

HENRY COUNTY COMMUNITY HEALTH STATUS ASSESSMENT

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2022 HENRY COUNTY ADULT COMMUNITY HEALTH SURVEY REPORT

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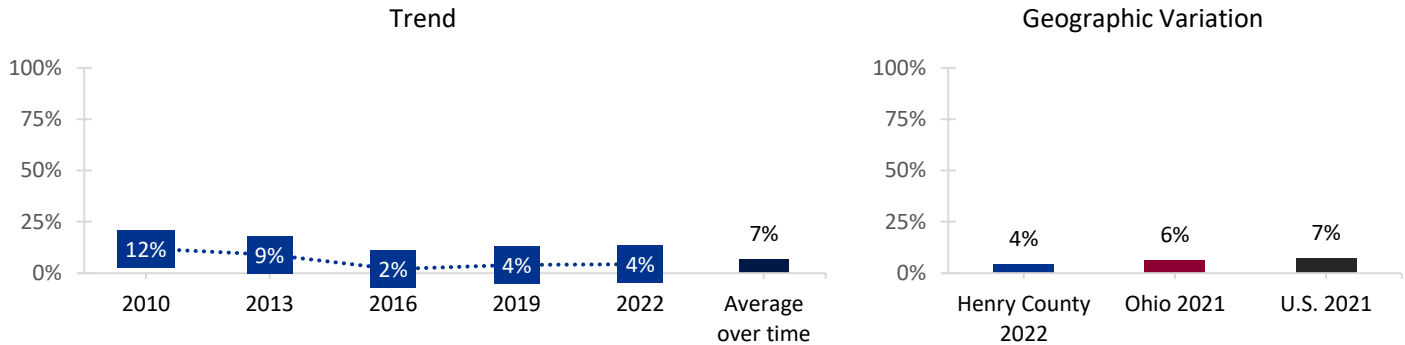
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HEALTH CARE ACCESS

HEALTH CARE COVERAGE

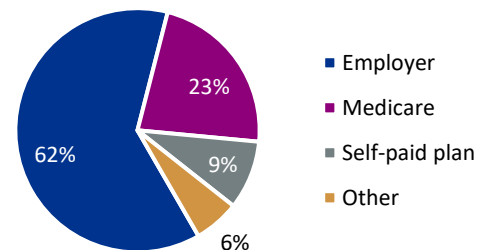
- In 2022, 96% of Henry County adults had health care coverage, leaving 4% who were uninsured. The average share (from 2010 through 2019) of all Henry County adults without health insurances was 7% (see Figure 1).
- The state and national share of uninsured adults in 2021 was slightly higher (6% and 7%, respectively) compared to Henry County (4%) in 2022.

Figure 1. Trend and geographic variation in percentage of uninsured Henry County adults



- The following types of health care coverage were most often used:
 - Employer (62%)
 - Medicare (23%)
 - Self-paid plan (9%)
 - Other (6%)

Figure 2. Sources of health care coverage among Henry County adults, 2022



- Henry County adults had the following issues regarding their health care coverage:

Table 1. Henry County adults' issues regarding health care coverage

| | 2019 | 2022 | Trend |
|--|------|------|-------|
| Cost | 42% | 34% | ↓ |
| Provider was no longer covered | 7% | 7% | - |
| Service not deemed medically necessary | 9% | 7% | ↓ |
| Working with their insurance company | 9% | 6% | ↓ |
| Service was no longer covered | 5% | 5% | - |
| Could not understand their insurance plan | 4% | 5% | ↑ |
| Opted out of certain coverage because they could not afford it | 12% | 5% | ↓ |
| Opted out of certain coverage because did not need it | 5% | 3% | ↓ |
| Limited visits | 4% | 3% | ↓ |

\$ One-third of Henry County adults reported cost was an issue associated with their health care coverage.

- Seventy-six percent (76%) of adults went outside of Henry County for health care services in the past year. Some did so for more than one type of care – the following categories are not mutually exclusive.

Table 2. Types of care Henry County residents went outside of Henry County for

| | 2019 | 2022 | Trend |
|--------------------------------|------|------|-------|
| Primary care | 46% | 42% | ↓ |
| Dental services | 34% | 27% | ↓ |
| Specialty care | 31% | 18% | ↓ |
| Dermatological (skin) care | 12% | 11% | ↓ |
| Mental health care/ counseling | 7% | 10% | ↑ |
| Ear, nose, throat care | 9% | 10% | ↑ |
| Cardiac care | 11% | 9% | ↓ |
| Pediatric care | 9% | 9% | – |
| Obstetrics/ Gynecology | 21% | 10% | ↓ |
| Orthopedic care | 14% | 9% | ↓ |
| Podiatry (foot/ ankle) care | 9% | 6% | ↓ |
| Cancer care | 6% | 3% | ↓ |
| Physical therapy | N.A. | 2% | |

- Adults usually visited the following places for health care services when they were sick:

Table 3. Places Henry County adults sought health care services

| | 2019 | 2022 | Trend |
|--------------------|------|------|-------|
| Doctor’s office | 82% | 68% | ↓ |
| Urgent care center | 11% | 17% | ↑ |
| Somewhere else | 4% | 5% | ↑ |

- Ten percent (10%) of adults indicated they had no usual place for health care services when they were sick compared to only 2% reporting so in 2019.
- Sixty-one percent (61%) of adults received medical care in the past year. Of the remaining 39% the following two reasons for not going were reported:
 - No need to go (42%)
 - Cost/ No insurance (19%)
- Ten percent (10%) of adults reported they needed to see a doctor because they were sick in the past year but did not because of cost.
- Adults preferred to access information about their health or health care services from the following:

Table 4. Preferences of Henry County adults for accessing information about health or health care services

| | 2019 | 2022 | Trend |
|--|------|------|-------|
| Doctor/ Health care provider | 88% | 86% | ↓ |
| Internet | 26% | 34% | ↑ |
| Family member or friend | 31% | 31% | = |
| Medical portal | 20% | 24% | ↑ |
| Newspaper articles or radio/ television news stories | 10% | 14% | ↑ |
| Social media (i.e., Facebook, Twitter, Instagram) | 6% | 8% | ↑ |
| Advertising or mailings from hospitals, clinics, or doctor/ health care providers’ offices | 11% | 6% | ↓ |
| Texts via cell phone | 6% | 6% | – |
| Faith-based community/ Church | 3% | 3% | = |

- When accessing health care, adults felt confident enough to:

Table 5. Henry County adults felt confident in accessing health care information on the following

| | 2019 | 2022 | Trend |
|---|------|------|-------|
| Follow the advice of a health care provider | 87% | 92% | ↑ |
| Fill out medical forms accurately | 92% | 91% | ↓ |
| Follow instructions correctly on a medicine or prescription container | 90% | 90% | – |
| Know how to obtain health insurance that best fits their needs | 49% | 68% | ↑ |

ACCESS AND UTILIZATION

ROUTINE CHECKUP IN THE PAST YEAR

- Over three-fourths (78%) of Henry County adults visited a doctor for a routine checkup in the past year. The average share (from 2013 through 2019) of all Henry County adults who visited a doctor for a routine checkup was lower at 64% (see Figure 3).
- The state and national share of adults visited a doctor for a routine checkup in the past year was just slightly lower (77% and 76%, respectively) compared to Henry County (78%).
- The share of females (79%) to have had a routine checkup in the past year was slightly higher than the share among males (77%).
- Generally, as age increased the share to report having had a routine checkup increased. The exception was among those aged 35 to 44 in which only 54% had a checkup in the past year. However, 77% had a checkup within the past 5 years.
- Those with the lowest and highest annual household incomes had the highest shares reporting a routine checkup in the past year—80% and 84%, respectively.

