

Community Health Needs Assessment

For 2016

Union Hospital - Dover, OH

Quality care, close to home.

 **UNION HOSPITAL**
 www.unionhospital.org

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Executive Summary

Union Hospital, is a 149 bed hospital located in Dover, Ohio. Union Hospital has been an integral part of the Tuscarawas Valley for more than 110 years. Union Hospital was founded on the premise that its focus must be on quality healthcare for all patients, not the financial profits of a few investors. And today, it continues that mission, providing the care to all patients, regardless of ability to pay.

This Community Health Needs Assessment (CHNA) is intended to support the furtherance of that mission as well as to satisfy the requirements of a CHNA as described in Internal Revenue Code section 501(r)(3) and related guidance.

The CHNA process involved the review of epidemiologic data, surveys and participants from organizations representing a wide range of services and populations within the community. The information was used to develop a list of prioritized health needs in Tuscarawas County. These prioritized needs are being used by Union Hospital to guide intervention and outreach efforts with the goal of improving the health of the community it serves.

1. Adult and Youth Obesity
2. Adult and Youth Mental Health and Bullying
3. Youth Substance Abuse
4. Access to Dental Care

Background information on the CHNA, the methodology used to conduct the CHNA and the results of the analysis are contained in the full report. The activities undertaken by Union Hospital to address these prioritized health needs are contained in the "Community Health Improvement Plan," both of which can be found on the Union Hospital website at www.unionhospital.org.

Background

Purpose

Union Hospital has conducted and participated in various surveys and programs with the goal of assessing the health needs of the community it serves. These assessments have assisted the hospital in evaluating current services and for determining future strategies, services and programs to improve the health and hospital services in the community served by Union Hospital. The assessment presented here is designed to both continue that process and to satisfy the requirement of a Community Health Needs Assessment (CHNA) described below.

Enacted in 2010, the Patient Protection and Affordable Care Act provided for numerous changes in the U.S. healthcare system, including the addition of Internal Revenue Code (IRC) section 501(r) applicable to hospital organizations exempt from federal income tax. Union Hospital is such a hospital organization. Within IRC 501(r) is the requirement for such a hospital organization to conduct, once every three years, a Community Health Needs Assessment (CHNA) for each hospital facility it operates. The Internal Revenue Service is charged with enforcing these new requirements, and has issued guidance for hospital organizations to follow in order to comply with the law. Such a CHNA report should include the following: a definition of the community served by the hospital and a description of how the community was determined; a description of the process and methods used to conduct the CHNA; a description of how the hospital facility took into account input from persons who represent the broad interests of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing such significant health needs; and a description of potential measures and resources identified through the CHNA to address the significant health needs.

Description of Hospital Facility

Union Hospital has more than 300 providers on our medical staff and employs more than 1,100 caregivers.

Union Hospital was founded more than a century ago on the premise that our focus must be on quality healthcare for all patients, not the financial profits of a few investors. And today, we continue that mission, providing the same excellent care to all patients, regardless of ability to pay.

Over the years, Union Hospital has expanded to become the centerpiece of a 25-acre medical campus. Surrounding the hospital are physician office buildings, outpatient rehabilitation and sports medicine center, and a mental healthcare agency. Nearby off-campus facilities include the Tuscarawas Ambulatory Surgery Center, WorkWell Occupational Medicine Center, and FirstCare urgent care center. The hospital also has its own hospital-employed physician network with primary and specialty providers in various locations in Tuscarawas County.

Definition of the Community Served

While Union Hospital serves patients from throughout Eastern Ohio (including the counties of Tuscarawas, Stark, Coshocton, Holmes, Guernsey, Harrison and Carroll), its patient and discharge data shows that the vast majority of its patients (more than 80 percent) reside in Tuscarawas County. For the purposes of the CHNA, Union Hospital defines the community it serves as Tuscarawas County.

Process and Methods

Approach

Union Hospital is a member of “Healthy Tusc”, a collaboration of healthcare and community based agencies. In 2015, Healthy Tusc conducted an assessment of the health, economic and social needs of Tuscarawas County. The results of that assessment provided the data necessary for Union Hospital to identify the significant health needs of the community it serves.

Data Collection Methods

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 – which was contracted by Healthy Tusc as an independent resource to conduct the survey on behalf of Healthy Tusc – collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report, which can be found in Appendix A.

Community Involvement

The selection of topics and related questions utilized in the survey were developed by a group of healthcare officials and staff members from various organizations, agencies and local government bodies in collaboration with the staff of the Hospital Council of Northwest Ohio.

Participants in this process included staff members from the following agencies and organizations:

Union Hospital
Trinity Hospital Twin City
Tuscarawas County Health Department
New Philadelphia City Health Department
Alcohol, Drug Addiction and Mental Health Services Board of Tuscarawas County
Tuscarawas County Senior Center
United Way of Tuscarawas County
Claymont City Schools
Dover City Schools
Garaway Local Schools
Newcomerstown Exempted Village Schools
Strasburg-Franklin Local Schools
Tuscarawas Valley Local Schools
Tuscarawas County Commissioners
Ohio Mid-Eastern Governments Association
Access Tusc
Tuscarawas County Convention and Visitors Bureau
Tuscarawas Valley Farmer Market
Tuscarawas County Anti-Drug Coalition
East Central Ohio Educational Service Center

Prioritization Process

The Health Tusc collaborative effort identified a number of health-related issues among adults and children in the county developed from the collection of survey data from separate surveys for youth and adults.

Union Hospital, in collaboration with the Hospital Council of Northwest Ohio and the Healthy Tusc participating committee members, analyzed the data and identified the evident healthcare priorities in Tuscarawas County based on survey responses. Union Hospital organized an internal “team” from various hospital departments and services to further analyze the data and findings from the report commissioned by Healthy Tusc and to act on the following:

1. Prioritize the findings for the purpose of identifying strategies, services and programs for Union Hospital to address.
2. Identify which issues Union Hospital will address and produce an Implementation Strategy

Prioritized List of Significant Needs Identified

Adult and Youth Obesity
Adult and Youth Mental Health and Bullying
Youth Substance Abuse
Access to Dental Care

Resources

Union Hospital’s team identified addressing Adult and Youth Obesity, and addressing Adult and Youth Mental Health and Bullying as the two priorities the hospital is best positioned to address.

Union Hospital Internal Resources

Nutrition Counseling: The hospital’s Nutrition Services staff provides one-on-one counseling with a registered dietitian at Union Hospital. The hospital also offers “CORE 4” comprehensive adult weight management in both individual and group settings through the Nutrition Services staff.

“Plant Strong” Program: A six-week program offered through the hospital’s Community Health and Wellness staff.

Diabetes Education: The hospital offers an outpatient diabetes education program that is taught by a certified diabetes educator. Individual and group sessions are available at Union Hospital as referred by a physician. The cost is covered by most insurances. The hospital’s Community Health and Wellness staff also offers a free diabetes self-management workshop, consisting of six sessions (a physician referral is not necessary for this program.)

Chronic Disease Management: Union Hospital’s Community Health and Wellness staff offers two free six-week programs for dealing with chronic disease management, and other long-term health

conditions. The hospital's Pain Management Center also provides resources, including a support group to meet ongoing needs of patients and community members.

Health and Wellness Coaching: The hospital's certified health and wellness coach is available to help patients create and maintain a "roadmap" for change to healthier lifestyles.

Union Hospital Behavioral Health Center: Intensive outpatient and partial hospitalization program located on the hospital campus. Services are covered by most insurance plans.

Counseling: The hospital's physician network, Union Physician Services (UPS), offers counseling to patients as identified and/or requested.

Community Health Screenings: Union Hospital's Community Health and Wellness staff offers various health screenings at low cost throughout the community in various locations. Registration is available online and via telephone and follow-up instructions and services are offered to participants with at-risk readings identified.

External Resources

Farmers Market: The Tuscarawas Valley Farmers Market is open Wednesdays from 3 to 7 p.m. from June through October at the Tuscarawas County Fairgrounds at Dover. A wide variety of health programming presented by area hospitals and health organizations and professionals also is part of each week's offerings.

Walk With A Doc: Union Hospital participates in this nationally acclaimed program designed to encourage healthy lifestyles through walking. Participants enjoy a FREE walk, along with a health message presented by an area physician or provider, once a month at varying locations around the region.

Community Programs: A wide variety of weight control and management programs also are offered in the community through the Tuscarawas County Senior Center, chapters of TOPS (Take Off Pounds Sensibly) and other community organizations, including the Tuscarawas County YMCA.

Community Walking Programs: The Ohio State University Extension has provided a free summer walking program for all ages for several years.

Mental Health and Bullying: Various community organizations and programs provide treatment and/or intervention services designed to identify, treat and improve the lives of area residents with mental health issues. The Alcohol, Drug Addiction and Mental Health Services Board of Tuscarawas and Carroll Counties provides funding for access to a number of services available to residents in both counties.

Note: more complete information on services available in the community is included in the CHNA report produced through Healthy Tusc.

Needs Union Hospital Will Not Address

The hospital cannot directly address Youth Substance Abuse and Access to Dental Care but will support the efforts of other resources in the community better suited to address these needs.

Request Copies and More Information

In addition to being publicly available on our website, a limited number of reports have been printed. If you would like a copy of this report, or if you have any questions about it, please contact

CHNA@CCF.Org.

Appendix A

“Vital Signs” – Tuscarawas County Community Health Status Assessment 2015

Tuscarawas County
Community Health
Status Assessment

2015

HEALTHY

Vital Signs:

Examining the Health
of Tuscarawas County
Youth and Adults



HEALTHY  **tusc**

Building a Healthier Community **Together**

FOREWORD

Dear Community Member,

Thank you for your concern for the health of Tuscarawas County. The data presented in this publication is the result of the 2015 health status assessment of Tuscarawas County youth and adults. The data collected from Tuscarawas County residents is reported along with health information from the Ohio Department of Health and relevant national, state, and local data sources.

Monitoring the health status of local residents to identify community health problems is an essential public health service. This health status assessment is invaluable because it serves as a guide for strategic planning and decision-making. It can help our community identify new health concerns, measure the impact of current community health improvement efforts, and guide the judicious use of local resources. However, this is only one planning tool. A true plan of action for community health improvement will require taking a closer look at these survey results; seeking additional information from community residents, service providers, and others; identifying population(s) at risk for specific health conditions; and choosing effective strategies that will truly improve the health of Tuscarawas County residents when put into action.

This report would not exist without the financial support of community organizations and assistance of community leaders who all care about your health. The project was supported financially by the following organizations: Healthy Tusc, Union Hospital, Trinity Hospital Twin City, Tuscarawas County Health Department, New Philadelphia Health Department, ADAMHS Board, Tuscarawas County Senior Center and United Way of Tuscarawas County.

While data is useful, it is how people utilize this information that ultimately benefits the community. Please join Healthy Tusc and our partner agencies as we work together to improve the health and well-being of Tuscarawas 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,

Kimberly Nathan RN,
Chair, Healthy Tusc

FOREWORD

This report has been funded by:

Healthy Tusc
Union Hospital
Trinity Hospital Twin City
Tuscarawas County Health Department
New Philadelphia Health Dept
ADAMHS Board
Tuscarawas County Senior Center
United Way of Tuscarawas County

This report has been commissioned by:

Kimberly Nathan, Chair, Healthy Tusc
Chris Abbuhl, Tuscarawas County Commissioner
Kelly Bowe, Community Outreach, Trinity Hospital Twin City
Megan Campbell, Health Educator, Tuscarawas County Health Department
Brittany Cochenour, Coordinator, Union Hospital WorkWell
Jennifer Demuth, Marketing/Grant Coordinator, Trinity Hospital Twin City
Vickie Ionno, Health Commissioner, New Philadelphia Health Department
Alison Kerns, United Way
Cindy Kerschbaumer, Ohio Mid-Eastern Government Association
Jessica Kinsey, Chair, Access Tusc
Keith Lands, Executive Director, Tuscarawas YMCA
Danielle Laurie, ADAMHS
Diane Lautenschleger, Tuscarawas Convention and Visitors Bureau
Darrin Lautenschleger, Union Hospital Development and Community Relations
Mark McKenzie, Board, Tuscarawas Family Farmers Market
Jodi Salvo, Tuscarawas Anti-Drug Coalition
Dave Schaffer, Director, ADAMHS Board
Katie Seward, Health Commissioner, Tuscarawas County Health Department
Kevin Spears, Superintendent, ECOESC
Tracey Ward, Coordinator, Union Hospital Employee Health Services
Steph Wills, Senior Program Director, YMCA
Valarie Wilson, Dietician, Tuscarawas County Health Department
Vicki Yates, Tuscarawas County Senior Center

Project Management, Secondary Data, Data Collection, and Report Development

Hospital Council of Northwest Ohio

Britney L. Ward, MPH
Director of Community Health
Improvement

Margaret Wielinski, MPH
Assistant Director of Community Health
Improvement

Michelle Von Lehmden
Health Assessment Coordinator

Selena Coley
Community Health Improvement
Assistant

Tessa Elliott
Graduate Assistant

Derick Sekyere
Graduate Assistant

Anna Crisp
Undergraduate Assistant

Data Collection & Analysis

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

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

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

To see Tuscarawas 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 2015 Tuscarawas County Health Assessment is available on the following
website:

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

Contact Information

Kimberly Nathan, RN
Union Hospital
340 Oxford St, Suite 110
Dover, Ohio 44622
330-602-0750

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EXECUTIVE SUMMARY

This executive summary provides an overview of health-related data for Tuscarawas County adults (19 years of age and older) and youth (ages 12 through 18) who participated in a county-wide health assessment survey during 2015. 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 collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

Primary Data Collection Methods

DESIGN

This community health assessment was cross-sectional in nature and included a written survey of adults and adolescents within Tuscarawas 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. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults and adolescents. The investigators decided to derive the majority of the adult survey items from the BRFSS. The majority of the survey items for the adolescent survey were derived from the YRBSS. This decision was based on being able to compare local data with state and national data.

The Project Coordinator from the Hospital Council of NW Ohio conducted a series of meetings with the planning committee from Tuscarawas County. During these meetings, banks of potential survey questions from the BRFSS and YRBSS surveys were reviewed and discussed. Based on input from the Tuscarawas County planning committee, the Project Coordinator composed drafts of surveys containing 115 items for the adult survey and 80 items for the adolescent survey. The drafts were reviewed and approved by health education researchers at the University of Toledo.

SAMPLING | *Adult Survey*

Adults ages 19 and older living in Tuscarawas County were used as the sampling frame for the adult survey. Since U.S. Census Bureau age categories do not correspond exactly to this age parameter, the investigators calculated the population of those 18 years and older living in Tuscarawas County. There were 70,618 persons ages 18 and older living in Tuscarawas 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 382 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Tuscarawas County was obtained from Allegra Marketing Services in Louisville, KY.

SAMPLING | Adolescent Survey

There were 8,942 persons ages 12 to 18 years old living in Tuscarawas County. A sample size of 368 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 to adults, an advance letter was mailed to 1,200 adults in Tuscarawas County. This advance letter was personalized, printed on Healthy Tusc stationery and was signed by Kimberly Nathan, Chairperson, Healthy Tusc. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

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

The response rate for the mailing was 46% (n=527: CI=+4.25). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

PROCEDURE | Adolescent Survey

The survey was approved by all superintendents. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 91% (n=393: CI=±4.83).

DATA ANALYSIS

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

LIMITATIONS

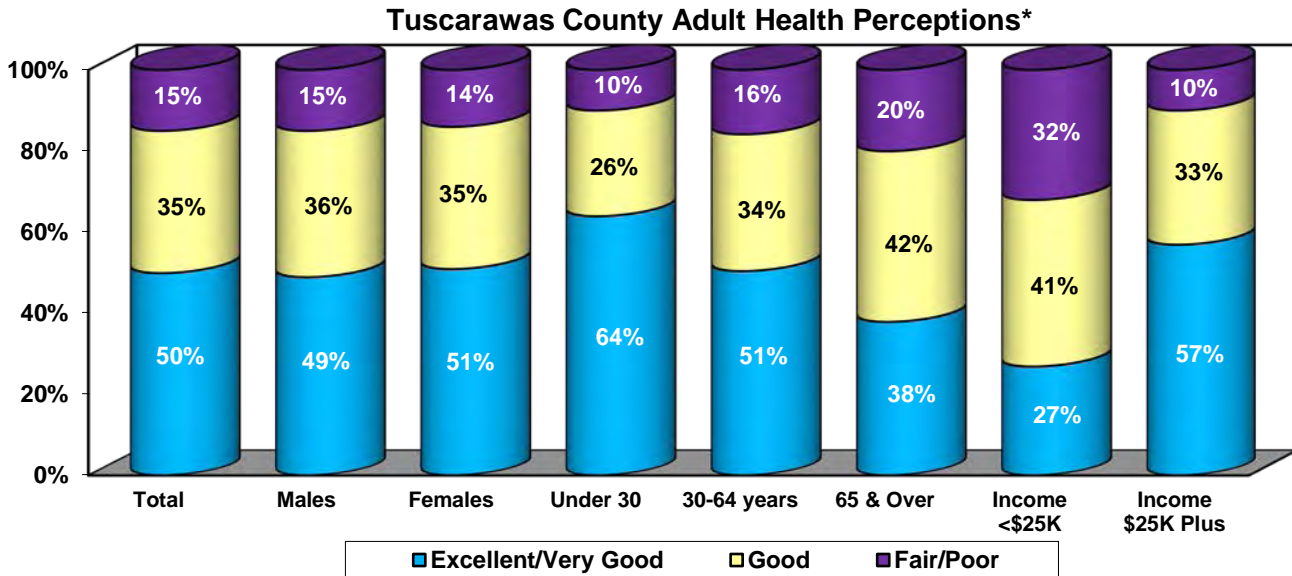
As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Tuscarawas County adult assessment had a high response rate. However, if any important differences existed between the respondents and the non-respondents regarding the questions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

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

Data Summary

HEALTH PERCEPTIONS

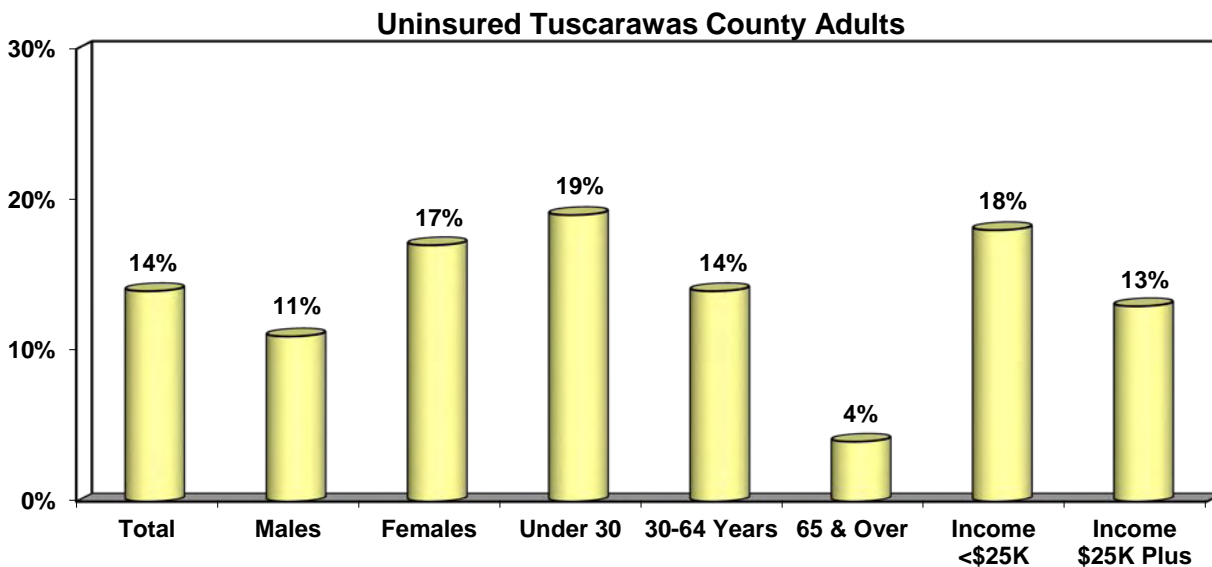
In 2015, half (50%) of the Tuscarawas County adults rated their health status as excellent or very good. Conversely, 15% of adults, increasing to 20% of those ages 65 and older, described their health as fair or poor.



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

HEALTH CARE COVERAGE

The 2015 Health Assessment data has identified that 14% of Tuscarawas County adults were without health care coverage. Those most likely to be uninsured were adults under age 30 and those with an income level under \$25,000. In Tuscarawas County, 14.6% of residents live below the poverty level (Source: U.S. Census, American Community Survey 5 Year Estimate, 2009-2013).



HEALTH CARE ACCESS

The 2015 Health Assessment project identified that 65% of Tuscarawas County adults had visited a doctor for a routine checkup in the past year. 52% of adults went outside of Tuscarawas County for health care services in the past year.

CARDIOVASCULAR HEALTH

Heart disease (17%) and stroke (4%) accounted for 21% of all Tuscarawas County adult deaths in 2013 (Source: ODH Information Warehouse, 2013 Preliminary Data). The 2015 Tuscarawas County Health Assessment found that 6% of adults had survived a heart attack and 3% had survived a stroke at some time in their life. Two-fifths (40%) of Tuscarawas County adults had been diagnosed with high blood pressure, 36% had high blood cholesterol, 36% were obese, and 14% were smokers, four known risk factors for heart disease and stroke.

Tuscarawas County Leading Types of Death 2013 (Preliminary)

Total Deaths: 1,019

1. Heart Disease (17% of all deaths)
2. Cancer (16%)
3. Chronic Lower Respiratory Diseases (5%)
4. Stroke (4%)
5. Unintentional Injuries (Accidents) (3%)

(Source: ODH Information Warehouse, 2013)

CANCER

In 2015, 12% of Tuscarawas County adults had been diagnosed with cancer at some time in their life. Ohio Department of Health statistics indicate that from 2009-2013, a total of 1,050 Tuscarawas County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that not using tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

Tuscarawas County Incidence of Cancer, 2008-2012

All Types: 2,653 cases

- Prostate: 431 cases (30%)
- Lung and Bronchus: 392 cases (27%)
- Breast: 349 cases (24%)
- Colon and Rectum: 257 cases (18%)

In 2010, there were 214 cancer deaths in Tuscarawas County.

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 4/8/2015)

DIABETES

In 2015, 9% of Tuscarawas County adults had been diagnosed with diabetes.

ARTHRITIS

According to the Tuscarawas County survey data, 35% of Tuscarawas County adults were diagnosed with arthritis. According to the 2013 BRFSS, 30% of Ohio adults and 25% of U.S. adults were told they have arthritis.

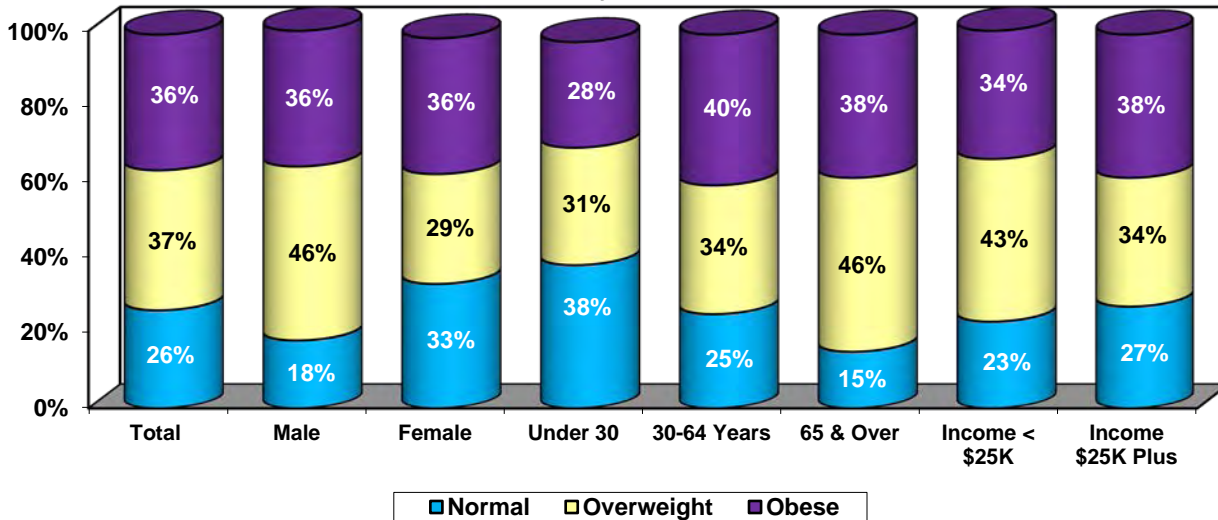
ASTHMA

In 2015, 10% of Tuscarawas County adults had been diagnosed with asthma.

ADULT WEIGHT STATUS

The 2015 Health Assessment identified that 73% of Tuscarawas County adults were overweight or obese based on Body Mass Index (BMI). More than one-third (36%) of Tuscarawas County adults were obese. The 2013 BRFSS indicates that 30% of Ohio and 29% of U.S. adults were obese by BMI. Nearly half (48%) of adults were trying to lose weight.

Tuscarawas County Adult BMI Classifications

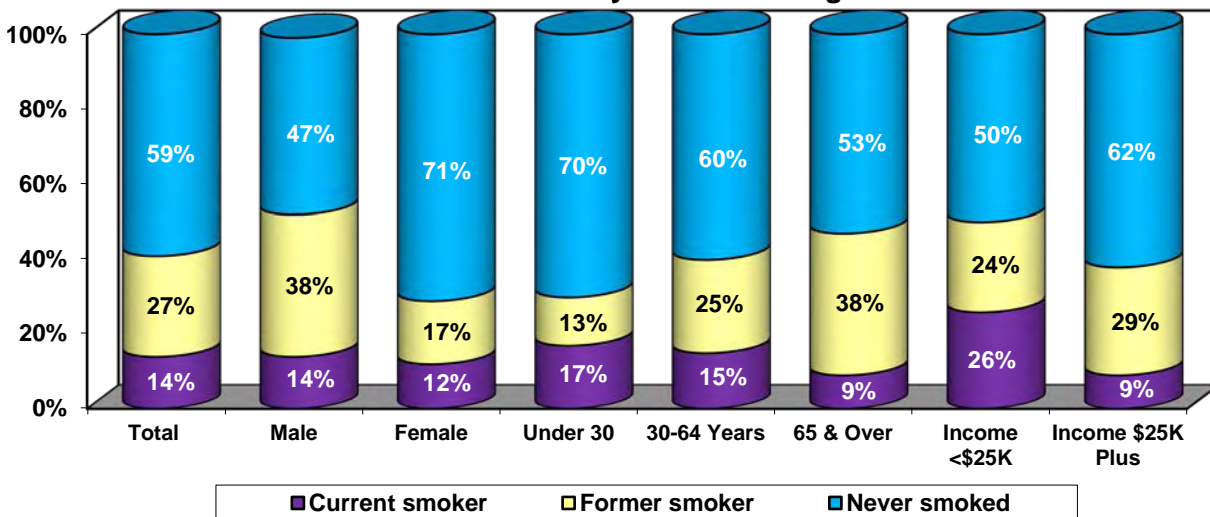


(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)

ADULT TOBACCO USE

In 2015, 14% of Tuscarawas County adults were current smokers and 27% were considered former smokers. In 2014, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death worldwide, and is responsible for the deaths of approximately half of long-term users. Each year, tobacco use is responsible for almost 6 million premature deaths, 80% of which are in low-and middle-income countries, and by 2030, this number is expected to increase to 8 million (Source: Cancer Facts & Figures, American Cancer Society, 2015).

Tuscarawas County Adult Smoking Behaviors

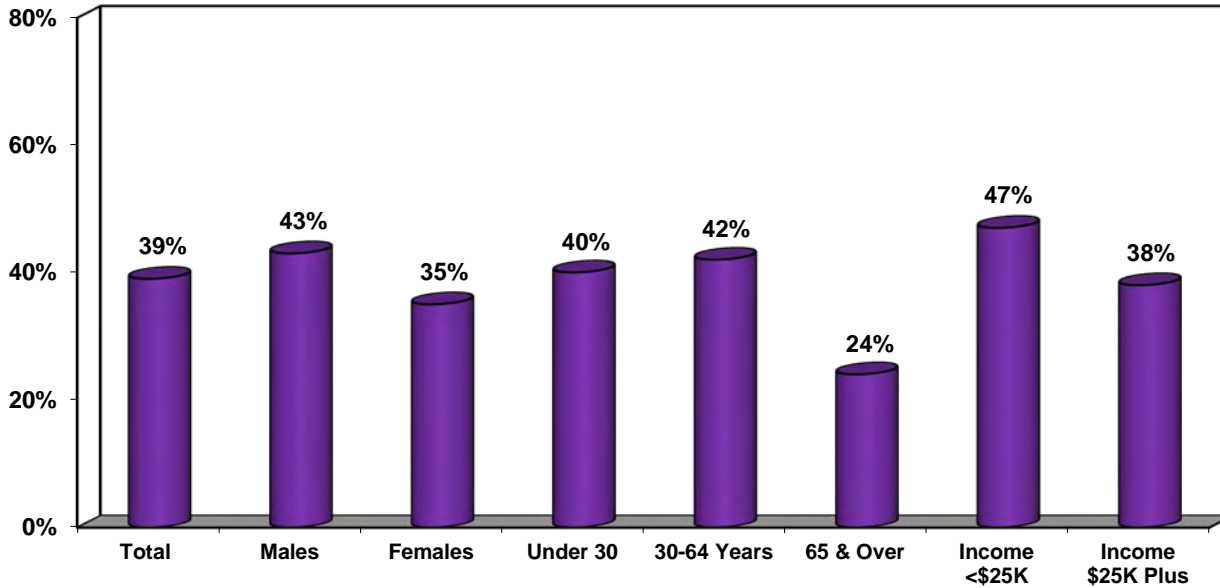


Respondents were asked:
 "Have you smoked at least 100 cigarettes in your entire life?
 If yes, do you now smoke cigarettes every day, some days or not at all?"

ADULT ALCOHOL CONSUMPTION

In 2015, the Health Assessment indicated that 11% of Tuscarawas County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 39% of adults who drank had five or more drinks for males and 4 or more drinks for females on one occasion (binge drinking) in the past month. Five percent of adults drove after having perhaps too much to drink.

Tuscarawas County Adult Drinkers Who Binge Drank in Past Month*

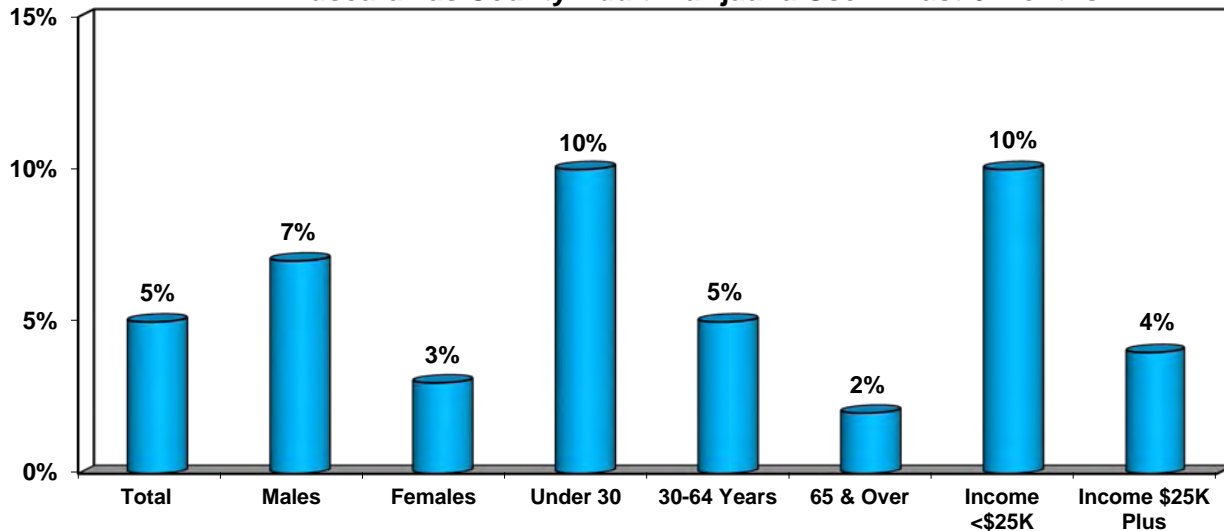


**Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion.*

ADULT MARIJUANA AND OTHER DRUG USE

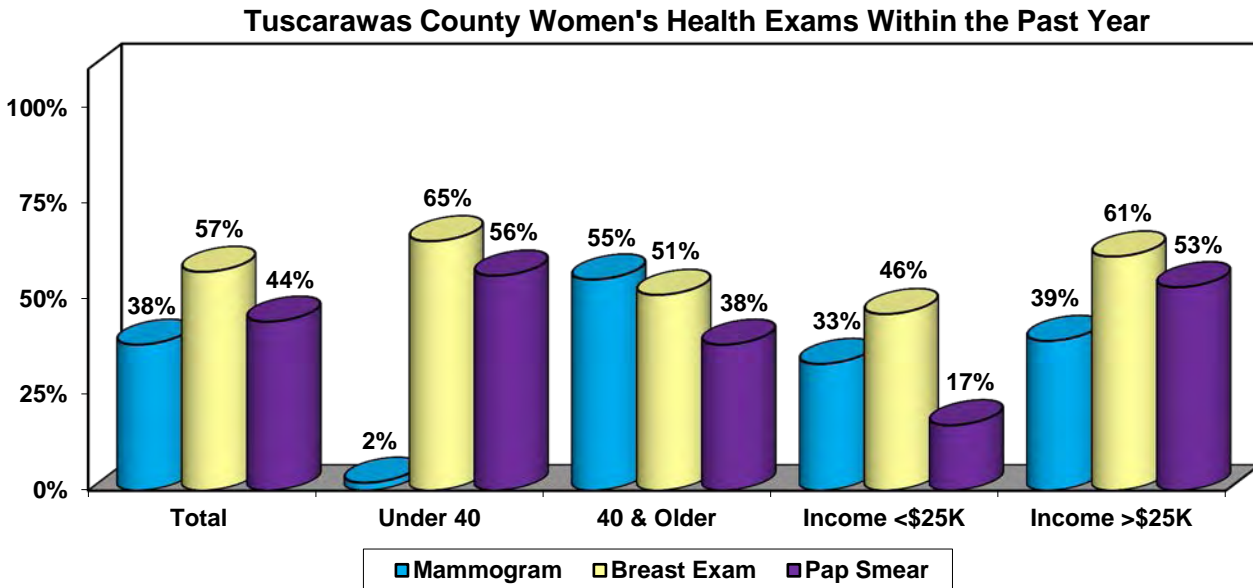
In 2015, 5% of Tuscarawas County adults had used marijuana during the past 6 months. 10% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Tuscarawas County Adult Marijuana Use in Past 6 Months



WOMEN'S HEALTH

In 2015, more than half (55%) of Tuscarawas County women over the age of 40 reported having a mammogram in the past year. 57% of Tuscarawas County women ages 19 and over had a clinical breast exam and 44% had a Pap smear to detect cancer of the cervix in the past year. The Health Assessment determined that 3% of women survived a heart attack and 3% survived a stroke at some time in their life. More than one-third (39%) had high blood pressure, 35% had high blood cholesterol, 36% were obese, and 12% were identified as smokers, known risk factors for cardiovascular diseases.



MEN'S HEALTH

In 2015, 53% of Tuscarawas County males over the age of 50 had a Prostate-Specific Antigen (PSA) test. Major cardiovascular diseases (heart disease and stroke) accounted for 30% and cancers accounted for 25% of all male deaths in Tuscarawas County from 2011-2013. The Health Assessment determined that 10% of men survived a heart attack and 3% survived a stroke at some time in their life. More than two-fifths (41%) of men had been diagnosed with high blood pressure, 36% had high blood cholesterol, and 14% were identified as smokers, which, along with obesity (36%), are known risk factors for cardiovascular diseases.

PREVENTIVE MEDICINE AND HEALTH SCREENINGS

Over half (55%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than two-thirds (68%) of adults ages 65 and over had a flu vaccine in the past year.

ADULT SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES

In 2015, nearly two-thirds (64%) of Tuscarawas County adults had sexual intercourse. Four percent of adults had more than one partner. Prevalence estimates suggest that young people aged 15-24 years acquire half of all new STDs and that 1 in 4 sexually active adolescent females have an STD, such as chlamydia or human papillomavirus (HPV) (Source: CDC, *STDs in Adolescents and Young Adults, 2014 STD Surveillance*).

QUALITY OF LIFE

In 2015, 18% of Tuscarawas County adults were limited in some way because of a physical, mental or emotional problem.

SOCIAL CONTEXT

In 2015, 12% of Tuscarawas County adults needed help meeting their general daily needs. More than half (53%) of adults kept a firearm in or around their home.

MENTAL HEALTH AND SUICIDE

In 2015, 2% of Tuscarawas County adults considered attempting suicide. 9% of 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.

ORAL HEALTH

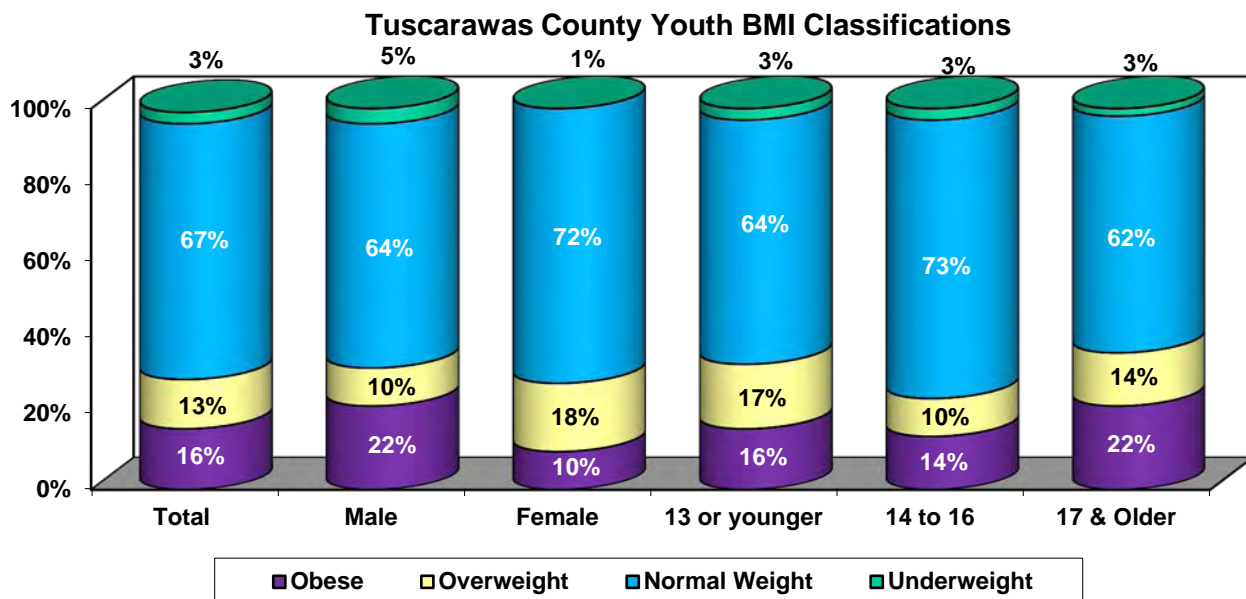
The 2015 Health Assessment project has determined that more than half (58%) of Tuscarawas County adults had visited a dentist or dental clinic in the past year. The 2012 BRFSS reported that 68% of Ohio adults and 67% of U.S. adults had visited a dentist or dental clinic in the previous twelve months. Nearly three-fourths (73%) of Tuscarawas County youth in grades 6-12 had visited the dentist for a check-up, exam, teeth cleaning, or other dental work in the past year (2013 YRBS reported 75% for Ohio).

PARENTING

The 2015 Health Assessment project identified that 69% of parents discussed peer pressure with their 6-to-17 year-old in the past year. Most (91%) parents reported their child had received all recommended immunizations.

YOUTH WEIGHT STATUS

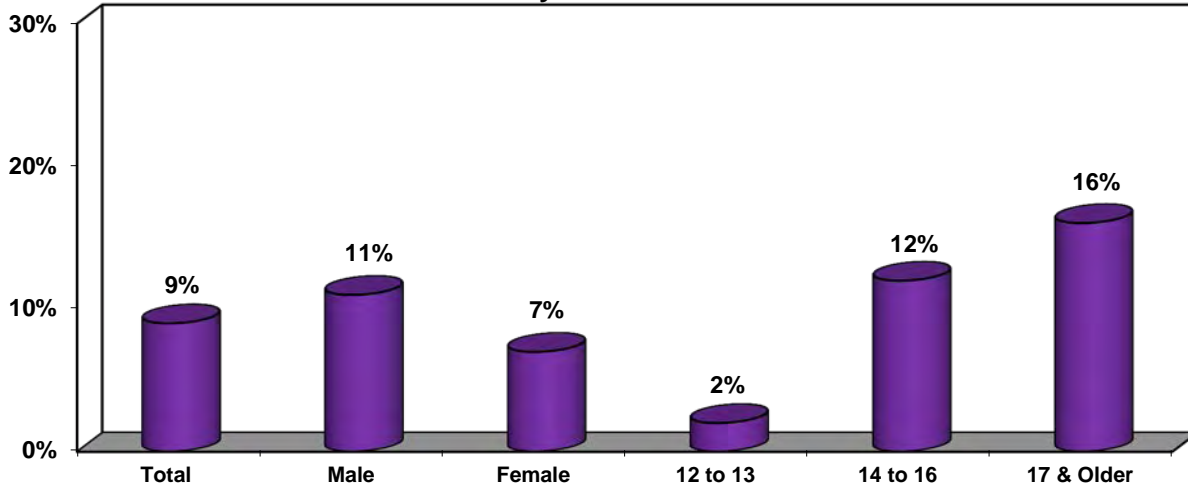
The 2015 Health Assessment identified that 16% of Tuscarawas County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 34% of Tuscarawas County youth reported that they were slightly or very overweight. 80% of youth were exercising for 60 minutes on 3 or more days per week. 90% of youth were involved in extracurricular activities.



YOUTH TOBACCO USE

The 2015 Health Assessment identified that 9% of Tuscarawas County youth in grades 6-12 were smokers, increasing to 16% of youth 17 and older. Of those 6th-12th grade youth who smoked in the past year, 41% had tried to quit. 61% of Tuscarawas County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.

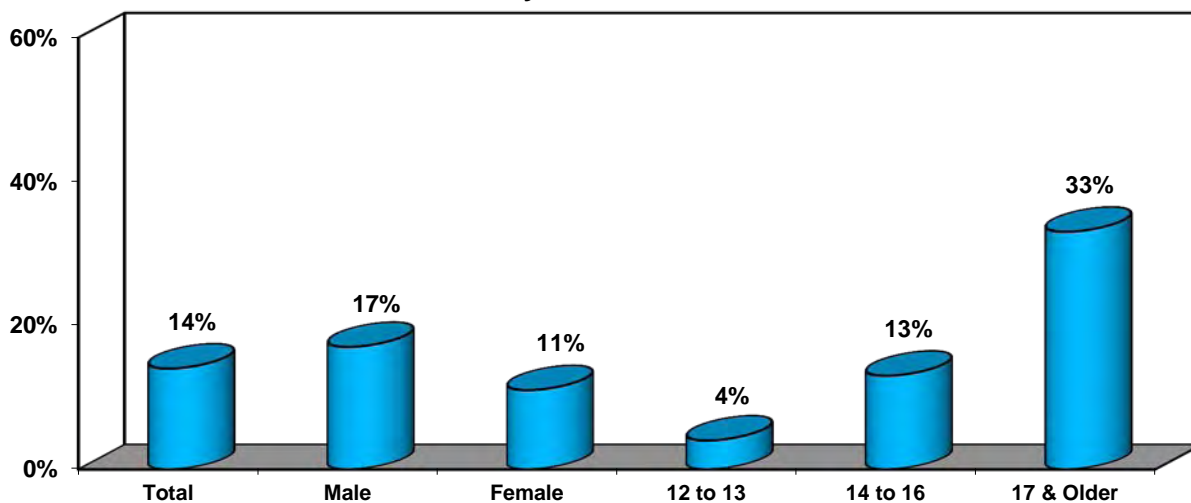
Tuscarawas County Youth Who Are Current Smokers



YOUTH ALCOHOL CONSUMPTION

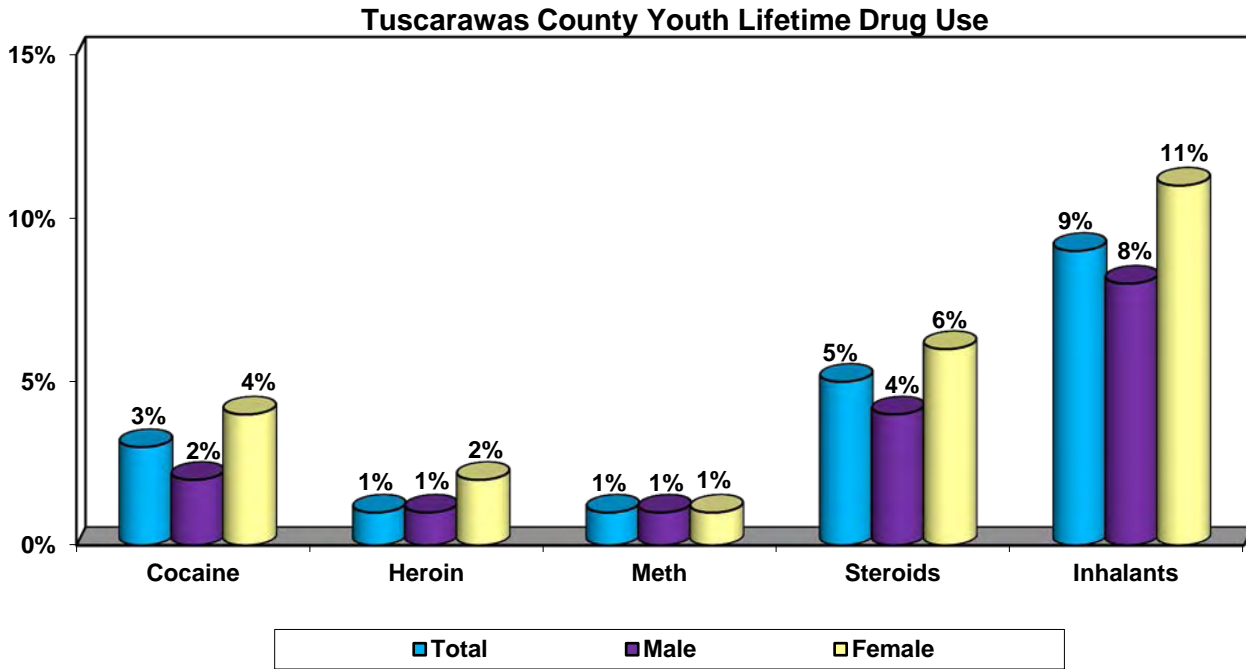
In 2015, the Health Assessment results indicated that 44% of Tuscarawas County youth in grades 6-12 had drunk at least one drink of alcohol in their life, increasing to 65% of youth seventeen and older. 35% of those 6th-12th graders who drank, took their first drink at 12 years or younger. 14% of all Tuscarawas County 6th-12th grade youth and 33% of those over the age of 17 had at least one drink in the past 30 days. Over three-fifths (63%) of the 6th-12th grade youth who reported drinking in the past 30 days had at least one episode of binge drinking. 4% of all youth drivers had driven a car in the past month after they had been drinking alcohol.

Tuscarawas County Youth Who Are Current Drinkers



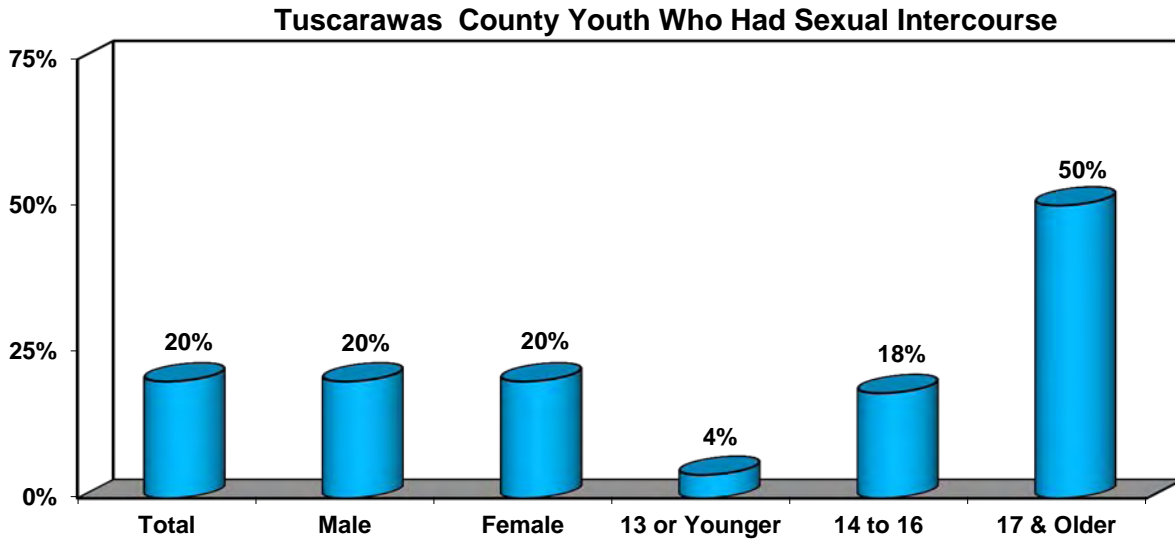
YOUTH DRUG USE

In 2015, 7% of Tuscarawas County 6th-12th grade youth had used marijuana at least once in the past 30 days, increasing to 13% of those ages 17 and older. 5% of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in the past month.



YOUTH SEXUAL BEHAVIOR & PREGNANCY OUTCOMES

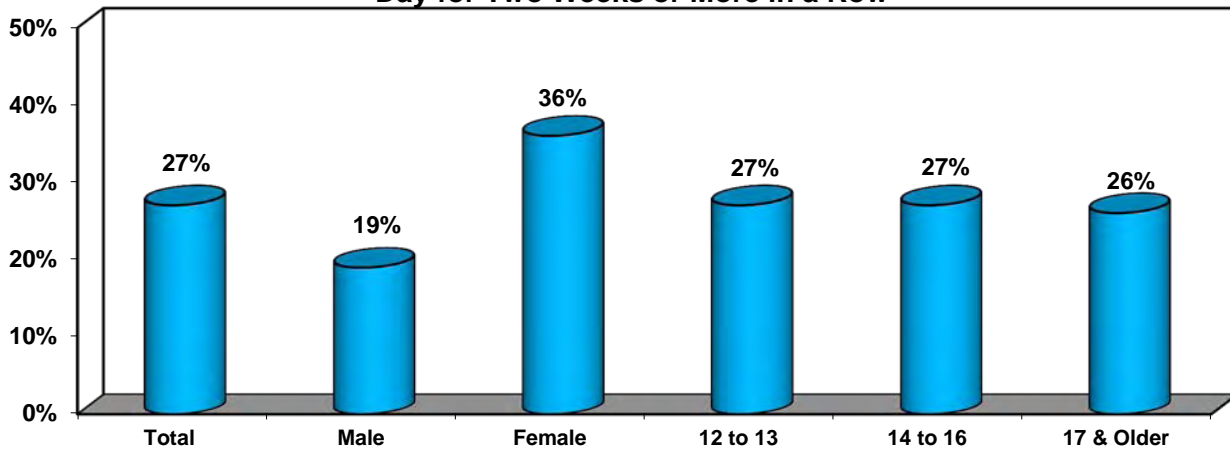
In 2015, one-fifth (20%) of Tuscarawas County youth have had sexual intercourse, increasing to 50% of those ages 17 and over. 17% of youth had participated in oral sex and 3% had participated in anal sex. 20% of youth participated in sexting. Of those who were sexually active, 48% had multiple sexual partners.



