2019



Crawford County & Galion City

Community Health Status Assessment Commissioned by:



Foreword

Dear Community Member,

Members of the Crawford County Health Partners are proud to present the 2019 Crawford County Health Assessment. This report is the result of dedication to a partnership that is focused on improving the health of our community.

This Community Health Assessment is a data-driven look at the health of adults and youth who live in Crawford County and the City of Galion. It compares Crawford County and Galion City newly collected data to information from previous assessments, as well as to data from across the state of Ohio and the United States.

This document will highlight the strengths and needs of Crawford County, so that organizations involved in the assessment process can make sound decisions using the best available data. It should help identify unmet needs, increase access to services, and provide insight into the best ways to improve the quality of life for people in Crawford County. A community's quality of life is measured in many ways. Every measure includes its health status, and having a healthier population leads to a higher quality of life for all. Using this assessment as just one tool, any and every organization can play a role, large or small, in making Crawford County an even better place to live and work.

While addressing every challenge or opportunity for improvement would surely be overwhelming, the 2019 Community Health Assessment should help quide health priorities in Crawford County for the next several years or longer. It is our hope that this report will be informative not only for the general public, but also to organizations that will use the data to write grant requests, form strategic plans, and motivate communities to become champions for positive change.

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

This report would not exist without the financial support of community organizations that care about your health. In addition, the project was supported and driven by community organizations that comprise the Crawford County Health Partners. Their hard work and dedication in planning the assessment and community involvement made this all possible. Please see the acknowledgements page for a list of both funding agencies and Crawford County Health Partners that were involved in the Community Health Assessment project. Special thanks are given to Tessa Elliott of the Hospital Council of Northwest Ohio for guiding this process.

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

Sincerely,

Cinda M. Kropka, MHA Compliance/ Ethics & Privacy Director Avita Health System

Kate Siefert, RS, MPH Health Commissioner Crawford County Public Health

Trish Factor, MPH, MCHES, CHEP Health Commissioner Galion City Health Department

Acknowledgements

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Avita Health System Crawford County Public Health Galion City Health Department Crawford County Board of Developmental Disabilities Crawford Partnership for Education & Economic Development Crawford-Marion ADAMH Board Together We Hurt Together We Heal United Way of Crawford County

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Avita Health System Crawford County Public Health Galion City Health Department Crawford County Board of Developmental Disabilities Crawford Partnership for Education & Economic Development Crawford-Marion ADAMH Board Together We Hurt Together We Heal United Way of Crawford County Community Counseling Community Foundation for Crawford County Family Life Counseling- Galion Marion Crawford Prevention Programs Maryhaven Wesley Chapel/Restore Ministries All Crawford County School Districts

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

http://www.hcno.org/community/data-indicator.html

The 2018/19 Crawford County Health Assessment is available on the following websites:

Avita Health System - http://www.avitahealth.org

Crawford County Public Health - http://crawfordhealth.com/

Galion City Health Department - http://galionhealth.org/

Hospital Council of Northwest Ohio - http://www.hcno.org/community/reports.html

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Executive Summary

This executive summary provides an overview of health-related data for Crawford County adults (ages 19 and older) who participated in a county-wide health assessment survey from September through October 2018 and youth (ages 12 through 18) who participated in a county-side health assessment survey in February 2019. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS). The Hospital Council of Northwest Ohio (HCNO) collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

The state of Ohio mandated by law (ORC 3701.981) that all hospitals must collaborate with their local health departments on community health assessments (CHA) and community health improvement plans (CHIP). In addition, local hospitals must align with the Ohio State Health Assessment (SHA). This requires alignment of the CHA process timeline and indicators. This local alignment must take place by October 2020. Avita Health System collaborated with the Crawford County Health Department, the Galion City Health Department and other partners to create the 2018/19 Crawford County CHA. Avita Health System will also be participating in the upcoming CHIP, which along with the CHA, will align partners to be in compliance by 2020.

Internal Revenue Services (IRS) Requirements

The Affordable Care Act (ACA), enacted in March 2010, added new Section 501 (r) requirements in Part V, Section B, on 501 (c)(3) organizations that operate one or more hospital facilities. Each 501 (c)(3) hospital organization must conduct a community health needs assessment and adopt an implementation strategy at least once every three years. This report meets these IRS requirements.

DEFINITION OF COMMUNITY & SERVICE AREA DETERMINATION

The community has been defined as Crawford County. Most (75%) of Avita Health System's discharges in 2018 were residents of Crawford County. In addition, Avita Health System collaborates with multiple stakeholders, most of which provide services at the county-level. For these two reasons, the county was defined as the community.

INCLUSION OF VULNERABLE POPULATIONS

Crawford County is a rural county. Approximately 16.2% of Crawford County residents were below the poverty line, according to the 2013-2017 American Community Survey 5-year estimates. For this reason, data is broken down by income (less than \$25,000 and greater than \$25,000) throughout the report to show disparities.

PROCESS & METHODS FOR ENGAGING COMMUNITY

This community health needs assessment process was commissioned by The Crawford County Health Partners. This coalition has been in existence for 4 years and includes approximately 15 area organizations. Multiple sectors, including the general public, were asked through email list servs, social media, and public notices to participate in the process which included defining the scope of the project, choosing questions for the surveys, reviewing initial data, planning a community release, and identifying and prioritizing needs.

QUANTITATIVE & QUALITATIVE DATA ANALYSIS

The Hospital Council of Northwest Ohio was contracted to collect and analyze the data, as well as overall project management. Detailed data collection methods are described later in this section.

EVALUATION OF IMPACT

The evaluation of impact takes into consideration the feedback from the last community health needs assessment. The Crawford County Health Partners have a quarterly score card that tracks impact of priority action steps.

CHNA AVAILABILITY

The 2019 Crawford Health Community Health Needs Assessment, as well as the various other assessments used in creating this report, can be found at the following websites:

Avita Health System: www.avitahealth.org

Crawford County Public Health: http://www.crawford-co.org/

Galion City Public Health: www.galionhealth.org

Hospital Council of Northwest Ohio: http://www.hcno.org/community-services/community-health-assessments/

Public Health Accreditation Board (PHAB)

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

PHAB standards highly recommend that national models of methodology are utilized in compiling CHAs. The 2019 CHA was completed using the National Association of County and City Health Officials (NACCHO) Mobilizing Action through Partnerships and Planning (MAPP) process. MAPP is a community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors.

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

Primary Data Collection Methods

DESIGN

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

INSTRUMENT DEVELOPMENT

Two survey instruments were designed, and pilot tested for this study: one for adults and one for adolescents in grades 6 through 12. As a first step in the design process, health education researchers from the University of Toledo and staff members from HCNO met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults and adolescents. The investigators decided to derive most the adult survey items from the BRFSS and many of adolescent survey items from the YRBSS. This decision was based on being able to compare local data with state and national data.

The project coordinator from the Hospital Council of Northwest Ohio conducted a series of meetings with the Crawford County Health Partners. During these meetings, HCNO and the planning committee reviewed and discussed banks of potential survey questions. Based on input from the Crawford County planning committee, the project coordinator composed drafts of surveys containing 116 items for the adult survey and 75 items for the adolescent survey. Health education researchers from the University of Toledo reviewed and approved the drafts.

SAMPLING | Adult Survey

The sampling frame for the adult survey consisted of adults ages 19 and older living in Crawford County. There were 33,056 persons ages 19 and older living in Crawford County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings). A sample size of at least 380 adults was needed to ensure this level of confidence. The random sample of mailing addresses was obtained from Melissa Global Intelligence in Rancho Santa Margarita, California.

SAMPLING | Adolescent Survey

Youth in grades 6 through 12 in Crawford County public school districts were used as the sampling frame for the adolescent survey. Using the U.S. Census Bureau data, it was determined that approximately 4,233 youth ages 12 to 18 years old live in Crawford County. A sample size of 352 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

PROCEDURE | Adult Survey

Prior to mailing the survey, the project team mailed an advance letter to 1,200 adults in Crawford County. An additional 300 letters were mailed to adults living in Galion City. This advance letter was personalized; printed on Crawford County Health Partners letterhead; and signed by Trish Factor, MPH, MCHES, CHEP, Health Commissioner, Galion City Health Department and Kate Siefert, RS, Administrator, Crawford County Public Health. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

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

The response rate for the mailing was 42% (n=564: CI= \pm 4.09). This return rate and sample size means that the responses in the health assessment should be representative of the entire county. There were 114 adults living in Galion City who responded to the survey and the data is not generalizable to the entire population.

PROCEDURE | Adolescent Survey

The survey was approved by all participating superintendents. Schools and grades were randomly selected. Each student in the selected grades 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 94% (n=436: $CI = \pm 4.43$).

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using SPSS 24.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Crawford County, the adult data collected was weighted by age, gender, race, and income using 2017 Census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix IV.

LIMITATIONS

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

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

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

Secondary Data Collection Methods

HCNO collected secondary data from multiple sites, including county-level data, whenever possible. HCNO utilized sites such as the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), numerous CDC sites, U.S. Census data, and Healthy People 2020, among other national and state data sources. All data is included in the section of the report with which it corresponds. All primary data collected in this report is from the 2018 Crawford County Community Health Assessment (CHA). All other data is sourced accordingly.

2016 Ohio State Health Assessment (SHA)

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

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

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

Comprehensive

and actionable picture of health and wellbeing

in Ohio

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

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

Data profiles

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

SHA regional forums

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

Review of local health department and hospital assessments/plans

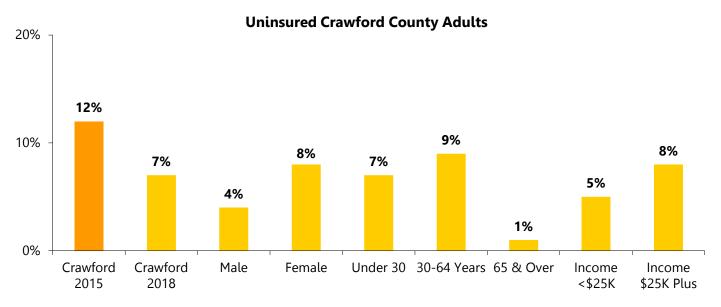
- 211 local health department and hospital community health assessment/plan
- Covered 94 percent of Ohio counties
 - Summary of local-level health

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

Data Summary | Health Care Access

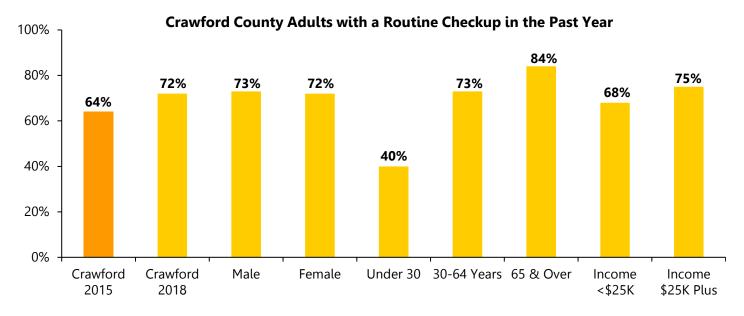
HEALTH CARE COVERAGE

Seven percent (7%) of Crawford County adults were without health care coverage. The top reason adults gave for being without health care coverage was they lost their job or changed employers (49%).



ACCESS AND UTILIZATION

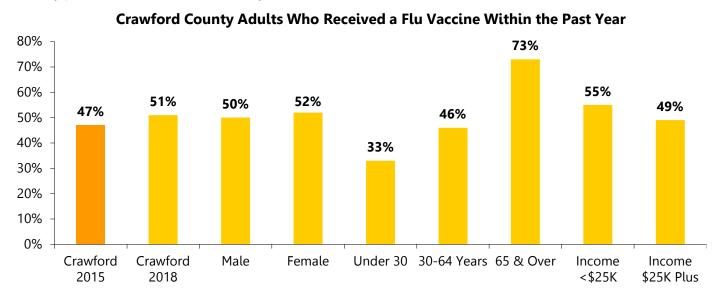
Seventy-two percent (72%) of Crawford County adults had visited a doctor for a routine checkup in the past year. Over three-fifths (65%) of adults went outside of Crawford County for health care services in the past year.



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

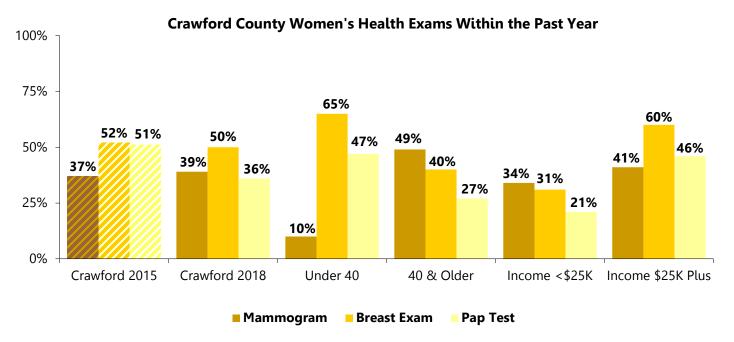
PREVENTIVE MEDICINE

Seventy-one percent (71%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. Seventy percent (70%) of Crawford County adults had the MMR vaccine in their lifetime.



WOMEN'S HEALTH

Nearly half (49%) of Crawford County women over the age of 40 reported having a mammogram in the past year. Half (50%) of women had a clinical breast exam in the past year, and 69% of women ages 21 to 65 had a Pap smear to detect cancer of the cervix in the past three years. Seventy percent (70%) of Crawford County women were overweight or obese, 40% had high blood pressure, 38% had high blood cholesterol, and 17% were identified as current smokers, known risk factors for cardiovascular diseases.



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

MEN'S HEALTH

One-quarter (25%) of Crawford County males experienced erectile dysfunction in their life. Forty-three percent (43%) of men had been diagnosed with high blood cholesterol, 39% had high blood pressure, and 17% were identified as current smokers, which, along with being overweight and obese (83%), are known risk factors for cardiovascular diseases.

ORAL HEALTH

Crawford

2015

Crawford

2018

Male

About seven out of ten (69%) Crawford County adults had visited a dentist or dental clinic in the past year. The top two reasons adults gave for not visiting a dentist in the past year were no reason to go/had not thought of it (26%) and cost (23%).

Crawford County Adults Who Visited a Dentist or Dental Clinic in the Past Year 80% 73% 72% 70% 69% 69% 67% 65% 63% 60% 54% 40% 20% 0%

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

Under 30 30-64 Years 65 & Over

Female

Income

<\$25K

Income

\$25K Plus

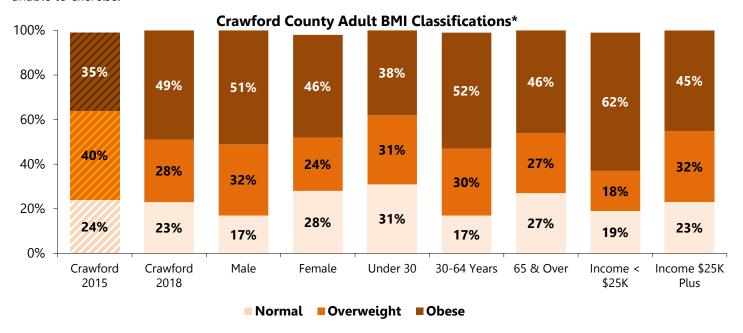
Data Summary | Health Behaviors

HEALTH STATUS PERCEPTIONS

About one-quarter (24%) of Crawford County adults rated their physical health, and 30% rated their mental health as not good on four or more days in the past month.

ADULT WEIGHT STATUS

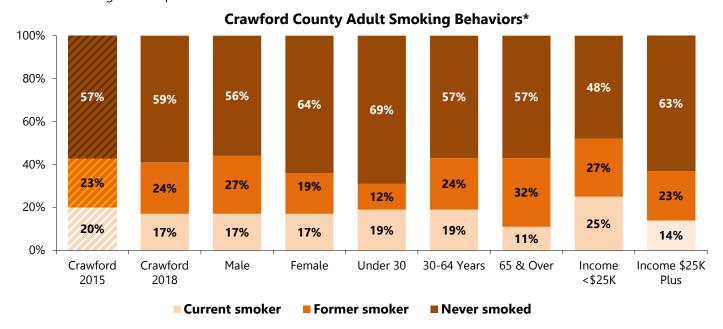
Seventy-seven percent (77%) Crawford County adults were overweight or obese based on body mass index (BMI). Nearly one-fifth (18%) adults did not participate in any physical activity in the past week, including 3% who were unable to exercise.



*Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

ADULT TOBACCO USE

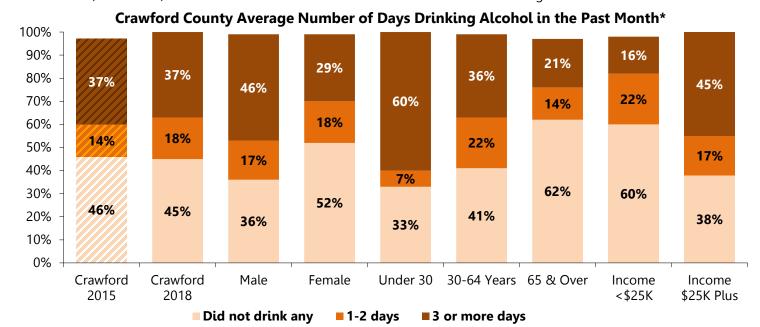
Seventeen percent (17%) of Crawford County adults were current smokers, and 24% were considered former smokers. Seven percent (7%) of adults used e-cigarettes/vapes in the past year. Forty percent (40%) of adults did not know if e-cigarette vapor was harmful.



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

ADULT ALCOHOL CONSUMPTION

Over half (55%) of Crawford County adults had at least one alcoholic drink in the past month and would be considered current drinkers. One-guarter (25%) of all adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.

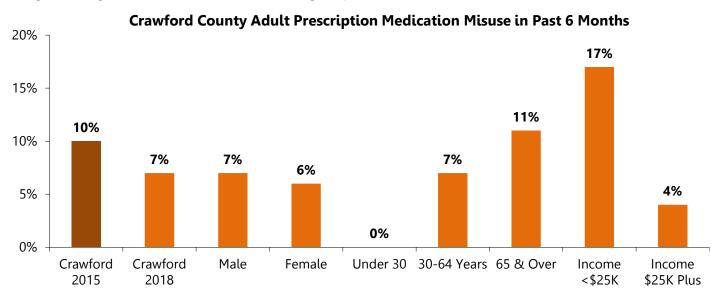


*Percentages may not equal 100% as some respondents answered, "Don't Know"

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

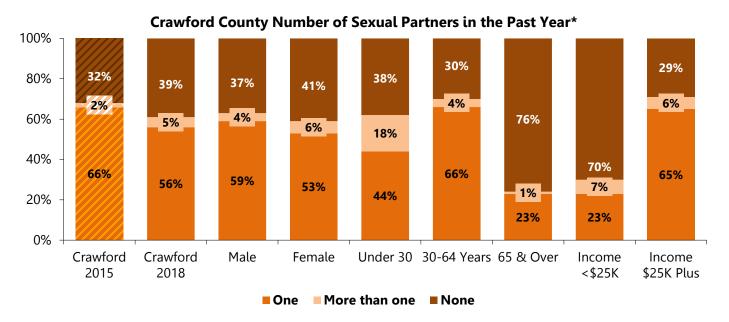
ADULT DRUG USE

Three percent (3%) of Crawford County adults had used non-medical marijuana or hashish during the past 6 months. Seven percent (7%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past six months.



ADULT SEXUAL BEHAVIOR

Sixty-one percent (61%) Crawford County adults had sexual intercourse in the past year. Five percent (5%) of adults had more than one sexual partner in the past year.

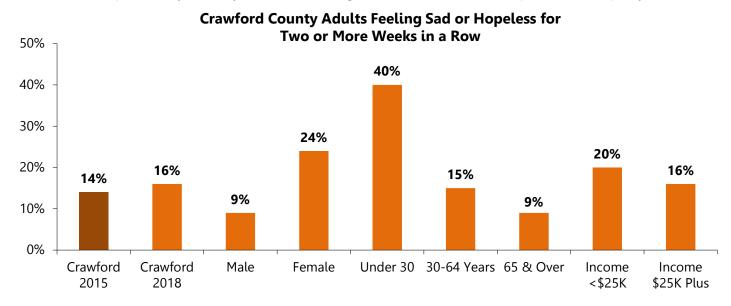


*Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"

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

ADULT MENTAL HEALTH

Five percent (5%) of Crawford County adults considered attempting suicide in the past year. Twenty-seven percent (27%) of adults reported they or family member were diagnosed with or treated for depression in the past year.

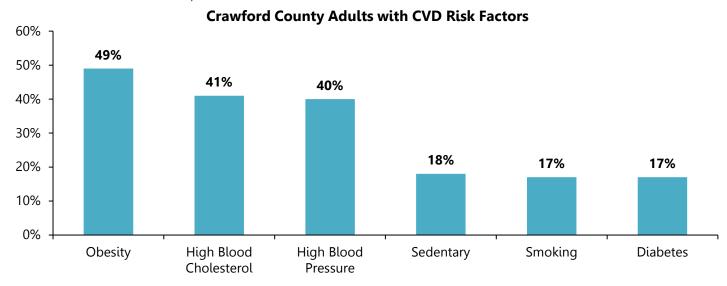


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall

Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

Five percent (5%) of Crawford County adults had survived a heart attack and 3% had survived a stroke at some time in their life. Nearly half (49%) of adults were obese, 41% had high blood cholesterol, 40% had high blood pressure, and 17% were current smokers, four known risk factors for heart disease and stroke.

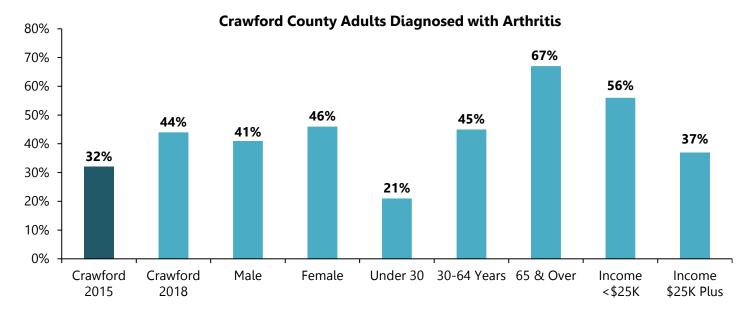


CANCER

One-in-seven (14%) Crawford County adults had been diagnosed with cancer at some time in their life.

ARTHRITIS

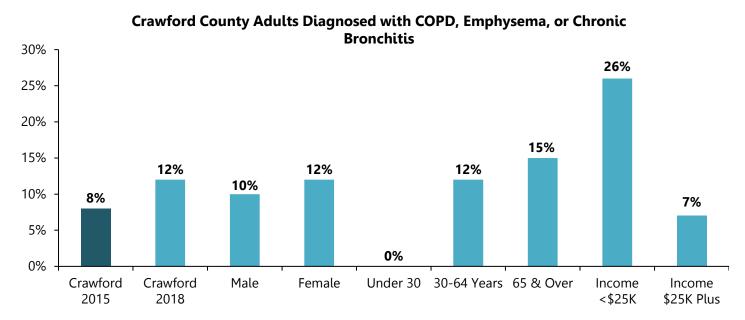
Forty-four percent (44%) of Crawford County adults were diagnosed with arthritis in their lifetime.



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

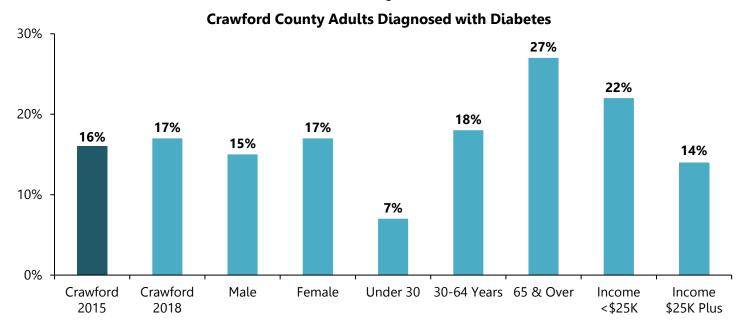
ASTHMA AND OTHER RESPIRATORY DISEASE

Nearly one-fifth (17%) Crawford County adults had been diagnosed with asthma in their lifetime. Twelve percent (12%) of adults had been diagnosed with chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis in their lifetime.



DIABETES

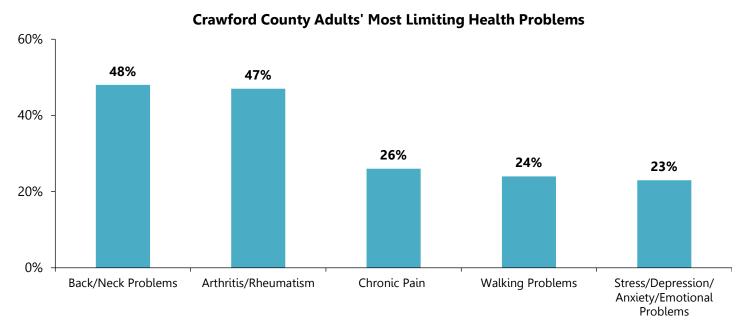
Seventeen percent (17%) of Crawford County adults had been diagnosed with diabetes. Ninety-two percent (92%) of adults with diabetes were also classified as obese or overweight.



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

QUALITY OF LIFE

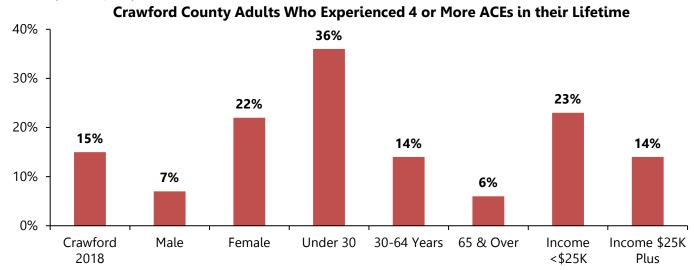
Thirty-five percent (35%) of Crawford County adults reported they were limited in some way because of a physical, mental or emotional problem. The most limiting health problems were back or neck problems (48%), arthritis/rheumatism (47%), chronic pain (26%), and walking problems (24%).



Data Summary | Social Conditions

SOCIAL DETERMINANTS OF HEALTH

Fifteen percent (15%) of Crawford County adults had experienced four or more adverse childhood experiences (ACEs) in their lifetime. One-in-seven (14%) adults had experienced at least one issue related to hunger/food insecurity in the past year.



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

ENVIRONMENTAL HEALTH

Crawford County adults reported insects (13%), mold (9%) and agricultural chemicals (7%) as the top three environmental health issues that threatened their health in the past year. Eighty-two percent (82%) of adults had a working smoke detector in preparation for a disaster.

PARENTING

Over half (55%) of parents discussed bullying with their 6-to-17 year-old in the past year. Four percent (4%) of parents reported they became a first-time parent in the past year.

Data Summary | Galion City

HEALTH CARE ACCESS

Five percent (5%) of Galion City adults were without health care coverage. Fifty-six percent (56%) of adults had a flu vaccine during the past 12 months. Almost three-quarters (73%) of adults had visited a dentist or dental clinic in the past year.

CHRONIC DISEASE AND HEALTH BEHAVIOR

Eighty-two percent (82%) of Galion City adults were classified as overweight (33%) and obese (49%) by body mass index (BMI). Five percent (5%) of Galion City adults used e-cigarettes/vapes in the past year.

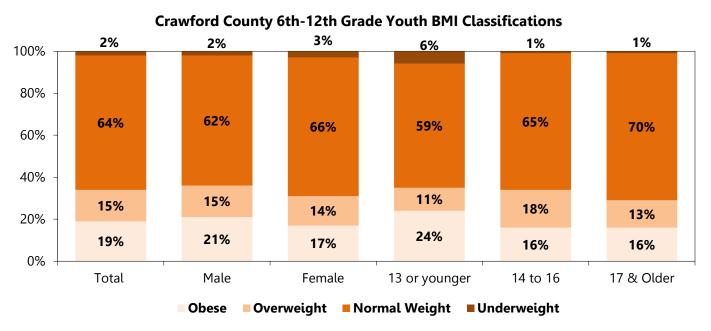
SOCIAL CONDITIONS

Thirteen percent (13%) of Galion City adults had experienced four or more adverse childhood experiences (ACEs) in their lifetime. Over half (52%) of adults kept a firearm in or around their home. Galion City adults reported insects (17%), mold (13%) and rodents (10%) as the top three environmental health issues that threatened their health in the past year.

Data Summary | Youth Health

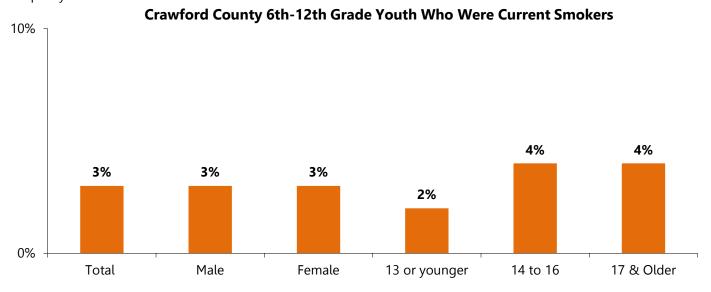
YOUTH WEIGHT STATUS

Nearly one-fifth (19%) of Crawford County youth were obese, according to body mass index (BMI) by age. When asked how they would describe their weight, 33% of Crawford County youth reported that they were slightly or very overweight. One-in-seven (14%) youth did not participate in any physical activity in the past week.



YOUTH TOBACCO USE

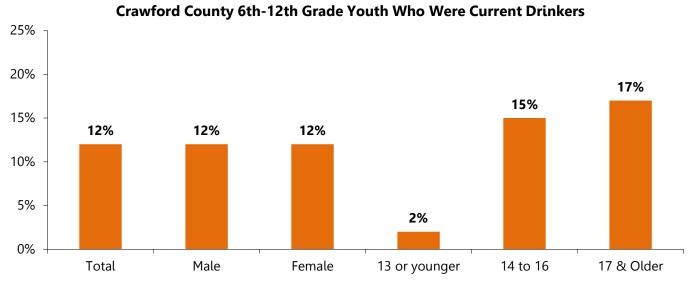
Three percent (3%) of Crawford County youth were current smokers. Thirteen percent (13%) of youth used ecigarettes in the past year. Over half (55%) of youth put e-liquid or e-juice with nicotine in their e-cigarette/vape in the past year.



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

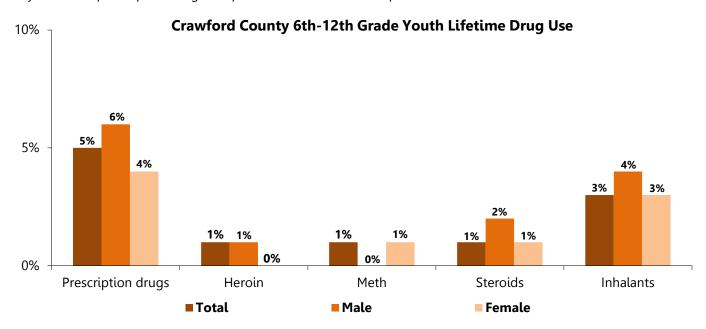
YOUTH ALCOHOL CONSUMPTION

One-third (33%) of Crawford County youth drank at least one drink of alcohol in their life. Twelve percent (12%) of youth had at least one drink in the past 30 days, defining them as a current drinker. Of those who drank, 61% were defined as binge drinkers.



YOUTH DRUG USE

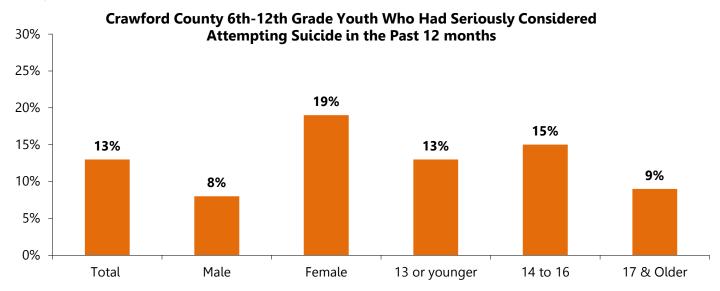
Two percent (2%) of Crawford County youth had used marijuana at least once in the past 30 days. Five percent (5%) of youth used prescription drugs not prescribed for them in the past month.



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

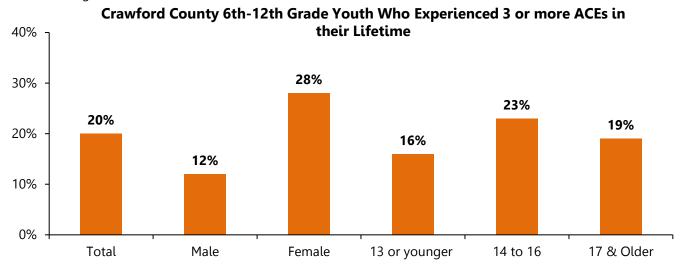
YOUTH MENTAL HEALTH

Thirteen percent (13%) of youth had seriously considered attempting suicide in the past year, and 6% attempted suicide in the past year. Fifteen percent (15%) of youth reported they had no one to talk to when they had feelings of depression or suicide.



YOUTH SOCIAL DETERMINANTS OF HEALTH

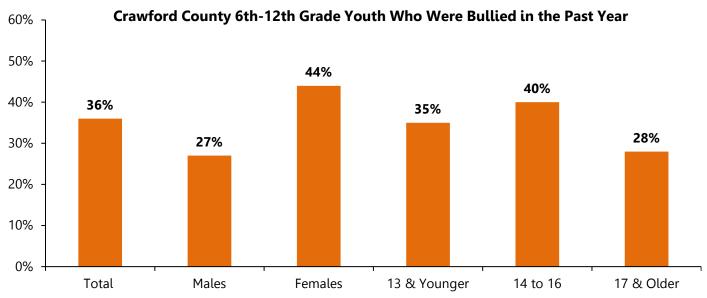
One-fifth (20%) of Crawford County youth had experienced three or more adverse childhood experiences (ACEs) in their lifetime. Twenty-three percent (23%) of Crawford County youth drivers had texted while driving in the past 30 days. Over half (54%) of youth who had a social media or online gaming account believed that sharing information online is dangerous.



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

YOUTH VIOLENCE

One-in-fourteen (7%) Crawford County youth carried a weapon (such as a gun, knife or club) in the past month. Over one-third (36%) of youth had been bullied in the past year. Twenty-three percent (23%) of youth purposefully hurt themselves in their life by cutting, scratching, burning, hitting, or biting.