Among those in the middle-income ranges approaching three-fourths had a checkup.

- Regarding educational attainment, the group with the largest share to have had a routine checkup were those with some college (80%). Approaching three-fourths of those in the lowest and highest educational attainment groups.
- Three-fourths of those who lived in Napoleon city limits and those living in a rural area had a routine checkup in the past year compared to 88% among those living in a village.

Figure 3. Trend in the percentage of Henry County adults who visited a doctor for a routine checkup in the past year

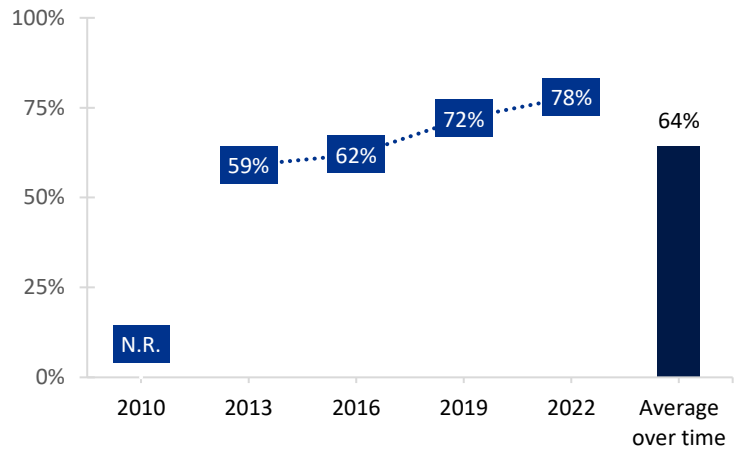
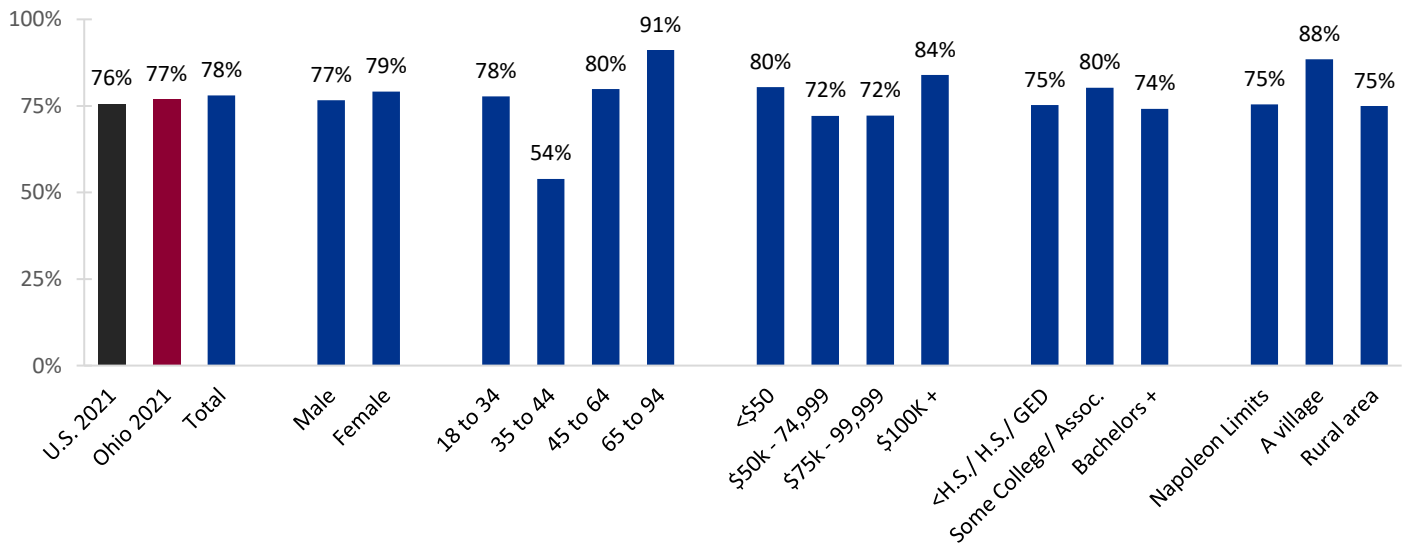


Figure 4. Variation in the percentage of adults who visited a doctor for a routine checkup in the past year.



PERSONAL DOCTOR

- Over three-fifths (62%) of adults reported they had one person they thought of as their personal doctor or health care provider. One-quarter (25%) had more than one person they thought of as their personal health care provider. The share reporting, they did not have one at all was 12% in 2022.
- Eighty-eight percent (88%) of Henry County adults had AT LEAST one person they thought of as their personal doctor or health care provider. The average share (from 2010 through 2019) of all Henry County adults who had AT LEAST one person they thought of as their personal doctor or health care provider was 67% (see Figure 6).
- The state and national share of adults who had AT LEAST one person they thought of as their personal doctor or health care provider was slightly lower (86% and 84%, respectively) compared to Henry County (88%).
- One quarter (25%) of adults did not get their prescriptions from their doctor filled in the past year up from 21% in 2019. Those who did not get their prescriptions filled most often gave the following two reasons:
 - Too expensive (9%)
 - Didn't think they needed it (6%)

Figure 5. Distribution of Henry County adult reports on whether they had someone they thought of as their personal doctor, 2022

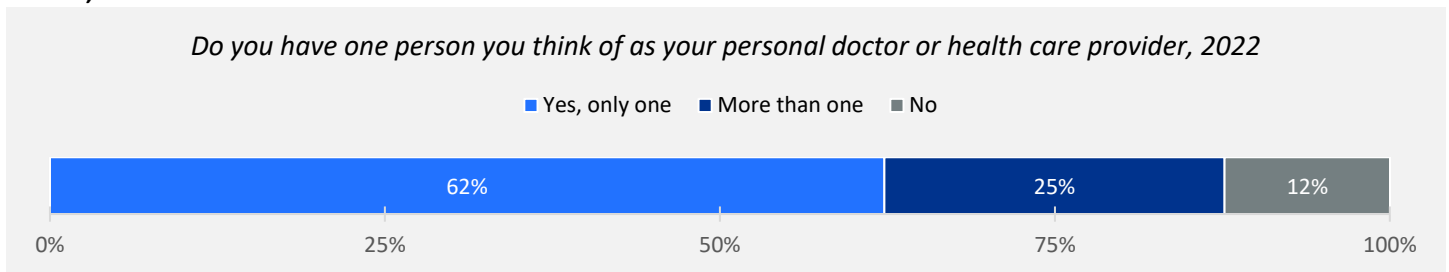
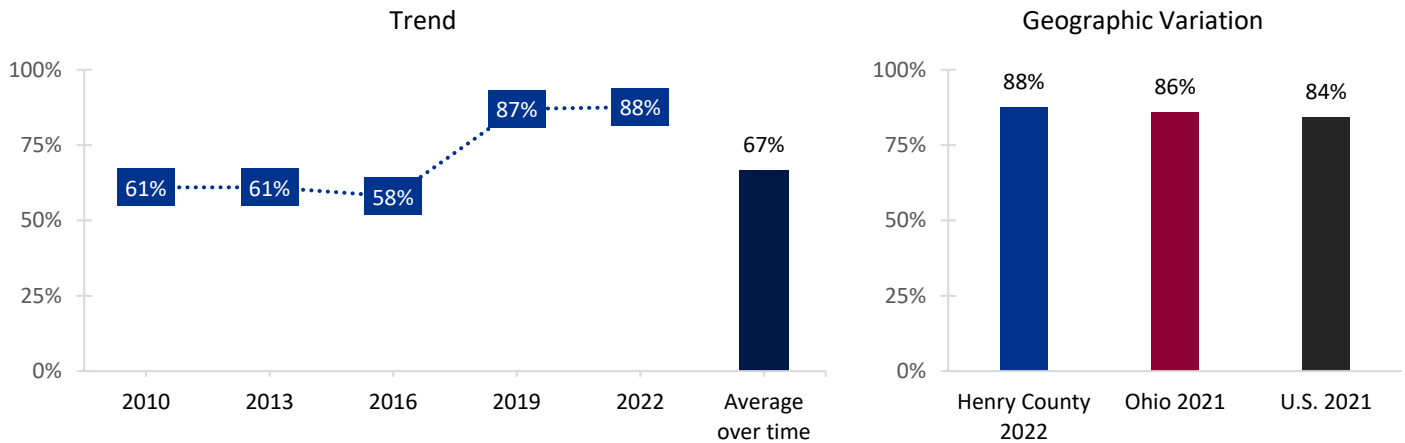