YOUTH MENTAL HEALTH AND SUICIDE

In 2015, the Health Assessment results indicated that 16% of Tuscarawas County 6th-12th grade youth had seriously considered attempting suicide in the past year and 8% admitted actually attempting suicide in the past year.

Tuscarawas County Youth Who Felt Sad or Hopeless Almost Every Day for Two Weeks or More in a Row



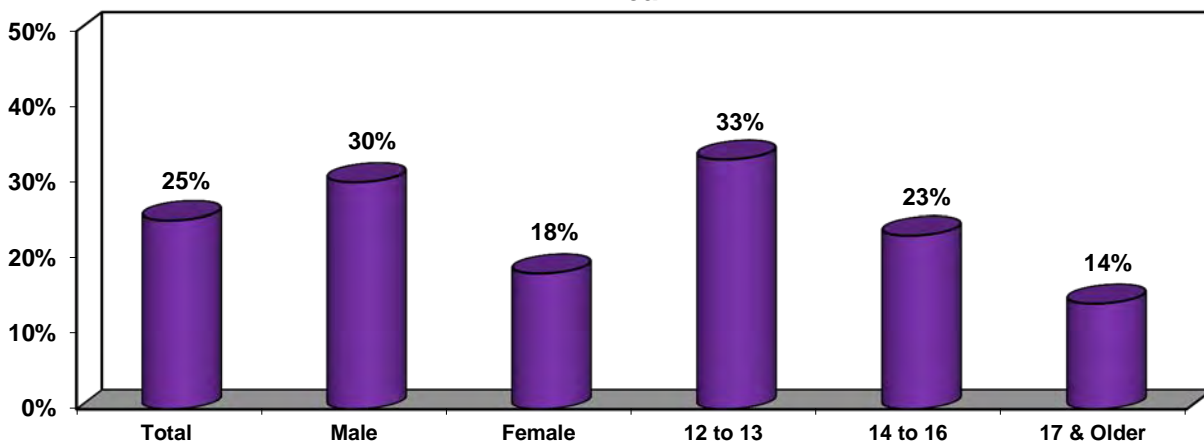
YOUTH SAFETY

In 2015, 16% of youth had ridden in a car driven by someone who had been drinking alcohol in the past month and 4% of youth drivers had driven after drinking alcohol. 38% of youth drivers texted while driving.

YOUTH VIOLENCE

In Tuscarawas County, 25% of youth had been involved in a physical fight in the past year. 7% of youth had been threatened or injured with a weapon on school property in the past year. 48% of youth had been bullied in the past year and 34% had been bullied on school property.

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



YOUTH PERCEPTIONS

In 2015, 70% of Tuscarawas County 6th-12th grade youth thought there was a great risk in harming themselves if they smoked one or more packs of cigarettes per day. 16% of youth thought that there was no risk in using marijuana once or twice a week. Three-fourths (75%) of youth reported that their parents would think it was very wrong for them to drink alcohol.

Adult | TREND SUMMARY

Adult Variables	Tuscarawas County 2015	Ohio 2013	U.S. 2013
Health Status			
Rated health as excellent or very good	50%	50%	52%
Rated general health as fair or poor	15%	18%	17%
Health Care Coverage			
Uninsured	14%	14%	17%
Arthritis, Asthma, & Diabetes			
Has been diagnosed with arthritis	35%	30%	25%
Has been diagnosed with diabetes	9%	11%	11%
Has been diagnosed with asthma	10%	14%	14%
Cardiovascular Health			
Had angina	8%	5%	4%
Had a heart attack	6%	5%	4%
Had a stroke	3%	4%	3%
Has been diagnosed with high blood pressure	40%	34%	31%
Has been diagnosed with high blood cholesterol	36%	38%	38%
Had blood cholesterol checked within the past 5 years	76%	78%	76%
Weight Status			
Overweight	37%	35%	35%
Obese	36%	30%	29%
Ate 5 or more servings of fruits / vegetables per day	5%	21%***	23%***
Alcohol Consumption			
Had at least one alcoholic beverage in past month	41%	53%	55%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	16%	17%	17%
Tobacco Use			
Current smoker (currently smoke some or all days)	14%	23%	19%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	27%	25%	25%
Preventive Medicine			
Had a pneumonia vaccine (age 65 and older)	55%	71%	70%
Had a flu vaccine in the past year (ages 65 and over)	68%	63%	63%
Had a clinical breast exam in the past two years (age 40 and older)	66%	75%**	77%**
Had a mammogram in the past two years (age 40 and older)	68%	74%*	74%*
Had a pap smear in the past three years	68%	78%*	78%*
Quality of Life			
Limited in some way because of physical, mental or emotional problem	18%	21%	20%
Oral Health			
Adults who have visited the dentist in the past year	58%	68%*	67%*

N/A - not available

* 2012 BFRSS Data

**2009 BFRSS Data

Youth | TREND SUMMARY

Youth Variables	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Weight Control				
Obese	16%	18%	13%	14%
Overweight	13%	14%	16%	17%
Described themselves as slightly or very overweight	34%	36%	28%	31%
Trying to lose weight	48%	45%	47%	48%
Exercised to lose weight	53%	53%	61%‡	61%‡
Ate less food, fewer calories, or foods lower in fat to lose weight	28%	27%	43%‡	39%‡
Went without eating for 24 hours or more	4%	4%	10%	13%
Took diet pills, powders, or liquids without a doctor's advice	3%	4%	5%	5%
Vomited or took laxatives	3%	3%	5%	4%
Ate 1 to 4 servings of fruits and vegetables per day	83%	89%	85%‡	78%‡
Physically active at least 60 minutes per day on every day in past week	35%	34%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	56%	56%	48%	47%
Did not participate in at least 60 minutes of physical activity on any day in past week	9%	7%	13%	15%
Watched TV 3 or more hours per day	30%	28%	28%	33%
Unintentional Injuries and Violence				
Carried a weapon in past month	9%	12%	14%	18%
Carried a weapon on school property in past month	1%	1%	4%‡	5%
Threatened or injured with a weapon on school property in past year	7%	5%	8%‡	7%
Been in a physical fight in past year	25%	19%	20%	25%
Been in a fight on school property in past year	9%	6%	6%	8%
Electronically/cyber bullied in past year	9%	11%	15%	15%
Bullied in past year	48%	40%	N/A	N/A
Bullied on school property in past year	34%	25%	21%	20%
Did not go to school because felt unsafe	5%	5%	5%	7%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	4%	6%	7%	9%‡
Mental Health				
Youth who had seriously considered attempting suicide in the past year	16%	18%	14%	17%
Youth who had attempted suicide in the past year	8%	8%	6%	8%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (of all youth)	3%	4%	1%	3%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	27%	26%	26%	30%

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

‡ Comparative YRBS data for Ohio is 2007 and U.S. is 2009

N/A – Not available

Youth Variables	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Alcohol Consumption				
Ever tried alcohol	44%	56%	71%*	66%
Current drinker	14%	23%	30%	35%
Binge drinker (of all youth)	9%	14%	16%	21%
Drank for the first time before age 13 (of all youth)	13%	8%	13%	19%
Rode with someone who was drinking	16%	16%	17%	22%
Drank and drove (of youth drivers)	4%	5%	4%	10%
Obtained the alcohol they drank by someone giving it to them	36%	40%	38%	42%
Tobacco Use				
Ever tried cigarettes	24%	34%	52%*	41%
Current smokers	9%	14%	15%	16%
Tried to quit smoking (of those youth who smoked in the past year)	41%	48%	56%*	48%
Sexual Behavior				
Ever had sexual intercourse	20%	34%	43%	47%
Used a condom at last intercourse	64%	68%	51%	59%
Used birth control pills at last intercourse	26%	26%	24%	19%
Did not use any method to prevent pregnancy during last sexual intercourse	12%	14%	12%	14%
Had four or more sexual partners (of all youth)	3%	6%	12%	15%
Had sexual intercourse before age 13 (of all youth)	3%	2%	4%	6%
Drug Use				
Youth who used marijuana in the past month	7%	11%	21%	23%
Ever used methamphetamines	1%	1%	6%‡	3%
Ever used cocaine	3%	5%	4%	6%
Ever used heroin	1%	2%	2%	2%
Ever used steroids	5%	4%	3%	3%
Ever used inhalants	9%	4%	9%	9%
Ever misused prescription medications	5%	7%	N/A	18%
Ever used ecstasy/MDMA	2%	3%	N/A	7%
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	7%	8%	20%	22%
Other Health Topics				
Visited a dentist for a check-up within the past year	73%	71%	75%	N/A

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

‡ Comparative YRBS data for Ohio is 2007 and U.S. is 2009

N/A – Not available

Adult | HEALTH STATUS PERCEPTIONS

Key Findings

In 2015, half (50%) of the Tuscarawas County adults rated their health status as excellent or very good. Conversely, 15% of adults, increasing to 20% of those ages 65 and older, described their health as fair or poor.

Adults Who Rated General Health Status Excellent or Very Good

- Tuscarawas County 50% (2015)
- Ohio 50% (2013)
- U.S. 52% (2013)

(Source: BRFSS 2013 for Ohio and U.S.)

General Health Status

- In 2015, half (50%) of Tuscarawas County adults rated their health as excellent or very good. Tuscarawas County adults with higher incomes (57%) were most likely to rate their health as excellent or very good, compared to 27% of those with incomes less than \$25,000.
- 15% of adults rated their health as fair or poor. The 2013 BRFSS has identified that 18% of Ohio and 17% of U.S. adults self-reported their health as fair or poor.
- Tuscarawas County adults were most likely to rate their health as fair or poor if they:
 - Were separated (60%)
 - Had been diagnosed with diabetes (35%)
 - Had an annual household income under \$25,000 (32%)
 - Were 65 years of age or older (20%)
 - Had high blood pressure (19%) or high blood cholesterol (19%)

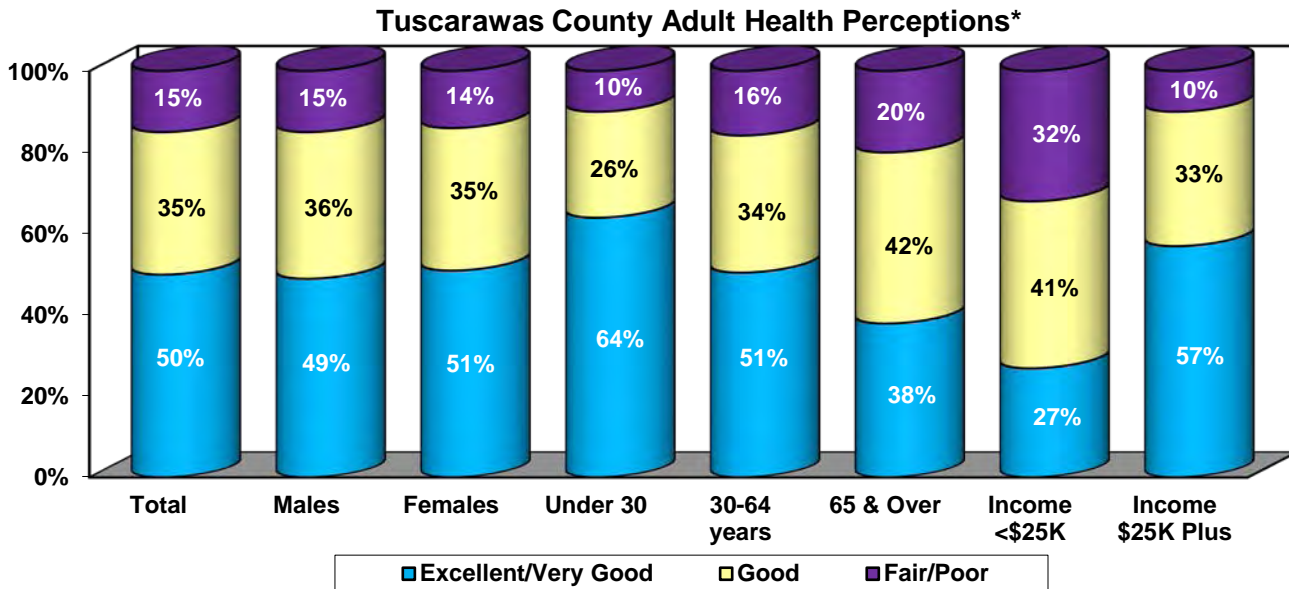
Physical Health Status

- In 2015, 17% of Tuscarawas County adults rated their physical health as not good on four or more days in the previous month.
- Tuscarawas County adults reported their physical health as not good on an average of 3.2 days in the previous month. Ohio and U.S. adults reported their physical health as not good on an average of 3.9 days and 3.7 days, respectively, in the previous month (Source: 2010 BRFSS).
- Tuscarawas County adults were most likely to rate their physical health as not good if they:
 - Had an annual household income under \$25,000 (24%)
 - Were ages 30-64 (20%)

Mental Health Status

- In 2015, 24% of Tuscarawas County adults rated their mental health as not good on four or more days in the previous month.
- Tuscarawas County adults reported their mental health as not good on an average of 3.8 days in the previous month. Ohio and U.S. adults reported their mental health as not good on an average of 3.9 days and 3.5 days, respectively, in the previous month (Source: 2010 BRFSS).
- Nearly one-fourth (22%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.
- Tuscarawas County adults were most likely to rate their mental health as not good if they:
 - Were female (32%)
 - Had an annual household income under \$25,000 (31%)

The following graph shows the percentage of Tuscarawas County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 50% of all Tuscarawas County adults, 64% of those under age 30, and 38% of those ages 65 and older rated their health as excellent or very good. The table shows the percentage of adults with poor physical and mental health in the past 30 days.



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

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	65%	13%	4%	0%	11%
Females	56%	14%	5%	2%	14%
Total	61%	13%	4%	1%	12%
Mental Health Not Good in Past 30 Days*					
Males	72%	8%	3%	<1%	9%
Females	54%	8%	8%	1%	20%
Total	62%	8%	6%	1%	16%

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

Adult Comparisons	Tuscarawas County 2015	Ohio 2013	U.S. 2013
Rated health as excellent or very good	50%	50%	52%
Rated health as fair or poor	15%	18%	17%

Adult | HEALTH CARE COVERAGE

Key Findings

The 2015 Health Assessment data has identified that 14% of Tuscarawas County adults were without health care coverage. Those most likely to be uninsured were adults under age 30 and those with an income level under \$25,000. In Tuscarawas County, 14.6% of residents live below the poverty level (Source: U.S. Census, American Community Survey 1 Year Estimate, 2013).

General Health Coverage

- In 2015, 86% Tuscarawas County adults had health care coverage, leaving 14% who were uninsured. The 2013 BRFSS reports uninsured prevalence rates for Ohio (14%) and the U.S. (17%).
- In the past year, 14% of adults were uninsured, increasing to 18% of those with incomes less than \$25,000 and 19% of those under the age of 30.

14% of Tuscarawas County adults were uninsured.

- 19% of adults with children did not have healthcare coverage, compared to 11% of those who did not have children living in their household.
- The following types of health care coverage were used: employer (46%), Medicare (21%), someone else's employer (14%), self-paid plan (6%), Medicaid or medical assistance (6%), military or VA (3%), Health Insurance Marketplace (2%), multiple-including private sources (1%), and other (2%).
- Adults ages 65 and older understood the following Medicare options available to them: Medicare (84%), Medicare Part D drug program (56%), Medicare Advantage program (45%), and none of the Medicare options (21%).
- Tuscarawas County adult health care coverage included the following: medical (100%), prescription coverage (93%), immunizations (71%), preventive care (70%), outpatient therapy (69%), their spouse (67%), mental health (62%), dental (58%), vision (57%), their children (57%), mental health counseling (52%), alcohol and drug treatment (34%), home care (32%), skilled nursing (31%), long-term care (29%), hospice (24%), their partner (24%), County physicians (23%), and transportation (14%).
- The top reasons uninsured adults gave for being without health care coverage were:
 - They could not afford to pay the insurance premiums (30%)
 - They lost their job or changed employers (22%)
 - Their employer does not/stopped offering coverage (11%)

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

Tuscarawas County and Ohio Medicaid Statistics

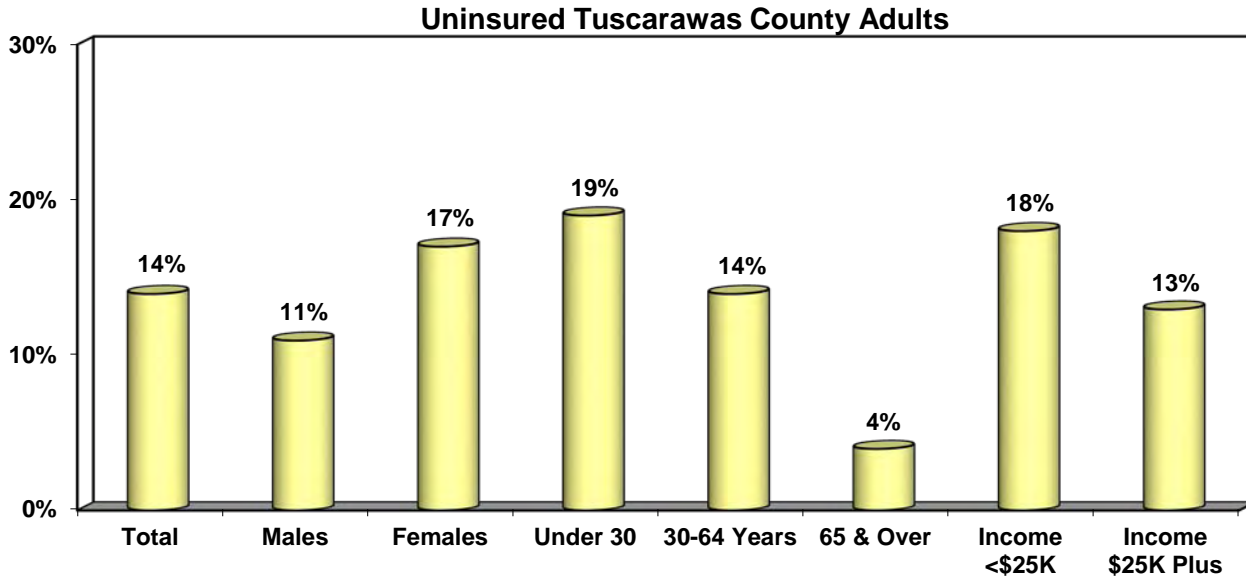
Average Members Per Year 2010	Tuscarawas County Residents Enrolled in Medicaid	Ohio Residents Enrolled in Medicaid
Ages 0-18	9,118 (55%)	1,159,095 (55%)
Ages 19-64	6,113 (37%)	787,749 (38%)
Ages 65 and Over	1,512 (9%)	155,896 (7%)
Total	16,743 (100%)	2,102,740 (100%)

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

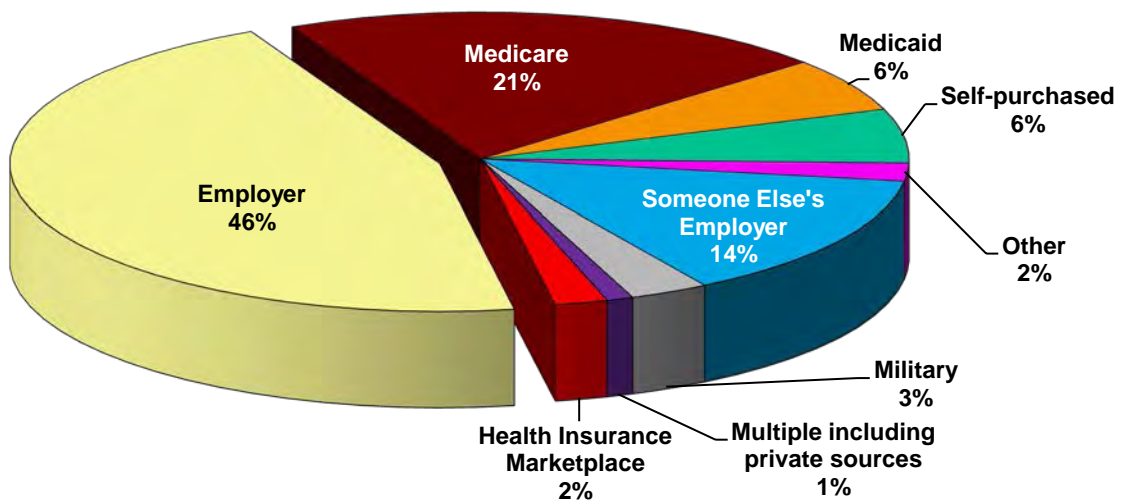
(Source: Ohio Department of Job & Family Services, Tuscarawas County 2008-2011 Profile, <http://jfs.ohio.gov/county/cntypro/pdf11/Tuscarawas.pdf>)

Adult Comparisons	Tuscarawas County 2015	Ohio 2013	U.S. 2013
Uninsured	14%	14%	17%

The following graph shows the percentages of Tuscarawas County adults who were uninsured by demographic characteristics. Examples of how to interpret the information in the graph includes: 14% of all Tuscarawas County adults were uninsured, 18% of adults with an income less than \$25,000 reported being uninsured and 19% of those under age 30 lacked health care coverage. The pie chart shows sources of Tuscarawas County adults' health care coverage.



Sources of Health Coverage for Tuscarawas County Adults



Healthy People 2020
Access to Health Services (AHS)

Objective	Tuscarawas County 2015	Ohio 2013	U.S. 2013	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health care insurance	84% age 20-24 83% age 25-34 73% age 35-44 92% age 45-54 88% age 55-64	79% age 18-24 76% age 25-34 87% age 35-44 86% age 45-54 88% age 55-64	76% age 18-24 74% age 25-34 80% age 35-44 84% age 45-54 87% age 55-64	100%

*U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2013 BRFSS, 2015 Tuscarawas County Health Assessment)

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

Health Coverage Includes:	Yes	No	Don't Know
Medical	100%	0%	<1%
Prescription Coverage	93%	5%	1%
Immunizations	71%	10%	19%
Preventive Health	70%	7%	23%
Outpatient Therapy	69%	6%	25%
Their Spouse	67%	25%	8%
Mental Health	62%	8%	30%
Dental	58%	40%	2%
Vision	57%	42%	1%
Their Children	57%	35%	8%
Mental Health Counseling	52%	10%	38%
Alcohol and Drug Treatment	34%	8%	58%
Home Care	32%	13%	55%
Skilled Nursing	31%	11%	58%
Long-Term Care	29%	16%	55%
Hospice	24%	10%	66%
Their Partner	24%	44%	32%
County Physicians	23%	12%	65%
Transportation	14%	21%	65%

Adult | HEALTH CARE ACCESS AND UTILIZATION

Key Findings

The 2015 Health Assessment project identified that 65% of Tuscarawas County adults had visited a doctor for a routine checkup in the past year. 52% of adults went outside of Tuscarawas County for health care services in the past year.

Health Care Access

- More than three-fifths (65%) of Tuscarawas County adults visited a doctor for a routine checkup in the past year, increasing to 87% of those over the age of 65.
- More than half (51%) of adults reported they had one person they thought of as their personal doctor or healthcare provider. 31% of adults had more than one person they thought of as their personal healthcare provider, and 17% did not have one at all.
- Two-thirds (67%) of Tuscarawas County adults reported having a usual source of medical care.
- Reasons for not having a usual source of medical care included: had two or more usual places (30%), had not needed a doctor (29%), no insurance (8%), did not know where to go (7%), cost (6%), not accepting new patients (6%), previous doctor unavailable/moved (3%), do not like/trust/believe in doctors (3%), not accepting Medicare/Medicaid (1%), outstanding bill (1%), language barriers (1%), and other reasons (6%).
- 12% of adults needed to see a doctor in the past 12 months but could not because of cost, increasing to 26% of those with incomes less than \$25,000.
- Reasons for not receiving medical care in the past 12 months included: no need to go (49%), cost/no insurance (9%), office wasn't open when they could get there (2%), too long of a wait for an appointment (2%), too long of a wait in the waiting room (2%), no child care (1%), and other problems that prevented them from getting medical care (2%).
- 52% of adults went outside of Tuscarawas County for the following health care services in the past year: specialty care (21%), dental services (13%), primary care (12%), obstetrics/gynecology/NICU (11%), orthopedic care (6%), cardiac care (4%), pediatric care (2%), mental health care (2%), cancer care (1%), counseling services (1%), developmental disability services (<1%), pediatric therapies (<1%), and other services (5%).
- Reasons for going outside of Tuscarawas County for health care services included: needed care not locally available (31%), provider referral (21%), closer to home or work (18%), better care (16%), insurance requirement (10%), cost (6%), more privacy (3%), and other reasons (17%).
- More than one-fourth (28%) of adults did not get their prescriptions from their doctor filled in the past year, increasing to 41% of those who were uninsured.

Health Care Access among Employed and Unemployed Adults

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

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

- Of those who did not get their prescriptions filled, they gave the following reasons: they did not have prescriptions to be filled (56%), they could not afford the out of pocket expense (21%), they did not think they needed it (14%), they did not have insurance (12%), there was no generic equivalent (7%), side effects (6%), their deductibles were too high (6%), their co-pays were too high (5%), their premiums were too high (4%), they opted out of prescription coverage because they could not afford it (3%), they stretched their current prescription by taking less than prescribed (2%), they had a high HSA account deductible (2%), they were taking too many medications (1%), and transportation (1%).
- Tuscarawas County adults had the following problems when they needed health care in the past year: did not have enough money to pay for health care (6%), could not get appointments when they wanted them (5%), had to change doctors because of their healthcare plan (4%), could not find a doctor to take them as a patient (4%), did not have insurance (3%), could not find a doctor they were comfortable with (3%), healthcare plan did not allow them to see doctors in Tuscarawas County (2%), too busy to get the healthcare they needed (2%), did not get health services because they were concerned about their confidentiality (2%), too embarrassed to seek help (1%), did not have child care (<1%), did not have transportation (<1%), did not get health services because of discrimination (<1%), and other problems that prevented them from getting health care (1%).
- Adults visited the following places for health care services: doctor's office (73%), urgent care center (6%), multiple places- including doctor's office (3%), Internet (3%), hospital emergency room (3%), public health clinic or community health department (2%), hospital outpatient department (1%), VA (1%), chiropractor (1%), alternative therapies (1%), multiple places- not including a doctor's office (1%), and in-store health clinic (<1%). 4% of adults indicated they had no usual place for health care services.
- Tuscarawas County adults accessed information about their health or healthcare services from: their doctor (60%), a family member or friend (14%), Internet searches (9%), newspaper articles or radio/television news stories (3%), mailings from hospitals, clinics or doctor's offices (3%), multiple sources- including a doctor (2%), advertisements from hospitals, clinics or doctor's offices (1%), multiple sources- not including a doctor (1%), text messages (<1%), and other (1%).

Availability of Services

- Tuscarawas County adults gave the following reasons for not using a program or service to help with depression, anxiety, or emotional problems: could not afford to go (4%), co-pay/deductible was too high (3%), had not thought of it (3%), did not feel the services they had received were good (2%), stigma of seeking mental health services (2%), transportation (1%), fear (1%), did not know how to find a program (1%), other priorities (1%), could not get to the office or clinic (<1%), and other reasons (2%). 72% of adults did not need a program or service to help with depression, anxiety, or emotional problems.

Health Care Access and Quality

- From 2006 – 2012, 14.6% of Tuscarawas County adults could not see a doctor because of cost.
- In 2011, 15.4% of Tuscarawas county residents did not have health insurance.
- In 2011, the older adult preventable hospitalization rate for Tuscarawas County was 97.3 (per 1,000 population).
- The primary care provider rate for Tuscarawas County is 49.7 (per 1,000 population).

(Source: Community Health Status Indicators,
<http://www.cdc.gov/CommunityHealth/profile/currentprofile/OH/Tuscarawas/>)

Tuscarawas County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Tuscarawas County adults who have looked but have NOT found a specific program	Tuscarawas County adults who have looked and have found a specific program
Depression or Anxiety (17% of all adults looked)	18%	82%
Weight Problem (8% of all adults looked)	27%	73%
End-of-Life/Hospice Care (5% of all adults looked)	4%	96%
Marital or Family Problems (4% of all adults looked)	19%	81%
Tobacco Cessation (3% of all adults looked)	21%	79%
Alcohol Abuse (2% of all adults looked)	30%	70%
Drug Abuse (1% of all adults looked)	75%	25%
Gambling Abuse (<1% of all adults looked)	100%	0%

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

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

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

Adult | **CARDIOVASCULAR HEALTH**

Key Findings

Heart disease (17%) and stroke (4%) accounted for 21% of all Tuscarawas County adult deaths in 2013 (Source: ODH Information Warehouse, 2013 Preliminary Data). The 2015 Tuscarawas County Health Assessment found that 6% of adults had survived a heart attack and 3% had survived a stroke at some time in their life. Two-fifths (40%) of Tuscarawas County adults had been diagnosed with high blood pressure, 36% had high blood cholesterol, 36% were obese, and 14% were smokers, four known risk factors for heart disease and stroke.

Heart Disease and Stroke

- In 2015, 6% of Tuscarawas County adults reported they had survived a heart attack (myocardial infarction), increasing to 15% of those over the age of 65.
- 5% of Ohio and 4% of U.S. adults reported they had a heart attack (myocardial infarction) in 2013 (Source: 2013 BRFSS).
- 3% of Tuscarawas County adults reported they had survived a stroke, increasing to 9% of those over the age of 65.
- 4% of Ohio and 3% of U.S. adults reported having had a stroke in 2013 (Source: 2013 BRFSS).
- 8% of adults reported they had angina or coronary heart disease, increasing to 18% of those over the age of 65.
- 5% of Ohio and 4% of U.S. adults reported having had angina or coronary heart disease in 2013 (Source: 2013 BRFSS).

High Blood Pressure (Hypertension)

- Two-fifths (40%) of adults had been diagnosed with high blood pressure. The 2013 BRFSS reports hypertension prevalence rates of 34% for Ohio and 31% for the U.S.
- 7% of adults were told they were pre-hypertensive/borderline high.
- 87% of adults had their blood pressure checked within the past year.
- Tuscarawas County adults diagnosed with high blood pressure were more likely to:
 - Have been age 65 years or older (73%)
 - Have been classified as obese by Body Mass Index-BMI (54%)
 - Have rated their overall health as fair or poor (51%)

Tuscarawas County Leading Types of Death 2013 (Preliminary)

Total Deaths: 1,019

1. Heart Disease (17% of all deaths)
2. Cancer (16%)
3. Chronic Lower Respiratory Diseases (5%)
4. Stroke (4%)
5. Unintentional Injuries (Accidents) (3%)

(Source: ODH Information Warehouse, 2013)

Ohio Leading Types of Death 2013 (Preliminary)

Total Deaths: 110,001

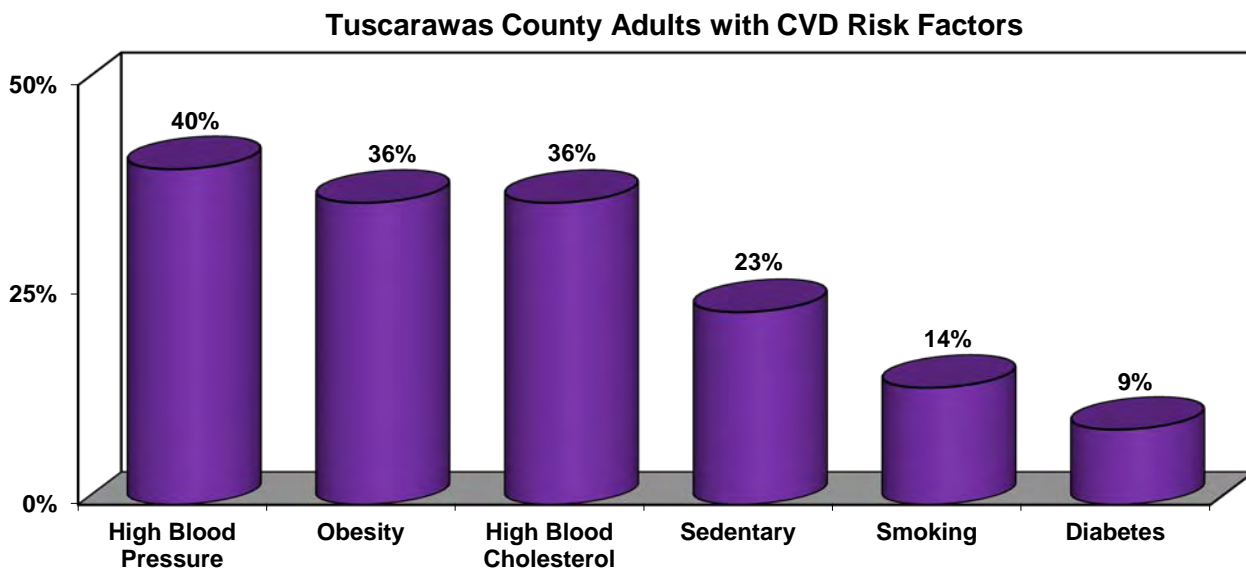
1. Heart Disease (17% of all deaths)
2. Cancers (15%)
3. Chronic Lower Respiratory Diseases (5%)
4. Stroke (4%)
5. Accidents, Unintentional Injuries (3%)

(Source: ODH Information Warehouse, 2013)

High Blood Cholesterol

- More than one-third (36%) of adults had been diagnosed with high blood cholesterol. The 2013 BRFSS reported that 38% of Ohio and U.S. adults have been told they have high blood cholesterol.
- More than three-fourths (76%) of adults had their blood cholesterol checked within the past 5 years. The 2013 BRFSS reported 78% of Ohio and 76% of U.S. adults had their blood cholesterol checked within the past 5 years.
- Tuscarawas County adults with high blood cholesterol were more likely to:
 - Have been age 65 years or older (61%)
 - Have rated their overall health as fair or poor (47%)
 - Have been classified as overweight or obese by Body Mass Index-BMI (41%)

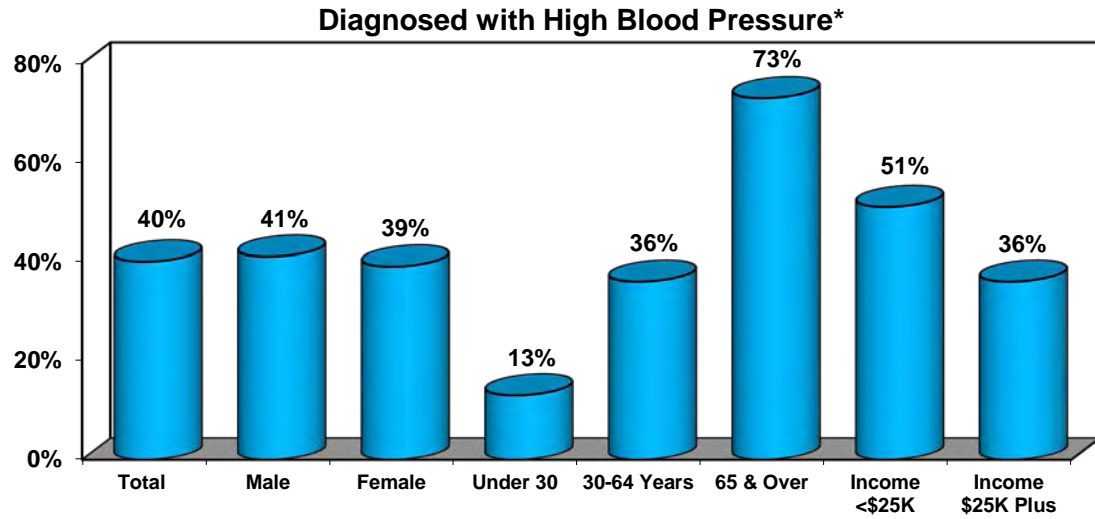
The following graph demonstrates the percentage of Tuscarawas County adults who had major risk factors for developing cardiovascular disease (CVD).



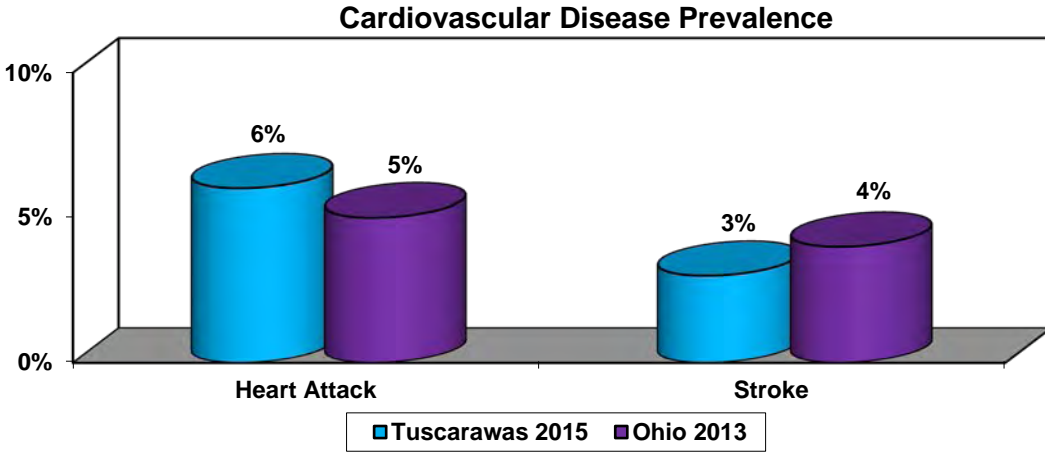
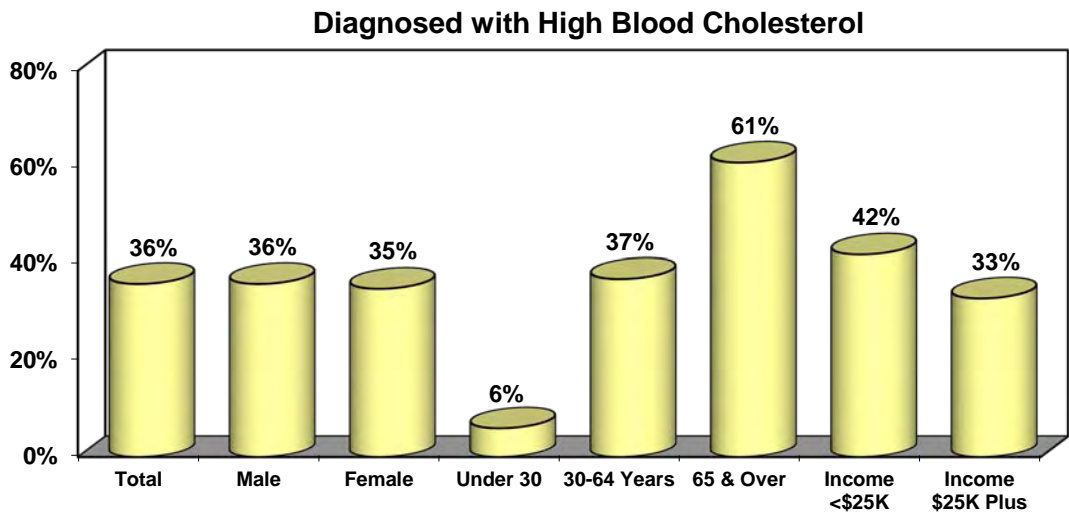
(Source: 2015 Tuscarawas County Health Assessment)

Adult Comparisons	Tuscarawas County 2015	Ohio 2013	U.S. 2013
Had angina	8%	5%	4%
Had a heart attack	6%	5%	4%
Had a stroke	3%	4%	3%
Had high blood pressure	40%	34%	31%
Had high blood cholesterol	36%	38%	38%

The following graphs show the number of Tuscarawas County adults who have been diagnosed with high blood pressure, high blood cholesterol and cardiovascular disease prevalence. Examples of how to interpret the information on the first graph include: 40% of all Tuscarawas County adults have been diagnosed with high blood pressure, 41% of all Tuscarawas County males, 39% of all females, and 73% of those 65 years and older.



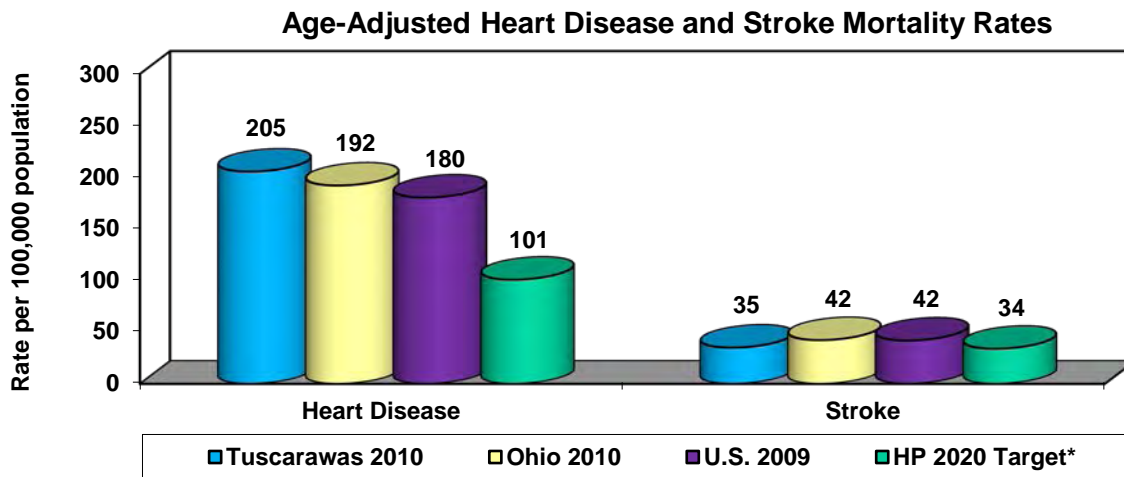
*Does not include respondents who indicated high blood pressure during pregnancy only.



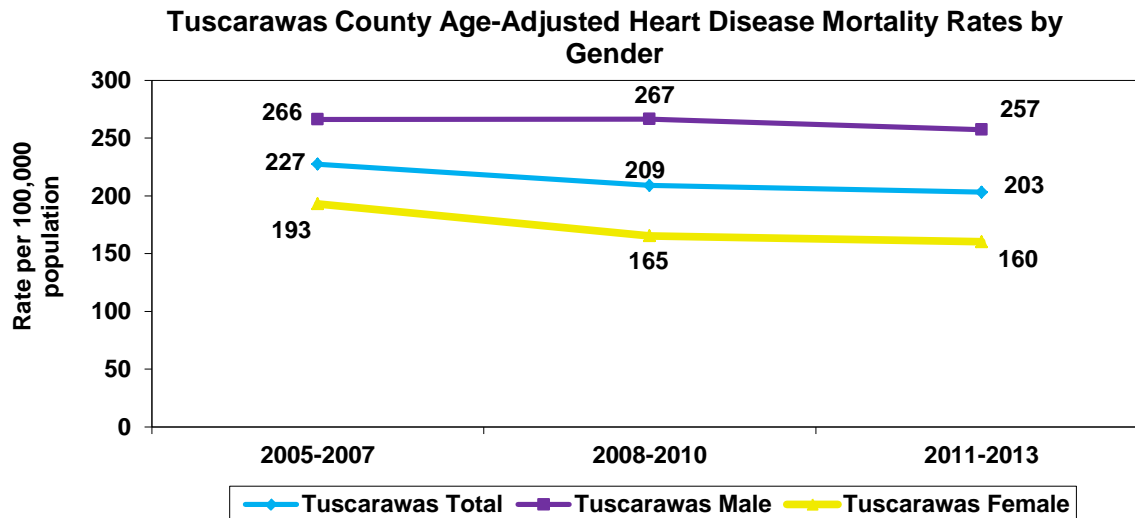
(Source: 2015 Tuscarawas Health Assessment and 2013 BRFSS)

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

- When age differences are accounted for, the statistics indicate that the 2010 Tuscarawas County heart disease mortality rate was higher than the figure for the state, the U.S. figure, and the Healthy People 2020 target.
- The Tuscarawas County age-adjusted stroke mortality rate for 2010 was lower than the state, the U.S., but higher than the Healthy People 2020 target objective figure.
- From 2005-2013, the Tuscarawas County age-adjusted heart disease mortality rate decreased.



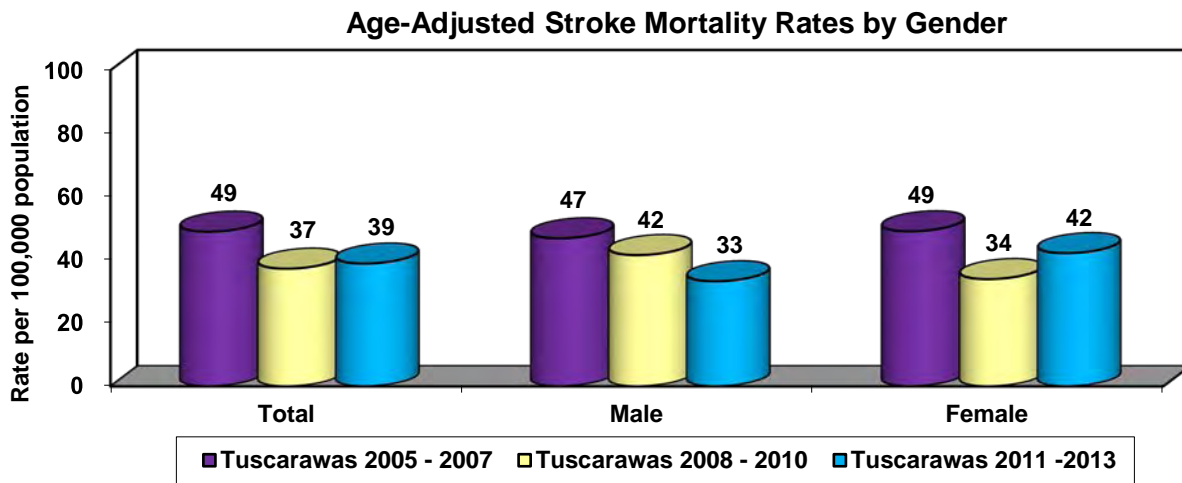
*The Healthy People 2020 Target objective for Coronary Heart Disease is reported for heart attack mortality. (Source: ODH Information Warehouse, updated 5-23-12, Healthy People 2020)



(Source: CDC Wonder, Underlying Cause of Death, 2005-2013)

The following graph shows the age-adjusted mortality rates per 100,000 population for stroke by gender.

- From 2011-2013, the Tuscarawas County stroke mortality rate was higher for females than for males.



(Source: CDC Wonder, About Underlying Cause of Death, 2005-2013)

Healthy People 2020 Objectives Heart Disease and Stroke (HDS)

Objective	Tuscarawas Survey Population Baseline	2013 U.S. Baseline*	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	40% (2015)	31% Adults age 18 and up	27%
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	76% (2015)	76% Adults age 18 & up	82%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	36% (2015)	38% Adults age 20 & up with TBC > 240 mg/dl	14%

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

(Source: Healthy People 2020, 2013 BRFSS, 2015 Tuscarawas County Health Assessment)

Stroke Warning Signs and Symptoms

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

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

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

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



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

Adult | CANCER

Key Findings

In 2015, 12% of Tuscarawas County adults had been diagnosed with cancer at some time in their life. Ohio Department of Health statistics indicate that from 2009-2013, a total of 1,050 Tuscarawas County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that not using tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

**Tuscarawas County
Incidence of Cancer, 2008-2012**

All Types: 2,653 cases

- Prostate: 431 cases (30%)
- Lung and Bronchus: 392 cases (27%)
- Breast: 349 cases (24%)
- Colon and Rectum: 257 cases (18%)

In 2010, there were 214 cancer deaths in Tuscarawas County.

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 4/8/2015)

12% of Tuscarawas County adults had been diagnosed with cancer at some time in their life.

Adult Cancer

- 12% of Tuscarawas County adults were diagnosed with cancer at some point in their lives.
- Of those diagnosed with cancer, they reported the following types: prostate (46%), breast (27%), other skin cancer (26%), cervical (10%), endometrial (10%), melanoma (5%), colon (4%), lung (4%), thyroid (4%), ovarian (3%), non-Hodgkin’s lymphoma (2%), head and neck (2%), bladder (2%), pharyngeal (2%), esophageal (2%), heart (2%), and other types of cancer (4%).

Cancer Facts

- The Centers for Disease Control and Prevention (CDC) indicates that from 2009-2013, cancers caused 22% (1,050 of 4,856 total deaths) of all Tuscarawas County resident deaths. The largest percent (27%) of cancer deaths were from lung and bronchus cancer (Source: CDC Wonder).
- The American Cancer Society reports that smoking tobacco is associated with cancers of the mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with cancers of the lung, colorectal, stomach, pancreas, kidney, bladder, uterine cervix, ovary (mucinous) and acute myeloid leukemia. The 2015 health assessment project has determined that 14% of Tuscarawas County adults were current smokers and many more were exposed to environmental tobacco smoke, also a cause of heart attacks and cancer.

Adult Comparisons	Tuscarawas County 2015	Ohio 2013	U.S. 2013
Diagnosed with skin cancer*	4%	6%	6%
Diagnosed with any type of cancer, other than skin cancer	8%	7%	7%

*Melanoma and other skin cancers are included for “diagnosed with skin cancer”

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

Lung Cancer

- The CDC reports that lung cancer (n=179) was the leading cause of male cancer deaths from 2009-2013 in Tuscarawas County. Cancer of the colon caused 44 male deaths and prostate cancer caused 37 male deaths during the same time period (Source: CDC Wonder).
- In Tuscarawas County, 14% of male adults were current smokers (Source: 2015 Tuscarawas County Health Assessment).
- The CDC reports that lung cancer was the leading cause of female cancer deaths (n=103) in Tuscarawas County from 2009-2013 followed by breast (n=73) and colon (n=52) cancers (Source: CDC Wonder).
- Approximately 12% of female adults in the county were current smokers (Source: 2015 Tuscarawas County Health Assessment).
- According to the American Cancer Society, smoking causes 90% 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 2015).

14% of Tuscarawas County male adults and 12% of female adults were current smokers.

Breast Cancer

- In 2015, 57% of Tuscarawas County females reported having had a clinical breast examination in the past year.
- 55% of Tuscarawas County females over the age of 40 had a mammogram in the past year.
- The 5-year relative survival for women diagnosed with localized breast cancer (cancer that has not spread to lymph nodes or other locations outside the breast) is 99% (Source: American Cancer Society, Facts & Figures 2014).
- For women in their 20s and 30s, a clinical breast exam should be done at least once every 3 years. Mammograms for women in their 20s and 30s are based upon increased risk (e.g., family history, past breast cancer) and physician recommendation. Otherwise, annual mammography is recommended beginning at age 40 (Source: American Cancer Society, Facts & Figures 2015).

