



*2011 Lucas County, Ohio
Health Assessment Project*

Released: February 2012

Commissioned By:
Healthy Lucas County

Foreword

The members of Healthy Lucas County are pleased to present the 2011 Health Assessment of our community. Data from children, youth and adults are represented within this report. This comprehensive Community Health Assessment is the result of a strong commitment by dedicated community partners to work together to improve the health and well-being of residents of Lucas County.

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

Through collaboration with The Hospital Council of Northwest Ohio and public health researchers at The University of Toledo, every effort has been made to assure that this report contains valid and reliable data. This health assessment follows similar studies conducted in Lucas County in 1999, 2003 and 2007. Although some comparisons can be made related to the previous assessments, we are urged by the researchers to be cautious in comparing previous data to this current assessment.

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

Sincerely,

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

Acknowledgements

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Preface

A community health needs assessment is a method of bringing together primary and secondary data related to the health of a community to create a more realistic picture of the health status of the residents of that community. Community health needs assessments can be superficial or they can be very comprehensive and take many months and tens of thousands of dollars to complete. The more thorough the health needs assessment the more accurate is the picture created of the health status of the residents. The more thorough the health needs assessment the more useful the information will be for establishing health priorities to improve the health problems in the community. Thus, this needs assessment has expended considerable time and resources to provide the best picture possible on the health issues affecting Sandusky County residents.

Leading Types of Death Versus Actual Causes of Death

The number of deaths in the United States increases each year, primarily due to population growth and the increasing age of the population. Government and health agencies track changes in death rates by examining changes in the “Leading Types of Deaths,” that is the technique used in this needs assessment. Identifying the “Leading Types of Death” is a method of identifying the final pathological trauma (outcomes) from which Americans died (Table 1). However, these are not the “actual causes of death” (the major external modifiable factors that were actually the underlying insults to the body) that resulted in the premature mortality of Americans from the various types of death (Table 2).

Table 1
Leading Types of Death in the United States

Rank	Type of Death	No. of Deaths	Percent
1.	Heart disease	780,624	32.0 %
2.	Cancers	567,628	23.3 %
3.	Chronic lower respiratory tract disease	137,353	5.6 %
4.	Stroke (CVD)	128,842	5.3 %
5.	Unintentional injuries	118,021	4.8 %
6.	Alzheimer disease	79,003	3.2 %
7.	Diabetes mellitus	68,705	2.8 %
8.	Influenza and pneumonia	53,692	2.2 %
9.	Nephritis, nephritic syndrome, and Nephrosis	48,935	2.0 %
10.	Intentional self-harm (suicide)	36,909	1.5 %

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, “Deaths: Final Data for 2009.” Obtained from: http://www.cdc.gov/nchs/data/dvs/deaths_2009_release.pdf.

Table 2 indicates that the “actual causes of death” are usually behaviors in which Americans engage in when they shouldn’t, or do not engage in other behaviors when they should.

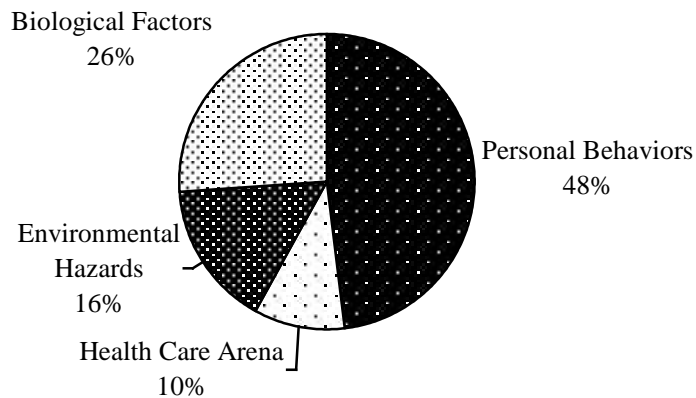
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Table 2
Actual Causes of Death in the United States

Rank	Actual Cause	No. of Deaths	Percent
1.	Tobacco	435,000	18.1
2.	Poor Diet and Physical Inactivity	365,000	15.2
3.	Alcohol Consumption	85,000	3.5
4.	Microbial Agents	75,000	3.1
5.	Toxic Agents	55,000	2.3
6.	Motor Vehicle	43,000	1.8
7.	Firearms	29,000	1.2
8.	Sexual Behavior	20,000	0.8
9.	Illicit Drug Use	17,000	0.7

Source: Mokdad AH, Marks JS, Stroup DF, & Gerberding JL. Actual causes of death in the United States, 2000. Journal of the American Medical Association 2004; 291:1238-1245.

Figure 1 – Risks To Good Health



Source: LaLonde, M. A New Perspective on the Health of Canadians: A Working Document. 1974.

In other words, Figure 1 indicates that the leading causes of premature loss of life in America are due to personal behaviors which cause chronic diseases and injuries, not because of inadequate numbers of medical specialists or hospitals. The major chronic disease killers are heart disease, lung and breast cancer, strokes, chronic lung disease, diabetes, and chronic liver disease. Injuries would include both unintentional ones (also called accidents) and intentional ones (suicides and homicides). These forms of death are caused primarily by personal behaviors, induced in part by environmental factors (social, educational and economic).

The modern epidemics in America today are not going to be “cured” by high-tech medicine. Using unintentional injuries as an example, “when state-of-the-art ambulance systems and specialized trauma emergency rooms are put in place to get patients high-tech

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medical care as quickly as possible, the number of injury deaths drops by only 8 percent...” In other words, even with the best care available, better than 90% of critically injured patients can not be saved!

Figure 1 indicates that changing the unhealthy behaviors of Americans is the most beneficial way of reducing premature mortality. In fact, Table 2 indicates that about 37% of US deaths are attributable to 4 behaviors: smoking, poor diet, physical inactivity, and alcohol use. For example, weight loss and exercise can reduce the progression of diabetes by 50%. Other examples of life-saving behaviors would include:

- About 20% of adults smoke, and one-third of smokers will die prematurely due to their smoking. Smoking cessation is beneficial at any age, yet only 28% of smokers are assisted by their physicians to quit smoking. If 90% of smokers were assisted to help quit then 42,000 fewer smokers would die each year. In contrast, if smokers continue to smoke and they develop lung cancer, 8 of 9 will die from their cancer, surgery and cancer treatments are of little benefit.
- Although aspirin is cheap and easily accessible, only about 40% of adults take aspirin daily or every other day. Encouraging age appropriate adults to take low-dose aspirin daily would lower the risk of heart disease. If 90% of adults took low-dose aspirin daily it would reduce the number of cardiovascular deaths by 45,000 a year.
- Fewer than 50% of adults are up to date with recommended colorectal cancer screenings. If we increased to 90% the portion of adults age 50 and older who were up to date with the recommended frequency of colorectal cancer screening we could save 14,000 lives each year.
- Between 5% and 20% of Americans get influenza each year. Most people will recover in less than 2 weeks, but more than 200,000 will need to be admitted to a hospital for treatment as a result of the flu and 36,000 people die annually from the flu. A little less than 40% of adults age 50 and older get vaccinated against influenza. If the vaccination rate for adults for influenza was increased to 90% 12,000 additional lives would be saved each year.

The Consequences of Misplaced Health Priorities

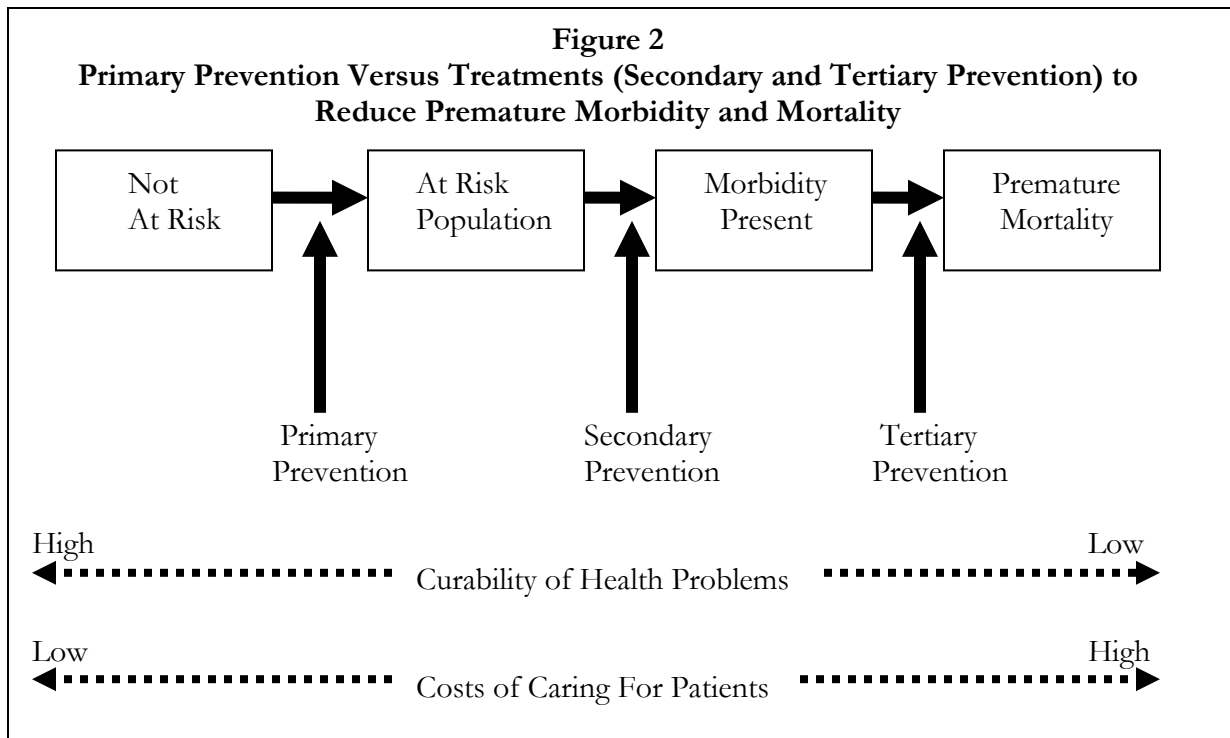
To maximize the health of citizens of a community, health professionals should pursue interventions in proportion to the ability of those interventions to improve the health of the community. A health intervention that is more effective than its alternative should receive more attention and resources, all else being equal. Inadequate decision making in establishing priorities can indirectly claim lives, contribute to the burden of disease in a community, and generate greater health care costs that would not occur if health intervention priorities were appropriately established for the community.

The effectiveness of available options for helping Americans live longer and have a better quality of life are often underappreciated. As an example, regular smoking cessation counseling would save America an estimated 1.3 million quality-adjusted life years (QALYs), whereas increased breast cancer screening would save an estimated 91,000 QALYs. A community that ignores these differences and provides few resources for smoking cessation and concentrates its resources on mammography screening can expect to reduce breast cancer deaths but ultimately more community members may die, primarily from smoking-related diseases. The point is that both interventions should be pursued, but giving

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community resources in proportion to the benefit to be derived from each intervention would maximize the number of lives saved and will more likely reduce health care costs.

Primary prevention of a disease is more effective than treating the complications of a disease (secondary or tertiary prevention) (Figure 2).



Unfortunately, the current health care enterprise concentrates the vast majority of its resources on late-stage disease. It has been estimated that only 2% to 3% of health spending goes to primary prevention. Unfortunately, society tends to under appreciate primary prevention through reduction of risk factors (unhealthy habits) and creating a health literate society. The propensity for spending resources on treatments but comparatively little on primary prevention plays a major role in why the United States was ranked by the World Health Organization 37th in health care systems out of 191 nations.

Identifying the threats to community health is but the first step in improving the health of the community. The more difficult step will be for wise strategists to establish a successful series of interventions in the face of competing agendas by a wide variety of agencies with self-interests.

James H. Price, PhD, MPH, FAAHB, FAAHE
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Lucas County Community Health Assessment

Executive Summary

This executive summary provides an overview of health-related data for Lucas County adults (19 years of age and older), youth (ages 12 through 18), and children (ages 0-11) who participated in a county-wide health assessment survey during 2011. 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) and the *National Survey of Children's Health* (NSCH) developed by the Child and Adolescent Health Measurement Initiative. The Hospital Council of Northwest Ohio collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

Primary Data Collection Methods

Design

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

Instrument Development

Four survey instruments were designed and pilot tested for this study: one for adults, one for adolescents, one for parents of children ages 0-5, and one for parents of children ages 6-11. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults and adolescents. The investigators decided to derive the majority of the adult survey items from the BRFSS. The majority of the survey items for the adolescent survey were derived from the YRBSS. The majority of the survey items for the parents of children 0-11 were derived from the NSCH. This decision was based on being able to compare local data with state and national data.

The Project Coordinator from the Hospital Council of NW Ohio conducted a series of meetings with the planning committee from Lucas County. During these meetings, banks of potential survey questions from the BRFSS, YRBSS, and NSCH surveys were reviewed and discussed. Based on input from the Lucas County planning committee, the Project Coordinator composed drafts of surveys containing 109 items for the adult survey, 83 items for the adolescent survey, 76 items for the 0-5 survey, and 83 items for the 6-11 survey. The drafts were reviewed and approved by health education researchers at the University of Toledo.

Primary Data Collection Methods

Sampling

Adult Survey

Adults ages 19 and over living in Lucas County were used as the sampling frame for the adult survey. Since U.S. Census Bureau age categories do not correspond exactly to this age parameter, the investigators calculated the population of those 18 years and over living in Lucas County. There were 335,678 persons ages 18 and over living in Lucas County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error of the survey findings.) A sample size of at least 384 adults from all races, 382 African American adults, and 377 Hispanic adults were needed to ensure this level of confidence. The random sample of mailing addresses of adults from Lucas County was obtained from American Clearinghouse in Louisville, KY.

Children 0-5 and 6-11 Surveys

Children ages 0-11 residing in Lucas County were used as the sampling frames for the surveys. Using U.S. Census Bureau data on the population of children ages 0-11, living in Lucas County, it was determined that 35,423 children ages 0-5 and 34,479 children ages 6-11 reside in Lucas County. The investigators conducted a power analysis based on a post-hoc distribution of variation in responses (70/30 split) to determine what sample size was needed to ensure a 95% confidence level with corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error). Because many of the items were identical between the 0-5 and 6-11 surveys, these items were combined to analyze data for children 0-11. The sample size required to generalize to children ages 0-11 was 381. The random sample of mailing addresses of parents of children 0-11 from Lucas County was obtained from American Clearinghouse in Louisville, KY.

Procedure

Adult Survey

Prior to mailing the survey to adults, an advance letter was mailed to 2,400 adults in Lucas County: 800 to the general population, 800 to African Americans, and 800 to Hispanics. This advance letter was personalized, printed on Healthy Lucas County stationery and was signed by Dr. David Grossman, Health Commissioner, Toledo-Lucas County Health Department, and W. Scott Fry, President & CEO, Hospital Council of Northwest Ohio. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

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

Primary Data Collection Methods

The response rate for the entire mailing, including all three groups was 48% (n=1,068). The response rate for the general population survey was 53% (n=395: CI=4.93%). The response rate for the African American mailing was 45% (n=322: CI= 5.45%). The response rate for the Hispanic mailing was 48% (n=351: CI= 5.17%). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

Adolescent Survey

Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 95% (n=2,310). The survey contained 83 questions and had a multiple choice response format.

Children 0-5 and 6-11

Prior to mailing the survey to parents of 0-11 year olds, an advance letter was mailed to 1600 parents in Lucas County. This advance letter was personalized, printed on Healthy Lucas County stationery and was signed by Dr. David Grossman, Health Commissioner, Toledo-Lucas County Health Department, and W. Scott Fry, President & CEO, Hospital Council of Northwest Ohio. 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.

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Because much of the output combines identical items from the 0-5 and the 6-11 surveys, the number of returned surveys needed for power of the combined samples (n=69,902) was 381 and this was exceeded by having a combined 480 surveys.

Data Analysis

Individual responses were anonymous and confidential. Only group data is available. All data was analyzed by health education researchers at the University of Toledo using SPSS 17.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Lucas County, the adult data collected was weighted by age, gender, race, and income using 2010 census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix iii.

Primary Data Collection Methods

Limitations

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

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

Third, this was the first time that parents of children ages 0-11 were surveyed in Lucas County. Being a new instrument, there may have been questions that would be worded differently or additional items that would be asked the next time this assessment is completed.

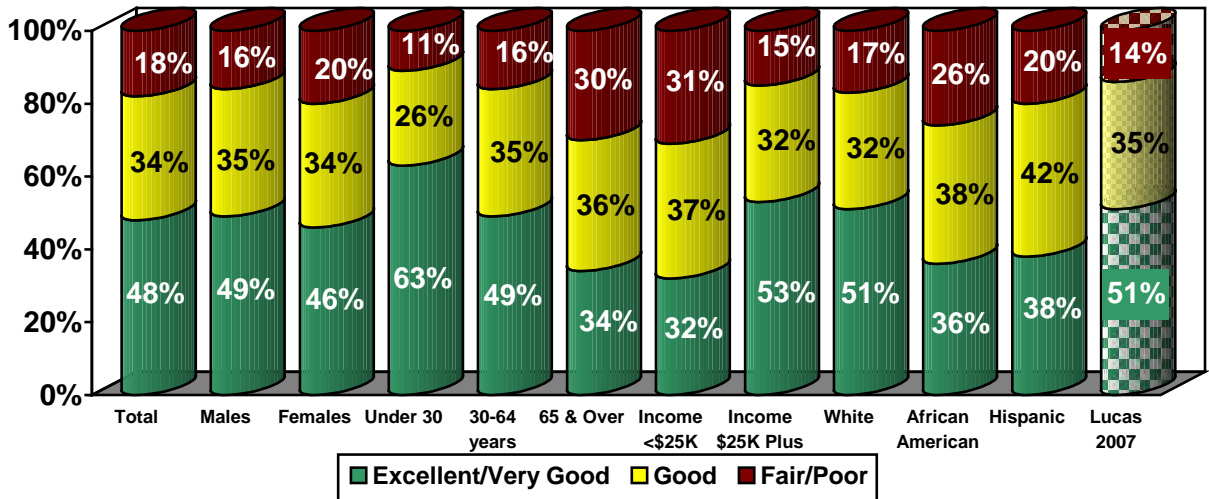
Finally, this survey asked parents questions regarding their young children. Should enough parents feel compelled to respond in a socially desirable manner which is not consistent with reality, this would represent a threat to the internal validity of the results.

Data Summary

Health Perceptions

In 2011, almost half (48%) of the Lucas County adults rated their health status as excellent or very good. Conversely, 18% of the adults increasing to 30% of those over the age of 65 described their health as fair or poor.

Lucas County Adult Health Perceptions*

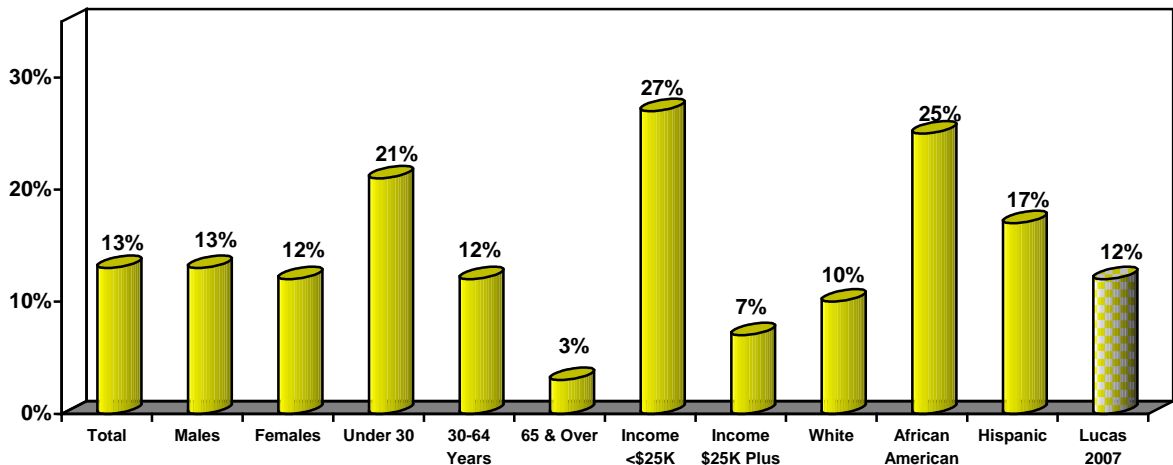


*Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"

Health Care Coverage

The 2011 health assessment data has identified that 13% of Lucas County adults were without health care coverage. Those most likely to be uninsured were adults under age 30 and those with an income level under \$25,000. In Lucas County, 17.3% of residents live below the poverty level. (Source U.S. Census, American Community Survey 5 Year Estimates, 2005-2009)

Uninsured Lucas County Adults



Data Summary

Health Care Access

The 2011 health assessment project identified that 6% of Lucas County adults were using a hospital emergency room as their usual place of health care, increasing to 18% of African Americans. Half (50%) of Lucas County adults rated their satisfaction with their overall health care as excellent or very good.

Cardiovascular Health

Heart disease (28%) and stroke (6%) accounted for 34% of all Lucas County adult deaths from 2006-2008 (Source: ODH Information Warehouse). The 2011 Lucas County Health Assessment found that 3% of adults had a heart attack and 2% had a stroke at some time in their life. About one-third (34%) of Lucas County adults have been diagnosed with high blood pressure, 27% have high blood cholesterol, and 35% were obese, three known risk factors for heart disease and stroke.

Cancer

In 2011, 11% of Lucas County adults had been diagnosed with lung cancer at some time in their life. Ohio Department of Health statistics indicate that from 2000-2008, a total of 8,889 Lucas County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that reducing tobacco use, increasing cancer education and awareness, healthy diet and exercise habits, and early detection may reduce overall cancer deaths.

Diabetes

In 2011, 13% of Lucas County adults had been diagnosed with diabetes.

Arthritis

According to the Lucas County survey data, 19% of Lucas County adults were diagnosed with arthritis. According to the 2009 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.

Asthma

According to the Lucas County survey data, 13% of Lucas County adults had been diagnosed with asthma.

Lucas County Leading Types of Death 2006-2008

Total Deaths: 12,776

1. Heart Disease (28% of all deaths)
2. Cancers (22%)
3. Chronic Lower Respiratory Diseases (7%)
4. Stroke (6%)
5. Accidents and Unintentional Injuries (5%)

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

Lucas County Incidence of Cancer, 2007 All Types: 2,006 cases

- ❖ Lung and Bronchus: 308 cases (15%)
- ❖ Prostate: 289 cases (14%)
- ❖ Breast: 249 cases (12%)
- ❖ Colon and Rectum: 195 cases (10%)
- ❖ Bladder: 100 cases (5%)

From 2006-2008, there were 8,889 cancer deaths in Lucas County.

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

Diabetes Facts

- ❖ Diabetes was the 6th leading cause of death in Lucas County from 2006-2008.
- ❖ Diabetes was the 7th leading cause of death in Ohio from 2006-2008.
- ❖ From 2006-2008, the Lucas County age-adjusted mortality rate per 100,000 for diabetes was 47.7 deaths for males (34.4 Ohio) and 28.6 (24.3 Ohio) deaths for females.

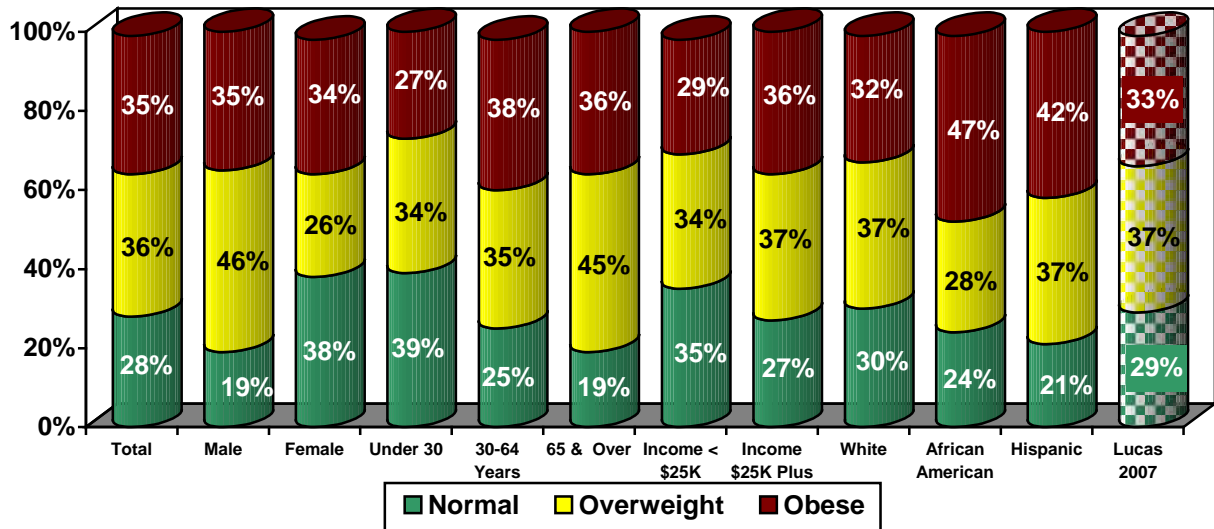
(Source: ODH, Information Warehouse, updated 4-15-10)

Data Summary

Adult Weight Status

The 2011 health assessment identified that 71% of Lucas County adults were overweight or obese based on BMI. The 2010 BRFSS indicates that 30% of Ohio and 28% of U.S. adults were obese by BMI. Over one-third (35%) of Lucas County adults were obese. Over half (54%) of adults were trying to lose weight.

Lucas County Adult BMI Classifications



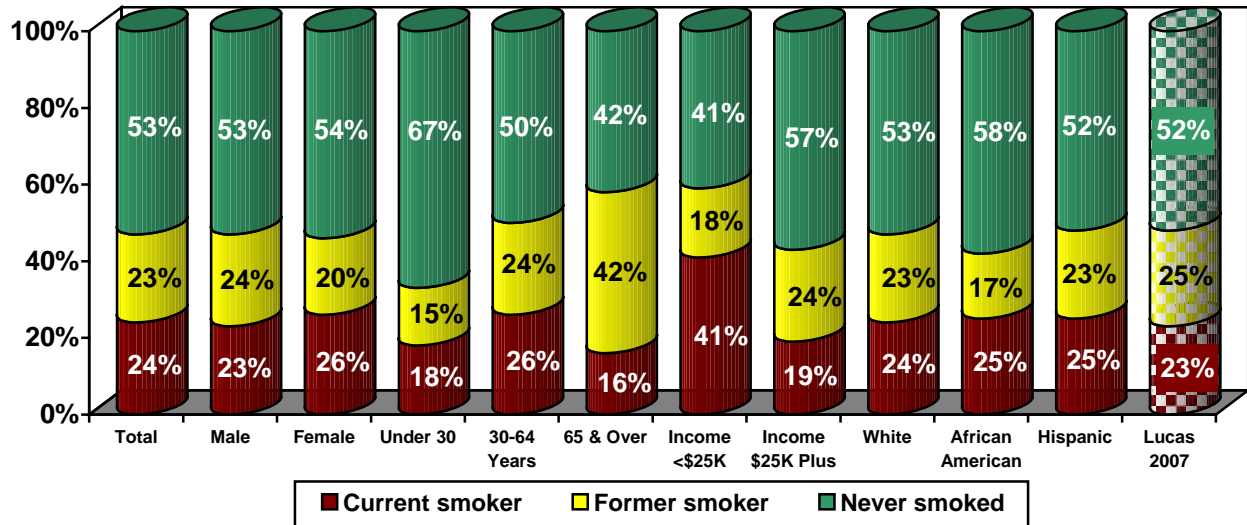
(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)

Adult Tobacco Use

In 2011, 24% of Lucas County adults were current smokers and 23% were considered former smokers. In 2011, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of disease and early death in the world, accounting for approximately 5.4 million premature deaths each year. ACS estimated that tobacco use would be linked to approximately one in five deaths in the U.S. (Source: Cancer Facts & Figures, American Cancer Society, 2011)

Data Summary

Lucas County Adult Smoking Behaviors

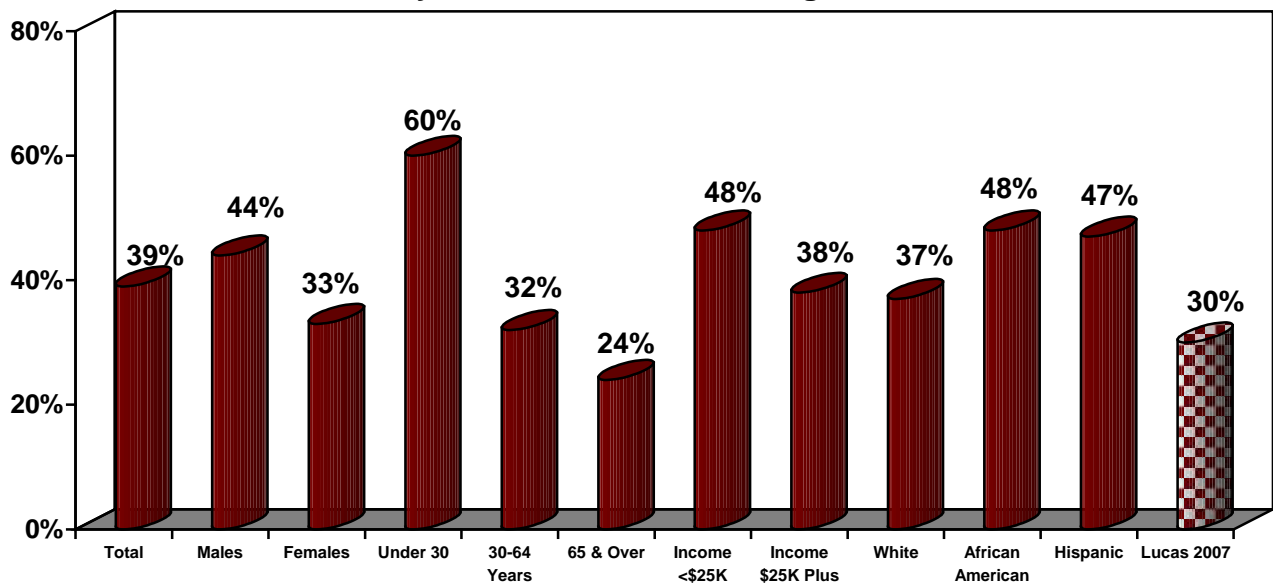


*Respondents were asked:
 "Have you smoked at least 100 cigarettes in your entire life?
 If yes, do you now smoke cigarettes everyday, some days or not at all?"*

Adult Alcohol Consumption

In 2011, the health assessment indicated that 11% of Lucas County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 39% of adults who drank had five or more drinks on one occasion (binge drinking) in the past month. Seven percent of adults drove after drinking alcohol.

Lucas County Adult Drinkers Who Binge Drank in Past Month*



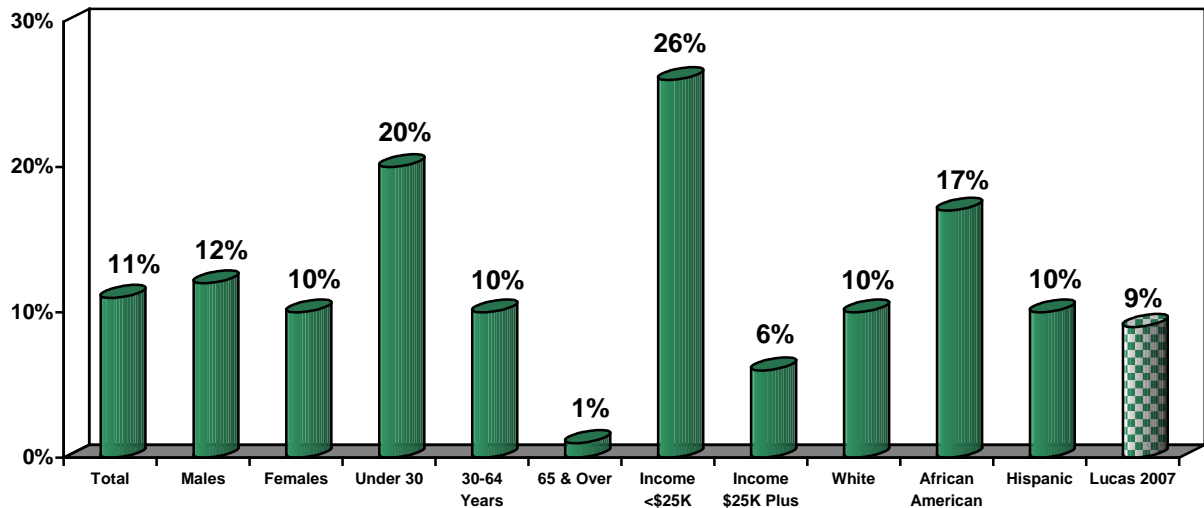
**Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion. Adults must have reported drinking five or more drinks (for males) or four or more drinks (for females) on an occasion at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

Data Summary

Adult Marijuana and Other Drug Use

In 2011, 11% of Lucas County adults had used marijuana during the past 6 months. 8% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Lucas County Adult Marijuana Use in Past 6 Months*

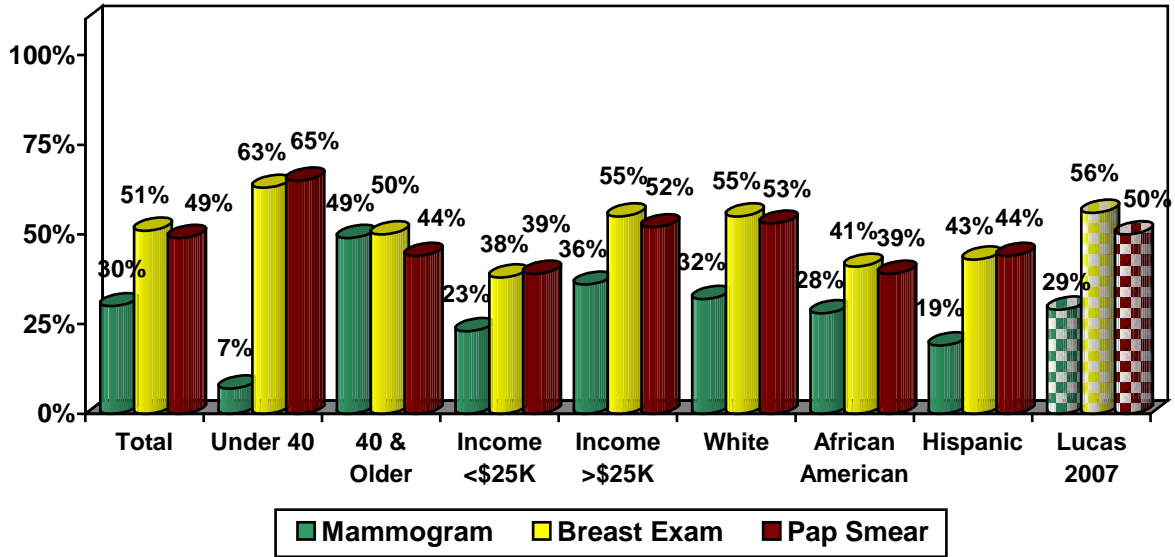


Women's Health

In 2011, about half (49%) of Lucas County women over the age of 40 reported having a mammogram in the past year. 51% of Lucas County women ages 19 and over have had a clinical breast exam and 49% have had a Pap smear to detect cancer of the cervix in the past year. The health assessment determined that 2% of women had a heart attack, and 1% had a stroke at some time in their life. Under one-third (30%) had high blood pressure, 24% had high blood cholesterol, 34% were obese, and 26% were identified as smokers, known risk factors for cardiovascular diseases.

Data Summary

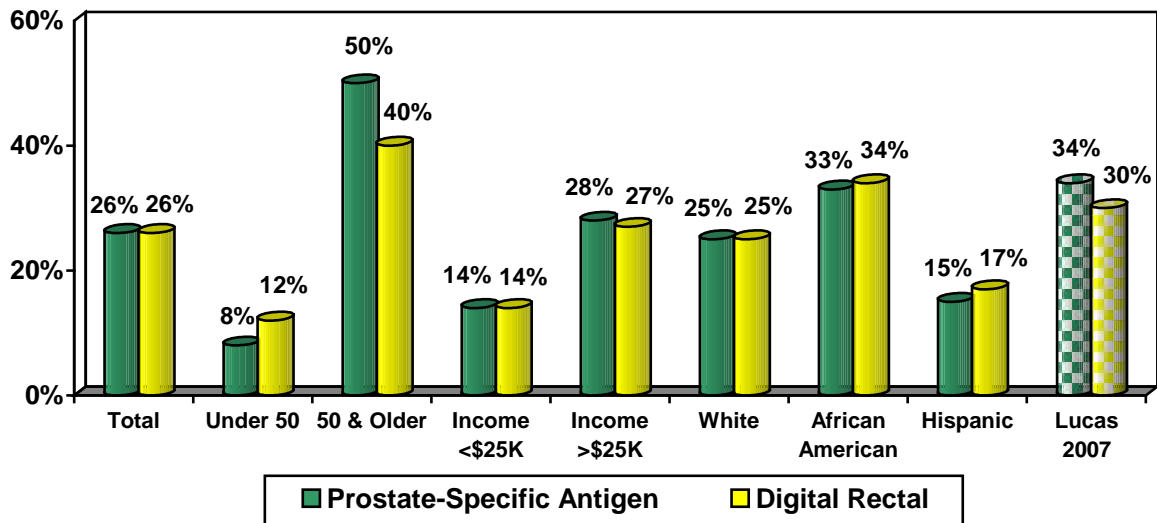
Lucas County Women's Health Exams Within the Past Year



Men's Health

In 2011, half (50%) of Lucas County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. Two-fifths (40%) of males over the age of 50 had a digital rectal exam in the past year. Major cardiovascular diseases (heart disease and stroke) accounted for 33% and cancers accounted for 23% of all male deaths in Lucas County from 2006-2008. The health assessment determined that 5% of men had a heart attack, and 2% had a stroke at some time in their life. Almost two-fifths (39%) of men had been diagnosed with high blood pressure, 29% had high blood cholesterol, and 23% were identified as smokers, which, along with obesity (35%), are known risk factors for cardiovascular diseases.

Lucas County Men's Health Exams Within the Past Year



Data Summary

Preventive Medicine and Health Screenings

Over one-third (37%) of adults had a flu shot during the past 12 months. 61% of adults ages 65 and over had a pneumonia vaccination at some time in their life.

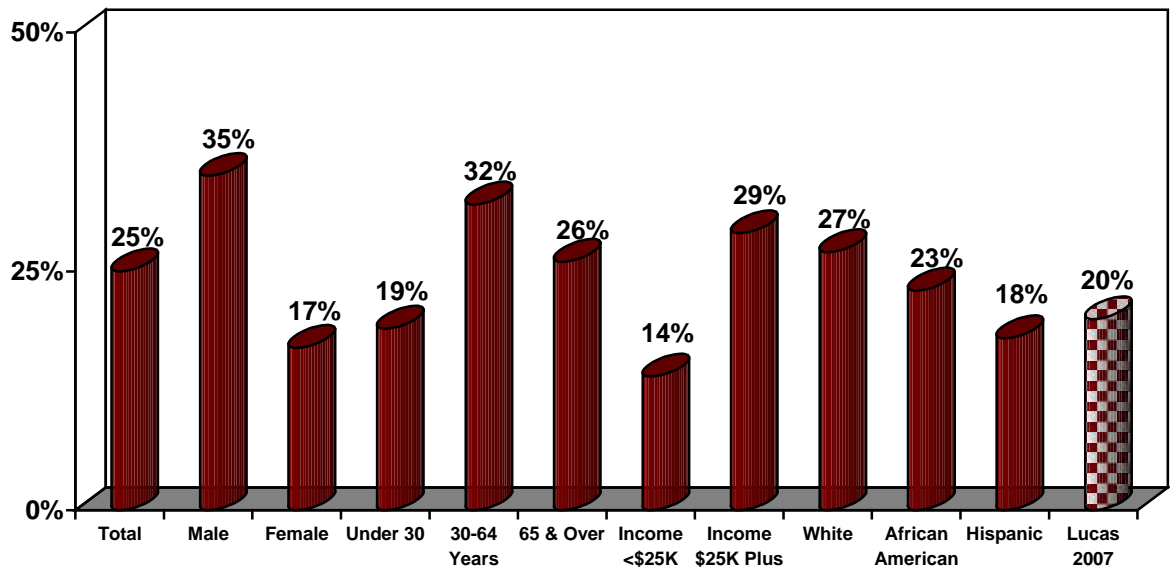
Adult Sexual Behavior & Pregnancy Outcomes

In 2011, over two-thirds (70%) of Lucas County adults had sexual intercourse. Nine percent of adults had more than one partner. Even though young people aged 15-24 represent only 25% of the sexually experienced population, they acquire nearly half of all STDs (Source: CDC, STDs in Adolescents and Young Adults, 2009 STD Surveillance).

Quality of Life

In 2011, 13% of Lucas County adults needed help handling their routine needs. The health assessment identified that 25% of Lucas County adults kept a firearm in or around their home. 15% of adults texted while driving.

Lucas County Adults With a Firearm in the Home



Social Context

In 2011, 7% of Lucas County adults were abused in the past year. 13% of adults were concerned about having enough food for themselves or their family. 2% of adults had engaged in sexual activity in exchange for something of value.

Data Summary

Mental Health and Suicide

In 2011, 3% of Lucas County adults considered attempting suicide. 22% of adults had been diagnosed with depression.

Oral Health

The 2011 health assessment project has determined that more than two-thirds (68%) of Lucas County adults had visited a dentist or dental clinic in the past year. The 2010 BRFSS reported that 70% of U.S. adults and 72% of Ohio adults had visited a dentist or dental clinic in the previous twelve months. Just over three-fourths (77%) of Lucas youth in grades 7-12 had visited the dentist for a check-up, exam, teeth cleaning, or other dental work in the past year.

African American Health

According to the 2005-2009 U.S. Census American Community Survey estimates, approximately 82,739 African Americans live in Lucas County (18%). The 2011 health assessment reported that one-quarter (25%) of African Americans did not have health care coverage. 17% of African Americans were diagnosed with diabetes and 44% with high blood pressure. 75% of African Americans were either overweight or obese.

Hispanic Health

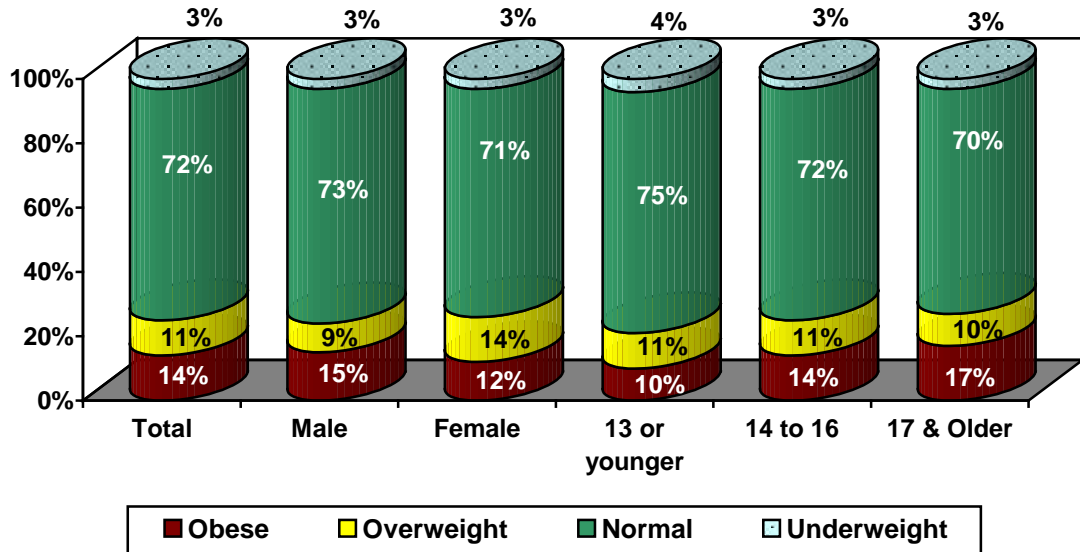
The U.S. Office of Management and Budget (OMB) issued Directive 15 in 1977 and subsequently modified it in 1997, which established standards for the collection of data on race and ethnicity. The categories for race are: Asian, Native Hawaiian/Pacific Islander, American Indian/Alaska Native, Black and White. The categories for ethnicity are: Hispanic/Latino or Not Hispanic/Latino. Thus, as an example, it is possible for a person to be a black Hispanic or White Hispanic. Race does not represent biologically distinct groups, but groups of people based their physical appearance. Whereas ethnicity refers to cultural commonalities. Based on the 2005-2009 U.S. Census, American Community Survey estimates, approximately 25,592 Hispanic/Latinos live in Lucas County (5.5%). The Ohio Department of Health, Information Warehouse, reports that 104 of the 233 (45%) Hispanic/Latino deaths from 2006-2008 were from cardiovascular diseases and cancer. 17% of Lucas County Hispanic adults were diagnosed with diabetes. 79% of Hispanic adults were obese or overweight.

Youth Weight Status

The 2011 health assessment identified that 14% of Lucas County 7th-12th grade youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 24% of Lucas County 7th-12th grade youth reported that they were slightly or very overweight. 71% of 7th-12th grade youth were exercising for 60 minutes on 3 or more days per week.

Data Summary

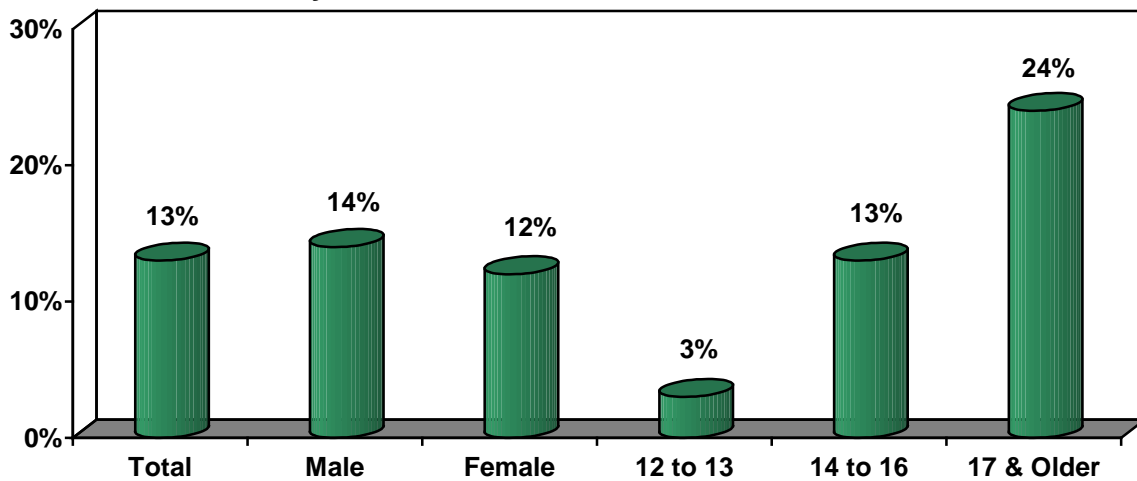
Lucas County Youth 7th-12th Grade BMI Classifications



Youth Tobacco Use

The 2011 health assessment identified that 13% of Lucas County youth in grades 7-12 were smokers, increasing to 24% of those who were over the age of 17. Overall, 8% of Lucas County youth in grades 7- 12 indicated they had used chewing tobacco in the past month. Of those 7th -12th grade youth who currently smoked, 49% had tried to quit.

Lucas County 7th-12th Grade Youth Who Are Current Smokers



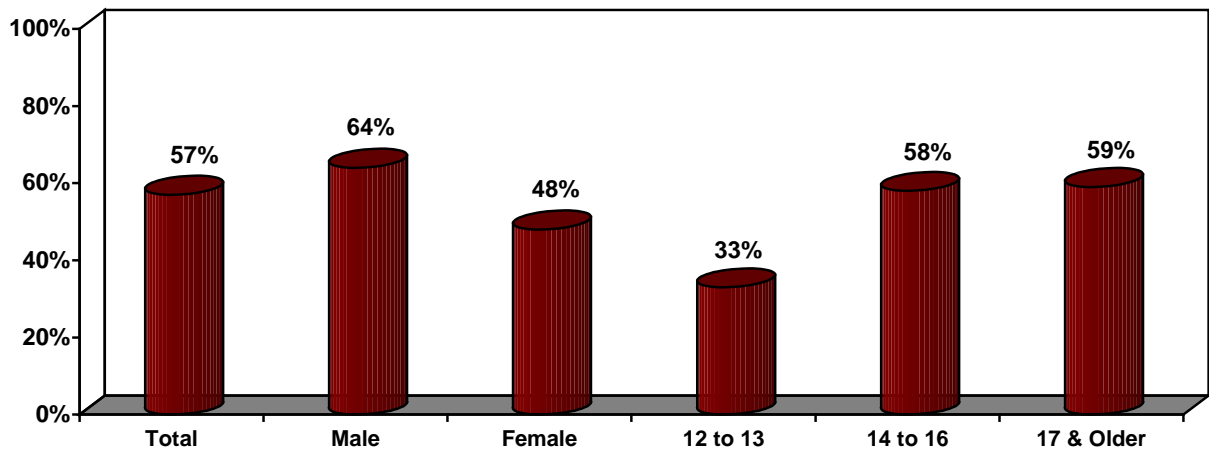
Current smokers are those who have smoked at any time during the past 30 days.

Data Summary

Youth Alcohol Consumption

In 2011, the health assessment results indicated that 54% of Lucas County youth in grades 7-12 had drunk at least one drink of alcohol in their life increasing to 76% of youth seventeen and older. 37% of those 7th-12th graders who drank, took their first drink at 12 years old or younger. Almost one-third (29%) of all Lucas County 7th-12th grade youth and half (50%) of those over the age of 17 had at least one drink in the past 30 days. Over half (57%) of the 7th-12th grade youth who reported drinking in the past 30 days had at least one episode of binge drinking. 6% of all youth drivers had driven a car in the past month after they had been drinking alcohol.

Lucas County 7th-12th Grade Youth Current Drinkers Binge Drinking in Past Month*



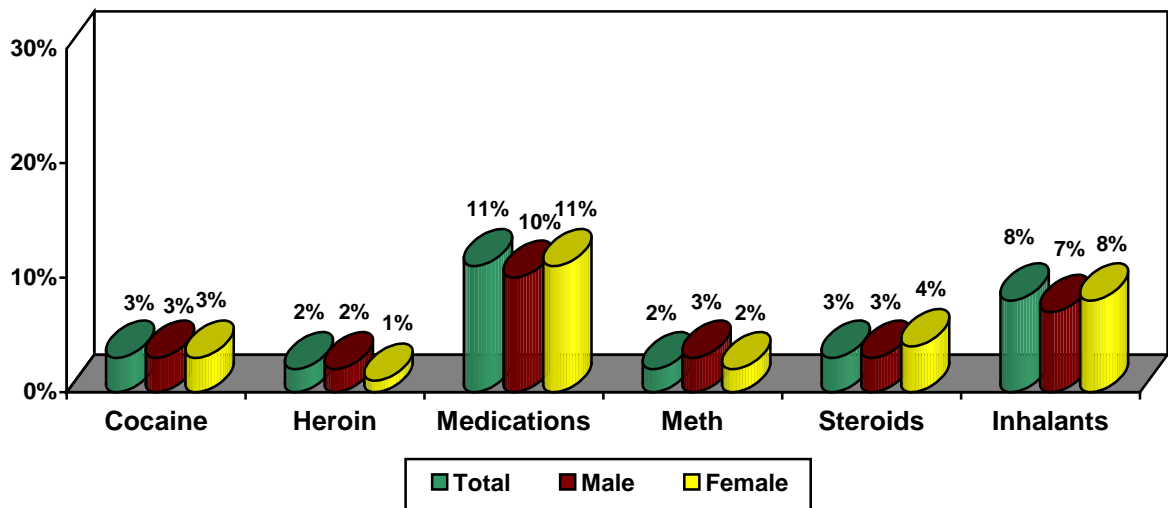
**Based on all current drinkers. Binge drinking is defined as having five or more drinks on an occasion.*

Youth Marijuana and Other Drug Use

In 2011, 19% of Lucas County 7th-12th grade youth had used marijuana at least once in the past 30 days, increasing to 31% of those ages 17 and older. 11% of 7th-12th grade youth used medications that were not prescribed for them or took more than prescribed to get high, increasing to 17% of those over the age of 17.

Data Summary

Lucas County 7th-12th Grade Youth Lifetime Drug Use



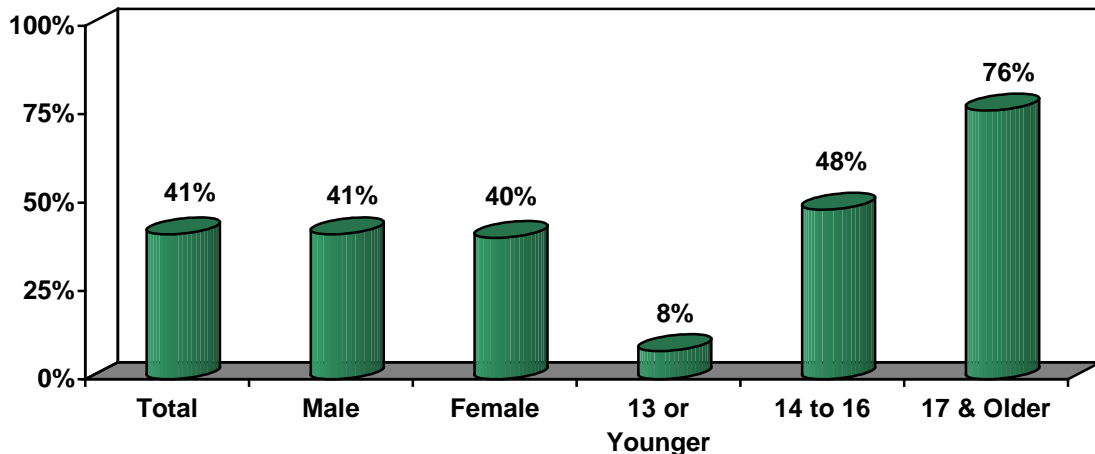
Youth Perceptions

In 2011, nearly two-thirds (62%) of Lucas County 7th-12th grade youth thought there was a great risk in harming themselves if they smoked cigarettes. 15% of 7th-12th grade youth thought that there was no risk in using marijuana. Over three-fifths (63%) of 7th-12th grade youth reported that their parents would feel it was very wrong for them to drink alcohol.

Youth Sexual Behavior & Pregnancy Outcomes

Only 7th-12th graders in Toledo public schools, Springfield schools, and Swanton schools asked sexual behavior questions. Generalizability of the sexual behavior section is limited because of the few schools that asked these questions. In 2011, more than two-fifths (41%) of Lucas County youth have had sexual intercourse, increasing to 76% of those ages 17 and over. 30% of youth had participated in oral sex and 11% had participated in anal sex. 30% of youth participated in sexting. Of those who were sexually active, 68% had multiple sexual partners.

Lucas County 7th- 12th Grade Youth Having Sexual Intercourse

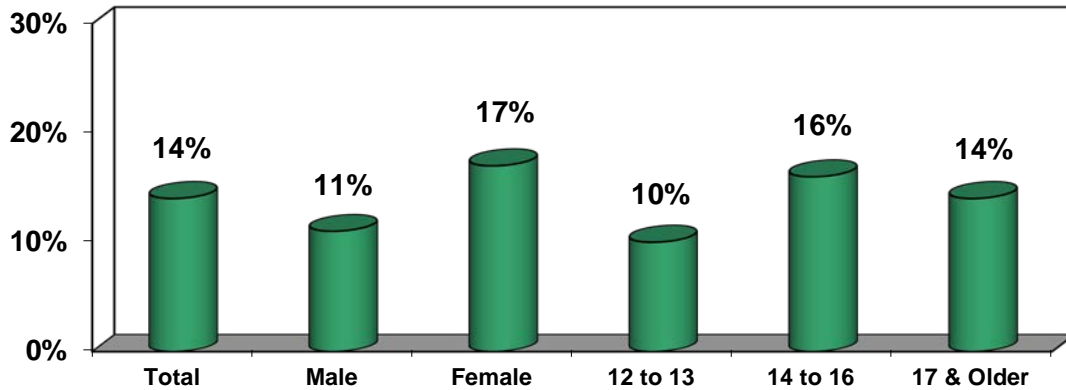


Data Summary

Youth Mental Health and Suicide

In 2011, the health assessment results indicated that 14% of Lucas County 7th-12th grade youth had seriously considered attempting suicide in the past year and 4% admitted actually attempting suicide in the past year.

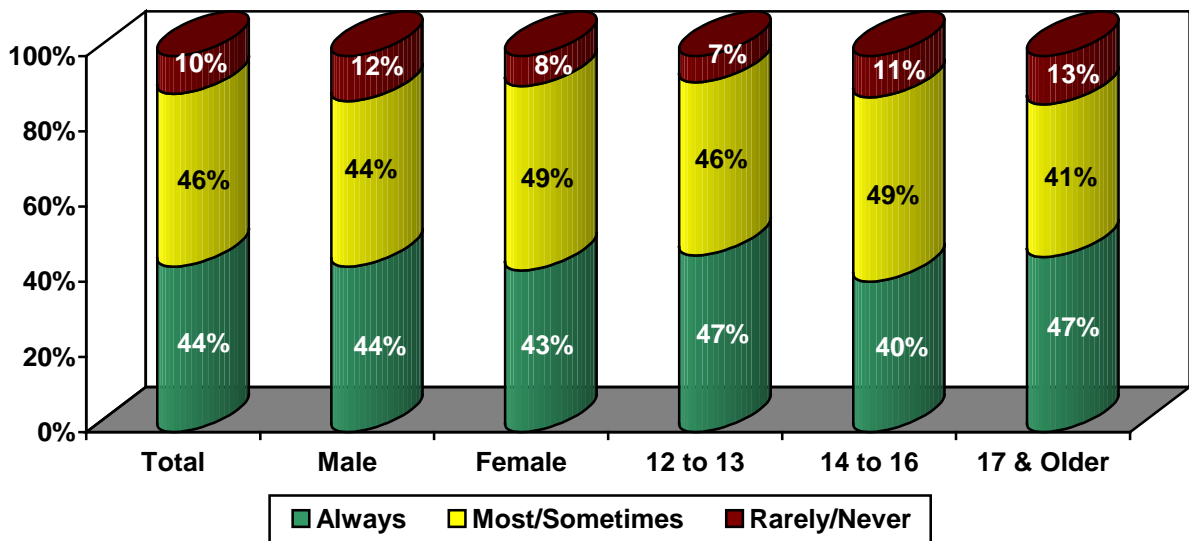
Lucas County 7th-12th Grade Youth Who Had Seriously Considered Attempting Suicide in the Past 12 Months



Youth Safety

In 2011, 44% of Lucas County 7th-12th grade youth self-reported that they always wore a seatbelt when riding in a car driven by someone else. 45% of youth drivers texted while driving.

Lucas County Youth Seatbelt Use in the Past Month

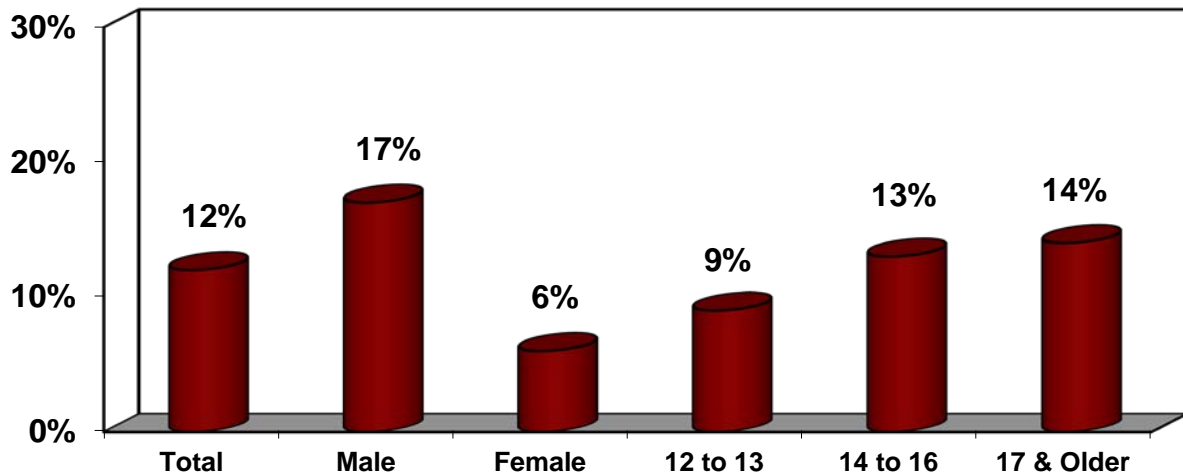


Data Summary

Youth Violence

In Lucas County, 12% of 7th-12th grade youth had carried a weapon in the past month. 10% of 7th -12th grade youth had been threatened or injured with a weapon. 23% of 7th -12th grade youth had purposefully hurt themselves. 46% of 7th-12th grade youth had been bullied in the past year.

Lucas County 7th-12th Grade Youth Carrying a Weapon During the Past 30 Days



Children's Health and Functional Status

In 2011, 68% of Lucas County parents had taken their child ages 0-11 to the dentist in the past year. 17% of Lucas County parents reported their child ages 0-11 had been diagnosed with asthma. 10% of parents reported their child had an asthma attack in the past year. 8% of parents reported their child had been diagnosed with ADD/ADHD.

Children's Health Insurance, Access and Utilization

In 2011, 8% of Lucas County parents reported there was a time in the past year their 0-11 year old was not covered by health insurance. 28% of parents reported they received benefits from the SNAP/food stamp program and 19% from the WIC program. 31% of parents reported they had taken their child to the hospital emergency room in the past year. 88% of parents had taken their child to the doctor for preventive care in the past year.

Early Childhood (0-5 Year Olds) Health

The following information was reported by parents of 0-5 year olds. 93% of mothers got prenatal care within the first three months during their last pregnancy. 5% of mothers smoked during their last pregnancy. 70% of parents put their child to sleep on his/her back. 27% of mothers never breastfed their child. 91% of children always rode in a car seat or booster seat.

Data Summary

Middle Childhood (6-11 Year Olds) Health

The following information was reported by Lucas County parents of 6-11 year olds. In 2011, 25% of Lucas County parents reported their child never wore a helmet when riding a bicycle. 53% of parents reported their child was bullied at some time in the past year. 81% of parents reported their child participated in extracurricular activities. 26% of parents reported their child had a MySpace or Facebook account. 90% of parents reported their child had exercised for 20 minutes on three or more days in the past week.

Family Functioning, Neighborhood and Community Characteristics

In 2011, Lucas County parents reported their 0-11 year old child slept an average of 10.3 hours per night. 21% of parents reported they read to their child every day. 89% of parents reported their neighborhood was always or usually safe. 31% of parents reported someone smoked in their home. 3% of parents reported an unlocked firearm and 3% reported a loaded firearm in their home.

Parent Health

In 2011, 11% of Lucas County parents were uninsured. 31% of parents were overweight and 31% were obese. Parents missed work an average of 1.7 days per year due to their child being ill or injured.