Figure 6. Trend and geographic variation in the percentage of Henry County adults who had AT LEAST one person they thought of as their personal doctor or health care provider



PREVENTIVE MEDICINE

VACCINE UPTAKE

- Adults were asked about eleven different vaccines in 2022 of which nine were also asked about in 2019. Of all eleven vaccines asked about, the largest share of uptake was for the COVID-19 vaccine at 82% followed by the MMR at 81%. The HPV vaccine had the smallest uptake with only 15% reporting they had received the vaccine in their lifetime.
- Reported in the order of prevalence, Henry County adults reported they have had the following vaccines:

Table 6. Vaccine uptake among Henry County adult residents

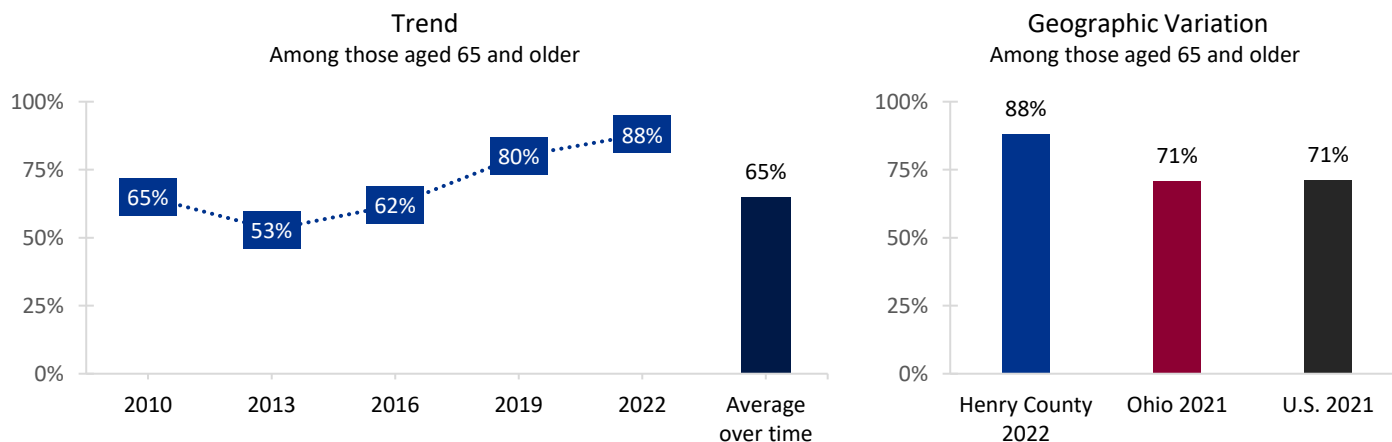
| | 2019 | 2022 | Trend |
|--|------|------|-------|
| COVID-19 vaccine in their lifetime | N.A. | 82% | |
| MMR (measles) in your lifetime | 81% | 81% | = |
| Tetanus booster (Td/ Tdap) in the past 10 years | 75% | 77% | ↑ |
| Flu vaccine in the past year | 65% | 65% | = |
| Hepatitis B vaccine in your lifetime | 46% | 57% | ↑ |
| Chicken pox vaccine in their lifetime | 45% | 50% | ↑ |
| Hepatitis A vaccine in your lifetime | 41% | 48% | ↑ |
| Pneumonia vaccine in their lifetime | 36% | 39% | ↑ |
| Zoster (Shingles) vaccine in their lifetime | 20% | 32% | ↑ |
| Pertussis in the past 10 years | N.A. | 32% | |
| Human Papillomavirus (HPV) vaccine in their lifetime | 20% | 15% | ↓ |

PNEUMOCOCCAL VACCINE

The pneumococcal disease—often referred to as pneumonia—is common in young children. However, older adults (those aged 65 and older) are at a greater risk of serious illness and death. Therefore, the CDC recommends pneumococcal vaccination for all children under the age of five and all adults aged 65 years or older. Since 2010, the Henry County Health Assessment has tracked pneumococcal vaccine uptake in individuals aged 65 and older.

- Eighty-eight percent (88%) of Henry County adults aged 65 and older had a pneumonia vaccine during their lifetime. The average share (from 2010 through 2019) of all Henry County adults aged 65 and older had a pneumonia vaccine during their lifetime was lower at 65% (see Figure 7).
- The state and national share of adults aged 65 and older to have had a pneumonia vaccine during their lifetime was a bit lower (71%) compared to Henry County (88%).

Figure 7. Percentage Who Has Had a Pneumonia Vaccine in Their Lifetime Among Those Aged 65 and Older

