

Henry County Community Health Status Assessment

Examining the health of Henry County

Foreword

Dear Community Member,

Thank you for your concern for the health of Henry County! This report presents the data collected in 2019 from Henry County youth and adults about their health status. Additional information from the Ohio Department of Health and relevant national, state, and local data sources are also included.

Monitoring the health status of local residents is an essential public health service. This health status assessment is one of four assessments conducted regularly to paint a comprehensive picture of health in Henry County. It serves as a guide for local strategic planning and decision-making. It helps our community identify new health concerns, measures the impact of current health improvement efforts, and guides the wise use of local resources. However, this report is only one planning tool. A true plan of action for community health improvement requires taking a closer look at these survey results; seeking additional information from community residents, service providers, and others; identifying groups of people at risk for specific health conditions; and choosing effective strategies that can truly improve the health of Henry County residents when put into action.

This report would not exist without the financial support of community organizations and the assistance of community leaders who care about your health. The project was supported financially by the following: Henry County Health Department, Henry County Hospital, Four County ADAMhs Board, Community Health Services and United Way of Henry County.

While data is useful, it is how people use this information that ultimately benefits our community. Please join the Henry County Health Partners as we work together to improve the health and well-being of Henry County residents. We encourage you to be open to new ideas and collaborations. We also encourage you to remain optimistic and positive about the excellent work this community can do together.

Sincerely,

Mark H. Adams, RS, MPH Health Commissioner Henry County Health Department

Kimberly Bordenkircher, MBA, BSN, RN Henry County Hospital

Acknowledgements

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Henry County Health Department Henry County Hospital Four County ADAMhs Board United Way of Henry County Community Health Services

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A Renewed Mind Camp Widewater

Center for Child and Family Advocacy

Community Health Services Family & Children First Council

Filling Home of Mercy Four County ADAMhs Board Henry County Auditor

Henry County Family & Children First Council

Henry County Health Department

Henry County Hospital

Henry County Job & Family Services

Henry County Senior Center

Henry County Sheriff

Henry County Board of Developmental Disabilities

Liberty Center Local Schools Lutheran Home at Napoleon Lutheran Social Services of Northwestern Ohio

Maumee Valley Guidance Center

Napoleon Area Schools Napoleon Fire Department

Northcrest Rehab and Nursing Center

Northwest Ohio CASA

Northwest Ohio Community Action Commission-

Head Start

Napoleon Police Department

OSU Extension Program – Henry County

Pillars of Success

Recovery Services of Northwest Ohio

Scarbrough Pharmacy

Together We Can Make a Difference Initiatives

United Way of Henry County WIC – Fulton and Henry Counties

WNDH

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

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

The 2019 Henry County Health Assessment is available on the following websites:

Hospital Council of Northwest Ohio

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

Henry County Health Department

http://henrycohd.org/

Henry County Hospital

https://www.henrycountyhospital.org/

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Executive Summary

This executive summary provides an overview of health-related data for Henry County adults (from ages 19 and older) and youth (ages 12 through 18) who participated in a county-wide health assessment survey during January through April 2019. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS). The Hospital Council of Northwest Ohio (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 the health of the population and identify areas for health improvement, contributing factors that impact health outcomes, and 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 2019 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 and adolescents within Henry County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

INSTRUMENT DEVELOPMENT

Two survey instruments were designed and pilot tested for this study: one for adults and one for adolescents in grades 6 through 12. 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 and adolescents. The investigators decided to derive most the adult survey items from the BRFSS and many of adolescent survey items from the YRBSS. This decision was based on being able to compare local data with state and national data.

The project coordinator from the Hospital Council of Northwest Ohio conducted a series of meetings with the planning committee from Henry County. During these meetings, HCNO and the planning committee reviewed and discussed banks of potential survey questions. Based on input from the Henry County planning committee, the project coordinator composed drafts of surveys containing 117 items for the adult survey and 75 items for the adolescent 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 older living in Henry County. There were 20,736 persons ages 19 and older living in Henry 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 377 adults was needed to ensure this level of confidence. The random sample of mailing addresses was obtained from Melissa Global Intelligence in Rancho Santa Margarita, California.

SAMPLING | Adolescent Survey

Youth in grades 6 through 12 in Henry County public school districts were used as the sampling frame for the adolescent survey. Using the U.S. Census Bureau data, it was determined that approximately 2,919 youth ages 12 to 18 years old live in Henry County. A sample size of 340 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

PROCEDURE | Adult Survey

Prior to mailing the survey, an advance letter was mailed to 1,200 adults in Henry County. This advance letter was personalized, printed on Henry County Health Partners letterhead; and signed by Kim Bordenkircher, CEO, Henry County Hospital and Mark H. Adams, Health Commissioner, Henry County Health Department. 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, the project team implemented a three-wave mailing process to maximize the survey return rate. The initial mailing included a personalized hand-signed cover letter (on Henry County Health Partners letterhead) describing the purpose of the study, a questionnaire, 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 them to reply, another copy of the questionnaire, and another reply envelope. A third wave postcard was sent three weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the mailing was 30% (n=353: $CI=\pm$ 5.17). Prior to surveys being sent, a power analysis was conducted which concluded that 377 surveys would need to be returned to have a \pm 5% confidence interval which is standard. However, there were only 353 surveys returned, thus reducing the level of power and broadening the confidence level to \pm 5.17%.

PROCEDURE | Adolescent Survey

The survey was approved by all participating superintendents. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 93% (n=390: $Cl=\pm 4.62$).

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 24.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Henry County, the adult data collected was weighted by age, gender, race, and income using 2017 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 IV.

LIMITATIONS

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

Furthermore, while the survey was mailed to random households in Henry County, those responding to the survey were more likely to be older. For example, only 15 respondents were under the age of 30. While weightings are applied during calculations to help account for this sort of variation, it still presents a potential limitation (to the extent that the responses from these 15 individuals are substantively different from the majority of Henry County residents under the age of 30).

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

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 multiple sites, including county-level data, wherever possible. HCNO utilized sites, such as the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), numerous CDC sites, U.S. Census data and Healthy People 2020, among other sources. All data is included in the section of the report it corresponds with. All primary data collected in this report is from the 2019 Henry County Community Health Assessment (CHA). All other data is cited accordingly.

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 2019 Henry 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.

Comprehensive

and actionable picture of health and wellbeing

in Ohio

To view the full 2016 Ohio State Health Assessment, please visit: http://www.odh.ohio.gov/- /media/ODH/ASSETS/Files/chss/ship/SHA FullReport 08042016.pdf?la=en

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

Data profiles

- Existing data from several different sources, including surveys, birth and death records, administrative data and claims data
- Data on all age groups (life-course perspective)
- Disparities for selected metrics by race, ethnicity, income or education level, sex, age, geography or disability status
- U.S. comparisons, notable changes over time and Ohio performance on Healthy People 2020 targets

SHA regional forums

- Five locations around the state
- 372 in-person participants and 32 online survey participants
- Identified priorities, strengths, challenges and trends

Review of local health department and hospital assessments/plans

- 211 local health department and hospital community health assessment/plan
- Covered 94 percent of Ohio counties
 - Summary of local-level health

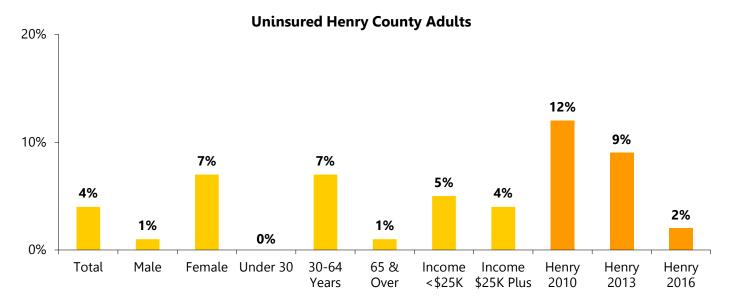
- Interviews with 37 representatives of 29 community-based organizations
- Explored contributing causes of health inequities and disparities
- Special focus on groups with poor health outcomes and those who may otherwise be underrepresented in the state health assessment/state health improvement plan process

Key informant interviews

Data Summary | Health Care Access

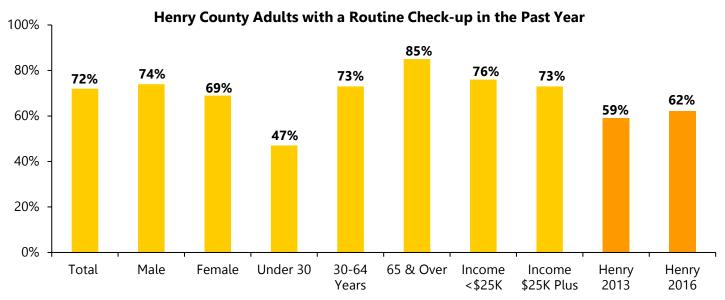
HEALTH CARE COVERAGE

In 2019, 4% of Henry County adults were without health care coverage. The top reason adults gave for being without health care coverage was they lost their job or changed employers (63%).



ACCESS AND UTILIZATION

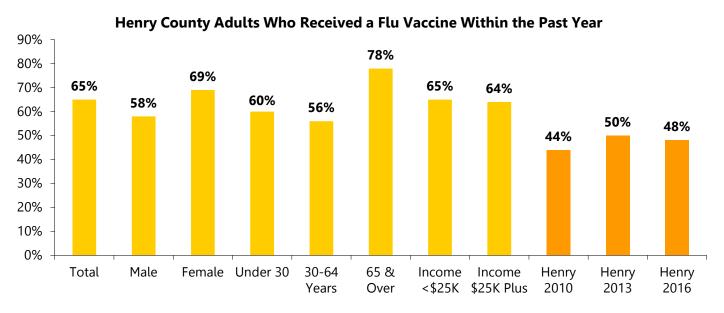
Seventy-two percent (72%) of Henry County adults had visited a doctor for a routine checkup in the past year. Nearly four-fifths (78%) of adults went outside of Henry County for health care services in the past year.



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.

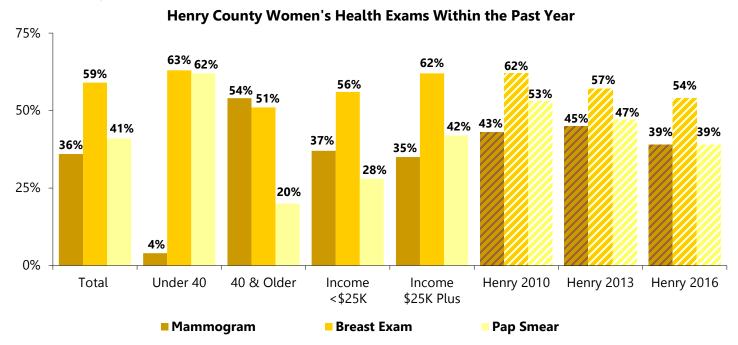
PREVENTIVE MEDICINE

Eighty percent (80%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. Sixty-five percent (65%) of adults had a flu vaccine in the past year.



WOMEN'S HEALTH

Over half (54%) of Henry County women over the age of 40 reported having a mammogram in the past year. Nearly three-fifths (59%) of women had a clinical breast exam in the past year, and 65% of women ages 21 to 65 had a Pap smear to detect cancer of the cervix in the past three years. Sixty-nine percent (69%) of Henry County women were overweight or obese, 26% had high blood cholesterol, 26% had high blood pressure, and 8% were identified as current smokers, known risk factors for cardiovascular diseases.



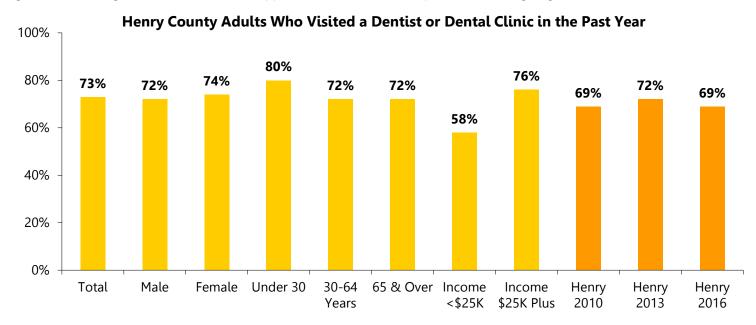
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MEN'S HEALTH

In 2019, 76% of Henry County males were overweight or obese. Males were less likely to have been diagnosed with arthritis than females (31% compared to 35%).

ORAL HEALTH

Seventy-three percent (73%) of Henry County adults had visited a dentist or dental clinic in the past year. The top three reasons adults gave for not visiting a dentist or dental clinic in the past year were cost (40%); no reason to go/had not thought of it (14%); and fear, apprehension, nervousness, pain and dislike going (13%).

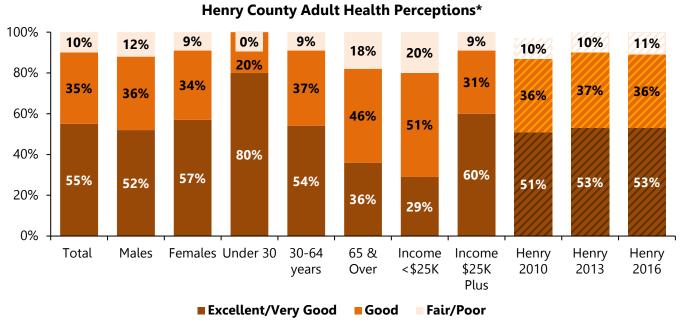


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Data Summary | Health Behaviors

HEALTH STATUS PERCEPTIONS

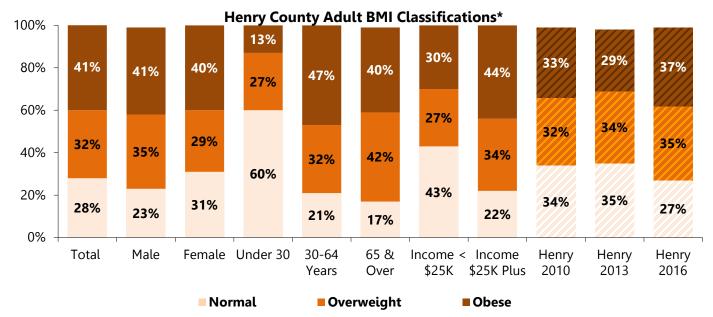
Over half (55%) of Henry County adults rated their health status as excellent or very good. Conversely, 10% of adults described their health as fair or poor, increasing to 20% of those with incomes less than \$25,000.



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

ADULT WEIGHT STATUS

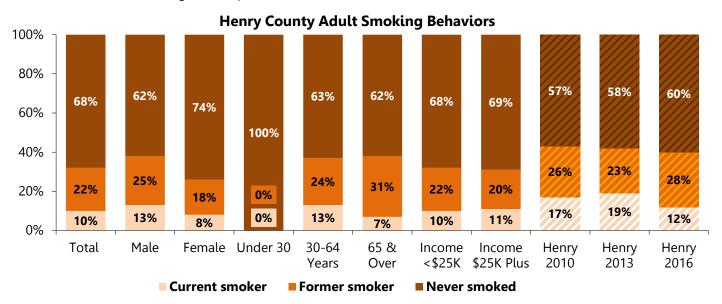
Almost three-fourths (73%) of Henry County adults were overweight or obese based on body mass index (BMI). About one-fifth (21%) of adults did not participate in any physical activity in the past week, including 4% who were unable to exercise.



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

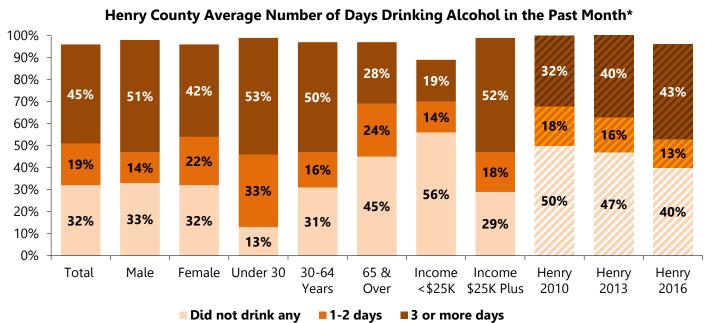
Ten percent (10%) Henry County adults were current smokers, and 22% were considered former smokers. Two percent (2%) of adults used an e-cigarette or other electronic vaping product in the past year. Thirty percent (30%) of adults did not know if e-cigarette vapor was harmful.



*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

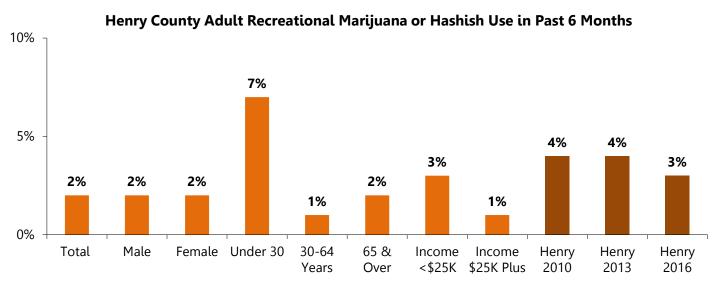
Over three-fifths (64%) of Henry County adults had at least one alcoholic drink in the past month and would be considered current drinkers. Over one-quarter (27%) of all adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.



*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.

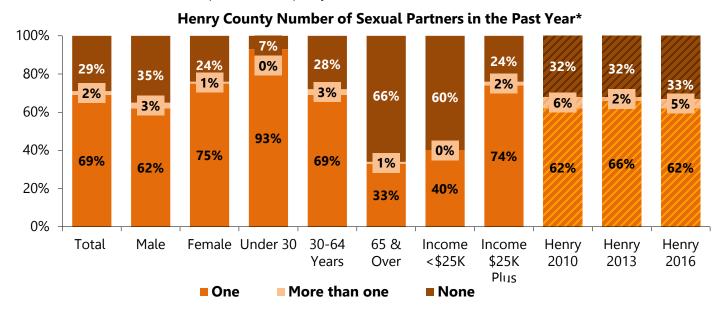
ADULT DRUG USE

Two percent (2%) of Henry County adults had used recreational marijuana or hashish during the past 6 months. Three percent (3%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.



ADULT SEXUAL BEHAVIOR

Nearly three-fourths (71%) of Henry County adults had sexual intercourse in the past year. Two percent (2%) of adults had more than one sexual partner in the past year.



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

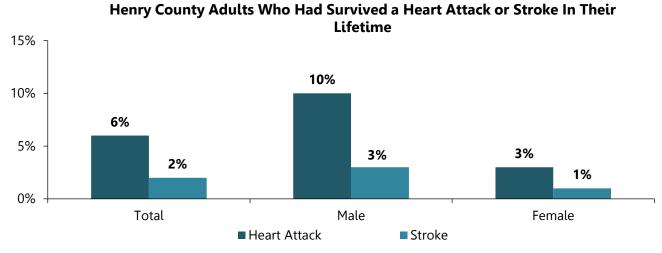
ADULT MENTAL HEALTH

In 2019, 2% of Henry County adults considered attempting suicide. Over the last two weeks, 37% of adults reported they had felt nervous, anxious or on edge.

Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

Six percent (6%) of adults had survived a heart attack and 2% had survived a stroke at some time in their life. More than two-fifths (41%) of Henry County adults were obese, 33% had high blood cholesterol, 33% had high blood pressure, and 10% were current smokers, four known risk factors for heart disease and stroke.

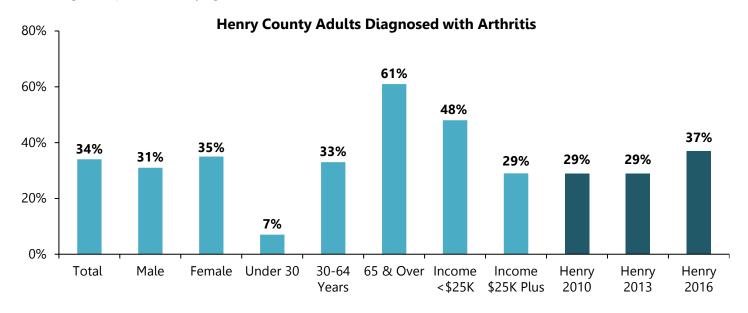


CANCER

In 2019, 12% of Henry County adults had been diagnosed with cancer at some time in their life.

ARTHRITIS

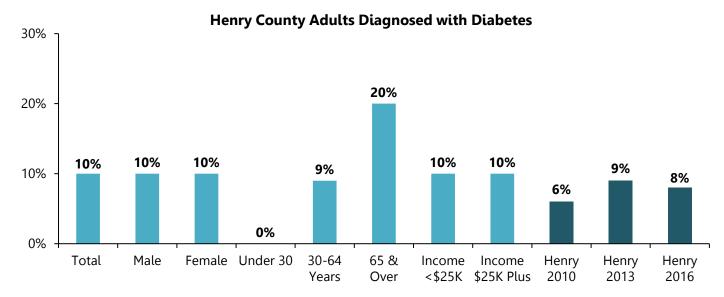
More than one-third (34%) of Henry County adults were diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia.



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.

DIABETES

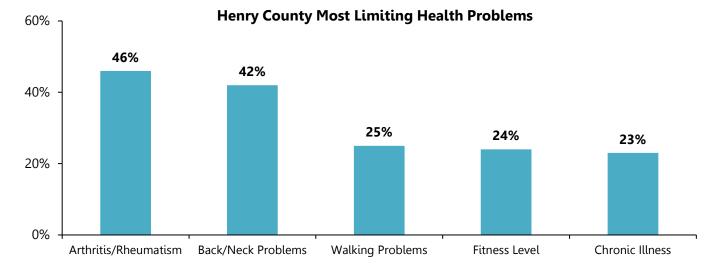
Ten percent (10%) of Henry County adults had been diagnosed with diabetes. Over one-third (36%) of adults with diabetes rated their health as fair or poor.



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

QUALITY OF LIFE

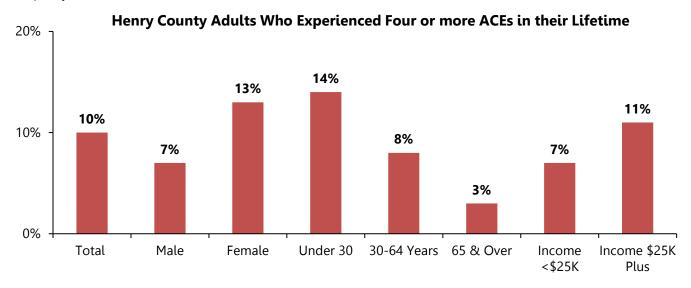
Thirty percent (30%) of Henry County adults reported they were limited in some way because of a physical, mental or emotional problem. The most limiting health problems were arthritis/rheumatism (46%) and back or neck problems (42%).



Data Summary | Social Conditions

ADULT SOCIAL DETERMINANTS OF HEALTH

Ten percent (10%) of Henry County adults had four or more adverse childhood experiences (ACEs) in their lifetime. Thirteen percent (13%) of adults had experienced at least one issue related to hunger/food insecurity 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.

ENVIRONMENTAL HEALTH

The top four environmental health issues for Henry County adults that threatened their health in the past year were mold (8%), insects (7%), agricultural chemicals (5%), and temperature regulation (5%).

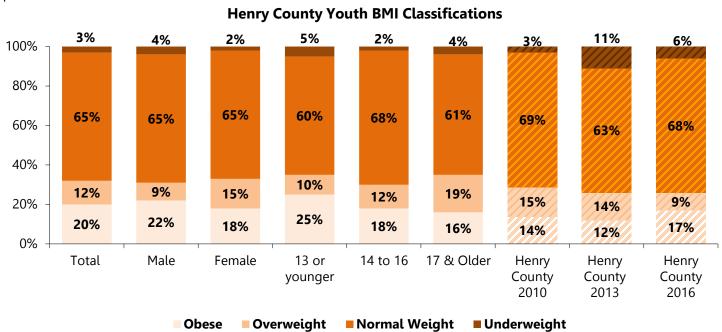
PARENTING

In 2019, 26% of Henry County parents talked to their 12-to-17-year-old about dating and relationships. Eightyeight percent (88%) of parents reported their children had received all recommended vaccinations.

Data Summary | Youth Health

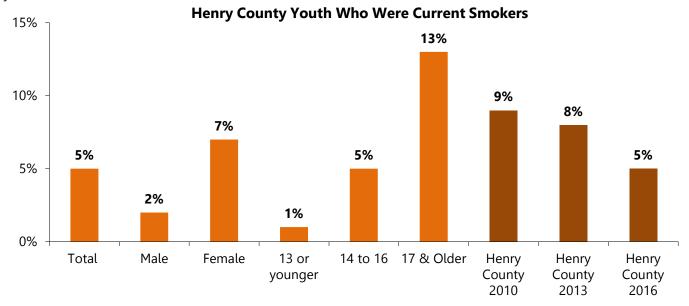
YOUTH WEIGHT STATUS

One-fifth (20%) of Henry County youth were obese, according to body mass index (BMI) by age. When asked how they would describe their weight, 36% of Henry County youth reported that they were slightly or very overweight. Fourteen percent (14%) of youth did not participate in at least 60 minutes of physical activity on any day in the past week.



YOUTH TOBACCO USE

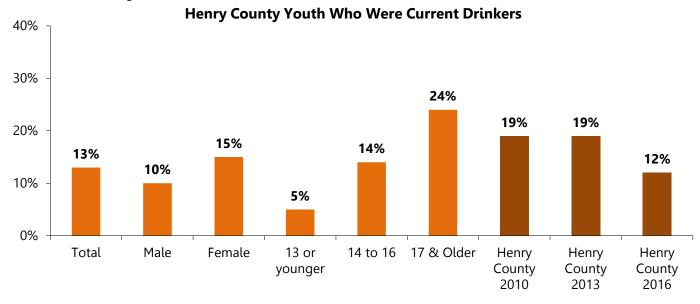
Five percent (5%) of Henry County youth were current smokers. One-in-nine (11%) youth were current electronic vapor product users. Of youth who had used e-cigarettes/vapes in the past 12 months, 61% used e-liquid or ejuice with nicotine in them.



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.

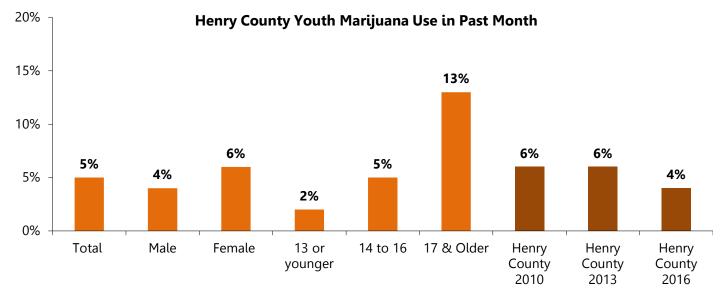
YOUTH ALCOHOL CONSUMPTION

About one-third (32%) of Henry County youth had at least one drink of alcohol in their life. Thirteen percent (13%) of youth had at least one drink in the past 30 days, defining them as a current drinker. Of those who drank, 53% were defined as binge drinkers.



YOUTH DRUG USE

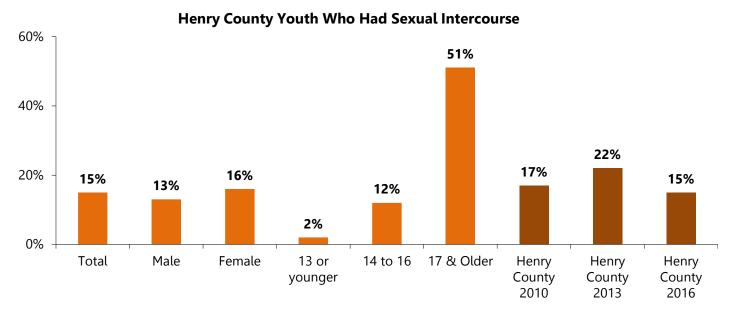
Five percent (5%) of Henry County youth had used marijuana at least once in the past 30 days. Two percent (2%) of youth used prescription drugs not prescribed for them in the past month.



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.

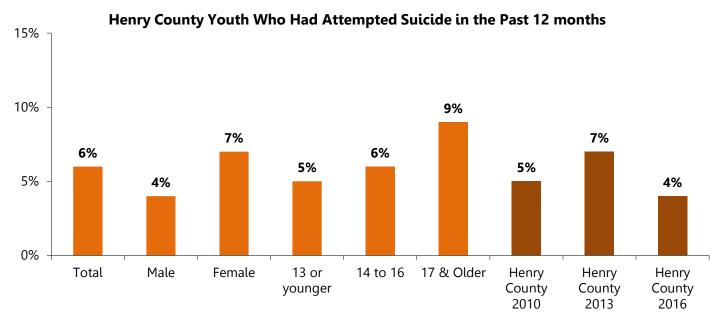
YOUTH SEXUAL BEHAVIOR

Fifteen percent (15%) of Henry County youth had sexual intercourse in their lifetime. Twenty-two percent (22%) of sexually active youth had four or more sexual partners. Six percent (6%) of youth engaged in intercourse without a reliable method of protection, and 17% reported they were unsure if they used a reliable method.



YOUTH MENTAL HEALTH

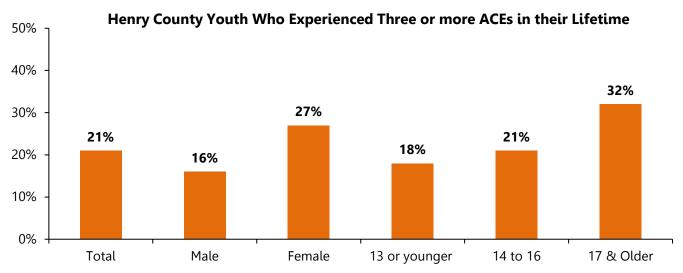
Ten percent (10%) of youth had seriously considered attempting suicide in the past year, and 6% attempted suicide in the past year. The top three causes for anxiety, stress or depression for Henry County youth were academic success (41%), death or a close family member or friend (39%) and fighting with friends (38%).



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.

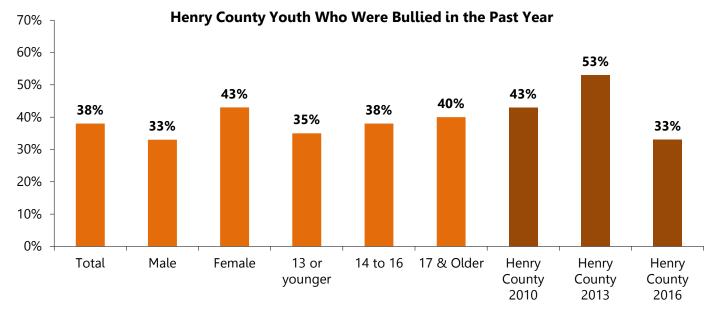
YOUTH SOCIAL DETERMINANTS OF HEALTH

About one-fifth (21%) of Henry County youth had three or more adverse childhood experiences in their lifetime (ACEs). Nineteen percent (19%) of youth drivers had texted while driving in the past 30 days. Half (50%) of youth who had a social media or online gaming account believed that sharing information online is dangerous.



YOUTH VIOLENCE

Twenty-three percent (23%) of Henry County youth had been involved in a physical fight in the past year. Thirtyeight percent (38%) of youth had been bullied 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.

