

# Comprehensive Community Health Assessment Report

December 2014

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### **Executive Summary**

Henry County Health Department is the lead agency for conducting a health assessment of the community and has been the lead agency for several assessments since 1999. The Health Department is part of the Henry County Health Partners, a group of organizations that work to improve the quality of life and the health status of Henry County citizens. The group was formed in 1996 to study ways to improve the quality of life and the health status of Henry County citizens. Partners in the initial Henry County Health Partners included Henry County Health Department; Henry County Hospital; United Way of Henry County; Henry County Commissioners; Napoleon Area Schools; Henry County Ministerial Association; City of Napoleon; Alcohol, Drug Addiction, and Mental Health Services (ADAMhs) Board; Henry County Human Services; Northwest Signal; Northwest State Community College; and Northwest Ohio Educational Service Center. Despite the leadership changes that occur normally over time, Henry County Health Partners have continued to work together for nearly two decades to periodically measure, track, and impact the community's health.

Community health re-assessments were completed in 2005 and 2010 by the Health Partners. For the 2013-2014 Community Health Assessment process the Henry County Health Partners used the National Association of County and City Health Officials' Mobilizing for Action through Planning and Partnerships (MAPP) strategic planning process for improving community health. This process was also loosely used during the 2010 assessment process and during the development of Henry County's Community Health Improvement Plan (CHIP). The MAPP process includes four assessments and applies strategic thinking to prioritize public health issues and identify resources to address them. The four assessments include:

- Community Health Status Assessment (Completed in September 2013)
- Local Public Health System Assessment (Completed in November 2013)
- Forces of Change Assessment (Completed in September 2014)
- Community Themes and Strengths Assessment (Completed in July 2014)

This report contains a summary of each process, results, and conclusions from each of the MAPP assessments.

### Methodology

Henry County Health Partners utilized the Mobilizing for Action through Planning and Partnerships (MAPP) process to complete a community health improvement planning model. MAPP is a community-wide strategic planning process for improving community health. This process helps communities prioritize public health issues and identify resources for addressing them. MAPP is not

an agency-focused assessment tool; rather, it is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems.

The MAPP tool was developed by NACCHO in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC). A work group composed of local health officials, CDC representatives, community representatives, and academicians developed MAPP between 1997 and 2000. The MAPP process seeks to achieve optimal health by identifying and using our resources wisely, taking into account our county's unique circumstances and needs, and forming effective partnerships for strategic action.

The MAPP model uses four assessments, which provides critical insights into challenges and opportunities throughout the community.

- Community Health Status Assessment -Assesses data about health status, quality of life, and risk factors in the community. This assessment was completed in September 2013.
- Local Public Health System Assessment -Measures the capacity and performance of the local public health system—all organizations and entities that contribute to the public's health. This assessment was completed in November 2013.
- Forces of Change Assessment -Identifies forces that are or will be affecting the community or the local public health system. This assessment was completed in September 2014.
- Community Themes and Strengths Assessment -Identifies issues that interest the community, perceptions about quality of life, and community assets. This assessment was completed in July 2014.



## Community Health Status Assessment Overview

The Community Health Status Assessment answers the questions, "How healthy are our residents?" and "What does the health status of our community look like?" The results of the assessment provide an understanding of the community's health status and ensure that the community's priorities include specific health status issues (e.g., high lung cancer rates or low immunization rates).

The 2013 Community Health Status Assessment is the result assessments of Henry County youth and adults. The data collected from Henry County residents is reported along with health information from the Ohio Department of Health and relevant national, state, and local data sources. The 2013 assessment was supported financially by the following organizations: Henry County Health Department, Henry County Hospital, Four County ADAMhs Board, and United Way of Henry County.

Henry County adults (19 years of age and older) and youth (ages 12 through 18) participated in a county-wide health assessment survey during 2013. 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.

This Community Health Status Assessment was cross-sectional in nature and included a written survey of adults and adolescents within Henry 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.

#### **Trend Summary**

The following charts show the trends in both the youth and adult health status data over the past 3 community health status assessments completed through this process. The summaries also include related state and national data.

## Youth | TREND SUMMARY

Youth Variables	Henry County 2005 (6-12 grade)	Henry County 2010 (6-12 grade)	Henry County 2013 (6-12 grade)	Henry County 2013 (9-12 grade)	Ohio 2011 (9-12 grade)	U.S. 2011 (9-12 grade)
	Weight Co	ntrol				
Obese	N/A	13%	12%	14%	15%	13%
Overweight	N/A	15%	14%	14%	15%	15%
Described themselves as slightly or very overweight	55%	30%	25%	26%	30%	29%
Trying to lose weight	49%	47%	46%	44%	N/A	N/A
Exercised to lose weight	45%	34%	43%	47%	61%*	61%*
Ate less food, fewer calories, or foods lower in fat to lose weight	22%	11%	30%	35%	43%*	39%*
Went without eating for 24 hours or more	2%	1%	5%	7%	13%	12%
Took diet pills, powders, or liquids without a doctor's advice	N/A	0%	2%	4%	6%	5%
Vomited or took laxatives	2%	1%	1%	1%	6%	4%
Ate 1 to 4 servings of fruits and vegetables per day	N/A	N/A	77%	80%	85%*	78%*

Physically active at least 60 minutes per day on less than 7 days in past week	N/A	76%	76%	76%	75%	71%
Physically active at least 60 minutes per day on less than 5 days in past week	N/A	50%	54%	51%	55%	51%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A	11%	15%	10%	16%	14%
Watched TV 3 or more hours per day	37%	39%	36%	33%	31%	32%
Uninten	tional Injurie:	and Viole	nce			
Always wore a seatbelt	42%	39%	50%	52%	N/A	N/A
Rarely or never wore a seatbelt	11%	12%	9%	9%	17%	8%
Carried a weapon in past month	10%	13%	9%	7%	16%	17%
Been in a physical fight in past year	31%	30%	24%	20%	31%	33%
Threatened or injured with a weapon on school property in past year	5%	7%	7%	5%	8%*	7%
Did not go to school because felt unsafe	2%	5%	5%	1%	6%	6%
Ever been electronically/cyber bullied in past year	N/A	9%	14%	16%	15%	16%
Bullied on school property in past year	N/A	N/A	33%	27%	23%	20%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	6%	6%	4%	6%	N/A	9%
Seriously considered suicide in past year	9%	11%	13%	14%	14%	16%
Attempted suicide in past year	4%	5%	7%	8%	9%	8%
Felt sad or hopeless almost every day for 2 or more weeks in a row	16%	21%	21%	23%	27%	29%

N/A - not available

<sup>\*</sup>Comparative YRBSS data for Ohio is 2007 and U.S. is 2009

Youth Variables	Henry County 2005 (6-12 grade)	Henry County 2010 (6-12 grade)	Henry County 2013 (6-12 grade)	Henry County 2013 (9-12 grade)	Ohio 2011 (9-12 grade)	U.S. 2011 (9-12 grade)
Alco	hol Consu	mption				
Ever had at least one drink of alcohol in lifetime	55%	49%	44%	55%	71%	71%
Used alcohol during past month	29%	19%	19%	25%	38%	39%
Binged during past month (5 or more drinks in a couple of hours on an occasion)	20%	11%	10%	15%	24%	22%
Drank for the first time before age 13 (of all youth)	23%	35%	16%	15%	18%	21%
Rode with someone who was drinking in past month	26%	20%	17%	15%	21%	24%
Drank and drove	8%	5%	2%	4%	7%	8%
Obtained the alcohol they drank by someone giving it to them	N/A	38%	39%	46%	N/A	40%
	Tobacco U	lse				
Lifetime cigarette use (ever tried cigarette smoking, even 1 or 2 puffs)	38%	15%	14%	19%	52%	45%
Used cigarettes on one or more days during the past month	16%	9%	8%	13%	21%	18%
Smoked cigarettes on 20 or more days during the past month (of all youth)	6%	4%	4%	6%	10%	6%
Tried to quit smoking	41%	46%	51%	54%	56%	50%
Used chewing tobacco or snuff in past month	5%	5%	3%	4%	12%	8%

Sexual Behavior						
Ever had sexual intercourse	38% <del>l</del>	17%	22%	37%	45%*	47%
Used a condom at last intercourse	57% <del>l</del>	55%	48%	61%	60%*	60%
Used birth control pills at last intercourse	16% <del>l</del>	21%	32%	39%	23%	18%
	Drug Use					
Used marijuana in the past month	12%	6%	6%	9%	24%	23%
Used cocaine in their lifetime	6%	2%	2%	2%	7%	7%
Used heroin in their lifetime	2%	1%	1%	1%	3%	3%
Used methamphetamines in their lifetime	3%	1%	1%	1%	6%*	4%
Used steroids in their lifetime	3%	2%	3%	3%	4%	4%
Used prescription medication in order to get high or feel good in their lifetime	13%	7%	6%	9%	N/A	N/A
Used inhalants in order to get high in their lifetime	12%	10%	6%	6%	12%**	11%
Ever used ecstasy/MDMA	N/A	N/A	2%	3%	N/A	8%
Ever been offered, sold, or given an illegal drug by someone on school property in the past	22%	7%	5%	5%	24%	26%

N/A - not available

## Adult | TREND SUMMARY

Adult Variables	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012		
Health Status							
Rated health as excellent or very good	50%	54%	53%	50%	52%		
Rated general health as fair or poor	11%	10%	10%	18%	17%		
Rated their mental health as not good on four or more days	25%	19%	19%	N/A	N/A		
Average days that physical health not good in past month	N/A	N/A	3.1	3.9**	3.7**		
Average days that mental health not good in past month	N/A	N/A	3.2	3.9**	3.5**		
Average days that poor physical or mental health kept them from doing their usual activities in past month	N/A	N/A	2.3	2.3**	2.4**		
Health Care Cov	/erage						
Has health care coverage	92%	88%	91%	85%	83%		
Arthritis, Asthma &	Diabetes						
Has been diagnosed with arthritis	30%	29%	29%	30%	26%		
Has ever been diagnosed with asthma	11%	7%	10%	14%	13%		
Has been diagnosed with diabetes	8%	6%	9%	13%	11%		
Cardiovascular Health							
Had a heart attack	3%	6%	2%	5%	5%		
Had a stroke	1%	2%	1%	3%	3%		
Has been diagnosed with high blood pressure	34%	33%	30%	33%*	31%*		
Has been diagnosed with high blood cholesterol	32%	29%	30%	39%*	38%*		

<sup>\*2007</sup> YRBS Data

<sup>\*\*2005</sup> YRBS Data

<sup>†</sup> Only 9th-12th graders were asked sexual health questions in 2005.

Had blood cholesterol checked within the past 5 years	N/A	N/A	83%	76%*	76%*		
Weight Status							
Overweight	39%	32%	34%	35%	36%		
Obese	36%	33%	29%	30%	28%		
Alcohol Consur	nption						
Had at least one alcoholic beverage in past month	47%	50%	56%	54%	55%		
Binged in past month (5 or more drinks in a couple of hours on an occasion)	22%	19%	19%	18%	17%		
Tobacco Us	se						
Current smoker (currently smoke some or all days)	25%	17%	19%	23%	20%		
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	26%	26%	23%	25%	25%		
Drug Use							
Adults who used marijuana in the past 6 months	3%	4%	4%	N/A	N/A		
Adults who misused prescription drugs in the past 6 months	6%	2%	4%	N/A	N/A		
Preventive Med	dicine						
Had a pneumonia vaccine in lifetime (age 65 and older)	N/A	66%	53%	69%	70%		
Had a clinical breast exam in the past two years (age 40 and older)	N/A	N/A	78%	75%**	77%**		
Had a mammogram in the past two years (age 40 and older)	N/A	N/A	80%	74%	74%		
Had a pap smear in the past three years	N/A	N/A	76%	78%	78%		
Had a PSA test in within the past two years (age 40 and older)	N/A	N/A	38%	45%	45%		

N/A - not available

<sup>\*\*2010</sup> BRFSS Data

Adult Variables	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012	
Quality of Li	fe					
Limited in some way because of physical, mental or emotional problem	N/A	N/A	24%	20%	20%	
Mental Health						
Considered attempting suicide in the past year	2%	1%	3%	N/A	N/A	
Oral Health	n	<u> </u>				
Adults who have visited the dentist in the past year	67%	69%	72%	68%	67%	
Adults who had one or more permanent teeth removed	N/A	N/A	39%	46%	45%	
Adults 65 years and older who had all of their permanent teeth removed	N/A	N/A	19%	20%	16%	

N/A - not available

The results of the Community Health Status Assessment were presented to a large group of Henry County community organizations on September 24, 2013. Over 150 individuals were invited to the presentation of the results from various organizations that are located in or provide services to

<sup>\* 2011</sup> BFRSS Data

<sup>\* 2011</sup> BFRSS Data

<sup>\*\*2010</sup> BRFSS Data

Henry County. During the presentation of the results participants shared what surprised them the most about the data that was collected. The following were items specific items stated:

- Lack of adult helmet use
- Low rates of breastfeeding
- Correlation between smoking and other risky behaviors
- 71% of fatal crashes in Henry County were alcohol related
- 24% of youth went to bed hungry
- Amount of parents supplying alcohol to children
- Amount of screen time for youth

Additionally, issues were identified by participants during the presentation of the Community Health Status Assessment results.

#### Top Health Issues in Henry County

- Obesity
- Alcohol related crashes
- Youth suicide
- Youth going to bed hungry
- Nutrition resources
- Lack of exercise
- Youth bullying
- Youth and adult tobacco use
- Parents aiding in youth alcohol consumption
- Divorce/home stress/family dynamics

The Community Health Status Assessment provides additional state and national data in the full report. For the entire Community Health Status report see Appendix A.

## National Public Health Performance Standards Local System Assessment Overview

The National Public Health Performance Standards (NPHPS) program is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPS assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards.

The NPHPS assessments are intended to help users answer questions such as "What are the components, activities, competencies, and capacities of our public health system?" and "How well are the ten Essential Public Health Services being provided in our system?" The dialogue that occurs in the process of answering the questions in the assessment instrument can help to identify strengths and weaknesses, determine

opportunities for immediate improvements, and establish priorities for long term investments for improving the public health system.

The information obtained from assessments may then be used to improve and better coordinate public health activities at state and local levels. In addition, the results gathered provide an understanding of how state and local public health systems and governing entities are performing. This information helps local, state and national partners make better and more effective policy and resource decisions to improve the nation's public health as a whole.

The Essential Public Health Services (Essential Services) provide the framework for the NPHPS instruments by describing the public health activities that should be undertaken in all communities. Hence, the instrument is divided into ten sections respective of the Essential Services.

#### The Essential Public Health Services

- 1. Monitor health status to identify community health problems.
- 2. Diagnose and investigate health problems and health hazards in the community.
- 3. Inform, educate, and empower people about health issues.
- 4. Mobilize community partnerships to identify and solve health problems.
- 5. Develop policies and plans that support individual and community health efforts.
- 6. Enforce laws and regulations that protect health and ensure safety.
- 7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- 8. Assure a competent public health and personal health care workforce.
- 9. Evaluate effectiveness, accessibility, and quality of personal and population based health services.
- 10. Research for new insights and innovative solutions to health problems.

The 10 Essential Services



Throughout the month of October and November, the National Public Health System (NPHPS) Local Assessment was sent through electronic surveys to all partners invited to the release of the Community Health Status Assessment. This process allowed for stakeholders and partners to review and answer the assessment questions prior to an in-person meeting. This also gave individuals the opportunity provide comments and examples for each of the questions. In addition to the electronic survey, the same group of individuals were asked to attend the in-person meeting to discuss the NPHPS Local Assessment. The purpose of the meeting was to discuss each Essential Service in more depth and obtain a consensus vote on each question. Several representatives from the following organizations attended the in-person meeting on November 7, 2013, including:

- American Cancer Society
- Bowling Green State University
- Four County ADAMHS Board
- Henry County Family and Children First
- Henry County Health Department
- Henry County Hospital
- Napoleon Area Schools
- Together We Can Make A Difference

After much discussion, consensus votes were recorded for each question in the model standards related to each Essential Service. In addition to the votes, many discussion and action items were noted on each Essential Service.

#### Results

The following figures will be used to identify specific activities that contributed to high or low performance within each Essential Service.

Figure 1 displays the average performance score for all of the Model Standards within each Essential Service.

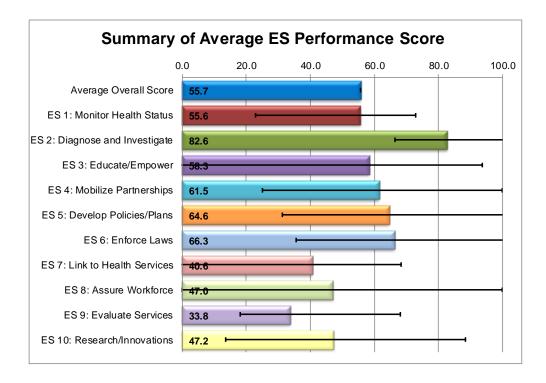


Figure 1

Participants used the following five activity categories in Figure 2 to come to a consensus score each question within the assessment.

Optimal Activity (76–100%)	The public health system is doing absolutely everything possible for this activity and there is no need for improvement.
Significant Activity (51–75%)	The public health system participates a great deal in this activity, and there is opportunity for minor improvement.
Moderate Activity (26–50%)	The public health system somewhat participates in this activity, and there is opportunity for greater improvement.
Minimal Activity (1–25%)	The public health system provides limited activity, and there is opportunity for substantial improvement.
No Activity (0%)	The public health system does not participate in this activity at all.

Figure 2

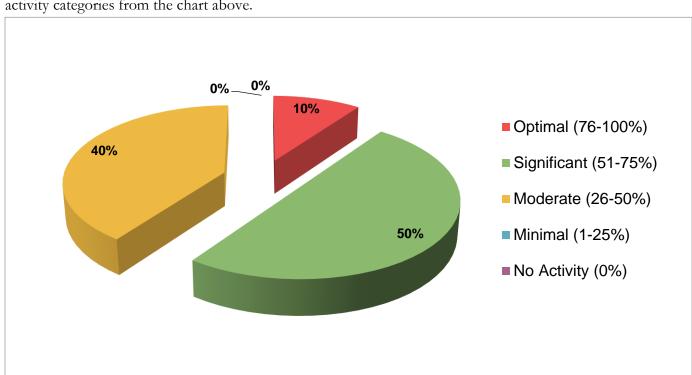


Figure 3 provides the percentage of the system's Essential Services scores that fell within the five activity categories from the chart above.

Figure 3

#### **Discussion Highlights:**

The most important part of the NPHPS Local Assessment is the discussion around each of the Model Standards and questions. The discussion between partners often details the current work, successes, and areas for improvement around each Essential Service. Below are a few highlights from the discussions.

#### Strengths

- Standard process for completing our Community Health Status Assessment and partner agencies frequently utilize the data
- Enhanced communication in case of emergencies with the Wireless Emergency Notification System (WENS)
- Monthly meetings with health partners to discussion goals and objectives related to the Community Health Improvement Plan and other community needs
- Leadership Development Institutes for both Henry County Hospital and Henry County Health department to increase skills and knowledge related to management and health
- Optimal communication with EMA, comprehensive plan for disease outbreaks, good coordination between EMA, hospital, health department, Red Cross, and other agencies

#### Areas for Improvement

• Updating the community health data continuously and add additional indicators

- Share After Action Reports (AAR) with other partners after any emergency preparedness exercise or drill
- Increase awareness of who is responsible for enforcing and making laws among the public and partners
- Increase coordination among partners to link citizens of Henry County to the services that they may need
- Very little evaluation is done in both population-based health service and personal health service areas and results are not often shared between organizations

For the full NPHPS Local System Assessment report see Appendix B.

## Forces of Change Assessment Overview

The Forces of Change (FoC) assessment is designed to identify current and future trends, factors, and events that are likely to influence health and quality of life in Henry County, or impact the work of the local public health system. This assessment can help answer the following questions, "What is occurring or might occur that can affect the health of Henry County residents?" and "What specific local threats or opportunities are created by these occurrences?"

The Forces of Change assessment requires participants to think of forces outside of their control that can or already have impacted health and quality of life here in Henry County and/or our local public health system. These forces can include trends, factors, and events. Trends are patterns over time, such as young graduates moving away for job opportunities or families returning to a community to raise their children. Factors are discrete elements, such as a community's large ethnic population or a city's proximity to a major waterway or highways. Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

The Forces of Change assessment was completed through an electronic anonymous survey in September 2014. This survey was sent to a variety of community partners, including to individuals who participated during the release of the Community Health Status assessment results. Community partners were asked to identify three forces they are concerned about, why they are a concern, and to identify solutions to the concerns.

#### Forces of Change

One of the top concerns identified by the 14 individuals who completed the survey was healthcare. There were multiple reasons why healthcare was a concern or force of change affecting Henry County residents. These included:

- Cost of services
- Insurance requirements, including spousal carve-out
- Medicaid expansion across Ohio
- Difficult to navigation system
- Overall access to services

Another identified force of change affecting the health and quality of life in Henry County is the economy. Specific areas of concern were:

- Number of available jobs in the county, specifically the availability of full-time jobs
- Number of low paying jobs in the area
- Burden of student loan repayment

A force of change that affects nearly every resident in the county is the environment. The specific concerns that were raised include:

- Quality of drinking water in Henry County
- Presence of new and/or stronger strains of diseases
- Accessibility and safety of areas for physical activity (walking, biking, etc.) across the county

The survey tool also asked individuals to identify methods to address their areas of concern or forces of change affecting Henry County. The following are a few methods identified to improve the forces of change identified:

#### Healthcare

- Provide navigators who will assist in finding assistance to resources
- Conversations among all local healthcare providers about providing adequate healthcare
- Keeping local health care resources local
- Affordable insurance
- Support groups in the community
- Advocates for the elderly
- Working with others to shift funding from treatment to prevention

#### **Economy**

- Free or low cost nutrition training and/or meals
- Provide free access to services such as transportation, neighborhood resources, and grocery delivery
- Repayment options for student loans
- Transitional housing programs

#### **Environmental**

- Prevent farm land runoff
- Find natural ways to control pests
- Provide free safe indoor/outdoor exercise stations in all communities

To view the entire survey and responses, see Appendix C.

## Community Themes and Strengths Assessment Overview

The Community Themes and Strengths Assessment (CTSA) answers the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" These assessment results help provide a strong understanding of community issues and concerns, perceptions about quality of life, and community assets. During this assessment, community thoughts, opinions, concerns, and solutions are gathered, which provides insight into the issues of importance to the community.

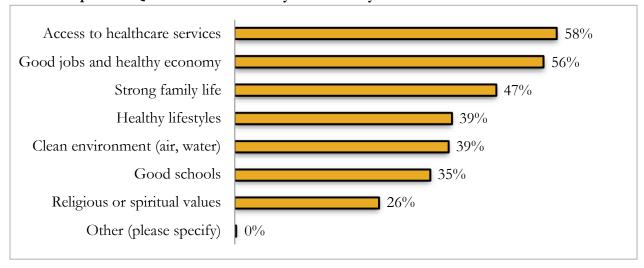
Henry County's Community Themes and Strengths Assessment was conducted in two separate parts. This first was a survey to identify health issues and concerns, community assets, and health priority areas for the county. The second was through specific focus groups and key informant interviews to gather additional knowledge about health issues, concerns, and community assets. Both processes were completed by July 2014.

For the survey process, both an electronic and paper version were used in order to reach a large number of residents. Both versions of the survey were distributed through community partners including, Together We Can Make a Difference, Henry County Hospital, and Henry County Health Department. The survey was distribute during the month of June and 327 residents from across Henry County responded to either the paper or electronic survey.

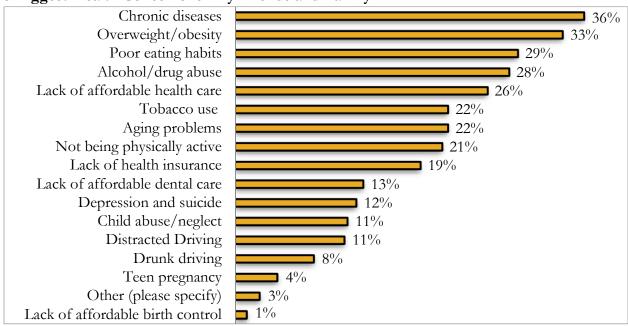
#### Results of the Electronic and Paper Surveys

The following are the respondent's answers to the multiple choice questions on the Health Priorities and Concerns of Henry County Residents survey.

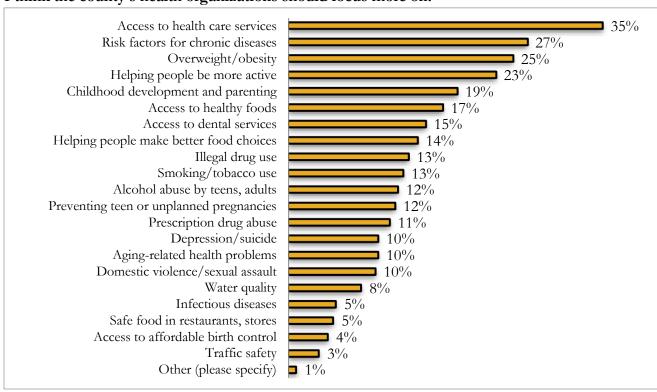
#### 3 Most Important Qualities of a "Healthy Community



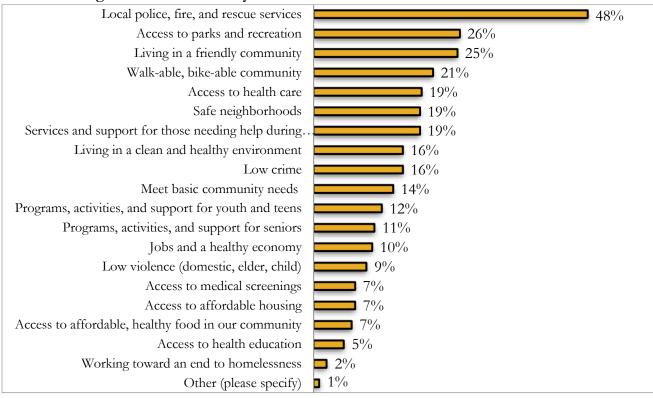
#### 3 Biggest Health Concerns for My Friends and Family



#### I think the county's health organizations should focus more on:







The following questions were open-ended allowing residents to share additional information on the assets of Henry County and additional concerns. One open-ended questions on the survey was thrown out due to lack of quality data.

#### What makes you most proud to be a part of Henry County?

- Community
  - Clean
  - Small town/community
  - Ouiet
  - · Rural environment
- People
  - Friendly
  - Helpful
  - Kind
  - Caring
- Safe place to live
  - Safe neighborhoods
  - Low crime
- Schools
  - Great school systems

#### Are there any concerns that should be addressed in Henry County?

- Jobs
  - More jobs
  - Higher paying jobs
  - Bring in new businesses
- Drugs/Alcohol Abuse
  - Prescription drug abuse
  - Illegal drugs, such as methamphetamine (meth) and heroin
  - · Alcohol abuse by both teens and adults
- Healthcare
  - · Access dental, mental health, and medical services
  - Cost
  - Walk-in clinic for non-emergency situations

The second component to the Community Themes and Strengths Assessment was a community engagement process to gather community thoughts and perspectives. Hiermer Consulting Company (HCC) was contracted by Henry County Health Department to facilitate focus groups and oversee the key stakeholder and informant interview process. The goals of this effort were to determine what is important to Henry County residents and how they perceive the quality of life in Henry County; and to identify local resources that can be used to improve the community's health.

The focus groups were selected based on specific population groups identified in the 2013 Community Health Status Assessment as experiencing barriers to health care services:

- Residents with lower incomes
- Residents age 65 years and older
- Residents with chronic disease(s)
- Spanish-speaking residents
- Families with children with serious medical issues or developmental delays

Additionally, staff members from Henry County Health Partner organizations conducted key informant interviews with a variety of local residents and service providers, representing the following community sectors:

- Faith-based
- Elected Officials
- Businesses
- Media
- Education
- Community Organizations
- Health Care

The following findings are an overview of major themes from the focus group and key informant interview processes. In order to gain a broader view of the themes and additional concerns of each focus group or key informant interview, it is suggested that the full report be reviewed. Below are a summary of comments specific to participant responses in each focus group:

- Adults over 65 and those with chronic diseases tended to possess a well-established network
  of health care providers, health care insurance, reliable transportation, and faced few, if any,
  challenges accessing and scheduling required services. Overall, these two groups possessed
  the desired health care access status.
- Lower income participants were quite knowledgeable about and users of a broad range of
  public health care services in Henry County. However participants did experience access
  barriers typically associated with a lower socioeconomic status, such as transportation, lack
  of expendable income to invest in health care, and lack of adequate health care insurance.
  Many participants voiced frustration regarding perceived discriminatory treatment from
  health care providers in the area of pain management.
- Spanish-speaking participants overwhelmingly focused on the impact of legal status and language barriers. The participants shared how the cumbersome and expensive immigration process can affect overall quality of life, including obtaining jobs, health care insurance, and accessing health care. There was a strong desire for an outlet in Henry County for English classes.
- Families with children with serious medical issues or developmental delays were delighted that their views and experiences were being shared. This group's focus was on the need for a pediatrician in Henry County and access to a broader range of specialists.

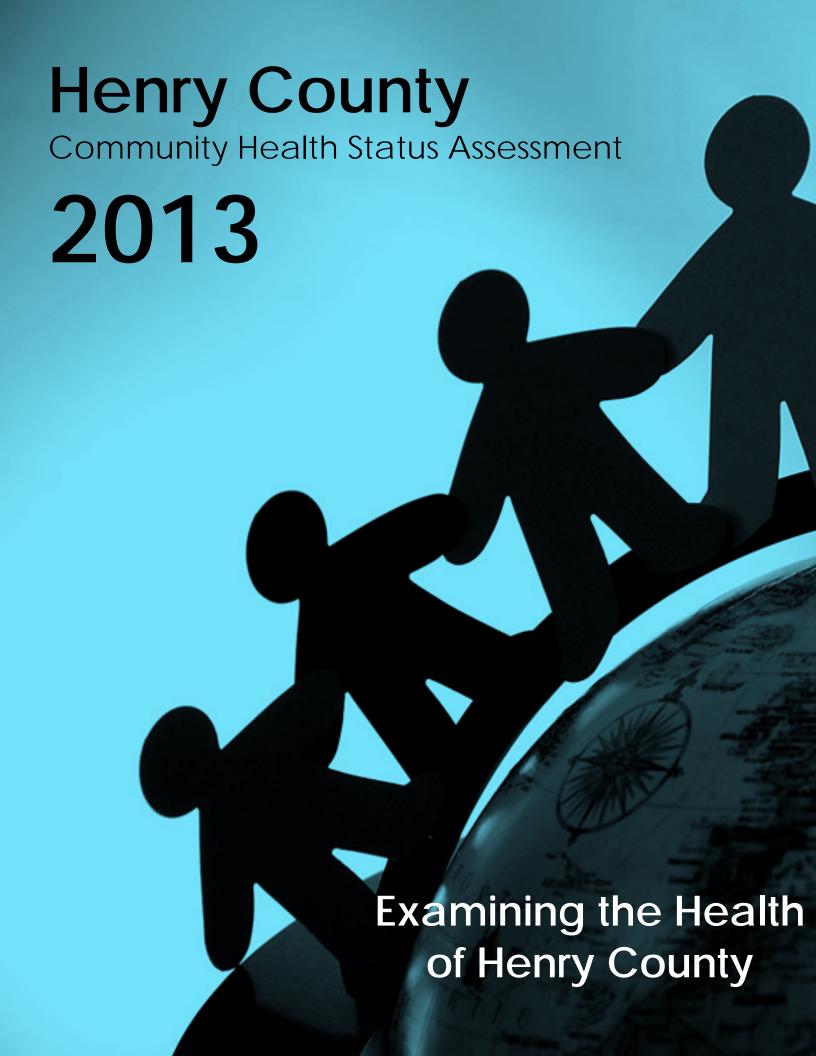
For the key informant interviews, there were many different community roles causing much diversity in answers. One of the key themes that was identified was pride of the overall community, including values, people, organizations, and schools. Four primary issues emergency through the interviews about the most important issues to address to improve health and quality of life in Henry County. The four issues were:

- Obesity
- Alcohol Abuse
- Drug Abuse
- Information and access to available programs and services

For additional focus group and key informant interview data, see full report in Appendix D.

## APPENDIX A: Community Health Status Assessment

See following page for full Community Health Status Assessment Report.



## **FOREWORD**

September 2013

Dear Community Member,

Thank you for your concern for the health of Henry County. The data presented in this publication is the result of the 2013 health status assessment of Henry County youth and adults. The data collected from Henry 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 Henry 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: Henry County Health Department, Henry County Hospital, Four County ADAMhs Board, and United Way of Henry County.

In addition, the following individuals worked on the planning committee: KC Ashbaugh, Anne Goon, Barbara Hoffman, Holli Horn, Sharon Meece, Connie Parker, Pam Pflum, and Melissa Sears. Special thanks are given to Britney Ward from the Healthy Communities Foundation of the Hospital Council of Northwest Ohio for guiding this process.

While data is useful, it is how people utilize this information that ultimately benefits the community. Please join the Henry County Health Partners as we work together to improve the health and well-being of Henry 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,

Anne Goon, MS, RD, LD Health Commissioner Henry County Health Department



Kimberly Bordenkircher, MBA, BSN, RN CEO

Henry County Hospital







## **ACKNOWLEDGEMENTS**

## Funding for the Henry County Health Assessment Provided by:

Henry County Health Department Henry County Hospital United Way of Henry County Four County ADAMhs Board

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## **EXECUTIVE SUMMARY**

This executive summary provides an overview of health-related data for Henry County adults (19 years of age and older) and youth (ages 12 through 18) who participated in a county-wide health assessment survey during 2013. 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 Henry 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 Henry County. During these meetings, banks of potential survey questions from the BRFSS and YRBSS surveys were reviewed and discussed. Based on input from the Henry County planning committee, the Project Coordinator composed drafts of surveys containing 115 items for the adult survey and 75 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 over living in Henry County were used as the sampling frame for the adult survey. Since U.S. Census Bureau age categories do not correspond exactly to this age parameter, the investigators calculated the population of those 18 years and over living in Henry County. There were 21,121 persons ages 18 and over living in Henry County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding confidence interval of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings.) A sample size of at least 376 adults was needed to ensure this level of confidence. The response rate for the mailing was 50% (n=479). This return rate and sample size means that the responses in the health assessment should be representative of the entire county. The random sample of mailing addresses of adults from Henry County was obtained from American Clearinghouse in Louisville, KY.

#### SAMPLING | Adolescent Survey

Youth in grades 6-12 were used as the sampling frame for the youth survey. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding confidence interval of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings.) A sample size of at least 345 adolescents was needed to ensure this level of confidence. The response rate was 91% (n=427).

#### PROCEDURE | Adult Survey

Prior to mailing the survey to adults, an advance letter was mailed to 1,000 adults in Henry County. This advance letter was personalized, printed on Henry County Health Partners stationery and was signed by Anne Goon, Health Commissioner, Henry County Health Department and Kim Bordenkircher, CEO, Henry County Hospital. 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 Henry County Health Partners stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a \$2 incentive. Approximately two weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave postcard was sent two weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent. The entire mailing procedure for adults took place from January through April 2013.

#### PROCEDURE | Adolescent Survey

Superintendents reviewed and approved the survey. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The survey contained 75 questions and had a multiple choice response format. The students were surveyed in February 2013.

#### **DATA ANALYSIS**

Individual responses were anonymous and confidential. Only group data is available. All data was analyzed by health education researchers at the University of Toledo using SPSS 17.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Henry 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 Henry County adult assessment had a good 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 Henry 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 data collection was administered in schools in a similar fashion as this county health assessment.

#### **Data Summary**

#### **HEALTH PERCEPTIONS**

In 2013, slightly more than half (53%) of the Henry County adults rated their health status as excellent or very good. Conversely, 10% of adults, increasing to 20% of those over the age of 65, described their health as fair or poor.

#### **Henry County Adult Health Perceptions\*** 100% 8% 10% 10% 12% 11% 20% 26% 80% 29% 36% 37% 39% 39% 36% 37% 37% 60% 45% 43% 40% 66% 53% 53% 55% 58% 51% 50% 54% 20% 35% 31% 0% Total Males **Females** Under 30-64 65 & Income Income Henry Henry 2005 Over <\$25K \$25K 2010 Plus

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

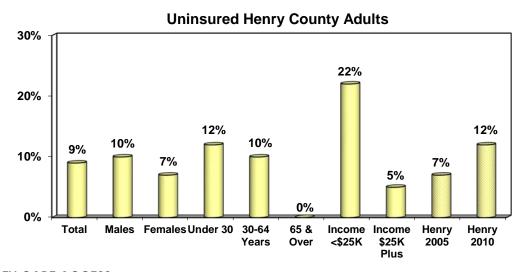
□Good

■ Fair/Poor

**■** Excellent/Very Good

#### **HEALTH CARE COVERAGE**

The 2013 Health Assessment data has identified that 9% of Henry 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 Henry County, 13.2% of residents live below the poverty level. (Source U.S. Census, American Community Survey 3 Year Estimates, 2009-2011)



#### **HEALTH CARE ACCESS**

The 2013 Health Assessment project identified that 4% of Henry County adults were using a hospital emergency room as their usual place of health care, increasing to 7% of those with incomes less than \$25,000. In the past year, 59% of adults had visited a doctor for a routine checkup.

#### **CARDIOVASCULAR HEALTH**

Heart disease (23%) and stroke (8%) accounted for 31% of all Henry County adult deaths from 2006-2008 (Source: ODH Information Warehouse). The 2013 Henry County Health Assessment found that 2% of adults had survived a heart attack and 1% had survived a stroke at some time in their life. Nearly one-third (30%) of Henry County adults have been diagnosed with high blood pressure, 30% had high blood cholesterol, 29% were obese, and 19%

were smokers, four known risk factors for heart disease and stroke.

Henry County Leading Types of Death 2006-2008

**Total Deaths: 786** 

- 1. Cancers (25% of all deaths)
- 2. Heart Disease (23%)
- 3. Stroke (8%)
- 4. Accidents, Unintentional Injuries (6%)
- 5. Alzheimer's Disease (4%)

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

CANCER

In 2013, 10% of Henry County adults had been diagnosed with cancer at some time in their life. Ohio Department of Health statistics indicate that from 2000-2008, a total of 551 Henry 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.

Henry County Incidence of Cancer, 2005-2009 All Types: 131 cases

Prostate: 18 cases (14%)

Lung and Bronchus: 17 cases (13%)

Breast: 15 cases (11%)

Colon and Rectum: 13 cases (10%)

In 2010, there were 63 cancer deaths in Henry County.

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



#### **DIABETES**

In 2013, 9% of Henry County adults had been diagnosed with diabetes.

#### **ARTHRITIS**

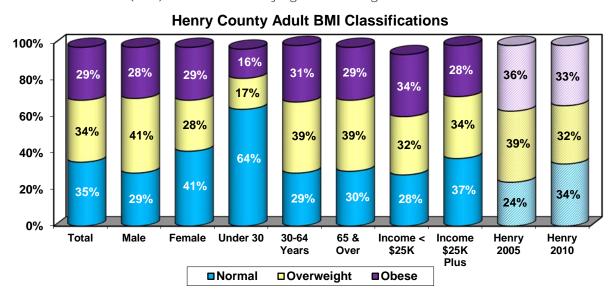
According to the Henry County survey data, 29% of Henry County adults were diagnosed with arthritis. According to the 2012 BRFSS, 30% of Ohio adults and 26% of U.S. adults were told they have arthritis.

#### **ASTHMA**

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

#### **ADULT WEIGHT STATUS**

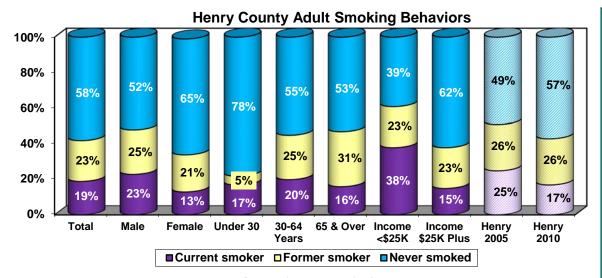
The 2013 Health Assessment identified that 63% of Henry County adults were overweight or obese based on Body Mass Index (BMI). The 2012 BRFSS indicates that 30% of Ohio and 28% of U.S. adults were obese by BMI. Nearly one-third (29%) of Henry County adults were obese. Almost half (46%) of adults were trying to lose weight.



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

#### **ADULT TOBACCO USE**

In 2013, 19% of Henry County adults were current smokers and 23% were considered former smokers. In 2013, 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, and by 2030, this number is expected to increase to 8 million. (Source: Cancer Facts & Figures, American Cancer Society, 2013)



Respondents were asked:

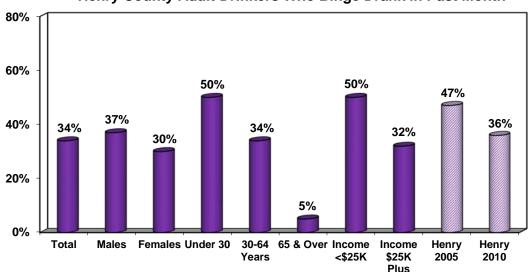
"Have you smoked at least 100 cigarettes in your entire life?

If yes, do you now smoke cigarettes every day, some days or not at all?"

#### ADULT ALCOHOL CONSUMPTION

In 2013, the Health Assessment indicated that 14% of Henry County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 34% of adults who drank had five or more drinks (for males) and 4 or more drinks (for females) on one occasion (binge drinking) in the past month. Seven percent of adults drove after having perhaps too much to drink.





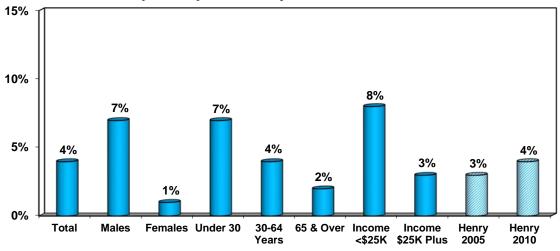
<sup>\*</sup>Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion. Adults must have reported drinking five or more drinks (for males) or four or more drinks (for females) on an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

9

#### ADULT MARIJUANA AND OTHER DRUG USE

In 2013, 4% of Henry County adults had used marijuana during the past 6 months. 4% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

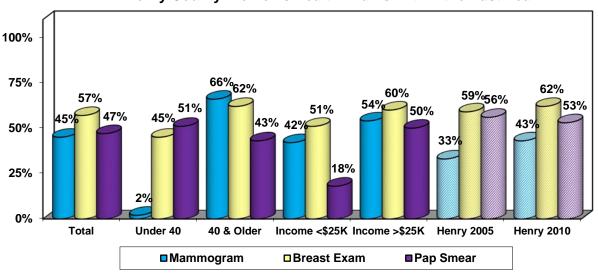




#### **WOMEN'S HEALTH**

In 2013, nearly two-thirds (66%) of Henry County women over the age of 40 reported having a mammogram in the past year. 57% of Henry County women ages 19 and over had a clinical breast exam and 47% had a Pap smear to detect cancer of the cervix in the past year. The Health Assessment determined that 1% of women survived a heart attack and 2% survived a stroke at some time in their life. One-quarter (25%) had high blood pressure, 31% had high blood cholesterol, 29% were obese, and 13% were identified as smokers, known risk factors for cardiovascular diseases.

#### Henry County Women's Health Exams Within the Past Year



#### MEN'S HEALTH

In 2013, 40% of Henry County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. Nearly one-third (30%) of males over the age of 50 had a digital rectal exam in the past year. Major cardiovascular diseases (heart disease and stroke) accounted for 31% and cancers accounted for 28% of all male deaths in Henry County from 2006-2008. The Health Assessment determined that 4% of men survived a heart attack and 2% survived a stroke at some time in their life. More than one-third (34%) of men had been diagnosed with high blood pressure, 28% had high blood cholesterol, and 20% were identified as smokers, which, along with obesity (29%), are known risk factors for cardiovascular diseases.

#### Henry County Men's Health Exams Within the Past Year 60% 40% 40% 30% 28% 23% 21%22% 21% 19% 16% 20% 14% 4% 5% 0% Total Under 50 50 & Older Income Henry 2005 Henry 2010 Income >\$25K <\$25K ■ Prostate-Specific Antigen ■ Digital Rectal

#### PREVENTIVE MEDICINE AND HEALTH SCREENINGS

Over half (53%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than half (52%) of adults ages 50 and over had a colonoscopy/sigmoidoscopy within the past 5 years.

#### **ADULT SEXUAL BEHAVIOR & PREGNANCY OUTCOMES**

In 2013, over two-thirds (68%) of Henry County adults had sexual intercourse. Two percent of adults had more than one partner. Even though young people aged 15-24 represent only 25% of the sexually experienced population, they acquire nearly half of all STDs (Source: CDC, STDs in Adolescents and Young Adults, 2011 STD Surveillance).

#### **QUALITY OF LIFE**

In 2013, 24% of Henry County adults were limited in some way because of a physical, mental or emotional problem.

#### **SOCIAL CONTEXT**

In 2013, 4% of Henry County adults were threatened or abused in the past year. 50% of adults kept a firearm in or around their home.

#### MENTAL HEALTH AND SUICIDE

In 2013, 3% of Henry County adults considered attempting suicide. 8% 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**

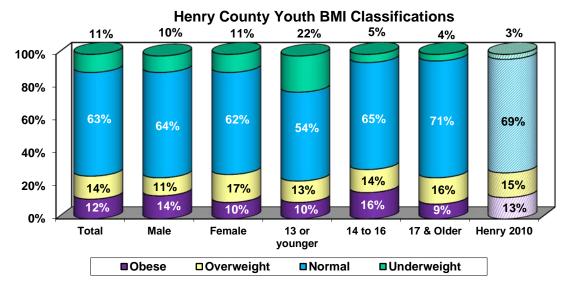
The 2013 Health Assessment project has determined that nearly three-fourths (72%) of Henry County adults had visited a dentist or dental clinic in the past year. The 2012 BRFSS reported that 67% of U.S. adults and 68% of Ohio adults had visited a dentist or dental clinic in the previous twelve months. Almost three-fourths (72%) of Henry 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.

#### **PARENTING**

The 2013 Health Assessment project identified that 93% of children under the age of 4 always used a car seat while a passenger in a car. Nearly two-fifths (39%) of children were never breastfed. 71% of parents discussed screen time as well as dating and relationships with their 12-to-17 year old in the past year.

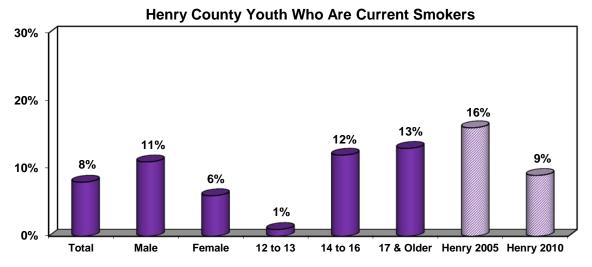
#### **YOUTH WEIGHT STATUS**

The 2013 Health Assessment identified that 12% of Henry County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 25% of Henry County youth reported that they were slightly or very overweight. 68% of youth were exercising for 60 minutes on 3 or more days per week. 91% of youth were involved in extracurricular activities. 23% of youth reported they went to bed hungry on at least one day per week because they did not have enough food.



#### YOUTH TOBACCO USE

The 2013 Health Assessment identified that 8% of Henry County youth in grades 6-12 were smokers, increasing to 13% of those who were over the age of 17. Overall, 3% of Henry County youth in grades 6-12 indicated they had used chewing tobacco in the past month. Of those 6th-12th grade youth who currently smoked, 51% had tried to quit.

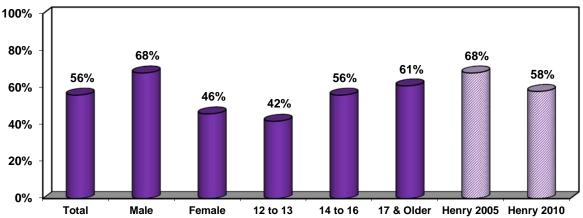


Current smokers are those who have smoked at any time during the past 30 days.

#### YOUTH ALCOHOL CONSUMPTION

In 2013, the Health Assessment results indicated that 44% of Henry County youth in grades 6-12 had drank at least one drink of alcohol in their life, increasing to 59% of youth seventeen and older. 42% of those 6th-12th graders who drank, took their first drink at 12 years old or younger. 18% of all Henry County 6th-12th grade youth and 29% of those over the age of 17 had at least one drink in the past 30 days. About half (56%) 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 high school youth had driven a car in the past month after they had been drinking alcohol.

## Henry County Youth Current Drinkers Binge Drinking in Past Month\*

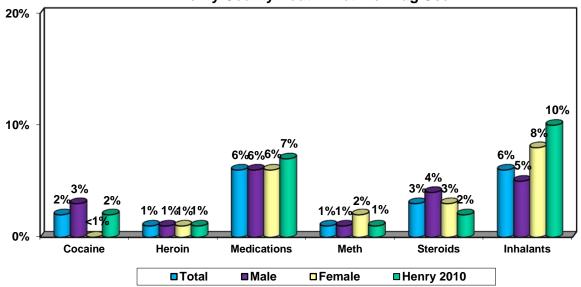


\*Based on all current drinkers. Binge drinking is defined as having five or more drinks on an occasion.

#### YOUTH MARIJUANA AND OTHER DRUG USE

In 2013, 6% of Henry County 6th-12th grade youth had used marijuana at least once in the past 30 days, increasing to 9% of those ages 17 and older. 6% of 6th-12th grade youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life, increasing to 8% of those over the age of 17.

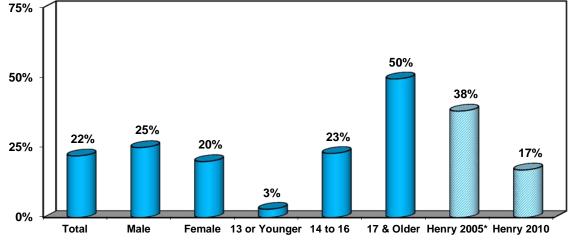
#### **Henry County Youth Lifetime Drug Use**



#### YOUTH SEXUAL BEHAVIOR & PREGNANCY OUTCOMES

In 2013, more than one-fifth (22%) of Henry County youth have had sexual intercourse, increasing to 51% of those ages 17 and over. 18% of youth had participated in oral sex and 6% had participated in anal sex. 17% of youth participated in sexting. Of those who were sexually active, 44% had multiple sexual partners. One Henry County school asked limited sexual behavior questions.



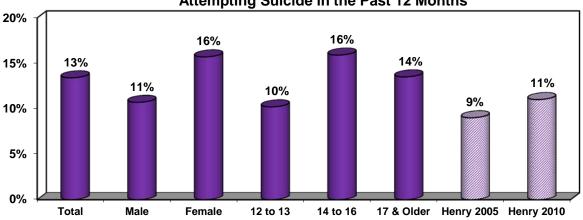


\*Henry County 2005 data for 9th - 12th grade youth

#### YOUTH MENTAL HEALTH AND SUICIDE

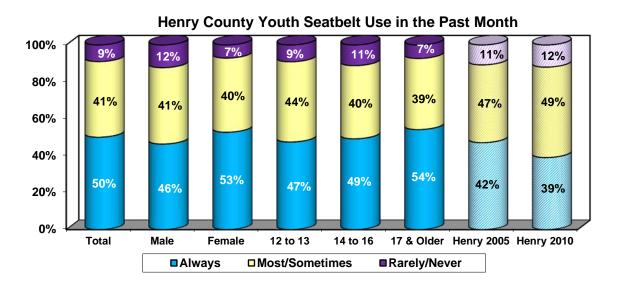
In 2013, the Health Assessment results indicated that 13% of Henry County 6th-12th grade youth had seriously considered attempting suicide in the past year and 7% admitted actually attempting suicide in the past year.

### Henry County Youth Who Had Seriously Considered **Attempting Suicide in the Past 12 Months**



#### **YOUTH SAFETY**

In 2013, 50% of Henry County youth self-reported that they always wore a seatbelt when riding in a car driven by someone else. 32% of youth drivers texted while driving.



#### YOUTH VIOLENCE

In Henry County, 9% of youth had carried a weapon in the past month. 7% of youth had been threatened or injured with a weapon on school property in the past year. 53% of youth had been bullied in the past year and 33% had been bullied on school property.



# Youth | TREND SUMMARY

Youth Variables	Henry County 2005 (6-12 grade)	Henry County 2010 (6-12 grade)	Henry County 2013 (6-12 grade)	Henry County 2013 (9-12 grade)	Ohio 2011 (9-12 grade)	U.S. 2011 (9-12 grade)
	Weight Co					
Obese	N/A	13%	12%	14%	15%	13%
Overweight	N/A	15%	14%	14%	15%	15%
Described themselves as slightly or very overweight	55%	30%	25%	26%	30%	29%
Trying to lose weight	49%	47%	46%	44%	N/A	N/A
Exercised to lose weight	45%	34%	43%	47%	61%*	61%*
Ate less food, fewer calories, or foods lower in fat to lose weight	22%	11%	30%	35%	43%*	39%*
Went without eating for 24 hours or more	2%	1%	5%	7%	13%	12%
Took diet pills, powders, or liquids without a doctor's advice	N/A	0%	2%	4%	6%	5%
Vomited or took laxatives	2%	1%	1%	1%	6%	4%
Ate 1 to 4 servings of fruits and vegetables per day	N/A	N/A	77%	80%	85%*	78%*
Physically active at least 60 minutes per day on less than 7 days in past week	N/A	76%	76%	76%	75%	71%
Physically active at least 60 minutes per day on less than 5 days in past week	N/A	50%	54%	51%	55%	51%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A	11%	15%	10%	16%	14%
Watched TV 3 or more hours per day	37%	39%	36%	33%	31%	32%
Uninten	tional Injuries		nce		T	
Always wore a seatbelt	42%	39%	50%	52%	N/A	N/A
Rarely or never wore a seatbelt	11%	12%	9%	9%	17%	8%
Carried a weapon in past month	10%	13%	9%	7%	16%	17%
Been in a physical fight in past year	31%	30%	24%	20%	31%	33%
Threatened or injured with a weapon on school property in past year	5%	7%	7%	5%	8%*	7%
Did not go to school because felt unsafe	2%	5%	5%	1%	6%	6%
Ever been electronically/cyber bullied in past year	N/A	9%	14%	16%	15%	16%
Bullied on school property in past year	N/A	N/A	33%	27%	23%	20%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	6%	6%	4%	6%	N/A	9%
Seriously considered suicide in past year	9%	11%	13%	14%	14%	16%
Attempted suicide in past year	4%	5%	7%	8%	9%	8%
Felt sad or hopeless almost every day for 2 or more weeks in a row	16%	21%	21%	23%	27%	29%

N/A - not available

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

Youth Variables	Henry County 2005 (6-12 grade)	Henry County 2010 (6-12 grade)	Henry County 2013 (6-12 grade)	Henry County 2013 (9-12 grade)	Ohio 2011 (9-12 grade)	U.S. 2011 (9-12 grade)		
Alcohol Consumption								
Ever had at least one drink of alcohol in lifetime	55%	49%	44%	55%	71%	71%		
Used alcohol during past month	29%	19%	19%	25%	38%	39%		
Binged during past month (5 or more drinks in a couple of hours on an occasion)	20%	11%	10%	15%	24%	22%		
Drank for the first time before age 13 (of all youth)	23%	35%	16%	15%	18%	21%		
Rode with someone who was drinking in past month	26%	20%	17%	15%	21%	24%		
Drank and drove	8%	5%	2%	4%	7%	8%		
Obtained the alcohol they drank by someone giving it to them	N/A	38%	39%	46%	N/A	40%		
	Tobacco U	lse						
Lifetime cigarette use (ever tried cigarette smoking, even 1 or 2 puffs)	38%	15%	14%	19%	52%	45%		
Used cigarettes on one or more days during the past month	16%	9%	8%	13%	21%	18%		
Smoked cigarettes on 20 or more days during the past month (of all youth)	6%	4%	4%	6%	10%	6%		
Tried to quit smoking	41%	46%	51%	54%	56%	50%		
Used chewing tobacco or snuff in past month	5%	5%	3%	4%	12%	8%		
Se	exual Beha	vior						
Ever had sexual intercourse	38% <del> </del>	17%	22%	37%	45%*	47%		
Used a condom at last intercourse	57% <del>∤</del>	55%	48%	61%	60%*	60%		
Used birth control pills at last intercourse	16% <del> </del>	21%	32%	39%	23%	18%		
	Drug Use	•						
Used marijuana in the past month	12%	6%	6%	9%	24%	23%		
Used cocaine in their lifetime	6%	2%	2%	2%	7%	7%		
Used heroin in their lifetime	2%	1%	1%	1%	3%	3%		
Used methamphetamines in their lifetime	3%	1%	1%	1%	6%*	4%		
Used steroids in their lifetime	3%	2%	3%	3%	4%	4%		
Used prescription medication in order to get high or feel good in their lifetime	13%	7%	6%	9%	N/A	N/A		
Used inhalants in order to get high in their lifetime	12%	10%	6%	6%	12%**	11%		
Ever used ecstasy/MDMA	N/A	N/A	2%	3%	N/A	8%		
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	22%	7%	5%	5%	24%	26%		

N/A - not available
\*2007 YRBS Data
\*\*2005 YRBS Data
# Only 9th-12th graders were asked sexual health questions in 2005.

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# Adult | TREND SUMMARY

Adult Variables	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012
Health State	us				
Rated health as excellent or very good	50%	54%	53%	50%	52%
Rated general health as fair or poor	11%	10%	10%	18%	17%
Rated their mental health as not good on four or more days	25%	19%	19%	N/A	N/A
Average days that physical health not good in past month	N/A	N/A	3.1	3.9**	3.7**
Average days that mental health not good in past month	N/A	N/A	3.2	3.9**	3.5**
Average days that poor physical or mental health kept them from doing their usual activities in past month	N/A	N/A	2.3	2.3**	2.4**
Health Care Co	verage			Ī	
Has health care coverage	92%	88%	91%	85%	83%
Arthritis, Asthma &	Diabetes			T	
Has been diagnosed with arthritis	30%	29%	29%	30%	26%
Has ever been diagnosed with asthma	11%	7%	10%	14%	13%
Has been diagnosed with diabetes	8%	6%	9%	13%	11%
Cardiovascular	Health			T	
Had a heart attack	3%	6%	2%	5%	5%
Had a stroke	1%	2%	1%	3%	3%
Has been diagnosed with high blood pressure	34%	33%	30%	33%*	31%*
Has been diagnosed with high blood cholesterol	32%	29%	30%	39%*	38%*
Had blood cholesterol checked within the past 5 years	N/A	N/A	83%	76%*	76%*
Weight Stat	us	T		T	
Overweight	39%	32%	34%	35%	36%
Obese	36%	33%	29%	30%	28%
Alcohol Consur	nption				
Had at least one alcoholic beverage in past month	47%	50%	56%	54%	55%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	22%	19%	19%	18%	17%
Tobacco U	se	ı		ı	
Current smoker (currently smoke some or all days)	25%	17%	19%	23%	20%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	26%	26%	23%	25%	25%
Drug Use	T	T		ī	
Adults who used marijuana in the past 6 months	3%	4%	4%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	6%	2%	4%	N/A	N/A
Preventive Med	dicine				
Had a pneumonia vaccine in lifetime (age 65 and older)	N/A	66%	53%	69%	70%
Had a clinical breast exam in the past two years (age 40 and older)	N/A	N/A	78%	75%**	77%**
Had a mammogram in the past two years (age 40 and older)	N/A	N/A	80%	74%	74%
Had a pap smear in the past three years	N/A	N/A	76%	78%	78%
Had a PSA test in within the past two years (age 40 and older)	N/A	N/A	38%	45%	45%

N/A - not available

<sup>\* 2011</sup> BFRSS Data \*\*2010 BRFSS Data

Adult Variables	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012	
Quality of Li	fe					
Limited in some way because of physical, mental or emotional problem	N/A	N/A	24%	20%	20%	
Mental Health						
Considered attempting suicide in the past year	2%	1%	3%	N/A	N/A	
Oral Health	1					
Adults who have visited the dentist in the past year	67%	69%	72%	68%	67%	
Adults who had one or more permanent teeth removed	N/A	N/A	39%	46%	45%	
Adults 65 years and older who had all of their permanent teeth removed	N/A	N/A	19%	20%	16%	

N/A - not available \* 2011 BFRSS Data \*\*2010 BRFSS Data



# Adult | HEALTH STATUS PERCEPTIONS

#### **Key Findings**

In 2013, more than half (53%) of the Henry County adults rated their health status as excellent or very good. Conversely, 10% of adults, increasing to 20% of those over the age of 65, described their health as fair or poor.