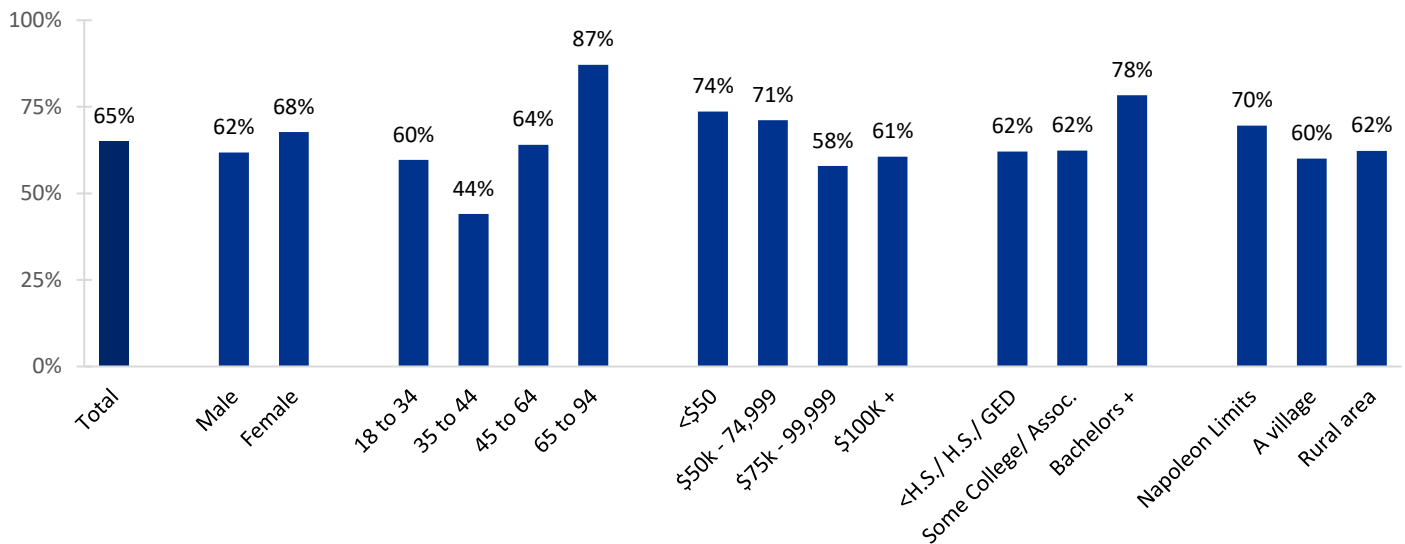


FLU VACCINE IN THE PAST YEAR

Seasonal influenza—commonly referred to as the flu—is a respiratory illness caused by viruses that infect the nose, throat, and sometimes the lungs. While for some people the flu is a mild illness, for others it can be serious and life-threatening. The National Institutes of Health recommend receiving a yearly flu vaccine to help prevent the flu.

- Sixty-five percent (65%) of Henry County adults had a flu vaccine during the past 12 months, increasing to sixty-eight percent (68%) among females compared to 62% among males.
- Regarding age, generally, as age increased the share to report a flu vaccine during the past 12 months increased. However, only 44% of those aged 35 to 44 reported receiving a flu vaccine in the past year.
- As household income increased flu vaccine uptake in the past year decreased. Those with the lowest annual household incomes had the highest shares reporting a flu vaccine in the past year at 74%. Among those in the two highest income groups about three-fifths reported they received a flu vaccine in the past year (61% and 58%, respectively).
- Regarding educational attainment, the group with the largest share to have had a flu vaccine during the past 12 months were those with at least a bachelor’s degree (78%). Among the other two educational attainment groups 62% reported they got the flu vaccine.
- The highest rate of flu vaccine uptake was found among those who lived in Napoleon city limits with 70% reporting they received the flu vaccine in the past year. More than three-fifths (62%) of those living in a rural area had received a flu vaccine and 60% of those living in one of Henry County’s villages.

Figure 8. Variation in percentage of Henry County adults who have had an annual seasonal flu vaccine in the past year

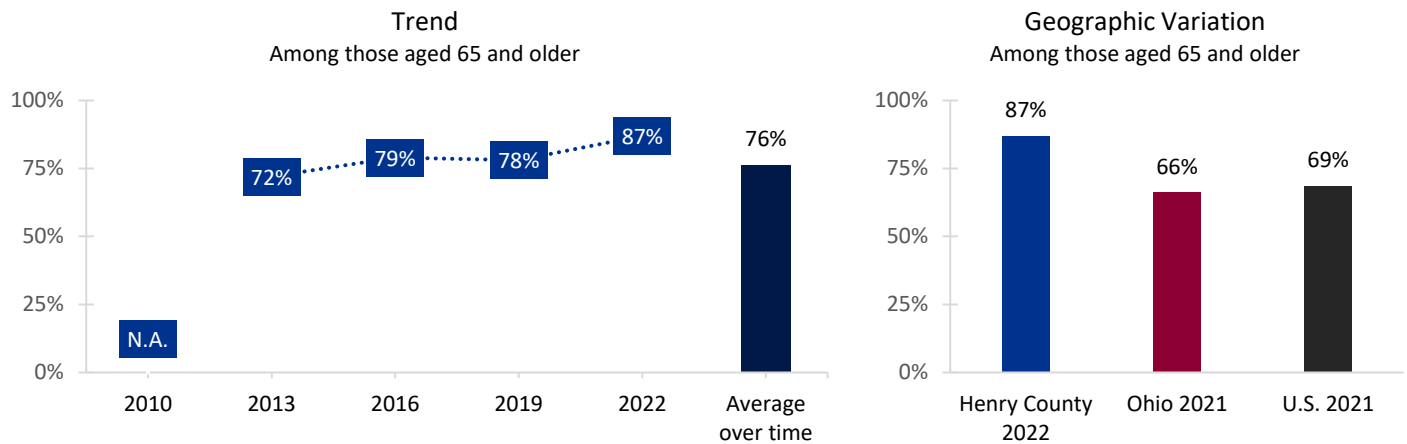


FLU VACCINE AMONG THOSE AGED 65 AND OLDER IN THE PAST YEAR

As mentioned earlier, for some individuals getting sick with the flu can be more serious than others. One characteristic that is associated with a higher risk of contracting the flu and a higher probability of complications is being aged 65 and older. Since 2013, the Henry County Health Assessment has tracked yearly flu vaccine uptake in individuals aged 65 and older.

- Eighty-seven percent (87%) of Henry County adults aged 65 and older had a flu vaccine during the past 12 months. The average share (from 2013 through 2019) of all Henry County adults aged 65 and older had a flu vaccine during the past 12 months was slightly lower at 76% (see Figure 9).
- The state and national share of adults aged 65 and older to have had a flu vaccine during the past 12 months was quite a bit lower (66% and 69%, respectively) compared to Henry County (87%).

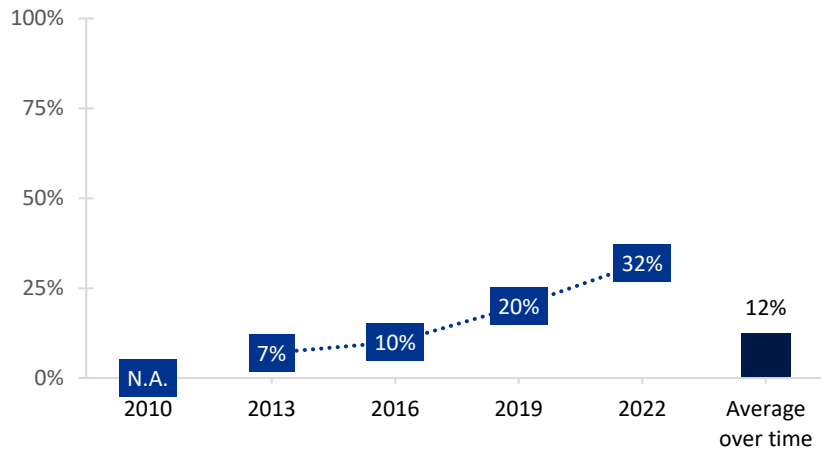
Figure 9. Trend and geographic variation in percentage of Henry County adults aged 65 and older who have had an annual seasonal flu vaccine in the past year



SHINGLES OR ZOSTER VACCINATION IN LIFETIME

- About one-third (32%) of Henry County adults had a Shingles or Zoster vaccine during their lifetime. The average share (from 2013 through 2019) of all Henry County adults was lower at 12% (see Figure 10).

