanders to speak up against sexism and violence supportive behaviors and intervene when they see someone at risk
 - Create and enforce policies at work, school, and other places that address sexual harassment
 - Implement evidence-based prevention strategies in schools and communities

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

The following graphs show Wood County chlamydia disease rates per 100,000 population and the number of chlamydia disease cases. The graphs show:

- Wood County chlamydia rates fluctuated from 2012 to 2016.
- The number of chlamydia cases in Wood County decreased from 2015 to 2016.

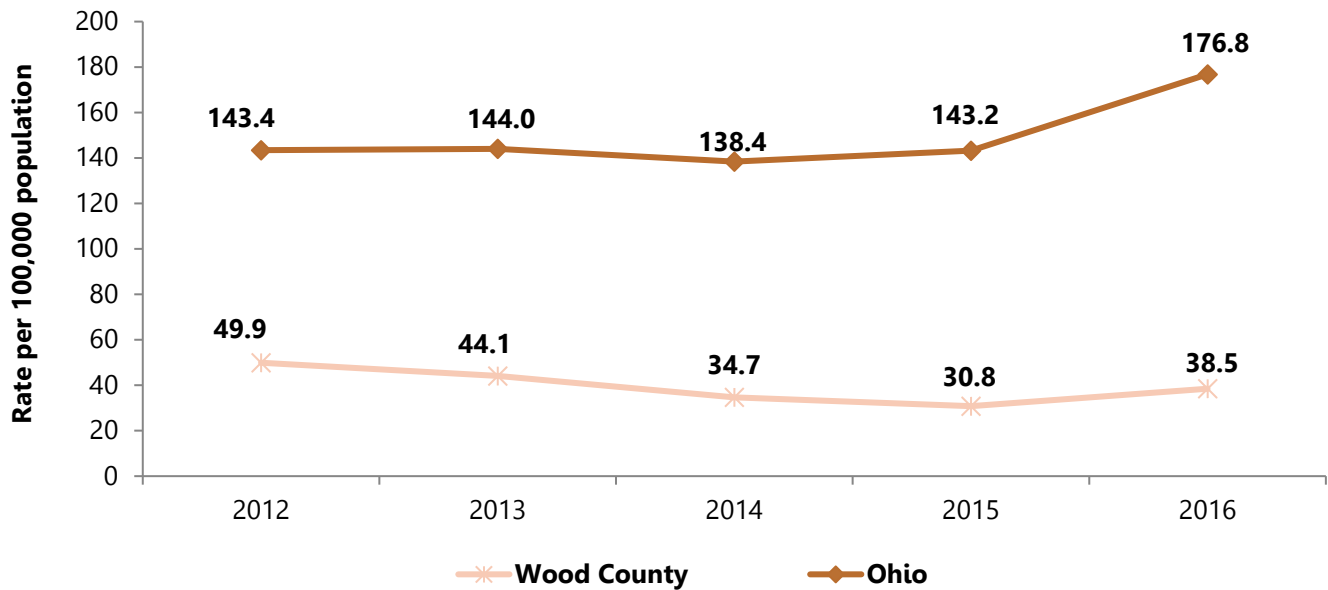


(Source for graphs: ODH, STD Surveillance, data reported through 5/7/17)

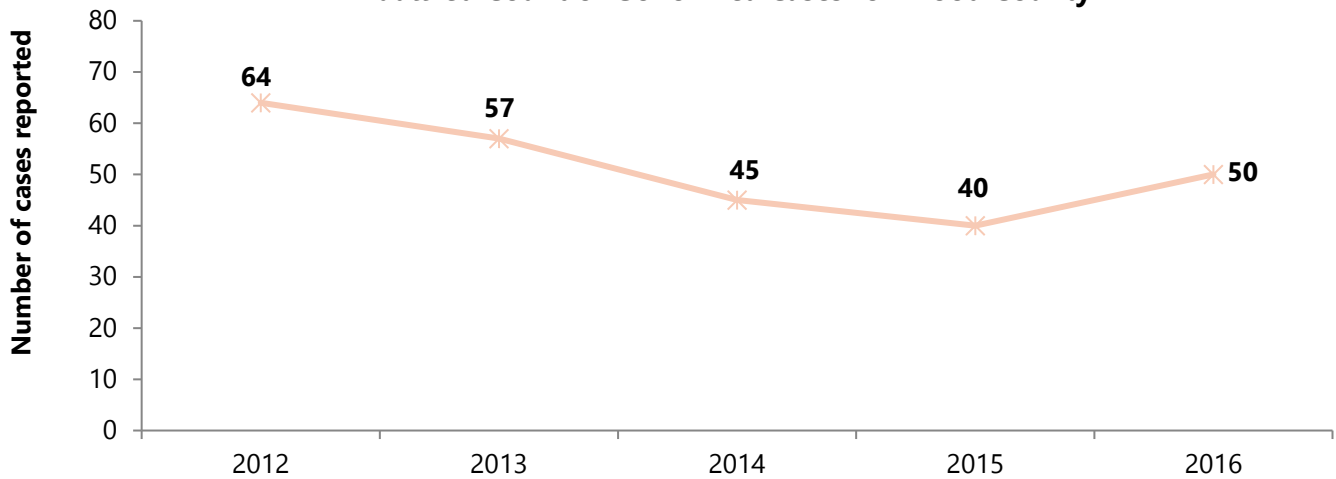
The following graphs show Wood County gonorrhea disease rates per 100,000 population and the number of gonorrhea disease cases. The graphs show:

- The Wood County gonorrhea rate increased from 2015-2016.
- The Ohio gonorrhea rate stayed about the same from 2012-2015, but increased in 2016.

Gonorrhea Annualized Disease Rates for Wood County and Ohio



Annualized Count of Gonorrhea Cases for Wood County

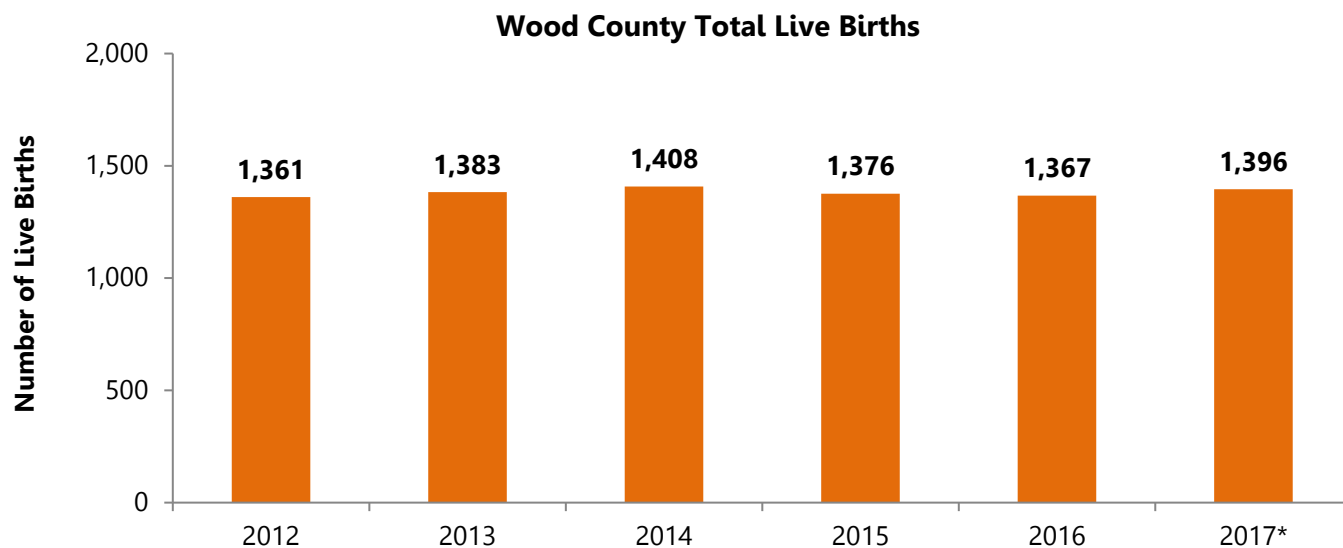


(Source for graphs: ODH, STD Surveillance, data reported through 5/7/17)

Pregnancy Outcomes

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

- From 2012-2017, there was an average of 1,382 live births per year in Wood County.



**Data for 2017 partial and incomplete, and should be used with caution
(Source: Ohio Public Health Data Warehouse, Updated 4-15-18)*

Health Behaviors: Adult Mental Health

Key Findings

In 2018, 2% of Wood County adults seriously considered attempting suicide. Eleven percent (11%) of Wood County adults had used a program or service to help with depression, anxiety, or other emotional problems for themselves or a loved one.

Adult Mental Health

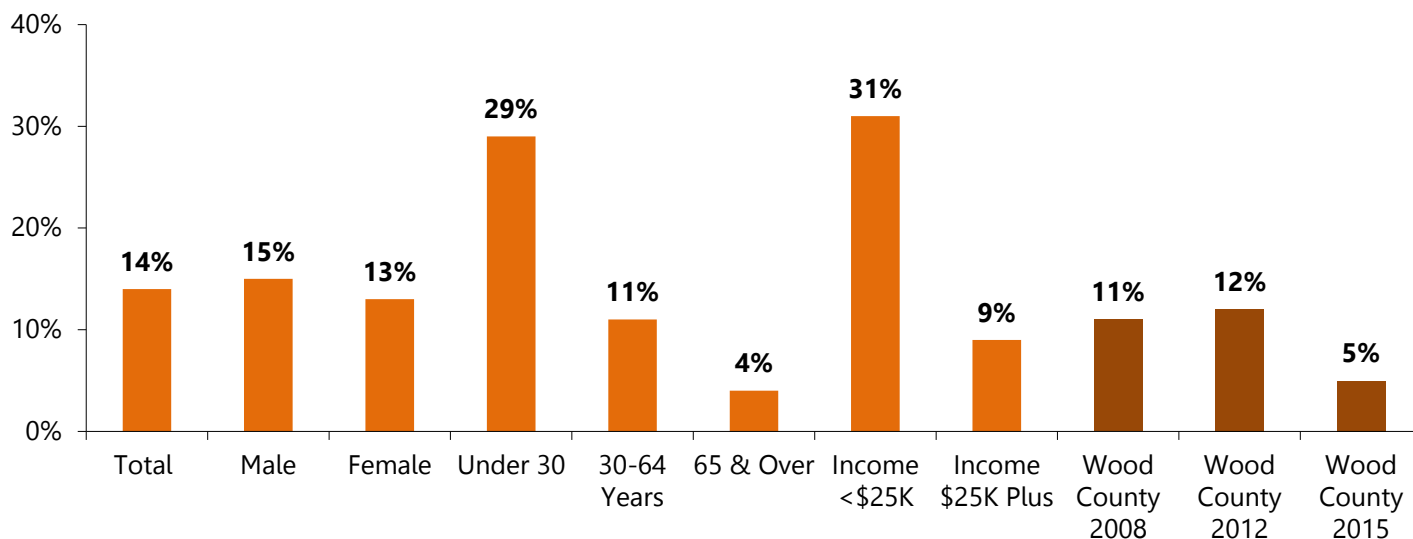
- In the past year, 14% of Wood County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities, increasing to 31% those with incomes less than \$25,000.
- Two percent (2%) of Wood County adults seriously considered attempting suicide in the past year.
- No adults reported attempting suicide in the past year.
- Wood County adults indicated the following caused them anxiety, stress, or depression: job stress (39%), financial stress (34%), current news/world events/political environment (19%), death of close family member or friend (18%), poverty/no money (16%), marital/dating relationship (15%), other stress at home (15%), fighting at home (14%), sick family member (13%), unemployment (8%), social media (7%), family member with mental illness (6%), caring for a parent (6%), divorce/separation (4%), not having enough to eat (4%), not feeling safe at home (3%), not feeling safe in the community (2%), not having a place to live (1%), sexual orientation/gender identity (<1%), and other causes (16%).
- Eleven percent (11%) of Wood County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included the following: had not thought of it (9%), could not afford to go (6%), stigma of seeking mental health services (5%), other priorities (4%), did not know how to find a program (3%), co-pay/deductible too high (2%), took too long to get in to see a health care provider (2%), fear (1%), transportation (1%), and other reasons (5%). Two-thirds (67%) of adults indicated they did not need such a program.

Adult Comparisons	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Felt sad or hopeless for two or more weeks in a row	11%	12%	5%	14%	N/A	N/A
Considered attempting suicide in the past year	1%	2%	N/A	2%	N/A	N/A
Attempted suicide in the past year	0%	0%	N/A	0%	N/A	N/A

N/A – Not Available

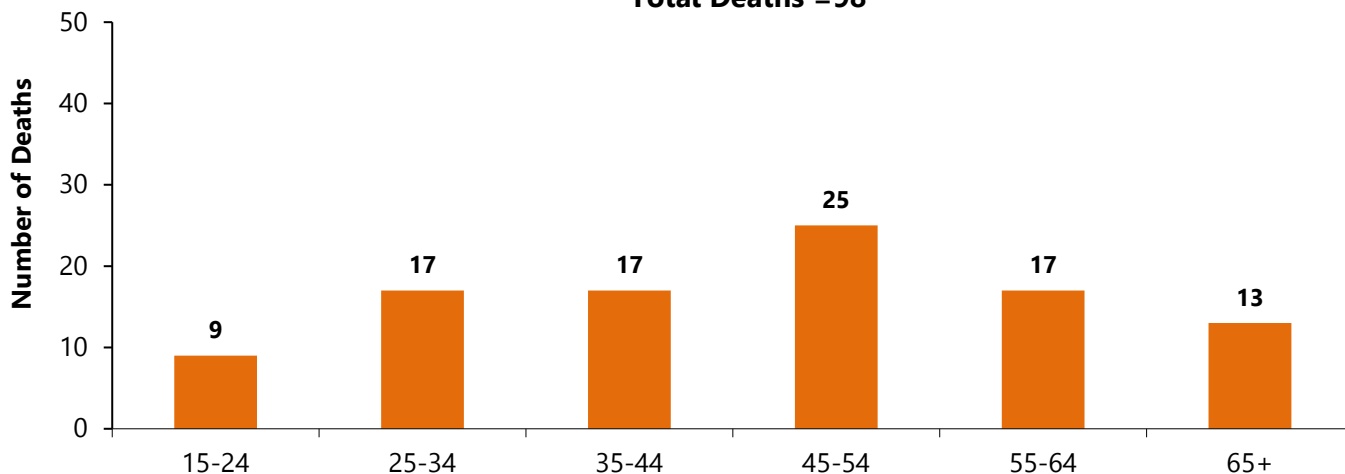
The following graph shows Wood County adults who felt sad or hopeless for two or more weeks in a row in the past year. An example of how to interpret the information in the graph includes: 14% of all Wood County adults felt sad or hopeless for two or more weeks in a row, including 15% of males and 13% of females.

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



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

**Wood County Number of Suicide Deaths By Age Group
2011-2017*
Total Deaths =98**



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

Chronic Disease: Cardiovascular Health

Key Findings

In 2018, 3% of Wood County adults had survived a heart attack and 2% had survived a stroke at some time in their lives. Thirty-nine percent (39%) of Wood County adults were obese, 35% had high blood pressure, 32% had high blood cholesterol, and 11% were current smokers, four known risk factors for heart disease and stroke.

Heart Disease and Stroke

- In 2018, 3% of Wood County adults reported they had survived a heart attack or myocardial infarction, increasing to 10% of those over the age of 65.
- Five percent (5%) of Ohio and 4% of U.S. adults reported they had a heart attack or myocardial infarction in 2016 *(Source: 2016 BRFSS)*.
- Two percent (2%) of Wood County adults reported they had survived a stroke, increasing to 7% of those over the age of 65.
- Four percent (4%) of Ohio and 3% of U.S. adults reported having had a stroke in 2016 *(Source: 2016 BRFSS)*.
- Five percent (5%) of adults reported they had angina or coronary heart disease, increasing to 16% of those over the age of 65.
- Five percent (5%) of Ohio and 4% of U.S. adults reported having had angina or coronary heart disease in 2016 *(Source: 2016 BRFSS)*.

High Blood Pressure (Hypertension)

- More than one-third (35%) of adults had been diagnosed with high blood pressure. The 2015 BRFSS reports hypertension prevalence rates of 34% for Ohio and 31% for the U.S.
- Seventy-one percent (71%) of adults with high blood pressure were taking medication for it.
- Eighty-nine percent (89%) of adults had their blood pressure checked within the past year.
- Wood County adults diagnosed with high blood pressure were more likely to have:
 - Rated their overall health as fair or poor (68%)
 - Been ages 65 years or older (62%)
 - Been classified as obese by Body Mass Index-BMI (47%)

Wood County Leading Causes of Death 2014-2016

Total Deaths: 3,399

- Heart Disease (26% of all deaths)
- Cancer (22%)
- Chronic Lower Respiratory Diseases (7%)
- Stroke (6%)
- Alzheimer's Disease (5%)

(Source: Ohio Public Health Data Warehouse, 2014-2016)

Ohio Leading Causes of Death 2014-2016

Total Deaths: 352,105

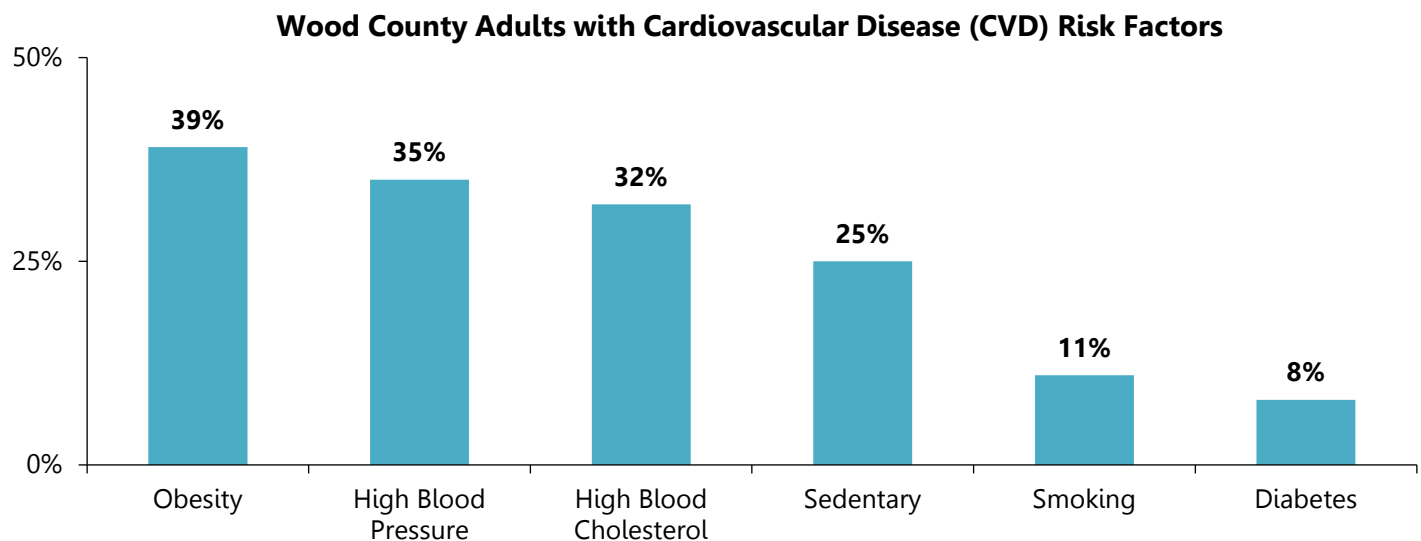
- Heart Disease (23% of all deaths)
- Cancer (22%)
- Chronic Lower Respiratory Diseases (6%)
- Accidents, Unintentional Injuries (6%)
- Stroke (5%)

(Source: Ohio Public Health Data Warehouse, 2014-2016)

High Blood Cholesterol

- Nearly one-third (32%) of adults had been diagnosed with high blood cholesterol. The 2015 BRFSS reported that 37% of Ohio and 36% of U.S. adults have been told they have high blood cholesterol.
- Three-fifths (80%) of adults had their blood cholesterol checked within the past 5 years. The 2015 BRFSS reported 78% of Ohio and U.S. adults had their blood cholesterol checked within the past 5 years.
- Wood County adults with high blood cholesterol were more likely to have:
 - Been ages 65 years or older (60%)
 - Rated their overall health as fair or poor (43%)

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



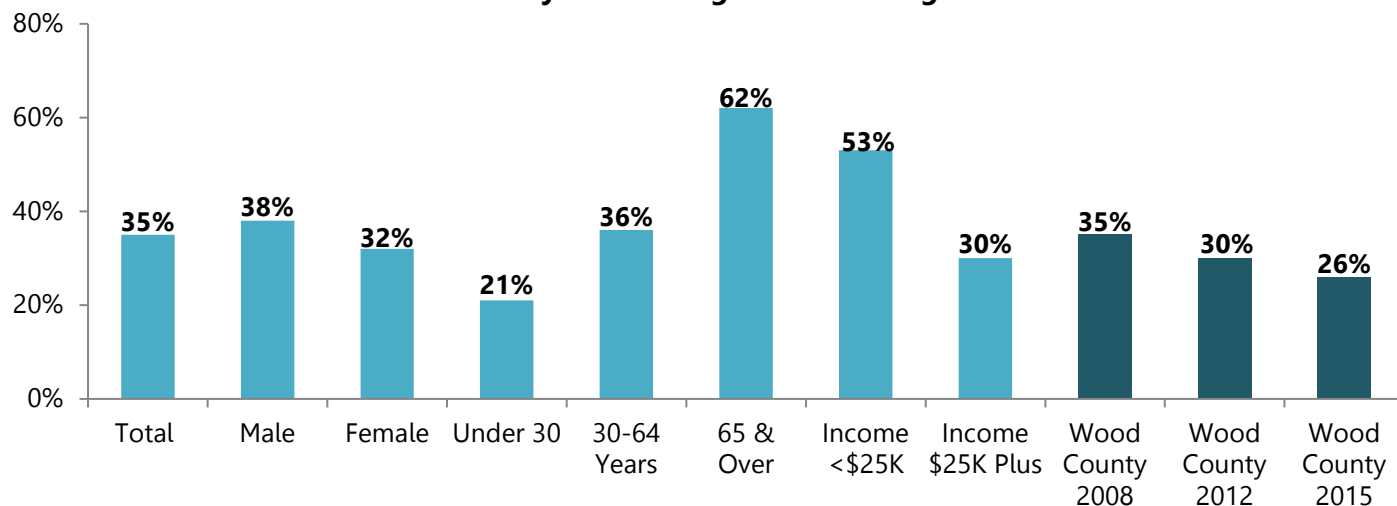
Adult Comparisons	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Had angina or coronary heart disease	N/A	N/A	4%	5%	5%	4%
Had a heart attack	N/A	N/A	4%	3%	5%	4%
Had a stroke	N/A	N/A	3%	2%	4%	3%
Diagnosed with high blood pressure	35%	30%	26%	35%	34%*	31%*
Diagnosed with high blood cholesterol	31%	31%	30%	32%	37%*	36%*
Had blood cholesterol checked (within past 5 years)	69%	69%	73%	80%	78%*	78%*

N/A – Not Available

*2015 BRFSS data

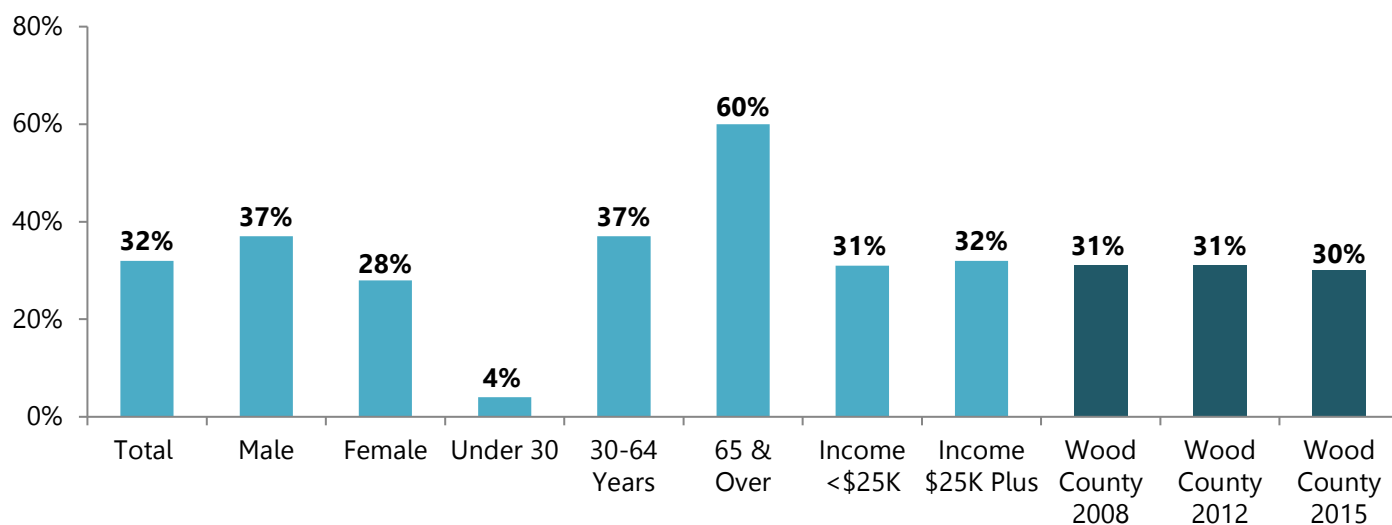
The following graphs show the number of Wood County adults who had been diagnosed with high blood pressure and high blood cholesterol. An example of how to interpret the information on the first graph includes: 35% of all Wood County adults had been diagnosed with high blood pressure, 38% of males and 62% of those 65 years and older.

Wood County Adults Diagnosed with High Blood Pressure*



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

Wood County Adults Diagnosed with High Blood Cholesterol

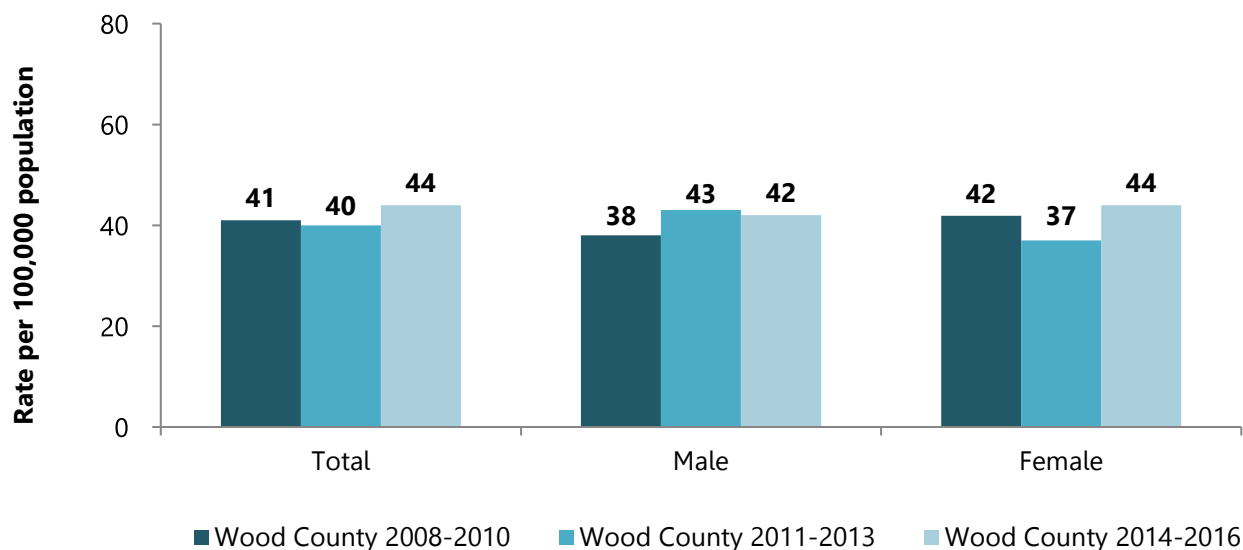


Notes for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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

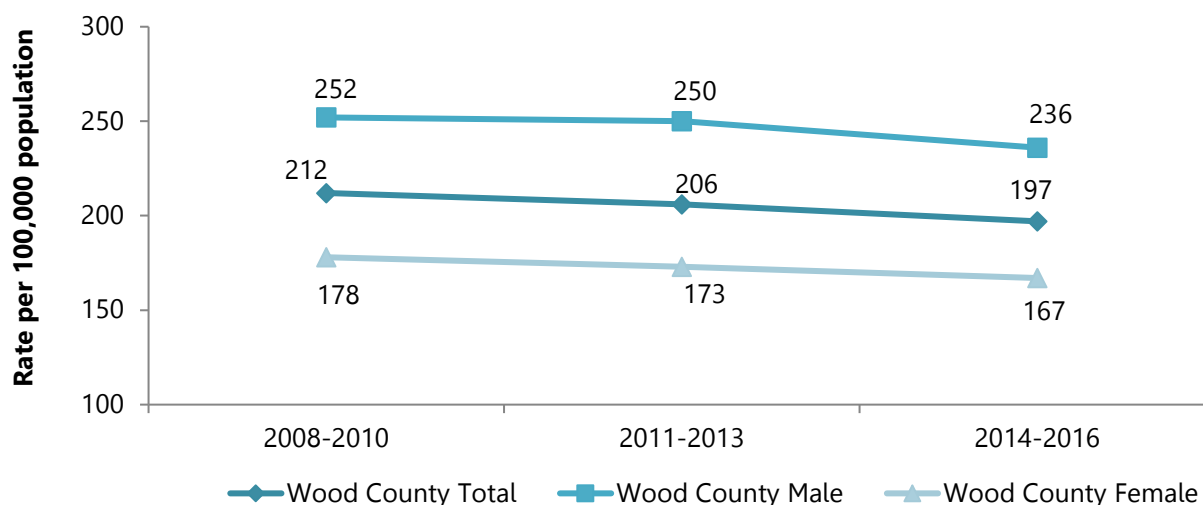
- From 2011 to 2016, the Union County female stroke mortality rate increased.
- From 2008 to 2016, the total Union County age adjusted heart disease mortality rate, as well as the male and female heart disease mortality rate, decreased.

Wood County Age-Adjusted Stroke Mortality Rates by Gender



(Source: Ohio Public Health Data Warehouse, 2008-2016)

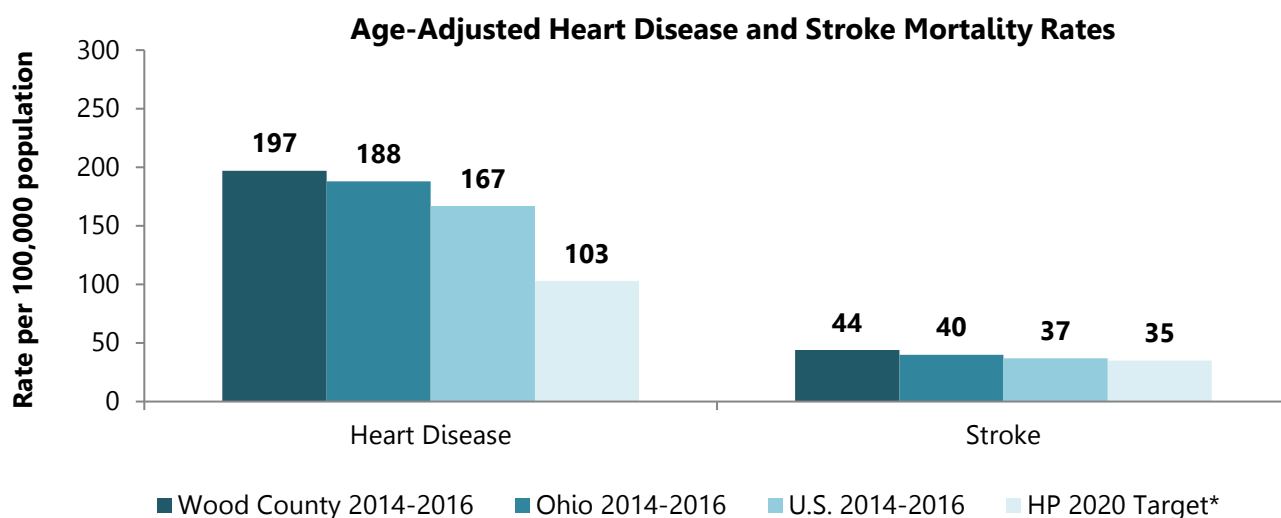
Wood County Age-Adjusted Heart Disease Mortality Rates by Gender



(Source: Ohio Public Health Data Warehouse, 2008-2016)

The following graph shows 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 2014 to 2016 the Wood County heart disease mortality rate was higher than the Ohio and U.S. rate, and the Healthy People 2020 target objective.
- The Wood County age-adjusted stroke mortality rate from 2014 to 2016 was higher than the Ohio and U.S. rate and the Healthy People 2020 target objective.