#### Adults Who Rated General Health Status Excellent or Very Good

- Henry County 53% (2013)
- Ohio 50% (2012)
- U.S. 52% (2012)

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

#### **General Health Status**

- In 2013, more than half (53%) of Henry County adults rated their health as excellent or very good. Henry County adults with higher incomes (58%) were most likely to rate their health as excellent or very good, compared to 31% of those with incomes less than \$25,000.
- 10% of adults rated their health as fair or poor. The 2012 BRFSS has identified that 18% of Ohio and 17% of U.S. adults self-reported their health as fair or poor.
- Henry County adults were most likely to rate their health as fair or poor if they:
  - O Had an annual household income under \$25,000 (26%)
  - Had been diagnosed with diabetes (24%)
  - Were widowed (22%) or divorced (19%)
  - Were 65 years of age or older (20%)
  - Had high blood pressure (14%) or high blood cholesterol (13%)

#### **Physical Health Status**

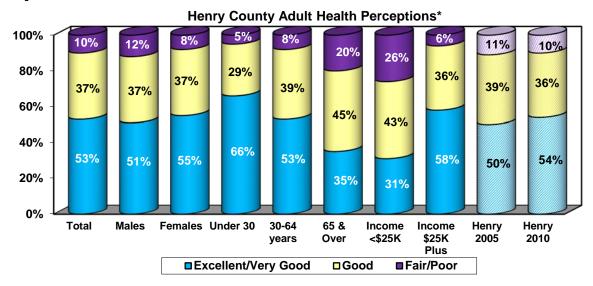
- In 2013, 18% of Henry County adults rated their physical health as not good on four days or more in the previous month.
- Henry County adults reported their physical health as not good on an average of 3.1 days in the previous month. Ohio and U.S. adults reported their physical health as not good on an average of 3.9 days and 3.7 days, respectively in the previous month (*Source: 2010 BRFSS*).
- Henry County adults were most likely to rate their physical health as not good if they:
  - Were 65 years of age or older (23%)
  - Had an annual household income under \$25,000 (22%)

#### **Mental Health Status**

- In 2013, 19% of Henry County adults rated their mental health as not good on four days or more in the previous month.
- Henry County adults reported their mental health as not good on an average of 3.2 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 RRESS)

- Henry County adults were most likely to rate their mental health as not good if they:
  - O Were female (28%)
  - O Had an annual household income under \$25,000 (22%)
  - Were less than 30 years old (21%)
- More than one-fifth (22%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation, increasing to 26% of those under the age of 30.
- Henry County adults reported that poor physical or mental health kept them from doing their usual activities on an average of 2.3 days in the previous month. Ohio and U.S. adults reported that poor physical or mental health kept them from doing their usual activities on an average of 2.4 days and 2.3 days, respectively in the previous month (Source: 2010 BRFSS).

The following graph shows the percentage of Henry County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 53% of all Henry County adults, 66% of those under age 30, and 35% 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 He	ealth Not Good	d in Past 30 Da	ys*	
Males	65%	9%	6%	1%	12%
Females	64%	11%	8%	<1%	9%
Total	64%	10%	7%	1%	11%
	Mental He	alth Not Good	in Past 30 Day	/S*	
Males	75%	9%	2%	1%	7%
Females	57%	11%	7%	2%	17%
Total	66%	10%	4%	1%	12%

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



2005/2010/2013 Adult Comparisons	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012
Rated health as excellent or very good	50%	54%	53%	50%	52%
Rated health as fair or poor	11%	10%	10%	18%	17%
Rated their mental health as not good on four or more days in the previous month	25%	19%	19%	N/A	N/A
Average days that physical health not good in past month	N/A	N/A	3.1	3.9*	3.7*
Average days that mental health not good in past month	N/A	N/A	3.2	3.9*	3.5*
Average days that poor physical or mental health kept them from doing their usual activities in past month	N/A	N/A	2.3	2.3*	2.4*

N/A - Not available \*2010 BRFSS data

# Adult | HEALTH CARE COVERAGE

### **Key Findings**

The 2013 Health
Assessment data has
identified that 9% of Henry
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 Henry
County, 13.2% of residents
live below the poverty
level. (Source: U.S. Census,
American Community Survey 3
Year Estimates, 2009-2011)

### General Health Coverage

In 2013, most (91%)
 Henry County adults
 had health care
 coverage, leaving 9%
 who were uninsured.

### Henry County and Ohio Medicaid Statistics

Calendar Year 2010	Henry County Residents Enrolled in Medicaid	Ohio Residents Enrolled in Medicaid
Average Members per Year Ages 0-18	2,499 (60%)	1,159,095 (55%)
Average Members per Year Ages 19-64	1,437 (34%)	787,749 (38%)
Average Members per Year Ages 65 and Over	250 (6%)	155,896 (7%)

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

(Source: Ohio Department of Job & Family Services, Henry County 2008-2011 Profile,

http://jfs.ohio.gov/county/cntypro/pdf11/Henry.pdf)

The 2012 BRFSS reports uninsured prevalence rates for Ohio (15%) and the U.S. (17%)

- In the past year, 9% of adults were uninsured, increasing to 12% of those under the age of 30 and 22% of those with incomes less than \$25,000.
- 6% of adults with children did not have healthcare coverage, compared to 9% of those who did not have children living in their household.
- The following types of health care coverage were used: employer (47%), someone else's employer (19%), Medicare (11%), multiple-including private sources (11%), self-paid plan (3%), Medicaid or medical assistance (3%), multiple-including government sources (3%), military, CHAMPUS, TriCare, or VA (1%), other (2%).

### 9% of Henry County adults were uninsured.

Henry County adult health care coverage included the following: medical (99%), prescription coverage (93%), preventive care (74%), immunizations (71%), dental (67%), mental health (66%), their spouse (64%), vision (63%), their children (54%), alcohol and drug treatment (37%), home care (30%), skilled nursing (26%), and hospice (22%).



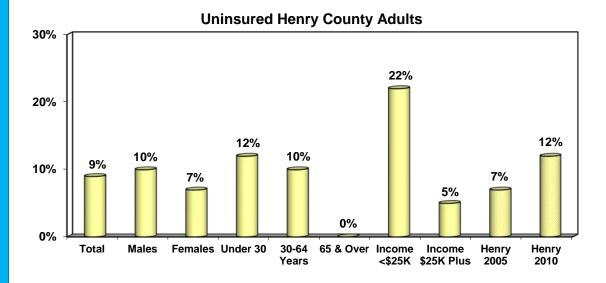
- The top reasons uninsured adults gave for being without health care coverage were:
  - 1. They lost their job or changed employers (38%)
  - 2. They could not afford to pay the insurance premiums (19%)
  - Their employer does not/stopped offering coverage (17%)
  - 4. They became a part-time/temporary employee (15%)
  - 5. They became ineligible (11%)

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

# 22% of Henry County adults with incomes less than \$25,000 were uninsured.

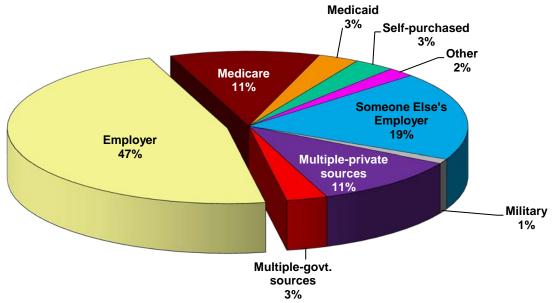
2005/2010/2013 Adult Comparisons	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012
Uninsured	7%	12%	9%	15%	17%

The following graph shows the percentages of Henry County adults who were uninsured by demographic characteristics. Examples of how to interpret the information in the graph includes: 9% of all Henry County adults were uninsured, 22% of adults with an income less than \$25,000 reported being uninsured and 12% of those under age 30 lacked health care coverage.



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





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

Health Coverage Includes:	Yes	No	Don't Know
Medical	99%	<1%	<1%
Prescription Coverage	93%	4%	3%
Preventive Health	74%	4%	22%
Immunizations	71%	9%	20%
Dental	67%	30%	3%
Mental Health	66%	6%	28%
Their Spouse	64%	28%	8%
Vision	63%	34%	3%
Their Children	54%	39%	7%
Alcohol and Drug Treatment	37%	6%	57%
Home Care	30%	13%	57%
Skilled Nursing	26%	13%	61%
Hospice	22%	11%	67%



# Healthy People 2020 Access to Quality Health Services

Objective	Henry County 2013	Ohio 2012	U.S. 2012	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health care insurance	85% age 20-24 93% age 25-34 88% age 35-44 91% age 45-54 90% age 55-64	77% age 18-24 78% age 25-34 83% age 35-44 84% age 45-54 87% age 55-64	75% age 18-24 73% age 25-34 80% age 35-44 84% age 45-54 87% age 55-64	100%

\*U.S. baseline is age-adjusted to the 2000 population standard (Sources: Health People 2020 Objectives, 2012 BRFSS, 2013 Henry County Health Assessment)

#### **Ohio Medicaid Assessment Survey**

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

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

# Adult I HEALTH CARE ACCESS AND UTILIZATION

### **Key Findings**

The 2013 Health Assessment project identified that 4% of Henry County adults were using a hospital emergency room as their usual place of health care, increasing to 7% of those with incomes less than \$25,000. In the past year, 59% of adults had visited a doctor for a routine checkup.

# 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)

#### **Health Care Access**

- More than half (59%) of Henry County adults visited a doctor for a routine checkup in the past year, increasing to 80% of those over the age of 65.
- More than three-fifths (61%) of Henry County adults reported they had one particular doctor or healthcare professional they went to for routine medical care, decreasing to 48% of those with incomes less than \$25,000. 26% of adults had more than one particular doctor or healthcare professional they went to for routine medical care, and 13% did not have one at all.
- When adults were sick or needed advice about their health, they usually went to the following: a doctor's office (80%), the internet (15%), chiropractor (7%), urgent care center (6%), hospital emergency room (4%), alternative therapies (4%), public health clinic/community health center (2%), no usual place (2%), store clinic (1%), hospital outpatient department (1%), and some other place (2%).
- 4% of Henry County adults used a hospital emergency room as their usual place of health care, increasing to 7% of those with incomes less than \$25,000.
- The following might prevent Henry County adults from seeing a doctor if they were sick, injured, or needed some kind of health care: cost (35%), difficult to get an appointment (11%), hours not convenient (10%), could not get time off work (9%), worried they might find something wrong (8%), frightened of the procedure or doctor (7%), do not trust or believe doctors (3%), difficult to find/no transportation (1%), and some other reason (3%).
- Henry 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 or insurance (6%), could not get appointments when they wanted them (3%), too busy to get the healthcare they needed (2%), could not find a doctor they were comfortable with (2%), could not find a doctor to take them as a patient (2%), healthcare plan did not allow them to see doctors in Henry County (2%), did not have transportation (2%), had to change doctors because of their healthcare plan (1%), too embarrassed to seek help (1%), and other problems that prevented them from getting health care (1%).



- 80% of adults went outside of Henry County for the following health care services in the past year: primary care (36%), dental services (33%), specialty care (29%), obstetrics/gynecology/NICU (12%), pediatric care (6%), orthopedic care (6%), cardiac care (5%), mental health care (5%), cancer care (4%), hospice care (1%), developmental disability services (1%), addiction services (<1%), and other services (11%).
- Henry County adults preferred to get their health/healthcare services information from: their doctor (83%), a friend or family member (33%), the Internet (30%), newspaper articles or radio/television news stories (14%), advertisings or mailings from hospitals/clinics/doctor's offices (8%), text messages (2%), and other methods (3%).
- Henry County adults had the following transportation issues when they needed health services: no car (3%), no driver's license (3%), could not afford gas (3%), disabled (3%), car did not work (1%), no public transportation available or accessible (1%), no public transportation before 8 or after 4:30 (1%), limited public transportation available or accessible (1%), no car insurance (<1%), and other car issues/expenses (2%).
- Henry County adults did not receive the following major care or preventive care due to cost: mammogram (7%), pap smear (7%), colonoscopy (7%), medications (6%), immunizations (4%), mental health (3%), weight-loss program (3%), surgery (3%), smoking cessation (3%), family planning (1%), PSA test (1%), and alcohol and drug treatment (1%).

#### Healthy People 2020 Access to Quality Health Services

Objective	Henry County 2013	Healthy People 2020 Target	
AHS-3: Increase the proportion of persons with a usual primary care provider	61%	84%	

#### Health Care Access and Utilization among Young Adults Aged 19-25

- From January through September 2011, 77.9% of women aged 19–25 had a usual place for health care compared with 62.5% of men in the same age group.
- Among adults aged 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 aged 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 aged 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 aged 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 (23%) and stroke (8%) accounted for 31% of all Henry County adult deaths from 2006-2008 (Source: ODH Information Warehouse). The 2013 Henry County Health Assessment found that 2% of adults had survived a heart attack and 1% had survived a stroke at some time in their life. Nearly one-third (30%) of Henry County adults had been diagnosed with high blood pressure, 30% had high blood cholesterol, 29% were obese, and 19% were smokers, four known risk factors for heart disease and stroke.

#### **Heart Disease and Stroke**

In 2013, 2% of Henry County adults reported they had survived a heart attack or myocardial infarction,

increasing to 6% of those over the age of 65. The average age of diagnosis was 57.5 years old.

**Henry County Leading Types of Death** 2006-2008

**Total Deaths: 786** 

- 1. Cancers (25% of all deaths)
- 2. Heart Disease (23%)
- 3. Stroke (8%)
- 4. Accidents, Unintentional Injuries (6%)
- 5. Alzheimer's Disease (4%)

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

#### Ohio **Leading Types of Death** 2006-2008

Total Deaths: 322,264

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

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

- 5% of Ohio and U.S. adults reported they had a heart attack or myocardial infarction in 2011 (Source: 2012 BRFSS).
- 1% of Henry County adults reported they had survived a stroke, increasing to 6% of those over the age of 65. The average age of diagnosis was 59.5 years old.
- 3% of Ohio and U.S. adults reported having had a stroke in 2012 (Source: 2012 BRFSS).
- 25% of adults took aspirin daily or every other day, increasing to 54% of those ages 65 and over.

### **High Blood Pressure (Hypertension)**

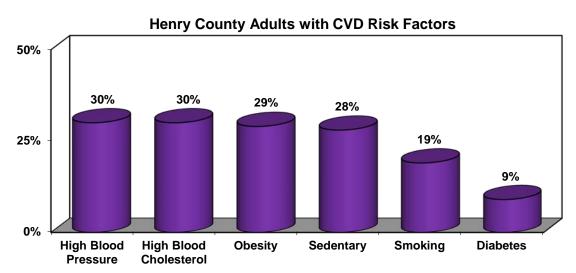
- Almost one-third (30%) of Henry County adults had been diagnosed with high blood pressure. The 2011 BRFSS reports hypertension prevalence rates of 33% for Ohio and 31% for the U.S.
- 4% of adults were told they were pre-hypertensive/borderline high.
- 82% of those diagnosed with high blood pressure were taking medication for it.

- Henry County adults diagnosed with high blood pressure were more likely to:
  - O Have been age 65 years or older (55%)
  - O Have rated their overall health as fair or poor (41%)
  - O Have been classified as obese by Body Mass Index-BMI (40%)
  - o Have annual household incomes less than \$25,000 (39%)

### **High Blood Cholesterol**

- Nearly one-third (30%) of adults had been diagnosed with high blood cholesterol. The 2011 BRFSS reported that 39% of Ohio adults and 38% of U.S. adults have been told they have high blood cholesterol.
- More than four-fifths (83%) of adults had their blood cholesterol checked within the past 5 years. The 2011 BRFSS reported 76% of Ohio and U.S. adults had their blood cholesterol checked within the past 5 years.
- Henry County adults with high blood cholesterol were more likely to:
  - O Have been age 65 years or older (49%)
  - O Have been classified as obese by Body Mass Index-BMI (37%)
  - O Have rated their overall health as fair or poor (36%)

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



(Source: 2013 Henry County Health Assessment)

2005/2010/2013 Adult Comparisons	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012
Had a heart attack	3%	6%	2%	5%	5%
Had a stroke	1%	2%	1%	3%	3%
Had high blood pressure	34%	33%	30%	33%*	31%*
Had high blood cholesterol	32%	29%	30%	39%*	38%*
Had blood cholesterol checked within past 5 years	N/A	N/A	83%	76%*	76%*

\*2011 BRFSS Data N/A – Not available

#### **Stroke Warning Signs and Symptoms**

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

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

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

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

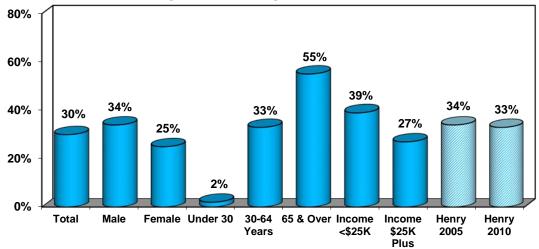




(Source: American Heart Association, Stroke Warning Signs and Symptoms, 2013, http://strokeassociation.org/STROKEORG/WarningSigns/Stroke-Warning-Signs-and-Symptoms\_UCM\_308528\_SubHomePage.jsp)

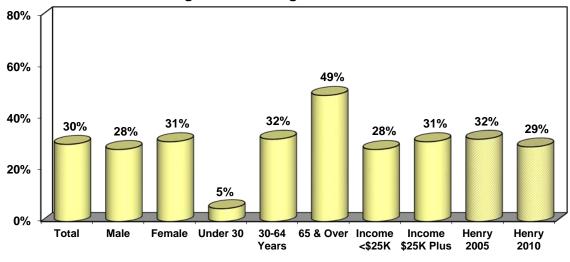
The following graphs show the number of Henry County adults who have been diagnosed with high blood pressure, high blood cholesterol and cardiovascular disease prevalence. Examples of how to interpret the information on the first graph include: 30% of all Henry County adults have been diagnosed with high blood pressure, 34% of all Henry County males, 25% of all females, and 55% of those 65 years and older.

#### Diagnosed with High Blood Pressure\*

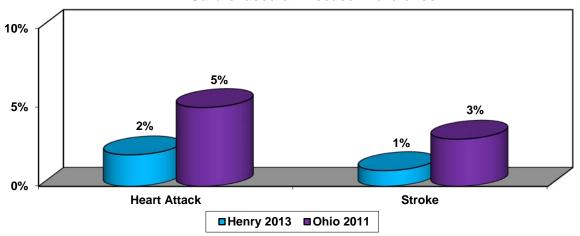


\*Does not include respondents who indicated high blood pressure during pregnancy only.

#### **Diagnosed with High Blood Cholesterol**



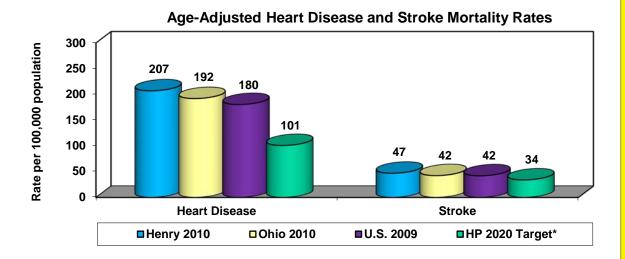
#### Cardiovascular Disease Prevalence



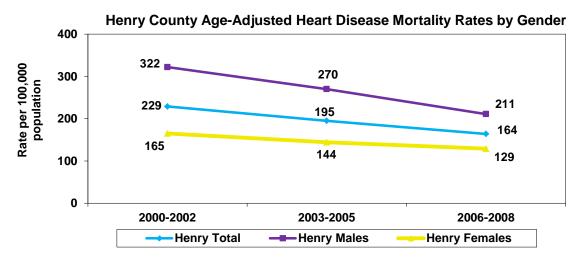
(Source: 2013 Henry Health Assessment and 2011 BRFSS)

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

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

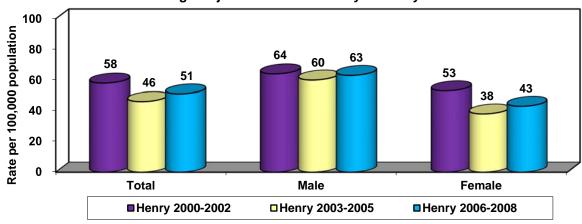


\*The Healthy People 2020 Target objective for Coronary Heart Disease is reported for heart attack mortality. (Source: ODH Information Warehouse, updated 5-23-12, Healthy People 2020)



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

#### Age-Adjusted Stroke Mortality Rates by Gender



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

### **Healthy People 2020 Objectives**

#### **Heart Disease and Stroke**

Objective	Henry Survey Population Baseline	U.S. Baseline*	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	30% (2013)	31% Adults age 18 and up (2011)	27%
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	83% (2013)	76% Adults age 18 & up (2011)	82%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	30% (2013)	38% Adults age 2- & up with TBC>240 mg/dl (2011)	14%

\*All U.S. figures age-adjusted to 2000 population standard. (Source: Healthy People 2020, 2011 BRFSS, 2013 Henry County Health Assessment)

# Adult | CANCER

#### **Key Findings**

In 2013, 10% of Henry County adults had been diagnosed with cancer at some time in their life. Ohio Department of Health statistics indicate that from 2000-2008, a total of 551 Henry 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

#### Henry County Incidence of Cancer, 2005-2009

All Types: 131 cases

Prostate: 18 cases (14%)

Lung and Bronchus: 17 cases (13%)

Breast: 15 cases (11%)

Colon and Rectum: 13 cases (10%)

In 2010, there were 63 cancer deaths in Henry County.

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

more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

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

#### **Adult Cancer**

- One in ten (10%) Henry County adults were diagnosed with cancer at some point in their lives, increasing to 24% of those ages 65 and over.
- Of those diagnosed with cancer, they reported the following types: breast (45%), other skin cancer (34%), prostate (17%), melanoma (10%), cervical (9%), testicular (6%), endometrial (5%), ovarian (5%), colon (2%), leukemia (2%), non-Hodgkin's lymphoma (2%), head and neck (2%), pancreatic (2%), and other types of cancer (2%).

#### **Cancer Facts**

- The Ohio Department of Health (ODH) vital statistics indicate that from 2000-2008, cancers caused 23% (551 of 2,368 total deaths) of all Henry County resident deaths. The largest percent (25%) of cancer deaths were from lung and bronchus cancer (Source: ODH Information Warehouse).
- The American Cancer Society reports that smoking tobacco is associated with cancers of the mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with cancers of the lung, colorectal, stomach, pancreas, kidney, bladder, uterine cervix, ovary (mucinous) and acute myeloid leukemia. The 2013 health assessment project has determined that 19% of Henry County adults were current smokers and many more were exposed to environmental tobacco smoke, also a cause of heart attacks and cancer.





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

### **Lung Cancer**

- The Ohio Department of Health reports that lung cancer (n=83) was the leading cause of male cancer deaths from 2000-2008 in Henry County. Prostate cancer caused 31 male deaths and colorectal cancer caused 28 male deaths during the same time period.
- In Henry County, 23% of male adults were current smokers<sup>1</sup> and 41% had stopped smoking for one or more days in the past 12 months because they were trying to quit (Source: 2013 Henry County Health Assessment).
- ODH reports that lung cancer was the leading cause of female cancer deaths (n=53) in Henry County from 2000-2008 followed by breast (n=40) and colon & rectum (n=40) cancers.
- Approximately 13% of female adults in the county were current smokers<sup>1</sup> and 55% had stopped smoking for one or more days in the past 12 months because they were trying to quit (Source: 2013 Henry County Health Assessment).
- According to the American Cancer Society, smoking causes 87% of lung cancer deaths in the U.S. The risk of developing lung cancer is about 23 times higher in male smokers and 13 times higher in female smokers, compared to lifelong nonsmokers (Source: American Cancer Society, Facts & Figures 2013).

23% of Henry County male adults and 13% of female adults were current smokers.

#### **Breast Cancer**

- In 2013, 57% of Henry County females reported having had a clinical breast examination in the past year.
- 66% of Henry County females over the age of 40 had a mammogram in the past year.
- If detected early, the 5-year survival rate for breast cancer is 98% (Source: American Cancer Society, Facts & Figures 2013).
- 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 2013).

Two thirds (66%) of Henry County females over the age of 40 had a mammogram in the past year.

#### **Colon and Rectum Cancer**

- The American Cancer Society recognizes any cancer involving the esophagus, stomach, small intestine, colon, rectum, anus (anal canal & anorectum), liver, gallbladder or pancreas as a digestive cancer. Digestive cancers accounted for 22% of all cancer deaths in Henry County from 2000-2008 (Source: ODH Information Warehouse).
- The American Cancer Society reports several risk factors for colorectal cancer including: age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; obesity; physical inactivity; a diet high in red or processed meat; alcohol use; long-term smoking; and possibly very low intake of fruits and vegetables.
- In the U.S., 90% of colon cancers occur in individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings. In 2013, 66% of Henry County adults over the age of 50 reported having been screened for colorectal cancers at some time in their life and 52% had been screened in the past 5 years

The leading types of cancer diagnoses for Henry County adults were: breast (45%), other skin cancer (34%), prostate (17%), melanoma (10%), and cervical (9%).

#### **Prostate Cancer**

- In 2013, 40% of Henry County males over the age of 50 had a PSA test in the past year.
- The Ohio Department of Health statistics indicate that prostate cancer deaths accounted for 11% of all male cancer deaths from 2000-2008 in Henry County.
- Incidence rates for prostate cancer are 70% higher in African Americans than in whites and are twice as likely to die of prostate cancer. In addition, about 60% of prostate cancers occur in men over the age of 65, and 97% occur in men 50 and older. Other risk factors include strong familial predisposition, diet high in processed meat or dairy foods, and obesity. Prostate cancer is more common in North America and Northwestern Europe than in Asia and South America (Source: American Cancer Society, Facts & Figures 2013).

In 2013, 40% of Henry County males over the age of 50 had a PSA test in the past year.



# Henry County Cancer Deaths 2000-2008

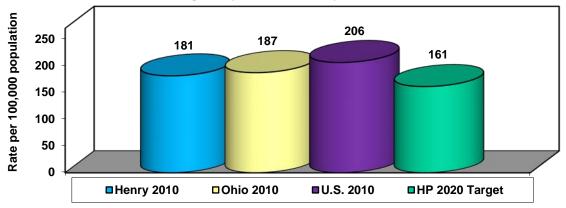
Type of Cancer	Number of Cancer Deaths	Percent of Total Cancer Deaths		
Trachea, Lung and Bronchus	136	25%		
Other/Unspecified	69	13%		
Colon, Rectum & Anus	68	12%		
Breast	40	7%		
Leukemia	33	6%		
Prostate	31	6%		
Non-Hodgkins Lymphoma	29	5%		
Pancreas	27	5%		
Bladder	16	3%		
Multiple Myeloma	14	3%		
Ovary	12	2%		
Esophagus	11	2%		
Brain and CNS	9	2%		
Kidney and Renal Pelvis	9	2%		
Liver and Bile Ducts	9	2%		
Lip, Oral Cavity & Pharynx	8	1%		
Stomach	8	1%		
Cancer of Corpus Uteri	7	1%		
Melanoma of Skin	5	< 1%		
Cancer of Cervix Uteri	4	< 1%		
Larynx	4	< 1%		
Hodgkins Disease	2	< 1%		
Total	551	100%		

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

The following graph shows the Henry 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:

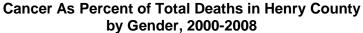
When age differences are accounted for, Henry County had a lower cancer mortality rate than Ohio and the U.S, but a higher rate than the Healthy People 2020 target objective.

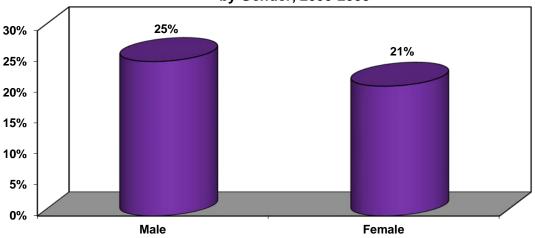
# Healthy People 2020 Objective and Age-Adjusted Mortality Rates for All Cancers



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

 The percentage of Henry County males who died from all cancers is higher than the percentage of Henry County females who died from all cancers.





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

#### 2013 Cancer Estimations

- In 2013, about 1,660,290 new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about one-quarter to onethird of the new cancer cases expected to occur in the U.S. in 2013 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- O About 580,350 Americans are expected to die of cancer in 2013.
- o In 2013, about 174,100 cancer deaths will be caused by tobacco use.
- In Ohio, 66,610 new cases of cancer are expected, and 25,130 cancer deaths are expected.
- The Ohio female new breast cancer cases are expected to be 9,060.
- About 15% of all new cancer cases in Ohio are expected to be from lung & bronchus cancers.
- About 5,890 (9%) of all new cancer cases in Ohio are expected to be from colon & rectum cancers.
- The Ohio male, new prostate cancer cases are expected to be 8,530 (13%).

(Source: American Cancer Society, Facts and Figures 2013, http://www.cancer.org/acs/groups/content/@epidemiologysurveilance/documents/document/acspc-036845.pdf)





# Adult | DIABETES

#### **Key Findings**

In 2013, 9% of Henry County adults had been diagnosed with diabetes.

#### **Diabetes**

- The 2013 health assessment project has identified that 9% of Henry County adults had been diagnosed with diabetes, increasing to 17% of those over the age of 65. The 2012 BRFSS reports an Ohio prevalence of 13% and 11% for the U.S.
- 4% of adults had been diagnosed with pre-diabetes.
- Adults with diabetes had seen a doctor, nurse or other health professional an average of 3.0 times in the past year for their diabetes.
- Nearly one-fourth (24%) of adults with diabetes rated their health as fair or poor.

#### **Diabetes Facts**

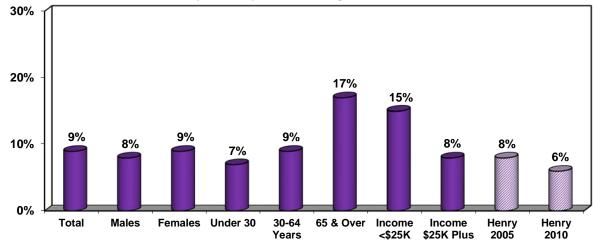
- Diabetes is a serious health condition that has continued to increase in Ohio.
- The estimated adult prevalence of diagnosed diabetes in Ohio from 2000-2009 has grown considerably (37%).
- If current trends continue as they have nationally, 1 in 3 Ohioans will develop diabetes sometime in their lifetime,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

In 2010, there were 63 cancer deaths in Henry County.

(Source: ODH, Ohio Diabetes 2010 Facet Sheet, http://www.healthyohioprogram.org/~/media/ODH/ASSE TS/Files/hprr/diabetes%20prevention%20and%20control/o hiosdiabetesfactsheet.ashx)

- Henry County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
  - 81% were obese or overweight
  - 68% had been diagnosed with high blood pressure
  - 55% had been diagnosed with high blood cholesterol

### **Henry County Adults Diagnosed with Diabetes**



2005/2010/2013 Adult Comparisons	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012
Diagnosed with diabetes	8%	6%	9%	13%	11%

### **Diabetes Symptoms**

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

#### **TYPE 1 DIABETES**

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

#### **TYPE 2 DIABETES**

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

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

### Who is at Greater Risk for Type 2 Diabetes

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



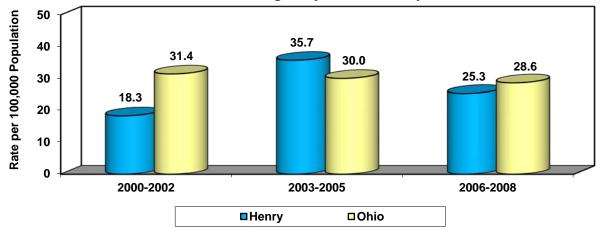
41



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

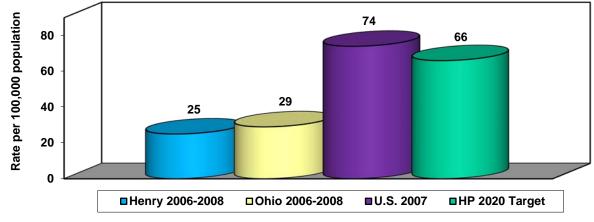
- Henry County's age-adjusted diabetes mortality rate increased from 2000 to 2008.
- From 2006 to 2008, both Henry County and Ohio's age-adjusted diabetes mortality rates were less than the national rate and the Healthy People 2020 target objective.

#### **Diabetes Age-Adjusted Mortality Rates**



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

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



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

## Adult I ARTHRITIS

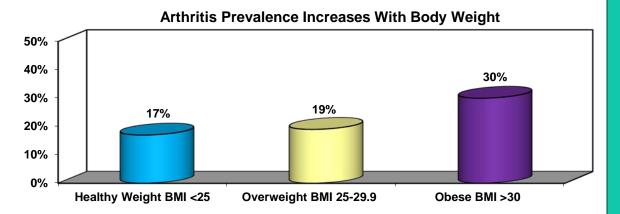
#### **Key Findings**

According to the Henry County survey data, 29% of Henry County adults were diagnosed with arthritis. According to the 2012 BRFSS, 30% of Ohio adults and 26% of U.S. adults were told they have arthritis.

29% of Henry County adults were told by a health professional that they had some form of arthritis, increasing to 57% of those over the age of 65.

#### **Arthritis**

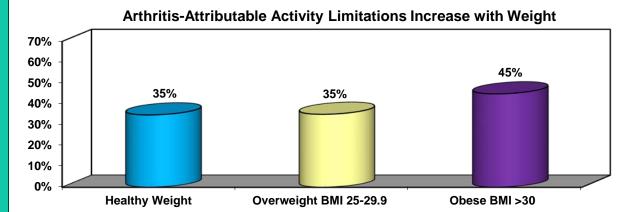
- More than one-quarter (29%) of Henry County adults were told by a health professional that they had some form of arthritis, increasing to 57% of those over the age of 65.
- Henry County adults were told by a health professional they had the following: fibromyalgia (4%), gout (3%), and rheumatoid arthritis (3%).
- According to the 2012 BRFSS, 30% of Ohio adults and 26% of U.S. adults were told they
  have arthritis.
- An estimated 50 million U.S. adults (about 1 in 5) have doctor diagnosed arthritis.
   About 1 in 3 of working age adults (aged 18-65) reported that arthritis limited their work (Source: CDC, Arthritis at a Glance 2012).
- 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 2010; 59(39):1261-1265)

2005/2010/2013 Adult Comparisons	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012
Diagnosed with arthritis	30%	29%	29%	30%	26%

24% of Henry County adults were limited in some way because of a physical, mental or emotional problem. Among those who were limited in some way, 42% were limited because of arthritis.



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

#### What Can Be Done to Address Arthritis?

- Self-management education interventions such as the Arthritis Self-Management Program can teach people how to manage arthritis and lessen its effects. This intervention was found to improve people's health by reducing depression, fatigue, and health distress.
- Physical activities such as walking, bicycling, and swimming have shown to have significant benefits for people with arthritis. Benefits include improvements in physical function, mental health, quality of life, and reductions in pain.
- Weight control and injury prevention measures can lower a person's risk of developing osteoarthritis. Symptoms for overweight or obese people with knee osteoarthritis can be reduced through weight loss as well.
- Early diagnosis and proper management are essential for people with inflammatory arthritis. Consulting with a physician for recommendations is an influential factor for managing arthritis.

(Source: CDC, Arthritis at a Glance 2012)

#### **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:

**LEARN ARTHRITIS MANAGEMENT STRATEGIES** | Learning techniques to reduce pain and limitations can be beneficial to people with arthritis. Self-management education, such as the *Arthritis Self-Management Program* (ASMP), or the *Chronic Disease Self-Management Program* (CDSMP) help you develop the skills and confidence to manage your arthritis on a day to day basis.

**BE ACTIVE** | Research has shown that physical activity decreases pain, improves function, and delays disability. Make sure you get at least 30 minutes of moderate physical activity at least 5 days a week. You can get activity in 10-minute intervals.

**WATCH YOUR WEIGHT** | The prevalence of arthritis increases with increasing weight. Research suggests that maintaining a healthy weight reduces the risk of developing arthritis and may decrease disease progression. A loss of just 11 pounds can decrease the occurrence (incidence) of new knee osteoarthritis and a modest weight loss can help reduce pain and disability.

**SEE YOUR DOCTOR** | Although there is no cure for most types of arthritis, early diagnosis and appropriate management is important, especially for inflammatory types of arthritis. For example, early use of disease-modifying drugs can affect the course of rheumatoid arthritis. If you have symptoms of arthritis, see your doctor and begin appropriate management of your condition

**PROTECT YOUR JOINTS** | Joint injury can lead to osteoarthritis. People who experience sports or occupational injuries or have jobs with repetitive motions like repeated knee bending have more osteoarthritis. Avoid joint injury to reduce your risk of developing osteoarthritis.

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





# Adult | ASTHMA AND OTHER RESPIRATORY DISEASE

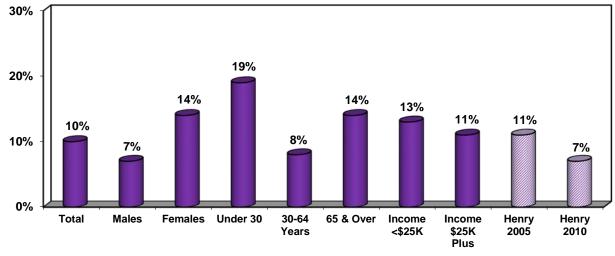
### **Key Findings**

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

### **Asthma and Other Respiratory Disease**

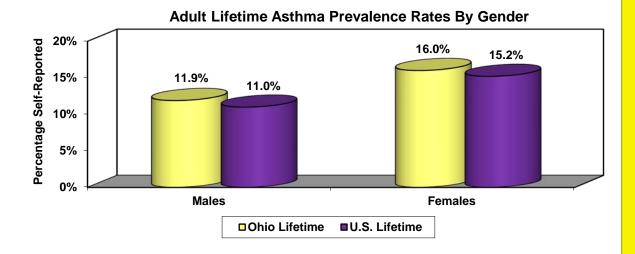
- In 2013, 10% of Henry County adults had been diagnosed with asthma.
- 14% of Ohio and 13% of U.S. adults have ever been diagnosed with asthma (Source: 2012 BRFSS).
- There are several important factors that may trigger an asthma attack. Some of these triggers are secondhand smoke, dust mites, outdoor air pollution, cockroach allergens, pets, mold, smoke from burning wood or grass, infections linked to the flu, colds, and respiratory viruses (Source: CDC, 2012).
- Chronic lower respiratory disease was the 6th leading cause of death in Henry County and the 3rd leading cause of death in Ohio, from 2006-2008 (Source: ODH, Information Warehouse).

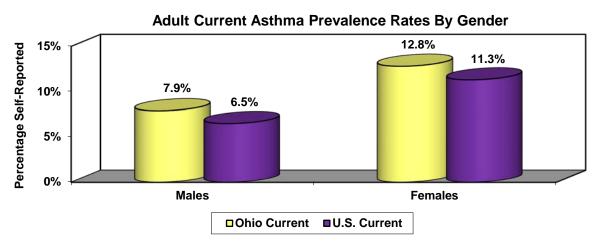
### **Henry County Adults Diagnosed with Asthma**



2005/2010/2013 Adult Comparisons	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012
Had been diagnosed with asthma	11%	7%	10%	14%	13%

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





(Source for graphs: 2012 BRFSS)

### **Chronic Respiratory Conditions**

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

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

#### What Causes an Asthma Attack?

- **Tobacco Smoke:** People should never smoke near you, in your home, in your car, or wherever you may spend a lot of time if you have asthma.
- **Dust Mites:** If you have asthma, dust mites can trigger an asthma attack. To prevent attacks, use mattress covers and pillowcase covers to make a barrier between dust mites and yourself.
- Outdoor Air Pollution: This pollution can come from factories, automobiles, and other sources. Pay attention to air quality forecasts to plan activities when air pollution levels will be low.
- Cockroach Allergens: Get rid of cockroaches in your home by removing as many water and food sources as you can. Cockroaches and their droppings can trigger an asthma attack.
- Pets: Furry pets can trigger an asthma attack. If you think a furry pet may be causing attacks, you may want to find the pet another home.
- Mold: Breathing in mold can trigger an asthma attack. Get rid of mold in your home to help control your attacks.

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

# Adult | WEIGHT STATUS

#### **Key Findings**

The 2013 Health Assessment identified that 63% of Henry County adults were overweight or obese based on Body Mass Index (BMI). The 2012 BRFSS indicates that 30% of Ohio and 28% of U.S. adults were obese by BMI. Nearly one-third (29%) of Henry County adults were obese. Almost half (46%) of adults were trying to lose weight.

### **Adult Weight Status**

- In 2013, the health assessment indicated that nearly two-thirds (63%) of Henry County adults were either overweight (34%) or obese (29%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.
- Almost half (46%) of adults were trying to lose weight, 32% were trying to maintain their current weight or keep from gaining weight, and 4% were trying to gain weight.
- Henry County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (51%), exercised (43%), ate a low-carb diet (9%), used a weight loss program (3%), took diet pills, powders or liquids without a doctor's advice (2%), smoked cigarettes (1%), participated in a prescribed dietary or fitness program (1%), went without eating 24 or more hours (1%), and took prescribed medications (1%).

### 29% of Henry County adults are obese.

### **Physical Activity**

- In Henry County, 51% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. 27% of adults were exercising 5 or more days per week. More than one-quarter (28%) of adults were not participating in any physical activity in the past week, including 3% who were unable to exercise.
- The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week (Source: CDC, Physical Activity for Everyone).
- Reasons for not exercising included: time (21%), weather (20%), laziness (16%), too tired (13%), pain/discomfort (12%), chose not to exercise (12%), could not afford a gym membership (7%), no childcare (4%), no gym available (3%), did not know what activity to do (2%), safety (2%), doctor advised them not to exercise (2%), no sidewalks (2%), no walking/biking trails (1%), and other reasons (6%).
- On an average day, adults spent time doing the following: 2.8 hours watching television, 1.8 hours on the computer outside of work, 1.0 hour on their cell phone, and 0.2 hours playing video games.



In Henry County, 51% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week.

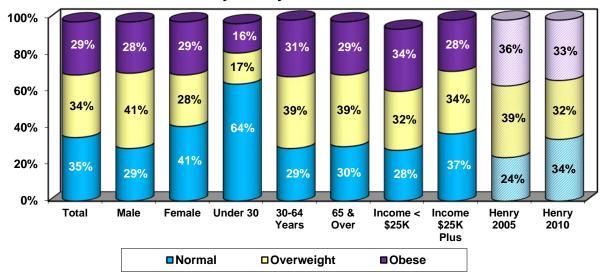
#### **Nutrition**

- In 2013, 5% of adults were eating 5 or more servings of fruits and vegetables per day. 91% 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.
- 35% of adults drank soda pop, punch, Kool-Aid, sports 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 2.3 times per week.
- Henry County adults consumed the following sources of calcium daily: milk (66%), yogurt (28%), other dairy products (28%), calcium supplements (20%), calcium-fortified juice (10%), and other calcium sources (9%).

Almost half (46%) of Henry County adults were trying to lose weight.

The following graphs show the percentage of Henry County adults who are overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 35% of all Henry County adults were classified as normal weight, 34% were overweight, and 29% were obese.

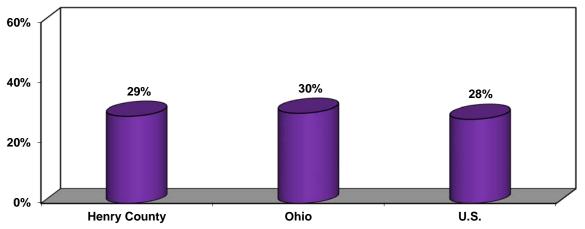
#### **Henry County Adult BMI Classifications**



(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 Henry County adults who are obese compared to Ohio and U.S.

#### Obesity in Henry County, Ohio, and U.S. Adults



(Source: 2013 Henry County Health Assessment and 2012 BRFSS)

2005/2010/2013 Adult Comparisons	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012
Obese	36%	33%	29%	30%	28%
Overweight	39%	32%	34%	35%	36%

#### **Obesity Facts**

- More than one-third of U.S. adults (35.7%) are obese.
- Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death.
- Persons who are obese have medical costs that are \$1,429 higher than those who are normal weight.
- No state has an obesity rate less than 15%, the national goal.

(Source: CDC, Adult Obesity Facts, updated August 13, 2012, http://www.cdc.gov/obesity/data/adult.html)





## Adult | TOBACCO USE

#### **Key Findings**

In 2013, 19% of Henry County adults were current smokers and 23% were considered former smokers. In 2013, 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, and by 2030, this number is expected to increase to 8 million. (Source: Cancer Facts & Figures, American Cancer Society, 2013)

In 2013, 19% of Henry County adults were current smokers.

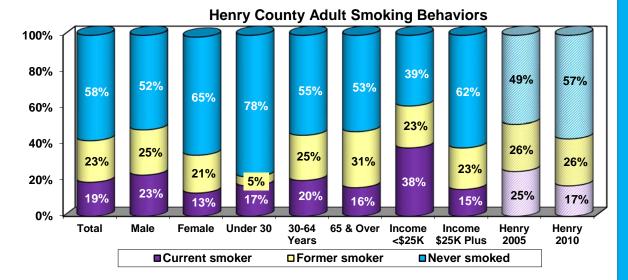
#### **Adult Tobacco Use Behaviors**

- The 2013 health assessment identified that nearly one in five (19%) Henry County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoke some or all days). The 2012 BRFSS reported current smoker prevalence rates of 23% for Ohio and 20% for the U.S.
- Just under one-quarter (23%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). The 2012 BRFSS reported former smoker prevalence rates of 25% for Ohio and the U.S.
- Henry County adult smokers were more likely to:
  - Have been separated (50%)
  - Have rated their overall health as fair or poor (50%)
  - Have incomes less than \$25,000 (38%)
  - Have been male (23%)
- Henry County adults used the following tobacco products in the past year: cigarettes (24%), cigars (4%), chewing tobacco (3%), e-cigarettes (2%), snuff (2%), snus (2%), swishers (1%), Black and Milds (1%), cigarillos (1%), little cigars (1%), flavored cigarettes (1%), pipes (1%), and hookah (1%).
- 48% of the current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.
- Henry County adults reported the following rules about smoking inside their home: not allowed anywhere (80%), no smoking rules (9%), allowed in some places (6%), allowed anywhere (3%), and allowed some times (2%).

2005/2010/2013 Adult Comparisons	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012
Current smoker	25%	17%	19%	23%	20%
Former smoker	26%	26%	23%	25%	25%
Tried to quit smoking	49%	53%	48%	N/A	N/A

N/A - Not available

The following graph shows the percentage of Henry County adults who used tobacco. Examples of how to interpret the information include: 19% of all Henry County adults were current smokers, 23% of all adults were former smokers, and 58% 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?

48% of the current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.

#### **Costs of Tobacco Use**

- The average price for a pack of cigarettes in the United States is \$5.98.
- If a pack-a-day smoker spent approximately \$6/pack, they would spend: \$42/week, \$168/month, or \$2,190/year.
- There are 21,121 adults 18 years old and older living in Henry County.
- 19% of Henry County adults indicated they were smokers. That is approximately 4,013 adults.
- If 4,013 adults spent \$2,190/year, then \$8,788,470 is spent a year on cigarettes in Henry County.

(Source: Campaign for Tobacco-Free Kids, State Cigarette Excise Tax Rates & Rankings, accessed from: http://www.tobaccofreekids.org/research/factsheets/pdf/0097.pdf and 2013 Henry County Health Assessment)

#### Flavored Cigar Smoking among U.S. Adults

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

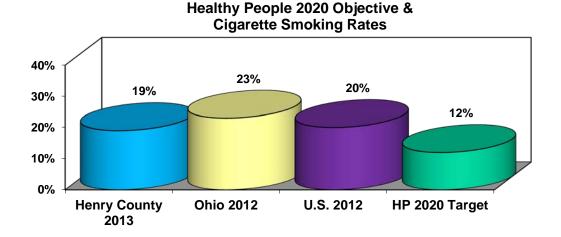
- From 2009-2010, 6.6% of adults in the U.S. smoke cigars and 2.8% smoke flavored cigars.
- Nearly 43% of all adult cigar smokers in the U.S. report using flavored cigars.
- More than 57% of cigar smokers in the 18-24 year-old age group, say they smoke flavored cigars.
- Flavored cigar smoking was more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

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

23% of Henry County adults indicated that they were former smokers.

The following graph shows Henry 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:

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

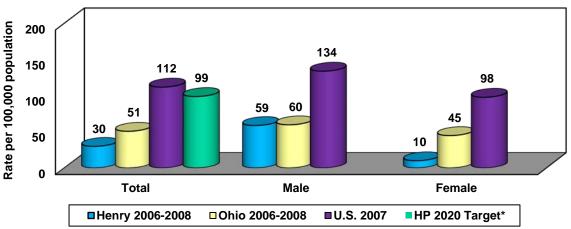


(Source: 2013 Henry County Health Assessment, 2012 BRFSS and Healthy People 2020)

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

- From 2006-2008, Henry County's age-adjusted mortality rate for Chronic Lower Respiratory Disease was lower than the Ohio rate, the U.S. rate and the Healthy People 2020 target objective.
- From 2006-2010 the percentage of mothers who smoked during pregnancy in Henry County fluctuated slightly from year to year, but was generally higher than the Ohio rate.

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

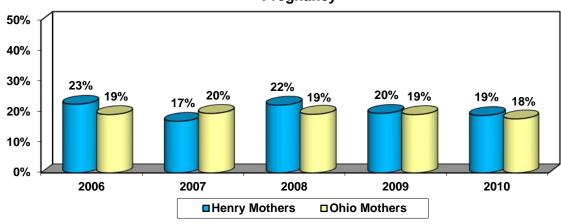


(Source: ODH Information Warehouse and Healthy People 2020)

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

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

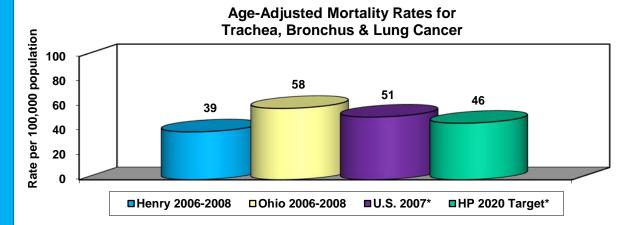
# Henry County and Ohio Births to Mothers Who Smoked During Pregnancy



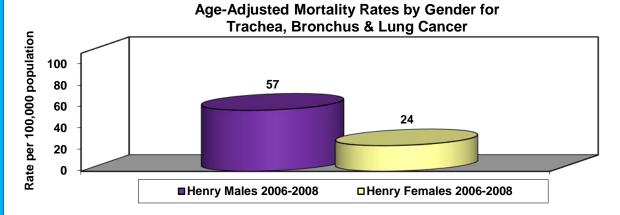
(Source: ODH Births, Vital Statistics Annual Birth Summaries by Year, 2006-2010)

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

 Disparities existed by gender for Henry County trachea, bronchus, and lung cancer age-adjusted mortality rates, as well as chronic lower respiratory disease mortality rates.
 The 2006-2008 Henry male rates were higher than the Henry female rates in both cases.



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



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

#### **U.S. Adult Smoking Facts**

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

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

# Adult I ALCOHOL CONSUMPTION

#### **Key Findings**

In 2013, the Health Assessment indicated that 14% of Henry County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 34% of adults who drank had five or more drinks (for males) and 4 or more drinks (for females) on one occasion (binge drinking) in the past month. Seven percent of adults drove after having perhaps too much to drink.

56% of Henry County adults had at least one alcoholic drink in the past month.

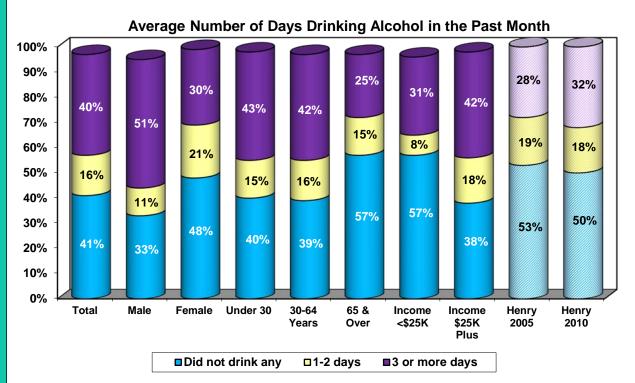
#### **Adult Alcohol Consumption**

- In 2013, 56% of the Henry County adults had at least one alcoholic drink in the past month, increasing to 60% of those with incomes more than \$25,000 and 62% of males. The 2012 BRFSS reported current drinker prevalence rates of 54% for Ohio and 55% for the U.S.
- One in seven (14%) adults were considered frequent drinkers (drank on an average of three or more days per week).
- Of those who drank, Henry County adults drank 2.5 drinks on average, increasing to 3.0 drinks for those under the age of 30 and 3.4 drinks for those with incomes less than \$25,000.
- Nearly one in five (19%) Henry County adults were considered binge drinkers. The 2012 BRFSS reported binge drinking rates of 18% for Ohio and 17% for the U.S.
- 34% of those current drinkers reported they had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers by definition.
- 7% of adults reported driving after having perhaps too much to drink, increasing to
   17% of those with incomes less than \$25,000.

2005/2010/2013 Adult Comparisons	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012
Drank alcohol at least once in past month	47%	50%	56%	54%	55%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	22%	19%	19%	18%	17%



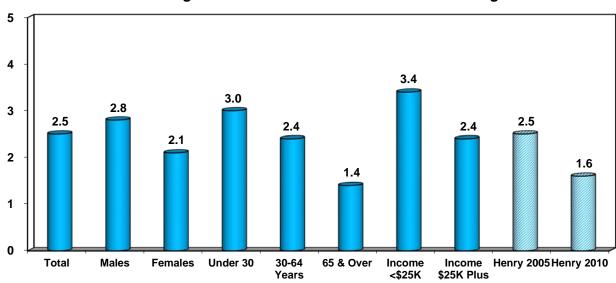
The following graphs show the percentage of Henry County adults consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 41% of all Henry County adults did not drink alcohol, 33% of Henry County males did not drink, and 48% of adult females reported they did not drink.



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

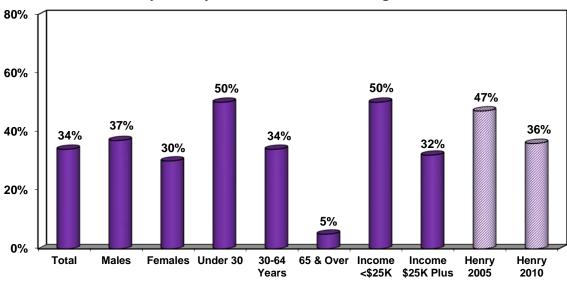
14% of Henry County adults were considered frequent drinkers (drank on an average of three or more days per week).

#### **Adults Average Number of Drinks Consumed Per Drinking Occasion**



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

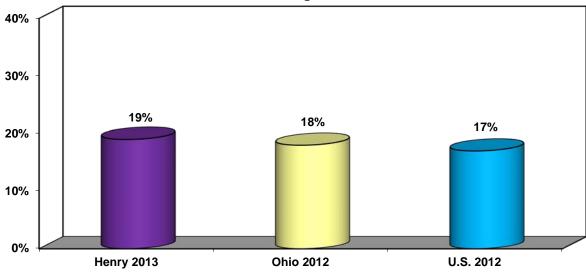
#### Henry County Adult Drinkers Who Binge Drank in Past Month\*



\*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.

7% of Henry County adults reported driving after having perhaps too much to drink.

### Adult Binge Drinkers\*



(Source: 2012 BRFSS, 2013 Henry 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 Napoleon, Henry County, and Ohio motor vehicle accident statistics. The table shows:

71% of all fatal crashes in Henry County were alcohol-related compared to 42% in Ohio.

	City of Napoleon 2012	Henry County 2012	Ohio 2012
Total Crashes	194	677	286,448
Alcohol-Related Total Crashes	3	35	12,518
Fatal Crashes	0	7	1,024
Alcohol-Related Fatal Crashes	0	5	431
Alcohol Impaired Drivers in Crashes	N/A	35	12,370
Injury Crashes	25	155	71,972
Alcohol-Related Injury Crashes	1	11	5,312
Property Damage Only	169	515	213,452
Alcohol-Related Property Damage Only	3	19	6,775
Deaths	0	9	1,122
Alcohol-Related Deaths	0	5	470
Total Non-Fatal Injuries	35	248	104,964
Alcohol-Related Injuries	0	14	7,576

N/A - Not available

(Source: Ohio Department of Public Safety, Crash Reports, Updated 5/14/2013, Traffic Crash Facts)

#### **Caffeinated Alcoholic Beverages**

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

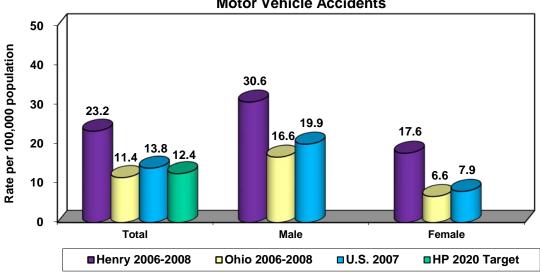
(Source: CDC, Alcohol and Public Health, Fact Sheets, Caffeinated Alcoholic Beverages, July 2010, http://www.cdc.gov/alcohol/fact-sheets/cab.htm)

#### **Motor Vehicle Accidents**

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

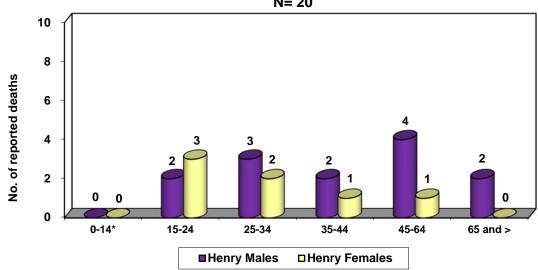
- From 2006-2008, the Henry County motor vehicle age-adjusted mortality rate of 23.2 deaths per 100,000 population was greater than the state rate, the national rate, and the Healthy People 2020 objective.
- The Henry County age-adjusted motor vehicle accident mortality rate for males was higher than the female rate from 2006 to 2008.
- 13 Henry County males died of motor vehicle accidents from 2006-2008 while 7 Henry County females died of motor vehicle accidents during the same period.

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



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

#### Henry County Number of Motor Vehicle Deaths By Age and Gender, 2006-2008 N= 20



<sup>\*</sup> ODH Information Warehouse found zero motor vehicle accident deaths for ages 1 to 4 and 5 to 14 (Source: ODH Information Warehouse, updated 4-15-10)



# Adult | MARIJUANA AND OTHER DRUG USE

#### **Key Findings**

In 2013, 4% of Henry County adults had used marijuana during the past 6 months. 4% 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.

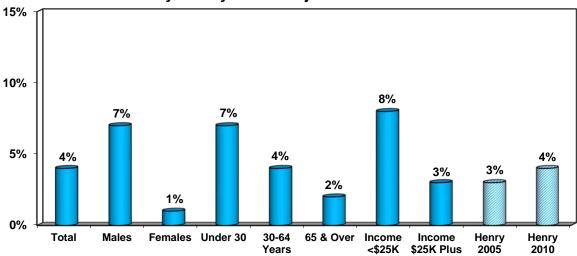
#### Adult Drug Use

- 4% of Henry County adults had used marijuana in the past 6 months, increasing to 8% of those with incomes less than \$25,000.
- 1% of Henry County adults reported using other recreational drugs such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- When asked about their frequency of marijuana and other recreational drug use in the past six months, 17% of Henry County adults who used drugs did so almost every day, and 28% did so less than once a month.
- 4% of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 8% of those over the age of 65 and those with incomes less than \$25,000.
- When asked about their frequency of medication misuse in the past six months, 56% of Henry County adults who used these drugs did so almost every day, and 25% did so 1-3 days per month.
- Henry County adults indicated they did the following with their unused prescription medication: took as prescribed (39%), threw it in the trash (28%), flushed it down the toilet (21%), kept it (17%), took it to the Medication Collection program (9%), gave it away (<1%), and some other destruction method (4%).
- 1% of Henry County adults have used a program or service to help with alcohol or other drug problems for either themselves or a loved one. Reasons for not using such a program included: did not want to get in trouble (2%), stigma of seeking alcohol services (1%), did not want to miss work (1%), could not get into the office or clinic (1%), could not afford to go (1%), had not thought of it (1%), and other reasons (4%). 93% of adults indicated they did not need a program or service to help with drug problems.

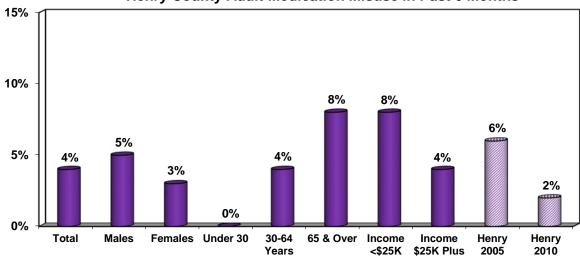
2005/2010/2013 Adult Comparisons	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012
Adults who used marijuana in the past 6 months	3%	4%	4%	N/A	N/A
Adults who used other recreational drugs in the past 6 months	3%	1%	1%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	6%	2%	4%	N/A	N/A

The following graphs are data from the 2013 Henry 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: 4% of all Henry County adults used marijuana in the past six months, 7% of adults under the age of 30 were current users, and 8% of adults with incomes less than \$25,000 were current users.

#### **Henry County Adult Marijuana Use in Past 6 Months**



#### **Henry County Adult Medication Misuse in Past 6 Months**



#### Abuse of Prescription (Rx) Drugs

Young adults (age 18 to 25) are the biggest abusers of prescription (Rx) opioid pain relievers, ADHD, stimulants, and anti-anxiety drugs.

Reasons for abusing these drugs include: getting high, relieving pain, studying better, dealing with problems, losing weight, feeling better, increasing alertness, and having a good time with friends.

In 2010, almost 3,000 young adults died from prescription drug (mainly opioid) overdoses. This was a 250% increase from 1999.

Among young adults, for every death due to Rx drug overdose, there were 17 treatment admissions and 66 emergency room visits.

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



## Adult | WOMEN'S HEALTH

#### **Key Findings**

In 2013, nearly two-thirds (66%) of Henry County women over the age of 40 reported having a mammogram in the past year. 57% of Henry County women ages 19 and over had a clinical breast exam and 47% had a Pap smear to detect cancer of the cervix in the past year. The Health Assessment determined that 1% of women survived a heart attack and 2% survived a stroke at some time in their life. One-quarter (25%) had high blood pressure, 31% had high blood cholesterol, 29% were obese, and 13% were identified as smokers. known risk factors for cardiovascular diseases.

