



OhioHealth MedCentral Mansfield Hospital Community Health Needs Assessment

May 2014



OhioHealth MedCentral Mansfield Hospital

OhioHealth MedCentral Mansfield Hospital is a not-for-profit, 326-bed facility which has provided quality health care to the north central Ohio community since 1915. The hospital offers a comprehensive mix of inpatient and outpatient services, including delicate neurological and cardiovascular surgery, sophisticated diagnostic testing and trauma care.

In a typical year, Mansfield Hospital treats more than 46,000 patients in its Level II Emergency Department, admits more than 13,000 patients, performs more than 8,000 surgical procedures and helps 1,300 babies come into the world.

335 Glessner Avenue
Mansfield, Ohio 44903

Jean M. Halpin
President

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Executive Summary

A. COMMUNITY SERVED

OhioHealth MedCentral Mansfield Hospital is located at 335 Glessner Ave., Mansfield, Ohio 44903. OhioHealth MedCentral Shelby Hospital is located at 199 W. Main Street, Shelby, Ohio 44875.

In developing this community health needs assessment (CHNA), we identified the “community served” by both OhioHealth MedCentral Mansfield Hospital and OhioHealth MedCentral Shelby Hospital as the residents of Richland County. The communities reside in zip codes 44903, 44906, 44907, 44905, 44904, 44902, 44875, 44813, 44843, 44822, 44878, 44901, 44862, and 43349. Review of OhioHealth internal data has shown that for 2011, 80.2 percent of all OhioHealth MedCentral Mansfield Hospital admissions and 79.9 percent of all OhioHealth MedCentral Shelby admissions resided in Richland County at the time of admission.

B. DEMOGRAPHICS OF THE COMMUNITY

In 2010, Richland County had a total population of 124,475.

Race/Ethnicity. In 2010, among Richland County residents, 87.5 percent were Caucasian, 9.4 percent were African American, 1.4 percent were Hispanic or Latino, 0.6 percent were Asian, 0.2 percent were American Indian and Alaskan Natives, 0.1 percent were from other races, and 1.9 percent were from two or more races.

Age. Approximately 22.5 percent were less than 18 years old, 8.4 percent were 18 to 24 years old, 24.4 percent were 25 to 44 years old, 28.3 percent were 45 to 64 years old, and 16.3 percent were 65 years and older.

Income. Median household income was \$41,572 and per capita income was \$20,674. Approximately 9.9 percent of families and 12.9 percent of individuals had income below the poverty level.

C. HEALTH NEEDS OF THE COMMUNITY

Representatives from OhioHealth MedCentral Mansfield Hospital and OhioHealth MedCentral Shelby Hospital were part of the Strategic Planning Committee of Richland County who prioritized health needs and developed the Community Health Improvement Plan based on the strategic planning tool developed by the National Association of City and County Health Officials (NACCHO). Based on 2010 data, the priority health issues include:

1. Obesity among adults, youth and children
2. Access and awareness of mental health services and decrease in violence and bullying
3. Decrease in adult and youth risky behaviors

D. PRIMARY AND CHRONIC DISEASE NEEDS AND OTHER HEALTH ISSUES OF UNINSURED PERSONS, LOW-INCOME PERSONS AND MINORITY GROUPS

The members of Richland County Partners Community Health Assessment Collaborative and Richland County Strategic Planning Committee came from organizations that serve Richland County residents who are uninsured, low-income and members of minority groups (Appendix A).

The Richland County community health needs assessment developed in 2011 (Appendix B) identified significant adult, youth and child health issues or concerns such as:

Adult

1. **Obesity and various risk factors** — cardiovascular disease, high blood cholesterol, high blood pressure, diabetes
2. **Substance abuse** — drug abuse, prescription drug abuse, binge drinking
3. **Mental health issues** — need for social and emotional support
4. **Cancer**
5. **Tobacco use** — smoking by adults and high percent of mothers smoking during pregnancy

Youth

1. **Risky behaviors** — sexual behavior, drug use, alcohol use, tobacco use
2. **Obesity**
3. **Suicide/mental health**
4. **Violence** — bullying, carrying a weapon, threatened with a weapon, forced sexual intercourse

Child

1. **Child abuse** — neglect, physical abuse, sexual abuse, emotional maltreatment, dependency, family in need of service
2. **Obesity** — sedentary lifestyle
3. **Bullying**
4. **Unsafe sleeping habits for infants**
5. **Lack of dental services**
6. **Mental health issues** — behavioral conduct
7. **Asthma**

E. PROCESS OF OBTAINING DATA

In 2011, Richland County developed a survey using structured questionnaires to collect health-related data for adults (19 years and older), youth (12 to 18 years old), and children (0 to 11 years old). The Healthy Communities Foundation of the Hospital Council of Northwest Ohio led the overall community health needs assessment, data collection, and inclusion of primary and secondary data.

Survey design. Various community partners actively participated in developing the design and implementation of the community health needs assessment. Community partners include: (a) MedCentral Health System, (b) Richland County Mental Health and Recovery Services Board, (c) Mansfield/Ontario/Richland County Health Department, (d) Third Street Family Health Services, (e) Richland County Newhope, (f) Mansfield YMCA, (g) Richland County Children Services, and (h) Ohio District 5 Area Agency on Aging, Inc.

Survey instrument. The questions were based on the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System and Child and Adolescent Health Measurement Initiative's National Survey of Children's Health. Instruments were developed for adults (114 items), adolescents (73 items), parents of children 0 to 5 years old (82 items), and parents of children 6 to 11 years old (82 items). The Hospital Council of Northwest Ohio consulted with the Richland County planning committee in developing and pilot testing the instruments.

Survey sampling procedure. Three hundred fifty adults 19 years and older were sampled. Three hundred seventy one parents of children 0 to 11 years old were sampled. A random sample of mailing addresses of adults were obtained from the American Clearinghouse (Louisville, Kentucky). The sample size was based upon a 5 percent margin of error. The adult survey response rate was 38 percent (n=350). The sample size and the return rate ensured that the responses in the health assessment represent those in Richland County. The adolescent survey was done by randomly selecting schools and grade levels. Permission slips were mailed to parents of the students belonging to a selected class. The adolescent survey response rate was 89 percent. The response rate for parents of children ages 0 to 11 years old was 34 percent.

Survey data analysis and reporting. Crosstab analysis was done to calculate descriptive statistics for all variables in the surveys. Among adults, various health data, broken down by sex, age and income level, were described. Adult data included health perceptions, healthcare coverage, healthcare access, cardiovascular health, cancer, diabetes, arthritis, asthma, adult weight status, adult tobacco use, adult alcohol consumption, adult marijuana and other drug use, women's health, men's health, preventive medicine and health screenings, adult sexual behavior and pregnancy outcomes, quality of life, adult mental health and suicide, and oral health. Among youth, various health data, broken down by sex and age, were described. Youth data included weight status, tobacco use, alcohol consumption, drug use, sexual behavior and pregnancy outcomes, mental health and suicide, safety, and violence. Among children 0 to 11 years old, health data including functional status, health insurance, access, utilization and medical home were reported. Data on family functioning, neighborhood safety, parent health and health insurance were summarized.

F. AVAILABLE HEALTHCARE FACILITIES AND RESOURCES WITHIN THE COMMUNITY TO RESPOND TO THE HEALTH NEEDS OF THE COMMUNITY

The Richland County 2013–2016 Community Health Improvement Plan (Appendix C) identified various facilities and resources in the community that are available to respond to the priority health needs identified. It is noteworthy that OhioHealth MedCentral Mansfield Hospital and Shelby Hospital have immense programs and strategies to address the priority health needs, including:

1. Decrease obesity among adults, youth and children

- + *Health Matters educational classes* — an obesity prevention and early intervention program that targets adults; program is implemented in collaboration with Third Street Family Health Services
- + *Healthy Grocery Shopping Tours* — a prevention program that targets adults; promotes healthy food choices
- + *Healthy Chef Series* — an obesity prevention program that targets all ages; promotes healthy cooking for the entire family
- + *Get Fit Mansfield* — an obesity prevention program that promotes health and fitness among children 13 years and older and adults; offered at the OhioHealth MedCentral Mansfield Health and Fitness Center
- + *Weight Loss Challenges* — an early intervention program that promotes health and fitness among children 13 years and older and adults; offered at OhioHealth MedCentral Mansfield Health and Fitness Center
- + *Modified Cafeteria Menus and Vending Machines* — an obesity prevention program directed to MedCentral employees, patients and visitors; offered at OhioHealth MedCentral Mansfield Hospital and OhioHealth MedCentral Shelby Hospital cafeterias
- + *Wellness Program* — an obesity prevention program that is offered to OhioHealth MedCentral Mansfield Hospital and OhioHealth MedCentral Shelby Hospital employees and their families
- + *Health Fairs, Screenings and Support Groups* — an obesity prevention program that targets all ages

2. Increase access and awareness of mental health services and decrease violence and bullying

- + *Increase education of Emergency Department (ED) and primary care providers on mental health issues* — an initiative that will focus on improving patient education materials, community resource lists, and providing continuing medical education and training throughout Richland County. This initiative will be done in collaboration with National Alliance of Mental Health and the Richland County Mental Health and Recovery Services Board and hospitals' EDs and primary care clinics
- + *Increase number of primary care providers screening for depression during office visits* — involves collection of baseline data on number of primary care and obstetrician/gynecologists screening for depression during office visits. This initiative will be done in collaboration with National Alliance of Mental Illness and Catholic Charities.

3. Decrease risky behaviors

- + *Increase the number of ED and primary care providers screening for at-risk drinking and drug abuse* — involves (a) collection of baseline data on the number of ED and primary care providers who currently screen for at-risk drinking and drug abuse and what age groups predominantly screen positive, and (b) introduction of an alcohol-screening tool. This initiative will be done in collaboration with Community Action for Capable Youth.

G. PROCESS FOR IDENTIFYING AND PRIORITIZING COMMUNITY HEALTH NEEDS AND SERVICES TO MEET COMMUNITY HEALTH NEEDS

The Richland County Strategic Planning Committee met eight times between March and July 2013 to complete the 2013–2014 Richland County Community Health Improvement Plan. The process involved:

1. Choosing health priorities based on quantitative and qualitative data to identify target areas;
2. Ranking health priorities based on magnitude, seriousness of consequences and potential of addressing the health problem. The scores provided by each committee member were averaged and the health priorities were ranked based on the ranking of the average scores;
3. Identifying health priorities such as (a) obesity and weight control for adult, youth and children; (b) mental health, and violence and bullying for adult, youth, and children; and (c) risky behaviors for adult and youth such as adult substance abuse, youth sexual behavior, and youth drug, alcohol and tobacco use; and
4. Assessing resources to identify programs, services and activities that may be utilized to address the needs identified.

H. PROCESS FOR CONSULTING WITH PERSONS REPRESENTING THE COMMUNITY INTERESTS

OhioHealth MedCentral Mansfield Hospital and OhioHealth MedCentral Shelby Hospital were among the leading proponents of the Richland County Partners Community Health Assessment Collaborative that were responsible for developing the health survey, gathering data, analyzing and interpreting results, and prioritizing community health needs. OhioHealth MedCentral Mansfield Hospital and OhioHealth MedCentral Shelby Hospital were also among major proponents of the Strategic Planning Committee that developed the 2013—2016 Richland County Community Health Improvement Plan.

All community stakeholders who were part of the Community Health Needs Assessment Collaborative and the Strategic Planning Committee provide services related to improving various aspects of community health, including physical, mental and behavioral health, and social determinants of health.

I. INFORMATION GAPS THAT LIMIT THE HOSPITALS' ABILITY TO ASSESS THE COMMUNITY HEALTH NEEDS

OhioHealth MedCentral Mansfield Hospital and OhioHealth MedCentral Shelby Hospital did not find any information gaps during the community health needs assessment process and prioritization of health needs.

J. COLLABORATING PARTNERS

OhioHealth MedCentral Mansfield Hospital and OhioHealth MedCentral Shelby Hospital engaged Bricker & Eckler LLP/Quality Management Consulting Group, located at 100 South Third Street, Columbus, Ohio, to review this community health needs assessment report. Jim Flynn is a partner with the Bricker & Eckler Health Care group, where he has practiced for 21 years. His general healthcare practice focuses on health planning matters, certificate of need, non-profit and tax-exempt healthcare providers, and federal and state regulatory issues. Mr. Flynn has provided consultation to healthcare providers, including non-profit and tax-exempt healthcare providers and public hospitals on community health needs assessments. Chris Kenney is the director of Regulatory Services with the Quality Management Consulting Group of Bricker & Eckler, LLP. Ms. Kenney has over 30 years of experience in healthcare planning and policy development, federal and state regulations, certificate of need regulations and Medicare and Medicaid certification. She provides expert testimony on community need and offers presentations and educational sessions regarding community health needs assessments.

OhioHealth MedCentral Mansfield Hospital and OhioHealth MedCentral Shelby Hospital collaborated with various community organizations and public health agencies in completing this community health needs assessment. Listed in the Appendix are the community organizations that were represented in the Strategic Planning Committee, their representatives, mission and vision, and examples of their community activities that demonstrate these organizations serve uninsured persons and low-income minority groups.

REFERENCES

Richland County Partners Community Health Assessment Collaborative. (2012, February). Richland County Community Health Assessment 2011. Retrieved May 2, 2014, from <http://www.richlandhealth.org/upload/documents/HealthAssessmentRichlandCounty2011.pdf>

Richland County Community Health Improvement Committee (2013, July). Richland County Community Health Improvement Plan. Retrieved May 2, 2014, from http://www.richlandhealth.org/upload/documents/RichlandCounty_CHIP_July2013.pdf

Ohio Department of Health Annual Hospital Registration and Planning Report. (2011, January-December). MedCentral Health System–Mansfield Hospital. Columbus, OH: Author.

Ohio Department of Health Annual Hospital Registration and Planning Report. (2012, January-December). MedCentral Health System–Mansfield Hospital. Columbus, OH: Author.

Ohio Department of Health Annual Hospital Registration and Planning Report. (2011, January-December). MedCentral Health System–Shelby Hospital. Columbus, OH: Author.

Ohio Department of Health Annual Hospital Registration and Planning Report. (2012, January-December). MedCentral Health System–Shelby Hospital. Columbus, OH: Author.

Appendix A

Summary of OhioHealth MedCentral Mansfield Hospital and OhioHealth MedCentral Shelby Hospital Community Health Needs Assessment Community Stakeholders

The members of the Richland County Strategic Planning Committee were from organizations and public agencies that serve women, minorities, low-income, vulnerable and underserved populations.

1. Organization: Mansfield/Ontario/Richland County Health Department

Representatives:

Stan Saalman, Health Commissioner
David Randall, Assistant to the Health Commissioner
Amy Schmidt, Director of Nursing
Matt Work, Director of Environmental Health
Karyl Price, Health Educator
Selby Dorgan, Manager of Health Promotion and Education
Loretta Cornell, Clinic Nursing Supervisor

Mission:

“Our mission is to assess, maintain, and improve the health and safety of the environment and community through quality public health services.”

Description of persons served:

The Mansfield/Ontario/ Richland County Health Department serves a variety of different populations, including – but not exclusively – minorities, women, children and teens.

Examples of programs and services:

- + **Minority Health Fair** — cholesterol screenings, blood sugar checks, nutrition education
- + **Creating Healthy Communities Grant** — Works with schools, local employers, and healthcare offices to encourage the creation of safe and convenient places to exercise, accessibility to fresh foods, and less tobacco and second-hand smoke exposure.
- + **Teen Health Clinic** — Provides HIV and STI testing, pregnancy testing, and birth control

Pertinent website(s)/webpage(s):

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

Reference:

Richland Public Health. (n.d.). Retrieved May 8, 2014, from <http://www.richlandhealth.org/about-us>

2. Organization: Community Action for Capable Youth (CACY)

Representative:

Tracee Anderson, Director

Mission:

“CACY works to reduce and prevent the use of drugs, including tobacco and alcohol, the negative consequences of such use and supports youth by affirming and teaching the positive values of self-esteem, responsibility to community, respect for self and others, as well as leadership.”

Description of persons served:

CACY serves children, youth, and parents in preventing drug, tobacco, and alcohol abuse. This organization also works with communities to continue the same preventive work.

Examples of programs and services:

Too Good for Drugs Curriculum for K to 8 — Nationally recognized and evidence-based design to reduce risk factors and enhance protective factors surrounding alcohol, tobacco, and other drug use among students.

- + **First Time Offenders Program:** Very early intervention workshop for parents and first-time offending adolescents to learn about ways to prevent recidivism.
- + **Parents of At-Risk Teen Program:** A self-referring program for parents who feel they are struggling with risky behavior from their teen. They learn discipline strategies, how to identify drug use, and communication strategies to use with their teen.

Pertinent website(s)/webpage(s):

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

Reference:

Community Action for Capable Youth. (n.d.). Retrieved May 8, 2014, from <http://www.cacyohio.org/about-us>

3. Organization: Richland County Children Services

Representatives:

Tim Harless, Director

Marsha Coleman, Clinical Director

Mission:

“Protect children at risk of abuse, neglect or dependency; provide children the opportunity to live in a safe, nurturing, permanent family; strengthen and support families in meeting the needs of children; partner with the people of Richland County to provide the services necessary to protect children, strengthen families and promote well-being.”

Description of persons served:

Richland County Children Services serves children and families that are at risk for abuse and neglect, and/or are otherwise vulnerable.

Examples of programs and services:

- + **Prevention Services** — Provides school-based and court-based social workers, as well as protective support social workers, and family team support workers, which help prevent risky behavior in children and teens
- + **Kinship Services** — Provides support to at-risk families with related caregivers who have inherited the responsibility of being a child’s caregiver through circumstances in which the parent cannot raise the child

Pertinent website(s)/webpage(s):

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

Reference:

Richland County Children Services (n.d.). Retrieved on May 8, 2014, from <http://www.richlandcountychildrenservices.org/services>

4. Organization: OhioHealth MedCentral Mansfield Hospital and OhioHealth MedCentral Shelby Hospital

Representatives:

Maura Teynor, Specialist

Brad Peffley, Vice President

Carol Mabry, Program Coordinator, OhioHealth MedCentral Health and Fitness Center

Mission:

“To improve the health of those we serve”

Description of persons served:

OhioHealth MedCentral Mansfield Hospital and OhioHealth MedCentral Shelby Hospital serve women, minorities, low-income, vulnerable and underserved populations.

Pertinent website(s)/webpage(s):

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

Reference:

OhioHealth MedCentral Hospitals. Retrieved on May 8, 2014, from <http://www.medcentral.org/Main/Home.aspx>

5. Organization: Volunteers of America

Representative:

Latacia Moore, Program Manager

Mission:

“Volunteers of America is a movement organized to reach and uplift all people and bring them to the knowledge and active service of God. Volunteers of America, illustrating the presence of God through all that we do, serves people and communities in need and creates opportunities for people to experience the joy of serving others. Volunteers of America measures its success in positive change in the lives of individuals and communities we serve.”

Description of persons served:

Volunteers of America serves people who suffer from a variety of different circumstances. They serve adults with mental illnesses, housing issues and employment issues. They support aging people, young families and veterans.

Examples of programs and services:

Residential housing program for individuals with mental illnesses.

General housing programs for homeless individuals.

Pertinent website(s)/webpage(s):

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

Reference:

Volunteers of America-Greater Ohio. (2014). Retrieved May 12, 2014, from <http://www.voago.org/Our-Services>

6. Organization: National Alliance on Mental Illness (NAMI)

Representatives:

Mary Kay Pierce, Executive Director

Darlene Reed, Associate Director

Sharon Baker, Social Work Intern

Mission:

“To improve the quality of life and ensure dignity and respect for persons with serious mental illness, and offer support to their families and close friends.”

Description of persons served:

NAMI serves adults and families, and provides education for people who have mental illnesses and their families.

Examples of programs and services:

- + **CIT Training** – *Crisis Intervention Training*, or a police-based pre-arrest jail diversion program, which provides police with 40 hours of training on issues and techniques related to handling situations with people who have mental illnesses.
- + **Medical Professional Training** – Training that provides medical professionals the opportunity to learn.

Pertinent website(s)/webpage(s):

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

Reference:

National Alliance on Mental Illness. (n.d.). Retrieved May 11, 2014, from <http://www.namiohio.org/>

7. Organization: City of Shelby Health Department

Representatives:

Jennifer Perkins, Director of Nursing
Kim Barnes, Administrative Assistant

Mission:

“Services offered include school inspections, swimming pool inspections, nuisance complaints, animal bites, environmental pollution, health promotion, emergency preparedness, health education, food protection, restaurant inspections, vending inspections, temporary food service inspections, food poisoning investigations, sewage disposal services and water supplies.”

Description of persons served:

The City of Shelby City Health Department provides health services to all city residents, including mothers and children, people with disabilities, and those with chronic health conditions.

Examples of programs and services:

- + **Diabetic Education Classes** — These classes provide education in managing diabetes at home.
- + **Weight Management Classes** — These classes provide nutritional and educational advice on how to maintain healthy weight.
- + **Grocery Shopping Tour** — This is a tour around local grocery stores to provide education on how to shop for healthy foods.

Pertinent website(s)/webpage(s):

<http://www.shelbyohio.org/health.html>

Reference:

City of Shelby Health Department (n.d.). Retrieved May 12, 2014, from <http://www.shelbyohio.org/health.html#legal>

8. Organization: Mansfield/Richland County Public Library

Representative:

Deborah Dubois, Outreach Librarian

Description of persons served:

Mansfield/Richland County Public Library provides educational services to children, teens, individuals and families.

Examples of programs and services:

- + **Seed Library** — This service is a seed exchange, in which community members can come and take any seeds they want, plant them in their garden, and harvest, and then provide seeds to the library again for the next growing season.

Pertinent website(s)/webpage(s):

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

Reference:

Mansfield/Richland County Public Library. (2014). Community. Retrieved May 12, 2014, from <http://www.mrcpl.org/community>

9. Organization: North Central College

Representative:

Kelly Gray, Director of Nursing

Description of persons served:

North Central College serves college students through providing education in a variety of different fields including health-related vocations.

Pertinent website(s)/webpage(s):

<http://www.ncstatecollege.edu/cms/about-nc-state.html>

10. Organization: Mansfield City Police Department

Representative:

Dino Sgambellone, Chief

Mission:

“We are a professional law enforcement team dedicated to promoting safe, secure neighborhoods and improving the quality of life through Community Partnerships with the citizens of Mansfield.”

Description of persons serviced:

Outside of the work of a typical police force, the Mansfield City Police Department also serves children and teens through programs that advocate for athleticism, safety, and drug and alcohol use prevention.

Examples of programs and services:

- + **Police Athletic League (PAL)** — Encourages youths to become physically active by providing an opportunity to participate in group sports. These sports not only keep kids physically active, but also provide an outlet, which may reduce the participation in risky behavior.
- + **DARE** — A classroom program facilitated by a police officer, which introduces 5th graders to drug and alcohol prevention curriculum.

Pertinent website(s)/webpage(s):

<http://www.mansfieldpolicedepartment.com/>

Reference:

Mansfield Police Department. (n.d.). Retrieved May 11, 2014, from <http://www.mansfieldpolicedepartment.com/>

11. Organization: Catholic Charities

Representatives:

Kristin Burton, Case Aide
Laurie Hamrick, Case Manager

Mission:

“Catholic Charities makes real the love that God has for each individual person regardless of their faith or background by serving the poor, speaking for and assisting the neglected and forgotten, respecting and promoting life from beginning to end, and nurturing and supporting individuals and families.”

Description of persons served:

Catholic Charities serves people in a variety of different types of circumstances. The charity provides service to the homeless, families, and unemployed. They also serve the aging, recently released prisoners, and provide disaster relief.

Examples of programs and services:

- + **H.O.P.E. Food Pantry** — This pantry provides food for residents of Richland County once every 30 days. Clients have a choice of food selection and the pantry is stocked by donations.
- + **Helping Hands of St. Louis Outreach Center** — a soup kitchen that provides hot meals to any person at any point without the request of eligibility requirements.

Pertinent website(s)/webpage(s):

<http://catholiccharitiesnwo.org/ministriesservices/>

Reference:

Catholic Charities. (n.d.). Retrieved May 11, 2014, from <http://www.catholiccharitiesnw.org/ministriesservices.on>

12. Organization: Richland County Board of Commissioners

Representative:

Ed Olson, Commissioner

Description of persons served:

Richland County Board of Commissioners is the general administrative body for the county government. They are responsible for taxing, purchasing and appropriating. They are responsible for a number of county-level organizations, including Richland County Department of Job and Family Services.

13. Organization: Richland County Youth and Family Council

Representative:

Teresa Alt, Director

Mission:

“Richland County is a supportive community where children and families achieve their fullest potential, build upon their strengths, and fulfill their rights, responsibilities and needs. The purpose of the Richland County Youth and Family Council is to provide leadership to ensure an effective system of collaborative, coordinated and efficient community services, which assists each family and child to meet their individual needs and responsibilities.”

Description of persons served:

Richland County Youth and Family Council provide services to young children and families, and children with disabilities in the form of case management and nutritional support.

Examples of programs and services:

- + **FCSS Care Management** — Care Management service provided to families with newborns who have developmental diagnoses or are otherwise considered at-risk.
- + **Help Me Grow**— Provides providers and on-going home visits to families of children with developmental disabilities.

Pertinent website(s)/webpage(s):

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

Reference:

Richland County Youth and Family Council. (n.d). Retrieved May 11, 2014, from www.richlandcountyfamilyservices.org

14. Organization: Richland County Foundation

Representative:

Allie Watson, Program Officer

Mission:

“To accomplish our mission we will: provide leadership and act as a catalyst in identifying and addressing emerging community needs; distribute grants for charitable purposes in the areas of health, economic development, basic human needs, education, cultural activities, environment and community services; prudently manage the Foundation’s resources to achieve the maximum benefit for Richland County in perpetuity; identify and cultivate donors of all economic means and charitable interests; assist donors in establishing funds to meet community needs and distribute proceeds in accordance with the donor’s intent.”

Description of persons served:

Richland County Foundation provides financial support to area public and non-profit organizations, through endowments. They provide grants in the area of education; health services; arts and culture; community services; children, youth, and families, and others.

Examples of programs and services:

Awarded community grants to Mansfield YMCA; Richfield County Health Department; Third Street Family Health Services; Catholic Charities.

Pertinent website(s)/webpage(s):

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

Reference:

Richland County Foundation. (n.d.). Retrieved May 11, 2014, from www.richlandcountyfoundation.org

15. Organization: Richland County Mental Health and Recovery Services Board

Representatives:

Joe Trolan, Executive Director

Sherry Branham, Director of Program Management and Public Relations

Mission:

“The mission of the Richland County Mental Health and Recovery Services Board is to secure sufficient funds to plan, establish and maintain unified services primarily for the mentally ill, drug or alcohol dependent individuals, and their families.”

Description of Persons Served:

Richland County Mental Health and Recovery Services Board serves adults and teens with mental health concerns by providing assistance in navigating the justice system, employment and suicide prevention.

Examples of programs and services:

- + **Youth Crisis Response Team** — Provides immediate interventions to school, family or community members when traumatic situations occur.
- + **Suicide Prevention Coalition** — Works to educate the public about the signals of suicide, to inform medical professionals about signs and signals of suicide, and to gather data regarding suicides and attempts, in an effort to reduce the incidence of suicide in Richland County.
- + **Early Childhood Mental Health** — Provides clinical consultation and training to families of children with mental illnesses.

Pertinent website(s)/webpage(s):

<http://www.richlandmentalhealth.com/>

Reference:

Richland County Mental Health and Recovery Services Board. (n.d.). Retrieved May 11, 2014, from www.richlandcountyfoundation.org

16. Organization: Richland County Newhope

Representatives:

Liz Prather, Superintendent
Court Sturts, Director of Residential Services
Julie Litt, Supervisor
Carla Rumas, Interim Director

Mission:

“Richland Newhope is committed to supporting people with developmental disabilities to live, work, and participate in the community, making individual choices within their circle of support.”

Description of persons served:

Richland Newhope provides services to adults and children with developmental disabilities, which include case management, education, recreation/socialization, housing and employment.

Examples of programs and services:

- + **Personal Social Services** — A case management program for individuals working to become independent
- + **Children’s Educational Services** — Preschool and Kindergarten for children with developmental disabilities

Pertinent website(s)/webpage(s):

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

Reference:

Richland County Newhope. (n.d.). Retrieved May 11, 2014, from www.rnewhope.org

17. Organization: North End Community Improvement Collaborative

Representatives:

Jean Taddie, Community Organizer
Shanican Pender, Youth and Special Services Coordinator
Deanna West-Torrence, Executive Director

Mission:

“The mission of the North End Community Improvement Collaborative, Inc., is to improve the quality of life for North End residents by identifying, supporting, and connecting local and regional assets and advancing community economic development in Mansfield’s North End.”

Description of persons served:

North End Community Improvement Collaborative provides advocacy and community improvement services to Richland County, by involving youth, senior adults, and other general community members in services.

Examples of programs and services:

- + **Farmers Market** — Weekly Farmers Market providing access to fresh fruits and vegetables
- + **Community Garden** — Educational experience on growing fresh fruits and vegetables.
- + **Nett Ten Interns** — Community organizing internship for high school students in the community

Pertinent website(s)/webpage(s):

<http://www.necic-ohio.org/>

Reference:

North End Community Improvement Collaborative. (n.d.). Retrieved May 11, 2014, from www.necic-ohio.org

18. Organization: Richland County Central Services

Representative:

Denise Miller

Description of persons served:

Richland County Central Services serves offices, agencies, and department that need supplies, services, and equipment by providing contracts and bidding processes. The organization provides employment opportunities to Richland County residents.

Pertinent website(s)/webpage(s):

<http://www.richlandcountyoh.us/Central%20Services/Central%20Services.html>

19. Organization: Third Street Family Health Services

Representative:

Jared Pollick, Chief Executive Officer

Mission:

“To provide accessible, quality primary health care to the underserved.”

Description of persons served:

Third Street Family Health Services provides behavioral health, dental, medical and OB/GYN services to underserved communities.

Examples of programs and services:

Behavioral health, dental, medical and obstetrics/gynecology services.

Pertinent website(s)/webpage(s):

<http://tsfhs.org/practices/>

Reference:

Third Street Family Health Services. (n.d.). Retrieved on May 11, 2014, from <http://tsfhs.org/practices>

20. Organization: Area Agency on Aging

Representatives:

Teresa Cook, Community Programs Manager
Susan Goff, Program Development Coordinator

Mission:

Provide leadership for a collaborative service and resource network that supports individual choice, independence, and dignity for older and disabled adults.”

Description of persons served:

Area Agency on Aging provides services to older adults living at home and in need of additional assistance in order to be safe and independent.

Examples of programs and services:

- + **Home Delivered Meals** — Meals are provided to seniors who qualify to ensure that they have a nutritious balanced meal each day
- + **Ongoing Case Management** — Case management is provided by a social worker to insure that all other community needs are met

Pertinent website(s)/webpage(s):

<http://www.aaa5ohio.org/>

Reference:

Area Agency on Aging. (n.d.). Retrieved May 11, 2014, from www.aaa5ohio.org

21. Organization: Richland County Juvenile Court

Representative:

Amy Bargahiser, Director of Probation

Description of persons served:

Richland County Juvenile Court serves individuals under 18 years old.

Pertinent website(s)/webpage(s):

<http://www.richlandcountyoh.us/Prosecutor/Prosecutor.html>

22. Organization: City of Mansfield

Representatives:

Sherri Jones, Director

Dave Remy, Human Resources Director

Description of persons served:

The City of Mansfield has many services provided through various arms of the government, such as public health, child and family services. They serve adults, older adults, families, people with disabilities, and more.

Pertinent website(s)/webpage(s):

<http://www.ci.mansfield.oh.us/>

23. Organization: The Ohio State University Extension

Representatives:

Kim Stover, Educator of Supplemental Nutrition Assistance Program-Education

Judy Villard Overocker, Director

Mission:

“Engaging people to strengthen their lives and communities through research-based educational programming.”

Description of persons served:

Aside from educational services, the Ohio State University Extension provides community services such as 4-H (that serves children), community development and agricultural resources.

Examples of programs and services:

- + **4-H**— An organization that provides children creative outlets, while learning valuable life skills about food production.
- + **Online Library of Publications**— The online library provides publications for the public concerning a variety of issues including health and wellness, and parenting.
- + **Gardening Education**— The extension also includes classes and information on how to grow one’s own food at home.

Pertinent website(s)/webpage(s):

<http://extension.osu.edu/about-osu-extension>

Reference:

The Ohio State University Mansfield Extension. (n.d.). Retrieved May 11,2014, from <http://richland.osu.edu/>

24. Organization: Ashland University

Representative:

Sharon See, Nursing Instructor

Description of persons served:

Aside from educational services, Ashland University provides students with service learning educational opportunities with an emphasis on community building.

Pertinent website(s)/webpage(s):

<http://www.ashland.edu/student-affairs/student-services/learn-outside-classroom/student-learning-outcomes>

25. Organization: Catalyst Life Services

Representative:

Tammy Baldrige, Staff

Donna Stout, Staff

Description of persons served:

Catalyst Life Services is an organization that provides health services to the Mansfield Region. This organization serves women, men, children, families, patients with mental health concerns and patients with disabilities.

Examples of programs and services:

- + **Child and Adolescent Mental Health Crisis Center** — To provide immediate mental health assistance to families and caregivers of children and/or adolescents with mental health issues.
- + **Adult Mental Health Crisis Center** — To provide immediate mental health assistance to families, caregivers and adults with mental health issues.
- + **Oasis** — To provide social and recreational opportunities for people with mental health conditions.

Pertinent website(s)/webpage(s):

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

26. Organization: SPARC

Representative:

Lisa Cook, Staff

Description of persons served:

SPARC provides educational services to area school districts, which can range from curricula for gifted to special needs children to alternative education and expulsion education.

Examples of programs and services:

- + **Standards and assessments** — For school districts
- + **Classroom skill integration** — Assisting classrooms with the opportunity to use technology to their advantage.

Pertinent website(s)/webpage(s):

http://www.moesc.net/?page_id=6

27. Organization: Community Health Access Project

Representatives:

Dan Wertenberger, Director

Kim Phinnessee, Community Health Worker

Mission:

“To eliminate health and social disparities in our community by finding those at risk, connecting them to care, and measuring the outcomes. We believe all communities can be transformed through the work of community health workers and the creation of community HUBs – an accountable care coordination delivery system.”

Description of persons served:

Community Health Access Project serves at-risk young people, mothers and babies, and other underserved populations.

Examples of programs and services:

This organization provides continuity of care services, through case management at the primary care level.

Pertinent website(s)/webpage(s):

http://chap-ohio.net/press/?page_id=44

28. Organization: Richland County Regional Planning Commission

Representative:

Matthew C. Huffman, Executive Director

Mission:

“Address infrastructure to zoning and deal with issues affecting the development of the region as a whole.”

Examples of programs and services offered:

- + **Community Development Block Grants** — Fund given to community projects that enhance development
- + **Neighborhood Stabilization Project** — Projects that focus on urban renewal based on demolition and refurbishing on buildings.

Pertinent website(s)/webpage(s):

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

Appendix B

Community Health Assessment 2011



RICHLAND COUNTY COMMUNITY HEALTH ASSESSMENT 2011



Richland County Partners Community Health Assessment Collaborative
Richland County, Ohio • February 2012

Foreword

We are pleased to present the 2011/2012 Richland County Community Health Needs Assessment.

A group of county organizations and agencies, working collaboratively, designed this assessment, meant to capture the medical, behavioral and community issues that affect the health of county adults and children.

The assessment was comprised of three phases: adults (19 and older), youth (12 to 18) and children (0 to 11). Parents provided the interview data for the last phase.

We suggest that community organizations, agencies and businesses use this information to:

- Develop action plans
- Seek funding to address identified issues
- Develop and focus future programs or services where needs are the greatest
- Identify new needs
- Prioritize needs

Through this report, we have a better understanding of the health concerns of our community. The ultimate best use of this data is to study it and plan to improve the health of our neighbors and friends. Richland County organizations and agencies have a long-standing history of collaboration. With the data obtained in this assessment, we can better address the community needs to make Richland County a healthier, better place to live. Continued community support will be critical as we progress from the assessment to the action implementation of health improvement tactics. We hope that you will support and join us in this effort.

We thank the residents of Richland County who responded to the community surveys and the Richland County schools that allowed us to survey students. If you have questions or comments, please contact one of the collaborative agencies listed in this report.

Richland County Partners Community Health Assessment Collaborative

Acknowledgements

Funding for the Richland County Community Health Assessment provided by:

Richland County Mental Health and Recovery Services Board
MedCentral Health System
Mansfield/Ontario/Richland County Health Department
Third Street Family Health Services
Richland County Newhope
Mansfield YMCA
Richland County Children Services
Ohio District 5 Area Agency on Aging, Inc.

This report prepared through the collaborative efforts of the following Richland County Community Health Partners:

Richland County Mental Health and Recovery Services Board

Joe Trolan, Executive Director
Sherry Branham, Director of Program Management and Public Relations

MedCentral Health System

Cindy Jakubick, Corporate Director, Marketing and Public Relations
Carrie Kemerer, P.R. / Marketing Specialist

Mansfield/Ontario/Richland County Health Department

Stan Saalman, Health Commissioner
Amy Vincent, Director of Nursing
Matt Work, Director of Environmental Health
Loretta Cornell, Clinic Nursing Supervisor
Tina Picman, WIC Director
Judy Culler, Public Health Nursing Supervisor
Dave Randall, Assistant to the Health Commissioner
Mary Derr, Public Health Nursing Supervisor/Epidemiologist
Selby Dorgan, Manager of Health Promotion and Education
Karyl Price, Health Educator

Third Street Family Health Services

Jared Pollick, Chief Executive Officer

Richland County Newhope

Liz Prather, Superintendent

Mansfield YMCA

James Twedt, Senior Program Director

Richland County Children Services

Tim Harless, Director of External Affairs
Marsha Coleman, Clinical Director

Ohio District 5 Area Agency on Aging, Inc.

Duana Patton, Chief Executive Officer
Teresa Cook, Programs Manager

Acknowledgements

Mansfield/Richland County Public Library

Deborah Dubois, Outreach Librarian

The Center for Individual and Family Services

Veronica Groff, President and Chief Executive Officer

Elaine Surber, Associate Director

Community Action for Capable Youth

Karen Miller, Executive Director

Community Health Access Project

Sarah Redding, Executive Director

First Call 2-1-1

Terry Carter, Information and Referral Librarian

Mansfield, City of

Donald Culliver, Mayor

Mid Ohio Educational Service Center

Mike Cline, Superintendent

Linda T. Keller, Superintendent

NC State/OSU-M Child Development Center

Brooke Henwood, Family and Community Partnership Coordinator

Richland County Juvenile Court

Lisa Benson, Director of Court Services

Richland County Regional Planning Commission

Matthew Huffman, Executive Director

Richland County Youth and Family Council

Teresa Alt, Executive Director

Shelby, City of

Aaron Wiegand, Community and Economic Development Coordinator

United Way of Richland County

Ken Estep, AFLCIO Community Service Liaison

The collaborative would like to recognize and thank the following school districts for their cooperation and contribution to this community project:

Clear Fork Valley Local Schools, Matthew Dill, Superintendent

Crestview Local Schools, William Seder, Jr., Superintendent

Lexington Local Schools, Michael Zeigelhofer, Superintendent

Lucas Local Schools, Steve Dickerson, Superintendent

Madison Local Schools, Lee Kaple, Superintendent

Mansfield City Schools, Dan Freund, Superintendent

Ontario Local Schools, Lisa Carmichael, Superintendent

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Richland County Community Health Assessment

Executive Summary

This executive summary provides an overview of health-related data for Richland County adults (19 years of age and older), youth (ages 12 through 18), and children (ages 0-11) who participated in a county-wide health assessment survey during 2011. The findings are based on self-administered surveys using structured questionnaires. 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 Healthy Communities Foundation of 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 Richland County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

Instrument Development

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

The Project Coordinator from the Hospital Council of NW Ohio conducted a series of meetings with the planning committee from Richland 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 Richland County planning committee, the Project Coordinator composed drafts of surveys containing 114 items for the adult survey, 73 items for the adolescent survey, and 82 items for the 0-5 survey and for the 6-11 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 Richland 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

Primary Data Collection Methods

investigators calculated the population of those 19 years and over living in Richland County. There were 94,722 persons ages 19 and over living in Richland County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding confidence interval of 5.22% (i.e., we can be 95% sure that the “true” population responses are within a 5.22% margin of error of the survey findings.) A sample size of at least 350 responding adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Richland County was obtained from American Clearinghouse in Louisville, KY.

Children 0-5 and 6-11 Surveys

Children ages 0-11 residing in Richland County were used as the sampling frames for the surveys. Using U.S. Census Bureau data on the population of children ages 0-11, living in Richland County, it was determined that 8,923 children age 0-5 and 9,338 children ages 6-11 reside in Richland County. The investigators conducted a power analysis based on a post-hoc distribution of variation in responses (70/30 split) to determine what sample size was needed to ensure a 95% confidence level with corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error). Because many of the items were identical between the 0-5 and 6-11 surveys, these items were combined to analyze data for children 0-11. The sample size required to generalize to children ages 0-11 was 371.

The random sample of mailing addresses of parents from Richland County was obtained from American Clearinghouse in Louisville, KY. They select a pool of adults based off of a number of sources which includes, birth records, education records, direct response data, etc.

Procedure

Adult Survey

Prior to mailing the survey to adults, an advance letter was mailed to 800 adults in Richland County. This advance letter was personalized, printed on Richland County Health Partners stationery and was signed by Stan Saalman, Health Commissioner, Mansfield/Ontario/Richland County Health Department. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Two weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Richland County Health Partners stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a \$2 incentive. Approximately two weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave postcard was sent two weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent. The response rate for the mailing was 38% (n=350). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

Primary Data Collection Methods

Adolescent Survey

Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 89% (n=381). The survey contained 73 questions and had a multiple choice response format.

Children 0-5 and 6-11

Prior to mailing the survey to parents of 0-11 year olds, an advance letter was mailed to 1600 parents in Richland County. This advance letter was personalized, printed on Richland County Health Partners stationery and was signed by Stan Saalman, Health Commissioner, Mansfield/Ontario/Richland County Health Department. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

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

Because much of the output combines identical items from the 0-5 and the 6-11 surveys, the number of returned surveys needed for power of the combined samples (n=18,261) was 371 and this was exceeded by having a combined 375 surveys. The response rate was 34%.

Data Analysis

Individual responses were anonymous and confidential. Only group data are available. All data were 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 Richland 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, 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.

Primary Data Collection Methods

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

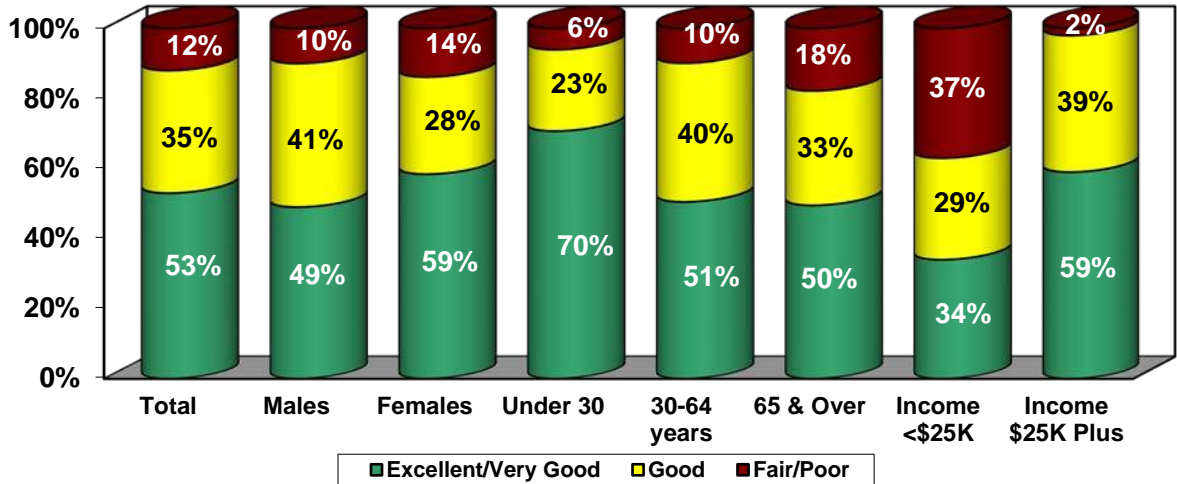
Finally, this survey asked parents questions regarding their young children. Should enough parents feel compelled to respond in a socially desirable manner which is not consistent with reality, this would represent a threat to the internal validity of the results.

Data Summary

Health Perceptions

In 2011, over half (53%) of the Richland County adults rated their health status as excellent or very good. Conversely, 12% of the adults increasing to 18% of those over the age of 65 described their health as fair or poor

Richland County Adult Health Perceptions*

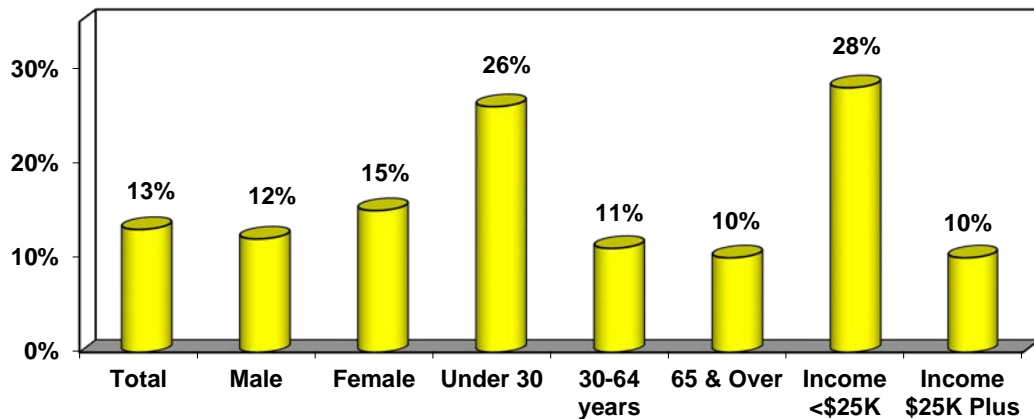


**Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"*

Health Care Coverage

The 2011 health assessment data has identified that 13% of Richland 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 Richland County, 12.2% of residents live below the poverty level. (Source U.S. Census, American Community Survey 3 Year Estimates, 2006-2008)

Uninsured Richland County Adults



Data Summary

Health Care Access

The 2011 health assessment project identified that 64% of Richland County adults have visited a doctor for a routine checkup in the past year. 64% reported they go to the doctor's office when sick or needing advice about their health.

Cardiovascular Health

Heart disease (25%) and stroke (5%) accounted for 30% of all Richland County adult deaths from 2006-2008 (Source: ODH Information Warehouse). The 2011 Richland County health assessment found that 7% of adults had a heart attack and 6% had a stroke at some time in their life. More than one-third (35%) of Richland County adults have been diagnosed with high blood pressure, 34% have high blood cholesterol, and 38% were obese, three known risk factors for heart disease and stroke.

Cancer

In 2011, 11% of Richland County adults had been diagnosed with cancer at some time in their life. 30% of adults had been screened by a health professional for skin cancer. Ohio Department of Health statistics indicate that from 2000-2008, a total of 2,619 Richland County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that reducing tobacco use, increasing cancer education and awareness, healthy diet and exercise habits, and early detection may reduce overall cancer deaths.

Diabetes

In 2011, 10% of Richland County adults had been diagnosed with diabetes. 12% of adults had been diagnosed with pre-diabetes.

Arthritis

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

Asthma

According to the Richland County survey data, 15% of Richland County adults had been diagnosed with asthma.

Richland County Leading Types of Death 2006-2008

Total Deaths: 3,759

1. Heart Disease (25% of all deaths)
2. Cancers (24%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (5%)
5. Alzheimer's Disease (5%)

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

Richland County Incidence of Cancer, 2008 All Types: 663 cases

- ❖ Lung and Bronchus: 101 cases (15%)
- ❖ Breast: 98 cases (15%)
- ❖ Prostate: 92 cases (14%)
- ❖ Colon and Rectum: 82 cases (12%)
- ❖ Bladder: 31 cases (5%)

From 2006-2008, there were 2,619 cancer deaths in Richland County.

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

Diabetes Facts

- ❖ Diabetes was the 7th leading cause of death in Richland County from 2006-2008.
- ❖ Diabetes was the 7th leading cause of death in Ohio from 2006-2008.
- ❖ From 2006-2008, the Richland County age-adjusted mortality rate per 100,000 for diabetes was 34.1 deaths for males (34.4 Ohio) and 21.5 (24.3 Ohio) deaths for females.

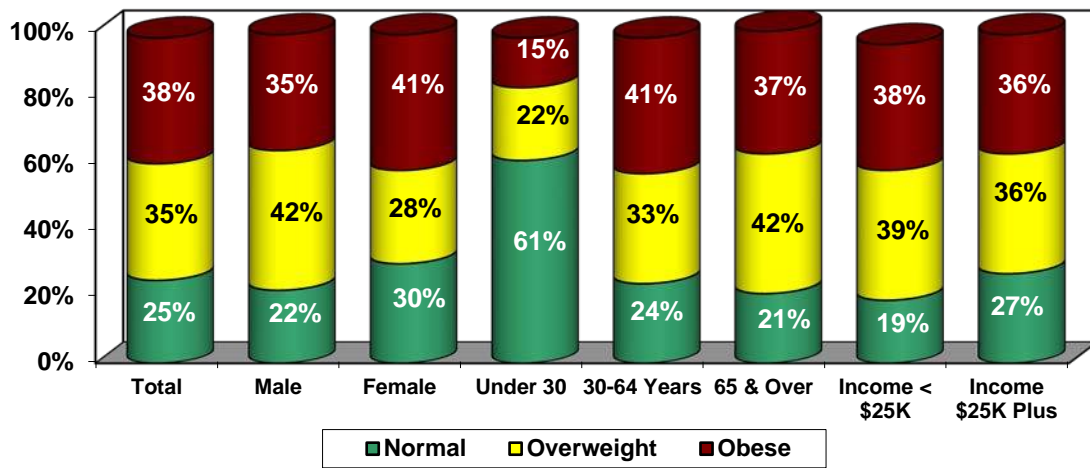
(Source: ODH, Information Warehouse, updated 4-15-10)

Data Summary

Adult Weight Status

The 2011 Health Assessment project identified that 73% of Richland County adults were overweight or obese based on BMI. The 2010 BRFSS indicates that 30% of Ohio and 28% of U.S. adults were obese by BMI. More than one-third (38%) of Richland County adults were obese. Half (50%) of adults were trying to lose weight. 20% of adults had not been participating in any physical activities or exercise in the past week.

Richland County Adult BMI Classifications



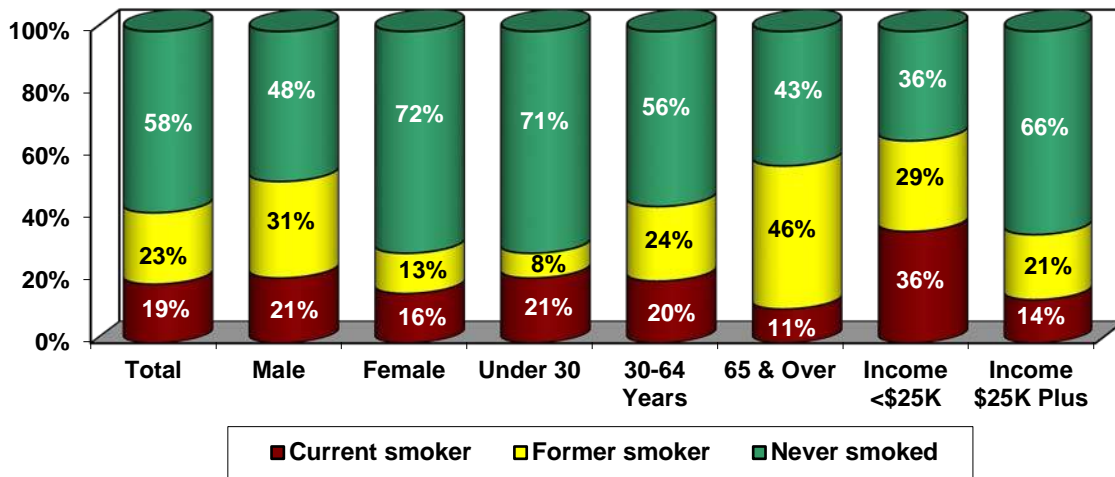
(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)

Adult Tobacco Use

The following graph shows the percentage of Richland County adults who used tobacco. Examples of how to interpret the information include: 19% of all Richland County adults were current smokers, 23% of all adults were former smokers, and 58% had never smoked.

Data Summary

Richland County Adult Smoking Behaviors

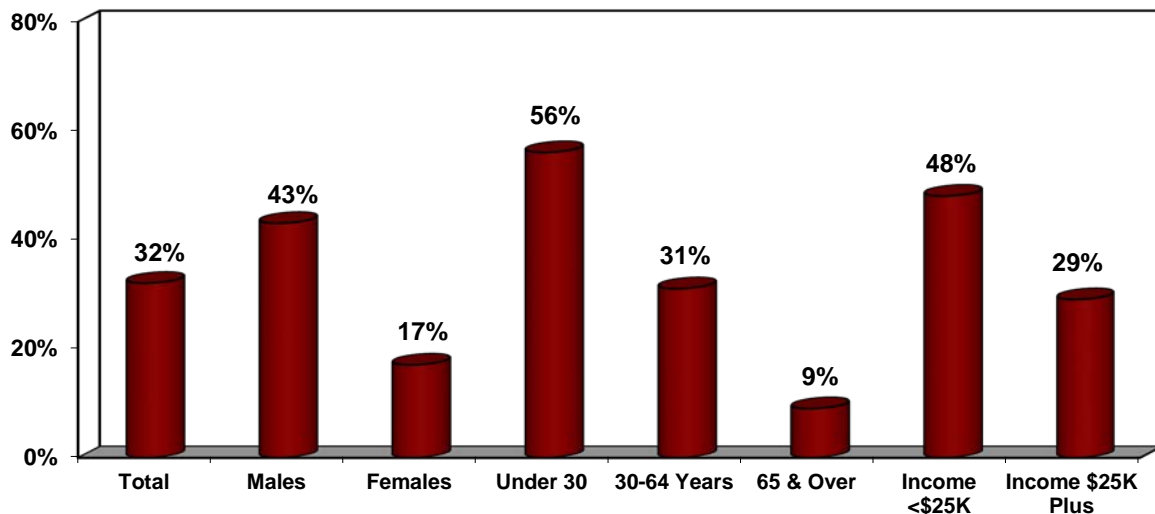


*Respondents were asked:
 "Have you smoked at least 100 cigarettes in your entire life?
 If yes, do you now smoke cigarettes everyday, some days or not at all?"*

Adult Alcohol Consumption

In 2011, the health assessment indicated that 10% of Richland County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 32% of adults who drank had five or more drinks (for males) or four or more drinks (for females) on one occasion (binge drinking) in the past month. Eleven percent of adults drove after having five or more drinks.

Richland County Adult Drinkers Who Binge Drank in Past Month*



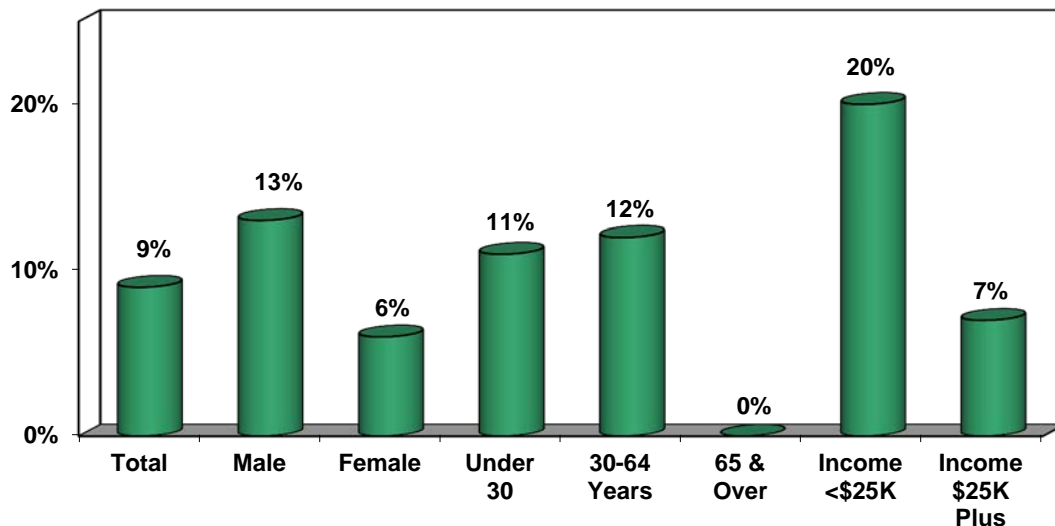
**Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks on an occasion (for males) and four or more drinks on an occasion (for females).*

Data Summary

Adult Marijuana and Other Drug Use

In 2011, 9% of Richland County adults had used marijuana during the past 6 months. 13% of adults had misused medications.

Richland County Adult Marijuana Use in Past 6 Months

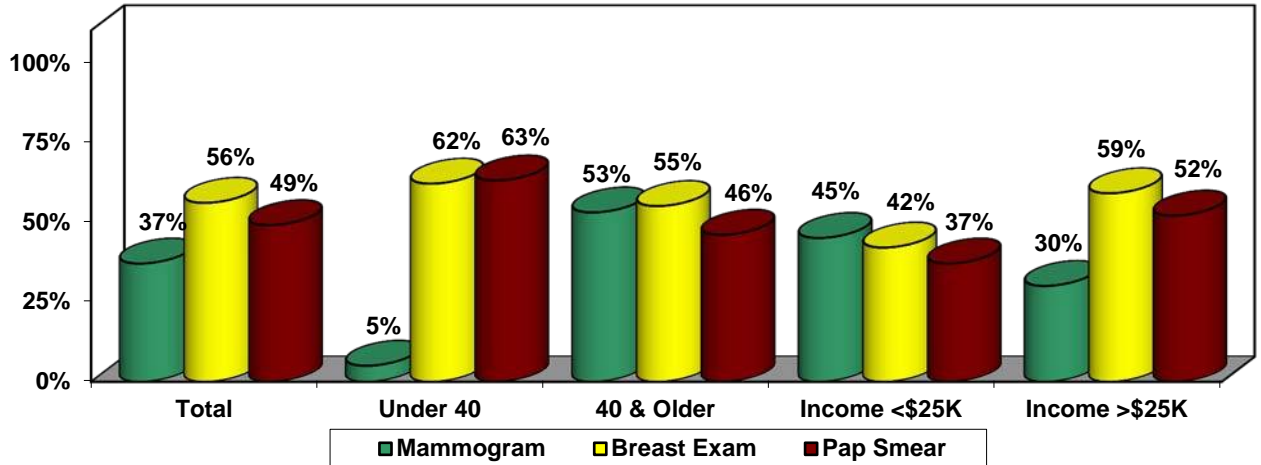


Women's Health

In 2011, more than half (53%) of Richland County women over the age of 40 reported having a mammogram in the past year. 56% of Richland County women have had a clinical breast exam in the past year and 49% have had a Pap smear to detect cancer of the cervix in the past year. The health assessment determined that 5% of women had a heart attack, and 8% had a stroke at some time in their life. Almost one-third (29%) had high blood pressure, 30% had high blood cholesterol, 41% were obese, and 16% were identified as smokers, known risk factors for cardiovascular diseases.

Data Summary

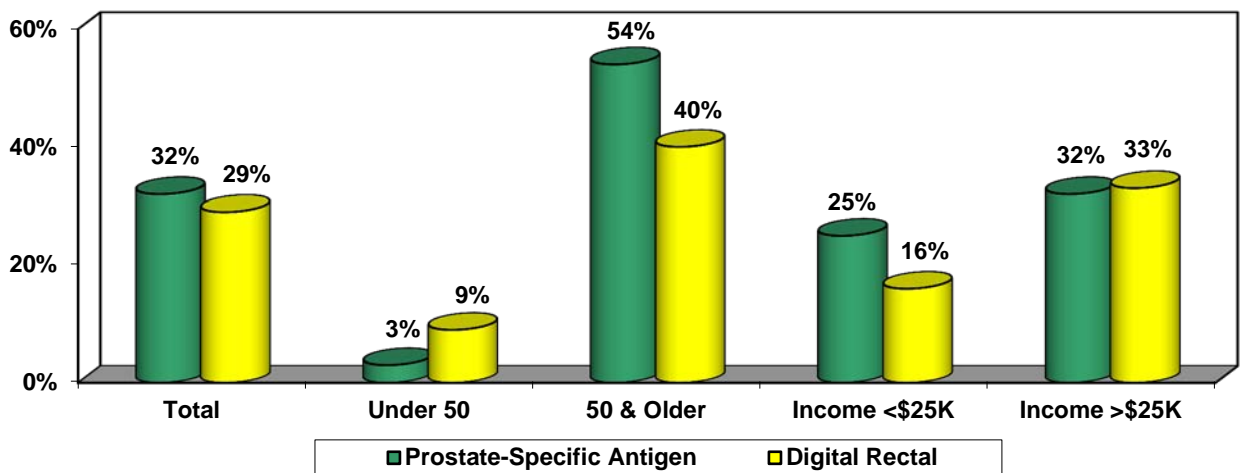
Richland Women's Health Exams Within the Past Year



Men's Health

In 2011, more than half (54%) of Richland County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. More than one-third (40%) of males over the age of 50 had a digital rectal exam in the past year. Major cardiovascular diseases (heart disease and stroke) accounted for 29% and cancers accounted for 27% of all male deaths in Richland County from 2006-2008 according to the Ohio Department of Health. The health assessment determined that 9% of men had a heart attack, and 5% had a stroke at some time in their life. Two out of five (40%) men had been diagnosed with high blood pressure, 37% had high blood cholesterol, and 21% were identified as smokers, which, along with obesity (35%), are known risk factors for cardiovascular diseases.

