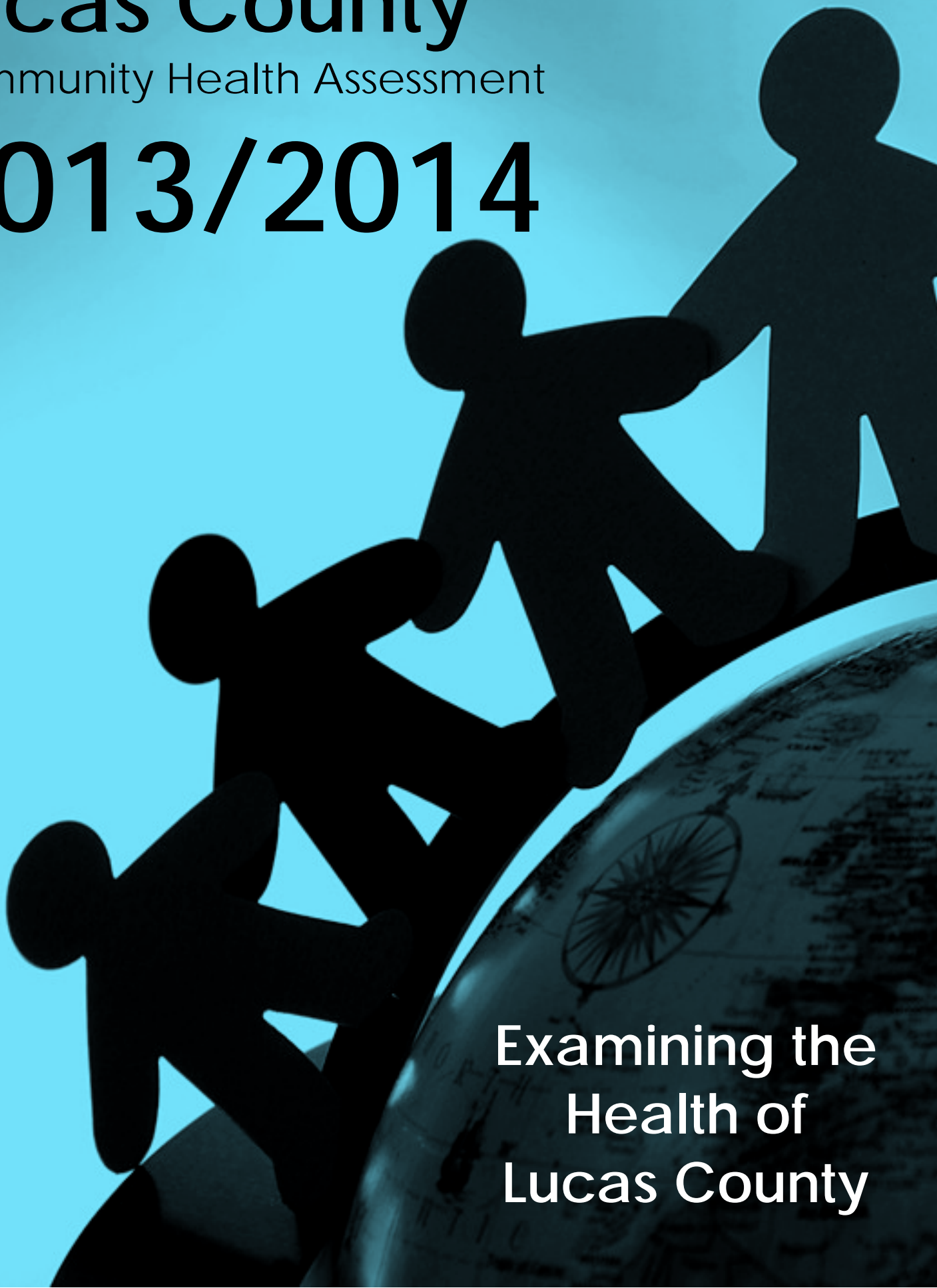


Lucas County

Community Health Assessment

2013/2014



Examining the
Health of
Lucas County

FOREWORD

The members of Healthy Lucas County are pleased to present the 2013/2014 Health Assessment of our community. Data from children, youth and adults are represented within this report. This comprehensive Community Health Assessment is the result of a strong commitment by dedicated community partners to work together to improve the health and well-being of residents of Lucas County.

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

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

As a result of the 2011 Health Assessment, Healthy Lucas County implemented its first health improvement strategic plan to operate as a “coalition of coalitions” to reduce health disparities and improve health status by addressing five Healthy Lucas County health improvement priorities. These priorities were created as a result of the 2011 Health Assessment. Organizations across the community adopted these priorities and aligned their resources to address these disparities organizationally and collaboratively. This process will continue with subsequent health assessments.

As we review the results of the 2014 Health Assessment, the members of Healthy Lucas County will continue to work collaboratively to identify unmet needs in our community. It is the hope of Healthy Lucas County that this assessment will be a valuable tool to assist you in your efforts to improve the health and well-being of Lucas County residents. It is also the hope that this assessment will foster new collaborative opportunities and initiate quality programs to improve the lives of Lucas County residents.

Sincerely,

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

FOREWORD

Funding for the Lucas County Health Assessment Provided by:

Fostering Healthy Communities: Mercy, ProMedica, and University of Toledo Medical Center
Lucas County Mental Health and Recovery Services Board
Toledo-Lucas County Health Department
Toledo Community Foundation
United Way of Greater Toledo
Susan G. Komen Northwest Ohio
Neighborhood Health Association
River Centre Foundation
Elizabeth Ruppert, M.D.

Commissioned by Healthy Lucas County:

Andrew Mariani, American Cancer Society	Jessica Schultz, Mercy
Barbara Gunning, Toledo-Lucas County Health Department	Jodi Sheaves, Toledo-Lucas County Health Department
Britney Ward, Hospital Council of NW Ohio	Laura Roether, United Way of Greater Toledo
Carly Miller, Hospital Council of NW Ohio	Lisa Kovach, University of Toledo
Carol Haddix, Toledo-Lucas County Health Department	Margaret Wielinski, Hospital Council of NW Ohio
Cathy Hunter, Parish Nurse Association	Nancy Brown-Schott, Community Member
Dennis Hicks, Toledo-Lucas County Commission on Minority Health	Robert Kasprzak, Mental Health and Recovery Services Board
Faith Yingling, Bowling Green State University	Sarah Bucher, YMCA/Live Well
Gaye Martin, ProMedica	
Jan Ruma, Hospital Council of NW Ohio	

Question Selection Committees:

Adult Survey

Andrew Mariani, American Cancer Society	Dennis Hicks, Toledo-Lucas County Commission on Minority Health
Aubrey Whewell, Susan G. Komen Northwest Ohio	Faith Yingling, Bowling Green State University
Barbara Gunning, Toledo-Lucas County Health Department	Gaye Martin, ProMedica
Carly Miller, MPH, Hospital Council of NW Ohio	Michelle Rowe, Mercy
Dr. David Garner, River Centre Clinic	Nancy Brown-Schott, Community Member
	Robert Kasprzak, Mental Health and Recovery Services Board
	Sarah Bucher, YMCA/Live Well

Youth Survey

Adorn Grabarczyk, Swanton Area Community Coalition	Faith Yingling, Bowling Green State University
Amy Barrett, Anthony Wayne Schools	Gaye Martin, ProMedica
Barb Gunning, Toledo-Lucas County Health Department	Joseph Dake, University of Toledo
Ben McMurray, Ottawa Hills Local Schools	Kristen Kania, Lucas County Family Council
Carol Haddix, Toledo Lucas County Health Department	Lisa Kovach, University of Toledo
Carly Miller, Hospital Council of NW Ohio	Naketa Jones, Toledo Community Foundation
Dan Pompa, DEN	Dr. Pam Oatis, Mercy
Deb Chany, Sylvania Schools	Robert Kasprzak, Mental Health and Recovery Services Board
Deb Dolgin, Ottawa Hills Local Schools	Vanessa Fitzpatrick, Mercy

Question Selection Committees, continued:

Child Survey

Barb Gunning, Toledo-Lucas County Health
Department
Carly Miller, Hospital Council of NW Ohio
Dan Pompa, DEN
Faith Yingling, Bowling Green State University
Dr. Francis Rogalski, Pediatrician
Gaye Martin, ProMedica
Heidi Rober, YWCA Childcare
Dr. Jonna McRury, Pediatrician
Joseph Dake, University of Toledo
Kelly Berryman, Early Childhood
Coordinating Committee (EC3) Chair

Kristen Kania, Lucas County Family
Council
Kristi Hannan, Lucas County First
Council
Lisa Kovach, University of Toledo
Naketa Jones, Toledo Community
Foundation
Dr. Pam Oatis, Mercy
Robert Kasprzak, Mental Health and
Recovery Services Board
Vanessa Fitzpatrick, Mercy

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

Britney L. Ward, MPH
Director of Community Health Improvement

Margaret Wielinski, MPH
Health Improvement Data Specialist

Michelle Von Lehmden
Health Assessment Coordinator

Amy Nagle
Graduate Assistant

Nicole Miller
Graduate Assistant

Data Collection & Analysis

James H. Price, Ph.D., MPH
Professor Emeritus of Health Education
University of Toledo

Joseph A. Dake, Ph.D., MPH
Professor and Chair of Health Education
University of Toledo

Timothy R. Jordan, Ph.D., M.Ed.
Professor of Health Education
University of Toledo

Contact Information

Britney Ward, MPH
Hospital Council of Northwest Ohio
3231 Central Park West Dr, Suite 200
Toledo, OH 43617
(419) 842-0800

ACKNOWLEDGE

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EXECUTIVE SUMMARY

This executive summary provides an overview of health-related data for Lucas County adults (19 years of age and older), youth (ages 12 through 18), and children (ages 0-11) who participated in a county-wide health assessment survey during December 2013 through June 2014. 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 in grades 7-12, one for adolescents in grades 5-6, and one for parents of children ages 0-11. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of 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 117 items for the adult survey, 85 items for the adolescent grades 7-12 survey, 72 items for the adolescent grades 5-6 survey, and 88 items for the 0-11 survey. The drafts were reviewed and approved by health education researchers at the University of Toledo.

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 335,666 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 margin of error of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings.) A sample size of at least 384 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Lucas County was obtained from American Clearinghouse in Louisville, KY.

SAMPLING | Adolescent Survey

A sample size of 384 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

SAMPLING | 0-11 Survey

Children ages 0-11 residing in Lucas County were used as the sampling frames for the surveys. Using U.S. Census Bureau data, it was determined that 69,902 children ages 0-11 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, the responses 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 3,600 adults in Lucas County. This advance letter was personalized, printed on Healthy Lucas County stationery and was signed by David Grossman, M.D., Health Commissioner, Lucas County Health Department and W. Scott Fry, President and 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.

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

The response rate for the entire mailing, including all three groups was 31% (n=1,005: CI=± 3.09). The response rate for the general population survey was 38% (n=427: CI=± 4.74). The response rate for the African American mailing was 26% (n=273: CI= ± 5.92). The response rate for the Hispanic mailing was 28% (n=305: CI= ± 5.56). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

PROCEDURE | Adolescent Survey

The survey was approved by all superintendents. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 95% (n=1,328: CI=± 2.65).

PROCEDURE | *Children 0-5 and 6-11*

Prior to mailing the survey to parents of 0-11 year olds, an advance letter was mailed to 2,400 parents in Lucas County. This advance letter was personalized, printed on Healthy Lucas County stationery and was signed by David Grossman, M.D., Health Commissioner, Lucas County Health Department and W. Scott Fry, President and 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.

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

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 population (69,902 children) was 381 and this was exceeded by having a combined 490 surveys (24%, CI= ± 4.41).

DATA ANALYSIS

Individual responses were anonymous and confidential. Only group data are available. All data was analyzed by health education researchers at the University of Toledo using SPSS 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.

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.

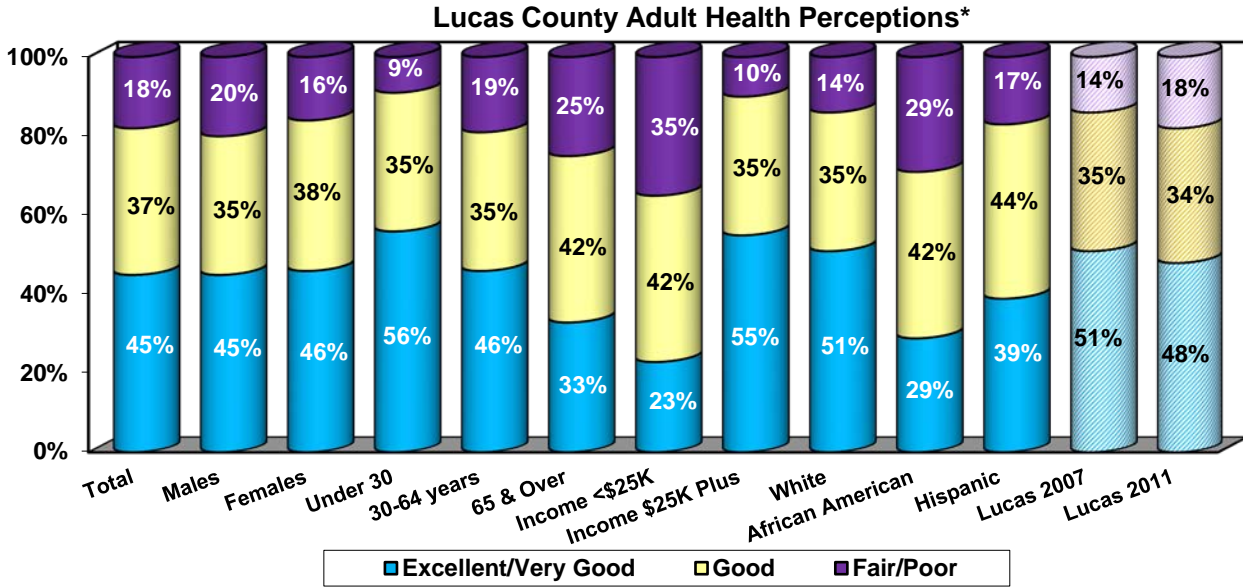
Second, it is important to note that, although several questions were asked using the same wording as the CDC questionnaires and the NSCH questionnaire, the adult and parent data collection method differed. CDC adult data and NSCH child data were collected using a set of questions from the total question 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.

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

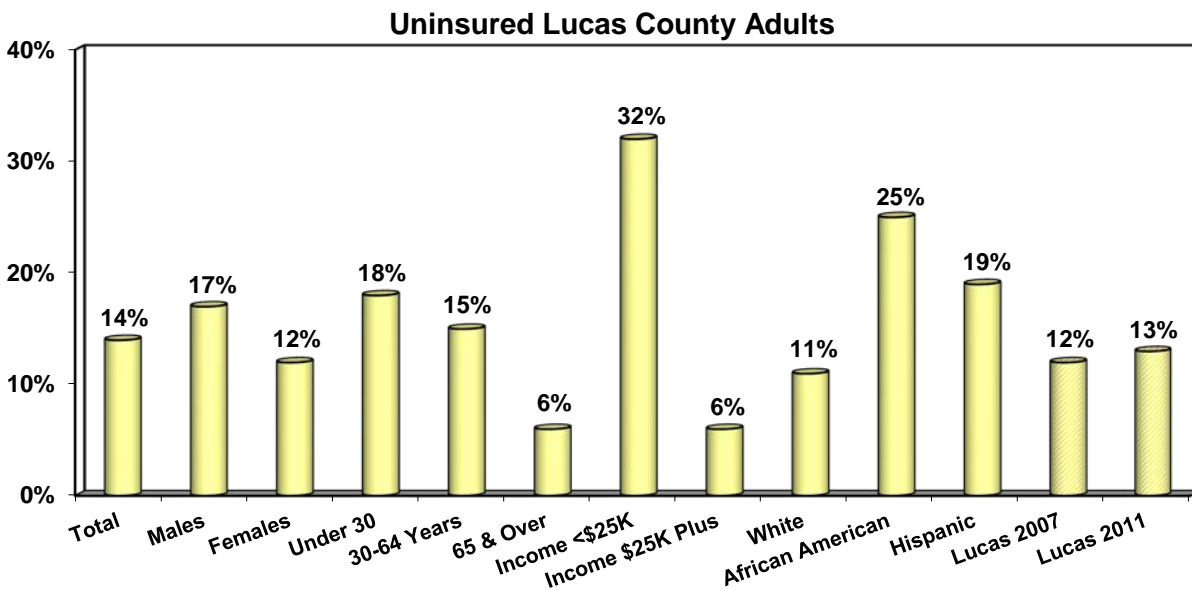
In 2014, almost half (45%) of the Lucas County adults rated their health status as excellent or very good. Conversely, 18% of adults, increasing to 25% of those over the age of 65, described their health as fair or poor.



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

HEALTH CARE COVERAGE

The 2014 Health Assessment data has identified that 14% 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, 22.7% of residents live below the poverty level. (Source: U.S. Census, American Community Survey 1 Year Estimate, 2012)



HEALTH CARE ACCESS

The 2014 Health Assessment project identified that 51% 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 2014 Lucas County Health Assessment found that 5% of adults had survived a heart attack and 3% had survived a stroke at some time in their life. Nearly two-fifths (37%) of Lucas County adults had been diagnosed with high blood pressure, 25% had high blood cholesterol, 36% were obese, and 19% were smokers, four known risk factors for heart disease and stroke.

Lucas County Leading Types of Death 2006-2008

Total Deaths: 12,776

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

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

CANCER

In 2014, 10% of Lucas County adults had been diagnosed with 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 not using tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

Lucas County Incidence of Cancer, 2007-2011

All Types: 9,741 cases

- Lung and Bronchus: 1,573 cases (16%)
- Prostate: 1,359 cases (14%)
- Breast: 1,274 cases (13%)
- Colon and Rectum: 917 cases (9%)

In 2010, there were 988 cancer deaths in Lucas County.

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 1/9/2014)

DIABETES

In 2014, 15% 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 2012 BRFSS, 30% of Ohio adults and 26% of U.S. adults were told they had arthritis.

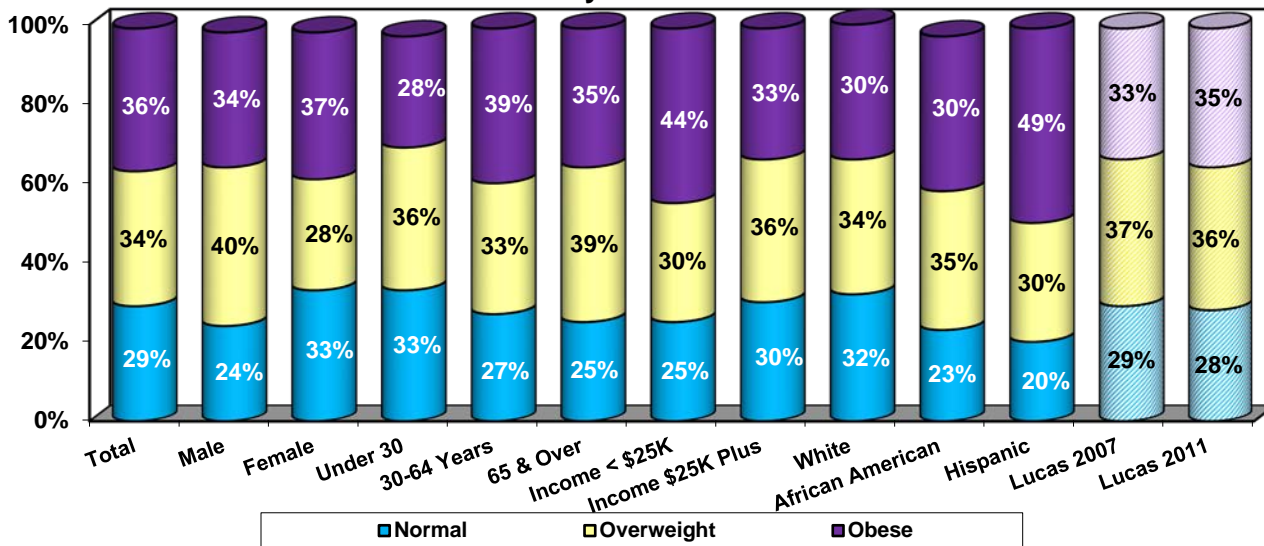
Asthma

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

ADULT WEIGHT STATUS

The 2014 Health Assessment identified that 70% of Lucas County adults were overweight or obese based on Body Mass Index (BMI). The 2012 BRFSS indicates that 30% of Ohio and 28% of U.S. adults were obese by BMI. More than one-third (36%) of Lucas County adults were obese. Nearly half (48%) of adults were trying to lose weight.

Lucas County Adult BMI Classifications

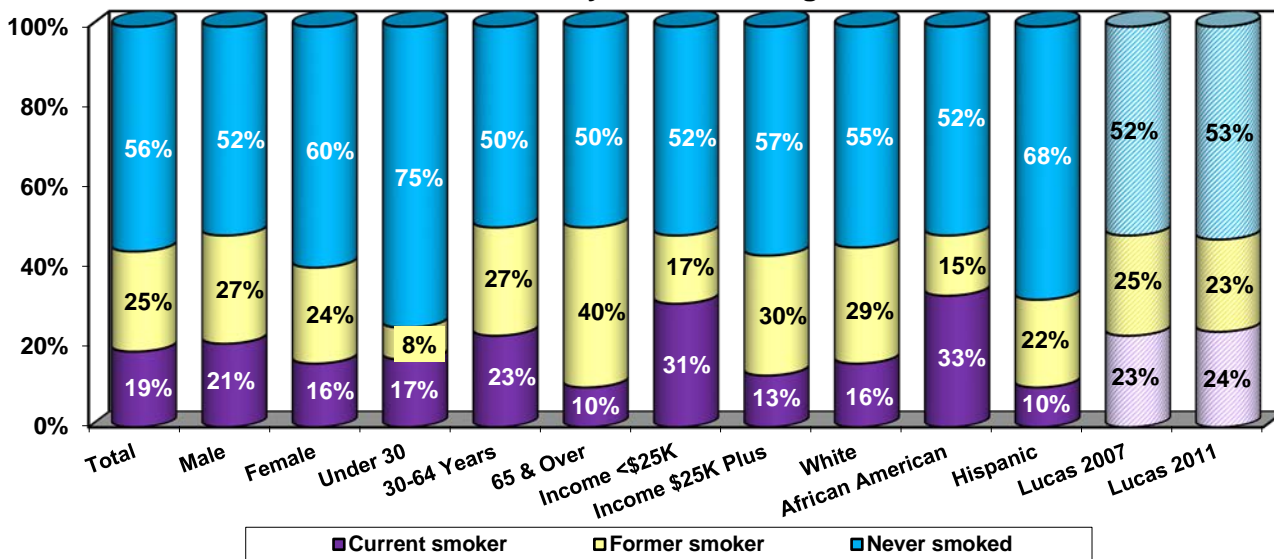


(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)

ADULT TOBACCO USE

In 2014, 19% of Lucas County adults were current smokers and 25% were considered former smokers. In 2014, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death worldwide, and is responsible for the deaths of approximately half of long-term users. Each year, tobacco use is responsible for almost 6 million premature deaths, 80% of which are in low-and middle-income countries, and by 2030, this number is expected to increase to 8 million. (Source: Cancer Facts & Figures, American Cancer Society, 2013)

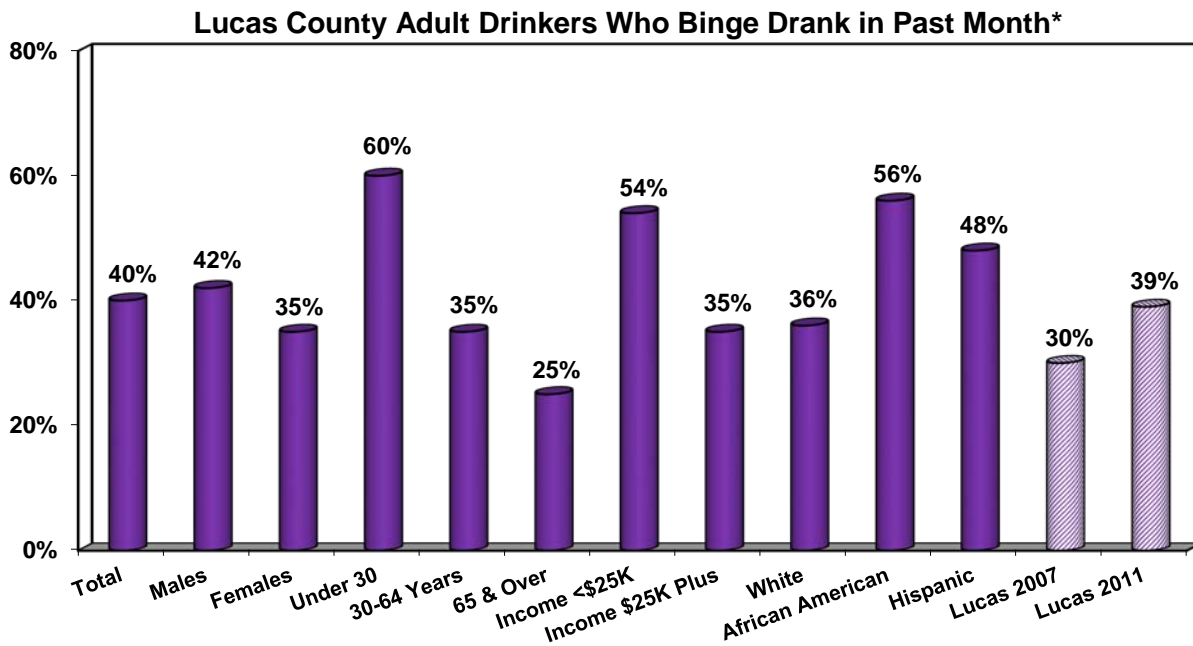
Lucas County Adult Smoking Behaviors



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

ADULT ALCOHOL CONSUMPTION

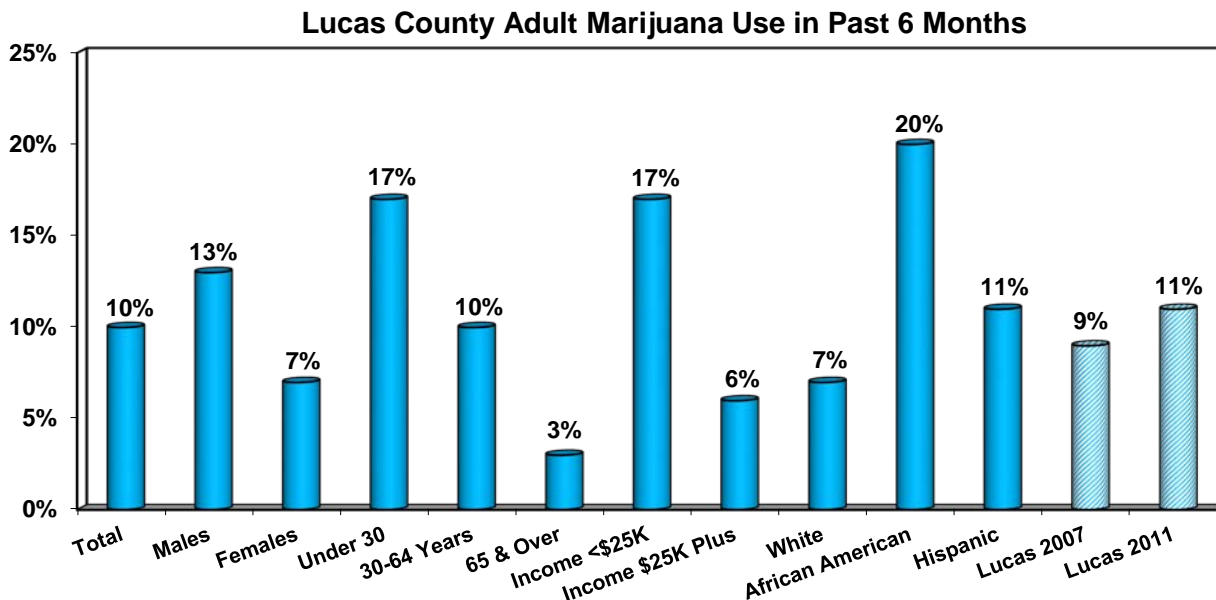
In 2014, the Health Assessment indicated that 14% of Lucas County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 40% of adults who drank had five or more drinks (for males) or 4 or more drinks (for females) on one occasion (binge drinking) in the past month. 32% of adults drove after drinking any alcoholic beverages.



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

ADULT MARIJUANA AND OTHER DRUG USE

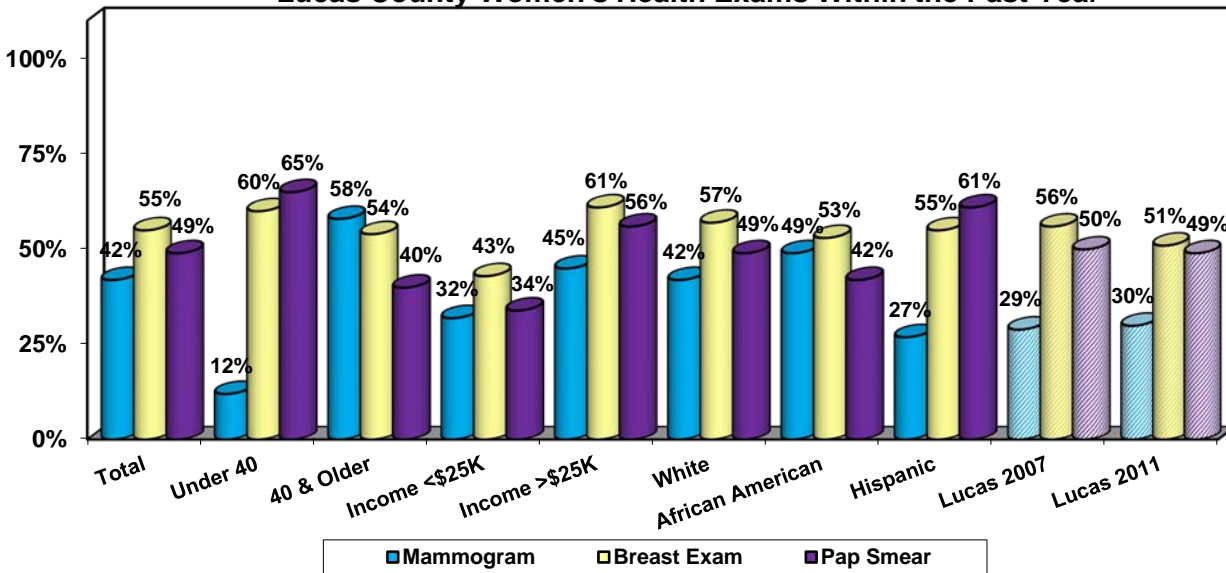
In 2014, 10% of Lucas County adults had used marijuana during the past 6 months. 10% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.



WOMEN'S HEALTH

In 2014, more than half (58%) of Lucas County women over the age of 40 reported having a mammogram in the past year. 55% of Lucas County women ages 19 and over had a clinical breast exam and 49% had a Pap smear to detect cancer of the cervix in the past year. The Health Assessment determined that 4% of women survived a heart attack and 3% survived a stroke at some time in their life. Over one-third (37%) of Lucas County women were obese, 33% had high blood pressure, 24% had high blood cholesterol, and 16% were identified as smokers, known risk factors for cardiovascular diseases.

Lucas County Women's Health Exams Within the Past Year



MEN'S HEALTH

In 2014, 15% of Lucas County males had done a self-testicular 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 6% of men survived a heart attack and 3% survived a stroke at some time in their life. Nearly two-fifths (38%) of men had been diagnosed with high blood pressure, 25% had high blood cholesterol, and 21% were identified as smokers, which, along with obesity (34%), are known risk factors for cardiovascular diseases.

PREVENTIVE MEDICINE AND HEALTH SCREENINGS

Over half (56%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. Nearly one-third (31%) of adults have had a preventive screening for colorectal cancer.

ADULT SEXUAL BEHAVIOR & PREGNANCY OUTCOMES

In 2014, over two-thirds (68%) of Lucas County adults had sexual intercourse. Eight percent of adults had more than one partner. Prevalence estimates suggest that young people aged 15-24 years acquire half of all new STDs and that 1 in 4 sexually active adolescent females have an STD, such as chlamydia or human papillomavirus (HPV) (Source: CDC, *STDs in Adolescents and Young Adults, 2014 STD Surveillance*).

QUALITY OF LIFE

In 2014, 47% of Lucas County adults were limited in some way because of a physical, mental or emotional problem.

SOCIAL CONTEXT

In 2014, 5% of Lucas County adults were threatened, and 6% were abused in the past year. 31% of adults kept a firearm in or around their home.

MENTAL HEALTH AND SUICIDE

In 2014, 3% of Lucas County adults considered attempting suicide. 19% of adults had a period of two or more weeks when they felt sad, blue or depressed.

ORAL HEALTH

The 2014 Health Assessment project has determined that nearly two-thirds (66%) of Lucas County adults had visited a dentist or dental clinic in the past year. The 2012 BRFSS reported that 67% of U.S. adults and 68% of Ohio adults had visited a dentist or dental clinic in the previous twelve months. Over three-fourths (76%) of Lucas County youth in grades 7-12 had visited the dentist for a check-up, exam, teeth cleaning, or other dental work in the past year. (2013 YRBS reported 75% for Ohio)

AFRICAN AMERICAN QUALITY OF LIFE

One-fifth (20%) of African Americans kept a firearm in or around their home. 51% of African Americans attempted to get assistance from a social service agency. Nearly half (49%) were limited in some way because of a physical, mental or emotional problem.

AFRICAN AMERICAN HEALTHCARE, ACCESS, COVERAGE & UTILIZATION

According to the 2012 U.S. Census demographic profile data, approximately 84,787 African Americans live in Lucas County (19.4%). The 2014 Health Assessment indicates that one-fourth (25%) of African Americans did not have health care coverage. 29% rated their health as fair or poor.

AFRICAN AMERICAN CHRONIC DISEASE & PREVENTION

In 2014, 21% of African Americans were diagnosed with diabetes and 49% with high blood pressure. 74% of African Americans were either overweight or obese.

HISPANIC QUALITY OF LIFE

Almost one-fifth (19%) of Hispanics kept a firearm in or around their home. 39% of Hispanics attempted to get assistance from a social service agency. Nearly half (46%) were limited in some way because of a physical, mental or emotional problem.

HISPANIC HEALTHCARE, ACCESS, COVERAGE & UTILIZATION

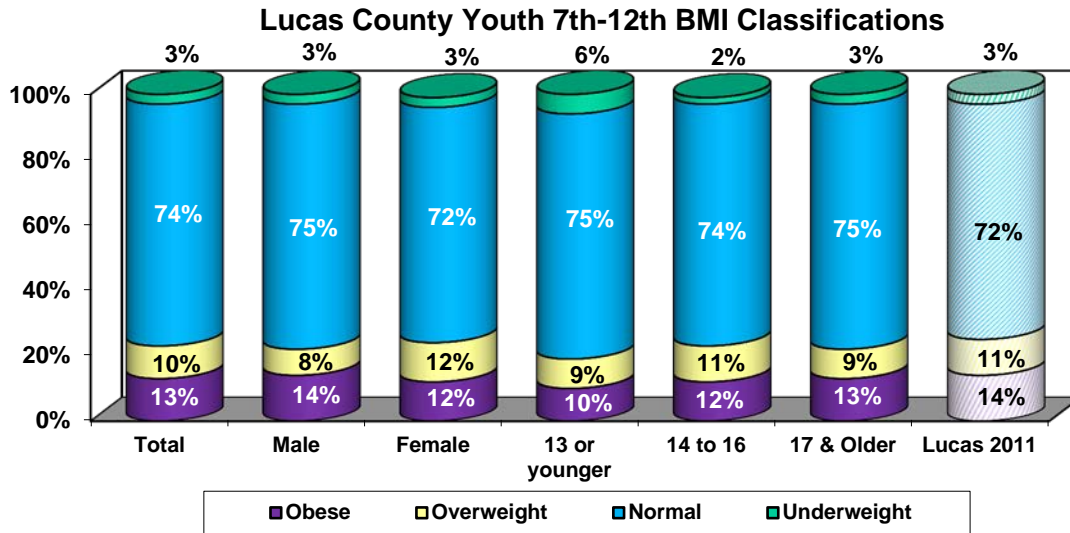
According to the 2012 U.S. Census demographic profile data, approximately 27,918 Hispanics live in Lucas County (9%). The 2014 Health Assessment indicates that nearly one-fifth (19%) of Hispanics did not have health care coverage. 17% rated their health as fair or poor.

HISPANIC CHRONIC DISEASE & PREVENTION

In 2014, 21% of Hispanics were diagnosed with diabetes and 28% with high blood pressure. 79% of Hispanics were either overweight or obese.

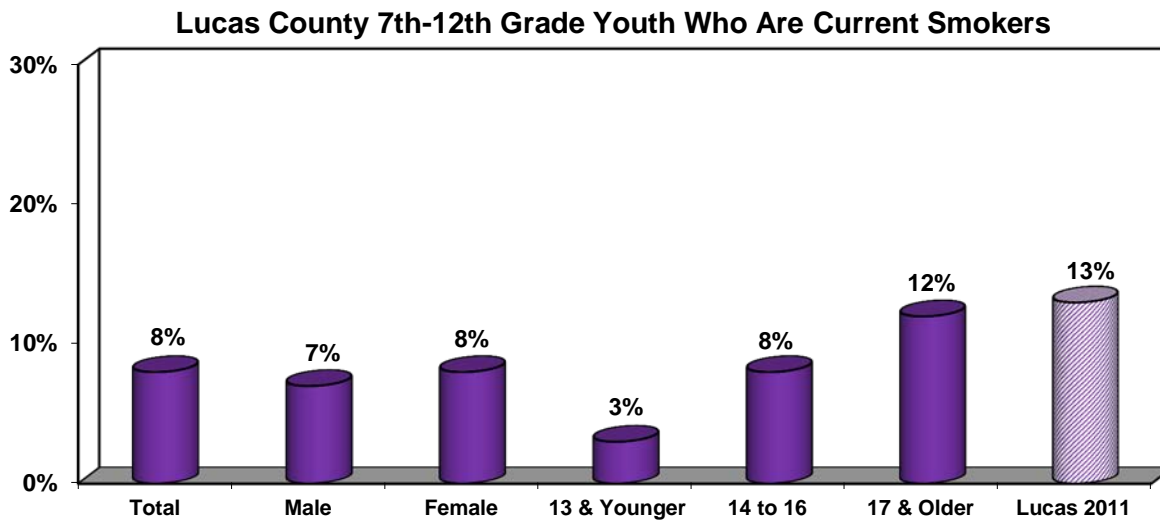
YOUTH WEIGHT STATUS

The 2013/14 Health Assessment identified that 13% 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, 25% of Lucas County youth reported they were slightly or very overweight. 69% of youth were exercising for 60 minutes on 3 or more days per week. 84% of youth were involved in extracurricular activities.



YOUTH TOBACCO USE

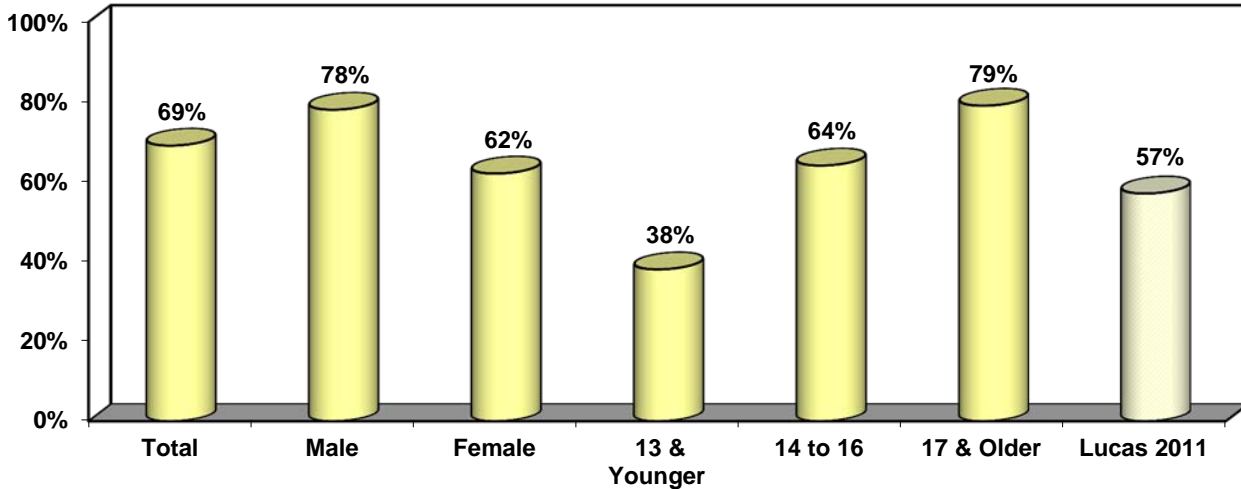
The 2013/14 Health Assessment identified that 8% of Lucas County youth in grades 7-12 were smokers, increasing to 12% of those who were over the age of 17. Of those 7th-12th grade youth who currently smoked, 40% had tried to quit in the past year.



YOUTH ALCOHOL CONSUMPTION

In 2013/14, the Health Assessment results indicate that 51% of Lucas County youth in grades 7-12 had drunk at least one drink of alcohol in their life, increasing to 71% of youth seventeen and older. 28% of those 7th-12th graders who drank, took their first drink at 12 years or younger. 22% of all Lucas County 7th-12th grade youth and 37% of those over the age of 17 had at least one drink in the past 30 days. 69% of the 7th-12th grade youth who reported drinking in the past 30 days had at least one episode of binge drinking. 5% of 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*

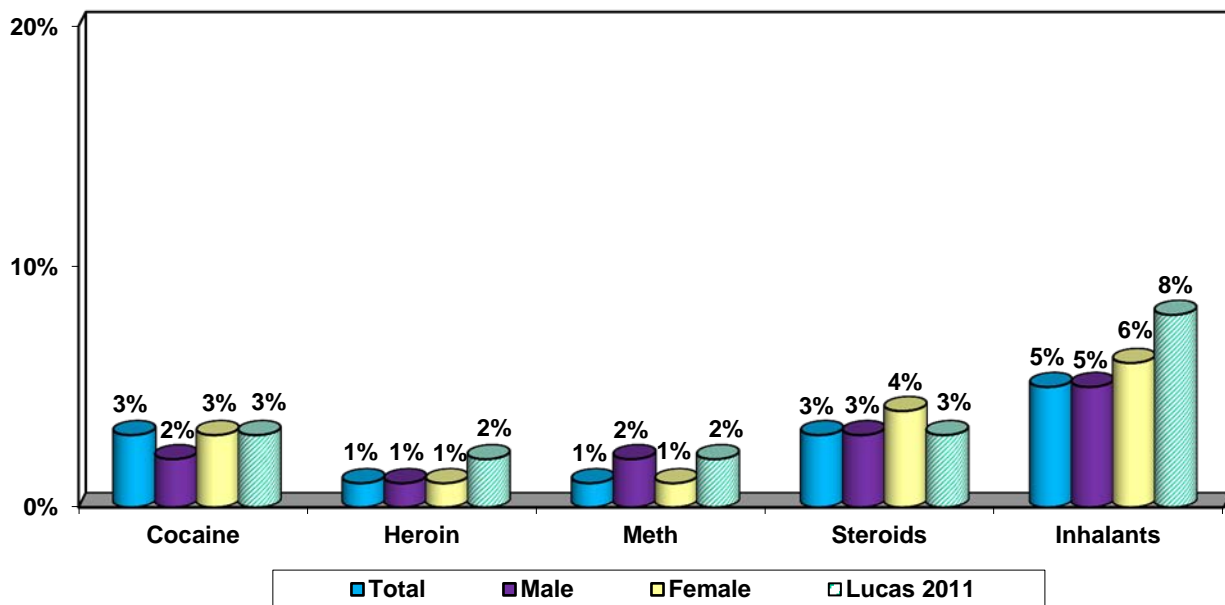


Based on all current drinkers. Binge drinking is defined as having five or more drinks on an occasion.

YOUTH MARIJUANA AND OTHER DRUG USE

In 2013/14, 15% of Lucas County 7th-12th grade youth had used marijuana or hashish at least once in the past 30 days, increasing to 24% of those ages 17 and older. 7% of 7th-12th grade youth used prescription drugs that were not prescribed for them in the past 30 days, increasing to 11% of those over the age of 17.

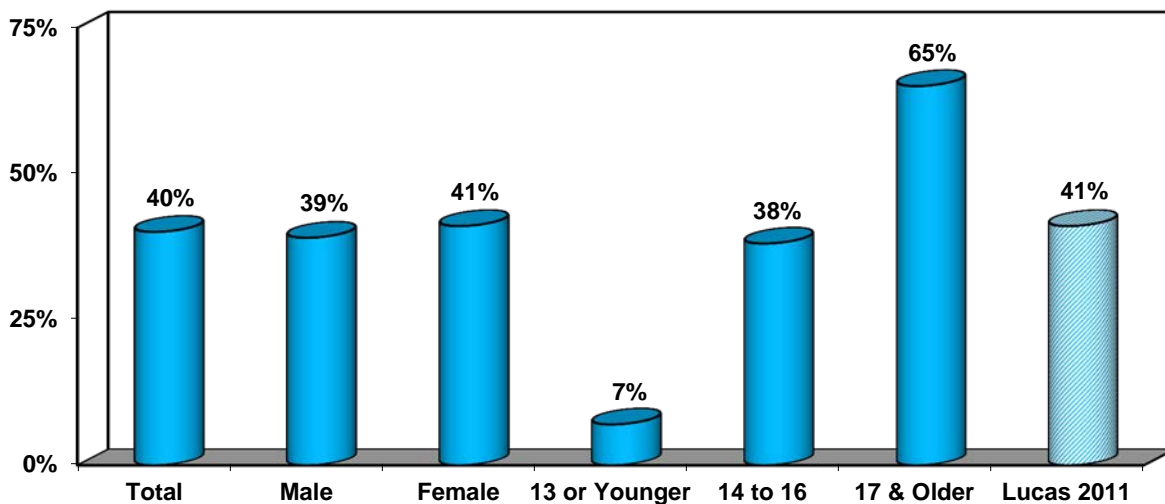
Lucas County 7th-12th Grade Youth Lifetime Drug Use



YOUTH SEXUAL BEHAVIOR & PREGNANCY OUTCOMES

Only 7th-12th graders in Toledo Public Schools and Springfield Local Schools were asked sexual behavior questions. Generalizability of the sexual behavior section is limited because of the limited number of schools that asked these questions. In 2013/14, two-fifths (40%) of Lucas County 7th-12th grade youth have had sexual intercourse, increasing to 65% of those ages 17 and over. 31% of youth had participated in oral sex and 5% had participated in anal sex. 27% of youth participated in sexting. Of those who were sexually active, 63% had multiple sexual partners.

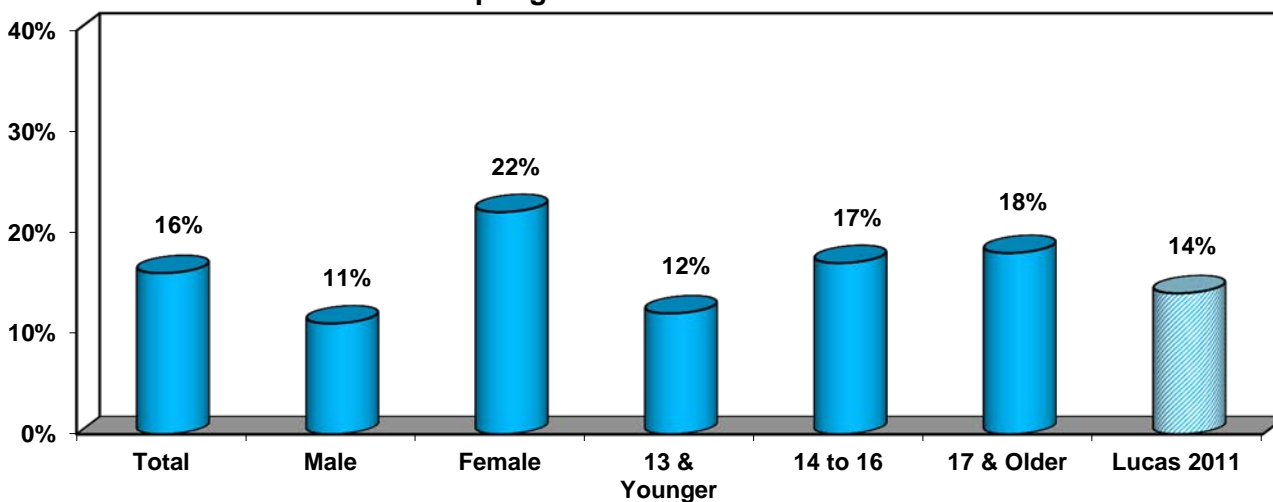
Lucas County 7th-12th Grade Youth Who Had Sexual Intercourse



YOUTH MENTAL HEALTH AND SUICIDE

In 2013/14, the Health Assessment results indicated that 16% of Lucas County 7th-12th grade youth had seriously considered attempting suicide in the past year and 7% 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



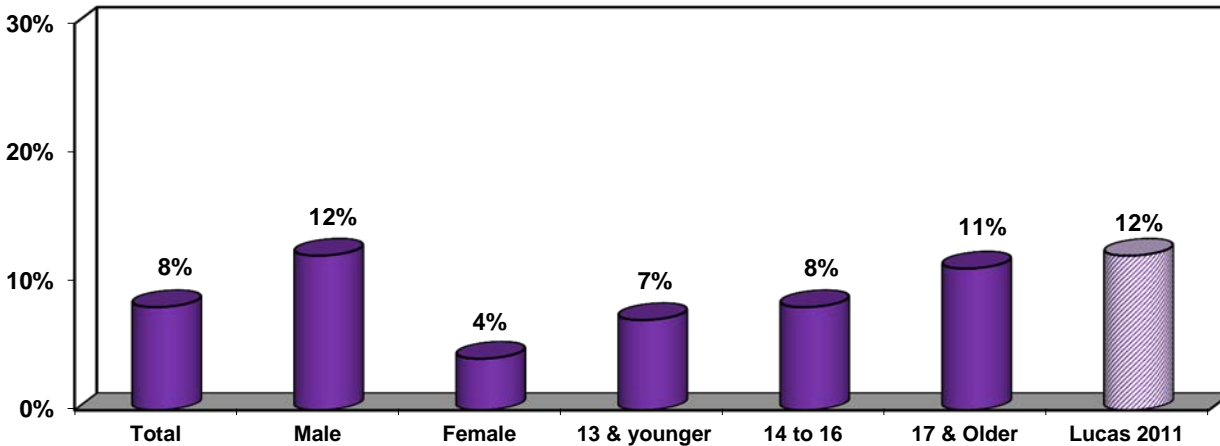
YOUTH SAFETY

In 2013/14, 51% of Lucas County youth drivers reported that they always wore a seatbelt when riding in a car in the past month. 21% of youth had ridden in a car driven by someone who had been drinking alcohol in the past month. 41% of youth drivers texted while driving.

YOUTH VIOLENCE

In Lucas County, 8% of 7th-12th grade youth had carried a weapon in the past month. 7% of youth had been threatened or injured with a weapon on school property in the past year. 43% of youth had been bullied in the past year and 28% had been bullied on school property.

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



YOUTH PERCEPTIONS

In 2013/14, 64% of Lucas County 7th-12th grade youth thought there was a great risk in harming themselves if they smoked one or more packs of cigarettes per day. 48% of youth thought that there was either no risk or a slight risk of using marijuana. Almost three-quarters (74%) of youth reported that their parents would think it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day.

CHILD HEALTH AND FUNCTIONAL STATUS

In 2014, 24% of children were classified as obese by Body Mass Index (BMI) calculations. 81% of Lucas County parents had taken their child ages 0-11 to the dentist in the past year. 14% of Lucas County parents reported their child ages 0-11 had been diagnosed with asthma. 9% of parents reported their child had been diagnosed with ADD/ADHD.

CHILD HEALTH INSURANCE, ACCESS & UTILIZATION

In 2014, 1% of Lucas County parents reported their 0-11 year old did not have health insurance. 23% of parents reported they received benefits from the SNAP/food stamps program. 22% of parents reported they had taken their child to the hospital emergency room in the past year. 90% of parents had taken their child to the doctor for preventive care in the past year.

EARLY CHILDHOOD (0-5 YEARS OLD)

The following information was reported by parents of 0-5 year olds. In 2014, 92% of Lucas County parents reported their child always rode in a car seat/booster seat when a passenger in a car. 94% of mothers got prenatal care within the first three months during their last pregnancy. 8% of mothers smoked during their last pregnancy. 68% of parents put their child to sleep on his/her back. 29% of mothers never breastfed their child.

MIDDLE CHILDHOOD (6-11 YEARS OLD)

The following information was reported by Lucas County parents of 6-11 year olds. In 2014, 74% of Lucas County parents reported their child always feels safe at school. 36% of parents reported their child was bullied at some time in the past year. 86% of parents reported their child participated in extracurricular activities. 35% of parents reported their child had an email or a social network account.

FAMILY FUNCTIONING, NEIGHBORHOOD AND COMMUNITY CHARACTERISTICS

In 2014, 51% of Lucas County parents reported their 0-11 year old child slept 8-9 hours per night. 93% of parents reported their neighborhood was always or usually safe enough for their child to go out and play. 22% of parents reported someone in their household used cigarettes, cigars, or pipe tobacco. 2% of parents reported there was an unlocked and loaded firearm in their home.

PARENT HEALTH

In 2014, 16% of Lucas County parents were uninsured. 33% of parents were overweight and 31% were obese. Parents missed work an average of 1.2 days per year due to their child being ill or injured.

Youth | TREND SUMMARY

Youth Variables	Lucas County 2011 (9 th -12 th) (n=1,157)	Lucas County 2013/14 (5 th -6 th) (n=337)	Lucas County 2013/14 (7 th -8 th) (n=326)	Lucas County 2013/14 (9 th -12 th) (n=663)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Weight Control						
Obese	15%	9%	14%	13%	13%	14%
Overweight	11%	11%	10%	11%	16%	17%
Described themselves as slightly or very overweight	25%	17%	25%	25%	28%	31%
Trying to lose weight	42%	40%	39%	44%	47%	48%
Exercised to lose weight	43%	48%	46%	48%	61%*	61%*
Ate less food, fewer calories, or foods lower in fat to lose weight	28%	16%	28%	31%	N/A	N/A
Went without eating for 24 hours or more	7%	1%	5%	6%	10%	13%
Took diet pills, powders, or liquids without a doctor's advice	3%	<1%	1%	2%	5%	5%
Vomited or took laxatives	3%	0%	1%	3%	5%	4%
Ate 1 to 4 servings of fruits and vegetables per day	82%	74%	76%	81%	85%*	78%*
Drank pop or soda one or more times per day during the past 7 days	N/A	17%	20%	17%	21%	27%
Physically active at least 60 minutes per day on every day in past week	28%	27%	21%	28%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	43%	48%	43%	50%	48%	47%
Watched TV 3 or more hours per day	40%	30%	35%	34%	28%	35%
Unintentional Injuries and Violence						
Carried a weapon in past month	13%	6%	8%	9%	14%	18%
Been in a physical fight in past year	28%	32%	30%	25%	20%	25%
Did not go to school because felt unsafe	6%	N/A	9%	6%	5%	7%
Threatened or injured with a weapon on school property in past year	N/A	6%	5%	7%	N/A	7%
Electronically/cyber bullied in past year	15%	4%	13%	12%	15%	15%
Bullied in past year	43%	46%	52%	38%	N/A	N/A
Bullied on school property in past year	N/A	35%	38%	22%	21%	20%
Forced to participate in unwanted sexual behavior by someone they dated or went out with in the past year	N/A	N/A	7%	9%	10%	10%
Physically hurt by someone they were dating or going out with in the past year	N/A	N/A	5%	11%	10%	N/A
Mental Health						
Youth who seriously considered attempting suicide in the past year	16%	6%	14%	18%	14%	17%
Youth who had attempted suicide in the past year	4%	4%	5%	8%	6%	8%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	24%	14%	25%	29%	26%	30%

N/A – Not available

* Comparative YRBSS data for Ohio is 2007 and U.S. is 2009

Youth Variables	Lucas County 2011 (9 th -12 th) (n=1,157)	Lucas County 2013/14 (5 th -6 th) (n=337)	Lucas County 2013/14 (7 th -8 th) (n=326)	Lucas County 2013/14 (9 th -12 th) (n=663)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Alcohol Consumption						
Ever tried alcohol	67%	11%	29%	62%	71%**	66%
Current drinker	39%	2%	9%	28%	30%	35%
Binge drinker (of all youth)	23%	2%	3%	21%	16%	21%
Drank for the first time before age 13(of all youth)	18%	N/A	15%	12%	13%	19%
Rode with someone who was drinking	25%	21%	19%	21%	17%	22%
Drank and drove (of youth drivers)	9%	N/A	N/A	5%	4%	10%
Obtained the alcohol they drank by someone giving it to them	21%	1%	3%	41%	38%	42%
Tobacco Use						
Ever tried cigarettes	38%	4%	15%	25%	52%**	41%
Current smokers	18%	1%	4%	9%	15%	16%
Tried to quit smoking	46%	89%	43%	40%	56%**	48%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	6%	N/A	4%	5%	14%**	9%
Sexual Behavior†						
Ever had sexual intercourse	63%	N/A	12%	53%	43%	47%
Used a condom at last intercourse	75%	N/A	45%	68%	60%*	59%
Used birth control pills at last intercourse	20%	N/A	7%	26%	23%**	19%
Did not use any method to prevent pregnancy during last sexual intercourse	7%	N/A	7%	10%	12%	14%
Had four or more sexual partners (of sexually active youth)	40%	N/A	11%	36%	28%	N/A
Had four or more sexual partners (of all youth)	27%	N/A	14%	21%	12%	15%
Had sexual intercourse before age 13 (of all youth)	12%	N/A	5%	10%	4%	6%
Had sexual contact with both males and females	N/A	N/A	4%	6%	4%	N/A
Drug Use						
Youth who used marijuana in the past month	26%	1%	5%	19%	21%	23%
Tried marijuana for the first time before the age of 13	7%	N/A	7%	7%	6%	9%
Ever used methamphetamines	3%	<1%	1%	2%	6%*	3%
Ever used cocaine	4%	0%	2%	3%	4%	6%
Ever used heroin	2%	0%	<1%	1%	2%	2%
Ever used steroids	4%	2%	2%	4%	3%	3%
Ever used inhalants	9%	2%	5%	5%	9%	9%
Ever used ecstasy/MDMA	N/A	<1%	<1%	3%	N/A	7%
Ever misused prescription medications	15%	0%	4%	13%	N/A	18%
Misused prescription medications in past month	N/A	2%	5%	9%	N/A	N/A

N/A – Not available

†Only 2 public school districts asked sexual behavior questions

* 2007 Youth Risk Behavior Survey data

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

Adult | TREND SUMMARY

Adult Variables	Lucas County 2007 (n=1,282)	Lucas County 2011 (n=1,068)	Lucas County 2014 (n=1,005)	Ohio 2012	U.S. 2012
Health Status					
Rated health as excellent or very good	51%	48%	45%	50%	52%
Rated general health as fair or poor	14%	18%	18%	18%	17%
Rated their mental health as not good on four or more days	26%	25%	26%	N/A	N/A
Average days that physical health not good in past month	N/A	N/A	4.0	3.9**	3.7**
Average days that mental health not good in past month	N/A	N/A	4.3	3.9**	3.5**
Health Care Coverage					
Has health care coverage	88%	87%	86%	85%	83%
Arthritis, Asthma & Diabetes					
Has been diagnosed with arthritis	27%	19%	19%	30%	26%
Has been diagnosed with asthma	12%	13%	13%	14%	13%
Has been diagnosed with diabetes	12%	13%	15%	13%	11%
Cardiovascular Health					
Had a heart attack	N/A	3%	5%	5%	5%
Had a stroke	N/A	2%	3%	3%	3%
Has been diagnosed with high blood pressure	35%	34%	37%	33%*	31%*
Has been diagnosed with high blood cholesterol	34%	27%	25%	39%*	38%*
Had blood cholesterol checked within the past 5 years	72%	76%	80%	76%*	76%*
Alcohol Consumption					
Had at least one alcoholic beverage in past month	57%	57%	54%	54%	55%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	18%	23%	21%	18%	17%
Tobacco Use					
Current smoker (currently smoke some or all days)	23%	24%	19%	23%	20%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	25%	23%	25%	25%	25%
Drug Use					
Adults who used marijuana in the past 6 months	9%	11%	10%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	6%	8%	10%	N/A	N/A
Adults who used heroin in the past 6 months	<1%	1%	<1%	N/A	N/A
Weight Status					
Overweight	37%	36%	34%	35%	36%
Obese	33%	35%	36%	30%	28%

N/A - not available

* 2011 BFRSS Data

**2010 BFRSS Data

Adult Variables	Lucas County 2007 (n=1,282)	Lucas County 2011 (n=1,068)	Lucas County 2014 (n=1,005)	Ohio 2012	U.S. 2012
Quality of Life					
Limited in some way because of physical, mental or emotional problem	42%	N/A	47%	20%	20%
Mental Health					
Considered attempting suicide in the past year	3%	3%	3%	N/A	N/A
Oral Health					
Adults who have visited the dentist in the past year	66%	68%	66%	68%	67%
Adults who had one or more permanent teeth removed	N/A	45%	42%	46%	45%
Adults 65 years and older who had all of their permanent teeth removed	N/A	18%	11%	20%	16%
Preventive Medicine					
Had a pneumonia vaccine in lifetime (age 65 and older)	59%	61%	56%	69%	70%
Had a flu vaccine in the past year (ages 65 and over)	N/A	62%	74%	60%	61%
Had a clinical breast exam in the past two years (age 40 and older)	N/A	N/A	72%	75%**	77%**
Had a mammogram in the past two years (age 40 and older)	73%	74%	73%	74%	74%
Had a pap smear in the past three years	77%	72%	73%	78%	78%

N/A - Not available

**2010 BRFSS Data

Child | TREND SUMMARY

Child Comparisons	Lucas County 2011 Ages 0-5 (n=219)	Lucas County 2014 Ages 0-5 (n=206)	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Lucas County 2011 Ages 6-11 (n=221)	Lucas County 2014 Ages 6-11 (n=337)	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Health and Functional Status								
Rated health as excellent or very good	89%	91%	89%	86%	86%	86%	86%	83%
Dental care visit in past year	48%	64%	50%	54%	88%	91%	92%	88%
Child had no problems with teeth	89%	82%	91%	89%	54%	59%	78%	75%
Diagnosed with asthma	11%	11%	6%	6%	23%	17%	10%	10%
Diagnosed with ADHD/ADD	1%	1%	N/A	2%**	16%	14%	12%	9%
Diagnosed with behavioral or conduct problems	1%	3%	N/A	2%**	6%	5%	5%	4%
Diagnosed with vision problems that cannot be corrected	1%	2%	N/A	<1%	1%	2%	N/A	2%
Diagnosed with bone, joint, or muscle problems	3%	3%	N/A	1%	2%	1%	N/A	2%
Diagnosed with epilepsy	0%	0%	N/A	<1%	<1%	2%	N/A	1%
Diagnosed with a head injury	1%	1%	N/A	<1%	1%	2%	N/A	<1%
Diagnosed with diabetes	0%	0%	N/A	N/A	<1%	<1%	N/A	<1%
Diagnosed with depression	N/A	1%	N/A	<1%**	N/A	2%	N/A	2%
Health Insurance, Access and Utilization								
Had public insurance	33%	28%	40%	44%	32%	22%	34%	37%
Not covered by insurance at some time during past year	6%	7%	7%	11%	9%	5%	5%	12%
Been to doctor for preventive care in past year	93%	95%	94%	90%	82%	88%	86%	82%
2 or more visits to the ER	15%	12%	8%*	8%*	9%	5%	6%*	4%*
Received all the medical care they needed	95%	93%	99%*	99%*	91%	94%	98%*	98%*
Have a personal doctor or nurse	58%	56%	91%	91%	57%	58%	93%	90%

N/A – Not available

*2007 National Survey of Children's Health

** Ages 2-5

Child Comparisons	Lucas County 2011 Ages 0-5 (n=219)	Lucas County 2014 Ages 0-5 (n=206)	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Lucas County 2011 Ages 6-11 (n=221)	Lucas County 2014 Ages 6-11 (n=337)	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Family Functioning & Neighborhood Characteristics								
Parent reads to child every day	33%	33%	53%	48%	N/A	N/A	N/A	N/A
Never breastfed their child	27%	29%	29%	21%	N/A	N/A	N/A	N/A
Child did not miss any days of school because of illness or injury	N/A	N/A	N/A	N/A	18%	24%	16%*	22%*
Child missed school 11 days or more because of illness or injury	N/A	N/A	N/A	N/A	2%	2%	8%*	5%*
Parent felt child was usually/always safe at school	N/A	N/A	N/A	N/A	96%	96%	96%	94%
Family eats a meal together every day of the week	43%	50%	63%	61%	33%	39%	45%	47%
Child never attends religious services	45%	18%	N/A	N/A	36%	31%	22%	18%
Neighborhood is usually or always safe	88%	89%	88%	86%	91%	95%	86%	86%
Someone in house smokes tobacco	29%	25%	29%	23%	34%	21%	34%	25%
Mother's mental or emotional health is fair/poor	8%	4%	7%	7%	9%	8%	10%	8%
Father's mental or emotional health is fair/poor	0%	2%	N/A	3%	3%	1%	7%	5%

N/A – Not available

*2007 National Survey of Children's Health

‡ Children ages 4 months-5 years

Adult | HEALTH STATUS PERCEPTIONS

Key Findings

In 2014, almost half (45%) of the Lucas County adults rated their health status as excellent or very good. Conversely, 18% of adults, increasing to 25% 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 45% (2013)
- Ohio 50% (2012)
- U.S. 52% (2012)

(Source: BRFSS 2012 for Ohio and U.S.)