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

Adult Trend Summary

Adult Variables	Galion City 2018	Crawford County 2015	Crawford County 2018	Ohio 2017	U.S. 2017
Health Care Covera	age, Access, a	nd Utilization			
Uninsured	5%	12%	7%	9%	11%
Visited a doctor for a routine checkup (in the past 12 months)	76%	64%	72%	72%	70%
Had one or more persons they thought of as their personal health care provider	86%	87%	93%	81%	77%
Prever	ntive Medicin	ie			
Had a flu shot in the past year (age 65 and older)	N/A	59%	71%	76%	75%
Ever had a pneumonia vaccine (age 65 and older)	N/A	76%	73%	63%	60%
Ever had a shingles or zoster vaccine	34%	14%	28%	29%	29%
Won	nen's Health				
Had a clinical breast exam in the past two years (age 40 and older)	N/A	70%	57%	N/A	N/A
Had a mammogram within the past two years (age 40 and older)	N/A	74%	65%	74%*	72%*
Had a pap test in the past three years (ages 21-65)	N/A	76%¥	69%	82%*	80%*
0	ral Health				
Visited a dentist or a dental clinic (within the past year)	73%	63%	69%	68%*	66%*
Visited a dentist or a dental clinic (5 or more years ago)	5%	9%	9%	11%*	10%*
He	alth Status				
Rated physical health as not good on four or more days (in the past 30 days)	29%	19%	24%	22%*	22%*
Average number of days that physical health not good (in the past 30 days)	N/A	3.4	5.2	4.0**	3.7**
Rated mental health as not good on four or more days (in the past 30 days)	31%	23%	30%	24%*	23%*
Average number of days that mental health not good (in the past 30 days)	N/A	3.7	5.7	4.3**	3.8**
Poor mental or physical health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	30%	24%	28%	22%*	22%*
We	ight Status				
Normal Weight (BMI of 18.5 – 24.9)	18%	24%	23%	30%	32%
Overweight (BMI of 25.0 – 29.9)	33%	40%	28%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	49%	35%	49%	34%	32%
To	bacco Use				
Current smoker (currently smoke some or all days)	16%	20%	17%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	26%	23%	24%	24%	25%

N/A - Not Available

Note: Only 114 adults living in Galion City responded to the survey and the data is NOT generalizable to the entire population. *2016 BRFSS Data

^{** 2016} BRFSS as compiled by 2018 County Health Rankings

^{*}In 2015, pap test was reported for women ages 19 and over

Indicates alignment with Ohio State Health Assessment (SHA)

Adult Variables	Galion City 2018	Crawford County 2015	Crawford County 2018	Ohio 2017	U.S. 2017				
Alcohol Consumption									
Current drinker (drank alcohol at least once in the past month)	58%	51%	55%	54%	55%				
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	32%	19%	25%	19%	17%				
Drove after having perhaps too much alcohol to drink	15%	9%	7%	4%*	4%*				
	Orug Use								
Adults who used non-medical marijuana or hashish (in the past 6 months)	1%	10%	3%	N/A	N/A				
Adults who used recreational drugs (in the past 6 months)	2%	1%	4%	N/A	N/A				
Adults who misused prescription medications (in the past 6 months)	4%	10%	7%	N/A	N/A				
Sexu	ual Behavior								
Had more than one sexual partner (in past 12 months)	4%	2%	5%	N/A	N/A				
	ntal Health								
Considered attempting suicide (in the past 12 months)	2%	5%	5%	N/A	N/A				
Attempted suicide (in the past 12 months)	1%	2%	1%	N/A	N/A				
Felt sad or hopeless for two or more weeks in a row	16%	14%	16%	N/A	N/A				
	ascular Healt	th		1					
Ever diagnosed with angina or coronary heart disease	1%	5%	5%	5%	4%				
Ever diagnosed with a heart attack or myocardial infarction	8%	5%	5%	6%	4%				
Ever diagnosed with a stroke	2%	1%	3%	4%	3%				
Had been told they had high blood pressure	41%	42%	40%	35%	32%				
Had been told their blood cholesterol was high	37%	40%	41%	33%	33%				
Had their blood cholesterol checked within last five years	84%	80%	81%	85%	86%				
	Cancer								
Ever been told they had skin cancer	7%*	2%*	5%*	6%	6%				
Ever been told they had other types of cancer (other than skin cancer)	13%	9%	9%	7%	7%				
Arthritis, A	sthma, & Dia	betes							
Had been told they have arthritis	48%	32%	44%	29%	25%				
Had ever been told they have asthma	15%	12%	17%	14%	14%				
Ever diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema, or chronic bronchitis	13%	8%	12%	8%	6%				
Ever been told by a doctor they have diabetes (not pregnancy-related)	16%	16%	17%	11%	11%				
Had been diagnosed with pre-diabetes or borderline diabetes	9%	5%	7%	2%	2%				

^{*}Melanoma and other skin cancers are included for "diagnosed with skin cancer"

Indicates alignment with Ohio State Health Assessment (SHA)

Youth Trend Summary

	Midd	lle School (6	th-8th)		High School (9 th -12 th)			
Youth Variables	Crawford County 2014 (6th-8th)	Crawford County 2015 (6 th –8 th)	Crawford County 2019 (6 th –8 th)	Crawford County 2019 (6th-12th)	Crawford County 2014 (9th-12th)	Crawford County 2015 (9th-12th)	Crawford County 2019 (9th-12th)	U.S. 2017 (9 th -12 th)
			Weight Statu	ıs				
Obese 💓	N/A	N/A	23%	19%	N/A	N/A	16%	15%
Overweight	N/A	N/A	12%	15%	N/A	N/A	16%	16%
Described themselves as	N/A	N/A	34%	33%	N/A	N/A	32%	32%
slightly or very overweight	IV/A	IN/A	3470	3370	IN/A	IN/A	3270	32%
Tried to lose weight	N/A	N/A	52%	47%	N/A	N/A	44%	47%
Physically active at least 60 minutes per day on every day in past week	N/A	N/A	26%	28%	N/A	N/A	29%	26%
Physically active at least 60 minutes per day on 5 or more days in past week	N/A	N/A	46%	51%	N/A	N/A	54%	47%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A	N/A	16%	14%	N/A	N/A	13%	15%
Watched 3 or more hours per day of television (on an average school day)	N/A	N/A	15%	18%	N/A	N/A	19%	21%
series auj,			Tobacco Us	e				
Ever tried cigarette smoking (even one or two puffs)	11%	13%	8%	15%	41%	30%	20%	29%
Currently smoked cigarettes (on at least one day during the past 30 days)	2%	5%	2%	3%	14%	11%	4%	9%
Currently frequently smoked cigarettes (on 20 or more days during the past 30 days)	1%	1%	1%	1%	6%	6%	2%	3%
First tried cigarette smoking before age 13 years (even one or two puffs)	5%	7%	7%	5%	11%	8%	4%	10%
		Alco	ohol Consum	ption				
Ever drank alcohol (at least one drink of alcohol, on at least one day during their life)	21%	17%	16%	33%	46%	45%	44%	60%
Currently drank alcohol (at least one drink of alcohol, on at least one day during the past 30 days)	N/A	7%	6%	12%	23%	21%	15%	30%
Binge drinker (consuming more than four [female] or five [male] alcoholic beverages on a single occasion in the past 30 days)	N/A	N/A	3%	7%	N/A	15%	10%	14%
Had their first drink of alcohol before age 13 years (other than a few sips)	13%	12%	6%	7%	13%	12%	9%	16%
Usually got the alcohol they drank by someone giving it to them (of youth drinkers)	N/A	N/A	25%	27%	N/A	N/A	27%	44%
Rode with a driver who had been drinking alcohol (in a car or other vehicle, on one or more occasion during the past 30 days)	19%	24%	13%	11%	13%	13%	10%	17%
Drove when they had been drinking alcohol (of youth who had driven a car or other vehicle during the past 30 days)	N/A	N/A	1%	2%	6%	7%	3%	6%

N/A – Not Available

Indicates alignment with Ohio SHA

Middl		lle School (6	School (6th-8th)		High School (9th-12th)			
Youth Variables	Crawford County 2014 (6 th -8 th)	Crawford County 2015 (6 th -8 th)	Crawford County 2019 (6th–8th)	Crawford County 2019 (6th-12th)	Crawford County 2014 (9th-12th)	Crawford County 2015 (9 th -12 th)	Crawford County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
			Drug Use					
Ever used marijuana (in their lifetime)	4%	5%	4%	9%	19%	21%	12%	36%
Currently used marijuana (one or more times during the past 30 days)	N/A	3%	1%	2%	8%	10%	4%	20%
Ever used synthetic marijuana (also called K2 or spice, in their lifetime)	N/A	N/A	2%	1%	N/A	N/A	1%	7%
Ever used methamphetamines (in their lifetime)	N/A	N/A	1%	1%	2%	2%	<1%	3%
Ever used heroin (in their lifetime)	N/A	N/A	1%	1%	2%	2%	0%	2%
Ever took steroids without a doctor's prescription (in their lifetime)	1%	1%	1%	1%	1%	2%	1%	3%
Ever used inhalants (in their lifetime)	5%	5%	5%	3%	6%	6%	2%	6%
Ever used hallucinogenic drugs (in their lifetime)	N/A	N/A	<1%	<1%	4%	3%	0%	7%
Ever used ecstasy (also called MDMA in their lifetime)	N/A	N/A	1%	<1%	4%	2%	0%	4%
Ever used cocaine (in their lifetime)	N/A	N/A	1%	1%	N/A	N/A	1%	5%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	N/A	N/A	1%	3%	8%	11%	5%	20%
			Mental Healt	:h				
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	N/A	N/A	23%	27%	N/A	N/A	29%	32%
Seriously considered attempting suicide (in the past 12 months)	N/A	N/A	14%	13%	N/A	N/A	13%	17%
Attempted suicide (in the past 12 months)	N/A	N/A	8%	6%	N/A	N/A	5%	7%
		Social D	eterminants	of Health				
Did not get 8 or more hours of sleep (on an average school night)	N/A	N/A	57%	71%	N/A	N/A	81%	75%
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	N/A	N/A	69%	72%	N/A	N/A	74%	98%

N/A – Not Available

	Mido	lle School (6	th-8th)			High Scho	ol (9 th -12 th)	
Youth Variables	Crawford County 2014 (6th-8th)	Crawford County 2015 (6 th -8 th)	Crawford County 2019 (6th-8th)	Crawford County 2019 (6th-12th)	Crawford County 2014 (9 th -12 th)	Crawford County 2015 (9 th -12 th)	Crawford County 2019 (9th-12th)	U.S. 2017 (9 th -12 th)
			Violence					
Carried a weapon (in the past 30 days)	N/A	N/A	7%	7%	N/A	N/A	8%	16%
Carried a weapon on school property (in the past 30 days)	N/A	N/A	1%	<1%	N/A	N/A	<1%	4%
Were in a physical fight (in the past 12 months)	N/A	N/A	27%	18%	N/A	N/A	12%	24%
Were in a physical fight on school property (in the past 12 months)	N/A	N/A	8%	5%	N/A	N/A	3%	9%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	N/A	N/A	9%	6%	N/A	N/A	4%	7%
Threatened or injured with a weapon on school property (in the past 12 months)	N/A	N/A	6%	6%	N/A	N/A	6%	6%
Electronically bullied (in the past year)	N/A	N/A	6%	8%	16%	19%	8%	15%
Were bullied on school property (during the past 12 months)	N/A	N/A	25%	20%	21%	26%	18%	19%

N/A – Not Available

Health Care Access: Health Care Coverage

Key Findings

Seven percent (7%) of Crawford County adults were without health care coverage. The top reason adults gave for being without health care coverage was they lost their job or changed employers (49%).

Health Coverage

- Ninety-three percent (93%) of Crawford County adults had health care coverage, leaving 7% of adults uninsured.
- Adults used the following types of health coverage: employer (46%); Medicare (27%); someone else's employer (8%); Medicaid or medical assistance (6%); self-paid plan (6%); Health Insurance Marketplace (2%); multiple, including private sources (2%); military, CHAMPUS, TriCare, CHAMPVA, or the VA (1%); and multiple, including government sources (1%).
- Crawford County adult health care coverage included the following: medical (99%), prescription coverage (93%), Crawford County Physicians (85%), immunizations (81%), preventive health (78%), outpatient therapy (72%), vision/eyeglasses (63%), dental (61%), mental health/mental health counseling (53%), durable medical equipment (44%), alcohol and drug treatment (33%), skilled nursing/assisted living (30%), home care (30%), hospice (28%), and transportation (15%).

2,314 Crawford County adults were uninsured.

- The top three reasons uninsured adults gave for being without health care coverage were:
 - They lost their job or changed employers (49%)
 - They could not afford to pay the insurance premiums (32%)
 - Their employer does not/stopped offering coverage (19%)

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

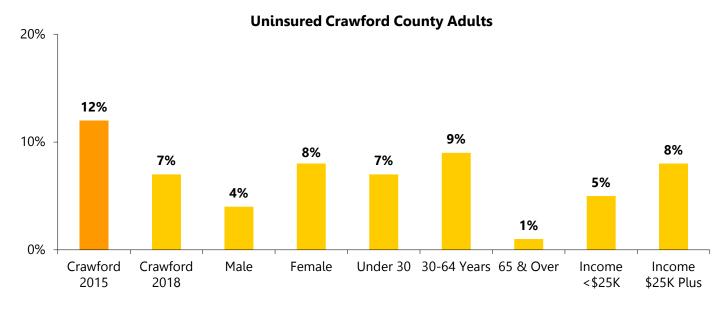
Adult Comparisons	Crawford County 2015	Crawford County 2018	Ohio 2017	U.S. 2017
Uninsured	12%	7%	9%	11%

Key Facts about the Uninsured Population

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

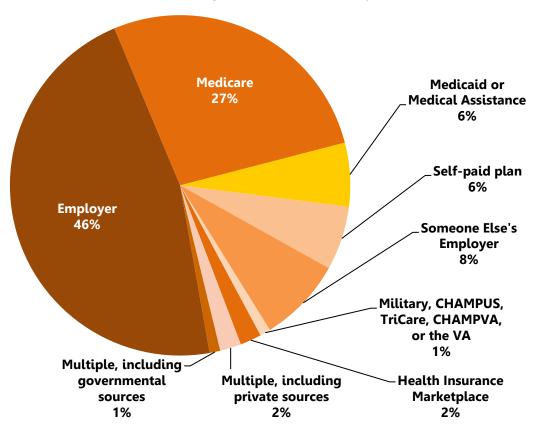
(Source: The Henry Kaiser Family Foundation, Key Facts about the Uninsured Population, 2017)

The following graph shows the percentages of Crawford County adults who were uninsured. An example of how to interpret the information in the graph includes: 7% of all Crawford County adults were uninsured, including 8% of females and 9% of those ages 30-64. The pie chart shows sources of Crawford County adults' health care coverage.



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

Source of Health Coverage for Crawford County Adults



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

Health Coverage Includes:	Yes	No	Don't Know
Medical	99%	1%	0%
Prescription Coverage	93%	5%	2%
Crawford County Physicians	85%	4%	11%
Immunizations	81%	2%	17%
Preventive Health	78%	1%	21%
Outpatient Therapy	72%	2%	26%
Vision/Eye Glasses	63%	32%	5%
Dental	61%	37%	2%
Mental Health/Mental Health Counseling	53%	5%	42%
Durable Medical Equipment	44%	5%	51%
Alcohol and Drug Treatment	33%	7%	60%
Skilled Nursing/Assisted Living	30%	6%	64%
Home Care	30%	7%	63%
Hospice	28%	6%	66%
Transportation	15%	19%	66%

Healthy People 2020

Access to Health Services (AHS)

Objective	Crawford County 2018	Ohio 2017	U.S. 2016*	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health insurance	86% age 20-24 95% age 25-34 83% age 35-44 95% age 45-54 91% age 55-64	87% age 18-24 90% age 25-34 90% age 35-44 91% age 45-54 93% age 55-64	85% age 18-24 84% age 25-34 87% age 35-44 90% age 45-54 93% age 55-64	100%

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

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

(Sources: Healthy People 2020 Objectives, 2016 BRFSS, 2017 BRFSS, 2018 Crawford County Health Assessment)

Health Care Access: Access and Utilization

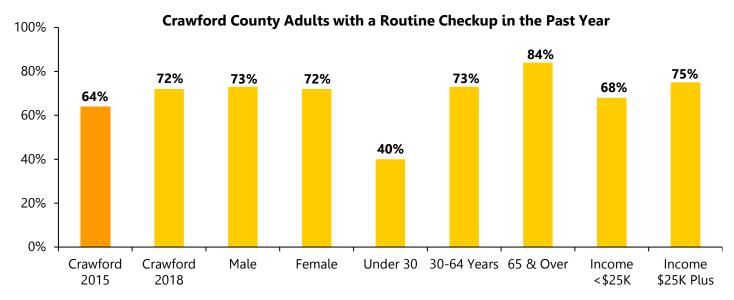
Key Findings

Seventy-two percent (72%) of Crawford County adults had visited a doctor for a routine checkup in the past year. Over three-fifths (65%) of adults went outside of Crawford County for health care services in the past year.

Health Care Access

- Seventy-two percent (72%) of Crawford County adults visited a doctor for a routine checkup in the past year, increasing to 84% of those over the age of 65.
- Fifty-eight percent (58%) of adults reported they had one person they thought of as their personal doctor or health care provider. A little over one-third (35%) of adults had more than one person they thought of as their personal health care provider, and 7% did not have one at all.

The following graph shows the percentage of Crawford County adults who had a routine check-up in the past year. An example of how to interpret the information on the first graph includes: 72% of all Crawford County adults had a routine check-up in the past year, including 84% of those 65 years and older.



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

Adult Comparisons	Crawford County 2015	Crawford County 2018	Ohio 2017	U.S. 2017
Visited a doctor for a routine checkup (in the past 12 months)	64%	72%	72%	70%
Had one or more persons they thought of as their personal health care provider	87%	93%	81%	77%

- Sixty-nine percent (69%) of Crawford County adults received medical care in the past 12 months. Reasons for not receiving medical care in the past 12 months included the following: no need to go (17%), cost/no insurance (7%), too long of a wait for an appointment (2%), too embarrassed to seek help (1%), inconvenient appointment times (1%), no transportation (1%), provider did not take their insurance (<1%), too long of wait in the waiting room (<1%), office was not open when they could get there (<1%), and other problems (4%).
- The following might prevent Crawford County adults from seeing a doctor if they were sick, injured, or needed some kind of health care: cost (25%), doctor would not take their insurance (11%), could not get time off work (10%), hours not convenient (7%), difficult to get an appointment (7%), worried they might find something wrong (6%), difficult to find/no transportation (3%), frightened of the procedure or doctor (2%), do not trust or believe doctors (1%), could not find child care (1%), and some other reason (4%).
- Sixty-five percent (65%) adults went outside of Crawford County for the following health care services in the past year:

— Specialty care (28%) — Primary care (23%) — Dental services (18%)

Obstetrics/gynecology/NICU (10%)

— Orthopedic care (6%)

— Female health services (6%)

— Mental health care (6%)

— Cardiac care (6%) Counseling services (5%) — Cancer care (4%)

— Pediatric care (3%)

— Pediatric therapies (1%)

Addiction services (1%)

— Palliative care (1%)

— Skilled nursing (<1%)</p>

— Hospice care (<1%)</p>

— Other services (11%)

- Reasons for going outside of Crawford County for health care services included the following: service not locally available (19%), better quality program (14%), did not like local services/providers (10%), insurance restriction (8%), used to live there (7%), bad experience locally (7%), word of mouth (4%), work there (3%), wait list too long (2%), inconvenient hours (2%), confidentiality/anonymity (1%) and other reasons (17%).
- Crawford County adults visited the following places for health care services or advice:
 - Doctor's office (71%)
 - Multiple places, including a doctor's office (12%)
 - Family and friends (3%)
 - Internet (2%)
 - Chiropractor (2%)
 - Hospital emergency room (2%)
 - Multiple places, not including a doctor's office (2%)
 - Urgent care center (1%)
 - Veteran's Affairs (VA) (1%)
 - In-store health clinic (<1%)</p>
 - Call 9-1-1/use ambulance service (<1%)
 - Some other kind of place (<1%)</p>
- Three percent (3%) of adults indicated they had no usual place for health care services.

Availability of Services

- One-in-seven (14%) adults used a program or service to help with depression, anxiety, or other emotional problems for themselves or a loved one. Reasons for not using a program or service included the following:
 - Could not afford to go (8%)
 - Co-pay/deductible too high (5%)
 - Had not thought of it (4%)
 - Stigma of seeking mental health services (4%)
 - Fear (4%)

- Other priorities (4%)Did not know how to find a program (3%)
- Too long of a wait to see a doctor (3%)
- Transportation (2%)
- Other reasons (4%)
- Crawford County adults reported they had looked for the following programs for themselves or a loved one:
 - Depression, anxiety or mental health (19%)
 - Assist-in-care for the elderly (14%)
 - Assist-in-care for the disabled (9%)
 - Disability (9%)
 - Weight problems (8%)
 - End-of-life or hospice care (7%)
 - Cancer support group/counseling (4%)

- Alcohol abuse (4%)
- Family planning (3%)
- Marital/family problems (2%)
- Tobacco cessation (2%)
- Detoxification for opiates/heroin (2%)
- Drug abuse (2%)
- Gambling abuse (1%)

Crawford County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Crawford County adults who have looked but have NOT found a specific program	Crawford County adults who have looked and have found a specific program
Depression, Anxiety or Some Mental Health Problem (19% of all adults looked)	29%	71%
Assist-in-Care for the Elderly (14% of all adults looked)	20%	80%
Assist-in-Care for the Disabled (9% of all adults looked)	31%	69%
Disability (9% of all adults looked)	17%	83%
Weight Problem (8% of all adults looked)	40%	60%
End-of-Life or Hospice Care (7% of all adults looked)	11%	89%
Cancer Support Group/Counseling (4% of all adults looked)	7%	93%
Alcohol Abuse (4% of all adults looked)	33%	67%
Family Planning (3% of all adults looked)	23%	77%
Marital/Family Problems (2% of all adults looked)	50%	50%
Tobacco Cessation (2% of all adults looked)	29%	71%
Detoxification for Opiates/Heroin (2% of all adults looked)	50%	50%
Drug Abuse (2% of all adults looked)	22%	78%
Gambling Abuse (1% of all adults looked)	100%	0%

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

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

Screen patients for high blood pressure and make blood pressure control a quality improvement goal High blood pressure is a leading risk factor for heart disease and stroke.

Increase cancer prevention and early detection

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

Encourage physical activity and healthy eating to reduce obesity

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

Promote smoking cessation

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

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

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

Promote motor vehicle safety

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

Engage in safer prescribing of opioids for pain

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

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

Health Care Access: Preventive Medicine

Key Findings

Seventy-one percent (71%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. Seventy percent (70%) of Crawford County adults had the MMR vaccine in their lifetime.

Preventive Medicine

- Over half (51%) of Crawford County adults had a flu vaccine during the past 12 months, increasing to 73% of adults ages 65 and over.
- Adults did not get the flu vaccine for the following reasons: did not think they needed it (22%), get sick from it (13%), it does not work (9%), vaccine was not effective (4%), insurance will not pay for it (2%), religious beliefs (2%), time (2%), cost (1%), and other (16%).
- Over one-third (35%) of adults have had a pneumonia vaccine in their life, increasing to 71% of those ages 65 and over.
- Crawford County adults had the following vaccines:
 - MMR (measles, mumps, rubella) in their lifetime (70%)
 - Tetanus booster (including Tdap) in the past 10 years (61%)
 - Chicken pox in their lifetime (48%)
 - Hepatitis B in their lifetime (38%)
 - Hepatitis A in their lifetime (29%)
 - Zoster (shingles) vaccine in their lifetime (28%)
 - Pertussis vaccine in the past 10 years (18%)
 - Human papillomavirus (HPV) vaccine in their lifetime (12%)
- Crawford County adults indicated a doctor or health professional talked to them about following topics in the past year:
 - Family history (37%)
 - Immunizations (32%)
 - Weight control (diet, physical activity) (29%)
 - Self-breast exam (29%)
 - Depression, anxiety or emotional
 - problems (25%)
 - Safe use of prescription medication (24%)
 - Falls (18%)
 - Tobacco use (15%)
 - Prostate-Specific Antigen (PSA) Test (12%)
 - Alcohol use (12%)
 - Alternative Pain Therapy (12%)
 - Sexually transmitted diseases (STDs) (10%)

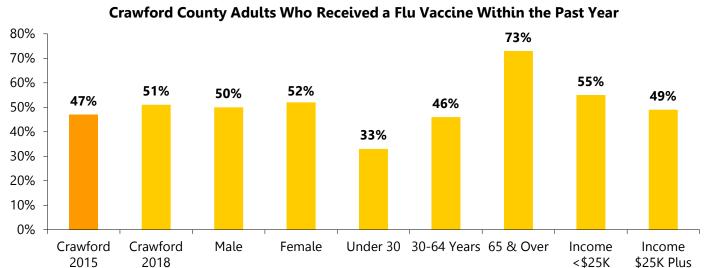
- Injury prevention such as safety belt use, helmet use, or smoke detectors (9%)
- Bone density (8%)
- Grief or grief counseling (7%)
- Safe use of opiate-based pain medication (7%)
- Family planning (6%)
- Self-testicular exams (5%)
- Smoking cessation (5%)
- Illicit drug use (4%)
- Genetic testing (4%)
- Firearm safety (3%)
- Domestic violence (3%)
- Childhood trauma (3%)

Preventive Health Screenings and Exams

- Crawford County adults had the following screenings or exams in the past two years: vision (69%), breast cancer (31%), hearing (30%), colorectal cancer (17%), prostate cancer (15%), skin cancer (14%), osteoporosis (10%), and memory screening (4%).
- Adults reported they were at risk for the following based on family history: high blood pressure (58%); heart disease (56%); cancer (45%); diabetes (44%); high blood cholesterol (38%); mental illness (depression, bipolar disorder, etc.) (17%); Alzheimer's disease (14%); alcohol addiction (11%); drug addiction (5%); suicide (2%); other addictions (gambling, sex, etc.) (2%); and unexplained sudden death (<1%).

Adult Comparisons	Crawford County 2015	Crawford County 2018	Ohio 2017	U.S. 2017
Ever had a pneumonia vaccination (age 65 and older)	59%	71%	76%	75%
Had a flu shot within in the past year (age 65 and older)	76%	73%	63%	60%
Ever had a shingles or zoster vaccine	14%	28%	29%	29%

The following graph shows the percentages of Crawford County adults who received a flu vaccine within the past year. An example of how to interpret the information in the graph includes: 51% of all adults received the flu vaccine in the past year, including 73% of those ages 65 and older and 55% of those with incomes less than \$25,000.



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

Healthy People 2020 Immunization and Infectious Diseases (IID)

Objective	Crawford County 2018	Ohio 2017	U.S. 2017	Healthy People 2020 Target
IID-13.1: Increase the percentage of non- institutionalized high-risk adults aged 65 years and older who are vaccinated against pneumococcal disease	71%	76%	75%	90%
IID-12.7: Increase the percentage of non- institutionalized high-risk adults aged 65 years and older who are vaccinated annually against seasonal influenza	73%	63%	60%	90%
IID-14: Increase the percentage of adults who are vaccinated against zoster (shingles)	28%	29%	29%	30%

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

(Sources: Healthy People 2020 Objectives, 2017 BRFSS, 2018 Crawford County Health Assessment)

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

	Total	Total
Health Care Topics	2015	2018
Family History	21%	37%
Immunizations	21%	32%
Weight Control	N/A	29%
Self-Breast Exam	N/A	29%
Depression, Anxiety, or Emotional Problems	17%	25%
Safe Use of Prescription Medication	N/A	24%
Falls	N/A	18%
Tobacco Use	N/A	15%
Prostate-Specific Antigen (PSA) Test	N/A	12%
Alcohol Use	7%	12%
Alternative Pain Therapy	N/A	12%
Sexually Transmitted Disease (STDs)	N/A	10%
Injury Prevention Such as Safety Belt Use, Helmet Use, or Smoke Detectors	9%	9%
Bone Density	N/A	8%
Grief or Grief Counseling	N/A	7%
Safe Use of Opiate-Based Pain Medication	5%	7%
Family Planning	N/A	6%
Self-Testicular Exams	N/A	5%
Smoking Cessation	N/A	5%
Illicit Drug Abuse	5%	4%
Genetic Testing	N/A	4%
Firearm Safety	N/A	3%
Domestic Violence	4%	3%
Childhood Trauma	N/A	3%

N/A – Not Available

Health Care Access: Women's Health

Key Findings

Nearly half (49%) of Crawford County women over the age of 40 reported having a mammogram in the past year. Half (50%) of women had a clinical breast exam in the past year and, 69% of women ages 21 to 65 had a Pap smear to detect cancer of the cervix in the past three years. Seventy percent (70%) of Crawford County women were overweight or obese, 40% had high blood pressure, 38% had high blood cholesterol, and 17% were identified as current smokers, known risk factors for cardiovascular diseases.

Women's Health Screenings

- Seventy-one percent (71%) of women had a mammogram at some time in their life, and 39% had this screening in the past year.
- Almost half (49%) of women ages 40 and over had a mammogram in the past year, and 65% had one in the past two years.
- Eighty-nine percent (89%) Crawford County women had a clinical breast exam at some time in their life, and 50% had one within the past year. Fifty-seven percent (57%) of women ages 40 and over had a clinical breast exam in the past two years.

- Ten percent (10%) of Crawford County women had been pregnant in the past 5 years.
- During their last pregnancy within the past five years, Crawford County women did the following:

 - Received WIC services (47%)
 - Took a multi-vitamin with folic acid pre-pregnancy (47%)
 - Took a multi-vitamin with folic acid during pregnancy (29%)
 - Had a prenatal appointment in the first 3 months (24%)
 - Took folic acid during pregnancy (24%)
 - Took folic acid pre-pregnancy (24%)
 - Experienced domestic violence (24%)
 - Experienced depression (18%)
 - Smoked cigarettes or used other tobacco products (18%)
 - Used e-cigarettes (18%)
 - Used any drugs not prescribed (18%)
 - Received opiate replacement therapy (18%)
 - Had a dental exam (6%)

Crawford County Female Leading Causes of Death, 2015–2017

Total female deaths: 868

- 1. Heart Diseases (21% of all deaths)
- 2. Cancers (18%)
- 3. Chronic Lower Respiratory Diseases (9%)
- 4. Stroke (7%)
- 5. Alzheimer's Disease (7%)

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

Ohio Female Leading Causes of Death, 2015–2017

Total Female Deaths: 180,539

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

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

Eighty-six percent (86%) of Crawford County women had a Pap smear some time in their life, and 36% reported having had the exam in the past year. Sixty-nine percent (69%) of women ages 21 to 65 had a Pap smear in the past three years.

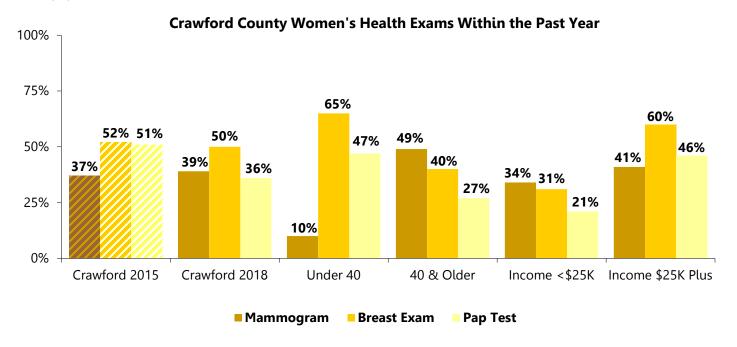
Pregnancy

- - Took folic acid/prenatal vitamins (59%)

Women's Health Concerns

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Crawford County, the 2018 health assessment identified that:
 - 70% of women were overweight or obese (2017 BRFSS reported 64% for Ohio and 2016 BRFSS reported 59% for the U.S.)
 - 40% were diagnosed with high blood pressure (2017 BRFSS reported 33% for Ohio and 2016 BRFSS reported 30% for the U.S.)
 - 38% were diagnosed with high blood cholesterol (2017 BRFSS reported 33% for Ohio and 2016 BRFSS reported 35% for the U.S.)
 - 17% were current smokers (2017 BRFSS reported 20% for Ohio and 2016 BRFSS reported 14% for the U.S.)
 - 17% had been diagnosed with diabetes (2017 BRFSS reported 11% for Ohio and 2016 BRFSS reported 11% for the U.S.)

The following graph shows the percentage of Crawford County female adults who had various health exams in the past year. An example of how to interpret the information shown on the graph includes: 39% of Crawford County females had a mammogram within the past year, 50% had a clinical breast exam, and 36% had a pap test.



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

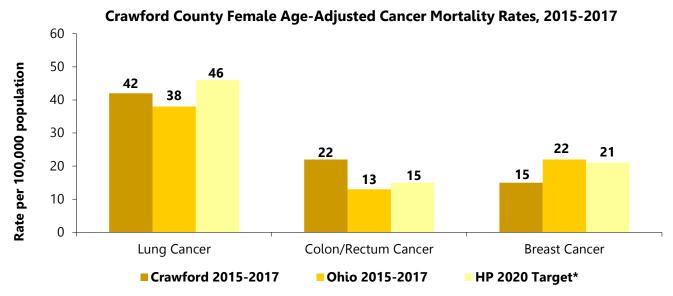
Adult Comparisons	Crawford County 2015	Crawford County 2018	Ohio 2017	U.S. 2017
Had a clinical breast exam within the past two years (age 40 and older)	70%	57%	N/A	N/A
Had a mammogram within the past two years (age 40 and older)	74%	65%	74%*	72%*
Had a pap test within the past three years (age 21-65)	76%¥	69%	82%*	80%*

N/A - Not Available

^{*}In 2015, pap test was reported for women ages 19 and over

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

- From 2015 to 2017, the Crawford County female age-adjusted mortality rate for lung cancer was higher than the Ohio rate but lower than the Healthy People 2020 target objective.
- The Crawford County female age-adjusted mortality rate for colorectal center was higher than the Ohio rate and the Healthy People 2020 target objective.
- The Crawford County female age-adjusted mortality rate for breast cancer was lower than both the Ohio rate and the Healthy People 2020 target objective.



(Source: Ohio Public Health Data Warehouse, 2015-2017) *Note: The Lung and Colon/Rectum Cancer Healthy People 2020 target rates are not gender specific

Breast Cancer Screening Recommendations

The United States Preventive Services Task Force (USPSTF) is an organization made up of doctors and disease experts who look at research on the best way to prevent diseases and make recommendations on how doctors can help patients avoid diseases or find them early.

The USPSTF recommends that women who are 50 to 74 years old and are at average risk for breast cancer get a mammogram every two years. Women who are 40 to 49 years old should talk to their doctor or other health care professional about when to start and how often to get a mammogram. Women should weigh the benefits and risks of screening tests when deciding whether to begin getting mammograms before age 50.

What Are the Benefits and Risks of Screening?

Benefit of Screening

• The benefit of screening is finding cancer early, when it's easier to treat.

Risks of Screening

- False Positive Test Results: Harms can include *false positive test results,* when a doctor sees something that looks like cancer but is not. This can lead to more tests, which can be expensive, invasive, time-consuming, and may cause anxiety.
- Overdiagnosis and Overtreatment
- False Negative Test Results

(Source: Centers for Disease Control and Prevention, Breast Cancer Screening Recommendation, Updated September 11, 2018)

Health Care Access: Men's Health

Key Findings

One-quarter (25%) of Crawford County males experienced erectile dysfunction in their life. Forty-three percent (43%) of men had been diagnosed with high blood cholesterol, 39% had high blood pressure, and 17% were identified as current smokers, which, along with being overweight and obese (83%), are known risk factors for cardiovascular diseases.