Adult Trend Summary

Adult Variables	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017					
Health	Health Care Coverage										
Uninsured	12%	9%	2%	4%	8%	11%					
Access and Utilization											
Visited a doctor for a routine checkup in the past year	N/A	59%	62%	72%	72%	70%					
Had at least one person they thought of as their personal doctor or health care provider	61%	61%	58%	87%	81%	77%					
Preve	ntive Medi	cine									
Had a flu shot in the past year (age 65 and older)	N/A	72%	79%	78%	63%	60%					
Had a pneumonia vaccine (age 65 and older)	65%	53%	62%	80%	76%	75%					
Had a shingles or Zoster vaccination in lifetime	N/A	7%	10%	20%	29%	29%					
Wor	men's Heal	th									
Had a clinical breast exam in the past two years (age 40 and over)	N/A	78%	76%	67%	N/A	N/A					
Had a mammogram in the past two years (age 40 and over)	N/A	80%	80%	70%	74%*	72%*					
Had a Pap smear in the past three years (age 21-65)	N/A	76%‡	67%‡	65%	82%*	80%*					
0	ral Health										
Visited a dentist or dental clinic (within the past year)	69%	72%	69%	73%	68%*	66%*					
Health S	tatus Perce	eptions									
Rated general health as excellent or very good	54%	53%	53%	55%	49%	51%					
Rated general health as fair or poor	10%	10%	11%	10%	19%	18%					
Rated physical health as not good on four or more days (in the past 30 days)	17%	18%	19%	18%	23%	22%					
Average number of days that physical health not good (in the past 30 days)	N/A	3.2	3.6	2.6	4.0¥	3.7¥					
Rated mental health as not good on four or more days (in the past 30 days)	19%	19%	21%	19%	26%	24%					
Average number of days that mental health not good (in the past 30 days)	N/A	3.1	3.2	3.2	4.3¥	3.8¥					
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)	N/A	22%	21%	23%	24%	23%					
Average days that poor physical or mental health kept them from doing their usual activities such as self-care, work, or recreation (on at least one day during the past 30 days) N/A - Not Available	N/A	2.3	2.2	2.0	N/A	N/A					

N/A - Not Available *2016 BRFSS

[#]Pap smear was reported for women ages 19 and over \$2016 BRFSS data as compiled by 2019 County Health Rankings Indicates alignment with Ohio State Health Assessment (SHA)

Adult Variables	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
We	eight Statu	S				
Obese 💓	33%	29%	37%	41%	34%	32%
Overweight	32%	34%	35%	32%	34%	35%
To	obacco Use	•				
Current smoker (currently smoke some or all days)	17%	19%	12%	10%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	26%	23%	28%	22%	24%	25%
Tried to quit smoking (on at least one day in the past year)	53%	48%	50%	63%	N/A	N/A
Alcoho	ol Consum _i	otion				
Current drinker (drank alcohol at least once in the past month)	50%	56%	56%	64%	54%	55%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	19%	19%	25%	27%	19%	17%
	Drug Use					
Adults who used recreational marijuana or hashish in the past 6 months	4%	4%	3%	2%	N/A	N/A
Adults who used recreational drugs in the past 6 months	1%	1%	1%	4%	N/A	N/A
Adults who misused prescription medication in the past 6 months	2%	4%	10%	3%	N/A	N/A
Sex	ual Behavi	or				
Had more than one sexual partner in past year	6%	2%	5%	2%	N/A	N/A
Me	ntal Healt	h				
Considered attempting suicide in the past year	1%	3%	2%	2%	N/A	N/A
Attempted suicide in the past year	<1%	1%	<1%	4%	N/A	N/A
Cardio	vascular H	ealth				
Had angina or coronary heart disease 💗	N/A	N/A	N/A	5%	5%	4%
Had a heart attack	6%	2%	4%	6%	6%	4%
Had a stroke	2%	1%	4%	2%	4%	3%
Had high blood pressure	33%	30%	32%	33%	35%	32%
Had high blood cholesterol	29%	30%	31%	33%	33%	33%
	Arthritis					
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	29%	29%	37%	34%	29%	25%
	Diabetes					
Ever been told by a doctor they have diabetes (not pregnancy-related)	6%	9%	8%	10%	11%	11%
Had been diagnosed with pre-diabetes or borderline diabetes	4%	4%	6%	10%	2%	2%

N/A - Not Available

Youth Trend Summary

Youth Variables	Henry County 2010 (6 th -12 th)	Henry County 2013 (6 th -12 th)	Henry County 2016 (6 th -12 th)	Henry County 2019 (6 th -12 th)	Henry County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)					
Weight Status											
Obese 🖤	14%	12%	17%	20%	19%	15%					
Overweight	15%	14%	9%	12%	14%	16%					
Described themselves as slightly or very overweight	30%	25%	24%	36%	37%	32%					
Tried to lose weight	47%	46%	34%	52%	53%	47%					
Exercised to lose weight (in the past 30 days)	34%	43%	33%	49%	51%	N/A					
Ate less food, fewer calories, or foods lower in fat to lose weight (in the past 30 days)	11%	30%	24%	30%	37%	N/A					
Went without eating for 24 hours or more (in the past 30 days)	1%	5%	4%	7%	9%	N/A					
Took diet pills, powders, or liquids without a doctor's advice (in the past 30 days)	0%	2%	1%	2%	2%	N/A					
Vomited or took laxatives (in the past 30 days)	1%	1%	1%	1%	2%	N/A					
Physically active at least 60 minutes per day on every day in past week	24%	24%	31%	34%	31%	26%					
Physically active at least 60 minutes per day on five or more days in past week	50%	46%	55%	56%	54%	47%					
Did not participate in at least 60 minutes of physical activity on any day in past week	11%	15%	13%	14%	14%	15%					
Watched three or more hours per day of television (on an average school day)	39%	36%	19%	12%	14%	21%					
	Tol	bacco Use									
Ever tried cigarette smoking (even one or two puffs)	15%	14%	10%	13%	20%	29%					
Current smoker (smoked on at least 1 day during the past 30 days)	9%	8%	5%	5%	8%	9%					
Currently used an electronic vapor product (on at least 1 day during the past 30 days)	N/A	N/A	N/A	11%	18%	13%					
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	6%	6%	3%	5%	7%	10%					
Tried to quit smoking (of those youth who smoked in the past year)	46%	51%	37%	38%	38%	N/A					
Usually obtained cigarettes by buying them in a store or gas station (of current smokers)	15%	23%	33%	20%	18%	14%					

Indicates alignment with Ohio State Health Assessment (SHA) N/A-Not Available

Youth Variables	Henry County 2010 (6 th -12 th)	Henry County 2013 (6 th -12 th)	Henry County 2016 (6 th -12 th)	Henry County 2019 (6 th -12 th)	Henry County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
	Alcohol	. Consumptio	on	I	I	T
Ever drank alcohol (at least one drink of alcohol on at least one day during their life)	49%	44%	29%	32%	41%	60%
Current Drinker (at least one drink of alcohol on at least one day during the past 30 days)	19%	19%	12%	13%	18%	30%
Binge drinker (drank five or more drinks within a couple of hours on at least one day during the past 30 days)	11%	10%	18%	7%	11%	14%
Drank for the first time before age 13 (of all youth)	35%	16%	7%	13%	12%	16%
Obtained the alcohol they drank by someone giving it to them (of youth drinkers)	38%	39%	34%	36%	37%	44%
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)	20%	17%	12%	12%	11%	17%
Drove when they had been drinking alcohol (in a car or vehicle, one or more times during the 30 days before the survey, among youth who had driven a car or other vehicle)	5%	2%	4%	2%	3%	6%
	D	rug Use				
Used marijuana in the past month	6%	6%	4%	5%	8%	20%
Tried marijuana for the first time before the age of 13	4%	3%	1%	2%	2%	7%
Ever used methamphetamines (in their lifetime)	1%	1%	1%	<1%	1%	3%
Ever used cocaine (in their lifetime)	2%	2%	2%	<1%	1%	5%
Ever used heroin (in their lifetime)	1%	1%	1%	0%	0%	2%
Ever used inhalants (in their lifetime)	10%	6%	3%	1%	2%	6%
Ever took steroids without a doctor's prescription (in their lifetime)	2%	3%	1%	1%	1%	3%
Ever used ecstasy (also called MDMA in their lifetime)	N/A	2%	3%	<1%	0%	4%
Ever used hallucinogenic drugs (such as LSD, acid, PCP, angel dust, mescaline, or mushrooms in their lifetime)	N/A	N/A	N/A	<1%	0%	7%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	7%	5%	2%	5%	7%	20%
	Mer	ntal Health				
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%	21%	18%	21%	23%	32%
Seriously considered attempting suicide (in the past 12 months)	11%	13%	7%	10%	11%	17%
Attempted suicide (in the past 12 months)	5%	7%	4%	6%	7%	7%

N/A-Not Available

Youth Variables	Henry County 2010 (6 th -12 th)	Henry County 2013 (6 th -12 th)	Henry County 2016 (6 th -12 th)	Henry County 2019 (6 th -12 th)	Henry County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
		al Behavior	1	l	1	1
Ever had sexual intercourse	17%	22%	15%	15%	26%	40%
Had sexual intercourse with four or more persons (of all youth during their life)	8%	3%	6%	4%	7%	10%
Had sexual intercourse before the age 13 (for the first time of all youth)	3%	4%	2%	2%	2%	3%
Used a condom (during last sexual intercourse)	55%	48%	63%	65%	68%	54%
Used birth control pills (during last sexual intercourse)	21%	32%	39%	30%	32%	21%
Used an IUD (during last sexual intercourse)	N/A	N/A	0%	6%	6%	4%
Used a shot, patch or birth control ring (during last sexual intercourse)	5%	5%	4%	8%	8%	5%
Did not use any method to prevent pregnancy during last sexual intercourse	8%	8%	14%	6%	3%	14%
Drank alcohol or used drugs before last sexual intercourse (of sexually active youth)	N/A	18%	18%	14%	15%	19%
	Social Deter	minants of H	lealth			
Rarely or never wore a seatbelt (when riding in a car or other vehicle driven by someone else)	12%	9%	9%	5%	7%	6%
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	72%	72%	79%	73%	71%	N/A
Did not get 8 or more hours of sleep (on an average school night)	N/A	N/A	48%	57%	71%	75%
	V	iolence				
Carried a weapon on school property (in the past 30 days)	N/A	N/A	1%	1%	1%	4%
Were in a physical fight (in the past 12 months)	30%	24%	13%	23%	26%	24%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	5%	5%	3%	6%	5%	7%
Threatened or injured with a weapon on school property (in the past 12 months)	7%	7%	3%	7%	6%	6%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	6%	4%	4%	<1%	0%	8%
Electronically bullied (in the past year)	9%	14%	12%	9%	11%	15%
Bullied (in the past year)	43%	53%	33%	38%	40%	N/A
Were bullied on school property (during the past 12 months)	N/A	33%	20%	24%	26%	19%
Purposefully hurt themselves in their life	30%	29%	20%	21%	23%	N/A

N/A-Not Available

Health Care Access: Health Care Coverage

Key Findings

In 2019, 4% of Henry County adults were without health care coverage. The top reason adults gave for being without health care coverage was they lost their job or changed employers (63%).

829 Henry County adults were uninsured.

Health Care Coverage

- In 2019, 96% of Henry County adults had health care coverage, leaving 4% uninsured.
- The following types of health care coverage were used:
 - Employer (50%)
 - Medicare (21%)
 - Someone else's employer (12%)
 - Self-paid plan (4%)
 - Medicaid or medical assistance (3%)
 - Health Insurance Marketplace (2%)
 - Military, CHAMPUS, TriCare, CHAMPVA, or the VA (1%)
 - Indian Health Service (IHS) (1%)
- Henry County adult health care coverage included the following:

Medical (95%)

 Durable medical equipment (48%) Prescription coverage (91%) Alcohol and drug treatment (40%) Preventive health (83%) Home care (32%)

Immunizations (83%) Air ambulance (27%)

 Outpatient therapy (75%) Hospice (27%)

 Dental (65%) Skilled nursing/assisted living (26%)

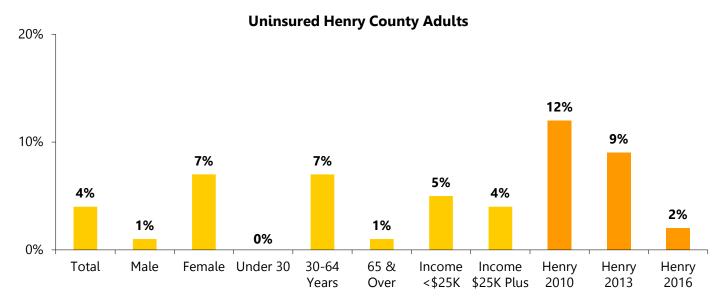
Vision/eyeglasses (62%) Transportation (20%) Mental health (62%)

- Henry County adults had the following issues regarding their health care coverage: cost (42%), opted out of certain coverage because they could not afford it (12%), service not deemed medically necessary (9%), working with their insurance company (9%), provider was no longer covered (7%), service was no longer covered (5%), opted out of certain coverage because they did not need it (5%), limited visits (4%), could not understand their insurance plan (4%), and pre-existing conditions (4%).
- The top reasons uninsured adults gave for being without health care coverage were:
 - They lost their job or changed employers (63%)
 - Spouse or parent lost their job or changed employers (31%)
 - They could not afford to pay the insurance premiums (28%)

Note: Percentages do not equal 100% because respondents could select more than one reason.

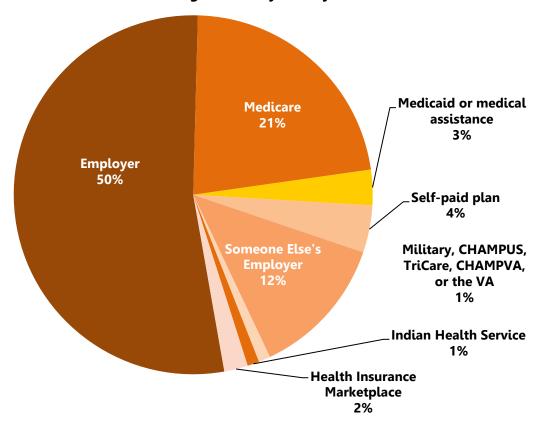
Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Uninsured	12%	9%	2%	4%	8%	11%

The following graph shows the percentage of Henry County adults who were uninsured. An example of how to interpret the information in the graph includes: 4% of all adults were uninsured, including 5% those with an income less than \$25,000. The pie chart shows sources of Henry County adults' health care 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 Henry County Adults



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

Health Coverage Includes:	Yes	No	Don't Know
Medical	95%	1%	4%
Prescription Coverage	91%	4%	5%
Preventive Health	83%	2%	15%
Immunizations	83%	2%	15%
Outpatient Therapy	75%	1%	24%
Dental	65%	32%	3%
Vision/Eyeglasses	62%	33%	5%
Mental Health	62%	2%	36%
Durable Medical Equipment	48%	4%	48%
Alcohol and Drug Treatment	40%	5%	55%
Home Care	32%	7%	61%
Air Ambulance	27%	5%	68%
Hospice	27%	6%	67%
Skilled Nursing/Assisted Living	26%	7%	67%
Transportation	20%	11%	69%

Healthy People 2020

Access to Health Services (AHS)

(
Objective	Henry County 2019	Ohio 2017	U.S. 2016*	Healthy People 2020 Target					
AHS-1.1: Persons under age of 65 years with health insurance	100% age 20-24 100% age 25-34 88% age 35-44 93% age 45-54 94% age 55-64	87% age 18-24 90% age 25-34 90% age 35-44 91% age 45-54 93% age 55-64	85% age 18-24 84% age 25-34 87% age 35-44 90% age 45-54 93% age 55-64	100%					

^{*}U.S. baseline is age-adjusted to the 2000 population standard

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.

(Sources: Healthy People 2020 Objectives, 2016, 2017 BRFSS, 2019 Henry County Health Assessment)

Health Care Access: Access and Utilization

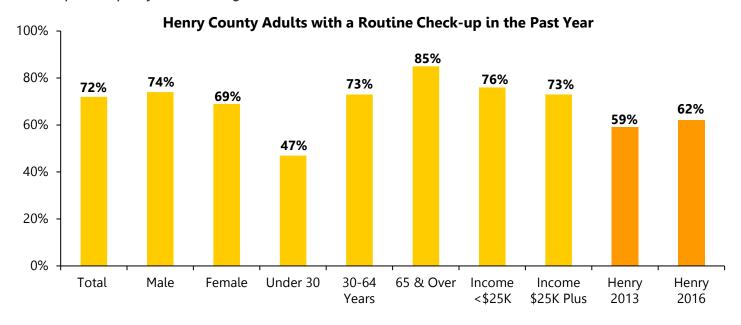
Key Findings

Seventy-two percent (72%) of Henry County adults had visited a doctor for a routine checkup in the past year. Nearly four-fifths (78%) of adults went outside of Henry County for health care services in the past year.

Health Care Access

- Nearly three-fourths (72%) of Henry County adults visited a doctor for a routine checkup in the past year, increasing to 85% of those over the age of 65.
- Over half (52%) of adults reported they had one person they thought of as their personal doctor or health care provider. A little over one-third (35%) of adults had more than one person they thought of as their personal health care provider, and 10% did not have one at all. Three percent (3%) reported they did not know.

The following graph shows the percentage of Henry County adults who had a routine checkup in the past year. An example of how to interpret the information in the graph includes: 72% of all adults had a routine check-up in the past year, including 74% of males and 69% 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.

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Visited a doctor for a routine checkup in the past year	N/A	59%	62%	72%	72%	70%
Had at least one person they thought of as their personal doctor or health care provider	61%	61%	58%	87%	81%	77%

- Seventy-eight percent (78%) of adults went outside of Henry County for the following health care services in the past year:
 - Primary care (46%) Dental services (34%) Specialty care (31%)
 - Obstetrics/gynecology (21%) Orthopedic care (14%)
 - Dermatological (skin) care (12%)
 - Cardiac care (11%)
 - Ear, nose, and throat care (9%)
 - Pediatric care (9%)

- Podiatry (foot/ankle) care (9%). Mental health care/counseling (7%)
- Cancer care (6%)
- Pediatric therapies (4%) Addiction services (1%)
- Hospice/palliative care (1%) Bariatric (obesity) care (1%)
- Skilled nursing rehabilitation (1%)
- Other services (12%)

Note: Percentages do not equal 100% because respondents could select more than option.

- Adults usually visited the following places for health care services and advice: doctor's office (82%); urgent care center (11%); family and friends (3%); department of veteran's affairs (VA) (1%); multiple places, including a doctor's office (1%); hospital emergency room (<1%); chiropractor (<1%); health department or community health center (<1%); telemedicine (<1%); and some other kind of place (<1%). Two percent (2%) of adults indicated they had no usual place for health care services.
- Henry County adults did not get medical care for the following reasons: no need to go (13%); cost/no insurance (4%); multiple reasons, not including cost/no insurance (4%); multiple reasons, including cost or insurance (2%); no child care (1%); distance (1%); too long of a wait in the waiting room (1%); too long of a wait for an appointment (1%); inconvenient appointment times/hours not convenient (1%); too embarrassed to seek help (<1%); cannot get time off work (<1%); and other reasons (2%).
- Henry County adults did not get the following major or preventive care because of cost: medication (9%), lab testing (8%), Pap smear (8%), surgery (6%), colonoscopy (5%), mammogram (4%), immunizations (3%), mental health services (2%), weight loss program (2%), PSA test (2%), family planning services (1%), and smoking cessation (1%).
- Adults preferred to access information about their health or health care services from the following sources: doctor/health care provider (88%); family member or friend (31%); internet (26%); medical portal (20%); advertising or mailings from hospitals, clinics, or doctor/health care providers' offices (11%); newspaper articles or radio/television news stories (10%); texts via cell phone (6%); social media (e.g., Facebook, twitter, Instagram) (6%); faith-based communities/church (3%); and billboards (2%). Note: Percentages do not equal 100% because respondents could select more than one option.
- When accessing health care, adults felt confident enough to accomplish the following:
 - Fill out medical forms accurately (92%)
 - Follow instructions correctly on a medicine or prescription container (90%)
 - Follow the advice of a health care provider (87%)
 - Know their health care provider's exchange information so they can receive care accurately (52%)
 - Know how to obtain health insurance that best fits your needs (49%)

Note: Percentages do not equal 100% because respondents could select more than one option.

- More than one-fifth (21%) of adults did not get their prescriptions from their doctor filled in the past year. Those who did not get their prescriptions filled gave the following reasons:
 - Cost (61%)
 - They did not think they needed it (37%)
 - No prescriptions to be filled (27%)
 - There was no generic equivalent (23%)
 - Side effects (21%)
 - They stretched their current prescription by taking less than prescribed (17%)
 - Fear of addiction (17%)
 - They did not have insurance (6%)

Note: Percentages do not equal 100% because respondents could select more than one option.

What can be Done to Improve the Health of Rural Americans?

Rural Americans face numerous health disparities compared with their urban counterparts. More than 46 million Americans, or 15% of the U.S. population, live in rural areas. Some rural areas have characteristics that put residents at higher risk of death, such as long travel distances to specialty and emergency care, exposures to specific environmental hazards, and higher rates of poverty. The gaps in health in rural areas can be addressed. For example, health care providers in rural areas can:

Screen patients for high blood pressure and make blood pressure control a quality improvement goal

High blood pressure is a leading risk factor for heart disease and stroke.

Increase cancer prevention and early detection

 Rural health care providers should participate in the state-level comprehensive control coalitions. Comprehensive cancer control programs focus on cancer prevention, education, screening, access to care, support for cancer survivors, and overall good health.

Encourage physical activity and healthy eating to reduce obesity

 Obesity has been linked to a variety of serious chronic illnesses, including diabetes, heart disease, cancer, and arthritis.

Promote smoking cessation

 Cigarette smoking is the leading cause of preventable disease and death in the United States and is the most significant risk factor for chronic lower respiratory disease.

Identify additional support for families who have children with mental, behavioral, or developmental disorders

 Children with these issues would benefit from increased access to mental and behavioral health care; programs that support parents and caregivers; and increased opportunities to learn, play, and socialize. Because children in rural areas with these disorders more often experience financial difficulties, poor parental mental health, and a lack of neighborhood resources, these children may need additional support.

Promote motor vehicle safety

— Rural health care providers should encourage patients to always wear a seat belt and counsel parents and child care providers to use age- and size-appropriate car seats, booster seats, and seat belts on every trip.

Engage in safer prescribing of opioids for pain

— Health care providers should follow the CDC guidelines when prescribing opioids for chronic pain and educate patients on the risks and benefits of opioids and using nonpharmacologic therapies to provide greater benefit.

(Source: CDC, Centers for Disease Control and Prevention, Rural Health, About Rural Health, Updated on August 2, 2017)

Health Care Access: Preventive Medicine

Key Findings

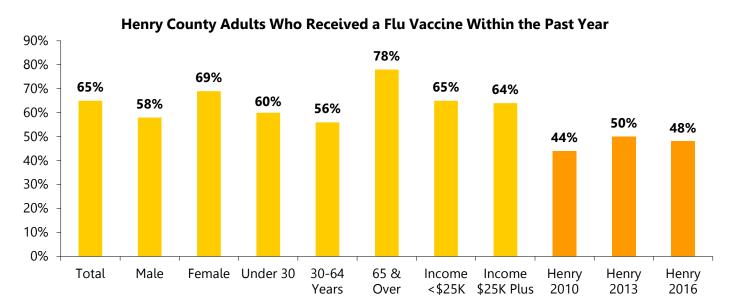
Eighty percent (80%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. Sixty-five percent (65%) of adults had a flu vaccine in the past year.

Preventive Medicine

- Sixty-five percent (65%) of Henry County adults had a flu vaccine during the past 12 months, increasing to 78% of adults ages 65 and over.
- Reasons for not getting a flu vaccine included the following: did not need it (17%), cost (6%), get sick from it (4%), do not believe in vaccines (4%), vaccine was not effective (3%), time (3%), insurance would not pay for it (3%), vaccine was not available (2%), and other reasons (9%).
- Over one-third (36%) of adults had a pneumonia vaccine in their life, increasing to 80% of those ages 65 and over.
- Henry County adults had the following vaccines:
 - MMR in their lifetime (81%)
 - Tetanus booster (including Tdap) in the past 10 years (75%)
 - Hepatitis B in their lifetime (46%)
 - Chicken pox in their lifetime (45%)
 - Hepatitis A in their lifetime (41%)
 - Zoster (shingles) vaccine in their lifetime (20%)
 - Human papillomavirus (HPV) vaccine in their lifetime (20%)

Note: Percentages do not equal 100% because respondents could select more than one option.

The following graph shows the percentage of Henry County adults who received a flu vaccine in the past year. An example of how to interpret the information in the graph includes: 65% of adults received a flu vaccine in the past year, including 78% 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.

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Had a flu shot in the past year (age 65 and older)	N/A	72%	79%	78%	63%	60%
Had a pneumonia vaccine (age 65 and older)	65%	53%	62%	80%	76%	75%
Had a shingles or Zoster vaccination in lifetime	N/A	7%	10%	20%	29%	29%

N/A - Not Available

Healthy People 2020 Immunization and Infectious Diseases (IID)

Objective	Henry County 2019	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	80%	90%
IID-12.7: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated annually against seasonal influenza	78%	90%
IID-14: Increase the percentage of adults who are vaccinated against zoster (shingles)	20%	30%

Note: U.S. baseline is age-adjusted to the 2000 population standard (Sources: Healthy People 2020 Objectives, 2019 Henry County Health Assessment)

Preventive Health Screenings and Exams

Fifty-seven percent (57%) of adults ages 50 and over had a colonoscopy in the past five years. Thirty-nine percent (39%) of adults ages 50 and over had a stool test, 8% had a flexible sigmoidoscopy, and 8% had a CT colonoscopy within the past five years.

Henry County Adults Ages 50 and Over Colon Cancer Screenings

Tierry County Adults Ages 30 and Over Colon Cancer Screenlings						
	Stool Test	Colonoscopy	Flexible Sigmoidoscopy	CT Colonoscopy (Virtual Colonoscopy)		
Tested this year	12%	9%	0%	1%		
Tested within the last 1 to 3 years	22%	28%	6%	5%		
Tested within the last 3 to 5 years	5%	20%	2%	2%		
Tested within the last 5 to 10 years	9%	19%	6%	6%		
Tested more than 10 years ago	6%	5%	11%	2%		
Never tested	36%	19%	64%	71%		
Not sure	10%	1%	12%	14%		

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.

- In the past two years, Henry County adults reported getting the following checked: vision (80%), hearing (31%), skin (24%), and bone density (12%).
- Henry County adults indicated a doctor or health professional talked to them about the following topics in the past year: family history (51%), immunizations (44%), weight control (41%), safe use of prescription pain medication (34%); depression, anxiety, or emotional problems (29%); tobacco use (16%), family planning (16%), alcohol use (15%), alternative pain therapy (15%), falls (12%), bone density (12%), prostate-specific antigen (PSA) test (12%), injury prevention (13%), safe use of opiate based pain medication (8%); self-testicular exams (7%), genetic testing (7%), firearm safety (6%), sexually transmitted diseases (STDs) (6%), illicit drug abuse (5%), and domestic violence (1%). Note: Percentages do not equal 100% because respondents could select more than one option.

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

	Total	Total	Total
Health Care Topics	2013	2016	2018
Family History	N/A	N/A	51%
Immunizations	34%	33%	44%
Weight Control	38%	36%	41%
Safe Use of Prescription Medication	N/A	22%	34%
Depression, Anxiety, or Emotional Problems	17%	19%	29%
Family Planning	N/A	N/A	16%
Tobacco Use	N/A	N/A	16%
Alcohol Use	7%	9%	15%
Alternative pain therapy	N/A	9%	15%
Injury Prevention Such as Safety Belt Use, Helmet Use, or Smoke Detectors	9%	9%	13%
Prostate-Specific Antigen (PSA) Test	N/A	N/A	12%
Bone Density	N/A	N/A	12%
Falls	N/A	N/A	12%
Safe Use of Opiate-Based Pain Medication	N/A	10%	8%
Self-Testicular Exams	N/A	N/A	7%
Genetic Testing	N/A	N/A	7%
Firearm Safety	N/A	N/A	6%
Sexually Transmitted Disease (STDs)	N/A	N/A	6%
Illicit Drug Abuse	2%	4%	5%
Domestic Violence	3%	4%	1%

N/A - Not Available

Health Care Access: Women's Health

Key Findings

Over half (54%) of Henry County women over the age of 40 reported having a mammogram in the past year. Nearly three-fifths (59%) of women had a clinical breast exam in the past year and, 65% of women ages 21 to 65 had a Pap smear to detect cancer of the cervix in the past three years. Sixtynine percent (69%) of Henry County women were overweight or obese, 26% had high blood cholesterol, 26% had high blood pressure, and 8% were identified as current smokers, known risk factors for cardiovascular diseases.

Women's Health Screenings

- Fifty-seven percent (57%) of women had a mammogram at some time in their life, and 36% had this screening in the past year.
- Over half (54%) of women ages 40 and over had a mammogram in the past year, and 70% had one in the past two years.
- Nine out of ten (90%) Henry County women had a clinical breast exam at some time in their life, and 59% had one within the past year. Sixty-seven percent (67%) of women ages 40 and over had a clinical breast exam in the past two years.

Leading Causes of Death, 2015 – 2017 Total female deaths: 437

Henry County Female

- 1. Heart Disease (26% of all deaths)
- 2. Cancer (18%)
- 3. Stroke (7%)
- 4. Chronic Lower Respiratory Diseases (7%)
- 5. Accidents, Unintentional Injuries (5%)

(Source: Ohio Public Health Data Warehouse, 2015-2017)

Ohio Female **Leading Causes of Death, 2015–2017**

Total Female Deaths: 180,539

- 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, 2015-2017)

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Had a clinical breast exam in the past two years (age 40 and over)	N/A	78%	76%	67%	N/A	N/A
Had a mammogram in the past two years (age 40 and over)	N/A	80%	80%	70%	74%*	72%*
Had a Pap smear in the past three years (age 21-65)	N/A	76%‡	67%‡	65%	82%*	80%*

Ninety percent (90%) of Henry County women had a Pap smear some time in their life, and 41% reported having had the exam in the past year. Sixty-five percent (65%) of women ages 21 to 65 had a Pap smear in the

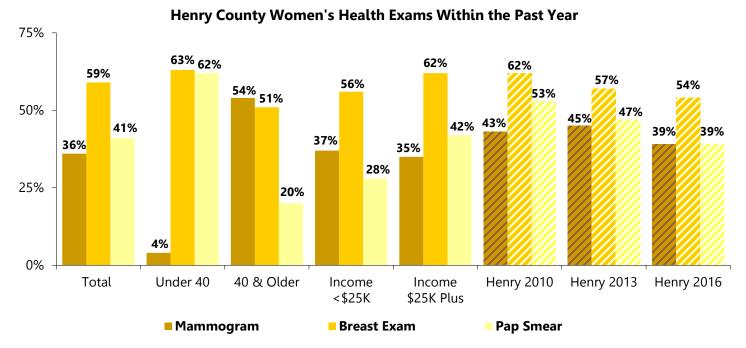
N/A-Not Available

past three years.