Figure 10. Trend in the percentage of Henry County adults who had a Shingles or Zoster vaccination in their lifetime



PREVENTIVE HEALTH SCREENINGS AND EXAMS

SCREENING FOR COLORECTAL CANCER

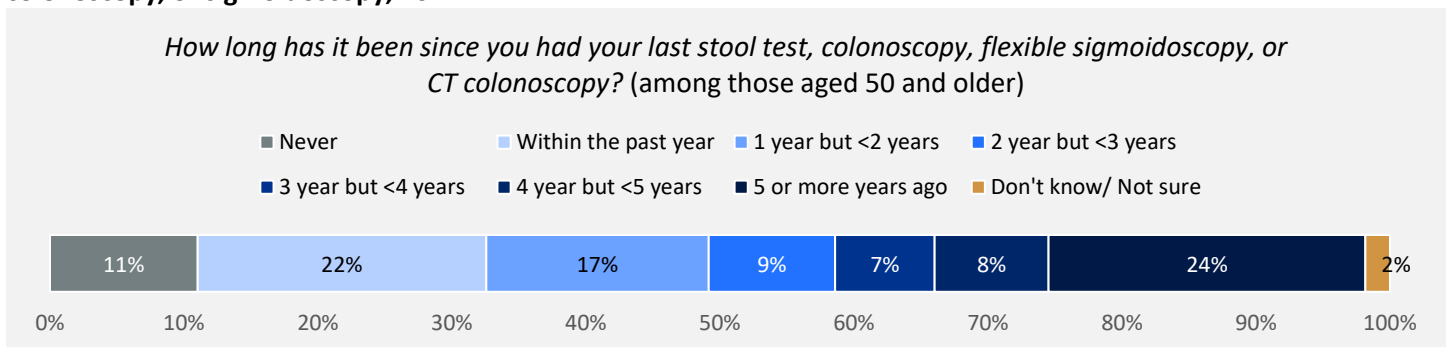
According to the American Cancer Society, colorectal cancer is the third most common cancer diagnosed in the United States. They estimated that in 2022 alone there were 106,180 new cases of colon cancer and 44,850 new cases of rectal cancer. Since the mid-1980s the rate of people diagnosed with colon or rectal cancer has decreased because more people are getting screened and people are making changes in lifestyle-related risk factors. For more information, please visit the American Cancer Society webpage, here: <https://www.cancer.org/cancer/colon-rectal-cancer/about.html>

Regarding screenings, the US Preventive Services Task Force recommends screening for colorectal cancer in all adults aged 50 to 75 years. Beginning in 2021, they also recognized a moderate net benefit to also screening adults aged 45 to 49 years increasing their recommend age range by five years. For more specific information on their recommendations please see their webpage, here:

<https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/colorectal-cancer-screening>

- Sixty-three percent (63%) of adults aged 50 and older had a stool test, colonoscopy, flexible sigmoidoscopy, or CT colonoscopy in the past five years.
- One-in-ten adults (11%) aged 50 and older have never had a stool test, colonoscopy, flexible sigmoidoscopy, or CT colonoscopy and 2% did not know if they had.

Figure 11. Distribution of Henry County adults aged 50 and older on how long it has been since they had a stool test, colonoscopy, or sigmoidoscopy, 2022



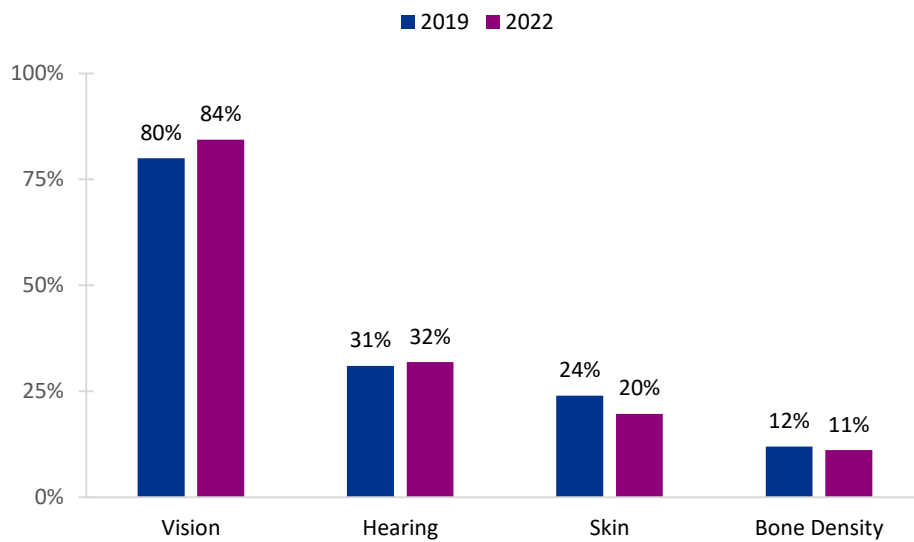
OTHER HEALTH RELATED SCREENINGS AND EXAMS

- In the past two years, Henry County adults reported getting the following checked: vision (84%), hearing (32%), skin (20%), and bone density (11%).
- Compared to 2019, the share of adults to report they had their vision or hearing checked had slightly increase whereas the share to report they had their skin or bone-density checked had decreased.

Table 7. Health related screenings and exams among Henry County adults

| | 2019 | 2022 | Trend |
|--------------|------|------|-------|
| Vision | 80% | 84% | ↑ |
| Hearing | 31% | 32% | ↑ |
| Skin | 24% | 20% | ↓ |
| Bone density | 12% | 11% | ↓ |

Figure 12. Trend in the percentage of Henry County adults who have had the following checked in the past two years (asked to check all that apply)



WOMEN'S HEALTH

MAMMOGRAMS

Recommendations regarding health screenings can change with time as new technologies and scientific evidence regarding screenings evolve. Recommendations can also vary by organization. For the most up-to-date breast cancer screening guidelines for women, please see this document published by the Centers for Disease Control:

<https://www.cdc.gov/cancer/breast/pdf/breast-cancer-screening-guidelines-508.pdf>

- Sixty-eight percent (68%) of all adult females had a mammogram at some time in their life (up from 57% in 2019).
 - More than two-fifths (45%) had this screening in the past year, up from 36% in 2019.
- Nearing half (48%) of those aged 35 to 44 had received a mammogram in the past two years compared to 86% of those aged 45 to 64 and 84% of those aged 65 and older.
- There was very little variation by household income in the share of females who reported a mammogram—anywhere from 55% to 61% reported a screening in the past two years.
- Regarding educational attainment, the group with the largest share to have had a mammogram in the past 2 years were those with a high school diploma or less (80%). Slightly more than half (57%) of females with some college/an associate degree and slightly less than one half (49%) of those with at least a bachelor's degree had a mammogram in the past two years.
- The smallest share of females to have a mammogram in the past two years was found among those who lived in Napoleon city limits at 53%. Those who lived in one of Henry County's villages had a slightly higher share at 58%, but the highest share was found among females who lived in rural Henry County at 66%.
- Since 2013 the Henry County Community Health Status Assessment has reported the share of females aged 40 and older who had reported having a mammogram in the past two years. In 2022 82% of these females reported a mammogram in the past years, which is higher than the average share (from 2013 through 2019) of 77% (see Figure 15).
- Regarding the state and national share, only the share of females aged 50 to 74 years old who had a mammogram in the past two years were reported. The share in Henry County in 2022 was higher at 90% compared to 78% at the state- and national-levels in 2020.