Men's Health Screenings and Concerns

- Crawford County males reported they experienced the following:
 - Erectile dysfunction (25%)
 - Low testosterone (12%)
 - Enlarged prostate (BPH) (12%)
 - Incontinence (not having bladder control) (8%)
 - A concerning test result from a colonoscopy (2%)
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, and diabetes. In Crawford County, the 2018 health assessment identified that:
 - 83% were overweight or obese (2017 BRFSS reported 72% for Ohio and 2016 BRFSS reported 71% for the U.S.)
 - 43% were diagnosed with high blood cholesterol (2017 BRFSS reported 34% for Ohio and 2016 BRFSS reported 38% for the U.S.)
 - 39% were diagnosed with high blood pressure (2017 BRFSS reported 37% for Ohio and 2016 BRFSS reported 34% for the U.S.)
 - 17% were current smokers (2017 BRFSS reported 22% for Ohio and 2016 BRFSS reported 19% for the U.S.)
 - 15% had been diagnosed with diabetes (2017 BRFSS reported 11% for Ohio and 2016 BRFSS reported 11% for the U.S.)

U.S. Men's Health Data

- Approximately 12% of adult males ages 18 years or older reported fair or poor health.
- Sixteen percent (16%) of adult males in the U.S. currently smoke.
- Of the adult males in the U.S., 31% had 5 or more drinks in 1 day at least once in the past year.
- Only 58% of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- Thirty-seven percent (37%) of men 20 years and over are obese.
- There are 12% of males under the age of 65 without health care coverage.
- The leading causes of death for males in the United States are heart disease, cancer and accidents (unintentional injuries).

(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, Updated January 20, 2017)

Crawford County Male Leading Causes of Death, 2015–2017

Total Male Deaths: 874

- 1. Heart Diseases (25% of all deaths)
- 2. Cancers (22%)
- 3. Accidents, Unintentional Injuries (7%)
- 4. Chronic Lower Respiratory Diseases (6%)
- 5. Diabetes (5%)

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

Ohio Male Leading Causes of Death, 2015–2017

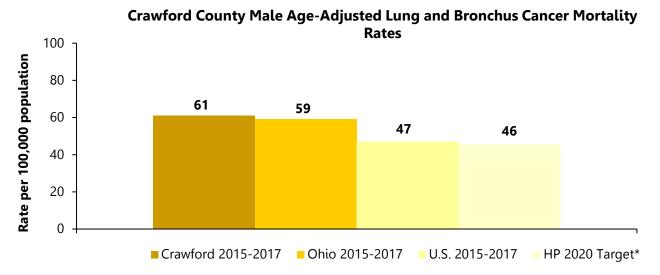
Total Male Deaths: 180,695

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

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

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

• From 2015 to 2017, the Crawford County age-adjusted mortality rate for male lung cancer was higher than the Ohio rate, the U.S. rate, and the Healthy People 2020 target objective.



*Note: The Healthy People 2020 target rates are not gender specific (Sources: Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017, and Healthy People 2020)

Prostate Cancer Awareness

- The prostate is a walnut-sized organ located just below the bladder and in front of the rectum in men. It produces fluid that makes up a part of semen. The prostate gland surrounds the urethra (the tube that carries urine and semen through the penis and out of the body).
- Prostate cancer is the most common non-skin cancer among American men. Prostate cancers usually grow slowly. Most men with prostate cancer are older than 65 years and do not die from the disease. Finding and treating prostate cancer before symptoms occur may not improve your health or help you live longer.
- Men can have different symptoms for prostate cancer. Some men do not have symptoms at all. Some symptoms of prostate cancer are difficulty starting urination, frequent urination (especially at night), weak or interrupted flow of urine, and blood in the urine or semen.
- There is no way to know for sure if you will get prostate cancer. The older a man is, the greater his risk for getting prostate cancer. Men also have a greater chance of getting prostate cancer if they are African-American or have a father, brother, or son who has had prostate cancer.
- Two tests are commonly used to screen for prostate cancer:
 - **Digital rectal exam (DRE):** A doctor or nurse inserts a gloved, lubricated finger into the rectum to estimate the size of the prostate and feel for lumps or other abnormalities.
 - Prostate specific antigen test (PSA): Measures the level of PSA in the blood. PSA is a substance made by
 the prostate. The levels of PSA in the blood can be higher in men who have prostate cancer. The PSA level
 may also be elevated in other conditions that affect the prostate.

(Source: Center for Disease Control and Prevention, Prostate Cancer Awareness, Updated September 17, 2018)

Health Care Access: Oral Health

Key Findings

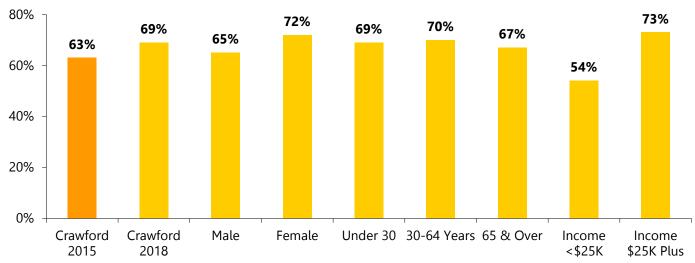
About seven out of ten (69%) Crawford County adults had visited a dentist or dental clinic in the past year. The top two reasons adults gave for not visiting a dentist in the past year were no reason to go/had not thought of it (26%) and cost (23%).

Access to Dental Care

- In the past year, 69% of Crawford County adults had visited a dentist or dental clinic, decreasing to 54% of those with incomes less than \$25,000.
- Seventy-five percent (75%) of Crawford County adults with dental insurance had been to the dentist in the past year, compared to 64% of those without dental insurance.
- Crawford County adults reported the following reasons for not visiting a dentist or dental clinic in the past year:
 - No reason to go/had not thought of it (26%)
 - Cost (23%)
 - Have dentures (15%)
 - Fear, apprehension, nervousness, pain, dislike going (15%)
 - Multiple reasons, including cost (7%)
 - Did not have or know a dentist (2%)
 - Dentist did not accept their medical coverage (2%)
 - Could not get into a dentist (1%)
 - Could not find a dentist that takes Medicaid (1%)
 - Use the emergency room (ER) for dental issues (1%)
- Crawford County adults reported experiencing the following oral health issues: pain (10%), difficulty eating/chewing (6%), loose teeth (4%), problems with dentures (4%), no teeth (4%), oral bleeding (3%), missed work due to mouth pain (1%), and skipped meals due to pain (<1%).

The following graph shows the percentage of Crawford County adults who had visited a dentist or dental clinic in the past year. An example of how to interpret the information on the graph includes: 69% of adults had been to the dentist or dental clinic in the past year, including 54% of those with incomes less than \$25,000.

Crawford County Adults Who Visited a Dentist or Dental Clinic in the Past Year



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

Adult Comparisons	Crawford County 2015	Crawford County 2018	Ohio 2017	U.S. 2017
Visited a dentist or a dental clinic (within the past year)	63%	69%	68%*	66%*
Visited a dentist or a dental clinic (5 or more years ago)	9%	9%	11%*	10%*

^{*2016} BRFSS

Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
Time Since Last Visit to Dentist/Dental Clinic					
Males	65%	12%	7%	12%	1%
Females	72%	8%	12%	6%	1%
Total	69%	10%	10%	9%	1%

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

Oral Health Basics

- Oral health affects our ability to speak, smile, eat, and show emotions. It also affects self-esteem, school performance, and attendance at work and school. Oral diseases—which range from cavities to gum disease to oral cancer—cause pain and disability for millions of Americans. They also cost taxpayers billions of dollars each year.
- Cavities (also called tooth decay) are one of the most common chronic conditions in the United States. By age 34, more than 80% of people had at least one cavity. More than 40% of adults have felt pain in their mouth in the last year. On average, the nation spends more than \$113 billion a year on costs related to dental care. More than \$6 billion of productivity is lost each year because people miss work to get dental care.
- Oral health has been linked with other chronic diseases, like diabetes and heart disease. It is also linked with risk behaviors like using tobacco and eating and drinking foods and beverages high in sugar.
- Public health strategies such as community water fluoridation and school dental sealant programs have been proven to save money and prevent cavities.

(Source: CDC, Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, Updated May 2, 2018)

Health Behaviors: Health Status Perceptions

Key Findings

About one-quarter (24%) of Crawford County adults rated their physical health, and 30% rated their mental health, as not good on four or more days in the past month.

Physical Health Status

- Twenty-four percent (24%) of Crawford County adults rated their physical health as not good on four or more days in the previous month.
- Crawford County adults reported their physical health as not good on an average of 5.2 days in the previous month.
- Crawford County adults were most likely to rate their physical health as not good if they:
 - Had an annual household income under \$25,000 (54%)
 - Were 65 years of age or older (36%)

Mental Health Status

- Thirty percent (30%) of Crawford County adults rated their mental health as not good on four or more days in the previous month.
- Crawford County adults reported their mental health as not good on an average of 5.7 days in the previous month.
- Over one-guarter (28%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.
- Crawford County adults were most likely to rate their mental health as not good if they:
 - Were under the age of 30 (60%)
 - Had an annual household income under \$25,000 (54%)

The following table shows the percentage of Crawford County adults who indicated their physical health and mental health was not good in the past 30 days. An example of how to interpret the information in the table includes: 13% of males reported their physical health was not good on 8 or more days in the past 30 days and 9% of females reported their mental health was not good on 4-5 days in the past 30 days.

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Males	59%	14%	4%	1%	13%
Females	44%	19%	2%	1%	27%
Total	51%	16%	3%	1%	20%
	Mental H	Health Not God	od in Past 30 D	ays*	
Males	56%	15%	7%	1%	12%
Females	39%	13%	9%	2%	32%
Total	48%	14%	8%	1%	21%

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

The table below indicates correlations between those whose mental health was not good on four or more days in the past month and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 43% of those whose mental health was not good on four or more days in the past month felt sad or hopeless for two or more weeks in a row, compared to 2% of those who did not have any poor mental health days.

Behaviors of Crawford County Adults

Number of Days Mental Health Was Not Good in the past 30 days

	4 or more days	0 days
Current drinker (drank alcohol at least once in the past month)	60%	48%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	62%	33%
Current smoker (currently smoke on some or all days)	28%	9%
Used recreational drugs (in the past 6 months)	8%	4%
Misused prescription medications (in the past 6 months)	11%	4%
Felt sad or hopeless for two or more weeks in a row	43%	2%
Considered attempting suicide (in the past 12 months)	13%	0%

Adult Comparisons	Crawford County 2015	Crawford County 2018	Ohio 2017	U.S. 2017
Rated physical health as not good on four or more days (in the past 30 days)	19%	24%	22%*	22%*
Average number of days that physical health not good (in the past 30 days)	3.4	5.2	4.0**	3.7**
Rated mental health as not good on four or more days (in the past 30 days)	23%	30%	24%*	23%*
Average number of days that mental health not good (in the past 30 days)	3.7	5.7	4.3**	3.8**
Poor mental or physical health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	24%	28%	22%*	22%*

^{*2016} BRFSS

^{**2016} BRFSS data as compiled by 2018 County Health Rankings

Health Behaviors: Adult Weight Status

Key Findings

Seventy-seven percent (77%) Crawford County adults were overweight or obese based on body mass index (BMI). Nearly one-fifth (18%) adults did not participate in any physical activity in the past week, including 3% who were unable to exercise.

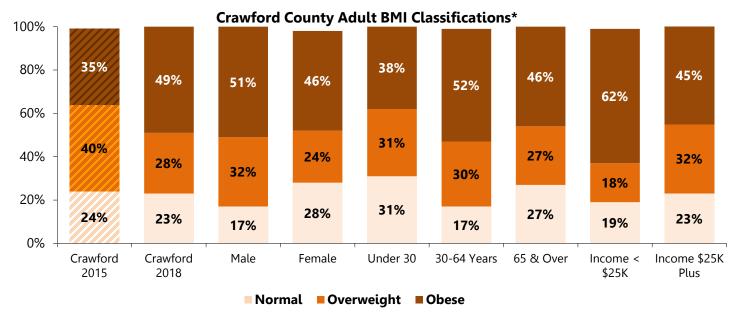
16,197 Crawford County adults were obese.

Adult Weight Status

- More than three-fourths (77%) of Crawford County adults were either overweight (28%) or obese (49%) by body mass index (BMI). This puts them at elevated risk for developing a variety of preventable diseases.
- Crawford County adults did the following to lose weight or keep from gaining weight:
 - Drank more water (44%)
 - Ate less food, fewer calories, or foods low in fat (42%)
 - Exercised (28%)
 - Ate a low-carb diet (12%)
 - Went without eating 24 or more hours (4%)
 - Smoked cigarettes (3%)
 - Used a weight loss program (2%)

- Took prescribed medications (1%)
- Participated in a prescribed dietary or fitness program (1%)
- Took diet pills, powders or liquids without a doctor's advice (1%)
- Took laxatives (1%)
- Health coaching (1%)
- Bariatric surgery (<1%)

The following graph shows the percentage of Crawford County adults who are normal weight, overweight or obese by body mass index (BMI). An example of how to interpret the information includes: 23% of all Crawford County adults were classified as normal weight, 28% were overweight, and 49% were obese.



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

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

Adult Comparisons	Crawford County 2015	Crawford County 2018	Ohio 2017	U.S. 2017
Normal Weight (BMI of 18.5 – 24.9)	24%	23%	30%	32%
Overweight (BMI of 25.0 – 29.9)	40%	28%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	35%	49%	34%	32%

Physical Activity

- Over half (54%) of adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week; 31% of adults exercised 5 or more days per week; and 18% of adults did not participate in any physical activity in the past week, including 3% who were unable to exercise.
- Crawford County adults spent the most time doing the following physical activities in the past year:

Walking (33%)

Occupational exercise (4%)

 Exercise machines (3%) Cycling (3%)

Swimming (2%)

Group exercise classes (1%)

Strength training (1%)

Active video games (<1%)

Running/jogging (<1%)

Other activities (5%)

- Thirty-eight percent (38%) of adults participated in multiple types of physical activity.
- On an average day, adults spent time doing the following: 2.6 hours watching television, 1.8 hours on their cell phone, 1.0 hours on the computer outside of work and 0.2 playing video games.
- Reasons for not exercising included the following:

— Time (28%)

Too tired (26%)

Laziness (19%)

- Pain/discomfort (19%)
- Do not like exercise (14%)
- Weather (13%)
- Do not have anybody to be active with (10%)
- Could not afford a gym membership (9%)
- No sidewalks or poorly maintained

sidewalks (7%)

 Lack of opportunities for those with physical impairments or challenges (5%)

- No walking, biking trails, or parks (4%)
- Neighborhood is not safe (2%)
- Do not have childcare (1%) Gym is not available (1%)
- No access to green spaces or parks (1%)
- No transportation to gym or other exercise opportunity (1%)
- No access to schools/recreational facilities (1%)
- Doctor advised them not to exercise (<1%)
- Other (6%)
- Crawford County adults reported the following would help them use community parks, bike trails and walking paths more frequently:
 - More available parks, bike trails, and walking paths (34%)
 - Improved lighting (17%)
 - Improvements to existing parks, trails, and paths (15%)
 - Designated safe routes (15%)
 - More public events and programs involving parks, trails, and paths (12%)
 - Better accessibility to parks, bike trails, and walking paths (12%)
 - Better promotion and advertising of existing parks, trails, and paths (10%)
- When at work, Crawford County adults reported doing the following: mostly sitting (21%), mostly standing (12%), mostly heavy labor or physically demanding work (10%), and mostly walking (9%). Nine percent (9%) reported what they did at work varied.

Nutrition

The table below indicates the number of servings of fruit, vegetables, sugar-sweetened beverages, and caffeinated beverages Crawford County adults consumed on an average day.

	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruit	1%	11%	72%	16%
Vegetables	3%	16%	76%	5%
Sugar-sweetened beverages	5%	10%	45%	40%
Caffeinated beverages	9%	23%	54%	14%

- In 2018, 34% of adults ate 1 to 2 servings of fruits and vegetables per day, 43% ate 3 to 4 servings per day, and 20% ate 5 or more servings per day. Three percent (3%) of adults ate no servings of fruits and vegetables per day.
- Eighty-five percent (85%) of adults ate out in a restaurant or brought home take-out in a typical week, 6% of whom did so for five or more meals.
- Crawford County adults reported the following reasons they chose the types of food they ate: taste/enjoyment (69%), cost (57%), ease of preparation/time (48%), healthiness of food (46%), food they were used to (45%), what their family prefers (38%), availability (32%), nutritional content (23%), calorie content (19%), artificial sweetener content (7%), if it is organic (7%), if it is genetically modified (5%), health care provider's advice (4%), other food sensitivities (3%), if it is lactose free (2%), if it is gluten free (1%), limitations set by WIC (<1%), other reasons (5%)
- Adults reported the following barriers to consuming fruits and vegetables: too expensive (13%), did not like the taste (6%), did not know how to prepare (2%), no variety (2%), no access (2%), transportation (1%), and other barriers (3%). Eighty-two percent (82%) of adults reported they did not have any barriers in consuming fruits and vegetables.
- Adults purchased their fruits and vegetables from the following places: large grocery store (Wal-Mart, Kroger) (90%); local grocery store (Geyer's, Save-A-Lot) (33%); grow their own/garden (32%); farmers market (31%); dollar general/dollar store (26%); corner/convenience store (5%); food pantry (3%); veggie mobile/mobile produce (2%); group purchasing/community supported agriculture (CSA) (1%); mail order food service (1%); and other places (2%).

The table below indicates the percentage of Crawford County adults who had at least one transportation issue by where they purchased or obtained their groceries. An example of how to interpret the information includes: 6% of adults who had at least one transportation issue purchased or obtained their groceries from a corner/convenience store.

	Crawford County adults who had at least one transportation issue
Large grocery store (Wal-Mart, Kroger)	90%
Local grocery store (Geyer's, Save-A-Lot)	45%
Farmer's market	39%
Dollar General/Store	37%
Grow their own/garden	23%
Food pantry	16%
Corner/convenience stores	6%

Summary of the American Cancer Society (ACS) Guidelines on Nutrition and Physical **Activity**

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

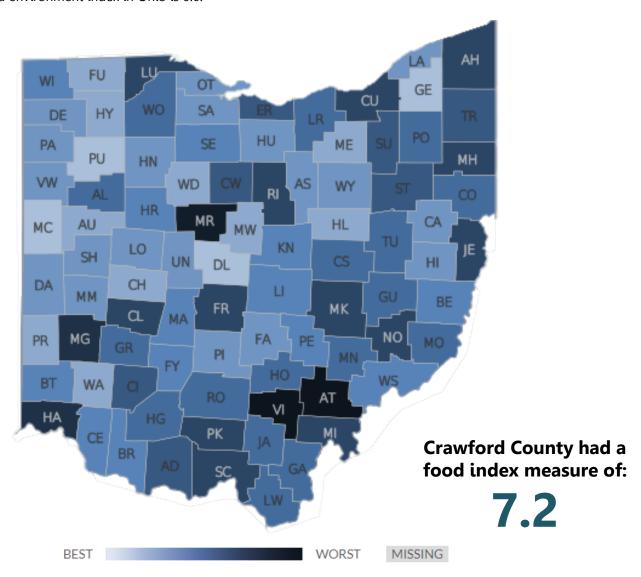
(Source: American Cancer Society, Summary of the ACS Guidelines on Nutrition and Physical Activity, Updated on February 5, 2016)

Employee Wellness

- Seventy-four percent (74%) of Crawford County adults reported they had access to a wellness program through their employer or spouse's employer with the following features:
 - Lower insurance premiums for participation in wellness program (11%)
 - Free/discounted gym membership (9%)
 - Health risk assessment (8%)
 - On-site health screenings (6%)
 - Gift cards or cash for participation in wellness program (6%)
 - Free/discounted smoking cessation program (5%)
 - On-site fitness facility (4%)
 - Healthier food options in vending machines or cafeteria (4%)
 - Lower insurance premiums for positive changes in health status (4%)
 - On-site health education classes (3%)
 - Free/discounted weight loss program (3%)
 - Gift cards or cash for positive changes in health status (2%)
 - On-site space to pump (breastfeeding) (1%)
- Over one-quarter (26%) of Crawford County adults did not have access to any wellness programs.

The Food Environment Index measures the quality of the food environment in a county on a scale from 0 to 10 (zero being the worst value in the nation, and 10 being the best). The two variables used to determine the measure are limited access to healthy foods (i.e., the percentage of the population who are low income and do not live close to a grocery store) & food insecurity (i.e., the percentage of the population who did not have access to a reliable source of food during the past year).

- The food environment index in Crawford County is 7.2.
- The food environment index in Ohio is 6.6.



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

Health Behaviors: Adult Tobacco Use

Key Findings

Seventeen percent (17%) of Crawford County adults were current smokers, and 24% were considered former smokers. Seven percent (7%) of adults used e-cigarettes/vapes in the past year. Forty percent (40%) of adults did not know if e-cigarette vapor was harmful.

Adult Tobacco Use Behaviors

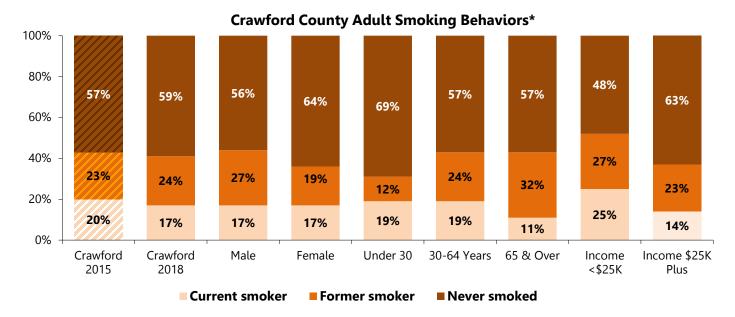
- About one-in-six (17%) Crawford County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- Twenty-four percent (24%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- Crawford County adult smokers were more likely to have:
 - Been divorced (25%)
 - Incomes less than \$25,000 (25%)
 - Been diagnosed with asthma (23%)

5,620 Crawford County adults were current smokers.

- Crawford County adults used the following tobacco products in the past year: cigarettes (24%); chewing tobacco, snuff, dip, Betel quid (8%); e-cigarettes/vape pens (7%); cigars (4%); little cigars (4%); cigarillos (3%); pouch (3%); pipes (1%); hookah (<1%). Four percent (4%) of adults used more than one form of tobacco in the past year.
- Over half (52%) of current smokers used the following methods to quit smoking in the past year: cold turkey (41%), nicotine patch (14%), prescribed Chantix (14%), nicotine gum (13%), e-cigarettes (11%), Wellbutrin (9%), and substitute behaviors (4%).
- Crawford County adults had the following rules/practices about smoking in their home: never allowed (70%), allowed anywhere (9%), not allowed when children are present (9%) and allowed in certain rooms (4%).
- Crawford County adults had the following rules/practices about smoking in their car: never allowed (77%), allowed with windows open (8%), allowed anywhere (7%), not allowed when children are present (5%).
- Over half (53%) of adults believed e-cigarette vapor was harmful to themselves, and 51% believed it was harmful to others. Four percent (4%) of adults did not believe e-cigarette vapor was harmful to anyone. Twofifths (40%) of adults did not know if e-cigarette vapor was harmful.

Adult Comparisons	Crawford County 2015	Crawford County 2018	Ohio 2017	U.S. 2017
Current smoker (currently smoke some or all days)	20%	17%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	23%	24%	24%	25%

The following graph shows the percentage of Crawford County adults smoking behaviors. An example of how to interpret the information includes: 17% of all Crawford County adults were current smokers, 24% of all adults were former smokers, and 59% had never smoked.



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

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

E-Cigarette Health Effects

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

(Source: CDC, Smoking & Tobacco Use, About Electronic Cigarettes (E-Cigarettes), updated August 30, 2018)

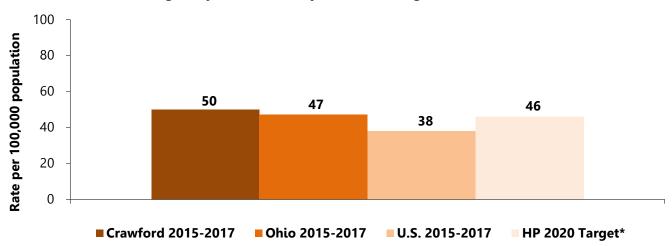
Healthy People 2020 Tobacco Use (TU)

Objective	Crawford County 2018	Healthy People 2020 Target
TU-1: Reduce cigarette smoking by adults	17%	12%

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

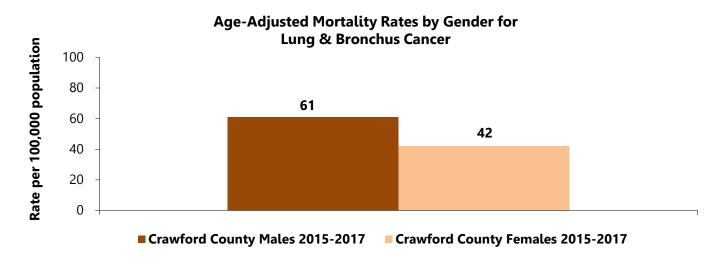
The following graphs show Crawford County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for lung and bronchus cancer in comparison with the Healthy People 2020 objective and the age-adjusted mortality rates for lung and bronchus cancer by gender.

Age-Adjusted Mortality Rates for Lung & Bronchus Cancer



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

*The Health People 2020 target objective only includes the age-adjusted lung cancer death rate



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

Health Behaviors: Adult Alcohol Consumption

Key Findings

Over half (55%) of Crawford County adults had at least one alcoholic drink in the past month and would be considered current drinkers. One-quarter (25%) of all adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.

18,181 of Crawford County adults had at least one alcoholic drink in the past month.

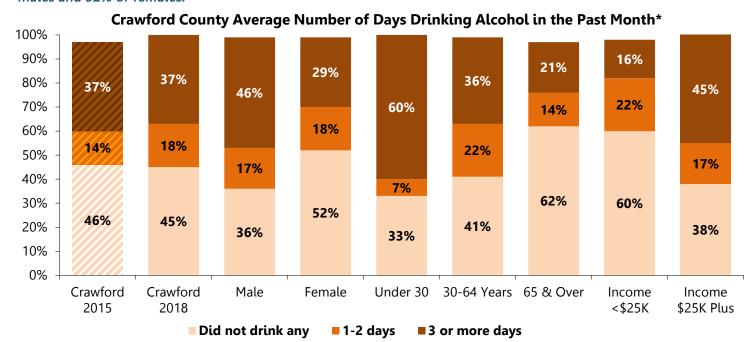
Adult Alcohol Consumption

- Fifty-five percent (55%) of Crawford County adults had at least one alcoholic drink in the past month, increasing to 63% of males and 62% those with incomes more than \$25,000.
- Of those who drank, Crawford County adults drank 3.4 drinks on average, increasing to 5.4 drinks for those under the age of 30 and 4.3 drinks for those with incomes less than \$25,000.
- One-quarter (25%) of Crawford County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Of those who drank in the past month, 51% had at least one episode of binge drinking.
- Seven percent (7%) of adults reported driving after having perhaps too much alcohol to drink.
- Crawford County adults experienced the following in the past six months:
 - Drank more than they expected (9%)
 - Drove a vehicle or other equipment after having any alcoholic beverage (8%)
 - Used prescription drugs while drinking (5%)
 - Spent a lot of time drinking (5%)
 - Drank more to get the same effect (4%)
 - Continued to drink despite problems caused by drinking (3%)
 - Had legal problems (3%)
 - Gave up other activities to drink (3%)
 - Tried to quit or cut down but could not (2%)
 - Failed to fulfill duties at work, home, or school (2%)
 - Placed themselves or their family in harm (1%)
 - Drank to ease withdrawal symptoms (1%)
- Crawford County drinkers indicated they drank alcohol for the following reasons: taste/enjoyment (58%), social events (47%), helped them relax/relieved stress (41%), like the way it made them feel (12%), normal/part of the culture (11%), social expectation (10%), their parents drank alcohol (7%), not much else to do (4%), and other reasons (5%).

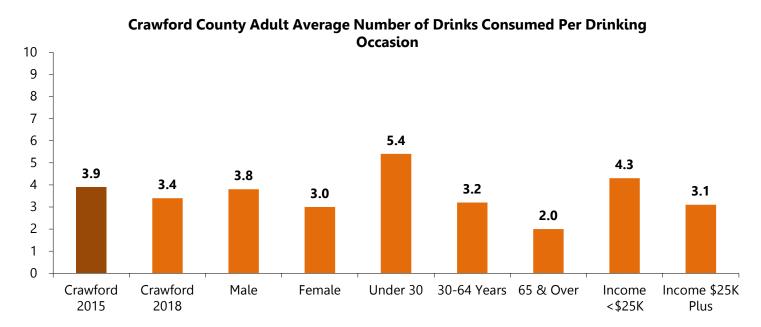
Adult Comparisons	Crawford County 2015	Crawford County 2018	Ohio 2017	U.S. 2017
Current drinker (drank alcohol at least once in the past month)	51%	55%	54%	55%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	19%	25%	19%	17%
Drove after having perhaps too much alcohol to drink	9%	7%	4%*	4%*

*2016 BRFSS

The following graphs show the percentage of Crawford County adults consuming alcohol and the amount consumed on average in the past month. An example of how to interpret the information shown on the first graph includes: 45% of all Crawford County adults did not drink alcohol in the past month, including 36% of males and 52% of females.



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



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

The following table shows the City of Bucyrus, Crawford County, and Ohio motor vehicle accident statistics. The table shows:

- In 2017, 5% of the total crashes in the City of Bucyrus and 4% of the total crashes in Crawford County were alcohol-related, compared to 4% for Ohio.
- Of the total number of alcohol-related crashes (10) in the City of Bucyrus, 50% were property damage only and 40% were non-fatal injury.
- Of the total number of alcohol-related crashes (33) in Crawford County, 55% were property damage only and 39% were non-fatal injury.
- There were 11,928 alcohol-related crashes in Ohio in 2017. Of those crashes, 56% were property damage only, 41% were non-fatal injury, and 3% were fatal injury.

	City of Bucyrus 2017	Crawford County 2017	Ohio 2017	
Crasho	es			
Property Damage Only (PDO) Crashes	162	728	226,756	
Injury Crashes	46	198	75,435	
Fatal Injury Crashes	2	3	1,094	
Total Crashes	210	929	303,285	
Drive	rs			
Total Drivers in Crashes	327	1,273	507,869	
Alcohol Impaired Drivers in Crashes	10	31	11,666	
Total Passengers in Crashes	134	499	179,664	
Alcohol-Related				
Property Damage Only (PDO)	5	18	6,733	
Injury (non-fatal)	4	13	4,898	
Fatal Injury	1	2	297	
Total Alcohol-Related Crashes	10	33	11,928	
Alcohol-Related Deaths	1	2	314	

(Source: Ohio Department of Public Safety, Crash Reports, Updated on 8/20/2018, Traffic Crash Facts)

Economic Costs of Excessive Alcohol Use

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

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

Health Behaviors: Adult Drug Use

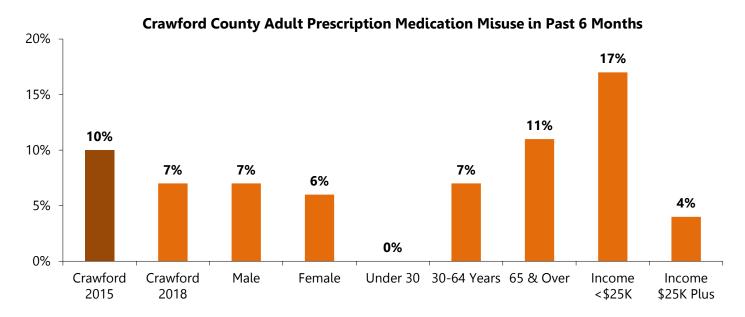
Key Findings

Three percent (3%) of Crawford County adults had used non-medical marijuana or hashish during the past six months. Seven percent (7%) of adults reported they had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past six months.

Adult Prescription Drug Misuse

- Seven percent (7%) of adults reported they had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past six months, increasing to 17% of those with incomes less than \$25,000.
- Crawford County adults who misused prescription medications obtained them from the following: primary care physician (89%), multiple doctors (9%), free from friend or family member (7%), ER or urgent care doctor (7%) and a drug dealer (2%).
- Crawford County adults indicated they did the following with their unused prescription medication: took all medication as prescribed (22%); took it to the medication collection program (17%); threw it in the trash (15%); kept it (12%); flushed it down the toilet (11%); took it in on drug take back days (8%); took it to the sheriff's office (5%); used a RedMed Box, Yellow Jug, etc. (2%); kept in a locked cabinet (2%); used a mailer to ship it back to the pharmacy (1%); traded them (1%); sold them (1%); used drug deactivation pouches (1%); and gave them away (<1%)
- Thirty-nine percent (39%) of adults did not have unused medication.

The following graph indicates adult medication misuse in the past six months. An example of how to interpret the information in the graph includes: 7% of adults used misused medication in the past six months, including 17% of those with incomes less than \$25,000.

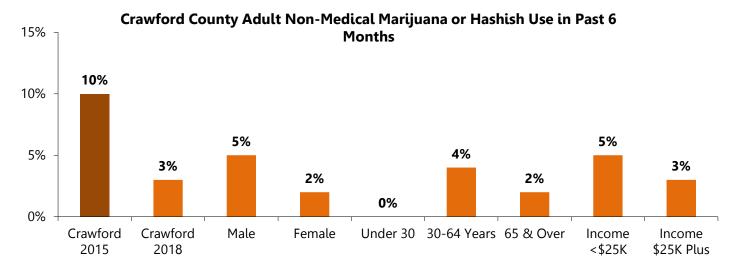


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Marijuana and Other Drug Use

- Three percent (3%) of Crawford County adults had used non-medical marijuana or hashish in the past six months.
- Four percent (4%) of Crawford County adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, wax or oil with THC edibles, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- As a result of using drugs, Crawford County adults indicated they or a family member had failed a drug screen (40%), had legal problems (33%), placed themselves in dangerous situations (23%), regularly failed to fulfill obligations at work or home (23%), overdosed and required EMS/hospitalization (17%), received Narcan or nasal Naloxone (7%), and administered Narcan or nasal Naloxone (3%).
- Three percent (3%) of adults used a program or service to help with an alcohol or drug problem for themselves or a loved one. Reasons for not using such a program included the following: had not thought of it (1%), stigma of seeking alcohol services (1%), did not know how to find a program (1%), did not have any openings/wait-listed (1%), insurance does not cover it (<1%), program was not available (<1%), did not want to miss work (<1%), could not afford to go (<1%), stigma of seeking drug services (<1%), did not want to get in trouble (<1%), and fear (<1%). Ninety-three percent (93%) of adults indicated such a program was not needed for themselves or a loved one.

The following graph indicates adult non-medical marijuana or hashish use in the past six months. An example of how to interpret the information in the graph includes: 3% of Crawford County adults used non-medical marijuana or hashish in the past six months, including 5% of those with incomes less than \$25,000.