#### Henry County Female Leading Types of Death, 2006 – 2008

- 1. Heart Diseases (23% of all deaths)
- 2. Cancers (21%)
- 3. Stroke (8%)
- 4. Alzheimer's Disease (6%)
- 5. Accidents, Unintentional Injuries (5%)

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

#### Ohio Female Leading Types of Death, 2006 – 2008

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

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

#### Women's Health Screenings

- In 2013, 69% of women had a mammogram at some time and more than two-fifths (45%) had this screening in the past year.
- Nearly two-thirds (66%) of women ages 40 and over had a mammogram in the past year and 80% had one in the past two years. The 2012 BRFSS reported that 74% of women 40 and over in the U.S. and 74% in Ohio, had a mammogram in the past two years.
- Most (90%) Henry County women have had a clinical breast exam at some time in their life and 57% had one within the past year. More than three-quarters (78%) of women ages 40 and over had a clinical breast exam in the past two years. The 2010 BRFSS reported that 77% of women 40 and over in the U.S. and 75% in Ohio, had a clinical breast exam in the past two years.
- This assessment has identified that 94% of Henry County women have had a Pap smear and 47% reported having had the exam in the past year. 76% of women had a pap smear in the past three years. The 2012 BRFSS indicated that 78% of U.S. and Ohio women had a pap smear in the past three years.

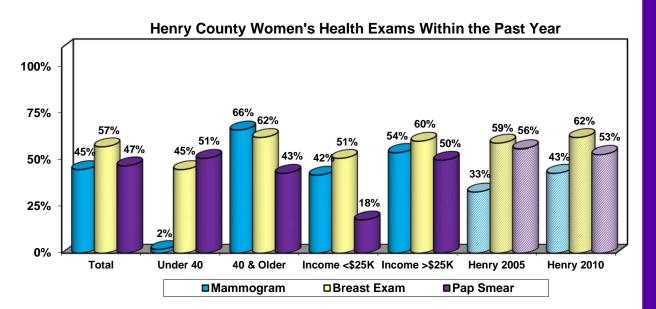
#### **Pregnancy**

- Women used the following as their usual source of services for female health concerns: general or family physician (48%), private gynecologist (30%), health department/family planning clinic (6%), nurse practitioner/physician's assistant (6%), community health center (1%), midwife (1%), and some other place (1%). 6% indicated they did not have a usual source of services for female health concerns.
- 16% of Henry County women had been pregnant in the past 5 years. During their last pregnancy, Henry County women: got a prenatal appointment in the first 3 months (74%), took a multi-vitamin (71%), took folic acid during pregnancy (45%), took folic acid prepregnancy (23%), experienced perinatal depression (3%), and looked for options for an unwanted pregnancy (3%).

#### Women's Health Concerns

- From 2006-2008, major cardiovascular diseases (heart disease and stroke) accounted for 31% of all female deaths in Henry County (Source: ODH Information Warehouse).
- In 2013, the health assessment determined that 1% of women had survived a heart attack and 2% had survived a stroke at some time in their life.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Henry County the 2013 Health Assessment has identified that:
  - o 57% were overweight or obese (57% U.S., 59% Ohio, 2012 BRFSS)
  - 31% were diagnosed with high blood cholesterol (37% U.S., 37% Ohio, 2011 BRFSS)
  - 25% were diagnosed with high blood pressure (30% U.S. and 32% Ohio, 2011 BRFSS)
  - o 13% of all women were current smokers (17% U.S., 21% Ohio, 2012 BRFSS)
  - 9% had been diagnosed with diabetes (11% U.S., 13% Ohio, 2012 BRFSS)

The following graph shows the percentage of Henry County female adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 45% of Henry County females had a mammogram within the past year, 57% had a clinical breast exam, and 47% had a Pap smear.



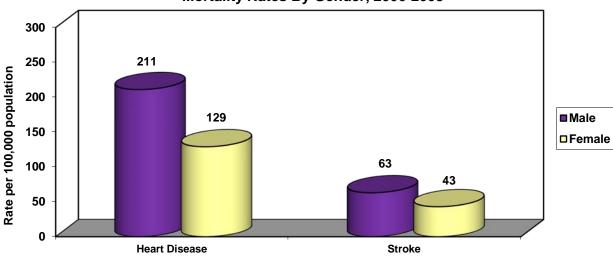
2005/2010/2013 Adult Comparisons	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012
Had a clinical breast exam in the past two years (age 40 & over)	N/A	N/A	78%	75%*	77%*
Had a mammogram in the past two years (age 40 & over)	N/A	N/A	80%	74%	74%
Had a pap smear in the past three years	N/A	N/A	76%	78%	78%

N/A - Not Available \*2010 BRFSS Data

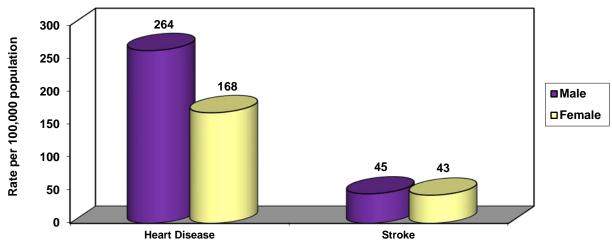
The following graphs show the Henry County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases. The graphs show:

- From 2006-2008, the Henry County and Ohio female age-adjusted mortality rate was lower than the male rate for both heart disease and stroke.
- The Henry County female heart disease mortality rate was lower than the Ohio female rate from 2006 to 2008.

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



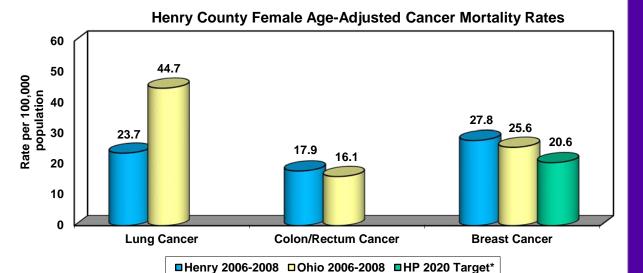
# Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2006-2008



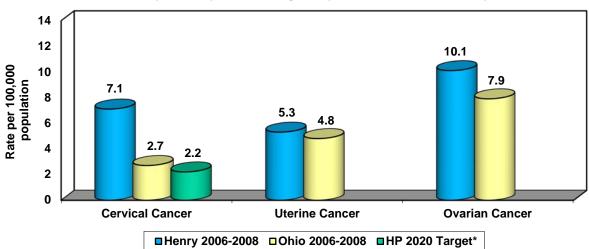
(Source for graphs: ODH Information Warehouse, updated 4-15-10)

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

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



#### **Henry County Female Age-Adjusted Cancer Mortality Rates**



\*Note: Healthy People 2020 target rates are not gender specific; Healthy People 2020 Targets may not be available for all diseases.

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



#### **Human Papilloma Virus (HPV and Vaccine**

HPV is the most common sexually transmitted infection in the U.S., with 6.2 million people becoming newly infected annually. There are more than 100 types of HPV, more than 40 of which can infect the genitals. Most HPV infections are benign and transient; however, almost all cervical cancers are related to infections by HPV.

The Centers for Disease Control and Prevention report that every year in the U.S., about 11,000 women are diagnosed with cervical cancer and almost 4,000 of them die from this disease.

- Most cases of cervical cancer and all cases of genital warts are caused by human papillomavirus (HPV).
  - o 70% of cervical cancers are caused by HPV types 16 and 18.
- There are two HPV vaccines available to protect against types 16, 18, and other subtypes of HPV that cause cervical cancers. These vaccinations include:
- O **Cervarix**: The Federal Food and Drug Administration (FDA) licensed Cervarix in 2009. This vaccine is recommended for female's ages 10 through 25.
- o **Gardasil**: The FDA licensed Gardasil in 2006. This vaccine is recommended for 11 and 12 year-old girls as well as females ages 13 through 26, who were not previously vaccinated. The vaccine protects females against HPV types 6, 11, 16, and 18. Gardasil is also recommended for 9 through 26 year-old males to protect against some genital warts.
- HPV Vaccines are approximately \$130 per dose and are available in all 50 states through the Vaccine for Children (VFC) program, which covers vaccine costs for children and teens who do not have insurance and for some children and teens who are underinsured or eligible for Medicaid.

#### Recent data from the National Immunization Survey of Teens showed:

- Among U.S. girls ages 13 to 17, uptake of the HPV vaccine initiation increased from 25.1% in 2007 to 48.7% in 2010.
  - 32% or about one-third of girls had the complete three-shot vaccine series by 2010.
- Catch-up vaccine uptake improved for women between the ages of 13 and 26; from 10.5% in 2008 to 17.1% in 2009.
- O Non-Hispanic women had the highest catch-up HPV vaccine uptake (19.8%) in 2009. Following were African American women (13.3%) and Hispanic women (12.6%).

(Sources: Centers for Disease Control and Prevention, Vaccine Safety, Human Papillomavirus (HPV) Vaccine, updated January 24, 2013, from http://www.cdc.gov/vaccinesafety/vaccines/HPV/Index.html and American Cancer Society. Cancer Prevention & Early Detection Facts & Figures 2012; p. 40-41. Atlanta: American Cancer Society; 2012)

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

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

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



## Adult | MEN'S HEALTH

#### **Key Findings**

In 2013, 40% of Henry County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. Nearly one-third (30%) of males over the age of 50 had a digital rectal exam in the past year. Major cardiovascular diseases (heart disease and stroke) accounted for 31% and cancers accounted for 28% of all male deaths in Henry County from 2006-2008. The Health Assessment determined that 4% of men survived a heart attack and 2% survived a stroke at some time in their life. More than one-third (34%) of men had been diagnosed with high blood pressure, 28% had high blood cholesterol, and 20% were identified as smokers, which, along with obesity (29%), are known risk factors for cardiovascular diseases.

#### Henry County Male Leading Types of Death, 2006 – 2008

- 1. Cancers (28% of all deaths)
- 2. Heart Diseases (24%)
- 3. Stroke (7%)
- 4. Chronic Lower Respiratory Diseases (7%)
- 5. Accidents, Unintentional Injuries (6%)

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

#### Ohio Male Leading Types of Death, 2006 – 2008

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

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

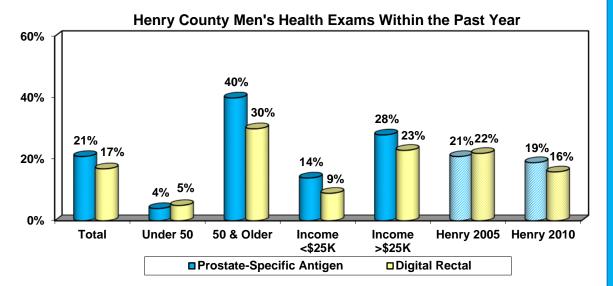
#### Men's Health Screenings and Concerns

- More than one-third (35%) of Henry County males had a Prostate-Specific Antigen (PSA) test at some time in their life and 21% had one in the past year.
- Nearly two-fifths (38%) of men ages 40 and over had a PSA in the past two years. The 2012 BRFSS reported that 45% of men 40 and over in the U.S. and in Ohio, had a PSA test in the past two years.
- Nearly half (47%) of men had a digital rectal exam in their lifetime and 17% had one in the past year.
- 63% of males age 50 and over had a PSA test at some time in their life, and 40% had one in the past year.
- 75% of males age 50 and over had a digital rectal exam at some time in their life, and 30% had one in the past year.
- From 2006-2008, major cardiovascular diseases (heart disease and stroke) accounted for 31% of all male deaths in Henry County (Source: ODH Information Warehouse).
- In 2013, the health assessment determined that 4% of men had a heart attack and 2% had a stroke at some time in their life.

35% of Henry County males had a Prostate-Specific Antigen (PSA) test at some time in their life.

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Henry County the 2013 health assessment has identified that:
  - o 69% were overweight or obese (70% U.S., 65% Ohio, 2012 BRFSS)
  - o 34% were diagnosed with high blood pressure (32% U.S., 34% Ohio, 2011 BRFSS)
  - 28% were diagnosed with high blood cholesterol (40% U.S., 41% Ohio, 2011 BRFSS)
  - o 23% of all men were current smokers (22% U.S., 25% Ohio, 2012 BRFSS)
  - 9% had been diagnosed with diabetes (10% U.S., 10% Ohio, 2012 BRFSS)
- From 2006-2008, the leading cancer deaths for Henry County males were lung, colorectal, prostate, bladder, and pancreas cancers. Statistics from the same period for Ohio males show lung, prostate, colorectal, pancreas, and esophagus cancers as the leading cancer deaths (Source: ODH Information Warehouse).

The following graph shows the percentage of Henry County males surveyed that had a PSA test and digital rectal exam in the past year. Examples of how to interpret the information shown on the graph include: 21% of Henry County males had a PSA test within the past year and 17% had a digital rectal exam.



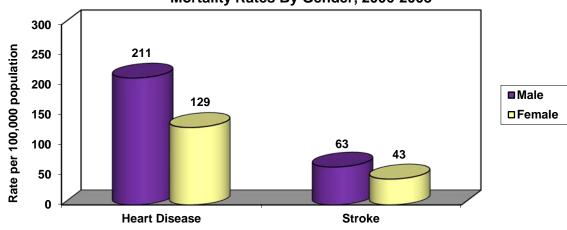
2005/2010/2013 Adult Comparisons	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012
Had a PSA test in within the past two years (age 40 and older)	N/A	N/A	38%	45%	45%

N/A - Not Available

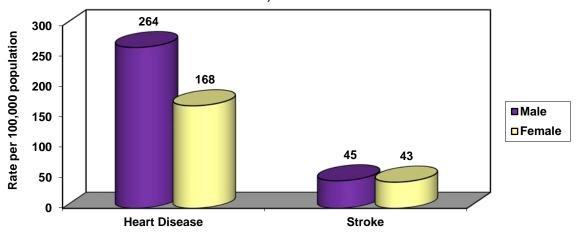
The following graphs show the Henry County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases by gender. The graphs show:

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

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



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

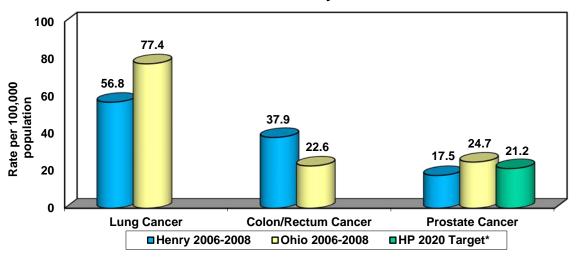


(Source for graphs: ODH Information Warehouse, updated 4-15-10)

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

- From 2006-2008, the Henry County age-adjusted mortality rate for male colon/rectum cancer was higher than the Ohio rate.
- The age-adjusted prostate cancer mortality rate in Henry County for 2006-2008 was lower than the Ohio rate and the Healthy People 2020 objective.

#### Henry County Male Age-Adjusted Cancer Mortality Rates



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

#### Men's Health Data

- Approximately 13% of adult males aged 18 years or older reported fair or poor health.
- o 22% of adult males in the U.S. currently smoke.
- Of the adult males in the U.S., 31% had 5 or more drinks in 1 day at least once in the past year.
- Only 52% of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- o 34% of men 20 years and over are obese.
- There are 19% of males under the age of 65 without health care coverage.
- The leading causes of death for males in the United States are heart disease, cancer and accidents (unintentional injuries).

(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, 1/11/2013 from http://www.cdc.gov/nchs/fastats/mens\_health.htm)





#### **Cancer and Men**

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

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

# Adult I PREVENTIVE MEDICINE AND HEALTH SCREENINGS

#### **Key Findings**

Over half (53%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than half (52%) of adults ages 50 and over had a colonoscopy/sigmoidoscopy within the past 5 years.

#### **Preventive Medicine**

 Half (50%) of Henry County adults had a flu vaccine during the past 12 months.

#### **Skin Cancer Prevention Recommendations**

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

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

- Of those who had a flu vaccine, 98% had the shot and 2% had the nasal spray.
- 72% of Henry County adults ages 65 and over had a flu vaccine in the past 12 months. The 2012 BRFSS reported that 60% of U.S. and 61% of Ohio adults ages 65 and over had a flu vaccine in the past year.
- Henry County adults received their last flu shot from the following places: doctor's office/health maintenance organization (21%), workplace (13%), store (9%), health department (5%), another type of clinic or health center (3%), hospital (1%), a school (1%), emergency room (<1%), senior, recreation or community center (<1%), and some other place (4%).</p>
- One-fifth (21%) of adults have had a pneumonia shot in their life, increasing to 53% of those ages 65 and over. The 2012 BRFSS reported that 69% of U.S. and 70% of Ohio adults ages 65 and over had a pneumonia shot in their life.
- Henry County adults have had the following vaccines: tetanus booster (including Tdap) in the past 10 years (44%), pneumonia vaccine in their lifetime (21%), pertussis vaccine in the past 10 years (13%), Zoster (shingles) vaccine in their lifetime (7%), and human papillomavirus vaccine in their lifetime (4%).

#### **Preventive Health Screenings and Exams**

- More than half (52%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.
- 13% of Henry County adults received preventive testing for skin cancer in the past 2 years, increasing to 22% of those ages 65 and over.





- 10% of Henry County adults had been screened for osteoporosis in the past 2 years, increasing to 27% of those ages 65 and over.
- In the past year, 66% of Henry County women ages 40 and over have had a mammogram.
- In the past year, 40% of men ages 50 and over had a Prostate-Specific Antigen (PSA) test.
- See the Women and Men's Health Sections for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Henry County adults.

2005/2010/2013 Comparisons	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012
Had a pneumonia vaccination (ages 65 and over)	N/A	66%	53%	69%	70%
Had a flu vaccine in the past year (ages 65 and over)	N/A	N/A	72%	60%	61%

N/A - Not available

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

HEALTHCARE TOPICS	Total 2013
Physical Activity or Exercise	40%
Weight, Dieting or Eating Habits	38%
Immunizations	34%
Self-Breast or Self-Testicular Exam	27%
Significance of Family History	18%
Depression, Anxiety, or Emotional Problems	17%
Injury Prevention Such As Safety Belt Use & Helmet Use	9%
Sexual Practices Including Family Planning, STDs, AIDS, & Condom Use	9%
Alcohol Use When Taking Prescription Drugs	8%
Quitting Smoking	8%
Alcohol Use	7%
Ways to Prepare for a Healthy Pregnancy and Baby	4%
Drug Use	3%
Domestic Violence	2%

Henry County Adult Health Screening Results

GENERAL SCREENING RESULTS	Total Sample
Diagnosed with High Blood Pressure	30%
Diagnosed with High Blood Cholesterol	30%
Diagnosed with Diabetes	9%
Diagnosed with a Heart Attack	2%
Diagnosed with a Stroke	1%

(Percentages based on all Henry County adults surveyed)

#### Healthy People 2020 Pneumonia Vaccination

Objective	Henry County 2013	Ohio 2012	U.S. 2012	Healthy People 2020 Target
IID-13.1: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated against pneumococcal disease	53%	69%	70%	90%

\*U.S. baseline is age-adjusted to the 2000 population standard (Sources: Healthy People 2020 Objectives, 2012 BRFSS, 2013 Henry County Health Assessment)



# Adult | SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES

#### **Key Findings**

In 2013, over two-thirds (68%) of Henry County adults had sexual intercourse. Two percent of adults had more than one partner. Even though young people aged 15-24 represent only 25% of the sexually experienced population, they acquire nearly half of all STDs (Source: CDC, STDs in Adolescents and Young Adults, 2011 STD Surveillance).

#### **Adult Sexual Behavior**

- Over two-thirds (68%) of Henry County adults had sexual intercourse in the past year.
- 2% of adults reported they had intercourse with more than one partner in the past year, increasing to 4% of those with incomes less than \$25,000.
- Henry County adults used the following methods of birth control: vasectomy (21%), they or their partner were too old (19%), condoms (17%), tubes tied (16%), birth control pill (12%), hysterectomy (9%), withdrawal (4%), shots (2%), abstinence (2%), contraceptive patch (1%), IUD (1%),

rhythm method (1%), emergency contraception (1%), diaphragm (<1%), and contraceptive implants (<1%).

11% of Henry County adults were not using any method of birth control.

- Henry County adults did not use birth control for the following reasons:
  - o They or their partner had a hysterectomy/vasectomy/tubes tied (32%)
  - O They or their partner were too old (19%)
  - O They did not care if they or their partner got pregnant (9%)
  - They wanted to get pregnant (6%)
  - O They did not think they or their partner could get pregnant (4%)
  - They did not want to use birth control (2%)
  - O Their partner did not want to use birth control (2%)
  - o Religious preferences (2%)
  - No regular partner (2%)
  - They or their partner were currently pregnant (2%)
  - They or their partner had just had a baby (<1%)</li>
  - They had a same-sex partner (<1%)</li>
  - They could not pay for birth control (<1%)

#### 2011 STD Trends in the United States

The CDC estimates that 19 million new STD infections occur every year in the United States, nearly half among young people ages 15-24. STDs are a potential threat to an individual's immediate and long-term health and well-being. STDs cost the nation about \$17 billion in health care costs every year. Below are the reported STD cases and rates in 2011.

- Chlamydia cases: 1,412,791.
- O Chlamydia rates per 100,000 people: 457.6; increase in 8% since 2010.
- Gonorrhea cases: 321.849.
- O Gonorrhea rate per 100,000 people: 104.2; increase in 4% since 2010.
- Syphilis (primary and secondary) cases: 13,970.
- Syphilis rate per 100,000 people: 4.5; unchanged from 2010.
- Syphilis (congenital) cases: 360

(Source: CDC, Sexually Transmitted Diseases, Sexually

Transmitted Diseases Surveillance, 2011,

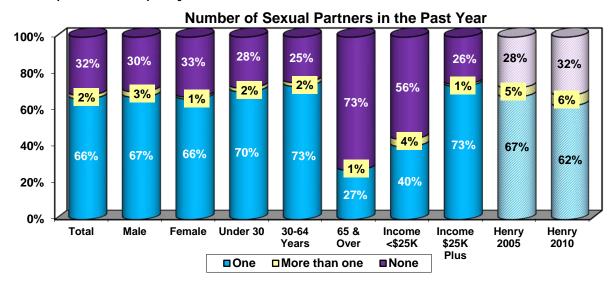
http://www.cdc.gov/std/stats/)

O Syphilis rate per 100,000 live births: 8.5; decrease in 7% since 2010.

- The following situations applied to Henry County adults in the past year: tested for an STD (3%), had anal sex without a condom (1%), had sex with someone they did not know (1%), treated for an STD (<1%), and used intravenous drugs (<1%).
- 5% of adults had been forced to participate in sexual activity when they did not want to, increasing to 8% of females and those with incomes less than \$25,000.
- 11% of adults engaged in sexual activity following alcohol or other drug use that they would not have done if sober, increasing to 16% of those under 30 and 20% of those with incomes less than \$25,000.
- 7% of adults reported their chances of getting infected with HIV were low, and 87% reported there was no chance of them getting infected with HIV.
- Henry County adults received their last HIV test in the following places: private doctor (8%), health department (4%), blood bank/plasma center/Red Cross (3%), hospital/emergency room/outpatient clinic (3%), military induction or military service site (3%), prenatal clinic/OB's office (2%), insurance company clinic (1%), community health clinic (<1%), other public clinic (<1%), home visit by nurse of health worker (<1%), and some other place (2%). 71% of adults had not been tested for HIV.</p>

#### 11% of Henry County adults were not using any method of birth control.

he following graph shows the sexual activity of Henry County adults. Examples of how to interpret the information in the graph include: 66% of all Henry County adults had one sexual partner in the last 12 months and 2% had more than one, and 67% of males had one partner in the past year.



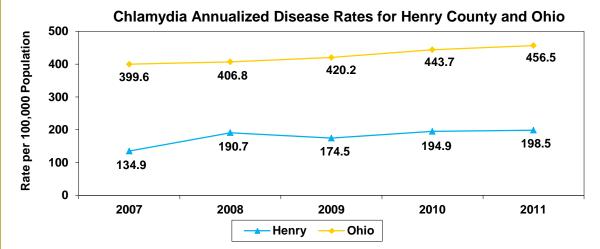
Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"

2005/2010/2013 Adult Comparisons	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012
Had more than one sexual partner in past year	5%	6%	2%	N/A	N/A

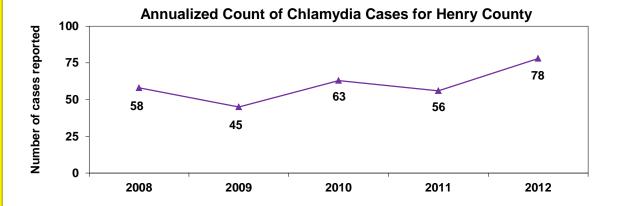
N/A - Not available

The following graphs show Henry County chlamydia disease rates per 100,000 population updated April 18, 2012 by the Ohio Department of Health. The graphs show:

- Henry County chlamydia rates increased overall from 2007 to 2011. Henry County rates remained below the Ohio rates.
- In 2011, the U.S. rate for new chlamydia cases was 457.6 per 100,000 population. (Source: CDC, STD Trends in the U.S., 2013)



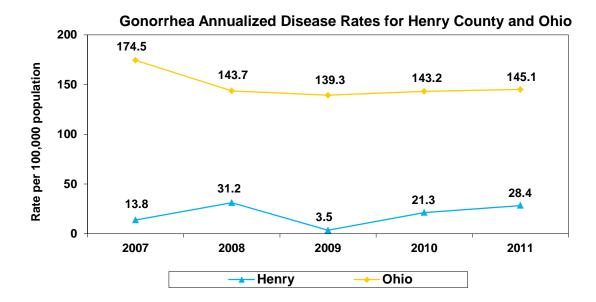
(Source for graph: ODH, STD Surveillance, data reported through 4-18-12)



(Source for graph: Henry County Health Department, Communicable Disease Summary, data reported through 2013)

# The following graphs show Henry County gonorrhea disease rates per 100,000 population updated April 18, 2012 by the Ohio Department of Health. The graphs show:

- The Henry County gonorrhea rate decreased from 2007 to 2009, and then increased in 2010 and 2011.
- The Ohio gonorrhea rate fluctuated from 2007 to 2011.
- In 2011, the U.S. rate for new gonorrhea cases for the total population was 104.2 per 100,000 population (Source: CDC, STD Trends 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.



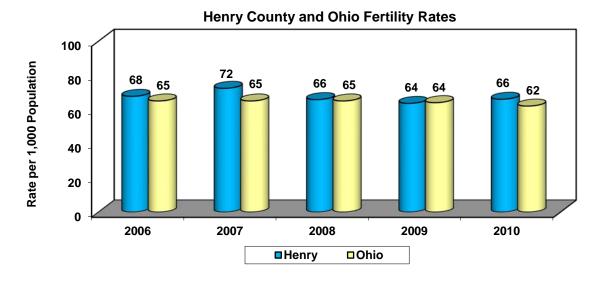
# Annualized Count of Gonorrhea Cases for Henry County 20 15 10 9 8 8 8 0 2008 2009 2010 2011 2012

(Source for graphs: ODH, STD Surveillance, data reported through 4-18-12)

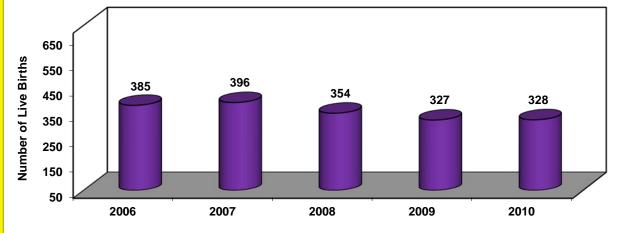
#### **Pregnancy Outcomes**

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

- In 2010, the U.S. fertility rate was 64.1 per 1,000 women ages 15-44 (Source: National Vital Statistics Report 2012).
- From 2006-2010, there was an average of 358 live births per year in Henry County.



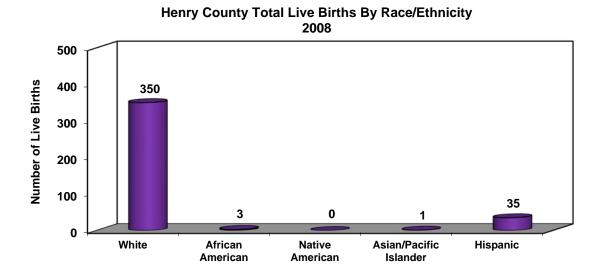
#### **Henry County Total Live Births**

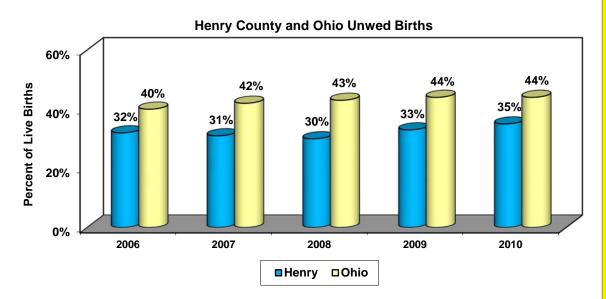


(Source for graphs: ODH Information Warehouse Updated 4-13-12)

The following graphs show Henry County total number of live births by race/ethnicity and Henry County and Ohio percentage of unwed births updated January 13, 2012 by the Ohio Department of Health. The graphs show:

- The percentage of births to unwed mothers in Henry was below the Ohio percentage each year from 2006 to 2010, and fluctuated during the five year period.
- In 2010, 41% of U.S. births were to unwed mothers. (Source: National Vital Statistics Report 2012)

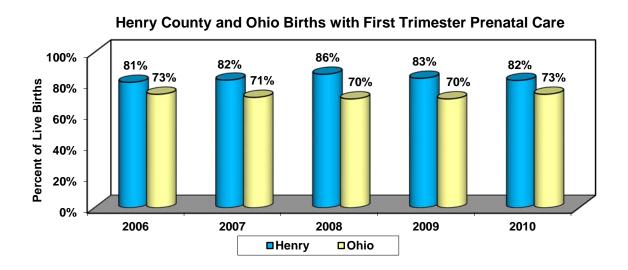


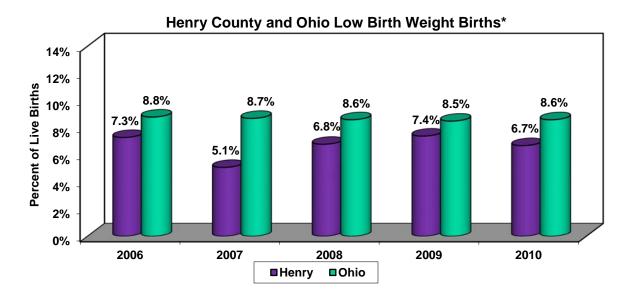


(Source for graphs: ODH Information Warehouse Updated 1-13-12)

The following graphs show Henry County and Ohio percentage of births with first trimester prenatal care and low birth weight rates updated January 13, 2012 by the Ohio Department of Health. The graphs show:

- In 2010, 82% of Henry County mothers received prenatal care during the first trimester. (Source: ODH, Birth Statistics, 2010)
- In 2010, 8.2% of all U.S. live births were low birth weight births. (Source: National Vital Statistics Report 2012)





\*Low Birth Weight is defined as weighing less than 2,500 grams or 5 pounds, 8 ounces. (Source for graphs: ODH Information Warehouse Updated 1-13-12)

## Adult | QUALITY OF LIFE

#### **Key Findings**

In 2013, 24% of Henry County adults were limited in some way because of a physical, mental or emotional problem.

# Impairments and Health Problems

- In 2013, nearly one in four (24%) Henry County adults were limited in some way because of a physical, mental or emotional problem (20% Ohio and U.S., 2012 BRFSS), increasing to 42% of those ages 65 and older.
- Henry County adults were limited in the following ways: physical problems (22%), emotional problems
  - problems (22%), emotional problems (4%), or mental problems (3%).

#### **Back Pain Prevention**

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

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

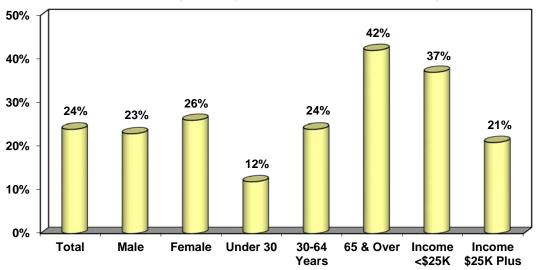
(Source: National Institutes of Health, National Institute of Arthritis and Musculoskeletal and Skin Diseases, http://www.ninds.nih.gov/disorders/backpain/detail\_backpain.htm)

- Among those who were limited in some way, the following most limiting problems or impairments were reported: back or neck problems (42%), arthritis (42%), walking problems (24%), stress, depression, anxiety, or emotional problems (18%), fractures, bone/joint injuries (13%), lung/breathing problems (12%), eye/vision problems (11%), heart problems (8%), high blood pressure (8%), diabetes (6%), hearing problems (4%), tobacco dependency (3%), alcohol dependency (3%), stroke-related problems (2%), a learning disability (2%), cancer (1%), drug addiction (1%), and a developmental disability (1%).
- Henry County adults needed the following services in the past year: eyeglasses or vision care (21%), help with routine needs (7%), a cane (5%), medical supplies (5%), help with personal care needs (4%), a walker (3%), hearing aids or hearing care (2%), wheelchair (2%), mobility aids or devices (1%), oxygen or respiratory support (1%), durable medical equipment (1%), a special bed (<1%), a special telephone (<1%), and communication aids (<1%).</p>
- Pain made it hard for Henry County adults to do their usual activities an average of 2.7 days in the past month, increasing to 4.3 days for those ages 65 and older and 5.3 days for those with incomes less than \$25,000.
- Henry County adults were responsible for providing regular care or assistance to the following: multiple children (16%), a friend, family member or spouse who has a health problem (6%), an elderly parent or loved one (5%), someone with special needs (3%), children with discipline issues (2%), an adult child (2%), a friend, family member or spouse with a mental health issue (1%), and a friend, family member or spouse with dementia (1%).
- 2% of Henry County adults reported that at least one person in their household went to bed hungry at least one day per week because they did not have enough food. <1% reported someone went to bed hungry every night.

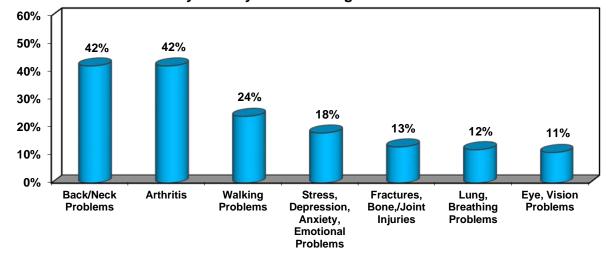


The following graphs show the percentage of Henry County adults that were limited in some way and the most limiting health problems. Examples of how to interpret the information shown on the graph include: 24% of Henry County adults are limited in some way, 23% of males, and 42% of those 65 and older.

#### **Henry County Adults Limited in Some Way**



#### **Henry County Most Limiting Health Problems**



#### Healthy People 2020 Arthritis

Objective	Henry County 2013	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	31%	36%

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

2005/2010/2013 Adult Comparisons	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S 2012
Limited in some way because of a physical, mental, or emotional problem	N/A	N/A	24%	20%	20%

N/A - Not available

#### The Impact of Arthritis

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

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



# Adult | SOCIAL CONTEXT AND SAFETY

## **Key Findings**

In 2013, 4% of Henry County adults were threatened or abused in the past year. 50% of adults kept a firearm in or around their home.

#### **Social Context**

- 4% of Henry County adults were threatened or abused in the past year. They were threatened or abused by the following: a spouse or partner (30%), another family member (10%), and someone else (60%).
- They were abused in the following ways: verbally (67%), emotionally (56%), physically (21%), sexually (17%), any abuse through electronic methods (17%), and financially (11%).

## 4% of Henry County adults were threatened or abused in the past year.

- Henry County adults received assistance for the following in the past year: healthcare (5%), utilities (4%), food (4%), prescription assistance (4%), transportation (4%), home repair (4%), rent/mortgage (2%), employment (2%), free tax preparation (2%), legal aid services (1%), credit counseling (1%), and emergency shelter (1%).
- One in seven (14%) Henry County adults attempted to get assistance from a social service agency. Of those adults who looked for assistance, they received it from the following: Job and Family Services/JFS/Welfare Department (33%), a friend or family member (22%), Northwest Ohio Community Action Commission (20%), a food pantry (17%), health department (15%), a church (12%), WIC (10%), Together We Can Grow (8%), United Way (3%), Together We Can Make a Difference (3%), 2-1-1 (2%), St. Vincent's DePaul (2%), Associated Charities (2%), and somewhere else (13%).
- Henry County adults experienced the following as a child (under the age of 18): lived with someone who was a problem drinker or alcoholic (16%), parents became separated or were divorced (16%), parents or adults in home swore at them, insulted them or put them down (12%), lived with someone who was depressed, mentally ill or suicidal (9%), an adult or someone 5 years older than them touched them sexually (6%), parents or adults in home abused them (5%), parents or adults in home abused each other (3%), parents were not married (2%), lived with someone who used illegal drugs or misused prescription drugs (2%), lived with someone who served time or was sentenced to serve in prison or jail (2%), an adult or someone 5 years older made them touch them sexually (2%), and an adult or someone 5 years older than them raped them (2%).

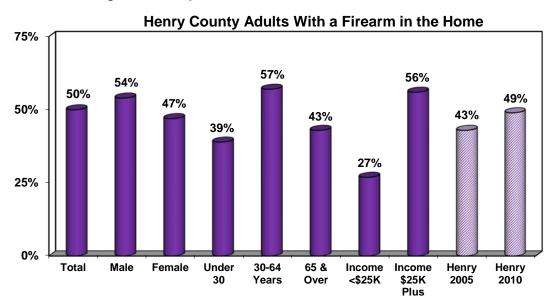
2005/2010/2013 Adult Comparisons	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012
Firearms kept in or around their home	41%	49%	50%	N/A	N/A

N/A - Not available

#### **Safety**

- Half (50%) of Henry County adults kept a firearm in or around their home. 2% of adults reported they were unlocked and loaded.
- 73% of Henry County adults deliberately tested all of the smoke detectors in their home in the past year. 15% of adults had tested their smoke detectors in the past month. Approximately 4% reported having no smoke detectors in their Henry County home.
- 43% of Henry County adults reported they had a carbon monoxide detector in their home.
- One-third (33%) of Henry County adults always wore a helmet while riding an ATV, racing bike or motorcycle in the past year. 41% of adults reported never wearing a helmet.
- Henry County households had the following disaster preparedness supplies: working flashlight and working batteries (88%), cell phone (85%), cell phone with texting (71%), 3-day supply of nonperishable food for everyone in the household (62%), working battery-operated radio and working batteries (53%), 3-day supply of prescription medication for each person who takes prescribed medicines (52%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (42%), generator (29%), communication plan (21%), and a disaster plan (9%).
- Henry County adults indicated the following as their main method or way of getting information from authorities in a large-scale disaster or emergency: television (68%), radio (63%), internet (37%), newspaper (20%), neighbors (19%), social media (16%), and other methods (2%).
- Henry County residents reported the following method or way of communicating with relatives and family in a large-scale disaster or emergency: cell phones (91%), regular home phones (27%), email (18%), two-way radios (2%), 2-1-1 (1%), and pagers (<1%). 3% reported they did not know what would be their main method of communicating.</p>

The following graph shows the percentage of Henry County adults that had a firearm in the home. Examples of how to interpret the information shown on the first graph include: 50% of all Henry County adults kept a firearm in their home, 54% of males, and 57% of those ages 30-64 kept a firearm in their home.





#### **Firearm Injury Prevention**

- According to The American College of Emergency Physicians (ACEP), the improper use of firearms results in death and injury. Below are some of the College supported efforts to prevent firearm-related injuries and deaths:
- Aggressively enforce current laws against illegal possession, purchase, sale, or use of firearms.
- Encourage the creation and evaluation of community and school-based education programs targeting the prevention of firearm injuries.
- Educate the public about the risks of improperly stored firearms, especially in the home.
- Increase funding for the development, evaluation, and implementation of evidence-based programs and policies to reduce firearm-related injury and death.
- Work with stakeholders to develop comprehensive strategies to prevent firearm injury and death.

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

#### **Distracted Driving**

- Each day, more than 15 people are killed and more than 1,200 people are injured in crashes that were reported to involve a distracted driver.
- Among those killed or injured in these crashes, nearly 1,000 deaths and 24,000 injuries included cell phone use as the major distraction.
- 52% of U.S. drivers ages 18-29 reported texting or e-mailing while driving at least once in the last 30 days.

(Source: CDC, Distracted Driving, updated September 20, 2012, http://www.cdc.gov/motorvehiclesafety/distracted\_driving/index.html)

# Adult I MENTAL HEALTH AND SUICIDE

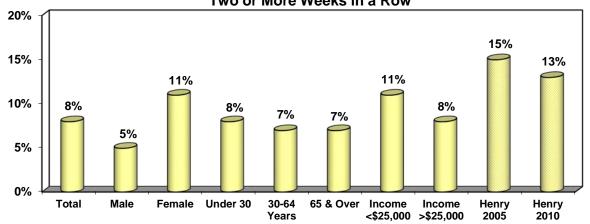
## **Key Findings**

In 2013, 3% of Henry County adults considered attempting suicide. 8% 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, 8% of Henry 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 11% of females and those with incomes less than \$25,000.
- 3% of Henry County adults considered attempting suicide in the past year.
- One percent (1%) of adults reported attempting suicide in the past year.
- In the past year, 13% of Henry County adults had a period of two or more weeks when they felt so worried, tense or anxious almost every day that they stopped doing usual activities.
- Henry County adults received the social and emotional support they needed from the following: family (83%), friends (65%), church (35%), neighbors (7%), a professional (6%), community (4%), self-help group (1%), and other (3%).
- 9% of Henry County adults used a program or services for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included: had not thought of it (4%), could not afford to go (3%), did not know how to find a program (2%), co-pay/deductible too high (2%), stigma of seeking mental health services (2%), fear (2%), transportation (1%), other priorities (1%), and other reasons (2%). 78% of adults indicated they did not need such a program.

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





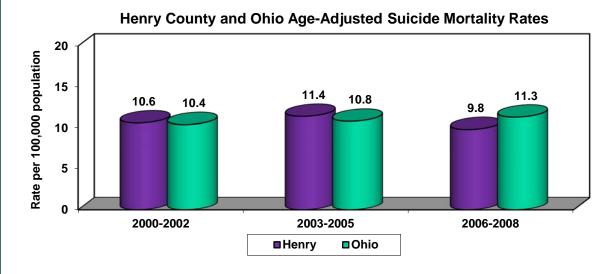
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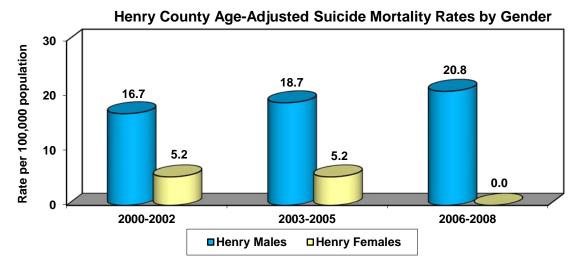
2005/2010/2013 Adult Comparisons	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012
Two or more weeks in a row felt sad or hopeless	15%	13%	8%	N/A	N/A
Considered attempting suicide	2%	1%	3%	N/A	N/A

N/A - Not available

The following graphs show the Ohio and Henry County age-adjusted suicide mortality rates per 100,000 population. The graphs show:

- The Henry County age-adjusted suicide mortality rate decreased overall to a rate below the Ohio rate from 2000 to 2008.
- The Henry County male age-adjusted suicide rate consistently exceeded the female rate from 2000 to 2008.



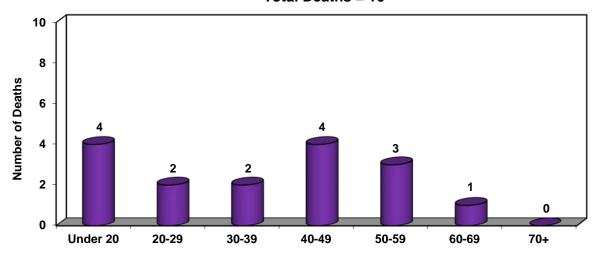


(Source: ODH Information Warehouse, updated 4-15-10)

The following graph shows the number of suicide deaths by age group for the county. The graph shows:

• From 2008-2012, 50% of all Henry County suicide deaths occurred to those ages 20 and younger and 40-49 years old.

#### Henry County Number of Suicide Deaths By Age Group 2008-2012 Total Deaths = 16



(Source: Four County ADAMhs Board, Suicide Statistics, Obtained 7/24/2013)

#### Mental Health Services in Ohio

(Ohio Facts 2012, FY 2011\*)

- o 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.
- o 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, selfreproach 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 2013 Health Assessment project has determined that nearly three-fourths (72%) of Henry County adults had visited a dentist or dental clinic in the past year. The 2012 BRFSS reported that 67% of U.S. adults and 68% of Ohio adults had visited a dentist or dental clinic in the previous twelve months. Almost three-fourths (72%) of Henry County youth in grades 6-12 had visited the dentist for a check-up, exam, teeth

# Henry County Dental Care Resources – 2011

- Number of licensed dentists- 8
- Number of primary care dentists- 7
- Ratio of population per dentist- 3,581:1
- Number of dentists who treat Medicaid patients- 6
- Ratio of Medicaid population per dentist who treats Medicaid patients- 823:1

(Source: ODH Ohio Oral Health Surveillance System, 2011)

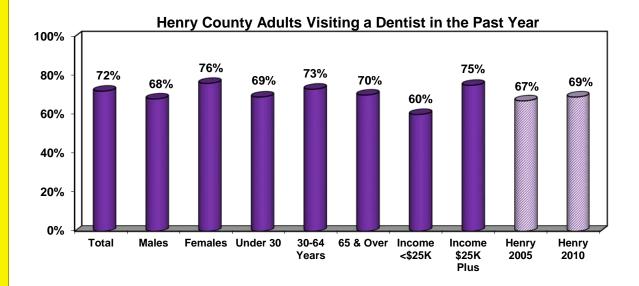
cleaning, or other dental work in the past year.

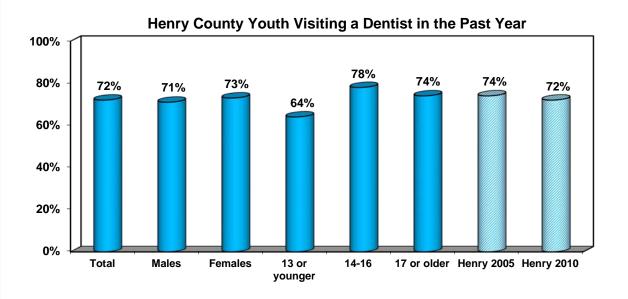
#### **Access to Dental Care**

- In the past year, 72% of Henry County adults had visited a dentist or dental clinic, decreasing to 60% of adults with annual household incomes less than \$25,000.
- The 2012 BRFSS reported that 67% of U.S. adults and 68% of Ohio adults had visited a dentist or dental clinic in the previous twelve months.
- When asked how long it had been since their last visit to a dentist or dental clinic, 10% of Henry County adults reported that it had been more than one year but less than two years, 8% reported that it had been more than two years but less than five years, and 7% responded it had been five or more years ago.
- More than four-fifths (83%) of Henry County adults with dental insurance have been to the dentist in the past year, compared to 67% of those without dental insurance.
- When asked the main reason for not visiting a dentist in the last year, 42% said cost, 28% had no reason to go, 22% said fear, apprehension, nervousness, pain, and dislike going, 4% had other priorities, 3% had not thought of it, 3% did not have/know a dentist, 2% said their dentist did not accept their medical coverage, and 2% could not get to the office/clinic.
- Nearly two-fifths (39%) of adults had one or more of their permanent teeth removed, increasing to 64% of those ages 65 and over. The 2012 BRFSS reported that 45% of U.S. adults and 46% of Ohio adults had one or more permanent teeth removed.
- The 2013 Health Assessment reports that 19% of Henry County adults ages 65 and over had all of their permanent teeth removed. The 2012 BRFSS reported that 16% of U.S. adults and 20% of Ohio adults ages 65 and over had all of their permanent teeth removed.
- In the past year, 72% of Henry County youth had visited the dentist for a check-up, exam, teeth cleaning, or other dental work. 9% responded more than one year but less than 2 years, and 4% responded more than 2 years ago.



The following graphs provide information about the frequency of Henry County adult and youth dental visits. Examples of how to interpret the information on the first graph include: 72% of all Henry County adults had been to the dentist in the past year, 69% of those under the age of 30, and 60% of those with incomes less than \$25,000.





Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never		
Time Since	Time Since Last Visit to Dentist/Dental Clinic						
Males	68%	9%	10%	8%	2%		
Females	76%	9%	6%	6%	<1%		
Total	72%	10%	8%	7%	1%		

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

2005/2010/2013 Adult Comparisons	Henry County 2005	Henry County 2010	Henry County 2013	Ohio 2012	U.S. 2012
Adults who have visited the dentist in the past year	67%	69%	72%	68%	67%
Adults who had one or more permanent teeth removed	N/A	N/A	39%	46%	45%
Adults 65 years and older who had all of their permanent teeth removed	N/A	N/A	19%	20%	16%

N/A - Not Available

# Adult | PARENTING

## **Key Findings**

The 2013 Health Assessment project identified that 93% of children under the age of 4 always used a car seat while a passenger in a car. Nearly two-fifths (39%) of children were never breastfed. 71% of parents discussed screen time as well as dating and relationships with their 12-to-17 year old in the past year.

#### How to Talk to your Teen about Safe Sex

- Talk calmly and honestly about safe sex.
- Practice talking about safe sex with another adult before approaching your adolescent.
- Listen to your adolescent and answer his/her questions honestly.
- Topics that are appropriate for a safe sex discussion may include: STDs and prevention, peer pressure to have sex, birth control, different forms of sexuality, and date rape.

(Source: American Academy of Pediatrics (AAP), Safer Sex Guidelines,

http://www.lpch.org/DiseaseHealthInfo/HealthLibrary/adolescent/safesex.html)

## **Parenting**

- 93% of parents whose child was under the age of 4 reported their child always used a car seat while a passenger in a car.
- 36% of parents reported their 0-11 year old <u>always</u> wore a helmet when riding a bicycle, riding in a pull-behind bike trailer, or riding in a child bike seat with an adult.
- 17% of parents reported their 0-11 year old <u>never</u> wore a helmet when riding a bicycle, riding in a pull-behind bike trailer, or riding in a child bike seat with an adult.
- Nearly three-fifths (59%) of parents said they would get their child vaccinated with the HPV vaccine. 25% said they did not have an adolescent child. 10% said they would not have their child vaccinated because their child is not going to have sex, and 6% said they did not have the money.
- Children were breastfed: more than 9 months (6%), 6 to 9 months (11%), 7 weeks to 3 months (13%), 3 to 6 weeks (17%), 2 weeks or less (8%), still breastfeeding (6%), and never breastfed (39%).
- Parents discussed the following with their 12-to-17 year old in the past year:
  - o Screen time (71%)
  - o Dating and relationships (71%)
  - o Bullying (63%)
  - o Physical activity (61%)
  - o Eating habits (61%)
  - Negative effects of alcohol (61%)
  - Abstinence/how to refuse sex (61%)
  - o Negative effects of tobacco (59%)
  - o Body image (53%)
  - Negative effects of marijuana and other drugs (53%)
  - o Social media issues (49%)

- School/legal consequences of using tobacco/alcohol/other drugs (43%)
- o Refusal skills/peer pressure (39%)
- o Weight status (33%)
- o Birth control (33%)
- Condom use/safer sex/STD prevention (29%)
- Negative effects of misusing prescription medication (27%)
- o Anxiety/depression/suicide (27%)
- o Energy drinks (27%)

## 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 for it to become 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, October 31, 2011)



# Youth | WEIGHT STATUS

## **Key Findings**

The 2013 Health Assessment identified that 12% of Henry County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 25% of Henry County youth reported that they were slightly or very overweight. 68% of youth were exercising for 60 minutes on 3 or more days per week. 91% of youth were involved in extracurricular activities. 23% of youth reported they went to bed hungry on at least one day per week because they did not have enough food.

## **Youth Weight Status**

- BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific as children's body fatness changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese.
- In 2013, 12% of youth were classified as obese by Body Mass Index (BMI) calculations (2011 YRBS reported 15% for Ohio and 13% for the U.S.). 14% of youth were classified as overweight (2011 YRBS reported 15% for Ohio and 15% for the U.S.). 63% were normal weight, and 11% were underweight.

## 12% of Henry County youth were classified as obese.

- 25% of youth described themselves as being either slightly or very overweight (2011 YRBS reported 30% for Ohio and 29% for the U.S.).
- Almost half (46%) of all youth were trying to lose weight, increasing to 60% of Henry County female youth (compared to 30% of males).
- Henry County youth reported doing the following to lose weight or keep from gaining weight in the past 30 days:
  - 43% of youth exercised.
  - o 30% of youth ate less food, fewer calories, or foods lower in fat.
  - 5% reported going without eating for 24 hours or more (2011 YRBS reported 13% for Ohio and 12% for the U.S.).
  - o 3% reported smoking to lose weight.
  - 2% reported taking diet pills, powders, or liquids without a doctor's advice (2011 YRBS reported 6% for Ohio and 5% for the U.S.).
  - 1% vomited or took laxatives to lose weight. (2011 YRBS reported 6% for Ohio and 4% for the U.S.).

#### **Nutrition**

- 13% of Henry County youth ate 5 or more servings of fruits and vegetables per day.
   77% ate 1 to 4 servings of fruits and vegetables per day.
- Over one-third (34%) of youth drank pop, punch, Kool-aid, sports drinks, fruit flavored drinks, etc. at least once per day.
- Henry County youth consumed the following sources of calcium daily: milk (85%), other dairy products (37%), yogurt (36%), calcium-fortified juice (11%), calcium supplements (7%), and other calcium sources (12%).
- 31% of youth reported drinking energy drinks for the following reasons: to stay awake (48%), to get pumped up (21%), before games or practice (11%), to help them perform (7%), to mix with alcohol (3%), and some other reason (49%).
- Almost one-quarter (23%) of youth reported they went to bed hungry because they
  did not have enough food at least one night per week. 5% of youth went to bed
  hungry every night of the week.

#### **Physical Activity**

- 68% of Henry County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. 46% did so on 5 or more days in the past week and 24% did so every day in the past week. 15% of youth did not participate in at least 60 minutes of physical activity on any day in the past week (2011 YRBS reports 16% for Ohio and 14% for the U.S.).
- 76% of Henry County youth were physically active at least 60 minutes per day on less than 7 days, (2011 YRBS reported 75% for Ohio and 71% for the U.S.) and 54% were physically active at least 60 minutes per day on less than 5 days (2011 YRBS reported 55% for Ohio and 51% 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.
- Henry County youth spent an average of 3.4 hours on their cell phone, 2.4 hours watching TV, 2.1 hours on the computer/tablet, and 1.2 hours playing video games on an average day of the week.
- Over one-third (36%) of youth spent 3 or more hours watching TV on an average day (2011 YRBS reported 31% for Ohio and 32% for the U.S.).
- 91% of youth participated in extracurricular activities. They participated in the following: sports or intramural programs (59%), school club or social organization (38%), church youth group (30%), church or religious organization (26%), babysitting for other kids (24%), caring for siblings after school (19%), volunteering in the community (15%), part-time job (13%), caring for parents or grandparents (3%) or some other organized activity (Scouts, 4H, etc.) (23%).





• Henry County youth gave the following reasons for not participating in extracurricular activities: not interested (20%), transportation (6%), could not afford it (6%), had to watch younger siblings (6%), had a job (4%), extracurricular they would like did not exist (2%), parents would not take them to activities (1%), and had to take care of parents or grandparents (1%).

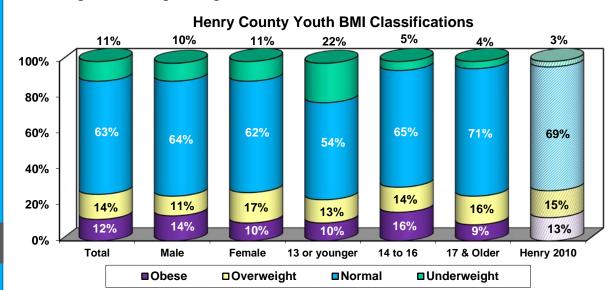
Henry County 6 <sup>th</sup> -12 <sup>th</sup> Grade Youth did the following to lose weight in the past 30 days:	Percent
Exercised	43%
Ate less food, fewer calories, or foods lower in fat	30%
Went without eating for 24 hours	5%
Smoked cigarettes	3%
Took diet pills, powders, or liquids without a doctor's advice	2%
Vomited or took laxatives	1%

## Learning To Get Fit; Stronger Bodies, Sharper Minds

- Getting active can also improve academic performance. In a study of 214 middle-school students by researchers from Michigan State University, those who participated in vigorous physical activity did about 10% better in core classes like math, science and English.
- Exercise breaks during the day have been shown to improve learning and classroom behavior, and regular physical activity has psychological benefits that can help kids cope socially and deal with peer pressure.
- Current guidelines call for kids to get at least 60 minutes of exercise a day. Yet, according to a study published in Medicine and Science in Sports and Exercise, only 42% of children ages 6 to 11 and a mere 8% of adolescents meet that goal.

(Source: National Dairy Council, 2010; Newsweek Back-To-School Guidebook: In Association with Fuel up to Play 60, obtained from: www.nationaldairycouncil.org/childnutrition)

The following graph shows the percentage of Henry County youth who were classified as obese, overweight, normal, or underweight by Body Mass Index (BMI). Examples of how to interpret the information in the first graph include: 63% of all Henry County youth were classified as normal weight, 12% were obese, 14% were overweight, and 11% were underweight for their age and gender.



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2005/2010/2013 Youth Comparisons	Henry County 2005 (6 <sup>th</sup> -12 <sup>th</sup> )	Henry County 2010 (6 <sup>th</sup> -12 <sup>th</sup> )	Henry County 2013 (6 <sup>th</sup> -12 <sup>th</sup> )	Henry County 2013 (9th-12th)	Ohio 2011 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> -12 <sup>th</sup> )
Obese	N/A	13%	12%	14%	15%	13%
Overweight	N/A	15%	14%	14%	15%	15%
Described themselves as slightly or very overweight	55%	30%	25%	26%	30%	29%
Trying to lose weight	49%	47%	46%	44%	N/A	N/A
Exercised to lose weight	45%	34%	43%	47%	61%*	61%*
Ate less food, fewer calories, or foods lower in fat to lose weight	22%	11%	30%	35%	43%*	39%*
Went without eating for 24 hours or more	2%	1%	5%	7%	13%	12%
Took diet pills, powders, or liquids without a doctor's advice	N/A	0%	2%	4%	6%	5%
Vomited or took laxatives	2%	1%	1%	1%	6%	4%
Ate 1 to 4 servings of fruits and vegetables per day	N/A	N/A	77%	80%	85%*	78%*
Physically active at least 60 minutes per day on less than 7 days in past week	N/A	76%	76%	76%	75%	71%
Physically active at least 60 minutes per day on less than 5 days in past week	N/A	50%	54%	51%	55%	51%
Did not participate in at least 60 minutes of physical activity on any day in past week	N/A	11%	15%	10%	16%	14%
Watched TV 3 or more hours per day	37%	39%	36%	33%	31%	32%

N/A – Not available \* Comparative YRBSS data for Ohio is 2007 and U.S. is 2009

# Youth I TOBACCO USE

## **Key Findings**

The 2013 Health Assessment identified that 8% of Henry County youth in grades 6-12 were smokers, increasing to 13% of those who were over the age of 17. Overall, 3% of Henry County youth in grades 6-12 indicated they had used chewing tobacco in the past month. Of those 6th -12th grade youth who currently smoked, 51% had tried to guit.

In 2013, 8% of Henry County youth were current smokers, having smoked at some time in the past 30 days.

#### Youth Tobacco Use Behaviors

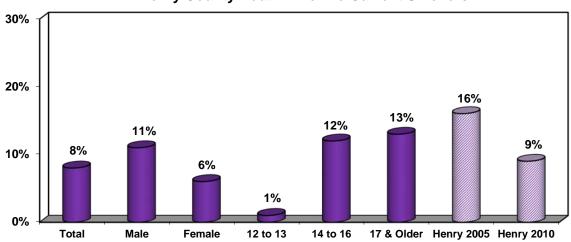
- The 2011 YRBS reports that 52% of youth in Ohio had tried cigarette smoking (2011 YRBS reports 45% of U.S. youth and the 2013 health assessment indicated that 14% of Henry County youth had done the same.)
- 29% of those who had smoked a whole cigarette did so at 10 years old or younger, and 34% had done so by 12 years old. The average age of onset for smoking was 12.4 years old.
- 6% of all Henry County youth had smoked a whole cigarette for the first time before the age of 13. The 2011 YRBS reported that 14% of youth in Ohio had smoked a whole cigarette for the first time before age 13 and 2011 YRBS reported 10% for the U.S.
- In 2013, 8% of Henry County youth were current smokers, having smoked at some time in the past 30 days (2011 YRBS reported 21% for Ohio and 18% for the U.S). One-eighth (13%) of those ages 17 years old and older were current smokers, compared to 1% of 12-13 year olds.
- Two-fifths (40%) of current smokers smoked cigarettes daily.
- 3% of all Henry County youth smoked cigarettes on 20 or more days during the past month (2011 YRBS reported that 10% of youth in Ohio smoked cigarettes on 20 or more days during the past month and 6% for the U.S).
- More than three-fifths (68%) of the Henry County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- 54% of youth smokers borrowed cigarettes from someone else, 46% asked someone else to buy them cigarettes, 37% said a person 18 years or older gave them the cigarettes, 31% took them from a family member, 23% indicated they bought cigarettes from a store or gas station, 3% got them from a vending machine, and 31% got them some other way. No one reported taking them from a store.
- Henry County youth used the following forms of tobacco the most in the past year: cigarettes (12%), Black and Milds (6%), cigars (6%), flavored cigarettes (5%), swishers (4%), hookah (4%), chewing tobacco or snuff (3%), snus (3%), e-cigarette (3%), cigarillos (2%), little cigars (2%), and bidis (1%).

# In the past 30 days, 3% of Henry County youth used chewing tobacco or snuff (2011 YRBS reported 12% for Ohio and 8% for the U.S.) increasing to 5% of males and of those ages 17 and older.

- About half (51%) of Henry County 6th-12th grade youth smokers had tried to quit smoking in the past year (2011 YRBS reported 56% for Ohio and 50% for the U.S).
- Three-quarters (75%) of Henry County youth reported that their parents would disapprove of them smoking cigarettes, increasing to 82% of those ages 14-16.