Lucas County Trend Summary

Youth Variables	Lucas County 2011 (5-6 grade)	Lucas County 2011 (7-8 grade)	Lucas County 2011 (9-12 grade)	Ohio 2007 (9-12 grade)	U.S. 2009 (9-12 grade)
Injury-Related Behavior					
Rode with a driver who had been drinking in past 30 days	15%	18%	25%	23%	28%
Carried a weapon in past 30 days	9%	10%	13%	17%	18%
Involved in a physical fight in past 12 months	27%	28%	28%	30%	32%
Seriously considered suicide in past 12 months	6%	14%	16%	13%	14%
Attempted suicide in past 12 months	3%	4%	4%	7%	6%
Alcohol Use					
Ever had at least one drink of alcohol in lifetime	13%	29%	67%	76%	73%
Used alcohol during past 30 days	5%	11%	39%	46%	42%
Binged during past 30 days (5 or more drinks in a couple of hours on an occasion)	1%	4%	23%	29%	24%
Tobacco Use					
Lifetime cigarette use (ever tried cigarette smoking, even 1 or 2 puffs)	5%	12%	38%	51%	46%
Used cigarettes on one or more of the past 30 days	2%	4%	18%	22%	20%
Used smokeless tobacco in past 30 days	<1%	2%	11%	10%	9%
Sexual Behavior*					
Ever had sexual intercourse	N/A	9%	63%	45%	46%
Had four or more sexual partners	N/A	2%	27%	14%	14%
Used a condom at last sexual intercourse	N/A	62%	75%	60%	61%
Used birth control pills at last sexual intercourse	N/A	18%	20%	17%	20%
Drug Use					
Used marijuana in the past 30 days	<1%	4%	26%	18%	21%
Used cocaine in their lifetime	0%	1%	4%	8%	6%
Used heroin in their lifetime	0%	1%	2%	4%	3%
Used methamphetamines in their lifetime	<1%	1%	3%	6%	4%
Used steroids in their lifetime	2%	2%	4%	5%	3%
Used prescription medication in order to get high or feel good	2%	3%	15%	N/A	N/A
Used inhalants in order to get high in their lifetime	1%	6%	9%	12%**	12%

N/A= not available

*Data for Toledo public schools, Springfield schools, and Swanton schools only.

**2005 YRBS Data

Lucas County Trend Summary

Adult Variables	Lucas County 2007	Lucas County 2011	Ohio 2010	U.S. 2010
Alcohol Consumption				
Had at least one alcoholic beverage in past month	57%	57%	53%	55%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	18%	23%	17%	15%
Tobacco Use				
Current smoker (currently smoke some or all days)	23%	24%	23%	12%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	25%	23%	25%	25%
Arthritis, Asthma, & Diabetes				
Has been diagnosed with arthritis	27%	19%	31%*	26%*
Has been diagnosed with asthma	12%	13%	10%	9%
Has been diagnosed with diabetes	12%	13%	10%	9%
Hypertension & Cholesterol Awareness				
Has been diagnosed with high blood pressure	35%	34%	32%*	29%*
Has been diagnosed with high blood cholesterol	34%	27%	40%*	38%*
Health Care Access/Coverage				
Has health care coverage	88%	87%	87%	85%
Health Status				
Rated general health as fair or poor	14%	18%	16%	15%
Preventive Health				
Has had a flu shot in past 12 months	31%	37%	N/A	N/A
Age 65 & over had a pneumonia vaccine in lifetime	59%	61%	69%	69%
Dental visit within past year	66%	68%	72%*	70%*
Age 40 & over had a mammogram in past 2 years	73%	74%	74%	76%
Had clinical breast exam in past year	56%	51%	N/A	N/A
Weight Status				
Obese	33%	35%	28%	28%
Overweight	37%	36%	36%	36%

N/A= not available

*2009 BRFSS Data

Lucas County Trend Summary

Child Comparisons	Lucas County 2011 Ages 0-5	Ohio 2007 Ages 0-5	U.S. 2007 Ages 0-5	Lucas County 2011 Ages 6-11	Ohio 2007 Ages 6-11	U.S. 2007 Ages 6-11
Health and Functional Status						
Rated health as excellent or very good	89%	91%	87%	86%	84%	84%
Child has no problems with teeth	89%	76%	81%	54%	64%	66%
Child had toothache	1%	16%	7%	1%	14%	15%
Child had decay or cavities	4%	11%	12%	27%	27%	26%
Child had broken teeth	1%	N/A	4%	1%	N/A	5%
Diagnosed with asthma	11%	8%	9%	23%	21%	16%
Diagnosed with ADHD/ADD	1%	2%	1%	16%	9%	9%
Diagnosed with behavioral or conduct problems	1%	N/A	1%	6%	N/A	5%
Diagnosed with developmental delay or physical impairment	6%	2%	3%	6%	8%	6%
Diagnosed with anxiety problems	1%	N/A	1%	5%	N/A	3%
Diagnosed with hearing problems	3%	2%	2%	4%	4%	3%
Health Insurance, Access and Utilization						
Child was not covered by insurance at some time in the past year	6%	12%	15%	9%	11%	16%
Had public insurance	33%	32%	35%	32%	26%	28%
Been to doctor for preventive care	93%	96%	96%	82%	87%	85%
Dental care visit in past year	48%	51%	54%	88%	92%	90%
2 or more visits to the ER	15%	8%*	8%*	9%	6%*	4%*
Received all the medical care they needed	95%	99%*	99%*	91%	98%*	98%*
Have a personal doctor or nurse	58%	95%	94%	57%	95%	92%
Family Functioning & Neighborhood Characteristics						
Family eat a meal together every day of the week	43%	55%	58%	33%	40%	47%
Neighborhood safety concerns	88%	88%	85%	91%	84%	86%

N/A= not available

* 2003 national and state data

Health Status Perceptions

Key Findings

In 2011, almost half (48%) of the Lucas County adults rated their health status as excellent or very good. Conversely, 18% of the adults, increasing to 30% of those over the age of 65, described their health as fair or poor.

Adults Who Rated General Health Status Excellent or Very Good

- ❖ Lucas County 48% (2011)
- ❖ Ohio 53% (2010)
- ❖ U.S. 55% (2010)

(Source: BRFSS 2010 for Ohio and U.S.)

General Health Status

- ◆ In 2011, almost half (48%) of Lucas County adults rated their health as excellent or very good. Lucas County adults with higher incomes (53%) were most likely to rate their health as excellent or very good, compared to 32% of those with incomes less than \$25,000.
- ◆ 18% of adults rated their health as fair or poor. The 2010 BRFSS has identified that 15% of Ohio and 16% of U.S. adults self-reported their health as fair or poor.
- ◆ Lucas County adults were most likely to rate their health as fair or poor if they:
 - Were widowed (34%)
 - Had high blood cholesterol (27%) or high blood pressure (33%)
 - Had an annual household income under \$25,000 (31%)
 - Were 65 years of age or older (30%)
 - Were African American (26%)

Physical Health Status

- ◆ In 2011, 24% of Lucas County adults rated their physical health as not good on four days or more in the previous month.
- ◆ Lucas County adults were most likely to rate their physical health as not good if they:
 - Had an annual household income under \$25,000 (39%)
 - Were African American (34%)
 - Were 65 years of age or older (30%)

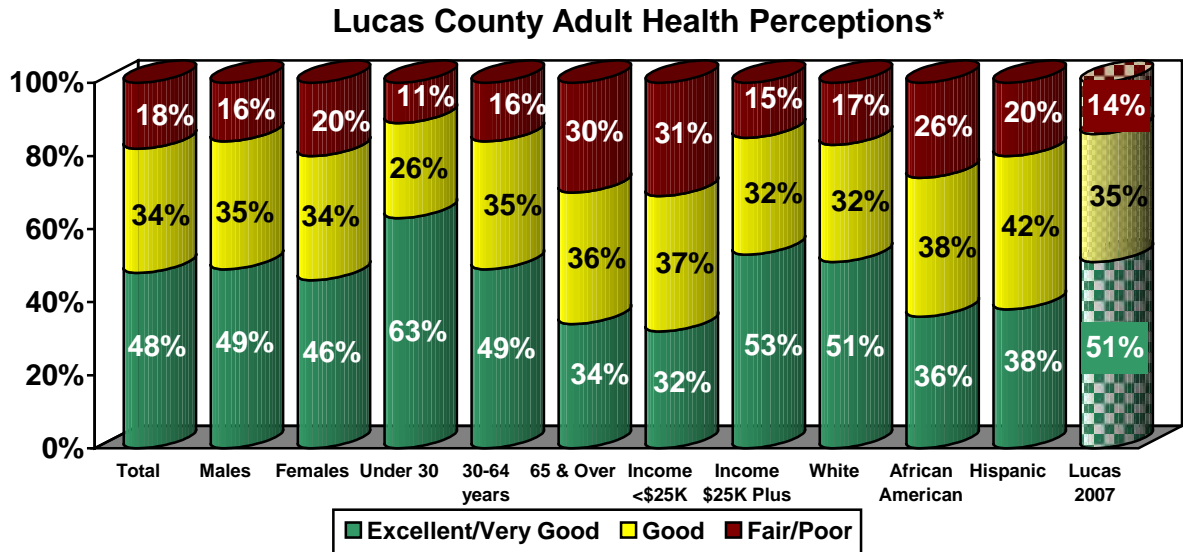
Mental Health Status

- ◆ In 2011, 25% of Lucas County adults rated their mental health as not good on four days or more in the previous month.
- ◆ Lucas County adults were most likely to rate their mental health as not good if they:
 - Had an annual household income under \$25,000 (41%)
 - Were Hispanic (33%)
 - Were female (32%)
 - Were less than 30 years old (32%)

2007/2011 Adult Comparisons	Lucas County 2007	Lucas County 2011	Ohio 2010	U.S. 2010
Rated health as excellent or very good	51%	48%	53%	55%
Rated health as fair or poor	14%	18%	15%	16%
Rated their mental health as not good on four or more days	26%	25%	N/A	N/A

Health Status Perceptions

The following graph shows the percentage of Lucas County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 48% of all Lucas County adults, 63% of those under age 30, and 34% of those ages 65 and older rated their health as excellent or very good. The table shows the percentage of adults with poor physical and mental health in the past 30 days.



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

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	66%	14%	4%	3%	14%
Females	56%	16%	8%	4%	16%
Total	61%	15%	6%	4%	14%
Mental Health Not Good in Past 30 Days*					
Males	72%	11%	5%	2%	10%
Females	55%	13%	10%	2%	20%
Total	63%	12%	7%	2%	16%

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

Health Care Coverage

Key Findings

The 2011 health assessment data has identified that 13% of Lucas County adults were without health care coverage. Those most likely to be uninsured were adults under age 30 and those with an income level under \$25,000. In Lucas County, 17.3% of residents live below the poverty level. (Source U.S. Census, American Community Survey 5 Year Estimates, 2005-2009)

General Health Coverage

- ◆ In 2011, most (87%) Lucas County adults had health care coverage, leaving 13% who are uninsured. The 2010 BRFSS reports uninsured prevalence rates for Ohio (13%) and the U.S. (15%).
- ◆ In the past year 13% of adults were uninsured, increasing to 21% of those under the age of 30, 25% of African Americans, and 27% of those with incomes less than \$25,000.
- ◆ 16% of adults with children did not have healthcare coverage compared to 11% of those who did not have children living in their household.
- ◆ The following types of health care coverage were used: employer (50%), Medicare (15%), someone else's employer (12%), Medicaid or medical assistance (7%), self-paid plan (6%), multiple (5%), military, CHAMPUS, TriCare, or VA (1%), CareNet (1%), and other (2%).
- ◆ Lucas County adult health care coverage included the following: medical (99%), prescription coverage (92%), dental (71%), vision (70%), mental health (66%), preventive care (59%), their spouse (58%), their children (53%), home care (26%), skilled nursing (25%), and hospice (23%).
- ◆ The top five reasons uninsured adults gave for being without health care coverage were:
 1. They could not afford to pay the out-of-pocket expenses (32%)
 2. They could not afford to pay the insurance premiums (32%)
 3. They lost their job or changed employers (24%)
 4. Their employer does not/stopped offering coverage (15%)
 5. They became ineligible (age or left school) (13%)
 (Percentages do not equal 100% because respondents could select more than one reason)

Lucas County and Ohio Medicaid Statistics

	Residents Enrolled in Medicaid	Annual Medicaid Expenditures*
Lucas County SFY 2009	117,300	\$675,948,870
State of Ohio SFY 2009	2,407,572	\$13,162,469,167
Lucas County SFY 2008	91,749	\$612,046,475
State of Ohio SFY 2008	1,789,934	\$11,962,683,659

**(Payments made directly to providers as well as capitation payments to HMOs)
 (Source: Ohio Job & Family Services, Lucas County 2008 & 2009 Profiles,
<http://jfs.ohio.gov/County/cntypro/pdf08/Lucas.pdf> &
<http://jfs.ohio.gov/County/cntypro/Lucas.pdf>)*

Lucas County Health Care Statistics

- ◆ In 2009, 1.9% of all hospital visits occurred outside the county.
- ◆ In 2008, 26.6% of all Lucas County residents were enrolled in Medicaid.
- ◆ 53.3% of all Lucas County children were enrolled in Medicaid in 2008.
- ◆ 52.9% of all Lucas County births were paid by Medicaid in 2007.

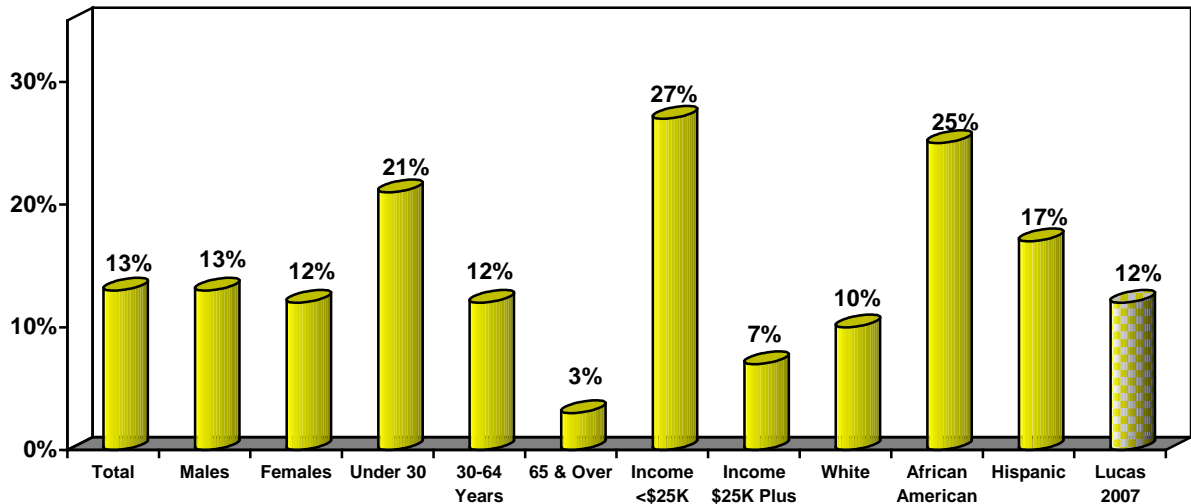
Source: Job and Family Services- Lucas County Job and Family Services Profile: <http://jfs.ohio.gov/County/cntypro/Lucas.pdf>

2007/2011 Adult Comparisons	Lucas County 2007	Lucas County 2011	Ohio 2010	U.S. 2010
Uninsured	12%	13%	13%	15%

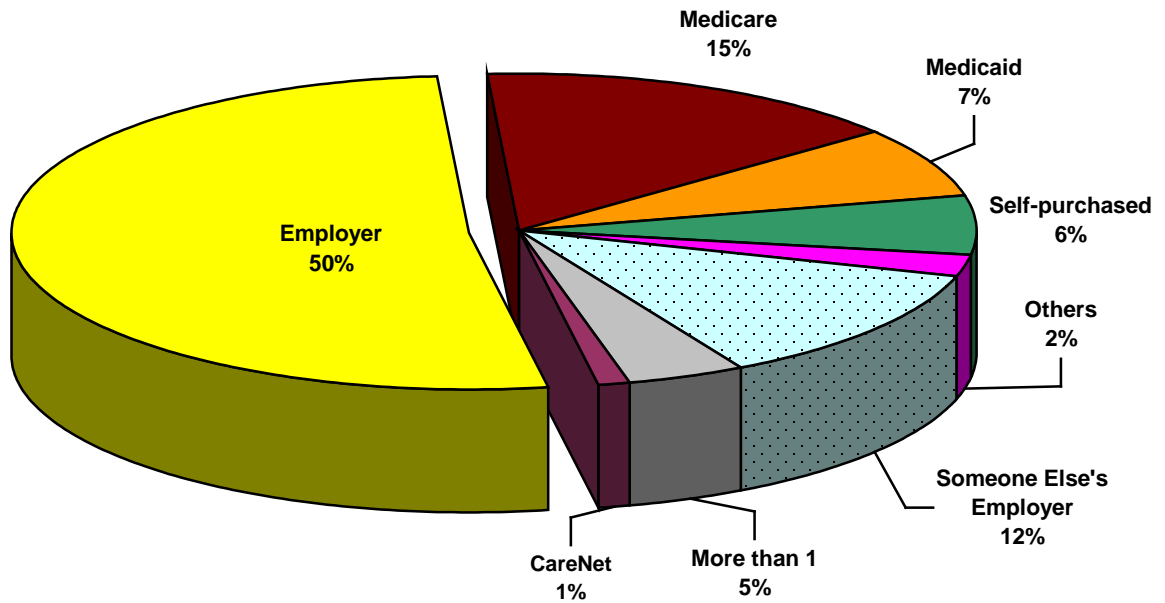
Health Care Coverage

The following graph shows the percentages of Lucas County adults who were uninsured by demographic characteristics. Examples of how to interpret the information in the first graph include: 13% of all Lucas County adults were uninsured, 27% of adults with an income less than \$25,000 reported being uninsured and 21% of those under age 30 lacked health care coverage. The pie chart shows sources of Lucas County adults' health care coverage

Uninsured Lucas County Adults



Source of Health Coverage for Lucas County Adults



Health Care Coverage

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

Health Coverage Includes:	Yes	No	Don't Know
Medical	99%	1%	0%
Dental	71%	27%	2%
Vision	70%	26%	4%
Mental Health	66%	10%	24%
Prescription Coverage	92%	5%	3%
Home Care	26%	16%	58%
Skilled Nursing	25%	13%	62%
Hospice	23%	15%	62%
Your Spouse	58%	35%	7%
Your Children	53%	42%	5%
Preventive Health	59%	8%	33%

Healthy People 2020 Access to Quality Health Services

Objective	Healthy People 2020 Target	Lucas County	Ohio	U.S.
AHS-1.1: Persons under age of 65 years with health care insurance	100%	69% age 20-24 83% age 25-34 80% age 35-44 88% age 45-54 92% age 55-64 (2011)	69% age 18-24 85% age 25-34 87% age 35-44 87% age 45-54 88% age 55-64 (2010)	74% age 18-24 80% age 25-34 85% age 35-44 87% age 45-54 89% age 55-64 (2010)

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

(Sources: Healthy People 2020 Objectives, BRFSS, ODH Information Warehouse, 1-7-10, 2011 Assessment)

2008 Ohio Family Health Survey Results

- ❖ In Ohio, 17% of adults 18-64 years old and 4% of children were uninsured in 2008, compared respectively to 15% and 5.4% in 2004.
- ❖ 19.5% of Lucas County adults 18-64 years old and 4.1% of Lucas County children were described as being uninsured in the report.
- ❖ Most of the uninsured children in Ohio are in families with incomes within 200% of the poverty level, making them eligible for Medicaid/SCHIP.
- ❖ Among children in Ohio, Hispanic children were 3.3 times more likely to be uninsured than the general population, while the uninsured rates for African American and white children were similar to each other.
- ❖ Among working age adults in Ohio, African Americans were 1.8 times more likely to be uninsured than whites.
- ❖ In Ohio, uninsured individuals reported greater issues with access to care, unmet needs, and paying for care than the insured.
- ❖ More Ohioans reported lacking coverage for dental, vision, mental health or prescription drug services than being uninsured.

(Source: 2008 Ohio Family Health Survey Results.)

Health Care Access & Utilization

Key Findings

The 2011 health assessment project identified that 6% of Lucas County adults were using a hospital emergency room as their usual place of health care, increasing to 18% of African Americans. Half (50%) of Lucas County adults rated their satisfaction with their overall health care as excellent or very good.

Health Care Access

- ◆ In 2011, 94% of Lucas County adults reported they had one particular place they usually went if they were sick or needed advice about their health. They reported the following places: a private doctor's office (78%), a hospital emergency room (6%), a community health center (4%), an urgent care center (2%), the health department (2%), and some other kind of place (2%).
- ◆ 6% of Lucas County adults used a hospital emergency room as their usual place of health care, increasing to 18% of African Americans and 15% of those with incomes less than \$25,000.
- ◆ Half (50%) of Lucas County adults rated their satisfaction with their overall health care as excellent or very good, decreasing to 34% of those with incomes less than \$25,000. 15% of adults rated their satisfaction as fair or poor.

Predictors of Access to Health Care

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

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

(Source: Healthy People 2020 and CDC)

Availability of Services

- ◆ When Lucas County adults were asked what programs they have looked for, for themselves or a loved one, demand was highest for the following programs: depression, anxiety, or emotional problems (18%), tobacco use (10%), alcohol abuse (4%), and drug abuse (3%).

Lucas County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Lucas County adults who have looked but have <u>NOT</u> found a specific program	Lucas County adults who have looked and have found a specific program
Depression or Anxiety (18% of all adults looked)	14%	86%
Smoking (10% of all adults looked)	34%	66%
Alcohol Abuse (4% of all adults looked)	30%	70%
Drug Abuse (3% of adults looked)	37%	63%

2007/2011 Adult Comparisons	Lucas County 2007	Lucas County 2011	Ohio 2010	U.S. 2010
Had one particular place they went to for health care	87%	94%	N/A	N/A
Rated the overall satisfaction of their health care as excellent or very good	50%	50%	N/A	N/A

N/A= Not Asked

Hospital Discharge Data for Lucas County Residents in 2010

- ❖ Ohio is one of the states that relies on a private organization, Ohio Hospital Association (OHA), to collect hospital discharge data. The data presented here are from OHA for Lucas County residents in 2010.
- ❖ The data have been compiled into three age groups (0-17years; 18-64 years; and 65 or more years) and by gender. This is how the federal government typically reports discharge data.
- ❖ The tables are compiled in decreasing frequency of the conditions. For youths 0-17 years of age the three most frequent discharge conditions are: diseases of the respiratory system, mental disorders, and ill-defined conditions (see table footnote).

2010 Hospital Discharges for Lucas County Youths 0-17 Years of Age

Disease Grouping	ICD-9 Codes	Total N (%)	Females N (%)	Males N (%)
Diseases of the respiratory system	460-519	928 (25%)	381 (21%)	547 (29%)
Mental disorders	290-319	523 (14%)	272 (15%)	251 (13%)
Symptoms, signs, and ill-defined conditions*	780-799	268 (7%)	134 (7%)	134 (7%)
Complications of pregnancy, childbirth, and the puerperium	630-679	235 (6%)	235 (13%)	0 (0%)
Diseases of the digestive system	520-579	222 (6%)	103 (6%)	119 (6%)
Injury	800-959	216 (6%)	74 (4%)	142 (8%)
Diseases of the nervous system and sense organs	320-389	215 (6%)	102 (6%)	113 (6%)
Certain conditions originating in the perinatal period	760-779	210 (6%)	82 (5%)	128 (7%)
Diseases of the skin and subcutaneous tissue	680-709	160 (4%)	84 (5%)	76 (4%)
Endocrine, nutritional and metabolic diseases, and immunity disorders	240-279	136 (4%)	57 (3%)	79 (4%)
Diseases of the genitourinary system	580-629	114 (3%)	92 (5%)	22 (1%)
Diseases of the blood and blood-forming organs	280-289	107 (3%)	45 (2%)	62 (3%)
Other (not classified elsewhere)	990-999	89 (2%)	39 (2%)	50 (3%)
Congenital anomalies	740-759	66 (2%)	23 (1%)	43 (2%)
Diseases of the musculoskeletal system and connective tissue	710-739	62 (2%)	30 (2%)	32 (2%)
Poisoning	960-989	53 (1%)	28 (2%)	25 (1%)
Diseases of the circulatory system	390-459	46 (1%)	17 (1%)	29 (2%)
Cancers (neoplasms)**	140-239	35 (1%)	14 (1%)	21 (1%)
Infectious and parasitic diseases	001-139	3 (<1%)	1 (<1%)	2 (<1%)

Note: All normal vaginal and cesarean births were included in the above data (included in the 630-679 ICD Code Range)

** Most common illness were: sleep disturbance/alterations of consciousness (28%); symptoms involving abdomen or pelvis (17%); respiratory symptoms (12%)*

*** Includes cancers from all body systems*

(Source: Ohio Hospital Association (OHA), 2010 Hospital Discharge Data)

Hospital Discharge Data for Lucas County Residents in 2010

- ❖ The table for adults 18-64 years of age indicates that the three most frequent discharge conditions are: mental disorders, diseases of the circulatory system, and diseases of the digestive system.

2010 Hospital Discharges for Lucas County Adults 18-64 Years of Age

Disease Grouping	ICD-9 Codes	Total N (%)	Females N (%)	Males N (%)
Mental disorders	290-319	4448 (14%)	2028 (12%)	2420 (17%)
Diseases of the circulatory system	390-459	4387 (14%)	1781 (10%)	2606 (18%)
Diseases of the digestive system	520-579	3323 (11%)	1796 (10%)	1527 (11%)
Diseases of the respiratory system	460-519	2863 (9%)	1563 (9%)	1300 (9%)
Diseases of the musculoskeletal system and connective tissue	710-739	2159 (7%)	1115 (7%)	1044 (7%)
Complications of pregnancy, childbirth, and the puerperium	630-679	1862 (6%)	1862 (11%)	0 (0%)
Diseases of the genitourinary system	580-629	1814 (6%)	1301 (8%)	513 (4%)
Symptoms, signs, and ill-defined conditions*	780-799	1794 (6%)	956 (6%)	838 (6%)
Injury	800-959	1523 (5%)	529 (3%)	994 (7%)
Diseases of the nervous system and sense organs	320-389	1463 (5%)	873 (5%)	590 (4%)
Endocrine, nutritional and metabolic diseases, and immunity disorders	240-279	1432 (5%)	791 (5%)	641 (4%)
Cancers (neoplasms)**	140-239	1294 (4%)	826 (5%)	468 (3%)
Other (not classified elsewhere)	990-999	1247 (4%)	659 (4%)	588 (4%)
Diseases of the skin and subcutaneous tissue	680-709	907 (3%)	432 (3%)	475 (3%)
Diseases of the blood and blood-forming organs	280-289	514 (2%)	329 (2%)	185 (1%)
Poisoning	960-989	480 (2%)	244 (1%)	236 (2%)
Congenital anomalies	740-759	81 (<1%)	46 (<1%)	35 (<1%)
Infectious and parasitic diseases	001-139	40 (<1%)	20 (<1%)	20 (<1%)
Certain conditions originating in the perinatal period	760-779	1 (<1%)	1 (<1%)	0 (0%)

Note: All normal vaginal and cesarean births were dropped from the above data (n=4335)

** Most common illness were: symptoms involving abdomen or pelvis (18%); sleep disturbance/alterations of consciousness (17%); respiratory symptoms (14%)*

*** Includes cancers from all body systems*

(Source: Ohio Hospital Association (OHA), 2010 Hospital Discharge Data)

Hospital Discharge Data for Lucas County Residents in 2010

- ❖ The table for adults 65 years of age and older indicates the three most frequent discharge conditions are: diseases of the circulatory system, diseases of the respiratory system, and diseases of the digestive system.

2010 Hospital Discharges for Lucas County Adults Ages 65 and Older

Disease Grouping	ICD-9 Codes	Total N (%)	Females N (%)	Males N (%)
Diseases of the circulatory system	390-459	5740 (27%)	3034 (24%)	2706 (30%)
Diseases of the respiratory system	460-519	2657 (12%)	1488 (12%)	1169 (13%)
Diseases of the digestive system	520-579	2044 (9%)	1231 (10%)	813 (9%)
Diseases of the musculoskeletal system and connective tissue	710-739	1748 (8%)	1168 (9%)	580 (6%)
Diseases of the genitourinary system	580-629	1639 (8%)	985 (8%)	654 (7%)
Symptoms, signs, and ill-defined conditions*	780-799	1385 (6%)	835 (7%)	550 (6%)
Injury	800-959	1346 (6%)	924 (7%)	422 (5%)
Diseases of the nervous system and sense organs	320-389	1133 (5%)	629 (5%)	504 (6%)
Cancers (neoplasms)**	140-239	971 (5%)	538 (4%)	433 (5%)
Endocrine, nutritional and metabolic diseases, and immunity disorders	240-279	773 (4%)	480 (4%)	293 (3%)
Other (not classified elsewhere)	990-999	727 (3%)	385 (3%)	342 (4%)
Mental disorders	290-319	505 (2%)	212 (2%)	293 (3%)
Diseases of the skin and subcutaneous tissue	680-709	405 (2%)	239 (2%)	166 (2%)
Diseases of the blood and blood-forming organs	280-289	359 (2%)	214 (2%)	145 (2%)
Poisoning	960-989	51 (<1%)	35 (<1%)	16 (<1%)
Congenital anomalies	740-759	30 (<1%)	17 (<1%)	13 (<1%)
Infectious and parasitic diseases	001-139	37 (<1%)	20 (<1%)	17 (<1%)
Complications of pregnancy, childbirth, and the puerperium	630-679	0 (0%)	0 (0%)	0 (0%)
Certain conditions originating in the perinatal period	760-779	0 (0%)	0 (0%)	0 (0%)

* Most common illness were: sleep disturbance/alterations of consciousness (19%); respiratory symptoms (15%); symptoms involving abdomen or pelvis (12%);

** Includes cancers from all body systems

(Source: Ohio Hospital Association (OHA), 2010 Hospital Discharge Data)

Health Services Resources

Hospitals

- ❖ As of 2010, the most recent data available showed that the U.S. had 5,754 hospitals and 50% were non-profit, 17% were for-profit and 19% were state/local government owned. (Source: American Hospital Association Hospital Statistics, 2010, obtained from: <http://www.aha.org/research/rc/stat-studies/fast-facts.shtml>)
- ❖ The U.S. had 2.6 beds/1,000 population, Ohio had 3.0 beds/1,000 population and Lucas County had 6.4 beds/1,000 population. (Source: American Hospital Association Annual Survey & Ohio Office of Policy, Research and Strategic Planning, Lucas County Profile)
- ❖ Lucas County has a total of 2,837 beds from the following hospitals with the number of beds acquired from each hospital's website:
 - ProMedica Toledo Hospital (774 beds)
 - Mercy St. Vincent Medical Center (588 beds)
 - Mercy St. Charles Hospital (390 beds)
 - University of Toledo Medical Center (319 beds)
 - ProMedica St. Luke's Hospital (314 beds)
 - ProMedica Flower Hospital (292 beds)
 - Mercy St. Anne Hospital (88 beds)
 - ProMedica Bay Park Community Hospital (72 beds)

Physicians

- ❖ About one-third (n=279,719) of U.S. physicians in 2010 were primary care physicians (general practitioners, family medicine, internal medicine, and general pediatricians) and the other two-thirds were specialists and subspecialists (n=519,790). (Source: Association of American Medical Colleges, 2011 State Physician Workforce Data Book, November 2011)
- ❖ In 2010, there were 30,485 physicians in Ohio, for an active physician per 10,000 population of 26.4 compared to 25.9 for the U.S. (Source: Association of American Medical Colleges, 2011 State Physician Workforce Data Book, November 2011)
- ❖ In Ohio, 9.1 physicians per 10,000 population were primary care physicians compared to 9.0 per 10,000 population for the U.S. (Source: Association of American Medical Colleges, 2011 State Physician Workforce Data Book, November 2011)
- ❖ In Lucas County, in 2009, there were 12.4 primary care physicians per 10,000 population (Source: Dartmouth Atlas of Health Care, Obtained from: <http://www.dartmouthatlas.org/>)

Dentists

- ❖ In 2009, the latest data available, there were 186,084 dentists in the U.S. and 6,093 dentists in Ohio. This was the equivalent of 6.0 dentists per 10,000 population in the U.S. and 5.3 dentists per 10,000 population in Ohio. (Source: American Dental Association)
- ❖ In Lucas County, there were 195 dentists with a rate of 4.4 per 10,000 people. (Source: Toledo Dental Society)

Health Services Resources

Nurses

- ❖ Nurses are the largest group of health service providers, yet shortages exist in many parts of the U.S.
- ❖ The majority of nurses work in hospitals (57%), followed by public/community health (11%), ambulatory care settings (12%), and nursing homes/extended care facilities (7%). *(Source: U.S. Bureau of Labor Statistics, Earnings and Employment of Registered Nurses, 2010)*
- ❖ In 2010, there were 2,655,020 registered nurses employed in the U.S. and 122,300 employed in Ohio. That is equivalent to 86 nurses per 10,000 population in the U.S. and 106 nurses per 10,000 population in Ohio. *(Source: U.S. Bureau of Labor Statistics, Earnings and Employment of Registered Nurses, 2010)*
- ❖ Ohio ranks 8th in the nation for the number of nurses per 10,000 population. *(Source: U.S. Bureau of Labor Statistics, State Occupational Employment and Wage Estimates and U.S. Census Bureau)*
- ❖ In Lucas County, in 2010, there were 6,330 nurses for a rate of 143 per 10,000 population. *(Source: Ohio Board of Nursing)*

Nursing Homes

- ❖ There were 40.2 million persons 65 years of age or older in 2010 in the U.S., 13.0% of the population. In Ohio there were 1.6 million who were 65 or older or 14.1% of the population. *(Source: U.S. Census Bureau)*
- ❖ In Lucas County, in 2010, 13.1% of the population, or 57,809 individuals, were 65 years of age or older. *(Source: U.S. Census Bureau)*
- ❖ Certified nursing home beds in 2010, in the U.S. were 1,663,445 and in Ohio there were 92,820. *(Source: C. Harrington, H. Carrillo, M. Dowdell, P. Tang, and B. Blank. Table 2, "Nursing, Facilities, Staffing, Residents, and Facility Deficiencies, 2005 Through 2010," Department of Social and Behavioral Sciences, University of California, San Francisco, accessed January 2012.)*
- ❖ In Lucas County in 2011, there were 3,633 certified beds in 38 nursing homes *(Source: Ohio Office of Policy, Research and Strategic Planning, 2011 County Profiles, Lucas County Profile, obtained from: <http://www.development.ohio.gov/research>)*

Cardiovascular Health

Key Findings

Heart disease (28%) and stroke (6%) accounted for 34% of all Lucas County adult deaths from 2006-2008 (Source: ODH Information Warehouse). The 2011 Lucas County Health Assessment found that 3% of adults had a heart attack and 2% had a stroke at some time in their life. About one-third (34%) of Lucas County adults have been diagnosed with high blood pressure, 27% have high blood cholesterol, and 35% were obese, three known risk factors for heart disease and stroke.

Heart Disease and Stroke

- ◆ In 2011, 3% of Lucas County adults reported they had a heart attack or myocardial infarction, increasing to 11% of those over the age of 65.
- ◆ 2% of Lucas County adults reported having had a stroke, increasing to 6% of those over the age of 65.
- ◆ 3% of adults reported they had angina, increasing to 7% of those over the age of 65.
- ◆ 6% of adults reported they had heart disease, increasing to 21% of those over the age of 65.

High Blood Pressure (Hypertension)

- ◆ About one-third (34%) of Lucas County adults had been diagnosed with high blood pressure. The 2009 BRFSS reports hypertension prevalence rates of 32% for Ohio and 29% for the U.S.
- ◆ 85% of those diagnosed with high blood pressure were receiving treatment for it.
- ◆ Lucas County adults diagnosed with high blood pressure were more likely to:
 - Be age 65 years or older (64%)
 - Be classified as obese by Body Mass Index-BMI (49%)
 - Be African American (44%)

High Blood Cholesterol

- ◆ Over one-quarter (27%) of adults had been diagnosed with high blood cholesterol. The 2009 BRFSS reported that 40% of Ohio adults and 38% of U.S. adults have been told they have high blood cholesterol.
- ◆ 81% of those diagnosed with high blood cholesterol were receiving treatment for it.
- ◆ Lucas County adults with high blood cholesterol were more likely to:
 - Be age 65 years or older (47%)
 - Be classified as overweight by Body Mass Index-BMI (31%)

Lucas County Leading Types of Death 2006-2008

Total Deaths: 12,776

1. Heart Disease (28% of all deaths)
2. Cancers (22%)
3. Chronic Lower Respiratory Diseases (7%)
4. Stroke (6%)
5. Accidents and Unintentional Injuries (5%)

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

Ohio Leading Types of Death 2006-2008

Total Deaths: 322,264

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

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

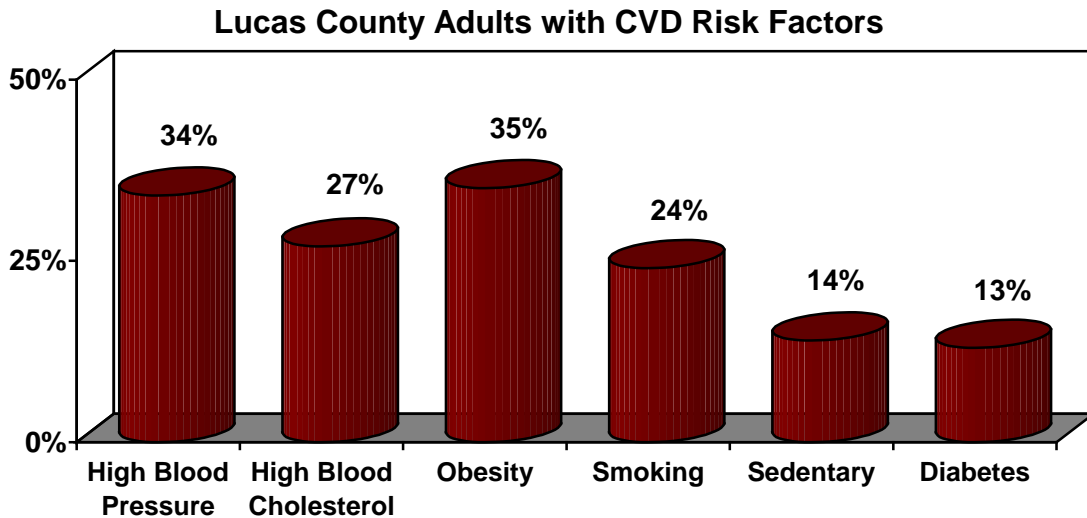
2007/2011 Adult Comparisons	Lucas County 2007	Lucas County 2011	Ohio 2010	U.S. 2010
Had angina	7%	3%	4%	4%
Had a heart attack	N/A	3%	4%	4%
Had a stroke	N/A	2%	3%	3%
Had high blood pressure	35%	34%	32%*	29%*
Had high blood cholesterol	34%	27%	40%*	38%*

N/A – Not asked

*2009 BRFSS Data

Cardiovascular Health

The following graph demonstrates the percentage of Lucas County adults who had major risk factors for developing cardiovascular disease (CVD). (Source: 2011 Lucas County Health Assessment)



Risk Factors for Cardiovascular Disease That Can Be Modified or Treated:

Cholesterol – As blood cholesterol rises, so does risk of coronary heart disease. When other risk factors (such as high blood pressure and tobacco smoke) are present, this risk increases even more. A person's cholesterol level is also affected by age, sex, heredity and diet.

High Blood Pressure – High blood pressure increases the heart's workload, causing the heart to thicken and become stiffer and causes the heart not to work properly. It also increases your risk of stroke, heart attack, kidney failure and congestive heart failure. When high blood pressure exists with obesity, smoking, high blood cholesterol levels or diabetes, the risk of heart attack or stroke increases several times.

Obesity and Overweight – People who have excess body fat — especially at the waist — are more likely to develop heart disease and stroke even if they have no other risk factors. Excess weight increases the heart's work. It also raises blood pressure and blood cholesterol and triglyceride levels, and lowers HDL ("good") cholesterol levels. Many obese and overweight people may have difficulty losing weight. But by losing even as few as 10 pounds, you can lower your heart disease risk.

Smoking – Smokers' risk of developing coronary heart disease is 2-4 times that of nonsmokers. People who smoke a pack of cigarettes a day have more than twice the risk of heart attack than people who've never smoked. People who smoke cigars or pipes seem to have a higher risk of death from coronary heart disease (and possibly stroke) but their risk isn't as great as cigarette smokers. Exposure to other people's smoke increases the risk of heart disease even for nonsmokers.

Physical Inactivity – An inactive lifestyle is a risk factor for coronary heart disease. Regular, moderate-to-vigorous physical activity helps prevent heart and blood vessel disease. However, even moderate-intensity activities help if done regularly and long term. Physical activity can help control blood cholesterol, diabetes and obesity, as well as help lower blood pressure in some people.

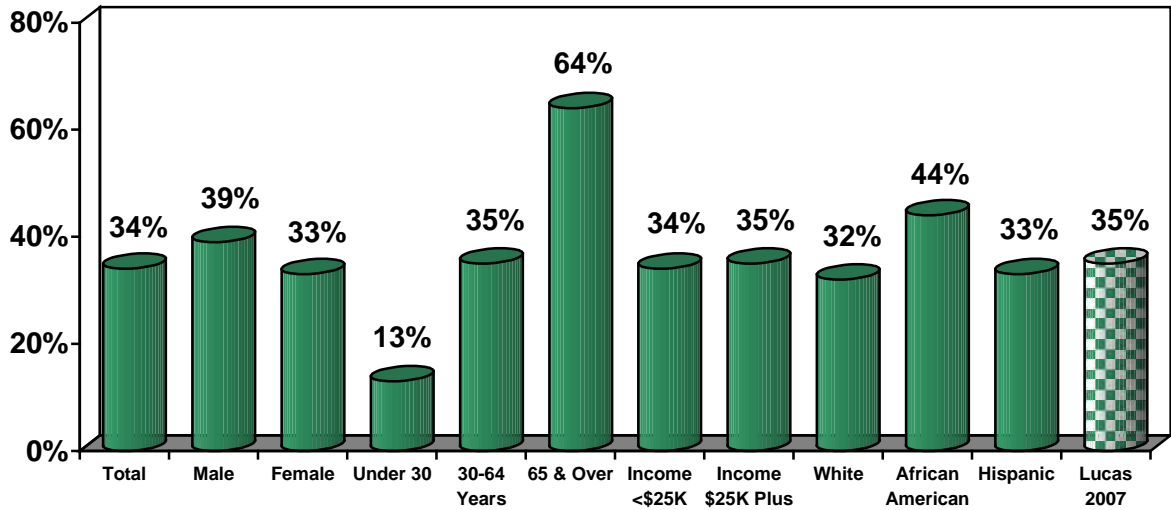
Diabetes Mellitus – Diabetes seriously increases your risk of developing cardiovascular disease. Even when glucose levels are under control, diabetes increases the risk of heart disease and stroke, but the risks are even greater if blood sugar is not well controlled. At least 65% of people with diabetes die of some form of heart or blood vessel disease.

(Source: American Heart Association, *Risk Factors for Coronary Heart Disease*, 6-20-11)

Cardiovascular Health

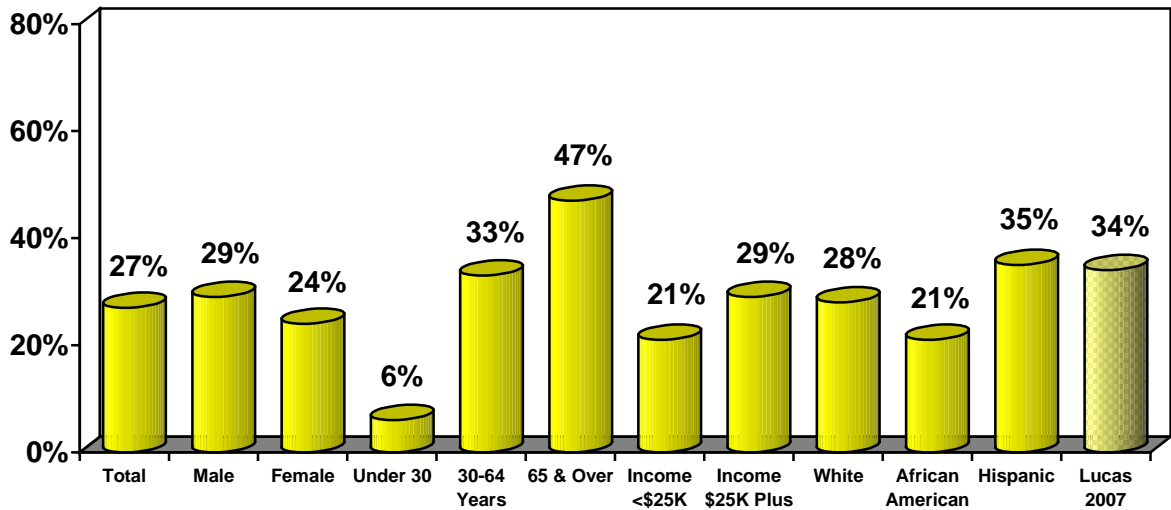
The following graphs show the number of Lucas County adults who have been diagnosed with high blood pressure or high blood cholesterol. Examples of how to interpret the information on the first graph include: 34% of all Lucas County adults have been diagnosed with high blood pressure, 39% of all Lucas County males, 33% of all females, and 64% of those 65 years and older.

Diagnosed with High Blood Pressure*



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

Diagnosed with High Blood Cholesterol

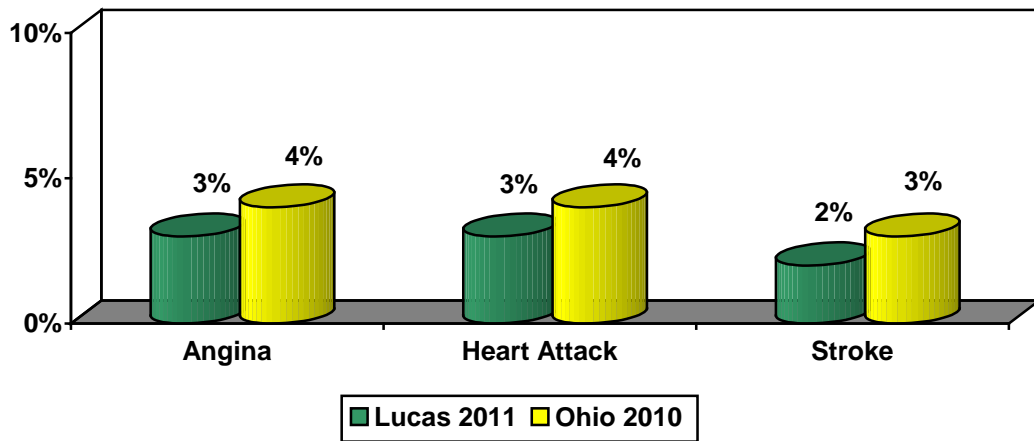


Cardiovascular Health

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

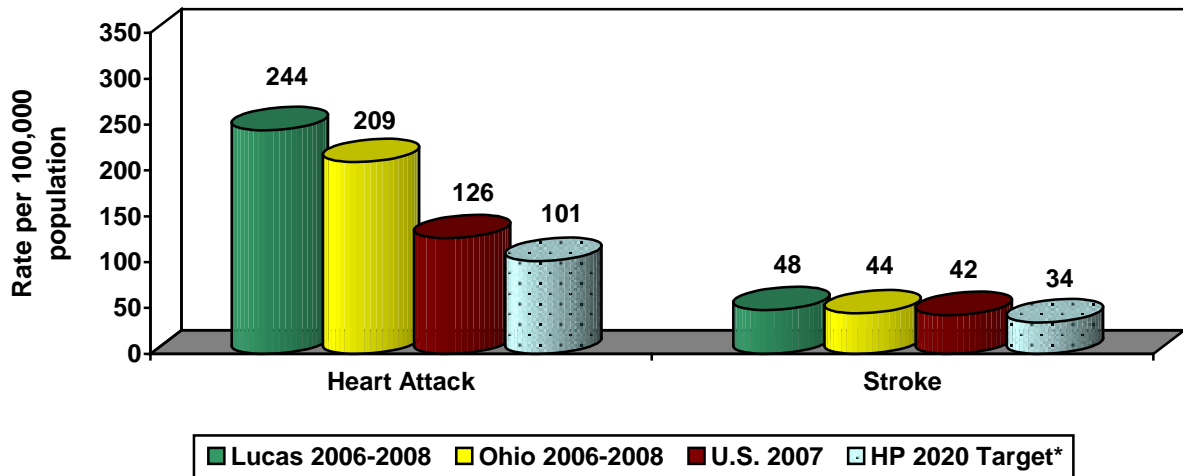
- When age differences are accounted for, the statistics indicate that from 2006-2008 the Lucas County heart disease mortality rate is higher than the figure for the state, the U.S. figure and the Healthy People 2020 target.
- The Lucas County age-adjusted stroke mortality rate for 2006-2008 is higher than the state and U.S. figures, but lower than the target rate.
- Disparities exist for heart disease mortality rates by gender in Lucas County.

Cardiovascular Disease Prevalence



(Source: 2011 Lucas Health Assessment and BRFSS)

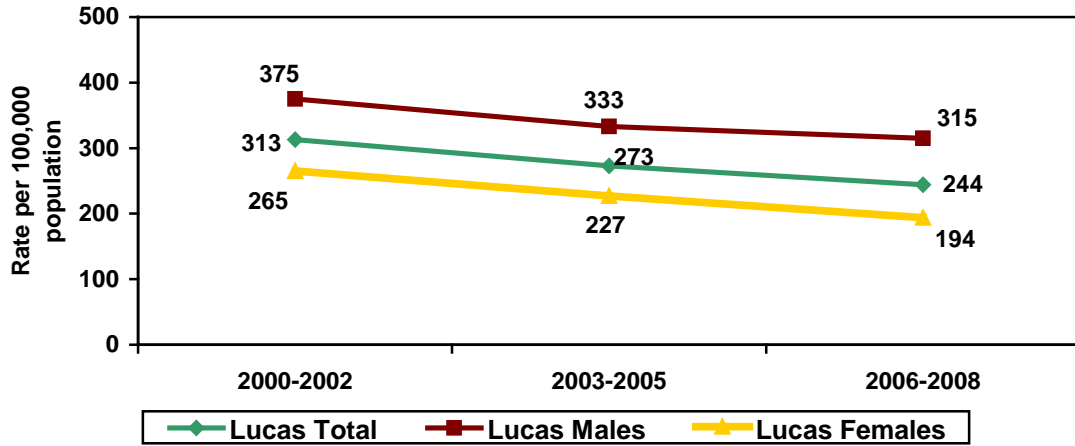
Age-Adjusted Heart Disease and Stroke Mortality Rates



**The Healthy People 2020 Target objective for Coronary Heart Disease is reported for heart attack mortality.
(Source: ODH Information Warehouse, updated 4-15-10, Healthy People 2020)*

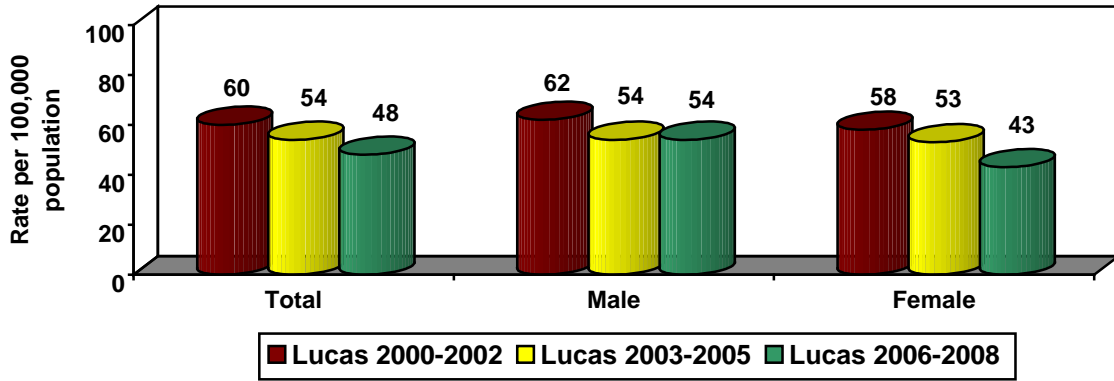
Cardiovascular Health

Lucas County Age-Adjusted Heart Disease Mortality Rates by Gender



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

Age-Adjusted Stroke Mortality Rates by Gender



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

Cardiovascular Health

Healthy People 2020 Objectives

High Blood Pressure

Objective	Target	U.S. Baseline*	Lucas Survey Population Baseline (2011)
HDS-4: Increase proportion of adults who had BP measured within the preceding 2 years and can state whether BP is normal or higher	93%	91% Adults age 18 and up (2008)	95%
HDS-5: Reduce proportion of adults with hypertension	27%	30% Adults age 18 and older (2005-2008)	34%

N/A= not available

**All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020)*

Blood Cholesterol

Objective	Target	U.S. Baseline*	Lucas Survey Population Baseline (2011)
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	82%	75% Adults age 18 and up (2008)	76%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	14%	15% Adults age 20 & up with TBC>240 mg/dl (2005-2008)	27%

N/A= not available

**All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020)*

Cancer

Key Findings

In 2011, 11% of Lucas County adults had been diagnosed with lung cancer at some time in their life. Ohio Department of Health statistics indicate that from 2000-2008, a total of 8,889 Lucas County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that reducing tobacco use, increasing cancer education and awareness, healthy diet and exercise habits, and early detection may reduce overall cancer deaths.

Adult Cancer

- ◆ 11% of Lucas County adults were diagnosed with cancer at some point in their lives, increasing to 25% of those ages 65 and over.
- ◆ Of those diagnosed with cancer, they reported the following types: melanoma (23%), other skin cancer (28%), cervical (7%), breast (6%), colon (6%), thyroid (5%), lung (4%), prostate (3%), and bladder (3%).
- ◆ Of those diagnosed with cancer, the average age of diagnosis was 46.8 years old. The average age of diagnosis was 51.6 years for males and 43.9 years for females.
- ◆ 19% of Lucas County adults reported having a skin cancer screening at some time in their life, increasing to 29% of those ages 65 and over.

Cancer Facts

- ◆ The Ohio Department of Health (ODH) vital statistics indicate that from 2000-2008, cancers caused 23% (8,889 of 39,436 total deaths) of all Lucas County resident deaths. The largest percent (30%) of cancer deaths were from lung and bronchus cancer. *(Source: ODH Information Warehouse)*
- ◆ The American Cancer Society reports that smoking tobacco is associated with cancers of the esophagus, pharynx, oral cavity, larynx, and lung. Also, smoking has been associated with cancers of the bladder, cervix, kidney, pancreas, stomach, uterus, and certain types of leukemia. The 2011 health assessment project has determined that 24% of Lucas County adults are current smokers and many more were exposed to environmental tobacco smoke, also a cause of heart attacks and cancer.

Lung Cancer

- ◆ The Ohio Department of Health reports that lung cancer (n=1,481) was the leading cause of male cancer deaths from 2000-2008 in Lucas County. Colorectal cancer caused 443 male deaths and prostate cancer caused 421 male deaths during the same time period.
- ◆ In Lucas County, 23% of male adults are current smokers¹ and 76% have stopped smoking for one or more days in the past 12 months because they were trying to quit. *(Source: 2011 Lucas County Health Assessment)*
- ◆ ODH reports that lung cancer was the leading cause of female cancer deaths (n=1,218) in Lucas County from 2000-2008 followed by breast (n=639) and colon & rectum (n=460) cancers.
- ◆ Approximately 26% of female adults in the county are current smokers¹ and 73% have stopped smoking for one or more days in the past 12 months because they were trying to quit. *(Source: 2011 Lucas County Health Assessment)*
- ◆ According to the American Cancer Society, smoking causes 87% of lung cancer deaths in the U.S. In addition, individuals living with smokers have a 30% greater risk of developing lung cancer than those who do not have smokers living in their household. Working in an environment with tobacco smoke also increases the risk of lung cancer.

Lucas County Incidence of Cancer, 2007 All Types: 2,006 cases

- ❖ Lung and Bronchus: 308 cases (15%)
- ❖ Prostate: 289 cases (14%)
- ❖ Breast: 249 cases (12%)
- ❖ Colon and Rectum: 195 cases (10%)
- ❖ Bladder: 100 cases (5%)

From 2006-2008, there were 8,889 cancer deaths in Lucas County.

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

¹Have smoked over 100 cigarettes in lifetime and currently smoke some or all days.

Cancer

Breast Cancer

- ◆ In 2011, 51% of Lucas County females reported having had a clinical breast examination in the past year.
- ◆ 49% of Lucas County females over the age of 40 had a mammogram in the past year.
- ◆ If detected early, the 5-year survival rate for breast cancer is 98%. *(Source: American Cancer Society Facts & Figures 2011)*
- ◆ For women age 40 and older, the American Cancer Society recommends annual mammograms and annual clinical breast exams. For women in their 20s and 30s, a clinical breast exam should be done at least once every 3 years. Mammograms for women in their 20s and 30s are based upon increased risk (e.g., family history, past breast cancer) and physician recommendation. *(Source: American Cancer Society Facts & Figures 2011)*

Colon and Rectum Cancer

- ◆ The American Cancer Society recognizes any cancer involving the esophagus, stomach, small intestine, colon, liver, gallbladder or pancreas as a digestive cancer. Digestive cancers accounted for 22% of all cancer deaths in Lucas County from 2000-2008. *(Source: ODH Information Warehouse)*
- ◆ The American Cancer Society reports several risk factors for colorectal cancer including: age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; alcohol use; a high-fat or low-fiber diet lacking an appropriate amount of fruits and vegetables; physical inactivity; obesity; diabetes; and smoking.
- ◆ In the U.S., most cases of colon cancer occur in individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings. In 2011, 58% of Lucas County adults over the age of 50 reported having been screened for colorectal cancers at some time in their life.

Prostate Cancer

- ◆ In 2011, 40% of Lucas County males over the age of 50 had a PSA test in the past year.
- ◆ The Ohio Department of Health statistics indicate that prostate cancer deaths accounted for 9% of all male cancer deaths from 2000-2008 in Lucas County.
- ◆ The American Cancer Society reports that African American men are twice as likely as white American men to develop prostate cancer and are more likely to die of prostate cancer. In addition, about 62% of prostate cancers occur in men over the age of 65. Other risk factors include strong familial predisposition, diet high in processed meat or dairy foods, and obesity. Prostate cancer is more common in North America and Northwestern Europe than in Asia and South America. *(Source: Cancer Facts & Figures 2011, The American Cancer Society)*

2011 Cancer Estimations

- ❖ In 2011, about 171,600 cancer deaths are expected to be caused by tobacco use.
- ❖ One-third of the 571,950 cancer deaths are expected to be related to overweight, obesity, physical activity and poor nutrition.
- ❖ About 78% of all cancers are diagnosed in people 55 years or older.
- ❖ About 1,596,670 new cancer cases are expected to be diagnosed in 2011, not including non-invasive cancers of any site except urinary bladder and does not include basal and squamous cell skin cancer.
- ❖ Approximately 571,950 people are expected to die of cancer, more than 1,500 people per day in 2011.

(Source: American Cancer Society, Facts and Figures 2011)

Cancer

Lucas County Cancer Deaths 2000-2008

Type of Cancer	Number of Cancer Deaths	Percent of Total Cancer Deaths
Trachea, Lung and Bronchus	2,699	30%
Other/Unspecified	959	11%
Colon, Rectum & Anus	903	10%
Breast	644	7%
Pancreas	458	5%
Prostate	421	5%
Non-Hodgkins Lymphoma	354	4%
Leukemia	306	3%
Esophagus	257	3%
Bladder	224	3%
Liver and Bile Ducts	203	2%
Ovary	200	2%
Kidney and Renal Pelvis	187	2%
Brain and CNS	185	2%
Lip, Oral Cavity & Pharynx	178	2%
Multiple Myeloma	170	2%
Stomach	161	2%
Cancer of Corpus Uteri	114	1%
Melanoma of Skin	110	1%
Larynx	83	< 1%
Cancer of Cervix Uteri	55	< 1%
Hodgkins Disease	18	< 1%
Total	8,889	100%

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

Lucas County Number of Cancer Cases, 2000-2007

Year	All Sites	Breast	Colon & Rectum	Lung	Prostate
2000	2,201	310	250	389	322
2001	2,353	349	263	415	352
2002	2,059	286	222	336	259
2003	2,193	304	243	378	273
2004	2,277	312	227	376	282
2005	2,296	327	239	387	279
2006	2,293	322	254	364	338
2007	2,006	249	195	308	289

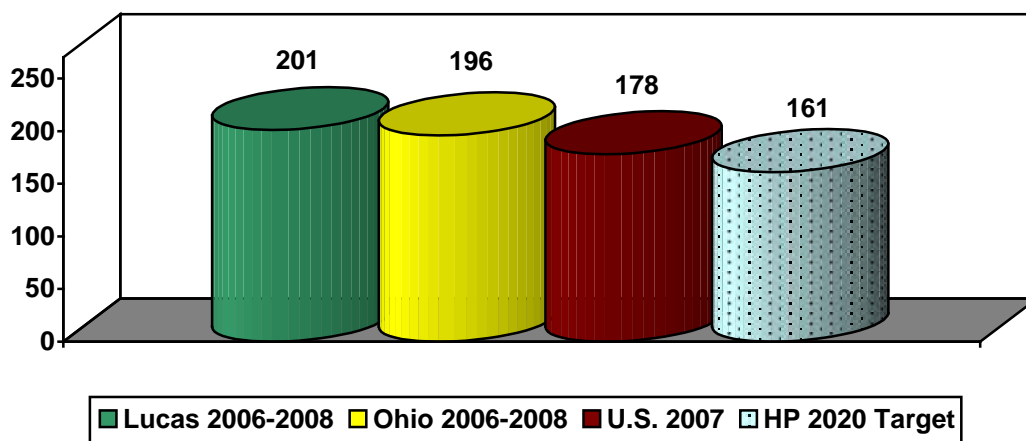
(Source: Ohio Cancer Incidence Surveillance System, 2000-2007)

Cancer

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

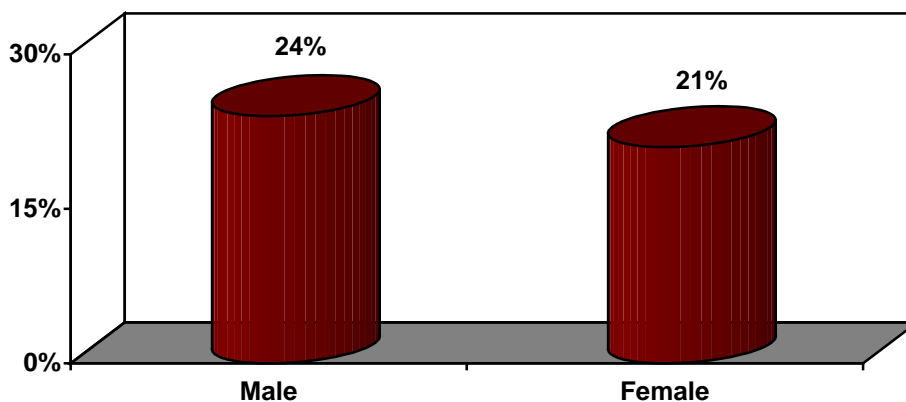
- ◆ When age differences are accounted for, Lucas County had a higher cancer mortality rate than the Ohio and the national rate, and the Healthy People 2020 target objective.
- ◆ The percentage of Lucas County males who died from all cancers is higher than the percentage of Lucas County females who died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

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



**Age-adjusted rates/ 100,000 population, 2000 standard
(Source: ODH Information Warehouse, updated 4-15-10; Healthy People 2020)*

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



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

Diabetes

Key Findings

In 2011, 13% of Lucas County adults had been diagnosed with diabetes.