General Health Status

- In 2014, nearly half (45%) of Lucas County adults rated their health as excellent or very good. Lucas County adults with higher incomes (55%) were most likely to rate their health as excellent or very good, compared to 23% of those with incomes less than \$25,000.
- 18% of adults rated their health as fair or poor. The 2012 BRFSS has identified that 18% of Ohio and 17% 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 separated (53%)
 - Had been diagnosed with diabetes (43%)
 - Had an annual household income under \$25,000 (35%)
 - Had high blood pressure (31%) or high blood cholesterol (30%)
 - Were 65 years of age or older (25%)

Physical Health Status

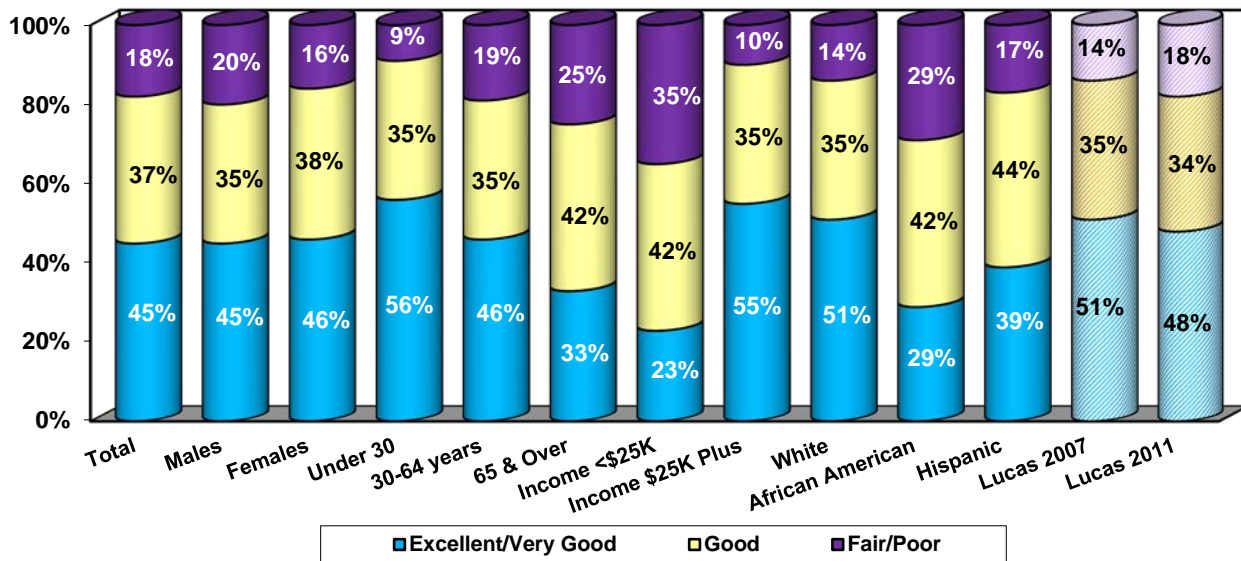
- In 2014, 22% of Lucas County adults rated their physical health as not good on four or more days in the previous month.
- Lucas County adults reported their physical health as not good on an average of 4.0 days in the previous month. Ohio and U.S. adults reported their physical health as not good on an average of 3.9 days and 3.7 days, respectively in the previous month (Source: 2010 BRFSS).
- Lucas County adults were most likely to rate their physical health as not good if they:
 - Had an annual household income under \$25,000 (32%)
 - Were 65 years of age or older (24%)

Mental Health Status

- In 2014, 26% of Lucas County adults rated their mental health as not good on four or more days in the previous month.
- Lucas County adults reported their mental health as not good on an average of 4.3 days in the previous month. Ohio and U.S. adults reported their mental health as not good on an average of 3.9 days and 3.5 days, respectively in the previous month (Source: 2010 BRFSS).
- Lucas County adults were most likely to rate their mental health as not good if they:
 - Had an annual household income under \$25,000 (42%)
 - Were female (30%)

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: 45% of all Lucas County adults, 56% of those under age 30, and 33% of those ages 65 and older rated their health as excellent or very good. The table shows the percentage of adults with poor physical and mental health in the past 30 days.

Lucas County Adult Health Perceptions*



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

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	57%	12%	5%	1%	16%
Females	56%	13%	6%	4%	12%
Total	56%	13%	6%	2%	14%
Mental Health Not Good in Past 30 Days*					
Males	61%	7%	3%	2%	15%
Females	54%	12%	7%	2%	19%
Total	58%	10%	5%	2%	17%

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

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Ohio 2012	U.S. 2012
Rated health as excellent or very good	51%	48%	45%	50%	52%
Rated health as fair or poor	14%	18%	18%	18%	17%
Rated their mental health as not good on four or more days in the previous month	26%	25%	26%	N/A	N/A
Average days that physical health not good in past month	N/A	N/A	4.0	3.9*	3.7*
Average days that mental health not good in past month	N/A	N/A	4.3	3.9*	3.5*

N/A - Not available
*2010 BRFSS data

Adult | HEALTH CARE COVERAGE

Key Findings

The 2014 Health Assessment data has identified that 14% 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, 22.7% of residents live below the poverty level. (Source: U.S. Census, American Community Survey 1Year Estimate, 2012)

General Health Coverage

- In 2014, 86% Lucas County adults had health care coverage, leaving 14% who were uninsured. The 2012 BRFSS reports uninsured prevalence rates for Ohio (15%) and the U.S. (17%).
- In the past year, 14% of adults were uninsured, increasing to 18% of those under the age of 30 and 32% of those with incomes less than \$25,000.
- 12% of adults with children did not have healthcare coverage, compared to 15% of those who did not have children living in their household.
- The following types of health care coverage were used: employer (47%), someone else's employer (14%), Medicare (12%), Medicaid or medical assistance (8%), self-paid plan (5%), multiple-including private sources (5%), multiple-including government sources (4%), military, CHAMPUS, TriCare, or VA (1%), Health Insurance Marketplace (1%), and other (2%).

Calendar Year 2010	Lucas County Residents Enrolled in Medicaid	Ohio Residents Enrolled in Medicaid
Average Members per Year Ages 0-18	55,754 (54%)	1,159,095 (55%)
Average Members per Year Ages 19-64	41,134 (40%)	787,749 (38%)
Average Members per Year Ages 65 and Over	6,494 (6%)	155,896 (7%)

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

(Source: Ohio Department of Job & Family Services, Lucas County 2008-2011 Profile, <http://jfs.ohio.gov/county/cntypro/pdf11/Lucas.pdf>)

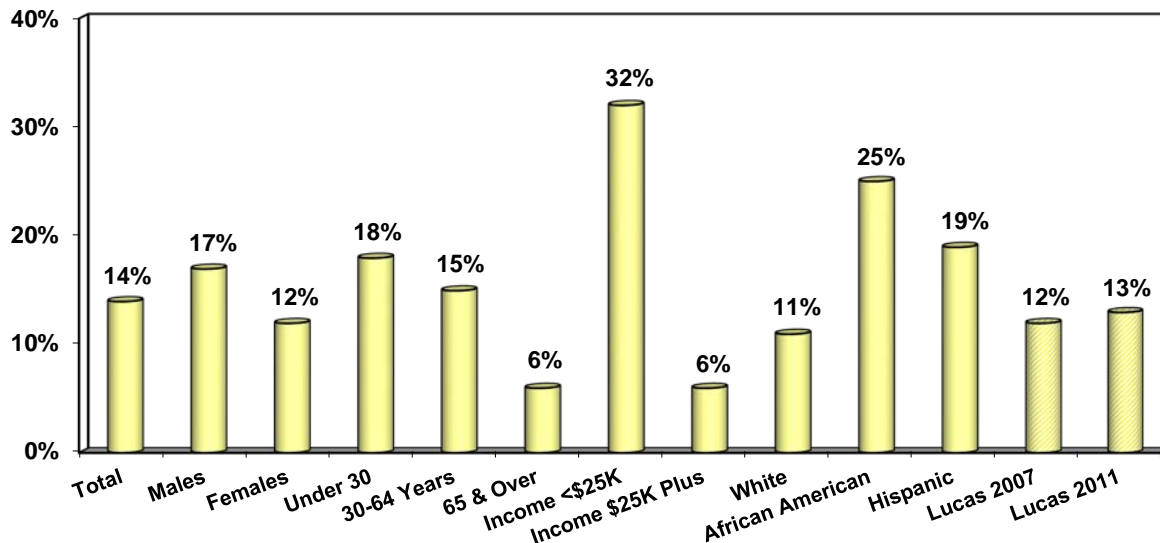
14% of Lucas County adults were uninsured.

- Lucas County adult health care coverage include the following: medical (100%), prescription coverage (95%), immunizations (80%), dental (79%), vision (75%), mental health (72%), preventive care (71%), outpatient therapy (66%), their spouse (58%), their children (58%), alcohol and drug treatment (45%), home care (34%), hospice (32%), skilled nursing (31%), long-term care (28%), and their partner (24%).
- The top reasons uninsured adults gave for being without health care coverage were:
 1. They lost their job or changed employers (40%)
 2. They could not afford to pay the insurance premiums (27%)
 3. They lost Medicaid eligibility (11%)
 4. Their employer does not/stopped offering coverage (11%)
 5. They became ineligible (10%)
 6. They became a part-time/temporary employee (10%)

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

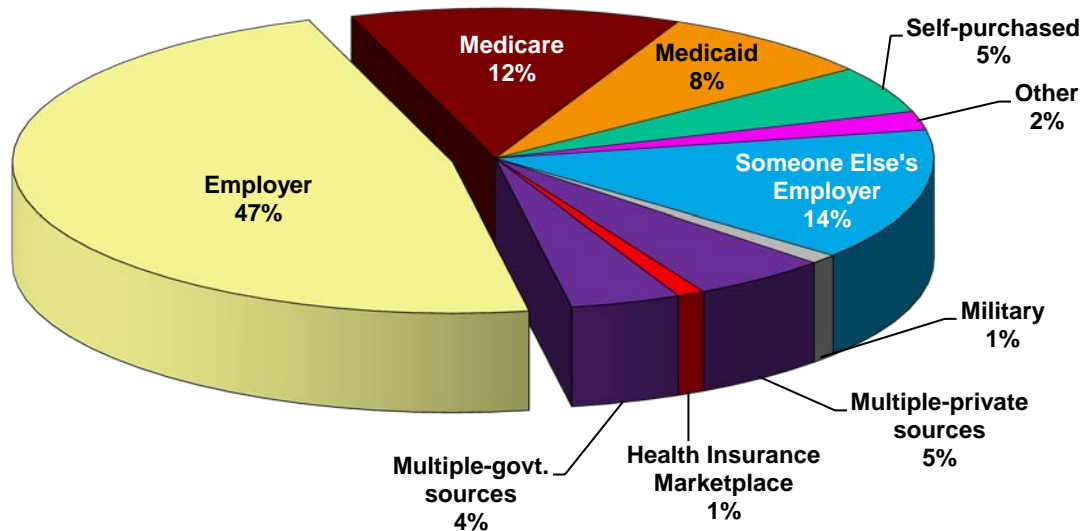
The following graph shows the percentages of Lucas County adults who were uninsured by demographic characteristics. Examples of how to interpret the information in the graph includes: 14% of all Lucas County adults were uninsured, 32% of adults with an income less than \$25,000 reported being uninsured and 18% of those under age 30 lacked health care coverage.

Uninsured Lucas County Adults



The pie chart shows sources of Lucas County adults' health care coverage.

Source of Health Coverage for Lucas County Adults



Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Ohio 2012	U.S. 2012
Uninsured	12%	13%	14%	15%	17%

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

Health Coverage Includes:	Yes	No	Don't Know
Medical	100%	<1%	0%
Prescription Coverage	95%	3%	2%
Immunizations	80%	4%	16%
Dental	79%	20%	1%
Vision	75%	22%	3%
Mental Health	72%	5%	23%
Preventive Health	71%	5%	24%
Outpatient Therapy	66%	3%	31%
Their Spouse	58%	31%	11%
Their Children	58%	30%	12%
Alcohol and Drug Treatment	45%	6%	49%
Home Care	34%	12%	54%
Hospice	32%	10%	58%
Skilled Nursing	31%	11%	58%
Long-Term Care	28%	16%	56%
Their Partner	24%	44%	32%

Healthy People 2020
Access to Quality Health Services

Objective	Lucas County 2014	Ohio 2012	U.S. 2012	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health care insurance	81% age 20-24 81% age 25-34 84% age 35-44 86% age 45-54 87% age 55-64	77% age 18-24 78% age 25-34 83% age 35-44 84% age 45-54 87% age 55-64	75% age 18-24 73% age 25-34 80% age 35-44 84% age 45-54 87% age 55-64	100%

*U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2012 BRFSS, 2014 Lucas County Health Assessment)

Ohio Medicaid Assessment Survey

- More than 2.3 million Ohioans are enrolled in Medicaid.
- In 2012, 1.36 million Ohioans were uninsured (1,229,587 adults and 139,884 children).
- In Ohio, 19% of adults 18-64 years old and 5% of children were uninsured in 2010, compared respectively to 17% and 4% in 2008.
- In 2010, uninsured children had an 11.7 times higher rate of **not** having a usual source of care than insured children. Uninsured children had an almost 3 times higher rate of **not** having a usual source of coverage than uninsured adults.
- In Ohio, uninsured individuals reported greater issues with access to care, unmet needs, and paying for care than the insured.

(Source: Ohio Medicaid Assessment Survey, 2012 Presentation Slides, <https://ckm.osu.edu/sitetool/sites/omaspublic/documents/OMASStatewideRolloutPresentationSlides.pdf> & 2010 Ohio Family Health Survey Results, 03-08-2011)

Adult | HEALTH CARE ACCESS AND UTILIZATION

Key Findings

The 2014 Health Assessment project identified that 51% of Lucas County adults rated their satisfaction with their overall health care as excellent or very good.

Health Care Access

- The following might prevent Lucas County adults from seeing a doctor if they were sick, injured, or needed some kind of health care: cost (36%), hours not convenient (11%), doctor would not take their insurance (11%), difficult to get an appointment (11%), worried they might find something wrong (11%), could not get time off work (9%), frightened of the procedure or doctor (7%), difficult to find/no transportation (5%), do not trust or believe doctors (4%), and some other reason (7%).
- Lucas County adults had the following transportation issues when they needed health services: no car (8%), could not afford gas (7%), no driver's license (6%), disabled (4%), limited public transportation available or accessible (3%), no car insurance (2%), car did not work (1%), no public transportation available or accessible (1%), no public transportation before 8 or after 4:30 (<1%), and other car issues/expenses (4%).
- Lucas County adults reported that when they were sick or needed advice about their health, they usually went to the following: a private doctor's office (65%), hospital emergency room (4%), an urgent care center (3%), community health center (2%), health department (1%), or some other place (<1%). 6% reported they did not have a particular place to go.
- More than half (51%) of Lucas County adults rated their satisfaction with their overall health care as excellent or very good. 15% of adults rated their satisfaction as fair or poor.
- Lucas County adults had the following issues regarding their healthcare coverage: deductibles were too high (26%), co-pays were too high (20%), premiums were too high (15%), could not understand their insurance plan (7%), high HSA deductible (6%), opted out of certain coverage because they could not afford it (5%), limited visits (5%), service not deemed medically necessary (4%), opted out of certain coverage because they did not need it (4%), working with their insurance company (3%), provider is no longer covered (3%), service is no longer covered (2%), and pre-existing conditions (2%).
- Lucas County adults reported they had looked for the following programs for themselves or a loved one: to help with depression, anxiety, or emotional problems (15%), to stop smoking (6%), for drug abuse (3%), and to control alcohol abuse (2%).

Health Care Access among Employed and Unemployed Adults

- In 2009–2010, 48.1% of unemployed adults ages 18–64 years had health insurance compared with 81.4% of employed adults.
- The unemployed were less likely to receive needed prescriptions due to cost than the employed in all insurance categories.
- Unemployed adults in 2009–2010 were more likely to have fair or poor health than employed adults across all categories of insurance coverage.

(Source: CDC, *Access to Health Care, 2012*, http://www.cdc.gov/nchs/fastats/access_to_health_care.htm)

Health Care Access and Utilization among Young Adults Ages 19-25

- From January through September 2011, 77.9% of women ages 19–25 had a usual place for health care compared with 62.5% of men in the same age group.
- Among adults ages 19–25, those with public health coverage were more likely to have had an emergency room visit in the past 12 months than those with private coverage or the uninsured.
- In 2011, 57.9% of Hispanic persons ages 19–25 had a usual place for health care. This was significantly less than non-Hispanic white (74.9%) and non-Hispanic black (68.4%) persons.
- In the first 9 months of 2011, adults ages 19–25 who were poor (67.2%) and those who were near poor (63.0%) were less likely than those who were not poor (76.0%) to have had a usual place for health care.
- 28% of uninsured adults ages 19–25 delayed or did not get needed medical care due to cost compared with 7.6% of those with private health insurance and 10.1% of those with public coverage.

(Source: CDC, *Health Care Access and Utilization among Young Adults Aged 19-25, 2012*, http://www.cdc.gov/nchs/data/nhis/earlyrelease/Young_Adults_Health_Access_052012)

Access to Care

- Access to health insurance remains a challenge for many Ohioans.
- The 2010 Ohio Family Health Survey estimates that about 1.4 million working age Ohioans and 125,000 children are uninsured and employer health surveys indicate that employer sponsored insurance continues to decline.
- The CDC estimates that 75% of U.S. health care spending is on chronic, preventable diseases, so increased primary care access can play an important role in reducing overall spending and promoting wellness.
- Some groups of Ohioans have less access to care than others. Minority populations are more likely to be uninsured.
 - Whites: 17%
 - African Americans: 28%
 - Hispanics: 34%

(Source: Health Policy Institute of Ohio (HPIO), *Access to Care*, from: <http://www.healthpolicyohio.org/strategic-objectives/access-to-care/>)

Adult | **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 2014 Lucas County Health Assessment found that 5% of adults had survived a heart attack and 3% had survived a stroke at some time in their life. Nearly two-fifths (37%) of Lucas County adults had been diagnosed with high blood pressure, 36% were obese, 25% had high blood cholesterol, and 19% were smokers, four known risk factors for heart disease and stroke.

Heart Disease and Stroke

- In 2014, 5% of Lucas County adults reported they had survived a heart attack or myocardial infarction, increasing to 10% of those over the age of 65.
- 5% of Ohio and U.S. adults reported they had a heart attack or myocardial infarction in 2011 (Source: 2012 BRFSS).
- 3% of Lucas County adults reported they had survived a stroke, increasing to 6% of those over the age of 65.
- 3% of Ohio and U.S. adults reported having had a stroke in 2012 (Source: 2012 BRFSS).
- 5% of adults reported they had angina, increasing to 6% of those over the age of 65.
- 5% of Ohio and 4% of U.S. adults reported having had angina or coronary heart disease in 2012 (Source: 2012 BRFSS).
- 7% of adults reported they had heart disease, increasing to 22% of those over the age of 65.
- Of those who reported having any of the above conditions, treatment was received for the following: heart disease (92%), heart attack (65%), stroke (59%), and angina (44%).

High Blood Pressure (Hypertension)

- Almost two-fifths (37%) of adults had been diagnosed with high blood pressure. The 2011 BRFSS reports hypertension prevalence rates of 33% for Ohio and 31% for the U.S.
- 86% of adults with high blood pressure reported receiving treatment for their high blood pressure.
- 89% of adults had their blood pressure checked within the past year.
- Lucas County adults diagnosed with high blood pressure were more likely to:
 - Have rated their overall health as fair or poor (63%)
 - Have been age 65 years or older (62%)
 - Have been classified as obese by Body Mass Index-BMI (49%)

Lucas County Leading Types of Death 2006-2008

Total Deaths: 12,776

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

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

Ohio Leading Types of Death 2006-2008

Total Deaths: 322,264

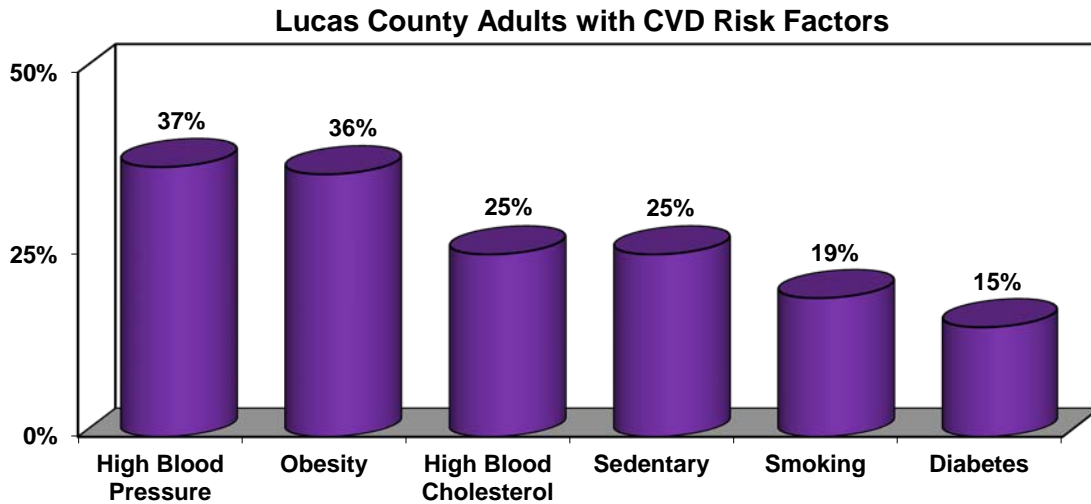
1. Heart Disease (25% of all deaths)
2. Cancers (23%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (5%)
5. Accidents, Unintentional Injuries (5%)

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

High Blood Cholesterol

- One-fourth (25%) of adults had been diagnosed with high blood cholesterol. The 2011 BRFSS reported that 39% of Ohio adults and 38% of U.S. adults have been told they have high blood cholesterol.
- 81% of adults with high blood cholesterol reported receiving treatment for their high blood cholesterol.
- Four-fifths (80%) of adults had their blood cholesterol checked within the past 5 years. The 2011 BRFSS reported 76% of Ohio and U.S. adults had their blood cholesterol checked within the past 5 years.
- Lucas County adults with high blood cholesterol were more likely to:
 - Have been age 65 years or older (45%)
 - Have rated their overall health as fair or poor (40%)
 - Have been classified as obese by Body Mass Index-BMI (31%)

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



(Source: 2014 Lucas County Health Assessment)

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Ohio 2012	U.S. 2012
Had angina	7%	3%	5%	5%	4%
Had a heart attack	N/A	3%	5%	5%	5%
Had a stroke	N/A	2%	3%	3%	3%
Had high blood pressure	35%	34%	37%	33%*	31%*
Had high blood cholesterol	34%	27%	25%	39%*	38%*
Had blood cholesterol checked within past 5 years	72%	76%	80%	76%*	76%*

* 2011 BRFSS Data
N/A – Not available

Stroke Warning Signs and Symptoms

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

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

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

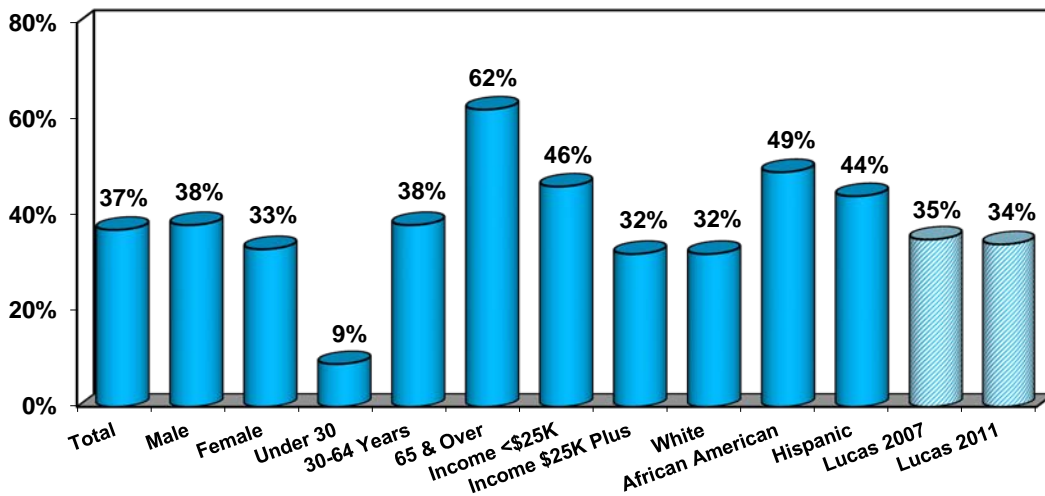
- Sudden confusion or trouble understanding
- Sudden numbness or weakness of the leg
- Sudden severe headache with no known cause
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance or coordination



(Source: American Heart Association, *Stroke Warning Signs and Symptoms*, 2013, http://strokeassociation.org/STROKEORG/WarningSigns/Stroke-Warning-Signs-and-Symptoms_UCM_308528_SubHomePage.jsp)

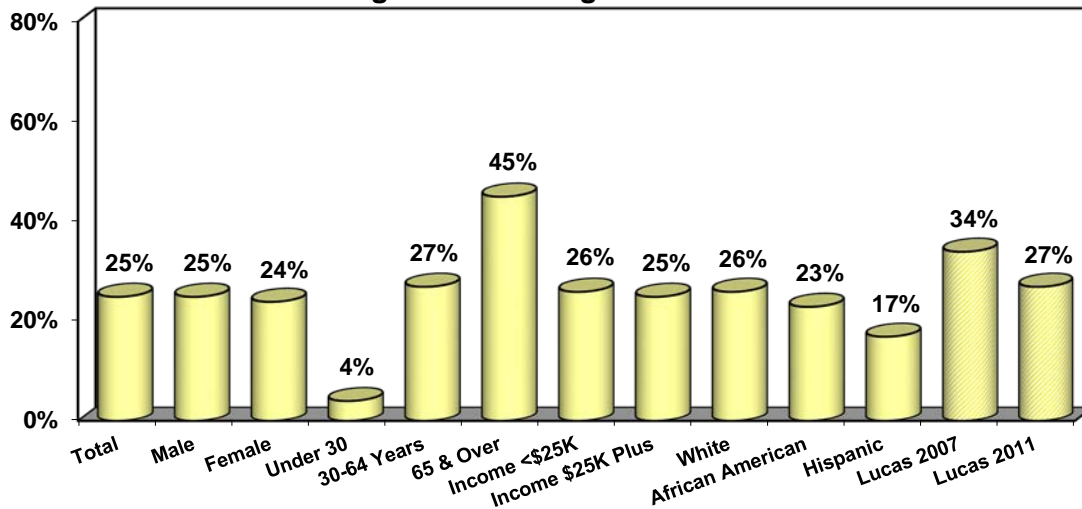
The following graphs show the number of Lucas County adults who have been diagnosed with high blood pressure, high blood cholesterol and cardiovascular disease prevalence. Examples of how to interpret the information on the first graph include: 37% of all Lucas County adults have been diagnosed with high blood pressure, 38% of all Lucas County males, 33% of all females, and 62% of those 65 years and older.

Diagnosed with High Blood Pressure*

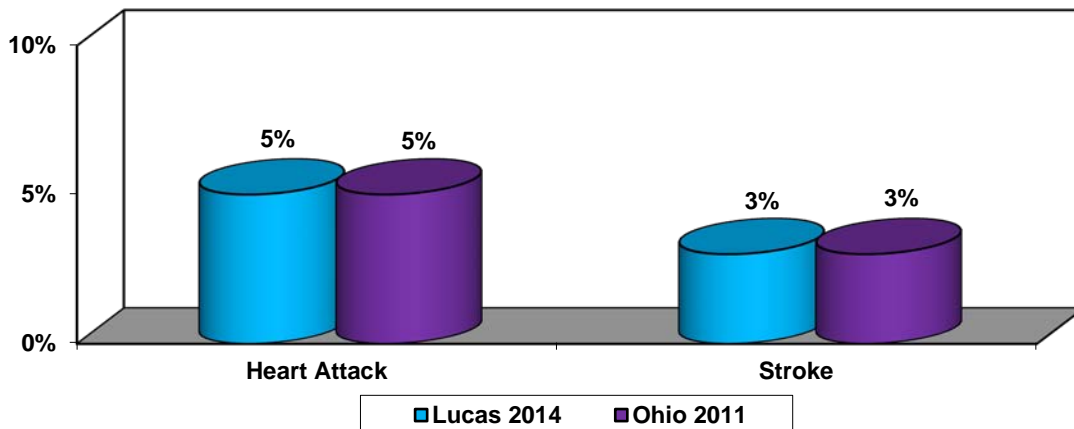


*Does not include respondents who indicated high blood pressure during pregnancy only.

Diagnosed with High Blood Cholesterol



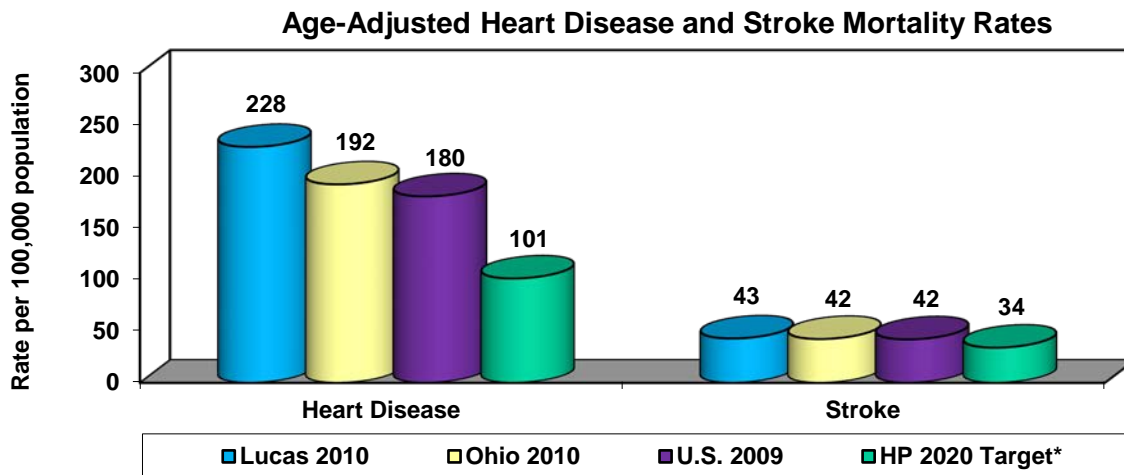
Cardiovascular Disease Prevalence



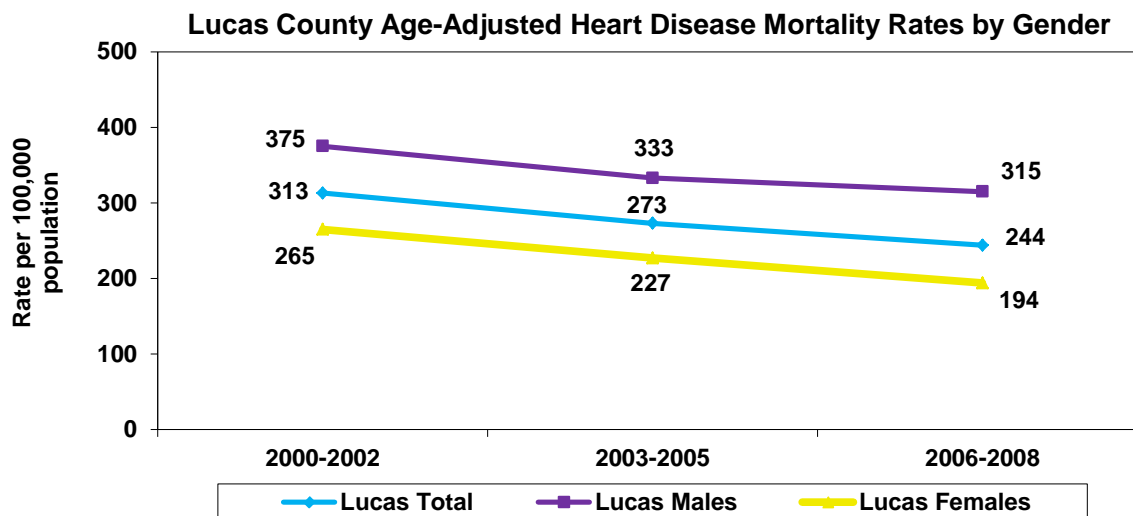
(Source: 2014 Lucas Health Assessment and 2011 BRFSS)

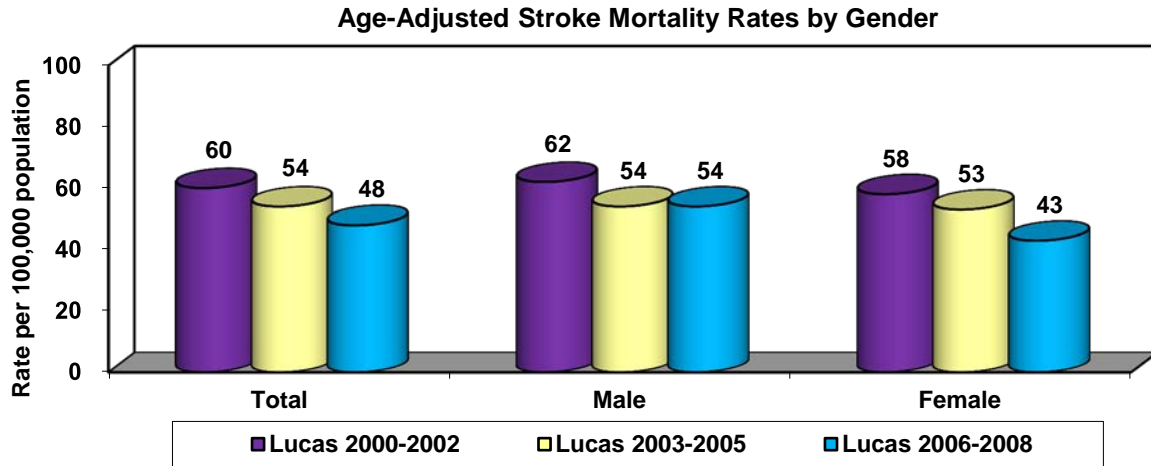
The following graphs show the age-adjusted mortality rates per 100,000 population for heart disease and stroke by gender.

- When age differences are accounted for, the statistics indicate that the 2010 Lucas County heart disease mortality rate was 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 2010 was higher than the state, the U.S. figure and Healthy People 2020 target objective.
- Disparities exist for heart disease mortality rates by gender in Lucas County.



*The Healthy People 2020 Target objective for Coronary Heart Disease is reported for heart attack mortality.
 (Source: ODH Information Warehouse, updated 10-29-2013, Healthy People 2020)





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

Healthy People 2020 Objectives Heart Disease and Stroke

Objective	Lucas Survey Population Baseline	U.S. Baseline*	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	37% (2014)	31% Adults age 18 and up (2011)	27%
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	80% (2014)	76% Adults age 18 & up (2011)	82%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	25% (2014)	38% Adults age 20 & up with TBC > 240 mg/dl (2011)	14%

*All U.S. figures age-adjusted to 2000 population standard.

(Source: Healthy People 2020, 2011 BRFSS, 2014 Lucas County Health Assessment)

Adult | CANCER

Key Findings

In 2014, 10% of Lucas County adults had been diagnosed with 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 not using tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

Lucas County Incidence of Cancer, 2007-2011

All Types: 9,741 cases

- Lung and Bronchus: 1,573 cases (16%)
- Prostate: 1,359 cases (14%)
- Breast: 1,274 cases (13%)
- Colon and Rectum: 917 cases (9%)

In 2010, there were 988 cancer deaths in Lucas County.

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 1/9/2014)

Adult Cancer

- 10% of Lucas County adults were diagnosed with cancer at some point in their lives.
- The average age of diagnosis was 52 years old.
- Of those diagnosed with cancer, they reported the following types: other skin cancer (15%), breast (13%), prostate (8%), melanoma (7%), cervical (5%), colon (5%), testicular (4%), non-Hodgkin's lymphoma (4%), endometrial (3%), lung (2%), rectal (2%), bladder (2%), renal (2%), leukemia (1%), thyroid (1%), Hodgkin's lymphoma (1%), and other types of cancer (3%). 19% reported being diagnosed with multiple types of cancer.

10% of Lucas County adults had been diagnosed with cancer at some time in their life.

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 mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with cancers of the lung, colorectal, stomach, pancreas, kidney, bladder, uterine cervix, ovary (mucinous) and acute myeloid leukemia. The 2014 health assessment project has determined that 19% of Lucas County adults were current smokers and many more were exposed to environmental tobacco smoke, also a cause of heart attacks and cancer.

A current smoker is defined as someone who has smoked over 100 cigarettes in their lifetime and currently smokes some or all days.

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, 21% of male adults were current smokers¹ and 72% had tried to quit smoking one or more times (*Source: 2014 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 16% of female adults in the county were current smokers¹ and 75% had tried to quit smoking one or more times (*Source: 2014 Lucas County Health Assessment*).
- According to the American Cancer Society, smoking causes 87% of lung cancer deaths among men and 70% of lung cancer deaths among women in the U.S. The risk of developing lung cancer is about 23 times higher in male smokers and 13 times higher in female smokers, compared to lifelong nonsmokers (*Source: American Cancer Society, Facts & Figures 2014*).

21% of Lucas County male adults and 16% of female adults were current smokers.

Breast Cancer

- In 2013, 55% of Lucas County females reported having had a clinical breast examination in the past year.
- 58% of Lucas County females over the age of 40 had a mammogram in the past year.
- The 5-year relative survival for women diagnosed with localized breast cancer (cancer that has not spread to lymph nodes or other locations outside the breast) is 99% (*Source: American Cancer Society, Facts & Figures 2014*).
- 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. Otherwise, annual mammography is recommended beginning at age 40 (*Source: American Cancer Society, Facts & Figures 2014*).

More than half (58%) of Lucas County females over the age of 40 had a mammogram in the past year.

Colon Cancer and Rectum

- The American Cancer Society recognizes any cancer involving the esophagus, stomach, small intestine, colon, rectum, anus (anal canal & anorectum), 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; obesity; physical inactivity; a diet high in red or processed meat; alcohol use; long-term smoking; and possibly very low intake of fruits and vegetables.
- In the U.S., 90% of colon cancers occur in individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings. In 2014, 58% of Lucas County adults over the age of 50 reported having been screened for colorectal cancers at some time in their life.

The leading types of cancer diagnoses for Lucas County adults were: other skin cancer (15%), breast (13%), prostate (8%), melanoma (7%), cervical (5%), and colon (5%).

Prostate Cancer

- 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.
- Incidence rates for prostate cancer are 60% higher in African Americans than in whites and are twice as likely to die of prostate cancer. In addition, about 60% of prostate cancers occur in men over the age of 65, and 97% occur in men 50 and older. Other risk factors include strong familial predisposition, diet high in processed meat or dairy foods, and obesity. African American men and Caribbean men of African descent have the highest documented prostate cancer incidence rates in the world (Source: American Cancer Society, Facts & Figures 2014).

2014 Cancer Estimations

- In 2014, about 1,665,540 new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about one-quarter to one-third of the new cancer cases expected to occur in the U.S. in 2014 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 585,720 Americans are expected to die of cancer in 2014.
- In 2014, about 176,000 cancer deaths will be caused by tobacco use.
- In Ohio, 67,000 new cases of cancer are expected, and 25,260 cancer deaths are expected.
- The Ohio female new breast cancer cases are expected to be 8,710.
- About 15% of all new cancer cases in Ohio are expected to be from lung & bronchus cancers.
- About 5,450 (8%) of all new cancer cases in Ohio are expected to be from colon & rectum cancers.
- The Ohio male, new prostate cancer cases are expected to be 8,690 (13%).

(Source: American Cancer Society, Facts and Figures 2014,
<http://www.cancer.org/acs/groups/content/@research/documents/webcontent/acspc-042151.pdf>)

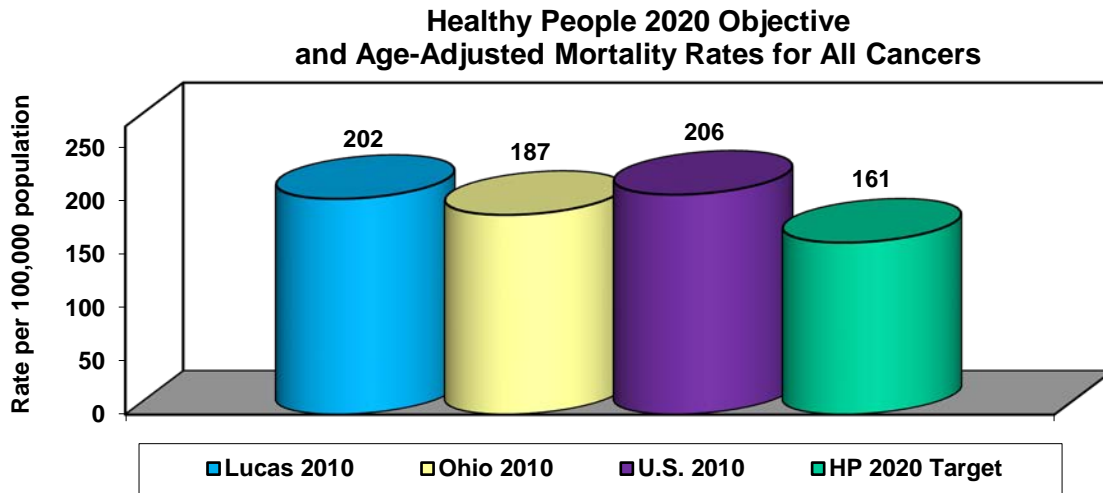
Lucas County Cancer Deaths
2000-2008

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)

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

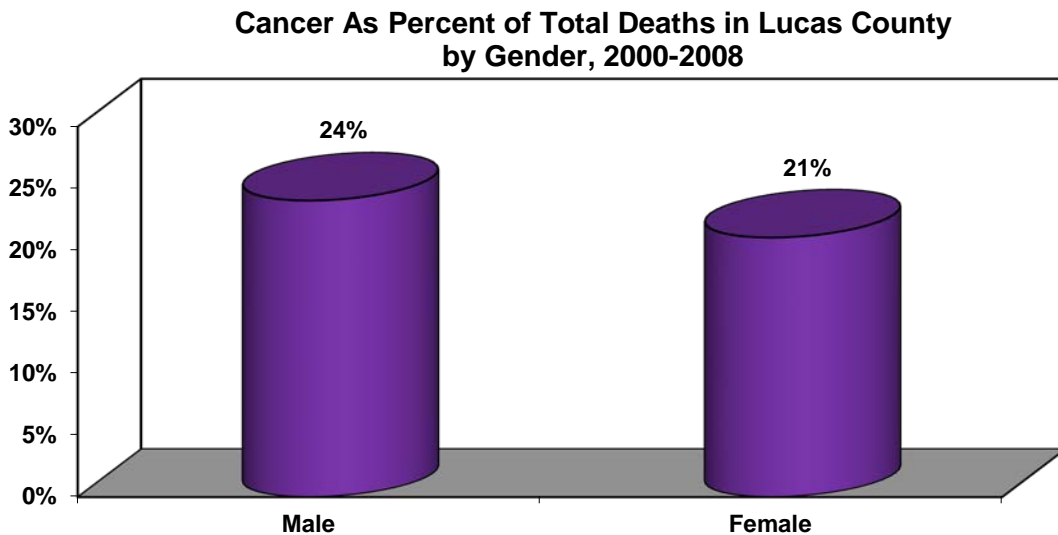
- When age differences are accounted for, Lucas County had a higher cancer mortality rate than Ohio and the Healthy People 2020 target objective, but a lower rate than the U.S.



(Source: ODH Information Warehouse, updated 5-23-12; Healthy People 2020)

The following graph shows cancer as a percentage of total deaths in Lucas County by gender. The graphs indicate:

- 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.



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

Adult | DIABETES

Key Findings

In 2014, 15% of Lucas County adults had been diagnosed with diabetes.

Diabetes

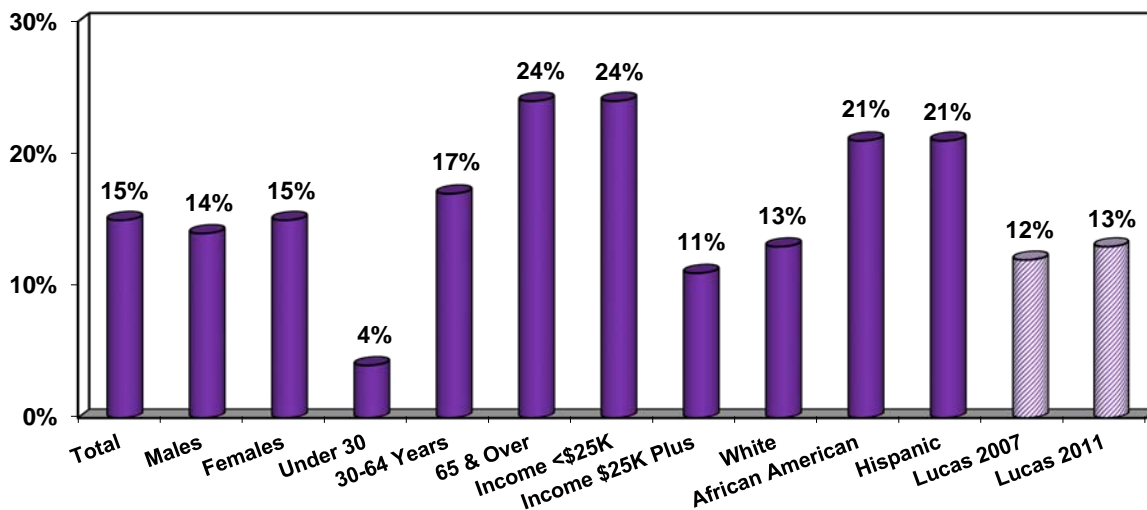
- The 2014 health assessment project has identified that 15% of Lucas County adults had been diagnosed with diabetes, increasing to 24% of those over the age of 65 and those with incomes less than \$25,000. The 2012 BRFSS reports an Ohio prevalence of 13% and 11% for the U.S.
- 87% of those with diabetes were receiving treatment for their diabetes.
- More than two-fifths (43%) 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:
 - 90% were obese or overweight
 - 71% had been diagnosed with high blood pressure
 - 48% had been diagnosed with high blood cholesterol

Diabetes Facts

- Diabetes is a serious health condition that continues to increase in Ohio.
- The estimated adult prevalence of diagnosed diabetes in Ohio from 2000-2009 has grown considerably (37%).
- If current trends continue as they have nationally, 1 in 3 Ohioans will develop diabetes sometime in their lifetime, and those with diabetes will lose an average of 10 -15 years of potential life.
- Diabetes can lead to serious health-related complications such as cardiovascular disease, blindness, kidney failure and non-traumatic lower extremity amputations among adults.
- Adults in Ohio with diabetes are 2 to 4 times more likely to have a heart attack or stroke than those without diabetes.

(Source: ODH, Ohio Diabetes 2010 Fact Sheet, <http://www.healthyohioprogram.org/-/media/ODH/ASSETS/Files/hpr/diabetes%20prevention%20and%20control/ohiosdiabetesfactsheet.ashx>)

Lucas County Adults Diagnosed with Diabetes



Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Ohio 2012	U.S. 2012
Diagnosed with diabetes	12%	13%	15%	13%	11%

DIABETES

Diabetes Symptoms

The most common symptoms of type 1 and 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/>)

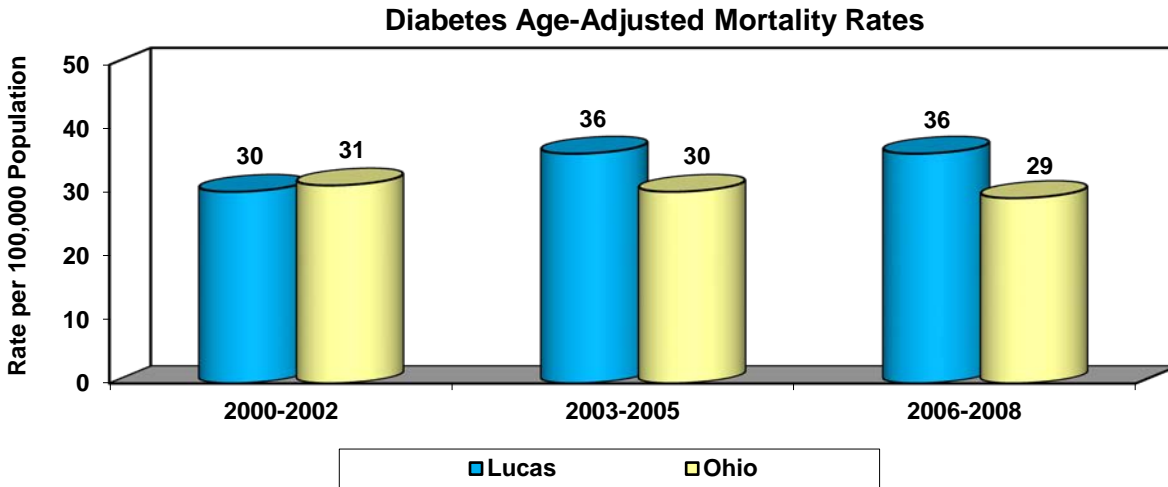
Who is at Greater Risk for Type 2 Diabetes

- 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

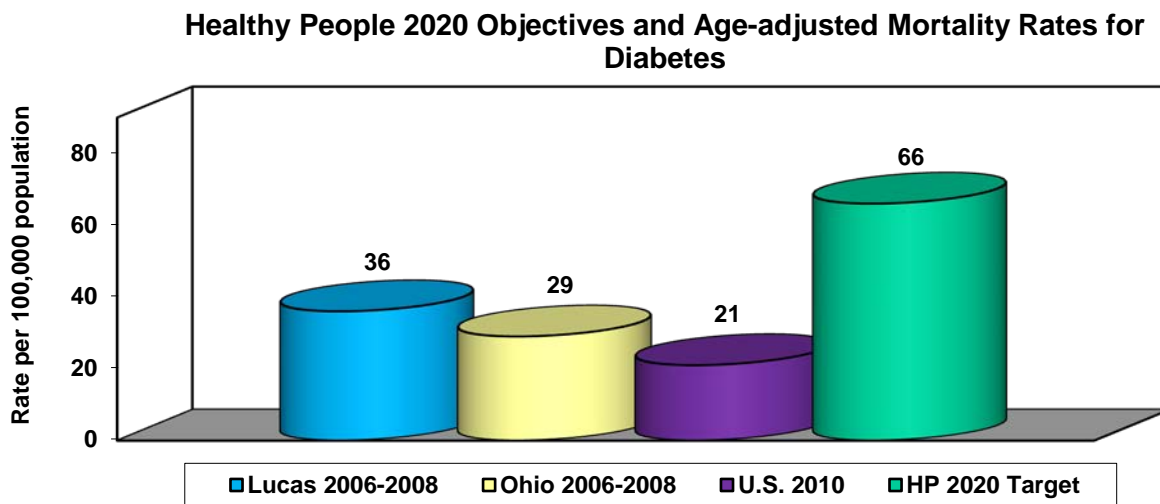
(Source: American Diabetes Association, *Diabetes Basics, Your Risk: Who is at Greater Risk for Type 2 Diabetes*, <http://www.diabetes.org/diabetes-basics/prevention/risk-factors>)

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, the Lucas County age-adjusted diabetes mortality rates were greater than the state rate and the national rate, but less than the Healthy People 2020 target objective.



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

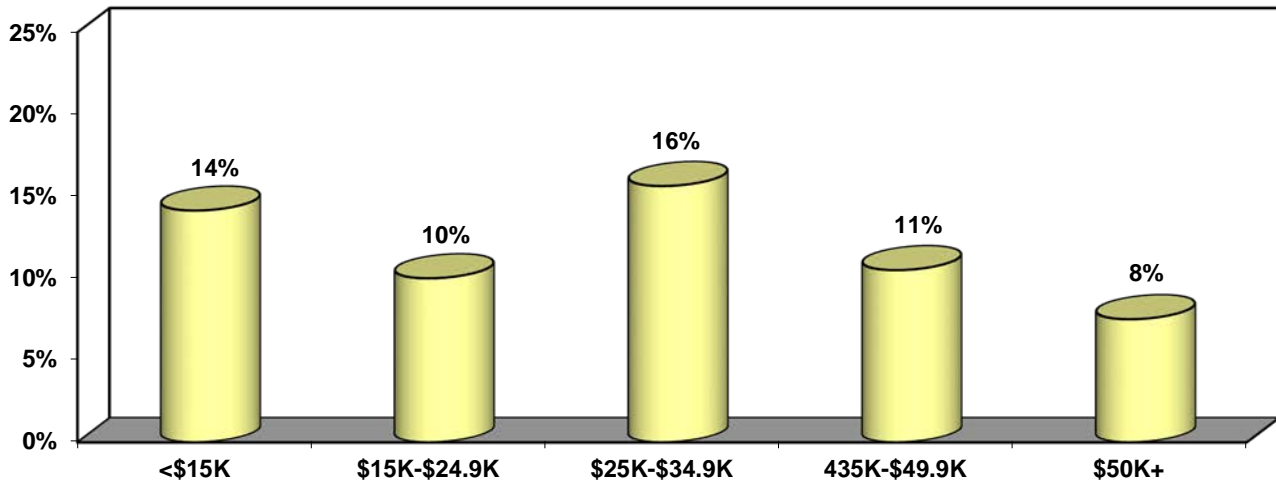


(Source: ODH Information Warehouse, updated 4-15-10 and Healthy People 2020, CDC)

The following graphs show the Lucas County Diabetes Prevalence by Income Level and the Ohio Prevalence of diabetes and prediabetes by BMI Weight Status Category. The following graphs show:

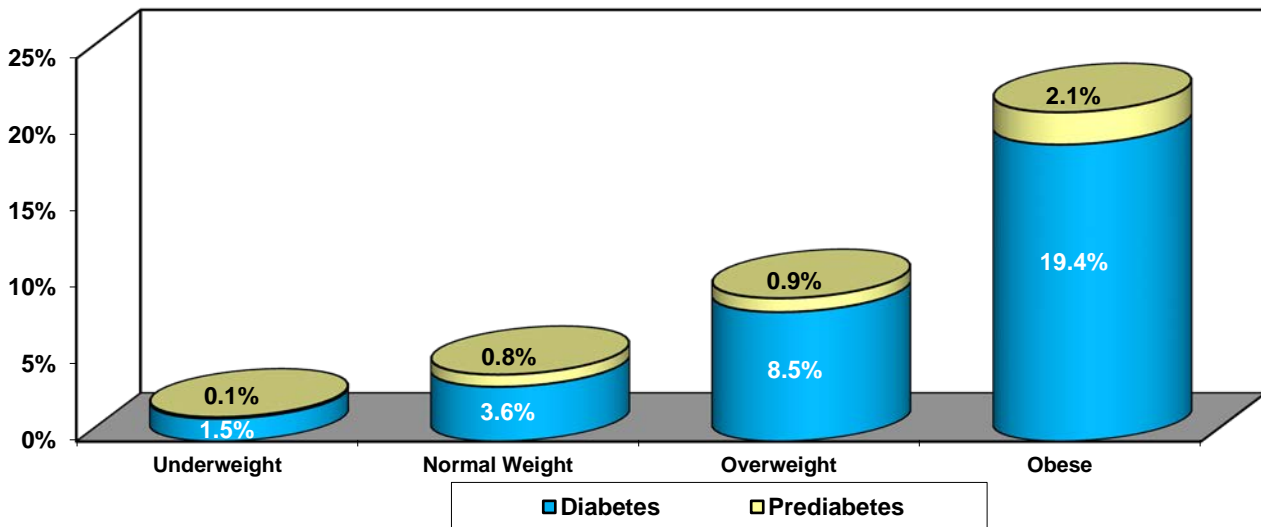
- Lucas County adults whose yearly income level is above \$50,000 are less likely to have diabetes than adults with lower yearly incomes.
- The chance of developing diabetes and prediabetes increases relative to an increase in BMI weight status category.

Lucas County Diabetes Prevalence by Yearly Income Level



(Source: ODH, Diabetes in Ohio 2012)

2011 Ohio Prevalence of Diabetes and Prediabetes by BMI Weight Status Category



Overweight and Obese Type 2 Diabetes Risk by Sex

Category	Increase in Risk
Overweight Men	2.4
Overweight Women	3.9
Obese Men	6.7
Obese Women	12.4

(Source for graph and table: ODH, Obesity and Diabetes in Ohio 2013, from http://www.healthy.ohio.gov/~media/HealthyOhio/ASSETS/Files/diabetes/Obesity_Diabetes_Supp_2013.ashx)

Adult | ARTHRITIS

Key Findings

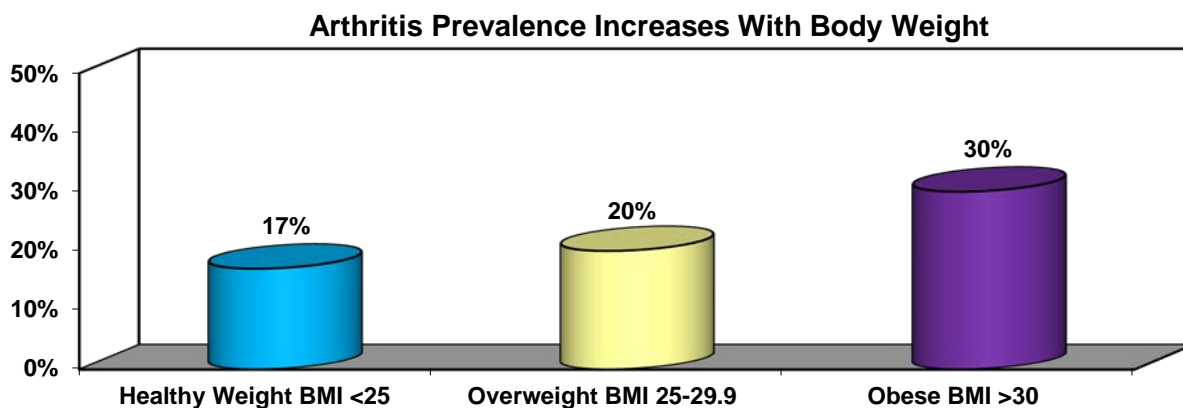
According to the Lucas County survey data, 19% of Lucas County adults were diagnosed with arthritis. According to the 2012 BRFSS, 30% of Ohio adults and 26% of U.S. adults were told they had arthritis.

19% of Lucas County adults were told by a health professional that they had some form of arthritis, increasing to 38% of those over the age of 65.

Arthritis

- Nearly one-fifth (19%) of Lucas County adults were told by a health professional that they had some form of arthritis, increasing to 38% of those over the age of 65.
- According to the 2012 BRFSS, 30% of Ohio adults and 26% of U.S. adults were told they had arthritis.
- 61% of adults diagnosed with arthritis were receiving treatment for their arthritis.
- An estimated 50 million U.S. adults (about 1 in 5) report having doctor-diagnosed arthritis. About 1 in 3 of working age adults (aged 18-65) reported that arthritis limited their work. As the U.S. population ages, the number of adults with arthritis is expected to increase sharply to 67 million by 2030 (Source: CDC, *Arthritis at a Glance 2013*).
- Adults are at higher risk of developing arthritis if they are female, have genes associated with certain types of arthritis, have an occupation associated with arthritis, are overweight or obese, and/or have joint injuries or infections (Source: CDC).

ARTHRITIS

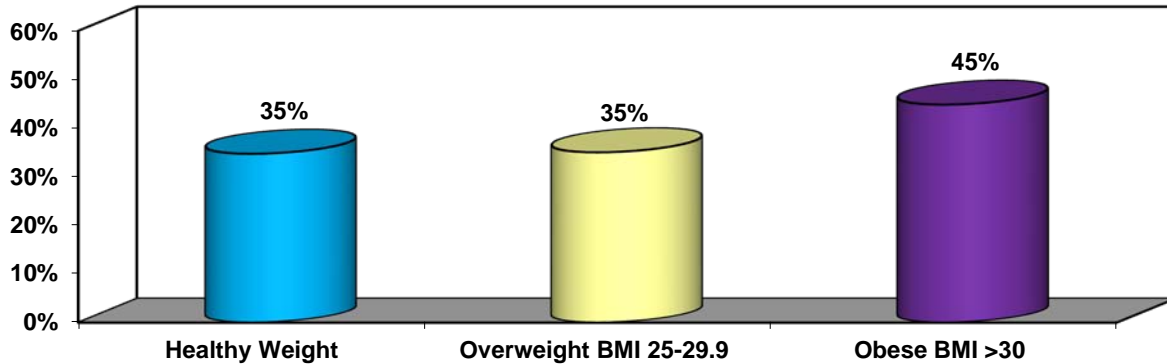


(Source for graph: CDC Arthritis, *Morbidity and Mortality Weekly Report 2010; 59(39):1261-1265*)

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Ohio 2012	U.S. 2012
Diagnosed with arthritis	27%	19%	19%	30%	26%

47% of Lucas County adults were limited in some way because of a physical, mental or emotional problem. Among those who were limited in some way, 41% were limited because of arthritis.

Arthritis-Attributable Activity Limitations Increase with Weight



(Source for graph: CDC Arthritis, CDC Arthritis, Morbidity and Mortality Weekly Report 2010; 59(39):999-1003)

Arthritis: Key Public Health Messages

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

Key self-management activities include the following:

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

(Source: Centers for Disease Control and Prevention, Arthritis: Key Public Health Messages, www.cdc.gov/arthritis/basics/key.htm, updated September 2011)

Adult | ASTHMA AND OTHER RESPIRATORY DISEASE

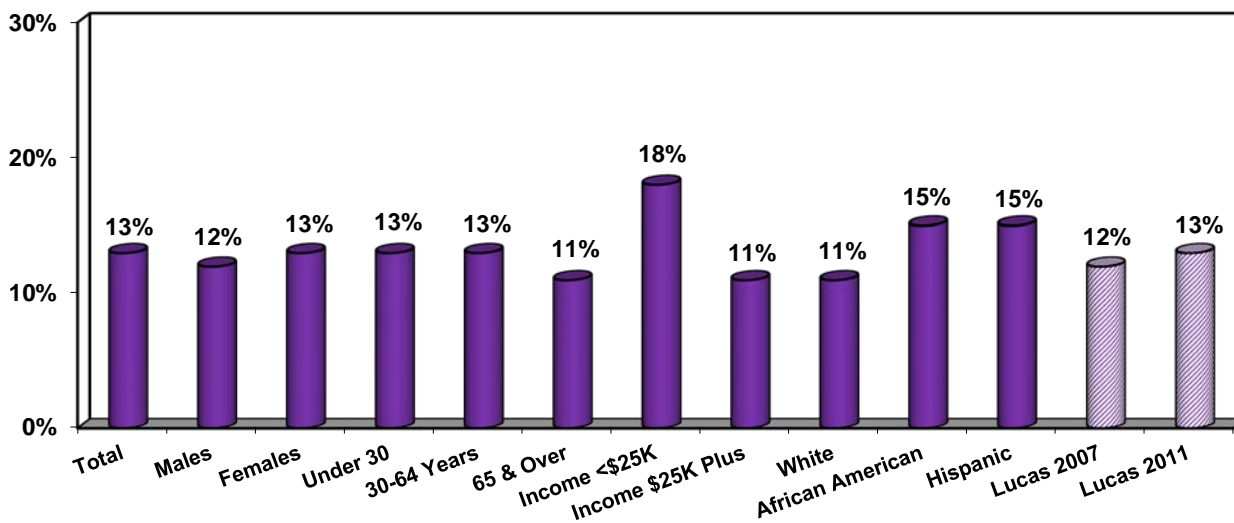
Key Findings

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

Asthma and Other Respiratory Disease

- In 2014, 13% of Lucas County adults had been diagnosed with asthma.
- 14% of Ohio and 13% of U.S. adults have ever been diagnosed with asthma (Source: 2012 BRFSS).
- 68% of adults diagnosed with asthma were receiving treatment for their asthma.
- 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, mold, smoke from burning wood or grass, infections linked to the flu, colds, and respiratory viruses (Source: CDC, 2012).
- Chronic lower respiratory disease was the 3rd leading cause of death in Lucas County and in Ohio, in 2010 (Source: ODH, Information Warehouse).