More than half (55%) of Tuscarawas County females over the age of 40 had a mammogram in the past year.

Colon and Rectum Cancer

- The CDC statistics indicate that colon, rectum, and anus cancer deaths accounted for 11% of all male and female cancer deaths from 2009-2013 in Tuscarawas County.
- The American Cancer Society reports several risk factors for colorectal cancer including: age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; obesity; physical inactivity; a diet high in red or processed meat; alcohol use; long-term smoking; and possibly very low intake of fruits and vegetables.
- In the U.S., 90% of colon cancers occur in individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings.

The leading types of cancer diagnoses for Tuscarawas County adults were: prostate (46%), breast (27%), and other skin cancers (26%).

Prostate Cancer

- CDC statistics indicate that prostate cancer deaths accounted for 6% of all male cancer deaths from 2009-2013 in Tuscarawas County.
- Incidence rates for prostate cancer are 60% higher in African Americans than in whites and they are twice as likely to die of prostate cancer. In addition, about 56% of prostate cancers occur in men over the age of 65, and 97% occur in men 50 and older. Other risk factors include strong familial predisposition, diet high in processed meat or dairy foods, and obesity. African American men and Caribbean men of African descent have the highest documented prostate cancer incidence rates in the world (Source: American Cancer Society, Facts & Figures 2015).

2015 Cancer Estimations

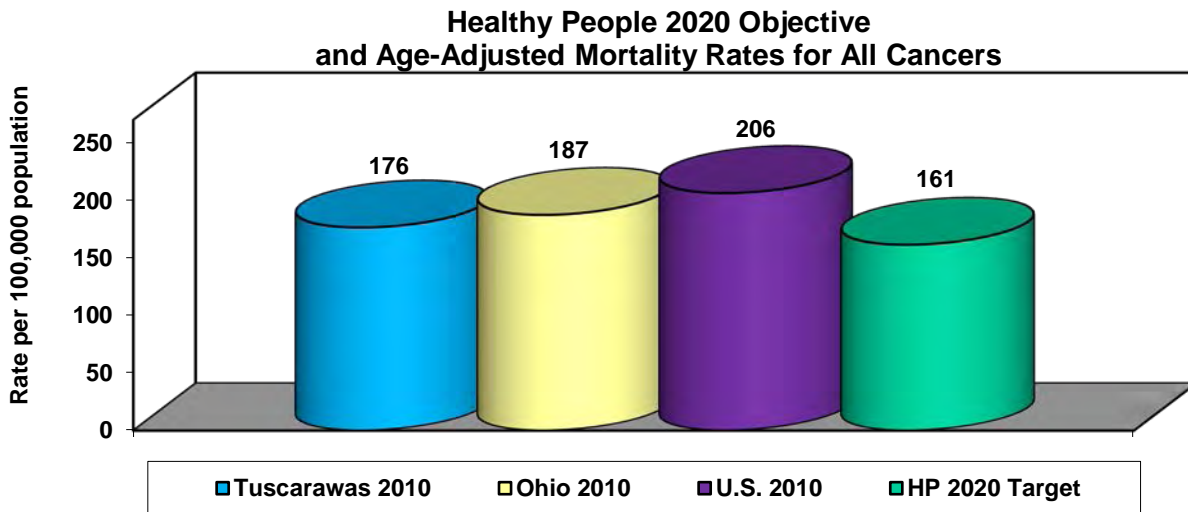
- In 2015, about 1,658,370 new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about one-quarter to one-third of the new cancer cases expected to occur in the U.S. in 2015 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 589,430 Americans are expected to die of cancer in 2015.
- In 2015, about 171,000 cancer deaths will be caused by tobacco use.
- In Ohio, 65,010 new cases of cancer are expected, and 25,260 cancer deaths are expected.
- The Ohio female new breast cancer cases are expected to be 8,950.
- About 15% of all new cancer cases in Ohio are expected to be from lung and bronchus cancers.
- About 5,430 (8%) of all new cancer cases in Ohio are expected to be from colon and rectum cancers.
- The Ohio male, new prostate cancer cases are expected to be 8,150 (13%).

(Source: American Cancer Society, Facts and Figures 2015,

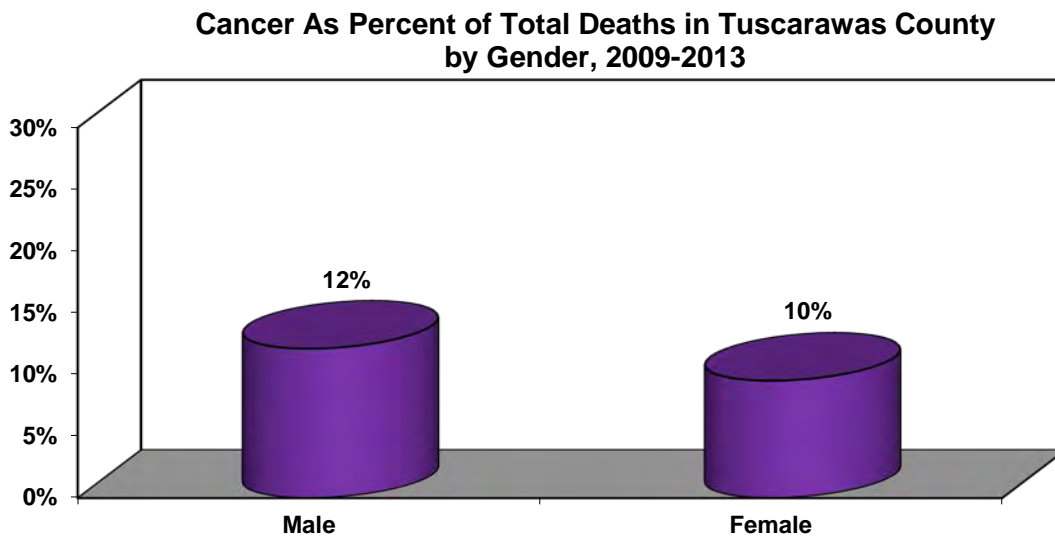
<http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>)

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

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



(Source: ODH Information Warehouse, updated 10-27-14; Healthy People 2020)



(Source: CDC Wonder, 2009-2013)

**Tuscarawas County Incidence of Cancer
2008-2012**

Type of Cancer	Number of Cases	Percent of Total Incidence of Cancer
Prostate	431	16%
Lung and Bronchus	392	15%
Breast	349	13%
Colon and Rectum	257	10%
Other/Unspecified	178	7%
Bladder	149	6%
Melanoma of Skin	106	4%
Non-Hodgkins Lymphoma	98	4%
Cancer and Corpus Uteri	97	4%
Kidney and Renal Pelvis	93	4%
Pancreas	66	2%
Oral Cavity & Pharynx	63	2%
Leukemia	61	2%
Thyroid	49	2%
Brain and CNS	40	2%
Stomach	39	1%
Larynx	31	1%
Ovary	31	1%
Esophagus	30	1%
Liver and Bile Ducts	28	1%
Cancer of Cervix Uteri	20	<1%
Testis	20	<1%
Multiple Myeloma	13	<1%
Hodgkins Lymphoma	12	<1%
Total	2,653	100%

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 4/8/2015)

CANCER

Adult | DIABETES

Key Findings

In 2015, 9% of Tuscarawas County adults had been diagnosed with diabetes.

Diabetes

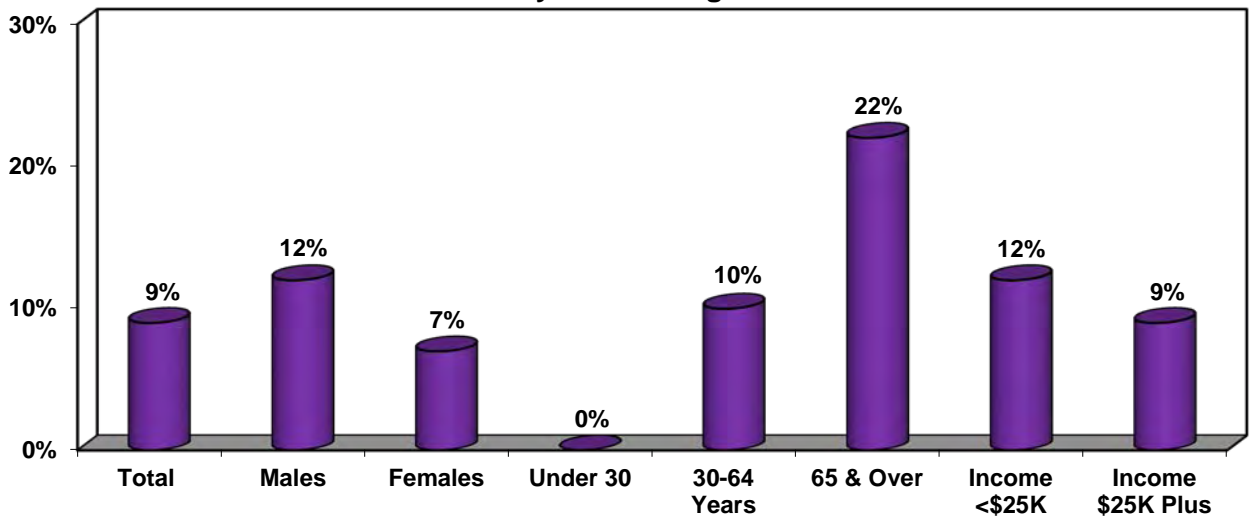
- The 2015 health assessment project has identified that 9% of Tuscarawas County adults had been diagnosed with diabetes, increasing to 22% of those over the age of 65. The 2013 BRFSS reports an Ohio and U.S. prevalence of 11%.
- 5% of adults had been diagnosed with pre-diabetes.
- Adults with diabetes were using the following to treat their diabetes: checking blood sugar (77%), diabetes pills (72%), diet control (70%), checking A1C annually (70%), exercise (55%), annual vision exam (55%), checking their feet (47%), insulin (34%), and taking a class (8%).
- More than one-third (35%) of adults with diabetes rated their health as fair or poor.
- Tuscarawas County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 91% were obese or overweight
 - 75% had been diagnosed with high blood pressure
 - 73% had been diagnosed with high blood cholesterol

Diabetes Facts

- Nearly 30 million children and adults in the United States have diabetes.
- 86 million Americans have pre-diabetes.
- 1.7 million Americans are diagnosed with diabetes every year.
- Nearly 10% of the entire U.S. population has diabetes, including over 25% of seniors.
- As many as 1 in 3 American adults will have diabetes in 2050 if present trends continue.
- The economic cost of diagnosed diabetes in the U.S. is \$245 billion per year.
- 8.1 million Americans have undiagnosed diabetes
- Diabetes kills more Americans every year than AIDS and breast cancer combined.
- Diabetes is the primary cause of death for 69,071 Americans each year, and contributes to the death of 231,051 Americans annually.

(Source: American Diabetes Association, 2014 Fast Facts, [http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/14 fast facts iune2014 final3.pdf](http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/14%20fast%20facts%20iune2014%20final3.pdf))

Tuscarawas County Adults Diagnosed with Diabetes



Adult Comparisons	Tuscarawas County 2015	Ohio 2013	U.S. 2013
Diagnosed with diabetes	9%	11%	11%

Diabetes Symptoms

The most common symptoms of type 1 and type 2 diabetes are:

TYPE 1 DIABETES

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

TYPE 2 DIABETES

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

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

Who is at Greater Risk for Type 2 Diabetes

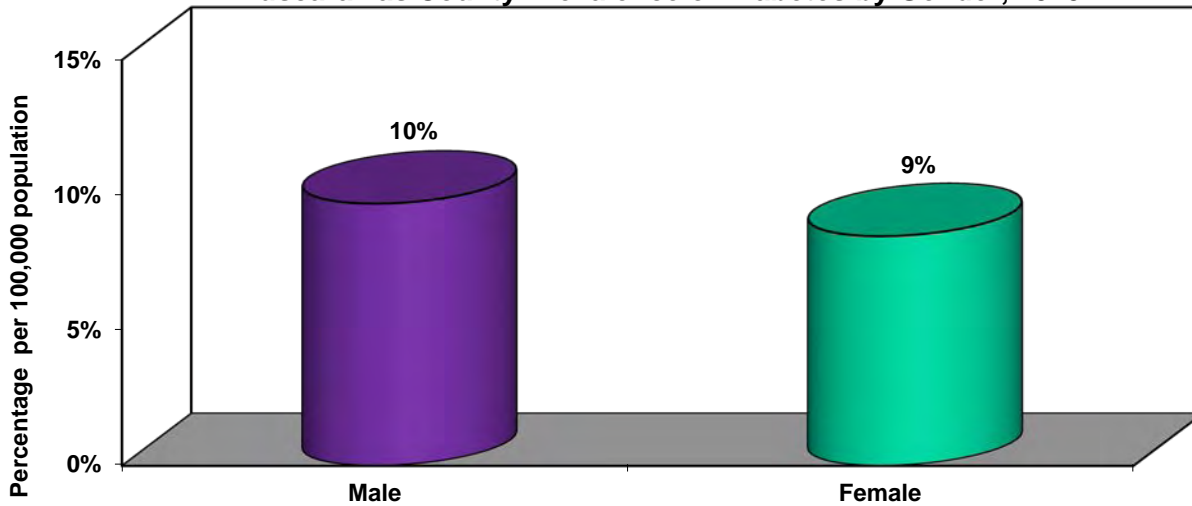
- People with impaired glucose tolerance (IGT) and/or impaired fasting glucose (IFG)
- People over age 45
- People with a family history of diabetes
- People who are overweight or obese
- People who do not exercise regularly
- People with low HDL cholesterol or high triglycerides, high blood pressure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

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

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

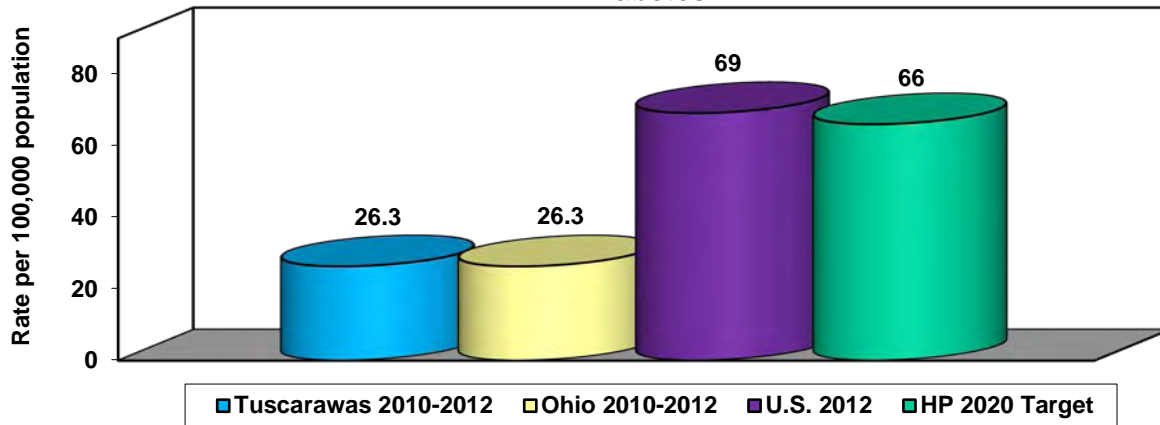
- In 2010, the prevalence of diabetes in males was slightly higher than females in Tuscarawas County.
- From 2009 to 2011, Tuscarawas County's age-adjusted diabetes mortality rate was less than the national rate and the Healthy People 2020 target objective, but equal to the Ohio rate.

Tuscarawas County Prevalence of Diabetes by Gender, 2010



(Source: Network of Care: Health Indicators, Public Health Assessment and Wellness)

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

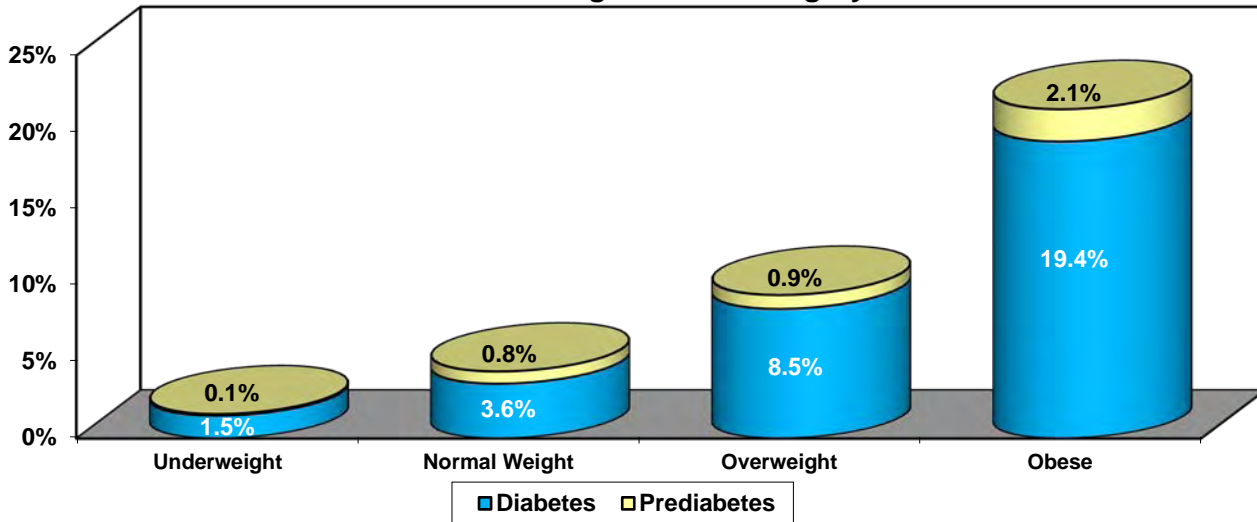


(Source: Network of Care: Health Indicators, CDC, and Healthy People 2020)

The following graph shows the Ohio Prevalence of Diabetes and Prediabetes by BMI weight status category. The following graph shows:

- The chance of developing diabetes and prediabetes increases relative to increases in BMI weight status category.

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



Overweight and Obese Type 2 Diabetes Risk by Sex in Ohio

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

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

Adult | ARTHRITIS

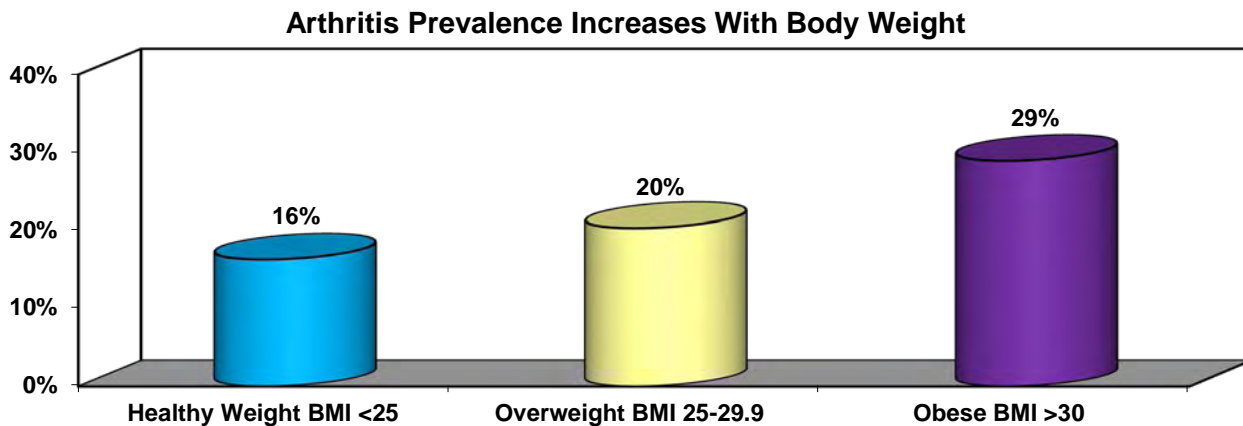
Key Findings

According to the Tuscarawas County survey data, 35% of Tuscarawas County adults were diagnosed with arthritis. According to the 2013 BRFSS, 30% of Ohio adults and 25% of U.S. adults were told they have arthritis.

35% of Tuscarawas County adults were told by a health professional that they had some form of arthritis, increasing to 58% of those over the age of 65.

Arthritis

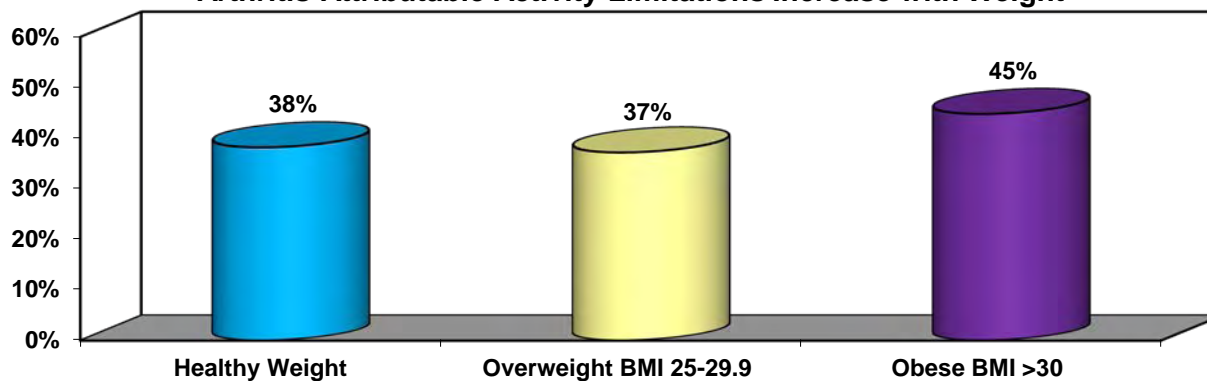
- More than one-third (35%) of Tuscarawas County adults were told by a health professional that they had some form of arthritis, increasing to 58% of those over the age of 65.
- According to the 2013 BRFSS, 30% of Ohio adults and 25% of U.S. adults were told they have arthritis.
- An estimated 50 million U.S. adults (about 1 in 5) report having doctor-diagnosed arthritis. About 1 in 3 of working age adults (aged 18-65) reported that arthritis limited their work. As the U.S. population ages, the number of adults with arthritis is expected to increase sharply to 67 million by 2030 (Source: CDC, *Arthritis at a Glance 2014*).
- 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).



(Source for graph: CDC Arthritis, *Morbidity and Mortality Weekly Report 2013; 62(44):869-873*)

18% of Tuscarawas County adults were limited in some way because of a physical, mental or emotional problem. Among those who were limited in some way, 58% were limited because of arthritis.

Arthritis-Attributable Activity Limitations Increase with Weight



(Source for graph: CDC Arthritis, Morbidity and Mortality Weekly Report 2013; 62(44):869-873)

Adult Comparisons	Tuscarawas County 2015	Ohio 2013	U.S. 2013
Diagnosed with arthritis	35%	30%	25%

Arthritis: Key Public Health Messages

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

Key self-management activities include the following:

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

(Source: Centers for Disease Control and Prevention, Arthritis: Key Public Health Messages, www.cdc.gov/arthritis/basics/key.htm, updated January 20, 2015)

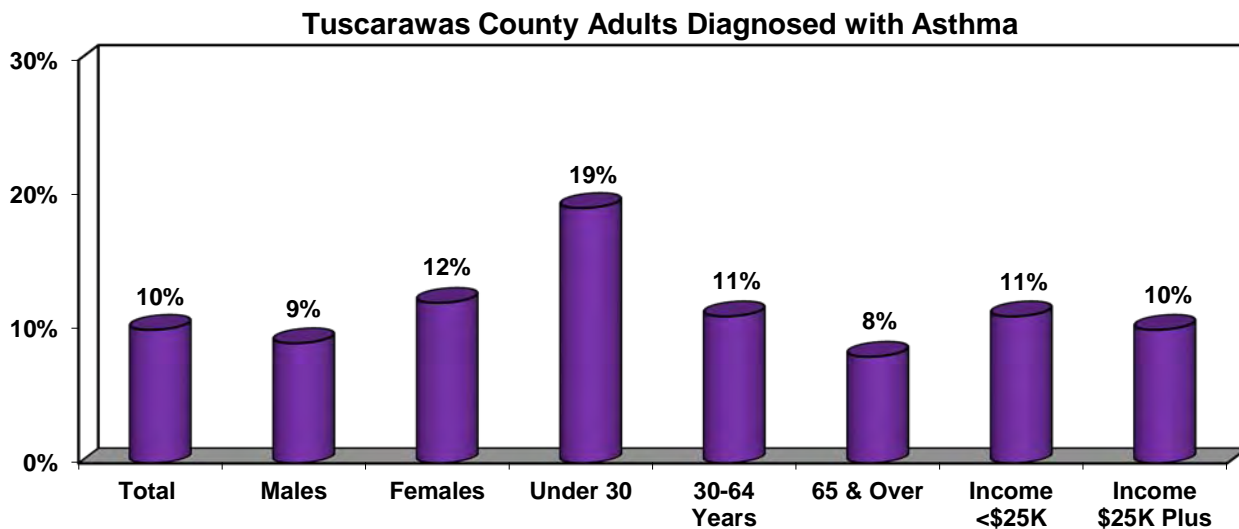
Adult | ASTHMA AND OTHER RESPIRATORY DISEASE

Key Findings

According to the Tuscarawas County survey data, 10% of adults had been diagnosed with asthma.

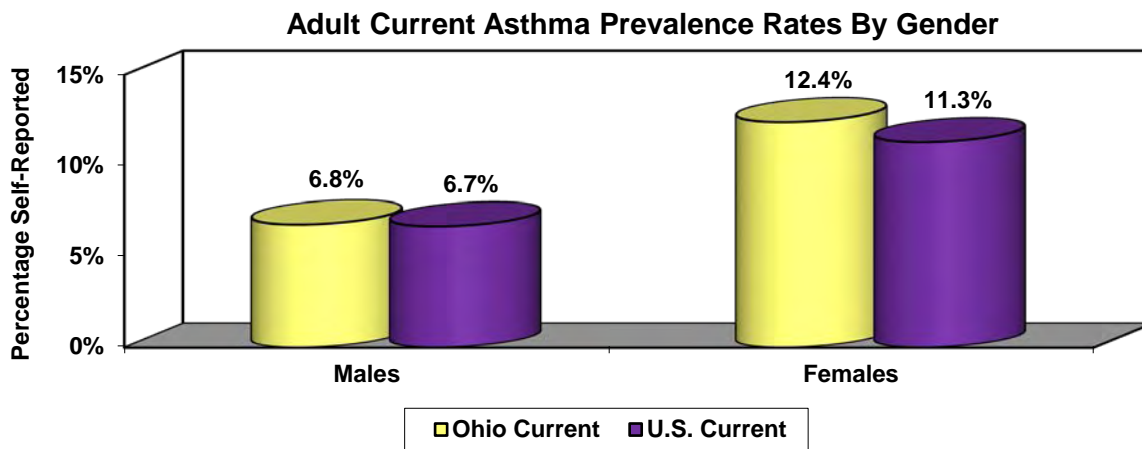
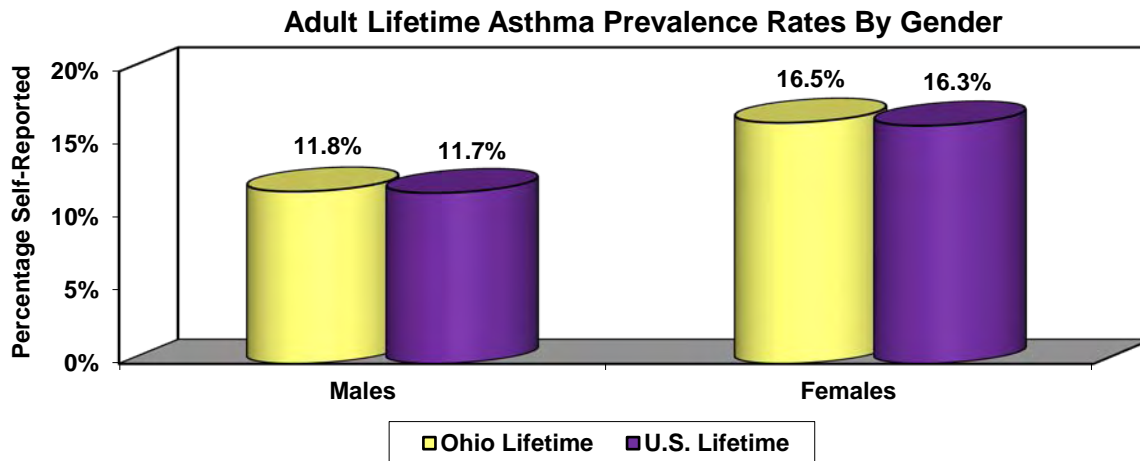
Asthma and Other Respiratory Disease

- In 2015, 10% of Tuscarawas County adults had been diagnosed with asthma.
- 14% of Ohio and U.S. adults have ever been diagnosed with asthma (Source: 2013 BRFSS).
- 4% of Tuscarawas County adults had been diagnosed with COPD, emphysema, etc.
- 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, 2013).
- Chronic lower respiratory disease was the 3rd leading cause of death in Tuscarawas County and in Ohio, in 2013 (Source: ODH, Leading Causes of Death: 2013 Preliminary Data).



Adult Comparisons	Tuscarawas County 2015	Ohio 2013	U.S. 2013
Had been diagnosed with asthma	10%	14%	14%

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



(Source for graphs: 2013 BRFSS)

Asthma Facts

- The number of Americans with asthma grows every year. Currently, 26 million Americans have asthma.
- Asthma mortality is almost 4,000 deaths per year.
- Asthma results in 456,000 hospitalizations and 1.4 million emergency room visits annually.
- Patients with asthma reported 13.9 million visits to a doctor's office and 1.4 million visits to hospital outpatient departments.
- Effective asthma treatment includes monitoring the disease with a peak flow meter, identifying and avoiding allergen triggers, using drug therapies including bronchodilators and anti-inflammatory agents, and developing an emergency plan for severe attacks.

(Source: American College of Allergy, Asthma, & Immunology, *Asthma Facts*, from: <http://acaai.org/news/facts-statistics/asthma>)

What Causes an Asthma Attack?

- **Tobacco Smoke:** People should never smoke near you, in your home, in your car, or wherever you may spend a lot of time if you have asthma. Tobacco smoke is unhealthy for everyone, especially people with asthma. If you have asthma and you smoke, quit smoking.
- **Dust Mites:** If you have asthma, dust mites can trigger an asthma attack. To prevent attacks, use mattress covers and pillowcase covers to make a barrier between dust mites and yourself. Do not use down-filled pillows, quilts, or comforters. Remove stuffed animals and clutter from your bedroom.
- **Outdoor Air Pollution:** This pollution can come from factories, automobiles, and other sources. Pay attention to air quality forecasts to plan activities when air pollution levels will be low.
- **Cockroach Allergens:** Get rid of cockroaches in your home by removing as many water and food sources as you can. Cockroaches are often found where food is eaten and crumbs are left behind. Cockroaches and their droppings can trigger an asthma attack, so vacuum or sweep areas that might attract cockroaches at least every 2 to 3 days.
- **Pets:** Furry pets can trigger an asthma attack. If you think a furry pet may be causing attacks, you may want to find the pet another home. If you can't or don't want to find a new home for a pet, keep it out of the person with asthma's bedroom.
- **Mold:** Breathing in mold can trigger an asthma attack. Get rid of mold in your home to help control your attacks. Humidity, the amount of moisture in the air, can make mold grow. An air conditioner or dehumidifier will help keep the humidity level low.
- **Smoke from Burning Wood or Grass:** Smoke from burning wood or other plants is made up of a mix of harmful gases and small particles. Breathing in too much of this smoke can cause an asthma attack. If you can, avoid burning Tuscarawas in your home.
- **Other Triggers:** Infections linked to influenza (flu), colds, and respiratory syncytial virus (RSV) can trigger an asthma attack. Sinus infections, allergies, breathing in some chemicals, and acid reflux can also trigger attacks. Physical exercise, some medicines, bad weather, breathing in cold air, some foods, and fragrances can also trigger an asthma attack.

(Source: Centers for Disease Control, Vital Signs, Asthma, updated November 18, 2014, <http://www.cdc.gov/asthma/faqs.htm>)

Adult | WEIGHT STATUS

Key Findings

The 2015 Health Assessment identified that 73% of Tuscarawas County adults were overweight or obese based on Body Mass Index (BMI). More than one-third (36%) of Tuscarawas County adults were obese. The 2013 BRFSS indicates that 30% of Ohio and 29% of U.S. adults were obese by BMI. Nearly half (48%) of adults were trying to lose weight.

Adult Weight Status

- In 2015, the health assessment indicated that nearly three-fourths (73%) of Tuscarawas County adults were either overweight (37%) or obese (36%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.
- Adults described their weight as: very underweight (<1%), underweight (2%), just about the right weight (47%), overweight (38%), very overweight (8%), and obese (6%).
- Nearly half (48%) of adults were trying to lose weight, 30% were trying to maintain their current weight or keep from gaining weight, and 1% were trying to gain weight.
- Tuscarawas County adults did the following to lose weight or keep from gaining weight: exercised (51%), ate less food, fewer calories, or foods low in fat (47%), ate a low-carb diet (13%), took diet pills, powders or liquids without a doctor's advice (4%), smoked cigarettes (3%), used a weight loss program (2%), health coaching (2%), went without eating 24 or more hours (2%), participated in a prescribed dietary or fitness program (1%), took prescribed medications (1%), and vomited (<1%).

36% of Tuscarawas County adults were obese.

Physical Activity

- In Tuscarawas County, 59% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. 30% of adults were exercising 5 or more days per week. Nearly one-fourth (23%) of adults were not participating in any physical activity in the past week, including 4% who were unable to exercise.
- Reasons for not exercising included: time (22%), weather (19%), too tired (14%), laziness (13%), pain or discomfort (13%), they chose not to exercise (11%), could not afford a gym membership (7%), no exercise partner (4%), did not have child care (4%), poorly maintained/no sidewalks (3%), did not know what activities to do (3%), no walking, biking trails, or parks (2%), no gym available (2%), transportation (1%), safety (1%), doctor advised them not to exercise (1%), and other reasons (5%).
- The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week (*Source: CDC, Physical Activity for Everyone*).
- On an average day, adults spent time doing the following: 2.6 hours watching television, 1.1 hours on their cell phone, 1.0 hour on the computer outside of work, and 0.2 hours playing video games.

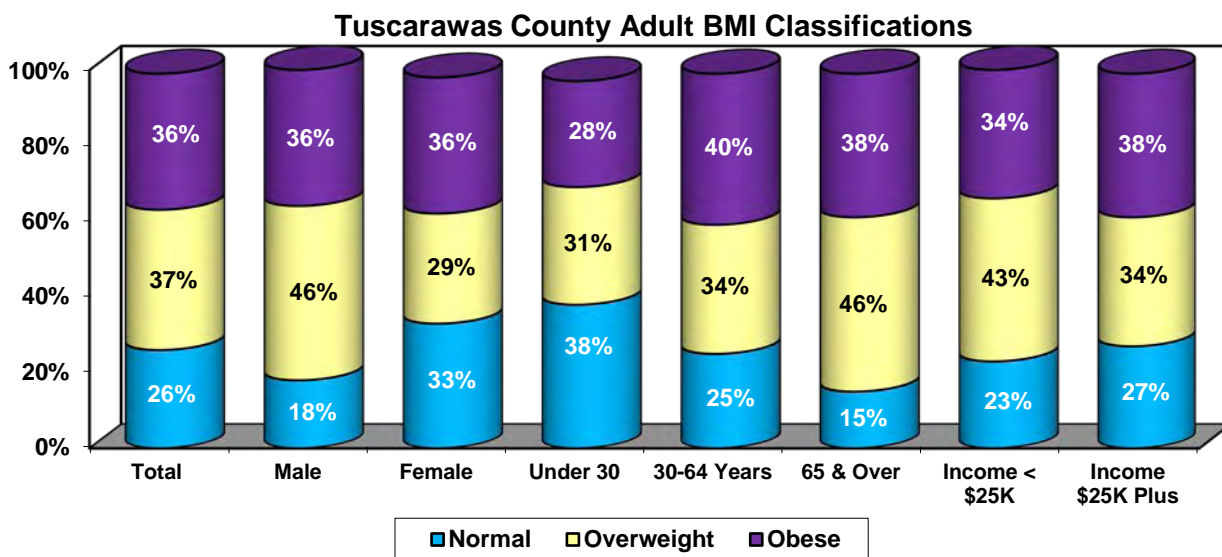
In Tuscarawas County, 59% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week.

Nutrition

- In 2015, 5% of adults were eating 5 or more servings of fruits and vegetables per day. 88% were eating between 1 and 4 servings per day. The American Cancer Society recommends that adults eat at least 2 ½ cups of fruits and vegetables per day to reduce the risk of cancer and to maintain good health. The 2009 BRFSS reported that only 21% of Ohio adults and 23% nationwide were eating the recommended number of servings of fruits and vegetables.
- Tuscarawas County adults reported the following reasons they chose the types of food they ate: taste (59%), enjoyment (54%), cost (46%), healthiness of food (44%), ease of preparation (39%), availability (35%), what their spouse prefers (33%), food they were used to (31%), nutritional content (27%), time (25%), calorie content (22%), what their child prefers (20%), if the food was genetically modified (10%), if the food was organic (6%), other food sensitivities (5%), gluten-free (4%), health care provider’s advice (3%), lactose free (3%), and other reasons (3%).
- 21% of adults drank soda pop, punch, Kool-Aid, sports drinks, energy drinks, or other fruit-flavored drinks at least once per day.
- Adults ate out in a restaurant or brought home take-out food an average of 2.1 times per week.
- Tuscarawas adults reported the following barriers in consuming fruits and vegetables: too expensive (12%), they did not like the taste (5%), no variety (1%), did not know how to prepare (1%), transportation (1%), did not take EBT (<1%), or other barriers (3%).

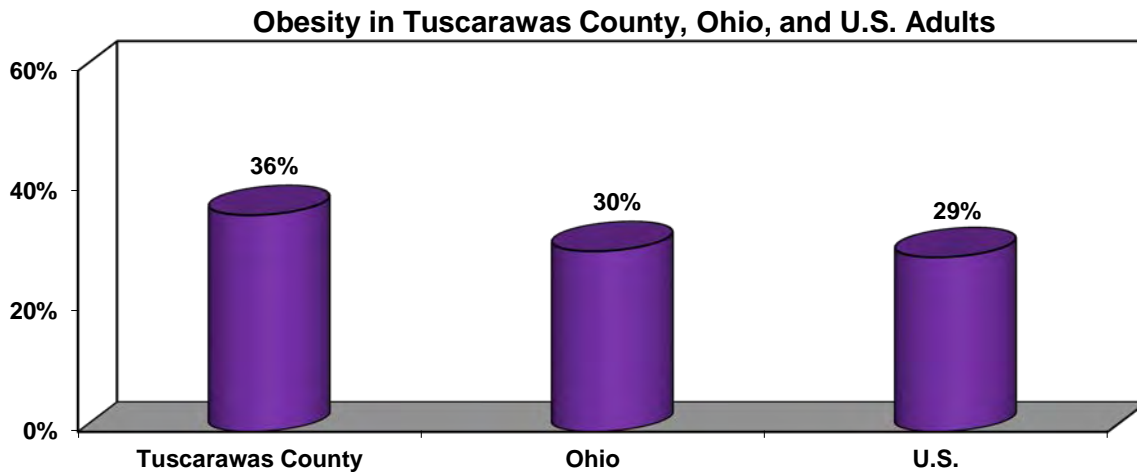
Nearly half (48%) of Tuscarawas County adults were trying to lose weight.

The following graph shows the percentage of Tuscarawas County adults who are overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 26% of all Tuscarawas County adults were classified as normal weight, 37% were overweight, and 36% were obese.



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

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



(Source: 2015 Tuscarawas County Health Assessment and 2013 BRFSS)

Adult Comparisons	Tuscarawas County 2015	Ohio 2013	U.S. 2013
Obese	36%	30%	29%
Overweight	37%	35%	35%

Obesity Facts

- More than one-third of U.S. adults (34.9%) are obese.
- Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable deaths.
- The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 U.S. dollars; the medical costs for people who are obese were \$1,429 higher than those of normal weight.
- Non-Hispanic blacks have the highest age-adjusted rates of obesity (47.8%) followed by Hispanics (42.5%), non-Hispanic whites (32.6%), and non-Hispanic Asians (10.8%).

(Source: CDC, Adult Obesity Facts, updated September 9, 2014, <http://www.cdc.gov/obesity/data/adult.html>)

Adult | TOBACCO USE

Key Findings

In 2015, 14% of Tuscarawas County adults were current smokers and 27% were considered former smokers. In 2014, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death worldwide, and is responsible for the deaths of approximately half of long-term users. Each year, tobacco use is responsible for almost 6 million premature deaths, 80% of which are in low-and middle-income countries, and by 2030, this number is expected to increase to 8 million. (Source: Cancer Facts & Figures, American Cancer Society, 2015).

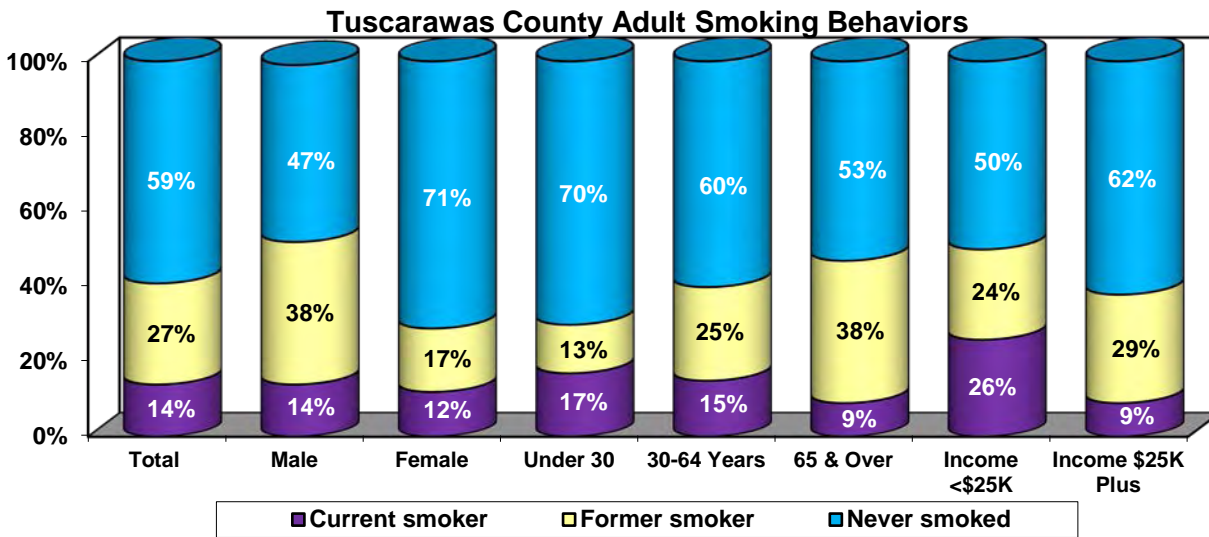
In 2015, 14% of Tuscarawas County adults were current smokers.

Adult Tobacco Use Behaviors

- The 2015 health assessment identified that one-in-seven (14%) Tuscarawas County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). The 2013 BRFSS reported current smoker prevalence rates of 23% for Ohio and 19% for the U.S.
- More than one-quarter (27%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). The 2013 BRFSS reported former smoker prevalence rates of 25% for both Ohio and the U.S.
- Tuscarawas County adult smokers were more likely to:
 - Have rated their overall health as poor (33%)
 - Have been divorced (30%)
 - Have incomes less than \$25,000 (26%)
 - Have been under the age of 30 (17%)
- Tuscarawas County adults used the following tobacco products in the past year: cigarettes (18%), e-cigarettes (5%), cigars (5%), snuff (4%), roll-your-own (3%), chewing tobacco (3%), Black and Milds (2%), pipes (2%), little cigars (1%), snus (1%), swishers (1%), cigarillos (1%), flavored cigarettes (1%), hookah (1%), and bidis (<1%).
- 4% of adults reported using chewing tobacco, snuff, or snus every day. 1% reported using it some days, and 95% did not use chewing tobacco, snuff, or snus at all.
- 84% of adults believed that secondhand tobacco smoke was harmful to them and their family's health.
- Adults believed e-cigarette vapor was harmful to: themselves (29%), others (23%), and no one (9%). 59% of adults were not sure of the harmfulness of e-cigarette vapor.

Adult Comparisons	Tuscarawas County 2015	Ohio 2013	U.S. 2013
Current smoker	14%	23%	19%
Former smoker	27%	25%	25%

The following graph shows the percentage of Tuscarawas County adults who used tobacco. Examples of how to interpret the information include: 14% of all Tuscarawas County adults were current smokers, 27% of all adults were former smokers, and 59% had never smoked.



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

Smoke-free Living: Benefits and Milestones

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

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

(Source: AHA, *Smoke-free Living: Benefits & Milestones*, 2015, from: http://www.heart.org/HEARTORG/GettingHealthy/QuitSmoking/QuittingSmoking/Smoke-free-Living-Benefits-Milestones_UCM_322711_Article.jsp)

Electronic Cigarettes Facts

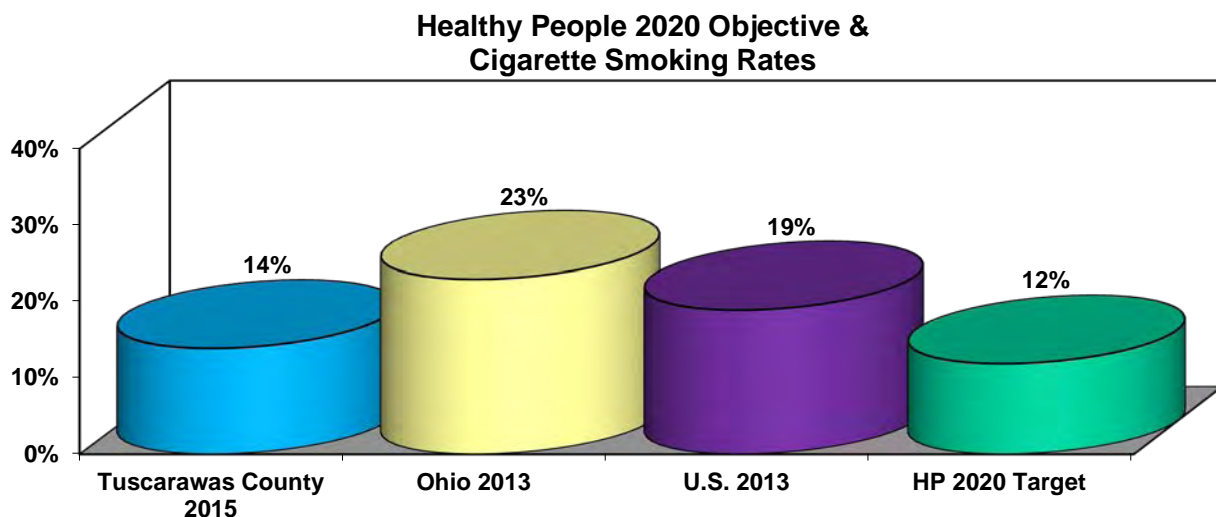
- Electronic cigarettes (e-cigarettes) are a type of electronic smoking device, resembling cigarettes. They can also look like pipes, pens, or USB memory sticks.
- E-cigarettes cost approximately \$30-60, and refill cartridges cost \$7-\$10. More recently, disposable e-cigarettes that “last up to two packs” are being sold for under \$10 in local and national convenience stores.
- Cartridges generally contain 10-20 mg of nicotine. However, as e-cigarettes are unregulated by the Food and Drug Administration (FDA), their contents and the level of these contents can be highly variable.
- Ever use of e-cigarettes is highest among current cigarette smoking adults in the U.S. and increased from 9.8% in 2010 to 21.2% in 2011 to 32% in 2012.
- Early studies by the FDA found varying levels of nicotine and other potentially harmful ingredients, including cancer-causing substances and di-ethylene glycol, which is found in anti-freeze. However, these substances were found at much lower levels than in traditional cigarettes.
- The awareness and use of electronic cigarettes are increasing. In 2011, 6 of 10 U.S. adults were aware of electronic cigarettes with 21% of smokers having ever used an electronic cigarette.
- Nicotine is found in both inhaled and exhaled vapor of electronic cigarettes. Studies have also found heavy metals, silicates, and cancer-causing compounds in exhaled e-cigarette vapor.

(Source: Philadelphia Department of Public Health, “Electronic Cigarette Fact sheet,” published February 2014, from: http://www.smokefreephilly.org/smokfree_philly/assets/File/Electronic%20Cigarette%20Fact%20Sheet_2_27_14.pdf & Legacy for Health, Tobacco Fact Sheet, May 2014, from: <http://www.legacyforhealth.org/content/download/582/6926/file/LEG-FactSheet-eCigarettes-JUNE2013.pdf>)

27% of Tuscarawas County adults indicated that they were former smokers.

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

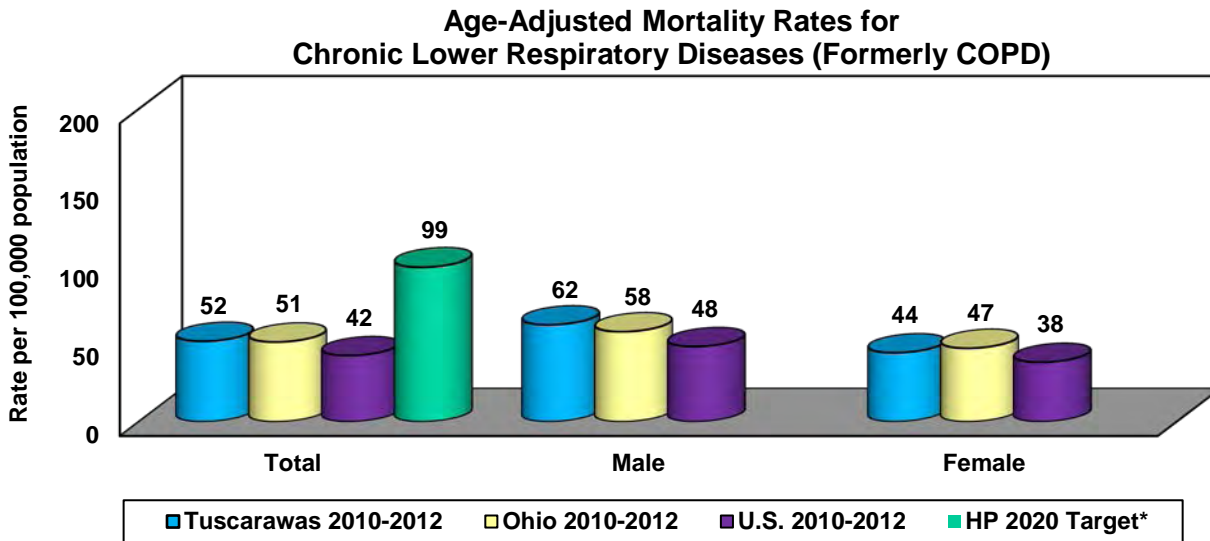
- Tuscarawas County adult cigarette smoking rate was lower than the Ohio and U.S. rates, and higher than the Healthy People 2020 objective.