*2016 BRFSS

‡Pap smear was reported for women ages 19 and over

The following graph shows the percentage of Henry County females who had various health exams in the past year. An example of how to interpret the information shown on the graph includes: 36% of Henry County females had a mammogram within the past year, 59% had a clinical breast exam, and 41% 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.

Pregnancy

- Twenty-six percent (26%) of Henry County women had been pregnant in the past 5 years.
- During their last pregnancy within the past 5 years, women did the following: had a prenatal appointment in the first 3 months (74%), took a multi-vitamin with folic acid (73%), had a dental exam (52%), and received WIC services (7%).

Women's Health Concerns

- Women used the following as their usual source of services for female health concerns: private gynecologist (44%); general or family physician (42%); health department clinic (2%); multiple places, including a private gynecologist or general/family physician (2%); and a family planning clinic (1%)
- Nine percent (9%) indicated they did not have a usual source of services for female health concerns.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Henry County, the 2019 health assessment has identified that:
 - 69% of women were overweight or obese (2017 BRFSS reports 64% for Ohio and 2016 BRFSS reports 59% for U.S.)
 - 26% of women were diagnosed with high blood cholesterol (2017 BRFSS reports 33% for Ohio 2016 BRFSS reports 35% for U.S.)
 - 26% of women were diagnosed with high blood pressure (2017 BRFSS reports 33% for Ohio 2016 BRFSS reports 30% for U.S.)
 - 10% of women had been diagnosed with diabetes (2017 BRFSS reports 11% for Ohio and 2016 BRFSS reports 11% for U.S.)
 - 8% of women were current smokers (2017 BRFSS reports 20% for Ohio 2016 BRFSS reports 14% for U.S.)

Health Care Access: Men's Health

Key Findings

In 2019, 76% of Henry County males were overweight or obese. Males were less likely to have been diagnosed with arthritis than females (31% compared to 35%).

Men's Health Concerns

- Fifty-two percent (52%) of Henry County males rated their health as excellent or very good, compared to 57% of females.
- Males were <u>less</u> likely to have been diagnosed with:
 - Arthritis (31% compared to 35% of females).
- Males were <u>more</u> likely to have been diagnosed with:
 - High blood cholesterol (41% compared to 26% of females).
 - High blood pressure (41% compared to 26% of females).
- Henry County males and females were <u>equally</u> as likely to have been:
 - Diagnosed with diabetes (10%).
- Henry County males were <u>less</u> likely to:
 - Have been to the dentist in the past year (72% compared to 74% of females).
 - Be uninsured (1% compared to 7% of females).
- Henry County males were more likely to:
 - Be considered overweight or obese (76% compared to 69% of females).
 - Be a current smoker (13% compared to 8% of females).
 - Have consumed alcohol in the past 30 days (65% compared to 64% of females).
 - Have had more than one sexual partner in the past year (3% compared to 1% of females).
 - Have had a routine check-up in the past year (74% compared to 69% of females).
- From 2015 to 2017, major cardiovascular diseases (heart disease and stroke) accounted for 26% of all male deaths in Henry County (Source: Ohio Public Health Data Warehouse, 2015-2017).
- The leading cause of cancer death from 2015 to 2017 for males in both Henry County and Ohio was lung cancer (Source: Ohio Public Health Data Warehouse, 2015-2017).

Henry County Male Leading Causes of Death, 2015 – 2017

Total male deaths: 438

- 1. Heart Diseases (23% of all deaths)
- 2. Cancers (22%)
- 3. Accidents, Unintentional Injuries (8%)
- 4. Chronic Lower Respiratory Diseases (5%)
- 5. Alzheimer's disease (4%)

(Source: Ohio Public Health Data Warehouse, 2015-2017)

Ohio Male Leading Causes of Death, 2015–2017

Total Male Deaths: 180,695

- 1. Heart Diseases (24% of all deaths)
- 2. Cancers (22%)
- 3. Accidents, Unintentional Injuries (8%)
- 4. Chronic Lower Respiratory Diseases (6%)
- 5. Stroke (4%)

(Source: Ohio Public Health Data Warehouse, 2015-2017)

Health Care Access: Oral Health

Key Findings

Seventy-three percent (73%) of Henry County adults had visited a dentist or dental clinic in the past year. The top three reasons adults gave for not visiting a dentist or dental clinic in the past year were cost (40%); no reason to go/had not thought of it (14%); and fear, apprehension, nervousness, pain and dislike going (13%).

Oral Health

- In the past year, 73% of Henry County adults had visited a dentist or dental clinic.
- Henry County adults reported the following reasons for not visiting a dentist or dental clinic in the past year:
 - Cost (40%)
 - No reason to go/had not thought of it (14%)
 - Fear, apprehension, nervousness, pain, and dislike going (13%)
 - Multiple reasons (9%)
 - Have dentures (7%)
 - Transportation (3%)
 - Dentist did not accept their medical coverage (2%)
 - Did not have or know a dentist (1%)
 - Could not get into a dentist (1%)
- Adults reported experiencing the following oral health issues:
 - Oral bleeding (5%)
 - No teeth (3%)
 - Difficulty eating/chewing (3%)
 - Oral pain (3%)
 - Loose teeth (3%)
 - Skipped meals due to pain (1%)
 - Problems with dentures (1%)
 - Missed work due to oral pain (<1%)

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016		Ohio 2017	U.S. 2017
Visited a dentist or dental clinic (within the past year)	69%	72%	69%	73%	68%*	66%*

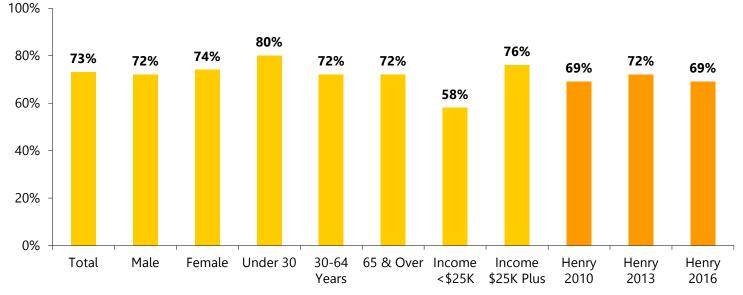
^{*2016} BRFSS

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	72%	7%	9%	8%	0%	
Females	74%	8%	8%	8%	0%	
Total	73%	8%	9%	8%	0%	

^{*}Totals may not equal 100% as some respondents answered, "Don't know."

The following graph shows the percentage of Henry County adults who had visited a dentist or dental clinic in the past year. An example of how to interpret the information on the graph includes: 73% of adults had been to the dentist or dental clinic in the past year, including 80% of those under the age of 30 and 58% 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

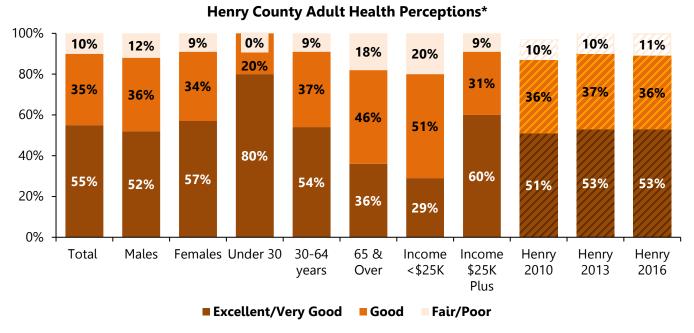
Key Findings

Over half (55%) of Henry County adults rated their health status as excellent or very good. Conversely, 10% of adults described their health as fair or poor, increasing to 20% of those with incomes less than \$25,000.

General Health Status

- Over half (55%) of Henry County adults rated their health as excellent or very good. Henry County adults with higher incomes (60%) were most likely to rate their health as excellent or very good, compared to 29% of those with incomes less than \$25,000.
- Ten percent (10%) of adults rated their health as fair or poor.
- Henry County adults were most likely to rate their health as fair or poor if they:
 - Had high blood pressure (70%) or high blood cholesterol (58%)
 - Had been diagnosed with diabetes (36%)
 - Had an annual household income under \$25,000 (20%)
 - Were widowed (11%)
- Almost one-guarter (23%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation in the past month.

The following graph shows the percentage of Henry 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: 55% of all Henry County adults, 57% of females, and 36% of those ages 65 and older rated their health as excellent or very good.



*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.

Physical Health Status

- Nearly one-fifth (18%) of Henry County adults rated their physical health as not good on 4 or more days in the previous month.
- Henry County adults reported their physical health as not good on an average of 2.6 days in the previous month.
- Henry County adults were most likely to rate their physical health as not good if they:
 - Were 65 years of age or older (25%)
 - Had an annual household income less than \$25,000 (22%)
 - Were male (19%)

Mental Health Status

- Nineteen percent (19%) of Henry County adults rated their mental health as not good on 4 or more days in the previous month.
- Henry County adults reported their mental health as not good on an average of 3.2 days in the previous month.
- Henry County adults were most likely to rate their mental health as not good if they:
 - Were female (25%)
 - Had an annual household income less than \$25,000 (24%)
 - Were under the age of 30 (20%)

The table shows the percentage of adults with poor physical and mental health in the past 30 days.

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days				
Physical Health Not Good in Past 30 Days*									
Males	57%	9%	6%	3%	10%				
Females	50%	20%	6%	5%	7%				
Total	52%	15%	6%	4%	8%				
	Mental H	Health Not God	od in Past 30 D	ays*					
Males	62%	14%	3%	2%	7%				
Females	44%	16%	7%	0%	18%				
Total	51%	15%	5%	1%	13%				

^{*}Totals may not equal 100% as some respondents answered, "Don't know."

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Rated general health as excellent or very good	54%	53%	53%	55%	49%	51%
Rated general health as fair or poor	10%	10%	11%	10%	19%	18%
Rated physical health as not good on four or more days (in the past 30 days)	17%	18%	19%	18%	23%	22%
Average number of days that physical health not good (in the past 30 days)	N/A	3.2	3.6	2.6	4.0 [¥]	3.7 [¥]
Rated mental health as not good on four or more days (in the past 30 days)	19%	19%	21%	19%	26%	24%
Average number of days that mental health not good (in the past 30 days)	N/A	3.1	3.2	3.2	4.3 [¥]	3.8 [¥]
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)	N/A	22%	21%	23%	24%	23%
Average days that poor physical or mental health kept them from doing their usual activities such as self-care, work, or recreation (on at least one day during the past 30 days)	N/A	2.3	2.2	2.0	N/A	N/A

N/A-Not Available
*2016 BRFSS data as compiled by 2019 County Health Rankings

Health Behaviors: Adult Weight Status

Key Findings

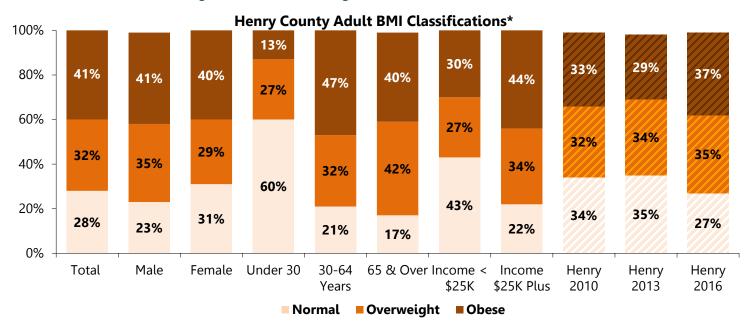
Almost three-fourths (73%) of Henry County adults were overweight or obese based on body mass index (BMI). About one-fifth (21%) of adults did not participate in any physical activity in the past week, including 4% who were unable to exercise.

8,502 Henry County adults were obese.

Adult Weight Status

- Almost three-fourths (73%) of Henry County adults were either overweight (32%) or obese (41%) by body mass index (BMI), putting them at elevated risk for developing a variety of preventable diseases.
- Henry County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (44%); drank more water (40%); exercised (35%); ate a low-carb diet (12%); used a weight loss program (3%); took prescribed medications (3%); took diet pills, powders or liquids without a doctor's advice (1%); went without eating 24 or more hours (1%); took laxatives (1%); health coaching (1%); participated in a prescribed dietary or fitness program (<1%); and smoked cigarettes (<1%).

The following graph shows the percentage of Henry County adults who were normal weight, overweight or obese by body mass index (BMI). An example of how to interpret the information includes: 28% of all adults were classified as normal weight, 32% were overweight, and 41% 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.

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Obese	33%	29%	37%	41%	34%	32%
Overweight	32%	34%	35%	32%	34%	35%

Nutrition

The table below indicates the number of servings of fruit, vegetables, sugar-sweetened beverages, and caffeinated beverages Henry County adults consumed daily.

	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruit	4%	13%	71%	12%
Vegetables	3%	13%	77%	7%
Sugar-sweetened beverages	1%	6%	38%	55%
Caffeinated beverages	11%	17%	46%	26%

- In 2019, 36% of adults ate 1 to 2 servings of fruits and vegetables per day, 39% ate 3 to 4 servings per day, and 22% ate 5 or more servings per day. Three percent (3%) of adults ate no servings of fruits and vegetables per day.
- Henry County adults reported the following reasons they chose the types of food they ate:

— Taste/enjoyment (74%)

Healthiness of food (55%)

Cost (50%)

— Ease of preparation/time (46%)

— Food they were used to (45%)

What their family prefers (41%)

Availability (30%)

Calorie content (29%)

Nutritional content (26%)

— Artificial sweetener content (7%)

— If it was gluten free (6%)

— Health care provider's advice (6%)

— If it was genetically modified (5%)

If it was lactose free (3%)

— If it was organic (3%)

Availability of food at the food pantry (2%)

Other food sensitivities (2%)

Limitations due to dental issues (1%)

Limitations set by WIC (1%)

— Other reasons (1%)

Adults reported the following barriers to consuming fruits and vegetables: too expensive (9%), did not like the taste (6%), did not know how to prepare (3%), no access (2%), transportation (1%), no variety (1%), and other barriers (1%).

Physical Activity

- Fifty-eight percent (58%) of adults engaged in some type of physical activity or exercise for at least 30 minutes three or more days per week, and 32% of adults exercised 5 or more days per week. Over one-fifth (21%) of adults did not participate in any physical activity in the past week, including 4% who were unable to exercise.
- Henry County adults spent an average of 2.5 hours watching TV, 1.3 hours on their cell phone, 0.8 hours on the computer (outside of work), and 0.1 hours playing video games on an average day of the week.

- Adults reported the following reasons for not exercising:
 - Time (29%)
 - Weather (23%)
 - Too tired (23%)
 - Laziness (18%)
 - Pain or discomfort (14%)
 - Chose not to exercise (11%)
 - No exercise partner (4%)
 - Could not afford a gym membership (3%)
 - Poorly maintained/no sidewalks (3%)
 - No child care (3%)

- Lack of opportunities for those with physical impairments or challenges (3%)
- Doctor advised them not to exercise (2%)
- Did not know what activity to do (2%)
- No gym available (1%)
- No walking, biking trails, or parks (1%)
- Neighborhood safety (1%)
- No transportation to a gym or other exercise opportunity (<1%)

Employee Wellness

- Henry County adults had access to wellness programs through their employer or spouse's employer with the following features:
 - Gift cards or cash for participation in wellness program (17%)
 - Free/discounted gym membership (17%)
 - Health risk assessment (13%)
 - On-site health screenings (12%)
 - Lower insurance premiums for participation in wellness program (10%)
 - On-site fitness facility (8%)
 - Healthier food options in vending machines or cafeteria (8%)
 - Lower insurance premiums for positive changes in health status (7%)
 - Free/discounted smoking cessation program (5%)
 - Free/discounted weight loss program (5%)
 - Gift cards or cash for positive changes in health status (4%)
 - On-site health education classes (3%)
- One-quarter (25%) of adults did not have access to any wellness programs.

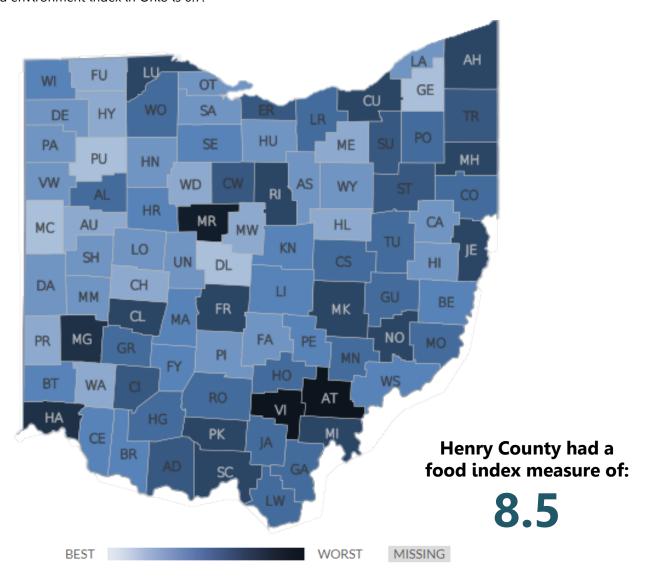
American Cancer Society (ACS) Guidelines on Nutrition and Physical Activity

- 1. Achieve and maintain a healthy weight throughout life
 - Be as lean as possible throughout life without being underweight and aim for a BMI between 18.5 and 24.9.
 - Avoid excess weight gain at all ages. For those who are overweight or obese, losing even a small amount of weight has health benefits and is a good place to start.
 - Get regular physical activity and limit intake of high calorie foods and drinks as keys to help maintain a healthy weight.
- 2. Be physically active
 - Get at least 150 minutes of moderate intensity or 75 minutes of vigorous intensity activity each week (or a combination of these), preferably spread throughout the week.
 - Doing some physical activity above usual activities, no matter what one's level of activity, can have many health benefits.
- 3. Eat a healthy diet, with an emphasis on plant foods
 - Choose foods and drinks in amounts that help you get to and maintain a healthy weight.
 - Limit how much processed meat and red meat you eat.
 - Eat at least 2½ cups of vegetables and fruits each day.
 - Choose whole grains instead of refined grain products.

(Source: American Cancer Society, ACS Guidelines on Nutrition and Physical Activity, Updated on April 13, 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 Henry County is 8.5.
- The food environment index in Ohio is 6.7.



(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2019)

Health Behaviors: Adult Tobacco Use

Key Findings

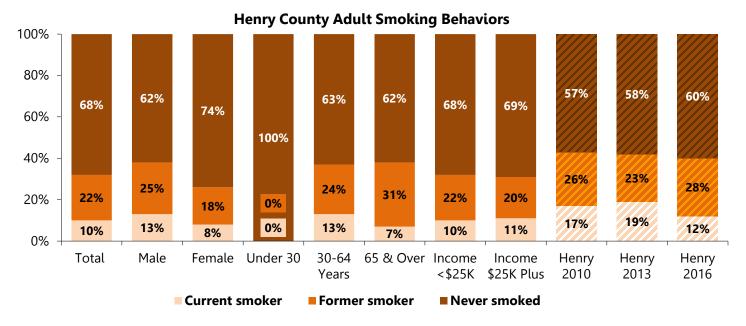
Ten percent (10%) of Henry County adults were current smokers, and 22% were considered former smokers. Two percent (2%) of adults used an e-cigarette or other electronic vaping product in the past year. Thirty percent (30%) of adults did not know if e-cigarette vapor was harmful.

2,074 Henry County adults were current smokers.

Adult Tobacco Use

- Ten percent (10%) of Henry County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- Nearly one-quarter (22%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- Henry County adult smokers were more likely to have:
 - Rated their overall health as poor (24%)
 - Been divorced (14%)
 - Been ages 30 to 64 (13%)
- Sixty-three percent (63%) of current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to guit smoking.

The following graph shows the percentage of Henry County adults' smoking behaviors. An example of how to interpret the information includes: 10% of all adults were current smokers, 22% were former smokers, and 68% 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.

- Henry County adults used the following tobacco products in the past year: cigarettes (14%); cigarillos (4%); chewing tobacco, snuff, or snus, (3%); e-cigarettes or other electronic vaping products (2%); cigars (2%); little cigars (2%); pipes (1%); and hookah (1%).
- Adults that had used e-cigarettes/vapes in the past 12 months reported putting the following in them:
 - E-liquid or e-juice with nicotine (4%)
 - E-liquid or e-juice without nicotine (3%)
 - Marijuana or THC in the e-liquid (1%)
 - Homemade e-liquid or e-juice (0%)
- Henry County adults had the following rules/practices about smoking in their home: never allowed (67%), not allowed when children are present (11%), allowed anywhere (6%), and allowed in certain rooms (3%).
- Henry County adults had the following rules/practices about smoking in their car: never allowed (80%), not allowed when children are present (6%), allowed anywhere (6%), and allowed with windows open (3%).
- Over three-fifths (64%) of adults believed e-cigarette vapor was harmful to themselves, and 56% believed it was harmful to others. Five percent (5%) of adults did not believe e-cigarette vapor was harmful to anyone. Almost one-third (30%) of adults did not know if e-cigarette vapor was harmful.

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Current smoker (currently smoke some or all days)	17%	19%	12%	10%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	26%	23%	28%	22%	24%	25%
Tried to quit smoking (on at least one day in the past year)	53%	48%	50%	63%	N/A	N/A

N/A – Not Available

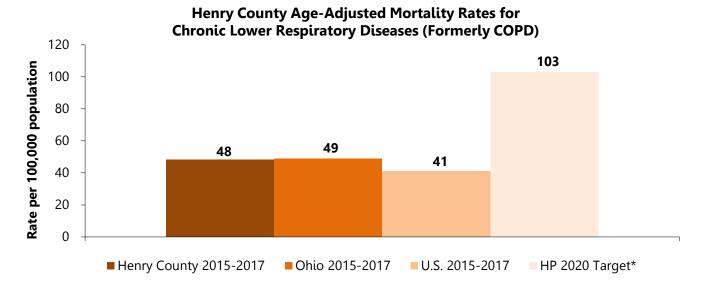
E-Cigarette Health Effects

- Most e-cigarettes contain nicotine, which has known health effects.
 - Nicotine is highly addictive.
 - Nicotine is toxic to developing fetuses.
 - Nicotine can harm adolescent brain development, which continues into the early-to-mid-20s.
 - Nicotine is a health danger for pregnant women and their developing babies.
- Besides nicotine, e-cigarette aerosol can contain substances that harm the body.
 - This includes cancer-causing chemicals and tiny particles that reach deep into lungs. However, ecigarette aerosol generally contains fewer harmful chemicals than smoke from burned tobacco products.
- E-cigarettes can cause unintended injuries.
 - Defective e-cigarette batteries have caused fires and explosions, some of which have resulted in serious injuries. Most explosions happened when the e-cigarette batteries were being charged.
 - The Food and Drug Administration (FDA) collects data to help address this issue.
 - In addition, acute nicotine exposure can be toxic. Children and adults have been poisoned by swallowing, breathing, or absorbing e-cigarette liquid through their skin or eyes.

(Source: CDC, Smoking & Tobacco Use, About Electronic Cigarettes (E-Cigarettes), updated November 29, 2018)

The following graph shows Henry County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for chronic lower respiratory diseases (formerly COPD). The graph shows:

From 2015 to 2017, Henry County's age-adjusted mortality rate for chronic lower respiratory disease was lower than the Ohio and HP 2020 target objective rate, but slightly higher than the U.S. rate.



((Sources: Ohio Public Health Data Warehouse, 2015-2017, CDC Wonder, 2015-2017 and Healthy People 2020) *Healthy People 2020's target rate and the U.S. rate is for adults aged 45 years and older.

Smoking and COPD

- Chronic obstructive pulmonary disease (COPD) refers to a group of diseases that cause airflow blockage and breathing-related problems. COPD includes emphysema and chronic bronchitis.
- COPD is usually caused by cigarette smoking, though long-term exposure to other lung irritants, like secondhand smoke, can also contribute to COPD. As many as 1 out of 4 Americans with COPD never smoked cigarettes. However, smoking accounts for as many as 8 out of 10 COPD-related deaths and 38% of the nearly 16 million U.S. adults diagnosed with COPD report being current smokers.
- The best way to prevent COPD is to never start smoking, and if you do smoke, to quit. Also, stay away from secondhand smoke, which is smoke from burning tobacco products, such as cigarettes, cigars, hookah, or pipes. Secondhand smoke also is smoke that has been exhaled, or breathed out, by a person smoking, or that comes from the end of a lit tobacco product.

(Source: Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, April 1, 2019)

Health Behaviors: Adult Alcohol Consumption

Key Findings

Over three-fifths (64%) of Henry County adults had at least one alcoholic drink in the past month and would be considered current drinkers. Over one-quarter (27%) of all 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.

13,271 of adults had at least one alcoholic drink in the past month

Adult Alcohol Consumption

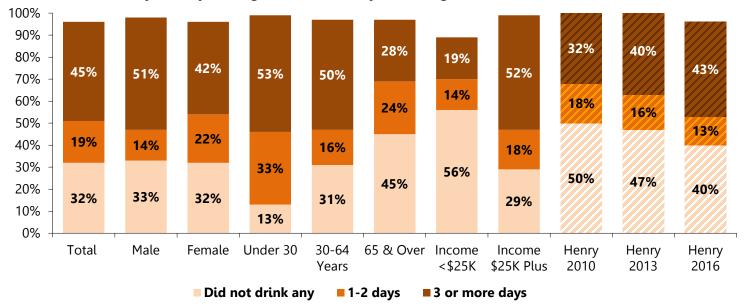
- Over three-fifths (64%) of Henry County adults had at least one alcoholic drink in the past month, increasing to 70% those with incomes more than \$25,000.
- Of those who drank, Henry County adults drank 2.8 drinks on average.
- Over one-guarter (27%) of Henry County adults reported they had five or 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. Of those who drank in the past month, 46% had at least one episode of binge drinking.
- In the past month, adults reported driving the following motor vehicles after having two or more drinks: motor vehicle (22%), golf cart (2%), snowmobile (1%), farm machinery (1%), and other (1%).
- Henry County adults reported the following reasons for drinking alcohol:
 - Taste or enjoyment (43%)
 - Social events (26%)
 - Helps them relax or relieve stress (26%)
 - It is normal or part of the culture (14%)
 - Social expectations (7%)
 - They like the way it makes them feel (5%)
 - Their parents drank alcohol (4%)
 - Not much else to do (2%)
 - Other reasons (4%)

Note: percentages do not equal 100% because respondents could select more than one option.

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2015	Henry County 2019	Ohio 2017	U.S. 2017
Current drinker (drank alcohol at least once in the past month)	50%	56%	56%	64%	54%	55%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	19%	19%	25%	27%	19%	17%

The following graphs show the percentage of Henry 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 includes: 32% of all adults did not drink alcohol in the past month, including 33% of males and 32% of females.

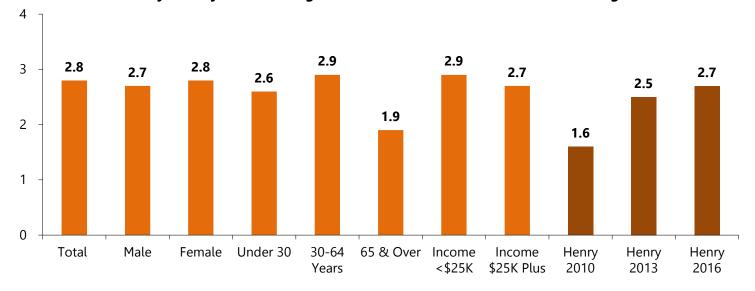
Henry County Average Number of Days Drinking Alcohol in the Past Month*



*Percentages may not equal 100% as some respondents answered, "Don't Know."

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.

Henry County Adult Average Number of Drinks Consumed Per Drinking Occasion



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 loses 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 four or more drinks per occasion for women or five 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, Excessive Drinking is Draining the U.S. Economy, updated July 13, 2018)

Health Behaviors: Adult Drug Use

Key Findings

Two percent (2%) of Henry County adults had used recreational marijuana or hashish during the past 6 months. Three percent (3%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Adult Prescription Drug Misuse

- Three percent (3%) of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months.
- Adults who misused prescription medication obtained their medication from the following: primary care physician (82%), bought from a drug dealer (8%), from multiple doctors/health care providers (8%), and free from friend or family member (8%).
- Henry County adults indicated they did the following with their unused prescription medication:

— Threw it in the trash (20%)

— Took all medication as prescribed (18%)

— Kept it (14%)

— Took it to the Medication Collection Program (14%)

— Took it to the sheriff's office (9%)

Flushed it down the toilet (7%)

— Took it in on National Drug Take Back Days (5%)

— Kept in a locked cabinet (4%)

— Took it to the police station (4%)

— Traded it (1%)

Used drug deactivation pouches (Deterra) (1%)

— Used a mailer to ship it back to the pharmacy (1%)

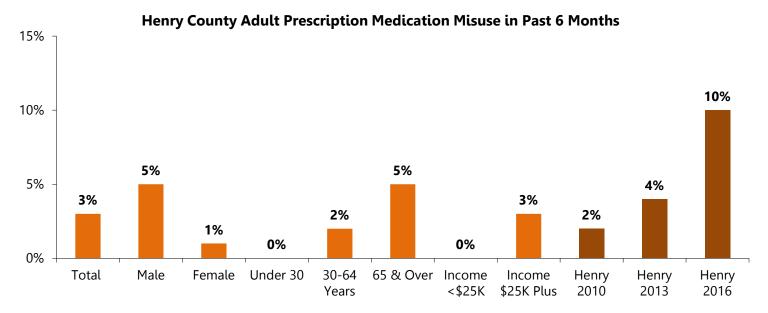
— Gave it away (1%)

— Sold it (<1%)</p>

— Other (1%)

Forty-one percent (41%) of adults did not have unused medication.

The following graph shows adult medication misuse in the past 6 months. An example of how to interpret the information in the graph includes: 3% of adults used misused medication in the past 6 months.



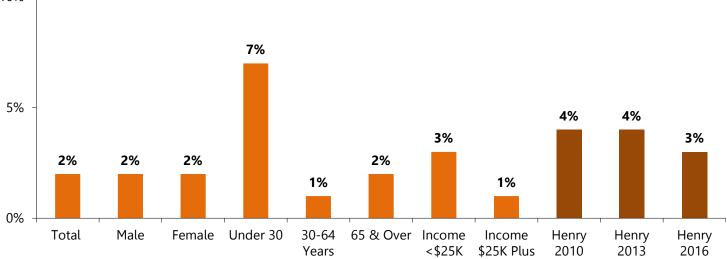
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Marijuana and Other Drug Use

- Two percent (2%) of Henry County adults had used recreational marijuana or hashish in the past 6 months.
- Four percent (4%) of Henry County adults reported using other recreational drugs in the past 6 months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- Less than one percent (<1%) of adults used a program or service to help with an alcohol or drug problem for themselves or a loved one. Reasons for not seeking such a program included the following:
 - Had not thought of it (1%)
 - Transportation (1%)
 - Fear (1%)
 - Could not afford to go (1%)
 - Stigma of seeking drug services (<1%)
 - Other (4%)
- Ninety-eight percent (98%) of adults indicated such a program was not needed.
- As a result of using drugs, adults reported that they or a family member had regularly failed a drug screen (2%), were placed in dangerous situations (1%), had legal problems (1%), and failed to fulfill obligations at work or home (<1%). Four percent (4%) did not know.