Diabetes

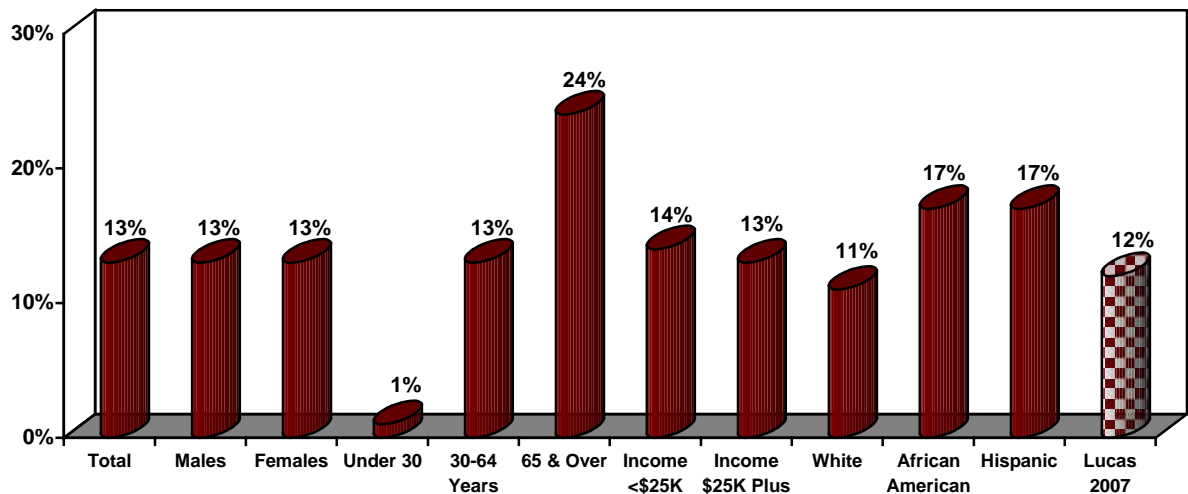
- ◆ The 2011 health assessment project has identified that 13% of Lucas County adults had been diagnosed with diabetes, increasing to 24% of those over the age of 65. The 2010 BRFSS reports an Ohio prevalence of 11% and 10% for the U.S.
- ◆ 87% of those with diabetes were receiving treatment for their diabetes.
- ◆ 17% of African American and Hispanic adults were diagnosed with diabetes compared to 11% of White adults.
- ◆ Over one-quarter (27%) of adults with diabetes rated their health as fair or poor.
- ◆ Lucas County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 83% were obese or overweight
 - 63% had been diagnosed with high blood pressure
 - 45% had been diagnosed with high blood cholesterol

Diabetes Facts

- ❖ Diabetes was the 6th leading cause of death in Lucas County from 2006-2008.
- ❖ Diabetes was the 7th leading cause of death in Ohio from 2006-2008.
- ❖ From 2006-2008, the Lucas County age-adjusted mortality rate per 100,000 for diabetes was 47.7 deaths for males (34.4 Ohio) and 28.6 (24.3 Ohio) deaths for females.

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

Lucas County Adults Diagnosed with Diabetes



2007/2011 Adult Comparisons	Lucas County 2007	Lucas County 2011	Ohio 2010	U.S. 2010
Diagnosed with diabetes	12%	13%	11%	10%

Diabetes

Diabetes Symptoms

Many people with type 2 diabetes never show any signs, but some people do show symptoms caused by high blood sugar. The most common symptoms of type 2 diabetes are:

Type 1 Diabetes

- ❖ Frequent urination
- ❖ Unusual thirst
- ❖ Extreme hunger
- ❖ Unusual weight loss
- ❖ Extreme fatigue and irritability

Type 2 Diabetes

- ❖ Any of the type 1 symptoms
- ❖ Blurred vision
- ❖ Tingling/numbness in hands or feet
- ❖ Recurring skin, gum, or bladder infections
- ❖ Cuts/bruises that are slow to heal
- ❖ Frequent infections

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

Who is at Greater Risk for Type 2 Diabetes

- ❖ People with impaired glucose tolerance (IGT) and/or impaired fasting glucose (IFG)
- ❖ People over age 45
- ❖ People with a family history of diabetes
- ❖ People who are overweight or obese
- ❖ People who do not exercise regularly
- ❖ People with low HDL cholesterol or high triglycerides, high blood pressure
- ❖ Certain racial and ethnic groups (e.g. Non-Hispanic Blacks, Hispanic/Latino Americans, Asian Americans and Pacific Islanders, and American Indians and Alaska Natives)
- ❖ Women who had gestational diabetes, or who have had a baby weighing 9 pounds or more at birth

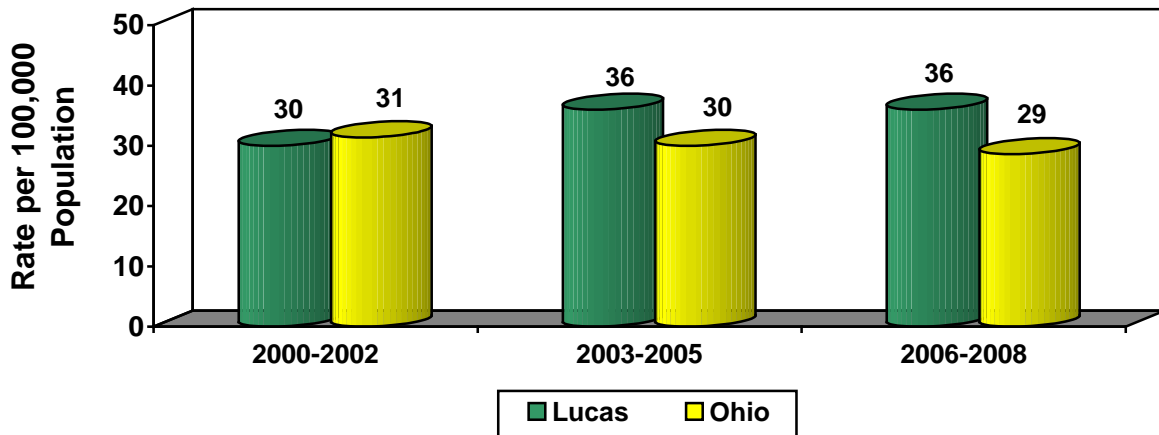
(Source: American Diabetes Association, *Diabetes Basics, Your Risk: Who is at Greater Risk for Type 2 Diabetes*, <http://www.diabetes.org/diabetes-basics/prevention/risk-factors/>)

Diabetes

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

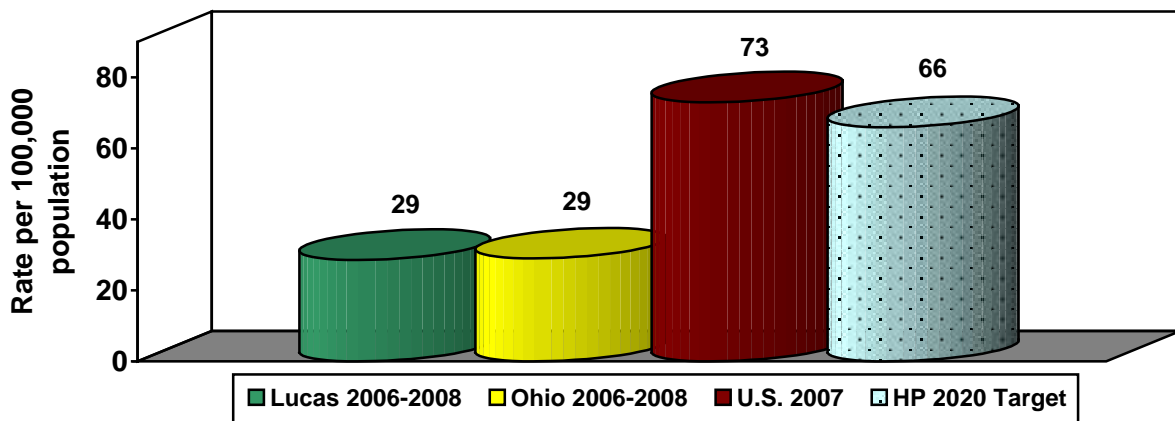
- ◆ Lucas County's age-adjusted diabetes mortality rate increased from 2000 to 2008.
- ◆ From 2006 to 2008, both Lucas County and Ohio's age-adjusted diabetes mortality rates were less than half of the national rate and the Healthy People 2020 target objective.

Diabetes Age-Adjusted Mortality Rates



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

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



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

Arthritis

Key Findings

According to the Lucas County survey data, 19% of Lucas County adults were diagnosed with arthritis. According to the 2009 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.

Arthritis

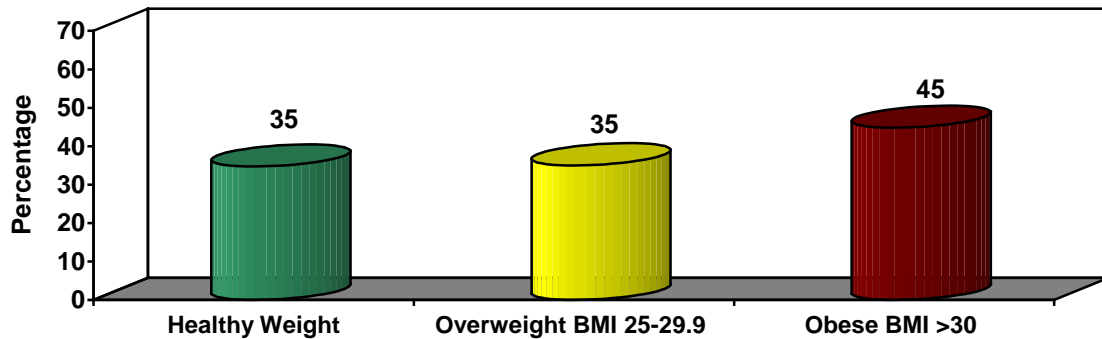
- ◆ About one in five (19%) Lucas County adults were told by a health professional that they had some form of arthritis, increasing to 25% of those with incomes less than \$25,000.
- ◆ 55% of those with arthritis were receiving treatment for their arthritis.
- ◆ Of those diagnosed with arthritis, 51% were over the age of 65.
- ◆ According to the 2009 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.
- ◆ About 1 in 5 U.S. adults have doctor diagnosed arthritis. Among all U.S. adults of working age, 5.3% reported that arthritis limited their work (Source: CDC Arthritis at a Glance 2010).
- ◆ Adults are at higher risk of developing arthritis if they have any of the following characteristics: female, Caucasian, 65 years of age or older, have less than 8 years of education, overweight, and live an inactive lifestyle (Source CDC).

What Can Be Done to Address Arthritis?

- ◆ Self-management education programs can reduce pain and costs. The Arthritis Foundation holds classes called the Self-Help Program that teaches people how to manage arthritis and lessen its effects.
- ◆ Physical activity can have significant benefits for people with arthritis. The benefits include improvements in physical function, mental health, quality of life, and reductions in pain.
- ◆ Weight management and injury prevention are two ways to lower a person's risk for developing osteoarthritis.
- ◆ Early diagnosis and proper management can decrease or avoid the amount of pain that a person may experience or disability that accompanies arthritis.

(Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Arthritis at a Glance 2011)

Arthritis-Attributable Activity Limitations Increase with Weight



(Source for graph: Arthritis at a Glance 2011, Morbidity and Mortality Weekly Report 2010; 59(39):999-1003.)

2007/2011 Adult Comparisons	Lucas County 2007	Lucas County 2011	Ohio 2009	U.S. 2009
Diagnosed with arthritis	27%	19%	31%	26%

Asthma & Other Respiratory Disease

Key Findings

According to the Lucas County survey data, 13% of Lucas County adults had been diagnosed with asthma.

Asthma & Other Respiratory Disease

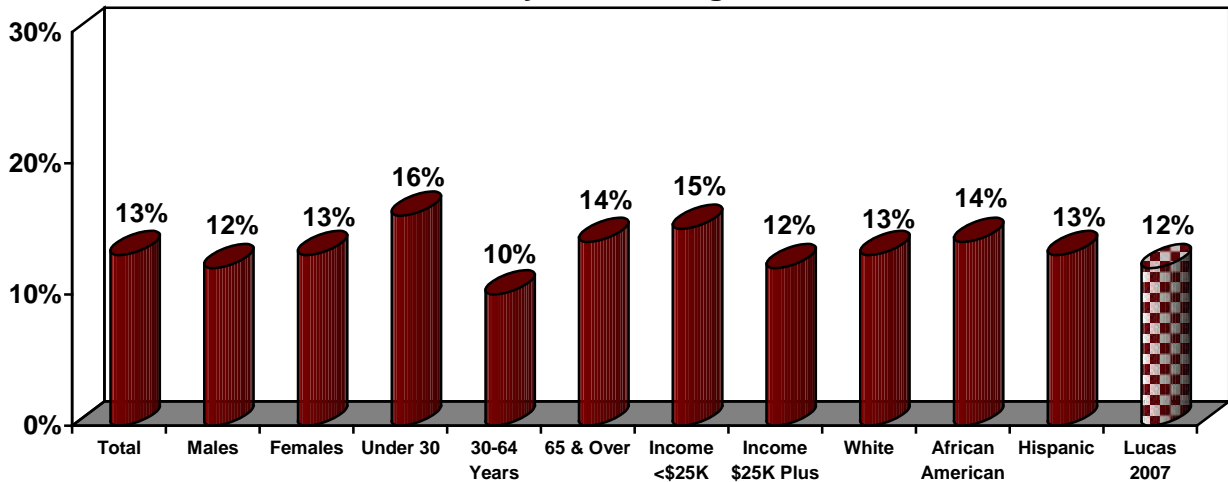
- ◆ In 2011, 13% of Lucas County adults had been diagnosed with asthma, increasing to 16% of those under the age of 30 and 15% of those with incomes less than \$25,000.
- ◆ 59% of those with asthma were receiving treatment for their asthma.
- ◆ 14% of Ohio and U.S. adults have ever been diagnosed with asthma. *(Source: 2010 BRFSS)*
- ◆ There are several important factors that may trigger an asthma attack. Some of these triggers are secondhand smoke, dust mites, outdoor air pollution, cockroach allergens, pets, and mold. *(Source: CDC- National Center for Environmental Health)*
- ◆ Chronic lower respiratory disease was the 3rd leading cause of death in Lucas County and in Ohio from 2006-2008. *(Source: ODH, Information Warehouse)*

Asthma Statistics

- ◆ Approximately 1 in 12 people had asthma in the U.S. in 2009
- ◆ 1 in 2 people with asthma had an asthma attack in 2008.
- ◆ Asthma rates for African American children increased about 50% from 2001-2009.
- ◆ 185 children and 3,262 adults died from asthma in 2007.
- ◆ Asthma cost the US about \$3,300 per person with asthma each year from 2002 to 2007 in medical expenses.
- ◆ More than half (59%) of children and one-third (33%) of adults who had an asthma attack missed school or work because of asthma in 2008.
- ◆ On average, in 2008 children missed 4 days of school and adults missed 5 days of work due to asthma.

(Source: Centers for Disease Control, Vital Signs, Asthma in the US, Growing every year, <http://www.cdc.gov/VitalSigns/pdf/2011-05-vitalsigns.pdf>)

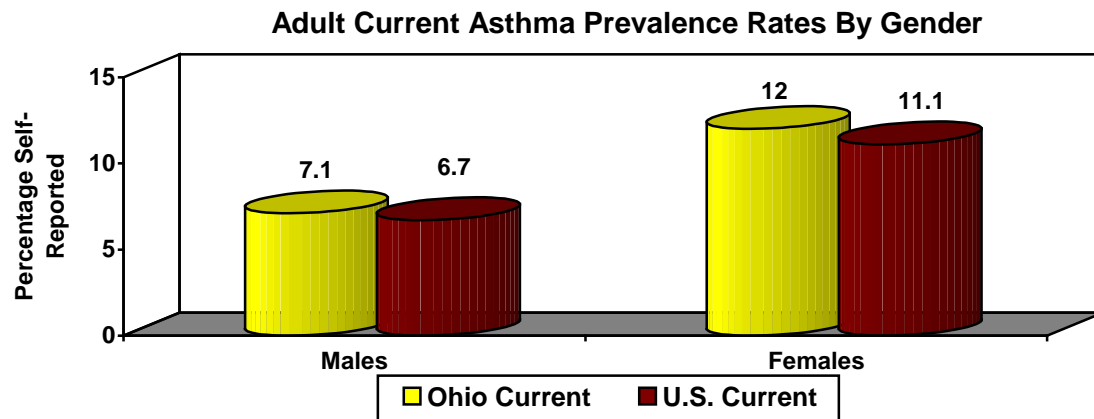
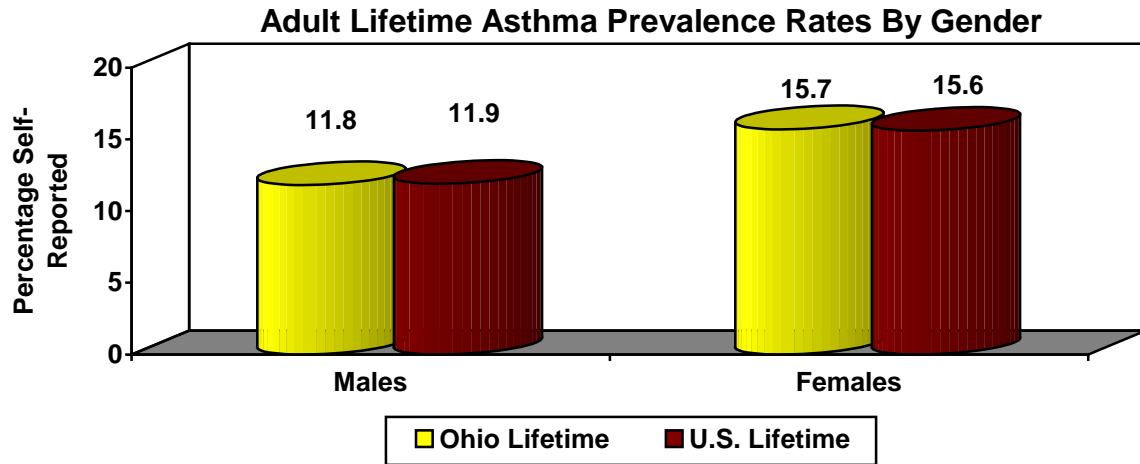
Lucas County Adults Diagnosed with Asthma



2007/2011 Adult Comparisons	Lucas County 2007	Lucas County 2011	Ohio 2010	U.S. 2010
Had been diagnosed with asthma	12%	13%	14%	14%

Asthma & Other Respiratory Disease

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



(Source: 2010 BRFSS)

Chronic Respiratory Conditions

- ❖ Asthma is a chronic lung disease that inflames and narrows airways. It can cause recurring periods of wheezing, chest tightness, shortness of breath and coughing.
- ❖ Chronic bronchitis is a condition where the bronchial tubes (the tubes that carry air to your lungs) become inflamed. Bronchitis can cause wheezing, chest pain or discomfort, a low fever, shortness of breath and a cough that brings up mucus. Smoking is the main cause of chronic bronchitis.
- ❖ Chronic Obstructive Pulmonary Disorder (COPD) is a disease that over time makes it harder to breathe. COPD can cause large amounts of mucus, wheezing, shortness of breath, chest tightness, and other symptoms. Smoking is the main cause of COPD.

(Source: National Heart, Lung, Blood Institute, 2008)

Adult Weight Status

Key Findings

The 2011 health assessment identified that 71% of Lucas County adults were overweight or obese based on Body Mass Index (BMI). The 2010 BRFSS indicates that 30% of Ohio and 28% of U.S. adults were obese by BMI. Over one-third (35%) of Lucas County adults were obese. Over half (54%) of adults were trying to lose weight.

Adult Weight Status

- ◆ In 2011, the health assessment indicated that almost three-fourths (71%) of Lucas County adults were either overweight (36%) or obese (35%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.
- ◆ About four out of five (79%) Hispanic adults were obese or overweight compared to 75% of African Americans and 69% of Whites.
- ◆ Over half (54%) of adults were trying to lose weight, 27% were trying to maintain their current weight or keep from gaining weight and 4% were trying to gain weight.
- ◆ Lucas County adults did the following to lose weight or keep from gaining weight: eat less food and exercised (27%), eat less food, fewer calories, or foods low in fat (19%), exercised (13%), smoke cigarettes (1%), go without eating 24 or more hours (1%), take diet pills, powders, or liquids without a doctor's advice (<1%), and vomit or take laxatives (<1%).

Physical Activity

- ◆ In Lucas County, 76% of adults were engaging in vigorous physical activity for at least 20 minutes 3 or more days per week during the summer time and decreasing to 53% during the winter.
- ◆ Almost three-fourths (72%) of adults were engaging in light to moderate physical activity for at least 30 minutes 3 or more days per week during the summer time and decreasing to 52% during the winter.
- ◆ Lucas County adults spent the most time doing the following for exercise: multiple exercises (37%), walking (34%), running/jogging (4%), cycling (3%), exercise machines (3%), strength training (3%), swimming (<1%), and other (7%). 14% of adults did not exercise at all, including 3% that were unable to do so.
- ◆ Lucas County adults gave the following reasons for not exercising: time (26%), weather (23%), cannot afford a gym membership (8%), do not know what activity to do (6%), safety (5%), doctor advised them not to (3%), and other (13%).
- ◆ The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. (Source: CDC, *Physical Activity for Everyone*, <http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>).

Nutrition

- ◆ In 2011, 11% of adults were eating 5 or more servings of fruits and vegetables per day. 84% were eating between 1 and 4 servings per day. The American Cancer Society recommends that adults eat 5-9 servings of fruits and vegetables per day to reduce the risk of cancer and to maintain good health. The 2009 BRFSS reported that only 21% of Ohio adults and 23% nationwide were eating the recommended number of servings of fruits and vegetables.
- ◆ Lucas County adults consumed the following sources of calcium daily: milk (71%), other dairy products (45%), yogurt (43%), calcium supplements (19%), and calcium fortified orange juice (18%).
- ◆ Lucas County adults ate at the following places 3 or more times in a typical week: restaurant- healthy choices (8%), restaurant- unhealthy choices (5%), fast food- healthy choices (3%), and fast food- unhealthy choices (11%).

Obesity Statistics

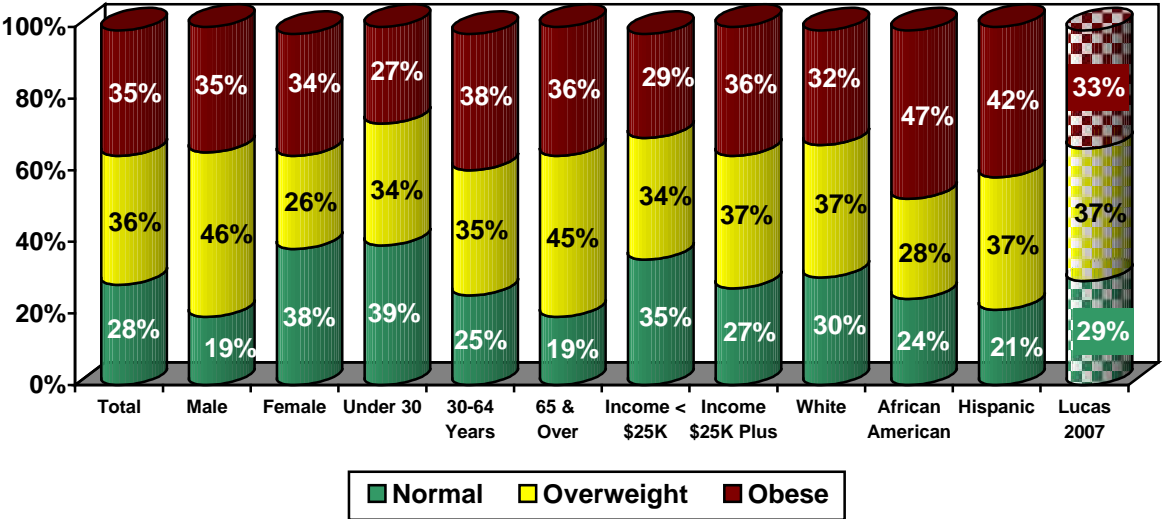
- ◆ More than 72 million U.S. adults are obese.
- ◆ Persons who are obese have medical costs that are \$1,429 higher than those who are normal weight.
- ◆ No state has an obesity rate less than 15%, the national goal.
- ◆ In nine states, over 30% of adults are obese.

(Source: CDC, *Vital Signs, Adult Obesity: Obesity Rises Among Adults*, <http://www.cdc.gov/VitalSigns/pdf/2010-08-vitalsigns.pdf>)

Adult Weight Status

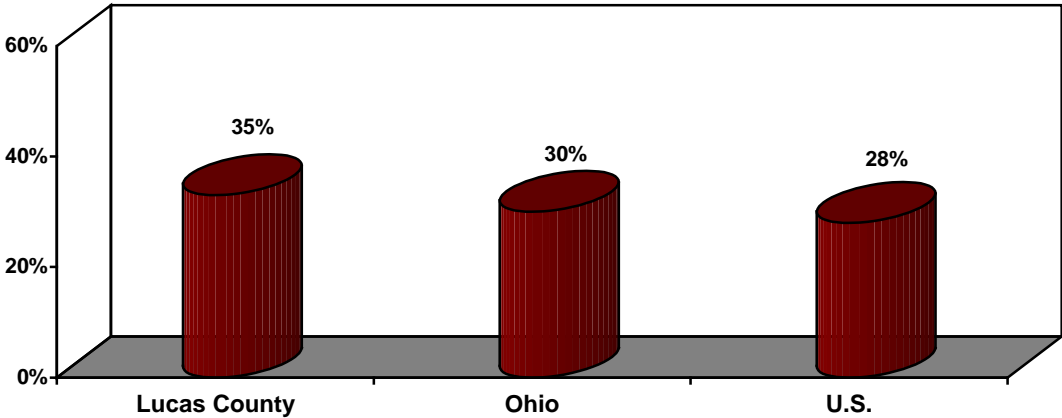
The following graphs show the percentage of Lucas County adults who are overweight or obese by Body Mass Index (BMI) and the percentage of Lucas County adults who are obese compared to Ohio and U.S. Examples of how to interpret the information include: 28% of all Lucas County adults were classified as normal weight, 36% were overweight, and 35% were obese.

Lucas County Adult BMI Classifications



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

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



(Source: 2011 Lucas County Health Assessment and 2010 BRFSS)

2007/2011 Adult Comparisons	Lucas County 2007	Lucas County 2011	Ohio 2010	U.S. 2010
Obese	33%	35%	30%	28%
Overweight	37%	36%	36%	36%

Adult Tobacco Use

Key Findings

In 2011, 24% of Lucas County adults were current smokers and 23% were considered former smokers. In 2011, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of disease and early death in the world, accounting for approximately 5.4 million premature deaths each year. ACS estimated that tobacco use would be linked to approximately one in five deaths in the U.S. (Source: Cancer Facts & Figures, American Cancer Society, 2011)

Tobacco Use: Smoking & Secondhand Smoke

- ❖ About 1 in 5 (46.6 million) adults smoke.
- ❖ 4 out of 10 nonsmokers are exposed to secondhand smoke.
- ❖ More than 1 out of 2 kids (aged 3-11 years) are exposed to secondhand smoke throughout the U.S.
- ❖ More men (nearly 24%) than women (about 18%) smoke.
- ❖ Smoking rates are higher among people with a lower education level.

(Source: CDC, Vital Signs, Tobacco Use: Smoking & Secondhand Smoke, September 2010, <http://www.cdc.gov/VitalSigns/pdf/2010-09-vitalsigns.pdf>)

Adult Tobacco Use Behaviors

- ◆ The 2011 health assessment identified that about one quarter (24%) of Lucas County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). The 2010 BRFSS reported current smoker prevalence rates of 23% for Ohio and 17% for the U.S. Just under one-quarter (23%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- ◆ Lucas County adult smokers were more likely to:
 - Have been married (37%)
 - Have incomes less than \$25,000 (41%)
 - Have been female (26%)
- ◆ 4% of Lucas County adults reported using chewing tobacco or snuff and 2% did so every day.
- ◆ Lucas County adults used the following other tobacco products: flavored cigarettes (9%), cigars (5%), black and milds (4%), E-Cigarettes (3%), cigarillos (2%), little cigars (2%), snus (1%), swishers (1%), hookah (1%), and bidis (<1%).
- ◆ 74% of the current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.
- ◆ One in ten (10%) adults had looked for a program to stop smoking for themselves or a loved one. Of those who looked, 66% found a program.
- ◆ About one-third (30%) of Lucas County adults reported that someone smoked inside their home in the past month, increasing to 52% of those with incomes less than \$25,000 and 41% of African Americans.

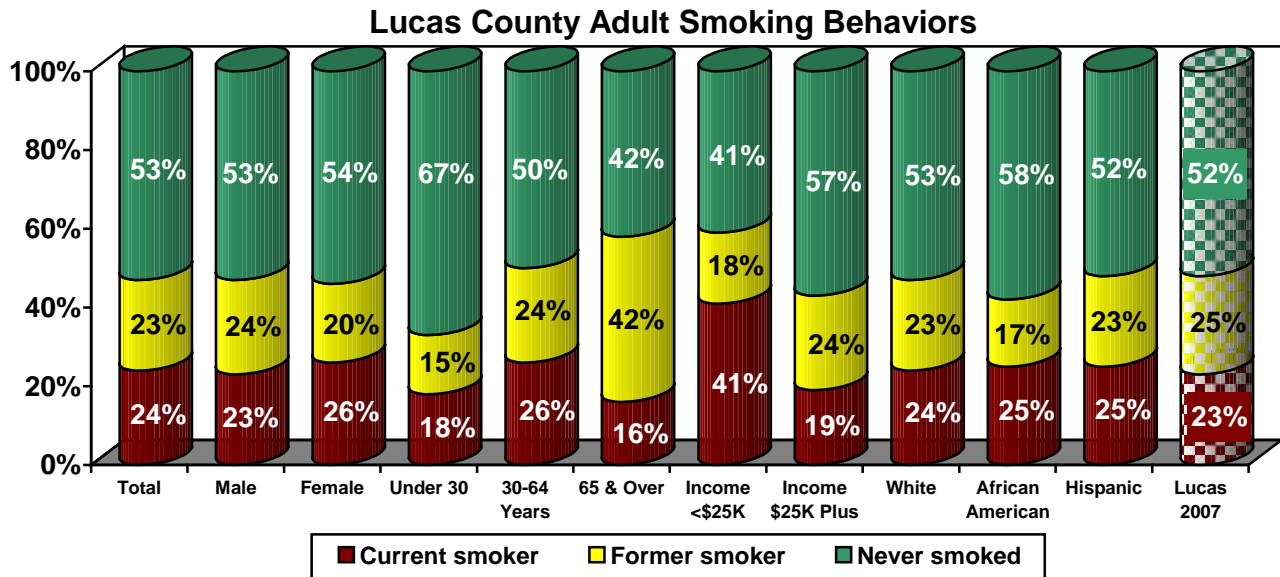
Costs of Tobacco Use

- ❖ If a pack-a-day smoker spent \$4/pack, they would spend: \$28/week, \$112/month, or \$1,456/year.
- ❖ 24% of Lucas County adults indicated they were smokers. That is approximately 84,349 adults.
- ❖ If 84,349 adults spent \$1,456/year, then \$122,812,144 is spent a year on cigarettes in Lucas County.

2007/2011 Adult Comparisons	Lucas County 2007	Lucas County 2011	Ohio 2010	U.S. 2010
Current smoker	23%	24%	23%	17%
Former smoker	25%	23%	25%	25%
Tried to quit smoking	85%	74%	N/A	N/A
Used chewing tobacco or snuff	3%	4%	N/A	N/A

Adult Tobacco Use

The following graph shows the percentage of Lucas County adults who used tobacco. Examples of how to interpret the information include: 24% of all Lucas County adults were current smokers, 23% of all adults were former smokers, and 53% had never smoked.



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

Smoking and Tobacco Facts

- ❖ Tobacco use is the most preventable cause of death in the U.S.
- ❖ Approximately 49,000 deaths per year in the U.S. are from secondhand smoke exposure.
- ❖ Typically, smokers die 13 to 14 years earlier than non-smokers.
- ❖ In 2009, cigarette smoking was highest in prevalence in adults among American Indians/Native Americans (23%), followed by whites (22.1%), African Americans (21.3%), Hispanics (14.5%), and Asians (12.0%).
- ❖ Smoking costs over \$193 billion in lost productivity (\$97 billion) and health care expenses (\$96 billion) per year.
- ❖ In 2006, the cigarette industry spent more than \$34 million per day on advertising and promotional expenses.

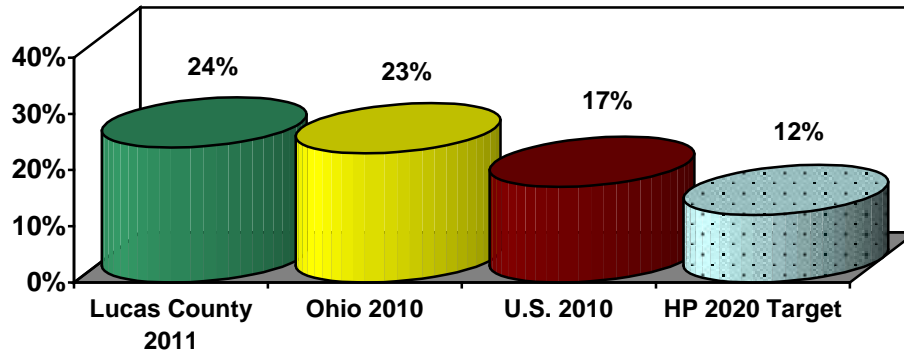
(Source: CDC: Fast Facts on Smoking and Tobacco Use, accessed from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm)

Adult Tobacco Use

The following graphs show Lucas County, Ohio, and U.S. adult cigarette smoking rates and age-adjusted mortality rates per 100,000 population for chronic lower respiratory diseases (formerly COPD) and trachea, bronchus and lung cancers in comparison with the Healthy People 2020 objectives. The BRFSS rates shown for Ohio and the U.S. were for adults 18 years and older. These graphs show:

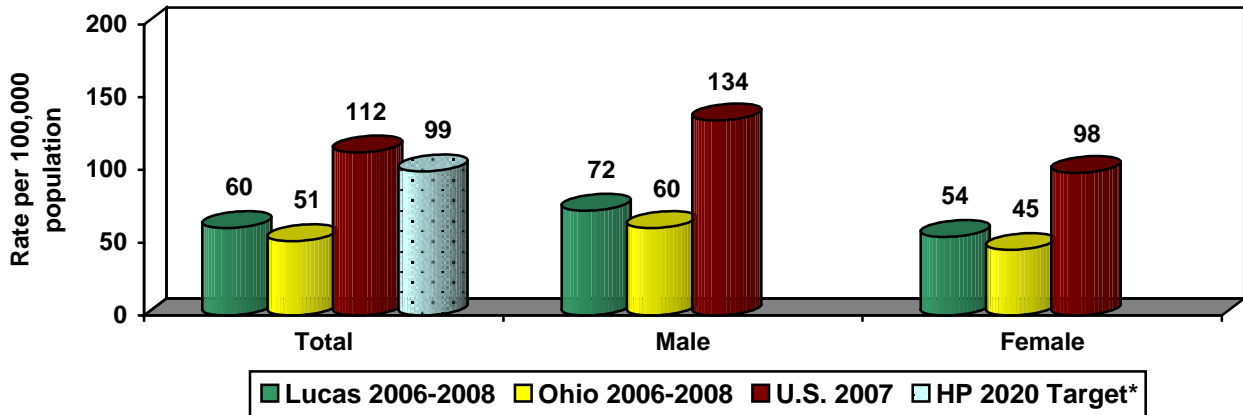
- ◆ Lucas County adult cigarette smoking rate was higher than the rate for Ohio, the U.S. and Healthy People 2020 Goal.
- ◆ From 2006-2008, Lucas County's age-adjusted mortality rate for Chronic Lower Respiratory Disease was higher than the Ohio rate, and was lower than the U.S. rate, and the Healthy People 2020 target objective.
- ◆ From 2005-2009 the percentage of mothers who smoked during pregnancy in Lucas County fluctuated slightly from year to year, but was generally higher than the Ohio rate.
- ◆ Disparities existed by gender for Lucas County trachea, bronchus, and lung cancer age-adjusted mortality rates, as well as chronic lower respiratory disease mortality rates. The 2006-2008 Lucas male rates were higher than the Lucas female rates in both cases.

Healthy People 2020 Objectives & Cigarette Smoking Rates



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

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



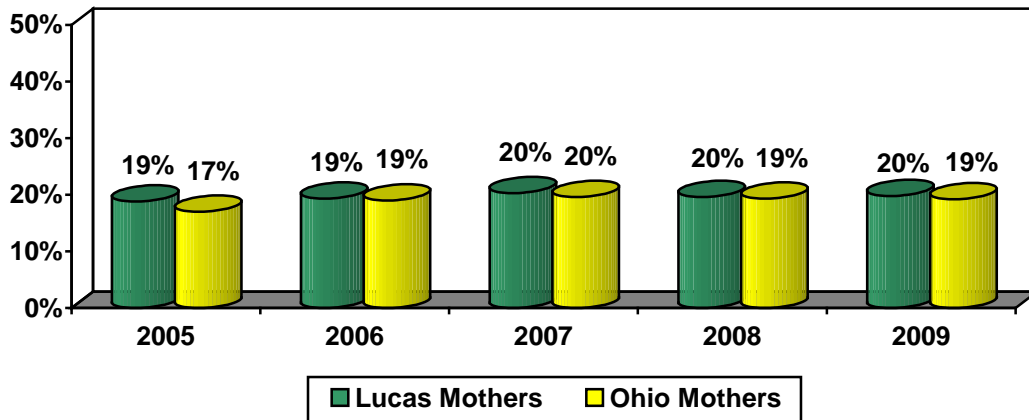
(Source: ODH Information Warehouse and Healthy People 2020)

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

***HP2020 does not report different goals by gender.*

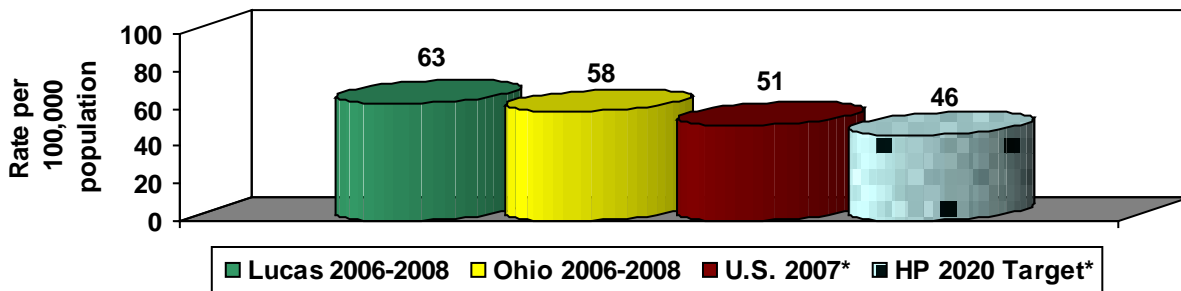
Adult Tobacco Use

Births to Mothers Who Smoked During Pregnancy



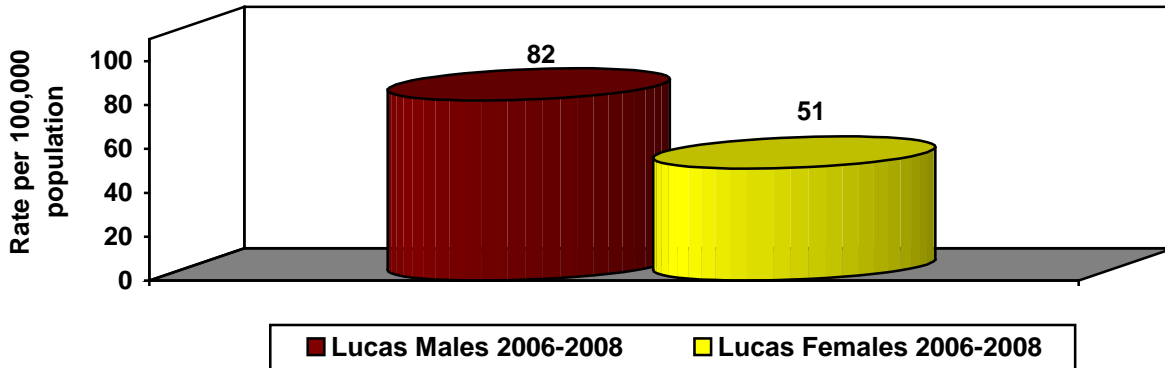
(Source: ODH Births, Vital Statistics Annual Birth Summaries by Year, 2005-2009)

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



*Healthy People 2020 Target and U.S. 2007 data are for lung cancer only
(Source: Healthy People 2020, ODH Information Warehouse, updated 4-15-10)

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



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

Adult Alcohol Consumption

Key Findings

In 2011, the health assessment indicated that 11% of Lucas County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 39% of adults who drank had five or more drinks (for males) and 4 or more drinks (for females) on one occasion (binge drinking) in the past month. Seven percent of adults drove after drinking alcohol.

Lucas County Adult Alcohol Consumption

- ◆ In 2011, half (57%) of the Lucas County adults had at least one alcoholic drink in the past month, increasing to 61% of those with incomes more than \$25,000 and 67% of those under the age of 30. The 2010 BRFSS reported current drinker prevalence rates of 53% for Ohio and 54% for the U.S.
- ◆ One in nine (11%) adults were considered frequent drinkers (drank on an average of three or more days per week).
- ◆ Of those who drank, Lucas County adults drank 3.0 drinks on average, increasing to 3.8 drinks for Hispanic adults.
- ◆ About one in four (23%) of all Lucas County adults were considered binge drinkers. The 2010 BRFSS reported binge drinking rates of 17% for Ohio and 15% for the U.S.
- ◆ 39% of those current drinkers reported they had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers by definition (See box above).
- ◆ 20% of adults reported driving after having any alcoholic beverages, increasing to 24% of males.
- ◆ 4% of adults looked for a program to control alcohol abuse for themselves or a loved one. Of those who looked, 70% found a program.

Binge Drinking

- ❖ Binge drinking is defined as men drinking five or more drinks or women drinking 4 or more drinks on one occasion or in a short period of time.
- ❖ The age group with the most binge drinkers is those 18-34 years old.
- ❖ The age group that binge drinks most often is those over the age of 65.
- ❖ More than 50% of the alcohol adults drink is done while binge drinking.
- ❖ More than 90% of the alcohol that youth drink is done while binge drinking.
- ❖ Most people who binge drink are not alcohol dependent or alcoholics.
- ❖ Binge drinking can lead to more than 54 different injuries and diseases, including car crashes, violence and STDs.

(Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Vital Signs, Binge Drinking, January 2012)

Caffeinated Alcoholic Beverages

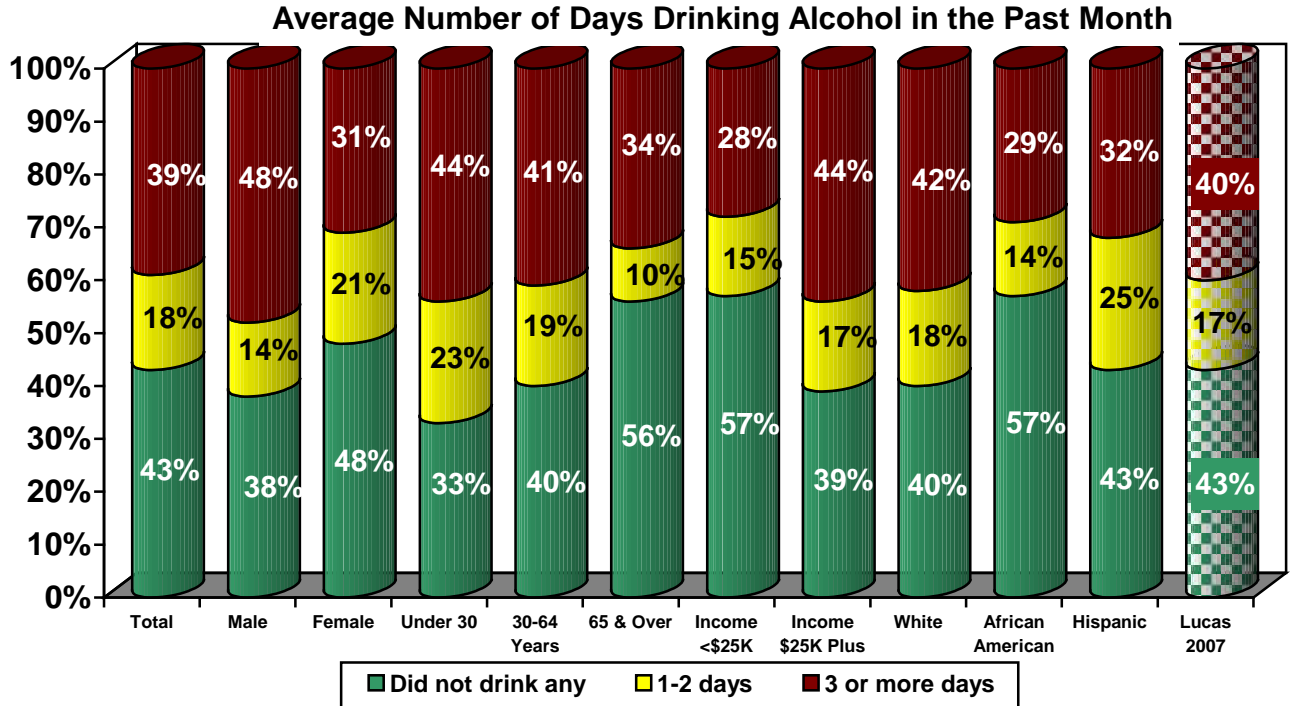
- ❖ Drinkers who consume alcohol mixed with energy drinks are 3 times more likely to binge drink than drinkers who do not report mixing alcohol with energy drinks.
- ❖ Drinkers who consume alcohol with energy drinks are about twice as likely as drinkers who do not report mixing to report being taken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

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

2007/2011 Adult Comparisons	Lucas County 2007	Lucas County 2011	Ohio 2010	U.S. 2010
Drank alcohol at least once in past month	57%	57%	53%	54%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	18%	23%	17%	15%

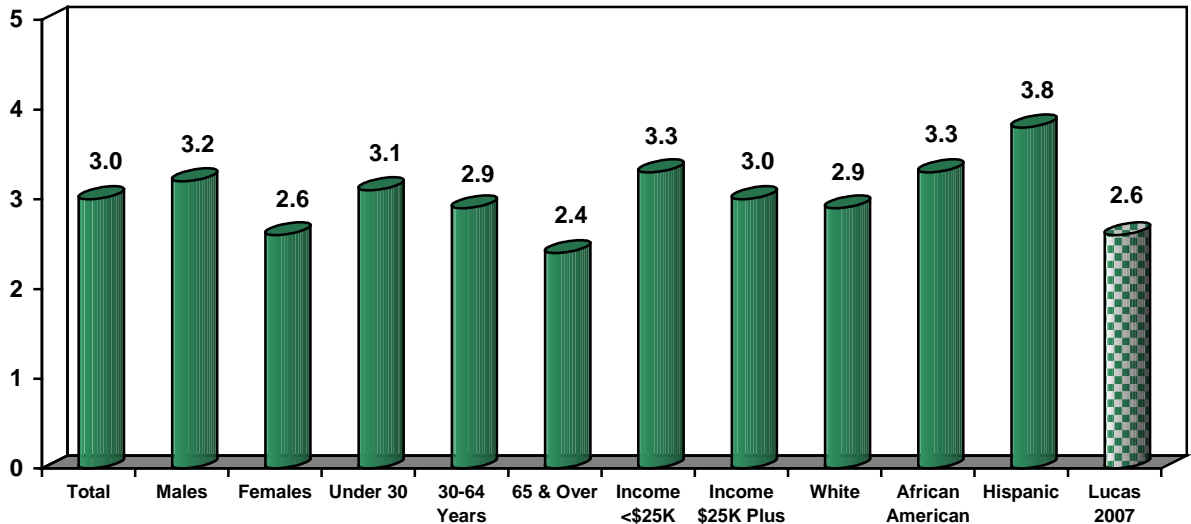
Adult Alcohol Consumption

The following graphs show the percentage of Lucas County adults consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 43% of all Lucas County adults did not drink alcohol, 38% of Lucas County males did not drink and 48% of adult females reported they did not drink.



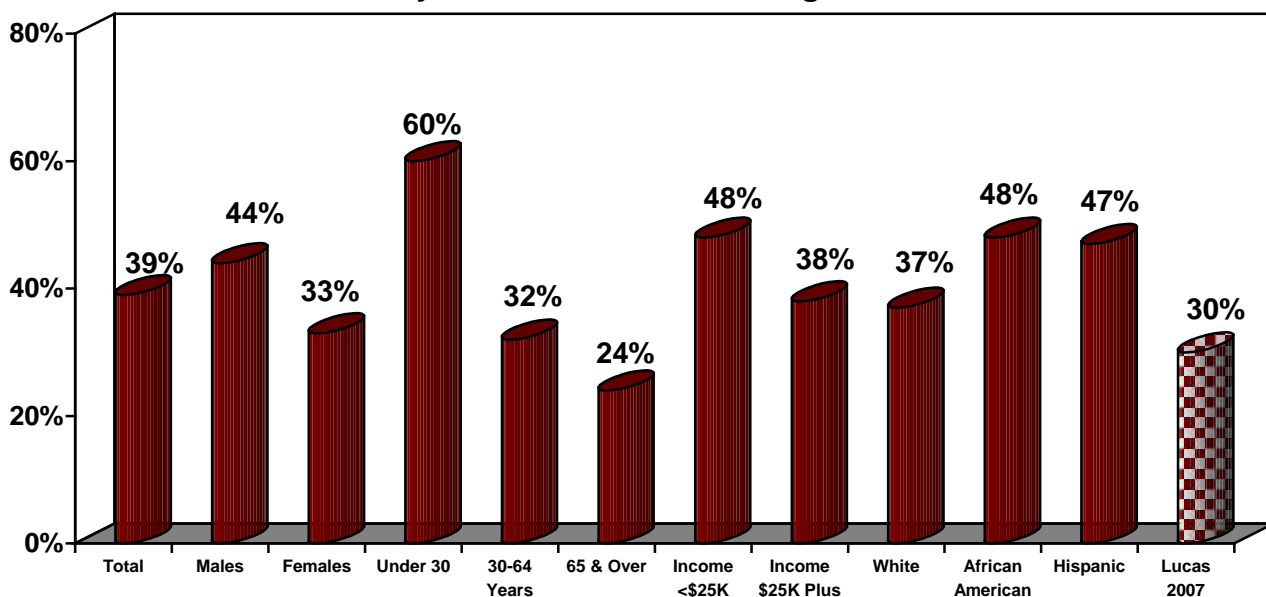
Percentages may not equal 100% as some respondents answered "don't know"

Adults Average Number of Drinks Consumed Per Occasion



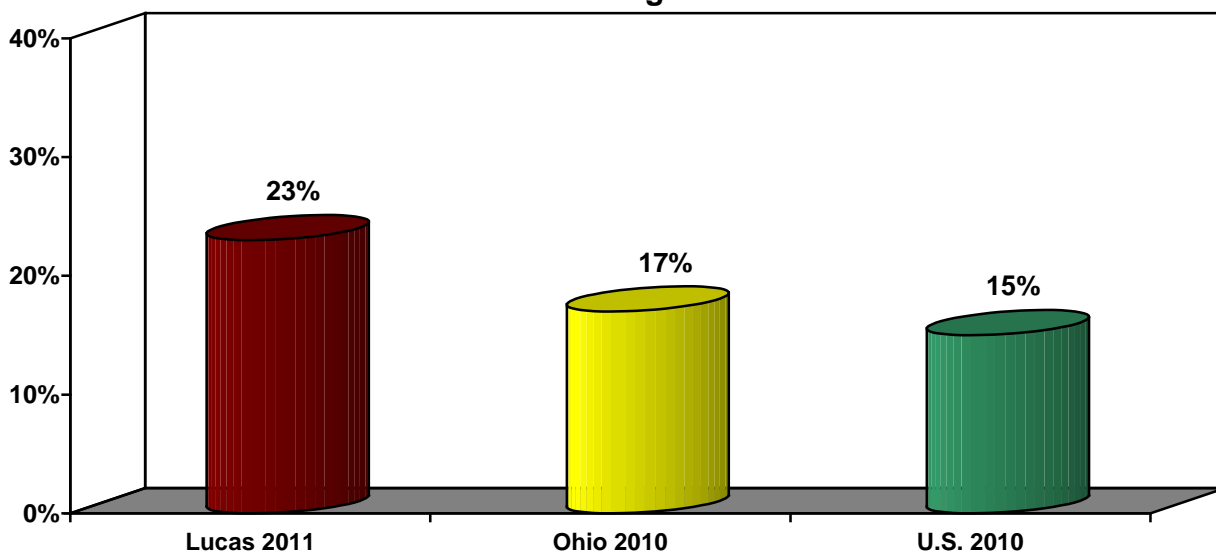
Adult Alcohol Consumption

Lucas County Adult Drinkers Who Binge Drank in Past Month*



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

Adult Binge Drinkers*



(Source: 2010 BRFSS, 2011 Lucas County Health Assessment)

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

Lucas County Crash Statistics

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

- ◆ 65% of all 2010 motor vehicle crash deaths in the city of Toledo were alcohol-related.
- ◆ 46% of all fatal crashes in Lucas County were alcohol-related.

	City of Toledo 2010	City of Maumee 2010	City of Oregon 2010	City of Sylvania 2010	Lucas County 2010	Ohio 2010
Total Crashes	9,895	687	520	334	14,063	300,104
Alcohol-Related Total Crashes	246	24	28	11	426	13,032
Fatal Crashes	26	0	0	3	35	984
Alcohol-Related Fatal Crashes	15	0	0	0	16	393
Alcohol Impaired Drivers in Crashes	239	24	28	11	419	12,898
Injury Crashes	2,732	148	160	79	3,876	74,415
Alcohol-Related Injury Crashes	110	8	13	5	194	5,452
Property Damage Only	6,975	538	359	251	9,966	221,550
Alcohol-Related Property Damage Only	117	16	15	6	212	7,093
Deaths	31	0	0	3	40	1,080
Alcohol-Related Deaths	20	0	0	0	21	431
Total Non-Fatal Injuries	4,141	204	227	126	5,831	108,739
Alcohol-Related Injuries	182	11	13	8	297	7,703

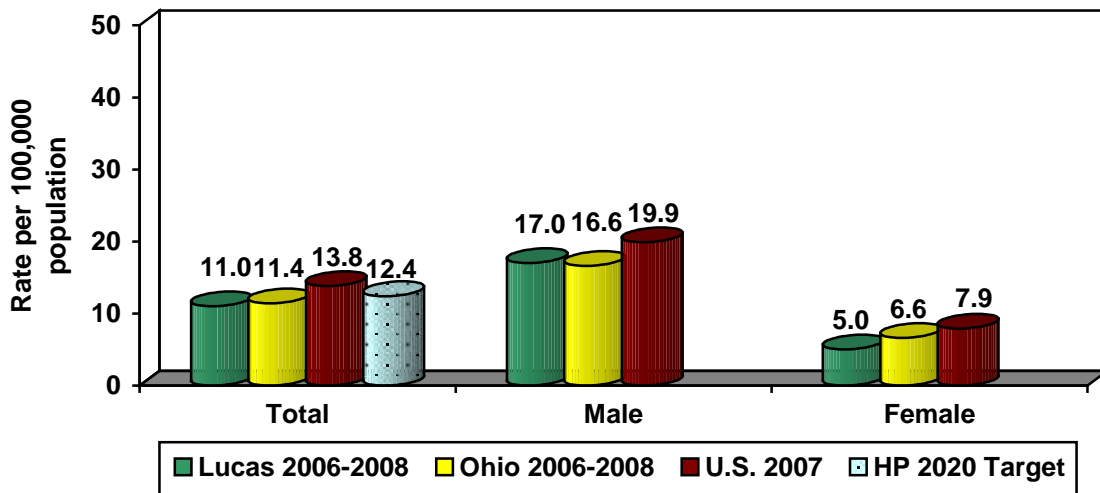
(Source: Ohio Department of Public Safety, Crash Reports, 2010 Traffic Crash Facts)

Motor Vehicle Accidents

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

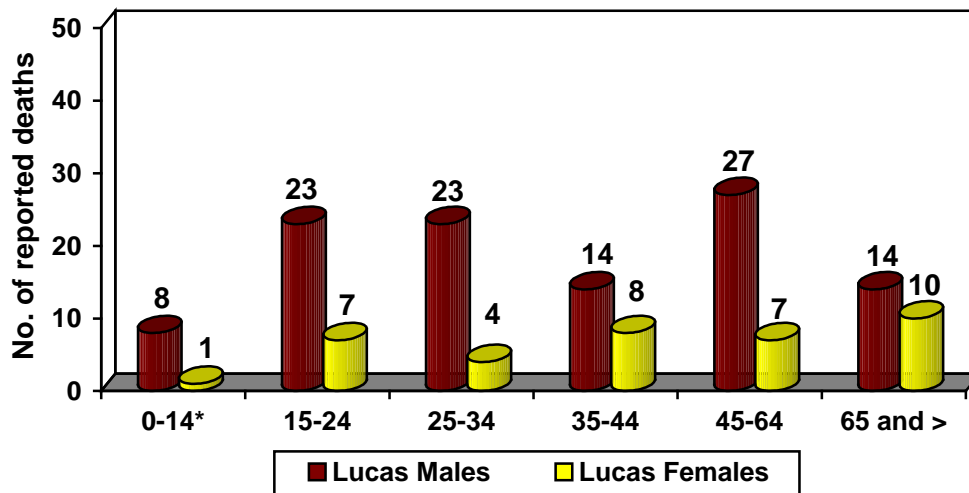
- ◆ From 2006-2008, the Lucas County motor vehicle age-adjusted mortality rate of 11.0 deaths per 100,000 population is less than the state rate, national rate and the Healthy People 2020 objective.
- ◆ The Lucas County age-adjusted motor vehicle accident mortality rate for males is higher than the female rate.
- ◆ 109 Lucas County males died of motor vehicle accidents from 2006-2008 while 37 Lucas County females died of motor vehicle accidents during the same period.

Healthy People 2020 Objective and Age-Adjusted Mortality Rates for Motor Vehicle Accidents



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

Lucas County Number of Motor Vehicle Deaths By Age and Gender, 2006-2008
N=146



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

Adult Marijuana and Other Drug Use

Key Findings

In 2011, 11% of Lucas County adults had used marijuana during the past 6 months. 8% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Adult Drug Use

- ◆ 11% of Lucas County adults had used marijuana in the past 6 months, increasing to 26% of those with incomes less than \$25,000.
- ◆ 12% of Lucas County adults reported using recreational drugs such as marijuana, cocaine, heroin, LSD, inhalants, Ecstasy, and methamphetamines.
- ◆ When asked about their frequency of marijuana and other recreational drugs in the past six months, 24% of Lucas County adults who used drugs did so every day, and 31% did so less than once a month.
- ◆ 8% of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 11% of females.
- ◆ When asked about their frequency of medication misuse in the past six months, 30% of Lucas County adults who used these drugs did so every day and 7% did so less than once a month.
- ◆ As a result of using drugs, 5% of adults reported they or their family member had failed to fulfill obligations at work or home, was placed in a dangerous situation, or had legal problems.
- ◆ 3% of adults had looked for a program to control drug abuse for themselves or a loved one. Of those who looked, 63% were able to find a program.

Drug-Related Emergency Department Visits

- ◆ In the U.S. in 2009, there were nearly 4.6 million drug-related emergency department (ED) visits. Almost one half (2.1 million) were attributed to drug misuse or abuse.
- ◆ The misuse or abuse of pharmaceuticals in the U.S. resulting in ED visits occurred at a rate of 405.4 visits per 100,000 population, compared with a rate of 317.1 per 100,000 population for illicit drugs.
- ◆ Alcohol was a factor in the drug misuse or abuse that accounted for about one third (31.8%) or 650,000 ED visits.

(Source: SAMHSA, Drug Abuse Warning Network Report, December 28, 2010, <http://oas.samhsa.gov/2k10/DAWN034/EDHighlightsHTML.pdf>)

2007/2011 Adult Comparisons	Lucas County 2007	Lucas County 2011	Ohio 2010	U.S. 2010
Adults who used marijuana in the past 6 months	9%	11%	N/A	N/A
Adults who used recreational drugs in the past 6 months	9%	12%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	6%	8%	N/A	N/A

Commonly Abused Prescription Drugs

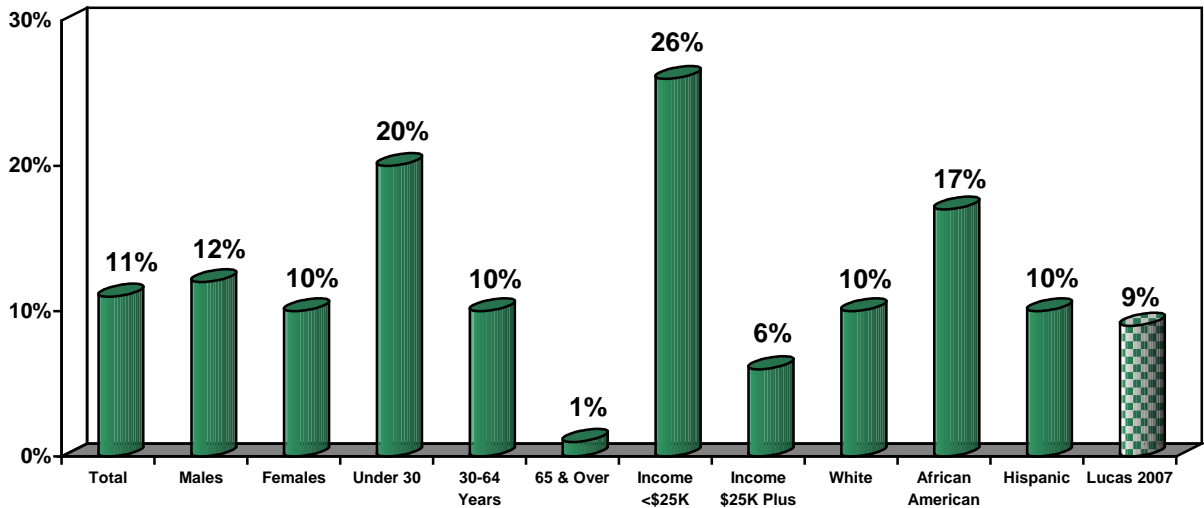
- ◆ **Opioids**—most often prescribed to relieve pain. Examples include: Codeine, Percocet, Darvon (Propoxyphene), Duragesic (Fentanyl), Dilaudid (Hydromorphone), Demerol (Meperidine), OxyContin (Oxycodone), and Vicodin (hydrocodone)
- ◆ **Central Nervous System (CNS) Depressants**—may be used to treat anxiety and sleep disorders. Examples include: Mebaral (mephobarbital), Nembutal (pentobarbital sodium), Valium (diazepam), Librium (chlordiazepoxide HCL), Xanax (alprazolam), and ProSom (estazolam)
- ◆ **Stimulants**—prescribed to treat narcolepsy, attention-deficit hyperactivity disorder (ADHD), asthma and obesity. Examples include: Dexedrine (dextroamphetamine), and Ritalin (methylphenidate)

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

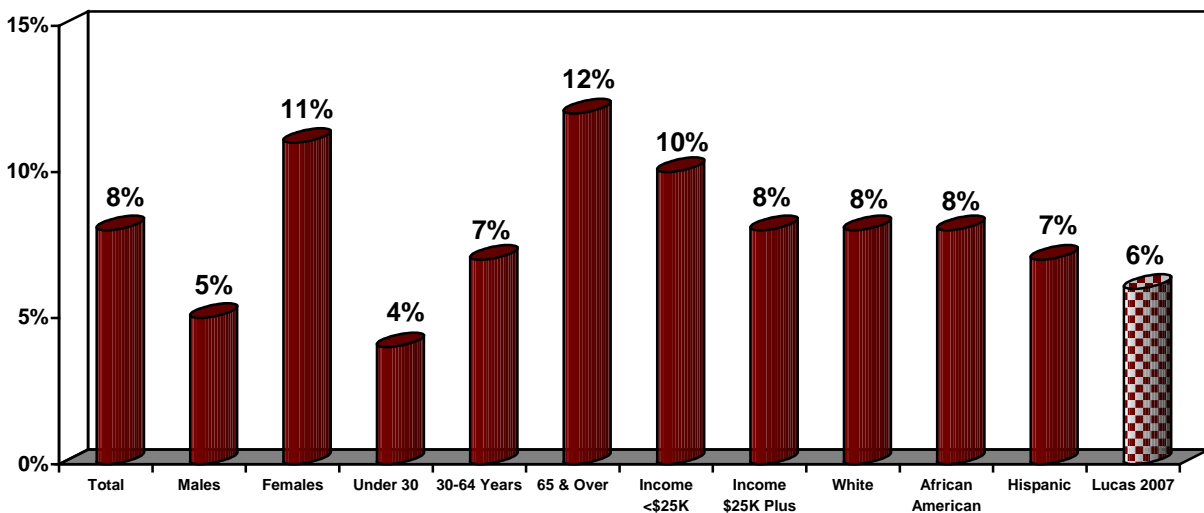
Adult Marijuana and Other Drug Use

The following graphs are data from the 2011 Lucas County Health Assessment indicating adult marijuana use in the past six months and medication misuse. Examples of how to interpret the information include: 11% of all Lucas County adults used marijuana in the past six months, 20% of adults under the age of 30 were current users and 26% of adults with incomes less than \$25,000 were current users.