Richland Men's Health Exams Within the Past Year

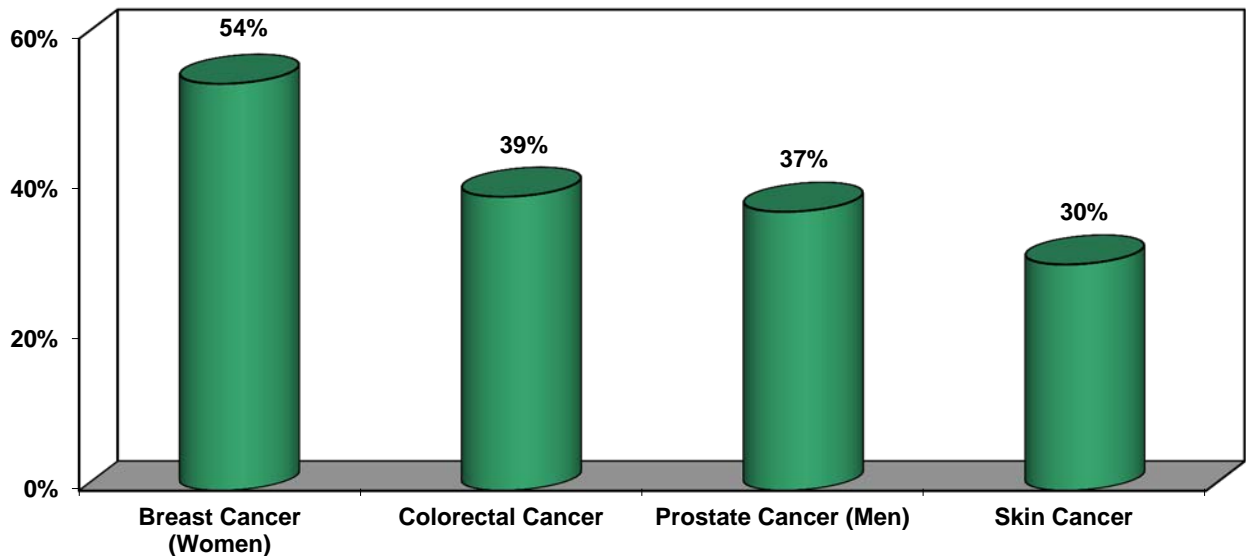


Data Summary

Preventive Medicine and Health Screenings

One-third (33%) of adults had a flu vaccine during the past 12 months. 42% of adults over the age of 50 had received a colonoscopy or sigmoidoscopy in the past 5 years.

Percent of Richland County Adults Receiving Preventive Testing From Health Care Professionals in the Past Two Years



Adult Sexual Behavior & Pregnancy Outcomes

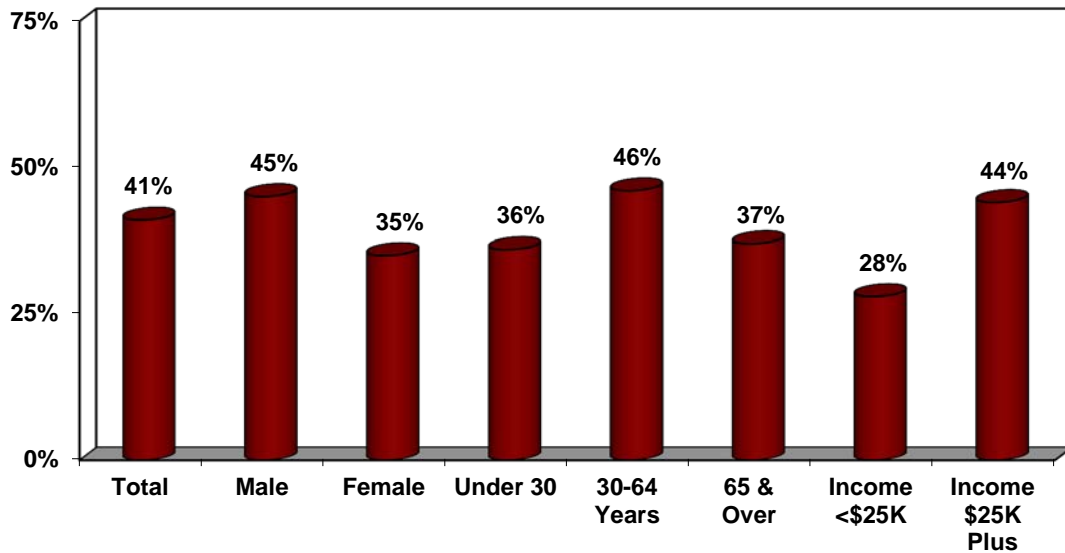
In 2011, almost three-fourths (73%) of Richland County adults had sexual intercourse. Seven percent of adults had more than two partners. Although often drastically underestimated, sexually transmitted infections (STIs or STDs) are one of the most common infections nationwide. Studies have shown that by age 24, 1 in 3 sexually active people will have contracted an STI. (Source: Planned Parenthood Federation of America, Inc.)

Quality of Life

More than one-third (35%) of Richland County adults in 2011 reported they were limited in some way because of a physical, mental or emotional problem. The health assessment identified that 41% of Richland County adults kept a firearm in or around their home.

Data Summary

Richland County Adults With a Firearm in the Home



Adult Mental Health and Suicide

In 2011, 1% of Richland County adults considered attempting suicide. 6% of adults reported they never get the social and emotional support they need.

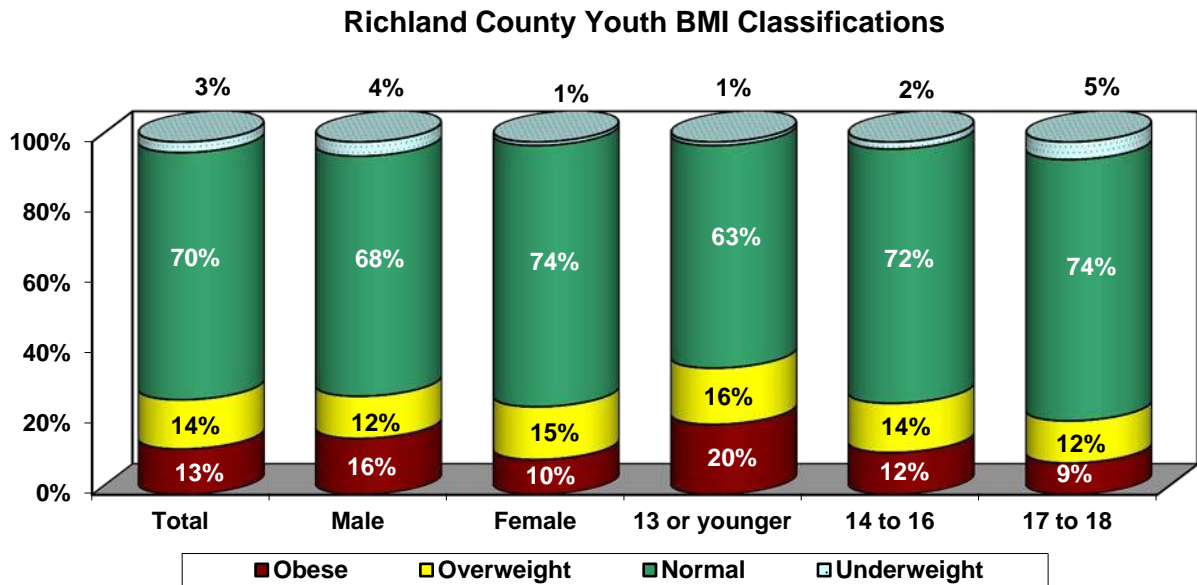
Oral Health

The 2011 health assessment project has determined that about two-thirds (66%) of Richland County adults had visited a dentist or dental clinic in the past year. The 2010 BRFSS reported that 70% of U.S. adults and 72% of Ohio adults had visited a dentist or dental clinic in the previous twelve months. Over three-fourths (79%) of Richland youth had visited the dentist for a check-up, exam, teeth cleaning, or other dental work in the past year.

Data Summary

Youth Weight Status

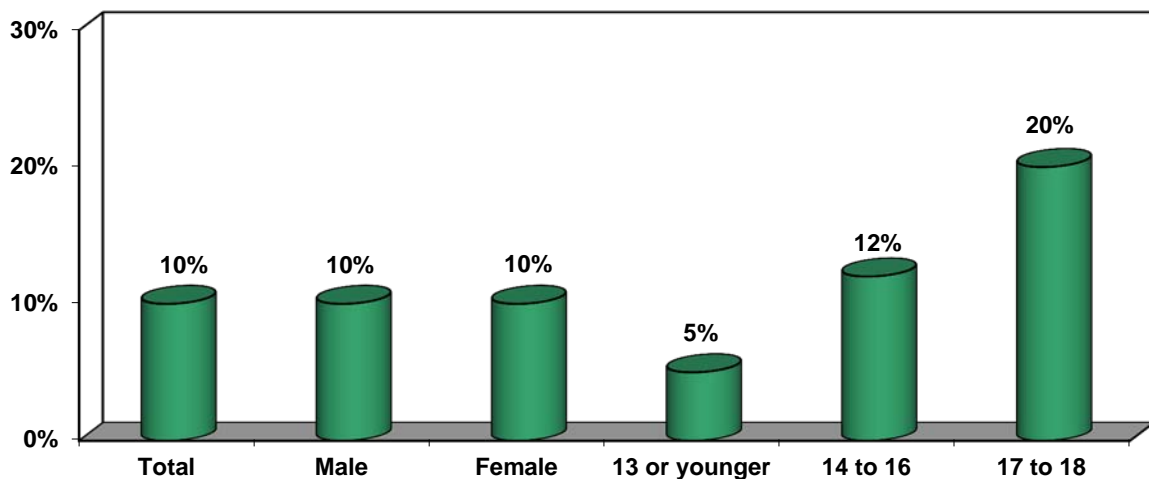
The 2011 Health Assessment identified that 14% of Richland County youth were obese, according to Body Mass Index (BMI) by age. 21% of youth described themselves as slightly overweight and 61% described themselves as about the right weight.



Youth Tobacco Use

The 2011 health assessment identified that 10% of Richland County youth (ages 12-18) were smokers increasing to 20% of those who were 17-18 years old. Overall, 6% of Richland County youth indicated they had used chewing tobacco in the past month. Of those youth who currently smoke, 46% had tried to quit.

Richland County Youth Who Are Current Smokers



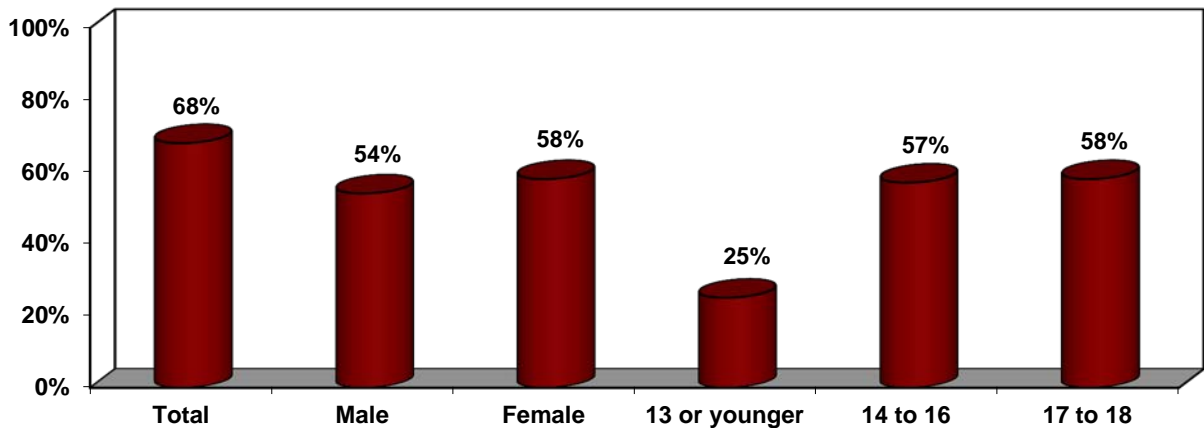
Current smokers are those who have smoked at any time during the past 30 days.

Data Summary

Youth Alcohol Consumption

In 2011, the health assessment results indicated that 41% of Richland County youth had drunk at least one drink of alcohol in their life increasing to 60% of youth seventeen and older. 35% of those who drank, took their first drink before the age of 12. Less than one-fifth (18%) of all Richland County youth and 23% of those 17-18 years had at least one drink in the past 30 days. Over half (56%) of the youth who reported drinking in the past 30 days had at least one episode of binge drinking. 7% of all youth drivers had driven a car in the past month after they had been drinking alcohol.

Richland County Youth Current Drinkers Binge Drinking in Past Month*

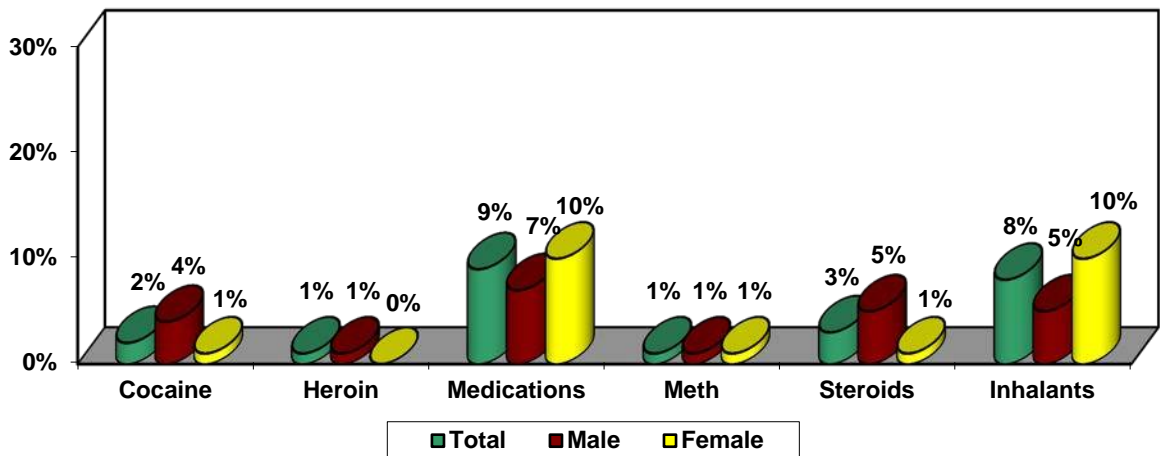


**Based on all current drinkers. Binge drinking is defined as having five or more drinks on an occasion.*

Youth Drug Use

8% of Richland County youth had used marijuana at least once in the past 30 days, increasing to 13% of high school youth. During the past 12 months, 9% of Richland County youth had someone offer, sell, or give them an illegal drug on school property.

Richland County Youth Lifetime Drug Use

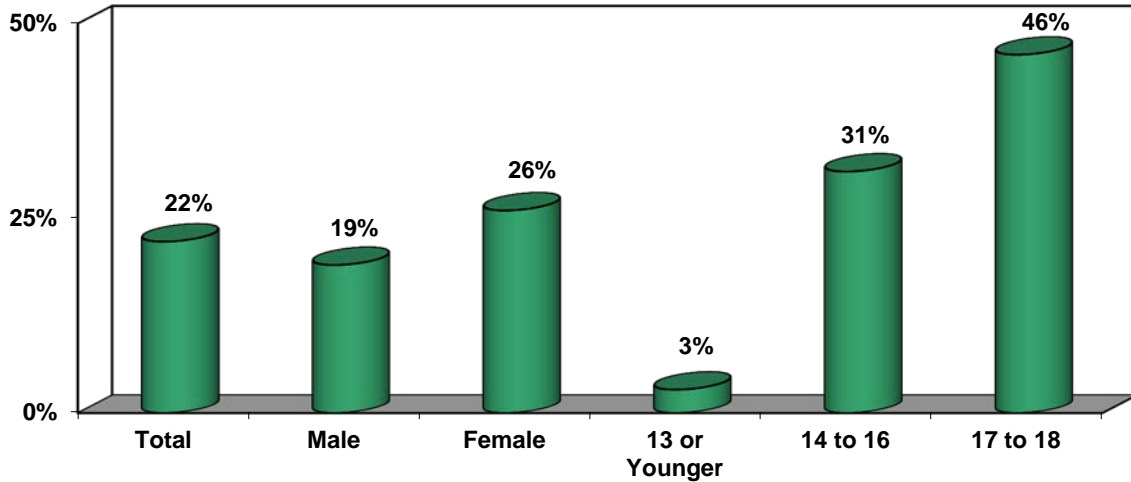


Data Summary

Youth Sexual Behavior & Pregnancy Outcomes

In 2011, about one in five (22%) of Richland County youth have had sexual intercourse, increasing to 46% of those ages 17 and over. 19% of youth had participated in oral sex and 5% had participated in anal sex. 21% of youth participated in sexting. Of those who were sexually active, 57% had multiple sexual partners.

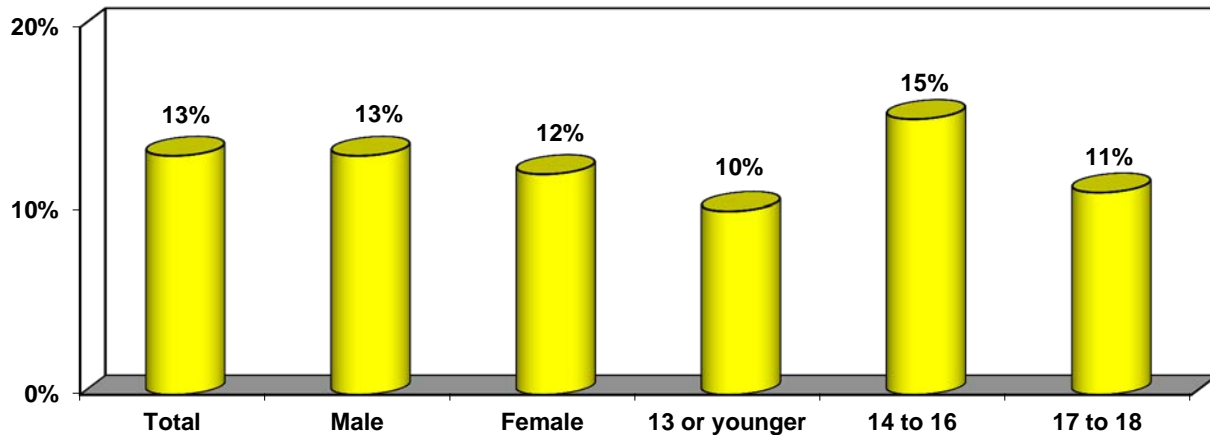
Richland County Youth Having Sexual Intercourse



Youth Mental Health and Suicide

The health assessment results indicated that 13% of Richland County youth had seriously contemplated suicide in the past year and 6% admitted actually attempting suicide in the past year.

Richland County Youth Contemplated Suicide in Past 12 Months

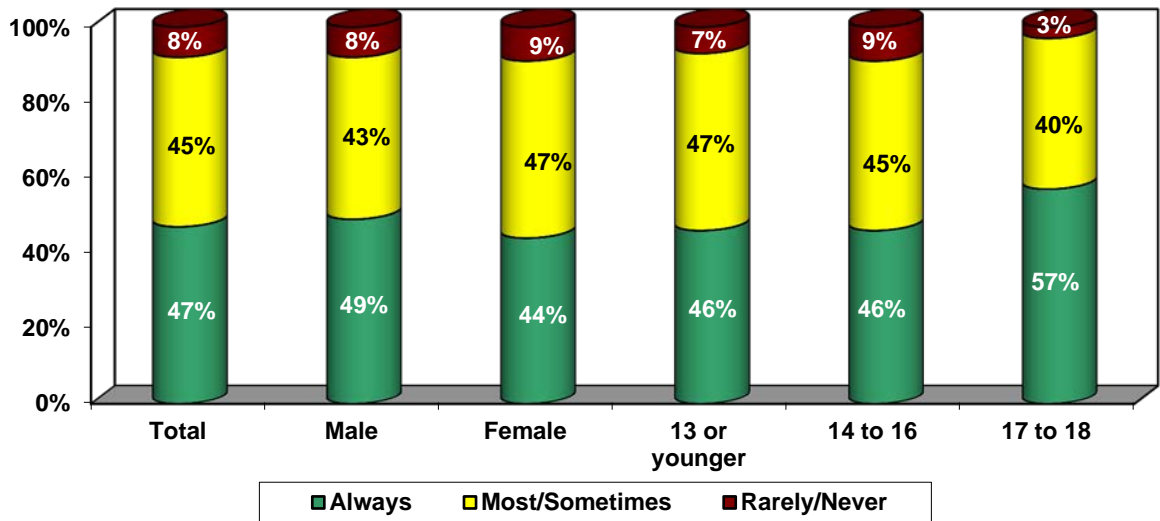


Data Summary

Youth Safety

In 2011, almost two-fifths (47%) of Richland County youth self-reported that they always wore a seatbelt when riding in a car driven by someone else. 33% of youth drivers texted while driving.

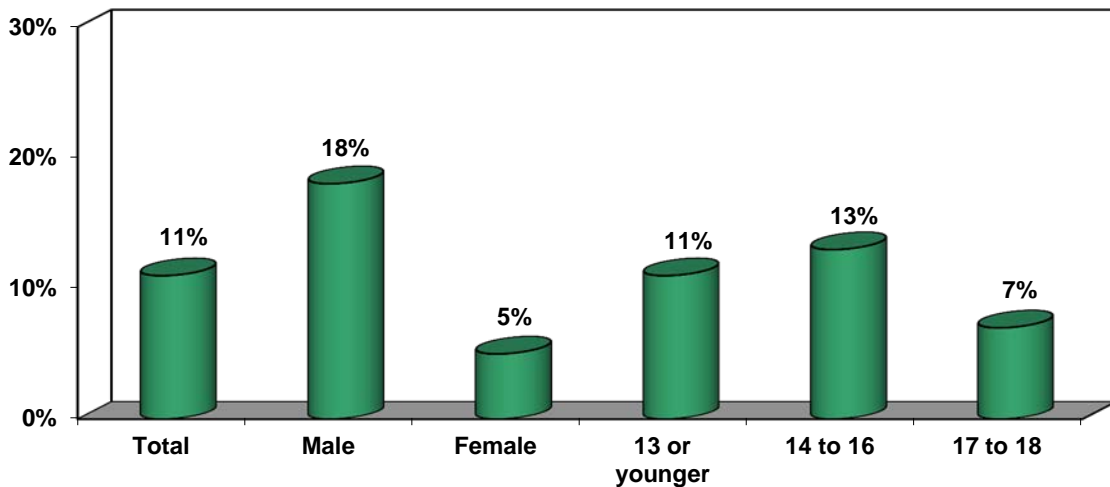
Richland County Youth Seatbelt Use in the Past Month



Youth Violence

In Richland County, 11% of the youth had carried a weapon in the past month. 53% of youth were bullied in the past year. 21% of youth had purposefully hurt themselves at some time in their life.

Richland County Youth Carrying a Weapon during the Past 30 Days



Data Summary

Children's Health and Functional Status

In 2011, 69% of Richland County parents had taken their child ages 0-11 to the dentist in the past year. 52% of parents reported their child had an asthma attack in the past year. 6% of parents reported their child had ADD/ADHD. 68% of parents reported their child had exercised for 30 minutes on three or more days in the past week.

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

In 2011, 3% of Richland County parents reported there was a time in the past year when their 0-11 year old was not covered by health insurance. 10% of parents reported they received benefits from the WIC program and 13% from the SNAP/food program. 13% of parents reported they had taken their child to the hospital emergency room in the past year. 76% of parents had taken their child to the doctor for preventive care in the past year.

Early Childhood (0-5 year olds)

The following information was reported by parents of 0-5 year olds. In 2011, 59% of parents put their child to sleep on his/her back. 27% of mothers never breastfed their child.

Middle Childhood (6-11 year olds)

The following information was reported by Richland County parents of 6-11 year olds. In 2011, 55% of Richland County parents reported their child was bullied at some time in the past year. 86% of parents reported their child participated in extracurricular activities. 24% of parents reported their child had a MySpace, Facebook, or Twitter account.

Family Functioning, Neighborhood & Community Characteristics

In 2011, 40% of Richland County parents reported they do not have issues coping with the day-to-day demands of parenthood. 36% of parents reported they read to their child every day. 67% of parents do not have any concerns about the safety of their neighborhood.

Parent Health

In 2011, 16% of Richland County parents were uninsured. 35% of parents were overweight and 27% were obese. 11% of parents were sedentary. Parents missed work an average of 1.4 days per year due to their child being ill or injured.

Richland County Trend Summary

Adult Variables	Richland County 2011	Ohio 2010	U.S. 2010
Alcohol Use			
Had at least one alcoholic beverage in past month	51%	53%	55%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	32%	17%	15%
Tobacco Use			
Current smoker (currently smoke some or all days)	19%	23%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	23%	25%	25%
Arthritis, Asthma, & Diabetes			
Has been diagnosed with arthritis	31%	31%*	26%*
Has been diagnosed with asthma	15%	14%	14%
Has been diagnosed with diabetes	10%	11%	10%
Cardiovascular Health			
Has been diagnosed with high blood pressure	35%	32%*	29%*
Has been diagnosed with high blood cholesterol	34%	40%*	38%*
Health Coverage and Status			
Has health care coverage	87%	87%	85%
Rated general health as fair or poor	12%	16%	15%
Preventive Health			
Has had a flu vaccine in past 12 months	33%	N/A	N/A
Age 65 & over had a pneumonia vaccine in lifetime	49%	69%	69%
Dental visit within past year	66%	72%	70%
Had mammogram in past year	37%	N/A	N/A
Had clinical breast exam in past year	56%	N/A	N/A
Weight Status			
Obese	38%	30%	28%
Overweight	35%	36%	36%

N/A= not available
*2009 BRFSS Data

Richland County Trend Summary

Youth Variables	Richland County 2011 (6-12 grade)	Richland County 2011 (9-12 grade)	Ohio 2007 (9-12 grade)	U.S. 2009 (9-12 grade)
Unintentional Injuries and Violence				
Rode with a driver who had been drinking in past 30 days	14%	16%	23%	28%
Carried a weapon in past 30 days	11%	11%	17%	18%
Involved in a physical fight in past 12 months	30%	25%	30%	32%
Threatened or injured with a weapon in past 12 months	12%	15%	8%	8%
Seriously considered suicide in past 12 months	13%	15%	13%	14%
Attempted suicide in past 12 months	6%	7%	7%	6%
Alcohol Use				
Ever had at least one drink of alcohol in lifetime	41%	54%	76%	73%
Used alcohol during past 30 days	18%	26%	46%	42%
Binged during past 30 days (5 or more drinks in a couple of hours on an occasion)	10%	17%	29%	24%
Tobacco Use				
Lifetime cigarette use (ever tried cigarette smoking, even 1 or 2 puffs)	27%	35%	51%	46%
Used cigarettes on one or more of the past 30 days	10%	14%	22%	20%
Used smokeless tobacco in past year	6%	9%	10%	9%
Sexual Behavior				
Ever had sexual intercourse	22%	35%	45%	46%
Had four or more sexual partners	5%	9%	14%	14%
Used a condom at last sexual intercourse	61%	57%	60%	61%
Used birth control pills at last sexual intercourse	32%	34%	17%	20%
Drug Use				
Used marijuana in the past 30 days	8%	13%	18%	21%
Used cocaine in their lifetime	2%	3%	8%	6%
Used heroin in their lifetime	<1%	1%	4%	3%
Used methamphetamines in their lifetime	1%	2%	6%	4%
Used steroids in their lifetime	3%	3%	5%	3%
Used prescription medication in order to get high or feel good	3%	3%	N/A	N/A
Used inhalants in order to get high in their lifetime	8%	8%	12%**	12%
Offered, sold or given an illegal drug on school property during the past 12 months	9%	13%	27%	23%

N/A= not available

**2005 YRBS Data

Richland County Trend Summary

Child Comparisons	Richland County 2011 Ages 0-5	Ohio 2007 Ages 0-5	U.S. 2007 Ages 0-5	Richland County 2011 Ages 6-11	Ohio 2007 Ages 6-11	U.S. 2007 Ages 6-11
Health and Functional Status						
Rated health as excellent or very good	80%	91%	87%	74%	84%	84%
Injuries that required emergency room	6%	8%	10%	6%	N/A	N/A
Child has no problems with teeth	73%	76%	81%	57%	64%	66%
Child had toothache	2%	16%	7%	2%	14%	15%
Child had decay or cavities	12%	11%	12%	24%	27%	26%
Child had broken teeth	2%	N/A	4%	2%	N/A	5%
Diagnosed with asthma	9%	9%	9%	16%	21%	16%
Diagnosed with ADHD/ADD	0%	2%	1%	10%	9%	9%
Diagnosed with behavioral or conduct problems	2%	N/A	1%	5%	N/A	5%
Diagnosed with developmental delay or physical impairment	7%	2%	3%	7%	8%	6%
Diagnosed with anxiety problems	0%	N/A	1%	6%	N/A	3%
Diagnosed with hearing problems	5%	2%	2%	7%	4%	3%
No physical activity	2%	N/A	N/A	3%	6%	7%
Health Insurance, Access and Utilization						
Child was not covered by insurance at some time in the past year	1%	12%	15%	4%	11%	16%
Had public insurance	20%	32%	35%	16%	26%	28%
Been to doctor for preventive care	85%	96%	96%	70%	87%	85%
Dental care visit in past year	47%	51%	54%	86%	92%	90%
2 or more visits to the ER	15%	8%*	8%*	8%	6%*	4%*
Received all the medical care they needed	89%	99%*	99%*	91%	98%*	98%*
Have a personal doctor or nurse	78%	95%	94%	86%	95%	92%
Family Functioning & Neighborhood Characteristics						
Family eat a meal together every day of the week	47%	55%	58%	44%	40%	47%
Neighborhood safety concerns	30%	88%	85%	35%	84%	86%

* 2003 national and state data

Health Status Perceptions

Key Findings

In 2011, over half (53%) of the Richland County adults rated their health status as excellent or very good. Conversely, 12% of the adults increasing to 18% of those over the age of 65 described their health as fair or poor.

Adults Who Rated General Health Status Excellent or Very Good

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

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

General Health Status

- ◆ In 2011, over half (53%) of Richland County adults rated their health as excellent or very good. Richland County adults with higher incomes (59%) were most likely to rate their health as excellent or very good, compared to 34% of those with incomes less than \$25,000.
- ◆ 12% of adults rated their health as fair or poor. The 2010 BRFSS has identified that 16% of Ohio and 15% of U.S. adults self-reported their health as fair or poor.
- ◆ Richland County adults were most likely to rate their health as fair or poor if they:
 - Were widowed (67%)
 - Had an annual household income under \$25,000 (37%)
 - Had high blood pressure (20%)
 - Were 65 years of age or older (18%)

Physical Health Status

- ◆ In 2011, 18% of Richland County adults rated their physical health as not good on four days or more in the previous month, increasing to 34% of those with incomes less than \$25,000.

Mental Health Status

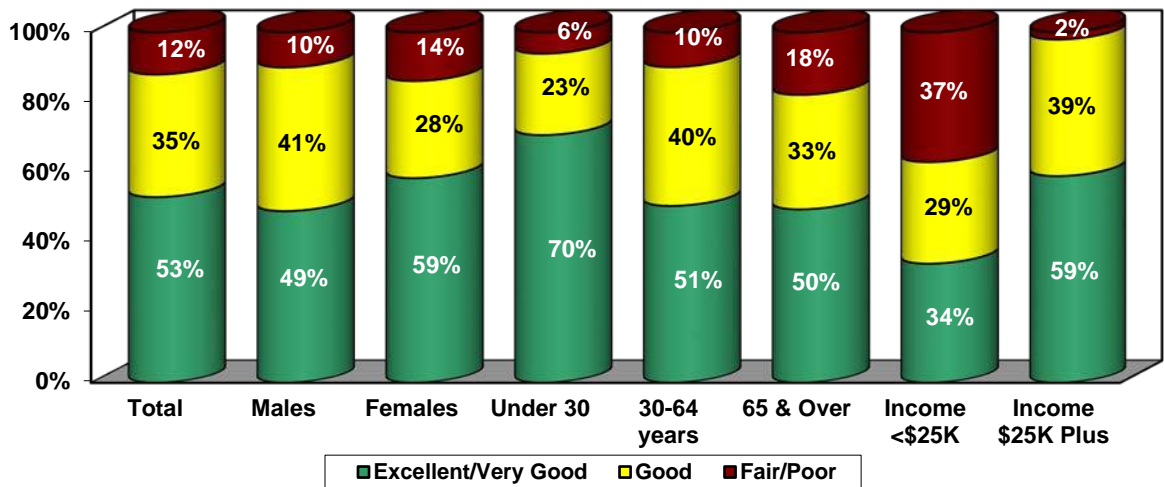
- ◆ In 2011, 28% of Richland County adults rated their mental health as not good on four days or more in the previous month, increasing to 34% of females.
- ◆ About one in five (21%) adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.

2011 Adult Comparisons	Richland County 2011	Ohio 2010	U.S. 2010
Rated health as excellent or very good	53%	53%	55%
Rated health as fair or poor	12%	16%	15%
Rated their mental health as not good on four or more days	28%	N/A	N/A

Health Status Perceptions

The following graph shows the percentage of Richland County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 53% of all Richland County adults, 70% of those under age 30, and 50% 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.

Richland 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	69%	8%	5%	1%	12%
Females	63%	7%	5%	2%	10%
Total	67%	7%	5%	2%	11%
Mental Health Not Good in Past 30 Days*					
Males	65%	5%	5%	2%	16%
Females	51%	5%	10%	1%	24%
Total	59%	5%	7%	2%	19%

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

Health Care Coverage

Key Findings

The 2011 health assessment data has identified that 13% of Richland 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 Richland County, 12.2% of residents live below the poverty level. *(Source U.S. Census, American Community Survey 5 Year Estimates, 2005-2009)*

General Health Coverage

- ◆ In 2011, most (87%) Richland County adults had health care coverage, leaving 13% who were uninsured. The 2010 BRFSS reports uninsured prevalence rates for Ohio (13%) and the U.S. (15%).
- ◆ In the past year 13% of adults were without healthcare coverage, increasing to 26% of those under the age of 30 and 28% of those with incomes less than \$25,000.
- ◆ Those with health coverage reported that their insurance covered the following: medical (100%), prescription (90%), spouse (70%), preventive health (66%), dental (64%), mental health (64%), immunizations (63%), children (62%), drug and alcohol treatment (40%), vision (58%), home care (21%), skilled nursing (21%), and hospice (17%).
- ◆ Richland County adults had the following issues regarding their health coverage: deductibles were too high (27%), premiums were too high (24%), co-pays were too high (17%), opted out of certain coverage because of cost (9%), high deductible with health savings account (7%), cannot understand insurance plan (5%), working with insurance company (4%), and opted out of certain coverage because did not need it (1%).
- ◆ During the past 12 months, Richland County adults did not get a prescription form from their doctor filled because of the following reasons: could not afford to pay out-of-pocket expenses (13%), no insurance (6%), there was no generic equivalent of what was prescribed (6%), co-pays were too high (4%), stretched current prescription by taking less than prescribed (4%), premiums were too high (3%), taking too many medications (2%), deductibles are too high (2%), have high deductible with health savings account (2%), and opted out of prescription coverage because of cost (1%).
- ◆ The top five reasons uninsured adults gave for being without health care coverage were:
 1. They lost their job or changed employers (37%)
 2. They could not afford to pay the insurance premiums (37%)
 3. Their employer does not/stopped offering coverage (13%)
 4. They became a part-time or a temporary employee (12%)
 5. They became ineligible (age or left school) (11%)

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

Richland County and Ohio Medicaid Statistics

	Residents Enrolled in Medicaid	Annual Medicaid Expenditures*
Richland County SFY 2009	28,742	\$148,870,609
State of Ohio SFY 2009	2,407,572	\$13,162,469,167
Richland County SFY 2008	20,743	\$138,818,286
State of Ohio SFY 2008	1,789,934	\$11,962,683,659

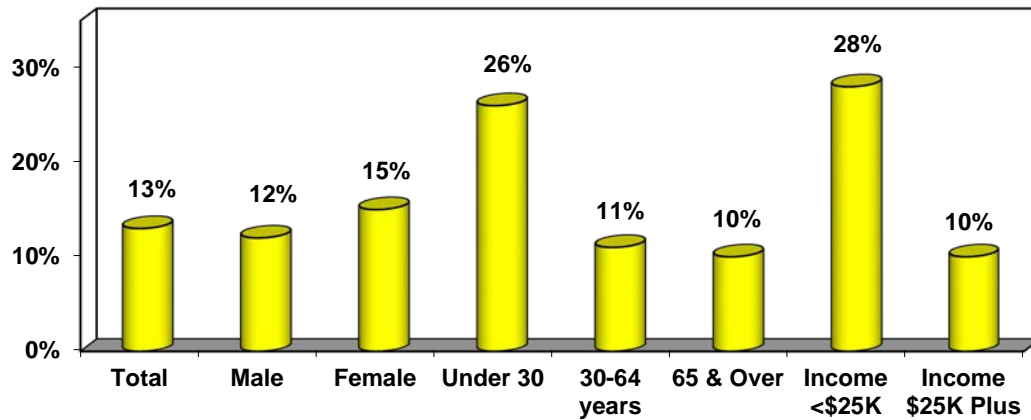
**(Payments made directly to providers as well as capitation payments to HMOs)
 (Source: Ohio Job & Family Services, Richland County Profile, Published July 2008 & 2009, <http://jfs.ohio.gov/County/cntypro/pdf08/Richland.pdf> & <http://jfs.ohio.gov/County/cntypro/Richland.pdf>)*

2011 Adult Comparisons	Richland County 2011	Ohio 2010	U.S. 2010
Uninsured	13%	13%	15%

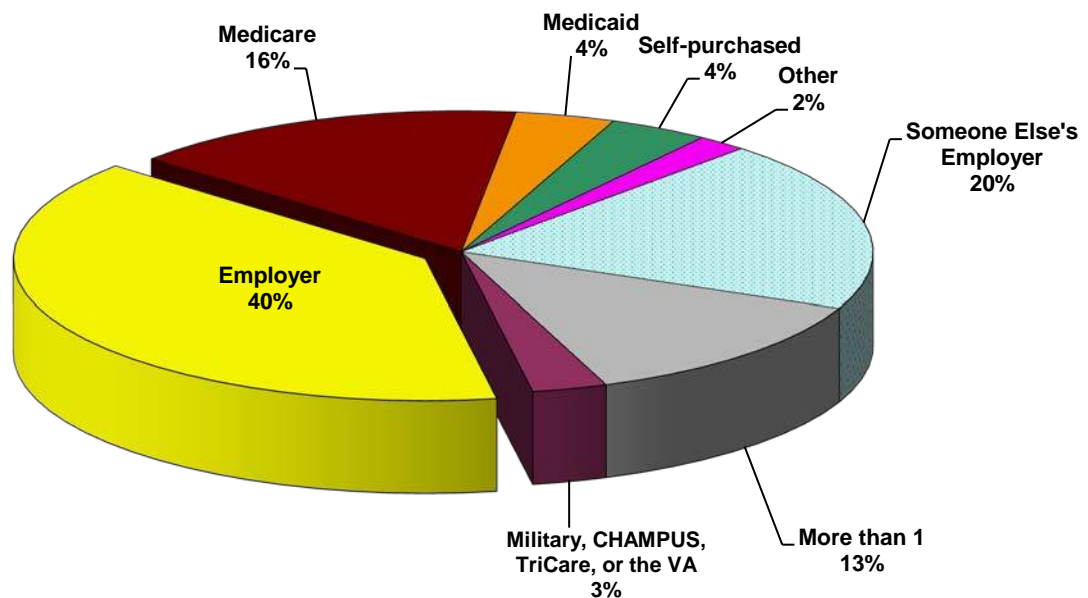
Health Care Coverage

The following graphs show the number of Richland County adults who were uninsured. Examples of how to interpret the information on the first graph include: 13% of all Richland County adults were uninsured, 26% of those under the age of 30 and 28% of those with incomes less than \$25,000. The pie chart shows sources of Richland County adults' health care coverage.

Uninsured Richland County Adults



Source of Health Coverage for Richland County Adults



Richland County Medicare Enrollees

- ❖ As of July 2010, there were approximately 24,399 people enrolled in Medicare in Richland County.
- ❖ Of these enrollees, 20,436 were 65 years of age or older and 3,963 were disabled.

(Source: Ohio Department of Job and Family Services, 2010 Ohio Medicaid Atlas; Center for Medicare & Medicaid Services, Medicare County Enrollment, July 1, 2010)

Health Care Access & Utilization

Key Findings

The 2011 health assessment project identified that 64% of Richland County adults have visited a doctor for a routine checkup in the past year. 64% reported they go to the doctor's office when sick or needing advice about their health.

Health Care Access

- ◆ 64% of Richland County adults had visited a doctor for a routine checkup within the past year, increasing to 80% of those over the age of 65.
- ◆ Richland County adults usually go to the following places when they are sick or need advice about health: doctor's office (64%), public health clinic or community health center (3%), emergency room (3%), Internet (3%), and other (2%).
- ◆ Richland County adults have not gotten any of the following recommended major care or preventive care due to cost: medications (8%), weight loss program (7%), mammogram (6%), pap smear (6%), colonoscopy (6%), surgery (4%), smoking cessation (4%), and PSA test (2%).
- ◆ In the past year, 48% of Richland County adults chose to go outside of Richland County for some health care services. They are as follows: specialty care (18%), primary care (13%), dental services (10%), orthopedic care (6%), pediatric care (4%), mental health care (3%), obstetrics/gynecology (3%), cardiac care (2%), cancer care (2%), developmental disability services (1%), and other service (10%).
- ◆ 15% of adults went outside of Richland County for mental health services for the following reasons: there was a better quality program (7%), used to live there (3%), insurance restrictions (2%), word of mouth (1%), and wait list was too long in Richland County (1%).

Predictors of Access to Health Care

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

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

(Source: Healthy People 2020 and CDC)

Availability of Services

- ◆ When Richland County adults had looked for the following programs for themselves or a loved one: depression, anxiety, or emotional problems (16%), alcohol abuse (4%), and drug abuse (2%).
- ◆ Richland County adults gave the following reasons for not using a program or service to help with depression, anxiety, or emotional problems for themselves or a loved one: not needed (70%), a program was used (12%), don't know (5%), can't afford to go (3%), have not thought of it (3%), stigma of seeking mental health services (2%), other priorities (1%), and other reasons (4%).

Richland County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Looked but have <u>NOT</u> found a specific program	Looked and have found a specific program	Looked and could not afford a specific program
Depression or Anxiety (16% of all adults looked)	17%	65%	18%
Alcohol Abuse (4% of all adults looked)	36%	57%	7%
Drug Abuse (2% of adults looked)	43%	43%	14%

Health Care Access

Health Care Utilization

- ◆ Richland County adults reported the following as the particular clinic, health center, doctor's office, or other place they usually go to if they are or sick or need advice about their health: doctor's office or HMO clinic/health center (83%), emergency room (23%), urgent care center (12%), hospital outpatient department (7%), Third Street Clinic (4%), Richland County Health Department Clinic (2%), store clinic (2%), Shelby Home and Public Health Center (1%), and other (6%).
- ◆ 90% of adults travel less than 20 miles to get to the place they usually go for health care services. 7% travel between 20 and 40 miles. 2% travel between 41 and 60 miles and 1% travels 60 miles or more.
- ◆ Richland County adults gave the following reasons for not having a usual source of medical care: have not needed a doctor (29%), two or more usual places (20%), no insurance or cannot afford it (12%), previous doctor is unavailable or has moved (4%), and other (24%).
- ◆ Richland County adults gave the following reasons for what might prevent them from seeing a doctor if they were sick, injured, or needed some type of health care: cost (31%), difficult to get an appointment (13%), hours not convenient (8%), worried they might find something wrong (6%), cannot get time off from work (6%), no transportation or difficult to find transportation (3%), frightened of the procedure or doctor (3%), don't trust or believe doctors (1%), and other (3%).
- ◆ Richland County adults gave the following reasons for switching doctors: provider moved or retired (16%), dissatisfied with former provider or liked new provider better (9%), changed residence or moved (9%), changed health care coverage (6%), medical care needs changed (2%), owed money to former provider (2%), and other (8%).
- ◆ Richland County adults prefer to get information about their health or healthcare services the following ways: doctor (50%), multiple ways including doctor (20%), family member or friend (11%), Internet (6%), and advertising or mailings from hospitals, clinics, or doctor's office (5%).
- ◆ Richland County adults had the following transportation issues when they need services: no driver's license (8%), no car (6%), cannot afford gas (5%), disabled (3%), other car issues/expenses (3%), car does not work (2%), no insurance (2%), and inconvenient (2%).

Richland County Health Care Statistics

- ◆ In 2009, 26.9% of all hospital visits occurred outside the county.
- ◆ In 2009, 23% of all Richland County residents were enrolled in Medicaid.
- ◆ 50.4% of all Richland County children were enrolled in Medicaid in 2009.
- ◆ 46% of all Richland County births were paid by Medicaid in 2007.

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

Health Care Access

Healthy People 2020 Access to Quality Health Services

Objective	Healthy People 2020 Target	Richland County 2011	Ohio 2010	U.S. 2010
AHS-1-1: Persons under age of 65 years with health care insurance	100%	72% age 20-24 86% age 25-34 76% age 35-44 92% age 45-54 91% age 55-64 (2011)	69% age 18-24 85% age 25-34 87% age 35-44 87% age 45-54 98% age 55-64 (2010)	74% age 18-24 80% age 25-34 85% age 35-44 87% age 45-54 89% age 55-64 (2010)

*U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Health People 2020 Objectives, BRFSS, ODH Information Warehouse, 1-7-10, 2011 Assessment)

Cardiovascular Health

Key Findings

Heart disease (25%) and stroke (5%) accounted for 30% of all Richland County adult deaths from 2006-2008 (Source: ODH Information Warehouse). The 2011 Richland County health assessment found that 7% of adults had a heart attack and 6% had a stroke at some time in their life. About one-third (35%) of Richland County adults have been diagnosed with high blood pressure, 34% have high blood cholesterol, and 38% were obese, three known risk factors for heart disease and stroke.

Heart Disease and Stroke

- ◆ In 2011, 7% of Richland County adults reported they had a heart attack or myocardial infarction, increasing to 10% of those over the age of 65 and 12% of those with incomes less than \$25,000.
- ◆ 4% of adults reported having angina or coronary heart disease, increasing to 10% of those over the age of 65.
- ◆ 6% of Richland County adults reported having had a stroke, increasing to 15% of those over the age of 65.

High Blood Pressure (Hypertension)

- ◆ About one-third (35%) of Richland County adults had been diagnosed with high blood pressure. The 2009 BRFSS reports hypertension prevalence rates of 32% for Ohio and 29% for the U.S.
- ◆ 78% of those with high blood were being treated for it.
- ◆ 79% of adults had their blood pressure checked in the past 6 months.
- ◆ Richland County adults diagnosed with high blood pressure were more likely to:
 - Have been age 65 years or older (69%)
 - Have been classified as obese by Body Mass Index-BMI (48%)
 - Have incomes less than \$25,000 (39%)

High Blood Cholesterol

- ◆ About one-third (34%) of adults had been diagnosed with high blood cholesterol. The 2009 BRFSS reported that 40% of Ohio adults and 38% of U.S. adults have been told they have high blood cholesterol.
- ◆ More than half (58%) of adults had their blood cholesterol checked in the past year.
- ◆ Richland County adults with high blood cholesterol were more likely to:
 - Be age 65 years and older (58%)
 - Have been classified as obese by Body Mass Index-BMI (35%)
 - Have incomes less than \$25,000 (29%)

Richland County Leading Types of Death 2006-2008

Total Deaths: 3,759

1. Heart Disease (25% of all deaths)
2. Cancers (24%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (5%)
5. Alzheimer's Disease (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)

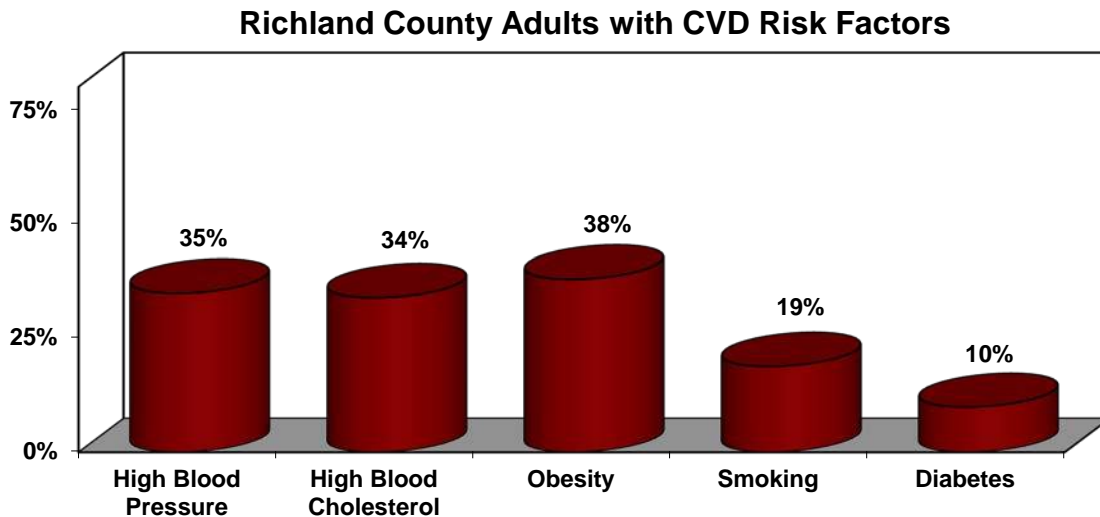
2011 Adult Comparisons	Richland County 2011	Ohio 2010	U.S. 2010
Had angina	4%	4%	4%
Had a heart attack	7%	4%	4%
Had a stroke	6%	3%	3%
Had high blood pressure	35%	32%*	29%*
Had high blood cholesterol	34%	40%*	38%*

N/A – Not asked

*2009 BRFSS Data

Cardiovascular Health

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



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

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

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

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

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

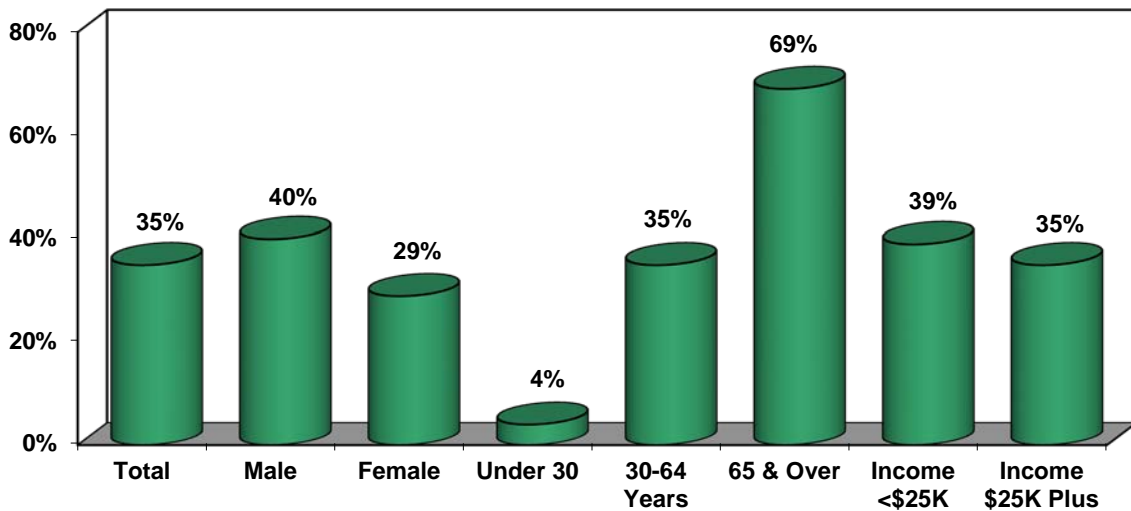
Physical Inactivity – An inactive lifestyle is a risk factor for coronary heart disease. Regular, moderate-to-vigorous physical activity helps prevent heart and blood vessel disease. However, even moderate-intensity activities help if done regularly and long term. Physical activity can help control blood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

Diabetes Mellitus – Diabetes seriously increases your risk of developing cardiovascular disease. Even when glucose levels are under control, diabetes increases the risk of heart disease and stroke, but the risks are even greater if blood sugar is not well controlled. At least 65% of people with diabetes die of some form of heart or blood vessel disease. (Source: American Heart Association, Risk Factors for Coronary Heart Disease, 6-20-11)

Cardiovascular Health

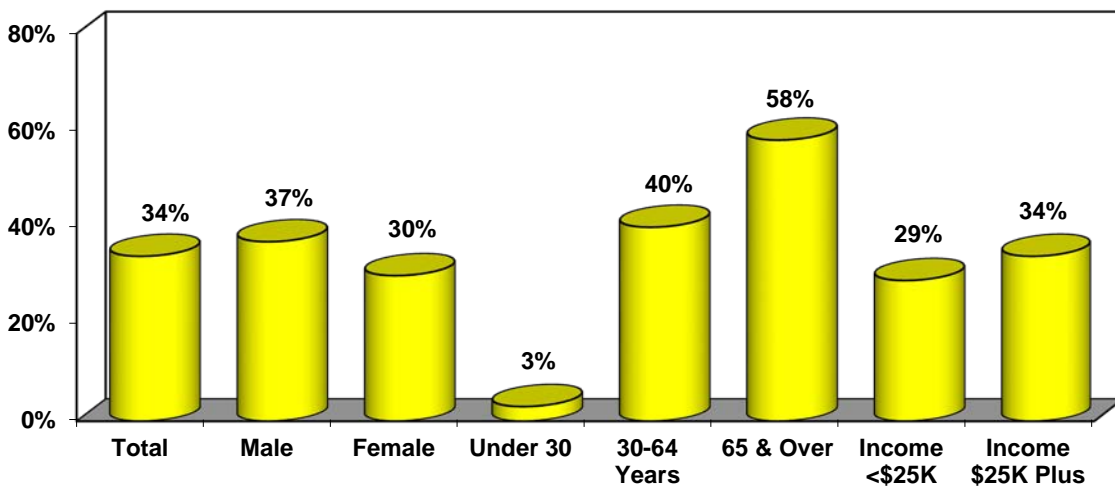
The following graphs show the number of Richland County adults who have been diagnosed with high blood pressure or high blood cholesterol. Examples of how to interpret the information on the first graph include: 35% of all Richland County adults have been diagnosed with high blood pressure, 40% of all Richland County males, 29% of all females, and 69% of those 65 years and older.

Diagnosed with High Blood Pressure*



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

Diagnosed with High Blood Cholesterol

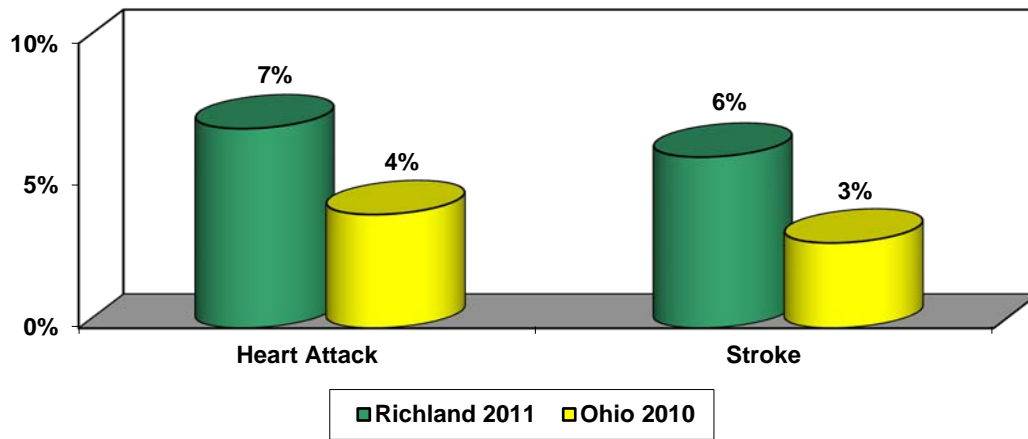


Cardiovascular Health

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

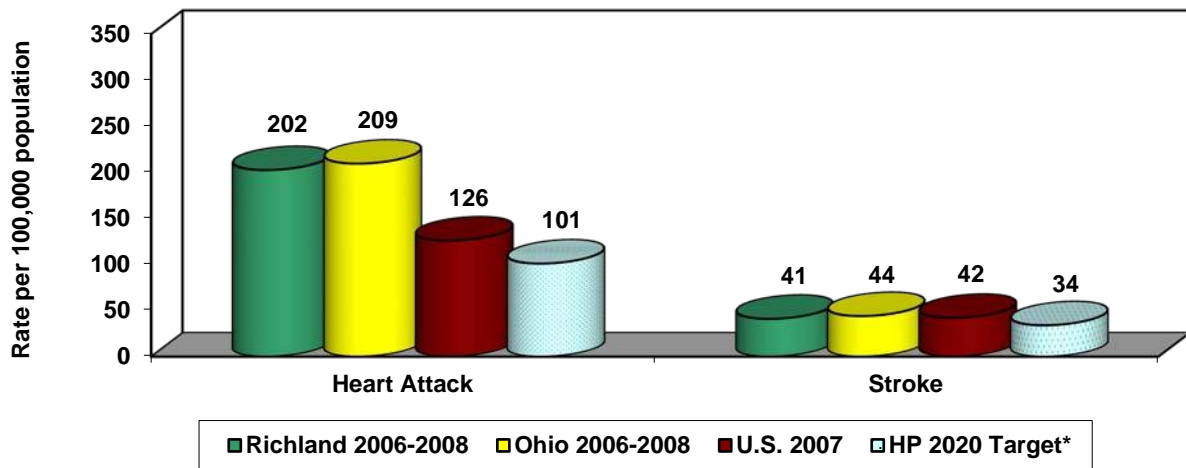
- The 2011 assessment shows that heart attacks are more prevalent than strokes in Richland County.
- When age differences are accounted for, the statistics indicate that from 2006-2008 the Richland County heart disease mortality rate is lower than the figure for the state, but higher than the U.S. figure and the Healthy People 2020 target.
- The Richland County age-adjusted stroke mortality rate for 2006-2008 was lower than the state and U.S. rates, and higher than the Healthy People 2020 objective.
- Disparities exist for heart disease mortality rates by gender in Richland County.

Cardiovascular Disease Prevalence



(Source: 2011 Richland Health Assessment and BRFSS)

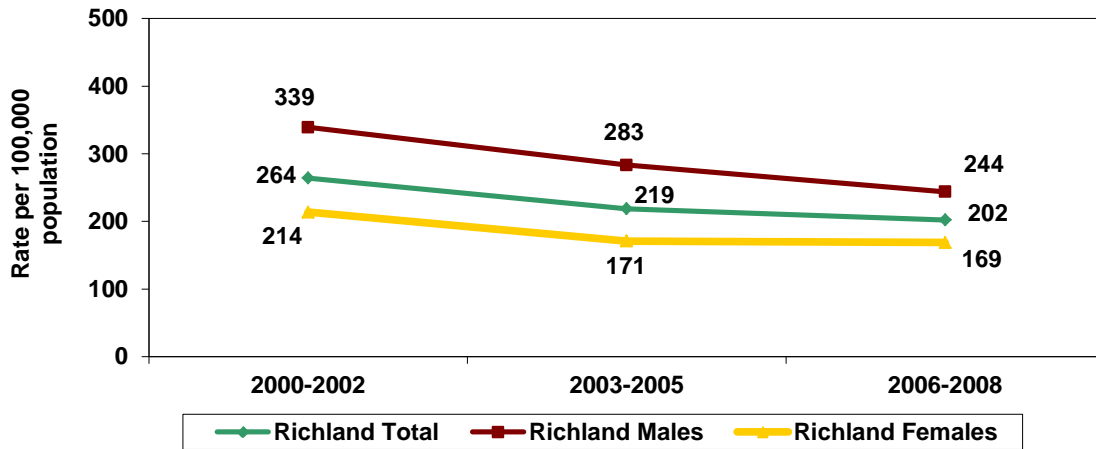
Age-Adjusted Heart Disease and Stroke Mortality Rates



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

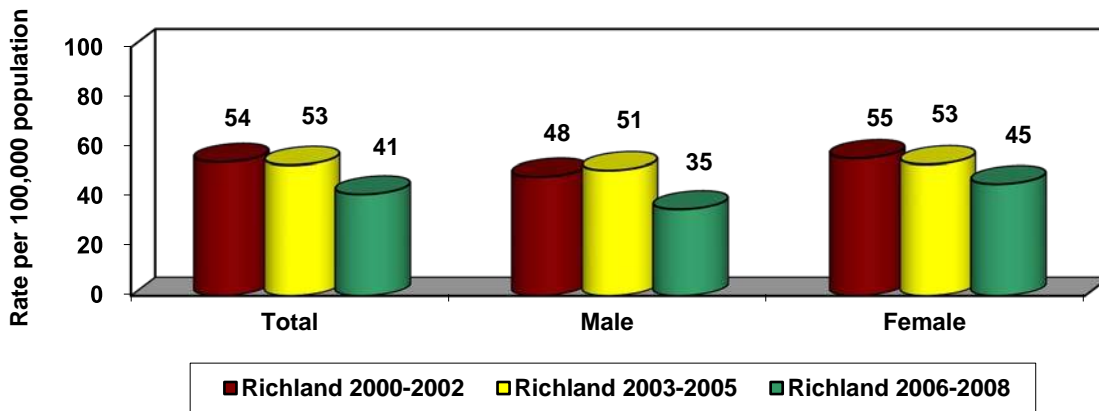
Cardiovascular Health

Richland County Age-Adjusted Heart Disease Mortality Rates by Gender



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

Age-Adjusted Stroke Mortality Rates by Gender



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

Cardiovascular Health

Healthy People 2020 Objectives

High Blood Pressure

Objective	Target	U.S. Baseline*	Richland Survey Population Baseline (2011)
HDS-4 Increase the portion of adults who have had their blood pressure measured within the preceding 2 years and can state whether it was normal or high	93%	91% Adults age 18 and up (2008)	92%
HDS-5: Reduce proportion of adults with hypertension	27%	30% Adults age 18 and older (2005-2008)	35%

**All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020, DATA 2011)*

Blood Cholesterol

Objective	Target	U.S. Baseline*	Richland Survey Population Baseline (2011)
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	14%	15% Adults age 20 & up with TBC > 240 mg/dl (2005-2008)	34%
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	82%	75% Adults age 18 and up (2008)	73%

**All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020, DATA 2011)*

Cancer

Key Findings

In 2011, 11% of Richland County adults had been diagnosed with cancer at some time in their life. 30% of adults had been screened by a health professional for skin cancer. Ohio Department of Health statistics indicate that from 2000-2008, a total of 2,619 Richland County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that reducing tobacco use, increasing cancer education and awareness, healthy diet and exercise habits, and early detection may reduce overall cancer deaths.