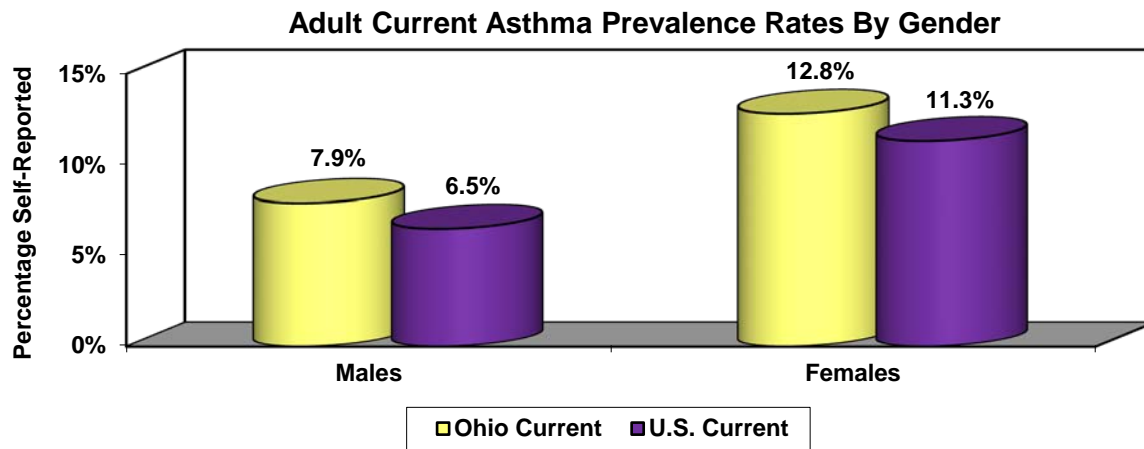
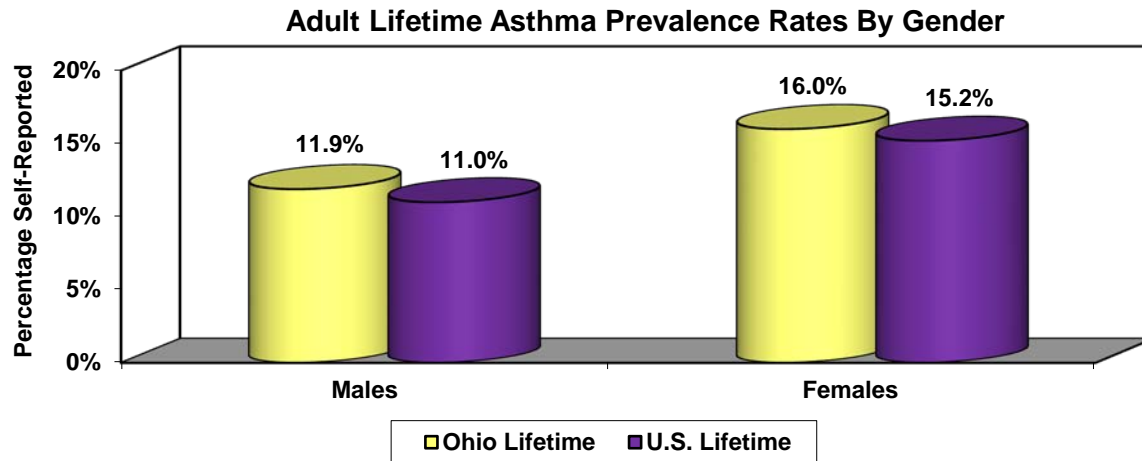
Lucas County Adults Diagnosed with Asthma



Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Ohio 2012	U.S. 2012
Had been diagnosed with asthma	12%	13%	13%	14%	13%

ASTHMA

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



(Source for graphs: 2012 BRFSS)

Asthma Statistics

- The number of people with asthma continues to grow. One in 12 people (about 25 million, or 8% of the U.S. population) had asthma in 2009, compared with 1 in 14 (about 20 million, or 7%) in 2001.
- From 2008–2010, the prevalence of asthma was higher among children than adults.
- The prevalence of asthma was higher among multiple-race, black, and American Indian or Alaska Native persons than white persons from 2008-2010.
- Asthma costs the U.S. about \$3,300 per person with asthma each year from 2002 to 2007 in medical expenses, missed school and work days, and early deaths.
- Asthma was linked to 3,447 deaths (about 9 per day) in 2007.
- More than half (53%) of people with asthma had an asthma attack in 2008.

(Source: American Academy of Allergy, Asthma, and Immunology, *Asthma Statistics 2013*, from: <http://www.aaaai.org/about-the-aaaai/newsroom/asthma-statistics.aspx>)

What Causes an Asthma Attack?

- **Tobacco Smoke:** People should never smoke near you, in your home, in your car, or wherever you may spend a lot of time if you have asthma.
- **Dust Mites:** If you have asthma, dust mites can trigger an asthma attack. To prevent attacks, use mattress covers and pillowcase covers to make a barrier between dust mites and yourself.
- **Outdoor Air Pollution:** This pollution can come from factories, automobiles, and other sources. Pay attention to air quality forecasts to plan activities when air pollution levels will be low.
- **Cockroach Allergens:** Get rid of cockroaches in your home by removing as many water and food sources as you can. Cockroaches and their droppings can trigger an asthma attack.
- **Pets:** Furry pets can trigger an asthma attack. If you think a furry pet may be causing attacks, you may want to find the pet another home.
- **Mold:** Breathing in mold can trigger an asthma attack. Get rid of mold in your home to help control your attacks.
- **Smoke from Burning Wood or Grass:** Smoke from burning wood or other plants is made up of a mix of harmful gases and small particles. Breathing in too much of this smoke can cause an asthma attack. If you can, avoid burning wood in your home.
- **Other Triggers:** Infections linked to influenza (flu), colds, and respiratory syncytial virus (RSV) can trigger an asthma attack. Sinus infections, allergies, breathing in some chemicals, and acid reflux can also trigger attacks.

(Source: Centers for Disease Control, Vital Signs, Asthma, updated August 3, 2012, <http://www.cdc.gov/asthma/faqs.htm>)

Adult | WEIGHT STATUS

Key Findings

The 2014 Health Assessment identified that 70% of Lucas County adults were overweight or obese based on Body Mass Index (BMI). The 2012 BRFSS indicates that 30% of Ohio and 28% of U.S. adults were obese by BMI. More than one-third (36%) of Lucas County adults were obese. Nearly half (48%) of adults were trying to lose weight.

Adult Weight Status

- In 2014, the health assessment indicated that more than two-thirds (70%) of Lucas County adults were either overweight (34%) or obese (36%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.
- Nearly half (48%) of adults were trying to lose weight, 31% were trying to maintain their current weight or keep from gaining weight, and 5% were trying to gain weight.
- Lucas County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (51%), exercised (46%), ate a low-carb diet (13%), used a weight loss program (4%), smoked cigarettes (3%), took diet pills, powders or liquids without a doctor's advice (3%), went without eating 24 or more hours (2%), took prescribed medications (2%), took laxatives (1%), participated in a prescribed dietary or fitness program (1%), bariatric surgery (<1%), and vomited (<1%).
- 46% of adults described themselves as being either slightly or very overweight. 6% of adults described themselves as obese.
- 15% of Lucas County adults engaged in binge eating on some days and <1% did so every day. 81% did not binge eat at all.

36% of Lucas County adults are obese.

Physical Activity

- In Lucas County, 50% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. 22% of adults were exercising 5 or more days per week. One-quarter (25%) of adults were not participating in any physical activity in the past week, including 4% who were unable to exercise.
- The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week (Source: CDC, *Physical Activity for Everyone*).

Obesity Facts

- More than one-third of U.S. adults (34.9%) are obese.
- Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death.
- The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 U.S. dollars; the medical costs for people who are obese were \$1,429 higher than those of normal weight.
- Non-Hispanic blacks have the highest age-adjusted rates of obesity (47.8%) followed by Hispanics (42.5%), non-Hispanic whites (32.6%), and non-Hispanic Asians (10.8%).
- In 2012, no state had a prevalence of obesity less than 20%.

(Source: CDC, *Adult Obesity Facts*, updated March 28, 2014, <http://www.cdc.gov/obesity/data/adult.html>)

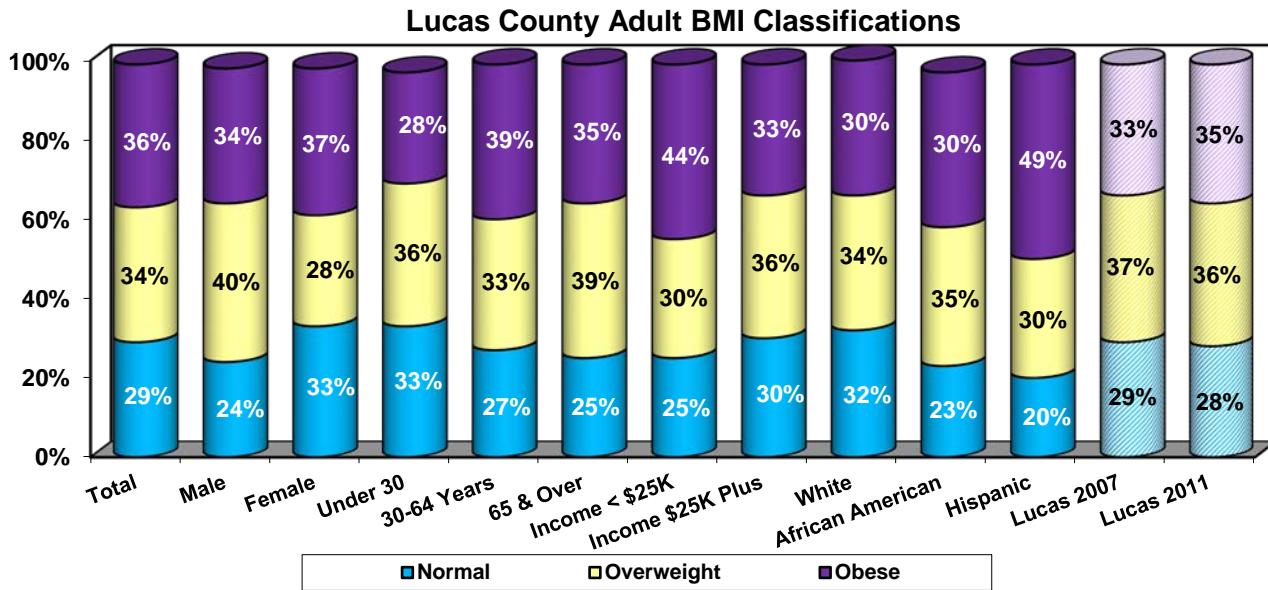
- Lucas County adults spent the most time doing the following physical activities in the past year: walking (37%), running/jogging (6%), exercise machines (4%), cycling (3%), strength training (3%), swimming (<1%), and other (7%). 39% of adults engaged in multiple types of exercise. 11% of adults did not exercise at all, including 2% who were unable to do so.
- Reasons for not exercising included: weather (29%), time (24%), too tired (17%), laziness (17%), pain/discomfort (17%), could not afford a gym membership (9%), chose not to exercise (8%), safety (5%), no childcare (3%), did not know what activity to do (3%), no sidewalks (2%), no gym available (1%), doctor advised them not to exercise (1%), no walking/biking trails (1%), and other (5%).
- Lucas County adults had access to a wellness program through their employer or spouse's employer with the following features: free/discounted gym membership (17%), health risk assessment (11%), lower insurance premiums for participation in wellness program (8%), on-site fitness facility (8%), on-site health screenings (7%), gift cards or cash for participation in wellness program (5%), healthier food options in vending machines or cafeteria (5%), free/discounted weight loss program (4%), free/discounted smoking cessation program (4%), on-site health education classes (4%), lower insurance premiums for positive changes in health status (3%), gift cards or cash for positive changes in health status (1%), and other (4%).
- 30% of Lucas County adults did not have access to any wellness programs, and 16% had access to more than one wellness program.
- Lucas County adults spent an average of 3.2 hours watching TV, 1.5 hours on their cell phone, 1.4 hours on the computer (outside of work), and 0.4 hours playing video games on an average day of the week.

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

Nutrition

- In 2014, 6% of adults were eating 5 or more servings of fruits and vegetables per day. 90% were eating between 1 and 4 servings per day. The American Cancer Society recommends that adults eat at least 2 ½ cups of fruits and vegetables per day to reduce the risk of cancer and to maintain good health. The 2009 BRFSS reported that only 21% of Ohio adults and 23% nationwide were eating the recommended number of servings of fruits and vegetables.
- Lucas County adults purchased their fruit and vegetables from the following places: large grocery store (74%), local grocery store (43%), farmer's market (29%), restaurants (11%), food pantry (4%), Consumer Supported Agricultural (CSA) (1%), corner/convenience stores (1%), and other places (7%).
- Adults reported the following barriers to consuming fruits and vegetables: too expensive (13%), did not like the taste (5%), transportation (2%), did not know how to prepare (2%), no variety (2%), did not take EBT (<1%), and other barriers (4%).
- Lucas County adults reported the following reasons they chose the types of food they ate: taste (67%), enjoyment (57%), cost (53%), healthiness of food (48%), ease of preparation (43%), availability (42%), food they were used to (33%), time (29%), calorie content (29%), what their spouse prefers (24%), what their child prefers (15%), health care provider's advice (6%), and other (4%).

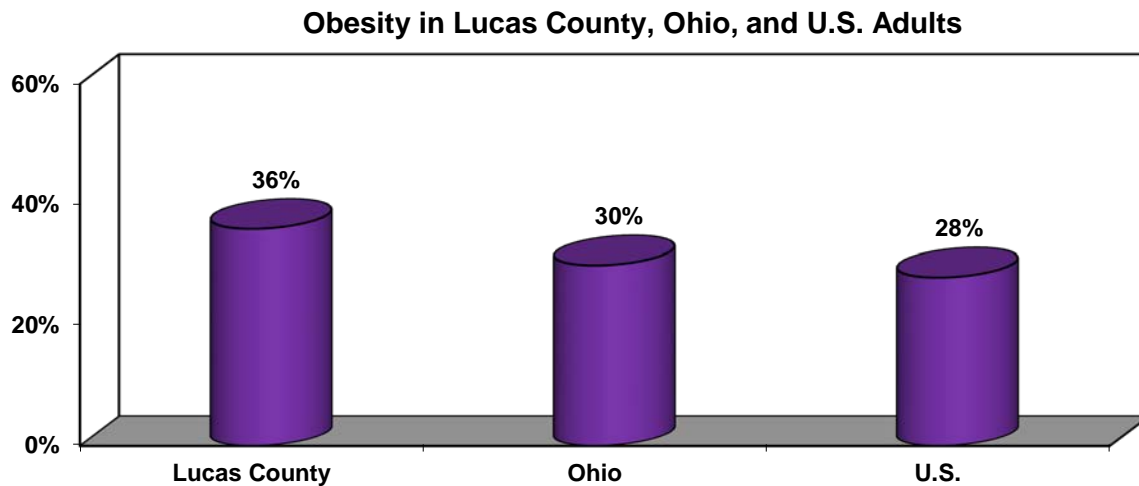
The following graph shows the percentage of Lucas County adults who are overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 29% of all Lucas County adults were classified as normal weight, 34% were overweight, and 36% were obese.



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

Nearly half (48%) of Lucas County adults were trying to lose weight.

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



(Source: 2014 Lucas County Health Assessment and 2012 BRFSS)

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Ohio 2012	U.S. 2012
Obese	33%	35%	36%	30%	28%
Overweight	37%	36%	34%	35%	36%

Adult | TOBACCO USE

Key Findings

In 2014, 19% of Lucas County adults were current smokers and 25% were considered former smokers. In 2014, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death worldwide, and is responsible for the deaths of approximately half of long-term users. Each year, tobacco use is responsible for almost 6 million premature deaths, 80% of which are in low-and middle-income countries, and by 2030, this number is expected to increase to 8 million. (Source: Cancer Facts & Figures, American Cancer Society, 2014)

In 2014, 19% of Lucas County adults were current smokers.

Adult Tobacco Use Behaviors

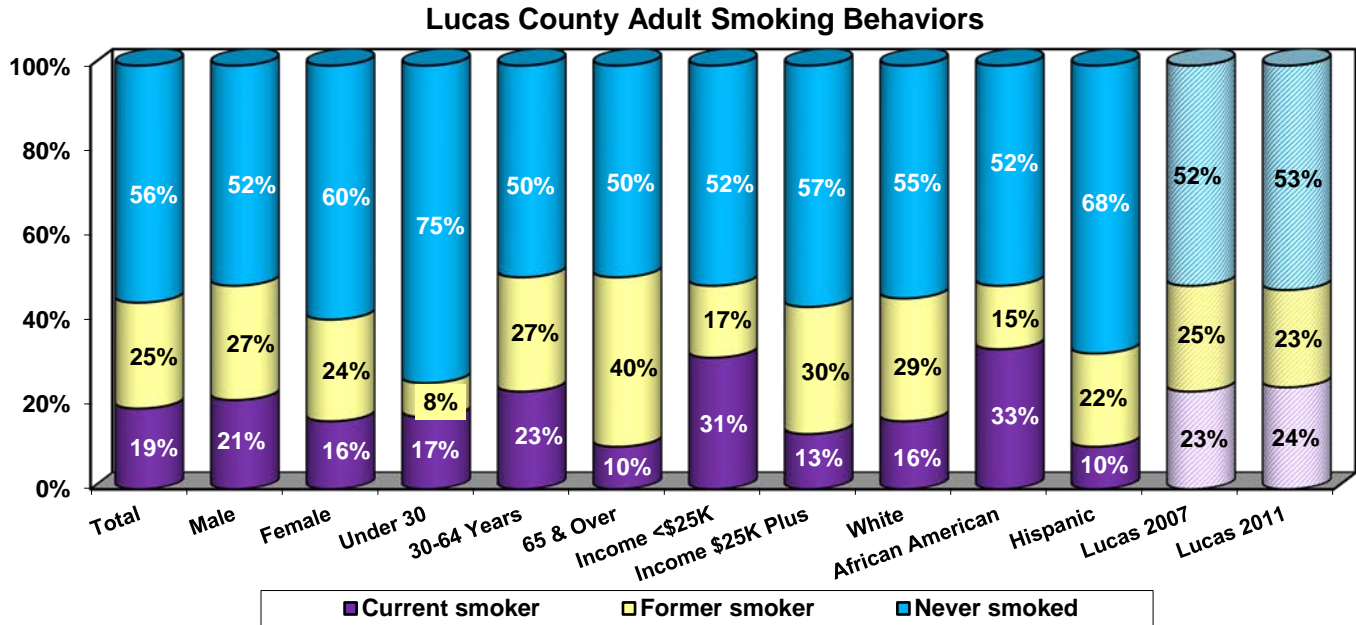
- The 2014 health assessment identified that nearly one-in-five (19%) Lucas County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). The 2012 BRFSS reported current smoker prevalence rates of 23% for Ohio and 20% for the U.S.
- One-quarter (25%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). The 2012 BRFSS reported former smoker prevalence rates of 25% for Ohio and the U.S.
- Lucas County adult smokers were more likely to:
 - Have rated their overall health as poor (42%)
 - Have been separated (33%)
 - Have incomes less than \$25,000 (31%)
 - Have been 30-64 years old (23%)
- Lucas County adults used the following tobacco products in the past year: cigarettes (25%), cigars (6%), Black and Milds (6%), e-cigarettes (5%), roll-your-own (4%), swishers (4%), cigarillos (3%), hookah (3%), little cigars (2%), snus (1%), flavored cigarettes (1%), chewing tobacco (1%), and snuff (1%).
- Adults used chewing tobacco, snuff, or snus: everyday (1%), some days (2%), or not at all (97%).
- 74% of current smokers responded that they had tried to quit smoking one or more times.
- 22% of Lucas County adults reported that someone had smoked cigarettes, cigars or pipes inside their home in the past month, increasing to 42% of those with incomes less than \$25,000.

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Ohio 2012	U.S. 2012
Current smoker	23%	24%	19%	23%	20%
Former smoker	25%	23%	25%	25%	25%
Tried to quit smoking	85%	74%	74%	N/A	N/A
Used chewing tobacco or snuff	3%	4%	3%	N/A	N/A

N/A – Not available

ADULT TOBACCO

The following graph shows the percentage of Lucas County adults who used tobacco. Examples of how to interpret the information include: 19% of all Lucas County adults were current smokers, 25% of all adults were former smokers, and 56% had never smoked.



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

74% of current smokers responded that they had tried to quit smoking one or more times.

Flavored Cigar Smoking among U.S. Adults

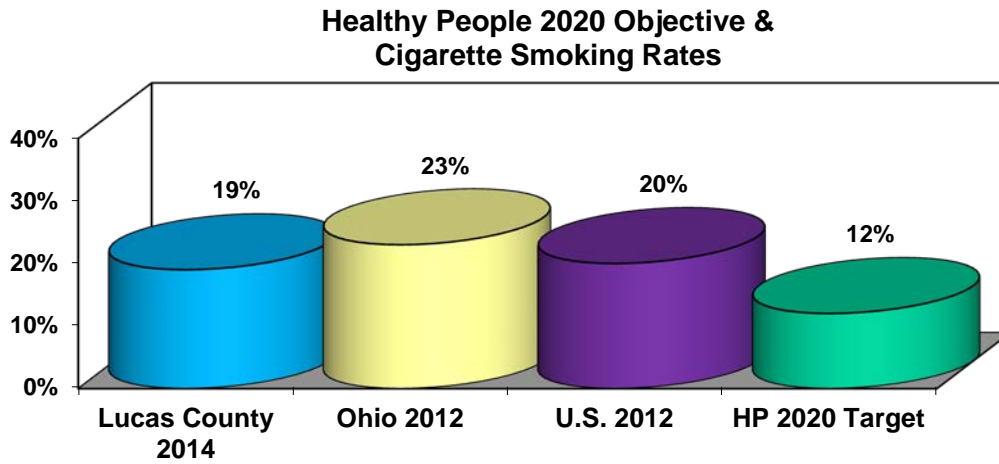
Cigars contain the same toxic and cancer-causing chemicals found in cigarettes; they are not a safe alternative to cigarettes. Health consequences of regular cigar smoking can include cancers of the lung, larynx, oral cavity, and esophagus. Those who inhale cigar smoke and who smoke multiple cigars a day are also at increased risk for developing heart disease and COPD.

- From 2009-2010, 6.6% of adults in the U.S. smoked cigars and 2.8% smoked flavored cigars.
- Nearly 43% of all adult cigar smokers in the U.S. report using flavored cigars.
- More than 57% of cigar smokers in the 18-24 year-old age group, say they smoke flavored cigars.
- Flavored cigar smoking was more common among those with a Graduate Equivalency Degree (GED) (65%), and those with annual household income under \$20,000 (52%).
- Flavored cigar use was higher among Hispanic cigar smokers (62%); higher among female cigar smokers (61%); and higher among Lesbian, Gay, Bisexual, Transgendered (LGBT) cigar smokers (67%).

(Source: Nicotine & Tobacco Research, "Flavored Cigar Smoking Among U.S. Adults: Findings From the 2009-2010 National Adult Tobacco Survey," published August 27, 2012)

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

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



(Source: 2014 Lucas County Health Assessment, 2012 BRFSS and Healthy People 2020)

25% of Lucas County adults indicated that they were former smokers.

Smoke-free Living: Benefits & Milestones

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

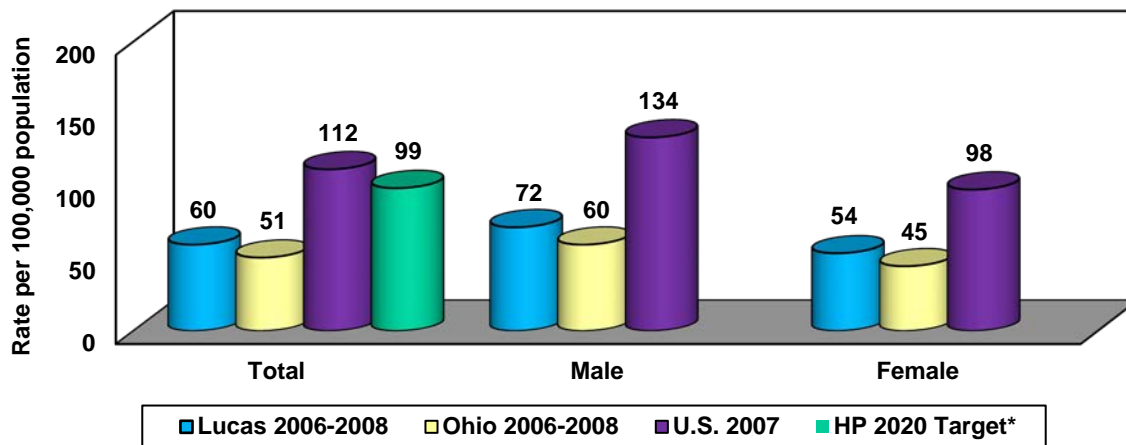
- In your first 20 minutes after quitting: your blood pressure and heart rate recover from the cigarette-induced spike.
- After 12 hours of smoke-free living: the carbon monoxide levels in your blood return to normal.
- After two weeks to three months of smoke-free living: your circulation and lung function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

(Source: AHA, *Smoke-free Living: Benefits & Milestones*, 2012, from: http://www.heart.org/HEARTORG/GettingHealthy/QuitSmoking/QuittingSmoking/Smoke-free-Living-Benefits-Milestones_UCM_322711_Article.jsp)

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

- From 2006-2008, Lucas County's age-adjusted mortality rate for chronic lower respiratory disease was higher than the Ohio rate, but lower than the U.S. rate and the Healthy People 2020 target objective.
- Disparities existed by gender for Lucas County chronic lower respiratory disease mortality rates. The 2006-2008 Lucas male rates were higher than the Lucas female rates.
- From 2006-2010 the percentage of mothers who smoked during pregnancy in Lucas County fluctuated from year to year, and was the same as the Ohio rate in 2010.

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

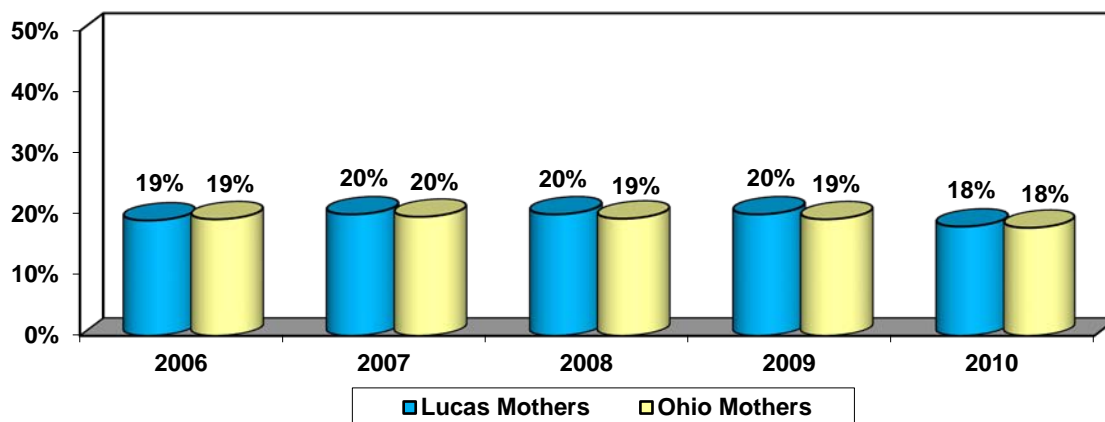


(Source: ODH Information Warehouse and Healthy People 2020)

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

**HP2020 does not report different goals by gender.

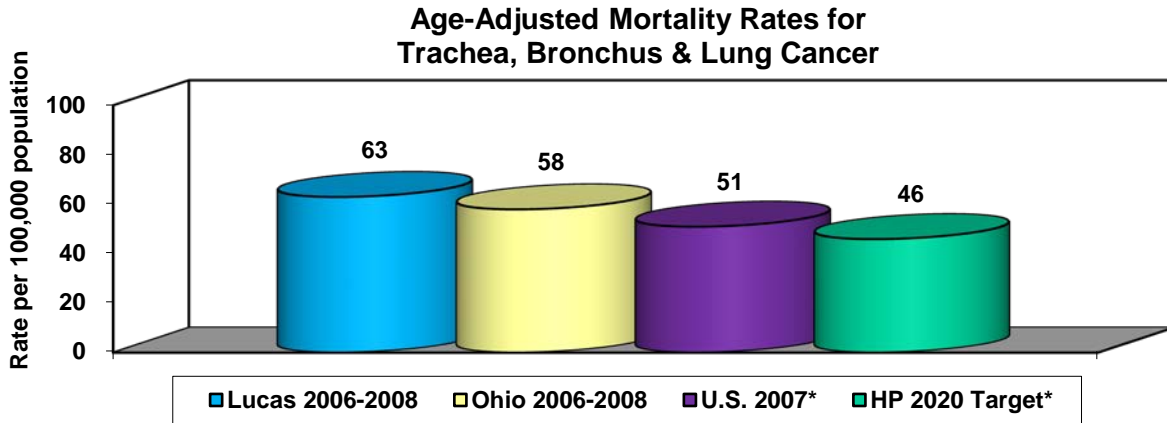
Lucas County and Ohio Births to Mothers Who Smoked During Pregnancy



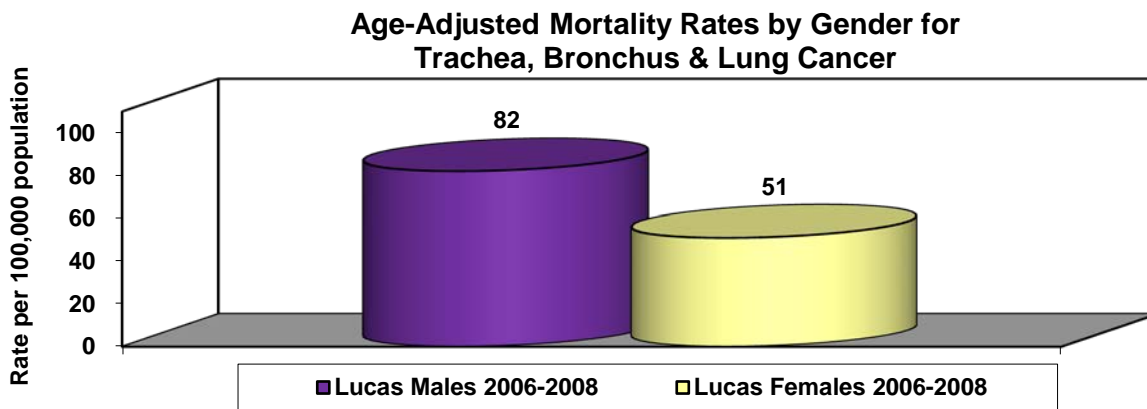
(Source: ODH Births, Vital Statistics Annual Birth Summaries by Year, 2006-2010)

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

- Disparities existed by gender for Lucas County trachea, bronchus, and lung cancer age-adjusted mortality rates. The 2006-2008 Lucas male rates were higher than the Lucas female rates.



*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)



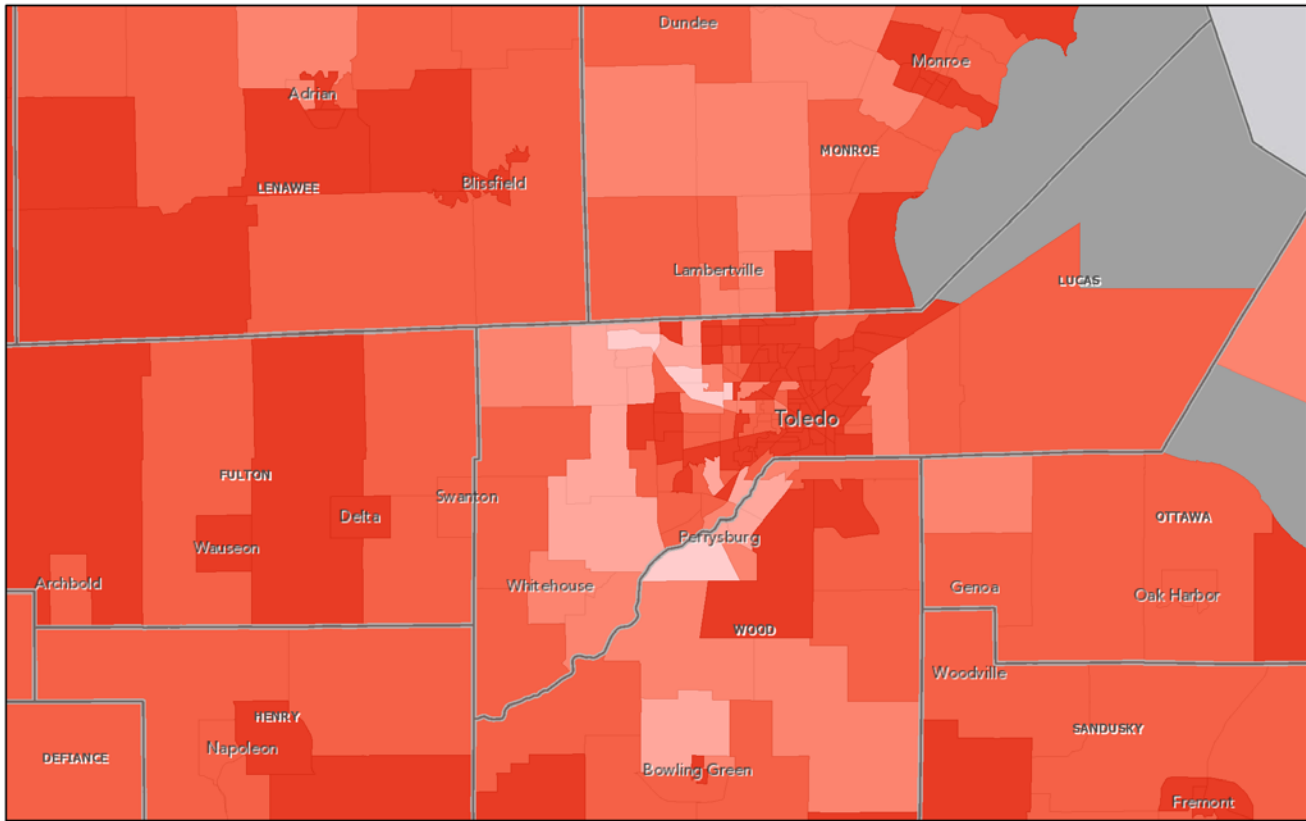
(Source: ODH Information Warehouse, updated 4-15-10)

U.S. Adult Smoking Facts

- The percentage of American adults who smoke decreased from (20.9%) in 2005 to (19.3%) in 2010.
- About 1 in 5 (46.6 million) adults still smoke.
- 443,000 Americans die of smoking or exposure to secondhand smoke each year.
- More men (about 22%) than women (about 17%) smoke.
- Adults living below poverty level (29%) are more likely to smoke than adults living at or above poverty level (18%).
- Smoking rates are higher among people with a lower education level.

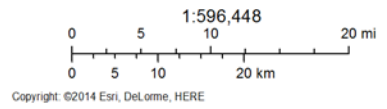
(Source: CDC, Vital Signs, Tobacco Use: Smoking & Secondhand Smoke, September 2011, <http://www.cdc.gov/VitalSigns/AdultSmoking/#LatestFindings>)

Cigarette Expenditures, Percent of Total Expenditures, National Rank by Tract, Nielsen 2011



April 4, 2014

- Top 80th Percentile (Highest Expenditures)
- 60th - 80th Percentile
- 40th - 60th Percentile
- 20th - 40th Percentile
- Bottom 20th Percentile (Lowest Expenditures)
- No Data or Data Suppressed



Map by Community Commons

Adult | ALCOHOL CONSUMPTION

Key Findings

In 2014, the Health Assessment indicated that 39% of Lucas County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 40% of adults who drank had five or more drinks (for males) or 4 or more drinks (for females) on one occasion (binge drinking) in the past month. 32% of adults drove after drinking any alcoholic beverages.

54% of Lucas County adults had at least one alcoholic drink in the past month.

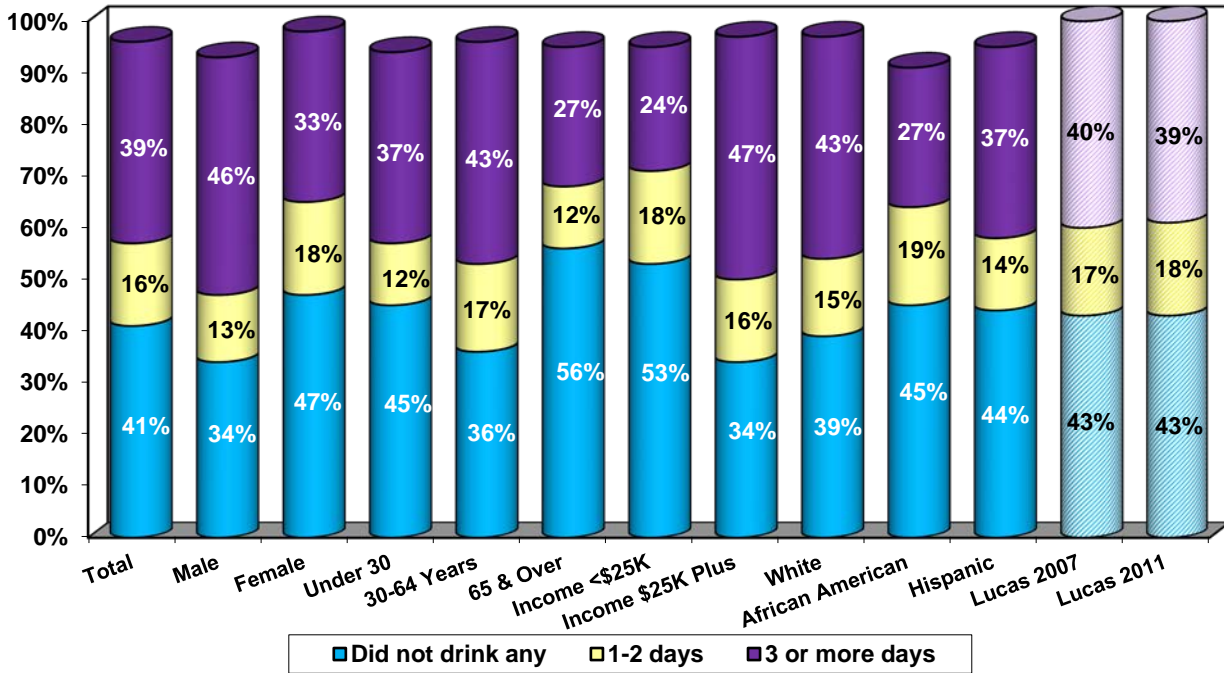
Adult Alcohol Consumption

- In 2014, 54% of the Lucas County adults had at least one alcoholic drink in the past month, increasing to 63% of those with incomes more than \$25,000. The 2012 BRFSS reported current drinker prevalence rates of 54% for Ohio and 55% for the U.S.
- Almost two-fifths of (39%) adults were considered frequent drinkers (drank on an average of three or more days per week).
- Of those who drank, Lucas County adults drank 4.0 drinks on average, increasing to 6.2 drinks for those under the age of 30.
- About one-fifth (21%) of Lucas County adults were considered binge drinkers. The 2012 BRFSS reported binge drinking rates of 18% for Ohio and 17% for the U.S.
- 40% of 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.
- 32% of adults reported driving after drinking any alcoholic beverages, increasing to 37% of males and 36% of those with incomes more than \$25,000.
- Lucas County adults experienced the following in the past six months: drank more than they expected (8%), spent a lot of time drinking (5%), continued to drink despite problems caused by drinking (4%), drank more to get the same effect (3%), tried to quit or cut down but could not (3%), gave up other activities to drink (3%), drank to ease withdrawal symptoms (2%), and failed to fulfill duties at home or work (2%).

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Ohio 2012	U.S. 2012
Drank alcohol at least once in past month	57%	57%	54%	54%	55%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	18%	23%	21%	18%	17%

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: 41% of all Lucas County adults did not drink alcohol, 34% of Lucas County males did not drink, and 47% of adult females reported they did not drink.

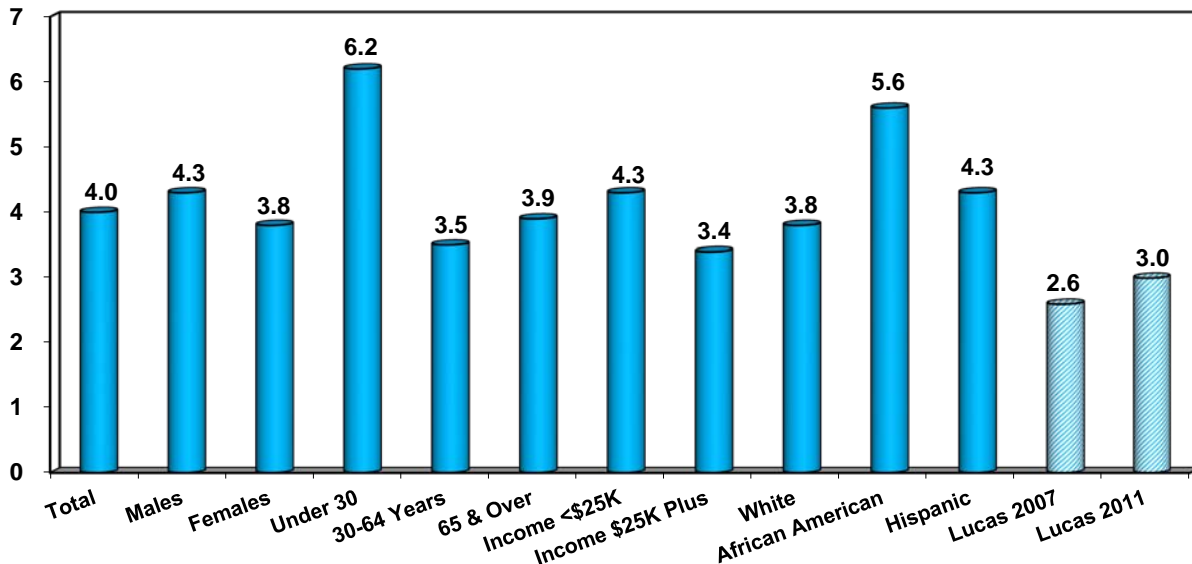
Average Number of Days Drinking Alcohol in the Past Month



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

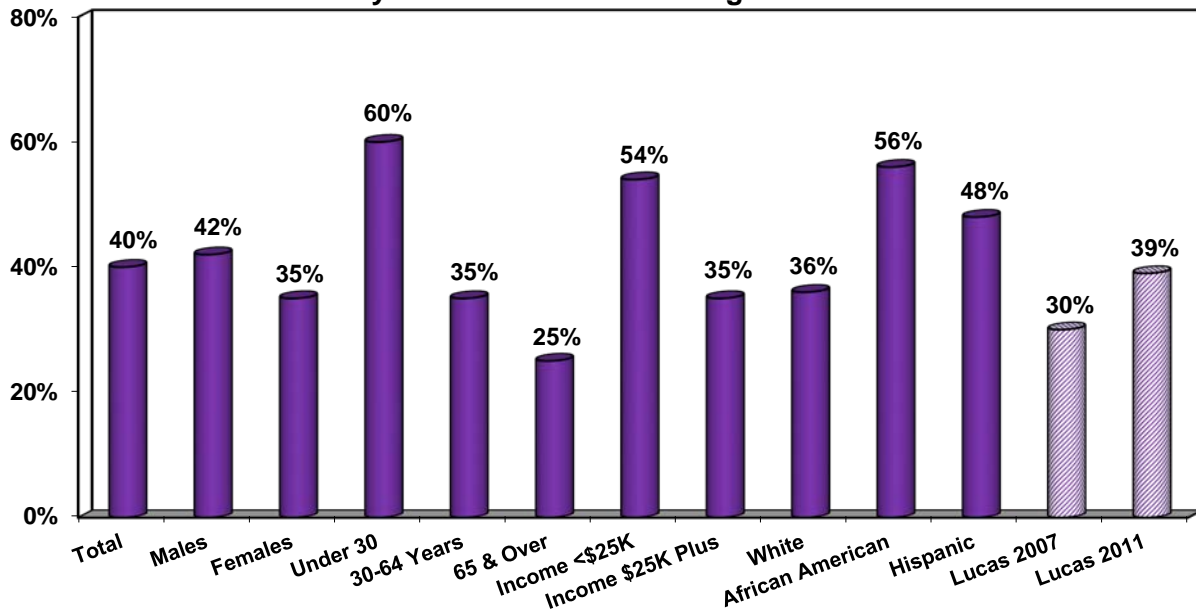
14% of Lucas County adults were considered frequent drinkers (drank on an average of three or more days per week).

Adults Average Number of Drinks Consumed Per Drinking Occasion



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

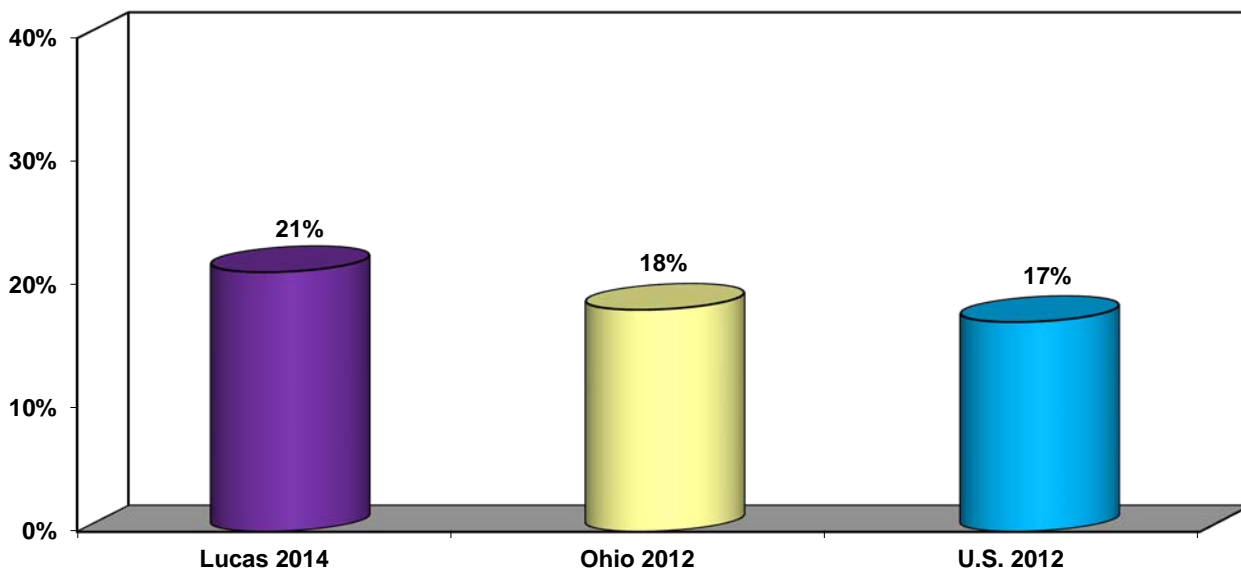
Lucas County Adult Drinkers Who Binge Drank in Past Month*



*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.

32% of Lucas County adults reported driving after drinking any alcoholic beverages.

Adult Binge Drinkers*



(Source: 2012 BRFSS, 2014 Lucas County Health Assessment)

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

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

- 26% of all fatal crashes in Lucas County were alcohol-related compared to 30% in Ohio.
- 24% of all 2013 motor vehicle crash deaths in the city of Toledo were alcohol-related.

	City of Maumee 2013	City of Oregon 2013	City of Sylvania 2013	City of Toledo 2013	Lucas County 2013	Ohio 2013
Total Crashes	602	541	384	8,864	12,743	269,078
Alcohol-Related Total Crashes	23	20	19	270	412	12,137
Fatal Crashes	1	0	2	24	34	918
Alcohol-Related Fatal Crashes	0	1	0	6	9	274
Alcohol Impaired Drivers in Crashes	23	20	19	264	405	12,023
Injury Crashes	151	186	132	2,590	3,676	69,104
Alcohol-Related Injury Crashes	11	5	11	136	202	5,035
Property Damage Only	450	354	250	6,250	9,033	199,056
Alcohol-Related Property Damage Only	12	14	8	128	201	6,828
Deaths	1	1	2	25	35	990
Alcohol-Related Deaths	0	1	0	6	9	300
Total Non-Fatal Injuries	203	270	170	3,853	5,418	100,145
Alcohol-Related Injuries	14	6	12	197	287	7,034

N/A - Not available

(Source: Ohio Department of Public Safety, Crash Reports, Updated 7/2/2014, Traffic Crash Facts)

Impaired Driving

- Every day, almost 30 people in the United States die in motor vehicle crashes that involve an alcohol-impaired driver. This amounts to one death every 48 minutes.
- The annual cost of alcohol-related crashes totals more than \$51 billion.
- In 2010, 10,228 people were killed in alcohol-impaired driving crashes, accounting for nearly one-third (31%) of all traffic-related deaths in the United States.
- Of the 1,210 traffic deaths among children ages 0 to 14 years in 2010, 211 (17%) involved an alcohol-impaired driver.
- In 2010, over 1.4 million drivers were arrested for driving under the influence of alcohol or narcotics.

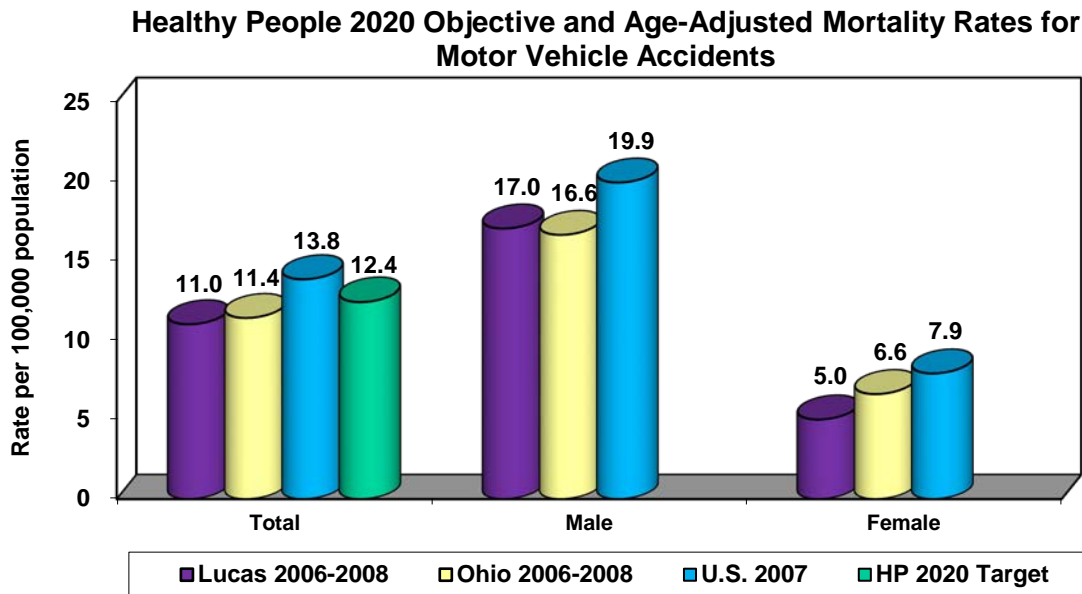
(Source: CDC, Injury Prevention & Control: Motor Vehicle Safety, April 17, 2013,

http://www.cdc.gov/motorvehiclesafety/impaired_driving/impaired-driv_factsheet.html)

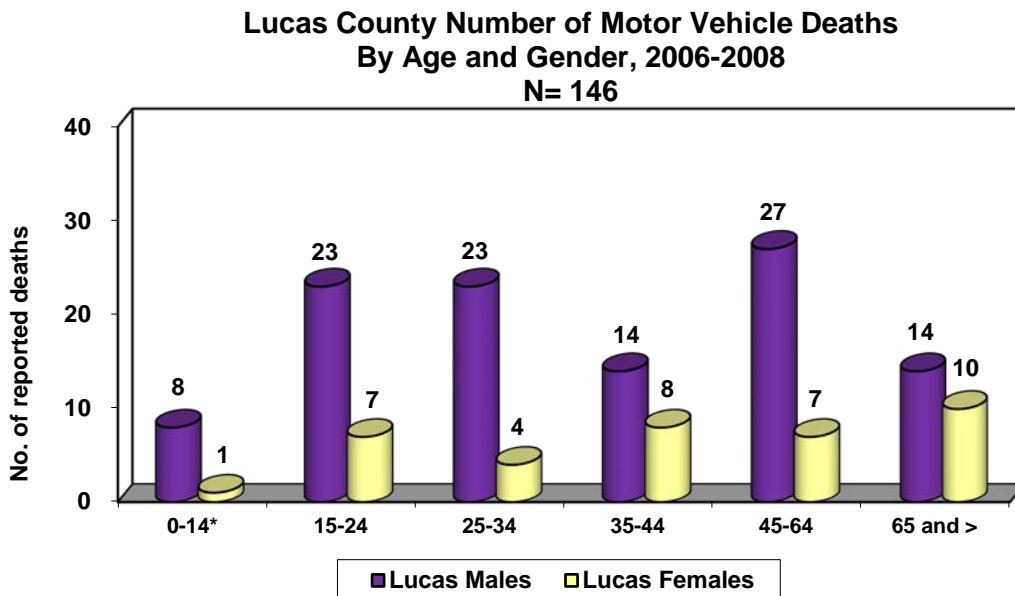
Motor Vehicle Accidents

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 and number of Lucas County deaths due to motor vehicle accidents. 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 was higher than the female rate from 2006 to 2008.
- 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.

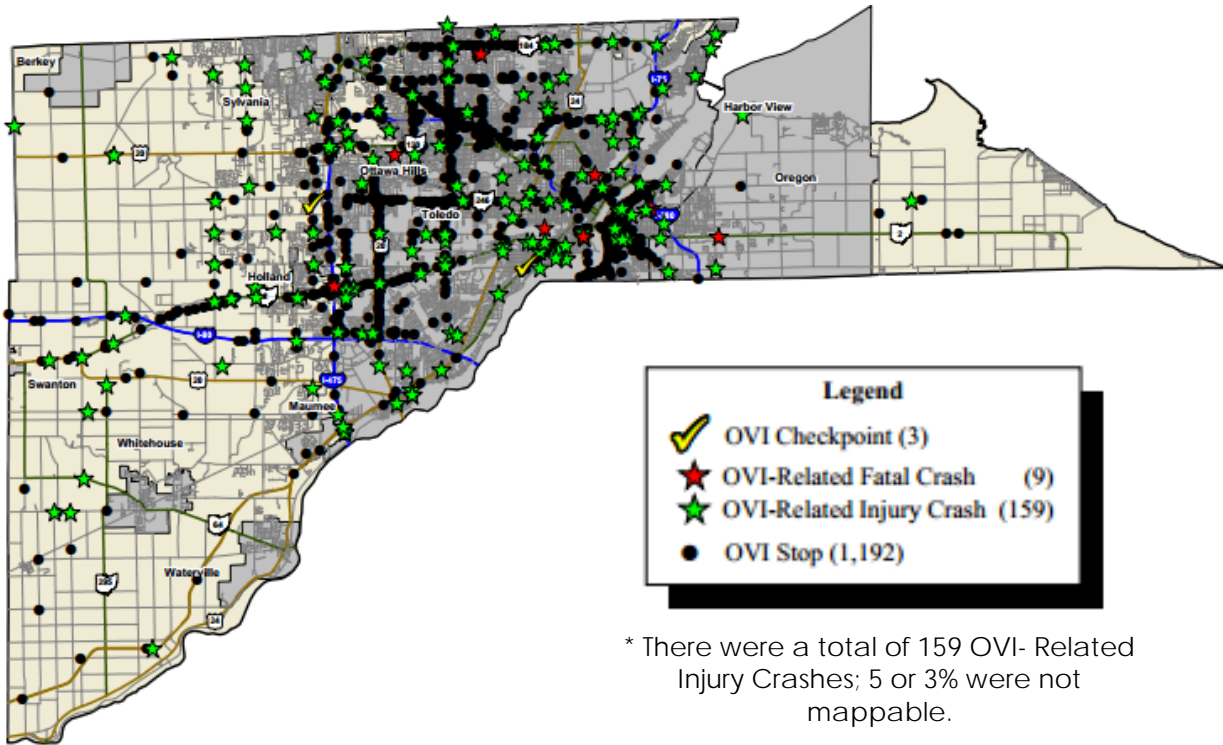


(Source: ODH Information Warehouse, updated 4-15-10 and Healthy People 2020)



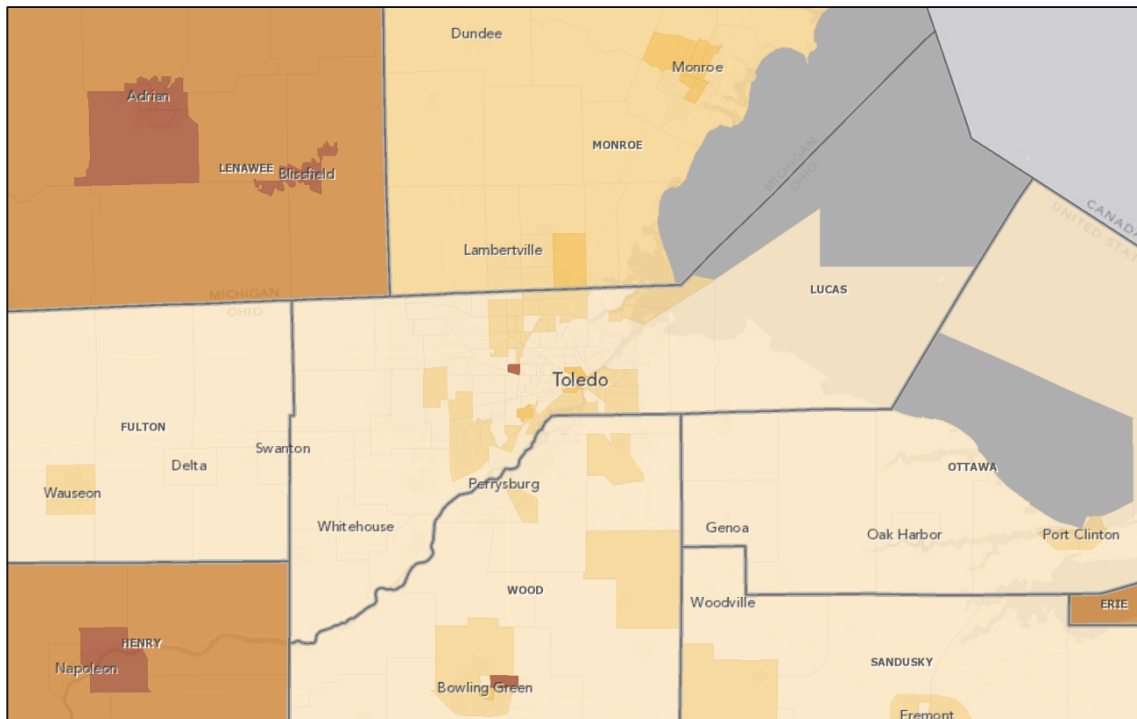
(Source: ODH Information Warehouse, updated 4-15-10)

Lucas County OVI Activity Year 2013



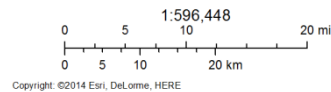
(Source: ODPS Electronic Crash System; OSHP Computer-Aided Dispatch (CAD) System, January 27, 2014)

Alcoholic Beverage Expenditures, Percent of Total Expenditures, National Rank by Tract, Nielsen 2011



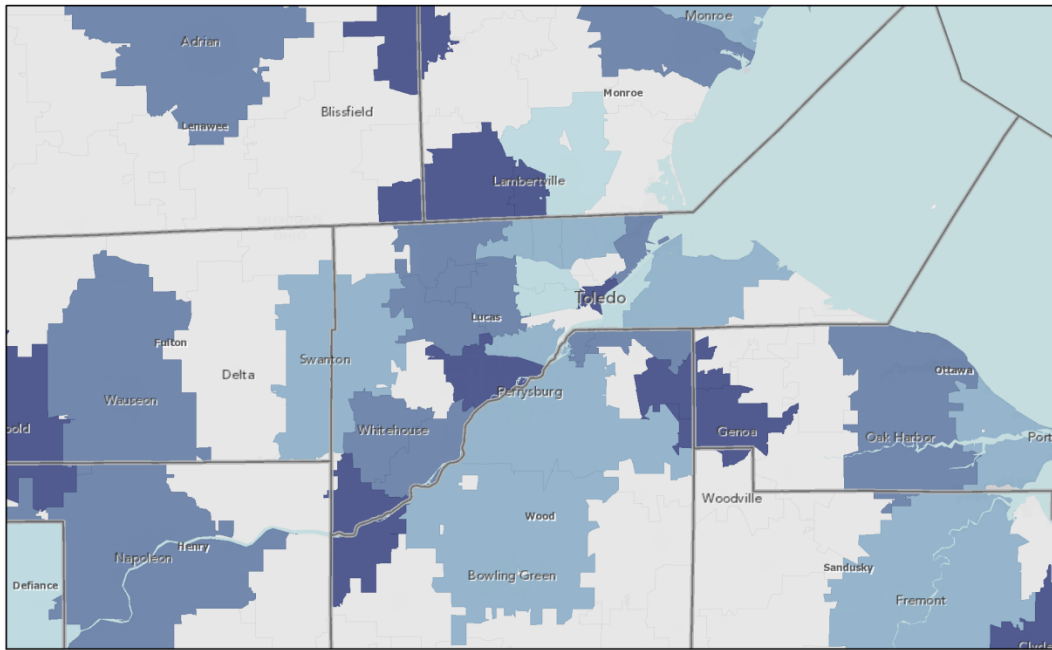
April 4, 2014

- Top 80th Percentile (Highest Expenditures)
- 60th - 80th Percentile
- 40th - 60th Percentile
- 20th - 40th Percentile
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- No Data or Data Suppressed

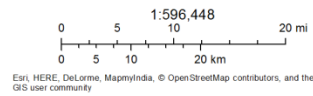


Map by Community Commons

Beer, Wine and Liquor Stores, Rate (Per 100,000 Pop.) by ZCTA, CBP 2012

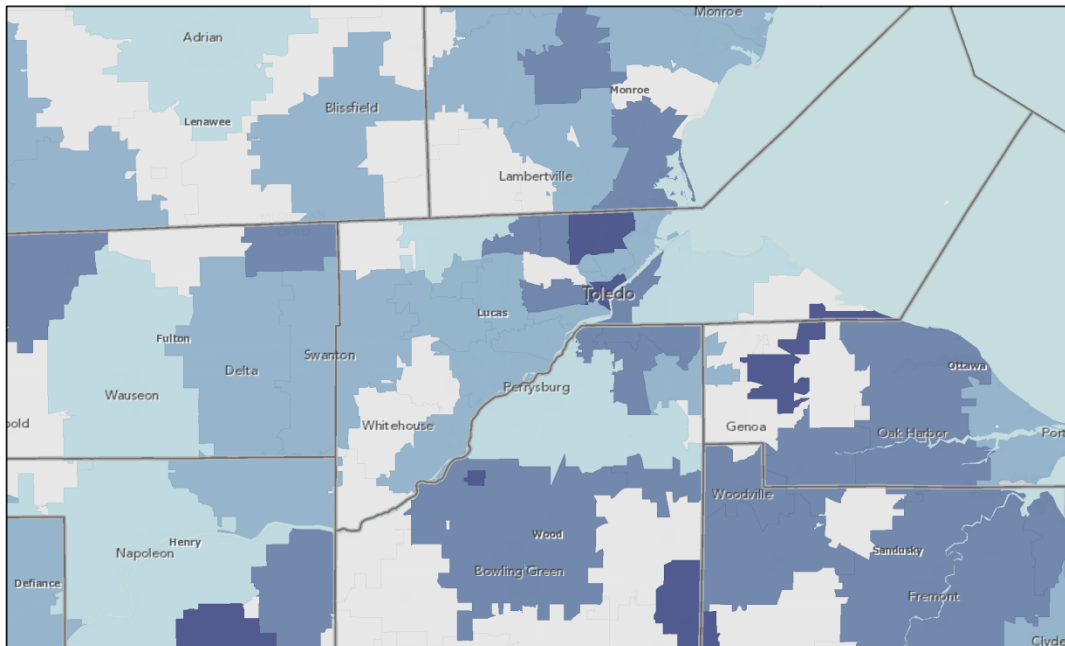


July 2, 2014

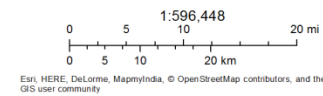


Map by Community Commons

Bars and Drinking Establishments, Rate (Per 100,000 Pop.) by ZCTA, CBP 2012



July 2, 2014



Map by Community Commons

Adult | DRUG USE

Key Findings

In 2014, 10% of Lucas County adults had used marijuana during the past 6 months. 10% 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

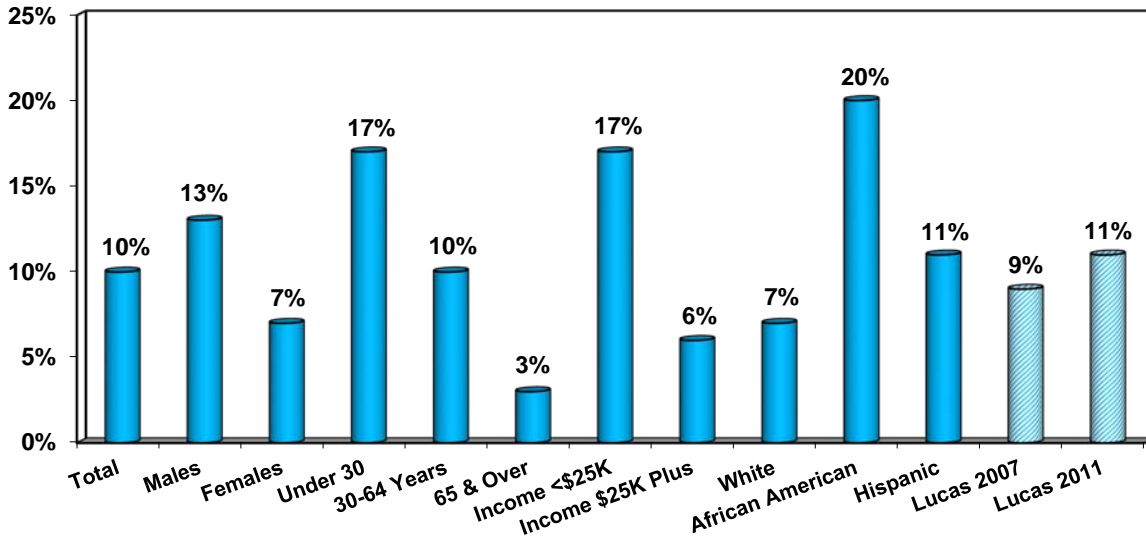
- 10% of Lucas County adults had used marijuana in the past 6 months, increasing to 17% of those under the age of 30 and those with incomes less than \$25,000.
- 3% of Lucas County adults reported using other recreational drugs such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- When asked about their frequency of marijuana and other recreational drug use in the past six months, 22% of Lucas County adults who used drugs did so almost every day, and 28% did so less than once a month.
- 10% 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 13% of females and those with incomes less than \$25,000.
- When asked about their frequency of medication misuse in the past six months, 4% of Lucas County adults who used these drugs did so almost every day, and 36% did so less than once a month.
- 2% of Lucas County adults have used a program or service to help with drug problems for either themselves or a loved one. Reasons for not using such a program included: had not thought of it (4%), could not afford to go (1%), no program available (<1%), fear (<1%), did not want to get in trouble (<1%), did not want to miss work (<1%), and other reasons (5%). 86% of adults indicated they did not need a program or service to help with drug problems.
- 3% of adults had regularly failed to fulfill obligations at work or home, placed themselves in dangerous situations, or had legal problems as a result of using drugs.