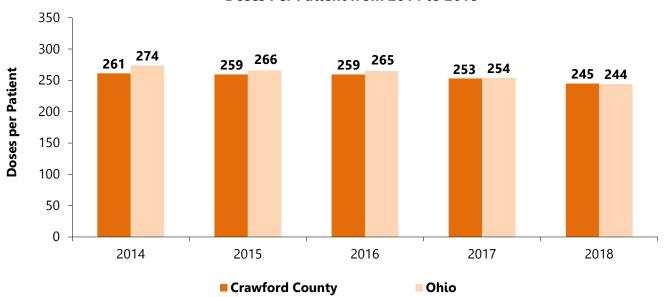


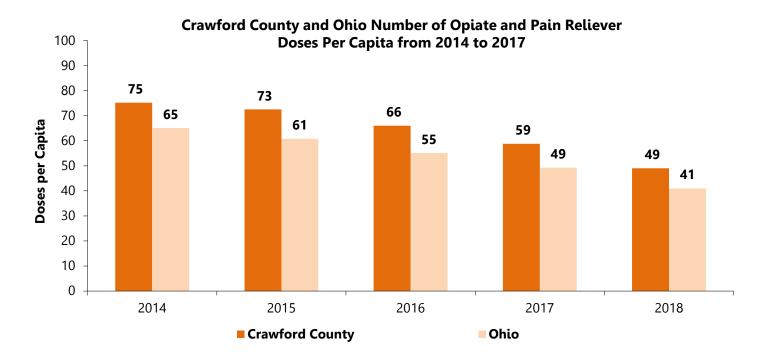
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Crawford County 2015	Crawford County 2018	Ohio 2017	U.S. 2017
Adults who used non-medical marijuana or hashish (in the past six months)	10%	3%	N/A	N/A
Adults who used recreational drugs (in the past six months)	1%	4%	N/A	N/A
Adults who misused prescription medications (in the past six months)	10%	7%	N/A	N/A

N/A - Not Available

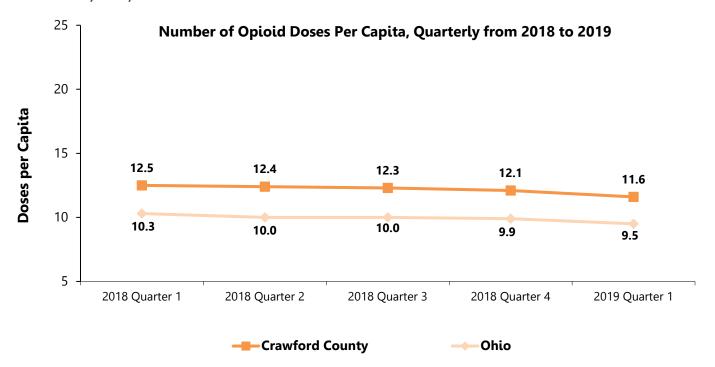
Crawford County and Ohio Number of Opiate and Pain Reliever Doses Per Patient from 2014 to 2018

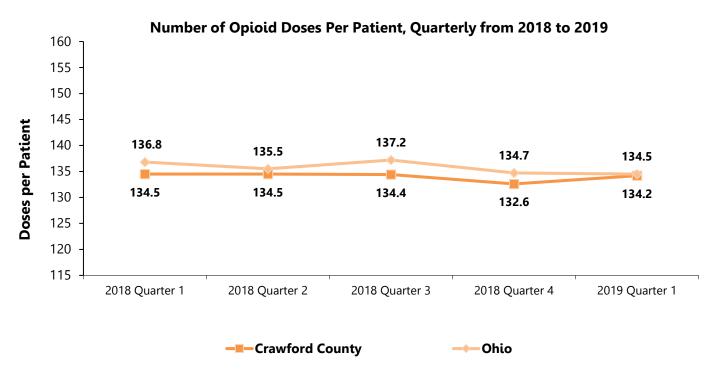




(Source for graphs: Ohio's Automated Rx Reporting System, 2014-2018, retrieved on 5/15/19)

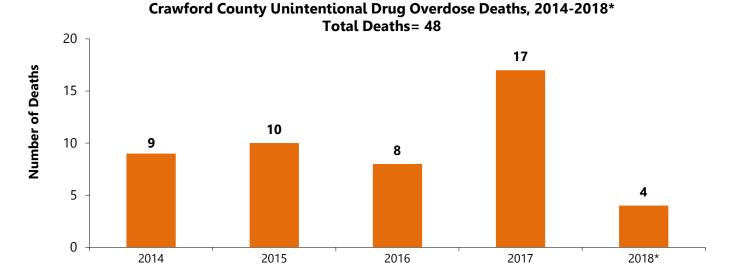
The following graphs show Crawford County and Ohio quarterly opiate and pain reliever doses per patient and doses per capita.





(Source for graphs: Ohio's Automated Rx Reporting System, 2018-2019, retrieved on 5/15/19)

The following graph shows the number of unintentional drug overdose deaths from 2014 to 2018 in Crawford County.



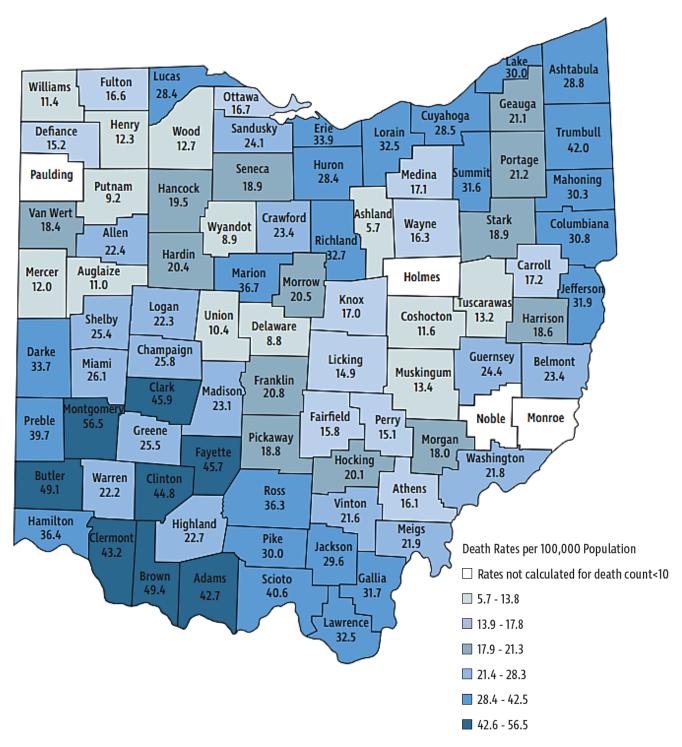
(Source for graph: Ohio Public Health Data Warehouse, 2007-2017, Updated 4/11/18) *Data for 2018 is incomplete and subject to change

Ohio Automated Rx Reporting System (OARRS)

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

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

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



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

Health Behaviors: Adult Sexual Behavior

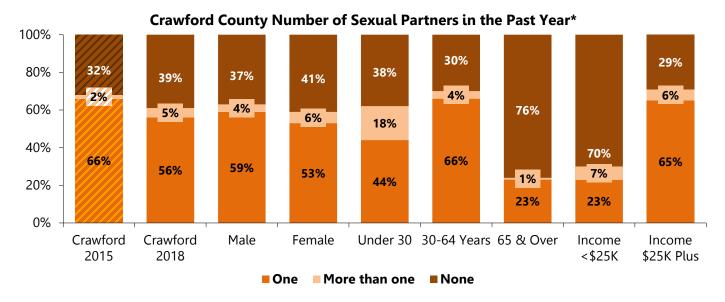
Key Findings

Sixty-one percent (61%) Crawford County adults had sexual intercourse in the past year. Five percent (5%) of adults had more than one sexual partner in the past year.

Adult Sexual Behavior

Over three-fifths (61%) of Crawford County adults had sexual intercourse in the past year. Five percent (5%) of adults reported they had intercourse with more than one partner in the past year, increasing to 18% of those under the age of 30.

The following graph shows the number of sexual partners Crawford County adults had in the past year. An example of how to interpret the information in the graph includes: 56% of all Crawford County adults had one sexual partner in the past 12 months, and 5% had more than one.



*Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?" Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Crawford County 2015	Crawford County 2018	Ohio 2017	U.S. 2017
Had more than one sexual partner (in past 12 months)	2%	5%	N/A	N/A

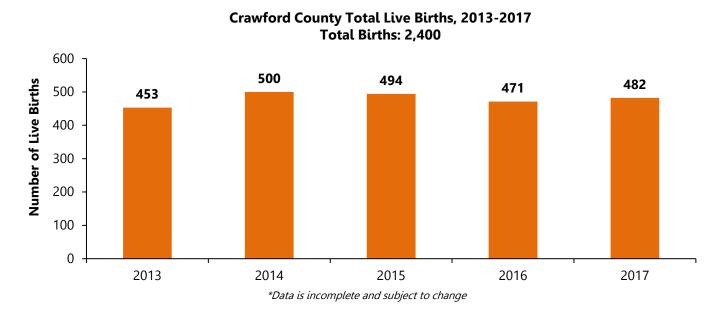
N/A - Not Available

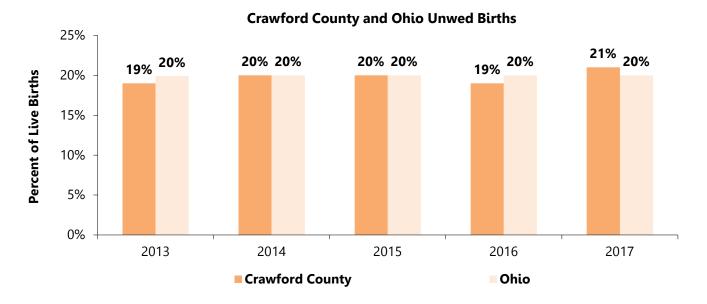
- Crawford County adults used the following methods of birth control: abstinence (29%), they or their partner were too old (19%), vasectomy (13%), hysterectomy (10%), tubes tied (9%), condoms (8%), birth control pill (8%), infertility (7%), ovaries or testicles removed (4%), withdrawal (3%), contraceptive implants (2%), IUD (1%), diaphragm/cervical ring/cap (1%), emergency contraception (etc.) (1%), rhythm method (1%), and shots (1%). Eight percent (8%) of Crawford County adults were not using any method of birth control.
- Crawford County adults reported they had been diagnosed with the following sexually transmitted diseases (STDs): chlamydia (2%), genital herpes (2%), Hepatitis C (1%), and human papillomavirus (HPV) (1%), and other STDs (1%).

The following situations applied to Crawford County adults: had sex without a condom in the past year (23%), had anal sex without a condom in the past year (6%), tested for an STD in the past year (5%), had sex with someone they met on social media (3%), had sex with someone they did not know (2%), treated for an STD in the past year (2%), had sexual activity with someone of the same gender (2%), were forced to have sex (1%), injected any drug other than those prescribed for them in the past year (1%), thought they had a STD (1%), and tested positive for Hepatitis C (1%).

Pregnancy Outcomes

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



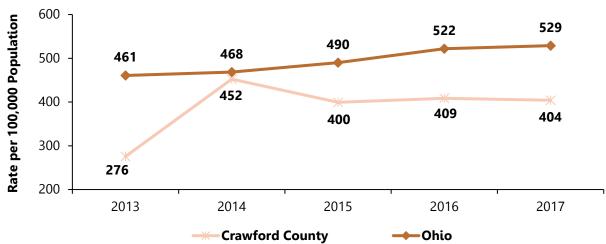


(Source: ODH Information Warehouse, updated 2-15-19)

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

- Crawford County chlamydia disease rates spiked in 2014.
- The number of chlamydia cases in Crawford County spiked in 2014 as well.

Chlamydia Annualized Disease Rates for Crawford County and Ohio

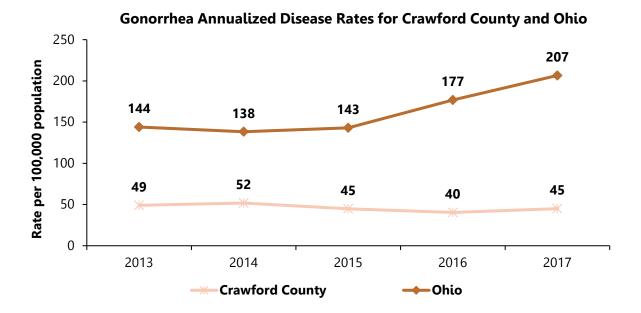


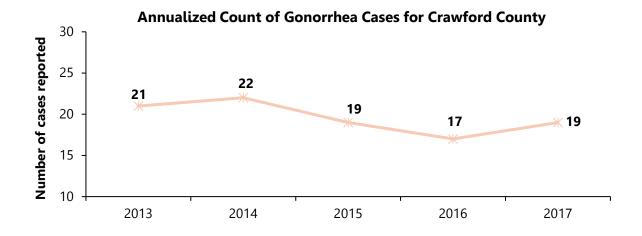
Annualized Count of Chlamydia Cases for Crawford County Number of cases reported

(Source for graphs: ODH, STD Surveillance, data reported through 5/24/18, updated on 10/09/18)

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

- The Crawford County gonorrhea rate fluctuated from 2013 to 2017.
- The number of gonorrhea cases in Crawford County decreased from 2014 to 2016 and increased in 2017.





(Source for graphs: ODH, STD Surveillance, data reported through 5/24/18, updated on 10/09/18)

Health Behaviors: Adult Mental Health

Key Findings

Five percent (5%) of Crawford County adults considered attempting suicide in the past year. Twenty-seven percent (27%) of adults reported they or a family member were diagnosed with or treated for depression in the past year.

Adult Mental Health

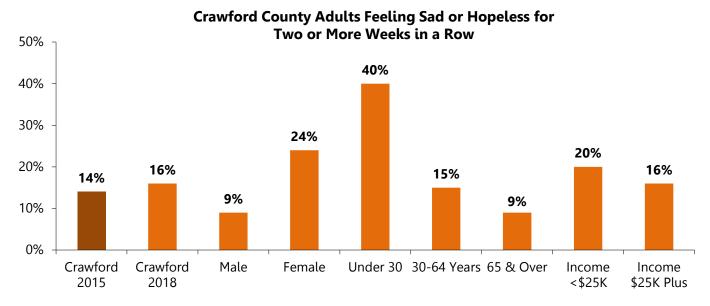
- In the past year, 16% of Crawford County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities, increasing to 20% those with incomes less than \$25,000 and 40% of those under the age of 30.
- Five percent (5%) of Crawford County adults considered attempting suicide in the past year.
- One percent (1%) of adults reported attempting suicide in the past year.
- Crawford County adults reported they or a family member were diagnosed with, or treated for, the following mental health issues in the past year:
 - Depression (27%)
 - Anxiety or emotional problems (22%)
 - An anxiety disorder (e.g., panic attacks, phobia, obsessive compulsive disorder) (21%)
 - Attention deficit disorder (ADD/ADHD) (10%)
 - Bipolar disorder (7%)
 - Post-traumatic stress disorder (PTSD) (6%)
 - Alcohol and illicit drug abuse (5%)
 - Autism spectrum (3%)
 - Eating disorder (3%)

- Developmental disability (cognitive/intellectual) (3%)
- Other trauma (2%)
- Personality disorder (2%)
- Psychotic disorder (e.g., schizophrenia, schizoaffective disorder) (2%)
- Life-adjustment disorder/issue (1%)Problem gambling (1%)
- Some other mental health disorder (3%)
- Fourteen percent (14%) of adults reported they or a family member had been diagnosed with, or treated for, more than one mental health issue in the past year.
- Twenty-three percent (23%) of adults indicated they or a family member had taken medication for one or more mental health issues.
- Adults reported the following caused them anxiety, stress and depression:
 - Financial stress (37%)
 - Job stress (29%)
 - Death of a close family member
 - or friend (23%)
 - Poverty/no money (18%)
 - Fighting in the home (15%)
 - Marital/dating relationships (14%)
 - Family member is sick (14%)
 - Current state of the country (13%)
 - Other stress at home (10%)
 - Caring for a parent (8%)

- Divorce/separation (6%)
- Unemployment (5%)
- Family member with a mental illness (5%)
- Social media (4%)
- Not having enough to eat (3%)
- Not having a place to live (2%)
- Sexual orientation/gender identity (2%)
- Not feeling safe at home (1%)
- Not feeling safe in the community (1%)
- Other (10%)
- Crawford County adults dealt with stress in the following ways: talked to someone they trust (36%), prayer/meditation (32%), listened to music (30%), slept (28%), ate more than normal (20%), exercised (19%), worked (19%), worked on a hobby (16%), drank alcohol (11%), smoked tobacco (11%), ate less than normal or not at all (8%), took it out on others (6%), used prescription drugs as prescribed (5%), talked to a professional (5%), used illegal drugs (2%), misused prescription drugs (<1%), and other ways (8%).

• Crawford County adults received the social and emotional support they needed from the following: family (58%), friends (50%), God/prayer (34%), church (25%), a professional (7%), Internet (6%), neighbors (5%), community (3%), self-help group (1%), text crisis line (1%), online support group (<1%), and other (4%). Ten percent (10%) of adults reported they do not get the social and emotional support they need, and 24% reported they do not need support.

The following graph shows Crawford County adults who felt sad or hopeless for two or more weeks in a row in the past year. An example of how to interpret the information includes: 16% of all adults felt sad or hopeless for two or more weeks in a row, including 9% of males and 24% of females.



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

Adult Comparisons	Crawford County 2015	Crawford County 2018	Ohio 2017	U.S. 2017
Considered attempting suicide (in the past 12 months)	5%	5%	N/A	N/A
Attempted suicide (in the past 12 months)	2%	1%	N/A	N/A
Felt sad or hopeless for two or more weeks in a row	14%	16%	N/A	N/A

N/A – Not Available

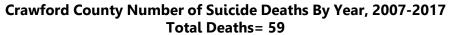
National Suicide Statistics

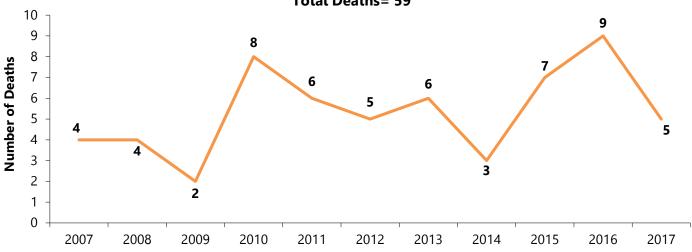
- Suicide is the 10th leading cause of death in the United States
- In 2017, 47,173 Americans died by suicide
 - The age adjusted rate in 2017 was 14.0 per 100,000 individuals
 - Men died from suicide 3.54x more often than women in 2017
 - White males accounted for 69.67% of suicide deaths in 2017
 - The highest rate of suicide is within middle-aged white men
- Firearms accounted for 50.57% of all suicide deaths in 2017. The second most common method was suffocation at 27.72%
- In 2017, there was an estimated 1,400,000 suicide attempts
- In 2015, suicide and self-injury cost the United States \$69 billion

(Sources: American Association of Suicidology, Facts & Statistics, 2017 retrieved May 2019)

The graphs below show the Crawford County suicide counts by year and age. The graph shows:

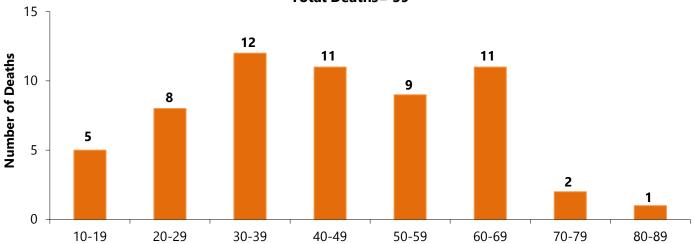
From 2007 to 2017, there were 59 total suicide completions by Crawford County residents.





(Source: Suicide in Crawford County: An Overview of Suicide Trends, 2007-2017, October 2018)

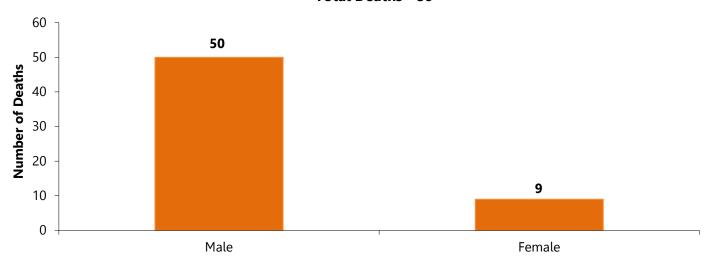
Crawford County Number of Suicide Deaths By Age, 2007-2017 **Total Deaths = 59**



(Source: Suicide in Crawford County: An Overview of Suicide Trends, 2007-2017, October 2018)

The graph below shows the Crawford County suicide counts by gender.





(Source: Suicide in Crawford County: An Overview of Suicide Trends, 2007-2017, October 2018)

The table below shows the suicide completion age-adjusted rates for Crawford County, Ohio and the U.S. from 2007 to 2017.

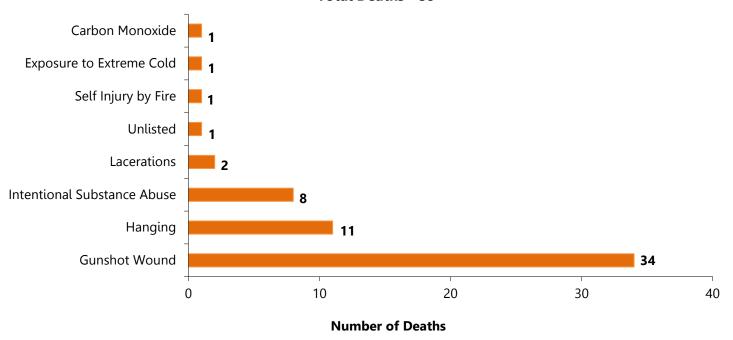
Years	Crawford County Suicide Rate*	Ohio Suicide Rate*	National Suicide Rate*
2007	7.38	11.04	11.27
2008	10.44	12.17	11.6
2009	3.02	10.01	11.75
2010	18.99	12.25	12.08
2011	15.24	12.35	12.32
2012	11.33	12.97	12.53
2013	14.76	12.78	12.56
2014	6.96	12.57	12.96
2015	16.24	13.89	13.23
2016	21.06	14.11	13.42
2017	12.56	14.8	N/A

N/A – Not available

(Source: Suicide in Crawford County: An Overview of Suicide Trends, 2007-2017, October 2018) *Produced by: National Center for Injury Prevention and Control, CDC. Data Source: NCHS Vital Statistics System for numbers of deaths. Bureau of Census for population estimates. Crawford County rates were calculated by Mary E. Salimbene Merriman, MPH, Epidemiologist.

The graph below shows the Crawford County suicide counts by manner of death.

Crawford County Completed Suicide Manner of Death, 2007-2017 **Total Deaths = 59**



(Source: Suicide in Crawford County: An Overview of Suicide Trends, 2007-2017, October 2018)

Chronic Disease: Cardiovascular Health

Key Findings

Five percent (5%) of Crawford County adults had survived a heart attack and 3% had survived a stroke at some time in their life. Nearly half (49%) of adults were obese, 41% had high blood cholesterol, 40% had high blood pressure, and 17% were current smokers, four known risk factors for heart disease and stroke.

Heart Disease and Stroke

- Five percent (5%) of adults reported they had survived a heart attack or myocardial infarction, increasing to 16% of those over the age of 65.
- Three percent (3%) of Crawford County adults reported they had survived a stroke, increasing to 9% of those over the age of 65.
- Five percent (5%) of adults reported they had angina or coronary heart disease, increasing to 9% of those over the age of 65.
- Three percent (3%) of adults reported they had congestive heart failure, increasing to 6% of those over the age of 65.

Crawford County Leading Causes of Death, 2015-2017

Total Deaths: 1,742

- 1. Heart Diseases (23% of all deaths)
- 2. Cancers (20%)
- 3. Chronic Lower Respiratory Diseases (8%)
- 4. Stroke (6%)
- 5. Accidents, Unintentional Injuries (5%)

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

Ohio **Leading Causes of Death, 2015-2017**

Total Deaths: 361,238

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

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

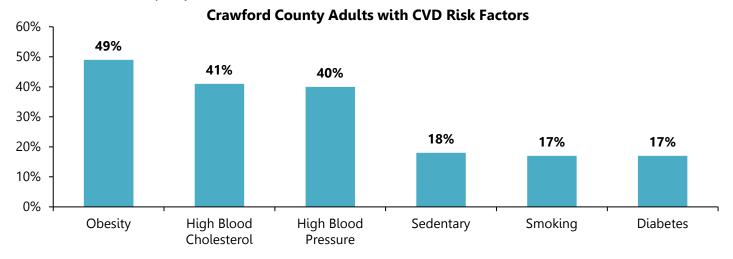
High Blood Pressure (Hypertension)

- Forty percent (40%) of adults had been diagnosed with high blood pressure.
- Eight percent (8%) of adults were told they were pre-hypertensive/borderline high. One percent (1%) of adults were told they had high blood pressure only during pregnancy.
- Ninety-two percent (92%) of adults had their blood pressure checked within the past year.
- Crawford County adults diagnosed with high blood pressure were more likely to have:
 - Been ages 65 years or older (62%)
 - Been classified as obese by body mass index (59%)
 - Incomes less than \$25,000 (46%)

High Blood Cholesterol

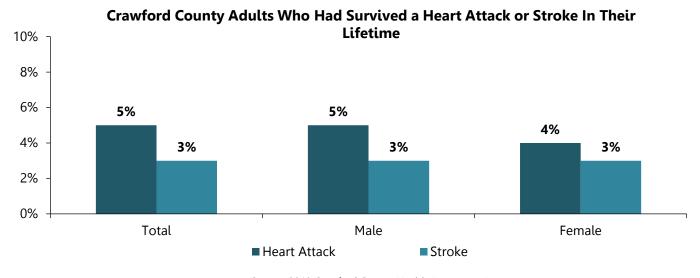
- More than two-fifths (41%) of adults had been diagnosed with high blood cholesterol.
- Over four-fifths (81%) of adults had their blood cholesterol checked within the past 5 years.
- Crawford County adults with high blood cholesterol were more likely to have:
 - Been ages 65 years or older (64%)
 - Been classified as obese by body mass index (54%)
 - Incomes less than \$25,000 (43%)

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



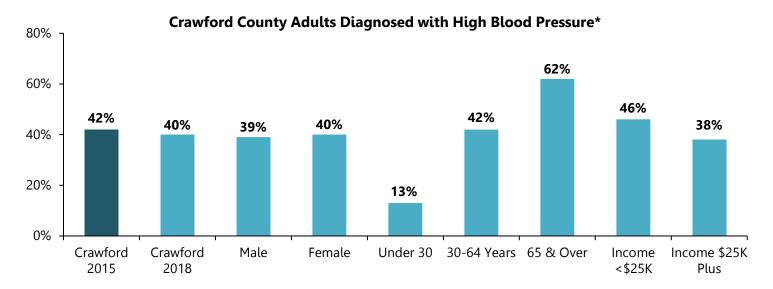
Adult Comparisons	Crawford County 2015	Crawford County 2018	Ohio 2017	U.S. 2017
Ever diagnosed with angina or coronary heart disease	5%	5%	5%	4%
Ever diagnosed with a heart attack or myocardial infarction	5%	5%	6%	4%
Ever diagnosed with a stroke	1%	3%	4%	3%
Had been told they had high blood pressure	42%	40%	35%	32%
Had been told their blood cholesterol was high	40%	41%	33%	33%
Had their blood cholesterol checked within last five years	80%	81%	85%	86%

The following graph shows the percentage of Crawford County adults who had survived a heart attack or stroke in their lifetime by gender. An example of how to interpret the information includes: 5% of Crawford County males survived a heart attack compared to 3% of females.



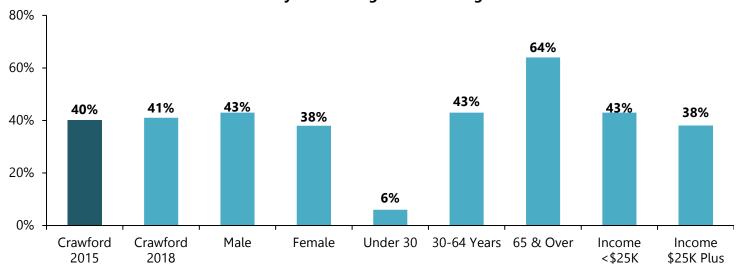
(Source: 2018 Crawford County Health Assessment) Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graphs show the number of Crawford County adults who have been diagnosed with high blood pressure and high blood cholesterol. An example of how to interpret the information on the first graph includes: 40% of all Crawford County adults have been diagnosed with high blood pressure, including 46% of those with incomes less than \$25,000 and 62% of those 65 and older.



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

Crawford County Adults Diagnosed with High Blood Cholesterol

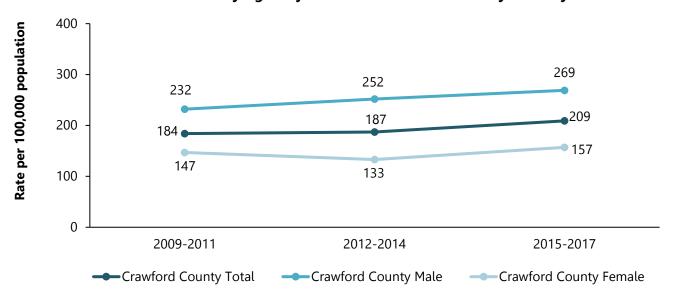


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

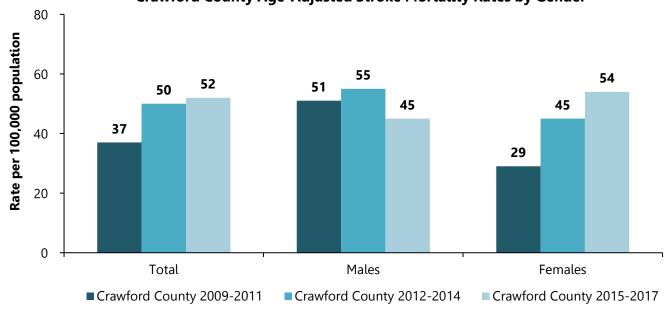
The following graphs shows the age-adjusted mortality rates per 100,000 population for heart disease and stroke by gender.

- From 2009 to 2017, the total Crawford County male and Crawford County total age-adjusted heart disease mortality rates increased, while the Crawford County female heart disease mortality rate fluctuated.
- From 2009 to 2017, the Crawford County female age-adjusted stroke mortality rate steadily increased, while the male stroke mortality rate decreased in 2015-2017.

Crawford County Age-Adjusted Heart Disease Mortality Rates by Gender



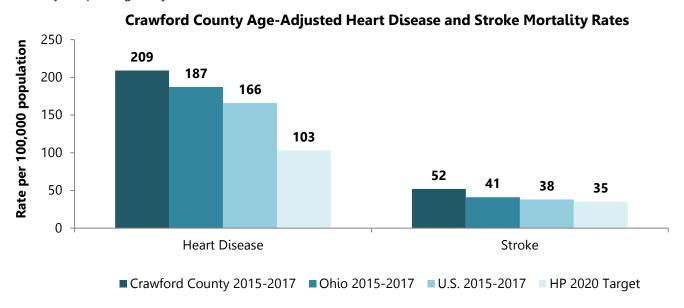
Crawford County Age-Adjusted Stroke Mortality Rates by Gender



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

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

- When age differences are accounted for, the statistics indicate that from 2015 to 2017, the Crawford County heart disease mortality rate was higher than the Ohio and U.S. rates, as well as the Healthy People 2020 target objective.
- The Crawford County age-adjusted stroke mortality rate was higher than the state and U.S. rates, as well as the Healthy People target objective, from 2015 to 2017.



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

Healthy People 2020 Objectives

Heart Disease and Stroke

2018 Crawford Sui Populatio Baseline		2017 U.S. Baseline	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	40%	32% Adults age 18 and up	27%
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	81%	86% Adults age 18 and up	82%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	41%	33% Adults age 20+ with TBC>240 mg/dl	14%

Note: All U.S. figures age-adjusted to 2000 population standard. (Sources: 2018 Crawford County Health Assessment, 2017 BRFSS, Healthy People 2020)

Chronic Disease: Cancer

Key Findings

One-in-seven (14%) Crawford County adults had been diagnosed with cancer at some time in their life.

Adult Cancer

- Fourteen percent (14%) of Crawford County adults were diagnosed with cancer at some point in their lives, increasing to 28% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types: prostate (19%), breast (18%), other skin cancer (18%), melanoma (18%), cervical (14%), leukemia (4%), lung (4%), oral (4%), pancreatic (4%), endometrial (4%) colon/intestine (2%), head and neck (2%), Hodgkin's lymphoma (2%), rectal (2%), and other

Crawford County Incidence of Cancer, 2011-2015

All Types: 1,361 cases

Lung and Bronchus: 237 cases (17%)

Breast: 185 cases (14%)

Other sites and types: 125 cases (9%)

Colon and Rectum: 123 cases (9%)

From 2015-2017, there were 350 cancer deaths in Crawford County.

(Source: Ohio Cancer Incidence, ODH Ohio Public Health Data Warehouse, Updated 1/14/19)

Crawford Crawford Ohio U.S. **Adult Comparisons** County County 2017 2017 2015 2018 Ever been told they had skin cancer 2%* 5%* 6% 6% Ever been told they had other types of cancer (other 9% 9% 7% 7%

Cancer Facts

than skin cancer)

types of cancer (2%).

- The Ohio Public Health Data Warehouse indicates that from 2015-2017, cancers caused 20% (350 of 1,742 total deaths) of all Crawford County resident deaths. The largest percent (27%) of 2015-2017 cancer deaths were from lung and bronchus cancers (Source: Ohio Public Health Data Warehouse, 2015-2017).
- The American Cancer Society states that about 606,880 Americans are expected to die of cancer in 2019. Cancer is the second leading cause of death in the U.S., exceeded only by heart disease (Source: American Cancer Society, Facts & Figures 2019).

4,628 Crawford County adults had been diagnosed with cancer at some time in their life.

Lung Cancer

- Seventeen percent (17%) of Crawford County adults were current smokers.
- The Ohio Department of Health (ODH) reports that lung and bronchus cancer was the leading cause of male cancer deaths (n=52) and female cancer deaths (n=42) from 2015-2017 in Crawford County. (Source: Ohio Public Health Data Warehouse, 2015-2017).
- According to the American Cancer Society, smoking causes 81% of lung cancer deaths in the U.S. Men and women who smoke are about 25 times more likely to develop lung cancer than nonsmokers (Source: American Cancer Society, Facts & Figures 2019).

^{*}Melanoma and other skin cancers are included for "diagnosed with skin cancer"

Breast Cancer

- Half (50%) of Crawford County females reported having had a clinical breast examination in the past year.
- Forty-nine percent (49%) of Crawford County females over the age of 40 had a mammogram in the past year.
- For women at average risk of breast cancer, recently updated American Cancer Society screening guidelines recommend that those 40 to 44 years of age have the option to begin annual mammography, those 45 to 54 should undergo annual mammography, and those 55 years of age and older may transition to biennial mammography or continue annual mammography. Women should continue mammography as long as overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual magnetic resonance imaging (MRI) is recommended in addition to mammography, typically starting at age 30. (Source: American Cancer Society, Facts & Figures 2019).