**The Healthy People 2020 Target objective for coronary heart disease is reported for heart attack mortality.
(Source: Ohio Public Health Data Warehouse, 2014-2016, CDC Wonder 2013-2015, Healthy People 2020)*

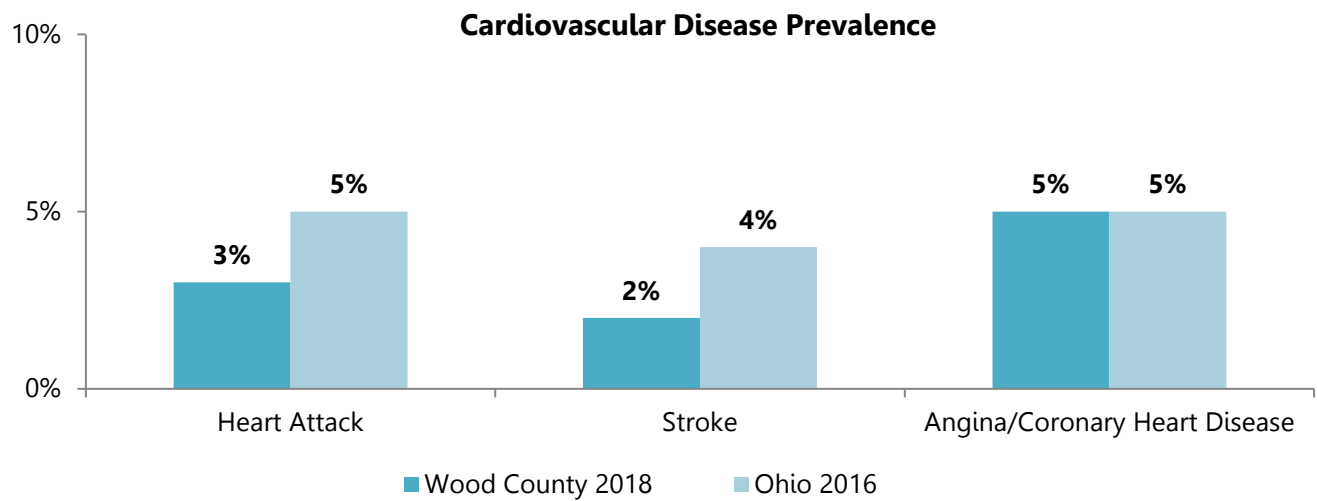
Healthy People 2020 Objectives Heart Disease and Stroke (HDS)

Objective	Wood Survey Population 2018	U.S. Baseline 2015	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	35%	31% Adults age 18 and up	27%
HDS-6: Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years	80%	75% Adults age 18 & up	82%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	32%	36% Adults age 20+ with TBC > 240 mg/dl	14%

*Note: All U.S. figures age-adjusted to 2000 population standard.
(Sources: Healthy People 2020, 2015 BRFSS, 2018 Wood County Health Assessment)*

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

- The Wood County heart attack and stroke rates were lower than the Ohio rates.



(Sources: 2018 Wood Health Assessment and 2016 BRFSS)

Chronic Disease: Cancer

Key Findings

In 2018, 14% of Wood County adults had been diagnosed with cancer at some time in their lives.

Adult Cancer

- Fourteen percent (14%) of Wood County adults were diagnosed with cancer at some point in their lives, increasing to 35% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types: other skin cancer (33%), breast (30%), prostate (20%), melanoma (10%), colon (10%), bladder (4%), lung (2%), bone (2%), leukemia (2%), and other types of cancer (15%). Four percent (4%) of adults reported multiple types of cancer.

Wood County Incidence of Cancer, 2011-2015

All Types: 3,131

- Breast: 456 cases (15%)
- Lung and Bronchus: 396 cases (13%)
- Prostate: 391 cases (12%)
- Colon and Rectum: 317 cases (10%)

In 2014-2016, there were 734 cancer deaths in Wood County.

(Source: Ohio Cancer Incidence Surveillance System, Ohio Public Health Data Warehouse, Updated 4/2/2018)

Cancer Facts

- The Ohio Department of Health (ODH) indicates that from 2014-2016, cancers caused 22% (734 of 3,399 total deaths) of all Wood County resident deaths *(Source: Ohio Public Health Data Warehouse, 2014-2016)*.
- The American Cancer Society reports that smoking tobacco is associated with cancers of the mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with the following cancers: lung, colorectal, stomach, pancreas, kidney, bladder, uterine cervix, ovary (mucinous) and acute myeloid leukemia *(Source: American Cancer Society, Facts & Figures 2018)*.
- The American Cancer Society states that about 609,640 Americans are expected to die of cancer in 2018. Cancer is the second leading cause of death in the U.S., exceeded only by heart disease. Nearly 1 of every 7 deaths is associated with cancer *(Source: American Cancer Society, Facts & Figures 2018)*.

Lung Cancer

- In Wood County, 13% of male adults were current smokers, and 32% had stopped smoking for one or more days in the past 12 months because they were trying to quit.
- Approximately 10% of female adults in the county were current smokers, and 43% had stopped smoking for one or more days in the past 12 months because they were trying to quit
- ODH reports that lung and bronchus cancer (n=120) was the leading cause of male cancer deaths from 2014-2016 in Wood County, followed by colon and rectum (n=41) and prostate (n=30) cancers *(Ohio Public Health Data Warehouse, 2014-2016)*.
- ODH reports that lung and bronchus cancer (N=67) was the leading cause of female cancer deaths in Wood County from 2014-2016, followed by breast (n=46) and colon and rectum (n=32) cancers.
- According to the American Cancer Society, smoking causes 80-90% of lung cancer deaths in the U.S. Men and women who smoke are about 15-30 times more likely to develop lung cancer than nonsmokers *(Source: American Cancer Society, Facts & Figures 2018)*.

Breast Cancer

- In 2018, 51% of Wood County females reported having had a clinical breast examination in the past year.

- Nearly half (48%) of Wood County females over the age of 40 had a mammogram in the past year.
- The 5-year relative survival for women diagnosed with localized breast cancer (cancer that has not spread to lymph nodes or other locations outside the breast) is 99% *(Source: American Cancer Society, Facts & Figures 2018)*.
- 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 2018)*.

Prostate Cancer

- Half (50%) of Wood County men had a digital rectal exam in their lifetime, and 17% had one in the past year.
- ODH statistics indicate that prostate cancer deaths accounted for 8% of all male cancer deaths from 2014-2016 in Wood County *(Source: Ohio Public Health Data Warehouse, 2014-2016)*.
- Incidence rates for prostate cancer are 74% higher in African Americans than in whites, and they are twice as likely to die of prostate cancer. Other risk factors include strong familial predisposition, diet high in processed meat or dairy foods, and obesity. African American men and Caribbean men of African descent have the highest documented prostate cancer incidence rates in the world *(Source: American Cancer Society, Facts & Figures 2018)*.

Colon and Rectum Cancers

- ODH indicates that colorectal cancer accounted for 10% of all male and female cancer deaths from 2014-2016 in Wood County *(Source: Ohio Public Health Data Warehouse, 2014-2016)*.
- The American Cancer Society reports several risk factors for colorectal cancer, including age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; obesity; physical inactivity; a diet high in red or processed meat; alcohol use; and long-term smoking. Very low intake of fruits and vegetables is also potentially a risk factor for colorectal cancer *(Source: American Cancer Society, Facts & Figures 2018)*.

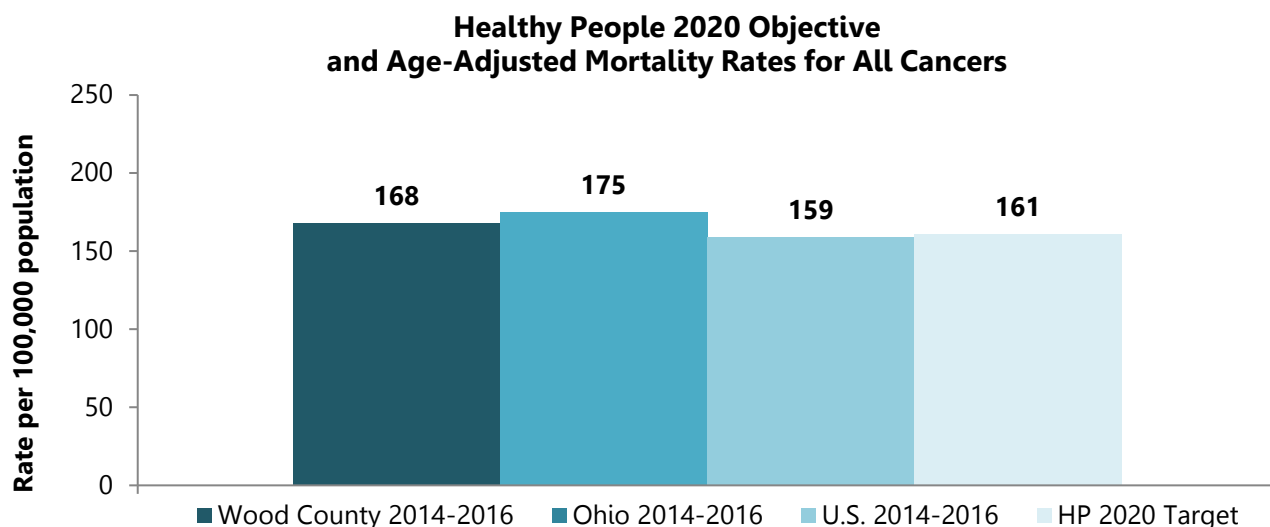
2018 Cancer Estimates

- In 2018, about 1,735,350 million new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about eighteen percent of the new cancer cases expected to occur in the U.S. in 2018 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 609,640 Americans are expected to die of cancer in 2018.
- Almost one third of cancer deaths are attributed to smoking.
- In 2018, estimates predict that there will be 56,590 new cases of cancer and 25,740 cancer deaths in Ohio.
- Of the new cancer cases, approximately 10,760 (16%) will be from lung and bronchus cancers and 5,550 (8%) will be from colon and rectum cancers.
- About 10,610 new cases of female breast cancer are expected in Ohio.
- New cases of male prostate cancer in Ohio are expected to be 5,810 (8%).

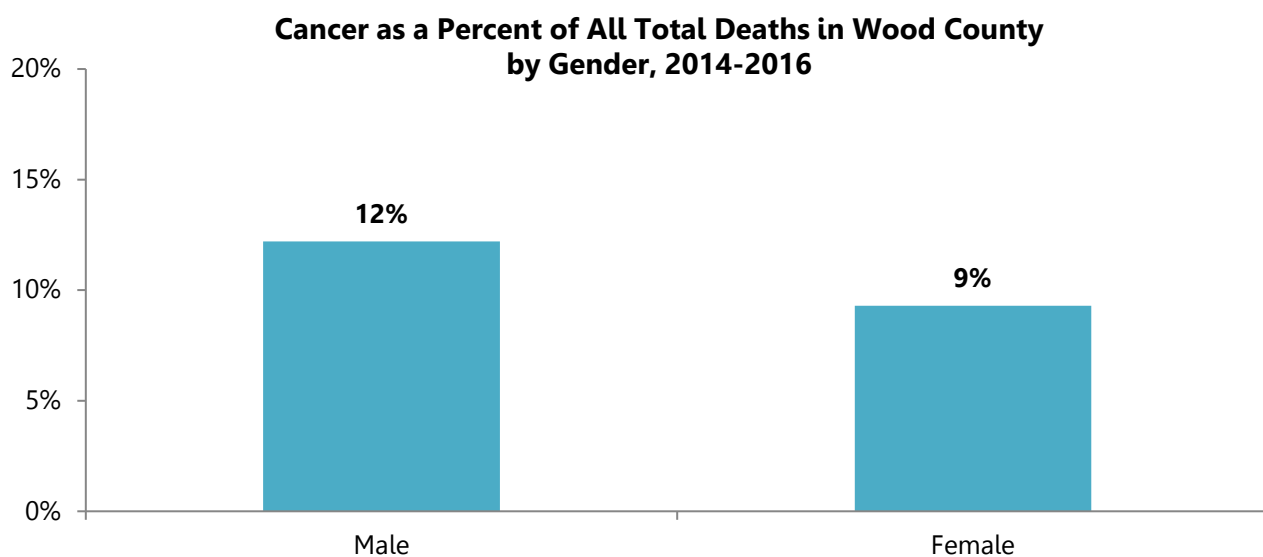
(Source: American Cancer Society, Facts and Figures 2018)

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

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



(Source: Ohio Public Health Data Warehouse, 2014-2016, CDC Wonder, Healthy People 2020)



(Source: Ohio Public Health Data Warehouse, 2014-2016)

Wood County Incidence of Cancer, 2011-2015

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer	Age-Adjusted Rates
Breast	456	15%	67.5
Lung and Bronchus	396	13%	55.5
Prostate	391	12%	113.0
Colon and Rectum	317	10%	46.2
Other/Unspecified	258	8%	37.1
Melanoma of Skin	184	6%	27.0
Bladder	138	4%	19.1
Non-Hodgkins Lymphoma	129	4%	19.3
Cancer and Corpus Uteri	104	3%	27.6
Kidney and Renal Pelvis	104	3%	15.1
Oral Cavity & Pharynx	102	3%	14.4
Thyroid	92	3%	15.4
Leukemia	83	3%	12.1
Pancreas	72	2%	10.3
Multiple Myeloma	48	2%	6.6
Brain and CNS	44	1%	7.1
Liver and Bile Ducts	41	1%	5.9
Ovary	41	1%	12.0
Esophagus	30	1%	4.2
Larynx	27	1%	3.7
Stomach	26	<1%	3.7
Testis	26	<1%	7.9
Cancer of Cervix Uteri	11	<1%	3.4
Hodgkins Lymphoma	11	<1%	1.4
Total	3,131	100%	450.2

(Source: Ohio Cancer Incidence Surveillance System, ODH Public Health Data Warehouse, Updated 4/2/18)

Chronic Disease: Arthritis

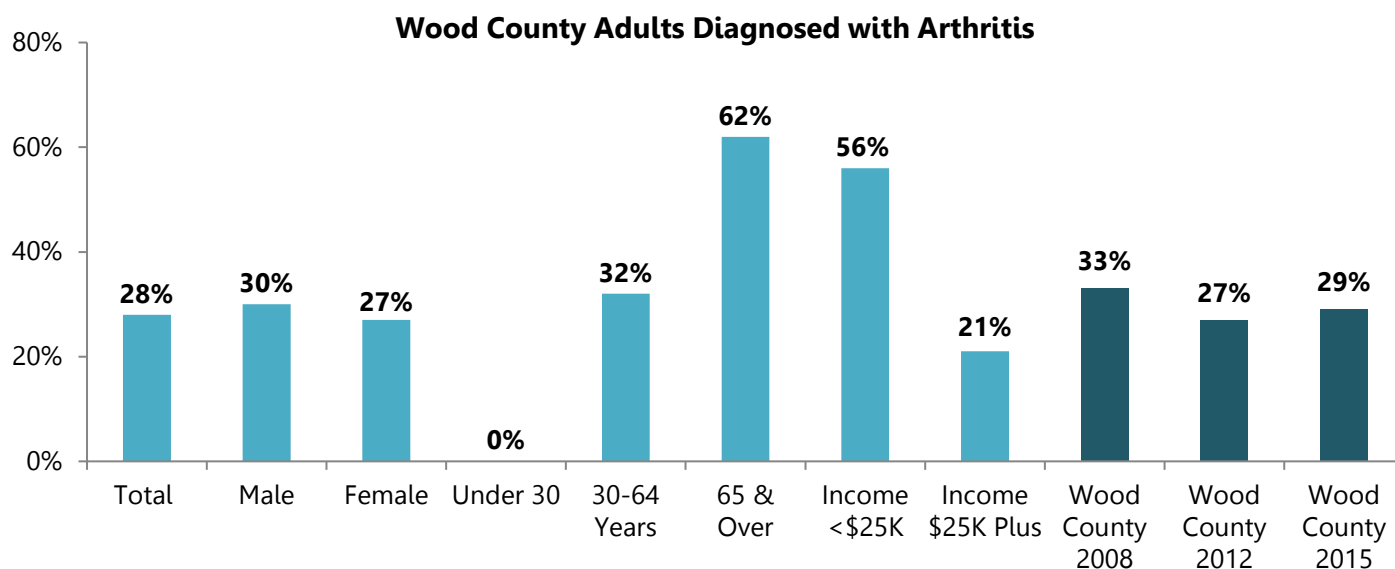
Key Findings

More than one-quarter (28%) of Wood County adults were diagnosed with arthritis.

Arthritis

- More than one-fourth (28%) of Wood County adults were told by a health professional that they had some form of arthritis, increasing to 62% of those over the age of 65. According to the 2016 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.
- More than three-fourths (77%) of adults diagnosed with arthritis were overweight or obese.
- 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, 2016).
- An estimated 53 million U.S. adults (about 23%) report having doctor-diagnosed arthritis. By 2040, over 78 million people will have arthritis. Arthritis is more common among women (24%) than men (18%), and it affects all racial and ethnic groups. Arthritis commonly occurs with other chronic diseases—like diabetes, heart disease, and obesity—and can make it harder for people to manage these conditions (Source: CDC, Arthritis at a Glance 2017).

The following graph shows the number of Wood County adults who had been diagnosed with arthritis. Examples of how to interpret the information include: 28% of all Wood County adults had been diagnosed with arthritis, including 62% of those over the age of 65 and 56% of those with incomes less than \$25,000.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Diagnosed with arthritis	33%	27%	29%	28%	31%	26%

Chronic Disease: Asthma

Key Findings

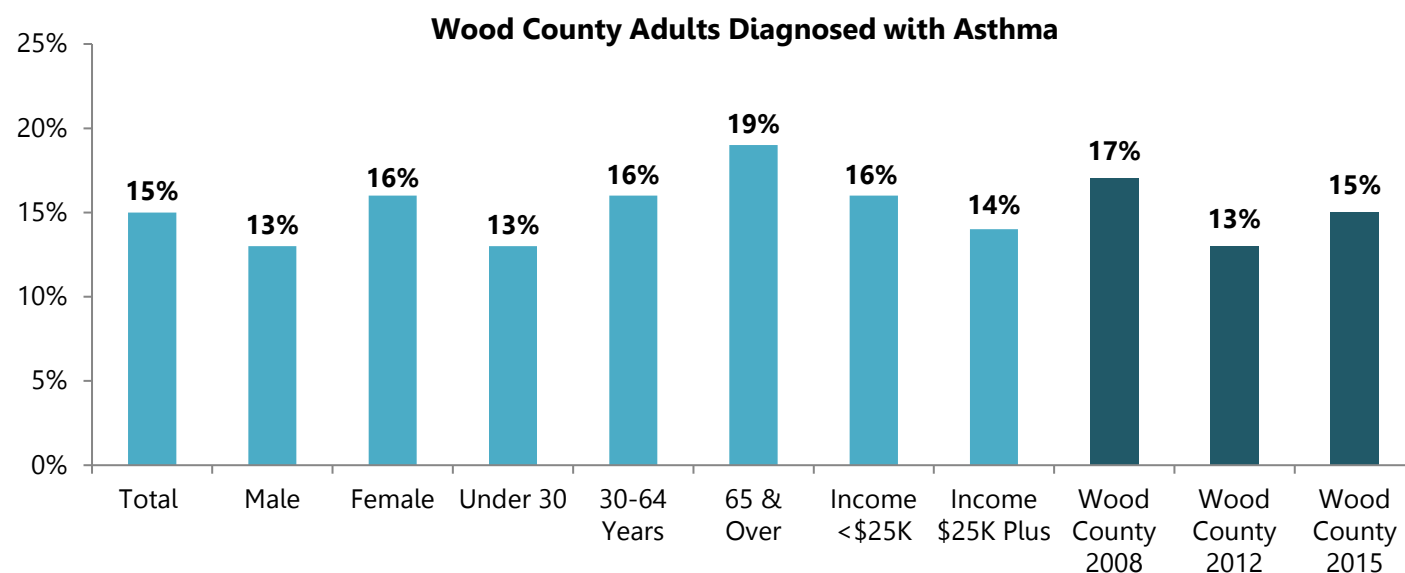
Fifteen percent (15%) of Wood County adults had been diagnosed with asthma.

Asthma and Other Respiratory Disease

- In 2018, 15% of Wood County adults had been diagnosed with asthma, increasing to 19% of those over the age of 65.
- Fourteen percent (14%) of Ohio and U.S. adults had been diagnosed with asthma *(Source: 2016 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; and infections linked to the flu, colds, and respiratory viruses *(Source: CDC, 2017)*.
- Chronic lower respiratory disease was the third leading cause of death in Wood County and the fourth leading cause of death in Ohio from 2014 to 2016 *(Source: Ohio Public Health Data Warehouse, 2014-2016)*

Adult Comparisons	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Diagnosed with asthma	17%	13%	15%	15%	14%	14%

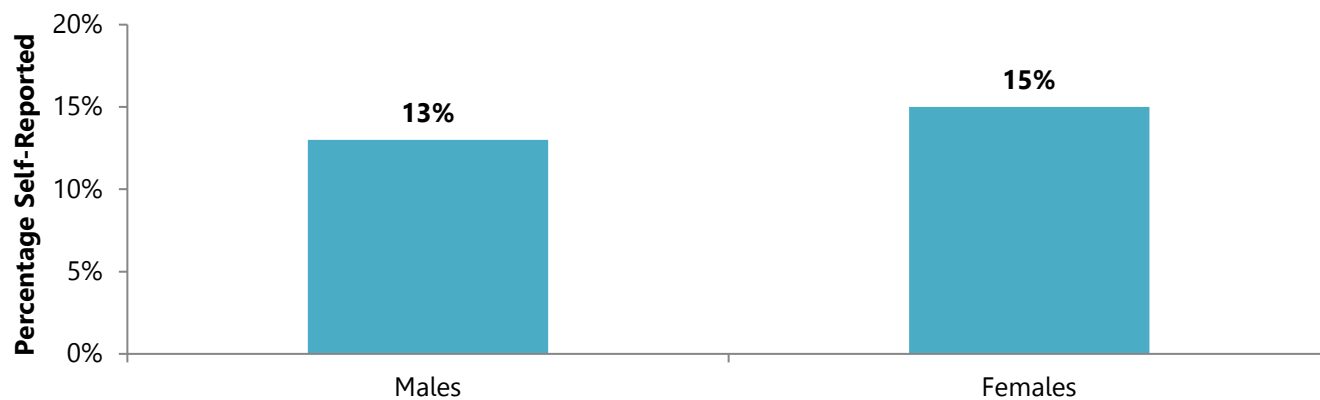
The following graph shows the number of Wood County adults who had been diagnosed with asthma. An example of how to interpret the information includes: 15% of all Wood County adults had been diagnosed with asthma, including 16% of females and 19% of those over the age of 65.



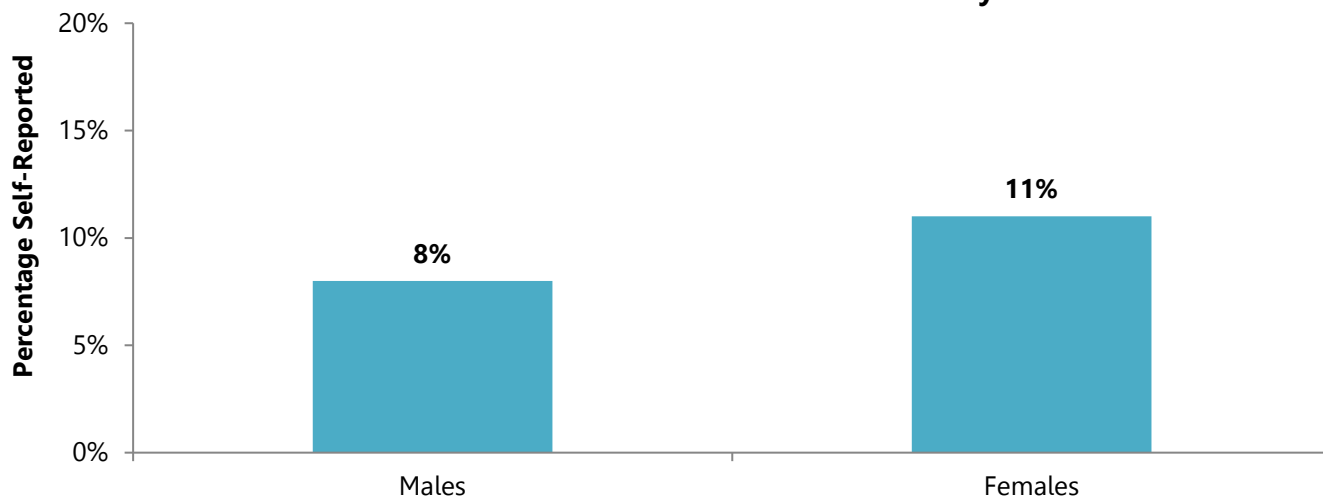
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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

Ohio Adult Lifetime Asthma Prevalence Rates By Gender



Ohio Adult Current Asthma Prevalence Rates By Gender



(Source: 2016 BRFSS)

Chronic Disease: Diabetes

Key Findings

In 2018, 8% of Wood County adults had been diagnosed with diabetes. More than one-fourth (29%) of adults with diabetes rated their health as fair or poor.

Diabetes

- In 2018, 8% of Wood County adults had been diagnosed with diabetes, increasing to 24% of those with incomes less than \$25,000.
- Eleven percent (11%) of Ohio and U.S. adults had been diagnosed with diabetes *(Source: 2016 BRFSS)*.
- Five percent (5%) of adults had been diagnosed with pre-diabetes or borderline diabetes.
- More than one-fourth (29%) of adults with diabetes rated their health as fair or poor.
- Diabetics were using the following to treat their diabetes: diet control (68%), diabetes pills (53%), 6-month check up with provider (47%), annual vision exam (47%), checked A1c annually (45%), checking blood sugar (43%), exercise (40%), checked their feet (33%), dental exam (18%), took a class (12%), insulin (7%), and injectable (Vyetta, Victoza, Bydurean) (5%).
- Wood County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 84% were obese or overweight
 - 72% had been diagnosed with high blood pressure
 - 64% had been diagnosed with high blood cholesterol

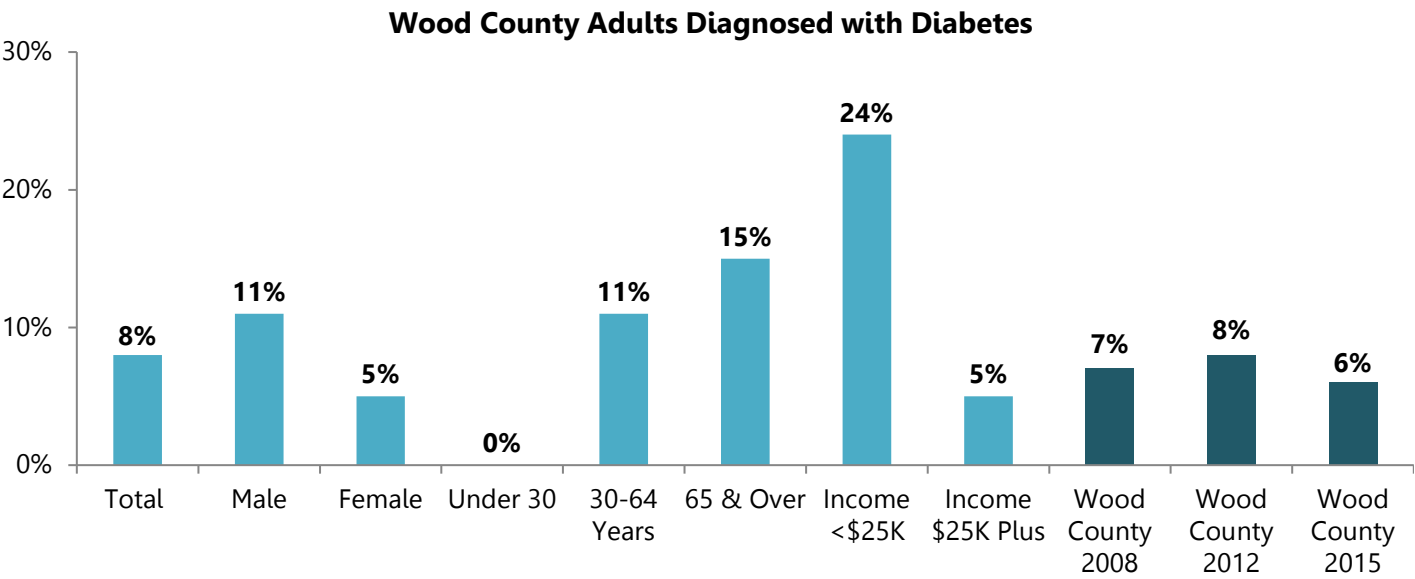
Diabetes by the Numbers

- **30.3 million** US adults have diabetes, and 1 in 4 of them don't know they have it.
- Diabetes is the **seventh leading cause** of death in the US.
- Diabetes is the **No. 1** cause of kidney failure, lower-limb amputations, and adult-onset blindness.
- In the last **20 years**, the number of adults diagnosed with diabetes has more than **tripled** as the American population has aged and become more overweight or obese.

(Source: CDC, Diabetes by the Numbers, Updated: July 1, 2017)

Adult Comparisons	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Diagnosed with diabetes	7%	8%	6%	8%	11%	11%
Diagnosed with pre-diabetes or borderline diabetes	8%	11%	5%	5%	1%	2%

The following graph shows the number of Wood County adults who had been diagnosed with diabetes. An example of how to interpret the information includes: 8% of all Wood County adults had been diagnosed with diabetes, including 15% of those over the age of 65 and 24% of those with incomes less than \$25,000.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Types of Diabetes

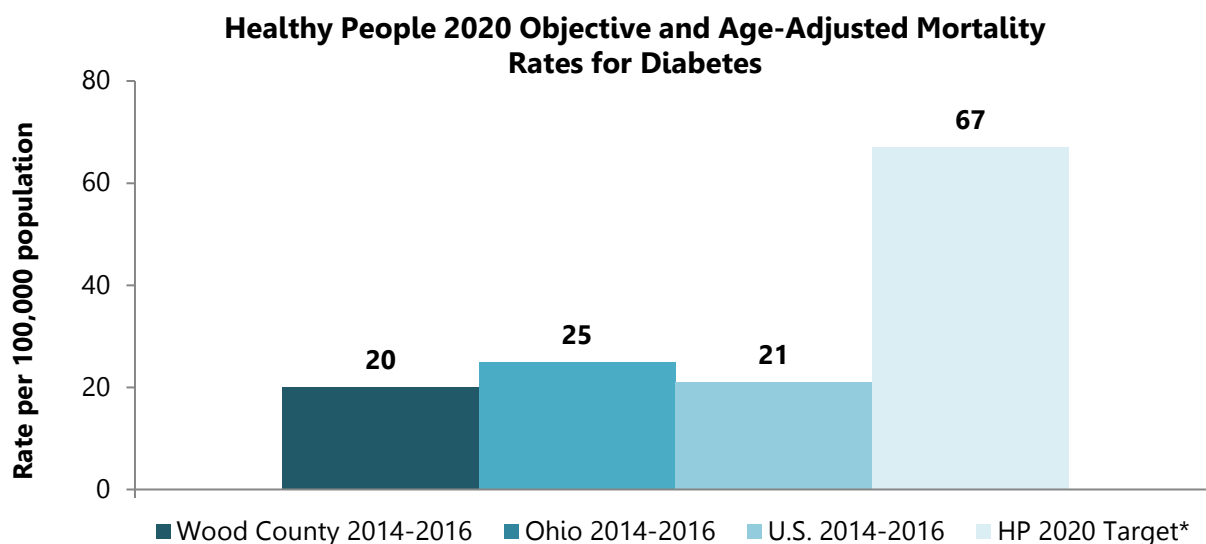
Diabetes is a chronic disease that affects how your body turns food into energy. There are three main types of diabetes: type 1, type 2 and gestational diabetes (diabetes while pregnant).

- **Type 1 diabetes** is caused by an autoimmune reaction (the body attacks itself by mistake) that stops your body from making insulin. About 5% of the people who have diabetes have type 1. Symptoms of type 1 diabetes often develop quickly. It’s usually diagnosed in children, teens, and young adults. If you have type 1 diabetes, you’ll need to take insulin every day to survive. Currently, no one knows how to prevent type 1 diabetes.
- **Type 2 diabetes** is when the body doesn’t use insulin well and is unable to keep blood sugar at normal levels. Most people with diabetes—9 in 10—have type 2 diabetes. It develops over many years and is usually diagnosed in adults (though increasingly in children, teens, and young adults). Symptoms sometimes go unnoticed. Type 2 diabetes can be prevented or delayed with healthy lifestyle changes, such as losing weight if you’re overweight, healthy eating, and getting regular physical activity.
- **Gestational diabetes** develops in pregnant women who have never had diabetes. Babies born to women with gestational diabetes could be at higher risk for health complications. Gestational diabetes usually goes away after the baby is born but increases the mothers risk for type 2 diabetes later in life. The baby is more likely to become obese as a child or teen, and more likely to develop type 2 diabetes later in life too.