The following graph shows the percentage of Henry County youth who smoke cigarettes. Examples of how to interpret the information include: 8% of all Henry County youth were current smokers, 11% of males smoked, and 6% of females were current smokers.

#### **Henry County Youth Who Are Current Smokers**



6% of all Henry County youth had smoked a whole cigarette for the first time before the age of 13.

#### **Behaviors of Henry County Youth**

Current Smokers vs. Non-Current Smokers

Youth Behaviors	Current Smoker	Non- Current Smoker
Participated in extracurricular activities	84%	92%
Participated in some form of sexual activity	79%	16%
Have had at least one drink of alcohol in the past 30 days	68%	14%
Have been bullied in the past 12 months	55%	46%
Have used marijuana in the past 30 days	47%	2%
Have been in a physical fight in the past 12 months	47%	21%
Misused prescription medications at some time in their life	42%	2%
Attempted suicide in the past 12 months	26%	4%

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

2005/2009/2013 Youth Comparisons	Henry County 2005 (6 <sup>th</sup> -12 <sup>th</sup> )	Henry County 2010 (6 <sup>th</sup> -12 <sup>th</sup> )	Henry County 2013 (6 <sup>th</sup> -12 <sup>th</sup> )	Henry County 2013 (9 <sup>th</sup> -12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> –12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> –12 <sup>th</sup> )
Ever tried cigarettes	38%	15%	14%	19%	52%	45%
Current smokers	16%	9%	8%	13%	21%	18%
Smoked cigarettes on 20 or more days during the past month (of all youth)	6%	4%	4%	6%	10%	6%
Used chewing tobacco or snuff in past month	5%	5%	3%	4%	12%	8%
Tried to quit smoking	41%	46%	51%	54%	56%	50%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	9%	6%	6%	7%	14%	10%

## **Tobacco Sales and Promoting to Youth**

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

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

# Youth | ALCOHOL CONSUMPTION

## **Key Findings**

In 2013, the Health Assessment results indicated that 44% of Henry County youth in grades 6-12 had drank at least one drink of alcohol in their life, increasing to 59% of youth seventeen and older. 42% of those 6th-12th graders who drank, took their first drink at 12 years old or younger. 19% of all Henry County 6th-12th grade youth and 29% of those over the age of 17 had at least one drink in the past 30 days. About half (56%) 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 high school youth had driven a car in the past month after they had been drinking alcohol.

In Henry County, 18% of youth had at least one drink in the past 30 days.

## **Youth Alcohol Consumption**

- In 2013, the Health Assessment results indicated that about two-fifths (44%) of all Henry County youth (ages 12 to 18) had at least one drink of alcohol in their life, increasing to 59% of those ages 17 and older (2011 YRBS reports 71% for Ohio and 71% for the U.S.).
- About one-fifth (19%) of youth had at least one drink in the past 30 days, increasing to 29% of those ages 17 and older (2011 YRBS reports 38% for Ohio and 39% for the U.S.).
- Of those who drank, 56% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition, increasing to 61% of those ages 17 and older.
- Based on all youth surveyed, 10% were defined as binge drinkers, increasing to 18% of those ages 17 and older (2011 YRBS reports 24% for Ohio and 22% for the U.S.).
- 5% of Henry County youth who reported drinking in the past 30 days drank on at least 10 or more days during the month.
- Over two-fifths (42%) of Henry County youth who reported drinking at some time in their life had their first drink at 12 years old or younger; 23% took their first drink between the ages of 13 and 14, and 35% drank between the ages of 15 and 18. The average age of onset was 12.9 years old.
- Of all Henry County youth, 16% had drank alcohol for the first time before the age of 13. (2011 YRBS reports 18% of Ohio youth drank alcohol for the first time before the age of 13 and 21% for the U.S.).
- Henry County youth drinkers reported they got their alcohol from the following: a parent gave it to them (58%), someone gave it to them (39%), (2011 YRBS reports 40% for the U.S.), someone older bought it for them (27%), an older friend or sibling bought it for them (24%), took it from a family member (14%), a friend's parent gave it to them (8%), bought it in a liquor store/ convenience store/gas station (3%), bought it at a restaurant/bar/club (3%), and some other way (18%). No one reported taking it from a store.

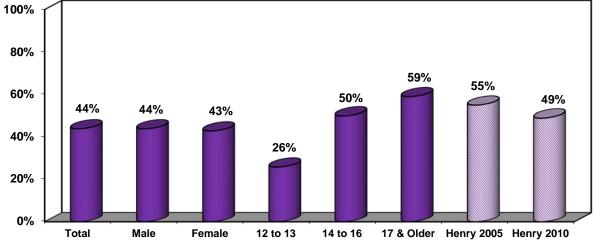
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- 1% of youth reported they were on school property under the influence of alcohol during the past month.
- During the past month 17% of all Henry County youth had ridden in a car driven by someone who had been drinking alcohol (2011 YRBS reports 21% for Ohio and 2011 YRBS reports 24% for the U.S.).
- 4% of all high school youth had driven a car in the past month after they had been drinking alcohol, increasing to 6% of those 17 and older (2011 YRBS reports 7% for Ohio and 8% for the U.S.).
- Almost three-quarters (70%) of Henry County youth reported that their parents would disapprove of them drinking alcohol, increasing to 78% of those ages 14-16.

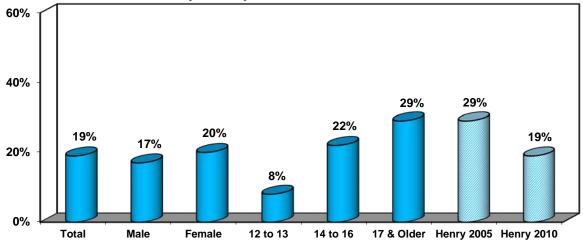
Of all Henry County youth, 16% had drank alcohol for the first time before the age of 13.

The following graphs show the percentage of Henry County youth who have drank in their lifetime and those who are current drinkers. Examples of how to interpret the information include: 44% of all Henry County youth have drank at some time in their life: 44% of males and 43% of females.





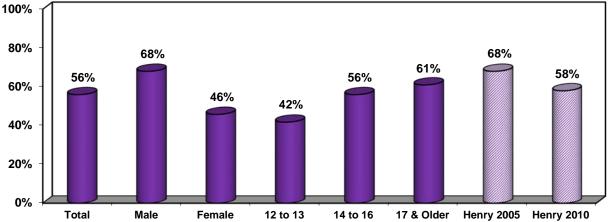




# Based on all Henry County youth surveyed, 10% were defined as binge drinkers.

The following graph shows the percentage of Henry County youth who were binge drinkers. Examples of how to interpret the information include: 56% of current drinkers binge drank in the past month, 68% of males, and 46% of females had binge drank. The table shows differences in specific risk behaviors between current drinkers and non-current drinkers.





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

58% of Henry County youth drinkers reported they got their alcohol from a parent giving it to them.

#### **Behaviors of Henry County Youth**

Current Drinkers vs. Non-Current Drinkers

Youth Behaviors	Current Drinker	Non- Current Drinker
Participated in extracurricular activities	92%	91%
Have been bullied in the past 12 months	58%	44%
Participated in some form of sexual activity	47%	16%
Have been in a physical fight in the past 12 months	41%	20%
Have smoked cigarettes in the past 30 days	33%	4%
Have used marijuana in the past 30 days	23%	2%
Misused prescription medications at some time in their life	23%	2%
Attempted suicide in the past 12 months	19%	4%

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

2005/2010/2013 Youth Comparisons	Henry County 2005 (6 <sup>th</sup> -12 <sup>th</sup> )	Henry County 2010 (6 <sup>th</sup> -12 <sup>th</sup> )	Henry County 2013 (6 <sup>th</sup> -12 <sup>th</sup> )	Henry County 2013 (9 <sup>th</sup> –12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> –12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> –12 <sup>th</sup> )
Ever tried alcohol	55%	49%	44%	55%	71%	71%
Current drinker	29%	19%	19%	25%	38%	39%
Binge drinker (of all youth)	20%	11%	10%	15%	24%	22%
Drank for the first time before age 13 (of all youth)	23%	35%	16%	15%	18%	21%
Rode with someone who was drinking	26%	20%	17%	15%	21%	24%
Drank and drove	8%	5%	2%	4%	7%	8%
Obtained the alcohol they drank by someone giving it to them	N/A	38%	39%	46%	N/A	40%

N/A - Not available

## **Underage Drinking in Ohio**

- The price for underage drinking on Ohio residents was \$2.9 billion in 2010.
- The figure of \$2.9 billion translates to a cost of \$2,596 per year for each youth in Ohio or \$3.19 per drink consumed underage.
- In 2009, there were 4,178 youth ages 12-20 who were admitted to an alcohol treatment program in Ohio, which was 11% of all alcohol abuse treatment admissions.
- Approximately 1,253 teen pregnancies and 36,019 teens engaging in risky sex can be attributed to underage drinking in 2009.
- o In 2009, about 31 traffic fatalities and 1,872 nonfatal injuries were associated with driving after underage drinking.

(Source: Pacific Institute for Research and Evaluation (PIRE) with funding from the Office of Juvenile Justice and Delinquency Prevention, Underage Drinking in Ohio: The Facts, September 2011, http://www.udetc.org/factsheets/OH.pdf)

# Youth I MARIJUANA AND OTHER DRUG USE

## **Key Findings**

In 2013, 6% of Henry County 6th-12th grade youth had used marijuana at least once in the past 30 days, increasing to 9% of those ages 17 and older. 6% of 6th-12th grade youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life, increasing to 8% of those over the age of 17.

#### **Youth Drug Use**

In 2013, 6% of all Henry County youth had used marijuana at least once in the past 30 days, increasing to 9% of those over the age of 17. The 2011 YRBS found a prevalence of 24% for Ohio youth and a prevalence of 23% for U.S. youth that had used marijuana one or more times during the past 30 days.

#### Synthetic Marijuana

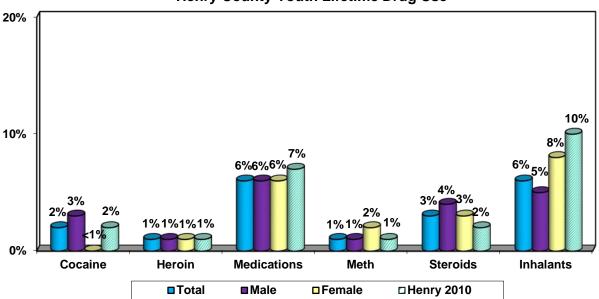
- "K2" and "Spice" are street names for synthetic marijuana. It is a mixture of herbs or other plant materials that have been sprayed with artificial chemicals that are supposed to mimic the effects of marijuana.
- The physical signs of using synthetic marijuana are very troubling and include increased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

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

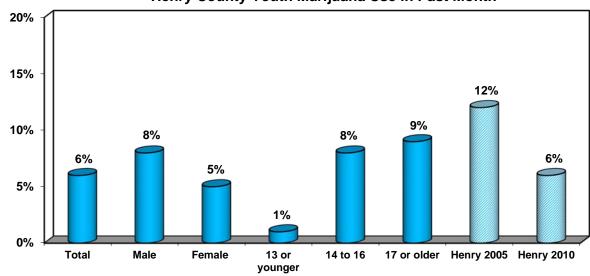
- Over one-quarter (26%) of youth who tried marijuana did so before the age of 12.
   The average age of onset was 13.4 years old.
- 6% of Henry County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives, increasing to 8% of those over the age of 17.
- Henry County youth reported they got the medication that was not prescribed for them from the following: a friend gave it to them (77%), a parent gave it to them (35%), took it from a friend or family member (35%), bought them from someone else (35%), bought them from a friend (19%), and another family member gave it to them (8%).
- Henry County youth have tried the following in their life:
  - o 6% of youth used inhalants, (2011 YRBS reports 11% for U.S.)
  - 5% used K2/spice /posh/salvia/synthetic marijuana
  - o 3% misused over-the-counter medications
  - o 3% used steroids, (2011 YRBS reports 4% for Ohio and 4% for U.S.)
  - o 2% used ecstasy/MDMA, (2011 YRBS reports 8% for U.S.)
  - 2% had been to a pharm party/used skittles
  - o 2% used cocaine, (2011 YRBS reports 7% for Ohio and 7% for U.S.)
  - 1% used bath salts
  - o 1% used methamphetamines, (2011 YRBS reports 4% for the U.S.)
  - o 1% used heroin, (2011 YRBS reports 3% for Ohio and 3% for U.S.)

- During the past 12 months, 5% of all Henry County youth reported that someone had offered, sold, or given them an illegal drug on school property, increasing to 7% of males (2011 YRBS reports 24% for Ohio and 26% for the U.S.).
- In the past 30 days youth reported being on school property under the influence of the following:
  - o 3% marijuana
  - o 2% prescription drugs not prescribed for them
  - 1% synthetic marijuana/K2/spice/posh
  - 0 1% inhalants
  - 1% other illegal drugs
- More than three-quarters (77%) of Henry County youth reported that their parents would disapprove of them using marijuana, and 75% reported their parents would disapprove of them misusing prescription drugs.

## **Henry County Youth Lifetime Drug Use**



#### Henry County Youth Marijuana Use in Past Month



2005/2010/2013 Youth Comparisons	Henry County 2005 (6 <sup>th</sup> -12 <sup>th</sup> )	Henry County 2010 (6 <sup>th</sup> -12 <sup>th</sup> )	Henry County 2013 (6 <sup>th</sup> -12 <sup>th</sup> )	Henry County 2013 (9 <sup>th</sup> -12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> -12 <sup>th</sup> )
Youth who used marijuana in the past month	12%	6%	6%	9%	24%	23%
Ever used methamphetamines	3%	1%	1%	1%	6%*	4%
Ever used cocaine	6%	2%	2%	2%	7%	7%
Ever used heroin	2%	1%	1%	1%	3%	3%
Ever used steroids	3%	2%	3%	3%	4%	4%
Ever used inhalants	12%	10%	6%	6%	12%**	11%
Ever used ecstasy/MDMA	N/A	N/A	2%	3%	N/A	8%
Ever misused medications	13%	7%	6%	9%	N/A	N/A
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	22%	7%	5%	5%	24%	26%

N/A - Not available \*2007 YRBS Data \*\*2005 YRBS Data



# Youth | SEXUAL BEHAVIOR AND TEEN PREGNANCY OUTCOMES

## **Key Findings**

In 2013, more than one-fifth (22%) of Henry County youth have had sexual intercourse, increasing to 51% of those ages 17 and over. 18% of youth had participated in oral sex and 6% had participated in anal sex. 17% of youth participated in sexting. Of those who were sexually active, 44% had multiple sexual partners. One Henry County school asked limited sexual behavior questions.

51% of Henry County youth ages 17 and over have had sexual intercourse.

#### **Youth Sexual Behavior**

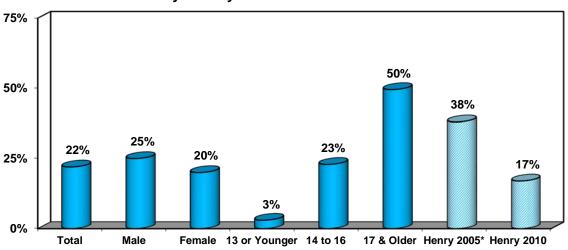
- One Henry County school asked limited sexual behavior questions.
- More than one-fifth (22%) of Henry County youth have had sexual intercourse, increasing to 51% of those ages 17 and over. (The 2011 YRBS reports 47% of U.S. youth have had sexual intercourse.).
- 18% of youth had participated in oral sex, increasing to 41% of those ages 17 and over.
- 6% of youth had participated in anal sex, increasing to 12% of those ages 17 and over.
- 17% of youth had participated in sexting, increasing to 26% of those ages 17 and over.
- 21% of youth had viewed pornography, increasing to 37% of males.
- Of those youth who were sexually active in their lifetime, 56% had one sexual partner and 44% had multiple partners.
- 5% of all Henry County high school youth had 4 or more partners (2011 YRBS reports 18% for Ohio and 15% for the U.S.).
- Of those youth who were sexually active, 19% had done so by the age of 13. Another 30% had done so by 15 years of age. The average age of onset was 14.6 years old.
- Of all high school youth, 8% were sexually active before the age of 13 (2011 YRBS reports 6% for Ohio and 6% for the U.S).
- Of the youth who were sexually active, 18% had drank alcohol or used drugs before their last sexual encounter, increasing to 24% of those ages 14 to 16. (2011 YRBS reports 19% for Ohio and 22% for the U.S).
- Henry County youth had experienced the following: wanted to get pregnant (2%), been pregnant (2%), had a miscarriage (1%), had an abortion (1%), got someone pregnant (1%), tried to get pregnant (1%), and had a child (1%), exchanged sex for something of value (1%), had an STD (<1%), and been treated for an STD (<1%).

# 8% of Henry County youth who were sexually active were not using a reliable method of protection to prevent pregnancy.

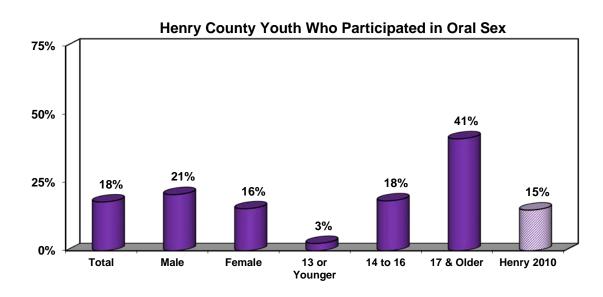
- Nearly half (48%) of youth who were sexually active used condoms to prevent pregnancy (2011 YRBS reports 60% for the U.S); 32% used birth control pills (2011 YRBS reports 23% for Ohio and 18% for the U.S), 15% used the withdrawal method, 5% used Depo-Provera, and 3% used some other method. However, 8% were engaging in intercourse without a reliable method of protection, increasing to 12% of females (2011 YRBS reports 10% for Ohio and 13% for the U.S.).
- Henry County youth that reported not always using protection when engaging in oral, anal, or sexual intercourse gave the following reasons: did not have protection available to me (6%), did not want to use protection (5%), it did not occur to me (4%), and my partner did not want to use protection (3%).

The following graphs show the percentage of Henry County youth who participated in sexual intercourse and oral sex. Examples of how to interpret the information include: 22% of all Henry County youth had sexual intercourse, 25% of males, and 20% of females had sex.

#### **Henry County Youth Who Had Sexual Intercourse**



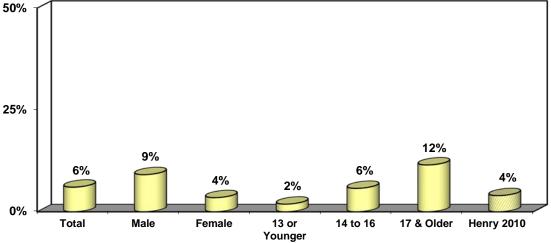
\*Only 9th-12th graders were asked sexual health questions in 2005.



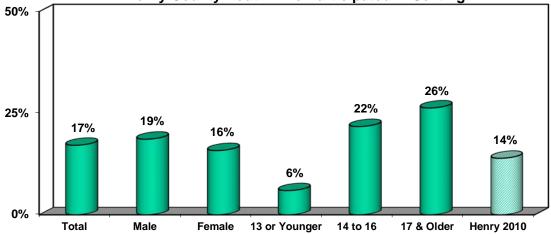
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The following graph shows the percentage of Henry County youth who participated in anal sex and sexting. Examples of how to interpret the information include: 6% of all Henry County youth participated in anal sex, 9% of males, and 4% of females.

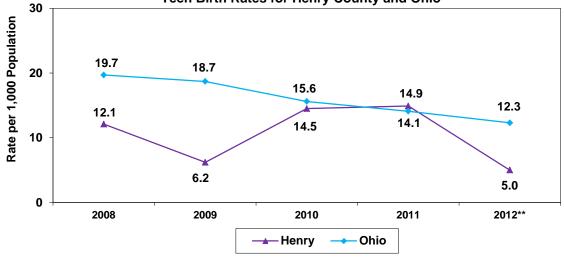




Henry County Youth Who Participated in Sexting

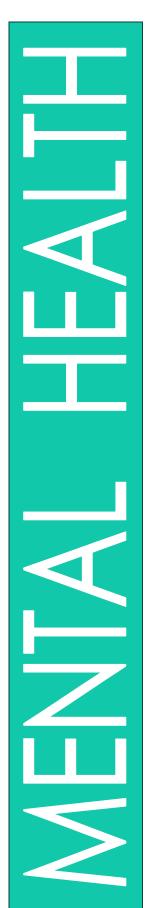


Teen Birth Rates for Henry County and Ohio\*



2005/2010/2013 Youth Comparisons	Henry County 2005 (6 <sup>th</sup> –12 <sup>th</sup> )*	Henry County 2010 (6 <sup>th</sup> –12 <sup>th</sup> )	Henry County 2013 (6 <sup>th</sup> –12 <sup>th</sup> )	Henry County 2013 (9 <sup>th</sup> –12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> –12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> –12 <sup>th</sup> )
Ever had sexual intercourse	38%	17%	22%	37%	45%**	47%
Used a condom at last intercourse	57%	55%	48%	61%	60%**	60%
Used birth control pills at last intercourse	16%	21%	32%	39%	23%	18%
Did not use any method to prevent pregnancy during last sexual intercourse	14%	8%	8%	10%	10%	13%
Had four or more sexual partners	N/A	8%	3%	5%	18%	15%
Had sexual intercourse before age 13 (of all youth)	N/A	3%	4%	3%	6%	6%
Drank alcohol or used drugs before last sexual intercourse	17%	N/A	18%	17%	19%	22%

<sup>\*</sup>Only 9th-12th graders were asked sexual health questions in 2005. N/A- Not available \*\*2007YRBS data



## Youth I MENTAL HEALTH AND SUICIDE

## **Key Findings**

In 2013, the Health Assessment results indicated that 13% of Henry County 6th-12th grade youth had seriously considered attempting suicide in the past year and 7% admitted actually attempting suicide in the past year.

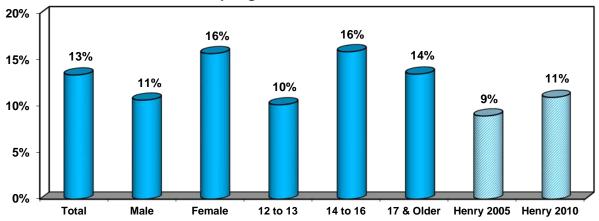
#### Youth Mental Health

- In 2013, over one-fifth (21%) 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 (2011 YRBS reported 27% for Ohio and 29% for the U.S.).
- 13% of youth reported they had seriously considered attempting suicide in the past 12 months. 14% of high school youth had seriously considered attempting suicide, compared to the 2011 YRBS rate of 16% for U.S. youth and 14% for Ohio youth.
- In the past year, 7% of Henry County youth had attempted suicide and 4% had made more than one attempt. The 2011 YRBS reported a suicide attempt prevalence rate of 8% for U.S. youth and a 9% rate for Ohio youth.
- Of those who attempted suicide, 9% resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.
- Of all Henry County youth, 3% had to be treated by a doctor or nurse as a result of a related injury, poisoning or overdose due to a suicide attempt (2011 YRBS reported 4% for Ohio and 2% for the U.S.).
- Henry County youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (43%), texting someone (36%), hobbies (33%), talking to someone in their family (30%), talking to a peer (30%), exercising (25%), eating (24%), praying (24%), using social media (14%), shopping (12%), breaking something (12%), writing in a journal (11%), reading the Bible (10%), self-harm (7%), smoking/using tobacco (5%), drinking alcohol (4%), using illegal drugs (4%), using prescribed medication (3%), vandalism/violent behavior (3%), harming someone else (3%), talking to a medical professional (3%), using un-prescribed medication (2%), and gambling (1%). 28% of youth reported they do not have anxiety, stress, or depression.
- Henry County youth reported the following causes of anxiety, stress and depression: academic success (31%), fighting with friends (26%), sports (25%), fighting at home (23%), dating relationship (16%), breakup (16%), being bullied (16%), death of close family member or friend (16%), peer pressure (14%), parent divorce/separation (9%), caring for younger siblings (9%), poverty/no money (8%), ill parent (4%), alcohol or drug use at home (3%), parent lost their job (3%), family member in the military (2%), parent/caregiver with a substance abuse problem (2%), and other stress at home (17%).
- When dealing with feelings of depression or suicide, Henry County youth talk about their concerns with the following: a best friend (25%), girlfriend/boyfriend (18%), their parents (16%), brother/sister (10%), professional counselor (5%), teacher (3%), pastor/priest/religious leader (2%), youth minister (2%), school counselor (2%), coach (2%), scout master/club advisor (1%), or other (6%). 11% of youth talked to no one when feeling depressed or suicidal. 52% of youth reported they do not have thoughts of depression or suicide.

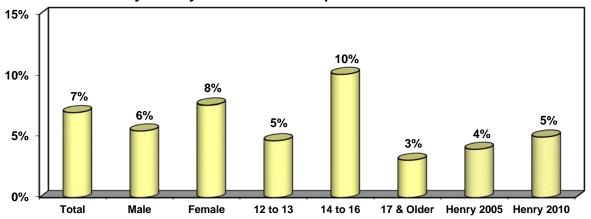
21% of Henry County youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.

The following graphs show the percentage of Henry County youth who had seriously considered attempting suicide and attempted suicide in the past 12 months (i.e., the first graph shows that 13% of all youth had seriously considered attempting suicide, 11% of males and 16% of females).

#### **Henry County Youth Who Had Seriously Considered Attempting Suicide in the Past 12 Months**



#### Henry County Youth Who Attempted Suicide in Past 12 Months



11% of Henry County youth did not talk to anyone when feeling depressed or suicidal.

2005/2010/2013 Youth Comparisons	Henry County 2005 (6 <sup>th</sup> -12 <sup>th</sup> )	Henry County 2010 (6 <sup>th</sup> -12 <sup>th</sup> )	Henry County 2013 (6 <sup>th</sup> -12 <sup>th</sup> )	Henry County 2013 (9th-12th)	Ohio 2011 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> -12 <sup>th</sup> )
Youth who had seriously considered attempting suicide in the past year	9%	11%	13%	14%	14%	16%
Youth who had attempted suicide in the past year	4%	5%	7%	8%	9%	8%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (of all youth)  (of all youth)	1%	2%	3%	3%	4%	2%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	16%	21%	21%	23%	27%	29%

Henry County youth reported the following leading causes of anxiety, stress and depression: academic success (31%), fighting with friends (26%), sports (25%), fighting at home (23%), dating relationship (16%), breakup (16%), being bullied (16%), and death of close family member or friend (16%).

#### 2011 Ohio Suicide Statistics for Youth Grades 9-12

- 14% of Ohio youth seriously considered attempting suicide in the 12 months prior to the survey.
- 15% of Ohio youth made a plan about how they would attempt suicide in the 12 months prior to the survey.
- 9% of youth had attempted suicide one or more times in the 12 months prior to the survey.
- o 4% of youth had a suicide attempt that resulted in an injury, poisoning, or an overdose that had to be treated by a doctor or nurse in the 12 months prior to the survey.

(Source: Centers for Disease Control and Prevention, Healthy Youth, YRBSS 2011)

## Youth | SAFETY

#### **Key Findings**

In 2013, 50% of Henry County youth self-reported that they always wore a seatbelt when riding in a car driven by someone else. 32% of youth drivers texted while driving.

29% of Henry County youth had purposefully hurt themselves at some time in their lives.

#### **Personal Safety**

- Half (50%) of youth always wore a seatbelt when riding in a car driven by someone else, increasing to 54% of those ages 17 and older.
- 9% of youth rarely or never wore a seatbelt when riding in a car driven by someone else (2011 YRBS reported 17% for Ohio and 8% for the U.S.).
- In the past 30 days, 17% of youth had ridden in a car driven by someone who had been drinking alcohol, (2011 YRBS reported 21% for Ohio and 24% for the U.S.) and 4% of high school youth had driven a car themselves after drinking alcohol, increasing to 6% of those ages 17 and older (2011 YRBS reported 7% for Ohio and 8% for the U.S.).
- Henry County youth drivers did the following while driving in the past month: wore a seatbelt (76%), talked on their cell phone (40%), ate (39%), texted (32%), used the Internet on their cell phone (12%), checked Facebook on their cell phone (7%), used cell phone for other things (5%), read (3%), played electronic games on cell phone (2%), and applied makeup (2%).
- 57% of Henry County youth <u>always</u> wore a helmet when they rode a motorcycle or moped during the past 12 months, 33% always wore a helmet when they rode an ATV, 9% wore a helmet when they rode a skateboard, and 4% always wore a helmet when they rode a bicycle.
- Henry County youth <u>never</u> wore a helmet when they rode the following in the past year: a skateboard (79%), a bicycle (79%), an ATV (41%), or a motorcycle/moped (22%).
- Over four-fifths (85%) of youth had a Twitter, Facebook, online gaming, or other social network account. Of those who had an account, they reported the following: they knew all of "my friends" (58%), their account was currently checked private (40%), their parents had their password (27%), they knew all of the people they play online (16%), they have been asked to share personal info (10%), they share personal info (8%), their friends had their password (7%), and they had problems as a result of their account (3%). Almost half (46%) of the youth who had a Twitter, Facebook, online gaming, or other social network account believed that sharing information online is dangerous.
- 29% of youth had purposefully hurt themselves at some time in their lives. Of those youth who had purposefully hurt themselves, 48% had done so 1 or 2 times and 15% had done so 40 or more times.





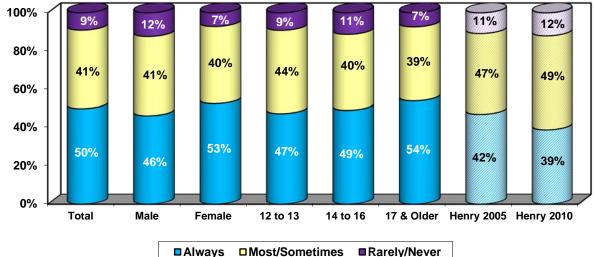
# 32% of Henry County youth drivers texted while driving in the past month.

# **Texting While Driving Statistics and Information**

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

The following graph shows the percentage of Henry County youth who always, sometimes, and rarely/never wear a seatbelt (i.e., the graph shows that 50% of all youth always wear a seatbelt, 41/% do so sometimes or most of the time and 9% rarely or never wear their seatbelt).

# Henry County Youth Seatbelt Use in the Past Month

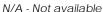


# Teen Seat Belt Use

- Teens buckle up far less frequently than adults do.
- O Despite efforts aimed at increasing seat belt use among teens, observed seat belt use among teens and young adults (16 to 24 years old) stood at 80% in 2008-the lowest of any age group.
- o In 2009, the majority (56%) of young people 16 to 20 years old involved in fatal car crashes were unbuckled.

(Source: National Highway Traffic Safety Administration: Teen Drivers-Seat Belt Use, http://www.nhtsa.gov/Driving+Safety/Driver+Education/Teen+Drivers/Teen+Drivers+-+Seat+Belt+Use)

2005/2010/2013 Youth Comparisons	Henry County 2005 (6 <sup>th</sup> -12 <sup>th</sup> )	Henry County 2010 (6 <sup>th</sup> -12 <sup>th</sup> )	Henry County 2013 (6 <sup>th</sup> -12 <sup>th</sup> )	Henry County 2013 (9 <sup>th</sup> -12 <sup>th</sup> )	Ohio 2011 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> -12 <sup>th</sup> )
Always wore a seatbelt	42%	39%	50%	52%	N/A	N/A
Rarely or never wore a seatbelt	11%	12%	9%	9%	17%	8%
Ridden with someone who had been drinking alcohol in past month	26%	20%	17%	15%	21%	24%
Drove a car after drinking alcohol	8%	5%	2%	4%	7%	8%
Always wore a helmet when riding an ATV	14%	11%	33%	27%	N/A	N/A
Always wore a helmet when riding a bicycle	2%	2%	4%	4%	N/A	N/A
Always wore a helmet when riding a skateboard	1%	1%	9%	4%	N/A	N/A



# **Understanding Self Harm**

- Self-harm is often a behavior that is used to cope with difficult situations. It may bring an immediate sense of relief, but it is not a long-term solution and it can cause permanent damage to the body by injuring nerves.
- Self-harm is correlated with the following behaviors and symptoms but it is NOT caused by these:
  - Depression
  - Hopelessness
  - Impulsivity
  - Anxiety, self-blaming
  - Hypercritical parents

- Loneliness/isolation
- Perfectionism
- Impaired family communication
- Low self-esteem
- Awareness of self-harm by peers
- Typically teens who self-harm are trying to feel better, while a teen who attempts suicide is trying to end all feelings, BUT the intent of the behavior can vary and needs to be assessed. Self-harm can be a risk factor for suicide; the higher the frequency of self-harm, the greater the risk of suicide.

(Source: Youth Suicide Prevention Program, Understanding Self Harm, http://www.yspp.org/about\_suicide/self\_harm.htm)





# Youth | VIOLENCE ISSUES

# **Key Findings**

In Henry County, 9% of youth had carried a weapon in the past month. 7% of youth had been threatened or injured with a weapon on school property in the past year. 53% of youth had been bullied in the past year and 33% had been bullied on school property.

# **Violence-Related Behaviors**

- In 2013, 9% of Henry County youth had carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 15% of males (2011 YRBS reported 16% for Ohio and 17% for the U.S.).
- 7% of youth were threatened or injured with a weapon on school property in the past year (2011 YRBS reported 7% for the U.S.).

# Types of Bullying

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

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

- 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 (2011 YRBS reported 6% for Ohio and 6% for the U.S.).
- 53% of youth had been bullied in the past year. The following types of bullying were reported:
  - o 35% were verbally bullied (teased, taunted or called you harmful names)
  - 28% were indirectly bullied (spread mean rumors about you or kept you out of a "group")
  - 15% were physically bullied (you were hit, kicked, punched or people took your belongings)
  - 14% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
     (2011 YRBS reported 15% for Ohio and 16% for the U.S.)
- In the past year, 33% of youth had been bullied on school property (2011 YRBS reported 23% for Ohio and 20% for the U.S.).
- In the past year, 24% of youth had been involved in a physical fight (2011 YRBS reported 31% for Ohio and 33% 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, (2011 YRBS reported 9% for the U.S.).
- 15% of youth reported they felt threatened or unsafe in their home in the past 12 months.
- Henry County youth had been forced to engage in the following: touched in an unsafe sexual way (4%), sexual intercourse (4%), (2011 YRBS reported 9% for Ohio and 8% for the U.S.), oral sex (4%), and other sexual activity (2%).

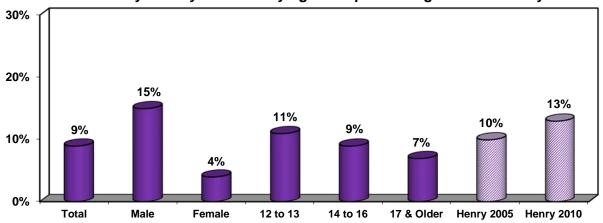
# **Behaviors of Henry Youth**

Bullied vs. Non-Bullied

Youth Behaviors	Bullied	Non- Bullied
Misused prescription medications at some time in their life	9%	4%
Attempted suicide in the past 12 months	11%	5%
Have had at least one drink of alcohol in the past 30 days	24%	15%
Have smoked cigarettes in the past 30 days	11%	8%
Have used marijuana in the past 30 days	9%	4%

The following graph shows Henry County youth carrying a weapon in the past 30 days. The graph shows the number of youth in each segment giving each answer (i.e., the first graph shows that 9% of all youth carried a weapon in the past 30 days, 15% of males and 4% of females).





# Types of Bullying Henry County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 or younger	14-16 Years old	17 and older
Verbally Bullied	35%	28%	42%	36%	43%	19%
Indirectly Bullied	28%	14%	41%	25%	37%	17%
Physically Bullied	15%	17%	12%	17%	16%	8%
Cyber Bullied	14%	6%	21%	12%	20%	7%



2005/2010/2013 Youth Comparisons	Henry County 2005 (6 <sup>th</sup> -12 <sup>th</sup> )	Henry County 2010 (6 <sup>th</sup> -12 <sup>th</sup> )	Henry County 2013 (6 <sup>th</sup> -12 <sup>th</sup> )	Henry County 2013 (9th-12th)	Ohio 2011 (9 <sup>th</sup> -12 <sup>th</sup> )	U.S. 2011 (9 <sup>th</sup> -12 <sup>th</sup> )
Carried a weapon in past month	10%	13%	9%	7%	16%	17%
Been in a physical fight in past year	31%	30%	24%	20%	31%	33%
Threatened or injured with a weapon on school property in past year	5%	7%	7%	5%	8%*	7%
Did not go to school because felt unsafe	2%	5%	5%	1%	6%	6%
Electronically/cyber bullied in past year	N/A	9%	14%	16%	15%	16%
Bullied in past year	N/A	43%	53%	41%	N/A	N/A
Bullied on school property in past year	N/A	N/A	33%	27%	23%	20%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	6%	6%	4%	6%	N/A	9%
Ever physically forced to have sexual intercourse	3%	4%	4%	6%	9%	8%

N/A - Not available, \*2007 YRBS

# Appendix I I HENRY COUNTY HEALTH ASSESSMENT INFORMATION SOURCES

Source	Data Used	Website
American Cancer Society, Cancer Facts and Figures 2013. Atlanta: ACS, 2013	<ul><li>2013 Cancer Facts, Figures, and Estimates</li><li>Nutrition Recommendations</li></ul>	www.cancer.org
American Diabetes Association	<ul><li>Type 1 and 2 Diabetes</li><li>Risk Factors for Diabetes</li></ul>	www.diabetes.org
American Foundation for Suicide Prevention	<ul> <li>When You Fear Someone May Take Their Life</li> </ul>	www.afsp.org/
American Heart Association, 2013	<ul> <li>Stroke Warning Signs and Symptoms</li> </ul>	www.heart.org/HE ARTORG/
Annals of Emergency Medicine, v. 57, issue 6, 2011, p. 691	Firearm Injury Prevention	http://journals.ohi olink.edu/ejc/pdf. cgi/EJC_Article.p df?issn=01960644& issue=v57i0006&art icle=691_fip
Arthritis at a Glance, 2012, Centers for Disease Control & Prevention, Morbidity and Mortality Weekly Report 2010; 59(39):999-1003 & 59(39):1261- 1265	<ul><li>What Can Be Done to Address Arthritis?</li><li>Arthritis Statistics</li></ul>	www.cdc.gov/chr onicdisease/resou rces/publications/ AAG/arthritis.htm
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul> <li>2009 - 2011 Adult Ohio and U.S. Correlating Statistics</li> </ul>	www.cdc.gov
Campaign for Tobacco Free Kids, State Cigarette Excise Tax Rates & Rankings, July 2012	<ul> <li>Costs of Tobacco</li> </ul>	www.tobaccofree kids.org/research/ factsheets/pdf/00 97.pdf



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Source	Data Used	Website
Center for Disease Control and Prevention (CDC)	<ul> <li>Asthma Statistics</li> <li>Binge Drinking</li> <li>Binge Drinking Among Women</li> <li>Caffeinated Alcoholic Beverages</li> <li>Cancer and Men</li> <li>Cancer and Women</li> <li>Chlamydia Profile: U.S. &amp; Ohio</li> <li>Distracted Driving</li> <li>Immunization Schedules</li> <li>Human Papillomavirus (HPV)</li> <li>Health Care Access and Utilization</li> <li>Obesity Statistics</li> <li>Skin Cancer Prevention</li> <li>U.S. Adult Smoking Facts</li> </ul>	www.cdc.gov
CDC, Adolescent & School Health	<ul> <li>Soft drinks &amp; adolescent weight</li> </ul>	www.cdc.gov/he althyyouth/nutritio n/facts.htm
CDC, Arthritis	<ul> <li>Key Public Health Messages</li> </ul>	www.cdc.gov/art hritis/basics/key.ht m
CDC, National Center for Health Statistics	<ul> <li>Leading Causes of Death in U.S.</li> <li>Men's Health</li> <li>U.S. Female Fertility Rate</li> <li>U.S. Births to Unwed Mothers</li> <li>U.S. Low Birth Weight, Live Births</li> </ul>	www.cdc.gov/nc hs/fastats/
CDC, Physical Activity for Everyone	<ul> <li>Physical Activity Recommendations</li> </ul>	www.cdc.gov/ph ysicalactivity/ever yone/guidelines/a dults.html
CDC, Sexually Transmitted Diseases Surveillance, 2011	<ul> <li>U.S. Chlamydia and Gonorrhea Rates</li> <li>STD's in Adolescents and Young Adults</li> <li>U.S. STD Surveillance Profile, 2011</li> </ul>	www.cdc.gov/std /stats/
CDC, Vaccine Safety, Human Papillomavirus (HPV), updated January 24 2013	<ul> <li>Human Papillomavirus</li> </ul>	www.cdc.gov/va ccinesafety/vacci nes/HPV/Index.ht ml
Healthy People 2020: U.S. Department of Health & Human Services	<ul> <li>All Healthy People 2020         <ul> <li>Target Data Points</li> </ul> </li> <li>Some U.S. Baseline Statistics</li> <li>Predictors of Access to         <ul> <li>Health Care</li> </ul> </li> </ul>	www.healthypeo ple.gov/2020/topi csobjectives2020

Source	Data Used	Website
Healthy Youth: Tobacco, CDC	<ul> <li>Tobacco Sales &amp; Promoting to Youth</li> </ul>	www.cdc.gov/he althyyouth/tobac co/facts.htm
National Campaign to Prevent Teen and Unplanned Pregnancy	<ul><li>Facts about "Sexting"</li></ul>	www.thenationalc ampaign.org/sext ech/PDF/SexTech _PressReleaseFIN. pdf)
National Center for Environmental Health, CDC, 2012	<ul> <li>Asthma Trigger Factors</li> </ul>	www.cdc.gov/ast hma/faqs.htm
National Dairy Council, 2010; Newsweek Back-To-School Guidebook	<ul> <li>Learning to get fit; stronger bodies, sharper minds</li> </ul>	www.nationaldair ycouncil.org/c hildnutrition
National Heart, Lung, Blood Institute, 2011	<ul><li>Chronic Respiratory Conditions</li></ul>	www.nhlbi.nih.gov/
National Highway Traffic Safety Administration	<ul> <li>Teen drivers-seat belt use</li> </ul>	www.nhtsa.gov/Dri ving+Safety/Driver +Education/Teen+ Drivers/Teen+Drive rs+- +Seat+Belt+Use
National Institute on Drug Abuse	<ul> <li>Abuse of Prescription Drugs</li> </ul>	www.drugabuse.g ov
National Institute of Health, National Institute of Arthritis and Musculoskeletal and Skin Diseases	Back Pain Prevention	www.ninds.nih.go v/disorders/backp ain/detail_backp ain.htm
National Safety Council	<ul><li>Distracted Driving</li><li>Texting while Driving</li></ul>	www.nsc.org/safe ty_road/Distracte d_Driving/Pages/ distracted_driving. aspx
Nicotine & Tobacco Research, "Flavored Cigar Smoking Among U.S. Adults: Findings from the 2009-2010 National Adult Tobacco Survey," 2012	<ul> <li>Flavored Cigar Smoking Among U.S. Adults</li> </ul>	http://ntr.oxfordjo urnals.org/content /early/2012/08/17/ ntr.nts178.abstract
National Vital Statistics Report	Live Birth Data	www.cdc.gov/nc hs/data/nvsr/nvsr6 1/nvsr61_01.pdf#t able01
Ohio Department of Health, Information Warehouse	<ul> <li>Diabetes Facts</li> <li>Henry County and Ohio Mortality Statistics</li> <li>Henry County and Ohio Birth Statistics</li> <li>Henry County and Ohio Sexually Transmitted Diseases</li> <li>HIV/AIDS Surveillance Program</li> <li>Statistics: Access to Health Services</li> </ul>	www.odh.ohio.go v/

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Source	Data Used	Website
Ohio Department of Health, Ohio Cancer Incidence Surveillance System	<ul><li>Henry County and Ohio Cancer Mortality</li><li>Henry County and Ohio Cancer Incidence</li></ul>	www.odh.ohio.go v/
Ohio Department of Health, Ohio Oral Health Surveillance System	<ul> <li>Henry County Oral Health Resources for Adults and Children</li> </ul>	http://publicapps. odh.ohio.gov/oral health/default.as px
Ohio Department of Job & Family Services	<ul> <li>Poverty Statistics</li> <li>Henry County and Ohio Medicaid Statistics</li> <li>Henry County Health Care Statistics</li> </ul>	http://jfs.ohio.gov /county/cntypro/ pdf11/Henry.pdf
Ohio Department of Public Safety	<ul> <li>2013 Henry County and Ohio Crash Facts</li> </ul>	https://ext.dps.sta te.oh.us/crashstati stics/CrashReports .aspx
Ohio Family Health Survey Results, 2010	<ul> <li>Henry County and Ohio Uninsured Rates</li> </ul>	http://grc.osu.edu /omas/
Ohio Medicaid Assessment Survey, 2012	<ul><li>Ohio Statistics</li></ul>	https://ckm.osu.e du/sitetool/sites/o maspublic/docum ents/OMASStatewi deRolloutPresenta tionSildes.pdf
Pacific Institute for Research and Evaluation, "Underage Drinking in Ohio: The Facts," September 2011	<ul> <li>Underage drinking in Ohio fact sheet</li> </ul>	www.udetc.org/f actsheets/OH.pdf
The Partnership at Drugfree.org, Parents 360, 2012	<ul> <li>Synthetic Drugs: Bath Salts, K2/Spice</li> <li>A guide for parents and other influencers</li> </ul>	www.drugfree.org
Respect2All	Types of Bullying	www.respect2all.o rg/ parents/bullying- definitions
Substance Abuse and Mental Health Services Administration (SAMHSA)	<ul> <li>Drug-Related Emergency Department Visits Involving Synthetic Cannabinoids</li> </ul>	www.samhsa.gov /data/2k12/DAW N105/SR105- synthetic- marijuana.pdf
U.S. Department of Agriculture	<ul> <li>Household Food Security</li> </ul>	www.ers.usda.gov /publications/err- economic- research- report/err141/rep ort-summary.aspx

Source	Data Used	Website
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul> <li>American Community Survey 3 year estimates, 2009-2011</li> <li>Ohio and Henry County 2010 Census Demographic Information</li> <li>Ohio and U.S. Health Insurance Sources</li> <li>Small Area Income and Poverty Estimates</li> <li>Federal Poverty Thresholds</li> </ul>	www.census.gov
U.S. Department of Health and Human Services, Ohio Department of Mental Health	<ul> <li>Mental Health Services in Ohio</li> </ul>	www.lsc.state.oh. us/fiscal/ohiofacts /sept2012/health& humanservices.pd f
U. S. Department of Health and Human Services, SAMHSA, NSDUH, 2007, 2008, 2010	<ul> <li>National Survey on Drug Use and Health</li> </ul>	www.oas.samhsa. gov/NSDUH/2k7NS DUH/2k7results.cf m
Virginia Tech Transportation Institute, 2009	Texting while driving	www.vtti.vt.edu
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	<ul> <li>2005 - 2011 youth Ohio and U.S. correlating statistics</li> </ul>	http://apps.nccd. cdc.gov/YouthOn line/App/Default. aspx





# Appendix II | LIST OF ACRONYMS AND TERMS

**Adult** Defined as 19 years of age and older.

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

Mortality Rates distribution of the population.

Binge drinking Adult consumption of five alcoholic beverages or more (for

males) or four or more alcoholic beverages (for females) on

one occasion.

BMI Body Mass Index is defined as the contrasting

measurement/relationship of weight to height.

BRFSS Behavior Risk Factor Surveillance System, an adult survey

conducted by the CDC.

**CDC** Centers for Disease Control and Prevention.

Current Smoker Individual who has smoked at least 100 cigarettes in their

lifetime and now smokes daily or on some days.

Crude Mortality Rates Number of deaths/estimated mid-year population times

100,000.

CY Calendar Year

FY Fiscal Year

HCF Healthy Communities Foundation of the Hospital Council of

Northwest Ohio.

Healthy People 2020, a comprehensive set of health

objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and

Human Services.

**Health Indicator** A measure of the health of people in a community, such as

cancer mortality rates, rates of obesity, or incidence of

cigarette smoking.

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High Blood Cholesterol 240 mg/dL and above

**High Blood Pressure** 

Systolic ≥140 and Diastolic ≥ 90

N/A

Data not available.

**ODH** 

Ohio Department of Health

Race/Ethnicity

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

reported only one race.

Weapon

Defined in the YRBSS as "a weapon such as a gun, knife, or

club"

Youth

Defined as 12 through 18 years of age

YPLL/65

Years of Potential Life Lost before age 65. Indicator of

premature death.

Youth BMI Classifications **Underweight** is defined as BMI-for-age ≤ 5<sup>th</sup>

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

percentile.

**YRBSS** 

Youth Risk Behavior Surveillance System, a youth survey

conducted by the CDC





# Appendix III I METHODS FOR WEIGHTING THE 2013 HENRY 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 2013 Henry County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Henry County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (7 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Henry 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 2013 Henry County Survey and the 2010 Census.

	2013 Henry Survey		<u>2010</u>	) Census	<u>Weight</u>
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	209	45.336226	13,974	49.5268474	1.09243429
Female	252	54.663774	14,241	50.4731526	0.92333823

In this example, it shows that there was a slightly larger portion of females in the sample compared to the actual portion in Henry County. The weighting for males was calculated by taking the percent of males in Henry County (based on Census information) (49.5268474%) and dividing that by the percent found in the 2013 Henry County sample (45.336226%) [49.5268474/45.336226= weighting of 1.09243429 for males]. The same was done for females [50.4731526/54.663774 = weighting of 0.92333823 for females]. Thus males' responses are weighted heavier by a factor of 1.09243429 and females' responses weighted less by a factor of 0.92333823.

This same thing was done for each of the 18 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 1.361659867 [0.923338228 (weight for females) x 1.006076268 (weight for White) x 1.7908856807 (weight for age 35-44) x 0.818481848 (weight for income \$50-\$75k)]. Thus, each individual in the 2013 Henry 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 17.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

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



Category	Henry Sample	%	2010 Census *	%	Weighting Value
	Jampic		OCHSUS		value
Sex:					
Male	209	45.336226	13,974	49.526847	1.092434
Female	252	54.663774	14,241	50.473153	0.923338
Age:					
20-24	34	7.538803	1,424	6.976972	0.925474
25-34	41	9.090909	3,236	15.854973	1.744047
35-44	43	9.534368	3,485	17.074963	1.790885
45-54	105	23.281596	4,372	21.420872	0.920077
55-59	70	15.521064	1,988	9.740323	0.627555
60-64	49	10.864745	1,556	7.623714	0.701692
65-74	76	16.851441	2,176	10.661440	0.632672
75-84	33	7.317073	1,491	7.305243	0.998383
85+	0	0.000000	682	3.341499	na
Race:					
White	439	94.612069	26,857	95.186957	1.006076
Non-White	25	5.387931	1358	4.813043	0.893300
Household Income					
Less than \$10,000	21	4.772727	459	4.131413	0.86562942
\$10k-\$15k	20	4.545455	796	7.164716	1.576237624
\$15k-\$25k	37	8.409091	1,240	11.161116	1.327267862
\$25k-\$35k	54	12.272727	1,313	11.818182	0.962962963
\$35k-\$50	84	19.090909	1,838	16.543654	0.866572372
\$50k-\$75k	120	27.272727	2,480	22.322232	0.818481848
\$75k or more	104	23.636364	2,984	26.858686	1.136329018

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

# Appendix IV | HENRY COUNTY SCHOOLS

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

# **HOLGATE LOCAL SCHOOLS**

Holgate Middle/High School

## LIBERTY CENTER LOCAL SCHOOLS

Liberty Center Middle School Liberty Center High School

# NAPOLEON AREA CITY SCHOOLS

Napoleon Middle School Napoleon High School

### PATRICK HENRY LOCAL SCHOOLS

Patrick Henry Middle School Patrick Henry High School





# Appendix V I HENRY COUNTY SAMPLE DEMOGRAPHIC PROFILE\*

Variable	2013 Survey Sample	Henry County Census 2011	Ohio Census 2011
Age			
20-29	16.6%	10.8%	12.9%
30-39	13.1%	12.8%	12.1%
40-49	18.7%	12.7%	13.7%
50-59	20.9%	15.7%	14.6%
60 plus	25.2%	20.9%	20.4%
Race/Ethnicity			
White	94.9%	96.0%	82.9%
Black or African American	0%	0.5%	12.1%
American Indian and Alaska Native	1.0%	0.2 %	0.2%
Asian	0.2%	0.4%	1.7%
Other	1.1%	1.6%	0.9%
Hispanic Origin (may be of any race)	3.0%	6.5%	3.2%
Marital Status†			
Married Couple	66.3%	56.1%	48.3%
Never been married/member of an			
unmarried couple	19.1%	23.5%	31.2%
Divorced/Separated	7.4%	12.9%	14.1%
Widowed	3.9%	7.4%	6.5%
Education†			
Less than High School Diploma	3.1%	9.2%	11.7%
High School Diploma	38.9%	45.7%	34.8%
Some college/ College graduate	55.6%	45.1%	53.5%
Income (Families)			
\$14,999 and less	9.8%	8.4%	9.3%
\$15,000 to \$24,999	9.4%	6.2%	8.5%
\$25,000 to \$49,999	25.6%	27.6%	24.4%
\$50,000 to \$74,999	21.2%	21.7%	21.3%
\$75,000 or more	26.8%	36.1%	36.5%

<sup>\*</sup> 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).

<sup>†</sup> The Ohio and Henry 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

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

Age	Total	Males	Females
Henry County	28,215	13,974	14,241
0-4 years	1,825	951	874
1-4 years	1,496	776	720
< 1 year	329	175	154
1-2 years	735	393	342
3-4 years	761	383	378
5-9 years	1,957	982	975
5-6 years	759	394	365
7-9 years	1,198	588	610
10-14 years	2,033	1,054	979
10-12 years	1,195	607	588
13-14 years	838	447	391
12-18 years	2,919	1,527	1,392
15-19 years	1,990	1,036	954
15-17 years	1,279	659	620
18-19 years	711	377	334
20-24 years	1,424	732	692
25-29 years	1,624	818	806
30-34 years	1,612	825	787
35-39 years	1,725	865	860
40-44 years	1,760	878	882
45-49 years	2,063	1,028	1,035
50-54 years	2,309	1,194	1,115
55-59 years	1,988	970	1,018
60-64 years	1,556	786	770
65-69 years	1,174	550	624
70-74 years	1,002	459	543
75-79 years	837	368	469
80-84 years	654	263	391
85-89 years	451	161	290
90-94 years	174	49	125
95-99 years	50	5	45
100-104 years	7	0	7
105-109 years	0	0	0
110 years & over	0	0	0
Total 85 years and over	682	215	467
Total 65 years and over	4,349	1,855	2,494
Total 19 years and over	20,736	10,118	10,618



# **HENRY COUNTY PROFILE**

General Demographic Characteristics (Source: U.S. Census Bureau, Census 2011)

Total Population 2011 Total Population 2000 Total Population	28,190 29,210	
Largest City-Napoleon 2011 Total Population 2000 Total Population	8,889 9,318	100% 100%
Population By Race/Ethnicity Total Population White Alone Hispanic or Latino (of any race) African American American Indian and Alaska Native Asian Two or more races Other	28,190 27,049 1,830 132 43 115 383 463	100% 96.0% 6.5% 0.5% 0.1% 0.4% 1.4% 1.6%
Population By Age 2010 Under 5 years 5 to 17 years 18 to 24 years 25 to 44 years 45 to 64 years 65 years and more Median age (years)	6,721	6.5% 18.7% 7.6% 23.8% 28.0% 15.4%
Household By Type Total Households Family Households (families) With own children <18 years Married-Couple Family Households With own children <18 years Female Householder, No Husband Present With own children <18 years Non-family Households Householder living alone Householder 65 years and >	11,049 7,513 3,371 6,096 2,367 964 677 3,536 2,788 1,165	100% 68.0% 30.5% 55.2% 21.4% 8.7% 6.1% 32.0% 25.2% 10.5%
Households With Individuals < 18 years Households With Individuals 65 years and >	3,610 2,788	32.7% 25.2%
Average Household Size Average Family Size	2.49 pe 3.03 pe	

# General Demographic Characteristics, Continued (Source: U.S. Census Bureau, Census 2011)

# 2011 ACS 3-year estimates

Median Value of Owner-Occupied Units	\$117,100
Median Monthly Owner Costs (With Mortgage)	\$1,185
Median Monthly Owner Costs (Not Mortgaged)	\$442
Median Gross Rent for Renter-Occupied Units	\$652
Median Rooms Per Housing Unit	6.2
Total Housing Units	11,952
No Telephone Service	188
Lacking Complete Kitchen Facilities	35
Lacking Complete Plumbing Facilities	27

# **Selected Social Characteristics** (Source: U.S. Census Bureau, Census 2011)

# 2011 ACS 3-year estimates

# **School Enrollment**

CONTOUR LINGUISTICIA		
Population 3 Years and Over Enrolled In School	7,366	100%
Nursery & Preschool	581	7.9%
Kindergarten	443	6.0%
Elementary School (Grades 1-8)	3,183	43.2%
High School (Grades 9-12)	1,623	22.0%
College or Graduate School	1,536	20.9%
Educational Attainment		
Population 25 Years and Over	19,091	100%
< 9 <sup>th</sup> Grade Education	447	2.3%
9 <sup>th</sup> to 12 <sup>th</sup> Grade, No Diploma	1,302	6.8%
High School Graduate (Includes Equivalency)	8,732	45.7%
Some College, No Degree	4,000	21.0%
Associate Degree	2,018	10.6%
Bachelor's Degree	1,770	9.3%
Graduate Or Professional Degree	822	4.3%
Percent High School Graduate or Higher	*(X)	90.8%
Percent Bachelor's Degree or Higher	*(X)	13.6%
*(X) - Not available		



# Selected Social Characteristics, Continued (Source: U.S. Census Bureau, Census 2011)

# 2011 ACS 3-year estimates

Marital Status		
Population 15 Years and Over	22,518	100%
Never Married	5,292	23.5%
Now Married, Excluding Separated	12,635	56.1%
Separated	328	1.2%
Widowed	1,678	7.4%
Female	1,386	12.2%
Divorced	2,649	11.8%
Female	1,257	11.0%
Grandparents As Caregivers *		
Grandparent Living in Household with 1 or more own	502	100%
grandchildren <18 years	302	.0070
Grandparent Responsible for Grandchildren	224	44.6%
Veteran Status		
Civilian Veterans 18 years and over	2,390	11.3%
Disability Status of the Civilian Non-institutionalized Population		
Total Civilian Noninstitutionalized Population	27,808	100%
With a Disability	3,076	11.1%
Under 18 years	6,933	100%
With a Disability	197	2.8%
18 to 64 years	16,843	100%
With a Disability	1,803	10.7%
65 Years and Over	4,032	100%
With a Disability	1,076	26.7%

Selected Economic Characteristics (Source: U.S. Census Bureau, Census 2011)

# 2011ACS 3-year estimates

### **Employment Status** Population 16 Years and Over 21,970 100% In Labor Force 14,624 66.6% Not In Labor Force 7,346 33.4% Females 16 Years and Over 11,206 100% In Labor Force 6,846 61.1% Population Living With Own Children <6 Years 2,108 100% All Parents In Family In Labor Force 1,714 81.3%

# Selected Economic Characteristics, Continued (Source: U.S. Census Bureau, Census 2011)

# 2011 ACS 3-year estimates

Occupations  Employed Civilian Population 16 Years and Over Management, business, science, and art occupations Production, Transportation, and Material Moving Occupations Sales and Office Occupations Service Occupations Natural Resources, Construction, and Maintenance Occupations	12,922 3,375 3,339 2,501 2,281 1,426	100% 26.1% 25.8% 19.4% 17.7% 11.0%
Leading Industries Employed Civilian Population 16 Years and Over Manufacturing Educational, health and social services Trade (retail and wholesale) Arts, entertainment, recreation, accommodation, and food services Professional, scientific, management, administrative, and waste management services Transportation and warehousing, and utilities Finance, insurance, real estate and rental and leasing Other services (except public administration) Construction Public administration Information	12,922 3,084 2,920 1,470 850 491 865 676 619 859 695 170	100% 23.9% 22.6% 11.4% 6.6% 3.8% 6.7% 5.2% 4.8% 6.6% 5.4% 1.3%
Class of Worker Employed Civilian Population 16 Years and Over Private Wage and Salary Workers Government Workers Self-Employed Workers in Own Not Incorporated Business Unpaid Family Workers	12,922 10,329 1,809 771 13	1.7% 100% 79.9% 14.0% 6.0% 0.1%
Median Earnings Male, Full-time, Year-Round Workers Female, Full-time, Year-Round Workers	\$43,319 \$31,466	





# Selected Economic Characteristics, Continued (Source: U.S. Census Bureau, Census 2011)

# 2011 ACS 3-year estimates

la la 2011		
Income In 2011	11 0 40	1000/
Households	11,049	100%
< \$10,000 \$10,000 to \$14,000	454	
\$10,000 to \$14,999	1,046	
\$15,000 to \$24,999	1,208	
\$25,000 to \$34,999	1,560	
\$35,000 to \$49,999	1,756	
\$50,000 to \$74,999	2,180	
\$75,000 to \$99,999	1,292	
\$100,000 to \$149,999		11.9%
\$150,000 to \$199,999	158	
\$200,000 or more	76	0.7%
Median Household Income	\$45,916	
Income In 2011		
Families	7,513	100%
< \$10,000	293	3.9%
\$10,000 to \$14,999	335	4.5%
\$15,000 to \$24,999		6.2%
\$25,000 to \$34,999	906	12.1%
\$35,000 to \$49,999	1,170	
\$50,000 to \$74,999	1,632	
\$75,000 to \$99,999	1,219	
\$100,000 to \$149,999	1,283	
\$150,000 to \$199,999	131	1.7%
\$200,000 or more	76	1.0%
,,	, 0	
Median Household Income (families)	\$58,405	

Per Capita Income In 2011 \$22,085

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

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

	Income	Rank of Ohio counties
BEA Per Capita Personal Income 2011	\$35,491	28th of 88 counties
BEA Per Capita Personal Income 2010	\$32,938	32 <sup>nd</sup> of 88 counties
BEA Per Capita Personal Income 2009		33 <sup>rd</sup> of 88 counties
BEA Per Capita Personal Income 2008	\$32,641	37 <sup>th</sup> of 88 counties
BEA Per Capita Personal Income 2001	\$26,165	34 <sup>th</sup> of 88 counties
BEA Per Capita Personal Income 2000	\$25,960	34 <sup>th</sup> of 88 counties

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

# Poverty Rates, 5-year averages 2006 to 2010

Category	Henry	Ohio
Overall (%)	10.6%	14.2%
Children under 18 (%)	13.5%	20.2%
Age 65 and over (%)	5.9%	8.3%
< 50% FPL, i.e. severe poverty (%)	4.4%	6.5%
< 200% FPL, i.e. below self-sufficiency (%)	29.1%	31.8%

(Source: The State of Poverty in Ohio 2012, Ohio Association of Community Action Agencies, 2012 Annual Report, http://issuu.com/oacaa/docs/state\_of\_poverty\_2012\_final?mode=window)

**Employment Statistics** 

Category	Henry	Ohio
Labor Force	15,000	5,696,700
Employed	13,800	5,315,700
Unemployed	1,200	381,100
Unemployment Rate* in April 2013	7.8	6.7
Unemployment Rate* in March 2013	8.9	7.3
Unemployment Rate* in April 2012	8.4	7.1

\*Rate equals unemployment divided by labor force. (Source: Ohio Department of Job and Family Services, April 2013)



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	Estimated	Poverty Status in 2011		
Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Henry County				
All ages in poverty	2,858	2,315 to 3,401	10.4%	8.4 to 12.4
Ages 0-17 in poverty	1,029	802 to 1,256	15.3%	11.9 to 18.7
Ages 5-17 in families in poverty	685	524 to 846	13.7%	10.5 to 16.9
Median household income	\$48,859	44,778 to 52,940		
Ohio				
All ages in poverty	1,836,098	1,811,265 to 1,860,931	16.3%	16.1 to 16.5
Ages 0-17 in poverty	634,234	618,946 to 649,522	23.9%	23.3 to 24.5
Ages 5-17 in families in poverty	417,165	404,352 to 429,978	21.5%	20.8 to 22.2
Median household income	\$45,803	45,487 to 46,119		
United States				
All ages in poverty	48,452,035	48,217,869 to 48,686,201	15.9%	15.8 to 16.0
Ages 0-17 in poverty	16,386,500	16,262,247 to 16,510,753	22.5%	22.3 to 22.7

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

10,976,987

\$50,502

Ages 5-17 in families in

Median household

poverty

income

Federal Poverty Thresholds in 2012 by Size of Family and Number of Related Children Under 18 Years of Age

10,882,675 to

11,071,299

50,429 to 50,575

20.8%

20.6 to 21.0

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$11,945					
1 Person 65 and >	\$11,011					
2 people Householder < 65 years	\$15,374	\$15,825				
2 People Householder 65 and >	\$13,878	\$15,765				
3 People	\$17,959	\$18,480	\$18,498			
4 People	\$23,681	\$24,069	\$23,283	\$23,364		
5 People	\$28,558	\$28,974	\$28,087	\$27,400	\$26,981	
6 People	\$32,847	\$32,978	\$32,298	\$31,647	\$30,678	\$30,104
7 People	\$37,795	\$38,031	\$37,217	\$36,651	\$35,594	\$34,362
8 People	\$42,271	\$42,644	\$41,876	\$41,204	\$40,249	\$39,038
9 People or >	\$50,849	\$51,095	\$50,416	\$49,845	\$48,908	\$47,620

(Source: U. S. Census Bureau, Poverty Thresholds 2012, http://www.census.gov/hhes/www/poverty/data/threshld/index.html)

# APPENDIX B: National Public Health Performance Standards Local System Assessment

See following page for full National Public Health Performance Standards Local System Assessment Report



# National Public Health Performance Standards



# **Local Assessment Report**

Henry County Health Department 11/7/2013

# **Program Partner Organizations**

American Public Health Association www.apha.org

Association of State and Territorial Health Officials <u>www.astho.org</u>

Centers for Disease Control and Prevention www.cdc.gov

National Association of County and City Health Officials www.naccho.org

National Association of Local Boards of Health www.nalboh.org

National Network of Public Health Institutes www.nnphi.org

Public Health Foundation www.phf.org

The findings and conclusions stemming from the use of NPHPS tools are those of the end users. They are not provided or endorsed by the Centers for Disease Control and Prevention, nor do they represent CDC's views or policies.