Prostate Cancer

- ODH statistics indicate that prostate cancer deaths accounted for 6% of all male cancer deaths from 2015-2017 in Crawford County (Source: Ohio Public Health Data Warehouse, 2015-2017).
- No organizations presently endorse routine prostate cancer screening for men at average risk because of concerns about the high rate of overdiagnosis (detecting disease that would never have caused symptoms), along with the significant potential for serious side effects associated with prostate cancer treatment. The American Cancer Society recommends that beginning at age 50, men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their health care provider about the benefits and limitations of PSA testing and make an informed decision about whether to be tested based on their personal values and preferences. Men at high risk of developing prostate cancer (black men or those with a close relative diagnosed with prostate cancer before the age of 65) should have this discussion beginning at age 45, and men at even higher risk (those with several close relatives diagnosed at an early age) should have this discussion beginning at age 40 (Source: American Cancer Society, Facts & Figures 2019).

Colon and Rectum Cancers

- ODH indicates that colon and rectum cancer deaths accounted for 11% of all male and female cancer deaths from 2015-2017 in Crawford County (Source: Ohio Public Health Data Warehouse, 2015-2017).
- Modifiable factors that increase colon and rectum cancer risk include obesity, physical inactivity, long-term smoking, high consumption of red or processed meat, low calcium intake, moderate to heavy alcohol consumption, and very low intake of fruits and vegetables and whole-grain fiber. Hereditary and medical factors that increase risk include a personal or family history of colorectal cancer and/or polyps, certain inherited genetic conditions, a personal history of chronic inflammatory bowel disease, and type 2 diabetes. (Source: American Cancer Society, Facts & Figures 2019).

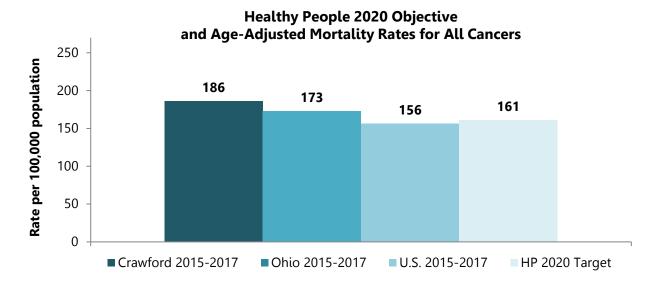
2019 Cancer Estimates

- In 2019, more than 1.7 million new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about eighteen percent of the new cancer cases expected to occur in the U.S. in 2018 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 606,880 Americans are expected to die of cancer in 2019.
- 81% of lung cancer deaths in the U.S are attributed to smoking.
- In 2019, estimates predict that there will be 67,150 new cases of cancer and 25,440 cancer deaths in Ohio.
- Of the new cancer cases in Ohio, approximately 9,680 (14%) will be from lung and bronchus cancers and 3,750 (6%) will be from melanoma (skin) cancer.
- About 10,240 new cases of female breast cancer are expected in Ohio.
- New cases of male prostate cancer in Ohio are expected to be 5,340 (8%).

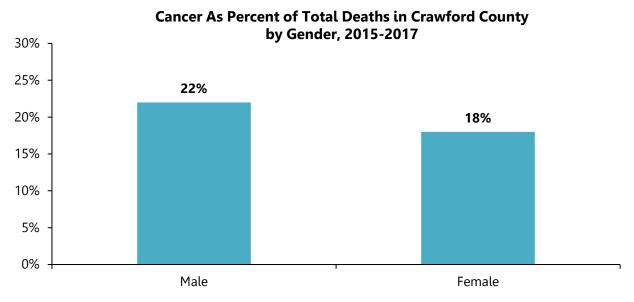
(Source: American Cancer Society, Facts and Figures 2019)

The following graphs show the Crawford 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 the percent of total cancer deaths in Crawford County. The graphs show:

- When age differences are accounted for, Crawford County had a higher cancer mortality rate than the state and U.S. rates, as well as the Healthy People 2020 target objective.
- The percentage of Crawford County males who died from all cancers is higher than the percentage of Crawford County females who died from all cancers.



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



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

Crawford County Incidence of Cancer, All Ages, 2011-2015

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer	Age-Adjusted Rate
Lung and Bronchus	237	17.4%	76.2
Breast	185	13.6%	64.4
Other/Unspecified	125	9.2%	43.1
Colon and Rectum	123	9.0%	42.2
Prostate	121	8.9%	80.9
Uterus	67	4.9%	45.0
Non-Hodgkins Lymphoma	62	4.6%	21.2
Bladder	61	4.5%	19.7
Kidney and Renal Pelvis	56	4.1%	19.0
Melanoma of Skin	42	3.1%	15.2
Pancreas	39	2.9%	12.5
Leukemia	34	2.5%	12.1
Oral Cavity & Pharynx	31	2.3%	10.2
Thyroid	28	2.1%	11.5
Esophagus	25	1.8%	7.7
Liver and Bile Ducts	23	1.7%	7.0
Multiple Myeloma	22	1.6%	7.0
Larynx	19	1.4%	6.1
Ovary	16	1.2%	10.8
Brain and CNS	13	1.0%	4.5
Stomach	13	1.0%	4.4
Cervix	13	1.0%	10.8
Hodgkins Lymphoma	5	<1.0%	2.8
Testis	1	1 <1.0%	
Total	1,361	100%	460.0

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 3/28/18)

Chronic Disease: Arthritis

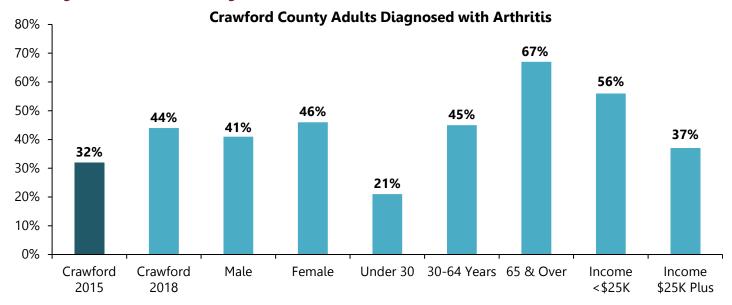
Key Findings

Forty-four percent (44%) of Crawford County adults were diagnosed with arthritis in their lifetime.

Arthritis

- More than two-fifths (44%) of Crawford County adults were diagnosed with arthritis, increasing to 67% of those over the age of 65.
- Seventy-seven percent (77%) of adults diagnosed with arthritis were overweight or obese.
- Adults are at higher risk of developing arthritis if they are female, have genes associated with certain types of arthritis, have an occupation associated with arthritis, are overweight or obese, and/or have joint injuries or infections (Source: CDC, Arthritis Risk Factors 2018).
- An estimated 54 million U.S. adults (about 23%) report having doctor-diagnosed arthritis. By 2040, over 78 million people will have arthritis. Arthritis is more common among women (24%) than men (18%), and it affects all racial and ethnic groups. Arthritis commonly occurs with other chronic diseases, like diabetes, heart disease, and obesity, and can make it harder for people to manage these conditions (Source: CDC, Arthritis, January 2019).

The following graph shows the percentage of Crawford County adults who were diagnosed with arthritis. An example of how to interpret the information includes: 44% of adults were diagnosed with arthritis, including 67% of adults over the age of 65.



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

Adult Comparisons	Crawford County 2015	Crawford County 2018	Ohio 2017	U.S. 2017
Ever diagnosed with arthritis	32%	44%	29%	25%

Chronic Disease: Asthma and Other Respiratory Disease

Key Findings

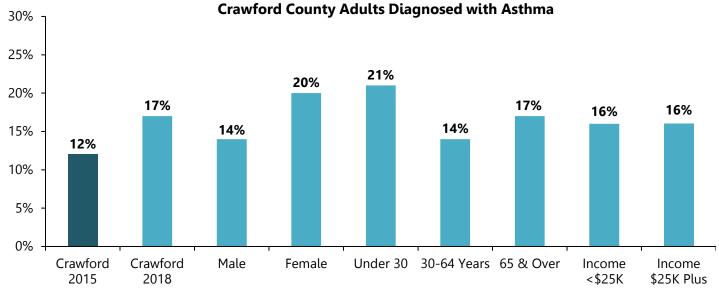
Nearly one-fifth (17%) Crawford County adults had been diagnosed with asthma in their lifetime. Twelve percent (12%) of adults had been diagnosed with chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis in their lifetime.

Asthma and Other Respiratory Disease

- Seventeen percent (17%) of Crawford County adults had been diagnosed with asthma.
- Twelve percent (12%) of adults had been diagnosed with chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis, increasing to 26% of those with incomes less than \$25,000.
- There are several important factors that may trigger an asthma attack. Some of these triggers are tobacco smoke, dust mites, outdoor air pollution, cockroach allergens, pets, mold, smoke from burning wood or grass, infections linked to the flu, colds, and respiratory viruses (Source: CDC, Common Asthma Triggers, 2010).
- Chronic lower respiratory disease was the 3rd leading cause of death in Crawford County and the 4th leading cause of death in Ohio from 2015-2017. (Source: Ohio Public Health Data Warehouse, 2015-2017).

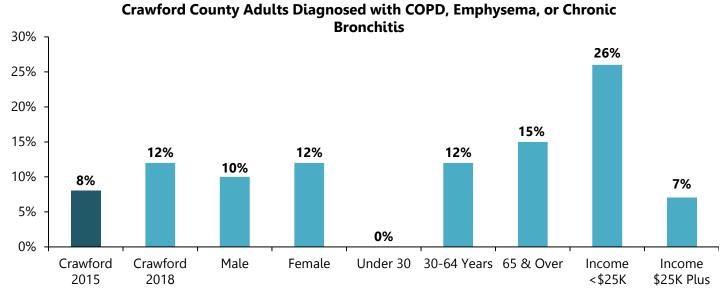
Adult Comparisons	Crawford County 2015	Crawford County 2018	Ohio 2017	U.S. 2017
Ever been told they have asthma	12%	17%	14%	14%
Ever diagnosed with chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis	8%	12%	8%	6%

The following graph shows the percentage of Crawford County adults who were diagnosed with asthma. An example of how to interpret the information includes: 17% of adults were diagnosed with asthma, including 21% of adults under the age of 30.



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

The following graph shows the percentage of Crawford County adults who were diagnosed with COPD, emphysema, or chronic bronchitis. An example of how to interpret the information includes: 12% of adults were diagnosed with COPD, emphysema, or chronic bronchitis, including 26% of adults with incomes less than \$25,000.

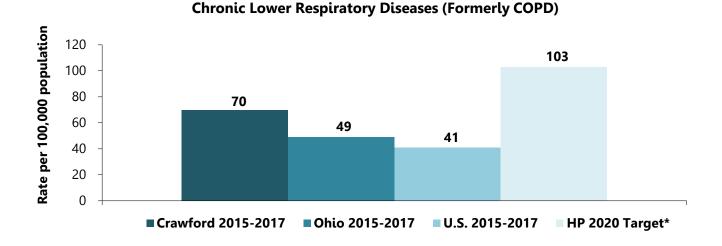


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Age-Adjusted Mortality Rates for

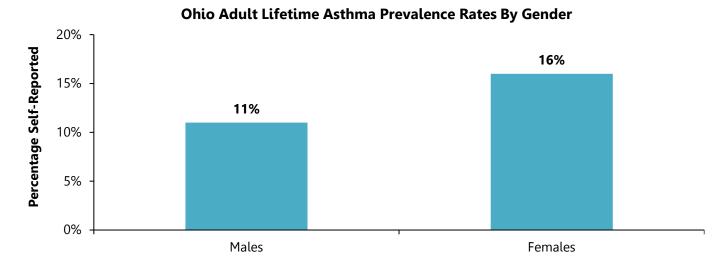
The following graphs show Crawford County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for chronic lower respiratory diseases (formerly COPD) in comparison with the Healthy People 2020 objective. The graph shows:

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

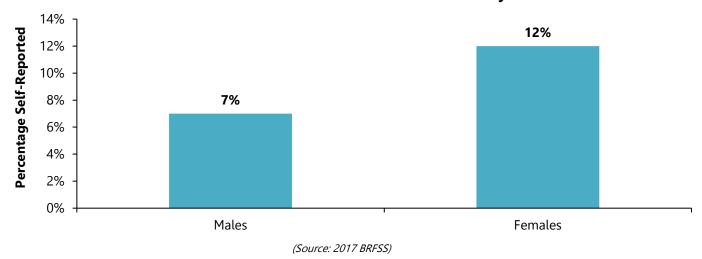


(Source: Ohio Public Health Data Warehouse, 2015-2017, CDC Wonder, 2015-2017 and Healthy People 2020) *Healthy People 2020's target rate is for adults aged 45 years and older.

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



Ohio Adult Current Asthma Prevalence Rates By Gender



Chronic Disease: Diabetes

Key Findings

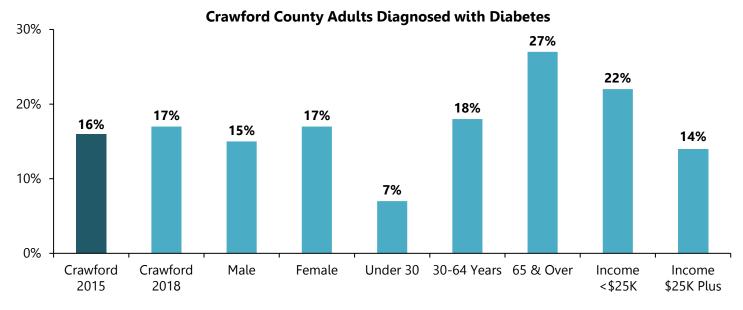
Seventeen percent (17%) of Crawford County adults had been diagnosed with diabetes. Ninety-two percent (92%) of adults with diabetes were also classified as obese or overweight.

Diabetes

- Seventeen percent (17%) of Crawford County adults had been diagnosed with diabetes, increasing to 27% of those over the age of 65.
- Seven percent (7%) of adults had been diagnosed with pre-diabetes or borderline diabetes
- Diabetics were using the following to treat their diabetes:
 - Checking blood sugar (78%)
 - Checking A1C annually (75%)
 - Diet control (74%)
 - Annual vision exam (69%)
 - Diabetes pills (65%)
 - 6-month checkup with provider (63%)
 - Checking their feet (60%)

- Exercise (44%)
- Insulin (37%)
- Get a dental exam (25%)
- Taking a class (9%)
- Use injectables (e.g., Vyettea, Victoza, Bydurean) (9%)
- Two percent (2%) of diabetics reported they did nothing to treat their diabetes.
- Crawford County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 92% were obese or overweight
 - 81% had been diagnosed with high blood cholesterol
 - 71% had been diagnosed with high blood pressure

The following graph shows the percentage of Crawford County adults who had been diagnosed with diabetes. An example of how to interpret the information includes: 17% of adults were diagnosed with diabetes, including 27% of adults ages 65 and older and 22% of those with incomes less than \$25,000.

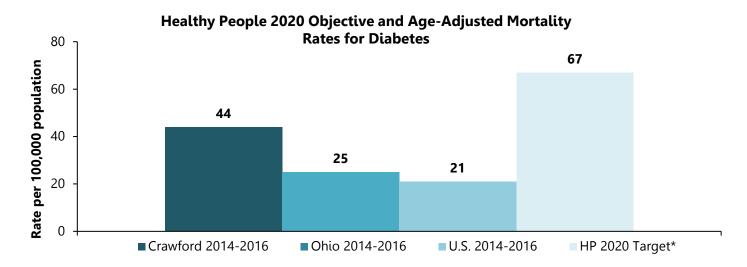


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Crawford County 2015	Crawford County 2018	Ohio 2017	U.S. 2017
Ever been told by a doctor they have diabetes (not pregnancy-related)	16%	17%	11%	11%
Had been diagnosed with pre-diabetes or borderline diabetes	5%	7%	2%	2%

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

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



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

Types of Diabetes

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

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

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

Chronic Disease: Quality of Life

Key Findings

Thirty-five percent (35%) of Crawford County adults reported they were limited in some way because of a physical, mental or emotional problem. The most limiting health problems were back or neck problems (48%), arthritis/rheumatism (47%), chronic pain (26%), and walking problems (24%).

Impairments and Health Problems

- Over one-third (35%) of Crawford County adults were limited in some way because of a physical, mental or emotional problem. Adults were limited by physical (29%), emotional (5%), and mental (5%) problems.
- Among those who were limited, the following most limiting health problems or impairments were reported:
 - Back or neck problems (48%)
 - Arthritis/rheumatism (47%)
 - Chronic pain (26%)
 - Walking problems (24%)
 - Stress, depression, anxiety, or emotional problems (23%)
 - Chronic illness (e.g., diabetes, cancer, heart and stroke related problems, high blood pressure) (18%)
 - Sleep problems (18%)
 - Fitness level (18%)
 - Lung/breathing problems (16%)

- Fractures, bone/joint injuries (12%)
- Hearing problems (10%)
- Eye/vision problems (8%)
- Mental health illness/disorder (8%)
- Dental problems (7%)
- Memory loss (6%)
- Confusion (2%)
- Learning disability (2%)
- Drug addiction (1%)
- Substance dependency (1%)
- Other impairment/problem (5%)
- Crawford County adults were responsible for providing regular care or assistance to the following:
 - Multiple children (20%)
 - An elderly parent or loved one (9%)
 - A friend, family member or spouse with a health problem (8%)
 - Grandchildren (5%)
 - An adult child (5%)
 - A friend, family member or spouse with a mental health issue (4%)
 - Someone with special needs (4%)
 - A friend, family member or spouse with dementia (3%)
 - Children with discipline issues (1%)
- Thirteen percent (13%) of adults reported they were responsible for providing regular care or assistance to more than one person.
- Crawford County adults needed the following services or equipment in the past year:
 - Eyeglasses or vision (26%)
 - Help with routine needs (everyday household chores, doing necessary business) (8%)
 - Pain management (8%)
 - Cane (7%)
 - Help with personal care needs (eating, bathing, dressing, getting around the house) (6%)
 - Walker (6%)
 - Hearing aids or hearing care (5%)
 - Medical supplies (5%)
 - Wheelchair (4%)
 - Oxygen or respiratory support (3%)
 - Mobility aids or devices (3%)
 - Wheelchair ramp (2%)
 - Special bed (2%)
 - Durable medical equipment (e.g., Kaiser-Wells or O.E. Meyer) (1%)
 - Personal emergency response system (1%)
 - Communication aides or devices (<1%)
 - Special telephone (<1%)

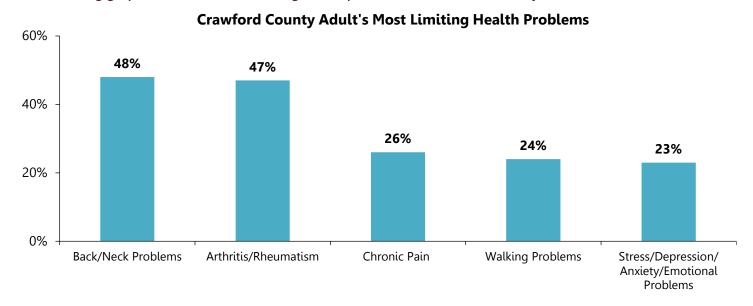
Healthy People 2020

Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Crawford County 2018	Healthy People 2020 Target
AOCBC-2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	47%	36%

Note: U.S. baseline is age-adjusted to the 2000 population standard (Sources: Healthy People 2020 Objectives, 2018/19 Crawford County Health Assessment)

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



Social Conditions: Social Determinants of Health

Key Findings

Fifteen percent (15%) of Crawford County adults had experienced four or more adverse childhood experiences (ACEs) in their lifetime. One-in-seven (14%) of adults had experienced at least one issue related to hunger/food insecurity in the past year.

Economic Stability

- About one-in-seven (14%) adults experienced at least one issue related to hunger/food insecurity in the past year. They experienced the following:
 - Had to choose between paying bills and buying food (9%)
 - Worried food might run out (4%)
 - Went hungry/ate less to provide more food for their family (4%)
 - Did not eat because they did not have enough money for food (3%)
 - Loss of income led to food insecurity issues (2%)
 - Their food assistance was cut (2%)
- Five percent (5%) of adults experienced more than one issue related to hunger/food insecurity in the past year.
- Crawford County adults received assistance for the following in the past year:
 - Medicare (13%)
 - Health care (12%)
 - Mental illness issues (10%)
 - Prescription assistance (10%)
 - Dental care (8%)
 - Food (5%)
 - Home repair (4%)
 - Utilities (3%)
 - Free tax preparation (3%)
 - Rent/mortgage (2%)

- Transportation (2%)
- Credit counseling (2%)
- Employment (2%)
- Drug or alcohol addiction (2%)
- Legal aid services (1%)
- Diapers (1%)
- Clothing (1%)
- Post-incarceration transition issues (1%)
- Gambling addiction (<1%)
- No one received assistance for an unplanned pregnancy or affordable childcare in the past year.
- The unemployment rate for Crawford County was 5.7 as of December 2018 (Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information).
- The median household income in Crawford County was \$45,395. The U.S. Census Bureau reports median income levels of \$54,077 for Ohio and \$60,336 for the U.S. (Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2017).
- There were 17,833 occupied housing units. The owner-occupied housing unit rate was 69%. Rent in Crawford County cost an average of \$637 per month (Source: U.S. Census Bureau, American Community Survey, 2013-2017).
- Sixteen percent (16%) of all Crawford County residents were living in poverty, and 25% of children and youth ages 0-17 were living in poverty (Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2017).
- See Appendix VI: Demographics and Household Information for further demographic, social, economic, and employment information for Crawford County residents.

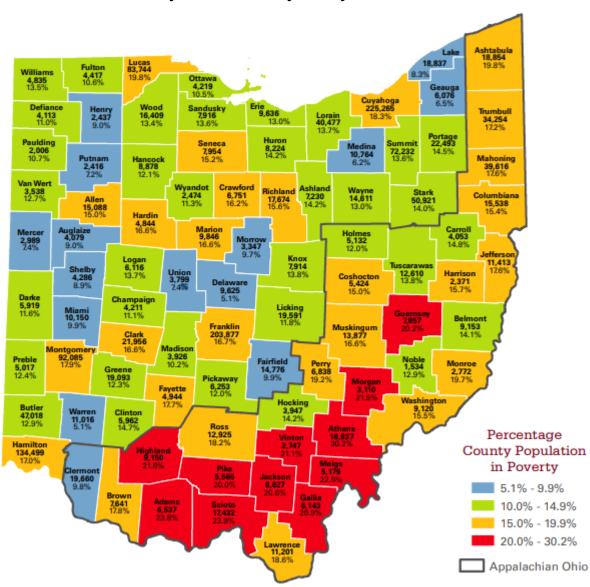
Crawford County adults and their loved ones needed the following assistance in the past year:

Type of Assistance	Needed Assistance	Received Assistance	Did Not Know Where to Look
Medicare	18%	13%	5%
Health care	17%	12%	5%
Mental illness issues including depression	17%	10%	7%
Prescription assistance	15%	10%	5%
Dental care	14%	8%	7%
Home repair	12%	4%	8%
Credit counseling	10%	2%	8%
Food	10%	5%	5%
Utilities	10%	3%	7%
Employment	8%	2%	6%
Free tax preparation	8%	3%	6%
Rent/mortgage	8%	2%	6%
Transportation	8%	2%	6%
Clothing	7%	1%	6%
Drug or alcohol addiction	7%	2%	5%
Legal aid services	7%	1%	6%
Affordable child care	6%	0%	6%
Diapers	6%	1%	5%
Gambling addiction	5%	<1%	5%
Post incarceration transition issues	5%	1%	5%
Unplanned pregnancy	4%	0%	4%

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

- The 2013 to 2017 American Community Survey 5-year estimates predict that approximately 1,683,890 Ohio residents, or 14.9% of the population, were in poverty.
- From 2013 to 2017, 6,751 or 16.2% of Crawford County residents were in poverty.

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



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

Health and Health Care

- Ninety-three percent (93%) of Crawford County adults had health care coverage, leaving 7% of adults uninsured.
- Seventy-two percent (72%) of Crawford County adults visited a doctor for a routine checkup in the past year, increasing to 84% of those over the age of 65.
- Fifty-eight percent (58%) of adults reported they had one person they thought of as their personal doctor or health care provider. A little over one-third (35%) of adults had more than one person they thought of as their personal health care provider, and 7% did not have one at all.
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Crawford County adults.

Education

- Ninety percent (90%) of Crawford County adults 25 years and over had a high school diploma or higher (Source: U.S. Census Bureau, American Community Survey, 2013-2017).
- Fifteen percent (15%) of Crawford County adults 25 years and over had at least a bachelor's degree (Source: U.S. Census Bureau, American Community Survey, 2013-2017).

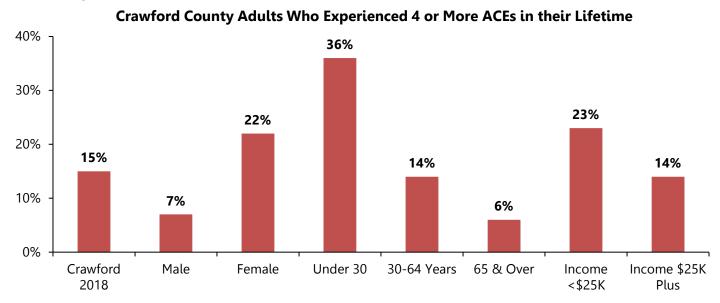
Social and Community Context

- One-in-nine (11%) Crawford County adults had the following transportation issues: no car (4%), could not afford gas (3%), no public transportation available or accessible (2%), did not feel safe to drive (2%), disabled (2%), limited public transportation available or accessible (2%), suspended/no driver's license (2%), no car insurance (1%), and other car issues/expenses (4%). One percent (1%) reported they only had transportation for medical appointments.
- Five percent (5%) of adults reported they had more than one transportation issue.
- Crawford County adults experienced the following in the past 12 months:
 - Death of a family member or close friend (33%)
 - A close family member went to the hospital (29%)
 - Had bills they could not pay (17%)
 - A decline in their own health (16%)
 - They were a caregiver (7%)
 - Someone close to them had a problem with drinking or drugs (7%)
 - Moved to a new address (5%)
 - Someone in their household lost their job/had their hours reduced at work (4%)
 - Were threatened or abused by someone physically, emotionally, sexually, or verbally (3%)
 - Household income was cut by 50% (3%)
 - Knew someone who lived in a hotel (2%)
 - Their family was at risk of losing their home (2%)
 - Witnessed someone in their family being hit or slapped (2%)
 - Became separated or divorced (2%)
 - Had someone homeless living with them and/or sleeping on their couch (1%)
 - Their child was threatened or abused by someone physically, emotionally, sexually, or verbally (1%)
 - They were homeless (1%)

- Crawford County adults experienced the following adverse childhood experiences (ACEs):
 - A parent or adult in their home swore at, insulted, or put them down (23%)
 - Their parents became separated or were divorced (22%)
 - Lived with someone who was a problem drinker or alcoholic (21%)
 - Someone at least 5 years older than them or an adult touched them sexually (13%)
 - Lived with someone who was depressed, mentally ill, or suicidal (12%)
 - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (12%)
 - A parent or adult in their home hit, beat, kicked, or physically hurt them (12%)
 - Their family did not look out for each other, feel close to each other, or support each other (10%)
 - Someone at least 5 years older than them or an adult tried to make them touch them sexually (9%)
 - Lived with someone who used illegal street drugs, or who abused prescription medications (6%)
 - They didn't have enough to eat, had to wear dirty clothing, and had no one to protect them (4%)
 - Someone at least 5 years older than them or an adult forced them to have sex (4%)
 - Their parents were not married (3%)
 - Lived with someone who served time or was sentenced to serve time in prison, jail or correctional facility (1%)
- Fifteen percent (15%) of Crawford County adults had 4 or more ACEs in their lifetime, increasing to 36% of those under the age of 30.

4,958 adults experienced 4 or more ACEs in their lifetime.

The following graph shows the percentage of Crawford County adults who had experienced 4 or more adverse child experiences (ACEs) in their lifetime. An example of how to interpret the information on the graph includes: 15% of all adults had experienced 4 or more ACEs in their lifetime, including 36% of those under the age of 30 and 23% of those with incomes less than \$25,000.



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

Crawford County Adults Adverse Childhood Experiences (ACEs) (Under the Age of 18)

	Total	Male	Female	Under 30	30-64 Years	65 & Over	Income <\$25K	Income \$25K Plus
No experiences	54%	66%	43%	43%	52%	62%	49%	54%
One experience	19%	17%	19%	14%	19%	20%	16%	19%
Two experiences	8%	5%	10%	0%	8%	10%	10%	7%
Three experiences	5%	4%	6%	7%	6%	2%	2%	6%
Four or more experiences	15%	7%	22%	36%	14%	6%	23%	14%

The table below indicates correlations between those who experienced 4 or more ACEs in their lifetime and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 33% of those who experienced 4 or more ACEs were current smokers, compared to 12% of those who did not experience any ACEs.

Behaviors of Crawford County Adults

Experienced 4 or More ACEs vs. Did Not Experience Any ACEs

Adult Behaviors	Experienced 4 or More ACEs	Did Not Experience Any ACEs
Classified as overweight (BMI of 25.0 – 29.9) and obese (includes severely and morbidly obese, BMI of 30.0 and above)	74%	78%
Felt sad or hopeless for two or more weeks in a row	53%	3%
Current drinker (drank alcohol at least once in the past month)	52%	58%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	48%	50%
Ever diagnosed with arthritis	34%	43%
Current smoker (currently smoke on some or all days)	33%	12%
Had been told their blood cholesterol was high	30%	42%
Considered attempting suicide (in the past 12 months)	29%	1%
Had been told they had high blood pressure	26%	39%
Ever been told they have asthma	22%	13%
Had more than one sexual partner (in past 12 months)	20%	2%
Misused prescription medications (in the past 6 months)	14%	4%
Ever been told by a doctor they have diabetes (not pregnancy-related)	7%	12%
Used recreational drugs (in the past 6 months)	7%	5%
Ever diagnosed with angina or coronary heart disease	7%	4%

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

Adverse Childhood Experiences (ACEs)

- Childhood abuse, neglect, and exposure to other traumatic stressors-which we term adverse childhood experiences (ACEs)-are common. The most common are separated or divorced parents; verbal, physical or sexual abuse; witness of domestic violence; and having a family member with depression or mental illness.
- According to the CDC, 59% of people surveyed in five states in 2009 reported having had at least one ACE, while 9% reported five or more ACEs.
- The short and long-term outcomes of these childhood exposures include a multitude of health and social problems such as:

Depression Alcoholism and alcohol abuse

— Fetal death — COPD

— Illicit drug use Unintended pregnancies

 Liver disease Suicide attempts

— STDs — Early initiation of smoking

 Multiple sexual partners Risk for intimate partner violence

- Given the high prevalence of ACEs, additional efforts are needed at the state and local level to reduce and prevent childhood maltreatment and associated family dysfunction in the US.
- Studies are finding that there is a repetitive does-response relationship between ACE and levels of exposure. A dose-response means that as the dose of the stressor increases, the intensity of the outcome will increase as well. As the number of ACEs increase so does the risk for the following:

 Myocardial Infarction — Asthma — Mental Distress — Disability

— Unemployment — Stroke

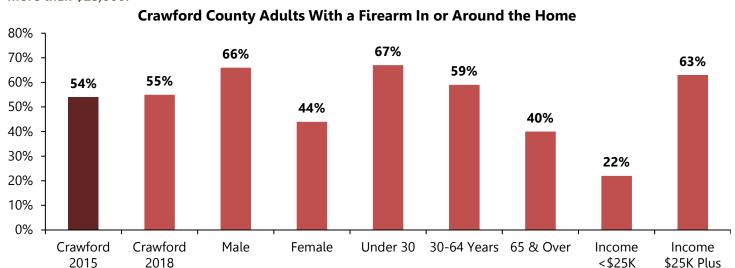
— Diabetes Lowered educational attainment

(Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey ACE Data, 2009-2014. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2015)

Neighborhood and Built Environment

- Crawford County adults reported doing the following while driving: eating (41%); talking on hand-held cell phone (33%); talking on hands-free cell phone (30%); texting (15%); not wearing a seatbelt (12%); using internet on their cell phone (6%); being under the influence of alcohol (4%); being under the influence of prescription drugs (3%); reading (3%); being under the influence of recreational drugs (1%); being under the influence of marijuana (1%); and other activities (such as applying makeup, shaving, etc.) (4%).
- More than half (55%) of Crawford County adults kept a firearm in or around their home. Eight percent (8%) of adults reported they were unlocked and loaded.
- Adults reported the following as the main reasons they had firearms in or around their home: protection (71%), hunting or sport (60%), work (4%), and some other reason (10%).

The following graph shows the percentage of Crawford County adults that had a firearm in or around the home. An example of how to interpret the information shown on the graph includes: 55% of all Crawford County adults had a firearm in or around the home, including 66% of males, and 63% of those with incomes more than \$25,000.



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

Victims of Gun Violence in America

- More than 110,000 people are shot in murders, assaults, suicides & suicide attempts, accidents or by police intervention in America in an average year.
 - 35,141 people die from gun violence and 81,114 people survive gun injuries.
- Every day, an average of 318 people is shot in America. Of those 318 people, 96 people die and 222 are shot, but survive.
 - Of the 318 people who are shot every day, an average of 46 are children and teens.
 - Of the 96 people who die, 34 are murdered, 59 are suicides, 1 die accidently and 1 with an unknown intent and 1 by legal intervention.
 - Of the 222 people who are shot but survive, 164 are from assault, 45 are shot accidently, 10 are suicide attempts, and 3 are legal interventions.

(Source: Brady Campaign to Prevent Gun Violence, "There Are Too Many Victims of Gun Violence" Fact Sheet, February 2018)

Veterans' Affairs

- Approximately 3,270 residents, or 10% of the civilian population 18 years and over living in Crawford County, are veterans (Source: U.S. Census Bureau, American Community Survey, 2013-2017).
- Nine percent (9%) of Crawford County veterans ages 25 years and over had less than a high school diploma and 9% had at least a bachelor's degree (Source: U.S. Census Bureau, American Community Survey, 2013-2017).
- Eleven percent (11%) of Crawford County veterans were living below the poverty level (Source: U.S. Census Bureau, American Community Survey, 2013-2017).
- Thirty-nine percent (39%) of Crawford County adults reported that someone in their immediate family had served in the military in the past 10 to 15 years.
- As a result of military service during the past 10 to 15 years, the following have affected veterans' immediate family members: post-traumatic stress disorder (PTSD) (7%), marital problems (6%), access to medical care at a VA facility (6%), access to medical care at a non-VA facility (3%), major health problems due to injury (3%), problems getting information on VA eligibility and applying (2%), problems getting VA benefits (1%), access to mental health treatment (1%), housing issues (1%), and cannot find/keep a job (1%).

Key Facts About Veteran Suicide

There is no single cause of suicide. Suicide deaths reflect a complex interaction of risk and protective factors at the individual, community, and societal levels.