Cancer

- ❖ About one in nine (11%) of adults had been diagnosed with cancer at some time. The top 3 cancers reported were skin cancer (4%), breast cancer (2%), and prostate cancer (1%).
- ❖ Almost one-third (30%) of adults had been screened by a health professional for skin cancer. 6% had a pre-cancerous spot and 4% had been diagnosed with skin cancer.
- ❖ The Ohio Department of Health (ODH) vital statistics indicate that from 2000-2008, cancers caused 24% (2,619 of 11,128 total deaths) of all Richland County resident deaths. The largest percent (29%) of cancer deaths were from lung and bronchus cancer. *(Source: ODH Information Warehouse)*
- ❖ Age-adjusted cancer mortality rates (calculated by ODH per 100,000 population) have increased for Richland County from 191.1 for 2000-2002 to 197.8 for 2006-2008. The Ohio cancer mortality rate shows a downward trend from 208.3 for 2000-2002 to 195.9 for 2006-2008. *(Source: ODH Information Warehouse)*

Richland County Incidence of Cancer, 2008 All Types: 663 cases

- ❖ Lung and Bronchus: 101 cases (15%)
- ❖ Breast: 98 cases (15%)
- ❖ Prostate: 92 cases (14%)
- ❖ Colon and Rectum: 82 cases (12%)
- ❖ Bladder: 31 cases (5%)

From 2006-2008, there were 2,619 cancer deaths in Richland County.

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

Lung Cancer

- ❖ The Ohio Department of Health (ODH) reports that lung cancer (n=450) was the leading cause of male cancer deaths from 2000-2008 in Richland County. Colon cancer caused (n=144) deaths and prostate cancer caused (n=130) deaths and during the same time period. In Richland County, 21% of male adults are current smokers¹ and 42% have stopped smoking for one or more days in the past 12 months because they were trying to quit. *(Source: 2011 Richland County Health Assessment)*
- ❖ ODH reports that lung cancer was the leading cause of female cancer deaths (n=296) in Richland County from 2000-2008 followed by breast (n=213) and colon & rectum (n=149) cancers. Approximately 16% of female adults in the county are current smokers¹ and 58% have stopped smoking for one or more days in the past 12 months because they were trying to quit. *(Source: 2011 Richland County Health Assessment)*
- ❖ According to the American Cancer Society, smoking causes 87% of lung cancer deaths in the U.S. In addition, individuals living with smokers have a 30% greater risk of developing lung cancer than those who do not have smokers living in their household. Working in an environment with tobacco smoke also increases the risk of lung cancer.

Breast Cancer

- ❖ In 2011, 56% of Richland County females reported having had a clinical breast examination in the past year.
- ❖ 53% of Richland County females over the age of 40 had a mammogram in the past year.
- ❖ If detected early, the 5-year survival rate for breast cancer is 93%. *(Source: American Cancer Society Facts & Figures 2011)*
- ❖ For women in their 20s and 30s, a clinical breast exam should be done at least once every 3 years. Mammograms for women in their 20s and 30s are based upon increased risk (e.g., family history, past breast cancer) and physician recommendation. *(Source: American Cancer Society Facts & Figures 2011)*

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

Cancer

Colon and Rectum Cancer

- ❖ The American Cancer Society recognizes any cancer involving the esophagus, stomach, small intestine, colon, liver, gallbladder or pancreas as a digestive cancer. Digestive cancers accounted for 22% of all cancer deaths in Richland County from 2000-2008. *(Source: ODH Information Warehouse)*
- ❖ The American Cancer Society reports several risk factors for colorectal cancer including: age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; alcohol use; a high-fat or low-fiber diet lacking an appropriate amount of fruits and vegetables; physical inactivity; obesity; diabetes; and smoking.
- ❖ In the U.S., most cases of colon cancer occur in individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings. In 2011, 42% of Richland County adults over the age of 50 reported having been screened for colorectal cancers within the past 5 years.

Prostate Cancer

- ❖ 54% of Richland County males over the age of 50 had a PSA test in the past year.
- ❖ The Ohio Department of Health statistics indicate that prostate cancer deaths accounted for 5% of all male cancer deaths from 2000-2008 in Richland County.
- ❖ African American men are twice as likely as white American men to develop prostate cancer and are more likely to die of prostate cancer. In addition, about 62% of prostate cancers occur in men over the age of 65. Other risk factors include strong familial predisposition, diet high in processed meat or dairy foods, and obesity. Prostate cancer is more common in North America and Northwestern Europe than in Asia and South America. *(Source: Cancer Facts & Figures 2011, The American Cancer Society)*

2011 Estimated New Cancer Cases, by Site

2011 Comparisons	All Sites	Lung/ Bronchus	Female Breast	Prostate	Colon & Rectum
Ohio	65,060	10,060	8,970	9,190	5,850
United States	1,596,670	221,130	230,480	240,890	141,210

(American Cancer Society, Inc., Surveillance Research, 2011)

2011 Cancer Estimations

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

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

Cancer

Richland County Cancer Deaths 2000-2008

Type of Cancer	Number of Cancer Deaths	Percent of Total Cancer Deaths
Trachea, Lung and Bronchus	747	29%
Other/Unspecified	303	12%
Colon, Rectum & Anus	293	11%
Breast	214	8%
Pancreas	136	5%
Prostate	130	5%
Leukemia	108	4%
Non-Hodgkins Lymphoma	99	4%
Esophagus	72	3%
Bladder	68	3%
Brain and CNS	68	3%
Multiple Myeloma	57	2%
Kidney and Renal Pelvis	50	2%
Ovary	49	2%
Liver and Bile Ducts	46	1%
Cancer of Corpus Uteri	41	1%
Lip, Oral Cavity & Pharynx	37	1%
Melanoma of Skin	29	1%
Stomach	28	1%
Cancer of Cervix Uteri	23	1%
Larynx	17	< 1%
Hodgkins Disease	3	< 1%
Total	2,619	100%

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

Richland County Number of Cancer Cases, 2000-2007

Year	All Sites	Breast	Colon & Rectum	Lung	Prostate
2000	656	101	89	102	101
2001	668	114	77	88	90
2002	705	102	78	101	112
2003	694	101	86	109	104
2004	629	88	80	96	83
2005	702	100	89	124	85
2006	667	93	76	103	92
2007	693	103	87	99	95

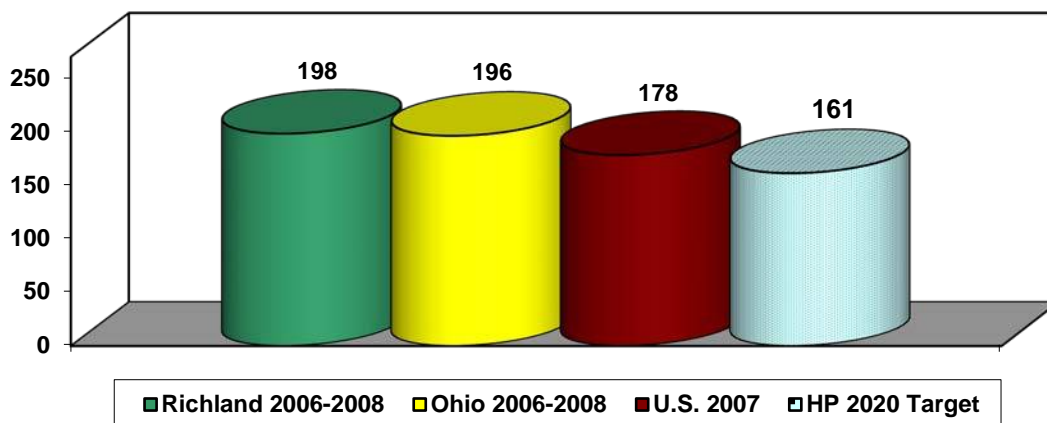
**2000 U.S. Standard for Age-adjustment
(Source: Ohio Cancer Incidence Surveillance System)*

Cancer

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

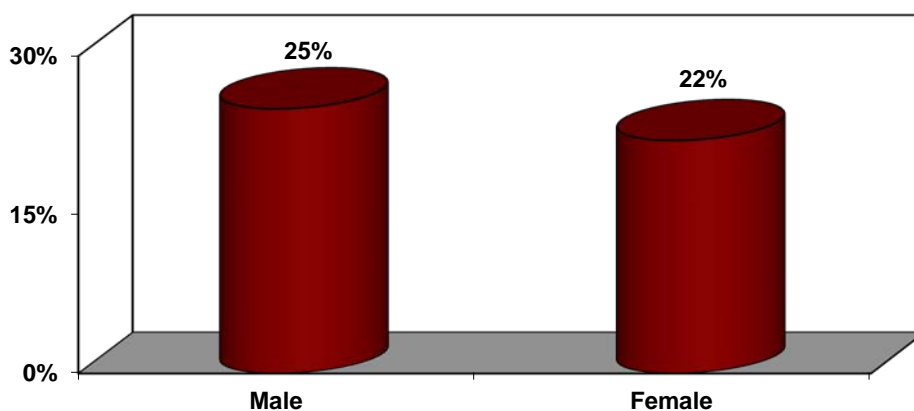
- ◆ When age differences are accounted for, Richland County had a higher cancer mortality rate than Ohio and the national rate, and exceeded the Healthy People 2020 target objective.
- ◆ The percentage of Richland County males who died from all cancers is higher than the percentage of Richland County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

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



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

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



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

Diabetes

Key Findings

In 2011, 10% of Richland County adults had been diagnosed with diabetes. 12% of adults had been diagnosed with pre-diabetes.

Diabetes

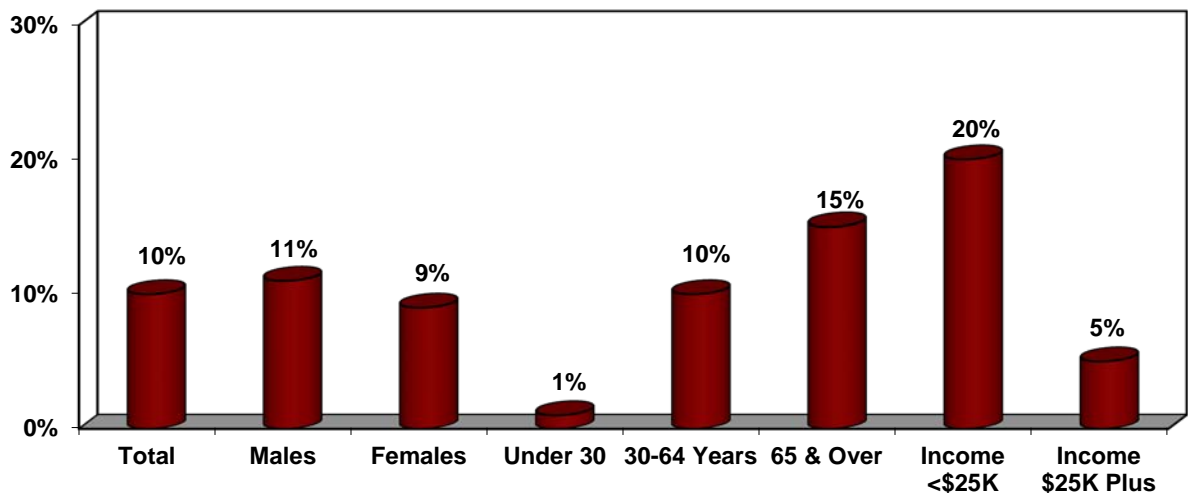
- ◆ The 2011 health assessment project has identified that 10% of Richland County adults had been diagnosed with diabetes, increasing to 15% of those over the age of 65. The 2010 BRFSS reports an Ohio prevalence of 11% and 10% for the U.S.
- ◆ 12% of adults were told they have pre-diabetes, increasing to 27% of those over the age of 65.
- ◆ Of those who had diabetes or pre-diabetes, they were doing the following to manage it: diet control (59%), check their blood sugar (43%), diabetes pills (36%), exercise (31%), and insulin (16%). 14% of those with diabetes or pre-diabetes were doing nothing to manage it.
- ◆ Richland County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 86% were obese
 - 79% had been diagnosed with high blood pressure
 - 64% had been diagnosed with high blood cholesterol

Diabetes Facts

- ❖ Diabetes was the 7th leading cause of death in Richland County from 2006-2008.
- ❖ Diabetes was the 7th leading cause of death in Ohio from 2006-2008.
- ❖ From 2006-2008, the Richland County age-adjusted mortality rate per 100,000 for diabetes was 34.1 deaths for males (34.4 Ohio) and 21.5 (24.3 Ohio) deaths for females.

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

Richland County Adults Diagnosed with Diabetes



Diabetes

Diabetes Symptoms

Many people with type 2 diabetes never show any signs, but some people do show symptoms caused by high blood sugar. The most common symptoms of 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
- ❖ People who do not exercise regularly
- ❖ People with low HDL cholesterol or high triglycerides, high blood pressure
- ❖ Certain racial and ethnic groups (e.g. Non-Hispanic Blacks, Hispanic/Latino Americans, Asian Americans and Pacific Islanders, and American Indians and Alaska Natives)
- ❖ Women who had gestational diabetes, or who have had a baby weighing 9 pounds or more at birth

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

Diabetes

Adult Diabetes Screening Standards

Type 1 diabetes is usually diagnosed in children and young adults, and was previously known as juvenile diabetes. In type 1 diabetes, the body does not produce insulin. Type 2 diabetes is the most common form of diabetes. In type 2 diabetes, either the body does not produce enough insulin or the cells ignore the insulin, most likely because the insulin is defective.

The American Diabetes Association maintains that community screening is not recommended since there is not sufficient evidence that community screening for type 2 diabetes is cost-effective, as well as the potential harm caused by lack of continuous care following diagnosis; therefore, screening should be based upon clinical judgment and patient preference. Health care provider type 2 diabetes **screening standards for adults** are as follows:

- ❖ Every three years for those age 45 and over, especially for those with a Body Mass Index (BMI) of 25 or greater;
- ❖ Testing can be done more frequently for those at younger ages who are overweight and have one or more of the risk factors listed in the box on page 1;
- ❖ Patients who experience one or more of the known symptoms for diabetes (e.g. frequent urination, excessive thirst, extreme hunger, unusual weight loss, increased fatigue, irritability, blurry vision, etc.);
- ❖ Patients who have a family history of type 2 diabetes;
- ❖ Patients who belong to certain race/ethnic groups (specifically, African American, American Indian, Pacific Islander, or Hispanic American/Latino);
- ❖ Patients who have signs of or conditions associated with insulin resistance (e.g., high blood pressure, abnormal cholesterol, polycystic ovary syndrome, etc.); and,
- ❖ As deemed necessary by the health care professional.

Youth Diabetes Screening Standards

The incidence of type 2 diabetes in children and adolescents has been shown to be increasing. Consistent with screening recommendations for adults, only children and youth at substantial risk for the presence or the development of type 2 diabetes should be tested. The American Diabetes Association recommends that overweight youths (defined as BMI greater than 85th percentile for age and sex, weight for height greater than 85th percentile, or weight greater than 120% of ideal for height) with any two of the risk factors listed below be screened:

- ❖ Have a family history of type 2 diabetes in first- and second-degree relatives;
- ❖ Belong to a certain race/ethnic group (Native Americans, African-Americans, Hispanic Americans, Asians/South Pacific Islanders);
- ❖ Have signs of insulin resistance or conditions associated with insulin resistance (acanthosis nigricans, hypertension, dyslipidemia, polycystic ovary syndrome).

Testing should be done every 2 years starting at age 10 years or at the onset of puberty if it occurs at a younger age.

For more information about diabetes, please visit the American Diabetes Association's website at www.diabetes.org.

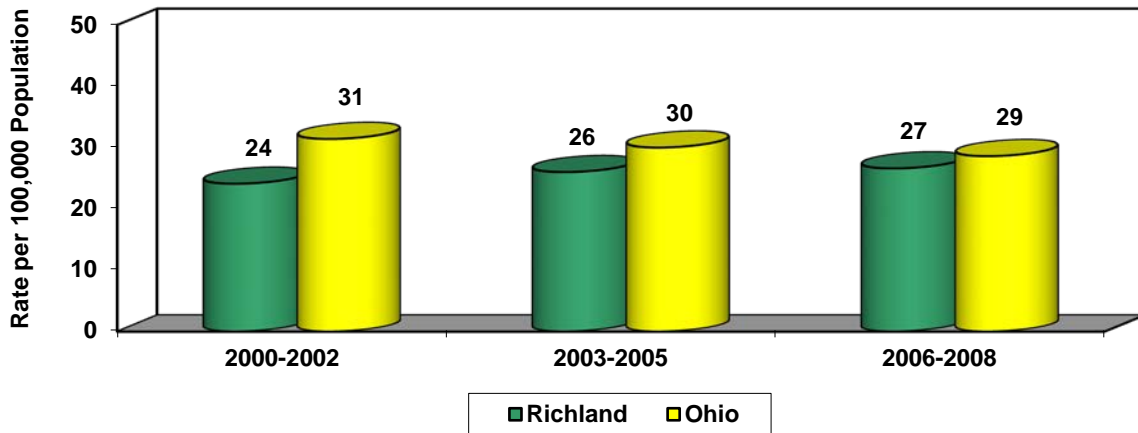
(Source: American Diabetes Association, Diabetes Care, Screening for Type 2 Diabetes, 2011)

Diabetes

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

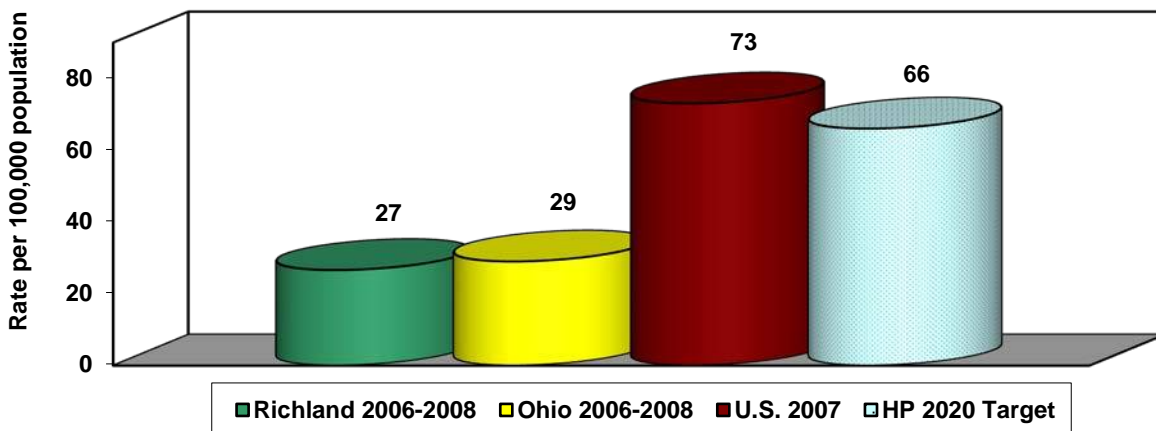
- ◆ Richland County’s age-adjusted diabetes mortality rate increased from 2000 to 2008.
- ◆ From 2006 to 2008, both Richland County and Ohio’s age-adjusted diabetes mortality rates were less than half of the national rate and both met the Healthy People 2020 target objective.

Diabetes Age-Adjusted Mortality Rates



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

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



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

Arthritis

Key Findings

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

Arthritis

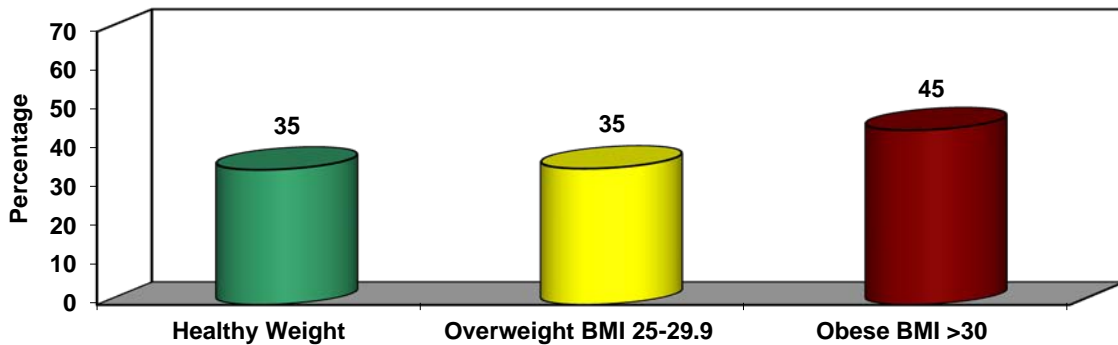
- ◆ Just over one-quarter (31%) of Richland County adults were told by a health professional that they had some form of arthritis.
- ◆ 59% of those over the age of 65 were diagnosed with arthritis.
- ◆ According to the 2009 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.
- ◆ About 1 in 5 U.S. adults have doctor diagnosed arthritis. Approximately 1 in 20 of working age adults reported that arthritis limited their work (*Source: CDC Arthritis at a Glance 2011*).
- ◆ 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*).

What Can Be Done to Target Arthritis?

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

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

Arthritis-Attributable Activity Limitations Increase with Weight



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

2011 Adult Comparisons	Richland County 2011	Ohio 2009	U.S. 2009
Diagnosed with arthritis	31%	31%	26%

Asthma & Other Respiratory Disease

Key Findings

In 2011, 15% of Richland County adults had been diagnosed with asthma.

Asthma & Other Respiratory Disease

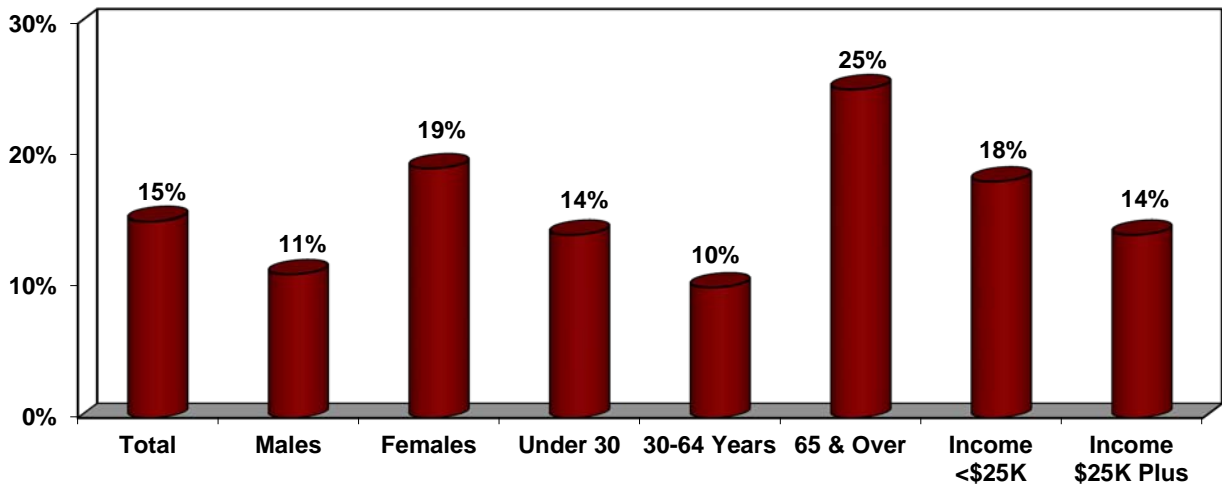
- ◆ In 2011, 15% of Richland County adults had been diagnosed with asthma, increasing to 19% of females and 25% of those over the age of 65.
- ◆ 14% of Ohio and 14% of U.S. adults have ever been diagnosed with asthma. *(Source: 2010 BRFSS)*
- ◆ There are several important factors that may trigger an asthma attack. Some of these triggers are secondhand smoke, dust mites, outdoor air pollution, cockroach allergens, pets, mold, infections linked to the flu, colds, and respiratory viruses *(Source: CDC- National Center for Environmental Health, 2011)*
- ◆ Chronic lower respiratory disease was the 3rd leading cause of death in Richland County and Ohio from 2006-2008. *(Source: ODH, Information Warehouse)*

Chronic Respiratory Conditions

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

(Source: National Heart, Lung, Blood Institute, 2011)

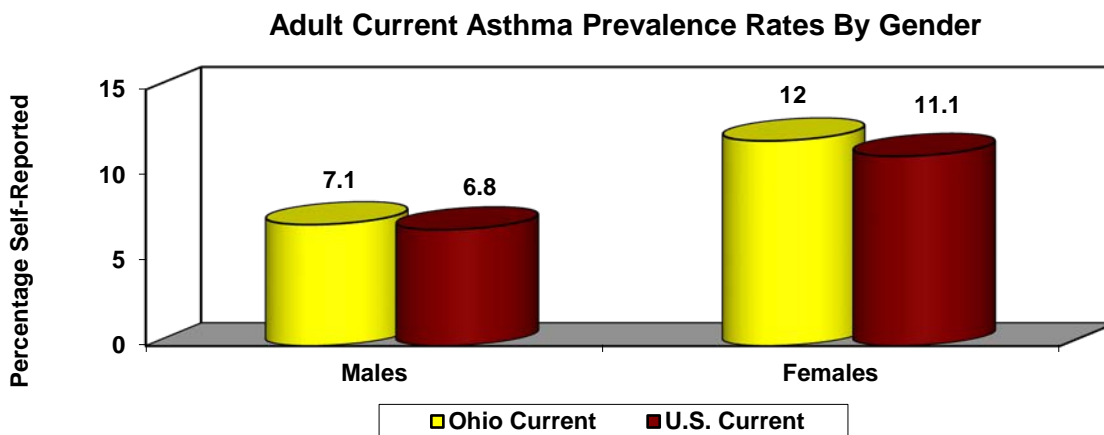
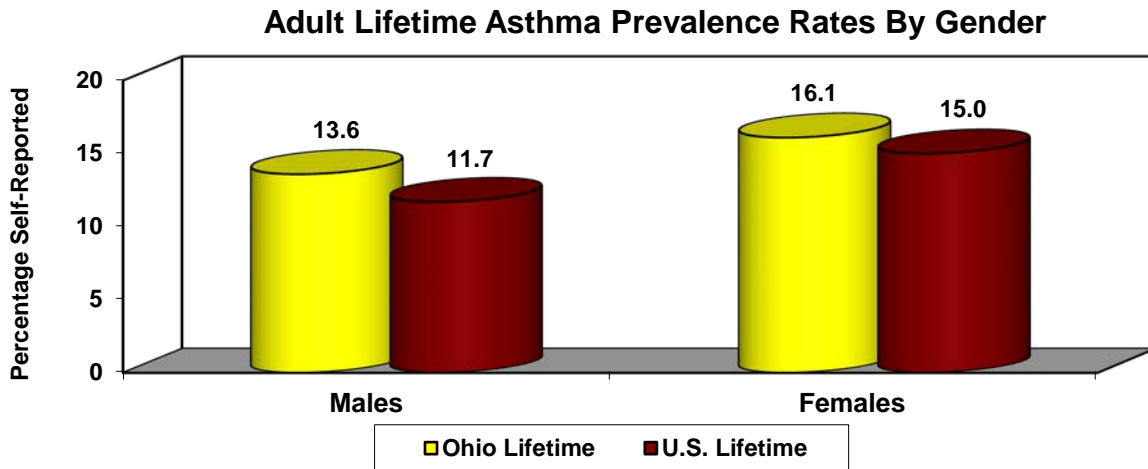
Richland County Adults Diagnosed with Asthma



2011 Adult Comparisons	Richland County 2011	Ohio 2010	U.S. 2010
Had been diagnosed with asthma	15%	14%	14%

Asthma & Other Respiratory Disease

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



(Source: 2010 BRFSS)

Asthma Control

Recommendations from the CDC's National Asthma Control Program include:

- Tracking: routinely collect and analyze asthma data to determine who is most affected
- Interventions: assure that research-based public health practices and programs are implemented to reduce the burden of asthma within the county.
- Partnerships: make sure that all stakeholders have the opportunity to be involved in developing, implementing and evaluating the local asthma control programs.

For youth, the CDC has published *Strategies for Addressing Asthma within a Coordinated School Health Program*, revised 2006. The six strategies identified include:

- Establishing management and support systems for asthma-friendly schools.
- Providing appropriate school health and mental health services for students with asthma.
- Providing asthma education and awareness programs for students and school staff.
- Providing a safe and healthy school environment to reduce asthma triggers.
- Providing safe, enjoyable physical education and activity opportunities for students with asthma.
- Coordinating school, family and community efforts to better manage asthma symptoms and reduce school absences among students with asthma.

Adult Weight Status

Key Findings

The 2011 Health Assessment project identified that 73% of Richland County adults were overweight or obese based on BMI. The 2010 BRFSS indicates that 30% of Ohio and 28% of U.S. adults were obese by BMI. More than one-third (38%) of Richland County adults were obese. Half (50%) of adults were trying to lose weight. 20% of adults had not been participating in any physical activities or exercise in the past week.

Defining the Terms

- ❖ Obesity: An excessively high amount of body fat compared to lean body mass.
- ❖ Body Mass Index (BMI): The contrasting measurement/ relationship of weight to height. CDC uses this measurement to determine overweight and obesity.
- ❖ Underweight: Adults with a BMI less than 18.5.
- ❖ Normal: Adults with a BMI of 18.5 to 24.9.
- ❖ Overweight: Adults with a BMI of 25 to 29.9.
- ❖ Obese: Adults with a BMI of 30 or greater.

(Source: CDC 2010)

Adult Weight Status

- ◆ In 2011, the health assessment indicated that nearly three-fourths (73%) of Richland County adults were either overweight (35%) or obese (38%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases (see below).
- ◆ Half (50%) of adults were trying to lose weight, increasing to 58% of females.
- ◆ Richland County adults did the following to lose weight or keep from gaining weight: exercised (52%), ate less food, fewer calories, or foods low in fat (50%), ate a low-carb diet (7%), took diet pills, powders, or liquids without a doctor's advice (3%), smoked cigarettes (2%), used a weight loss program such as Weight Watchers, Jenny Craig, etc. (2%), participated in a dietary or fitness program prescribed by a health professional (2%), and went without eating 24 or more hours (1%).

Physical Activity

- ◆ In Richland County, 61% of adults were engaging in physical activity for at least 30 minutes 3 or more days per week. 31% of adults were exercising 5 or more days per week. One-fifth (20%) of adults were not participating in any physical activity in the past week, including those 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)*

Nutrition

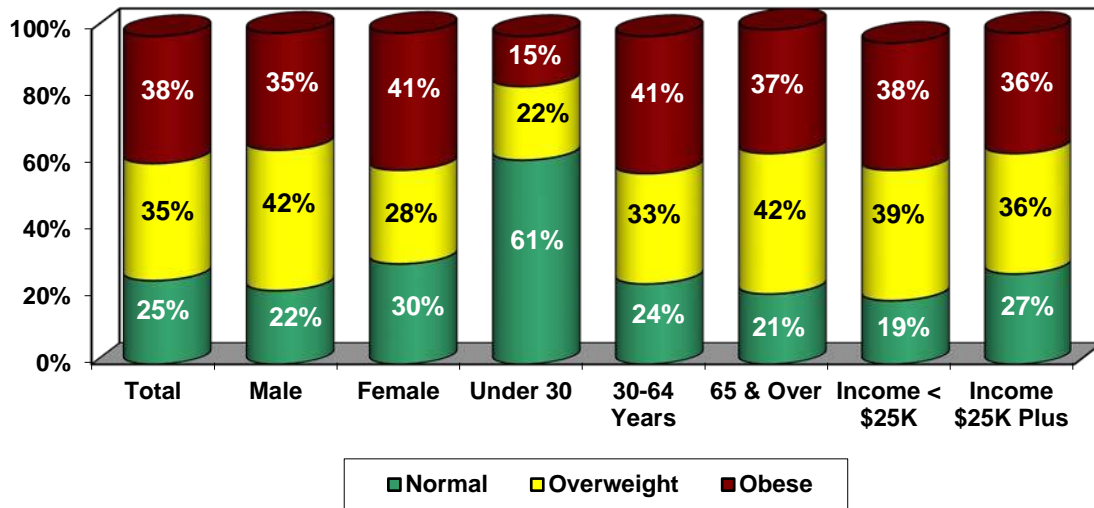
- ◆ In 2011, 91% of Richland County adults ate between 1 and 4 servings of fruits and vegetables per day. 6% ate 5 or more servings per day. The American Cancer Society recommends that adults eat 5-9 servings of fruits and vegetables per day to reduce the risk of cancer and to maintain good health. The 2009 BRFSS reported that only 21% of Ohio adults and 23% nationwide were eating the recommended number of servings of fruits and vegetables.

2011 Adult Comparisons	Richland County 2011	Ohio 2010	U.S. 2010
Obese	38%	30%	28%
Overweight	35%	36%	36%

Adult Weight Status

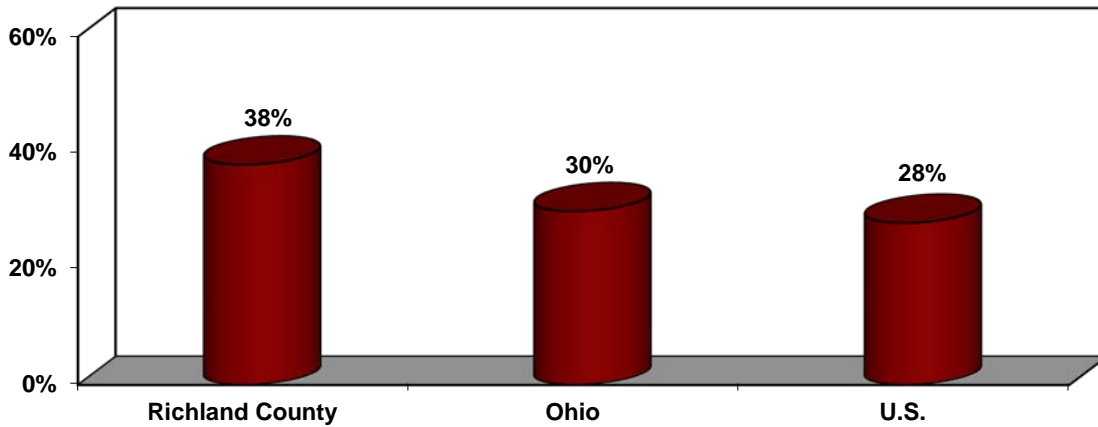
The following graphs show the percentage of Richland County adults who are overweight or obese by Body Mass Index (BMI) and the percentage of Richland County adults who are obese compared to Ohio and U.S. Examples of how to interpret the information include: 25% of all Richland County adults were classified as normal weight, 35% overweight and 38% obese.

Richland County Adult BMI Classifications



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

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



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

Adult Tobacco Use

Key Findings

In 2011, 19% of Richland County adults were current smokers and 23% were considered former smokers. In 2011, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of disease and early death in the world, accounting for approximately 5.4 million premature deaths each year. ACS estimated that tobacco use would be linked to approximately one in five deaths in the U.S. *(Source: Cancer Facts & Figures, American Cancer Society, 2011)*

Adult Tobacco Use Behaviors

- ◆ The 2011 health assessment identified that almost one-fifth (19%) of Richland County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). The 2010 BRFSS reported current smoker prevalence rates of 23% for Ohio and 17% for the U.S. One-quarter (25%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke) for Ohio and the U.S.
- ◆ Richland County adult smokers were more likely to:
 - Have rated their general health as fair or poor (86%)
 - Have been divorced or separated (57%)
 - Have incomes less than \$25,000 (36%)
 - Be male (21%)
- ◆ About half (49%) of the current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.
- ◆ Richland County adults used the following tobacco products: flavored cigarettes (9%), snuff (9%), cigars (8%), chewing tobacco (5%), black and milds (4%), hookah (4%), snus (3%), swishers (3%), cigarillos (2%), little cigars (2%), and e-cigarettes (1%).
- ◆ 68% of Richland County adults supported the smoke-free Ohio ban. 25% of current smokers supported the ban while 70% of non-smokers supported it.

Tobacco Use and Health

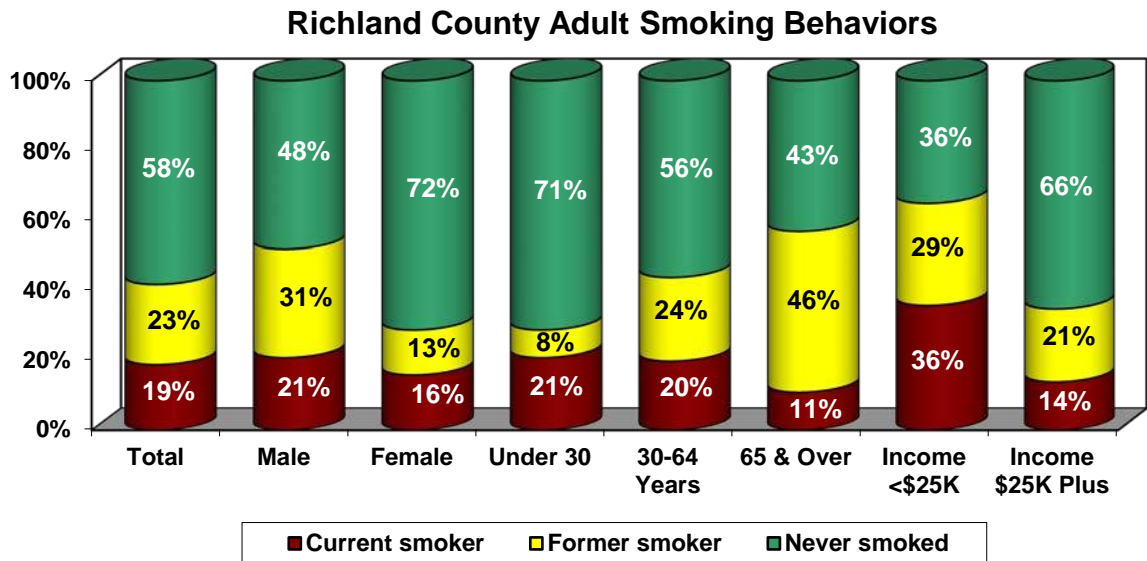
- ◆ Tobacco use is the most preventable cause of death in the U.S. and in the world
- ◆ 87% of all lung cancers deaths and at least 30% of all cancer deaths in the U.S. can be attributed to smoking.
- ◆ When compared to non-smokers, the risk of developing lung cancer is 23 times higher in male smokers and 13 times higher in female smokers.
- ◆ Tobacco use is also associated with at least 20 types of cancer such as cervical, mouth, pharyngeal, esophageal, pancreatic, kidney and bladder.
- ◆ Tobacco use contributes to heart disease, stroke, bronchitis, emphysema, COPD, chronic sinusitis, severity of colds, pneumonia and low birth weight in infants.

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

2011 Adult Comparisons	Richland County 2011	Ohio 2010	U.S. 2010
Current smoker	19%	23%	17%
Former smoker	23%	25%	25%
Tried to quit smoking	49%	N/A	N/A

Adult Tobacco Use

The following graph shows the percentage of Richland County adults who used tobacco. Examples of how to interpret the information include: 19% of all Richland County adults were current smokers, 23% of all adults were former smokers, and 58% had never smoked.



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

Costs of Tobacco Use

- ❖ If a pack-a-day smoker spent \$4/pack, they would spend: \$28/week, \$112/month, or \$1,456/year.
- ❖ 19% of Richland County adults indicated they were smokers. That is approximately 18,374 adults.
- ❖ If 18,374 adults spent \$1,456/year, then \$26,752,544 is spent a year on cigarettes in Richland County.

Smoking and Tobacco Facts

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

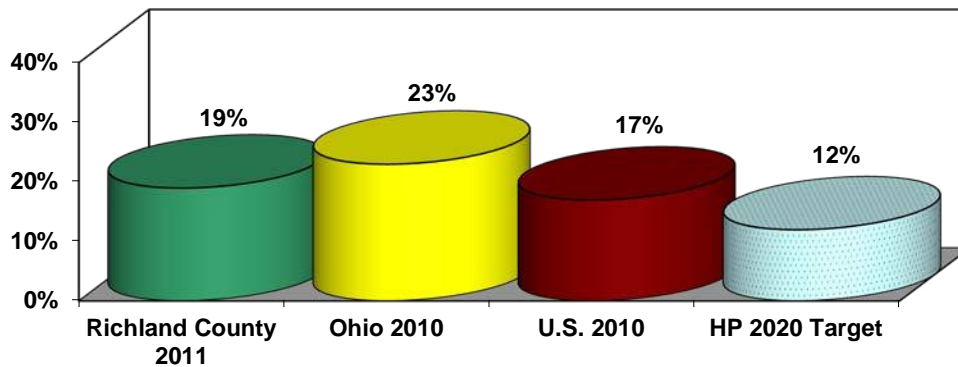
(Source: CDC: Fast Facts on Smoking and Tobacco Use, accessed from http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm)

Adult Tobacco Use

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

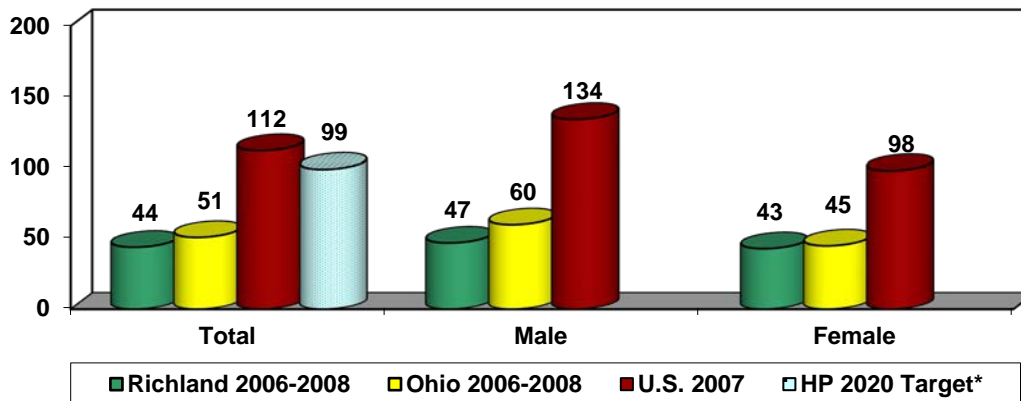
- ◆ Richland County adult cigarette smoking rate was lower than the rate for Ohio and higher than the U.S. and Healthy People 2020 Goal.
- ◆ From 2006-2008, Richland County's age-adjusted mortality rate for Chronic Lower Respiratory Disease was lower than the Ohio rate, the U.S. rate, and the Healthy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

Healthy People 2020 Objectives & Cigarette Smoking Rates



(Source: 2011 Assessment, BRFSS and HP2020)

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

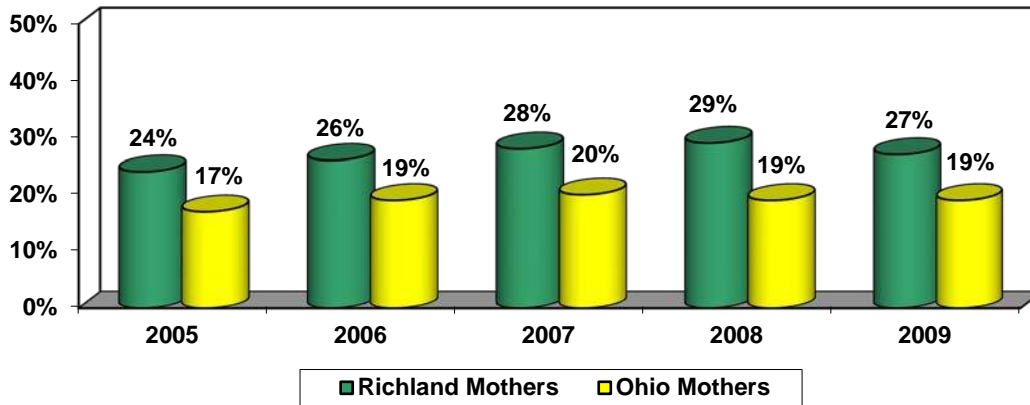


(Source: ODH Information Warehouse and HP2020)

**HP2020 does not report different goals by gender. HP2020 reports out deaths for adults ages 45 and older.*

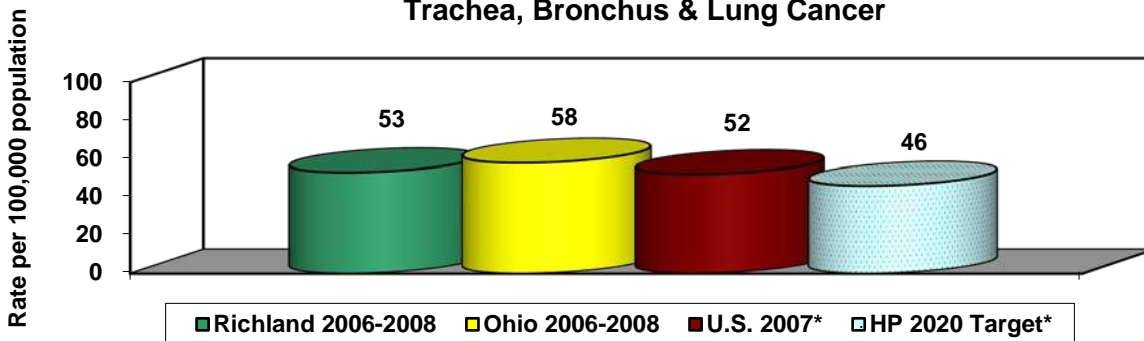
Adult Tobacco Use

Births to Mothers Who Smoked During Pregnancy



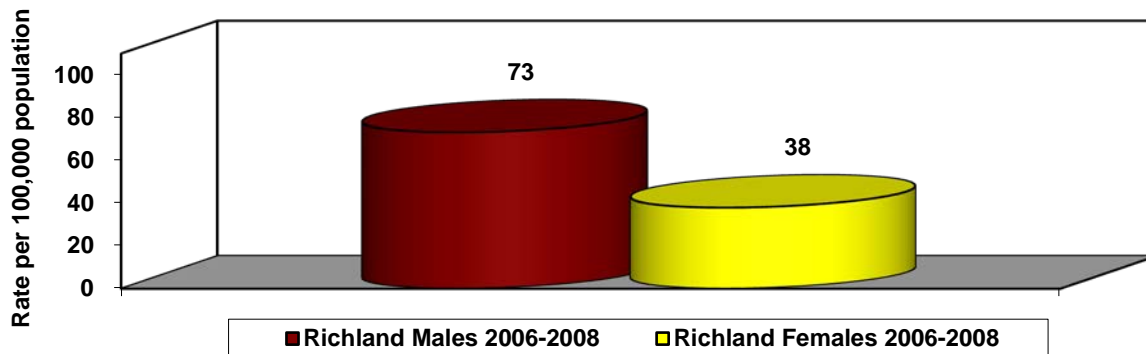
(Source: ODH Births, Vital Statistics Annual Birth Summaries by Year, 2005-2009)

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



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

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



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

Adult Alcohol Consumption

Key Findings

In 2011, the health assessment indicated that 10% of Richland County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 32% of adults who drank had five or more drinks (for males) or four or more drinks (for females) on one occasion (binge drinking) in the past month. Eleven percent of adults drove after having five or more drinks.

Richland County Adult Alcohol Consumption

- ◆ In 2011, more than half (51%) of the Richland County adults had at least one alcoholic drink in the past month, increasing to 58% of those under the age of 30 and 60% of those with incomes more than \$25,000. The 2010 BRFSS reported current drinker prevalence rates of 53% for Ohio and 54% for the U.S.
- ◆ One in ten (10%) adults were considered frequent drinkers (drank on an average of three or more days per week).
- ◆ Of those who drank, Richland County adults drank 2.7 drinks on average, increasing to 3.3 drinks for males.
- ◆ About one in six (16%) adults were considered binge drinkers. The 2010 BRFSS reported binge drinking rates of 17% for Ohio and 15% for the U.S.
- ◆ 32% of those who drink reported they had five or more alcoholic drinks (for males) and four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers by definition (See box above).
- ◆ 11% of adults reported driving after having perhaps too much to drink.

Binge Drinking Dangers

- ❖ Binge drinking is defined as five or more drinks on one occasion or in a short period of time for men, and four or more drinks for women.
- ❖ About 92% of U.S. adults who drink excessively reported binge drinking in the past month.
- ❖ The prevalence of males binge drinking is higher than the prevalence of females binge drinking.
- ❖ Approximately 75% of the alcohol consumed in the U.S. is in the form of binge drinks.
- ❖ The highest proportion age group to binge drink is in the 18-20 year old group at 51%.
- ❖ Most people who binge drink are not alcohol dependent.
- ❖ Unintentional injuries, violence, alcohol poisoning, hypertension, sexually transmitted diseases, cardiovascular diseases, sexual dysfunction and unintentional pregnancy are a few of the adverse health effects of binge drinking.

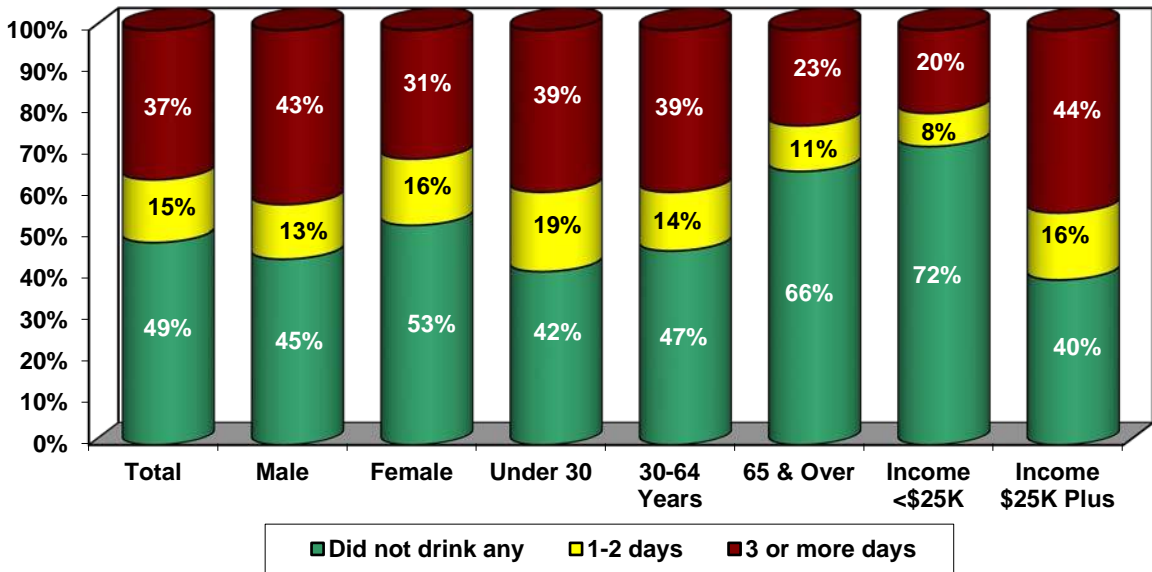
(Source: CDC, Binge Drinking Facts Sheet, 10-17-2010)

2011 Adult Comparisons	Richland County 2011	Ohio 2010	U.S. 2010
Drank alcohol at least once in past month	51%	53%	55%
Binge drinker (drank 5 or more drinks on occasion)	16%	17%	15%
Drove after having perhaps too much to drink	11%	N/A	N/A

Adult Alcohol Consumption

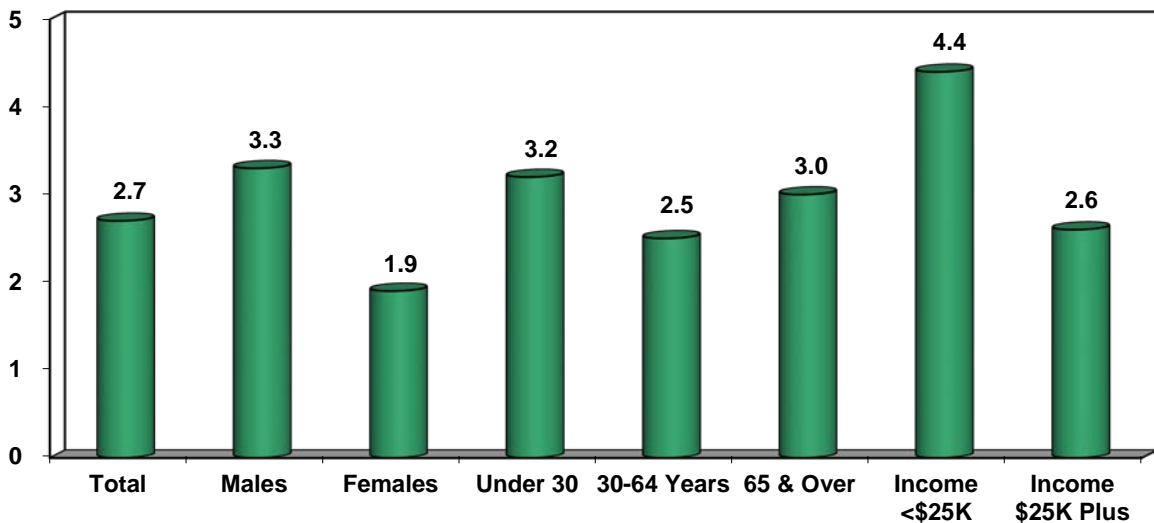
The following graphs show the percentage of Richland County adults consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 49% of all Richland County adults did not drink alcohol, 45% of Richland County males did not drink and 53% of adult females reported they did not drink.

Average Number of Days Adults Drank Alcohol in the Past Month



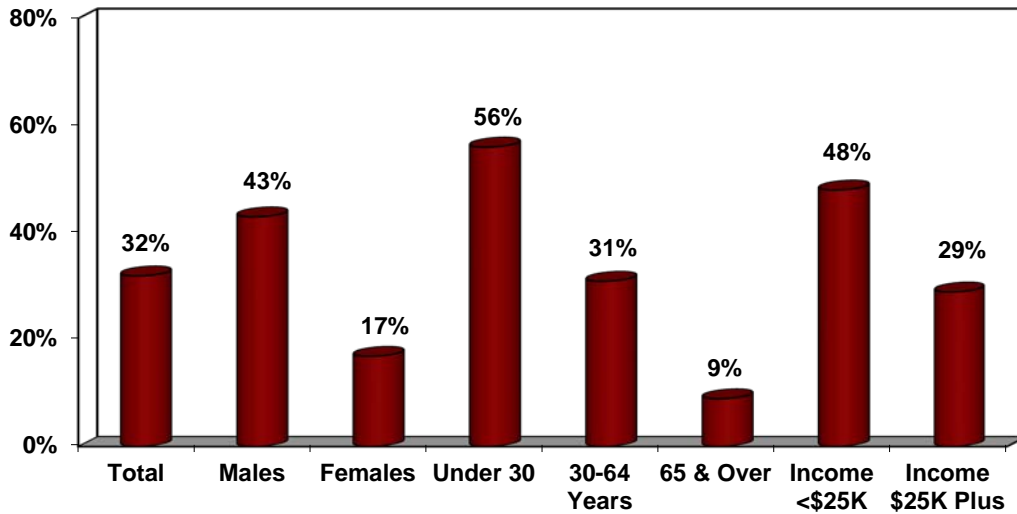
Percentages may not equal 100% as some respondents answered "don't know"

Adults Average Number of Drinks Consumed Per Occasion



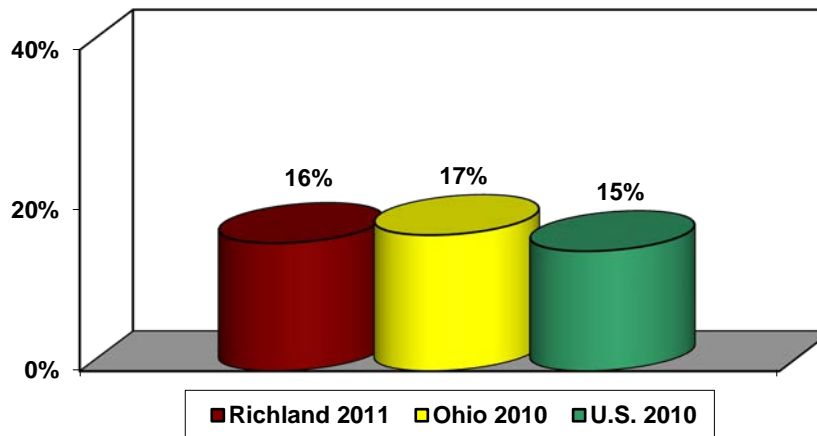
Adult Alcohol Consumption

Richland 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 (for females) on an occasion at least once in the previous month.

Adult Binge Drinking



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

Immediate and Long-Term Health Risks

Immediate

- ❖ Unintentional injuries, including traffic, falls, drowning, burns, and firearm
- ❖ Violence, including intimate partner violence and child maltreatment
- ❖ Risky sexual behaviors
- ❖ Miscarriage, stillbirth, and birth defects among pregnant women

Long-Term

- ❖ Neurological, cardiovascular, psychiatric, and social problems
- ❖ Cancer of the mouth throat, esophagus, liver, colon and breast
- ❖ Liver disease, including alcohol hepatitis and Cirrhosis, which is among the 15 leading causes of death in the United States

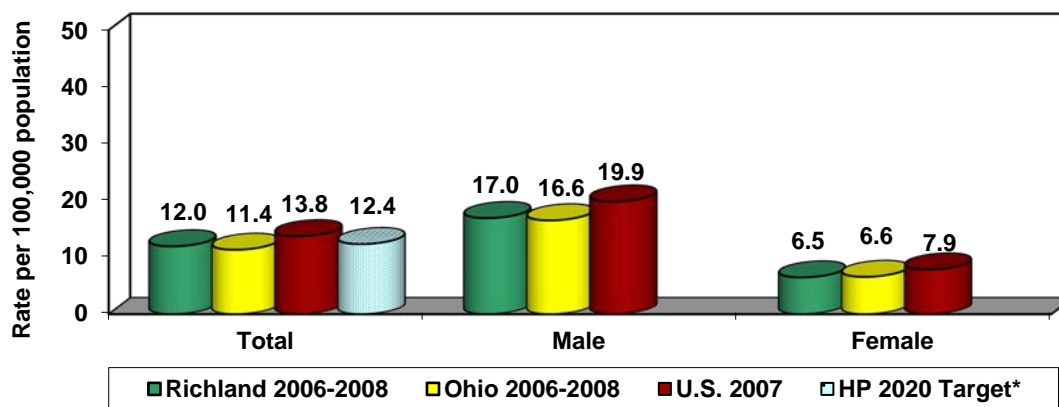
(Source: CDC, Alcohol and Public Health, Fact Sheets: Alcohol Use and Health)

Motor Vehicle Accidents

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

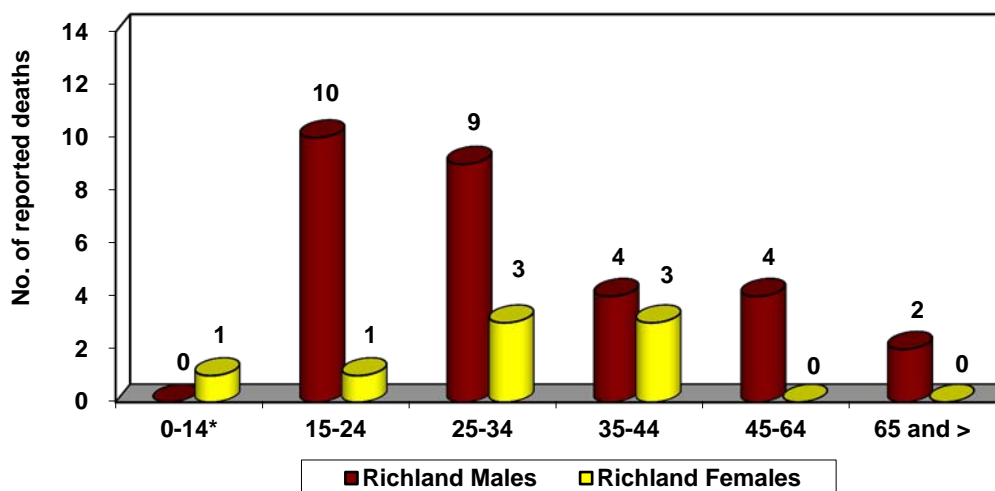
- ◆ From 2006-2008, the Richland County motor vehicle age-adjusted mortality rate of 12.0 deaths per 100,000 population was higher than the state rate and lower than the Healthy People 2020 objective and the national rate.
- ◆ The Richland County age-adjusted motor vehicle accident mortality rate for males is higher than the female rate.
- ◆ 33 Richland County males died of motor vehicle accidents from 2006-2008 while 11 Richland County females died of motor vehicle accidents during the same period.