Lucas County Adult Marijuana Use in Past 6 Months



Lucas County Adult Medication Misuse in Past 6 Months



Women's Health

Key Findings

In 2011, about half (49%) of Lucas County women over the age of 40 reported having a mammogram in the past year. 51% of Lucas County women ages 19 and over have had a clinical breast exam and 49% have had a Pap smear to detect cancer of the cervix in the past year. The Health Assessment determined that 2% of women had a heart attack, and 1% had a stroke at some time in their life. Under one-third (30%) had high blood pressure, 24% had high blood cholesterol, 34% were obese, and 26% were identified as smokers, known risk factors for cardiovascular diseases.

Women's Health Screenings

- ◆ In 2011, 62% of women had a mammogram at some time and less than one-third (30%) had this screening in the past year.
- ◆ About half (49%) of women ages 40 and over had a mammogram in the past year and 74% had one in the past two years. The 2010 BRFSS reported that 76% of women 40 and over in the U.S. and 74% in Ohio had a mammogram in the past two years.
- ◆ Most (94%) Lucas County women have had a clinical breast exam at some time in their life and 51% had one within the past year.
- ◆ This assessment has identified that 91% of Lucas County women have had a Pap smear and 49% report having had the exam in the past year. 72% of women had a pap smear in the past three years. The 2010 BRFSS indicated that 81% of U.S. and 82% of Ohio women had a pap smear in the past three years.

Pregnancy

- ◆ 17% of Lucas County women had been pregnant in the past 5 years.
- ◆ Thinking back to their last pregnancy: 29% of women wanted to be pregnant then, 6% wanted to be pregnant sooner, 13% wanted to be pregnant later, 22% did not want to be pregnant then or any time in the future, and 29% of women did not recall.
- ◆ During their last pregnancy, Lucas County women: got a prenatal appointment in the first 3 months (69%), took a multi-vitamin (68%), took folic acid (22%), smoked cigarettes (15%), experienced domestic violence (4%), used alcohol (4%), and used marijuana (3%), and used drugs that were not prescribed for them (2%).

Women's Health Concerns

- ◆ Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Lucas County the 2011 Health Assessment has identified that:
 - 26% of all women were current smokers (16% U.S., 22% Ohio, 2010 BRFSS)
 - 60% were overweight or obese (57% U.S., 59% Ohio, 2010 BRFSS)
 - 24% were diagnosed with high blood cholesterol (36% U.S., 37% Ohio, 2009 BRFSS)
 - 30% were diagnosed with high blood pressure (28% U.S. and 30% Ohio, 2009 BRFSS)
 - 13% have been diagnosed with diabetes (10% U.S., 11% Ohio, 2010 BRFSS)

**Lucas County Female
Leading Types of Death, 2006 - 2008**

1. Heart Diseases (28% of all deaths)
2. Cancers (21%)
3. Chronic Lower Respiratory Diseases (7%)
4. Stroke (6%)
5. Alzheimer's Disease (5%)

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

**Ohio Female
Leading Types of Death, 2006 - 2008**

1. Heart Diseases (25% of all deaths)
2. Cancers (22%)
3. Stroke (6%)
4. Chronic Lower Respiratory Diseases (6%)
5. Alzheimer's disease (5%)

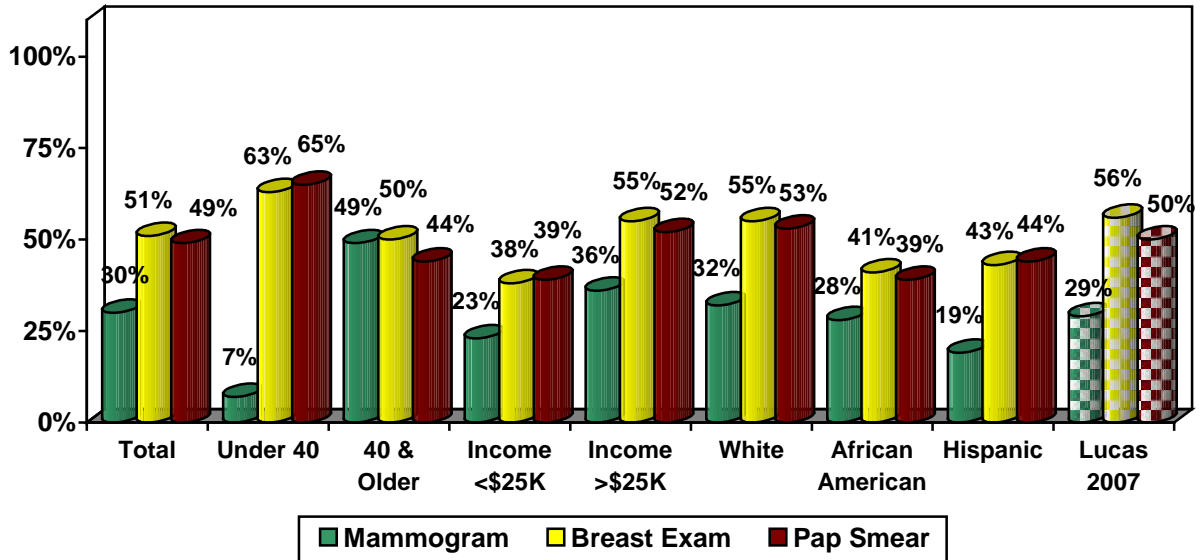
(Source: ODH Information Warehouse, updated 4-15-10)

2007/2011 Adult Comparisons	Lucas County 2007	Lucas County 2011	Ohio 2010	U.S. 2010
Had a mammogram in the past two years (age 40 & over)	73%	74%	74%	76%
Had a pap smear in the past three years	77%	72%	82%	81%

Women's Health

The following graph shows the percentage of Lucas County female adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 30% of Lucas County females have had a mammogram within the past year, 51% have had a clinical breast exam, and 49% have had a Pap smear.

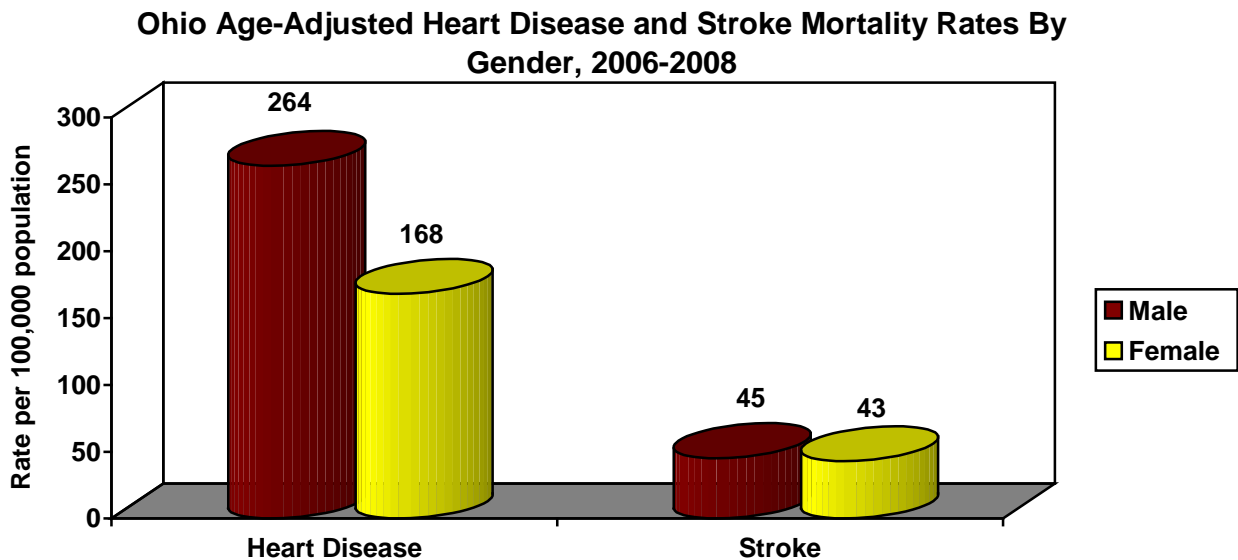
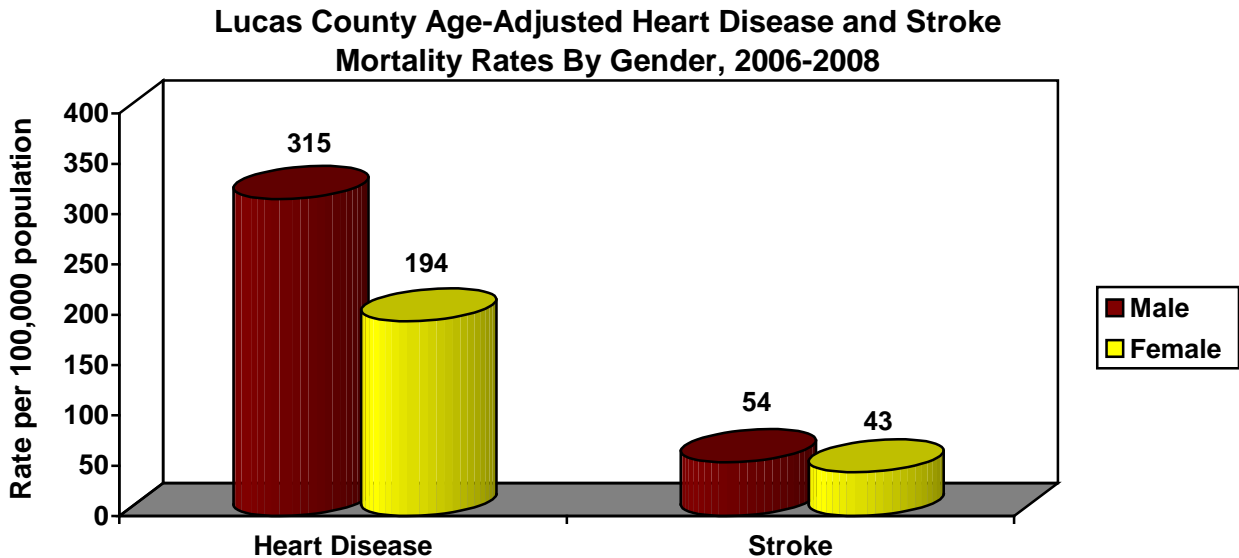
Lucas County Women's Health Exams Within the Past Year



Women's Health

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

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



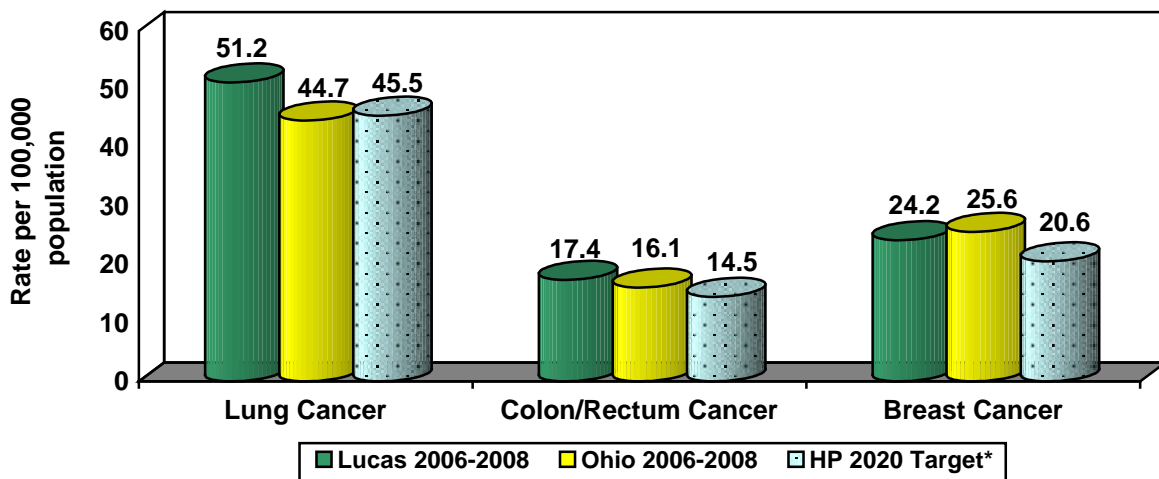
(Source for graphs: ODH Information Warehouse, updated 4-15-10)

Women's Health

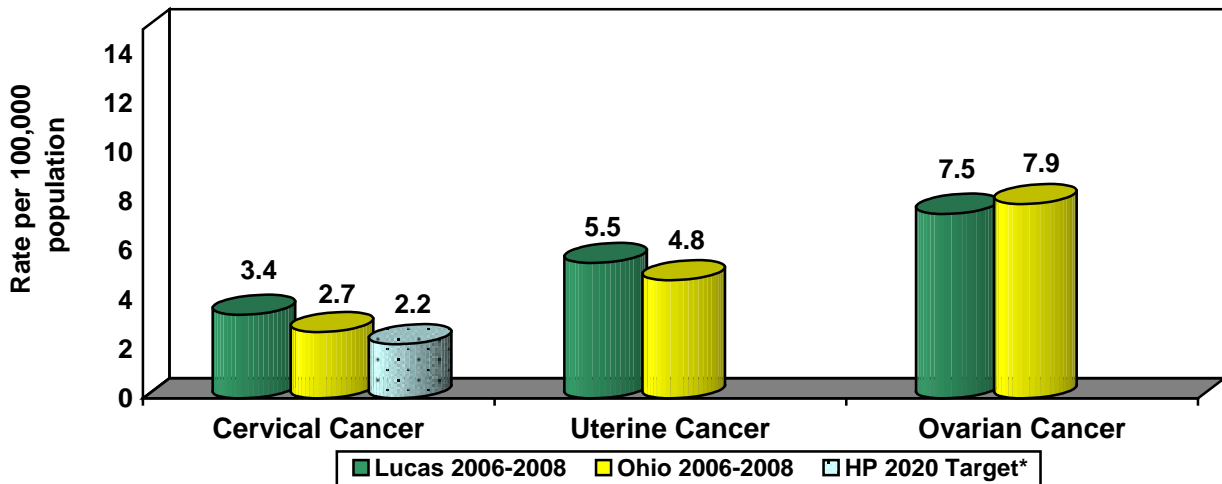
The following graphs show the Lucas County age-adjusted mortality rates per 100,000 population for women's health with comparison to Healthy People 2020 objectives when available. The graphs show:

- ◆ From 2006-2008, the Lucas County age-adjusted mortality rate for female lung cancer was greater than the Ohio rate and the Healthy People 2020 target objective.
- ◆ From 2006-2008, the Lucas County age-adjusted breast cancer mortality rate was less than the Ohio rate but greater than the Healthy People 2020 target objective.
- ◆ The Lucas County age-adjusted cervical, uterine, and colon/rectum cancer mortality rates for 2006-2008 were all higher than the state rates.

Lucas County Female Age-Adjusted Cancer Mortality Rates



Lucas County Female Age-Adjusted Cancer Mortality Rates



**Note: Healthy People 2020 target rates are not gender specific; Healthy People 2020 Targets may not be available for all diseases. (Source: ODH Information Warehouse, updated 4-15-10, and Healthy People 2020)*

Men's Health

Key Findings

In 2011, half (50%) of Lucas County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. Two-fifths (40%) of males over the age of 50 had a digital rectal exam in the past year. Major cardiovascular diseases (heart disease and stroke) accounted for 33% and cancers accounted for 23% of all male deaths in Lucas County from 2006-2008. The health assessment determined that 5% of men had a heart attack, and 2% had a stroke at some time in their life. Almost two-fifths (39%) of men had been diagnosed with high blood pressure, 29% had high blood cholesterol, and 23% were identified as smokers, which, along with obesity (35%), are known risk factors for cardiovascular diseases.

Men's Health Screenings

- ◆ Almost half (46%) of Lucas County males had a Prostate-Specific Antigen (PSA) test at some time in their life and 26% had one in the past year.
- ◆ Three-fifths (60%) of men had a digital rectal exam in their lifetime and 26% had one in the past year.
- ◆ 77% of males age 50 and over had a PSA test at some time in their life, and 50% had one in the past year.
- ◆ 88% of males age 50 and over had a digital rectal exam at some time in their life, and 40% have had one in the past year.
- ◆ About one in five (18%) men reported having an erectile dysfunction, increasing to 38% of those over the age of 65.

Men's Health Concerns

- ◆ From 2006-2008, major cardiovascular diseases (heart disease and stroke) accounted for 33% of all male deaths in Lucas County (Source: ODH Information Warehouse).
- ◆ In 2011, the health assessment determined that 5% of men had a heart attack and 2% had a stroke at some time in their life.
- ◆ Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Lucas County the 2011 health assessment has identified that:
 - 23% of all men were current smokers (19% U.S., 23% Ohio, 2010 BRFSS)
 - 82% were overweight or obese (71% U.S., 73% Ohio, 2010 BRFSS)
 - 29% were diagnosed with high blood cholesterol (40% U.S., 43% Ohio, 2009 BRFSS)
 - 39% were diagnosed with high blood pressure (30% U.S., 33% Ohio, 2009 BRFSS)
 - 13% have been diagnosed with diabetes (9% U.S., 10% Ohio, 2010 BRFSS)
- ◆ From 2006-2008, the leading cancer deaths for Lucas County males were lung, prostate, colorectal, pancreas and esophageal cancers (Source: ODH Information Warehouse). Statistics from the same period for Ohio males show lung, prostate, colorectal, and pancreas cancers as the leading cancer deaths.

Lucas County Male Leading Types of Death, 2006 - 2008

1. Heart Diseases (28% of all deaths)
2. Cancers (23%)
3. Chronic Lower Respiratory Diseases (7%)
4. Accidents, Unintentional Injuries (6%)
5. Stroke (5%)

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

Ohio Male Leading Types of Death, 2006 - 2008

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

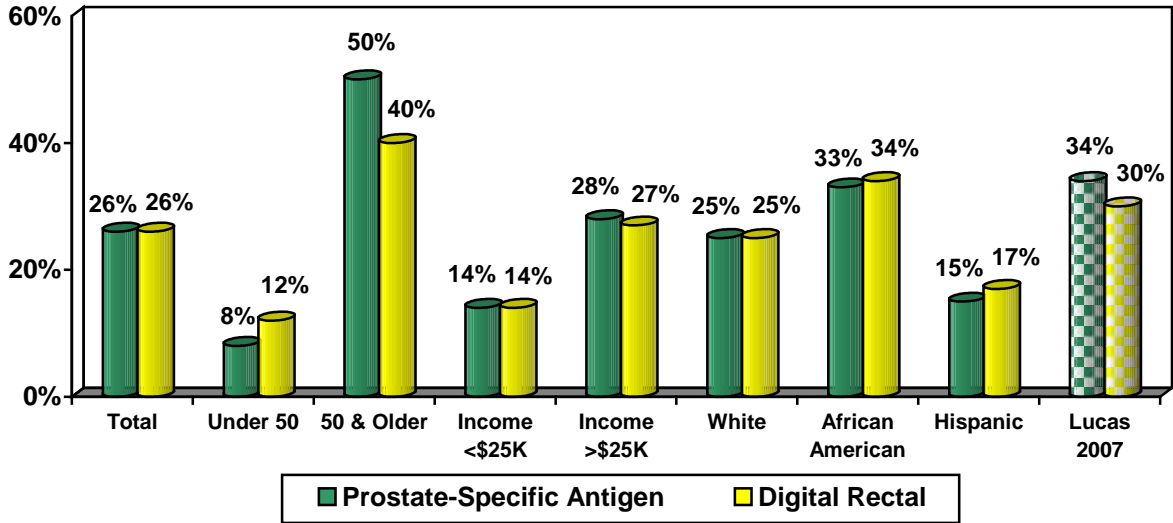
(Source: ODH Information Warehouse, updated 4-15-10)

2007/2011 Adult Comparisons	Lucas County 2007	Lucas County 2011	Ohio 2010	U.S. 2010
Had a PSA test in within the past year	34%	26%	N/A	N/A
Had a digital rectal exam within the past year	30%	26%	N/A	N/A

Men's Health

The following graph shows the percentage of Lucas County males surveyed that have had a PSA test and digital rectal exam in the past year. Examples of how to interpret the information shown on the graph include: 26% of Lucas County males have had a PSA test within the past year and 26% have had a digital rectal exam.

Lucas County Men's Health Exams Within the Past Year



Men's Health Data

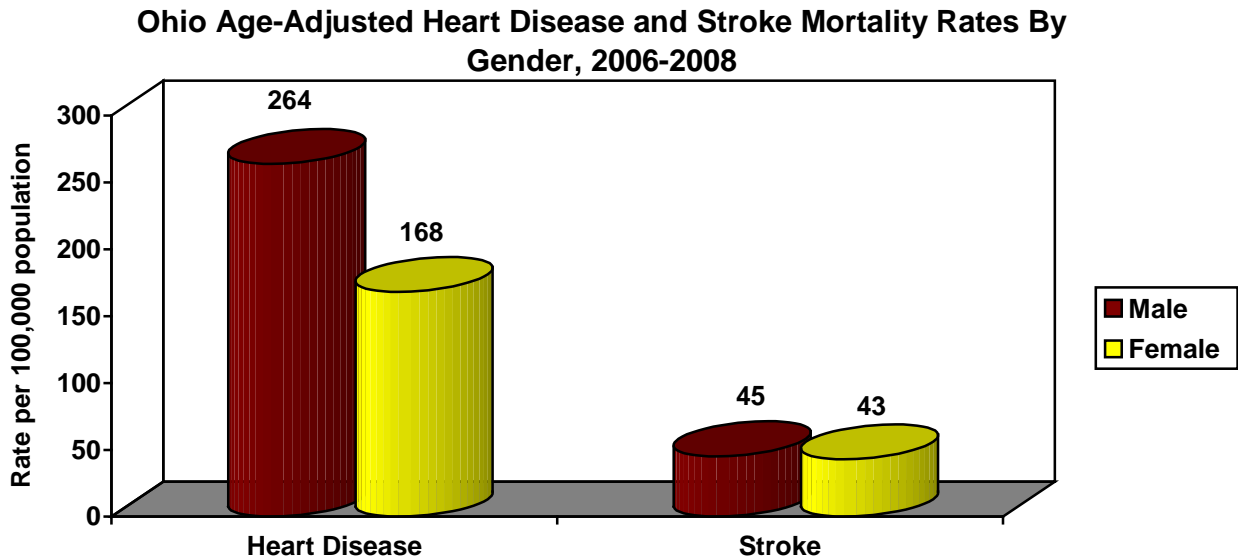
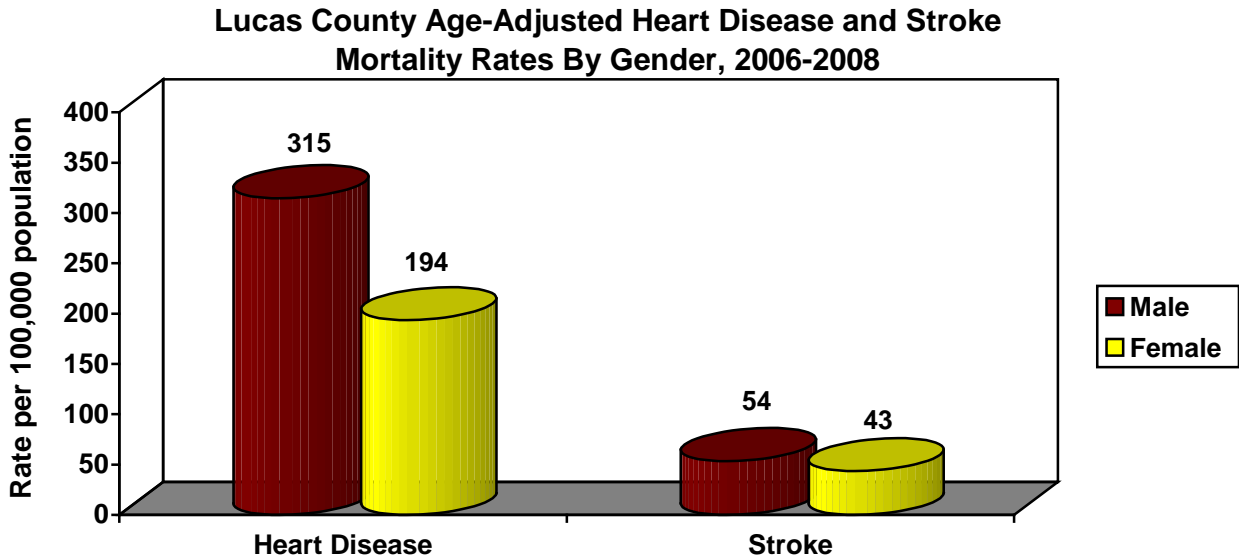
- ❖ Approximately 12% of adult males aged 18 years or older reported fair or poor health.
- ❖ 22% of adult males in the U.S. currently smoke.
- ❖ Of the adult males in the U.S., 31.5% had 5 or more drinks in 1 day at least once in the past year.
- ❖ Only 52% of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- ❖ There are 20% of males under the age of 65 without health care coverage.
- ❖ The leading causes of death for males in the United States are heart disease, cancer and accidents (unintentional injuries).

(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, 2/18/2011 from http://www.cdc.gov/nchs/fastats/mens_health.htm)

Men's Health

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

- ◆ From 2006-2008, the Lucas County and Ohio male age-adjusted mortality rate was higher than the female rate for both heart disease and stroke.
- ◆ The Lucas County male age-adjusted heart disease and stroke mortality rates were higher than the Ohio male rates.



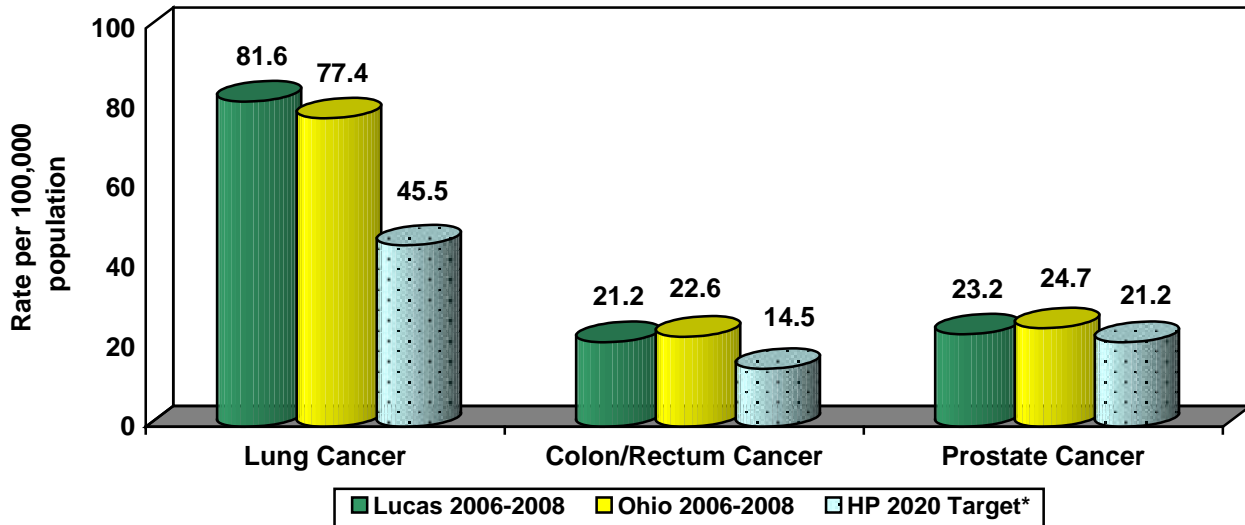
(Source for graphs: ODH Information Warehouse, updated 4-15-10)

Men's Health

The following graph shows the Lucas County age-adjusted mortality rates per 100,000 population for men's health with comparison to Healthy People 2020 objectives. The graph shows:

- ◆ From 2006-2008, the Lucas County age-adjusted mortality rate for male lung cancer was higher than the Ohio rate and the Healthy People 2020 objective.
- ◆ The age-adjusted prostate cancer mortality rate in Lucas County for 2006-2008 was lower than the Ohio rate but higher than the Healthy People 2020 objective.

Lucas County Male Age-Adjusted Cancer Mortality Rates



**Note: the Healthy People 2020 target rates are not gender specific.
(Source: ODH Information Warehouse and Healthy People 2020)*

Adult Preventive Medicine and Health Screenings

Key Findings

Over one-third (37%) of adults had a flu shot during the past 12 months. 61% of adults ages 65 and over had a pneumonia vaccination at some time in their life.

Preventive Medicine

- ◆ Over one-third (37%) of Lucas County adults had a flu vaccine during the past 12 months.
- ◆ Of those who had a flu vaccine, 97% had the shot and 3% had the nasal spray.
- ◆ Almost one-quarter (22%) of adults have had a pneumonia shot in their life, increasing to 61% of those ages 65 and over.

Ways to Prevent Seasonal Flu

1. Get vaccinated each year.
2. Avoid close contact with people who are sick.
3. Stay home when you are sick.
4. Cover your mouth and nose.
5. Wash your hands.
6. Avoid touching eyes, nose, or mouth.
7. Practice other good health habits, such as get plenty of sleep, exercise routinely, drink plenty of fluids, eat a nutritious diet.

(Source: Centers for Disease Control, National Center for Immunization and Respiratory Diseases (NCIRD), Fact Sheet: Good Health Habits for Preventing Seasonal Flu)

Preventive Health Screenings and Exams

- ◆ About one-third (31%) of adults had a colorectal cancer screening at some time in their life, increasing to 58% of those ages 50 and over.
- ◆ 19% of adults received preventive testing for skin cancer at some time in their life, increasing to 29% of those ages 65 and over.
- ◆ 28% of females were tested for osteoporosis at some time in their life.
- ◆ In the past year, 49% of Lucas County women ages 40 and over have had a mammogram.
- ◆ In the past year, 50% of men ages 50 and over had a Prostate-Specific Antigen (PSA) test.
- ◆ See the Women and Men's Health Sections for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Lucas County adults.

Environmental Health

- ◆ Lucas County adults thought the following threatened their health in the past year:
 - Mold (10%)
 - Lead paint (3%)
 - Insects (9%)
 - Unsafe water supply (2%)
 - Rodents or mice (7%)
 - Safety hazards (2%)
 - Plumbing problems (5%)
 - Bed bugs (2%)
 - Temperature regulation (4%)
 - Cockroaches (2%)
 - Chemicals found in household products (3%)
 - Asbestos (2%)
 - Sewage water problems (3%)

2007/2011 Comparisons	Lucas County 2007	Lucas County 2011	Ohio 2010	U.S. 2010
Had a flu shot in the past year	31%	37%	N/A	N/A
Had a pneumonia vaccination (ages 65 and over)	59%	61%	69%	69%

Adult Preventive Medicine and Health Screenings

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

HEALTHCARE TOPICS	Total 2007	Total 2011
Dieting or Eating Habits	37%	37%
Physical Activity or Exercise	41%	40%
Injury Prevention Such As Safety Belt Use & Helmet Use	8%	10%
Drug Use	6%	6%
Alcohol Use	9%	9%
Alcohol Use When Taking Prescription Drugs	11%	11%
Quitting Smoking	11%	13%
Sexual Practices Including Family Planning, STDs, AIDS, & Condom Use	11%	10%
Depression, Anxiety, or Emotional Problems	16%	21%
Domestic Violence	4%	3%

Lucas County Adult Health Screening Results

GENERAL SCREENING RESULTS	Total Sample
Diagnosed with High Blood Pressure	34%
Diagnosed with High Blood Cholesterol	27%
Diagnosed with Diabetes	13%
Diagnosed with a Heart Attack	3%
Diagnosed with a Stroke	2%

(Percents based on all Lucas County adults surveyed)

Adult Sexual Behavior and Pregnancy Outcomes

Key Findings

In 2011, over two-thirds (70%) of Lucas County adults had sexual intercourse. Nine percent of adults had more than one partner. Even though young people aged 15-24 represent only 25% of the sexually experienced population, they acquire nearly half of all STDs (Source: CDC, STDs in Adolescents and Young Adults, 2009 STD Surveillance).

Adult Sexual Behavior

- ◆ Over two-thirds (70%) of Lucas County adults had sexual intercourse in the past year.
- ◆ 9% of adults reported they had intercourse with more than one partner in the past year, increasing to 15% of those under the age of 30.
- ◆ Lucas County adults used the following methods of birth control: vasectomy (16%), condoms (14%), tubes tied (10%), birth control pill (10%), hysterectomy (8%), withdrawal (5%), IUD (3%), rhythm method (2%), shots (1%), diaphragm (1%), contraceptive implants (<1%), and emergency contraception (<1%).
- ◆ 12% of Lucas County adults were not using any method of birth control.
- ◆ Lucas County adults did not use birth control for the following reasons:
 - They have had a vasectomy, tubes tied, or hysterectomy (34%)
 - They or their partner did not want to use birth control (9%)
 - They did not think they could get pregnant (8%)
 - They cannot pay for birth control (2%)
 - They were gay or lesbian (2%)
 - They wanted to get pregnant (2%)
- ◆ <1% of adults had tested positive for HIV, increasing to 2% of African Americans.
- ◆ 5% of adults had the HPV vaccination. Adults gave the following reasons as to why they did not get the HPV vaccine: they did not know what it was (44%), they were too old (38%), they chose not to get it (10%), they did not know where to get it (2%), and they could not afford it (2%).
- ◆ The following situations applied to Lucas County adults: had anal sex without a condom (5%), been treated for an STD (2%), and used intravenous drugs (1%).
- ◆ 7% of adults had been forced to participate in sexual activity when they did not want to, increasing to 10% of females.
- ◆ About one in five (19%) adults engaged in sexual activity following alcohol or other drug use that they would not have done if sober.
- ◆ Over half (51%) of Lucas County adults believed teen pregnancy was a community problem. 50% thought it was a family problem and 28% thought it was an individual problem.

Human Papillomavirus (HPV) Vaccine

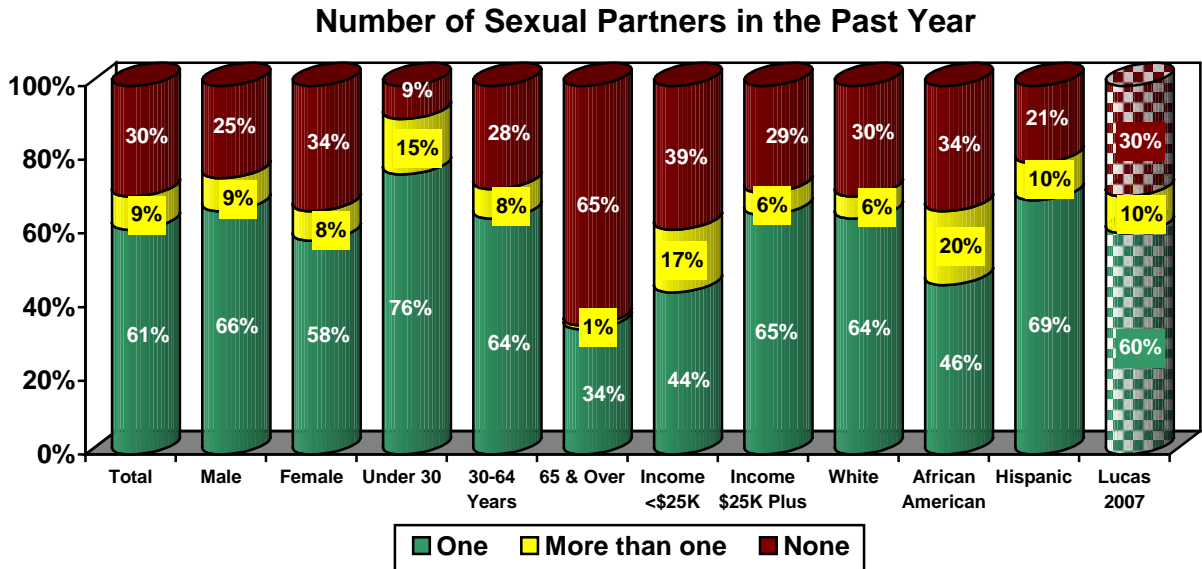
- ◆ HPV is a common virus that is spread through sexual contact. Most of the time HPV has no symptoms so people do not know they have it.
- ◆ There are approximately 40 types of genital HPV.
- ◆ The HPV vaccine works by preventing the most common types that cause cervical cancer and genital warts.
- ◆ The vaccine is given as shots in three doses.
- ◆ Gardasil has been tested and licensed for use in males. It also has been tested and shown to protect against cancers of the vulva, vagina, and anus.

(Source: CDC, Vaccines and Preventable Diseases: Human Papillomavirus (HPV) Vaccine, May 2011, <http://www.cdc.gov/vaccines/imz/id/vac/HPV/default.htm>)

2007/2011 Adult Comparisons	Lucas County 2007	Lucas County 2011	Ohio 2010	U.S. 2010
Had more than one sexual partner in past year	10%	9%	N/A	N/A

Adult Sexual Behavior and Pregnancy Outcomes

The following graph shows the sexual activity of Lucas County adults. Examples of how to interpret the information in the graph include: 61% of all Lucas County adults had one sexual partner in the last 12 months and 9% had more than one, and 66% of males had one partner in the past year.



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

United States 2009 Sexually Transmitted Disease Surveillance Profile

- ❖ Chlamydia is the most commonly reported notifiable disease in the United States and is the most prevalent of all STDs. From 1990-2009, the rate of chlamydial infections increased from 160.2 to 409.2 cases per 100,000 population.
- ❖ Gonorrhea is the second most commonly reported notifiable disease. During 2008-2009, the gonorrhea rate decreased in 84% of the states.
- ❖ Studies from 2003-2005 show that there was an overall high-risk HPV prevalence of 23%. Differences in HPV infection by age groups were observed, such as 35% in those aged 14-19 year olds, 29% in those aged 20-29, 13% in those 30-39 year olds, 11% in those aged 40-49, and 6.3% in those aged 50-65 year olds.

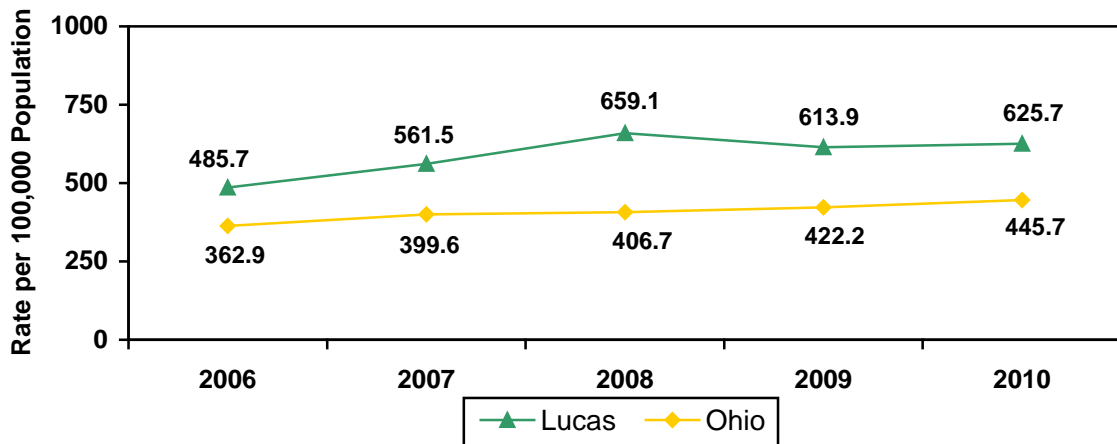
(Source: CDC, Sexually Transmitted Diseases, 2009 Sexually Transmitted Diseases Surveillance, National Profile, <http://www.cdc.gov/std/stats09/Natprintro.htm>)

Adult Sexual Behavior and Pregnancy Outcomes

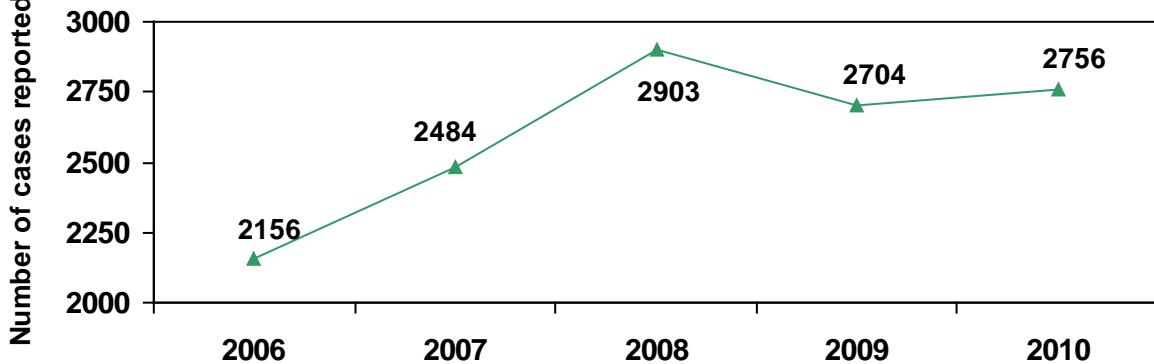
The following graphs show Lucas County Chlamydia and Gonorrhea disease rates per 100,000 population updated March 05, 2011 by the Ohio Department of Health. The graphs show:

- ◆ Lucas County Chlamydia rates drastically increased from 2006 to 2010. These rates remained well above the Ohio rates.
- ◆ In 2009, the U.S. rate for new Chlamydia cases was 409.2 per 100,000 population. *(Source: CDC, Sexually Transmitted Diseases Surveillance, 2009)*

Chlamydia Annualized Disease Rates for Lucas County and Ohio



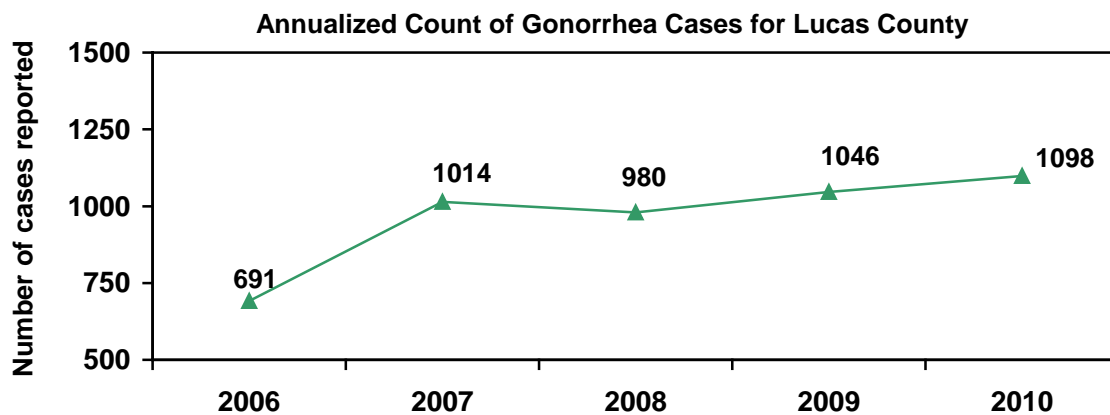
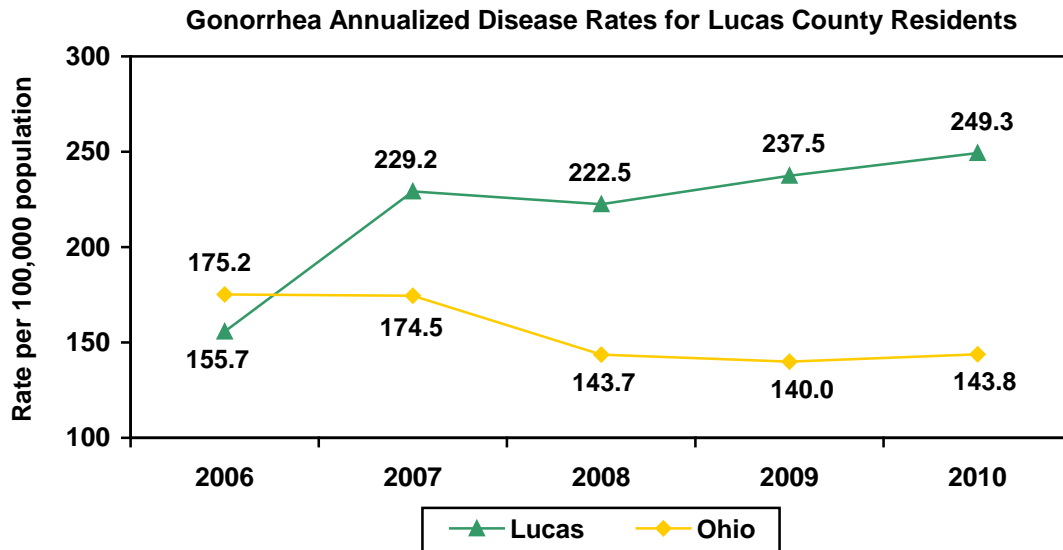
Annualized Count of Chlamydia Cases for Lucas County



(Source for graphs: ODH, STD Surveillance, data reported through 3-5-11)

Adult Sexual Behavior and Pregnancy Outcomes

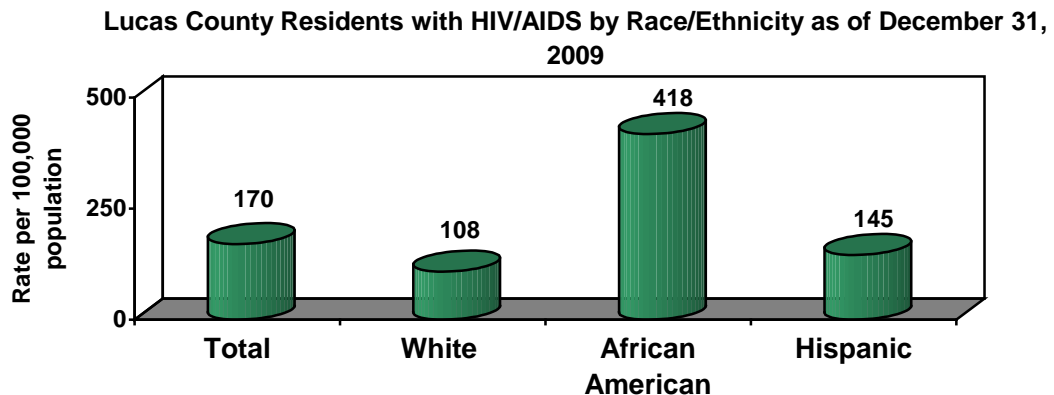
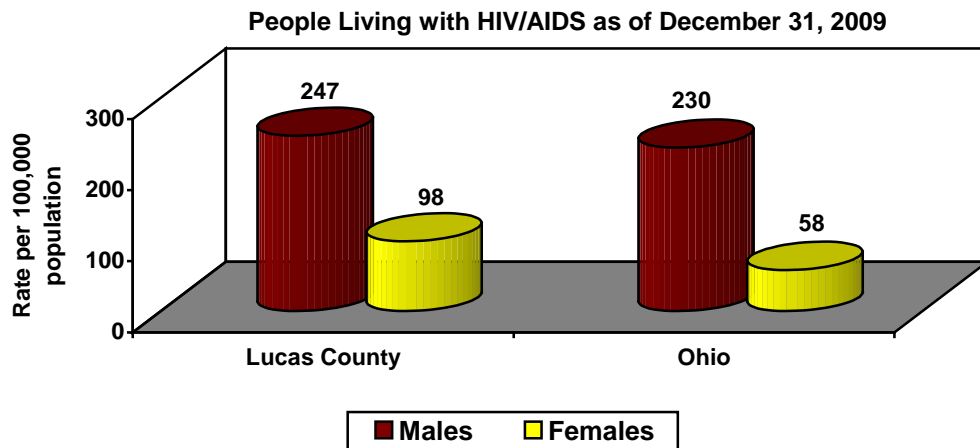
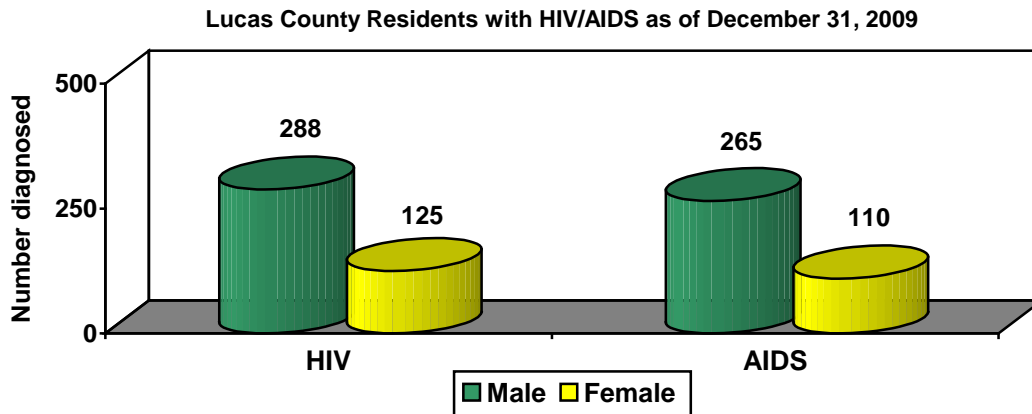
- ◆ The Lucas County Gonorrhea rate fluctuated from 2006 to 2010, but increased overall.
- ◆ The Ohio Gonorrhea rate decreased from 2008 to 2010.
- ◆ In 2009, the U.S. rate for new Gonorrhea cases for the total population was 99.1 per 100,000 population. *(Source: CDC, Sexually Transmitted Diseases Surveillance, 2009)*



(Source for graphs: ODH, STD Surveillance, data reported through 3-5-11)

Adult Sexual Behavior and Pregnancy Outcomes

- ◆ In 2009, the Lucas County HIV/AIDS rate for males of 247 cases per 100,000 was nearly two and a half times the rate of the females of 98.2 cases per 100,000 population.
- ◆ The Ohio rate of 230 per 100,000 for males living with HIV/AIDS was nearly 4 times as great as the female rate of 58 cases per 100,000 population in 2009. *(Source: ODH HIV/AIDS Surveillance Program)*



(Source for graphs: ODH HIV/AIDS Surveillance Program)

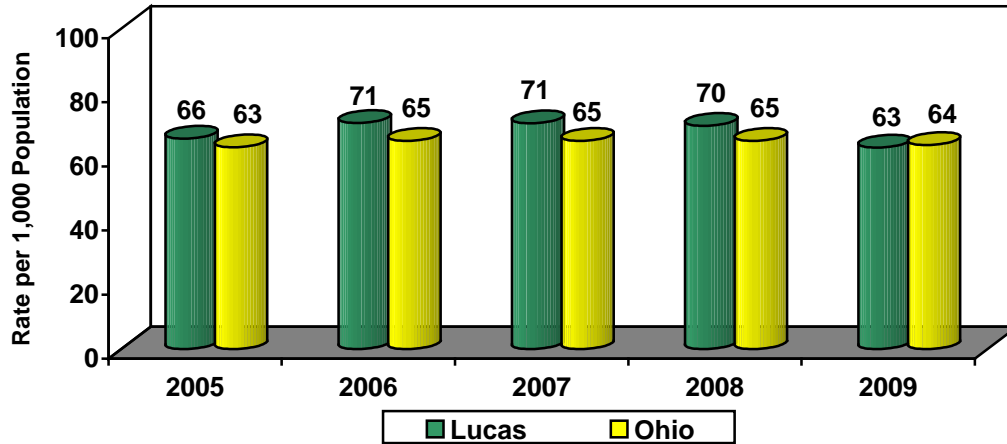
Adult Sexual Behavior and Pregnancy Outcomes

Pregnancy Outcomes

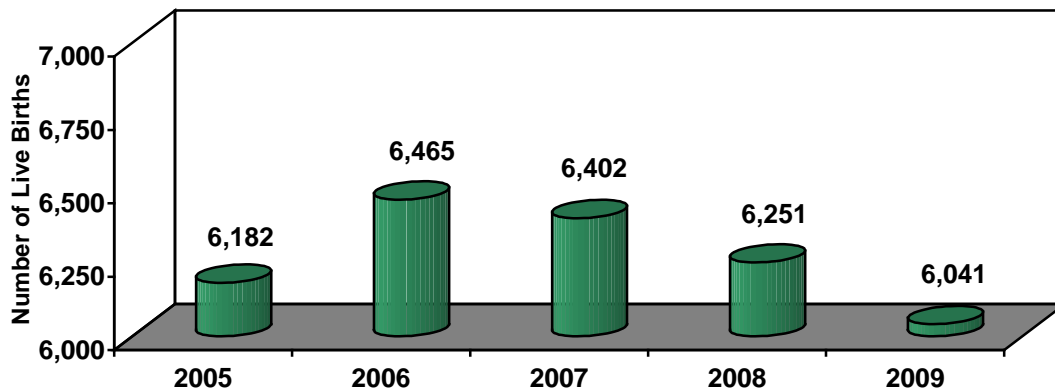
**Please note that the pregnancy outcomes data includes all births to adults and adolescents.*

- ◆ From 2005-2009, there was an average of 6,268 live births per year in Lucas County.
- ◆ In 2009, the U.S. fertility rate was 70.1 per 1,000 women (*Source: ODH, Birth Statistics, 2009*).

Lucas County and Ohio Fertility Rates



Lucas County Total Live Births



(Source for graphs: ODH Information Warehouse Updated 1-7-10)

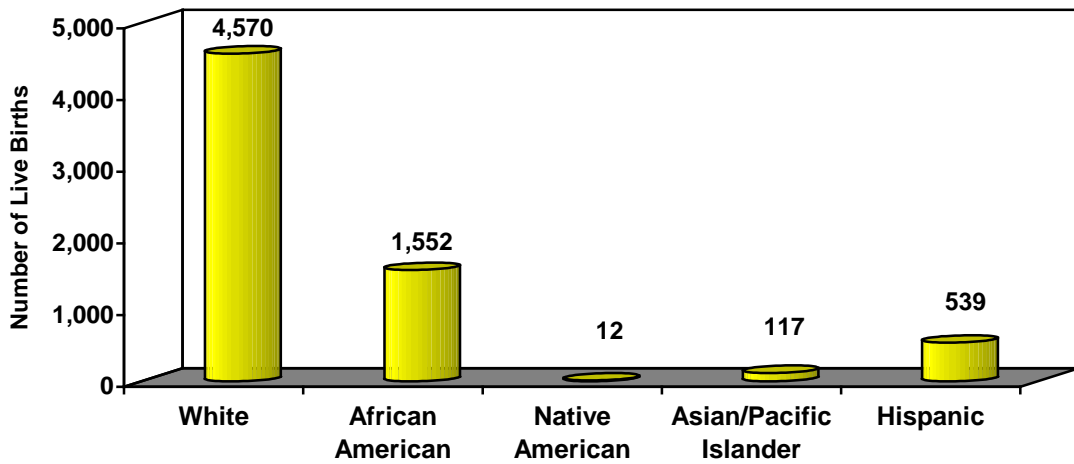
Adult Sexual Behavior and Pregnancy Outcomes

Pregnancy Outcomes

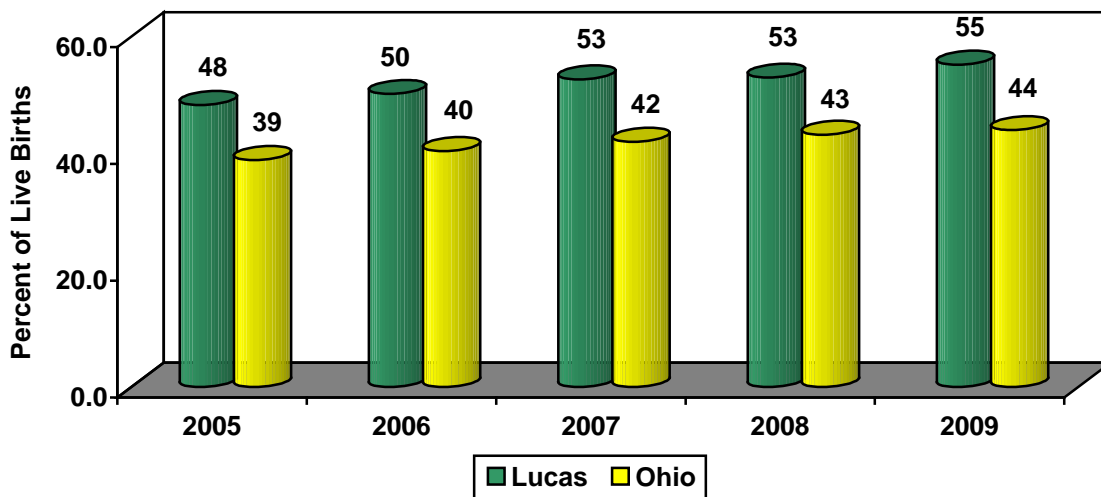
**Please note that the pregnancy outcomes data includes all births to adults and adolescents.*

- ◆ The percentage of births to unwed mothers in Lucas was above the Ohio percentage each year from 2005 to 2009, and increased overall during the five year period.
- ◆ In 2008, 41% of U.S. births were to unwed mothers (*Source: National Center for Health Statistics 2008*).

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



Lucas County Unwed Births



(Source for graphs: ODH Information Warehouse Updated 1-7-10)

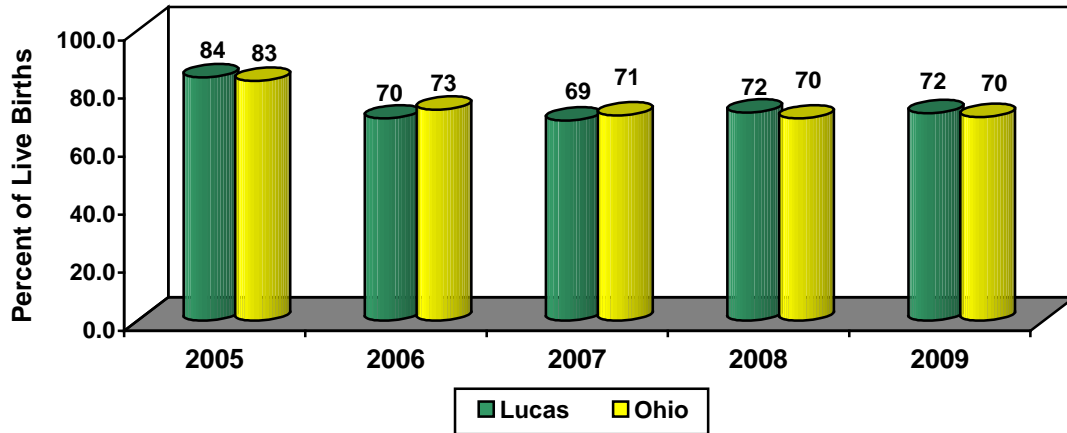
Adult Sexual Behavior and Pregnancy Outcomes

Pregnancy Outcomes

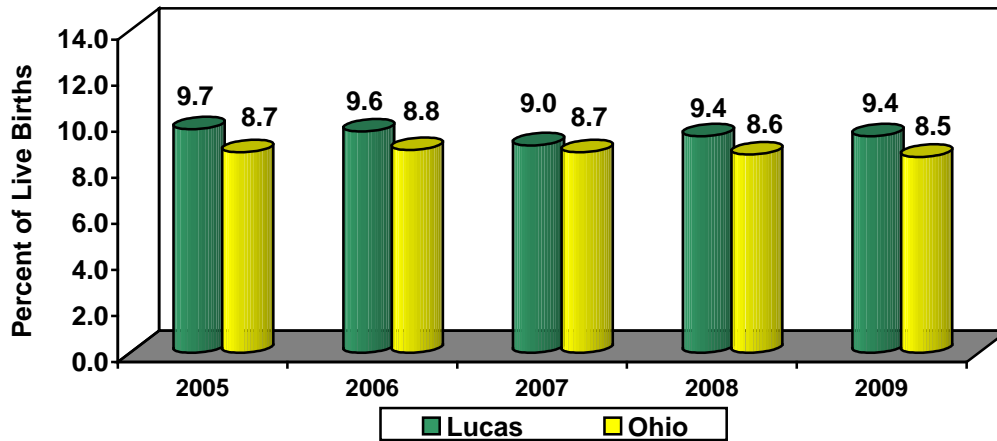
**Please note that the pregnancy outcomes data includes all births to adults and adolescents*

- ◆ In 2009, 76% of Ohio mothers received prenatal care during the first trimester (ODH, Birth Statistics, 2009).
- ◆ In 2008, 8.2% of all U.S. live births were low birth weight births (Source: National Center for Health Statistics 2008).

Lucas County Births with First Trimester Prenatal Care



Lucas County Low Birth Weight Births*



**Low Birth Weight is defined as weighing less than 2,500 grams or 5 pounds, 8 ounces.
(Source for graphs: ODH Information Warehouse Updated 1-7-10)*

Quality of Life and Safety

Key Findings

In 2011, 13% of Lucas County adults needed help handling their routine needs. The health assessment identified that 25% of Lucas County adults kept a firearm in or around their home. 15% of adults texted while driving.

Impairments and Health Problems

- ◆ The following impairments or health problems limited Lucas County adults' activities: back or neck problems (17%), arthritis (15%), walking problems (11%), lung/breathing problems (9%), diabetes (8%), depression, anxiety, or emotional problems (8%), high blood pressure (6%), fractures, bone/joint injuries (5%), and eye/vision problems (5%).
- ◆ 13% of Lucas County adults needed help handling their routine needs such as every day household chores, doing necessary business, shopping, or getting around for other purposes.

Safety

- ◆ One-quarter (25%) of Lucas County adults kept a firearm in or around their home. 3% of adults reported they were unlocked and loaded.
- ◆ Of those with firearms, 37% have them for protection, 27% have them for hunting, 5% have them for work, and 11% have them for some other reason. 19% had firearms for multiple reasons.
- ◆ Smoke detectors had been deliberately tested in homes by 77% of Lucas County adults in the past year. 17% of adults had tested their smoke detector in the past month. Approximately 3% reported having no smoke detectors in their Lucas County home.
- ◆ One in ten (10%) Lucas County adults consider their neighborhood to be extremely safe. 45% reported it was quite safe. 33% reported slightly safe and 10% reported not safe at all.
- ◆ 45% of Lucas County adults reported they had a carbon monoxide detector in their home.
- ◆ Lucas County adults regularly use the following to reduce their risk of injury: seat belts (92%), sun screen (50%), life jackets (16%), bicycle helmets (11%), and motorcycle helmets (6%).
- ◆ Lucas County adult do the following while driving: talk on their cell phone (56%), text (15%), and other things such as read, apply makeup, or shave (6%).
- ◆ Lucas County adults reported their household had the following disaster/emergency supplies: 3-day supply of water for everyone who lives there-1 gallon per person per day (31%), 3-day supply of non-perishable food (56%), 3-day supply of prescription medications (53%), working battery operated radio with working batteries (49%), working flashlight with working batteries (81%), and a cell phone (93%).
- ◆ If asked to evacuate, adults reported they may not do so for the following reasons: concern about leaving property (28%), concern about leaving pets (23%), concern about family safety (20%), concern about personal safety (13%), lack of transportation (13%), lack of trust in public officials (11%), concern about traffic jams and inability to get out (8%), and health problems/could not get out (2%).