(Source: CDC, About Diabetes, Updated: July 1, 2017)

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

- From 2014-2016, Wood County's age-adjusted diabetes mortality rate was lower than the Ohio rate, the U.S. rate, and the Healthy People 2020 target objective.



**Note: The Healthy People 2020 rate is for all diabetes-related deaths
(Source: Ohio Public Health Data Warehouse, 2014-2016, CDC Wonder, 2014-2016, Healthy People 2020)*

Chronic Disease: Quality of Life

Key Findings

In 2018, the five most limiting health problems were stress, anxiety, depression, or emotional problems (38%); back or neck problems (35%); arthritis (34%); fitness level (31%); and sleep problems (24%).

Impairments and Health Problems

- More than one-third (38%) of adults were limited by the following major impairments or health problems: stress, depression, anxiety, or emotional problems (38%); back or neck problems (35%); arthritis/rheumatism (34%); fitness level (31%); sleep problems (24%); chronic pain (22%); walking problems (19%); eye/vision problems (18%); chronic illness (17%); hearing problems (12%); lung/breathing problems (12%); fractures, bone/joint injuries (10%); mental health illness/disorder (8%); dental problems (6%); memory loss (3%); substance dependency (3%); drug addiction (3%); learning disability (2%); confusion (1%); and other impairments/problems (9%).
- Wood County adults were responsible for providing regular care or assistance to the following: multiple children (19%); an elderly parent or loved one (6%); a friend, family member or spouse with a health problem (5%); grandchildren (4%); an adult child (3%); someone with special needs (3%); a friend, family member or spouse with a mental health issue (3%); a friend, family member or spouse with dementia (1%); children with discipline issues (3%); children whose parents lost custody (1%); and foster children (<1%).
- In the past year, Wood County adults reported needing the following services or equipment: eyeglasses or vision services (22%), pain management (7%), help with routine needs (7%), help with personal care needs (5%), a cane (5%), medical supplies (5%), hearing aids or hearing care (4%), a walker (3%), a wheelchair (2%), durable medical equipment (2%), mobility aids or devices (2%), a special bed (2%), oxygen or respiratory support (1%), a wheelchair ramp (1%), a personal emergency response system (<1%), and a special telephone (<1%).

Healthy People 2020

Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Wood County 2018	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	34%	36%

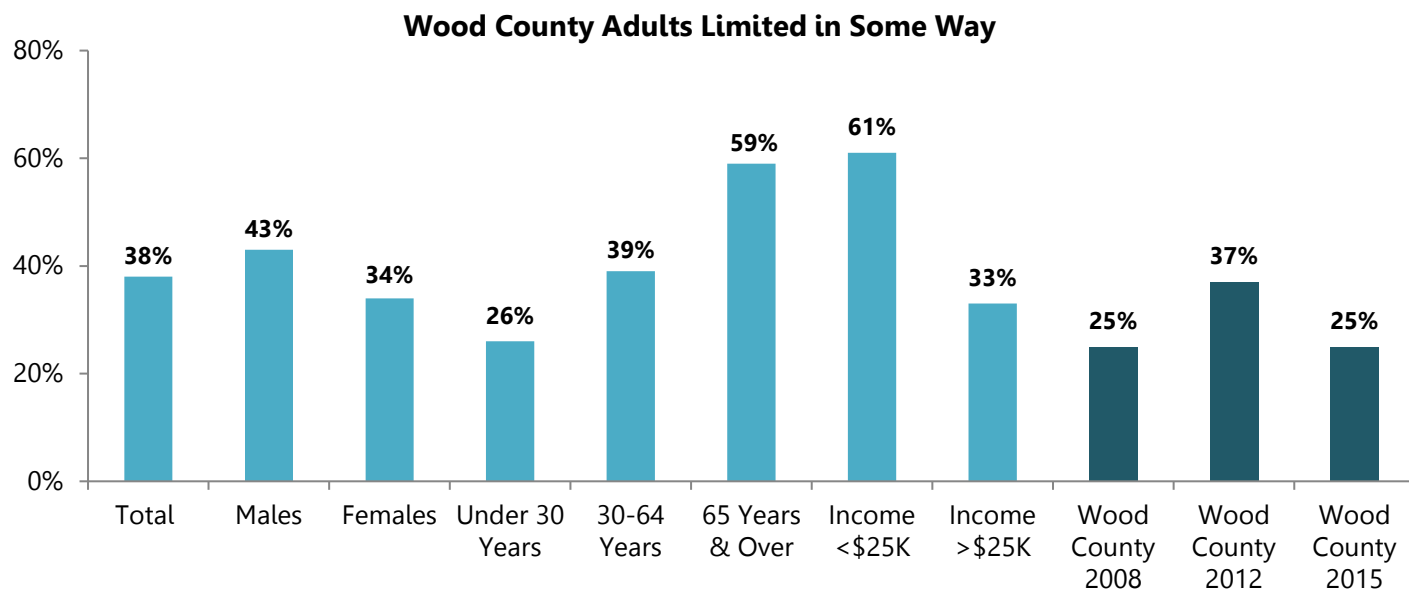
Note: U.S. baseline is age-adjusted to the 2000 population standard

(Sources: Healthy People 2020 Objectives, 2018 Wood County Health Assessment)

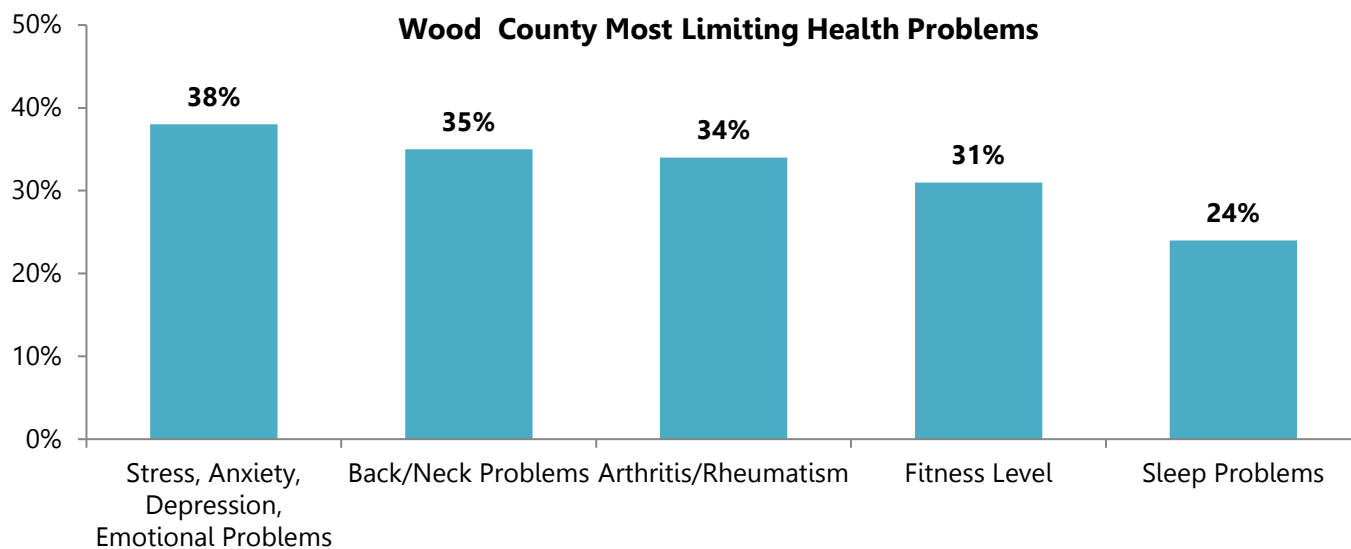
Adult Comparisons	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Limited in some way because of a major impairment or health problem	25%	37%	25%	38%	N/A	N/A

N/A – Not Available

The following graphs show the percentage of Wood County adults who were limited in some way and the most limiting health problems. An example of how to interpret the information shown on the first graph includes: 38% of Wood County adults were limited in some way, including 43% of males and 59% of those 65 and older.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.



Social Conditions: Social Determinants of Health

Key Findings

In 2018, 2% of Wood County adults were abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). One-in-ten (10%) adults received assistance for healthcare in the past year. More than one-third (38%) of Wood County adults kept a firearm in or around their home.

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



Social and Community Context

- Wood County adults received assistance for the following in the past year: healthcare (10%), mental illness issues (8%), Medicare (8%), dental care (7%), food (7%), prescription assistance (7%), transportation (4%), home repair (4%), free tax preparation (4%), utilities (3%), employment (2%), legal aid services (2%), credit counseling (2%), unplanned pregnancy (2%), drug or alcohol addiction (2%), affordable childcare (1%), rent/mortgage (1%), and clothing (1%).
- One-in-eleven (9%) adults experienced at least one of the following issues related to hunger/food insecurity in the past year: had to choose between paying bills and buying food (6%), worried food might run out (3%), their food assistance was cut (3%), went hungry/ate less to provide more food for their family (3%), did not eat because they did not have enough money for food (3%), and loss of income led to food insecurity issues (3%).
- Half (50%) of adults indicated less than 30% of their household income went to their housing costs, and 10% indicated they spent more than 50% of their income on housing.
- The median household income in Wood County was \$60,347. The U.S. Census Bureau reports median income levels of \$52,357 for Ohio and \$57,617 for the U.S. (Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2016).
- Eleven percent (11.4%) of all Wood County residents were living in poverty, and 11% of children and youth ages 0-17 were living in poverty (Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2016).
- The unemployment rate for Wood County was 3.7 as of May 2018 (Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information).
- Rent in Wood County cost an average of \$747 per month (Source: U.S. Census Bureau, American Community Survey, 2012-2016).

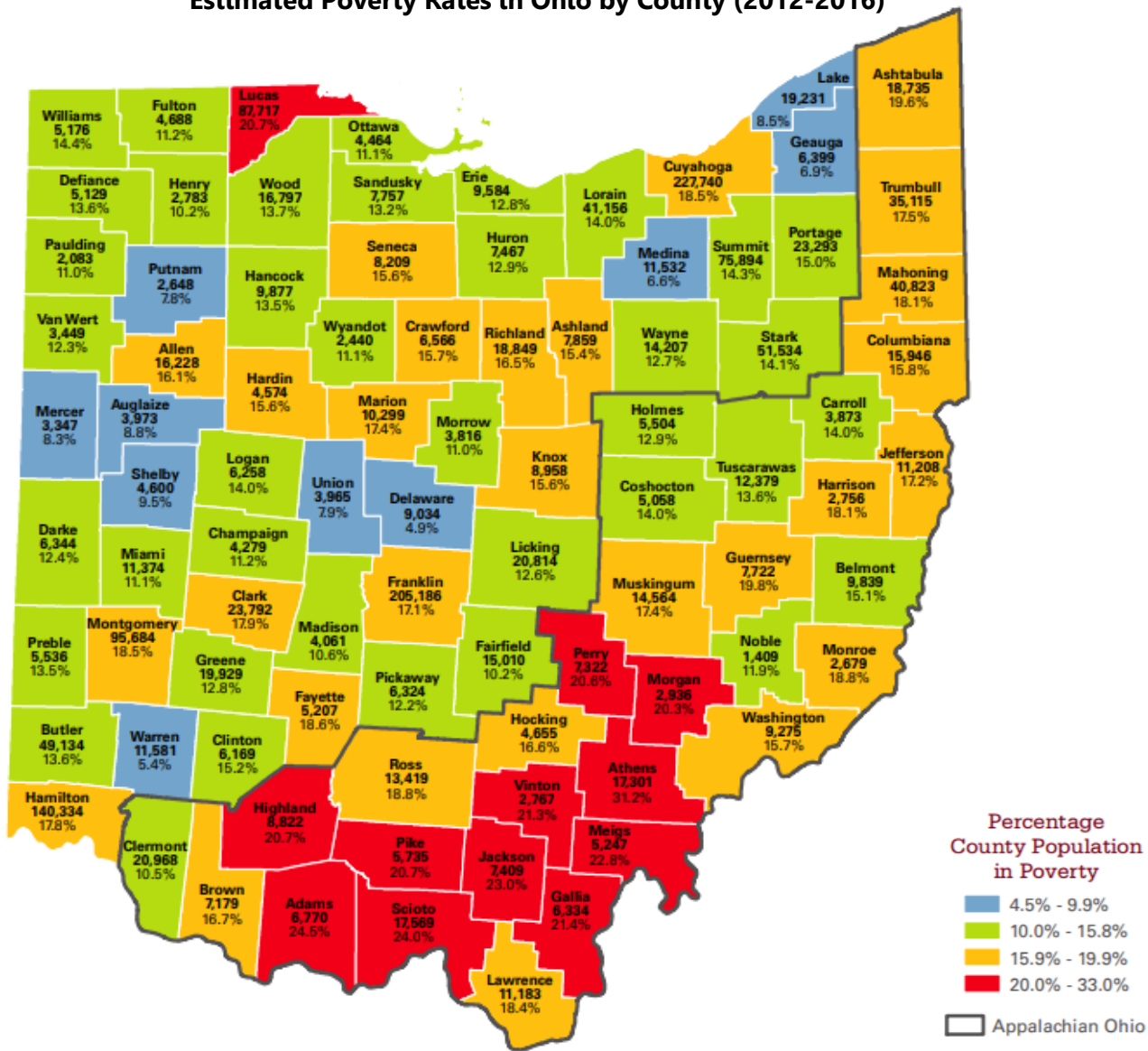
Wood County adults and their loved ones needed the following assistance in the past year:

Type of Assistance	Needed Assistance	Received Assistance	Did Not Know Where to Look
Affordable child care	1%	1%	0%
Clothing	3%	1%	2%
Credit counseling	6%	2%	4%
Dental care	11%	7%	4%
Diapers	1%	0%	1%
Drug or alcohol addiction	2%	2%	0%
Employment	4%	2%	2%
Food	10%	7%	3%
Free tax preparation	7%	4%	3%
Gambling addiction	<1%	0%	<1%
Health care	13%	10%	3%
Home repair	9%	4%	5%
Legal aid services	7%	2%	5%
Medicare	9%	8%	1%
Mental illness issues including depression	11%	8%	3%
Prescription assistance	9%	7%	2%
Rent/mortgage	7%	1%	6%
Transportation	7%	4%	3%
Unplanned pregnancy	4%	2%	2%
Utilities	8%	3%	5%

The map below shows the variation in poverty rates across Ohio during the 2012-16 period.

- The 2012-2016 American Community Survey 5-year estimates report that approximately 1,639,636 Ohio residents or 14.5% of the population were in poverty.
- From 2012-2016, 13.7% of Wood County residents were in poverty.

Estimated Poverty Rates in Ohio by County (2012-2016)



(Source: 2012-2016 American Community Survey 5-year estimates, as compiled by Ohio Development Services Agency, Office of Research, Ohio Poverty Report, February 2017)

Education

- Ninety-four percent (94%) of Wood County adults 25 years and over had a high school diploma or higher *(Source: U.S. Census Bureau, American Community Survey, 2012-2016).*
- Thirty-two percent (32%) of Wood County adults 25 years and over had at least a bachelor's degree *(Source: U.S. Census Bureau, American Community Survey, 2012-2016).*

Health and Health Care

- In the past year, 6% of adults were uninsured, increasing to 13% of those with incomes less than \$25,000. The 2016 BRFSS reported uninsured prevalence rates of 7% for Ohio and 10% for the U.S.
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Wood County adults.

Social and Community Context

- Twelve percent (12%) of adults were threatened in the past year. They were threatened by the following: a spouse or partner (22%), another family member (22%), a parent (19%), caregiver (19%), and someone else (19%).
- Two percent (2%) of adults were abused in the past year. Of those who were abused, they reported it was by their spouse or partner.
- Wood County adults experienced the following in the past 12 months: a close family member went to the hospital (35%); death of a family member or close friend (29%); had bills they could not pay (12%); a decline in their own health (11%); someone in their household lost their job/had their hours at work reduced (8%); someone close to them had a problem with drinking or drugs (7%); were a caregiver (6%); were threatened or abused by someone physically, emotionally, sexually and/or verbally (4%); household income was cut by 50% (3%); moved to a new address (3%); became separated or divorced (3%); knew someone living in a hotel (2%); their family was at risk for losing their home (2%); their child was threatened or abused by someone physically, emotionally, sexually and/or verbally (1%); were homeless (1%); had someone homeless living with them (1%); and witnessed someone in their family being hit or slapped (1%).100000
- Wood County adults reported the following adverse childhood experiences (ACEs):
 - Their parents became separated or were divorced (25%)
 - Lived with someone who was a problem drinker or alcoholic (19%)
 - Lived with someone who was depressed, mentally ill, or suicidal (18%)
 - A parent or adult in their home swore at, insulted, or put them down (17%)
 - A parent or adult in their home hit, beat, kicked, or physically hurt them (9%)
 - Their family did not look out for each other, feel close to each other, or support each other (8%)
 - Lived with someone who used illegal stress drugs, or who abused prescription medications (7%)
 - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (6%)
 - Someone at least 5 years older than them or an adult touched them sexually (5%)
 - Their parents were not married (4%)
 - Someone at least 5 years older than them or an adult tried to make them touch them sexually (2%)
 - 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 (1%)
 - They did not have enough to eat, had to wear dirty clothes, and had no one to protect them (1%)
- One-in-fourteen (7%) of adults experienced 4 or more ACEs.

The table below shows a strong correlation between experiencing ACEs and participating in other risky behaviors as well as increased mental health issues. Examples of how to interpret the information include: 18% of adults who experienced 4 or more ACEs contemplated suicide, and 25% of adults who experienced 4 or more ACEs had incomes less than \$25,000.

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

Adult Behaviors	Experienced 4 or More ACEs	Did Not Experience Any ACEs
Current drinker (had at least one alcoholic beverage in the past month)	79%	71%
Classified as overweight or obese by BMI	72%	67%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	31%	39%
Had an income less than \$25,000	25%	12%
Current smoker (currently smoke on some or all days)	19%	6%
Contemplated suicide in the past 12 months	18%	0%
Medication misuse in the past 6 months	14%	3%
Used recreational drugs in the past 6 months	7%	4%

Adverse Childhood Experiences (ACEs)

- Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. Some ACEs include:
 - Physical abuse
 - Sexual abuse
 - Mother treated violently
 - Physical/emotional neglect
 - Emotional abuse
 - Household mental illness
 - Parental separation or divorce
 - Incarcerated household member
 - Substance misuse within household
 - Intimate partner violence
- Preventing ACEs and engaging in early identification of people who have experienced them could have a significant impact on a range of critical health problems. You can strengthen your substance misuse prevention efforts by: increasing awareness of ACEs among state and community level substance misuse prevention professionals, emphasizing the relevance of ACEs to behavioral health disciplines.
- Research has demonstrated a strong relationship between ACEs, substance use disorders, and behavioral problems. When children are exposed to chronic stressful events, their neurodevelopment can be disrupted. As a result, the child's cognitive functioning or ability to cope with negative or disruptive emotions may be impaired. Over time, and often during adolescence, the child may adopt negative coping mechanisms, such as substance use or self-harm. Eventually, these unhealthy coping mechanisms can contribute to disease, disability, and social problems, as well as premature mortality.

(Source: SAMHSA, Adverse Childhood Experiences, Updated 09/05/2017)

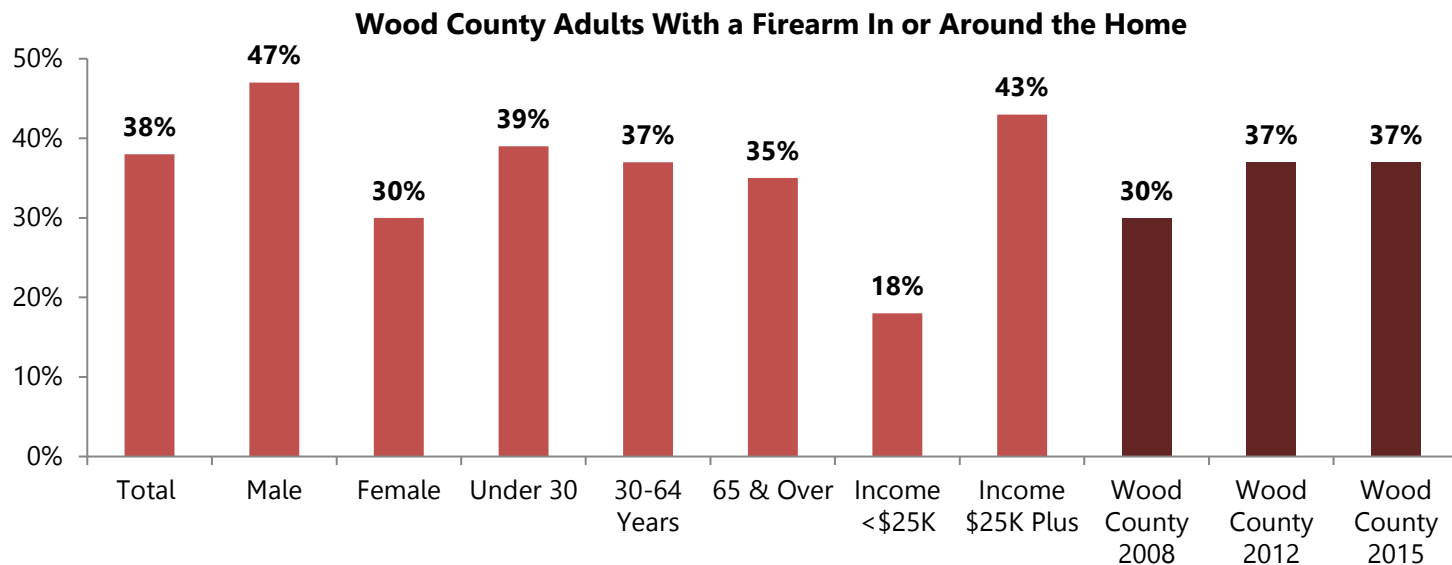
Neighborhood and Built Environment

- More than one-third (38%) of Wood County adults kept a firearm in or around their home. Six percent (6%) of adults reported they were unlocked and loaded.
- Eleven percent (11%) of Wood County adults had at least one transportation issue. The following transportation issues were reported: suspended/no driver's license (4%), limited public transportation available or accessible (4%), no car (3%), did not feel safe to drive (3%), could not afford gas (3%), cost of public or private transportation (3%), other car issues/expenses (3%), no car insurance (3%), disabled (2%), and no public transportation available or accessible (2%).
- Wood County adults reported doing the following while driving: talking on hands-free cell phone (36%), eating (32%), talking on hand-held cell phone (28%), texting (20%), using internet on their cell phone (10%), not wearing a seatbelt (6%), being under the influence of prescription drugs (2%), reading (2%), being under the influence of alcohol (1%), being under the influence of recreational drugs (1%), and other activities (such as applying makeup, shaving, etc.) (1%).
- Adults reported they would support the following community improvement initiatives: more locally-grown food/Farmer's Markets (69%), bike/walking trail accessibility or connectivity (50%), new and/or updated parks (48%), safe roadways (47%), local agencies partnering with grocery stores to provide healthier low-cost food items (46%), community gardens (45%), sidewalk accessibility (43%), neighborhood safety (41%), and new and/or updated recreation centers (33%).

Gambling

- Wood County adults engaged in the following gambling activities in the past year: bought lottery tickets (44%), bought scratch offs (41%), gambled in a casino (24%), bet on Keno (9%), bet on sports teams (5%), bet on fantasy sports teams/leagues (5%), played cards for money (5%), played bingo for money (4%), bet on games of person skill (pool, golf, bowling) (3%), bet at a racetrack (2%), and gambled online (1%).
- Wood County adults reported experiencing the following situations as result of gambling: gambled another day to try to win back the money they lost (2%); bet more than they could afford to lose (1%); felt they might have a problem with gambling (1%); felt guilty about the way they gambled or what happened when they gambled (1%); needed to gamble with larger amounts of money to get the same feeling of excitement (<1%); gambling caused them health problems, including stress and anxiety (<1%); people criticized their betting or told them they had a gambling problem (<1%); and gambling caused their household financial problems (<1%).

The following graph shows the percentage of Wood County adults that had a firearm in or around the home. Examples of how to interpret the information shown on the graph include: 38% of all Wood County adults had a firearm in or around the home, including 47% of males and 43% of those with incomes greater than \$25,000.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Social Conditions: Environmental Health

Key Findings

Wood County adults reported the following as the top three environmental issues that threatened their health in the past year: insects (11%), mold (6%), and moisture issues (6%). Eighty-nine percent (89%) of adults reported they had a working smoke detector in their home.

Environmental Health

- Wood County adults thought the following threatened their health in the past year:
 - Insects (11%)
 - Mold (6%)
 - Moisture Issues (6%)
 - Plumbing problems (4%)
 - Temperature regulation (4%)
 - Unsafe water supply/wells (4%)
 - Agricultural chemicals (3%)
 - Air quality (3%)
 - Chemicals found in products (3%)
 - Radon (3%)
 - Rodents (3%)
 - Sewage/waste water problems (3%)
 - Asbestos (2%)
 - Bed bugs (2%)
 - Sanitation Issues (2%)
 - Cockroaches (1%)
 - Food safety/food borne illness (1%)
 - Lead paint (1%)
 - Lice (1%)
 - Safety hazards (1%)
 - Radiation (<1%)

Disaster Preparedness

- Wood County households had the following disaster preparedness supplies: cell phone (89%), working smoke detector (89%), cell phone with texting (85%), computer/tablet (81%), working flashlight and working batteries (80%), 3-day supply of prescription medication for each person who takes prescribed medicines (50%), 3-day supply of nonperishable food for everyone in the household (49%), working battery-operated radio and working batteries (40%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (36%), home land-line telephone (25%), communication plan (19%), generator (16%), family disaster plan (10%), and a disaster plan (9%).
- Wood County adults indicated the following as their main method or way of getting information from authorities in a large-scale disaster or emergency: television (78%), Internet (70%), friends/family (70%), radio (61%), social media (53%), Wood County Emergency Alert System (50%), neighbors (48%), wireless emergency alerts (42%), text messages (34%), newspaper (29%), smartphone app (23%), landline phone (7%), and other methods (3%).

Youth Health: Weight Status

Key Findings

In 2018, 16% of Wood County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 30% of Wood County youth reported that they were slightly or very overweight. More than three-quarters (78%) of youth exercised for 60 minutes on three or more days per week.

Youth Weight Status

- BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific as children's body fatness changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese.
- In 2018, 16% of Wood County youth were classified as obese by Body Mass Index (BMI) calculations (2017 YRBS reported 15% for the U.S.). Thirteen percent (13%) of youth were classified as overweight (2017 YRBS reported 16% for the U.S.). Sixty-eight percent (68%) of youth were normal weight, and 3% were underweight.
- Thirty percent (30%) youth described themselves as being either slightly or very overweight (2017 YRBS reported 32% for the U.S.).

Youth Physical Activity Guidelines

- The CDC recommends that children and adolescents should participate in at least 60 minutes (1 hour) of physical activity per day.
- Aerobic, muscle strengthening, and bone strengthening are three distinct types of physical activity that children should engage in, appropriate to their age.
- Most of the physical activity should be either moderate or vigorous aerobic activity.
- Children should participate in each of these types of activity on at least three days per week.

(Source: CDC, Healthy Schools, January 2018)

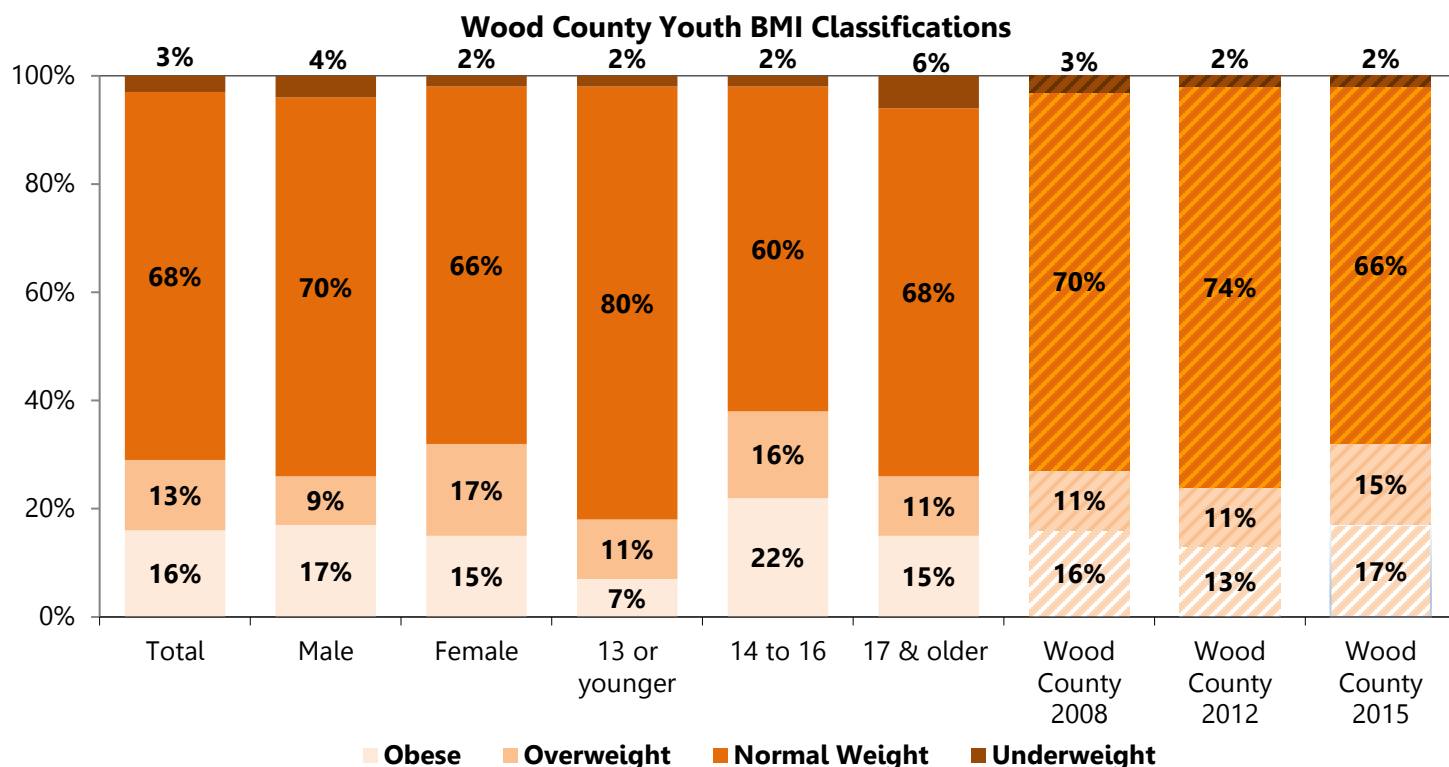
1,989 Wood County youth were classified as obese.

- More than two-fifths (45%) of all youth were trying to lose weight (2017 YRBS reported 47% for the U.S.), increasing to 61% of females (compared to 37% of males)
- Youth did the following to lose weight or keep from gaining weight in the past 30 days:
 - Exercised (56%)
 - Drank more water (51%)
 - Ate more fruits and vegetables (38%)
 - Ate less food, fewer calories, or foods lower in fat (32%)
 - Skipped meals (18%)
 - Went without eating for 24 hours or more (6%)
 - Took diet pills, powders, or liquids without a doctor's advice (3%)
 - Vomited or took laxatives (2%)
 - Smoked cigarettes or e-cigarettes (1%)
 - Used illegal drugs (1%)
- Almost one-third (31%) of youth did not do anything to lose or keep from gaining weight.

Physical Activity

- During the past week, youth participated in at least 60 minutes of physical activity at the following frequencies:
 - 3 or more days (78%)
 - 5 or more days (54%) (2017 YRBS reports 46% for the U.S.)
 - Every day (31%) (2017 YRBS reports 26% for the U.S.)
- Ten percent (10%) of youth did not participate in at least 60 minutes of physical activity on any day in the past week (2017 YRBS reported 15% for the U.S.).