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## **Acknowledgements**

The National Public Health Performance Standards (NPHPS) was developed collaboratively by the program's national partner organizations. The NPHPS partner organizations include: Centers for Disease Control and Prevention (CDC); American Public Health Association (APHA); Association of State and Territorial Health Officials (ASTHO); National Association of County and City Health Officials (NACCHO); National Association of Local Boards of Health (NALBOH); National Network of Public Health Institutes (NNPHI); and then Public Health Foundation (PHF). We thank the staff of these organizations for their time and expertise in the support of the NPHPS.

# **Background**

The NPHPS is a partnership effort to improve the practice of public health and the performance of public health systems. The NPHPS assessment instruments guide state and local jurisdictions in evaluating their current performance against a set of optimal standards. Through these assessments, responding sites consider the activities of all public health system partners, thus addressing the activities of all public, private and voluntary entities that contribute to public health within the community.

The NPHPS assessments are intended to help users answer questions such as "What are the components, activities, competencies, and capacities of our public health system?" and "How well are the ten Essential Public Health Services being provided in our system?" The dialogue that occurs in the process of answering the questions in the assessment instrument can help to identify strengths and weaknesses, determine opportunities for immediate improvements, and establish priorities for long term investments for improving the public health system.

Three assessment instruments have been designed to assist state and local partners in assessing and improving their public health systems or boards of health. These instruments are the:

- State Public Health System Performance Assessment Instrument,
- Local Public Health System Performance Assessment Instrument, and
- Public Health Governing Entity Performance Assessment Instrument.

The information obtained from assessments may then be used to improve and better coordinate public health activities at state and local levels. In addition, the results gathered provide an understanding of how state and local public health systems and governing entities are performing. This information helps local, state and national partners make better and more effective policy and resource decisions to improve the nation's public health as a whole.

### Introduction

The NPHPS Local Public Health System Assessment Report is designed to help health departments and public health system partners create a snapshot of where they are relative to the National Public Health Performance Standards and to progressively move toward refining and improving outcomes for performance across the public health system.

The NPHPS state, local, and governance instruments also offer opportunity and robust data to link to health departments, public health system partners and/or community-wide strategic planning processes, as well as to Public Health Accreditation Board (PHAB) standards. For example, assessment of the environment external to the public health organization is a key component of all strategic planning, and the NPHPS assessment readily provides a structured process and an evidence-base upon which key organizational decisions may be made and priorities established. The assessment may also be used as a component of community health improvement planning processes, such as Mobilizing for Action through Planning and Partnerships (MAPP) or other community-wide strategic planning efforts, including state health improvement planning and community health improvement planning. The NPHPS process also drives assessment and improvement activities that may be used to support a Health Department in meeting PHAB standards. Regardless of whether using MAPP or another health improvement process, partners should use the NPHPS results to support quality improvement.

The self-assessment is structured around the Model Standards for each of the ten Essential Public Health Services, (EPHS), hereafter referred to as the Essential Services, which were developed through a comprehensive, collaborative process involving input from national, state and local experts in public health. Altogether, for the local assessment, 30 Model Standards serve as quality indicators that are organized into the ten essential public health service areas in the instrument and address the three core functions of public health. Figure 1 below shows how the ten Essential Services align with the three Core Functions of Public Health.



**Figure 1.** The ten Essential Public Health Services and how they relate to the three Core Functions of Public Health.

## **Purpose**

The primary purpose of the NPHPS Local Public Health System Assessment Report is to promote continuous improvement that will result in positive outcomes for system performance. Local health departments and their public health system partners can use the Assessment Report as a working tool to:

- Better understand current system functioning and performance;
- Identify and prioritize areas of strengths, weaknesses, and opportunities for improvement;
- Articulate the value that quality improvement initiatives will bring to the public health system;
- Develop an initial work plan with specific quality improvement strategies to achieve goals;
- Begin taking action for achieving performance and quality improvement in one or more targeted areas; and
- Re-assess the progress of improvement efforts at regular intervals.

This report is designed to facilitate communication and sharing among and within programs, partners, and organizations, based on a common understanding of how a high performing and effective public health system can operate. This shared frame of reference will help build commitment and focus for setting priorities and improving public health system performance. Outcomes for performance include delivery of all ten essential public health services at optimal levels.

## **About the Report**

### **Calculating the Scores**

The NPHPS assessment instruments are constructed using the ten Essential Services as a framework. Within the Local Instrument, each Essential Service includes between 2-4 Model Standards that describe the key aspects of an optimally performing public health system. Each Model Standard is followed by assessment questions that serve as measures of performance. Responses to these questions indicate how well the Model Standard - which portrays the highest level of performance or "gold standard" - is being met.

Table 1 below characterizes levels of activity for Essential Services and Model Standards. Using the responses to all of the assessment questions, a scoring process generates score for each Model Standard, Essential Service, and one overall assessment score.

**Table 1. Summary of Assessment Response Options** 

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

### **Understanding Data Limitations**

There are a number of limitations to the NPHPS assessment data due to self-report, wide variations in the breadth and knowledge of participants, the variety of assessment methods used, and differences in interpretation of assessment questions. Data and resultant information should not be interpreted to reflect the capacity or performance of any single agency or organization within the public health system or used for comparisons between jurisdictions or organizations. Use of NPHPS generated data and associated recommendations are limited to guiding an overall public health infrastructure and performance improvement process for the public health system as determined by organizations involved in the assessment.

All performance scores are an average; Model Standard scores are an average of the question scores within that Model Standard, Essential Service scores are an average of the Model Standard scores within that Essential Service and the overall assessment score is the average of the Essential Service scores. The responses to the questions within the assessment are based upon processes that utilize input from diverse system participants with different experiences and perspectives. The gathering of these inputs and the development of a response for each question incorporates an element of subjectivity, which may be minimized through the use of particular assessment methods. Additionally, while certain assessment methods are recommended, processes differ among sites. The assessment methods are not fully standardized and these differences in administration of the self-assessment may introduce an element of measurement error. In addition, there are differences in knowledge about the public health system among assessment participants. This may lead to some interpretation differences and issues for some questions, potentially introducing a degree of random non-sampling error.

### Presentation of results

The NPHPS has attempted to present results - through a variety of figures and tables - in a user-friendly and clear manner. For ease of use, many figures and tables use short titles to refer to Essential Services, Model Standards, and questions. If you are in doubt of these definitions, please refer to the full text in the assessment instruments.

Sites may have chosen to complete two additional questionnaires, the Priority of Model Standards Questionnaire assesses how performance of each Model Standard compares with the priority rating and the Agency Contribution Questionnaire assesses the local health department's contribution to achieving the Model Standard. Sites that submitted responses for these questionnaires will see the results included as additional components of their report.

### Results

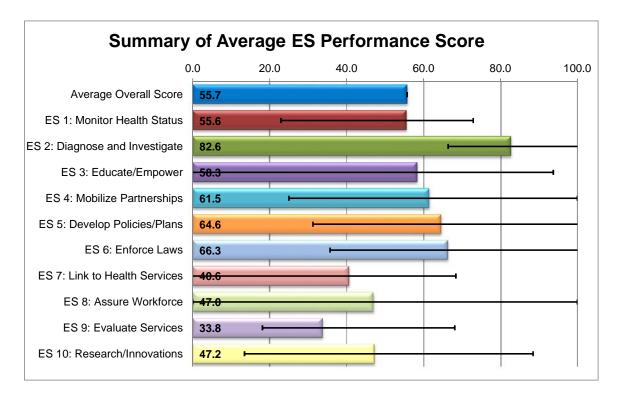
Now that your assessment is completed, one of the most exciting, yet challenging opportunities is to begin to review and analyze the findings. As you recall from your assessment, the data you created now establishes the foundation upon which you may set priorities for performance improvement and identify specific quality improvement (QI) projects to support your priorities.

Based upon the responses you provided during your assessment, an average was calculated for each of the ten Essential Services. Each Essential Service score can be interpreted as the overall degree to which your public health system meets the performance standards (quality indicators) for each Essential Service. Scores can range from a minimum value of 0% (no activity is performed pursuant to the standards) to a maximum value of 100% (all activities associated with the standards are performed at optimal levels).

Figure 2 displays the average score for each Essential Service, along with an overall average assessment score across all ten Essential Services. Take a look at the overall performance scores for each Essential Service. Examination of these scores can immediately give a sense of the local public health system's greatest strengths and weaknesses. Note the black bars that identify the range of reported performance score responses within each Essential Service.

## **Overall Scores for Each Essential Public Health Service**

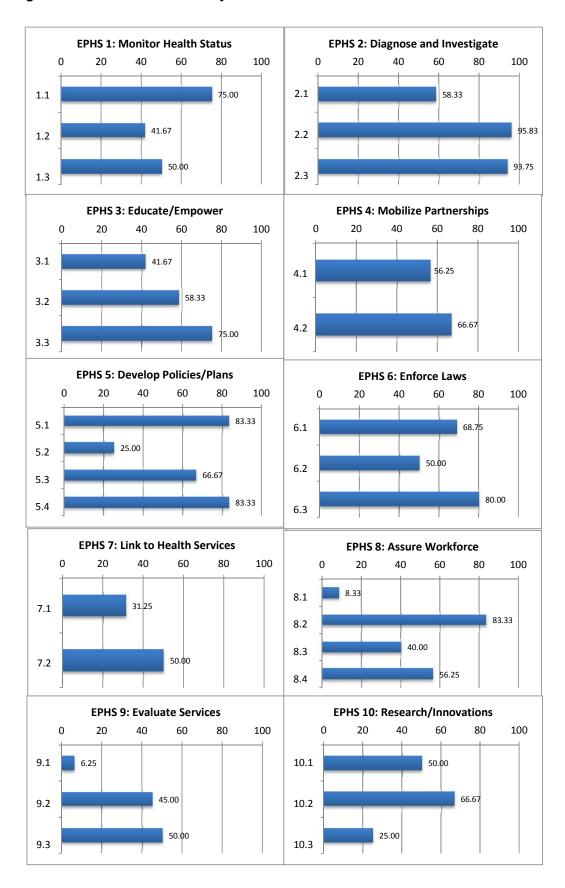
Figure 2. Summary of Average Essential Public Health Service Performance Scores



# Performance Scores by Essential Public Health Service for Each Model Standard

Figure 3 and Table 2 on the following pages display the average performance score for each of the Model Standards within each Essential Service. This level of analysis enables you to identify specific activities that contributed to high or low performance within each Essential Service.

Figure 3. Performance Scores by Essential Public Health Service for Each Model Standard



In Table 2 below, each score (performance, priority, and contribution scores) at the Essential Service level is a calculated average of the respective Model Standard scores within that Essential Service. Note – The priority rating and agency contribution scores will be blank if the Priority of Model Standards Questionnaire and the Agency Contribution Questionnaire are not completed.

Table 2. Overall Performance, Priority, and Contribution Scores by Essential Public Health Service and Corresponding Model Standard

Model Standards by Essential Services	Performance Scores	Priority Rating	Agency Contribution Scores
ES 1: Monitor Health Status	55.6		
1.1 Community Health Assessment	75.0		
1.2 Current Technology	41.7		
1.3 Registries	50.0		
ES 2: Diagnose and Investigate	82.6		
2.1 Identification/Surveillance	58.3		
2.2 Emergency Response	95.8		
2.3 Laboratories	93.8		
ES 3: Educate/Empower	58.3		
3.1 Health Education/Promotion	41.7		
3.2 Health Communication	58.3		
3.3 Risk Communication	75.0		
ES 4: Mobilize Partnerships	61.5		
4.1 Constituency Development	56.3		
4.2 Community Partnerships	66.7		
ES 5: Develop Policies/Plans	64.6		
5.1 Governmental Presence	83.3		
5.2 Policy Development	25.0		
5.3 CHIP/Strategic Planning	66.7		
5.4 Emergency Plan	83.3		
ES 6: Enforce Laws	66.3		
6.1 Review Laws	68.8		
6.2 Improve Laws	50.0		
6.3 Enforce Laws	80.0		
ES 7: Link to Health Services	40.6		
7.1 Personal Health Service Needs	31.3		
7.2 Assure Linkage	50.0		
ES 8: Assure Workforce	47.0		
3.1 Workforce Assessment	8.3		
3.2 Workforce Standards	83.3		
3.3 Continuing Education	40.0		
3.4 Leadership Development	56.3		
ES 9: Evaluate Services	33.8		
9.1 Evaluation of Population Health	6.3		
9.2 Evaluation of Personal Health	45.0		
9.3 Evaluation of LPHS	50.0		
ES 10: Research/Innovations	47.2		
10.1 Foster Innovation	50.0		
10.2 Academic Linkages	66.7		
10.3 Research Capacity	25.0		
Average Overall Score		NA	NA
Median Score		NA	NA

### **Performance Relative to Optimal Activity**

Figures 4 and 5 display the proportion of performance measures that met specified thresholds of achievement for performance standards. The five threshold levels of achievement used in scoring these measures are shown in the legend below. For example, measures receiving a composite score of 76-100% were classified as meeting performance standards at the optimal level.

Figure 4. Percentage of the system's Essential Services scores that fall within the five activity categories. This chart provides a high level snapshot of the information found in Figure 2, summarizing the composite performance measures for all 10 Essential Services.

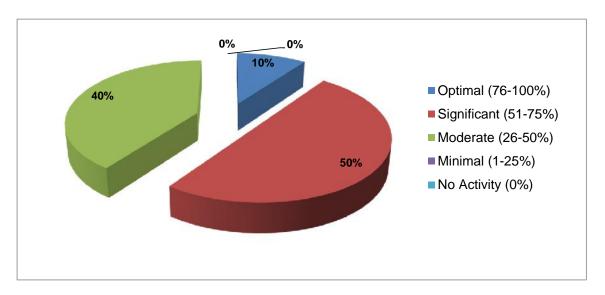
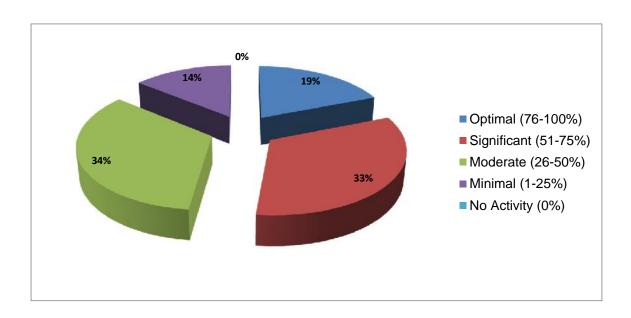


Figure 5. Percentage of the system's Model Standard scores that fall within the five activity categories. This chart provides a high level snapshot of the information found in Figure 3, summarizing the composite measures for all 30 Model Standards.



#### **Priority of Model Standards Questionnaire Section (Optional Survey)**

If you completed the Priority Survey at the time of your assessment, your results are displayed in this section for each Essential Service and each Model Standard, arrayed by the priority rating assigned to each. The four quadrants, which are based on how the performance of each Essential Service and/or Model Standard compares with the priority rating, should provide guidance in considering areas for attention and next steps for improvement.

Quadrant A	(High Priority and Low Performance) – These activities may need increased attention.
Quadrant B	(High Priority and High Performance) – These activities are being done well, and it is important to maintain efforts.
Quadrant C	(Low Priority and High Performance) – These activities are being done well, consideration may be given to reducing effort in these areas.
Quadrant D	(Low Priority and Low Performance) – These activities could be improved, but are of low priority. They may need little or no attention at this time.

Note - For additional guidance, see Figure 4: Identifying Priorities - Basic Framework in the *Local Implementation Guide*.

**EPHS 1 - Monitor Health Status EPHS 2 - Diagnose and Investigate** 10 10 8 8 **1.1** 2.1 Priority 6 Priority 9 **2.2 1.2** 4 **1.3 2.3** 2 0 0 50 100 0 50 100 **Average Performance Scores Average Performance Scores** EPHS 3 - Educate/Empower **EPHS 4 - Mobilize Partnerships** 10 10 8 8 **3.1 4.1** Priority 9 Priority 9 **\*** 3.2 **▲** 4.2 ▲ 3.3 2 2 0 0 50 100 0 50 100 0 **Average Performance Scores Average Performance Scores EPHS 5 - Develop Policies/Plans EPHS 6 - Enforce Laws** 10 10 **5.1** 8 **6.1 ▲** 5.2 Priority 6 Priority 6 **▲** 6.2 **♦**5.3 4 4 **♦**6.3 5.4 2 2 0 0 50 100 50 100 0 0 **Average Performance Scores Average Performance Scores EPHS 7 - Link to Health Services EPHS 8 - Assure Workforce** 10 10 **8.1** 8 8 **7.1 ▲** 8.2 Priority Priority 6 6 **▲** 7.2 ♦8.3 4 4 8.4 2 2 0 0 50 0 50 100 0 100 **Average Performance Scores Average Performance Scores EPHS 9 - Evaluate Services EPHS 10 - Research/Innovations** 10 10 8 8 9.1 **10.1** Priority 6 Priority 6 **▲** 9.2 **▲** 10.2 4 4 **9**.3 **♦** 10.3 2 2 0 50 100 0 50 100 **Average Performance Scores** 

Figure 7. Summary of Essential Public Health Service Model Standard Scores and Priority Ratings

Note – Figure 7 will be blank if the Priority of Model Standards Questionnaire is not completed.

**Average Performance Scores** 

Table 3 below displays priority ratings (as rated by participants on a scale of 1-10, with 10 being the highest priority) and performance scores for Model Standards, arranged under the four quadrants. Consider the appropriateness of the match between the importance ratings and current performance scores and also reflect back on the qualitative data in the Summary Notes section to identify potential priority areas for action planning. Note – Table 3 will be blank if the Priority of Model Standards Questionnaire is not completed.

Table 3. Model Standards by Priority and Performance Score

Quadrant	Model Standard	Performance Score (%)	Priority Rating

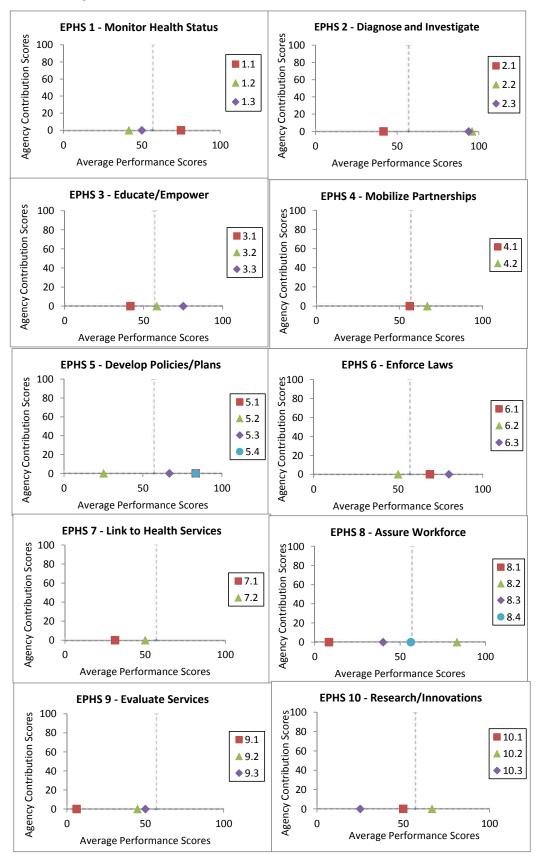
## **Agency Contribution Questionnaire Section (Optional Survey)**

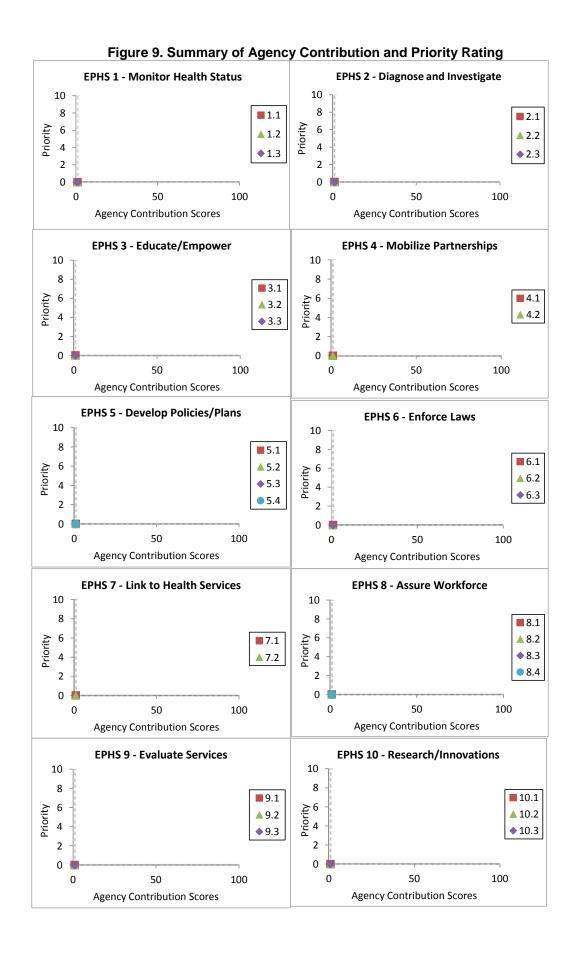
Table 4 and Figures 8 and 9 on the following pages display Essential Service and Model Standard Scores arranged by Local Health Department (LHD) contribution, priority and performance scores. Note – Table 4 and Figures 8 and 9 will be blank if the Agency Contribution Questionnaire is not completed.

Table 4. Summary of Contribution and Performance Scores by Model Standard

Cuadrant Model Standard LHD Contribution			Performance
Quadrant	Model Standard	(%)	Score (%)
1			

Figure 8. Summary of Essential Public Health Service Performance Scores and Contribution Ratings





#### **Analysis and Discussion Questions**

Having a standard way in which to analyze the data in this report is important. This process does not have to be difficult; however, drawing some initial conclusions from your data will prove invaluable as you move forward with your improvement efforts. It is crucial that participants fully discuss the performance assessment results. The bar graphs, charts, and summary information in the Results section of this report should be helpful in identifying high and low performing areas. Please refer to Appendix H of the Local Assessment Implementation Guide. This referenced set of discussion questions will to help guide you as you analyze the data found in the previous sections of this report.

Using the results in this report will help you to generate priorities for improvement, as well as possible improvement projects. Your data analysis should be an interactive process, enabling everyone to participate. Do not be overwhelmed by the potential of many possibilities for QI projects – the point is not that you have to address them all now. Consider this step as identifying possible opportunities to enhance your system performance. Keep in mind both your quantitative data (Appendix A) and the qualitative data that you collected during the assessment (Appendix B).

#### **Next Steps**

Congratulations on your participation in the local assessment process. A primary goal of the NPHPS is that data is used proactively to monitor, assess, and improve the quality of essential public health services. This report is an initial step to identifying immediate actions and activities to improve local initiatives. The results in this report may also be used to identify longer-term priorities for improvement, as well as possible improvement projects.

As noted in the Introduction of this report, NPHPS data may be used to inform a variety of organization and/or systems planning and improvement processes. Plan to use both quantitative data (Appendix A) and qualitative data (Appendix B) from the assessment to identify improvement opportunities. While there may be many potential quality improvement projects, do not be overwhelmed – the point is not that you have to address them all now. Rather, consider this step as a way to identify possible opportunities to enhance your system performance and plan to use the guidance provided in this section, along with the resources offered in Appendix C, to develop specific goals for improvement within your public health system and move from assessment and analysis toward action.

Note: Communities implementing Mobilizing for Action through Planning and Partnerships (MAPP) may refer to the MAPP guidance for considering NPHPS data along with other assessment data in the Identifying Strategic Issues phase of MAPP.

#### **Action Planning**

In any systems improvement and planning process, it is important to involve all public health system partners in determining ways to improve the quality of essential public health services provided by the system. Participation in the improvement and planning activities included in your action plan is the responsibility of all partners within the public health system.

Consider the following points as you build an Action Plan to address the priorities you have identified

- Each public health partner should be considered when approaching quality improvement for your system
- The success of your improvement activities are dependent upon the active participation and contribution of each and every member of the system
- An integral part of performance improvement is working consistently to have long-term effects
- A multi-disciplinary approach that employs measurement and analysis is key to accomplishing and sustaining improvements

You may find that using the simple acronym, 'FOCUS' is a way to help you to move from assessment and analysis to action.

- **Find** an opportunity for improvement using your results.
- O Organize a team of public health system partners to work on the improvement. Someone in the group should be identified as the team leader. Team members should represent the appropriate organizations that can make an impact.
- **C** Consider the current process, where simple improvements can be made and who should make the improvements.
- **Understand** the problem further if necessary, how and why it is occurring, and the factors that contribute to it. Once you have identified priorities, finding solutions entails delving into possible reasons, or "root causes," of the weakness or problem. Only when participants determine why performance problems (or successes!) have occurred will they be able to identify workable solutions that improve future performance. Most performance issues may be traced to well-defined system causes, such as policies, leadership, funding, incentives, information, personnel or coordination. Many QI tools are applicable. You may consider using a variety of basic QI tools such as brainstorming, 5-whys, prioritization, or cause and effect diagrams to better understand the problem (refer to Appendix C for resources).
- Select the improvement strategies to be made. Consider using a table or chart to summarize your Action Plan. Many resources are available to assist you in putting your plan on paper, but in general you'll want to include the priority selected, the goal, the improvement activities to be conducted, who will carry them out, and the timeline for completing the improvement activities. When complete, your Action Plan should contain documentation on the indicators to be used, baseline performance levels and targets to be achieved, responsibilities for carrying out improvement activities and the collection and analysis of data to monitor progress. (Additional resources may be found in Appendix C.)

#### Monitoring and Evaluation: Keys to Success

Monitoring your action plan is a highly proactive and continuous process that is far more than simply taking an occasional "snap-shot" that produces additional data. Evaluation, in contrast to monitoring, provides ongoing structured information that focuses on why results are or are not being met, what unintended consequences may be, or on issues of efficiency, effectiveness, and/or sustainability.

After your Action Plan is implemented, monitoring and evaluation continues to determine whether quality improvement occurred and whether the activities were effective. If the Essential Service performance does not improve within the expected time, additional evaluation must be conducted (an additional QI cycle) to determine why and how you can update your Action Plan to be more effective. The Action Plan can be adjusted as you continue to monitor and evaluate your efforts.

## **APPENDIX A: Individual Questions and Responses**

## **Performance Scores**

ESSEN1	ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems		
1.1	Model Standard: Population-Based Community Health Assessment (CHA) At what level does the local public health system:		
1.1.1	Conduct regular community health assessments?	100	
1.1.2	Continuously update the community health assessment with current information?	50	
1.1.3	Promote the use of the community health assessment among community members and partners?	75	
1.2	Model Standard: Current Technology to Manage and Communicate Population At what level does the local public health system:	on Health Data	
1.2.1	Use the best available technology and methods to display data on the public's health?	50	
1.2.2	Analyze health data, including geographic information, to see where health problems exist?	25	
1.2.3	Use computer software to create charts, graphs, and maps to display complex public health data (trends over time, sub-population analyses, etc.)?	50	
1.3	Model Standard: Maintenance of Population Health Registries  At what level does the local public health system:		
1.3.1	Collect data on specific health concerns to provide the data to population health registries in a timely manner, consistent with current standards?	75	
1.3.2	Use information from population health registries in community health assessments or other analyses?	25	

ESSENT	ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards		
2.1	Model Standard: Identification and Surveillance of Health Threats  At what level does the local public health system:		
2.1.1	Participate in a comprehensive surveillance system with national, state and local partners to identify, monitor, share information, and understand emerging health problems and threats?	50	
2.1.2	Provide and collect timely and complete information on reportable diseases and potential disasters, emergencies and emerging threats (natural and manmade)?	75	
2.1.3	Assure that the best available resources are used to support surveillance systems and activities, including information technology, communication systems, and professional expertise?	50	
2.2	2.2 Model Standard: Investigation and Response to Public Health Threats and Emergencies At what level does the local public health system:		

2.2.1	Maintain written instructions on how to handle communicable disease outbreaks and toxic exposure incidents, including details about case finding, contact tracing, and source identification and containment?	100
2.2.2	Develop written rules to follow in the immediate investigation of public health threats and emergencies, including natural and intentional disasters?	100
2.2.3	Designate a jurisdictional Emergency Response Coordinator?	100
2.2.4	Prepare to rapidly respond to public health emergencies according to emergency operations coordination guidelines?	100
2.2.5	Identify personnel with the technical expertise to rapidly respond to possible biological, chemical, or and nuclear public health emergencies?	100
2.2.6	Evaluate incidents for effectiveness and opportunities for improvement?	75
2.3	Model Standard: Laboratory Support for Investigation of Health Threats  At what level does the local public health system:	
2.3.1	Have ready access to laboratories that can meet routine public health needs for finding out what health problems are occurring?	75
2.3.2	Maintain constant (24/7) access to laboratories that can meet public health needs during emergencies, threats, and other hazards?	100
2.3.3	Use only licensed or credentialed laboratories?	100
2.3.4	Maintain a written list of rules related to laboratories, for handling samples (collecting, labeling, storing, transporting, and delivering), for determining who is in charge of the samples at what point, and for reporting the results?	100

ESSENT	ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues		
3.1	Model Standard: Health Education and Promotion At what level does the local public health system:		
3.1.1	Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies?	25	
3.1.2	Coordinate health promotion and health education activities to reach individual, interpersonal, community, and societal levels?	50	
3.1.3	Engage the community throughout the process of setting priorities, developing plans and implementing health education and health promotion activities?	50	
3.2	Model Standard: Health Communication At what level does the local public health system:		
3.2.1	Develop health communication plans for relating to media and the public and for sharing information among LPHS organizations?	50	
3.2.2	Use relationships with different media providers (e.g. print, radio, television, and the internet) to share health information, matching the message with the target audience?	75	
3.2.3	Identify and train spokespersons on public health issues?	50	

3.3	Model Standard: Risk Communication At what level does the local public health system:	
3.3.1	Develop an emergency communications plan for each stage of an emergency to allow for the effective dissemination of information?	75
3.3.2	Make sure resources are available for a rapid emergency communication response?	100
3.3.3	Provide risk communication training for employees and volunteers?	50

ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems		
4.1	Model Standard: Constituency Development At what level does the local public health system:	
4.1.1	Maintain a complete and current directory of community organizations?	50
4.1.2	Follow an established process for identifying key constituents related to overall public health interests and particular health concerns?	25
4.1.3	Encourage constituents to participate in activities to improve community health?	75
4.1.4	Create forums for communication of public health issues?	75
4.2	Model Standard: Community Partnerships  At what level does the local public health system:	
4.2.1	Establish community partnerships and strategic alliances to provide a comprehensive approach to improving health in the community?	75
4.2.2	Establish a broad-based community health improvement committee?	100
4.2.3	Assess how well community partnerships and strategic alliances are working to improve community health?	25

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts		
5.1	Model Standard: Governmental Presence at the Local Level At what level does the local public health system:	
5.1.1	Support the work of a local health department dedicated to the public health to make sure the essential public health services are provided?	100
5.1.2	See that the local health department is accredited through the national voluntary accreditation program?	75
5.1.3	Assure that the local health department has enough resources to do its part in providing essential public health services?	75
5.2	Model Standard: Public Health Policy Development At what level does the local public health system:	
5.2.1	Contribute to public health policies by engaging in activities that inform the policy development process?	75
5.2.2	Alert policymakers and the community of the possible public health impacts (both intended and unintended) from current and/or proposed policies?	75

5.2.3	Review existing policies at least every three to five years?	50
5.3	Model Standard: Community Health Improvement Process and Strategic Planning At what level does the local public health system:	
5.3.1	Establish a community health improvement process, with broad- based diverse participation, that uses information from both the community health assessment and the perceptions of community members?	75
5.3.2	Develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	75
5.3.3	Connect organizational strategic plans with the Community Health Improvement Plan?	50
5.4	Model Standard: Plan for Public Health Emergencies At what level does the local public health system:	
5.4.1	Support a workgroup to develop and maintain preparedness and response plans?	75
5.4.2	Develop a plan that defines when it would be used, who would do what tasks, what standard operating procedures would be put in place, and what alert and evacuation protocols would be followed?	100
5.4.3	Test the plan through regular drills and revise the plan as needed, at least every two years?	75

ESSENT	ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety		
6.1	Model Standard: Review and Evaluation of Laws, Regulations, and Ordinances  At what level does the local public health system:		
6.1.1	Identify public health issues that can be addressed through laws, regulations, or ordinances?	50	
6.1.2	Stay up-to-date with current laws, regulations, and ordinances that prevent, promote, or protect public health on the federal, state, and local levels?	50	
6.1.3	Review existing public health laws, regulations, and ordinances at least once every five years?	75	
6.1.4	Have access to legal counsel for technical assistance when reviewing laws, regulations, or ordinances?	100	
6.2	Model Standard: Involvement in the Improvement of Laws, Regulations, and Ordinances  At what level does the local public health system:		
6.2.1	Identify local public health issues that are inadequately addressed in existing laws, regulations, and ordinances?	50	
6.2.2	Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote the public health?	50	

6.2.3	Provide technical assistance in drafting the language for proposed changes or new laws, regulations, and ordinances?	50	
6.3	6.3 Model Standard: Enforcement of Laws, Regulations, and Ordinances At what level does the local public health system:		
6.3.1	Identify organizations that have the authority to enforce public health laws, regulations, and ordinances?	50	
6.3.2	Assure that a local health department (or other governmental public health entity) has the authority to act in public health emergencies?	100	
6.3.3	Assure that all enforcement activities related to public health codes are done within the law?	100	
6.3.4	Educate individuals and organizations about relevant laws, regulations, and ordinances?	75	
6.3.5	Evaluate how well local organizations comply with public health laws?	75	

# ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

Health Care when Otherwise Unavailable			
Model Standard: Identification of Personal Health Service Needs of Populations At what level does the local public health system:			
Identify groups of people in the community who have trouble accessing or connecting to personal health services?			
Identify all personal health service needs and unmet needs throughout the community?			
Defines partner roles and responsibilities to respond to the unmet needs of the community?			
Understand the reasons that people do not get the care they need?	50		
Model Standard: Assuring the Linkage of People to Personal Health Services  At what level does the local public health system:			
Connect (or link) people to organizations that can provide the personal health services they may need?	75		
Help people access personal health services, in a way that takes into account the unique needs of different populations?			
Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?			
Coordinate the delivery of personal health and social services so that everyone has access to the care they need?	25		
	Model Standard: Identification of Personal Health Service Needs of Population At what level does the local public health system:  Identify groups of people in the community who have trouble accessing or connecting to personal health services?  Identify all personal health service needs and unmet needs throughout the community?  Defines partner roles and responsibilities to respond to the unmet needs of the community?  Understand the reasons that people do not get the care they need?  Model Standard: Assuring the Linkage of People to Personal Health Services At what level does the local public health system:  Connect (or link) people to organizations that can provide the personal health services they may need?  Help people access personal health services, in a way that takes into account the unique needs of different populations?  Help people sign up for public benefits that are available to them (e.g., Medicaid or medical and prescription assistance programs)?  Coordinate the delivery of personal health and social services so that everyone		

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce				
	8.1 Model Standard: Workforce Assessment, Planning, and Development  At what level does the local public health system:			
	8.1.1	Set up a process and a schedule to track the numbers and types of LPHS jobs and the knowledge, skills, and abilities that they require whether those jobs are in the public or private sector?	25	

8.1.2	Review the information from the workforce assessment and use it to find and address gaps in the local public health workforce?	0			
8.1.3	Provide information from the workforce assessment to other community organizations and groups, including governing bodies and public and private agencies, for use in their organizational planning?	0			
8.2	Model Standard: Public Health Workforce Standards At what level does the local public health system:				
8.2.1	Make sure that all members of the public health workforce have the required certificates, licenses, and education needed to fulfill their job duties and meet the law?	100			
8.2.2	Develop and maintain job standards and position descriptions based in the core knowledge, skills, and abilities needed to provide the essential public health services?	100			
8.2.3	Base the hiring and performance review of members of the public health workforce in public health competencies?	50			
8.3	Model Standard: Life-Long Learning through Continuing Education, Training At what level does the local public health system:	, and Mentoring			
8.3.1	Identify education and training needs and encourage the workforce to participate in available education and training?	25			
8.3.2	Provide ways for workers to develop core skills related to essential public health services?	50			
8.3.3	Develop incentives for workforce training, such as tuition reimbursement, time off for class, and pay increases?	25			
8.3.4	Create and support collaborations between organizations within the public health system for training and education?	50			
8.3.5	Continually train the public health workforce to deliver services in a cultural competent manner and understand social determinants of health?	50			
8.4	Model Standard: Public Health Leadership Development  At what level does the local public health system:				
8.4.1	Provide access to formal and informal leadership development opportunities for employees at all organizational levels?	50			
8.4.2	Create a shared vision of community health and the public health system, welcoming all leaders and community members to work together?	75			
8.4.3	Ensure that organizations and individuals have opportunities to provide leadership in areas where they have knowledge, skills, or access to resources?	50			
8.4.4	Provide opportunities for the development of leaders representative of the diversity within the community?	50			

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services

9.1	Model Standard: Evaluation of Population-Based Health Services  At what level does the local public health system:	
9.1.1	Evaluate how well population-based health services are working, including whether the goals that were set for programs were achieved?	25
9.1.2	Assess whether community members, including those with a higher risk of having a health problem, are satisfied with the approaches to preventing disease, illness, and injury?	0
9.1.3	Identify gaps in the provision of population-based health services?	0
9.1.4	Use evaluation findings to improve plans and services?	0
9.2	Model Standard: Evaluation of Personal Health Services At what level does the local public health system:	
9.2.1	Evaluate the accessibility, quality, and effectiveness of personal health services?	25
9.2.2	Compare the quality of personal health services to established guidelines?	25
9.2.3	Measure satisfaction with personal health services?	50
9.2.4	Use technology, like the internet or electronic health records, to improve quality of care?	75
9.2.5	Use evaluation findings to improve services and program delivery?	50
9.3	Model Standard: Evaluation of the Local Public Health System At what level does the local public health system:	
9.3.1	3.1 Identify all public, private, and voluntary organizations that provide essential public health services?	
9.3.2	Evaluate how well LPHS activities meet the needs of the community at least every five years, using guidelines that describe a model LPHS and involving all entities contributing to essential public health services?	
9.3.3	Assess how well the organizations in the LPHS are communicating, connecting, and coordinating services?	
9.3.4	Use results from the evaluation process to improve the LPHS?	50

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems					
10.1	10.1 Model Standard: Fostering Innovation At what level does the local public health system:				
10.1.1	Provide staff with the time and resources to pilot test or conduct studies to test new solutions to public health problems and see how well they actually work?	50			
10.1.2	Suggest ideas about what currently needs to be studied in public health to organizations that do research?	0			

10.1.3	Keep up with information from other agencies and organizations at the local, state, and national levels about current best practices in public health?	75
10.1.4	Encourage community participation in research, including deciding what will be studied, conducting research, and in sharing results?	75
10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research At what level does the local public health system:	ch .
10.2.1	Develop relationships with colleges, universities, or other research organizations, with a free flow of information, to create formal and informal arrangements to work together?	75
10.2.2	Partner with colleges, universities, or other research organizations to do public health research, including community-based participatory research?	75
10.2.3	Encourage colleges, universities, and other research organizations to work together with LPHS organizations to develop projects, including field training and continuing education?	50
10.3	Model Standard: Capacity to Initiate or Participate in Research At what level does the local public health system:	
10.3.1	Collaborate with researchers who offer the knowledge and skills to design and conduct health-related studies?	25
10.3.2	Support research with the necessary infrastructure and resources, including facilities, equipment, databases, information technology, funding, and other resources?	25
10.3.3	Share findings with public health colleagues and the community broadly, through journals, websites, community meetings, etc?	50
10.3.4	Evaluate public health systems research efforts throughout all stages of work from planning to impact on local public health practice?	

## **APPENDIX B: Qualitative Assessment Data**

# **Summary Notes**

ESSENTIA	ESSENTIAL SERVICE 1: Monitor Health Status to Identify Community Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES	
1.1	Model Standard: Po	opulation-Based Community Hea	alth Assessment (CHA)	
Done every 3 years     Some agencies shared that they do utilize the data. Individual agencies are collection data - need to move to sharing of data     Sandy uses it in her newsletters; Anne uses it throughout the year; Jessica shared that the newspaper in Napoleon is more willing to work with health partners than most	Not continuously updated; Assessment is not totally comprehensive  Assessment does not include some data such as immunization rate. Heavy on collection of information, light on use of data.  Community members - are we reaching them as well as we can to promote the community health assessment.	Update data continuously     Look at additional health data that we know is available. Continuously collect and place into a central data collection repository to collect and display data     Doing well but can't say we are doing everything. Does everyone read the newspaper and listen to the radio station.		

1.2	Model Standard: Current Te	echnology to Manage and Comm	nunicate Population Health Data
Technology is available. We need to learn how to use it, and move toward using Some geographic information currently used involves zip codes and school systems to identify where clients are from or issues are located CHA uses computer generated graphics to show data over time	No system available to get information into GIS system     Subpopulation analysis not done due to lack of respondents to the CHA	Geomapping is an emerging technology that we can use to improve citizen's understanding	

1.3	Model Standard: Maintenance of Population Health Registries		
Vital stats; Flu stats;	Subpopulation analysis not done due to lack of respondents to the CHA HIPAA requirements limit collection of patient information to ACS. Hard to get local and county information. Data is not readily available. Costs factor to collect local data	Explore more what data is being collected and opportunities to share     Data is used when we need it, but not often.	

ESSENTIAL SERVICE 2: Diagnose and Investigate Health Problems and Health Hazards				
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES	
2.1	Model Standard	d: Identification and Surveillance	e of Health Threats	
Optimal communication with EMA. Schools provide daily information via SUDS.  WENS; OPHIS Alerts	Inconsistencies in how information is collected and reported.     WENS - not everyone is on this. Lack expertise - staff	Training for all involved in the surveillance system. Physician offices are very slow to report "reportable" diseases Mark gets local ER data re: reason for visit		

2.2	Model Standard: Investiga	ation and Response to Public He	alth Threats and Emergencies
Mark is an epidemiologist for 6 counties; We have a comprehensive plan for disease outbreak. Team is Nursing, PIO, Epi, EH at each county HD. Also a Seasonal and Pandemic flu plans. Each EMS team in the county has been trained in toxic exposure.  Plan has written timeframe and rules built in  EMA for the county - Tracy. Hospital has a coordinator, HD has one; Regional health coordinator  All agencies have requirements for testing; entire system coordinated a flu test  Tracy has a list of all contacts for chemical response. Software is available to assist with this.  They are completed for the most part	We have not exercised all of the plans, so how would we know if they are optimal or not?      Physicians and Local pharmacies, regional jail did not participate      Do we have nuclear response training and expertise?      We are not good at sharing the improvement plans done by other agencies.	Lots of cross county training and discussions     Meet across lines to discuss AAR.	

2.3	Model Standard	: Laboratory Support for Investig	ation of Health Threats
Hospital, ODH labs     Mark has been trained in this.	Model Standard  • Lead testing, vector testing	Laboratory Support for Investig     Labs to complete tests no longer provided by ODH lab     Need to communicate that we do have access 24/7	ODH has decreased their capacity to test such as Vector testing

ESSENT	ESSENTIAL SERVICE 3: Inform, Educate, and Empower People about Health Issues				
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES		
3.1	Model S	Standard: Health Education and	Promotion		
Senior Center has hospital and health dept. come in and talk about Senior issues. We did meet with Rep. Wachtman this year, nursing met with Reps re: immunizations. Also listserve reminds HMG to contact their Senators     Many small pieces are ongoing. Family and Children First Counsel; Breast Colon Cancer Coalition;     We attempt to get their input, but poor attendance/results		Meet in January to plan message of the month.			

3.2	Мо	odel Standard: Health Commun	ication
HD has a communication plan which has not been implemented; IAP has a plan;     Newspaper Articles, Radio spots, Television. They work well with all health partners. Also send things home with kids from school. Fun facts on Facebook. TP Messages. Stall Talk     We have volunteers who speak, but are they trained? Hospital has a Speaker's Bureau.	Match the message with the Target Audience.     We have not trained people to talk	Share health messages with TP Messages. Bring back Stall Talk. InstaGram, Twitter	

3.3	M	odel Standard: Risk Communic	ation
PHEP has a Risk Communication Plan; Hospital has a plan; ADAMhs Board has a plan     WENS system; OPHIS System, MARCS radios; call down lists; EMA building; ham radio operators     ACS trains all employees and volunteers; hospital administration teams is trained; HCHD does very little for staff		Involves entire county     Training may be as minimal as     "Don't respond" when contacted by     Media	

ESSENTIAL SI	ESSENTIAL SERVICE 4: Mobilize Community Partnerships to Identify and Solve Health Problems				
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES		
4.1	Mod	Model Standard: Constituency Development			
We have a directory (211) but it is incomplete and not known about     CPS3 challenges, Relay for Life encourage participation in activities     EH holds forum to respond to changes in fees; Suicide prevention and Bullying meetings; Churches have meetings to discuss issues, Senior center	211 online directory is very difficult to use. Phone books are incomplete. It is expensive to print directories.     No process for identifying and adding to coalition activity     No system in place	Education and Promotion of 211 and resources.     Use partners such as Crossroads, transportation network, churches	Miss out on qualified individuals who might add to the process		

4.2	Мос	del Standard: Community Partn	erships
Health Partners meet, CHIP produced with goals and objectives     Committee is established     Obesity is decreasing - I read it in the paper!	Not truly comprehensive - look at MH, faith community, schools Could be more comprehensive No annual assessment/review of CHIP	Identified need for reading readiness; identified ways to address. Gaining momentum.	

ESSENTIAL SERVICE 5: Develop Policies and Plans that Support Individual and Community Health Efforts			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
5.1	Model Stand	ard: Governmental Presence at	the Local Level
LHP have coordinated with LHD to complete CHA and Chip, action steps, etc. United Way has supported the effort financially. Good support for most messages.     Help with prerequisites and documentation requests, share minutes and information, provides a transcriptionist for meetings held at the hospital. Newsletters from Senior Center     There have been many improvements since the last Levy. We have many more resources than many other HD's.			

5.2	Model S	tandard: Public Health Policy D	evelopment
Mark provides input when updating ABC list; EH provides input into policy changes. Anne and Kim presented testimony at PH futures hearing. ACS has volunteers who impact state policies; NAMI     Anne and Kim addressed legislature to affect proposed law that 200,000 was minimum to serve population. ACS advocates for oral chemo care and palliative care.     We don't have any policies as a public health system	Not coordinated		

5.3	Model Standard: Com	munity Health Improvement Proc	ess and Strategic Planning
Completed in 2010-2013     Strategies are all written, with lead agencies assigned.     HCHD has some connection. Hospital has also connected theirs. ADAMhs Board has connected their	Individual strategies are not assigned.     Schools, public service agencies may have included. Senior Center did not incorporate	Senior Center utilize CHIP in next Strategic Plan	

5.4	Model Standard: Plan for Public Health Emergencies
• Yes, the group meets every 2-3 years to update the plan. • All is in the plan • Yes, drills occur every year (at least a portion)	Frequency of meetings and updates could be more frequent. Is the plan easy to access?     Broad based involvement; let partners not involved in drill know how it went (evaluation)

ESSENTIAL S	ESSENTIAL SERVICE 6: Enforce Laws and Regulations that Protect Health and Ensure Safety			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES	
6.1	Model Standard: Revi	ew and Evaluation of Laws, Re	gulations, and Ordinances	
Citizens are involved in lobbying lawmakers re: issues that are important to them  AOHC reviews every law with a potential impact on citizens EH does this, based upon state requirements. Immunizations does for school requirements; Technically yes, but difficult to get them to respond	Not done as a whole as a system; rather done in an individual program  Not coordinated effort	Child Fatality Review Communicate outside of own area of expertise Public Health expertise in available if needed	Nonprofits cannot lobby.	

6.2	Model Standard:	Involvem	ent in the Improvement of Laws	, Regulations, and Ordinances
meeting, newspaper article	Not coordinated effort Not coordinated effort Not coordinated effort  Not coordinated effort			

6.3	Model Standard:	Enforcement of Laws, Regulation	ons, and Ordinances
State monitors systems. Accreditation monitors other systems Billboards; Letters to parents re immunization changes; Restaurant inspections;	Lots of time spent answering citizen questions     Not coordinated effort     Not global look - we don't share information	Educational opportunities to let public know who is responsible	

#### ESSENTIAL SERVICE 7: Link People to Needed Personal Health Services and Assure the Provision of Health **Care when Otherwise Unavailable OPPORTUNITIES FOR** PRIORITIES OR LONGER **WEAKNESSES** IMMEDIATE IMPROVEMENT **STRENGTHS** TERM IMPROVEMENT / PARTNERSHIPS **OPPORTUNITIES** 7.1 Model Standard: Identification of Personal Health Service Needs of Populations Each individual program • There is little coordination between • Dental, transportation, dialysis, have their own group of partners personal hygiene products, • There is little coordination between clients that need services, but this is not coordinated partners • There are no partner roles and Is addressed as part of the CHA responsibilities

7.2	Model Standard: Ass	suring the Linkage of People to F	Personal Health Services
We connect well to the organizations that we are aware of     Medicaid dollars are tied to some of this such as translation services and transportation services     Hospital does this for all clients that do not have the ability to pay. Sr. Center has attempted to assist those age 60-65. Physician offices assist with medication costs if certain criteria is met. ACS states majority of their calls are for assistance with medications, insurance enrollment, etc.     HMG coordinates care; hospice coordinates care;		We work hard as a system to link those that come to us to services	

ESSENTIAL SERVICE 8: Assure a Competent Public and Personal Health Care Workforce			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
8.1	Model Standard:	Workforce Assessment, Plannir	ng, and Development
Hospital does individually, but not systematically undertaken	Not done as a system		

8.2	Model Sta	andard: Public Health Workford	e Standards
Individual agencies	Not coordinated effort Only HD staff have even heard of what they are, let alone meets them  et alone meets them		Not clear re: health partner responsibilities to this question

8.3	Model Standard: Life-Long L	earning through Continuing Edu	ucation, Training, and Mentoring
Licensure requirements are met;     ICS opportunities are coordinated     Hospital has scholarships; school system has pay raises     Students, interns, Moby training, APIX training     HD has planned training	We do not identify system wide needs and opportunities     Not system wide process     Varies with system     Not coordinated effort		

8.4	Model Star	ndard: Public Health Leadership	Development
HD does this, school has a strong mentoring program, hospital does this (LDI)     65 attendees at CHA rollout; collaboration for grants     Majority of leaders are female and white, which mirrors the workforce	Some health partners do a lot, others very minimal Few involved in CHIP development We have not developed diversity in leadership/training	Coordinate training among health partners	

ESSENTIAL SERVICE 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and Population-Based Health Services			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
9.1	Model Standard	d: Evaluation of Population-Bas	ed Health Services
	Don't think we do this     Don't think we do this     Don't think we do this     Don't think we do this		

9.2	Model Standard: Evaluation of Personal Health Services		
Certain pieces are getting done			
Most healthcare providers use E.H.R. Meaningful use requires Quality measures			

9.3	Model Standard: Evaluation of the Local Public Health System
	No one has a list.

ESSENTIAL SERVICE 10: Research for New Insights and Innovative Solutions to Health Problems			
STRENGTHS	WEAKNESSES	OPPORTUNITIES FOR IMMEDIATE IMPROVEMENT / PARTNERSHIPS	PRIORITIES OR LONGER TERM IMPROVEMENT OPPORTUNITIES
10.1	N	lodel Standard: Fostering Innova	ation
Hospital is doing this continually, food corp, HD does     Hospital, Health Dept, ACS, Community Guide, Healthy People 2021     CHA survey, Cancer survey,	Not a lot opportunities		

10.2	Model Standard: Linkage with Institutions of Higher Learning and/or Research		
	Not a lot opportunities		

10.3	Model Standa	rd: Capacity to Initiate or Partic	ipate in Research
UT data analysis and	Small agencies, not research oriented.		

#### **APPENDIX C: Additional Resources**

#### General

Association of State and Territorial Health Officers (ASTHO) http://www.astho.org/

CDC/Office of State, Tribal, Local, and Territorial Support (OSTLTS) http://www.cdc.gov/ostlts/programs/index.html

Guide to Clinical Preventive Services <a href="http://www.ahrq.gov/clinic/pocketgd.htm">http://www.ahrq.gov/clinic/pocketgd.htm</a>

Guide to Community Preventive Services www.thecommunityguide.org

National Association of City and County Health Officers (NACCHO) <a href="http://www.naccho.org/topics/infrastructure/">http://www.naccho.org/topics/infrastructure/</a>

National Association of Local Boards of Health (NALBOH) <a href="http://www.nalboh.org">http://www.nalboh.org</a>

Being an Effective Local Board of Health Member: Your Role in the Local Public Health System <a href="http://www.nalboh.org/pdffiles/LBOH%20Guide%20-%20Booklet%20Format%202008.pdf">http://www.nalboh.org/pdffiles/LBOH%20Guide%20-%20Booklet%20Format%202008.pdf</a>

Public Health 101 Curriculum for governing entities <a href="http://www.nalboh.org/pdffiles/Bd%20Gov%20pdfs/NALBOH\_Public\_Health101Curriculum.pdf">http://www.nalboh.org/pdffiles/Bd%20Gov%20pdfs/NALBOH\_Public\_Health101Curriculum.pdf</a>

#### **Accreditation**

ASTHO's Accreditation and Performance Improvement resources http://astho.org/Programs/Accreditation-and-Performance/

NACCHO Accreditation Preparation and Quality Improvement <a href="http://www.naccho.org/topics/infrastructure/accreditation/index.cfm">http://www.naccho.org/topics/infrastructure/accreditation/index.cfm</a>

Public Health Accreditation Board www.phaboard.org

#### Health Assessment and Planning (CHIP/ SHIP)

Healthy People 2010 Toolkit:

Communicating Health Goals and Objectives

http://www.healthypeople.gov/2010/state/toolkit/12Marketing2002.pdf

Setting Health Priorities and Establishing Health Objectives

http://www.healthypeople.gov/2010/state/toolkit/09Priorities2002.pdf

#### Healthy People 2020:

www.healthypeople.gov

MAP-IT: A Guide To Using Healthy People 2020 in Your Community <a href="http://www.healthypeople.gov/2020/implementing/default.aspx">http://www.healthypeople.gov/2020/implementing/default.aspx</a>

#### Mobilizing for Action through Planning and Partnership:

http://www.naccho.org/topics/infrastructure/mapp/

MAPP Clearinghouse

http://www.naccho.org/topics/infrastructure/mapp/framework/clearinghouse/

MAPP Framework

http://www.naccho.org/topics/infrastructure/mapp/framework/index.cfm

#### National Public Health Performance Standards Program

http://www.cdc.gov/nphpsp/index.html

#### Performance Management /Quality Improvement

American Society for Quality; Evaluation and Decision Making Tools: Multi-voting <a href="http://asq.org/learn-about-quality/decision-making-tools/overview/overview.html">http://asq.org/learn-about-quality/decision-making-tools/overview/overview.html</a>

Improving Health in the Community: A Role for Performance Monitoring <a href="http://www.nap.edu/catalog/5298.html">http://www.nap.edu/catalog/5298.html</a>

National Network of Public Health Institutes Public Health Performance Improvement Toolkit <a href="http://nnphi.org/tools/public-health-performance-improvement-toolkit-2">http://nnphi.org/tools/public-health-performance-improvement-toolkit-2</a>

Public Health Foundation – Performance Management and Quality Improvement http://www.phf.org/focusareas/Pages/default.aspx

#### **Turning Point**

http://www.turningpointprogram.org/toolkit/content/silostosystems.htm

US Department of Health and Human Services Public Health System, Finance, and Quality Program <a href="http://www.hhs.gov/ash/initiatives/quality/finance/forum.html">http://www.hhs.gov/ash/initiatives/quality/finance/forum.html</a>

#### **Evaluation**

CDC Framework for Program Evaluation in Public Health <a href="http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm">http://www.cdc.gov/mmwr/preview/mmwrhtml/rr4811a1.htm</a>

Guide to Developing an Outcome Logic Model and Measurement Plan (United Way) <a href="http://www.yourunitedway.org/media/Guide\_for\_Logic\_Models\_and\_Measurements.pdf">http://www.yourunitedway.org/media/Guide\_for\_Logic\_Models\_and\_Measurements.pdf</a>

National Resource for Evidence Based Programs and Practices <a href="https://www.nrepp.samhsa.gov">www.nrepp.samhsa.gov</a>

W.K. Kellogg Foundation Evaluation Handbook

http://www.wkkf.org/knowledge-center/resources/2010/W-K-Kellogg-Foundation-Evaluation-Handbook.aspx

W.K. Kellogg Foundation Logic Model Development Guide

http://www.wkkf.org/knowledge-center/resources/2006/02/WK-Kellogg-Foundation-Logic-Model-Development-Guide.aspx

#### APPENDIX C: Forces of Change Assessment

On the following pages are the full survey that was used for the Forces of Change assessment and the respondent's answers to each question.

#### **What is Henry County's Forces of Change Assessment?**

Coordinated by Henry County Health Department, this Forces of Change Assessment is designed to identify current and future trends, factors, and events that are likely to influence health and quality of life in Henry County, or impact the work of the local public health system.

This Assessment will answer the following questions:

- What is occurring or might occur that can affect the health of Henry County residents?
- · What specific local threats or opportunities are created by these occurrences?