The following graph shows adult recreational marijuana or hashish use in the past 6 months. An example of how to interpret the information in the graph includes: 2% of Henry County adults used recreational marijuana or hashish in the past 6 months, including 7% of those under the age of 30.

Henry County Adult Recreational Marijuana or Hashish Use in Past 6 Months 10%

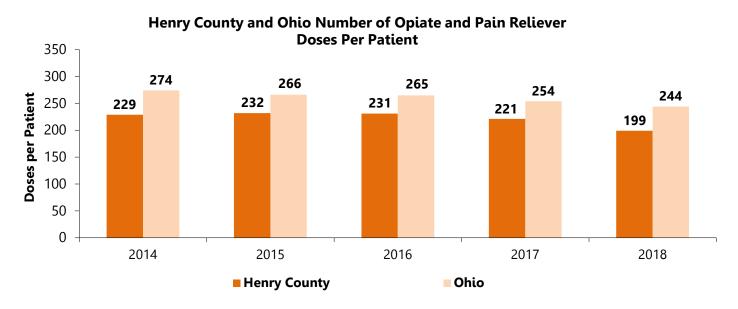


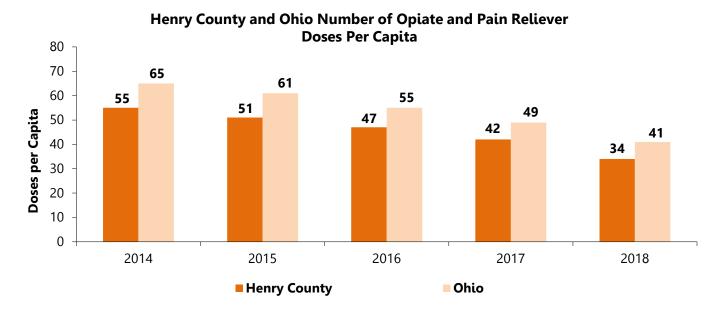
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Adults who used recreational marijuana or hashish in the past 6 months	4%	4%	3%	2%	N/A	N/A
Adults who used recreational drugs in the past 6 months	1%	1%	1%	4%	N/A	N/A
Adults who misused prescription medication in the past 6 months	2%	4%	10%	3%	N/A	N/A

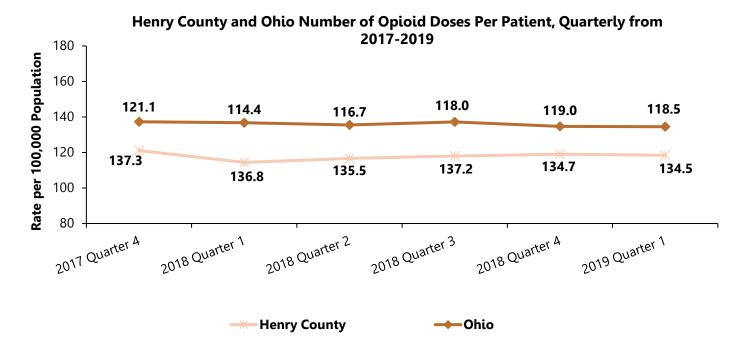
N/A - Not Available

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

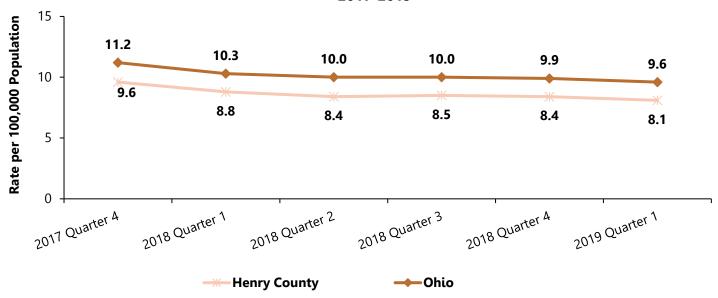




(Source: Ohio's Automated Rx Reporting System, 2014-2018, retrieved on 6/27/19)

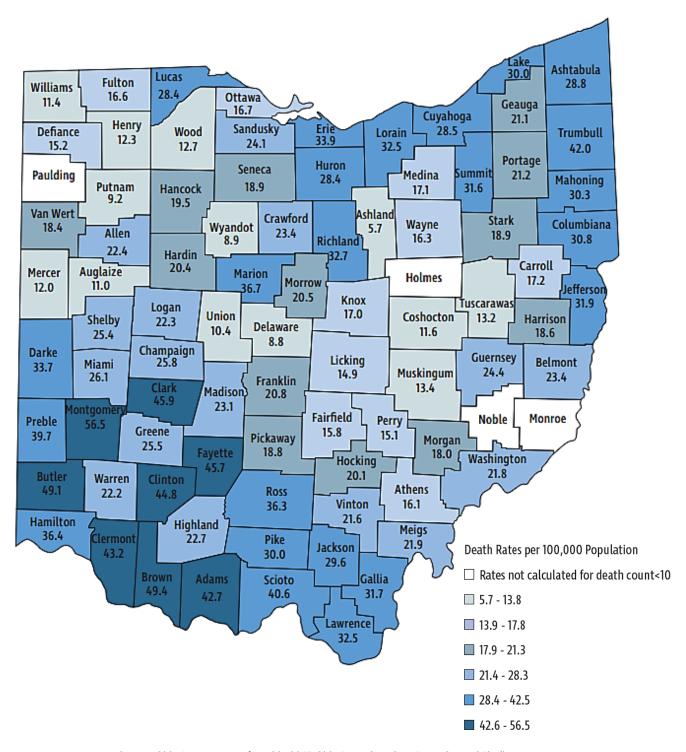


Henry County and Ohio Number of Opioid Doses Per Capita, Quarterly from 2017-2019



(Source for graphs: Ohio's Automated Rx Reporting System, 2017-2019, retrieved on 6/27/19)

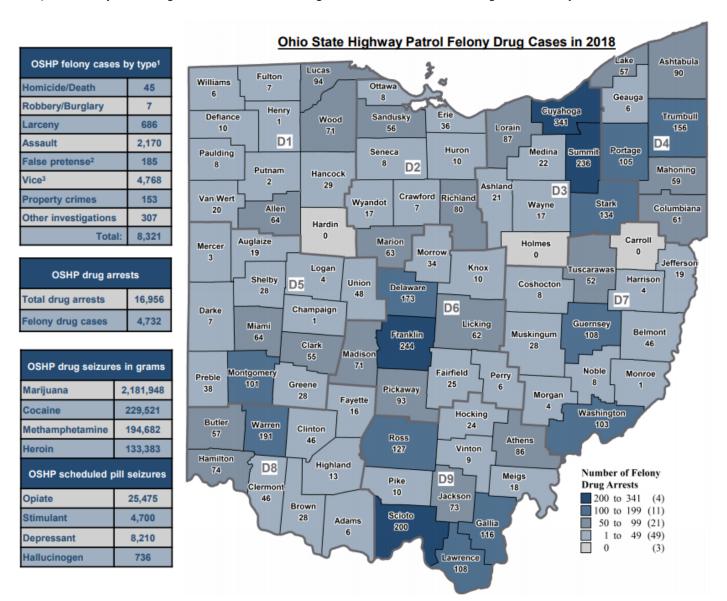
The following map illustrates the average age-adjusted unintentional drug overdose death rate per 100,000 population, by county, from 2012-2017.



(Source: Ohio Department of Health, 2017 Ohio Drug Overdose Data: General Findings)

Felony Cases and Drug Arrests January – June 2018

- Ohio State Highway Patrol (OSHP) investigated a wide range of felony offenses in 2018 including homicide/death (45), robbery/burglary (7), larceny (686), assault (2,170), false pretense (185), vice (4,768), property crimes (153), and various other types of felony offenses (307).
- OSHP Troopers made 16,956 total drug arrests in 2018 a 2% increase from 2017 and a 20% rise over the previous 3-year average (2015-2017). Total drug arrests in 2018 were 76% higher than they were in 2013.



(Source: Ohio State Highway Patrol, Felony Cases and Drug Arrests, January – June 2018)

Health Behaviors: Adult Sexual Behavior

Key Findings

Nearly three-fourths (71%) of Henry County adults had sexual intercourse in the past year. Two percent (2%) of adults had more than one sexual partner in the past year.

Adult Sexual Behavior

- Seventy-one percent (71%) of Henry County adults had sexual intercourse in the past year. Two percent (2%) of adults reported they had intercourse with more than one partner in the past year.
- Henry County adults used the following methods of birth control:

They or their partner were too old (20%)
 Abstinence (2%)

Vasectomy (15%)
 Tubes tied (11%)
 IUD (2%)
 Shots (2%)

Birth control pill (10%)
 Hysterectomy (7%)
 Ovaries or testicles removed (1%)
 Copper-bearing IUD (1%)

— Infertility (5%)
 — Diaphragm, cervical cap, sponge (1%)

Withdrawal (4%)
 Contraceptive ring (3%)
 Rhythm method (1%)
 Contraceptive patch (<1%)

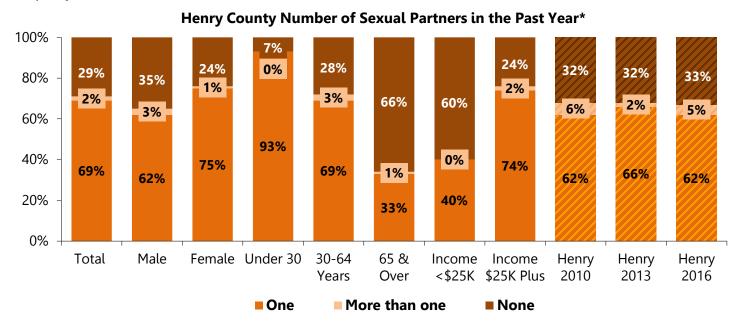
Condoms (3%)

- Eight percent (8%) of adults reported they and their partners were trying to get pregnant, and 3% were currently pregnant.
- Six percent (6%) of Henry County adults were not using any method of birth control.
- The following situations applied to Henry County adults:
 - Had sex without a condom in the past year (32%)
 - Tested positive for HPV (4%)
 - Had anal sex without a condom in the past year (3%)
 - Have been treated for a sexually transmitted disease (STD) in the past year (3%)
 - Engaged in sexual activity following alcohol or other drug that they would not have done if sober (3%)
 - Were forced to have sex (2%)
 - Had sex with someone they met on social media (1%)
 - Had four or more sexual partners in the past year (1%)
 - Had sex with someone they did not know (1%)
 - Had sexual activity with someone of the same gender (1%)
 - Injected any drug other than those prescribed in the past year (1%)
 - Tested positive for HIV (1%)
 - Tested positive for Hepatitis C (1%)
- Eight percent (8%) of adults had ever been forced or coerced to have any unwanted sexual activity and did not report it.
- Adults did not report their sexual assault for the following reasons: they were in a relationship with the offender (45%), they feared the offender (22%), fear (15%), they did not know how (7%), stigma (4%), and other reasons (26%).

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Had more than one sexual partner in past year	6%	2%	5%	2%	N/A	N/A

N/A – Not Available

The following graph shows the number of sexual partners Henry County adults had in the past year. An example of how to interpret the information in the graph includes: 69% of all Henry County adults had one sexual partner in the last 12 months, and 2% had more than one; 3% of males had more than one partner in the past year.



*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.

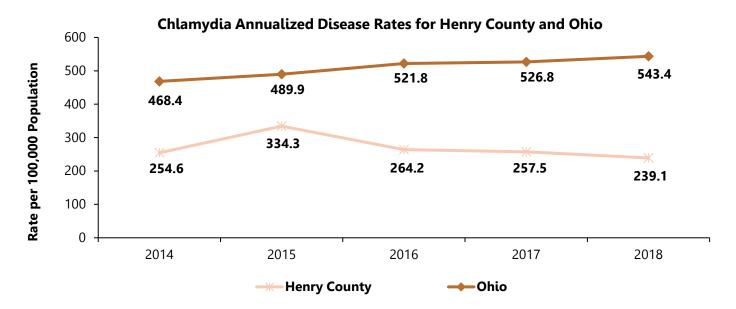
Sexual Violence Prevention

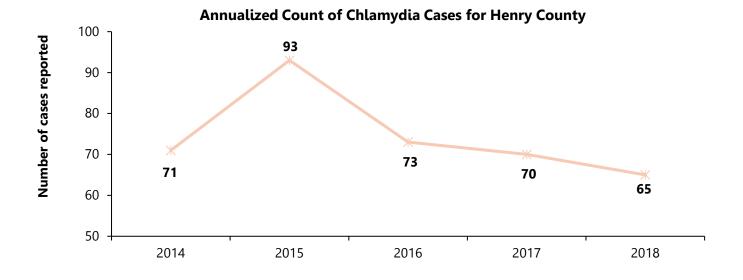
- Sexual violence refers to any sexual activity where consent is not obtained or freely given.
- There are many types of sexual violence including unwanted touching, unwanted sexual penetration, sexual harassment, and threats.
- Anyone can experience or perpetrate sexual violence.
 - Most victims of sexual violence are female
 - Perpetrators are usually someone known to the victim
- 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 to 25% of college women in the U.S. were victims of attempted or completed rape during their college career
 - 1 in 3 women and 1 in 6 men have experienced sexual violence involving physical contact at some point in their lives.
- Sexual violence can negatively impact health in many ways and can lead to long-term physical and mental health problems. Victims may experience chronic pain, headaches, and STDs. They are often fearful or anxious and may have problems trusting others. Anger and stress can lead to eating disorders, depression, and even suicidal thoughts.

(Source: CDC, Sexual Violence Prevention, last updated April 5, 2018)

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

- Henry County chlamydia rates decreased from 2016 to 2018, and rates have remained below the Ohio rates from 2014 to 2018.
- In 2015, the number of Henry County chlamydia cases increased significantly.



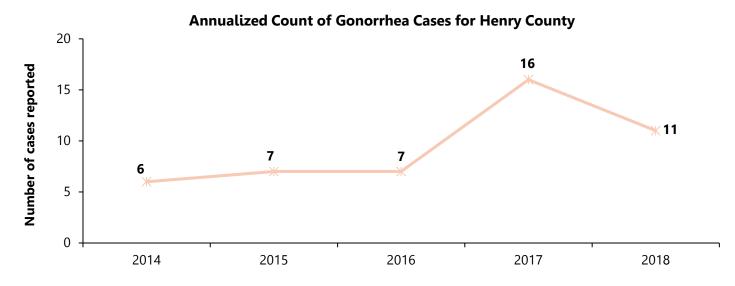


(Source for graphs: ODH, STD Surveillance, data reported through 5/2/19)

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

- The Henry County gonorrhea rate steadily increased from 2014 to 2017, with a slight decrease in 2018.
- In 2017, the number of Henry County gonorrhea cases increased significantly.

Gonorrhea Annualized Disease Rates for Henry County and Ohio 250 216.3 205.8 Rate per 100,000 population 200 176.8 143.1 138.3 150 100 58.9 40.5 50 25.2 25.3 21.5 0 2015 2014 2016 2017 2018 **Henry County** Ohio

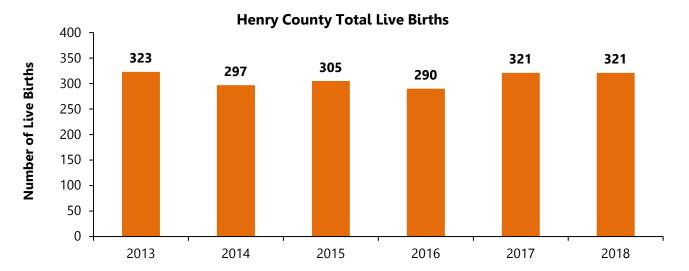


(Source for graphs: ODH, STD Surveillance, data reported through 5/2/19)

Pregnancy Outcomes

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

• From 2013 to 2018, there was an average of 310 live births per year in Henry County.



(Source: ODH, Ohio Public Health Data Warehouse Updated 6/27/19)

Health Behaviors: Adult Mental Health

Key Findings

In 2019, 2% of Henry County adults considered attempting suicide. Over the last two weeks, 37% of adults reported they had felt nervous, anxious or on edge.

Adult Mental Health

- Two percent (2%) of Henry County adults considered attempting suicide in the past year.
- Four percent (4%) of adults reported attempting suicide in the past year.
- Over the last two weeks, Henry County adults reported they had been bothered by the following: felt nervous, anxious or on edge (37%); had high or very high stress levels (36%); felt down, depressed or hopeless (31%); and had little interest or pleasure in doing things (30%).
- Fifty-two percent (52%) of adults reported they had trouble falling and then staying asleep, 41% reported they wake up feeling rested and 13% reported they sleep too much.
- Henry County adults indicated the following caused them anxiety, stress, or depression:

Financial stress (34%)

Job stress (28%)

Sick family member (20%)

Raising/caring for children (20%)

Death of close family member or friend (18%)

Poverty/no money (16%)

Other stress at home (14%)

Fighting at home (12%)

Marital/dating relationship (12%)

Caring for a parent (6%)

Unemployment (5%)

Not having enough to eat (3%)

Social media (2%)

Family member with mental illness (2%)

Divorce/separation (2%)

Not feeling safe in the community (1%)

Not feeling safe at home (1%)

Not having a place to live (1%)

Sexual orientation/gender identity (<1%)

Other causes (7%)

Note: percentages do not equal 100% because respondents could select more than one option.

- Adults indicated they got the social and emotional support they needed from the following: family (59%), friends (54%), God/prayer (44%), church (27%), neighbors (5%), internet (5%), professional help (5%), community (4%), an online support group (2%), a self-help group (1%), and other (1%). Nearly one-fifth (19%) of adults said they do not need support or can handle it themselves. *Note: percentages do not equal 100% because respondents could select more than one option.*
- Adults reported they would do they following if someone they knew was severely depressed, in crisis or suicidal: talk to them (73%), try to calm them down (43%), call a crisis line (34%), call 9-1-1 (32%), take them to the ER (22%), call a spiritual leader (20%), call a friend (16%), and text crisis line (4%). Three percent (3%) of adults reported they would do nothing if someone they knew was severely depressed, in crisis or suicidal. *Note: percentages do not equal 100% because respondents could select more than one option.*
- Henry County adults dealt with stress in the following ways: talked to someone they trust (44%); prayer/meditation (44%); exercised (33%); ate more or less than normal (30%); worked on a hobby (29%); listened to music (24%); slept (20%); worked (19%); drank alcohol (16%); took it out on others (8%); used prescription drugs as prescribed (6%); smoked tobacco (4%); talked to a professional (4%); used illegal drugs (1%); self-harm (<1%); and other ways (14%). Note: percentages do not equal 100% because respondents could select more than one option.</p>

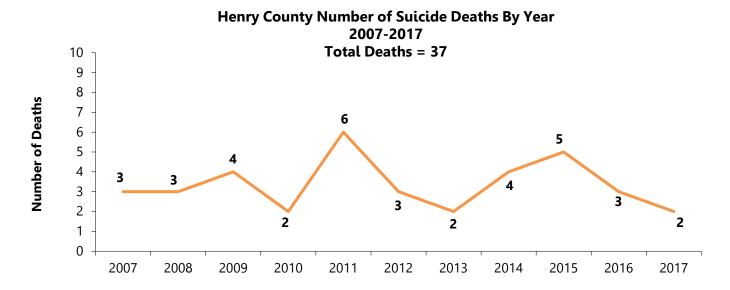
- Fourteen percent (14%) of Henry County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included the following:
 - Had not thought of it (10%)
 - Could not afford to go (5%)
 - Fear (5%)
 - Did not know how to find a program (5%)
 - Co-pay/deductible too high (4%)
 - Stigma of seeking mental health services (4%)
 - Other priorities (3%)
 - Could not find a mental health doctor or provider (2%)
 - Could not get to the office or clinic (1%)
 - Took too long to get in to see a doctor (<1%)
 - Other reasons (5%)
- Fifty-six percent (56%) of adults indicated they did not need such a program.

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Considered attempting suicide in the past year	1%	3%	2%	2%	N/A	N/A
Attempted suicide in the past year	<1%	1%	<1%	4%	N/A	N/A

N/A – Not Available

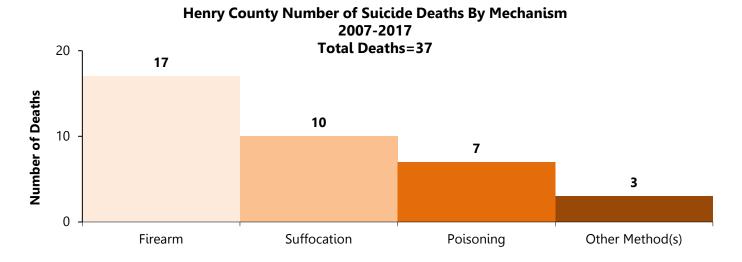
The graph below shows the Henry County suicide counts by year. The graph shows:

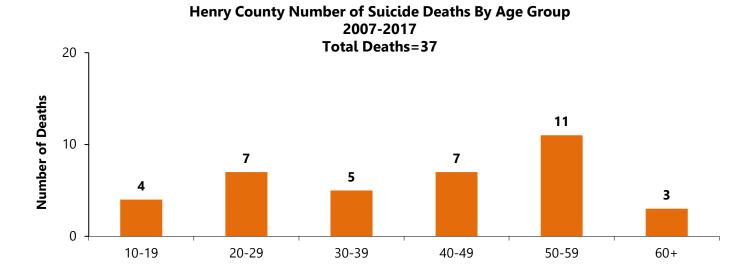
From 2007 to 2017, there was an average of 3.4 suicides per year in Henry County.

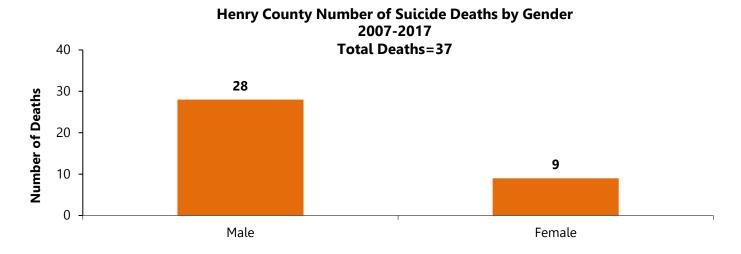


(Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 7/1/19)

The graphs below show the number of suicide deaths by mechanism, age group and gender in Henry County from 2007 to 2017.







(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 7/1/19)

Suicide Rising Across the U.S.

- Suicide is a leading cause of death in the U.S.
- Suicide rates have increased more than 30% in half of states since 1999.
- Nearly 45,000 lives were lost to suicide in 2016.
- More than half (54%) of people who died by suicide did not have a known mental health condition.
- Many factors contribute to suicide among those with and without known mental health conditions such as relationship problems, crisis in the past or upcoming two weeks, physical health problems, problematic substance use, or job/financial problems.
- Making sure government, public health, health care, employers, education, the media and community organizations are working together is important for preventing suicide. Public health departments can bring together these partners to focus on comprehensive state and community efforts with the greatest likelihood of preventing suicide.
- States and communities can:
 - Identify and support people at risk of suicide.
 - Teach coping and problem-solving skills to help people manage challenges with their relationships, jobs, health, or other concerns.
 - Promote safe and supportive environments. This includes safely storing medications and firearms to reduce access among people at risk.
 - Offer activities that bring people together so they feel connected and not alone.
 - Connect people at risk to effective and coordinated mental and physical health care.
 - Expand options for temporary help for those struggling to make ends meet.

(Source: CDC, Suicide rising across the US, Updated on June 11, 2018)

Chronic Disease: Cardiovascular Health

Key Findings

Six percent (6%) of adults had survived a heart attack and 2% had survived a stroke at some time in their life. More than twofifths (41%) of Henry County adults were obese, 33% had high blood cholesterol, 33% had high blood pressure, and 10% were current smokers, four known risk factors for heart disease and stroke.

Heart Disease and Stroke

- Six percent (6%) of adults reported they had survived a heart attack or myocardial infarction, increasing to 12% of those over the age of 65.
- Two percent (2%) of Henry County adults reported they had survived a stroke, increasing to 5% of those over the age of 65.
- Five percent (5%) of adults reported they had angina or coronary heart disease, increasing to 10% of those over the age of 65.
- Two percent (2%) of adults reported they had congestive heart failure, increasing to 5% of those with incomes less than \$25,000 and 7% of those over the age of 65.

Henry County Leading Causes of Death, 2015-2017

Total Deaths: 875

- 1. Heart Disease (25% of all deaths)
- 2. Cancer (20%)
- 3. Accidents, Unintentional Injuries (7%)
- 4. Chronic Lower Respiratory Diseases (6%)
- 5. Stroke (5%)

(Source: Ohio Public Health Data Warehouse, 2015-2017)

Ohio Leading Causes of Death, 2015-2017

Total Deaths: 361,238

- 1. Heart Disease (23% of all deaths)
- 2. Cancer (21%)
- 3. Accidents, Unintentional Injuries (7%)
- 4. Chronic Lower Respiratory Diseases (6%)
- 5. Stroke (5%)

(Source: Ohio Public Health Data Warehouse, 2015-2017)

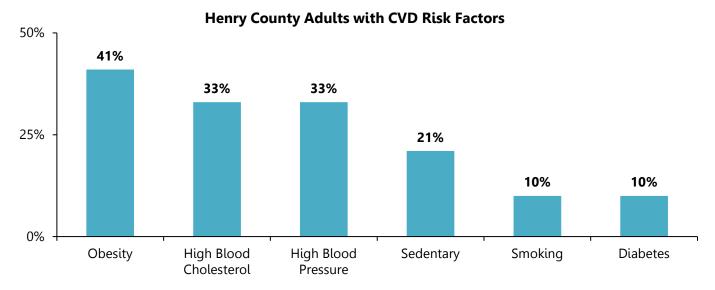
High Blood Pressure (Hypertension)

- One-third (33%) of adults had been diagnosed with high blood pressure.
- Six percent (6%) of adults were told they were pre-hypertensive/borderline high.
- Ninety-two percent (92%) of adults had their blood pressure checked within the past year.
- Henry County adults diagnosed with high blood pressure were more likely to have:
 - Been ages 65 years or older (60%)
 - Been classified as obese by body mass index (58%)
 - Incomes less than \$25,000 (46%)
 - Rated their overall health as fair or poor (19%)

High Blood Cholesterol

- Thirty-three percent (33%) of adults had been diagnosed with high blood cholesterol.
- Henry County adults with high blood cholesterol were more likely to have:
 - Been classified as obese by body mass index (61%)
 - Been ages 65 years or older (51%)
 - Incomes more than \$25,000 (34%)
 - Rated their overall health as fair or poor (18%)

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



Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Had angina or coronary heart disease	N/A	N/A	N/A	5%	5%	4%
Had a heart attack	6%	2%	4%	6%	6%	4%
Had a stroke	2%	1%	4%	2%	4%	3%
Had high blood pressure	33%	30%	32%	33%	35%	32%
Had high blood cholesterol	29%	30%	31%	33%	33%	33%

N/A – Not Available

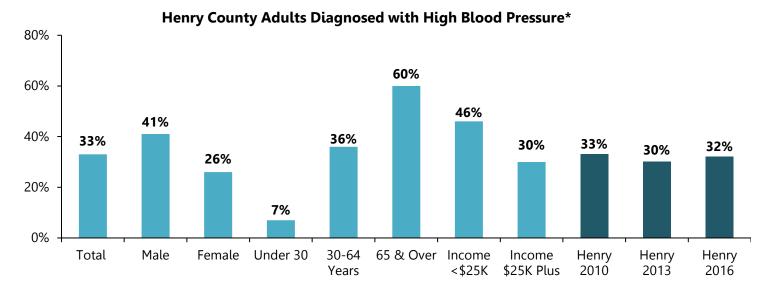
Healthy People 2020 Objectives

Heart Disease and Stroke (HDS)

Objective	Henry Survey Baseline 2019	2017 U.S. Baseline	Healthy People 2020 Target	
HDS-5: Reduce proportion of adults with hypertension	33%	32% Adults age 18 and up	27%	
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	33%	33% Adults age 20+ with TBC>240 mg/dl	14%	

Note: All U.S. figures age-adjusted to 2000 population standard. (Source: Healthy People 2020, 2017 BRFSS, 2019 Henry County Health Assessment)

The following graphs show the percentage of Henry 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: 33% of all Henry County adults had been diagnosed with high blood pressure, including 41% of males and 60% of those over the age of 65.



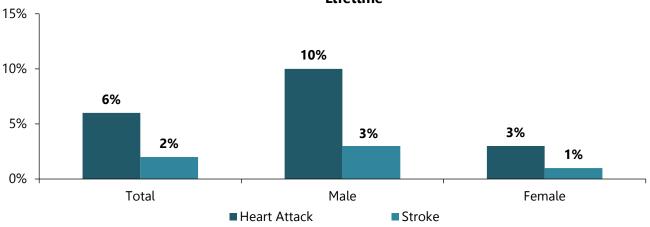
*Does not include respondents who indicated high blood pressure during pregnancy only.

Henry County Adults Diagnosed with High Blood Cholesterol 60% 51% 41% 40% 38% 34% 33% 31% 30% 29% 26% 22% 20% 0% 0% Male Female Under 30 30-64 65 & Over Income Total Income Henry Henry Henry <\$25K 2013 Years \$25K Plus 2010 2016

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

The following graph shows the percentage of Henry County adults who had survived a heart attack or stroke in their lifetime by gender. An example of how to interpret the information includes: 10% of Henry County males survived a heart attack, compared to 3% of females.





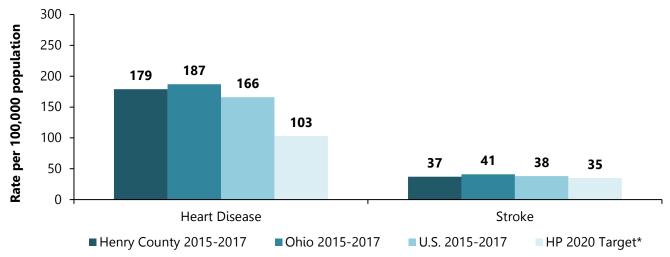
(Source: 2019 Henry County Health Assessment)

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 the Henry County, Ohio and U.S. age-adjusted mortality rates per 100,000 population for heart disease and stroke in comparison to the Healthy People 2020 target objective.

- When age differences are accounted for, the statistics indicate that from 2015 to 2017, the Henry County heart disease mortality rate was greater than the figure for the U.S. and the Healthy People 2020 target, but lower than the state rate.
- The Henry County age-adjusted stroke mortality rate from 2015 to 2017 was lower than the state and the U.S. figure, but higher than the Healthy People 2020 target objective.