The following graph shows the percentage of Wood County youth who were classified as obese, overweight, normal weight or underweight according to Body Mass Index (BMI) by age. An example of how to interpret the information includes: 68% of all Wood County youth were classified as normal weight, 16% were obese, 13% were overweight, and 3% were underweight for their age and gender.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Healthy People 2020 Nutrition and Weight Status (NWS)

Objective	Wood County 2018	U.S. 2017	Healthy People 2020 Target
NWS-10.4 Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese	16% (6-12 Grade) 20% (9-12 Grade)	15% (9-12 Grade)	15%* (Youth 2-19 years)

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

(Sources: Healthy People 2020 Objectives, 2017 YRBS, 2018 Wood County Youth Health Assessment)

Youth Comparisons	Wood County 2008 (6 th -12 th Grade)	Wood County 2012 (6 th -12 th Grade)	Wood County 2015 (6 th -12 th Grade)	Wood County 2018 (6 th -12 th Grade)	Wood County 2018 (9 th -12 th Grade)	U.S. 2017 (9 th -12 th Grade)
Obese	16%	13%	17%	16%	20%	15%
Overweight	11%	11%	15%	13%	13%	16%
Described themselves as slightly or very overweight	30%	27%	29%	30%	32%	32%
Trying to lose weight	44%	48%	41%	45%	47%	47%
Exercised to lose weight (in the past 30 days)	N/A	50%	43%	56%	58%	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight (in the past 30 days)	N/A	32%	27%	32%	35%	N/A
Went without eating for 24 hours or more (in the past 30 days)	11%	6%	3%	6%	6%	N/A
Took diet pills, powders, or liquids without a doctor's advice (in the past 30 days)	5%	1%	1%	3%	4%	N/A
Vomited or took laxatives (in the past 30 days)	3%	1%	2%	2%	2%	N/A
Physically active at least 60 minutes per day on every day (in the past week)	N/A	28%	28%	31%	29%	26%
Physically active at least 60 minutes per day on five or more days (in the past week)	N/A	52%	49%	54%	53%	46%
Did not participate in at least 60 minutes of physical activity on any day (in the past week)	N/A	11%	14%	10%	10%	15%

N/A – Not Available

Youth Health: Tobacco Use

Key Findings

In 2018, 3% of Wood County youth were current smokers, having smoked at some time in the past 30 days. The average age of onset for smoking was 13.3 years old. Fourteen percent (14%) of youth used e-cigarettes/vapes in the past year.

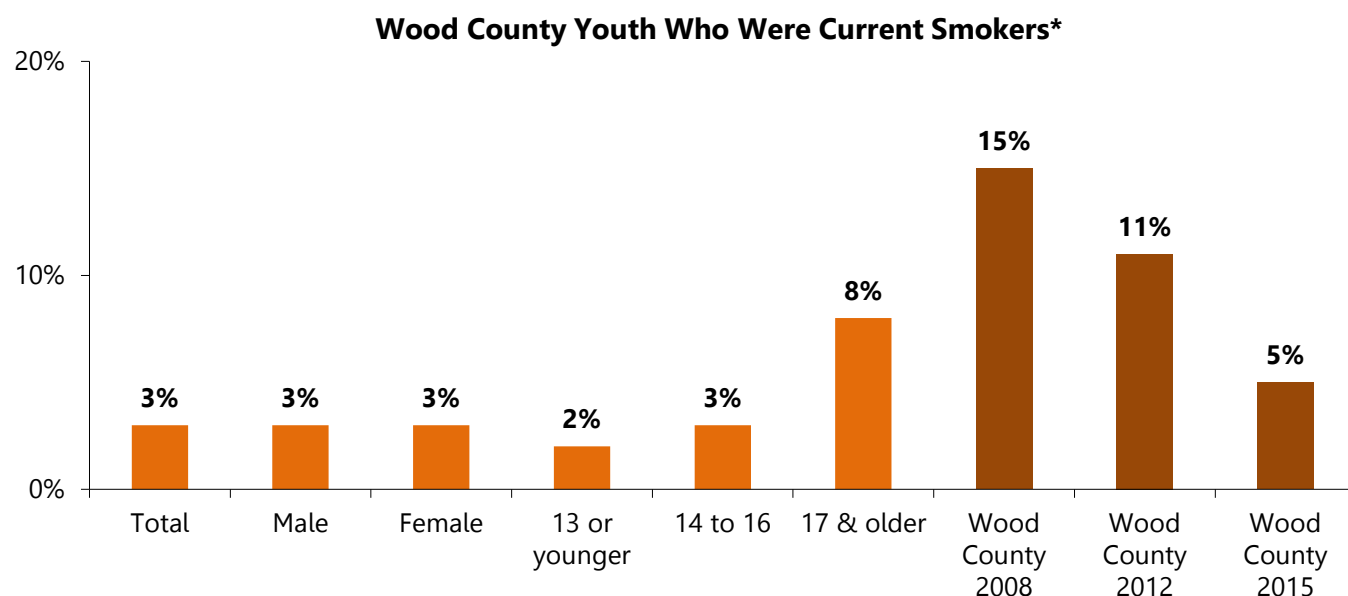
Youth Tobacco Use Behaviors

- In 2018, 14% of youth had tried cigarette smoking, even one or two puffs, increasing to 28% of those ages 17 and older (2017 YRBS reported 29% for the U.S.).
- Five percent (5%) of all Wood County youth had tried cigarette smoking, even one or two puffs, for the first time before the age of 13 (2017 YRBS reported 10% for the U.S.).
- Seventeen percent (17%) of those who had smoked a whole cigarette did so at 10 years old or younger, and another 18% had done so by 12 years old. The average age of onset for smoking was 13.3 years old.
- Three percent (3%) of Wood County youth were current smokers, having smoked at some time in the past 30 days (2017 YRBS reported 9% for the U.S.).

Approximately 1,741 Wood County youth used e-cigarettes/vapes in the past year.

- Eighty-eight percent (88%) of Wood County youth who were current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- Wood County youth used the following forms of tobacco in the past year: e-cigarettes/vapes (14%); Black & Milds (5%); cigarettes (5%); Swishers (4%); cigars (3%); cigarillos (3%); chewing tobacco, snuff, dip (2%); hookah (2%); pouch (1%); little cigars (1%); bidis (<1%); and dissolvable tobacco products (<1%).
- Of youth that had used e-cigarettes/vapes in the past 12 months, they reported putting the following in them: e-liquid or e-juice without nicotine (60%), e-liquid or e-juice with nicotine (50%), marijuana or THC in the e-liquid (12%), and homemade e-liquid or e-juice (4%).
- Youth smokers reported the following ways of obtaining cigarettes:
 - Borrowed (or bummed) cigarettes from someone else (30%)
 - A person 18 years or older gave them the cigarettes (26%)
 - Bought cigarettes from a store such as a convenience store, supermarket, discount store, or gas station (26%)
 - Got them some other way (26%)
 - Took them from a family member (7%)
- More than two-fifths (45%) of youth who smoked in the past year had tried to quit smoking.

The following graph shows the percentage of Wood County youth who were current smokers. Examples of how to interpret the information includes: 3% of all Wood County youth were current smokers, including 3% of males and 8% of those 17 and older.



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

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The table below indicates correlations between current smokers and participating in other risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 88% of current smokers had at least one drink of alcohol in the past 30 days, compared to 13% of non-current smokers.

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

Youth Behaviors	Current Smoker	Non-Current Smoker
Had at least one drink of alcohol (in the past 30 days)	88%	13%
Used marijuana (in the past 30 days)	82%	6%
Felt sad or hopeless almost every day for 2 or more weeks in a row (in the past 12 months)	71%	25%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)	71%	21%
Bullied (in the past 12 months)	59%	38%
Misused prescription medications (in the past 30 days)	59%	3%
Seriously considered attempting suicide (in the past 12 months)	47%	19%
Attempted suicide (in the past 12 months)	6%	5%

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

Healthy People 2020

Tobacco Use (TU)

Objective	Wood County 2018	U.S. 2017	Healthy People 2020 Target
TU-2.2 Reduce use of cigarettes by adolescents (in the past month)	3% (6-12 Grade) 6% (9-12 Grade)	9% (9-12 Grade)	16% (9-12 Grade)

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

(Sources: Healthy People 2020 Objectives, 2017 YRBS, 2018 Wood County Youth Health Assessment)

Youth Comparisons	Wood County 2008 (6 th -12 th Grade)	Wood County 2012 (6 th -12 th Grade)	Wood County 2015 (6 th -12 th Grade)	Wood County 2018 (6 th -12 th Grade)	Wood County 2018 (9 th -12 th Grade)	U.S. 2017 (9 th -12 th Grade)
Ever tried cigarette smoking (even one or two puffs)	35%	27%	21%	14%	23%	29%
Smoked a cigarette, even one or two puffs, before the age of 13 (for the first time of all youth)	10%	9%	6%	5%	7%	10%
Current smoker (smoked on at least one day during the past 30 days)	15%	11%	5%	3%	6%	9%
Tried to quit smoking (of those youth who smoked in the past year)	41%	55%	46%	45%	46%	N/A

N/A- Not Available

E-Cigarettes and Young People: A Public Health Concern

- E-cigarettes are devices that typically deliver nicotine flavorings and other additives to users through an inhaled aerosol.
- E-cigarettes are a rapidly emerging trend and are especially popular among youth and young adults.
- E-cigarettes can also be used to deliver other drugs, such as marijuana.
- In 2016, a U.S Surgeon General's Report on e-cigarette use among youth and young adults became the first report that reviewed the health issue of e-cigarettes and their impact on young people.
- Now, e-cigarettes are the most commonly used form of tobacco by youth in the U.S.
- Reasons reported by young people for use, includes:
 - Curiosity
 - Taste
 - Belief that they are less harmful than other tobacco products

(Source: CDC, E-Cigarettes and Young People: A Public Health Concern, January 31, 2017)

Youth Health: Alcohol Consumption

Key Findings

Fifteen percent (15%) of Wood County youth had at least one drink of alcohol in the past 30 days, increasing to 27% of those over the age of 17. Forty-six percent (46%) of youth who reported drinking in the past 30 days had at least one episode of binge drinking. In the past month, 1% of all youth drivers had driven a car after they had been drinking alcohol.

Youth Alcohol Consumption

- Thirty-eight percent (38%) of youth had at least one drink of alcohol in their life, increasing to 62% of those ages 17 and older (2017 YRBS reported 60% for the U.S.).
- Nearly one-third (30%) of youth who reported drinking at some time in their life had their first drink at 12 years old or younger, 24% took their first drink between the ages of 13 and 14, and 46% started drinking between the ages of 15 and 18. The average age of onset was 13.6 years old.
- Of all youth, 10% had drunk alcohol for the first time before the age of 13 (2017 YRBS reported 16% of U.S. youth).
- In 2018, 15% of youth had at least one drink in the past 30 days, increasing to 27% of those ages 17 and older (2017 YRBS reported 30% for the U.S.).
- Based on all youth surveyed, 7% of Wood County youth 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 (2017 YRBS reported 14% for the U.S.). Of those who drank in the past month, 46% had at least one episode of binge drinking.

Teen Drinking: On the Decline

- Alcohol consumption continues to show a decline amongst U.S. youth in 8th, 10th and 12th grades. However, binge drinking trends (defined as five or more drinks in a row in the past two weeks) appear to be evening out in 2017, but still lower than in previous peak years.
- Over three-quarters (77%) of 8th graders report they have never consumed alcohol, down 67% proportionally from 70% in 1991 to 23% in 2017. Lifetime consumption of alcohol among 10th graders and 12th graders declined proportionally 50% and 30%, respectively, since 1991.
- One in five 8th grade students (18%), 38% of 10th graders, and 56% of 12th graders report they consumed alcohol in the past year.

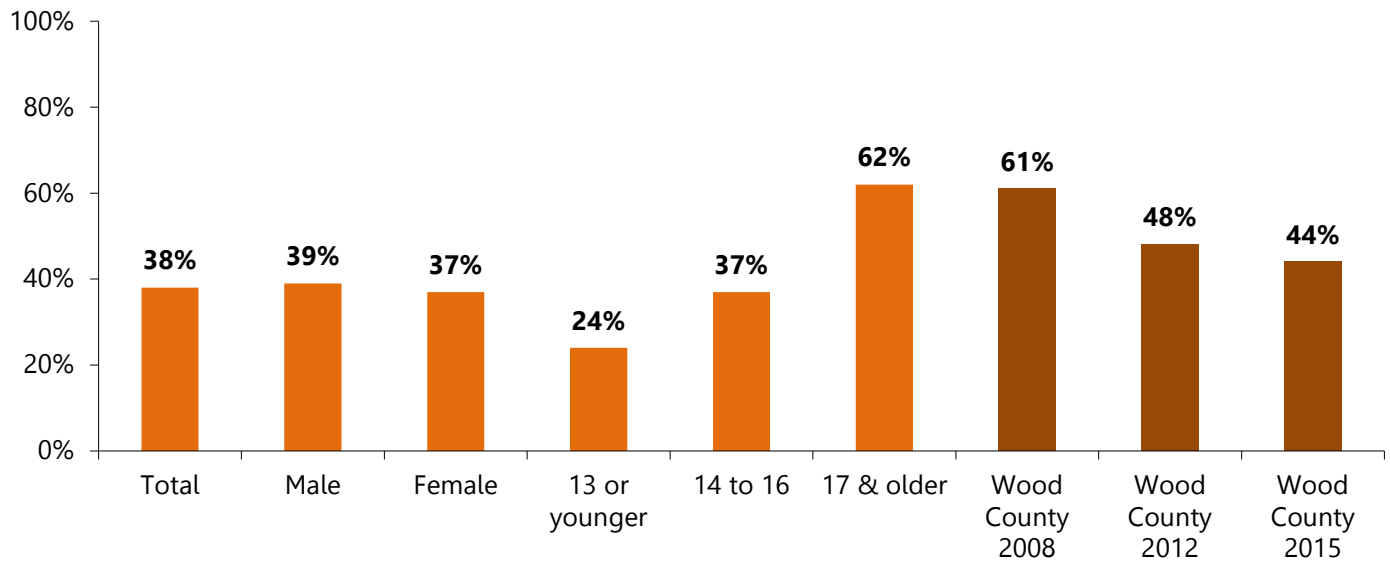
(Source: Foundation for Advancing Alcohol Responsibility: Underage Drinking Statistics, 2017)

1,865 Wood County youth had at least one drink in the past 30 days.

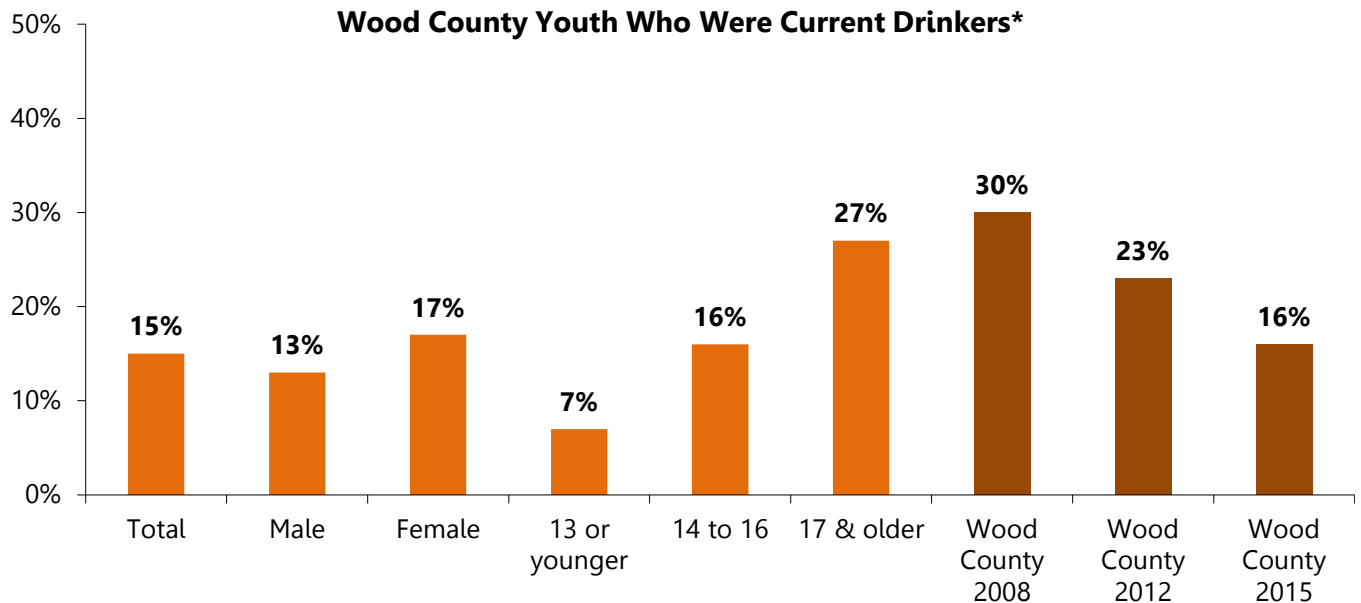
- During the past six months, youth reported experiencing the following: had to drink more to get the same effect (7%), drank more than they expected (4%), gave up other activities to drink (1%), spent a lot of time drinking (1%), and continued to drink despite problems caused by drinking (1%).
- Youth drinkers reported they got their alcohol from the following: someone gave it to them (36%), someone older bought it (25%), a parent gave it to them (22%), an older friend or sibling bought it to them (13%), took it from a store or family member (8%), a friend's parent gave it to them (5%), bought it with a fake ID (1%), and some other way (32%).
- Twelve percent (12%) youth reported that they rode in a car or other vehicle with a driver who had been drinking alcohol (YRBS reports 17% for the U.S. in 2017). Of those who rode with a driver that had been drinking alcohol, 51% did so two or more times.
- One percent (1%) of youth drivers reported that they drove a car or other vehicle when they had been drinking alcohol in the past month (YRBS reports 6% for the U.S. in 2017).

The following graphs show the percentage of Wood County youth who drank in their lifetime and those who were current drinkers. An example of how to interpret the information includes: 40% of all Wood County youth had drank at some time in their life, including 39% of males and 37% of females.

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



Wood County Youth Who Were Current Drinkers*

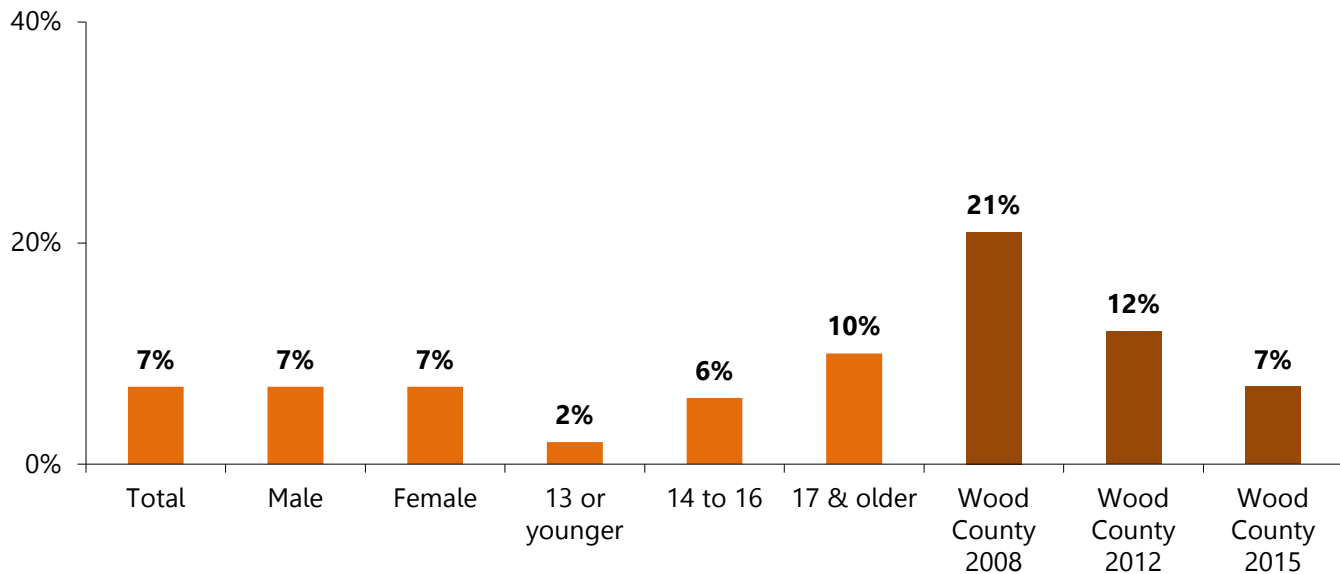


**Current drinker is defined as any individual who has had at least one alcoholic beverage in the past 30 days.*

Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows the percentage of Wood County youth who binge drank in the past month. An example of how to interpret the information includes: 7% of all Wood County youth had binge drank in the past month, including 7% of males and 10% of those ages 17 and older.

Wood County Youth Binge Drinking in the Past Month*



*Based on all youth. Binge drinker is defined as the consumption of five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month.

Note Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Wood County 2008 (6 th -12 th Grade)	Wood County 2012 (6 th -12 th Grade)	Wood County 2015 (6 th -12 th Grade)	Wood County 2018 (6 th -12 th Grade)	Wood County 2018 (9 th -12 th Grade)	U.S. 2017 (9 th -12 th Grade)
Ever tried alcohol	61%	48%	44%	38%	52%	60%
Current drinker (at least one drink of alcohol on at least one day during the past 30 days)	30%	23%	16%	15%	23%	30%
Binge drinker (drank five or more drinks within a couple of hours on at least one day during the past 30 days)	21%	12%	7%	7%	11%	14%
Drank for the first time before age 13 (of all youth)	24%	18%	11%	10%	9%	16%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on one or more occasion during the past 30 days)	18%	17%	13%	12%	14%	17%
Drove when they had been drinking alcohol (of youth drivers on one or more occasion during the past 30 days)	6%	3%	4%	1%	1%	6%
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	N/A	41%	33%	36%	40%	N/A

N/A- Not Available

The table below indicates correlations between current drinkers and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 50% of current drinkers had sexual intercourse in their lifetime, compared to 14% of non-current drinkers.

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

Youth Behaviors	Current Drinker	Non-Current Drinker
Bullied (in the past 12 months)	57%	32%
Had sexual intercourse (in their lifetime)	50%	14%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	47%	23%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)	42%	18%
Seriously considered attempting suicide (in the past 12 months)	37%	15%
Used marijuana (in the past 30 days)	37%	4%
Misused prescription medications (in their lifetime)	22%	6%
Smoked cigarettes (in the past 30 days)	20%	0%
Attempted suicide (in the past 12 months)	7%	3%

*Current drinkers are those youth surveyed who have self-reported having at least one drink of alcohol in the past 30 days.

Healthy People 2020 Substance Abuse (SA)

Objective	Wood County 2018	U.S. 2017	Healthy People 2020 Target
SA-14.4 Reduce the proportion of persons engaging in binge drinking during the past month (of all youth)	7% (6-12 Grade) 11% (9-12 Grade)	14% (9-12 Grade)	9% (9-12 Grade)

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

(Sources: Healthy People 2020 Objectives, 2017 YRBS, 2018 Wood County Youth Health Assessment)

Youth Health: Drug Use

Key Findings

In 2018, 9% of Wood County youth had used marijuana at least once in the past 30 days, increasing to 19% of those ages 17 and older. Five percent (5%) of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life. In the past 12 months, 6% of youth reported being offered, sold, or given an illegal drug on school property.

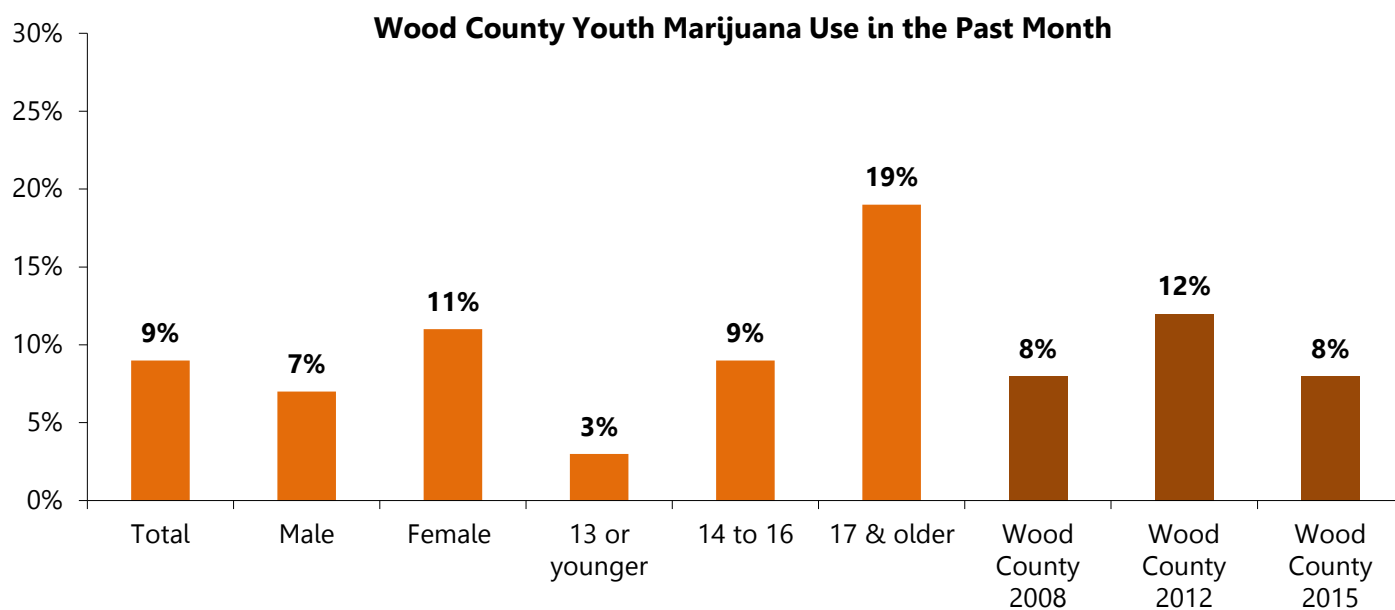
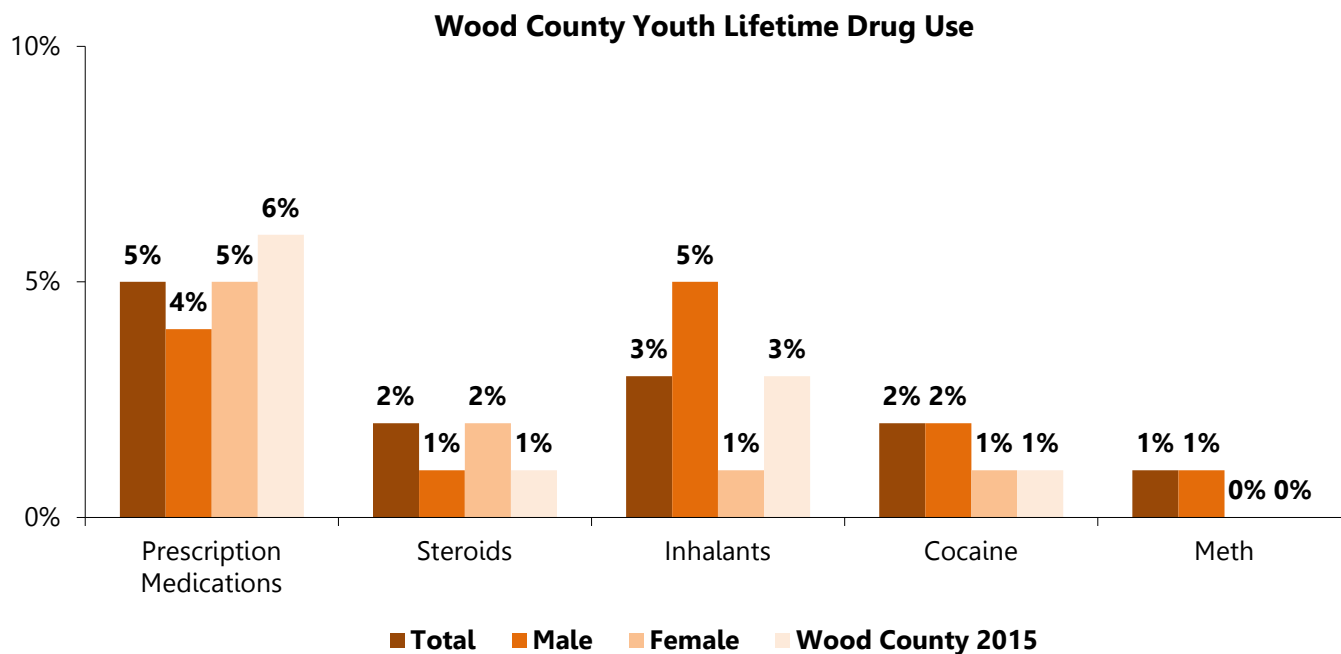
Youth Drug Use

- In 2018, 9% of all youth had used marijuana at least once in the past 30 days, increasing to 19% of those 17 and older. The 2017 YRBS found a prevalence of 36% for U.S. youth.
- Wood County youth had tried the following in their life:
 - Inhalants (3%) (2017 YRBS reported 6% for the U.S.)
 - Liquid THC (3%)
 - Steroids (2%) (2017 YRBS reported 3% for the U.S.)
 - Cocaine (2%) (2017 YRBS reported 5% for the U.S.)
 - Hallucinogenic drugs (2%)
 - Misused over-the-counter medication (2%)
 - Posh/salvia/synthetic marijuana (2%)
 - Methamphetamines (1%) (2017 YRBS reported 3% for the U.S.)
 - Misused cough syrup (1%)
 - Bath salts (1%)
 - Ecstasy/MDMA/Molly (1%) (2017 YRBS reported 4% for the U.S.)
 - Had been to a pharm party (<1%)
 - K2/spice (<1%)
 - GhB (liquid ecstasy) (<1%)
 - Misused hand sanitizer (<1%)
 - Heroin (0%)
- Five percent (5%) of Wood 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 8% of those over the age of 17.
- During the past 12 months, 6% of all Wood County youth reported that someone had offered, sold, or given them an illegal drug on school property.
- The following would keep youth from seeking help for alcohol, tobacco or other drug use: not knowing where to go (16%), the possibility of getting in trouble (13%), paying for treatment (4%), and time (2%). Seventy-five percent (75%) of youth reported they did not think they needed help.

Drug Perceptions

- Youth reported their parents would disapprove of them doing the following: smoking cigarettes (84%), misusing prescription drugs (84%), using marijuana (81%), using e-cigarettes/vapes (78%) and drinking alcohol (77%).
- Youth reported their friends would disapprove of them doing the following: misusing prescription drugs (77%), smoking cigarettes (74%), using marijuana (60%), using e-cigarettes/vapes (55%), and drinking alcohol (53%).

The following graphs indicate youth lifetime drug use and youth marijuana use in the past 30 days. An example of how to interpret the information on the first graph includes: 5% of youth had misused prescription medications at some point in their life, including 4% of males and 5% of females.



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Wood County 2012 (6 th -12 th Grade)	Wood County 2012 (6 th -12 th Grade)	Wood County 2015 (6 th -12 th Grade)	Wood County 2018 (6 th -12 th Grade)	Wood County 2018 (9 th -12 th Grade)	U.S. 2017 (9 th -12 th Grade)
Youth who used marijuana (in the past month)	8%	12%	8%	9%	14%	20%
Used methamphetamines (in their lifetime)	3%	2%	<1%	1%	1%	3%
Used cocaine (in their lifetime)	4%	4%	1%	2%	3%	5%
Used heroin (in their lifetime)	2%	3%	0%	0%	0%	2%
Used steroids (in their lifetime)	3%	3%	1%	2%	3%	3%
Used inhalants (in their lifetime)	11%	7%	3%	3%	4%	6%
Used ecstasy/MDMA/molly (in their lifetime)	N/A	4%	2%	1%	1%	4%
Ever misused prescription medications (in their lifetime)	15%	11%	6%	5%	8%	14%
Ever been offered, sold, or given an illegal drug by someone on school property (in the past year)	13%	8%	5%	6%	8%	20%

N/A – Not available

The table below indicates correlations between current marijuana use and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 64% of current marijuana users had at least one drink of alcohol in the past 30 days, compared to 11% of non-current marijuana users.

Behaviors of Wood County Youth

*Current Marijuana Use vs. Non-Current Marijuana Use**

Youth Behavior	Current Marijuana User	Non-Current Marijuana User
Had at least one drink of alcohol (in the past 30 days)	64%	11%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	62%	23%
Had sexual intercourse (in their lifetime)	59%	16%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)	58%	19%
Bullied (in the past 12 months)	47%	35%
Seriously considered attempting suicide (in the past 12 months)	36%	17%
Misused prescription medications (in their lifetime)	36%	2%
Smoked cigarettes (in the past 30 days)	31%	1%
Attempted suicide (in the past 12 months)	7%	4%

**Current marijuana use indicates youth who self-reported using marijuana at any time during the past 30 days.*

Youth Health: Sexual Behavior

Key Findings

In 2018, 20% of Wood County youth reported having had sexual intercourse at least once in their life. One-fifth (20%) of youth had participated in oral sex, 5% had participated in anal sex, and 21% of youth participated in sexting. Of those who were sexually active, 52% had multiple sexual partners.