#### **Identifying Forces of Change in Henry County**

Think about trends, factors, and events outside of your control that can or already have impacted health and quality of life here in Henry County and/or our local public health system. For example,

- 1. What has occurred recently that may affect our local public health system or community?
- 2. What may occur in the future?
- 3. What trends have been occurring that can impact our community's health or public health system?
- 4. What changes are occurring in Henry County? Northwest Ohio? Statewide? Nationally? Globally?
- 5. What characteristics of our community, county, region, or state may pose an opportunity or threat?
- 6. What may or already has occurred that may pose a barrier to achieving a shared vision?

#### **Henry County's Forces of Change**

Please identify at least 3 forces, or concerns you may have, that affect Henry County residents or the public health system. Also, please identify why this force is a concern and ways to address it.

#### Forces of change can be trends, factors, or events.

**Trends are patterns over time**, such as young graduates moving away for job opportunities or families returning to a community to raise their children.

**Factors are discrete elements**, such as a community's large ethnic population or a city's proximity to a major waterway or highways.

Events are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

There can be many different types of forces, including:

- Social
- Economic
- Political
- Technological
- Environmental
- Scientific
- Legal

Henry County's Forces of Change Assessment	
• Ethical	
Example:	
Force/Concern: Health Care Reform	
Why is this a concern: Increase in demand for preventative testing, increase in stress on public health system, short of health care providers, public mistrust of health care system and government in general, overall cost of electronic medical records	age
<b>How can we address this concern:</b> Increase in prevention education, increase in payment sources, decrease in the number of uninsured individuals, expanded age for children on parents insurance, expansion in usage of electronic medical records	
1. What are 3 things or forces that you are concerned or worried about?	
1.	
2.	
3.	
3. If you had unlimited time and resources, what are things that could be done to address your concerns?	

## Q1 What are 3 things or forces that you are concerned or worried about?

Answered: 14 Skipped: 0

Answer Choices	Responses	
1.	100.00%	14
2.	100.00%	14
3.	71.43%	10

#	1.	Date
1	long term viability of Henry County Hospital	9/19/2014 3:29 PM
2	Economic	9/19/2014 10:41 AM
3	Medical Area's - ebola; respiratory	9/19/2014 9:56 AM
4	environmental	9/18/2014 2:31 PM
5	DJFS staff's limitations in the way they respond to child abuse and neglect	9/18/2014 11:46 AM
6	stress level of people within work environmnet	9/15/2014 3:51 PM
7	Healthcare insurance	9/9/2014 10:59 AM
8	Medicaid expansion without expansion in number of providers accepting patients with Medicaid	9/7/2014 10:21 PM
9	Lack full time jobs for residents/jobs are through temp servcies with out long term employment opportunities	9/5/2014 4:09 PM
10	people viewing immunizations as a choice and not immunizing their children or themselves with all the reccommended vaccines	9/5/2014 11:28 AM
11	Obama Care/Health Care Reform	9/5/2014 9:53 AM
12	Social	9/4/2014 5:54 PM
13	Access to Physicians and Dentists who will accept managed care patients	9/4/2014 3:27 PM
14	global unrest	9/4/2014 3:21 PM
#	2.	Date
1	new and/or stronger strains of illnesses	9/19/2014 3:29 PM
2	Social	9/19/2014 10:41 AM
3	Poor water - such as the Lake Erie Experience	9/19/2014 9:56 AM
4	economic	9/18/2014 2:31 PM
5	the rampant drug issues amongst the teensthe students openly using drugs before and weven DURING school hours	9/18/2014 11:46 AM
6	lack of quality sleep	9/15/2014 3:51 PM
7	Financial constraints for student loans/repayment options	9/9/2014 10:59 AM
8	Very limited state investment in public health as a means to reduce healthcare costs	9/7/2014 10:21 PM
9	Lack of agencies to assist with the homeless concerns in our area	9/5/2014 4:09 PM
10	drinking water safety	9/5/2014 11:28 AM
11	Electronic Medical Records available on the internet	9/5/2014 9:53 AM
12	Political	9/4/2014 5:54 PM

13	Aging population, lack of affordble long term care, difficulty accessing any assistance in the home.	9/4/2014 3:27 PM
14	suicide acroos all age groups	9/4/2014 3:21 PM
#	3.	Date
1	availability of small town doctors	9/19/2014 3:29 PM
2	Health Care Reform	9/19/2014 10:41 AM
3	Run off in the Maumee River of toxins	9/19/2014 9:56 AM
4	technological	9/18/2014 2:31 PM
5	fast paced environment impacting all aspects of life, limiting laidback leisure activities	9/15/2014 3:51 PM
6	Financial constraints due to limited job avaialblity, or due to low paying jobs	9/9/2014 10:59 AM
7	Higher than average preventable readmission rates for Henry County residents on Medicare	9/7/2014 10:21 PM
8	Technological	9/4/2014 5:54 PM
9	Loss of employer sponsored health care coverage	9/4/2014 3:27 PM
10	inability of elderly to navigate healtcare system	9/4/2014 3:21 PM

#### Q2 Why are these a concern?

Answered: 12 Skipped: 2

#	Responses	Date
1	Insurance companies and individuals are pushing for shorter stays or alternative treatments, creating lower demand for lower treatment hospitals. That lower demand could also keep doctors away.	9/19/2014 3:29 PM
2	Cost	9/19/2014 10:41 AM
3	Over all health and what effects these have - too much cancer in this area.	9/19/2014 9:56 AM
4	1. Environmental: both outdoor & indoor/occupational. Lack of accessible, safe walking /biking /exercise venues, esp. in winter; aging population unable/unwilling to risk falls while walking; more and more stationary/sitting/high mental stress occupations. 2. Economic: employed population struggles to find childcare, time, & energy/motivation for nutrition & exercise; unemployed population struggles with all of same except time, esp. motivation. 3. Technological: increasingly technological based jobs requires more education, or willingness to learn required job skills, without adequate outreach to average unemployed person to elevate employability. Relationship building key to changing individual perspectives on goals, especially among women.	9/18/2014 2:31 PM
5	When people are stressed or have not had a good night's sleep, they are not at the top of their game. They tend to act impulsively, and have the potential to create a situation that might have been avoidable.	9/15/2014 3:51 PM
6	We have spousal carve out in my place of employment- therefore my husband is not allowed on our plan. I have to look for coverage elsewhere for him, which is very costly. Student loans can ruin a graduates credit, therefore limiting what they can do later in life. I do not feel that there are many options to help repay student loans. Good paying jobs are hard to find- lots of places have closed or continue to lay off causing financial strains on alot of families	9/9/2014 10:59 AM
7	1. Without an increased number of providers (medical, dental, mental health) willing/able to accept patients with Medicaid, access is not improved. Patients may still show up in the ER with problems that could have been handled in a less expensive setting, which shifts costs on to the hospital (which jeopardizes its financial stability).  2. The health of Henry County residents (and Ohioans as a whole) will not improve without a concerted combined efforts of local health care providers, hospital, health department, and multiple community partners. However, the payment system is still set up only to pay for treatment rather than prevention. 3.Failing to work together better to coordinate health care services for seniors to keep them out of the hospital will hurt all local providers, since Medicare reimbursement will be reduced for every provider whose rate is higher than accepted. While it may be tempting to shift blame to other providers (e.g. dr tells them to go to the ER), our parents and grandparents are the ones being harmed.	9/7/2014 10:21 PM
8	I feel we are going to continue to see increasing disease burden on our community as a result of societal change in thinking regarding immunizations. This change will tax our resources and funds available to deal with the outcomes of these choices, let alone the devastating effects this will have if we have serious health issues or even a death associate with these potential disease outbreaks. I don't know if I feel confident in testing procedures or if enough is know regarding what levels are safe for all of the toxins/impurities/chemicals present in water.	9/5/2014 11:28 AM
9	1. Because I don't want to have to drive to Toledo or Fort Wayne and just become a number in their huge health care system. 2. After my parents BOTH had their social security numbers stolen (on separate occassions!), a friend had her debit card number taken and her bank account drained, and my mom had her credit card number taken 3 different times, I don't trust the internet at all for anything that I don't want public and I don't want my health information public.	9/5/2014 9:53 AM
10	Social- victim mentality-lack of parenting skills Political-medical decisions made by insurance companies not doctors Technological-schools going to online textbooks	9/4/2014 5:54 PM
11	I know from my work place that providers of medical and dental care are in short supply. There is an increase in the number of clients who now receive Medicaid coverage, but no increase in dentists who will accept them as patients. I am primary caregiver for an aging parent. It is difficult to leave her home alone, but necessary that I go to work both financially and mentally. I have friends and acquaintances that have been told their employer will only cover the employee and not the spouse or children - they have been forced to seek coverage through the healthcare marketplace.	9/4/2014 3:27 PM
12	Decrease in quality of life, decrease in life span.	9/4/2014 3:21 PM

## Q3 If you had unlimited time and resources, what are things that could be done to address your concerns?

Answered: 13 Skipped: 1

#	Responses	Date
1	Not sure	9/19/2014 3:29 PM
2	Expand age for children on parents insurance	9/19/2014 10:41 AM
3	Something done to farm land to prevent run off; more natural ways to control weeds and bugs. Less genetically engineered farming. More sanitation for children in schools and public places; everyone for that matter.	9/19/2014 9:56 AM
4	1. Environmental: provide free safe indoor/outdoor exercise stations in all communities within easy reach; 2. Economic: provide free/low cost nutrition training/meals for all ages; recruit nutrition advocates from all ages (preschool to senior center) to lead the training; provide free access (transportation, neighborhood sources, grocery delivery) to any requesting. 3. Technological: use available technology and social media to meet/greet/building relationships that will sustain better nutrition & excercise habits within every segment of the population.	9/18/2014 2:31 PM
5	Encouragement of leisure activities, or stress reducing activities to maintain a healthy balance.	9/15/2014 3:51 PM
6	Offer repayment options for student loans- I feel this is an area that does not seem to get a break. They have taken the intiative to better themselves for the community, yet they are punished with the high cost to repay. I would have some type of forgiveness plan, if they continue to work in that profession, without any government assistance, they should be forgiven a % of the loan. Employers should not be allowed to do spousal carveout- If they offer insurance it should be across the board for the employee, children and spouse.	9/9/2014 10:59 AM
7	1. A series of honest and open conversations among all local health care providers to determine if everyone is sharing in the burden of making sure all local residents- those with Medicaid and those without any insurance-receive adequate health care AND then figuring out ways of ensuring everyone is doing their "part" 2. Working with the Ohio Office of Health Transformation, Ohio Department of Health, Ohio Department of Insurance, insurance companies, providers, and others to find ways to shift funding from treatment to prevention (and funding those who can do prevention most cost-effectively) 3. A county-wide quality improvement initiative to reduce preventable readmissions of local seniors (involving Henry County Health Department, Henry County Hospital, tertiary hospitals (like Toledo facilities), physicians, skilled nursing facilities, home care agencies, insurance companies)	9/7/2014 10:21 PM
8	Transitional housing programs, Life lesson education in schools Age limit on credit availability Close check to cash agencies	9/5/2014 4:09 PM
9	Legislation to require, not recommend all immunizations. I don't know how we can address this concern, more funding to upgrade facilities?	9/5/2014 11:28 AM
10	Keep all the local health care resources LOCAL and don't have them get bought out (or shut down) by Parkview, Promedica, or Mercy. 2. Electronic medical records are fine, but don't put them on the internet as it is only a matter of time until someone hacks the security codes and runs with it.	9/5/2014 9:53 AM
11	Home Ec and/or Life Skills classes mandatory 7-12 which include health and nutrition and preparedness education and child care. Medical decisions back in the hands of physicians. Affordable insurance	9/4/2014 5:54 PM
12	Provide navigators who will assist in finding assistance to resources.	9/4/2014 3:27 PM
13	have support groups in community, ensure elderly have advocates	9/4/2014 3:21 PM

## APPENDIX D: Community Themes and Strengths Assessment

On the following pages is the printable Community Themes and Strengths Assessment survey that was provided to residents, all responses to the survey questions, and a separate report created by Hiermer Consulting Company for the focus groups and key informant interviews.



# HEALTH PRIORITIES AND CONCERNS OF HENRY COUNTY RESIDENTS



The Henry County Health Partners, a group of organizations that are focused on improving the health of residents, want to know what's important to you! This survey will be help to determine health priorities and to identify local resources that can be used to improve the community's health. You can answer most questions with  $\checkmark$  or  $\times$ .

### Don't want to do the paper copy? Simply go to www.henrycohd.org and click the Community Health Priorities Survey

1.	I think the <b>3 most important a</b>	ual	ities of a "healthy community" a	are .	(mark only 3)
	Access to healthcare services		Good schools		Strong family life
	Clean environment (air, water)		Healthy lifestyles		Other:
	Good jobs, healthy economy				
2.	I think the <u>3</u> biggest health co	nce	rns for my friends and family are	e	(mark only 3)
	Aging problems (like arthritis,		Drunk driving		Overweight/obesity
	hearing/vision loss)		Distracted driving		Poor eating habits
	Alcohol/drug abuse		Lack of affordable birth control		Teen pregnancy
	Child abuse/neglect		Lack of affordable dental care		Tobacco use (smoking, snuff,
	Chronic diseases (like heart		Lack of affordable health care		chewing, e-cigarettes)
	disease, cancer, diabetes)		Lack of health insurance		Other:
	Depression and suicide		Not being physically active		
	For Henry County to become on ganizations should focus mos		f the healthiest counties in Ohio, in (mark only 3)	I th	ink the <b>county's health</b>
	Access to affordable birth		Domestic violence/sexual		Preventing teen or unplanned
	control		assault		pregnancies
	Access to dental services		Helping people be more active		Risk factors for diseases like
	Access to health care services		Helping people make better		heart disease, cancer, diabetes
	Access to healthy foods		food choices		Safe food in restaurants, stores
	Aging-related health problems		Infectious diseases (flu, STDs,		Smoking/tobacco use
	Alcohol abuse by teens, adults		TB, measles, mumps)		Traffic safety
	Childhood development and		Illegal drug use		Water quality
	parenting		Overweight/obesity		Other:
	Depression/suicide		Prescription drug abuse		
		or p	providers (medical, dental, vision,	, sp	ecialty care, mental health) that
Ιu	ise most often are:				
1)					
۷)					
3)					

	The greatest <b>strengths</b> of our <b>e</b>	ntire	community are (mark up to	3)		
	Walkable, bike-able		Services and support for		Living in a clean and healthy	
	community		those needing help during		environment	
	Access to affordable housing		times of stress or crisis		Working toward an end to	
	Access to health care for		Local police, fire, and rescue		homelessness	
	everyone		services		Access to affordable, healthy	
	Access to health education for		Meet basic community needs		food in our community	
	everyone		(food, shelter, clothing)		Jobs and a healthy economy	
	Access to medical screenings		Access to parks and recreation		Safe neighborhoods	
	for everyone		Low crime		Low violence (domestic, elder	r,
	Living in a friendly community		Programs, activities, and		child)	
	Programs, activities, and		support for seniors		Other:	
	support for youth and teens					
	What makes you most proud to			)		_ _ _
	lease tell us more about you so v	ve ca		•		25.
			My usual source of health	M	Race/Ethnicity:	
-	y Age: My Education:				African Amorican/Plack	
	Under 18		care:		African American/Black	
	Under 18 □ 8th grade or less 18-25 years □ Some high school	ol	<b>care:</b> □ Hospital/Emergency Room		Asian/Pacific Islander	
	Under 18	ol	care:  ☐ Hospital/Emergency Room  ☐ Doctor's Office		Asian/Pacific Islander Caucasian/White	
	Under 18	ol oma/	care:  ☐ Hospital/Emergency Room ☐ Doctor's Office ☐ Free or reduced fee clinics		Asian/Pacific Islander	
	Under 18	ol oma/	care:  ☐ Hospital/Emergency Room  ☐ Doctor's Office		Asian/Pacific Islander Caucasian/White Hispanic/Latino	
	Under 18	ol oma/ e e	care:  ☐ Hospital/Emergency Room ☐ Doctor's Office ☐ Free or reduced fee clinics ☐ I don't get health care ☐ Other		Asian/Pacific Islander Caucasian/White Hispanic/Latino Native American	
	Under 18	ol oma/ e e e ate, o	care:  ☐ Hospital/Emergency Room ☐ Doctor's Office ☐ Free or reduced fee clinics ☐ I don't get health care ☐ Other		Asian/Pacific Islander Caucasian/White Hispanic/Latino Native American	
	Under 18	ol oma/ e e e ate, o	care:  ☐ Hospital/Emergency Room ☐ Doctor's Office ☐ Free or reduced fee clinics ☐ I don't get health care ☐ Otheror		Asian/Pacific Islander Caucasian/White Hispanic/Latino Native American Other/Multiracial  ily Income: My Gender:	
	Under 18	ol oma/ e e e ate, o	care:  ☐ Hospital/Emergency Room ☐ Doctor's Office ☐ Free or reduced fee clinics ☐ I don't get health care ☐ Other or    Marital Status: My F	=am	Asian/Pacific Islander Caucasian/White Hispanic/Latino Native American Other/Multiracial  ily Income: My Gender: than \$24,999	
	Under 18	ol oma/ e e e ate, o ree	care:  ☐ Hospital/Emergency Room ☐ Doctor's Office ☐ Free or reduced fee clinics ☐ I don't get health care ☐ Otheror  Iy Marital Status: My F ☐ Married ☐ Look Single but living together ☐ \$	= = = = = = = = = = = = = = = = = = =	Asian/Pacific Islander Caucasian/White Hispanic/Latino Native American Other/Multiracial  ily Income: My Gender: than \$24,999 D00-\$49,999	
	Under 18	oma/ e e eate, o ree	care:  ☐ Hospital/Emergency Room ☐ Doctor's Office ☐ Free or reduced fee clinics ☐ I don't get health care ☐ Other	=ami ess t 25,0	Asian/Pacific Islander Caucasian/White Hispanic/Latino Native American Other/Multiracial  ily Income: My Gender: than \$24,999 000-\$49,999 000-\$99,999	
	Under 18	oma/ e e eate, o ree <b>M</b>	care:  ☐ Hospital/Emergency Room ☐ Doctor's Office ☐ Free or reduced fee clinics ☐ I don't get health care ☐ Other	=am ess t 25,0 fore	Asian/Pacific Islander Caucasian/White Hispanic/Latino Native American Other/Multiracial  ily Income: My Gender: than \$24,999 00-\$49,999 000-\$99,999 than	
	Under 18	oma/ e e eate, o ree <b>M</b>	care:  ☐ Hospital/Emergency Room ☐ Doctor's Office ☐ Free or reduced fee clinics ☐ I don't get health care ☐ Other	=ami ess t 25,0	Asian/Pacific Islander Caucasian/White Hispanic/Latino Native American Other/Multiracial  ily Income: My Gender: than \$24,999 00-\$49,999 000-\$99,999 than	
	Under 18	oma/ e e e eate, or ree <b>N</b>	care:  ☐ Hospital/Emergency Room ☐ Doctor's Office ☐ Free or reduced fee clinics ☐ I don't get health care ☐ Other	= = = = = = = = = = = = = = = = = = =	Asian/Pacific Islander Caucasian/White Hispanic/Latino Native American Other/Multiracial  ily Income: My Gender: than \$24,999 Than \$24,999 Than \$00-\$99,999 Than \$000	

By July 1st THANK YOU for taking the time to share your opinion with us!

## HEALTH PRIORITIES AND CONCERNS OF HENRY COUNTY RESIDENTS

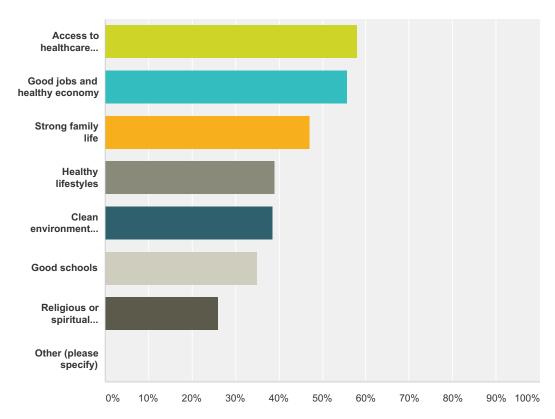
Please tell us more about you so we can see how different types of people feel about health issues.

	reei adout neaith issues.	
My Age: My Education:  □ Under 18 □ 8th grade or less □ 18-25 years □ Some high school diplon □ 26-35 years □ High school diplon □ 36-45 years □ GED □ 46-55 years □ Some college □ 46-55 years □ Associate degree □ 56-65 years □ Bachelor's degree □ 66-75 years □ Master's, Doctorate or professional decompositions	☐ Free or reduced fee clinics ☐ I don't get health care ☐ Other	My Race/Ethnicity:  ☐ African American/ Black ☐ Asian/Pacific Islander ☐ Caucasian/White ☐ Hispanic/Latino ☐ Native American ☐ Other/Multiracial
I have these types of insurance (check all that apply)  ☐ Medical/Health ☐ Dental ☐ Vision ☐ I do not have any type of insurance  Home Zip Code:	<ul> <li>□ Married</li> <li>□ Single but living together</li> <li>□ Single, divorced,</li> <li>□ separated, widowed</li> </ul>	Family Income: My Gender:  Less than \$24,999 \$25,000-\$49,999 \$50,000-\$99,999  More than \$100,000
0	LTH PRIORITIES AND CONCERNS F HENRY COUNTY RESIDENTS Out you so we can see how different feel about health issues.	
My Age: My Education:  Under 18	care:  Hospital/Emergency Room  Doctor's Office  Free or reduced fee clinics  I don't get health care  Other	My Race/Ethnicity:  African American/ Black  Asian/Pacific Islander  Caucasian/White  Hispanic/Latino  Native American  Other/Multiracial
I have these types of insurance (check all that apply)  □ Medical/Health □ Dental □ Vision □ I do not have any type of insurance	<ul> <li>□ Married</li> <li>□ Single but living together</li> <li>□ Single, divorced,</li> <li>□ separated, widowed</li> </ul>	Family Income: My Gender: Less than \$24,999 □ Female \$25,000-\$49,999 \$50,000-\$99,999 More than \$100,000

Home Zip Code: \_\_\_\_\_

## Q1 I think the 3 most important qualities of a "healthy community" are ... (pick only 3)

Answered: 327 Skipped: 0

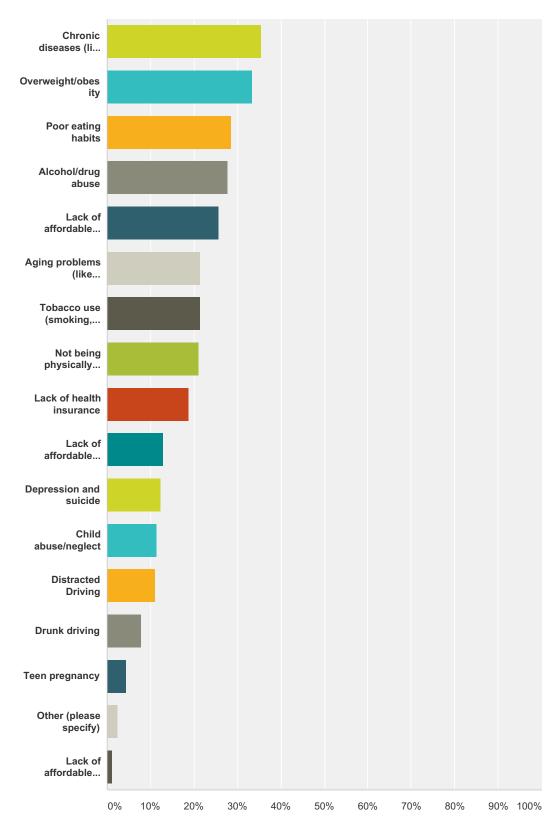


Answer Choices	Responses	
Access to healthcare services	58.10%	190
Good jobs and healthy economy	55.66%	182
Strong family life	47.09%	154
Healthy lifestyles	39.14%	128
Clean environment (air, water)	38.53%	126
Good schools	35.17%	115
Religious or spiritual values	25.99%	85
Other (please specify)	0.31%	1
Total Respondents: 327		

#	Other (please specify)	Date
1	treat people with respect and love	6/16/2014 7:44 AM

### Q2 I think the 3 biggest health concerns for my friends and family are... (pick only 3)

Answered: 324 Skipped: 3

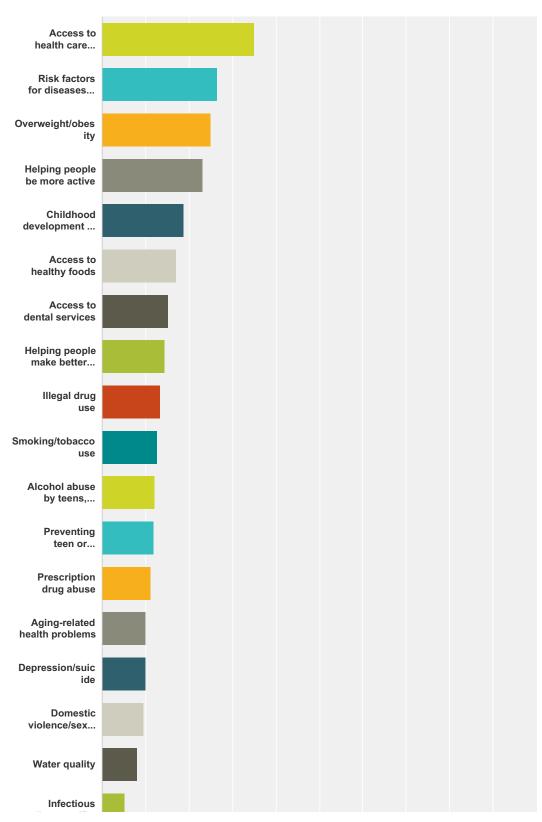


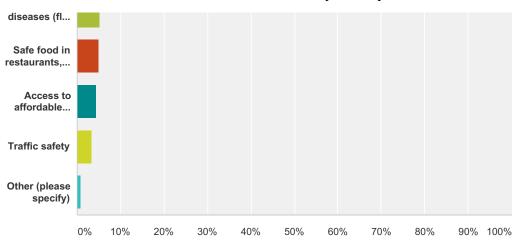
swer Choices	Responses	
Chronic diseases (like heart disease, cancer, diabetes)	35.49%	115
Overweight/obesity	33.33%	108
Poor eating habits	28.70%	9:
Alcohol/drug abuse	27.78%	9
Lack of affordable health care	25.62%	8
Aging problems (like arthritis, hearing/vision loss)	21.60%	7
Tobacco use (smoking, snuff, chewing, e-cigarettes)	21.60%	7
Not being physically active	20.99%	6
Lack of health insurance	18.83%	6
Lack of affordable dental care	12.96%	4
Depression and suicide	12.35%	4
Child abuse/neglect	11.42%	3
Distracted Driving	11.11%	3
Drunk driving	8.02%	2
Teen pregnancy	4.32%	1
Other (please specify)	2.47%	
Lack of affordable birth control	1.23%	
al Respondents: 324		

#	Other (please specify)	Date
1	caring for themself	6/30/2014 9:39 AM
2	Breakdown of the family unit	6/25/2014 5:40 AM
3	poor family values - poor parenting	6/20/2014 10:22 AM
4	Driving while texting and being on cell phones	6/17/2014 4:28 PM
5	employment opportunities	6/16/2014 8:42 AM
6	Poor lifestyle choices- unsafe sex	6/16/2014 8:04 AM
7	Noncompliance with medications and treatments	6/15/2014 10:27 AM
8	Too many families taking advantage of government "free" services. Maybe due to lack of jobs or lack of the want to look for a job when they don't have to.	6/12/2014 3:02 PM

# Q3 For Henry County to become one of the healthiest counties in Ohio, I think the county's health organizations should focus most on ... (pick only 3)

Answered: 320 Skipped: 7





wer Choices	Responses	
Access to health care services	35.00%	1
Risk factors for diseases like heart disease, cancer, diabetes	26.56%	
Overweight/obesity	25.00%	
Helping people be more active	23.13%	
Childhood development and parenting	18.75%	
Access to healthy foods	17.19%	
Access to dental services	15.31%	
Helping people make better food choices	14.37%	
Illegal drug use	13.44%	
Smoking/tobacco use	12.81%	
Alcohol abuse by teens, adults	12.19%	
Preventing teen or unplanned pregnancies	11.88%	
Prescription drug abuse	11.25%	
Aging-related health problems	10.00%	
Depression/suicide	10.00%	
Domestic violence/sexual assault	9.69%	
Water quality	8.13%	
Infectious diseases (flu, STDs, TB, measles, mumps)	5.31%	
Safe food in restaurants, stores	5.00%	
Access to affordable birth control	4.38%	
Traffic safety	3.44%	
Other (please specify)	0.94%	

Total Respondents: 320		

#	Other (please specify)	Date
1	make healthy food more affordable so we are not obese	7/3/2014 4:53 PM
2	Helping people make better LIFE choices. They need to consider how their decisions and actions affect those around them not just themselves.	6/25/2014 5:42 AM
3	To be responsable and accountable for choices.	6/21/2014 12:12 PM

# Q4 The 3 healthcare organizations or providers (medical, dental, vision, specialty care) that I use most often are:

Answered: 273 Skipped: 54

Answer Choices	Responses	
1.	100.00%	273
2.	86.81%	237
3.	72.53%	198

#	1.	Date
1	mental health	7/14/2014 9:48 AM
2	medical	7/8/2014 10:27 AM
3	medical	7/8/2014 10:25 AM
4	Henry County Health Department	7/8/2014 10:19 AM
5	Henry County Health Department	7/8/2014 10:17 AM
6	Dr. Nielsen (Perrysburg)	7/8/2014 10:15 AM
7	Dr. Frey	7/8/2014 10:11 AM
8	Buckeye (medicaid)	7/8/2014 10:09 AM
9	maumee valley integrated health	7/8/2014 10:05 AM
10	Henry County Family Physcians	7/8/2014 10:02 AM
11	Dr. Morris Seal MD	7/8/2014 9:56 AM
12	mental health	7/8/2014 9:54 AM
13	medical	7/8/2014 9:52 AM
14	medical	7/8/2014 9:49 AM
15	medical	7/8/2014 9:47 AM
16	crisis center/mental health	7/8/2014 9:44 AM
17	medical	7/8/2014 9:41 AM
18	healthy smiles -dental	7/8/2014 9:31 AM
19	maumee valley guidance	7/8/2014 9:23 AM
20	henry county hospital	7/8/2014 9:21 AM
21	mercy clinic	7/8/2014 9:08 AM
22	Dr. Uribes	7/7/2014 5:17 PM
23	paramount health care	7/7/2014 5:05 PM
24	humana medicare advantage	7/7/2014 5:01 PM
25	medical	7/7/2014 4:58 PM
26	dental	7/7/2014 4:55 PM
27	medical	7/7/2014 4:52 PM

28	medical	7/7/2014 4:48 PM
29	Promedica of Defiance	7/7/2014 11:48 AM
30	?	7/7/2014 11:42 AM
31	medical	7/7/2014 11:39 AM
32	medical	7/7/2014 11:38 AM
33	dental	7/7/2014 11:36 AM
34	medical, vision, mental health	7/7/2014 11:34 AM
35	medical	7/7/2014 11:32 AM
36	Medical Henry County Family Physicians	7/7/2014 11:30 AM
37	medical	7/7/2014 11:24 AM
38	Henry County Hospital	7/7/2014 11:22 AM
39	medical	7/3/2014 4:59 PM
40	medical	7/3/2014 4:57 PM
41	medical	7/3/2014 4:56 PM
42	medical	7/3/2014 4:53 PM
43	Dr. Morris Seal	7/3/2014 4:50 PM
44	health care dental	7/3/2014 4:45 PM
45	dental	7/3/2014 4:43 PM
46	medical	7/3/2014 4:29 PM
47	health department	7/3/2014 4:23 PM
48	medicaid	7/3/2014 4:21 PM
49	medical	7/3/2014 4:19 PM
50	putnam dental	7/3/2014 4:08 PM
51	dental	7/3/2014 4:06 PM
52	medical	7/3/2014 4:04 PM
53	medical	7/3/2014 4:01 PM
54	medical	7/3/2014 3:58 PM
55	medical	7/3/2014 3:55 PM
56	can't find vision anywhere close	7/3/2014 3:51 PM
57	medical	7/3/2014 3:44 PM
58	clinic napoleon	7/3/2014 3:25 PM
59	medical	7/3/2014 3:19 PM
60	medical	7/3/2014 3:16 PM
61	medical	7/3/2014 3:13 PM
62	medicare for medical	7/3/2014 3:09 PM
63	medical	7/3/2014 3:07 PM
64	medical	7/3/2014 3:05 PM
65	medical	7/3/2014 2:51 PM

66	Dr FAusz	7/3/2014 2:46 PM
67	Medical	7/2/2014 4:35 PM
68	Henry County Family Physicians-Family Doctor	7/1/2014 5:20 PM
69	medical	7/1/2014 5:17 PM
70	medical	7/1/2014 5:16 PM
71	medical	7/1/2014 4:57 PM
72	health department	7/1/2014 4:56 PM
73	medicaid	7/1/2014 4:54 PM
74	hospital	7/1/2014 4:53 PM
75	medical	6/30/2014 9:34 AM
76	family dr. Defiance Regional	6/30/2014 9:33 AM
77	medical insurance	6/26/2014 3:37 PM
78	Henry County Hospital	6/26/2014 6:59 AM
79	medical	6/25/2014 10:48 PM
80	Napoleon Clinic	6/25/2014 6:54 PM
81	Dental Excellence of Napoleon	6/25/2014 12:30 PM
82	dental	6/25/2014 11:30 AM
83	Medical	6/25/2014 5:42 AM
84	Medical	6/24/2014 10:03 PM
85	Buckeye	6/24/2014 10:17 AM
86	dental	6/24/2014 10:15 AM
87	medical	6/24/2014 9:42 AM
88	medical	6/24/2014 9:40 AM
89	mental health	6/24/2014 9:38 AM
90	medical	6/24/2014 9:37 AM
91	nurses help	6/24/2014 9:35 AM
92	medical	6/24/2014 9:34 AM
93	Napoleon Clinic	6/24/2014 9:32 AM
94	medical	6/24/2014 9:29 AM
95	healthcare	6/24/2014 9:27 AM
96	Medical	6/24/2014 9:25 AM
97	ОВ	6/24/2014 9:23 AM
98	Dental - Dr. Cochran	6/24/2014 9:21 AM
99	medical	6/24/2014 9:20 AM
100	Dr. Seal, Napoleon	6/24/2014 9:18 AM
101	Henry County Hospital	6/24/2014 9:16 AM
102	Henry County Hospital	6/24/2014 9:14 AM
103	Dr. Mark Fox, Findlay	6/24/2014 9:12 AM

104	dental	6/24/2014 9:08 AM
105	Promedica	6/24/2014 9:07 AM
106	Dr. Seal	6/24/2014 9:03 AM
107	Wood County Medical Associates	6/24/2014 9:01 AM
108	medical	6/24/2014 8:59 AM
109	medical	6/24/2014 8:57 AM
110	I rarely go to the doctor	6/24/2014 8:54 AM
111	Medicare/Medicaid	6/24/2014 8:50 AM
112	Specialty care	6/24/2014 8:14 AM
113	archbold medical group	6/23/2014 9:16 PM
114	Henry County Hospital	6/23/2014 1:51 PM
115	Henry Co Family Physicians	6/23/2014 12:21 PM
116	medical	6/22/2014 10:44 PM
117	HCFP	6/22/2014 3:54 PM
118	Henry County Hospital	6/21/2014 10:16 PM
119	medical	6/21/2014 6:37 AM
120	Dr Music	6/20/2014 7:44 AM
121	MEDICAL	6/20/2014 2:11 AM
122	Henry County Family Physicians	6/19/2014 6:27 PM
123	Henry County Hospital	6/19/2014 2:58 PM
124	Mercy Defiance Clinic	6/19/2014 2:12 PM
125	medical	6/19/2014 10:26 AM
126	Promedica Health Partners	6/19/2014 10:23 AM
127	Northwest Ohio Dental Clinic	6/19/2014 10:18 AM
128	Paramount Advantage	6/19/2014 10:02 AM
129	medical	6/19/2014 9:59 AM
130	medical	6/19/2014 9:56 AM
131	medical	6/19/2014 9:53 AM
132	none	6/19/2014 9:51 AM
133	Henry County Hospital	6/19/2014 9:47 AM
134	Henry County ER I don't go anywhere else because I don't have insurance	6/19/2014 9:44 AM
135	medical	6/19/2014 9:39 AM
136	Henry County Hospital	6/19/2014 9:36 AM
137	medical	6/19/2014 9:31 AM
138	henry county hispital	6/19/2014 9:24 AM
139	medical	6/19/2014 9:04 AM
140	medical	6/19/2014 8:36 AM
141	N/A	6/18/2014 9:39 PM

142	Medical	6/18/2014 3:00 PM
143	medical	6/18/2014 2:59 PM
144	medical	6/18/2014 10:39 AM
145	Henry County Family Physicians	6/18/2014 10:14 AM
146	HCFP	6/18/2014 9:57 AM
147	hch	6/18/2014 5:02 AM
148	Henry County Hopsital	6/17/2014 10:31 PM
149	medical	6/17/2014 4:35 PM
150	defiance clinic	6/17/2014 2:48 PM
151	Dental	6/17/2014 1:43 PM
152	medical	6/17/2014 11:02 AM
153	medical	6/17/2014 10:56 AM
154	Henry County Hospital	6/17/2014 10:36 AM
155	dental	6/17/2014 10:11 AM
156	vision	6/17/2014 3:34 AM
157	Henry Co HSPTL	6/16/2014 2:46 PM
158	Dr. Fleck, vision	6/16/2014 1:32 PM
159	Henry County Hospital	6/16/2014 10:57 AM
160	Henry County Family Physicians	6/16/2014 10:56 AM
161	Henry County Hospital	6/16/2014 10:48 AM
162	Walmart Vision Center	6/16/2014 10:38 AM
163	Dental	6/16/2014 10:31 AM
164	Medial	6/16/2014 10:30 AM
165	medical	6/16/2014 10:29 AM
166	Henry County Hospital	6/16/2014 10:12 AM
167	HENRY CO FAMILY PHYSICIANS	6/16/2014 9:53 AM
168	Medical	6/16/2014 9:50 AM
169	medical	6/16/2014 9:13 AM
170	medical	6/16/2014 9:09 AM
171	Henry County Family Physicians	6/16/2014 8:55 AM
172	Dr Lauf's Family Vision in Napoleon	6/16/2014 8:54 AM
173	Medical	6/16/2014 8:43 AM
174	Dental	6/16/2014 8:36 AM
175	henry county hospital	6/16/2014 8:18 AM
176	Henry County Hospital	6/16/2014 8:16 AM
177	Hospital	6/16/2014 8:12 AM
178	Family Physician, OB/ GYN	6/16/2014 8:05 AM
179	medical	6/16/2014 7:59 AM

180	Henry County Hospital	6/16/2014 7:52 AM
181	Henry County Family Physicians	6/16/2014 7:46 AM
182	Henry County Hospital	6/16/2014 7:36 AM
183	Henry County Hospital	6/16/2014 7:19 AM
184	HENRY CO. HOSPITAL	6/16/2014 7:13 AM
185	Family Medical Care	6/16/2014 7:04 AM
186	нсн	6/16/2014 4:44 AM
187	Henry County Family Physicians	6/15/2014 4:57 PM
188	dental	6/15/2014 10:28 AM
189	hch	6/15/2014 6:02 AM
190	medical	6/14/2014 9:10 PM
191	medical	6/14/2014 6:09 PM
192	Mercy Defiance Clinic	6/13/2014 10:52 PM
193	Henry County Hospital	6/13/2014 4:10 PM
194	Dr. Jana Bourn	6/13/2014 4:08 PM
195	MERCY HEALTH SYSTEM	6/13/2014 3:56 PM
196	Henry county hospital	6/13/2014 3:08 PM
197	Henry County Family Physicains	6/13/2014 2:29 PM
198	Henry County Hospital	6/13/2014 2:29 PM
199	doctor	6/13/2014 2:06 PM
200	vision	6/13/2014 2:00 PM
201	Henry County Family Physicians	6/13/2014 12:51 PM
202	HCFP	6/13/2014 11:22 AM
203	medical	6/13/2014 11:12 AM
204	Medical	6/13/2014 10:06 AM
205	MEDICAL	6/13/2014 8:47 AM
206	medical	6/13/2014 8:40 AM
207	henry county hospital- medical	6/13/2014 7:52 AM
208	medical	6/13/2014 7:38 AM
209	Henry county hospital	6/13/2014 5:58 AM
210	medical	6/13/2014 1:48 AM
211	medical	6/12/2014 10:26 PM
212	Hospital/ Family Doctor	6/12/2014 9:44 PM
213	Henry County Family Physicians	6/12/2014 9:32 PM
214	Henry County Hospital	6/12/2014 8:00 PM
215	medical	6/12/2014 7:23 PM
216	fulton county health center	6/12/2014 4:26 PM
217	medical	6/12/2014 4:19 PM

218	FCHC	6/12/2014 3:56 PM
219	Medical	6/12/2014 3:32 PM
220	Henry County Family Physicians	6/12/2014 3:14 PM
221	do not live in henry county	6/12/2014 3:11 PM
222	vision	6/12/2014 3:06 PM
223	chiropractic	6/12/2014 3:03 PM
224	Henry County Hospital	6/12/2014 3:03 PM
225	Henry County Family Physicians	6/12/2014 2:55 PM
226	HENRY COUNTY HOSPITAL	6/12/2014 2:54 PM
227	henry county hospital	6/12/2014 2:47 PM
228	medical	6/12/2014 2:41 PM
229	HCH-Dr.Seal	6/12/2014 2:25 PM
230	Henry County Hospital, Dr. Krueger, Dr. Haftkowycz	6/12/2014 2:20 PM
231	henry county hospital	6/12/2014 2:18 PM
232	HENRY COUNTY HOSPITAL	6/12/2014 2:14 PM
233	Family physician	6/12/2014 2:08 PM
234	Dr. Jeff Heinrichs (dental)	6/12/2014 2:06 PM
235	medical	6/12/2014 2:05 PM
236	Henry County Family Physicians	6/12/2014 1:57 PM
237	Henry County Hospital	6/12/2014 1:56 PM
238	Henry County Family Physicians	6/12/2014 1:53 PM
239	Medical	6/12/2014 1:51 PM
240	medical	6/12/2014 1:47 PM
241	henry county hospital	6/12/2014 1:46 PM
242	parkview physicians group	6/12/2014 1:45 PM
243	Henry County Hospital	6/12/2014 1:42 PM
244	medical	6/12/2014 1:39 PM
245	mercy napoleon clinic -health	6/12/2014 8:35 AM
246	medical	6/12/2014 8:32 AM
247	medical	6/12/2014 8:30 AM
248	Dr. Morris Seal	6/12/2014 8:26 AM
249	medical	6/12/2014 8:23 AM
250	haven't had health insurance	6/12/2014 8:22 AM
251	dentist in Defiance	6/12/2014 8:20 AM
252	specialty	6/11/2014 10:03 PM
253	henry county family physcians	6/10/2014 4:39 PM
254	vision	6/10/2014 4:24 PM
255	medical	6/10/2014 4:19 PM

256	Henry County Health Department	6/10/2014 10:04 AM
257	Henry County Family Physicians	6/10/2014 8:14 AM
258	Fallen Timbers Family Physicians	6/9/2014 4:08 PM
259	medical	6/9/2014 10:06 AM
260	dental	6/9/2014 9:53 AM
261	Archbold Medical Group	6/6/2014 3:31 PM
262	medical	6/6/2014 1:46 PM
263	mental health	6/6/2014 12:17 PM
264	medical	6/6/2014 12:11 PM
265	Deshler Family Practice	6/6/2014 11:05 AM
266	health department	6/5/2014 5:15 PM
267	health department	6/5/2014 5:13 PM
268	medical	6/5/2014 5:12 PM
269	Medical	6/5/2014 4:33 PM
270	Dr. Cochran dentist	6/5/2014 2:50 PM
271	medical	6/5/2014 10:40 AM
272	Defiance Mercy Clinic	6/4/2014 3:39 PM
273	medical	6/4/2014 2:00 PM
#	2.	Date
1	medical	7/14/2014 9:48 AM
2	vision	7/8/2014 10:27 AM
3	mental health	7/8/2014 10:25 AM
4	Napoleon Clinic Mercy	7/8/2014 10:19 AM
5	Napoleon Clinic Mercy	7/8/2014 10:17 AM
6	HCHD Dental	7/8/2014 10:15 AM
7		
8	Napoleon Clinic	7/8/2014 10:11 AM
	Napoleon Clinic  Mercy Clinic	7/8/2014 10:11 AM 7/8/2014 10:09 AM
9		
9	Mercy Clinic	7/8/2014 10:09 AM
	Mercy Clinic henry county hospital	7/8/2014 10:09 AM 7/8/2014 10:05 AM
10	Mercy Clinic henry county hospital WIC	7/8/2014 10:09 AM 7/8/2014 10:05 AM 7/8/2014 10:02 AM
10	Mercy Clinic henry county hospital WIC Dr. Parcel Dentist	7/8/2014 10:09 AM  7/8/2014 10:05 AM  7/8/2014 10:02 AM  7/8/2014 9:56 AM
10 11 12	Mercy Clinic henry county hospital WIC Dr. Parcel Dentist medical	7/8/2014 10:09 AM 7/8/2014 10:05 AM 7/8/2014 10:02 AM 7/8/2014 9:56 AM 7/8/2014 9:54 AM
10 11 12 13	Mercy Clinic henry county hospital  WIC  Dr. Parcel Dentist  medical dental	7/8/2014 10:09 AM  7/8/2014 10:05 AM  7/8/2014 10:02 AM  7/8/2014 9:56 AM  7/8/2014 9:54 AM  7/8/2014 9:52 AM
10 11 12 13 14	Mercy Clinic henry county hospital  WIC  Dr. Parcel Dentist  medical dental mental health	7/8/2014 10:09 AM  7/8/2014 10:05 AM  7/8/2014 10:02 AM  7/8/2014 9:56 AM  7/8/2014 9:54 AM  7/8/2014 9:52 AM  7/8/2014 9:49 AM
10 11 12 13 14	Mercy Clinic henry county hospital  WIC  Dr. Parcel Dentist medical dental mental health dental	7/8/2014 10:09 AM  7/8/2014 10:05 AM  7/8/2014 10:02 AM  7/8/2014 9:56 AM  7/8/2014 9:54 AM  7/8/2014 9:52 AM  7/8/2014 9:49 AM  7/8/2014 9:47 AM
10 11 12 13 14 15	Mercy Clinic henry county hospital  WIC  Dr. Parcel Dentist medical dental mental health dental dental dental	7/8/2014 10:09 AM 7/8/2014 10:05 AM 7/8/2014 10:02 AM 7/8/2014 9:56 AM 7/8/2014 9:54 AM 7/8/2014 9:52 AM 7/8/2014 9:49 AM 7/8/2014 9:47 AM 7/8/2014 9:44 AM

20	napoleon medical clinic	7/8/2014 9:21 AM
21	Henry County Hospital	7/8/2014 9:08 AM
22	Dentist in Liberty Center	7/7/2014 5:17 PM
23	aetna vision	7/7/2014 5:01 PM
24	dental	7/7/2014 4:52 PM
25	dental	7/7/2014 4:48 PM
26	dental	7/7/2014 11:39 AM
27	dental	7/7/2014 11:38 AM
28	medical	7/7/2014 11:36 AM
29	specialty care	7/7/2014 11:34 AM
30	vision	7/7/2014 11:32 AM
31	Vision Dr. Lauf	7/7/2014 11:30 AM
32	dental	7/7/2014 11:24 AM
33	Family Vision	7/7/2014 11:22 AM
34	dental	7/3/2014 4:59 PM
35	dental	7/3/2014 4:57 PM
36	vision	7/3/2014 4:56 PM
37	dental	7/3/2014 4:53 PM
38	Henry County Hospital	7/3/2014 4:50 PM
39	walmart vision	7/3/2014 4:45 PM
40	vision	7/3/2014 4:43 PM
41	dental	7/3/2014 4:29 PM
42	henry county hospital	7/3/2014 4:23 PM
43	dental	7/3/2014 4:19 PM
44	Dr. Brodie	7/3/2014 4:08 PM
45	medical	7/3/2014 4:06 PM
46	dental	7/3/2014 4:04 PM
47	dental	7/3/2014 3:58 PM
48	dental	7/3/2014 3:55 PM
49	medical	7/3/2014 3:51 PM
50	napoleon hospital	7/3/2014 3:25 PM
51	dental	7/3/2014 3:19 PM
52	dental	7/3/2014 3:16 PM
53	dental	7/3/2014 3:13 PM
54	dental	7/3/2014 3:07 PM
55	dental	7/3/2014 3:05 PM
56	dental	7/3/2014 2:51 PM
57	Dr Bostelman	7/3/2014 2:46 PM

58	Dental	7/2/2014 4:35 PM
59	Doctor at Pulmonary and Sleep Medicine-Dr. Lughmani at Henry County Hospital	7/1/2014 5:20 PM
60	dental	7/1/2014 5:17 PM
61	dental	7/1/2014 5:16 PM
62	EBT food stamps	7/1/2014 4:54 PM
63	dental clinic	7/1/2014 4:53 PM
64	dental	6/30/2014 9:34 AM
65	Napoleon Health Department for Dentist	6/30/2014 9:33 AM
66	dentist	6/26/2014 3:37 PM
67	Henry County Family Physicians	6/26/2014 6:59 AM
68	dental	6/25/2014 10:48 PM
69	Napoleon Family Vision	6/25/2014 6:54 PM
70	Henry County Family Physicians	6/25/2014 12:30 PM
71	specialty care	6/25/2014 11:30 AM
72	Dental	6/25/2014 5:42 AM
73	Dental	6/24/2014 10:03 PM
74	orthopedic	6/24/2014 10:15 AM
75	dental	6/24/2014 9:42 AM
76	dental	6/24/2014 9:40 AM
77	dental	6/24/2014 9:38 AM
78	vision	6/24/2014 9:37 AM
79	dental	6/24/2014 9:34 AM
80	Fulton County Health Center	6/24/2014 9:32 AM
81	dental	6/24/2014 9:29 AM
82	vision	6/24/2014 9:25 AM
83	General practice MD	6/24/2014 9:23 AM
84	Dental	6/24/2014 9:20 AM
85	Dr. McMaster	6/24/2014 9:16 AM
86	Dr. Suntzinger, Swanton	6/24/2014 9:12 AM
87	Fulton Co. Hospital	6/24/2014 9:07 AM
88	Dr. Burk DDS, Defiance	6/24/2014 9:03 AM
89	Deshler Family Practice	6/24/2014 9:01 AM
90	dental	6/24/2014 8:57 AM
91	Aetna	6/24/2014 8:50 AM
92	Medical	6/24/2014 8:14 AM
93	dr Heinrich dental	6/23/2014 9:16 PM
94	Dr. Jeffrey Lauf	6/23/2014 1:51 PM
95	Henry Co Hospital	6/23/2014 12:21 PM

96	dental	6/22/2014 10:44 PM
97	Napoleon Family Vision	6/22/2014 3:54 PM
98	Dr.Henrichs	6/21/2014 10:16 PM
99	dental	6/21/2014 6:37 AM
100	Dr Heinrich's	6/20/2014 7:44 AM
101	DENTAL	6/20/2014 2:11 AM
102	Dental Excellence of Napoleon	6/19/2014 6:27 PM
103	Dr. Heirichs	6/19/2014 2:58 PM
104	Defiance Dental Group	6/19/2014 2:12 PM
105	dental	6/19/2014 10:26 AM
106	Henry County Family Physicians	6/19/2014 10:18 AM
107	dental	6/19/2014 9:59 AM
108	dental	6/19/2014 9:53 AM
109	Henry County Family Physicians	6/19/2014 9:47 AM
110	vision	6/19/2014 9:39 AM
111	vision	6/19/2014 9:31 AM
112	HC family physicians	6/19/2014 9:24 AM
113	vision	6/19/2014 9:04 AM
114	vision	6/19/2014 8:36 AM
115	N/A	6/18/2014 9:39 PM
116	Dental	6/18/2014 3:00 PM
117	dental	6/18/2014 2:59 PM
118	dental	6/18/2014 10:39 AM
119	Henry County Hospital	6/18/2014 10:14 AM
120	Dental Excellence of Napoleon	6/18/2014 9:57 AM
121	fleck	6/18/2014 5:02 AM
122	Defiance Promedica	6/17/2014 10:31 PM
123	vision	6/17/2014 4:35 PM
124	henry county health department	6/17/2014 2:48 PM
125	medical	6/17/2014 1:43 PM
126	dental	6/17/2014 11:02 AM
127	vision	6/17/2014 10:56 AM
128	Henry County Health Department	6/17/2014 10:36 AM
129	medical	6/17/2014 10:11 AM
130	medical	6/17/2014 3:34 AM
131	NAPOLEON Clinic	6/16/2014 2:46 PM
132	Dr. Pecsok, dental	6/16/2014 1:32 PM
133	Dr. Carpenter	6/16/2014 10:57 AM

134	Napoleon Eye and Contact Center	6/16/2014 10:56 AM
135	Henry County Family Physicians	6/16/2014 10:48 AM
136	Jeffrey Heinrich DDS	6/16/2014 10:38 AM
137	Medical	6/16/2014 10:31 AM
138	Vision	6/16/2014 10:30 AM
139	american cancer society	6/16/2014 10:29 AM
140	Henry County Health Department	6/16/2014 10:12 AM
141	HENRY CO HOSPITAL	6/16/2014 9:53 AM
142	Specialty Care	6/16/2014 9:50 AM
143	vision	6/16/2014 9:13 AM
144	vision	6/16/2014 9:09 AM
145	Henry County Hospital Emergency Room	6/16/2014 8:55 AM
146	Dr Bilen - Dentistry in Napoleon	6/16/2014 8:54 AM
147	dental	6/16/2014 8:43 AM
148	Medical	6/16/2014 8:36 AM
149	Dr.Krueger	6/16/2014 8:18 AM
150	Physician office	6/16/2014 8:12 AM
151	Chiropractor	6/16/2014 8:05 AM
152	dental	6/16/2014 7:59 AM
153	Henry County Family Physicians	6/16/2014 7:52 AM
154	Henry County Hospital	6/16/2014 7:46 AM
155	Dr. Laufs Office	6/16/2014 7:36 AM
156	Dr Morris Seal	6/16/2014 7:19 AM
157	Napoleon Family Vision	6/16/2014 7:04 AM
158	Defiance family dental	6/16/2014 4:44 AM
159	Dentist-Dr Stuckey in Maumee ohio	6/15/2014 4:57 PM
160	medical	6/15/2014 10:28 AM
161	dentist	6/15/2014 6:02 AM
162	dental	6/14/2014 9:10 PM
163	dental	6/14/2014 6:09 PM
164	PCP	6/13/2014 4:10 PM
165	WIC	6/13/2014 4:08 PM
166	нсн	6/13/2014 3:56 PM
167	HCFP	6/13/2014 3:08 PM
168	Napoleon Family Vision	6/13/2014 2:29 PM
169	Henry County Family Physicians	6/13/2014 2:29 PM
170	dental	6/13/2014 2:06 PM
171	medical	6/13/2014 2:00 PM

172	Michael F. Fleck, OD	6/13/2014 12:51 PM
173	Napoleon Family Vision	6/13/2014 11:22 AM
174	dental	6/13/2014 11:12 AM
175	Dental	6/13/2014 10:06 AM
176	DENTAL	6/13/2014 8:47 AM
177	dental	6/13/2014 8:40 AM
178	dental	6/13/2014 7:52 AM
179	dental	6/13/2014 7:38 AM
180	Dr. Heinrichs	6/13/2014 5:58 AM
181	vision	6/13/2014 1:48 AM
182	dental	6/12/2014 10:26 PM
183	Dentist	6/12/2014 9:44 PM
184	America's Best Eyeware	6/12/2014 9:32 PM
185	Dr. Kamp (pcp)	6/12/2014 8:00 PM
186	dental	6/12/2014 7:23 PM
187	henry county hospital	6/12/2014 4:26 PM
188	dental	6/12/2014 4:19 PM
189	Waiseon Clinic	6/12/2014 3:56 PM
190	Dental	6/12/2014 3:32 PM
191	Dr. Heinricks	6/12/2014 3:14 PM
192	dental	6/12/2014 3:06 PM
193	dental	6/12/2014 3:03 PM
194	Henry COunty Hospital	6/12/2014 2:55 PM
195	HENRY COUNTY FAMILY PHYSICIANS	6/12/2014 2:54 PM
196	dental excellence	6/12/2014 2:47 PM
197	medical	6/12/2014 2:41 PM
198	Dr. Carpenter -dental	6/12/2014 2:25 PM
199	Dr. Heinricks	6/12/2014 2:20 PM
200	Drs limbird and bostelman	6/12/2014 2:18 PM
201	DEFIANCE DENTAL CLINIC	6/12/2014 2:14 PM
202	Dental	6/12/2014 2:08 PM
203	Dr. Jeff Lauf (vision)	6/12/2014 2:06 PM
204	dental	6/12/2014 2:05 PM
205	Dr. Jeff Heinrichs	6/12/2014 1:57 PM
206	Napoleon Family Vision	6/12/2014 1:56 PM
207	Wood County Pediatrics	6/12/2014 1:53 PM
208	Dental	6/12/2014 1:51 PM
209	Dental	6/12/2014 1:47 PM

210	henry county family physicians	6/12/2014 1:46 PM
211	Dr. Lauf	6/12/2014 1:42 PM
212	dental	6/12/2014 1:39 PM
213	Dr. Lauf -Vision	6/12/2014 8:35 AM
214	dental	6/12/2014 8:32 AM
215	dental	6/12/2014 8:30 AM
216	Henry County Hospital	6/12/2014 8:26 AM
217	Medical -Archbold	6/12/2014 8:20 AM
218	medical	6/11/2014 10:03 PM
219	henry county hospital	6/10/2014 4:39 PM
220	medical	6/10/2014 4:24 PM
221	vision	6/10/2014 4:19 PM
222	Defiance Urgent Care	6/10/2014 10:04 AM
223	Jeffrey Heinrichs	6/10/2014 8:14 AM
224	Dr. Michael Brtisch	6/9/2014 4:08 PM
225	dental	6/9/2014 10:06 AM
226	vision	6/9/2014 9:53 AM
227	Dr Jeffrey Heinrichs	6/6/2014 3:31 PM
228	vision	6/6/2014 1:46 PM
229	chiropractor	6/6/2014 12:17 PM
230	dental	6/6/2014 12:11 PM
231	Wal Mart Vision Napoleon	6/6/2014 11:05 AM
232	dental	6/5/2014 5:12 PM
233	Dental	6/5/2014 4:33 PM
234	Dr. Limbird eyes	6/5/2014 2:50 PM
235	dental	6/5/2014 10:40 AM
236	Henry County Health Departmetn	6/4/2014 3:39 PM
237	dental	6/4/2014 2:00 PM
#	3.	Date
1	dental	7/8/2014 10:27 AM
2	dental	7/8/2014 10:25 AM
3	Doctor's Office	7/8/2014 10:19 AM
4	Henry County Hospital	7/8/2014 10:17 AM
5	Dr. Carpentar	7/8/2014 10:11 AM
6	Help Me Grow	7/8/2014 10:02 AM
7	Maumee Valley Guidance Center Dr. Gray PHD	7/8/2014 9:56 AM
8	vision	7/8/2014 9:52 AM
9	vision	7/8/2014 9:47 AM

10	hygiene bank/together we can make a difference	7/8/2014 9:44 AM
11	vision	7/8/2014 9:41 AM
12	Fish	7/8/2014 9:31 AM
13	Dr. Limbird Vision	7/8/2014 9:23 AM
14	recovery services	7/8/2014 9:21 AM
15	orthopedic mercy	7/8/2014 9:08 AM
16	metlife dental	7/7/2014 5:01 PM
17	vision	7/7/2014 4:52 PM
18	vision	7/7/2014 4:48 PM
19	vision	7/7/2014 11:39 AM
20	specialty care	7/7/2014 11:38 AM
21	vision	7/7/2014 11:36 AM
22	dental care	7/7/2014 11:34 AM
23	Dental N.W. Ohio Dental Clinic	7/7/2014 11:30 AM
24	eye care	7/7/2014 11:24 AM
25	vision	7/3/2014 4:59 PM
26	vision	7/3/2014 4:57 PM
27	dental	7/3/2014 4:56 PM
28	vision	7/3/2014 4:53 PM
29	Dr. Limbard	7/3/2014 4:50 PM
30	SOS save our sisters	7/3/2014 4:45 PM
31	mental health	7/3/2014 4:29 PM
32	mental health	7/3/2014 4:19 PM
33	vision	7/3/2014 4:06 PM
34	vision	7/3/2014 4:04 PM
35	vision	7/3/2014 3:58 PM
36	vision	7/3/2014 3:55 PM
37	vision	7/3/2014 3:19 PM
38	vision	7/3/2014 3:16 PM
39	vision	7/3/2014 3:07 PM
40	vision	7/3/2014 3:05 PM
41	vision	7/3/2014 2:51 PM
42	Dr kNipe	7/3/2014 2:46 PM
43	Specialty, (Oncologist, allergist, gyn)	7/2/2014 4:35 PM
44	mental	7/1/2014 5:16 PM
45	mental health	6/30/2014 9:34 AM
46	eye dr. in Defiance	6/30/2014 9:33 AM
47	dr.	6/26/2014 3:37 PM