(Source: 2015 Tuscarawas County Health Assessment, 2013 BRFSS and Healthy People 2020)

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

- From 2010-2012, Tuscarawas County's age-adjusted mortality rate for chronic lower respiratory disease was higher than the Ohio and the U.S. rate, but lower than the Healthy People 2020 target objective.
- Disparities existed by gender for chronic lower respiratory disease mortality rate. The 2010-2012 Tuscarawas County male rates were higher than the Tuscarawas County female rates.



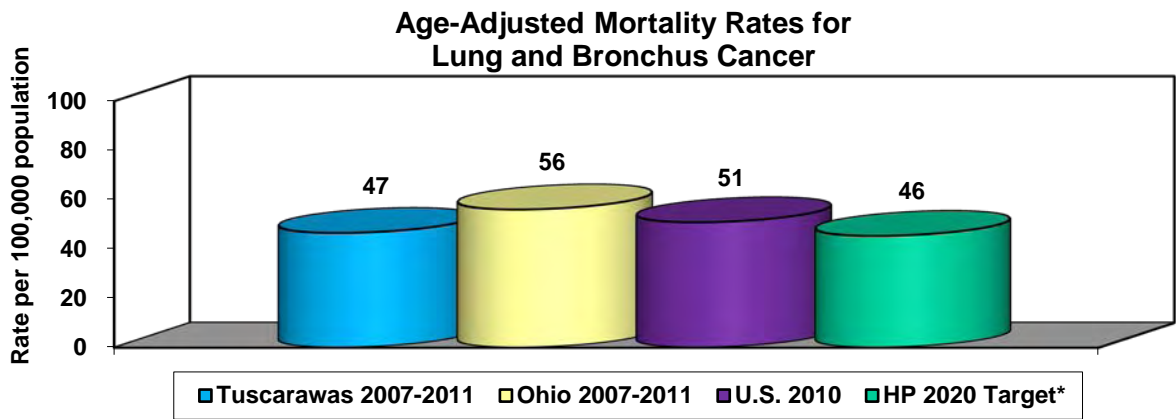
(Source: ODH Information Warehouse and Healthy People 2020)

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

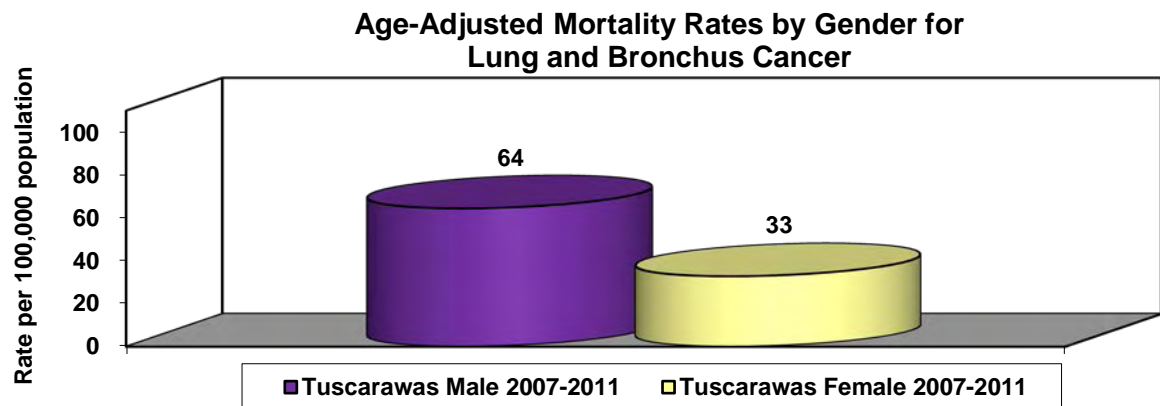
**HP2020 does not report different goals by gender.

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

- Disparities existed by gender for Tuscarawas County lung and bronchus cancer age-adjusted mortality rates. The 2007-2011 Tuscarawas male rates were substantially higher than the Tuscarawas female rates.



*Healthy People 2020 Target data is for lung cancer only
 (Sources: Healthy People 2020, National Cancer Institute, ODH Information Warehouse, updated 2014)



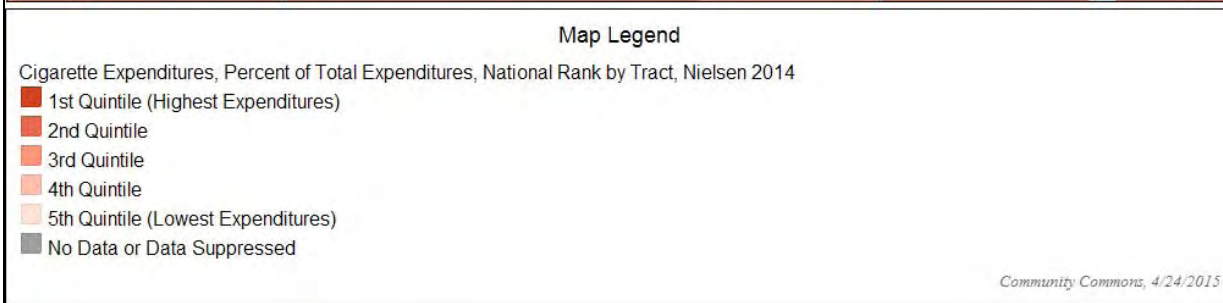
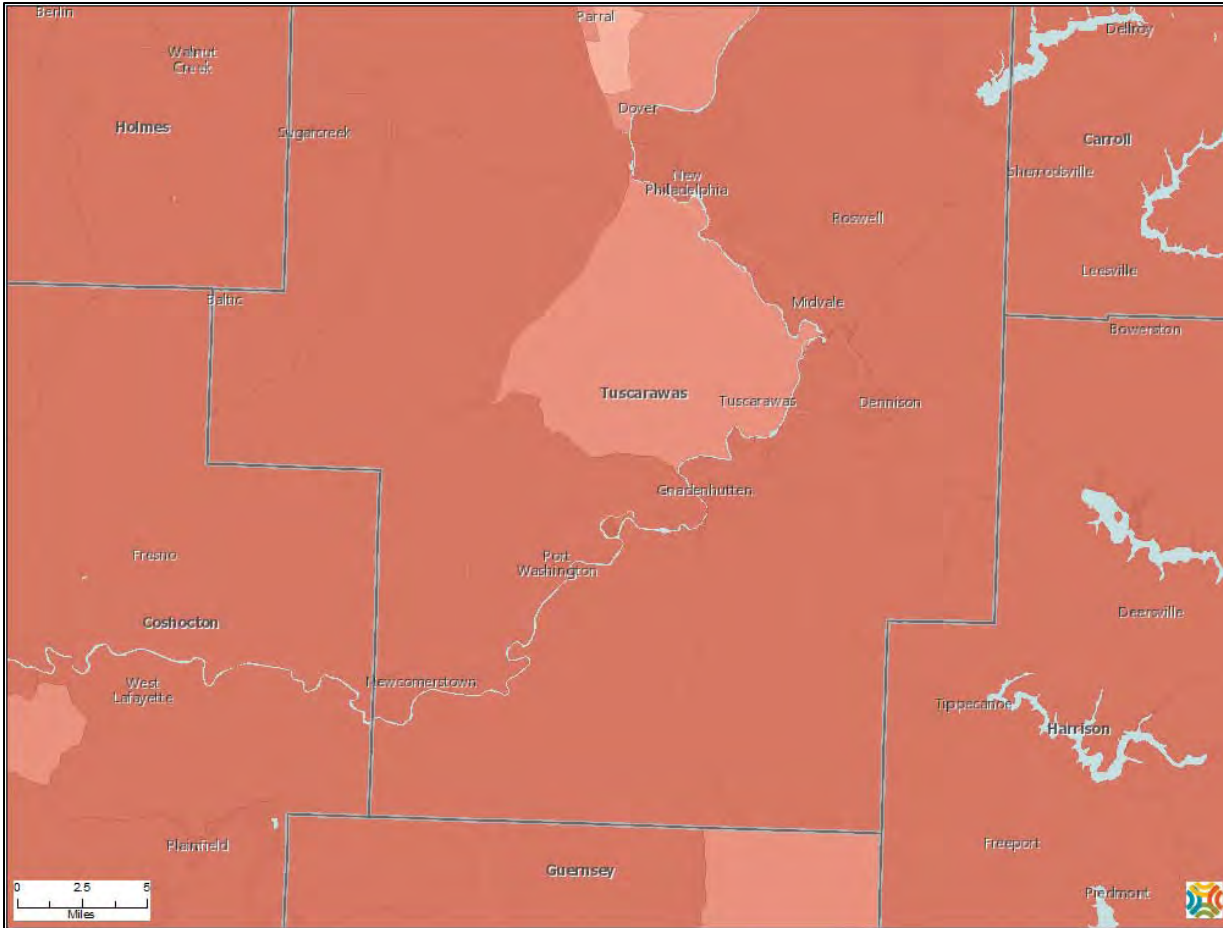
(Source: ODH Information Warehouse, updated 2014)

U.S. Adult Smoking Facts

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

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

Cigarette Expenditures, Percent of Total Expenditures, National Rank by Tract, Nielsen 2014



(Source: Community Commons, updated 4/24/2015)

ADULT TOBACCO

Adult | ALCOHOL CONSUMPTION

Key Findings

In 2015, the Health Assessment indicated that 11% of Tuscarawas County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 39% of adults who drank had five or more drinks for males and 4 or more drinks for females on one occasion (binge drinking) in the past month. Five percent of adults drove after having perhaps too much to drink.

41% of Tuscarawas County adults had at least one alcoholic drink in the past month.

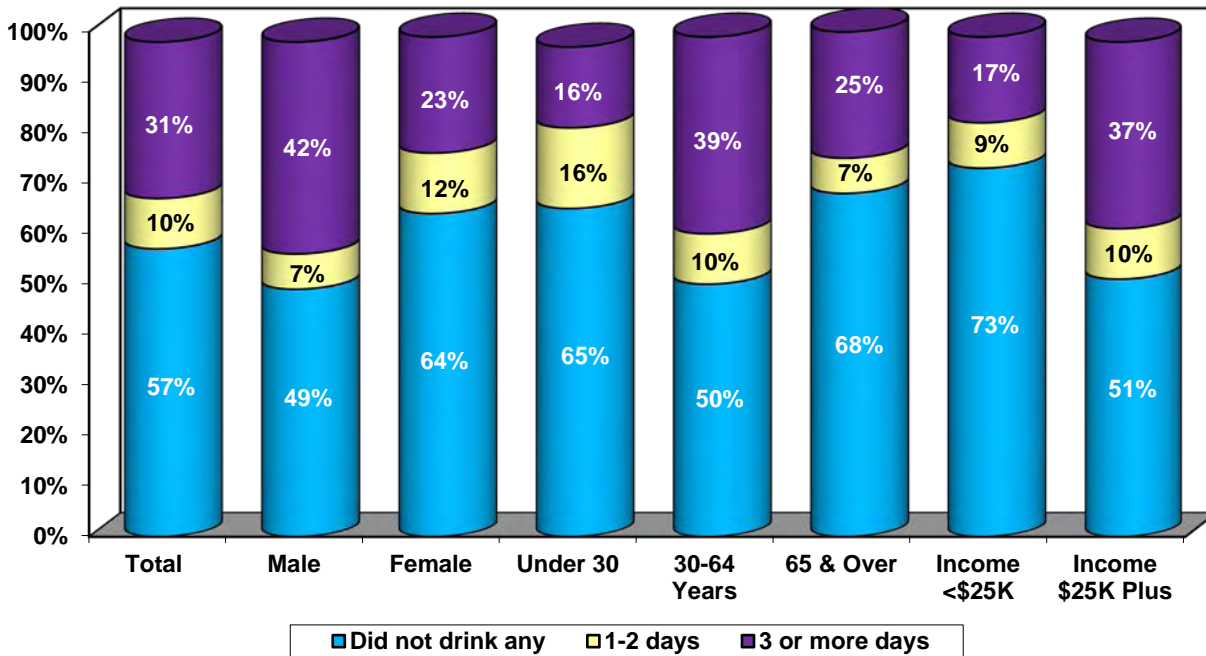
Adult Alcohol Consumption

- In 2015, 41% of the Tuscarawas County adults had at least one alcoholic drink in the past month, increasing to 49% of males and 49% of those ages 30-64. The 2013 BRFSS reported current drinker prevalence rates of 53% for Ohio and 55% for the U.S.
- One-in-nine (11%) adults were considered frequent drinkers (drank on an average of three or more days per week).
- Of those who drank, Tuscarawas County adults drank 3.4 drinks on average, increasing to 4.9 drinks for those under the age of 30.
- Nearly one-in-six (16%) Tuscarawas County adults were considered binge drinkers. The 2013 BRFSS reported binge drinking rates of 17% for both Ohio and the U.S.
- 39% of current drinkers reported they had five or more alcoholic drinks for males or 4 or more drinks for females on an occasion in the last month and would be considered binge drinkers by definition.
- 5% of adults reported driving after having perhaps too much to drink, increasing to 9% of those with incomes less than \$25,000.
- Tuscarawas County adults experienced the following in the past six months: drank more than they expected (6%), spent a lot of time drinking (4%), continued to drink despite problems caused by drinking (2%), drank more to get the same effect (2%), gave up other activities to drink (1%), tried to quit or cut down but could not (1%), failed to fulfill duties at home or work (1%), and drank to ease withdrawal symptoms (1%).

Adult Comparisons	Tuscarawas County 2015	Ohio 2013	U.S. 2013
Drank alcohol at least once in past month	41%	53%	55%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	16%	17%	17%

The following graphs show the percentage of Tuscarawas County adults consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph includes: 57% of all Tuscarawas County adults did not drink alcohol, 49% of Tuscarawas County males did not drink, and 64% of adult females reported they did not drink.

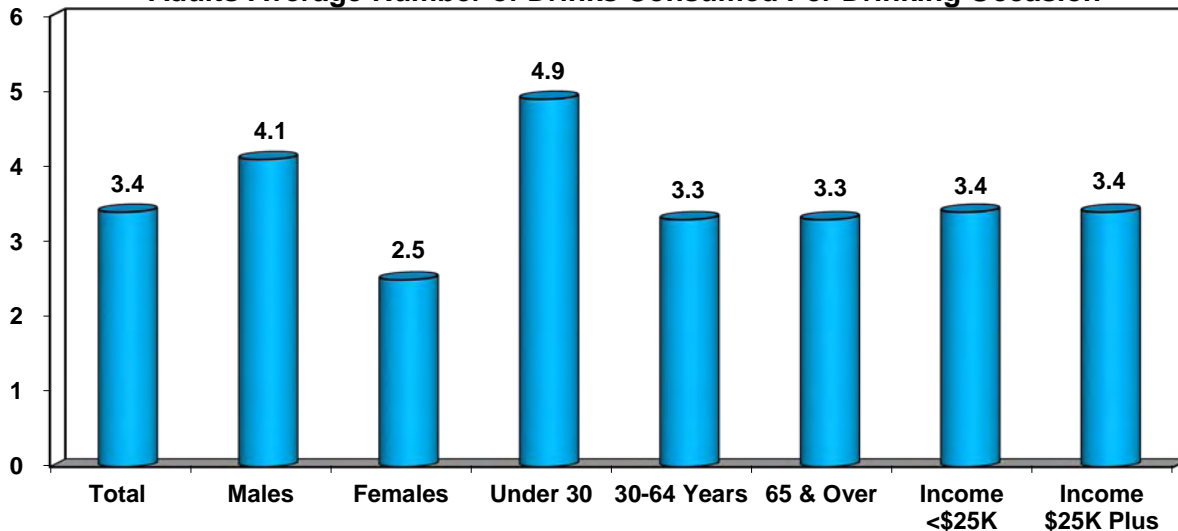
Average Number of Days Drinking Alcohol in the Past Month



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

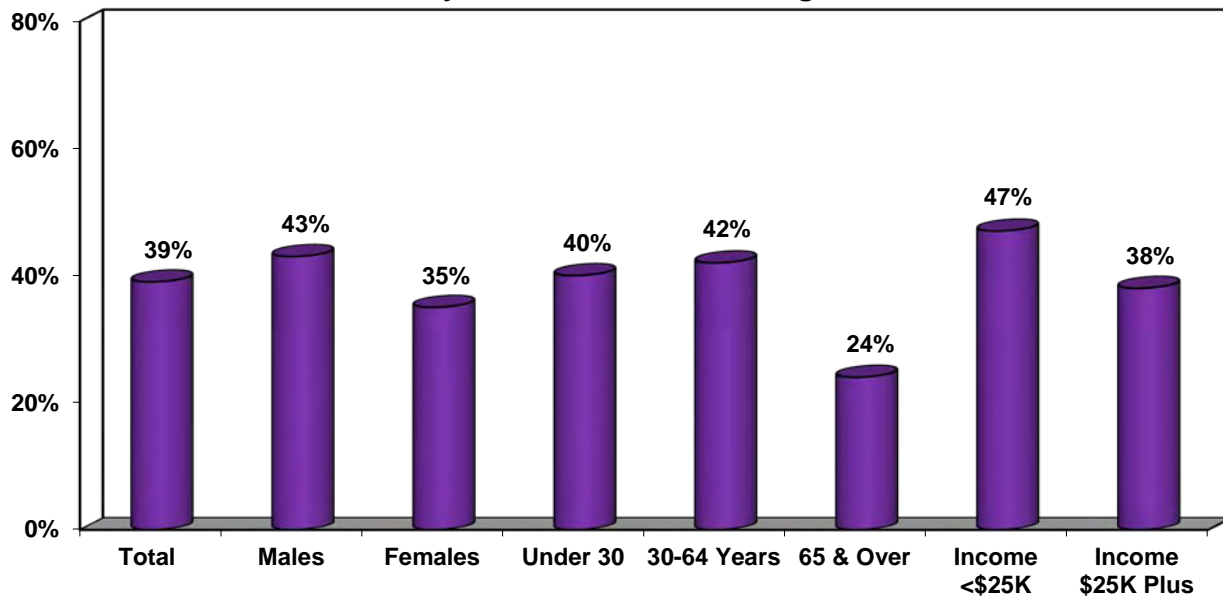
11% of Tuscarawas County adults were considered frequent drinkers (drank on an average of three or more days per week).

Adults Average Number of Drinks Consumed Per Drinking Occasion



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

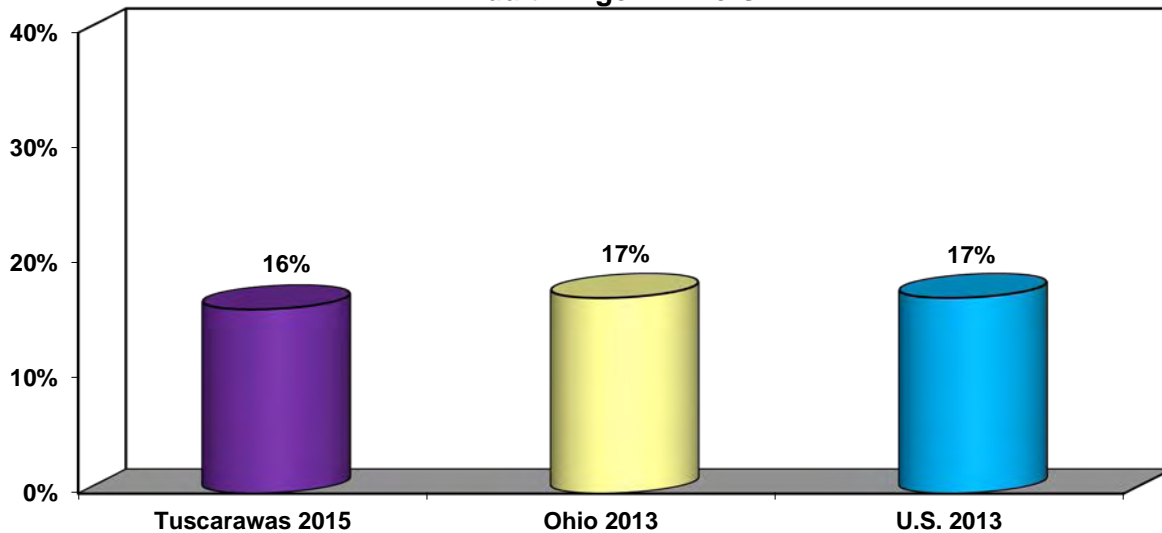
Tuscarawas County Adult Drinkers Who Binge Drank in Past Month*



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

5% of Tuscarawas County adults reported driving after having perhaps too much to drink.

Adult Binge Drinkers*



(Source: 2013 BRFSS, 2015 Tuscarawas County Health Assessment)

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

The following table shows the city of Dover, city of New Philadelphia, Tuscarawas County, and Ohio motor vehicle accident statistics. The table shows:

- 11% of all injury crashes in Tuscarawas County were alcohol-related compared to 7% in Ohio.

	City of Dover 2014	City of New Philadelphia 2014	Tuscarawas County 2014	Ohio 2014
Total Crashes	296	509	2,491	282,368
Alcohol-Related Total Crashes	19	30	150	12,480
Fatal Injury Crashes	0	0	8	919
Alcohol-Related Fatal Crashes	0	0	1	271
Alcohol Impaired Drivers in Crashes	1	1	6	876
Injury Crashes	77	97	624	69,917
Alcohol-Related Injury Crashes	9	8	68	5,049
Property Damage Only	219	412	1,859	211,532
Alcohol-Related Property Damage Only	10	22	81	7,160
Deaths	0	0	8	1,008
Alcohol-Related Deaths	0	0	1	297
Total Non-Fatal Injuries	88	128	858	100,554
Alcohol-Related Injuries	9	8	81	7,029

(Source: Ohio Department of Public Safety, Crash Reports, Updated 4/28/2015, Traffic Crash Facts)

Caffeinated Alcoholic Beverages

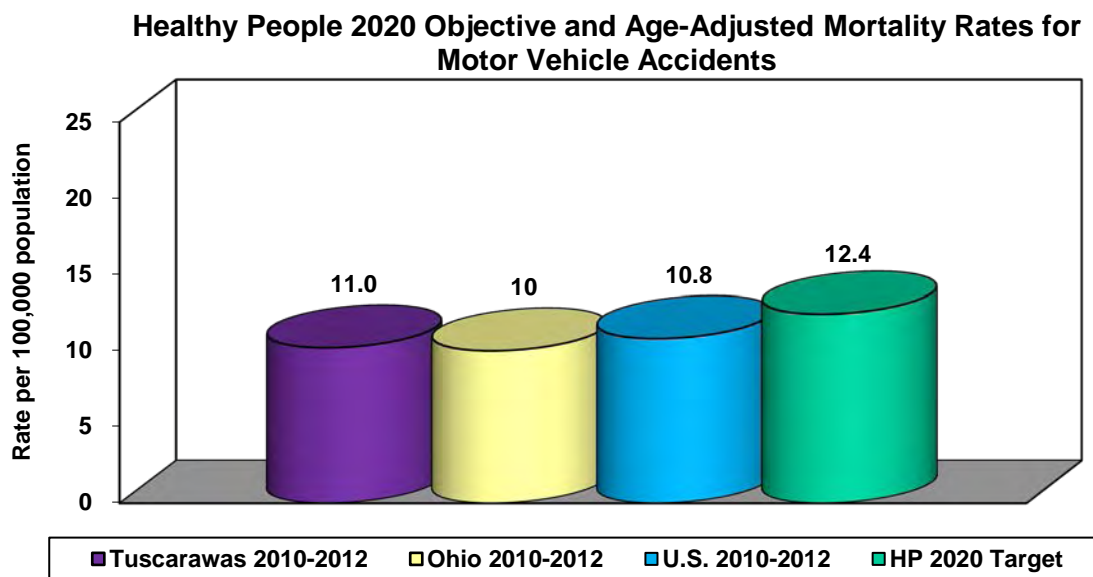
- Excessive alcohol consumption is responsible for about 88,000 deaths and 2.5 million years of potential life lost (YPLL) in the United States each year.
- Drinkers who consume alcohol mixed with energy drinks are 3 times more likely to binge drink than drinkers who do not report mixing alcohol with energy drinks.
- Drinkers who consume alcohol with energy drinks are about twice as likely as drinkers who do not report mixing to report being taken advantage of sexually, to report taking advantage of someone else sexually, and to report riding with a driver who was under the influence of alcohol.

(Source: CDC, *Alcohol and Public Health, Fact Sheets, Caffeinated Alcoholic Beverages*, November 2014, <http://www.cdc.gov/alcohol/fact-sheets/cab.htm>)

Motor Vehicle Accidents

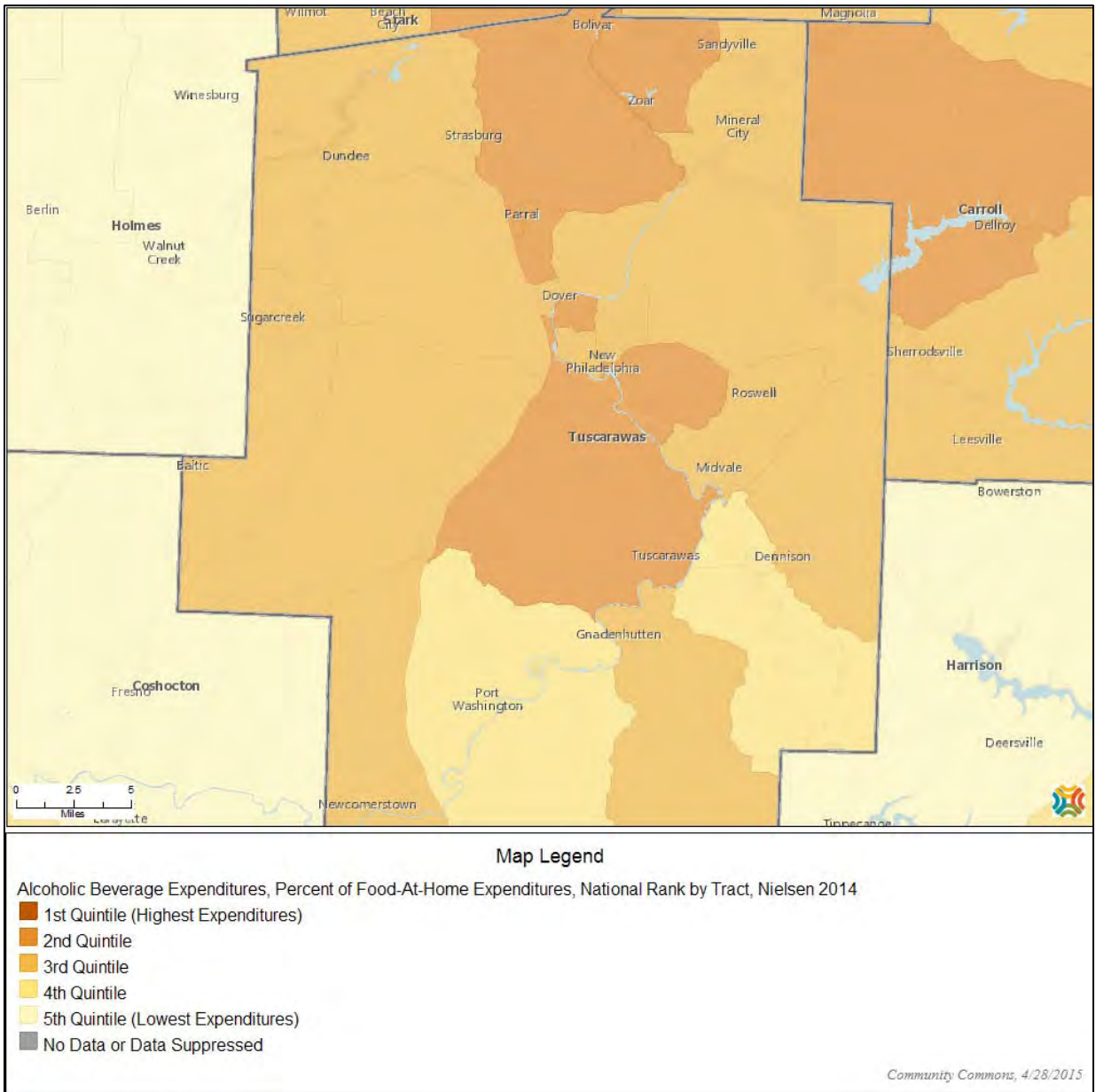
The following graph shows Tuscarawas County, Ohio and U.S. age-adjusted motor vehicle accident mortality rates per 100,000 population with comparison to Healthy People 2020 objectives. The graph shows:

- The Tuscarawas County age-adjusted motor vehicle accident mortality rate was higher than the Ohio, and U.S. rates from 2010 to 2012.
- The Healthy People 2020 objective was met for Tuscarawas County for the age-adjusted motor vehicle mortality rates.



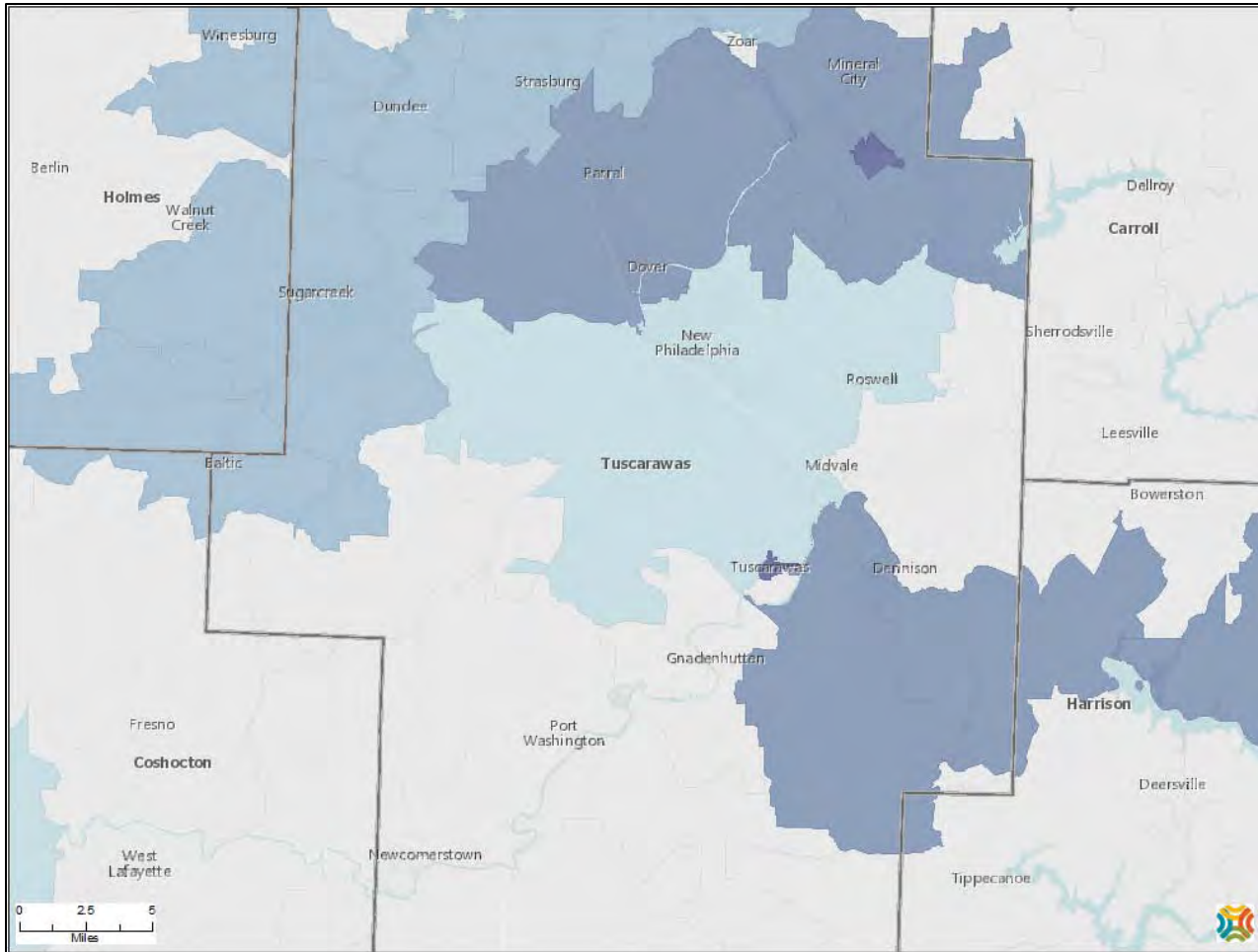
(Source: Health Indicators Warehouse and Healthy People 2020)

Alcoholic Beverage Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014



(Source: Community Commons, updated 4/28/2015)

**Bars and Drinking Establishments, Rate (per 100,000 population) by Zip Code
Tabulation Area, County Business Patterns, 2012**



Map Legend

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

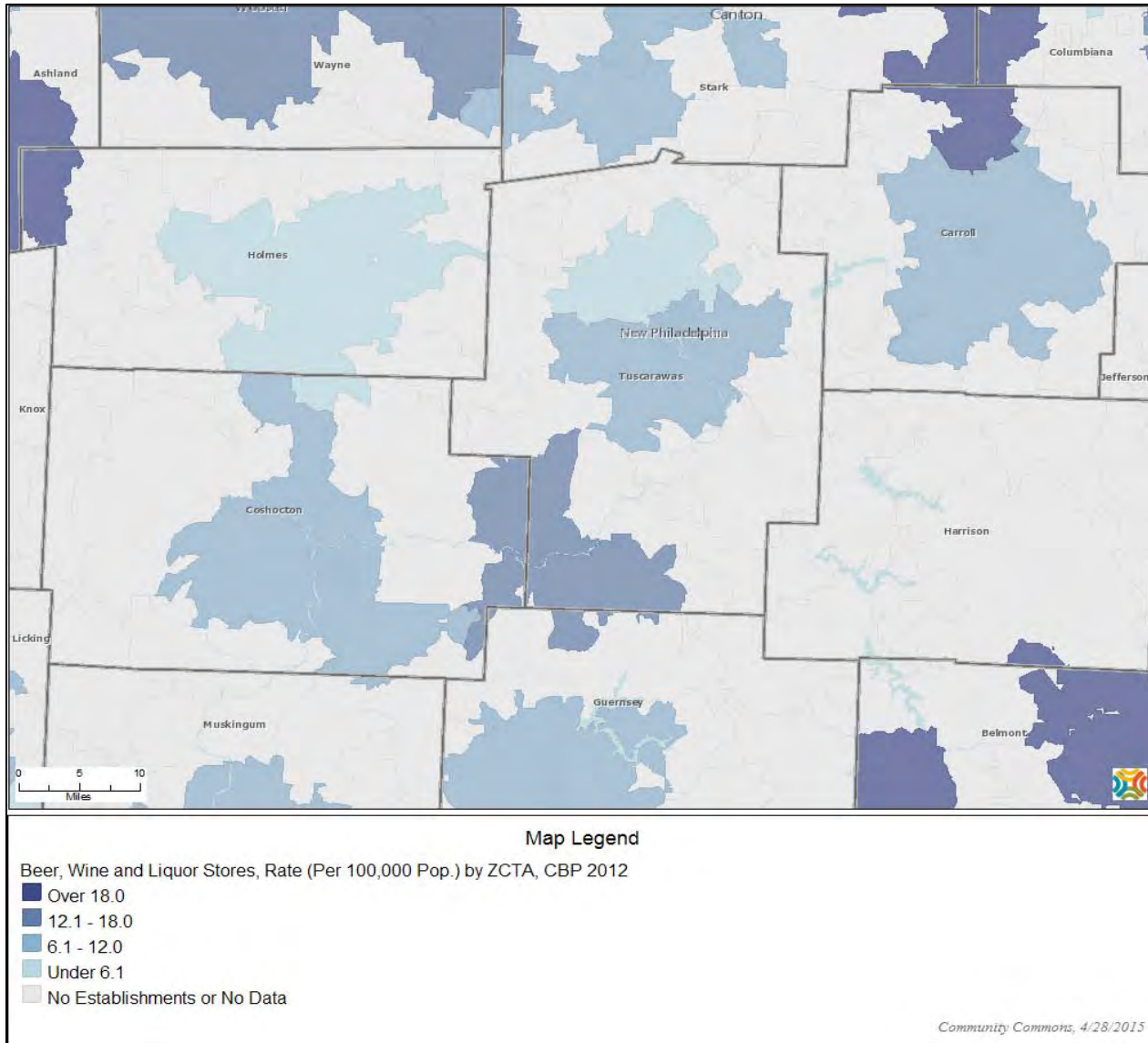
- Over 80.0
- 30.1 - 80.0
- 10.1 - 30.0
- Under 10.1
- No Establishments or No Data

Community Commons, 4/28/2015

ZCTA – ZIP Code tabulation area
 CBP – County Business Patterns, U.S. Census Bureau

(Source: Community Commons, updated 4/28/2015)

Beer, Wine and Liquor Stores, Rate (per 100,000 population) by Zip Code Tabulation Area, County Business Patterns, 2012



ZCTA – ZIP Code tabulation area
 CBP – County Business Patterns, U.S. Census Bureau

(Source: Community Commons, updated 4/28/2015)

Adult | DRUG USE

Key Findings

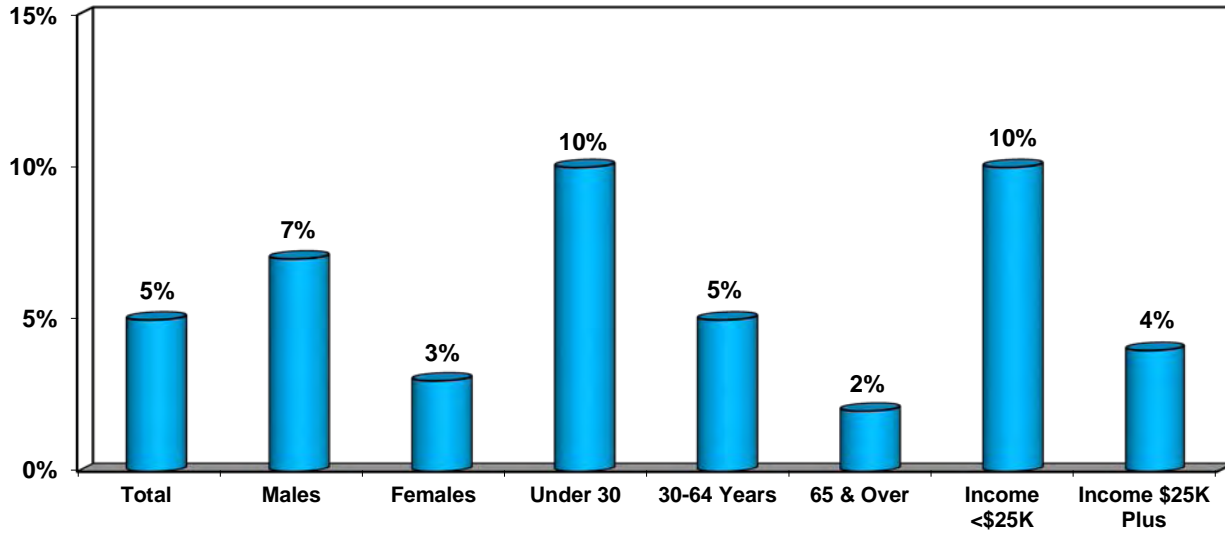
In 2015, 5% of Tuscarawas County adults had used marijuana during the past 6 months. 10% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Adult Drug Use

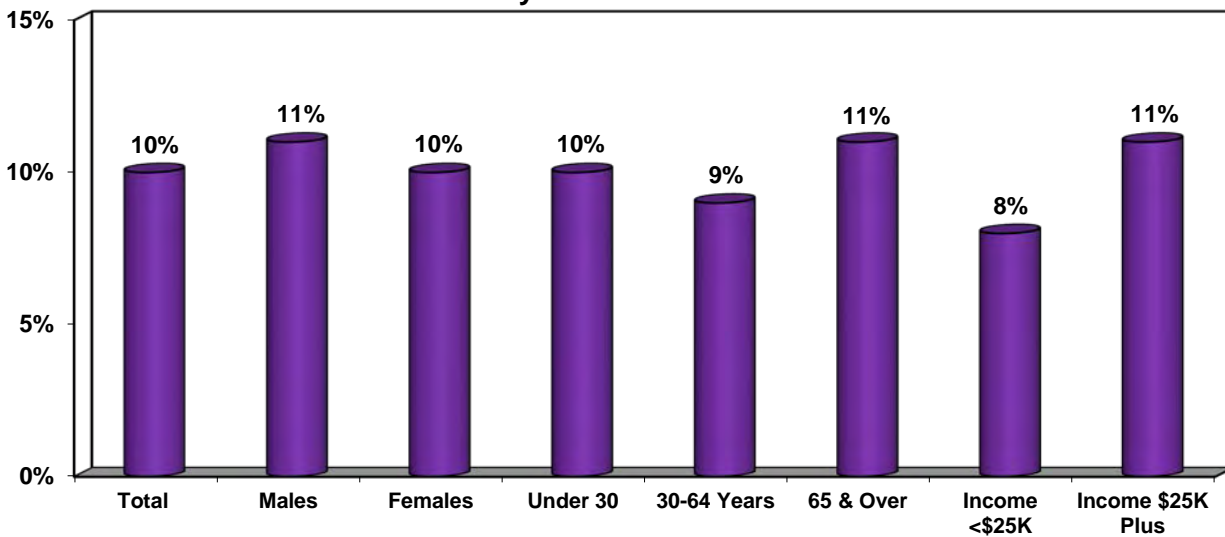
- 5% of Tuscarawas County adults had used marijuana in the past 6 months, increasing to 10% of both those under the age of 30 and those with incomes less than \$25,000.
- 1% of Tuscarawas County adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- When asked about their frequency of marijuana and other recreational drug use in the past six months, 26% of Tuscarawas County adults who used drugs did so almost every day, and 44% did so less than once a month.
- 10% of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months.
- When asked about their frequency of medication misuse in the past six months, 25% of Tuscarawas County adults who used these drugs did so almost every day, and 31% did so less than once a month.
- Tuscarawas County adults obtained these medications from the following: primary care physicians (83%), free from friend or family members (13%), ER or urgent care doctor (6%), bought from friend or family member (4%), bought from a drug dealer (4%), and multiple doctors (2%).
- 2% of Tuscarawas County adults have used a program or service to help with drug problems for either themselves or a loved one. Reasons for not using such a program included: had not thought of it (2%), did not want to miss work (1%), transportation (<1%), no program available (<1%), stigma of seeking drug services (<1%), did not want to get in trouble (<1%), could not afford to go (<1%), could not get to the office/clinic (<1%), and other reasons (1%). 95% of adults indicated they did not need a program or service to help with drug problems.
- Tuscarawas County adults indicated they did the following with their unused prescription medication: took as prescribed (40%), flushed it down the toilet (23%), kept it (21%), threw it in the trash (20%), took it to the Medication Collection program (10%), disposed in RedMed Box, Yellow Jug, etc. (1%), gave it away (1%), sold it (<1%), mailer to ship back to pharmacy (<1%), and some other destruction method (3%).

The following graphs are data from the 2015 Tuscarawas County Health Assessment indicating adult marijuana use in the past six months and medication misuse in the past six months. Examples of how to interpret the information include: 5% of all Tuscarawas County adults used marijuana in the past six months, 10% of adults under the age of 30 were current users, and 10% of adults with incomes less than \$25,000 were current users.

Tuscarawas County Adult Marijuana Use in Past 6 Months



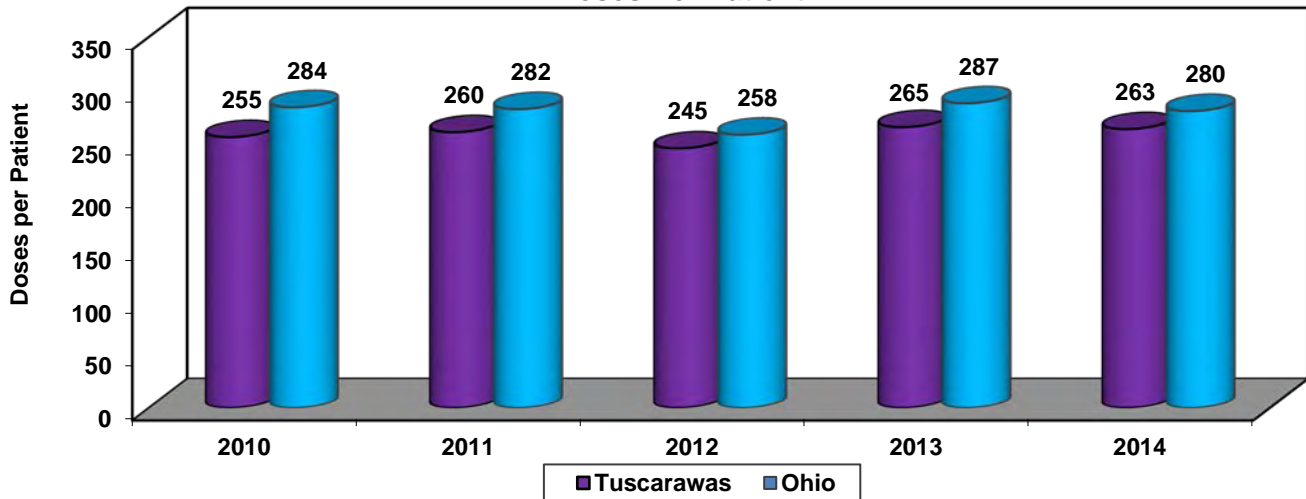
Tuscarawas County Adult Medication Misuse in Past 6 Months



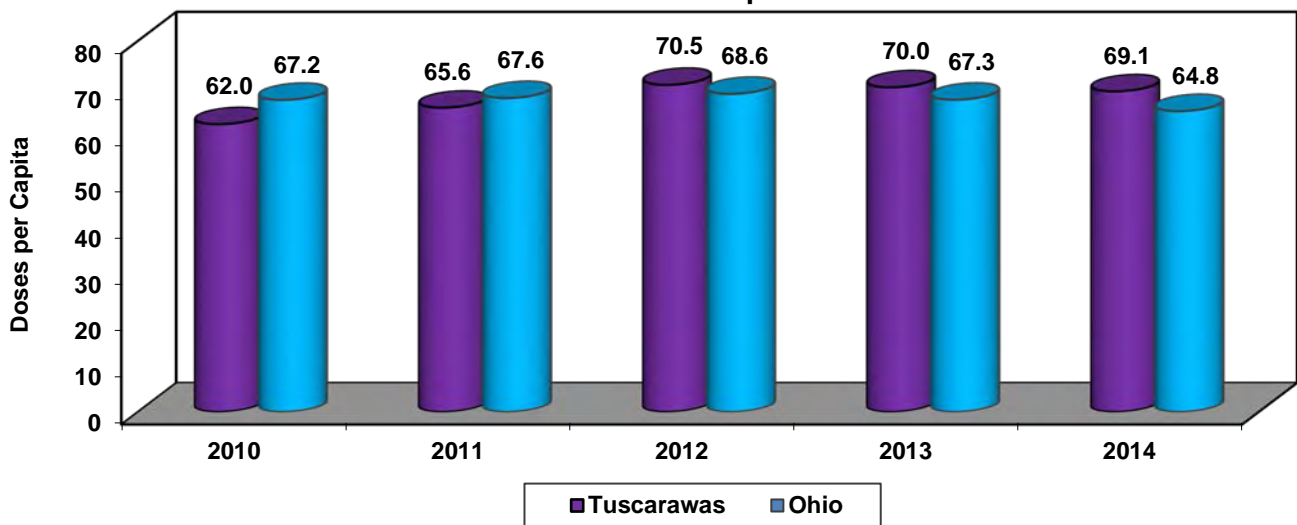
ADULT DRUG USE

The following graphs are data from the Ohio Automated Prescription Reporting System indicating Tuscarawas County and Ohio opiate and pain reliever doses per patient, as well as opiate and pain reliever doses per capita.

Tuscarawas County and Ohio Number of Opiate and Pain Reliever Doses Per Patient



Tuscarawas County and Ohio Number of Opiate and Pain Reliever Doses Per Capita



(Source: Ohio Automated Rx Reporting System, April 22, 2015, from: <https://www.ohiopmp.gov/portal/docs.aspx>)

Heroin

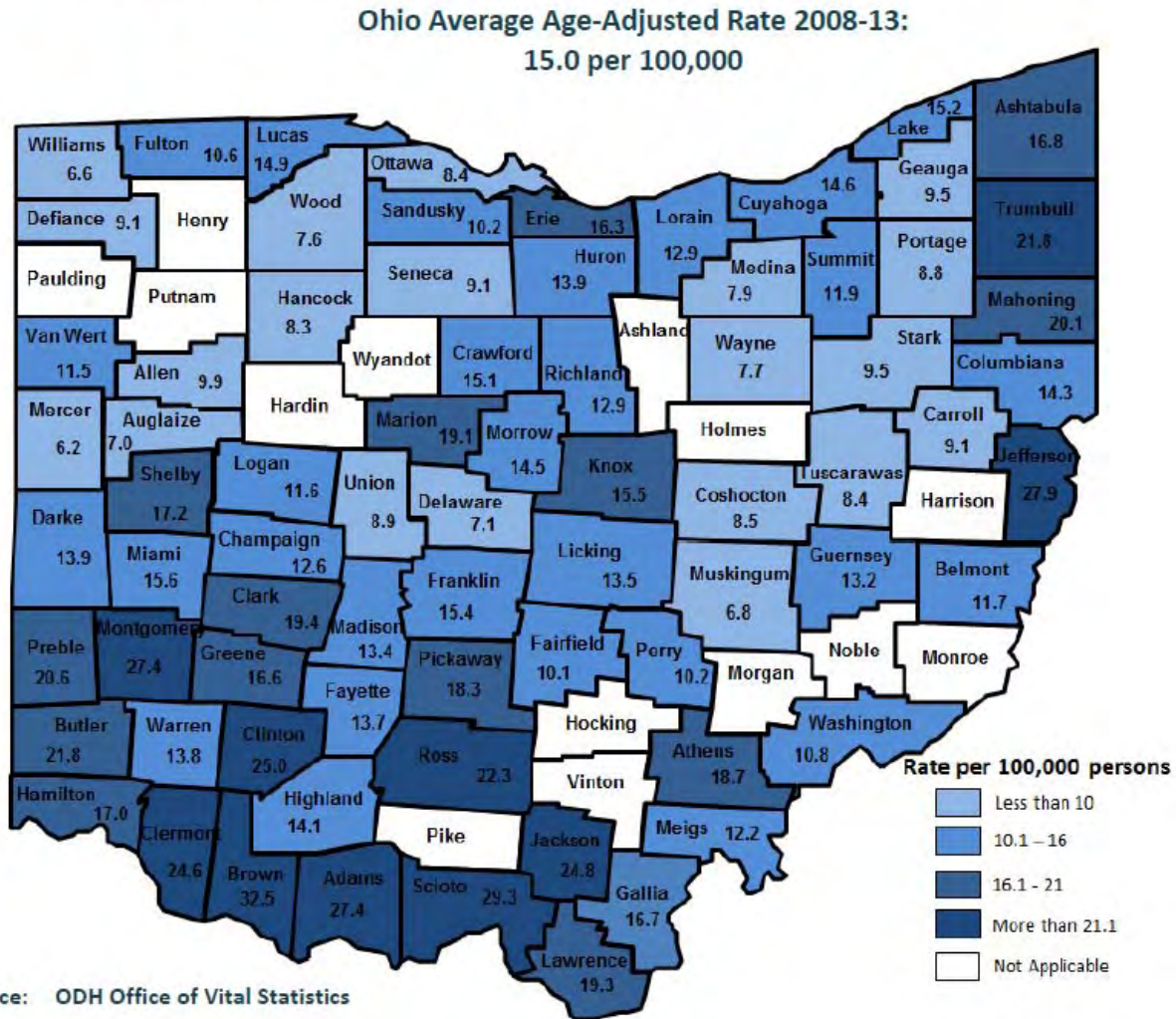
- Heroin is an opioid drug that is synthesized from morphine, a naturally occurring substance extracted from the seed pod of the Asian opium poppy plant.
- In 2011, 4.2 million Americans aged 12 or older had used heroin at least once in their lives.
- It is estimated that about 23% of individuals who use heroin become dependent on it.
- Heroin overdoses frequently involve a suppression of breathing. This can affect the amount of oxygen that reaches the brain, a condition called hypoxia.
- Heroin abuse is associated with a number of serious health conditions, including fatal overdose, spontaneous abortion, and infectious diseases like hepatitis and HIV.
- Chronic users may develop collapsed veins, infection of the heart lining and valves, abscesses, constipation and gastrointestinal cramping, and liver or kidney disease.