Youth Sexual Behavior

- In 2018, 20% of Wood County youth, had ever participated in sexual intercourse, increasing to 47% of those ages 17 and over (2017 YRBS reported 40% for the U.S.).
- Twenty percent (20%) of youth had participated in oral sex, increasing to 45% of those ages 17 and older.
- Five percent (5%) of youth had participated in anal sex, increasing to 15% of those ages 17 and older.
- Just over one-fifth (21%) of youth had participated in sexting, increasing to 35% of those ages 17 and older.
- Twenty-six percent (26%) of youth had viewed pornography, increasing to 34% of males and 41% of those ages 17 and older.

2,487 of Wood County youth had sexual intercourse at least once in their life.

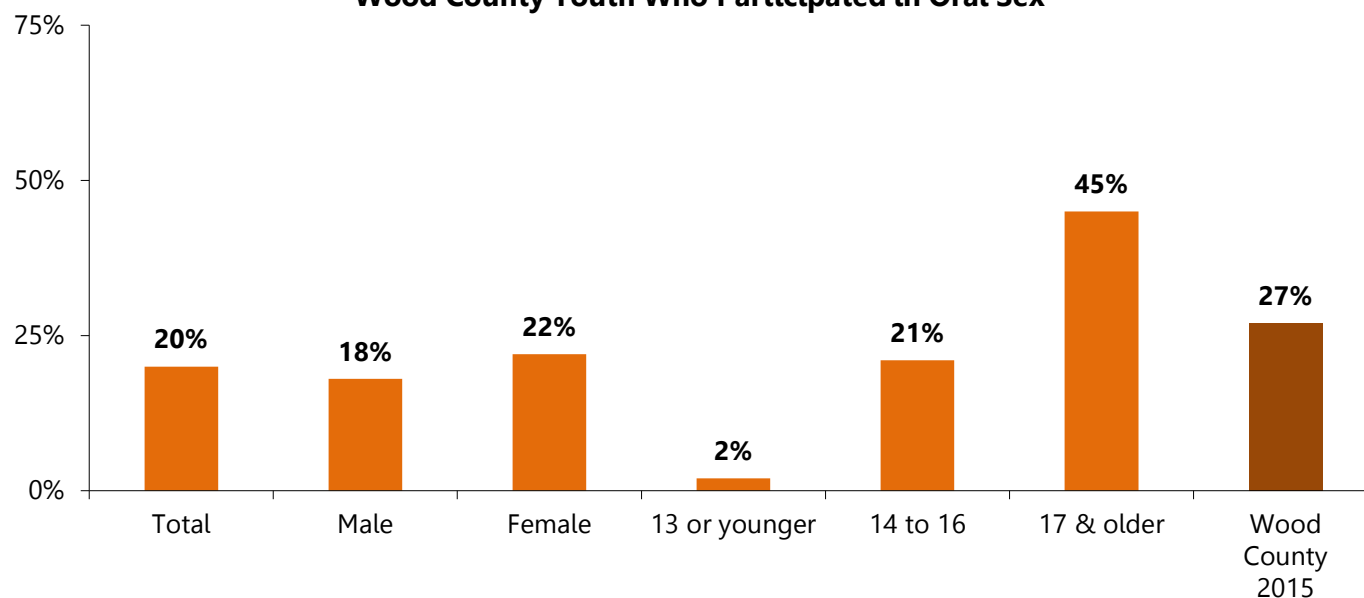
- Of all youth, 2% were sexually active before the age of 13 (YRBS reported 3% for the U.S. in 2017).
- Four percent (4%) of all Wood County youth had four or more sexual partners (YRBS reported 10% for the U.S. in 2017).
- Of those youth who were sexually active, 48% had one sexual partner, and 52% had multiple partners.
- Almost one-fifth (17%) of all sexually active youth had four or more partners.
- Of those youth who were sexually active, 16% had engaged in intercourse by the age of 13. Another 44% had done so by 15 years of age. The average age of onset was 15.1 years old.
- More than half (54%) of youth who were sexually active used condoms to prevent pregnancy; 34% used birth control pills; 12% used the withdrawal method; 5% used an IUD; 5% used some other method; and 4% used a shot, patch or birth control ring. Six percent (6%) reported they were gay or lesbian. However, 9% engaged in sexual intercourse without a reliable method of protection, and 15% reported they were unsure.
- One in eleven (9%) youth reported drinking alcohol or using drugs before they had sexual intercourse.
- Wood County youth experienced the following in their life: wanted to get pregnant (2%); been pregnant (1%); gotten someone pregnant (1%); tried to get pregnant (<1%); had an abortion (<1%); had a miscarriage (<1%); had a child (<1%); been treated for an STD (<1%); and had sex in exchange for something of value, such as food, drugs, shelter or money (<1%).

The following graphs show the percentage of Wood County youth who participated in sexual intercourse and oral sex. An example of how to interpret the information includes: 20% of all Wood County youth had sexual intercourse, including 18% of males and 22% of females.

Wood County Youth Who Had Sexual Intercourse



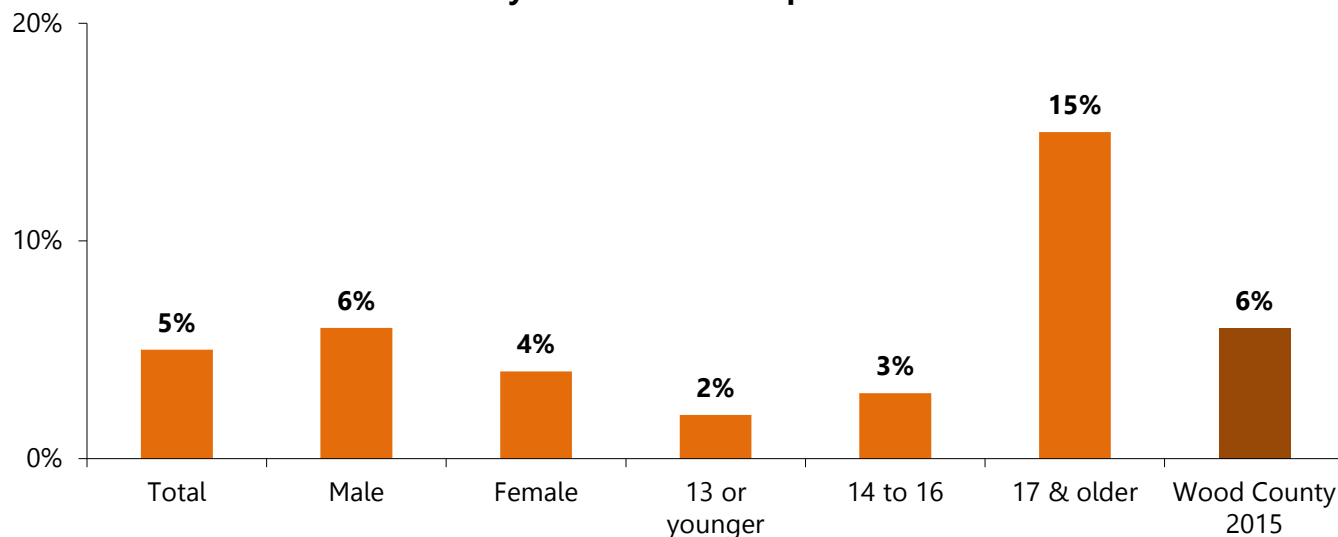
Wood County Youth Who Participated in Oral Sex



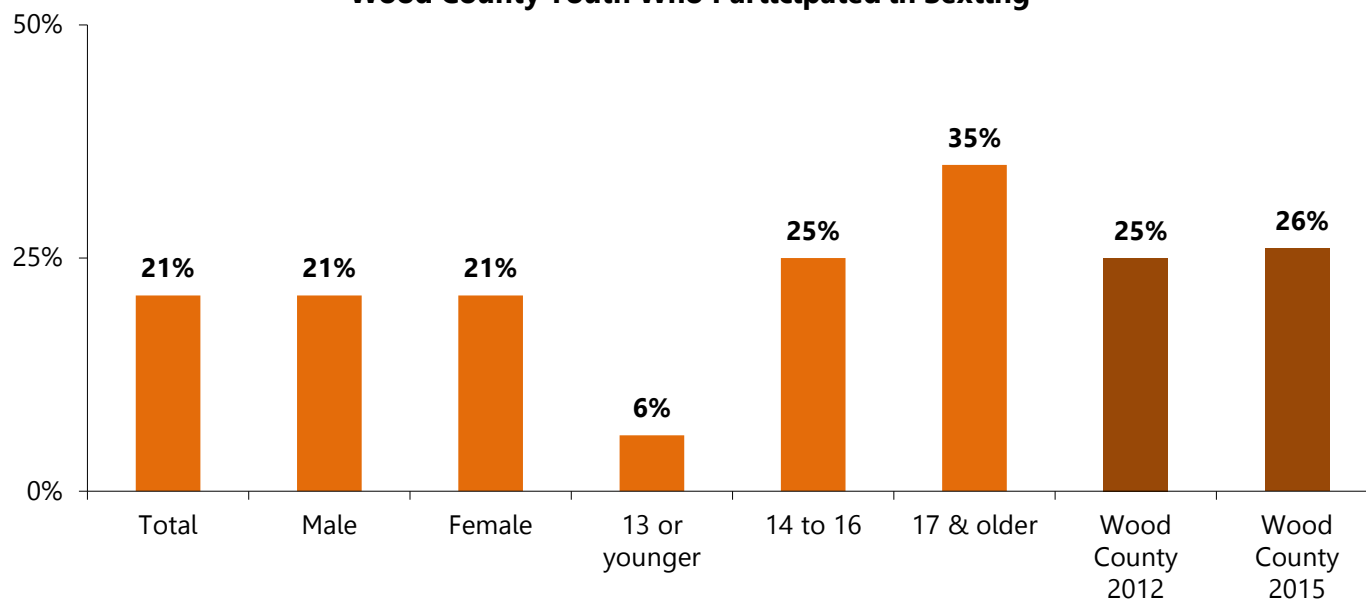
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graphs show the percentage of Wood County youth who participated in anal sex and sexting. An example of how to interpret the information includes: 5% of all Wood County youth participated in anal sex, including 6% of males and 15% of those 17 and older.

Wood County Youth Who Participated in Anal Sex



Wood County Youth Who Participated in Sexting



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Wood County 2008 (6 th -12 th Grade)	Wood County 2012 (6 th -12 th Grade)	Wood County 2015 (6 th -12 th Grade)	Wood County 2018 (6 th -12 th Grade)	Wood County 2018 (9 th -12 th Grade)	U.S. 2017 (9 th -12 th Grade)
Ever had sexual intercourse	31%	32%	27%	20%	35%	40%
Used a condom to prevent pregnancy during last intercourse	74%	76%	69%	54%	58%	54%
Used birth control pills to prevent pregnancy before last intercourse	28%	41%	33%	34%	38%	21%
Used an IUD to prevent pregnancy before last sexual intercourse	N/A	N/A	0%	5%	5%	4%
Used a shot, patch or birth control ring to prevent pregnancy before last intercourse	N/A	N/A	3%	4%	4%	5%
Did not use any method to prevent pregnancy during last sexual intercourse	13%	11%	7%	9%	10%	14%
Had four or more sexual partners (of all youth)	7%	6%	6%	4%	7%	10%
Had sexual intercourse before age 13 (of all youth)	4%	4%	3%	2%	1%	3%
Drank alcohol or used drugs before last sexual intercourse (of sexually active youth)	20%	18%	13%	9%	9%	19%

N/A-Not Available

Sexual Risk Behavior

Many young people engage in sexual risk behaviors that can result in unintended health outcomes. For example, among U.S. high school students surveyed in 2017:

- Only 10% of sexually experienced students have ever been tested for HIV.
- 40% had ever had sexual intercourse.
- 30% had had sexual intercourse during the previous 3 months, and, of these
 - 46% did not use a condom the last time they had sex.
 - 14% did not use any method to prevent pregnancy.
 - 19% had drank alcohol or used drugs before last sexual intercourse.

Sexual risk behaviors place adolescents at risk for HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy:

- Young people (aged 13-24) accounted for an estimated 21% of all new HIV diagnoses in the United States in 2016.
- Among young people (aged 13-24) diagnosed with HIV in 2014, 81% were gay and bisexual males.
- Half of the nearly 20 million new STDs reported each year are among young people, between the ages 15 to 24
- Nearly 210,000 babies were born to teen girls aged 15-19 years in 2016.

(Source: CDC, *Adolescent and School Health*, updated June 14, 2018)

Youth Health: Mental Health

Key Findings

In 2018, 27% 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 in the past year. Nineteen percent (19%) of youth had seriously considered attempting suicide in the past year, and 5% attempted suicide in the past year.

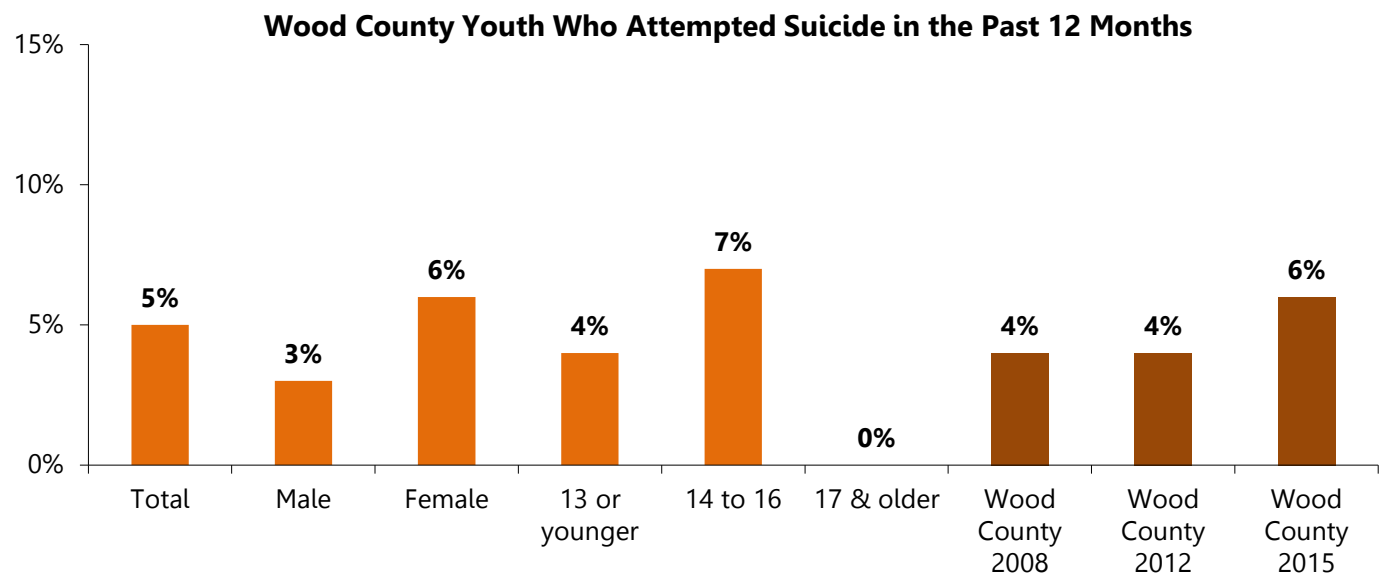
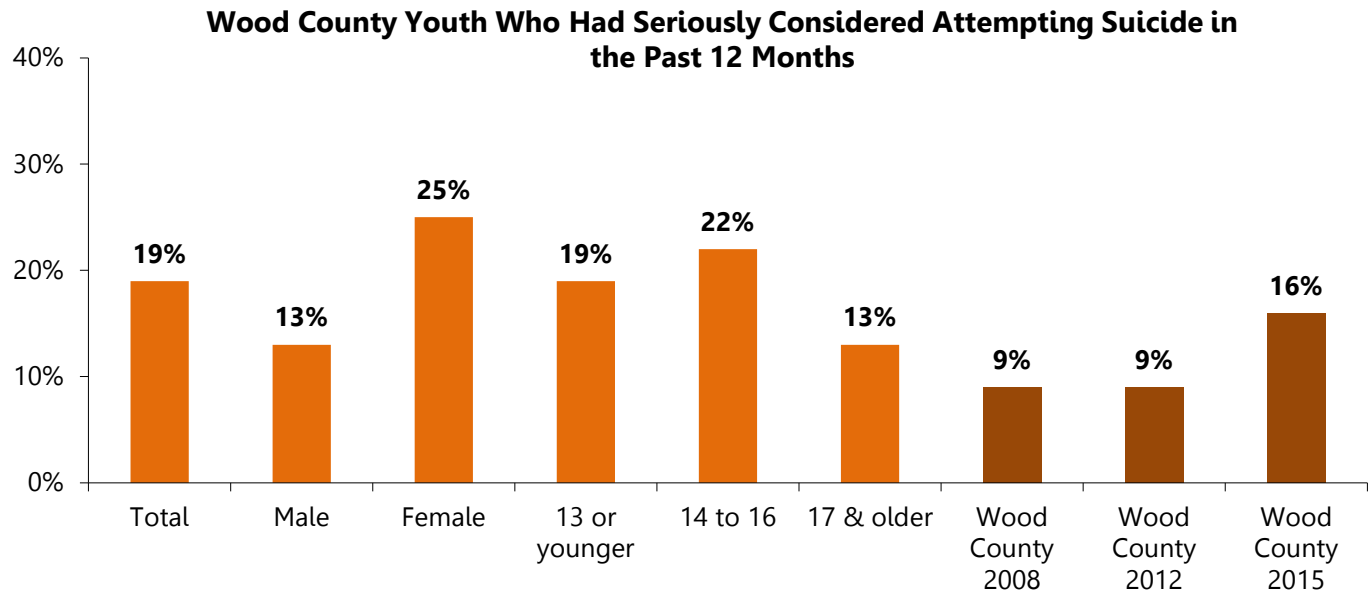
Youth Mental Health

- In the past year, 27% 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 (YRBS reported 32% for the U.S. in 2017), increasing to 37% of females
- Nineteen percent (19%) of youth reported they had seriously considered attempting suicide in the past 12 months. The 2017 YRBS reported a rate of 17% for U.S. youth.
- In the past year, 5% of Wood County youth had attempted suicide. Three percent (3%) of youth had made more than one attempt. The 2017 YRBS reported a prevalence rate of 7% for U.S. youth.

3,357 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.

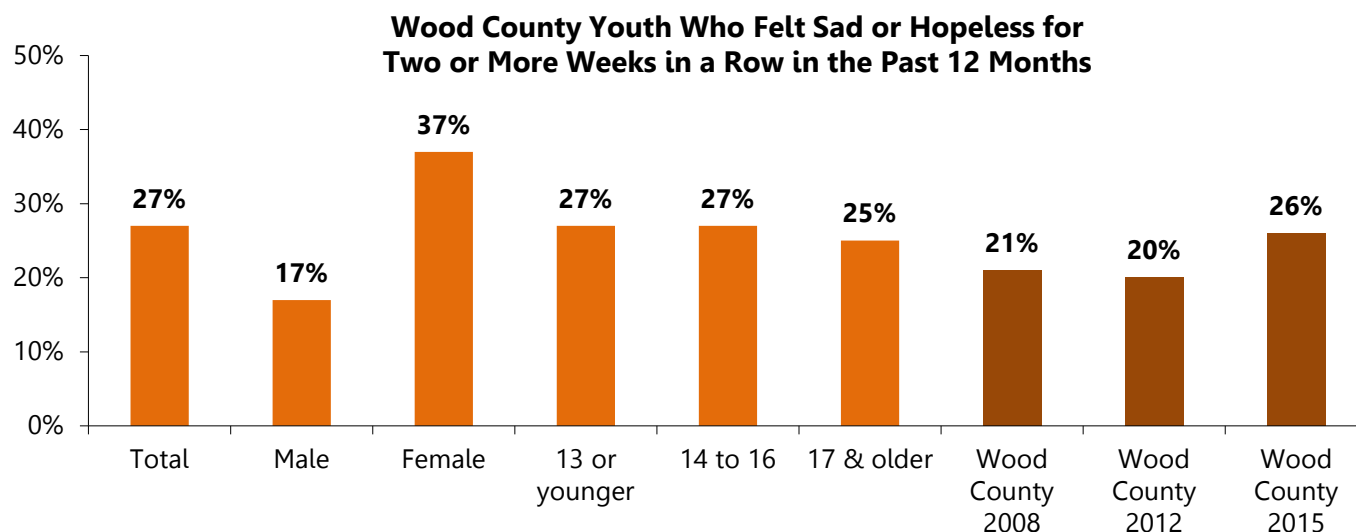
- Wood County youth reported the following caused them anxiety, stress, or depression: academic success (47%), self-image (33%), fighting with friends (32%), other stress at home (29%), sports (29%), death of a close family member or friend (29%), peer pressure (26%), fighting at home (24%), dating relationship (21%), a breakup (20%), being bullied (18%), parent divorce/separation (13%), social media (13%), current news/world events/political environment (12%), poverty/no money (10%), caring for younger siblings (9%), sick parent (9%), alcohol/drug use in the home (6%), not having enough to eat (3%), sexual orientation (3%), not having a place to live (2%), and other (9%).
- Wood County youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (46%), texting someone (37%), hobbies (35%), exercising (32%), eating (28%), talking to a peer (27%), talking to someone in their family (26%), using social media (15%), pray/reading the Bible (15%), shopping (11%), breaking something (10%), writing in a journal (7%), and drink alcohol/smoke/use tobacco/use illegal drugs (6%). Nineteen percent (19%) of youth reported they did not have anxiety, stress, or depression.
- When youth had feelings of depression or suicide, they talked to the following: a best friend (60%); parents (30%); a girlfriend or boyfriend (30%); brother/sister (15%); caring adults (12%); adult friend (10%); school counselor (10%); professional counselor (8%); teacher (7%); coach (7%); an adult relative such as a grandparent, aunt or uncle (5%); pastor/priest/youth minister (3%); a religious leader (2%); Teen Line or First Call for Help (1%); and other (3%). Twenty-three percent (23%) of youth reported they had no one to talk to when they had feelings of depression or suicide.

The following graphs show the percentage of Wood County youth who seriously considered attempting suicide in the past year and had attempted suicide in the past year. An example of how to interpret the information on the first graph includes: 19% of youth seriously considered attempting suicide in the past year, including 25% of females.



Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows the percentage of Wood County youth who felt sad or hopeless for two or more weeks in a row in the past year. An example of how to interpret the information includes: 27% of youth felt sad or hopeless for two or more weeks in a row in the past year, including 17% of males and 37% of females.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The table below indicates correlations between those who contemplated suicide and participating in other risky behaviors, as well as other experiences. An example of how to interpret the information includes: 70% of those who contemplated suicide were bullied in the past 12 months, compared to 29% of those who did not contemplate suicide.

Behaviors of Wood County Youth

*Contemplated Suicide vs. Did Not Contemplate Suicide**

Youth Behaviors	Contemplated Suicide	Did Not Contemplate Suicide
Bullied (in the past 12 months)	70%	29%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)	52%	16%
Had participated in sexting (in their lifetime)	37%	17%
Used marijuana (in the past 30 days)	18%	7%
Misused prescription medications (in their lifetime)	12%	3%
Smoked cigarettes (in the past 30 days)	9%	3%

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

Youth Comparisons	Wood County 2008 (6 th -12 th Grade)	Wood County 2012 (6 th -12 th Grade)	Wood County 2015 (6 th -12 th Grade)	Wood County 2018 (6 th -12 th Grade)	Wood County 2018 (9 th -12 th Grade)	U.S. 2017 (9 th -12 th Grade)
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	21%	20%	26%	27%	28%	32%
Seriously considered attempting suicide (in the past 12 months)	9%	9%	16%	19%	20%	17%
Attempted suicide (in the past 12 months)	4%	4%	6%	5%	4%	7%

Youth Health: Social Determinants of Health

Key Findings

Seventy-one percent (71%) of youth had been to the doctor for a routine check-up in the past year. More than one-fifth (23%) of youth experienced three or more adverse childhood experiences (ACEs) in their life. Twenty-eight percent (28%) of youth would like to see more healthier snacks offered in their schools.

Personal Health

- Seventy-one percent (71%) of youth had been to the doctor or healthcare professional for a routine check-up in the past year.
- Wood County youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work at the following frequencies: less than a year ago (78%), 1 to 2 years ago (7%), more than 2 years ago (3%), never (2%), and do not know (10%).
- On an average school night, youth reported sleeping for the following amounts of time: 4 or less hours (8%), 5 hours (9%), 6 hours (20%), 7 hours (26%), 8 hours (26%), 9 hours (9%), and 10 or more hours (3%). Youth slept for an average of 6.9 hours on school nights.
- Fifteen percent (15%) 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.
- Four percent (4%) of youth reported they went to bed hungry on at least one day because their family did not have enough money for food.
- Youth reported that they would put themselves at a greater health risk if they did any of the following: drink alcohol and then drive (75%), text while driving (74%), smoke cigarettes (73%), use prescription drugs not prescribed to them (72%), bully others (70%), drink alcohol (63%), carry a weapon (56%), use marijuana (56%), use e-cigarettes/vapes (55%), participate in other sexual activities (39%), and participate in sexual intercourse (38%).

Youth Health and Academics

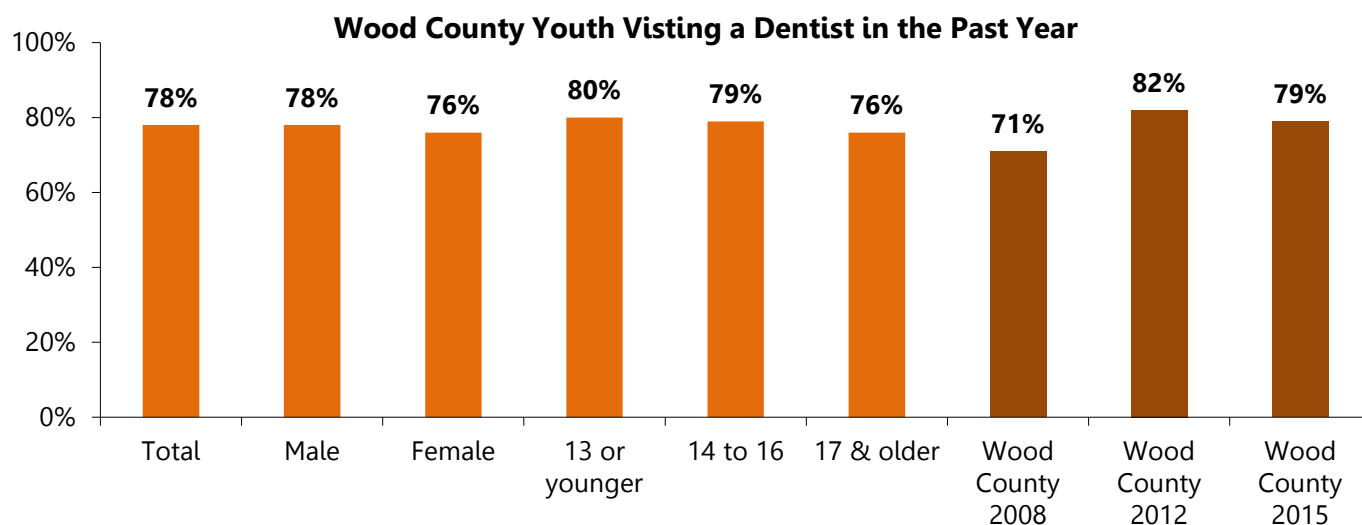
- Academic success of America’s youth is strongly linked with their health, and is one way to predict adult health outcomes.
- Health-risk behaviors such as early sexual initiation, violence, and substance use are consistently linked to poor grades and test scores.
- Research shows that school health programs reduce the prevalence of health risk behaviors among young people and have a positive effect on academic performance.
- Academic success is an excellent indicator for the overall well-being of youth and a primary predictor and determinant of adult health outcomes.

(Source: CDC, Adolescent and School Health: Health & Academics, October 28, 2017)

Youth Comparisons	Wood County 2008 (6 th -12 th Grade)	Wood County 2012 (6 th -12 th Grade)	Wood County 2015 (6 th -12 th Grade)	Wood County 2018 (6 th -12 th Grade)	Wood County 2018 (9 th -12 th Grade)	U.S. 2017 (9 th -12 th Grade)
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	71%	82%	79%	78%	78%	N/A
Suffered a blow or jolt to their head while playing with a sports team	N/A	N/A	13%	15%	14%	N/A

N/A- Not Available

The following graph shows Wood County youth who had visited the dentist in the past year. An example of how to interpret the information includes: 78% of youth had visited the dentist in the past year, including 80% of those ages 13 or younger.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Personal Safety

- In the past month, youth drivers did the following while driving: wore a seatbelt (87%), ate (38%), talked on their cell phone (36%), drove while tired or fatigued (30%), texted (25%), used their cell phone other than for talking or texting (23%), reading (3%), applied makeup (2%), drank alcohol (2%), misused prescription drugs (1%), used marijuana (5%), and used illegal drugs (2%).
- Two-fifths (40%) of youth drivers had more than one distraction while driving.
- Wood County youth reported the following regarding the choking game, also known as the pass-out game, space monkey, or dream game:
 - They had never heard of the choking game (55%)
 - They had heard of the choking game, but don't know anyone who had played it (28%)
 - They had heard of it and know others who have played, but had not played (11%)
 - They had heard of it and was asked to play but said, "No" (2%)
 - They played choking game once (3%)
 - They played the choking game more than once (1%)
- Ninety-three percent (93%) of youth had a social media or online gaming account. Of those youth who had an account, they agreed with the following statements:
 - Their account was currently checked private (56%)
 - They knew all of their "friends" (55%)
 - They knew all of the people they played online with (28%)
 - Their parents had their password (26%)
 - Their friends had their password (10%)
 - They were bullied because of their accounts (7%)
 - They had been asked to meet someone they met online (7%)
 - They shared personal information, such as where they lived (7%)
 - Their parents did not know they had an account (6%)
 - They had participated in sexual activity with someone they met online (3%)
- Just over three-fifths (61%) of youth who had a social media or online gaming account believed that sharing information online is dangerous.

Social and Community Context

- Wood County youth reported living with the following individuals: both parents (66%), one of their parents (14%), mother and step-father (12%), father and step-mother (3%), grandparents (2%), mother and her partner (1%), guardians/foster parents (1%), father and his partner (<1%), and on their own or with friends (<1%).
- Ninety-three percent (93%) of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (54%), exercising (outside of school) (54%), school club or social organization (34%), part-time job (22%), volunteering in the community (22%), caring for siblings after school (22%), church or religious organization (20%), babysitting for other kids (19%), church youth group (18%), caring for parents or grandparents (4%), and some other organized activity (Scouts, 4H, etc.) (13%).
- Youth reported they would like to see the following programs or activities offered in their schools:
 - Healthier snacks (28%)
 - Locally grown foods offered in the cafeteria (26%)
 - School salad bar (26%)
 - Physical activity education (25%)
 - School community garden (21%)
 - Safe walking or biking to school (17%)
 - Nutrition education (16%)
 - Summer meal program (12%)
 - Wellness policies (11%)
 - After-school lunch program (8%)
- Youth reported they had experienced the following gambling situations sometime in their life: had periods lasting two weeks or longer thinking about their gambling experiences or planning future gambling bets (1%); tried to stop, cut down, or control their gambling (1%); and lied to family members, friends, or others about how much they gambled or money they lost on gambling (1%).
- During the past year, youth reported that they had participated in the following gambling activities at least once a month: bet money on games of personal skill, such as pool or golf (3%); bought lottery tickets (Mega Millions, Powerball) (2%); bought scratch offs (2%); bet money on fantasy sports leagues or games (2%); bet money on sports teams (pro, college, amateur) (2%); played cards for money (2%); placed a bet using their mobile device (1%); bet money on daily fantasy sports (1%); bet money on Keno (1%); played Bingo for money (1%); and played poker online (<1%).
- Youth reported the following childhood adverse experiences (ACEs):
 - Parents became separated or were divorced (28%)
 - Parents or adults in home swore at them, insulted them or put them down (25%)
 - Lived with someone who was depressed, mentally ill or suicidal (15%)
 - Family did not look out for each other, feel close to each other, or support each other (15%)
 - Lived with someone who was a problem drinker or alcoholic (13%)
 - Parents were not married (13%)
 - Lived with someone who served time or was sentenced to serve in prison or jail (12%)
 - Lived with someone who used illegal street drugs or abused prescription drugs (9%)
 - Parents or adults in the home abused each other (7%)
 - Parents or adults in home abused them (5%)
 - Someone 5 years older than them touched them sexually (3%)
 - Did not have enough to eat, had to wear dirty clothes, and had no one to protect them (2%)
 - An adult or someone 5 years older than them tried to make them touch them sexually (1%)
 - An adult or someone 5 years older than them forced them to have sex (1%)
- Twenty-three percent (23%) of youth had three or more adverse childhood experiences.