Henry County Age-Adjusted Heart Disease and Stroke Mortality Rates

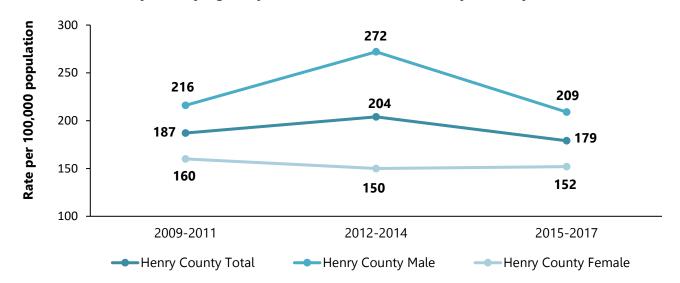


Note: The Healthy People 2020 Target objective for coronary heart disease is reported for heart attack mortality. (Source: Ohio Public Health Data Warehouse, 2015-2017, CDC Wonder 2015-2017, Healthy People 2020)

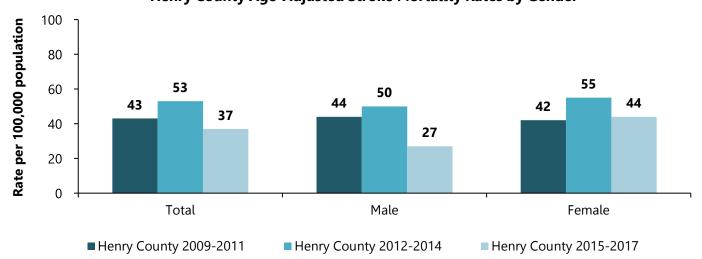
The following graphs show the age-adjusted mortality rates per 100,000 population for heart disease and stroke by gender. The graphs show:

- The Henry County male heart disease mortality rates were higher than female heart disease mortality rates from 2009 to 2017.
- From 2015 to 2017, the Henry County female stroke mortality rate was higher than the male stroke mortality

Henry County Age-Adjusted Heart Disease Mortality Rates by Gender



Henry County Age-Adjusted Stroke Mortality Rates by Gender



(Source for graphs: Ohio Public Health Data Warehouse, 2009-2017)

Chronic Disease: Cancer

Key Findings

In 2019, 12% of Henry County adults had been diagnosed with cancer at some time in their life.

Cancer

- Tweleve percent (12%) of Henry County adults were diagnosed with cancer at some point in their lives, increasing to 20% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types: other skin cancer (36%), prostate (13%), melanoma (10%), breast (7%), cervical (7%), endometrial (6%), ovarian (6%), leukemia (3%), Non-Hodgkin's lymphoma (3%), rectal (3%), pancreatic (3%), and other types of cancer (13%).

Henry County Incidence of Cancer, 2012-2016

All Types: 808 cases

- Lung and Bronchus: 112 cases (14%)
- Breast: 108 cases (13%) Prostate: 91 cases (11%)
- Colon and Rectum: 83 cases (10%)

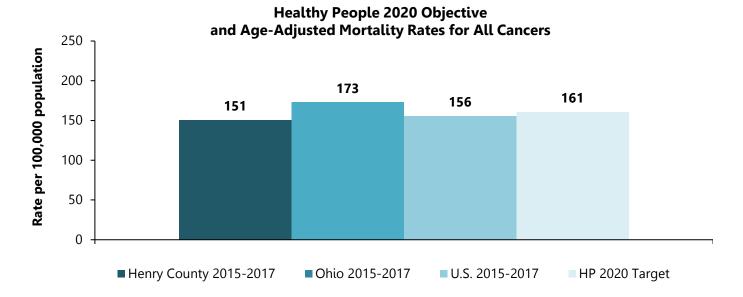
From 2015-2017, there were 176 cancer deaths in Henry County.

(Source: Ohio Cancer Incidence, ODH Ohio Public Health Data Warehouse, Updated 2/7/19)

Cancer Facts

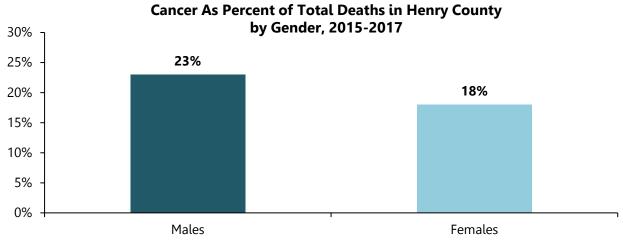
- The Ohio Public Health Data Warehouse indicates that from 2015-2017, cancers caused 20% (176 of 875 total deaths) of all Henry County resident deaths. The largest percent (28%) of 2015-2017 cancer deaths were from lung and bronchus cancers (Source: Ohio Public Health Data Warehouse, 2015-2017).
- The American Cancer Society states that about 606,880 Americans are expected to die of cancer in 2019. Cancer is the second leading cause of death in the U.S., exceeded only by heart disease (Source: American Cancer Society, Facts & Figures 2019).

The following graph shows the Henry 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.



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

The following graph shows cancer as a percent of total deaths in Henry County.

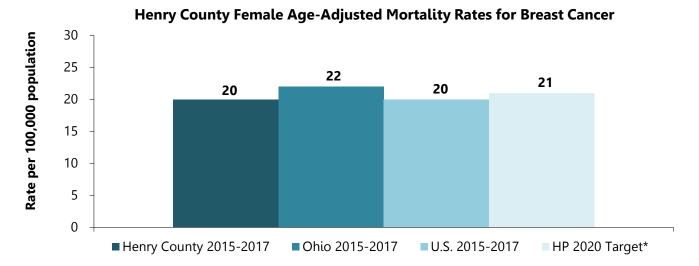


(Source: Ohio Public Health Data Warehouse, 2015-2017)

Breast Cancer

- Fifty-nine percent (59%) of Henry County females reported having had a clinical breast examination in the past year.
- Over half (54%) of Henry County females over the age of 40 had a mammogram in the past year.
- For women at average risk of breast cancer, recently updated American Cancer Society screening guidelines recommend that those 40 to 44 years of age have the option to begin annual mammography, those 45 to 54 should undergo annual mammography, and those 55 years of age and older may transition to biennial mammography or continue annual mammography. Women should continue mammography as long as overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual magnetic resonance imaging (MRI) is recommended in addition to mammography, typically starting at age 30 (Source: American Cancer Society, Facts & Figures 2019).

The following graph shows the Henry County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for breast cancer in comparison with the Healthy People 2020 objective.



(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017)

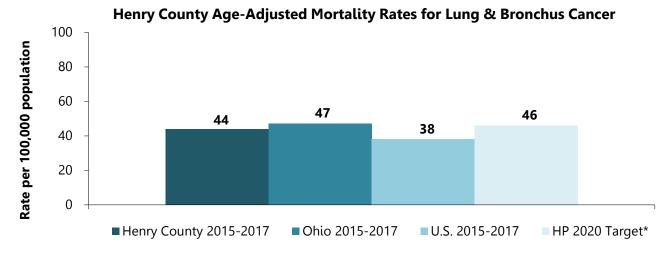
Prostate Cancer

- ODH statistics indicate that prostate cancer deaths accounted for 5% of all male cancer deaths from 2015-2017 in Henry County (Source: Ohio Public Health Data Warehouse, 2015-2017).
- No organizations presently endorse routine prostate cancer screening for men at average risk because of concerns about the high rate of overdiagnosis (detecting disease that would never have caused symptoms), along with the significant potential for serious side effects associated with prostate cancer treatment. The American Cancer Society recommends that beginning at age 50, men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their health care provider about the benefits and limitations of PSA testing and make an informed decision about whether to be tested based on their personal values and preferences. Men at high risk of developing prostate cancer (black men or those with a close relative diagnosed with prostate cancer before the age of 65) should have this discussion beginning at age 45, and men at even higher risk (those with several close relatives diagnosed at an early age) should have this discussion beginning at age 40 (Source: American Cancer Society, Facts & Figures 2019).

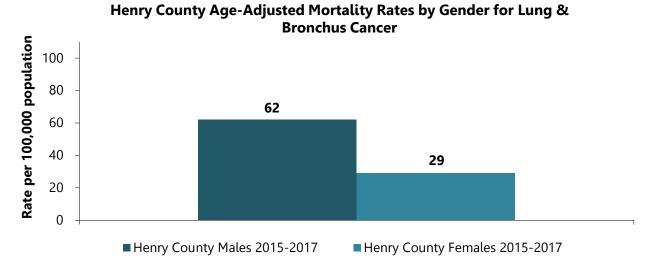
Lung Cancer

- In Henry County, 13% of male adults and 8% of female adults were current smokers.
- The Ohio Department of Health (ODH) reports that lung and bronchus cancer was the leading cause of male cancer deaths (n=31) and female cancer deaths (n=19) from 2015-2017 in Henry County. (Source: Ohio Public Health Data Warehouse, 2015-2017).
- According to the American Cancer Society, smoking causes 81% of lung cancer deaths in the U.S. Men and women who smoke are about 25 times more likely to develop lung cancer than nonsmokers (Source: American Cancer Society, Facts & Figures 2019).

The following graph shows the Henry County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for lung and bronchus cancer in comparison with the Healthy People 2020 objective.



*Healthy People 2020 Target data is for lung cancer only. (Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017) The following graph shows the Henry County age-adjusted mortality rates per 100,000 populations for lung and bronchus cancer by gender.



(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017)

Colon and Rectal Cancers

- ODH indicates that colon and rectal cancer deaths accounted for 9% of all cancer deaths from 2015-2017 in Henry County (Source: Ohio Public Health Data Warehouse, 2017).
- Modifiable factors that increase colon and rectal cancer risk include obesity, physical inactivity, long-term smoking, high consumption of red or processed meat, low calcium intake, moderate to heavy alcohol consumption, and very low intake of fruits and vegetables and whole-grain fiber. Hereditary and medical factors that increase risk include a personal or family history of colorectal cancer and/or polyps, certain inherited genetic conditions, a personal history of chronic inflammatory bowel disease, and type 2 diabetes. (Source: American Cancer Society, Facts & Figures 2019).

The following graphs show Henry County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for colon and rectal cancer in comparison with the Healthy People 2020 objective.

Henry County Age-Adjusted Mortality Rates for Colon and Rectal Cancer



(Source: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017)

Henry County Incidence of Cancer, 2012-2016

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer	Age-Adjusted Rate
Lung and Bronchus	112	14%	60.5
Breast	108	13%	62.8
Prostate	91	11%	105.1
Colon & Rectum	83	10%	46.8
Other Sites/Types	52	6%	27.5
Bladder	50	6%	27.1
Non-Hodgkins Lymphoma	45	6%	25.1
Uterus	30	4%	33.5
Leukemia	29	4%	17.3
Kidney & Renal Pelvis	28	3%	16.0
Melanoma of Skin	27	3%	16.5
Thyroid	25	3%	17.1
Pancreas	23	3%	12.1
Esophagus	18	2%	10.2
Oral Cavity & Pharynx	18	2%	10.2
Ovary	12	2%	14.3
Liver & Intrahepatic Bile Duct	9	1%	5.1
Brain and Other CNS	8	1%	4.5
Cervix	8	1%	11.0
Multiple Myeloma	8	1%	4.2
Testis	8	1%	14.6
Stomach	7	1%	3.6
Hodgkins Lymphoma	6	1%	3.9
Larynx	3	<1%	N/A
Total	808	100%	459.4

N/A-Not Available

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 2/7/19)

2019 Cancer Estimates

- In 2019, more than 1.7 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 606,880 Americans are expected to die of cancer in 2019.
- 81% of lung cancer deaths in the U.S are attributed to smoking.
- In 2019, estimates predict that there will be 67,150 new cases of cancer and 25,440 cancer deaths in Ohio.
- Of the new cancer cases in Ohio, approximately 9,680 (14%) will be from lung and bronchus cancers and 3,750 (6%) will be from melanoma (skin) cancer.
- About 10,240 new cases of female breast cancer are expected in Ohio.
- New cases of male prostate cancer in Ohio are expected to be 5,340 (8%).

(Source: American Cancer Society, Facts and Figures 2019)

Chronic Disease: Arthritis

Key Findings

More than one-third (34%) of Henry County adults were diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia.

Arthritis

- More than one-third (34%) of Henry County adults were told by a health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia, increasing to 61% of those over the age of 65.
- Over four-fifths (82%) of adults diagnosed with arthritis were overweight or obese.

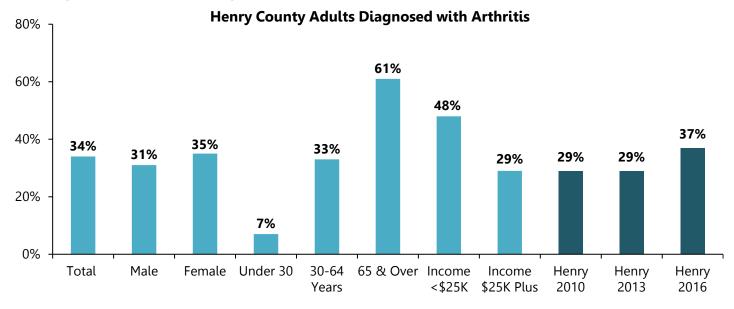
Arthritis in the U.S.

- In the United States, 54 million people (23% of all adults) have arthritis. It is a leading cause of work-related disability. The annual direct costs are at least \$140 billion.
- Arthritis commonly occurs with other chronic diseases. About half of US adults with heart disease or diabetes and one-third of people who have obesity also have arthritis. Having arthritis and other chronic conditions can reduce quality of life, reduce physical activity, and make disease management harder.

(Source: CDC. National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), updated on October 19,

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	29%	29%	37%	34%	29%	25%

The following graph shows the percentage of Henry County adults who were diagnosed with arthritis. An example of how to interpret the information includes: 34% of adults were diagnosed with arthritis, including 61% of adults 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.

Chronic Disease: Diabetes

Key Findings

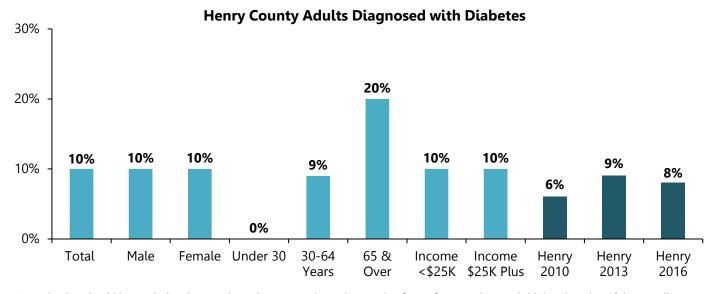
Ten percent (10%) of Henry County adults had been diagnosed with diabetes. Over one-third (36%) of adults with diabetes rated their health as fair or poor.

2,074 of adults had been diagnosed with diabetes in their lifetime

Diabetes

- Ten percent (10%) of Henry County adults had been diagnosed with diabetes, increasing to 20% of those over the age of 65.
- Ten percent (10%) of adults had been diagnosed with pre-diabetes or borderline diabetes.
- Over one-third (36%) of adults with diabetes rated their health as fair or poor.
- Henry County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 97% were obese or overweight
 - 75% had been diagnosed with high blood cholesterol
 - 71% had been diagnosed with high blood pressure

The following graph shows the percentage of Henry County adults who were diagnosed with diabetes. An example of how to interpret the information includes: 10% of adults were diagnosed with diabetes, including 20% of adults ages 65 and older.

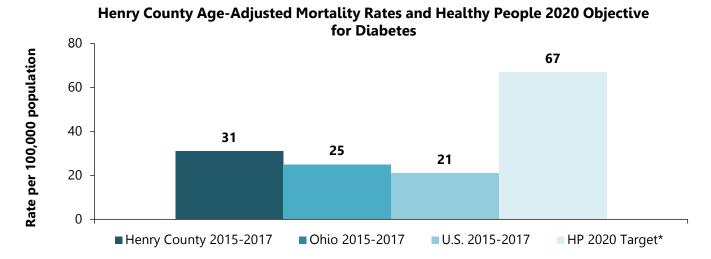


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Ever been told by a doctor they have diabetes (not pregnancy-related)	6%	9%	8%	10%	11%	11%
Had been diagnosed with pre- diabetes or borderline diabetes	4%	4%	6%	10%	2%	2%

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

When age differences are accounted for, Henry County had a higher diabetes mortality rate than Ohio and the U.S. but a lower mortality rate than the Healthy People 2020 objective.



*Note: The Healthy People 2020 rate is for all diabetes-related deaths. (Source: Ohio Public Health Data Warehouse, 2015-2017, CDC Wonder, 2015-2017, Healthy People 2020)

Chronic Disease: Quality of Life

Key Findings

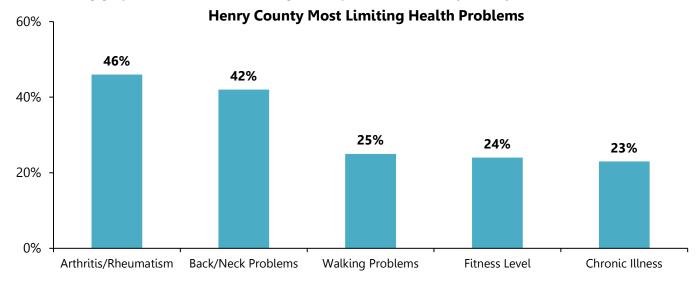
Thirty percent (30%) of Henry County adults reported they were limited in some way because of a physical, mental or emotional problem. The most limiting health problems were arthritis/rheumatism (46%) and back or neck problems (42%).

Impairments and Health Problems

- Twenty-six percent (26%) of Henry County adults had fallen in the past year, increasing to 35% of those ages 65 and over. Fourteen percent (14%) of adults had fallen two or more times.
- Nearly one-third (30%) of Henry County adults were limited in some way because of a physical (23%), mental (5%) or emotional problem (5%).
- Among those who were limited in some way, the following most limiting problems or impairments were reported:
 - Arthritis/rheumatism (46%)
 - Back or neck problems (42%)
 - Walking problems (25%)
 - Fitness level (24%)
 - Chronic illness (23%)
 - Chronic pain (18%)
 - Stress, depression, anxiety, or emotional problems (17%)
 - Asthma (14%)
 - Lung/breathing problems (13%)
 - Sleep problems (11%)

- Fractures, bone/joint injuries (11%)
- Hearing problems (11%)
- Eye/vision problems (9%)
- Confusion (7%)
- Mental illness or disorder (5%)
- Memory loss (5%)
- Dental problems (5%)
- Chronic Kidney Disease (3%)
- A learning disability (3%)
- Other impairments or problems (8%)

The following graph shows the most limiting health problems for Henry County adults.



Healthy People 2020

Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Henry County 2019	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	46%	36%

Note: U.S. baseline is age-adjusted to the 2000 population standard. (Sources: Healthy People 2020 Objectives, 2019 Henry County Health Assessment)

- Henry County adults were responsible for providing regular care or assistance to the following:
 - Multiple children (20%)
 - A friend, family member or spouse with a health problem (6%)
 - Someone with special needs (5%)
 - An elderly parent or loved one (4%)
 - An adult child (4%)
 - A friend, family member or spouse with a mental health issue (3%)
 - Grandchildren (3%)
 - A friend, family member or spouse with dementia (1%)
 - Children with discipline issues (<1%)
 - Children whose parent(s) lost custody due to other reasons (<1%)
- In the past year, adults reported needing the following services or equipment:
 - Eyeglasses/vision services (27%)
 - Pain management (8%)
 - Help with routine needs (e.g., everyday household chores, doing necessary business) (8%)
 - A cane (6%)
 - Medical supplies (6%)
 - A walker (5%)
 - Help with personal care needs (e.g., eating, bathing, dressing or getting around the house) (4%)
 - Hearing aids or hearing care (4%)
 - Durable medical equipment (e.g., Kaiser-Welles or O.E. Meyer) (3%)
 - Oxygen or respiratory support (2%)
 - Wheelchair ramp (2%)
 - A wheelchair (1%)
 - Mobility aids or devices (e.g., adaptive equipment) (1%)
 - A special bed (1%)
 - Personal emergency response system (<1%)
 - A special telephone (<1%)
 - Communication aids/devices (<1%)
 - Dialysis (<1%)</p>

Social Conditions: Social Determinants of Health

Key Findings

Ten percent (10%) of Henry County adults had four or more adverse childhood experiences (ACEs) in their lifetime. Thirteen percent (13%) of adults had experienced at least one issue related to hunger/food insecurity in the past year.

Economic Stability

- Thirteen percent (13%) adults had experienced at least one issue related to hunger/food insecurity in the past year. They experienced the following:
 - Had to choose between paying bills and buying food (8%)
 - Worried food might run out (5%)
 - Went hungry/ate less to provide more food for their family (5%)
 - Did not eat because they did not have enough money for food (3%)
 - Loss of income led to food insecurity issues (2%)
 - Their food assistance was cut (1%)
- Henry County adults attempted to get assistance from the following sources:
 - Job & Family Services (4%)
 - WIC/Health Department (3%)
 - Friend or family member (3%)
 - Food pantries (2%)
 - Somewhere else (1%)
 - Church/mosque/synagogue (<1%)</p>
 - Northwest Ohio Community Action Commission (<1%)
 - United Way (<1%)</p>
- One percent (1%) did not know where to look for assistance.
- Henry County adults received assistance for the following in the past year: Medicare (12%); health care (9%); prescription assistance (9%); mental illness issues, including depression (7%); dental care (5%); utilities (3%); food (2%); transportation (2%); home repair (2%); free tax preparation (2%); rent/mortgage (1%); legal aid services (1%); affordable childcare (<1%); septic/well repairs (<1%); and clothing (<1%).
- Eighty-eight percent (88%) of adults reported they owned their home, 7% said they rented, and 5% reported they had another arrangement.
- There were 12,043 housing units. The owner-occupied housing unit rate was 78%. Rent in Henry County cost an average of \$669 per month (Source: U.S. Census Bureau, American Community Survey, 2013-2017).
- The median household income in Henry County was \$57,678. The U.S. Census Bureau reports median income levels of \$54,077 for Ohio and \$60,336 for the U.S. (Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2017).
- Eight percent (8%) of all Henry 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, 2017).
- The unemployment rate for Henry County was 3.5 as of May 2019 (Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information).

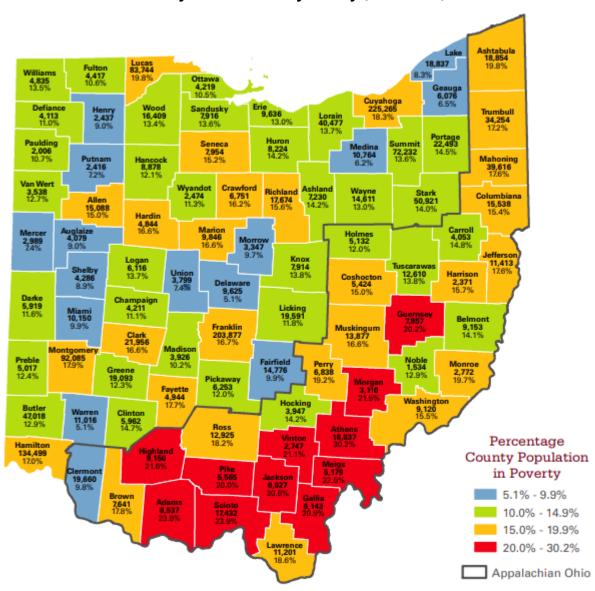
Henry County adults and their loved ones needed the following assistance in the past year:

Type of Assistance	Received Assistance	Did Not Know Where to Look	Needed Assistance
Medicare	12%	<1%	12%
Health care	9%	1%	10%
Prescription assistance	9%	<1%	9%
Mental illness issues including depression	7%	1%	8%
Dental care	5%	1%	6%
Utilities	3%	<1%	3%
Home repair	2%	1%	2%
Food	2%	1%	3%
Transportation	2%	<1%	2%
Free tax preparation	2%	1%	3%
Legal aid services	1%	1%	2%
Rent/mortgage	1%	<1%	1%
Affordable child care	<1%	<1%	1%
Clothing	<1%	<1%	1%
Septic/well repairs	<1%	<1%	1%
Drug or alcohol addiction	0%	<1%	<1%
Employment	0%	2%	1%
Diapers	0%	<1%	<1%
Gambling addiction	0%	<1%	<1%
Credit counseling	0%	2%	2%
Unplanned pregnancy	0%	<1%	<1%
Post incarceration transition issues	0%	<1%	<1%

The map below shows the variation in poverty rates across Ohio during the 2013-17 period.

- The 2013 to 2017 American Community Survey 5-year estimates that approximately 1,683,890 Ohio residents, or 14.9% of the population, were in poverty.
- From 2013 to 2017, 2,437 or 9.0% of Henry County residents were in poverty.

Estimated Poverty Rates in Ohio by County (2013-2017)



(Source: 2013-2017 American Community Survey 5-year estimates, as compiled by Ohio Development Services Agency, Office of Research, Ohio Poverty Report, February 2019)

Education

- Ninety-two percent (92%) of Henry County adults 25 years and over had a high school diploma or higher (Source: U.S. Census Bureau, American Community Survey, 2013-2017).
- Seventeen percent (17%) of Henry County adults 25 years and over had at least a bachelor's degree (Source: U.S. Census Bureau, American Community Survey, 2013-2017).

Health and Health Care

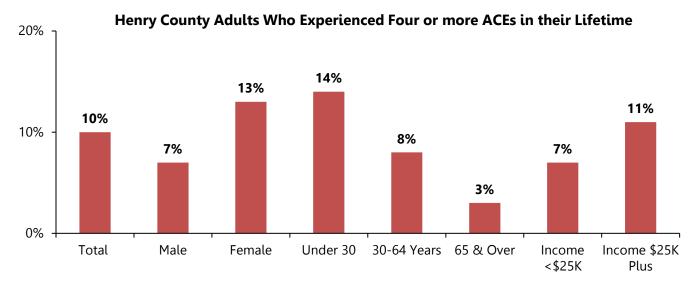
- In the past year, 4% of adults were uninsured.
- Nearly three-fourths (72%) of Henry County adults visited a doctor for a routine checkup in the past year, increasing to 85% of those over the age of 65.
- Over half (52%) of adults reported they had one person they thought of as their personal doctor or health care provider. A little over one-third (35%) of adults had more than one person they thought of as their personal health care provider, and 10% did not have one at all. Three percent (3%) reported they did not know.
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Henry County adults.

Social and Community Context

- One-fifth (20%) of Henry County adults were threatened or abused in their lifetime. They were threatened or abused by the following:
 - Spouse or partner (12%)
 - Parent (9%)
 - Someone outside their home (6%)
 - Someone else (2%)
 - Another family member in the household (1%)
 - Child (<1%)</p>
- Adults who were abused were abused in the following ways: verbally (49%), emotionally (43%), physically (32%), sexually (21%), financially (13%), and through electronic methods (3%).
- Henry County adults experienced the following in the past 12 months:
 - A close family member went to the hospital (42%)
 - Death of a family member or close friend (28%)
 - Experienced a decline in their own health (12%)
 - Had bills they could not pay (10%)
 - Someone in their household lost their job/had their hours at work reduced (6%)
 - They were a caregiver (6%)
 - Their child was threatened or abused by someone physically, emotionally, sexually, and/or verbally (4%)
 - Moved to a new address (3%)
 - Household income was cut by 50% (2%)
 - Had someone homeless living with them/sleeping on their couch (2%)
 - Someone close to them had a problem with drinking or drugs (2%)
 - Their family was at risk of losing their home (2%)
 - Became separated or divorced (1%)
 - Knew someone who lived in a hotel (1%)
 - Witnessed someone in their family being hit or slapped (1%)

- Henry County adults experienced the following adverse childhood experiences (ACEs):
 - A parent or adult in their home swore at, insulted, or put them down (18%)
 - Their parents became separated or were divorced (16%)
 - Lived with someone who was a problem drinker or alcoholic (15%)
 - Lived with someone who was depressed, mentally ill, or suicidal (14%)
 - A parent or adult in their home hit, beat, kicked, or physically hurt them (9%)
 - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (8%)
 - Someone at least 5 years older than them or an adult tried to make them touch them sexually (7%)
 - Their family did not look out for each other, feel close to each other, or support each other (6%)
 - Lived with someone who used illegal street drugs, or who abused prescription medications (4%)
 - Someone at least 5 years older than them or an adult touched them sexually (3%)
 - They didn't have enough to eat, had to wear dirty clothing, and had no one to protect them (2%)
 - Lived with someone who served time or was sentenced to serve time in prison, jail or correctional facility (1%)
 - Their parents were not married (1%)
 - Someone at least 5 years older than them or an adult forced them to have sex (1%)
- Ten percent (10%) of Henry County adults had four or more ACEs in their lifetime.

The following graph shows the percentage of Henry County adults who had experienced four or more adverse child experiences (ACEs) in their lifetime. An example of how to interpret the information on the graph includes: 10% of all Henry County adults had experienced four or more ACEs in their lifetime, including 14% of those under the age of 30.



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 experienced four 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: 26% of those who experienced four or more ACEs were current smokers, compared to 9% of those who did not experience any ACEs.

Behaviors of Henry 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
Classified as overweight or obese by BMI	72%	73%
Current drinker (had at least one alcoholic beverage in the past month)	65%	60%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	26%	33%
Current smoker (currently smoke on some or all days)	26%	9%
Medication misuse in the past 6 months	9%	2%
Contemplated suicide in the past 12 months	6%	<1%

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

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.
- According to the CDC, 59% of people surveyed in five states in 2009 reported having had at least one ACE, while 9% reported five or more ACEs.
- The short and long-term outcomes of these childhood exposures include a multitude of health and social problems such as the following:

 Alcoholism and alcohol abuse Depression

— Fetal death — COPD

 Illicit drug use Unintended pregnancies

— Liver disease Suicide attempts

 Early initiation of smoking — STDs

 Multiple sexual partners Risk for intimate partner violence

- 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.
- Studies are finding that there is a repetitive does-response relationship between ACE and levels of exposure. A dose-response means that as the dose of the stressor increases, the intensity of the outcome will increase as well. As the number of ACEs increase so does the risk for the following:

 Myocardial Infarction — Asthma Mental Distress Disability Unemployment — Stroke

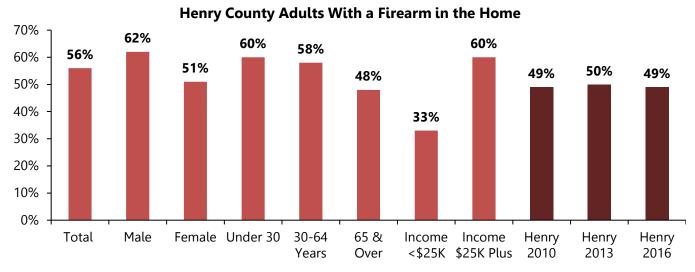
— Diabetes Lowered educational attainment

(Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey ACE Data, 2016)

Neighborhood and Built Environment

Nearly three-fifths (56%) of Henry County adults kept a firearm in or around their home. Four percent (4%) of adults reported they were unlocked and loaded.