- Risk factors are characteristics associated with a greater likelihood of suicidal behaviors. Some risk factors for suicide include: prior suicide attempt; mental health conditions; stressful life events such as divorce, job loss, or the death of a loved one; and availability of lethal means.
- Protective factors can help offset risk factors. These are characteristics associated with a lesser likelihood of suicidal behaviors. Some protective factors for suicide include: positive coping skills, having reasons for living or a sense of purpose in life, feeling connected to other people, and access to mental health care.
- In addition to the protective factors described above, Veterans may possess unique protective factors related to their service, such as resilience or a strong sense of belonging to a unit. They may also possess risk factors related to their military service, such as service-related injury or a recent transition from military service to civilian life. Preventing Veteran suicide requires strategies that maximize protective factors while minimizing risk factors at all levels throughout communities nationwide.
- Veteran suicide rates and numbers of deaths vary across regions and demographics. Recent data suggest that:
 - An average of 20 Veterans die by suicide each day. About six of the 20 are recent users of Veterans Health Administration services. On average, there are 93 suicides among the general U.S. non-Veteran adult population per day.
 - The burden of suicide resulting from firearm injuries is high. About 67 percent of all Veteran deaths by suicide were the result of firearm injuries
 - Rates of suicide are highest among younger Veterans (ages 18–29) and lowest among older Veterans (ages 60 and older)
 - Despite comparatively lower rates, the largest number of deaths by suicide is among middle-age and older adult Veterans. Approximately 65 percent of all Veterans who died by suicide were age 50 or older

(Source: U.S. Department of Veterans Affairs, Office of Mental Health and Suicide Prevention, National Strategy for Preventing Suicide, 2018)

Social Conditions: Environmental Conditions

Key Findings

Crawford County adults reported insects (13%), mold (9%) and agricultural chemicals (7%) as the top three environmental health issues that threatened their health in the past year. Eighty-two percent (82%) of adults had a working smoke detector in preparation for a disaster.

Environmental Health

- Crawford County adults thought the following threatened their health in the past year:
 - Insects (mosquitos, ticks, flies) (13%)
 - Mold (9%)
 - Agricultural chemicals (7%)
 - Rodents (mice or rats) (5%)
 - Chemicals found in household products (4%)
 - Plumbing problems (4%)
 - Moisture issues (4%)
 - Air quality (3%)
 - Temperature regulation (heating and air conditioning) (3%)
 - Bed bugs (3%)

- Unsafe water supply/wells (2%)
- Sewage/waste water problems (2%)
- Cockroaches (1%)
- Safety hazards (structural problems) (1%)
- Radon (1%)
- Lead paint (1%)
- Lice (<1%)</p>
- Asbestos (<1%)</p>
- Sanitation issues (<1%)

Disaster Preparedness

- Crawford County households had the following disaster preparedness supplies:
 - Cell phone (90%)
 - Working smoke detector (82%)
 - Cell phone with texting (81%)
 - Working flashlight and working batteries (81%)
 - Computer/tablet (72%)
 - 3-day supply of nonperishable food for everyone in the household (55%)
 - 3-day supply of prescription medication for each person who takes prescribed medicines (52%)
 - Working battery-operated radio and working batteries (44%)
 - 3-day supply of water for everyone in the household (1 gallon of water per person per day) (41%)
 - Home land-line telephone (41%)
 - Generator (31%)
 - Communication plan (21%)
 - Family disaster plan (13%)
 - A disaster plan (11%)
- Adults indicated the following as their main method or way of getting information from authorities in a largescale disaster or emergency:
 - Television (70%)
 - Internet (63%)
 - Radio (57%)
 - Friends/family (56%)
 - Crawford County Emergency Alert System (48%)
- Social media (45%)
- Neighbors (28%)
- Newspaper (21%)
- Other methods (4%)

Social Conditions: Parenting

Key Findings

Over half (55%) of parents discussed bullying with their 6-to-17 year-old in the past year. Four percent (4%) of parents reported they became a first-time parent in the past year.

Parenting

- Parents discussed the following health topics with their 6-17 year old in the past year:
 - Bullying (cyber/indirect/physical/verbal) (55%)
 - Social media issues (47%)
 - Weight status (45%)
 - Career plan/post-secondary education (43%)
 - Negative effects of alcohol/tobacco/illegal drugs/misusing prescription drugs (41%)
 - Dating and relationships (40%)
 - Refusal skills/peer pressure (36%)
 - Volunteering (36%)

- Body image (29%)
- School/legal consequences of using alcohol/tobacco/other drugs (28%)
- Abstinence and how to refuse sex (age appropiate) (25%)
- Depression/anxiety/suicide (23%)
- Energy drinks (23%)
- Birth control/condoms/safe sex/STD prevention (age appropriate) (20%)
- Four percent (4%) of parents reported they became a first-time parent in the past 12 months.
- In the past 5 years, parents indicated their infant slept in the following places:
 - Pack n' play (60%)
 - Crib/bassinette (without bumper pads, blankets, and toys) (58%)
 - Crib/bassinette (with bumper pads, blankets, and toys) (42%)
 - In bed with you or another person (35%)
 - Car seat (35%)
 - Swing (26%)
 - The floor (16%)
 - Couch or chair (13%)
- Crawford County parents reported they or their spouse breastfed or pumped for their child more than 9 months (14%), 6 to 9 months (1%), 4 to 6 months (7%), 7 weeks to 3 months (1%), 3 to 6 weeks (3%), and 2 weeks or less (10%). Five percent (5%) were still breastfeeding, and 5% reported they never breastfed.
- Parents reported they read to their child every day (22%), almost every day (25%), a few times a week (17%), a few times a month (4%), and a few times a year (1%). Nineteen percent (19%) of parents reported their child read to him/herself, and 12% reported they do not read to their child.
- Eighty-nine percent (89%) of parents reported their child always rode in a car seat when a passenger in a car. Over half (53%) of parents indicated their child was too big for a car seat.
- Forty-six percent (46%) of parents reported their child always used a booster seat. Five percent (5%) of parents reported their child was too small for a booster seat, and 40% reported their child was over 4'9" and 80 pounds.
- Of the children eligible by height and weight requirements, 77% always wore a seatbelt without a booster seat, and 15% seldom or never wore a seatbelt without a booster seat.
- Crawford County children spent the following amount of time unsupervised after school on the average school day: no unsupervised time (60%), less than one hour (15%), 1 to 2 hours (17%), 3 to 4 hours (6%) and more than 4 hours (1%).

Galion City: Health Care Access

Key Findings

Five percent (5%) of Galion City adults were without health care coverage. Fifty-six percent (56%) of adults had a flu vaccine during the past 12 months. Almost three-quarters (73%) of adults had visited a dentist or dental clinic in the past year. Note: Only 114 adults living in Galion City responded to the survey and the data is NOT generalizable to the entire population.

- Galion City adults were more likely than the rest of Crawford County adult to have:
 - Looked for a program for depression or anxiety (22% compared to 19% of the rest of Crawford County).
 - Looked for a program for a disability (14% compared to 9% of the rest of Crawford County).
 - Looked for a program for a weight problem (10% compared to 8% of the rest of Crawford County).
 - Visited a dentist or dental clinic in the past year (73% compared to 69% of the rest of Crawford County).
 - Visited a doctor for a routine check up in the past year (76% compared to 72% of the rest of Crawford County).
 - Had a flu vaccine in the past 12 months (56% compared to 51% of the rest of Crawford County).
 - Received medical care in the past 12 months (72% compared to 69% of the rest of Crawford County).
- Galion City adults were <u>less</u> likely than the rest of Crawford County adult to have:
 - Had one or more persons they thought of as their personal doctor or health care provider (86% compared to 93% of the rest of Crawford County).
 - Gone outside of Crawford County for health care services in the past year (61% compared to 65% of the rest of Crawford County).

Health Care Coverage

- Ninety-five percent (95%) of Galion City adults had health care coverage, leaving 5% of adults uninsured.
- Galion City adults used the following types of health coverage: employer (40%); Medicare (39%); someone else's employer (5%); Medicaid or medical assistance (4%); self-paid plan (3%); multiple, including private sources (3%); Health Insurance Marketplace (2%); military, CHAMPUS, TriCare, CHAMPVA, or the VA (2%); and multiple, including government sources (2%).

Health Care Access and Utilization

- Over three-quarters (76%) of Galion City adults visited a doctor for a routine checkup in the past year.
- Half (50%) of Galion City adults reported they had one person they thought of as their personal doctor or health care provider. A little over one-third (36%) of adults had more than one person they thought of as their personal health care provider, and 14% did not have one at all.
- Seventy-two percent (72%) of Galion City adults received medical care in the past 12 months.
- Reasons for not receiving medical care in the past 12 months included the following: no need to go (14%), cost/no insurance (7%), too embarrassed to seek help (1%), no transportation (1%), provider did not take their insurance (1%), office was not open when they could get there (1%), and other problems (3%).
- The following might prevent Galion City adults from seeing a doctor if they were sick, injured, or needed some kind of health care: cost (25%), doctor would not take their insurance (8%), difficult to get an appointment (8%), could not get time off work (7%), hours not convenient (5%), worried they might find something wrong (4%), difficult to find/no transportation (3%), frightened of the procedure or doctor (2%), do not trust or believe doctors (2%), and some other reason (2%).
- Galion City adults visited the following places for health care services or advice: doctor's office (64%); multiple places, including a doctor's office (13%); hospital emergency room (6%); family and friends (4%); chiropractor (3%); multiple places, not including a doctor's office (3%); urgent care center (3%); and veteran's affairs (VA) (1%). Four percent (4%) of adults indicated they had no usual place for health care services.

Sixty-one percent (61%) of Galion City adults went outside of Crawford County for the following health care services in the past year:

— Primary care (27%)

— Specialty care (22%)

— Dental services (17%)

— Cardiac care (10%)

Obstetrics/gynecology/NICU (7%)

— Mental health care (6%)

— Cancer care (5%)

— Orthopedic care (4%)

— Female health services (2%)

Counseling services (1%)

— Pediatric care (1%)

Pediatric therapies (1%)

— Skilled nursing (1%)

— Other services (14%)

Preventive Medicine and Health Screenings

- Fifty-six percent (56%) of Galion City adults had a flu vaccine during the past 12 months.
- Galion City adults had the following vaccines:
 - MMR (measles, mumps, rubella) in their lifetime (72%)
 - Tetanus booster (including Tdap) in the past 10 years (56%)
 - Chicken pox in their lifetime (48%)
 - Hepatitis B in their lifetime (36%)
 - Zoster (shingles) vaccine in their lifetime (34%)
 - Hepatitis A in their lifetime (27%)
 - Pertussis vaccine in the past 10 years (21%)
 - Human papillomavirus (HPV) vaccine in their lifetime (15%)
- Galion City adults had the following screenings or exams in the past two years: vision (74%), breast cancer (33%), hearing (26%), colorectal cancer (20%), skin cancer (19%), prostate cancer (16%), osteoporosis (16%), and memory screening (6%).

Access to Dental Care

- In the past year, 73% of Galion City adults had visited a dentist or dental clinic.
- Galion City adults reported experiencing the following oral health issues:
 - Pain (10%)
 - Difficulty eating/chewing (8%)
 - Oral bleeding (6%)
 - No teeth (5%)
 - Problems with dentures (4%)
 - Loose teeth (3%)
 - Missed work due to mouth pain (2%)

Adult Comparisons	Galion City 2015	Galion City 2018	Crawford County 2018	Ohio 2017	U.S. 2017
Uninsured	11%	5%	7%	9%	11%
Visited a doctor for a routine checkup (in the past 12 months)	65%	76%	72%	72%	70%
Had one or more persons they thought of as their personal doctor or health care provider	88%	86%	93%	81%	77%
Visited a dentist or a dental clinic (within the past year)	62%	73%	69%	68%*	66%*

*2016 BRFSS

(Sources: 2018/19 Crawford County Health Assessment, 2017 BRFSS)

Galion City: Chronic Disease and Health Behavior

Key Findings

Eighty-two percent (82%) of Galion City adults were classified as overweight (33%) and obese (49%) by body mass index (BMI). Five percent (5%) of Galion City adults used e-cigarettes/vapes in the past year. Note: Only 114 adults living in Galion City responded to the survey and the data is NOT generalizable to the entire population.

- Galion City adults were more likely to have been diagnosed with:
 - Arthritis (48% compared to 44% of the rest of Crawford County).
 - A heart attack or myocardial infarction (8% compared to 5% of the rest of Crawford County).
 - Cancer (20% compared to 14% of the rest of Crawford County).
- Galion City adults were <u>less</u> likely to have been diagnosed with:
 - High blood cholesterol (37% compared to 41% of the rest of Crawford County).
 - Asthma (15% compared to 17% of the rest of Crawford County).
 - Angina or coronary heart disease (1% compared to 5% of the rest of Crawford County).
- Galion City adults were more like than the rest of Crawford County adult to:
 - Be overweight or obese (82% compared to 77% of the rest of Crawford County).
 - Be consider current drinkers (58% compared to 55% of the rest of Crawford County).
 - Be considered binge drinkers (32% compared to 25% of the rest of Crawford County).
 - Have rated their physical health as not good on four or more days in the previous month (29% compared to 24% of the rest of Crawford County).
 - Drive after having too much alcohol to drink (15% compared to 7% of the rest of Crawford County).
 - Be limited in some way because of a physical, mental or emotional problem (42% compared to 35% of the rest of Crawford County).
- Galion City adults were <u>less</u> like than the rest of Crawford County adult to:
 - Misuse prescription medications (4% compared to 7% of the rest of Crawford County).
 - Use non-medical marijuana or hashish (1% compared to 3% of the rest of Crawford County).
 - Use recreational drugs (2% compared to 4% of the rest of Crawford County).

Health Status

- Twenty-nine percent (29%) of Galion City adults rated their physical health as not good on four or more days in the previous month.
- Almost one-third (31%) of adults rated their mental health as not good on four or more days in the previous month

Weight Status

- More than four-fifths (82%) of Galion City adults were either overweight (33%) or obese (49%) by body mass index (BMI).
- Almost three-fifths (56%) of adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week, 26% of adults exercised 5 or more days per week, and 17% of adults did not participate in any physical activity in the past week, including 3% who were unable to exercise.
- Over one-quarter (26%) of adults ate 1 to 2 servings of fruits and vegetables per day, 50% ate 3 to 4 servings per day, and 22% ate 5 or more servings per day. Two percent (2%) of adults ate no servings of fruits and vegetables per day.
- Galion City adults purchased their fruits and vegetables from the following places: large grocery store (Wal-Mart, Kroger) (83%); local grocery store (Geyer's, Save-A-Lot) (47%); grow their own/garden (21%); farmers market (29%); dollar general/dollar store (23%); corner/convenience store (7%); food pantry (3%); veggie mobile/mobile produce (1%); mail order food service (3%); and other places (5%).

The table below indicates the percentage of Galion City adults who had at least one transportation issue by where they purchased or obtained their groceries. An example of how to interpret the information includes: 24% of adults who had at least one transportation issue purchased or obtained their groceries from a food pantry.

	Galion City adults who had at least one transportation issue
Large grocery store (Wal-Mart, Kroger)	65%
Local grocery store (Geyer's, Save-A-Lot)	65%
Dollar General/Store	35%
Farmer's market	29%
Food pantry	24%
Grow their own/garden	18%
Corner/convenience stores	17%

Tobacco Use

- One-in-six (16%) Galion City adults were current smokers, compared to 17% of the rest of Crawford County.
- Galion City adults used the following tobacco products in the past year: cigarettes (25%); chewing tobacco, snuff, dip, betel quid (8%); e-cigarettes/vape pens (5%); little cigars (4%); pipes (2%); cigars (1%); and pouch (1%).

Alcohol Consumption

- Fifty-eight percent (58%) of Galion City adults had at least one alcoholic drink in the past month and would be considered current drinkers.
- Of those who drank, Galion City adults drank 4.5 drinks on average.
- About one-third (32%) of adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.
- Fifteen percent (15%) of Galion City adults reported driving after having perhaps too much alcohol to drink.

Drug Use

- Four percent (4%) of adults reported they had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past six months.
- One percent (1%) of Galion City adults had used non-medical marijuana or hashish in the past 6 months.
- Two percent (2%) of Galion City adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, wax or oil with THC edibles, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.

Mental Health

- Galion City adults reported they or a family member were diagnosed with, or treated for, the following mental health issues in the past year: depression (21%); anxiety or emotional problems (17%); anxiety disorder (e.g., panic attacks, phobia, obsessive compulsive disorder) (15%); attention Deficit Disorder (ADD/ADHD) (9%); eating disorder (5%); bipolar disorder (5%); alcohol and illicit drug abuse (4%); developmental disability (cognitive/intellectual) (4%); post-traumatic stress disorder (PTSD) (2%); personality disorder (2%); other trauma (1%); autism spectrum (1%); life-adjustment disorder/issue (1%); problem gambling (1%); and some other mental health disorder (1%).
- Thirteen percent (13%) of Galion City adults reported they or a family member had been diagnosed with, or treated for, more than one mental health issue in the past year.

- Seventeen percent (17%) of adults indicated they or a family member had taken medication for one or more mental health issues.
- In the past year, 16% of Galion City adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities.
- Two percent (2%) of Galion City adults considered attempting suicide in the past year.
- One percent (1%) of Galion City adults reported attempting suicide in the past year.

Heart Disease and Stroke

- Eight percent (8%) of Galion City adults reported they had survived a heart attack or myocardial infarction.
- Two percent (2%) of adults reported they had survived a stroke.
- One percent (1%) of adults reported they had angina or coronary heart disease.

High Blood Pressure (Hypertension)

- Forty-one percent (41%) of Galion City adults had been diagnosed with high blood pressure.
- Eighty-seven percent (87%) of adults had their blood pressure checked within the past year.

High Blood Cholesterol

- Over one-third (37%) of Galion City adults had been diagnosed with high blood cholesterol.
- Eighty-four percent (84%) of adults had their blood cholesterol checked within the past 5 years.

Cancer

One-fifth (20%) of Galion City adults were diagnosed with cancer at some point in their lives.

Arthritis, Asthma and Diabetes

- Almost half (48%) of Galion City adults were diagnosed with arthritis.
- Fifteen percent (15%) of Galion City adults had been diagnosed with asthma.
- Thirteen percent (13%) of adults had been diagnosed with chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis.
- Sixteen percent (16%) of Galion City adults had been diagnosed with diabetes.

Quality of Life

Over two-fifths (42%) of Galion City adults were limited in some way because of a physical mental or emotional problem. Adults were limited by physical (34%), mental (7%), and emotional (6%) problems.

Adult Comparisons	Galion City 2015	Galion City 2018	Crawford County 2018	Ohio 2017	U.S. 2017
Rated physical health as not good on four or more days (in the past 30 days)	27%	29%	24%	22%*	22%*
Rated mental health as not good on four or more days (in the past 30 days)	28%	31%	30%	24%*	23%*
Overweight (BMI of 25.0 – 29.9)	40%	33%	28%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	40%	49%	49%	34%	32%
Ever diagnosed with angina or coronary heart disease	5%	1%	5%	5%	4%
Ever diagnosed with a heart attack or myocardial infarction	7%	8%	5%	6%	4%
Ever diagnosed with a stroke	3%	2%	3%	4%	3%
Had been told they had high blood pressure	50%	41%	40%	35%	32%
Had been told their blood cholesterol was high	45%	37%	41%	33%	33%
Ever diagnosed with arthritis	34%	48%	44%	29%	25%
Ever been told by a doctor they have diabetes (not pregnancy-related)	16%	16%	17%	11%	11%
Ever diagnosed with asthma	17%	15%	17%	14%	14%
Ever diagnosed with Chronic Obstructive Pulmonary Disease (COPD), emphysema, or chronic bronchitis	10%	13%	12%	8%	6%
Current smoker (currently smoke some or all days)	22%	16%	17%	21%	17%
Current drinker (drank alcohol at least once in the past month)	39%	58%	55%	54%	55%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	16%	32%	25%	19%	17%
Had more than one sexual partner (in past 12 months)	N/A	4%	5%	N/A	N/A
Considered attempting suicide (in the past 12 months)	5%	2%	5%	N/A	N/A
Attempted suicide (in the past 12 months)	1%	1%	1%	N/A	N/A
Felt sad or hopeless for two or more weeks in a row	20%	16%	16%	N/A	N/A

N/A-Not Available

*2016 BRFSS

(Sources: 2018/19 Crawford County Health Assessment, 2017 BRFSS)

Galion City: Social Conditions

Key Findings

Thirteen percent (13%) of Galion City adults had experienced four or more adverse childhood experiences (ACEs) in their lifetime. Over half (52%) of adults kept a firearm in or around their home. Galion City adults reported insects (17%), mold (13%) and rodents (10%) as the top three environmental health issues that threatened their health in the past year. Note: Only 114 adults living in Galion City responded to the survey and the data is NOT generalizable to the entire population.

Social Determinants of Health

- Fourteen percent (14%) of Galion City adults experienced at least one issue related to hunger/food insecurity in the past year. They experienced the following:
 - Had to choose between paying bills and buying food (7%)
 - Did not eat because they did not have enough money for food (3%)
 - Their food assistance was cut (3%)
 - Worried food might run out (2%)
 - Went hungry/ate less to provide more food for their family (2%)
 - Loss of income led to food insecurity issues (2%)
- Galion City adults experienced the following adverse childhood experiences (ACEs):
 - Their parents became separated or were divorced (23%)
 - Lived with someone who was a problem drinker or alcoholic (21%)
 - A parent or adult in their home swore at, insulted, or put them down (17%)
 - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (14%)
 - Someone at least 5 years older than them or an adult touched them sexually (13%)
 - Lived with someone who was depressed, mentally ill, or suicidal (13%)
 - Their family did not look out for each other, feel close to each other, or support each other (10%)
 - Someone at least 5 years older than them or an adult tried to make them touch them sexually (9%)
 - A parent or adult in their home hit, beat, kicked, or physically hurt them (7%)
 - Lived with someone who used illegal street drugs, or who abused prescription medications (7%)
 - They didn't have enough to eat, had to wear dirty clothing, and had no one to protect them (3%)
 - Someone at least 5 years older than them or an adult forced them to have sex (2%)
 - Their parents were not married (1%)
 - Lived with someone who served time or was sentenced to serve time in prison, jail or correctional facility (1%)
- Thirteen percent (13%) of Galion City adults had four or more ACEs in their lifetime (compared to 15% of the rest of Crawford County).
- Galion City adults received assistance for the following in the past year: Medicare (16%), health care (11%), mental illness issues (6%), dental care (6%), prescription assistance (5%), utilities (5%), food (4%), employment (4%), home repair (4%), clothing (3%), free tax preparation (3%), transportation (2%), rent/mortgage (1%), credit counseling (1%), and legal aid services (1%).
- Galion City adults had the following transportation issues: no car (4%), disabled (3%), limited public transportation available or accessible (3%), could not afford gas (3%), no public transportation available or accessible (2%), did not feel safe to drive (2%), no car insurance (1%), and other car issues/expenses (3%). Two percent (2%) reported they only had transportation for medical appointments. Seven percent (7%) reported they had more than one transportation issue.

- Galion City adults reported doing the following while driving: eating (28%); talking on hands-free cell phone (24%); talking on hand-held cell phone (22%); texting (17%); not wearing a seatbelt (6%); using internet on their cell phone (5%); being under the influence of prescription drugs (4%); reading (4%); being under the influence of alcohol (3%); and other activities (such as applying makeup, shaving, etc.) (7%).
- Fifty-two percent (52%) of Galion City adults kept a firearm in or around their home. Eight percent (8%) of adults reported they were unlocked and loaded.

Environmental Health

- Galion City adults thought the following threatened their health in the past year:
 - Insects (mosquitos, ticks, flies) (17%)
 - Mold (13%)
 - Rodents (mice or rats) (10%)
 - Agricultural chemicals (6%)
 - Chemicals found in household products (5%)
 - Moisture issues (5%)
 - Air quality (4%)
 - Plumbing problems (3%)

- Temperature regulation (heating and air conditioning) (3%)
- Bed bugs (3%)
- Sewage/waste water problems (2%)
- Unsafe water supply/wells (1%)
- Cockroaches (1%)
- Safety hazards (structural problems) (1%)
- Lice (1%)

Youth Health: Weight Status

Key Findings

Nearly one-fifth (19%) of Crawford County youth were obese, according to body mass index (BMI) by age. When asked how they would describe their weight, 33% of Crawford County youth reported that they were slightly or very overweight. One-in-seven (14%) youth did not participate in any physical activity in the past week.

1,439 Crawford County youth were classified as overweight or obese.

Youth Weight Status

- BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age
 specific as children's body fat changes over the years as they grow. In children and teens, BMI is used to
 assess underweight, normal, overweight, and obese.
- Nearly one-fifth (19%) of Crawford County youth were classified as obese by body mass index (BMI) calculations. Fifteen percent (15%) of youth were classified as overweight, 64% were normal weight; and 2% were underweight.
- One-third (33%) of youth described themselves as being either slightly or very overweight.
- Nearly half (47%) of all youth were trying to lose weight, increasing to 56% of Crawford County female youth (compared to 38% of males)
- Youth did the following to lose or keep from gaining weight in the past 30 days: drank more water (46%); exercised (45%); ate more fruits and vegetables (31%); ate less food, fewer calories, or foods lower in fat (28%); skipped meals (15%); went without eating for 24 hours or more (5%); vomited or took laxatives (2%); took diet pills, powders, or liquids without a doctor's advice (2%); smoked cigarettes or e-cigarettes to lose weight (2%); and used illegal drugs (1%). Thirty-eight percent (38%) of youth did not do anything to lose or keep from gaining weight.

Nutrition

- Crawford County youth reported they drank energy drinks for the following reasons: to stay awake for another reason (15%), to get pumped up (10%), to stay awake to play video games (10%), to help them perform (6%), before games or practice (4%), to mix with alcohol (1%), and other reasons (8%).
- Most (92%) youth reported they could prepare their own food when they are home alone. Two percent (2%) reported they did not usually have food in the house.
- One-fifth (20%) of youth ate 5 or more servings of fruits **and/or** vegetables per day; 37% of youth ate 3-4 servings; and 36% of youth ate 1-2 servings. Seven percent (7%) of youth ate 0 servings of fruits and/or vegetables per day.

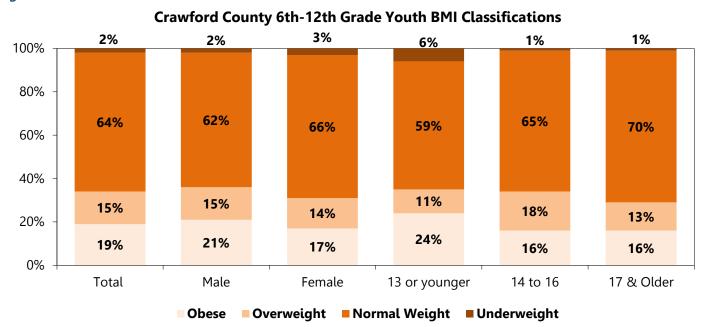
The table below indicates the number of servings Crawford County youth had of fruit, vegetables, sugarsweetened beverages and caffeinated beverages per day.

	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruit	4%	16%	69%	11%
Vegetables	3%	12%	70%	15%
Sugar-sweetened beverages	8%	18%	53%	21%
Caffeinated beverages	7%	15%	42%	36%

Physical Activity

- During the past week, youth participated in at least 60 minutes of physical activity at the following frequencies:
 - 3 or more days (71%)
 - 5 or more days (51%)
 - Every day (28%)
 - 0 days (14%)
- Crawford County youth spent an average of 2.2 hours on social media (Facebook, Twitter), 2.2 hours on their cell phone (talk, text), 1.4 hours watching TV, and 1.3 hours playing video games (non-active).
- Nearly one-fifth (18%) of youth spent three or more hours watching TV on an average day.

The following graph shows the percentage of Crawford County youth who were classified as obese, overweight, normal weight or underweight according to body mass index (BMI) by age. An example of how to interpret the information in the graph includes: 64% of all Crawford County youth were classified as normal weight, 19% were obese, 15% were overweight, and 2% were underweight for their age and gender.



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

Healthy People 2020

Nutrition and Weight Status (NWS)

Objective	Crawford County 2019	U.S. 2017	Healthy People 2020 Target
NWS-10.4 Reduce the proportion of adolescents aged 12 to 19 years who are considered obese	19% (6-12 Grade) 16% (9-12 Grade)	15% (9-12 Grade)	16%

Note: The Healthy People 2020 target is for youth aged 12-19 years. (Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2018/19 Crawford County Health Assessment)

	Mide	dle School (6¹	th -8 th)	High School (9 th -12 th)				
Youth Comparisons	Crawford County 2014 (6 th -8 th)	Crawford County 2015 (6 th –8 th)	Crawford County 2019 (6th–8th)	Crawford County 2019 (6 th -12 th)	Crawford County 2014 (9th-12th)	Crawford County 2015 (9th-12th)	Crawford County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Obese	N/A	N/A	23%	19%	N/A	N/A	16%	15%
Overweight	N/A	N/A	12%	15%	N/A	N/A	16%	16%
Described themselves as slightly or very overweight	N/A	N/A	34%	33%	N/A	N/A	32%	32%
Tried to lose weight	N/A	N/A	52%	47%	N/A	N/A	44%	47%
Physically active at least 60 minutes per day on every day in past week	N/A	N/A	26%	28%	N/A	N/A	29%	26%
Physically active at least 60 minutes per day on 5 or more days in past week	N/A	N/A	46%	51%	N/A	N/A	54%	47%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A	N/A	16%	14%	N/A	N/A	13%	15%
Watched 3 or more hours per day of television (on an average school day)	N/A	N/A	15%	18%	N/A	N/A	19%	21%

N/A – Not Available

Health Effects of Childhood Obesity

Childhood obesity has both immediate and long-term effects on health and well-being.

Immediate health effects:

- Obese youth are more likely to have risk factors for cardiovascular disease, such as high cholesterol or high blood pressure. In a population-based sample of 5- to 17-year-olds, 70% of obese youth had at least one risk factor for cardiovascular disease.
- Obese adolescents are more likely to have prediabetes, a condition in which blood glucose levels indicate a high risk for development of diabetes.
- Children and adolescents who are obese are at greater risk for bone and joint problems, sleep apnea, and social and psychological problems such as stigmatization and poor self-esteem.

Long-term health effects:

- Children and adolescents who are obese are likely to be obese as adults and are therefore more at risk for adult health problems such as heart disease, type 2 diabetes, stroke, several types of cancer, and osteoarthritis. One study showed that children who became obese as early as age two were more likely to be obese as adults.
- Overweight and obesity are associated with increased risk for many types of cancer, including cancer of the breast, colon, endometrium, esophagus, kidney, pancreas, gall bladder, thyroid, ovary, cervix, and prostate, as well as multiple myeloma and Hodgkin's lymphoma.

(Sources: CDC, Overweight and Obesity, Childhood Causes & Consequences, Updated December 15, 2016)

Youth Health: Tobacco Use

Key Findings

Three percent (3%) of Crawford County youth were current smokers. Thirteen percent (13%) of youth used ecigarettes in the past year. Over half (55%) of youth put e-liquid or e-juice with nicotine in their e-cigarette/vape in the past year.

Youth Tobacco Use

- Fifteen percent (15%) of Crawford County youth had tried cigarette smoking, increasing to 24% of those ages 17 and older.
- Five percent (5%) of all youth had smoked a whole cigarette for the first time before the age of 13.
- Almost one-fifth (19%) of those who had smoked a whole cigarette did so at 10 years old or younger, and another 17% had done so by 12 years old. The average age of onset for smoking was 13.2 years old.
- One-fifth (20%) of youth had used an electronic vapor product in their life. One-in-seven (14%) youth who had tried an electronic vapor product did so at 12 years old or younger, 22% did so between the ages of 13 and 14, and 49% tried an electronic vapor product between the ages of 15 and 18.
- Three percent (3%) of all youth had tried an electronic vapor product for the first time before the age of 13.
- Three percent (3%) of youth were current smokers, having smoked at some time in the past 30 days.
- Almost two-fifths (38%) of youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- Youth used the following forms of tobacco in the past year:

E-cigarettes (13%)

Cigarettes (5%)

Swishers (4%)

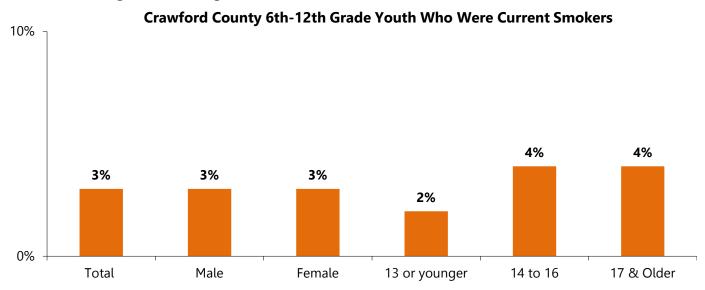
Chewing tobacco, snuff, or dip (3%)

Cigars (3%)

Black and Milds (3%)

- Pouch [snus] (1%)
- Cigarillos (1%)
- Hookah (1%)
- Little cigars (1%)
- Dissolvable tobacco products (<1%)
- Of youth that had used e-cigarettes/vapes in the past 12 months, they reported putting the following in them: e-liquid or e-juice with nicotine (55%), e-liquid or e-juice without nicotine (52%), marijuana or THC in the e-liquid (6%), and homemade e-liquid or e-juice (3%).
- Youth smokers reported the following ways of obtaining cigarettes:
 - Borrowed (or bummed) cigarettes from someone else (17%)
 - Bought cigarettes from a store such as a convenience store, supermarket, discount store, or gas station (17%)
 - Gave someone else money to buy them (16%)
 - Person 18 years or older gave them the cigarettes (13%)
 - Took them from a family member (5%)
 - Some other way (33%)
- During the past year, 0% of youth tried to quit using all tobacco products, including cigarettes, cigars, smokeless tobacco, and electronic vapor products.
- More than half (51%) of Crawford County youth were exposed to second hand smoke. Youth reported being exposed to second hand smoke in the following places: home (23%), another relative's home (22%), in the car (20%), at a friend's home (14%), the park/ball field (10%), and the fairgrounds (9%).

The following graph shows the percentage of Crawford County youth who were current smokers. An example of how to interpret the information includes: 3% of all Crawford County youth were current smokers, including 4% of those ages 17 and older.



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

The table below indicates correlations between current smokers and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 69% of current smokers currently participate in extracurricular activities, compared to 87% of non-current smokers.