48	specialty care	6/25/2014 10:48 PM
49	Dr. Heinrichs Dental Care	6/25/2014 6:54 PM
50	Napoleon Family Vision Center	6/25/2014 12:30 PM
51	vision	6/25/2014 11:30 AM
52	Vision	6/25/2014 5:42 AM
53	Vision	6/24/2014 10:03 PM
54	vision	6/24/2014 9:42 AM
55	vision	6/24/2014 9:40 AM
56	dental	6/24/2014 9:37 AM
57	vision	6/24/2014 9:34 AM
58	vision	6/24/2014 9:29 AM
59	dental	6/24/2014 9:25 AM
60	Dental	6/24/2014 9:23 AM
61	vision	6/24/2014 9:20 AM
62	Dr. Orr, Findlay	6/24/2014 9:12 AM
63	Henry Co. Hospital	6/24/2014 9:07 AM
64	Eye doctor in Defiance	6/24/2014 9:03 AM
65	Dr. Heinnrich	6/24/2014 9:01 AM
66	vision	6/24/2014 8:57 AM
67	Dental	6/24/2014 8:14 AM
68	dr lauf vision	6/23/2014 9:16 PM
69	Dr Lauf	6/23/2014 12:21 PM
70	vision	6/22/2014 10:44 PM
71	Dr. Bilen	6/22/2014 3:54 PM
72	HC Family Physicians	6/21/2014 10:16 PM
73	Fulton County Health Center	6/20/2014 7:44 AM
74	VISION	6/20/2014 2:11 AM
75	Napoleon Family Vision	6/19/2014 6:27 PM
76	Dr. Krueger	6/19/2014 2:58 PM
77	Npaoleon Family Vision	6/19/2014 2:12 PM
78	vision	6/19/2014 10:26 AM
79	Frey Chiropractor Clinic	6/19/2014 10:18 AM
80	mental health	6/19/2014 9:59 AM
81	vision	6/19/2014 9:53 AM
82	Dr. Bilen	6/19/2014 9:47 AM
83	specialty care	6/19/2014 9:39 AM
84	dental	6/19/2014 9:31 AM

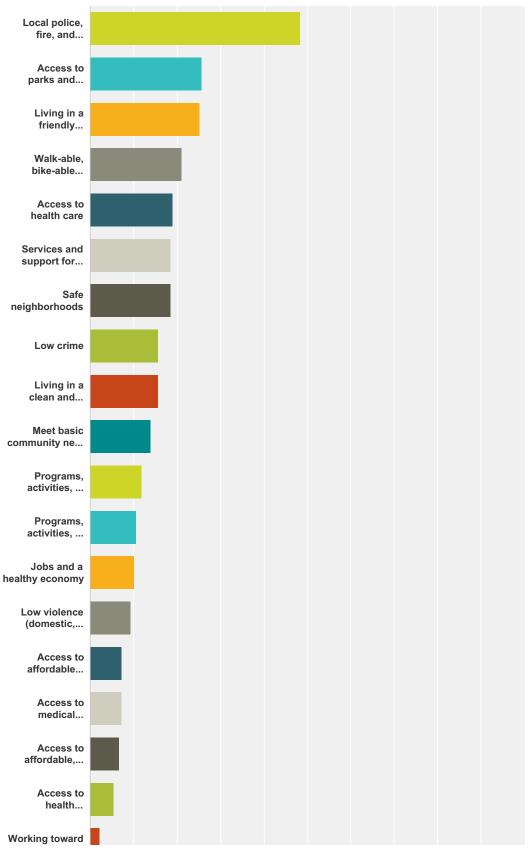
86	dental	6/19/2014 9:04 AM
87	dental	6/19/2014 8:36 AM
88	N/A	6/18/2014 9:39 PM
89	Vision	6/18/2014 3:00 PM
90	prescriptions providers/drug stores	6/18/2014 2:59 PM
91	vision	6/18/2014 10:39 AM
92	Napoleon Chiropractic	6/18/2014 10:14 AM
93	Walmart Vision	6/18/2014 9:57 AM
94	heinrichs	6/18/2014 5:02 AM
95	ER	6/17/2014 4:35 PM
96	vision	6/17/2014 1:43 PM
97	vision	6/17/2014 11:02 AM
98	dental	6/17/2014 10:56 AM
99	vision	6/17/2014 10:11 AM
100	specialty care	6/17/2014 3:34 AM
101	Dr Bilan DDS	6/16/2014 2:46 PM
102	Dr. Krueger, PCG	6/16/2014 1:32 PM
103	Dr. Bostelman	6/16/2014 10:57 AM
104	Henry County Hospital	6/16/2014 10:56 AM
105	Dental Excellence	6/16/2014 10:48 AM
106	dick Thomas DC	6/16/2014 10:38 AM
107	Vision	6/16/2014 10:31 AM
108	specialty Care	6/16/2014 10:30 AM
109	laboratory	6/16/2014 10:29 AM
110	Dr. Whitaker	6/16/2014 10:12 AM
111	DR HEINRICHS DDS	6/16/2014 9:53 AM
112	vision	6/16/2014 9:50 AM
113	dental	6/16/2014 9:13 AM
114	dental	6/16/2014 9:09 AM
115	Dentist	6/16/2014 8:55 AM
116	Dr Uribes Family Practice in Wauseon	6/16/2014 8:54 AM
117	vision	6/16/2014 8:43 AM
118	Dr.Hienrichs	6/16/2014 8:18 AM
119	Dentist	6/16/2014 8:12 AM
120	Dentist	6/16/2014 8:05 AM
121	vision	6/16/2014 7:59 AM
122	Riverview Women's Healthcare	6/16/2014 7:52 AM
123	Micheal Carpenter	6/16/2014 7:46 AM

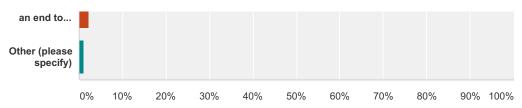
124	Putnam Family Dental	6/16/2014 7:36 AM
125	Dr Rod Parsell	6/16/2014 7:19 AM
126	Henry County Hospital	6/16/2014 7:04 AM
127	Dr. Fleck	6/16/2014 4:44 AM
128	Rite Aid Pharmacy, Napoleon Ohio	6/15/2014 4:57 PM
129	vision	6/15/2014 10:28 AM
130	eye doctor	6/15/2014 6:02 AM
131	N/A	6/14/2014 9:10 PM
132	vision	6/14/2014 6:09 PM
133	Dentist	6/13/2014 4:10 PM
134	Dr. Razi Rafeeq	6/13/2014 4:08 PM
135	CORNER DENTAL	6/13/2014 3:56 PM
136	Dental excellence	6/13/2014 3:08 PM
137	Dental Health Associates	6/13/2014 2:29 PM
138	Dr. Jeffrey Heinrichs	6/13/2014 2:29 PM
139	hospital	6/13/2014 2:06 PM
140	dental	6/13/2014 2:00 PM
141	Henry County Hospital	6/13/2014 12:51 PM
142	vision	6/13/2014 11:12 AM
143	Vision	6/13/2014 10:06 AM
144	VISION	6/13/2014 8:47 AM
145	vision	6/13/2014 8:40 AM
146	vision	6/13/2014 7:52 AM
147	vision	6/13/2014 7:38 AM
148	Dr. Lauf	6/13/2014 5:58 AM
149	vision	6/12/2014 10:26 PM
150	Eye Doctor	6/12/2014 9:44 PM
151	Dr. Cousino (dentist)	6/12/2014 8:00 PM
152	vision	6/12/2014 7:23 PM
153	vision	6/12/2014 4:19 PM
154	Orthodontist	6/12/2014 3:56 PM
155	Vision	6/12/2014 3:32 PM
156	Dr. Fleck	6/12/2014 3:14 PM
157	medical	6/12/2014 3:06 PM
158	medical	6/12/2014 3:03 PM
159	Dental Excellence (Dr. Carpenter and Gamble)	6/12/2014 2:55 PM
160	hcfp	6/12/2014 2:47 PM
161	Dr. Seer - walmart	6/12/2014 2:25 PM

162	Dr. Limbird/Bostelman	6/12/2014 2:20 PM
163	Dr heinrich	6/12/2014 2:18 PM
164	NAPOLEON FAMILY VISION	6/12/2014 2:14 PM
165	Urgent care	6/12/2014 2:08 PM
166	Henry County Hospital (medical)	6/12/2014 2:06 PM
167	vision	6/12/2014 2:05 PM
168	Henry County Hospital	6/12/2014 1:57 PM
169	Dr. Heinrichs Dentist	6/12/2014 1:56 PM
170	Dr Lauff	6/12/2014 1:53 PM
171	Vision	6/12/2014 1:51 PM
172	Vision	6/12/2014 1:47 PM
173	Dr. Lauf in Napoleon	6/12/2014 1:46 PM
174	Dr. Heinrichs	6/12/2014 1:42 PM
175	Dr. Heinrichs -Dental	6/12/2014 8:35 AM
176	vision	6/12/2014 8:32 AM
177	vision	6/12/2014 8:30 AM
178	Henry County Health Department	6/12/2014 8:26 AM
179	Vision -Napoleon	6/12/2014 8:20 AM
180	dental	6/11/2014 10:03 PM
181	defiance dental group	6/10/2014 4:39 PM
182	dental	6/10/2014 4:24 PM
183	Dental Excellence	6/10/2014 10:04 AM
184	Napoleon Family Vision	6/10/2014 8:14 AM
185	Pinnacle Eye Group	6/9/2014 4:08 PM
186	vision	6/9/2014 10:06 AM
187	medical	6/9/2014 9:53 AM
188	Dr Kyle Brodie	6/6/2014 3:31 PM
189	dental	6/6/2014 1:46 PM
190	ob/gyn	6/6/2014 12:17 PM
191	vision	6/6/2014 12:11 PM
192	Dental Health Assoc, Swanton	6/6/2014 11:05 AM
193	vision	6/5/2014 5:12 PM
194	Vision	6/5/2014 4:33 PM
195	Henry County Family Physicians	6/5/2014 2:50 PM
196	allergist	6/5/2014 10:40 AM
197	Defiance ProMedica	6/4/2014 3:39 PM
198	vision	6/4/2014 2:00 PM

# Q5 The greatest strengths of our entire community are... (pick up to 3)

Answered: 300 Skipped: 27





swer Choices	Responses	
Local police, fire, and rescue services	48.33%	14
Access to parks and recreation	25.67%	
Living in a friendly community	25.33%	
Walk-able, bike-able community	21.00%	
Access to health care	19.00%	
Services and support for those needing help during times of stress or crisis	18.67%	
Safe neighborhoods	18.67%	
Low crime	15.67%	
Living in a clean and healthy environment	15.67%	
Meet basic community needs (food, shelter, clothing)	14.00%	
Programs, activities, and support for youth and teens	12.00%	
Programs, activities, and support for seniors	10.67%	
Jobs and a healthy economy	10.33%	
Low violence (domestic, elder, child)	9.33%	
Access to affordable housing	7.33%	
Access to medical screenings	7.33%	
Access to affordable, healthy food in our community	6.67%	
Access to health education	5.33%	
Working toward an end to homelessness	2.33%	
Other (please specify)	1.00%	
al Respondents: 300		

#	Other (please specify)	Date
1	Together We Can Make A Difference	7/8/2014 9:44 AM
2	Second amendment	6/24/2014 9:27 AM
3	unsure of next pick	6/17/2014 4:36 PM

# Q6 What makes you most proud to be a part of Henry County?

Answered: 189 Skipped: 138

#	Responses	Date
1	low crime, friendly people	7/8/2014 10:19 AM
2	Schools, community	7/8/2014 10:17 AM
3	the good people	7/8/2014 10:15 AM
4	being smaller town	7/8/2014 10:12 AM
5	school systems	7/8/2014 10:10 AM
6	people know people	7/8/2014 10:05 AM
7	the "help my neighbor" mentality	7/8/2014 10:03 AM
8	clean community	7/8/2014 9:54 AM
9	the community begin a helping hand	7/8/2014 9:47 AM
10	crisis center/mental health, together we can make a difference	7/8/2014 9:45 AM
11	the friendly people	7/8/2014 9:42 AM
12	that I live herelol	7/8/2014 9:32 AM
13	low crime	7/8/2014 9:24 AM
14	Nothing. People are rude in this county compared to surrounding counties.	7/8/2014 9:22 AM
15	the people	7/7/2014 5:17 PM
16	working in healthcare	7/7/2014 5:03 PM
17	town itself	7/7/2014 5:01 PM
18	take care of seniors	7/7/2014 4:56 PM
19	friendly people, access to different programs	7/7/2014 4:52 PM
20	nothing really	7/7/2014 11:43 AM
21	programs they have for youths	7/7/2014 11:40 AM
22	good environment	7/7/2014 11:37 AM
23	because the people are friendly, help everybody out, praise God	7/7/2014 11:35 AM
24	the wonderful people that help and care about (us) who need help	7/7/2014 11:33 AM
25	some of the help you get when your homeless	7/7/2014 11:31 AM
26	friendly people	7/7/2014 11:30 AM
27	nice community	7/7/2014 11:24 AM
28	not a fast city life	7/7/2014 11:22 AM
29	friendly and way people care for each other	7/3/2014 4:59 PM
30	the parks	7/3/2014 4:58 PM
31	friendly people, all necessities are always available	7/3/2014 4:56 PM
32	the help you receive	7/3/2014 4:53 PM

33	the friendliness and charitable people who make a difference in everyone's lives	7/3/2014 4:52 PM
34	friendly and willing to help	7/3/2014 4:30 PM
35	the people	7/3/2014 4:22 PM
36	friendly people	7/3/2014 4:11 PM
37	very peaceful	7/3/2014 4:09 PM
38	how people get along	7/3/2014 4:07 PM
39	everyone knows everyone and will help anyone in need	7/3/2014 4:04 PM
40	organizations that help	7/3/2014 3:58 PM
41	friendly people	7/3/2014 3:56 PM
42	the small community	7/3/2014 3:47 PM
43	location	7/3/2014 3:45 PM
44	everyone tries to help	7/3/2014 3:26 PM
45	great place to raise a family	7/3/2014 3:17 PM
46	the friendly community we are	7/3/2014 3:13 PM
47	good neighborhoods, good schools, many church assisted help for those in need	7/3/2014 3:10 PM
48	the streets are safe for our growing children	7/3/2014 3:07 PM
49	having a safe place to live	7/3/2014 3:05 PM
50	having a safe place (environment) for my child	7/3/2014 2:52 PM
51	none	7/3/2014 2:47 PM
52	nice community	7/3/2014 2:39 PM
53	Like Henry County for its safe and quiet environment.	7/2/2014 4:39 PM
54	the community	7/1/2014 5:18 PM
55	the community itself (people)	7/1/2014 5:16 PM
56	community works together	7/1/2014 4:58 PM
57	great community	7/1/2014 4:56 PM
58	always trying new things	7/1/2014 4:53 PM
59	how kind heart people are	6/30/2014 9:35 AM
60	we all know each other and have genuine care for our neighbors	6/25/2014 10:51 PM
61	Henry County has good schools and is a great place to raise children.	6/25/2014 7:00 PM
62	I moved here 11 years ago, and I'm still trying to figure this one out.	6/25/2014 12:36 PM
63	Committment to Wellness	6/25/2014 11:31 AM
64	Strong family ties & values	6/24/2014 10:05 PM
65	people	6/24/2014 10:17 AM
66	just moved here. small, quiet, and friendly	6/24/2014 10:16 AM
67	Ownership of community	6/24/2014 9:43 AM
68	We are a friendly community with strong family ties to our culture and tradition	6/24/2014 9:40 AM
69	Strong family ties, farming community, and wide open spaces	6/24/2014 9:32 AM
70	Community pulls together when needed.	6/24/2014 9:30 AM

71	Friendly people	6/24/2014 9:27 AM
72	Its a Red County	6/24/2014 9:25 AM
73	Good values, small supportive community	6/24/2014 9:23 AM
74	nice people	6/24/2014 9:22 AM
75	small community	6/24/2014 9:20 AM
76	Family support and God fearing people	6/24/2014 9:18 AM
77	Strong Family Values	6/24/2014 9:16 AM
78	Strong Family Life	6/24/2014 9:14 AM
79	Community (people)	6/24/2014 9:09 AM
80	It's just home. Where most of our family is.	6/24/2014 9:04 AM
81	They are willing to work with you	6/24/2014 8:59 AM
82	The amount of services available	6/24/2014 8:57 AM
83	The giving of community members	6/24/2014 8:55 AM
84	Good people who are willing to help others	6/23/2014 9:18 PM
85	It's where I grew up and the people are supportive of one another	6/23/2014 1:52 PM
86	our families and churches	6/23/2014 12:22 PM
87		6/22/2014 10:44 PM
88	good community	6/21/2014 6:37 AM
89	The wonderful small town atmosphere	6/20/2014 7:45 AM
90	THE TIGHT KNIT COMMUNITY.	6/20/2014 2:12 AM
91	Clean	6/19/2014 3:00 PM
92	Supportive environment	6/19/2014 2:15 PM
93	living here	6/19/2014 10:30 AM
94	the parks and access to them	6/19/2014 10:27 AM
95	There is a lot of opportunity to feel a part of something special in Henry County, mostly everyone is very caring. Recycling unlimited pickup:)	6/19/2014 10:20 AM
96	friendliness of most people, our community is very interested in the welfare of our people	6/19/2014 10:00 AM
97	great community	6/19/2014 9:57 AM
98	family feelings proudness	6/19/2014 9:48 AM
99	There are a lot of organizations that try to help people in the community	6/19/2014 9:45 AM
100	positive people	6/19/2014 9:40 AM
101	friendly people	6/19/2014 9:31 AM
102	friendly people	6/19/2014 9:26 AM
103	good school system, good rescue service from police and fire	6/19/2014 9:05 AM
104	that i work at a great hospital	6/19/2014 8:37 AM
105	Very friendly community. And anyone interested can be involved in a community group; go to council meetings, volunteer at Red Cross, nursing homes, senior center, city committees, community improvement groups, etc.	6/18/2014 3:02 PM
106	Good rural living environment with friendly residents	6/18/2014 3:02 PM
107	community	6/18/2014 10:40 AM

108	Being able to walk to a lot of places and the closeness of everything in the city	6/18/2014 10:01 AM
109	young people organizations	6/18/2014 5:04 AM
110	clean	6/17/2014 4:37 PM
111	The schools.	6/17/2014 1:45 PM
112	It is a strong german community, but the older ones are dying off, and younger generation does not have the same pricipals as the older folks.	6/17/2014 11:04 AM
113	the sports activities they have for the youth	6/17/2014 10:57 AM
114	I have lived here all of my life and love our small little town. I've raised my kids here and I absolutely love this community	6/17/2014 10:38 AM
115	my kids	6/17/2014 10:37 AM
116	close-knit community	6/17/2014 3:36 AM
117	There is so much to do, that I actually can make a change and have an impact.	6/16/2014 2:50 PM
118	born and raised here, the numerous activity and family outtings with in the community, even thought there still is crimes in this county, other counties are worse	6/16/2014 1:36 PM
119	Friendly neighborhoods	6/16/2014 11:00 AM
120	It is a safe caring community	6/16/2014 10:39 AM
121	the hospital and what it offers to the community	6/16/2014 10:35 AM
122	It is a close knit community that invests in it's residents of all ages.	6/16/2014 10:32 AM
123	That it is a small community and it is family taking care of family.	6/16/2014 10:13 AM
124	I've lived here my entire lifetime	6/16/2014 9:34 AM
125	A small community with employees who are committed to making Henry County a safe County.	6/16/2014 8:57 AM
126	The community can pull together at a moments notice to help each other out.	6/16/2014 8:45 AM
127	Usually a pretty quiet community	6/16/2014 8:39 AM
128	supportive community	6/16/2014 8:19 AM
129	The beauty of the river as you drive along Riverview Ave	6/16/2014 8:13 AM
130	The people and the hospital	6/16/2014 8:06 AM
131	Small town, friendly community	6/16/2014 7:48 AM
132	Friendly environment	6/16/2014 7:38 AM
133	Friendlyness	6/16/2014 7:05 AM
134	Great place to raise children/many programs for children	6/15/2014 5:00 PM
135	this hospital and where i work	6/15/2014 6:05 AM
136	Family oriented community	6/14/2014 6:10 PM
137	"Family-Like"	6/13/2014 4:12 PM
138	Close-knit community that supports itself	6/13/2014 4:09 PM
139	My work enironment at the henry county hospital	6/13/2014 3:10 PM
140	Close Community	6/13/2014 2:31 PM
141	School district	6/13/2014 2:01 PM
142	Friendliness	6/13/2014 10:07 AM
143	GREAT SMALL COMMUNITY	6/13/2014 9:07 AM

144	Friendly community	6/13/2014 7:53 AM
145	Henry County Hospital!	6/13/2014 5:59 AM
146	Being part of a small community, where people are willing to help each other out when in need.	6/12/2014 9:45 PM
147	I have lived in Henry County all my life, and it is a low crime rated area and quiet neighborhood. Peaceful surroundings.	6/12/2014 9:35 PM
148	History	6/12/2014 8:01 PM
149	Community	6/12/2014 7:24 PM
150	It is a small friendly community where everyone works together	6/12/2014 4:28 PM
151	the close, tight nit family atmosphere	6/12/2014 4:20 PM
152	The partnership between businesses It is not like this in other counties	6/12/2014 3:59 PM
153	The community seems as though it has always been very close. Even from school district to school district.	6/12/2014 3:34 PM
154	Hold a lot of activities for the community	6/12/2014 3:15 PM
155	Small town environment	6/12/2014 3:13 PM
156	The programs that are available for senior citizens and smaller children	6/12/2014 2:58 PM
157	THE COMMUNITY WORKS TOGETHER	6/12/2014 2:55 PM
158	low population	6/12/2014 2:49 PM
159	my family, my job	6/12/2014 2:27 PM
160	The friendly people, clean area to raise a family, church involvement, good schools.	6/12/2014 2:21 PM
161	WE ARE LUCKY TO HAVE A SMALL HOSPITAL IN TOWN	6/12/2014 2:16 PM
162	Residing in a community that generally cares about their neighborhood. Makes a great effort to keep residences looking nice and assisting neighbors as needs arise.	6/12/2014 2:11 PM
163	small rual communities that support each other and our farmers	6/12/2014 1:57 PM
164	I feel safe raising my children in this community	6/12/2014 1:54 PM
165	Working at the Henry County Hospital	6/12/2014 1:50 PM
166	sense of community	6/12/2014 8:36 AM
167	cooperation of county organizations to promote better living in the county i.e. health, safety etc.	6/12/2014 8:33 AM
168	caring people	6/12/2014 8:30 AM
169	genuine concern and action by residents	6/12/2014 8:26 AM
170	I was born and raised here, good friends and family	6/12/2014 8:22 AM
171	rural community	6/12/2014 8:21 AM
172	Low crime rate	6/11/2014 10:06 PM
173	communities open to new residents, friendly	6/10/2014 4:47 PM
174	how nice people are	6/10/2014 4:36 PM
175	I call it home good people	6/10/2014 4:23 PM
176	Watching the community try to grow through their attempts to get more business and more jobs and better schooling for our residents.	6/10/2014 8:17 AM
177	safe, friendly communities	6/9/2014 4:09 PM
178	Wonderful people	6/6/2014 3:32 PM
179	small and friendly	6/6/2014 1:47 PM

180	safe neighborhood, low violence/crime	6/6/2014 12:18 PM
181	the jobs	6/6/2014 12:11 PM
182	Freedom to work and worship where I want	6/6/2014 11:07 AM
183	the farmers	6/5/2014 5:15 PM
184	the small towns. low crime. friendly and clean	6/5/2014 5:14 PM
185	Don't live here	6/5/2014 4:33 PM
186	Friendly people Plenty of activities	6/5/2014 2:52 PM
187	small town atmosphere	6/4/2014 3:39 PM
188	the wonderful people	6/4/2014 2:02 PM
189	Good schools - especially with the new facility coming	6/4/2014 2:00 PM

# Q7 Are there any concerns that should be addressed in Henry County?

Answered: 143 Skipped: 184

taxes, Napoleon police are too militaristic  taxes, Napoleon police are too militaristic  taxes, Napoleon police are too militaristic  help for those who need a little help, food stamps, medical, why help those who do nothing and not help those who just need a little help?  cheaper housing  7/8/2014 10:10 AM  cheaper housing  7/8/2014 10:10 AM  difference and gas vouchers need to get to mental health appointments and together we can make a difference and gas vouchers for food banks to even get there  access to affordable dental and health care services  7/8/2014 9:45 AM  access to affordable dental and health care services  7/8/2014 9:24 AM  more help with increasing industry around here, which isn't easy  7/8/2014 9:24 AM  The employees at most agencies that are to help people such as fish, WIC, Napoleon Dental Clinic etc. are rude and truli people turtiby!  fix the Daggot St. road! It's horrible to drive down.  7/7/2014 5:17 PM  better parking  7/7/2014 5:17 PM  teen pregnancies  7/7/2014 1:137 AM  teen pregnancies  7/7/2014 1:137 AM  help for dental for seniors  7/7/2014 1:130 AM  fix illegal drug use  7/7/2014 1:130 AM  diffice jobs  7/7/2014 1:124 AM  diffice jobs  7/7/2014 1:122 AM  diffice parking drug use  7/7/2014 1:124 AM  diffice parking drug use  7/7/2014 1:124 AM  Jobs JOBS JOBS NOT MINIMUM WAGE!!  7/7/2014 4:47 PM  JOBS JOBS JOBS NOT MINIMUM WAGE!!  7/7/2014 3:35 PM  7/7/2014 3:30 PM  7/7/2014 3:3	#	Responses	Date
help for those who need a little help, food stamps, medical, why help those who do nothing and not help those who just need a little help?  1 cheaper housing  2 cheaper housing  3 dental costs, also gas vouchers need to get to mental health appointments and together we can make a difference and gas vouchers for food banks to even get there  3 access to affordable dental and health care services  4 a dog park, more summer activities and winter  5 a dog park, more summer activities and winter  7 /8/2014 9.32 AM  7 a dog park, more summer activities and winter  8 more help with increasing industry around here, which isn't easy  9 The employees at most agencies that are to help people such as fish, WIC, Napoleon Dental Clinic etc. are rude and treat people terribly!  10 fix the Daggot St, road! It's horrible to drive down.  11 better parking  12 more jobs  13 crime  14 teen pregnancies  15 help for dental for seniors  16 jobs  17 /7/2014 11:33 AM  17 illegal drug use  17 /7/2014 11:33 AM  18 drinking/drugs  19 crime  20 crime  21 two shortiff department letting the criminals get away with  22 the shortiff department letting the criminals get away with  23 JOBS JOBS JOBS NOT MINIMUM WAGE!!!  24 more jobs  25 people that are on the system and they keep having kids that they can't pay for (we pay for that)  17 /3/2014 3:35 PM  17 /3/2014 3:35 PM  17 /3/2014 3:37 PM  18 /3/2014 2:52 PM  18 /3/2014 2:52 PM  18 /3/2014 2:52 PM  29 /3/2014 2:47 PM	1	jobs, parks and recreation for walking and exercising	7/14/2014 9:48 AM
who just need a little help?         7/8/2014 10.05 AM           4         cheager housing         7/8/2014 10.05 AM           5         dental costs, also gas vouchers need to get to mental health appointments and together we can make a difference and gas vouchers for food banks to even get there         7/8/2014 9.45 AM           6         access to affordable dental and health care services         7/8/2014 9.37 AM           7         a dog park, more summer activities and winter         7/8/2014 9.24 AM           8         more help with increasing industry around here, which isn't easy         7/8/2014 9.24 AM           9         The employees at most agencies that are to help people such as fish, WIC, Napoleon Dental Clinic etc. are rude and treat people terribly!         7/8/2014 9.22 AM           10         fit the Daggot St. road! It's horrible to drive down.         7/7/2014 5.91 PM           11         better parking         7/7/2014 5.91 PM           12         more jobs         7/7/2014 5.91 PM           13         crime         7/7/2014 11.43 AM           14         teen pregnancies         7/7/2014 11.33 AM           15         help for dental for seniors         7/7/2014 11.33 AM           16         jobs         7/7/2014 11.24 AM           17         illegal drug use         7/7/2014 11.24 AM           18         drinking/dr	2	taxes, Napoleon police are too militaristic	7/8/2014 10:15 AM
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more jobs 7/7/2014 11:43 AM 13 crime 7/7/2014 11:40 AM 14 teen pregnancies 7/7/2014 11:37 AM 15 help for dental for seniors 7/7/2014 11:33 AM 16 jobs 7/7/2014 11:30 AM 17 illegal drug use 7/7/2014 11:24 AM 18 drinking/drugs 7/7/2014 11:22 AM 19 crime 7/3/2014 4:59 PM 20 crime 7/3/2014 4:59 PM 21 yes - we need for our teens and young adults and children - like a youth center!!! 7/3/2014 4:52 PM 22 the sheriff department letting the criminals get away with 23 JOBS JOBS NOT MINIMUM WAGE!! 24 more jobs 7/3/2014 3:58 PM 25 people that are on the system and they keep having kids that they can't pay for (we pay for that) 7/3/2014 3:07 PM 26 jobs, it is hard to get a job 7/3/2014 2:52 PM 27 n/a 28 n/a 7/3/2014 2:52 PM 29 none	10	fix the Daggot St. road! It's horrible to drive down.	7/7/2014 5:17 PM
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16	14	teen pregnancies	7/7/2014 11:37 AM
17	15	help for dental for seniors	7/7/2014 11:33 AM
18       drinking/drugs       7/7/2014 11:22 AM         19       crime       7/3/2014 4:59 PM         20       crime       7/3/2014 4:58 PM         21       yes - we need for our teens and young adults and children - like a youth center!!!!       7/3/2014 4:52 PM         22       the sheriff department letting the criminals get away with       7/3/2014 4:47 PM         23       JOBS JOBS JOBS NOT MINIMUM WAGE!!!       7/3/2014 4:42 PM         24       more jobs       7/3/2014 3:58 PM         25       people that are on the system and they keep having kids that they can't pay for (we pay for that)       7/3/2014 3:26 PM         26       jobs, it is hard to get a job       7/3/2014 3:07 PM         27       n/a       7/3/2014 2:52 PM         28       n/a       7/3/2014 2:47 PM	16	jobs	7/7/2014 11:30 AM
crime 7/3/2014 4:59 PM 7/3/2014 4:52 PM 7/3/2014 4:52 PM 7/3/2014 4:52 PM 7/3/2014 4:47 PM 7/3/2014 4:47 PM 7/3/2014 4:42 PM 7/3/2014 4:42 PM 7/3/2014 4:42 PM 7/3/2014 3:58 PM 7/3/2014 3:58 PM 7/3/2014 3:58 PM 7/3/2014 3:26 PM 7/3/2014 3:13 PM 7/3/2014 3:07 PM 7/3/2014 3:07 PM 7/3/2014 3:07 PM 7/3/2014 2:52 PM 7/3/2014 2:47 PM	17	illegal drug use	7/7/2014 11:24 AM
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	28	n/a	7/3/2014 2:52 PM
30 no 7/3/2014 2:39 PM	29	none	7/3/2014 2:47 PM
	30	no	7/3/2014 2:39 PM

31	Homelessness, physical fitness programs to reduce obesity,	7/2/2014 4:39 PM
32	more doctors that accept medicaid	7/1/2014 5:18 PM
33	medical for uninsured residents	7/1/2014 5:16 PM
34	not at this time	7/1/2014 4:58 PM
35	housing, having things for kids to do	7/1/2014 4:53 PM
36	I haven't lived in Ohio long enough to be aware of any concerns	6/30/2014 9:35 AM
37	poor parenting skills that enable the concept of entitlement	6/25/2014 10:51 PM
38	Henry County needs to address homelessness and provide more avenues for exercise and commuting, such as an extensive bike path through and around the city.	6/25/2014 7:00 PM
39	I have never known so many people to drink alcohol/drink and drive. Nearly every function, including the county fair, allows alcohol. I enjoy beer, but I've never seen it consumed to openly in the public until I moved here. I am also terrified of the number of cancer cases in this county. I have no doubt it is a result of the agricultural practices (I live on a farm, and I'm comfortable stating this).	6/25/2014 12:36 PM
40	Yes	6/24/2014 10:05 PM
41	no	6/24/2014 10:17 AM
42	no	6/24/2014 10:16 AM
43	more diverse industry	6/24/2014 9:43 AM
44	Mental health services are not very accessible or affordable	6/24/2014 9:40 AM
45	cost of utilities	6/24/2014 9:37 AM
46	no	6/24/2014 9:35 AM
47	Teen pregnancy and cost of renting houses or apartments. Not a lot of housing available to rent unless low income.	6/24/2014 9:32 AM
48	More assistance and programs for aging population besides full time nursing homes. Programs for dementia and caregivers	6/24/2014 9:30 AM
49	drugs	6/24/2014 9:27 AM
50	The Blue parts	6/24/2014 9:25 AM
51	None	6/24/2014 9:20 AM
52	New business coming here and job training	6/24/2014 9:18 AM
53	Teen Pregnancies and Juvenile Crime	6/24/2014 9:16 AM
54	Juvenile Crime	6/24/2014 9:14 AM
55	Drugs	6/24/2014 9:13 AM
56	Parenting (lack of children being held responsible and being discaplined	6/24/2014 9:09 AM
57	Bring new business in. People need jobs	6/24/2014 9:04 AM
58	no	6/24/2014 8:59 AM
59	none	6/24/2014 8:57 AM
60	Family values declining People that lack proper work skills	6/24/2014 8:55 AM
61	Activities for teens to prevent crime	6/24/2014 8:51 AM
62	People not taking care of themselves or their property.	6/24/2014 8:18 AM
63	Getting more parents that need guidance involved with those that can help them	6/23/2014 9:18 PM
64	texting while driving - I see tons of people doing that as I drive daily	6/23/2014 12:22 PM

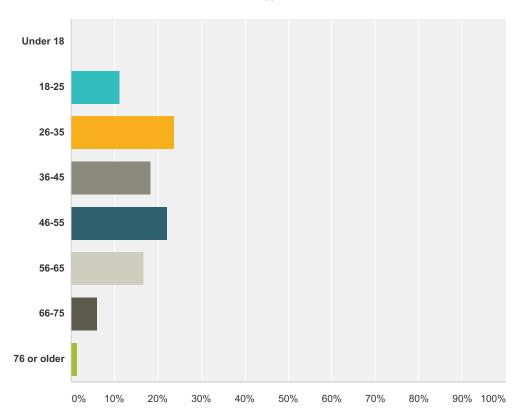
65		6/22/2014 10:44 PM
66	Wish there were more events for teens in town.	6/20/2014 7:45 AM
67	THE CYCLE OF TEEN PREGNANCY	6/20/2014 2:12 AM
68	Run down buildings	6/19/2014 3:00 PM
69	Concerned about mental health resources and the length of time it takes for those in crisis to receive appointments.	6/19/2014 2:15 PM
70	water rates to high	6/19/2014 10:35 AM
71	Bullying!!!	6/19/2014 10:03 AM
72	nope	6/19/2014 9:57 AM
73	no	6/19/2014 9:48 AM
74	Dental care and health care for people without insurance	6/19/2014 9:45 AM
75	need more active for kids outside	6/19/2014 9:40 AM
76	not really	6/19/2014 9:31 AM
77	jobs and high taxes	6/19/2014 9:26 AM
78	our streets	6/19/2014 9:05 AM
79	illegal aliens	6/19/2014 8:37 AM
80	Drug use and other crimes.	6/18/2014 3:02 PM
81	Risk factors for diseases and age-related diseases and prevention and maintainence of these conditions through lifestyle choices (exercise, diet, healthcare)	6/18/2014 3:02 PM
82	eating habits and activity habits	6/18/2014 10:40 AM
83	More Activities to do	6/18/2014 10:01 AM
84	does HC have a bike path? or dog park?	6/17/2014 4:37 PM
85	alcohol abuse, starting with the adults.	6/17/2014 1:45 PM
86	None that I can think of	6/17/2014 10:38 AM
87	fix the road by the 108 on/off ramp under bridge	6/17/2014 10:37 AM
88	Obesity in children due lack of parental skills to educate and discipline children to understand respect. Don't wait till they get into the basic training for military and Uncle Sam has to do it!	6/16/2014 2:50 PM
89	seeing deputies of law on cell phones, when they urge people not to use in only emergencies, yet they are driving and on cell phones, "is that making them aware of their surrounding and paying strict attention on their jobs?"	6/16/2014 1:36 PM
90	prescription drug abuse, Medicaid vs commercial insurance- healthcare received versus the two	6/16/2014 11:00 AM
91	Access to illegal drugs	6/16/2014 10:59 AM
92	already mentioned in the questions	6/16/2014 10:39 AM
93	the pot holes in the road	6/16/2014 10:35 AM
94	Parking downtown	6/16/2014 10:32 AM
95	Job market is low and healthcare is not affordable for the citizens.	6/16/2014 10:13 AM
96	Lack of businesses	6/16/2014 9:34 AM
97	Health care access, being denied of health care, money/debt as a county	6/16/2014 8:57 AM
98	Child friendly activities. Safe places for teens and pre-teens to hang out	6/16/2014 8:39 AM
99	Unproductive lifestyles	6/16/2014 8:13 AM

100	No	6/16/2014 8:06 AM
101	Not that are not already mentioned	6/16/2014 7:05 AM
102	economy and access to healthy affordable foods and LESS access to fast food, tobacco	6/15/2014 5:00 PM
103	something for young children to do no movie or roller skating	6/15/2014 6:05 AM
104	Drug abuse	6/14/2014 6:10 PM
105	small business and being able to keep them here	6/13/2014 4:12 PM
106	Amount of people that are on disability and the ease they seem to have acquiring it	6/13/2014 3:10 PM
107	Empty buildings and parking lots, more parental involvement in the lives of their children in school and extra activities	6/13/2014 2:31 PM
108	Healthy lifestyle	6/13/2014 2:01 PM
109	BRINGING IN MORE HIGHER PAYING JOBS	6/13/2014 9:07 AM
110	health care education	6/13/2014 8:45 AM
111	a walk in clinic would be nice to keep the non emergent stuff out of the ER.	6/13/2014 7:40 AM
112	n/a	6/12/2014 9:45 PM
113	Drug Use/ Abuse	6/12/2014 8:01 PM
114	None that I can think of	6/12/2014 4:28 PM
115	making more parks and trails to encourage healthy lifestyles	6/12/2014 4:20 PM
116	Drug abuse. Prescription and non prescription. There are no easy accessible help for those needed rehab especially those with no insurance	6/12/2014 3:59 PM
117	No	6/12/2014 3:34 PM
118	Increase in prescription drug abuse and trafficking	6/12/2014 2:58 PM
119	PRESCRIPTION DRUG USE!	6/12/2014 2:55 PM
120	save farm ground from developers	6/12/2014 2:49 PM
121	quit cutting down the trees- its bare enough already	6/12/2014 2:27 PM
122	All streets should have side walks for walking safety.	6/12/2014 2:21 PM
123	access to health care and dentists, Rx drug abuse,	6/12/2014 2:21 PM
124	PRESCRIPTION (AND OTHER) DRUG ABUSE IS MUCH BIGGER THAN MOST PEOPLE THINK.	6/12/2014 2:16 PM
125	Increase activities and health screenings for senior citizens.	6/12/2014 2:11 PM
126	Prescription drug abuse	6/12/2014 1:54 PM
127	none at this time	6/12/2014 1:50 PM
128	clean air and water concerns, low income families increasing and need help	6/12/2014 8:36 AM
129	need more physicians that are available for all people regardless of insurance types	6/12/2014 8:33 AM
130	jobs and homelessness	6/12/2014 8:30 AM
131	lack of housing overall, aging community	6/12/2014 8:26 AM
132	meth use	6/12/2014 8:22 AM
133	mental health needs	6/12/2014 8:21 AM
134	alcohol use/abuse by young athletes, heroin ETOH abuse	6/10/2014 4:47 PM
135	bullying in the schools	6/10/2014 10:05 AM
136	The loss of current business that have been new to the area and are now no longer here.	6/10/2014 8:17 AM

137	vision and hearing screenings/services for kids	6/9/2014 4:09 PM
		***************************************
138	none	6/6/2014 12:11 PM
139	Drug problems, theft	6/6/2014 11:07 AM
140	young kids staying out of trouble and having jobs	6/5/2014 5:15 PM
141	n/a	6/5/2014 4:33 PM
142	youth drinking alcohol	6/5/2014 2:52 PM
143	Lack of community resources for those in need i.e. pediatrics, medical specialists	6/4/2014 3:39 PM

# Q8 My Age

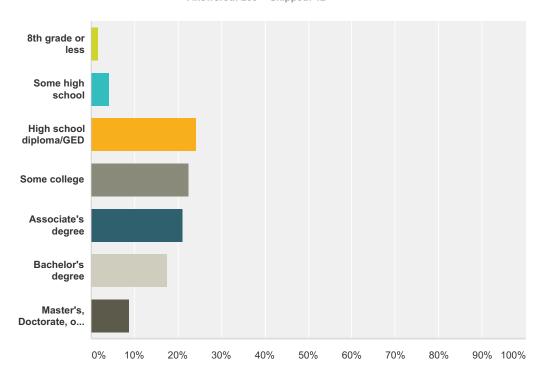
Answered: 293 Skipped: 34



Answer Choices	Responses	
Under 18	0.00%	0
18-25	11.26%	33
26-35	23.89%	70
36-45	18.43%	54
46-55	22.18%	65
56-65	16.72%	49
66-75	6.14%	18
76 or older	1.37%	4
Total		293

## **Q9 My Education**

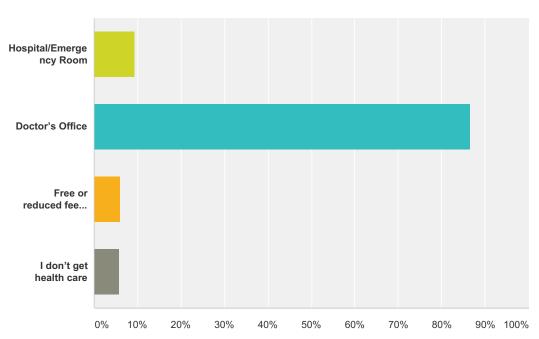
Answered: 285 Skipped: 42



Answer Choices	Responses	
8th grade or less	1.75%	5
Some high school	4.21%	12
High school diploma/GED	24.21%	69
Some college	22.46%	64
Associate's degree	21.05%	60
Bachelor's degree	17.54%	50
Master's, Doctorate, or Professional degree	8.77%	25
Total		285

# Q10 Where do you usually go for healthcare?

Answered: 278 Skipped: 49

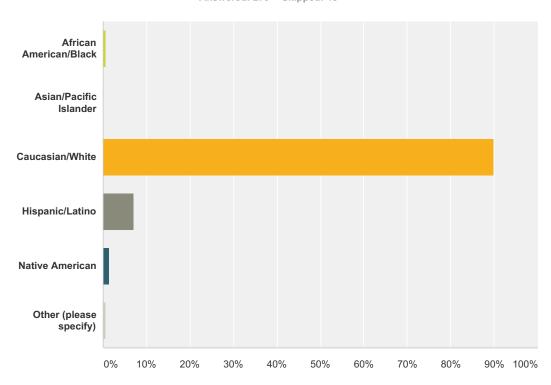


Answer Choices	Responses	Responses	
Hospital/Emergency Room	9.35%	26	
Doctor's Office	86.69%	241	
Free or reduced fee clinics	6.12%	17	
I don't get health care	5.76%	16	
Total Respondents: 278			

#	Other (please specify)	Date
1	VA Toledo Ohio	7/8/2014 9:28 AM
2	medicare	7/7/2014 11:33 AM
3	medica	7/3/2014 4:55 PM
4	medical care	7/1/2014 5:15 PM
5	Hospice	6/24/2014 9:37 AM
6	Chiropractic	6/12/2014 3:05 PM

# Q11 My Race/Ethnicity

Answered: 279 Skipped: 48

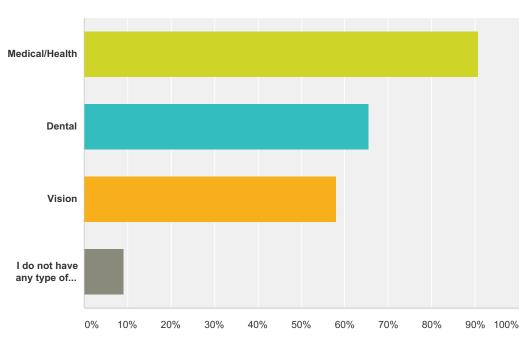


Answer Choices	Responses	
African American/Black	0.72%	2
Asian/Pacific Islander	0.00%	0
Caucasian/White	89.96%	251
Hispanic/Latino	7.17%	20
Native American	1.43%	4
Other (please specify)	0.72%	2
Total		279

#	Other (please specify)	Date
1	unanswered	6/17/2014 4:38 PM
2	american	6/14/2014 7:25 AM

# Q12 I have these types of insurance (check all that apply)

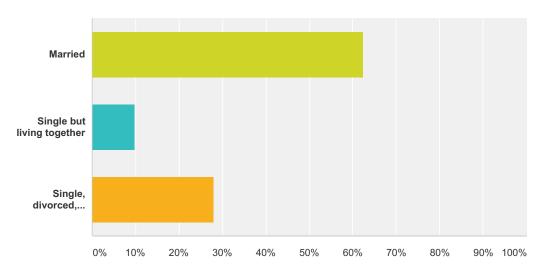
Answered: 291 Skipped: 36



Answer Choices	Responses	
Medical/Health	90.72%	264
Dental	65.64%	191
Vision	58.08%	169
I do not have any type of insurance	9.28%	27
Total Respondents: 291		

# **Q13 My Marital Status**

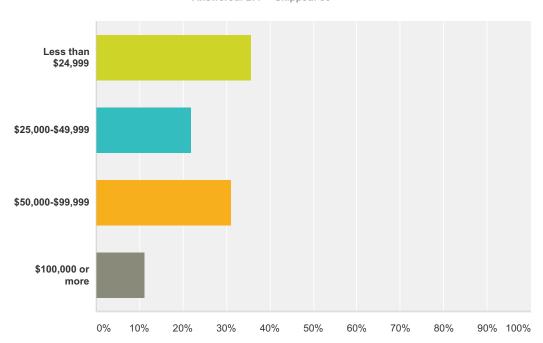
Answered: 287 Skipped: 40



Answer Choices	Responses	
Married	62.37%	179
Single but living together	9.76%	28
Single, divorced, separated, widowed	27.87%	80
Total		287

## **Q14 My Family Income**

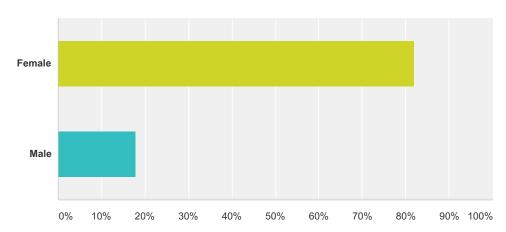
Answered: 277 Skipped: 50



Answer Choices	Responses	
Less than \$24,999	35.74%	99
\$25,000-\$49,999	22.02%	61
\$50,000-\$99,999	31.05%	86
\$100,000 or more	11.19%	31
Total		277

# Q15 My Gender

Answered: 274 Skipped: 53



Answer Choices	Responses	
Female	82.12%	225
Male	17.88%	49
Total		274

#### Q16 My Zip Code

Answered: 288 Skipped: 39

Answer Choices	Responses	
ZIP:	100.00%	288

#	ZIP:	Date
1	43545	7/14/2014 9:49 AM
2	43512	7/8/2014 10:26 AM
3	43534	7/8/2014 10:22 AM
4	43545	7/8/2014 10:19 AM
5	43545	7/8/2014 10:17 AM
6	43545	7/8/2014 10:16 AM
7	43545	7/8/2014 10:12 AM
8	43545	7/8/2014 10:11 AM
9	43545	7/8/2014 10:06 AM
10	43545	7/8/2014 10:04 AM
11	43545	7/8/2014 9:56 AM
12	43545	7/8/2014 9:54 AM
13	43545	7/8/2014 9:50 AM
14	43545	7/8/2014 9:48 AM
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27	43545	7/7/2014 5:11 PM
28	43545	7/7/2014 5:06 PM
29	43545	7/7/2014 5:03 PM
30	43545	7/7/2014 5:02 PM
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36	43545	7/7/2014 11:43 AM
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63	43516	7/3/2014 4:03 PM
64	43516	7/3/2014 4:01 PM
65	43516	7/3/2014 3:59 PM
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286	43527	6/4/2014 3:40 PM
287	43545	6/4/2014 2:03 PM
288	43545	6/4/2014 2:01 PM

# Q17 If you would like to provide additional feedback or have questions, please provide your contact information or contact the Director of Community Health Services Bethany Wachter at (419) 591-3055 or bwachter@henrycohd.org.

Answered: 2 Skipped: 325

Answer Choices	Responses	
Name	100.00%	2
Address	100.00%	2
City	100.00%	2
State	100.00%	2
Zip Code	100.00%	2
Email address	100.00%	2
Phone number	100.00%	2

Responses hidden to protect privacy of the respondents.



### Henry County General Health District Community Themes & Strengths Assessment Focus Groups and Key Informant Interviews Overview of Findings



### Henry County General Health District Community Themes and Strengths Assessment Focus Groups and Key Informant Interviews

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III.	Overview of Emerging Themes	5
IV.	Recommendations	13
V.	Appendices	15

**Facilitation and Consulting By:** 



#### **Introduction and Research Process**

#### **Background**

Henry County Health Department (HCHD) and its community partners, known collectively as Henry County Health Partners, are focused on improving the quality of life and the health status of Henry County residents. The Health Partners conducted Community Health Assessments (CHA) in 1999, 2005, and 2010.

Upon completion of the 2010 Community Health Assessment, the Health Partners developed a Community Health Improvement Plan (CHIP) to reduce childhood and adult obesity. The "Mobilizing for Action through Planning and Partnership" strategic planning model developed by the National Association of County and City Health Officials (NACCHO) was loosely followed.

The Partners are currently midway through the next cycle of the community health assessment process. As the leader of this process, Henry County Health Department is trying to more closely follow the MAPP model. This model utilizes four different types of assessment to complete a comprehensive community health assessment:

- Community Health Status Assessment (completed in 2013)
- Local Public Health System Assessment (begun in October 2013 and completed in February 2014)
- Forces of Change Assessment (to be completed in September 2014)
- Community Themes and Strengths Assessment

#### **Community Themes and Strengths Assessment Research**

This report summarizes the outcomes from research activity conducted for the *Community Themes and Strengths Assessment*. HCC was engaged by Henry County Health Department to facilitate focus groups and oversee the key stakeholder and informant interview process.

The goals of this effort were to determine what is important to Henry County residents and how they perceive the quality of life in Henry County; and to identify local resources that can be used to improve the community's health. To better inform this process, the leadership included a community engagement component to hear community thoughts and perspectives. Individuals from Henry County were engaged through either a focus group or a one-on-one interview process. The information from the one-on-one interviews and the focus groups will help the leadership team identify both strengths and gaps in the local health care system that can be addressed in the County's Community Health Improvement Plan for the future.

Specifically our research project included:

- 1. Designing focus group and key informant interview question protocols, agenda, and any supporting handouts to collect data and complete analysis. Providing key informant interview and documentation training to community partners.
- 2. Producing a final approach, facilitation, and documentation of the planned focus group populations and key informant interview groups among the various populations and stakeholder groups audiences identified by HCHD.
- 3. Producing focus group summary reports (one for each session conducted) including information regarding key informant interview participant statistics, analyzed data, and necessary recommendations, where possible.
- 4. Preparing a report that synthesizes the major themes and research activities including relevant community engagement recommendations.

#### Our Approach:

The *Community Themes and Strengths Assessment* project was designed to hear the practical needs of the local community. It included capturing insights from specific population groups identified in the 2013 Community Health Status Assessment as experiencing barriers to health care services:

- Residents with lower incomes
- Residents age 65 years and older
- Residents with chronic disease(s)
- Spanish-speaking residents
- Families with children with serious medical issues or developmental delays

A pre-focus group survey was designed to collect anonymous data on each participant represented that included demographics and profile information.

Staff members from Henry County Health Partner organizations conducted key informant interviews with a variety of local residents and service providers, representing the following community sectors:

- Faith-based
- Elected Officials
- Businesses
- Media

- Education
- Community Organizations
- Health Care

#### **Participant Profile**

The overall makeup and composition of the focus group participants follows:

Focus Group Audience	Number of Participants
Low Income	9
Chronic Disease	7
Spanish-Speaking	6
Seniors	7
Families with Children with Special Needs	4
Total Participants	33

#### **Demographic Survey Results**

Refer to Appendix A for results for those participants who completed a demographic survey which includes information on measures such as:

- Gender
- Age
- Race
- Marital Status
- Income Level

- Education
- Usual Source of Health Care
- Types of Medical Insurance
- Home Zip Code

The overall makeup and composition of the key informant interviews follows:

Audience	Number of Interviews
Faith-based	1
Elected Official	2
Business	3
Health Care	2
Media	1
Community Organization	4
Education	1
Total	14

#### **Overview of Emerging Themes**

The following findings represent an overview of major themes derived from the focus group and key informant interview process. They are not, however, the only conclusions or themes that one might extract from the entire project. It is suggested that the summary focus group reports and key informant interviews contained in the attached Appendices be reviewed in order to gain a broader view of themes derived from this research, including the views and unique needs of each focus group population.

A couple of summary comments specific to participant responses in each population group:

- "Seniors" and those with "chronic diseases" tended to all possess a well-established network of health care providers, health care insurance, reliable transportation, and faced few, if any, challenges accessing and scheduling required services. Overall, these two groups possessed the desired health care access status.
- Lower income participants were incredibly thoughtful and articulate in sharing their views and experiences. They were quite knowledgeable about and users of a broad range of public health care services in Henry County, but experience access barriers typically associated with a lower socioeconomic status transportation, lack of expendable income to invest in health care, and lack of adequate health care insurance. Many participants voiced frustration regarding perceived discriminatory treatment from health care providers in the area of pain management.
- Spanish-speaking participants overwhelmingly focused on the impact of legal status
  and language barriers. The domino effect created by the cumbersome and
  expensive immigration process affects overall quality of life obtaining jobs, health
  care insurance, and accessing health care. Not being able to understand or
  communicate leaves this group feeling disenfranchised and lacking a sense of
  community. There was a strong desire for an outlet in Henry County for English
  classes.
- Families with children with serious medical issues or developmental delays were thrilled their views and experiences were being solicited. Not surprisingly, this group's focus was on the need for a pediatrician in Henry County and access to a broader range of specialists.

Nevertheless, the common themes - the central topics or recurring ideas that emanated consistently during community engagement - are bulleted below and are arranged within the focus group question set.

#### **Focus Group Themes:**

### Let's suppose I didn't know anything about Henry County. What would you explain to me are the major benefits of the health care system here?

- Henry County Hospital: considered a top notch facility, particularly compared to ten years ago
  - o Is very accessible.
  - Patients are treated well.
    - "They treat you like a person there; not a number."
  - The hospital is focused on patient quality of care.
    - "They will refer you immediately when necessary."
    - "They don't get hung up on pride."
  - o Compassionate allowed participant's family to stay in room.
  - o The ER was well rated, with efficient staff providing quality care.
    - "They treat you first before thinking about getting the money."
  - o Good coordination with partners coordinated transition home from Toledo.
  - o Have a program to set up a payment plan to receive charity care.
- Local family physicians
  - o Good, long term relationships were noted with family physicians.
- HCHD: provides a range of good health care services and programs.
  - o Medical services for children are good, and include health and vision services.
  - o Family clinic offers many no cost services.
  - o Programs noted were BCCP, Help Me Grow, and Home Health Hospice.

### What difficulties have you experienced in obtaining health care services for yourself or family members in the past few years?

Access to information about what programs and services are available.

#### What about transportation? How do you get to the doctor or clinic?

 Transportation was not an access barrier for participants with the exception of some lower income participants.

#### Tell me about how you go about finding the "right" doctor to help you?

• Participants use family/friend referrals or insurance providers list to find doctors.

#### What about the cost of health care services? Insurance?

• Cost/payment was a big concern among Spanish-speaking participants, since few reported having any type of health care insurance.

- Cost was not perceived as a barrier to participants who have health insurance.
- Lower income participants said the cost of health care services and insurance make them nearly prohibitive.
  - o "You simply hope you qualify for it."
  - o "The cost of health insurance is like being a bug on a windshield."

### How does a clinic and doctor's office hours affect your ability to obtain the health care services you need?

- Participants across all focus groups noted the need for a 24 hour pharmacy and/or urgent care.
  - o "The choice you have is to go to and pay ER prices for everything."
- Retired participants or those with a flexible work schedule did not experience difficulty scheduling health care services.

### How do your job, family and other schedule commitments affect your ability to obtain health care services?

• Those who work noted that the typical office hours (no evenings or weekends) can make it difficult to schedule health care services.

### What kinds of health care services have you needed/do need that you haven't been able to get *anywhere*? Why do you say that?

- Spanish-speaking participants did not tend to think beyond Henry County in regards to obtaining health care services and considered HCHD the only viable outlet.
- Other participants did not identify any type of health care service that they could not obtain "anywhere" (regionally).

### What kinds of health care services have you needed/do need that you haven't been able to get in *Henry County*?"

- Spanish-speaking participants' legal and income status prevent them from obtaining health care services, in general.
- Specialists, in general
- Wellness care, such as nutritionists, etc.
- Support groups
- Urgent care/24 hour pharmacy
- Childcare programs
  - o "It doesn't pay to work. I dropped my LPN job and went on Medicaid."

### What can Henry County do to improve your access to the kinds of health care services you need?

- Spanish-speaking participants said relaxing upfront copay requirement and offering a payment plan.
- Raising awareness overall to public services and programs available.

#### What about transportation?

No additional comments.

#### What can Henry County do to help improve your ability to get to the doctor?

Provide a more flexible shuttle service/expand service to evening hours.

#### How can Henry County help you find the "right" doctor?

- Provide information/education on health care resources in English and Spanish
- Pediatricians who could make referrals and assist families.

### What can clinics and doctors do to make their office hours more convenient? What about the way you go about scheduling appointments to obtain the health care services you need?

- Offer more flexible hours that do not require taking time off work.
- 24 hour Urgent Care and 24 hour pharmacy is needed in Henry County.

### Close out – what is the MOST IMPORTANT thing Henry County can do to improve health care services for residents? Remember, only one thing.....

#### Lower Income:

- 24 hours walk in wellness free/sliding scale (affordable) clinic. Need one stop place where you talk with a real person who can educate on options and programs available.
- 24 hour urgent care half of the participants
- Better doctors
- Childcare

#### **Chronic Disease:**

- Nothing to change (6 participants)
- More doctors (1 participant)

#### **Spanish-Speaking:**

- Short term more interpreters to assist with language barrier
- Long term local access to English classes that are affordable
- Spanish language health care hotline
- Helping all Latinos with or without health insurance

#### Seniors:

- Nothing needed (three participants)
- 24 hour pharmacy
- Urgent care
- Be more conscientious on patient appointment times
- Take more time with patients (to avoid misdiagnosis)

#### **Families With Children With Special Needs:**

- Pediatricians
- More general services for kids
- More specialized services for kids (two)

#### **Kev Informant Interview Themes:**

NOTE: Given the diversity of interviewee community roles, responses were collected across all interviews. Any key themes that emerged are noted.

#### What makes you most proud of Henry County?

• The overall community was a common theme – values, people, agencies and organizations, schools, good environment to raise a family, attitude, driven to excellence.

#### What's not going so well in Henry County?

- No comments from nearly two-thirds of interviews
- Those who did comment mentioned road conditions (closures), younger generation lack of work ethic, FQHC does not serve county, economic growth (hard to attract new business/industry to Napoleon), declining population base, sometimes aren't accepting of new people
- Lack of communication and cooperation among agencies

### What are some specific examples of people or groups working together to improve the health and quality of life in Henry County?

- Jump Into Food Fitness
- 4-H, OSU extension
- Together We Can Make A Difference
- Food Pantries
- Henry County network
- HCHD
- United Way

- FISH, Relay for Life
- Hospital exercise program,
- Businesses working together
- Henry County Hospital
- EMA
- Fire and EMS

### What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in Henry County?

Key themes:

- Obesity (one-third of interviewees)
- Alcohol abuse (25% of interviewees)
- Drug abuse (25% of interviewees)

Other themes included information and access to available programs and services, and a smoking cessation

Other responses included:

- Availability of services for lower income residents
- Access to information on services available (2)
- Health insurance costs for small business
- Health lifestyle options /education (2)
- Education on improved quality of life topics
- Child nutrition
- Effectiveness of local health system
- Patient-Centered Medical home for people in need
- Expansion of overall services due to expansion of Medicaid
- Better alignment of health care issues keeping non-life threatening issue out of ER
- Heart disease and cancer based on assessment
- Water issues
- Community Center access
- Need dentist who accepts Medicaid

### For Large Employers: What about the challenges in providing insurance for your employees?

• People can take more responsibility for their health and not rely on health insurance/medicine

### What do you believe is keeping Henry County from doing what needs to be done to improve heath and quality of life?

- Maintaining the status quo and peer pressure
- Self-serving agendas/selfishness
- A need for clear, easy to understand solutions and programs
- Resources money and people

- More in-depth education and wellness programs, along with infrastructure to support exercise
- Resistance to change
- Leadership to launch and implement new ideas
- Apathy
- Community engagement outreach and education
- Open, honest conversations among partners, and a team oriented approach
- More cross-county coordination to reduce cost and redundancies in service
- Poverty
- Lack of awareness of true level of need in community

### What actions, policy or funding priorities would you support to build a healthier community?

- Collective faith-based groups organization of mission or service days
- Free or low cost health clinic
- Educational programs
  - o And specifically regarding nutrition and exercise
  - o Providing infrastructure for exercise opportunities
- When asked will support (financial) best we can
- Breast care screenings, free dental care, babysitting classes, etc.
- Meals program (e.g. at holidays for those who may be lonely)
- Sports leagues for those not getting to participate
- Location for residents to exercise be more physically fit
- Anything to get kids more involved in physical activity and manual labor
- Rejuvenating the Health Partners with a structured coalition (mission, vision, officers, bylaws, etc.)
- A community-wide initiative reaching beyond health education, social support, jobs, local economy
- Policy that requires reporting of FQHCs services at each local community, by location
- Farmers' market
- Community center
- Continuing children's activities during summer
- Center/shelter for transitional housing

### What would excite you enough to become involved (or more involved) in improving our county's health?

- Citizen-led community/agency initiatives
- A clear plan of action
- Program on nutrition alternatives/exercise groups
- Master Gardener Program or anything to get kids involved
- Rejuvenating the Health Partners with a structured coalition (mission, vision, officers, bylaws, etc.)
- A community-wide initiative reaching beyond health education, social support, jobs, local economy
- Action stop talking and do something

### Close out – what is the MOST IMPORTANT thing Henry County can do to improve health care services for residents?

- Increase awareness of available services, particularly for lower income
- Free or low cost health clinics/screenings and mass marketing campaign to educate the community
- Don't give up continue work to improve the community
- Education on alternative wellness options
- Expand exercise classes sponsored by the hospital
- Increased communication across all community service providers
- Education and awareness on services available
- Health care issues:
  - Increase effectiveness of local FQHC
  - o Services local physicians will or will not provide
  - Coordination and hand off of patients between service providers
  - Coordination of services between providers to eliminate duplication
- Pursue funding for patient-centered medical home
- School-based initiatives money not available for health department to visit schools anymore
- Wellness education and an early childhood initiative
- Hospitals rotating more specialist or surgeons who rotate
- Free socialized health care for ALL!