The following graph shows the percentage of Henry County adults that had a firearm in or around the home. An example of how to interpret the information shown on the graph includes: 56% of all Henry County adults had a firearm in or around the home, including 62% of males and 60% of those under 30 years old.



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.

Victims of Gun Violence in America

- More than 124,000 people are shot in murders, assaults, suicides & suicide attempts, accidents or by police intervention in America in an average year.
 - 35,141 people die from gun violence and 89,620 people survive gun injuries.
- Every day, an average of 342 people is shot in America. Of those 342 people, 96 people die and 246 are shot, but survive.
 - Of the 342 people who are shot every day, an average of 47 are children and teens.
 - Of the 96 people who die, 34 are murdered, 59 are suicides, 1 die accidently and 1 with an unknown intent and 1 by legal intervention.
 - Of the 246 people who are shot but survive, 183 are from assault, 49 are shot accidently, 11 are suicide attempts, and 4 are legal interventions.
- Despite more than 90% of Americans across the political spectrum agreeing that a background check should be conducted for every gun sale, a least one in five (or 20%) of guns are sold without a background check.
- Approximately 1.7 million children live in homes with unlocked, loaded guns, leading to tragic accidental, unintentional or self-inflicted shootings, particularly of youth.
- Two out of three (66%) of hate crimes nationally are never reported to law enforcement.

(Source: Brady Campaign to Prevent Gun Violence, August 23, 2018)

- Nine percent (9%) of Henry County adults had the following transportation issues: did not feel safe to drive (3%), no public transportation available or accessible (2%), no car (1%), disabled (1%), suspended/no driver's license (1%), could not afford gas (1%), other car issues/expenses (1%), and limited public transportation available or accessible (<1%).
- In the past month, Henry County adults reported doing the following while driving:
 - Talking on hand-held cell phone (45%)
 - Eating (43%)
 - Talking on hands-free cell phone (39%)
 - Texting (25%)
 - Not wearing a seatbelt (18%)
 - Using internet on their cell phone (11%)
 - Being under the influence of alcohol (6%)
 - Reading (2%)
 - Being under the influence of prescription drugs (1%)
 - Transported a child without a car seat (1%)
 - Being under the influence of recreational drugs (<1%)
 - Other activities (such as applying makeup, shaving, etc.) (<1%)
- To reduce risk of injury, Henry County adults reported they or a family member use the following: seat belts (97%); sunscreen (71%); life jackets (32%); motorcycle, ATV or snowmobile helmets (15%); and bike helmets (14%).
- Adults reported that they or someone else deliberately tested all of the smoke detectors in their home less than a month ago (18%), 1 to 6 months ago (36%), 6 to 12 months ago (20%), one or more years ago (12%), and never (2%). Five percent (5%) reported they did not have smoke detectors in the home, and 7% did not know.
- Adults reported that they or someone else deliberately tested all of the carbon monoxide (CO) detectors in their home less than a month ago (10%), 1 to 6 months ago (26%), 6 to 12 months ago (15%), one or more years ago (9%), and never (4%). Twenty-nine percent (29%) reported they did not have carbon monoxide detectors in the home, and 7% did not know.
- Henry County adults reported they would support the following community improvement initiatives:
 - More locally grown foods or farmer's markets (68%)
 - Safe roadways (46%)
 - Bike/walking trail accessibility or connectivity (41%)
 - Neighborhood safety (38%)
 - New and/or updated parks (36%)
 - Local agencies partnering with grocery stores to provide healthier, low cost food items (35%)
 - New and/or updated recreation centers (33%)
 - Sidewalk accessibility (33%)
 - Community gardens (26%)
- Henry County adults indicated the following motivated them to make positive changes in their health: to have more energy (51%), family/kids (42%), health scare/fear of illness (28%), social support (20%), exposure to a healthy environment (18%), discounted services (12%), financial incentives (12%), incentives other than financial (11%), and exposure to a negative environment (1%).

Social Conditions: Environmental Conditions

Key Findings

The top four environmental health issues for Henry County adults that threatened their health in the past year were mold (8%), insects (7%), agricultural chemicals (5%), and temperature regulation (5%).

Environmental Health

- Henry County adults thought the following threatened their health in the past year:
 - Mold (8%)
 - Insects (7%)
 - Agricultural chemicals (5%)
 - Temperature regulation (5%)
 - Plumbing problems (4%)
 - Rodents (4%)
 - Air quality (3%)
 - Moisture issues (3%)
 - Food safety/food borne illness (3%)
 - Cockroaches (2%)
 - Lice (2%)
 - Chemicals found in household products (2%)

- Toxic algae blooms (1%)
- Safety hazards (1%)
- Sewage/waste water problems (1%)
- Bed bugs (1%)
- Unsafe water supply/wells (1%)
- Lead paint (1%)
- Sanitation issues (1%)
- Lyme disease (1%)
- Excess medication in the home (1%)
- Asbestos (1%)
- Radiation (1%)
- Radon (1%)

Mold Prevention Tips

- Exposure to damp and moldy environments may cause a variety of health effects. Mold can cause nasal stuffiness, throat irritation, coughing or wheezing, eye irritation, or, in some cases, skin irritation.
- In your home, you can control mold growth by following these tips:
 - Keep humidity levels as low as you can, no higher than 50%, all day long
 - Be sure your home has enough ventilation. Use exhaust fans which vent outside your home in the kitchen and bathroom. Make sure your clothes dryer vents outside your home.
 - Fix any leaks in your home's roof, walls, or plumbing so mold does not have moisture to grow.
 - Clean up and dry out your home thoroughly and quickly (within 24–48 hours) after flooding.
 - Add mold inhibitors to paints before painting.
 - Clean bathrooms with mold-killing products.
 - Remove or replace carpets and upholstery that have been soaked and cannot be dried promptly.
 - Consider not using carpet in rooms or areas like bathrooms or basements that may have a lot of moisture.

(Source: CDC, Facts about Mold and Dampness, updated 9/5/17)

Social Conditions: Parenting

Key Findings

In 2019, 26% of Henry County parents talked to their 12-to-17-year-old about dating and relationships. Eighty-eight percent (88%) of parents reported their children had received all recommended vaccinations.

Parenting

- Eighty-eight percent (88%) of Henry County children had received all recommended vaccinations.
- Children did not get all their recommended vaccinations for the following reasons: did not think immunization was necessary (2%), personal beliefs (1%), and other reasons (2%).
- Parents discussed the following health topics with their 12-to-17-year-old in the past year:
 - Dating and relationships (26%)
 - Career plan/post-secondary education (26%)
 - Negative effects of alcohol/tobacco/illegal drugs/misusing prescription drugs (24%)
 - Social media issues (24%)
 - Weight status (22%)
 - Bullying (cyber/indirect/physical/verbal) (20%)
 - Volunteering (20%)

- Abstinence and how to refuse sex (age appropiate) (20%)
- Body image (20%)
- School/legal consequences of using alcohol/tobacco/other drugs (17%)
- Depression/anxiety/suicide (16%)
- Energy drinks (15%)
- Birth control/condoms/safe sex/STD prevention (age appropriate) (14%)
- Refusal skills/peer pressure (14%)
- In the past 5 years, parents indicated their infant slept in the following places:
 - Crib/bassinette (without bumper pads, blankets, and toys) (39%)
 - Pack n' play (29%)
 - In bed with you or another person (23%)
 - Car seat (15%)
 - Swing (11%)
 - Crib/bassinette (with bumper pads, blankets, and toys) (11%)
 - The floor (5%)
 - Couch or chair (4%)
- In the past 5 years, Henry County parents reported they or their spouse breastfed or pumped for their child: more than 9 months (6%), 4 months to 6 months (3%), 7 weeks to 3 months (2%), 3 to 6 weeks (6%), 2 weeks or less (3%), still breastfeeding (9%), and never breastfed (16%).
- Sixty-five percent (65%) of parents reported their child always rode in a car seat when a passenger in a car. Thirty four percent (33%) of parents indicated their child was too big for a car seat.
- Twenty-one percent (21%) of parents reported their child always used a booster seat. Twenty-nine percent (29%) of parents reported their child was too small for a booster seat, and 38% reported their child was over 4'9" and 80 pounds.
- Of the children eligible by height and weight requirements, 65% always wore a seatbelt without a booster seat, and 23% seldom or never wore a seatbelt without a booster seat.
- Parents missed work at least once in the past year due to the following: illness or injuries (51%), medical appointments (40%), unreliable/lack of child care (12%), behavioral/emotional problems (6%), and asthma (3%).

Youth Health: Weight Status

Key Findings

One-fifth (20%) of Henry County youth were obese, according to body mass index (BMI) by age. When asked how they would describe their weight, 36% of Henry County youth reported that they were slightly or very overweight. Fourteen percent (14%) of youth did not participate in at least 60 minutes of physical activity on any day in the past week.

934 Henry County youth were classified as overweight or obese.

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 fat changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese.
- One-fifth (20%) of Henry County youth were classified as obese by body mass index (BMI) calculations, 12% were classified as overweight, 65% were normal weight, and 3% were underweight.
- Over one-third (36%) of youth described themselves as being either slightly or very overweight.
- Over half (52%) of all youth were trying to lose weight, increasing to 63% of Henry County female youth (compared to 41% of males).
- Youth did the following to lose or keep from gaining weight in the past 30 days:
 - Exercised (49%)
 - Drank more water (48%)
 - Ate more fruits and vegetables (36%)
 - Ate less food, fewer calories, or foods lower in fat (30%)
 - Skipped meals (19%)
 - Went without eating for 24 hours (7%)
 - Took diet pills, powders, or liquids without a doctor's advice (2%)
 - Vomited or took laxatives (1%)
 - Smoked cigarettes or e-cigarettes to lose weight (1%)
 - Used illegal drugs (1%)
- Thirty-six percent (36%) of youth did not do anything to lose or keep from gaining weight.

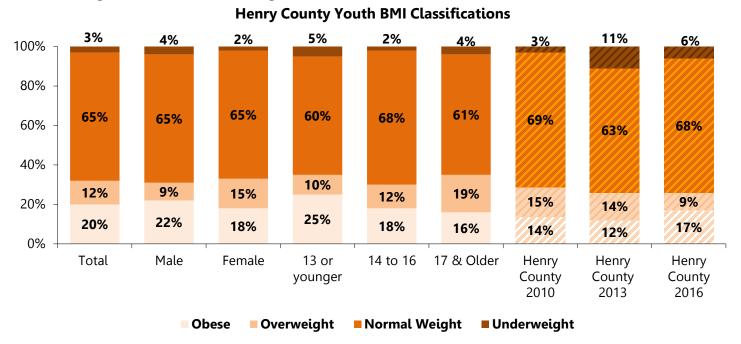
Healthy People 2020

Nutrition and Weight Status (NWS)

Objective	Henry County 2019	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	20% (6-12 Grade) 19% (9-12 Grade)	15% (9-12 Grade)	15%

(Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2019 Henry County Health Assessment)

The following graph shows the percentage of Henry 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: 65% of all Henry County youth were classified as normal weight, 20% were obese, 12 were overweight, and 3% were 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.

Youth Nutrition

- Five percent (5%) of youth reported they went to bed hungry on at least one day in the past week because their family did not have enough money for food. Two percent (2%) of youth went to bed hungry every night of the week.
- About one-fifth (19%) of youth ate five or more servings of fruits and/or vegetables per day, 35% ate three to four servings, and 39% of youth ate one to two servings. Seven percent (7%) of youth ate zero servings of fruits and/or vegetables per day.

The table below indicates the number of servings Henry County youth had of fruit, vegetables, sugarsweetened beverages and caffeinated beverages per day.

	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruit	5%	15%	68%	12%
Vegetables	4%	10%	68%	18%
Sugar-sweetened beverage	9%	16%	57%	18%
Caffeinated beverage	7%	10%	43%	40%

Youth Physical Activity

- During the past week, youth participated in at least 60 minutes of physical activity at the following frequencies:
 - Three or more days (75%)
 - Five or more days (56%)
 - Every day (34%)
 - Zero days (14%)
- Henry County youth spent an average of 3.2 hours on a cell phone, 1.4 hours playing non-active video games, 1.2 hours watching TV, and 1.1 hours on the computer/tablet on an average day of the week.
- Tweleve percent (12%) of youth spent three or more hours watching TV on an average day.

Youth Comparisons	Henry County 2010 (6 th -12 th)	Henry County 2013 (6 th -12 th)	Henry County 2016 (6 th -12 th)	Henry County 2019 (6 th -12 th)	Henry County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Obese	14%	12%	17%	20%	19%	15%
Overweight	15%	14%	9%	12%	14%	16%
Described themselves as slightly or very overweight	30%	25%	24%	36%	37%	32%
Tried to lose weight	47%	46%	34%	52%	53%	47%
Exercised to lose weight (in the past 30 days)	34%	43%	33%	49%	51%	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight (in the past 30 days)	11%	30%	24%	30%	37%	N/A
Went without eating for 24 hours or more (in the past 30 days)	1%	5%	4%	7%	9%	N/A
Took diet pills, powders, or liquids without a doctor's advice (in the past 30 days)	0%	2%	1%	2%	2%	N/A
Vomited or took laxatives (in the past 30 days)	1%	1%	1%	1%	2%	N/A
Physically active at least 60 minutes per day on every day in past week	24%	24%	31%	34%	31%	26%
Physically active at least 60 minutes per day on five or more days in past week	50%	46%	55%	56%	54%	47%
Did not participate in at least 60 minutes of physical activity on any day in past week	11%	15%	13%	14%	14%	15%
Watched three or more hours per day of television (on an average school day)	39%	36%	19%	12%	14%	21%

N/A – Not Available

Youth Health: Tobacco Use

Key Findings

Five percent (5%) of Henry County youth were current smokers. One-in-nine (11%) youth were current electronic vapor product users. Of youth who had used e-cigarettes/vapes in the past 12 months, 61% used e-liquid or e-juice with nicotine in them.

321 Henry County youth were current electronic vapor product users.

Youth Tobacco Use

- Thirteen percent (13%) of Henry County youth had tried cigarette smoking, increasing to 32% of those ages 17 and older.
- Five percent (5%) of <u>all</u> youth had smoked a whole cigarette for the first time before the age of 13.
- Nearly one-fourth (22%) 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 12.7 years old.
- Five percent (5%) of youth were current smokers, having smoked at some time in the past 30 days, increasing to 13% of youth ages 17 and older.
- Eighty-one percent (81%) of youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- Over one-fifth (21%) of Henry County youth used an electronic vaping product in their life, increasing to 48% of those ages 17 and older.
- Four percent (4%) of <u>all</u> youth had used an electronic vaping product for the first time before the age of 13.
- Six percent (6%) of those who had used an electronic vaping product did so at 10 years old or younger, and another 10% had done so by 12 years old.
- One-in-nine (11%) Henry County youth were current electronic vapor product users, having used one at some time in the past 30 days, increasing to 27% of those ages 17 and older.
- 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 with nicotine (61%)
 - E-liquid or e-juice without nicotine (46%)
 - Marijuana or THC in the e-liquid (12%)
 - Homemade e-liquid or e-juice (2%)
 - Other (5%)
- Nearly two-fifths (38%) of youth who smoked in the past year had tried to quit smoking.
- Youth smokers reported the following ways of obtaining cigarettes:
 - A person 18 years or older gave them the cigarettes (44%)
 - Borrowed (or bummed) cigarettes from someone else (28%)
 - Took them from a family member (24%)
 - Bought from a store such as a convenience store, supermarket, discount store, or gas station (20%)
 - Bought from a vending machine (8%)
 - Some other way (36%)

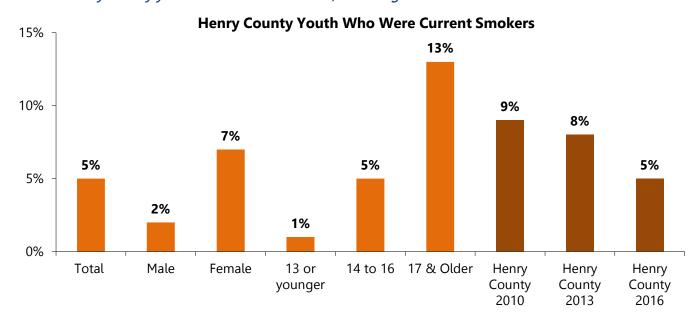
Henry County youth used the following forms of tobacco in the past	Month	Year
E-cigarettes	8%	17%
Cigarettes	5%	12%
Black and Milds	1%	5%
Chewing tobacco, snuff or dip	2%	5%
Pouch [snus]	2%	5%
Hookah	1%	4%
Cigarillos	1%	3%
Little cigars	1%	3%
Cigars	1%	3%
Bidis	1%	2%
Dissolvable tobacco products	1%	2%

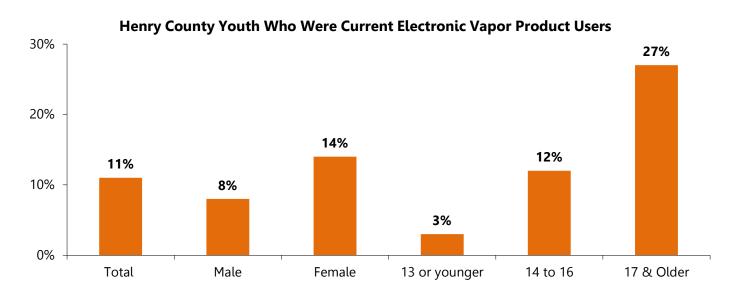
Healthy People 2020 Tobacco Use (TU)

Objective	Henry County 2019	U.S. 2017	Healthy People 2020 Target
TU-2.2 Reduce use of cigarettes by adolescents (past month)	5% (6-12 Grade) 8% (9-12 Grade)	9% (9-12 Grade)	16% (9-12 Grade)

(Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2019 Henry County Health Assessment)

The following graphs show the percentage of Henry County youth who were current smokers and current electronic vapor product users. An example of how to interpret the information in the first graph includes: 5% of all Henry County youth were current smokers, including 2% of males and 7% 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 table below indicates correlations between current smokers and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 63% of current smokers used marijuana in the past month, compared to 2% of non-current smokers.

Behaviors of Henry County Youth

Current Smokers vs. Non-Current Smokers

Youth Behaviors	Current Smoker	Non- Current Smoker
Bullied (in the past 12 months)	88%	36%
Had at least one drink of alcohol (in the past 30 days)	81%	9%
Currently participate in extracurricular activities		92%
Used marijuana (in the past 30 days)		2%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)		19%
Seriously considered attempting suicide (in the past 12 months)		8%
Attempted suicide (in the past 12 months)	24%	5%
Misused prescription medication (in the past 30 days)	19%	1%

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

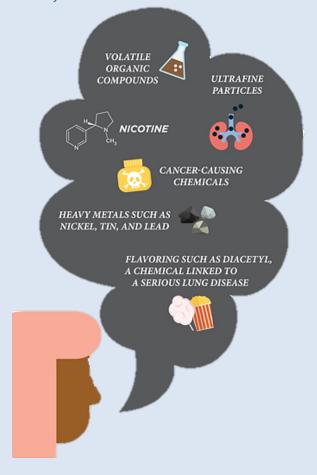
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Henry County 2010 (6 th -12 th)	Henry County 2013 (6 th -12 th)	Henry County 2016 (6 th -12 th)	Henry County 2019 (6 th -12 th)	Henry County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Ever tried cigarette smoking (even one or two puffs)	15%	14%	10%	13%	20%	29%
Current smoker (smoked on at least 1 day during the past 30 days)	9%	8%	5%	5%	8%	9%
Currently used an electronic vapor product (on at least 1 day during the past 30 days)	N/A	N/A	N/A	11%	18%	13%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	6%	6%	3%	5%	7%	10%
Tried to quit smoking (of those youth who smoked in the past year)	46%	51%	37%	38%	38%	N/A
Usually obtained cigarettes by buying them in a store or gas station (of current smokers)	15%	23%	33%	20%	18%	14%

N/A-Not Available

What's the Bottom Line on the Risks of E-cigarettes for **Kids, Teens, and Young Adults?**

- The use of e-cigarettes is unsafe for kids, teens, and young adults.
- Most e-cigarettes contain nicotine and other substances. Nicotine is highly addictive and can harm brain development that control attention, learning, mood, and impulse control, which continues until about age 25.
- A 2018 National Academy of Medicine report found some evidence that e-cigarette use increases the frequency and amount of cigarette smoking in the future.
- Although researchers are still investigating the long-term health effects, some of the ingredients in e-cigarette aerosols is **NOT** harmless "water vapor" and can be very harmful to the lungs.
- It is difficult for consumers to know what e-cigarette products contain; Many e-cigarettes marketed as containing zero percent nicotine have been found to contain nicotine.
- Additionally, defective e-cigarette batteries have caused some fires and explosions, a few of which have resulted in serious injuries. Children and adults have also been poisoned by swallowing, breathing, or absorbing ecigarette liquid through their skin or eyes



(Sources: CDC, Smoking & Tobacco Use; What's the Bottom Line on the Risks of E-cigarettes for Kids, Teens, and Young Adults? December 3, 2018)

Youth Health: Alcohol Consumption

Key Findings

About one-third (32%) of Henry County youth had at least one drink of alcohol in their life. Thirteen percent (13%) of youth had at least one drink in the past 30 days, defining them as a current drinker. Of those who drank, 53% were defined as binge drinkers.

204 youth were binge drinkers.

Youth Alcohol Consumption

- About one-third (32%) of youth had at least one drink of alcohol in their life, increasing to 53% of those ages 17 and older.
- Thirteen percent (13%) of youth had at least one drink in the past 30 days, increasing to 24% of those ages 17 and older.
- Based on all youth surveyed, 7% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers, increasing to 18% of those ages 17 and older. Of those who drank, 53% were defined as binge drinkers.
- Over two-fifths (44%) of youth who reported drinking at some time in their life had their first drink at 12 years old or younger, 31% took their first drink between the ages of 13 and 14, and 25% started drinking between the ages of 15 and 18. The average age of onset was 12.4 years old.
- Of <u>all</u> youth, 13% had drunk alcohol for the first time before the age of 13.
- Youth drinkers reported the following ways of obtaining their alcohol:
 - Someone gave it to them (36%)
 - A parent gave it to them (34%)
 - Someone older bought it (20%)
 - An older friend or sibling bought it for them (14%)
 - Took it from a store or family member (7%)
 - A friend's parent gave it to them (4%)
 - Bought it in a liquor store, convenience store, supermarket, discount store, or gas station (4%)
 - Used a fake ID (2%)
 - Some other way (32%)
- Youth drinkers usually drank alcohol in the following places:
 - Home (73%)
 - A friend's home (31%)
 - Another person's home (20%)
 - While riding in or driving a car or other vehicle (11%)
 - A public event such as a concert or sporting event (7%)
 - A restaurant, bar or club (7%)
 - A public place such as a park, beach or parking lot (5%)
 - On school property (5%)
- During the past month, 12% of all Henry County youth had ridden in a car driven by someone who had been drinking alcohol.
- Two percent (2%) of youth drivers had driven a car in the past month after they had been drinking alcohol.

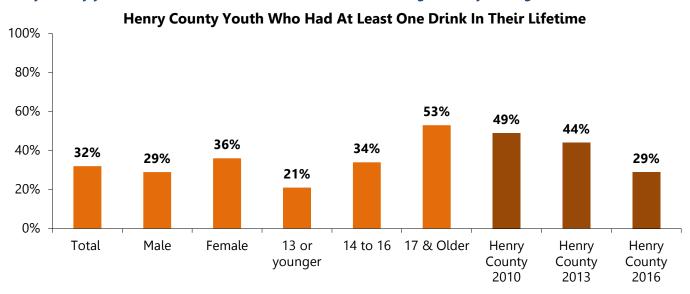
Healthy People 2020

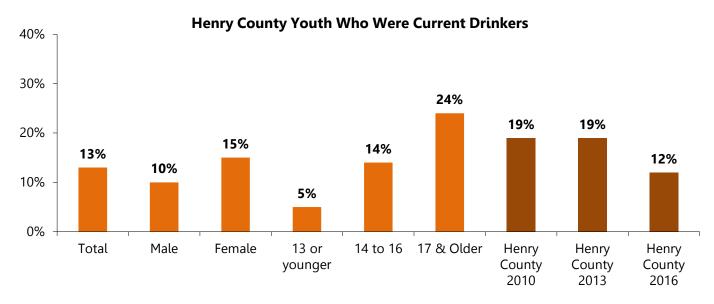
Substance Abuse (SA)

Objective	Henry County 2019	U.S. 2017	Healthy People 2020 Target
SA-14.4 Reduce the proportion of persons engaging in binge drinking during the past month	7% (6-12 Grade) 11% (9-12 Grade)	14% (9-12 Grade)	9%

Note: The Healthy People 2020 target is for youth aged 12-17 years. (Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2019 Henry County Health Assessment)

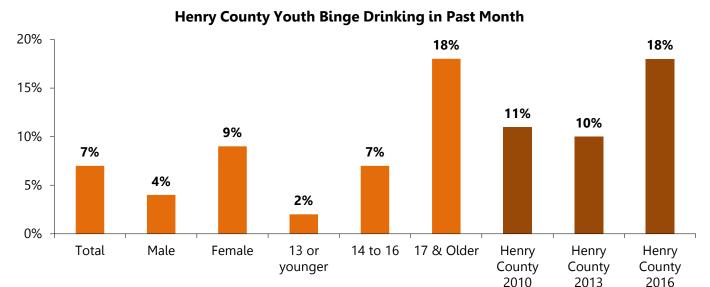
The following graphs show the percentage of Henry County youth who drank in their lifetime and who were current drinkers. An example of how to interpret the information on the first graph includes: 32% of all Henry County youth had drunk at some time in their life, including 53% of youth ages 17 and over.





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 youth who binge drank in the past month. An example of how to interpret the information includes: 7% of youth binge drank, including 18% of youth ages 17 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.

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: 49% of current drinkers had experienced three or more ACEs in their lifetime, compared to 17% of non-current drinkers.

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

Youth Behaviors		Non-Current Drinker
Currently participate in extracurricular activities	87%	92%
Bullied (in the past 12 months)	67%	34%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	49%	17%
Seriously considered attempting suicide (in the past 12 months)		7%
Used marijuana (in the past 30 days)	32%	1%
Smoked cigarettes (in the past 30 days)	30%	1%
Attempted suicide (in the past 12 months)	19%	4%
Misused prescription medication (in the past 30 days)	9%	1%

"Current drinkers" indicate youth who self-reported having had at least one drink of alcohol 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.

Youth Comparisons	Henry County 2010 (6 th -12 th)	Henry County 2013 (6 th -12 th)	Henry County 2016 (6 th -12 th)	Henry County 2019 (6 th -12 th)	Henry County 2019 (9 th -12 th)	U.S. 2017 (9 th –12 th)
Ever drank alcohol (at least one drink of alcohol on at least one day during their life)	49%	44%	29%	32%	41%	60%
Current Drinker (at least one drink of alcohol on at least one day during the past 30 days)	19%	19%	12%	13%	18%	30%
Binge drinker (drank five or more drinks within a couple of hours on at least one day during the past 30 days)	11%	10%	18%	7%	11%	14%
Drank for the first time before age 13 (of all youth)	35%	16%	7%	13%	12%	16%
Obtained the alcohol they drank by someone giving it to them (of youth drinkers)	38%	39%	34%	36%	37%	44%
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)	20%	17%	12%	12%	11%	17%
Drove when they had been drinking alcohol (in a car or vehicle, one or more times during the 30 days before the survey, among youth who had driven a car or other vehicle)	5%	2%	4%	2%	3%	6%

N/A-Not Available

Consequences of Underage Drinking

- Youth who drink alcohol are more likely to experience the following:
 - School problems, such as higher absence and poor or failing grades
 - Social problems, such as fighting and lack of participation in youth activities
 - Legal problems, such as arrest for driving or physically hurting someone while drunk
 - Physical problems, such as hangovers or illnesses
 - Unwanted, unplanned, and unprotected sexual activity
 - Disruption of normal growth and sexual development
 - Physical and sexual assault
 - Higher risk for suicide and homicide
 - Alcohol-related car crashes and other unintentional injuries, such as burns, falls, and drowning
 - Memory problems
 - Abuse of other drugs
 - Changes in brain development that may have life-long effects
 - Death from alcohol poisoning
- In general, the risk of youth experiencing these problems is greater for those who binge drink than for those who do not binge drink.
- Early initiation of drinking is associated with development of an alcohol use disorder later in life.

(Source: CDC, Alcohol and Public Health, updated on August 2, 2018)

Youth Health: Drug Use

Key Findings

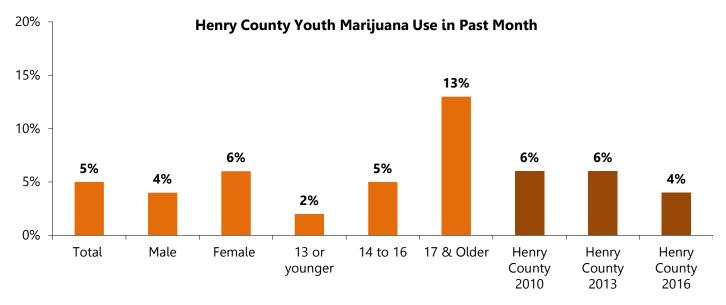
Five percent (5%) of Henry County youth had used marijuana at least once in the past 30 days. Two percent (2%) of youth used prescription drugs not prescribed for them in the past month.

146 youth were current marijuana users.

Youth Drug Use

- Five percent (5%) of all Henry County youth had used marijuana at least once in the past 30 days, increasing to 13% of those ages 17 and over.
- Two percent (2%) of youth tried marijuana before the age of 13. The average age of onset was 13.7 years old.
- In the past month, 2% of youth reported using prescriptions drugs not prescribed for them.
- Youth who had used medication not prescribed for them during the past month obtained the medication in the following ways: from a parent (60%), from another family member (20%), bought from someone else (13%), the internet (7%), from a friend (7%), and stole from a friend or family member (7%).
- Henry County youth had tried the following in their life:
 - Prescription medications not prescribed for them, or took more than was prescribed (3%)
 - Liquid THC (1%)
 - Misused over-the-counter medications (1%)
 - Steroid pills or shots without a doctor's prescription (1%)
 - Bath salts (1%)
 - Synthetic marijuana/posh/salvia (1%)
 - Misused cough syrup (1%)
 - Inhalants (1%)
 - Ecstasy/MDMA/Molly (<1%)</p>
 - Hallucinogenic drugs (<1%)
 - Cocaine (<1%)</p>
 - K2/spice (<1%)</p>
 - Methamphetamines (<1%)</p>
 - Misused hand sanitizer (<1%)</p>
 - Heroin (0%)
 - Performance enhancers (0%)
 - Went to a pharm party (0%)
 - GHB (0%)
- During the past 12 months, 5% of all Henry County youth reported that someone had offered, sold, or given them an illegal drug on school property.
- Henry County youth reported the following reasons for not using drugs: parents would be upset (61%), values (61%), legal consequences (52%), kicked out of extra-curricular activities (49%), their friends would not approve (40%), health problems (40%), random student drug testing (29%), and other (24%).