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



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

Richland County Number of Motor Vehicle Deaths By Age and Gender, 2006-2008
N=37*



*Zero motor vehicle accident deaths were reported for ages 1 to 4
(Source: ODH Information Warehouse, updated 4-15-10)

Richland County Crash Statistics

	City of Mansfield 2010	Richland County 2010	Ohio 2010
Total Crashes	1,423	4,130	300,164
Alcohol-Related Total Crashes	61	167	13,037
Fatal Crashes	1	7	984
Alcohol-Related Fatal Crashes	0	3	393
Alcohol Impaired Drivers in Crashes	61	167	13,037
Injury Crashes	354	938	74,427
Alcohol-Related Injury Crashes	23	62	5,456
Property Damage Only	1,041	3,137	221,597
Alcohol-Related Property Damage Only	38	100	7,094
Deaths	2	8	1,080
Alcohol-Related Deaths	0	3	431
Total Non-Fatal Injuries	536	1,365	108,758
Alcohol-Related Injuries	29	88	7,714

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

Adult Marijuana and Other Drug Use

Key Findings

In 2011, 16% of Richland County adults had used illegal drugs during the past 6 months. 13% of adults had misused medications.

Adult Drug Use

- ◆ Nine percent (9%) of Richland County adults had used marijuana in the past 6 months.
- ◆ When asked about their frequency drug use in the past six months, 29% of Richland County adults who used marijuana did so almost every day, and 26% did so less than once a month.
- ◆ During the past six months, 15% of Richland County adults had used the following illegal drugs: marijuana (9%), ecstasy (5%), cocaine (1%), and heroin (<1%).
- ◆ 13% 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 year.
- ◆ When asked about their frequency of medication misuse in the past six months, 55% of Richland County adults who used these drugs did so almost every day and 17% did so one to three days a month.
- ◆ During the past six months, Richland County adults have used the following medications that were either not prescribed to them or more than what was prescribed: tranquilizers like valium or xanax (6%), vicodin (6%), oxycontin (3%), Ritalin or Adderall (1%), and codeine, demerol, or morphine (1%).
- ◆ 93% of Richland County adults reported that they did not need to seek a program or service to help with drug problems.
- ◆ Richland County adults reported they did the following with their prescription medication: take as prescribed (91%), keep them (13%), flush unused medication down the toilet (10%), throw unused medication in the trash (7%), take unused medication to the Medication Collection program (4%), destroy unused medication another way (3%), they have been stolen (1%), and other (1%).

Ohio Drug and Drug Abuse Facts

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

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

Prescription Painkiller Overdoses in the U.S. Facts

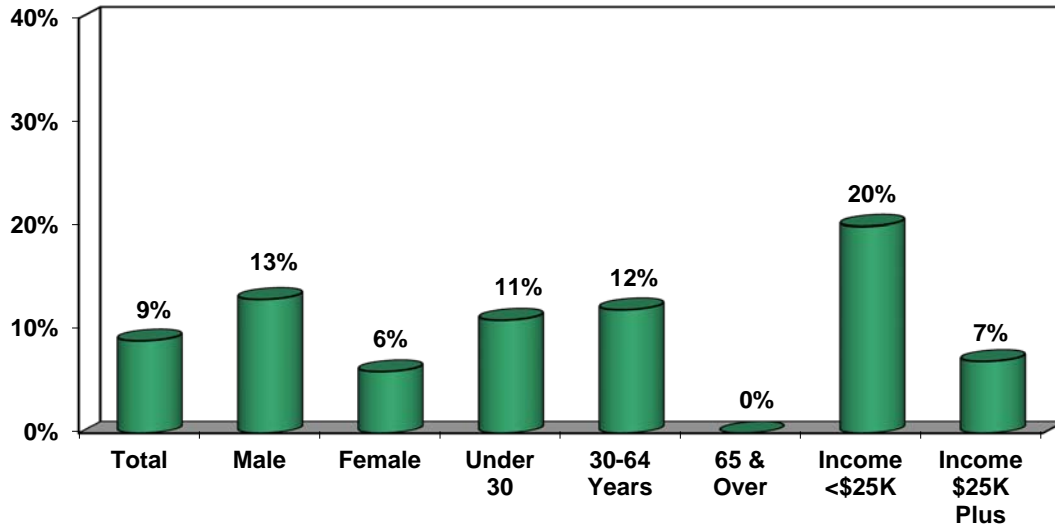
- ❖ Approximately 12 million Americans (ages 12 and older) reported a non-medical use of prescription painkillers in the past year in 2010.
- ❖ Almost half of all ER visits in 2009 were due to people misusing or abusing prescription painkillers.
- ❖ There were enough prescription painkillers that were prescribed in 2010 to medicate every American adult around the clock for a month.
- ❖ The number of prescription painkiller overdose deaths is greater than the deaths from heroin and cocaine combined.
- ❖ Nonmedical use of prescription painkillers costs health insurers up to \$72.5 billion annually in direct medical costs.

(Source: CDC, National Center for Injury Prevention and Control, Prescription Painkiller Overdoses in the U.S., obtained from: <http://www.cdc.gov/VitalSigns/pdf/2011-11-vitalsigns.pdf>)

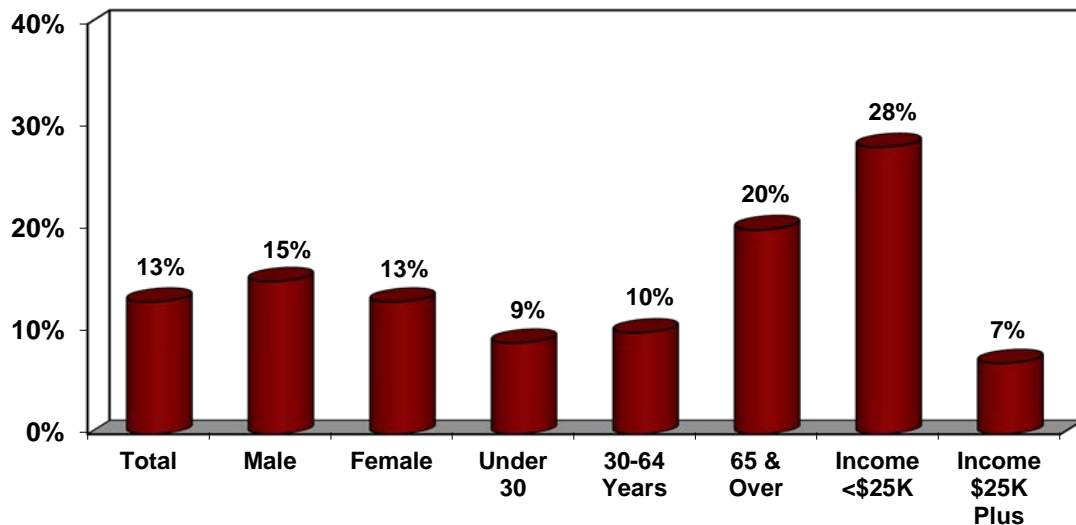
Adult Marijuana and Other Drug Use

The following graphs are data from the 2011 Richland County Health Assessment indicating marijuana use and medication misuse in the past six months. Examples of how to interpret the information include: 9% of all Richland County adults used marijuana in the past six months, 11% of adults under the age of 30 were current users and 20% of adults with incomes less than \$25,000 were current users.

Richland County Adult Marijuana Use in Past 6 Months



Richland County Adult Medication Misuse in Past 6 Months



Women's Health

Key Findings

In 2011, more than half (53%) of Richland County women over the age of 40 reported having a mammogram in the past year. 56% of Richland County women have had a clinical breast exam in the past year and 49% have had a Pap smear to detect cancer of the cervix in the past year. The health assessment determined that 5% of women had a heart attack, and 8% had a stroke at some time in their life. Almost one-third (29%) had high blood pressure, 30% had high blood cholesterol, 41% were obese, and 16% were identified as smokers, all of which are chronic diseases that can cause cardiovascular diseases.

Women's Health Screenings

- ◆ In 2011, 62% of women had a mammogram at some time and over one-third (37%) had this screening in the past year.
- ◆ More than half (53%) of women ages 40 and over had a mammogram in the past year and 83% had one in the past two years. The 2010 BRFSS reported that 76% of women 40 and over in the U.S. and 74% in Ohio, had a mammogram in the past two years.
- ◆ Most (97%) Richland County women have had a clinical breast exam at some time in their life and 56% had one within the past year.
- ◆ This assessment has identified that 98% of Richland County women have had a Pap smear and 49% report having had the exam in the past year. 67% of women had a pap smear in the past three years. The 2010 BRFSS indicated that 81% of U.S. and 82% of Ohio women had a pap smear in the past three years.

Pregnancy

- ◆ Thinking back to their last pregnancy: 48% of women wanted to be pregnant then, 12% wanted to be pregnant sooner, 10% wanted to be pregnant later, 6% did not want to be pregnant then or any time in the future, and 25% of women did not recall.
- ◆ During their last pregnancy, Richland County women: took a multi-vitamin (81%), got prenatal care within the first 3 months (75%), took folic acid (50%), and smoked cigarettes (11%).

Women's Health Concerns

- ◆ Women used the following as their usual source of services for female health concerns: private gynecologist (50%), general or family physician (33%), family planning clinic (5%), health department clinic (4%), and community health center (3%).
- ◆ Major risk factors including smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes all of which are chronic diseases that can cause cardiovascular disease. In Richland County the 2011 health assessment has identified that:
 - 69% were overweight or obese (57% U.S., 59% Ohio, 2010 BRFSS)
 - 44% were exercising less than three days per week (includes 3% who were unable to exercise)
 - 30% were diagnosed with high blood cholesterol (36% U.S., 37% Ohio, 2009 BRFSS)
 - 29% were diagnosed with high blood pressure (28% U.S. and 30% Ohio, 2009 BRFSS)
 - 16% of all women were current smokers (16% U.S., 22% Ohio, 2010 BRFSS)
 - 9% had been diagnosed with diabetes (10% U.S., 11% Ohio, 2010 BRFSS)

Richland County Female Leading Types of Death, 2006 - 2008

1. Heart Diseases (25% of all deaths)
2. Cancers (22%)
3. Stroke (7%)
4. Alzheimer's disease (6%)
5. Chronic Lower Respiratory Diseases (6%)

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

Ohio Female Leading Types of Death, 2006 - 2008

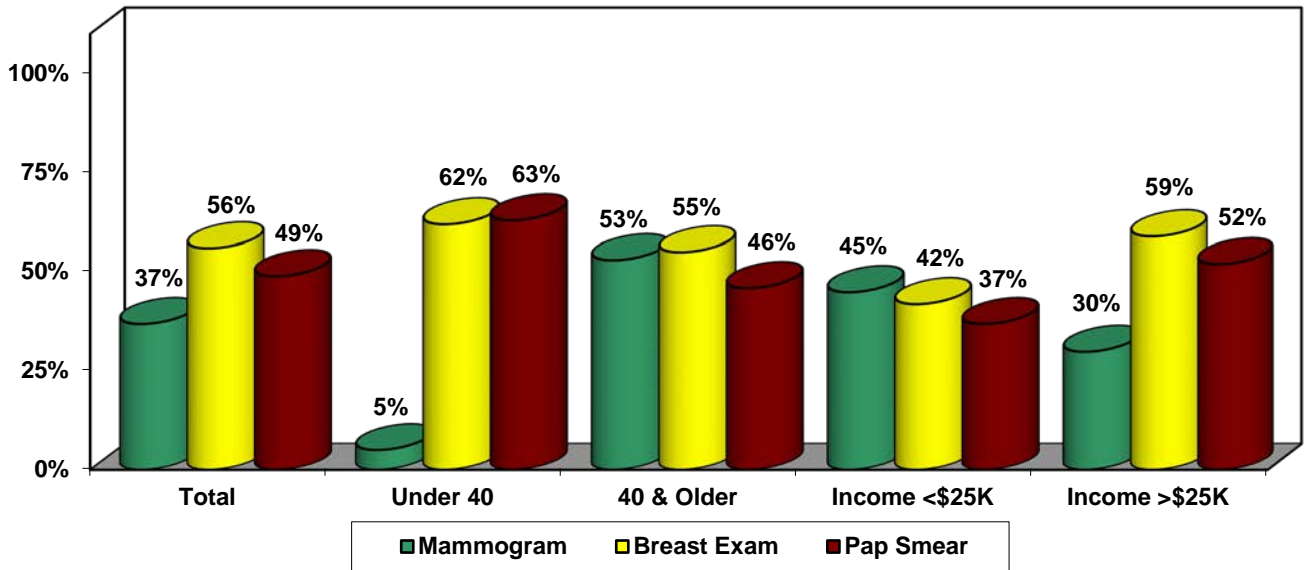
1. Heart Diseases (25% of all deaths)
2. Cancers (22%)
3. Stroke (6%)
4. Chronic Lower Respiratory Diseases (6%)
5. Alzheimer's disease (5%)

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

Women's Health

The following graph shows the percentage of Richland County female adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 37% of Richland County females have had a mammogram within the past year, 56% have had a clinical breast exam, and 49% have had a Pap smear.

Richland Women's Health Exams Within the Past Year



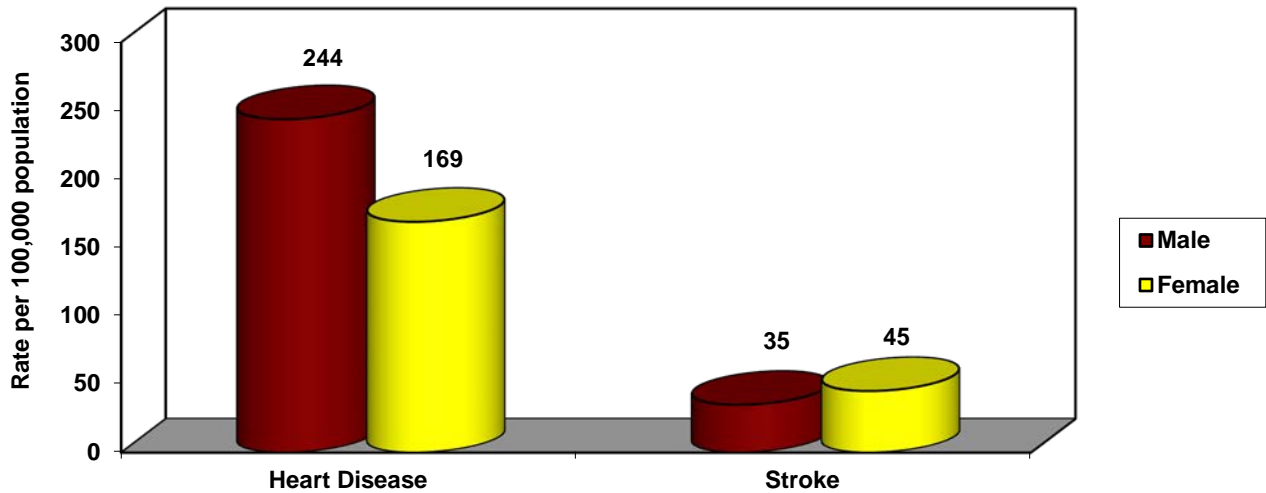
2011 Adult Comparisons	Richland County 2011	Ohio 2010	U.S. 2010
Age 40 and over had a mammogram in the past 2 years	83%	74%	76%
Had a pap smear in the past 3 years	67%	82%	81%

Women's Health

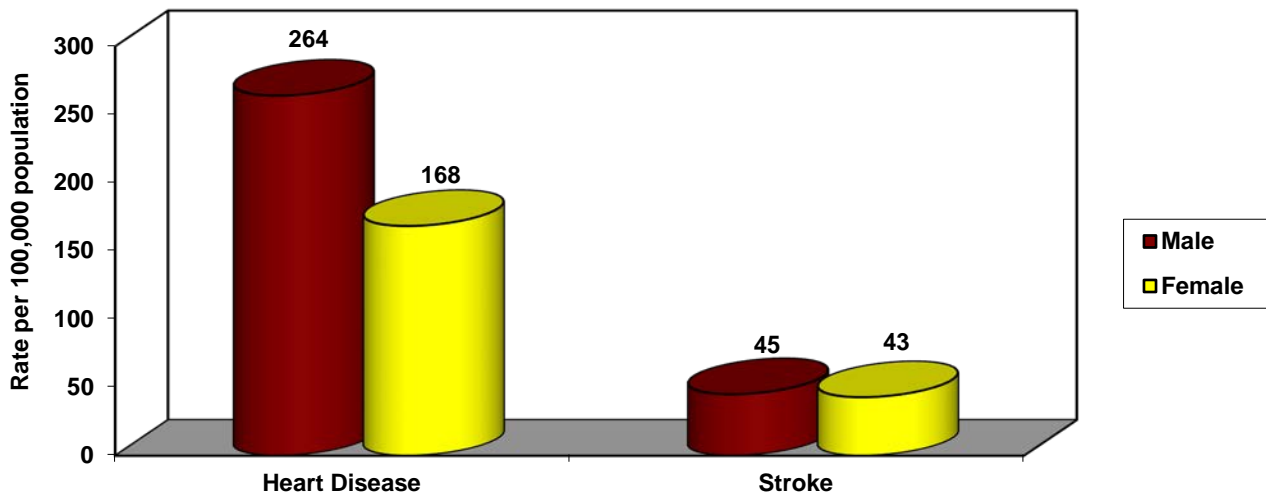
The following graphs show the Richland County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases. The graphs show:

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

Richland 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



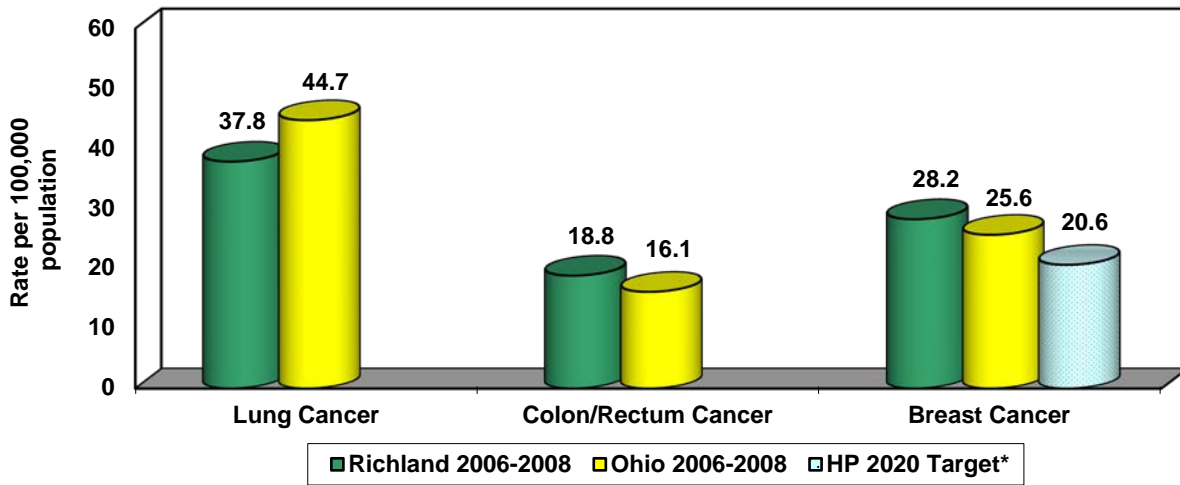
(Source for graphs: ODH Information Warehouse, updated 4-15-10)

Women's Health

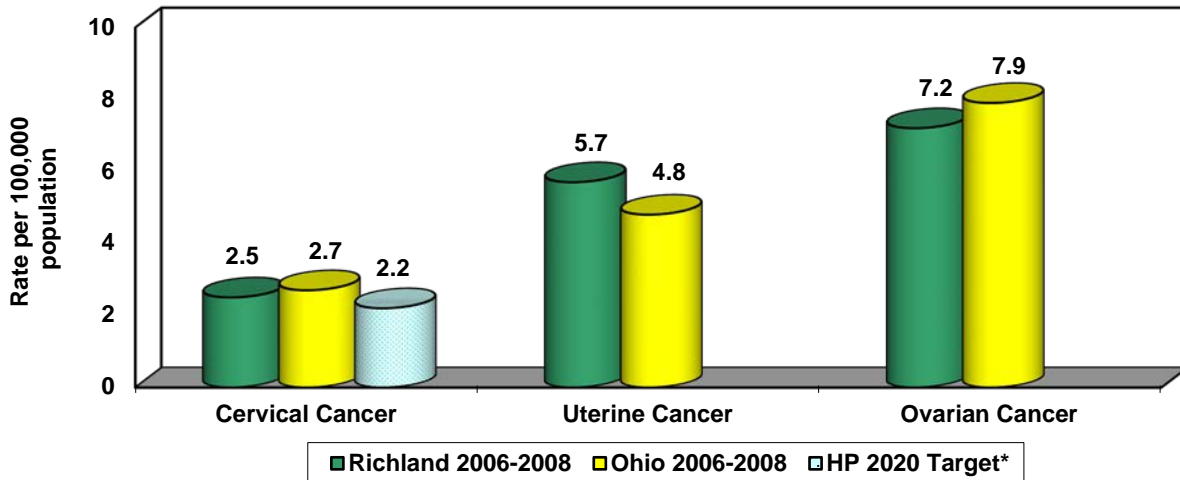
The following graphs show the Richland County age-adjusted mortality rates per 100,000 population for women's health with comparison to Healthy People 2020 objectives when available. The graphs show:

- ◆ From 2006-2008, the Richland County age-adjusted mortality rate for female lung cancer was less than the Ohio rate and the Healthy People 2020 target objective.
- ◆ From 2006-2008, the Richland County age-adjusted breast cancer mortality rate was higher than the Ohio rate and the Healthy People 2020 target objective.
- ◆ The Richland County age-adjusted cervical cancer mortality rate for 2006-2008 was lower than the state rate, while uterine and ovarian cancer mortality rates were higher than the state rates.

Richland County Female Age-Adjusted Cancer Mortality Rates



Richland County Female Age-Adjusted Cancer Mortality Rates



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

Men's Health

Key Findings

In 2011, more than half (54%) of Richland County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. Two out of five (40%) males over the age of 50 had a digital rectal exam in the past year. Major cardiovascular diseases (heart disease and stroke) accounted for 29% and cancers accounted for 27% of all male deaths in Richland County from 2006-2008. The health assessment determined that 9% of men had a heart attack, and 5% had a stroke at some time in their life. Two out of five (40%) of men had been diagnosed with high blood pressure, 37% had high blood cholesterol, and 21% were identified as smokers, which, along with obesity (35%), are known risk factors for cardiovascular diseases.

Men's Health Screenings

- ◆ More than half (52%) of Richland County males had a Prostate-Specific Antigen(PSA) test at some time in their life and 32% had one in the past year.
- ◆ Almost three-fourths (72%) of men had a digital rectal exam in their lifetime and 29% had one in the past year.
- ◆ 83% of males age 50 and over had a PSA test at some time in their life, and 54% had one in the past year.
- ◆ 89% of males age 50 and over had a digital rectal exam at some time in their life, and 40% have had one in the past year.
- ◆ 1% of men had been told they had prostate cancer.

Men's Health Concerns

- ◆ From 2006-2008, major cardiovascular diseases (heart disease and stroke) accounted for 29% of all male deaths in Richland County (*Source: ODH Information Warehouse*).
- ◆ In 2011, the health assessment determined that 9% of men had a heart attack and 5% had a stroke at some time in their life.
- ◆ Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Richland County the 2011 health assessment has identified that:
 - 77% were overweight or obese (71% U.S., 73% Ohio, 2010 BRFSS)
 - 40% were diagnosed with high blood pressure (30% U.S., 33% Ohio, 2009 BRFSS)
 - 37% were diagnosed with high blood cholesterol (40% U.S., 43% Ohio, 2009 BRFSS)
 - 35% were exercising less than three days per week (includes 2% who were unable to exercise)
 - 21% of all men were current smokers (19% U.S., 23% Ohio, 2010 BRFSS)
 - 11% have been diagnosed with diabetes (9% U.S., 10% Ohio, 2010 BRFSS)
- ◆ From 2006-2008, the leading cancer deaths for Richland County males were lung, colorectal, prostate, and pancreas cancers (*Source: ODH Information Warehouse*). Statistics from the same period for Ohio males show lung, prostate, colorectal, and pancreas cancers as the leading cancer deaths.

Richland County Male Leading Types of Death, 2006 - 2008

1. Cancers (27% of all deaths)
2. Heart Diseases (26%)
3. Accidents, Unintentional Injuries (5%)
4. Chronic Lower Respiratory Diseases (5%)
5. Diabetes Mellitus (4%)

(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%)

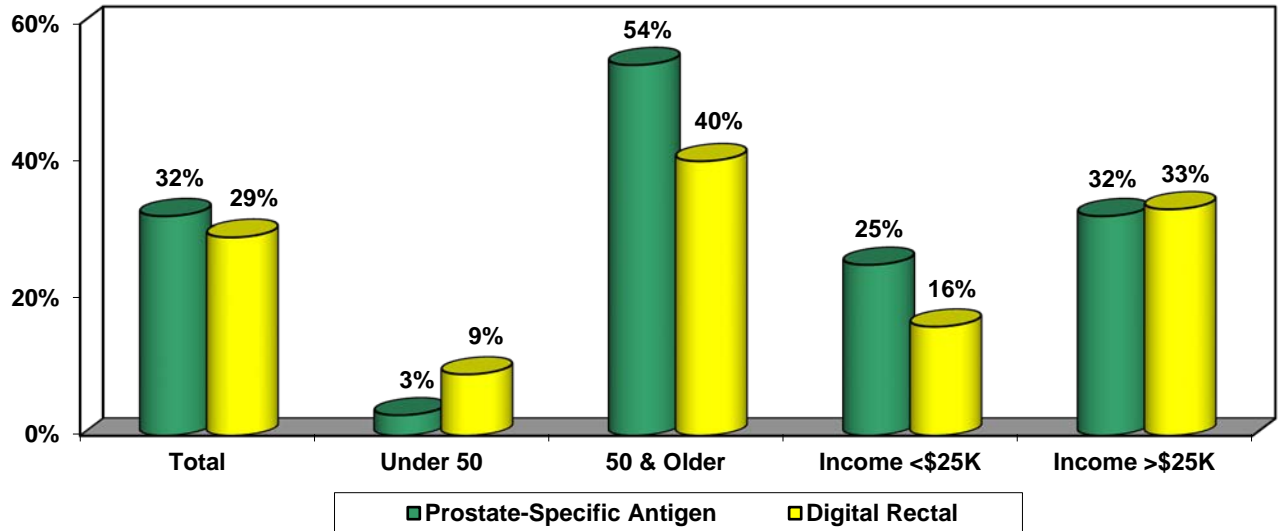
(Source: ODH Information Warehouse, updated 4-15-10)

2011 Adult Comparisons	Richland County 2011	Ohio 2010	U.S. 2010
Had a PSA test in within the past year	32%	N/A	N/A
Had a digital rectal exam within the past year	29%	N/A	N/A
Been diagnosed with prostate cancer	1%	N/A	N/A

Men's Health

The following graph shows the percentage of Richland County males surveyed that have had the listed health exams in the past year. Examples of how to interpret the information shown on the graph include: 32% of Richland County males have had a PSA test within the past year and 29% have had a digital rectal exam.

Richland Men's Health Exams Within the Past Year



Men's Health Issues

- ❖ Heart disease and cancer are the top two causes of death for males in all races.
- ❖ The most commonly diagnosed cancers among men are prostate, lung and colorectal and bladder.
- ❖ Cigarette smoking is more common among men than women.
- ❖ During 2000-2006, men were more likely than women to be deaf or have trouble hearing.
- ❖ In 2007, almost three quarters of HIV/AIDS diagnoses among adolescents and adults were for males.
- ❖ In 2006, male drivers are almost twice as likely as their female counterparts to die in a motor vehicle crash.
- ❖ In 2007, males were 3.7 times as likely to die from unintentional drowning, than females.
- ❖ In almost every age group, traumatic brain injury rates are higher for males than for females.
- ❖ In 2007, seven out of 10 people who were injured by fireworks, were male.
- ❖ From 1991 to 2006, suicide rates were consistently higher among males.

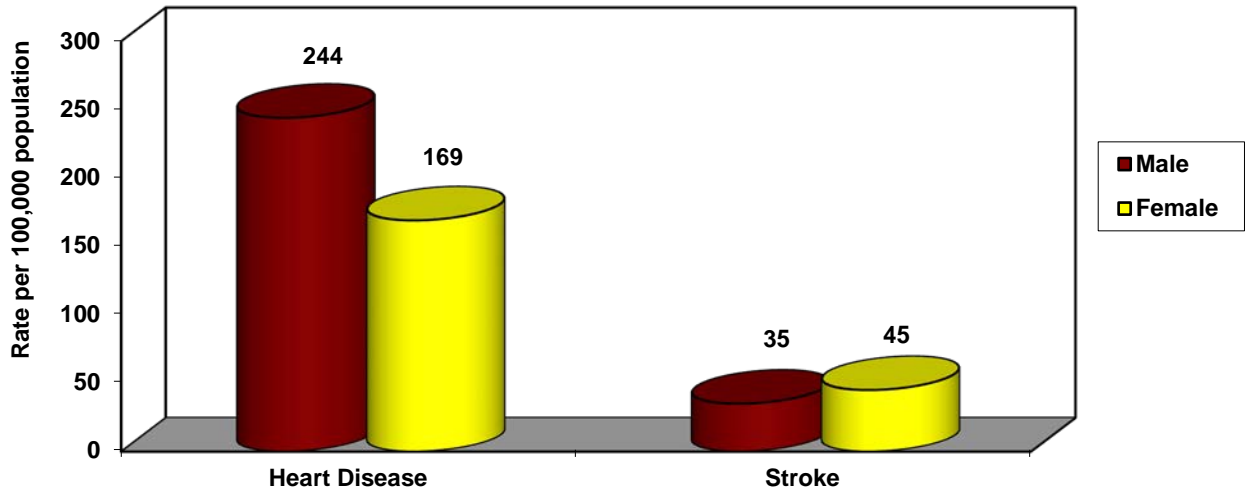
(Source: CDC, Men's Health at CDC, 6/14/2010 from <http://www.cdc.gov/Features/MensHealthatCDC/>)

Men's Health

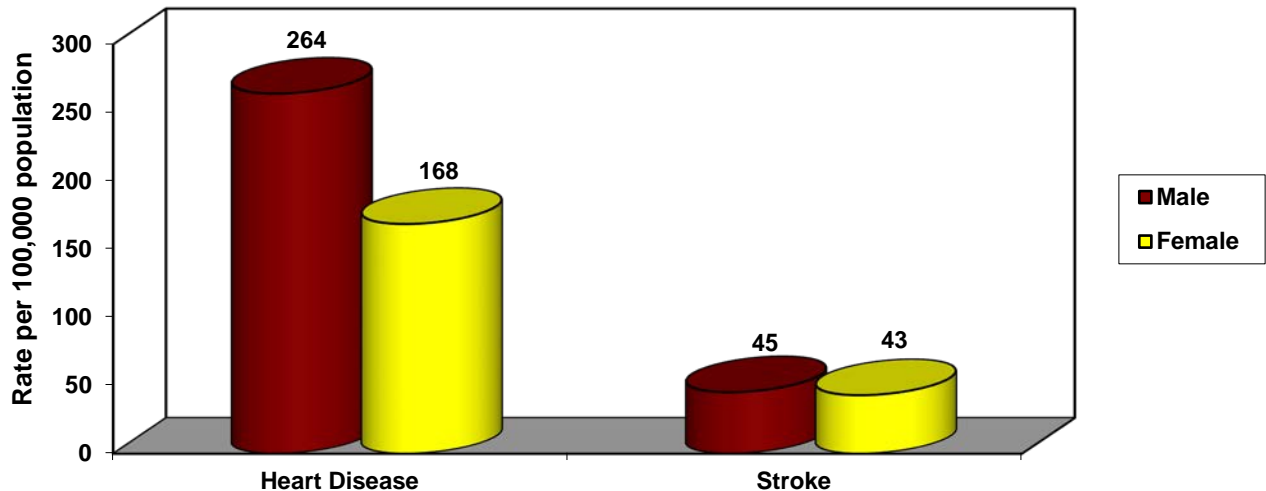
The following graphs show the Richland County and Ohio age-adjusted mortality rates per 100,000 population for men's cardiovascular diseases. The graphs show:

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

Richland 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



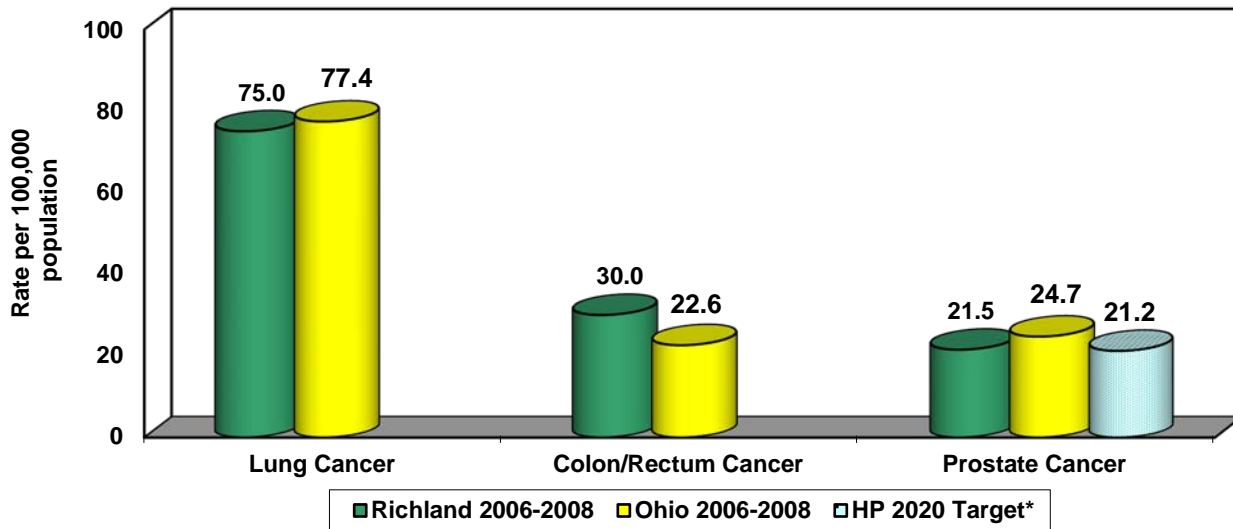
(Source for graphs: ODH Information Warehouse, updated 4-15-10)

Men's Health

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

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

Richland County Male Age-Adjusted Cancer Mortality Rates



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

Adult Preventive Medicine and Health Screenings

Key Findings

One-third (33%) of adults had a flu vaccine during the past 12 months. 42% of adults over the age of 50 had received a colonoscopy or sigmoidoscopy in the past 5 years.

Preventive Medicine

- ◆ One-third (33%) of Richland County adults had a flu vaccine during the past 12 months.
- ◆ Of those who had a flu vaccine, 87% had the shot and 13% had the nasal spray.
- ◆ About one-fifth (21%) of adults have had a pneumonia shot in their life, increasing to 49% of those ages 65 and over.
- ◆ 13% of Richland County adults had been diagnosed with pneumonia after the age of 60.

Preventive Health Screenings and Exams

- ◆ 13% of adults had a colonoscopy or sigmoidoscopy in the past five years, increasing to 42% of those over the age of 50. 23% of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past two years.
- ◆ 30% of adults received preventive testing for skin cancer at some point in their life.
- ◆ See the Women and Men's Health Section for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Richland County adults.

Environmental Health

- ◆ 56% of Richland County adults used city, county, or town water as their main source of home water supply.
- ◆ Of those adults who had a private drinking water source, 18% had their water source tested in the past year. An additional 10% had it tested in the past 2 years. 23% had it tested 3 or more years ago. 29% have never had their water tested.
- ◆ In the past 12 months, 11% of Richland County adults have had an illness or symptom that they think was caused by something in the air inside a home, office, or other building.
- ◆ Richland County households have the following disaster/emergency supplies: a working flashlight and working batteries (88%), cell phone with charger (83%), a working battery operated radio and working batteries (53%), 3-day supply of nonperishable food for everyone who lives there (50%), 3-day supply of prescription medication for each person who takes prescribed drugs (48%), and a 3-day supply of water for everyone who lives there (21%).
- ◆ Richland County adults thought the following threatened their health in the past year:
 - Mold (10%)
 - Insects (9%)
 - Rodents or mice (3%)
 - Temperature regulation (2%)
 - Plumbing problems (2%)
 - Cockroaches (2%)
 - Safety hazards (1%)
 - Chemicals found in household products (1%)
 - Sewage water problems (1%)
 - Unsafe water supply (1%)
 - Bed bugs (<1%)
 - Excess medication in the home (<1%)

Ways to Prevent the Seasonal Flu

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

(Source: CDC, Preventing the Flu: Good Health Habits can Help Stop Germs 11-8-2010)

Adult Preventive Medicine and Health Screenings

Richland County Adult Health Screening Results

GENERAL SCREENING RESULTS	Total Sample
Diagnosed with High Blood Pressure	35%
Diagnosed with High Blood Cholesterol	34%
Diagnosed with Diabetes	10%
Diagnosed with a Heart Attack	7%
Diagnosed with a Stroke	6%

(Percents based on all Richland County adults surveyed)

Common Risk Factors for Osteoporosis

- ❖ Older age
- ❖ Family history of osteoporosis
- ❖ Being Caucasian, Asian or Latino
- ❖ Having gone through menopause
- ❖ Inactive lifestyle
- ❖ Being female
- ❖ Low body weight/ being small and thin
- ❖ Having a history of broken bones
- ❖ Having low sex hormone levels (such as estrogen or testosterone)
- ❖ Smoking

(Source: National Osteoporosis Foundation – Risk Factors for Osteoporosis)

Adult Sexual Behavior and Pregnancy Outcomes

Key Findings

In 2011, almost three-fourths (73%) of Richland County adults had sexual intercourse. Seven percent of adults had more than two partners. Although often drastically underestimated, sexually transmitted infections (STIs or STDs) are one of the most common infections nationwide. Studies have shown that by age 24, 1 in 3 sexually active people will have contracted an STI. (Source: Planned Parenthood Federation of America, Inc.)

Adult Sexual Behavior

- ◆ Almost three-fourths (73%) of Richland County adults had sexual intercourse in the past year.
- ◆ 7% of adults reported they had intercourse with more than two partners in the past year, increasing to 12% of those with an income less than \$25,000.
- ◆ Richland County adults used the following methods of birth control: abstinence (23%), tubes tied (18%), vasectomy (16%), condoms (12%), hysterectomy (10%), birth control pill (8%), withdrawal (4%), and shots (1%).
- ◆ 18% of Richland County adults were not using any method of birth control.
- ◆ Richland County adults did not use birth control for the following reasons:
 - They have had a vasectomy, tubes tied, or hysterectomy (28%)
 - They were too old (20%)
 - They did not think they could get pregnant (8%)
 - Their partner did not want to use birth control (8%)
 - They wanted to get pregnant (7%)
 - They or their partner don't like birth control or fear the side effects (3%)
- ◆ 26% of adults have been tested for an HIV test in the past year.
- ◆ The following situations applied to Richland County adults: had anal sex without a condom (4%), been tested for an STD (2%), had sex with someone they did not know (2%), been treated for an STD (<1%), and used intravenous drugs (<1%).

Ways to Have Safer Sex

- ❖ Be honest with your partner.
- ❖ Protect yourself and your partner from body fluids.
- ❖ Sexual play without intercourse can be enjoyable and safer than intercourse.
- ❖ Ask questions about partner's history (drugs, sexual partners, and whether or not they've been tested).
- ❖ Get the correct treatment if you become infected.
- ❖ Getting tested regularly for HIV/AIDS and other sexually transmitted diseases.

(Source: Planned Parenthood: Preventing STIs/STDs, <http://www.plannedparenthood.org/sexual-health/std/preventing-stis-stds.htm>)

Risk Factors for Contracting Sexually Transmitted Infections

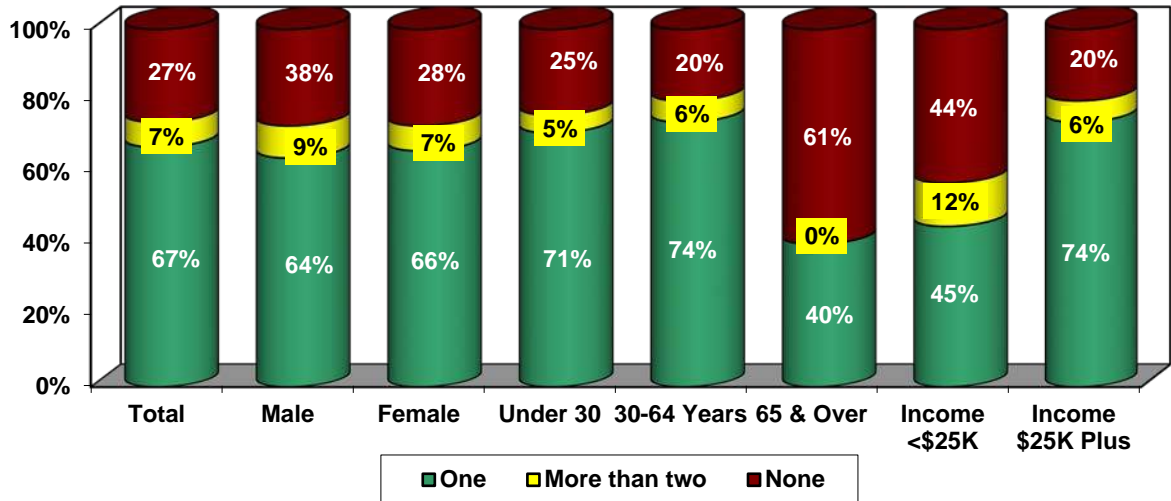
- ❖ Having unprotected sex
- ❖ Having multiple sex partners
- ❖ Having a history of one or more STIs
- ❖ Transmission from mother to infant
- ❖ Injecting drugs
- ❖ Abusing alcohol or using recreational drug

(Source: Mayo Foundation for Medical Education and Research, 2-24-2011)

Adult Sexual Behavior and Pregnancy Outcomes

The following graph shows the sexual activity of the Richland County adults. Examples of how to interpret the information in graph one include: 67% of all Richland County adults had one sexual partner in the last 12 months, 7% had more than two, and 64% of males had one partner in the past year.

Number of Sexual Partners in the Past Year



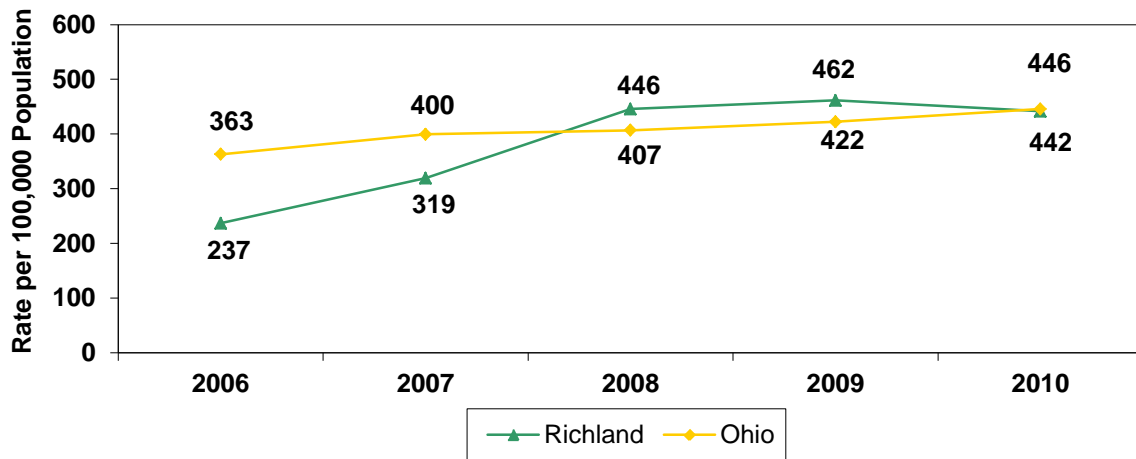
Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"

Adult Sexual Behavior and Pregnancy Outcomes

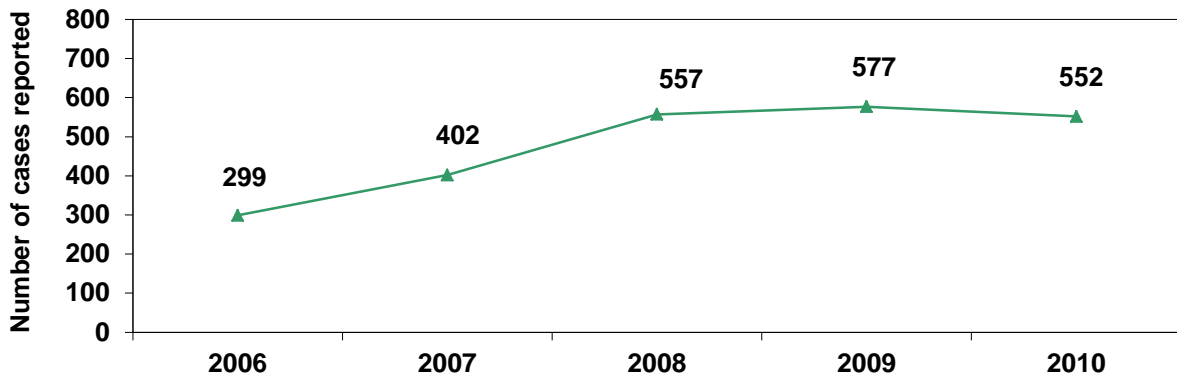
The following graphs show Richland County Chlamydia and Gonorrhea disease rates per 100,000 population updated March 5, 2011 by the Ohio Department of Health. The graphs show:

- ◆ Richland County Chlamydia rates increased from 2006 to 2009 and were above the Ohio rates from 2008 to 2010.
- ◆ In 2009, the U.S. rate for new Chlamydia cases was 409.2 per 100,000 population. *(Source: CDC, Sexually Transmitted Diseases Surveillance, 2009)*

Chlamydia Annualized Disease Rates for Richland County and Ohio



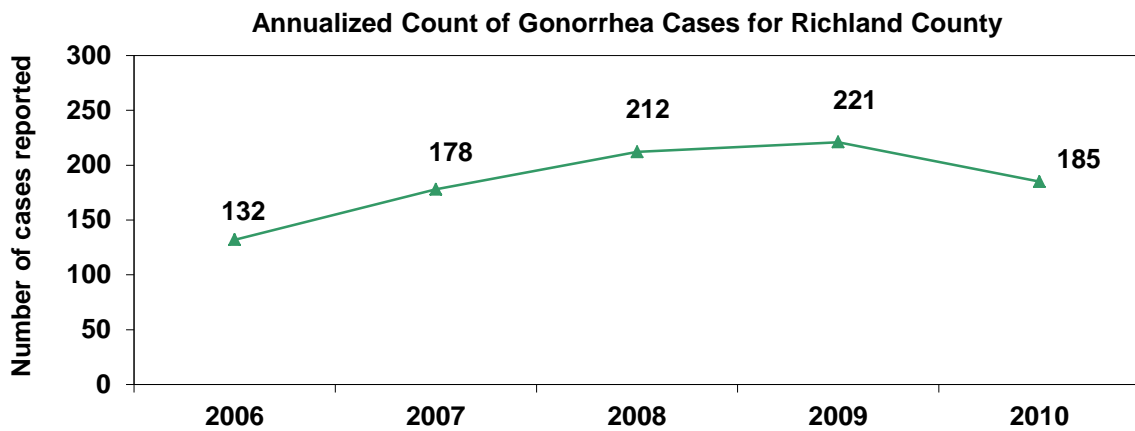
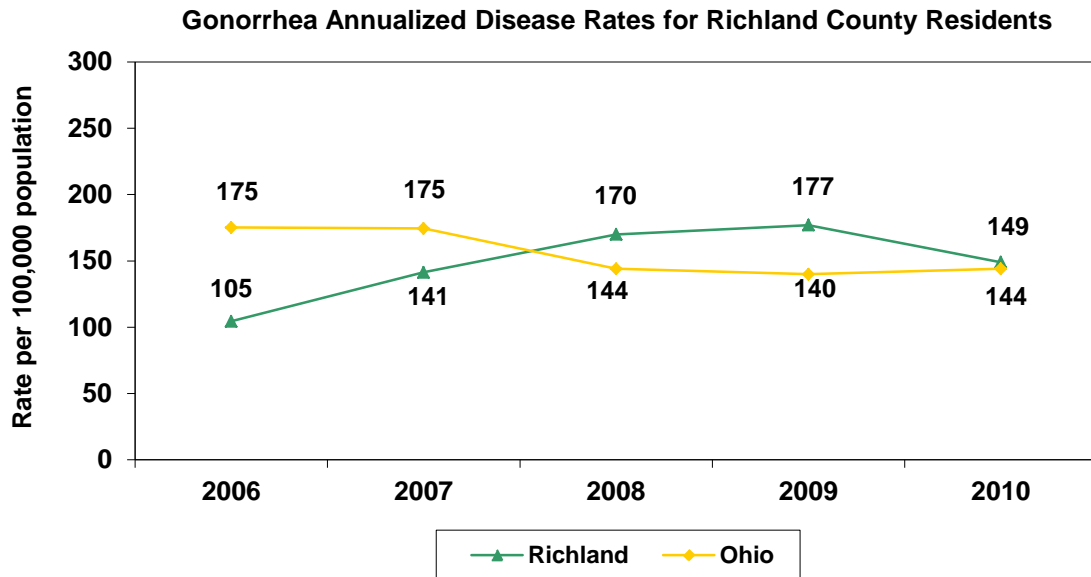
Annualized Count of Chlamydia Cases for Richland County



(Source for graphs: ODH, STD Surveillance, data reported through 3-05-11)

Adult Sexual Behavior and Pregnancy Outcomes

- ◆ The Richland County Gonorrhea rate increased from 2006 to 2009, but decreased in 2010.
- ◆ The Ohio Gonorrhea rate fluctuated from 2006 to 2010.
- ◆ In 2009, the U.S. rate for new Gonorrhea cases for the total population was 99.1 per 100,000 population. *(Source: CDC, Sexually Transmitted Diseases Surveillance, 2009)*
- ◆ The Healthy People 2020 objective for Gonorrhea is 257 new female and 198 new male cases per 100,000 population.



(Source for graphs: ODH, STD Surveillance, data reported through 3-05-11)

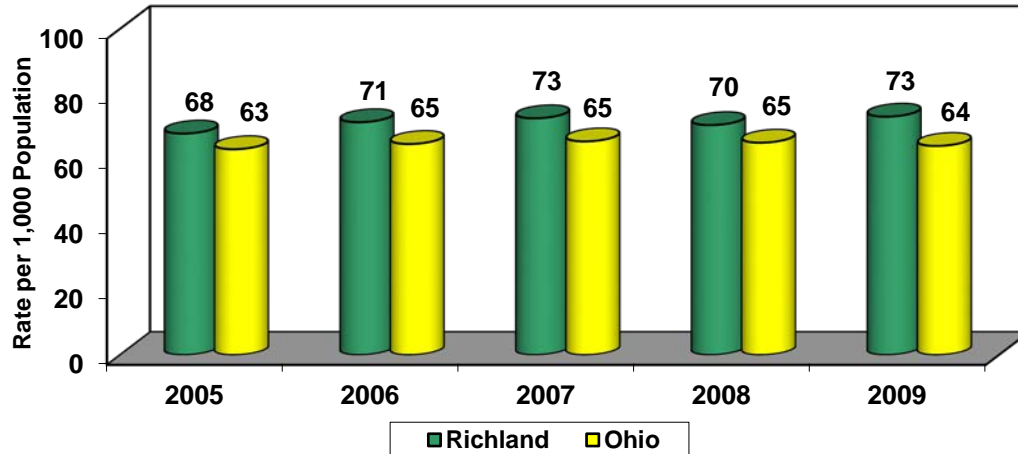
Adult Sexual Behavior and Pregnancy Outcomes

Pregnancy Outcomes

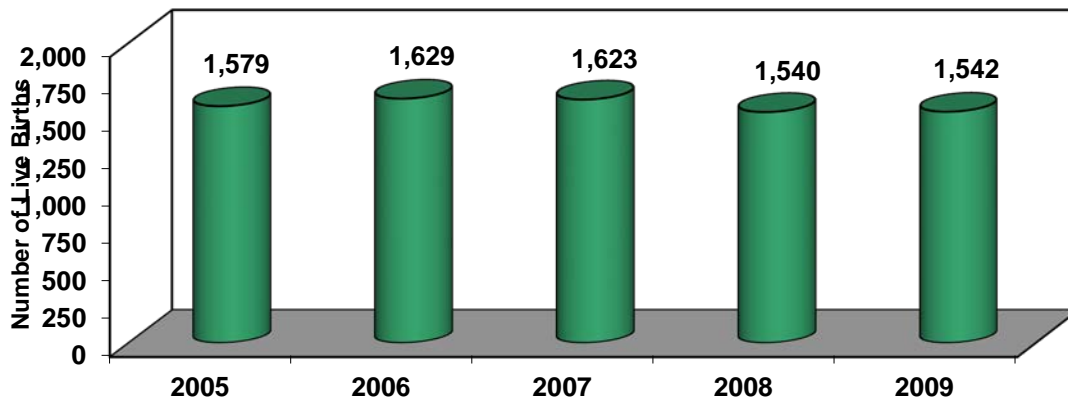
**Please note that the pregnancy outcomes data includes all births to adults and adolescents.*

- ◆ From 2005-2009, there was an average of 1,583 live births per year in Richland County.
- ◆ In 2008, the U.S. birth rate was 68.6 per 1,000 women (*Source: National Center for Health Statistics 2008*).

Richland County and Ohio Fertility Rates



Richland County Total Live Births



(Source for graphs: ODH Information Warehouse, Vital Birth Statistics, Updated 6-30-11)

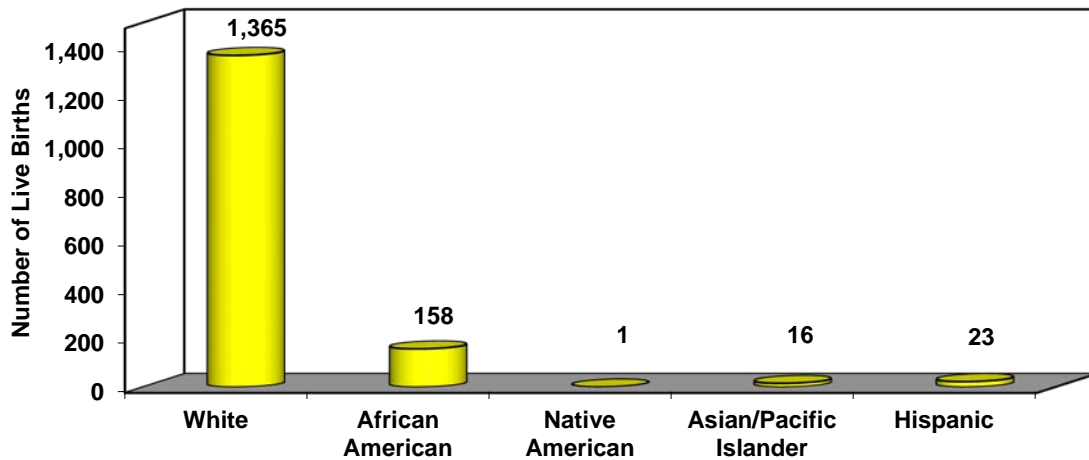
Adult Sexual Behavior and Pregnancy Outcomes

Pregnancy Outcomes

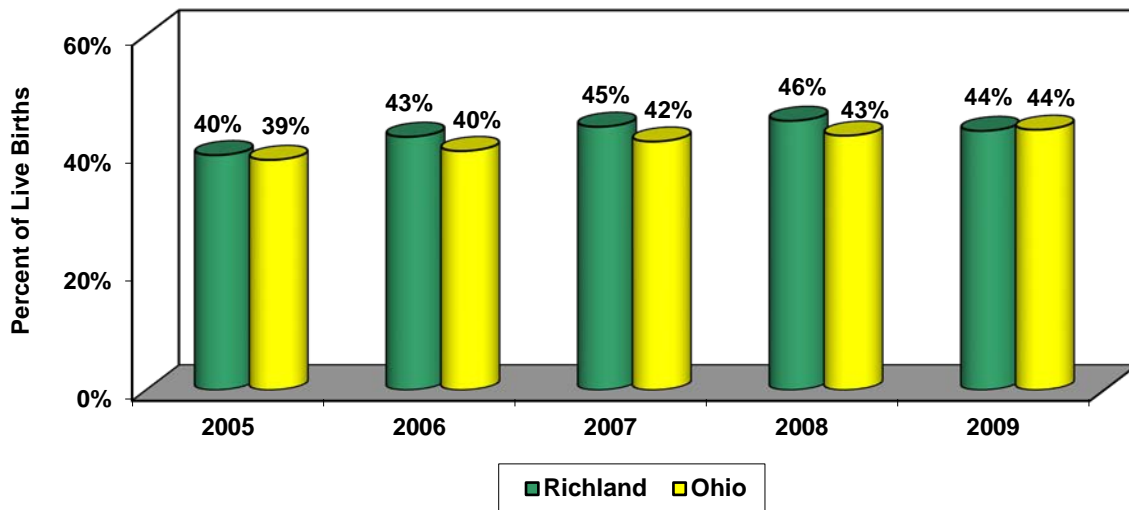
**Please note that the pregnancy outcomes data includes all births to adults and adolescents.*

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

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



Richland County Unwed Births



(Source for graphs: ODH Information Warehouse, Vital Birth Statistics, Updated 6-30-11)

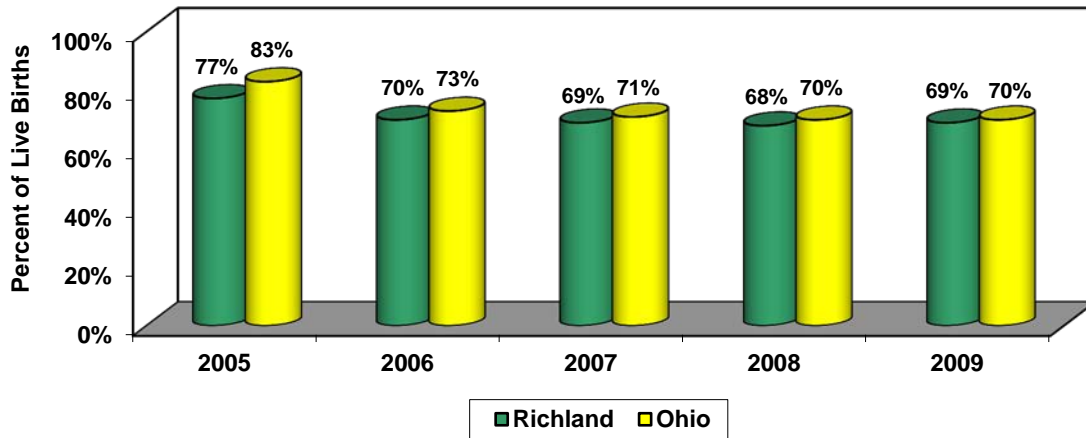
Adult Sexual Behavior and Pregnancy Outcomes

Pregnancy Outcomes

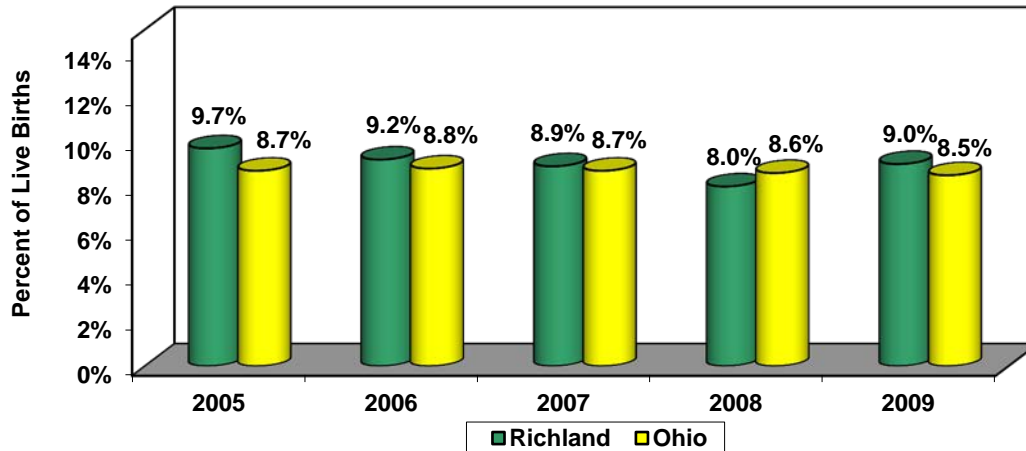
**Please note that the pregnancy outcomes data includes all births to adults and adolescents*

- ◆ In 2008, 80% of U.S. mothers received prenatal care during the first three months of pregnancy *(Source: National Center for Health Statistics 2008)*.
- ◆ In 2008, 8.2% of all U.S. live births were low birth weight births *(Source: National Center for Health Statistics 2008)*.