Firearm Statistics

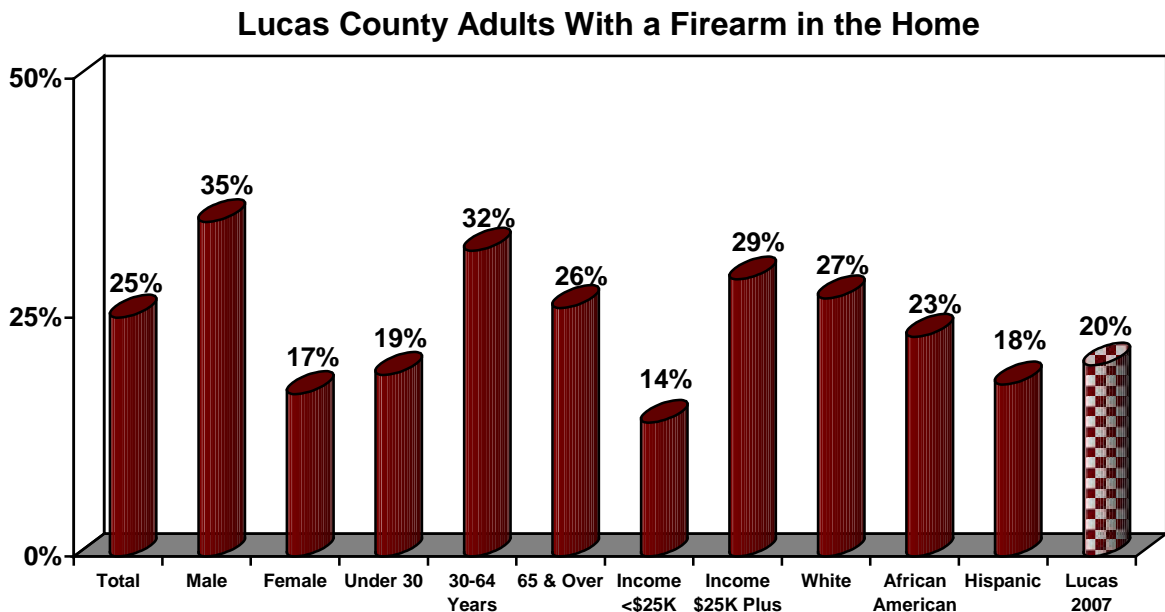
- ◆ Between 2006-2008, there have been 52 deaths attributed to accidental discharge of firearms.
- ◆ There have been 1,956 suicides by firearms and 1,252 homicides by firearms in Ohio from 2006-2008.
- ◆ In Lucas County from 2006-2008, there have been 62 suicides by firearms and 45 homicides by firearms.

(Source: Ohio Department of Health, Information Warehouse)

2007/2011 Adult Comparisons	Lucas County 2007	Lucas County 2011	Ohio 2010	U.S. 2010
Needed help with routine needs	11%	13%	N/A	N/A
Firearm kept in or around their home	20%	25%	N/A	N/A
Neighborhood was extremely or quite safe	65%	55%	N/A	N/A
Tested smoke alarms in the past year	75%	77%	N/A	N/A
Have a carbon monoxide detector	40%	45%	N/A	N/A

Quality of Life and Safety

The following graph shows the percentage of Lucas County adults that had a firearm in the home. Examples of how to interpret the information shown on the first graph include: 25% of all Lucas County adults kept a firearm in their home, 35% of males, and 19% of those under 30 kept a firearm in their home.



Ways to Prevent Carbon Monoxide (CO) Exposure

- ❖ Do have your heating system, water heater or any other gas, oil or coal burning appliances serviced by a qualified technician every year.
- ❖ Do install a battery-operated CO detector in your home and check or replace the battery when you change the time on your clocks each spring and fall. If the detector sounds leave your home immediately and call 911.
- ❖ Do seek prompt medical attention if you suspect CO poisoning and are feeling dizzy, light-headed or nauseous.
- ❖ Do not use a generator, charcoal grill, camp stove, or other gasoline or charcoal burning device inside your home, basement, garage, or near a window.
- ❖ Do not run a car or truck inside a garage attached to your house, even if you leave the door open.
- ❖ Do not burn anything in a stove or fireplace that is not vented.
- ❖ Do not heat your house with a gas oven.

(Source: CDC, National Center for Environmental Health, *You Can Prevent Carbon Monoxide Exposure*, March 10, 2010, <http://www.cdc.gov/co/guidelines.htm>)

Social Context

Key Findings

In 2011, 7% of Lucas County adults were abused in the past year. 13% of adults were concerned about having enough food for themselves or their family. 2% of adults had engaged in sexual activity in exchange for something of value.

Social Context

- ◆ Lucas County adults would have a problem getting the following if they needed them today: someone to loan them \$50 (15%), someone to help if they were sick and needed to be in bed (13%), someone to take them if they needed a ride (13%), and someone to talk to about their problems (12%).
- ◆ 13% of Lucas County adults were concerned about having enough food for themselves or their family, increasing to 25% of those with incomes less than \$25,000.
- ◆ Lucas County adults experienced the following situations in the past year: a close family member had to go in the hospital (43%), death of a close family member or close friend (40%), had bills they could not pay (26%), someone in the household had their hours at work reduced (14%), someone in the household had lost their job (12%), someone close to them had a problem with drinking or drugs (11%), moved to a new address (8%), someone in the household went to jail (5%), became separated or divorced (4%), was involved in a physical fight (3%), was homeless (2%), was hit or slapped by a spouse or partner (2%), and their child was hit or slapped by their spouse or partner (1%).
- ◆ 5% of Lucas County adults were threatened to be abused in the past year. They were threatened by the following: a spouse or partner (53%), a parent (17%), a child (13%), another family member (13%), and someone else (45%).
- ◆ 7% of Lucas County adults were abused in the past year. They were abused by the following: a spouse or partner (49%), a child (18%), a parent (9%), another family member (6%), and someone else (30%).
- ◆ Lucas County adults have sought assistance for the following in the past year: food (13%), utilities (12%), rent/mortgage (9%), transportation (5%), free tax preparation (4%), clothing (3%), credit counseling (3%), legal aid services (2%), and emergency shelter (1%).
- ◆ One-quarter (25%) of Lucas County adults attempted to get assistance. They attempted to get assistance from the following: Job & Family Services (53%), the Welfare department (31%), a friend or family member (16%), First Call for Help/2-1-1 (15%), church (14%) and somewhere else (16%). 8% of adults did not know where to look for assistance.
- ◆ 7% of adults called 2-1-1 for assistance (2-1-1 is a non-emergency information referral telephone number). Of those who called, 66% received assistance. 58% of adults had never heard of 2-1-1.
- ◆ 92% of Lucas County adults perceived the employment situation as fair or poor. 2% said it was excellent or very good.
- ◆ Lucas County adults cash checks or purchase money orders at the following places: bank (72%), credit union (11%), grocery store (6%), check-cashing business (2%), and other (4%).
- ◆ Half (50%) of Lucas County adults attended a religious service at least once in the past month. 27% attended a religious service at least once per week in the past month.
- ◆ 2% of adults had engaged in any type of sexual activity in exchange for something of value such as food, drugs, shelter, or money, increasing to 6% of those under the age of 30 and 6% of African Americans.
- ◆ Of those who engaged in sexual activity in exchange for something of value, 40% were forced or manipulated to sell sex and give part or all of the money to someone else.
- ◆ 1% of adults were afraid that their employer would cause harm to them, their family, or others they care about if they attempted to leave their job, increasing to 3% of African Americans.

Domestic Violence in Lucas County

- ◆ In 2010, there were 733 domestic violence incidents where Domestic Violence (DV), Protection Order, or Consent Agreement charges were filed in Lucas County.
- ◆ There were 42 DV incidents where other charges were filed, but not DV, Protection Order, or Consent Agreement.
- ◆ There were 155 DV incidents where no charges were filed or incident did not meet the DV incident criteria.

(Source: Ohio Attorney General's Office, 2010 Domestic Violence Report, [http://www.ohioattorneygeneral.gov/files/Publications/Publications-for-Victims/Domestic-Violence-Reports-\(1\)/2010-Domestic-Violence-Reports](http://www.ohioattorneygeneral.gov/files/Publications/Publications-for-Victims/Domestic-Violence-Reports-(1)/2010-Domestic-Violence-Reports))

Mental Health and Suicide

Key Findings

In 2011, 3% of Lucas County adults considered attempting suicide. 22% of adults had been diagnosed with depression.

Adult Mental Health

- ◆ Almost one-quarter (22%) of Lucas County adults were diagnosed with depression, increasing to 34% of those with incomes less than \$25,000 and 33% of females.
- ◆ 57% of those who were diagnosed with depression were receiving treatment for it.
- ◆ Lucas County adults experienced the following almost every day for two weeks or more in a row: did not get enough rest or sleep (39%), felt worried, tense, or anxious (30%), felt sad, blue or depressed (19%), and felt very healthy and full of energy (18%).
- ◆ 3% of Lucas County adults considered attempting suicide in the past year.
- ◆ Less than 1% of adults attempted suicide.
- ◆ 18% of adults looked for a program or services for themselves or a loved one to help with depression, anxiety, or emotional problems. 86% of those who looked for a program were able to find one.
- ◆ Lucas County adults who needed a program or service for depression, anxiety, or emotional problems for themselves or a loved one gave the following reasons as to why they did not use one: cannot afford to go (18%), other priorities (12%), fear (10%), co-pay/deductible was too high (9%), did not know how to find a program (9%), transportation (8%), and stigma of seeking mental health services (7%).

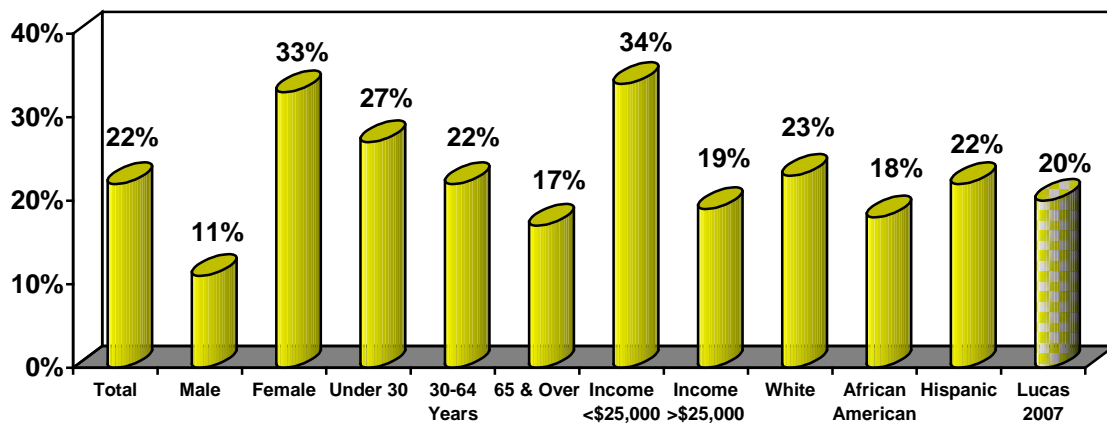
Stigma of Mental Illness

(Based on 2007 BRFSS data)

- ◆ Most adults with mental health symptoms (78%) and without mental health symptoms agreed that treatment can help persons with mental illness lead normal lives.
- ◆ 57% of adults believed that people care and are sympathetic to persons with mental illness.
- ◆ Only 25% of adults with mental health symptoms believed that people are caring and sympathetic to persons with mental illness.

(Sources: CDC, National Center for Chronic Disease Prevention and Health Promotion, *Stigma of Mental Illness*, July 2011, http://www.cdc.gov/mentalhealth/data_stats/mental-illness.htm)

Lucas County Adults Diagnosed With Depression



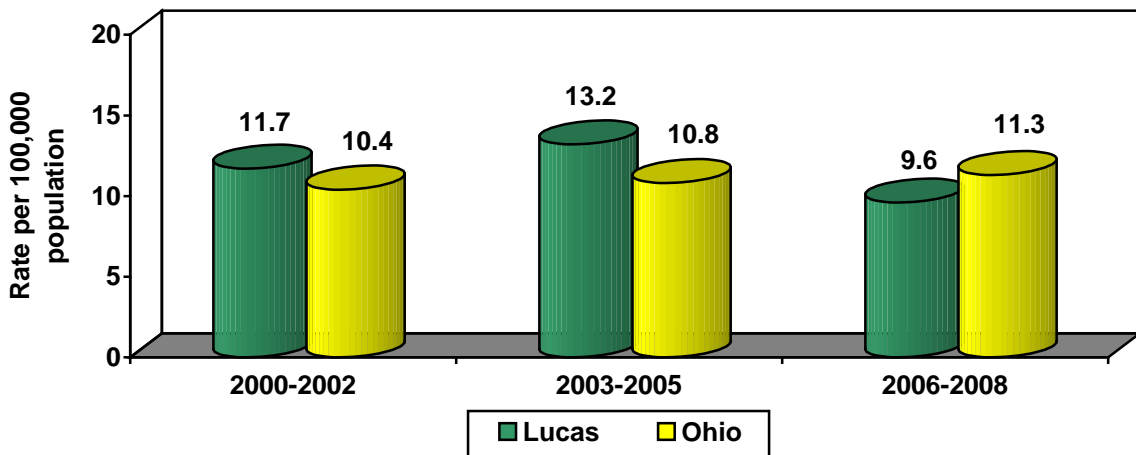
2007/2011 Adult Comparisons	Lucas County 2007	Lucas County 2011	Ohio 2010	U.S. 2010
Two or more weeks in a row when felt depressed	13%	19%	N/A	N/A
Considered attempting suicide	3%	3%	N/A	N/A

Mental Health and Suicide

The following graphs show the Ohio and Lucas County age-adjusted suicide mortality rates per 100,000 population and the number of suicide deaths by age group for the county. The graphs show:

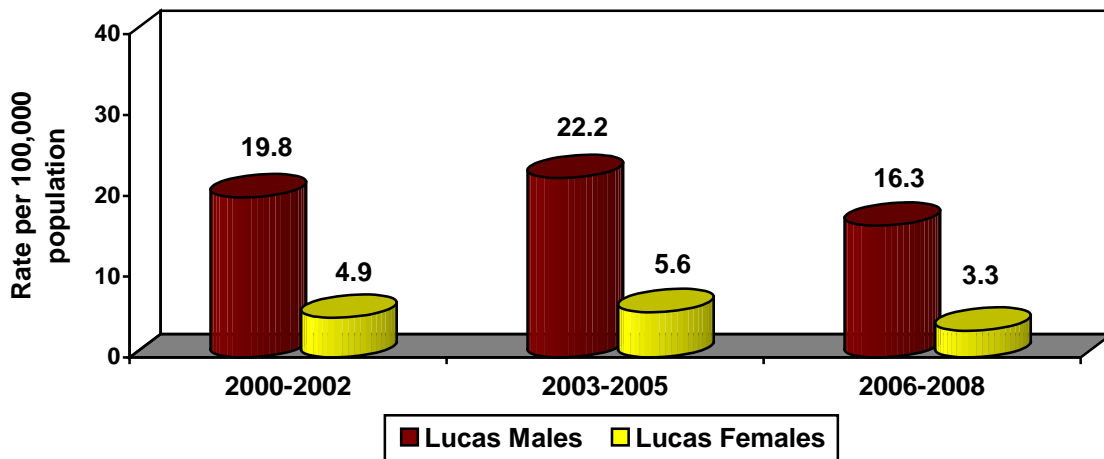
- ◆ The Lucas County age-adjusted suicide mortality rate decreased overall to a rate below the Ohio rate from 2006 to 2008.
- ◆ The Lucas County male age-adjusted suicide rate consistently exceeded the female rate from 2000 to 2008.
- ◆ In 2010, 25% of all Lucas County suicide deaths occurred to those ages 20-29 years old.

Lucas County Age-Adjusted Suicide Mortality Rates



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

Lucas County Age-Adjusted Suicide Mortality Rates by Gender

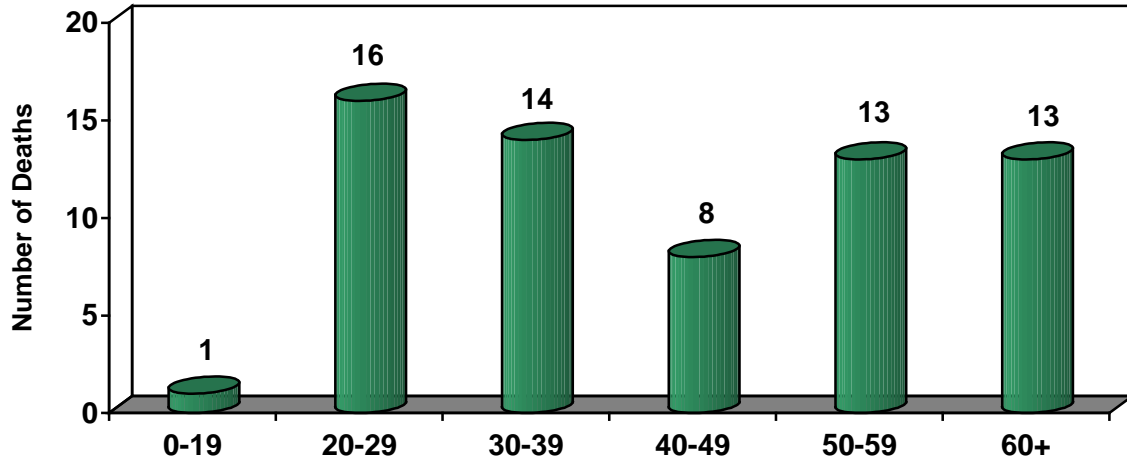


(Source: ODH Information Warehouse, updated 4-15-10)

Mental Health and Suicide

Lucas County Number of Suicide Deaths By Age Group
2010

Total Deaths = 65



(Source: Lucas County Coroner's Office, 2010 Data)

Oral Health

Key Findings

The 2011 health assessment project has determined that more than two-thirds (68%) of Lucas County adults had visited a dentist or dental clinic in the past year. The 2010 BRFSS reported that 70% of U.S. adults and 72% of Ohio adults had visited a dentist or dental clinic in the previous twelve months. Just over three-fourths (77%) of Lucas youth in grades 7-12 had visited the dentist for a check-up, exam, teeth cleaning, or other dental work in the past year.

Access to Dental Care

- ◆ In the past year, 68% of Lucas County adults had visited a dentist or dental clinic, decreasing to 44% of adults with annual household incomes less than \$25,000.
- ◆ When asked how long it had been since their last visit to a dentist or dental clinic, 12% of Lucas County adults reported that it had been more than one year but less than two years, 10% reported that it had been more than two years but less than five years, and 8% responded it had been five or more years ago.
- ◆ About three-fourths (74%) of Lucas County adults with health care insurance have been to the dentist in the past year compared to 38% of those without health insurance.
- ◆ When asked the main reason for not visiting a dentist in the last year, 27% said cost, 26% had no dental insurance, 20% had no reason to go, 11% said fear, apprehension, nervousness, pain, and dislike going, 8% had other priorities, and 7% did not have/know a dentist.
- ◆ Almost half (45%) of adults had one or more of their permanent teeth removed, increasing to 81% of those ages 65 and over.
- ◆ In the past year, 77% of Lucas County youth in grades 7-12 had visited the dentist for a check-up, exam, teeth cleaning, or other dental work. 10% responded more than one year but less than 2 years, and 4% responded more than 2 years ago.
- ◆ In the past year, 73% of Lucas County 5-6th grade youth had visited the dentist for a check-up, exam, teeth cleaning, or other dental work. 7% responded more than one year but less than 2 years, and 1% responded more than 2 years ago.

**Lucas County
Dental Care Resources - 2010**

- ◆ Number of licensed dentists- 260
- ◆ Number of primary care dentists- 216
- ◆ Ratio of population per dentist- 1,783:1
- ◆ Number of dentists who treat Medicaid patients- 138
- ◆ Ratio of Medicaid population per dentist who treats Medicaid patients- 823: 1

(Source: ODH Ohio Oral Health Surveillance System, 2010)

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	70%	9%	10%	8%	2%
Females	66%	15%	9%	8%	1%
Total	68%	12%	10%	8%	1%

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

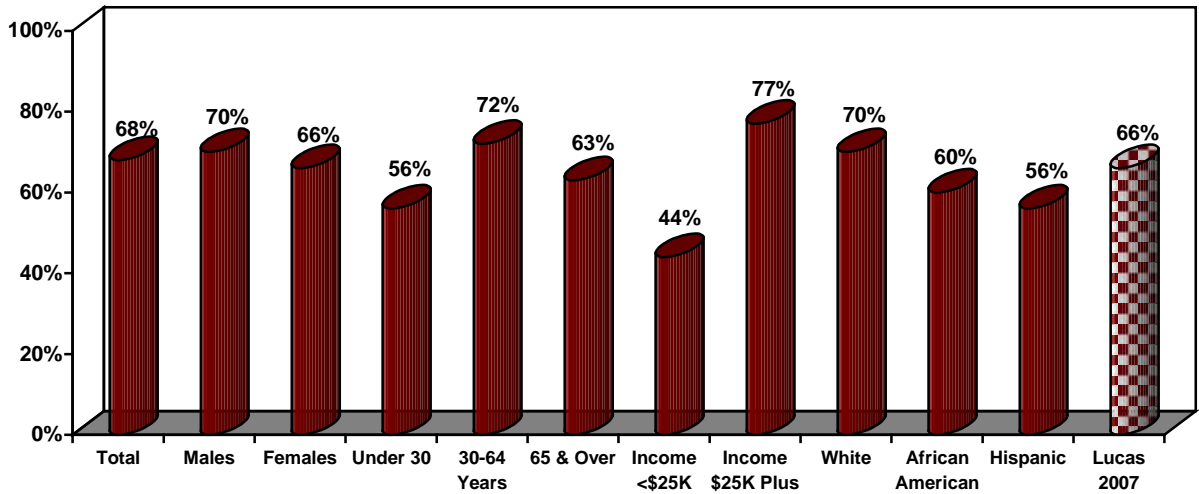
2007/2011 Adult Comparisons	Lucas County 2007	Lucas County 2011	Ohio 2010	U.S. 2010
Adults who have visited the dentist in the past year	66%	68%	72%	70%
Adults who had one or more permanent teeth removed	N/A	45%	45%	44%
Adults 65 years and older who had all of their permanent teeth removed	N/A	18%	20%	17%

N/A – Not available

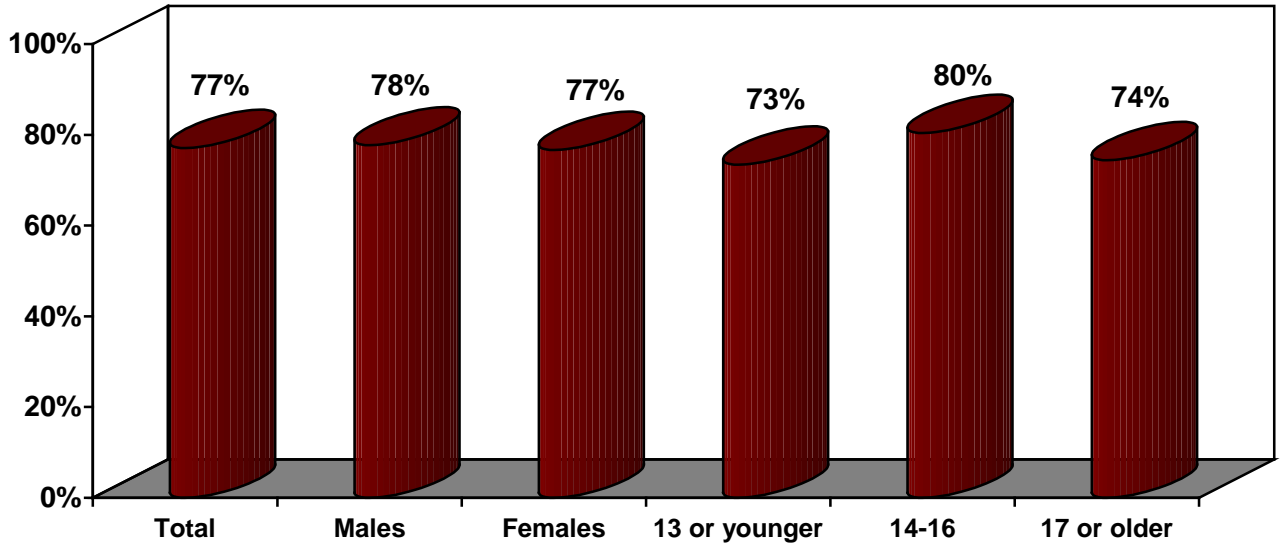
Oral Health

The following graphs provide information about the frequency of Lucas County adult and youth dental visits. Examples of how to interpret the information on the first graph include: 68% of all Lucas County adults had been to the dentist in the past year, 56% of those under the age of 30 and 44% of those with incomes less than \$25,000.

Lucas County Adults Visiting a Dentist in the Past Year



Lucas County 7th-12th Grade Youth Visiting a Dentist in the Past Year



African American Health

Key Findings

According to the 2005-2009 U.S. Census American Community Survey estimates, approximately 82,739 African Americans live in Lucas County (18%). The 2011 health assessment reported that one-quarter (25%) of African Americans did not have health care coverage. 17% of African Americans were diagnosed with diabetes and 44% with high blood pressure. 75% of African Americans were either overweight or obese.

General Health

- ◆ In 2011, Lucas County African Americans were more likely to rate their health status as fair or poor (26% African American compared to 17% of Whites).
- ◆ 25% of African American adults did not have health care coverage.
- ◆ One-quarter (25%) of African American adults were current smokers. The 2010 BRFSS reported 24% of Ohio and 21% of U.S. African American adults were current smokers.
- ◆ African American adults were more likely to have been diagnosed with:
 - High blood pressure (44% compared to 32% of Whites).
 - Diabetes (17% compared to 11% of Whites).
 - HIV (2% compared to <1% of Whites).
- ◆ African American adults were less likely than Whites to:
 - Have consumed alcohol in the past 30 days (43% compared to 60% of Whites).
 - Drink and drive (28% compared to 32% of Whites).
 - Keep firearms in the household (23% compared to 27% of Whites).
 - Have gone to the dentist in the past year (60% compared to 70% of Whites).
 - Consider their neighborhood to be extremely or quite safe (29% compared to 60% of Whites).
 - Have a colorectal cancer screening (25% compared to 33% of Whites).
 - Have an osteoporosis screening (8% compared to 18% of Whites).
- ◆ African American adults were more likely than Whites to:
 - Be overweight or obese (75% compared to 69% of Whites).
 - Use marijuana in the past 6 months (17% compared to 10% of Whites).
 - Have two or more sexual partners in the past year (20% compared to 6% of Whites).
 - Have a health impairment that limited their activities (45% compared to 40% of Whites).
 - Have had a PSA test in the past year (33% compared to 25% of Whites).
 - Be concerned about having enough food for their family (22% compared to 11% of Whites).
 - Look for assistance for rent, utilities, food, etc. (48% compared to 19% of Whites).
 - Be abused (10% compared to 6% of Whites).
 - Engaged in sexual activity for something of value (6% compared to 1% of Whites).

Lucas County African American Males Leading Causes of Death 2006-2008

Total Deaths: 1,063

1. Heart Disease (23% of all deaths)
2. Cancers (23%)
3. Chronic Lower Respiratory Disease (6%)
4. Diabetes Mellitus (6%)
5. Accidents (Unintentional Injuries) (5%)

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

Lucas County African American Females Leading Causes of Death 2006-2008

Total Deaths: 980

1. Heart Disease (25% of all deaths)
2. Cancers (23%)
3. Diabetes Mellitus (8%)
4. Stroke (7%)
5. Chronic Lower Respiratory Disease (4%)

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

2007/2011 Adult Comparisons	Lucas County African Americans 2007	Lucas County African Americans 2011	Ohio African Americans 2010	U.S. African Americans 2010
Rated health as fair or poor	25%	26%	26%	21%
Uninsured	12%	25%	18%	20%
High Blood Pressure	53%	44%	40%*	38%*
Diagnosed with Diabetes	22%	17%	18%	15%

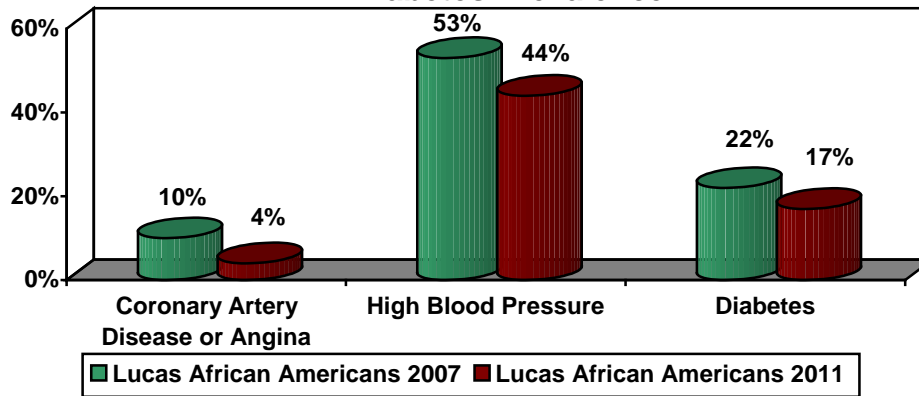
* 2009 BRFSS data

African American Health

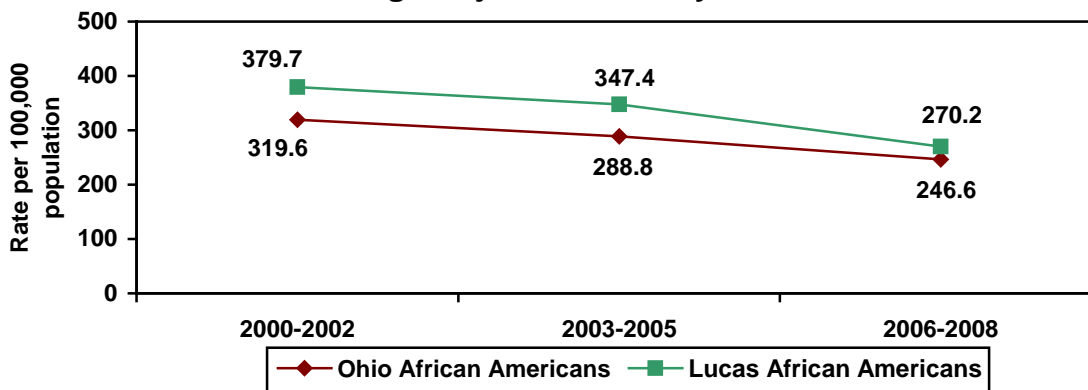
The following graphs show the Lucas County age-adjusted mortality rates per 100,000 population for several leading causes of death. The graphs show that:

- ◆ For the reporting years of 2006-2008, the Lucas County age-adjusted heart disease mortality rate for African Americans was higher than the rate for any other racial or ethnic group.
- ◆ The 2006-2008 Lucas County age-adjusted cancer mortality rate for African Americans (250.3) was higher than the rate for any other racial or ethnic group. Also, it was higher than the African American rate for Ohio (240.2).
- ◆ The 2006-2008 Lucas County age-adjusted diabetes mortality rate for African Americans was twice the rate for the other racial or ethnic groups.
- ◆ The 2006-2008 age-adjusted rate of African American deaths from chronic lower respiratory diseases (formerly COPD) in Lucas County was lower than the rate for Whites.

Lucas County African American Cardiovascular Disease & Diabetes Prevalence



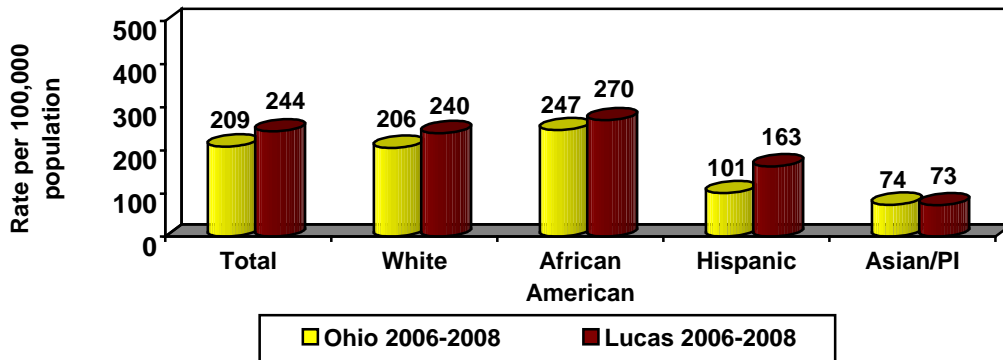
Lucas County and Ohio African American Heart Disease Age-Adjusted Mortality Rates



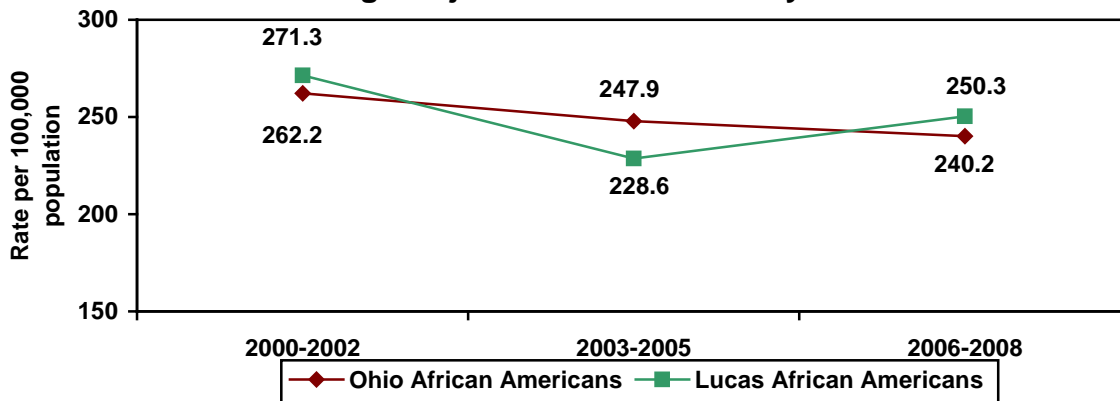
(Source for graphs: ODH Information Warehouse)

African American Health

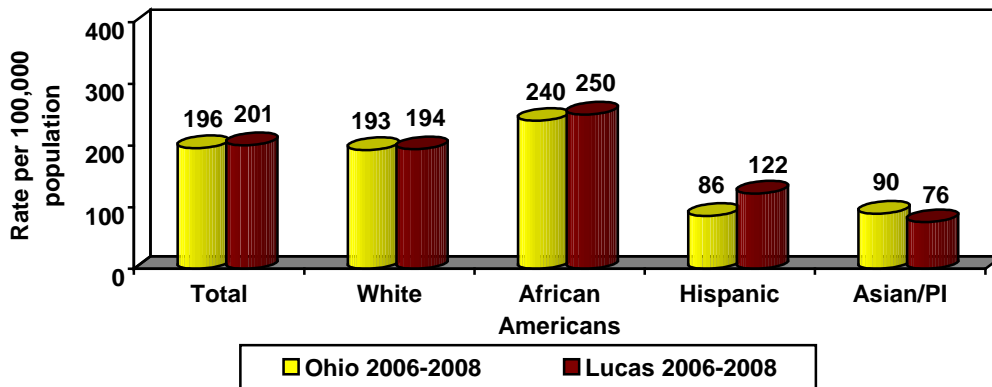
Age-Adjusted Heart Disease Mortality Rates by Race/Ethnicity



Lucas County and Ohio African American Age-Adjusted Cancer Mortality Rates



Age-Adjusted Cancer Mortality Rates by Race/Ethnicity



(Source for graphs: ODH Information Warehouse)

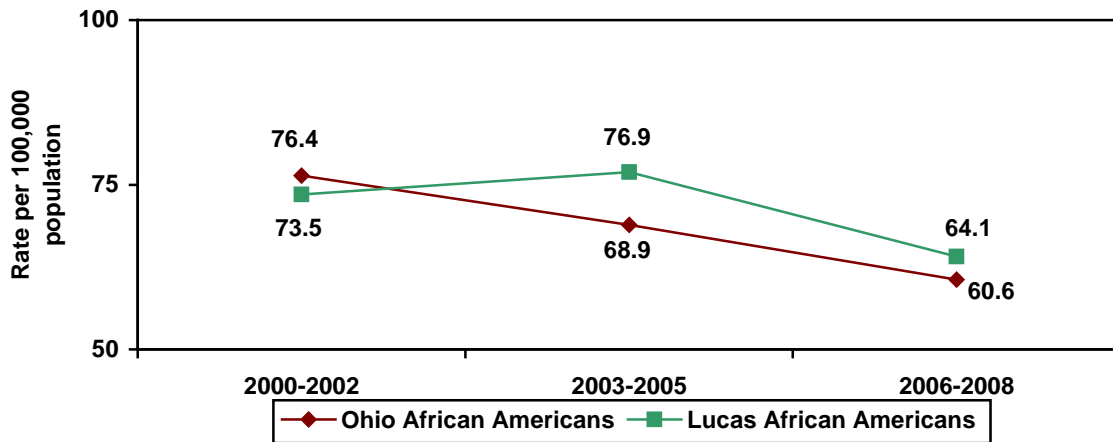
African American Health

Lucas County Cancer Mortality - 2006-2008

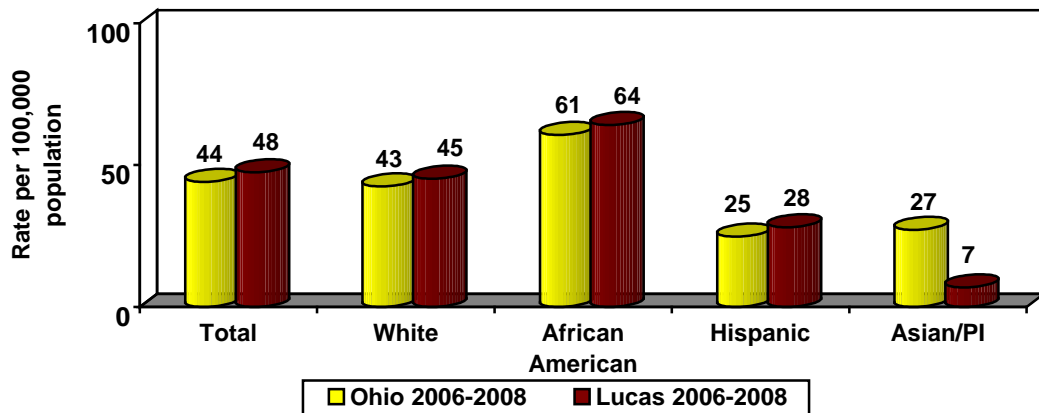
Type of Cancer	Percent of Total White Deaths	Type of Cancer	Percent of Total African American Deaths
Trachea, Bronchus & Lung	31%	Trachea, Bronchus & Lung	32%
Other & Unspecified Cancer	11%	Colon, Rectum & Anus	12%
Colon, Rectum & Anus	9%	Other & Unspecified Cancer	9%
Female Breast	7%	Female Breast	7%
Pancreas	6%	Prostate	7%
Urinary System (Kidney, Bladder)	5%	Esophagus & Stomach	6%
Esophagus & Stomach	5%	Pancreas	5%
Non-Hodgkins Lymphoma	4%	Liver & Bile Ducts	3%
Prostate	4%	Urinary System (Kidney, Bladder)	3%
Total Number of Cancer Deaths	2,371	Total Number of Cancer Deaths	469

(Source: ODH Information Warehouse)

Lucas County and Ohio African American Stroke Age-Adjusted Mortality Rates



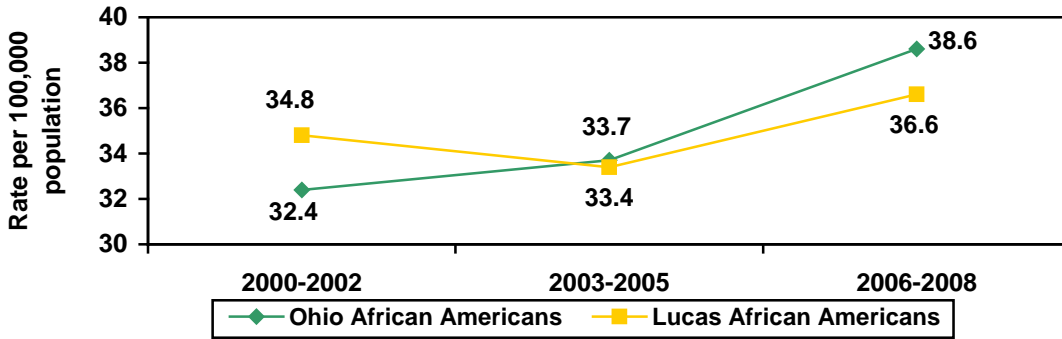
Age-Adjusted Stroke Mortality Rates by Race/Ethnicity



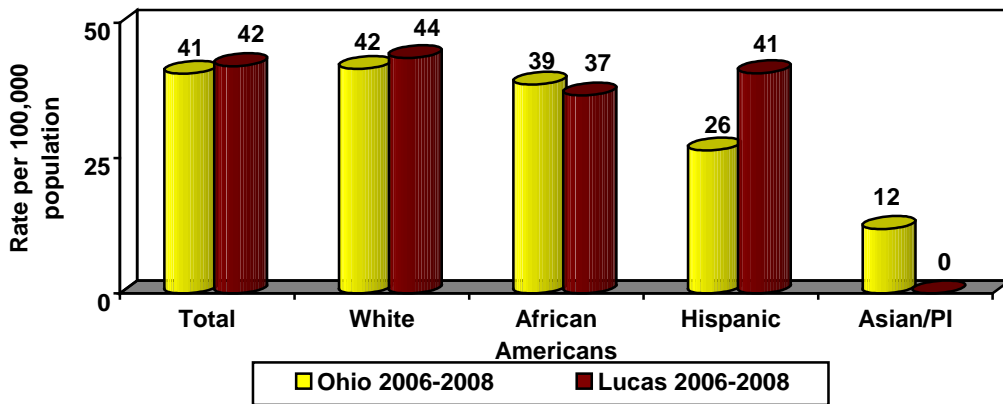
(Source for graphs: ODH Information Warehouse)

African American Health

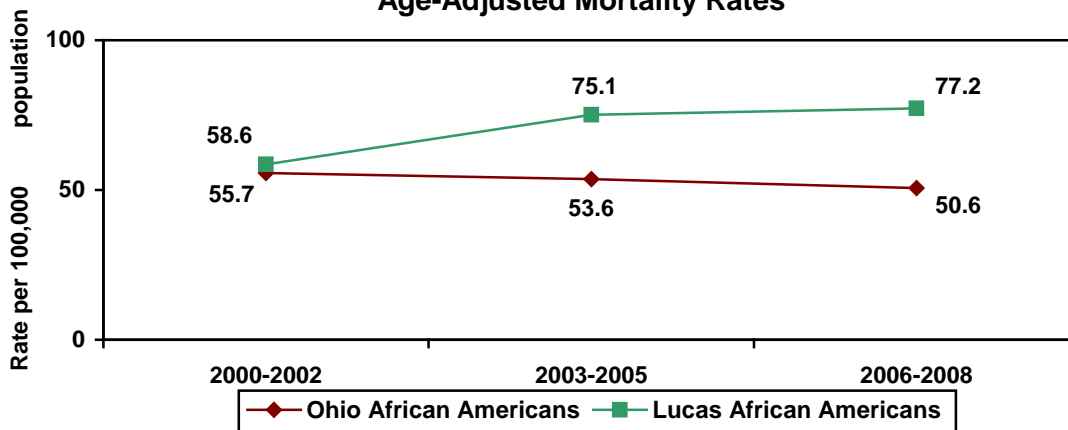
Lucas County and Ohio African American Accident (Unintentional Injuries) Age-Adjusted Mortality Rates



Age-Adjusted Accident Mortality Rates by Race/Ethnicity



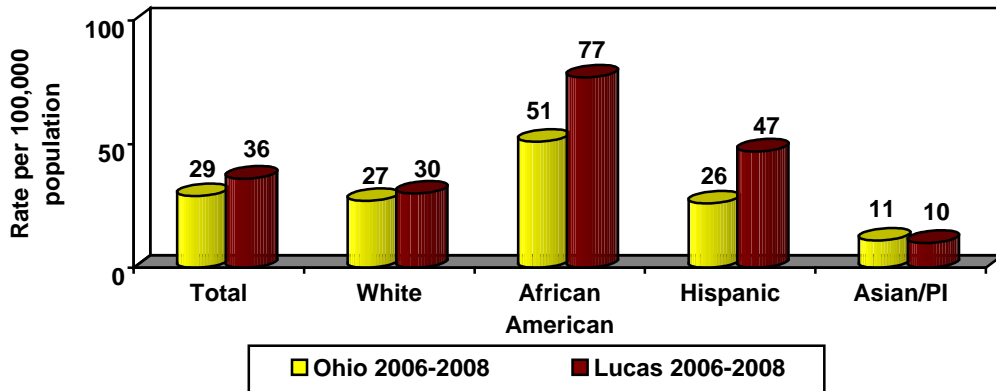
Lucas County and Ohio African American Diabetes Age-Adjusted Mortality Rates



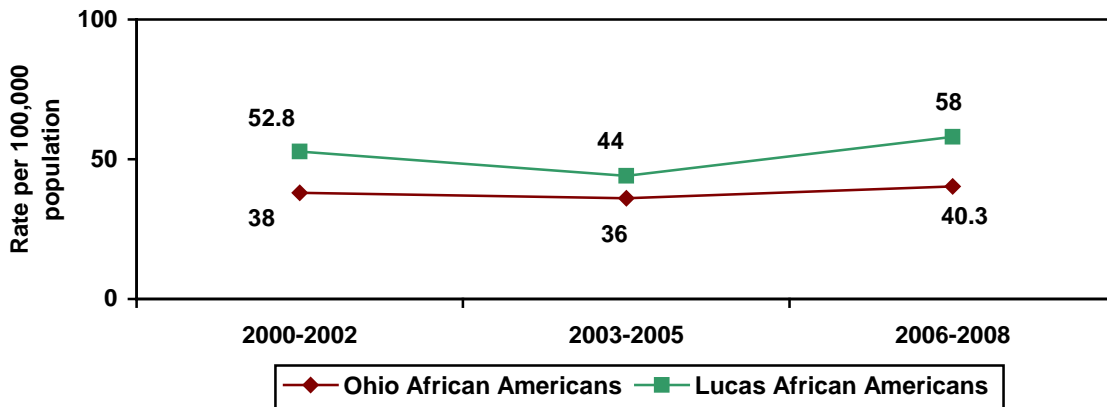
(Source for graphs: ODH Information Warehouse)

African American Health

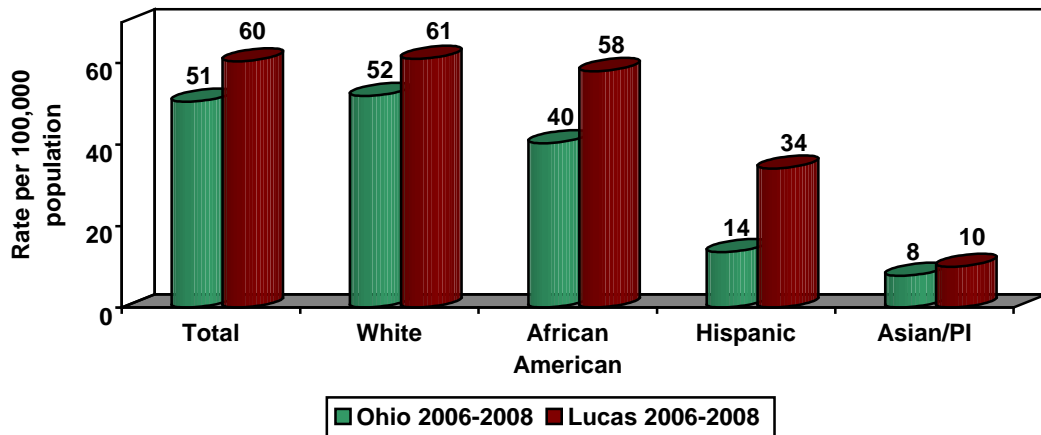
Age-Adjusted Diabetes Mortality Rates by Race/Ethnicity



Lucas County and Ohio African American Chronic Lower Respiratory Diseases (Formerly COPD) Age-Adjusted Mortality Rates

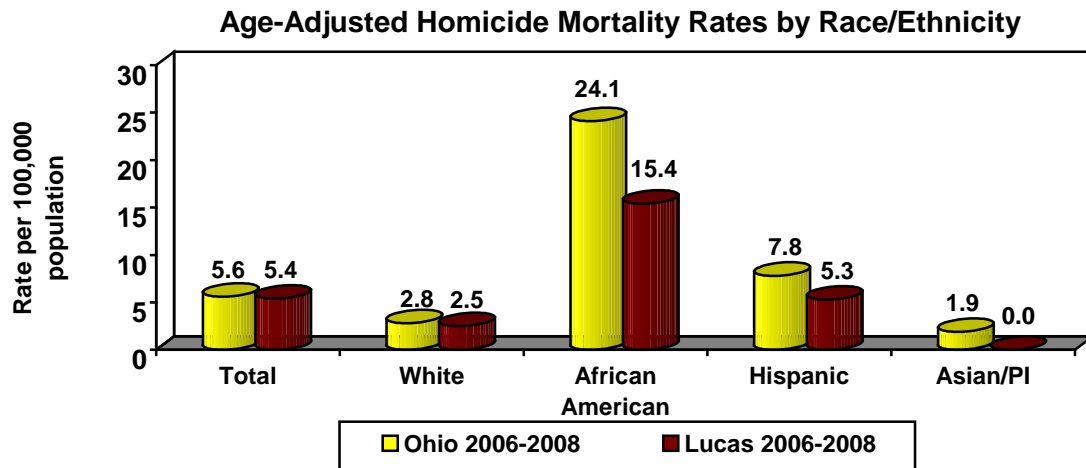


Age-Adjusted Chronic Lower Respiratory Disease Mortality Rates by Race/Ethnicity



(Source for graphs: ODH Information Warehouse)

African American Health



(Source for graphs: ODH Information Warehouse)

Hispanic Health

Key Findings

The U.S. Office of Management and Budget (OMB) issued Directive 15 in 1977 and subsequently modified it in 1997, which established standards for the collection of data on race and ethnicity. The categories for race are: Asian, Native Hawaiian/Pacific Islander, American Indian/Alaska Native, Black and White. The categories for ethnicity are: Hispanic/Latino or Not Hispanic/Latino. Thus, as an example, it is possible for a person to be a black Hispanic or White Hispanic. Race does not represent biologically distinct groups, but groups of people based on their physical appearance. Whereas ethnicity refers to cultural commonalities. Based on the 2005-2009 U.S. Census, American Community Survey estimates, approximately 25,592 Hispanic/ Latinos live in Lucas County (5.5%). The Ohio Department of Health, Information Warehouse, reports that 104 of the 233 (45%) Hispanic/Latino deaths from 2006-2008 were from cardiovascular diseases and cancer. 17% of Lucas County Hispanic adults were diagnosed with diabetes. 79% of Hispanic adults were obese or overweight.

General Health and Health Care

- ◆ In 2011, Lucas County Hispanic adults reported the following as their ancestry or ethnic origin: Mexico (79%), Puerto Rico (6%), Spain (4%), Cuba (2%), Peru (1%), and multiple (7%).
- ◆ 17% of Lucas County Hispanic adults did not have health care coverage (compared to 14% of Non-Hispanics).
- ◆ No Hispanic adults reported testing positive for the alpha-1 anti-trypsin deficiency. 52% had never heard of it.
- ◆ One-quarter (25%) of Hispanic adults were current smokers. The 2010 BRFSS reported 15% of U.S. Hispanic adults were current smokers. There was not information available for Ohio Hispanic adult smokers.
- ◆ Hispanic adults were more likely to have been diagnosed with:
 - Diabetes (17% compared to 13% of Non-Hispanics)
 - A stroke (4% compared to 2% of Non-Hispanics)
- ◆ Hispanic adults were less likely to have been diagnosed with:
 - High blood pressure (33% compared to 36% of Non-Hispanics)
 - Heart disease (4% compared to 6% of Non-Hispanics)
 - Arthritis (15% compared to 20% of Non-Hispanics)
- ◆ Hispanic adults were more likely than Non-Hispanics to:
 - Be obese or overweight (79% compared to 71% of Non-Hispanics).
 - Be depressed (27% compared to 19% of Non-Hispanics).
- ◆ Hispanic adults were less likely than Non-Hispanics to:
 - Keep firearms in the household (15% compared to 23% of Non-Hispanics).
 - Use illegal drugs in the past 6 months (10% compared to 13% of Non-Hispanics)
 - Drink and drive (25% compared to 31% of Non-Hispanics)
 - Have had a mammogram in the past 2 years (34% compared to 48% of Non-Hispanic females)
 - Have a PSA test in the past 5 years (28% compared to 46% of Non-Hispanic males)

Lucas County Hispanic Males Leading Causes of Death 2006-2008

Total Deaths: 155

1. Heart Disease (23% of all deaths)
 2. Cancers (20%)
 3. Accidents-Unintentional Injuries (10%)
 4. Diabetes Mellitus (6%)
 5. Stroke (4%) (tied)
- Chronic Lower Respiratory Disease (4%) (tied)

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

Lucas County Hispanic Females Leading Causes of Death 2006-2008

Total Deaths: 78

1. Heart Disease (21% of all deaths)
2. Cancers (17%)
3. Accidents-Unintentional Injuries (9%)
4. Diabetes Mellitus (8%)
5. Chronic Lower Respiratory Disease (5%)

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

2007/2011 Adult Comparisons	Lucas County Hispanics 2007	Lucas County Hispanics 2011	Ohio Hispanics 2010	U.S. Hispanics 2010
Rated health fair or poor	15%	20%	14%*	19%
Uninsured	13%	17%	18%*	30%
Ever diagnosed with asthma	13%	13%	15%*	11%

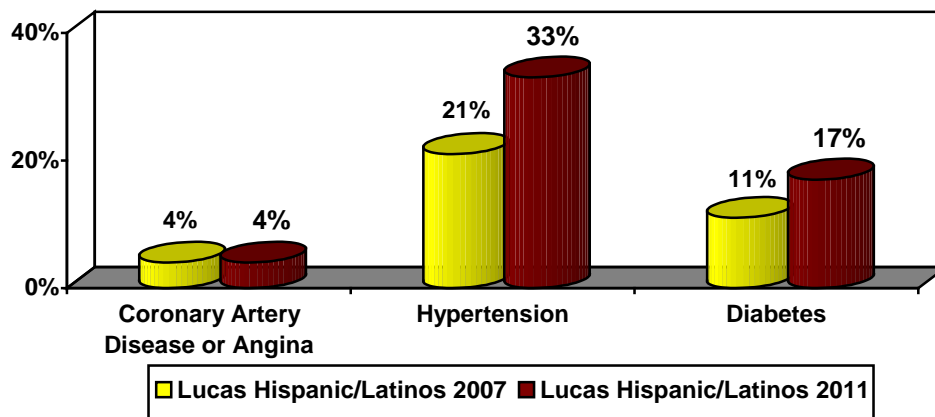
* There were less than 50 responses and this percentage should be used with caution.

Hispanic Health

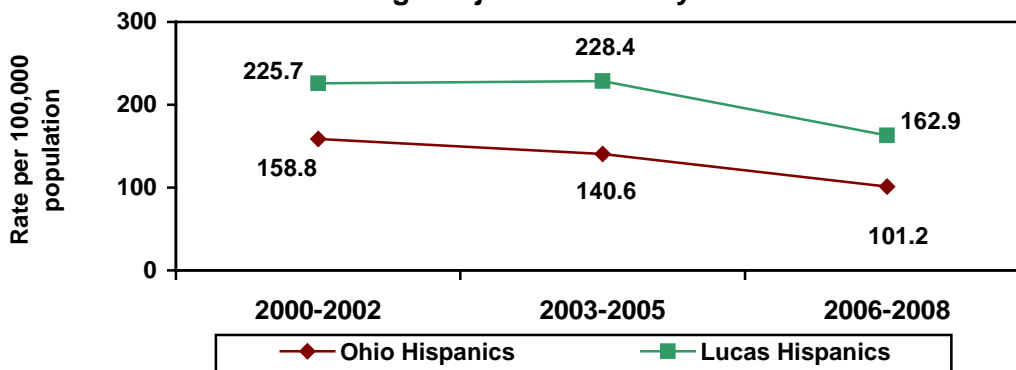
The following graph shows the Lucas County age-adjusted mortality rates per 100,000 population for several different leading causes of death. The graphs show that:

- ◆ For the reporting years of 2000-2008, the Lucas County age-adjusted heart disease mortality rate for Hispanic/Latinos was always lower than the Non-Hispanic rate.
- ◆ The 2006-2008 Lucas County age-adjusted cancer mortality rate for Hispanic/Latinos (122.2) was lower than the rate for Non-Hispanics (202.3).
- ◆ In 2006-2008, the age-adjusted accident (unintentional injuries) mortality rate for Hispanic/Latinos (40.7) was lower than the rate for Non-Hispanics (41.8).
- ◆ The age-adjusted rate of Hispanic/Latino deaths from stroke (28.1) in Lucas County in 2006-2008 was lower than the Non-Hispanic rate (47.9).
- ◆ In 2006-2008, the Lucas County age-adjusted diabetes mortality rate for Hispanic/Latinos (46.6) was higher than the rate for Non-Hispanics (35.7).