Figure 13. Distribution of female residents of Henry County who reported on how long it had been since they had a mammogram, 2022

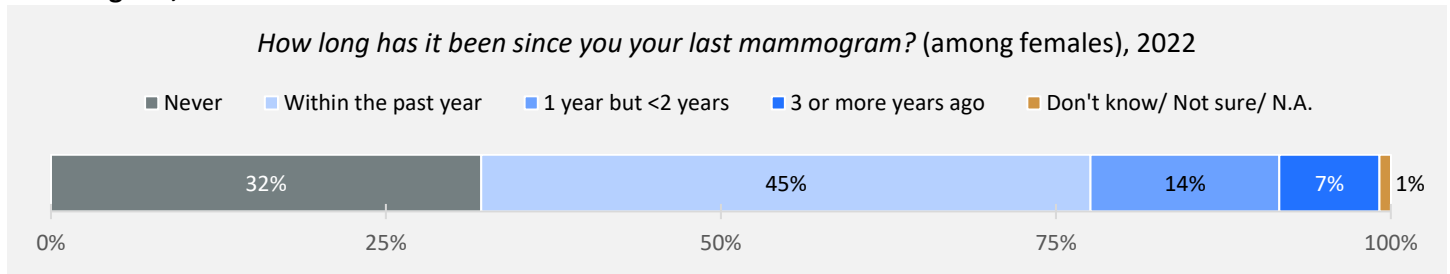


Figure 14. Variation in the percentage of female residents of Henry County who had a mammogram in the *past two years*, 2022

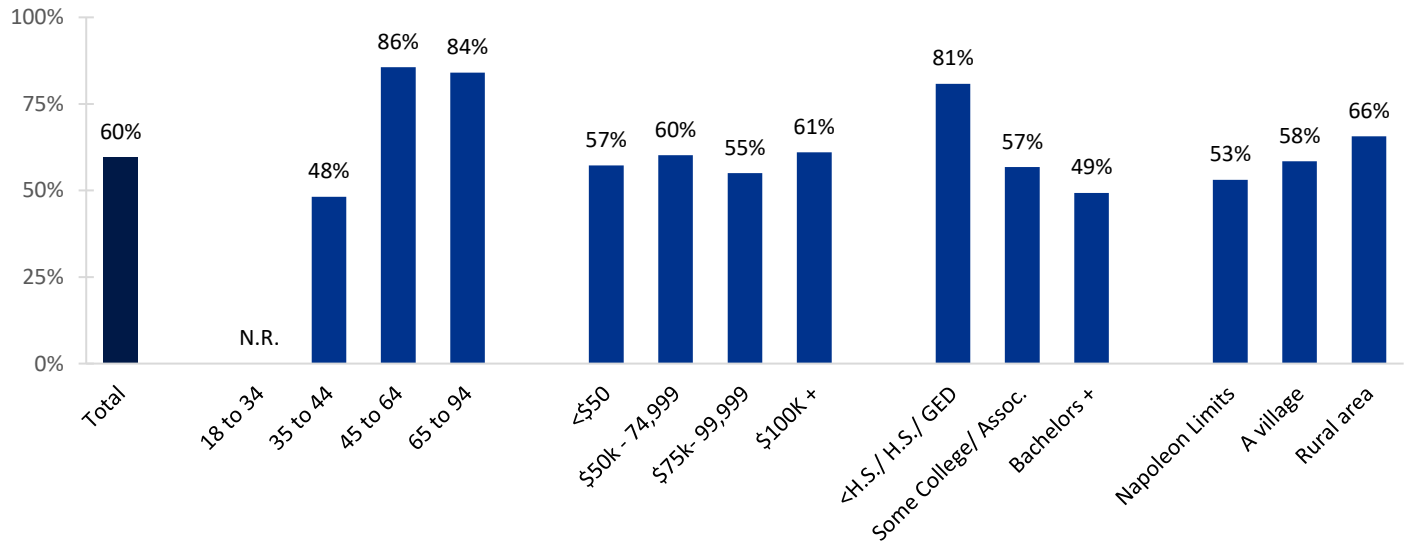
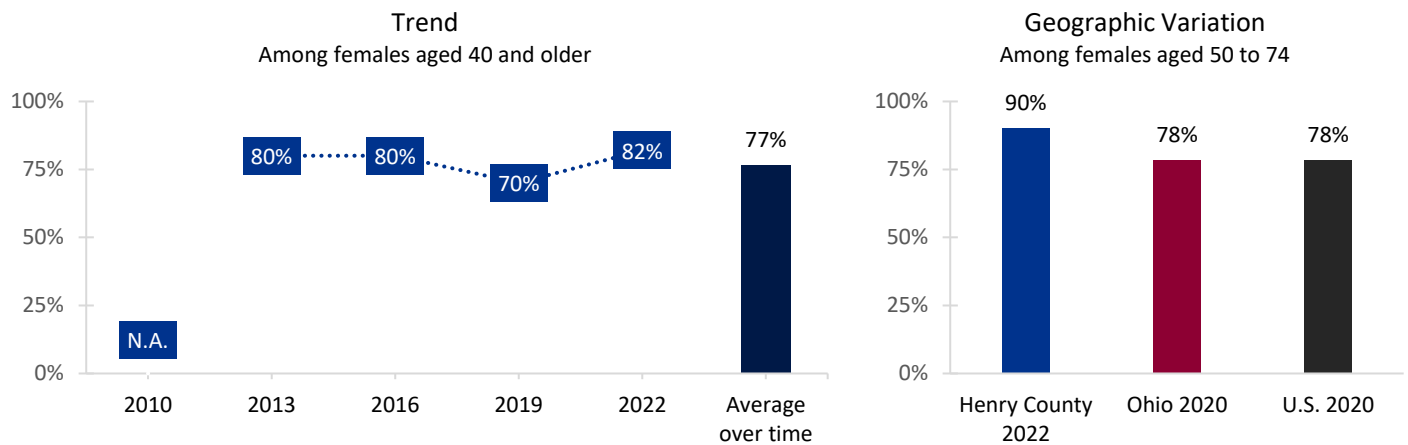


Figure 15. Trend and geographic variation in the percentage of female residents of Henry County who had a mammogram in the *past two years*



PAP TESTS

Pap tests are one way to screen for cervical cancer in females. According to the CDC, females should start getting Pap tests at age 21. With a normal Pap test your doctor may tell you to wait three years until your next Pap test. Following age 65 you may be told you can wait even longer. For more information on cervical cancer, see:

<https://www.cdc.gov/cancer/cervical/index.htm>

- Ninety-three percent (93%) of Henry County females had a Pap smear some time in their life, and 35% reported having had the exam in the past year (see Figure 16).
- At 81%, the share of females reporting a pap test within the CDC recommended age range and timeframe in Henry County was higher than the average share (from 2013 through 2019) of 69%. Further, the share was slightly higher than the share among women in Ohio in 2020 (77%) and the nation (78%) (see Figure 17).
- Eighty-eight percent (88%) of those aged 21 to 34 had received a pap test in the past three years decreasing slightly to 85% of those aged 35 to 44. Among those aged 45 to 64 (75%) had done so.
- There was little variation by annual household income ranging from 81% among those in top income group to 88% among those living in households with annual incomes of \$50,000 to \$74,999 a year.
- Regarding educational attainment, the group with the largest share to have had a pap test per CDC recommendations were those with at least a bachelor's degree (85%). The lowest share was among those with some college at 79%.
- The smallest share of females aged 21 to 65 to have had a pap test in the past three years was found among those who lived in a rural area of Henry County at 77%. Those who lived in the Napoleon city limits had the highest share at 85%.