Richland County Births with First Trimester Prenatal Care



Richland County Low Birth Weight Births*



**Low Birth Weight is defined as weighing less than 2,500 grams or 5 pounds, 8 ounces.
(Source for graphs: ODH Information Warehouse, Vital Birth Statistics, Updated 6-30-11)*

Quality of Life and Safety

Key Findings

More than one-third (35%) of Richland County adults in 2011 reported they were limited in some way because of a physical, mental or emotional problem. The health assessment identified that 41% of Richland County adults kept a firearm in or around their home.

Impairments and Health Problems

- ◆ Almost one-third (32%) of Richland County adults are limited in some way because of a physical, mental or emotional problem (22% Ohio, 21% U.S., 2010 BRFSS), increasing to 54% of those over the age of 65.
- ◆ Richland County adults reported the following major impairments or health problems that limit their activities. arthritis (19%), back or neck problem (15%), walking problem (14%), fractures or bone/joint injury (7%), depression/anxiety/emotional problem (7%), lung/breathing problem (4%), heart problem (4%), hypertension (4%), diabetes (3%), stroke-related problem (2%), hearing problem (2%), vision problem (2%), tobacco dependency (2%), learning disability (2%), developmental disability (1%), drug addiction (1%), cancer (1%), and other (5%).
- ◆ Due to an impairment or health problem, Richland County adults needed help with the following: shopping (23%), household chores (15%), getting around for other purposes (11%), doing necessary business (8%), dressing (7%), eating (6%), bathing (6%), and getting around the house (3%).
- ◆ During the past month, 19% of Richland County adults provided regular care or assistance to a friend or family member who had a health problem, long-term illness, or disability.

Food Security in the United States

- ◆ At some point in 2010, 14.5% of households were uncertain of having, or unable to acquire, enough food to meet the needs of all of their members because they had insufficient money or other resources for food (food insecure).
- ◆ Approximately 9.1% (10.9 million) of U.S. households experienced low food security in 2010.

(Source: U.S. Department of Agriculture, Food Security in the United States: Statistics and Graphics, 2010)

Safety

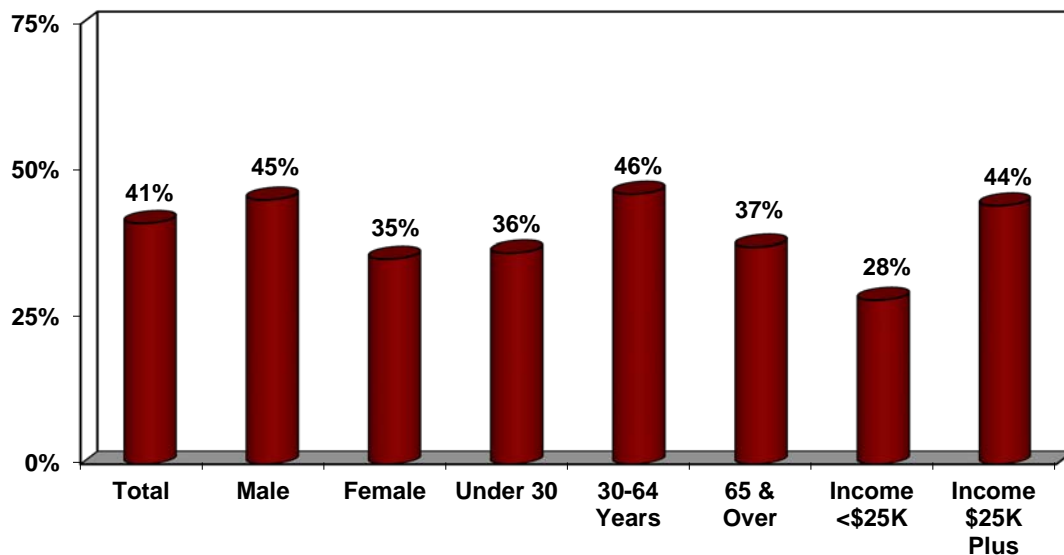
- ◆ Two out of five (41%) Richland County adults kept a firearm in or around their home. 6% of adults reported they were unlocked and loaded.
- ◆ Of those with firearms, 59% have them for protection, 55% have them for hunting or sport, 3% have them for work, and 17% have them for some other reason.
- ◆ 73% of Richland County adults always wore a seat belt when in a car. 2% never wore their seat belt.
- ◆ During the past 12 months, 10% of Richland County adults were threatened or abused. They were threatened or abused by: another person from outside the home (3%), someone else (3%), a spouse or partner (2%), family member living in household (2%), a parent (1%), and a child (1%).
- ◆ In the past year, 18% of Richland County adults have sought assistance for the following: food (10%), rent/mortgage (7%), utilities (7%), home repair (5%), transportation (3%), clothing (3%), credit counseling (2%), legal aid services (2%), and free tax preparation (1%).
- ◆ 2-1-1 is a non-emergency information referral telephone number. Almost two-thirds (63%) of adults had never heard of 2-1-1. Two percent (2%) had called 2-1-1 and received information that assisted them. 2% had called 2-1-1 and received information, but it did not help them with their needs.

2011 Adult Comparisons	Richland County 2011	Ohio 2010	U.S. 2010
Limited in some way due to physical, emotional, or mental problems	32%	22%	21%

Quality of Life and Safety

The following graph shows the percentage of Richland County adults that had a firearm in the home. Examples of how to interpret the information shown on the first graph include: 41% of all Richland County adults kept a firearm in their home, 45% of males, and 36% of those under 30 kept a firearm in their home.

Richland County Adults With a Firearm in the Home



Firearm Injury Prevention

According to The American College of Emergency Physicians (ACEP), the improper use of firearms results in death and injury. Below are some of the College supported efforts to prevent firearm-related injuries and deaths:

- ❖ Aggressively enforce current laws against illegal possession, purchase, sale, or use of firearms;
- ❖ Encourage the creation and evaluation of community and school-based education programs targeting the prevention of firearm injuries;
- ❖ Educate the public about the risks of improperly stored firearms, especially in the home;
- ❖ Increase funding for the development, evaluation, and implementation of evidence-based programs and policies to reduce firearm-related injury and death
- ❖ Work with stakeholders to develop comprehensive strategies to prevent firearm injury and death

(Source: Firearm Injury Prevention, Annals of Emergency Medicine, v. 57 issue 6, 2011, p. 691)

Adult Mental Health and Suicide

Key Findings

In 2011, 1% of Richland County adults considered attempting suicide. 6% of adults reported they never get the social and emotional support they need.

Adult Mental Health

- ◆ 1% of Richland County adults made a plan to attempt suicide in the past year.
- ◆ Less than 1% of adults attempted suicide.
- ◆ About one-fifth (19%) of adults recently had a period of two or more weeks when they felt sad, blue, or depressed nearly every day.
- ◆ Richland County adults experienced the following almost every day for two or more weeks in a row: did not get enough rest or sleep (35%), felt worried, tense or anxious (36%), felt sad, blue, or depressed (19%), had high stress (17%), and felt healthy and full of energy (13%).
- ◆ Just over one-third (34%) of Richland County adults always get the social and emotional support they need. 6% of adults reported they never get the social and emotional support they need.
- ◆ Richland County adults gave the following reasons for not using a program or service to help with depression, anxiety, or emotional problems:
 - Not needed (72%)
 - A program was actually used (8%)
 - Cannot afford to go (3%)
 - Have not thought of it (2%)
 - Transportation (2%)
 - Other priorities (2%)
- ◆ In the past 12 months, Richland County adults had been diagnosed or treated for the following mental health issue:
 - Mood disorder (10%)
 - Anxiety disorder (6%)
 - Other mental disorder (4%)
 - Psychotic disorder (<1%)
 - 8% had taken medication for one or more mental health issues.

Stigma of Mental Illness

(Based on 2007 BRFSS data)

- ◆ Most adults with mental health symptoms (78%) and without mental health symptoms agreed that treatment can help persons with mental illness lead normal lives.
- ◆ 57% of adults believed that people are care and sympathetic to persons with mental illness.
- ◆ Only 25% of adults with mental health symptoms believed that people are caring and sympathetic to persons with mental illness.
- ◆ 63% of adults surveyed strongly agreed and 26% slightly agreed that treatment can help people with mental illness lead normal lives.

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

Risk Factors and Warning Signs of Suicide

Although suicide is often difficult to predict, a few risk factors include:

- ◆ Mental Health disorder, esp. depression
- ◆ Prior suicide attempt
- ◆ Feeling socially isolated
- ◆ Experiences poor parent/child communication
- ◆ Has access to lethal suicide methods (for instance, firearms)
- ◆ Substance abuse
- ◆ Has experienced violence
- ◆ Stressful life events
- ◆ Has medical condition
- ◆ Served jail/prison time

Recognizing Warning Signs of Suicide in Others

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

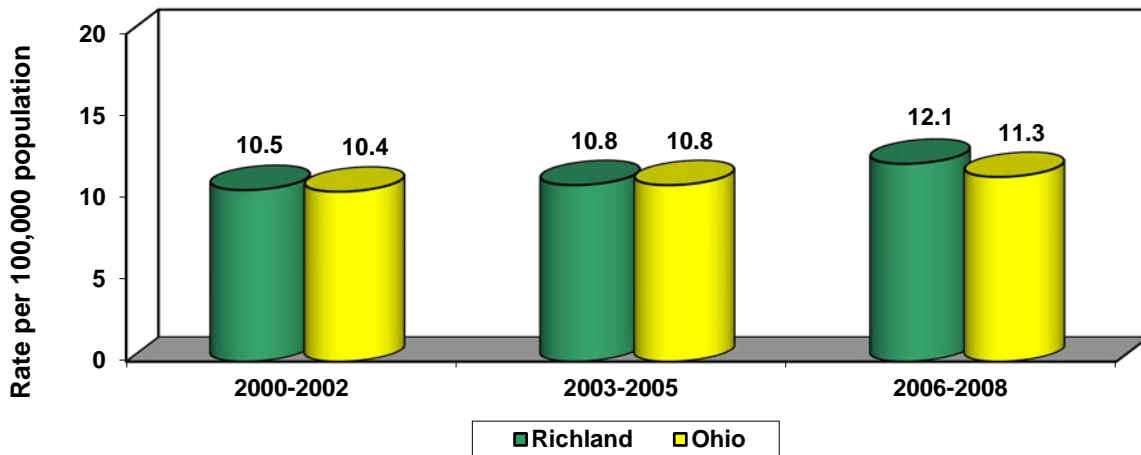
(Source: CDC, National Depression and Manic Depression Association)

Mental Health and Suicide

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

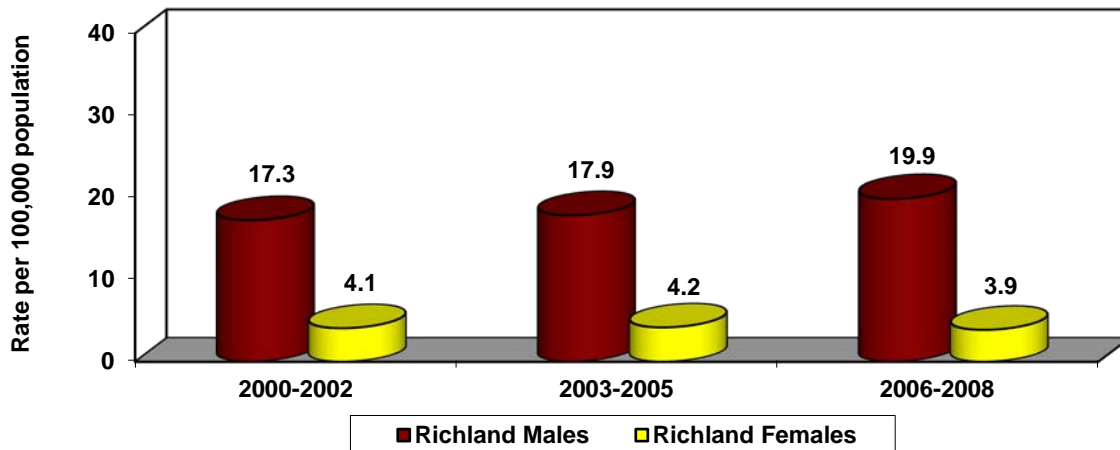
- ◆ The Richland County age-adjusted suicide mortality rate exceeded the Ohio rate from 2000 to 2002 and 2006 to 2008, and matched the Ohio rate from 2003-2005.
- ◆ The Richland County male age-adjusted suicide rate consistently exceeded the female rate from 2000 to 2008.
- ◆ From 2006-2008, 22% of all Richland County suicide deaths occurred to those ages 35-44 years old.

Richland County Age-Adjusted Suicide Mortality Rates



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

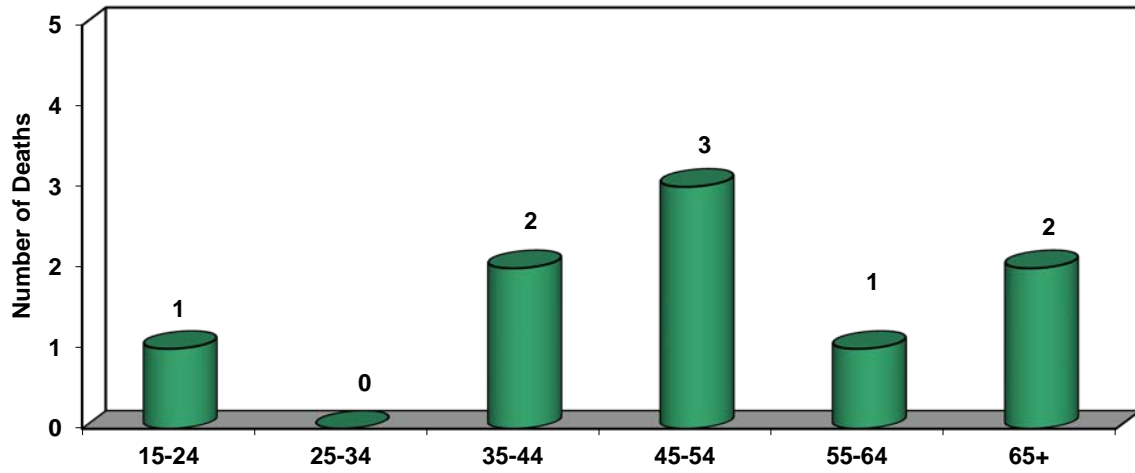
Richland County Age-Adjusted Suicide Mortality Rates by Gender



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

Mental Health and Suicide

**Richland County Number of Suicide Deaths By Age Group
2006-2008
Total Deaths = 9**



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

Oral Health

Key Findings

The 2011 health assessment project has determined that about two-thirds (66%) of Richland County adults had visited a dentist or dental clinic in the past year. The 2010 BRFSS reported that 70% of U.S. adults and 72% of Ohio adults had visited a dentist or dental clinic in the previous twelve months. Over three-fourths (79%) of Richland youth had visited the dentist for a check-up, exam, teeth cleaning, or other dental work in the past year.

Richland County Dental Care Resources - 2010

- ❖ Number of licensed dentists- 70
- ❖ Number of primary care dentists- 52
- ❖ Ratio of population per dentist- 1,778:1
- ❖ Number of dentists who treat Medicaid patients- 22
- ❖ Ratio of Medicaid population per dentist who treats Medicaid patients- 1,226: 1

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

Access to Dental Care

- ◆ In the past year, 66% of Richland County adults had visited a dentist or dental clinic, decreasing to 45% of adults with annual household incomes less than \$25,000. The 2010 BRFSS reported that 70% of U.S. adults and 72% of Ohio adults had visited a dentist or dental clinic in the previous twelve months.
- ◆ When asked how long it had been since their last visit to a dentist or dental clinic, 14% of Richland County adults reported that it had been more than one year but less than two years, 8% reported that it had been more than two years but less than five years, and 8% responded it had been five or more years ago.
- ◆ 44% of adults had one or more of their permanent teeth removed because of tooth decay or gum disease. 6% had all of their teeth removed.
- ◆ 14% of Richland County adults over the age of 65 have had all of their teeth removed because of tooth decay or gum disease. According to the 2010 BRFSS, 17% of U.S. adults and 20% of Ohio adults over 65 have had all of their teeth removed.
- ◆ When asked the main reason for not visiting a dentist in the last year, 17% said they had no reason to go, 13% said fear, apprehension, nervousness, pain, and dislike going, 11% said because of cost, and 2% said they do not have/know a dentist.
- ◆ 54% of Richland County adults agreed that fluoride should be added to drinking water to prevent tooth decay. 23% disagreed and 23% did not know.
- ◆ In the past year, 79% of Richland County youth had visited the dentist for a check-up, exam, teeth cleaning, or other dental work. 7% responded more than one year but less than 2 years, and 3% responded more than 2 years ago.

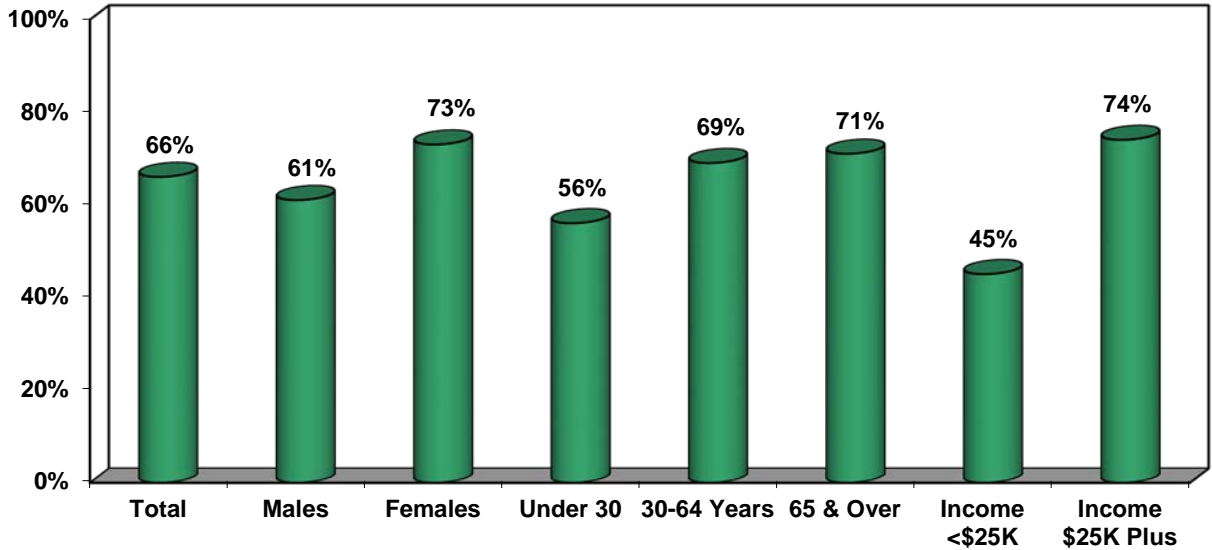
Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Don't know/ Not sure
Time Since Last Visit to Dentist/Dental Clinic					
Males	61%	17%	9%	11%	4%
Females	73%	10%	7%	3%	7%
Total	66%	14%	8%	8%	5%

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

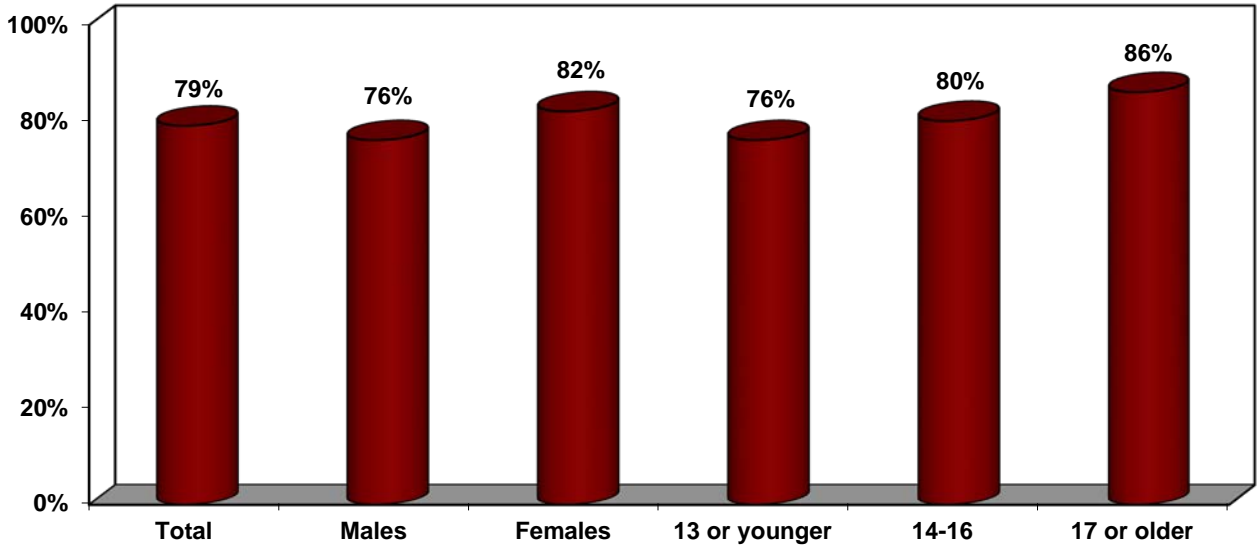
Oral Health

The following graphs provide information about the frequency of Richland County adult and youth dental visits. Examples of how to interpret the information on the first graph include: 66% of all Richland County adults had been to the dentist in the past year, 56% of those under the age of 30 and 45% of those with incomes less than \$25,000.

Richland County Adults Visiting a Dentist in the Past Year



Richland County Youth Visiting a Dentist in the Past Year



Youth Weight Status

Key Findings

The 2011 Health Assessment identified that 14% of Richland County youth were obese, according to Body Mass Index (BMI) by age. 72% of youth participated in 60 minutes of physical activity on 3 or more days in the past week.

Youth Weight Status

- ◆ BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific as children's body fat changes over the years as they grow. In teens and children, BMI is used to assess obese, overweight normal, and underweight status.
- ◆ In 2011, 14% of youth were classified as obese by Body Mass Index (BMI) calculations (2007 YRBS reported 12% for Ohio, 2009 YRBS reported 12% for the U.S.). 13% of youth were classified as overweight, 69% were normal weight, and 4% were underweight.
- ◆ 25% of youth described themselves as being either slightly or very overweight (2007 YRBS reported 30% for Ohio, 2009 YRBS reported 28% for the U.S.)
- ◆ Almost half (45%) of all youth were trying to lose weight, increasing to 52% of Richland County female youth (compared to 38% of males).
- ◆ In the past 30 days, 4% of all Richland County youth (2007 YRBS reported 11% for Ohio, 2009 YRBS reported 11% for the U.S.) reported going without eating for 24 hours or more to lose weight or keep from gaining weight. 1% vomited or took laxatives to lose weight (2007 YRBS reported 5% for Ohio, 2009 YRBS reported 4% for the US). 1% reported taking diet pills, powders, or liquids without a doctor's advice to lose weight. 1% smoked cigarettes to lose weight
- ◆ 30% of youth ate less food, fewer calories, or foods lower in fat to try to lose weight or keep from gaining weight in the past month and 48% exercised to try to lose weight or keep from gaining weight.

Nutrition

- ◆ 13% of youth ate 5 or more servings of fruits and vegetables per day. 81% ate 1-4 servings per day.
- ◆ The following calcium sources were consumed daily by Richland County youth: milk (83%) other dairy products (38%), yogurt (34%), calcium fortified orange juice (16%), other calcium sources (12%), and calcium supplements (7%).
- ◆ Richland County youth ate out in a restaurant or brought take-out food home an average of 2.2 times per week.
- ◆ 85% of youth drank pop, punch, kool-aid, sports drinks, energy drinks, etc. at least once per day.
- ◆ Richland County youth drank energy drinks for the following reasons: to stay awake (22%), to get pumped up (12%), before games or practice (6%), to help them perform (4%), to mix with alcohol (2%), and for some other reason (23%).

Physical Activity

- ◆ 72% of Richland County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. 50% did so on 5 or more days in the past week and 26% did so every day in the past week. 9% of youth did not participate in any physical activity in the past week.
- ◆ Richland County youth spent an average of 3.7 hours on the computer, cell phone, or iPad, 2.4 hours watching TV, 1.4 hours playing video games, and 1.3 hours reading for pleasure on an average day of the week.

Obese Adolescents

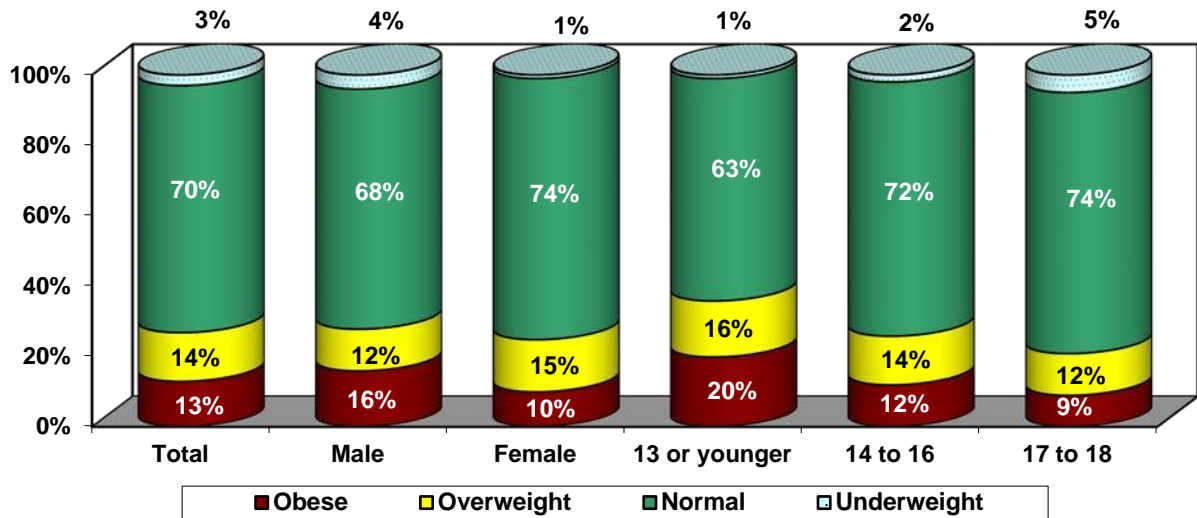
- ◆ Obese adolescents have a 70% chance of being overweight or obese as adults. If the parents are overweight as well, the risk increases to 80%.
- ◆ Poor self-esteem and depression are additional consequences of childhood obesity.
- ◆ Sedentary activities, such as television, computer and video games, contribute to the children's inactive lifestyles.
- ◆ Youth who are obese have an increased frequency for heart disease, diabetes, and other health problems than those children who have a healthy weight.

(Source: Surgeon General's Call to Action To Prevent and Decrease Overweight and Obesity 2001 and 2007 YRBS)

Youth Weight Status

The following graph shows the percentage of Richland County youth who were classified as obese, overweight, normal, or underweight by Body Mass Index (BMI). The table shows the ways youth lost weight. Examples of how to interpret the information in the first graph include: 69% of all Richland County youth were classified as normal weight, 14% were obese, 13% were overweight, and 4% were calculated to be underweight for their age and gender.

Richland County Youth BMI Classifications



Richland County Youth did the following to lose weight in the past 30 days:	Percent
Exercised	48%
Ate less food, fewer calories, or foods lower in fat	30%
Went without eating for 24 hours	4%
Vomited or took laxatives	1%
Took diet pills, powders, or liquids without a doctor's advice	1%
Smoked cigarettes	1%

2011 Youth Comparisons	Richland County 2011 (6 th -12 th)	Richland County 2011 (9 th -12 th)	Ohio 2007 (9 th -12 th)	U.S. 2009 (9 th -12 th)
Obese	14%	16%	12%	12%
Went without eating for 24 hours or more	4%	4%	11%	11%
Trying to lose weight	45%	44%	N/A	N/A

N/A – Not available

Youth Tobacco Use

Key Findings

The 2011 health assessment identified that 10% of Richland County youth (ages 12-18) were smokers increasing to 20% of those who were 17-18 years old. Overall, 6% of Richland County youth indicated they had used chewing tobacco in the past month. Of those youth who currently smoke, 46% had tried to quit.

Youth Tobacco Use Behaviors

- ◆ The 2007 YRBS reports that 51% of youth in Ohio had tried cigarette smoking (2009 YRBS reports 46% of U.S. youth) and the 2011 health assessment indicated that 27% of Richland County youth had done the same.
- ◆ Less than one-quarter (22%) of those who have smoked a whole cigarette did so under 10 years old and 45% had done so under the age of 12. The average age of onset for smoking was 11.8 years old.
- ◆ In 2011, 10% of Richland County youth were current smokers, having smoked at some time in the past 30 days (2007 YRBS reported 22% for Ohio and 2009 YRBS reported 20% for the U.S). One-fifth (20%) of 17-18 year olds were current smokers compared to 5% of those under 13 year olds and 12% of 14-16 year olds.
- ◆ Almost one-third (32%) of current smokers smoked cigarettes daily.
- ◆ More than half (57%) of the Richland County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- ◆ Almost half (46%) of youth smokers borrowed cigarettes from someone else, 35% asked someone else to buy them cigarettes, 32% took them from a store or family member, 30% said an adult gave them the cigarettes, and 11% bought cigarettes from a store or gas station.
- ◆ 30% of those who bought cigarettes in a store during the past month were asked to show proof of age.
- ◆ Richland County youth used the following forms of tobacco the most in the past year: cigarettes (15%), chewing tobacco or snuff (6%), black and milds (9%), cigars (5%), flavored cigarettes (5%), swishers (4%), cigarillos (3%), and little cigars (2%).
- ◆ Half (50%) of Richland County youth smokers had tried to quit smoking in the past year (2007 YRBS reported 49% for Ohio and 2009 YRBS reported 51% for the U.S).
- ◆ 44% of Richland County youth were exposed to second-hand smoke. 20% did not know or were not sure.

2008 Ohio Youth Tobacco Survey

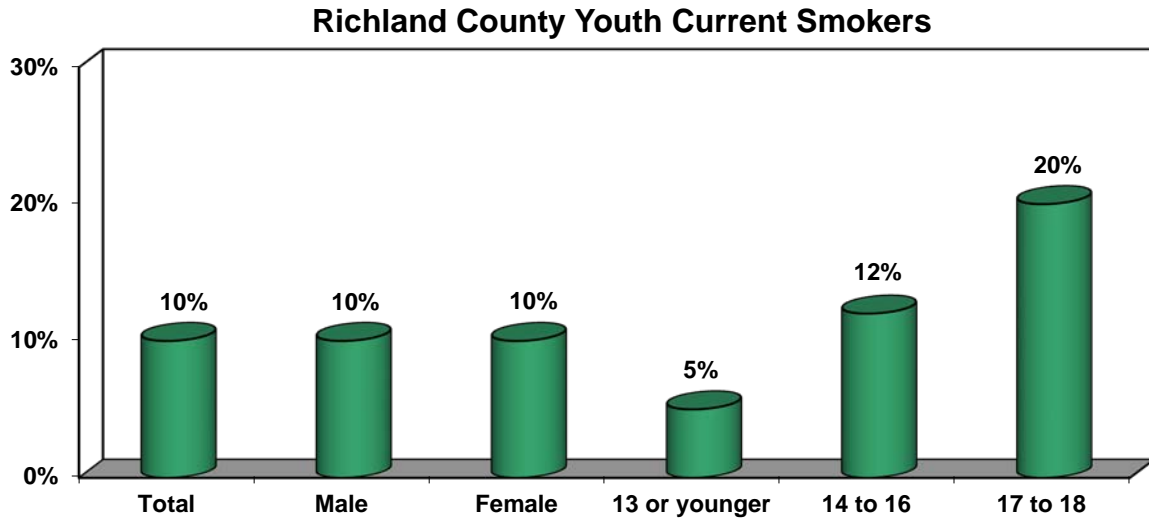
- ◆ In 2008, 57.2% of Ohio high school students had used some form of tobacco during their lifetime.
- ◆ 6% of high school students and 4.8% of middle school students had started smoking by age 11.
- ◆ 10.4% of high school and 4.9% of middle school students had ever smoked a bidi.
- ◆ 11% of middle school and 20.8% of high school students reported using smokeless tobacco in their lifetime.
- ◆ According to the survey results, 19.1% of middle school students and 20.6% of high school students had never smoked a cigarette.

(Source: Ohio Youth Tobacco Survey, 2008, Office of Healthy Ohio, Tobacco Use Prevention and Cessation Program)

2011 Youth Comparisons	Richland County 2011 (6 th – 12 th)	Richland County 2011 (9 th – 12 th)	Ohio 2007 (9 th – 12 th)	U.S. 2009 (9 th – 12 th)
Ever tried cigarettes	27%	35%	51%	46%
Current smokers	10%	14%	22%	20%
Tried to quit smoking	50%	51%	49%	51%

Youth Tobacco Use

The following graph shows the percentage of Richland County youth who smoke cigarettes. Examples of how to interpret the information include: 10% of all Richland County youth were current smokers, 10% of males smoked, and 10% of females were current smokers. The table shows differences in specific risk behaviors between current smokers and non-current smokers (nonsmokers).



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

Behaviors of Richland Youth *Current Smokers vs. Non-Current Smokers*

Youth Behaviors	Current Smoker	Non-Current Smoker
Have been in a physical fight in the past 12 months	54%	27%
Considered suicide in the past 12 months	19%	12%
Have had at least one drink of alcohol in the past 30 days	57%	13%
Have used marijuana in the past 30 days	64%	2%
Have had sexual intercourse	76%	16%
Participated in extracurricular activities	76%	87%

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

Other Tobacco Products Defined

- ❖ Snus are a type of smokeless tobacco that is sold in portioned out pouches where the person does not have to be spit out.
- ❖ Swishers are cigars that often come in a number of sizes, shapes and flavors.
- ❖ Bidis are hand-rolled cigarettes that are imported into the U.S. from India and other Southeast Asian countries.
- ❖ A hookah is a water pipe used to smoke tobacco that is available in many flavors (i.e., apple, mint, chocolate, etc.).

(Source: CDC, Tobacco, Data and Statistics)

Youth Alcohol Consumption

Key Findings

In 2011, the health assessment results indicated that 41% of Richland County youth had drunk at least one drink of alcohol in their life increasing to 60% of youth seventeen and older. 35% of those who drank, took their first drink before the age of 12. Less than one-fifth (18%) of all Richland County youth and 23% of those 17-18 years had at least one drink in the past 30 days. Over half (56%) of the youth who reported drinking in the past 30 days had at least one episode of binge drinking. 7% of all youth drivers had driven a car in the past month after they had been drinking alcohol.

Youth Alcohol Consumption

- ◆ In 2011, the health assessment results indicate that almost half (41%) of all Richland County youth (ages 12 to 18) have had at least one drink of alcohol in their life, increasing to 60% of 17-18 year olds (2007 YRBS reports 76% for Ohio and 2009 YRBS reports 73% for the U.S.).
- ◆ About one-fifth (18%) of the youth had at least one drink in the past 30 days, increasing to 23% of 17-18 year olds (2007 YRBS reports 46% for Ohio and 2009 YRBS reports 42% for the U.S.).
- ◆ Of those who drank, 56% 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, 10% were defined as binge drinkers (2007 YRBS reports 29% for Ohio and 2009 YRBS reports 24% for the U.S.).
- ◆ 5% of Richland County youth who reported drinking in the past 30 days, drank on at least 10 or more days during the month.
- ◆ Over one-third (35%) of Richland County youth who reported drinking at sometime in their life had their first drink under the age of 12, 31% took their first drink between the ages of 13 and 14, and 21% drank between the ages of 15 and 18. The average age of onset was 12.5 years old.
- ◆ Richland County youth drinkers reported they got their alcohol from the following: someone gave it to them (45%), paid an older person to buy it for them (24%), a parent gave it to them (10%), took it from a store of family member (10%), friend's parents gave it to them (6%), bought it in a liquor store, convenience store, supermarket or gas station (3%), and some other way (25%).
- ◆ During the past month 14% of all Richland County youth had ridden in a car driven by someone who had been drinking alcohol (2007 YRBS reports 23% for Ohio and 2009 YRBS reports 28% for the U.S.).
- ◆ 8% of all high school youth drivers had driven a car in the past month after they had been drinking alcohol (2007 YRBS reports 10% for Ohio and 2009 YRBS reports 10% for the U.S.).
- ◆ 28% of youth reported that their parent or caregiver had talked to them about the dangers of underage drinking within the past month. 35% reported that they had never been talked to about this topic.

National Institute of Health Facts about Underage Drinking

- ◆ The 2008 National Survey on Drug Use and Health estimates there are 10.1 million underage drinkers in the United States. According to the 2008 Monitoring the Future Study, 39% of current 8th graders, 58% of 10th graders, 72% of 12th graders, and 85% of college students have tried alcohol.
- ◆ Underage drinkers consume, on average, 4 to 5 drinks per occasion about 5 times a month, compared to drinkers age 26 and older, who consume 2 to 3 drinks per occasion, about 9 times a month.
- ◆ Underage drinking is a leading cause of death from injuries, the main cause of death for people under age 21. Each year, approximately 5,000 persons under the age of 21 die from causes related to underage drinking. These deaths include about 1,600 homicides and 300 suicides.

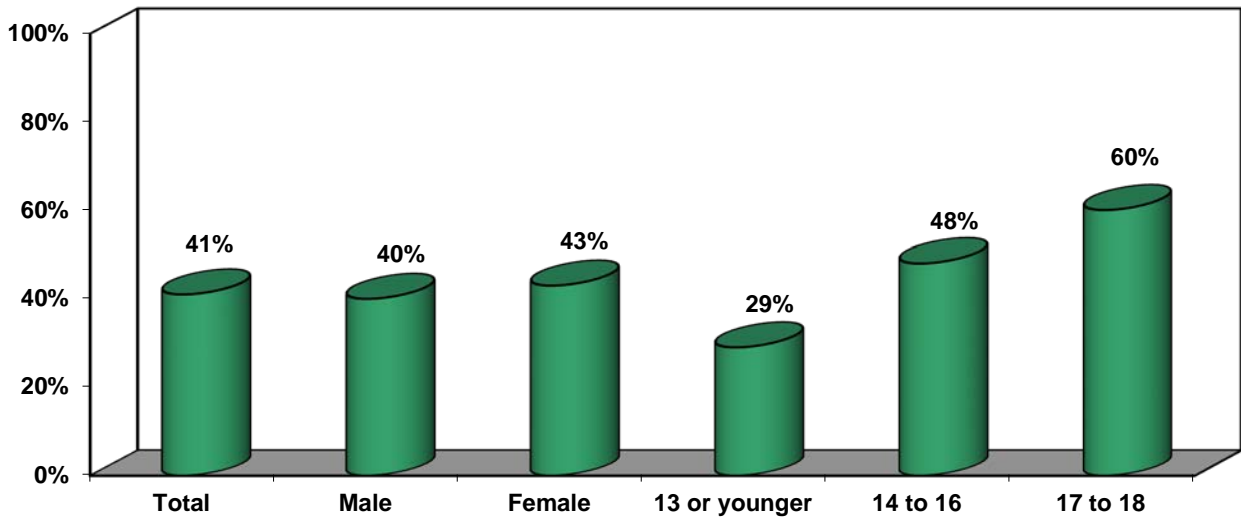
(Source: National Institute of Health: Fact Sheet, <http://report.nih.gov/NIH/factsheets/ViewFactSheet.aspx?csid=21&key=U#U>; Updated 2/14/11)

2011 Youth Comparisons	Richland County 2011 (6 th – 12 th)	Richland County 2011 (9 th – 12 th)	Ohio 2007 (9 th – 12 th)	U.S. 2009 (9 th – 12 th)
Ever tried alcohol	41%	54%	76%	73%
Current drinker	18%	26%	46%	42%
Binge drinker	10%	17%	29%	24%
Rode with someone who was drinking	14%	16%	23%	28%
Drank and drove	7%	8%	10%	10%

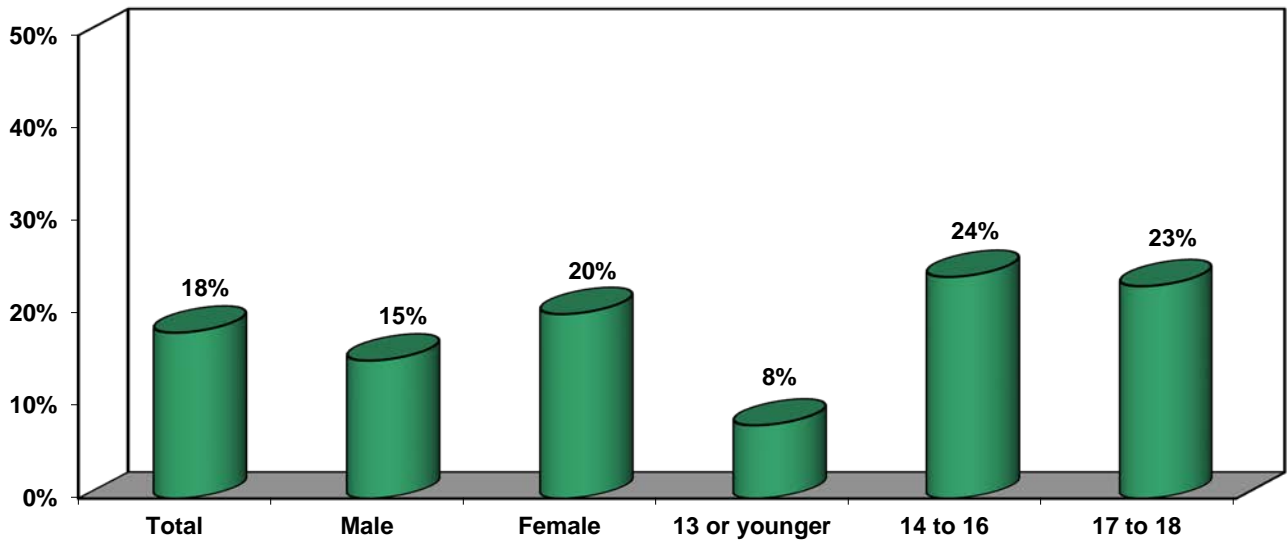
Youth Alcohol Consumption

The following graphs show the percentage of Richland County youth who have drunk in their lifetime and those who are current drinkers. Examples of how to interpret the information include: 41% of all Richland County youth have drunk at some time in their life, 40% of males, and 43% of females had drank.

Richland County Youth Having At Least One Drink In Their Lifetime

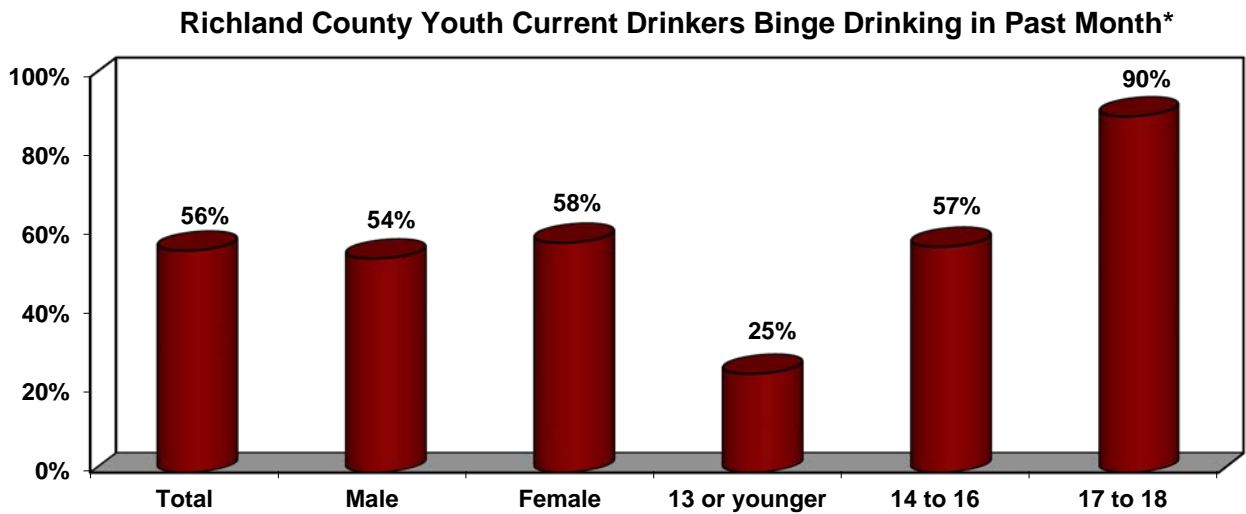


Richland County Youth Current Drinkers



Youth Alcohol Consumption

The following graph shows the percentage of Richland County youth who were binge drinkers. Examples of how to interpret the information include: 56% of current drinkers binge drank in the past month, 54% of males, and 58% of females had binge drank. The table shows differences in specific risk behaviors between current drinkers and non-current drinkers.



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

Behaviors of Richland Youth *Current Drinkers vs. Non-Current Drinkers*

Youth Behaviors	Current Drinker	Non-Current Drinker
Have been in a physical fight in the past 12 months	41%	27%
Considered suicide in the past 12 months	17%	12%
Have smoked in the past 30 days	32%	5%
Have used marijuana in the past 30 days	27%	4%
Have had sexual intercourse	55%	15%
Participated in extracurricular activities	85%	87%

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

Youth Marijuana and Other Drug Use

Key Findings

In 2011, 8% of Richland County youth had used marijuana at least once in the past 30 days, increasing to 13% of high school youth. 9% of youth misused medications. During the past 12 months, 9% of Richland County youth had someone offer, sell, or give them an illegal drug on school property.

Youth Drug Use

- ◆ In 2011, 8% of all Richland County youth had used marijuana at least once in the past 30 days, increasing to 13% of high school youth. The 2007 YRBS found a prevalence of 18% for Ohio youth and the 2009 YRBS found a prevalence of 21% for U.S. youth who had used marijuana one or more times during the past 30 days.
- ◆ About one in eleven (9%) of Richland County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at sometime in their lives, increasing to 14% of high school youth.
- ◆ Youth who misused prescription medications got them in the following ways: a friend gave it to them (50%), their parents gave it to them (47%), they took it from a friend or family member (24%), another family member gave it to them (9%), bought it from someone else (15%), and bought it from a friend (15%).
- ◆ Richland County youth used the following: inhalants (8%), synthetic marijuana (6%), steroids (3%), cocaine (2%), over-the-counter medications to get high (2%), methamphetamines (1%), bath salts to get high (1%), Ecstasy/MDMA (1%), and heroin (<1%).
- ◆ 1% of youth had participated in a pharm/skittles party.
- ◆ 1% of youth had used a needle at some point in their life to inject an illegal drug into their body.
- ◆ During the past 12 months, 9% of all Richland County youth reported that someone had offered, sold, or given them an illegal drug on school property increasing to 13% of high school youth (2007 YRBS reports 27% for Ohio and 2009 YRBS reports 23% for the U.S.).

2007 National Survey on Drug Use and Health (NSDUH)

- ❖ Rates of current use remained stable from 2006 to 2007 among youths aged 12 to 17 for all drugs except use of heroin, which decreased.
- ❖ From 2002 to 2007, rates of current use among youths aged 12 to 17 declined significantly for illicit drugs overall and for several specific drugs, including marijuana, cocaine, hallucinogens, LSD, Ecstasy, prescription-type drugs used non-medically, pain relievers, stimulants, and methamphetamine.
- ❖ The rate of current marijuana use among youths aged 12 to 17 decreased from 8.2 percent in 2002 to 6.7 percent in 2007.

(Source: Department of Health and Human Services, SAMHSA, NSDUH, 2007)

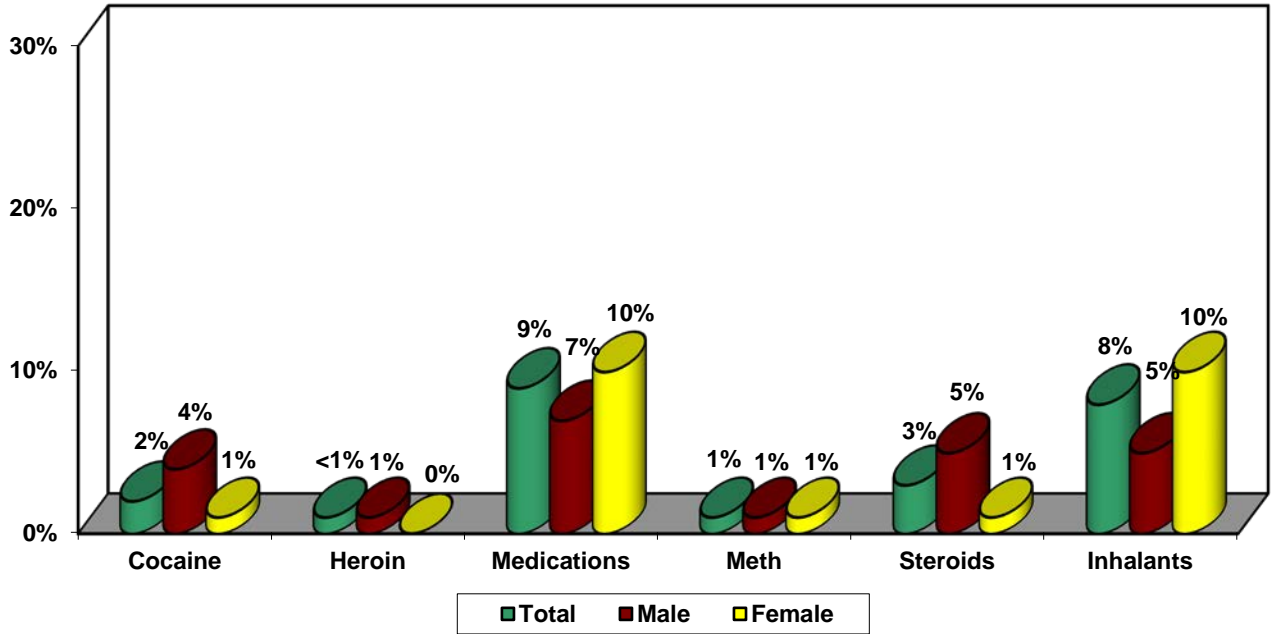
2011 Youth Comparisons	Richland County 2011 (6 th - 12 th)	Richland County 2011 (9 th - 12 th)	Ohio 2007 (9 th - 12 th)	U.S. 2009 (9 th - 12 th)
Youth who used marijuana in the past 30 days	8%	13%	18%	21%
Ever used methamphetamines	1%	2%	6%	4%
Ever used cocaine	2%	3%	8%	6%
Ever used heroin	<1%	1%	4%	3%
Ever used steroids	3%	3%	5%	3%
Ever used inhalants	8%	8%	12%*	12%
Ever misused medications	9%	14%	N/A	N/A
Youth who reported that someone offered, sold, or gave them an illegal drug on school property	9%	13%	27%	23%

*2005 YRBS Data

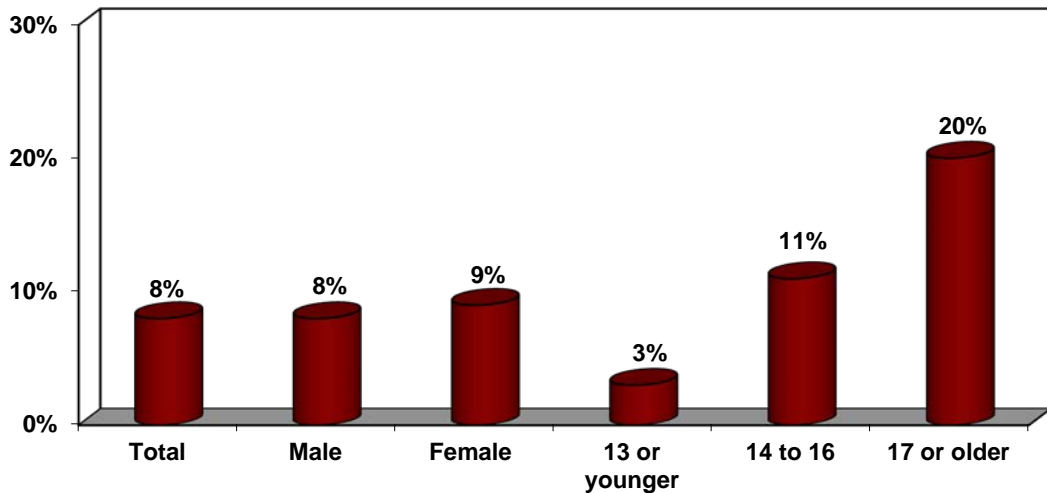
Youth Marijuana and Other Drug Use

The following graphs are data from the 2011 Richland County Health Assessment indicating youth lifetime drug use, marijuana use in the past 30 days, and the percent of youth who had been offered, sold, or given an illegal drug on school property in the past month. Examples of how to interpret the information include: 8% of all Richland County youth used inhalants in their lifetime, increasing to 10% of females.

Richland County Youth Lifetime Drug Use

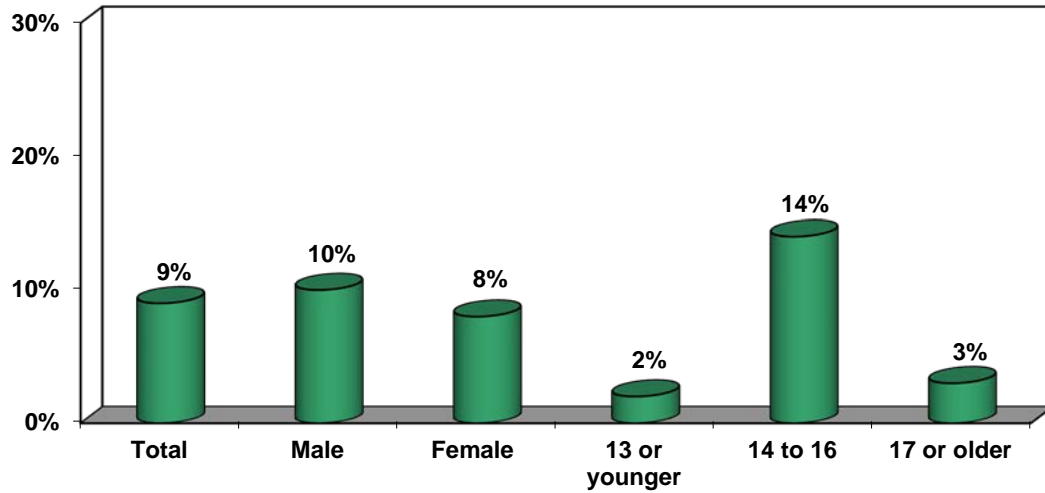


Richland County Youth Marijuana Use in Past Month



Youth Marijuana and Other Drug Use

Richland County Youth Offered, Sold, or Given Illegal Drugs by Someone on School Property in Past 12 Months



Youth Sexual Behavior and Teen Pregnancy Outcomes

Key Findings

In 2011, about one in five (22%) of Richland County youth have had sexual intercourse, increasing to 46% of those ages 17 and over. 19% of youth had participated in oral sex and 5% had participated in anal sex. 21% of youth participated in sexting. Of those who were sexually active, 57% had multiple sexual partners.

Youth Sexual Behavior

- ◆ About one in five (22%) Richland County youth have had sexual intercourse, increasing to 46% of those ages 17 and over. The 2007 YRBS reports that 45% of Ohio youth have had sexual intercourse and the 2009 YRBS reports that 46% of U.S. youth have had sexual intercourse.
- ◆ 19% of youth had participated in oral sex, increasing to 43% of those ages 17 and over.
- ◆ 5% of youth had participated in anal sex, increasing to 14% of those ages 17 and over.
- ◆ 21% of youth had participated in sexting, increasing to 43% of those ages 17 and over.
- ◆ 24% of youth had viewed pornography, increasing to 35% of males.
- ◆ Of those youth who were sexually active in their lifetime, 43% had one sexual partner and 57% had multiple partners. 9% of all Richland County high school youth had 4 or more partners (2007 YRBS reports 14% for Ohio, 2009 YRBS reports 14% for the U.S.).
- ◆ Of those youth who were sexually active, 41% had done so by the age of 13. Another 44% had done so by 15 years of age. The average age of onset was 13.7 years old.
- ◆ Of all high school youth, 12% were sexually active by the age of 13 (2007 YRBS reports 6% for Ohio, 2009 YRBS reports 6% for the U.S.).
- ◆ 90% of youth were taught about sexual practices, sexually transmitted diseases, or HIV or AIDS infection. They were taught about these issues by the following: school (80%), home (48%), their doctor (22%), their friends (18%), church (11%), the internet (8%), and somewhere else (5%). (Totals are greater than 100% because more than one answer could be chosen).
- ◆ Over half (61%) of youth who were sexually active used condoms to prevent pregnancy, 32% used birth control pills, 18% used the withdrawal method, and 5% used Depo-Provera. However, 18% were engaging in intercourse without a reliable method of protection.
- ◆ 3% of youth have engaged in some type of sexual activity in exchange for something of value, such as food, drugs, shelter, or money.

Facts About U.S. Teens “Sexting”

- ❖ One in five teen girls (22%) say they have sent, or posted online, nude or semi-nude images of themselves electronically.
- ❖ Almost one in five teen boys (18%) say they have sent or posted nude/semi-nude images of themselves.
- ❖ One-third (33%) of teen boys and one-quarter (25%) of teen girls say they have had nude/semi-nude images—originally meant to be private—shared with them.
- ❖ 15% of teens who have sent sexually suggestive content such as text messages, email, photographs or video say they have done so with someone they only know online.
- ❖ One-third of young teen girls (ages 13-16) have received sexually suggestive messages.
- ❖ Nearly half of young people (49% total, 39% of teens, 59% of young adults) have sent sexually suggestive text messages or email messages to someone.

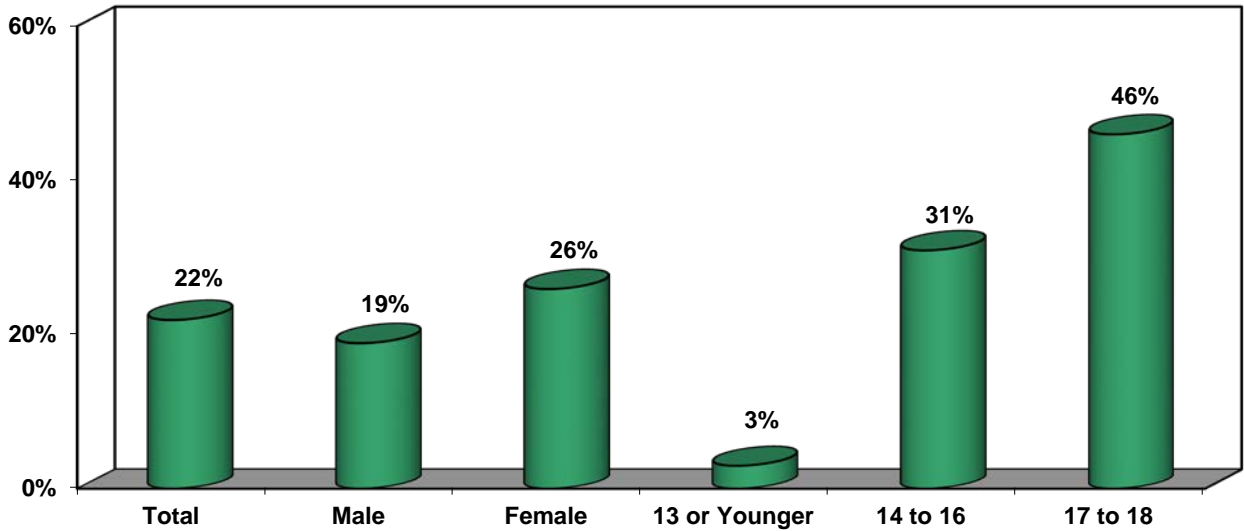
(Source: National Campaign to Prevent Teen Pregnancy, 2011, obtained from: http://www.thenationalcampaign.org/sextech/PDF/SexTech_PressReleaseFIN.pdf)

2011 Youth Comparisons	Richland County 2011 (6 th – 12 th)	Richland County 2011 (9 th – 12 th)	Ohio 2007 (9 th – 12 th)	U.S. 2009 (9 th – 12 th)
Ever had sexual intercourse	22%	35%	45%	46%
Used a condom at last intercourse	61%	56%	60%	61%
Used birth control pills at last intercourse	32%	34%	17%	20%
Had multiple sexual partners	57%	59%	N/A	N/A

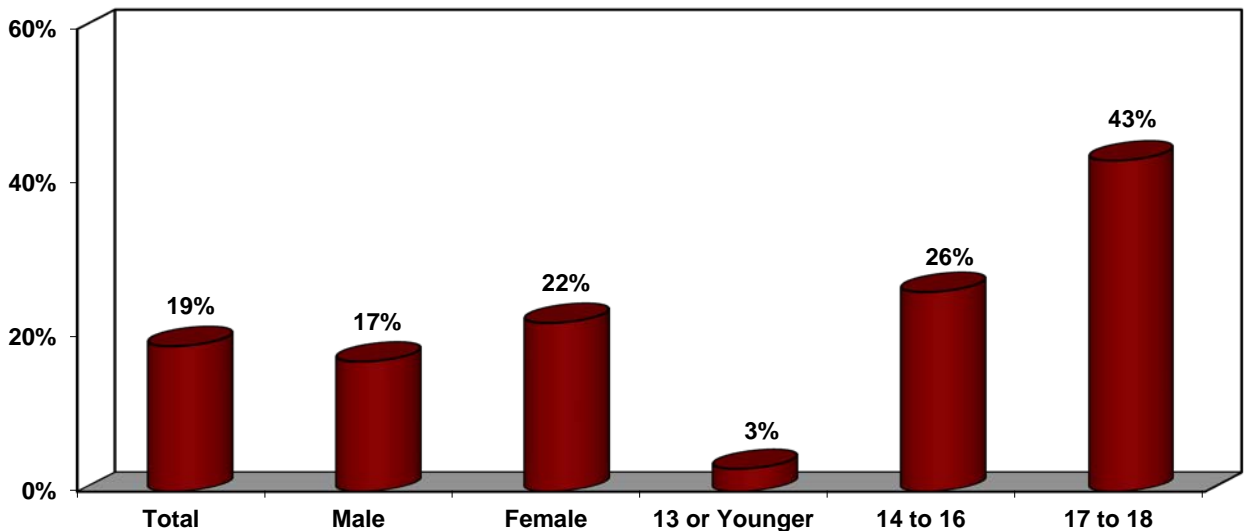
Youth Sexual Behavior and Teen Pregnancy Outcomes

The following graph shows the percentage of Richland County youth who participated in sexual intercourse and oral sex. Examples of how to interpret the information include: 22% of all Richland County youth had sexual intercourse, 19% of males, and 26% of females had sex.