The table below indicates correlations between those who experienced three or more ACEs in their lifetime and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 60% of those who experienced three or more ACEs felt sad or hopeless for two or more weeks in a row, compared to 13% of those who did not experience any ACEs.

Behaviors of Wood County Youth

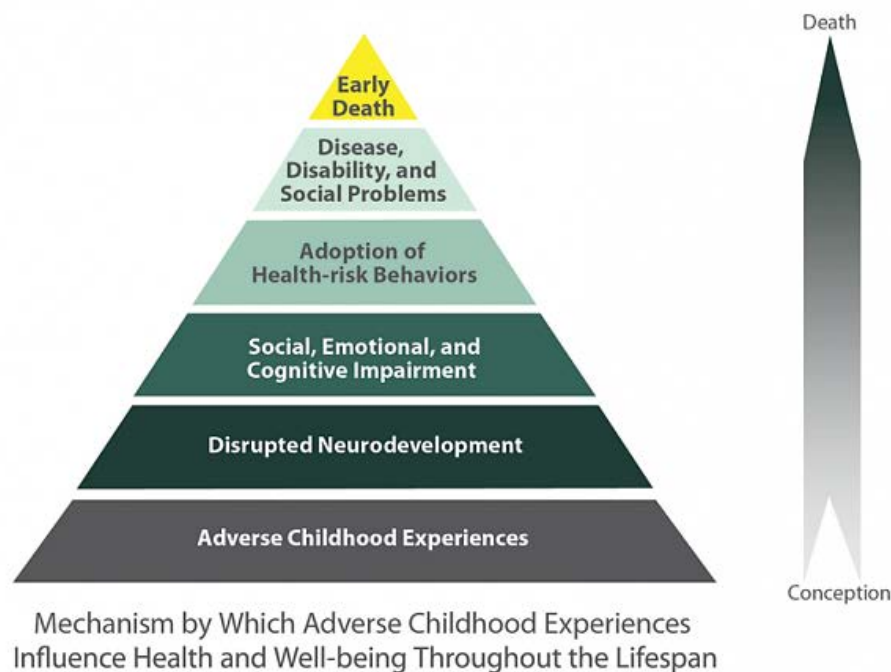
Experienced 3 or More ACEs vs. Did Not Experience Any ACEs

Youth Behaviors	Experienced 3 or More ACEs	Did Not Experience Any ACEs
Bullied (in the past 12 months)	62%	38%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	60%	13%
Seriously considered attempting suicide (in the past 12 months)	43%	9%
Had sexual intercourse (in their lifetime)	32%	12%
Had at least one drink of alcohol (in the past 30 days)	30%	10%
Used marijuana (in the past 30 days)	24%	3%
Misused prescription medications (in their lifetime)	17%	1%
Attempted suicide (in the past 12 months)	13%	2%
Smoked cigarettes (in the past 30 days)	11%	1%

"ACEs" indicate youth who self-reported having experienced three or more adverse childhood experiences in their lifetime.

Adverse Childhood Experiences (ACEs)

- Childhood abuse, neglect, and exposure to other traumatic stressors which we term adverse childhood experiences (ACEs) are common. The most common are separated or divorced parents, verbal, physical or sexual abuse, witness of domestic violence, and having a family member with depression or mental illness.
- The short and long-term outcomes of these childhood exposures include a multitude of health and social problems such as:
 - Depression
 - Fetal death
 - Illicit drug use
 - Liver disease
 - Alcoholism and alcohol abuse
 - Chronic Obstructive Pulmonary Disease
 - Unintended pregnancies
 - Risk for intimate partner violence
 - STDs
 - Early initiation of smoking
 - Multiple sexual partners
 - Suicide attempts
- Given the high prevalence of ACEs, additional efforts are needed at the state and local level to reduce and prevent childhood maltreatment and associated family dysfunction in the US.



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

Youth Health: Violence

Key Findings

Thirty-seven percent (37%) of youth had been bullied in the past year. One in eleven (9%) youth carried a weapon (such as a gun, knife or club) in the past month. In the past year, 21% of youth had been involved in a physical fight. Nine percent (9%) of youth had been hit, slapped, or physically hurt by an adult or caregiver in the past month.

Violence-Related Behaviors

- One in eleven (9%) youth carried a weapon (such as a gun, knife or club) in the past 30 days. The 2017 YRBS reported 16% of U.S. youth carried a weapon in the past 30 days.
- Twenty-three percent (23%) of youth had purposefully hurt themselves at some time in their lives. They did so in the following ways: cutting (14%), scratching (9%), hitting (9%), biting (4%), burning (3%), and self-embedding (1%).

4,600 youth had been bullied on school property in the past year.

Physical and Sexual Violence

- Two percent (2%) of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months (2017 YRBS reported 8% for the U.S.).
- In the past year, 9% of youth reported an adult or caregiver had ever hit, slapped or physically hurt them on purpose.
- In the past year, 21% of youth had been involved in a physical fight (2017 YRBS reported 24% for the U.S.). Ten percent (10%) had been in a fight on more than one occasion.
- Wood County youth had been forced to engage in the following: touched in an unsafe sexual way (4%), sexual intercourse (2%), other sexual activity (1%), and oral sex (1%).

Bullying

- Thirty-seven percent (37%) of youth had been bullied in the past year. The following types of bullying were reported:
 - 27% of youth were verbally bullied (teased, taunted or called harmful names)
 - 24% of youth were indirectly bullied (spread mean rumors about them or kept them out of a “group”)
 - 12% of youth were cyber bullied (teased, taunted or threatened by e-mail or cell phone) (YRBS reported 15% for the U.S. in 2017)
 - 7% of youth were physically bullied (were hit, kicked, punched or people took their belongings)
 - 2% of youth were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person)
- Twenty-three percent (23%) of youth had been bullied on school property in the past year, increasing to 28% of those ages 13 or younger (YRBS reported 19% for the U.S. in 2017)

The table below indicates correlations between those who were bullied in the past 12 months and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 36% of those who were bullied contemplated suicide, compared to 9% of those who were not bullied.

Behaviors of Wood County Youth

Bullied vs. Non-Bullied

Youth Behavior	Bullied	Non-Bullied
Felt sad or hopeless almost every day for 2 or more weeks in a row (in the past 12 months)	51%	13%
Seriously considered attempting suicide (in the past 12 months)	36%	9%
Overweight or obese	30%	30%
Had been in a physical fight (in the past year)	30%	16%
Had at least one drink of alcohol (in the past 30 days)	24%	11%
Carried a weapon (in the past 30 days)	12%	7%
Used marijuana (in the past 30 days)	12%	7%
Attempted suicide (in the past 12 months)	11%	1%
Misused prescription medications (in their lifetime)	7%	4%

Types of Bullying Wood County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 Years and Younger	14-16 Years Old	17 Years and Older
Verbally Bullied	27%	24%	30%	35%	23%	22%
Indirectly Bullied	24%	16%	33%	28%	23%	18%
Cyber Bullied	12%	8%	17%	16%	12%	8%
Physically Bullied	7%	7%	7%	11%	7%	1%
Sexually Bullied	2%	2%	2%	2%	3%	0%

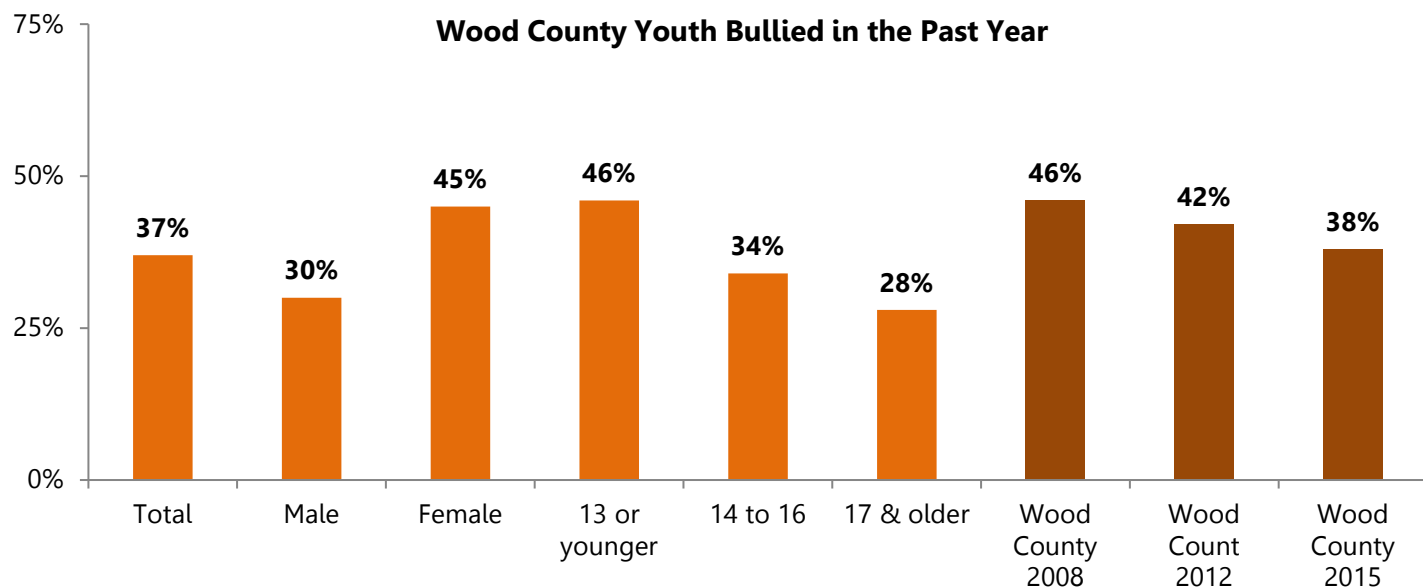
Healthy People 2020

Injury and Violence Prevention (IVP)

Objective	Wood County 2018	U.S. 2017	Healthy People 2020 Target
IVP-34 Fighting among adolescents	21% (6-12 Grade) 17% (9-12 Grade)	24% (9-12 Grade)	32% (9-12 Grade)
IVP-35 Reduce bullying among adolescents on school property	23% (6-12 Grade) 22% (9-12 Grade)	19% (9-12 Grade)	18% (9-12 grade)

(Sources: Healthy People 2020 Objectives, 2017 YRBS, 2018 Wood County Youth Health Assessment)

The following graph shows Wood County youth who were bullied in the past year. An example of how to interpret the information includes: 37% of youth had been bullied in the past year, including 30% of males and 46% of those ages 13 or younger.



Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Wood County 2008 (6 th -12 th Grade)	Wood County 2012 (6 th -12 th Grade)	Wood County 2015 (6 th -12 th Grade)	Wood County 2018 (6 th -12 th Grade)	Wood County 2018 (9 th -12 th Grade)	U.S. 2017 (9 th -12 th Grade)
Carried a weapon (in the past month)	10%	10%	10%	9%	10%	16%
Had been in a physical fight (in the past year)	28%	20%	16%	21%	17%	24%
Electronically/cyber bullied (in the past year)	12%	13%	9%	12%	11%	15%
Bullied (in the past year)	46%	42%	38%	37%	34%	N/A
Bullied on school property (in the past year)	N/A	N/A	22%	23%	22%	19%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend (in the past year)	4%	6%	3%	2%	4%	8%

N/A – Not Available

Child Health: Health and Functional Status

Key Findings

In 2018, 22% of children were classified as obese by Body Mass Index (BMI) calculations. Eighty percent (80%) of Wood County parents had taken their child ages 0-11 to the dentist in the past year. Eight percent (8%) of parents reported their child had been diagnosed with asthma. Eight percent (8%) of parents reported their child had been diagnosed with ADD/ADHD.

2016 National Survey of Children's Health

- 9% of Ohio children ages 0-5 were diagnosed with asthma, increasing to 16% of 6-11 year olds.
- 13% of Ohio children ages 6-11 were diagnosed with ADD/ADHD.

(Source: National Survey of Children's Health, 2016)

General Health Status of Children Ages 0-11

- In 2018, 95% of Wood County parents rated their child's health as excellent or very good. Four percent (4%) of parents rated their child's health as fair and 1% rated their child's health as poor.
- Eighty percent (80%) of children had been to the dentist in the past year, increasing to 93% of 6-11 year olds.
- Of those children who had not seen the dentist in the past year, parents gave the following reasons: child was not old enough to go/ dentist would not see child yet because of their age (51%), cost (8%), insurance (8%), could not find a dentist who accepted child's insurance (3%), inconvenient times/could not get an appointment (2%), did not know where to go for treatment (2%), treatment is ongoing (2%), child refuses to go (2%), no referral (2%), and other reasons (13%).

Weight Status and Nutrition

- More than one-fifth (22%) of children were classified as obese by Body Mass Index (BMI) calculations. Sixteen percent (16%) of children were classified as overweight, 55% were normal weight, and 8% were underweight.
- Twenty-five percent (25%) of Wood County children ate 5 or more servings of fruits and vegetables per day. Fifty-two percent (52%) ate 3 to 4 servings per day, 20% ate 1 to 2 servings of fruits and vegetables per day, and 3% ate 0 servings per day.
- Less than one percent (<1%) of children consumed 5 or more servings of sugar-sweetened beverages per day. Five percent (5%) drank 3 to 4 servings per day, 39% consumed 1 to 2 servings per day, and 55% consumed 0 servings per day.
- Less than one percent (<1%) of children consumed 5 or more servings of caffeinated beverages per day. Five percent (5%) consumed 1 to 2 servings per day, and 95% drank 0 servings per day.
- Wood County children consumed the following sources of calcium daily: milk (86%), yogurt (60%), calcium-fortified juice (13%), calcium supplements (5%), lactose free milk/lactose intolerant (3%), other dairy products (43%), or other calcium sources (14%).
- Parents reported their child had the following for breakfast: cereal (79%); milk (62%); toast (39%); eggs (39%); yogurt (37%); fruit or fruit juice (28%); Pop Tart, donut, or other pastry (25%); oatmeal (25%); bacon, sausage, or ham (25%); nothing (3%); pizza (1%); candy (1%); pop (<1%); and something else (12%). About one in twelve (8%) children ate at the school breakfast program.
- Wood County children spent an average of 1.6 hours watching TV, 0.8 hours playing video games, 0.6 hours on a computer, and 0.5 hours on a cell phone outside of school work on an average day of the week.

Health Conditions

- Wood County parents were told by a doctor that their 0-11-year-old child had the following conditions:
 - Speech and language problems (9%)
 - Asthma (8%)
 - ADD/ADHD (8%)
 - Anxiety problems (6%)
 - Developmental delay (5%)
 - Overweight/obese (4%)
 - Behavioral/conduct problem (4%)
 - Learning disability (4%)
 - Autism or Autism Spectrum Disorder (ASD) (3%)
 - Intellectual disability/mental retardation (1%)
 - Diabetes (1%)
 - Genetic or inherited condition (1%)
 - Head injury, brain injury or concussion (2%)
 - Epilepsy/seizure disorder (1%)
 - Depression (1%)
 - Obsessive-compulsive disorder (OCD) (1%)
 - Cerebral palsy (1%)
- Ten percent (10%) of Wood County children ages 0-11 had at least one health condition.
- Parents reported their child took prescription medications for the following conditions they were diagnosed with: attention deficit disorder or attention deficit hyperactivity disorder (ADD/ADHD) (85%), depression (50%), autism or autism spectrum disorder (ASD) (33%), and anxiety problems (25%).
- Six percent (6%) of parents reported their children ages 0-11 had an episode of asthma or had an asthma attack during the past 12 months.
- Of those who said their child had an asthma attack in the past 6 months, the reported places of treatment were the following: home (80%), doctor's office (20%), emergency room (13%), and urgent care (7%). *(Numbers may exceed 100% due to selecting more than one location.)*
- Parents reported their child had the following allergies: environmental allergies (16%), animal allergies (8%), other food allergies (3%), red dye (2%), milk (2%), peanuts (1%), gluten (1%), wheat (<1%), soy (<1%), and other (2%). Of those with allergies, 3% had an Epi-pen.
- Twenty-five percent (25%) of parents reported their child had difficulties in at least one of the following areas: emotions/moods (18%), concentration (12%), behavior (5%), and being able to get along with people (3%).
- Parents identified managing these difficulties in the following ways: family and friends take care of it (64%), school or day care (38%), get professional help (33%), and in-home care (1%). Nine percent (9%) reported they do not need any help. Five percent (5%) reported the difficulties are not being managed.

Child Comparisons	Wood County 2012 Ages 0-5	Wood County 2018 Ages 0-5	Ohio 2016 Ages 0-5	U.S. 2016 Ages 0-5	Wood County 2012 Ages 6-11	Wood County 2018 Ages 6-11	Ohio 2016 Ages 6-11	U.S. 2016 Ages 6-11
Rated health as excellent or very good	93%	98%	94%	93%	92%	93%	91%	89%
Dental care visit in the past year	61%	53%	54%*	59%*	94%	93%	95%	91%
Diagnosed with asthma	7%	6%	9%	6%	16%	9%	16%	15%
Diagnosed with autism or autism spectrum disorder (ASD)	1%	1%	N/A	2%*	1%	4%	N/A	3%
Diagnosed with ADHD/ADD	1%	1%	2%**	3%**	8%	12%	13%	9%
Diagnosed with behavioral or conduct problems	2%	3%	3%**	5%**	3%	4%	13%	11%
Diagnosed with a head injury, brain injury, or concussion	1%	1%	N/A	1%	2%	2%	N/A	2%

N/A – Not available

* Ages 1-5

** Ages 3-5

Children's Mental Health

- What are mental health disorders?**

- Mental health disorders among children are described as serious changes in the way children usually learn, behave, or handle their emotions, which cause distress and problems getting through the day.

- What are the symptoms of mental disorders?**

- Symptoms may change over time as a child grows and may include difficulties with the way children play, learn, speak, and act or how the child handles their emotions. Diagnosis often occurs in the school years, however, some children with a disorder may not be recognized or diagnosed as having one.

- How are mental health disorders treated?**

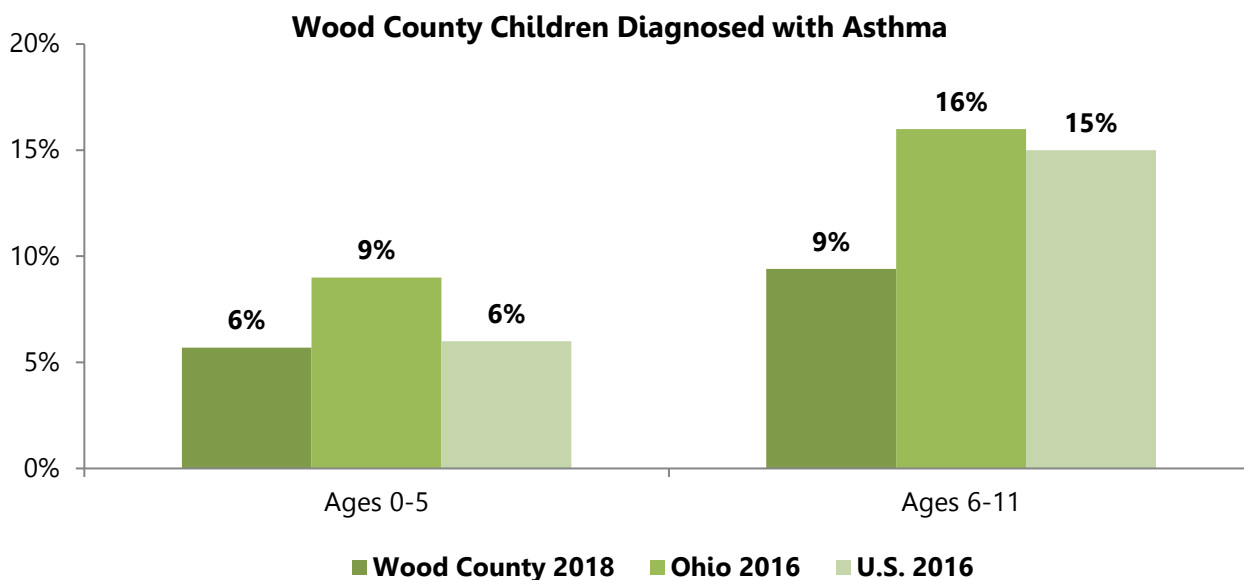
- Childhood mental health disorders can be treated and managed. There are many treatment options based on the most current medical evidence and doctors should work closely with everyone involved in the child's treatment (teachers, coaches, therapists, family members, etc.)
- Early diagnosis and appropriate treatment can make a huge difference in the lives of children with mental health disorders.

(Source: Centers for Disease Control and Prevention, *Children's Mental Health*, Updated March 2018)

Asthma

The following graph shows the percentage of children who were diagnosed with asthma for Wood County, Ohio, and the U.S.

- Wood County has a lower percentage of children ages 0-5 and 6-11 who were diagnosed with asthma, compared to Ohio.



(Sources: National Survey of Children's Health & 2018 Wood County Health Assessment)

Asthma and Children

- Asthma is the most common chronic condition among children, currently affecting an estimated 6.1 million children under 18 years old, of which 3.5 million suffered from an asthma attack or episode in 2016.
- An asthma episode is a series of events that results in constricted airways. These include swelling of the airway lining, tightening of the muscle around the airways and increased secretion of mucus inside the airway. This narrowed airway causes difficulty breathing with the familiar "wheeze."
- When a child has asthma, their lungs are extra sensitive to certain "triggers." Each child reacts differently to the factors that may trigger asthma, including:
 - Excitement/stress
 - Indoor and outdoor air pollutants
 - Exposure to cold air or sudden temperature change
 - Allergic reactions to allergens such as pollen, dust, or mold
 - Respiratory infections and colds
 - Cigarette smoke
- Secondhand smoke can cause serious harm to children. An estimated 400,000 to one million children with asthma have their condition worsened due to secondhand smoke.
- Asthma can be life-threatening if not properly managed. In 2016, 169 children under 15 years old died from asthma.
- Asthma is the third leading cause of hospitalization among children under the age of 15.
- Asthma is one of the leading causes of school absenteeism. In 2013, asthma accounted for 13.8 million lost school days in school-aged children with an asthma episode in the previous year.

(Source: American Lung Association, Asthma & Children Fact Sheet, updated May 23, 2018)

Child Health: Health Care Access

Key Findings

In 2018, 1% of Wood County parents reported their child did not have health insurance. Fourteen percent (14%) of parents reported their child did not get all of the prescription medications they needed in the past year. Ninety-four percent (94%) of parents had taken their child to the doctor for preventive care in the past year.

Health Insurance of Children Ages 0-11

- One percent (1%) of parents reported their child did not currently have health insurance.
- Wood County children were covered by the following types of health insurance: parent's employer (82%); Medicaid, Buckeye, Paramount, Molina, United, Care Source, or State Children's Health Insurance Program (SCHIP) (11%); purchased directly from an insurance company (2%); Insurance Marketplace (1%); TRICARE or other military health care (<1%); and multiple types include employer based (3%).
- Parents reported their child's health insurance covered the following: well visits (99%), doctor visits (98%), immunizations (97%), hospital stays (96%), prescription coverage (96%), dental (92%), vision (81%), mental health (76%), and therapies (speech, occupational therapy, physical therapy, etc.) (72%).

2016 National Survey of Children's Health

- 28% of Ohio 0-5 year olds and 33% of Ohio 6-11 year olds had public insurance.
- 91% of Ohio 0-5 year olds and 83% of Ohio 6-11 year olds had been to the doctor for preventive care in the past year.

(Source: National Survey of Children's Health, 2016)

Approximately 16,391 Wood County children visited their health care provider for preventive care in the past year.

Medical Home of Children Ages 0-11

- Eighty-seven percent (87%) of parents reported they had one or more people they think of as their child's personal doctor or nurse, increasing to 93% of 0-5 year olds.
- Ninety-four percent (94%) of children had visited their health care provider for preventive care in the past 12 months, increasing to 100% of 0-5 year olds.
- Ninety-eight percent (98%) of Wood County parents reported that their child had one particular place they usually went if they were sick or needed advice about their health. They reported the following places: a private doctor's office (93%), clinic or health center (4%), retail store clinic or "Minute Clinic" (1%), hospital emergency room (<1%), and some other place (<1%). One percent (1%) reported multiple places including a private doctor's office.
- Wood County children had been referred and went to the following specialists: ear, nose, and throat (ENT) doctor (19%), ophthalmologist (eye doctor) (14%), allergist (11%), dermatologist (skin doctor) (9%), psychiatrist/mental health provider (8%), cardiologist (heart doctor) (5%), neurologist (4%), pulmonologist (lung doctor) (3%), developmental pediatrician (3%), endocrinologist (2%), and other specialist (10%).

Access and Utilization of Children Ages 0-11

- Fourteen percent (14%) of parents reported their child did not get all of the prescription medications they needed in the past year. They reported the following reasons: their child was not prescribed medication (10%), cost (3%), no insurance (1%), health plan problem (1%), treatment is ongoing (1%), did not think their child needed it (<1%), could not find a doctor who accepted child's insurance (<1%), no referral (<1%), and other reasons (1%).
- Seven percent (7%) of parents reported their child did not get all of the medical care they needed in the past year. They reported the following reasons: cost (3%), too long of a wait for an appointment (1%), health plan problem (1%), inconvenient times/could not get an appointment (1%), no insurance (1%), could not find a doctor who accepted child's insurance (1%), doctor did not know how to treat or provide care (1%), treatment is ongoing (1%), no referral (1%), specialist not available (<1%), dissatisfaction with doctor (<1%), dissatisfaction with office staff (<1%), not available in area/transportation problems (<1%), and other reasons (<1%).
- Parents reported at least one emergency room visit due to the following: accidents, injury or poisonings (21%); fever/cold/flu (13%); broken bones (7%); ear infections (7%); doctor's office told them to go (4%); asthma (3%); primary care (3%); dental issues (1%); mental health (1%); addiction (1%); and other sick visits (7%).
- Eighteen percent (18%) of parents reported their child needed the following special services in the past year: counseling (7%), speech therapy (5%), medical equipment (4%), occupational therapy (4%), physical therapy (4%), special education (3%), psychiatry (1%), and out of home care (<1%). Seven percent (7%) reported their child needed more than one type of special services in the past year.
- More than half (55%) of children received a flu vaccine in the past year.
- Ninety-three percent (93%) of Wood County children had received all of their recommended vaccinations.
- Six percent (6%) of children did not get all of their recommended vaccinations for the following reasons: child had received some, but not all, recommended vaccinations (5%); fear of negative effects (2%); alternate vaccination schedule used (1%); vaccine not available at doctor's office (1%); not sure what is recommended (1%); parents chose to not vaccinate their child (1%); religious or cultural beliefs (1%); too expensive (<1%); and other reasons (1%).
- Parents reported they found information about current health issues in their community and where to get help in the following ways: doctor/health care provider (71%), school notification system (36%), social media (34%), websites (22%), neighbor/friend (16%), local newspaper (15%), local radio station (15%), Wood County Health District (9%), cable channel announcements (8%), church bulletin (2%) and other methods (10%).

Child Comparisons	Wood County 2012 Ages 0-5	Wood County 2018 Ages 0-5	Ohio 2016 Ages 0-5	U.S. 2016 Ages 0-5	Wood County 2012 Ages 6-11	Wood County 2018 Ages 6-11	Ohio 2016 Ages 6-11	U.S. 2016 Ages 6-11
Had public insurance	13%	12%	28%	37%	9%	11%	33%	38%
Had been to a doctor for preventive care in past year	94%	100%	91%	89%	83%	91%	83%	79%
Received all the medical care they needed	96%	94%	N/A	N/A	95%	93%	N/A	N/A

N/A – Not Available

Child Health: Early Childhood (Ages 0-5)

Key Findings

The following information was reported by parents of 0-5 year olds. One hundred percent (100%) of mothers got prenatal care within the first three months during their last pregnancy. Twelve percent (12%) of mothers received WIC services during their last pregnancy. Eighty-four percent (84%) of parents put their child to sleep on his/her back. Eleven percent (11%) of mothers never breastfed their child.

Early Childhood

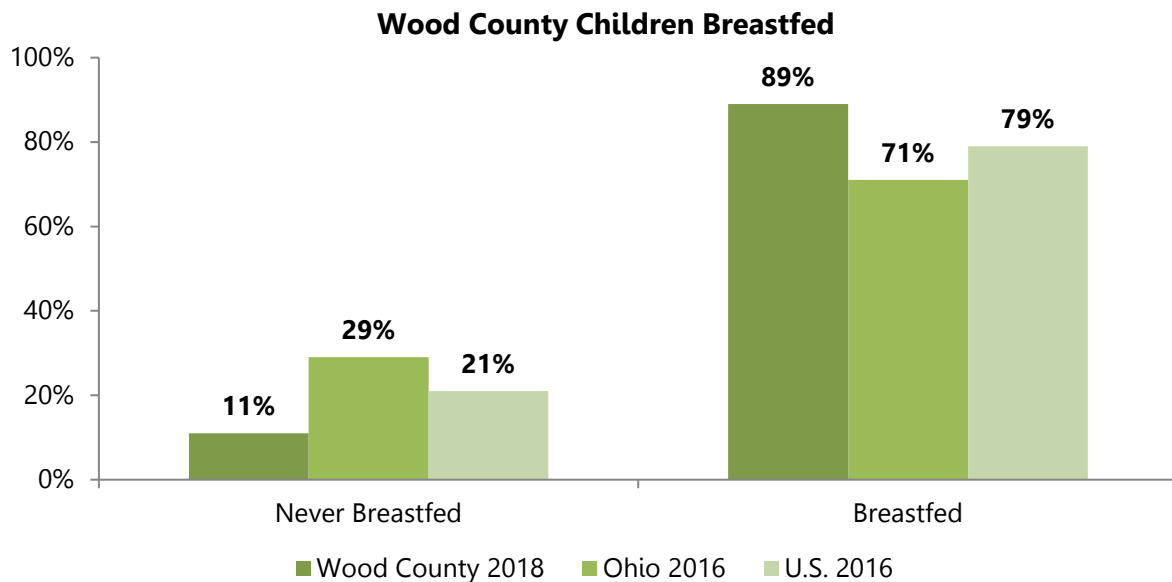
- During their last pregnancy, mothers did the following: got prenatal care within the first 3 months (100%), took a prenatal vitamin with folic acid during pregnancy (99%), took a prenatal vitamin with folic acid pre-pregnancy (83%), got a dental exam (72%), took folic acid during pregnancy (42%), took folic acid pre-pregnancy (31%), experienced depression during or after pregnancy (31%), received WIC services (12%), smoked cigarettes or used other tobacco products (6%), consumed alcoholic beverages (3%), used e-cigarettes (2%), experienced domestic violence (1%), received opiate replacement treatment (1%), and used opioids (1%).
- When asked how parents put their child to sleep as an infant, 84% said on their back, 3% said on their side, 1% said on their stomach, and 6% said multiple ways.
- Children were put to sleep in the following places: crib/bassinette without bumper, blankets, or stuffed animals (84%); pack n' play (60%); swing (42%); car seat (36%); in bed with parent or another person (30%); crib/bassinette with bumper, blankets, or stuffed animals (15%); floor (7%); a couch or chair (4%); and other (3%).
- Mothers breastfed their child less than 3 months (24%), 4-6 months (17%), 7-9 months (8%), 10-12 months (13%), more than one year (22%), still breastfeeding (4%), and never breastfed (11%).
- Mothers who chose not to breastfeed for 1 year reported the following reasons: did not produce enough milk (63%), did not want to (14%), did not have adequate support (14%), did not have time (12%), inconvenient (12%), did not have workplace support (8%), did not have adequate education (6%), medical issue with baby (6%), medical issue with mother (6%), and other reasons (20%).
- Wood County parents reported the following influences their childcare decisions: cost (71%), location/environment (68%), trust in the staff (66%), number of kids to teacher ratio (49%), hours of operation (47%), childcare is licensed (36%), Quality Star ratings (34%), and availability of Early Head Start (7%).
- More than half (54%) of Wood County parents reported they or a family member read to their child every day in the past week. Three percent (3%) of parents reported they did not read to their child in the past week.

Child Comparisons	Wood County 2012 Ages 0-5	Wood County 2018 Ages 0-5	Ohio 2016 Ages 0-5	U.S. 2016 Ages 0-5
Never breastfed their child	26%	11%	30%	21%
Family member read to child every day in the past week	35%	54%	39%	38%

Breastfeeding

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

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



(Source: National Survey of Children's Health, Data Resource Center, and 2018 Wood County Health Assessment)

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

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

- Infants who bed share:** 58% of sleep-related deaths occurred while the infant was sharing a sleep surface with another person.
- Infants not placed to sleep on their backs:** Only 36% of sleep-related deaths had been placed to sleep on their backs.
- Infants not placed to sleep in a crib:** 71% of sleep-related deaths occurred when infants were sleeping some place other than a crib or bassinet. 45% occurred in adult beds.
- Infants exposed to tobacco smoke:** 43% of sleep-related deaths were to infants exposed to tobacco smoke in utero and/or after birth. It is estimated that one-third of SIDS deaths would be prevented if maternal smoking during pregnancy were eliminated.
- Younger infants:** Sleep-related deaths decrease substantially after 3 months of age. 88% occurred prior to 6 months of age.
- African-American infants:** 38% of sleep-related deaths were African-American infants, which is disproportionately higher than their representation in the general infant population (15 percent). Differences in the prevalence of safe-sleep positioning and other environment conditions among races may contribute to this disparity.