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Ohio 2012	U.S. 2012
Adults who used marijuana in the past 6 months	9%	11%	10%	N/A	N/A
Adults who used heroin in the past 6 months	<1%	1%	<1%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	6%	8%	10%	N/A	N/A

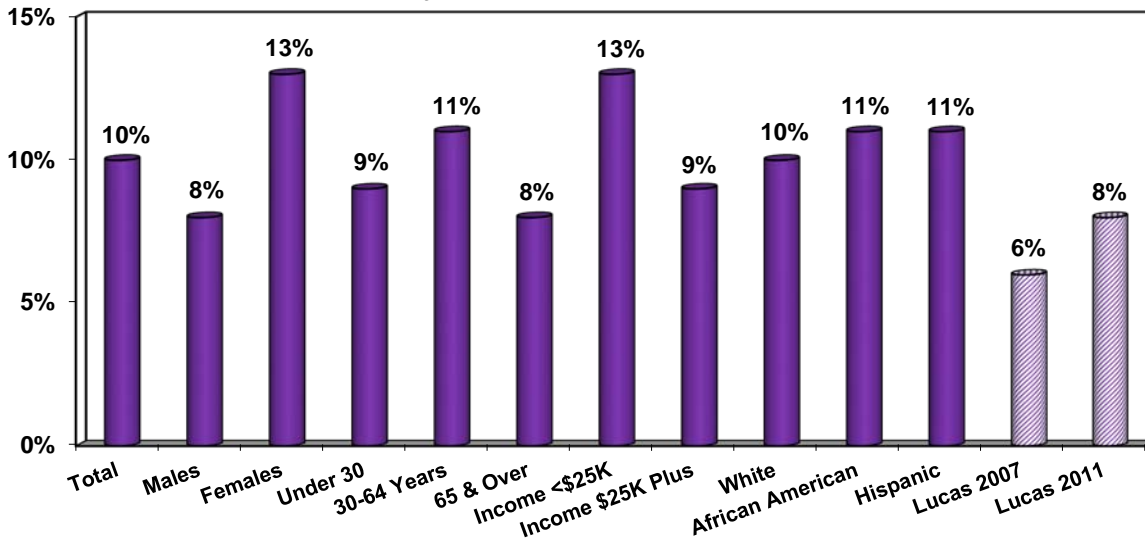
N/A – Not available

The following graphs are data from the 2014 Lucas County Health Assessment indicating adult marijuana use in the past six months and medication misuse in the past six months. Examples of how to interpret the information include: 10% of all Lucas County adults used marijuana in the past six months, 17% of adults under the age of 30 were current users, and 17% 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



Abuse of Prescription (Rx) Drugs

- Young adults (age 18 to 25) are the biggest abusers of prescription (Rx) opioid pain relievers, ADHD, stimulants, and anti-anxiety drugs.
- Reasons for abusing these drugs include: getting high, relieving pain, studying better, dealing with problems, losing weight, feeling better, increasing alertness, and having a good time with friends.
- In 2010, almost 3,000 young adults died from prescription drug (mainly opioid) overdoses. This was a 250% increase from 1999.
- Among young adults, for every death due to Rx drug overdose, there were 17 treatment admissions and 66 emergency room visits.

(Source: National Institute on Drug Abuse, *Abuse of Prescription (Rx) Drugs Affects Young Adults Most*, June 2013, from: <http://www.drugabuse.gov/related-topics/trends-statistics/infographics/abuse-prescription-rx-drugs-affects-young-adults-most>)

Bath Salts

- “Bath salt” stimulant products are sold in powder form in small plastic or foil packages of 200 and 500 milligrams under various brand names. Mephedrone is a fine white, off-white, or slightly yellow-colored powder. It can also be found in tablet and capsule form. MDPV is a fine white or off-white powder.
- “Bath salts” are usually ingested by sniffing/snorting. They can also be taken orally, smoked, or put into a solution and injected into veins.
- People who abuse these substances have reported agitation, insomnia, irritability, dizziness, depression, paranoia, delusions, suicidal thoughts, seizures, and panic attacks. Users have also reported effects including impaired perception of reality, reduced motor control, and decreased ability to think clearly.
- Cathinone derivatives act as central nervous system stimulants causing rapid heart rate (which may lead to heart attacks and strokes), chest pains, nosebleeds, sweating, nausea, and vomiting.

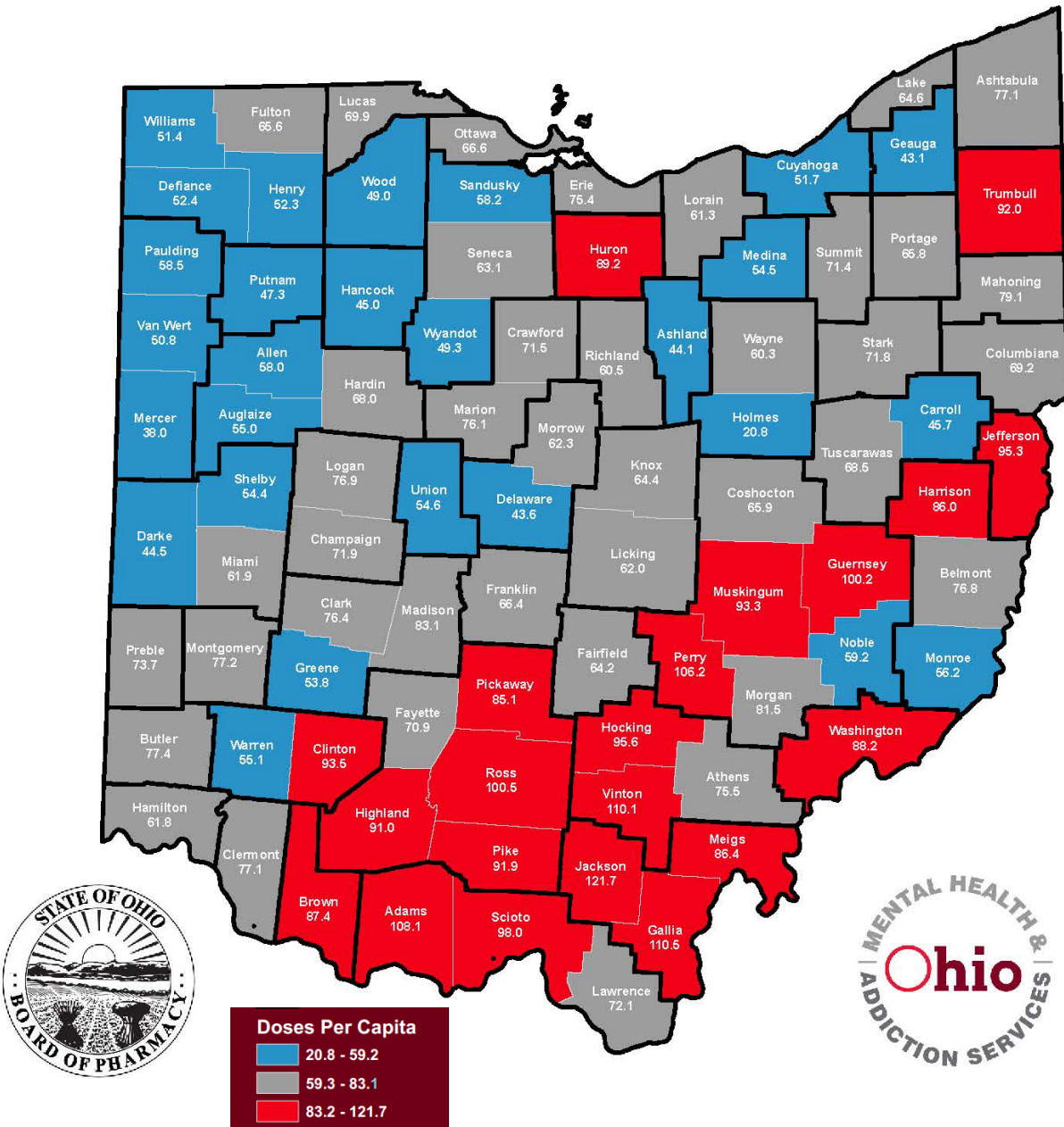
(Source: U.S. Department of Justice : *DEA Briefs & Background, Drug Fact Sheets*, June 2012, from: <http://www.justice.gov/dea/druginfo/factsheets.shtml>)

Prescription Analgesic Doses Per Capita

- In 2012, the statewide average per capita dosage rate was 66.7 doses per person.
- The average per capita dosage rate was 69.9 doses per person in Lucas County in 2012.

Prescription Analgesic Doses Per Capita

OARRS - 2012

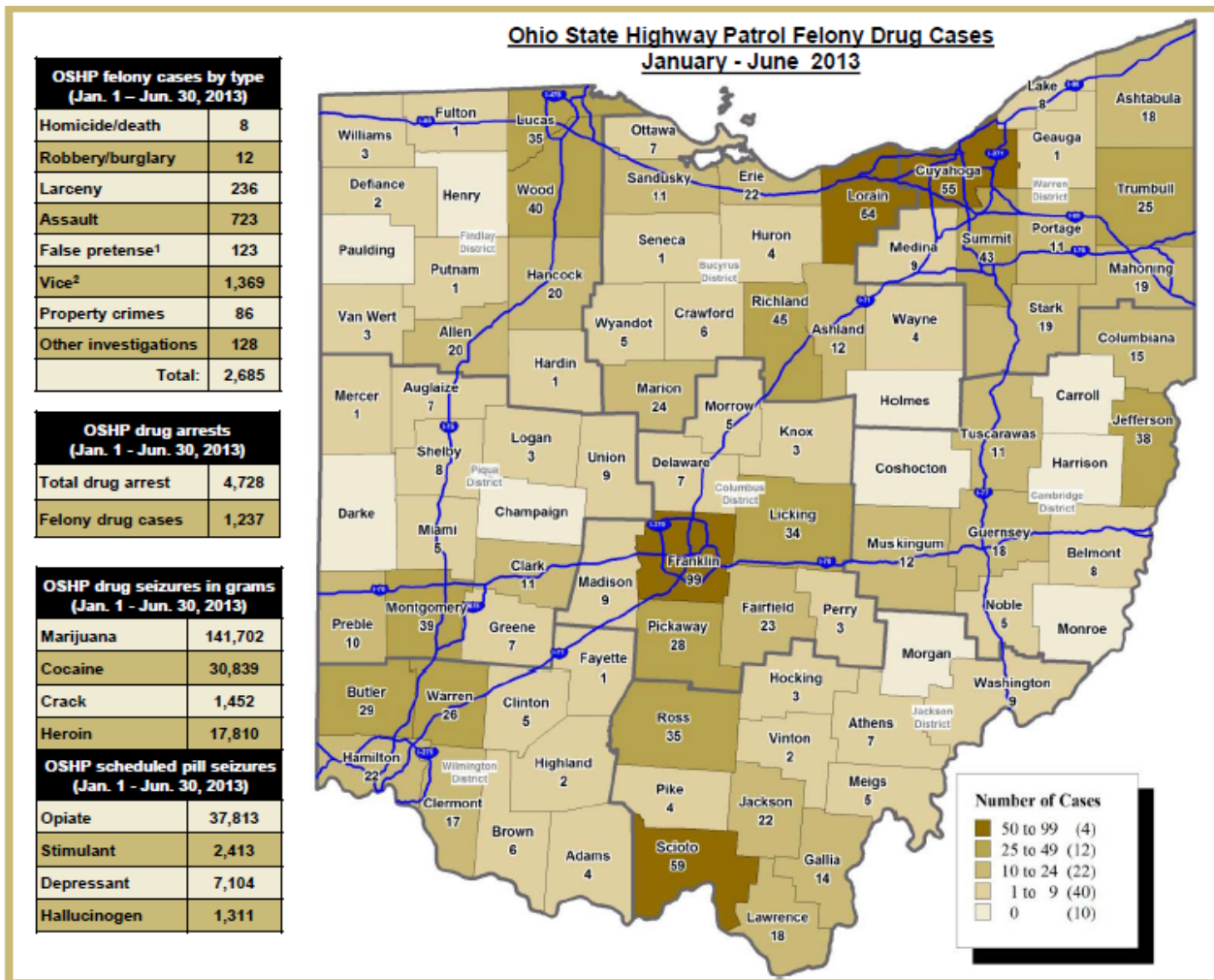


(Source: Ohio Mental Health and Addiction Services, Doses Per Capita September 2013, obtained from: http://mha.ohio.gov/Portals/0/assets/Research/Maps/Ohio_OARRS_Opioids_2012_v2.pdf)

ADULT DRUG USE

Felony Cases and Drug Arrests January – June 2013

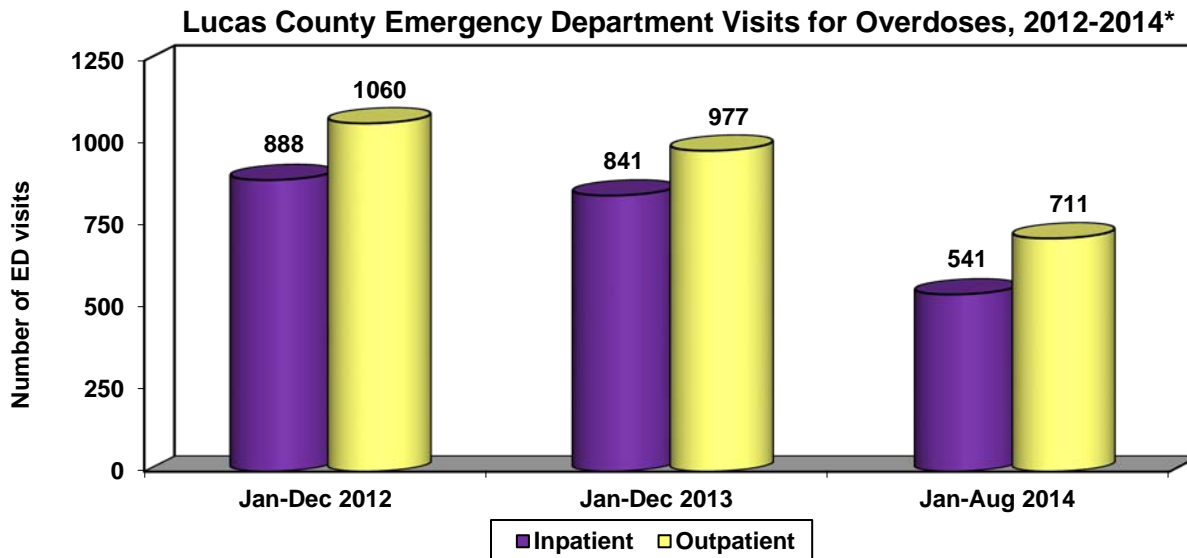
- OSHP investigated a wide range of felony offenses during the first half of 2013, including homicide/death (8); robbery/burglary (12); larceny (236); assault (723); false pretense (123); vice (1,369); property crimes (86); and various other types of felony offenses (128).
- OSHP Troopers made 4,728 total drug arrests during the first 6 months of 2013 – an 18% increase compared to 2012 and a 42% increase compared to the previous 3-year average (2010-2012).
- Of the 4,728 drug arrests, over one-quarter (1,237 or 26%) included one or more felony drug charges. This represents a 26% increase over the previous 3-year average (2010-2012).
- The number of marijuana, cocaine, crack and heroin arrests/cases has all increased substantially. The heroin increase has been especially notable: the total number of heroin cases has increased 100% and the total amount seized has increased 26% compared to the previous 3-year average (2010-2012).
- Increases in scheduled pills seized have also been notable: significantly more opiates (+101%), stimulants (+103%), depressants (+87%), and hallucinogens (+77%) have been seized compared to the 2010-2012 average.



(Source: Ohio State Highway Patrol, Felony Cases and Drug Arrests, 2013, from <http://statepatrol.ohio.gov/>)

Drug Overdoses January 2012 – August 2014

- ProMedica and Mercy hospital systems gathered information from their emergency departments from January 2012-August 2014.
- Hospital staff gathered emergency department data using ICD 9 diagnosis codes of 965.0-970.9 (poisoning by drugs, medicinal and biological substances).
- Data for 2014 is preliminary.



* The numbers from the chart above are from ProMedica and Mercy hospital systems. The inpatient numbers are for patients who entered through the Emergency Department and were admitted to the hospital. The outpatient numbers are for patients who entered and were discharged through the Emergency Department.

Prescription Drug Overdose in the United States

- Every day in the United States, 113 people die as a result of drug overdose, and another 6,748 are treated in emergency departments (ED) for the misuse or abuse of drugs.
- Health care providers wrote 259 million prescriptions for painkillers in 2012, enough for every American adult to have a bottle of pills.
- Drug overdose was the leading cause of injury death in 2011. Among people 25 to 64 years old, drug overdose caused more deaths than motor vehicle traffic crashes.
- Drug overdose death rates have been rising steadily since 1992 with a 118% increase from 1999 to 2011 alone.
- In 2011, 33,071 (80%) of the 41,340 drug overdose deaths in the United States were unintentional, 5,298 (12.8%) were of suicidal intent, 80 (0.2%) were homicides, and 2,891 (7%) were of undetermined intent.
- In 2011, drug misuse and abuse caused about 2.5 million emergency department (ED) visits. Of these, more than 1.4 million ED visits were related to pharmaceuticals. Among those ED visits, 501,207 visits were related to anti-anxiety and insomnia medications, and 420,040 visits were related to opioid analgesics.
- Among those who died from drug overdose in 2011:
 - Men were 60% more likely than women to die
 - Whites had the highest death rate
 - The highest death rate was among people 45-49 years of age
 - The lowest death rates were among children less than 15 years old

(Source: CDC, Prescription Drug Overdose in the United States : Fact Sheet, July 3, 2014, from: <http://www.cdc.gov/homeandrecreationalsafety/overdose/facts.html>)

Adult | WOMEN'S HEALTH

Key Findings

In 2014, more than half (58%) of Lucas County women over the age of 40 reported having a mammogram in the past year. 55% of Lucas County women ages 19 and over had a clinical breast exam and 49% had a Pap smear to detect cancer of the cervix in the past year. The Health Assessment determined that 4% of women survived a heart attack and 3% survived a stroke at some time in their life. Over one-third (37%) of Lucas County women were obese, 33% had high blood pressure, 24% had high blood cholesterol, and 16% were identified as smokers, known risk factors for cardiovascular diseases.

Women's Health Screenings

- In 2014, 65% of women had a mammogram at some time and more than two-fifths (42%) had this screening in the past year.
- More than half (58%) of women ages 40 and over had a mammogram in the past year and 73% had one in the past two years. The 2012 BRFSS reported that 74% of women 40 and over in the U.S. and 74% in Ohio, had a mammogram in the past two years.
- Women in Lucas County did not have a mammogram in the past year due to the following reasons: they were younger than the recommended screening age and did not need one (47%), cost (7%), difficult to get an appointment (5%), worried they might find something wrong (5%), frightened by the procedure or doctor (4%), could not get time off from work (3%), hours not convenient (3%), did not trust or believe in doctors (1%), difficult to find/no transportation (1%), and some other reason (27%).
- In 2014, Lucas County women reported that their last mammogram was done as a part of a routine checkup (59%), because of a breast problem other than cancer (5%), or because they already had breast cancer (2%).
- Most (89%) Lucas County women have had a clinical breast exam at some time in their life and 55% had one within the past year. Almost three-fourths (72%) of women ages 40 and over had a clinical breast exam in the past two years. The 2010 BRFSS reported that 77% of women 40 and over in the U.S. and 75% in Ohio, had a clinical breast exam in the past two years.
- In 2014, Lucas County women reported that their last breast exam was done as a part of a routine checkup (91%), because of a breast problem other than cancer (4%), or because they already had breast cancer (2%).
- 31% of women performed a self-breast exam in the past year, increasing to 41% of women over the age of 65.
- This assessment has identified that 92% of Lucas County women have had a Pap smear and 49% reported having had the exam in the past year. 73% of women had a pap smear in the past three years. The 2012 BRFSS indicated that 78% of U.S. and Ohio women had a pap smear in the past three years.

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)

Pregnancy

- 15% of Lucas County women had been pregnant in the past 5 years.
- Thinking back to their last pregnancy: 42% of women wanted to be pregnant then, 7% wanted to be pregnant sooner, 15% wanted to be pregnant later, 19% did not want to be pregnant then or any time in the future, and 16% of women did not recall.
- During their last pregnancy, Lucas County women: got a prenatal appointment in the first 3 months (72%), took a multi-vitamin (70%), took folic acid during pregnancy (44%), took folic acid pre-pregnancy (39%), experienced perinatal depression (10%), smoked cigarettes (8%), had an abortion (6%), experienced domestic violence (4%), and looked for options for an unwanted pregnancy (3%).

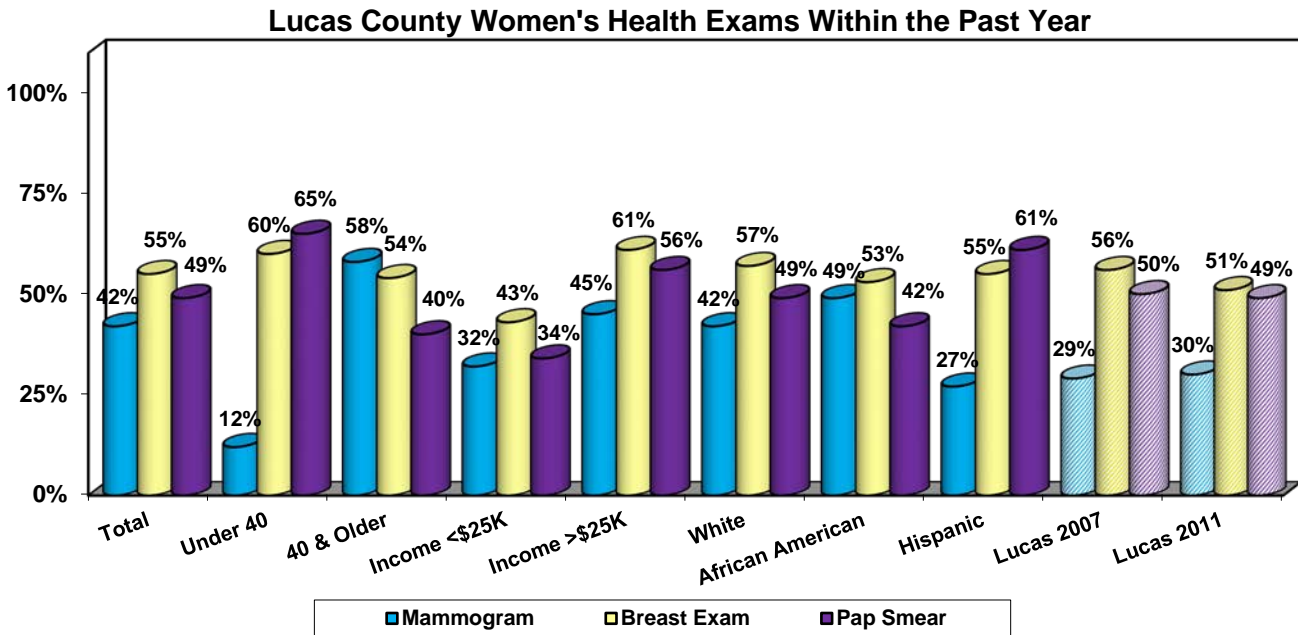
Women's Health Concerns

- 43% of women experienced menopause, increasing to 69% of those over the age of 40.
- 8% of women used hormone replacement therapy, increasing to 13% of those over the age of 40.
- 11% of women experienced incontinence, increasing to 15% of those over the age of 50.
- 8% of women had osteoporosis, increasing to 17% of those over the age of 50.
- 22% of women experienced premenstrual syndrome (PMS).
- From 2006-2008, major cardiovascular diseases (heart disease and stroke) accounted for 34% of all female deaths in Lucas County (*Source: ODH Information Warehouse*).
- In 2014, the health assessment determined that 4% of women had survived a heart attack and 3% had survived a stroke at some time in their life.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Lucas County the 2014 Health Assessment has identified that:
 - 65% were overweight or obese (57% U.S., 59% Ohio, 2012 BRFSS)
 - 33% were diagnosed with high blood pressure (30% U.S. and 32% Ohio, 2011 BRFSS)
 - 24% were diagnosed with high blood cholesterol (37% U.S., 37% Ohio, 2011 BRFSS)
 - 16% of all women were current smokers (17% U.S., 21% Ohio, 2012 BRFSS)
 - 15% had been diagnosed with diabetes (11% U.S., 13% Ohio, 2012 BRFSS)

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Ohio 2012	U.S. 2012
Had a clinical breast exam in the past two years (age 40 & over)	N/A	N/A	72%	75%*	77%*
Had a mammogram in the past two years (age 40 & over)	73%	74%	73%	74%	74%
Had a pap smear in the past three years	77%	72%	73%	78%	78%

N/A - Not Available
*2010 BRFSS Data

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: 42% of Lucas County females had a mammogram within the past year, 55% had a clinical breast exam, and 49% had a Pap smear.



Binge Drinking: A Serious, Under Recognized Problem among Women and Girls

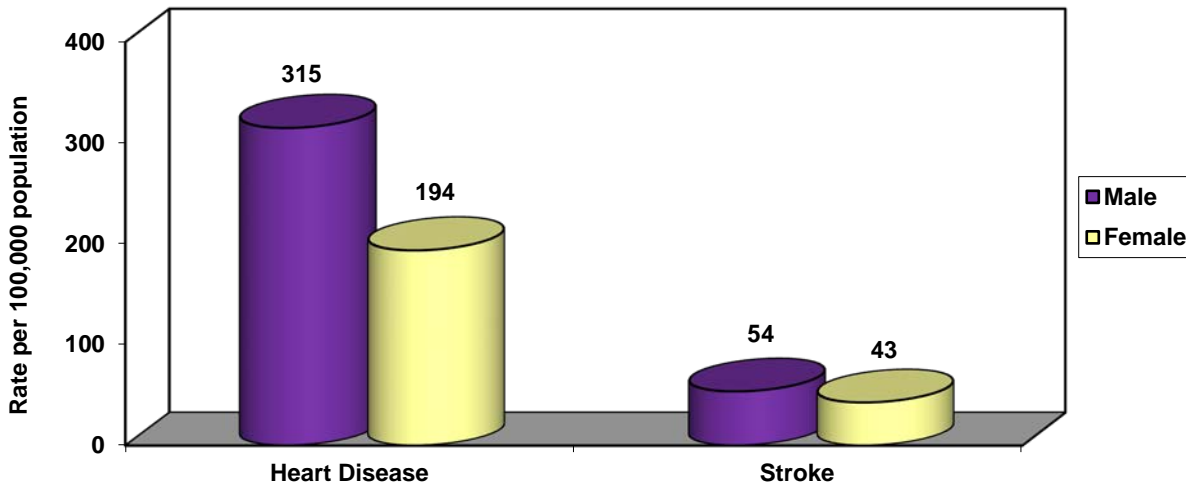
- Binge drinking for women is defined as consuming 4 or more alcohol drinks (beer, wine, or liquor) on an occasion.
- Binge drinking is a dangerous behavior but is not widely recognized as a women’s health problem.
- Drinking too much results in about 23,000 deaths in women and girls each year.
- Binge drinking increases the chances of breast cancer, heart disease, sexually transmitted diseases, unintended pregnancy, and many other health problems.
- If women binge drink while pregnant, they risk exposing their developing baby to high levels of alcohol, increasing the chances the baby will be harmed by the mother’s alcohol use.
- Drinking during pregnancy can lead to sudden infant death syndrome and fetal alcohol spectrum disorders.
- About 1 in 8 women aged 18 years and older and 1 in 5 high school girls binge drink. Women who binge drink do so frequently – about 3 times a month – and have about 6 drinks per binge.

(Sources: Centers for Disease Control and Prevention, *Binge Drinking*, January 2013, <http://www.cdc.gov/vitalsigns/BingeDrinkingFemale/index.html>)

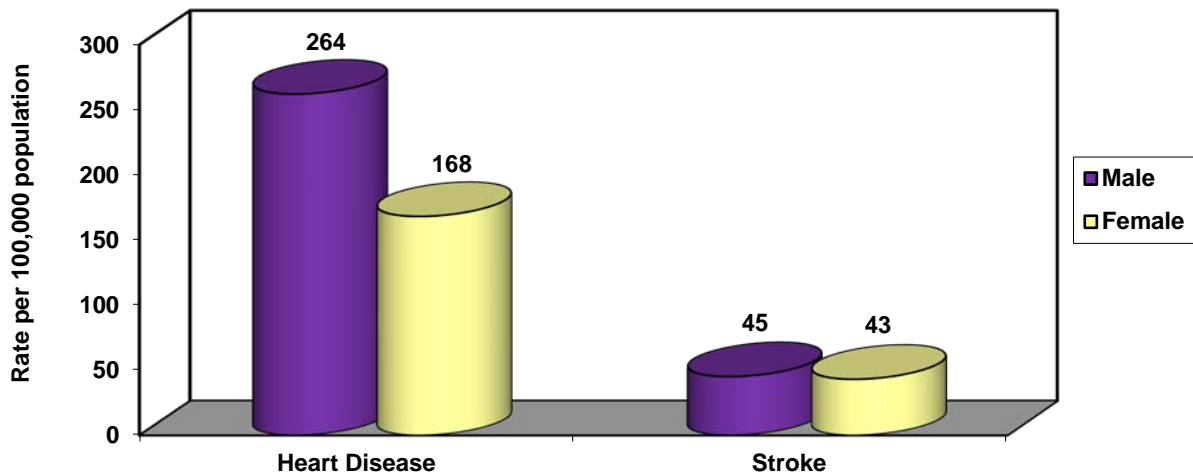
The following graphs show the Lucas County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases. The graphs show:

- 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 rate from 2006 to 2008.

Lucas County Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2006-2008



Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2006-2008

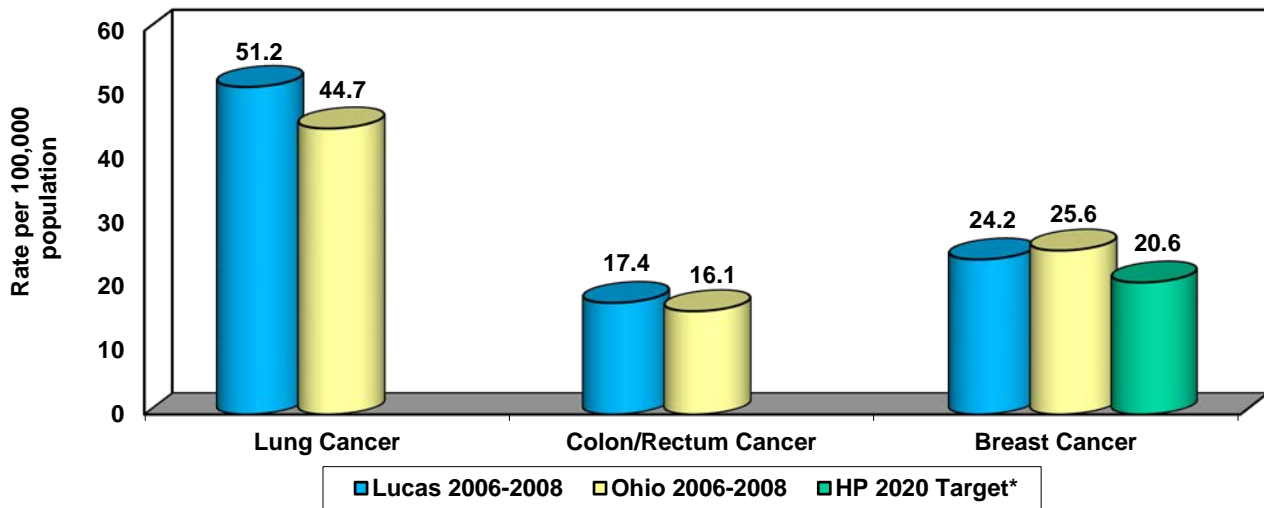


(Source for graphs: ODH Information Warehouse, updated 4-15-10)

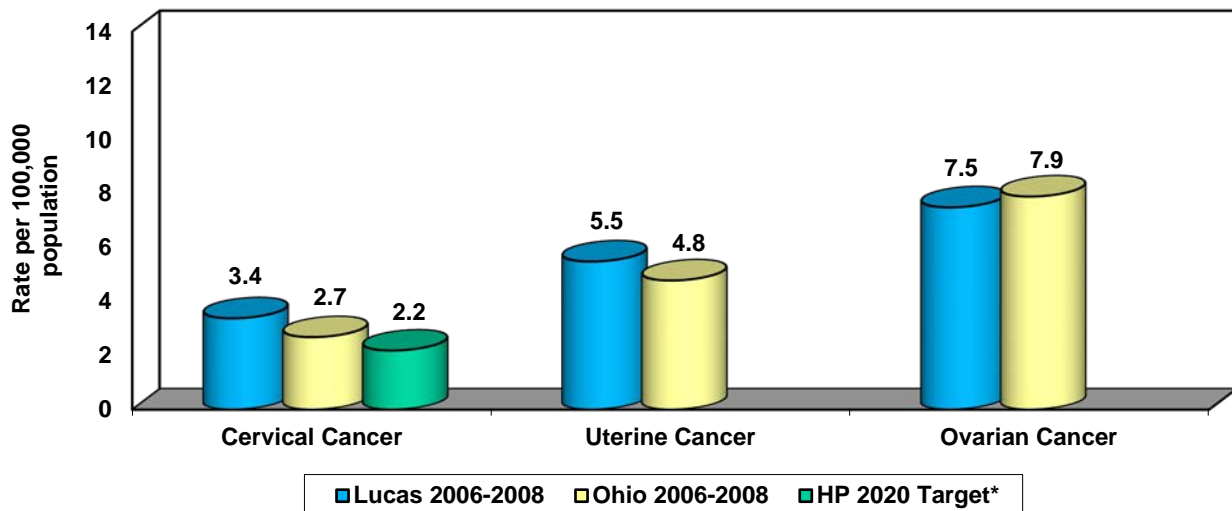
The following graphs show the Lucas County age-adjusted cancer mortality rates per 100,000 population for women with comparison to Healthy People 2020 objectives when available. The graphs show:

- From 2006-2008, the Lucas County age-adjusted mortality rate for female lung cancer was greater than the Ohio rate.
- 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 cancer mortality rate for 2006-2008 was greater than the Ohio rate, and the Healthy People 2020 target objective.

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)

Adult | MEN'S HEALTH

Key Findings

In 2014, 15% of Lucas County males had done a self-testicular 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 6% of men survived a heart attack and 3% survived a stroke at some time in their life. Nearly two-fifths (38%) of men had been diagnosed with high blood pressure, 25% had high blood cholesterol, and 21% were identified as smokers, which, along with obesity (34%), are known risk factors for cardiovascular diseases.

Men's Health Screenings and Concerns

- 27% of Lucas County men had been taught by a healthcare professional how to do a testicular exam, increasing to 32% of those under the age of 30.
- 15% of men had done a self-testicular exam in the past year, increasing to 19% of those with incomes more than \$25,000.
- More than half (54%) of men had a digital rectal exam in their lifetime and 22% had one in the past year.
- 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 2014, the health assessment determined that 6% of men had a heart attack and 3% had a stroke at some time in their life.

15% of Lucas County males had done a self-testicular exam in the past year.

- From 2006-2008, the leading cancer deaths for Lucas County males were lung, prostate, colorectal, pancreas, and esophageal cancers. Statistics from the same period for Ohio males show lung, prostate, colorectal, pancreas, and esophagus cancers as the leading cancer deaths (Source: ODH Information Warehouse).
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Lucas County the 2014 health assessment has identified that:
 - 74% were overweight or obese (70% U.S., 65% Ohio, 2012 BRFSS)
 - 38% were diagnosed with high blood pressure (32% U.S., 34% Ohio, 2011 BRFSS)
 - 25% were diagnosed with high blood cholesterol (40% U.S., 41% Ohio, 2011 BRFSS)
 - 21% of all men were current smokers (22% U.S., 25% Ohio, 2012 BRFSS)
 - 14% had been diagnosed with diabetes (10% U.S., 10% Ohio, 2012 BRFSS)

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%)

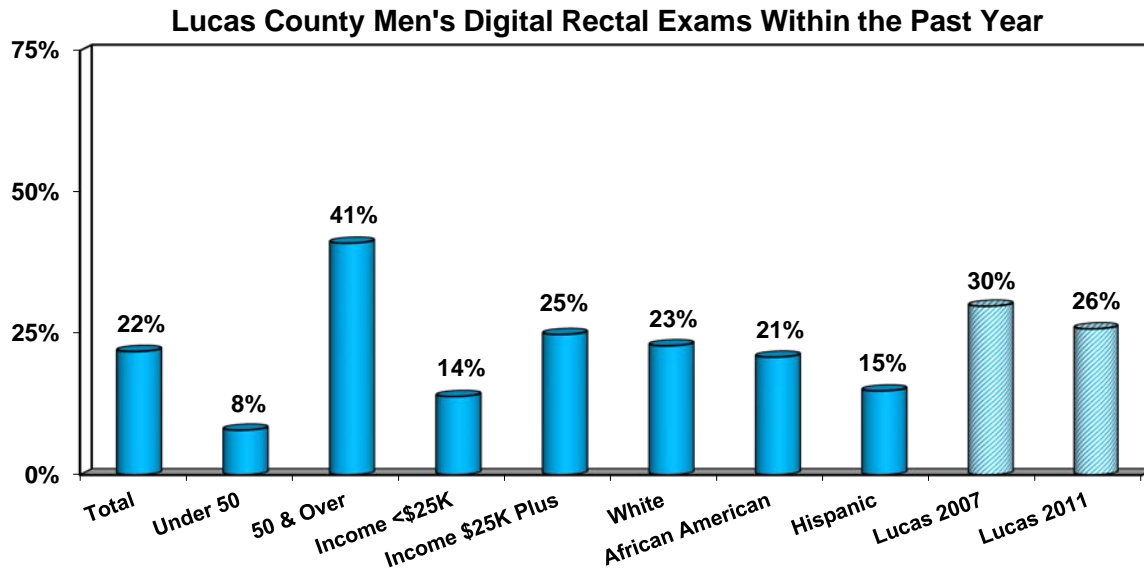
(Source: ODH Information Warehouse, updated 4-15-10)

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)

The following graph shows the percentage of Lucas County male adults that had a digital rectal exam in the past year. Examples of how to interpret the information shown on the graph include: 22% of Lucas County males had a digital rectal exam within the past year, 41% were 50 and over, and 21% were African American.



Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Ohio 2012	U.S. 2012
Had a digital rectal exam within the past year	30%	26%	22%	N/A	N/A

N/A – Not Available

Men's Health Data

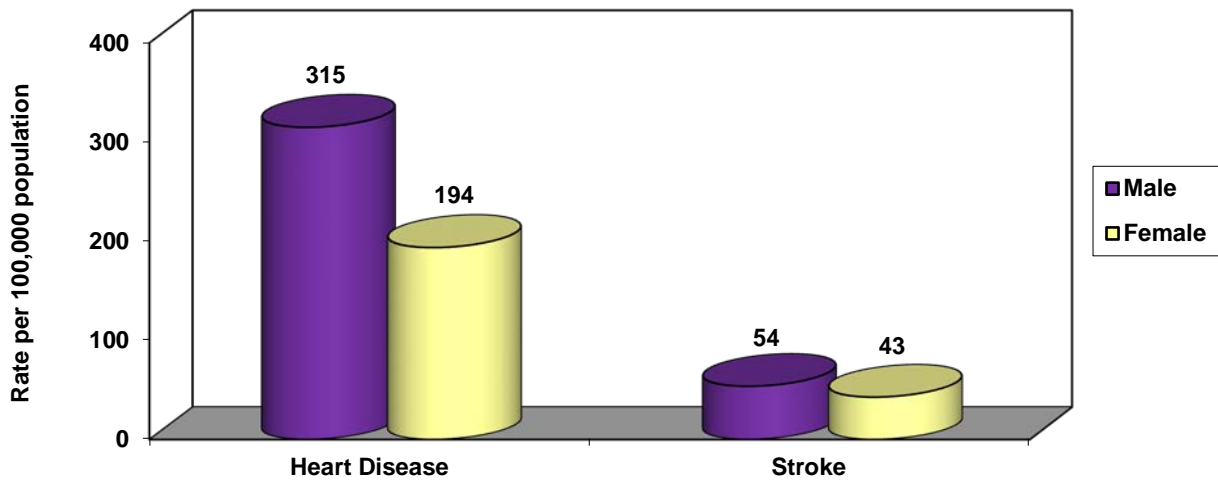
- Approximately 13% of adult males ages 18 years or older reported fair or poor health.
- 22% of adult males in the U.S. currently smoke.
- Of the adult males in the U.S., 31% had 5 or more drinks in 1 day at least once in the past year.
- Only 52% of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- 34% of men 20 years and over are obese.
- There are 19% 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, 1/11/2013 from http://www.cdc.gov/nchs/fastats/mens_health.htm)

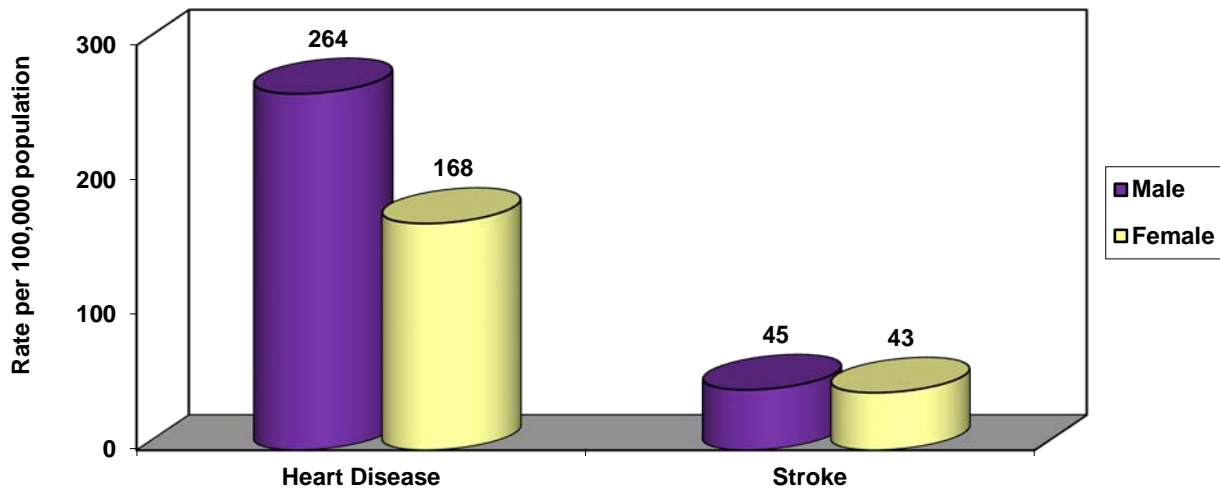
The following graphs show the Lucas County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases by gender. The graphs show:

- 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.

Lucas County Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2006-2008



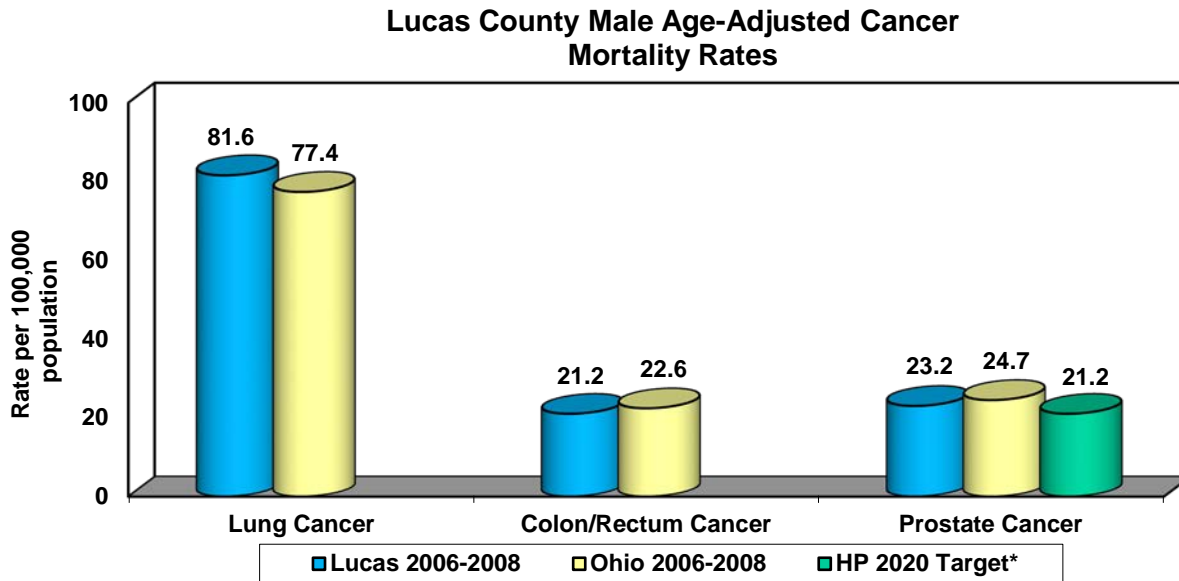
Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2006-2008



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

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

- From 2006-2008, the Lucas County age-adjusted mortality rate for male lung cancer was higher than the Ohio rate.
- 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.



Heart Health and Stroke Facts for Men

- Heart disease is the leading cause of death for men in the United States, killing 307,225 men in 2009—that's 1 in every 4 male deaths.
- Heart disease is the **leading cause** of death for men of most racial/ethnic groups in the United States, including African Americans, American Indians or Alaska Natives, Hispanics, and whites. For Asian American or Pacific Islander men, heart disease is second only to cancer.
- About 8.5% of all white men, 7.9% of black men, and 6.3% of Mexican American men have coronary heart disease.
- Half of the men who die suddenly of coronary heart disease have **no previous symptoms**. Even if you have no symptoms, you may still be at risk for heart disease.
- Between 70% and 89% of sudden cardiac events occur in men
- High blood pressure, high LDL cholesterol, and smoking are key risk factors for heart disease. About half of Americans (49%) have at least one of these three risk factors. Several other medical conditions and lifestyle choices can also put people at higher risk for heart disease, including:
 - Diabetes
 - Physical inactivity
 - Excessive Alcohol Use
 - Poor diet
 - Overweight and obesity

(Source: CDC, Men and Heart Disease Fact Sheet, updated 10-18-12, from: http://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_men_heart.htm)

Cancer and Men

- Every year, cancer claims the lives of nearly 300,000 men in America.
- More men in the U.S. die from lung cancer than any other type of cancer. The most important thing you can do to prevent lung cancer is not to start smoking, or to quit if you smoke.
- Smoking causes cancers of the esophagus, larynx (voice box), mouth, throat, kidney, bladder, pancreas, stomach, and acute myeloid leukemia.
- In men, the following cancers are associated with being overweight: colorectal cancer, esophageal adenocarcinoma (a type of cancer of the tube that connects your throat to your stomach), and cancer of the kidney and pancreas.
- Prostate cancer is the most common cancer in men in the U.S., not counting skin cancer. It is the second most common cause of cancer death in men. While all men are at risk for prostate cancer, some factors increase risk. These include:
 - older age
 - family history of prostate cancer
 - being African American
- Colorectal cancer is the third leading cause of cancer deaths in America men. Screening tests can find precancerous polyps so they can be removed before they turn into cancer. Everyone should be tested for colorectal cancer regularly, starting at age 50.

(Source: Center for Disease Control and Prevention, National Cancer Institute, June 18, 2012, <http://www.cdc.gov/features/cancerandmen/>)

Adult | PREVENTIVE MEDICINE AND HEALTH SCREENINGS

Key Findings

Over half (56%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. Nearly one-third (31%) of adults have had a preventive screening for colorectal cancer.

Preventive Medicine

- More than half (53%) 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.
- 74% of Lucas County adults ages 65 and over had a flu vaccine in the past 12 months. The 2012 BRFSS reported that 60% of U.S. and 61% of Ohio adults ages 65 and over had a flu vaccine in the past year.
- Nearly one-quarter (23%) of adults have had a pneumonia shot in their life, increasing to 56% of those ages 65 and over. The 2012 BRFSS reported that 69% of U.S. and 70% of Ohio adults ages 65 and over had a pneumonia shot in their life.
- Lucas County adults have had the following vaccines: tetanus booster (including Tdap) in the past 10 years (41%), pneumonia vaccine in their lifetime (23%), Zoster (shingles) vaccine in their lifetime (8%), pertussis vaccine in the past 10 years (8%), and human papillomavirus vaccine in their lifetime (4%).

Preventive Health Screenings and Exams

- Lucas County adults had the following preventive screenings or exams: colorectal cancer (31%), oral cancer (19%), and skin cancer (17%).
- In 2014, 58% of Lucas County adults over the age of 50 reported having been screened for colorectal cancers at some time in their life.
- In the past year, 58% of Lucas County women ages 40 and over have had a mammogram.
- In the past year, 15% of Lucas County males had done a self-testicular exam.
- 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.

Skin Cancer Prevention Recommendations

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

(CDC, Skin Cancer Prevention, Updated 2/15/2013, http://www.cdc.gov/cancer/skin/basic_info/prevention.htm)

Environmental Health

- Lucas County adults thought the following threatened their health in the past year.
 - Insects (9%)
 - Rodents or mice (7%)
 - Mold (6%)
 - Temperature regulation (5%)
 - Plumbing problems (4%)
 - Bed bugs (3%)
 - Cockroaches (2%)
 - Excess medications in the home (2%)
 - General living conditions (2%)
 - Lice (2%)
 - Chemicals found in household products (1%)
 - Sewage water problems (1%)
 - Lead paint (1%)
 - Safety hazards (1%)
 - Unsafe water supply/wells (1%)
 - Fracking (<1%)
 - Radiation (<1%)
 - Asbestos (<1%)
 - Radon (<1%)

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

HEALTHCARE TOPICS	Total 2007	Total 2011	Total 2014
Physical Activity or Exercise	41%	40%	40%
Weight, Dieting or Eating Habits	37%	37%	36%
Self-Breast or Self-Testicular Exam	N/A	N/A	29%
Immunizations	N/A	N/A	28%
Depression, Anxiety, or Emotional Problems	16%	21%	20%
Significance of Family History	N/A	N/A	17%
Quitting Smoking	11%	13%	11%
Injury Prevention Such As Safety Belt Use & Helmet Use	8%	10%	8%
Sexual Practices Including Family Planning, STDs, AIDS, & Condom Use	11%	10%	7%
Alcohol Use When Taking Prescription Drugs	11%	11%	7%
Alcohol Use	9%	9%	7%
Ways to Prepare for a Healthy Pregnancy and Baby	N/A	N/A	4%
Illicit Drug Abuse	6%	6%	4%
Domestic Violence	4%	3%	2%

N/A – Not available

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Ohio 2012	U.S. 2012
Had a pneumonia vaccination (ages 65 and over)	59%	61%	56%	69%	70%
Had a flu vaccine in the past year (ages 65 and over)	N/A	62%	74%	60%	61%

N/A – Not available

Lucas County Adult Health Screening Results

GENERAL SCREENING RESULTS	Total Sample
Diagnosed with High Blood Pressure	37%
Diagnosed with High Blood Cholesterol	25%
Diagnosed with Diabetes	15%
Diagnosed with a Heart Attack	5%
Diagnosed with a Stroke	3%

(Percentages based on all Lucas County adults surveyed)

Healthy People 2020 Pneumonia Vaccination

Objective	Lucas County 2014	Ohio 2012	U.S. 2012	Healthy People 2020 Target
IID-13.1: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated against pneumococcal disease	56%	69%	70%	90%

*U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2012 BRFSS, 2014 Lucas County Health Assessment)

Who Should Get a Yearly Flu Shot?

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

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

(Source: CDC, Seasonal Influenza (Flu), Who Should Get Vaccinated Against Influenza, Updated in 2011, from: <http://www.cdc.gov/flu/protect/whoshouldvax.htm>)

Adult | SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES

Key Findings

In 2014, over two-thirds (68%) of Lucas County adults had sexual intercourse. Eight percent of adults had more than one partner. Prevalence estimates suggest that young people aged 15-24 years acquire half of all new STDs and that 1 in 4 sexually active adolescent females have an STD, such as chlamydia or human papillomavirus (HPV) (Source: CDC, *STDs in Adolescents and Young Adults, 2014 STD Surveillance*).

Adult Sexual Behavior

- Over two-thirds (68%) of Lucas County adults had sexual intercourse in the past year.
- 8% 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: condoms (18%), they or their partner were too old (17%), vasectomy (16%), tubes tied (13%), birth control pill (11%), hysterectomy (9%), withdrawal (7%), IUD (4%), abstinence (3%), rhythm method (2%), shots (2%), diaphragm (1%), and contraceptive implants (1%).
- 13% 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 or their partner had a hysterectomy/vasectomy/tubes tied (26%)
 - They or their partner were too old (20%)
 - They did not think they or their partner could get pregnant (9%)
 - They or their partner did not like birth control/fear of side effects (4%)
 - They wanted to get pregnant (4%)
 - They did not want to use birth control (3%)
 - They did not care if they or their partner got pregnant (3%)
 - They had a same-sex partner (3%)
 - Their partner did not want to use birth control (2%)
 - Religious preferences (2%)
 - They or their partner had just had a baby (1%)
 - They or their partner were breastfeeding (1%)
 - Lapse in use of method (1%)
 - No regular partner (1%)
 - They or their partner were currently pregnant (1%)
 - They had a problem getting birth control when they needed it (<1%)
 - They could not pay for birth control (<1%)

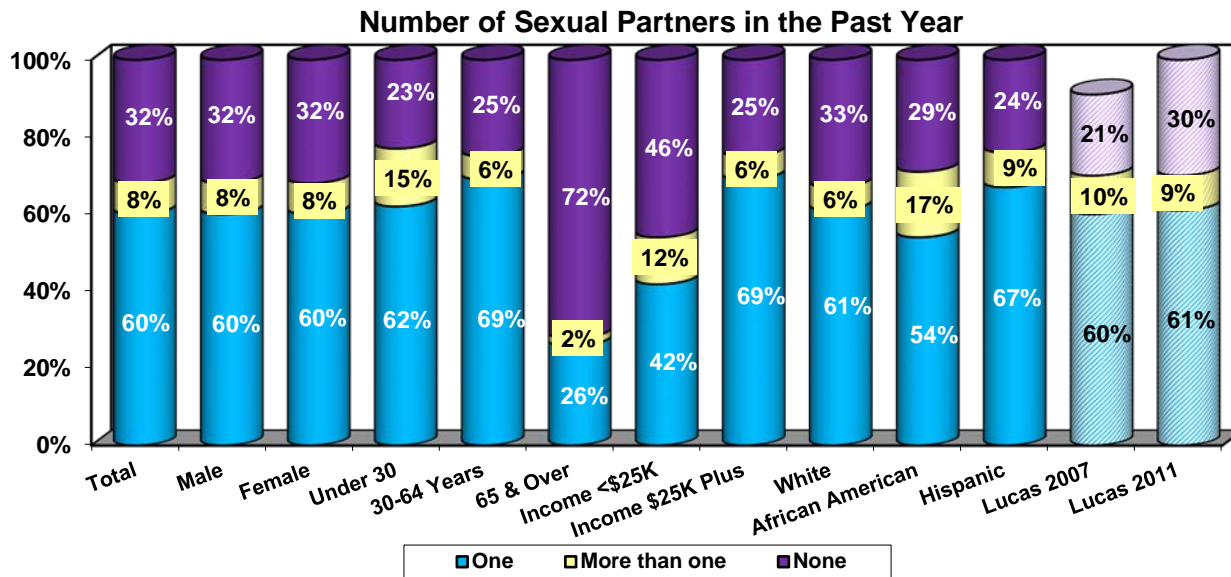
HIV in the United States

- More than 1.1 million people in the United States are living with HIV infection, and almost 1 in 5 (18.1%) are unaware of their infection.
- By race, African Americans face the most severe burden of HIV.
- The estimated incidence of HIV has remained stable overall in recent years, at about 50,000 new HIV infections per year.
- In 2011, an estimated 49,273 people were diagnosed with HIV infection in the United States. In that same year, an estimated 32,052 people were diagnosed with AIDS. Since the epidemic began, an estimated 1,155,792 people in the United States have been diagnosed with AIDS
- An estimated 15,529 people with an AIDS diagnosis died in 2010, and approximately 636,000 people in the United States with an AIDS diagnosis have died since the epidemic.

(Source: CDC, *HIV in the United States: At a Glance, 4/23/13*, from: <http://www.cdc.gov/hiv/statistics/basics/ataglance.html>)

- The following situations applied to Lucas County adults in the past year: had anal sex without a condom (5%), tested for an STD (4%), had sex with someone they did not know (2%), treated for an STD (2%), thought they may have an STD (1%), tested positive for HIV (1%), tested positive for Hepatitis C (1%), used intravenous drugs (1%), and gave or received money or drugs in exchange for sex (<1%).
- 13% of adults have engaged in sexual activity following alcohol or other drug use that they would not have done if sober, increasing to 17% of those with incomes less than \$25,000.
- 7% of adults have been forced to have sexual intercourse when they did not want to, increasing to 11% of females and those with incomes less than \$25,000.

The following graph shows the sexual activity of Lucas County adults. Examples of how to interpret the information in the graph include: 60% of all Lucas County adults had one sexual partner in the last 12 months and 8% had more than one, and 60% of males had one partner in the past year.