The following graph shows youth marijuana use in the past 30 days. An example of how to interpret the information includes: 5% of youth used marijuana in the past 30 days, including 13% of those 17 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.

The table below indicates correlations between 30-day marijuana use and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 83% of current marijuana users had at least one drink of alcohol in the past month, compared to 9% of non-current marijuana users.

Behaviors of Henry 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)	83%	9%
Bullied (in the past 12 months)	72%	36%
Currently participate in extracurricular activities	65%	93%
Smoked cigarettes (in the past 30 days)	59%	2%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	44%	20%
Seriously considered attempting suicide (in the past 12 months)	39%	9%
Attempted suicide (in the past 12 months)	22%	5%
Misused prescription medication (in the past 30 days)	17%	1%

"Current marijuana use" indicates youth who self-reported using marijuana 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.

Youth Comparisons	Henry County 2010 (6 th -12 th)	Henry County 2013 (6 th -12 th)	Henry County 2016 (6 th -12 th)	Henry County 2019 (6 th -12 th)	Henry County 2019 (9 th -12 th)	U.S. 2017 (9 th –12 th)
Used marijuana in the past month	6%	6%	4%	5%	8%	20%
Tried marijuana for the first time before the age of 13	4%	3%	1%	2%	2%	7%
Ever used methamphetamines (in their lifetime)	1%	1%	1%	<1%	1%	3%
Ever used cocaine (in their lifetime)	2%	2%	2%	<1%	1%	5%
Ever used heroin (in their lifetime)	1%	1%	1%	0%	0%	2%
Ever used inhalants (in their lifetime)	10%	6%	3%	1%	2%	6%
Ever took steroids without a doctor's prescription (in their lifetime)	2%	3%	1%	1%	1%	3%
Ever used ecstasy (also called MDMA in their lifetime)	N/A	2%	3%	<1%	0%	4%
Ever used hallucinogenic drugs (such as LSD, acid, PCP, angel dust, mescaline, or mushrooms in their lifetime)	N/A	N/A	N/A	<1%	0%	7%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	7%	5%	2%	5%	7%	20%

N/A-Not Available

Youth Health: Sexual Behavior

Key Findings

Fifteen percent (15%) of Henry County youth had sexual intercourse in their lifetime. Twenty-two percent (22%) of sexually active youth had four or more sexual partners. Six percent (6%) of youth engaged in intercourse without a reliable method of protection, and 17% reported they were unsure if they used a reliable method.

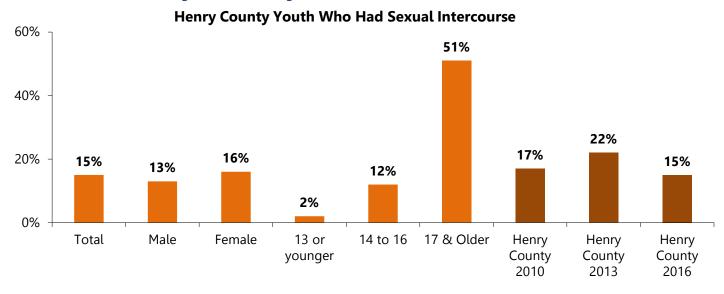
438 youth had sexual intercourse in their lifetime.

Youth Sexual Behavior

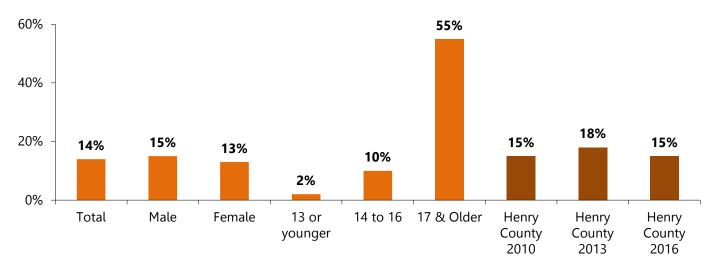
- Fifteen percent (15%) of Henry County youth had sexual intercourse, increasing to 51% of those ages 17 and over
- About one-in-seven (14%) youth had participated in oral sex, increasing to 55% of those ages 17 and over.
- Four percent (4%) of youth had participated in anal sex, increasing to 15% of those ages 17 and over.
- Twelve percent (12%) of youth had participated in sexting, increasing to 40% of those ages 17 and over.
- Fifteen percent (15%) of youth had viewed pornography, increasing to 38% of those ages 17 and over and 20% of males.
- Of sexually active youth, 51% had one sexual partner, and 49% had multiple partners.
- Twenty-two percent (22%) of sexually active youth had four or more sexual partners.
- Four percent (4%) of <u>all</u> youth had four or more sexual partners.
- Of sexually active youth, 19% had engaged in intercourse by the age of 13, and another 37% had done so by 15 years of age. The average age of onset was 15.0 years old.
- Of <u>all</u> youth, 2% were sexually active before the age of 13.
- Over three-fifths (65%) of youth who were sexually active used condoms to prevent pregnancy, 30% used birth control pills, 15% used the withdrawal method; 8% used a shot, patch or birth control ring, 6% used an IUD, and 3% used some other method. Six percent (6%) of youth reported they were gay or lesbian. However, 6% engaged in intercourse without a reliable method of protection, and 17% reported they were unsure.
- Henry County youth that reported not always using protection when engaging in oral, anal, or sexual intercourse gave the following reasons: did not want to use protection (3%), did not have protection available to me (2%), it did not occur to them (1%), and partner did not want to use protection (1%).
- Youth learned about pregnancy prevention, sexually transmitted diseases, HIV/AIDS, and the use of condoms from school (79%), their parents (52%), their friends (22%), the Internet or social media (21%), their doctor (20%), their siblings (14%), church (11%), and somewhere else (5%). Eleven percent (11%) of youth had not been taught about these subjects.
- Of sexually active youth, 14% had drunk alcohol or used drugs before their last sexual encounter.
- In the past month, youth reported they experienced the following:
 - They received a text or an e-mail with a revealing, or sexual photo of someone (11%)
 - They texted, e-mailed, or posted electronically a revealing or sexual photo of themselves (4%)
 - A revealing or sexual photo of them was texted, emailed, or posted electronically without their permission (2%)

Henry County youth had experienced the following in their lifetime: had sexual contact with a female (8%), had sexual contact with a male (8%), gotten someone pregnant (1%), had a child (1%), were treated for and STD (1%), taken emergency contraception (1%), had sex in exchange for something of value (1%), been pregnant (1%), tried to get pregnant (1%), wanted to get pregnant (1%), had a miscarriage (<1%), and had an abortion (<1%).

The following graphs show the percentage of Henry County youth who participated in sexual intercourse and oral sex. An example of how to interpret the information includes: 15% of all Henry County youth had sexual intercourse, including 51% of those ages 17 and older.

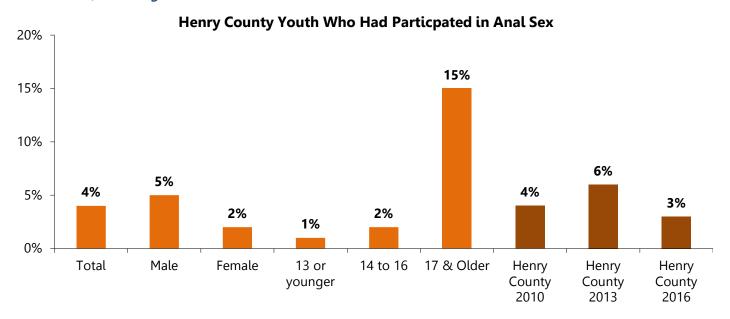


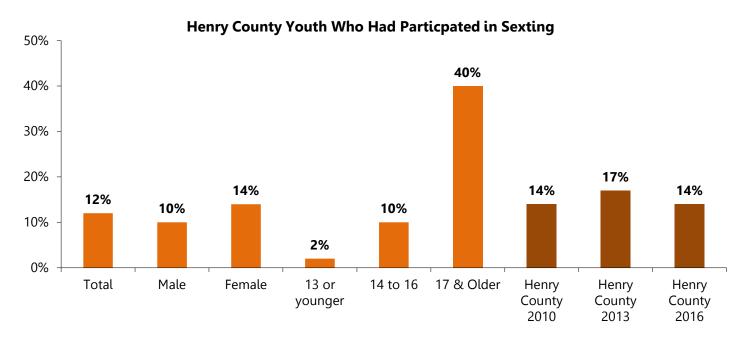
Henry County Youth Who Had Particpated in Oral Sex



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 Henry County youth who participated in anal sex and sexting. An example of how to interpret the information on the first graph includes: 4% of all Henry County youth had anal sex, including 15% of those 17 and older.





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	Henry County 2010 (6 th -12 th)	Henry County 2013 (6 th -12 th)	Henry County 2016 (6 th -12 th)	Henry County 2019 (6 th -12 th)	Henry County 2019 (9 th -12 th)	U.S. 2017 (9 th –12 th)
Ever had sexual intercourse	17%	22%	15%	15%	26%	40%
Had sexual intercourse with four or more persons (of all youth during their life)	8%	3%	6%	4%	7%	10%
Had sexual intercourse before the age 13 (for the first time of all youth)	3%	4%	2%	2%	2%	3%
Used a condom (during last sexual intercourse)	55%	48%	63%	65%	68%	54%
Used birth control pills (during last sexual intercourse)	21%	32%	39%	30%	32%	21%
Used an IUD (during last sexual intercourse)	N/A	N/A	0%	6%	6%	4%
Used a shot, patch or birth control ring (during last sexual intercourse)	5%	5%	4%	8%	8%	5%
Did not use any method to prevent pregnancy during last sexual intercourse	8%	8%	14%	6%	3%	14%
Drank alcohol or used drugs before last sexual intercourse (of sexually active youth)	N/A	18%	18%	14%	15%	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.
- 7% had been physically forced to have sexual intercourse when they did not want to.
- 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
- Nearly 210,000 babies were born to teen girls aged 15-19 years in 2016.

(Source: CDC, Adolescent and School Health, updated 6/14/18)

Youth Health: Mental Health

Key Findings

Ten percent (10%) of youth had seriously considered attempting suicide in the past year, and 6% attempted suicide in the past year. The top three causes for anxiety, stress or depression for Henry County youth were academic success (41%), death or a close family member or friend (39%) and fighting with friends (38%).

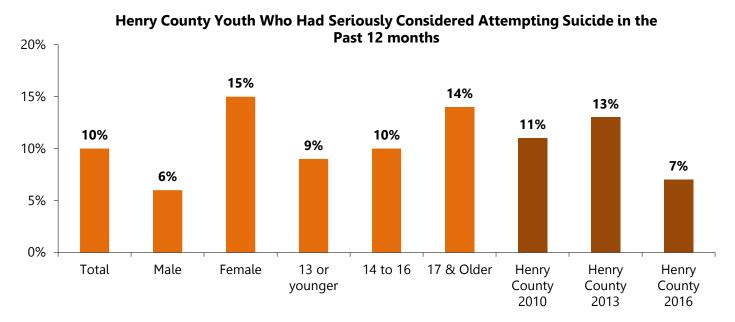
175 youth seriously considered attempting suicide in the past year.

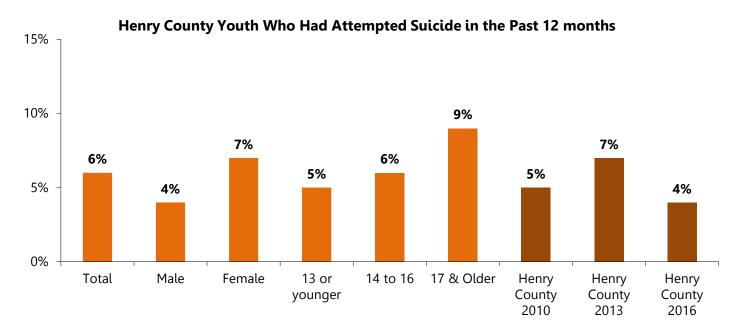
Youth Mental Health

- Twenty-one percent (21%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 26% of females.
- Ten percent (10%) of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 15% of females.
- In the past year, 6% of youth had attempted suicide. Three percent (3%) of youth had made more than one attempt.
- Youth reported the following caused them anxiety, stress or depression:
 - Academic success (41%)
 - Death of close family member or friend (39%)
 - Fighting with friends (38%)
 - Sports (37%)
 - Self-image (31%)
 - Peer pressure (29%)
 - Other stress in the home (23%)
 - Dating relationship (22%)
 - Being bullied (20%)
 - Fighting at home (18%)
 - Breakup (16%)
 - Parent divorce/separation (14%)

- Sick parent (12%)
- Social media (e.g. Facebook) (12%)
- Caring for younger siblings (11%)
- Poverty/no money (10%)
- Current news/world events/political environment (7%)
- Alcohol or drug use in the home (5%)
- Not having enough to eat (4%)
- Sexual orientation (3%)
- Not having a place to live (3%)
- Other (11%)
- Youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (42%); hobbies (30%); texting someone (29%); exercising (25%); eating (24%); talking to someone in their family (23%); talking to a peer (21%); praying/reading the Bible (18%); using social media (12%); breaking something (12%); shopping (9%); writing in a journal (7%); using online resources (6%); and drinking alcohol, smoking/using tobacco, or using illegal drugs (6%). One-fifth (20%) of youth reported they did not have anxiety, stress, or depression.
- Henry County youth reported the following reasons would keep them from seeking help if they were dealing with anxiety, stress, depression or thoughts of suicide: they can handle it themselves (31%), worried what others might think (19%), no time (11%), do not know where to go (8%), paying for it (8%), family would not support them in getting help (5%), friends would not support them in getting help (4%), and transportation (2%). Four percent (4%) of youth reported they were currently in treatment. Fifty-one percent (51%) of youth reported they would seek help.
- When youth had feelings of depression or suicide, they talked to the following: best friend (28%); parents (17%); girlfriend or boyfriend (13%); brother/sister (12%); an adult relative such as a grandparent, aunt or uncle (6%); adult friend (6%); caring adults (5%); professional counselor (4%); teacher (4%); school counselor (4%); pastor/priest/youth minister (3%); coach (2%); religious leader (2%); and other (4%). Twelve percent (12%) of youth reported they had no one to talk to when they had feelings of depression or suicide.

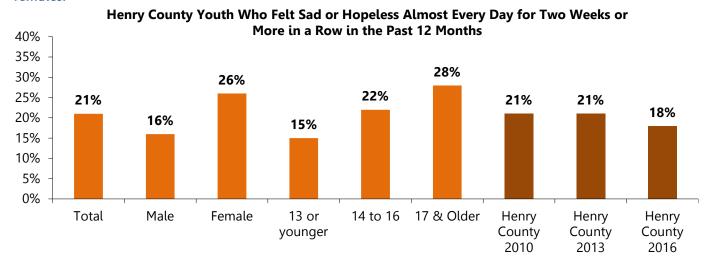
The following graphs show Henry County youth who had seriously considered attempting suicide in the past year and youth who had attempted suicide in the past year. An example of how to interpret the information includes: 10% of youth seriously considered attempting suicide in the past year, including 6% of males and 15% 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 Henry County youth who felt sad or hopeless every day for two weeks or more in a row in the past 12 months. An example of how to interpret the information includes: 21% of youth felt sad or hopeless almost every day for two weeks or more in a row, including 16% of males and 26% 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.

Youth Comparisons	Henry County 2010 (6 th -12 th)	Henry County 2013 (6 th -12 th)	Henry County 2016 (6 th -12 th)	Henry County 2019 (6 th -12 th)	Henry County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
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%	21%	18%	21%	23%	32%
Seriously considered attempting suicide (in the past 12 months)	11%	13%	7%	10%	11%	17%
Attempted suicide (in the past 12 months)	5%	7%	4%	6%	7%	7%

Youth Depression: Signs and Symptoms

- Occasionally being sad or feeling hopeless is a part of every child's life. However, some children feel sad or uninterested in things that they used to enjoy, or feel helpless or hopeless in situations where they could do something to address the situations. When children feel persistent sadness and hopelessness, they may be diagnosed with depression.
- Examples of behaviors often seen when children are depressed include:
 - Feeling sad, hopeless, or irritable a lot of the time
 - Not wanting to do or enjoy doing fun things
 - Changes in eating patterns eating a lot more or a lot less than usual
 - Changes in sleep patterns sleeping a lot more or a lot less than normal
 - Changes in energy being tired and sluggish or tense and restless a lot of the time
 - Having a hard time paying attention
 - Feeling worthless, useless, or guilty
 - Self-injury and self-destructive behavior
- Extreme depression can lead a child to think about suicide or plan for suicide. For youth ages 10-24 years, suicide is the leading form of death.

(Source: CDC, Children's Mental Health: Anxiety and Depression, March 15, 2018)

Youth Health: Social Determinants of Health

Key Findings

About one-fifth (21%) of Henry County youth had three or more adverse childhood experiences (ACEs) in their lifetime. Nineteen percent (19%) of youth drivers had texted while driving in the past 30 days. Half (50%) of youth who had a social media or online gaming account believed that sharing information online is dangerous.

Personal Health

- Henry County youth reported they got the following amounts of sleep on an average school night: 4 hours or less (8%), 5 hours (6%), 6 hours (13%), 7 hours (30%), 8 hours (28%), 9 hours (12%) and 10 hours or more (3%).
- Youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work less than a year ago (73%), one to two years ago (8%), more than two years ago (4%), never (2%), and do not know (13%).
- Henry County youth felt they put themselves at a greater health risk if they smoke cigarettes (71%), drink alcohol and then drive (71%), use prescription drugs not prescribed to you (70%), text while driving (67%), use electronic cigarettes (67%), drink alcohol (67%), use marijuana (61%), bully others (57%), carry a weapon (51%), participate in other sexual activities (48%), and participate in sexual intercourse (47%).

Personal Safety

- Ninety-four percent (94%) of Henry County youth had a social media or online gaming account.
- Of those who had an account, they reported the following:
 - They knew all of their "friends" (56%)
 - Their account was currently checked private (54%)
 - They knew all of the people they play online (30%)
 - Their parents had their password (23%)
 - Their friends had their password to some or all of their accounts (6%)
 - They had been asked to meet someone they met online (4%)
 - They were bullied because of their accounts (4%)
 - Their parents do not know they have an account (4%)
 - They share personal information (3%)
 - They had participated in sexual activity with someone they met online (1%)
- Half (50%) of youth who had a social media or online gaming account believed that sharing information online is dangerous.
- In the past month, youth drivers did the following while driving: wore a seat belt (95%), ate (43%), drove while tired or fatigued (35%), talked on their cell phone (30%), texted (19%), used their cell phone other than for talking or texting (17%), read (5%), drank alcohol (4%), applied makeup (3%), used marijuana (3%), used illegal drugs (2%), and misused prescription drugs (1%).
- Over two-thirds (64%) of youth reported always wearing a seat belt when riding in a car driven by someone else. Twenty-four percent (24%) said most of the time, 7% said sometimes, 3% said rarely and 2% said never.
- Henry Count youth spent the following time unsupervised after school on an average school day: less than one hour (28%), 1 to 2 hours (28%), 3 to 4 hours (10%), and more than 4 hours (13%). Twenty-one percent (21%) of youth reported spending no time unsupervised after school on an average school day.
- In the past year, 19% of youth suffered a blow or jolt to their head while playing a sport or being physically active which caused them headaches, dizziness, being dazed or confused, memory or concentration problems, blurry vision, being knocked out, or experience vomiting, increasing to 23% of males.

Youth Comparisons	Henry County 2010 (6 th -12 th)	Henry County 2013 (6 th -12 th)	Henry County 2016 (6 th -12 th)	Henry County 2019 (6 th -12 th)	Henry County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Rarely or never wore a seatbelt (when riding in a car or other vehicle driven by someone else)	12%	9%	9%	5%	7%	6%
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	72%	72%	79%	73%	71%	N/A
Did not get 8 or more hours of sleep (on an average school night)	N/A	N/A	48%	57%	71%	75%

N/A-Not Available

Neighborhood and Built Environment

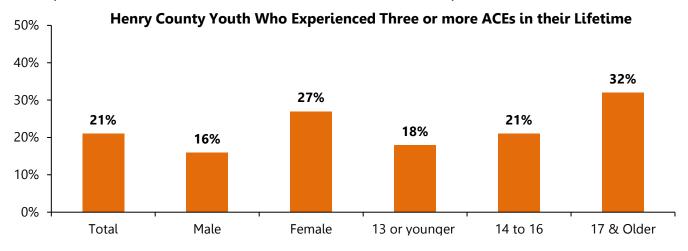
Henry County youth reported living with the following individuals: both parents (61%), one of their parents (18%), mother and step-father (17%), father and step-mother (10%), grandparents (4%), mother and her partner (2%), another relative (2%), guardians/foster parents (1%), father and his partner (1%), and living on their own or with friends (1%).

Social and Community Context

- Henry County youth were peer pressured to do the following in the past year: drink alcohol (6%), smoke cigarettes (4%), use drugs (4%), participate in sexual intercourse (4%), and participate in other sexual activities (4%).
- In the past year, youth reported an adult discussed the following with them: goals for their future (73%), dating and healthy relationships (54%), respecting themselves (42%), healthy ways to deal with stress and emotions (34%), body image (24%), abstinence and how to refuse sex (20%), condoms/safer sex/STD prevention (19%), and birth control options (12%).
- Youth reported their parent or quardian regularly did the following: talked to them about school (70%), asked about homework (69%), made the family eat a meal together (60%), went to school meetings or events (58%), helped with school work (47%), talked about healthy choices (47%), talked about social media (36%), talked about alcohol use, drug use or sex (23%). Eleven percent (11%) of youth reported their parent or quardian never did any of those things.
- Ninety-one percent (91%) of youth participated in extracurricular activities. They participated in the following:
 - A sports or intramural program (61%)
 - Exercising outside of school (42%)
 - School club or social organization (37%)
 - Church or religious organization (34%)
 - Church youth group (27%)
 - Babysitting for other kids (20%)
 - Caring for siblings after school (19%)
 - Part-time job (18%)
 - Volunteering in the community (17%)
 - Caring for parents or grandparents (4%)
 - Some other organized activity (scouts, 4-H, etc.) (22%)

- Over half (52%) of youth reported the following adverse childhood experiences (ACEs):
 - Parents became separated or were divorced (31%)
 - Parents or adults in home swore at them, insulted them or put them down (22%)
 - Family did not look out for each other, feel close to each other, or support each other (14%)
 - Lived with someone who was depressed, mentally ill or suicidal (13%)
 - Lived with someone who was a problem drinker or alcoholic (13%)
 - Lived with someone who served time or was sentenced to serve in prison or jail (12%)
 - Parents were not married (11%)
 - Lived with someone who used illegal street drugs or misused prescription drugs (5%)
 - Parents or adults in the home hit, beat, kicked, or physically hurt them in any way (not including spanking) (4%)
 - Parents or adults in home slapped, hit, kicked, punched or beat each other up (3%)
 - Did not have enough to eat, had to wear dirty clothes, and had no one to protect them (3%)
 - An adult or someone five years older than them touched them sexually (2%)
 - An adult or someone five years older than them made them touch them sexually (1%)
 - An adult or someone five years older than them forced them to have sex (<1%)
- Twenty-one percent (21%) of youth had experienced three or more ACEs in their lifetime.

The following graph shows the percentage of Henry County youth who had experienced three or more adverse child experiences (ACEs) in their lifetime. The table below indicates correlations between youth who experienced three or more ACEs, as well as other activities and experiences.



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.

Behaviors of Henry 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)	63%	23%
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)	44%	9%
Seriously considered attempting suicide (in the past 12 months)	30%	1%
Had at least one drink of alcohol (in the past 30 days)	29%	7%
Attempted suicide (in the past 12 months)	15%	1%
Smoked cigarettes (in the past 30 days)	13%	1%
Used marijuana (in the past 30 days)	10%	1%

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

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.

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 ACEs 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 Alcoholism and alcohol abuse

Fetal death

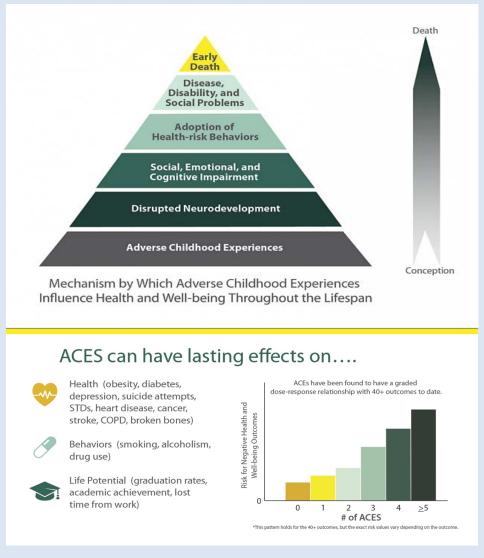
 Unintended pregnancies Illicit drug use

 Liver disease Suicide attempts

 Early initiation of smoking - STDs

 Risk for intimate partners violence Multiple sexual partners

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

Twenty-three percent (23%) of Henry County youth had been involved in a physical fight in the past year. Thirtyeight percent (38%) of youth had been bullied in the past year.

Violence-Related Behaviors

- One percent (1%) of youth carried a weapon on school property (such as a gun, knife or club) in the past 30 days.
- Six percent (6%) of youth did not go to school on one or more days in the past month because they did not feel safe at school or on their way to or from school.
- Seven percent (7%) of youth were threatened or injured with a weapon on school property in the past year.
- Ten percent (10%) of youth felt threatened or unsafe in their home at least once in the past year.

Physical and Sexual Violence

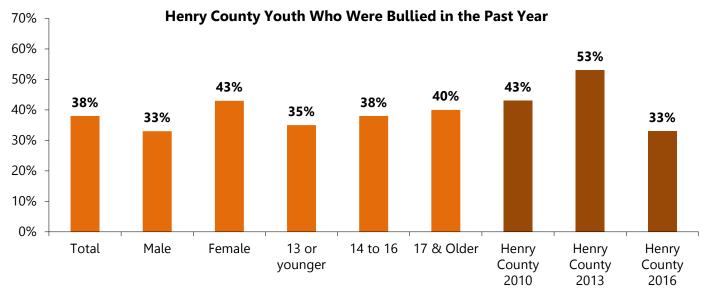
- In the past year, 23% of youth had been involved in a physical fight, increasing to 30% of males.
- Of those who had been in a physical fight, 57% had been in a fight on more than one occasion.
- In the past year, youth reported someone they were dating or going out with did the following:
 - Purposefully tried to control or emotionally hurt them (7%)
 - Forced or pressured them to do sexual things that they did not want to (2%)
 - Stalked them (2%)
 - Physically hurt them on purpose (<1%)
- Twenty-one percent (21%) of youth purposefully hurt themselves in their life by cutting, scratching, burning, hitting or biting, increasing to 28% of females.

1,109 Henry County youth were bullied in the past year.

Bullying

- Thirty-eight percent (38%) of youth had been bullied in the past year. The following types of bullying were reported:
 - 25% were verbally bullied (teased, taunted or called harmful names)
 - 21% were indirectly bullied (spread mean rumors about them or kept them out of a "group")
 - 9% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
 - 7% were physically bullied (were hit, kicked, punched or people took their belongings)
 - 2% were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person)
- In the past year, 24% of youth had been bullied on school property.
- In the past year, youth had been a victim of teasing or name calling because of the following:
 - Their weight, size, or physical appearance (27%)
 - Someone thought they were gay, lesbian, bisexual, transgender, etc. (11%)
 - Their race or ethnic background (5%)
 - Their gender (3%)

The following graph shows the percentage of Henry County youth who were bullied in the past year. An example of how to interpret the information includes: 38% of youth were bullied in the past year, including 43% 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.

Types of Bullying Henry County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 and younger	14-16 Years old	17 and older
Verbally Bullied	25%	23%	28%	23%	26%	26%
Indirectly Bullied	21%	12%	30%	15%	24%	23%
Cyber Bullied	9%	6%	12%	8%	10%	11%
Physically Bullied	7%	9%	5%	5%	7%	9%
Sexually Bullied	2%	1%	3%	1%	2%	4%

Healthy People 2020

Injury and Violence Prevention (IVP)

injury and violence i revention (ivi)						
Objective	Henry County 2019	U.S. 2017	Healthy People 2020 Target			
IVP-35 Reduce bullying among adolescents	24% (6-12 Grade) 26% (9-12 Grade)	19% (9-12 Grade)	18%			

Note: The Healthy People 2020 target is for youth in grades 9-12 who reported they were bullied on school property in the past year. (Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2019 Henry County Health Assessment)

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: 40% of those who were bullied 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, compared to 8% of those who were not bullied.

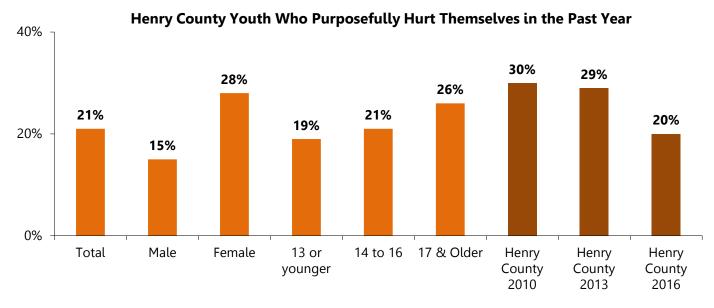
Behaviors of Henry County Youth

Bullied vs. Non-Bullied

Youth Behavior	Bullied	Non-Bullied
Currently participate in extracurricular activities	91%	92%
Classified as overweight or obese by BMI	43%	26%
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)	40%	8%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	35%	13%
Had at least one drink of alcohol (in the past 30 days)	22%	6%
Seriously considered attempting suicide (in the past 12 months)	21%	4%
Attempted suicide (in the past 12 months)	13%	1%
Smoked cigarettes (in the past 30 days)	11%	1%
Used marijuana (in the past 30 days)	9%	2%
Misused prescription medication (in the past 30 days)	4%	1%

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.

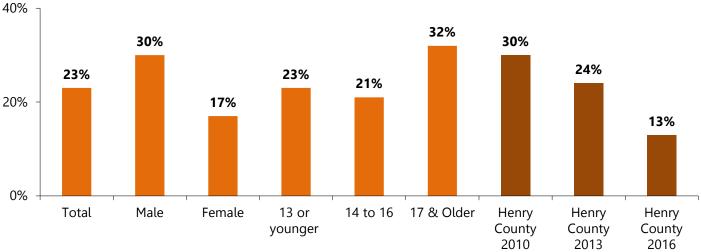
The following graph shows Henry County youth who purposefully hurt themselves during their life. An example of how interpret the information includes: 21% of youth had purposefully hurt themselves in their life, including 15% of males and 28% of females.



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 following graph shows Henry County youth who were involved in a physical fight in the past year. An example of how interpret the information includes: 23% of youth were involved in a physical fight in the past year, including 30% of males and 32% of those ages 17 and older.