Richland County Youth Having Sexual Intercourse



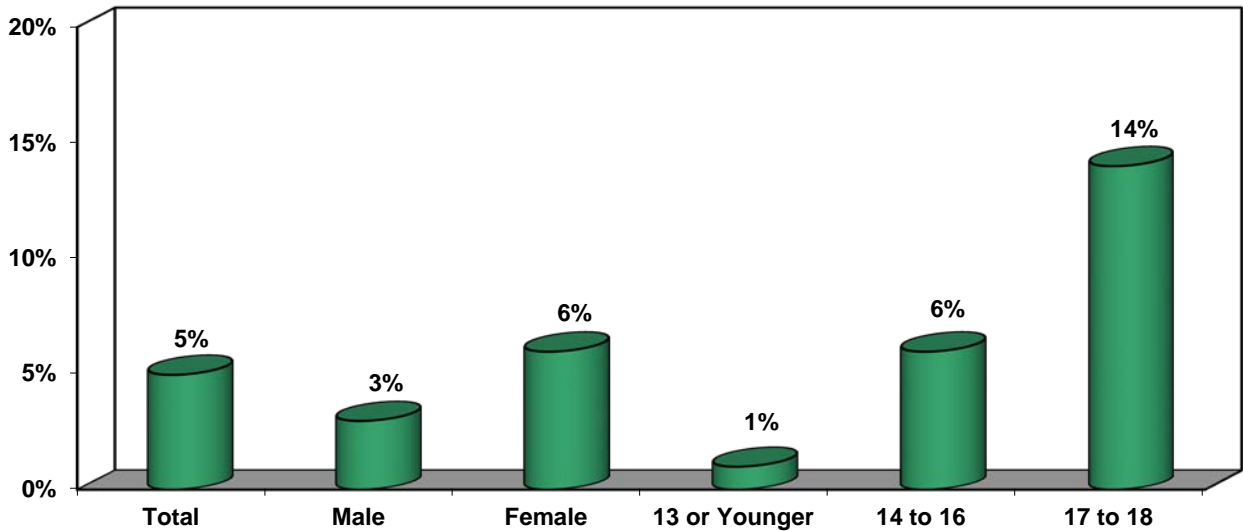
Richland County Youth Participating in Oral Sex



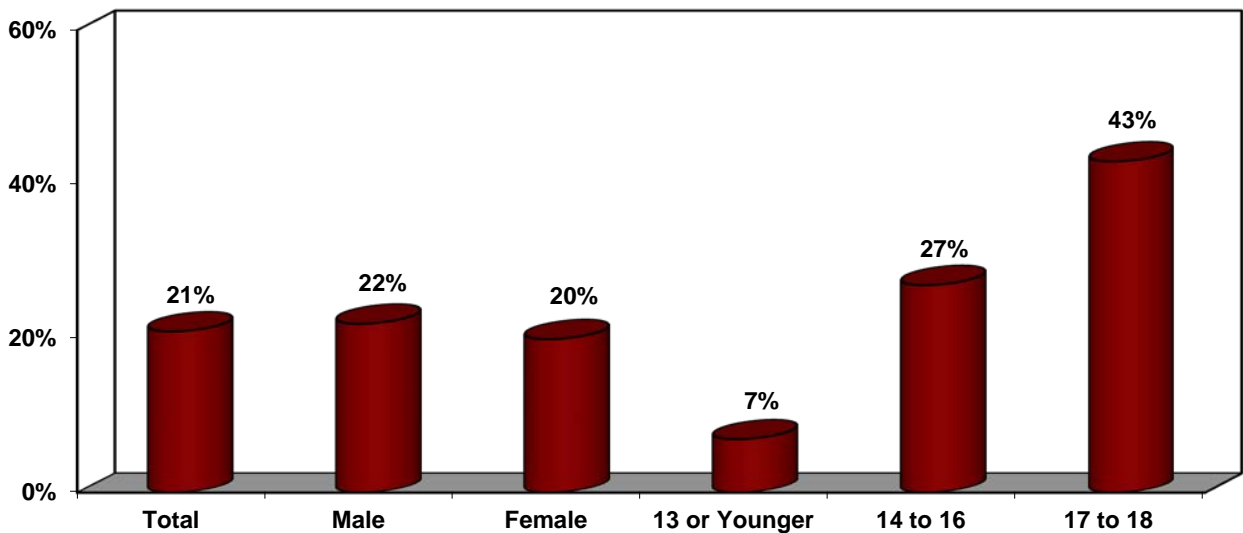
Youth Sexual Behavior and Teen Pregnancy Outcomes

The following graph shows the percentage of Richland County youth who participated in anal sex and sexting. Examples of how to interpret the information include: 5% of all Richland County youth participated in anal sex, 3% of males, and 6% of females.

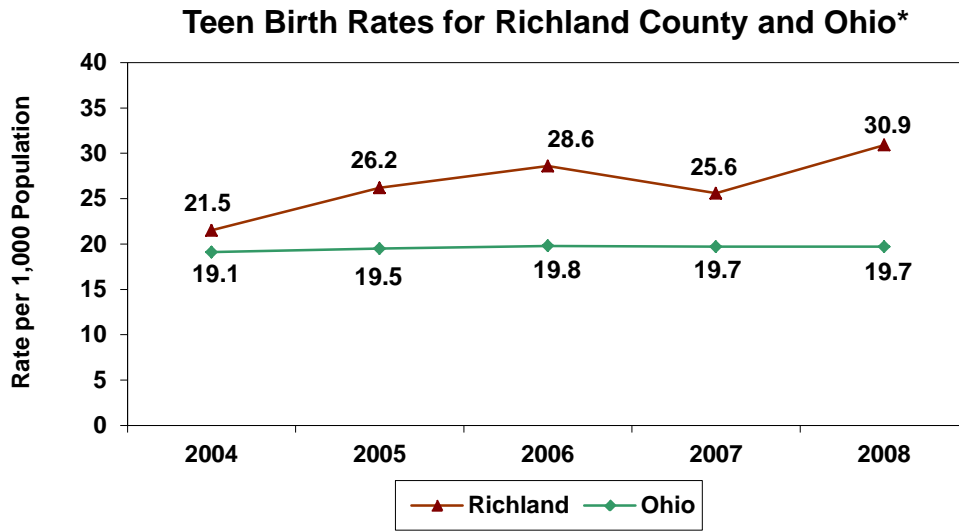
Richland County Youth Participating in Anal Sex



Richland County Youth Participating in Sexting



Youth Sexual Behavior and Teen Pregnancy Outcomes



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

Youth Mental Health and Suicide

Key Findings

The health assessment results indicated that 13% of Richland County youth had seriously contemplated suicide in the past year and 6% admitted actually attempting suicide in the past year.

Youth Mental Health

- ◆ In 2011, 13% of Richland County youth reported seriously considering attempting suicide in the past twelve months compared to the 2007 YRBS rate of 13% for Ohio youth and 2009 YRBS rate of 14% for U.S. youth.
- ◆ In the past year, 6% of Richland County youth had attempted suicide and 3% had made more than one attempt. The 2007 YRBS reported a suicide attempt prevalence rate of 7% for Ohio youth and the 2009 YRBS reported a 6% rate for U.S. youth.
- ◆ More than one-fourth (26%) of youth reported they felt sad or hopeless almost every day for two weeks or more in a row that stopped them from doing some usual activities (2007 YRBS reported 25% for Ohio and 2009 YRBS reported 26% for the U.S.).
- ◆ 13% of youth reported that they are very likely to seek help if they were feeling depressed or suicidal. 13% said they would be very unlikely to seek help. 49% reported they never feel depressed or suicidal.
- ◆ 41% of Richland County youth reported that they would seek help if they were dealing with anxiety, stress, depression, or thoughts of suicide. Those who said they would not seek help reported the following reasons: they can handle it themselves (29%), worried about what others may think (20%), don't know where to go (14%), family would not support them (10%), paying for it (10%), no time (9%), and transportation (5%).
- ◆ When Richland County youth are dealing with depression or suicide they usually do the following: talk to someone (46%), sleep (45%), hobbies (38%), exercise (23%), eat (20%), break something (14%), journal (12%), shop (10%), self-harm such as cutting (8%), smoke/use tobacco (5%), drink alcohol (4%), use medication that is prescribed for them (4%), use illegal drugs (3%), vandalism or violent behavior (3%), gamble (1%), or use medication not prescribed for them (1%).

Mental Health and Suicide Facts

- ◆ Suicide is the 2nd leading cause of death among 25-34 year olds and the 3rd leading cause of death among 15-24 year olds.
- ◆ Firearms were used most often in suicides among males, while poisoning was the most common method for females.
- ◆ 2007 YRBS results show that 7.2% of Ohio high school youth actually attempted suicide in the past 12 months (9.4% of all females and 4.9% of all males) and 2.3% indicated that their suicide attempt required medical attention by a doctor or nurse.

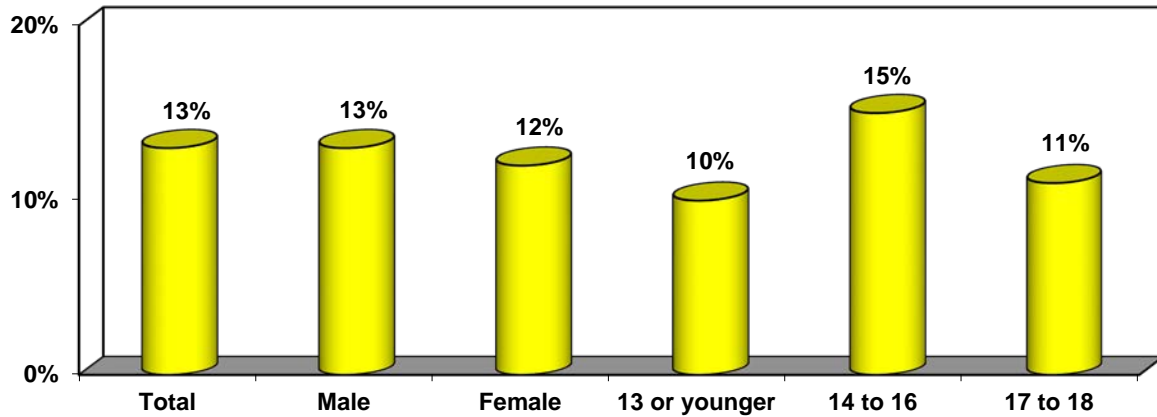
(Sources: CDC, NCIPC, Suicide, 2008; CDC, National Center for Chronic Disease Prevention and Health Promotion, YRBSS, Unintentional Injuries and Violence, 5/20/2008)

2011 Youth Comparisons	Richland 2011 (6 th -12 th)	Richland 2011 (9 th -12 th)	Ohio 2007 (9 th -12 th)	U.S. 2009 (9 th -12 th)
Youth who had seriously considered suicide	13%	15%	13%	14%
Youth who had attempted suicide	6%	7%	7%	6%

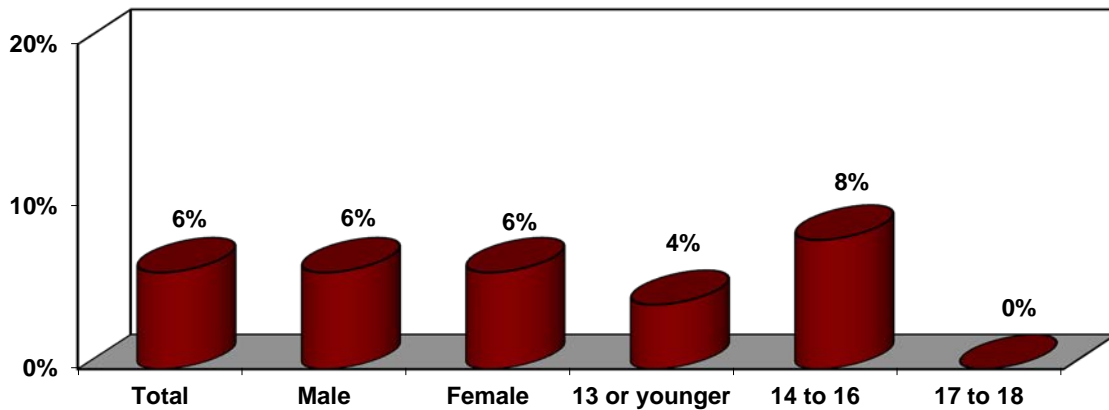
Mental Health and Suicide

The following graphs show the percentage of Richland County youth who contemplated and/or attempted suicide in the past 12 months (i.e., the first graph shows that 13% of all youth had contemplated suicide, 13% of males and 12% of females).

Richland County Youth Contemplated Suicide in Past 12 Months



Richland County Youth Who Attempted Suicide in Past 12 Months



Mental Health and Suicide

Teen Suicide Signals

The strongest risk factors for attempted suicide in teens are:

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

In 2011, the *American Psychiatric Association* advises one should consult a mental health professional, parent, or school counselor if several of the following symptoms, experiences, or behaviors are present:

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

Suicide Risk Factors

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

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

(Source: CDC, National Center for Injury Prevention and Control, *Risk and Protective Factors*, <http://www.cdc.gov/ViolencePrevention/suicide/riskprotectivefactors.html>)

Suicide Protective Factors

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

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

(Source: CDC, National Center for Injury Prevention and Control, *Suicide: Risk and Protective Factors*, <http://www.cdc.gov/ViolencePrevention/suicide/riskprotectivefactors.html>)

Warning Signs of Suicide

Recognizing Warning Signs of Suicide in Others

- ❖ Withdrawal
- ❖ Pessimism
- ❖ Unrelenting low mood
- ❖ Hopelessness
- ❖ Desperation
- ❖ Anxiety, psychic pain and inner tension risks
- ❖ Making a plan: giving away prized possessions, sudden or impulsive purchase of a firearm, or obtaining other means of killing oneself such as poisons or medications
- ❖ Unexpected rage or anger
- ❖ Taking care of business-preparing for the family's welfare
- ❖ Sleep problems
- ❖ Drug or alcohol abuse
- ❖ Recent impulsiveness and taking unnecessary risks
- ❖ Threatening suicide or expressing a strong wish to die

(Source: *American Foundation for Suicide Prevention*, 2011)

Youth Safety & Support

Key Findings

In 2011, almost half (47%) of Richland County youth reported that they always wore a seatbelt when riding in a car driven by someone else. 33% of youth drivers texted while driving.

Personal Safety

- ◆ Almost half (47%) of youth always wore a seatbelt when riding in a car driven by someone else, increasing to 57 % of those 17-18 years old.
- ◆ In the past 30 days, 14% of youth had ridden in a car driven by someone who had been drinking alcohol and 7% had driven a car themselves after drinking alcohol, increasing to 9% of 17-18 year olds.
- ◆ Richland County youth did the following while driving: talked on their cell phone (41%), texted (33%), checked their facebook on their cell phone (9%), used the internet on their cell phone (8%), other cell phone usage (5%), read (3%), and applied makeup (1%).
- ◆ 40% of Richland County youth had hit their head hard enough that they were dizzy, had a concussion, were knocked out, had their “bell rung,” etc., increasing to 51% of males.

Richland County Youth Leading Causes of Death 2006-2008

Total Deaths: 23

- ❖ Accidents, Unintentional Injuries
- ❖ Cancers
- ❖ Septicemia (bacteria in the blood)

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

Support

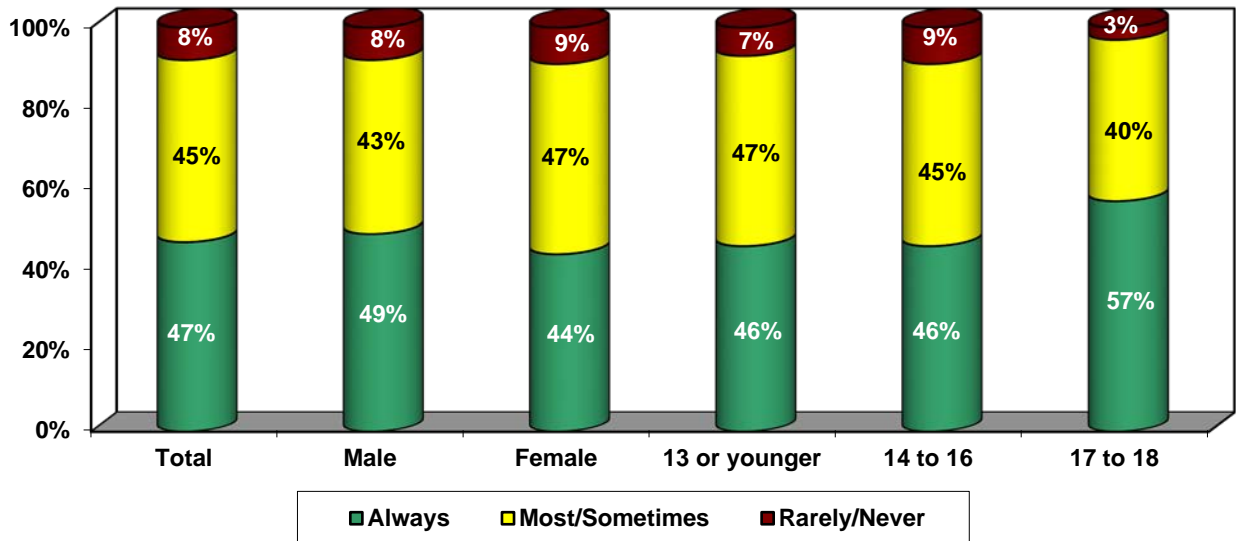
- ◆ Richland County youth reported their parents or guardians regularly do the following: ask about homework (74%), talk about school (70%), help with schoolwork (63%), make the family eat a meal together (56%), and go to meetings or events at school (51%).
- ◆ 85% of youth participated in extracurricular activities. They participated in: a sports or intramural program (51%), a school club or organization (34%), a church or religious organization (24%), a church youth group (23%), take care of siblings after school (20%), babysit for other kids (16%), some other organized activity (12%), a part time job (11%), and volunteer in the community (11%).

2011 Youth Comparisons	Richland County 2011 (6 th -12 th)	Richland County 2011 (9 th -12 th)	Ohio 2007 (9 th -12 th)	U.S. 2009 (9 th -12 th)
Always wore a seatbelt	47%	46%	N/A	N/A
Ridden in a car driven by someone who had been drinking alcohol in past month	14%	16%	23%	28%

Youth Safety

The following graphs show Richland County youth seatbelt use in the past 30 days. The graphs show the number of youth in each segment giving each answer (i.e., 47% of all youth always wore a seatbelt when riding in a car in the past 30 days, 49% of males and 44% of females).

Richland County Youth Seatbelt Use in the Past Month



Texting While Driving Statistics and Information

- ❖ 80% of Americans admit to using cell phones, and 20% admit to texting while driving, which amounts to about 100 million drivers (*National Safety Council*).
- ❖ Texting while operating a motor vehicle can take nearly 40% of your brain capacity off the road (*National Safety Council, fnal.gov*).
- ❖ In 2009, 5,500 fatal crashes were reported to have involved cell phones as a distraction and over 440,000 people were reported with injuries (*The National Highway Traffic and Safety Administration; basheinlaw.com*).
- ❖ Cell phone using drivers' are 23 times more likely to be involved in an accident while texting and driving (*Virginia Tech Transportation Institute, 2009*).

Youth Violence Issues

Key Findings

In Richland County, 11% of the youth had carried a weapon in the past month. 53% of youth were bullied in the past year. 21% of youth had purposefully hurt themselves at some time in their life.

Violence-Related Behaviors

- ◆ In 2011, 11% of Richland County youth had carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 18% of males (2007 YRBS reported 17% for Ohio, 2009 YRBS reported 18% for the U.S.).
- ◆ In the past year, 12% of youth were threatened or injured with a weapon such as a gun, knife, or club.
- ◆ In the past month, 4% of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school (2007 YRBS reported 4% for Ohio, 2009 YRBS reported 5% for the U.S.).
- ◆ 21% of youth purposefully hurt themselves at some time in their life. They did so by: cutting (12%), scratching (10%), hitting (9%), biting (8%), burning (5%), and self-embedding (1%).
- ◆ 53% of youth had been bullied in the past year. The following types of bullying were reported:
 - 42% were verbally bullied (teased, taunted or called you harmful names)
 - 25% were indirectly bullied (spread mean rumors about you or kept you out of a “group”)
 - 16% were physically bullied (you were hit, kicked, punched or people took your belongings)
 - 13% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
- ◆ In the past year, 30% of youth had been involved in a physical fight; 17% on more than one occasion. The 2007 YRBS reports 30% of Ohio youth had been in a physical fight, while the 2009 YRBS reports that 32% of U.S. youth had been in a physical fight.
- ◆ 16% of youth felt threatened or unsafe in their homes, increasing to 20% of females.
- ◆ 4% of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months, increasing to 5% of those in high school.
- ◆ 12% of youth reported that an adult or caregiver hit, slapped, or physically hurt them on purpose.
- ◆ 6% of youth were physically forced to have sexual intercourse when they did not want to, increasing to 10% of high school youth (compared to 10% of Ohio youth in 2007 and 7% of U.S. youth in 2009) *(Source: 2007, 2009 YRBS)*.

Facts Concerning Youth Violence

- ◆ Youth violence is defined by the CDC as “harmful behaviors that can start early and continue into young adulthood.”
- ◆ In 2007, 5,764 youth ages 10-24 were murdered, averaging 16 per day.
- ◆ Emergency rooms treated in excess of 656,000 youth ages 10-24 for violence-related injuries in 2008.
- ◆ Approximately 20% of high school students reported being bullied on school property in 2009.

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

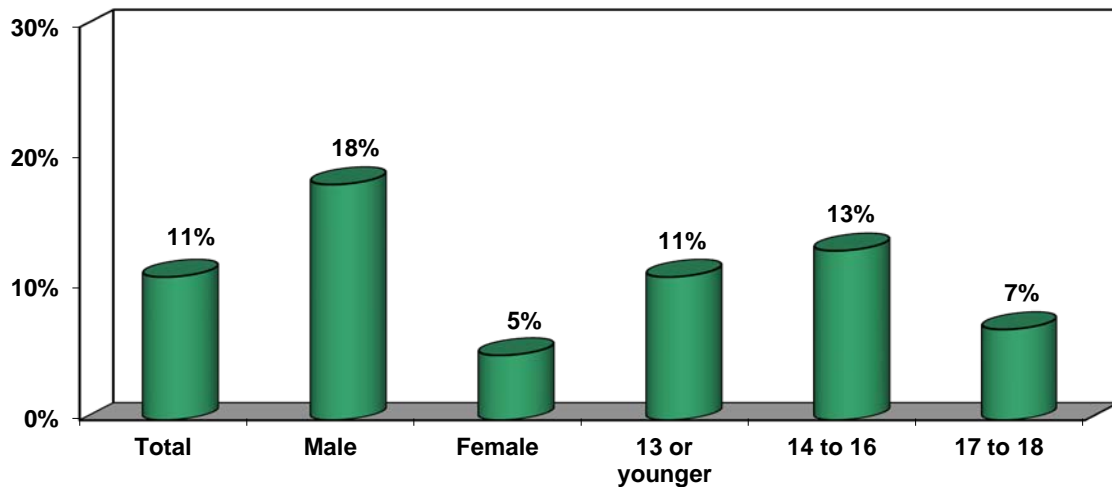
2011 Youth Comparisons	Richland County 2011 (6 th -12 th)	Richland County 2011 (9 th -12 th)	Ohio 2007 (9 th -12 th)	U.S. 2009 (9 th -12 th)
Carried a weapon in past month	11%	11%	17%	18%
Been in a physical fight in past year	30%	25%	30%	32%
Did not go to school because felt unsafe	4%	4%	4%	5%
Physically hurt by a boyfriend/girlfriend	4%	5%	N/A	10%
Forced to have sexual intercourse	6%	10%	10%	7%

*N/A – Not available

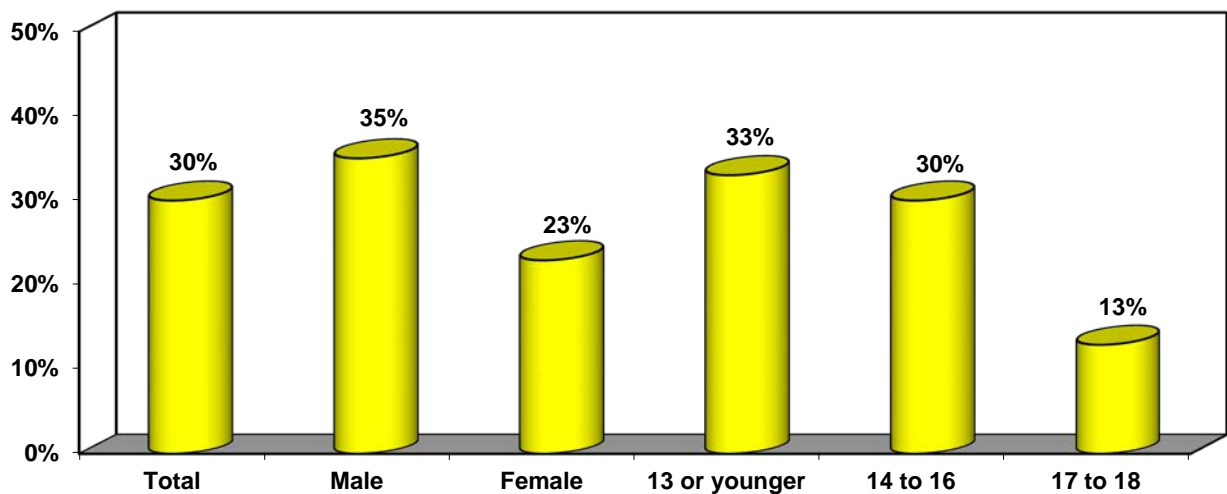
Youth Violence Issues

The following graphs show Richland County youth carrying a weapon in the past 30 days and those involved in a physical fight in the past year. The graphs show the number of youth in each segment giving each answer (i.e., the first graph shows that 11% of all youth carried a weapon in the past 30 days, 18% of males and 5% of females).

Richland County Youth Carrying a Weapon during the Past 30 Days



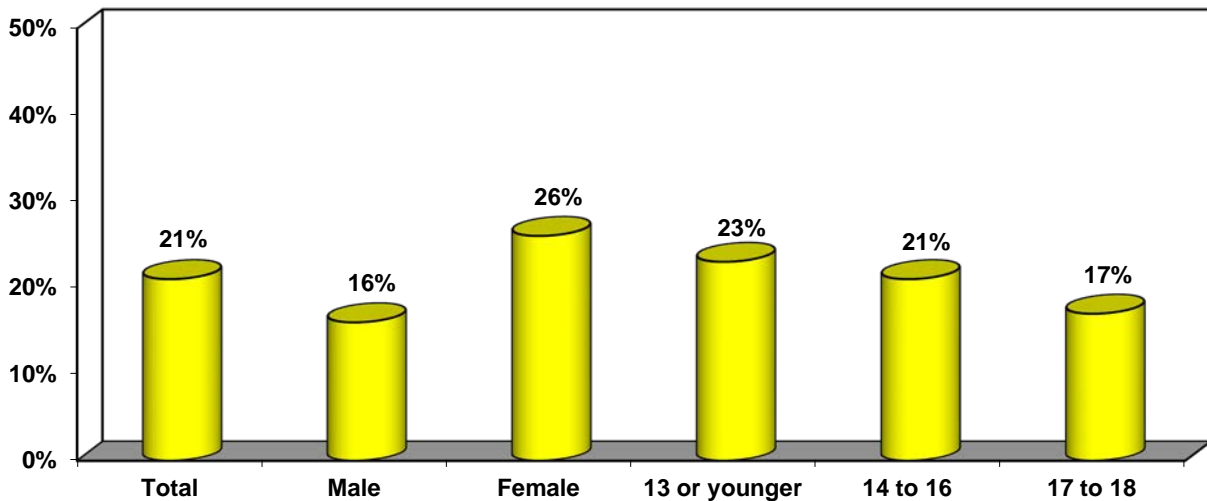
Richland County Youth Involved in a Physical Fight in the Past Year



Youth Violence Issues

The following graph shows Richland County youth who purposefully hurt themselves at some time in their life. The graph shows the number of youth in each segment giving each answer (i.e. 21% of all youth hurt themselves at some time in their life, 16% of males and 26% of females).

Richland County Youth Who Purposefully Hurt Themselves During Their Life



Types of Bullying Richland County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 and older
Physically Bullied	16%	20%	13%	17%	17%	3%
Verbally Bullied	42%	36%	48%	43%	44%	23%
Indirectly Bullied	25%	13%	36%	24%	25%	33%
Cyber Bullied	13%	3%	22%	11%	15%	10%

Bullied vs. Not Bullied Behaviors

Youth Behaviors	Bullied	Not Bullied
Contemplated suicide in the past 12 months	18%	5%
Attempted suicide in the past 12 months	9%	2%
Have had at least one drink of alcohol in the past 30 days	19%	16%
Have smoked in the past 30 days	11%	9%

Children's Health and Functional Status

Key Findings

In 2011, 69% of Richland County parents had taken their child ages 0-11 to the dentist in the past year. 13% of parents reported their child had asthma. 6% of parents reported their child had ADD/ADHD. Pollen, grasses, and ragweed were reported as the top allergies.

Health of Children ages 0-11

- ◆ About one-third (35%) of Richland County parents of 0-11 year olds rated their child's health as excellent. 4% of parents rated their child's health as fair or poor.
- ◆ 31% of children had a seasonal flu vaccine (73% received a shot and 27% received nasal spray).
- ◆ 69% of children had been to the dentist in the past year, increasing to 86% of 6-11 year olds. 3% of 6-11 year olds had never been to the dentist.
- ◆ Richland County children go to the following places for dental services: private dentist (70%), nowhere (7%), out of county provider (4%), Third Street Smiles (2%), mobile dentist (2%), Third Street Family Services (2%), and Richland Dental Clinic (1%). 14% of parents reported a dentist will not see their child because of age.
- ◆ 27% of parents reported problems with their child's (ages 0-5) teeth. The top 5 problems were: cavities (12%), knowing how to brush their teeth (2%), enamel problems (2%), pain (2%), hygiene (2%), and broken teeth (2%).
- ◆ Parents gave the following reasons for not getting dental care for their child: costs too much (6%), no insurance (5%), cannot find a dentist who accepts their insurance (2%), not available in area/transportation problems (1%), not convenient times/could not get appointment (1%), did not know where to go for treatment (1%), not in habit (1%), and other (2%).
- ◆ Richland County children have difficulties with the following: concentration (11%), emotions (9%), learning (5%), behavior (5%), and being able to get along with people (2%).
- ◆ 19% of children had special health care needs. 17% of parents felt that their child's caregiver/teacher was sufficiently trained to take care of their child's special health care needs.
- ◆ Parents reported their child had the following allergies:
 - Pollen (9%)
 - Grasses (8%)
 - Ragweed (7%)
 - Cats (6%)
 - House dust mites (6%)
 - Mold (6%)
 - Milk (5%)
 - Dogs (3%)
 - Eggs (2%)
 - Fungi (2%)
 - Red Dye (2%)
 - Peanuts (2%)
 - Soy (1%)
 - Wheat (1%)
 - Other (7%)
- ◆ A healthcare professional told Richland County parents their 0-11 year old child had the following:
 - Asthma (13%)
 - Developmental delay or physical impairment (7%)
 - ADD/ADHD (6%)
 - Hearing problems (6%)
 - Urinary tract infections (4%)
 - Anxiety problems (4%)
 - Pneumonia (3%)
 - Behavioral or conduct problems (3%)
 - Vision problems that cannot be corrected by glasses or contact lenses (2%)
 - Birth defect (3%)
 - Depression (6-11 year olds) (3%)
 - Bone, joint, muscle problems (2%)
 - Head injury (1%)
 - Autism (1%)
 - Epilepsy (1%)
 - Digestive tract infections (1%)
 - Diabetes (<1%)

National Survey of Children's Health, 2007

- ❖ 9% of Ohio children ages 0-5 were diagnosed with asthma, increasing to 21% of 6-11 year olds.
- ❖ 2% of Ohio children ages 0-5 were diagnosed with ADD/ADHD, increasing to 9% of 6-11 year olds.
- ❖ 8% of Ohio and 10% of U.S. children ages 0-5 had an injury that required medical attention.

(Source: National Survey of Children's Health, 2007)

Children's Health and Functional Status

- ◆ 13% of parents reported their child had asthma.
- ◆ 3% of children who had asthma have stayed overnight in a hospital because of asthma.
- ◆ 52% of parents with an asthmatic child reported their child had an asthma attack in the past six months. Treatment took place in the following locations: home (32%), doctor's office (14%), school (9%), emergency room (6%), and childcare (2%).
- ◆ 5% of Richland County children have been poisoned by accident and required medical attention during the past 12 months. Of those who were poisoned, 20% occurred at home.
- ◆ Parents reported their child had the following for breakfast: cereal (84%), milk (67%), eggs (49%), fruit or fruit juice (44%), toast (43%), pop tart, donut, or other pastry (29%), yogurt (29%), bacon, sausage, or ham (27%), oatmeal (26%), pizza (2%), nothing (1%), and other (11%). 8% of children ate at the school breakfast program.
- ◆ On average, 84% of children had between 1 and 4 servings of fruits and vegetables per day. 12% had 5 or more servings per day.
- ◆ On an average day of the week, 85% of children spent 1 or more hours watching TV. 38% of children spent 3 or more hours watching TV.
- ◆ On an average day of the week, 30% of children spent 1 or more hours playing non-active video games.
- ◆ On an average day of the week, 28% of children spent 1 or more hours on the computer.
- ◆ 88% of parents reported their 6-11 year old child was physically active for at least 60 minutes that caused them to sweat or breathe hard on 3 or more days in the past week.

Child Comparisons	Richland County 2011 Ages 0-5	Ohio 2007 Ages 0-5	U.S. 2007 Ages 0-5	Richland County 2011 Ages 6-11	Ohio 2007 Ages 6-11	U.S. 2007 Ages 6-11
Rated health as excellent or very good	80%	91%	87%	74%	84%	84%
Injuries that required emergency room	6%	8%	10%	6%	N/A	N/A
Child has no problems with teeth	73%	76%	81%	57%	64%	66%
Child had toothache	2%	16%	7%	2%	14%	15%
Child had decay or cavities	12%	11%	12%	24%	27%	26%
Child had broken teeth	2%	N/A	4%	2%	N/A	5%
Diagnosed with asthma	9%	9%	9%	16%	21%	16%
Diagnosed with ADHD/ADD	0%	2%	1%	10%	9%	9%
Diagnosed with behavioral or conduct problems	2%	N/A	1%	5%	N/A	5%
Diagnosed with developmental delay or physical impairment	7%	2%	3%	7%	8%	6%
Diagnosed with anxiety problems	0%	N/A	1%	6%	N/A	3%
Diagnosed with vision problems that cannot be corrected	1%	N/A	1%	3%	N/A	2%
Diagnosed with bone, joint, or muscle problems	1%	1%	2%	3%	3%	3%
Diagnosed with hearing problems	5%	2%	2%	7%	4%	3%
Diagnosed with epilepsy	2%	N/A	<1%	1%	N/A	1%
Diagnosed with a head injury	2%	N/A	<1%	1%	N/A	2%
Diagnosed with autism	0%	N/A	1%	1%	N/A	1%
Diagnosed with diabetes	0%	N/A	<1%	1%	N/A	<1%
Diagnosed with depression	0%	1%	1%	3%	5%	2%
No physical activity	2%	N/A	N/A	3%	6%	7%

Children's Health and Functional Status

Children's Dental Health

- ❖ Dental care is the number one unmet health care need for children of all family incomes across Ohio as well as for all races and ethnicities.
- ❖ Severe dental problems can result in poor performance or absence from school.
- ❖ Of Ohio children ages 0-17, 17% do not have insurance for dental care.
- ❖ 13% of Ohio children ages 0-17 have had a recent toothache.
- ❖ For Ohio Medicaid consumers ages 0-3, 12% had a dental visit in 2008. For Ohio Medicaid consumers ages 3-18, 42% had a dental visit in 2008.
- ❖ In 2008 14% of Richland County residents under the age of 18 had never been to the dentist, while in 2011 4% of 6-11 year olds had never been to the dentist.
- ❖ Even though low-income children ages 0-18 in Ohio had higher rates of dental coverage, they were less likely to have a dental visit in the past year. 68% of low-income children ages 0-18 (200% FPL or less) had a dental visit in the past year, 82% of higher-income children had a dental visit within the past year.

(Source: ODH)

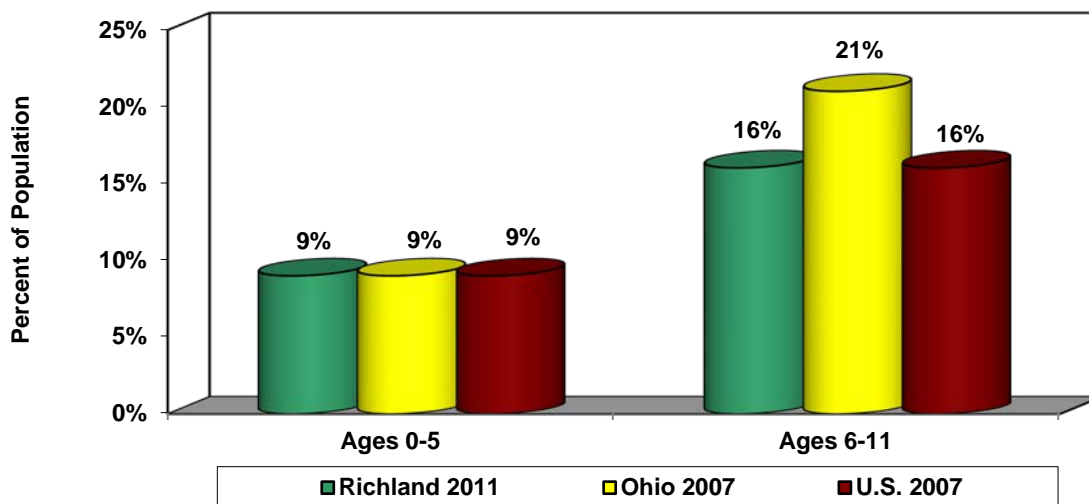
Asthma

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

(Source: CDC, National Center for Health Statistics Data Brief October 2008)

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

Children Diagnosed with Asthma



Children's Health and Functional Status

Children's Health

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

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

Children's Nutrition

- ❖ Healthy eating contributes to overall healthy growth and development, including healthy bones, skin, and energy levels; and a lowered risk of dental caries, eating disorders, constipation, malnutrition, and iron deficiency anemia.
- ❖ Hunger and food insufficiency in children are associated with poor behavioral and academic functioning.
- ❖ 39% of children ages 2-17 meet the USDA's dietary recommendations for fiber.
- ❖ Less than 40% of U.S. children and adolescents meet the U.S. dietary guidelines for saturated fat.
- ❖ Of U.S. children ages 2-5 100% get the total recommended amount of fruit, grains, and milk. While 73% get the total recommended amount of meat and beans, only 44% get the total recommended amount of vegetables. Of U.S. children ages 6-11 100% get the total recommended amount of grains. 58% get the total recommended amount of fruit, 46% get the total recommended amount of vegetables, 87% get the total recommended amount of milk, and 78% get the total recommended amount of meat and beans.
- ❖ Overweight and obesity, influenced by poor diet and inactivity, are significantly associated with an increased risk of diabetes, high blood pressure, high cholesterol, asthma, joint problems, and poor health status. The prevalence of obesity among children ages 6-11 has more than doubled in the past 20 years. Overweight child and adolescents are more likely to become overweight or obese adults. One study has shown that children who became obese by the age of eight were more severely obese as adults.
- ❖ Research suggests that not having breakfast can affect children's intellectual performance. 98% of Richland County children ages 0-11 eat breakfast, 92% of U.S. children ages 6-11 eat breakfast, and 77% of U.S. adolescents ages 12-19 eat breakfast.

(Source: CDC, childstats.gov)

Children's Health and Functional Status

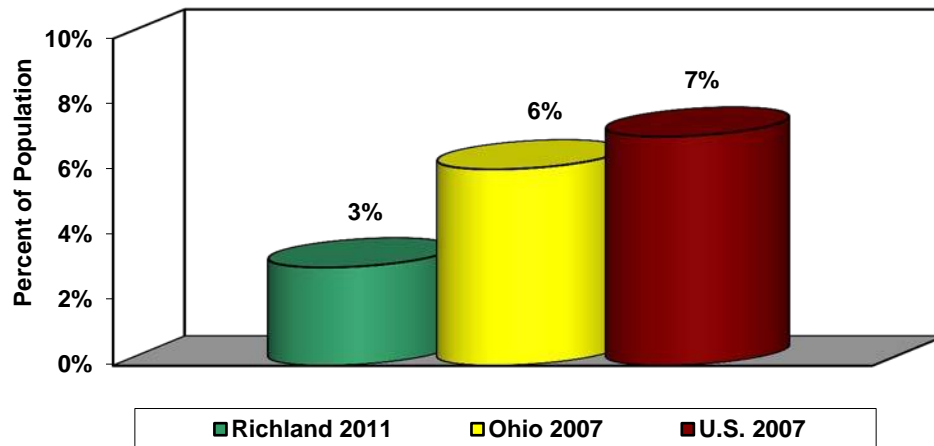
Physical Activity

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

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

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

Children 6-11 with No Physical Activity



TV, Video Games, and Computer Usage

- ❖ The average time Richland County children ages 0-11 spend watching TV is 2.2 hours, and the average time playing video games is 0.8 hours. 15% of parents with children ages 0-5 and 31% of parents with children ages 6-11 reported that their child spends 4 or more hours watching TV and playing video games.
- ❖ For parents of Ohio children ages 6-11 6% have no rules about what programs their children can watch, and 94% of parents of Ohio children ages 6-11 have rules about what programs their children can watch.
- ❖ Richland County children ages 0-11 use a computer for an average of 0.6 hours on an average day. Ohio children ages 6-11 use a computer on an average weekday for purposes other than school work for the following: no time (24%), less than an hour (39%), 1-3 hours (27%), and more than 3 hours (2%). 8% of Ohio children ages 6-11 do not own a computer.

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

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

Key Findings

In 2011, 3% of Richland County parents reported there was a time in the past year their 0-11 year old was not covered by health insurance. 10% of parents reported they received benefits from the WIC program and 13% from the SNAP/food program. 13% of parents reported they had taken their child to the hospital emergency room in the past year. 76% of parents had taken their child to the doctor for preventive care in the past year.

Health Insurance

- ◆ 5% of Richland County children were uninsured.
- ◆ Richland County children had the following types of health insurance: parent's employer (54%), Medicaid (17%), someone else's employer (14%), self-pay (3%), Medicare (1%), and other (1%).
- ◆ Parents reported their child's health insurance covered the following: doctor visits (97%), prescription coverage (97%), hospital stays (95%), well visits (93%), immunizations (86%), dental (83%), mental health (76%), and vision (69%).

National Survey of Children's Health, 2007

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

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

Access and Utilization

- ◆ In the past year, parents reported that someone in the household received the following: free or reduced cost breakfasts or lunches at school (17%), SNAP/food stamps (13%), benefits from WIC program (10%), mental health treatment (7%), Help Me Grow (4%), cash assistance from a welfare program (4%), subsidized childcare through Richland County JFS (3%), and Head Start or Early Head Start (2%).
- ◆ 10% of parents reported their child did not get all of the medical care they needed in the past year. They gave the following reasons: no insurance (3%), costs too much (2%), health plan problem (1%), cannot find doctor who accepts child's insurance (1%), didn't know where to go for treatment (1%), not convenient times/could not get appointment (1%), and other (1%).
- ◆ 13% of parents reported their child did not get all of the prescription medications they needed in the past year. They gave the following reasons: did not need (7%), costs too much (2%), health plan problem (1%), cannot find a doctor who accepts child's insurance (1%), no insurance (1%), treatment is ongoing (1%), and other (1%).
- ◆ 32% of parents reported their child needed to see a specialist. They faced the following challenges: distance to travel (13%), too long of a wait (4%), insurance (3%), transportation (2%), and other (8%).
- ◆ One-third (33%) of parents took their child to the hospital emergency room for health care in the past year, increasing to 64% of parents with incomes less than \$25,000. 11% of children had been to the ER two or more times in the past year.
- ◆ 13% of parents took their child to the ER because of an accident, injury, or poisoning.

Medical Home

- ◆ 83% of parents reported they had one or more people they think of as their child's personal doctor.
- ◆ Richland County parents reported their child usually went to the following place for health care: a private doctor's office (88%), a hospital emergency room (2%), Third Street Family Services (1%), an urgent care (1%), Richland County Health Department (1%), and some other kind of place (2%).
- ◆ 76% of children had visited their health care provider for preventive care in the past year.
- ◆ 27% of Richland County children needed special services, equipment or other care. 18% needed services for their birth to 2 year old, 6% for their 3-5 year old and 3% for their 6-11 year old.

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

- ◆ Of those who needed special services, they reported the following: medical equipment (24%), speech therapy (16%), physical therapy (11%), special education (10%), counseling (7%), occupational therapy (7%), mental health (6%), out of home care (2%), and respite care (2%).

Child Comparisons	Richland County 2011 Ages 0-5	Ohio 2007 Ages 0-5	U.S. 2007 Ages 0-5	Richland County 2011 Ages 6-11	Ohio 2007 Ages 6-11	U.S. 2007 Ages 6-11
Child was not covered by insurance at some time in the past year	1%	12%	15%	4%	11%	16%
Had public insurance	20%	32%	35%	16%	26%	28%
Been to doctor for preventive care in past year	85%	96%	96%	70%	87%	85%
Dental care visit in past year	47%	51%	54%	86%	92%	90%
2 or more visits to the ER	15%	8%*	8%*	8%	6%*	4%*
Received all the medical care they needed	89%	99%*	99%*	91%	98%*	98%*
Have a personal doctor or nurse	78%	95%	94%	86%	95%	92%

* 2003 national and state data

Usual Place of Health Care

- ◆ 95% of U.S. children have a usual place of health care. 98% of with private health insurance, 96% with Medicaid or other public insurance, and 73% of uninsured children have a usual place of health care.
- ◆ 74% use a doctor's office, 24% used a clinic, 1% used a hospital outpatient clinic, and 1% used an emergency room as their usual place of health care. 85% of children with private insurance used a doctor's office, while only 60% of children with Medicaid or other public insurance used a doctor's office. 3% of uninsured children used an emergency room as their place of health care.
- ◆ 41% of children with poor families used a clinic as their usual place of health care, while only 16% of children with non-poor families used a clinic.
- ◆ 62% of children with private insurance were in excellent health, while 45% of children with Medicaid or other public insurance were in excellent health.
- ◆ Children in fair or poor health were more likely to use a clinic as their usual place of health care (36%) than children in excellent or very good health (23%).

(Source: National Health Interview Survey, 2008)

Preventive Care

- ◆ 90% of Ohio children and 89% of U.S. children had a preventive medical visit in the past year. While 79% of Ohio children and 78% of U.S. children had a preventive dental visit in the past year.
- ◆ 21% of Ohio children ages 10 months-5years and 20% of U.S. children ages 10 months-5 years received a standardized screening for developmental or behavioral problems.
- ◆ 66% of Ohio children ages 2-17 and 60% of U.S. children ages 2-17 with problems requiring counseling who received mental health care in the past year.
- ◆ 66% of Ohio children received care within a medical home in the past year, while 56% of U.S. children received care within a medical home in the past year.

(Source: National Survey of Children's Health, 2007)

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

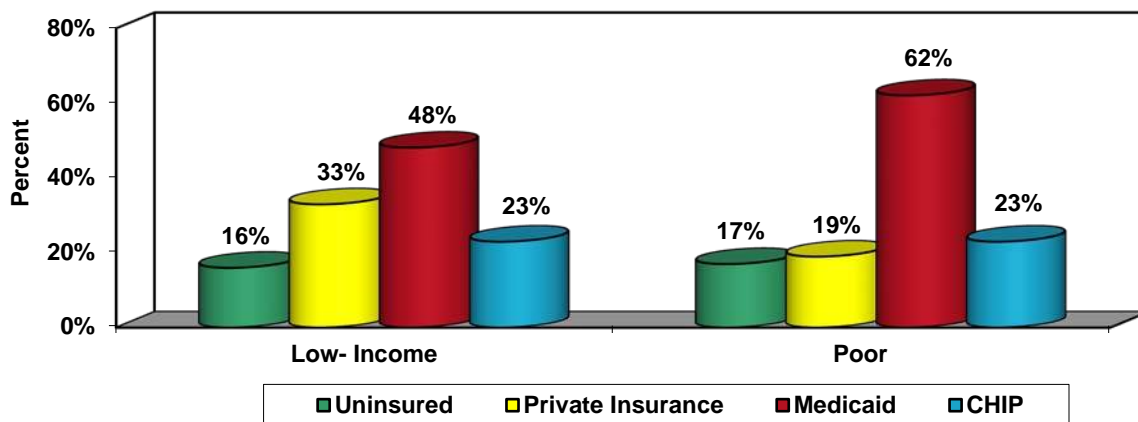
Low-Income Families and Health Insurance

- ◆ As children get older they are more likely to become uninsured.
- ◆ 14% of low-income family children ages 0-5 are uninsured, also 14% of poor family children ages 0-5 are uninsured. 16% of low-income children ages 6-11 are uninsured, and 17% of poor family children ages 6-11 are uninsured. For children ages 12-17, 21% of those of low-income families, and 22% of those of poor families are uninsured.

(Source: National Center for Children in Poverty)

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

Children's Health Insurance Coverage in U.S.



(Source: National Center for Children in Poverty)

Health Insurance

- ❖ In the United States every 39 seconds a child is born uninsured. 11% of U.S. children are uninsured; while in Ohio 8% of children are uninsured.
- ❖ U.S. children are 50% of total Medicaid enrollment, Ohio children are also 50% of total Medicaid enrollment.
- ❖ In 2007, parents reported that 11% of Ohio children and 15% of U.S. children did not have consistent coverage in the past year.
- ❖ In 2008, 4% of Central Ohio children, 3% of Northeast Ohio children, 4% of Northwest Ohio children, 5% of Southeast Ohio children, 4% of Southwest Ohio children, 5% of West Central Ohio children, and 4% of East Central Ohio children were without health insurance.
- ❖ In 2008, more Ohio children were covered by job-based insurance than any other type of insurance.
- ❖ 45% of Ohio children with special health care needs are covered by Medicaid/Children Health Insurance Program (CHIP), while only 33% of all Ohio children were covered by Medicaid/CHIP.

(Source: Children's Defense Fund, National Survey of Children's Health, Ohio Family Health Survey, Ohio Chartbook)

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

Unmet Medical Needs

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

(Source: National Health Interview Survey, 2008)

Prescriptions

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

(Source: National Health Interview Survey, 2008)

Emergency Room Visits

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

(Source: National Health Interview Survey, 2008)

Early Childhood (0-5 year olds)

Key Findings

The following information was reported by parents of 0-5 year olds. In 2011, 59% of parents put their child to sleep on his/her back. 27% of mothers never breastfed their child. 73% of parents reported their child attended some form of childcare.

Early Childhood

- ◆ The following information was reported by Richland County parents of 0-5 year olds.
- ◆ When asked how parents put their child to sleep as an infant, 59% said on their back, 16% said on their side, 12% said on their stomach, and 5% said in bed with them or another person.
- ◆ Parents reported they put their infant to sleep in the following places: crib/bassinet (93%), pack n' play (44%), car seat (33%), in bed with the parent or another person (31%), swing (26%), couch or chair (9%), and floor (9%).
- ◆ Mothers breastfed their child: more than 9 months (26%), 4 to 9 months (14%), 7 weeks to 3 months (8%), 3 to 6 weeks (11%), 2 weeks or less (7%), still breastfeeding (7%), and never breastfed (27%).
- ◆ 51% of parents reported their child had been tested for lead poisoning and 9% did not know.
- ◆ Parents of 4-9 month olds were concerned about the following: how child uses their arms and legs (35%), how child makes speech sounds (32%), how child understands what they say (32%), and how child uses their hands and fingers to do things (30%).
- ◆ Parents of 10-17 month olds were concerned about the following: how child talks and makes speech sounds (50%), how child understands what they say (47%), how their child behaves (43%), how their child gets along with others (43%), how child uses their arms and legs (43%), how child uses their hands and fingers to do things (43%), and how child is learning to do things for themselves (43%).
- ◆ Parents of 18-71 month olds were concerned about the following: how child behaves (37%), how child talks and makes speech sounds (32%), how child gets along with others (29%), how child is learning to do things for themselves (27%), and how child is learning pre-school or school skills (26%).
- ◆ 73% of parents reported their child regularly attended some form of child care during the past month. They attended: child care outside of their home provided by a relative (32%), child care in their home provided by a relative (29%), family-based child care outside of their home (26%), nursery school, pre-school, or kindergarten (20%), a child care center (15%), child care in their home provided by a baby sitter (3%), elementary school (3%), and Head Start or Early Start program (2%).
- ◆ Parents reported they read to their child: every day (36%), almost every day (32%), a few times a week (28%), a few times a month (2%), almost never-child has no interest (1%), and a few times a year (1%).

National Survey of Children's Health, 2007

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

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

Child Care

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

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

Early Childhood (0-5 years old)

Child Comparisons	Richland County 2010 0-5 years	Ohio 2007 0-5 years	U.S. 2007 0-5 years
Parent had 1 or more reported concerns regarding their child's physical, behavioral, or social development	66%	34%	40%
Parent reads to child every day	39%	50%	48%
Spent 4 or more hours watching TV	9%	17%	13%
Never breastfed their child	27%	34%	25%
Attends child care	73%	67%	65%

Children in Ohio and the U.S.

- ❖ A child is born into poverty every 33 seconds in the U.S. Every 16 minutes a child is born into poverty in Ohio.
- ❖ Every 35 seconds a child is abused or neglected in the United States, in Ohio a child is abused or neglected every 13 minutes.
- ❖ Ohio has a slightly larger percent of poor children and children living in extreme poverty than the U.S. The percent of poor children in Ohio is 19%, while poor children living in the U.S. is 18%. The percent of children living in extreme poverty in Ohio is 9%, while in the U.S. is 8%.
- ❖ 34% of 2 year olds in the U.S. are not fully immunized, while only 22% of two year olds in Ohio aren't fully immunized.
- ❖ 15% of 3 year olds in the U.S. and 15% of 3 year olds in Ohio are enrolled in state preschool, Head Start, or special education programs. 39% of 4 year olds in the U.S. and 21% of 4 year olds in Ohio are enrolled in state preschool, Head Start, or special education programs.

(Sources: Children's Defense Fund)

Car Seats and Booster Seats

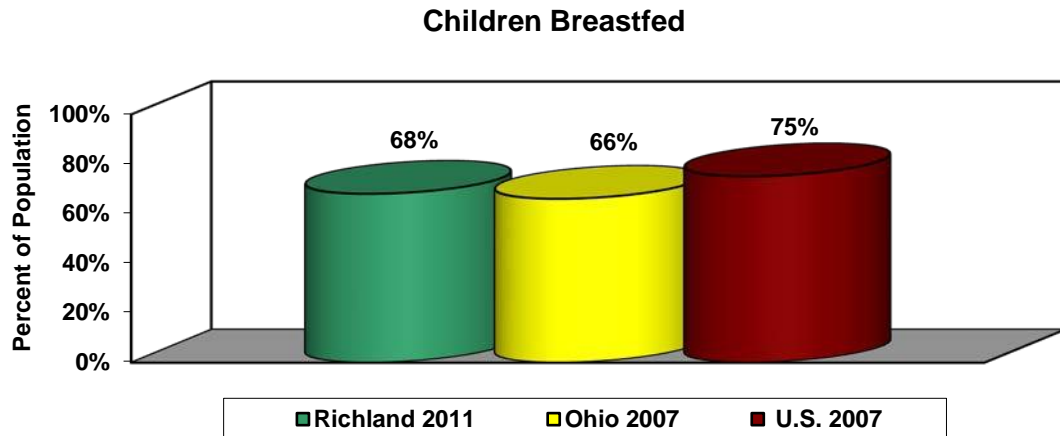
- ❖ For children ages 0-8, child restraint use has increased from 15% in 1999 to 73% in 2005.
- ❖ In a study observing the misuse of 3,442 child restraint systems in six states, about 73% showed at least one critical misuse. 84% of infant seats showed critical misuse, and 41% of booster seats showed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

(Sources: Safe Kids USA)

Early Childhood (0-5 years old)

Breastfeeding

The following graph shows the percent of infants that have been breastfed or given breast milk from Richland County, Ohio, and U.S. The U.S. has a larger percent than Richland County, and Richland County has a larger percent than Ohio of children that have been breastfed for any length of time.



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

Sleep and SIDS

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

(Sources: National Sleep Foundation)

Middle Childhood (6-11 years old)

Key Findings

The following information was reported by Richland County parents of 6-11 year olds. In 2011, 55% of Richland County parents reported their child was bullied at some time in the past year. 86% of parents reported their child participated in extracurricular activities. 24% of parents reported their child had a MySpace, Facebook, or Twitter account.

Middle Childhood

- ◆ The following information was reported by Richland County parents of 6-11 year olds.
- ◆ Parents discussed the following topics with their 6-11 year old: eating habits (69%), bullying (68%), screen time (60%), refusal skills (59%), negative effects of tobacco (56%), negative effects of alcohol (53%), negative effects of marijuana and other drugs (40%), body image (38%), violence (37%), gun safety (35%), dating and relationships (15%), abstinence/how to refuse sex (12%), condoms/safer sex/STD prevention (5%), birth control (3%), and sex trafficking (3%).
- ◆ 47% of parents reported that they thought the topic of the reproductive system should be covered with their child when they were in Grades 6-8. 33% thought it should be covered when their child was in Grades 3-5. 2% thought it should never be discussed.
- ◆ 57% of parents reported that they thought the topic of abstinence and refusal skills should be covered with their child when they were in Grades 6-8. 14% thought it should be covered in Grades 3-5 and 11% preferred Grades 9-12. 3% thought it should never be discussed.
- ◆ 44% of parents reported that they thought the topic of birth control and the use of condoms should be covered with their child when they were in Grades 6-8. 31% thought it should be covered in Grades 9-12. 15% thought it should never be discussed.
- ◆ 63% of parents reported they felt their child was always safe at school. 31% reported usually and 4% reported sometimes. 1% of parents reported that they never felt their child was safe at school.
- ◆ 55% of parents reported their child was bullied in the past year. The following types of bullying were reported:
 - 41% were verbally bullied (teased, taunted or called you harmful names)
 - 22% were physically bullied (you were hit, kicked, punched or people took your belongings)
 - 13% were indirectly bullied (spread mean rumors about you or kept you out of a “group”)
 - 0% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
- ◆ 32% of parents reported their child was never unhappy, sad or depressed in the past month. 61% reported sometimes, 2% reported usually, and 4% reported they didn’t know.
- ◆ 6% of parents reported their child received mental health care or counseling in the past year.
- ◆ 86% of parents reported their child participated in extracurricular activities in the past year. Their child participated in the following: a sports team or sports lessons (66%), a religious group (41%), a club or organization such as Scouts (16%), and some other organized activity (29%).
- ◆ 18% of parents reported their child spent 4 or more hours watching TV on an average day after school.
- ◆ 90% of parents reported their child exercised for at least 60 minutes at least 3 days per week.
- ◆ Richland County parents reported contacting the following agencies to help with problems they are having with their child: child’s school (19%), physician’s office or clinic (18%), mental health agency (8%), faith-based agency (4%), children’s services (3%), Early Head Start (2%), community-based agency (2%), juvenile court (1%), substance abuse agency (1%), and 2-1-1 Information Line (1%).

National Survey of Children’s Health, 2007

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

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

Middle Childhood (6-11 years old)

- ◆ Almost one in four (24%) parents reported their child had a MySpace, Facebook, or Twitter account. Of those who had an account, they reported the following: they had their child's password (65%), they knew all of the people in their child's "my friends" (53%), their child's account was checked private (47%), and their child had a problem as a result of their account (<1%).
- ◆ Parents reported their child had the following unsupervised time after school on an average school day: less than one hour (89%), 1-2 hours (9%), 3-4 hours (1%) and 4 or more hours (1%).
- ◆ Parents reported their child read: almost every day (41%), a few times a week (31%), every day (15%), a few times a month (6%), almost never-child has no interest (4%), and a few times a year (1%).
- ◆ Parents reported their child missed school an average of 3.1 times in the past school year because they were sick.
- ◆ Parents were very concerned about the following: child's academic achievement (13%), having enough time for their child (12%), bullying (8%), relationship with child (7%), learning difficulties (6%), screen time (5%), violence in home, school, or neighborhood (5%), how child copes with stress (5%), anxiety (4%), talking skills (3%), child's self-esteem (3%), getting along with others (3%), Internet use (2%), cell phone and technology use (2%), depression (2%), sleep issues (2%), eating disorders (2%) risky behaviors (1%), and crawling, walking, or running (1%).