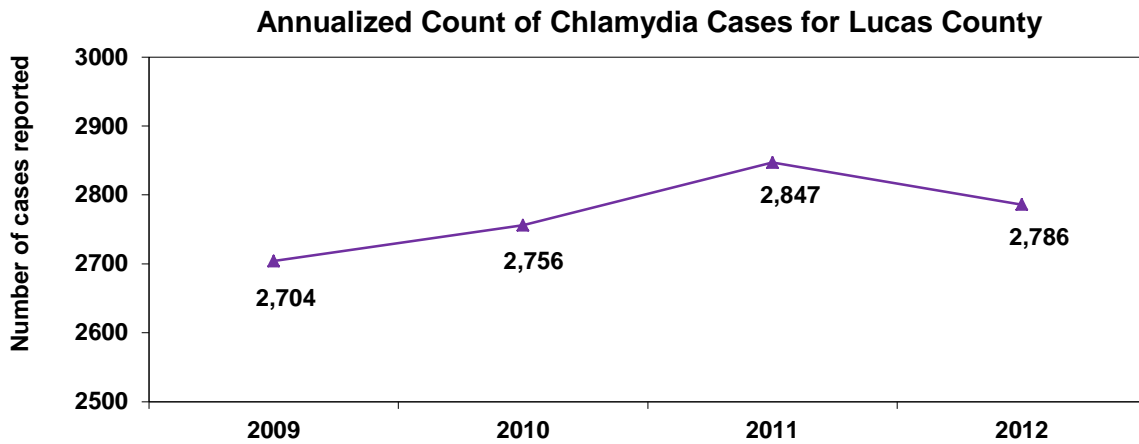
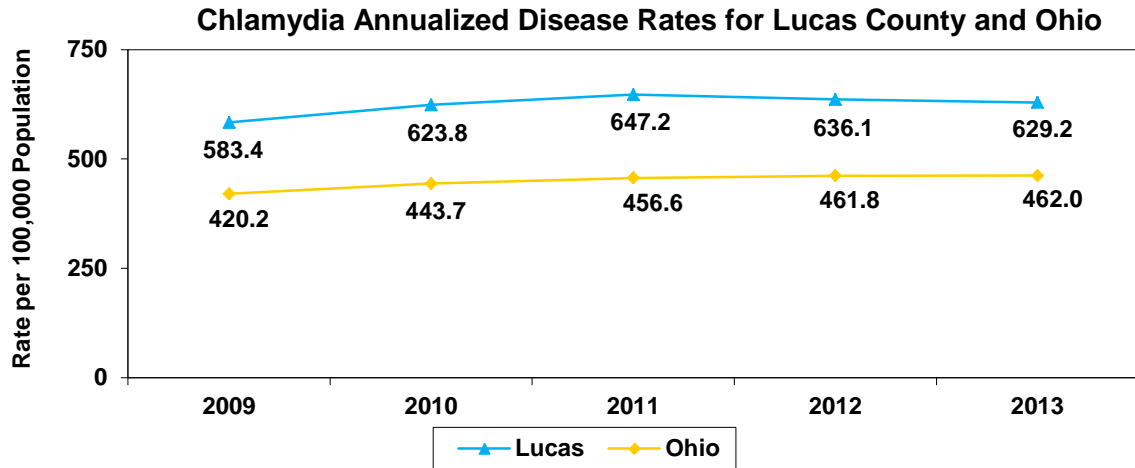
Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Ohio 2012	U.S. 2012
Had more than one sexual partner in past year	10%	9%	8%	N/A	N/A

N/A – Not available

The following graphs show Lucas County chlamydia disease rates per 100,000 population, and the annual number of cases, updated June 27, 2014, by the Ohio Department of Health. The graphs show:

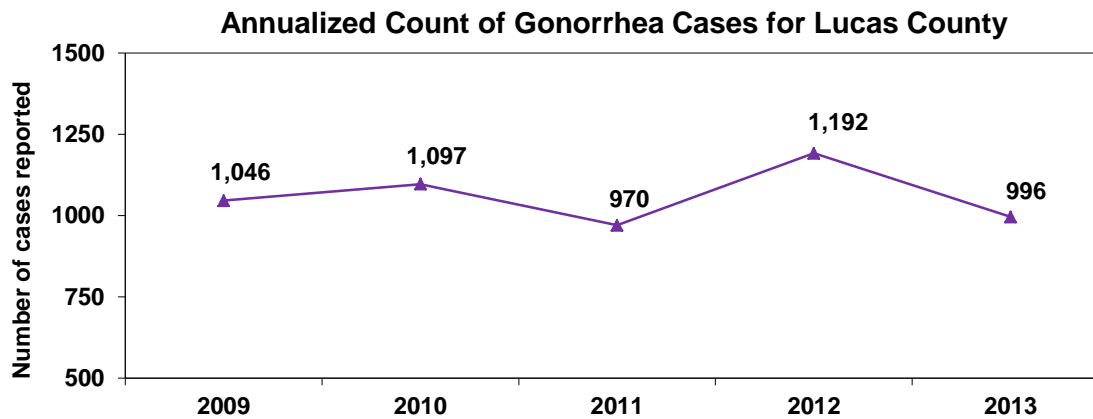
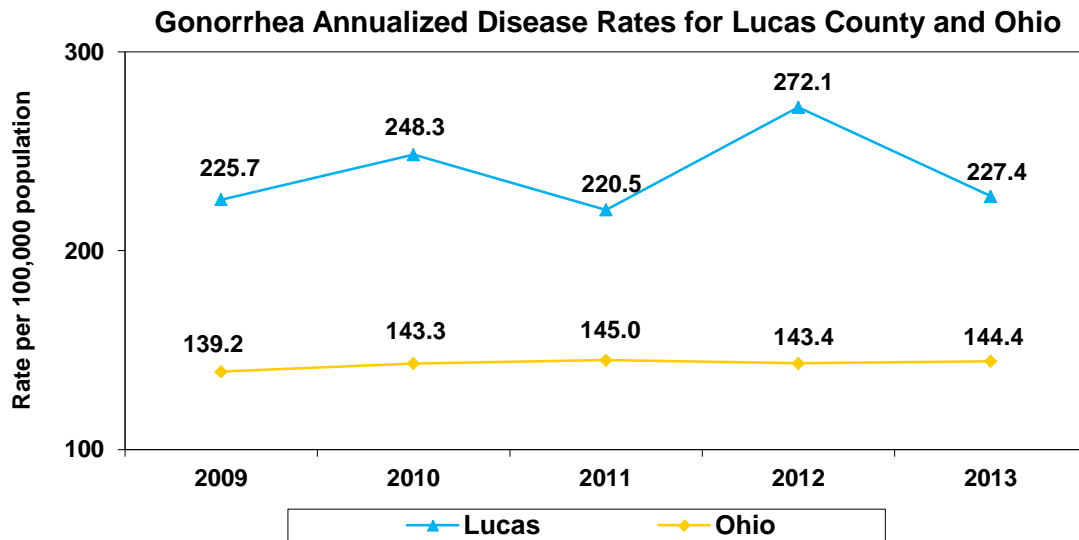
- Lucas County chlamydia rates fluctuated from 2009 to 2013. Lucas County rates remained well above the Ohio rates.
- In 2012, the U.S. rate for new chlamydia cases was 456.7 per 100,000 population. (Source: CDC, *Reported STDs in the U.S., 2014*)



(Source for graphs: ODH, STD Surveillance, data reported through 6-27-14)

The following graphs show Lucas County gonorrhea disease rates per 100,000 population, and the annual number of cases, updated June 27, 2014 by the Ohio Department of Health. The graphs show:

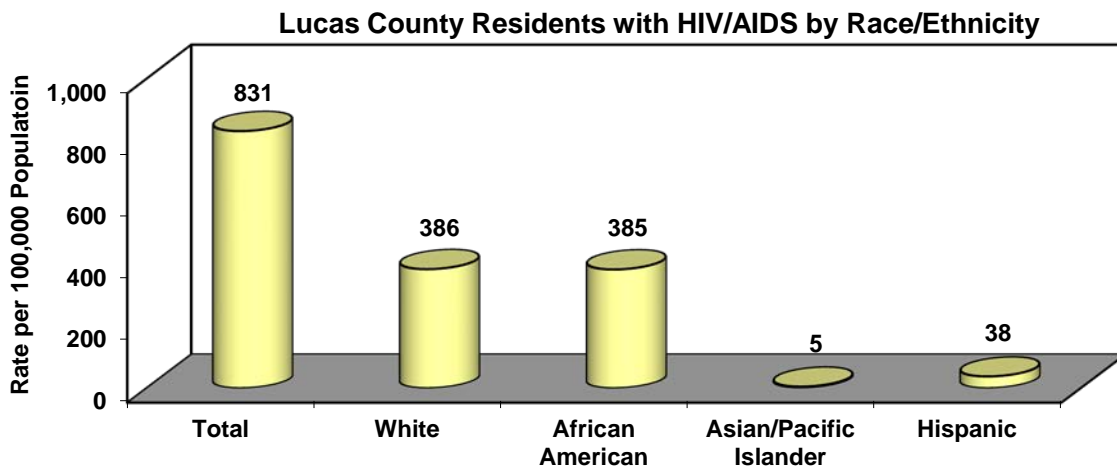
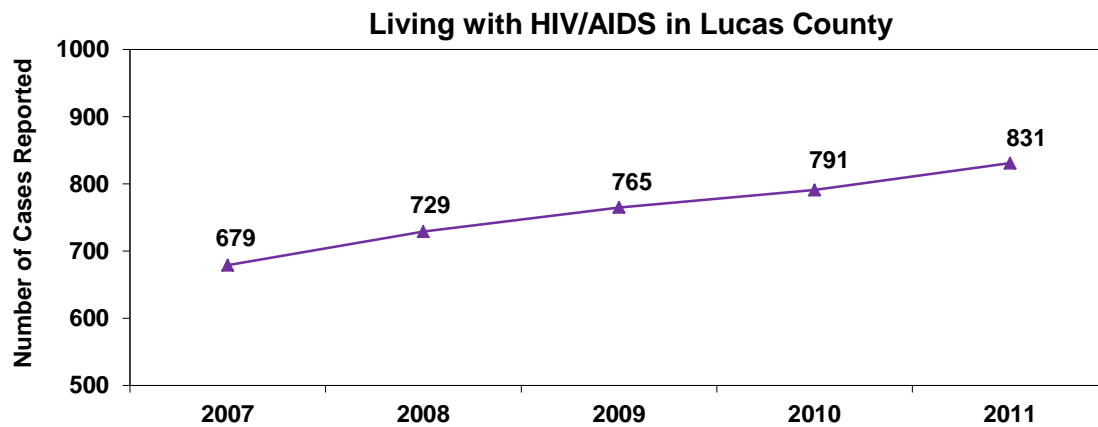
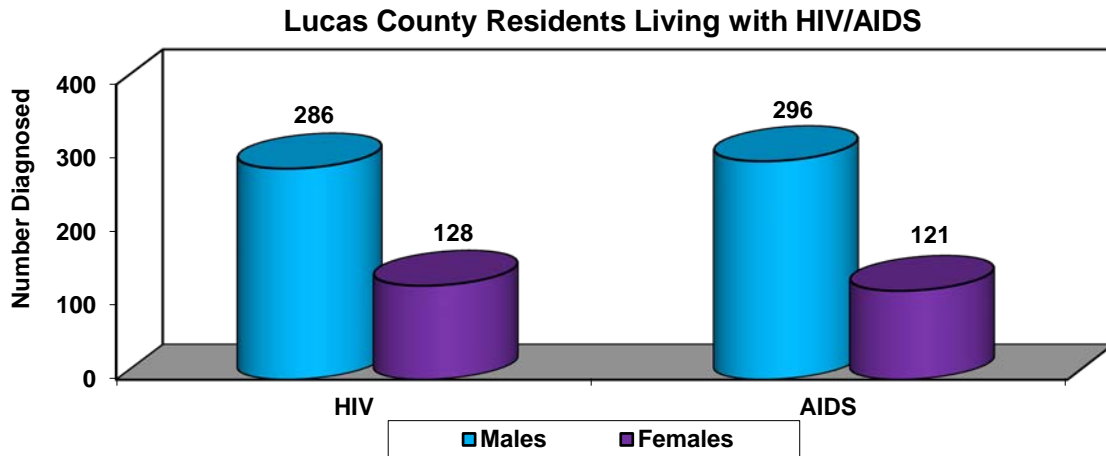
- The Lucas County gonorrhea rate fluctuated from 2009 to 2013, but increased overall.
- The Ohio gonorrhea rate fluctuated from 2009 to 2013.
- In 2012, the U.S. rate for new gonorrhea cases for the total population was 107.5 per 100,000 population (Source: CDC, Reported STDs in the U.S., 2014).
- The Healthy People 2020 objective for gonorrhea is 257 new female and 198 new male cases per 100,000 population.



(Source for graph: ODH, STD Surveillance, data reported through 6-27-14)

The following graphs show Lucas County HIV/AIDS rates per 100,000 population, and the annual number of cases, updated June 30, 2013 by the Ohio Department of Health. The graphs show:

- The Lucas County rate of 274.1 per 100,000 males living with HIV/AIDS was significantly higher than the female rate of 110.4 per 100,000 population.
- From 2007-2011, the number of people living with HIV/AIDS in Lucas County increased drastically.

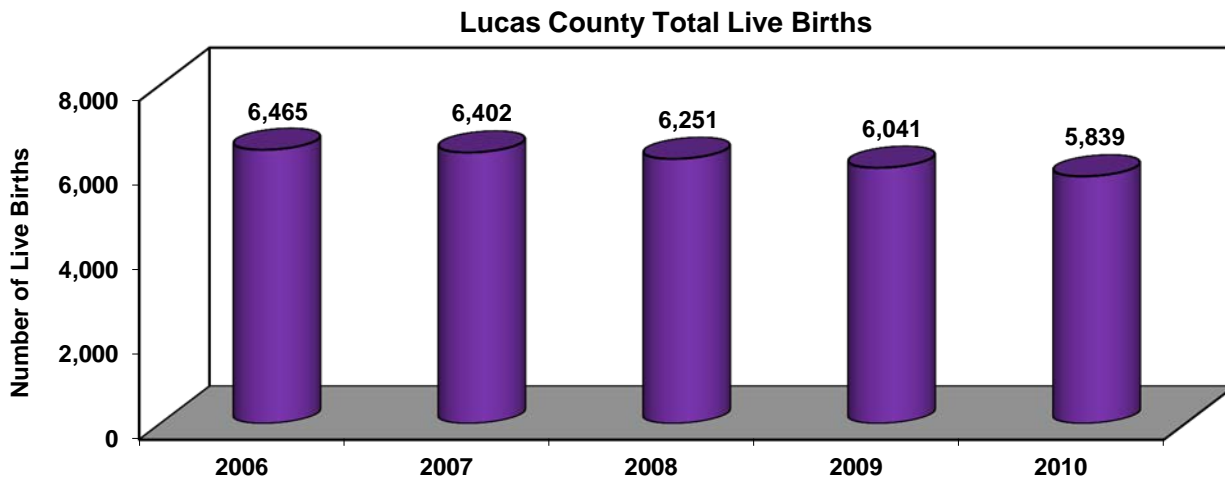
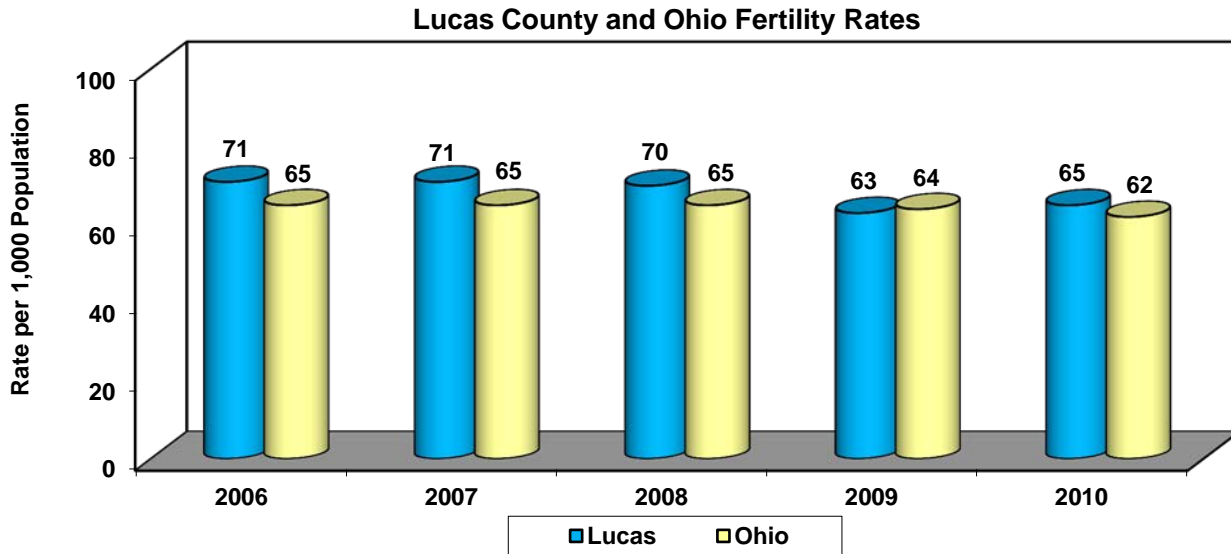


(Source for graphs: ODH HIV/AIDS Surveillance Program, Updated 6-30-2013)

Pregnancy Outcomes

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

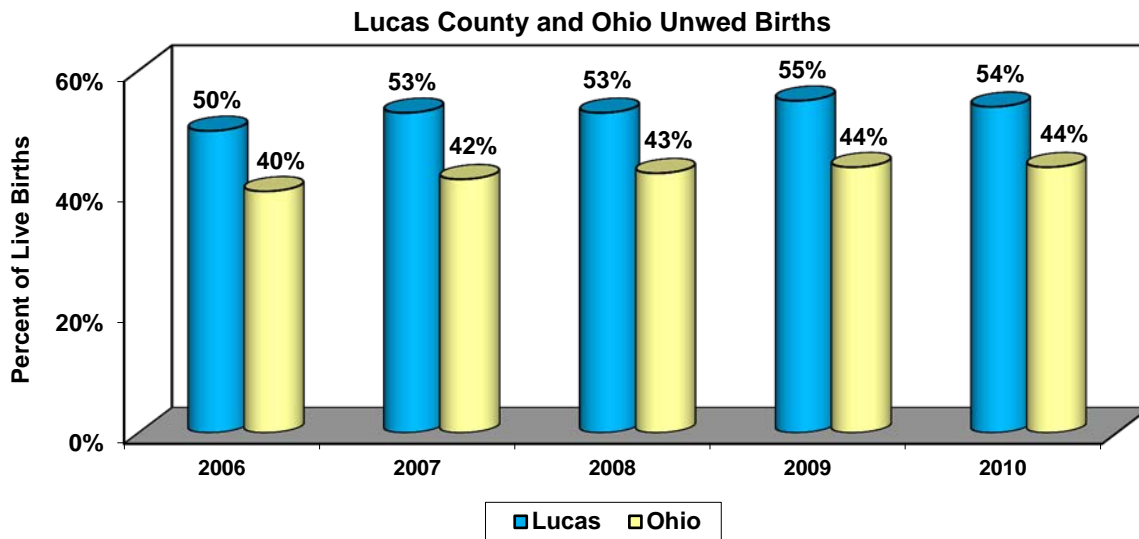
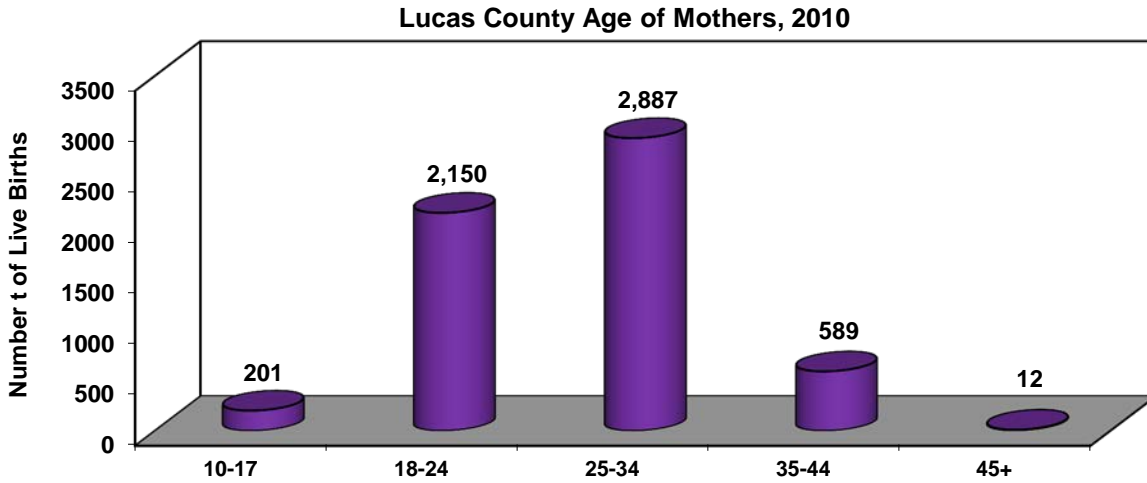
- In 2011, the U.S. fertility rate was 63.2 per 1,000 women ages 15-44 (Source: CDC, Births and Natality, 2013).
- From 2006-2010, there was an average of 6,200 live births per year in Lucas County.



(Source for graphs: ODH Information Warehouse Updated 5-24-2013)

The following graphs show Lucas County age of mothers and Lucas County and Ohio percentage of unwed births updated May 24, 2013 by the Ohio Department of Health. The graphs show:

- The percentage of births to unwed mothers in Lucas was well above the Ohio percentage each year from 2006 to 2010, and increased overall during the five year period.
- In 2011, 41% of U.S. births were to unwed mothers (data not shown) (Source: CDC, *Unmarried Childbearing*, 2013).

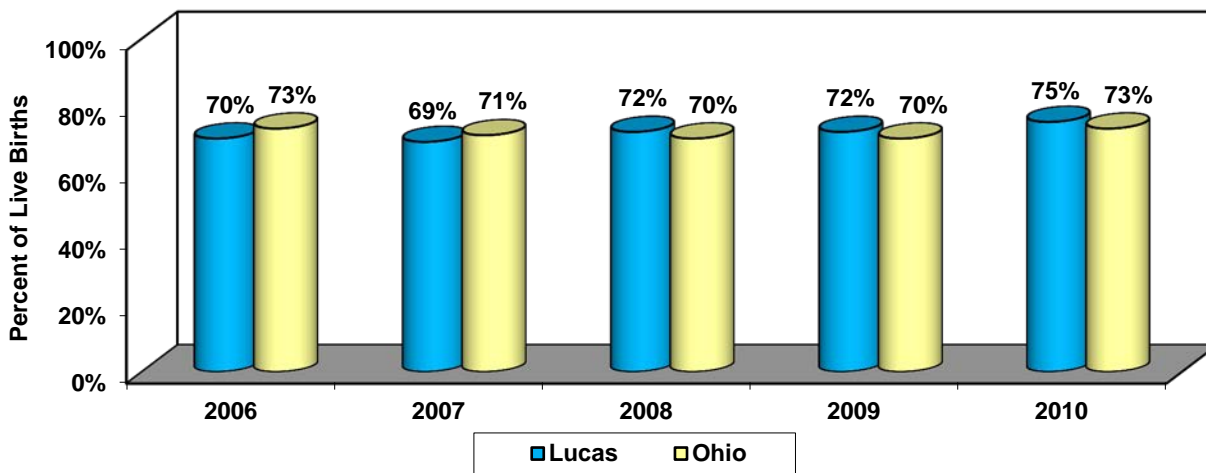


(Source for graphs: ODH Information Warehouse Updated 5-24-2013)

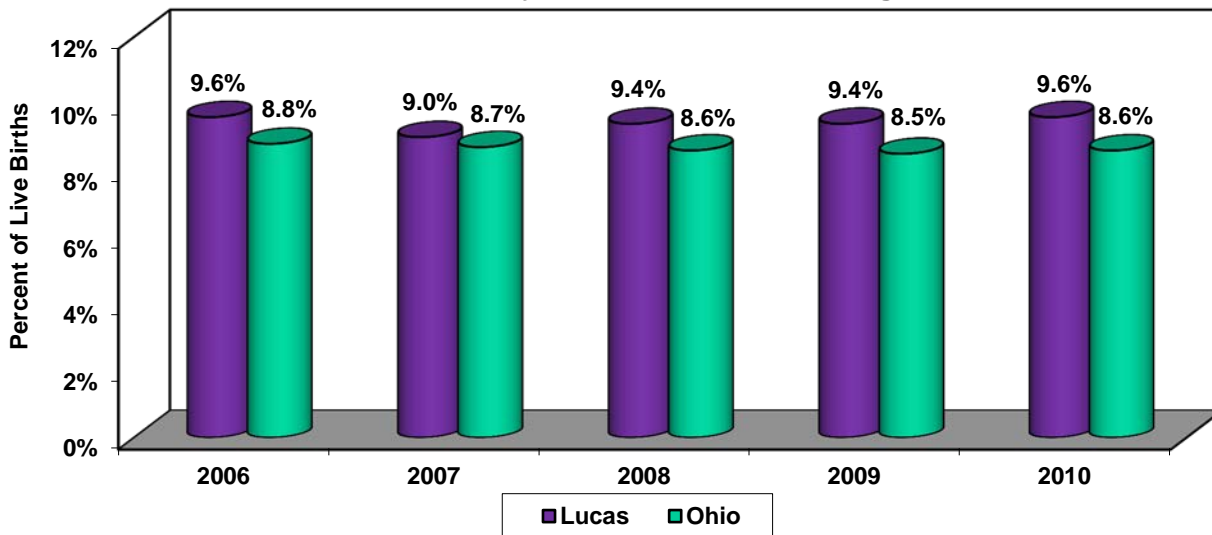
The following graphs show Lucas County and Ohio percentage of births with first trimester prenatal care and low birth weight rates updated May 24, 2013 by the Ohio Department of Health. The graphs show:

- In 2010, 75% of Lucas County mothers received prenatal care during the first trimester. (Source: ODH, Birth Statistics, 2010)
- In 2011, 8.1% of all U.S. live births were low birth weight births (data not shown). (Source: CDC, Birthweight and Gestation, 2013)

Lucas County and Ohio Births with First Trimester Prenatal Care



Lucas County and Ohio 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 5-24-13)

Adult | QUALITY OF LIFE

Key Findings

In 2014, 47% of Lucas County adults were limited in some way because of a physical, mental or emotional problem.

Impairments and Health Problems

- In 2014, nearly half (47%) of Lucas County adults were limited in some way because of a physical, mental or emotional problem (20% Ohio and U.S., 2012 BRFSS), increasing to 65% of those with incomes less than \$25,000 and 66% of those over the age of 65.
- Among those who were limited in some way, the following most limiting problems or impairments were reported: back or neck problems (46%), arthritis (41%), walking problems (23%), stress, depression, anxiety, or emotional problems (18%), lung/breathing problems (18%), high blood pressure (17%), eye/vision problems (15%), fractures, bone/joint injuries (14%), diabetes (14%), heart problems (13%), hearing problems (8%), tobacco dependency (8%), mental health illness/disorder (5%), a learning disability (4%), cancer (3%), alcohol dependency (2%), stroke-related problems (2%), drug addiction (2%), and a developmental disability (1%).
- Lucas County adults needed help with the following because of an impairment or health problem: household chores (8%), shopping (7%), getting around for other purposes (5%), doing necessary business (4%), bathing (3%), dressing (1%), getting around the house (1%), and eating (1%).
- During the past 12 months, 12% of Lucas County adults experienced confusion or memory loss that was happening more often or was getting worse.
- As a result of confusion or memory loss, Lucas County adults needed the most assistance on the following: safety (such as forgetting to turn off the stove or falling) (9%), household activities (such as managing money or housekeeping) (8%), transportation (4%) and other areas (11%). 43% of adults did not need assistance.

Back Pain Prevention

The best things you can do to prevent back pain are:

- Exercise often and keep your back muscles strong.
- Maintain a healthy weight or lose weight if you weigh too much.
- Make sure you are getting enough calcium and vitamin D every day. This is very important to keep bones strong.
- Try to stand up straight and avoid heavy lifting when you can. If you do lift something heavy, bend your legs and keep your back straight.

(Source: National Institutes of Health, National Institute of Arthritis and Musculoskeletal and Skin Diseases, http://www.ninds.nih.gov/disorders/backpain/detail_back_pain.htm)

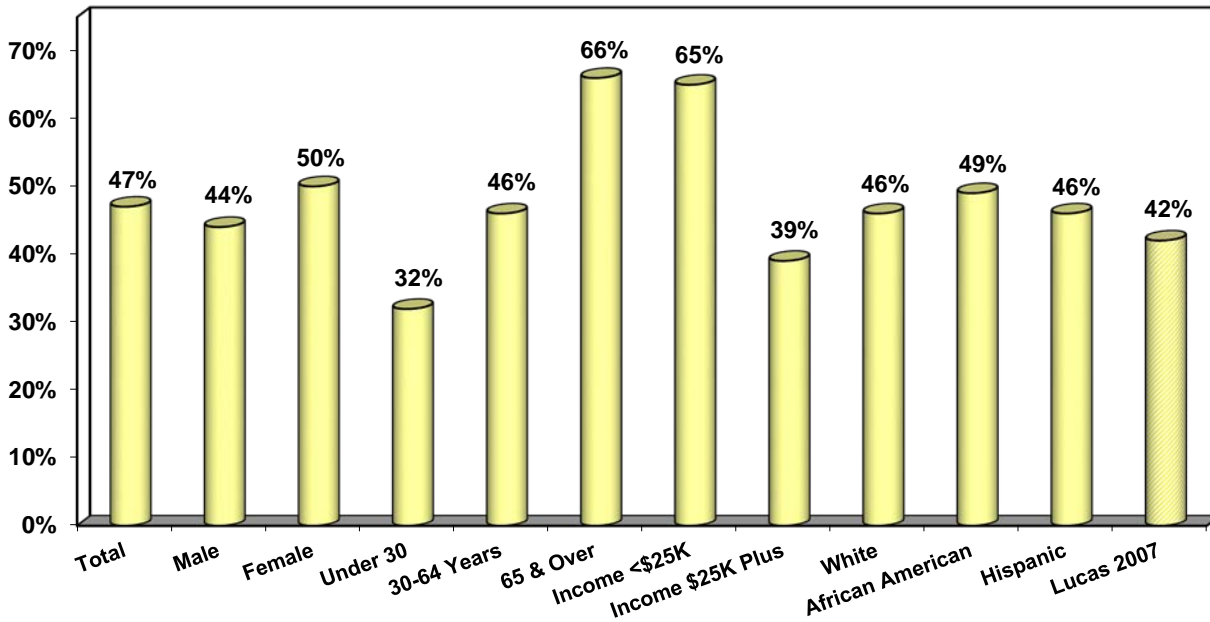
Preventing Memory Loss and Cognitive Decline

- Practices that contribute to healthy memory include exercising regularly, staying social, watching what you eat, managing stress, getting plenty of sleep, and not smoking.
- New research indicates that walking six miles to nine miles every week can prevent brain shrinkage and memory loss. Watch what you eat.
- According to the American Academy of Neurology, older adults who walked between 6 and 9 miles per week had more gray matter in their brains nine years after the start of the study than people who didn't walk as much.
- Ideas for brain exercise include playing games that involve strategy, reading newspapers, magazines, and books that challenge you, getting in the habit of learning new things, and taking a course in an unfamiliar subject that interests you.

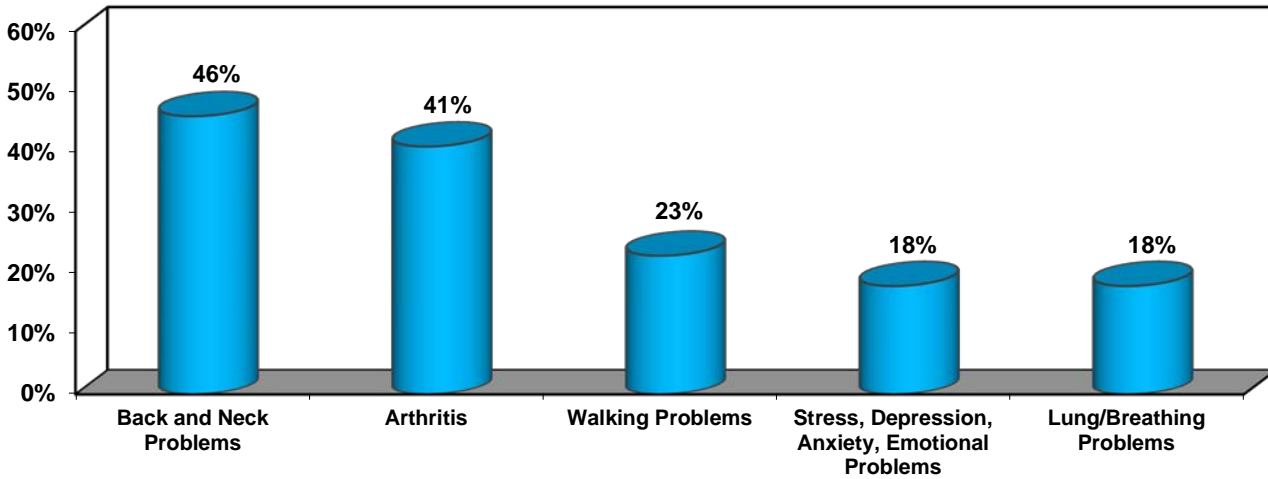
(Source: Help Guide, Age-Related Memory Loss, 2013, from: http://www.helpguide.org/life/prevent_memory_loss.htm)

The following graphs show the percentage of Lucas County adults that were limited in some way and the most limiting health problems. Examples of how to interpret the information shown on the graph include: 46% of Lucas County adults are limited in some way, 44% of males, and 66% of those 65 and older.

Lucas County Adults Limited in Some Way



Most Limiting Health Problems for Lucas County Adults



Healthy People 2020 Objectives

Arthritis

Objective	Lucas County 2014	Healthy People 2020 Target
AOCBC-2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	41%	36%

(Sources: Healthy People 2020 Objectives, 2014 Lucas County Health Assessment)

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Ohio 2012	U.S 2012
Limited in some way because of a physical, mental, or emotional problem	42%	N/A	47%	20%	20%

N/A – Not available

The Impact of Arthritis

- Arthritis is the most frequent cause of disability among adults in the United States, with osteoarthritis (OA) being the most common type.
- 67 million (25%) adults aged 18 years or older will have doctor-diagnosed arthritis by the year 2030.
- Data indicates that lack of exercise and age are marked risk factors for developing arthritis.
- Arthritis is a co-morbidity of diabetes, heart disease, high cholesterol, high blood pressure and obesity.
- Anxiety and depression can develop in people with diagnosed arthritis. Health care providers should screen all people with arthritis, for both anxiety and depression.

(Source: CDC, Arthritis Data and Statistics, 2011, http://www.cdc.gov/arthritis/data_statistics.htm & Murphy, LB. 2012. "Anxiety and depression among US adults with arthritis: Prevalence and correlates," <http://www.ncbi.nlm.nih.gov/pubmed/22550055>)

Adult | SOCIAL CONTEXT AND SAFETY

Key Findings

In 2014, 5% of Lucas County adults were threatened, and 6% were abused in the past year. 31% of adults kept a firearm in or around their home.

Social Context

- 5% of Lucas County adults were threatened to be abused in the past year. They were threatened by the following: a spouse or partner (35%), someone outside their home (33%), a child (11%), another family member (9%), a parent (7%), and someone else (33%).
- 6% of Lucas County adults were abused in the past year. They were abused by the following: a spouse or partner (51%), someone outside their home (43%), a child (11%), a parent (8%), another family member (3%), and someone else (7%).
- 28% of Lucas County adults attempted to get assistance from a social service agency. They looked for assistance from the following: Job & Family Services (14%), friend or family member (10%), church (6%), welfare department (5%), 2-1-1/United Way (5%), WIC or health department (1%), Associated Charities (1%), Lucas County Community Action Commission (1%), Open Arms (<1%), and somewhere else (4%). 3% did not know where to look for assistance.
- Lucas County adults received assistance for the following in the past year: food (15%), utilities (9%), healthcare (7%), rent/mortgage (7%), home repair (5%), transportation (5%), free tax preparation (3%), clothing (3%), legal aid services (2%), credit counseling (2%), and emergency shelter (<1%).
- In the past 30 days, 14% of adults were concerned about having enough food for themselves and their family, increasing to 36% of those with incomes less than \$25,000.
- Lucas County adults experienced the following in the past 12 months: death of a family member or close friend (39%), a close family member went to the hospital (34%), had bills they could not pay (23%), moved to a new address (10%), someone in their household lost their job (10%), someone in their household had their hours at work reduced (10%), household income was cut by 50% (9%), someone close to them had a problem with drinking or drugs (9%), became separated or divorced (4%), someone in their household went to jail (3%), had someone homeless living with them (3%), were financially exploited (3%), were hit or slapped by their spouse or partner (2%), were threatened by someone close to them (2%), were homeless (2%), their child was threatened by someone close to them (1%), were involved in a physical fight (1%), and their child was hit or slapped by their spouse or partner (<1%).
- 1% of adults have engaged in some type of sexual activity in exchange for something of value, such as food, drugs, shelter or money, increasing to 3% of those with incomes less than \$25,000.
- 51% of adults reported gambling in the past year. They reported the following types of gambling: lottery/scratch-offs (42%), casinos (21%), sports betting/office sports pool (5%), bingo (4%), dice, craps, poker (2%), and horse/dog track (1%).
- Among those who reported gambling, 94% reported never needing to gamble with larger amounts of money to get the same feeling of excitement. 4% reported sometimes, and <1% reported that most of the time they needed to gamble with larger amounts of money.
- 6% of those who gambled reported doing so while drunk or high.
- 3% of those who gambled reported lying to family members or others to hide their gambling.

Safety

- Lucas County adults reported their household had the following disaster/emergency supplies: cell phone (83%), working flashlight and working batteries (76%), cell phone with texting (74%), land-line telephone (54%), 3-day supply of nonperishable food for everyone in the household (50%), 3-day supply of prescription medication for each person who takes prescribed medicines (47%), working battery-operated radio and working batteries (40%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (29%), communication plan (17%), generator (11%), and a disaster plan (8%).
- Almost one-third (31%) of Lucas County adults kept a firearm in or around their home. 4% of adults reported they were unlocked and loaded.
- Adults with firearms in or around their home reported the following reasons for having them: protection (100%), hunting or sport (39%), work (10%), and other reasons (8%).

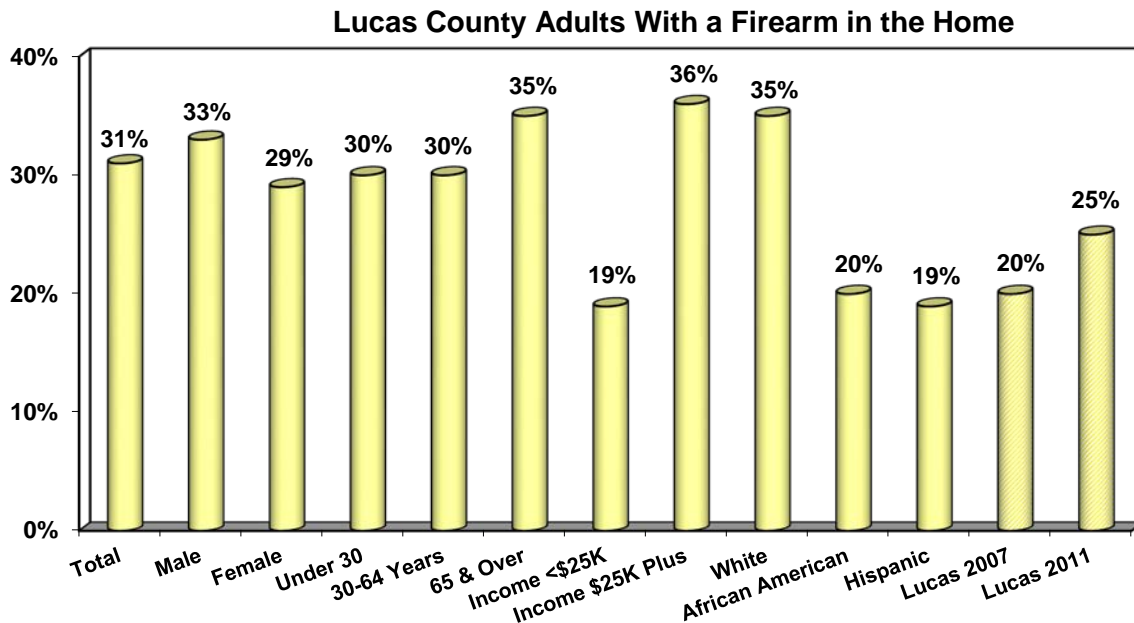
5% of Lucas County adults were threatened, and 6% were abused in the past year.

- Lucas County adults reported doing the following while driving: wearing a seatbelt (87%), eating (37%), talking on hand-held cell phone (36%), talking on hands-free cell phone (24%), texting (12%), using internet on their cell phone (7%), checking facebook on their cell phone (6%), being under the influence of alcohol (3%), reading (3%), being under the influence of drugs (1%), and other activities (such as applying makeup, shaving, etc.) (4%).
- Lucas County adults reported regularly using the following to reduce their risk of injury: seat belt (91%), sunscreen (50%), life jacket (19%), bike helmet (13%), and motorcycle helmet (4%).
- 67% of Lucas County adults reported deliberately testing all of the smoke detectors in their home within the past year. 10% have never tested the smoke detectors in their home.
- Lucas County adults considered their neighborhood to be extremely safe (14%), quite safe (47%), slightly safe (25%), and not safe at all (11%) from crime.

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Ohio 2012	U.S. 2012
Firearms kept in or around their home	20%	25%	31%	N/A	N/A

N/A - Not available

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: 31% of all Lucas County adults kept a firearm in their home, 33% of males, and 30% of those ages 30-64 kept a firearm in their home.



Victims of Gun Violence in America

- More than 100,000 people are shot in murders, assaults, suicides and suicide attempts, accidents or by police intervention in America in an average year.
 - 31,537 people die from gun violence and 71,386 people survive gun injuries.
- Every day, an average of 282 people are shot in America. Of those 282 people, 86 people die and 196 are wounded, but survive.
 - Of the 282 people who are shot every day, an average of 50 are children and teens.
 - Of the 86 people who die, 32 are murdered, 51 are suicides, 2 die accidentally and 1 from unknown intent.
 - Of the 196 people who are shot but survive, 140 are from assault, 43 are shot accidentally, 10 are suicide attempts, 2 are police interventions and 1 with an unknown intent.

(Source: Brady Campaign to Prevent Gun Violence, "There Are Too Many Victims of Gun Violence" fact sheet, retrieved from: <http://www.bradiycampaign.org/sites/default/files/GunDeathandInjuryStatSheet3YearAverageFINAL.pdf>)

Lucas County Driving Activity Statistics

- The table below shows activity that has been produced by the Ohio State Highway Patrol for Lucas County from 1/1/2014 through 3/31/2014.
- The table also shows a previous year comparison for the same time frame.

Year to Date Activity	2013	2014
Enforcement Stops	7,197	7,417
Non-Enforcement Activity	11,311	11,678
Warnings	6,575	6,614
Motorist Assists	3,254	3,735
Crashes Investigated	668	873
OVI Enforcement	569	608
Driving Under Suspension Enforcement	588	625
Seat Belt Enforcement	1,826	1,931
Commercial Vehicle Enforcement	354	522
Case Investigations Initiated	159	159
Felony Arrests	57	69
Felony Warrants Served	14	18
Misdemeanor Summons Issued	162	228
Misdemeanor Warrants Served	139	181
Drug Violations	135	192
Identity Theft Enforcements	0	1
Resisting Arrest Violations	21	7
Weapons Violations	14	10

(Source: Ohio State Highway Patrol Statistics, Lucas County Activity Statistics, Updated 6/26/2014, obtained from: <http://www.statepatrol.ohio.gov/statistics/statspage.asp?Area1=26&B2=Submit>)

Distracted Driving

- Distracted driving is driving while doing another activity that takes your attention away from driving. Distracted driving can increase the chance of a motor vehicle crash.
- Each day, more than 9 people are killed and more than 1,060 people are injured in crashes that were reported to involve a distracted driver.
- In 2011, 3,331 people were killed in crashes involving a distracted driver. An additional 387,000 people were injured in motor vehicle crashes involving a distracted driver in 2011
- 69% of drivers in the U.S. ages 18-64 reported that they had talked on their cell phone while driving, and 31% reported that they had read or sent text messages or email messages while driving at least once within the last 30 days.
- Nearly half of all U.S. high school students aged 16 years or older text or email while driving.

(Source: CDC, Distracted Driving, updated May 23, 2013, http://www.cdc.gov/motorvehiclesafety/distracted_driving/index.html)

Ohio State Highway Patrol Statistics

- Below are the yearly activity summaries and officer complaints from 2009-2013.
- In 2013 there were 64,468 total crashes in the state of Ohio.

Crashes Investigated	2009	2010	2011	2012	2013	5 Year Total
Total Crashes	67,695	69,077	66,628	64,561	64,468	333,429
Fatal	494	514	499	535	468	2,510
Injury	20,271	20,741	20,118	19,498	18,586	99,214
Property/Unknown	46,930	47,822	46,011	44,528	46,414	231,705

Traffic Enforcement	2009	2010	2011	2012	2013	5 Year Total
Total Contacts	1,428,830	1,386,383	1,404,060	1,495,564	1,582,694	7,307,531
Enforcement	523,525	514,247	512,125	567,858	601,371	2,719,126
Non-Enforcement	915,305	872,136	891,935	927,706	981,323	4,588,405
OVI Arrests	24,254	22,090	23,747	24,529	24,128	118,748
Speed Citations	318,543	325,423	323,477	362,821	381,500	1,711,765
Safety Belt Citations	98,039	86,623	84,176	91,595	97,463	457,896
Driver License Citations	26,019	25,367	25,656	28,299	32,344	137,685
Traffic Warnings	410,659	371,085	367,739	409,029	440,349	1,998,861
Motorist Assists	324,906	308,573	312,104	304,293	291,837	1,541,713

Crime Enforcement	2009	2010	2011	2012	2013	5 Year Total
Cases	11,191	11,209	9,040	9,244	9,975	50,659
Stolen Vehicles Recovered	673	676	653	735	654	3,391
Drug Arrests	5,327	5,665	6,164	7,644	9,628	34,428
Illegal Weapon Arrests	315	332	362	395	568	1,972
Resisting Arrests	733	682	726	721	731	3,593

(Source: OSHP Computer-Aided Dispatch (CAD) System and DPS Electronic Crash Record System. Updated: 01/30/2014)

Traffic Stop Data

- This data is compiled from all traffic stops in which a citation, inspection, warning, or vehicle defect notice was issued by Ohio State Highway Patrol Troopers in 2013.

Crime Enforcement	Asian	Black	Hispanic	White	Unknown	Total
Traffic Stop Contracts	13,558	131,805	21,701	818,994	4,278	991,001

(Source: Ohio State Highway Patrol Statistics, obtained from: <http://www.statepatrol.ohio.gov/statistics/statspage2.asp>)

Complaint Data

- This data represents all citizen complaints filed with the Ohio State Highway Patrol from January – December 2013.
- In 2013, there were a total of 30 filed citizen complaints.

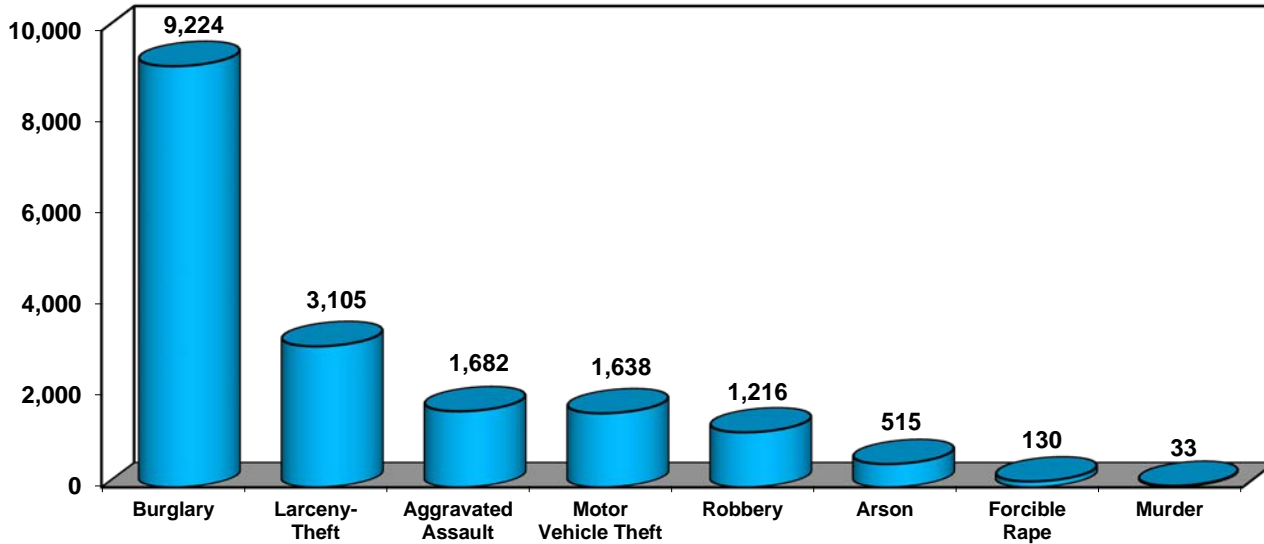
	Citizen Complaints Filed	Chargeable Findings	Non-Chargeable Findings
Harassment	2	0	2
Sexual Harassment	0	0	0
Racial Harassment	0	0	0
Improper or Unfair Enforcement Practices	1	0	1
Arrest Complaint	6	1	5
Mistakes and/or Poor Quality Reports	0	0	0
Failure to Assist Public	1	1	0
Improper Vehicle Operation	1	1	0
Dishonesty, Untruthfulness, Falsification	0	0	0
Improper Use of Electronic Equipment	0	0	0
Personal Activity of Employee	1	0	1
Failure to Act	0	0	0
Care of Recovered Property	0	0	0
Excessive Force	0	0	0
Other Agency / Beyond Our Control	0	0	0
Negligence by Employee	2	0	2
Improper Interaction with Other Public Service Agencies	0	0	0
Verbal Abuse	2	2	0
Unprofessional Demeanor (attitude)	7	4	3
Racially Biased Traffic Stop or Enforcement	1	0	1
Personal Conduct while Off Duty	1	0	1
Misuse of LEADS	0	0	0
Lost or Damaged Property	0	0	0
Request for Bribes or Gratuities by Employee	4	3	1
Use of Position for Personal Gain	1	0	1
Conducting Personal Business While on Duty	0	0	0
Total Complaints	30	12	18

(Source: Ohio State Highway Patrol Statistics, obtained from: <http://www.statepatrol.ohio.gov/statistics/statspage2.asp>)

Crime Data

- In 2011, the total population in Lucas County was 403,046.
- There were a total of 13,967 property crimes and 3,061 violent crimes in 2011.

Total Number of Crimes in Lucas County in 2011



(Source: Office of Criminal Justice Services, Crime Statistics and Crime Reports, 2011, from http://www.ocjs.ohio.gov/crime_stats_reports.stm)

Arrests/Incarceration Data

- In 2012, the total inmate population in the state of Ohio was 50,616.
- In FY 2014, the total budget is \$1,581,403,588. The budget has increased \$18,304,782 since FY 2013.
- The average daily cost per inmate in 2012 was \$62.57, and the annual budget was \$22,836.34.

Ohio Department of Rehabilitation and Correction Counts	2012
Inmates Under 18 Years of Age	20
Inmates Over 50 Years of Age	7,400
Pregnant Females	46
Mothers/Babies in the ABC Nursery	2
Inmates Serving Life Without Parole (LWOP)	447

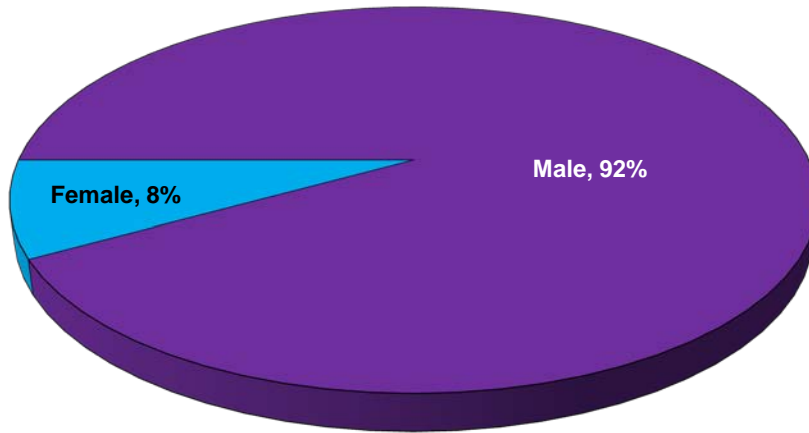
Age Range of Offender Population	2012
Male	37.00 years
Female	36.92 years
Average Stay in Prison	2.03 years

(Source: Ohio Department of Rehabilitation and Correction, Fact Sheet, January 2014, from <http://www.drc.ohio.gov/web/Reports/FactSheet/January%202014.pdf>)

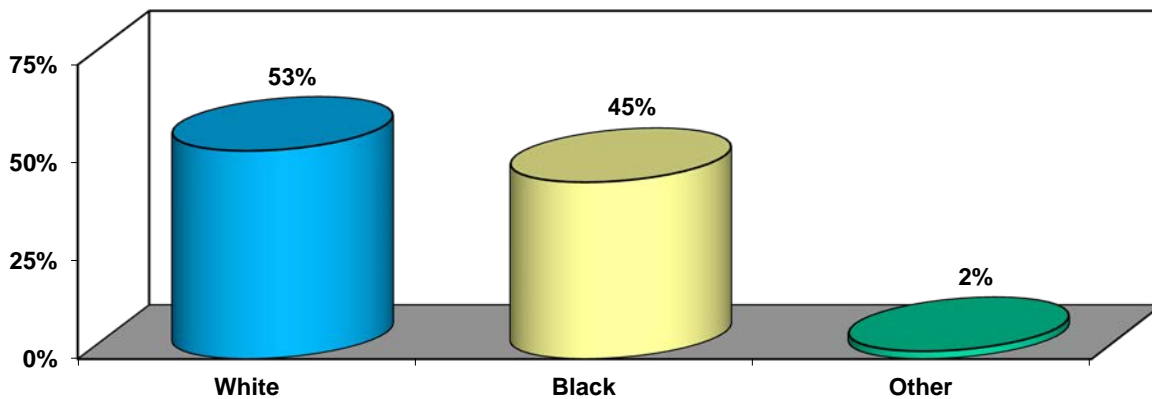
The following graphs show the Ohio inmate population in 2012 by gender and race. These graphs show:

- The percentage of Ohio males who are incarcerated is 11.5 times higher than the percentage of females.
- More than half of the Ohio population that is incarcerated is White, followed by African Americans at 45%.

Inmate Population by Gender, 2012



Inmate Population by Race, 2012



(Source: Ohio Department of Rehabilitation and Correction, Fact Sheet, January 2014, from <http://www.drc.ohio.gov/web/Reports/FactSheet/January%202014.pdf>)

Adult | MENTAL HEALTH AND SUICIDE

Key Findings

In 2014, 3% of Lucas County adults considered attempting suicide. 19% of adults had a period of two or more weeks when they felt sad, blue or depressed.

Adult Mental Health

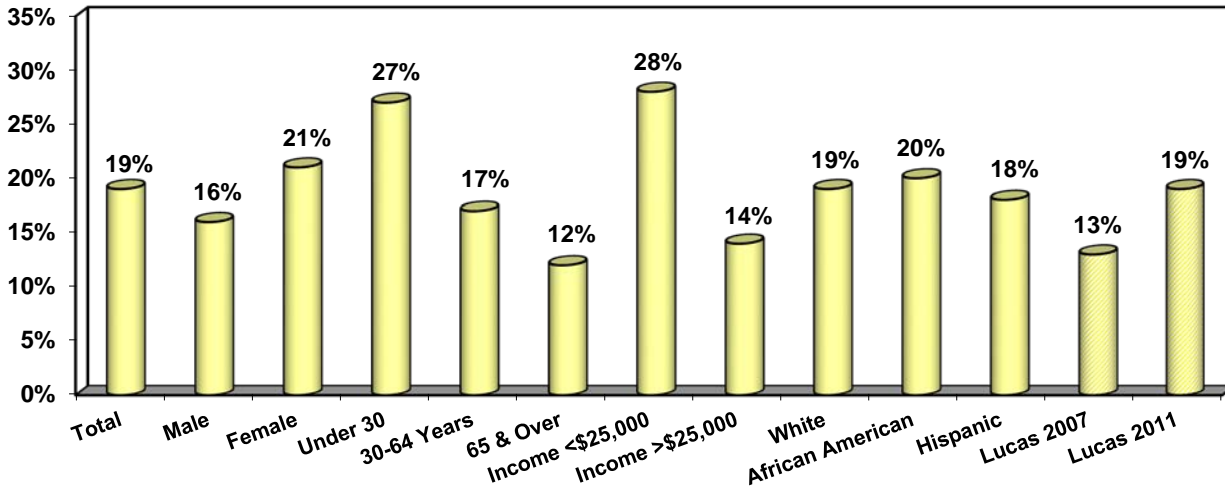
- In the past year, 19% of Lucas County adults had a period of two or more weeks when they felt sad, blue or depressed, increasing to 27% of those under the age of 30 and 28% of those with incomes less than \$25,000.
- Lucas County adults also had a period of two or more weeks when they did not get enough rest or sleep (34%), felt worried, tense or anxious (25%), had high stress (21%), and felt very healthy and full of energy (12%).
- 3% of Lucas County adults considered attempting suicide in the past year.
- Less than one percent (<1%) of adults reported attempting suicide in the past year.
- Lucas County adults reported that they or a family member had been diagnosed or treated for the following mental health issues in the past year: depression (25%), anxiety or emotional problems (19%), anxiety disorder (17%), attention deficit disorder (ADD/ADHD) (14%), bipolar (9%), illicit drug use (5%), psychotic disorder (4%), and some other mental health disorder (7%).
- 22% of adults reported they or a family member have taken medications for one or more of the above mental health issues.
- 16% of Lucas County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included: could not afford to go (5%), had not thought of it (4%), co-pay/deductible too high (3%), stigma of seeking mental health services (3%), did not feel the services they received were good (3%), other priorities (3%), did not know how to find a program (3%), fear (2%), transportation (2%), could not get to the office (1%), and other reasons (3%). 66% of adults indicated they did not need such a program.

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Ohio 2012	U.S. 2012
Two or more weeks in a row felt sad, blue or depressed	13%	19%	19%	N/A	N/A
Considered attempting suicide	3%	3%	3%	N/A	N/A

N/A - Not available

The following graph shows Lucas County adults who felt sad or hopeless for two or more weeks in a row in the past year. Examples of how to interpret the information in the graph include: 19% of all Lucas County adults felt sad or hopeless for two or more weeks in a row, 16% of males, and 21% of females.

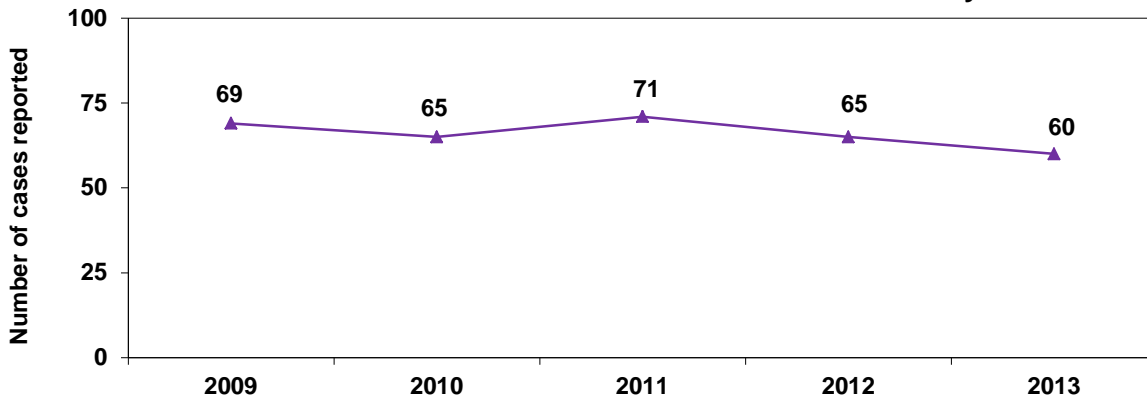
Lucas County Adults Feeling Sad, Blue or Depressed for Two or More Weeks in a Row in the Past Year



The following graph shows the Lucas County suicide counts. The graph shows:

- The Lucas County suicide count fluctuated and decreased overall in 2013.
- From 2009-2013, there were 330 suicide deaths in Lucas County.

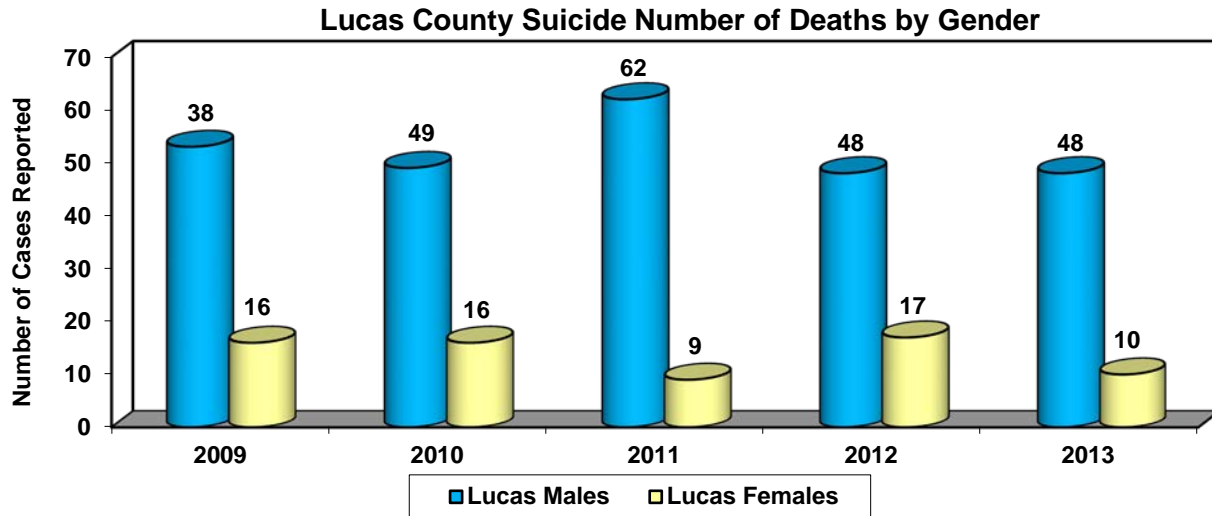
Annualized Count of Suicide Deaths for Lucas County



(Source: Lucas County Coroner's Office, Lucas County Statistics, 2009-2013)

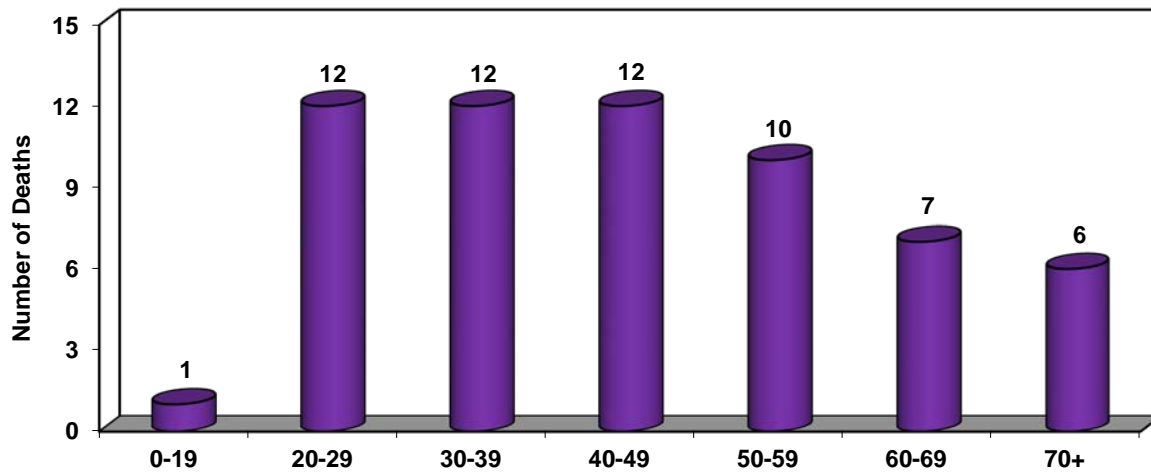
The following graphs show the Lucas County suicide counts. The graphs show:

- The Lucas County male age-adjusted suicide count consistently exceeded the female count from 2009 to 2013.
- In 2013, 82% of suicide deaths were males.
- In 2013, 60% of all Lucas County suicide deaths occurred to those ages 20-49 years old.



* 2 suicides did not have the gender data reported for the 2013 data set.

Lucas County Number of Suicide Deaths By Age Group 2013 Total Deaths = 60



(Source: Lucas County Coroner's Office, Lucas County Statistics, 2009-2013)

Warning Signs for Suicide

More than 90 percent of people who kill themselves are suffering from one or more psychiatric disorders, in particular:

- Major depression
- Bipolar depression
- Schizophrenia
- Drug abuse & dependence
- Alcohol abuse & dependence
- Post-Traumatic Stress Disorder (PTSD)
- Eating disorders
- Personality disorders

The core symptoms of major depression are a “down” or depressed mood most of the day or a loss of interest or pleasure in activities that were previously enjoyed for at least two weeks, as well as:

- Changes in sleeping patterns
- Change in appetite or weight
- Intense anxiety, agitation, restlessness
- Fatigue or loss of energy
- Decreased concentration, indecisiveness, or poorer memory
- Feelings of hopelessness, worthlessness, self-reproach or excessive or inappropriate guilt
- Recurrent thoughts of suicide

Prevention: Take it Seriously

Fifty to 75% of all suicides give some warning of their intentions to a friend or family member.

Recognize the *Imminent Dangers*:

- Threatening to hurt or kill oneself
- Talking or writing about death, dying, or suicide
- Looking for ways to kill oneself (weapons, pills, or other means)
- Has made plans or preparations for a potentially serious attempt

(Source: American Foundation for Suicide Prevention, *When You Fear Someone May Take Their Life*, <https://www.afsp.org/>)

Mental Health Services in Ohio

(Ohio Facts 2012, FY 2011*)

- In FY 2011, mental health services spending totaled \$1.33 billion in Ohio. In FY 2011, state hospitals served 6,730 individuals at a cost of \$214.6 million. Average daily cost per resident was \$602.
- In FY 2011, Ohio’s 50 community-based behavioral health boards served over 360,000 individuals throughout the state.
- In FY 2011, approximately 268,500 individuals received Medicaid mental health services through ODMH.

(Sources: U.S. Department of Health and Human Services, Ohio Department of Mental Health, <http://www.lsc.state.oh.us/fiscal/ohiofacts/sept2012/health&humanservices.pdf>)

Adult and Youth | ORAL HEALTH

Key Findings

The 2014 Health Assessment project has determined that nearly two-thirds (66%) of Lucas County adults had visited a dentist or dental clinic in the past year. The 2012 BRFSS reported that 67% of U.S. adults and 68% of Ohio adults had visited a dentist or dental clinic in the previous twelve months. Over three-fourths (76%) of Lucas County youth in grades 7-12 had visited the dentist for a check-up, exam, teeth cleaning, or other dental work in the past year. (2013 YRBS reported 75% for Ohio).