Note for graph: 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	Henry County 2010 (6 th -12 th)	Henry County 2013 (6 th -12 th)	Henry County 2016 (6 th -12 th)	Henry County 2019 (6 th -12 th)	Henry County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Carried a weapon on school property (in the past 30 days)	N/A	N/A	1%	1%	1%	4%
Were in a physical fight (in the past 12 months)	30%	24%	13%	23%	26%	24%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	5%	5%	3%	6%	5%	7%
Threatened or injured with a weapon on school property (in the past 12 months)	7%	7%	3%	7%	6%	6%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	6%	4%	4%	<1%	0%	8%
Electronically bullied (in the past year)	9%	14%	12%	9%	11%	15%
Bullied (in the past year)	43%	53%	33%	38%	40%	N/A
Were bullied on school property (during the past 12 months)	N/A	33%	20%	24%	26%	19%
Purposefully hurt themselves in their life	30%	29%	20%	21%	23%	N/A

N/A – Not Available

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Association of Suicidology	Facts & Statistics, 2016	www.suicidology.org/Portals/14/do cs/Resources/FactSheets/2017/2017 datapgsv1-FINAL.pdf
American Cancer Society (ACS) 2019	2019 Cancer Estimates	www.cancer.org/content/dam/canc er-org/research/cancer-facts-and- statistics/annual-cancer-facts-and- figures/2019/cancer-facts-and- figures-2019.pdf
	ACS Guidelines for Nutrition and Physical Activity	www.cancer.org/healthy/eat-healthy-get-active/acs-guidelines-nutrition-physical-activity-cancer-prevention/guidelines.html
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	2009 – 2017 Adult Ohio and U.S. Correlating Statistics	www.cdc.gov
Brady Campaign to Prevent Gun Violence	Victims of Gun Violence in America	www.bradycampaign.org/key-gun- violence-statistics
CDC, Adolescent and School Health	Sexual Risk Behavior	www.cdc.gov/healthyyouth/sexualb ehaviors/
CDC, Alcohol & Public Health	Excessive Drinking is Draining the U.S. Economy	www.cdc.gov/features/costsofdrinki ng/index.html
CDC, Alcohol & Public Health	Consequences of Underage Drinking	www.cdc.gov/alcohol/fact- sheets/underage-drinking.htm
CDC, Breast Cancer	What Can I do to Reduce My Risk of Breast Cancer?	www.cdc.gov/cancer/breast/basic_i nfo/prevention.htm
CDC, Children's Mental Health: Anxiety and Depression	Youth Depression: Signs and Symptoms	www.cdc.gov/childrensmentalhealt h/depression.html
CDC, Diabetes	About Diabetes	www.cdc.gov/diabetes/basics/diabetes.html
CDC, Mold Prevention	Facts about Mold and Dampness	www.cdc.gov/mold/dampness_facts .htm
CDC, National Center for Health Statistics	Men's Health	www.cdc.gov/nchs/fastats/mens- health.htm
CDC Obseits	Adult Obesity Facts	www.cdc.gov/obesity/data/adult.ht ml
CDC, Obesity	Childhood Obesity Causes and Consequences	www.cdc.gov/obesity/childhood/ca uses.html
CDC, Oral Health	Adult Oral Health	www.cdc.gov/oralhealth/basics/adu lt-oral-health/index.html
CDC, Prostate Cancer	What Are the Benefits and Harms of Screening?	www.cdc.gov/cancer/prostate/basic _info/benefits-harms.htm
CDC, Rural America	About Rural Health	www.cdc.gov/ruralhealth/about.htm l
CDC, Sexual Violence Prevention	Sexual Violence Prevention	www.cdc.gov/features/sexualviolen ce/index.html

Source	Data Used	Website
CDC Carolina 9: Tobosco Hos	About Electronic Cigarettes (E- Cigarettes)	www.cdc.gov/tobacco/basic_inform ation/e-cigarettes/about-e- cigarettes.html
CDC, Smoking & Tobacco Use	Cigarette Smoking and Tobacco Use Among People of Low Socioeconomic Status	www.cdc.gov/tobacco/disparities/lo w-ses/index.htm
CDC, Violence Prevention	Adverse Childhood Experiences (ACEs)	www.cdc.gov/violenceprevention/c hildabuseandneglect/acestudy/ace- brfss.html?CDC_AA_refVal=https%3 A%2F%2Fwww.cdc.gov%2Fviolence prevention%2Facestudy%2Face_brfs s.html
CDC, Women's Health	Women's Health	www.cdc.gov/nchs/fastats/womens- health.htm
CDC Wonder, About Underlying Cause of Death, 2009-2017	U.S. Comparison Statistics	https://wonder.cdc.gov/
County Health Rankings	USDA Food Environment Atlas	www.countyhealthrankings.org
Healthy People 2020: U.S. Department of Health & Human Services	 All Healthy People 2020 Target Data Points Some U.S. Baseline Statistics Predictors of Access to Health Care E-Cigarette Use Among Youth and Young Adults 	www.healthypeople.gov/2020/topic sobjectives2020
Henry Kaiser Family Foundation	Key Facts about the Uninsured Population	www.kff.org/uninsured/fact- sheet/key-facts-about-the- uninsured-population/
National Institute on Drug Abuse and Health	Misuse of Prescription Drugs Research Report	www.drugabuse.gov/publications/ misuse-prescription- drugs/overview
National Institute on Drug Abuse and Health for Teens	Youth Prescription (Rx) Drug Misuse	https://teens.drugabuse.gov/drug- facts/prescription-drugs
Ohio Department of Health	2017 Ohio Drug Overdose Data: General Finding	odh.ohio.gov/wps/wcm/connect/gov/5deb684e-4667-4836-862b-cb5eb59acbd3/2017_OhioDrugOverdoseReport.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-5deb684e-4667-4836-862b-cb5eb59acbd3-moxPbu6
Ohio Department of Health, Information Warehouse	 Henry County and Ohio Birth Statistics Age-Adjusted Mortality Rates Sexually Transmitted Diseases Incidence of Cancer HIV/AIDS Surveillance Program Statistics: Access to Health Services 	www.odh.ohio.gov/
Ohio Department of Job and Family Services	Unemployment Rates	http://ohiolmi.com/laus/current.ht m

Source	Data Used	Website
Ohio Development Services Agency	Ohio Poverty Report, February 2018	www.development.ohio.gov/files/re search/P7005.pdf
Ohio Mental Health and Addiction Services	 Opiate and Pain Reliever Doses Per Capita Opiate and Pain Reliever Doses Per Patient New Limits on Prescription Opiates Will Save Lives and Fight Addiction 	https://www.ohiopmp.gov/maps.as p
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	 American Community Survey 5-year estimate, 2012-2016 Ohio and Henry County 2016 Census Demographic Information Ohio and U.S. Health Insurance Sources Small Area Income and Poverty Estimates Federal Poverty Thresholds 	www.census.gov
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	2009 - 2017 U.S. Youth Correlating Statistics	https://nccd.cdc.gov/Youthonline/A pp/Default.aspx

Appendix II: Acronyms and Terms

AHS Access to Health Services, Topic of Healthy People 2020 objectives

Adult Defined as 19 years of age and older.

Age-Adjusted Death rate per 100,000 adjusted for the age

Mortality Rates distribution of the population.

Adult Binge Drinking Consumption of five alcoholic beverages or more (for males) or four or more

alcoholic beverages (for females) on one occasion.

AOCBC Arthritis, Osteoporosis, and Chronic Back Conditions

BMI Body Mass Index is defined as the contrasting measurement/relationship of

weight to height.

BRFSS Behavior **R**isk **F**actor **S**urveillance **S**ystem, an adult survey conducted by the CDC.

CDC Centers for Disease Control and Prevention.

Current Smoker Individual who has smoked at least 100 cigarettes in their lifetime and now

smokes daily or on some days.

HCNO Hospital Council of Northwest Ohio

HDS Heart **D**isease and **S**troke, Topic of Healthy People 2020 objectives

HP 2020 Healthy **P**eople **2020**, a comprehensive set of health objectives published by the

Office of Disease Prevention and Health Promotion, U.S. Department of Health

and Human Services.

Health Indicator A measure of the health of people in a community, such as cancer mortality rates,

rates of obesity, or incidence of cigarette smoking.

High Blood Cholesterol 240 mg/dL and above

High Blood Pressure Systolic \geq 140 and Diastolic \geq 90

IID Immunizations and Infectious Diseases, Topic of Healthy People 2020 objectives

N/A Data is not available.

ODH Ohio Department of Health
OSHP Ohio State Highway Patrol

Race/Ethnicity Census 2010: U.S. Census data consider race and Hispanic origin separately.

Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." Data are presented as "Hispanic or Latino" and "Not Hispanic or Latino." Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, "White alone" or "Black alone", means the

respondents reported only one race.

Weapon Defined in the YRBS as "a weapon such as a gun, knife, or club"

Youth Defined as 12 through 18 years of age

YPLL/65 Years of Potential Life Lost before age 65. Indicator of premature death.

Youth BMI Underweight is defined as BMI-for-age < 5th percentile

Classifications Overweight is defined as BMI-for-age 85th percentile to < 95th percentile.

Obese is defined as \geq 95th percentile.

YRBS Youth Risk Behavior Survey, a youth survey conducted by

Appendix III: School Participation

The following schools were randomly chosen and agreed to participate in the 2019 Henry County Health Assessment:

Holgate Local School District

Holgate High School Holgate Middle School

Liberty Center Local School District

Liberty Center High School Liberty Center Middle School

Napoleon Area City School District

Napoleon Jr/Sr High School Napoleon Middle School

Patrick Henry Local School District

Patrick Henry High School Patrick Henry Middle School

Appendix IV: Methods for Weighting the 2019 Henry 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 2019 Henry County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Henry 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 Henry 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 2019 Henry County Survey and the 2017 Census estimates.

2019 Henry	Survey		2017 Cen	<u>sus</u>	<u>Weight</u>
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	189	54.62428	13,558	49.36824	0.903778
Female	157	45.37572	13,905	50.63176	1.115834

In this example, it shows that there was a larger portion of males in the sample compared to the actual portion in Henry County. The weighting for males was calculated by taking the percent of males in Henry County (based on Census information) (49.36824%) and dividing that by the percent found in the 2019 Henry County sample (54.62428%) [49.36824/54.62428 = weighting of 0.903778 for males]. The same was done for females [50.63176/ 45.37572 = weighting of 1.115834 for females]. Thus, males' responses are weighted less by a factor of 0.903778 and females' responses weighted greater by a factor of 1.115834.

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 2.52626[1.11583 (weight for females) x 0.94299 (weight for White) x 2.40727 (weight for age 35-44) x 0.99735 (weight for income \$50-\$75k)]. Thus, each individual in the 2019 Henry 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	Henry County Sample	%	2017 Census	%	Weighting Value
Sex:					
Male	189	54.62428	13,558	49.36824	0.903778
Female	157	45.37572	13,905	50.63176	1.115834
	Total: 346		Total: 27,463		
Age:					
20 to 34 years	26	7.58017	4,659	22.91462	3.02297
35 to 44 years	23	6.70554	3,282	16.14204	2.40727
45 to 54 years	47	13.70262	3,712	18.25693	1.33237
55 to 59 years	42	12.24490	2,104	10.34822	0.84510
60 to 64 years	52	15.16035	1,865	9.17273	0.60505
65 to 74 years	97	28.27988	2,495	12.27130	0.43392
75 to 84 years	46	13.41108	1,575	7.74641	0.57761
85+ years	10	2.91545	640	3.14775	1.07968
Race:					
White	333	95.68966	24,781	90.23413	0.94299
Non-White	15	4.31034	2,682	9.76587	2.26568
Household Income:					
Less than \$25,000	49	15.75563	1,765	15.90950	1.00977
\$25,000 to \$34,999	36	11.57556	1,333	12.01550	1.03801
\$35,000 to \$49,999	48	15.43408	1,715	15.45881	1.00160
\$50,000 to \$74,999	71	22.82958	2,526	22.76906	0.99735
\$75,000 to \$99,999	43	13.82637	1,642	14.80079	1.07048
\$100,000 to \$149,999	44	14.14791	1,521	13.71011	0.96906
\$150,000 or more	20	6.43087	592	5.33622	0.82978

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

*Henry County population figures taken from the 2017 Census estimates.

Appendix V: Sample Demographic Profile*

	2019 Henry		
	County	Henry County	Ohio Census
Adult Variable	Adult Survey	Census 2017	2017
	Sample	(5-year estimate)	
Age			
20.20	4.20/	11.20/	42.20/
20-29	4.2%	11.3%	13.3%
30-39	7.1%	11.6%	12.2%
40-49	7.2%	12.5%	12.6%
50-59	20.4%	14.7%	14.3%
60 plus	57.7%	23.9%	22.3%
Race/Ethnicity			
White	95.7%	94.6%	81.9%
Black or African American	0%	0.6%	12.3%
American Indian and Alaska Native	0.9%	0.2%	0.2%
Asian	0.6%	0.4%	2.0%
Other	2.8%	2.2%	0.9%
Hispanic Origin (may be of any race)	3.1%	7.5%	3.6%
Marital Status†			
Married Couple	67.6%	56.0%	48.1%
Never been married/member of an unmarried			
couple	7.0%	26.0%	31.9
Divorced/Separated	13.0%	10.3%	13.6%
Widowed	11.0%	7.7%	6.4%
Education [†]			
Less than High School Diploma	4.7%	7.6%	10.2%
High School Diploma	40.8%	43.1%	33.6%
Some college/ College graduate	53.9%	49.3%	56.2%
Income (Families)			
\$14,999 and less	6.1%	4.3%	7.7%
\$15,000 to \$24,999	8.6%	4.6%	7.0%
\$25,000 to \$49,999	25.1%	24.2%	21.4%
\$50,000 to \$74,999	19.4%	24.3%	20.0%
\$75,000 or more	28.3%	42.6%	44.0%
		to contained within the report, he	

^{*}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 Henry 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.

Youth Variable	2019 Youth Survey Sample*
Age	
12 years old or younger	15.9%
13 years old	16.1%
14 years old	17.7%
15 years old	14.8%
16 years old	20.3%
17 years old	7.8%
18 years old or older	7.3%
Gender	
Male	49.9%
Female	50.1%
Race/Ethnicity	
White	91.6%
American Indian and Alaska Native	5.2%
Black or African American	2.3%
Hispanic or Latino	11.7%
Asian	1.8%
Native Hawaiian or Other Pacific Islander	N/A
Other	6.8%
Grade Level	
Middle School (6-8)	47.0%
High School (9-12)	53.0%
	55.676
Individual Grade Level	
6 th grade	14.8%
7 th grade	14.5%
8 th grade	17.7%
	11 10/
9 th grade	11.4%
10 th grade	26.0%
10 th grade 11 th grade	26.0% 7.8%
10 th grade	26.0%
10 th grade 11 th grade	26.0% 7.8%
10 th grade 11 th grade 12 th grade	26.0% 7.8%
10 th grade 11 th grade 12 th grade Sexual Orientation	26.0% 7.8% 7.8%
10 th grade 11 th grade 12 th grade Sexual Orientation Heterosexual (straight)	26.0% 7.8% 7.8%
10 th grade 11 th grade 12 th grade Sexual Orientation Heterosexual (straight) Gay Lesbian Bi-sexual	26.0% 7.8% 7.8% 88.0% 0.5%
10 th grade 11 th grade 12 th grade Sexual Orientation Heterosexual (straight) Gay Lesbian	26.0% 7.8% 7.8% 88.0% 0.5% 1.0%
10 th grade 11 th grade 12 th grade Sexual Orientation Heterosexual (straight) Gay Lesbian Bi-sexual	26.0% 7.8% 7.8% 88.0% 0.5% 1.0% 3.7%

N/A-Not Available
*Percents may not add to 100% due to missing data (non-responses) or percents may exceed 100% due to respondents answering more than option.

Appendix VI: Demographics and Household Information

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

	0.5. Cen		
Age	Total	Males	Females
Henry County	28,215	13,974	14,241
0-5 years	1,825	951	874
1-4 years	1,825	951	874
< 1 year	329	175	154
1-2 years	735	393	342
3-4 years	761	383	378
5-9 years	1,957	982	975
5-6 years	759	394	365
7-9 years	1,198	588	610
10-14 years	2,033	1,054	979
10-12 years	1,195	607	588
13-14 years	838	447	391
12-18 years	2,919	1,527	1,392
15-19 years	1,990	1,036	954
15-17 years	1,279	659	620
18-19 years	711	377	334
20-24 years	1,424	732	692
25-29 years	1,624	818	806
30-34 years	1,612	825	787
35-39 years	1,725	865	860
40-44 years	1,760	878	882
45-49 years	2,063	1,028	1,035
50-54 years	2,309	1,194	1,115
55-59 years	1,988	970	1,018
60-64 years	1,556	786	770
65-69 years	1,174	550	624
70-74 years	1,002	459	543
75-79 years	837	368	469
80-84 years	654	263	391
85-89 years	451	161	290
90-94 years	174	49	125
95-99 years	50	5	45
100-104 years	7	0	7
105-109 years	0	0	0
110 years & over	0	0	0
Total 19 years and over	20,736	10,118	10,618
Total 65 years and over	4,349	1,855	2,494
Total 85 years and over	682	215	467

HENRY COUNTY PROFILE

(Source: U.S. Census Bureau, 2013-2017) 2013-2017 ACS 5-year estimates

General Demographic Characteristics

General Demographic Characteris	Number	Percent (%)
Total Population		r cr cerre (70)
2017 Total Population	27,463	100%
,	·	
Largest City – Napoleon		
2017 Total Population	8,646	100%
Population by Race/Ethnicity		
Total Population	27,463	100%
White	25,982	94.6%
Hispanic or Latino (of any race)	2,048	7.5%
Some other race	598	2.2%
Two or more races	559	2.0%
African American	163	0.6%
Asian	114	0.4%
American Indian and Alaska Native	47	0.2%
Population by Age		
Under 5 years	1,632	5.9%
5 to 17 years	4,906	17.9%
18 to 24 years	2,157	7.9%
25 to 44 years	6,377	23.2%
45 to 64 years	7,681	28.0%
65 years and more	4,710	17.2%
Median age (years)	41.2	N/A
Haveahald by Type		
Household by Type Total households	11.004	1000/
Total families	11,094 7,802	100% 70.3%
Households with children <18 years	3,147	28.4%
Married-couple family household	5,996	54.0%
Married-couple family household with children <18 years	2,002	18.0%
Female householder, no husband present	1,253	11.3%
Female householder, no husband present with children <18 years	781	7.0%
remate nouseholder, no nusband present with children < 10 years	701	7.076
Nonfamily household (single person)	3,292	29.7%
Nonfamily household (single person) living alone	2,772	25.0%
Nonfamily household (single person) 65 years and >	1,202	10.8%
Households with one or more people <18 years	3,461	31.2%
Households with one or more people 60 years and >	4,316	38.9%
	·	
Average household size	2.44 people	N/A
Average family size	2.88 people	N/A

General Demographic Characteristics, Continued

	,	
Housing Occupancy		
Median value of owner-occupied units	\$116,200	N/A
Median housing units with a mortgage	\$1,114	N/A
Median housing units without a mortgage	\$436	N/A
Median value of occupied units paying rent	\$669	N/A
Median rooms per total housing unit	6.6	N/A
Total occupied housing units	11,094	100%
No telephone service available	201	1.8%
Lacking complete kitchen facilities	34	0.3%
Lacking complete plumbing facilities	27	0.2%

Selected Social Characteristics

School Enrollment		
Population 3 years and over enrolled in school	6,655	100%
Nursery & preschool	580	8.7%
Kindergarten	431	6.5%
Elementary School (Grades 1-8)	2,826	42.5%
High School (Grades 9-12)	1,502	22.6%
College or Graduate School	1,316	19.7%
Educational Attainment		
Population 25 years and over	18,768	100%
< 9 th grade education	309	1.6%
9 th to 12 th grade, no diploma	1,123	6.0%
High school graduate (includes equivalency)	8,091	43.1%
Some college, no degree	3,902	20.8%
Associate degree	2,076	11.1%
Bachelor's degree	1,997	10.6%
Graduate or professional degree	1,270	6.8%
Percent high school graduate or higher	N/A	92.4%
Percent Bachelor's degree or higher	N/A	17.4%
Marital Status		
Population 15 years and over	22,121	100%
Never married	5,751	26.0%
Now married, excluding separated	12,388	56.0%
Separated	199	0.9%
Widowed	1703	7.7%
Widowed females	1,217	5.5%
Divorced	2079	9.4%
Divorced females	1,084	4.9%
Veteran Status		
Civilian population 18 years and over	20,887	100%
Veterans 18 years and over	1,667	8.0%

Selected Social Characteristics, Continued

Disability Status of the Civilian Non-Institutionalized Population		
Total civilian noninstitutionalized population	27,056	100%
Civilian with a disability	3,594	13.3%
Under 18 years	6,523	N/A
Under 18 years with a disability	338	5.2%
18 to 64 years	16,113	N/A
18 to 64 years with a disability	1,721	10.7%
65 Years and over	4,420	N/A
65 Years and over with a disability	1,535	34.7%

Selected Economic Characteristics

Employment Status		
	21.751	100%
Population 16 years and over	21,751	
16 years and over in labor force	14,195	65.3%
16 years and over not in labor force	7,556	34.7%
Females 16 years and over	11,020	100%
Females 16 years and over in labor force	6,673	60.6%
Population living with own children <6 years	2,077	100%
All parents in family in labor force	1,589	76.5%
Class of Worker		
Civilian employed population 16 years and over	13,527	100%
Private wage and salary workers	11,272	83.3%
Government workers	1,593	11.8%
Self-employed workers in own not incorporated business	632	4.7%
Unpaid family workers	30	0.2%
Occupations		
	13,527	100%
Employed civilian population 16 years and over	4,091	30.2%
Management, business, science, and arts occupations	3,503	
Production, transportation, and material moving occupations		25.9%
Sales and office occupations	2,341	17.3%
Service occupations	2,087	15.4%
Natural resources, construction, and maintenance occupations	1,505	11.1%
Leading Industries		
Employed civilian population 16 years and over	13,527	100%
Manufacturing	3,570	26.4%
Educational services, and health care and social assistance	3,191	23.6%
Retail trade	1,293	9.6%
Construction	957	7.1%
Arts, entertainment, and recreation, accommodation and food services	785	5.8%
Transportation and warehousing, and utilities	780	5.8%
Other services, except public administration	688	5.1%
Professional, scientific, and management, and administrative and	677	E 00/
waste management services	677	5.0%
Public administration	431	3.2%
Agriculture, forestry, fishing and hunting, and mining	414	3.1%
Finance and insurance, and real estate and rental and leasing	402	3.0%
Wholesale trade	264	2.0%
Information	117	0.9%

Selected Economic Characteristics, Continued

Income In 2017	<u> </u>	
Households	11,094	100%
< \$10,000	442	4.0%
\$10,000 to \$14,999	343	3.1%
\$15,000 to \$24,999	980	8.8%
\$25,000 to \$34,999	1,333	12.0%
\$35,000 to \$49,999	1,715	15.5%
\$50,000 to \$74,999	2,526	22.8%
\$75,000 to \$99,999	1,642	14.8%
\$100,000 to \$149,999	1,521	13.7%
\$150,000 to \$199,999	353	3.2%
\$200,000 or more	239	2.2%
Median household income	\$58,070	N/A
Income in 2017		
Families	7,802	100%
< \$10,000	169	2.2%
\$10,000 to \$14,999	163	2.1%
\$15,000 to \$24,999	360	4.6%
\$25,000 to \$34,999	633	8.1%
\$35,000 to \$49,999	1,254	16.1%
\$50,000 to \$74,999	1,895	24.3%
\$75,000 to \$99,999	1,437	18.4%
\$100,000 to \$149,999	1,334	17.1%
\$150,000 to \$199,999	320	4.1%
\$200,000 or more	237	3.0%
Median family income	68,966	N/A
Per capita income in 2017	\$27,325	N/A
Poverty Status in 2017		
Families	N/A	5.8%
Individuals	N/A	9.0%

(Source: U.S. Census Bureau, 2017)

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

	Income	Rank of Ohio Counties		
BEA Per Capita Personal Income 2017	\$42,829	31 th of 88 counties		
BEA Per Capita Personal Income 2016	\$42,267	28 th of 88 counties		
BEA Per Capita Personal Income 2015	\$40,905	31st of 88 counties		
BEA Per Capita Personal Income 2014	\$39,977	29 th of 88 counties		
BEA Per Capita Personal Income 2013	\$39,421	22 nd of 88 counties		

(Source: Bureau of Economic Analysis, https://apps.bea.gov/iTable/index_regional.cfm)

Note: 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, 2013-2017 5-year averages

Category	Henry County	Ohio		
Population in poverty	9.0%	14.9%		
< 125% FPL (%)	12.2%	19.3%		
< 150% FPL (%)	16.2%	23.6%		
< 200% FPL (%)	24.6%	32.5%		
Population in poverty (2002)	6.7%	10.2%		

(Source: The Ohio Poverty Report, Ohio Development Services Agency, February 2019, http://www.development.ohio.gov/files/research/P7005.pdf)

Employment Statistics: May 2019

Employment Statistics: 1 lay 2015				
Category	Henry County	Ohio		
Labor Force	13,100	5,775,600		
Employed	12,700	5,571,600		
Unemployed	500	204,000		
Unemployment Rate* in May 2019	3.5	3.5		
Unemployment Rate* in April 2019	3.9	3.3		
Unemployment Rate* in May 2018	4.0	4.1		

^{*}Rate equals unemployment divided by labor force.

(Source: Ohio Department of Job and Family Services, May 2019, http://ohiolmi.com/laus/OhioCivilianLaborForceEstimates.pdf)

Estimated Poverty Status in 2017

Estimated i overty status in 2017					
Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval	
Henry County					
All ages in poverty	2,437	1,991 to 2,883	9.0%	7.4 to 10.6	
Ages 0-17 in poverty	785	506 to 1,064	12.3%	7.9 to 16.7	
Ages 5-17 in families in poverty	593	388 to 798	12.5%	8.2 to 16.8	
Median household income	\$58,070	\$54,953 to \$61,187			
Ohio					
All ages in poverty	1,575,401	1,551,281 to 1,599,521	13.9%	13.7 to 14.1	
Ages 0-17 in poverty	507,119	493,056 to 521,182	19.8%	19.2 to 20.4	
Ages 5-17 in families in poverty	339,888	328,221 to 351,555	18.2%	17.6 to 18.8	
Median household income	\$54,077	\$53,670 to \$54,484			
United States					
All ages in poverty	42,583,651	42,342,619 to 42,824,683	13.4%	13.3 to 13.5	
Ages 0-17 in poverty	13,353,202	13,229,339 to 13,477,065	18.4%	18.2 to 18.6	
Ages 5-17 in families in poverty	9,120,503	9,033,090 to 9,207,916	17.3%	17.1 to 17.5	
Median household income	\$60,336	\$60,250 to \$60,422			

(Source: U.S. Census Bureau, 2017 Poverty and Median Income Estimates, https://www.census.gov/data/datasets/2017/demo/saipe/2017-state-and-county.html)

Federal Poverty Thresholds in 2018 by Size of Family and Number of Related Children Under 18 Years of Age

Chittaren Onder 18 Years of Age							
Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children	
1 Person <65 years	\$13,064						
1 Person 65 and >	\$12,043						
2 people Householder < 65 years	\$16,815	\$17,308					
2 People Householder 65 and >	\$15,178	\$17,242					
3 People	\$19,642	\$20,212	\$20,231				
4 People	\$25,900	\$26,324	\$25,465	\$25,554			
5 People	\$31,234	\$31,689	\$30,718	\$29,967	\$29,509		
6 People	\$35,925	\$36,068	\$35,324	\$34,612	\$33,553	\$32,925	
7 People	\$41,336	\$41,594	\$40,705	\$40,085	\$38,929	\$37,581	
8 People	\$46,231	\$46,640	\$45,800	\$45,064	\$44,021	\$42,696	
9 People or >	\$55,613	\$55,883	\$55,140	\$54,516	\$53,491	\$52,082	

(Source: U. S. Census Bureau, Poverty Thresholds 2018,

https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html)

Appendix VII: County Health Rankings

	Henry		
	County	Ohio 2019	U.S. 2019
Health	2019 Outcomes		
Premature death. Years of potential life lost before			
age 75 per 100,000 population (age-adjusted) (2015- 2017)	7,200	8,500	6,900
Overall heath. Percentage of adults reporting fair or poor health (age-adjusted) (2016)	14%	17%	16%
Physical health. Average number of physically unhealthy days reported in past 30 days (ageadjusted) (2016)	3.4	4.0	3.7
Mental health. Average number of mentally unhealthy days reported in past 30 days (ageadjusted) (2016)	3.7	4.3	3.8
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2011-2017)	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 (2015)	32%	32%	29%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2015 and 2016)	8.5	6.7	7.7
Physical inactivity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2015)	26%	25%	22%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2018)	43%	84%	84%
Drug and alcohol abuse. Percentage of adults reporting binge or heavy drinking (2016)	19%	19%	18%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2013-2017)	31%	33%	29%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2016)	262.4	520.9	497.3
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2011-2017)	19	26	25

(Source: 2019 County Health Rankings for Henry County, Ohio, and U.S. data)

	Henry County 2019	Ohio 2019	U.S. 2019			
Clinical Care						
Coverage and affordability. Percentage of population under age 65 without health insurance (2016)	6%	7%	10%			
Access to health care/medical care. Ratio of population to primary care physicians (2016)	2,760:1	1,300:1	1,330:1			
Access to dental care. Ratio of population to dentists (2017)	2,470:1	1,620:1	1,460:1			
Access to behavioral health care. Ratio of population to mental health providers (2018)	800:1	470:1	440:1			
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2016)	4,339	5,135	4,520			
Mammography screening. Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening (2016)	45%	41%	41%			
Flu vaccinations. Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination (2016)	58%	47%	45%			
Social and	Economic Factors					
Education. Percentage of ninth-grade cohort that graduates in four years (2017-2018)	95%	85%	85%			
Education. Percentage of adults ages 25-44 years with some post-secondary education (2013-2017)	66%	65%	65%			
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2017)	5%	5%	4%			
Employment, poverty, and income. Percentage of children under age 18 in poverty (2017)	11%	20%	18%			
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2013-2017)	3.4	4.8	4.9			
Family and social support. Percentage of children that live in a household headed by single parent (2013-2017)	35%	36%	33%			
Family and social support. Number of membership associations per 10,000 population (2016)	17.4	11.2	9.3			
Violence. Number of reported violent crime offenses per 100,000 population (2014 and 2016)	107	293	386			
Injury. Number of deaths due to injury per 100,000 population (2013-2017)	73	82	67			
(Course 2010 County Health Bonkings for Hanny County Obio and						

(Source: 2019 County Health Rankings for Henry County, Ohio, and U.S. data)

	Henry County 2019	Ohio 2019	U.S. 2019
Physical	. Environment		
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2014)	11.8	11.5	8.6
Air, water, and toxic substances.			
Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation (2017)	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 (2011-2015)	10%	15%	19%
Transportation. Percentage of the workforce that drives alone to work (2013-2017)	88%	83%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2013-2017)	30%	30%	35%

N/A – Not Available (Source: 2019 County Health Rankings for Henry County, Ohio, and U.S. data)