Lucas County Cardiovascular & Diabetes Disease Prevalence



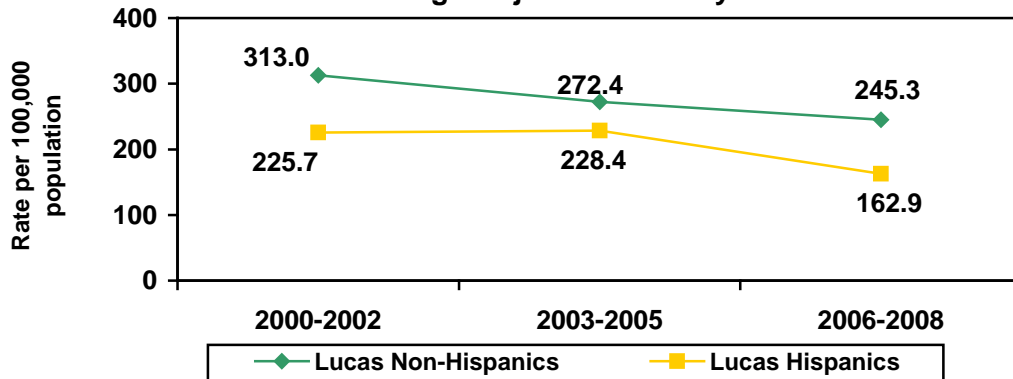
Lucas County and Ohio Hispanic/Latino Heart Disease Age-Adjusted Mortality Rates



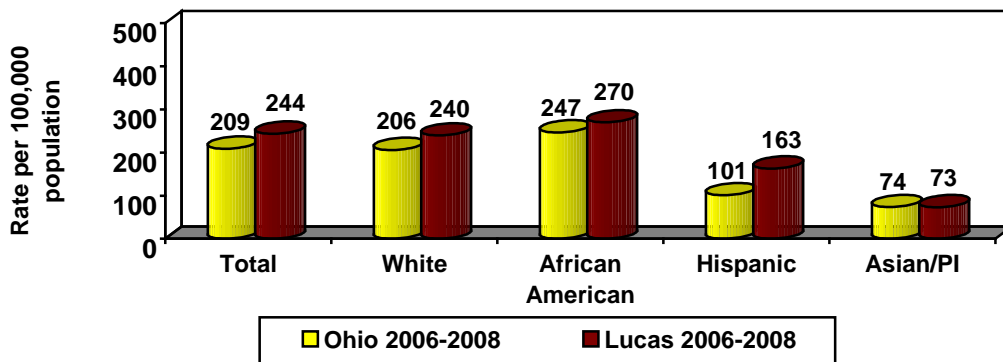
(Source: OHD Information Warehouse)

Hispanic Health

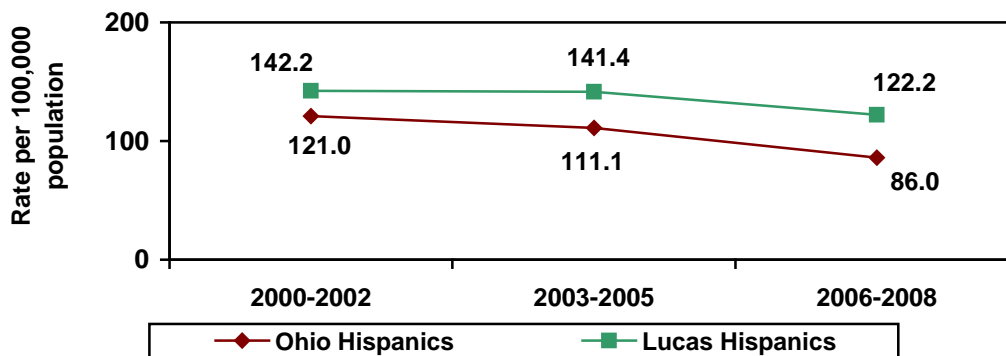
Lucas County Hispanic/Latino Heart Disease Age-Adjusted Mortality Rates



Age-Adjusted Heart Disease Mortality Rates by Race/Ethnicity



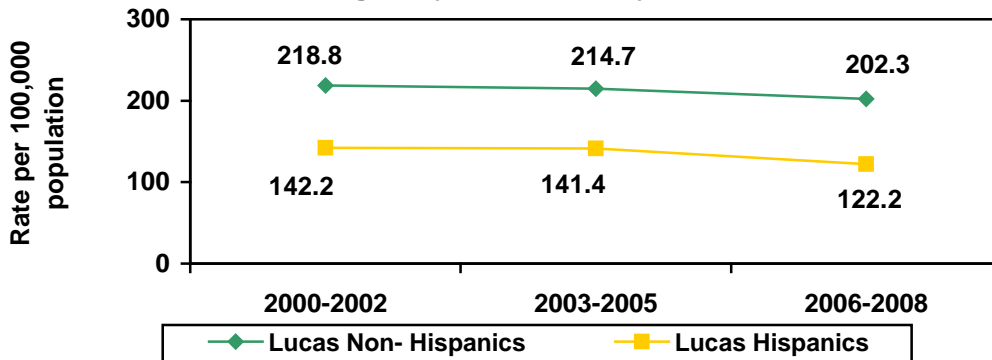
Lucas County and Ohio Hispanic/Latino Cancer Age-Adjusted Mortality Rates



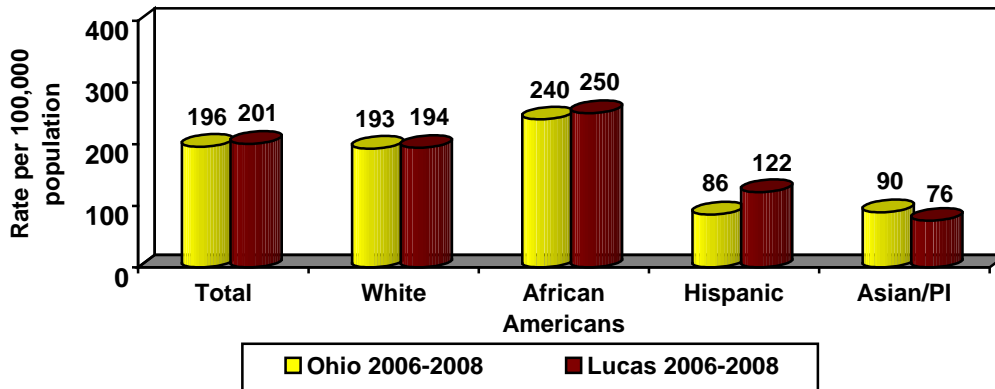
(Source: ODH Information Warehouse)

Hispanic Health

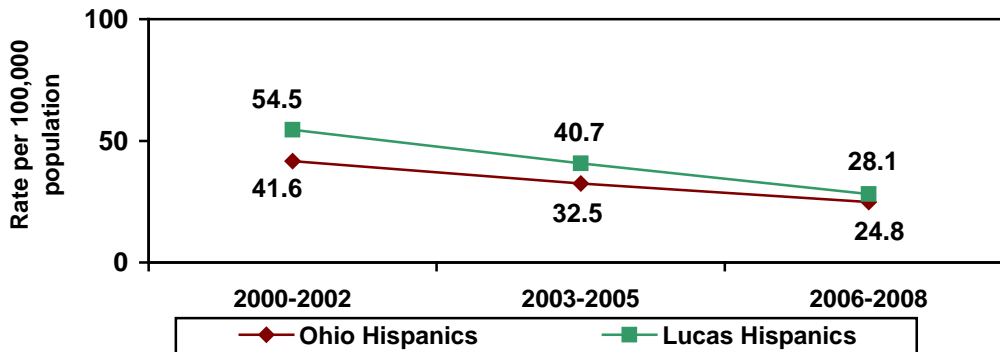
Lucas County Hispanic/Latino Cancer Age-Adjusted Mortality Rates



Age-Adjusted Cancer Mortality Rates by Race/Ethnicity



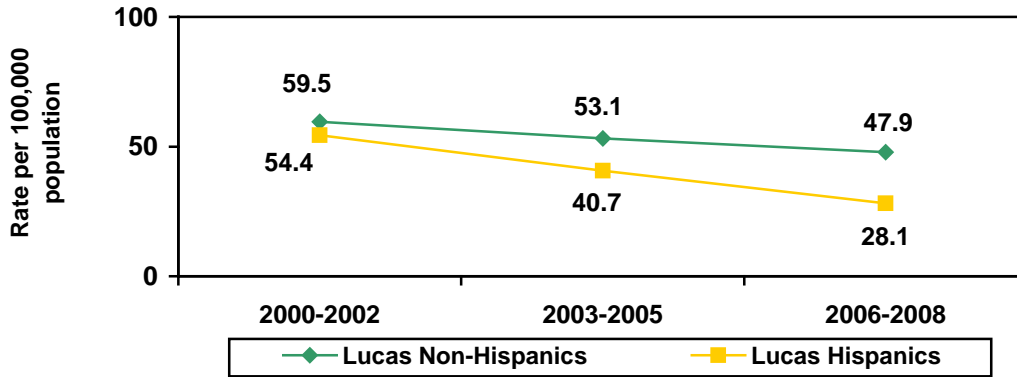
Lucas County and Ohio Hispanic/Latino Stroke Age-Adjusted Mortality Rates



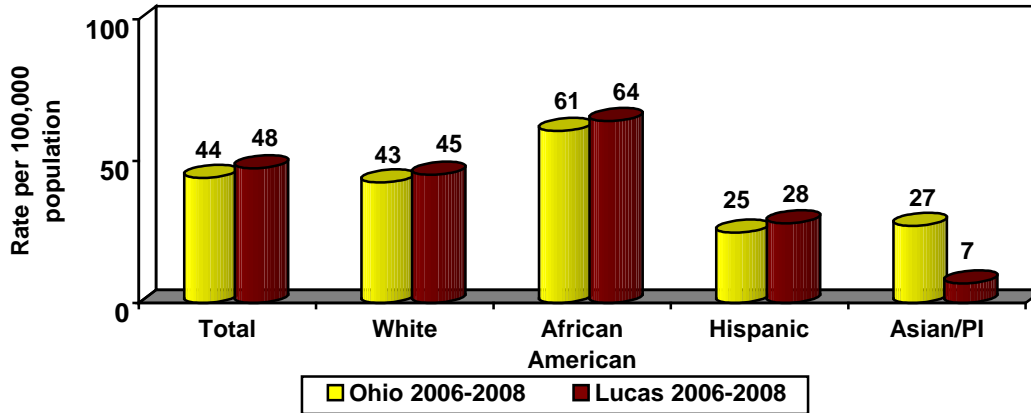
(Source: ODH Information Warehouse)

Hispanic Health

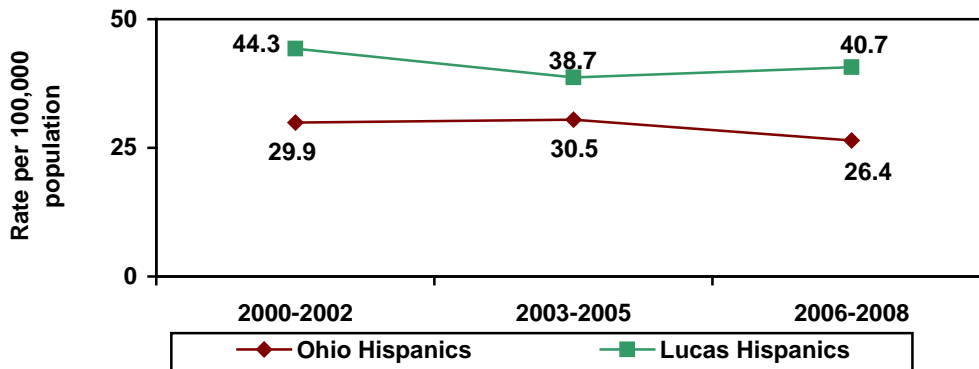
Lucas County Hispanic/Latino Stroke Age-Adjusted Mortality Rates



Age-Adjusted Stroke Mortality Rates by Race/Ethnicity



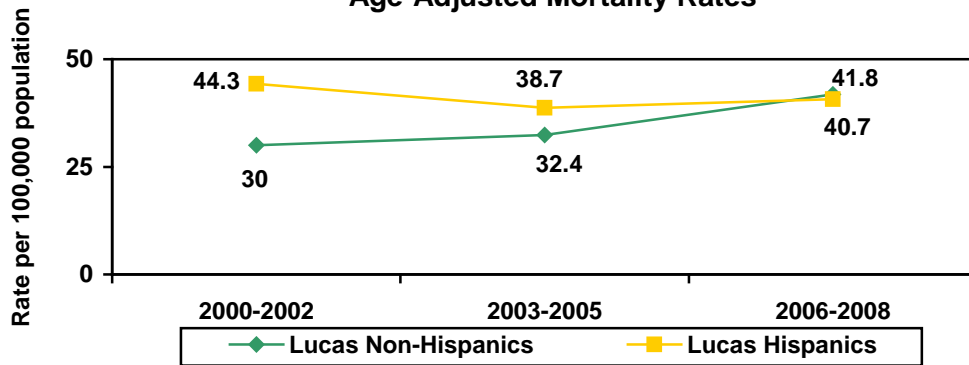
Lucas County and Ohio Hispanic/Latino Accident (Unintentional Injuries) Age-Adjusted Mortality Rates



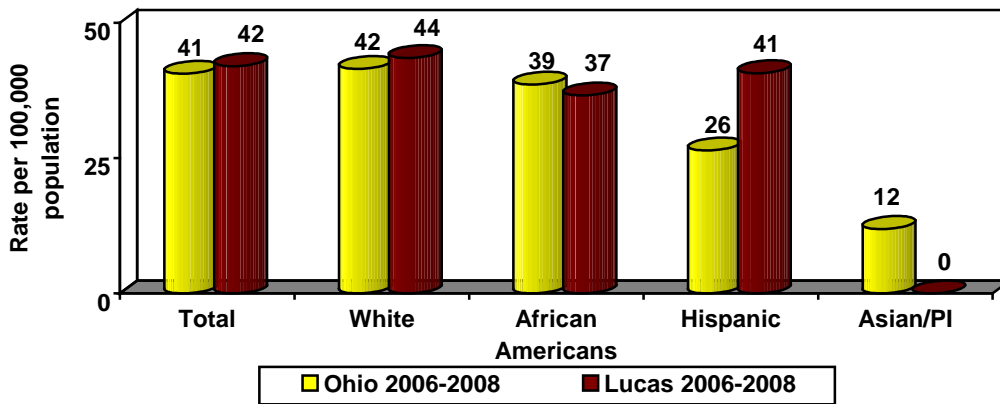
(Source: ODH Information Warehouse)

Hispanic Health

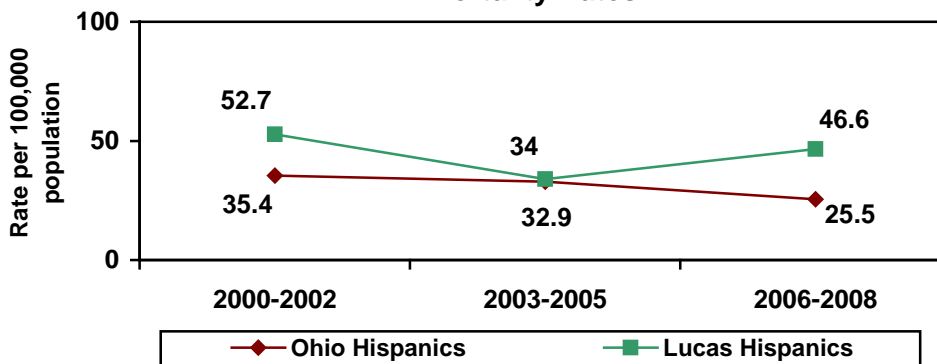
Lucas County Hispanic/Latino Accident (Unintentional Injuries) Age-Adjusted Mortality Rates



Age-Adjusted Accident Mortality Rates by Race/Ethnicity



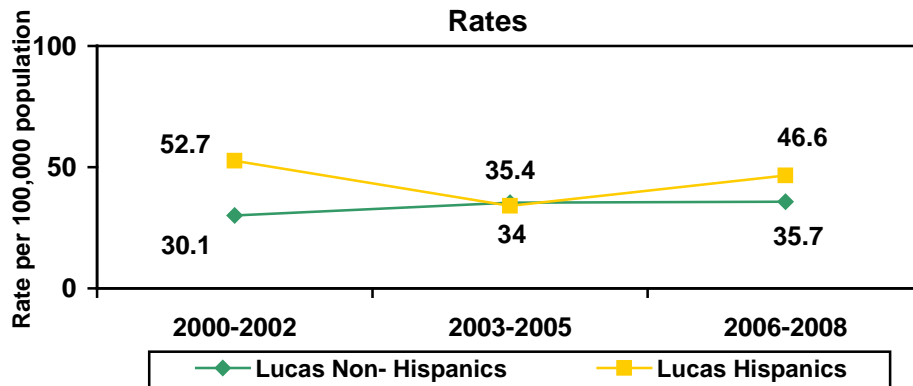
Lucas County and Ohio Hispanic/Latino Diabetes Age-Adjusted Mortality Rates



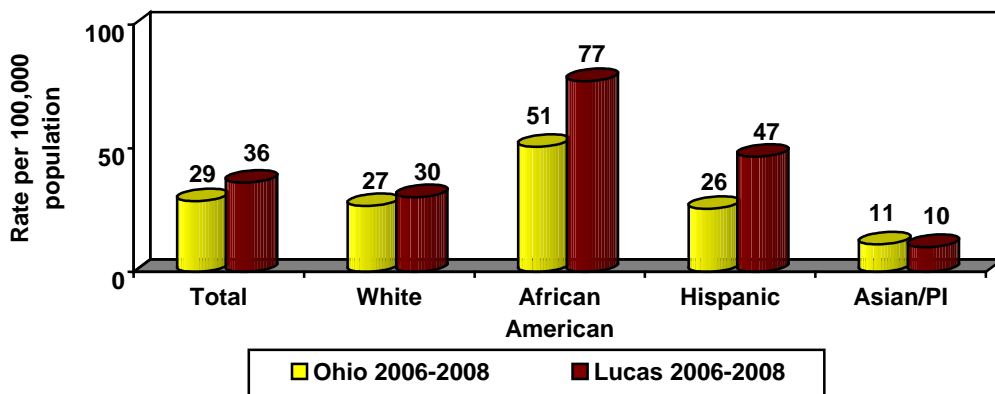
(Source: ODH Information Warehouse)

Hispanic Health

Lucas County Hispanic/Latino Diabetes Age-Adjusted Mortality Rates



Age-Adjusted Diabetes Mortality Rates by Race/Ethnicity



(Source: ODH Information Warehouse)

Youth Weight Status

Key Findings

The 2011 health assessment identified that 14% of Lucas County 7th-12th grade youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 24% of Lucas County 7th-12th grade youth reported that they were slightly or very overweight. 71% of 7th-12th grade youth were exercising for 60 minutes on 3 or more days per week.

7th-12th Grade Youth Weight Status

- ◆ BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific as children's body fatness changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese.
- ◆ In 2011, 14% of youth were classified as obese by Body Mass Index (BMI) calculations (2007 YRBS reported 12% for Ohio, 2009 YRBS reported 12% for the U.S.). 11% of youth were classified as overweight, 72% were normal weight, and 3% were underweight.
- ◆ 24% of youth described themselves as being either slightly or very overweight (2007 YRBS reported 30% for Ohio, 2009 YRBS reported 28% for the U.S.)
- ◆ More than two-fifths (42%) of all youth were trying to lose weight (2007 YRBS reported 47% for Ohio and 45% for the U.S.), increasing to 57% of Lucas County female youth (compared to 29% of males).
- ◆ In the past 30 days, 6% of all Lucas County youth (2007 YRBS reported 11% for Ohio, 2009 YRBS reported 11% for the U.S.) reported going without eating for 24 hours or more to lose weight or keep from gaining weight. 2% vomited or took laxatives to lose weight. 2% reported taking diet pills, powders, or liquids without a doctor's advice, and 2% also reported smoking to lose weight.
- ◆ 44% of youth exercised to try to lose weight or keep from gaining weight in the past month, and 26% of youth ate less food, fewer calories, or foods lower in fat to try to lose weight or keep from gaining weight.

7th-12th Grade Nutrition

- ◆ 12% of Lucas County youth ate 5 or more servings of fruits and vegetables per day. 81% ate 1 to 4 servings of fruits and vegetables per day.
- ◆ Lucas County youth consumed the following sources of calcium daily: milk (83%), other dairy products (39%), yogurt (35%), calcium-fortified juice (18%), other calcium sources (14%), and calcium supplements (8%).
- ◆ 44% of youth reported drinking energy drinks for the following reasons: to stay awake (25%), to get pumped up (14%), before games or practice (8%), to help them perform (7%), to mix with alcohol (5%), and some other reason (20%).
- ◆ Lucas County youth who ate out at least once per week reported the following: eating unhealthy fast food choices (63%), eating healthy choices at a restaurant (52%), eating unhealthy choices at a restaurant (42%), and eating healthy fast food choices (38%).

7th-12th Grade Physical Activity

- ◆ 71% of Lucas County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. 46% did so on 5 or more days in the past week and 24% did so every day in the past week. 13% of youth did not participate in any physical activity in the past week. The CDC recommends

Soft Drinks & Adolescent Weight

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

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

Youth Weight Status

that children and adolescents participate in at least 60 minutes of physical activity per day. As part of their 60 minutes per day; aerobic activity, muscle strengthening, and bone strengthening are three distinct types of physical activity that children should engage in, appropriate to their age. Children should participate in each of these types of activity on at least three days per week.

- ◆ Lucas County youth spent an average of 2.5 hours watching TV, 1.5 hours playing video games, and 2.1 hours on the computer on an average day of the week. 40% of youth spent 3 or more hours watching TV on an average day (2007 YRBS reported 32% for Ohio, 2009 YRBS reported 33% for the U.S.).
- ◆ 79% of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (55%), school club or social organization (29%), church or religious organization (19%), church or religious youth group (18%), or some other organized activity (Scouts, 4H, etc) (18%).

5th-6th Grade Youth Weight Status

- ◆ In 2011, 7% of Lucas County 5th-6th grade youth were classified as obese by Body Mass Index (BMI) calculations. 6% of youth were classified as overweight, 70% were normal weight, and 17% were underweight.
- ◆ 18% of youth described themselves as being either slightly or very overweight 37% of all youth were trying to lose weight
- ◆ In the past 30 days, 1% of all Lucas County youth reported going without eating for 24 hours or more to lose weight or keep from gaining weight. No one reported vomiting or taking laxatives, or taking diet pills, powders, or liquids without a doctor's advice to lose weight.
- ◆ 43% of youth exercised to try to lose weight or keep from gaining weight in the past month, and 20% of youth ate less food, fewer calories, or foods lower in fat to try to lose weight or keep from gaining weight.

5th-6th Grade Nutrition

- ◆ 25% of Lucas County youth ate 5 or more servings of fruits and vegetables per day. 71% ate 1 to 4 servings of fruits and vegetables per day.
- ◆ Lucas County youth consumed the following sources of calcium daily: milk (85%), yogurt (59%), other dairy products (43%), calcium-fortified juice (19%), other calcium sources (13%), and calcium supplements (6%).
- ◆ 23% of youth reported drinking energy drinks.
- ◆ Lucas County youth who ate out at least once per week reported the following: eating healthy choices at a restaurant (61%), eating unhealthy fast food choices (47%), eating healthy fast food choices (42%), and eating unhealthy choices at a restaurant (35%).

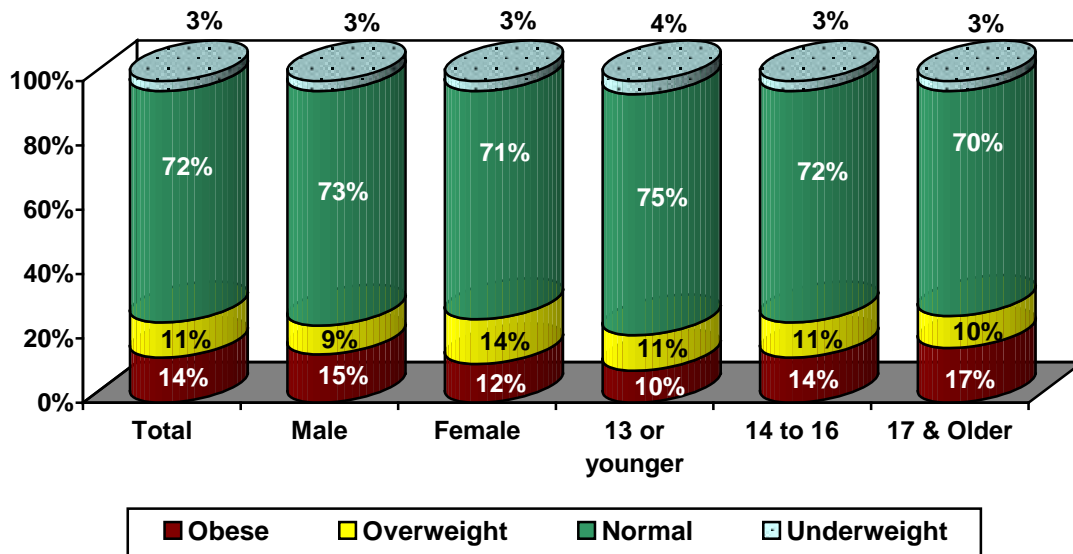
5th-6th Grade Physical Activity

- ◆ 71% of Lucas County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. 47% did so on 5 or more days in the past week and 25% did so every day in the past week. 14% of youth did not participate in any physical activity in the past week.
- ◆ Lucas County youth spent an average of 2.4 hours watching TV, 1.7 hours playing video games, and 1.1 hours on the computer on an average day of the week. 37% of youth spent 3 or more hours watching TV on an average day.
- ◆ 81% of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (58%), church or religious organization (20%), church or religious youth group (15%), school club or social organization (15%), or some other organized activity (Scouts, 4H, etc) (16%).

Youth Weight Status

The following graph shows the percentage of Lucas County youth who were classified as obese, overweight, normal, or underweight by Body Mass Index (BMI). The table shows the ways youth lost weight. Examples of how to interpret the information in the first graph include: 72% of all Lucas County youth were classified as normal weight, 14% were obese, 11% were overweight, and 3% were calculated to be underweight for their age and gender.

Lucas County Youth 7th-12th Grade BMI Classifications



Lucas County 7 th -12 th Grade Youth did the following to lose weight in the past 30 days:	Percent
Exercised	44%
Ate less food, fewer calories, or foods lower in fat	26%
Went without eating for 24 hours	6%
Vomited or took laxatives	2%
Took diet pills, powders, or liquids without a doctor's advice	2%

Nutrition comparisons between Lucas County 7 th -12 th Grade Youth and Adults:	Youth	Adults
Had at least 5 servings of vegetables	12%	11%
Drank milk daily	83%	71%

2011 Youth Comparisons	Lucas County 2011 (5 th -6 th)	Lucas County 2011 (7 th -8 th)	Lucas County 2011 (9 th -12 th)	Ohio 2007 (9 th -12 th)	U.S. 2009 (9 th -12 th)
Obese	7%	11%	15%	12%	12%
Went without eating for 24 hours or	1%	4%	7%	11%	11%
Trying to lose weight	37%	42%	42%	N/A	N/A

Youth Tobacco Use

Key Findings

The 2011 health assessment identified that 13% of Lucas County youth in grades 7-12 were smokers, increasing to 24% of those who were over the age of 17. Overall, 8% of Lucas County youth in grades 7-12 indicated they had used chewing tobacco in the past month. Of those 7th -12th grade youth who currently smoked, 49% had tried to quit.

7th - 12th Grade Youth Tobacco Use Behaviors

- ◆ The 2007 YRBS reports that 51% of youth in Ohio had tried cigarette smoking (2009 YRBS reports 46% of U.S. youth) and the 2011 health assessment indicated that 29% of Lucas County youth had done the same.
- ◆ 11% of Lucas County 7th-12th grade youth who have smoked a whole cigarette did so at 10 years old or younger, and over one-quarter (26%) had done so by the age of 12. The average age of onset for smoking was 14.0 years old.
- ◆ In 2011, 13% of Lucas County youth were current smokers, having smoked at some time in the past 30 days (2007 YRBS reported 22% for Ohio and 2009 YRBS reported 20% for the U.S.). Almost one-quarter (24%) of those ages 17 year and older were current smokers, compared to 3% of 12-13 year olds and 13% of 14-16 year olds.
- ◆ Of those who smoked, 36% smoked less than 1 cigarette per day and 7% smoked 11 or more cigarettes per day.
- ◆ Nearly one-quarter (22%) of current smokers smoked cigarettes daily.
- ◆ Three-fourths (75%) of the Lucas County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- ◆ 35% of youth smokers indicated they bought cigarettes from a store or gas station, 34% asked someone else to buy them cigarettes, 31% borrowed cigarettes from someone else, 24% said a person 18 years or older gave them the cigarettes, 14% took them from a store or family member, 2% got them from a vending machine, and 12% got them some other way.
- ◆ Lucas County youth used the following other forms of tobacco the most in the past year: black and milds (20%), hookah (12%), flavored cigarettes (11%), swishers (11%), chewing tobacco or snuff (8%), cigarillos (8%), cigars (7%), e-cigarette (6%), little cigars (4%), snus (3%), and bidis (1%).
- ◆ In the past 30 days, 8% of Lucas County youth used chewing tobacco or snuff (2007 YRBS reported 10% for Ohio and 2009 YRBS reported 9% for the U.S.) increasing to 18% of those ages 17 and older and 13% of males.
- ◆ Nearly half (49%) of Lucas County 7th-12th grade youth smokers had tried to quit smoking in the past year (2007 YRBS reported 49% for Ohio and 2009 YRBS reported 51% for the U.S.).

Tobacco Sales and Promoting to Youth

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

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

Youth Tobacco Use

5th-6th Grade Youth Tobacco Use Behaviors

- ◆ The 2011 health assessment indicated that 5% of Lucas County 5th-6th grade youth had tried cigarette smoking.
- ◆ More than half (52%) of those who have smoked a whole cigarette did so at 10 years old or younger and 33% had done so by the age of 11. The average age of onset for smoking was 10.5 years old.
- ◆ In 2011, 2% of Lucas County youth were current smokers, having smoked at some time in the past 30 days.
- ◆ Of those who smoked, 63% smoked less than 1 cigarette per day.
- ◆ Four-fifths (80%) of current smokers smoked cigarettes only one or two days in the past month.
- ◆ 60% of the Lucas County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- ◆ 44% of youth smokers took them from a store or family member, 22% borrowed cigarettes from someone else, 22% said a person 18 years or older gave them the cigarettes, and 11% asked someone else to buy them cigarettes. No one reported they bought them in a store/gas station or got them from a vending machine.
- ◆ Lucas County 5th-6th grade youth used the following other forms of tobacco the most in the past year: flavored cigarettes (2%), black and milds (1%), cigars (<1%), e-cigarette (<1%), cigarillos (<1%), little cigars (<1%), chewing tobacco (<1%), hookah (<1%), and swishers (<1%).
- ◆ Most (81%) Lucas County 5th-6th grade youth smokers had tried to quit smoking in the past year.

Behaviors of Lucas 7th - 12th Grade Youth *Current Smokers vs. Non-Current Smokers*

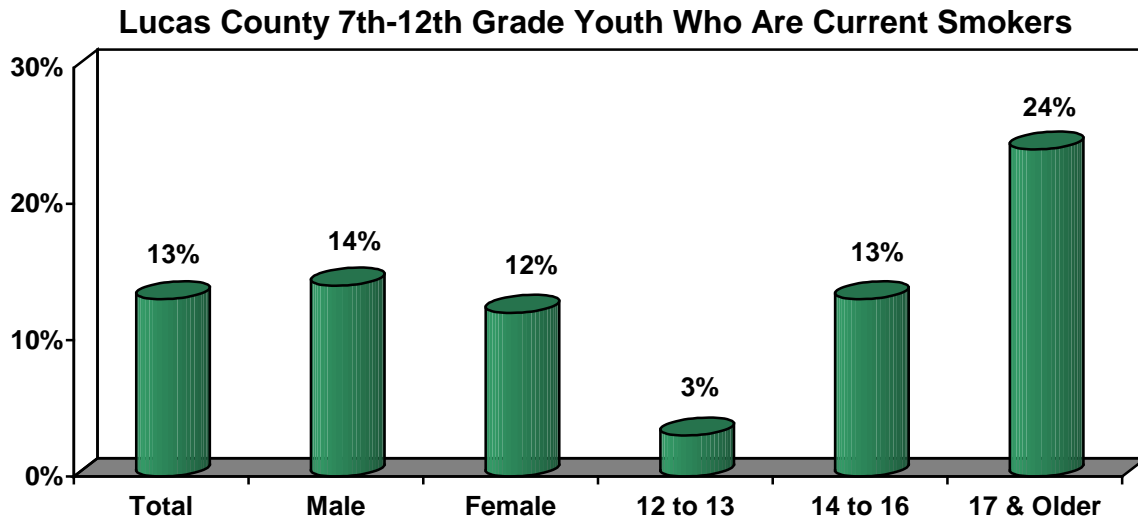
Youth Behaviors	Current Smoker	Non-Current Smoker
Have been in a physical fight in the past 12 months	52%	25%
Attempted suicide in the past 12 months	12%	3%
Have had at least one drink of alcohol in the past 30 days	75%	22%
Have used marijuana in the past 30 days	64%	12%
Participated in extracurricular activities	70%	81%

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

2011 Youth Comparisons	Lucas County 2011 (5 th - 6 th)	Lucas County 2011 (7 th - 8 th)	Lucas County 2011 (9 th - 12 th)	Ohio 2007 (9 th - 12 th)	U.S. 2009 (9 th - 12 th)
Ever tried cigarettes	5%	12%	38%	51%	46%
Current smokers	2%	4%	18%	22%	20%
Used chewing tobacco or snuff	<1%	2%	11%	10%	9%
Tried to quit smoking	81%	68%	46%	49%	51%

Youth Tobacco Use

The following graph shows the percentage of Lucas County youth who smoke cigarettes. Examples of how to interpret the information include: 13% of all Lucas County youth were current smokers, 14% of males smoked, and 12% of females were current smokers.



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

Youth Alcohol Consumption

Key Findings

In 2011, the health assessment results indicated that 54% of Lucas County youth in grades 7-12 had drunk at least one drink of alcohol in their life increasing to 76% of youth seventeen and older. 37% of those 7th-12th graders who drank, took their first drink at 12 years old or younger. Almost one-third (29%) of all Lucas County 7th-12th grade youth and half (50%) of those over the age of 17 had at least one drink in the past 30 days. Over half (57%) of the 7th -12th grade youth who reported drinking in the past 30 days had at least one episode of binge drinking. 6% of all youth drivers had driven a car in the past month after they had been drinking alcohol.

7th-12th Grade Youth Alcohol Consumption

- ◆ In 2011, the health assessment results indicate that more than half (54%) of all Lucas County youth (ages 12 to 18) have had at least one drink of alcohol in their life, increasing to 76% of those ages 17 and older (2007 YRBS reports 76% for Ohio and 2009 YRBS reports 73% for the U.S.).
- ◆ Almost one-third (29%) of youth had at least one drink in the past 30 days, increasing to 50% of those ages 17 and older (2007 YRBS reports 46% for Ohio and 2009 YRBS reports 42% for the U.S.).
- ◆ Of those who drank, 57% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition, increasing to 60% of high school students.
- ◆ Based on all youth surveyed, 16% were defined as binge drinkers, increasing to 30% of those ages 17 and older (2007 YRBS reports 29% for Ohio and 2009 YRBS reports 24% for the U.S.).
- ◆ 11% of Lucas County youth who reported drinking in the past 30 days drank on at least 10 or more days during the month.
- ◆ Over one-third (37%) of Lucas County youth who reported drinking at sometime 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 32% drank between the ages of 15 and 18. The average age of onset was 13.1 years old.
- ◆ Lucas County youth drinkers reported they got their alcohol from the following: someone gave it to them (49%), got it at a friend's house (23%), a parent gave it to them (15%), bought it in a liquor store/convenience store/gas station (12%), took it from a store of family member (11%), a friend's parent gave it to them (8%), bought it at a restaurant/bar/club (3%), bought it at a public event (concert/sporting event) (2%), and some other way (29%).
- ◆ During the past month 22% of all Lucas County youth had ridden in a car driven by someone who had been drinking alcohol (2007 YRBS reports 23% for Ohio and 2009 YRBS reports 28% for the U.S.).
- ◆ 6% of all youth drivers had driven a car in the past month after they had been drinking alcohol, increasing to 14% of those 17 and older (2007 YRBS reports 10% for Ohio and 2009 YRBS reports 10% for the U.S.).

Youth Risk Behavior Survey Results* Alcohol Use

- ◆ 46% of Ohio high school students drank alcohol in the past month compared with 42% of U.S. high school students.
- ◆ 29% of Ohio and 24% of U.S. high school students reported binge drinking in the past month.
- ◆ Among U.S. high school students, current drinking prevalence was higher for females (43%) than males (41%), however binge drinking incidence was higher for males (25%) than females (23%).

*U.S. data from 2009 YRBS and Ohio data from 2007 YRBS. 2009 YRBS data is unavailable for Ohio due to an insufficient amount of data to generate weighted results.

2011 Youth Comparisons	Lucas County 2011 (5 th - 6 th)	Lucas County 2011 (7 th - 8 th)	Lucas County 2011 (9 th - 12 th)	Ohio 2007 (9 th - 12 th)	U.S. 2009 (9 th - 12 th)
Ever tried alcohol	13%	29%	67%	76%	73%
Current drinker	5%	11%	39%	46%	42%
Binge drinker	1%	4%	23%	29%	24%
Rode with someone who was drinking	15%	18%	25%	23%	28%
Drank and drove	N/A	2%	9%	10%	10%

Youth Alcohol Consumption

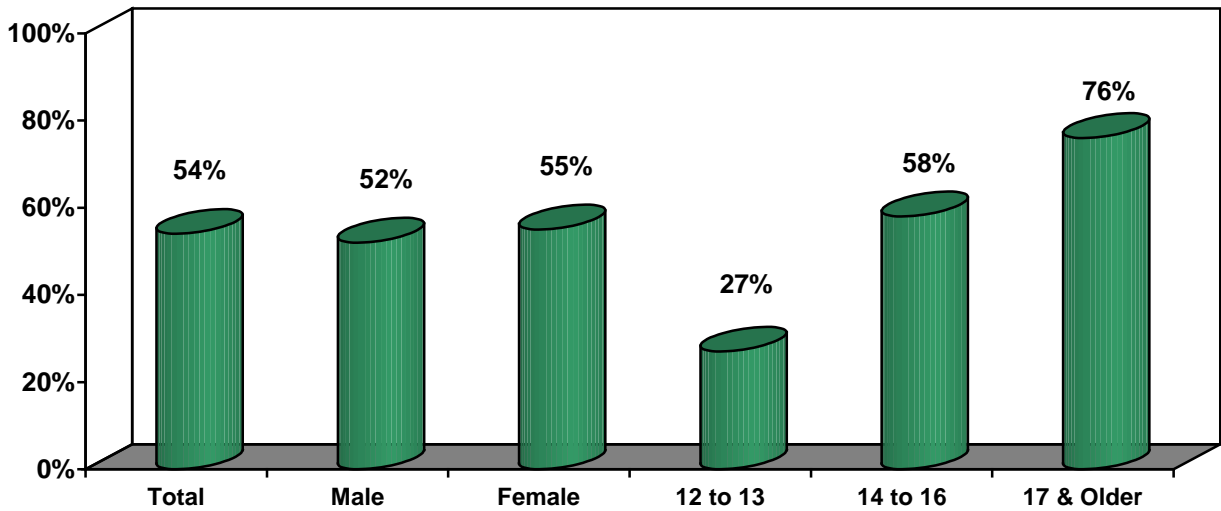
5th-6th Grade Youth Alcohol Consumption

- ◆ In 2011, the health assessment results indicate that 13% of all Lucas County 5th-6th grade youth have had at least one drink of alcohol in their life.
- ◆ Approximately 1 out of 20 (5%) youth had at least one drink in the past 30 days.
- ◆ Of those who drank, 26% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition, increasing to 33% of males.
- ◆ Based on all youth surveyed, 1% were defined as binge drinkers.
- ◆ 4% of Lucas County youth who reported drinking in the past 30 days drank on at least 10 or more days during the month.
- ◆ Almost three-fourths (74%) of Lucas County youth who reported drinking at sometime in their life had their first drink at 10 years old or younger; 20% took their first drink at age 11, and 6% drank at age 12. The average age of onset was 10 years old.
- ◆ Lucas County youth drinkers reported they got their alcohol from the following: someone gave it to them (24%), a parent gave it to them (24%), took it from a store of family member (7%), got it at a friend's house (7%), and some other way (48%). No one reported they bought alcohol in a liquor store, convenience store or gas station, or that a friend's parent gave it to them.
- ◆ During the past month, 15% of Lucas County youth had ridden in a car driven by someone who had been drinking alcohol.

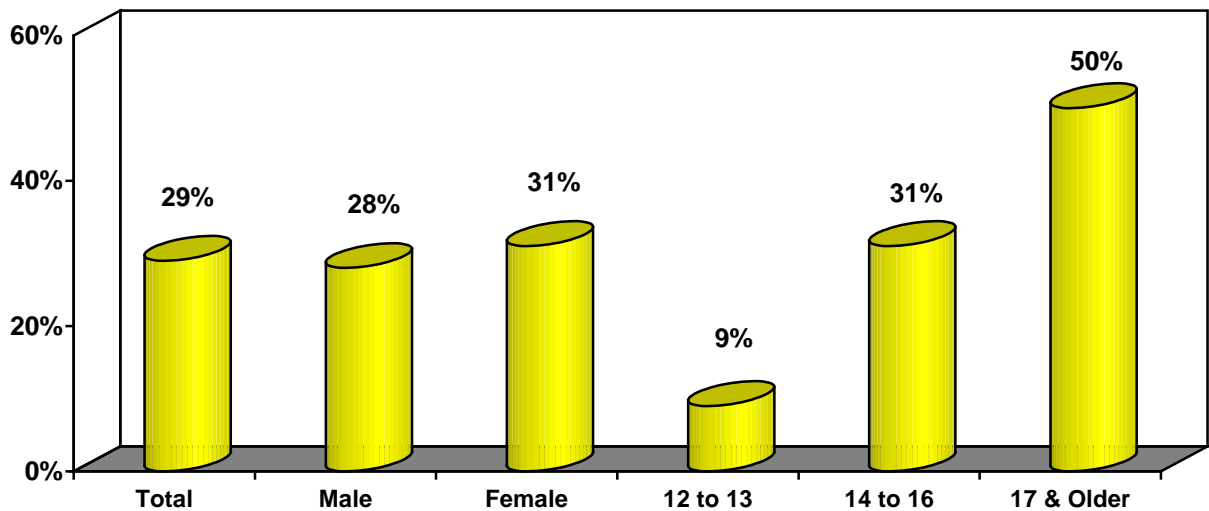
Youth Alcohol Consumption

The following graphs show the percentage of Lucas County youth who have drunk in their lifetime and those who are current drinkers. Examples of how to interpret the information include: 54% of all Lucas County youth have drunk at some time in their life: 52% of males and 55% of females.

Lucas County 7th-12th Grade Youth Having At Least One Drink In Their Lifetime



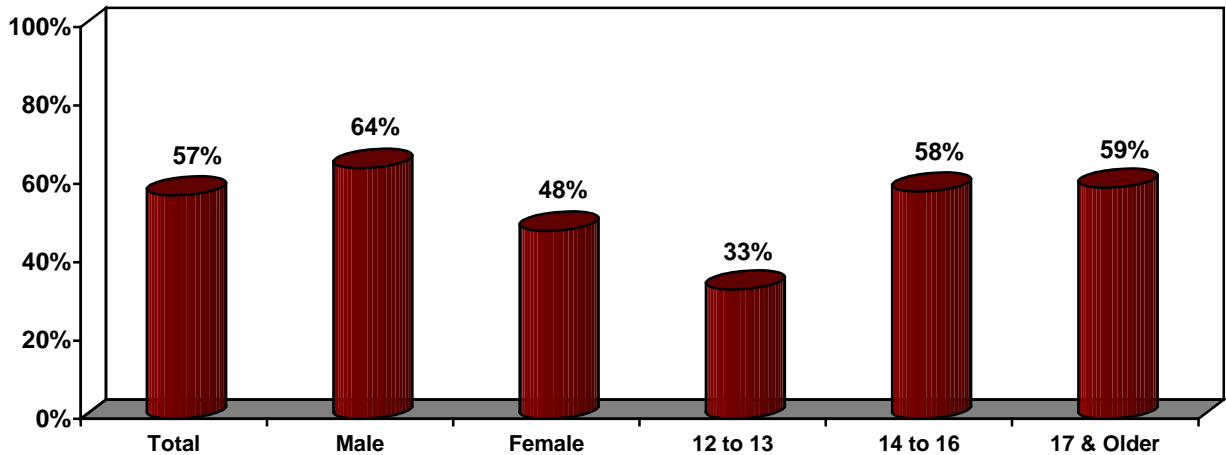
Lucas County 7th-12th Grade Youth Current Drinkers



Youth Alcohol Consumption

The following graph shows the percentage of Lucas County youth who were binge drinkers. Examples of how to interpret the information include: 57% of current drinkers binge drank in the past month, 64% of males, and 48% of females had binge drank. The table shows differences in specific risk behaviors between current drinkers and non-current drinkers.

Lucas County 7th-12th Grade Youth Current Drinkers Binge Drinking in Past Month*



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

Behaviors of Lucas 7th-12th Grade Youth
Current Drinkers vs. Non-Current Drinkers

Youth Behaviors	Current Drinker	Non-Current Drinker
Have been in a physical fight in the past 12 months	45%	21%
Attempted suicide in the past 12 months	8%	3%
Have smoked in the past 30 days	33%	5%
Have used marijuana in the past 30 days	50%	6%
Participated in extracurricular activities	74%	81%

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

Youth Marijuana and Other Drug Use

Key Findings

In 2011, 19% of Lucas County 7th-12th grade youth had used marijuana at least once in the past 30 days, increasing to 31% of those ages 17 and older. 11% of 7th-12th grade youth used medications that were not prescribed for them or took more than prescribed to get high, increasing to 17% of those over the age of 17.

7th-12th Grade Youth Drug Use

- ◆ In 2011, 19% of all Lucas County youth had used marijuana at least once in the past 30 days, increasing to 31% of those over the age of 17. The 2007 YRBS found a prevalence of 18% for Ohio youth and the 2009 YRBS found a prevalence of 21% for U.S. youth who had used marijuana one or more times during the past 30 days.
- ◆ One-fifth (20%) of youth who tried marijuana did so by the age of 12. The average age of onset was 13.9 years old.
- ◆ 11% of Lucas County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at sometime in their lives, increasing to 17% of those over the age of 17.
- ◆ Youth who misused prescription medications got them in the following ways: a friend gave it to them (33%), they took it from a friend or family member (32%), a parent gave it to them (13%), bought it from someone else (9%), bought it from a friend (6%), and another family member gave it to them (5%).
- ◆ 8% of youth used inhalants, 3% used cocaine, 3% used steroids, 2% used methamphetamines, and 2% used heroin.
- ◆ During the past 12 months, 15% of youth misused over-the-counter medications (such as cold medicine, allergy medicine and pain reliever). Of those who misused these medications, 43% used them once or twice, and 10% used them 40 or more times.
- ◆ 1% of youth have used a needle to inject an illegal drug in their body, increasing to 2% of high school students.

5th-6th Grade Youth Drug Use

- ◆ In 2011, <1% of all Lucas County 5th-6th grade youth had used marijuana at least once in the past 30 days.
- ◆ Almost half (43%) of youth who tried marijuana did so by the age of 10. The average age of onset was 12 years old.
- ◆ 2% of Lucas County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at sometime in their lives.
- ◆ Youth who misused prescription medications got them in the following ways: a parent gave it to them (57%), they took it from a friend or family member (36%), and bought it from someone (7%).
- ◆ 2% of youth used steroids, 1% used inhalants, and <1% used methamphetamines. No one reported using cocaine or heroin.
- ◆ During the past 12 months, 8% of youth misused over-the-counter medications (such as cold medicine, allergy medicine and pain reliever). Of those who misused these medications, 68% used them once or twice, and 8% used them 40 or more times.

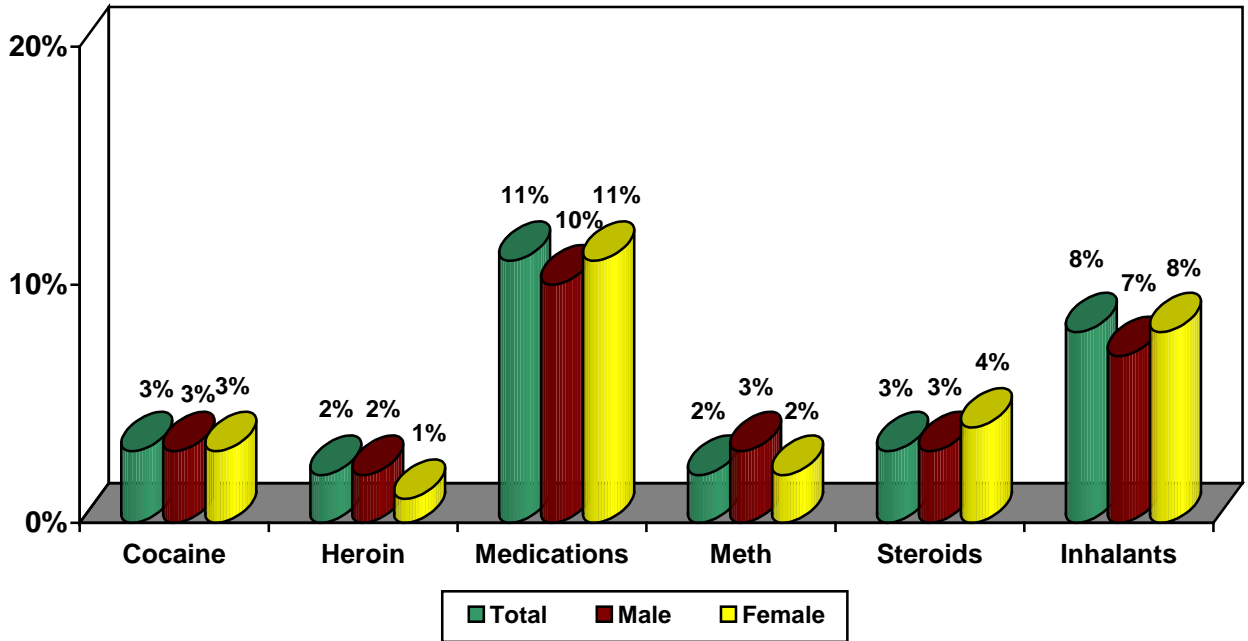
Ohio Drug and Drug Abuse Facts

- ◆ Marijuana is the most abused drug in Ohio.
- ◆ The number of treatment center admissions for 2006 for cocaine in Ohio was 11,600 as reported by the Ohio Department of Alcohol and Drug Addiction Services (ODADAS).
- ◆ According to ODADAS, youth abusers of OxyContin have begun abusing heroin since they can no longer obtain or afford OxyContin.
- ◆ In regards to prescription drugs, benzodiazepines (such as Valium or Xanax) and alprazolam were reported as the most commonly abused and diverted prescriptions in Ohio.

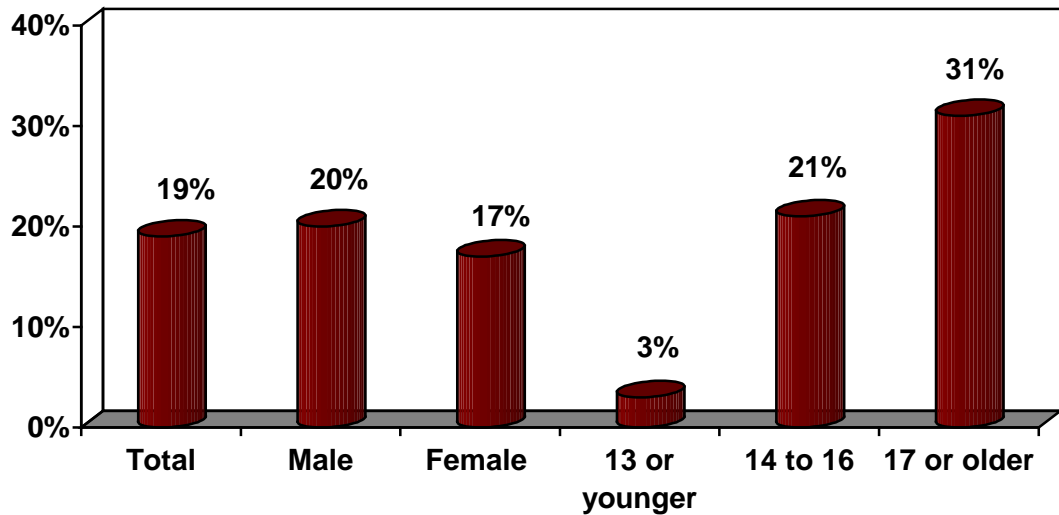
(Source: U.S. Department of Justice : DEA Briefs & Background, Drugs and Drug Abuse)

Youth Marijuana and Other Drug Use

Lucas County 7th-12th Grade Youth Lifetime Drug Use



Lucas County 7th-12th Grade Youth Marijuana Use in Past Month



Youth Marijuana and Other Drug Use

2011 Youth Comparisons	Lucas County 2011 (5 th - 6 th)	Lucas County 2011 (7 th - 8 th)	Lucas County 2011 (9 th - 12 th)	Ohio 2007 (9 th - 12 th)	U.S. 2009 (9 th - 12 th)
Youth who used marijuana in the past 30 days	<1%	4%	26%	18%	21%
Ever used methamphetamines	<1%	1%	3%	6%	4%
Ever used cocaine	0%	1%	4%	8%	6%
Ever used heroin	0%	1%	2%	4%	3%
Ever used steroids	2%	2%	4%	5%	3%
Ever used inhalants	1%	6%	9%	12%*	12%
Ever misused medications	2%	3%	15%	N/A	N/A

*2005 YRBS Data

2010 National Survey on Drug Use and Health (NSDUH)

- ❖ Rates of current illicit drug use remained stable from 2009 (10%) to 2010 (10.1%) among youths aged 12 to 17 for all drugs, but were higher than the rate in 2008 (9.3%)
- ❖ The rate of current marijuana use among youths aged 12 to 17 decreased from 8.2 percent in 2002 to 7.4 percent in 2010.
- ❖ The rate of current misuse of prescription drugs declined from 4% in 2002 to 3% in 2010 for those youth ages 12 to 17 years old.
- ❖ The rate for young adults ages 18-25 who reported driving under the influence of illicit drugs in the past year was 12.7% in 2010.
- ❖ Of those youth aged 12 to 17 who were illicit drug users, they used the following drugs: inhalants (1.1%), hallucinogens (0.9%) and cocaine (0.2%)

(Source: Department of Health and Human Services, SAMHSA, NSDUH, 2010)

Youth Perceptions of Substance Use/Misuse

Key Findings

In 2011, nearly two-thirds (62%) of Lucas County 7th-12th grade youth thought there was a great risk in harming themselves if they smoked cigarettes. 15% of 7th-12th grade youth thought that there was no risk in using marijuana. Over three-fifths (63%) of 7th-12th grade youth reported that their parents would feel it was very wrong for them to drink alcohol.

7th-12th Grade Perceived Risk of Drug Use

- ◆ Nearly two-thirds (62%) of Lucas youth thought there was a great risk in harming themselves if they smoked cigarettes.
- ◆ 6% of youth thought that there was no risk from smoking cigarettes.
- ◆ Almost half (43%) of youth thought there was a great risk in smoking marijuana.
- ◆ 15% of youth thought that there was no risk from smoking marijuana.
- ◆ More than one-fourth (28%) of Lucas County youth thought there was a great risk in drinking alcohol.
- ◆ 10% of youth thought that there was no risk in drinking alcohol.
- ◆ 27% of Lucas County youth approved of their friends and classmates drinking alcohol; 24% approved of them using marijuana, and 16% approved of them using tobacco.

For more information, see table on page 2 of this section.

5th-6th Grade Perceived Risk of Drug Use

- ◆ More than half (54%) of Lucas County 5th-6th grade youth thought there was a great risk in harming themselves if they smoked cigarettes.
- ◆ 14% of youth thought that there was no risk from smoking cigarettes.
- ◆ 59% of youth thought there was a great risk in smoking marijuana.
- ◆ 15% of youth thought that there was no risk from smoking marijuana.
- ◆ More than one-fourth (28%) of Lucas County youth thought there was a great risk in drinking alcohol.
- ◆ 16% of youth thought that there was no risk in drinking alcohol.
- ◆ 2% of Lucas County youth approved of their friends and classmates drinking alcohol, as well as using marijuana and tobacco.
- ◆ 95% of youth said they will never use tobacco; 63% said the same about alcohol and most (99%) said the same about using inhalants.

7th-12th Grade Degree of Disapproval of Use by Adults

- ◆ More than four-fifths (82%) of youth reported their parents (or guardians) would feel it was very wrong for them to smoke cigarettes, increasing to 91% of youth under the age of 13.
- ◆ 60% of youth who lived with both parents believed that they would disapprove of them smoking cigarettes, compared to 39% of youth who did not live with both of their parents.
- ◆ 83% of Lucas County youth reported their parents would feel it was very wrong for them to use marijuana, increasing to 95% of youth under the age of 13.
- ◆ 62% of youth who lived with both parents believed that they would disapprove of them smoking marijuana, compared to 38% of youth who did not live with both of their parents.

U.S. Youth Perceptions of Risk

- ◆ Among youth ages 12-17 who perceived great risk from having 4 or 5 drinks of an alcoholic beverage once or twice a week, 5.0% reported binge drinking.
- ◆ Comparatively, binge drinking was reported by 11.5% of youth who saw moderate, slight, or no risk from having 4 or 5 alcoholic beverages once or twice a week.
- ◆ Marijuana use was reported by 1.5% of youth who saw great risk in smoking marijuana once a month, contrasted with 9.4% of youth who saw moderate, slight, or no risk in smoking marijuana once a month.

(Source: National Survey on Drug Use and Health Report, 2008, SAMHSA Office of Applied Studies)

Youth Perceptions of Substance Use/Misuse

- ◆ 63% of youth reported their parents would feel it was very wrong for them to drink alcohol, increasing to 78% of youth under the age of 13.
- ◆ 61% of youth who lived with both parents believed that they would disapprove of them drinking alcohol, compared to 39% of youth who did not live with both of their parents.

For more information, see table on page 3 of this section.

5th-6th Grade Degree of Disapproval of Use by Adults

- ◆ 94% of youth reported their parents (or guardians) would feel it was very wrong for them to smoke cigarettes.
- ◆ 68% of youth who lived with both parents believed that they would disapprove of them smoking cigarettes, compared to 32% of youth who did not live with both of their parents.
- ◆ Most (98%) youth reported their parents would feel it was very wrong for them to use marijuana.
- ◆ 68% of youth who lived with both parents believed that they would disapprove of them smoking marijuana, compared to 32% of youth who did not live with both of their parents.
- ◆ 80% of youth reported their parents would feel it was very wrong for them to drink alcohol.
- ◆ 68% of youth who lived with both parents believed that they would disapprove of them drinking alcohol, compared to 32% of youth who did not live with both of their parents.

Perceived Risk of Drug Use (7th-12th Grade)

How much do you think people risk harming themselves if they:	No Risk	Slight Risk	Moderate Risk	Great Risk
Smoke cigarettes	6%	9%	23%	62%
Smoke marijuana	15%	19%	23%	43%
Drink alcohol (such as beer, wine, or hard liquor)	10%	28%	34%	28%

Perceived Great Risk of Drug Use (7th-12th Grade)

How much do you think people risk harming themselves if they:	Total	Female	Male	13 or younger	14 – 16 years old	17 or older
Smoke cigarettes	62%	64%	61%	62%	62%	64%
Smoke marijuana	43%	50%	38%	65%	38%	27%
Drink alcohol (such as beer, wine, or hard liquor)	28%	32%	24%	27%	26%	32%

Youth Perceptions of Substance Use/Misuse

Degree of Disapproval of Use by Parents (7th-12th Grade)

How wrong do you think your parent(s) or guardian(s) feel it would be for you to:	Not Wrong at all	A Little Bit Wrong	Wrong	Very Wrong
Smoke cigarettes	2%	5%	11%	82%
Use marijuana	3%	5%	9%	83%
Drink alcohol (such as beer, wine, or hard liquor)	4%	13%	20%	63%

Strong Disapproval of Use by Parents (7th-12th Grade)

How wrong do you think your parent(s) or guardian(s) feel it would be for you to:	Total	Female	Male	13 or younger	14 – 16 years old	17 or older
Smoke cigarettes	82%	84%	80%	91%	82%	69%
Smoke marijuana	83%	84%	82%	95%	80%	74%
Drink alcohol (such as beer, wine, or hard liquor)	63%	65%	62%	78%	62%	50%

Youth Sexual Behavior and Teen Pregnancy Outcomes

Key Findings

Only 7th-12th graders in Toledo public schools, Springfield schools, and Swanton schools were asked sexual behavior questions. Generalizability of the sexual behavior section is limited because of the few schools that asked these questions. In 2011, about two-fifths (41%) of Lucas County youth have had sexual intercourse, increasing to 76% of those ages 17 and over. 30% of youth had participated in oral sex and 11% had participated in anal sex. 30% of youth participated in sexting. Of those who were sexually active, 68% had multiple sexual partners.

7th – 12th Grade Youth Sexual Behavior

- ◆ Only 7th-12th grade in Toledo public schools, Springfield schools, and Swanton schools were asked sexual behavior questions. Generalizability of the sexual behavior section is limited because of the few schools that asked these questions.
- ◆ More than two-fifths (41%) of Lucas County youth have had sexual intercourse, increasing to 76% of those ages 17 and over. (The 2007 YRBS reports that 45% of Ohio youth have had sexual intercourse and the 2009 YRBS reports that 46% of U.S. youth have had sexual intercourse.)
- ◆ 30% of youth had participated in oral sex, increasing to 60% of those ages 17 and over.
- ◆ 11% of youth had participated in anal sex, increasing to 22% of those ages 17 and over.
- ◆ 30% of youth had participated in sexting, increasing to 47% of those ages 17 and over.
- ◆ Of those youth who were sexually active in their lifetime, 32% had one sexual partner and 68% had multiple partners. 27% of all Lucas County high school youth had 4 or more partners (2007 YRBS reports 14% for Ohio, 2009 YRBS reports 14% for the U.S.).
- ◆ Of those youth who were sexually active, 42% had done so by the age of 13. Another 39% had done so by 15 years of age. The average age of onset was 13.8 years old.
- ◆ Of all high school youth, 22% were sexually active by the age of 13 (2007 YRBS reports 6% for Ohio, 2009 YRBS reports 6% for the U.S.).
- ◆ Of the youth who were sexually active, 17% had drunk alcohol or used drugs before their last sexual encounter, increasing to 24% of those over the age of 17.
- ◆ 32% of youth planned to stay abstinent until marriage, increasing to 49% of those ages 13 and younger.
- ◆ 2% of youth have engaged in sexual activity in exchange for something of value, such as food, drugs, shelter or money.
- ◆ 91% of youth were taught about pregnancy prevention, sexually transmitted diseases, HIV/AIDS infection, or the use of condoms. They were taught about these issues by the following: school (80%), home (57%), their doctor (35%), their friends (34%), the internet (25%), and somewhere else (14%). (Totals are greater than 100% because more than one answer could be chosen).
- ◆ Lucas County youth had experienced the following: wanted to get pregnant (4%), been pregnant (3%), tried to get pregnant (2%), had an abortion (2%), got someone pregnant (2%), had a miscarriage (2%), had an STD (1%), and had a child (<1%).
- ◆ Nearly three-fourths (73%) of youth who were sexually active used condoms to prevent pregnancy; 20% used birth control pills, 15% used the withdrawal method, 9% used Depo-Provera, and 3% used some other method. However, 11% were engaging in intercourse without a reliable method of protection.

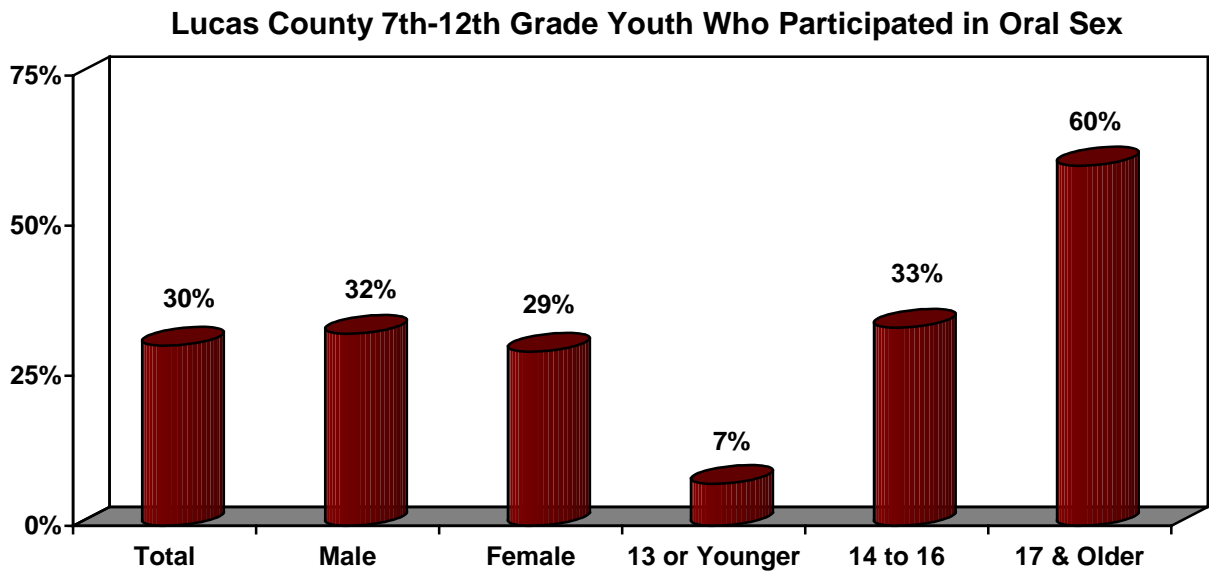
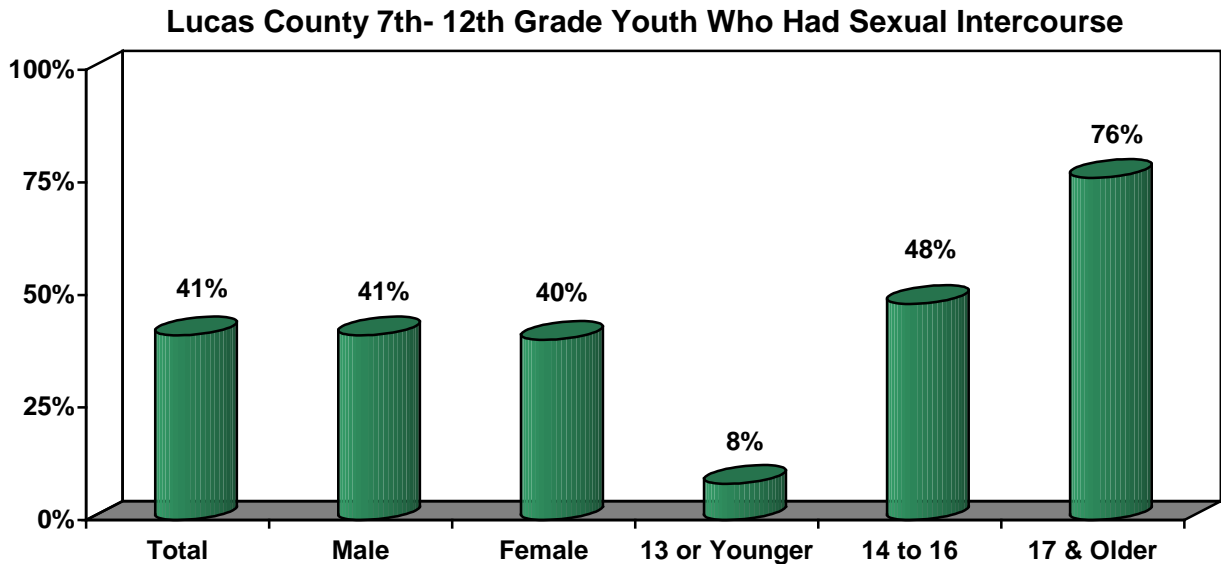
Facts About “Sexting”

- ❖ One in five teen girls (22%) say they have electronically sent, or posted online, nude or semi-nude images of themselves.
- ❖ Almost one in five teen boys (18%) say they have sent or posted nude/semi nude images of themselves.
- ❖ One-third (33%) of teen boys and one-quarter (25%) of teen girls say they have had nude/semi-nude images—originally meant to be private—shared with them.
- ❖ 15% of teens who have sent sexually suggestive content such as text messages, email, photographs or video say they have done so with someone *they only know online*.