Child Comparisons	Richland County 2011 6-11 Years	Ohio 2007 6-11 Years	U.S. 2007 6-11 Years
Child participated in 1 or more activities	86%	85%	79%
Child did not miss any days of school because of illness or injury	14%	16%	22%
Child missed school 11 days or more because of illness or injury	4%	8%	5%
Child spent 4 or more hours watching TV	18%	14%	9%
Child spent some time home alone with out an adult	11%	15%	9%
Parent felt child was usually/always safe at school	94%	95%	92%

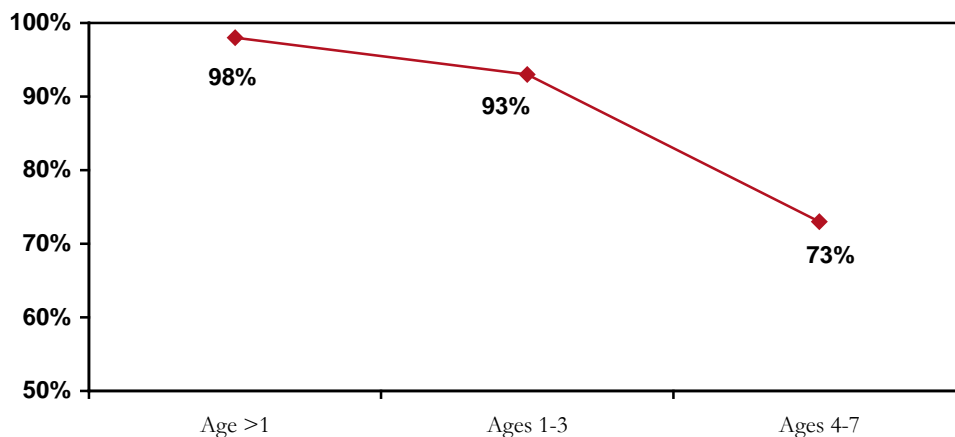
Middle Childhood (6-11 years old)

Children's Safety in Cars

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

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

Percentage of Children Using Safety Restraints, by age, 2004



(Source: Safe Kids USA)

Helmet Safety

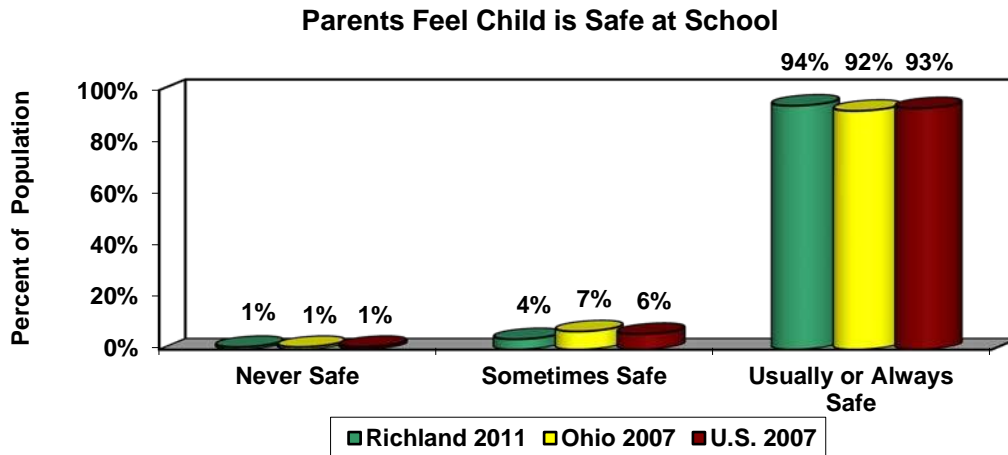
- ❖ More than 70% of children ages 5-14 regularly ride a bicycle.
- ❖ Each year, approximately 140 children are killed as bicyclists, and sustain more than 275,000 nonfatal bicycle injuries. An estimated 75% of fatal head injuries could have been prevented with a helmet.
- ❖ National usage of bicycle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

(Source: Safe Kids USA)

Middle Childhood (6-11 years old)

Safe Schools

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



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

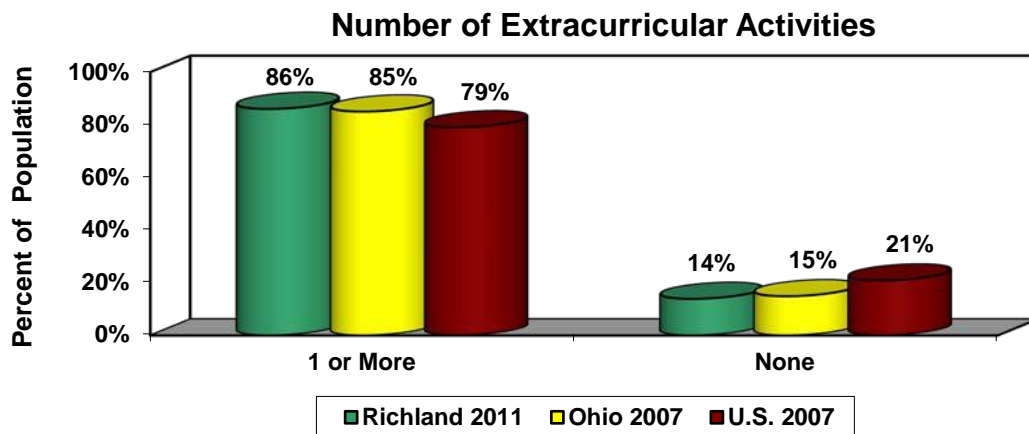
Unhappy, Sad, and Depressed Children

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

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

Extracurricular Activities

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



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

Middle Childhood (6-11 years old)

MySpace and Facebook

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

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

Family Functioning, Neighborhood & Community Characteristics

Key Findings

In 2011, 36% of parents reported they read to their child every day. 2% of parents reported their child went to bed hungry at least one day per week because they did not have enough food. 67% of parents did not have any concerns about the safety of their neighborhood.

Family Functioning

- ◆ Parents reported they read to their child: every day (36%), almost every day (32%), a few times a week (28%), a few times a month (2%), and a few times a year (1%).
- ◆ 2% of parents reported their child went to bed hungry at least one day per week because they did not have enough food. <1% reported their child went to bed hungry every night.
- ◆ Parents reported their entire family ate a meal together an average of 6.5 times per week.
- ◆ During the past week, parents or family members took their child on some kind of outing, such as to the park, library, zoo, shopping, church, restaurants, or family gatherings an average of 4.8 times.
- ◆ Parents reported the average time their child went to bed was 9:10 p.m. and the average time their child woke up was 7:48 a.m. Richland County children slept an average of 10.1 hours per night.
- ◆ Richland County adults used the following forms of discipline on their child: took away privileges (71%), time out/thinking chair (57%), spanking (37%), redirect to other activities (37%), grounding (30%), yell (22%), wash mouth out (2%), and other (9%).

National Survey of Children's Health, 2007

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

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

Neighborhood and Community Characteristics

- ◆ 33% of Richland County adults have concerns that their neighborhood may be unsafe for their child/children. They gave the following reasons: registered sex offenders (38%), high traffic (37%), lack of sidewalks (31%), drugs/alcohol activity (24%), loud/disrespectful noise levels (19%), theft (19%), crime (14%), disruptive behavior (12%), vacant lots and houses (10%), bullying (9%), domestic violence (6%), gangs (5%), and other (13%).
- ◆ Richland County parents had the following rules about smoking in their home: no one is allowed to smoke inside their home at any time (83%), smoking is not allowed when children are present (7%), smoking is allowed in certain rooms only (5%), and smoking is allowed anywhere (4%).
- ◆ Richland County parents had the following rules about smoking in their car: no one is allowed to smoke inside their car at any time (68%), smoking is not allowed when children are present (6%), smoking is allowed as long as a window is open (6%), and smoking is allowed at any time (1%).
- ◆ Richland County parents find out information about current health issues in their community (such as flu shots) and where to go to get help from the following: doctor/health care provider (62%), newspaper (42%), local radio station (32%), neighbor/friend (23%), websites (23%), cable channel announcement (7%), church bulletin (6%), and other (9%).
- ◆ 97% of parents reported the primary language spoken in their home was English, 2% reported other, and 1% reported being bilingual.

Family Functioning, Neighborhood & Community Characteristics

Child Comparisons	Richland County 2011 0-5 Years	Ohio 2007 0-5 Years	U.S. 2007 0-5 Years	Richland County 2011 6-11 Years	Ohio 2007 6-11 Years	U.S. 2007 6-11 Years
Family eat a meal together every day of the week	47%	55%	58%	44%	40%	47%
Neighborhood is usually or always safe	72%	88%	85%	64%	84%	86%
Child exposed to secondhand smoke in home	5%	10%	5%	13%	16%	7%

Child and Parent Relationships

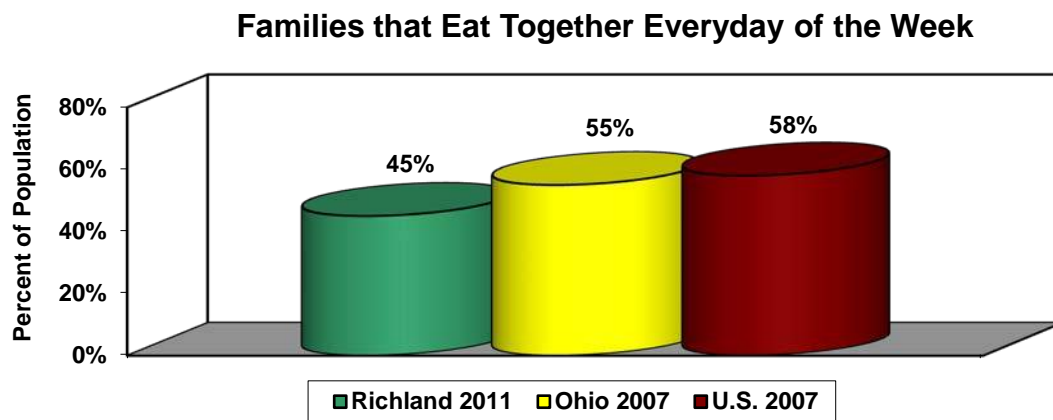
- ❖ 70% of U.S. children ages 6-17 have parents with whom they can share ideas very well or talk with them about things that matter.
- ❖ 60% of U.S. parents of children ages 0-17 are coping very well with the demands of parenting.
- ❖ 87% of U.S. parents of children ages 0-17 have someone to go to for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

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

Family Functioning, Neighborhood & Community Characteristics

Family Dinners

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



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

Families that Read to Children Everyday

- ❖ 55% of children ages 3-5 in the United States get read to everyday by a family member.
- ❖ Race affects the percent that read to their child everyday. 67 % for White, 60% for Asian and Pacific Islander, 35% for Black, and 37% for Hispanic.
- ❖ Mothers that have a bachelor's degree or higher are more likely to read to their children than mothers with any other amount of education.
- ❖ Children that have mothers that work less than 35 hours a week are the most likely to get read to everyday with 63%. While mothers that are not in the labor force are the next with 58%. 51% of mothers that work more than 35 hours per week, and mothers that are looking for work have the lowest percentage for reading to their children everyday with only 40%.

(Source: childstats.gov)

Family Functioning, Neighborhood & Community Characteristics

Children and Smoking

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

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

Smoking Rules

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

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

Parent Health

Key Findings

In 2011, 16% of Richland County parents were uninsured. 35% of parents were overweight and 27% were obese. 11% of parents were sedentary. Parents missed work an average of 1.4 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 (74%), father (25%), and grandparent (1%).
- ◆ About three-fourths (77%) of parents rated their health as excellent or very good, decreasing to 52% of parents with incomes less than \$25,000. 4% of parents had rated their health as fair or poor.
- ◆ 77% of parents rated their mental and emotional health as excellent or very good.
- ◆ 6% of mothers and no fathers of 0-5 year olds rated their mental and emotional health as fair or poor. 5% of mothers and 2% of fathers of 6-11 year olds rated their mental or emotional health as fair or poor.
- ◆ 16% of parents were uninsured, increasing to 34% of parents with incomes less than \$25,000.
- ◆ 62% of parents were either overweight (35%) or obese (27%). 1% were underweight.
- ◆ 66% of parents had exercised for at least 30 minutes on 3 or more days in the past week. 11% of parents had not exercised at all in the past week.
- ◆ In the past 12 months, Richland County adults missed work on average due to the following:
 - Child's illnesses or injuries (1.4 days)
 - Child's medical appointments (0.7 days)
 - Child's asthma (0.1 days)
 - Child's behavioral or emotional problems (0.1 days)
- ◆ During the past 12 months, 7% of Richland County parents or family members had to quit a job, not take a job, or greatly change their job because of problems with child care for their child.
- ◆ 60% of parents faced the following challenges in regards to the day-to-day demands of parenthood/raising children: demands of multiple children (39%), financial burdens (35%), being a single parent (13%), child has special needs (6%), difficulty with lifestyle changes (5%), loss of freedom (3%), post-partum depression (2%), alcohol/drug abuse (1%), and other (6%).

National Survey of Children's Health, 2007

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

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

Child Comparisons	Richland County 2011 Ages 0-5	Ohio 2007 Ages 0-5	U.S. 2007 Ages 0-5	Richland County 2011 Ages 6-11	Ohio 2007 Ages 6-11	U.S. 2007 Ages 6-11
Mother's mental or emotional health is fair/poor	6%	5%	6%	5%	8%	8%
Father's mental or emotional health is fair/poor	0%	5%	4%	2%	5%	5%
Mother's general health is fair/poor	3%	22%	26%	4%	15%	25%
Father's general health is fair/poor	0%	22%	21%	2%	13%	18%

Parent Health

Parent's Health

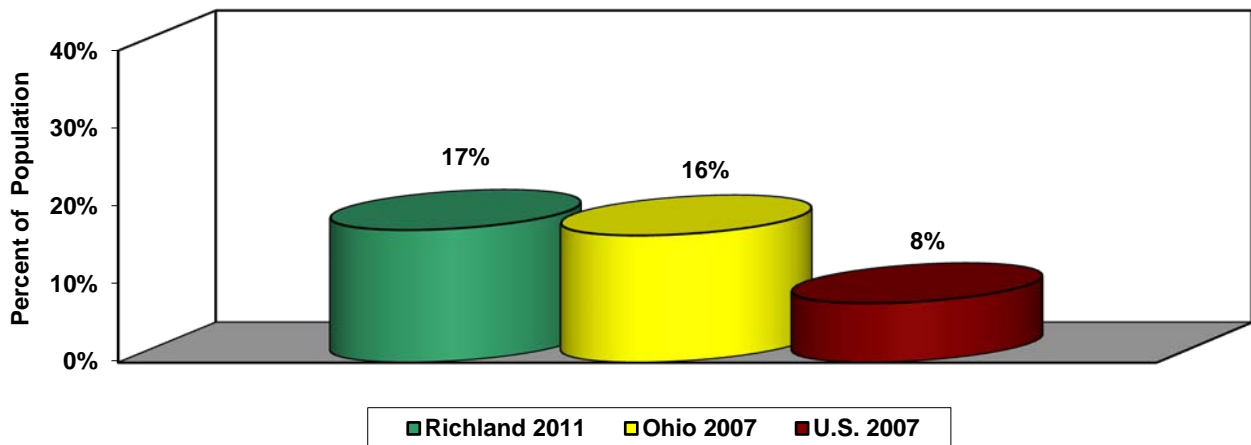
- ❖ 57% of children have mothers who are in excellent or very good physical and mental health (of children with a living mother in their household). Children with special health care needs are less likely to have mothers who are in excellent or very good health (48% vs. 59% for children without special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

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

Smoking in Home of a Child

The following graph compares the percent of parents in Richland County that allow people to smoke inside their home with those of Ohio and the U.S. parents. Richland County has a larger percent of people that allow someone to smoke in their home, even though they have a child that lives in that house than Ohio. Richland County is also more than two times more likely to allow someone to smoke in the house of a child than U.S. parents in general.

Someone Smokes Inside the Child's Home



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

Richland County Health Assessment Information Sources

Source	Data Used	Website
American Cancer Society, Cancer Facts and Figures, 2011. Atlanta: ACS, 2011.	<ul style="list-style-type: none"> ◆ 2000-2008 Cancer rates ◆ ACS cancer detection guidelines ◆ Cancer risk factors 	www.cancer.org
American Cancer Society, Surveillance Research, 2011	<ul style="list-style-type: none"> ◆ 2011 Cancer estimates 	www.cancer.org
American Diabetes Association	<ul style="list-style-type: none"> ◆ Risk factors for diabetes ◆ All about Diabetes: Type 2 Diabetes ◆ Diabetes Care: Screening for Type 2 	www.diabetes.org
American Heart Association. <i>Risk Factors for Coronary Heart Disease, 2011.</i>	<ul style="list-style-type: none"> ◆ Risk factors for Coronary Heart Disease 	www.americanheart.org
Annals of Emergency Medicine, v. 57, issue 6, 2011, p. 691	<ul style="list-style-type: none"> ◆ Firearm Injury Prevention 	http://journals.ohiolink.edu/ejc/pdf.cgi/EJC_Article.pdf?issn=01960644&issue=v57i0006&article=691_fip
<i>Arthritis at a Glance, 2011</i> , Centers for Disease Control & Prevention	<ul style="list-style-type: none"> ◆ Arthritis statistics 	www.cdc.gov/nccdphp/aag/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 - 2010 adult Ohio and U.S. correlating statistics 	www.cdc.gov
CDC, Child Statistics	<ul style="list-style-type: none"> ◆ Children's Nutrition ◆ Families that Read to Children Everyday 	www.childstats.gov
CDC, Healthy Communities Program, 2011	<ul style="list-style-type: none"> ◆ Tools for Community Action 	http://www.cdc.gov/healthycommunitiesprogram/tools/index.htm
CDC, Impact of Home Smoking Rules on Smoking Patterns Among Adolescents and Young Adults	<ul style="list-style-type: none"> ◆ Smoking Rules 	www.cdc.gov/pcd/issues/2006/apr/05_0028.htm
CDC, National Center for Injury Prevention and Control, November 2011	<ul style="list-style-type: none"> ◆ Prescription Painkiller Overdoses in the U.S. 	http://www.cdc.gov/VitalSigns/pdf/2011-11-vitalsigns.pdf
CDC, National Strategy for Suicide Prevention, 2011	<ul style="list-style-type: none"> ◆ Suicide prevention 	http://www.cdc.gov/ViolencePrevention/suicide/riskprotectivefactors.html
CDC, Physical Activity for Everyone	<ul style="list-style-type: none"> ◆ Physical activity recommendations 	http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html
CDC, Sexually Transmitted Diseases Surveillance, 2009	<ul style="list-style-type: none"> ◆ U.S. Chlamydia and Gonorrhea rates 	http://www.cdc.gov/std/Chlamydia2009/default.htm#a2
CDC, Youth Violence & Suicide Prevention	<ul style="list-style-type: none"> ◆ Youth Violence Fact Sheet, 2010 	http://www.cdc.gov/ncipc/dvp/dvp.htm
Children's Defense Fund	<ul style="list-style-type: none"> ◆ Children in Ohio & the US 	www.childrensdefense.org/

Richland County Health Assessment Information Sources

Source	Data Used	Website
Data Resource Center for Child & Adolescent Health	<ul style="list-style-type: none"> ◆ Child Care ◆ Child & Parent Relationships ◆ Parent Health 	http://www.childhealthdata.gov
FASTATS A to Z, U.S. Department of Health & Human Services, Centers for Disease Control & Prevention, National Center for Health Statistics, Division of Data Services	<ul style="list-style-type: none"> ◆ U.S. mortality statistics ◆ U.S. predictors of access to health care ◆ U.S. birth rates 	www.cdc.gov/nchs/fastats
<i>Firearm Injury Prevention, Annals of Emergency Medicine, v. 57 issue 6, 2011, p. 691</i>	<ul style="list-style-type: none"> ◆ American College of Emergency Physicians (ACEP), Firearm Injury Prevention 	
Healthy People 2020: Data 2010, 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 	www.health.gov/healthypeople
Healthy Youth: Addressing Asthma in Schools, CDC, 2006	<ul style="list-style-type: none"> ◆ Strategies for addressing asthma within schools 	www.cdc.gov/HealthyYouth/asthma/pdf/asthma.pdf
Learning Disabilities Association of America, National Birth Defects Prevention Network, CDC,	<ul style="list-style-type: none"> ◆ Children's Health & Disabilities 	www.ldanat.org
Mayo Foundation for Medical Education and Research, 2011	<ul style="list-style-type: none"> ◆ Risk Factors for Contracting Sexually Transmitted Diseases/Infections 	http://www.mayoclinic.com/health/sexually-transmitted-diseases-stds/DS01123
National Asthma Control Program, CDC	<ul style="list-style-type: none"> ◆ Asthma control 	http://www.cdc.gov/asthma/default.htm
The National Campaign	<ul style="list-style-type: none"> ◆ Facts about "Sexting" 	http://www.thenationalcampaign.org/sextech/PDF/SexTech_PressReleaseFIN.pdf , 2011
National Center for Children in Poverty	<ul style="list-style-type: none"> ◆ Low Income Families & Health Insurance 	www.nccp.org/
National Center for Chronic Disease Prevention and Health Promotion, CDC	<ul style="list-style-type: none"> ◆ Alcohol and Binge Drinking Dangers ◆ Arthritis ◆ Fast Facts on smoking ◆ Men's Health ◆ Nutrition and physical activity ◆ Overweight and Obesity definitions ◆ Preventing seasonal flu ◆ Type 2 diabetes ◆ US alcohol-related motor vehicle crashes and intentional injury stats 	www.cdc.gov
National Center for Environmental Health, 2011, CDC	<ul style="list-style-type: none"> ◆ Asthma prevalence rates 	http://www.cdc.gov/nceh/
National Heart, Lung, and Blood Institute, 2011	<ul style="list-style-type: none"> ◆ Chronic respiratory conditions 	http://www.nhlbi.nih.gov/

Richland County Health Assessment Information Sources

Source	Data Used	Website
National Health Interview Survey, 2008	◆ Usual Place of Healthcare	www.cdc.gov/nchs/nhis.htm
National Institutes of Health, 2011	◆ Facts about Underage Drinking	http://report.nih.gov/NIHfactsheets/ViewFactSheet.aspx?csid=21&key=U#U
National Osteoporosis Foundation	◆ Risk factors for osteoporosis	http://www.nof.org/
National Safety Council	◆ Texting while driving statistics	http://www.fnal.gov
National Survey on Children's Health, CDC, 2007	◆ Children's Health and Functional Status ◆ TV, Video Games & Computer Usage ◆ Children's Insurance Status ◆ Preventive Care ◆ Children and Smoking	www.cdc.gov/nchs/slaits/nsch.htm
National Sleep Foundation	◆ Sleep & SIDS	www.sleepfoundation.org/
Ohio Department of Alcohol and Drug Addiction Services	◆ Drug Abuse Trend Report: Columbus Region (including Richland County)	http://www.odadas.state.oh.us/public/ContentLinks.aspx?SectionID=16e8e052-c81f-4fae-9ebc-3cb5bedab3cd
Ohio Department of Health, Information Warehouse	◆ Richland County and Ohio mortality statistics ◆ Richland County and Ohio birth statistics ◆ Richland County and Ohio sexually transmitted diseases ◆ Statistics re: access to health services	www.odh.state.oh.us
Ohio Department of Health, Office of Healthy Ohio, Tobacco Use Prevention and Cessation Program	◆ 2008 Ohio Youth Tobacco Survey	http://www.odh.ohio.gov/ASSETS/9FD3BA6D31C14EA4AFD0E0A55E5B0F68/yts08w.pdf
Ohio Department of Health, Ohio Cancer Incidence Surveillance System	◆ Richland County and Ohio cancer mortality ◆ Richland County and Ohio cancer incidence	www.odh.state.oh.us
Ohio Department of Health, Ohio Oral Health Surveillance System	◆ Richland County oral health resources	http://publicapps.odh.ohio.gov/oralhealth/default.aspx
Ohio Department of Health, STD Surveillance	◆ Ohio and Richland County Chlamydia and Gonorrhea rates	http://www.odh.ohio.gov/healthStats/disease/std/std1.aspx
Ohio Department of Job & Family Services	◆ Poverty statistics ◆ Richland County and Ohio Medicaid statistics ◆ Richland County health care statistics ◆ Ohio and Richland Labor Market Information	http://jfs.ohio.gov/

Richland County Health Assessment Information Sources

Source	Data Used	Website
Ohio Department of Public Safety	<ul style="list-style-type: none"> ◆ 2010 Traffic Crash Facts ◆ Richland County and Ohio crash facts 	www.state.oh.us/odps
Ohio Family Health Survey Results, 2010	<ul style="list-style-type: none"> ◆ Richland County and Ohio uninsured rates 	http://ofhs.webexone.com
Ohio Medicaid Report, Office of Ohio Health Plans (OHP), Ohio Job & Family Services, Published 2008	<ul style="list-style-type: none"> ◆ Richland County Medicaid statistics ◆ Ohio Medicaid statistics 	http://jfs.ohio.gov/ohp/bhpp/reports/
<i>Prevalence of Doctor-Diagnosed Arthritis and Arthritis-Attributable Activity Limitation – US, 2003-2005</i> , Morbidity and Mortality Weekly Report	<ul style="list-style-type: none"> ◆ Arthritis prevalence facts 	www.cdc.gov/mmwr/preview/mmwrhtml/mm5540a2.htm
Safe Kids USA	<ul style="list-style-type: none"> ◆ Bike Helmet Safety ◆ Children’s Safety in Cars 	http://www.safekids.org
Sexually Transmitted Disease Surveillance, Centers for Disease Control and Prevention	<ul style="list-style-type: none"> ◆ STD facts 	www.cdc.gov
Surgeon General’s Call to Action	<ul style="list-style-type: none"> ◆ Costs of obesity 	N/A
U. S. Department of Agriculture	<ul style="list-style-type: none"> ◆ Food Security in the U.S., 2010 	http://www.usda.gov/wps/portal/usdahome
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> ◆ American Community Survey, 5 year poverty estimates. 2005-2009 ◆ Federal Poverty Thresholds ◆ Ohio and Richland County 2000 Census demographic information ◆ Ohio and U.S. health insurance sources ◆ Small Area Income and Poverty Estimates 	www.census.gov www.census.gov/acs
U.S Department of Education	<ul style="list-style-type: none"> ◆ MySpace & Facebook 	www.ed.gov
U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services, Medicare Enrollment Reports	<ul style="list-style-type: none"> ◆ Richland County Medicare enrollment 	www.cms.hhs.gov/MedicareEnrpts/
U. S. Department of Health and Human Services, SAMHSA, NSDUH, 2007	<ul style="list-style-type: none"> ◆ National Survey on Drug Use and Health 	http://www.oas.samhsa.gov/NSDUH/2k7NSDUH/2k7results.cfm
U. S. Department of Justice: DEA Briefs & Background, Drugs and Drug Abuse	<ul style="list-style-type: none"> ◆ Ohio drug and drug abuse facts 	http://www.odadas.ohio.gov/public/
Virginia Tech Transportation Institute	<ul style="list-style-type: none"> ◆ Texting while driving statistics 	www.vtti.vt.edu
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 - 2009 youth Ohio and U.S. correlating statistics 	www.cdc.gov

List of Acronyms and Terms

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

List of Acronyms and Terms

ODH	Ohio Department of Health
Race/Ethnicity	Census 2000: U.S. Census data consider race and Hispanic origin separately. Census 2000 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 2000 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, “White alone” or “Black alone”, means the respondents reported only one race.
Weapon	Defined in the YRBSS as “a weapon such as a gun, knife, or club”
Youth	Defined as 12 through 18 years of age
YPLL/65	Years of Potential Life Lost before age 65. Indicator of premature death.
Youth BMI Classifications	Underweight is defined as BMI-for-age $\leq 5^{\text{th}}$ percentile. Overweight is defined as BMI-for-age 85^{th} percentile to $< 95^{\text{th}}$ percentile. Obese is defined as $\geq 95^{\text{th}}$ percentile.
YRBSS	Youth Risk Behavior Surveillance System , a youth survey conducted by the CDC

Methods for Weighting the 2011 Richland County Assessment Data

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

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

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

<u>Sex</u>	<u>2011 Richland Survey</u>		<u>2010 Census Estimates</u>		<u>Weight</u>
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	188	55.294118	62,927	50.5539265	0.914273
Female	152	44.705882	61,548	49.4460735	1.106031

In this example, it shows that there was a slightly larger portion of males in the sample compared to the actual portion in Richland County. The weighting for males was calculated by taking the percent of males in Richland County (based on Census information) (50.5539265%) and dividing that by the percent found in the 2011 Richland County sample (55.294118%) [$50.5539265/55.294118 =$ weighting of 0.914273 for males]. The same was done for females [$49.4460735/44.705882 =$ weighting of 1.106031 for females]. Thus males' responses are weighted less by a factor of 0.914273 and females' responses weighted heavier by a factor of 1.106031.

Methods for Weighting the 2011 Richland County Assessment Data

This same thing was done for each of the 18 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 1.72660409 [0.914273138 (weight for females) x 0.917298507 (weight for White) x 2.33154344 (weight for age 35-44) x 0.88300387 (weight for income \$15-\$25k)]. Thus, each individual in the 2011 Richland County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 14.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

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

Methods for Weighting the 2011 Richland County Assessment Data

Category	Richland Sample	%	2010 Census	%	Weighting Value
Sex:					
Male	188	55.294118	62,927	50.553926	0.914273
Female	152	44.705882	61,548	49.446074	1.106031
Age:					
20-24	139	41.741742	7,192	7.721792	0.184990
25-34	22	6.606607	14,758	15.845135	2.398377
35-44	24	7.207207	15,651	16.803917	2.331543
45-54	48	14.414414	18,721	20.100065	1.394442
55-59	28	8.408408	8,796	9.443949	1.123155
60-64	30	9.009009	7,761	8.332707	0.924930
65-74	28	8.408408	10,571	11.349703	1.349804
75-84	13	3.903904	6,928	7.438345	1.905361
85+	1	0.300300	2,761	2.964387	9.871407
Race:					
White	328	95.348837	108,870	87.463346	0.917299
Other	16	4.651163	15605	12.536654	2.695381
Household Income					
Less than \$10,000	40	13.245033	3,138	6.584967	0.497165
\$10k-\$15k	21	6.953642	2,562	5.376254	0.773157
\$15k-\$25k	45	14.900662	6,270	13.157343	0.883004
\$25k-\$35k	42	13.907285	7,984	16.754102	1.204700
\$35k-\$50	51	16.887417	7,736	16.233684	0.961289
\$50k-\$75k	47	15.562914	9,309	19.534562	1.255199
\$75k or more	56	18.543046	10,655	22.359088	1.205794
<p>Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Richland County in each subcategory by the proportion of the sample in the Richland County survey for that same category. * Richland County population figures taken from the 2010 Richland Census.</p>					

Richland County Schools

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

Clear Fork Valley Local

Clear Fork High School

Crestview Local

Crestview Middle School

Crestview High School

Lexington Local

Lexington Junior High School

Lexington High School

Lucas Local

Lucas High School

Madison Local

Madison Junior High School

Madison High School

Mansfield City

Malabar Intermediate School

Mansfield Middle School

Mansfield High School

Ontario Local

Ontario Middle School

Ontario High School

Richland County Sample Demographic Profile*

Variable	2011 Survey Sample	Richland County Census 2010	Ohio Census 2010
Age			
20-29	16.0%	11.7%	12.8%
30-39	11.3%	12.0%	12.2%
40-49	23.5%	13.8%	14.0%
50-59	18.1%	14.9%	14.5%
60 plus	28.0%	22.4%	19.9%
Race / Ethnicity			
White	91.6%	87.5%	82.7%
Black or African American	5.9%	9.4%	12.2%
American Indian and Alaska Native	0.1%	0.2%	0.2%
Asian	0%	0.6%	1.7%
Other	0.9%	0.4%	1.1%
Hispanic Origin (may be of any race)	3.1%	1.4%	3.1%
Marital Status†			
Married Couple	58.2%	53.6%	47.9%
Never been married	17.2%	30.6%	33.5%
Divorced/Separated	12.5%	28.6%	27.5%
Widowed	7.5%	14.5%	13.0%
Education†			
Less than High School Diploma	10.3%	13.6%	11.9%
High School Diploma	26.5%	40.8%	35.2%
Some college/ College graduate	62.0%	45.6%	52.9%
Income			
\$14,999 and less	16.7%	12.0%	14.7%
\$15,000 to \$24,999	15.8%	13.2%	12.7%
\$25,000 to \$49,999	24.4%	33.0%	27.0%
\$50,000 to \$74,999	15.9%	19.5%	18.8%
\$75,000 or more	19.5%	22.3%	26.8%

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

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

Demographics

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

Category	Total	Males	Females
Richland County	124,475	62,927	61,548
0-4 years	7,458	3,790	3,668
1-4 years	6,032	3,043	2,989
< 1 year	1,426	747	679
1-2 years	2,953	1,462	1,491
3-4 years	3,079	1,581	1,498
5-9 years	7,627	3,917	3,710
5-6 years	3,018	1,554	1,464
7-9 years	4,609	2,363	2,246
10-14 years	7,886	4,028	3,858
10-12 years	4,717	2,425	2,292
13-14 years	3,169	1,603	1,566
12-18 years	11,492	5,991	5,501
15-19 years	8,365	4,448	3,917
15-17 years	5,048	2,632	2,416
18-19 years	3,317	1,816	1,501
20-24 years	7,192	3,954	3,238
25-29 years	7,338	4,117	3,221
30-34 years	7,420	4,084	3,336
35-39 years	7,517	4,052	3,465
40-44 years	8,134	4,315	3,819
45-49 years	9,069	4,667	4,402
50-54 years	9,652	4,917	4,735
55-59 years	8,796	4,281	4,515
60-64 years	7,761	3,703	4,058
65-69 years	5,786	2,712	3,074
70-74 years	4,785	2,174	2,611
75-79 years	3,864	1,643	2,221
80-84 years	3,064	1,230	1,834
85-89 years	1,825	622	1,203
90-94 years	738	236	502
95-99 years	179	35	144
100-104 years	19	2	17
105-109 years	0	0	0
110 years & over	0	0	0
Total 85 years and over	2,761	895	1,866
Total 65 years and over	20,260	8,654	11,606
Total 19 years and over	94,722	47,603	47,119

Richland County Profile

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

Total Population

2010 Total Population	124,475	100%
2000 Total Population	128,852	100%

Largest City-Mansfield

2010 Total Population	47,821	100%
2000 Total Population	49,346	100%

Population By Race/Ethnicity

Total Population	124,475	100%
White Alone	108,870	87.5%
Hispanic or Latino (of any race)	1,732	1.4%
African American	11,709	9.4%
American Indian and Alaska Native	240	0.2%
Asian	808	0.6%
Two or more races	2,372	1.9%
Other	110	0.1%

Population By Age

Under 5 years	7,458	6.0%
5 to 17 years	20,561	16.5%
18 to 24 years	10,509	8.4%
25 to 44 years	30,409	24.4%
45 to 64 years	35,278	28.3%
65 years and over	20,260	16.3%
Median age (years)	40.9	

Household By Type

Total Households	48,921	100%
Family Households (families)	32,510	66.5%
With own children <18 years	13,008	26.6%
Married-Couple Family Households	24,292	49.7%
With own children <18 years	8,345	17.1%
Female Householder, No Husband Present	6,100	12.5%
With own children <18 years	3,527	7.2%
Non-family Households	16,411	33.5%
Householder living alone	14,077	28.8%
Householder 65 years and >	5,820	11.9%
Households With Individuals < 18 years	14,616	29.9%
Households With Individuals 65 years and >	14,254	29.1%

Average Household Size	2.40 people
Average Family Size	2.93 people

Richland County Profile

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

2010 ACS 1-year estimates

Median Value of Owner-Occupied Units	\$106,300
Median Monthly Owner Costs (With Mortgage)	\$1,036
Median Monthly Owner Costs (Not Mortgaged)	\$353
Median Gross Rent for Renter-Occupied Units	\$573
Median Rooms Per Housing Unit	5.9
Total Housing Units	54,578
No Telephone Service	877
Lacking Complete Kitchen Facilities	504
Lacking Complete Plumbing Facilities	224

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

2010 ACS 1-year estimates

School Enrollment

Population 3 Years and Over Enrolled In School	28,597	100%
Nursery & Preschool	1,941	6.8%
Kindergarten	1,425	5.0%
Elementary School (Grades 1-8)	12,137	42.4%
High School (Grades 9-12)	7,128	24.9%
College or Graduate School	5,966	20.9%

Educational Attainment

Population 25 Years and Over	85,969	100%
< 9 th Grade Education	3,061	3.6%
9 th to 12 th Grade, No Diploma	8,604	10.0%
High School Graduate (Includes Equivalency)	35,042	40.8%
Some College, No Degree	18,025	21.0%
Associate Degree	8,713	10.1%
Bachelor's Degree	8,011	9.3%
Graduate Or Professional Degree	4,513	5.2%
Percent High School Graduate or Higher	*(X)	86.4%
Percent Bachelor's Degree or Higher	*(X)	14.6%

*(X) – Not available

Richland County Profile

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

2010 ACS 1-year estimates

Marital Status

Population 15 Years and Over	50,851	100%
Never Married	15,570	30.6%
Now Married, Excluding Separated	26,902	52.9%
Separated	932	1.8%
Widowed	1,790	3.5%
Female	5,496	11.0%
Divorced	5,657	11.1%
Female	6,926	13.9%

Grandparents As Caregivers

Grandparent Living in Household with 1 or more own grandchildren <18 years	*N/A	*N/A%
Grandparent Responsible for Grandchildren	*N/A	*N/A%

**(N/A – no available information because the number of sample cases is too small)*

Veteran Status

Civilian Veterans 18 years and over	11,747	12.2%
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Disability Status of the Civilian Non-institutionalized Population

Total Civilian Noninstitutionalized Population	118,175	100%
With a Disability	14,955	12.7%
Under 18 years	27,927	100%
With a Disability	1,198	4.3%
18 to 64 years	70,065	100%
With a Disability	6,769	9.7%
65 Years and Over	20,183	100%
With a Disability	6,988	34.6%

Richland County Profile

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

2010 ACS 1-year estimates

Employment Status

Population 16 Years and Over	99,232	100%
In Labor Force	58,428	58.9%
Not In Labor Force	40,804	41.1%
Females 16 Years and Over	49,014	100%
In Labor Force	28,680	58.5%
Population Living With Own Children <6 Years	8,696	100%
All Parents In Family In Labor Force	6,488	74.6%

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

2010 ACS 1-year estimates

Occupations

Employed Civilian Population 16 Years and Over	51,205	100%
Management, Business, Science, and Arts Occupations	14,957	29.2%
Production, Transportation, and Material Moving Occupations	12,216	23.9%
Sales and Office Occupations	11,281	22.0%
Service Occupations	9,065	17.7%
Natural Resources, Construction, and Maintenance Occupations	3,656	7.2%

Leading Industries

Employed Civilian Population 16 Years and Over	51,205	100%
Agriculture, forestry, fishing and hunting, and mining	590	1.2%
Construction	2,060	4.0%
Manufacturing	11,393	22.2%
Trade (retail and wholesale)	6,063	11.8%
Transportation and warehousing, and utilities	2,122	4.1%
Information	715	1.4%
Finance, insurance, real estate and rental and leasing	1,916	3.7%
Professional, scientific, management, administrative, and waste management services	3,924	7.7%
Educational, health and social services	10,809	21.1%
Arts, entertainment, recreation, accommodation, and food services	3,545	6.9%
Other services (except public administration)	1,994	3.9%
Public administration	4,526	8.8%

Class of Worker

Employed Civilian Population 16 Years and Over	51,205	100%
Private Wage and Salary Workers	40,636	79.4%
Government Workers	8,236	16.1%
Self-Employed Workers in Own Not Incorporated Business	2,201	4.3%
Unpaid Family Workers	132	0.3%

Richland County Profile

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

2010 ACS 1-year estimates

Median Earnings

Male, Full-time, Year-Round Workers	\$42,486
Female, Full-time, Year-Round Workers	\$31,094

Income In 2010

Households	47,654	100%
< \$10,000	3,138	6.6%
\$10,000 to \$14,999	2,562	5.4%
\$15,000 to \$24,999	6,270	13.2%
\$25,000 to \$34,999	7,984	16.8%
\$35,000 to \$49,999	7,736	16.2%
\$50,000 to \$74,999	9,309	19.5%
\$75,000 to \$99,999	5,519	11.6%
\$100,000 to \$149,999	3,822	8.0%
\$150,000 to \$199,999	545	1.1%
\$200,000 or more	769	1.6%

Median Household Income

\$41,572

Income In 2010

Families	32,608	100%
< \$10,000	1,593	4.9%
\$10,000 to \$14,999	954	2.9%
\$15,000 to \$24,999	2,794	8.6%
\$25,000 to \$34,999	4,986	15.3%
\$35,000 to \$49,999	5,336	16.4%
\$50,000 to \$74,999	7,707	23.6%
\$75,000 to \$99,999	4,585	14.1%
\$100,000 to \$149,999	3,339	10.2%
\$150,000 to \$199,999	545	1.7%
\$200,000 or more	769	2.4%

Median Family Income

\$51,372

Per Capita Income In 2010

\$20,674

Poverty Status In 2010

	<i>Number Below Poverty Level</i>	<i>% Below Poverty Level</i>
Families	*(X)	9.9%
Individuals	*(X)	12.9%

*(X) – Not available

Richland County Profile

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

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

	Income	Rank of Ohio counties
BEA Per Capita Personal Income 2009	\$29,635	58 th of 88 counties
BEA Per Capita Personal Income 2008	\$30,148	54 th of 88 counties
BEA Per Capita Personal Income 2007	\$28,903	56 ^h of 88 counties
BEA Per Capita Personal Income 2000	\$23,861	48 th of 88 counties
BEA Per Capita Personal Income 1999	\$22,832	48 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)

Employment Statistics

Category	Richland	Ohio
Labor Force	58,600	5,811,300
Employed	53,100	5,368,800
Unemployed	5,400	442,500
Unemployment Rate* in November 2011	9.3	7.6
Unemployment Rate* in October 2011	10.1	8.4
Unemployment Rate* in November 2010	10.9	9.3

**Rate equals unemployment divided by labor force.*

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

Richland County Profile

Estimated Poverty Status in 2010

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Richland County				
All ages in poverty	17,202	14,156 to 20,248	14.7%	12.1 to 17.3
Ages 0-17 in poverty	6,443	5,165 to 7,721	23.6%	18.9 to 28.3
Ages 5-17 in families in poverty	4,345	3,459 to 5,231	21.9%	17.4 to 26.4
Median household income	\$41,462	39,764 to 43,160		
Ohio				
All ages in poverty	1,771,404	1,746,640 to 1,796,168	15.8%	15.6 to 16.0
Ages 0-17 in poverty	619,354	604,905 to 633,803	23.1%	22.6 to 23.6
Ages 5-17 in families in poverty	407,567	394,584 to 420,550	20.8%	20.1 to 21.5
Median household income	\$45,151	44,860 to 44,860		
United States				
All ages in poverty	42,215,956	45,975,650 to 46,456,262	15.3%	15.2 to 15.4
Ages 0-17 in poverty	15,749,129	15,621,395 to 15,876,863	21.6%	21.4 to 21.8
Ages 5-17 in families in poverty	10,484,513	10,394,015 to 10,575,011	19.8%	19.6 to 20.0
Median household income	\$50,046	49,982 to 50,110		

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

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

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

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

Appendix C

Richland County Community Health Improvement Plan 2013

RICHLAND COUNTY
COMMUNITY
HEALTH
IMPROVEMENT
PLAN
2013



Richland County Strategic Planning Committee
Richland County, Ohio • July 2013

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Executive Summary

In 2011, Richland County conducted a community health assessment for the purpose of measuring and addressing health status.

The Mansfield/Ontario/Richland County Health Department invited key community leaders to participate in an organized process of strategic planning to improve the health of residents of the county. The National Association of City County Health Officer's (NACCHO) strategic planning tool, Mobilizing for Action through Planning and Partnerships (MAPP), was used throughout this process.

This community health improvement plan (CHIP) represents the first time that Richland County Stakeholders have come together to prioritize the health issues that will require the commitment of every sector of the community to address these issues effectively. It is hoped that as a result of this plan, Richland County will rally around the issues identified and work together to implement best practices that will improve the health of Richland County.

The Richland County CHIP participants were asked to draft a vision and mission statement. Vision statements define a mental picture of what a community wants to achieve over time while the mission statement identifies why an organization/coalition exists and outlines what it does, who it does it for, and how it does what it does.

Vision:

To create an engaged community building on systems and programs that improve and promote health, maximizing existing resources to educate the public about health and wellness challenges and opportunities

Mission:

To bring together people and organizations to improve community wellness

Strategies:

Priority Health Issues for Richland County
1. Decrease obesity among adults, youth, and children
2. Increase access and awareness of mental health services and decrease violence and bullying
3. Decrease adult and youth risky behaviors

Target Impact Areas:

To decrease adult, youth and child obesity-related behaviors, Richland County will focus on the following target impact areas: 1) Increase consumption of fruits and vegetables, 2) Increase exercise, 3) Decrease sedentary behavior, and 4) Increase awareness of wellness opportunities

To increase access and awareness of mental health services and decrease violence and bullying, Richland County will focus on the following target impact areas: 1) Increase awareness and access of services 2) Increase early identification and screening, 3) Increase education and 4) Increase evidence based programming with youth

Executive Summary, continued

To decrease risky behaviors, Richland County will focus on the following target impact areas: 1) Increase early identification and screening, 2) Increase education, 3) Decrease youth access to alcohol and prescription drugs and 4) Increase awareness of programs

Action Steps:

To work toward **decreasing obesity among adults, youth and children**, the following action steps are recommended: 1) Increase nutrition/physical education materials being offered to patients by primary care providers 2) Update and disseminate community wellness guides and calendars that contain information about exercise and nutrition programs available in Richland County, 3) Increase opportunities for businesses/organizations to provide wellness and insurance incentive programs for their employees, 4) Create a community walking program, 5) Increase the number schools with biking and/or walking programs, 6) Implement a healthier choices campaign

To work toward **increasing access and awareness of mental health services and decrease violence and bullying**, the following actions steps are recommended: 1) Increase awareness of available mental health services, 2) Increase education of ER and primary care providers on mental health issues, 3) Increase the number of primary care physicians who screen for depression during office visits, 4) Expand evidence-based programs targeting youth, and 5) Create a network of follow-up support systems

To work toward decreasing **risky behaviors**, the following actions steps are recommended: 1) Increase responsible beverage service trainings and environmental scans in Richland County, 2) Secure a permanent prescription drug collection site, 3) Increase the number of ER and primary care providers screenings for at-risk drinking and drug abuse, 4) Increase community education on risky behaviors and awareness of available programs, 5) Implement the Parent Project Program, and 6) Secure a Drug Free Communities (DFC) grant in Richland County

Partners

Acknowledgements

The Mansfield-Ontario-Richland County Health Department wishes to acknowledge the numerous contributions of the following partners and stakeholders. Their continued commitment to the mission of the health department helps to make Richland County a great place to live and work.

Richland County Strategic Planning Committee Members:

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This strategic planning process was facilitated by Britney Ward, MPH, Assistant Director of Health Planning, and Michelle Von Lehmden, Health Assessment Coordinator, both from the Hospital Council of Northwest Ohio.

Strategic Planning Model

Beginning in March 2013, the Richland County Strategic Planning Committee met eight (8) times and completed the following planning steps:

1. Choosing Priorities- Use of quantitative and qualitative data to prioritize target impact areas
2. Ranking Priorities- Ranking the health problems based on magnitude, seriousness of consequences, and feasibility of correcting
3. Resource Assessment- Determine existing programs, services, and activities in the community that address the priority target impact areas and look at the number of programs that address each outcome, geographic area served, prevention programs, and interventions
4. Forces of Change and Community Themes and Strengths- Open-ended questions for committee on community themes and strengths
5. Gap Analysis- Determine existing discrepancies between community needs and viable community resources to address local priorities; Identify strengths, weaknesses, and evaluation strategies; and Strategic Action Identification
6. Local Public Health Assessment- Review the Local Public Health System Assessment with committee for input
7. Quality of Life Survey- Review Results of the Quality of Life Survey with committee
8. Best Practices- Review of best practices and proven strategies, Evidence Continuum, and Feasibility Continuum
9. Draft Plan- Review of all steps taken; Action step recommendations based on one or more the following: Enhancing existing efforts, Implementing new programs or services, Building infrastructure, Implementing evidence based practices, and Feasibility of implementation

Needs Assessment

The Community Health Improvement Planning Committee reviewed the 2011 Richland County Health Assessment. Each member completed an “Identifying Key Issues and Concerns” worksheet. The following two tables are the group results.

What are the most significant **ADULT** health issues or concerns identified in the 2011 assessment report?

Key Issue or Concern	% of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
1. Obesity (23 votes) CVD (11 votes) High Blood Cholesterol High Blood Pressure Diabetes (8 votes)	35% Overweight 38% Obese 34% of total pop. 35% of total pop. 10% of total pop.	Ages 65+ Ages 30-64 Ages 65+ (58%) Ages 65+ (69%) Income < \$25,000 (20%)	Male Female Male/Female Male/Female Males
2. Substance Abuse Drug Abuse (16 votes) Rx Drug Abuse (12 votes) Binge Drinking (6 votes)	16% had used illegal drugs in past 6 months (9% marijuana) 13% of total pop. 16% Binge drinkers (32% of drinkers)	Income < \$25,000 (20%) Income < \$25,000 (28%) Ages <30 (56% of drinkers binged)	Male Male Male
3. Mental Health Issues (14 votes) Only 34% of adults reported always getting the social and emotional support they needed	19% of total pop. depressed 10% of adults had been diagnosed with a mood disorder	N/A	Male/Female
4. Cancer (7 votes)	11% of total pop. diagnosed at some time in their life	N/A	Male/Female
5. Tobacco Use (7 votes) *Births to mothers who smoked during pregnancy 27% in 2009 <i>(Source: ODH Births, Vital Statistics Annual Birth Summaries by Year, 2005-2009)</i>	19% of total pop. current smoker	Income < \$25,000 (36%)	Males

Needs Assessment, continued

What are the most significant YOUTH health issues or concerns identified in the 2011 assessment report?

Key Issue or Concern	Percent of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
1. Youth Risky Behaviors			
Sexual Behavior (26 votes)	22% of youth have had sexual intercourse	Ages 17-18 (46%)	Female
Drug Use (19 votes)	8% used marijuana in past month, 13% of HS youth 9% of youth misused medications	Ages 17-18 (20%) High School (14%)	Male/Female Male/Female
Alcohol Use (17 votes) *16% of HS youth rode with someone who was drinking *8% of HS youth had driven in the past month after drinking alcohol	18% of youth are current drinkers 10% binge drinkers	Ages 14-16 (24%) Ages 17-18 (90% of drinkers binged in past month)	Female Female
Tobacco Use (11 votes)	10% of youth are current smokers	Ages 17-18 (20%)	Male/Female
2. Obesity (21 votes)	14% obese 13% overweight	Ages <13 (20%) Ages <13 (16%)	Male/Female
3. Suicide/ Mental Health (16 votes)	13% Considered 6% Attempted suicide	Ages 14-16 (15%) Ages 14-16 (8%)	Male/Female Male/Female
Felt sad or hopeless every day for 2 or more weeks 26%	N/A	High School	Male/Female
Purposely hurt self (1 vote)	21% of youth	Ages <13 (23%)	Females (26%)
4. Violence/ Bullying (11 votes)	53% of youth bullied in past year 11% of youth carried a weapon 12% of youth were threatened with a weapon		Female Males
Forced sexual intercourse (1 vote)	6% of youth	High School (10%)	Male/Female

Needs Assessment, continued

What are the most significant CHILD health issues or concerns identified in the 2011 assessment report?

Key Issue or Concern	Percent of Population Most at Risk	Age Group Most at Risk	Gender Most at Risk
<p>1. Child Abuse (30 votes) *In 2012 there were 2860 investigations in Richland County</p> <p>Broken down by category: Neglect: 39%, Physical abuse: 19%, Sexual abuse 13%, Emotional maltreatment: 13%, Dependency: 7%, Family in need of service: 11%</p> <p><i>*(Source: Richland County Child Services 2012 child abuse statistics)</i></p>	N/A	N/A	Male/Female
<p>2. Obesity (9 votes)</p> <p>Sedentary lifestyle (4 votes)</p>	<p>2% of youth ages 0-5, and 3% of youth ages 6-11 had no physical activity in past</p> <p>18% of 6-11 year olds watched 4+ hours of TV on an average day after school</p>	<p>Ages 6-11</p> <p>Ages 6-11</p>	<p>Male/Female</p> <p>Male/Female</p>
<p>3. Bullying (9 votes) 55% of parents reported their child was bullied in the past year (ages 6-11)</p>	N/A	Ages 6-11	Male/Female
<p>4. Unsafe sleeping habits (9 votes)</p> <p>When asked about how they put their infant to sleep parents responded: 59% on back, 16% on side, 12% on stomach, 5% in bed with another person</p> <p>Parents put their infant to sleep in the following places: 33% car seat, 31% in bed with parent, 26% swing, 9% couch or chair, 9% floor</p>	N/A	Infants	Male/Female
<p>5. Lack of dental (8 votes) 3% of children ages 6-11 had never been to a dentist</p>	69% of children ages 0-11 visited a dentist in past year, and 86% for 6-11 year olds		Male/Female
<p>6. Mental Health (8 votes)</p> <p>Behavioral Conduct Problems (5 votes)</p>	<p>10% of youth ages 6-11 were diagnosed with ADD/ADHD</p> <p>5% of youth ages 6-11 were diagnosed with behavioral/conduct problems (2% ages 0-5)</p>	<p>Ages 6-11</p> <p>Ages 6-11</p>	<p>Male/Female</p> <p>Male/Female</p>
<p>7. Asthma (5 votes)</p>	16% of youth ages 6-11 were diagnosed with asthma (9% for ages 0-5)	Ages 6-11	Male/Female

Priorities Chosen

The Richland County Community Health Improvement Planning Committee completed an exercise where they ranked the key issues based on the magnitude of the issue, seriousness of the consequence, and the feasibility of correcting the issue. A total score was given to each priority. The max score was 30. All committee members' scores were combined and then average numbers were produced. Based off these parameters, the group decided to focus on the following three issues: obesity/ weight control for adult, youth and children, mental health/violence and bullying for adult, youth and children and adult and youth risky behaviors (adult substance abuse, youth sexual behavior, and youth drug, alcohol and tobacco use). The results were sent out to the full committee for approval.

The rankings were as follows:

1. Child Abuse (25.4)
2. Adult Obesity (25.4)
3. Youth Obesity (24.7)
4. Youth Risky Behaviors (24.5)
5. Child Obesity (24.1)
6. Youth Mental Health (23.9)
7. Youth Violence (23.5)
8. Adult Substance Abuse (23.3)
9. Adult Mental Health (22.9)
10. Child Mental Health (22.6)
11. Child Bullying (22.5)
12. Child Unsafe Sleeping Habits (21.9)
13. Adult Tobacco Use (21.4)
14. Adult Cancer (20.9)
15. Children's Lack of Dental Visits (20)
16. Children's Asthma (19)

Richland County Forces of Change

Force of Change	Impact
Aging population and higher life expectancy	<ul style="list-style-type: none"> • 12,000 people will be turning 60 every month for 20 years • More people will be using Social Security and Medicaid benefits • Large amount of the workforce is retiring at the same time • More social services will be needed
Affordable Care Act (Medicaid Expansion)	<ul style="list-style-type: none"> • Budget uncertainty for many
Media attention on human trafficking and the Cleveland kidnapping case	<ul style="list-style-type: none"> • Looking at neighbors differently and being more cautious
Economic uncertainty	<ul style="list-style-type: none"> • Less federal money available • Employers are not hiring as many employees
Demolition of unsafe homes	<ul style="list-style-type: none"> • Property values increase • Neighborhoods become safer
Legislation changes with the Morning -After - Pill	<ul style="list-style-type: none"> • No age requirement
Legalization of marijuana in multiple states	<ul style="list-style-type: none"> • Attitudes become more accepting of marijuana use, especially in youth
County has a shrinking population	<ul style="list-style-type: none"> • Young people moving out of the area
Unhappy with government	<ul style="list-style-type: none"> • Less trusting of government programs
Technology in schools	<ul style="list-style-type: none"> • More classes being taught on line • Youth have greater access to computers, ipads, etc..
Change is people's moral compass	<ul style="list-style-type: none"> • People are looking out more for themselves • Getting involved with unethical issues
Not enough job skills training	<ul style="list-style-type: none"> • Companies not getting enough skilled labor to fill positions

Richland County Local Public Health Survey Assessment

- ◆ The Local Public Health System Assessment (LPHSA) answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"
- ◆ This assessment involves the use of a nationally recognized tool called the **National Public Health Performance Standards Local Instrument**.
- ◆ Members of the The Mansfield/Ontario/Richland County Health Department administrative team met to discuss the 10 Essential Public Health Services and how they are being provided within the community. The group completed the performance measures instrument. Each model standard was discussed and the group came to a consensus on responses for all questions.
- ◆ The LPHSA results were then presented to the full CHIP committee for discussion. The challenges and opportunities that were discussed were then used in the action planning process.
- ◆ The CHIP committee identified 269 indicators that met or exceeded performance standards and only 30 indicators that had a status of "no" or "minimal".

Richland County Community Themes and Strengths

- ◆ Richland County community members believed the most important characteristics of a healthy community were: safety; including clean water, clean air, feeling safe in their neighborhood, resources, a positive outlook on life, caring people in the community, and good communication (making sure residents are informed through TV, radio and/or newspapers.)
- ◆ Richland County residents were most proud of the following regarding their community: Community support, the generosity of people, the abundance of resources, collaboration, volunteerism and the numerous recreational activities that are close by.
- ◆ The following were specific examples of people or groups who have worked together to improve the health and quality of life in the community: The Chamber, The Health Department, numerous worksite wellness programs, Downtown Mansfield, the Homeless Coalition, inner agency collaboration, service groups, CODA, Richland County Foundation, Mansfield Cancer Foundation, RCDG (Richland County Development Group), United Way, CHAP, agencies working together to write grants and numerous other committees and coalitions throughout the Richland County.
- ◆ The most important issues that Richland County residents believed must be addressed to improve the health and quality of life in the community were: substance abuse, obesity, more living wage jobs, better driving habits, risky behaviors and improving neighborhoods.
- ◆ The following were barriers that have kept our community from doing what needs to be done to improve health and quality of life: funding, personal responsibility, laziness, limited mass transit, and lack of education.
- ◆ Richland County residents believed the following actions, policies, or funding priorities would support a healthier community: more job skill training programs, more funding for prevention activities, employers/insurance agencies promoting wellness programs and policies, put more focus on reaching youth, changing SNAP policies to include nutrition standards, mass immunizations and health screenings, more opportunities to improve lives, more funding to increase treatment opportunities.
- ◆ Richland County residents were most excited to get involved or become more involved in improving the community through incentive programs, increasing opportunities for people to get involved, publicly recognizing community efforts and motivating people to make a difference in their community

Richland County Quality of Life

The Richland County CHIP Committee urged community members to fill out a short Quality of Life Survey via survey monkey. There were 676 Richland County community members who completed the survey.

Quality of Life Questions	Likert Scale Average Response (1 to 5, with 5 being most positive)
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.)	3.12
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.25
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	3.25
4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	3.13
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	2.29
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, the mall. Do neighbors know and trust one another? Do they look out for one another?)	2.98
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, organizations) during times of stress and need?	3.24
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.14
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	2.76
10. Are community assets broad-based and multi-sectoral?	2.79
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	2.81
12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments?	2.78

Strategy #1: Decrease obesity among adults, youth and children

Obesity indicators

73% of Richland County adults were overweight or obese based on Body Mass Index (BMI). 27% of Richland County youth in grades 6-12 are classified as overweight or obese based on BMI.

Weight Status

The 2012 Richland County Health Assessment indicates that 35% of adults were overweight and 38% were obese based on Body Mass Index (BMI). The 2011 BRFSS reported that 30% of Ohio and 28% of U.S. adults were obese and 36% of Ohio and 36% of U.S. adults were overweight.

14% of Richland County youth in grades 6-12 were classified as overweight (2011 YRBS reported 15% for Ohio and 15% for the U.S.). 13% of youth were classified as obese by BMI compared to 15% for Ohio and 13% for the U.S. (2011 YRBS)

Nutrition

In 2011, 6% of adults ate 5 or more servings of fruits and vegetables per day. 91% of adults ate one to four servings per day. The American Cancer Society recommends that adults eat 5-9 servings of fruits and vegetables per day to reduce the risk of cancer and to maintain good health.

13% of Richland County youth ate 5 or more servings of fruits and vegetables per day. 81% ate 1 to 4 servings of fruits and vegetables per day.

Richland County youth ate out in a restaurant or brought take-out food home an average of 2.2 times per week.

85% of youth drank pop, punch, Kool-Aid, sports drinks, energy drinks, etc. at least once per day.

On average, 84% of Richland County children ages 0-11 had between 1 and 4 servings of fruits and vegetables per day. 12% had 5 or more servings per day.