Lucas County Dental Care Resources – 2012

- Number of licensed dentists- 265
- Number of primary care dentists- 214
- Ratio of population per dentist- 1,653:1
- Number of dentists who treat Medicaid patients- 136
- Ratio of Medicaid population per dentist who treats Medicaid patients- 917:1

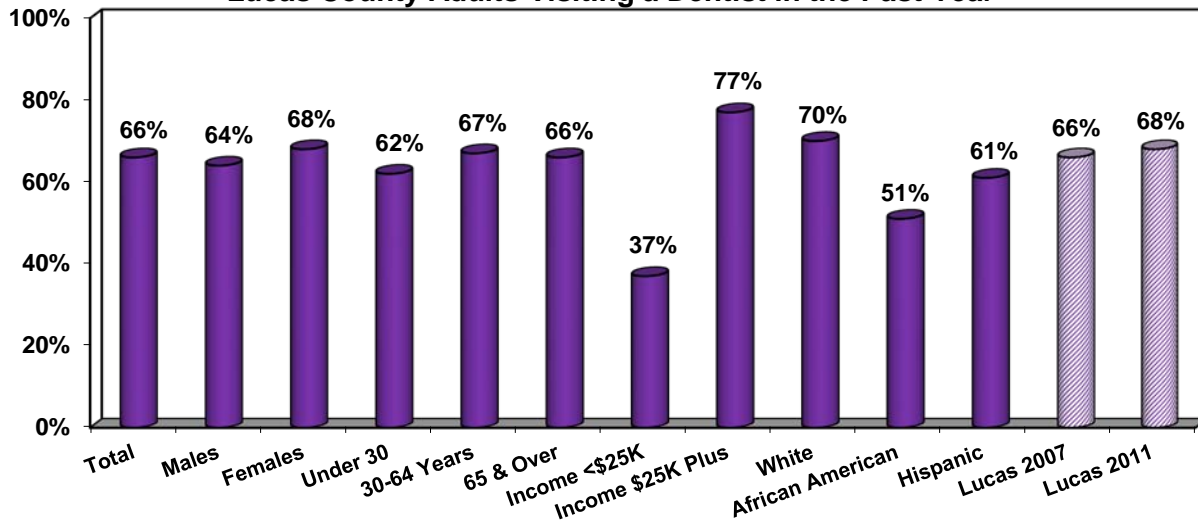
(Source: ODH Ohio Oral Health Surveillance System, 2012)

Access to Dental Care

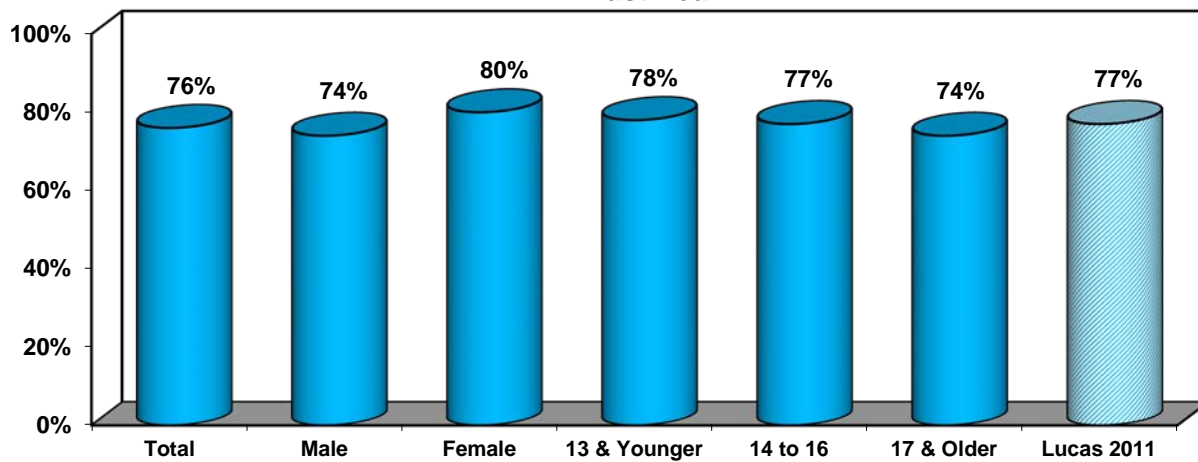
- In the past year, 66% of Lucas County adults had visited a dentist or dental clinic, decreasing to 37% of adults with annual household incomes less than \$25,000.
- The 2012 BRFSS reported that 67% of U.S. adults and 68% of Ohio adults had visited a dentist or dental clinic in the previous twelve months.
- Nearly three-fourths (74%) of Lucas County adults with dental insurance have been to the dentist in the past year, compared to 58% of those without dental insurance.
- When asked the main reason for not visiting a dentist in the last year, 25% said cost, 12% had no oral health problems, 10% said fear, apprehension, nervousness, pain, and dislike going, 6% had not thought of it, 6% had other priorities, 4% did not have/know a dentist, 2% could not find a dentist to who took Medicaid, 2% could not get into a dentist, 1% said their dentist did not accept their medical coverage, and <1% could not find a dentist who treated special needs clients. 10% of adults reported multiple reasons for not visiting the dentist in the past year.
- More than two-fifths (42%) of adults had one or more of their permanent teeth removed, increasing to 69% of those ages 65 and over. The 2012 BRFSS reported that 45% of U.S. adults and 46% of Ohio adults had one or more permanent teeth removed.
- The 2014 Health Assessment reports that 11% of Lucas County adults ages 65 and over had all of their permanent teeth removed. The 2012 BRFSS reported that 16% of U.S. adults and 20% of Ohio adults ages 65 and over had all of their permanent teeth removed.
- Lucas County adults had the following oral health issues: pain (10%), difficulty eating and chewing (9%), oral bleeding (9%), problems with dentures (4%), loose teeth (4%), no teeth (3%), and skipped meals due to pain (2%).
- Lucas County adults did the following at least once per day in the past year: brushed their teeth (94%), flossed their teeth (44%), and used mouthwash (44%).
- Lucas County youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work: less than a year ago (76%), (2013 YRBS reported 75% for Ohio), 1 to 2 years ago (10%), more than 2 years ago (3%), never (1%), and do not know (10%).

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: 66% of all Lucas County adults had been to the dentist in the past year, 62% of those under the age of 30, and 37% of those with incomes less than \$25,000.

Lucas County Adults Visiting a Dentist in the Past Year



Lucas County 7th-12th Grade Youth Who Visited a Dentist Within the Past Year



Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
Time Since Last Visit to Dentist/Dental Clinic					
Males	64%	7%	10%	15%	0%
Females	68%	12%	10%	8%	0%
Total	66%	10%	10%	11%	<1%

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

Youth Comparisons	Lucas County 2011 (9 th -12 th)	Lucas County 2013/14 (5 th -6 th)	Lucas County 2013/14 (7 th -8 th)	Lucas County 2013/14 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Youth who have visited the dentist in the past year	79%	72%	74%	77%	75%	N/A

N/A – Not Available

Adult Comparisons	Lucas County 2007	Lucas County 2011	Lucas County 2014	Ohio 2012	U.S. 2012
Adults who have visited the dentist in the past year	66%	68%	66%	68%	67%
Adults who had one or more permanent teeth removed	N/A	45%	42%	46%	45%
Adults 65 years and older who had all of their permanent teeth removed	N/A	18%	11%	20%	16%

N/A – Not Available

Oral Health in Older Adults

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

(Source: American Dental Association: Oral Longevity Questions and Answers, from: <http://www.ada.org/sections/publicResources/pdfs/faq.pdf>)

African American | QUALITY OF LIFE AND SAFETY

Key Findings

One-fifth (20%) of African Americans kept a firearm in or around their home. 51% of African Americans attempted to get assistance from a social service agency. Nearly half (49%) were limited in some way because of a physical, mental or emotional problem.

- African American adults were more likely than whites to:
 - Have attempted to get assistance from a social service agency (51% compared to 21% of whites).
 - Have been concerned about having enough food for themselves or their family (29% compared to 9% of whites).
 - Have tested the smoke detectors in their home within the past year (75% compared to 65% of whites).
 - Have been limited in some way because of a physical, mental or emotional problem (49% compared to 46% of whites).
- African American adults were less likely than Whites to:
 - Have reported wearing a seatbelt while driving a car (74% compared to 91% of Whites).
 - Have a firearm in or around their house (20% compared to 35% of whites).
 - Have considered their neighborhood to be extremely safe (8% compared to 16% of whites).
 - Have engaged in some form of gambling (49% compared to 52% of whites).
- African American adults were equally as likely as whites to:
 - Have engaged in sexual activity in exchange for something of value (1%).

Gun Violence Statistics

- The United States experiences epidemic levels of gun violence, claiming over 30,000 lives annually.
- For every person who dies from a gunshot wound, two others are wounded.
- Every year, approximately 100,000 Americans are victims of gun violence.
- Firearm homicide is the leading cause of death for African Americans ages 1-44.
- African Americans make up nearly 13% of the U.S. population, but in 2009 suffered almost 24% of all firearm deaths, and over 55% of all firearm homicides.

(Source: Law Center to Prevent Gun Violence, Gun Violence Statistics, 11/18/2012, from: <http://smartgunlaws.org/category/gun-studies-statistics/gun-violence-statistics/>)

Quality of Life

- One-fifth (20%) of Lucas County African American adults kept a firearm in or around their home. 3% of adults reported they were unlocked and loaded.
- One in twelve (8%) African American adults considered their neighborhood to be extremely safe. 33% reported it was quite safe. 32% reported slightly safe, and 19% reported not safe at all.
- 9% of Lucas County African American adults were threatened in the past year. They were threatened by the following: a spouse or partner (40%), another family member (20%), another person outside their home (13%), a parent (13%), a child (7%), and someone else (33%).
- 10% of Lucas County African American adults were abused in the past year. They were abused by the following: a spouse or partner (56%), another person outside the home (31%), a child (13%), another family member (13%), parent (6%), and someone else (6%). (Percentages may be greater than 100% due to the respondent reporting abuse from more than one source.)

- 51% of Lucas County African American adults attempted to get assistance from a social service agency. They looked for assistance from the following: Job & Family Services (25%), church (14%), friend or family member (13%), 2-1-1/United Way (13%), welfare department (11%), Lucas County Community Action Commission (2%), Associated Charities (1%), Open Arms (1%), and somewhere else (8%). 4% did not know where to look for assistance.
- 49% of African American adults reported gambling in the past year. They reported the following types of gambling: lottery/scratch off (41%), casinos (14%), sports betting/office sports pools (3%), bingo (1%), dice, craps, poker (1%).

Intimate Partner Violence (IPV) Risk Factors in the African American Community

- Intimate partner violence among African Americans is related to economic factors. Intimate partner violence among blacks occurs more frequently among couples with low incomes, those in which the male partner is underemployed or unemployed, particularly when he is not seeking work, and among couples residing in very poor neighborhoods, regardless of the couple's income.
- When income and neighborhood characteristics are controlled for, racial differences in IPV are greatly reduced.
- Alcohol problems (drinking, binge drinking, and dependency) are more frequently related to intimate partner violence for African Americans than for whites or Hispanics.
- As with other abusive men, African American men who batter are higher in jealousy and the need for power and control in the relationship.
- Among African American women killed by their partner, almost half were killed while in the process of leaving the relationship.

(Source: University of Minnesota, Institute on Domestic Violence in the African American Community, http://www.idvaac.org/media/publications/FactSheet.IDVAAC_AAPCFV-Community%20Insights.pdf)

African American | HEALTH CARE ACCESS, COVERAGE & UTILIZATION

Key Findings

According to the 2012 U.S. Census demographic profile data, approximately 84,787 African Americans live in Lucas County (19.4%). The 2014 Health Assessment indicates that one-fourth (25%) of African Americans did not have health care coverage. 29% rated their health as fair or poor.

Health Status

- African American adults were more likely than whites to:
 - Have rated their health status as fair or poor (29% compared to 14% of whites).
 - Have rated their mental health as not good on four or more days in the previous month (32% compared to 24% of whites).
- African American adults were equally as likely as whites to:
 - Have rated their physical health as not good on four or more days in the previous month (22%).

Uninsured African Americans

- 18% of African Americans under 65 years of age are without health insurance coverage.
- Over 103 million African Americans suffer disproportionately in the health care system.
- A larger share of African Americans and Latinos lack a usual place of health care, and they are less than half as likely as whites to have a regular doctor.

(Source: NAACP, Health care Fact Sheet, from: <http://www.naacp.org/pages/health-care-fact-sheet>)

29% of Lucas County African Americans rated their health as fair or poor.

Health Care Coverage

- 25% of African American adults did not have health care coverage, compared to 11% of whites.
- African American adults used the following types of health care coverage: employer (35%), Medicare (18%), Medicaid or medical assistance (17%), multiple-including government sources (13%), multiple-including private sources (5%), someone else's employer (5%), self-paid plan (2%), Health Insurance Marketplace (2%), military, CHAMPUS, TriCare, or VA (1%), and other (1%).

Health Care Utilization

- Lucas County African American adults reported that when their children were sick or needed advice about their health, they usually went to the following: a private doctor's office (48%), hospital emergency room (12%), community health center (7%), an urgent care center (3%), and the health department (2%). 7% reported they did not have a particular place to go.

- African American adults were more likely than whites to:
 - Have rated their satisfaction with their overall health care as fair or poor (26% compared to 12% of whites).
 - Have taken their children to the emergency room when they were sick or needed health advice (12% compared to 2% of whites).
 - Have had one or more of their permanent teeth removed (60% compared to 38% of whites).
 - Have looked for a program for depression or anxiety (20% compared to 16% of whites).
 - Have looked for a program to control alcohol abuse (4% compared to 2% of whites).
 - Have looked for a program to stop smoking (12% compared to 6% of whites).
 - Have looked for a program for drug abuse (5% compared to 3% of whites).

- African American adults were less likely than whites to:
 - Have rated their satisfaction with their overall health care as excellent or very good (40% compared to 55% of whites).
 - Have gone to the dentist in the past year (51% compared to 70% of whites).

Adult Comparisons	Lucas County African Americans 2007	Lucas County African Americans 2011	Lucas County African Americans 2014	Ohio African Americans 2012	U.S. African Americans 2012
Rated health as fair or poor	25%	26%	29%	25%	22%
Uninsured	12%	25%	25%	22%	24%

(Source: 2014 Lucas County Health Assessment and 2012 BRFSS)

African American | CHRONIC DISEASES & PREVENTION

Key Findings

In 2014, 21% of African Americans were diagnosed with diabetes and 49% with high blood pressure. 74% of African Americans were either overweight or obese.

Health Status

- African American adults were more likely to have been diagnosed with:
 - High blood pressure (49% compared to 32% of whites).
 - Asthma (15% compared to 11% of whites).
 - Diabetes (21% compared to 13% of whites).
 - Depression (20% compared to 19% of whites).
 - Cancer (11% compared to 10% of whites).
- African American adults were less likely to have been diagnosed with:
 - High blood cholesterol (23% compared to 26% of whites).
 - Arthritis (18% compared to 19% of whites).
- African American adults were more likely than whites to:
 - Have angina (5% compared to 4% of whites).
 - Have survived a heart attack (8% compared to 4% of whites).
 - Be overweight or obese (74% compared to 67% of whites).
 - Have used marijuana in the past 6 months (20% compared to 7% of whites).
 - Have used a program or service to help with drug problems for either themselves or a loved one (5% compared to 2% of whites).
 - Have had a mammogram in the past year (49% compared to 42% of whites).
 - Have done a self-breast exam in the past year (49% compared to 37% of whites).
 - Be a current smoker (33% compared to 16% of whites).
 - Have tried to quit smoking (79% compared to 71% of whites).
 - Have used chewing tobacco, snuff or snus (5% compared to 2% of whites).
 - Have smoked or allowed someone to smoke inside their home in the past month (41% compared to 18% of whites).
 - Have had two or more sexual partners in the past year (17% compared to 6% of whites).
 - Have been forced to have sexual intercourse when they did not want to (9% compared to 5% of whites).
 - Have seriously considered attempting suicide (5% compared to 2% of whites).
 - Have engaged in physical activity or exercise for at least 30 minutes on 3 or more days per week (55% compared to 50% 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. Cancer (23%)
3. Chronic Lower Respiratory Diseases (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. Cancer (23%)
3. Diabetes Mellitus (8%)
4. Stroke (7%)
5. Chronic Lower Respiratory Disease (4%)

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

- African American adults were less likely than whites to:
 - Have heart disease (5% compared to 7% of whites).
 - Have had their blood pressure checked within the past year (87% compared to 90% of whites).
 - Have had their blood cholesterol checked within the past 5 years (79% compared to 81% of whites).
 - Have received a seasonal flu vaccine in the past year (40% compared to 55% of whites).
 - Have had a preventive screening for skin cancer (5% compared to 21% of whites).
 - Have had a preventive screening for oral cancer (8% compared to 23% of whites).
 - Have consumed alcohol in the past 30 days (46% compared to 58% of whites).
 - Be considered a frequent drinker (27% compared to 43% of whites).
 - Have driven after drinking any alcoholic beverages (22% compared to 34% of whites).
 - Have had a clinical breast exam in the past year (53% compared to 57% of whites).
 - Have had a pap smear in the past year (42% compared to 49% of whites).
 - Have had a digital rectal exam in the past year (21% compared to 23% of whites).
 - Have been taught by a healthcare professional how to do a testicular exam (20% compared to 29% of whites).
 - Have done a self-testicular exam in the past year (8% compared to 19% of whites).
 - Have had a preventive screening for colorectal cancer (24% compared to 33% of whites).
 - Have eaten 5 or more servings of fruits and vegetables per day (4% compared to 7% of whites).
 - Have attempted suicide (0% compared to <1% of whites).

74% of African Americans in Lucas County were overweight or obese in 2014.

Preventive Medicine and Health Screenings

- Lucas County African American adults have had the following vaccines: pneumonia vaccine in their lifetime (23%), tetanus booster (including Tdap) in the past 10 years (21%), Zoster (shingles) vaccine in their lifetime (5%), pertussis vaccine in the past 10 years (2%), and human papillomavirus vaccine in their lifetime (2%).

Tobacco Use

- 33% of Lucas County African Americans were smokers.
- Lucas County African American adults used the following tobacco products: cigarettes (36%), Black and Milds (14%), cigarillos (6%), roll-your-own cigarettes (5%), cigars (5%), swishers (5%), e-cigarettes (5%), hookah (3%), little cigars (2%), pipes (2%), chewing tobacco (2%), flavored cigarettes (1%), and snus (1%).

Alcohol Use

- Of those who drank, Lucas County African American adults drank 5.6 drinks on average, compared to 3.8 drinks for whites.

Weight Control/Physical Activity/Diet and Nutrition

- One-third (33%) of African American adults were trying to lose weight, 30% were trying to maintain their current weight or keep from gaining weight, and 15% were trying to gain weight.
- 34% of African American adults described themselves as being either slightly or very overweight. 6% of adults described themselves as obese.

- Lucas County African American adults spent an average of 4.1 hours watching TV, 2.2 hours on their cell phone, 1.6 hours on the computer (outside of work), and 0.4 hours playing video games on an average day of the week.
- Lucas County African American adults reported the following reasons they chose the types of food they eat: taste (57%), cost (47%), enjoyment (43%), food that they are used to (39%), healthiness of food (36%), availability (34%), ease of preparation (23%), time (18%), what their spouse prefers (16%), calorie content (14%), what their child prefers (13%), health care provider's advice (5%), and other (4%).

Adult Comparisons	Lucas County African Americans 2007	Lucas County African Americans 2011	Lucas County African Americans 2014	Ohio African Americans 2012	U.S. African Americans 2012
Obese	44%	47%	39%	39%	37%
Overweight	37%	28%	35%	31%	34%
Diagnosed with diabetes	22%	17%	21%	16%	15%
Diagnosed with asthma	20%	14%	15%	18%	17%
Current drinker	40%	43%	46%	46%	46%
Current smoker	26%	25%	33%	29%	23%

(Source for Ohio and U.S. is the 2012 BRFSS)

African Americans and Diabetes

- Compared to the general population, African Americans are disproportionately affected by diabetes:
 - 4.9 million (18.7%) of all African Americans 20 years or older have diabetes.
 - African Americans are 1.8 times more likely to have diabetes as non-Hispanic whites.
- Diabetes is associated with an increased risk for a number of serious, sometimes life-threatening complications, and certain populations experience an even greater threat. Good diabetes management can help reduce your risk; however, many people are not even aware that they have diabetes until they develop one of its complications.
 - Blindness:** African Americans are almost 50 percent as likely to develop diabetic retinopathy as non-Hispanic whites.
 - Kidney Disease:** African Americans are 2.6 to 5.6 times as likely to suffer from kidney disease.
 - Amputations:** African Americans are 2.7 times as likely to suffer from lower-limb amputations.

(Source: American Diabetes Association, African Americans & Complications, from: <http://www.diabetes.org/living-with-diabetes/complications/african-americans-and-complications.html>)

Hispanic | QUALITY OF LIFE AND SAFETY

Key Findings

Almost one-fifth (19%) of Hispanics kept a firearm in or around their home. 39% of Hispanics attempted to get assistance from a social service agency. Nearly half (46%) were limited in some way because of a physical, mental or emotional problem.

- Hispanic adults were more likely than whites to:
 - Have attempted to get assistance from a social service agency (39% compared to 21% of whites).
 - Have been concerned about having enough food for themselves or their family (27% compared to 9% of whites).
 - Have tested the smoke detectors in their home within the past year (70% compared to 65% of whites).
- Hispanic adults were less likely than whites to:
 - Have reported wearing a seatbelt while driving a car (87% compared to 91% of whites).
 - Have a firearm in or around their house (19% compared to 35% of whites).
 - Have considered their neighborhood to be extremely safe (13% compared to 16% of whites).
 - Have engaged in some form of gambling (42% compared to 52% of whites).

Impact of Arthritis on Hispanics

- Arthritis is the leading cause of disability in the United States, affecting 1 in 5 adults.
- Arthritis causes more pain and limitations for Hispanics than for whites.
- Hispanics were 46% less likely to report having arthritis than whites. However, Hispanics with arthritis were almost twice as likely to report severe joint pain and work limitations attributed to their arthritis when compared to whites.
- The reason for the racial and ethnic differences, while unknown, may result from a lack of access to health care, language barriers and cultural differences.

Source: Centers for Disease Control and Prevention
CDC Newsroom, 2010,
<http://www.cdc.gov/media/pressrel/2010/r100415.htm>

Quality of Life

- Almost one-fifth (19%) of Lucas County Hispanic adults kept a firearm in or around their home. 4% of adults reported they were unlocked and loaded.
- One in eight (13%) Hispanic adults considered their neighborhood to be extremely safe. 50% reported it was quite safe. 24% reported slightly safe, and 10% reported not safe at all.
- 5% of Lucas County Hispanic adults were threatened in the past year. They were threatened by the following: a spouse or partner (50%), another person outside their home (40%), a parent (10%), another family member (10%), and someone else (20%).
- 9% of Lucas County Hispanic adults were abused in the past year. They were abused by the following: a spouse or partner (35%), another person outside their home (35%), another family member (12%), a parent (6%), and someone else (24%). (Percentages may be greater than 100% due to the respondent reporting abuse from more than one source.)
- 39% of Lucas County Hispanic adults attempted to get assistance from a social service agency. They looked for assistance from the following: Job & Family Services (21%), friend or family member (13%), 2-1-1/United Way (7%), WIC or health department (7%), welfare department (6%), church (4%), Associated Charities (2%), and somewhere else (7%). 5% did not know where to look for assistance.
- 42% of Hispanic adults reported gambling in the past year. They reported the following types of gambling: lottery/scratch off (35%), casinos (14%), sports betting/office sports pools (8%), dice, craps, poker (3%), bingo (2%), and the horse track (1%).

Firearm Deaths

- In 2010, there were 31,672 deaths in the U.S. from firearm injuries, mainly through suicide (19,392) and homicide (11,078), according to CDC compilation of data from death certificates. The remaining firearm deaths were attributed to accidents, shootings by police and unknown causes.
- The gun homicide rate in 2010 was the lowest it had been since CDC began publishing data in 1981
- From 1993 to 2000, the death rate dropped 45%, and the number of victims killed each year fell by nearly 7,500. From 2000 to 2010, the death rate declined 7%, and the number of victims did not change much.
- In 2010, Hispanics were the lowest of gun homicide victims at 17%, followed by whites (25%), and African Americans (55%).
- From 2000 to 2010, when the overall gun homicide rate decline slowed, the Hispanic rate fell 32%, while the black and white rates declined only 4%.
- From 1993 to 2010, the Hispanic population share rose 66%, but the Hispanic share of gun homicide victims has not increased.
- Among the three largest racial and ethnic groups, whites have the highest gun suicide rate at 8.5 per 100,000, followed by African Americans (2.7) and Hispanics (1.9).

(Source: Pew Research Social & Demographic Trends, *Gun Homicide Rate Down 49% Since 1993 Peak; Public Unaware*, 2013, <http://www.pewsocialtrends.org/2013/05/07/gun-homicide-rate-down-49-since-1993-peak-public-unaware/2/#homicide-race>)

Hispanic | HEALTH CARE ACCESS, COVERAGE & UTILIZATION

Key Findings

According to the 2012 U.S. Census demographic profile data, approximately 27,918 Hispanics live in Lucas County (9%). The 2014 Health Assessment indicates that nearly one-fifth (19%) of Hispanics did not have health care coverage. 17% rated their health as fair or poor.

Health Status

- Hispanic adults were more likely than whites to:
 - Have rated their health status as fair or poor (17% compared to 14% of whites).
 - Have rated their mental health as not good on four or more days in the previous month (38% compared to 24% of whites).
- Hispanic adults were less likely than whites to:
 - Have rated their physical health as not good on four or more days in the previous month (20% compared to 22% of whites).

Latinos and Health Care

- Hispanics are nearly three times more likely than whites to be uninsured.
- Uninsurance is generally lower among children than adults, but Latino children are still more than two times more likely than White children to be uninsured.
- The vast majority (84%) of uninsured Latinos live in families, a rate higher than their uninsured White peers (69%).
- 25% of Hispanics reported withdrawing money from savings to pay for health care costs.

(Source: National Council of La Raza, *Fast Facts: Latinos and Health Care*, January 2012, from: http://www.nclr.org/images/uploads/publications/FastFacts_LatinosandHealthCare2012.pdf)

17% of Lucas County Hispanics rated their health as fair or poor.

Health Care Coverage

- 19% of Hispanic adults did not have health care coverage, compared to 11% of whites.
- Hispanic adults used the following types of health care coverage: employer (43%), Medicare (14%), someone else's employer (13%), Medicaid or medical assistance (11%), self-paid plan (4%), multiple-including private sources (4%), multiple-including government sources (3%), Health Insurance Marketplace (1%), military, CHAMPUS, TriCare, or VA (1%), and other (3%).

Health Care Utilization

- Lucas County Hispanic adults reported that when their children were sick or needed advice about their health, they usually went to the following: a private doctor's office (67%), urgent care center (7%), hospital emergency room (5%), community health center (4%), health department (2%), and some other place (1%). 5% reported they did not have a particular place to go.
- Hispanic adults were more likely than whites to:
 - Have rated their satisfaction with their overall health care as fair or poor (16% compared to 12% of whites).
 - Have gone to the emergency room when their children were sick or needed health advice (5% compared to 2% of whites).
 - Have looked for a program for depression or anxiety (22% compared to 16% of whites).

- Hispanic adults were less likely than whites to:
 - Have rated their satisfaction with their overall health care as excellent or very good (44% compared to 55% of whites).
 - Have gone to the dentist in the past year (61% compared to 70% of whites).
 - Have had one or more of their permanent teeth removed (32% compared to 38% of whites).
 - Have looked for a program to stop smoking (5% compared to 6% of whites).
 - Have looked for a program for drug abuse (2% compared to 3% of whites).

Adult Comparisons	Lucas County Hispanics 2007	Lucas County Hispanics 2011	Lucas County Hispanics 2014	Ohio Hispanics 2012	U.S. Hispanics 2012
Rated health as fair or poor	15%	20%	17%	20%	24%
Uninsured	13%	17%	19%	21%	38%

(Source: 2014 Lucas County Health Assessment and 2012 BRFSS)

Hispanic | CHRONIC DISEASES & PREVENTION

Key Findings

In 2014, 21% of Hispanics were diagnosed with diabetes and 28% with high blood pressure. 79% of Hispanics were either overweight or obese.

Health Status

- Hispanic adults were more likely to have been diagnosed with:
 - Asthma (15% compared to 11% of whites).
 - Diabetes (21% compared to 13% of whites).

- Hispanic adults were less likely to have been diagnosed with:
 - High blood pressure (28% compared to 32% of whites).
 - High blood cholesterol (17% compared to 26% of whites).
 - Arthritis (13% compared to 19% of whites).
 - Cancer (4% compared to 10% of whites).
 - Depression (16% compared to 19% of whites).

- Hispanic adults were more likely than whites to:
 - Be overweight or obese (79% compared to 67% of whites).
 - Have used marijuana in the past 6 months (11% compared to 7% of whites).
 - Have misused prescription medications in the past 6 months (11% compared to 10% of whites).
 - Have tried to quit smoking (81% compared to 71% of whites).
 - Have used chewing tobacco, snuff or snus (4% compared to 2% of whites).
 - Have smoked or allowed someone to smoke inside their home in the past month (20% compared to 18% of whites).
 - Be considered a binge drinker (25% compared to 21% of whites).
 - Have had a pap smear in the past year (61% compared to 49% of whites).
 - Have been taught by a healthcare professional how to do a testicular exam (32% compared to 29% of whites).
 - Have had two or more sexual partners in the past year (9% compared to 6% of whites).
 - Have not used birth control (16% compared to 12% of whites).
 - Have been forced to have sexual intercourse when they did not want to (11% compared to 5% of whites).
 - Have engaged in sexual activity following alcohol or other drug use (17% compared to 13% of whites).
 - Have seriously considered attempting suicide (8% compared to 2% of whites).

Lucas County Hispanic Males Leading Causes of Death 2006-2008 Total Deaths 155

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

(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. Cancer (17%)
3. Accidents, Unintentional Injuries (9%)
4. Diabetes Mellitus (8%)
5. Chronic Lower Respiratory Disease (5%)

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

- Hispanic adults were less likely than whites to:
 - Have had their blood pressure checked within the past year (86% compare to 90% of whites).
 - Have had their blood cholesterol checked within the past 5 years (73% compared to 81% of whites).
 - Have received a seasonal flu vaccine in the past year (52% compared to 55% of whites).
 - Have received a pneumonia vaccine in their lifetime (19% compared to 23% of whites).
 - Have had a preventive screening for skin cancer (6% compared to 21% of whites).
 - Have had a preventive screening for oral cancer (11% compared to 23% of whites).
 - Be a current smoker (10% compared to 16% of whites).
 - Have consumed alcohol in the past 30 days (51% compared to 58% of whites).
 - Be considered a frequent drinker (37% compared to 43% of whites).
 - Have driven after drinking any alcoholic beverages (25% compared to 34% of whites).
 - Have had a mammogram in the past year (27% compared to 42% of whites).
 - Have done a self-breast exam in the past year (4% compared to 37% of whites).
 - Have had a digital rectal exam in the past year (15% compared to 23% of whites).
 - Have done a self-testicular exam in the past year (2% compared to 19% of whites).
 - Have had a preventative screening for colorectal cancer (23% compared to 33% of whites).
 - Have eaten 5 or more servings of fruits and vegetables per day (4% compared to 7% of whites).

79% of Hispanics in Lucas County were overweight or obese in 2014.

Preventive Medicine and Health Screenings

- Lucas County Hispanic adults have had the following vaccines: tetanus booster (including Tdap) in the past 10 years (34%), pneumonia vaccine in their lifetime (19%), pertussis vaccine in the past 10 years (13%), human papillomavirus vaccine in their lifetime (12%), and Zoster (shingles) vaccine in their lifetime (7%).

Tobacco Use

- 10% of Lucas County Hispanics were smokers.
- Lucas County Hispanic adults who smoked used the following tobacco products: cigarettes (20%), Black and Milds (9%), cigars (9%), swishers (5%), hookah (5%), e-cigarettes (5%), cigarillos (4%), roll-your-own cigarettes (2%), flavored cigarettes (2%), chewing tobacco (2%), snuff (2%), little cigars (1%), pipes (1%), and snus (1%).

Alcohol Use

- Of those who drank, Lucas County Hispanic adults drank 4.3 drinks on average, compared to 3.8 drinks for whites.

Alcohol and the Hispanic Community

- Research shows that drinking patterns among Hispanics are different from those of non-Hispanic whites and other ethnic or racial groups.
- Overall, Hispanics are less likely to drink at all than are non-Hispanic whites. In fact, Hispanics have high rates of abstinence from alcohol. However, Hispanics who choose to drink are more likely to consume higher volumes of alcohol than non-Hispanic whites.
- About 10% of Hispanics will have alcohol dependence at some point in their lives, as compared with 14% of Non-Hispanic whites.
- 33% of Hispanics who become alcohol dependent have recurrent or persistent problems compared with 23% of Non-Hispanic whites.
- 60% of Hispanic adults in the U.S. have had at least one drink in the past year, compared to 70% of Non-Hispanic whites.
- 26% of Hispanic adults in the U.S. are lifetime total abstainers, compared to 13% of Non-Hispanic whites.

(Source: National Institute on Alcohol Abuse and Alcoholism, Alcohol and the Hispanic Community, Updated: July, 2013, from: <http://pubs.niaaa.nih.gov/publications/HispanicFact/hispanicFact.pdf>)

Weight Control/Physical Activity/Diet and Nutrition

- Over half (52%) of Hispanic adults were trying to lose weight, 27% were trying to maintain their current weight or keep from gaining weight, and 7% were trying to gain weight.
- 56% of Hispanic adults described themselves as being either slightly or very overweight. 8% of adults described themselves as obese.
- Lucas County Hispanic adults reported the following reasons they choose the types of food they eat: taste (61%), cost (58%), enjoyment (51%), availability (44%), healthiness of food (42%), ease of preparation (35%), food that they are used to (33%), what their spouse prefers (27%), time (26%), calorie content (20%), what their child prefers (20%), health care provider's advice (5%), and other (5%).
- Lucas County Hispanic adults spent an average of 3.1 hours watching TV, 2.2 hours on their cell phone, 1.6 hours on the computer (outside of work), and 0.4 hours playing video games on an average day of the week.

Adult Comparisons	Lucas County Hispanics 2007	Lucas County Hispanics 2011	Lucas County Hispanics 2014	Ohio Hispanics 2012	U.S. Hispanics 2012
Obese	33%	42%	49%	28%	29%
Overweight	35%	37%	30%	37%	38%
Diagnosed with diabetes	11%	17%	21%	12%	11%
Diagnosed with asthma	13%	13%	15%	20%	12%
Current drinker	47%	57%	51%	51%	47%
Current smoker	26%	25%	10%	22%	19%

(Source: 2014 Lucas County Health Assessment and 2012 BRFSS)

Obesity and Hispanic Americans

- Among Mexican American women, 78% are overweight or obese, as compared to only 60% of the non-Hispanic white women.
- In 2011, Hispanic Americans were 1.2 times as likely to be obese than Non-Hispanic whites.
- From 2009 – 2010, Mexican American children were 1.6 times more likely to be overweight as Non- Hispanic white Children.
- From 2009–2010, 23% of Mexican American children and adolescents 6-17 years of age were overweight.
- From 2007–2010, Mexican American women were 40% more likely to be overweight, as compared to Non-Hispanic white women.
- 56% of Hispanic adults did not meet the federal physical activity guidelines in 2011, compared to 44% of Non-Hispanic whites.
- From 2007–2011, 36% of Mexican American men 20 years of age and older were obese, and 45% of Mexican American women were obese during the same time period.

(Source: The Office of Minority Health, Obesity and Hispanic Americans 10/16/2013, from: <http://minorityhealth.hhs.gov/templates/content.aspx?ID=6459>)

Youth | WEIGHT STATUS

Key Findings

The 2013/14 Health Assessment identified that 13% 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, 25% of Lucas County youth reported they were slightly or very overweight. 69% of youth were exercising for 60 minutes on 3 or more days per week. 84% of youth were involved in extracurricular activities.

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 2013/14, 13% of youth were classified as obese by Body Mass Index (BMI) calculations (2013 YRBS reported 13% for Ohio and 14% for the U.S.). 10% of youth were classified as overweight (2013 YRBS reported 16% for Ohio and 17% for the U.S.). 78% were normal weight, and 3% were underweight.

13% of Lucas County 7th-12th grade youth were classified as obese.

- 25% of youth described themselves as being either slightly or very overweight (2013 YRBS reported 28% for Ohio and 31% for the U.S.).
- 42% of all youth were trying to lose weight, increasing to 58% of Lucas County female youth (compared to 27% of males). (2013 YRBS reported 47% for Ohio and 48% for the U.S.).
- Lucas County youth reported doing the following to lose weight or keep from gaining weight in the past 30 days:
 - 47% exercised.
 - 30% ate less food, fewer calories, or foods lower in fat.
 - 6% reported they went without eating for 24 hours or more (2013 YRBS reported 10% for Ohio and 13% for the U.S.).
 - 2% reported they took diet pills, powders, or liquids without a doctor's advice (2013 YRBS reported 5% for Ohio and 5% for the U.S.).
 - 2% vomited or took laxatives to lose weight (2013 YRBS reported 5% for Ohio and 4% for the U.S.).
 - 1% reported they smoked to lose weight.

7th-12th Grade Nutrition

- 14% of Lucas County youth ate 5 or more servings of fruits and vegetables per day. 79% ate 1 to 4 servings of fruits and vegetables per day.
- Lucas County youth got most of their food from the following places: home (87%), convenience store (11%), fast food (8%), restaurant (7%), and school (5%).
(Percentages may be greater than 100% due to more than one option being chosen.)
- 18% of youth reported they drank a can, bottle, or glass of soda pop such as Coke, Pepsi, or Sprite one or more times per day during the past week (2013 YRBS reports 21% for Ohio and 27% for the U.S.).
- 29% of youth reported they drank energy drinks for the following reasons: to stay awake (55%), to get pumped up (30%), to help them perform (16%), before games or practice (14%), to mix with alcohol (10%), and some other reason (39%).

- 11% of youth reported they went to bed hungry because their family did not have enough money for food at least one night per week. 1% of youth went to bed hungry every night of the week.

7th-12th Grade Physical Activity

- 69% of Lucas County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. 48% did so on 5 or more days in the past week (2013 YRBS reports 48% for Ohio and 47% for the U.S.), and 26% did so every day in the past week. (2013 YRBS reports 28% for Ohio and 27% for the U.S.). 15% of youth did not participate in at least 60 minutes of physical activity on any day in the past week (2013 YRBS reports 13% for Ohio and 15% for the U.S.).
- The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity per day. As part of their 60 minutes per day; aerobic activity, muscle strengthening, and bone strengthening are three distinct types of physical activity that children should engage in, appropriate to their age. Children should participate in each of these types of activity on at least three days per week.
- Lucas County youth spent an average of 3.6 hours on their cell phone, 2.4 hours socializing on the computer/tablet, 2.2 hours watching TV, and 1.4 hours playing video games on an average day of the week.
- Over one-third (34%) of youth spent 3 or more hours watching TV on an average day of the week (2013 YRBS reported 28% for Ohio and 33% for the U.S.).
- 84% of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (59%), school club or social organization (45%), volunteering in the community (26%), part-time job (25%), babysitting for other kids (25%), church or religious organization (23%), church youth group (20%), caring for siblings after school (18%), caring for parents or grandparents (3%) or some other organized activity (Scouts, 4H, etc.) (8%).

Lucas County 7 th -12 th Grade Youth did the following to lose weight in the past 30 days:	Percent
Exercised	47%
Ate less food, fewer calories, or foods lower in fat	30%
Went without eating for 24 hours	6%
Took diet pills, powders, or liquids without a doctor's advice	2%
Vomited or took laxatives	2%
Smoked cigarettes	1%

Average Time Lucas County 7 th -12 th Grade Youth Spent on an Average Day of the Week	2011	2014
Cell Phone	N/A	3.6
Socializing on the computer/tablet	2.1	2.4
Watching TV	2.5	2.2
Playing video games	1.5	1.4

N/A – Not available

5th-6th Grade Youth Weight Status

- In 2013/14, 9% of youth were classified as obese by Body Mass Index (BMI) calculations. 11% of youth were classified as overweight 72% were normal weight, and 8% were underweight.
- 17% of youth described themselves as being either slightly or very overweight
- 40% of all 5th-6th grade youth were trying to lose weight.
- Lucas County 5th-6th grade youth reported doing the following to lose weight or keep from gaining weight in the past 30 days:
 - 48% of youth exercised.
 - 16% of youth ate less food, fewer calories, or foods lower in fat.
 - 1% went without eating for 24 hours or more.
 - <1% reported they smoked to lose weight.
 - <1% reported they took diet pills, powders, or liquids without a doctor's advice
 - No one reported vomiting or taking laxatives to lose weight.

9% of Lucas County 5th-6th grade youth were classified as obese.

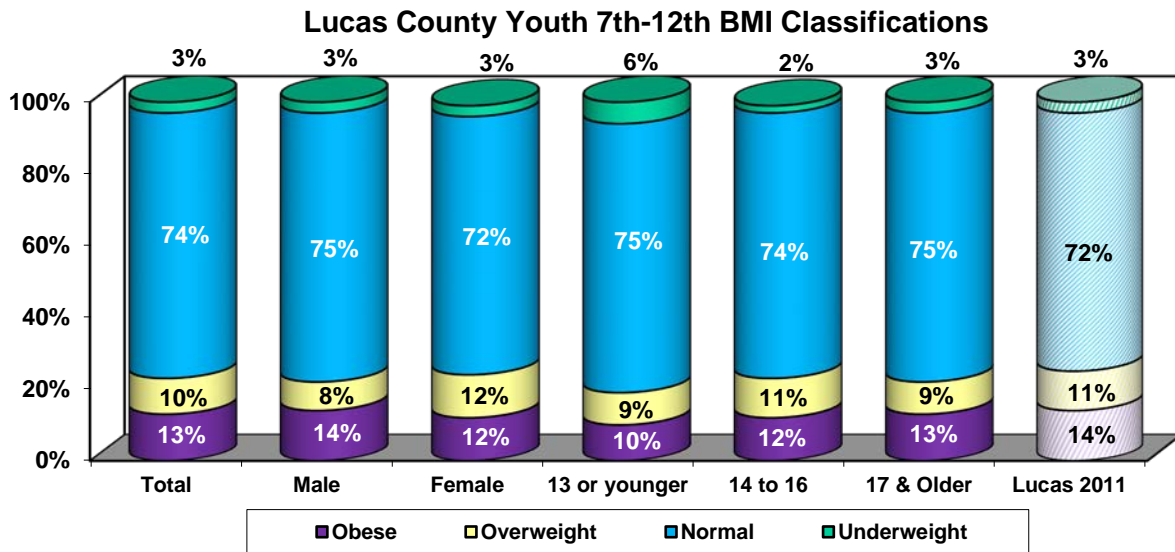
5th-6th Grade Nutrition

- 23% of Lucas County youth ate 5 or more servings of fruits and vegetables per day. 74% ate 1 to 4 servings of fruits and vegetables per day.
- Lucas County youth got most of their food from the following places: home (79%), convenience store (16%), school (2%), fast food (2%), and restaurant (1%).
- 17% of youth reported they drank a can, bottle, or glass of soda pop such as Coke, Pepsi, or Sprite one or more times per day during the past week.
- 16% of youth reported they drank energy drinks for the following reasons: to stay awake (37%), before games or practice (31%), to help them perform (15%), to get pumped up (8%) and some other reason (40%).
- 13% of youth reported they went to bed hungry because their family did not have enough money for food at least one night per week. 1% of youth went to bed hungry every night of the week.

5th-6th Grade Physical Activity

- 70% of Lucas County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. 48% did so on 5 or more days in the past week and 27% did so every day in the past week. 14% of youth did not participate in at least 60 minutes of physical activity on any day in the past week
- Lucas County youth spent an average of 2.1 hours watching TV, 1.6 hours socializing on the computer/tablet, 1.5 hours playing video games, and 1.4 hours on their cell phone, on an average day of the week.
- Over one-quarter (30%) of youth spent 3 or more hours watching TV on an average day.
- 89% of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (66%), school club or social organization (34%), church or religious organization (21%), caring for siblings after school (19%), babysitting for other kids (15%), church youth group (14%), volunteering in the community (10%), caring for parents or grandparents (3%) or some other organized activity (Scouts, 4H, etc.) (19%).

The following graph shows the percentage of Lucas County youth who were classified as obese, overweight, normal, or underweight by Body Mass Index (BMI). Examples of how to interpret the information in the first graph include: 74% of all Lucas County youth were classified as normal weight, 13% were obese, 10% were overweight, and 3% were underweight for their age and gender.



Physical Activity Facts:

- Regular physical activity in childhood and adolescence improves strength and endurance, helps build healthy bones and muscles, helps control weight, reduces anxiety and stress, increases self-esteem, and may improve blood pressure and cholesterol levels.
- The U.S. Department of Health and Human Services recommends that young people ages 6–17 years participate in at least 60 minutes of physical activity daily.
- The percentage of high school students who attended physical education classes daily decreased from 42% in 1991 to 25% in 1995 and remained stable at that level until 2011 (31%).
- Regular physical activity
 - Helps build and maintain healthy bones and muscles.
 - Helps reduce the risk of developing obesity and chronic diseases, such as diabetes, cardiovascular disease, and colon cancer.
 - Reduces feelings of depression and anxiety and promotes psychological well-being.
 - May help improve students' academic performance, including academic achievement and academic behavior.

(Sources: CDC, Adolescent and School Health, Updated: 2/19/2013, from: <http://www.cdc.gov/healthyyouth/physicalactivity/facts.htm>)

Youth Comparisons	Lucas County 2011 (9 th -12 th)	Lucas County 2013/14 (5 th -6 th)	Lucas County 2013/14 (7 th -8 th)	Lucas County 2013/14 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Obese	15%	9%	14%	13%	13%	14%
Overweight	11%	11%	10%	11%	16%	17%
Described themselves as slightly or very overweight	25%	17%	25%	25%	28%	31%
Trying to lose weight	42%	40%	39%	44%	47%	48%
Exercised to lose weight	43%	48%	46%	48%	61%*	61%*
Ate less food, fewer calories, or foods lower in fat to lose weight	28%	16%	28%	31%	43%*	39%*
Went without eating for 24 hours or more	7%	1%	5%	6%	10%	13%
Took diet pills, powders, or liquids without a doctor's advice	3%	<1%	1%	2%	5%	5%
Vomited or took laxatives	3%	0%	1%	3%	5%	4%
Ate 1 to 4 servings of fruits and vegetables per day	82%	74%	76%	81%	85%*	78%*
Drank pop or soda one or more times per day during the past 7 days	N/A	17%	20%	17%	21%	27%
Physically active at least 60 minutes per day on every day in past week	28%	27%	21%	28%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	43%	48%	43%	50%	48%	47%
Watched TV 3 or more hours per day	40%	30%	35%	34%	28%	35%

N/A – Not available

* Comparative YRBSS data for Ohio is 2007 and U.S. is 2009

Youth | TOBACCO USE

Key Findings

The 2013/14 Health Assessment identified that 8% of Lucas County youth in grades 7-12 were smokers, increasing to 12% of those who were over the age of 17. Of those 7th -12th grade youth who currently smoked, 40% had tried to quit in the past year.

In 2013/14, 8% of Lucas County 7th-12th grade youth were current smokers, having smoked at some time in the past 30 days.

7th-12th Grade Youth Tobacco Use Behaviors

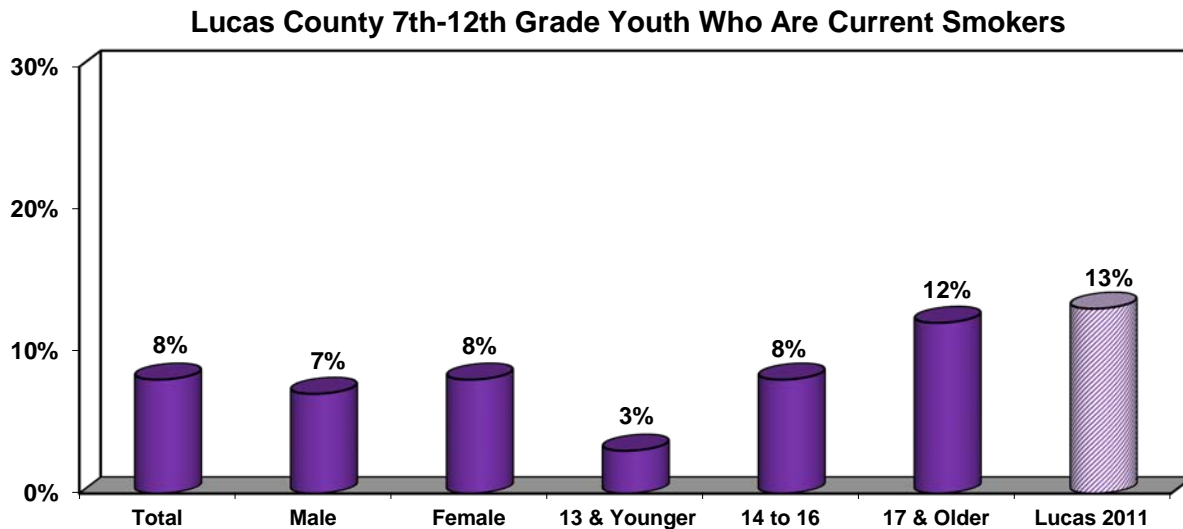
- The 2013/14 health assessment indicated that 22% of Lucas County 7th-12th grade youth had tried cigarette smoking (2013 YRBS reported 41% for the U.S.).
- 16% of those who had smoked a whole cigarette did so at 10 years old or younger, and 31% had done so by 12 years old. The average age of onset of smoking was 13.3 years old.
- 4% of all Lucas County youth had smoked a whole cigarette for the first time before the age of 13 (2013 YRBS reported 9% for the U.S.).
- In 2013/14, 8% of Lucas County 7th-12th grade youth were current smokers, having smoked at some time in the past 30 days (2013 YRBS reported 15% for Ohio and 16% for the U.S.). 12% of those ages 17 years old and older were current smokers, compared to 3% of youth 13 years old and younger.
- Over half (58%) 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.
- 33% of youth smokers borrowed cigarettes from someone else, 22% gave someone money to buy them, 19% indicated they bought cigarettes from a store, 18% took them from a family member, 12% said a person 18 years or older gave them the cigarettes, 1% took them from a store, 1% got them from a vending machine, and 11% got them some other way.
- Lucas County youth used the following forms of tobacco the most in the past year: e-cigarette (13%), Black and Milds (11%), hookah (11%), cigarettes (9%), Swishers (6%), cigarillos (5%), cigars (4%), flavored cigarettes (4%), chewing tobacco or snuff (3%), a pipe (2%), little cigars (1%), snus (1%), and bidis (<1%).
- 40% of Lucas County 7th-12th grade youth smokers had tried to quit smoking in the past year (2013 YRBS reported 48% for the U.S.).

4% of all Lucas County 7th-12th grade youth had smoked a whole cigarette for the first time before the age of 13.

5th-6th Grade Youth Tobacco Use Behaviors

- The 2013/14 health assessment indicated that 4% of Lucas County 5th-6th grade youth had tried cigarette smoking
- 50% of those who had smoked a whole cigarette did so at 8 years old or younger. The average of onset of smoking was 8.9 years.
- In 2013/14, 1% of Lucas County 5th-6th grade youth were current smokers, having smoked at some time in the past 30 days.
- One-quarter (25%) 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.
- 20% of youth smokers took them from a store or family member, and 40% reported they got them some other way. No one reported getting their cigarettes from a store or gas station, vending machine, from someone else buying them or borrowing them from someone.
- Lucas County youth used the following forms of tobacco in the past year: cigarettes (2%), cigars (1%), Black and Milds (<1%), hookah (<1%), flavored cigarettes (<1%), cigarillos (<1%), and little cigars (<1%).
- The majority (89%) of Lucas County 5th-6th grade youth smokers had tried to quit smoking in the past year.

The following graph shows the percentage of Lucas County 7th-12th grade youth who smoke cigarettes. Examples of how to interpret the information include: 8% of all Lucas County youth were current smokers, 7% of males smoked, and 8% of females were current smokers.



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

Youth Behaviors	Current Smoker	Non-Current Smoker
Participated in extracurricular activities	83%	85%
Parents feel cigarette smoking was very wrong or wrong	78%	96%
Perceived a great or moderate risk of smoking	76%	86%
Have had at least one drink of alcohol in the past 30 days	58%	19%
Have been bullied in the past 12 months	56%	42%
Have been in a physical fight in the past 12 months	53%	24%
Have used marijuana in the past 30 days	52%	11%
Misused prescription medications in the past 30 days	29%	5%
Friends feel cigarette smoking was very wrong or wrong	27%	75%
Attempted suicide in the past 12 months	21%	6%

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

Youth Comparisons	Lucas County 2011 (9 th -12 th)	Lucas County 2013/14 (5 th -6 th)	Lucas County 2013/14 (7 th -8 th)	Lucas County 2013/14 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Ever tried cigarettes	38%	4%	15%	25%	52%*	41%
Current smokers	18%	1%	4%	9%	15%	16%
Tried to quit smoking (of smokers)	46%	89%	43%	40%	56%*	48%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	6%	N/A	4%	5%	14%*	9%

N/A – Not available

** Comparative YRBSS data for Ohio is 2011*

Electronic Cigarettes and Teenagers in the U.S.

- The percentage of U.S. middle and high school students who tried electronic cigarettes more than doubled from 2011 to 2012.
- E-cigarettes look like regular cigarettes, but they are operated by battery. An atomizer heats a solution of liquid, flavorings, and nicotine that creates a mist that is inhaled.
- The percentage of high school students who had ever used e-cigarettes rose from 4.7% in 2011 to 10.0% in 2012. In the same time period, high school students using e-cigarettes within the past 30 days rose from 1.5% to 2.8%.
- The percentage of middle school students who had ever used e-cigarettes also doubled from 1.4% to 2.7%.
- Altogether, as of 2012 more than 1.78 million middle and high school students in the US had tried e-cigarettes.
- 76% of current young e-cigarette users also smoked regular cigarettes. Some experts fear that e-cigarettes may encourage children to try regular cigarettes.
- Nicotine is a highly addictive drug. Many teens that start with e-cigarettes may be condemned to struggling with a lifelong addiction to nicotine and conventional cigarettes.

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

Youth | ALCOHOL CONSUMPTION

Key Findings

In 2013/14, the Health Assessment results indicate that 51% of Lucas County youth in grades 7-12 had drunk at least one drink of alcohol in their life, increasing to 71% of youth seventeen and older. 28% of those 7th-12th graders who drank, took their first drink at 12 years or younger. 22% of all Lucas County 7th-12th grade youth and 37% of those over the age of 17 had at least one drink in the past 30 days. 69% of the 7th-12th grade youth who reported drinking in the past 30 days had at least one episode of binge drinking. 5% of youth drivers had driven a car in the past month after they had been drinking alcohol.

In Lucas County in 2013/14, 22% of 7th-12th grade youth had at least one drink in the past 30 days.

7th-12th Grade Youth Alcohol Consumption

- In 2013/14, the Health Assessment results indicated that over half(51%) of Lucas County 7th-12th grade youth had at least one drink of alcohol in their life, increasing to 71% of those ages 17 and older (2013 YRBS reports 66% for the U.S.).
- Over one-fifth (22%) of youth had at least one drink in the past 30 days, increasing to 37% of those ages 17 and older (2013 YRBS reports 30% for Ohio and 35% for the U.S.).
- Of those who drank, 69% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition, increasing to 79% of those ages 17 and older.
- Based on all youth surveyed, 15% were defined as binge drinkers, increasing to 29% of those ages 17 and older (2013 YRBS reports 16% for Ohio and 21% for the U.S.).
- 28% of Lucas County youth who reported drinking at some time in their life had their first drink at 12 years old or younger; 31% took their first drink between the ages of 13 and 14, and 33% drank for the first time between the ages of 15 and 16. The average age of onset was 13.5 years old.
- Of all Lucas County youth, 13% had drunk alcohol for the first time before the age of 13. (2013 YRBS reports 13% of Ohio youth drank alcohol for the first time before the age of 13 and 19% for the U.S.).
- Lucas County youth drinkers reported they got their alcohol from the following: someone gave it to them (39%), (2013 YRBS reports 38% for Ohio and 42% for the U.S.), an older friend or sibling bought it for them (26%), someone older bought it for them (23%), gave someone else money to buy it (17%), took it from a store or family member (16%), a parent gave it to them (15%), a friend's parent gave it to them (9%), bought it in a liquor store/ convenience store/gas station (9%), bought it at a restaurant/bar/club (4%), they bought it with a fake ID (4%), bought it at a public event (2%), and some other way (21%).
- During the past month 21% of all Lucas County youth had ridden in a car driven by someone who had been drinking alcohol (2013 YRBS reports 17% for Ohio and 22% for the U.S.).
- 5% of youth drivers had driven a car in the past month after they had been drinking alcohol (2013 YRBS reports 4% for Ohio and 10% for the U.S.).

5th-6th Grade Youth Alcohol Consumption

- In 2013/14, the Health Assessment results indicated that about 11% of all Lucas County 5th-6th grade youth had at least one drink of alcohol in their life.
- 2% of youth had at least one drink in the past 30 days.
- Of those who drank, 71% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition.
- Based on all youth surveyed, 2% were defined as binge drinkers.
- Over one-third (38%) of Lucas County youth who reported drinking at some time in their life had their first drink at 8 years old or younger; 28% took their first drink between the ages of 9 and 10; an additional 34% had their first drink by age 12. The average age of onset was 9.3 years old.
- Lucas County youth drinkers reported they got their alcohol from the following: a parent gave it to them (33%), someone gave it to them (1%), took it from a store or family member (1%), bought it in a liquor store/ convenience store/gas station (1%), got it at a friend's house (1%), someone older bought it for them (1%), and some other way (17%).
- During the past month 21% of Lucas County youth had ridden in a car driven by someone who had been drinking alcohol.

21% of Lucas County 5th-6th grade youth reported that they had ridden in a car driven by someone who had been drinking in the past month.

Underage Drinking

Youth who drink alcohol are more likely to experience:

- School problems, such as higher absence and poor or failing grades.
- Social problems, such as fighting and lack of participation in youth activities.
- Legal problems, such as arrest for driving or physically hurting someone while drunk.
- Physical problems, such as hangovers or illnesses.
- Unwanted, unplanned, and unprotected sexual activity.
- Disruption of normal growth and sexual development.
- Physical and sexual assault.
- Alcohol-related car crashes and other unintentional injuries, such as burns, falls, and drowning.
- Higher risk for suicide and homicide.
- Memory problems.
- Abuse of other drugs.
- Changes in brain development that may have life-long effects.
- Death from alcohol poisoning.

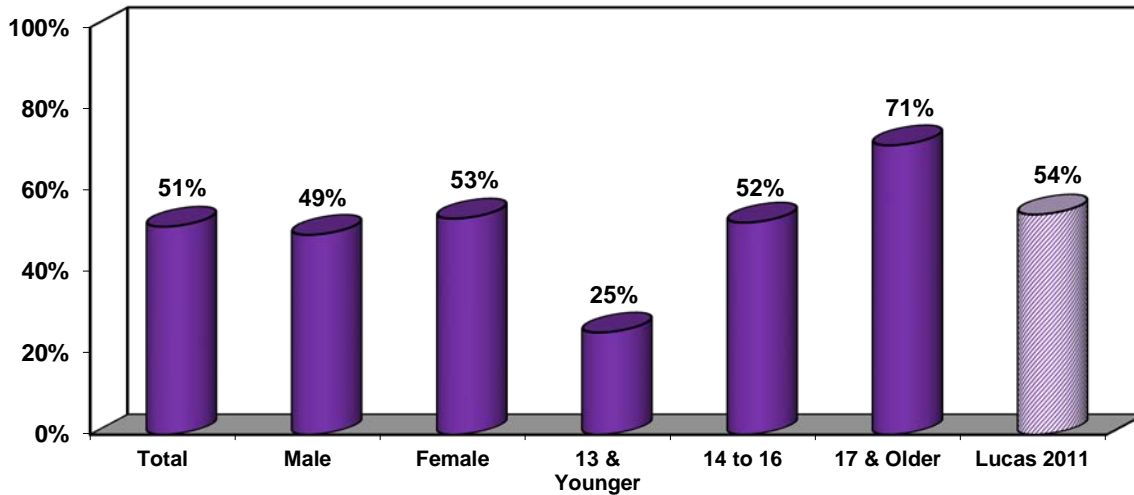
In general, the risk of youth experiencing these problems is greater for those who binge drink than for those who do not binge drink,

Youth who start drinking before age 15 years are five times more likely to develop alcohol dependence or abuse later in life than those who begin drinking at or after age 21 years.

(Source: CDC, Alcohol and Public Health, 10/29/2012, from: <http://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm>)

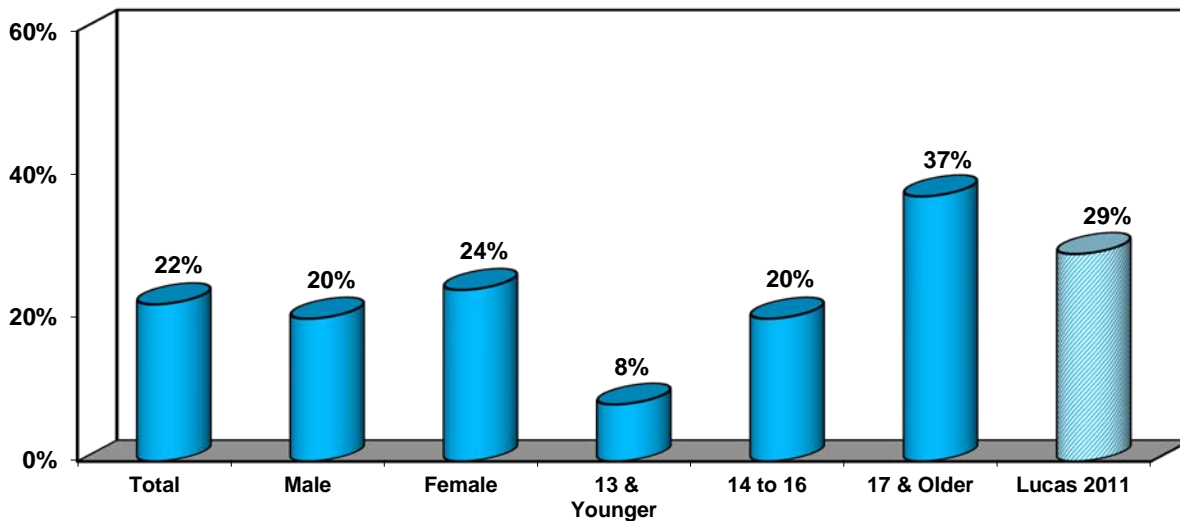
The following graphs show the percentage of Lucas County youth who have drunk in their lifetime and those who are current drinkers. Examples of how to interpret the information include: 51% of all Lucas County youth have drunk at some time in their life: 49% of males and 53% of females.

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



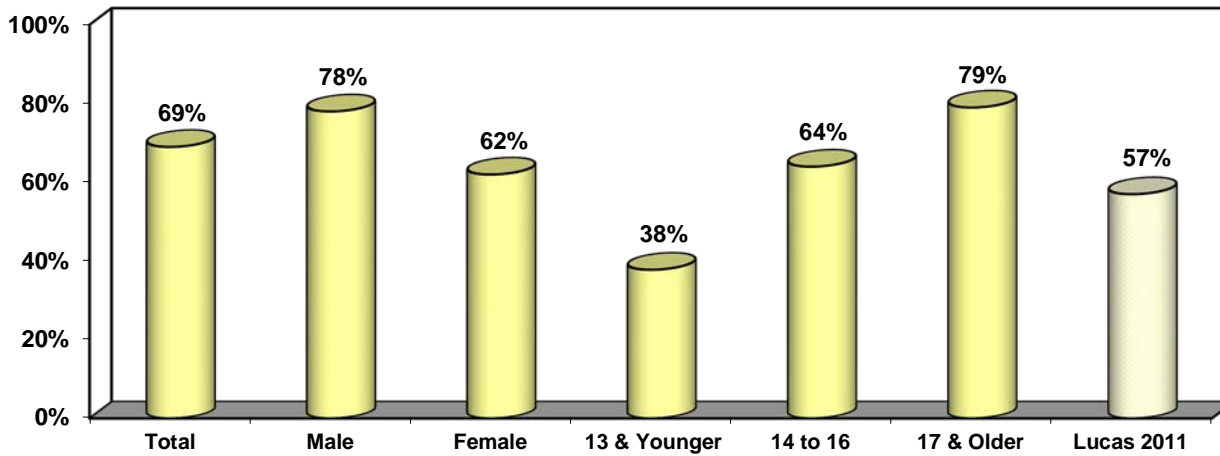
Of all Lucas County 7th-12th grade youth, 13% had drunk alcohol for the first time before the age of 13.

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



The following graph shows the percentage of Lucas County youth drinkers who binge drank in the past month. Examples of how to interpret the information includes: 69% of current drinkers binge drank in the past month, 78% of males, and 62% 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.

Based on all Lucas County 7th-12th grade youth surveyed, 15% were defined as binge drinkers.