(Source: ODH, Maternal and Child Health, Early Childhood, 2014, Sleep-Related Infant Deaths, 2018)

Child Health: Middle Childhood (Ages 6-11)

Key Findings

The following information was reported by Wood County parents of 6-11 year olds. Seventy-two percent (72%) of Wood County parents definitely agreed their child is safe at school. Forty-two percent (42%) of parents reported their child was bullied at some time in the past year. Sixty-three percent (63%) of parents reported their child participated in extracurricular activities.

Middle Childhood

- Seventy-five percent (75%) of parents reported their child was physically active for at least 60 minutes on three or more days in the past week. Forty-one percent (41%) reported their child was physically active on five or more days, and 19% reported at least 60 minutes every day in the past week. Four percent (4%) reported their child ages 6-11 was not physically active in the past week.
- Wood County children ages 6-11 were enrolled in the following types of schools: public (87%), private (12%), and home-schooled (1%).
- Parents reported their child missed the following number of days from school because of illness or injury: 0 days (16%), 1 to 3 days (62%), 4 to 6 days (15%), 7 to 10 days (4%), and 11 or more days (3%).
- Parents reported their 6-11 year old child spent the following unsupervised time before and after school on an average school day: no unsupervised time (68%), less than one hour (20%), 1-2 hours (11%), and 3-4 hours (1%). No one reported their 6-11 year old child spent more than 4 hours unsupervised.
- Sixty-three percent (63%) of parents reported their 6-11 year old child participated in extracurricular activities in the past year. Their child participated in the following: a sports team or sports lessons (74%); a club or organization after school or on weekends (48%); any other organized activities or lessons, such as music, dance, language, or other arts (45%); any type of volunteer work (31%); and any paid work (8%).
- About one-quarter (24%) of parents reported their child had a social media account or other virtual network account. Of those who had an account, they reported the following: they had their child's password (78%), they knew all of the people in their child's "friends" (54%), and their child's account was checked private (50%). No one reported their child's friends had their password or their child had a problem as a result of their account
- Most (99%) Wood County parents definitely or somewhat agreed their child was safe at school.
- Forty-two percent (42%) of parents reported their child was bullied in the past year. The following types of bullying were reported:
 - 36% were verbally bullied (teased, taunted or called harmful names)
 - 14% were indirectly bullied (spread mean rumors about them or kept out of a "group")
 - 10% were physically bullied (they were hit, kicked, punched or people took their belongings)
 - 1% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
 - No child was sexually bullied (using nude or semi-nude pictures to blackmail, intimidate, or exploit another person, or to pressure someone to have sex who does not want to)
- One percent (1%) of parents reported they did not know if their child was bullied.
- Nine percent (9%) of Wood County parents allowed their child to walk or bike to/from school.
- Parents reported the following issues that would affect their decision to allow their child to walk or bike to/from school: distance (81%), amount of traffic along route (52%), weather or climate (44%), sidewalks or pathways (38%), time (27%), crossing guards (20%), violence or crime (18%), child's before or after-school activities (16%), appropriate lighting outside (15%), and convenience of driving (13%).

- Parents discussed the following topics with their child in the past year: screen time (TV or computer) (82%); eating habits (81%); bullying/violence (79%); cyber/internet safety (54%); body image (51%); gun safety (44%); negative effects of tobacco (43%); cultural sensitivity (38%); negative effects of alcohol (34%); negative effects of marijuana and other drugs (31%); negative effects of heroin/opiates (26%); respect for gender identity/sexual orientation (24%); refusal skills (23%); depression/suicide (18%); misuse of prescription drugs (13%); abstinence and how to refuse sex (10%); dating and relationships (9%); condoms, safer sex and STD prevention (3%); and birth control (2%). Two percent (2%) of parents reported they did not discuss any of the above topics with their child.
- Parents discussed the following safety concerns with their child in the past year: stranger safety (76%), Internet safety (64%), fire safety (59%), bike helmets (56%), good touch/bad touch (55%), water safety (52%), firearms/gun safety (45%), burns (26%), falls (26%), poisoning (21%), furniture falling (12%), and human trafficking (11%). Nine percent (9%) of parents reported they did not discuss any of the above safety topics with their child.

Child Comparisons	Wood County 2012 6-11 Years	Wood County 2018 6-11 Years	Ohio 2016 6-11 Years	U.S. 2016 6-11 Years
Child participated in one or more activities	87%	63%	82%	76%
Child did not miss any days of school because of illness or injury	13%	16%	26%	29%
Did not engage in any physical activity during the past week	1%	4%	3%	5%
Parent definitely agreed that their child was safe at school	N/A	72%	77%	79%

N/A – Not Available

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

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

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

(Source: eClinicalWorks, *The Growing Child: School Age (6 to 12 Years)*, 2018)

Child Health: Family and Community Characteristics

Key Findings

Most (99%) Wood County parents definitely or somewhat agreed their child was safe in their neighborhood. Three percent (3%) of parents reported that at least one person in the household went to bed hungry at least one day per week because they did not have enough money for food. In the past year, almost half (48%) of parents missed work due to their child's illnesses or injuries.

Family Functioning

- Over one-third (35%) of parents reported that every family member who lived in their household ate a meal together every day of the week. Families ate a meal together an average of 5.0 times per week.
- Over one-third (34%) of parents reported their child attended religious service 1 to 3 times per month, and 27% reported 4 or more times per month. Thirty-nine percent (39%) reported their child had never attended a religious service.
- Parents reported their child regularly attended the following: elementary school (56%); nursery school, pre-school or kindergarten (21%); child care in their home provided by a relative other than a parent/guardian (19%); child care outside of their home provided by a relative other than a parent/guardian (17%); family-based child care outside of home (17%); child care center (15%); child care in their home provided by a baby sitter (9%); and Head Start or Early Start program (1%).
- Parents reported their child got the following amounts of sleep on an average weeknight: 8 hours or less (20%), 9 hours (34%), 10 hours (28%), and 11 hours or more (18%).
- Three percent (3%) of parents reported that at least one person in the household went to bed hungry at least one day per week because they did not have enough money for food.
- Parents reported the following challenges they face in regards to the day-to-day demands of parenthood/raising children: demands of multiple children (37%), working long hours (20%), financial burdens (17%), being a single parent (9%), managing child's behavior (8%), child has special needs (6%), loss of freedom (5%), lack of parental support (4%), difficulty with lifestyle changes (4%), affordable housing (3%), mental health (3%), unemployment (2%), post-partum depression (1%), alcohol and/or drug abuse (1%), moved a lot (1%), domestic violence relationship (1%), and lack of transportation (1%). Forty-six percent (46%) of parents reported no challenges associated with parenting.
- Seventy percent (70%) of parents reported they felt they handled day-to-day demands of raising children very well. Less than one percent (<1%) reported they did not feel well at all about how they handle the day-to-day demands of children.
- Parents used the following forms of discipline with their child: take away privileges (85%), time out (66%), yell (40%), grounding (38%), spanking (26%), wash mouth out (3%), and other (8%). Two percent (2%) of parents reported their child had not been disciplined.
- Wood County parents reported their child experienced the following adverse childhood experiences (ACEs): their parents became separated or were divorced (13%); lived with someone who had a problem with alcohol or drugs (6%); lived with someone who was mentally ill, suicidal, or severely depressed for more than a couple of weeks (5%); seen or heard any parents or adults in their home hit, beat, kicked, or physically hurt each other (3%); lived with a parent/guardian who served time in jail (3%); lived with a parent/guardian who died (3%); were treated or judged unfairly because his/her ethnic group (1%); and been the victim of violence or witness violence in their neighborhood (1%).
- Six percent (6%) of children experienced two or more ACEs.

- Parents reported they were responsible for providing regular care or assistance to the following: multiple children (68%); children with discipline issues (7%); someone with special needs (7%); friend, family member or spouse who has a health problem (6%); elderly parent or loved one (6%); friend, family member or spouse with a mental health issue (4%); grandchildren (3%); adult child (2%); children whose parent(s) lost custody due to other reasons (2%); friend, family member or spouse with dementia (1%); children whose parent(s) use drugs and unable to care for their child(ren) (1%); and foster children (<1%).
- In the past year, almost half (48%) of parents missed work due to their child's illnesses or injuries. Thirty-five percent (35%) missed work due to their child's medical appointments, 8% missed work due to lack of or unreliable child care, 5% missed work due to their child's chronic illness, 3% missed work due to their child's behavioral/emotional problems, and 1% missed work due to their child's suspension/expulsion.
- In the past year, parents reported that someone in the household received the following: free or reduced cost breakfast or lunches at school (12%), SNAP/food stamps (6%), mental health/substance abuse treatment (3%), Help Me Grow (3%), benefits from WIC program (2%), Head Start/Early Head Start (1%), subsidized childcare through Job and Family Services (1%), and cash assistance from a state/county welfare program (<1%).
- One in ten (10%) parents reported their child qualified for WIC, but did not apply. They did not apply for the following reasons: too much paperwork/renewal every 6 months (10%), inconvenient work schedule (10%), limited choices of brands/foods (3%), food stamps are easier to get and use (3%), and other reasons (17%).

Neighborhood and Community Characteristics

- Most (99%) Wood County parents definitely or somewhat agreed their child was safe in their neighborhood.
- Parents reported the following reasons why they thought their neighborhood was not safe: heavy traffic area (8%), no sidewalks accessible (7%), no place for kids to play (2%), loud/disrespectful noise levels (2%), bullying (2%), crime (<1%), bad weather conditions (<1%), and other (6%).
- In the past week, parents reported they visited their local park/bike trails with their child: 1 time (31%), 2-3 times (17%), and 4 or more times (3%).
- Almost half (48%) of parents reported they did not visit the local park/bike trails in the past week. An additional 2% reported there were no parks/bike trails where they live.
- Parents reported participating in the following types of physical activity with their child in the past year: cleaning their home or yard work (76%); walking, jogging or running (75%); swimming (63%); sports (62%); biking (56%); playing tag or jump rope (35%); dancing (33%); hiking (23%); and skateboarding or rollerblading (8%).
- One in twelve (8%) Wood County children had moved to a new address 3 or more times. Thirty-two percent (32%) moved one time, 14% moved two times, and 46% had never moved.

Home Environment Characteristics

- Parents reported having the following safety items in their home: working smoke alarm/detector (99%), carbon monoxide detector (77%), fire extinguisher (71%), and Poison Control number by the phone (36%). Ninety-two percent (92%) had at least one of these safety items in their home.
- Fourteen percent (14%) of Wood County parents reported that someone in the household used cigarettes, cigars, or pipe tobacco.
- Wood County parents had the following rules about smoking or vaping in their home: no one is allowed to smoke or vape inside their home at any time (66%), smoking or vaping is not allowed when children are present (9%), smoking or vaping is allowed anywhere (4%), and smoking or vaping is allowed in some rooms only (2%).

- Wood County parents had the following rules about smoking or vaping in their car: no one is allowed to smoke or vape inside their car at any time (85%), smoking or vaping is not allowed when children are present (5%), smoking or vaping is allowed as long as a window is open (1%), and smoking or vaping is allowed inside the car (1%).

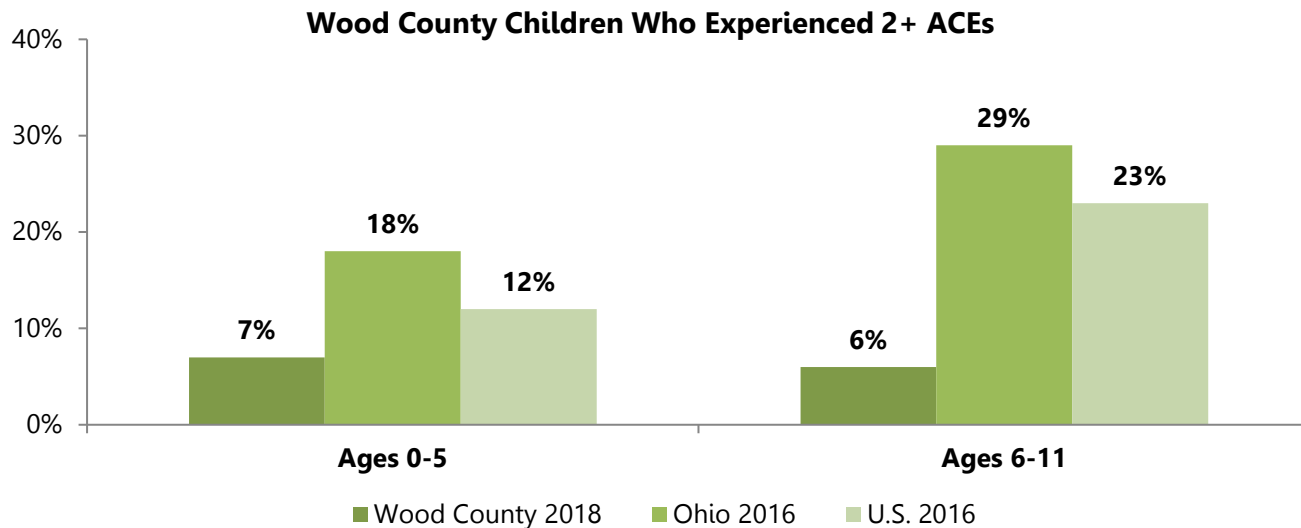
Child Comparisons	Wood County 2012 Ages 0-5	Wood County 2018 Ages 0-5	Ohio 2016 Ages 0-5	U.S. 2016 Ages 0-5	Wood County 2012 Ages 6-11	Wood County 2018 Ages 6-11	Ohio 2016 Ages 6-11	U.S. 2016 Ages 6-11
Family eats a meal together every day of the week	50%	38%	51%	53%	33%	33%	43%	45%
Child experienced two or more ACEs	N/A	7%	18%	12%	N/A	6%	29%	23%
Parent definitely agreed that their child lived in a safe neighborhood	N/A	87%	64%	63%	N/A	78%	66%	62%

N/A – Not Available

Adverse Childhood Experiences (ACEs)

The following graph shows the percent of Wood County, Ohio, and U.S. children who experienced two or more ACEs.

- Wood County had the lowest percent of children who experienced two or more ACEs, as compared to Ohio and U.S. children.



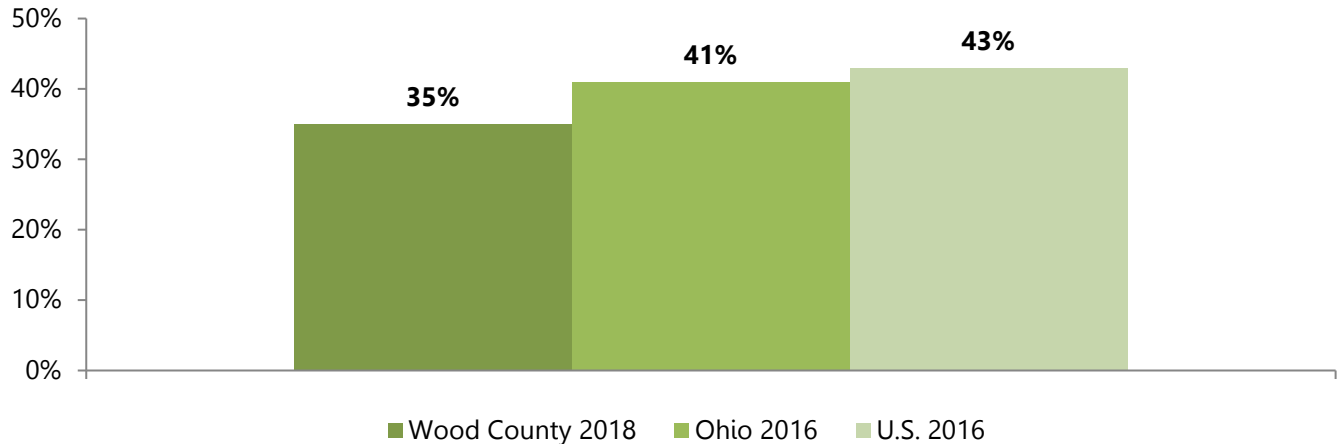
(Sources: National Survey of Children's Health & 2018 Wood County Health Assessment)

Family Dinners

The following graph shows the percent of Wood County, Ohio and U.S. families who ate a meal together every day of the week.

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

Wood County Families that Eat a Meal Together Everyday of the Week



(Source: National Survey of Children's Health & 2018 Wood County Health Assessment)

Five Ways That Family Meals Keep Kids Healthy

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

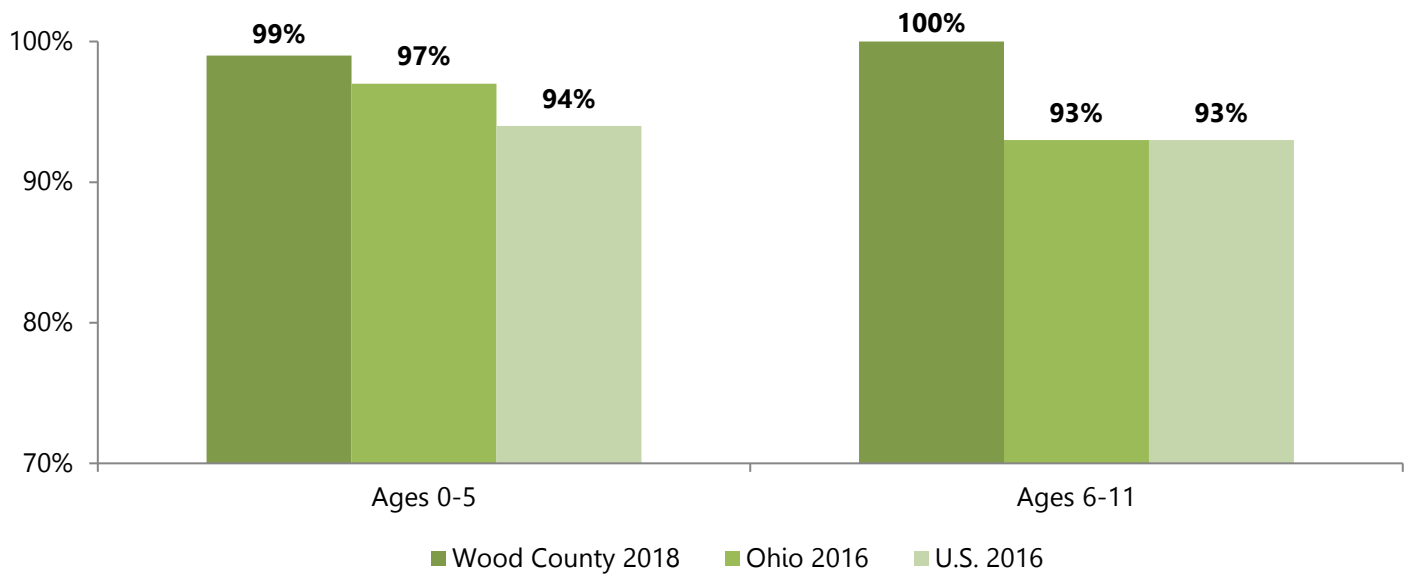
(Source: The Benefits & Tricks to Having a Family Dinner, HealthyChildren.org, 2015)

Neighborhood Safety

The following graph shows the percent of Wood County, Ohio, and U.S. parents who definitely agree or somewhat agree their neighborhood was safe.

- Wood County had the highest percent of parents for both the 0-5 age group and the 6-11 age group who “definitely agree” or “somewhat agree” their child lived in a safe neighborhood as compared to Ohio and U.S. parents.

Wood County Parents Who Reported Their Child Lived in Safe Neighborhoods



(Source: National Survey of Children's Health & 2018 Wood County Health Assessment)

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Cancer Society	<ul style="list-style-type: none"> It's Easy to Add Fruits and Vegetables to Your Diet 	www.cancer.org/healthy/eat-healthy-get-active/eat-healthy/add-fruits-and-veggies-to-your-diet.html
American Cancer Society, Cancer Facts and Figures 2018. Atlanta: ACS, 2018	<ul style="list-style-type: none"> 2018 Cancer Facts, Figures, and Estimates 	www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2018.html
American College of Allergy, Asthma & Immunology, 2016	<ul style="list-style-type: none"> Asthma Facts 	http://acaai.org/news/facts-statistics/asthma
American Heart Association	<ul style="list-style-type: none"> Smoke-Free Benefits and Milestones 	www.heart.org/HEARTORG/HealthyLiving/QuitSmoking/YourNon-SmokingLife/Your-Non-Smoking-Life_UCM_307931_Article.jsp#.WsY2my7wblU
American Lung Association	<ul style="list-style-type: none"> Asthma and Children 	www.lung.org/lung-health-and-diseases/lung-disease-lookup/asthma/learn-about-asthma/asthma-children-facts-sheet.html
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"> 2015 - 2016 Adult Ohio and U.S. Correlating Statistics 	www.cdc.gov/brfss/index.html
Centers for Disease Control and Prevention (CDC), Adolescent and School Health	<ul style="list-style-type: none"> Sexual Risk Behavior 	www.cdc.gov/healthyyouth/sexualbehaviors/index.htm
CDC, Adolescent and School Health	<ul style="list-style-type: none"> Health and Academics 	www.cdc.gov/healthyyouth/health_and_academics/index.htm
CDC, Children's Mental Health	<ul style="list-style-type: none"> Mental Health Basics 	www.cdc.gov/childrensmentalhealth/basics.html
CDC, Division of Cancer Prevention and Control	<ul style="list-style-type: none"> Reduce Risk of Breast Cancer 	www.cdc.gov/cancer/breast/basic_info/prevention.htm
	<ul style="list-style-type: none"> Prostate Cancer Awareness 	www.cdc.gov/cancer/dcpc/resources/features/prostatecancer/index.htm
CDC, Healthy Weight	<ul style="list-style-type: none"> About Adult BMI 	www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html
CDC, Division of Diabetes	<ul style="list-style-type: none"> Types of Diabetes Diabetes by the Numbers 	www.cdc.gov/diabetes/basics/diabetes.html
CDC, Division of Nutrition, Physical Activity and Obesity, National Center for Chronic Disease Prevention and Health Promotion, June 2015	<ul style="list-style-type: none"> Physical Activity Basics 	www.cdc.gov/physicalactivity/basics/adults/index.htm
CDC, Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, Oral Health, October 23, 2017	<ul style="list-style-type: none"> Facts About Adult Oral Health 	www.cdc.gov/oralhealth/basics/adult-oral-health/index.html
CDC, Healthy Living	<ul style="list-style-type: none"> E-Cigarettes and Young People 	www.cdc.gov/features/ecigarettes-young-people/index.html

Source	Data Used	Website
CDC, Healthy Schools	<ul style="list-style-type: none"> Youth Physical Activity Guidelines 	www.cdc.gov/healthyschools/physicalactivity/guidelines.htm
CDC, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health	<ul style="list-style-type: none"> Smoking and Other Health Risks 	www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm
CDC, National Center for Chronic Disease Prevention and Health Promotion, Arthritis at a Glance, 2016	<ul style="list-style-type: none"> Arthritis Statistics 	www.cdc.gov/chronicdisease/resources/publications/aag/arthritis.htm
CDC, National Center for Health Statistics	<ul style="list-style-type: none"> Men's Health 	www.cdc.gov/nchs/fastats/mens-health.htm
	<ul style="list-style-type: none"> Contraceptive Use 	www.cdc.gov/nchs/fastats/contraceptive.htm
CDC, National Center for Health Statistics, Mental Health, Depression	<ul style="list-style-type: none"> Mental Health in the U.S. 	www.cdc.gov/nchs/fastats/mental-health.htm
CDC, National Center for Injury Prevention and Control, Division of Violence Prevention	<ul style="list-style-type: none"> Understanding Sexual Violence 	www.cdc.gov/violenceprevention/pdf/SV-Factsheet.pdf
CDC, National Center for Immunization and Respiratory Diseases, Immunization Schedules for Children 7-18 Years Old, 2018	<ul style="list-style-type: none"> Recommended Immunizations for Children from 7 to 18 Years of Age 	www.cdc.gov/vaccines/schedules/downloads/teen/parent-version-schedule-7-18yrs.pdf
CDC, National Center for Immunization and Respiratory Diseases, Immunization Schedules for Adults Aged 19 Years or Older, 2018	<ul style="list-style-type: none"> Recommended Immunizations for Adults Aged 19 Years or Older 	www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule-easy-read.pdf
CDC, Violence Prevention	<ul style="list-style-type: none"> Adverse Childhood Experiences (ACE's) 	www.cdc.gov/violenceprevention/acestudy/about.html
CDC, Wonder	<ul style="list-style-type: none"> U.S. Leading Causes of Death, 2014-2016 	https://wonder.cdc.gov/
County Health Rankings, 2018	<ul style="list-style-type: none"> Food Environment Map 	www.countyhealthrankings.org/app/ohio/2017/overview
eClinicalWorks	<ul style="list-style-type: none"> The Growing Child: School Age 6 to 12 Years 	www.stanfordchildrens.org/en/topic/default%3Fid%3Dthe-growing-child-school-age-6-to-12-years-90-P02278&sa=U&ei=eMq7VNe2I8_4yQSX-oCwAw&ved=0CElQFjAI&usg=AFQjCNFn5tO-78ISMzUno4_7cO4dCvft1Q
Foundation for Advancing Alcohol Responsibility	<ul style="list-style-type: none"> Underage Drinking Statistics 	www.responsibility.org/get-the-facts/research/statistics/underage-drinking-statistics/
HealthyChildren.org	<ul style="list-style-type: none"> The Benefits & Tricks to Having a Family Dinner 	www.healthychildren.org/English/family-life/family-dynamics/Pages/Mealtime-as-Family-Time.aspx
Healthy People 2020: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> All Healthy People 2020 Target Data Points 	www.healthypeople.gov/2020/topicsobjectives2020
National Survey of Children's Health, Data Resource Center	<ul style="list-style-type: none"> Children Who experience 2+ ACEs Health status facts 	http://childhealthdata.org/docs/drc/apha-aces-poster-final.pdf?Status=Master

Source	Data Used	Website
National Survey of Children's Health, Data Resource Center, 2016	<ul style="list-style-type: none"> 2016 National Survey of Children's Health 	http://childhealthdata.org/learn/NSCH
Ohio Automated Rx Reporting System (OARRS)	<ul style="list-style-type: none"> Quarterly County Data Annual Opiate and Pain Reliever Doses Per Patient Annual Opiate and Pain Reliever Doses Per Capita 	www.ohiopmp.gov/County.aspx
ODH, Maternal and Child Health, Early Childhood	<ul style="list-style-type: none"> Sleep-Related Infant Deaths: Who is at Greater Risk? 	www.odh.ohio.gov/-/media/ODH/ASSETS/Files/data-statistics/maternal-and-child-health/ec_Sleeprelatedinfant.pdf?la=en
Ohio Department of Health, Bureau of Vital Statistics	<ul style="list-style-type: none"> Average Age-Adjusted Unintentional Drug Overdose Death Rate 	www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health/injury-prevention/2016-Ohio-Drug-Overdose-Report-FINAL.pdf
Ohio Department of Health, Public Health Data Warehouse	<ul style="list-style-type: none"> Wood County and Ohio Birth and Mortality Statistics Cancer Incidence 	http://publicapps.odh.ohio.gov/EDW/DataCatalog
Ohio Department of Health, STD Surveillance Program	<ul style="list-style-type: none"> Chlamydia Statistics Gonorrhea Statistics 	www.odh.ohio.gov/odhprograms/stdsurv/std1.aspx
Ohio Department of Job and Family Services, Ohio Labor Market Information, Current Civilian Labor Force Estimates	<ul style="list-style-type: none"> Wood County and Ohio Unemployment Statistics 	http://ohiolmi.com/laus/current.htm
Ohio Department of Public Safety	<ul style="list-style-type: none"> 2017 Wood County and Ohio Crash Facts 	https://services.dps.ohio.gov/Crashstatistics/CrashReports.aspx
Ohio Mental Health and Addiction Services	<ul style="list-style-type: none"> New Limits on Prescription Opiates Will Save Lives and Fight Addiction 	http://mha.ohio.gov/
Substance Abuse and Mental Health Services Administration	<ul style="list-style-type: none"> Adverse Childhood Experiences 	www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences
The Henry J. Kaiser Family Foundation, The Kaiser Commission on Medicaid and the Uninsured; The Uninsured: A Primer, Key Facts about Health Insurance and the Uninsured in the Era of Health Reform, 2017	<ul style="list-style-type: none"> Key Facts about the Uninsured Population 	http://files.kff.org/attachment/Report-The-Uninsured-A%20Primer-Key-Facts-about-Health-Insurance-and-the-Uninsured-in-America-in-the-Era-of-Health-Reform
U. S. Census Bureau; American Community Survey	<ul style="list-style-type: none"> American Community Survey 5-year estimates, 2012-2016 	https://factfinder.census.gov/
U. S. Census Bureau; Small Area Income and Poverty Estimates	<ul style="list-style-type: none"> Small Area Income and Poverty Estimates 	www.census.gov/did/www/saipe/
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"> 2017 U.S. youth correlating statistics 	http://apps.nccd.cdc.gov/YouthOnline/App/Default.aspx

Appendix II: Acronyms and Terms

ACS	A merican C ommunity S urvey
AHS	A ccess to H ealth S ervices, Topic of Healthy People 2020 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
BMI	B ody M ass I ndex is defined as the contrasting measurement/relationship of weight to height.
BRFSS	B ehavior R isk F actor S urveillance S ystem, an adult survey conducted by the CDC.
CDC	C enters for D isease C ontrol and P revention.
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
DRE	D igital R ectal E xam
HCNO	H ospital C ouncil of N orthwest O hio
HDS	H eart D isease and S troke, Topic of Healthy People 2020 objectives
HP 2020	H ealthy P eople 2020 , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic ≥ 140 and Diastolic ≥ 90
IID	I mmunizations and I nfectious D iseases, Topic of Healthy People 2020 objectives
IVP	I njury and V iolence P revention, Topic of Healthy People 2020 objectives
MHMD	M ental H ealth and M ental D isorders, Topic of Healthy People 2020 objectives
N/A	Data is not available.
NVSS	N ational V ital S tatistics S ystem
NWS	N utrition and W eight S tatus, Topic of Healthy People 2020 objectives
OARRS	O hio A utomated Prescription (Rx) R eporting S ystem
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.
SA	Substance Abuse , Topic of Healthy People 2020 objectives
Ohio SHA/SHIP	Ohio State Health Assessment/State Health Improvement Plan
TSE	Testicular Self Exam
TU	Tobacco Use , Topic of Healthy People 2020 objectives
Weapon	Defined in the YRBS as “a weapon such as a gun, knife, or club”
YPLL/65	Years of Potential Life Lost before age 65. Indicator of premature death.
ZCTA	Zip Code Tabulation Area

Appendix III: Methods for Weighting the 2018 Wood County Health Assessment Data

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

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2018 Wood County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Wood County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (white, non-white), Age (8 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 Wood 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 2018 Wood County Survey and the 2016 Census estimates.

2018 Wood Survey			2016 Census Estimate		Weight
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	234	57.07317	63,646	49.17863	0.861677
Female	176	42.92683	65,772	50.82137	1.183907

In this example, it shows that there was a larger portion of males in the sample compared to the actual portion in Wood County. The weighting for males was calculated by taking the percent of males in Wood County (based on Census information) (49.17863%) and dividing that by the percent found in the 2018 Wood County sample (57.07317%) [$49.17863/57.07317 =$ weighting of 0.861677 for males]. The same was done for females [$50.82137/42.92683 =$ weighting of 1.183907 for females]. Thus, females' responses are weighted heavier by a factor of 1.183907 and males' responses weighted less by a factor of 0.861677.