Physical Activity

In Richland County, 61% of adults were engaging in physical activity for at least 30 minutes on 3 or more days per week. 31% of adults exercised 5 or more days per week and 20% of adults reported they did not participate in any physical activity in the past week, including those who were unable to exercise.

72% of youth in grades 6-12 participated in at least 60 minutes of physical activity on 3 or more days in the past week. 50% did so on 5 or more days in the past week and 26% did so every day in the past week. 9% of youth reported that they did not participate in at least 60 minutes of physical activity on any day in the past week (2011 YRBS reported 16% for Ohio and 14% for the U.S.).

Richland County youth spent an average of 3.7 hours on the computer, cell phone, or iPad, 2.4 hours watching TV, 1.4 hours playing video games, and 1.3 hours reading for pleasure on an average day of the week.

On an average day of the week, 85% of children ages 0-11 spent 1 or more hours watching TV. 38% of children spent 3 or more hours watching TV.

On an average day of the week, 30% of Richland County children ages 0-11 spent 1 or more hours playing non-active video games and 28% spent 1 or more hours on the computer.

88% of Richland County parents reported their 6-11 year old child was physically active for at least 60 minutes that caused them to sweat or breathe hard on 3 or more days in the past week.

**Strategy #1: Decrease obesity among adults, youth and children
Obesity indicators**

2011 Youth Comparisons	Richland County 2011 (6th -12th)	Richland County 2011 (9th -12th)	Ohio 2011 (9th -12th)	U.S. 2011 (9th -12th)
Obese	14%	16%	15%	13%
Went without eating for 24 hours or more	4%	4%	13%	12%
Trying to lose weight	45%	44%	N/A	N/A

N/A – Not available

2011 Adult Comparisons	Richland County 2011	Ohio 2011	U.S. 2011
Obese	38%	30%	28%
Overweight	35%	36%	36%

Strategy #1: Decrease obesity among adults, youth and children Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Eat Better, Move More	Mansfield/Ontario/Richland County Health Department	Seniors	Prevention	Results are tracked
WIC/Breastfeeding Program	Mansfield/Ontario/Richland County Health Department	Pregnant women Children 0-5 years Low-income families	Prevention	Evidence based Federal Program
Improved School Nutrition (increasing fruits and vegetables)	Local Schools Mansfield City & Madison Elementary(FFVP grant) Ontario-salad bar	School-aged youth	Prevention	Best practice
School Gardens	Local schools with help from outside agencies	Elementary school-aged youth	Prevention	Best practice
Community Gardens	North End Community Improvement Collaborative & Local Agencies (30 gardens throughout Richland County)	All ages	Prevention/Early Intervention/ Treatment	Best practice
County Wellness Program	Richland County insurance provider	County employees	Prevention/Early Intervention/ Treatment	Outcomes monitored
Worksite Wellness Programs/School Health Teams	Employers/Schools	Adults	Prevention/Early Intervention/ Treatment	Outcomes monitored
Produce Giveaways (3 times during the summer months)	Cleveland Food Bank	All ages (Over 400 people served each time)	Prevention	Results are tracked
Weight Watchers	Weight Watchers (Multiple sites)	Ages 10+	Prevention/ Treatment	Evidence based
Silver Sneakers Program	Medicare/Local gyms	Medicare eligible seniors	Prevention/ Early Intervention	Evidence based
Local Fitness Centers, Gyms & Classes	Multiple locations throughout Richland County	All ages	Prevention/ Early Intervention/ Treatment	Best practice
Educational materials (diet books, exercise dvd's etc.)	Richland County Library	All ages	Prevention/ Early Intervention	None
Health Matters Educational Classes	MedCentral/Third Street Family Health Services	Adults	Prevention/ Early Intervention	Results tracked
Health Grocery Shopping Tours (Healthy food choices)	MedCentral/Kroger	Adults (Mansfield & Shelby)	Prevention	Participants tracked
Healthy Chef Series	MedCentral	All Ages (1 st Thursday each month)	Prevention	Participants tracked
Get Fit Mansfield	MedCentral Health and Fitness Center	Ages 13+	Prevention	Participants tracked
Weight Loss Challenges	MedCentral Health and Fitness Center	Ages 13+	Early Intervention	Participants tracked
Healthy Communities Grant	Mansfield/Ontario/Richland County Health Department/YMCA	All	Prevention	None

Strategy #1: Decrease obesity among adults, youth and children Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Modified Cafeteria Menus & vending machines (no trans-fats, no fried foods..)	MedCentral Cafeterias	MedCentral employees, patients and visitors	Prevention	Best practice
Wellness Program	MedCentral	MedCentral Employees	Prevention	Outcomes monitored
Health Fairs/Screenings/Support Groups	MedCentral	All ages	Prevention	None
Wellness Works	Catholic Charities	Food pantry & medical clients	Prevention	Evidence based
Prescription Assistance	Catholic Charities	All ages	Prevention/ Early Intervention/ Treatment	Participants tracked
Recreational Activities -bike trails, canoeing, pools, country clubs, golf, athletic events, tennis	County Park Systems City Park Systems Private Organizations	All ages	Prevention	Best practice
5K walks, runs, Tough Mudder	Various agencies and organizations	All ages	Prevention	Best practice
Healthy You (Chronic disease/diabetes education)	Area Agency on Ageing	60+ and caregivers	Prevention/ Early Intervention	Evidence based
Strength & Mobility Evaluation	Area Agency on Ageing	Ages 60+	Prevention	Evidence based (CDC)
Passport Nutrition Counseling	Area Agency on Ageing	Medicaid Clients	Prevention	Evidence based
Weight Management Class	Shelby City Health Department	Adults	Prevention	Participants tracked
Look Who's Walking (29 Week Walking Program)	Shelby City Health Department	All Ages	Prevention/ Early Intervention	Participants tracked
BMI Testing and Education	Shelby City Health Department	All ages	Prevention/Early Intervention	Participants tracked
After School and Summer Day Camps & Senior Swimming Exercise Classes	Friendly House	Grades K-6 (Students are picked up from Mansfield Schools) Seniors (Swimming)	Prevention/Early Intervention	None
Senior Health Assessments	Mansfield/Ontario/ Richland County Health Department	Ages 60+	Prevention	None
Partners for Health Babies	CHAP	Pregnant women and babies up to age 2	Prevention/Early Intervention	Evidence based
Girl's Obesity Prevention/The Women's Fund	Richland County Foundation	Girls up to age 18	Prevention	Participants tracked
Food & Nutrition Counseling	OSU Extension	All Ages	Prevention	Participants tracked
Ounce of Prevention	Mansfield/Ontario/ Richland County Health Department	Children ages 0-18	Prevention	Evidence based
Wellness Sector (focusing on obesity)	Richland County Development Group	All ages	Prevention/Early Intervention	None

Strategy #1: Decrease obesity among adults, youth and children Gaps & Potential Strategies

Gaps	Potential Strategies
Awareness of programs	<ul style="list-style-type: none"> • Wellness guide in coordination with the library's community calendar • Wellness blog
Exercise programs for beginners (not experienced runners etc..)	<ul style="list-style-type: none"> • Community walking programs
High cost for gym memberships, classes, etc..	<ul style="list-style-type: none"> • Increasing opportunities and awareness for free exercise opportunities (schools, malls, fairgrounds, tracks) • Raise awareness of the Silver Sneakers program
Increase worksite wellness programs	<ul style="list-style-type: none"> • Offer incentives for positive changes and reaching goals
Physicians not providing enough nutrition/physical activity information to patients	<ul style="list-style-type: none"> • Providing physicians with resources for their patients • Increased education for physicians
Lack of motivation/time and complacency	<ul style="list-style-type: none"> • Create a sense of urgency to get healthy • Increase education opportunities • Create a community commitment to exercise
Unhealthy snack options in schools	<ul style="list-style-type: none"> • Increase the availability of health snacks in schools • Use Shelby City Schools as a model to see changes they have made
Unsafe neighborhoods (citizens not feeling safe enough to take walks or exercise in their neighborhood)	<ul style="list-style-type: none"> • Demolishing abandoned houses • Sidewalk repairs
Increase Safe Routes to School Grant opportunities	<ul style="list-style-type: none"> • Look into additional funding opportunities to expand the program (Currently in Mansfield, Butler and Bellville)
Increasing family meal times	<ul style="list-style-type: none"> • No strategies identified
Sugary beverages	<ul style="list-style-type: none"> • New beverage policy that bans sugar sweetened beverages at MedCentral Health System

Strategy #1: Decrease obesity among adults, youth and children

Best Practices

Best Practices

The following programs and policies have been reviewed and have proven strategies to **reduce obesity in youth**:

1. **FRESH FRUITS AND VEGETABLES PROGRAM**

The Fresh Fruit and Vegetable Program (FFVP) provides all children in participating schools with a variety of free fresh fruits and vegetables throughout the school day. It is an effective and creative way of introducing fresh fruits and vegetables as healthy snack options. The FFVP also encourages schools to develop partnerships at the State and local level for support in implementing and operating the program.

The Goal of the FFVP

Create healthier school environments by providing healthier food choices

- Expand the variety of fruits and vegetables children experience
- Increase children's fruit and vegetable consumption
- Make a difference in children's diets to impact their present and future health

This program is seen as an important catalyst for change in efforts to combat childhood obesity by helping children learn more healthful eating habits. The FFVP introduces school children to a variety of produce that they otherwise might not have had the opportunity to sample. Each school that participates in the FFVP must submit an application that includes, at a minimum:

- The total number of enrolled students and the percentage eligible for free/reduced price meals
- A certification of support for participation in the FFVP signed by the school food service manager, school principal, *and* district superintendent (or equivalent position)
- A program implementation plan that includes efforts to integrate the FFVP with other efforts to promote sound health and nutrition, reduce overweight and obesity, or promote physical activity
- It is recommended that each school include a description of partnership activities undertaken or planned. Schools are encouraged to develop partnerships with one or more entities that will provide non-Federal resources, including entities representing the fruit and vegetable industry and entities working to promote children's health in the community.

For more information go to: www.fns.usda.gov/cnd/FFVP/handbook.pdf

- #### 2. **Safe Routes to School** - Safe Routes to Schools (SRTS) is a federally supported program that promotes walking and biking to school through education and incentives. The program also targets city planning and legislation to make walking and biking safer.

Expected Beneficial Outcomes

- Increased physical activity
- Healthier transportation behaviors
- Improved student health
- Decreased traffic and emissions near schools
- Reduced exposure to emissions

Strategy #1: Decrease obesity among adults, youth and children Best Practices, continued

Evidence of Effectiveness

There is strong evidence that SRTS increases the number of students walking or biking to school. Establishing SRTS is a recommended strategy to increase physical activity among students.

Active travel to school is associated with healthier body composition and cardio fitness levels. SRTS has a small positive effect on active travel among children. By improving walking and bicycling routes, SRTS projects in urban areas may also increase physical activity levels for adults. SRTS has been shown to reduce the incidence of pedestrian crashes.

Replacing automotive trips with biking and walking has positive environmental impacts at relatively low cost, although the long-term effect on traffic reduction is likely minor. Surveys of parents driving their children less than two miles to school indicate that convenience and saving time prompt the behavior; SRTS may not be able to address these parental constraints.

Impact on Disparities

No impact on disparities likely

For more information go to: <http://www.countyhealthrankings.org/policies/safe-routes-schools-srts>

The following programs and policies have been reviewed and have proven strategies to **reduce obesity in adults**:

- 1. Weight Watchers-** Weight Watchers has been the gold standard for successful weight loss programs. Among the reasons for Weight Watchers' longevity, the program is based on science and addresses the dieter's lifestyle as a whole. Weight Watchers has always focused on long-term weight management and a commitment to an overall healthy lifestyle. The program is based on four basic principles: eating smarter, moving more, getting support, and developing better habits. For more information go to <http://www.weightwatchers.com>.
- 2. Diet Therapy-** Current dietary recommendations continue to focus on the low-calorie, low-fat diet, with intake of 800 to 1500 kcal of energy per day. Caloric reduction in the range of 500 to 1000 kcal less than the usual intake is appropriate. This will allow for approximately 1 to 2 pounds of weight loss per week. For more information go to <http://www.mypyramid.gov/>.
- 3. Exercise program-** The CDC recommends 60 minutes of physical activity for at least 5 days a week. Encourage people to make lifestyle changes such as taking the stairs, parking farther away, playing with their kids, etc. Small bouts of physical activity all day long can account to 60 minutes easily. It does not have to be a full hour of exercising in a gym. For more information go to <http://www.mypyramidtracker.gov/>.
- 4. Health Insurance Incentives & Penalties:** The number of employers offering financial rewards for participating in wellness programs rose by 50 percent from 2009 to 2011. In 2012, four out of five companies plan to offer some type of financial health incentive. The use of penalties among employers more than doubled from 2009 to 2011, rising from 8 percent to 19 percent. It could double again next year when 38 percent of companies plan to have penalties in place. Requiring smokers to pay a higher portion of the health insurance premium is among the most common penalties. A growing number of employers also base rewards on actual outcomes, such as reaching targeted healthy weights or cholesterol levels, rather than simply rewarding participation. A provision in the federal health care reform law will let employers offer greater incentives for participating in wellness programs starting in 2014. Under current rules, employers can provide incentives of up to 20 percent of the total health insurance premium per person. The 2010 Patient Protection and Affordable Care Act boosts the

Strategy #1: Decrease obesity among adults, youth and children Best Practices, continued

threshold to 30 percent and, in cases approved by federal health and labor officials, up to 50 percent in 2014. Employer programs often reward employees who exercise, lose weight or participate in disease management programs. Incentives may include cash awards, gift cards, higher employer contributions toward the health insurance premium, contributions toward employee health savings accounts, or the chance to compete in a sweepstakes. A lot of research shows people are very much motivated by the potential of a large prize. Some employers offer both individual awards and team awards. Some employers have found rescission of a reward especially effective. For instance, an employer might offer a \$500 health insurance premium discount to everyone and rescind the reward for employees who choose not to participate in the care management program.

- 5. Social Support in Community Settings:** Community-based social support interventions focus on changing physical activity behavior through building, strengthening, and maintaining social networks that provide supportive relationships for behavior change (e.g., setting up a buddy system or a walking group to provide friendship and support).

Expected Beneficial Outcomes

- Increased physical activity
- Increased physical fitness

Evidence of Effectiveness

There is strong evidence that community-based social support interventions increase physical activity and physical fitness among adults. Middle-aged women enrolled in a weight loss program, for example, have been shown to be more likely to lose weight if they experience social support from friends and family. Community-based social support interventions are considered cost effective.

Impact on Disparities

No impact on disparities likely

For more information go to: <http://www.countyhealthrankings.org/policies/social-support-community-settings>

Strategy #1: Decrease obesity among adults, youth and children Action Step Recommendations & Action Plan

Action Step Recommendations

To work toward **decreasing obesity, among adults, youth and children** the following action steps are recommended:

1. Increase nutrition/physical education materials being offered to patients by primary care providers
2. Create a Richland County Wellness Guide.
3. Increase the number of businesses and/or organizations providing wellness programs and insurance incentive programs to their employees.
4. Initiate a community walking program.
5. Increase School-Based Walking/Biking Programs
6. Implement a healthier choices campaign

Action Plan

Decrease obesity among adults, youth and children		
Action Step	Responsible Person/Agency	Timeline
Increase Nutrition/Physical Education Materials Being Offered to Patients by Primary Care Providers		
Year One: Work with primary care physician offices to assess what information and/or materials they are lacking to provide better care for overweight and obese patients.	MedCentral Health System	July 2014
Year Two: Offer a training for primary care physicians and/or staff such as nutrition counseling and/or other practice-based changes to provide better care for obese/overweight patients. Provide participants with referral and educational materials. Enlist at least 10 primary care physicians and/or staff to be trained.		July 2015
Year Three: Offer additional trainings to reach at least 75% of the primary care physician offices in the county		July 2016
Wellness Community Guide and Calendar		
Year 1: Create a community calendar/guide and wellness blog with the most up-to-date information regarding nutrition and exercise programs and opportunities in Richland County. Include information regarding community gardens and farmer's markets in the area. Make sure guides and calendars are available online. Update key words on search engines. Search for funding to sustain guides and calendars.	RCDG Wellness Team	July 2014
Year 2: Partner with local businesses, churches and schools to begin printing the calendar and disseminate current information throughout Richland County. Enlist local businesses to sponsor the printing and dissemination of the calendar. Enlist organizations to update the guides and calendars. Keep the community calendar updated on a quarterly basis.		July 2015
Year 3: Continue efforts of year 1 and 2. Determine on an annual basis, who will sponsor and update the guides and calendars for the next 3 years.		July 2016

Strategy #1: Decrease obesity among adults, youth and children Action Step Recommendations & Action Plan, continued

Decrease obesity among adults, youth and children		
Action Step	Responsible Person/Agency	Timeline
Increase Businesses/Organizations Providing Wellness Programs & Insurance Incentive Programs to Their Employees		
<p>Year 1: Collect baseline data on businesses and organizations offering wellness and insurance incentive programs to employees.</p> <p>Educate Richland County Businesses about the benefits of implementing these programs</p> <p>Encourage businesses and organizations to offer free or subsidized evidence-based programs such as Weight Watchers to their employees and their spouses</p>	MedCentral Health System & Karyl Price, Health Department (Creating Healthy Communities Grant)	July 2014
<p>Year 2: Enlist 5 small and 8 large business/organization to initiate wellness and/or insurance incentive programs. Partner with hospitals when appropriate.</p>		July 2015
<p>Year 3: Double the number of businesses/organizations providing wellness and insurance incentive programs from baseline.</p> <p>Encourage businesses and organizations to incentivize employees who are reaching goals and making positive changes.</p>		July 2016
Initiate a Community – Based Walking Program		
<p>Year 1: Collect baseline data on current walking programs in Richland County. Gather information on what types of activities are offered, how many people attend the activities, how often activities take place, and where the programs are located.</p> <p>Identify key stakeholders throughout Richland County to collaborate and develop a plan to create community walking programs. Develop program goals and an evaluation process for tracking outcomes.</p> <p>Look for funding sources to incentivize participation in the walking program.</p>	Outreach Coordinator, YMCA & Health Department	July 2014
<p>Year 2: Recruit individuals to serve as walking leaders.</p> <p>Decide on the locations, walking routes and number of walking groups throughout Richland County.</p> <p>Link the walking groups with existing organizations to increase participation. Consider the following:</p> <ul style="list-style-type: none"> • Faith-based organizations • Schools • Community-based organizations • Health care providers <p>Begin implementing the program</p>		July 2015
<p>Year 3: Raise awareness and promote the walking programs.</p> <p>Begin distributing incentives to participants.</p> <p>Evaluate program goals.</p> <p>Increase the number of walking groups by 25%</p>		July, 2016

Strategy #1: Decrease obesity among adults, youth and children Action Step Recommendations & Action Plan, continued

Decrease obesity among adults, youth and children		
Action Step	Responsible Person/Agency	Timeline
Increase School-Based Walking/Biking Programs		
<p>Year 1: Collect baseline data on which schools and communities in Richland County are implementing a program to encourage biking or walking to school.</p> <p>Work to increase public awareness and promote efforts of schools who promote a biking or walking programs.</p> <p>Begin looking for additional funding sources at the local, state and national level to expand school biking or walking programs.</p>	Richland Moves Group	July 2014
<p>Year 2: Identify 3 additional school districts that would like begin a school biking/walking program.</p> <p>Hold kick-off meetings in each district to create a vision and identify next steps for the programs. Form committees to take on program tasks.</p> <p>Assess walking and biking conditions for students. Provide a means to measure the impact of the program.</p>		July 2015
<p>Year 3: Secure funding to support school biking/walking programs.</p> <p>Initiate the programs and implement evaluation measures.</p> <p>Increase the number of students biking and /or walking to school.</p>		July 2016
Implement a Healthier Choices Campaign		
<p>Year 1: Work with school and community wellness committees as well as other youth-based organizations to introduce the following:</p> <ul style="list-style-type: none"> • Healthier snack “extra choices” offered during school lunches • Healthier fundraising foods • Healthier choices in vending machines • Healthier choices at sporting events and concession stands, <p>Reducing unhealthy foods as rewards.</p>	Mid-Ohio Educational Service Center	July 2014
<p>Year 2: Each school district and youth organization will choose at least 1 priority area to focus on and implement.</p>		July 2015
<p>Year 3: Each school district and youth organization will implement at least 3 of the 5 priority areas.</p>		July 2016

Strategy #2: Increase access and awareness of mental health services & decrease violence and bullying

Mental Health & Violence Indicators

In 2011 the health assessment results indicated that 19% of Richland County adults recently had a period of two or more weeks when they felt sad, blue, or depressed nearly every day. 13% of youth had seriously considered attempting suicide in the past year and 6% admitted actually attempting suicide in the past year. 53% of youth were bullied in the past year.

Mental Health Issues

1% of Richland County adults made a plan to attempt suicide in the past year.

Less than 1% of adults attempted suicide.

About one-fifth (19%) of adults recently had a period of two or more weeks when they felt sad, blue, or depressed nearly every day.

Richland County adults experienced the following almost every day for two or more weeks in a row: did not get enough rest or sleep (35%), felt worried, tense or anxious (36%), felt sad, blue, or depressed (19%), had high stress (17%), and felt healthy and full of energy (13%).

Just over one-third (34%) of Richland County adults always get the social and emotional support they need. 6% of adults reported they never get the social and emotional support they need.

Richland County adults gave the following reasons for not using a program or service to help with depression, anxiety, or emotional problems:

- Not needed (72%)
- A program was actually used (8%)
- Cannot afford to go (3%)
- Have not thought of it (2%)
- Transportation (2%)
- Other priorities (2%)

In the past 12 months, Richland County adults had been diagnosed or treated for the following mental health issue:

- Mood disorder (10%)
- Anxiety disorder (6%)
- Other mental disorder (4%)
- Psychotic disorder (<1%)
- 8% had taken medication for one or more mental health issues.

In 2011, 13% of Richland County youth reported seriously considering attempting suicide in the past twelve months compared to the 2011 YRBS rate of 14% for Ohio youth and 16% for U.S. youth.

In the past year, 6% of Richland County youth had attempted suicide and 3% had made more than one attempt. The 2011 YRBS reported a suicide attempt prevalence rate of 9% for Ohio youth and 8% for U.S. youth.

More than one-fourth (26%) of youth reported they felt sad or hopeless almost every day for two weeks or more in a row that stopped them from doing some usual activities (2011 YRBS reported 27% for Ohio and 29% for the U.S.).

13% of youth reported that they are very likely to seek help if they were feeling depressed or suicidal. 13% said they would be very unlikely to seek help. 49% reported they never feel depressed or suicidal.

41% of Richland County youth reported that they would seek help if they were dealing with anxiety, stress, depression, or thoughts of suicide. Those who said they would not seek help reported the following reasons:

Strategy #2: Increase access and awareness of mental health services & decrease violence and bullying

Mental Health & Violence Indicators, continued

they can handle it themselves (29%), worried about what others may think (20%), don't know where to go (14%), family would not support them (10%), paying for it (10%), no time (9%), and transportation (5%).

When Richland County youth are dealing with depression or suicide they usually do the following: talk to someone (46%), sleep (45%), hobbies (38%), exercise (23%), eat (20%), break something (14%), journal (12%), shop (10%), self-harm such as cutting (8%), smoke/use tobacco (5%), drink alcohol (4%), use medication that is prescribed for them (4%), use illegal drugs (3%), vandalism or violent behavior (3%), gamble (1%), or use medication not prescribed for them (1%).

2011 Youth Comparisons	Richland 2011 (6 th -12 th)	Richland 2011 (9 th -12 th)	Ohio 2011 (9 th -12 th)	U.S. 2011 (9 th -12 th)
Youth who had seriously considered suicide	13%	15%	14%	16%
Youth who had attempted suicide	6%	7%	9%	8%

Violence & Bullying Issues

In 2011, 11% of Richland County youth had carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 18% of males (2011 YRBS reported 16% for Ohio and 17% for the U.S.).

In the past year, 12% of youth were threatened or injured with a weapon such as a gun, knife, or club.

In the past month, 4% of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school (2011 YRBS reported 6% for Ohio and 6% for the U.S.).

21% of youth purposefully hurt themselves at some time in their life. They did so by: cutting (12%), scratching (10%), hitting (9%), biting (8%), burning (5%), and self-embedding (1%).

53% of youth had been bullied in the past year. The following types of bullying were reported:

- 42% were verbally bullied (teased, taunted or called you harmful names)
- 25% were indirectly bullied (spread mean rumors about you or kept you out of a “group”)
- 16% were physically bullied (you were hit, kicked, punched or people took your belongings)
- 13% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)

In the past year, 30% of youth had been involved in a physical fight; 17% on more than one occasion. The 2011 YRBS reports 31% of Ohio youth had been in a physical fight and 33% of U.S. youth had been in a physical fight.

16% of youth felt threatened or unsafe in their homes, increasing to 20% of females.

4% of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months, increasing to 5% of those in high school.

Strategy #2: Increase access and awareness of mental health services & decrease violence and bullying

Mental Health & Violence Indicators, continued

12% of youth reported that an adult or caregiver hit, slapped, or physically hurt them on purpose.

6% of youth were physically forced to have sexual intercourse when they did not want to, increasing to 10% of high school youth (compared to 9% of Ohio youth and 8% of U.S. youth in 2011) *(Source: 2011 YRBS)*.

2011 Youth Comparisons	Richland County 2011 (6 th -12 th)	Richland County 2011 (9 th -12 th)	Ohio 2011 (9 th -12 th)	U.S. 2011 (9 th -12 th)
Carried a weapon in past month	11%	11%	16%	17%
Been in a physical fight in past year	30%	25%	31%	33%
Did not go to school because felt unsafe	4%	4%	6%	6%
Physically hurt by a boyfriend/girlfriend	4%	5%	N/A	9%
Forced to have sexual intercourse	6%	10%	9%	8%

*N/A – Not available

Types of Bullying Richland County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 and older
Physically Bullied	16%	20%	13%	17%	17%	3%
Verbally Bullied	42%	36%	48%	43%	44%	23%
Indirectly Bullied	25%	13%	36%	24%	25%	33%
Cyber Bullied	13%	3%	22%	11%	15%	10%

Bullied vs. Not Bullied Behaviors

Youth Behaviors	Bullied	Not Bullied
Contemplated suicide in the past 12 months	18%	5%
Attempted suicide in the past 12 months	9%	2%
Have had at least one drink of alcohol in the past 30 days	19%	16%
Have smoked in the past 30 days	11%	9%

Strategy #2: Increase access and awareness of mental health services & decrease violence and bullying

Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Assessment, Case Management, Screening, Crisis Intervention, Residential Treatment	The Center	All ages	Prevention/Early Intervention/Treatment	Outcomes monitored
Crisis Hotline	The Center	All ages	Prevention/Early Intervention	Outcomes monitored
Suicide Prevention and Education	NAMI	All ages	Prevention	None
Family-To-Family Education Program	NAMI	Family caregivers of individuals with severe mental illness	Treatment	None
Parents and Teachers as Allies	NAMI	In-Service Mental Health Education for School Professionals	Prevention/Early Intervention	None
Crisis Trainings	NAMI/Mansfield Police/Sheriff's Office	Law enforcement	Prevention	None
Help Me Grow (relationship building, aggression in children, social/emotional support)	The Center/Childcare providers	Prenatal up to 3 years old	Prevention/Early Intervention	Outcomes monitored
Books/Videos/Resources	Richland County Library	All ages	Prevention	None
First Call 211	Richland County Library/Department of Jobs and Family Services	All ages	Prevention/Early Intervention	Calls are tracked
Mental Health Court	Court System	Adults with mental health issues in criminal justice system	Treatment	Outcomes monitored
Special Response Court	Juvenile Court System	Families of Juvenile Offenders	Treatment	Outcomes monitored
Triage For Severe Mental Health Needs	The Center/Mansfield Pediatrics	Children through adolescent	Treatment	Outcomes monitored
Private Counseling	Life Steps (numerous agencies)	All ages	Treatment	Outcomes monitored
Kids Connection	Malabar Intermediate School	Grades 4-6	Prevention	None
Rachel's Challenge (bullying prevention program)	Ontario Local Schools	School aged youth	Prevention	None
Psychiatric Unit	MedCentral	Youth and adult	Treatment	Outcomes monitored
Domestic Violence Advocacy Program	The Shelter	Victims of abuse	Treatment	Outcomes monitored
Boy Scouts/Girl Scouts	Boy Scouts/Girl Scouts	Youth	Prevention	None

**Strategy #2: Increase access and awareness of mental health services & decrease violence and bullying
Resource Assessment, continued**

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Big Brothers/Big Sisters	Big Brothers/Big Sisters	Youth	Prevention	None
Second Step Program Lessons	Community Action for Capable Youth (CACY)	Pre-K-8 th grade	Prevention	Results tracked
Lifeskills Training (LST)	Community Action for Capable Youth (CACY)	Middle & high school students	Prevention	Outcomes monitored

**Strategy #2: Increase access and awareness of mental health services & decrease violence and bullying
Gaps & Potential Strategies**

Gaps	Potential Strategies
Awareness of available services	<ul style="list-style-type: none"> • Create a community guide to services • Increase education for physicians
Increase the use of depression/mental health screening tools for adults and youth	<ul style="list-style-type: none"> • Implement a screening program in schools • Increase the use of screening tools by primary care physicians and the ER (using PQH2) • Increase physicians referring to mental health agencies
Education on signs and symptoms of depression, suicide and other mental health issues, and increase education to decrease stigma associated with mental health issues	<ul style="list-style-type: none"> • Explore opportunities for programs to educate school staff, students, parents/families, and the community • Increase resources that are available
Increase awareness on bullying	<ul style="list-style-type: none"> • Increase parent involvement • Bullying prevention programs in schools
Adult crisis teams (ages 40-60)	<ul style="list-style-type: none"> • Work to coordinate services with multiple organizations • Increase resources by looking into possible grants or funding opportunities
Shortage of psychiatrists	<ul style="list-style-type: none"> • Recruit additional psychiatrists • Looking into tele-psychology (Board of DD is currently using this as a trial) • Increase awareness for physicians (where to refer adults)
No respite care opportunities for families who care for someone with a severe mental health issue	<ul style="list-style-type: none"> • Look for funding and/or resources
Resources for mothers with postpartum depression	<ul style="list-style-type: none"> • Look into programs that are being offered in Columbus (use their model) • Create support groups • Look into possible resources
Depression support groups	<ul style="list-style-type: none"> • Engage local churches to offer support groups

Strategy #2: Increase access and awareness of mental health services & decrease violence and bullying Best Practices

Best Practices

- 1. SOS Signs of Suicide®:** The Signs of Suicide Prevention Program is an award-winning, nationally recognized program designed for middle and high school-age students. The program teaches students how to identify the symptoms of depression and suicidality in themselves or their friends, and encourages help-seeking through the use of the ACT® technique (Acknowledge, Care, Tell). The SOS High School program is the only school-based suicide prevention program listed on the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices that addresses suicide risk and depression, while reducing suicide attempts. In a randomized control study, the SOS program showed a reduction in self-reported suicide attempts by 40% (BMC Public Health, July 2007). For more information go to: <http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sos/>
- 2. QPR Training: QPR stands for Question, Persuade, and Refer** -- 3 simple steps that anyone can learn to help save a life from suicide. Just as people trained in CPR and the Heimlich Maneuver help save thousands of lives each year, people trained in QPR learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. Each year thousands of Americans, like you, are saying "Yes" to saving the life of a friend, colleague, sibling, or neighbor. QPR can be learned in our Gatekeeper course in as little as one hour. For more information go to: <http://www.qprinstitute.com/>
- 3. LifeSkills Training (LST):** LST is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. LST is based on both the social influence and competence enhancement models of prevention. Consistent with this theoretical framework, LST addresses multiple risk and protective factors and teaches personal and social skills that build resilience and help youth navigate developmental tasks, including the skills necessary to understand and resist pro-drug influences. LST is designed to provide information relevant to the important life transitions that adolescents and young teens face, using culturally sensitive and developmentally and age-appropriate language and content. Facilitated discussion, structured small group activities, and role-playing scenarios are used to stimulate participation and promote the acquisition of skills. Separate LST programs are offered for elementary school (grades 3-6), middle school (grades 6-9), and high school (grades 9-12). For more information, go to <http://www.lifeskillstraining.com>.

Strategy #2: Increase access and awareness of mental health services & decrease violence and bullying Best Practices, continued

4. **PHQ-9:** The PHQ-9 is the nine item depression scale of the Patient Health Questionnaire. The PHQ-9 is a powerful tool for assisting primary care clinicians in diagnosing depression as well as selecting and monitoring treatment. The primary care clinician and/or office staff should discuss with the patient the reasons for completing the questionnaire and how to fill it out. After the patient has completed the PHQ-9 questionnaire, it is scored by the primary care clinician or office staff. There are two components of the PHQ-9:

- Assessing symptoms and functional impairment to make a tentative depression diagnosis, and
- Deriving a severity score to help select and monitor treatment

The PHQ-9 is based directly on the diagnostic criteria for major depressive disorder in the Diagnostic and Statistical Manual Fourth Edition (DSM-IV).

For more information go to:

<http://www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/>

Through proven and promising best practices, effective programs will be better able to help achieve the Healthy People 2020 Mental Health and Mental Disorders Objectives to improve mental health through prevention and ensure access to appropriate, quality mental health services.

Healthy People 2020 goals include:

- Reduce the suicide rate
- Reduce suicide attempts by adolescents
- Reduce the proportion of adults aged 18 and older who experience major depressive episodes (MDEs)
- Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral
- Increase the proportion of persons with serious mental illness (SMI) that are employed
- Increase the proportion of adults aged 18 years and older with serious mental illness who receive treatment
- Increase the proportion of adults aged 18 years and older with major depressive episodes (MDEs) who receive treatment
- Increase the proportion of primary care physicians who screen adults aged 19 years and older for depression during office visits
- Increase the proportion of homeless adults with mental health problems who receive mental health services

The following evidence-based community interventions come from the Guide to Community Preventive Services, Centers for Disease Control and Prevention (CDC) and help to meet the Healthy People 2020 Objectives:

Collaborative care for the management of depressive disorders is a multicomponent, healthcare system-level intervention that uses case managers to link primary care providers, patients, and mental health specialists.

This collaboration is designed to:

1. Improve the routine screening and diagnosis of depressive disorders
2. Increase provider use of evidence-based protocols for the proactive management of diagnosed depressive disorders
3. Improve clinical and community support for active patient engagement in treatment goal setting and self-management

Strategy #2: Increase access and awareness of mental health services & decrease violence and bullying Best Practices, continued

5. **The Olweus Bullying Prevention Program-** The Olweus Bullying Prevention Program is a universal intervention for the reduction and prevention of bully/victim problems. The main arena for the program is the school, and school staff has the primary responsibility for the introduction and implementation of the program. For more information go to:
<http://www.colorado.edu/cspv/blueprints/modelprograms/BPP.html>

6. **PATHS (Promoting Alternative Thinking Strategies)** PATHS Curriculum is a comprehensive program for promoting emotional and social competencies and reducing aggression and behavior problems in elementary school-aged children while simultaneously enhancing the educational process in the classroom. This innovative curriculum is designed to be used by educators and counselors in a multi-year, universal prevention model. Although primarily focused on the school and classroom settings, information and activities are also included for use with parents. For more information go to:
<http://www.colorado.edu/cspv/blueprints/modelprograms/PATHS.html>

7. **Aggression Replacement Training® (ART®)**
Date Published: 2007
Aggression Replacement Training® (ART®) is a cognitive behavioral intervention program to help children and adolescents improve social skill competence and moral reasoning, better manage anger, and reduce aggressive behavior. The program specifically targets chronically aggressive children and adolescents. Developed by Arnold P. Goldstein and Barry Glick, ART® has been implemented in schools and juvenile delinquency programs across the United States and throughout the world. The program consists of 10 weeks (30 sessions) of intervention training, and is divided into three components—social skills training, anger-control training, and training in moral reasoning. Clients attend a one-hour session in each of these components each week. Incremental learning, reinforcement techniques, and guided group discussions enhance skill acquisition and reinforce the lessons in the curriculum.
For more information go to: <http://www.promoteprevent.org/publications/ebi-factsheets/aggression-replacement-training%C2%AE-art%C2%AE>

8. **STEPS TO RESPECT:** The [research-based](#) STEPS TO RESPECT program teaches elementary students to recognize, refuse, and report bullying, be assertive, and build friendships. In fact, a recent [study](#) found that the program led to a 31 percent decline in bullying and a 70 percent cut in destructive bystander behavior. STEPS TO RESPECT lessons can help kids feel safe and supported by the adults around them, so they can build stronger bonds to school and focus on [academic achievement](#). And the program supports your staff too, with school wide policies and training. Now everyone can work together to build a safe environment free from bullying. For more information go to:
<http://www.cfchildren.org/programs/str/overview/>

Strategy #2: Increase access and awareness of mental health services & decrease violence and bullying

Action Step Recommendations & Action Plan

Action Step Recommendations

To work toward **increasing access and awareness of mental health services and decreasing violence and bullying**, the following actions steps are recommended:

1. Increase awareness of available mental health services
2. Increase education of ER and primary care providers on mental health issues
3. Increase the number of primary care physicians who screen for depression during office visits
4. Expand evidence-base programs targeting youth and families
5. Create a mental health support system network

Action Plan

Increase access and awareness of mental health services & decrease violence and bullying		
Action Step	Responsible Person/Agency	Timeline
Increase Awareness of Available Mental Health Services		
<p>Year 1: Create an informational brochure/guide that highlights all organizations in Richland County that provide mental health services. Include information on which organizations offer free services, offer a sliding fee scale, and which insurance plans are accepted.</p> <p>Educate school personnel and social workers in at least three local school districts on the availability of mental health services and signs and symptoms of mental health issues.</p> <p>Create a presentation on available mental health services and present to Richland County area churches, Law Enforcement, Chamber of Commerce, City Councils, College students majoring in social work, etc.</p>	<p>Mary Kay Pierce, NAMI & Richland County Mental Health and Recovery Services Board</p>	<p>July 2014</p>
<p>Year 2: Enlist organizations to update the brochure/guide on an annual basis and increase dissemination of the information</p> <p>Educate school personnel and social workers in all local school districts on the availability of mental health services.</p> <p>Continue presentations on available mental health services to Richland County groups</p>		<p>July 2015</p>
<p>Year 3: Continue efforts of years 1 and 2 and expand outreach</p> <p>Determine on an annual basis, who will update and print the guides for the next 3 years</p>		<p>July 2016</p>

**Strategy #2: Increase access and awareness of mental health services
& decrease violence and bullying
Action Step Recommendations & Action Plan, continued**

Increase access and awareness of mental health services & decrease violence and bullying		
Action Step	Responsible Person/Agency	Timeline
Increase Education of ER and Primary Care Providers on Mental Health Issues		
Year One: Work with ER and primary care providers and/or office staff to assess what information and/or materials they are lacking to provide better care for patients with mental health issues.	MedCentral Health System, Mary Kay Pierce, NAMI & Richland County Mental Health and Recovery Services Board	July 2014
Year Two: Begin offering CME (continuing medical education) and/ or CEU (continuing education units) trainings for ER, primary care physicians and/or staff, and mental health professionals to provide better care for patients and/or clients with mental health issues. Enlist at least 10 primary care providers to be trained.		July 2015
Year Three: Offer additional trainings to reach at least 75% of primary care providers in Richland County.		July 2016
Increase the Number Primary Care Providers Screening for Depression During Office Visits		
Year 1: Collect baseline data on the number of primary care physicians and OBGYNs that currently screen for depression and/or mental health issues during office visits.	Theresa Roth, MedCentral Health System, Mary Kay Pierce, NAMI & Laurie Hamrick, Catholic Charities	July 2014
Year 2: Introduce PQH2 and PQH9 to physicians' offices and hospital administration. Pilot the protocol with one primary care and one OBGYN physicians' offices.		July 2015
Year 3: Increase the number of primary care physicians and OBGYNs using the PQH2 screening tool by 25% from baseline.		July 2016
Expand Evidence-based Programs Targeting Youth and Families		
Year 1: Meet with school administrators to introduce the QPR Gatekeeper Training for Suicide Prevention. Get at least 5 school personnel to take the QPR training course. Gather baseline data as to which school districts are currently using violence and/or bullying prevention programs and which programs they are using. Research evidence based violence and/or bullying prevention programs. Gather input from school administrators.	Tracee Anderson, CACY & Mary Kay Pierce, NAMI	July 2014
Year 2: Have all school counselors take the QPR training. Increase the number of school personnel trained in QPR by 25%. Decide which violence and/or bullying prevention program to use in Richland County. Begin looking for funding through grants and/or local funding sources. Secure funding and begin implementing the program in 2 school districts.		July 2015

**Strategy #2: Increase access and awareness of mental health services
& decrease violence and bullying
Action Step Recommendations & Action Plan, continued**

Increase access and awareness of mental health services & decrease violence and bullying		
Action Step	Responsible Person/Agency	Timeline
Expand Evidence-based Programs Targeting Youth and Families, continued		
<p>Year 3: Implement the QPR training course with all teachers in each district.</p> <p>Continue expanding the violence and/or bullying prevention program to 2 additional school districts. Work to increase parent awareness and education associated with bullying.</p>		July 2016
Create a Mental Health Support System Network		
<p>Year 1: Collect baseline data on all existing mental health support groups in Richland County and increase awareness of those groups.</p> <p>Introduce the idea of creating a mental health support system network through local churches that will provide support to adults who are receiving or have received mental health services and their families. This could include support groups, counseling etc..</p>	Richland County Inter-Church Council	
<p>Year 2: Continue raising awareness of support group opportunities.</p> <p>Partner with at least two local churches to implement the follow-up support system.</p>		
<p>Year 3: Double the number of churches who are providing follow-up support system programs.</p>		

Strategy #3: Decrease risky behaviors

Risky Behavior Indicators

In 2011, 16% of Richland County adults had used illegal drugs during the past 6 months. 13% of adults had misused medications. In 2011, the health assessment results indicate that 18% of Richland County youth had at least one drink in the past 30 days. 10% of youth were defined as binge drinkers. 10% of youth were current smokers, having smoked at some time in the past 30 days. 9% of youth misused medications. In 2011, about one in five (22%) of Richland County youth have had sexual intercourse, increasing to 46% of those ages 17 and over.

Adult Substance Use

In 2011, 16% of Richland County adults had used illegal drugs during the past 6 months. 13% of adults had misused medications.

16% of adults were considered binge drinkers, and 11% of adults reported driving after having perhaps too much to drink.

Youth Alcohol Use

The 2011 figures indicate that 18% of Richland County youth had at least one drink in the past 30 days, increasing to 23% of those ages 17 and older. 10% of all Richland County youth were considered binge drinkers.

Youth Tobacco Use

Over one-quarter (27%) of Richland County youth had tried cigarette smoking. 10% of youth were current smokers, having smoked at some time in the past 30 days (2011 YRBS reported 21% for Ohio and 18% for the U.S). Almost one-third (32%) of current smokers smoked cigarettes daily. More than half (57%) of the Richland County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.

Youth Substance Use

In 2011, 8% of Richland County youth had used marijuana at least once in the past 30 days, increasing to 13% of high school youth. 9% of youth misused medications. During the past 12 months, 9% of Richland County youth had someone offer, sell, or give them an illegal drug on school property.

Youth Sexual Behavior

In 2011, about one in five (22%) of Richland County youth have had sexual intercourse, increasing to 46% of those ages 17 and over. 19% of youth had participated in oral sex and 5% had participated in anal sex. 21% of youth participated in sexting. Of those who were sexually active, 57% had multiple sexual partners.

Strategy #3: Decrease risky behaviors Risky Behavior Indicators, continued

Behaviors of Richland Youth (ages 12-18)

2011 Youth Comparisons	Richland County 2011 (6 th – 12 th)	Richland County 2011 (9 th – 12 th)	Ohio 2011 (9 th – 12 th)	U.S. 2011 (9 th – 12 th)
Ever tried alcohol	41%	54%	71%	71%
Current drinker	18%	26%	38%	39%
Binge drinker	10%	17%	24%	22%
Ever tried cigarettes	27%	35%	52%	45%
Current smokers	10%	14%	21%	18%
Tried to quit smoking	50%	51%	56%	50%
Youth who used marijuana in the past 30 days	8%	13%	24%	23%
Ever used methamphetamines	1%	2%	6%*	4%
Ever used cocaine	2%	3%	7%	7%
Ever used heroin	<1%	1%	3%	3%
Ever used steroids	3%	3%	4%	4%
Ever used inhalants	8%	8%	12%*	11%
Ever misused medications	9%	14%	N/A	N/A
Youth who reported that someone offered, sold, or gave them an illegal drug on school property	9%	13%	24%	26%
Ever had sexual intercourse	22%	35%	NA	47%
Used a condom at last intercourse	61%	56%	N/A	60%
Used birth control pills at last intercourse	32%	34%	23%	18%
Had multiple sexual partners	57%	59%	N/A	N/A

N/A – Data is not available

**2007 YRBS Data*

Strategy #3: Decrease risky behaviors

Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
HIV Testing/Counseling	Mansfield/Ontario/Richland County Health Department	All Ages	Prevention/Early Intervention	Outcomes monitored
Don't Drink and Drive Campaign (Safe Communities Grant)	Mansfield/Ontario/Richland County Health Department	All Ages	Prevention/Early Intervention	Outcomes monitored
Enforcement of Anti-smoking Laws	Mansfield/Ontario/Richland County Health Department	All Ages	Prevention	Outcomes monitored
Tobacco Education Group (TEG)	Community Action for Capable Youth (CACY)	Youth Smokers	Prevention/Early Intervention	Evidence based
ASK Training (Ask Server Knowledge Program)	Community Action for Capable Youth (CACY)	Liquor permit holders and their employees	Prevention/Early Intervention	Outcomes monitored
LifeSkills Training Curriculum	Community Action for Capable Youth (CACY)	3 rd -9 th grade youth	Prevention	Evidence based
First Time Offender Program	Community Action for Capable Youth (CACY)	Court-ordered juveniles and their parent	Prevention/Early Intervention	Results tracked
Too Good For Drugs Curriculum	Community Action for Capable Youth (CACY)	Pre-K-6 th grade	Prevention	Outcomes monitored
Positive Opportunities Program (POP) Mentoring	Community Action for Capable Youth (CACY)	4 th -10 th grade selected students	Prevention	Results tracked
Environmental Compliance Checks	Community Action for Capable Youth (CACY)/ Mansfield Police Dept./METRICH	Alcohol & tobacco licensed vendors	Prevention	Results tracked
D.A.R.E.	Mansfield Police Department	5 th and 8 th graders (Mansfield City, Ontario, Private and Charter schools)	Prevention	Outcomes monitored
Residential Treatment	Abraxa/ Foundations for Living/New Beginnings	Youth and Adult	Treatment	Outcomes monitored
Crisis Beds/Counseling	The Center	All Ages	Treatment	Outcomes monitored
Drug Disposal Program/Rx Education	Mansfield Police/Shelby City Health Department	All	Prevention	Results are tracked
Elevation Values Everyday	UMADOP	Children ages 5-12 and their families	Prevention/Early Intervention/ Treatment	Evidence based
Strengthening Families	UMADOP	Children ages 5-12 and their families	Prevention/Early Intervention/ Treatment	Evidence based

Strategy #3: Decrease risky behaviors Resource Assessment

Program/Strategy/Service	Responsible Agency	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Faith-Based Recovery Programs	Local Churches	Adults with Addiction problems	Treatment	Outcomes monitored
Relationships Under Construction (Pregnancy/STD prevention)	Elementary Schools	6 th grade students	Prevention	Outcomes monitored
Books and Video Resources	Richland County Library	All ages	Prevention/Early Intervention/Treatment	None
Veteran's Court & Drug Court	Court System	Court-involved Adults/Veteran's	Early Intervention/Treatment	Outcomes monitored
Halfway House Drug & Alcohol Treatment/Sex Offender Program	Volunteers of America	Court involved Adults for substance abuse/sexual offenses	Treatment	Evidence based
Private Counseling	Various local agencies	All Ages	Treatment	Outcomes monitored
Alcoholics Anonymous/Narcotics Anonymous	Various locations	All ages	Treatment	Evidence based
Psychiatric Unit In-patient & out-patient treatment	MedCentral	Adults and Youth	Treatment	Outcomes monitored
Tobacco Cessation Program	MedCentral/Shelby City Health Department	All ages	Treatment	Outcomes monitored
GRADS Program	Pioneer	Teen Mothers	Early Intervention	Outcomes monitored
IMPACT	Family Life Counseling	Youth sex offenders	Treatment	Evidence based
RAPHA	Family Life Counseling	Victims of sexual abuse	Treatment	Evidence based
5 A's Program	Mansfield/Ontario/Richland County Health Department	Pregnant women who smoke	Prevention/Early Intervention/Treatment	Evidence based
Drug testing programs	Local Schools and Various Agencies	All ages	Prevention/Early Intervention	Outcomes monitored

Strategy #4: Decrease risky behaviors Gaps and Potential Strategies

Gaps	Potential Strategies
Prescription drug collection	<ul style="list-style-type: none"> • Create a permanent prescription drug drop-off location in Richland County (Support local police departments to do this) • Increase awareness of prescription drug collection and drop off sites
Lack of consistency in school drug testing policies (punitive/not punitive)	<ul style="list-style-type: none"> • Look at school district's policies and try to coordinate efforts
Long wait for substance abuse treatment	<ul style="list-style-type: none"> • Increase funding
Accountability for youth and their parents	<ul style="list-style-type: none"> • Increase parent involvement and education • Look for programs to educate youth and parents (Parent Project)
Increasing youth prevention opportunities	<ul style="list-style-type: none"> • Look for additional grants and or funding opportunities for research based prevention programs
Distracted driving	<ul style="list-style-type: none"> • Increase education for youth and adults
Increase awareness of resources dealing with risky behaviors (including prevention activities)	<ul style="list-style-type: none"> • Create a program guide with available services
Early onset of sexual activity/pregnancy	<ul style="list-style-type: none"> • Increase education (find out what schools are doing education) • CFHS ad campaign
Parents providing alcohol to their children	<ul style="list-style-type: none"> • Increase education of consequences • Parents Who Host Campaign
Youth access to alcohol	<ul style="list-style-type: none"> • Increase seller/server trainings (incentives for vendors to attend) • Increase enforcement and environmental scans • Increase awareness of those businesses who are not serving to minors
Increase opportunities for positive influences for adults and youth	<ul style="list-style-type: none"> • Life coach program • Increase asset development opportunities
Mothers who are using substances while pregnant	<ul style="list-style-type: none"> • Increase education • FASD task force

Strategy #3: Decrease risky behaviors Best Practices

The following programs have been reviewed and have proven strategies to **decrease risky behaviors**:

1. **Parent Project** ®: The Parent Project is an evidence/science based parenting skills program specifically designed for parents with strong-willed or out-of-control children. Parents are provided with practical tools and no-nonsense solutions for even the most destructive of adolescent behaviors. The Parent Project is the largest court mandated juvenile diversion program in the country and for agencies, the least expensive intervention program available today.

There are two highly effective Parent Project® programs serving families:

Loving Solutions is a 6 to 7 week program written for parents raising difficult or strong-willed children, 5 to 10 year of age. Designed for classroom instruction, this program has special application to ADD and ADHD issues, and was written for the parents of more difficult children.

Changing Destructive Adolescent Behavior is a 10 to 16 week program designed for parents raising difficult or out-of-control adolescent children, ages 10 and up. Also designed for classroom use, it provides concrete, no-nonsense solutions to even the most destructive of adolescent behaviors.

For more information go to: <http://www.parentproject.com>

2. **Motivational Interviewing (MI)**- MI is a goal-directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. MI has been applied to a wide range of problem behaviors related to alcohol and substance abuse as well as health promotion, medical treatment adherence, and mental health issues. Although many variations in technique exist, the MI counseling style generally includes the following elements:
 - Establishing rapport with the client and listening reflectively.
 - Asking open-ended questions to explore the client's own motivations for change.
 - Affirming the client's change-related statements and efforts.
 - Eliciting recognition of the gap between current behavior and desired life goals.
 - Asking permission before providing information or advice.
 - Responding to resistance without direct confrontation. (Resistance is used as a feedback signal to the therapist to adjust the approach.)
 - Encouraging the client's self-efficacy for change.
 - Developing an action plan to which the client is willing to commit.

For more information go to <http://www.motivationalinterview.org>.

3. **Community Trials Intervention to Reduce High-Risk Drinking** - Community Trials Intervention to Reduce High-Risk Drinking is a multicomponent, community-based program developed to alter the alcohol use patterns and related problems of people of all ages. The program incorporates a set of environmental interventions that assist communities in (1) using zoning and municipal regulations to restrict alcohol access through alcohol outlet density control; (2) enhancing responsible beverage service by training, testing, and assisting beverage servers and retailers in the development of policies and procedures to reduce intoxication and driving after drinking; (3) increasing law enforcement and sobriety checkpoints to raise actual and perceived risk of arrest for driving after drinking; (4) reducing youth access to alcohol by training alcohol retailers to avoid selling to minors and those who provide alcohol to minors; and (5) forming the coalitions needed to implement and support the interventions that address each of these prevention components.

For more information go to <http://www.pire.org/communitytrials/index.ht>

Strategy #3: Decrease risky behaviors Best Practices

4. **Project ASSERT-** Project ASSERT (Alcohol and Substance Abuse Services, Education, and Referral to Treatment) is a screening, brief intervention, and referral to treatment (SBIRT) model designed for use in health clinics or emergency departments (EDs). Project ASSERT targets three groups:
1. Out-of-treatment adults who are visiting a walk-in health clinic for routine medical care and have a positive screening result for cocaine and/or opiate use. Project ASSERT aims to reduce or eliminate their cocaine and/or opiate use through interaction with peer educators (substance abuse outreach workers who are in recovery themselves for cocaine and/or opiate use and/or are licensed alcohol and drug counselors).
 2. Adolescents and young adults who are visiting a pediatric ED for acute care and have a positive screening result for marijuana use. Project ASSERT aims to reduce or eliminate their marijuana use through interaction with peer educators (adults who are under the age of 25 and, often, college educated).
 3. Adults who are visiting an ED for acute care and have a positive screening result for high-risk and/or dependent alcohol use. Project ASSERT aims to motivate patients to reduce or eliminate their unhealthy use through collaboration with ED staff members (physicians, nurses, nurse practitioners, social workers, or emergency medical technicians).

On average, Project ASSERT is delivered in 15 minutes, although more time may be needed, depending on the severity of the patient's substance use problem and associated treatment referral needs. The face-to-face component of the intervention is completed during the course of medical care, while the patient is waiting for the doctor, laboratory results, or medications.

For more information go to: <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=222>

5. **Medication Collection Programs:**

The proper disposal of medications has become a global concern with focuses on safety for the public and the environment. Due to the legalities involved with proper disposal, most U.S. communities do not offer disposal programs for waste medications. As a result, many consumers keep drugs in their possession because they do not want the drugs to go to waste or do not know how to dispose of them properly. Serious safety concerns have arisen regarding issues of accidental poisonings, drug diversion by teens, and environmental risks posed by keeping unused medication in the home. These concerns have prompted the initiation of drug take-back programs by numerous local and state governments and other organizations. The goal of Project Drug Drop is to significantly reduce the diversion of controlled substances through proper disposal practices and community awareness education. In the absence of a uniform waste pharmaceutical collection program, individuals are often instructed to flush unwanted pharmaceuticals down toilets or dispose of them in the trash. The concern is that these practices contribute to the contamination of environmental water sources that are cycled back for human consumption. Legal regulations on the transfer of controlled substances has limited the availability of alternate disposal methods but federal regulatory authorities such as the Drug Enforcement Administration (DEA), the Food and Drug Administration (FDA) and the Environmental Protection Agency³ (EPA) encourage consumers to participate in drug take-back events when possible.

For more information go to: <http://projectdrugdrop.org/about-the-program/>

Strategy #3: Decrease risky behaviors

Action Step Recommendations & Action Plan

Action Step Recommendations

To work toward decreasing **risky behaviors**, the following actions steps are recommended:

1. Increase responsible beverage service trainings and environmental scans in Richland County.
2. Secure a permanent prescription drug collection site
3. Increase the number of ER and primary care providers screenings for at-risk drinking and drug abuse
4. Increase community education on risky behaviors and awareness of available programs
5. Implement the Parent Project Program
6. Secure a Drug Free Communities (DFC) grant in Richland County

Action Plan

Decrease Risky Behaviors		
Action Step	Responsible Person/Agency	Timeline
Increase Responsible Beverage Service Trainings & Environmental Scans		
<p>Year 1: Work with the Ohio Investigative Unit to increase the number of responsible beverage service trainings being offered in Richland County.</p> <p>Offer the trainings at various times and locations throughout the county.</p> <p>Work with local Police Departments and Sheriff's Office to look for funding opportunities to increase the number of environmental scans being facilitated.</p>	Tracee Anderson, CACY, Mansfield City Police Department & METRICH	July 2014
<p>Year 2: Create awareness in the community regarding the responsible beverage service trainings. Positively identify businesses that have completed the trainings.</p> <p>Begin offering incentives for establishments to attend trainings.</p> <p>Increase the amount of trainings by 25%</p> <p>Increase the amount of environmental scans by 25%</p>		July 2015
<p>Year 3: Continue efforts of years 1 and 2.</p> <p>Double the number of businesses that have had their employees trained.</p> <p>Double the amount of environmental scans being facilitated.</p>		July 2016
Secure a Permanent Prescription Drug Drop –Off Location		
<p>Year 1: Increase awareness of prescription drug abuse and the prescription drug collection program. Encourage local pharmacies to provide information on prescription drug collections.</p> <p>Begin looking for opportunities to create a permanent drop-off location site.</p>	Mansfield City Police Department, Richland County Sheriff's Office, Tracee Anderson, CACY & Laurie Hamrick, Catholic Charities	July 2014
<p>Year 2: Secure a permanent drop-off site in Richland County.</p> <p>Raise awareness of the permanent drop-off site</p>		July 2015
<p>Year 3: Increase prescription drug collection sites in Richland County by 25%.</p> <p>Continue raising awareness of the drop-off locations.</p>		July 2016

Strategy #3: Decrease risky behavior Action Step Recommendations & Action Plan, continued

Decrease Risky Behaviors		
Action Step	Responsible Person/Agency	Timeline
Increase the Number of ER and Primary Care Providers Screenings for At-Risk Drinking and Drug Abuse		
Year 1: Collect baseline data on the number of ER and primary care providers that currently screen for at-risk drinking and drug abuse, and at what ages.	MedCentral Health System & Tracee Anderson, CACY	July 2014
Year 2: Introduce an alcohol screening tool to physicians' offices and hospital emergency room. Pilot the protocol with one primary care physician's office and the hospital emergency room.		July 2015
Year 3: Increase the number of ER and primary care providers screening for alcohol and/or drug abuse by 50% from baseline.		July 2016
Increase Community Education on Risky Behaviors and Awareness of Available Programs		
Year 1: Create an informational brochure/guide that highlights all organizations in Richland County that provide services to address risky behaviors, including prevention opportunities. Include information on which organizations offer free services, offer a sliding fee scale, and which insurance plans are accepted. Educate school personnel and social workers in at least three local school districts on the availability of services. Plan and implement a community awareness event to offer the Operation Street Smart Workshop to adults in Richland County.	Tracee Anderson, CACY & Mid-Ohio Educational Service Center	July 2014
Year 2: Enlist organizations to update the brochure/guide on an annual basis and increase dissemination of the information Educate school personnel and social workers in all local school districts on the availability of services. Plan additional awareness programs/workshops focusing on different trends and hot topics. Increase awareness of the workshops.		July 2015
Year 3: Continue efforts of years 1 and 2 and expand awareness and outreach.		July 2016
Implement Parent Project		
Year 1: Recruit trained facilitators to implement the program or train facilitators to implement the Parent Project program. Secure a space to host the program. Introduce program to juvenile court, Jobs and Family Services, school guidance counselors and churches. Ask them to make referrals to those who offer the program.	Parent Aide Program, (Lori Daugherty will be contacted)	
Year 2: Implement the program with at least 20 parents.		

Strategy #3: Decrease risky behavior Action Step Recommendations & Action Plan, continued

Decrease Risky Behaviors		
Action Step	Responsible Person/Agency	Timeline
Implement Parent Project, continued		
<p>Year 3: Expand program to be offered in different areas of the county and at different times throughout the year.</p> <p>Work with juvenile court to get mandatory referrals for parents.</p> <p>Expand the program to include a youth education piece.</p> <p>Implement the program with at least 50 parents.</p>		
Secure a Drug Free Communities (DFC) Grant		
<p>Year 1: Enlist grant writers from various interested organizations.</p> <p>Determine who will be the lead agency.</p> <p>Initiate any pre-work that has to be done to secure the grant such as letters of support, enlisting missing sectors to the current coalition, etc.</p>	Tracee Anderson, CACY & Numerous other organizations	
<p>Year 2: Apply for DFC grant by March, 2014.</p>		
<p>Year 3: If funded, implement grant deliverables.</p> <p>If not funded in first year, apply again or look to partner with a neighboring county who is already funded and apply for a mentoring grant.</p>		

Progress and Measuring Outcomes

The progress of meeting the local priorities will be monitored with measurable indicators identified by the Richland County Community Health Improvement Planning Committee. The individuals that are working on action steps will meet on an as needed basis. The full strategic planning committee will meet quarterly to report out the progress. A marketing committee will be formed to disseminate the strategic plan to the community. Action steps, responsible person/agency and timelines will be reviewed at the end of each year by the committee. Edits and revisions will be made accordingly.

Contact Us

For more information about any of the agencies, programs, and services described in this report, please contact:

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