(Source: National Campaign to Prevent Teen Pregnancy, 2011, obtained from: http://www.thenationalcampaign.org/sextech/PDF/SexTech_PressReleaseFIN.pdf)

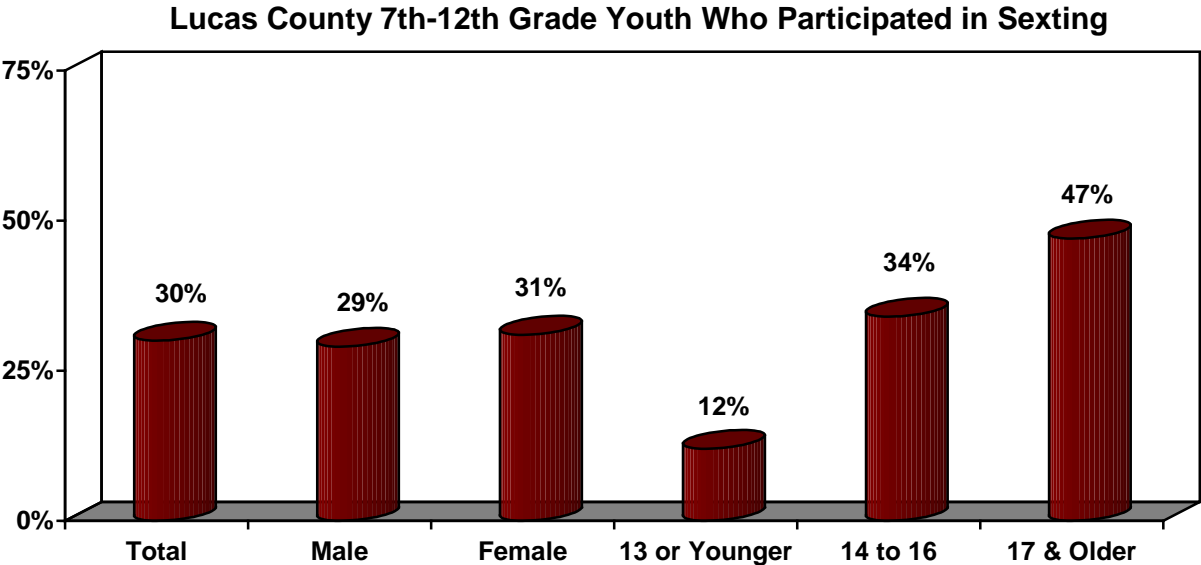
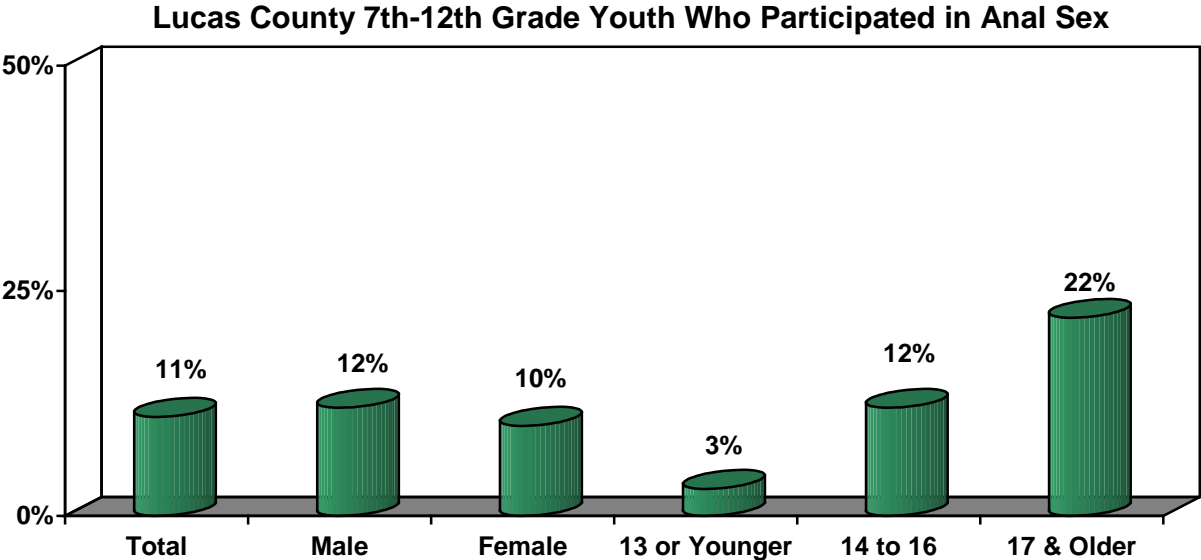
Youth Sexual Behavior and Teen Pregnancy Outcome

The following graph shows the percentage of Lucas County youth who participated in sexual intercourse and oral sex. Examples of how to interpret the information include: 41% of all Lucas County youth had sexual intercourse, 41% of males, and 40% of females had sex.



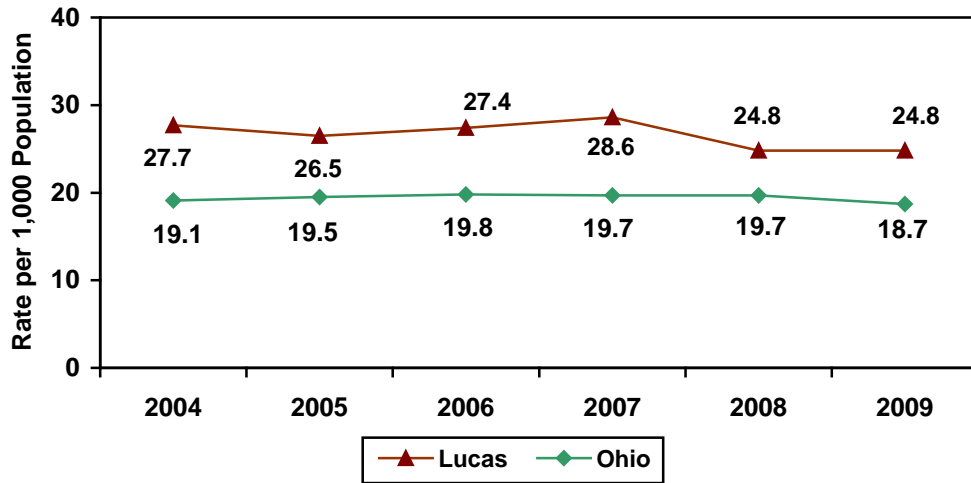
Youth Sexual Behavior and Teen Pregnancy Outcomes

The following graph shows the percentage of Lucas County youth who participated in anal sex and sexting. Examples of how to interpret the information include: 11% of all Lucas County youth participated in anal sex, 12% of males, and 10% of females.



Youth Sexual Behavior and Teen Pregnancy Outcomes

Teen Birth Rates for Lucas County and Ohio*



*Teen birth rates include women ages 15-17
 (Source: Ohio Department of Health Information Warehouse Updated 1-7-10)

2011 Youth Comparisons	Lucas County 2011 (7 th – 8 th)	Lucas County 2011 (9 th – 12 th)	Ohio 2007 (9 th – 12 th)	U.S. 2009 (9 th – 12 th)
Ever had sexual intercourse	9%	63%	45%	46%
Used a condom at last intercourse	62%	75%	60%	61%
Used birth control pills at last intercourse	18%	20%	17%	20%
Had four or more sexual partners	2%	27%	14%	14%
Had sexual intercourse by age 13	15%	22%	6%	6%

Youth Mental Health and Suicide

Key Findings

In 2011, the health assessment results indicated that 14% of Lucas County 7th-12th grade youth had seriously considered attempting suicide in the past year and 4% admitted actually attempting suicide in the past year.

7th-12th Grade Youth Mental Health

- ◆ In 2011, 14% of Lucas County youth reported they had seriously considered attempting suicide in the past 12 months. 16% of high school youth had seriously considered attempting suicide, compared to the 2009 YRBS rate of 11% for U.S. youth and the 2007 YRBS rate of 10% for Ohio youth.
- ◆ In the past year, 4% of Lucas County youth had attempted suicide and 2% had made more than one attempt. The 2009 YRBS reported a suicide attempt prevalence rate of 6% for U.S. youth and the 2007 YRBS shows a 7% rate for Ohio youth.
- ◆ Of those who attempted suicide, more than one-quarter (26%) had to be treated by a doctor or nurse as a result of a related injury, poisoning or overdose.
- ◆ Almost one-fourth (22%) of youth reported they felt sad or hopeless almost every day for two weeks or more in a row that stopped them from doing some usual activities (2007 YRBS reported 25% for Ohio and 2009 YRBS reported 26% for the U.S.).
- ◆ When Lucas County youth feel sad, hopeless or depressed, they usually talk to the following: best friend (57%), parent/guardian (41%), girlfriend/boyfriend (28%), brother/sister (26%), pastor/priest/religious leader (6%), school counselor (6%), coach (5%), teacher (5%), professional counselor (4%), youth minister (4%), scout master/club advisor (2%), and someone else (11%).

5th-6th Grade Youth Mental Health

- ◆ In 2011, 6% of Lucas County 5th-6th grade youth reported they had seriously considered attempting suicide within the past 12 months.
- ◆ In the past year, 3% of Lucas County youth had attempted suicide, and 1% had made more than one attempt.
- ◆ 14% of youth reported they felt sad or hopeless almost every day for two weeks or more in a row that stopped them from doing some usual activities.
- ◆ When Lucas County 5th-6th grade youth feel sad, hopeless or depressed, they usually talk to the following: parent/guardian (54%), best friend (37%), brother/sister (21%), girlfriend/boyfriend (10%), school counselor (10%), teacher (9%), coach (4%), professional counselor (4%), pastor/priest/religious leader (3%), youth minister (1%), and someone else (11%).

Mental Health and Suicide Facts

- ◆ In 2007, over 13% of Ohio high school youth indicated that they had seriously considered attempting suicide in the past 12 months with more females (16%) considering suicide than males (11%).
- ◆ 7% of Ohio high school youth actually attempted suicide in the past 12 months (9% of all females and 5% of all males). 2% of Ohio high school youth indicated that their suicide attempt required medical attention by a doctor or nurse in the past 12 months.

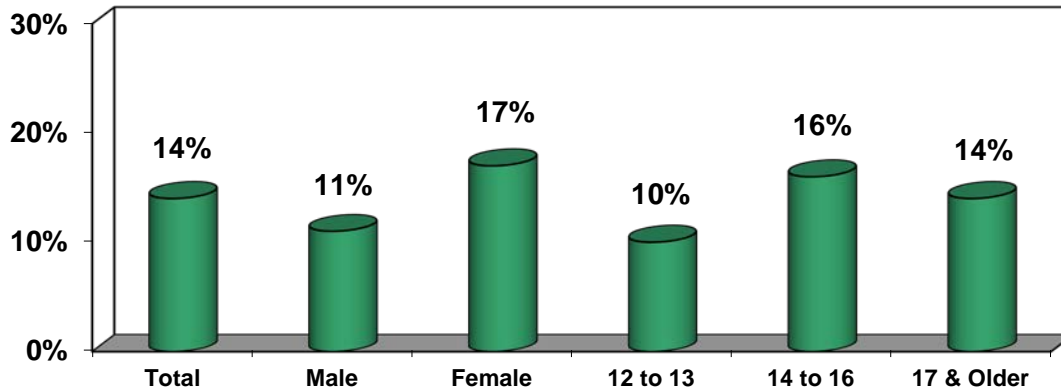
(Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, 2007 YRBS, Unintentional Injuries and Violence)

2011 Youth Comparisons	Lucas 2011 (5 th -6 th)	Lucas 2011 (7 th -8 th)	Lucas 2011 (9 th -12 th)	Ohio 2007 (9 th -12 th)	U.S. 2009 (9 th -12 th)
Youth who had seriously considered attempting suicide	6%	14%	16%	10%	11%
Youth who had attempted suicide	3%	4%	4%	7%	6%

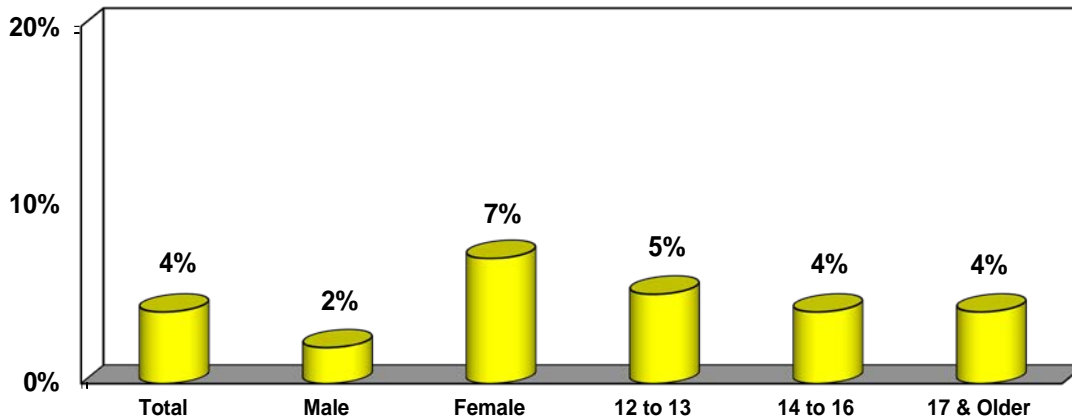
Mental Health and Suicide

The following graphs show the percentage of Lucas County youth who had seriously considered attempting suicide in the past 12 months (i.e., the first graph shows that 14% of all youth had seriously considered attempting suicide, 11% of males and 17% of females).

Lucas County 7th-12th Grade Youth Who Had Seriously Considered Attempting Suicide in the Past 12 Months



Lucas County 7th-12th Grade Youth Who Attempted Suicide in Past 12 Months



Recognizing Warning Signs of Suicide in Others

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

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

Mental Health and Suicide

Teen Suicide Signals

The strongest risk factors for attempted suicide in teens are:

- ❖ Depression
- ❖ Alcohol abuse
- ❖ Aggressive or disruptive behaviors

In 2005, the *American Psychiatric Association* advises one should consult a mental health professional, parent, or school counselor if several of the following symptoms, experiences, or behaviors are present:

- ❖ Depressed mood
- ❖ Substance abuse
- ❖ Difficulties in dealing with sexual orientation
- ❖ Family loss or instability; significant problems with parents
- ❖ Unplanned pregnancy
- ❖ Frequent episodes of running away or being incarcerated
- ❖ Withdrawal from family and friends
- ❖ Expressions of suicidal thoughts, or talk of death or the afterlife during moments of sadness or boredom
- ❖ Loss of interest in or enjoyment in activities that was once pleasurable
- ❖ Impulsive, aggressive behavior, frequent expressions of rage

Suicide Risk Factors

A risk factor is anything that increases the likelihood that persons will harm themselves including:

- ❖ Previous suicide attempt(s)
- ❖ History of mental disorders, particularly depression
- ❖ History of alcohol and substance abuse
- ❖ Family history of suicide
- ❖ Family history of child maltreatment
- ❖ Feelings of hopelessness
- ❖ Impulsive or aggressive tendencies
- ❖ Physical illness
- ❖ Feeling socially isolated
- ❖ Barriers to accessing mental health treatment
- ❖ Loss (relational, social, work, or financial)
- ❖ Has easy access to lethal suicide methods (for instance, firearms)
- ❖ Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts
- ❖ Cultural and religious beliefs (i.e., the belief that suicide is not a resolution of a personal dilemma)
- ❖ Local epidemics of suicide

(Source: CDC, National Center for Injury Prevention and Control, Suicide Fact Sheet, 2010)

Suicide Protective Factors

Protective factors defend people from the risks associated with suicide and include:

- ❖ Effective clinical care for mental, physical, and substance abuse disorders
- ❖ Easy access to a variety of clinical interventions and support for those seeking help
- ❖ Family and community support
- ❖ Support from ongoing medical and mental health care relationships
- ❖ Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- ❖ Cultural and religious beliefs that discourage suicide and support self-preservation instincts

(Source: CDC, National Center for Injury Prevention and Control, Suicide Fact Sheet)

For additional resources please see:

U.S. Public Health Service, *The Surgeon General's Call to Action to Prevent Suicide*. Washington, DC: 1999.

U.S. Department of Health and Human Services, *National Strategy for Suicide Prevention*. Washington, DC: 2001.

Youth Safety

Key Findings

In 2011, 44% of Lucas County 7th-12th grade youth self-reported that they always wore a seatbelt when riding in a car driven by someone else. 45% of youth drivers texted while driving.

7th-12th Grade Personal Safety

- ◆ Nearly half (44%) of youth always wore a seatbelt when riding in a car driven by someone else, increasing to 47% of those ages 17 and older.
- ◆ In the past 30 days, 22% of youth had ridden in a car driven by someone who had been drinking alcohol and 6% had driven a car themselves after drinking alcohol, increasing to 14% of those ages 17 and older.
- ◆ Almost half (45%) of Lucas County youth drivers texted while driving, and 48% talked on their cell phone while driving.
- ◆ 7% of youth played the choking game.
- ◆ 11% of youth have used a tanning booth or bed, increasing to 14% of those ages 17 and older. 7% of youth used a tanning bed or booth only on special occasions and 1% used it every day.
- ◆ Lucas County youth always or most of the time wore a helmet when they rode the following in the past year: ATV/dirt bike (15%), bicycle (6%), skateboard/roller blades (3%), and scooter (2%).
- ◆ Three-fourths (75%) of youth had been to the doctor for a routine check-up in the past year.
- ◆ Over three-fourths (77%) of youth had been to the dentist for a check-up, exam, teeth cleaning or other dental work in the past year.
- ◆ Lucas County youth reported the following plans for their future: attend a 4 year college (78%), graduate from high school (56%), attend a community college or technical/trade school (18%), join the military (12%), and not finish high school (2%).

Lucas County Youth Leading Causes of Death 2006-2008

Total Deaths: 71

- ❖ Accidents, Unintentional Injuries
- ❖ Cancers
- ❖ Chronic Lower Respiratory Diseases

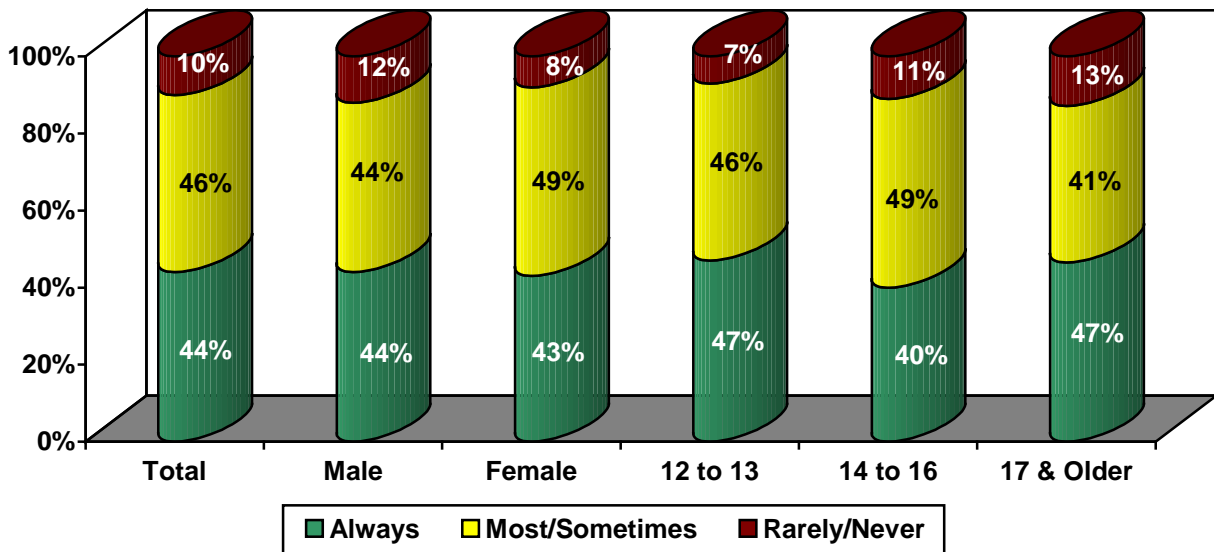
(Source: ODH Information Warehouse, updated 4-15-10)

5th-6th Grade Personal Safety

- ◆ Almost two-thirds (65%) of Lucas County 5th-6th grade youth always wore a seatbelt when riding in a car driven by someone else.
- ◆ In the past 30 days, 15% of youth had ridden in a car driven by someone who had been drinking alcohol.
- ◆ 3% of youth played the choking game.
- ◆ Lucas County youth always or most of the time wore a helmet when they rode the following in the past year: ATV/dirt bike (26%), bicycle (25%), skateboard/roller blades (19%), and scooter (13%).
- ◆ About two-thirds (67%) of youth had been to the doctor for a routine check-up in the past year.
- ◆ About three-fourths (73%) of youth had been to the dentist for a check-up, exam, teeth cleaning or other dental work in the past year.
- ◆ Lucas County youth reported the following plans for their future: attend a 4 year college (65%), graduate from high school (60%), attend a community college or technical/trade school (28%), join the military (13%), and not finish high school (2%).

Youth Safety

Lucas County 7th-12th Grade Youth Seatbelt Use in the Past Month



2011 Youth Comparisons	Lucas County 2011 (5 th -6 th)	Lucas County 2011 (7 th - 8 th)	Lucas County 2011 (9 th -12 th)	Ohio 2007 (9 th -12 th)	U.S. 2009 (9 th -12 th)
Always wore a seatbelt	65%	46%	42%	N/A	N/A
Ridden in a car driven by someone who had been drinking alcohol in past month	15%	18%	25%	N/A	N/A

Warning Signs for the “Choking Game”

Common names for this game – Blackout, Fainting Game, Space Monkey, Dream Game, Suffocation Roulette, Pass-Out Game, Flat Liner, California Choke, Space Cowboy, Airplaning, Purple Dragon, and many more

- ❖ Suspicious mark on side of the neck sometimes hidden by wearing turtlenecks, scarves and up-turned collars
- ❖ Changes in personality, such as overly aggressive or agitated
- ❖ Any straps, rope, or belt lying around without any reason
- ❖ Headaches
- ❖ Loss of concentration
- ❖ A flushed face
- ❖ Bloodshot eyes
- ❖ A thud in the bedroom or against a wall
- ❖ Any questions about the effects or dangers of strangulation

(Source: Choking Game Education, www.deadlygameschildrenplay.com)

Youth Violence Issues

Key Findings

In Lucas County, 12% of 7th-12th grade youth had carried a weapon in the past month. 10% of 7th-12th grade youth had been threatened or injured with a weapon. 23% of 7th-12th grade youth had purposefully hurt themselves. 46% of 7th-12th grade youth had been bullied in the past year.

7th-12th Grade Violence-Related Behaviors

- ◆ In 2011, 12% of Lucas County youth had carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 17% of males (2007 YRBS reported 17% for Ohio and 2009 YRBS reported 18% for the U.S.).
- ◆ 10% of youth were threatened or injured with a weapon.
- ◆ 6% of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school (2007 YRBS reported 4% for Ohio and 2009 YRBS reported 5% for the U.S.).
- ◆ 23% of youth purposefully hurt themselves by cutting, scratching, burning, hitting or biting, increasing to 31% of females. 3% of youth had purposefully hurt themselves 40 or more times.
- ◆ 46% of youth had been bullied in the past year. The following types of bullying were reported:
 - 36% were verbally bullied (teased, taunted or called you harmful names)
 - 26% were indirectly bullied (spread mean rumors about you or kept you out of a “group”)
 - 14% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
 - 13% were physically bullied (you were hit, kicked, punched or people took your belongings)
- ◆ In the past year, 28% of youth had been involved in a physical fight; 15% on more than one occasion (2007 YRBS reported 30% for Ohio and 2009 YRBS reported 32% for the U.S.).
- ◆ 7% of youth consider themselves a member of a gang.
- ◆ 7% of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months, increasing to 11% of those over the age of 17.
- ◆ 14% of youth reported an adult or caregiver hit, slapped, or physically hurt them on purpose in the past 12 months.
- ◆ 11% of youth witnessed adults in their house threatening or hitting, where they have been afraid.
- ◆ 7% of youth were physically forced to participate in sexual activity when they did not want to. 9% of high school youth were physically forced to participate in sexual activity (2007 YRBS reported 10% for Ohio and 2009 YRBS reported 7% for the U.S.).

5th-6th Grade Violence-Related Behaviors

- ◆ In 2011, 9% of Lucas County 5th-6th grade youth had carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 15% of males.
- ◆ 7% of youth were threatened or injured with a weapon.
- ◆ 7% of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school.
- ◆ 17% of youth purposefully hurt themselves by cutting, scratching, burning, hitting or biting. 2% of youth had purposefully hurt themselves 10 or more times.

Facts Concerning Youth Violence

- ◆ Youth violence is defined by the CDC as “harmful behaviors that can start early and continue into young adulthood.”
- ◆ In 2007, 5,764 youth ages 10-24 were murdered, averaging 16 per day.
- ◆ Emergency rooms treated in excess of 656,000 youth ages 10-24 for physical assault injuries in 2006.
- ◆ Approximately 20% of U.S. high school youth reported being bullied on school property in 2009.
- ◆ In 2009, 6% of U.S. high school youth took a weapon to school in the past month.

(Source: CDC, Understanding Youth Violence Fact Sheet, 2010)

Youth Violence Issues

- ◆ 43% of youth had been bullied in the past year. The following types of bullying were reported:
 - 31% were verbally bullied (teased, taunted or called you harmful names)
 - 16% were indirectly bullied (spread mean rumors about you or kept you out of a “group”)
 - 14% were physically bullied (you were hit, kicked, punched or people took your belongings)
 - 6% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
- ◆ In the past year, 27% of youth had been involved in a physical fight; 15% on more than one occasion.
- ◆ 5% of youth consider themselves a member of a gang.
- ◆ 11% of youth reported an adult or caregiver hit, slapped, or physically hurt them on purpose in the past 12 months.
- ◆ 14% of youth witnessed adults in their house threatening or hitting, where they have been afraid.

2011 Youth Comparisons	Lucas County 2011 (5 th -6 th)	Lucas County 2011 (7 th -8 th)	Lucas County 2011 (9 th -12 th)	Ohio 2007 (9 th -12 th)	U.S. 2009 (9 th -12 th)
Carried a weapon in past month	9%	10%	13%	17%	18%
Been in a physical fight in past year	27%	28%	28%	30%	32%
Did not go to school because felt unsafe	7%	6%	6%	4%	5%

Types of Bullying Lucas County 7th-12th Grade Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 and older
Physically Bullied	13%	14%	11%	15%	14%	8%
Verbally Bullied	36%	31%	41%	40%	37%	29%
Indirectly Bullied	26%	20%	35%	28%	27%	24%
Cyber Bullied	14%	10%	20%	13%	15%	14%

Types of Bullying

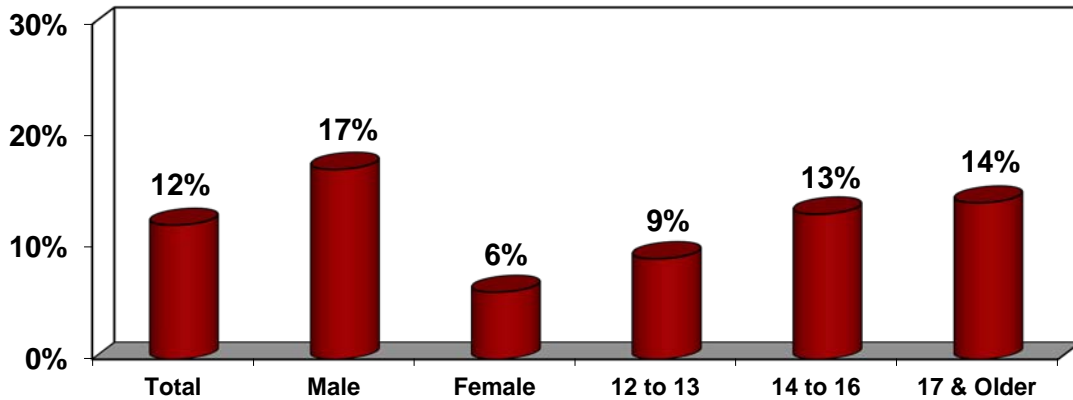
- ❖ **Verbal Bullying:** Any bullying that is done by speaking. Calling names, teasing, threatening somebody, and making fun of others are all forms of verbal bullying.
- ❖ **Indirect Bullying:** A form of bullying that involves mean rumors being spread about someone or keeping someone out of a “group”.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

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

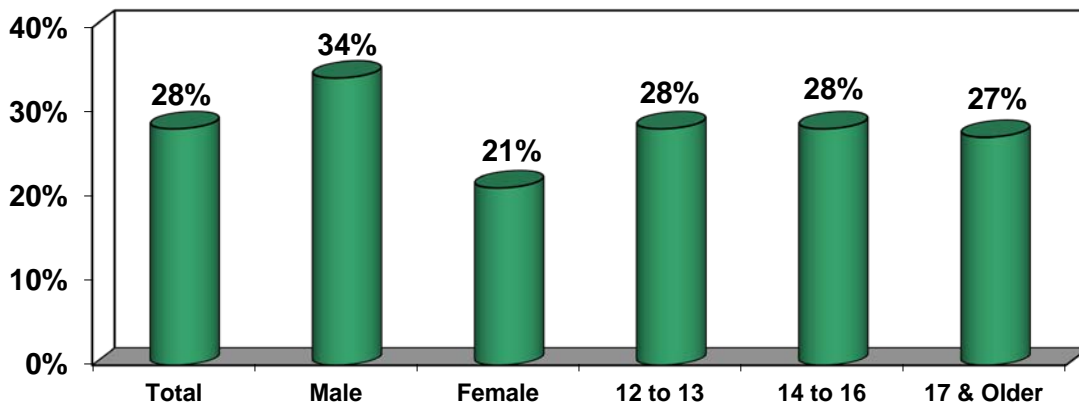
Youth Violence Issues

The following graphs show Lucas County youth carrying a weapon in the past 30 days and those involved in a physical fight in the past year. The graphs show the number of youth in each segment giving each answer (i.e., the first graph shows that 12% of all youth carried a weapon in the past 30 days, 17% of males and 6% of females).

Lucas County 7th-12th Grade Youth Carrying a Weapon During the Past 30 Days

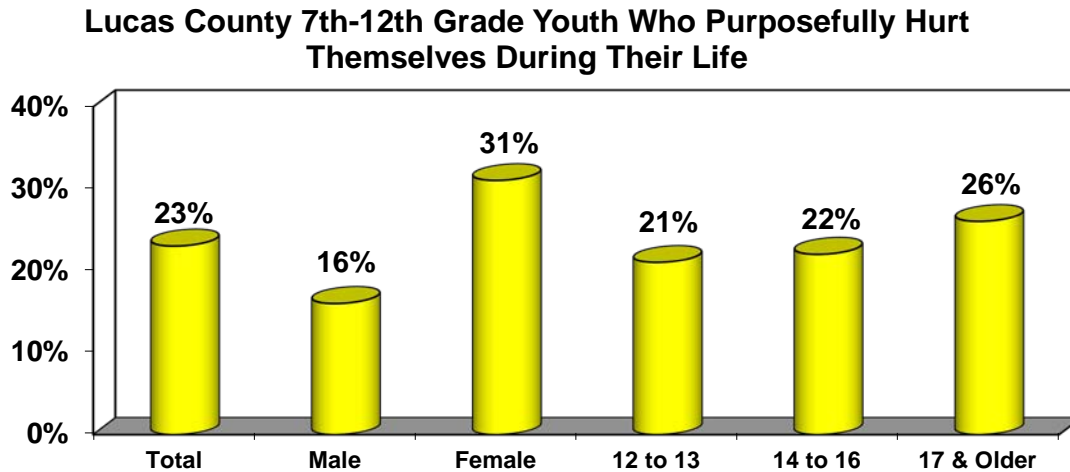


Lucas County 7th-12th Grade Youth Who Had Been Involved in a Physical Fight in the Past Year



Youth Violence Issues

The following graph shows Lucas County youth who purposefully hurt themselves at some time in their life. The graphs show the number of youth in each segment giving each answer (i.e., the first graph shows that 23% of all youth hurt themselves at some time in their life, 16% of males and 31% of females).



Children's Health and Functional Status

Key Findings

In 2011, 68% of Lucas County parents had taken their child ages 0-11 to the dentist in the past year. 17% of Lucas County parents reported their child ages 0-11 had been diagnosed with asthma. 10% of parents reported their child had an asthma attack in the past year. 8% of parents reported their child had been diagnosed with ADD/ADHD.

Health of Children ages 0-11

- ◆ Almost half (48%) of Lucas County parents of 0-11 year olds rated their child's health as excellent. 2% of parents rated their child's health as fair or poor.
- ◆ 50% of children had the seasonal flu vaccine. Of those who had the vaccine, 34% received a shot and 16% received nasal spray.
- ◆ 68% of children had been to the dentist in the past year, increasing to 88% of 6-11 year olds.
- ◆ 29% of parents reported problems with their child's teeth, increasing to 46% of parents of 6-11 year olds.
- ◆ The top 5 problems were: cavities (16%), crooked teeth, or teeth that need braces (8%), teeth problems such as grinding, soft, falling out, etc. (4%), knowing how to brush their teeth (4%), and hygiene such as plaque, does not brush regularly, etc. (3%).
- ◆ Parents gave the following reasons for not getting dental care for their child: dentist will not see child because of age (14%), costs too much (3%), no insurance (3%), no referral (2%), and other (6%).
- ◆ Parents reported their child had the following allergies:
 - Pollen (7%)
 - Grasses (6%)
 - Ragweed (5%)
 - Dogs (4%)
 - Cats (4%)
 - Mold (3%)
 - House dust mites (3%)
 - Milk (3%)
 - Eggs (2%)
 - Peanuts (2%)
 - Fungi (2%)
 - Strawberries (1%)
 - Bees (1%)
 - Wheat (<1%)
 - Soy (<1%)
 - Watermelon (<1%)
 - Red dye (<1%)
 - Gluten (<1%)
 - Kiwi (<1%)
 - Other (6%)
- ◆ 3% of parents reported their child had an Epi-pen for their allergy.
- ◆ A doctor told Lucas County parents their 0-11 year old child had the following:
 - Asthma (17%)
 - ADD/ADHD (8%)
 - Developmental delay or physical impairment (6%)
 - Pneumonia (4%)
 - Behavioral or conduct problems (4%)
 - Anxiety problems (3%)
 - Hearing problems (3%)
 - Bone, joint, muscle problems (2%)
 - Vision problems that cannot be corrected by glasses or contact lenses (3%)
 - Urinary tract infections (2%)
 - Birth defect (2%)
 - Autism (1%)
 - Digestive tract infections (1%)
 - Head injury (<1%)
 - Diabetes (<1%)
 - Epilepsy (<1%)
 - Appendicitis (<1%)
- ◆ 11% of parents reported their child had emotional, developmental, or behavioral problems where they need counseling or treatment, increasing to 17% of children 6-11.
- ◆ 8% of parents have been told by a doctor, health professional, teacher or school official that their child had a learning disability, increasing to 12% of children 6-11 and 14% of those with lower incomes.

National Survey of Children's Health, 2007

- ◆ 8% of Ohio children ages 0-5 were diagnosed with asthma, increasing to 21% of 6-11 year olds.
- ◆ 2% of Ohio children ages 2-5 were diagnosed with ADD/ADHD, increasing to 9% of 6-11 year olds.

*(Source: National Survey of Children's Health, 2007
<http://nchdata.org>)*

Children's Health and Functional Status

- ◆ 30% of children diagnosed with asthma lived with a smoker.
- ◆ 10% of parents reported their child had an asthma attack in the past year.
- ◆ Of those parents who reported their child had asthma, 33% indicated their child took their medication in the past day.
- ◆ Testing for lead poisoning was conducted for 42% of the children, increasing to 56% of families with lower incomes.
- ◆ 15% of Lucas County children ages 0-11 had 5 or more servings per day of fruits and vegetables, decreasing to 10% of children 6-11 years old and increasing to 21% of those in households with incomes less than \$25,000. 82% of children 0-11 had 1 to 4 servings of fruits and vegetables per day.
- ◆ Parents of Lucas County children ages 0-11 reported that their children consumed the following sources of calcium: milk (90%), yogurt (77%), other dairy products (49%), calcium fortified juice (31%), other calcium sources (12%) and calcium supplements (5%).
- ◆ Parents reported their child had the following for breakfast: cereal (84%), milk (67%), eggs (57%), toast (54%), fruit or fruit juice (46%), oatmeal (38%), bacon, sausage, or ham (38%), yogurt (34%), Pop Tart, donut, or other pastry (28%), nothing (2%), pizza (1%) and pop (1%). 12% of children ate at the school breakfast program.
- ◆ Lucas County children spent an average of 2.3 hours watching TV, 0.7 hours playing video games, and 0.7 hours on the computer on an average day of the week.

Child Comparisons	Lucas County 2011 Ages 0-5	Ohio 2007 Ages 0-5	U.S. 2007 Ages 0-5	Lucas County 2011 Ages 6-11	Ohio 2007 Ages 6-11	U.S. 2007 Ages 6-11
Rated health as excellent or very good	89%	91%	87%	86%	84%	84%
Child has no problems with teeth	89%	76%	81%	54%	64%	66%
Child had toothache	1%	16%	7%	1%	14%	15%
Child had decay or cavities	4%	11%	12%	28%	27%	26%
Child had broken teeth	1%	N/A	4%	1%	N/A	5%
Diagnosed with asthma	11%	8%	9%	23%	21%	16%
Diagnosed with ADHD/ADD	1%	2%	1%	16%	9%	9%
Diagnosed with behavioral or conduct problems	1%	N/A	1%	6%	N/A	5%
Diagnosed with developmental delay or physical impairment	6%	2%	3%	6%	8%	6%
Diagnosed with anxiety problems	1%	N/A	1%	5%	N/A	3%
Diagnosed with vision problems that cannot be corrected	1%	N/A	1%	1%	N/A	2%
Diagnosed with bone, joint, or muscle problems	3%	1%	2%	2%	3%	3%
Diagnosed with hearing problems	3%	2%	2%	4%	4%	3%
Diagnosed with epilepsy	0%	N/A	< 1%	< 1%	N/A	1%
Diagnosed with a head injury	1%	N/A	< 1%	1%	N/A	2%
Diagnosed with autism	2%	N/A	1%	1%	N/A	1%
Diagnosed with diabetes	0%	N/A	< 1%	< 1%	N/A	< 1%

Children's Health and Functional Status

Children's Dental Health

- ❖ Dental care is the number one unmet health care need for children of all family incomes across Ohio as well as for all races and ethnicities.
- ❖ Severe dental problems can result in poor performance or absence from school.
- ❖ Of Ohio children ages 0-17, 17% do not have insurance for dental care.
- ❖ 13% of Ohio children ages 0-17 have had a recent toothache.
- ❖ For Ohio Medicaid consumers ages 0-3, 12% had a dental visit in 2008. For Ohio Medicaid consumers ages 3-18, 42% had a dental visit in 2008.
- ❖ In 2008, 9% of Lucas County residents under the age of 18 had never been to the dentist.
- ❖ Even though low-income children ages 0-18 in Ohio had higher rates of dental coverage, they were less likely to have a dental visit in the past year. 68% of low-income children ages 0-18 (200% FPL or less) had a dental visit in the past year, 82% of higher-income children had a dental visit within the past year.

(Source: ODH, Ohio Oral Health Surveillance System, 2010,

<http://publicapps.odh.ohio.gov/oralhealth/ReportsDisplay.aspx?Report=BOHSReport&Format=pdf&CountyName=Lucas&ReportVersion=2010>

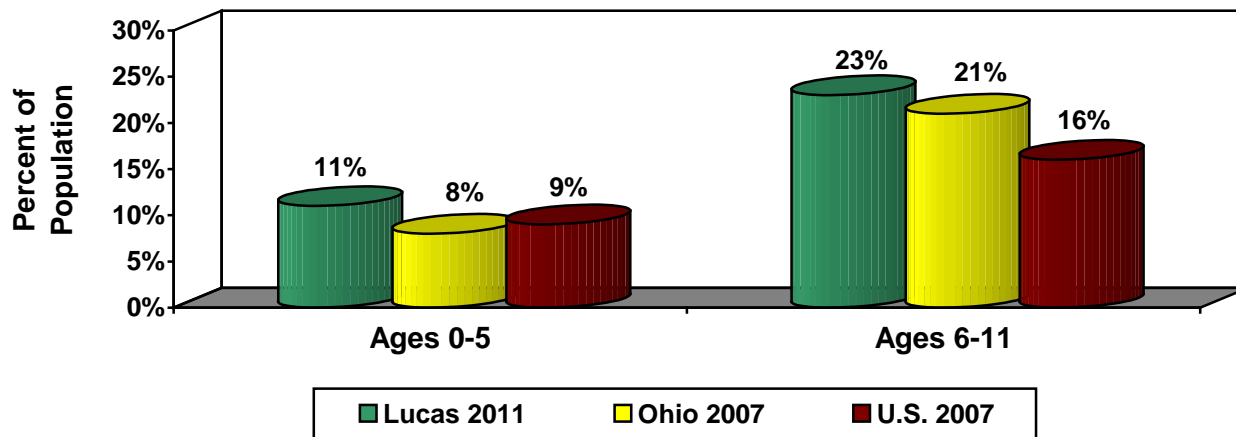
Asthma

- ◆ In 2007, 29% of U.S. children with food allergy also had reported asthma compared with 12% of children without food allergy.
- ◆ 8% of U.S. children ages 0-4 have asthma, while 14% of children ages 5-14 have asthma.

(Source: CDC, National Center for Health Statistics Data Brief, Food Allergy Among U.S. Children: Trends in Prevalence and Hospitalizations, October 2008)

The following graph shows that Lucas County has a larger percent of children ages 0-5 that are diagnosed with asthma than both Ohio and the U.S. For children ages 6-11 Lucas County has a larger percent that are diagnosed with asthma than the U.S., but a smaller percent diagnosed than Ohio.

Diagnosed with Asthma



Children's Health and Functional Status

Children's Health

- ❖ About 30 to 50 percent of students with ADHD will also have a learning disability.
- ❖ If a child has cortex-based disorders, emotional regulatory disorders, or chronic motor and/or vocal tic disorder the child has up to a 50 percent chance that he or she will have at least one of the others as well. Cortex-based disorders are learning, language, and/or motor disabilities. Emotional regulatory disorders are anxiety disorders, which may include panic attacks, depression, anger-control disorders, and obsessive-compulsive disorder.
- ❖ About 1 out of every 33 babies is born with a major birth defect.
- ❖ The causes of about 70% of birth defects are unknown.
- ❖ Most birth defects happen during early pregnancy; before the woman knows she is pregnant.
- ❖ Parents who have a child with an Autism Spectrum Disorder (ASD) have a 2 to 8 percent chance of having a second child with an ASD.
- ❖ About 40% of children with an ASD do not talk at all. Another 25 to 30 percent have some words at 12 to 18 months of age and lose them. Others may speak, but not until later in childhood.
- ❖ ASD is reported to occur in all racial, ethnic, and socioeconomic groups, yet are on average 4 to 5 times more likely to occur in boys rather than in girls.

(Source: CDC, Learning Disabilities Association of America, National Birth Defects Prevention Network)

Children's Nutrition

- ❖ Healthy eating contributes to overall healthy growth and development, including healthy bones, skin, and energy levels; and a lowered risk of dental caries, eating disorders, constipation, malnutrition, and iron deficiency anemia.
- ❖ Hunger and food insufficiency in children are associated with poor behavioral and academic functioning.
- ❖ 39% of children ages 2-17 meet the USDA's dietary recommendations for fiber.
- ❖ Less than 40% of U.S. children and adolescents meet the U.S. dietary guidelines for saturated fat.
- ❖ Of U.S. children ages 2-5 100% get the total recommended amount of fruit, grains, and milk. While 73% get the total recommended amount of meat and beans, only 44% get the total recommended amount of vegetables. Of U.S. children ages 6-11 100% get the total recommended amount of grains. 58% get the total recommended amount of fruit, 46% get the total recommended amount of vegetables, 87% get the total recommended amount of milk, and 78% get the total recommended amount of meat and beans.
- ❖ Overweight and obesity, influenced by poor diet and inactivity, are significantly associated with an increased risk of diabetes, high blood pressure, high cholesterol, asthma, joint problems, and poor health status. The prevalence of obesity among children ages 6-11 has more than doubled in the past 20 years. Overweight child and adolescents are more likely to become overweight or obese adults. One study has shown that children who became obese by the age of eight were more severely obese as adults.

(Source: CDC, childstats.gov)

Children's Health and Functional Status

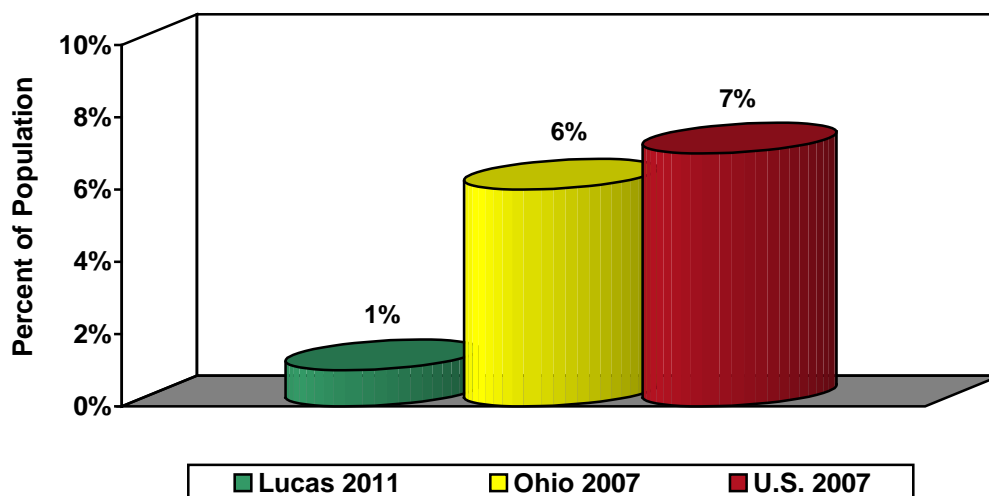
Physical Activity

- ◆ In 2007, 6% of Ohio children ages 6-11 haven't participated in physical activity for at least 20 minutes in the past week. During the past week, 15% of Ohio children ages 6-11 have participated in physical activity for at least 20 minutes 1 to 3 days, 37% have participated in physical activity for at least 20 minutes 4 to 6 days, and 42% have participated in physical activity for at least 20 minutes everyday.

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

The following graph shows that Lucas County children ages 6-11 participate in some type of physical activity that was less than both Ohio and U.S. children, although the percent of Ohio children that do not participate in any physical activity is close to the percent of children in the U.S. Lucas County has a much smaller percent of children ages 6-11 that participate in no physical activity.

Children 6-11 with No Physical Activity



TV, Video Games, and Computer Usage

- ❖ The average time Lucas County children ages 0-11 spend watching TV is 2.3 hours, and the average time playing video games is 0.7 hours. 16% of parents with children ages 0-5 and 18% of parents with children ages 6-11 reported that their child spends 4 or more hours per day watching TV and playing video games.
- ❖ For parents of Ohio children ages 6-11, 6% have no rules about what programs their children can watch.
- ❖ Lucas County children ages 0-11 used a computer for an average of 0.7 hours on an average day. Ohio children ages 6-11 use a computer on an average weekday for purposes other than school work for the following: no time (24%), less than an hour (39%), 1-3 hours (27%), and more than 3 hours (2%). 8% of Ohio children ages 6-11 do not own a computer.

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

Children's Health Insurance, Access, Utilization, & Medical Home

Key Findings

In 2011, 8% of Lucas County parents reported there was a time in the past year their 0-11 year old was not covered by health insurance. 28% of parents reported they received benefits from the SNAP/food stamp program and 19% from the WIC program. 31% of parents reported they had taken their child to the hospital emergency room in the past year. 88% of parents had taken their child to the doctor for preventive care in the past year.

National Survey of Children's Health, 2007

- ❖ 12% of 0-5 year old and 11% of 6-11 year old Ohio children were without insurance at some time in the past year.
- ❖ 32% of 0-5 year old and 26% of 6-11 year old Ohio children had public insurance.
- ❖ 96% of 0-5 year old and 87% of 6-11 year old Ohio children had been to the doctor for preventive care in the past year.

(Source: National Survey of Children's Health, 2007 <http://nschdata.org>)

Health Insurance

- ◆ 8% of parents reported there was a time in the past year that their child was not covered by any health insurance.
- ◆ Lucas County children had the following types of health insurance: parent's employer (50%), Medicaid (30%), someone else's employer (12%), self-pay (3%), and Medicare (2%).
- ◆ Parents reported their child's health insurance covered the following: doctor visits (98%), prescription coverage (96%), immunizations (96%), hospital stays (95%), well visits (95%), dental (88%), vision (77%), and mental health (73%).

Access and Utilization

- ◆ In the past year, parents reported that someone in the household received the following: benefits from SNAP/food stamps (28%), free or reduced cost breakfast or lunches at school (23%), WIC program (19%), cash assistance from a welfare program (8%), subsidized childcare through Lucas County Job & Family Services (6%), mental health/substance abuse treatment (6%), and Help Me Grow (5%).
- ◆ 7% of parents reported their child did not get all of the medical care they needed in the past year. They gave the following reasons: costs too much (3%), no insurance (1%), health plan problem (1%), no referral (1%), treatment is ongoing (1%), not convenient times/could not get appointment (1%).
- ◆ 10% of parents reported their child did not get all of the prescription medications they needed in the past year. They gave the following reasons: did not need medications (5%), costs too much (2%), health plan problem (1%), and no referral (1%).
- ◆ About one-third (31%) of parents took their child to the hospital emergency room for health care in the past year, increasing to 44% of parents with incomes less than \$25,000. 5% of children had been to the ER three or more times in the past year.
- ◆ 8% of children received mental health care or counseling, increasing to 15% of those ages 6-11.
- ◆ 68% of children visited a dentist in the past year, increasing to 88% of those ages 6-11.

Medical Home

- ◆ 90% of parents reported their child goes to a private doctor's office if they are sick or need advice about their health. 4% used a community health center and 3% used a hospital emergency room.
- ◆ 58% of parents reported they had one or more people they think of as their child's personal doctor or nurse.
- ◆ 88% of children had visited their health care provider for preventive care in the past year.
- ◆ Parents reported they were referred to and went to the following specialists for their child: ear, nose and throat doctor (25%), cardiologist (6%), psychiatrist (6%), endocrinologist (3%), oncologist (1%), other specialist (19%). Parents reported they were referred to and did not go to the following specialists for their child: ear, nose and throat doctor (1%), psychiatrist (1%), and other specialist (2%).

Children's Health Insurance, Access, Utilization, & Medical Home

- ◆ 12% of children received special services like physical therapy or medical equipment like wheelchairs in the past year. 1% needed the services or equipment but did not receive them.

Child Comparisons	Lucas County 2011 Ages 0-5	Ohio 2007 Ages 0-5	U.S. 2007 Ages 0-5	Lucas County 2011 Ages 6-11	Ohio 2007 Ages 6-11	U.S. 2007 Ages 6-11
Child was not covered by insurance at some time in the past year	6%	12%	15%	9%	11%	16%
Had public insurance	33%	32%	35%	32%	26%	28%
Been to doctor for preventive care in past year	93%	96%	96%	82%	87%	85%
Dental care visit in past year	48%	51%	54%	88%	92%	90%
2 or more visits to the ER	15%	8%*	8%*	9%	6%*	4%*
Received all the medical care they needed	95%	99%*	99%*	91%	98%*	98%*
Have a personal doctor or nurse	58%	95%	94%	57%	95%	92%

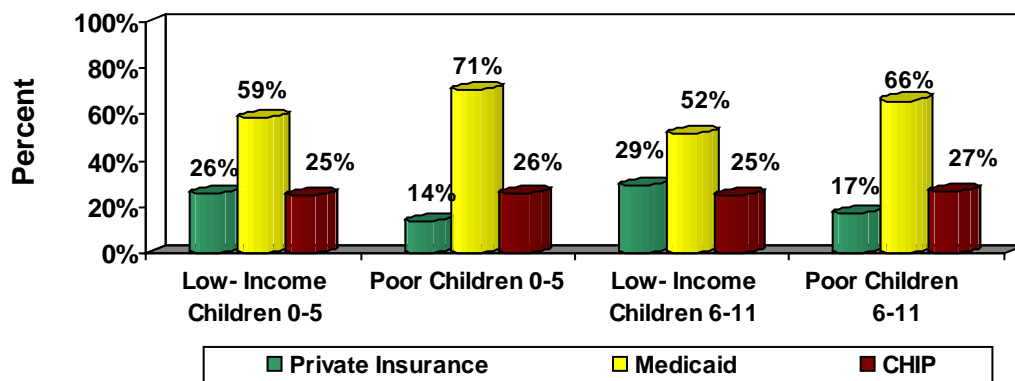
* 2003 national and state data

Low-Income Families and Health Insurance

- ◆ As children get older they are more likely to become uninsured.
- ◆ In the United States, 14% of children ages 0-5 from low-income families are uninsured; also, 14% of children ages 0-5 from poor families are uninsured. 16% of children ages 6-11 from low-income families are uninsured, and 17% of children ages 6-11 from poor families are uninsured. For children ages 12-17, 19% of those from low-income families, and 20% of those from poor families are uninsured. *(Source: National Center for Children in Poverty), Basic Facts About Low-income Children, 2009, Released October 2010)*

The following graph shows the percent of low-income children that have different types of health insurance or no health insurance. The graph also shows the percent of poor children that have different types of health insurance or no health insurance. The types of health insurance include uninsured, private insurance, Medicaid, or Children Health Insurance Program (CHIP). Low-income is 100-200% of the Federal Poverty Level (FPL), while poor is 0-99% of the FPL. Children that have more than one type of health insurance are included in both percents. Children that are in poor families are more likely to be uninsured or on Medicaid than those of low-income families. Children of low-income families are more likely than those of poor families to be on private insurance. Children of low-income families are just as likely as those of poor families to be covered by CHIP.

Children's Health Insurance Coverage in the United States



(Source: National Center for Children in Poverty, Basic Facts About Low-income Children, 2009, Released October 2010)

Children's Health Insurance, Access, Utilization, & Medical Home

Unmet Medical Needs in the United States

- ❖ Children in near-poor families were more likely to have unmet medical needs and to have delayed medical care than children in poor families or children in families that are not poor.
- ❖ 3% of children were unable to get needed medical care because the family could not afford it, and 5% of children had medical care delayed because of worry about the cost.
- ❖ Children in single-mother families were more likely to have been unable to get medical care compared with children in two-parent families or in single-father families.
- ❖ 15% of uninsured children had not had contact with a doctor or other health professional in more than two years (including those that had never had contact) compared with only 2% of children with private insurance.

(Source: National Health Interview Survey, 2008)

Prescriptions

- ❖ 13% of U.S. children had a health problem in 2008 for which prescription medication had been taken regularly for at least three months. 16% of children ages 12-17, 14% of children ages 5-11, and 7% of children ages 0-5 were on regular prescription medication.
- ❖ 13% of White children, 12% of African American children, and 8% of Asian children were on regular prescription medication.
- ❖ 15% of children with Medicaid or other public health insurance, 13% of children with private insurance, and 6% of uninsured children have been on regular prescription medication for at least three months.

(Source: National Health Interview Survey, 2008)

Emergency Room Visits

- ❖ In 2008, 14% of the U.S. population had an emergency room visit in the past year. 7% of U.S. children had two or more emergency room visits in the past year.
- ❖ 12% of children in single-mother families had two or more visits to an emergency room in the past year, while only 6% of children in two-parent families had two or more visits to an emergency room in the past year.
- ❖ 11% of children with Medicaid or other public insurance had two or more emergency room visits in the past year. 6% of uninsured children had two or more emergency room visits in the past year. 5% of children with private health insurance had two or more emergency room visits in the past year.

(Source: National Health Interview Survey, 2008)

Early Childhood (0-5 year olds)

Key Findings

The following information was reported by parents of 0-5 year olds. 93% of mothers got prenatal care within the first three months during their last pregnancy. 5% of mothers smoked during their last pregnancy. 70% of parents put their child to sleep on his/her back. 27% of mothers never breastfed their child. 91% of children always rode in a car seat or booster seat.

Early Childhood

- ◆ The following information was reported by Lucas County parents of 0-5 year olds.
- ◆ During their last pregnancy, mothers did the following: got prenatal care within the first 3 months (93%), took a multi-vitamin (88%), took folic acid (45%), smoked cigarettes (5%), used marijuana (3%), used alcohol (2%), experienced domestic violence (2%) and used drugs not prescribed for them (1%).
- ◆ When asked how parents put their child to sleep as an infant, 70% said on their back, 15% said on their side, and 15% said on their stomach.
- ◆ Children were put to sleep in the following places: crib/bassinet (94%), pack n' play (44%), in bed with parent or another person (37%), car seat (31%), swing (29%), couch or chair (8%), and floor (6%).
- ◆ Mothers breastfed their child: more than 9 months (16%), 4 to 9 months (19%), 7 weeks to 3 months (15%), 3 to 6 weeks (11%), 2 weeks or less (10%), still breastfeeding (3%), and never breastfed (27%).
- ◆ 91% of parents reported their child always rode in a car seat/booster seat when a passenger in a car and 3% reported their child never rode in a car seat/booster seat.
- ◆ 33% of parents of 0-5 year olds reported reading to their child every day, 20% read almost every day, 34% a few times a week, 9% a few times a month and 2% reported a few times per year.
- ◆ Parents reported their 0-5 year old always wore a helmet when riding the following: a bicycle (21%), a scooter/dirt bike (6%), rollerblades/skates (5%), and a skateboard (2%).
- ◆ Parents reported their 0-5 year old never wore a helmet when riding the following: a bicycle (10%), a scooter/dirt bike (3%), rollerblades/skates (2%), and a skateboard (0%).
- ◆ Children 0-5 years old were more likely than children 6-11 years old to:
 - Have gone to the emergency room in the past year (37% compared to 25% of 6-11).
 - Have received all the prescriptions needed (92% compared to 87% of 6-11).
 - Been tested for lead poisoning (45% compared to 40% of 6-11).
 - Have visited a doctor for preventive care in the past year (93% compared to 82% of 6-11).
 - Needed and received special services within the past year (15% compared to 8% of 6-11).
 - Have parents with health care coverage (92% compared to 86% of 6-11).

National Survey of Children's Health, 2007

- ❖ 50% of Ohio and 48% of U.S. parents of 0-5 year olds read to their child every day.
- ❖ 17% of Ohio and 13% of U.S. parents of 0-5 year olds reported their child watched 4 or more hours of TV each day.
- ❖ 34% of Ohio and 25% of U.S. parents of 0-5 year olds never breastfed their child.

(Source: National Survey of Children's Health, 2007 <http://nschdata.org>)

Early Childhood (0-5 years old)

Child Comparisons	Lucas County 2011 0-5 years	Ohio 2007 0-5 years	U.S. 2007 0-5 years
Parent reads to child every day	33%	50%	48%
Spent 4 or more hours watching TV	16%	17%*	13%*
Never breastfed their child	27%	34%	25%

* Children ages 1-5 years old

Children in Ohio and the U.S.

- ❖ A child is born into poverty every 33 seconds in the United States. Every 16 minutes a child is born into poverty in Ohio.
- ❖ Every 35 seconds a child is abused or neglected in the United States, in Ohio a child is abused or neglected every 13 minutes.
- ❖ Ohio has a slightly larger percent of poor children and children living in extreme poverty than the United States. The percent of poor children in Ohio is 19%, while poor children living in the U.S. is 18%. The percent of children living in extreme poverty in Ohio is 9%, while in the U.S. is 8%.
- ❖ 34% of two year olds in the U.S. are not fully immunized, while only 22% of two year olds in Ohio aren't fully immunized.
- ❖ 15% of 3 year olds in the U.S. and 15% of 3 year olds in Ohio are enrolled in state preschool, Head Start, or special education programs. 39% of 4 year olds in the U.S. and 21% of 4 year olds in Ohio are enrolled in state preschool, Head Start, or special education programs.

(Sources: Children's Defense Fund)

Sleep and SIDS

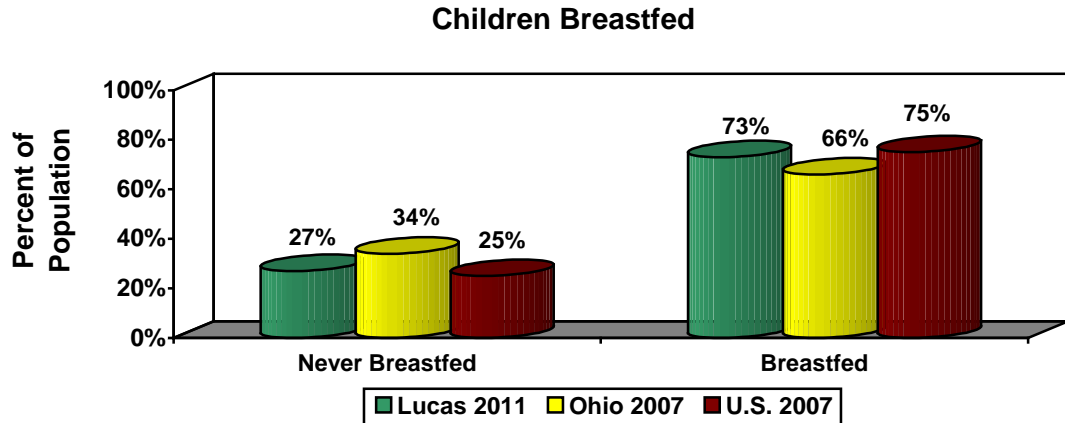
- ❖ Babies should be placed on his/her back with face and head clear of blankets and other soft items. Doctors have not found an increase in choking or other problems in infants who sleep on their backs.
- ❖ Sudden Infant Death Syndrome (SIDS) is the leading cause of death in children between one month and one year. SIDS is most likely to occur between two and three months, it also occurs more often in males than females. Native American infants are three times more likely than Caucasians to die of SIDS and African-Americans are two to three times more likely than Caucasians to die of SIDS.
- ❖ SIDS is likely to occur if an infant is sleeping on his/her stomach, using a soft or unsafe bed, has loose bedding materials like blankets and pillows, overheating due to clothing, blankets or room temperature, mother's age is younger than 20 years, mother smoked during pregnancy, mother received late or no prenatal care, child was born with a premature or low birth weight, or the baby is exposed to secondhand smoke.
- ❖ Side sleeping infants is not as safe as back sleeping. Infants who sleep on their sides can roll onto their stomachs; which puts them at a greater risk for SIDS.
- ❖ Studies show that pacifiers may protect against SIDS. Pacifiers are recommended from one month for breast-fed infants to one year. The pacifier should be used when placing the baby down to sleep, but should not be reinserted once the infant falls asleep. If the infant refuses the pacifier, he/she should not be forced to take it. Pacifiers should be cleaned regularly and should not be coated with sweet substances.

(Source: National Sleep Foundation)

Early Childhood (0-5 years old)

Breastfeeding

The following graph shows the percent of infants that have been breastfed or given breast milk from Lucas County, Ohio, and U.S. The U.S. has a larger percent than Lucas County, and Lucas County has a larger percent than Ohio of children that have been breastfed for any length of time. The graph also shows the percent of children from Lucas County, Ohio, and the U.S. that have never been breastfed or given breast milk. Ohio has the largest percent of children never breastfed, following Lucas County, and the U.S. has the smallest percent never breastfed or given breast milk.



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

Car Seats and Booster Seats

- ❖ For children ages 0-8, child restraint use has increased from 15% in 1999 to 73% in 2005.
- ❖ In a study observing the misuse of 3,442 child restraint systems in six states, about 73% showed at least one critical misuse. 84% of infant seats showed critical misuse, and 41% of booster seats showed critical misuse. The most common form of misuse included loose vehicle seat belt attachment to the child restraint systems and loose harness straps securing the child to the child restraint systems.
- ❖ Children ages 2-5 using safety belts prematurely are four times more likely to suffer a serious head injury in a crash than those restrained in child safety seats or booster seats.
- ❖ Child safety seats reduce fatal injury in passenger cars by 71% for infants less than 1 year old and by 54% for children ages 1-4.
- ❖ For children under the age of 5, 451 lives were saved in 2004 due to child restraint use. Of these 451 lives saved, the use of child safety seats was responsible for 413 and the use of safety belts saved 38.

(Source: Safe Kids USA)

Child Care

- ❖ Children ages 0-5 from single-mother households are more likely to have a parent who cut back or quit working in the past year due to child care issues (19%), than children in two-parent households (11%).
- ❖ Of children ages 0-5 who needed child care, 67% have parents who made different arrangements for care at the last minute due to circumstances beyond their control.

(Source: Data Resource Center for Child & Adolescent Health, childhealthdata.gov)

Middle Childhood (6-11 years old)

Key Findings

The following information was reported by Lucas County parents of 6-11 year olds. In 2011, 25% of Lucas County parents reported their child never wore a helmet when riding a bicycle. 53% of parents reported their child was bullied at some time in the past year. 81% of parents reported their child participated in extracurricular activities. 26% of parents reported their child had a MySpace or Facebook account. 90% of parents reported their child had exercised for 20 minutes on three or more days in the past week.