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

Youth Behaviors	Current Drinker	Non-Current Drinker
Participated in extracurricular activities	88%	84%
Have used marijuana in the past 30 days	81%	6%
Parents feel drinking one or two alcoholic drinks nearly every day was very wrong or wrong	76%	95%
Perceived a great or moderate risk of drinking five or more alcoholic drinks once or twice a week	62%	78%
Have been bullied in the past 12 months	45%	42%
Have been in a physical fight in the past 12 months	38%	23%
Friends feel drinking one or two alcoholic drinks nearly every day was very wrong or wrong	35%	65%
Have smoked cigarettes in the past 30 days	20%	4%
Misused prescription medications in the past 30 days	18%	4%
Attempted suicide in the past 12 months	13%	6%

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

YOUTH ALCOHOL

Youth Comparisons	Lucas County 2011 (9 th -12 th)	Lucas County 2013/14 (5 th -6 th)	Lucas County 2013/14 (7 th -8 th)	Lucas County 2013/14 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Ever tried alcohol	67%	11%	29%	62%	71%*	66%
Current drinker	39%	2%	9%	28%	30%	35%
Binge drinker (of all youth)	23%	2%	3%	21%	16%	21%
Drank for the first time before age 13 (of all youth)	18%	N/A	15%	12%	13%	19%
Rode with someone who was drinking	25%	21%	19%	21%	17%	22%
Drank and drove (of youth drivers)	9%	N/A	N/A	5%	4%	10%
Obtained the alcohol they drank by someone giving it to them	21%	1%	3%	41%	38%	42%

N/A - Not available

*Comparative YRBSS data for Ohio is 2011

Youth | DRUG USE

Key Findings

In 2013/14, 15% of Lucas County 7th-12th grade youth had used marijuana or hashish at least once in the past 30 days, increasing to 24% of those ages 17 and older. 7% of 7th-12th grade youth used prescription drugs that were not prescribed for them in the past 30 days, increasing to 11% of those over the age of 17.

7th-12th Grade Youth Drug Use

- In 2013/14, 15% of Lucas County 7th-12th grade youth had used marijuana at least once in the past 30 days, increasing to 24% of those over the age of 17. The 2013 YRBS found a prevalence of 21% for Ohio youth and a prevalence of 23% for U.S. youth.
- Over one-quarter (27%) of youth who had tried marijuana did so by the age of 12. The average age of onset was 13.7 years old.
- 7% of all youth tried marijuana for the first time before the age of 13. The 2013 YRBS found a prevalence of 6% for Ohio youth and a prevalence of 9% for U.S. youth.
- Lucas County youth have tried the following in their life:
 - 6% used K2/spice/salvia/synthetic marijuana
 - 5% of youth used inhalants, (2013 YRBS reports 9% for Ohio and 9% for U.S.)
 - 3% misused cough syrup
 - 3% used cocaine, (2013 YRBS reports 4% for Ohio and 6% for U.S.)
 - 3% used steroids, (2013 YRBS reports 3% for Ohio and 3% for U.S.)
 - 2% misused over-the-counter medications
 - 2% used ecstasy/MDMA (2013 YRBS reports 7% for the U.S.)
 - 2% misused hand sanitizer
 - 1% used heroin, (2013 YRBS reports 2% for Ohio and 2% for U.S.)
 - 1% used methamphetamines, (2013 YRBS reports 3% for the U.S.)
 - 1% used bath salts
 - 1% had been to a pharm party/used skittles
 - <1% used GhB
- 7% of Lucas County youth used prescription drugs not prescribed for them in the past 30 days, increasing to 11% of those over the age of 17.
- 10% of youth reported they used medications that were either not prescribed for them or took more than prescribed to feel good, high or more alert at some time in their life. Of those who misused medication, they reported using the following: Ritalin, Adderall, Concerta, or other ADHD medications (5%), Vicodin (4%), OxyContin (3%), Tranquilizers/sleeping pills, such as Valium or Xanax, barbiturates, Seconal, Ativan or Klonopins (3%), Codeine, Demerol, Morphine, Percodan or Dilaudid (3%), steroids (2%), Suboxone or Methadone (1%), and Ultram (<1%).

Synthetic Marijuana

- “K2” and “Spice” are street names for synthetic marijuana. It is a mixture of herbs or other plant materials that have been sprayed with artificial chemicals that are supposed to mimic the effects of marijuana.
- The physical signs of using synthetic marijuana are very troubling and include increased agitation, profuse sweating, pale skin, vomiting and uncontrolled/spastic body movements.
- While these drugs may be “new” to many parents, more than one in 10 American high school seniors used synthetic marijuana in the prior year according to the “Monitoring the Future” study, conducted by the University of Michigan.
- Calls to poison control centers for exposure to synthetic marijuana doubled between 2010 and 2011 and is on track to continue rising in 2012.

(Source: The Partnership at Drugfree.Org, Parents 360 Synthetic Drugs: Bath Salts, K2/Spice: A Guide for parents and other influencer, www.drugfree.org, 2-16-12)

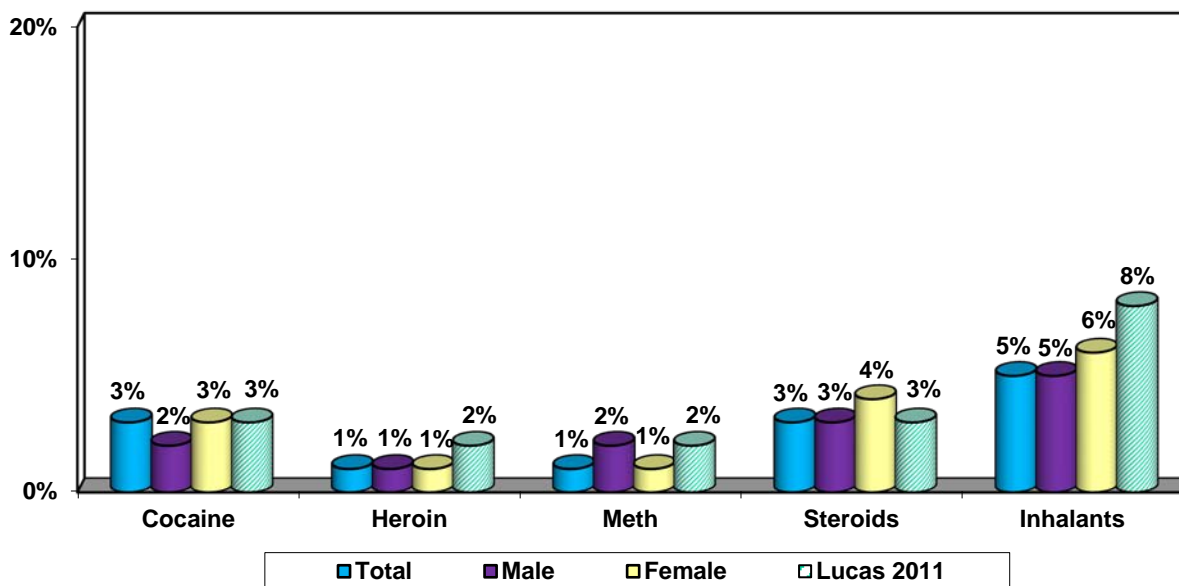
- Youth who misused prescription medications got them in the following ways: a parent gave it to them (42%), a friend gave it to them (37%), they took it from a friend or family member (18%), another family member gave it to them (18%), bought it from a friend (17%), bought it from someone else (13%), and the internet (7%).

5th-6th Grade Youth Drug Use

- In 2013/14, 1% of Lucas County 5th-6th grade youth had used marijuana at least once in the past 30 days.
- 2% of Lucas County youth used prescription drugs not prescribed for them in the past 30 days.
- Lucas County youth have tried the following in their life:
 - 2% of youth used inhalants
 - 2% used steroids
 - 1% misused hand sanitizer
 - 1% had been to a pharm party/used skittles
 - 1% misused cough syrup
 - 1% used bath salts
 - <1% used methamphetamines
 - <1% misused over-the-counter medications
 - <1% used ecstasy/MDMA
 - No one reported using K2/spice/salvia/synthetic marijuana, cocaine, heroin or GhB.

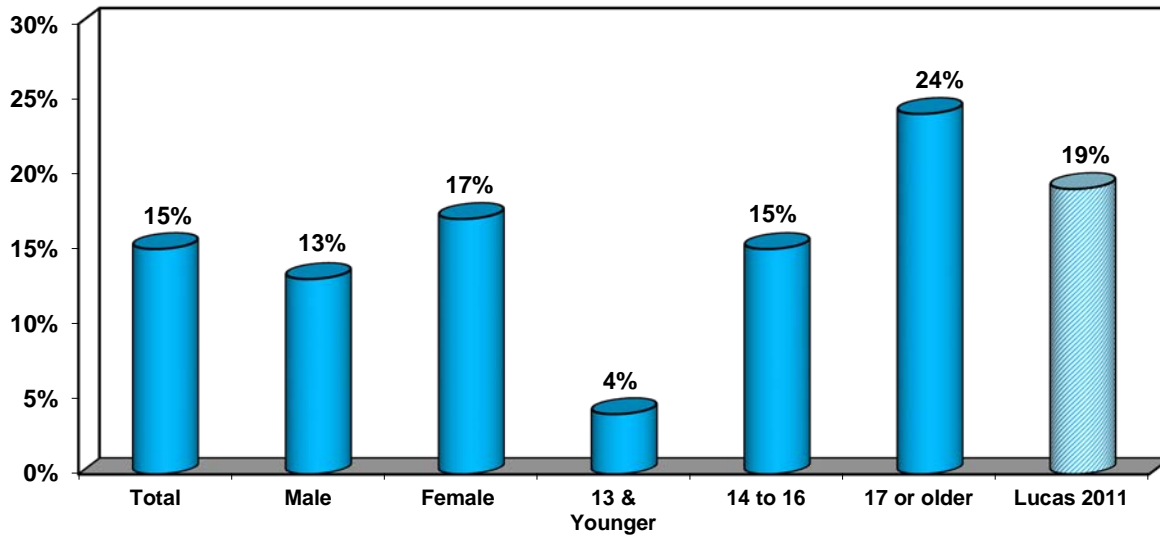
The following graph is data from the 2013/14 Lucas County Health Assessment indicating youth lifetime drug use. Examples of how to interpret the information include: 3% of youth have used cocaine at some point in their lives.

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



The following graph is data from the 2013/14 Lucas County Health Assessment indicating youth marijuana use in the past 30 days. Examples of how to interpret the information include: 15% of all Lucas County 7th-12th grade youth used marijuana in the past month.

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



Youth Comparisons	Lucas County 2011 (9 th -12 th)	Lucas County 2013/14 (5 th -6 th)	Lucas County 2013/14 (7 th -8 th)	Lucas County 2013/14 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Youth who used marijuana in the past month	26%	1%	5%	19%	21%	23%
Tried marijuana for the first time before the age of 13	7%	N/A	7%	7%	6%	9%
Ever used methamphetamines	3%	<1%	1%	2%	6%*	3%
Ever used cocaine	4%	0%	2%	3%	4%	6%
Ever used heroin	2%	0%	<1%	1%	2%	2%
Ever used steroids	4%	2%	2%	4%	3%	3%
Ever used inhalants	9%	2%	5%	5%	9%	9%
Ever used ecstasy/MDMA	N/A	<1%	<1%	3%	N/A	7%
Ever misused prescription medications	15%	0%	4%	13%	N/A	18%
Misused prescription medications in past month	N/A	2%	5%	9%	N/A	N/A

N/A - Not Available
*2007 YRBS Data

Characteristics of New Marijuana Users

There are several ways to tell if someone is habitually smoking marijuana. Below it is broken down into two categories, behavioral and physical, to help you identify if a child or loved one is habitually abusing marijuana.

- Behavioral Signs of Marijuana Use:
 - Lack of motivation or ambition for activities that once excited the user.
 - In many cases, participation in sports, social groups, or other pursuits will wane or even cease entirely.
 - Performance in school or in the workplace will begin to decline, coupled with a sense of apathy towards this decline.
 - Withdrawal from the family system – This is most often the case with adolescents and young adults, but can be a warning sign for adults as well.
 - Drastic change in peer group – An addict will often abandon peer groups in favor of those who share similar desires and behaviors, namely those engaging in drug use.
 - Personal hygiene may begin to suffer as he or she is less concerned with their public appearance.
 - Depressive style of mood. Marijuana addicts manifest many of the same characteristics as those suffering from depression. An addict will have a flat affect and mood; he or she will appear lazy and day-to-day functioning will start to deteriorate on every major life level.
 - Aversive, avoidant behavior.
- Physical Signs of Marijuana Use:
 - Bloodshot eyes.
 - Slowed speech.
 - Averting eye contact or an unsteady gaze.

(Source: Caron Pennsylvania, *Signs of Pot Use: Guide to Signs & Symptoms of Marijuana Use*, 2013, from: <http://www.caron.org/signs-of-pot-use-5827.html>)

Youth | SEXUAL BEHAVIOR AND TEEN PREGNANCY OUTCOMES

Key Findings

Only 7th-12th graders in Toledo Public Schools and Springfield Local Schools were asked sexual behavior questions. Generalizability of the sexual behavior section is limited because of the limited number of schools that asked these questions. In 2013/14, two-fifths (40%) of Lucas County 7th-12th grade youth have had sexual intercourse, increasing to 65% of those ages 17 and over. 31% of youth had participated in oral sex and 5% had participated in anal sex. 27% of youth participated in sexting. Of those who were sexually active, 63% had multiple sexual partners.

65% of Lucas County youth ages 17 and over have had sexual intercourse.

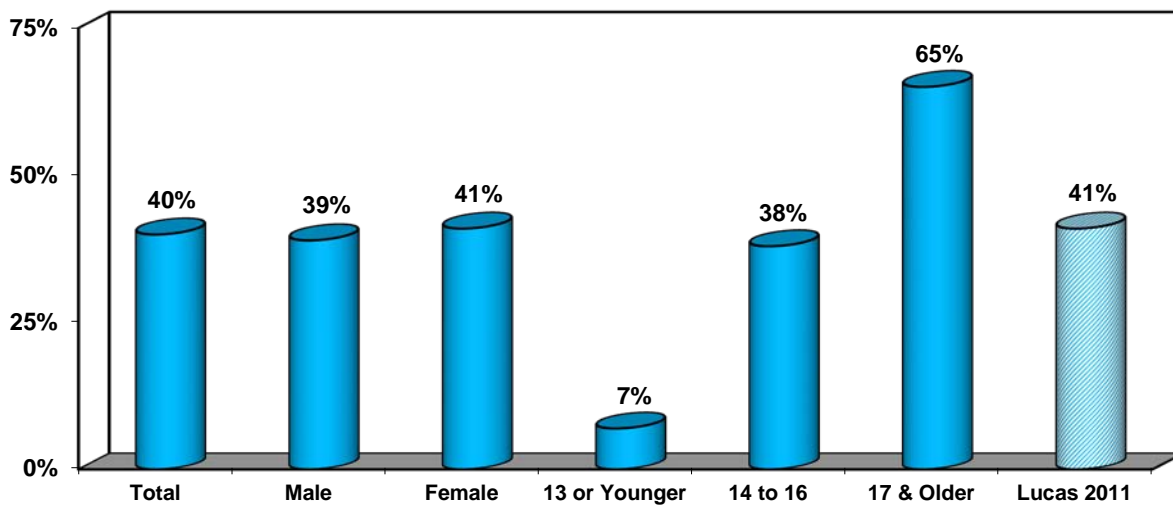
7th -12th Grade Youth Sexual Behavior

- Only 7th-12th graders in Toledo Public Schools and Springfield Local Schools were asked sexual behavior questions. Generalizability of the sexual behavior section is limited because of the limited number of schools that asked these questions.
- Two-fifths (40%) of Lucas County 7th-12th grade youth have had sexual intercourse, increasing to 65% of those ages 17 and over. (The 2013 YRBS reports 43% for Ohio and 47% of U.S. youth have had sexual intercourse.).
- 31% of youth had participated in oral sex, increasing to 58% of those ages 17 and over.
- 5% of youth had participated in anal sex, increasing to 11% of those ages 17 and over.
- 27% of youth had participated in sexting, increasing to 43% of those ages 17 and over.
- 28% of youth had viewed pornography, increasing to 33% of males and 43% of those ages 17 and over.
- Of those youth who were sexually active in their lifetime, 37% had one sexual partner and 63% had multiple partners.
- 36% of all Lucas County sexually active high school youth had 4 or more partners (2013 YRBS reports 28% for Ohio).
- 14% of all Lucas County youth had 4 or more partners (2013 YRBS reports 12% for Ohio and 15% for the U.S.).
- Of those youth who were sexually active, 31% had done so by the age of 13. Another 48% had done so by 15 years of age. The average age of onset was 14.2 years old.
- Of all high school youth, 10% were sexually active before the age of 13 (2013 YRBS reports 4% for Ohio and 6% for the U.S.).
- Youth reported having sexual contact with the following: males (23%), females (21%), both females and males (4%) (2013 YRBS reports 4% of Ohio youth have had sexual contact with both males and females).

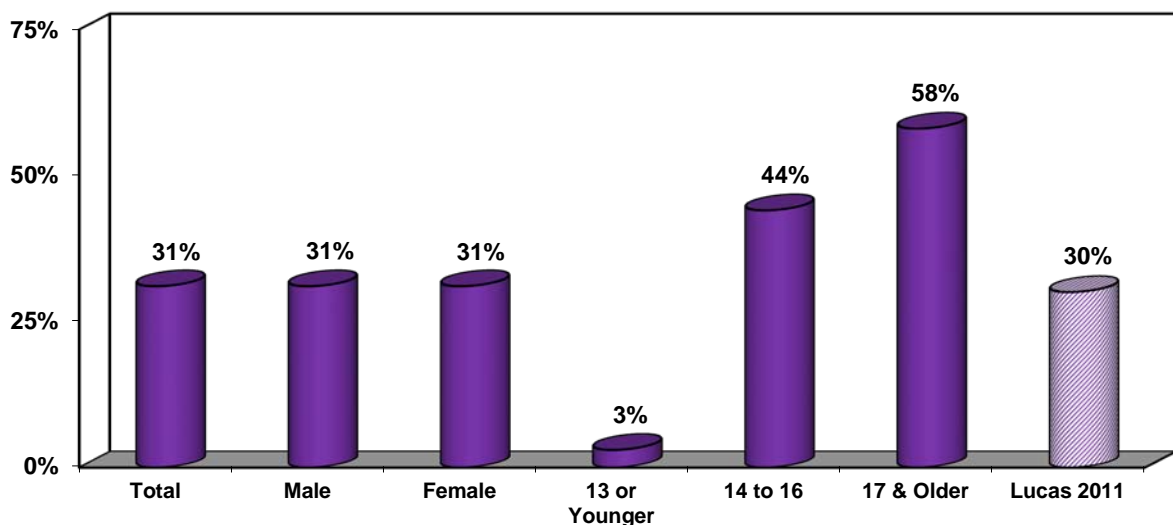
- Nearly two-thirds(65%) of youth who were sexually active used condoms to prevent pregnancy, 24% used birth control pills , 19% used the withdrawal method, 9% used Depo-Provera, Nuvaring, Implanon or any other IUD, 2% used some other method and 13% were not sure. However, 10% were engaging in intercourse without a reliable method of protection (2013 YRBS reports 12% for Ohio and 14% for the U.S.).
- When asked where they were taught about pregnancy prevention, STDs, AIDS/HIV, and birth control, Lucas County youth reported the following: school (78%), parents/caregivers (61%), doctor (41%), friends (32%), internet or social media (24%), brothers/ sisters (26%), church (10%), and somewhere else (7%).
- Lucas County youth had experienced the following: wanted to get pregnant (5%), been pregnant (3%), tried to get pregnant (2%), had a miscarriage (2%), had sex in exchange for something of value (2%), had an abortion (1%), got someone pregnant (1%), been treated for an STD (1%), and had a child (1%).

The following graphs show the percentage of Lucas County youth who participated in sexual intercourse, oral sex and anal sex. Examples of how to interpret the information include: 40% of all Lucas County youth had sexual intercourse, 39% of males, and 41% of females had sex.

Lucas County 7th-12th Grade Youth Who Had Sexual Intercourse

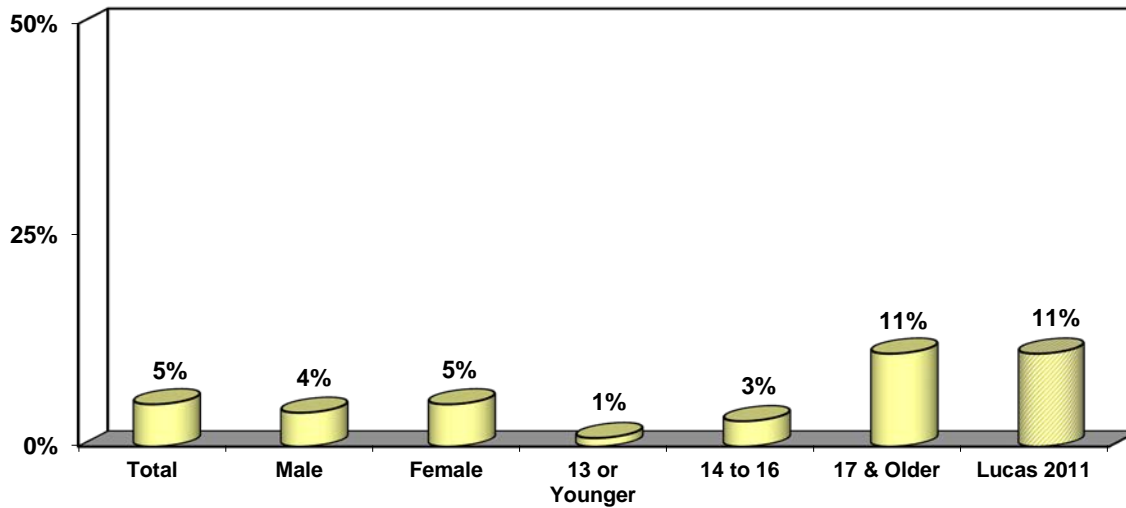


Lucas County 7th-12th Grade Youth Who Participated in Oral Sex

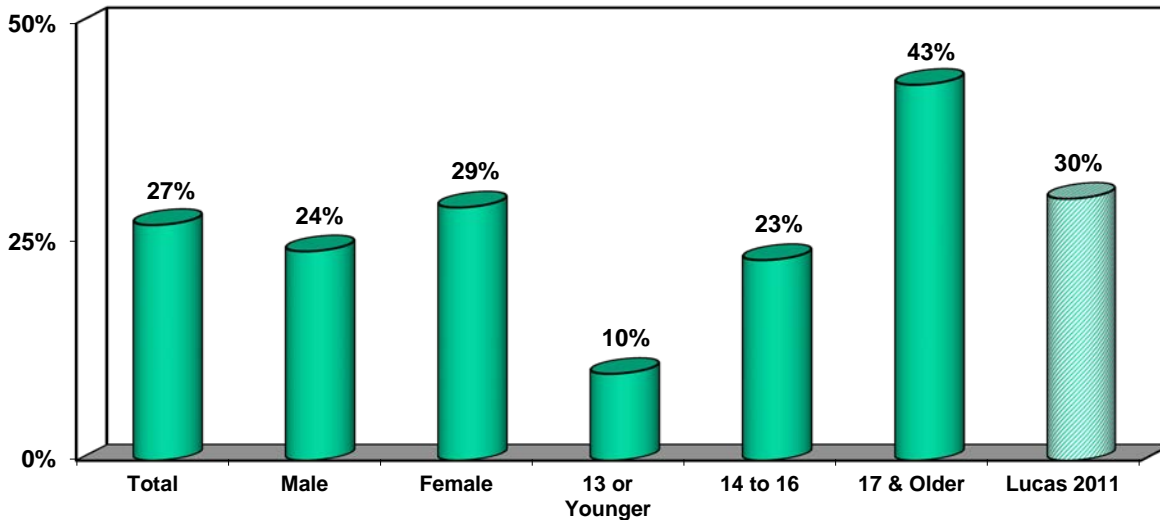


The following graphs show the percentage of Lucas County youth who participated in anal sex and sexting in Lucas County. Examples of how to interpret the information include: 27% of all Lucas County youth participated in sexting, 24% of males, and 29% of females.

Lucas County 7th-12th Grade Youth Who Participated in Anal Sex



Lucas County 7th-12th Grade Youth Who Participated in Sexting



Breaking the Cycle Teen Pregnancy

- In 2011, a total of 329,797 babies were born to women aged 15–19 years, for a live birth rate of 31.3 per 1,000 women in this age group.
- In 2008, teen pregnancy and childbirth accounted for nearly \$11 billion per year in costs to U.S. taxpayers for increased health care and foster care, increased incarceration rates among children of teen parents, and lost tax revenue because of lower educational attainment and income among teen mothers.
- Pregnancy and birth are significant contributors to high school dropout rates among girls. Only about 50% of teen mothers receive a high school diploma by 22 years of age, versus approximately 90% of women who had not given birth during adolescence.
- The children of teenage mothers are more likely to have lower school achievement and drop out of high school, have more health problems, be incarcerated at some time during adolescence, give birth as a teenager, and face unemployment as a young adult.
- American Indian and Alaska Natives, Hispanics, and black teens are about 1.5 times more likely to have a repeat teen birth, compared to white teens.

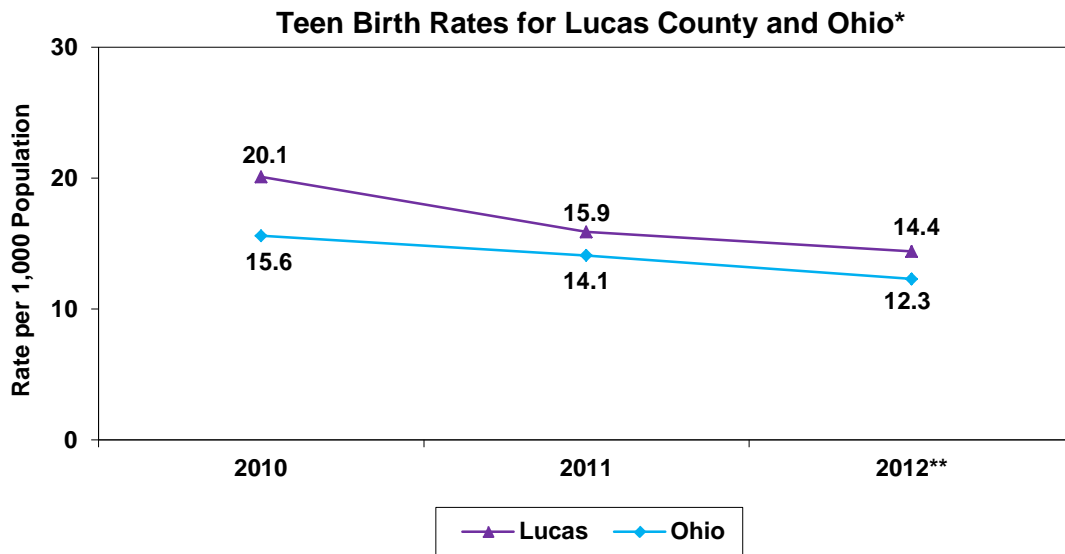
(Source: CDC, *Breaking the Cycle of Teen Pregnancy*, 4/2/2013, from: <http://www.cdc.gov/features/vitalsigns/TeenPregnancy/index.html>)

Youth Comparisons	Lucas County 2011 (9 th -12 th)	Lucas County 2013/14 (7 th -12 th)	Lucas County 2013/14 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Ever had sexual intercourse	63%	40%	53%	43%	47%
Used a condom at last intercourse	75%	65%	68%	60%**	59%
Used birth control pills at last intercourse	20%	7%	26%	23%*	19%
Did not use any method to prevent pregnancy during last sexual intercourse	7%	7%	10%	12%	14%
Had four or more sexual partners (of sexually active youth)	40%	11%	36%	28%	N/A
Had four or more sexual partners (of all youth)	27%	14%	21%	12%	15%
Had sexual intercourse before age 13 (of all youth)	12%	5%	10%	4%	6%
Had sexual contact with both males and females	N/A	4%	6%	4%	N/A

N/A - Not available

*2011 YRBSS data

**2007 YRBSS data



*Teen birth rates include women ages 15-17

**2012 data is preliminary

(Source: Ohio Department of Health Information Warehouse Updated 2-26-13)

Why It Matters: Teen Childbearing, Education and Economic Wellbeing

- 38% of teen girls who have a child before age 18 get a high school diploma by age 22.
- 30% of teen girls who have dropped out of high school cite pregnancy or parenthood as a reason.
- 67% of teen mothers who moved out of their own families' household live below the poverty level.
- 63% of teen mothers receive some type of public benefits within the first year after their children were born.
- Less than one quarter of teen mothers received any child support payments.
- Children born to mothers younger than 18 years old score significantly worse on measures of school readiness including math and reading tests.

(Source: *The National Campaign, Why it Matters, May 2012, from: <https://thenationalcampaign.org/sites/default/files/resource-primary-download/childbearing-education-economicwellbeing.pdf>*)

Counting it Up: The Public Costs of Teen Childbearing in Ohio 2010

- Between 1991 and 2010 there have been 366,352 teen births in Ohio, costing taxpayers a total of \$9.8 billion over that period.
- The teen birth rate in Ohio declined 44% between 1991 and 2010. The progress Ohio has made in reducing teen childbearing saved taxpayers an estimated \$404 million in 2010 alone compared to the costs they would have incurred had the rates not fallen.

(Source: *The National Campaign, Counting It Up: The Public Costs of Teen Childbearing in Ohio 2010, April 2014, from: <https://thenationalcampaign.org/sites/default/files/resource-primary-download/fact-sheet-ohio.pdf>*)

Youth | MENTAL HEALTH AND SUICIDE

Key Findings

In 2013/14, the Health Assessment results indicated that 16% of Lucas County 7th-12th grade youth had seriously considered attempting suicide in the past year and 7% admitted actually attempting suicide in the past year.

7th-12th Grade Youth Mental Health

- In 2013/14, over one-quarter (28%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities (2013 YRBS reported 26% for Ohio and 30% for the U.S.).
- 16% of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 22% of females. The 2013 YRBS reported 17% for U.S. youth and 14% for Ohio youth.
- In the past year, 7% of Lucas County youth had attempted suicide and 3% had made more than one attempt. The 2013 YRBS reported a suicide attempt prevalence rate of 8% for U.S. youth and a 6% rate for Ohio youth.
- When Lucas County youth were dealing with personal problems or feelings of depression or suicide they usually talked to the following: best friend (49%), parents (27%), girlfriend/boyfriend (27%), brother/sister (17%), professional counselor (8%), school counselor (6%), coach (5%), pastor/priest (3%), teacher (3%), youth minister (2%), scout master/club advisor (1%), and other (12%). 32% reported they have no one to talk to.

28% of Lucas County 7th-12th grade youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.

5th-6th Grade Youth Mental Health

- In 2013/14, 14% of 5th-6th grade youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.
- 6% of youth reported they had seriously considered attempting suicide in the past 12 months.
- In the past year, 4% of Lucas County youth had attempted suicide and 1% had made more than one attempt.
- When Lucas County 5th-6th grade youth were dealing with personal problems or feelings of depression or suicide they usually talked to the following: parent/guardian (51%), best friend (40%), brother/sister (20%), school counselor (14%), girlfriend/boyfriend (8%), teacher (7%), professional counselor (6%), pastor/priest (4%), coach (2%), youth minister (2%), scout master/club advisor (1%), and other (11%). 24% reported they have no one to talk to.

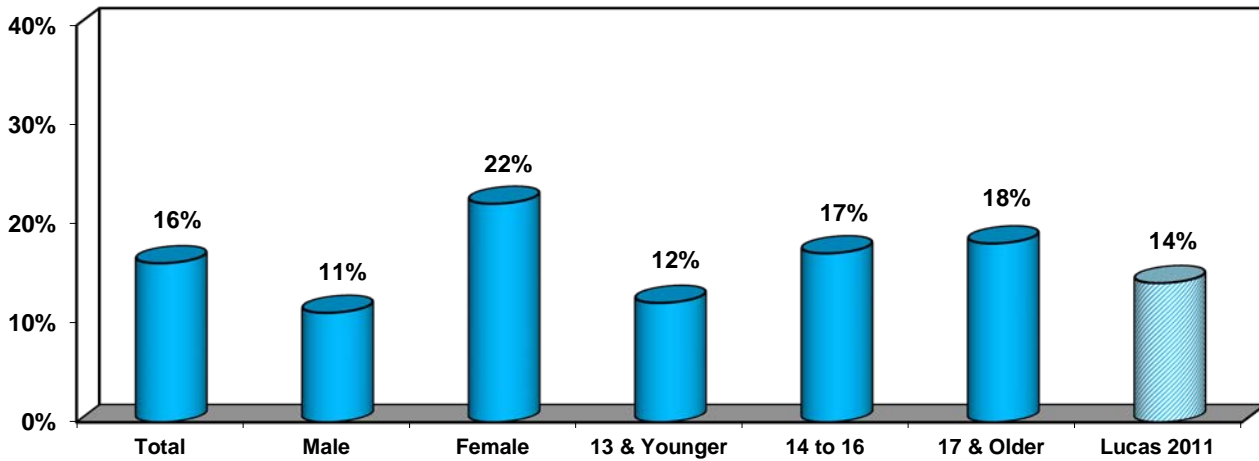
2013 Ohio Suicide Statistics for Youth Grades 9-12

- 14% of Ohio youth seriously considered attempting suicide in the 12 months prior to the survey.
- 11% of Ohio youth made a plan about how they would attempt suicide in the 12 months prior to the survey.
- 6% of youth had attempted suicide one or more times in the 12 months prior to the survey.
- 1% of youth had a suicide attempt that resulted in an injury, poisoning, or an overdose that had to be treated by a doctor or nurse in the 12 months prior to the survey.

(Source: Centers for Disease Control and Prevention, Healthy Youth, YRBSS 2013)

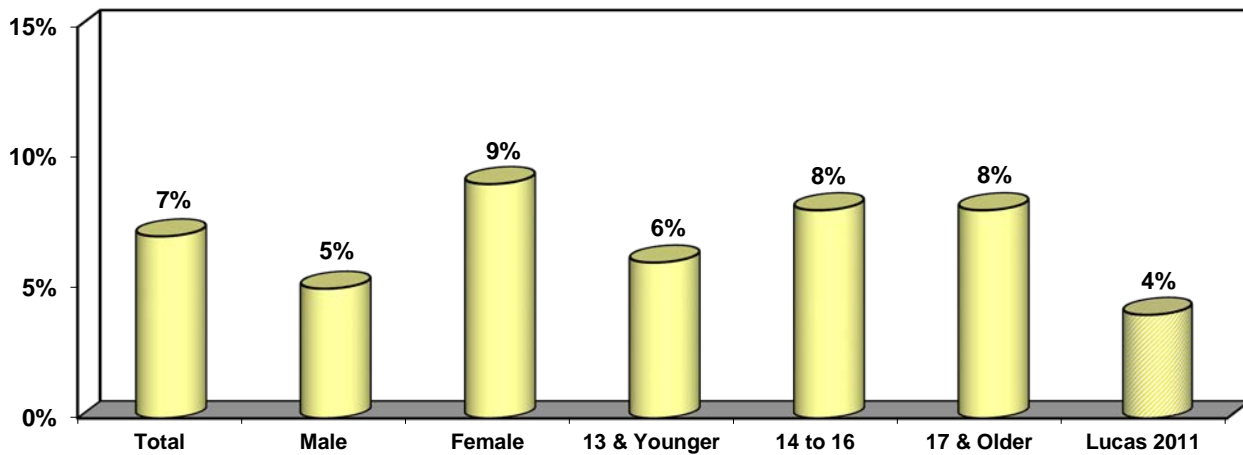
The following graphs show the percentage of Lucas County 7th-12th grade youth who had seriously considered attempting suicide and attempted suicide in the past 12 months (i.e., the first graph shows that 16% of youth had seriously considered attempting suicide, 11% of males and 22% of females).

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



32% of Lucas County 7th-12th grade youth reported they have no one to talk to when dealing with personal problems or feelings of depression or suicide.

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



Youth Comparisons	Lucas County 2011 (9 th -12 th)	Lucas County 2013/14 (5 th -6 th)	Lucas County 2013/14 (7 th -8 th)	Lucas County 2013/14 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Youth who seriously considered attempting suicide in the past year	16%	6%	14%	18%	14%	17%
Youth who had attempted suicide in the past year	4%	4%	5%	8%	6%	8%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	24%	14%	25%	29%	26%	30%

Youth Suicide

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

Risk Factors:

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

(Source: CDC 2014, Injury Center: Violence Prevention; Suicide Prevention; Youth Suicide http://www.cdc.gov/violenceprevention/pub/youth_suicide.html)

Youth | SAFETY

Key Findings

In 2013/14, 51% of Lucas County youth drivers reported that they always wore a seatbelt when riding in a car in the past month. 21% of youth had ridden in a car driven by someone who had been drinking alcohol in the past month. 41% of youth drivers texted while driving.

26% of Lucas County 7th-12th grade youth had purposefully hurt themselves at some time in their lives.

7th-12th Grade Personal Safety

- Over half (51%) of youth always wore a seatbelt when riding in a car driven by someone else, increasing to 55% of those ages 17 and older.
- 8% of youth rarely or never wore a seatbelt when riding in a car driven by someone else (2013 YRBS reported 8% for Ohio and the U.S.).
- In the past 30 days, 21% of youth had ridden in a car driven by someone who had been drinking alcohol, (2013 YRBS reported 17% for Ohio and 22% for the U.S.) and 5% of youth drivers had driven a car themselves after drinking alcohol, (2013 YRBS reported 4% for Ohio and 10% for the U.S.).
- Lucas County youth drivers did the following while driving in the past month: wore a seatbelt (65%), ate (49%), talked on their cell phone (48%), texted (41%), used the internet on their cell phone (16%), checked facebook on their cell phone (9%), used illegal drugs (6%), played electronic games on cell phone (6%), drank alcohol (5%), read (4%), applied makeup (4%), misused prescription drugs (3%), and used cell phone for other things (13%).
- 13% of youth reported that they had suffered a blow or jolt to the head while playing with a sports team which caused them to get "knocked out," have memory problems, double or blurry vision, headaches or "pressure" in the head, or nausea or vomiting (2013 YRBS reported 12% for Ohio).
- 26% of youth purposefully hurt themselves at some time in their life, increasing to 38% of females. Of those youth who had purposefully hurt themselves, 43% had done so 1 or 2 times and 16% had done so 40 or more times.
- Lucas County youth reported the following plans for the future: will attend a 4-year college (69%), will follow their career path (51%), will attend a community college or technical/trade school (16%), will join the military (10%), and will not finish high school (2%). 2% reported they have no hope for their future.
- Youth reported they got to school the following ways: dropped off by someone (36%), took the bus (25%), drove themselves (23%), walked (10%), and rode bike, scooter or skateboard (1%), 6% of youth reported multiple ways.
- In the past year 17% of youth reported that they gambled money or personal items while playing cards, betting on personal skills or sports teams, buying lottery tickets or scratch-offs, or using the internet.
- Of those youth who had gambled in the past year: 56% reported they gambled less than once a month, 20% reported about once a month, 14% reported once a week, and 10% reported they gambled every day.

- 9% of youth who had gambled reported they had lied to people important to them about how much they gambled.
- Lucas County youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work: less than a year ago (76%), (2013 YRBS reported 75% for Ohio), 1 to 2 years ago (10%), more than 2 years ago (3%), never (1%), and do not know (10%).

5th-6th Grade Personal Safety

- 61% of youth always wore a seatbelt when riding in a car driven by someone else.
- 6% of youth rarely or never wore a seatbelt when riding in a car driven by someone else.
- In the past 30 days, 17% of youth had ridden in a car driven by someone who had been drinking alcohol.
- 12% of youth reported that they had suffered a blow or jolt to the head while playing with a sports team which caused them to get “knocked out,” have memory problems, double or blurry vision, headaches or “pressure” in the head, or nausea or vomiting.
- 25% of youth purposefully hurt themselves at some time in their life. Of those youth who had purposefully hurt themselves, 58% had done so 1 or 2 times and 6% had done so 40 or more times.
- Lucas County youth reported the following plans for the future: will follow their career path (59%), will attend a 4-year college (53%), will attend a community college or technical/trade school (19%), will join the military (10%), and will not finish high school (2%). 1% said they have no hope for their future.
- Youth reported they got to school the following ways: dropped off by someone (47%), took the bus (31%), walked (17%), and rode a bike, scooter or skateboard (1%).
- In the past year 10% of youth reported that they gambled money or personal items while playing cards, betting on personal skills or sports teams, buying lottery tickets or scratch-offs or using the internet.
- Of those youth who had gambled in the past year: 52% reported they gambled less than once a month, 13% reported about once a month, 10% reported once a week, and 26% reported they gambled every day.
- Lucas County 5th-6th grade youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work: less than a year ago (72%), 1 to 2 years ago (4%), more than 2 years ago (2%), never (1%), and do not know (22%).

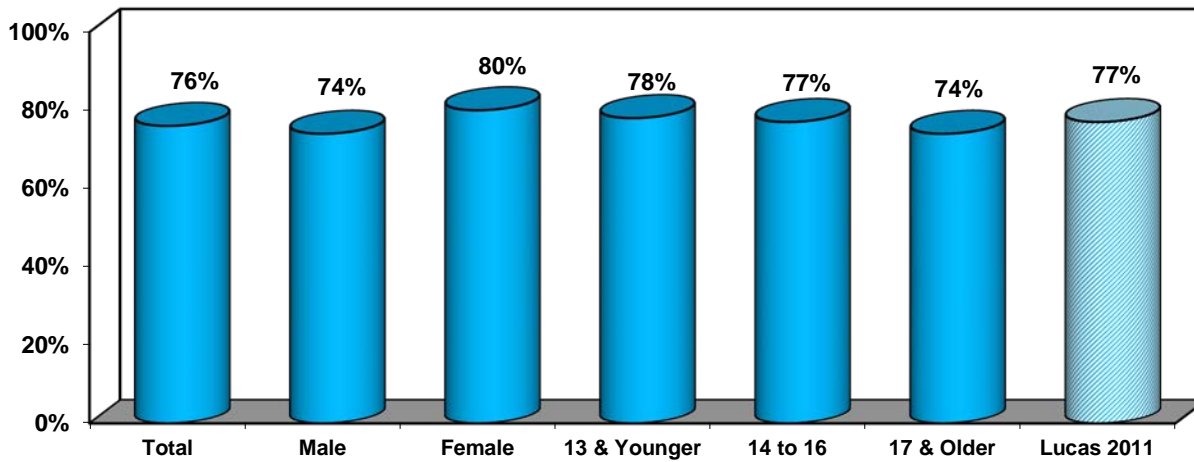
Texting While Driving Statistics and Information

- **Be Smart:** Don't text and drive. No text message is worth the distraction.
- **Be in Control:** Remember it's your phone. You decide if and when to send and read texts so take control. Consider turning your phone off, setting it to silent or even storing it in the glove box before hitting the road.
- **Be Caring:** Never send a text message to a friend that is driving to meet you, or to anyone you know is likely behind the wheel.
- **Be a Friend:** Friends don't let each other text and drive.

(Source: *Enough is Enough: Internet Safety 101, Texting and Driving*, from: <http://www.internetsafety101.org/textinganddriving.htm>)

The following graph shows the percentage of Lucas County 7th-12th grade youth who visited a dentist within the past year (i.e., the graph shows that 76% of all youth visited a dentist within the past year, 74% of males and 80% of females).

Lucas County 7th-12th Grade Youth Who Visited a Dentist Within the Past Year



Youth Comparisons	Lucas County 2011 (9 th -12 th)	Lucas County 2013/14 (5 th -6 th)	Lucas County 2013/14 (7 th -8 th)	Lucas County 2013/14 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Rode with someone who had been drinking alcohol in past month	25%	17%	19%	21%	17%	22%
Rarely or never wore a seatbelt when riding in a car	12%	6%	10%	8%	8%	8%
Drove a car after drinking alcohol (youth drivers)	9%	N/A	N/A	5%	4%	10%
Suffered blow or jolt to head	N/A	12%	14%	12%	12%	N/A
Visited a dentist in the past year	79%	72%	74%	77%	75%	N/A

N/A – Not available

Heads UP: Concussion in Youth Sports

- A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.
- You can’t see a concussion. Signs and symptoms of concussions can show up right after the injury or may not appear to be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself seek medical attention right away.

Signs of and Symptoms of a Concussion Observed by Parents or Guardians:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Answers questions slowly
- Moves clumsily
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

Signs of and Symptoms of a Concussion Reported by Athlete:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or “feeling down”

(Source: CDC, Injury Prevention & Control, Traumatic Brain Injury, Heads UP: Concussion in Youth Sports, Fact Sheet for Parents: http://www.cdc.gov/concussion/pdf/parents_Eng.pdf)

Youth | VIOLENCE ISSUES

Key Findings

In Lucas County, 8% of 7th-12th grade youth had carried a weapon in the past month. 7% of youth had been threatened or injured with a weapon on school property in the past year. 43% of youth had been bullied in the past year and 28% had been bullied on school property.

7th-12th Grade Violence-Related Behaviors

- In 2013/14, 8% of Lucas County 7th-12th grade youth had carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 12% of males (2013 YRBS reported 14% for Ohio and 18% for the U.S.).
- 9% of youth carried a weapon on school property for the following reasons: for protection (33%), for revenge, or to get even with someone (8%), to hurt someone (6%), some other reason (34%).
- 7% of youth were threatened or injured with a weapon on school property in the past year (2013 YRBS reported 7% for the U.S.)
- 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 in the past month (2013 YRBS reported 5% for Ohio and 7% for the U.S.).
- 43% of 7th-12th grade youth had been bullied in the past year. The following types of bullying were reported:
 - 32% were verbally bullied (teased, taunted or called harmful names)
 - 23% were indirectly bullied (spread mean rumors about or were kept out of a "group")
 - 12% were cyber bullied (teased, taunted or threatened by e-mail or cell phone, or other electronic methods) (2013 YRBS reported 15% for Ohio and 15% for the U.S.)
 - 10% were physically bullied (were hit, kicked, punched or people took their belongings)
 - 3% were sexually bullied (someone used nude or semi-nude pictures to pressure them to have sex when they do not want to, blackmailed, intimidated or exploited by another person)
- In the past year, 28% of youth had been bullied on school property (2013 YRBS reported 21% for Ohio and 20% for the U.S.).
- In the past year, 26% of youth had been involved in a physical fight (2013 YRBS reported 20% for Ohio and 25% for the U.S.).
- 10% of youth reported an adult or caregiver hit, slapped, or physically hurt them on purpose in the past 12 months.
- Of those 7th -12th grade students that had dated or went out with someone in the past year 9% reported they were physically hurt on purpose by someone they had dated (2013 YRBS reported 10% for the U.S.).
- Of those 7th -12th grade students that had dated or went out with someone in the past year 8% reported they were forced to do sexual things that they did not want to do by someone they had dated (2013 YRBS reported 10% for Ohio and 10% for the U.S.).
- 7% of youth had been forced to participate in unwanted sexual activity.

5th-6th Grade Violence-Related Behaviors

- In 2013/14, 6% 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 10% of males.
- 6% of youth were threatened or injured with a weapon on school property in the past year.
- 10% 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 in the past year.
- 46% of youth had been bullied in the past year. The following types of bullying were reported:
 - 35% were verbally bullied (teased, taunted or called you harmful names)
 - 20% were indirectly bullied (spread mean rumors about or kept them out of a "group")
 - 12% were physically bullied (were hit, kicked, punched or people took their belongings)
 - 4% were cyber bullied (teased, taunted or threatened by e-mail or cell phone, or other electronic methods)
- In the past year, 35% of youth had been bullied on school property.
- In the past year, 32% of youth had been involved in a physical fight, increasing to 42% of males.
- 8% of youth reported an adult or caregiver hit, slapped, or physically hurt them on purpose in the past 12 months.

Behaviors of Lucas County 7th-12th Grade Youth
Bullied vs. Non-Bullied

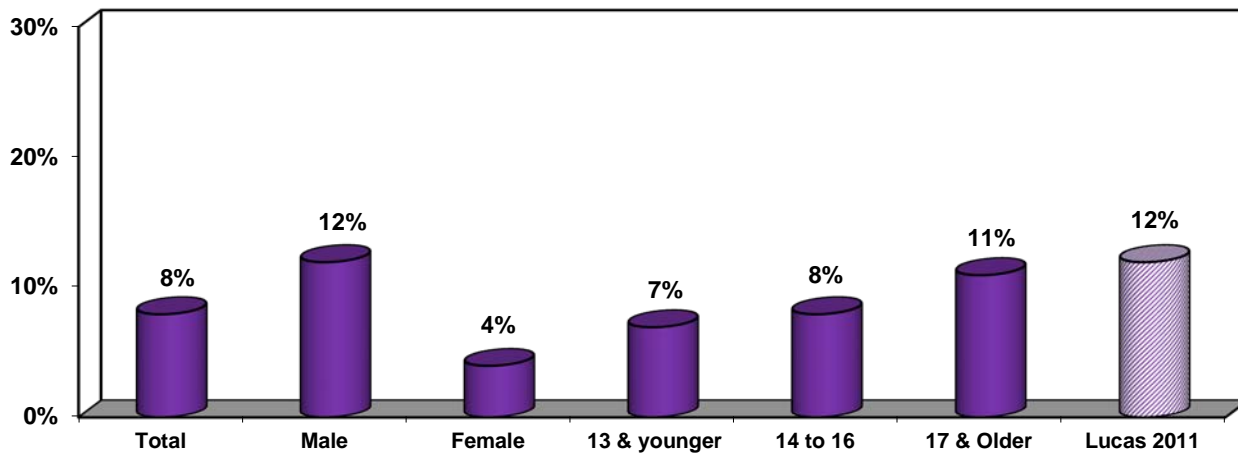
Youth Behaviors	Bullied	Non-Bullied
Contemplated suicide in the past 12 months	28%	8%
Have drank alcohol in the past 30 days	23%	21%
Have used marijuana in the past 30 days	14%	15%
Attempted suicide in the past 12 months	13%	3%
Misused prescription medications in the past 30 days	10%	5%
Have smoked cigarettes in the past 30 days	10%	6%

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
Verbally Bullied	32%	29%	35%	39%	32%	26%
Indirectly Bullied	23%	17%	29%	21%	22%	26%
Physically Bullied	10%	13%	7%	14%	11%	5%
Cyber Bullied	12%	9%	16%	12%	13%	10%
Sexually Bullied	3%	2%	3%	1%	3%	3%

The following graph shows Lucas County youth carrying a weapon in the past 30 days. The graph shows the number of youth in each segment giving each answer (i.e., the first graph shows that 8% of all youth carried a weapon in the past 30 days, 12% of males and 4% of females).

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



Youth Comparisons	Lucas County 2011 (9 th -12 th)	Lucas County 2013/14 (5 th -6 th)	Lucas County 2013/14 (7 th -8 th)	Lucas County 2013/14 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Carried a weapon in past month	13%	6%	8%	9%	14%	18%
Been in a physical fight in past year	28%	32%	30%	25%	20%	25%
Did not go to school because felt unsafe in past month	6%	N/A	9%	6%	5%	7%
Threatened or injured with a weapon on school property in past year	N/A	6%	5%	7%	N/A	7%
Electronically/cyber bullied in past year	15%	4%	13%	12%	15%	15%
Bullied in past year	43%	46%	52%	38%	N/A	N/A
Bullied on school property in past year	N/A	35%	38%	22%	21%	20%
Forced to participate in unwanted sexual behavior by someone they dated or went out with in the past year	N/A	N/A	7%	9%	10%	10%
Physically hurt by someone they were dating or going out with in the past year	N/A	N/A	5%	11%	10%	N/A

N/A-Not Available

Understanding Bullying

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

(Source: CDC, Injury Center: Violence Prevention, Understanding Bullying Fact Sheet, January 2014, http://www.cdc.gov/violenceprevention/pub/understanding_bullying.html)

Youth | PERCEPTIONS

Key Findings

In 2013/14, 64% of Lucas County 7th-12th grade youth thought there was a great risk in harming themselves if they smoked one or more packs of cigarettes per day. 48% of youth thought that there was either no risk or a slight risk of using marijuana. Almost three-quarters (74%) of youth reported that their parents would think it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day.

7th-12th Grade Perceived Risk of Drug Use

- Nearly two-thirds (64%) of Lucas County youth thought there was a great risk in harming themselves if they smoked one or more packs of cigarettes per day.
- 7% of youth thought that there was no risk if they smoked one or more packs of cigarettes per day.
- Over one-quarter (28%) of youth thought there was a great risk in harming themselves if they smoked marijuana once or twice a week
- 21% of youth thought that there was no risk if they smoked marijuana once or twice a week.
- Over one-third (39%) of Lucas County youth thought there was a great risk in drinking five or more alcoholic beverages once or twice a week.
- 7% of youth thought that there was no risk in drinking five or more alcoholic beverages once or twice a week.
- Almost three-fifths (58%) of Lucas County youth thought there was a great risk of harming themselves if they used prescription drugs that were not prescribed for them.
- 6% of youth thought that there was no risk in misusing prescription drugs.

5th-6th Grade Perceived Risk of Drug Use

- More than half (55%) of Lucas youth thought there was a great risk in harming themselves if they smoked one or more packs of cigarettes per day.
- 11% of youth thought that there was no risk in smoking cigarettes.
- 48% of youth thought there was a great risk in smoking marijuana once or twice a week.
- 10% of youth thought that there was no risk in smoking marijuana.
- Nearly two-fifths (37%) of Lucas County youth thought there was a great risk in drinking five or more alcoholic beverages once or twice a week.
- 12% of youth thought that there was no risk in drinking alcohol.
- Almost three-fifths (57%) of Lucas County youth thought there was a great risk in using prescription drugs that were not prescribed to them.
- 9% of youth thought that there was no risk in misusing prescription drugs.

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

- 78% of youth reported their parents (or guardians) would feel it was very wrong for them to smoke cigarettes, increasing to 92% of youth ages 13 and younger.
- 79% of Lucas County youth reported their parents would feel it was very wrong for them to use marijuana.
- 74% of youth reported their parents would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day, decreasing to 67% of those ages 17 and older.
- 83% of youth reported their parents would feel it was very wrong for them to misuse prescription medications.

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

- 96% of youth reported their parents would feel it was very wrong for them to smoke tobacco.
- 98% of Lucas County youth reported their parents would feel it was very wrong for them to use marijuana.
- 90% of youth reported their parents would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day.
- 93% of youth reported their parents would feel it was very wrong for them to misuse prescription medications.

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

- Nearly half (45%) of youth reported their peers would feel it was very wrong for them to smoke tobacco, increasing to 63% of youth ages 13 and younger.
- 41% of Lucas County youth reported their peers would feel it was very wrong for them to use marijuana decreasing to 24% of those ages 17 and older.
- 40% of youth reported their peers would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day decreasing to 27% of those ages 17 and older.
- 58% of youth reported their peers would feel it was very wrong for them to misuse prescription medications.

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

- Over three-fourths (78%) of youth reported their peers would feel it was very wrong for them to smoke tobacco.
- 87% of Lucas County youth reported their peers would feel it was very wrong for them to use marijuana.
- 78% of youth reported their peers would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day.
- 81% of youth reported their peers would feel it was very wrong for them to misuse prescription medications.

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 one or more packs of cigarettes per day	7%	8%	21%	64%
Smoke marijuana once or twice a week	21%	27%	24%	28%
Have five or more drinks of an alcoholic beverage once or twice a week	7%	19%	35%	39%
Use prescription drugs not prescribed for them	6%	9%	28%	58%

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 one or more packs of cigarettes per day	64%	64%	64%	62%	63%	68%
Smoke marijuana once or twice a week	28%	29%	27%	43%	27%	16%
Have five or more drinks of an alcoholic beverage once or twice a week	39%	42%	36%	41%	39%	37%
Use prescription drugs not prescribed for them	58%	59%	57%	60%	60%	52%

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

How wrong do your parents feel it would be for you to do the following:	Not At All Wrong	A Little Bit Wrong	Wrong	Very Wrong
Smoking cigarettes	2%	4%	16%	78%
Using marijuana	3%	6%	12%	79%
Having one or two drinks of an alcoholic beverage nearly every day	3%	7%	17%	74%
Misusing prescription drugs	2%	4%	11%	83%

Perceived Degree of Great Disapproval by Parents/Guardians (7th-12th Grade)

Parents feel it would be very wrong for you to do the following:	Total	Female	Male	13 or younger	14-16 years old	17 or older
Smoking cigarettes	78%	79%	78%	92%	79%	65%
Using marijuana	79%	80%	78%	91%	80%	67%
Having one or two drinks of an alcoholic beverage nearly every day	74%	75%	72%	85%	73%	64%
Misusing prescription drugs	83%	83%	83%	87%	83%	79%

Degree of Disapproval by Peers (7th-12th Grade)

How wrong do your friends feel it would be for you to do the following:	Not At All Wrong	A Little Bit Wrong	Wrong	Very Wrong
Smoking tobacco	10%	19%	26%	45%
Using marijuana	26%	15%	18%	41%
Having one or two drinks of an alcoholic beverage nearly every day	16%	20%	24%	40%
Misusing prescription drugs	7%	12%	23%	58%

Perceived Degree of Great Disapproval by Peers (7th -12th Grade)

Friends feel it would be very wrong to do the following:	Total	Female	Male	13 or younger	14-16 years old	17 or older
Smoking tobacco	45%	48%	42%	63%	44%	32%
Using marijuana	41%	42%	40%	68%	39%	24%
Having one or two drinks of an alcoholic beverage nearly every day	40%	41%	39%	68%	35%	27%
Misusing prescription drugs	58%	61%	55%	74%	56%	48%

Child HEALTH & FUNCTIONAL STATUS

Key Findings

In 2014, 24% of children were classified as obese by Body Mass Index (BMI) calculations. 81% of Lucas County parents had taken their child ages 0-11 to the dentist in the past year. 14% of Lucas County parents reported their child ages 0-11 had been diagnosed with asthma. 9% of parents reported their child had been diagnosed with ADD/ADHD.

Health of Children ages 0-11

- In 2014, 24% of children were classified as obese by Body Mass Index (BMI) calculations. 13% of children were classified as overweight, 52% were normal weight, and 11% were underweight.
- More than half (60%) 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.
- 52% of children had a seasonal flu vaccine in the past year.
- 43% of parents reported their child had been tested for lead poisoning, and the results were within normal limits. 1% reported the levels were elevated and medical follow-up was needed. 1% reported the levels were elevated and medical follow-up was not needed. 39% of parents had not had their child tested for lead poisoning and 16% of parents did not know if their child had been tested for lead.
- 81% of children had been to the dentist in the past year, increasing to 91% of 6-11 year olds.
- Parents gave the following reasons for not getting dental care for their child: cost (4%), child was not old enough to go to the dentist (3%), no insurance (2%), could not find a dentist who accepted their insurance (2%), inconvenient times/could not get an appointment (1%), transportation problems (1%), fear, apprehension, or pain (1%), child refused to go (<1%), did not know they needed to go (<1%), treatment was ongoing (<1%), dissatisfaction with dentist (<1%), not available in area (<1%), dentist could not treat or provide care (<1%), missed an appointment and was not allowed to go back to clinic (<1%), and other (3%). No one reported having health plan problems or not knowing where to go for treatment.
- One-third (33%) of parents reported problems with their child's teeth. The top four problems were: cavities (17%), crooked teeth/teeth that need braces (12%), hygiene (4%) and other teeth problems such as grinding, soft teeth, having teeth pulled, teeth falling out, etc.

National Survey of Children's Health 2011/12

- 6% of Ohio children ages 0-5 were diagnosed with asthma, increasing to 10% of 6-11 year olds.
- 12% of Ohio children ages 6-11 were diagnosed with ADD/ADHD.

(Source: National Survey of Children's Health, 2011/12, <http://nschdata.org>)

Children's Dental Health

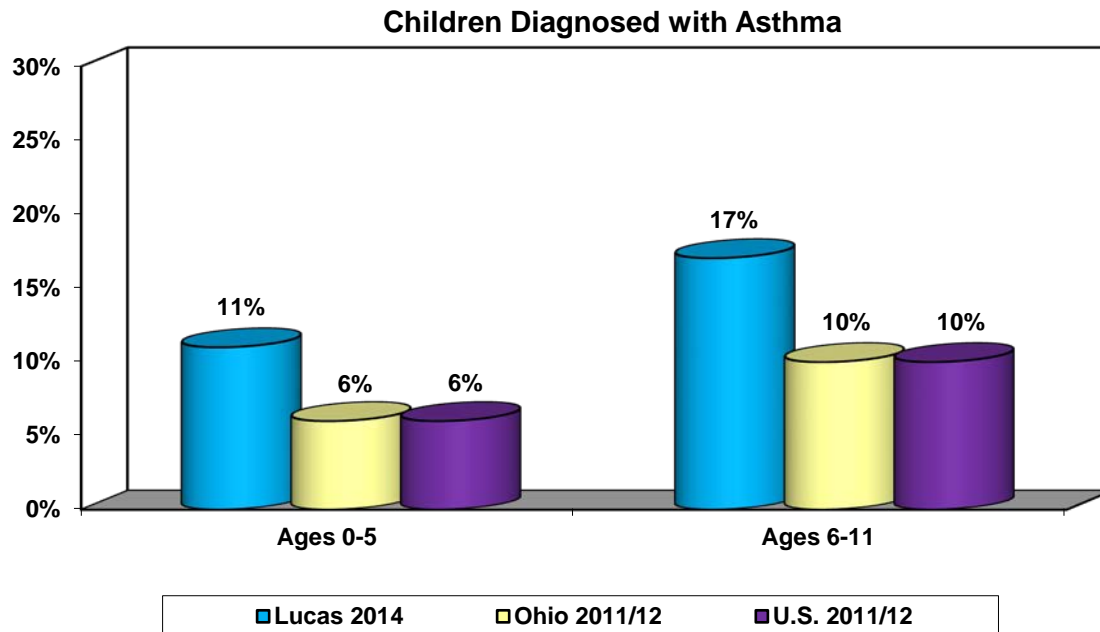
- Dental disease remains a common problem among Ohio's children; 51% of children have experienced tooth decay by third grade.
- Dental care remains the single most common unmet health care need for nearly 157,400 children in Ohio, regardless of family income.
- Almost 486,000 (19%) of Ohio's children are without dental insurance; this is four times the number of children without medical insurance.
- Almost 340,000 children in Ohio have never been to the dentist.
- The overall percentage of children in Ohio with dental sealants has increased; however, children in rural/non-Appalachian counties are significantly less likely to have dental sealants.

(Source: ODH, Oral Health Isn't Optional, 2011, from: http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/ohs/oral%20health/ohioreport8_9.ashx)

- Parents reported their child had the following allergies:
 - Pollen (6%)
 - Grasses (4%)
 - Cats (4%)
 - Ragweed (3%)
 - Mold (3%)
 - Eggs (3%)
 - House dust mites (3%)
 - Milk/dairy products (3%)
 - Peanuts (3%)
 - Dogs (2%)
 - Fungi (2%)
 - Tree nuts (2%)
 - Wheat (2%)
 - Bees (1%)
 - Soy (1%)
 - Fish (1%)
 - Horses (1%)
 - Red dye (1%)
 - Kiwi (1%)
 - Shellfish (1%)
 - Strawberries (<1%)
 - Gluten (<1%)
 - Watermelon (<1%)
 - Other (9%)
- 3% of children had an epi-pen for their allergy.
- During the past 12 months, 1% of children have been poisoned by accident and required medical attention. All of these poisonings happened in the home.
- A doctor told Lucas County parents their 0-11 year old child had the following conditions:
 - Asthma (14%)
 - Speech and language problems (11%)
 - ADD/ADHD (9%)
 - Developmental delay (7%)
 - Dental problems (5%)
 - Behavioral/conduct problem (5%)
 - Anxiety problems (5%)
 - Pneumonia (5%)
 - Learning disability (4%)
 - Urinary tract infection (3%)
 - Hearing problems (3%)
 - Autism (3%)
 - Digestive tract problems (3%)
 - Physical impairment (2%)
 - Vision problems that cannot be corrected with glasses (2%)
 - Bone/joint/muscle problems (2%)
 - Birth defect (2%)
 - Head injury (2%)
 - Intellectual disability/ mental retardation (2%)
 - Epilepsy (2%)
 - Depression problems (2%)
 - Other life threatening illness (1%)
 - Genetic disease (1%)
 - Cerebral palsy (1%)
 - Diabetes (<1%)
 - Cancer (<1%)
- 9% of parents reported their child had an asthma attack in the past year.
- 11% of children in Lucas County were currently receiving therapy services.
- Of those diagnosed with autism/ASD, etc. or Developmental Delay, 10% of these children had received therapy services to meet his/her developmental needs, such as Early Intervention, occupational therapy, or behavioral therapy. The average age for receiving services was 3 years old.
- Lucas County children ages 0-11 consumed the following sources of calcium at least once per day: milk (89%), yogurt (59%), calcium-fortified juice (22%), calcium supplements (7%), other dairy products (41%) and other calcium sources (10%).
- 93% of parents reported their child ate breakfast 5 days or more per week, and 81% of children ate breakfast every day of the week. 1% of parents reported their child does not eat breakfast.
- 10% of Lucas County children ate 5 or more servings of fruits and vegetables per day. 87% ate 1 to 4 servings of fruits and vegetables per day.
- Lucas County children spent an average of 2.4 hours watching TV, 1.4 hours on the computer/tablet/cellphone, and 1.0 hours playing video games an average day of the week.