(Source: National Institute on Drug Abuse, Drug Facts: Heroin, October 2014, from: <http://www.drugabuse.gov/publications/drugfacts/heroin>)

Unintentional Drug Overdose Death Rates

- The average age-adjusted unintentional drug overdose death rate was 8.4 deaths per 100,000 in Tuscarawas County from 2008-2013.
- The average age-adjusted unintentional drug overdose death rate was 15.0 deaths per 100,000 in Ohio from 2008-2013.

Average, age-adjusted unintentional drug overdose death rate per 100,000, by county, Ohio residents, 2008-2013^{1,2}

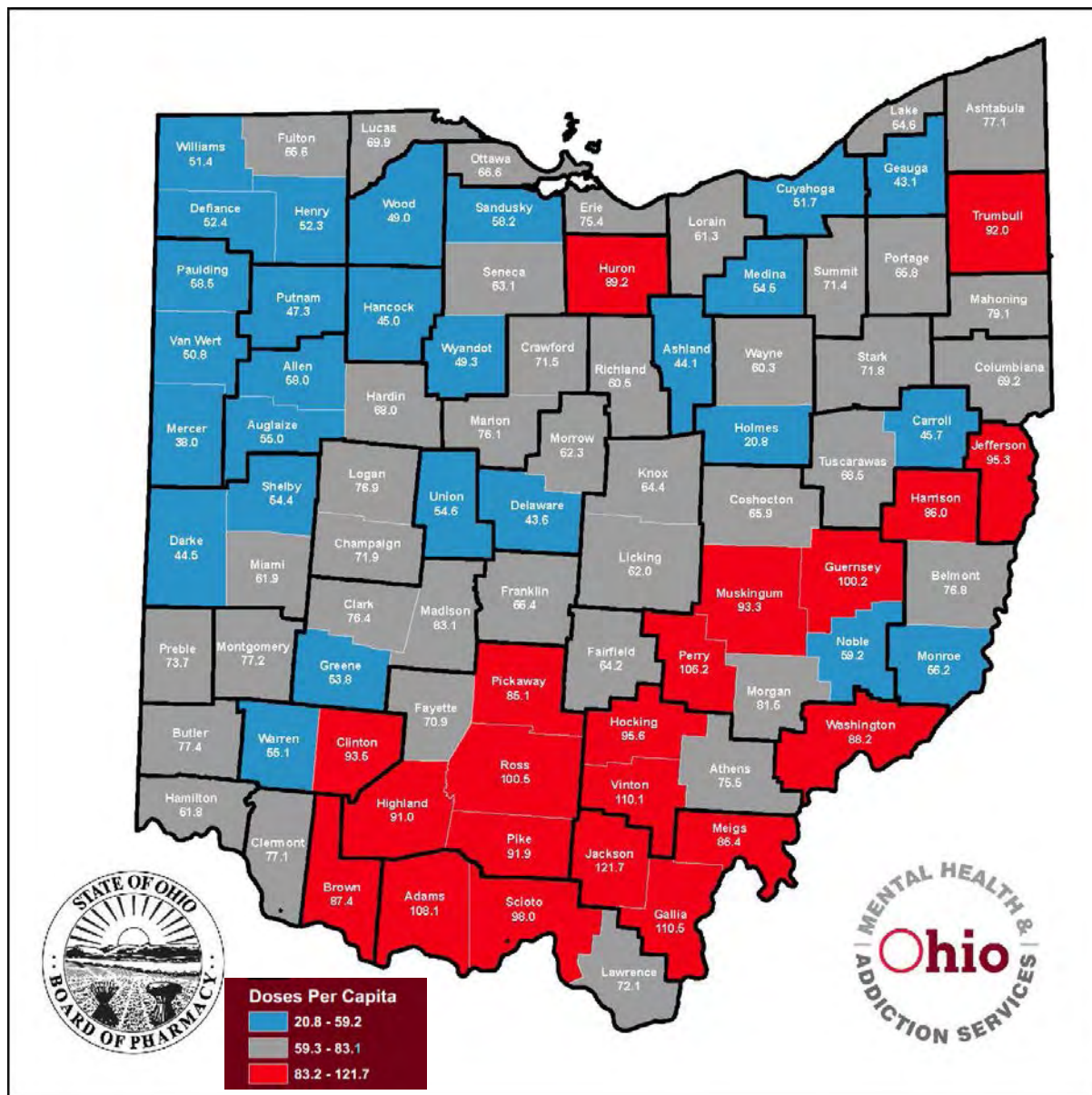


Source: ODH Office of Vital Statistics

(Source: Ohio Department of Health, Office of Vital Statistics, Unintentional Drug Overdose Death Rates for Ohio Residents by County, obtained from: <http://www.healthy.ohio.gov/-/media/HealthyOhio/ASSETS/Files/injury%20prevention/CountyDrugData2013.pdf>)

Prescription Analgesic Doses Per Capita

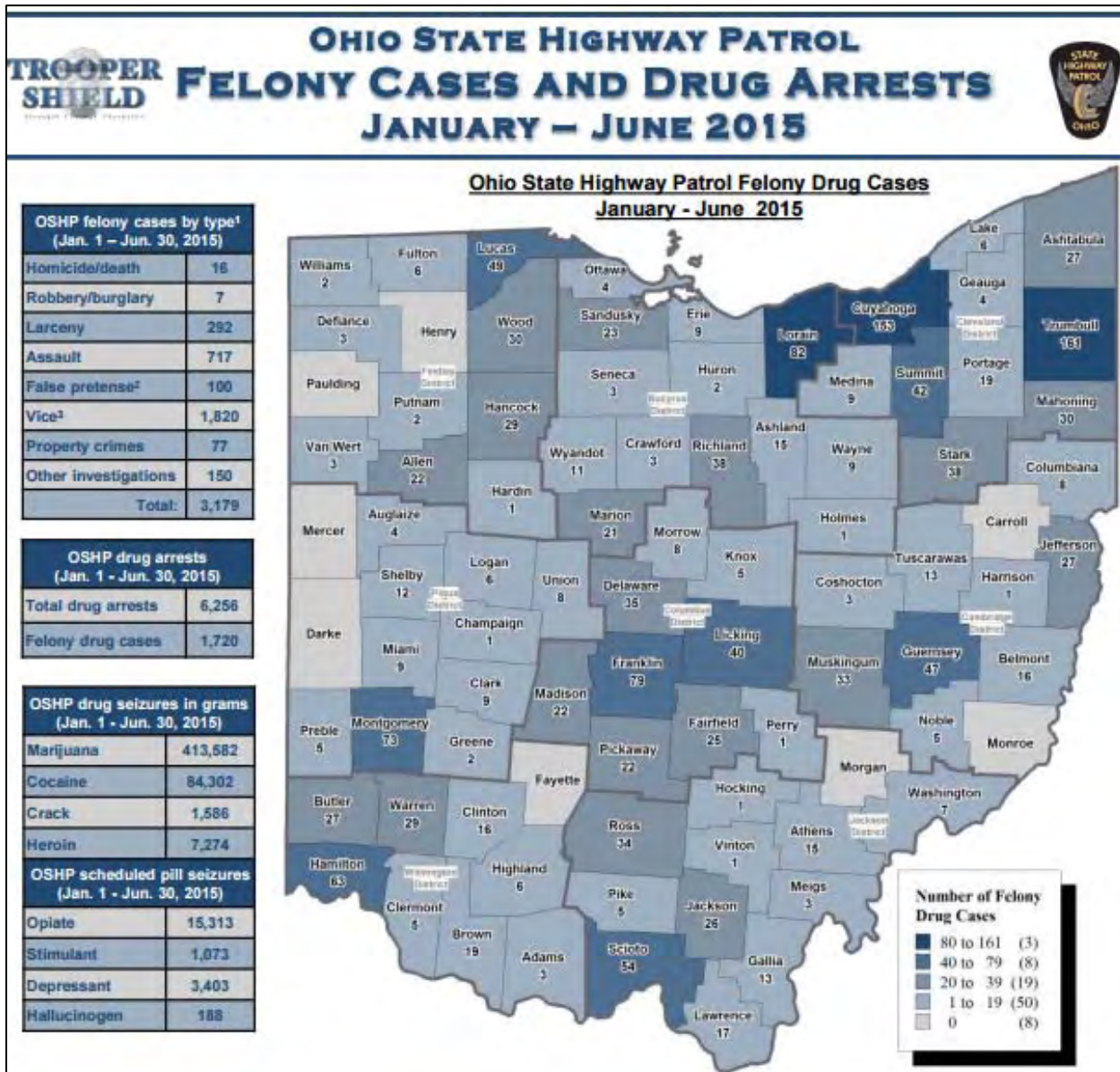
- In 2012, the statewide average per capita dosage rate was 66.7 doses per person.
- The average per capita dosage rate was 68.5 doses per person in Tuscarawas County in 2012.



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

Felony Cases and Drug Arrests January – June 2015

- Ohio State Highway Patrol (OSHP) investigated a wide range of felony offenses during the first half of 2015, including vice (1,820); assault (717); larceny (292); false pretense (100); property crimes (77); homicide/death (16); robbery/burglary (7); and various other types of felony offenses (150).
- OSHP Troopers made 6,256 total drug arrests during the first 6 months of 2015 – a 10% increase compared to 2014 and a 30% increase compared to the previous 3-year average (2012-2014).
- Of the 6,256 drug arrests, over one-quarter (1,720 or 27%) included one or more felony drug charges. This represents a 36% increase over the previous 3-year average (2012-2014).



(Source: Ohio State Highway Patrol, Felony Cases and Drug Arrests, January – June 2015, from <http://statepatrol.ohio.gov/>)

Adult | WOMEN'S HEALTH

Key Findings

In 2015, more than half (55%) of Tuscarawas County women over the age of 40 reported having a mammogram in the past year. 57% of Tuscarawas County women ages 19 and over had a clinical breast exam and 44% had a Pap smear to detect cancer of the cervix in the past year. The Health Assessment determined that 3% of women survived a heart attack and 3% survived a stroke at some time in their life. More than one-third (39%) had high blood pressure, 35% had high blood cholesterol, 36% were obese, and 12% were identified as smokers, known risk factors for cardiovascular diseases.

Women's Health Screenings

- In 2015, 63% of women had a mammogram at some time and more than one-third (38%) had this screening in the past year.
- More than half (55%) of women ages 40 and over had a mammogram in the past year and 68% had one in the past two years. The 2012 BRFSS reported that 74% of women 40 and over in Ohio and in the U.S., had a mammogram in the past two years.
- Most (89%) Tuscarawas County women have had a clinical breast exam at some time in their life and 57% had one within the past year. Nearly two-thirds (66%) of women ages 40 and over had a clinical breast exam in the past two years. The 2010 BRFSS reported that 75% of women 40 and over in Ohio and 77% in the U.S., had a clinical breast exam in the past two years.
- This assessment has identified that 93% of Tuscarawas County women have had a Pap smear and 44% reported having had the exam in the past year. 68% of women had a pap smear in the past three years. The 2012 BRFSS indicated that 78% of both Ohio and U.S. women had a pap smear in the past three years.

Women's Health Concerns

- From 2011-2013, major cardiovascular diseases (heart disease and stroke) accounted for 33% of all female deaths in Tuscarawas County (Source: CDC Wonder, Underlying Cause of Death).
- Women used the following as their usual source of services for female health concerns: private gynecologist (55%), general or family physician (29%), health department clinic (3%), midwife (2%), nurse practitioner/physician's assistant (2%), family planning clinic (<1%), and some other place (<1%). 6% indicated they did not have a usual source of services for female health concerns.
- In 2015, the health assessment determined that 3% of women had survived a heart attack and 3% had survived a stroke at some time in their life.

Tuscarawas County Female Leading Causes of Death, 2011- 2013

1. Heart Diseases (26% of all deaths)
2. Cancers (18%)
3. Stroke (7%)
4. Chronic Lower Respiratory Diseases (7%)
5. Alzheimer's disease (6%)

(Source: CDC Wonder, 2011-2013)

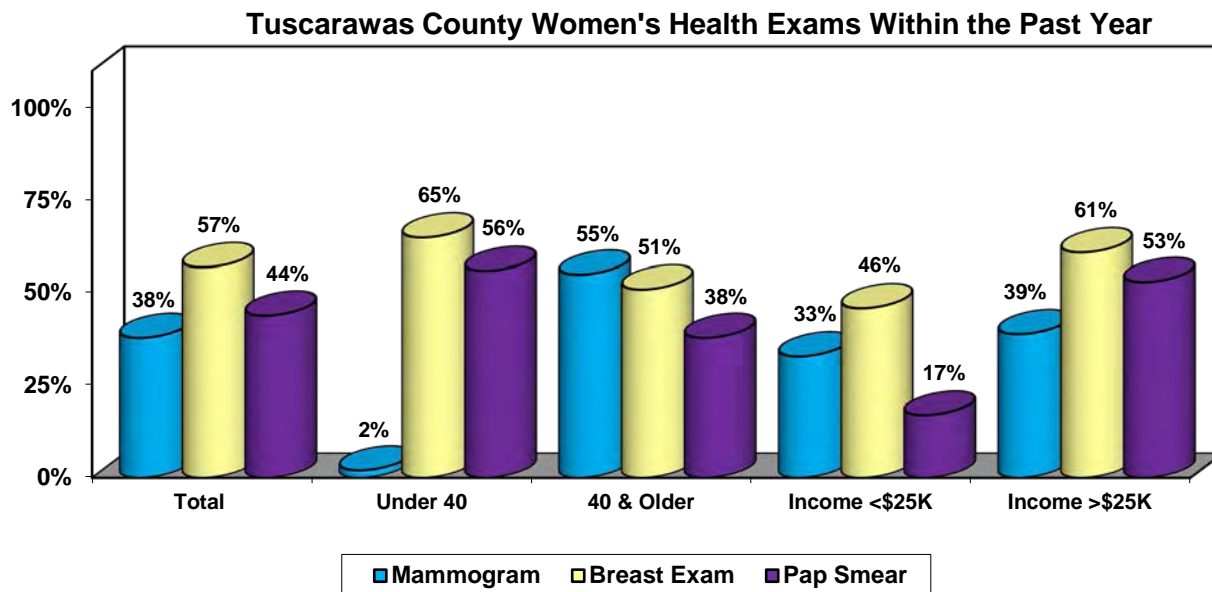
Ohio Female Leading Causes of Death, 2011 - 2013

1. Heart Diseases (23% of all deaths)
2. Cancers (21%)
3. Chronic Lower Respiratory Diseases (7%)
4. Stroke (6%)
5. Alzheimer's disease (5%)

(Source: CDC Wonder, 2011-2013)

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Tuscarawas County, the 2015 Health Assessment has identified that:
 - 65% were overweight or obese (60% Ohio, 58% U.S., 2013 BRFSS)
 - 39% were diagnosed with high blood pressure (32% Ohio, 30% U.S. 2013 BRFSS)
 - 35% were diagnosed with high blood cholesterol (36% Ohio, 37% U.S., 2013 BRFSS)
 - 12% of all women were current smokers (23% Ohio, 17% U.S., 2013 BRFSS)
 - 7% had been diagnosed with diabetes (12% Ohio, 12% U.S., 2013 BRFSS)

The following graph shows the percentage of Tuscarawas County female adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 38% of Tuscarawas County females had a mammogram within the past year, 57% had a clinical breast exam, and 44% had a Pap smear.



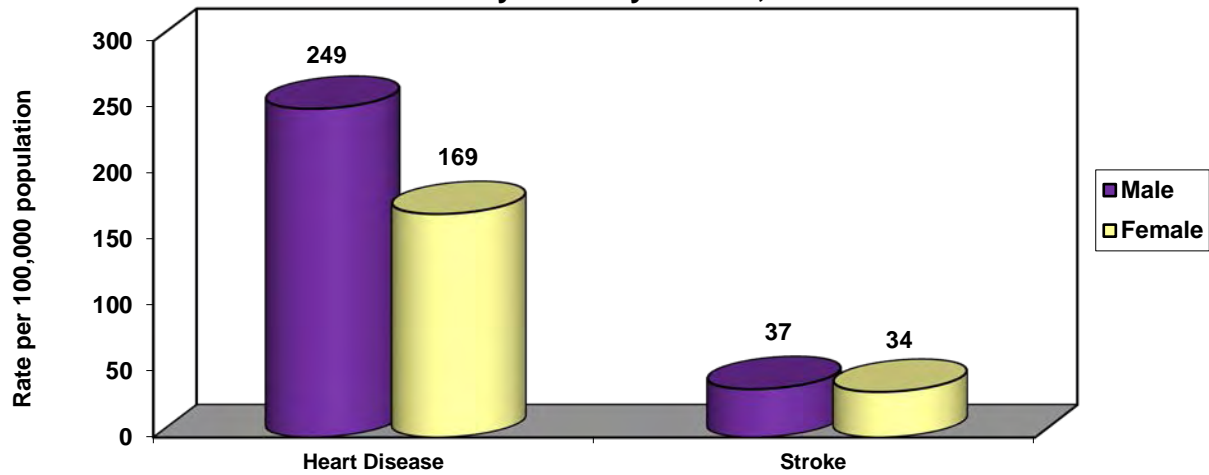
Adult Comparisons	Tuscarawas County 2015	Ohio 2013	U.S. 2013
Had a clinical breast exam in the past two years (age 40 & over)	66%	75%*	77%*
Had a mammogram in the past two years (age 40 & over)	68%	74%**	74%**
Had a pap smear in the past three years	68%	78%**	78%**

N/A - Not Available
 *2010 BRFSS Data
 **2012 BRFSS Data

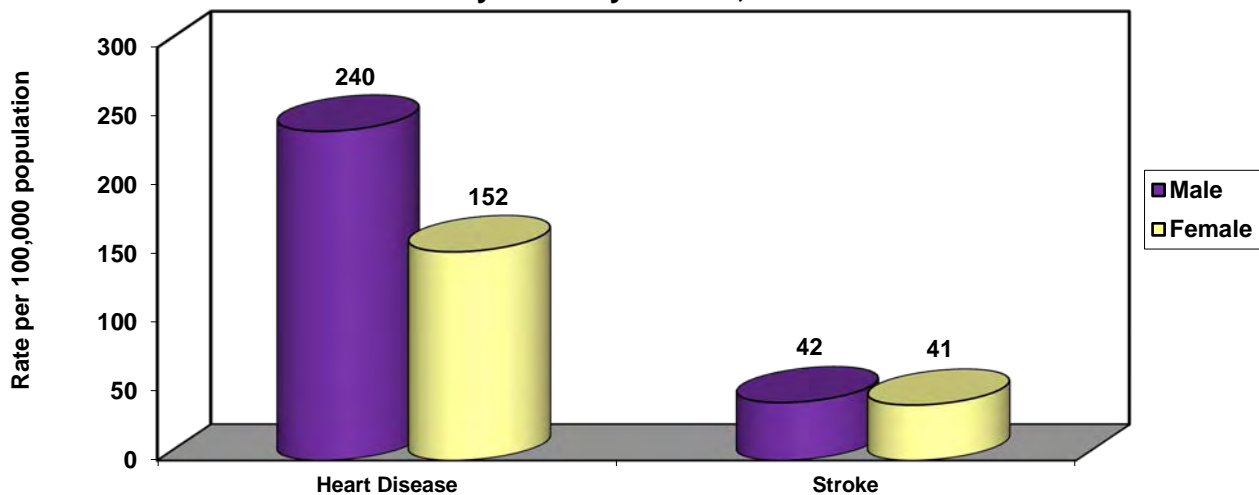
The following graphs show the Tuscarawas County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases. The graphs show:

- From 2010-2012, the Tuscarawas County and Ohio female age-adjusted mortality rate was lower than the male rate for heart disease.
- The Tuscarawas County female heart disease mortality rate was lower than the Ohio female rate from 2010 to 2012.

Tuscarawas County Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2010-2012



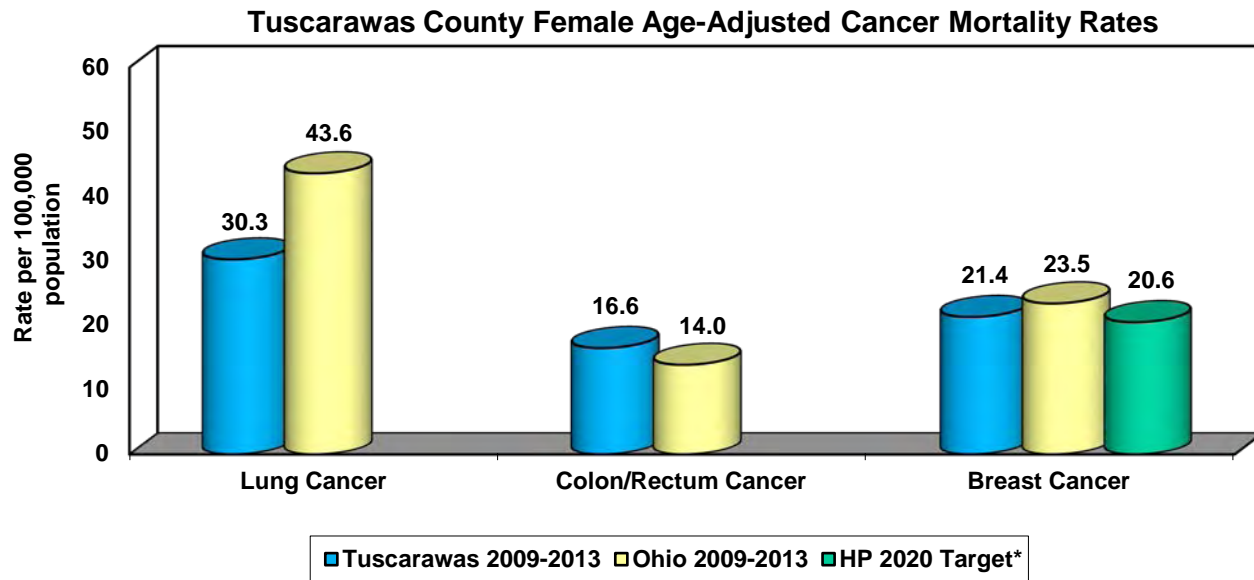
Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2010-2012



(Source: Health Indicators Warehouse, 2010-2012)

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

- From 2009-2013, the Tuscarawas County age-adjusted mortality rates for female lung cancer and breast cancer mortality rates were less than the Ohio rates.
- From 2009-2013, the Tuscarawas County age-adjusted mortality rate for female colon/rectum cancer mortality rate was greater than the Ohio rate.



(Source: CDC Wonder 2009-2013 and Healthy People 2020)

Human Papilloma Virus (HPV and Vaccine)

- Approximately 79 million Americans are infected with human papillomavirus (HPV); and approximately 14 million people will become newly infected each year.
- Some HPV types can cause cervical, vaginal, and vulvar cancer among women, penile cancer among men, and anal and some oropharyngeal cancers among both men and women.
- Other HPV types can cause genital warts among both sexes. Each year in the United States an estimated 27,000 new cancers attributable to HPV occur, 17,600 among females (of which 10,400 are cervical cancer) and 9,300 among males (of which 7,200 are oropharyngeal cancers).
- There are, however, two HPV vaccines available (Gardasil® and Cervarix®) which protect against the types of HPV infection that cause most cervical cancers (HPV types 16 and 18). Both vaccines should be given as a three-shot series. Clinical trials and post-licensure monitoring data show that both vaccines are safe.
- CDC recommends HPV vaccination for the prevention of HPV infections responsible for most types of cervical cancer.

(Sources: Centers for Disease Control and Prevention, Vaccine Safety, Human Papillomavirus (HPV) Vaccine, updated January 26, 2015, from <http://www.cdc.gov/vaccinesafety/vaccines/HPV/Index.html>)

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

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

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

Adult | MEN'S HEALTH

Key Findings

In 2015, 53% of Tuscarawas County males over the age of 50 had a Prostate-Specific Antigen (PSA) test. Major cardiovascular diseases (heart disease and stroke) accounted for 30% and cancers accounted for 25% of all male deaths in Tuscarawas County from 2011-2013. The Health Assessment determined that 10% of men survived a heart attack and 3% survived a stroke at some time in their life. More than two-fifths (41%) of men had been diagnosed with high blood pressure, 36% had high blood cholesterol, and 14% were identified as smokers, which, along with obesity (36%), are known risk factors for cardiovascular diseases.

Men's Health Screenings and Concerns

- Half (50%) of Tuscarawas County males had a Prostate-Specific Antigen (PSA) test at some time in their life and 33% had one in the past year.
- 78% of males age 50 and over had a PSA test at some time in their life, and 53% had one in the past year.
- 61% of men had a digital rectal exam in their lifetime and 20% had one in the past year.
- From 2011-2013, major cardiovascular diseases (heart disease and stroke) accounted for 30% of all male deaths in Tuscarawas County (Source: CDC Wonder, Underlying Cause of Death).
- In 2015, the health assessment determined that 10% of men had a heart attack and 3% had a stroke at some time in their life.

20% of Tuscarawas County males had a digital rectal exam in the past year.

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Tuscarawas County the 2015 health assessment has identified that:
 - 82% were overweight or obese (71% Ohio, 71% U.S., 2013 BRFSS)
 - 41% were diagnosed with high blood pressure (36% Ohio, 34% U.S., 2013 BRFSS)
 - 36% were diagnosed with high blood cholesterol (40% Ohio, 40% U.S., 2013 BRFSS)
 - 14% of all men were current smokers (24% Ohio, 22% U.S., 2013 BRFSS)
 - 12% had been diagnosed with diabetes (10% Ohio, 10% U.S., 2013 BRFSS)
- From 2011-2013, the leading cancer deaths for Tuscarawas County males were lung, colon and rectum cancers, and prostate. Statistics from the same period for Ohio males show lung, prostate, and colon and rectum cancers as the leading cancer deaths (Source: CDC Wonder, Underlying Cause of Death).

Tuscarawas County Male Leading Causes of Death, 2011 – 2013

1. Heart Diseases (27% of all deaths)
2. Cancers (25%)
3. Chronic Lower Respiratory Diseases (7%)
4. Accidents, Unintentional Injuries (5%)
5. Stroke (3%)

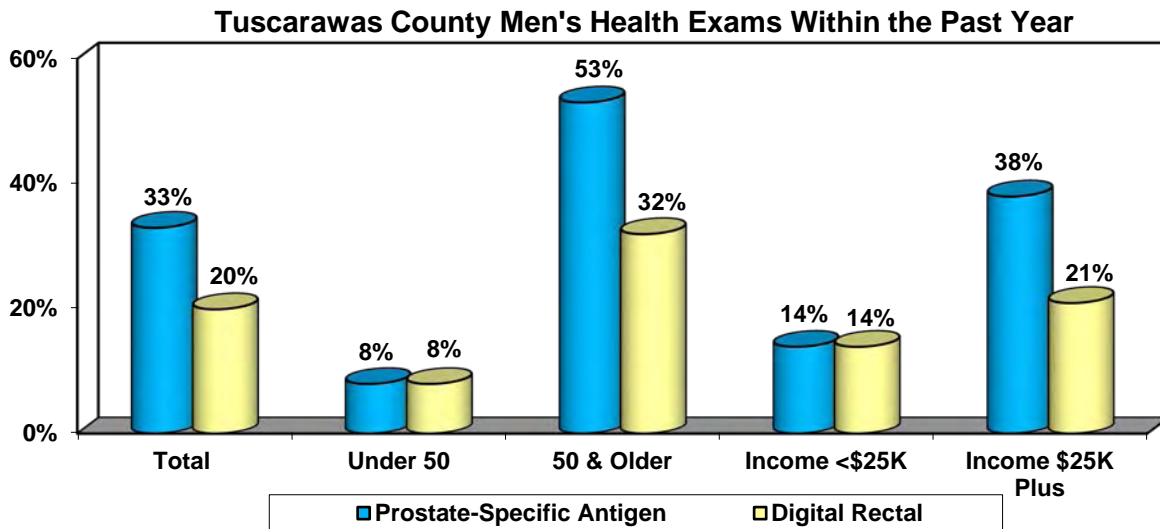
(Source: CDC Wonder, 2011-2013)

Ohio Male Leading Types of Death, 2011 – 2013

1. Heart Diseases (25% of all deaths)
2. Cancers (24%)
3. Accidents, Unintentional Injuries (6%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (4%)

(Source: CDC Wonder, 2011-2013)

The following graph shows the percentage of Tuscarawas County male adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 33% of Tuscarawas County males had a PSA test within the past year and 20% had a digital rectal exam.



Men's Health Data

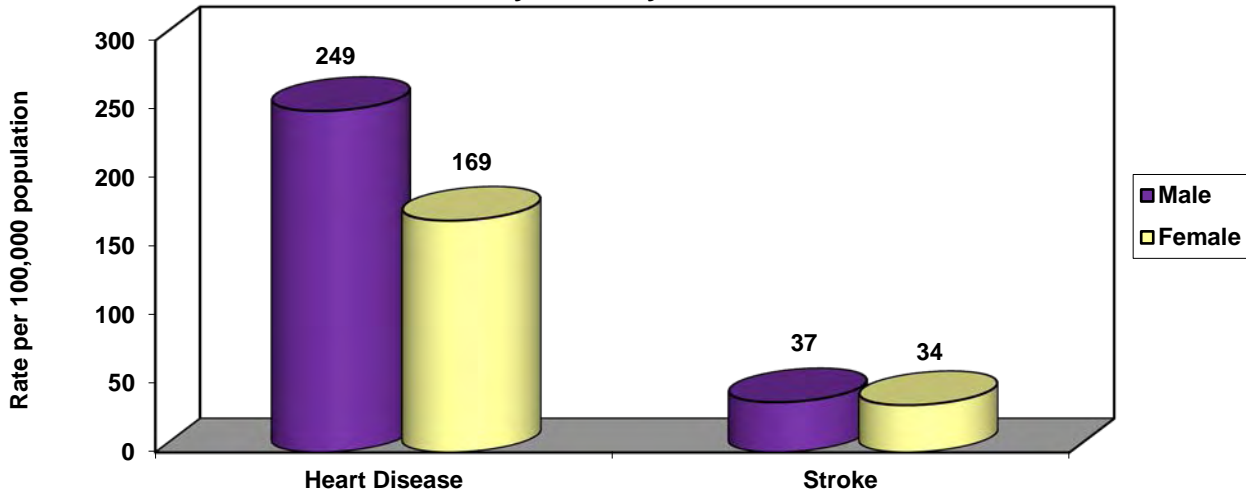
- Approximately 12% of adult males ages 18 years or older reported fair or poor health.
- 21% of adult males in the U.S. currently smoke.
- Of the adult males in the U.S., 31% had 5 or more drinks in 1 day at least once in the past year.
- Only 54% of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- 35% of men 20 years and over are obese.
- There are 18% 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, April 8, 2015, from http://www.cdc.gov/nchs/fastats/mens_health.htm)

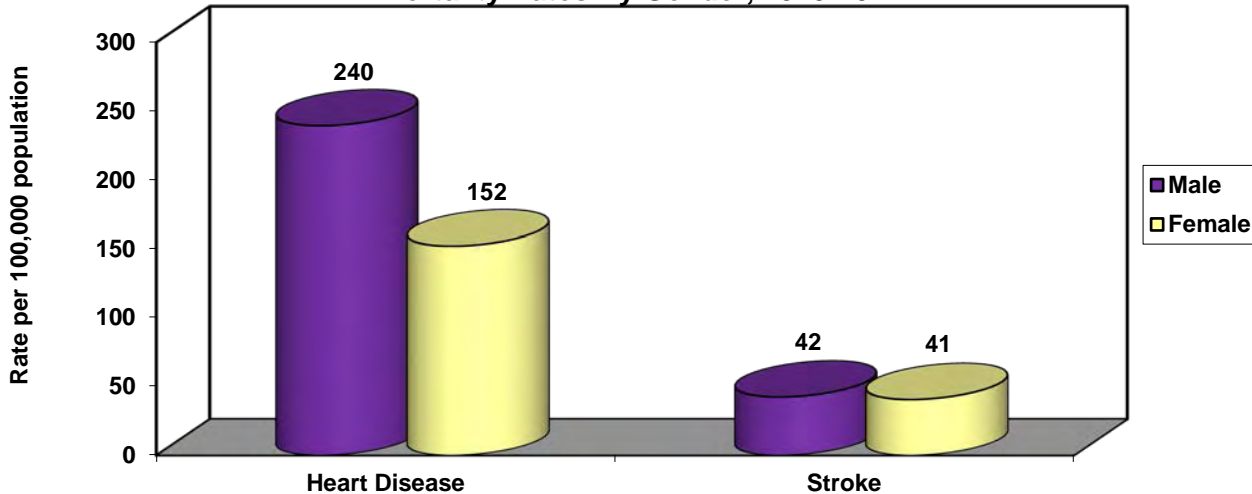
The following graphs show the Tuscarawas County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases by gender. The graphs show:

- From 2010-2012, the Tuscarawas County and Ohio male age-adjusted mortality rate was higher than the female rate for heart disease.
- The Tuscarawas County male age-adjusted heart disease mortality rate was higher than the Ohio male rate.

Tuscarawas County Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2010-2012



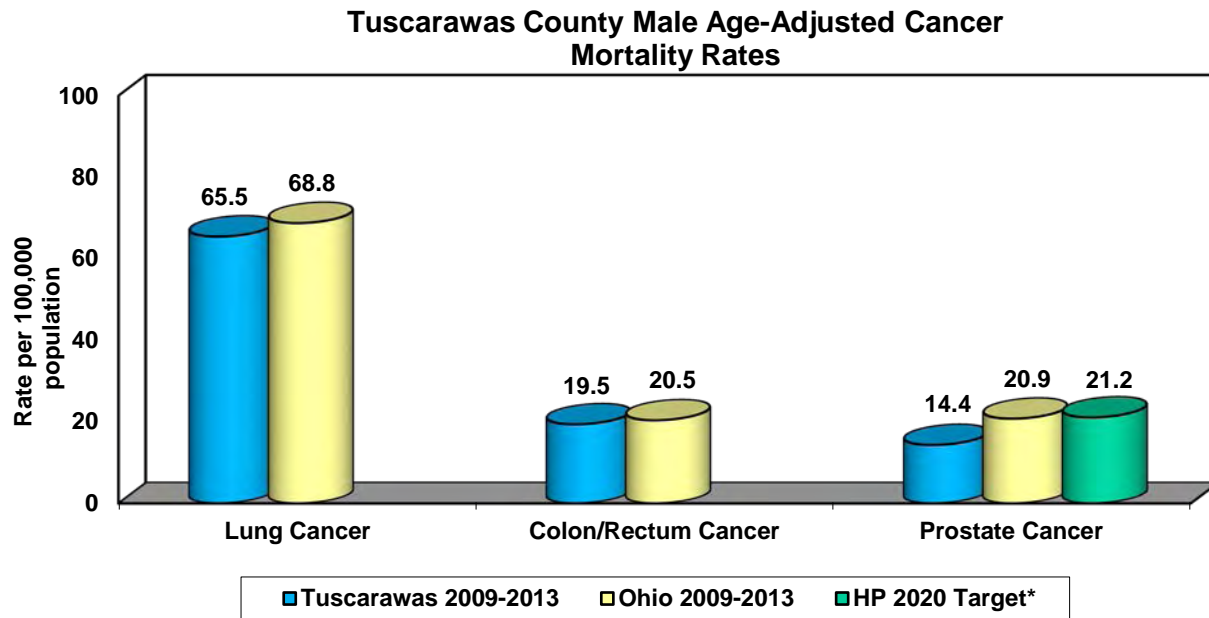
Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2010-2012



(Source: Health Indicators Warehouse, 2010-2012)

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

- From 2009-2013, the Tuscarawas County age-adjusted mortality rate for male lung, colon/rectum, and prostate cancer rates were lower than the Ohio rates.



*Note: the Healthy People 2020 target rates are not gender specific.

(Source: CDC Wonder and Healthy People 2020)

Heart Health and Stroke Facts for Men

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

(Source: CDC, Men and Heart Disease Fact Sheet, August 26, 2013, from: http://www.cdc.gov/dhds/data_statistics/fact_sheets/fs_men_heart.htm)

Cancer and Men

- Every year, more than 300,000 men in America lose their lives to cancer.
- The most common kinds of cancer among men in the U.S. are skin cancer, prostate cancer, lung cancer, and colorectal cancer.
- Skin cancer is the most common cancer in the United States. Most cases of melanoma, the deadliest kind of skin cancer, are caused by exposure to ultraviolet (UV) light from the sun and tanning devices.
- More men in the U.S. die from lung cancer than any other type of cancer, and cigarette smoking accounts for 90% of lung cancer deaths.
- Smoking increases the risk of developing the following types of cancer: esophagus, pancreas, pharynx, larynx, lip, oral cavity, kidney, bladder, stomach, colorectum, and acute myeloid leukemia.
- In men, the following cancers are associated with being overweight: colorectal cancer, esophageal adenocarcinoma (a type of cancer of the tube that connects your throat to your stomach), and cancer of the kidney and pancreas. Adopting a lifestyle that includes healthy eating and regular physical activity can help lower the risk for several types of cancers.
- Prostate cancer is the most frequently diagnosed cancer in men aside from skin cancer. For unclear reasons, incidence rates are 63% higher in African Americans than in whites. It is the second most common cause of cancer death in men.

(Source: Center for Disease Control and Prevention, Cancer Prevention and Control, June 9, 2015, <http://www.cdc.gov/features/cancerandmen/>, and American Cancer Society, Cancer Facts & Figures 2015, <http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-044552.pdf>)

Adult | PREVENTIVE MEDICINE AND ENVIRONMENTAL HEALTH

Key Findings

Over half (55%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than two-thirds (68%) of adults ages 65 and over had a flu vaccine in the past year.

Preventive Medicine

- Almost half (47%) of Tuscarawas County adults had a flu vaccine during the past 12 months.
- Of those who had a flu vaccine, 98% had the shot and 2% had the nasal spray.
- 68% of Tuscarawas County adults ages 65 and over had a flu vaccine in the past 12 months. The 2013 BRFSS reported that 63% of both Ohio and U.S. adults ages 65 and over had a flu vaccine in the past year.
- More than one-fifth (22%) of adults have had a pneumonia shot in their life, increasing to 55% of those ages 65 and over. The 2013 BRFSS reported that 71% of Ohio and 70% of U.S. adults ages 65 and over had a pneumonia shot in their life.
- Tuscarawas County adults have had the following vaccines: tetanus booster (including Tdap) in the past 10 years (43%), MMR vaccine in their lifetime (39%), pneumonia vaccine in their lifetime (22%), Zoster (shingles) vaccine in their lifetime (14%), pertussis vaccine in the past 10 years (9%), and human papillomavirus vaccine in their lifetime (4%).

Skin Cancer Prevention Recommendations

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

(CDC, Skin Cancer Prevention, Updated 5/29/2014, http://www.cdc.gov/cancer/skin/basic_info/prevention.htm)

Preventive Health Screenings and Exams

- In the past year, 55% of Tuscarawas County women ages 40 and over have had a mammogram.
- In the past year, 53% of Tuscarawas County men ages 50 and over have had a PSA test.
- See the Women and Men's Health Sections for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Tuscarawas County adults.

Adult Comparisons	Tuscarawas County 2015	Ohio 2013	U.S. 2013
Had a pneumonia vaccination (ages 65 and over)	55%	71%	70%
Had a flu vaccine in the past year (ages 65 and over)	68%	63%	63%

Environmental Health

- Tuscarawas County adults thought the following threatened their health in the past year:
 - Insects (18%)
 - Mold (7%)
 - Unsafe water supply/wells (4%)
 - Indoor air quality (4%)
 - Temperature regulation (4%)
 - Chemicals found in products (4%)
 - General living conditions (4%)
 - Outdoor air quality (4%)
 - Moisture issues (3%)
 - Plumbing problems (3%)
 - Food safety (3%)
 - Agricultural chemicals (3%)
 - Rodents (3%)
 - Lead paint (2%)
 - Sewage/waste water problems (2%)
 - Lice (1%)
 - Excess medications in home (1%)
 - Safety hazards (1%)
 - Sanitation issues (1%)
 - Bed bugs (1%)
 - Cockroaches (1%)
 - Radon (1%)
 - Hazardous waste incidents (<1%)
 - Asbestos (<1%)
 - Radiation (<1%)

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

HEALTHCARE TOPICS	Total 2015
Physical Activity or Exercise	33%
Weight, Dieting or Eating Habits	28%
Self-breast or Self-testicular Exams	28%
Immunizations	25%
Significance of Family History	17%
Depression, Anxiety, or Emotional Problems	16%
Injury Prevention Such As Safety Belt Use & Helmet Use	8%
Quitting Smoking	7%
Alcohol Use When Taking Prescription Drugs	5%
Sexual Practices Including Family Planning, STDs, AIDS, & Condom Use	5%
Alcohol Use	5%
Alternative Pain Therapy	5%
Domestic Violence	2%
Illicit Drug Abuse	2%

Tuscarawas County Adult Health Screening Results

GENERAL SCREENING RESULTS	Total Sample
Diagnosed with High Blood Pressure	40%
Diagnosed with High Blood Cholesterol	36%
Diagnosed with Diabetes	9%
Diagnosed with a Heart Attack	6%
Diagnosed with a Stroke	3%

(Percentages based on all Tuscarawas County adults surveyed)

Healthy People 2020

Immunization and Infectious Diseases (IID) - Pneumonia Vaccination

Objective	Tuscarawas County 2015	Ohio 2013	U.S. 2013	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	55%	71%	70%	90%

**U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2013 BRFSS, 2015 Tuscarawas County Health Assessment)*

Who Should Get a Yearly Flu Shot?

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

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

(Source: CDC, Seasonal Influenza (Flu), Who Should Get Vaccinated Against Influenza, Updated in 2014, from: <http://www.cdc.gov/flu/protect/whoshouldvax.htm>)

Adult | SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES

Key Findings

In 2015, nearly two-thirds (64%) of Tuscarawas County adults had sexual intercourse. Four percent of adults had more than one partner. Prevalence estimates suggest that young people aged 15-24 years acquire half of all new STDs and that 1 in 4 sexually active adolescent females have an STD, such as chlamydia or human papillomavirus (HPV) (Source: CDC, STDs in Adolescents and Young Adults, 2014 STD Surveillance).

Adult Sexual Behavior

- 4% of adults reported they had intercourse with more than one partner in the past year, increasing to 12% of those with incomes less than \$25,000.
- Tuscarawas County adults used the following methods of birth control: tubes tied (21%), vasectomy (20%), hysterectomy (16%), they or their partner were too old (15%), condoms (10%), birth control pill (8%), withdrawal (7%), abstinence (3%), IUD (2%), rhythm method (2%), infertility (2%), shots (1%), and diaphragm (<1%).
- 13% of Tuscarawas County adults were not using any method of birth control.
- Tuscarawas County adults did not use birth control for the following reasons:
 - They or their partner had a hysterectomy/vasectomy/tubes tied (40%)
 - They or their partner were too old (17%)
 - They wanted to get pregnant (8%)
 - They did not think they or their partner could get pregnant (6%)
 - They did not care if they or their partner got pregnant (5%)
 - They or their partner were currently pregnant (5%)
 - They did not want to use birth control (5%)
 - They or their partner did not like birth control/fear of side effects (3%)
 - Their partner did not want to use birth control (2%)
 - Religious preferences (2%)
 - They had a problem getting birth control when they needed it (1%)
 - They or their partner were currently breastfeeding (1%)
 - They could not pay for birth control (1%)
 - They had a same-sex partner (1%)
 - No regular partner (1%)

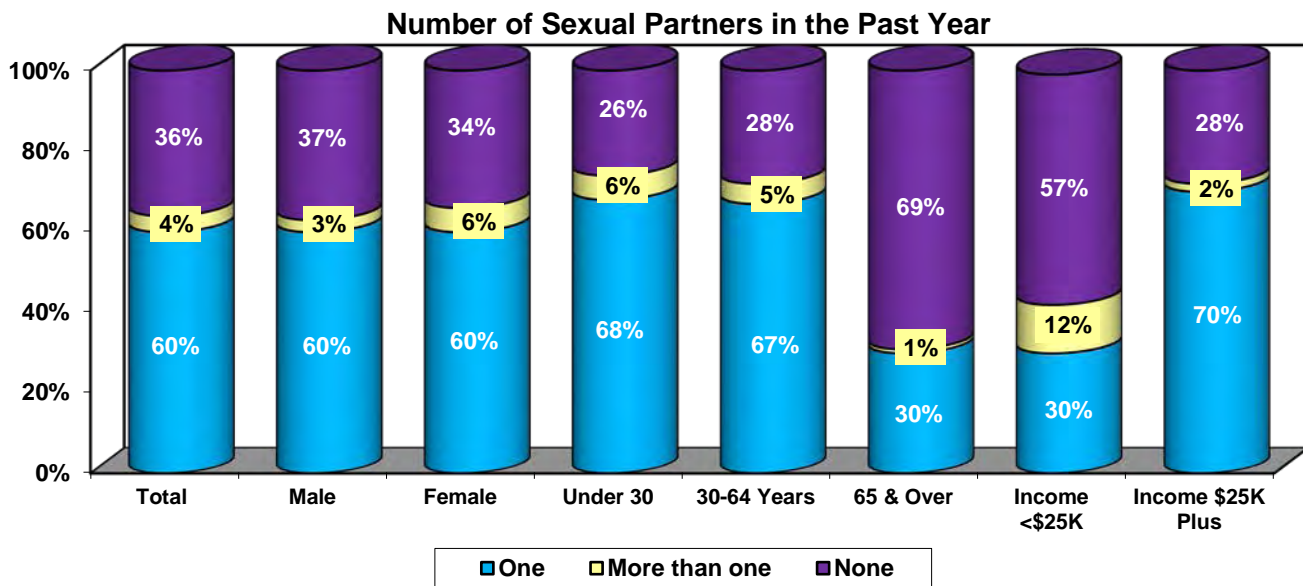
HIV in the United States

- More than 1.2 million people in the United States are living with HIV infection, and almost 1 in 7 (14%) are unaware of their infection.
- By race, African Americans face the most severe burden of HIV.
- The estimated incidence of HIV has remained stable overall in recent years, at about 50,000 new HIV infections per year.
- In 2013, an estimated 47,352 people were diagnosed with HIV infection in the United States. In that same year, an estimated 26,688 people were diagnosed with AIDS. Since the epidemic began, an estimated 1,194,039 people in the United States have been diagnosed with AIDS
- An estimated 13,712 people with an AIDS diagnosis died in 2010, and approximately 658,507 people in the United States with an AIDS diagnosis have died since the epidemic.

(Source: CDC, HIV in the United States: At a Glance, 3/12/2015, from: <http://www.cdc.gov/hiv/statistics/basics/ataglance.html>)

- The following situations applied to Tuscarawas County adults in the past year: tested for an STD (2%), had anal sex without a condom (2%), tested positive for Hepatitis C (1%), had sex with someone they did not know (1%), used intravenous drugs (1%), gave or received money or drugs in exchange for sex (<1%), and thought they may have an STD (<1%).
- Based on what they know about HIV, Tuscarawas County adults made the following sexual behavior changes in the past year: only had sexual intercourse with the same partner (54%), practiced abstinence (14%), always used condoms for protection (9%), and decreased their number of sexual partners (6%). 19% did not make any sexual behavior changes.

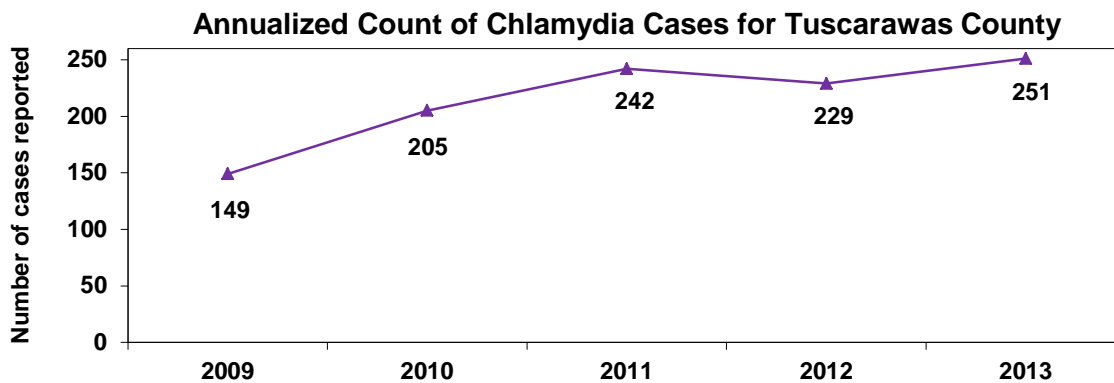
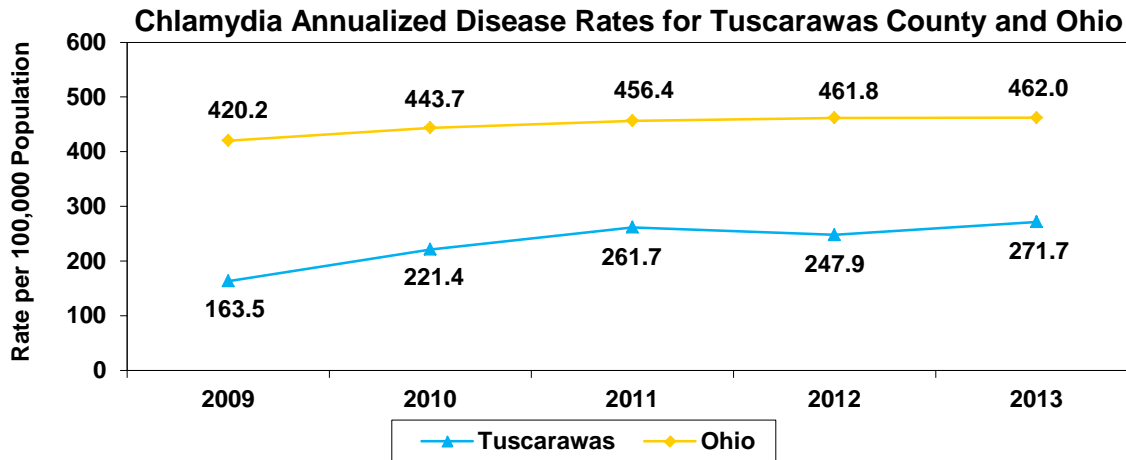
The following graph shows the sexual activity of Tuscarawas County adults. Examples of how to interpret the information in the graph include: 60% of all Tuscarawas County adults had one sexual partner in the last 12 months and 4% had more than one, and 60% of males had one partner in the past year.