#### **Community Engagement Recommendations**

Focus groups and key informant interviews are an excellent way to gain insights about community views and perceptions on most any topic. This particular initiative was well organized and executed. Henry County Health Partners developed a defined set of learning questions for this needs assessment that was quite achievable. Target populations were identified through evidence-based research.

The first two recommendations below are offered for consideration to strengthen needs assessment activities such as these focus groups and key informant interviews. Additional insights are also presented as ideas for reflection to broaden community engagement activity.

#### Recommendation #1

#### "Over recruit" to help assure strong turnout at focus groups.

The focus group for families with children with serious medical issues or developmental delays proved tough to fill. This situation is not unusual in our experience and particularly given the challenges parents in this population face. Even focus group turnout for participants in the broader community can be unpredictable despite the best registration efforts, follow up, and reminder calls. Unexpected events and other life and family challenges can hamper the best intentions. We recommend, whenever possible, registering 15 participants for each focus group you schedule. This size group is still manageable from a facilitation standpoint and will give some room for the natural attrition that occurs.

#### Recommendation #2

### Select focus group facilities that are outside public service agency settings to promote an environment conducive to open and honest dialogue.

Site selection was successful for all groups with the exception of the Spanish-speaking focus group. While it had been expected attendance would be strong at HCHD since the Latino community utilizes health care services offered there, recent deportation activity in Henry County left all but one participant registered too fearful to attend. Consequently, key informant interviews were conducted at a local restaurant to augment the focus group session. This strategy proved quite successful. Churches, restaurants, senior centers, libraries, coffee shops and other locations without a government agency "feel" offer participants a more "homey" and comfortable setting to engage in open and honest dialogue.

#### Recommendation #3

Build on existing needs assessment efforts and formalize community engagement activity as part of continued work among the Henry County Health Partners.

Community engagement is becoming a more formal component in public sector projects. In

fact, the EPA and other federal and state agencies have identified community engagement as one of the defined integrated planning steps. Henry County Health Partners has an impressive and sound track record in conducting community needs assessments as part of an overall planning process. The next step is to build on this foundation and make community engagement techniques - outreach, education and gaging community attitudes and perceptions - a routine and planned (scheduled) part of your overall strategy, as well. When effectively deployed, community engagement initiatives will go a long way to ensure success in improving the quality of life and health status for Henry County residents.

#### Recommendation #4

### Blend traditional and nontraditional activities to maximize community engagement efforts.

Innovative and nontraditional techniques should be employed to go beyond the usual suspects of dominant socioeconomic and ethnic populations, techniques and typical community locations. Successful engagement initiatives utilize grassroots and targeted market research approaches to connect with residents and community members. Informal and formal communication drives promoting awareness, providing education, and receiving feedback. Henry County Health Partners can successfully engage residents in a phased approach to produce reasonably educated feedback: baseline and reinforcement educational materials; neighborhood educational events; and polling and surveying on intended community health care initiatives.

Meeting people where they naturally gather – such as community festivals, civic associations, recreational or professional clubs, neighborhood businesses, community centers, churches, and libraries – is a key factor in successful community engagement. When coupled with more formal engagement methods – i.e. involving a Citizens Advisory Panel, facilitating high-level presentations to key stakeholder groups, and support and promotion from city leaders — the result is a targeted and informed engagement conversation that ensures community support.

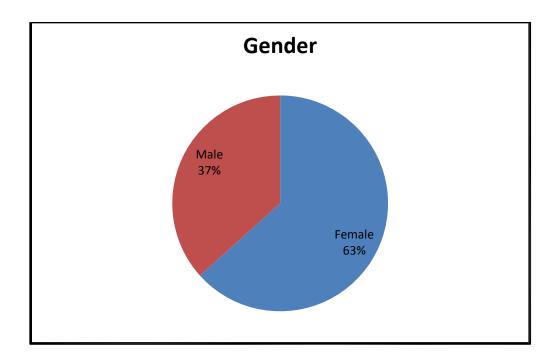
#### Recommendation #5

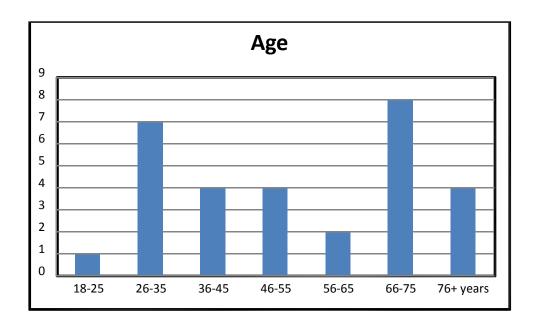
### Implement a Citizens Advisory Panel as part of your community engagement strategy.

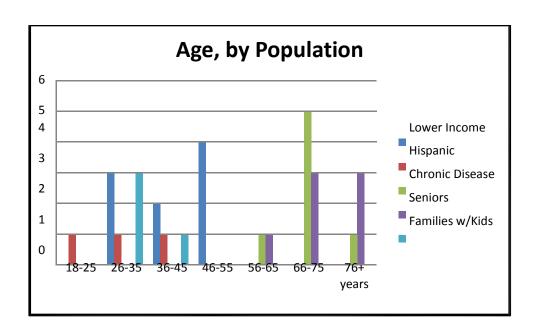
Residents from various walks of life not related to health care can be a powerful source of input and intelligence about proposed initiatives. Business owners, churches, area civic group members, individuals who are locally active in grass roots initiatives, students, and others, can increase stakeholders' knowledge and dialogue, open a channel of communication to residents, explore the various pros and cons of proposed initiatives, and provide advice on communication messages and engagement tools. Do choose members from those outside your health care world to represent a broad spectrum of stakeholders in Henry County.

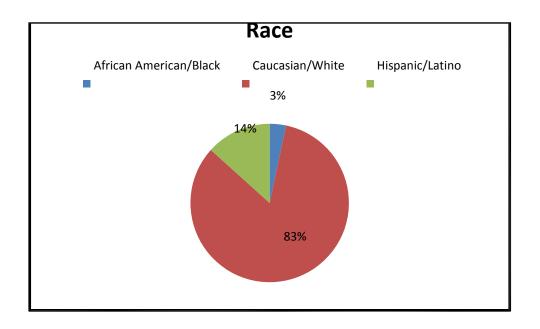
### Appendix A

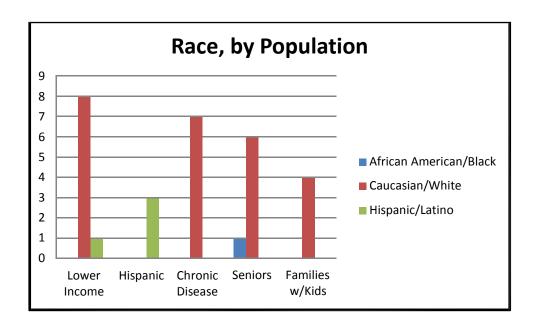
### **Focus Group Demographics**

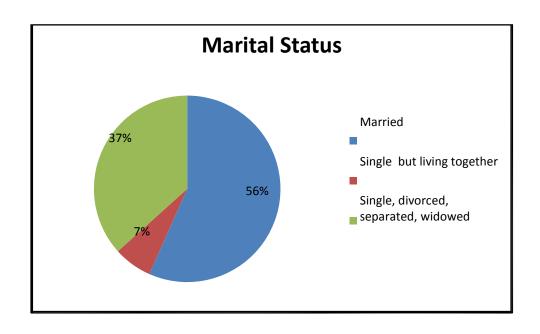


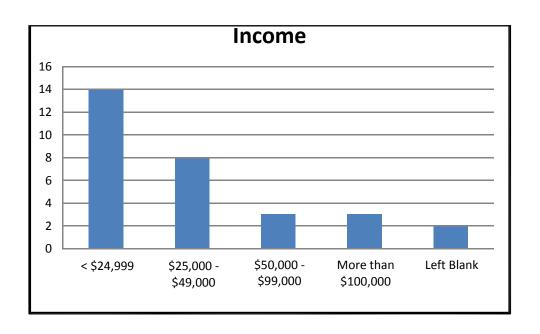


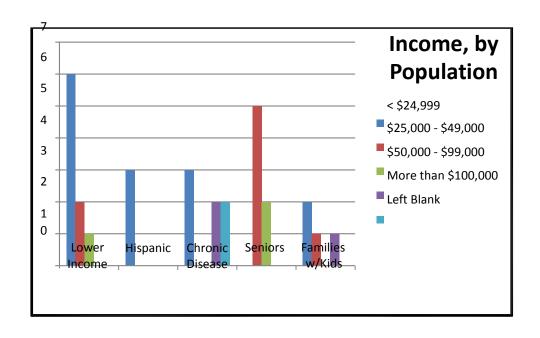


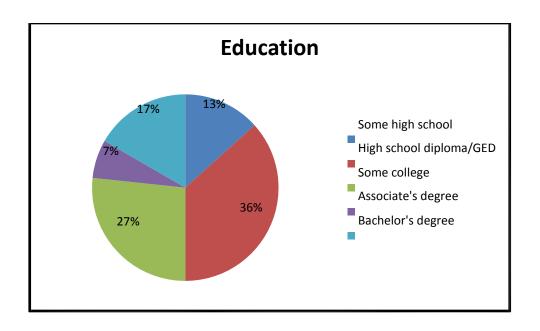


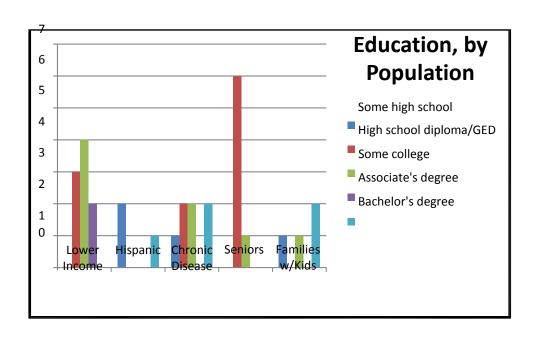


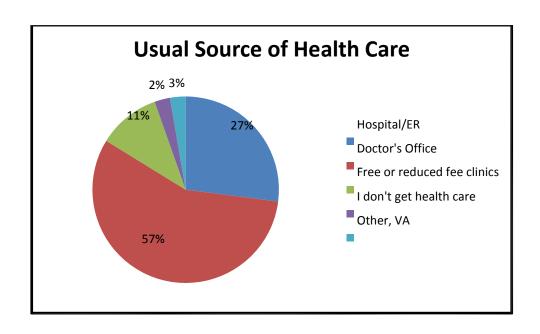


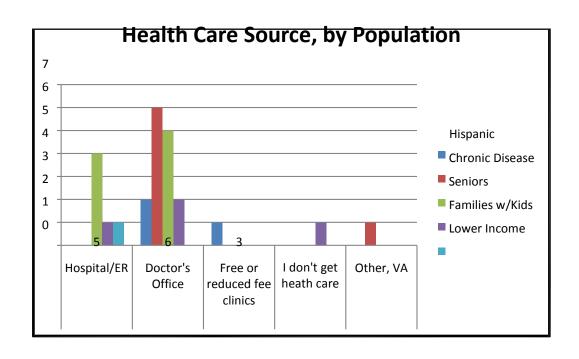


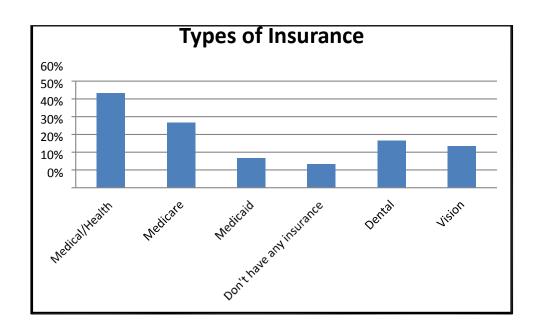


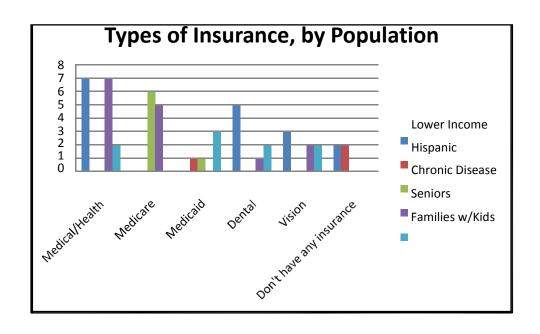


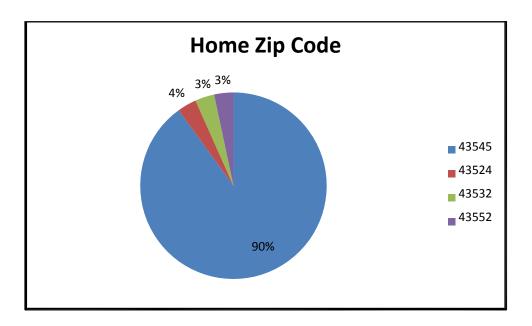












### **Appendix B**

### Focus Group Summary Reports

## Henry County General Health District Community Themes and Strengths Assessment Lower Income Focus Group Date: June 12, 2014

**Number of Participants: 9** 

1. Please introduce yourself by name and tell us how long you've lived in Henry County.

Participants have lived in Henry County from three to 55 years.

### 2. Let's suppose I didn't know anything about Henry County. What would you explain to me are the major benefits of the health care system here?

- Henry County Hospital: participants were unanimous in the view that the Henry County Hospital is a top notch care facility, particularly compared to ten years ago.
  - o Is very accessible
  - o Patients are treated well
  - The hospital is focused on patient quality of care
    - "They will refer you immediately when necessary."
    - "They don't get hung up on pride."
  - Provides quick services on an emergency basis
- School of nursing in Henry County: this is an improved approach, compared to the previous system of using HCHD and the hospital.
- Community & Health Services: a good provider that is very affordable
- NW Ohio Dental Clinic: many care providers accessible under one roof
- Health Department Programs such as BCCP, Help Me Grow and Home Health Hospice
  - o Participants noted the hospice is a very good program that is accredited
  - o Participants noted there are many more programs residents are not aware of

### 3. What difficulties have you experienced in obtaining health care services for yourself or family members in the past few years?

There was extended discussion from many participants in the focus group regarding the

attitude of doctors and overall process for obtaining pain management services in Henry County. A number shared their chronic condition or birth defects as background regarding the real need for pain management. Health care providers were generally described as being accusatory, uncooperative, age discriminatory, and uncaring.

- "One doctor actually asked me if I was a drug dealer."
- "Don't think you are ever going to come here and get any pain pills." (Nurse comment to one participant.)
- "They shouldn't look at me like I'm medication seeking. They have the documentation on my condition and treatment."
- "Being and adult it is nearly impossible to get anything. They treat you like you are a drug addict. But my grandson or grandfather can get [are prescribed] anything."
- "I told one doctor, 'If I was buying off the street, I wouldn't be here.' I was insulted by his questions and attitude."

#### Follow ups:

#### What about transportation? How do you get to the doctor or clinic?

- Proximity of access is an issue. Residents have to often drive out of county for services.
  - "You have to make a choice (driving to Defiance). Do I use my money to buy gas or to pay the doctor?"
- o Shuttle service requires 24 hour notice.
  - "I don't abuse this. I use it maybe twice a year, but I end up calling 911 when I'm in bad shape and can't wait."
  - "What about when I have the only car and am in Toledo at a doctor's appointment? My wife has to call 911 if she is in trouble or go without care."

#### • Tell me about how you go about finding the "right" doctor to help you?

- o Many participants indicated they use whatever doctor their insurance covers
- Internet google searches
- Look for one who will take payments and not charge interest
  - Participants noted this is the exception rather than the rule, and one
    of the few doctors who offered such a program recently quit because
    he has "gotten burned" too many times.

#### • What about the cost of health care services? Insurance?

• Participants were unanimous that the cost of health care and/or insurance makes them nearly prohibitive to afford.

- "You simply hope you qualify for help."
- One participant felt that the recent changes in health care (Obamacare) are pushing people out of Medicare and Medicaid
- "The cost of health insurance is like being a bug on a windshield."
- Many participants noted the cost of childcare prohibited having a job that offered health insurance.
  - "It seems easier to work a part time and have health care instead of fulltime and have most of my check go to childcare. I have a degree. It shouldn't be this hard."
  - "My childcare is \$245 a week. I don't even make that much to cover it to be able to have a job that offers me insurance."
- How does a clinic and doctor's office hours affect your ability to obtain the health care services you need?
  - o There is no 24 hour pharmacy
  - Participants were unanimous that not having an urgent care facility greatly affected their ability to access after hour health care
    - "The choice you have is to go to and pay ER prices for everything."
- How do your job, family and other schedule commitments affect your ability to obtain health care services?
  - Nothing noted by participants

### 4. What kinds of health care services have you needed/do need that you haven't been able to get *anywhere*? Why do you say that?

Participants indicated that between Toledo and in some cases Cleveland they are able to find all types of health care. However, the travel factor, scheduling, or cost can be prohibitive.

#### Follow up:

- What kinds of health care services have you needed/do need that you haven't been able to get in *Henry County*?"
  - Orthodontics
  - o Bariatric weight management clinic
  - o Oncologists, in general
  - Chemo/radiation
  - Community detox facility

- Heart specialists
- Mesothelioma treatment
- Support groups
- Homeless Families shelter since many needs here are health or mental health
- Nutrition program like Defiance County's Back Pack program
- Need health care geared toward people who work but don't make much money
  - "I don't want a handout. I want a helping hand."
  - "I make \$60 too much to receive assistance from public programs."
- o A good childcare program
  - "It doesn't pay to work. I dropped my LPN job and went on Medicaid."
  - Particularly for second shift workers
- o "Mom's House" type program (Toledo) to assist single moms and/or dads

### 5. What can Henry County do to improve your access to the kinds of health care services you need?

#### **Follow Ups:**

- What about transportation? What can Henry County do to help improve your ability to get to the doctor?
  - o Provide a more flexible shuttle service
- How can Henry County help you find the "right" doctor?
  - Participants were nearly unanimous that there is limited information available to residents. During the focus group there were several instances of participants sharing phone numbers, program names and doctor names with their colleagues.
    - "There needs to be an independent, non-government, unbiased source to provide outreach and education to county residents."
  - A 1-800 phone nurse hotline is needed to assist residents with basic questions and assist them in making the right health care decision.
    - Do I need to rush my kid to ER now, or am I okay to wait until morning."

- What can clinics and doctors do to make their office hours more convenient?
   What about the way you go about scheduling appointments to obtain the health care services you need?
  - Offer evening and weekend hours
  - Relax upfront copay or payment requirements that prohibit access to care for some residents
  - o Urgent Care 24 7 clinic is needed
  - o 24 hour pharmacy is needed
  - o 24 hour pharmacy such as Walgreens with a clinic (Nurse Practitioner access to health care services).

### 6. Close out – what is the MOST IMPORTANT thing Henry County can do to improve health care services for residents? Remember, only one thing.....

- 24 hours walk in wellness free/sliding scale (affordable) clinic –half of the participants
- Need one stop place where you talk with a real person who can educate on options and program available
- 24 hour urgent care
- Better doctors
- Childcare

## Henry County General Health District Community Themes and Strengths Assessment Chronic Disease Focus Group Date: June 19, 2014

**Number of Participants: 7** 

### 1. Please introduce yourself by name and tell us how long you've lived in Henry County.

Participants have lived in Henry County from 22 to 77 years. These focus group participants all possess adequate insurance and have established long term relationships with health care service providers.

### 2. Let's suppose I didn't know anything about Henry County. What would you explain to me are the major benefits of the health care system here?

- The people
- Competent services, particularly home health care nurses
  - o "They [Cleveland Clinic] set up the after care at HCHD and saved me from going to the nursing home. They let me stay in my home."
- Henry County Hospital
  - Compassionate allowed participant's family to stay in room
  - Efficient ER staff sped up the intake hospital process during Toledo referral.
  - o Good coordination with partners coordinated transition home from Toledo
- Nursing Home noted as very good overall
- VA system is very good with equally good shuttle service available
  - Service area expands out of county to Toledo and Michigan for services
  - Vans stay out late and go out early to accommodate appointments
- Henry County family doctors good family relationships with family doctor

### 3. What difficulties have you experienced in obtaining health care services for yourself or family members in the past few years?

 Participants were unanimous that they have experienced no difficulties in obtaining health care services.

#### Follow ups:

#### • What about transportation? How do you get to the doctor or clinic?

 Participants have their own transportation and or friends/family to assist them. One participant uses the Henry County shuttle service.

#### Tell me about how you go about finding the "right" doctor to help you?

- Doctor assigned becomes long term care giver if initial quality of service is good
- Google/internet searches
- o Friends and family recommendations
- Use family doctor

#### • What about the cost of health care services? Insurance?

o No comments in this group – all insured with needs covered

#### How does a clinic and doctor's office hours affect your ability to obtain the health care services you need?

- All participants were retried and have no trouble scheduling services. In addition:
  - Some providers have very early appointment availability (e.g. 7:00 a.m.) to help out
  - Some providers allow "walk-in" same day service for nonemergency assistance

### • How do your job, family and other schedule commitments affect your ability to obtain health care services?

- o All participants were retried and have no difficulty in scheduling services
- One participant noted that having FMLA is quite helpful

### 4. What kinds of health care services have you needed/do need that you haven't been able to get *anywhere*? Why do you say that?

- Participants were nearly unanimous in the view that all types of health care could be obtained regionally (e.g. surrounding counties and Toledo): Examples:
  - Commute to neighboring counties is roughly 20 minutes
  - Defiance, Bowling Green, Ottawa, Fulton County, St. Rita were all examples of accessible health care
  - Visiting doctors (from Toledo, etc.) partner with local service providers and visit one day per week

• Dental care – because needs are not service related (VA) cannot obtain dental care

#### Follow up:

- What kinds of health care services have you needed/do need that you haven't been able to get in *Henry County*?"
  - Liver specialist
  - Access to specialists is much more convenient in Toledo can get same day or next day appointments

### 5. What can Henry County do to improve your access to the kinds of health care services you need?

- Raise awareness overall to the services/programs available
  - o Perhaps a county-wide newsletter to educate residents
    - Some participants noted a newsletter is currently disseminated by the hospital, but were split on whether distribution was county-wide or limited to patients

#### **Follow Ups:**

- What about transportation? What can Henry County do to help improve your ability to get to the doctor?
  - Provide education and awareness to residents about the existing shuttle service
  - Expand shuttle service to evening hours
- How can Henry County help you find the "right" doctor?
  - No new comments on this topic
- What can clinics and doctors do to make their office hours more convenient?
   What about the way you go about scheduling appointments to obtain the health care services you need?
  - No new comments on this topic

### 6. Close out – what is the MOST IMPORTANT thing Henry County can do to improve health care services for residents? Remember, only one thing.....

- Nothing to change (6 participants)
- More doctors (1 participant)

## Henry County General Health District Community Themes and Strengths Assessment Spanish Speaking Focus Group Date: June 19, 2014

**Number of Participants: 6** 

1. Please introduce yourself by name and tell us how long you've lived in Henry County.

Participants have lived in Henry County from 1 to 10 years.

### 2. Let's suppose I didn't know anything about Henry County. What would you explain to me are the major benefits of the health care system here?

- Family Health/HCHD
  - Medical services for children is good
    - Includes health and vision insurance (services)
    - Always put the children first
  - o Very friendly, have interpreters and great to go with for help
  - o Free (dental) cleanings helps us.
- Henry County Hospital program at hospital helps set up payment plan or receiving charity care

### 3. What difficulties have you experienced in obtaining health care services for yourself or family members in the past few years?

- The immigration process overall creates a domino effect that impacts the ability to obtain health care services. This situation is reportedly pervasive in the community:
  - High cost to maneuver the immigration process prevents many from receiving "paperwork" (legal status). It's simply cost prohibitive.
    - Legal Aid could not help.
  - Lack of legal status prevents members of the community from obtaining a good job, insurance, and/or access to health care services
    - There is a real fear of deportation in attempting to obtain certain types of jobs
- General eligibility issues with existing programs

- o Participant is not eligible for Obamacare because of income level
- One participant doesn't believe she will qualify for Medicaid either, given legal status
- Adult (parent) is not eligible for the health care services her children receive
  - The only option when a doctor is necessary is to go the Emergency Room (no insurance)
  - o Cannot obtain vision care (needs glasses)
    - Has tried Wal-Mart they cannot help
- Access to daycare is an issue
- Not knowing where to go -access to information on programs and services available

#### Follow ups:

#### What about transportation? How do you get to the doctor or clinic?

- o Personal auto
- Henry County shuttle services is a great help to the community
- o Those on Medicaid provider will supply transportation
- o Walk
- Taxi
- Senior Center transportation

#### • Tell me about how you go about finding the "right" doctor to help you?

- One participant must go to the ER for services, so there is no proactive search for health care providers
- o HCHD has assisted them in finding a doctor and scheduling an appointment
- Whoever is approved by Medicaid
- o Don't go most of the time due to cost
- Use one doctor in Delta who speaks Spanish
- o It's tough to do

#### What about the cost of health care services? Insurance?

- Cost/payment was noted as the biggest immediate concern in this community – because many do not have health care insurance; they are fearful they will not be able to afford/keep up with payments. Thus, they "fear" going to the doctors.
- Insurance is the gatekeeper to services
  - "Nobody can afford health care without insurance."
  - Some participants are fearful to share their social security number and identification

- How does a clinic and doctor's office hours affect your ability to obtain the health care services you need?
  - Sometimes the office hours make it hard to get to an appointment during work hours (e.g. 4:00 p.m.), or require missing a day of work.
  - o Usually use ER, so this is not an issue
- How do your job, family and other schedule commitments affect your ability to obtain health care services?
  - o Job earnings now prevent participant in qualifying for Medicaid

### 4. What kinds of health care services have you needed/do need that you haven't been able to get *anywhere*? Why do you say that?

NOTE: The participants did not think beyond Henry County in regards to obtaining health care services, and considered HCHD the only viable outlet for her situation.

#### Follow up:

- What kinds of health care services have you needed/do need that you haven't been able to get in *Henry County?*"
  - Participant's legal and income status prevents her from obtaining health care services, in general.
    - "I just go wherever someone will help me."
    - The participant uses the Emergency Room services when very ill, but often doesn't go to the doctor because she cannot afford it.
  - Medical doctors at HCHD
    - One participant was referred to Community Health Services where the fee was \$25. They said they could help her but did not, so she went to the ER.
  - Dental Services
    - That will accept a payment schedule
  - Vision
  - Urgent care
    - This would get in the way of the hospital earning money from ER services
  - o 24 hour pharmacy

### 5. What can Henry County do to improve your access to the kinds of health care services you need?

- HCHD:
  - o Provide vision services for adults
  - o More timely scheduling currently, dental appointments are too far out -
- Interpreters available at all hours phone number list
- List of where to go to find out about services
- In general:
  - o Relax upfront copay requirement
  - Offer sliding scale payment based on income
    - "The first question they ask is, 'Do you have insurance'. I understand they are trying to protect the doctors, but I wish they could help in some way." (facilitator paraphrase)
  - Bilingual health care information
  - o Interpreters available at all hours phone number list
  - List of where to go to find out about services

#### **Follow Ups:**

- What about transportation? What can Henry County do to help improve your ability to get to the doctor?
  - No additional comments
- How can Henry County help you find the "right" doctor?
  - o Provide information/education on health care resources in Spanish
    - Henry County Hospital disseminates a newsletter, but it is only in English. There are no local online services that have been translated into Spanish either.
- What can clinics and doctors do to make their office hours more convenient?
   What about the way you go about scheduling appointments to obtain the health care services you need?
  - o Offer more flexible hours that do not require taking time off work
  - o Offer interpretive s services to help us out
    - Do not have difficulty with appointment schedules only when they do not have anyone to interpret

### 6. Close out – what is the MOST IMPORTANT thing Henry County can do to improve health care services for residents? Remember, only one thing.....

- Short term more interpreters to assist with language barrier
  - Health care providers try to help, but the consequences of the language barrier have been tragic – a pregnant woman was sent home because health care providers didn't understand – the baby was birthed at home and died.
- Long term local access to English classes that are affordable. There is no one in Napoleon that teaches English to the Latino community.
  - The closest available class/willing instructor is located in Bowling Green or Perrysburg. This is tough to manage with job demands.
    - "If we can find a person in Henry County to teach us, I will put a class together." (facilitator paraphrase). It also helps to have a group because it motivates the teacher."
- Spanish language health care hotline
- Helping all Latinos with or without health insurance
- Interpreters to assist with language barrier at Hospitals, Clinics, and Dentist
- Access to English classes advance classes not the same thing over and over (for example: colors, numbers, months, days of the week, etc.).
- EH classes for certification ServSafe Current certificates are expired 2/14
- Emergency Weather notices for safety
- One contact person who has been a tremendous help to all of us, she works with us interpreting and has made herself available to us at all hours of the day/night. Has even gone with us to the HCH for medical emergencies at 3 am.
- Computer classes beginners
- Mechanics to help with their (old) cars to be worked on

## Henry County General Health District Community Themes and Strengths Assessment Seniors Focus Group Date: June 26, 2014

Number of Participants: 7

1. Please introduce yourself by name and tell us how long you've lived in Henry County.

Participants have lived in Henry County from 3 to 50 years

- 2. Let's suppose I didn't know anything about Henry County. What would you explain to me are the major benefits of the health care system here?
  - Henry County Hospital
    - o "They treat you like a person there, not like a number."
    - o The ER was rated as good
      - "They treat you first before thinking about getting money."
    - The rescue squad was rated as very good
- 3. What difficulties have you experienced in obtaining health care services for yourself or family members in the past few years?

#### Follow ups:

- What about transportation? How do you get to the doctor or clinic?
  - The group was unanimous that they have no difficulties with transportation.
  - The shuttle service was described as being very good, but one participant noted they cannot assist citizens inside at the health care appointment.
- Tell me about how you go about finding the "right" doctor to help you?
  - o Word of mouth
  - Friends and family
  - o Through insurance provider list of qualified service providers
  - Doctors were noted as being informed and connected with each other cooperative.

#### • What about the cost of health care services? Insurance?

- Cost was not perceived as a barrier to this group of participants, as all have insurance (Medicare or Medicaid). Yet, they understood that "food comes before doctors and medicine", for some residents.
- How does a clinic and doctor's office hours affect your ability to obtain the health care services you need?
  - The group was unanimous that they experience no issues relative to scheduling or otherwise.
- How do your job, family and other schedule commitments affect your ability to obtain health care services?
  - The group was unanimous that they experience no issues relative to scheduling or otherwise.

### 4. What kinds of health care services have you needed/do need that you haven't been able to get *anywhere*? Why do you say that?

 Participants did not identify any type of health care services that they could not obtain "anywhere".

#### Follow up:

- What kinds of health care services have you needed/do need that you haven't been able to get in Henry County?"
  - Participants were nearly unanimous that there is a need for more specialists, in general.
    - Though many types of specialists come into the county via a sharing program with the hospital, it would be nice to have more variety (i.e. pulmonary) and for them to visit more frequently.

### 5. What can Henry County do to improve your access to the kinds of health care services you need?

- Participants expressed overall satisfaction with access to health care services in Henry County. This included:
  - The quality of services provided
  - o The system in place
  - o The type of programs available

#### **Follow Ups:**

- What about transportation? What can Henry County do to help improve your ability to get to the doctor?
  - o No additional comments
- How can Henry County help you find the "right" doctor?
  - No additional comments
- What can clinics and doctors do to make their office hours more convenient?
   What about the way you go about scheduling appointments to obtain the health care services you need?
  - No additional comments
- 6. Close out what is the MOST IMPORTANT thing Henry County can do to improve health care services for residents? Remember, only one thing.....
  - Nothing needed (three participants)
  - 24 hour pharmacy
  - Urgent care
  - Be more conscientious on patient appointment times
  - Take more time with patients (to avoid misdiagnosis)

# Henry County General Health District Community Themes and Strengths Assessment Families With Children With Special Needs Focus Group Date: June 26, 2014 Number of Participants: 4

1. Please introduce yourself by name and tell us how long you've lived in Henry County.

Participants have lived in Henry County from 4 to 34 years

- 2. Let's suppose I didn't know anything about Henry County. What would you explain to me are the major benefits of the health care system here?
  - Close access to care in other counties
    - o "There are fewer options here, but access to others is commutable."
  - Family physicians
    - "We have a long term relationship with our family doctor."
  - HCHD
    - o "Lots of services are offered for free at the Family Clinic."
- 3. What difficulties have you experienced in obtaining health care services for yourself or family members in the past few years?

#### **Follow ups:**

- What about transportation? How do you get to the doctor or clinic?
  - The group was unanimous that they experience no issues with transportation.
- Tell me about how you go about finding the "right" doctor to help you?
  - Trial and error
  - Family and friends referrals
  - Insurance list of approved providers
  - Referrals from primary care doctor
  - "Facebook is a good resource for families with special needs."

#### What about the cost of health care services? Insurance?

- Cost was not perceived as a barrier to this group of participants, as all have insurance (Medicare or Medicaid).
  - "Thank God for insurance. We are lucky we have good insurance in our situation." (Participants were unanimous on this sentiment.)
  - "Our family insurance cost would outpace my earnings."
  - Not many small employers can afford to offer health care insurance.

#### How does a clinic and doctor's office hours affect your ability to obtain the health care services you need?

- Not many providers offer weekend hours
- o It was noted that some doctors schedule out months in advance.
  - "If you have to reschedule you are in big trouble."

### • How do your job, family and other schedule commitments affect your ability to obtain health care services?

• The group noted a fair degree of flexibility in their work schedule or work shifts to maneuver appointments.

### 4. What kinds of health care services have you needed/do need that you haven't been able to get *anywhere*? Why do you say that?

 Participants did not identify any type of health care services that they could not obtain "anywhere".

#### Follow up:

- What kinds of health care services have you needed/do need that you haven't been able to get in *Henry County?*"
  - Participants were unanimous that there are no health care services they cannot access somewhere.

### 5. What can Henry County do to improve your access to the kinds of health care services you need?

- There are no pediatric doctors in the Henry County (unanimous)
- Specialists (all with a pediatric focus here):
  - o GI
  - o Orthopedic surgeon

- Autism
- $\circ$  OT
- o PTOT in speech
- Neurologist
- o Ophthalmologists
- Surgeons of all kinds

#### **Follow Ups:**

- What about transportation? What can Henry County do to help improve your ability to get to the doctor?
  - No additional comments
- How can Henry County help you find the "right" doctor?
  - Pediatricians who could then make referrals and assist families in finding the right doctor.
    - "It would just be so nice to have some in the county."
  - Access to information
    - "The WIC Newsletter is a very nice example of information for that kind of program."
    - A HCHD directory exists, but participants weren't sure how many residents receive it.
- What can clinics and doctors do tell make their office hours more convenient?
   What about the way you go about scheduling appointments to obtain the health care services you need?
  - No additional comments

6. Close out – what is the MOST IMPORTANT thing Henry County can do to improve health care services for residents? Remember, only one thing.....

- Pediatricians
- More general services for kids
- More specialized services for kids (two)

### **Appendix C**

## **Key Informant Interview Summary Reports**

## Henry County General Health District Community Themes and Strengths Assessment Key Informant Interview Health Care

Date: June 12, 2014

#### 1. What makes you most proud of Henry County?

• Large and active health department

#### Follow up:

- What's not going so well in Henry County?
  - FQHC does not serve the County.
    - "The residents of Henry County are not getting the services from our FQHC like FQHC's in other counties."

Note: FQHC –Federally Qualified Health Center

### 2. What are some specific examples of people or groups working together to improve the health and quality of life in Henry County?

- Help Me Grow and Dental to provide treatment and education to Help Me Grow clients in July
- Group homes work with Dental to make appointments

### 3. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in Henry County?

- 1) Patient Centered Medical home for people in need
- 2) Expansion in services due to expansion of Medicaid
- 3) Better alignment of health professionals and services, "keeping non-life threatening issues out of the ER"

### 4. What do you believe is keeping Henry County from doing what needs to be done to improve heath and quality of life?

- Money, financials, investors
- Community engagement
  - "People don't know what is accessible to them and some agencies are not good at telling people what they need to do before they can receive those services, like explaining spend downs for Medicaid coverage."

### 5. What actions, policy or funding priorities would you support to build a healthier community?

 A policy that requires reporting of FQHCs services in local communities at each location

### 6. What would excite you enough to become involved (or more involved) in improving our county's health?

Not anything currently

### 7. Close out – what is the MOST IMPORTANT thing Henry County can do to improve health care services for residents?

• Pursue funding for patient centered medical home

## Henry County General Health District Community Themes and Strengths Assessment Key Informant Interview Media

Date: June 23, 2014

#### 1. What makes you most proud of Henry County?

- Perfect place to raise a family
  - Education
  - Safety
  - o Health care
  - o All your needs are met

#### Follow up:

- What's not going so well in Henry County?
  - Not seeing the economic growth to continue to sustain the community, good schools
  - o Industrial
  - Population growth
    - Down 500 people in last 10 years
      - Where are the people going?
  - Sustainability

### 2. What are some specific examples of people or groups working together to improve the health and quality of life in Henry County?

- County private/non-profit
- Health Assessment
  - o HCHD/HCH

#### 3. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in Henry County?

- Heart Disease and cancer based on assessment
- Need to continue working educational standpoint
  - o Even earlier age
  - Needs to be instilled in children

• Example: smoking cessation education. Healthy eating and physical activity should be the same type of education.

#### **Possible Probes:**

- Why did you pick those issues?
  - For Large Employers: What about the challenges in providing insurance for your employees?

#### 4. What do you believe is keeping Henry County from doing what needs to be done to improve heath and quality of life?

- More \$
- Work more as one
  - Cross county work
  - Why do we have to duplicate everything when we are all working for the good of mankind?
  - Eliminate expenses when consolidating and working together. Many differences amongst counties but all working towards the same things.

#### 5. What actions, policy or funding priorities would you support to build a healthier community?

- Multi-county approach
  - o Would support and be interested in promoting

### 6. What would excite you enough to become involved (or more involved) in improving our county's health?

More time to volunteer once retired

#### 7. Close out – what is the MOST IMPORTANT thing Henry County can do to improve health care services for residents?

- Continue to educate regarding healthy eating and physical activity
- Early childhood initiative
  - Similar to United Way Early Learning Programs

## Henry County General Health District Community Themes and Strengths Assessment Key Informant Interview Business

Pate: June 24, 2014
\*Submitted in writing
\*\* Discussed via phone

#### 1. What makes you most proud of Henry County?

Henry County is a collection of towns that all place value in family, education and helping one another. I believe it is hard to be "new in town", but that after folks are here a while and see the close bond that everyone has through common interests, sports, work, family, church, legion or whatever it might be they all see the strength in that.

#### Follow up:

- What's not going so well in Henry County?
  - o Road closures better coordination
  - People don't participate because they feel it is something special for someone special
    - Small towns in the county feel events are "Just a Napoleon thing" instead of Henry County

### 2. What are some specific examples of people or groups working together to improve the health and quality of life in Henry County?

- United Way
- FISH
- Together We Can Make a Difference
- Community Band
- Relay for Life
- Exercise programs sponsored by hospital
- Transportation Network
- Henry County Fair
- 4H
- Churches (all over HC)

- Legion
- Blood Drives
- Health Department
- Henry Co Hospital
- Schools
  - Schools Electronic Recycling drive

I can think of lots and lots more .....

### 3. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in Henry County?

- Getting people to understand why health is important not only to an individual, but also to the community
- Teaching and exhibiting what things improve quality of life
   (Not money but interaction and activities to feed the mind and develop good relationships with people)

#### **Possible Probes:**

- Why did you pick those issues?
- For Large Employers: What about the challenges in providing insurance for your employees?
  - People don't take care of their health, then are not productive employees.
  - People need to individually realize that they can do so much without insurance money
    - Don't rely on a pill to cure everything, practice preventative medicine as well

### 4. What do you believe is keeping Henry County from doing what needs to be done to improve heath and quality of life?

- I believe that one set-back that confronts everyone is that people resist change and sometimes miss out on some great opportunities and sometimes cause others to miss out on opportunities. It is important to embrace the ideas that not only appeal to each of us as individuals, but also those that give service to others.
- Also we need to make people comfortable to participate in what is already here.
   Sometimes that means giving encouragement and making the opportunity happen to get them involved.

### 5. What actions, policy or funding priorities would you support to build a healthier community?

• I am not sure of everything that is in place, but I feel that things like breast cancer screenings, free dental care, babysitting classes, etc... would be great.

- Meals for those who may be lonely at holidays (churches are doing lots of this already).
- Sports leagues for kids who might not be getting to participate. Get some older adults or empty nesters to sponsor kids.
- After your own kids leave home it might be fun to have a child to focus on in the school system. Help subsidize their tennis shoes or get lunches ready for field trips for kids.
- Probably, this is very complicated, but just think it would be fun.

### 6. What would excite you enough to become involved (or more involved) in improving our county's health?

Retirement – HA HA – I am serious – More time.
 I feel good yet and I love being involved so personally that is what it would take

#### 7. Close out – what is the MOST IMPORTANT thing Henry County can do to improve health care services for residents?

• I personally really love the exercise classes that the hospital sponsors. It is hard to get to all of them, but as much as I am able I like them. Have you ever thought of having an annual fee to participate in the classes so you can sign up whenever you see you are able? Sometimes I can get there 4 weeks in a row, but the next 6 weeks are out of the question. We need to think outside the box how to accommodate people to that end. Example – What if there were 2 sessions of water aerobics on Monday through Thursday every week and I could go on the nights that I didn't have meetings which is a moving target.

# Henry County General Health District Community Themes and Strengths Assessment Key Informant Interview Education Date: June 26, 2014

- Good education system
  - o Public schools work well with parochial schools
- Transportation Network
  - Such a blessing for a variety of people
- The way we take care of our seniors in the community
  - o 175 seniors receive meals/day on Meals on Wheels

#### Follow up:

What's not going so well in Henry County?

1. What makes you most proud of Henry County?

- Napoleon has a difficult time bringing in new business
  - Too much red tape for businesses
    - People here seem to be stuck in their ways. We don't want to grow, we don't want to change.
    - We used to have drive in theatres, roller rinks, now we have nothing for the youth

#### 2. What are some specific examples of people or groups working together to improve the health and quality of life in Henry County?

- Health Department
  - o Immunizations, clinics, flu shots, free dental
- Churches have meals on specific nights of the week
  - Food pantries
- Jiff Program meals for children in the summer
- Everyone tries to work together: we don't have that huge separation between church and state, the lines blur a little.
- Senior Day at the Fair

### 3. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in Henry County?

- Huge drug problem
  - Middle school age kids already know who the drug dealers are in the middle school and community
- Underage drinking
- Obesity

#### **Possible Probes:**

- Why did you pick those issues?
  - For Large Employers: What about the challenges in providing insurance for your employees?

### 4. What do you believe is keeping Henry County from doing what needs to be done to improve heath and quality of life?

- Apathy
- Poverty how do you improve your quality of life when you barely have enough to live?
  - Will eat what is at the food pantry, cheap meals, heavy on carbs

#### 5. What actions, policy or funding priorities would you support to build a healthier community?

- Farmers Market
  - No market on the south side
  - o Little access to healthy foods if no transportation
- Someplace for people to be more physically fit

#### 6. What would excite you enough to become involved (or more involved) in improving our county's health?

- I think if we were actually going to do something not just sit around and talk about it
- Stop talking and let's DO SOMETHING

#### 7. Close out – what is the MOST IMPORTANT thing Henry County can do to improve health care services for residents?

- Money not available for health department to come into the schools anymore. Shares school nurse
- We have good health care here; we have doctors, we have our hospital, we have free clinics. It isn't that we don't have the services; there are a lot of services.

# Henry County General Health District Community Themes and Strengths Assessment Key Informant Interview Community Organization Date: July 11, 2014

1. What makes you most proud of Henry County?

Small community that supports its organizations. Examples: Senior Center levy, Henry County Health Department, schools, and general support of non-profit organizations.

2. What are some specific examples of people or groups working together to improve the health and quality of life in Henry County?

Henry County network - organizations that work together to provide basic needs for Henry County residents. He also mentioned Campbell Healthy Communities and Henry County Health Partners.

- 3. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in Henry County?
  - 1. Education for all residents regarding major health issues
  - 2. Smoke cessation
  - 3. Responsible use of alcohol
- 4. What do you believe is keeping Henry County from doing what needs to be done to improve heath and quality of life?

We need clear, easy to understand solutions and programs.

### 5. What actions, policy or funding priorities would you support to build a healthier community?

- 1. Free or low cost health clinics
- 2. Educational programs

Participant suggested researching other communities that are comparable in size to find programs that have worked in those communities.

### 6. What would excite you enough to become involved (or more involved) in improving our county's health?

A clear plan of action

### 6. What is the MOST IMPORTANT thing Henry County can do to improve health care services for residents?

Free or low cost health clinics or screenings and mass marketing campaigns to educate the community regarding health issues.

# Henry County General Health District Community Themes and Strengths Assessment Key Informant Interview Community Organization Date: July 14, 2014

#### 1. What makes you most proud of Henry County?

Agencies promoting each other and working together

The way some agencies work together and promote each other.

### 2. What are some specific examples of people or groups working together to improve the health and quality of life in Henry County?

- OSU Extension
- Together We Can Make a Difference
- Food Pantries

OSU Extension and Together We Can Make a Difference and food pantries

### 3. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in Henry County?

- Availability of services for low-income families
- Necessary information needed for these services

Availability of services for low-income families and that they have the information needed

#### 4. What do you believe is keeping Henry County from doing what needs to be done to improve heath and quality of life?

- People with own agendas
- Selfish of their program or grant
  - Too many people have their own agendas and are selfish of their particular program or grant

#### 5. What actions, policy or funding priorities would you support to build a healthier community?

- 6. What would excite you enough to become involved (or more involved) in improving our county's health?
  - Already involved as much as I can
    - o "I believe I am already as involved as I can be."
- 7. What is the MOST IMPORTANT thing Henry County can do to improve health care services for residents?
  - Every resident being aware of available services
  - Especially important if they are low income
  - Making sure every resident is aware of what services are available, especially if they are low-income.

# Henry County General Health District Community Themes and Strengths Assessment Key Informant Interview Community Organization Date: July 14, 2014

#### 1. What makes you most proud of Henry County?

 The people. "I have seen wonderful programs that have almost 'erupted' when people can come together who have the interests of Henry County citizens at heart."

The People. Because of its rural setting, people tend to know or know of each other. I have seen wonderful programs that have almost 'erupted' when people can come together who have the interests of Henry County citizens at heart.

#### 2. What are some specific examples of people or groups working together to improve the health and quality of life in Henry County?

- Jump into Food and Fitness (JIFF) program that includes non-profits like the library, transportation network, United Way, hospital, and OSU Extension
  - Even an area business man donated tickets for the Mud Hens to the program for participating children to win
- Henry County 4-H program, has over 100 volunteers and 3 full time employees
  - o "We, as employees, are indebted to their service."

The Jump into Food and Fitness Program as well as the Henry County 4-H program are the examples that come to mind. Nonprofits like the library and the transportation network and United Way as well as the hospital have jumped into the JIFF program to be a part of it, to make certain that a subset of children in the county get a meal at lunch and a program. Some get the benefit of payment for services (hospital for food in the past and transportation network for the travel expense), but other agencies just want to be a part of the program, to extend their services. One of our area businessmen obtained a prize of tickets for 6 to see the Toledo Mudhens play. These tickets, along with \$200 was given to 6 children of the JIFF program, some of which had never seen a minor league baseball game. The dollars were used for transportation expense and their food costs. This didn't happen as an 'ask', but just gifted.

With the Henry County 4-H program, we know that there are over 100 volunteers who work with this program to extend the work of 3 full time employees. These 1100 4-H

projects could not be completed across the county without the help of these volunteers. Volunteers pass out ribbons, man events and advise our 4-Hers within the club setting, as well as provide food and manage registration tables. We, as employees, are indebted to their service.

#### 3. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in Henry County?

- Obesity Prevention
- Driving under the influence of alcohol

Obesity Prevention is number one. Driving under the influence of alcohol is number two.

### 4. What do you believe is keeping Henry County from doing what needs to be done to improve heath and quality of life?

- Maintain the status quo
- Adults succumbing to peer pressure

Maintaining the status quo. People know, in both instances of my answers to number 3 that they are not the most healthy of behaviors. Adults do succumb to peer pressure.

### 5. What actions, policy or funding priorities would you support to build a healthier community?

- · Broader messages about health
- Need to connect to provide PSA's and direct messages about better health choices
- Create campaigns to reduce the risk of drunk driving
- Methods should be approached as a broader community perspective

We need broader messages about health, BMI and walking. I believe that we need to connect to provide PSA's as well as direct messages like "Think your drink" to help people make better choices about the health of their bodies.

As well, we need to create campaigns to remind families to reduce the risk of driving while intoxicated. This cannot be accomplished with the health department alone, but should be approached as a broader community perspective.

#### 6. What would excite you enough to become involved (or more involved) in improving our county's health?

- Agencies finding community citizens willing to work with these issues and let them lead
- "It appears that we want to do one time only programs when we know full well that it takes time and a continual program yearly to make headway."

The local nonprofits and agencies need to find community citizens willing to work with these issues and allow them to lead. This group needs to recognize what is already being accomplished and give kudos to the work that is being done already. We have had campaigns in the past – walking maps done by the HCHD and alcohol signs headed by the Sheriff's department. But it appears that we want to do one time only programs when we know full well that it takes time and a continual program – yearly – to make headway.

#### 7. What is the MOST IMPORTANT thing Henry County can do to improve health care services for residents?

- Unknown since health care appears to be a moving target
- "There are so many variables from costs of medical care being determined by insurance provider to people solely using the ER as their regular doctor."

Unknown as health care appears to be a moving target from what can be released to how people find health care. There are so many variables from costs of medical care being determined by insurance provider to people solely using the ER as their regular doctor.

# Henry County General Health District Community Themes and Strengths Assessment Key Informant Interview Business Date: July 22, 2014

1. What makes you most proud of Henry County?

Great placetoraise a family, kind people, and small townpride

- 2. What are some specific examples of people or groups working together to improve the health and quality of life in Henry County?
  - 1. United Way's Coming Alive and worksites working together
  - 2. Schoolwellnessprograms
  - 3. Worksite wellnessprograms
- 3. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in Henry County?
  - **1**. Obesity
  - 2. Morehealthylifestyle options
  - 3. Reduction in drug usage
- 4. What do you believe is keeping Henry County from doing what needs to be done to improve heath and quality of life?
  - 1. More infrastructure availability of more places, both indoor and outdoor, for exercise
  - 2. Nutritional quality of food availability

- 1. Morein-depth educational programsfor both nutrition and exercise
- 2. Providing infrastructure for exercise opportunities
- 6. What would excite you enough to become involved (or more involved) in improving our county's health?
  - More programs on nutrition alternatives and exercisegroup participation
- 7. What is the MOST IMPORTANT thing Henry County can do to improve health care services for residents?
  - Education on alternative wellness options

# Henry County General Health District Community Themes and Strengths Assessment Key Informant Interview Faith-Based

Date: July 23, 2014

#### 1. What makes you most proud of Henry County?

- People being proud of the community, proud of the schools, sports teams etc.
   People choose to live here,
  - We have a lot of "little" things here such as businesses that are really good.
     We don't have large chains or franchises, but what we have is littler, small businesses that people support. Keeping it local

#### 2. What are some specific examples of people or groups working together to improve the health and quality of life in Henry County?

- Basic infrastructure issues
  - The long term life of things, water treatment plant needing repaired. It is really hard to plan for this type of thing, and people are quick to blame on these issues. Saying "why didn't they fix this" when really who is they? This affects the face of the community, the appearance of downtown,

#### 3. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in Henry County?

- Things I have heard:
  - The amount of children on free and reduced meals at school. Where are these children eating on the weekends, or in the summer? Wife works at the court house, hear a lot of stories about people making bad decisions, taking desperate measures. If we could somehow help these people avoid making those bad decisions.

#### 4. What do you believe is keeping Henry County from doing what needs to be done to improve heath and quality of life?

• They say everything rises and falls on leadership- the question of who is going to take the first step and take a chance with some things. Everyone will agree to help when an idea is brought forward, but we need more people to take the lead and lead us into some of these initiatives.

#### 5. What actions, policy or funding priorities would you support to build a healthier community?

 Church groups have been discussing a "mission day" or "serve day"- talking about church groups getting together to see what they can do together instead of 1 by 1 Trying to drive the faith community

#### 6. What would excite you enough to become involved (or more involved) in improving our county's health?

#### 7. What is the MOST IMPORTANT thing Henry County can do to improve health care services for residents?

- Communication is huge
  - Talking to each other to help find the answers and get people in the loop. He gets lots of calls from people in the community asking what is available out there as far as resources. There is a lot of stuff out there; we just have to make people aware of them.

# Henry County General Health District Community Themes and Strengths Assessment Key Informant Interview Business

Date: July 23, 2014

#### 1. What makes you most proud of Henry County?

• The support in the community, the businesses really seem to support one another

#### 2. What are some specific examples of people or groups working together to improve the health and quality of life in Henry County?

 HCH is involved in a lot with the community- Relay for Life (having had cancer touch me in so many ways, I love to see how everyone pulls together to support this cause)

#### 3. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in Henry County?

• Drug abuse, health insurance (as a small business the health insurance rates are really making an impact on our bottom line),

#### 4. What do you believe is keeping Henry County from doing what needs to be done to improve heath and quality of life?

- Money
  - Having money available to help,
- People
  - Having people to support it

#### 5. What actions, policy or funding priorities would you support to build a healthier community?

• If asked, we try to support what we can (based on financial status).

- 6. What would excite you enough to become involved (or more involved) in improving our county's health?
- 7. What is the MOST IMPORTANT thing Henry County can do to improve health care services for residents?
  - Don't give up; continue to work to improve the community. If it touches one person, we have made a difference.

# Henry County General Health District Community Themes and Strengths Assessment Key Informant Interview Health Care

Date: July 25, 2014

#### 1. What makes you most proud of Henry County?

Henry County organizations don't accept our county's small size as an excuse for not excelling.

- Henry County Hospital has received numerous national awards in recognition of providing exceptional patient care and for being a great place to work.
- Henry County Health Department is developing a reputation across the state for being a progressive health department that pursues excellence.
- Our local Relay for Life is recognized as raising the most (or nearly the most) money per capita in the state or nation. The same is true for our United Way.

## 2. What are some specific examples of people or groups working together to improve the health and quality of life in Henry County?

- Henry County Health Partners (especially Hospital and Health Dept.) work together on community health assessment, health improvement planning, and implementation of community health improvement plan.
- The Summer Nutrition Program involves MANY partners (OSU Extension, NOCAC, community volunteers, Campbell Soup Company, etc.) and promotes physical activity in addition to providing nutritious lunches for local children.
- Together We Can Make a Difference partners with the Reproductive Health and Wellness Program at Henry County Health Dept. to promote reproductive health to its clients. "Together" also partners with others to address other social determinants of health like poverty, low levels of educational attainment.

## 3. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in Henry County?

- Obesity
- Effectiveness of our local health system:
  - #1: Effectiveness of our local FQHC
  - #2: Services that local physicians will or won't provide to their patients
  - #3: Improving the "handoff" of patients between different care providers (between physicians, hospitals, nursing care facilities, home health agencies) so patients' health improves and they don't end up back in the hospital unnecessarily

### 4. What do you believe is keeping Henry County from doing what needs to be done to improve heath and quality of life?

- Change is hard, and inertia tends to keep things the way they are.
- Our community partnerships need to be even stronger to support open, honest conversations about what is and is not working.
- Lack of leaders and/or staff skilled at facilitating these types of conversations
- Sometimes, the willingness to step back and let others get involved or take charge of new initiatives

## 5. What actions, policy or funding priorities would you support to build a healthier community?

- Rejuvenating the Health Partners as a structured coalition with broader involvement- with mission and vision statements, with bylaws and officers, with subcommittees for planning, evaluation, data analysis, and strategy implementation
- A community-wide initiative that looks at more than health-like building and strengthening families; jobs and local economy; preschool, primary, secondary, higher education and post-secondary training; infrastructure; and social supportsbecause these all tie into a healthier community

## 6. What would excite you enough to become involved (or more involved) in improving our county's health?

Both of the items listed in #5 above

#### 7. What is the MOST IMPORTANT thing Henry County can do to improve health care services for residents?

NOTE: This answer focuses specifically on <u>health care services</u>, not health):

- Assess and address the effectiveness of our local health system:
  - #1: Effectiveness of our local FQHC- is it really reaching the target population that needs services? Is it providing the full range of services that FQHCs should be providing?
  - o #2: Services that local physicians will or will not provide to their patients
  - #3: The "handoff" of patients between different care providers (between physicians, hospitals, nursing care facilities, home health agencies)
     (Improving it so patients don't end up back in the hospital unnecessarily)
  - #4: Coordinating who is doing what services in our county so that we're not duplicating services but are rather providing enough of various essential health services to meet local needs

# Henry County General Health District Community Themes and Strengths Assessment Key Informant Interview Elected Official Date: July 31, 2014

- 1. What makes you most proud of Henry County?
- Work ethic
- Community pride

#### Follow up:

- What's not going so well in Henry County?
  - Younger generation not having the same work ethic as older generations
- 2. What are some specific examples of people or groups working together to improve the health and quality of life in Henry County?
  - Health Department
  - Coming Alive-lots of businesses and others working together
- 3. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in Henry County?
  - 1. More physical activity
  - 2. Smoking "not as much as it used to be but still a problem"
- 4. What do you believe is keeping Henry County from doing what needs to be done to improve heath and quality of life?
  - Apathy "people hear it but no one wants to get out and do anything about it"

• Anything to get kids more involved with physical activity and manual labor

#### 6. What would excite you enough to become involved (or more involved) in improving our county's health?

• Master gardening, anything to get more kids involved in that (NOTE: he just took a master gardening class in Defiance)

#### 7. Close out – what is the MOST IMPORTANT thing Henry County can do to improve health care services for residents?

- Education "lots of great services in Henry county but people may not know about them or understand how to get them" "if people understood what they have to go through to get those services maybe they would use them more often"
- Maybe having satellite clinics

## Henry County General Health District Community Themes and Strengths Assessment Key Informant Interview Elected Official

#### 1. What makes you most proud of Henry County?

- Close knit community
- Community pride
- From the health side: great that we have a hospital and the Health Department offers medical and dental services for disadvantaged youth

#### Not going so well in Henry County:

Sometimes not as accepting of new people

#### 2. What are some specific examples of people or groups working together to improve the health and quality of life in Henry County?

- Health Department and hospital
- EMA
- Fire and EMS "Everyone works together in times of crisis and come together (Fire, EMS, EMA, etc.)

#### 3. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in Henry County?

- **1.** Water issues in Henry County
- 2. Community center access

#### 4. What do you believe is keeping Henry County from doing what needs to be done to improve heath and quality of life?

- Money
- Finances

- Community center
- Continuing children's activities during the summer

#### 6. What would excite you enough to become involved (or more involved) in improving our county's health?

• Willing to work hard to help but nothing specific that would help excite them

#### 7. What is the MOST IMPORTANT thing Henry County can do to improve health care services for residents?

- We do really well, the health department is proactive
- Hospital rotating more specialists or surgeons who rotate

## Henry County General Health District Community Themes and Strengths Assessment Key Informant Interview Community Organization

1. What makes you most proud of Henry County?

Follow Up: \* what's not going so well in Henry County?

We need a dentist that accepts Medicaid; we hear from many of our clients that no one does here in our county.

There is also a lack of cooperation and a bigger lack of communication among the helping agencies in the county. Food pantries don't communicate enough with agencies regarding their policies, hours, clients, etc.

- 2. What are some specific examples of people or groups working together to improve the health and quality of life in Henry County?
- 3. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in Henry County?
  - A dentist that accepts Medicaid that's what we hear and see!
- 4. What do you believe is keeping Henry County from doing what needs to be done to improve heath and quality of life?

There is a great unawareness or ignorance of the true situation of just how much need there is in our county. This unawareness stems from and also nurtures a lack of empathy. There is a strict and distinct line between socioeconomic classes in Henry County, which much prejudicial judgment between. For those in need, there is a lack of education in terms of health and nutrition; they just don't know what choices to make!

- Bring an Aldi to Napoleon!
- Emphasize/support/"plug" the Farmer's Market more; encourage buying/eating local.
- In the fight against drug abuse, alcohol and cigarettes are taken far too lightly and not seen as addictions needing our attention/time/fighting energies.
- We need a center/shelter for transitional housing here in Napoleon/Henry County.

#### 6. What would excite you enough to become involved (or more involved) in improving our county's health?

Make information more available and more accessible to all – come to where the people in need come (Together We Can Make A Difference Initiatives, food pantries, Salvation Army, free community meals, etc.)!

#### 7. What is the MOST IMPORTANT thing Henry County can do to improve health care services for residents?

Free socialized health care for ALL!