Figure 16. Distribution of ALL female residents of Henry County who reported on time since last pap test

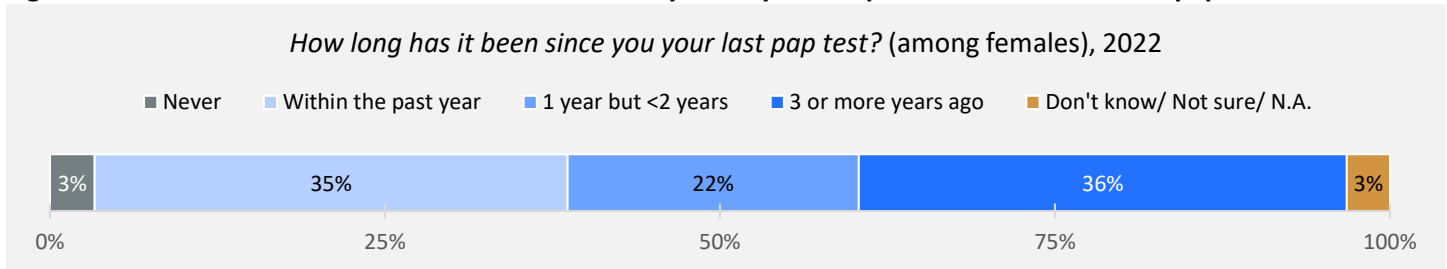
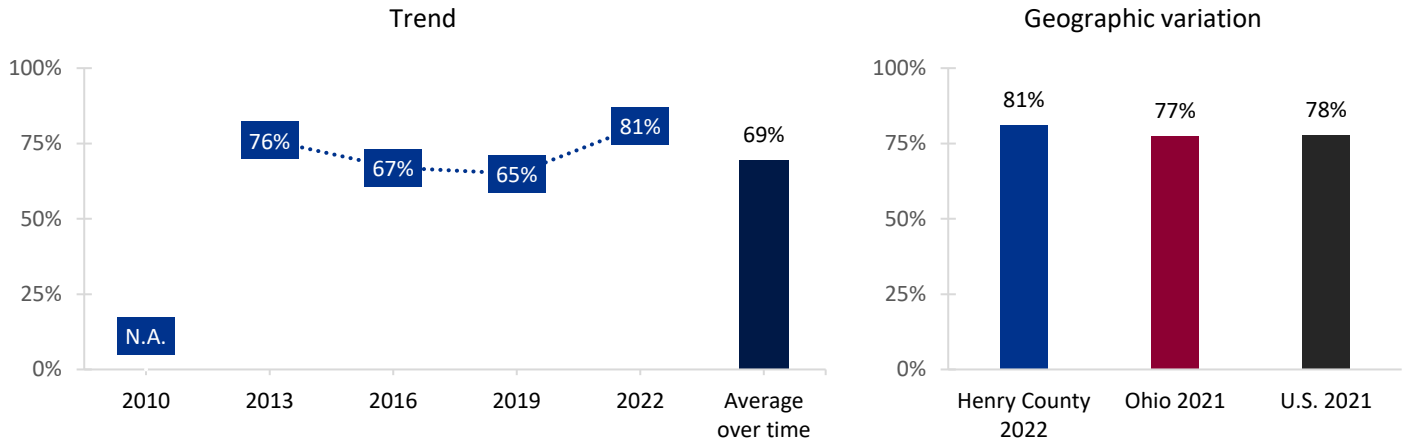
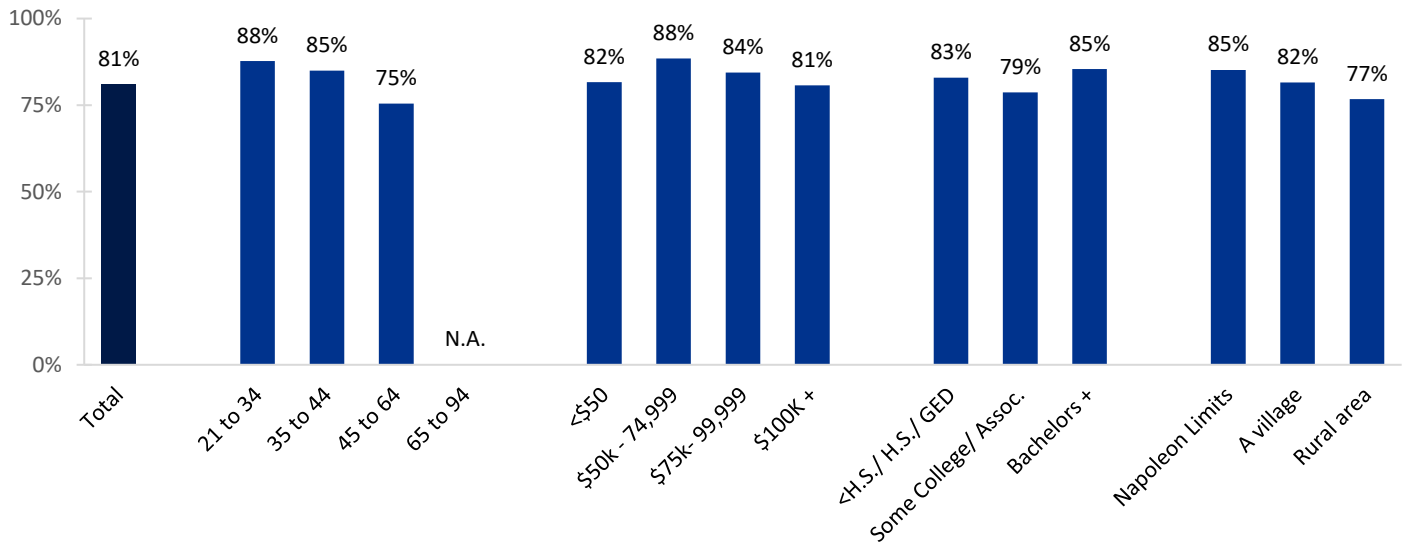


Figure 17. Trend and geographic variation in the percentage of females aged 21 to 65 in Henry County who reported having a pap test with the past THREE YEARS



* Pap smear was reported for women aged 19 and over

Figure 18. Percentage of females aged 21 to 65 who reported having a pap test within the past THREE YEARS



PREGNANCY

- In 2022 twenty-six percent (26%) of Henry County females had been pregnant in the past 5 years which was the same in 2019.
- During their last pregnancy (within the past five years), females did the following: had a prenatal appointment in the first 3 months (80%), took a multi-vitamin with folic acid (80%). In 2019 only about three-quarters had a prenatal appointment in the first 3 months (74%) or took a multi-vitamin with folic acid (73%). In 2022, two-fifths (40%) experienced depression during or after pregnancy.



Two-fifths (40%) of Henry County women with a pregnancy in the past five years reported they experienced depression during or after pregnancy.