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

The following graphs show Tuscarawas County chlamydia disease rates per 100,000 population, and the annualized counts, updated May 18, 2014 by the Ohio Department of Health. The graphs show:

- Tuscarawas County chlamydia rates fluctuated from 2009 to 2013. Tuscarawas County rates remained below the Ohio rates.
- In 2013, the U.S. rate for new chlamydia cases was 446.6 per 100,000 population (Source: CDC, *STD in the U.S., 2013*).

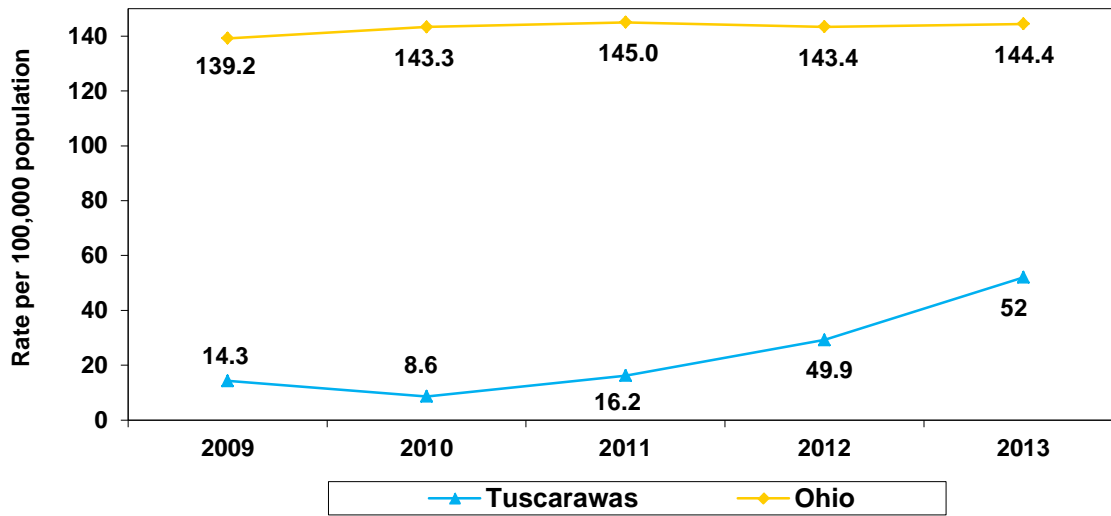


(Source for graphs: ODH, STD Surveillance, data reported through 5-18-14)

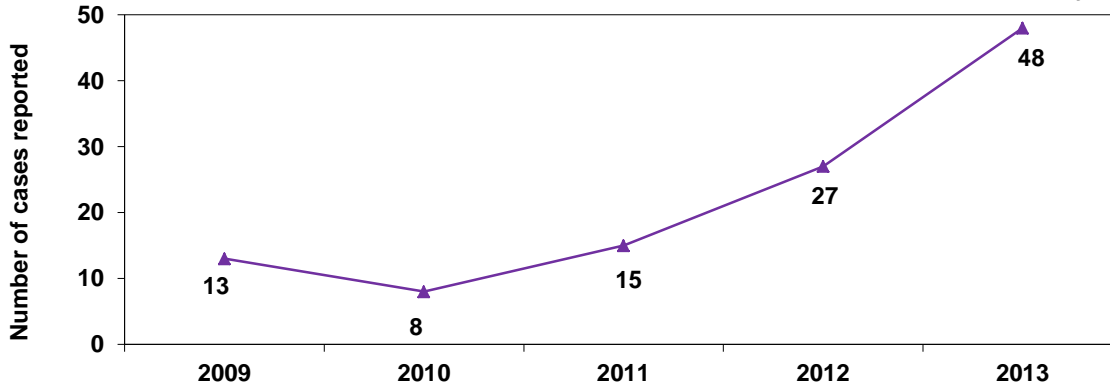
The following graphs show Tuscarawas County gonorrhea disease rates per 100,000 population updated June 27, 2014 by the Ohio Department of Health. The graphs show:

- The Tuscarawas County gonorrhea rate decreased from 2009 to 2010, but increased from 2011 to 2013. The Tuscarawas county gonorrhea rate remained below the Ohio rate.
- The Ohio gonorrhea rate fluctuated slightly from 2009 to 2013.
- In 2013, the U.S. rate for new gonorrhea cases for the total population was 106.1 per 100,000 population (Source: CDC, *STD in the U.S., 2013*).
- The Healthy People 2020 objective for gonorrhea is 257 new female and 198 new male cases per 100,000 population.

Gonorrhea Annualized Disease Rates for Tuscarawas County and Ohio



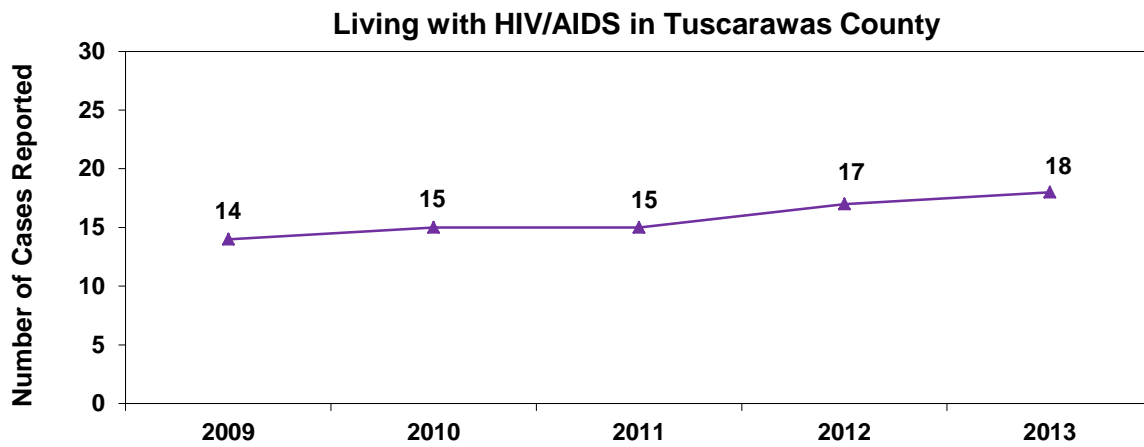
Annualized Count of Gonorrhea Cases for Tuscarawas County



(Source for graphs: ODH, STD Surveillance, data reported through 5-18-14)

The following graphs show Tuscarawas County HIV/AIDS rates per 100,000 population updated December 31, 2013 by the Ohio Department of Health. The graphs show:

- From 2009-2013, the number of people living with HIV/AIDS in Tuscarawas County increased slightly.

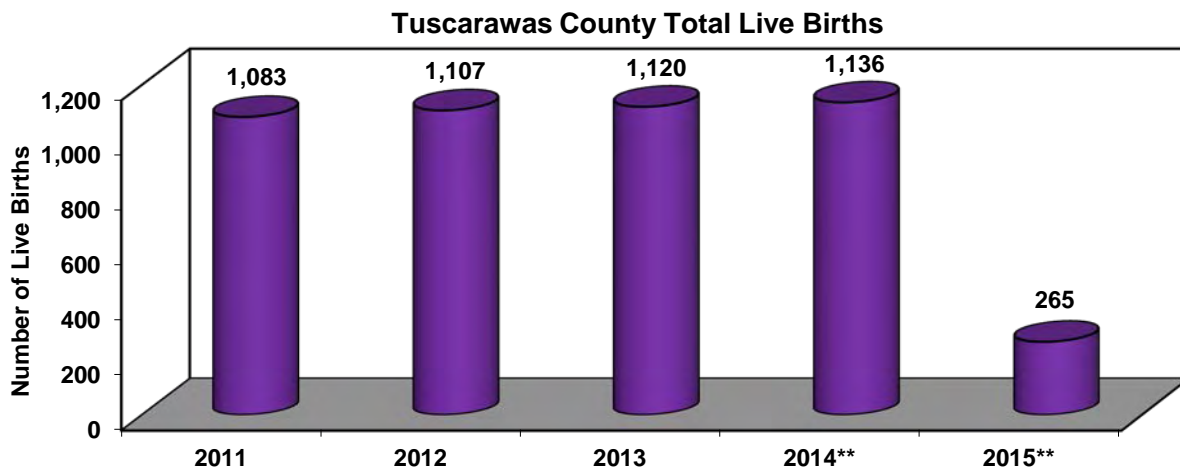


(Source for graphs: ODH HIV/AIDS Surveillance Program, Updated 12-31-13)

Pregnancy Outcomes

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

- From 2011-2015, there was an average of 942 live births per year in Tuscarawas County.



(Source for graph: ODH Information Warehouse Updated 4-6-15)

** - Indicates preliminary data that will change

Adult | QUALITY OF LIFE

Key Findings

In 2015, 18% of Tuscarawas County adults were limited in some way because of a physical, mental or emotional problem.

Impairments and Health Problems

- In 2015, almost one-fifth (18%) of Tuscarawas County adults were limited in some way because of a physical, mental or emotional problem (21% Ohio, 20% U.S., 2013 BRFSS), increasing to 33% of those with incomes less than \$25,000.
- Among those who were limited in some way, the following most limiting problems or impairments were reported: arthritis (58%), back or neck problems (53%), chronic pain (37%), walking problems (37%), stress, depression, anxiety, or emotional problems (22%), sleep problems (22%), high blood pressure (18%), fractures, bone/joint injuries (16%), heart problems (13%), hearing problems (13%), diabetes (13%), lung/breathing problems (11%), eye/vision problems (7%), incontinence (7%), tobacco dependency (7%), other mental health issues (6%), mental health illness/disorder (6%), stroke-related problems (5%), cancer (1%), and alcohol dependency (1%).
- Tuscarawas 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 (7%), grandchildren (4%), an adult child (3%), someone with special needs (3%), a friend, family member or spouse with a mental health issue (3%), a friend, family member or spouse with dementia (2%), children with discipline issues (1%), and foster children (<1%).
- In the past year, Tuscarawas County adults reported needing the following services: eyeglasses (24%), help with routine needs (9%), help with personal care (7%), pain management (7%), a cane (6%), medical supplies (5%), a walker (5%), hearing aids or hearing care (5%), a wheelchair (3%), a special bed (2%), oxygen or respiratory support (2%), mobility aids or devices (1%), communication aids or devices (1%), a special telephone (<1%), a wheelchair ramp (<1%), and personal emergency response system (<1%).
- Tuscarawas County adults needed help with the following as a result of confusion or memory loss: safety (2%), transportation (1%), household activities (1%), and personal care (1%). 2% of adults needed assistance in other areas, and 90% did not need any assistance as a result of confusion or memory loss.

Nine ways you can help protect your vision

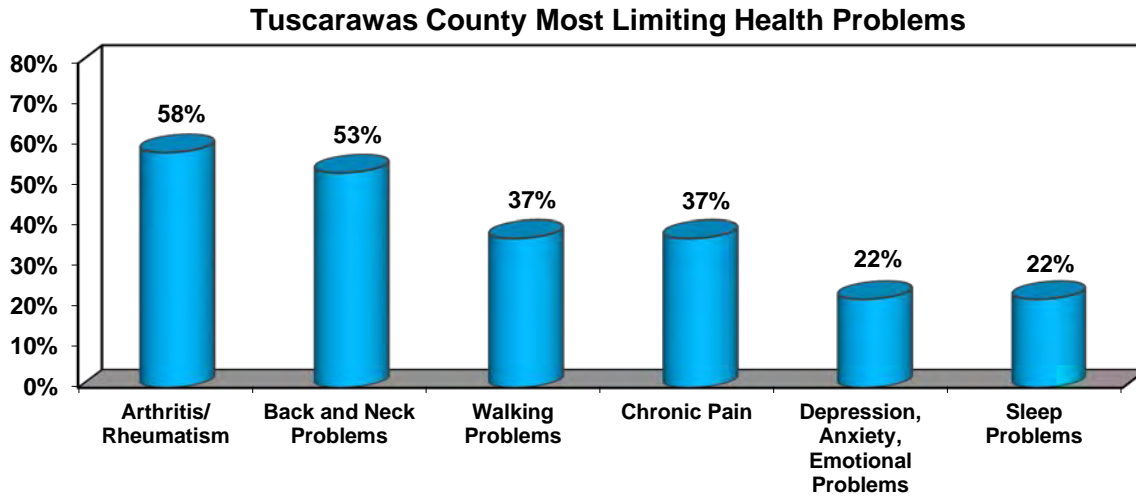
Follow these simple guidelines for maintaining healthy eyes:

- Have a comprehensive dilated eye exam.
- Know your family's eye health history.
- Eat right to protect your sight.
- Maintain a healthy weight
- Wear sunglasses to protect your eyes from the sun's ultraviolet rays.
- Give your eyes a rest.
- Quit smoking or never start.
- Clean your hands and your contact lenses properly.
- Practice workplace eye safety.

(Source: CDC, Vision Health Initiative, 2014, from: <http://www.cdc.gov/visionhealth/healthyvisionmonth/index.htm>)

Adult Comparisons	Tuscarawas County 2015	Ohio 2013	U.S 2013
Limited in some way because of a physical, mental, or emotional problem	18%	21%	20%

The following graph shows the most limiting health problems of Tuscarawas County adults who reported being limited by a physical, mental or emotional problem. Examples of how to interpret the information shown on the graph includes: 58% of Tuscarawas County adults who had a limitation reported arthritis/rheumatism.



Healthy People 2020

Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Tuscarawas County 2015	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	58%	36%

**U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2015 Tuscarawas County Health Assessment)*

Hearing Loss in Older Adults

- Hearing loss is one of the most common conditions affecting older adults. Approximately 17 percent, or 36 million, of American adults report some degree of hearing loss.
- There is a strong relationship between age and reported hearing loss: 18 percent of American adults 45-64 years old, 30 percent of adults 65-74 years old, and 47 percent of adults 75 years old, or older, have a hearing impairment.
- Men are more likely to experience hearing loss than women.
- People with hearing loss may find it hard to have a conversation with friends and family. They may also have trouble understanding a doctor's advice, responding to warnings, and hearing doorbells and alarms.

(Source: NIH Senior Health, Hearing Loss, <http://nihseniorhealth.gov/hearingloss/hearinglossdefined/01.html>)

Adult | SOCIAL CONTEXT AND SAFETY

Key Findings

In 2015, 12% of Tuscarawas County adults needed help meeting their general daily needs. More than half (53%) of adults kept a firearm in or around their home.

Social Context

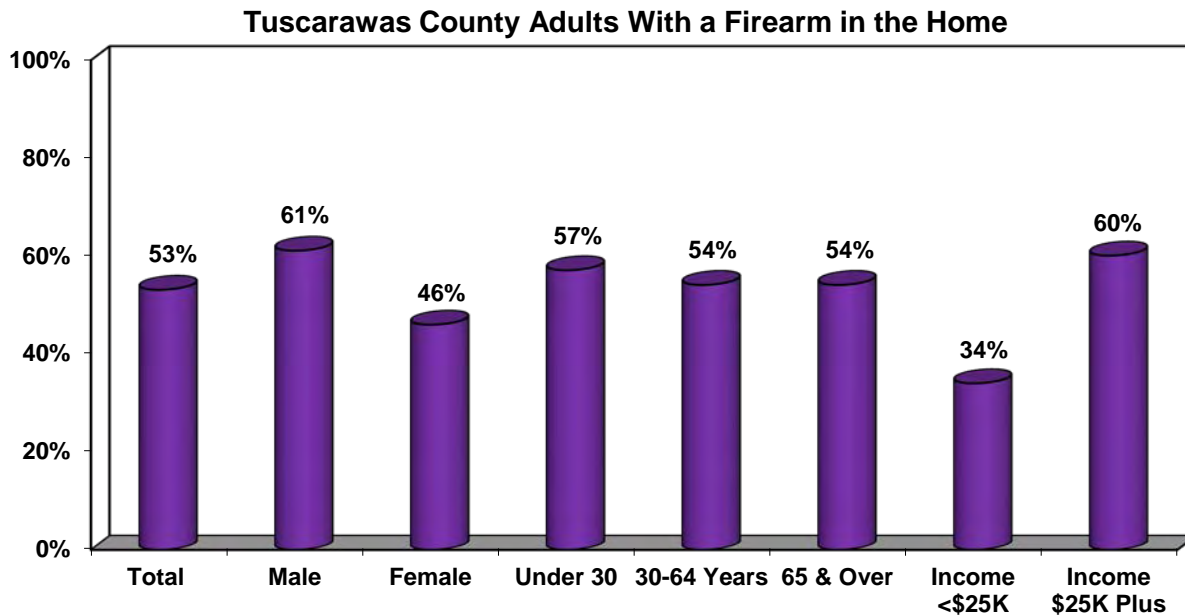
- In the past month, 12% of adults needed help meeting their general daily needs, such as food, clothing, shelter or paying utility bills, increasing to 21% of those with incomes less than \$25,000.
- Tuscarawas County adults sought assistance for the following in the past year: food (10%), mental illness (9%), healthcare (8%), utilities (7%), prescription assistance (7%), transportation (5%), rent/mortgage (4%), home repair (3%), free tax preparation (3%), legal aid services (3%), employment (2%), alcohol or other substance dependency (1%), abuse or neglect issues (1%), unplanned pregnancy (1%), credit counseling (1%), clothing (1%), emergency shelter (1%), affordable child care (1%), and homelessness (<1%).
- Tuscarawas County adults experienced the following in the past 12 months: a close family member went to the hospital (36%), death of a family member or close friend (30%), had bills they could not pay (14%), moved to a new address (8%), someone in their household lost their job (8%), someone in their household had their hours at work reduced (6%), had their household income reduce by 50% (5%), someone close to them had a problem with drinking or drugs (4%), became separated or divorced (3%), were abused by someone physically, emotionally, sexually or verbally (2%), had someone homeless living with them (2%), they or a family member were incarcerated (1%), were threatened by someone close to them (1%), their child was threatened by someone close to them (1%), were homeless (1%), were involved in a physical fight (1%), were financially exploited (1%), were hit or slapped by their spouse or partner (1%), someone in their household went to jail (1%), and their child was hit or slapped by their spouse or partner (<1%).

Tuscarawas County adults reported that substance/drug abuse, obesity, alcohol use, accidents/injuries, child abuse/neglect and depression were the top health concerns in their community.

Safety

- More than half (53%) of Tuscarawas County adults kept a firearm in or around their home. 4% of adults reported they were unlocked and loaded.
- Tuscarawas County adults reported doing the following while driving: wearing a seatbelt (87%), eating (42%), talking on hand-held cell phone (37%), talking on hands-free cell phone (23%), texting (14%), not wearing a seatbelt (8%), using internet on their cell phone (5%), checking Facebook on their cell phone (4%), being under the influence of prescription drugs (2%), reading (1%), being under the influence of alcohol (1%), being under the influence of recreational drugs (1%), and other activities (such as applying makeup, shaving, etc.) (2%).
- Adults would do the following to improve their community's access to health care: more primary family doctors and nurse practitioners (27%), more health education (24%), expanded hours for outpatient services (15%), more specialists (14%), in home care (6%), senior living options (5%), transportation assistance (3%), more culturally sensitive care (1%), and other (6%).

The following graph shows the percentage of Tuscarawas County adults that have a firearm in their home. Examples of how to interpret the information shown on the first graph include: 53% of all Tuscarawas County adults have a firearm in their home, 61% of males, and 57% of those under 30 years old have a firearm in the home.



Victims of Gun Violence in America

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

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

Distracted Driving

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

*(Source: CDC, Distracted Driving, updated October 10, 2014,
http://www.cdc.gov/motorvehiclesafety/distracted_driving/index.html)*

Ohio State Patrol Activity Statistics

- The table below shows activity that has been produced by the Ohio State Highway Patrol for Tuscarawas County from 1/1/2015 through 4/19/2015.
- The table also shows the 2014 comparison.

Year to Date Activity	2014	2015
Enforcement Stops	1,932	2,651
Non-Enforcement Activity	3,942	3,568
Warnings	1,092	1,155
Motorist Assists	2,128	1,671
Crashes Investigated	494	518
OVI Enforcement	86	76
Driving Under Suspension Enforcement	104	135
Seat Belt Enforcement	311	355
Commercial Vehicle Enforcement	138	125
Felony Arrests	10	13
Felony Warrants Served	4	3
Misdemeanor Summons Issued	30	42
Misdemeanor Warrants Served	14	19
Drug Violations	28	42
Identity Theft Enforcements	0	0
Resisting Arrest Violations	3	3
Weapons Violations	1	2

(Source: Ohio State Highway Patrol Statistics, Tuscarawas County Activity Statistics, Updated 4/19/2015, obtained from: <http://www.statepatrol.ohio.gov/statistics/statspage.asp?Area1=80&B1=Submit>)

Ohio State Highway Patrol Statistics

- Below are the yearly activity summaries and officer complaints from 2010-2014.
- In 2014 there were 68,904 total crashes in the state of Ohio.

Crashes Investigated	2010	2011	2012	2013	2014	5 Year Total
Total Crashes	69,077	66,628	64,561	64,468	68,904	334,638
Fatal	514	499	535	468	453	2,469
Injury	20,741	20,118	19,498	18,586	19,197	98,140
Property/Unknown	47,822	46,011	44,528	46,414	49,254	234,029

Traffic Enforcement	2010	2011	2012	2013	2014	5 Year Total
Total Contacts	1,386,383	1,404,060	1,495,564	1,582,694	1,583,785	7,452,486
Enforcement	514,247	512,125	567,858	601,371	615,100	2,810,701
Non-Enforcement	872,136	891,935	927,706	981,323	968,685	4,641,785
OVI Arrests	22,090	23,747	24,529	24,128	24,705	119,199
Speed Citations	325,423	323,477	362,821	381,500	385,451	1,778,672
Safety Belt Citations	86,623	84,176	91,595	97,463	108,193	468,050
Driver License Citations	25,367	25,656	28,299	32,344	33,407	145,073
Traffic Warnings	371,085	367,739	409,029	440,349	433,277	2,021,479
Motorist Assists	308,573	312,104	304,293	291,837	289,958	1,506,765

Crime Enforcement	2010	2011	2012	2013	2014	5 Year Total
Cases	11,458	9,281	9,432	10,394	10,047	50,612
Stolen Vehicles Recovered	676	653	735	654	526	3,244
Drug Arrests	5,665	6,164	7,644	9,630	11,157	40,260
Illegal Weapon Arrests	332	362	395	572	489	2,150
Resisting Arrests	682	726	721	732	708	3,569

(Source: OSHP Computer-Aided Dispatch (CAD) System and DPS Electronic Crash Record System. Updated: 02/11/2014)

Traffic Stop Data

- This data is compiled from all traffic stops in which a citation, inspection, warning, or vehicle defect notice was issued by Ohio State Highway Patrol Troopers in 2014.

Crime Enforcement	Asian	Black	Hispanic	White	Unknown	Total
Traffic Stop Contracts	13,490	131,211	21,810	808,830	3,413	979,381

(Source: OSHP Computer-Aided Dispatch (CAD) System and DPS Electronic Crash Record System.)

Complaint Data

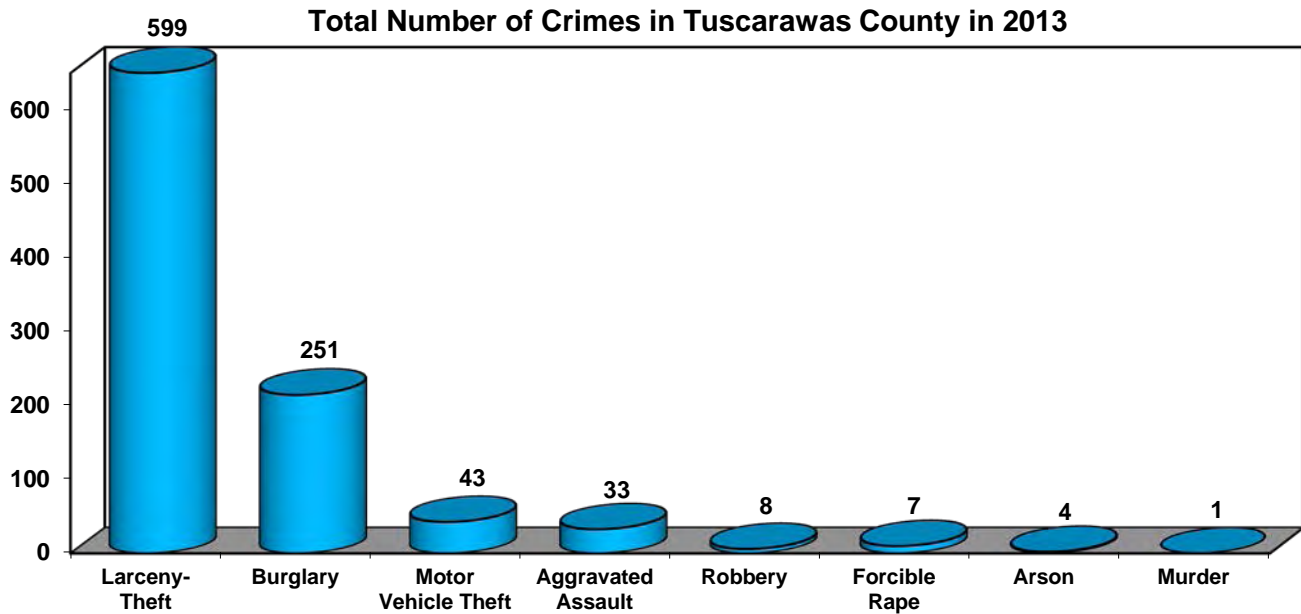
- This data represents all citizen complaints filed with the Ohio State Highway Patrol from January – December 2014.
- In 2014, there were a total of 23 filed citizen complaints.

	Citizen Complaints Filed	Chargeable Findings	Non-Chargeable Findings
Harassment	0	0	0
Sexual Harassment	0	0	0
Racial Harassment	1	0	1
Improper or Unfair Enforcement Practices	0	0	0
Arrest Complaint	2	2	0
Mistakes and/or Poor Quality Reports	0	0	0
Failure to Assist Public	0	0	0
Improper Vehicle Operation	3	2	1
Dishonesty, Untruthfulness, Falsification	0	0	0
Improper Use of Electronic Equipment	0	0	0
Personal Activity of Employee	1	1	0
Failure to Act	0	0	0
Care of Recovered Property	0	0	0
Excessive Force	0	0	0
Other Agency / Beyond Our Control	0	0	0
Negligence by Employee	1	0	1
Improper Interaction with Other Public Service Agencies	1	0	1
Verbal Abuse	1	0	1
Unprofessional Demeanor (attitude)	9	6	3
Racially Biased Traffic Stop or Enforcement	2	0	2
Personal Conduct while Off Duty	2	1	1
Misuse of LEADS	0	0	0
Lost or Damaged Property	0	0	0
Request for Bribes or Gratuities by Employee	0	0	0
Use of Position for Personal Gain	0	0	0
Conducting Personal Business While on Duty	0	0	0
Total Complaints	23	12	11

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

Crime Data

- In 2013, the total population in Tuscarawas County was 90,788.
- There were a total of 989 property crimes and 49 violent crimes in 2013.



(Source: Office of Criminal Justice Services, Crime Statistics and Crime Reports, 2013, from http://www.ocjs.ohio.gov/crime_stats_reports.stm)

Ohio Arrests/Incarceration Data

- In March 2015, the total inmate population in the state of Ohio was 50,184.
- In FY 2015, the total budget is \$1,619,085,171. The budget has increased \$19,390,404 since FY 2014.
- The average daily cost per inmate in 2015 was \$62.57, and the annual budget was \$22,836.34.

Ohio Department of Rehabilitation and Correction Counts	2015
Inmates Under 18 Years of Age	26
Inmates Over 50 Years of Age	7,933
Pregnant Females	49
Mothers/Babies in the ABC Nursery	6
Inmates Serving Life Without Parole (LWOP)	517

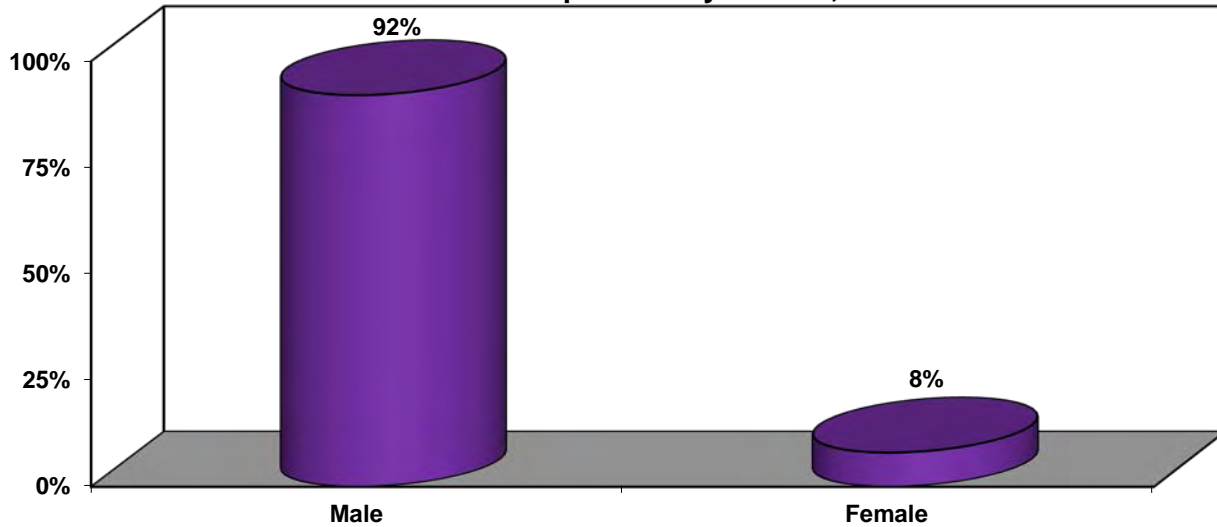
Age Range of Offender Population	2012
Male	37.67 years
Female	35.08 years
Average Stay in Prison	2.26 years

(Source: Ohio Department of Rehabilitation and Correction, Fact Sheet, March 2015, from <http://drc.ohio.gov/web/Reports/FactSheet/March%202015.pdf>)

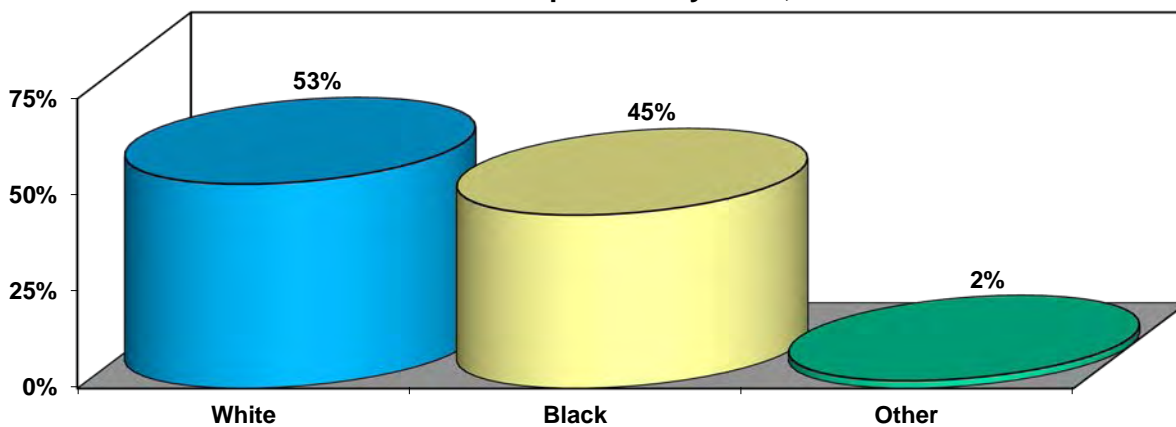
The following graphs show the Ohio inmate population in 2014 by gender and race. These graphs show:

- The percentage of Ohio citizens incarcerated is much more likely to be males than females.
- More than half of the Ohio population that is incarcerated is White, followed by African Americans at 45%.

Inmate Population by Gender, 2014



Inmate Population by Race, 2014



(Source: Ohio Department of Rehabilitation and Correction, Fact Sheet, March 2015, from <http://drc.ohio.gov/web/Reports/FactSheet/March%202015.pdf>)

Adult | MENTAL HEALTH AND SUICIDE

Key Findings

In 2015, 2% of Tuscarawas County adults considered attempting suicide. 9% of 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.

Adult Mental Health

- In the past year, 9% of Tuscarawas 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 13% of females and 18% those with incomes less than \$25,000.
- 2% of Tuscarawas County adults made a plan about attempting suicide in the past year.
- Less than one percent (<1%) of adults reported attempting suicide in the past year.
- Tuscarawas County adults reported they or a family member had been diagnosed with or treated for the following mental health issues: depression (29%), anxiety disorder (22%), anxiety or emotional problem (21%), bipolar (9%), attention deficit disorder (8%), post-traumatic stress disorder (5%), alcohol and illicit drug abuse (4%), other mental health disorder (4%), developmental disability (3%), autism spectrum (3%), psychotic disorder (2%), other trauma (2%), and a life adjustment disorder (2%). 26% of adults indicated they or a family member had taken medication for a mental health issue.
- Tuscarawas County adults received the social and emotional support they needed from the following: family (78%), friends (68%), church (36%), neighbors (10%), a professional (8%), community (5%), Internet (4%), self-help group (<1%), and other (5%).
- Tuscarawas County adults would do the following if they knew someone who was suicidal: talk to them (70%), try to calm them down (50%), call a crisis line (48%), call 9-1-1 (37%), take them to the emergency room (17%), and call a friend (16%).
- Tuscarawas County adults indicated the following caused them anxiety, stress or depression: job stress (35%), financial stress (35%), death of close family member or friend (21%), poverty/no money (20%), marital/dating relationship (17%), sick family member (17%), fighting at home (15%), other stress at home (11%), unemployment (11%), caring for parent (8%), family member with mental illness (5%), fighting with friends (5%), caring for someone with special needs (5%), divorce/separation (4%), family member with substance abuse problem (3%), raising/caring for grandchildren (3%), not having enough to eat (3%), alcohol or drug use at home (2%), not having a place to live (2%), family member in the military (1%), not feeling safe at home (1%), sexual orientation (1%), and not feeling safe in the community (1%).
- Tuscarawas County adults do the following to deal with their stress: talk to someone they trust (56%), listen to music (33%), eat more or less than normal (32%), exercise (31%), sleep (29%), work on a hobby (23%), work (22%), drink alcohol (11%), take it out on others (10%), smoke tobacco (9%), meditate (6%), use prescription drugs (3%), use herbs or home remedies (3%), use illegal drugs (2%), gamble (1%), and others things (9%).

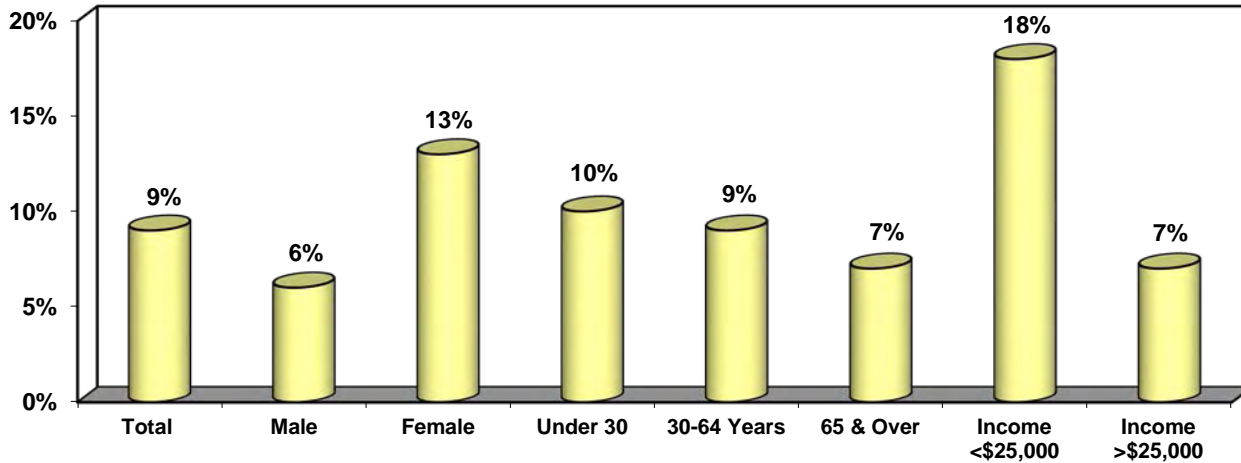
Suicide Facts

- 41,149 people in the U.S. died from suicide, and 1,028,725 people attempted suicide in 2013.
- An average of one person killed themselves every 12.8 minutes.
- Suicide is the 10th ranking cause of death in the U.S.
- For every female death by suicide, there are 3.5 male deaths.
- In 2013, there were 1,526 suicide deaths in Ohio.
- The leading suicide methods included:
 - Firearm suicides (51.5%)
 - Suffocation/Hanging (24.5%)
 - Poisoning (16.1%)
 - Cutting/Piercing (1.9%)
 - Drowning (1.0%)

(Sources: American Association of Suicidology, Facts & Statistics, from:
<http://www.suicidology.org/resources/facts-statistics>)

The following graph shows Tuscarawas County adults who felt sad or hopeless for two or more weeks in a row in the past year. Examples of how to interpret the information in the graph include: 9% of all Tuscarawas County adults felt sad or hopeless for two or more weeks in a row, 6% of males, and 13% of females.

Tuscarawas County Adults Feeling Sad or Hopeless for Two or More Weeks in a Row



Mental Health Services in Ohio

(Ohio Facts 2012, Fiscal Year (FY) 2011*)

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

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

Warning Signs for Suicide

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

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

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

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

Prevention: Take it Seriously

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

Recognize the *Imminent Dangers*:

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

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

Adult and Youth | ORAL HEALTH

Key Findings

The 2015 Health Assessment project has determined that more than half (58%) of Tuscarawas County adults had visited a dentist or dental clinic in the past year. The 2012 BRFSS reported that 68% of Ohio adults and 67% of U.S. adults had visited a dentist or dental clinic in the previous twelve months. Nearly three-fourths (73%) of Tuscarawas County youth in grades 6-12 had visited the dentist for a check-up, exam, teeth cleaning, or other dental work in the past year (2013 YRBS reported 75% for Ohio).

Tuscarawas County Dental Care Resources – 2012

- Number of licensed dentists- 38
- Number of primary care dentists- 30
- Ratio of population per dentist- 2,431:1
- Number of dentists who treat Medicaid patients- 11
- Ratio of Medicaid population per dentist who treats Medicaid patients- 1,857:1

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

Access to Dental Care

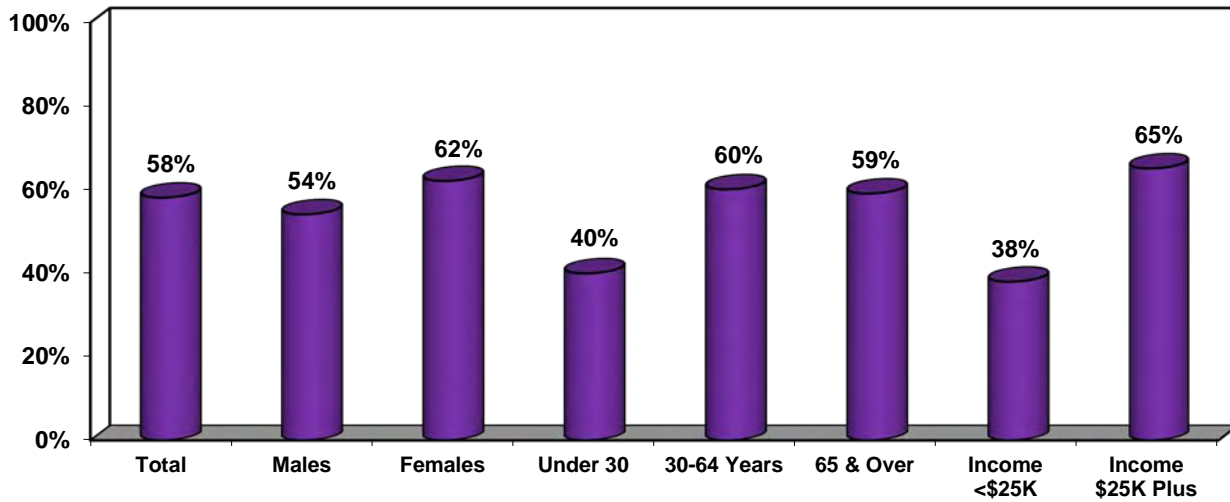
- In the past year, 58% of Tuscarawas County adults had visited a dentist or dental clinic, decreasing to 38% of adults with annual household incomes less than \$25,000.
- The 2012 BRFSS reported that 68% of Ohio adults and 67% of U.S. adults had visited a dentist or dental clinic in the previous twelve months.
- More than two-thirds (71%) of Tuscarawas County adults with dental insurance have been to the dentist in the past year, compared to 46% of those without dental insurance.
- When asked the main reason for not visiting a dentist in the last year, 30% said cost, 28% had no oral health problems, 13% said fear, apprehension, nervousness, pain, and dislike going, 4% had not thought of it, 3% could not find a dentist who took Medicaid, 2% had other priorities, 2% said their dentist did not accept their medical coverage, 1% did not have/know a dentist, 1% could not find a dentist who treats special needs clients, and 1% could not get into a dentist.
- More than half (51%) of adults had one or more of their permanent teeth removed, increasing to 77% of those ages 65 and over.
- 19% of Tuscarawas County adults ages 65 and over had all of their permanent teeth removed.
- Tuscarawas County youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work: less than a year ago (73%), 1 to 2 years ago (9%), 2 to or more years ago (5%), never (1%), and do not know (12%).

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	54%	13%	14%	13%	1%
Females	62%	7%	11%	16%	2%
Total	58%	10%	12%	14%	2%

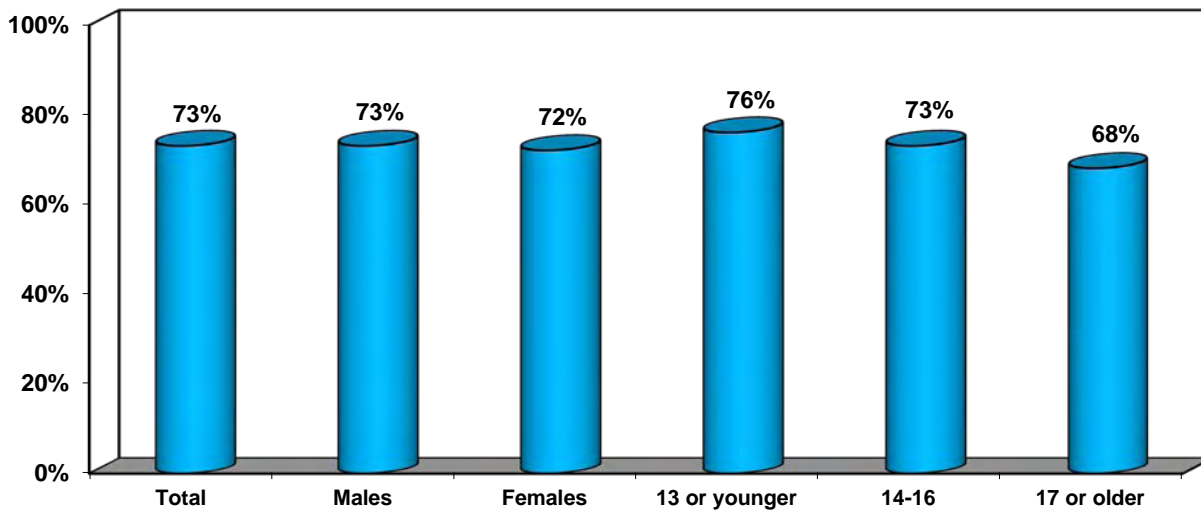
Totals may not equal 100% as some respondents answered do not know.

The following graphs provide information about the frequency of Tuscarawas County adult and youth dental visits. Examples of how to interpret the information on the first graph include: 58% of all Tuscarawas County adults had been to the dentist in the past year, 40% of those under the age of 30, and 38% of those with incomes less than \$25,000.

Tuscarawas County Adults Visiting a Dentist in the Past Year



Tuscarawas County Youth Visiting a Dentist in the Past Year



Adult Comparisons	Tuscarawas County 2015	Ohio 2013	U.S. 2013
Adults who have visited the dentist in the past year	58%	68%*	67%*

*2012 BRFSS Data

What You Can Do to Maintain Good Oral Health

- Drink fluoridated water and use fluoride toothpaste. Fluoride's protection against tooth decay works at all ages.
- Take care of your teeth and gums. Thorough tooth brushing and flossing to reduce dental plaque can prevent gingivitis—the mildest form of gum disease.
- Avoid tobacco. In addition to the general health risks posed by tobacco, smokers have 4 times the risk of developing gum disease compared to non-smokers.
- Limit alcohol. Heavy use of alcohol is a risk factor for oral and throat cancers.
- Eat wisely. Adults should avoid snacks full of sugars and starches.
- Visit the dentist regularly. Check-ups can detect early signs of oral health problems and can lead to treatments that will prevent further damage, and in some cases, reverse the problem.

(Source: CDC: Oral Health for Adults, July 2013, from: http://www.cdc.gov/OralHealth/publications/factsheets/adult_oral_health/adults.htm)

Oral Health in Older Adults

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

(Source: American Dental Association: Oral Longevity Questions and Answers, from: <http://www.ada.org/en/>)

Adult | PARENTING

Key Findings

The 2015 Health Assessment project identified that 69% of parents discussed peer pressure with their 6-to-17 year-old in the past year. Most (91%) parents reported their child had received all recommended immunizations.

Parenting

- Tuscarawas County parents approved of youth doing the following: parents allowing or giving alcohol to minors in their home (3%), other adults giving alcohol to minors (2%), drinking alcohol (2%), binge drinking (2%), consuming alcohol and driving a child (2%), riding in a vehicle with someone who had been drinking (2%), and drinking alcohol and driving (2%).
- 91% of parents reported their child had received all recommended immunization shots.
- Reasons for not receiving all recommended immunization shots included: fear of immunizations (18%), did not think immunization was necessary (14%), cost (5%), and other reasons (41%).
- Parents discussed the following topics with their 6-to-17 year-old in the past year:
 - Peer pressure (69%)
 - Screen-time (63%)
 - Physical activity (57%)
 - Dating and relationships (55%)
 - Bullying (54%)
 - Eating habits (51%)
 - Body image (43%)
 - Negative effects of tobacco (42%)
 - Abstinence/how to refuse sex (41%)
 - Negative effects of marijuana and other drugs (39%)
 - Negative effects of alcohol (38%)
 - Social media issues (30%)
 - Refusal skills/peer pressure (27%)
 - Weight status (25%)
 - Birth control (25%)
 - Condom use/safer sex/STD prevention (25%)
 - School/legal consequences of using tobacco/alcohol/other drugs (25%)
 - Energy drinks (25%)
 - Anxiety/depression/suicide (22%)
 - Negative effects of misusing prescription medication (18%)

Talking to your Teen about Drinking

- Be honest and direct.
- Encourage your teen to talk to you about drinking, remain calm when listening.
- Try not to judge or criticize. Make it comfortable for your teen to talk honestly.
- Remind your teen that drinking comes with serious risks.
- Emphasize that your teen should never drink and drive or ride with a driver who has been drinking.

(Source: MedlinePlus, Talking to your teen about drinking <http://www.nlm.nih.gov/medlineplus/ency/patientinstructions/000505.html>, May 14, 2014)

Tips for Parents – Ideas to Help Children Maintain a Healthy Weight

- Encourage healthy eating habits by providing fruits, vegetables, whole grains, low-fat or non-fat dairy products, and lean meats and proteins for your family.
- Find ways to make your family's favorite dishes in a healthier way.
- Limit or reduce the consumption of calorie-rich, sugary and/or saturated fat in your home.
- Adding physical activity into the family's routine will lead to it becoming a healthy habit. Some examples of moderate intensity physical activity include brisk walking, playing tag, jumping rope, playing soccer, swimming and dancing.
- Encourage fun activities to reduce the amount of sedentary time watching TV, playing video games or on the computer.
- The goal is to reduce the rate of weight gain in overweight and obese children and teens while still accounting for normal growth and development. Children and teens should not be placed on a diet without consulting a doctor.

(Source: CDC, Healthy Weight, "Tips for Parents – Ideas to Help Children Maintain a Healthy Weight", <http://www.cdc.gov/healthyweight/children/index.html>, November 25, 2014)

Youth | WEIGHT STATUS

Key Findings

The 2015 Health Assessment identified that 16% of Tuscarawas County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 34% of Tuscarawas County youth reported that they were slightly or very overweight. 80% of youth were exercising for 60 minutes on 3 or more days per week. 90% of youth were involved in extracurricular activities.

Youth Weight Status

- BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific as children's body fatness changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal weight, overweight, and obese.
- In 2015, 16% of youth were classified as obese by Body Mass Index (BMI) calculations (2013 YRBS reported 13% for Ohio and 14% for the U.S.). 13% of youth were classified as overweight (2013 YRBS reported 16% for Ohio and 17% for the U.S.). 67% were normal weight, and 3% were underweight.

16% of Tuscarawas County youth were classified as obese.

- 34% of youth described themselves as being either slightly or very overweight (2013 YRBS reported 28% for Ohio and 31% for the U.S.).
- Nearly half (48%) of all youth were trying to lose weight, increasing to 57% of Tuscarawas County female youth (compared to 40% of males) (2013 YRBS reported 47% for Ohio and 48% for the U.S.).
- Tuscarawas County youth reported doing the following to lose weight or keep from gaining weight in the past 30 days:
 - 53% of youth exercised.
 - 45% of youth drank more water.
 - 34% of youth ate more fruits and vegetables.
 - 28% of youth ate less food, fewer calories, or foods lower in fat.
 - 13% of youth skipped meals.
 - 4% reported going without eating for 24 hours or more (2013 YRBS reported 10% for Ohio and 13% for the U.S.).
 - 3% reported taking diet pills, powders, or liquids without a doctor's advice (2013 YRBS reported 5% for Ohio and the U.S.).
 - 3% vomited or took laxatives (2013 YRBS reported 5% for Ohio and 4% for the U.S.).
 - 2% reported smoking to lose weight.

Nutrition

- 12% of youth ate 5 or more servings of fruits and vegetables per day. 83% ate 1 to 4 servings of fruits and vegetables per day.
- Tuscarawas County youth consumed the following sources of calcium daily: milk (85%), yogurt (37%), other dairy products (53%), calcium-fortified juice (11%), calcium supplements (6%) and other calcium sources (7%).
- Youth reported they ate most of their food at the following places: home (94%), from a fast food place (3%), school (2%), a restaurant (1%) and a convenience store (<1%).