Behaviors of Crawford County 6th-12th Grade Youth

Current Smokers vs. Non-Current Smokers

Youth Behaviors	Current Smoker	Non- Current Smoker
Currently participate in extracurricular activities	69%	87%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)	62%	19%
Bullied (in the past 12 months)	54%	35%
Seriously considered attempting suicide (in the past 12 months)	46%	12%
Had at least one drink of alcohol (in the past 30 days)	38%	11%
Attempted suicide (in the past 12 months	38%	4%
Used marijuana (in the past 30 days)	23%	2%

"Current smokers" indicate youth who self-reported smoking at any time during the past 30 days. Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Healthy People 2020

Tobacco Use (TU)

Objective	Crawford County 2019	U.S. 2017	Healthy People 2020 Target
TU-2.2 Reduce use of cigarettes by adolescents (past month)	3% (6-12 Grade) 4% (9-12 Grade)	9% (9-12 Grade)	16%

Note: The Healthy People 2020 target is for youth in grades 9-12. (Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2018/19 Crawford County Health Assessment)

	Middle School (6 th -8 th)				High School (9 th -12 th)			
Youth Comparisons	Crawford County 2014 (6th–8th)	Crawford County 2015 (6 th –8 th)	Crawford County 2019 (6th–8th)	Crawford County 2019 (6th-12th)	Crawford County 2014 (9th-12th)	Crawford County 2015 (9th-12th)	Crawford County 2019 (9th-12th)	U.S. 2017 (9 th -12 th)
Ever tried cigarette smoking (even one or two puffs)	11%	13%	8%	15%	41%	30%	20%	29%
Currently smoked cigarettes (on at least one day during the past 30 days)	2%	5%	2%	3%	14%	11%	4%	9%
Currently frequently smoked cigarettes (on 20 or more days during the past 30 days)	1%	1%	1%	1%	6%	6%	2%	3%
First tried cigarette smoking before age 13 years (even one or two puffs)	5%	7%	7%	5%	11%	8%	4%	10%

Electronic Cigarettes and Youth

- E-cigarettes come in many shapes and sizes. Most have a battery, a heating element, and a place to hold a liquid.
- The e-cigarette aerosol can contain harmful and potentially harmful substances, including:
 - Nicotine
 - Ultrafine particles that can be inhaled deep into the lungs
 - Flavoring such as diacetyl, a chemical linked to a serious lung disease
 - Volatile organic compounds
 - Cancer-causing chemicals
 - Heavy metals such as nickel, tin, and lead
- Nicotine exposure at a young age can harm adolescent brain development, which continues into the early to mid-
- E-cigarettes can also be used to deliver marijuana, such as liquid THC, and other drugs.
- In the United States, youth are more likely than adults to use e-cigarettes.
- In 2018, more than 3.6 million U.S. middle and high school students used e-cigarettes in the past 30 days, including 4.9% of middle school students and 20.8% of high school students.

(Source: Centers for Disease Control and Prevention; Electronic Cigarettes, Updated August 2018)

Youth Health: Alcohol Consumption

Key Findings

One-third (33%) of Crawford County youth drank at least one drink of alcohol in their life. Twelve percent (12%) of youth had at least one drink in the past 30 days, defining them as a current drinker. Of those who drank, 61% were defined as binge drinkers.

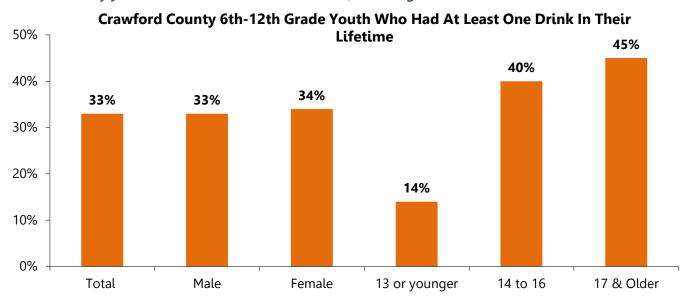
Youth Alcohol Consumption

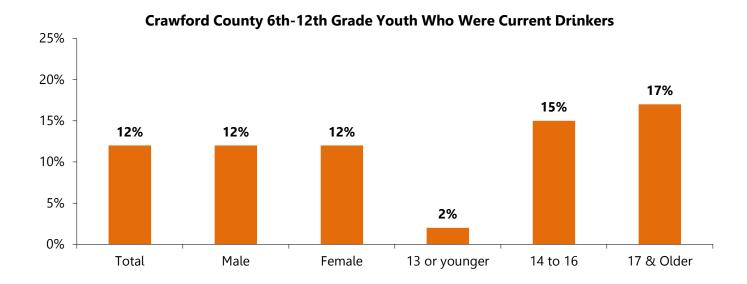
- One-third (33%) of youth had at least one drink of alcohol in their life, increasing to 45% of those ages 17 and
- Twelve percent (12%) of youth had at least one drink in the past 30 days, increasing to 17% of those ages 17

296 Crawford County youth were binge drinkers.

- Based on all youth surveyed, 7% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers. Of those who drank, 61% were defined as binge drinkers.
- Of all youth, 7% had drunk alcohol for the first time before the age of 13.
- Twenty-six percent (26%) of youth who reported drinking at some time in their life had their first drink at 12 years old or younger, 33% took their first drink between the ages of 13 and 14, and 41% started drinking between the ages of 15 and 18. The average age of onset was 13.5 years old.
- Youth current drinkers reported they usually got their alcohol from the following:
 - A parent gave it to them (36%)
 - Someone gave it to them (27%)
 - Someone older bought it (10%)
 - An older friend or sibling bought it for them (5%)
 - Took it from a store or family member (3%)
 - Bought it in a liquor store, convenience store, supermarket, discount store, or gas station (3%)
 - A friend's parent gave it to them (2%)
 - Some other way (14%)
- During the past 30 days, youth reported drinking alcohol at the following places:
 - At their home (64%)
 - At a friend's house (50%)
 - At another person's house (32%)
 - While riding in or driving a car or other vehicle (5%)
 - At a public place such as a park, beach, or parking lot (5%)
 - At a restaurant, bar, or club (4%)
 - At a public event such as a concert or sportive event (4%)
 - On school property (2%)
- One in nine (11%) youth reported that they rode in a car or other vehicle with a driver who had been drinking alcohol.
- Two percent (2%) of youth drivers reported that they drove a car or other vehicle when they had been drinking alcohol in the past month.

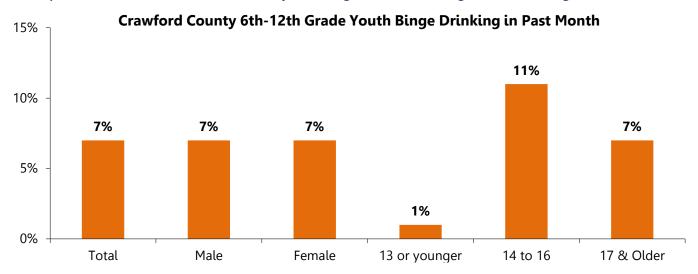
The following graphs show the percentage of Crawford County youth who drank in their lifetime and were current drinkers. An example of how to interpret the information on the first graph includes: 33% of all Crawford County youth drank at some time in their life, including 45% of those 17 and older.





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

The following graph shows the percentage of youth who binge drank in the past month. An example of how to interpret the information includes: 7% of youth binge drank, including 11% of those ages 14 to 16.



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

The table below indicates correlations between current drinkers and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 39% of current drinkers had experienced three or more ACEs in their lifetime, compared to 18% of non-current drinkers.

Behaviors of Crawford County 6th-12th Grade Youth

Current Drinkers vs. Non-Current Drinkers

Youth Behaviors	Current Drinker	Non-Current Drinker
Currently participate in extracurricular activities	94%	86%
Bullied (in the past 12 months)	47%	34%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	39%	18%
Seriously considered attempting suicide (in the past 12 months)	27%	12%
Attempted suicide (in the past 12 months)	20%	4%
Used marijuana (in the past 30 days)	14%	1%
Smoked cigarettes (in the past 30 days)	10%	2%

"Current drinkers" indicate youth who self-reported having had at least one drink of alcohol during the past 30 days. Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

	Mido	lle School (6 ^t	h-8 th)			High School	ol (9 th -12 th)	
Youth Comparisons	Crawford County 2014 (6 th -8 th)	Crawford County 2015 (6 th -8 th)	Crawford County 2019 (6th–8th)	Crawford County 2019 (6 th -12 th)	Crawford County 2014 (9 th -12 th)	Crawford County 2015 (9 th -12 th)	Crawford County 2019 (9 th –12 th)	U.S. 2017 (9 th –12 th)
Ever drank alcohol (at least one drink of alcohol, on at least one day during their life)	21%	17%	16%	33%	46%	45%	44%	60%
Currently drank alcohol (at least one drink of alcohol, on at least one day during the past 30 days)	N/A	7%	6%	12%	23%	21%	15%	30%
Binge drinker (consuming more than four [female] or five [male] alcoholic beverages on a single occasion in the past 30 days)	N/A	N/A	3%	7%	N/A	15%	10%	14%
Had their first drink of alcohol before age 13 years (other than a few sips)	13%	12%	6%	7%	13%	12%	9%	16%
Usually got the alcohol they drank by someone giving it to them (of youth drinkers)	N/A	N/A	25%	27%	N/A	N/A	27%	44%
Rode with a driver who had been drinking alcohol (in a car or other vehicle, on one or more occasion during the past 30 days)	19%	24%	13%	11%	13%	13%	10%	17%
Drove when they had been drinking alcohol (of youth who had driven a car or other vehicle during the past 30 days)	N/A	N/A	1%	2%	6%	7%	3%	6%

N/A-Not Available

Healthy People 2020 Substance Abuse (SA)

Objective	Crawford County 2019	U.S. 2017	Healthy People 2020 Target
SA-14.4 Reduce the proportion of persons engaging in binge drinking during the past month	7% (6-12 Grade) 10% (9-12 Grade)	14% (9-12 Grade)	9%*

^{*}The Healthy People 2020 target is for youth aged 12-17 years. (Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2018/19 Crawford County Health Assessment)

Underage Drinking in the U.S.

- Excessive drinking is responsible for more than 4,300 deaths among underage youth each year and cost the U.S. \$24 billion in economic costs in 2010.
- On average, underage drinkers consume more drinks per drinking occasion than adult drinkers.
- In 2010, there were approximately 189,000 emergency room visits by persons under age 21 for injuries and other conditions linked to alcohol.

Youth who drink alcohol are more likely to experience:

- School problems, such as higher absence and poor or failing grades
- Social problems, such as fighting and lack of participation in youth activities
- Legal problems, such as arrest for driving or physically hurting someone while drunk
- Physical problems, such as hangovers or illnesses
- Unwanted, unplanned, and unprotected sexual activity
- Disruption of normal growth and sexual development
- Physical and sexual assault
- Alcohol-related car crashes and other unintentional injuries, such as burns, falls, and drowning
- Higher risk for suicide and homicide
- Memory problems
- Abuse of other drugs
- Changes in brain development that may have life-long effects
- Death from alcohol poisoning
- In general, the risk of youth experiencing these problems is greater for those who binge drink than for those who do not binge drink,
- Youth who start drinking before age 15 years are five times more likely to develop alcohol dependence or abuse later in life than those who begin drinking at or after age 21 years.

(Source: CDC, Alcohol and Public Health, updated on October 20, 2016)

Youth Health: Drug Use

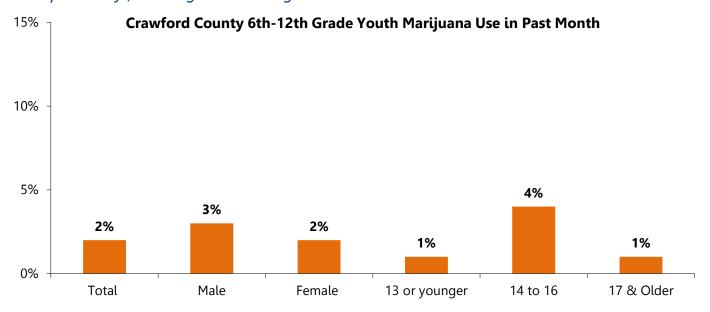
Key Findings

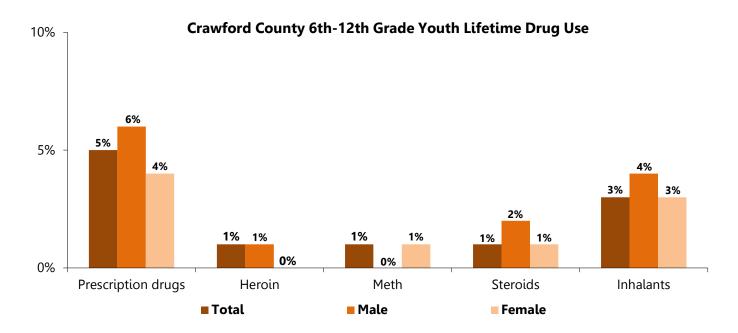
Two percent (2%) of Crawford County youth had used marijuana at least once in the past 30 days. Five percent (5%) of youth used prescription drugs not prescribed for them in the past month.

Youth Drug Use

- One-in-eleven (9%) Crawford County youth had used marijuana at some time in their life.
- Two percent (2%) of all youth had used marijuana at least once in the past 30 days.
- Crawford County youth agreed with the following:
 - Marijuana is addictive (46%)
 - Medical marijuana should be legalized (42%)
 - Using marijuana leads to using other drugs (40%)
 - Non-medical marijuana should be legalized (16%)
- In the past month, 5% of youth reported using prescriptions drugs not prescribed for them.
- Youth who misused prescription medications got them in the following ways: a parent gave it to them (68%), took them from a friend/family member (26%), a friend (21%), another family member (21%), bought from someone else (16%), and bought it from a friend (1%). No one reported getting prescription medication from the Internet.
- Crawford County youth had tried the following in their life:
 - Prescription medications not prescribed for them, or took more than was prescribed (5%)
 - Inhalants (3%)
 - Misused cough syrup (2%)
 - Over-the-counter medications (to get high) (1%)
 - Bath salts (1%)
 - Posh/salvia/synthetic marijuana (1%)
 - Liquid THC (1%)
 - Misused hand sanitizer (1%)
 - Steroids (1%)
 - Cocaine (1%)
 - Steroids pills or shots (1%)
 - Methamphetamines (1%)
 - Heroin (1%)
 - K2/spice (<1%)</p>
 - Hallucinogenic drugs such as LSD, acid, PC, angel dust, mescaline, or mushrooms (<1%)
 - Ecstasy/MDMA/Molly (<1%)</p>
 - Went to a pharm party (<1%)</p>
 - GHB (0%)
- During the past 12 months, 3% of youth reported that someone had offered, sold, or given them an illegal drug on school property.

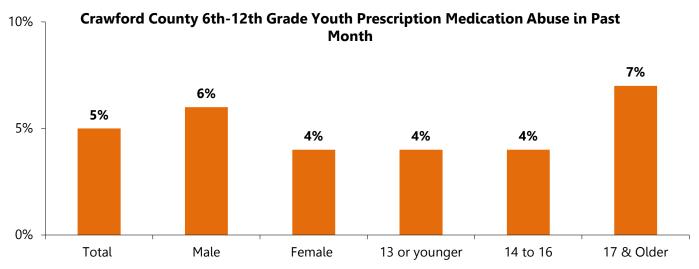
The following graphs show youth marijuana use in the past 30 days and youth lifetime drug use. An example of how to interpret the information on the first graph includes: 2% of youth have used marijuana in the past 30 days, including 4% of those ages 14 to 16.





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

The following graph shows youth prescription medication abuse in the past 30 days. An example of how to interpret the information includes: 5% of youth have misused prescription medication in the past 30 days, including 6% of males and 4% of females.



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

The table below indicates correlations between current marijuana use and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 70% of current marijuana users had at least one drink of alcohol in the past month, compared to 10% of non-current marijuana users.

Behaviors of Crawford County 6th-12th Grade Youth

Current Marijuana Use vs. Non-Current Marijuana Use

Youth Behavior	Current Marijuana User	Non-Current Marijuana User
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	90%	18%
Had at least one drink of alcohol (in the past 30 days)	70%	10%
Currently participate in extracurricular activities	60%	87%
Bullied (in the past 12 months)	50%	35%
Seriously considered attempting suicide (in the past 12 months)	40%	13%
Attempted suicide (in the past 12 months)	40%	4%
Smoked cigarettes (in the past 30 days)	30%	2%

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

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

	Middle School (6 th -8 th)				High School (9 th -12 th)			
Youth Comparisons	Crawford County 2014 (6 th –8 th)	Crawford County 2015 (6 th –8 th)	Crawford County 2019 (6 th –8 th)	Crawford County 2019 (6th-12th)	Crawford County 2014 (9th-12th)	Crawford County 2015 (9 th –12 th)	Crawford County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Ever used marijuana (in their lifetime)	4%	5%	4%	9%	19%	21%	12%	36%
Currently used marijuana (one or more times during the past 30 days)	N/A	3%	1%	2%	8%	10%	4%	20%
Ever used synthetic marijuana (also called K2 or spice, in their lifetime)	N/A	N/A	2%	1%	N/A	N/A	1%	7%
Ever used methamphetamines (in their lifetime)	N/A	N/A	1%	1%	2%	2%	<1%	3%
Ever used heroin (in their lifetime)	N/A	N/A	1%	1%	2%	2%	0%	2%
Ever took steroids without a doctor's prescription (in their lifetime)	1%	1%	1%	1%	1%	2%	1%	3%
Ever used inhalants (in their lifetime)	5%	5%	5%	3%	6%	6%	2%	6%
Ever used hallucinogenic drugs (in their lifetime)	N/A	N/A	<1%	<1%	4%	3%	0%	7%
Ever used ecstasy (also called MDMA in their lifetime)	N/A	N/A	1%	<1%	4%	2%	0%	4%
Ever used cocaine (in their lifetime)	N/A	N/A	1%	1%	N/A	N/A	1%	5%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	N/A	N/A	1%	3%	8%	11%	5%	20%

N/A-Not Available

Youth Prescription (Rx) Drug Misuse

- Prescription drug misuse has become a large public health problem, because misuse can lead to addiction, and even overdose deaths. For teens, it is a growing problem.
- After marijuana and alcohol, prescription drugs are the most commonly misused substances by Americans age 14 and older.
- Teens misuse prescription drugs for many reasons, including to get high, to stop pain, or because they think it will help them with school work.
- Many teens get prescription drugs they misuse from friends and relatives, sometimes without the person knowing.
- Boys and girls tend to misuse some types of prescription drugs for different reasons. For example, boys are more likely to misuse prescription stimulants to get high, while girls tend to misuse them to stay alert or to lose weight.

(Source: National Institute on Drug Abuse for Teens, Prescription Drugs, Updated October 5, 2018)

Youth Health: Mental Health

Key Findings

Thirteen percent (13%) of youth had seriously considered attempting suicide in the past year, and 6% attempted suicide in the past year. Fifteen percent (15%) of youth reported they had no one to talk to when they had feelings of depression or suicide.

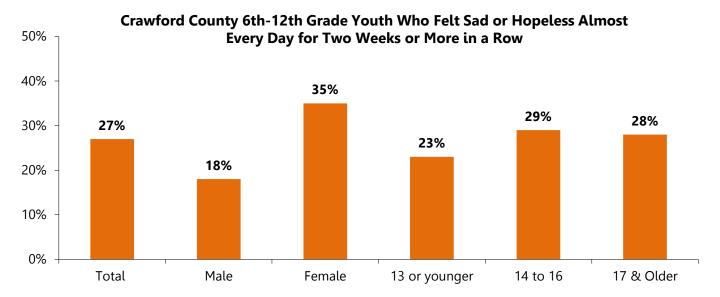
1,143 youth felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.

Youth Mental Health

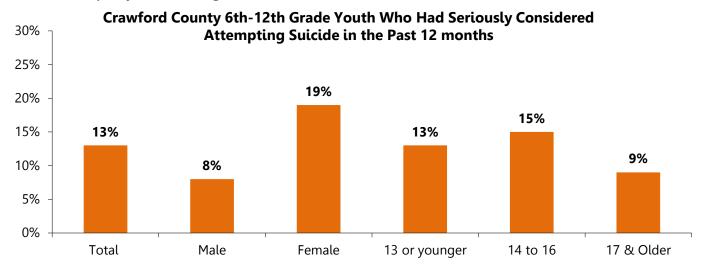
- Over one-quarter (27%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 35% of females.
- Thirteen percent (13%) of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 19% of females.
- In the past year, 6% of youth had attempted suicide. Three percent (3%) of youth had made more than one attempt.
- Youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (43%); hobbies (30%); texting someone (28%); talking to someone in their family (25%); eating (25%); exercising (22%); talking to a peer (20%); eat more or less than normal (18%); using social media (15%); praying/reading the bible (12%); breaking something (9%); writing in a journal (9%); shopping (6%); and drinking alcohol, smoking/using tobacco, or using illegal drugs (5%). Over one-fifth (22%) of youth reported they did not have anxiety, stress, or depression.
- Crawford County youth reported they talked to the following when dealing with personal problems or feelings of depression or suicide (suicidal thoughts): best friend (30%); parents (19%); girlfriend or boyfriend (17%); brother/sister (10%); trusted adult (7%); teacher (5%); an adult relative such as a grandparent, aunt or uncle (5%); coach (4%); caring adults (4%); professional counselor (3%); school counselor (3%); pastor/priest/youth minister (2%); religious leader (1%); Teen Line or First Call for Help (1%); and other (3%). Fifteen percent (15%) of youth reported they had no one to talk to when they had feelings of depression or suicide.
- Youth reported the following reasons would keep them from seeking help if they were dealing with anxiety, stress, depression or thoughts of suicide: they can handle it themselves (35%), worried what others might think (24%), do not know where to go (14%), no time (11%), paying for it (9%), family would not support them in getting help (7%), transportation (4%), and friends would not support them in getting help (4%). Four percent (4%) reported they were currently in treatment.

	Middle School (6 th -8 th)				High School (9 th -12 th)			
Youth Comparisons	Crawford County 2014 (6th–8th)	Crawford County 2015 (6 th –8 th)	Crawford County 2019 (6th–8th)	Crawford County 2019 (6th-12th)	Crawford County 2014 (9th–12th)	Crawford County 2015 (9th-12th)	Crawford County 2019 (9th-12th)	U.S. 2017 (9 th -12 th)
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	N/A	N/A	23%	27%	N/A	N/A	29%	32%
Seriously considered attempting suicide (in the past 12 months)	N/A	N/A	14%	13%	N/A	N/A	13%	17%
Attempted suicide (in the past 12 months)	N/A	N/A	8%	6%	N/A	N/A	5%	7%

The following graph shows Crawford County youth who felt sad or hopeless every day for two weeks or more in a row in the past year. An example of how to interpret the information on the graph includes: 27% of youth felt sad or hopeless almost every day for two weeks or more in a row, including 18% of males, and 35% of females.



The following graph shows Crawford County youth who seriously considered attempting suicide in the past year. An example of how to interpret the information on the graph includes: 13% of youth contemplated suicide in the past year, including 19% of females.



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

The table below indicates correlations between those who contemplated suicide in the past 12 months and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 64% of those who contemplated suicide had been bullied in the past year, compared to 31% of those who did not contemplate suicide.

Behaviors of Crawford County 6th-12th Grade Youth

Contemplated Suicide vs. Did Not Contemplate Suicide

Youth Behaviors	Contemplated Suicide	Did Not Contemplate Suicide
Bullied (in the past 12 months)	64%	31%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)	50%	16%
Had at least one drink of alcohol (in the past 30 days)	23%	10%
Smoked cigarettes (in the past 30 days)	11%	2%
Used marijuana (in the past 30 days)	7%	2%

"Contemplated suicide" indicates youth who self-reported seriously considering attempting suicide in the past year. Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Depression: Signs and Symptoms

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

(Source: CDC, Children's Mental Health: Anxiety and Depression, March 23, 2017)

Youth Health: Social Determinants of Health

Key Findings

One-fifth (20%) of Crawford County youth had experienced three or more adverse childhood experiences (ACEs) In their lifetime. Twenty-three percent (23%) of Crawford County youth drivers had texted while driving in the past 30 days. Over half (54%) of youth who had a social media or online gaming account believed that sharing Information online is dangerous.

Personal Safety

- In the past month, youth drivers did the following while driving:
 - Wore a seatbelt (88%)
 - Ate (41%)
 - Talked on their cell phone (35%)
 - Drove while tired or fatigued (32%)
 - Texted (23%)
 - Used their cell phone other than for talking or texting (18%)
 - Read (4%)
 - Applied makeup (3%)
 - Drank alcohol (1%)
 - Used illegal drugs (1%)
 - Misused prescription drugs (1%)
 - Used marijuana (1%)
- Eighty-nine percent (89%) of Crawford County youth had a social media or online gaming account. Of those who had a social media or online gaming account, they reported the following:
 - Their account was currently checked private (53%)
 - They knew all of their "friends" (42%)
 - They knew all of the people they play online (23%)
 - Their parents had their password (22%)
 - Their friends had their password (10%)
 - They had been asked to meet someone they met online (7%)
 - They used to have a social media or online gaming account, but had a bad experience (4%)
 - They were bullied because of their accounts (4%)
 - They share personal information (4%)
 - They had participated in sexual activity with someone they met online (3%)
 - Their parents do not know they have an account (3%)
- Over half (54%) of youth who had a social media or online gaming account believed that sharing information online is dangerous.

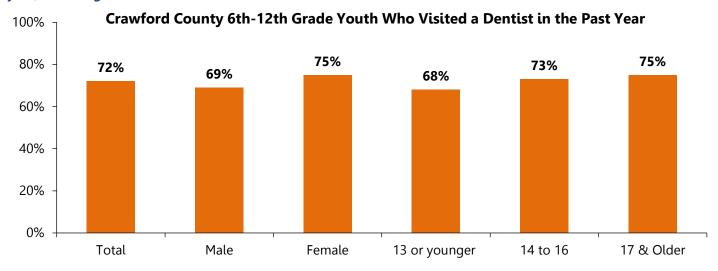
Personal Health

- Crawford County youth reported they got the following amounts of sleep on an average school night: 4 hours or less (9%), 5 hours (11%), 6 hours (24%), 7 hours (27%), 8 hours (23%), 9 hours (5%) and 10 hours or more (1%).
- Youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work:
 - Less than a year ago (72%)
 - 1 to 2 years ago (9%)
 - More than 2 years ago (5%)
 - Never (3%)
 - Don't know (11%)

The following table shows the amount of sleep Crawford County youth received on an average school night by the average amount of time youth spent on social media and their cell phone.

	Average Number of Hours on Social media	Average Number of Hours on Cell phone
4 hours or less	2.8	2.3
5 hours	2.5	3.1
6 hours	2.8	2.6
7 hours	2.0	2.1
8 hours	1.6	1.6
9 hours	0.8	0.9
10 hours or more	1.2	2.3

The following graph shows the percentage of Crawford County youth who visited a dentist in the past year. An example of how to interpret the information includes: 72% of youth had visited a dentist in the past year, including 69% of males and 75% of females.



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

	Middle School (6 th -8 th)				High School (9 th -12 th)			
Youth Comparisons	Crawford County 2014 (6 th –8 th)	Crawford County 2015 (6 th –8 th)	Crawford County 2019 (6 th –8 th)	Crawford County 2019 (6 th -12 th)	Crawford County 2014 (9 th –12 th)	Crawford County 2015 (9 th –12 th)	Crawford County 2019 (9th-12th)	U.S. 2017 (9 th -12 th)
Did not get 8 or more hours of sleep (on an average school night)	N/A	N/A	57%	71%	N/A	N/A	81%	75%
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	N/A	N/A	69%	72%	N/A	N/A	74%	98%

Social and Community Context

- Crawford County youth lived with the following: both parents (59%), one parent (20%), mother and step-father (13%), grandparents (7%), father and step-mother (5%), another relative (4%), mother and partner (3%), guardians/foster parents (2%), father and partner (1%), and on their own or with friends (<1%).
- During the past year, youth reported an adult discussed the following topics with them: goals for the future (75%), dating and healthy relationships (45%), respecting themselves (39%), healthy ways to deal with stress and emotions (35%), social media use (34%), alcohol and drug use (26%), body image (22%), condoms/safer sex/std prevention (20%), birth control options (16%), and abstinence and how to refuse sex (14%). Eighteen percent (18%) of youth reported that an adult had not discussed any of the above topics with them in the past year.
- Crawford County youth reported having at least one adult they could talk to and look up to in the following places: home (90%), school (79%), and their community (71%).
- Youth reported their parents had rules about the following: what friends they are able to spend time with (60%), what they do on the Internet (58%), what they watch on TV (36%), and what video games they are allowed to play (23%).
- Eighty-seven percent (87%) of youth participated in extracurricular activities. They participated in the following: a sports or intramural program (53%), school club or social organization (43%), exercising outside of school (38%), church youth group (23%), part-time job (21%), volunteering in the community (20%), church or religious organization (19%), caring for siblings after school (19%), babysitting for other kids (14%), caring for parents or grandparents (4%), and some other organized activity (scouts, 4h, etc.) (14%).
- In the past month, youth reported they experienced the following:
 - They received a text or an e-mail with a revealing, or sexual photo of someone (6%)
 - They texted, e-mailed, or posted electronically a revealing or sexual photo of themselves (4%)
 - A revealing or sexual photo of them was texted, emailed, or posted electronically without their permission (2%)
- Crawford County youth had experienced the following: wanted to get pregnant (3%), been pregnant (1%), tried to get pregnant (1%), been treated for an STD (1%), had a miscarriage (1%), had a child (1%), got someone pregnant (1%), and had an abortion (<1%).
- Youth learned about pregnancy prevention, sexually transmitted diseases, HIV/AIDS, and the use of condoms from school (59%), their parents (49%), their friends (24%), the internet or social media (21%), their doctor (18%), their siblings (13%), health department (7%), church (4%), and somewhere else (5%). Fifteen percent (15%) of youth had not been taught about these subjects.
- Just over half (51%) of youth reported the following adverse childhood experiences (ACEs):
 - Parents became separated or were divorced (29%)
 - Parents or adults in home swore at them, insulted them or put them down (23%)
 - Lived with someone who was a problem drinker or alcoholic (14%)
 - Parents were not married (14%)
 - Lived with someone who served time or was sentenced to serve in prison or jail (13%)
 - Family did not look out for each other, feel close to each other, or support each other (13%)
 - Lived with someone who was depressed, mentally ill or suicidal (11%)
 - Lived with someone who used illegal drugs or misused prescription drugs (10%)
 - Did not have enough to eat, had to wear dirty clothes, and had no one to protect them (6%)
 - Parents or adults in the home abused them (5%)
 - Parents or adults in the home abused each other (5%)
- One-fifth (20%) of youth had three or more ACEs in their lifetime, increasing to 28% of females.

The table below indicates correlations between those who experienced three or more ACEs, as well as other activities and experiences. An example of how to interpret the information includes: 54% of those who experienced three or more ACEs in their lifetime had felt sad or hopeless for two or more weeks in a row, compared to 14% of those who did not experience any ACEs.

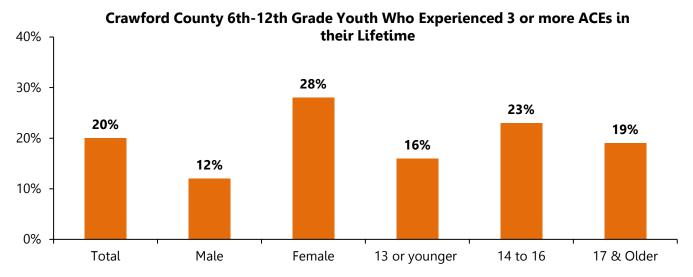
Behaviors of Crawford County 6th-12th Grade Youth

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

Youth Behaviors	Experienced 3 or More ACEs	Did Not Experience Any ACEs
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	54%	14%
Seriously considered attempting suicide (in the past 12 months)	33%	6%
Currently participate in extracurricular activities	16%	13%
Attempted suicide (in the past 12 months)	14%	2%

"ACEs" indicate youth who self-reported having experienced three or more adverse childhood experiences in their lifetime. Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows the percentage of Crawford County youth who had experienced three or more Adverse Child Experiences (ACEs) in their lifetime. An example of how to interpret the information includes: 20% of all Crawford County youth had experienced three or more ACEs in their lifetime, including 28% of females.



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

Adverse Childhood Experiences (ACEs)

- Childhood abuse, neglect, and exposure to other traumatic stressors-which we term adverse childhood experiences (ACEs)-are common. The most common are separated or divorced parents; verbal, physical or sexual abuse; witness of domestic violence; and having a family member with depression or mental illness.
- The short and long-term outcomes of these childhood exposures include a multitude of health and social problems such as:

Depression Alcoholism and alcohol abuse

 Fetal death — COPD

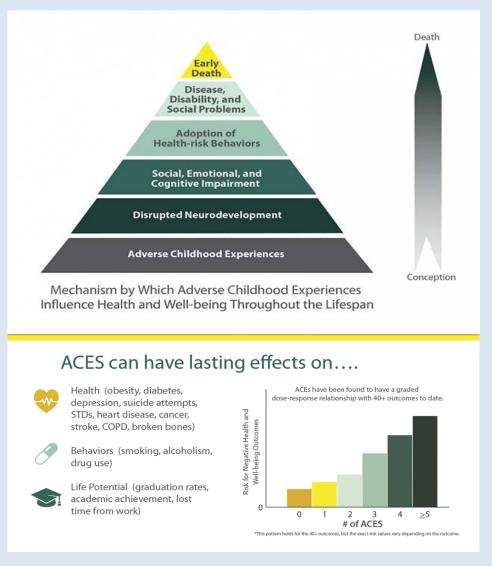
 Unintended pregnancies - Illicit drug use

Liver disease Suicide attempts

 Early initiation of smoking — STD's

Multiple sexual partners Risk for intimate partners violence

Given the high prevalence of ACEs, additional efforts are needed at the state and local level to reduce and prevent childhood maltreatment and associated family dysfunction in the US.



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

Youth Health: Violence

Key Findings

One-in-fourteen (7%) Crawford County youth carried a weapon (such as a gun, knife or club) in the past month. Over one-third (36%) of youth had been bullied in the past year. Twenty-three percent (23%) of youth purposefully hurt themselves in their life by cutting, scratching, burning, hitting, or biting.

Violence-Related Behaviors

- Seven percent (7%) of youth carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 12% of males.
- Less than one percent (<1%) of youth carried a weapon (such as a gun, knife or club) on school property in the past 30 days.
- Six percent (6%) of youth did not go to school on one or more days in the past month because they did not feel safe at school or on their way to or from school.
- Six percent (6%) of youth were threatened or injured with a weapon on school property in the past year.

Physical and Sexual Violence

- In the past year, 18% of youth had been involved in a physical fight, increasing to 25% of males. Of those who had been in a physical fight, 51% had been in a fight on more than one occasion.
- In the past year, 5% of youth had been involved in a physical fight on school property.
- Crawford County youth reported the following ever hit, slapped, or physically hurt them on purpose in the past 12 months:
 - Boyfriend or girlfriend (7%)
 - Adult or caregiver (6%)
- Twenty-three percent (23%) of youth purposefully hurt themselves in their life by cutting, scratching, burning, hitting or biting, increasing to 29% of females.

Bullying

- Over one-third (36%) of youth had been bullied in the past year. The following types of bullying were reported:
 - 27% of youth were verbally bullied (teased, taunted or called harmful names)
 - 21% of youth were indirectly bullied (spread mean rumors about them or kept them out of a "group")
 - 8% of youth were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
 - 6% of youth were physically bullied (were hit, kicked, punched or people took their belongings)
 - 3% of youth were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person)
- In the past year, 20% of youth had been bullied on school property.
- In the past year, Crawford County youth reported they have been a victim of teasing or name calling because of the following reasons: weight, size, or physical appearance (25%); someone thought they were gay, lesbian or bisexual (10%); race or ethnic background (3%); and gender (3%).

Types of Bullying Crawford County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 and younger	14-16 Years old	17 and older
Verbally Bullied	27%	22%	31%	27%	30%	20%
Indirectly Bullied	21%	11%	30%	21%	22%	18%
Cyber Bullied	8%	5%	10%	6%	10%	5%
Physically Bullied	6%	6%	5%	4%	9%	0%
Sexually Bullied	3%	1%	6%	0%	5%	4%

The table below indicates correlations between those who were bullied in the past 12 months and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 46% of those who were bullied felt sad or hopeless almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past 12 months, compared to 17% of those who were not bullied.