Middle Childhood

- ◆ The following information was reported by Lucas County parents of 6-11 year olds.
- ◆ 22% of parents reported their 6-8 year old child always rode in a booster seat when a passenger in a car. 12% reported their 6-8 year old never rode in a booster seat. 11% of parents reported their 6-8 year old did not need a booster seat since they were taller than the recommended height.
- ◆ 73% of parents whose child was old enough and/or tall enough to not be in a booster seat, reported their child always wore a seat belt, decreasing to 68% of those with incomes less than \$25,000.
- ◆ Parents reported their 6-11 year old always wore a helmet when riding the following: a bicycle (24%), a scooter/dirt bike (13%), rollerblades/skates (9%), and a skateboard (7%).
- ◆ Parents reported their 6-11 year old never wore a helmet when riding the following: a bicycle (25%), a scooter/dirt bike (14%), rollerblades/skates (20%), and a skateboard (13%).
- ◆ Parents discussed the following topics with their 6-11 year old: eating habits (70%), screen time (TV or computer) (59%), tobacco (58%), alcohol (54%), body image (49%), marijuana and other drugs (45%), refusal skills (38%), dating and relationships (20%), abstinence and how to refuse sex (15%), condoms, safer sex and STD prevention (5%), and birth control (4%).
- ◆ 75% of parents reported they felt their child was always safe at school. 21% reported usually and 3% reported sometimes.
- ◆ 53% of parents reported their child was bullied in the past year. 9% of parents reported they didn't know if their child was bullied. The following types of bullying were reported:
 - 61% were verbally bullied (teased, taunted or called you harmful names)
 - 15% were indirectly bullied (spread mean rumors about you or kept you out of a "group")
 - 15% were physically bullied (you were hit, kicked, punched or people took your belongings)
 - 1% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
- ◆ 15% of parents reported their child received mental health care counseling in the past year.
- ◆ Children were enrolled in the following types of schools: public (74%), private (15%), charter (9%) and home-schooled (2%).
- ◆ 81% of parents reported their child participated in extracurricular activities in the past year. Their child participated in the following: a sports team or sports lessons (62%), a club or organization such as Scouts or Boys/Girls club (30%), a religious group (17%), and some other organized activity (32%).
- ◆ 18% of parents reported their child spent 4 or more hours watching TV, 6% playing on the computer for 4 or more hours, and 5% spent 4 or more hours playing video games on an average day after school.
- ◆ 90% of parents of 6-11 year olds reported their child was physically active for at least 60 minutes on 3 or more days in the past week. 66% had done so on 5 or more days.

National Survey of Children's Health, 2007

- ❖ 8% of Ohio and 5% of U.S. parents of 6-11 year olds reported their child missed 11 or more days of school due to an illness or injury.
- ❖ 14% of Ohio and 9% of U.S. parents of 6-11 year olds reported their child watched 4 or more hours of TV or playing video games each day.
- ❖ 15% of Ohio and 9% of U.S. parents of 6-11 year olds reported their child spent time home alone without an adult.

(Source: National Survey of Children's Health, 2007 [http:// nschdata.org](http://nschdata.org))

Middle Childhood (6-11 years old)

- ◆ One in four (26%) parents reported their child had a MySpace or Facebook account. Of those who had an account, they reported the following: they had their child's password (20%), they knew all of the people in their child's "my friends" (16%), their child's account was checked private (12%), and their child had a problem as a result of their account (1%). No parents reported that their child's friends had their passwords.
- ◆ Parents reported their child read: every day (46%), almost every day (37%), a few times a week (12%), a few times a month (3%), a few times a year (1%), almost never-child has no interest (1%), and almost never-child cannot read (1%).
- ◆ Parents reported their child missed school an average of 3.1 times in the past school year because of illness or injury.
- ◆ 15% of parents reported they had to contact the following agencies to help with problems with their child: child's school (10%), mental health agency (8%), juvenile court (2%), faith based agency (1%), and children's services (1%).
- ◆ 40% of parents of 6-11 year olds believed that teaching of the reproductive system should begin in grades 3-5. 35% believed it should be taught in grades 6-8.
- ◆ 51% of parents believed that abstinence and refusal skills should be taught in grades 6-8. 19% believed it should be taught in grades 3-5 and 11% taught in kindergarten through 2nd grade.
- ◆ 54% of parents thought that birth control and the use of condoms should be taught in 6th through 8th grade, 26% in 9th-12th grade.
- ◆ No one answered that sexual health education topics should not be taught in the schools.
- ◆ Children 6-11 years old were more likely than children 0-5 years old to:
 - Have an emotional, developmental or behavioral problem (17% compared to 6% of 0-5).
 - Have asthma (23% compared to 11% of 0-5).
 - Have ADD or ADHD (16% compared to 1% of 0-5).
 - Have gone to the dentist in the past year (88% compared to 48% of 0-5).
 - Have problems with their teeth (46% compared to 11% of 0-5).
 - Have smokers in the home (34% compared to 29% of 0-5).

Child Comparisons	Lucas County 2011 6-11 Years	Ohio 2007 6-11 Years	U.S. 2007 6-11 Years
Child participated in 1 or more activities	81%	85%	79%
Child did not miss any days of school because of illness or injury	18%	16%	22%
Child missed school 11 days or more because of illness or injury	2%	8%	5%
No physical activity	1%	6%	7%
Parent felt child was usually/always safe at school	96%	95%	92%

Middle Childhood (6-11 years old)

Children's Safety in Cars

- ❖ Children are more likely to be properly restrained when the driver is properly restrained.
- ❖ 81% of children ages 8-15 use a safety belt, but only 68% of all occupants use a safety belt in the back seat.
- ❖ Safety belts are not designed for children under 4'9". Some children may need a booster seat past the age of 8, even though it isn't required.
- ❖ Over 400 children ages 4-8 are killed in traffic crashes every year and roughly 70,000 more are injured. Research has shown that booster seats reduce injury risk by 59% for children ages 4-8 compared to safety belts alone.
- ❖ A booster seat raises the child so the safety belt fits properly. The lap belt should rest on the hip or pelvis and the shoulder belt should cross the chest.
- ❖ All children under 13 should sit in the back seat.
- ❖ Ohio law states that children under 8 years old must ride in a booster seat or other appropriate child safety seat unless they are 4'9" or taller. Children from 8 to 15 years old who are not secured in a car seat must be secured in the vehicle's seat belt.

(Sources: Safe Kids USA, ODH, Ohio Booster Seat Coalition)

Helmet Safety

- ❖ More than 70% of children ages 5-14 regularly ride a bicycle.
- ❖ Each year, approximately 140 children are killed as bicyclists, and sustain more than 275,000 nonfatal bicycle injuries. An estimated 75% of fatal head injuries could have been prevented with a helmet.
- ❖ National usage of bicycle helmets ranges from 15 to 25 percent.
- ❖ More children ages 5-14 are seen in hospital emergency rooms for injuries related to biking than any other sport.
- ❖ For motor vehicle-related bicycle crashes, 69% of deaths occur between May and October, 58% of deaths occur at non-intersection locations, and 70% of deaths occur between 2 and 8 pm.
- ❖ In 2004, an estimated number of 18,743 head injuries were treated in emergency rooms due to skateboarding.

(Source: Safe Kids USA)

MySpace and Facebook

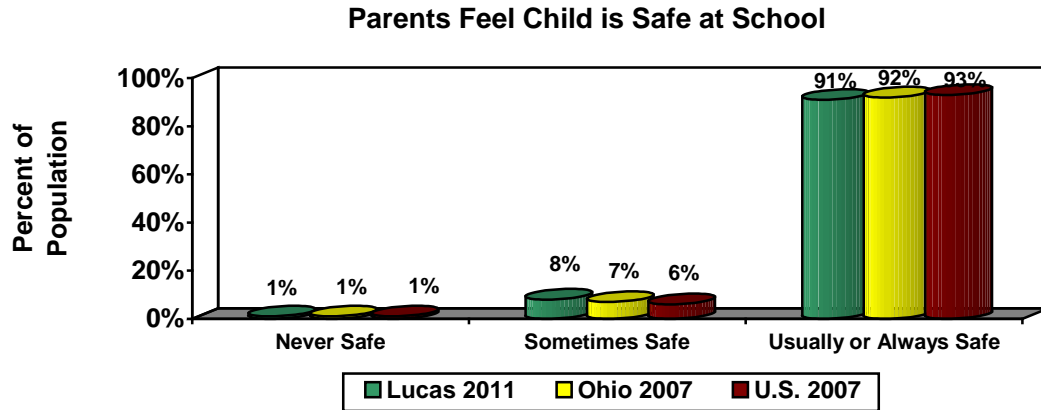
- ❖ 55% of teens have profiles on a social networking website. Of 10-17 years old with social profiles, 34% posted their real names, telephone numbers, home addresses, or the names of their schools. 45% had posted their date of birth or ages, and 18% had posted pictures of themselves.
- ❖ When signing up for MySpace, you are asked for your date of birth, if you are not over the age of 13 it will come up and say "We're sorry. Based on the information you have submitted to us, you are ineligible to register on MySpace." Also, when you click "signup free" you are agreeing to the Terms of Use, which under the first section states "By using the MySpace Services, you represent and warrant that ... you are 13 years of age or older... Your profile may be deleted and your Membership may be terminated without warning, if we believe that you are under 13 years of age..."
- ❖ Facebook will also asks for your date of birth, if you are not over the age of 13 it will come up and say "Sorry, you are ineligible to sign up for Facebook." Also when you click "sign up" you are agreeing that you have read and agree to the Terms of Use, which under section 4 states "You will not use Facebook if you are under 13."

(Source: U.S. Department of Education, Facebook, MySpace)

Middle Childhood (6-11 years old)

Safe Schools

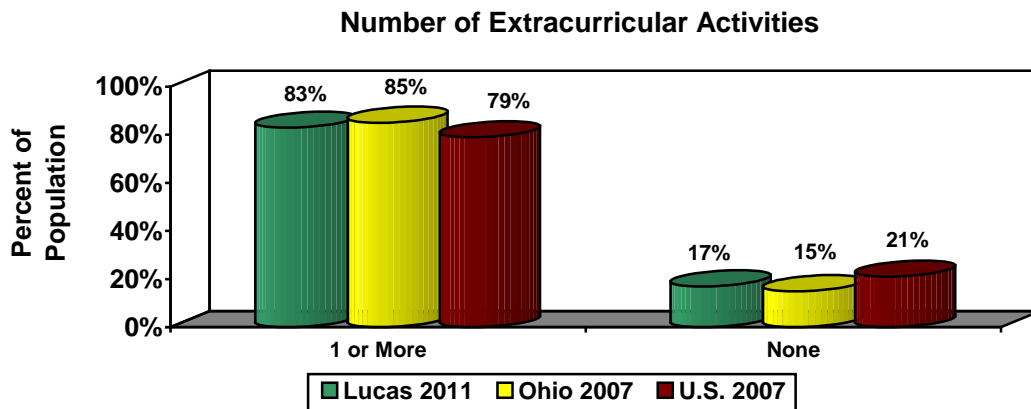
The following graph shows whether Lucas parents, Ohio parents, and U.S. parents feel their child's school is never, sometimes, or usually/always safe.



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

Extracurricular Activities

The following graph shows the percent of children in Lucas County, Ohio, and the U.S. that participate in at least one or more extracurricular activities, and those that do not participate in any. Lucas County has more participants than the U.S., but less than Ohio.



(Source: Nation Survey of Children's Health, Data Resource Center)

Unhappy, Sad, and Depressed Children

- ❖ U.S. parents reported their child being unhappy, sad, or depressed. 52% reported never, 31% reported rarely, 16% reported sometimes, and 2% reported usually/always.
- ❖ Ohio parents also reported their child being unhappy, sad, or depressed. 46% reported never, 32% reported rarely, 19% reported sometimes, and 3% reported usually/always.

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

Family Functioning, Neighborhood & Community Characteristics

Key Findings

In 2011, Lucas County parents reported their 0-11 year old child slept an average of 10.3 hours per night. 21% of parents reported they read to their child every day. 89% of parents reported their neighborhood was always or usually safe. 31% of parents reported someone smoked in their home. 3% of parents reported an unlocked firearm and 3% reported a loaded firearm in their home.

Family Functioning

- ◆ 67% of parents reported they were coping with the day-to-day demands of parenthood very well. 32% reported somewhat well and 1% reported not very well.
- ◆ Parents reported they read to their child: every day (21%) almost every day (22%), a few times a week (29%), a few times a month (10%) and a few times a year (2%).
- ◆ Parents reported their child read: every day (31%) almost every day (25%), a few times a week (10%), a few times a month (2%) and a few times a year (<1%).
- ◆ 3% of parents reported their child went to bed hungry at least one day per week because they did not have enough food. 1% reported their child went to bed hungry every night.
- ◆ 38% of parents reported that every family member that lived in their household ate a meal together every day of the week, increasing to 43% of parents of 0-5 year olds.
- ◆ Parents reported the average number of times their 0-5 year old attended religious services was 1.6 times per month.
- ◆ 31% of parents reported their child attended religious service one to three times per month and 28% reported four or more times per month. 40% reported their child has never attended a religious service.
- ◆ Parents reported the average time their child woke up was 7:29 a.m. and the average time they went to bed was 8:45 p.m. The average child slept 10.3 hours per night. 2007 NSCH results showed 71% of Ohio and 72% of U.S. children ages 6-11 got enough sleep in the past week.
- ◆ Parents reported their child was disciplined in the following ways:
 - Take away privileges (67%)
 - Time out (59%)
 - Yell (35%)
 - Spanking (30%)
 - Grounding (28%)
 - Other (8%)
 - Child had not been disciplined (7%)
 - Mouth washed out (3%)

National Survey of Children's Health, 2007

- ◆ 55% of Ohio and 58% of U.S. parents of 0-5 year olds reported their family ate a meal together every night of the week.
- ◆ 37% of 0-5 year old and 34% of 6-11 year old Ohio children lived in a household with someone who smokes.

(Source: National Survey of Children's Health, 2007 <http://nscbdata.org>)

Neighborhood and Community Characteristics

- ◆ Parents reported their neighborhood was: always safe (49%), usually safe (40%), sometimes safe (9%) and never safe (2%). 33% of those with incomes less than \$25,000 reported their neighborhood as always safe, as compared to 55% of those with higher incomes.
- ◆ 14% of parents reported their child had moved to a new address 3 or more times.
- ◆ Parents reported they had the following safety items in their home: 98% had a working smoke alarm, 64% had a fire extinguisher, 51% had a carbon monoxide detector, and 41% had the Poison Control number by their phone.
- ◆ Those with incomes less than \$25,000, 42% reported they had a carbon monoxide detector and 54% had a fire extinguisher as compared to 56% and 66% respectively of those with higher incomes.
- ◆ 36% of those with incomes greater than \$25,000 have the Poison Control number by the phone, compared to 52% of those with less than \$25,000.

Family Functioning, Neighborhood & Community Characteristics

- ◆ 19% of parents reported they had a firearm in or around their home. 3% reported they were unlocked and 3% reported they were loaded.
- ◆ 44% of parents talked with their child about gun safety. 19% reported that they had not yet talked with their child, but plan to and 35% said their child was not old enough to discuss gun safety.
- ◆ 31% of parents reported someone smoked in their house, increasing to 51% of those with incomes less than \$25,000.
- ◆ Lucas County parents had the following rules about smoking in their home: no one is allowed to smoke inside their home at any time (81%), smoking is allowed in some rooms only (12%), smoking is not allowed when children are present (4%) and smoking is allowed anywhere (3%).
- ◆ Lucas County parents had the following rules about smoking in their car: no one is allowed to smoke inside their car at any time (78%), smoking is not allowed when children are present (15%), smoking is allowed as long as a window is open (6%) and smoking is allowed at any time (2%).
- ◆ 97% of parents reported the primary language spoken in their home was English and 1% reported Spanish.

Child Comparisons	Lucas County 2011 0-5 Years	Ohio 2007 0-5 Years	U.S. 2007 0-5 Years	Lucas County 2011 6-11 Years	Ohio 2007 6-11 Years	U.S. 2007 6-11 Years
Family eats a meal together every day of the week	43%	55%	58%	33%	40%	47%
Child never attends religious services	45%	35%	32%	36%	14%	15%
Neighborhood is usually or always safe	88%	88%	85%	91%	84%	86%
Someone in the house smokes tobacco	29%	37%	26%	34%	34%	25%
Child exposed to secondhand smoke in home	9%	10%	5%	19%	16%	7%

Child and Parent Relationships

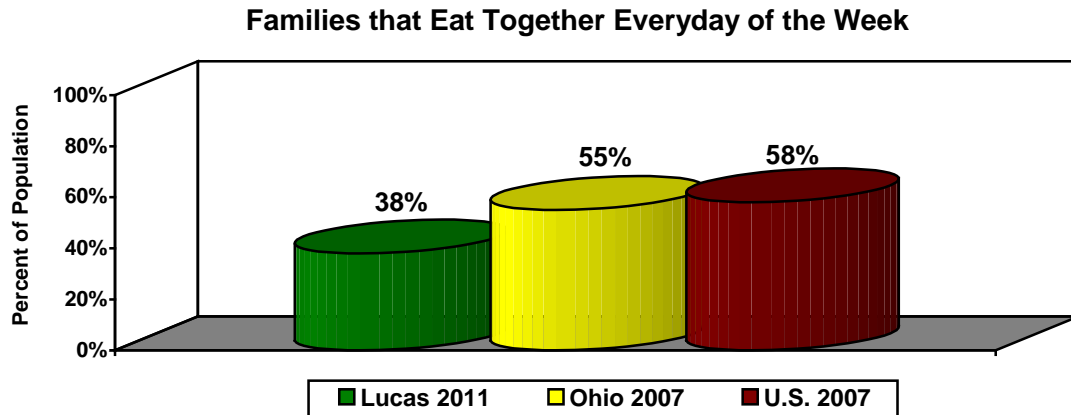
- ◆ 70% of U.S. children ages 6-17 have parents with whom they can share ideas very well or talk with them about things that matter.
- ◆ 60% of U.S. parents of children ages 0-17 are coping very well with the demands of parenting.
- ◆ 87% of U.S. parents of children ages 0-17 have someone to go to for emotional help with parenting.
- ◆ 10 % of U.S. children live with parents who experience high levels of stress from parenting. High stress is reported more often by the parents of children living in single-mother households. Also, children with special health care needs have parents who are twice as likely to report high levels of stress.

(Source: Data Resource Center for Child & Adolescent Health, childhealthdata.org)

Family Functioning, Neighborhood & Community Characteristics

Family Dinners

The following graph shows the percent of Lucas County families that eat a meal together everyday of the week along with the percent of Ohio families and the percent of U.S. families. U.S. families as a whole have the largest percent, followed closely by Ohio families. Lucas County families have the lowest percent for eating a meal together everyday of the week.



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

Families that Read to Children Everyday

- ❖ 55% of children ages 3-5 in the United States get read to everyday by a family member.
- ❖ Race affects the percent that read to their child everyday. 67% for White, non-Hispanic, 60% for Asian and Pacific Islander, non-Hispanic, 35% for Black, non-Hispanic, and 37% for Hispanic.
- ❖ The parents' marital status also has a large effect: 61.9% for two parent families that are married, while two parent families that are unmarried is 24%, and 43% for one parent families.
- ❖ Mothers that have a bachelor's degree or higher are more likely to read to their children than mothers with any other amount of education.
- ❖ Children that have mothers that work less than 35 hours a week are the ones most likely to get read to everyday (63%). Mothers that are not in the labor force are the next with 58%. 51% of mothers that work more than 35 hours per week, and mothers that are looking for work have the lowest percentage for reading to their children everyday with only 40%.

(Source: childstats.gov)

Smoke Alarms

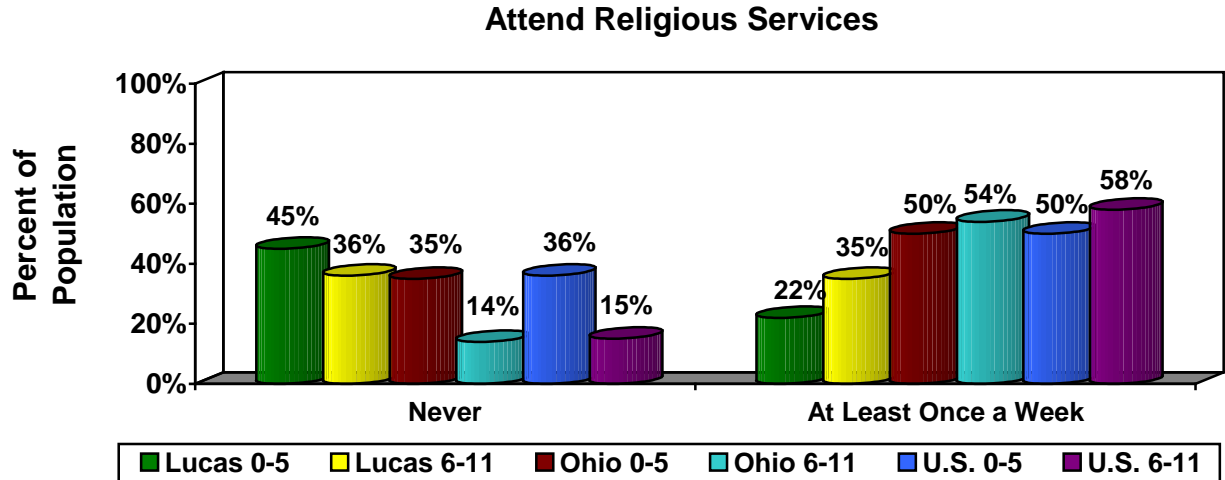
- ❖ 96% of American homes have at least one smoke alarm; however, no smoke alarms were present or did not operate in 41% of the reported fires between 2003 and 2006.
- ❖ In fires considered large enough to activate the alarm, hardwired smoke alarms operated 91% of the time, while battery-powered smoke alarms operated 75% of the time.
- ❖ Over half of the reasons that a smoke alarm failed to go off for fires between 2003 and 2006 was because the battery was disconnected or missing. 22% failed because the battery was dead, and only 8% failed because the hardwired power failed, shut-off or was disconnected.

(Source: National Fire Protection Association)

Family Functioning, Neighborhood & Community Characteristics

Religious Service Attendance

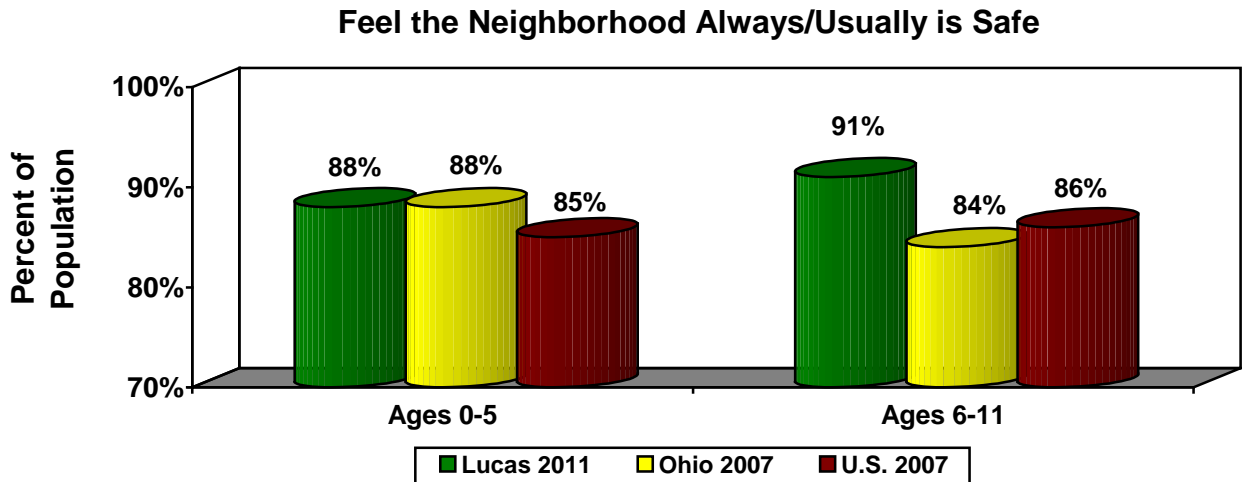
The following chart shows the percent of Lucas County, Ohio, and U.S. children ages 0-5 and 6-11 that attend religious services at least once a week, once a month, and those that have never attended a religious service or don't attend religious services. Lucas County has a much larger percent that attends religious services at least once a month than both Ohio and the U.S., and a much smaller percent that attends religious services at least once a week. Lucas County also has a larger percent of children that had never attended a religious service or does not attend religious services than both Ohio and the U.S.



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

Neighborhood Safety

The following graph shows the percent of Lucas County, Ohio, and U.S. parents that feel their neighborhood is always or usually safe. Lucas County has the largest percent of parents for the 6-11 age group that feel that their neighborhood is always/usually safe. Ohio has a larger percent of parents that feel their neighborhood is always/usually safe for children ages 0-5 than all parents in the U.S., but a smaller percent of Ohio parents feel their neighborhood is always/usually safe for children ages 6-11 compared to U.S. parents of children ages 6-11.



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

Family Functioning, Neighborhood & Community Characteristics

Firearm Safety

- ❖ In 2004, 2% of children that died as a result of a home injury were killed by unintentional shootings in the home. 75% of these children were between the ages 5 and 14.

(Source: Safe Kids USA)

Children and Smoking

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

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

Smoking Rules

- ❖ 30% of people that live in households with no smoking rules have smoked at some point in their lives. While for people that have some smoking rules in their household 24% have smoked at some point in their lives. For people that live in houses where no smoking was allowed at all only 12% have smoked at some point.
- ❖ 27% of people that live in households without smoking rules currently smoke. 19% of people that live in houses with some smoking rules currently smoke; while only 9% of people that live in houses where smoking isn't allowed currently smoke.

(Source: CDC, Impact of Home Smoking Rules on Smoking Patterns Among Adolescents and Young Adults)

Parent Health

Key Findings

In 2011, 11% of Lucas County parents were uninsured. 31% of parents were overweight and 31% were obese. Parents missed work an average of 1.7 days per year due to their child being ill or injured.

Parent Health

- ◆ Those filling out the survey had the following relationship to the child: mother (81%), father (15%), grandparent (3%) and aunt or uncle (1%).
- ◆ More than two-thirds (71%) of parents rated their health as excellent or very good, decreasing to 52% of parents with incomes less than \$25,000. 7% of parents had rated their health as fair or poor.
- ◆ 71% of parents rated their mental and emotional health as excellent or very good.
- ◆ 8% of mothers of 0-5 year olds rated their mental and emotional health as fair or poor. No fathers of 0-5 year olds rated their mental and emotional health as fair or poor. 9% of mothers and 3% of fathers of 6-11 year olds rated their mental or emotional health as fair or poor.
- ◆ 11% of parents were uninsured, increasing to 17% of parents with incomes less than \$25,000.
- ◆ 14% of parents reported someone smoked inside their home.
- ◆ 62% of parents were either overweight (31%) or obese (31%). 1% were underweight.
- ◆ Parents ate unhealthy fast food choices an average of 0.7 times per week and ate healthy choices in fast food restaurants 0.5 times per week. Parents ate healthy restaurant choices an average of 0.6 times per week and ate unhealthy choices in restaurants 0.3 times per week.
- ◆ Parents missed work an average of 1.7 days per year due to their child being ill or injured, 0.7 days per year due to their child's medical appointments, and 0.1 days due to child's asthma.

National Survey of Children's Health, 2007

- ◆ 22% of mothers of 0-5 year olds and 15% of mothers of 6-11 year olds in Ohio were sedentary (not exercising in the past week).
- ◆ 22% of fathers of 0-5 year olds and 13% of fathers of 6-11 year olds in Ohio were sedentary (not exercising in the past week).

(Source: National Survey of Children's Health, 2007 <http://nscldata.org>)

Child Comparisons	Lucas County 2011 Ages 0-5	Ohio 2007 Ages 0-5	U.S. 2007 Ages 0-5	Lucas County 2011 Ages 6-11	Ohio 2007 Ages 6-11	U.S. 2007 Ages 6-11
Mother's mental or emotional health is fair/poor	8%	5%	6%	9%	8%	8%
Father's mental or emotional health is fair/poor	0%	5%	4%	3%	5%	5%

Parent Health

Parent's Health

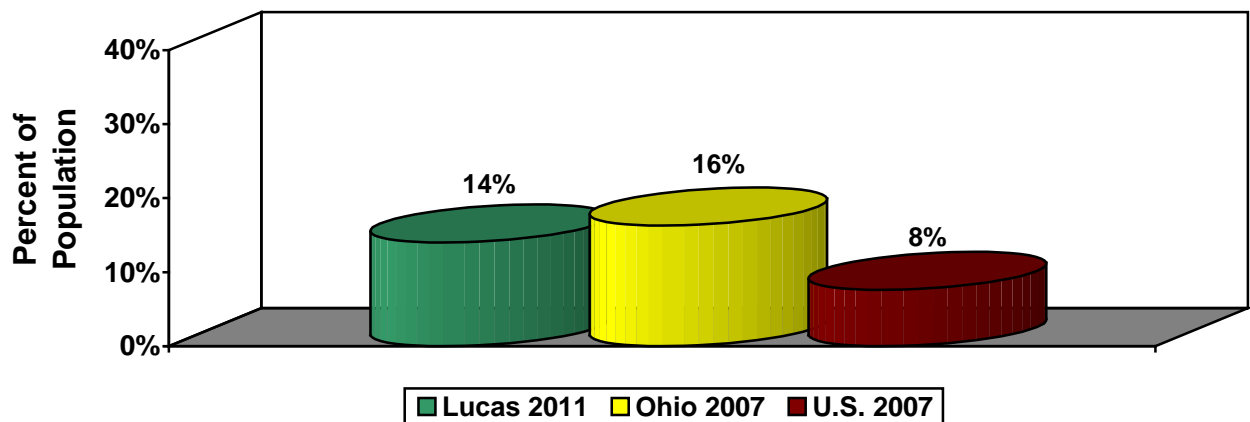
- ❖ 57% of children have mothers who are in excellent or very good physical and mental health (of children with a living mother in their household). Children with special health care needs are less likely to have mothers who are in excellent or very good health (48% vs. 59% for children without special health care needs).
- ❖ 63% of children have fathers who are in excellent or very good physical and mental health (of children with a living father in their household). Children with special health care needs are less likely to have fathers who are in excellent or very good health (58% vs. 64% for children without special health care needs).
- ❖ A child who lives with a mother or father who exercises for at least 20 minutes on four or more days per week is more likely to also exercise at least four days per week. Of children who live with their mothers, 33% have mothers who exercise four or more days per week. Of children who live with their fathers, 45% have fathers who exercise four or more days per week.
- ❖ Higher household income increases the likelihood that a child will exercise regularly. For children living with their mother that does not exercise four or more days a week that are between 0-99% FPL, 46% exercise regularly, while for children living with their mother that does no exercise four or more days a week that are 400% FPL, 66% exercise regularly. For children between 0-99% FPL and have mothers that exercise regularly 69% also exercise regularly, and for children at 400% FPL and have mothers that exercise regularly 80% also exercise regularly.

(Source: childhealthdata.org, Data Resource Center for Child & Adolescent Health)

Smoking in Home of a Child

The following graph compares the percent of parents in Lucas County that allow people to smoke inside their home with those of Ohio and the U.S. Lucas County is almost two times more likely to allow someone to smoke in the house of a child than all of the U.S.

Someone Smokes Inside the Child's Home



(Source: 2007 National Survey of Children's Health, Data Resource Center, 2011 Lucas Health Assessment)

Lucas County Health Assessment Information Sources

Source	Data Used	Website
American Cancer Society, Cancer Facts and Figures 2011. Atlanta: ACS, 2011	<ul style="list-style-type: none"> ◆ 2011, 2010 Cancer facts, figures, and estimates ◆ 2009 Cancer rates ◆ ACS cancer detection guidelines ◆ Cancer risk factors ◆ Nutrition recommendations ◆ Screening recommendations ◆ Tobacco Use and Health 	www.cancer.org
American Dental Association	<ul style="list-style-type: none"> ◆ Dentist per population statistics 	
American Diabetes Association	<ul style="list-style-type: none"> ◆ Type 1 and 2 Diabetes ◆ Diabetes Complications ◆ Diabetes Care: Screening Standards ◆ Risk factors for diabetes 	www.diabetes.org
American Heart Association. <i>Risk Factors for Coronary Heart Disease</i> , 2011	<ul style="list-style-type: none"> ◆ Risk factors for Cardiovascular Disease that can be modified or treated 	www.americanheart.org
American Hospital Association, Annual Survey	<ul style="list-style-type: none"> ◆ Hospital beds 	http://www.aha.org/research/rc/stat-studies/fast-facts.shtml
American Psychiatric Association Let's Talk Facts About Teen Suicide	<ul style="list-style-type: none"> ◆ Teen suicide statistics 	www.psych.org/public_info/teen.cfm
<i>Arthritis at a Glance, 2011</i> , Centers for Disease Control & Prevention, <i>Morbidity and Mortality Weekly Report 2010</i> ; 59(39):999-1003	<ul style="list-style-type: none"> ◆ What Can Be Done to Target Arthritis? ◆ Arthritis statistics 	http://www.cdc.gov/chronicdisease/resources/publications/AAG/arthritis.htm
Association of American Medical Colleges, <i>2011 State Physician Workforce Data Book</i> , November 2011	<ul style="list-style-type: none"> ◆ Physician statistics 	https://www.aamc.org/download/263512/data/statedata2011.pdf
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> ◆ 2009 - 2010 adult Ohio and U.S. correlating statistics 	www.cdc.gov
CDC, Adolescent & School Health	<ul style="list-style-type: none"> ◆ Soft Drinks & Adolescent Weight 	http://www.cdc.gov/healthyyouth/nutrition/facts.htm
CDC, Impact of Home Smoking Rules on Smoking Patterns Among Adolescents and Young Adults	<ul style="list-style-type: none"> ◆ Smoking Rules 	www.cdc.gov/pcd/issues/2006/apr/05_0028.htm
CDC, National Center for Health Statistics, "Deaths: Final Data 2009"	<ul style="list-style-type: none"> ◆ Leading Causes of Death in U.S. 	http://www.cdc.gov/nchs/data/dvs/deaths_2009_release.pdf
CDC, National Center for Health Statistics Data Brief, Food Allergy Among U.S. Children: Trends in Prevalence and Hospitalizations, 2008	<ul style="list-style-type: none"> ◆ Children & Asthma 	N/A

Lucas County Health Assessment Information Sources

Source	Data Used	Website
CDC, National Center for Injury Prevention & Control, Suicide Fact Sheet	<ul style="list-style-type: none"> ◆ Suicide Risk Factors ◆ Suicide Protective Factors 	www.cdc.gov/violenceprevention/suicide/
CDC, National Depressive and Manic Depression Association	<ul style="list-style-type: none"> ◆ Warning Signs of Suicide 	N/A
CDC, Physical Activity for Everyone	<ul style="list-style-type: none"> ◆ Physical activity recommendations 	http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html
CDC, Sexually Transmitted Diseases Surveillance, 2009	<ul style="list-style-type: none"> ◆ U.S. Chlamydia and Gonorrhea rates 	http://www.cdc.gov/std/stats08/Natprouintro.htm
CDC, Stigma of Mental Illness, 2011	<ul style="list-style-type: none"> ◆ Stigma of mental illness, based on 2007 BRFSS data 	http://www.cdc.gov/mentalhealth/data_stats/mental-illness.htm
CDC, Youth Violence & Suicide Prevention	<ul style="list-style-type: none"> ◆ Youth Violence Fact Sheet, 2008 ◆ Intimate Partner Violence Fact Sheet 	http://www.cdc.gov/ncipc/dvp/dvp.htm
Child Statistics	<ul style="list-style-type: none"> ◆ Children's Nutrition ◆ Families that Read to Children Every Day 	www.childstats.gov
Choking Game Education	<ul style="list-style-type: none"> ◆ Warning Signs for the "Choking Game" 	www.deadlygameschildrenplay.com
Dartmouth Atlas of Health Care	<ul style="list-style-type: none"> ◆ County Primary Care Physician Statistics 	http://www.dartmouthatlas.org/
Data Resource Center for Child & Adolescent Health	<ul style="list-style-type: none"> ◆ Child Care ◆ Child & Parent Relationships ◆ Parent Health 	www.childhealthdata.gov
FASTATS A to Z, U.S. Department of Health & Human Services, Centers for Disease Control & Prevention, National Center for Health Statistics, Division of Data Services	<ul style="list-style-type: none"> ◆ U.S. mortality statistics ◆ U.S. predictors of access to health care ◆ U.S. birth rates 	www.cdc.gov/nchs/fastats
C. Harrington, H. Carrillo, M. Dowdell, P. Tang, and B. Blank. Table 2, "Nursing, Facilities, Staffing, Residents, and Facility Deficiencies, 2005 Through 2010," Department of Social and Behavioral Sciences, University of California, San Francisco, accessed January 2012	<ul style="list-style-type: none"> ◆ U.S. nursing home beds 	
Healthy People 2020: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> ◆ All Healthy People 2020 target data points ◆ Some U.S. baseline statistics ◆ Predictors of access to health care 	http://www.healthypeople.gov/2020/topicsobjectives2020
Healthy Youth: Addressing Asthma in Schools, CDC, 2006	<ul style="list-style-type: none"> ◆ Strategies for addressing asthma within schools 	www.cdc.gov/HealthyYouth/asthma/pdf/asthma.pdf
Healthy Youth: Tobacco, CDC	<ul style="list-style-type: none"> ◆ Tobacco Sales & Promoting to Youth 	http://www.cdc.gov/healthyyouth/tobacco/facts.htm
Learning Disabilities Association of America	<ul style="list-style-type: none"> ◆ Children's Health: ADHD, ASD 	www.ldanatl.org

Lucas County Health Assessment Information Sources

Source	Data Used	Website
National Asthma Control Program, CDC	<ul style="list-style-type: none"> ◆ Asthma control 	http://www.cdc.gov/asthma/default.htm
National Birth Defect Prevention Network	<ul style="list-style-type: none"> ◆ Birth Defects 	www.nbdpn.org
The National Campaign	<ul style="list-style-type: none"> ◆ Facts about “Sexting” 	http://www.thenationalcampaign.org/sextech/PDF/Sextech_PressReleaseFIN.pdf , 2011
National Center for Children in Poverty, 2009	<ul style="list-style-type: none"> ◆ Basic Facts about Low Income Children 	www.nccp.org
National Center for Chronic Disease Prevention and Health Promotion, CDC	<ul style="list-style-type: none"> ◆ Alcohol and public health ◆ Arthritis ◆ Binge Drinking ◆ Men’s Health ◆ Nutrition and physical activity ◆ Obesity statistics ◆ Preventing seasonal flu ◆ US alcohol-related motor vehicle crashes and intentional injury stats ◆ Tobacco Use ◆ Type 2 diabetes ◆ Women’s Health ◆ Vaccines and preventable diseases 	www.cdc.gov
National Center for Environmental Health, CDC, 2011	<ul style="list-style-type: none"> ◆ Asthma Triggers ◆ Ways to prevent carbon monoxide exposure 	http://www.cdc.gov/nceh/
National Fire Protection Association	<ul style="list-style-type: none"> ◆ Smoke Alarms 	www.nfpa.org/
National Health Interview Survey, 2008	<ul style="list-style-type: none"> ◆ Unmet medical needs in the US ◆ Prescriptions ◆ Emergency Room Visits 	www.cdc.gov/nchs/nhis.htm
National Heart, Lung, and Blood Institute, 2008	<ul style="list-style-type: none"> ◆ Chronic respiratory conditions 	http://www.nhlbi.nih.gov/
National Sleep Foundation	<ul style="list-style-type: none"> ◆ Sleep & SIDS 	www.sleepfoundation.org
National Survey of Children’s Health, 2007	<ul style="list-style-type: none"> ◆ Asthma, ADHD ◆ Physical Activity ◆ TV, Video Games & Computer Usage ◆ Insurance Status ◆ Safe Schools ◆ Extracurricular Activities ◆ Unhappy, Sad or Depressed Children ◆ Attending Religious Services ◆ Neighborhood Safety ◆ Children & Smoking ◆ Smoking in Home of a Child 	http://nschdata.org

Lucas County Health Assessment Information Sources

Source	Data Used	Website
Ohio Attorney General's Office, 2010 Domestic Violence Report	<ul style="list-style-type: none"> ◆ Domestic violence in Lucas County 	http://www.ohioattorneygeneral.gov/files/Publications/Publications-for-Victims/Domestic-Violence-Reports-(1)/2010-Domestic-Violence-Reports
Ohio Board of Nursing	<ul style="list-style-type: none"> ◆ Nurses in Lucas County 	
Ohio Department of Health, Information Warehouse	<ul style="list-style-type: none"> ◆ Lucas County and Ohio mortality statistics ◆ Lucas County and Ohio birth statistics ◆ Lucas County and Ohio sexually transmitted diseases ◆ Statistics re: access to health services 	www.odh.state.oh.us
Ohio Department of Health, Ohio Cancer Incidence Surveillance System	<ul style="list-style-type: none"> ◆ Lucas County and Ohio cancer mortality ◆ Lucas County and Ohio cancer incidence 	www.odh.state.oh.us
Ohio Department of Health, Ohio Oral Health Surveillance System	<ul style="list-style-type: none"> ◆ Lucas County oral health resources 	http://publicapps.odh.ohio.gov/oralhealth/default.aspx
Ohio Department of Job & Family Services	<ul style="list-style-type: none"> ◆ Poverty statistics ◆ Lucas County and Ohio Medicaid statistics ◆ Lucas County health care statistics 	http://jfs.ohio.gov/
Ohio Department of Public Safety	<ul style="list-style-type: none"> ◆ 2010 Traffic Crash Facts ◆ Lucas County and Ohio crash facts 	www.state.oh.us/odps
Ohio Family Health Survey Results, 2008	<ul style="list-style-type: none"> ◆ Lucas County and Ohio uninsured rates 	http://ofhs.webexone.com
Ohio Medicaid Report, Office of Ohio Health Plans (OHP), Ohio Job & Family Services, Published 2007	<ul style="list-style-type: none"> ◆ Lucas County Medicaid statistics ◆ Ohio Medicaid statistics 	http://jfs.ohio.gov/ohp/bhpp/reports/
Ohio Office of Policy, Research and Strategic Planning, 2011 County Profiles	<ul style="list-style-type: none"> ◆ Lucas County Profile 	http://www.development.ohio.gov/research
Ohio Oral Health Surveillance System, 2010	<ul style="list-style-type: none"> ◆ Children's Dental Health 	http://publicapps.odh.ohio.gov/oralhealth/ReportsDisplay.aspx?Report=BOHSReport&Format=pdf&CountyName=Lucas&ReportVersion=2010
Respect2All	<ul style="list-style-type: none"> ◆ Types of Bullying 	www.respect2all.org/parents/bullying-definitions
Safe Kids USA	<ul style="list-style-type: none"> ◆ Car Seats & Booster Seats ◆ Children's Safety in Cars ◆ Helmet Safety ◆ Firearm Safety 	www.safekids.org

Lucas County Health Assessment Information Sources

Source	Data Used	Website
<i>Surgeon General's Call To Action To Prevent Suicide</i> . Washington, DC: 1999.	◆ Suicide as a public health problem	N/A
Toledo Dental Society	◆ Lucas County dentist statistics	
U.S. Bureau of Labor Statistics, Earnings and Employment of Registered Nurses, 2010	◆ Registered nurses in Ohio and U.S.	http://www.bls.gov/oes/current/oes291111.htm
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> ◆ Ohio and Lucas County 2010 Census demographic information ◆ Ohio and U.S. health insurance sources ◆ Small Area Income and Poverty Estimates ◆ Federal Poverty Thresholds 	www.census.gov
U.S Department of Education	◆ Facebook & MySpace	www.ed.gov
U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Medicare Enrollment Reports	◆ Lucas County Medicare enrollment	www.cms.hhs.gov/MedicareEnrpts/
U. S. Department of Health and Human Services, National Strategy for Suicide Prevention, 2001	◆ Suicide prevention	N/A
U. S. Department of Health and Human Services, SAMHSA, NSDUH, 2010	<ul style="list-style-type: none"> ◆ National Survey on Drug Use and Health ◆ U.S Youth Perception of Risk 	http://www.samhsa.gov/data/NSDUH/2k10NSDUH/2k10Results.htm#2.2
U. S. Department of Justice: DEA Briefs & Background, Drugs and Drug Abuse	◆ Ohio drug and drug abuse facts	http://www.odadas.ohio.gov/public/
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	◆ 2005 - 2009 youth Ohio and U.S. correlating statistics	www.cdc.gov

List of Acronyms and Terms

Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Binge drinking	Consumption of five alcoholic beverages or more on one occasion.
BMI	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
BRFSS	Behavior Risk Factor Surveillance System, an adult survey conducted by the CDC.
CDC	Centers for Disease Control and Prevention.
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
Crude Mortality Rates	Number of deaths/estimated mid-year population times 100,000.
HCF	Healthy Communities Foundation of the Hospital Council of Northwest Ohio.
HP 2020	Healthy People 2020, a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic ≥ 140 and Diastolic ≥ 90
N/A	Data not available.
ODH	Ohio Department of Health

List of Acronyms and Terms

Race/Ethnicity	Census 2010: U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as “a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.” Data are presented as “Hispanic or Latino” and “Not Hispanic or Latino.” Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, “White alone” or “Black alone”, means the respondents reported only one race.
Weapon	Defined in the YRBSS as “a weapon such as a gun, knife, or club”
Youth	Defined as 12 through 18 years of age
YPLL/65	Years of Potential Life Lost before age 65. Indicator of premature death.
Youth BMI Classifications	Underweight is defined as BMI-for-age $\leq 5^{\text{th}}$ percentile. Overweight is defined as BMI-for-age 85^{th} percentile to $< 95^{\text{th}}$ percentile. Obese is defined as $\geq 95^{\text{th}}$ percentile.
YRBSS	Youth Risk Behavior Surveillance System , a youth survey conducted by the CDC

Methods for Weighting the 2011 Lucas County Assessment Data

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

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2011 Lucas County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Lucas County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (7 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Lucas County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2011 Lucas County Survey and the 2010 Census.

<u>Sex</u>	<u>2011 Lucas Survey</u>		<u>2010 Census</u>		<u>Weight</u>
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	466	45.552297	224,719	48.331240	1.061006
Female	557	54.447703	240,237	51.668760	0.948961

In this example, it shows that there was a slightly larger portion of females in the sample compared to the actual portion in Lucas County. The weighting for males was calculated by taking the percent of males in Lucas County (based on Census information) (48.331240%) and dividing that by the percent found in the 2011 Lucas County sample (45.552297%) [$48.331240/45.552297 =$ weighting of 1.061006 for males]. The same was done for females [$51.668760/54.447703 =$ weighting of 0.948961 for females]. Thus males' responses are weighted heavier by a factor of 1.063963012 and females' responses weighted less by a factor of 0.943879197.

Methods for Weighting the 2011 Lucas County Assessment Data

This same thing was done for each of the 18 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 2.1264818 [0.948961 (weight for females) x 1.508825 (weight for White) x 1.186895 (weight for age 35-44) x 1.251302 (weight for income \$50-\$75k)]. Thus, each individual in the 2011 Lucas County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 14.0) 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.

Methods for Weighting the 2011 Lucas County Assessment Data

Category	Lucas Sample	%	2010 Census *	%	Weighting Value
Sex:					
Male	466	45.552297%	224,719	48.331240%	1.061006
Female	557	54.447703%	240,237	51.668760%	0.948961
Age:					
20-24	35	3.517588%	31,684	9.379376%	2.666423
25-34	131	13.165829%	66,165	19.586744%	1.487695
35-44	152	15.276382%	61,249	18.131466%	1.186895
45-54	233	23.417085%	68,410	20.251328%	0.864810
55-59	151	15.175879%	29,028	8.593123%	0.566236
60-64	134	13.467337%	21,986	6.508489%	0.483280
65-74	144	14.472362%	28,674	8.488329%	0.586520
75-84	15	1.507538%	22,129	6.550821%	4.345378
85+	0	0.000000%	8,480	2.510324%	1.000000
Race:					
White	492	48.809524%	342,417	73.645033%	1.508825
African American	246	24.404762%	81,710	17.573706%	0.720093
Hispanic	228	22.619048%	25,592	5.504177%	0.243343
Other	42	4.166667%	15,237	3.277084%	0.786500
Household Income					
Less than \$10,000	160	16.985138%	19,317	10.729938%	0.631725
\$10k-\$15k	82	8.704883%	11,903	6.611713%	0.759541
\$15k-\$25k	140	14.861996%	22,323	12.399669%	0.834321
\$25k-\$35k	119	12.632696%	21,813	12.116381%	0.959129
\$35k-\$50	135	14.331210%	26,614	14.783174%	1.031537
\$50k-\$75k	142	15.074310%	33,958	18.862517%	1.251302
\$75k or more	164	17.409766%	44,101	24.496609%	1.407061
<p>Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Lucas County in each subcategory by the proportion of the sample in the Lucas County survey for that same category.</p> <p>* Lucas County population figures taken from the 2010 Census.</p>					

Lucas County Schools

The following schools were randomly chosen and agreed to participate in the 2011 Lucas County Health Assessment:

Anthony Wayne Local

Fallen Timbers Middle School
Anthony Wayne Junior High School
Anthony Wayne High School

Maumee City

Wayne Trail Elementary
Gateway Middle School
Maumee High School

Oregon City

Jerusalem Elementary
Eisenhower Middle School
Fassett Middle School
Clay High School

Springfield Local

Crissey Elementary
Springfield Middle School
Springfield High School

Swanton Local

Park Elementary
Swanton Middle School
Swanton High School

Sylvania City

Central Elementary
Stranahan Elementary School
Sylvania Arbor Hills Junior High School
Sylvania McCord Junior High School
Sylvania Timberstone Junior High School
Sylvania Northview High School
Sylvania Southview High School

Lucas County Schools

Toledo City Schools

Arlington Elementary School
Elmhurst Elementary School
Larchmont Elementary School
Riverside Elementary School
DeVeaux Elementary School
McTigue Elementary School
Bowsher High School
Rogers High School
Scott High School
Start High School
Waite High School
Woodward High School

Toledo Dioceses

Gesu Elementary
St. Joan of Arc Elementary
St. Patrick of Heatherdowns Elementary
St. Joseph Elementary
St. John's Jesuit Academy
Central Catholic High School
St. Francis de Sales High School
St. John's Jesuit High School
Kateri Catholic School: Cardinal Stritch High School

Lucas County Sample Demographic Profile*

Variable	2010 Survey Sample	Lucas County Census 2010	Ohio Census 2010
Age			
20-29	15.1%	14.4%	12.8%
30-39	18.9%	12.2%	12.2%
40-49	21.7%	13.2%	14.0%
50-59	18.8%	14.2%	14.5%
60 plus	21.0%	18.7%	19.9%
Race / Ethnicity			
White	56.8%	74.4%	82.7%
Black or African American	21.8%	19.1%	12.2%
American Indian and Alaska Native	1.6%	0.3%	0.2%
Asian	0.7%	1.6%	1.7%
Other	18.1%	2.7%	1.1%
Hispanic Origin (may be of any race)	22.3%	6.2%	3.1%
Marital Status†			
Married Couple	46.5%	42.5%	47.9%
Never been married/member of an unmarried couple	27.9%	35.3%	33.5%
Divorced/Separated	19.4%	15.7%	27.5%
Widowed	3.6%	6.2%	13.0%
Education†			
Less than High School Diploma	11.2%	11.5%	11.9%
High School Diploma	22.1%	33.1%	35.2%
Some college/ College graduate	64.8%	55.4%	52.9%
Income			
\$14,999 and less	16.4%	18.6%	14.7%
\$15,000 to \$24,999	11.9%	13.9%	12.7%
\$25,000 to \$49,999	23.8%	27.0%	27.0%
\$50,000 to \$74,999	16.5%	14.6%	18.8%
\$75,000 or more	21.8%	23.2%	26.8%

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

Demographics

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

Category	Total	Males	Females
Lucas County	441,815	213,966	227,849
0-4 years	29,732	15,052	14,680
1-4 years	23,928	12,130	11,798
< 1 year	5,804	2,922	2,882
1-2 years	12,017	6,072	5,853
3-4 years	11,911	6,058	5,853
5-9 years	28,756	14,772	13,984
5-6 years	11,648	6,034	5,614
7-9 years	17,108	8,738	8,370
10-14 years	28,629	14,625	14,004
10-12 years	17,259	8,903	8,356
13-14 years	11,370	5,722	5,648
12-18 years	43,198	22,027	21,171
15-19 years	33,647	17,137	16,510
15-17 years	16,320	9,750	9,270
18-19 years	14,627	7,387	7,240
20-24 years	33,821	16,792	17,029
25-29 years	29,411	14,536	14,875
30-34 years	26,532	13,032	13,500
35-39 years	27,604	13,492	14,112
40-44 years	27,046	13,209	13,837
45-49 years	31,196	15,064	16,132
50-54 years	33,245	16,157	17,088
55-59 years	29,749	14,411	15,338
60-64 years	24,638	11,918	12,720
65-69 years	16,696	7,676	9,020
70-74 years	12,727	5,622	7,105
75-79 years	10,456	4,244	6,212
80-84 years	9,333	3,572	5,761
85-89 years	5,776	1,919	3,857
90-94 years	2,267	632	1,635
95-99 years	494	94	400
100-104 years	56	9	47
105-109 years	2	0	2
110 years & over	2	1	1
Total 85 years and over	8,597	2,655	5,942
Total 65 years and over	57,809	23,769	34,040
Total 19 years and over	328,715	156,239	172,476

Lucas County Profile

General Demographic Characteristics (Source: U.S. Census Bureau, Census 2010)

Total Population

2010 Total Population	441,815
2000 Total Population	455,054

Largest City-Toledo

2010 Total Population	287,208	100%
2000 Total Population	313,619	100%

Population By Race/Ethnicity

Total Population	441,815	100%
White Alone	326,868	74.4%
Hispanic or Latino (of any race)	26,974	6.1%
African American	83,926	19.1%
American Indian and Alaska Native	1,349	0.3%
Asian	6,764	1.6%
Two or more races	13,889	3.0%
Other	11,904	2.7%

Population By Age

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

Household By Type

Total Households	180,267	100%
Family Households (families)	111,016	61.6%
With own children <18 years	50,094	27.8%
Married-Couple Family Households	72,098	40.0%
With own children <18 years	27,656	15.3%
Female Householder, No Husband Present	29,698	16.5%
With own children <18 years	17,751	9.8%
Non-family Households	69,251	38.4%
Householder living alone	56,619	31.4%
Householder 65 years and >	19,004	10.5%
Households With Individuals < 18 years	56,061	31.1%
Households With Individuals 65 years and >	42,614	23.6%
Average Household Size	2.39 people	
Average Family Size	3.01 people	

Lucas County Profile

General Demographic Characteristics, Continued (Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

Median Value of Owner-Occupied Units	\$115,400
Median Monthly Owner Costs (With Mortgage)	\$1,174
Median Monthly Owner Costs (Not Mortgaged)	\$429
Median Gross Rent for Renter-Occupied Units	\$636
Median Rooms Per Housing Unit	5.8
Total Housing Units	202,577
No Telephone Service	1,124
Lacking Complete Kitchen Facilities	1,015
Lacking Complete Plumbing Facilities	4,231

Selected Social Characteristics (Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

School Enrollment

Population 3 Years and Over Enrolled In School	125,689	100%
Nursery & Preschool	6,297	5.0%
Kindergarten	6,343	5.0%
Elementary School (Grades 1-8)	44,797	35.6%
High School (Grades 9-12)	24,348	19.4%
College or Graduate School	43,904	34.9%

Educational Attainment

Population 25 Years and Over	288,269	100%
< 9 th Grade Education	8,229	2.9%
9 th to 12 th Grade, No Diploma	24,902	8.6%
High School Graduate (Includes Equivalency)	95,478	33.1%
Some College, No Degree	66,905	23.2%
Associate Degree	22,640	7.9%
Bachelor's Degree	44,977	15.6%
Graduate Or Professional Degree	25,138	8.7%

Percent High School Graduate or Higher	*(X)	88.5%
Percent Bachelor's Degree or Higher	*(X)	24.3%

*(X) – Not available

Lucas County Profile

Selected Social Characteristics, Continued (Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

Marital Status

Population 15 Years and Over	354,550	100%
Never Married	125,463	35.3%
Now Married, Excluding Separated	150,803	42.5%
Separated	7,709	2.1%
Widowed	22,101	6.2%
Female	18,314	5.1%
Divorced	48,474	13.6%
Female	26,204	7.3%

Grandparents As Caregivers

Grandparent Living in Household with 1 or more own grandchildren <18 years	7,986	100%
Grandparent Responsible for Grandchildren	3,513	44.0%

Veteran Status

Civilian Veterans 18 years and over	31,079	9.3%
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Disability Status of the Civilian Non-institutionalized Population

Total Civilian Noninstitutionalized Population	437,605	100%
With a Disability	60,958	13.9%
Under 18 years	105,718	100%
With a Disability	6,926	6.6%
18 to 64 years	275,825	100%
With a Disability	33,501	12.1%
65 Years and Over	56,062	100%
With a Disability	20,531	36.6%

Selected Economic Characteristics (Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

Employment Status

Population 16 Years and Over	346,797	100%
In Labor Force	226,404	65.3%
Not In Labor Force	120,393	34.7%
Females 16 Years and Over	182,045	100%
In Labor Force	110,976	61.0%
Population Living With Own Children <6 Years	35,242	100%
All Parents In Family In Labor Force	25,459	72.2%

Lucas County Profile

Selected Economic Characteristics, Continued

(Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

Occupations

Employed Civilian Population 16 Years and Over	193,662	100%
Management, Professional, and Related Occupations	61,526	31.8%
Sales and Office Occupations	49,692	25.7%
Service Occupations	40,596	21.0%
Production, Transportation, and Material Moving Occupations	30,549	15.8%
Natural Resources, Construction, and Maintenance Occupations	11,299	5.8%

Leading Industries

Employed Civilian Population 16 Years and Over	193,662	100%
Educational, health and social services	51,170	26.4%
Trade (retail and wholesale)	28,212	14.6%
Manufacturing	26,569	13.7%
Arts, entertainment, recreation, accommodation, and food services	20,140	10.4%
Professional, scientific, management, administrative, and waste management services	18,235	9.4%
Transportation and warehousing, and utilities	11,391	5.9%
Finance, insurance, real estate and rental and leasing	9,846	5.1%
Other services (except public administration)	9,904	5.1%
Construction	8,059	4.2%
Public administration	6,716	3.5%
Information	2,892	1.5%
Agriculture, forestry, fishing and hunting, and mining	528	0.3%

Class of Worker

Employed Civilian Population 16 Years and Over	193,662	100%
Private Wage and Salary Workers	156,947	81.0%
Government Workers	26,051	13.5%
Self-Employed Workers in Own Not Incorporated Business	10,613	5.5%
Unpaid Family Workers	51	0.0%

Median Earnings

Male, Full-time, Year-Round Workers	\$45,698
Female, Full-time, Year-Round Workers	\$32,418

Lucas County Profile

Selected Economic Characteristics, Continued (Source: U.S. Census Bureau, Census 2010)

2010 ACS 1-year estimates

Income In 2010

Households	176,415	100%
< \$10,000	20,658	11.7%
\$10,000 to \$14,999	12,139	6.9%
\$15,000 to \$24,999	24,537	13.9%
\$25,000 to \$34,999	23,078	13.1%
\$35,000 to \$49,999	25,815	14.6%
\$50,000 to \$74,999	29,232	16.6%
\$75,000 to \$99,999	17,065	9.7%
\$100,000 to \$149,999	15,718	8.9%
\$150,000 to \$199,999	3,366	1.9%
\$200,000 or more	4,807	2.7%

Median Household Income

\$38,773

Income In 2010

Families	108,919	100%
< \$10,000	9,263	8.5%
\$10,000 to \$14,999	4,720	4.3%
\$15,000 to \$24,999	11,324	10.4%
\$25,000 to \$34,999	12,151	11.2%
\$35,000 to \$49,999	16,045	14.7%
\$50,000 to \$74,999	21,432	19.7%
\$75,000 to \$99,999	13,712	12.6%
\$100,000 to \$149,999	13,181	12.1%
\$150,000 to \$199,999	2,843	2.6%
\$200,000 or more	4,248	3.9%

Median Household Income

\$25,445

Per Capita Income In 2010

\$22,867

Poverty Status In 2010

	<i>Number Below Poverty Level</i>	<i>% Below Poverty Level</i>
Families	*(X)	15.3%
Individuals	*(X)	19.4%

*(X) – Not available

Lucas County Profile

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

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

	Income	Rank of Ohio counties
BEA Per Capita Personal Income 2009	\$32,191	37 th of 88 counties
BEA Per Capita Personal Income 2008	\$32,557	34 th of 88 counties
BEA Per Capita Personal Income 2007	\$32,266	30 th of 88 counties
BEA Per Capita Personal Income 2006	\$31,491	36 th of 88 counties
BEA Per Capita Personal Income 2000	\$28,070	20 th of 88 counties
BEA Per Capita Personal Income 1999	\$26,981	18 th of 88 counties

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

Selected Poverty Related Statistics

Category	Lucas	Ohio
Persons of All Ages - Below 150% of Poverty Threshold, 2003/2004	93,959	1,931,825
Children (under 18) - Below 150% of Poverty Threshold, 2003/2004	31,391	605,439
Persons 18 and Older - Below 150% of Poverty Threshold, 2003/2004	62,568	1,326,386
Total Employment, Second Quarter 2000-2006 Change	-14,455 (6.1%)	-189,976 (-3.5%)
Mean Earnings of a Job, Second Quarter of 2006	\$35,880	\$36,685

(Source: *The State of Poverty in Ohio 2007*, Ohio Association of Community Action Agencies, 2007 Annual Report)

Employment Statistics

Category	Lucas	Ohio
Labor Force	215,200	5,773,400
Employed	197,100	5,331,800
Unemployed	18,100	441,700
Unemployment Rate* in December 2011	8.4	7.6
Unemployment Rate* in November 2011	8.5	7.6
Unemployment Rate* in December 2010	10.0	9.2

*Rate equals unemployment divided by labor force.

(Source: Ohio Department of Job and Family Services, December 2011)

Lucas County Profile

Estimated Poverty Status in 2010

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Lucas County				
All ages in poverty	85,269	79,156 to 91,382	19.8%	18.4 to 21.2
Ages 0-17 in poverty	30,116	26,896 to 33,336	29.0%	25.9 to 32.1
Ages 5-17 in families in poverty	19,866	17,550 to 22,182	26.7%	23.6 to 29.8
Median household income	\$39,200	37,763 to 40,637		
Ohio				
All ages in poverty	1,771,404	1,746,640 to 1,796,168	15.8%	15.6 to 16.0
Ages 0-17 in poverty	619,354	604,905 to 633,803	23.1%	22.6 to 23.6
Ages 5-17 in families in poverty	407,567	394,584 to 420,550	20.8%	20.1 to 21.5
Median household income	\$45,151	44,860 to 44,860		
United States				
All ages in poverty	42,215,956	45,975,650 to 46,456,262	15.3%	15.2 to 15.4
Ages 0-17 in poverty	15,749,129	15,621,395 to 15,876,863	21.6%	21.4 to 21.8
Ages 5-17 in families in poverty	10,484,513	10,394,015 to 10,575,011	19.8%	19.6 to 20.0
Median household income	\$50,046	49,982 to 50,110		

(Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, <http://www.census.gov/bhes/www/saipe/county.html>)

Federal Poverty Thresholds in 2010 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$11,344					
1 Person 65 and >	\$10,458					
2 people Householder < 65 years	\$14,602	\$15,030				
2 People Householder 65 and >	\$13,180	\$14,973				
3 People	\$17,057	\$17,552	\$17,568			
4 People	\$22,491	\$22,859	\$22,113	\$22,190		
5 People	\$27,123	\$27,518	\$26,675	\$26,023	\$25,625	
6 People	\$31,197	\$31,320	\$30,675	\$30,056	\$29,137	\$28,591
7 People	\$35,896	\$36,120	\$35,347	\$34,809	\$33,805	\$32,635
8 People	\$40,146	\$40,501	\$39,772	\$39,133	\$38,227	\$37,076
9 People or >	\$48,293	\$48,527	\$47,882	\$47,340	\$46,451	\$45,227

(Source: U. S. Census Bureau, Poverty Thresholds 2010, <http://www.census.gov/bhes/www/poverty/about/overview/measure.html>)