Physical Activity

- 80% of Tuscarawas County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. 56% did so on 5 or more days in the past week (2013 YRBS reports 48% for Ohio and 47% for the U.S.), and 35% did so every day in the past week (2013 YRBS reports 26% for Ohio and 27% for the U.S.). 9% of youth did not participate in at least 60 minutes of physical activity on any day in the past week (2013 YRBS reports 13% for Ohio and 15% for the U.S.).
- The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity per day. As part of their 60 minutes per day; aerobic activity, muscle strengthening, and bone strengthening are three distinct types of physical activity that children should engage in, appropriate to their age. Children should participate in each of these types of activity on at least three days per week.
- Tuscarawas County youth spent an average of 3.6 hours on their cell phone, 2.0 hours watching TV, 1.3 hours playing video games and 1.1 hours on their computer/tablet on an average day of the week.
- Nearly one-third (30%) of youth spent 3 or more hours watching TV on an average day (2013 YRBS reported 28% for Ohio and 33% for the U.S.).
- 90% of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (63%), exercising (outside of school) (54%), church youth group (32%), church or religious organization (31%), school club or social organization (30%), caring for siblings after school (24%), part-time job (21%), babysitting for other kids (20%), volunteering in the community (20%), caring for parents or grandparents (5%) or some other organized activity (Scouts, 4H, etc.) (11%).

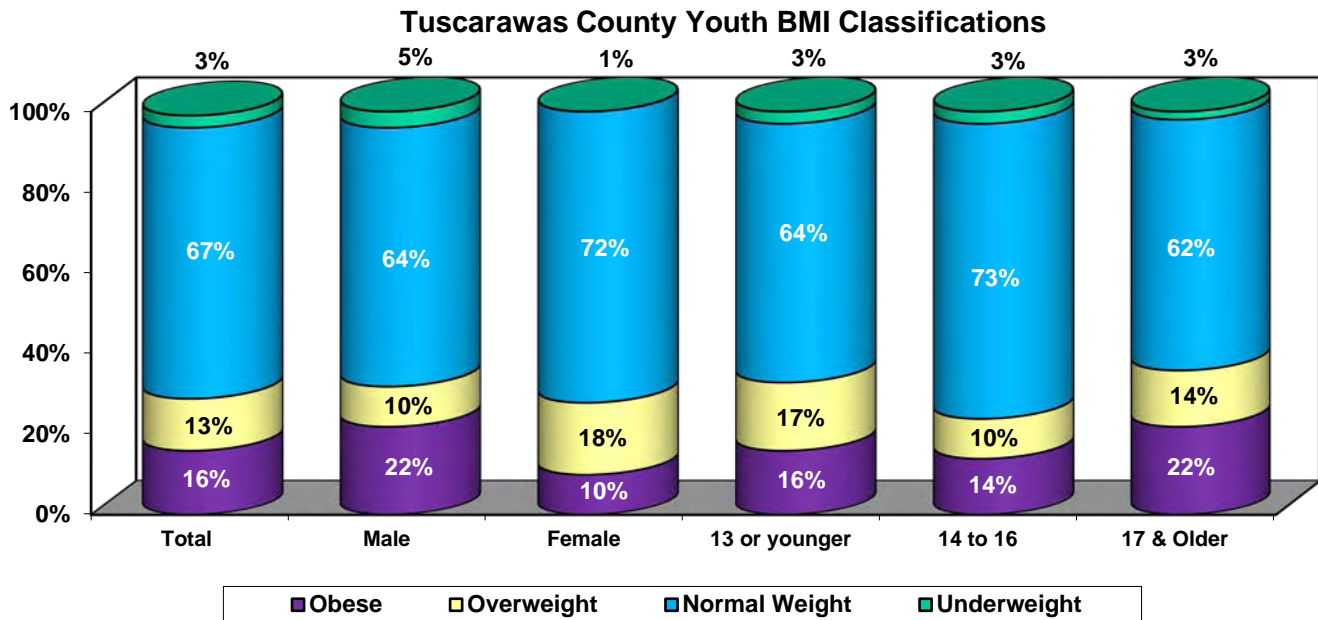
Tuscarawas County 6 th -12 th Grade Youth did the following to lose weight in the past 30 days:	Percent
Exercised	53%
Drank more water	45%
Ate more fruits and vegetables	34%
Ate less food, fewer calories, or foods lower in fat	28%
Skipped meals	13%
Went without eating for 24 hours	4%
Took diet pills, powders, or liquids without a doctor's advice	3%
Vomited or took laxatives	3%
Smoked cigarettes	2%

Physical Activity Facts

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

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

The following graph shows the percentage of Tuscarawas County youth who were classified as obese, overweight, normal weight, or underweight by Body Mass Index (BMI). Examples of how to interpret the information in the first graph include: 67% of all Tuscarawas County youth were classified as normal weight, 16% were obese, 13% were overweight, and 3% were underweight for their age and gender.



Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Obese	16%	18%	13%	14%
Overweight	13%	14%	16%	17%
Described themselves as slightly or very overweight	34%	36%	28%	31%
Trying to lose weight	48%	45%	47%	48%
Exercised to lose weight	53%	53%	61%‡	61%‡
Ate less food, fewer calories, or foods lower in fat to lose weight	28%	27%	43%‡	39%‡
Went without eating for 24 hours or more	4%	4%	10%	13%
Took diet pills, powders, or liquids without a doctor's advice	3%	4%	5%	5%
Vomited or took laxatives	3%	3%	5%	4%
Ate 1 to 4 servings of fruits and vegetables per day	83%	89%	85%‡	78%‡
Physically active at least 60 minutes per day on every day in past week	35%	34%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	56%	56%	48%	47%
Did not participate in at least 60 minutes of physical activity on any day in past week	9%	7%	13%	15%
Watched TV 3 or more hours per day	30%	28%	28%	33%

‡ Comparative YRBS data for Ohio is 2007 and U.S. is 2009

Youth | TOBACCO USE

Key Findings

The 2015 Health Assessment identified that 9% of Tuscarawas County youth in grades 6-12 were smokers, increasing to 16% of youth 17 and older. Of those 6th -12th grade youth who smoked in the past year, 41% had tried to quit. 61% of Tuscarawas County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.

In 2015, 9% of Tuscarawas County youth were current smokers, having smoked at some time in the past 30 days.

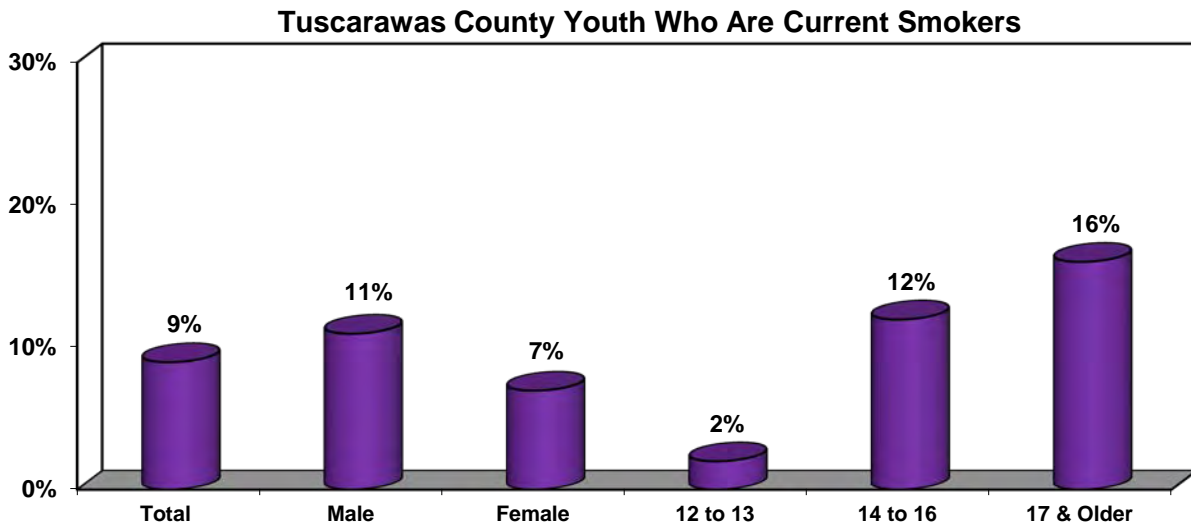
Youth Tobacco Use Behaviors

- The 2015 health assessment indicated that 24% of Tuscarawas County youth had tried cigarette smoking (2013 YRBS reported 41% for the U.S.).
- In 2015, 9% of Tuscarawas County youth were current smokers, having smoked at some time in the past 30 days increasing to 16% of youth 17 and older (2013 YRBS reported 15% for Ohio and 16% for the U.S.).
- Over three-fifths 61% of Tuscarawas County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- 41% of youth smokers borrowed cigarettes from someone else, 26% indicated they bought cigarettes from a store or gas station (2013 YRBS reported 18% for the U.S.), 24% took them from a family member, 24% gave someone else money to buy them cigarettes, 24% said a person 18 years or older gave them the cigarettes, 2% got them on the internet, and 13% got them some other way. No one reported getting them from a vending machine or taking them from a store.
- Tuscarawas County youth used the following forms of tobacco the most in the past year: e-cigarette (16%), cigarettes (15%), chewing tobacco or snuff (9%), Black and Milds (6%), cigars (5%), swishers (4%), hookah (4%), cigarillos (2%), flavored cigarettes (4%), snus (2%), little cigars (1%) and dissolvable tobacco products (1%). No one reported using bidis.
- Over two-fifths (41%) of Tuscarawas County youth who smoked in the past year had tried to quit smoking (2013 YRBS reported 48% for the U.S.).
- Nearly two-thirds (65%) of youth were exposed to second hand smoke. Youth reported being exposed to second hand smoke in the following places; another relative's home (30%), home (27%), in the car (22%), at a friend's home (21%), at a park or ball field (16%) and at the fairgrounds (17%).

Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Ever tried cigarettes	24%	34%	52%*	41%
Current smokers	9%	14%	15%	16%
Tried to quit smoking (of those youth who smoked in the past year)	41%	48%	56%*	48%

* Comparative YRBS data for Ohio is 2011

The following graph shows the percentage of Tuscarawas County youth who smoke cigarettes. Examples of how to interpret the information include: 9% of all Tuscarawas County youth were current smokers, 11% of males smoked, and 7% of females were current smokers.



Behaviors of Tuscarawas County Youth
Current Smokers vs. Non-Current Smokers

Youth Behaviors	Current Smoker	Non-Current Smoker
Participated in extracurricular activities	91%	90%
Exposed to second hand smoke	86%	63%
Parents disapprove of smoking	71%	95%
Have had at least one drink of alcohol in the past 30 days	61%	9%
Have had sexual intercourse	61%	16%
Have been bullied in the past 12 months	60%	47%
Have used marijuana in the past 30 days	36%	4%
Attempted suicide in the past 12 months	17%	7%
Misused prescription medications in the past 30 days	9%	5%

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

Electronic Cigarettes and Teenagers in the U.S.

- E-cigarettes look like regular cigarettes, but they are operated by battery. An atomizer heats a solution of liquid, flavorings, and nicotine that creates a mist that is inhaled.
- The percentage of high school students who had ever used e-cigarettes rose from 4.7% in 2011 to 10% in 2012. In the same time period, high school students using e-cigarettes within the past 30 days rose from 1.5% to 2.8%.
- The percentage of middle school students who had ever used e-cigarettes also doubled from 1.4% to 2.7%.
- 76% of current young e-cigarette users also smoked regular cigarettes. Some experts fear that e-cigarettes may encourage children to try regular cigarettes.
- Nicotine is a highly addictive drug. Many teens that start with e-cigarettes may be condemned to struggling with a lifelong addiction to nicotine and conventional cigarettes."

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

Youth | ALCOHOL CONSUMPTION

Key Findings

In 2015, the Health Assessment results indicated that 44% of Tuscarawas County youth in grades 6-12 had drunk at least one drink of alcohol in their life, increasing to 65% of youth seventeen and older. 35% of those 6th-12th graders who drank, took their first drink at 12 years or younger. 14% of all Tuscarawas County 6th-12th grade youth and 33% of those over the age of 17 had at least one drink in the past 30 days. 4% of all youth drivers had driven a car in the past month after they had been drinking alcohol.

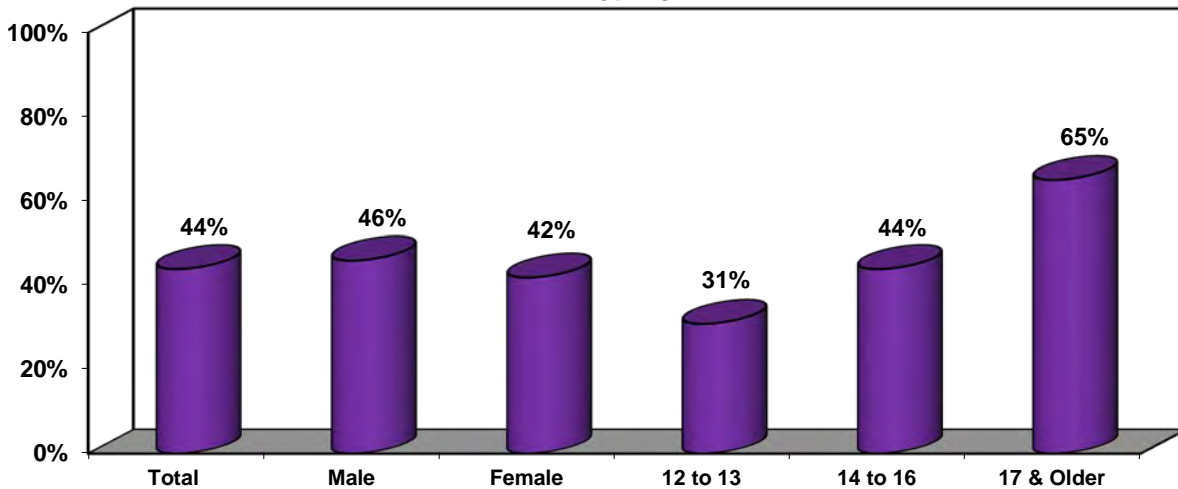
In Tuscarawas County in 2015, 14% of youth had at least one drink in the past 30 days.

Youth Alcohol Consumption

- In 2015, the Health Assessment results indicated that over two-fifths (44%) of all Tuscarawas County youth (ages 12 to 18) had at least one drink of alcohol in their life, increasing to 65% of those ages 17 and older (2013 YRBS reports 66% for the U.S.).
- 14% of youth had at least one drink in the past 30 days, increasing to 33% of those ages 17 and older (2013 YRBS reports 30% for Ohio and 35% for the U.S.).
- Of those who drank, 63% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition.
- Based on all youth surveyed, 9% were defined as binge drinkers, increasing to 19% of those ages 17 and older (2013 YRBS reports 16% for Ohio and 21% for the U.S.).
- Over one-third (35%) of Tuscarawas County youth who reported drinking at some time in their life had their first drink at 12 years old or younger; 28% took their first drink between the ages of 13 and 14, and 37% started drinking between the ages of 15 and 18. The average age of onset was 13.3 years old.
- Of all Tuscarawas County youth, 13% had drunk alcohol for the first time before the age of 13 (2013 YRBS reports 13% of Ohio youth drank alcohol for the first time before the age of 13 and 19% for the U.S.).
- Youth drinkers consumed alcohol in the following places in the past month: at another person's home (62%), at home (43%), at a restaurant, bar or club (6%), while riding in or driving a car or other vehicle (5%), at a public event (4%), and at a public place (2%). No one reported drinking alcohol on school property.
- Tuscarawas County youth drinkers reported they got their alcohol from the following: someone gave it to them (36%)(2013 YRBS reports 38% for Ohio and 42% for the U.S.), a parent gave it to them (33%), someone older bought it (26%), an older friend or sibling bought it (24%), gave someone else money to buy it (19%), a friend's parent gave it to them (6%), took it from a store or family member (6%), bought it in a liquor store/ convenience store/gas station (3%), bought it with a fake ID (3%) and some other way (14%). No one reported buying it at a public event or at a restaurant/bar/club.
- During the past month 16% of all Tuscarawas County youth had ridden in a car driven by someone who had been drinking alcohol (2013 YRBS reports 17% for Ohio and 22% for the U.S.).
- 4% of youth drivers had driven a car in the past month after they had been drinking alcohol (2013 YRBS reports 4% for Ohio and 10% for the U.S.).

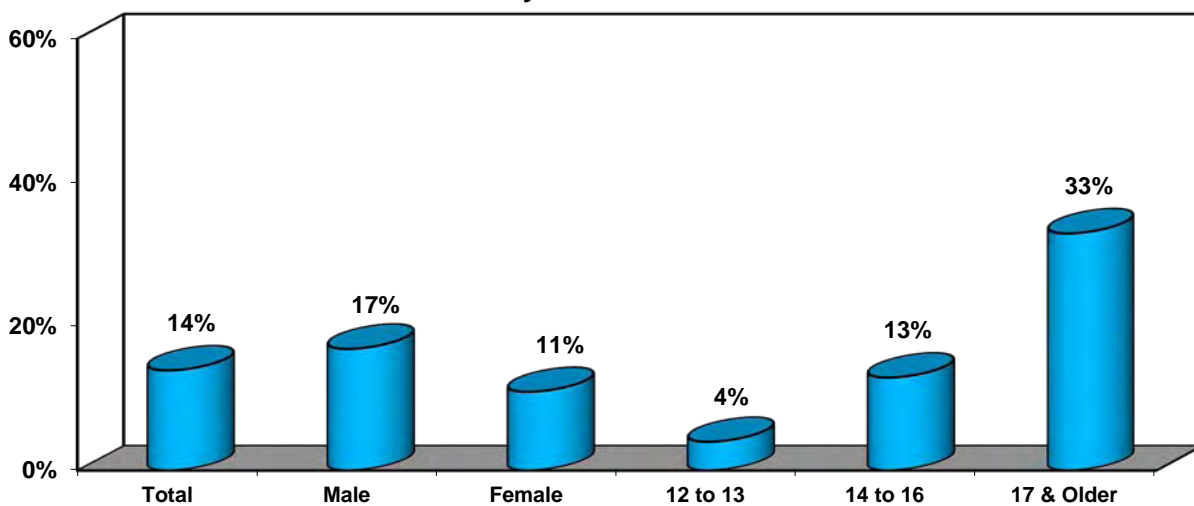
The following graphs show the percentage of Tuscarawas County youth who have drunk in their lifetime and those who are current drinkers. Examples of how to interpret the information include: 44% of all Tuscarawas County youth have drunk at some time in their life: 46% of males and 42% of females.

Tuscarawas County Youth Having At Least One Drink In Their Lifetime

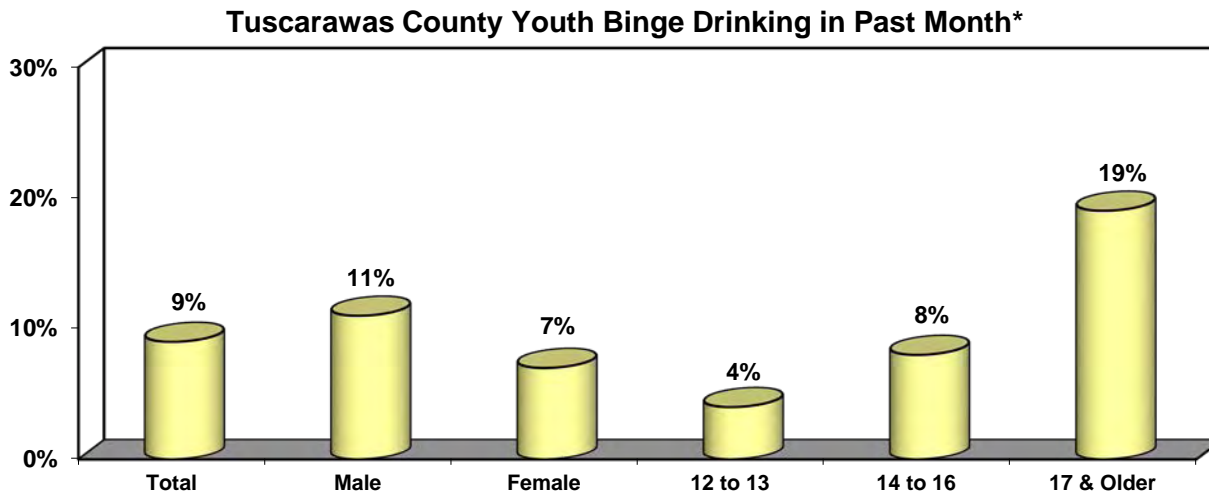


Based on all Tuscarawas County youth surveyed, 9% were defined as binge drinkers.

Tuscarawas County Youth Who Are Current Drinkers



The following graph shows the percentage of Tuscarawas County youth who were binge drinkers. Examples of how to interpret the information include: 9% of current drinkers binge drank in the past month, 11% of males, and 7% of females had binge drank. The table shows differences in specific risk behaviors between current drinkers and non-current drinkers.



*Binge drinking is defined as having five or more drinks on an occasion.

33% of Tuscarawas County youth drinkers reported they got their alcohol from a parent giving it to them.

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

Youth Behaviors	Current Drinker	Non-Current Drinker
Participated in extracurricular activities	94%	90%
Parent disapproves of drinking alcohol	69%	95%
Have had sexual intercourse	54%	15%
Have been bullied in the past 12 months	53%	47%
Have smoked cigarettes in the past 30 days	41%	4%
Have used marijuana in the past 30 days	30%	3%
Attempted suicide in the past 12 months	13%	7%
Misused prescription medications in the past 30 days	9%	4%

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

Of all Tuscarawas County youth, 13% had drunk alcohol for the first time before the age of 13.

Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Ever tried alcohol	44%	56%	71%*	66%
Current drinker	14%	23%	30%	35%
Binge drinker (of all youth)	9%	14%	16%	21%
Drank for the first time before age 13 (of all youth)	13%	8%	13%	19%
Rode with someone who was drinking	16%	16%	17%	22%
Drank and drove (of youth drivers)	4%	5%	4%	10%
Obtained the alcohol they drank by someone giving it to them	36%	40%	38%	42%

* Comparative YRBS data for Ohio is 2011

Teen Binge Drinking: All Too Common

Risks associated with bingeing:

- It is estimated that alcohol consumption is responsible for about 80,000 deaths in the US each year.
- Binge drinking has also been associated with many health problems, including:
 - Heart disease
 - Stroke
 - Cancer
 - Liver disease
 - Chemical dependency
 - Pregnancy
 - STDs
 - Alcohol poisoning
- MRI scans of the brains of teens that drank heavily showed damaged nerve tissue compared to those who did not drink alcohol.
- Studies have shown that alcohol can cause long-term damage to the brain and impair memory, coordination and movement.

(Source: Psychology Today, Teen Angst, Teen Binge Drinking: All Too Common, 1/26/2013, from: <http://www.psychologytoday.com/blog/teen-angst/201301/teen-binge-drinking-all-too-common>)

Youth | DRUG USE

Key Findings

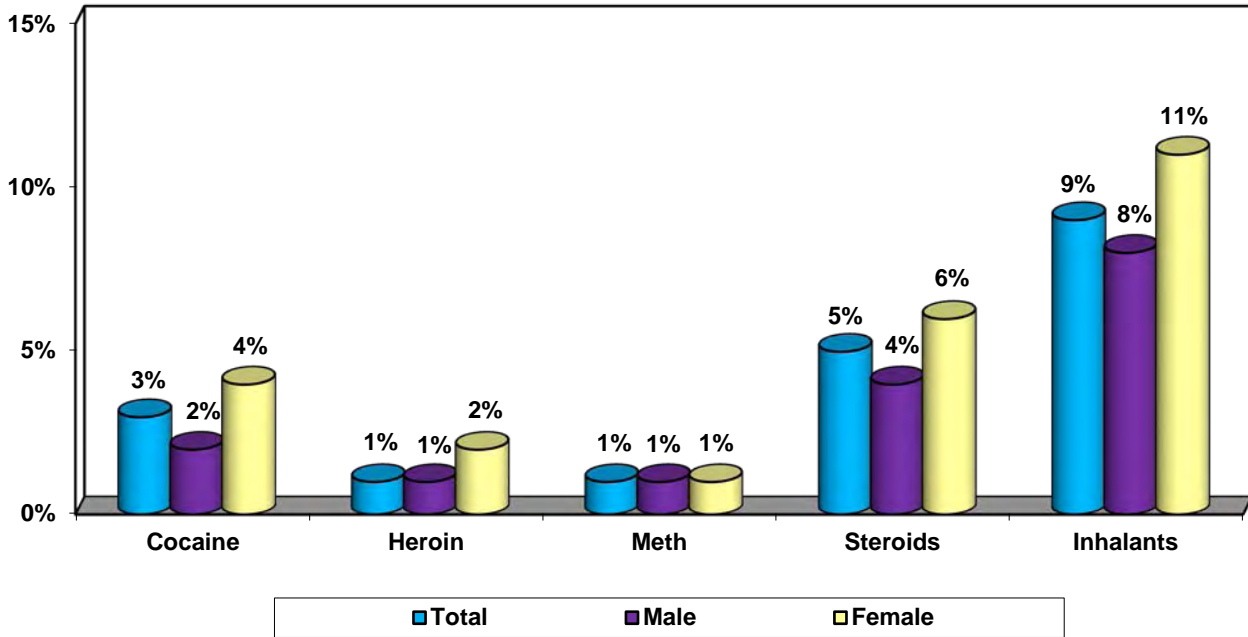
In 2015, 7% of Tuscarawas County 6th-12th grade youth had used marijuana at least once in the past 30 days, increasing to 13% of those ages 17 and older. 5% of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in the past month.

Youth Drug Use

- In 2015, 7% of all Tuscarawas County youth had used marijuana at least once in the past 30 days, increasing to 13% of those over the age of 17. The 2013 YRBS found a prevalence of 21% for Ohio youth and a prevalence of 23% for U.S. youth.
- Youth agreed with the following: using marijuana leads to other drug use (43%), marijuana is addictive (39%), medical marijuana should be legalized (32%) and recreational marijuana should be legalized (21%).
- 5% Tuscarawas County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives.
- In the past 30 days, 5% of Tuscarawas County youth used prescription drugs not prescribed for them.
- Tuscarawas County youth have tried the following in their life:
 - 9% of youth used inhalants, increasing to 16% of youth 13 and younger, (2013 YRBS reports 9% for both Ohio and U.S.)
 - 5% used steroids, (2013 YRBS reports 3% for both Ohio and U.S.)
 - 3% used cocaine, increasing to 6% of those over the age of 17, (2013 YRBS reports 4% for Ohio and 6% for U.S.)
 - 2% misused cough syrup
 - 2% used ecstasy/MDMA (2013 YRBS reports 7% for the U.S.)
 - 2% used K2/spice
 - 2% used posh/salvia/synthetic marijuana
 - 2% used liquid THC
 - 1% misused over-the-counter medications
 - 1% used methamphetamines, (2013 YRBS reports 3% for the U.S.)
 - 1% used heroin, (2013 YRBS reports 2% for both Ohio and U.S.)
 - 1% had been to a pharm party/used skittles
 - 1% used bath salts
 - <1% used Cloud 9
 - No one reported using GhB or misusing hand sanitizer
- During the past 12 months, 7% of all Tuscarawas County youth reported that someone had offered, sold, or given them an illegal drug on school property, (2013 YRBS reports 20% for Ohio and 22% for the U.S.).

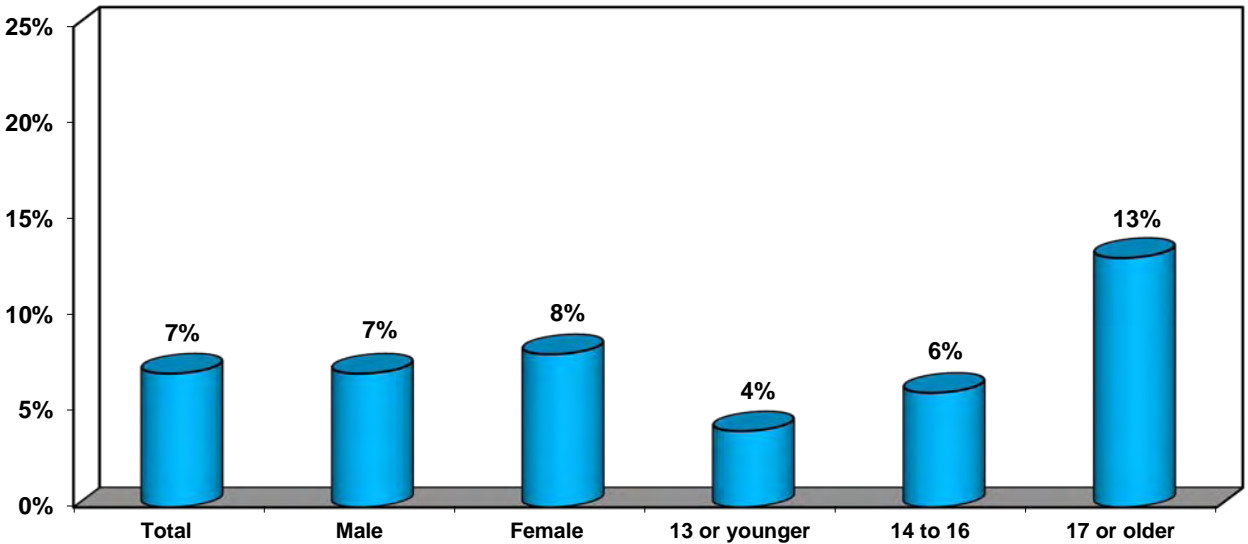
The following graphs are data from the 2015 Tuscarawas County Health Assessment indicating youth lifetime drug use and marijuana use in the past 30 days. Examples of how to interpret the information include: 3% of youth have used cocaine at some point in their lives, and 9% of youth have used inhalants at some point in their life.

Tuscarawas County Youth Lifetime Drug Use



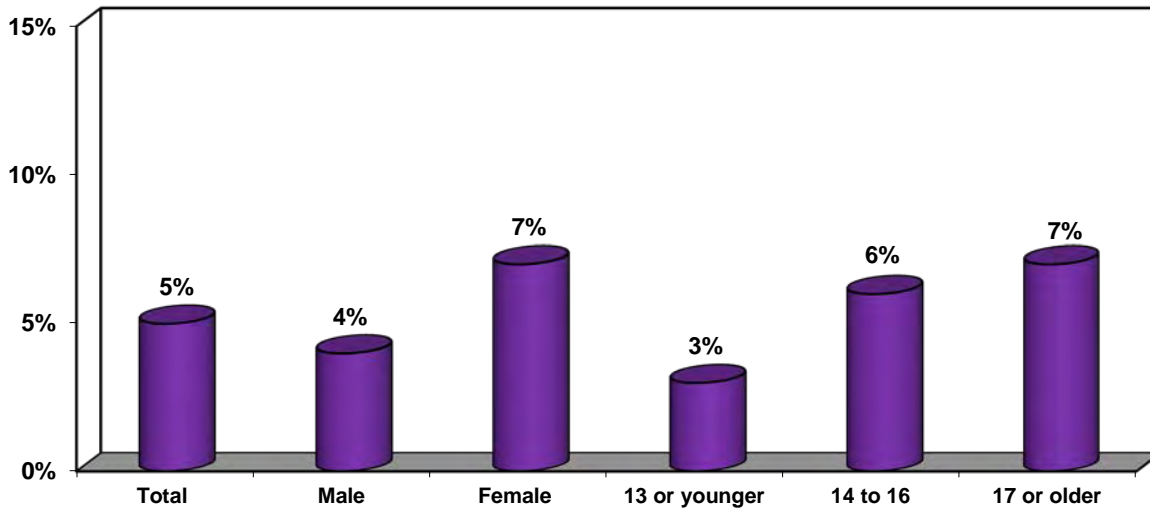
7% of Tuscarawas County youth had used marijuana in the past month.

Tuscarawas County Youth Marijuana Use in Past Month



The following graph is data from the 2015 Tuscarawas County Health Assessment indicating youth prescription medication abuse in the past month. Examples of how to interpret the information include: 5% of youth have misused medication in the past month.

Tuscarawas County Youth Prescription Medication Abuse In Past Month



Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Youth who used marijuana in the past month	7%	11%	21%	23%
Ever used methamphetamines	1%	1%	6%‡	3%
Ever used cocaine	3%	5%	4%	6%
Ever used heroin	1%	2%	2%	2%
Ever used steroids	5%	4%	3%	3%
Ever used inhalants	9%	4%	9%	9%
Ever misused prescription medications	5%	7%	N/A	18%
Ever used ecstasy/MDMA	2%	3%	N/A	7%
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	7%	8%	20%	22%

‡ Comparative YRBS data for Ohio is 2007
N/A - Not available

Drug Facts: Drugged Driving

- Vehicle accidents are the leading cause of death among young people aged 16 to 19. When teens' relative lack of driving experience is combined with the use of marijuana or other substances that affect cognitive and motor abilities, the results can be tragic.
- According to the 2013 National Survey on Drug Use and Health (NSDUH), an estimated 9.9 million people aged 12 or older reported driving under the influence of illicit drugs during the year prior to being surveyed.
- After alcohol, THC (delta-9-tetrahydrocannabinol), the active ingredient in marijuana is the substance most commonly found in the blood of impaired drivers, fatally injured drivers, and motor vehicle crash victims. Studies in several localities have found that approximately 4 to 14 percent of drivers who sustained injury or died in traffic accidents tested positive for THC.

(Source: National Institute on Drug Abuse, *The Science of Drug Abuse & Addiction: Drug Facts: Drugged Driving*, <http://www.drugabuse.gov/publications/drugfacts/drugged-driving>, revised 12-14)

Youth | SEXUAL BEHAVIOR AND TEEN PREGNANCY OUTCOMES

Key Findings

In 2015, one-fifth (20%) of Tuscarawas County youth have had sexual intercourse, increasing to 50% of those ages 17 and over. 17% of youth had participated in oral sex and 3% had participated in anal sex. 20% of youth participated in sexting. Of those who were sexually active, 48% had multiple sexual partners.

50% of Tuscarawas County youth ages 17 and over have had sexual intercourse.

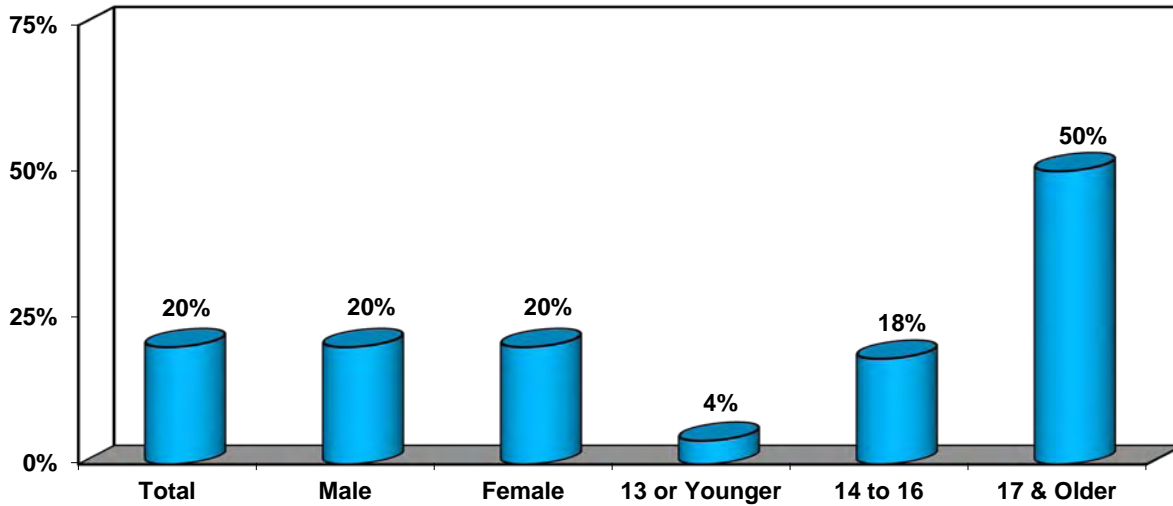
Youth Sexual Behavior

- One-fifth (20%) of Tuscarawas County youth have had sexual intercourse, increasing to 50% of those ages 17 and over. The 2013 YRBS reports 43% for Ohio and 47% of U.S. youth have had sexual intercourse.
- 17% of youth had participated in oral sex, increasing to 45% of those ages 17 and over.
- 3% of youth had participated in anal sex, increasing to 11% of those ages 17 and over.
- 20% of youth had participated in sexting, increasing to 39% of those ages 17 and over.
- 26% of youth had viewed pornography, increasing to 33% of males and 43% of those ages 17 and over.
- Of those youth who were sexually active in their lifetime, 52% had one sexual partner and 48% had multiple partners.
- 3% of all Tuscarawas County youth had 4 or more partners (2013 YRBS reports 12% for Ohio and 15% for the U.S.).
- Of those youth who were sexually active, 28% had done so by the age of 13. Another 40% had done so by 15 years of age. The average age of onset was 14.6 years old.
- Of all youth, 3% were sexually active before the age of 13 (2013 YRBS reports 4% for Ohio and 6% for the U.S.).
- 64% of youth who were sexually active used condoms to prevent pregnancy, 26% used birth control pills, 2% used the withdrawal method, 1% used a shot, patch or birth control ring and 1% used some other method. No one reported using an IUD and 1% reported they were gay or lesbian. However, 12% were engaging in intercourse without a reliable method of protection. 4% of youth reported they were unsure.
- Tuscarawas County youth had experienced the following: wanted to get pregnant (3%), had been pregnant (2%), had a miscarriage (1%), had been treated for an STD (1%), got someone pregnant (1%), had an abortion (1%), tried to get pregnant (1%), had sex in exchange for something of value such as food, drugs, shelter or money (1%), and had a child (1%).

The following graphs show the percentage of Tuscarawas County youth who participated in sexual intercourse and oral sex. Examples of how to interpret the information include: 20% of all Tuscarawas County youth had sexual intercourse, 20% of males, and 20% of females had sex.

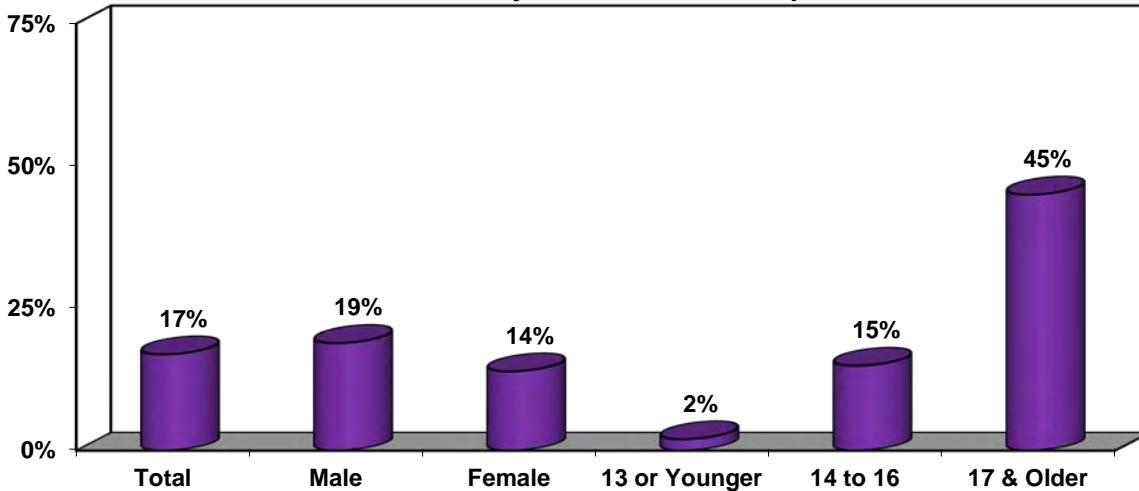
SEXUAL BEHAVIOR

Tuscarawas County Youth Who Had Sexual Intercourse



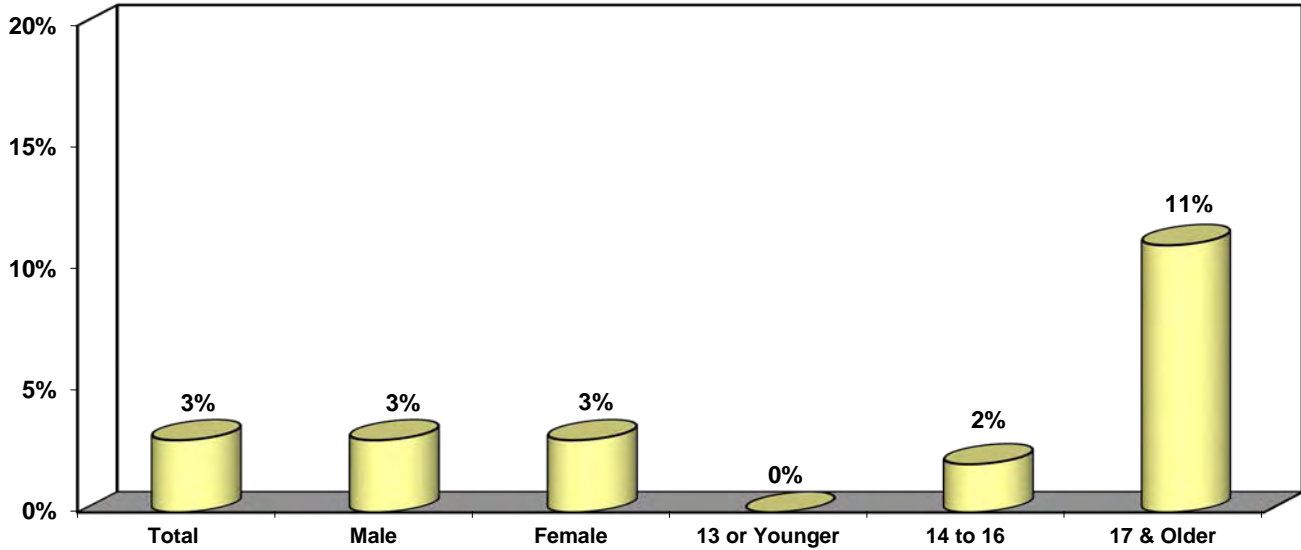
12% of Tuscarawas County youth who were sexually active were not using a reliable method of protection to prevent pregnancy.

Tuscarawas County Youth Who Participated in Oral Sex

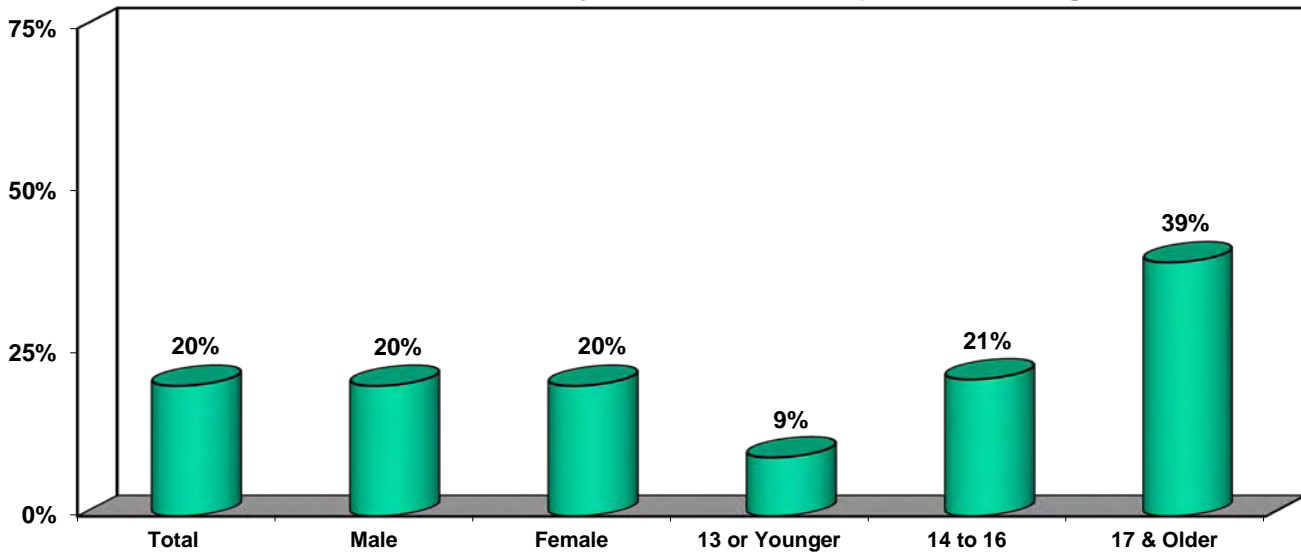


The following graphs show the percentage of Tuscarawas County youth who participated in anal sex and sexting. Examples of how to interpret the information include: 3% of all Tuscarawas County youth participated in anal sex, 3% of males, and 3% of females.

Tuscarawas County Youth Who Participated in Anal Sex



Tuscarawas County Youth Who Participated in Sexting



Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Ever had sexual intercourse	20%	34%	43%	47%
Used a condom at last intercourse	64%	68%	51%	59%
Used birth control pills at last intercourse	26%	26%	24%	19%
Did not use any method to prevent pregnancy during last sexual intercourse	12%	14%	12%	14%
Had four or more sexual partners (of all youth)	3%	6%	12%	15%
Had sexual intercourse before age 13 (of all youth)	3%	2%	4%	6%

Sexual Risk Behavior

Many young people engage in sexual risk behaviors that can result in unintended health outcomes. For example, among U.S. high school students surveyed in 2013:

- 47% had ever had sexual intercourse
- 34% had sexual intercourse during the previous 3 months, and, of these
- 41% did not use a condom the last time they had sex
- 15% had had sex with 4 or more people during their life
- Only 22% of sexually experienced students have ever been tested for HIV

Sexual risk behaviors place adolescents at risk for HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy:

- Approximately 10,000 young people aged 13-24 years were diagnosed with HIV infection in the United States in 2013
- Nearly half of the 20 million new STDs each year are among young people aged 15-24 years
- In 2013, about 273,000 babies were born to teenage girls

(Source: CDC, *Adolescent and School Health*, updated 3/25/2015, from: <http://www.cdc.gov/HealthyYouth/sexualbehaviors/>)

Youth | MENTAL HEALTH AND SUICIDE

Key Findings

In 2015, the Health Assessment results indicated that 16% of Tuscarawas County 6th-12th grade youth had seriously considered attempting suicide in the past year and 8% admitted actually attempting suicide in the past year.

Youth Mental Health

- In 2015, 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 36% of females (2013 YRBS reported 26% for Ohio and 30% for the U.S.).

2013 Ohio Suicide Statistics for Youth Grades 9-12

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

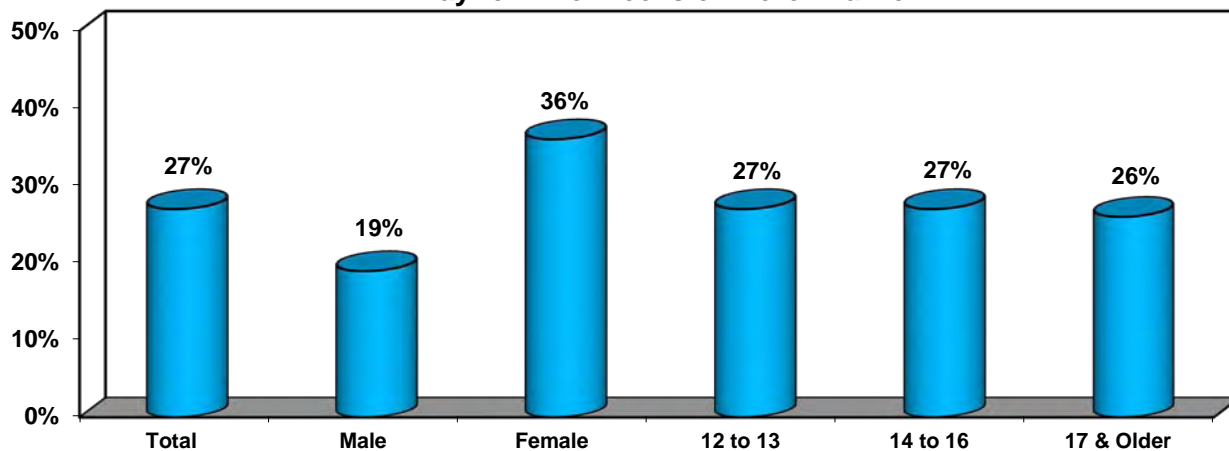
(Source: Centers for Disease Control and Prevention, Healthy Youth, YRBS 2013)

Tuscarawas County youth reported the following leading causes of anxiety, stress and depression: academic success (38%), fighting with friends (37%), fighting at home (33%) and sports (29%).

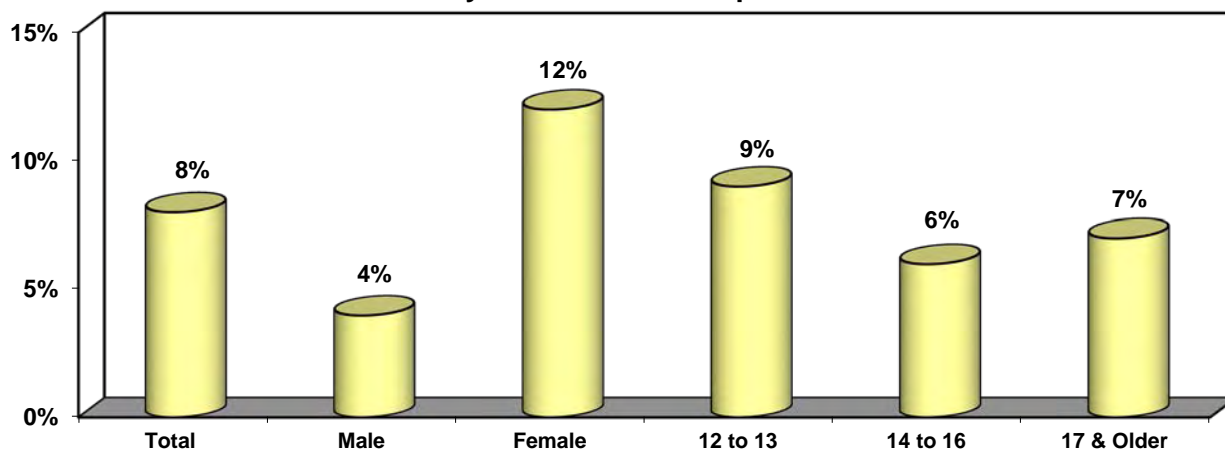
- 16% of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 26% of females, (2013 YRBS rate of 14% for Ohio youth and 17% for U.S. youth).
- In the past year, 8% of Tuscarawas County youth had attempted suicide, increasing to 12% of females. 3% of youth had made more than one attempt. The 2013 YRBS reported a suicide attempt prevalence rate of 6% for Ohio youth and 8% for U.S. youth.
- Of all youth, 3% made a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse, (2013 YRBS reported 1% for Ohio and 3% for the U.S.).
- Tuscarawas County youth reported the following causes of anxiety, stress and depression: academic success (38%), fighting with friends (37%), fighting at home (33%), sports (29%), self-image (26%), peer pressure (26%), being bullied (26%), other stress at home (25%), death of close family member or friend (23%), breakup (22%), dating relationship (22%), parent divorce/separation (13%), poverty/no money (11%), caring for younger siblings (8%), alcohol or drug use at home (5%), ill parent (5%), parent lost their job (5%), not feeling safe at home (5%), parent/caregiver with a substance abuse problem (4%), parent with a mental illness (3%), not feeling safe in the community (3%), sexual orientation (3%), family member in the military (3%), not having enough to eat (2%), and not having a place to live (1%).
- Youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (51%), hobbies (42%), texting someone (36%), praying (34%), talking to someone in their family (29%), exercising (28%), talking to a peer (26%), eating (25%), using social media (15%), reading the Bible (16%), breaking something (11%), shopping (11%), writing in a journal (11%), self-harm (7%), talk to a counselor /teacher (9%), drinking alcohol (5%), using illegal drugs (2%), using prescribed medication (5%), smoking/using tobacco (4%), vandalism/violent behavior (3%), talking to a medical professional (2%), harming someone else (1%), gambling (1%), and using un-prescribed medication (1%). 12% of youth reported they did not have anxiety, stress, or depression.