This same thing was done for each of the 19 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 1.65966 [1.183907 (weight for females) \times 0.94800 (weight for White) \times 1.64289 (weight for age 35-44) \times 0.90009 (weight for income \$50-\$75k)]. Thus, each individual in the 2018 Wood 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	Wood Sample	%	2016 Census*	%		Weighting Value
Sex:						
Male	234	57.07317	63,646	49.17863		0.861677
Female	176	42.92683	65,772	50.82137		1.183907
Age:						
20 to 34 years	47	11.40777	31,102	32.61706		2.85920
35 to 44 years	38	9.22330	14,449	15.15285		1.64289
45 to 54 years	50	12.13592	15,793	16.56232		1.36474
55 to 59 years	38	9.22330	8,732	9.15736		0.99285
60 to 64 years	52	12.62136	7,259	7.61261		0.60315
65 to 74 years	124	30.09709	10,095	10.58675		0.35175
75 to 84 years	43	10.43689	5,657	5.93257		0.56842
85+ years	20	4.85437	2,268	2.37848		0.48997
Race:						
White)	386	93.68932	114,946	88.81763		0.94800
Non-White)	26	6.31068	14,472	11.18237		1.77198
Household Income:						
Less than \$25,000	67	17.31266	10,875	21.73913		1.25568
\$25k-\$35k	34	8.78553	5,158	10.31084		1.17362
\$35k-\$50	55	14.21189	6,446	12.88556		0.90667
\$50k-\$75k	83	21.44703	9,657	19.30435		0.90009
\$75-\$100k	52	13.43669	6,150	12.29385		0.91495
\$100k-\$150k	63	16.27907	7,451	14.89455		0.91495
\$150k or more	33	8.52713	4,288	8.57171		1.00523
Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Wood County in each subcategory by the proportion of the sample in the Wood County survey for that same category. * Wood County population figures taken from the 2016 Census estimates.						

Appendix IV: School Participation

The following schools were randomly chosen and agreed to participate in the 2018 Wood County Health Assessment:

Bowling Green City Schools

Bowling Green High School
Bowling Green Middle School

Eastwood Local School District

Eastwood High School
Eastwood Middle School

Elmwood Local School District

Elmwood High School

Lake Local Schools

Lake High School

North Baltimore Local Schools

North Baltimore High School
E.A. Powell Elementary

Northwood Local Schools

Northwood High School

Otsego Local Schools

Otsego High School
Otsego Junior High School

Perrysburg Exempted Village Schools

Perrysburg High School
Perrysburg Junior High School

Rossford Exempted Village Schools

Rossford High School
Rossford Junior High

Appendix V: Wood County Sample Demographic Profile*

Variable	2018 Survey Sample	Wood County Census 2012-2016 (5 year estimate)	Ohio Census 2016 (1 year estimate)
Age			
20-29	16.4%	18.4%	13.4%
30-39	21.2%	11.2%	12.3%
40-49	16.8%	11.6%	12.2%
50-59	18.5%	13.0%	14.2%
60 plus	25.5%	19.5%	22.8%
Race/Ethnicity			
White	89.8%	92.3%	81.5%
Black or African American	0.4%	2.8%	0.2%
American Indian and Alaska Native	0.2%	0.2%	12.4%
Asian	2.1%	1.6%	3.6%
Other	4.3%	1.4%	2.1%
Hispanic Origin (may be of any race)	6.8%	5.2%	0.9%
Marital Status†			
Married Couple	50.5%	48.2%	47.4%
Never been married/member of an unmarried couple	26.9%	35.6%	32.5%
Divorced/Separated	19.1%	10.7%	13.8%
Widowed	6.7%	5.4%	6.3%
Education†			
Less than High School Diploma	1.9%	10.5%	10%
High School Diploma	18.3%	33.8%	33.3%
Some college/ College graduate	78.4%	55.5%	56.7%
Income (Families)			
\$14,999 and less	11.8%	5.8%	7.7%
\$15,000 to \$24,999	6.6%	5.4%	6.8%
\$25,000 to \$49,999	20.0%	18.1%	21.2%
\$50,000 to \$74,999	18.4%	22.3%	20.4%
\$75,000 or more	37.1%	49.0%	42.0%

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

† The Ohio and Wood 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

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

Age	Total	Males	Females
Wood County	125,488	61,347	64,141
0-4 years	6,847	3,521	3,326
1-4 years	5,501	2,823	2,678
< 1 year	1,346	698	648
1-2 years	2,691	1,373	1,318
3-4 years	2,810	1,450	1,360
5-9 years	7,496	3,921	3,575
5-6 years	2,990	1,558	1,432
7-9 years	4,506	2,363	2,143
10-14 years	7,875	3,992	3,883
10-12 years	4,715	2,397	2,318
13-14 years	3,160	1,595	1,565
12-18 years	12,433	6,196	6,237
15-19 years	11,277	5,442	5,835
15-17 years	5,057	2,605	2,452
18-19 years	6,220	2,837	3,383
20-24 years	14,229	7,043	7,186
25-29 years	7,746	3,966	3,780
30-34 years	6,884	3,427	3,457
35-39 years	7,463	3,733	3,730
40-44 years	7,440	3,677	3,763
45-49 years	8,611	4,159	4,452
50-54 years	9,088	4,478	4,610
55-59 years	8,323	4,066	4,257
60-64 years	6,820	3,331	3,489
65-69 years	4,601	2,165	2,436
70-74 years	3,472	1,562	1,910
75-79 years	2,910	1,275	1,635
80-84 years	2,255	901	1,354
85-89 years	1,420	503	917
90-94 years	594	158	436
95-99 years	121	25	96
100-104 years	15	2	13
105-109 years	1	0	1
110 years & over	0	0	0
Total 85 years and over	2,151	688	1,463
Total 65 years and over	15,389	6,591	8,798
Total 19 years and over	95,618	46,133	49,485

WOOD COUNTY PROFILE

(Source: U.S. Census Bureau, 2016)
2012-2016 ACS estimates

General Demographic Characteristics

	Number	Percent (%)
Total Population		
2016 Total Population	129,418	100%
Largest City – Bowling Green		
2016 Total Population	31,641	100%
Population by Race/Ethnicity		
Total Population	129,418	100%
White	119,403	92.3%
Hispanic or Latino (of any race)	6,761	5.2%
African American	3,638	2.8%
Two or more races	2,876	2.2%
Asian	2,079	1.6%
Some other race	1,111	0.9%
American Indian and Alaska Native	274	0.2%
Population by Age		
Under 5 years	6,846	5.3%
5 to 17 years	19,930	15.4%
18 to 24 years	23,036	17.8%
25 to 44 years	29,826	23.1%
45 to 64 years	31,784	24.5%
65 years and more	18,020	13.9%
Median age (years)	34.7	N/A
Household by Type		
Total households	50,025	100%
Total families	31,025	62.0%
Households with children <18 years	13,360	26.7%
Married-couple family household	24,996	50.0%
Married-couple family household with children <18 years	10,348	20.7%
Female householder, no husband present	4,032	8.1%
Female householder, no husband present with children <18 years	2,376	4.7%
Nonfamily household	19,000	38.0%
Nonfamily household (single person) living alone	14,459	28.9%
Nonfamily household (single person) 65 years and >	3,817	7.6%
Households with one or more people <18 years	14,407	28.8%
Households with one or more people 60 years and >	16,958	33.9%
Average household size	2.45 people	N/A
Average family size	3.02 people	N/A

General Demographic Characteristics, Continued

<i>Housing Occupancy</i>		
Median value of owner-occupied units	\$149,100	N/A
Median owner costs for housing units with a mortgage	\$1,339	N/A
Median owner costs for housing units without a mortgage	\$485	N/A
Median rent	\$747	N/A
Median rooms per total housing unit	6.1	N/A
Total occupied housing units	50,025	N/A
No telephone service available	996	2.0%
Lacking complete kitchen facilities	289	0.6%
Lacking complete plumbing facilities	109	0.2%

Selected Social Characteristics

<i>School Enrollment</i>		
Population 3 years and over enrolled in school	41,786	100%
Nursery & preschool	2,045	4.9%
Kindergarten	1,553	3.7%
Elementary School (Grades 1-8)	12,020	28.8%
High School (Grades 9-12)	6,637	15.9%
College or Graduate School	19,531	46.7%
<i>Educational Attainment</i>		
Population 25 years and over	79,630	100%
< 9 th grade education	981	1.2%
9 th to 12 th grade, no diploma	3,733	4.7%
High school graduate (includes equivalency)	25,012	31.4%
Some college, no degree	16,505	20.7%
Associate degree	8,170	10.3%
Bachelor's degree	14,516	18.2%
Graduate or professional degree	10,713	13.5%
Percent high school graduate or higher	N/A	94.1%
Percent Bachelor's degree or higher	N/A	31.7%
<i>Marital Status</i>		
Population 15 years and over	107,465	100%
Now married, excluding separated	51,798	48.2%
Never married	38,258	35.6%
Divorced	9,994	9.3%
Divorced females	5,572	5.1%
Widowed	5,803	5.4%
Widowed females	4,690	4.4%
Separated	1,505	1.4%
<i>Veteran Status</i>		
Civilian population 18 years and over	102,463	100%
Veterans 18 years and over	7,753	7.6%

Selected Social Characteristics, Continued

<i>Disability Status of the Civilian Non-Institutionalized Population</i>		
Total civilian noninstitutionalized population	128,147	100%
Civilian with a disability	13,967	10.9%
Under 18 years	26,754	20.9%
Under 18 years with a disability	1,113	0.9%
18 to 64 years	84,113	65.6%
18 to 64 years with a disability	7,268	5.7%
65 Years and over	17,280	13.5%
65 Years and over with a disability	5,585	4.3%

Selected Economic Characteristics

<i>Employment Status</i>		
Population 16 years and over	106,030	100%
16 years and over in labor force	71,094	67.1%
16 years and over not in labor force	34,936	32.9%
Females 16 years and over	54,632	100%
Females 16 years and over in labor force	33,952	62.1%
Population living with own children <6 years	8,266	100%
All parents in family in labor force	5,842	70.7%
<i>Class of Worker</i>		
Civilian employed population 16 years and over	66,479	100%
Private wage and salary workers	53,351	80.3%
Government workers	10,178	15.3%
Self-employed workers in own not incorporated business	2,881	4.3%
Unpaid family workers	69	0.1%
<i>Occupations</i>		
Employed civilian population 16 years and over	66,479	100%
Management, business, science, and art occupations	23,673	35.6%
Production, transportation, and material moving occupations	10,728	16.1%
Service occupations	11,827	17.8%
Natural resources, construction, and maintenance occupations	5,080	7.6%
<i>Leading Industries</i>		
Employed civilian population 16 years and over	66,479	100%
Educational, health and social services	17,390	26.2%
Manufacturing	11,041	16.6%
Trade (retail and wholesale)	8,975	13.5%
Arts, entertainment, recreation, accommodation, and food services	7,619	11.5%
Professional, scientific, management, administrative, and waste management services	5,076	7.6%
Transportation and warehousing, and utilities	3,357	5.0%
Construction	3,292	5.0%
Other services (except public administration)	3,214	4.8%
Finance, insurance, real estate and rental and leasing	2,521	3.8%
Public administration	2,163	3.3%
Information	1,066	1.6%
Agriculture, forestry, fishing and hunting, and mining	765	1.2%

Selected Economic Characteristics, continued

Income In 2016		
Households	50,025	100%
< \$10,000	3,743	7.5%
\$10,000 to \$14,999	2,378	4.8%
\$15,000 to \$24,999	4,754	9.5%
\$25,000 to \$34,999	5,158	10.3%
\$35,000 to \$49,999	6,446	12.9%
\$50,000 to \$74,999	9,657	19.3%
\$75,000 to \$99,999	6,150	12.3%
\$100,000 to \$149,999	7,451	14.9%
\$150,000 to \$199,999	2,407	4.8%
\$200,000 or more	1,881	3.8%
Median household income	\$55,985	N/A
Income in 2016		
Families	31,025	100%
< \$10,000	1,044	3.4%
\$10,000 to \$14,999	587	1.9%
\$15,000 to \$24,999	1,664	5.4%
\$25,000 to \$34,999	2,234	7.2%
\$35,000 to \$49,999	3,388	10.9%
\$50,000 to \$74,999	6,913	22.3%
\$75,000 to \$99,999	4,932	15.9%
\$100,000 to \$149,999	6,298	20.3%
\$150,000 to \$199,999	2,228	7.2%
\$200,000 or more	1,737	5.6%
Median family income	\$74,065	N/A
Per capita income in 2017	\$28,843	N/A
Poverty Status in 2016		
Families	N/A	6.9%
Individuals	N/A	13.7%

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

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

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2016	\$44,029	18 th of 88 counties
BEA Per Capita Personal Income 2015	\$42,923	18 th of 88 counties
BEA Per Capita Personal Income 2014	\$41,126	20 th of 88 counties
BEA Per Capita Personal Income 2013	\$39,673	20 th of 88 counties
BEA Per Capita Personal Income 2012	\$39,153	20 th of 88 counties

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

Poverty Rates, 2012-2016 5-year averages

Category	Wood County	Ohio
Population in poverty	13.7 %	15.4%
< 125% FPL (%)	17.8%	19.9%
< 150% FPL (%)	21.5%	24.3%
< 200% FPL (%)	28.7%	33.3%
Population in poverty (2001)	9.6%	10.3%

(Source: *The Ohio Poverty Report*, Ohio Development Services Agency, February 2018, <http://www.development.ohio.gov/files/research/P7005.pdf>)

Employment Statistics

Category	Wood County	Ohio
Labor Force	69,200	5,814,000
Employed	66,300	5,572,700
Unemployed	2,800	241,300
Unemployment Rate* in August 2018	4.1	4.2
Unemployment Rate* in July 2018	4.5	4.0
Unemployment Rate* in August 2017	4.8	4.6

*Rate equals unemployment divided by labor force.

(Source: Ohio Department of Job and Family Services, August 2018, <http://ohiolmi.com/laus/OhioCivilianLaborForceEstimates.pdf>)

Estimated Poverty Status in 2016

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Wood County				
All ages in poverty	14,060	12,238 to 15,882	11.4%	9.9 to 12.9
Ages 0-17 in poverty	2,833	2,252 to 3,414	10.9%	8.7 to 13.1
Ages 5-17 in families in poverty	1,935	1,519 to 2,0351	10.1%	7.9 to 12.3
Median household income	\$60,347	\$57,382 to \$63,312		
Ohio				
All ages in poverty	1,639,636	1,614,177 to 1,665,095	14.5%	14.3 to 14.7
Ages 0-17 in poverty	521,730	506,894 to 536,566	20.4%	19.8 to 21.0
Ages 5-17 in families in poverty	348,713	335,691 to 361,735	18.7%	18.0 to 19.4
Median household income	\$ 52,357	\$ 52,083 to \$ 52,631		
United States				
All ages in poverty	44,268,996	44,022,086 to 44,515,906	14.0%	13.9 to 14.1
Ages 0-17 in poverty	14,115,713	13,976,345 to 14,255,081	19.5%	19.3 to 19.7
Ages 5-17 in families in poverty	9,648,486	9,548,767 to 9,748,205	18.3%	18.1 to 18.5
Median household income	57,617	\$57,502 to \$57,732		

(Source: U.S. Census Bureau, 2016 Poverty and Median Income Estimates, <https://www.census.gov/data/datasets/2016/demo/saie/2016-state-and-county.html>)

Federal Poverty Thresholds in 2017 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	\$ 12,752					
1 Person 65 and >	\$ 11,756					
2 people Householder < 65 years	\$ 16,414	\$16,895				
2 People Householder 65 and >	\$14,816	\$16,831				
3 People	\$19,173	\$19,730	\$19,749			
4 People	\$25,283	\$25,696	\$24,858	\$24,944		
5 People	\$30,490	\$30,933	\$29,986	\$29,253	\$28,805	
6 People	\$35,069	\$35,208	\$34,482	\$33,787	\$32,753	\$32,140
7 People	\$40,351	\$40,603	\$39,734	\$39,129	\$38,001	\$36,685
8 People	\$45,129	\$45,528	\$44,708	\$43,990	\$42,972	\$41,678
9 People or >	\$54,287	\$54,550	\$53,825	\$53,216	\$52,216	\$50,840

(Source: U. S. Census Bureau, Poverty Thresholds 2017, <http://www.census.gov/hhes/www/poverty/data/threshld/index.html>)

Appendix VII: 2018 County Health Rankings

	Wood County	Ohio	U.S.
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2014-2016)	5,800	7,700	6,700
Overall health. Percentage of adults reporting fair or poor health (age-adjusted) (2016)	16%	17%	16%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2016)	3.7	4.0	3.7
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2016)	4.1	4.3	3.8
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2010-2016)	6%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2016)	17%	23%	17%
Obesity. Percentage of adults that report a BMI of 30 or more (2014)	32%	32%	28%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2015)	7.5	6.6	7.7
Physical activity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2014)	23%	26%	23%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2016)	75%	85%	83%
Drug and alcohol abuse. Percentage of adults reporting binge or heavy drinking (2016)	18%	19%	18%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2012-2016)	16%	34%	29%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2015)	357.3	489.3	478.8
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2010-2016)	12	28	27

(Source: 2018 County Health Rankings for Wood County, Ohio and U.S. data)

	Wood County	Ohio	U.S
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2015)	6%	8%	11%
Access to health care/medical care. Ratio of population to primary care physicians (2015)	1,440:1	1,310:1	1,320:1
Access to dental care. Ratio of population to dentists (2016)	2,830:1	1,660:1	1,480:1
Access to behavioral health care. Ratio of population to mental health providers (2017)	750:1	560:1	470:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2015)	70	57	49
Diabetes. Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring (2014)	86%	85%	85%
Cancer. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2014)	62%	61%	63%
Social and Economic Environment			
Education. Percentage of ninth-grade cohort that graduates in four years (2014-2015)	94%	81%	83%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2012-2016)	75%	65%	65%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2016)	4.1%	4.9%	4.9%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2016)	11%	20%	20%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2012-2016)	4.8	4.8	5.0
Children in single-parent households. Percentage of children that live in a household headed by single parent (2012-2016)	24%	36%	34%
Social associations. Number of membership associations per 10,000 population (2015)	11.8	11.3	9.3
Violence. Number of reported violent crime offenses per 100,000 population (2012-2014)	85	290	380
Injury. Number of deaths due to injury per 100,000 population (2012-2016)	53	75	65

(Source: 2018 County Health Rankings for Wood County, Ohio and U.S. data)

	Wood County	Ohio	U.S.
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2012)	11.4	11.3	8.7
Air, water, and toxic substances. Indicator of the presence of health-related drinking water violations. 1 - indicates the presence of a violation, 0 - indicates no violation (2016)	Yes	N/A	N/A
Housing. Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2010-2014)	14%	15%	19%
Transportation. Percentage of the workforce that drives alone to work (2012-2016)	84%	83%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2012-2016)	22%	30%	35%

(Source: 2018 County Health Rankings for Wood County, Ohio and U.S. data)
N/A – Not Available

Appendix VIII: Trend Summary Tables

Adult Variables	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Health Status						
Rated general health as good, very good, or excellent	89%	91%	90%	86%	82%	83%
Rated health as excellent or very good	53%	62%	59%	52%	51%	52%
Rated health as fair or poor	11%	9%	10%	14%	18%	17%
Average days that physical health not good (in the past month)	N/A	3.0	1.6	3.1	4.0†	3.7†
Rated physical health as not good on four or more days (in the past 30 days)	20%	17%	14%	18%	22%	22%
Average days that mental health not good (in the past month)	N/A	3.8	1.9	4.8	4.3†	3.8†
Rated their mental health as not good on four or more days (in the previous month)	23%	29%	16%	32%	24%	23%
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	13%	N/A	18%	32%	22%	22%
Health care Coverage, Access, and Utilization						
Uninsured	8%	15%	6%	6%	7%	10%
Had at least one person they thought of as their personal doctor or health care provider	N/A	89%	85%	85%	83%	77%
Visited a doctor for a routine checkup in the past year	55%	51%	49%	61%	75%	71%
Diabetes, Asthma, and Arthritis						
Diagnosed with diabetes	7%	8%	6%	8%	11%	11%
Diagnosed with pre-diabetes or borderline diabetes	8%	11%	5%	5%	1%	2%
Diagnosed with asthma	17%	13%	15%	15%	14%	14%
Diagnosed with arthritis	33%	27%	29%	28%	31%	26%
Cardiovascular Health						
Had angina or coronary heart disease	N/A	N/A	4%	5%	5%	4%
Had a heart attack	N/A	N/A	4%	3%	5%	4%
Had a stroke	N/A	N/A	3%	2%	4%	3%
Diagnosed with high blood pressure	35%	30%	26%	35%	34%*	31%*
Diagnosed with high blood cholesterol	31%	31%	30%	32%	37%*	36%*
Had blood cholesterol checked within the past 5 years	69%	69%	73%	80%	78%*	78%*
Weight Status						
Overweight	40%	36%	42%	33%	35%	35%
Obese	30%	30%	22%	39%	32%	30%

N/A – Not Available

†2016 BRFSS Data as compiled by 2018 County Health Rankings

*2015 BRFSS

Adult Variables	Wood County 2008	Wood County 2012	Wood County 2015	Wood County 2018	Ohio 2016	U.S. 2016
Alcohol Consumption						
Current drinker (drank alcohol at least once in the past month)	63%	59%	68%	68%	53%	54%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	29%	24%	20%	27%	18%	17%
Drove after having too much alcohol to drink	N/A	N/A	N/A	7%	4%	4%
Tobacco Use						
Current smoker (currently smoke some or all days)	23%	11%	11%	11%	23%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	33%	23%	18%	23%	24%	25%
Tried to quit smoking	52%	44%	59%	38%	N/A	N/A
Drug Use						
Adults who used recreational marijuana (in the past 6 months)	5%	6%	3%	6%	N/A	N/A
Adults who used other recreational drugs (in the past 6 months)	5%	6%	<1%	2%	N/A	N/A
Adults who misused prescription drugs (in the past 6 months)	6%	10%	6%	4%	N/A	N/A
Sexual Behavior						
Had more than one sexual partner (in the past year)	4%	5%	2%	7%	N/A	N/A
Preventive Medicine						
Had a pneumonia vaccine (age 65 and older)	57%	64%	53%	76%	75%	73%
Had a flu vaccine in the past year (ages 65 and older)	73%	64%	76%	74%	57%	58%
Had a mammogram in the past two years (age 40 and older)	67%	82%	73%	63%	74%	72%
Had a clinical breast exam in the past two years (age 40 and older)	70%	91%	74%	64%	N/A	N/A
Had a Pap smear in the past three years	75%	79%	68%	73%	82%**	80%**
Had a digital rectal exam within the past year	21%	31%	9%	17%	N/A	N/A
Mental Health						
Felt sad or hopeless for two or more weeks in a row	11%	12%	5%	14%	N/A	N/A
Considered attempting suicide in the past year	1%	2%	N/A	2%	N/A	N/A
Attempted suicide in the past year	0%	0%	N/A	0%	N/A	N/A
Oral Health						
Adults who had visited a dentist or dental clinic in the past year	64%	74%	74%	71%	68%	66%
Adults who had one or more permanent teeth removed	N/A	N/A	N/A	31%	45%	43%
Adults 65 years and older who had all their permanent teeth removed	N/A	N/A	N/A	10%	17%	14%
Quality of Life						
Limited in some way because of a major impairment or health problem	25%	37%	25%	38%	N/A	N/A

N/A - Not Available

**Ohio and U.S. BRFSS reports women ages 21-65

Youth Variables	Wood County 2008 (6 th -12 th)	Wood County 2012 (6 th -12 th)	Wood County 2015 (6 th -12 th)	Wood County 2018 (6 th -12 th)	Wood County 2018 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Weight Control						
Obese	16%	13%	17%	16%	20%	15%
Overweight	11%	11%	15%	13%	13%	16%
Described themselves as slightly or very overweight	30%	27%	29%	30%	32%	32%
Trying to lose weight	44%	48%	41%	45%	47%	47%
Exercised to lose weight (in the past 30 days)	N/A	50%	43%	56%	58%	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight (in the past 30 days)	N/A	32%	27%	32%	35%	N/A
Went without eating for 24 hours or more (in the past 30 days)	11%	6%	3%	6%	6%	N/A
Took diet pills, powders, or liquids without a doctor's advice (in the past 30 days)	5%	1%	1%	3%	4%	N/A
Vomited or took laxatives (in the past 30 days)	3%	1%	2%	2%	2%	N/A
Physically active at least 60 minutes per day on every day (in the past week)	N/A	28%	28%	31%	29%	26%
Physically active at least 60 minutes per day on five or more days (in the past week)	N/A	52%	49%	54%	53%	46%
Did not participate in at least 60 minutes of physical activity on any day (in the past week)	N/A	11%	14%	10%	10%	15%
Tobacco Use						
Ever tried cigarette smoking (even one or two puffs)	35%	27%	21%	14%	23%	29%
Current smoker (smoked on at least one day during the past 30 days)	15%	11%	5%	3%	6%	9%
Tried to quit smoking (of those youth who smoked in the past year)	41%	55%	46%	45%	46%	N/A
Smoked a whole cigarette before the age of 13 (for the first time of all youth)	10%	9%	6%	5%	7%	10%
Alcohol Consumption						
Ever tried alcohol	61%	48%	44%	38%	52%	60%
Current drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	30%	23%	16%	15%	23%	30%
Binge drinker (drank 5 or more drinks within a couple of hours on at least one day during the past 30 days)	21%	12%	7%	7%	11%	14%
Drank for the first time before age 13 (of all youth)	24%	18%	11%	10%	9%	16%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on one or more occasion during the past 30 days)	18%	17%	13%	12%	14%	17%
Drove when they had been drinking alcohol (of youth drivers on one or more occasion during the past 30 days)	6%	3%	4%	1%	1%	6%
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	N/A	41%	33%	36%	40%	N/A

N/A-Not Available

Youth Variables	Wood County 2008 (6 th -12 th)	Wood County 2012 (6 th -12 th)	Wood County 2015 (6 th -12 th)	Wood County 2018 (6 th -12 th)	Wood County 2018 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Drug Use						
Youth who used marijuana (in the past month)	8%	12%	8%	9%	14%	20%
Used methamphetamines (in their lifetime)	3%	2%	<1%	1%	1%	3%
Used cocaine (in their lifetime)	4%	4%	1%	2%	3%	5%
Used heroin (in their lifetime)	2%	3%	0%	0%	0%	2%
Used steroids (in their lifetime)	3%	3%	1%	2%	3%	3%
Used inhalants (in their lifetime)	11%	7%	3%	3%	4%	6%
Used ecstasy/MDMA/molly (in their lifetime)	N/A	4%	2%	1%	1%	4%
Ever misused medications (in their lifetime)	15%	11%	6%	5%	8%	14%
Ever been offered, sold, or given an illegal drug by someone on school property (in the past year)	13%	8%	5%	6%	8%	20%
Sexual Behavior						
Ever had sexual intercourse	31%	32%	27%	20%	35%	40%
Used a condom at last intercourse	74%	76%	69%	54%	58%	54%
Used birth control pills at last intercourse	28%	41%	33%	34%	38%	21%
Used an IUD to prevent pregnancy before last sexual intercourse	N/A	N/A	0%	5%	5%	4%
Used a shot, patch or birth control ring to prevent pregnancy before last intercourse	N/A	N/A	3%	4%	4%	5%
Did not use any method to prevent pregnancy during last sexual intercourse	13%	11%	7%	9%	10%	14%
Had four or more sexual partners (of all youth)	7%	6%	6%	4%	7%	10%
Had sexual intercourse before age 13 (of all youth)	4%	4%	3%	2%	1%	3%
Drank alcohol or used drugs before last sexual intercourse (of sexually active youth)	20%	18%	13%	9%	9%	19%
Mental Health						
Seriously considered attempting suicide (in the past 12 months)	9%	9%	16%	19%	20%	17%
Attempted suicide (in the past 12 months)	4%	4%	6%	5%	4%	7%
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	21%	20%	26%	27%	28%	32%
Social Determinants of Health						
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	71%	82%	79%	78%	78%	N/A
Suffered a blow or jolt to their head while playing with a sports team	N/A	N/A	13%	15%	14%	N/A
Unintentional Injuries and Violence						
Carried a weapon (in the past month)	10%	10%	10%	9%	10%	16%
Had been in a physical fight (in the past year)	28%	20%	16%	21%	17%	24%
Electronically bullied (in the past year)	12%	13%	9%	12%	11%	15%
Bullied (in the past year)	46%	42%	38%	37%	34%	N/A
Bullied on school property (in past the year)	N/A	N/A	22%	23%	22%	19%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend (in the past year)	4%	6%	3%	2%	4%	8%

N/A-Not Available

Child Variables	Wood County 2012 Ages 0-5	Wood County 2018 Ages 0-5	Ohio 2016 Ages 0-5	U.S. 2016 Ages 0-5	Wood County 2012 Ages 6-11	Wood County 2018 Ages 6-11	Ohio 2016 Ages 6-11	U.S. 2016 Ages 6-11
Health and Functional Status								
Rated health as excellent or very good	93%	98%	94%	93%	92%	93%	91%	89%
Dental care visit in past year	61%	53%	54%*	59%*	94%	93%	95%	91%
Diagnosed with ADHD/ADD	1%	1%	2%**	3%**	8%	12%	13%	9%
Diagnosed with asthma	7%	6%	9%	6%	16%	9%	16%	15%
Diagnosed with autism or autism spectrum disorder (ASD)	1%	1%	N/A	2%*	1%	4%	N/A	3%
Diagnosed with behavioral or conduct problems	2%	3%	3%**	5%**	3%	4%	13%	11%
Diagnosed with a head injury, brain injury, or concussion	1%	1%	N/A	1%	2%	2%	N/A	2%
Health Care Access								
Had public insurance	13%	12%	28%	37%	9%	11%	33%	38%
Been to doctor for preventive care in past year	94%	100%	91%	89%	83%	91%	83%	79%
Received all the medical care they needed	96%	94%	N/A	98%	95%	93%	N/A	97%
Early Childhood (Ages 0-5)								
Never breastfed their child	26%	11%	30%	21%	N/A	N/A	N/A	N/A
Family member read to child every day in the past week	35%	54%	39%	38%	N/A	N/A	N/A	N/A
Middle Childhood (Ages 6-11)								
Child participated in one or more activities	N/A	N/A	N/A	N/A	87%	63%	82%	76%
Child did not miss any days of school because of illness or injury	N/A	N/A	N/A	N/A	13%	16%	26%	29%
Did not engage in any physical activity during the past week	N/A	N/A	N/A	N/A	1%	4%	3%	5%
Parent definitely agreed that their child was safe at school	N/A	N/A	N/A	N/A	N/A	72%	77%	79%
Family and Community Characteristics								
Family eats a meal together every day of the week	50%	38%	51%	53%	33%	33%	43%	45%
Child experienced two or more ACEs	N/A	7%	18%	12%	N/A	6%	29%	23%
Parent definitely agreed that their child lived in a safe neighborhood	N/A	87%	64%	63%	N/A	78%	66%	62%

N/A – Not Available

* Ages 1-5

** Ages 3-5

Appendix IX: Community Stakeholder Perceptions

Wood County Community Event

Thursday, March 7th 9:00 a.m. to 12:00 p.m.

What surprised you the most?

- High/increasing rates of overweight/obesity and inactivity (specifically compared to state/U.S. rate)
- Declining youth mental health
- Under reporting of drug use (specifically marijuana/THC)
- Number of homes with guns
- Youth smoking rate very low
- Low rate of children with divorces/separated parents
- Health problems contributing to quality of life limitations (especially mental health)
- Lack access to nutrition in community
- More men completed the survey this year
- Adult alcohol behaviors (driving and binge-drinking)
- Youth trying to lose weight
- Youth 3+ ACEs (23%)
- Children bullied (42%)
- How to alleviate stress and trauma
- Social acceptance to attend food pantries

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

- Comparisons to similar counties
- Poverty
- More focus on mental health
- Specific mental health diagnosis
- Homeless or unstable housing population
- Isolation
- More detail on breastfeeding (reasons for not)
- Distracted driving
- Vaping
- Ask the questions: "Do you know someone who died in the past year from overdose, suicide?"

What will you or your organization do with this data?

- Guide future programs, services, and activities
- Grant data/submissions
- Influence/support funding decisions
- Educate public
- Identify problems in community
- Further partnerships and collaborative efforts
- Implement initiatives in CHIP
- Target education to 60+ population
- Compare youth data collected every 2 years
- Present in classes at BGSU, share with faculty
- Address underlying causes of ACEs

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

- Elected officials/local government
- Chamber of Commerce
- Private businesses
- Schools and Universities (BGSU: College of HHS students)
- Private/healthcare entities/doctors
- Mental health and addiction services
- Faith based organizations
- Food pantries
- Health Department
- Ohio Environmental Protection Agency (EPA)

What are some of the barriers that your community or organization may face regarding the issues identified?

- Transportation
- Funding (staff)
- Stigma (mental health and addiction)
- Laziness
- Ability to recruit child/adolescent psychiatrist(s)
- Communication among communities in county
- Lack of awareness of resources available in community
- Lack of awareness of issues in community
- Developing comprehensive plan to address poor outcomes
- Tasks seem overwhelming or impossible

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

- Media outlets: social media, radio, news (small amount over time)
- Presentations throughout County (to organized groups, political jurisdictions)
- Flyers
- Websites
- Public forums
- Press release (with link to info.)
- Fact sheets (1 page)
- Executive summaries mailed to every residence
- Libraries