Behaviors of Crawford County 6th-12th Grade Youth

Bullied vs. Non-Bullied

Youth Behavior	Bullied	Non-Bullied
Currently participate in extracurricular activities	90%	85%
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	46%	17%
Overweight or obese	40%	30%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	31%	14%
Seriously considered attempting suicide (in the past 12 months)	24%	7%
Had at least one drink of alcohol (in the past 30 days)	15%	10%
Attempted suicide (in the past 12 months	12%	2%
Carried a weapon (in the past 30 days)	7%	7%
Smoked cigarettes (in the past 30 days)	5%	2%
Used marijuana (in the past 30 days)	3%	2%

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

Healthy People 2020

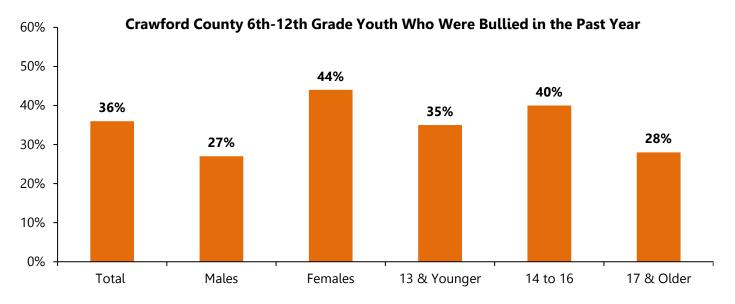
Injury and Violence Prevention (IVP)

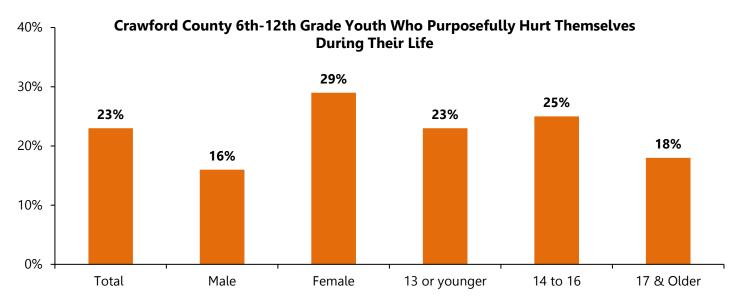
Objective	Crawford County 2019	U.S. 2017	Healthy People 2020 Target
IVP-35 Reduce bullying among adolescents	20% (6-12 Grade) 18% (9-12 Grade)	19% (9-12 Grade)	18%

Note: The Healthy People 2020 target is for youth in grades 9-12 who reported they were bullied on school property in

(Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2018/19 Crawford County Health Assessment)

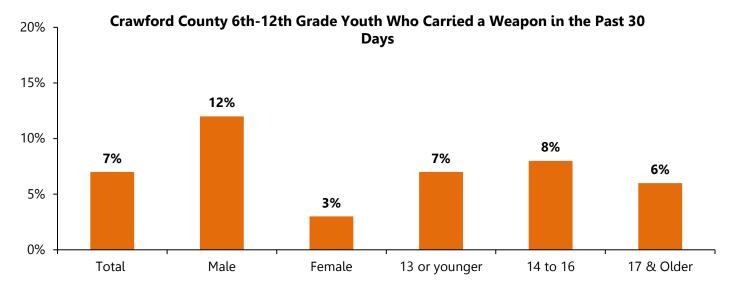
The following graphs show the percentage of Crawford County youth who were bullied in the past year and youth who purposefully hurt themselves during their life. An example of how to interpret the information on the first graphs includes: 36% of youth were bullied in the past year, including 44% of females.

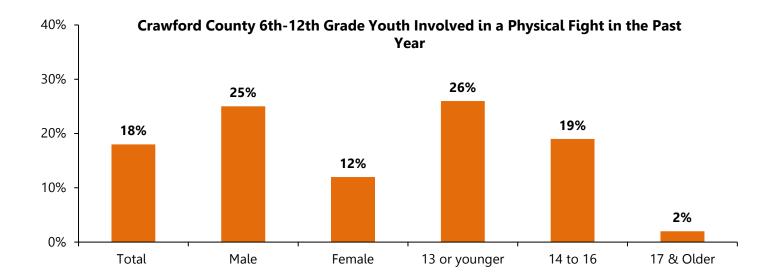




Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graphs shows Crawford County youth who carried a weapon in the past 30 days and youth who were involved in a physical fight in the past year. An example of how to interpret the information on the first graph includes: 7% of youth had carried a weapon in the past 30 days, including 12% of males and 3% of females.





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

	Middle School (6th-8th)				High School (9 th -12 th)			
Youth Comparisons	Crawford County 2014 (6 th -8 th)	Crawford County 2015 (6 th –8 th)	Crawford County 2019 (6 th –8 th)	Crawford County 2019 (6 th -12 th)	Crawford County 2014 (9 th –12 th)	Crawford County 2015 (9 th -12 th)	Crawford County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Carried a weapon (in the past 30 days)	N/A	N/A	7%	7%	N/A	N/A	8%	16%
Carried a weapon on school property (in the past 30 days)	N/A	N/A	1%	<1%	N/A	N/A	<1%	4%
Were in a physical fight (in the past 12 months)	N/A	N/A	27%	18%	N/A	N/A	12%	24%
Were in a physical fight on school property (in the past 12 months)	N/A	N/A	8%	5%	N/A	N/A	3%	9%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	N/A	N/A	9%	6%	N/A	N/A	4%	7%
Threatened or injured with a weapon on school property (in the past 12 months)	N/A	N/A	6%	6%	N/A	N/A	6%	6%
Electronically bullied (in the past year)	N/A	N/A	6%	8%	16%	19%	8%	15%
Were bullied on school property (during the past 12 months)	N/A	N/A	25%	20%	21%	26%	18%	19%

N/A- Not Available

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Association of Suicidology	Facts & Statistics, 2016	https://www.suicidology.org/Portals /14/docs/Resources/FactSheets/201 7/2017datapgsv1-FINAL.pdf
American Cancer Society (ACS), 2019	Summary of the American Cancer Society (ACS) Guidelines on Nutrition and Physical Activity	www.cancer.org/healthy/eat- healthy-get-active/acs-guidelines- nutrition-physical-activity-cancer- prevention.html
American Cancer Society, Cancer Facts and Figures 2018. Atlanta: ACS, 2019	2019 Cancer Facts, Figures, and Estimates	www.cancer.org/content/dam/canc er-org/research/cancer-facts-and- statistics/annual-cancer-facts-and- figures/2019/cancer-facts-and- figures-2019.pdf
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	2009 – 2017 Adult Ohio and U.S. Correlating Statistics	www.cdc.gov
Brady Campaign to Prevent Gun Violence	Victims of Gun Violence in America	www.bradycampaign.org/about- gun-violence
	Economic Costs of Excessive Alcohol Use	www.cdc.gov/features/costsofdrinki ng/index.html
CDC, Alcohol & Public Health	Consequences of Underage Drinking	www.cdc.gov/alcohol/fact- sheets/alcohol-use.htm
CDC, Arthritis	Arthritis	www.cdc.gov/chronicdisease/resour ces/publications/factsheets/arthritis .htm
	Arthritis Risk Factors	www.cdc.gov/arthritis/basics/risk- factors.htm
CDC, Asthma	Common Asthma Triggers	www.cdc.gov/asthma/triggers.html
CDC, Breast Cancer	What Can I do to Reduce My Risk of Breast Cancer?	www.cdc.gov/cancer/breast/basic_i nfo/prevention.htm
CDC, Children's Mental Health	Youth Depression: Signs and Symptoms	www.cdc.gov/childrensmentalhealt h/depression.html
CDC, Diabetes	About Diabetes	www.cdc.gov/diabetes/basics/diabetes.html
CDC, Electronic Cigarette	Electronic Cigarette and Youth	www.cdc.gov/tobacco/basic_inform ation/e-cigarettes/about-e- cigarettes.html
CDC, National Center for Health Statistics	Men's Health	www.cdc.gov/nchs/fastats/mens- health.htm
CDC, Oral Health	Oral Health Basics	www.cdc.gov/oralhealth/basics/ind ex.html
CDC, Overweight and Obesity	Health Effects of Childhood Obesity	www.cdc.gov/obesity/childhood/ca uses.html
CDC, Prostate Cancer	Prostate Cancer Awareness	www.cdc.gov/cancer/dcpc/resource s/features/prostatecancer/index.ht m
CDC, Rural America	About Rural Health	www.cdc.gov/ruralhealth/about.htm l

Source	Data Used	Website
CDC, Smoking & Tobacco Use	E-Cigarette Health Effects	www.cdc.gov/tobacco/basic_infor mation/e-cigarettes/about-e- cigarettes.html
CDC, Violence Prevention	Adverse Childhood Experiences	www.cdc.gov/violenceprevention/ acestudy/index.html
CDC Wonder, About Underlying Cause of Death, 2009-2017	U.S. comparison statistics	https://wonder.cdc.gov/
County Health Rankings	USDA Food Environment Atlas	http://countyhealthrankings.org
Healthy People 2020: U.S. Department of Health & Human Services	 All Healthy People 2020 Target Data Points Social Determinants of Health 	www.healthypeople.gov/2020/topi csobjectives2020
Henry J. Kaiser Family Foundation, 2019	Key Facts about the Uninsured Population	www.kff.org/uninsured/fact- sheet/key-facts-about-the- uninsured-population/
National Institute on Drug Abuse for Teens	Youth Prescription (Rx) Drug Misuse	https://teens.drugabuse.gov/drug- facts/prescription-drugs
Ohio Automated Rx Reporting System (OARRS), 2017-2018	 Opiate and Pain Reliever Doses Per Capita Opiate and Pain Reliever Doses Per Patient Ohio Automated Rx Reporting System (OARRS) 	www.ohiopmp.gov/County.aspx
Ohio Department of Health	2017 Ohio Drug Overdose Data: General Finding	https://odh.ohio.gov/wps/wcm/co nnect/gov/5deb684e-4667-4836- 862b- cb5eb59acbd3/2017_OhioDrugOv erdoseReport.pdf?MOD=AJPERES &CONVERT_TO=url&CACHEID=R OOTWORKSPACE.Z18_M1HGGIK0 N0JO00QO9DDDDM3000- 5deb684e-4667-4836-862b- cb5eb59acbd3-moxPbu6
Ohio Department of Health, Public Health Data Warehouse	 Leading Causes of Death, 2015-2017 Age-Adjusted Mortality Rates, 2015-2017 Incidence of Cancer Prescription Opiate Related Drug Overdose Unintentional Drug Overdose Deaths Suicide Deaths 	http://publicapps.odh.ohio.gov/ED W/DataBrowser/Browse/Mortality
Ohio Department of Health, STD Surveillance	 Chlamydia Annualized Disease Rates and Cases Gonorrhea Annualized Disease Rates and Cases 	https://odh.ohio.gov/wps/portal/g ov/odh/know-our-programs/std- surveillance/data-and- statistics/sexually-transmitted- diseases-data-and-statistics

Source	Data Used	Website
Ohio Department of Job and Family Services	Office of Workforce Development, Bureau of Labor Market Information	ohiolmi.com/laus/OhioCivilianLab orForceEstimates.pdf
Ohio Department of Public Safety	2017 Crawford County and Ohio Crash Facts	https://services.dps.ohio.gov/Cras hOnline/CrashStatistics/Home
Ohio Development Services Agency	Ohio Poverty Report, February 2019	www.development.ohio.gov/files/research/P7005.pdf
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	 American Community Survey 5-year estimate, 2012-2016 Ohio and Crawford County 2016 Census Demographic Information Ohio and U.S. Health Insurance Sources Small Area Income and Poverty Estimates Federal Poverty Thresholds 	www.census.gov
U.S. Department of Veteran's Affairs	National Strategy for Preventing Veteran Suicide	www.mentalhealth.va.gov/suicide_ prevention/docs/Office-of-Mental- Health-and-Suicide-Prevention- National-Strategy-for-Preventing- Veterans-Suicide.pdf
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	2013-2017 U.S. Youth correlating statistics	https://nccd.cdc.gov/youthonline/ App/Results.aspx?LID=XX

Appendix II: Acronyms and Terms

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

Adult Defined as 19 years of age and older.

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

Mortality Rates distribution of the population.

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

alcoholic beverages (for females) on one occasion.

AOCBC Arthritis, Osteoporosis, and Chronic Back Conditions

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

weight to height.

BRFSS Behavior 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.

HCNO Hospital Council of Northwest Ohio

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

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

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

and Human Services.

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

rates of obesity, or incidence of cigarette smoking.

High Blood Cholesterol 240 mg/dL and above

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

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

N/A Data is not available.

ODH Ohio Department of Health
OSHP Ohio State Highway Patrol

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

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

respondents reported only one race.

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

Youth Defined as 12 through 18 years of age

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

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

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

Obese is defined as \geq 95th percentile.

YRBS Youth Risk Behavior Survey, a youth survey conducted by

Appendix III: School Participation

The following schools were randomly chosen and agreed to participate in the 2018/19 Crawford County Health Assessment:

Buckeye Central Local Schools

Buckeye Central High School Buckeye Central Middle School

Bucyrus City Schools

Bucyrus High School Bucyrus Middle School

Colonel Crawford Local Schools

Colonel Crawford High School Wm. Crawford Intermediate School

Crestline Exempted Village School District

Crestline High School

Galion City Schools

Galion High School Galion Middle School

Wynford Local Schools

Wynford High School Wynford Jr. High Middle School

Appendix IV: Methods for Weighting the 2018 Crawford County Health Assessment Data

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

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

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (8 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Crawford County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2018 Crawford County Survey and the 2017 Census.

2018 Craw	ford Survey		2017 Cen	sus	<u>Weight</u>
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	217	53.18627	20,626	48.84090	0.91830
Female	191	46.81373	21,605	51.15910	1.09282

In this example, it shows that there was a larger portion of males in the sample compared to the actual portion in Crawford County. The weighting for males was calculated by taking the percent of males in Crawford County (based on Census information) (48.84090%) and dividing that by the percent found in the 2018 Crawford County sample (53.18627%) [48.84090 / 53.18627 = weighting of 0.91830 for males]. The same was done for females [51.15910 / 46.81373 = weighting of 1.09282 for females]. Thus males' responses are weighted less by a factor of 0.91830 and females' responses weighted more by a factor of 1.09282.

This same thing was done for each of the 19 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 1.39901 [1.09282 (weight for females) x 1.00592 (weight for White) x 1.41722 (weight for age 35-44) x 0.89799 (weight for income \$50-\$75k)]. Thus, each individual in the 2018 Crawford 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 24.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

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

Category	Crawford County Sample	%	2017 Census	%	Weighting Value
Sex:					
Male	217	53.18627	20,626	48.84090	0.91830
Female	191	46.81373	21,605	51.15910	1.09282
Age:					
20 to 24 years	27	6.63391	6,984	22.08868	3.32966
35 to 44 years	41	10.07371	4,514	14.27668	1.41722
45 to 54 years	59	14.49631	5,642	17.84427	1.23095
55 to 59 years	38	9.33661	3,156	9.98166	1.06909
60 to 64 years	59	14.49631	2,950	9.33013	0.64362
65 to 74 years	107	26.28993	4,558	14.41584	0.54834
75 to 84 years	53	13.02211	2,729	8.63116	0.66281
85 years and over	23	5.65111	1,085	3.43159	0.60724
Race:					
White	391	0.95134	40,414	0.95697	1.00592
Non-White	20	0.04866	1,817	0.04303	0.88417
Household Income:					
Less than \$25,000	111	29.28760	4,867	27.29210	0.93187
\$25,000 to \$34,999	44	11.60950	2,427	13.60960	1.17228
\$35,000 to \$49,999	73	19.26121	3,017	16.91807	0.87835
\$50,000 to \$74,999	83	21.89974	3,507	19.66579	0.89799
\$75,000 to \$99,999	29	7.65172	1,841	10.32356	1.34918
\$100,000 to \$149,999	32	8.44327	1,538	8.62446	1.02146
\$150,000 or more	7	1.84697	636	3.56642	1.93096

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

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

Appendix V: Crawford County Sample Demographic

Adult Variable	2015 Crawford County Adult Survey Sample*	2018 Crawford County Adult Survey Sample*	Crawford County Census 2013-2017 (5-year estimate)	Ohio Census 2017 (1-year estimates)
Age				
20-29	12.9%	12.1%	10.2%	13.3%
30-39	14.4%	14.8%	11.8%	12.5%
40-49	15.4%	15.4%	13.4%	12.0%
50-59	22.3%	20.2%	14.9%	13.7%
60 plus	29.2%	34.8%	24.1%	23.4%
Race/Ethnicity				
White	92.8%	95.8%	96.9%	81.3%
Black or African American	0.2%	0.2%	0.9%	12.4%
American Indian and Alaska Native	1.0%	0.1%	0.1%	0.2%
Asian	0.6%	0%	0.4%	2.2%
Other	2.1%	1.4%	0.3%	0.9%
Hispanic Origin (may be of any race)	0.3%	2.9%	1.5%	3.7%
Marital Status†				
Married Couple	58.2%	51.7%	52.4%	47.4%
Never been married/member of an				
unmarried couple	17.8%	19.5%	24.9%	32.6%
Divorced/Separated	14.6%	16.1%	14.1%	13.7%
Widowed	5.7%	10.3%	8.6%	6.3%
Education†				
Less than High School Diploma	4.8%	3.1%	10.4%	9.7%
High School Diploma	40.5%	36.7%	45.1%	33.3%
Some college/College graduate	50.8%	58.3%	44.4%	56.9%
Income (Families)				
\$14,999 and less	14.6%	9.0%	9.1%	6.9%
\$15,000 to \$24,999	12.9%	14.6%	9.2%	6.6%
\$25,000 to \$49,999	26.8%	24.6%	28.0%	21.2%
\$50,000 to \$74,999	17.2%	24.0%	23.7%	19.5%
\$75,000 or more	16.8%	19.9%	30.0%	45.9%

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

Youth Variable	2019 Youth Survey Sample*
Age	
12 years old or younger	11.9%
13 years old	18.9%
14 years old	14.9%
15 years old	15.9%
16 years old	18.4%
17 years old	11.7%
18 years old or older	8.4%
Gender	
Male	51.7%
Female	48.3%
Race/Ethnicity	
White	91.4%
American Indian and Alaska Native	5.8%
Black or African American	3.0%
Hispanic or Latino	3.3%
Asian	0.9%
Native Hawaiian or Other Pacific Islander	0.9%
Other	4.2%
Grade Level	
Middle School (6-8)	38.1%
High School (9-12)	61.8%
Individual Grade Level	
6 th grade	8.6%
7 th grade	18.1%
8 th grade	11.4%
9 th grade	19.1%
10 th grade	17.4%
11 th grade	13.7%
12 th grade	11.6%
School Grades	
Mostly As	46.8%
Mostly B's	31.7%
	13.2%
Mostly C's Mostly D's	13.2% 3.5%

^{*}Percents may not add to 100% due to missing data (non-responses) or percent's may exceed 100% due to respondents answering more than option.

Appendix VI: Demographics and Household Information

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

	0.3. Celisus 2010					
Age	Total	Males	Females			
Crawford County	43,784	21,260	22,524			
0-4 years	2,542	1,294	1,248			
1-4 years	2,053	1,046	1,005			
< 1 year	489	248	241			
1-2 years	1,012	528	484			
3-4 years	1,041	518	523			
5-9 years	2,760	1,396	1,364			
5-6 years	1,098	579	519			
7-9 years	1,662	817	845			
10-14 years	3,005	1,510	1,495			
10-12 years	1,771	877	894			
13-14 years	1,234	633	601			
12-18 years	4,233	2,141	2,092			
15-19 years	2,912	1,493	1,419			
15-17 years	1,826	902	924			
18-19 years	1,086	591	495			
20-24 years	2,190	1,093	1,097			
25-29 years	2,276	1,090	1,186			
30-34 years	2,513	1,245	1,268			
35-39 years	2,671	1,363	1,308			
40-44 years	2,776	1,396	1,380			
45-49 years	3,088	1,551	1,537			
50-54 years	3,374	1,638	1,736			
55-59 years	3,138	1,545	1,593			
60-64 years	2,743	1,340	1,403			
65-69 years	2,238	1,053	1,185			
70-74 years	1,896	846	1,050			
75-79 years	1,435	630	805			
80-84 years	1,103	438	665			
85-89 years	753	247	506			
90-94 years	311	79	232			
95-99 years	52	11	41			
100-104 years	8	2	6			
105-109 years	0	0	0			
110 years & over	0	0	0			
Total 85 years and over	1,124	339	785			
Total 65 years and over	7,796	3,306	4,490			
Total 19 years and over	33,056	15,839	17,217			

CRAWFORD COUNTY PROFILE

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

General Demographic Characteristics

General Demographic Characteris		Daysant (0/)
Total Banylation	Number	Percent (%)
Total Population 2017 Total Population	42,231	100%
2017 Total ropulation	42,231	10076
Largest City – Galion City		
2017 Total Population	10,169	100%
Population by Race/Ethnicity		
Total Population	42,231	100%
White	40,916	96.9%
African American	367	0.9%
Hispanic or Latino (of any race)	651	1.5%
Two or more races	630	1.5%
Asian	173	0.4%
Some other race	111	0.3%
American Indian and Alaska Native	25	0.1%
Population by Age		
Under 5 years	2,412	5.7%
5 to 17 years	6,910	16.3%
18 to 24 years	3,326	7.9%
25 to 44 years	9,463	22.5%
45 to 64 years	11,748	27.9%
65 years and more	8,372	19.9%
Median age (years)	43.0	N/A
Haveahald by Tyma		
Household by Type Total households	17 022	1000/
Total families	17,833	100% 64.9%
	11,580	25.2%
Households with children <18 years Married-couple family household	4,510 8,573	48.0%
Married-couple family household with children <18 years	2,653	14.8%
Female householder, no husband present	2,079	11.6%
Female householder, no husband present with children <18 years	1,298	7.2%
Terriale flouseflotder, no flusband present with chitaren < 10 years	1,290	1.270
Nonfamily household (single person)	6,253	35.0%
Nonfamily household (single person) living alone	15,533	87.1%
Nonfamily household (single person) 65 years and >	7,312	41.0%
, (- 5 - p - s - s - s - s - s - s - s - s - s	,	1010
Households with one or more people <18 years	4,922	27.6
Households with one or more people 60 years and >	7,811	43.8
1 1 7	,	
Average household size	2.34 people	N/A
Average family size	2.89 people	N/A

General Demographic Characteristics, Continued

Cerreral Derriegrapine erial actor issues, Continued			
Housing Occupancy			
Median value of owner-occupied units	\$85,600	N/A	
Median housing units with a mortgage	\$939	N/A	
Median housing units without a mortgage	\$374	N/A	
Median value of occupied units paying rent	\$637	N/A	
Median rooms per total housing unit	6.0	N/A	
Total occupied housing units	17,833	100%	
No telephone service available	390	2.2%	
Lacking complete kitchen facilities	155	0.9%	
Lacking complete plumbing facilities	49	0.3%	

Selected Social Characteristics

School Enrollment	.erisiics	
Population 3 years and over enrolled in school	8,798	100%
Nursery & preschool	624	7.1%
Kindergarten	385	4.4%
Elementary School (Grades 1-8)	4,187	47.6%
High School (Grades 9-12)	2,230	25.3%
College or Graduate School	1,372	15.6%
Educational Attainment		
Population 25 years and over	29,583	100%
< 9 th grade education	711	2.4%
9 th to 12 th grade, no diploma	2,369	8.0%
High school graduate (includes equivalency)	13,346	45.1%
Some college, no degree	5,957	20.1%
Associate degree	2,862	9.7%
Bachelor's degree	2,793	9.4%
Graduate or professional degree	1,545	5.2%
Percent high school graduate or higher	N/A	89.6%
Percent Bachelor's degree or higher	N/A	14.7%
Marital Status		
Population 15 years and over	34,652	100%
Never married	8,628	24.9%
Now married, excluding separated	18,158	52.4%
Separated	658	1.9%
Widowed	2,980	8.6%
Widowed females	4,539	13.1%
Divorced	4,226	12.2%
Divorced females	4,505	13.0%
Veteran Status		
Civilian population 18 years and over	32,854	100%
Veterans 18 years and over	3,270	10.0%

Selected Social Characteristics, Continued

Disability Status of the Civilian Non-Institutionalized Population		
Total civilian noninstitutionalized population	41,665	100%
Civilian with a disability	7,135	17.1%
Under 18 years	9,322	22.3%
Under 18 years with a disability	419	6.7%
18 to 64 years	24,297	58.3%
18 to 64 years with a disability	3,696	26.7%
65 Years and over	8,046	19.3%
65 Years and over with a disability	3,020	77.1%

Selected Economic Characteristics

Selected Economic Characteristics		
Employment Status	22.000	1000/
Population 16 years and over	33,998	100%
16 years and over in labor force	19,863	58.4%
16 years and over not in labor force	14,135	41.6%
Females 16 years and over	17,725	100%
Females 16 years and over in labor force	9,440	53.3%
Population living with own children <6 years	2,852	100%
All parents in family in labor force	2,073	72.7%
Class of Worker		
Civilian employed population 16 years and over	18,534	100%
Private wage and salary workers	15,425	83.2%
Government workers	2,104	11.4%
Self-employed workers in own not incorporated business	998	5.4%
Unpaid family workers	7	0.0%
Occupations		
Employed civilian population 16 years and over	18,534	100%
Management, business, science, and arts occupations	5,104	27.5%
Service occupations	3,502	18.9%
Sales and office occupations	3,742	20.2%
Natural resources, construction, and maintenance occupations	1,496	8.1%
Production, transportation, and material moving occupations	4,690	25.3%
Leading Industries		
Employed civilian population 16 years and over	18,534	100%
Agriculture, forestry, fishing and hunting, and mining	478	2.6%
Construction	781	4.2%
Manufacturing	4,663	25.2%
Wholesale trade	367	2.0%
Retail trade	1,888	10.2%
Transportation and warehousing, and utilities	867	4.7%
Information	237	1.3%
Finance and insurance, and real estate and rental and leasing	789	4.3%
Professional, scientific, and management, and administrative and waste management services	1,123	6.1%
Educational services, and health care and social assistance	4,015	21.7%
Arts, entertainment, and recreation, and accommodation and food	1,713	9.2%
services		
Other services, except public administration	874	4.7%
Public administration	739	4.0%

Selected Economic Characteristics, Continued

louseholds \$10,000 10,000 to \$14,999 15,000 to \$24,999 25,000 to \$34,999 35,000 to \$49,999 50,000 to \$74,999 75,000 to \$99,999 100,000 to \$149,999 150,000 to \$199,999 200,000 or more ledian household income	17,833 1,283 1,269 2,315	100% 7.2% 7.1%
\$10,000 10,000 to \$14,999 15,000 to \$24,999 25,000 to \$34,999 35,000 to \$49,999 50,000 to \$74,999 75,000 to \$99,999 100,000 to \$149,999 150,000 to \$199,999 200,000 or more Iedian household income	1,283 1,269	7.2%
10,000 to \$14,999 15,000 to \$24,999 25,000 to \$34,999 35,000 to \$49,999 50,000 to \$74,999 75,000 to \$99,999 100,000 to \$149,999 150,000 to \$199,999 200,000 or more	1,269	
15,000 to \$24,999 25,000 to \$34,999 35,000 to \$49,999 50,000 to \$74,999 75,000 to \$99,999 100,000 to \$149,999 150,000 to \$199,999 200,000 or more Iedian household income	· · · · · · · · · · · · · · · · · · ·	7 10/
25,000 to \$34,999 35,000 to \$49,999 50,000 to \$74,999 75,000 to \$99,999 100,000 to \$149,999 150,000 to \$199,999 200,000 or more ledian household income	2,315	1.1%
35,000 to \$49,999 50,000 to \$74,999 75,000 to \$99,999 100,000 to \$149,999 150,000 to \$199,999 200,000 or more ledian household income		13.0%
50,000 to \$74,999 75,000 to \$99,999 100,000 to \$149,999 150,000 to \$199,999 200,000 or more Iedian household income	2,427	13.6%
75,000 to \$99,999 100,000 to \$149,999 150,000 to \$199,999 200,000 or more ledian household income	3,017	16.9%
100,000 to \$149,999 150,000 to \$199,999 200,000 or more ledian household income	3,507	19.7%
150,000 to \$199,999 200,000 or more ledian household income	1,841	10.3%
200,000 or more Median household income Income in 2017	1,538	8.6%
ncome in 2017	333	1.9%
ncome in 2017	303	1.7%
	\$41,726	N/A
amilias		
arrittes	11,580	100%
\$10,000	639	5.5%
10,000 to \$14,999	420	3.6%
15,000 to \$24,999	1,067	9.2%
25,000 to \$34,999	1,250	10.8%
35,000 to \$49,999	1,990	17.2%
50,000 to \$74,999	2,746	23.7%
75,000 to \$99,999	1,535	13.3%
100,000 to \$149,999	1,346	11.6%
150,000 to \$199,999	310	2.7%
200,000 or more	277	2.4%
ledian family income	\$53,296	N/A
er capita income in 2017	\$24,386	N/A
Poverty Status in 2017		
amilies	N/A	12.10/
ndividuals	IN/A	12.1%

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

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2017	\$37,012	62 nd of 88 counties
BEA Per Capita Personal Income 2016	\$35,432	67 th of 88 counties
BEA Per Capita Personal Income 2015	\$35,343	66 th of 88 counties
BEA Per Capita Personal Income 2014	\$34,744	61st of 88 counties
BEA Per Capita Personal Income 2013	\$34,101	57 th of 88 counties

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

Poverty Rates, 2012-2016 5-year averages

Category	Crawford County	Ohio
Population in poverty	15.7%	15.4%
< 125% FPL (%)	22.1%	19.9%
< 150% FPL (%)	27.8%	24.3%
< 200% FPL (%)	38.9%	33.3%
Population in poverty (2001)	10.1%	10.3%

(Source: The Ohio Poverty Report, Ohio Development Services Agency, February 2018,

http://www.development.ohio.gov/files/research/P7005.pdf)

Employment Statistics

Category	Crawford County	Ohio
Labor Force	17,800	5,741,900
Employed	16,800	5,469,100
Unemployed	1,000	272,900
Unemployment Rate* in December 2018	5.7	4.8
Unemployment Rate* in November 2018	5.5	4.1
Unemployment Rate* in December 2017	5.3	4.5

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

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

Estimated Poverty Status in 2016

Estimated Foverty Status in 2010						
Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval		
Crawford County						
All ages in poverty	5,753	4,612 to 6,894	13.9	11.1 to 16.7		
Ages 0-17 in poverty	1,972	1,530 to 2,414	22.1	17.1 to 27.1		
Ages 5-17 in families in poverty	1,352	1,034 to 1,670	20.8	15.9 to 25.7		
Median household income	44,336	40,775 to 47,897				
Ohio						
All ages in poverty	1,639,636	1,614,177 to 1,665,095	14.5%	14.3 to 14.7		
Ages 0-17 in poverty	521,730	506,894 to 536,566	20.4%	19.8 to 21.0		
Ages 5-17 in families in poverty	348,713	335,691 to 361,735	18.7%	18.0 to 19.4		
Median household income	\$ 52,357	\$52,083 to \$52,631				
United States						
All ages in poverty	44,268,996	44,022,086 to 44,515,906	14.0%	13.9 to 14.1		
Ages 0-17 in poverty	14,115,713	13,976,345 to 14,255,081	19.5%	19.3 to 19.7		
Ages 5-17 in families in poverty	9,648,486	9,548,767 to 9,748,205	18.3%	18.1 to 18.5		
Median household income	57,617	\$57,502 to \$57,732				

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

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

Chitaren onder 10 reals of Age						
Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$13,064					
1 Person 65 and >	\$12,043					
2 people Householder < 65 years	\$16,815	\$17,308				
2 People Householder 65 and >	\$15,178	\$17,242				
3 People	\$19,642	\$20,212	\$20,231			
4 People	\$25,900	\$26,324	\$25,465	\$25,554		
5 People	\$31,234	\$31,689	\$30,718	\$29,967	\$29,509	
6 People	\$35,925	\$36,068	\$35,324	\$34,612	\$33,553	\$32,925
7 People	\$41,336	\$41,594	\$40,705	\$40,085	\$38,929	\$37,581
8 People	\$46,231	\$46,640	\$45,800	\$45,064	\$44,021	\$42,696
9 People or >	\$55,613	\$55,883	\$55,140	\$54,516	\$53,491	\$52,082

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

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

Appendix VII: County Health Rankings

	Crawford County	Ohio	U.S.		
Health Outcomes					
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2014-2016)	8,200	7,700	6,700		
Overall heath. Percentage of adults reporting fair or poor health (age-adjusted) (2016)	17%	17%	16%		
Physical health. Average number of physically unhealthy days reported in past 30 days (ageadjusted) (2016)	4.0	4.0	3.7		
Mental health. Average number of mentally unhealthy days reported in past 30 days (ageadjusted) (2016)	4.4	4.3	3.8		
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2010-2016)	7%	9%	8%		
Health	Behaviors				
Tobacco. Percentage of adults who are current smokers (2016)	20%	23%	17%		
Obesity. Percentage of adults that report a BMI of 30 or more (2014)	31%	32%	28%		
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2015)	7.2	6.6	7.7		
Physical inactivity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2014)	26%	26%	23%		
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2016)	80%	85%	83%		
Drug and alcohol abuse. Percentage of adults reporting binge or heavy drinking (2016)	17%	19%	18%		
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2012-2016)	25%	34%	29%		
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2015)	396	489	479		
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2010-2016)	39	28	27		

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

	Crawford County	Ohio	U.S
Cli	nical Care		
Coverage and affordability. Percentage of population under age 65 without health insurance (2015)	8%	8%	11%
Access to health care/medical care. Ratio of population to primary care physicians (2015)	3,020:1	1,310:1	1,320:1
Access to dental care. Ratio of population to dentists (2016)	1,680:1	1,660:1	1,480:1
Access to behavioral health care. Ratio of population to mental health providers (2017)	860:1	560:1	470:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2015)	53	57	49
Diabetes. Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring (2014)	82%	85%	85%
Cancer. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2014)	58%	61%	63%
Social and Eco	onomic Environm	ent	
Education. Percentage of ninth-grade cohort that graduates in four years (2014-2015)	91%	81%	83%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2012-2016)	54%	65%	65%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2016)	6%	5%	5%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2016)	22%	20%	20%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2012-2016)	4.1	4.8	5.0
Family and social support. Percentage of children that live in a household headed by single parent (2012-2016)	33%	36%	34%
Family and social support. Number of membership associations per 10,000 population (2015)	19	11	9
Violence. Number of reported violent crime offenses per 100,000 population (2012-2014)	144	290	380
Injury. Number of deaths due to injury per 100,000 population (2012-2016)	73	75	65

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

	Crawford County	Ohio	U.S.		
Physical	Physical Environment				
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2012)	11.3	11.3	8.7		
Air, water, and toxic substances.					
Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation (2016)	Yes	N/A	N/A		
Housing. Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2010-2014)	12%	15%	19%		
Transportation. Percentage of the workforce that drives alone to work (2012-2016)	84%	83%	76%		
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2012-2016)	24%	30%	35%		

(Source: 2018 County Health Rankings for Crawford County, Ohio, and U.S. data) N/A – Data is not available