The following graphs show the percentage of Tuscarawas County youth who had felt sad or hopeless almost every day for two weeks or more in a row and attempted suicide in the past 12 months (i.e., the first graph shows that 27% of all youth had felt sad or hopeless for two weeks or more, 19% of males and 36% of females).

Tuscarawas County Youth Who Felt Sad or Hopeless Almost Every Day for Two Weeks or More in a Row



Tuscarawas County Youth Who Attempted Suicide in Past 12 Months



Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Youth who had seriously considered attempting suicide in the past year	16%	18%	14%	17%
Youth who had attempted suicide in the past year	8%	8%	6%	8%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (of all youth)	3%	4%	1%	3%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	27%	26%	26%	30%

Youth Suicide

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

Risk Factors Include:

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

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

Youth | SAFETY

Key Findings

In 2015, 16% of youth had ridden in a car driven by someone who had been drinking alcohol in the past month and 4% of youth drivers had driven after drinking alcohol. 38% of youth drivers texted while driving.

Personal Safety

- In the past 30 days, 16% of youth had ridden in a car driven by someone who had been drinking alcohol, (2013 YRBS reported 17% for Ohio and 22% for the U.S.) and 4% of youth drivers had driven a car themselves after drinking alcohol, (2013 YRBS reported 4% for Ohio and 10% for the U.S.).
- Tuscarawas County youth drivers did the following while driving in the past month: wore a seatbelt (84%), ate (49%), talked on their cell phone (44%), drove while tired or fatigued (40%), texted (38%), used the internet on their cell phone (16%), used cell phone for other things (11%), checked facebook on their cell phone (8%), applied makeup (7%), used illegal drugs (4%), played electronic games on cell phone (3%), drank alcohol (2%), read (2%) and misused prescription drugs (2%).

Texting While Driving Statistics and Information

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

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

38% of Tuscarawas County youth drivers texted while driving in the past month.

Personal Health

- Almost three-fourths (73%) of youth had been to the dentist for a check-up, exam, teeth cleaning or other dental work in the past year, (2013 YRBS reported 75% for Ohio).
- Youth reported they preferred to get information about their health from the following: parents (63%), a healthcare professional (60%), the internet (21%), friends (19%), school (18%), siblings (14%), TV (6%), Instagram (4%), facebook (3%) Twitter (2%) and the radio (2%).

Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Ridden with someone who had been drinking alcohol in past month	16%	16%	17%	22%
Drove a car after drinking alcohol (of all youth drivers)	4%	5%	4%	10%
Visited a dentist for a check-up within the past year	73%	71%	75%	N/A

N/A - Not available

Youth | VIOLENCE ISSUES

Key Findings

In Tuscarawas County, 25% of youth had been involved in a physical fight in the past year. 7% of youth had been threatened or injured with a weapon on school property in the past year. 48% of youth had been bullied in the past year and 34% had been bullied on school property.

Violence-Related Behaviors

- In 2015, 9% of youth had carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 14% of males (2013 YRBS reported 14% for Ohio and 18% for the U.S.).
- 1% of Tuscarawas County youth had carried a weapon (such as a gun, knife or club) on school property in the past 30 days (2013 YRBS reported 5% for the U.S.).
- 7% of youth were threatened or injured with a weapon on school property in the past year (2013 YRBS reported 7% for the U.S.)
- 5% of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school (2013 YRBS reported 5% for Ohio and 7% for the U.S.).
- 48% of youth had been bullied in the past year. The following types of bullying were reported:
 - 39% were verbally bullied (teased, taunted or called harmful names)
 - 28% were indirectly bullied (spread mean rumors about them or kept them out of a “group”)
 - 11% were physically bullied (were hit, kicked, punched or people took their belongings)
 - 9% were cyber bullied (teased, taunted or threatened by e-mail or cell phone) (2013 YRBS reported 15% for both Ohio and the U.S.).
 - 3% 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, 34% of youth had been bullied on school property (2013 YRBS reported 21% for Ohio and 20% for the U.S.).
- In the past year, 25% of youth had been involved in a physical fight, increasing to 30% of males. 13% had been in a fight on more than one occasion (2013 YRBS reported 20% for Ohio and 25% for the U.S.).
- In the past year, 9% of youth had been involved in a physical fight on school property (2013 YRBS reported 6% for Ohio and 8% for the U.S.).
- 4% of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months (2013 YRBS reported 7% for Ohio).
- 9% of youth reported an adult or caregiver hit, slapped, or physically hurt them on purpose in the past 12 months.
- 3% of youth were physically forced to participate in sexual intercourse when they did not want to.
- Youth had experienced the following situations in the past 30 days: had received a text or e-mail with a revealing photo of someone (10%), had texted, e-mailed, or posted electronically a revealing or sexual photo of themselves (7%), and a revealing or sexual photo of themselves was texted, e-mailed, or posted electronically without their permission (2%).
- In the past year, youth had been the victim of teasing or name calling because of the following: their weight, size or physical appearance (30%), because someone thought they were gay, lesbian or bisexual (9%), their race or ethnic background (8%), and their gender (3%).

Types of Bullying Tuscarawas County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 and older
Verbally Bullied	39%	33%	46%	49%	36%	29%
Indirectly Bullied	28%	19%	39%	29%	26%	29%
Physically Bullied	11%	14%	8%	13%	11%	10%
Cyber Bullied	9%	4%	16%	9%	8%	12%
Sexually Bullied	3%	1%	6%	4%	3%	4%

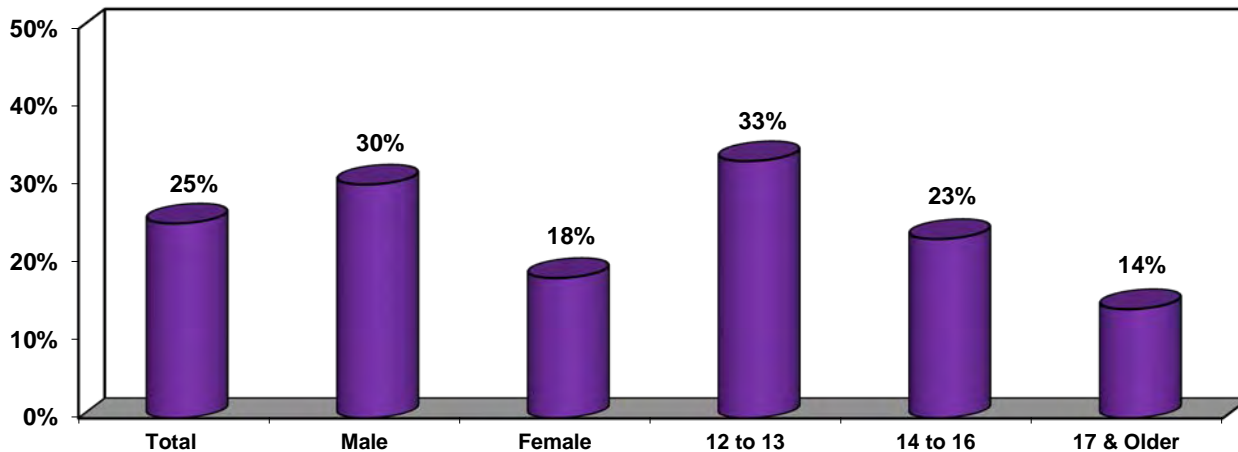
Behaviors of Tuscarawas Youth

Bullied vs. Non-Bullied

Youth Behaviors	Bullied	Non-Bullied
Contemplated suicide in the past 12 months	21%	12%
Have drank alcohol in the past 30 days	16%	13%
Have smoked cigarettes in the past 30 days	11%	7%
Attempted suicide in the past 12 months	11%	4%
Have used marijuana in the past 30 days	8%	6%
Misused prescription medications in the past 30 days	5%	5%

The following graph shows Tuscarawas County youth involved in a physical fight in the past year. The graph shows the number of youth in each segment giving each answer (i.e., the graph shows that 25% of all youth had been in a fight in the past year, 30% of males and 18% of females).

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



Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2013 (9 th -12 th)
Carried a weapon in past month	9%	12%	14%	18%
Carried a weapon on school property in past month	1%	1%	4%‡	5%
Threatened or injured with a weapon on school property in past year	7%	5%	8%‡	7%
Been in a physical fight in past year	25%	19%	20%	25%
Been in a fight on school property in past year	9%	6%	6%	8%
Electronically/cyber bullied in past year	9%	11%	15%	15%
Bullied in past year	48%	40%	N/A	N/A
Bullied on school property in past year	34%	25%	21%	20%
Did not go to school because felt unsafe	5%	5%	5%	7%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	4%	6%	7%	9%‡

‡ Comparative YRBS data for Ohio is 2007 and U.S. is 2009
N/A – Not available

Understanding Bullying

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

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

Youth | PERCEPTIONS

Key Findings

In 2015, 70% of Tuscarawas County 6th-12th grade youth thought there was a great risk in harming themselves if they smoked one or more packs of cigarettes per day. 16% of youth thought that there was no risk in using marijuana once or twice a week. Three-fourths (75%) of youth reported that their parents would think it was very wrong for them to drink alcohol.

Perceived Risk of Drug Use

- Over two-thirds (70%) of Tuscarawas youth thought there was a great risk in harming themselves if they smoked one or more packs of cigarettes per day.
- 6% of youth thought that there was no risk for smoking one or more packs of cigarettes per day.
- 41% of youth thought there was a great risk in smoking marijuana once or twice a week
- 16% of youth thought that there was no risk of smoking marijuana once or twice a week.
- Nearly two-fifths (39%) of Tuscarawas County youth thought there was a great risk when they have five or more drinks of alcoholic beverages once or twice a week.
- 5% of youth thought that there was no risk in drinking five or more drinks of alcoholic beverages once or twice a week
- Over three-fifths (61%) of Tuscarawas County youth thought there was a great risk to using prescription drugs that were not prescribed for them.
- 3% of youth thought that there was no risk in misusing prescription drugs.

Degree of Disapproval of Use by Adults

- 80% of youth reported their parents (or guardians) would feel it was very wrong for them to smoke tobacco, increasing to 89% of youth under the age of 13.
- 75% of Tuscarawas County youth reported their parents would feel it was very wrong for them to use marijuana.
- 75% of youth reported their parents would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day, decreasing to 63% of those ages 17 and older.
- 87% of youth reported their parents would feel it was very wrong for them to misuse prescription medications.

Degree of Disapproval of Use by Peers

- Nearly half (49%) of youth reported their peers would feel it was very wrong for them to smoke tobacco, increasing to 66% of youth under the age of 13.

- 56% of Tuscarawas County youth reported their peers would feel it was very wrong for them to use marijuana decreasing to 29% of those ages 17 and older.
- 45% of youth reported their peers would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day decreasing to 33% of those ages 17 and older.
- 63% of youth reported their peers would feel it was very wrong for them to misuse prescription medications.

Perceived Risk of Drug Use

How much do you think people risk harming themselves if they:	No Risk	Slight Risk	Moderate Risk	Great Risk
Smoke one or more packs of cigarettes per day	6%	6%	18%	70%
Smoke marijuana once or twice a week	16%	21%	23%	41%
Have five or more drinks of an alcoholic beverage once or twice a week	5%	23%	33%	39%
Misusing prescription drugs	3%	11%	25%	61%

Perceived Great Risk of Drug Use

How much do you think people risk harming themselves if they:	Total	Female	Male	13 or younger	14-16 years old	17 or older
Smoke one or more packs of cigarettes per day	70%	69%	71%	68%	72%	72%
Smoke marijuana once or twice a week	41%	42%	40%	50%	43%	25%
Have five or more drinks of an alcoholic beverage once or twice a week	39%	40%	38%	35%	44%	37%
Misusing prescription drugs	61%	61%	61%	59%	66%	56%

Degree of Disapproval by Parents/Guardians

How wrong do your parents feel it would be for you to do the following:	Not At All Wrong	A Little Bit Wrong	Wrong	Very Wrong
Smoking tobacco	2%	5%	12%	80%
Using marijuana	2%	3%	8%	87%
Having one or two drinks of an alcoholic beverage nearly every day	2%	7%	16%	75%
Misusing prescription drugs	2%	2%	10%	87%

Perceived Degree of Great Disapproval by Parents/Guardians

Parents feel it would be very wrong for you to do the following:	Total	Female	Male	13 or younger	14-16 years old	17 or older
Smoking tobacco	80%	83%	78%	89%	81%	65%
Using marijuana	87%	91%	83%	95%	87%	75%
Having one or two drinks of an alcoholic beverage nearly every day	75%	77%	74%	77%	80%	63%
Misusing prescription drugs	87%	86%	87%	85%	89%	84%

Degree of Disapproval by Peers

How wrong do your friends feel it would be for you to do the following:	Not At All Wrong	A Little Bit Wrong	Wrong	Very Wrong
Smoking tobacco	12%	14%	25%	49%
Using marijuana	14%	14%	16%	56%
Having one or two drinks of an alcoholic beverage nearly every day	14%	14%	27%	45%
Misusing prescription drugs	5%	9%	24%	63%

Perceived Degree of Great Disapproval by Peers

Friends feel it would be very wrong for you to do the following:	Total	Female	Male	13 or younger	14-16 years old	17 or older
Smoking tobacco	49%	59%	41%	66%	44%	34%
Using marijuana	56%	67%	48%	78%	54%	29%
Having one or two drinks of an alcoholic beverage nearly every day	45%	51%	39%	57%	41%	33%
Misusing prescription drugs	63%	72%	55%	71%	64%	47%

Appendix I | TUSCARAWAS COUNTY HEALTH ASSESSMENT INFORMATION SOURCES

Source	Data Used	Website
American Association of Suicidology	<ul style="list-style-type: none"> Suicide Facts & Statistics 	www.suicidology.org/resources/facts-statistics
American Cancer Society, Cancer Facts and Figures 2015. Atlanta: ACS, 2015	<ul style="list-style-type: none"> 2015 Cancer Facts, Figures, and Estimates Nutrition Recommendations 	www.cancer.org
American College of Allergy, Asthma & Immunology	<ul style="list-style-type: none"> Asthma Facts 	http://acaai.org/news/facts-statistics/asthma
American Dental Association	<ul style="list-style-type: none"> Oral Health in Older Adults 	www.ada.org/sections/publicResources/pdfs/faqs.pdf
American Diabetes Association	<ul style="list-style-type: none"> Type 1 and 2 Diabetes Risk Factors for Diabetes Diabetes Facts 	www.diabetes.org
American Foundation for Suicide Prevention	<ul style="list-style-type: none"> Warning Signs for Suicide 	www.afsp.org/
American Heart Association, 2013	<ul style="list-style-type: none"> Stroke Warning Signs and Symptoms Smoke-free Living: Benefits & Milestones 	www.heart.org/HEARTORG/
<i>Arthritis at a Glance, 2012</i> , Centers for Disease Control & Prevention, <i>Morbidity and Mortality Weekly Report 2010</i> ; 59(39):999-1003 & 59(39):1261-1265	<ul style="list-style-type: none"> Arthritis Statistics 	www.cdc.gov/chronicdisease/resources/publications/AAAG/arthritis.htm
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> 2009 - 2013 Adult Ohio and U.S. Correlating Statistics 	www.cdc.gov
Brady Campaign to Prevent Gun Violence	<ul style="list-style-type: none"> Victims of Gun Violence 	www.bradycampaign.org/sites/default/files/GunDeathandInjuryStatSheet3YearAverageFINAL.pdf
Caron Pennsylvania	<ul style="list-style-type: none"> Characteristics of New Marijuana Users 	www.caron.org/signs-of-pot-use-5827.html

Source	Data Used	Website
Center for Disease Control and Prevention (CDC)	<ul style="list-style-type: none"> ▪ Asthma Attacks ▪ Binge Drinking Among Women ▪ Caffeinated Alcohol Beverages ▪ Cancer and Men ▪ Distracted Driving ▪ Health Care Access Among the Employed and Unemployed ▪ Health Care Access and Utilization ▪ Healthy Eyes ▪ HIV in the U.S. ▪ Heart Health and Stroke Facts ▪ Obesity Facts ▪ Oral Health ▪ Skin Cancer Prevention ▪ Smoking facts ▪ Tips for Parents ▪ Yearly Flu Shots 	www.cdc.gov
CDC, Alcohol and Public Health, 2012	<ul style="list-style-type: none"> ▪ Underage Drinking 	www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm
CDC, Adolescent and School Health, 2013	<ul style="list-style-type: none"> ▪ Youth Physical Activity Facts 	www.cdc.gov/healthyyouth/physicalactivity/facts.htm
CDC, Arthritis	<ul style="list-style-type: none"> ▪ Key Public Health Messages 	www.cdc.gov/arthritis/basics/key.htm
CDC, National Center for Health Statistics	<ul style="list-style-type: none"> ▪ Leading Causes of Death in U.S. ▪ Men's Health ▪ U.S. Female Fertility Rate ▪ U.S. Births to Unwed Mothers ▪ U.S. Low Birth Weight, Live Births 	www.cdc.gov/nchs/fastats/
CDC, Physical Activity for Everyone	<ul style="list-style-type: none"> ▪ Physical Activity Recommendations 	www.cdc.gov/physicalactivity/everyone/guidelines/adults.html
CDC, Sexually Transmitted Diseases Surveillance, 2014	<ul style="list-style-type: none"> ▪ U.S. Chlamydia and Gonorrhea Rates ▪ STD's in Adolescents and Young Adults ▪ U.S. STD Surveillance Profile 	www.cdc.gov/std/stats/
CDC, Vaccine Safety, Human Papillomavirus (HPV)	<ul style="list-style-type: none"> ▪ Human Papillomavirus 	www.cdc.gov/vaccinesafety/vaccines/HPV/Index.html
CDC, Wonder	<ul style="list-style-type: none"> ▪ About Underlying Cause of Death, 1999-2013 	http://wonder.cdc.gov/ucd-icd10.html

Source	Data Used	Website
Community Commons	<ul style="list-style-type: none"> Cigarette Expenditures Alcohol Beverage Expenditures Beer, Wine and Liquor Stores Bars and Drinking Establishments 	www.communitycommons.org/
Federal Emergency Management Agency (FEMA)	<ul style="list-style-type: none"> Basic Disaster Supplies Kit 	www.ready.gov/kit
Health Indicators Warehouse	<ul style="list-style-type: none"> Age-Adjusted Mortality Rates for Motor Vehicle Accidents Heart Disease and Stroke Mortality Rates 	www.healthindicator.gov/Indicators/Selection
Healthy People 2020: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> All Healthy People 2020 Target Data Points Some U.S. Baseline Statistics Predictors of Access to Health Care 	www.healthypeople.gov/2020/topicsobjectives2020
Legacy for Health	<ul style="list-style-type: none"> Tobacco Fact Sheet 	www.legacyforhealth.org/content/download/582/6926/file/LEG-FactSheet-eCigarettes-JUNE2013.pdf
National Cancer Institute	<ul style="list-style-type: none"> Age-Adjusted Cancer Mortality Rates 	http://statecancerprofiles.cancer.gov/index.html
National Institute on Drug Abuse	<ul style="list-style-type: none"> Abuse of Prescription Drugs Drug Facts: Heroin 	www.drugabuse.gov
National Institute of Health, Senior Health	<ul style="list-style-type: none"> Hearing Loss 	http://nihseniorhealth.gov/hearingloss/hearinglossdefined/01.html
National Vital Statistics Report	<ul style="list-style-type: none"> Live Birth Data 	www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_01.pdf#table01
Network of Care	<ul style="list-style-type: none"> Health Indicators Age-Adjusted Mortality Rates 	http://Tuscarawas.oh.networkofcare.org/ph/county-indicators.aspx#cat1
Office of Health Transformation	<ul style="list-style-type: none"> Ohio Medicaid Assessment Survey 	http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=oid6Wo-y0gs%3D&tabid=160
Office of Criminal Justice Services	<ul style="list-style-type: none"> Crime Statistics and Crime Reports 	www.ocjs.ohio.gov/crime_stats_reports.stm
Ohio Automated Rx Reporting System	<ul style="list-style-type: none"> Opiate and Pain Reliever Doses Per Capita Opiate and Pain Reliever Doses Per Patient 	www.ohiopmp.gov/portal/docs.aspx

Source	Data Used	Website
Ohio Department of Health, Information Warehouse	<ul style="list-style-type: none"> Obesity and Diabetes in Ohio Tuscarawas County and Ohio Mortality Statistics Tuscarawas County and Ohio Birth Statistics Tuscarawas County and Ohio Leading Causes of Death Sexually Transmitted Diseases Incidence of Cancer HIV/AIDS Surveillance Program Statistics: Access to Health Services 	www.odh.ohio.gov/
Ohio Department of Health, Ohio Oral Health Surveillance System	<ul style="list-style-type: none"> Tuscarawas County Dental Care Resources 	http://publicapps.odh.ohio.gov/oralhealth/default.aspx
Ohio Department of Job & Family Services	<ul style="list-style-type: none"> Tuscarawas County and Ohio Medicaid Statistics 	http://jfs.ohio.gov/county/cntypro/pdf11/Tuscarawas.pdf
Ohio Department of Public Safety	<ul style="list-style-type: none"> 2013 Tuscarawas County and Ohio Crash Facts OSHP Computer-Aided Dispatch (CAD) System 	https://ext.dps.state.oh.us/crashstatistics/CrashReports.aspx
Ohio Department of Rehabilitation and Correction	<ul style="list-style-type: none"> Arrests/Incarceration Data Inmate Population by Gender and Race 	www.drc.ohio.gov/web/Reports/FactSheet/March%202015.pdf
Ohio Mental Health and Addiction Services, OARRS Data	<ul style="list-style-type: none"> Prescription Analgesic Doses Per Capita 	http://mha.ohio.gov/Portals/0/assets/Research/Maps/Ohio_OARRS_Opioids_2012_v2.pdf
Ohio State Highway Patrol	<ul style="list-style-type: none"> Compliant Data Electronic Crash Records Felony Cases and Drug Arrests Tuscarawas County Activity Statistics 	http://statepatrol.ohio.gov/
Philadelphia Department of Public Health	<ul style="list-style-type: none"> Electronic Cigarette Factsheet 	www.smokefreephilly.org/smokfree_philly/assets/File/Electronic%20Cigarette%20Fact%20Sheet_2_27_14.pdf
Psychology Today, 2013	<ul style="list-style-type: none"> Teen Angst Teen Binge Drinking: All Too Common 	www.psychologytoday.com/blog/teen-angst/201301/teen-binge-drinking-all-too-common

Source	Data Used	Website
RESPECT	<ul style="list-style-type: none"> Bullying Definitions 	www.respect2all.org/parents/bullying-definitions
Teens Health	<ul style="list-style-type: none"> Sexual Harassment and Sexual Bullying 	http://kidshealth.org/teen/sexual_health/guys/harassment.html
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> American Community Survey 1 year estimate, 2013 Ohio and Tuscarawas County 2013 Census Demographic Information Ohio and U.S. Health Insurance Sources Small Area Income and Poverty Estimates Federal Poverty Thresholds 	www.census.gov
U.S. Department of Health and Human Services, Ohio Department of Mental Health	<ul style="list-style-type: none"> Mental Health Services in Ohio 	www.lsc.state.oh.us/fiscal/ohiofacts/sept2012/health&human_services.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	<ul style="list-style-type: none"> 2005 - 2013 youth Ohio and U.S. correlating statistics 	http://apps.nccd.cdc.gov/YouthOnline/App/Default.aspx

Appendix II | TUSCARAWAS COUNTY

ACRONYMS AND TERMS

AHS	A ccess to H ealth S ervices, Topic of Healthy People 2020 objectives
AOCBC	A rthritis, O steoporosis, and C hronic B ack C onditions, Topic of Healthy People 2020 objectives
Adult	Defined as 19 years of age and older.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
BMI	B ody M ass I ndex is defined as the contrasting measurement/relationship of weight to height.
BRFSS	B ehavior R isk F actor S urveillance S ystem, an adult survey conducted by the CDC.
CDC	C enters for D isease C ontrol and P revention.
CVD	C ardiovascular D isease
CY	C alendar Y ear
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
FY	F iscal Y ear
HCNO	H ospital C ouncil of N orthwest O hio
HDS	H eart D isease and S troke, Topic of Healthy People 2020 objectives
HP 2020	H ealthy 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 ≥ 140 and Diastolic ≥ 90
IID	I mmunizations and I nfectious D iseases, Topic of Healthy People 2020 objectives
N/A	Data is not available.
ODH	O hio D epartment of H ealth
OSHP	O hio S tate H ighway P atrol

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

Appendix III | METHODS FOR WEIGHTING THE 2015 TUSCARAWAS COUNTY ASSESSMENT DATA

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

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2015 Tuscarawas County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Tuscarawas County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (9 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Tuscarawas 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 2015 Tuscarawas County Survey and the 2010 Census.

<u>2015 Tuscarawas Survey</u>			<u>2010 Census</u>		<u>Weight</u>
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	250	48.73294%	45,491	49.13590%	1.008269
Female	263	51.26706%	47,091	50.86410%	0.992140

In this example, it shows that, while very close, there was a slightly larger portion of females in the sample compared to the actual portion in Tuscarawas County. The weighting for males was calculated by taking the percent of males in Tuscarawas County (based on Census information) (49.13590%) and dividing that by the percent found in the 2015 Tuscarawas County sample (48.73294%) [49.13590/48.73294= weighting of 1.008269 for males]. The same was done for females [50.86410/51.26706 = weighting of 0.992140 for females]. Thus males' responses are weighted heavier by a factor of 1.008269 and females' responses weighted less by a factor of 0.992140.

This same thing was done for each of the 20 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 1.470395 [0.992140 (weight for females) x 0.997502 (weight for White) x 1.428478 (weight for age 35-44) x 1.040097 (weight for income \$50-\$75k)]. Thus, each individual in the 2015 Tuscarawas County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 21.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

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

APPENDIX III

Category	Tuscarawas Sample	%	2010 Census *	%	Weighting Value
Sex:					
Male	250	48.73294	45,491	49.13590	1.008269
Female	263	51.26706	47,091	50.86410	0.992140
Age:					
20-24	19	3.76238	2,439	6.88070	1.828816
25-34	41	8.11881	5,268	14.86162	1.830517
35-44	56	11.08911	5,615	15.84055	1.428478
45-54	91	18.01980	7,019	19.80139	1.098869
55-59	65	12.87129	3,415	9.63410	0.748496
60-64	63	12.47525	2,959	8.34767	0.669139
65-74	114	22.57426	4,198	11.84303	0.524626
75-84	51	10.09901	2,982	8.41256	0.833008
85+	5	0.99010	1,552	4.37837	4.422151
Race:					
White	498	95.95376	88,614	95.71407	0.997502
Non-White	21	4.04624	3,968	4.28593	1.059237
Household Income					
Less than \$10,000	20	4.22833	2,335	6.45938	1.527643
\$10k-\$15k	32	6.76533	2,164	5.98633	0.884855
\$15k-\$25k	71	15.01057	5,103	14.11657	0.940442
\$25k-\$35k	65	13.74207	4,942	13.67119	0.994842
\$35k-\$50	78	16.49049	5,854	16.19409	0.982026
\$50k-\$75k	94	19.87315	7,472	20.67000	1.040097
\$75k or more	113	23.89006	8,279	22.90243	0.958659

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

* Tuscarawas County population figures taken from the 2010 Census.

Appendix IV | TUSCARAWAS COUNTY SCHOOLS

The following schools were randomly chosen and agreed to participate in the 2015 Tuscarawas County Health Assessment:

Claymont City Schools

Claymont High School
Claymont Junior School

Dover City Schools

Dover High School
Dover Middle School

Garaway Local Schools

Garaway Junior High/High School

Newcomerstown Exempted Village

Newcomerstown High School
Newcomerstown Middle School

Strasburg-Franklin Local Schools

Strasburg- Franklin Middle School/High School

Tuscarawas Valley Local Schools

Tuscarawas Valley High School
Tuscarawas Valley Middle School

Appendix V | TUSCARAWAS COUNTY SAMPLE DEMOGRAPHIC PROFILE*

APPENDIX V

Variable	2015 Survey Sample	Tuscarawas County Census 2009-2013 (5 year estimate)	Ohio Census 2013
Age			
20-29	5.7%	11.3%	13.2%
30-39	10.5%	11.9%	11.9%
40-49	13.6%	12.7%	13.2%
50-59	22.2%	14.8%	14.7%
60 plus	44.6%	23.6%	21.3%
Race/Ethnicity			
White	97.5%	97.1%	82.5%
Black or African American	0.2%	0.9%	12.1%
American Indian and Alaska Native	2.3%	0.2%	0.2%
Asian	0%	0.3%	1.8%
Other	1.2%	0.4%	0.8%
Hispanic Origin (may be of any race)	0.6%	2.0%	3.3%
Marital Status†			
Married Couple	67.4%	55.9%	47.8%
Never been married/member of an unmarried couple	10.3%	22.9%	31.8%
Divorced/Separated	12.0%	13.7%	14.0%
Widowed	9.0%	7.4%	6.4%
Education†			
Less than High School Diploma	11.1%	9.2%	11.0%
High School Diploma	38.1%	49.0%	34.2%
Some college/ College graduate	50.0%	37.0%	54.8%
Income (Families)			
\$14,999 and less	9.9%	6.8%	8.7%
\$15,000 to \$24,999	13.6%	9.3%	8.2%
\$25,000 to \$49,999	27.4%	30.3%	23.4%
\$50,000 to \$74,999	18.0%	24.2%	20.3%
\$75,000 or more	21.6%	29.4%	39.4%

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

Appendix VI | DEMOGRAPHICS AND HOUSEHOLD INFORMATION

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

Age	Total	Males	Females
Tuscarawas County	92,582	45,491	47,091
0-4 years	5,682	2,930	2,752
1-4 years	4,578	2,342	2,236
< 1 year	1,104	588	516
1-2 years	2,264	1,155	1,109
3-4 years	2,314	1,187	1,127
5-9 years	6,022	3,090	2,932
5-6 years	2,367	1,187	1,180
7-9 years	3,655	1,903	1,752
10-14 years	6,344	3,302	3,042
10-12 years	3,777	1,949	1,828
13-14 years	2,567	1,353	1,214
12-18 years	8,942	4,693	4,249
15-19 years	6,074	3,156	2,918
15-17 years	3,916	2,052	1,864
18-19 years	2,158	1,104	1,054
20-24 years	4,916	2,477	2,439
25-29 years	5,374	2,700	2,674
30-34 years	5,298	2,704	2,594
35-39 years	5,537	2,821	2,716
40-44 years	5,787	2,888	2,899
45-49 years	6,702	3,322	3,380
50-54 years	7,247	3,608	3,639
55-59 years	6,674	3,259	3,415
60-64 years	5,753	2,794	2,959
65-69 years	4,246	1,967	2,279
70-74 years	3,516	1,597	1,919
75-79 years	2,789	1,229	1,560
80-84 years	2,361	939	1,422
85-89 years	1,497	485	1,012
90-94 years	603	196	407
95-99 years	149	26	123
100-104 years	11	1	10
105-109 years	0	0	0
110 years & over	0	0	0
Total 85 years and over	2,260	708	1,552
Total 65 years and over	15,172	6,440	8,732
Total 19 years and over	69,409	33,480	35,929

TUSCARAWAS COUNTY PROFILE

General Demographic Characteristics (Source: U.S. Census Bureau, Census 2013)

2009-2013 ACS 5-year estimate

Total Population

2013 Total Population	92,672
2000 Total Population	90,914

Largest City-New Philadelphia

2013 Total Population	17,328	100%
2000 Total Population	17,056	100%

Population By Race/Ethnicity

Total Population	92,528	100%
White Alone	89,864	97.1%
Hispanic or Latino (of any race)	1,862	2.0%
African American	813	0.9%
Asian	262	0.3%
Two or more races	1,020	1.1%
Other	348	0.4%
American Indian and Alaska Native	221	0.2%

Population By Age 2010

Under 5 years	5,682	6.1%
5 to 17 years	16,282	17.6%
18 to 24 years	7,074	7.6%
25 to 44 years	21,996	23.8%
45 to 64 years	26,376	28.5%
65 years and more	15,172	16.4%
Median age (years)	40.9	

Household By Type

Total Households	36149	100%
Family Households (families)	25,091	69.4%
With own children <18 years	9,851	27.3%
Married-Couple Family Households	19,998	55.3%
With own children <18 years	6,961	19.3%
Female Householder, No Husband Present	3,633	10.1%
With own children <18 years	2,153	6.0%
Non-family Households	11,058	30.6%
Householder living alone	9,476	26.2%
Householder 65 years and >	4,423	12.2%
Households With Individuals < 18 years	10,787	29.8%
Households With Individuals 65 years and >	10,569	29.2%
Average Household Size	2.53 people	
Average Family Size	3.05 people	

General Demographic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2013)

2009-2013 ACS 5-year estimate

Median Value of Owner-Occupied Units	\$108,700
Median Monthly Owner Costs (With Mortgage)	\$1,037
Median Monthly Owner Costs (Not Mortgaged)	\$371
Median Gross Rent for Renter-Occupied Units	\$622
Median Rooms Per Housing Unit	5.9
Total Housing Units	40,043
No Telephone Service	1,261
Lacking Complete Kitchen Facilities	387
Lacking Complete Plumbing Facilities	86

Selected Social Characteristics
(Source: U.S. Census Bureau, Census 2013)

2009-2013 ACS 5-year estimates

School Enrollment

Population 3 Years and Over Enrolled In School	21,616	100%
Nursery & Preschool	1,518	7.0%
Kindergarten	1,368	6.3%
Elementary School (Grades 1-8)	9,284	42.9%
High School (Grades 9-12)	5,440	25.2%
College or Graduate School	4,006	18.5%

Educational Attainment

Population 25 Years and Over	63,607	100%
< 9 th Grade Education	2,978	4.7%
9 th to 12 th Grade, No Diploma	5,467	8.6%
High School Graduate (Includes Equivalency)	30,659	48.2%
Some College, No Degree	10,688	16.8%
Associate Degree	4,177	6.6%
Bachelor's Degree	6,248	9.8%
Graduate Or Professional Degree	3,390	5.3%

Percent High School Graduate or Higher	*(X)	86.7%
Percent Bachelor's Degree or Higher	*(X)	15.2%

*(X) - Not available

Selected Social Characteristics, Continued
(Source: U.S. Census Bureau, Census 2013)

2009-2013 ACS 5-year estimate

Marital Status

Population 15 Years and Over	74,796	100%
Never Married	17,142	22.9%
Now Married, Excluding Separated	41,829	55.9%
Separated	1,207	1.6%
Widowed	5,532	7.4%
Female	4,390	5.9%
Divorced	9,086	12.1%
Female	4,927	6.6%

Veteran Status

Civilian Veterans 18 years and over	7,697	10.9%
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Disability Status of the Civilian Non-institutionalized Population

Total Civilian Noninstitutionalized Population	91,478	100%
With a Disability	11,835	12.9%
Under 18 years	21,630	100%
With a Disability	827	3.8%
18 to 64 years	55,201	100%
With a Disability	6,096	11.0%
65 Years and Over	14,647	100%
With a Disability	4,912	33.5%

Selected Economic Characteristics
(Source: U.S. Census Bureau, Census 2013)

2009-2013 ACS 5-year estimate

Employment Status

Population 16 Years and Over	73,343	100%
In Labor Force	45,935	62.6%
Not In Labor Force	27,408	37.4%
Females 16 Years and Over	37,662	100%
In Labor Force	21,400	56.8%

Population Living With Own Children <6 Years	6,528	100%
All Parents In Family In Labor Force	4,045	62.0%

Class of Worker

Employed Civilian Population 16 Years and Over	41,620	100%
Private Wage and Salary Workers	34,870	83.8%
Government Workers	4,337	10.4%
Self-Employed Workers in Own Not Incorporated Business	2,365	5.7%
Unpaid Family Workers	48	0.1%

Median Earnings

Male, Full-time, Year-Round Workers	
Female, Full-time, Year-Round Workers	\$41,673
	\$30,316

Selected Economic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2013)

2009-2013 ACS -year estimate

Occupations

Employed Civilian Population 16 Years and Over	41,620	100%
Production, transportation, and material moving occupations	9,591	23.0%
Management, business, science, and art occupations	11,110	26.7%
Sales and office occupations	9,301	22.3%
Service occupations	7,639	15.4%
Natural resources, construction, and maintenance occupations	3,979	9.6%

Leading Industries

Employed Civilian Population 16 Years and Over	41,620	100%
Manufacturing	9,827	23.6%
Educational, health and social services	9,087	21.8%
Trade (retail and wholesale)	6,061	14.6%
Arts, entertainment, recreation, accommodation, and food services	3,862	9.3%
Professional, scientific, management, administrative, and waste management services	2,589	6.2%
Transportation and warehousing, and utilities	1,782	4.3%
Finance, insurance, real estate and rental and leasing	1,347	3.2%
Other services (except public administration)	2,079	5.0%
Construction	2,441	5.9%
Public administration	1,052	2.5%
Information	576	1.4%
Agriculture, forestry, fishing and hunting, and mining	917	2.2%

Income In 2013

Households	36,149	100%
< \$10,000	2,335	6.5%
\$10,000 to \$14,999	2,164	6.0%
\$15,000 to \$24,999	5,103	14.1%
\$25,000 to \$34,999	4,942	13.7%
\$35,000 to \$49,999	5,854	16.2%
\$50,000 to \$74,999	7,472	20.7%
\$75,000 to \$99,999	4,085	11.3%
\$100,000 to \$149,999	3,017	8.3%
\$150,000 to \$199,999	716	2.0%
\$200,000 or more	461	1.3%
Median Household Income	\$43,739	

Selected Economic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2013)

2009-2013 ACS -year estimate

Income In 2013

Families	25,091	100%
< \$10,000	1,030	4.1%
\$10,000 to \$14,999	681	2.7%
\$15,000 to \$24,999	2,338	9.3%
\$25,000 to \$34,999	3,099	12.4%
\$35,000 to \$49,999	4,494	17.9%
\$50,000 to \$74,999	6,076	24.2%
\$75,000 to \$99,999	3,477	13.9%
\$100,000 to \$149,999	2,859	11.4%
\$150,000 to \$199,999	626	2.5%
\$200,000 or more	411	1.6%

Median Household Income (families) **\$52,496**

Per Capita Income In 2009-2013 **\$21,966**

Poverty Status In 2013	Number Below Poverty Level	% Below Poverty Level
Families	*(X)	10.4%
Individuals	*(X)	14.6%

*(X) – Not available

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

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2013	\$34,000	56 th of 88 counties
BEA Per Capita Personal Income 2012	\$32,916	55 th of 88 counties
BEA Per Capita Personal Income 2011	\$31,537	63 rd of 88 counties
BEA Per Capita Personal Income 2010	\$29,237	65 th of 88 counties
BEA Per Capita Personal Income 2003	\$25,015	59 th of 88 counties
BEA Per Capita Personal Income 2000	\$22,991	58 th of 88 counties

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

**Poverty Rates, 5-year averages
2009 to 2013**

Category	Tuscarawas	Ohio
Population in poverty	14.6%	15.8%
< 125% FPL (%)	19.7%	20.3%
< 150% FPL (%)	25.7%	24.9%
< 200% FPL (%)	36.6%	34.1%
Population in poverty (1999)	9.4%	10.6%

(Source: The Ohio Poverty Report, Ohio Development Services Agency, January 2015, <http://www.development.ohio.gov/files/research/P7005.pdf>)

Employment Statistics

Category	Tuscarawas	Ohio
Labor Force	46,500	5,785,700
Employed	44,100	5,487,600
Unemployed	2,400	298,100
Unemployment Rate* in June 2015	6.1	5.2
Unemployment Rate* in May 2015	5.0	4.9
Unemployment Rate* in June 2014	5.3	5.9

**Rate equals unemployment divided by labor force.*

(Source: Ohio Department of Job and Family Services, August 2015, <http://ohiolmi.com/laus/current.htm>)

Estimated Poverty Status in 2013

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Tuscarawas County				
All ages in poverty	12,014	11,253 to 14,775	14.3%	12.4 to 16.2
Ages 0-17 in poverty	4,526	3,789 to 5,263	21.7%	18.2 to 25.2
Ages 5-17 in families in poverty	3,284	2,739 to 3,829	21.3%	17.8 to 24.8
Median household income	\$44,121	\$41,944 to \$46,298		
Ohio				
All ages in poverty	1,793,523	1,767,288 to 1,819,758	15.9%	15.7 to 16.1
Ages 0-17 in poverty	589,871	573,913 to 605,829	22.7%	21.1 to 23.3
Ages 5-17 in families in poverty	398,690	384,850 to 412,530	20.8%	20.1 to 21.5
Median household income	\$48,138	\$47,736 to \$48,540		
United States				
All ages in poverty	48,810,868	48,554,692 to 49,067,044	15.8%	15.7 to 15.9
Ages 0-17 in poverty	16,086,960	15,948,844 to 16,225,076	22.2%	22.0 to 22.4
Ages 5-17 in families in poverty	10,958,232	10,860,529 to 11,055,935	20.8%	20.6 to 21.0
Median household income	\$52,250	\$52,185 to \$52,315		

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

Federal Poverty Thresholds in 2014 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$12,316					
1 Person 65 and >	\$11,354					
2 people Householder < 65 years	\$15,853	\$16,317				
2 People Householder 65 and >	\$14,309	\$16,256				
3 People	\$18,518	\$19,055	\$19,073			
4 People	\$24,418	\$24,817	\$24,008	\$24,091		
5 People	\$29,477	\$29,875	\$28,960	\$28,252	\$27,820	
6 People	\$33,869	\$34,004	\$33,303	\$32,631	\$31,633	\$31,041
7 People	\$38,971	\$39,214	\$38,375	\$37,791	\$36,701	\$35,431
8 People	\$43,586	\$43,970	\$43,179	\$42,485	\$41,501	\$40,252
9 People or >	\$52,430	\$52,685	\$51,984	\$51,396	\$50,430	\$49,101

(Source: U. S. Census Bureau, Poverty Thresholds 2014, <http://www.census.gov/hhes/www/poverty/data/threshld/index.html>)

Appendix B

Review and Evaluation of Previous CHNA

The December 2013 Community Health Needs Assessment prepared by Union Hospital identified the following as “the issues in Tuscarawas County:”

1. Access to affordable healthcare services
2. Access to preventative services
3. Obesity and lifestyle choices
4. High incidence of high blood pressure
5. High incidence of diabetes
6. High incidence of high cholesterol
7. Isolation of seniors resulting in lack of treatment for chronic illness
8. Access of mental health services, drug and alcohol addiction treatment

Union Hospital’s Board of Trustees directed that the hospital would utilize its community benefit resources on the first six of the eight (No. 1-6) priorities listed above. In the hospital’s “2014-2016 Implementation Plan” multiple objectives and strategies were developed for each of the individual priorities (refer to the Implementation Plan posted on the hospital’s website for specific listings and details). These objectives and strategies are ongoing and have met with varying levels of participation and success in the community served by Union Hospital. The hospital staff members responsible for implementation of the strategies continue to refine and improve the strategies in an effort to address the six priorities.

The following information provides a summary of each identified health need from the 2013 CHNA prepared by Union Hospital, the related action items and strategies from the 2014-2016 Implementation Plan, and a report on the impact of each action item and strategy.

PRIORITY I: Access to healthcare services

Objective #1

Union Hospital services are more affordable to uninsured patients and those with high deductibles.

- Strategy A: Provide self-pay discounts from retail prices.
- Strategy B: Discount charges from 10 percent to 100 percent based on household income.
- Strategy C: Offer prompt pay discounts to reduce patient expense.
- Strategy D: Provide counseling and case management services to help patients/families identify resources available to assist with healthcare expenses.

Impact Report – Union Hospital continues to offer all of these discounts and services. Self-pay patients and patients whose incomes potentially qualify them for discounts are briefed on these discounts and services when registering for services, and meet with the appropriate staff members for additional details and to complete the proper forms. Complete information about these discounts and services also is posted on the hospital website.

Objective #2

Primary care physician services are more accessible to uninsured patients.

- Strategy A: Additional primary care physicians are recruited to meet the needs of more Medicaid and self-pay patients
- Strategy B: FirstCare urgent care center is open evenings and weekends for patient care and physician referral assistance.
- Strategy C: Collaborate with the Clinic for the Working Uninsured to refer patients for services.
- Strategy D: Explore the need and identify the resources required to operate a primary care clinic for low-income and uninsured residents.

Impact Report – Like other rural community hospitals throughout the United States, primary care physicians are in great demand. Union Hospital aggressively is recruiting new primary care physicians along with other providers (certified nurse practitioners, medical assistants and physician assistants) to meet patient needs and increase accessibility to healthcare in the hospital's service area. Union Physician Services (UPS), the hospital-owned physician network, has consolidated several of its primary care practices into four multiple-provider locations that offer expanded evening and weekend hours.

Objective #3

Increase the number of local professionals by advocating for students to consider healthcare career choices.

- Strategy A: Conduct monthly Nursing Career Exploration programs
- Strategy B: Conduct annual UH TECH Career Camp
- Strategy C: Serve with the Nursing School at Kent State University at Tuscarawas as a clinical training site
- Strategy D: Offer shadowing and internship opportunities for students.

Impact Report – Union Hospital has engaged hundreds of students ranging from high school to college to adult education in the various career programs offered through the hospital. Several hospital management team members also serve on steering committees at local high schools and post-secondary programs to ensure that hospital career programs meet educational objectives and attract students interested in learning about healthcare careers at their local community hospital.

Lifestyle Grouping

PRIORITY II: Access to preventative services

PRIORITY III: Obesity and Lifestyle Choices

PRIORITY IV: High Incidence of High Blood Pressure

PRIORITY VI: High Incidence of High Cholesterol

Objective #1

Lower population risk factors by supporting healthy lifestyles

- Strategy A: Promote and support local farmers' markets in the communities
- Strategy B: Collaborate with Healthy Tusc to advance obesity policy changes.
- Strategy C: Promote behaviors that help reduce obesity and related high cholesterol.

Strategy D: Offer Community Health and Wellness screening events to identify and counsel at-risk individuals

Impact Report – Union Hospital’s Community Health and Wellness staff provides various programs ranging from counseling and education, to low-cost screening programs offered at locations throughout the community. Participation in the events and programs has been maintained at a very strong rate, and new programs – such as the national “Walk With A Doc” – also have been implemented in order encourage healthy lifestyles. The hospital also partners with two local service organizations – the New Philadelphia Rotary and Dover-New Philadelphia Kiwanis clubs – to provide low-cost health profile blood screenings twice a year that attract nearly 1,000 people each.

Objective #2

Reduce the numbers of overweight people of all ages by addressing the population of WorkWell clients, students in schools, and in the general community.

- Strategy A: Encourage WorkWell clients to educate employees about their benefit package, including obesity prevention and educational services.
- Strategy B: Encourage WorkWell client worksites to provide incentives for their employees to complete an HRA.
- Strategy C: Promote adoption of UH Community Health and Wellness programs to exercise and lose weight.
- Strategy D: Continue/expand the Community Walking Program initiative
- Strategy E: Continue to sponsor community events like walks, races and movement
- Strategy F: Offer healthy food choices in the UH Cafeteria, the Senior Supper Club and Mobile Meals
- Strategy G: Offer community education to advocate healthy diet choices.

Impact Report – Union Hospital has been the primary sponsor of the “Union Hospital Run For Home Community Fitness Festival” since its inception in 2008. This multiple race program, which includes a half-marathon run all the way to a “fun walk,” annually attracts hundreds of people in early April to kick off spring. The hospital’s WorkWell program works with area employers at their sites to provide a wide range of health and education programs and materials. The hospital’s Nutrition Services staff has deliberately introduced an increased number of identified “mindful” food options in the hospital cafeteria, including placement of nutrition information on packaging and the removal of frying equipment for food preparation.

Diabetes Group

PRIORITY V: High Incidence of Diabetes

Objective #1

Identify pre-diabetic and diabetic persons for education.

- Strategy A: Continue to partner with community service groups to provide large-scale screening days.
- Strategy B: Expand A1C screening opportunities
- Strategy C: Promote and extend Union Hospital Diabetes Education services to those identified at risk through screening.
- Strategy D: Provide options for follow-up, diagnosis and care

Impact Report – Union Hospital’s Laboratory staff partners with the New Philadelphia Rotary Club and Dover-New Philadelphia Kiwanis Club to offer large-scale, low-cost screening days. Nearly 1,000 people are served at each of two events annually, and individual results are mailed directly to participants. The hospital’s Community Health and Wellness staff conducts about 25 visits for A1C and cholesterol screening each year at locations throughout the community, with hundreds of are residents served. The Community Health and Wellness staff also provides free diabetes and chronic pain educational courses twice each year with materials provided at no cost to participants through a grant program.

Objective #2

Increase awareness of prevention and control/self-management of diabetes

- Strategy A: Provide resources to area physicians about services offered by Union Hospital and other community agencies to help their patients increase physical activity, encourage weight loss, improve nutrition and monitor blood sugar.
- Strategy B: Increase participation in Diabetes Education Classes and Medical Nutrition Therapy services offered by Union Hospital and other local organizations.
- Strategy C: Educate the general public about diabetes risk factors by developing educational programs and distributing public awareness materials.
- Strategy D: Explore the need for expansion of endocrinology services in the area.

Impact Report – A collaboration of the hospital’s Nutrition Services and Community Health and Wellness staffs have produced a “Directory of Wellness” for resources available for area providers and medical offices to increase awareness for patients on available services. The design allows for a “suggested” action to be taken by patients as identified and recommended by their providers.

Objective #3

Focus diabetes prevention efforts on reaching children and parents to help prevent development of the disease in children.

- Strategy A: Promote maternal and child health nutrition programs in schools and prenatal classes.
- Strategy B: Collaborate with Healthy Tusc to promote policies and laws which provide for accessible and affordable healthy food choices in the communities, school and summer recreation programs.
- Strategy C: Promote breast feeding in order to reduce infant under-nutrition and potential development of diabetes later in life.

Impact Report – Union Hospital has been a proponent and participant in the Healthy Tusc collaboration, including having staff members serve in leadership roles and to help develop and carry out programs and activities designed to increase physical fitness and activity. The hospital also has been recognized through a partnership of the Ohio Breastfeeding Alliance, Ohio Lactation Consultants Association and the Ohio First Steps program is recognizing facilities with the “Maternity Care Best Practice Award.” This recognition indicates a facility’s commitment to best practices by choosing to not distribute infant formula or formula company-sponsored sample packs, and to offer information and educational programs about breast feeding.