Asthma

The following graph shows that Lucas County has a higher percentage of children ages 0-5 and 6-11 who are diagnosed with asthma than both Ohio and the U.S.



Child Comparisons	Lucas County 2011 Ages 0-5	Lucas County 2014 Ages 0-5	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Lucas County 2011 Ages 6-11	Lucas County 2014 Ages 6-11	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Rated health as excellent or very good	89%	91%	89%	86%	86%	86%	86%	83%
Dental care visit in past year	48%	64%	50%	54%	88%	91%	92%	88%
Child had no problems with teeth	89%	82%	91%	89%	54%	59%	78%	75%
Diagnosed with asthma	11%	11%	6%	6%	23%	17%	10%	10%
Diagnosed with ADHD/ADD	1%	1%	N/A	2%*	16%	14%	12%	9%
Diagnosed with behavioral or conduct problems	1%	3%	N/A	2%**	6%	5%	5%	4%
Diagnosed with vision problems that cannot be corrected	1%	2%	N/A	<1%	1%	2%	N/A	2%
Diagnosed with bone, joint, or muscle problems	3%	3%	N/A	1%	2%	1%	N/A	2%
Diagnosed with epilepsy	0%	0%	N/A	<1%	<1%	2%	N/A	1%
Diagnosed with a head injury	1%	1%	N/A	<1%	1%	2%	N/A	<1%
Diagnosed with diabetes	0%	0%	N/A	N/A	<1%	<1%	N/A	<1%
Diagnosed with depression	N/A	1%	N/A	<1%*	N/A	2%	N/A	2%

N/A - Not available

* - Ages 2-5

Asthma and Children

- Asthma is one of the most common chronic disorders in childhood, currently affecting an estimated 7.1 million children under 18 years; of which 4.1 million suffered from an asthma attack or episode in 2011.
- An asthma episode is a series of events that results in narrowed airways. These include: swelling of the lining, tightening of the muscle, and increased secretion of mucus in the airway. The narrowed airway is responsible for the difficulty in breathing with the familiar “wheeze”.
- Secondhand smoke can cause serious harm to children. An estimated 400,000 to 1 million children with asthma have their condition worsened by exposure to secondhand smoke.
- In 2009, approximately 774,000 emergency room visits were due to asthma in those under 15, and 157 children under the age of 15 died from asthma that year.
- The annual direct health care cost of asthma is approximately \$50.1 billion; indirect costs (e.g. lost productivity) add another \$5.9 billion, for a total of \$56.0 billion dollars.
- Asthma is characterized by excessive sensitivity of the lungs to various stimuli. Triggers range from viral infections to allergies, to irritating gases and particles in the air. Each child reacts differently to the factors that may trigger asthma, including:
 - Respiratory infections and colds
 - Cigarette smoke
 - Allergic reactions to such allergens as pollen, mold, animal dander, feather, dust, food, and cockroaches
 - Indoor and outdoor air pollutants, including ozone and particle pollution
 - Exposure to cold air or sudden temperature change
 - Excitement/stress
 - Exercise

(Source: American Lung Association, *Asthma & Children Fact Sheet*, October 2012, from: <http://www.lung.org/lung-disease/asthma/resources/facts-and-figures/asthma-children-fact-sheet.html>)

Attention-Deficit / Hyperactivity Disorder (ADHD)

- 3%-7% of school-aged children have ADHD. However, studies have estimated higher rates in community samples.
- Parents report that approximately 9.5% of children 4-17 years of age (5.4 million) have been diagnosed with ADHD as of 2007.
- Parent-reported ADHD diagnosis in Ohio was 13.3%
- Rates of ADHD diagnosis increased an average of 3% per year from 1997 to 2006 and an average of 5.5% per year from 2003 to 2007.
- Boys (13.2%) were more likely than girls (5.6%) to have ever been diagnosed with ADHD.
- Rates of ADHD diagnosis increased at a greater rate among older teens as compared to younger children.
- The highest rates of parent-reported ADHD diagnosis were noted among children covered by Medicaid and multiracial children.

(Source: CDC, *Attention-Deficit / Hyperactivity Disorder (ADHD)*, 5/13/2013, from: <http://www.cdc.gov/ncbddd/adhd/data.html>)

Child I HEALTH INSURANCE, ACCESS, UTILIZATION AND MEDICAL HOME

Key Findings

In 2014, 1% of Lucas County parents reported their 0-11 year old did not have health insurance. 23% of parents reported they received benefits from the SNAP/food stamps program. 22% of parents reported they had taken their child to the hospital emergency room in the past year. 90% of parents had taken their child to the doctor for preventive care in the past year.

Health Insurance

- 6% of parents reported there was a time in the past year that their child was not covered by any health insurance.
- 1% of parents reported that their child did not currently have health insurance.
- Lucas County children had the following types of health insurance: parent's employer (58%), Medicaid, Healthy Start, or other public health benefits (24%), someone else's employer (15%), self-paid (4%), Medicare (2%), or some other source of insurance (2%).
- Parents reported their child's health insurance covered the following: well visits (98%), doctor visits (98%), hospital stays (98%), prescription coverage (97%), immunizations (97%), dental (92%), vision (84%), and mental health (82%).

Access and Utilization

- 9% of parents reported their child did not get all of the prescription medications they needed in the past year for the following reasons: their child did not need prescription medication (6%), cost (2%), treatment is ongoing (1%), no referral (1%), no insurance (1%), health plan problem (<1%), transportation problems (<1%), doctor did not know how to treat or provide care (<1%), and other reasons (<1%).
- 6% of parents reported their child did not get all of the medical care they needed in the past year for the following reasons: cost (2%), treatment is ongoing (1%), no referral (1%), no insurance (1%), health plan problem (1%), transportation problems (1%), inconvenient times/could not get an appointment (1%), did not like the doctor (<1%), could not find a doctor who accepted child's insurance (<1%), not available in area (<1%), doctor did not know how to treat or provide care (<1%), vaccine shortage (<1%), and other reasons (1%). No one reported that they did not know where to go for treatment, there was a language barrier or that their child refused to go.
- 9% of Lucas County children received mental health care or counseling in the past year, increasing to 17% of those with incomes less than \$25,000.
- 73% of children have had their vision tested with pictures, shapes, or letters.
- Almost one-quarter (22%) of parents took their child to the hospital emergency room for health care in the past year, increasing to 45% of parents with incomes less than \$25,000. 2% of children had been to the ER three or more times in the past year.

National Survey of Children's Health 2011/12

- 7% of 0-5 year old and 5% of 6-11 year old Ohio children were without insurance at some time in the past year.
- 40% of 0-5 year old and 34% of 6-11 year old Ohio children had public insurance.
- 94% of 0-5 year old and 86% 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, 2011/12
<http://nschdata.org>)

- 94% of Lucas County children had received all of their recommended vaccinations.
- 6% of children did not get all of their recommended vaccinations for the following reasons: child had received some, but not all recommended vaccinations (3%), parents chose to not vaccinate their child (2%), fear of negative effects (1%), too expensive (<1%), not sure which are recommended (<1%), religious or cultural beliefs (<1%), and other reasons (1%).

Medical Home

- 57% of parents reported they had one or more people they think of as their child's personal doctor or nurse, decreasing to 43% of those with incomes less than \$25,000.
- 90% of children had visited their health care provider for preventive care in the past year, increasing to 95% of 0-5 year olds.
- Lucas County children have been referred to the following specialists: Ear, Nose, and Throat (ENT) doctor (18%), Behavior/developmental specialist (7%), Psychiatrist (6%), Cardiologist (heart doctor) (5%), Endocrinologist (diabetes doctor) (2%), Oncologist (cancer doctor) (<1%), and other specialist (19%).
- In 2014, 97% of Lucas County parents reported that their child had one particular place they usually went if they were sick or needed advice about their health. They reported the following places: a private doctor's office (92%), a hospital emergency room (2%), a community health center (2%), an urgent care center (1%), the health department (<1%), and some other kind of place (<1%). 2% reported multiple places.

Child Comparisons	Lucas County 2011 Ages 0-5	Lucas County 2014 Ages 0-5	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Lucas County 2011 Ages 6-11	Lucas County 2014 Ages 6-11	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Had public insurance	33%	28%	40%	44%	32%	22%	34%	37%
Not covered by insurance at some time during past year	6%	7%	7%	11%	9%	5%	5%	12%
Been to doctor for preventive care in past year	93%	95%	94%	90%	82%	88%	86%	82%
2 or more visits to the ER	15%	12%	8%*	8%*	9%	5%	6%*	4%*
Received all the medical care they needed	95%	93%	99%*	99%*	91%	94%	98%*	98%*
Have a personal doctor or nurse	58%	56%	91%	91%	57%	58%	93%	90%

*2003 national and state data

Child | EARLY CHILDHOOD (0-5 YEAR OLDS)

Key Findings

The following information was reported by parents of 0-5 year olds. In 2014, 92% of Lucas County parents reported their child always rode in a car seat/booster seat when a passenger in a car. 94% of mothers got prenatal care within the first three months during their last pregnancy. 8% of mothers smoked during their last pregnancy. 68% of parents put their child to sleep on his/her back. 29% of mothers never breastfed their child.

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 (94%), took a multi-vitamin (89%), took folic acid (42%), smoked cigarettes (8%), used alcohol (5%), experienced depression during or after pregnancy (3%), experienced domestic violence (3%), used marijuana (2%), took more medication that prescribed or differently than prescribed (1%), and used drugs not prescribed for them (1%).
- When asked how parents put their child to sleep as an infant, 68% said on their back, 17% said on their side, 8% said on their stomach, and 5% said various methods.
- Children were put to sleep in the following places: crib/bassinet (92%), pack n' play (43%), swing (40%), in bed with parent or another person (37%), car seat (33%), couch or chair (12%), and floor (6%).
- Mothers breastfed their child: more than 9 months (20%), 4 to 9 months (17%), 7 weeks to 3 months (17%), 3 to 6 weeks (8%), 2 weeks or less (7%), still breastfeeding (2%), and never breastfed (29%). Of those with incomes less than \$25,000, 44% never breastfed their child.
- Parents reported their child was not breastfed for the following reasons: they did not want to (22%), latching issues (5%), they did not try (4%), were unable to breastfeed (3%), medical issues with their child (2%), medical issues with the mother (1%), and some other reason (1%). 7% of parents reported multiple reasons.
- 92% of parents reported their child always rode in a car seat/booster seat when a passenger in a car, and 1% reported their child never rode in a car seat/booster seat.
- Parents reported their child always wore a helmet when riding the following: a bicycle (29%), a scooter/dirt bike (11%), rollerblades/skates (10%), and a skateboard (2%).
- Parents reported their child never wore a helmet when riding the following: a bicycle (12%), a scooter/dirt bike (6%), rollerblades/skates (6%), and a skateboard (2%).

National Survey of Children's Health 2011/2012

- 52% of Ohio and 48% of U.S. parents of 0-5 year olds read to their child every day.
- 10% of Ohio and 11% of U.S. parents of 0-5 year olds reported their child spends more than 4 hours a day in front of a TV watching TV programs, videos, or playing video games.
- 3% of U.S. and 4% of Ohio children 0-5 years old live inside of a home where people smoke inside of the home.
- 30% of Ohio and 21% of U.S. parents of 0-5 year olds never breastfed their child.

(Source: CDC, Progress on Childhood Obesity, August 2013, from:
<http://www.cdc.gov/vitalsigns/ChildhoodObesity/index.html>)

- Parents reported their child regularly attended the following: nursery school, pre-school, or kindergarten (49%), child care in their home provided by a relative other than a parent/guardian (44%), child care outside of their home provided by a relative (41%), elementary school (16%), accredited or star-rated child care center (27%), child care in their home provided by a baby sitter (27%), accredited or star-rated family-based child care outside of home (10%), Head Start program (9%), non-accredited or star-rated family-based child care outside of home (7%), and non-accredited or star-rated child care center (3%).
- Parents reported they or someone in the family reads to their 0-5 year old child: every day (33%), almost every day (36%), a few times a week (25%), a few times a month (5%), and a few times a year (1%). 1% of parents reported their child read to him/herself, and 1% reported never reading to their child due to lack of interest from the child.
- Children 0-5 years old were more likely than children 6-11 years old to:
 - Have been diagnosed with speech and language problems (15% compared to 9% of 6-11).
 - Have gone to the emergency room in the past year (30% compared to 17% of 6-11).
 - Have visited a doctor for preventive care in the past year (95% compared to 88% of 6-11).
 - Have public insurance (28% compared to 22% of 6-11).

Child Comparisons	Lucas County 2011 0-5 years	Lucas County 2014 0-5 years	Ohio 2011/12 0-5 years	U.S. 2011/12 0-5 years
Parent reads to child every day	33%	33%	53%	48%
Never breastfed their child	27%	29%	29%	21%

Sudden Infant Death Syndrome (SIDS)

SIDS is the diagnosis given when an infant under one year of age dies suddenly, and the incident cannot be explained by recent illness, medical history, an autopsy or the death scene itself. Risk factors for SIDS have been identified and include:

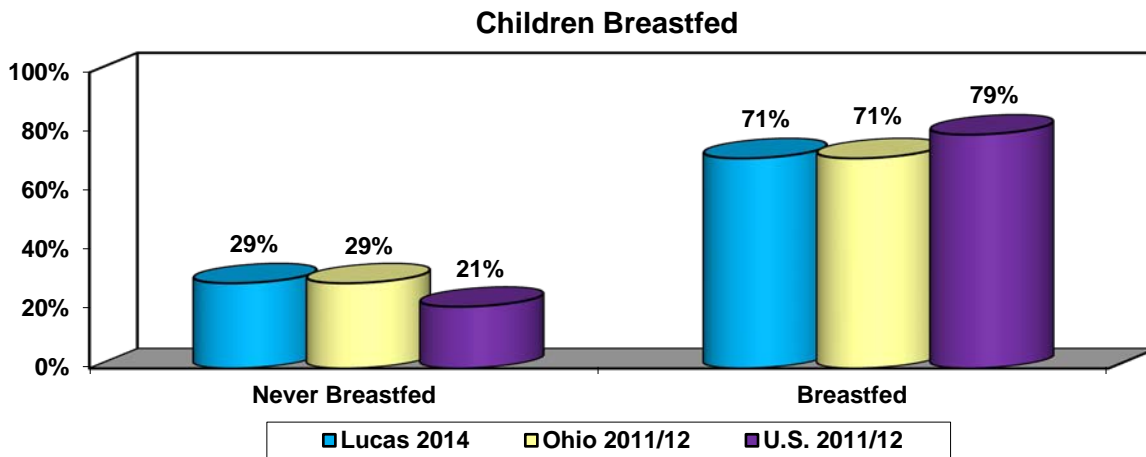
- Sleeping in the prone position (stomach sleeping)
- Soft bedding or unsafe beds (couches, daybeds, waterbeds)
- Loose bedding such as blankets and pillows
- Overheating due to clothing, blankets or room temperature
- Mother's age younger than 20 years
- Mother smoking during pregnancy
- Exposure to secondhand smoke
- Mother receiving late or no prenatal care
- Premature birth or low birth weight

(Source: National Sleep Foundation, Sudden Infant Death Syndrome and Sleep 2011, <http://www.sleepfoundation.org/>)

Breastfeeding

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

- The U.S. has a larger percent of children who have been breastfed for any length of time.



(Source: National Survey of Children's Health, Data Resource Center, and 2014 Lucas County Health Assessment)

Facts about Breastfeeding

- The percent of infants who were ever breastfed is 77% in the U.S., compared to 65% in Ohio.
- Human milk provides virtually all the protein, sugar, and fat your baby needs to be healthy, and it also contains many substances that benefit your baby's immune system, including antibodies, immune factors, enzymes, and white blood cells. These substances protect your baby against a wide variety of diseases and infections not only while he is breastfeeding but in some cases long after he has weaned. Formula cannot offer this protection.
- With regard to allergy prevention, there is some evidence that breastfeeding protects babies born to families with a history of allergies, compared to those babies who are fed either a standard cow's milk based formula or a soy formula.
- Recent research even indicates that breastfed infants are less likely to be obese in adolescence and adulthood. They are also less vulnerable to developing both type 1 and type 2 diabetes.
- The American Academy of Pediatrics (AAP) recommends that breastfeeding continue for at least 12 months, and thereafter for as long as mother and baby desire. The World Health Organization recommends continued breastfeeding up to 2 years of age or beyond.

(Source: CDC, Breastfeeding, July, 31, 2013, from: <http://www.cdc.gov/breastfeeding/faq/index.htm> & Healthy Children, Breastfeeding Benefits Your Baby's Immune System, 5/11/2013, from: <http://www.healthychildren.org/>)

Child Passenger Safety Facts

- In the United States during 2010, more than 1,200 children ages 14 years and younger died as occupants in motor vehicle crashes, and approximately 171,000 were injured.
- One CDC study found that, in one year, more than 618,000 children ages 0-12 rode in vehicles without the use of a child safety seat or booster seat or a seat belt at least some of the time.
- More than two-thirds of fatally injured children were killed while riding with a drinking driver.
- Restraint use among young children often depends upon the driver's seat belt use. Almost 40% of children riding with unbelted drivers were themselves unrestrained.
- Booster seats reduce the risk for serious injury by 45% for children ages 4 to 8 years.
- Child safety seats reduce the risk of death in passenger cars by 71% for infants, and by 54% for toddler's ages 1 to 4 years.
- Child restraint systems are often used incorrectly. One study found that 72% of nearly 3,500 observed car and booster seats were misused in a way that could be expected to increase a child's risk of injury during a crash.

(Sources: CDC, *Injury Prevention & Control: Motor Vehicle Safety*, Updated: September 13, 2013, from: http://www.cdc.gov/motorvehiclesafety/child_passenger_safety/cps-factsheet.html)

Child | MIDDLE CHILDHOOD (6-11 YEARS OLD)

Key Findings

The following information was reported by Lucas County parents of 6-11 year olds. In 2014, 74% of Lucas County parents reported their child always feels safe at school. 36% of parents reported their child was bullied at some time in the past year. 86% of parents reported their child participated in extracurricular activities. 35% of parents reported their child had an email or a social network account.

Middle Childhood

- The following information was reported by Lucas County parents of 6-11 year olds.
- 39% of parents reported their child under the age of 8 years old and less than 4 feet, 9 inches always rode in a booster seat when a passenger in a car.
- 7% reported their child under the age of 8 years old and less than 4 feet, 9 inches never rode in a booster seat. 5% of parents reported their child did not need a booster seat since they were taller than the recommended height.
- 64% of parents whose child was old enough and/or tall enough to not be in a booster seat, reported their child always wore a seat belt, and 12% reported their child never wore a seat belt.
- Parents reported they had to contact the following agencies to help with problems with their child: child's school (10%), mental health agency (6%), Board of Developmental Disabilities (4%), Children's Services (1%), juvenile court (<1%), and law enforcement (<1%). No one reported contacting a faith based agency. 81% of parents reported they had never needed help with their child. An additional 8% reported they have never called an agency for help with their child and 1% of parents reported they did not know where to look.
- 87% of parents of 6-11 year olds reported their child was physically active for at least 60 minutes on 3 or more days per week. 56% had done so on 5 or more days and 31% were physically active for at least 60 minutes every day per week. <1% reported no physical activity.
- 86% of parents reported their 6-11 year old child participated in extracurricular activities in the past year. Their child participated in the following: a sports team or intramural program (61%), a school club or social organization (40%), a church or religious organization (33%), a church youth group (10%), volunteer in the community (9%), take care of siblings after school (5%), take care of parents or grandparents (2%), babysit for other kids (2%), and some other organized activity (31%).
- Parents discussed the following topics with their 6-11 year olds: eating habits (75%), bullying (72%), screen time (TV or computer) (69%), negative effects of tobacco (63%), tobacco (61%), negative effects of alcohol (60%), refusal skills (57%), empathy (57%), alcohol (56%), gun safety (56%), violence (52%), body image (48%), negative effects of marijuana and other drugs (44%), marijuana and other drugs (44%), dating and relationships (20%), abstinence and how to refuse sex (12%), condoms, safer sex and STD prevention (9%), and birth control (7%). 6% of parents reported they did not discuss any of the above topics with their 6-11 year old.

National Survey of Children's Health 2011/12

- 10% of Ohio and 9% of U.S. parents of 6-11 year olds reported their child watched 4 or more hours of TV or played video games each day.
- 83% of Ohio and 79% of U.S. parents of 6-11 year olds reported their child participated in one or more organized activities outside of school
- 96% of Ohio and 94% of U.S. parents of 6-11 year olds reported they felt their child was usually or always safe at school.

(Source: National Survey of Children's Health, 2011/12, accessed from: <http://nschdata.org>)

- Children missed school an average of 3.3 days per year because of illness or injury.
- Children missed school an average of 1.2 days per year because of being bullied.
- 55% of parents of 6-11 year olds believed that teaching the reproductive system should be taught in grades 6-8 and 36% believed it should be taught in grades 3-5.
- 62% of parents believed that abstinence and refusal skills should be taught in grades 6-8. 17% believed it should be taught in grades 3-5.
- 53% of parents thought that birth control and the use of condoms should be taught in grades 6-8, and 38% of parents thought it should be taught in high school. 6% of parents thought this should not be taught at all.
- 13% of children in Lucas County had an emotional, developmental, or behavioral problem for which they need treatment or counseling.
- Lucas County children 6-11 years old were enrolled in the following types of schools: public (76%), private (17%), charter (5%), and home-schooled (2%). No one reported their child went to an online school. <1% of children were not enrolled in school.
- 74% of parents reported they felt their child was always safe at school. 22% reported usually, 2% reported sometimes, and 1% reported they felt their child was never safe at school.
- 36% of parents reported their child was bullied in the past year. The following types of bullying were reported:
 - 24% were verbally bullied (teased, taunted or called harmful names)
 - 9% were indirectly bullied (spread mean rumors about or kept out of a "group")
 - 6% were physically bullied (they were hit, kicked, punched or people took their belongings)
 - 1% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
 - <1% were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person)
- 6% of parents reported they did not know if their child was bullied.
- Over one-third (35%) of parents of 6-11 year olds reported their child had an email, facebook, Twitter, Instagram or other social network account. Of those who had an account, they reported the following: they had their child's password (57%), they knew all of the people in their child's "my friends" (42%), their child's account was checked private (30%), and their child had a problem as a result of their account (<1%). No parents reported that their child's friends had their passwords. 1% of parents reported they did not know if their child had a social network account.
- Parents reported their child reads: every day (40%), almost every day (42%), a few times a week (10%), a few times a month (3%), a few times a year (<1%), almost never-child has no interest (3%), and almost never-child cannot read (1%).
- Parents reported their 6-11 year old always wore a helmet when riding the following: a bicycle (30%), a scooter/dirt bike (15%), rollerblades/skates (12%), and a skateboard (8%).
- Parents reported their 6-11 year old never wore a helmet when riding the following: a bicycle (20%), rollerblades/skates (19%), a scooter/dirt bike (14%), and a skateboard (13%).
- Children 6-11 years old were more likely than children 0-5 years old to:
 - Have been diagnosed with asthma (17% compared to 11% of 0-5).
 - Have ADD or ADHD (14% compared to 1% of 0-5).
 - Have dental problems (7% compared to 2% of 0-5).
 - Have gone to the dentist in the past year (91% compared to 64% of 0-5).

Child Comparisons	Lucas County 2011 6-11 Years	Lucas County 2014 6-11 Years	Ohio 2011/12 6-11 Years	U.S. 2011/12 6-11 Years
Child did not miss any days of school because of illness or injury	18%	24%	16%*	22%*
Child missed school 11 days or more because of illness or injury	2%	2%	8%*	5%*
Parent felt child was usually/always safe at school	96%	96%	96%	94%

*2007 National Survey of Children's Health

Childhood Obesity Facts

- Childhood obesity has more than doubled in children and tripled in adolescents in the past 30 years.
- The percentage of children aged 6-11 years in the United States who were obese increased from 7% in 1980 to nearly 18% in 2010.
- In 2010, more than one third of children and adolescents were overweight or obese.
- Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem.
- Children and adolescents who are obese are likely to be obese as adult and are therefore more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis. One study showed that children who became obese as early as age 2 were more likely to be obese as adults.

(Source: CDC, Adolescent and School Health, Childhood Obesity Facts, July 2013, <http://www.cdc.gov/healthyyouth/obesity/facts.htm>)

Child I FAMILY FUNCTIONING, NEIGHBORHOOD AND COMMUNITY CHARACTERISTICS

Key Findings

In 2014, 51% of Lucas County parents reported their 0-11 year old child slept 8-9 hours per night. 93% of parents reported their neighborhood was always or usually safe enough for their child to go out and play. 22% of parents reported someone in their household used cigarettes, cigars, or pipe tobacco. 2% of parents reported there was an unlocked and loaded firearm in their home.

National Survey of Children's Health 2011/12

- 63% of Ohio and 61% of U.S. parents of 0-5 year olds reported their family ate a meal together every night of the week.
- 29% 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, 2011/12
<http://nschdata.org>)*

Family Functioning

- 66% of parents reported they were coping with the day-to-day demands of parenthood very well. 32% reported somewhat well, 1% reported not very well, and <1% reported not well at all.
- More than half (51%) of parents reported their child slept 8-9 hours per night. 42% reported their child slept 10-11 hours each night, 5% reported 5-7 hours, and 1% reported 12 or more hours a night.
- 1% of parents reported their child went to bed hungry at least one day per week because they did not have enough food.
- 43% of parents reported that every family member who lived in their household ate a meal together every day of the week, increasing to 50% of parents of 0-5 year olds. Families ate a meal together an average of 6.1 times per week.
- 34% of parents reported their child attended religious service one to three times per month and 40% reported four or more times per month. 27% reported their child has never attended a religious service. Parents reported their child attended religious services an average of 2.8 times per month.
- 99% of parents reported the primary language spoken in their home was English. <1% reported Spanish and <1% reported another language. 1% reported multiple languages were spoken in their home.

Neighborhood and Community Characteristics

- Parents reported their neighborhood was: always safe (52%), usually safe (41%), sometimes safe (6%), and never safe (2%). 33% of those with incomes less than \$25,000 reported their neighborhood as always safe, as compared to 56% of those with higher incomes.
- Parents reported having the following safety items in their home: working smoke alarm/detector (97%), fire extinguisher (64%), carbon monoxide detector (61%), and Poison Control number by the phone (40%). 83% had more than one of these safety items in their home.
- 26% of parents reported they had a firearm in or around their home. 2% reported they were unlocked and loaded.

- 61% of parents talked with their child about gun safety. 15% reported that they had not yet talked to their child, but plan to and an additional 14% said their child was not old enough to discuss gun safety. 10% of parents reported they did not need to talk to their child about gun safety.
- 22% of parents reported someone in their household used cigarettes, cigars or pipe tobacco, increasing to 43% 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 (86%), smoking is allowed in some rooms only (7%), 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 (80%), smoking is not allowed when children are present (13%), smoking is allowed as long as a window is open (4%), and smoking is allowed anywhere (3%).
- Lucas County children had moved to a new address an average of 1.0 time in their life. 48% of children have never moved to a new address. 12% of children had moved to a new address 3 or more times.
- In the past year, parents reported that someone in the household received the following: free or reduced cost breakfast or lunches at school (24%), SNAP/food stamps (23%), mental health treatment (10%), benefits from WIC program (10%), cash assistance from a welfare program (5%), subsidized childcare through Lucas County JFS (4%), Help Me Grow/home visit programs (3%), Head Start or Early Head Start (3%), and substance abuse treatment (1%).

Child Comparisons	Lucas County 2011 0-5 Years	Lucas County 2014 0-5 Years	Ohio 2011/12 0-5 Years	U.S. 2011/12 0-5 Years	Lucas County 2011 6-11 Years	Lucas County 2014 6-11 Years	Ohio 2011/12 6-11 Years	U.S. 2011/12 6-11 Years
Family eats a meal together every day of the week	43%	50%	63%	61%	33%	39%	45%	47%
Child never attends religious services	45%	18%	N/A	N/A	36%	31%	22%	18%
Neighborhood is usually or always safe	88%	89%	88%	86%	91%	95%	86%	86%
Someone in house smokes tobacco	29%	25%	29%	23%	34%	21%	34%	25%

N/A - Not available

Talking to Kids About Gun Safety

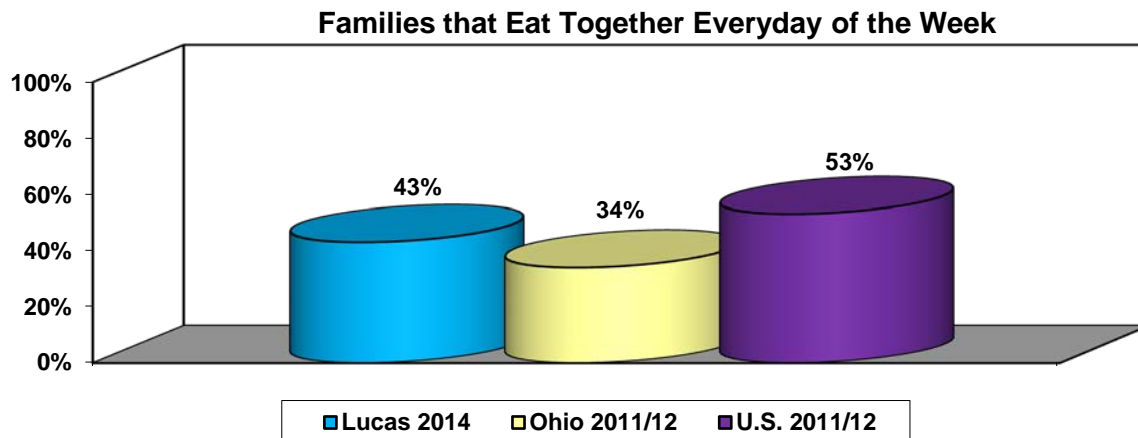
- Guns are in more than one third of all U.S. households, so they are a very real danger to children, whether you own one or not.
- A child as young as 3 has the finger strength to pull a trigger.
- Teach kids the following rules if they come into contact with a gun:
 - Stop what they are doing
 - Do not touch the gun
 - Leave the area where the gun is
 - Tell an adult right away

(Source: KidsHealth, *Guns and Pretend Play*; http://kidshealth.org/parent/firstaid_safe/home/gun_safety.html)

Family Dinners

The following graph shows the percent of Lucas County families that eat a meal together every day 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 by Lucas County and Ohio families.

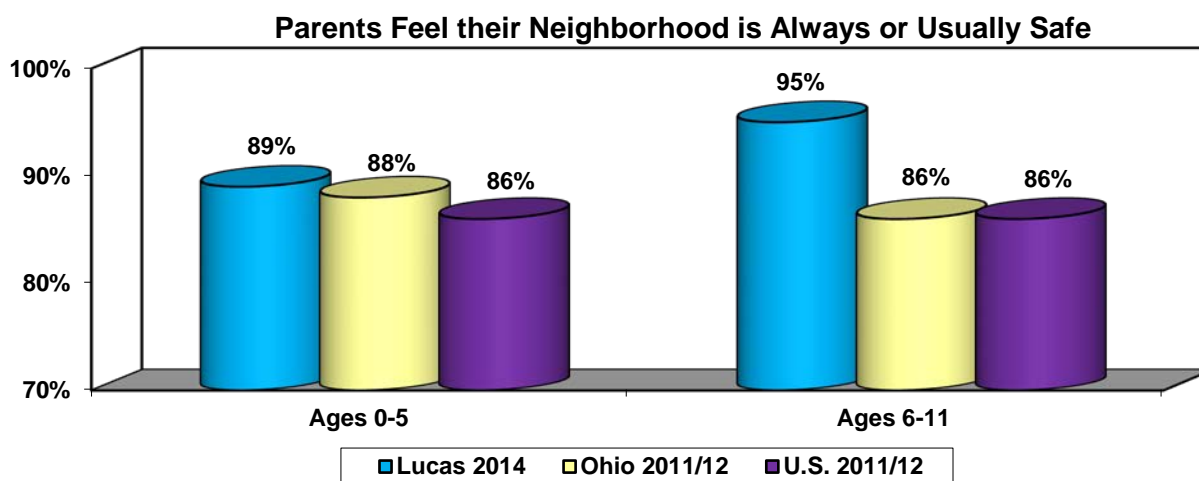


(Source: National Survey of Children's Health & 2014 Lucas County Health Assessment)

Neighborhood Safety

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

- Lucas County has the largest percent of parents for the 6-11 age group who feel that their neighborhood is always/usually safe.



(Source: National Survey of Children's Health & 2014 Lucas County Health Assessment)

Children and Sleep

- Children five to twelve years old need 10-11 hours of sleep.
- Sleep problems and disorders are prevalent at this age. Poor or inadequate sleep can lead to mood swings, behavioral problems such as hyperactivity and cognitive problems that impact their ability to learn in school.
- Sleep tips for school-aged children:
 - Teach school-aged children about healthy sleep habits
 - Emphasize need for regular and consistent sleep schedule and bedtime routine
 - Make child's bedroom conducive to sleep – dark, cool and quiet
 - Keep TV and computers out of the bedroom.

(Source: National Sleep Foundation, Children and Sleep; <http://www.sleepfoundation.org/article/sleep-topics/children-and-sleep>)

Child | PARENT HEALTH

Key Findings

In 2014, 16% of Lucas County parents were uninsured. 33% of parents were overweight and 31% were obese. Parents missed work an average of 1.2 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 (66%), father (31%), grandparent (3%), and other non-relative (<1%).
- Two-thirds (67%) of parents rated their health as excellent or very good, decreasing to 42% of parents with incomes less than \$25,000. 4% of parents had rated their health as fair or poor.
- 74% of parents rated their mental and emotional health as excellent or very good, decreasing to 56% of parents with incomes less than \$25,000. 5% rated their mental and emotional health as fair or poor.
- 4% of mothers and 2% of fathers of 0-5 year olds rated their mental and emotional health as fair or poor. 8% of mothers and 1% of fathers of 6-11 year olds rated their mental or emotional health as fair or poor.
- 16% of parents were uninsured, decreasing to 13% of parents with incomes less than \$25,000.
- 64% of parents were either overweight (33%) or obese (31%). 35% were normal weight, and 1% were underweight.
- Parents missed work an average of 1.2 days per year due to their child being ill or injured, 0.5 days per year due to their child’s medical appointments, 0.4 days due to child’s asthma, and 0.1 days due to behavioral or emotional problems.

**National Survey of Children’s Health
2011/2012**

- 78% of mothers of 0-5 year olds and 70% of mothers of 6-11 year olds in Ohio rated their mental and emotional health as excellent or very good.
- 83% of fathers of 0-5 year olds and 80% of fathers of 6-11 year olds in Ohio rated their mental and emotional health as excellent or very good.
- 7% of mothers of 0-5 year olds and 10% of mothers of 6-11 year olds in Ohio rated their mental and emotional health as fair or poor.
- 7% of fathers of 6-11 year olds in Ohio rated their mental and emotional health as fair or poor.

(Source: National Survey of Children’s Health, 2011/12, <http://nschdata.org>)

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

N/A – Not available

Appendix I | LUCAS COUNTY HEALTH ASSESSMENT INFORMATION SOURCES

Source	Data Used	Website
American Academy of Allergy, Asthma, and Immunology	<ul style="list-style-type: none"> Asthma Statistics 	www.aaaai.org/about-the-aaaai/newsroom/asthma-statistics.aspx
American Cancer Society, Cancer Facts and Figures 2014. Atlanta: ACS, 2014	<ul style="list-style-type: none"> 2014 Cancer Facts, Figures, and Estimates Electronic Cigarettes and Teenagers Nutrition Recommendations 	www.cancer.org
American Dental Association	<ul style="list-style-type: none"> Oral Health in Older Adults 	www.ada.org/sections/publicResources/pdfs/faq.pdf
American Diabetes Association	<ul style="list-style-type: none"> African Americans and Diabetes Type 1 and 2 Diabetes Risk Factors for Diabetes 	www.diabetes.org
American Foundation for Suicide Prevention	<ul style="list-style-type: none"> When You Fear Someone May Take Their Life 	www.afsp.org/
American Heart Association, 2013	<ul style="list-style-type: none"> High Blood Pressure & African Americans Stroke Warning Signs and Symptoms Smoke-free Living: Benefits & Milestones 	www.heart.org/HEARTORG/
American Lung Association, 2012	<ul style="list-style-type: none"> Asthma and Children Fact Sheet 	www.lung.org/lung-disease/asthma/resources/facts-and-figures/asthma-children-fact-sheet.html
Arthritis at a Glance, 2012, Centers for Disease Control & Prevention, Morbidity and Mortality Weekly Report 2010; 59(39):999-1003 & 59(39):1261-1265	<ul style="list-style-type: none"> What Can Be Done to Address Arthritis? Arthritis Statistics 	www.cdc.gov/chronicdisease/resources/publications/AAG/arthritis.htm
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> 2009 - 2012 Adult Ohio and U.S. Correlating Statistics 	www.cdc.gov

Source	Data Used	Website
Brady Campaign to Prevent Gun Violence	<ul style="list-style-type: none"> Victims of Gun Violence 	www.bradycampaign.org/sites/default/files/GunDeathandInjuryStatSheet3YearAverageFINAL.pdf
Caron Pennsylvania	<ul style="list-style-type: none"> Marijuana Use 	www.caron.org/signs-of-pot-use-5827.html
Center for Disease Control and Prevention (CDC)	<ul style="list-style-type: none"> Asthma Binge Drinking Among Women Cancer and Men Chlamydia Profile: U.S. & Ohio Distracted Driving Electronic Cigarettes and Teenagers Impact of Arthritis Health Care Access Among the Employed and Unemployed Health Care Access and Utilization HIV in the U.S. Impact of Arthritis on Hispanics Impaired Driving Heart Health and Stroke Facts Obesity Statistics Seasonal Influenza Skin Cancer Prevention Smoking facts 	www.cdc.gov
CDC, Adolescent and School Health, 2013	<ul style="list-style-type: none"> Childhood Obesity Facts 	www.cdc.gov/healthyyouth/obesity/facts.htm
CDC, Adolescent and School Health, 2013	<ul style="list-style-type: none"> Physical Activity Facts 	www.cdc.gov/healthyyouth/physicalactivity/facts.htm
CDC, Alcohol and Public Health, 2012	<ul style="list-style-type: none"> Under-Age Drinking Fact Sheet 	www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm
CDC, Attention-Deficit/Hyperactivity Disorder, 2013	<ul style="list-style-type: none"> ADHD 	www.cdc.gov/ncbddd/adhd/data.html
CDC, Arthritis	<ul style="list-style-type: none"> Key Public Health Messages 	www.cdc.gov/arthritis/basics/key.htm
CDC, Breastfeeding, 2013	<ul style="list-style-type: none"> Healthy Children, Breastfeeding Benefits Your Baby's Immune System 	www.cdc.gov/breastfeeding/faq/index.htm
CDC, Features	<ul style="list-style-type: none"> Breaking the Cycle of Teen Pregnancy 	www.cdc.gov/Features/vitalsigns/teenpregnancy/

Source	Data Used	Website
CDC, Injury Center, Violence Prevention, 2014	<ul style="list-style-type: none"> ▪ Youth Suicide Prevention ▪ Understanding Bullying Fact Sheet 	www.cdc.gov/violenceprevention/pub/youth_suicide.html www.cdc.gov/violenceprevention/pub/understanding_bullying.html
CDC, Injury Prevention & Control, 2013	<ul style="list-style-type: none"> ▪ Motor Vehicle Safety ▪ Traumatic Brain Injury (Concussion in Youth Sports) 	www.cdc.gov/motorvehiclesafety/child_passenger_safety/cps-factsheet.html www.cdc.gov/concussion/pdf/parents_Eng.pdf
CDC, National Center for Health Statistics	<ul style="list-style-type: none"> ▪ Leading Causes of Death in U.S. ▪ Men's Health ▪ U.S. Female Fertility Rate ▪ U.S. Births to Unwed Mothers ▪ U.S. Low Birth Weight, Live Births 	www.cdc.gov/nchs/fstats/
CDC, Physical Activity for Everyone	<ul style="list-style-type: none"> ▪ Physical Activity Recommendations 	www.cdc.gov/physicalactivity/everyone/guidelines/adults.html
CDC, Prescription Drug Overdose in the United States	<ul style="list-style-type: none"> ▪ Drug Overdose Statistics 	www.cdc.gov/homeandrecreationalafety/overdose/facts.html
CDC, Sexually Transmitted Diseases Surveillance, 2014	<ul style="list-style-type: none"> ▪ U.S. Chlamydia and Gonorrhea Rates ▪ STD's in Adolescents and Young Adults ▪ U.S. STD Surveillance Profile, 2012 	www.cdc.gov/std/stats/
Community Commons	<ul style="list-style-type: none"> ▪ Map Data 	www.communitycommons.org/
CDC, Vaccine Safety, Human Papillomavirus (HPV), updated January 24 2013	<ul style="list-style-type: none"> ▪ Human Papillomavirus 	www.cdc.gov/vaccinesafety/vaccines/HPV/Index.html
Enough is Enough: Internet Safety 101	<ul style="list-style-type: none"> ▪ Texting While Driving 	www.internetsafety101.org/textinganddriving.htm
Health Policy Institute of Ohio (HPIO)	<ul style="list-style-type: none"> ▪ Access to Care 	www.healthpolicyohio.org/strategic-objectives/access-to-care/
Healthy People 2020: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> ▪ All Healthy People 2020 Target Data Points ▪ Some U.S. Baseline Statistics ▪ Predictors of Access to Health Care 	www.healthypeople.gov/2020/topicsobjectives2020

Source	Data Used	Website
Help Guide	<ul style="list-style-type: none"> Age-Related Memory Loss 	www.helpguide.org/life/prevent_memory_loss.htm
Kids Health, Guns and Pretend Play	<ul style="list-style-type: none"> Talking to Kids About Gun Safety 	http://kidshealth.org/parent/firstaid_safe/home/gun_safety.html
Law Center to Prevent Gun Violence	<ul style="list-style-type: none"> Gun Violence Statistics 	http://smartgunlaws.org/category/gun-studies-statistics/gun-violence-statistics/
National Association for the Advancement of Colored People (NAACP)	<ul style="list-style-type: none"> Uninsured African Americans 	www.naacp.org/pages/health-care-fact-sheet
National Council of La Raza	<ul style="list-style-type: none"> Latinos and Health Care 	www.nclr.org/images/uploads/publications/FastFacts_LatinosandHealthCare2012.pdf
National Dairy Council, 2010; <i>Newsweek Back-To-School Guidebook</i>	<ul style="list-style-type: none"> Learning to get fit; stronger bodies, sharper minds 	www.nationaldairycouncil.org/childnutrition
National Institute on Alcohol Abuse and Alcoholism	<ul style="list-style-type: none"> Alcohol and the Hispanic Community 	http://pubs.niaaa.nih.gov/publications/HispanicFact/hispanicFact.pdf
National Institute on Drug Abuse	<ul style="list-style-type: none"> Abuse of Prescription Drugs 	www.drugabuse.gov
National Institute of Health, National Institute of Arthritis and Musculoskeletal and Skin Diseases	<ul style="list-style-type: none"> Back Pain Prevention 	www.ninds.nih.gov/disorders/backpain/detail_backpain.htm
National Sleep Foundation, 2011	<ul style="list-style-type: none"> Sudden Infant Death Syndrome and Sleep Children and Sleep 	www.sleepfoundation.org/
National Survey Of Children's Health 2011/12	<ul style="list-style-type: none"> Asthma, ADHD Physical Activity TV, Video Games & Computer Usage Reading to Child Preventive care Insurance Status Safe Schools Extracurricular Activities Mental and Emotional Health of Mothers and Fathers Neighborhood Safety Children & Smoking Smoking in Home of a Child Breastfeeding Family Dinners 	http://childhealthdata.org/

Source	Data Used	Website
National Vital Statistics Report	<ul style="list-style-type: none"> Live Birth Data 	www.naacp.org/pages/health-care-fact-sheet
Nicotine & Tobacco Research, "Flavored Cigar Smoking Among U.S. Adults: Findings from the 2009-2010 National Adult Tobacco Survey," 2012	<ul style="list-style-type: none"> Flavored Cigar Smoking Among U.S. Adults 	www.nclr.org/images/uploads/publications/FastFacts_LatinosandHealthCare2012.pdf
Office of Criminal Justice Services	<ul style="list-style-type: none"> Crime Statistics and Crime Reports 	www.ocjs.ohio.gov/crime_stats_reports.stm
Ohio Department of Health, Information Warehouse	<ul style="list-style-type: none"> Diabetes Facts Obesity and Diabetes in Ohio Lucas County and Ohio Mortality Statistics Lucas County and Ohio Birth Statistics Lucas County and Ohio Sexually Transmitted Diseases HIV/AIDS Surveillance Program Statistics: Access to Health Services 	www.odh.ohio.gov
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.ohio.gov/
Ohio Department of Health, Ohio Oral Health Surveillance System	<ul style="list-style-type: none"> Lucas County Oral Health Resources for Adults and Children 	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/county/cntypro/pdf11/Lucas.pdf
Ohio Department of Public Safety	<ul style="list-style-type: none"> 2013 Lucas County and Ohio Crash Facts 	https://ext.dps.state.oh.us/crashstatistics/CrashReports.aspx
Ohio Department of Rehabilitation and Correction	<ul style="list-style-type: none"> Arrests/Incarceration Data Inmate Population by Gender and Race 	www.drc.ohio.gov/web/Reports/FactSheet/January%202014.pdf
Ohio Family Health Survey Results, 2010	<ul style="list-style-type: none"> Lucas County and Ohio Uninsured Rates 	http://grc.osu.edu/omas/
Ohio Medicaid Assessment Survey, 2012	<ul style="list-style-type: none"> Ohio Statistics 	https://ckm.osu.edu/sitetoool/sites/omaspublic/documents/OMASStatewideRolloutPresentationSlides.pdf
Ohio Mental Health and Addiction Services	<ul style="list-style-type: none"> Doses Per Capita 	http://mha.ohio.gov/Portals/0/assets/Research/Maps/Ohio_OARRS_Opioids_2012_v2.pdf

Source	Data Used	Website
Ohio State Highway Patrol	<ul style="list-style-type: none"> Compliant Data Electronic Crash Records Felony Cases and Drug Arrests Lucas County Activity Statistics 	http://statepatrol.ohio.gov/
Pew Research Social & Demographic Trends	<ul style="list-style-type: none"> Firearm Deaths 	www.pewsocialtrends.org/2013/05/07/gun-homicide-rate-down-49-since-1993-peak-public-unaware/2/#homicide-race
The National Campaign	<ul style="list-style-type: none"> Teen Childbearing, Education and Economic Wellbeing The Public Costs of Teen Childbearing in Ohio 2010 	https://thenationalcampaign.org/
The Office of Minority Health	<ul style="list-style-type: none"> Obesity and Hispanic Americans 	http://minorityhealth.hhs.gov/templates/content.aspx?ID=6459
The Partnership at Drugfree.org, Parents 360, 2012	<ul style="list-style-type: none"> Synthetic Drugs: Bath Salts, K2/Spice A guide for parents and other influencers 	www.drugfree.org
University of Minnesota	<ul style="list-style-type: none"> Institute on Domestic Violence in the African American Community 	www.idvaac.org/media/publications/FactSheet.IDVAAC_AAPCFV-Community%20Insights.pdf
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> American Community Survey 1 year estimates, 2012 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 Health and Human Services, Ohio Department of Mental Health	<ul style="list-style-type: none"> Mental Health Services in Ohio 	www.lsc.state.oh.us/fiscal/ohiofacts/sept2012/health&humanservices.pdf
U.S Department of Justice	<ul style="list-style-type: none"> Bath Salts 	www.justice.gov/dea/druginfo/factsheets.shtml
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	<ul style="list-style-type: none"> 2005 - 2013 youth Ohio and U.S. correlating statistics 	http://apps.nccd.cdc.gov/YouthOnline/App/Default.aspx

Appendix II | LUCAS COUNTY ACRONYMS AND TERMS

Adult	Defined as 19 years of age and older.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
Adult Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
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.
CY	Calendar Year
FY	Fiscal Year
HCNO	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 \geq 140 and Diastolic \geq 90
N/A	Data is not available.
NSCH	National Survey of Children's Health
ODH	Ohio Department of Health

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
Youth BMI Classifications	Underweight is defined as BMI-for-age \leq 5 th percentile Overweight is defined as BMI-for-age 85 th percentile to < 95 th percentile. Obese is defined as \geq 95 th percentile.
Youth Binge Drinking	Consumption of five or more alcoholic beverages on one occasion.
Youth Current Smoker	Individual who has smoked cigarettes in the past 30 days.
YRBSS	Youth Risk Behavior Surveillance System , a youth survey conducted by the CDC

Appendix III | METHODS FOR WEIGHTING THE 2014 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 2014 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 (9 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of 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 2014 Lucas County Survey and the 2010 Census.

<u>2014 Lucas Survey</u>			<u>2010 Census</u>		<u>Weight</u>
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	462	47.975078	213,966	48.428867	1.009459
Female	501	52.024922	227,849	51.571133	0.991277

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) (48.428867%) and dividing that by the percent found in the 2014 Lucas County sample (47.975078%) [48.428867/47.975078 = weighting of 1.009459 for males]. The same was done for females [51.571133/51.571133 = weighting of 0.991277 for females]. Thus males' responses are weighted heavier by a factor of 1.009459 and females' responses weighted less by a factor of 0.991277.

This same thing was done for each of the 20 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 1.491557 [0.991277 (weight for females) x 1.269179 (weight for White) x 1.013359 (weight for age 45-54) x 1.169927 (weight for income \$50-\$75k)]. Thus, each individual in the 2014 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 21.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

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

Category	Lucas Sample	%	2010 Census *	%	Weighting Value
Sex:					
Male	462	47.975078	213,966	48.428867	1.009459
Female	501	52.024922	227,849	51.571133	0.991277
Age:					
20-24	44	4.710921	33,821	10.534463	2.236179
25-34	106	11.349036	55,943	17.424957	1.535369
35-44	122	13.062099	54,650	17.022218	1.303176
45-54	185	19.807281	64,441	20.071889	1.013359
55-59	121	12.955032	29,749	9.266129	0.715253
60-64	123	13.169165	24,638	7.674170	0.582738
65-74	137	14.668094	29,423	9.164588	0.624797
75-84	74	7.922912	19,789	6.163818	0.777974
85+	22	2.355460	8,597	2.677768	1.136834
Race:					
White (non-Hispanic)	538	55.925156	313,596	70.979030	1.269179
African American (non-Hispanic)	179	18.607069	82,541	18.682254	1.004041
Other (non-Hispanic)	60	6.237006	18,704	4.233446	0.678763
Hispanic (any race)	185	19.230769	26,974	6.105270	0.317474
Household Income:					
Less than \$10,000	119	13.370787	20,825	11.659155	0.871987
\$10k-\$15k	77	8.651685	11,403	6.384122	0.737905
\$15k-\$25k	121	13.595506	23,738	13.290037	0.977532
\$25k-\$35k	101	11.348315	21,464	12.016908	1.058916
\$35k-\$50	134	15.056180	25,645	14.357697	0.953608
\$50k-\$75k	131	14.719101	30,758	17.220278	1.169927
\$75k or more	207	23.258427	44,782	25.071802	1.077966
<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>					

Appendix IV | LUCAS COUNTY SCHOOLS

The following schools were randomly chosen and agreed to participate in the 2013/2014 Lucas County Health Assessment:

Maumee City Schools

Wayne Trail Elementary
Gateway Middle School
Maumee High School

Ottawa Hills Local

Ottawa Hills Elementary
Ottawa Hills High School

Springfield Local Schools

Dorr Street Elementary
Springfield Middle School
Springfield High School

Sylvania City Schools

Highland Elementary
Sylvan Elementary
Whiteford Elementary
Arbor Hills Junior High
McCord Junior High
Timberstone Junior High
Northview High School
Southview High School

Toledo Public Schools

Beverly Elementary
East Broadway Elementary
Garfield Elementary
Leverette Elementary
Navarre Elementary
Robinson Elementary
Bowsher High School
Rogers High School
Scott High School
Start High School
Waite High School
Woodward High School

Toledo Diocese

Christ the King Elementary
St. Patrick of Heatherdowns Elementary
St. Joseph Elementary
Notre Dame Academy
St. Francis de Sales High School
St. John's Jesuit High School
St. Ursula Academy

Appendix V | LUCAS COUNTY

SAMPLE DEMOGRAPHIC PROFILE*

Variable	2014 Survey Sample	Lucas County Census 2012 (1year estimate)	Ohio Census 2012
Age			
20-29	16.3%	14.6%	13.0%
30-39	16.2%	11.9%	11.9%
40-49	17.5%	12.8%	13.5%
50-59	18.6%	15.0%	14.7%
60 plus	23.9%	19.3%	20.9%
Race/Ethnicity			
White	53.4%	73.4%	82.7%
Black or African American	16.1%	19.4%	12.2%
American Indian and Alaska Native	0.2%	0.3%	0.2%
Asian	1.6%	1.7%	1.7%
Other (including multi-racial)	3.9%	1.8%	0.8%
Hispanic Origin (may be of any race)	20.0%	6.4%	3.2%
Marital Status†			
Married Couple	49.4%	41.0%	48.0%
Never been married/member of an unmarried couple	28.7%	35.9%	31.3%
Divorced/Separated	12.5%	16.5%	14.3%
Widowed	6.9%	6.6%	6.4%
Education†			
Less than High School Diploma	8.9%	11.4%	11.2%
High School Diploma	24.1%	32.4%	34.6%
Some college/ College graduate	65.6%	56.2%	54.3%
Income (Families)			
\$14,999 and less	17.1%	13.4%	9.1%
\$15,000 to \$24,999	11.5%	9.1%	8.4%
\$25,000 to \$49,999	22.4%	21.2%	23.5%
\$50,000 to \$74,999	14.2%	20.3%	20.9%
\$75,000 or more	22.2%	36.0%	38.1%

* 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.

Appendix VI | DEMOGRAPHICS AND HOUSEHOLD INFORMATION

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

Age	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 2012)

2012 ACS 1-year estimate

Total Population

2012 Total Population	437,998
2000 Total Population	455,054

Largest City-Toledo

2012 Total Population	284,022	100%
2000 Total Population	313,619	100%

Population By Race/Ethnicity

Total Population	437,998	100%
White Alone	321,504	73.4%
Hispanic or Latino (of any race)	27,918	6.4%
African American	84,787	19.4%
American Indian and Alaska Native	1,365	0.3%
Asian	7,234	1.6%
Two or more races	15,220	3.5%
Other	7,888	1.8%

Population By Age 2010

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

Median age (years) 37.0

Household By Type

Total Households	176,924	100%
Family Households (families)	103,886	58.7%
With own children <18 years	46,723	26.4%
Married-Couple Family Households	69,342	39.2%
With own children <18 years	26,981	15.3%
Female Householder, No Husband Present	26,153	14.8%
With own children <18 years	15,371	8.7%
Non-family Households	73,038	41.3%
Householder living alone	60,490	34.2%
Householder 65 years and >	21,070	11.9%

Households With Individuals < 18 years 52,903 29.9%

Households With Individuals 65 years and > 43,795 24.8%

Average Household Size 2.42 people

Average Family Size 3.15 people

General Demographic Characteristics, Continued
General Demographic Characteristics, Continued
 (Source: U.S. Census Bureau, Census 2012)

2012 ACS 1-year estimate

Median Value of Owner-Occupied Units	\$101,500
Median Monthly Owner Costs (With Mortgage)	\$1,147
Median Monthly Owner Costs (Not Mortgaged)	\$397
Median Gross Rent for Renter-Occupied Units	\$618
Median Rooms Per Housing Unit	5.8
Total Housing Units	202,048
No Telephone Service	3,775
Lacking Complete Kitchen Facilities	1,711
Lacking Complete Plumbing Facilities	460

Selected Social Characteristics
 (Source: U.S. Census Bureau, Census 2012)

2012 ACS 1-year estimate

School Enrollment

Population 3 Years and Over Enrolled In School	116,090	100%
Nursery & Preschool	7,212	6.2%
Kindergarten	5,473	4.7%
Elementary School (Grades 1-8)	46,655	40.2%
High School (Grades 9-12)	21,946	18.9%
College or Graduate School	34,804	30.0%

Educational Attainment

Population 25 Years and Over	287,887	100%
< 9 th Grade Education	8,666	3.0%
9 th to 12 th Grade, No Diploma	24,172	8.4%
High School Graduate (Includes Equivalency)	93,378	32.4%
Some College, No Degree	68,219	23.7%
Associate Degree	25,513	8.9%
Bachelor's Degree	42,130	14.6%
Graduate Or Professional Degree	25,799	9.0%

Percent High School Graduate or Higher	*(X)	88.6%
Percent Bachelor's Degree or Higher	*(X)	23.6%

*(X) – Not available

Selected Social Characteristics, Continued
 (Source: U.S. Census Bureau, Census 2012)

2012 ACS 1-year estimate

Marital Status

Population 15 Years and Over	353,044	100%
Never Married	126,650	35.9%
Now Married, Excluding Separated	144,797	41.0%
Separated	7,370	2.1%
Widowed	23,398	6.6%
Female	17,924	9.7%
Divorced	50,829	14.4%
Female	28,569	15.5%

Grandparents As Caregivers

Grandparent Living in Household with 1 or more own grandchildren <18 years	7,807	100%
Grandparent Responsible for Grandchildren	3,490	44.7%

Veteran Status

Civilian Veterans 18 years and over	28,272	8.4%
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Disability Status of the Civilian Non-institutionalized Population

Total Civilian Noninstitutionalized Population	432,663	100%
With a Disability	67,628	15.6%
Under 18 years	102,325	100%
With a Disability	7,759	7.6%
18 to 64 years	272,178	100%
With a Disability	38,127	14.0%
65 Years and Over	58,160	100%
With a Disability	21,742	37.4%

Employment Status

Population 16 Years and Over	346,568	100%
In Labor Force	219,705	63.4%
Not In Labor Force	126,863	36.6%
Females 16 Years and Over	180,851	100%
In Labor Force	107,701	59.6%
Population Living With Own Children <6 Years	32,724	100%
All Parents In Family In Labor Force	23,443	71.6%

Selected Economic Characteristics, Continued
 (Source: U.S. Census Bureau, Census 2012)

2012 ACS 1-year estimate

Occupations

Employed Civilian Population 16 Years and Over	189,205	100%
Management, business, science, and art occupations	59,408	31.4%
Sales and Office Occupations	46,701	24.7%
Service Occupations	36,214	19.1%
Production, Transportation, and Material Moving Occupations	32,638	17.3%
Natural Resources, Construction, and Maintenance Occupations	14,224	7.5%

Leading Industries

Employed Civilian Population 16 Years and Over	189,205	100%
Educational, health and social services	48,183	25.5%
Manufacturing	28,161	14.9%
Trade (retail and wholesale)	26,822	14.2%
Professional, scientific, management, administrative, and waste management services	19,464	10.3%
Arts, entertainment, recreation, accommodation, and food services	18,696	9.9%
Transportation and warehousing, and utilities	10,734	5.7%
Other services (except public administration)	9,282	4.9%
Finance, insurance, real estate and rental and leasing	8,893	4.7%
Construction	8,203	4.3%
Public administration	6,007	3.2%
Information	3,729	2.0%
Agriculture, forestry, fishing and hunting, and mining	1,031	0.5%

Class of Worker

Employed Civilian Population 16 Years and Over	189,205	100%
Private Wage and Salary Workers	156,373	82.6%
Government Workers	23,395	12.4%
Self-Employed Workers in Own Not Incorporated Business	9,306	4.9%
Unpaid Family Workers	131	0.1%

Median Earnings

Male, Full-time, Year-Round Workers	\$45,914
Female, Full-time, Year-Round Workers	\$34,960

Selected Economic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2012)

2012 ACS 1-year estimate

Income In 2012

Households	176,924	100%
< \$10,000	22,723	12.8%
\$10,000 to \$14,999	11,479	6.5%
\$15,000 to \$24,999	24,201	13.7%
\$25,000 to \$34,999	20,884	11.8%
\$35,000 to \$49,999	22,889	12.9%
\$50,000 to \$74,999	30,971	17.5%
\$75,000 to \$99,999	19,356	10.9%
\$100,000 to \$149,999	15,986	9.0%
\$150,000 to \$199,999	4,649	2.6%
\$200,000 or more	3,776	2.1%

Median Household Income

\$40,529

Income In 2012

Families	103,886	100%
< \$10,000	8,681	8.4%
\$10,000 to \$14,999	411	2.5%
\$15,000 to \$24,999	9,412	9.1%
\$25,000 to \$34,999	8,273	8.0%
\$35,000 to \$49,999	13,763	13.2%
\$50,000 to \$74,999	21,105	20.3%
\$75,000 to \$99,999	16,683	16.1%
\$100,000 to \$149,999	13,514	13.0%
\$150,000 to \$199,999	4,230	4.1%
\$200,000 or more	2,927	2.8%

Median Household Income (families)

\$55,384

Per Capita Income In 2012

\$23,218

Poverty Status In 2012

Families	% Below Poverty Level
Individuals	17.6%
	22.7%

*(X) - Not available

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 2012	\$37,542	27 th of 88 counties
BEA Per Capita Personal Income 2011	\$36,548	26 th of 88 counties
BEA Per Capita Personal Income 2010	\$34,394	24 th of 88 counties
BEA Per Capita Personal Income 2009	\$33,779	21 st of 88 counties
BEA Per Capita Personal Income 2002	\$29,204	18 th of 88 counties
BEA Per Capita Personal Income 2001	\$28,621	19 th of 88 counties

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

**Poverty Rates, 5-year averages
2006 to 2010**

Category	Lucas	Ohio
Overall (%)	18.0%	14.2%
Children under 18 (%)	25.4%	20.2%
Age 65 and over (%)	8.7%	8.3%
< 50% FPL, i.e. severe poverty (%)	8.7%	6.5%
< 200% FPL, i.e. below self-sufficiency (%)	37.0%	31.8%

(Source: *The State of Poverty in Ohio 2012*, Ohio Association of Community Action Agencies, 2012 Annual Report, http://www.cacfayetecounty.org/wp-content/uploads/2013/03/State_of_Poverty_2012_Final.pdf)

Employment Statistics

Category	Lucas	Ohio
Labor Force	207,000	5,718,000
Employed	195,000	5,413,000
Unemployed	11,800	304,900
Unemployment Rate* in May 2014	5.7	5.3
Unemployment Rate* in April 2014	5.7	5.3
Unemployment Rate* in May 2013	8.2	7.0

*Rate equals unemployment divided by labor force.
(Source: Ohio Department of Job and Family Services, May 2014)

Estimated Poverty Status in 2012

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Lucas County				
All ages in poverty	96,810	91,245 to 102,375	22.7%	21.4 to 24.0
Ages 0-17 in poverty	32,716	29,928 to 35,504	32.5%	29.7 to 35.3
Ages 5-17 in families in poverty	21,792	19,594 to 23,990	30.0%	27.0 to 33.0
Median household income	\$40,759	39,391 to 42,127		
Ohio				
All ages in poverty	1,818,886	1,797,356 to 1,840,416	16.2%	16.0 to 16.4
Ages 0-17 in poverty	617,006	603,764 to 630,248	23.6%	23.1 to 24.1
Ages 5-17 in families in poverty	411,818	400,008 to 423,628	21.4%	20.8 to 22.0
Median household income	\$46,873	46,582 to 47,164		
United States				
All ages in poverty	48,760,123	48,528,543 to 48,991,703	15.9%	15.8 to 16.0
Ages 0-17 in poverty	16,396,863	16,275,868 to 16,517,858	22.6%	22.4 to 22.8
Ages 5-17 in families in poverty	11,086,537	10,995,403 to 11,177,671	21.0%	20.8 to 21.2
Median household income	\$51,371	51,318 to 51,424		

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

Federal Poverty Thresholds in 2013 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$12,119					
1 Person 65 and >	\$11,173					
2 people Householder < 65 years	\$15,600	\$16,057				
2 People Householder 65 and >	\$14,081	\$15,996				
3 People	\$18,222	\$18,751	\$18,769			
4 People	\$24,028	\$24,421	\$23,624	\$23,707		
5 People	\$28,977	\$29,398	\$28,498	\$27,801	\$27,376	
6 People	\$33,329	\$33,461	\$32,771	\$32,110	\$31,128	\$30,545
7 People	\$38,349	\$38,588	\$37,763	\$37,187	\$36,115	\$34,865
8 People	\$42,890	\$43,269	\$42,490	\$41,807	\$40,839	\$39,610
9 People or >	\$51,594	\$51,844	\$51,154	\$50,575	\$49,625	\$48,317

(Source: U. S. Census Bureau, Poverty Thresholds 2013, <http://www.census.gov/hhes/www/poverty/data/threshld/index.html>)