WOMEN’S HEALTH CONCERNS

- Women primarily used a general or family physician office (54%) or a private gynecologist office (32%) as their usual source of services for female health concerns.
- Eight percent (8%) indicated they did not have a usual source of services for female health concerns.
- Major risk factors for cardiovascular disease include high blood cholesterol, high blood pressure, physical inactivity, diabetes, smoking, and physical inactivity. In Henry County, the 2022 health assessment has identified that:

Table 8. Henry County female prevalence of major risk factors for cardiovascular disease

| | 2019 | 2022 | Trend | Geographic Variation | | |
|---|------|------|-------|----------------------|-----------|-----------|
| Percentage of women overweight or obese | 69% | 76% | ↑ | 76% HC | 67% OH | 64% US |
| Percentage of women diagnosed with high blood cholesterol | 26% | 35% | ↑ | 35% HC | 34% OH | 34% US |
| Percentage of women diagnosed with high blood pressure | 26% | 30% | ↑ | 30% HC | 34% OH | 29% US |
| Percentage of women inactive | N.A. | 15% | | 15% HC | 29% OH | 26% US |
| Percentage of women diagnosed with diabetes | 10% | 7% | ↓ | 7% HC | 12% OH | 10% US |
| Percentage of women current tobacco/ nicotine users | 8% | 8% | ↓ | 8% HC | 18% OH | 13% US |

MEN'S HEALTH

PROSTATE SPECIFIC ANTIGEN (PSA) TEST

PSA is a substance made by the prostate. Levels of PSA in the blood can be higher in men who have prostate cancer as well as other conditions that affect the prostate. While there is no standard test to screen for prostate cancer, a prostate specific antigen test—which measures the level of PSA in the blood—is commonly used to screen for prostate cancer. For more information on prostate cancer, please see the CDC information page at:

https://www.cdc.gov/cancer/prostate/basic_info/index.htm

- Thirty-six percent (36%) of males had a P.S.A. at some time in their life, and 26% had this screening in the past year.
- Over two-fifths (43%) of males aged 40 and older had a P.S.A. test in the past year, and 53% had one in the past two years.

Figure 19. Distribution of males in Henry County who reported on time since last P.S.A. test, 2022

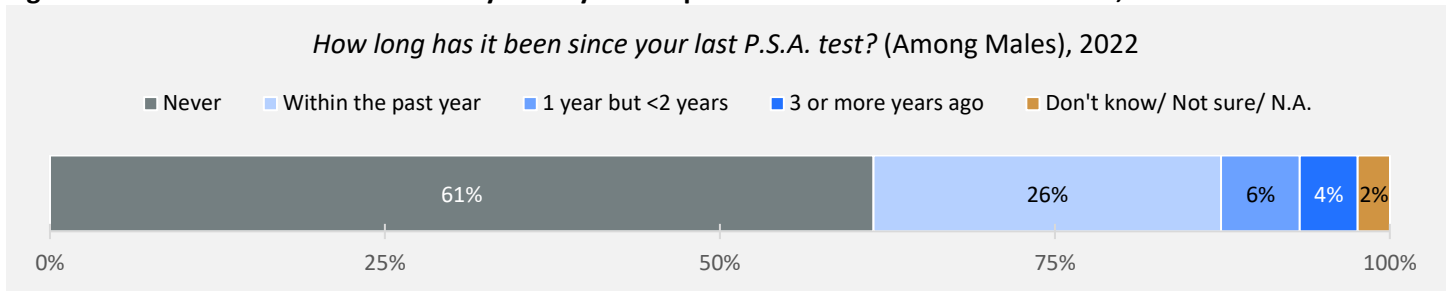
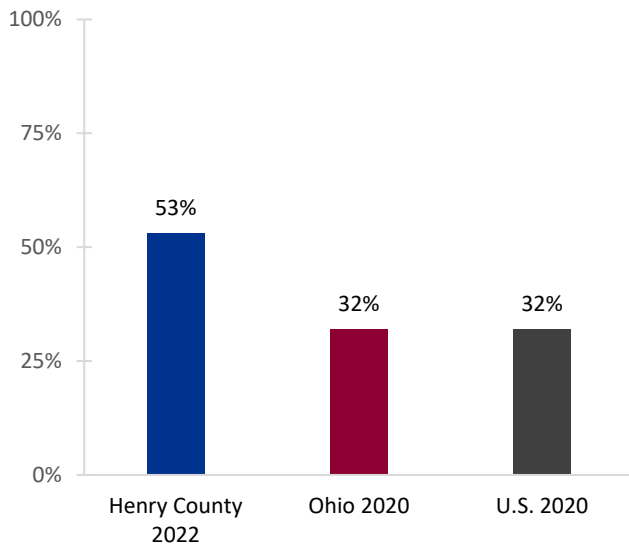


Figure 20. Geographic variation in the percentage of males over the age of 40 who reported having a P.S.A. test in the past TWO YEARS



MEN'S HEALTH CONCERNS

- Sixty percent (60%) of Henry County males rated their health as excellent or very good, compared to 53% of females.
- Larger shares of males had been diagnosed with:
 - High blood pressure (41% compared to 30% of females)
 - Diabetes (13% compared to 7% of females)
- Larger shares of Henry County males:
 - Considered overweight or obese (85% compared to 76% of females)
 - Be a current nicotine user (26% compared to 8% of females)
 - Consumed alcohol in the past 30 days (76% of males compared to 75% of females)
- Smaller shares of Henry County males had:
 - A routine check-up in the past year (77% compared to 79% of females)
 - Been to the dentist in the past year (58% compared to 74% of females)
- Smaller shares of males had been diagnosed with:
 - Arthritis (17% compared to 22% of females)
 - High blood cholesterol (33% compared to 36% of females)

Table 9. Sex differences in health factors

| | Men | Women |
|---|------------|------------|
| Percentage who rated their health as excellent or very good | 60% | 53% |
| Percentage diagnosed with high blood pressure | 41% | 30% |
| Percentage diagnosed with diabetes | 13% | 7% |
| Percentage considered overweight or obese | 85% | 76% |
| Percentage current tobacco users | 26% | 8% |
| Percentage who consumed alcohol in the past 30 days | 76% | 75% |
| Percentage had a routine check-up in the past year | 77% | 79% |
| Percentage been to the dentist in the past year | 58% | 74% |
| Percentage diagnosed with arthritis | 17% | 22% |
| Percentage diagnosed with high blood cholesterol | 33% | 36% |

ORAL HEALTH

- In the past year, 66% of Henry County adults had visited a dentist or a dental clinic, 12% had done so with the past 2 years, and 9% within the past 5 years. Twelve percent (12%) had not been for five or more years (see Figure 21).
- Regarding trends in Henry County, the share to visit the dentist in the past year as of 2022 was lower than the average share (from 2010 through 2019) of 71% (see Figure 22)
- The share in Henry County was similar to the share among all adults in Ohio (65%) and the United States (67%) (see Figure 23).
- The share of females (74%) to have visited a dentist or dental clinic in the past 12 months was higher than the share among males (58%).
- As age increased the share to have visited a dentist or dental clinic in the past 12 months increased. Slightly more than half (51%) of those aged 18 to 24 had an annual dental visit, 59% of those aged 35 to 44, jumping to nearly three-fourths (73%) of those aged 45 to 64 and 80% of those aged 65 to 94.
- Similar shares of individuals living in households with earnings less than \$100,000 a year visited the dentist in the past year—ranging from 59% to 63%. The share among those in households earning \$100,000 a year was 75%.
- The share to have been to the dentist in the past year increased as educational attainment increased. Fifty-six percent (56%) of those with a high school diploma or less had gone to the dentist in the past year compared to 65% of those with some college or an associate degree. The highest share was among those with at least a bachelor’s degree at 86%.
- The lowest share of adults to have visited a dentist in the past year was found among those who lived in Napoleon city limits at about half (52%) having done so. Nearly three-quarters (74%) of those living in a Henry County village or a rural area had been to a dentist in the past year.
- Henry County adults reported the following reasons for not visiting a dentist or dental clinic in the past year:
 - Cost (28% in 2022 compared to 40% in 2019)
 - Fear, apprehension, nervousness, pain, dislike going (24% in 2022 compared to 13% in 2019).
 - No reason to go/ had not thought of it (18% in 2022 compared to 14% in 2019)

Figure 21. Distribution of Henry County adult reports on their time since they last visited a dentist

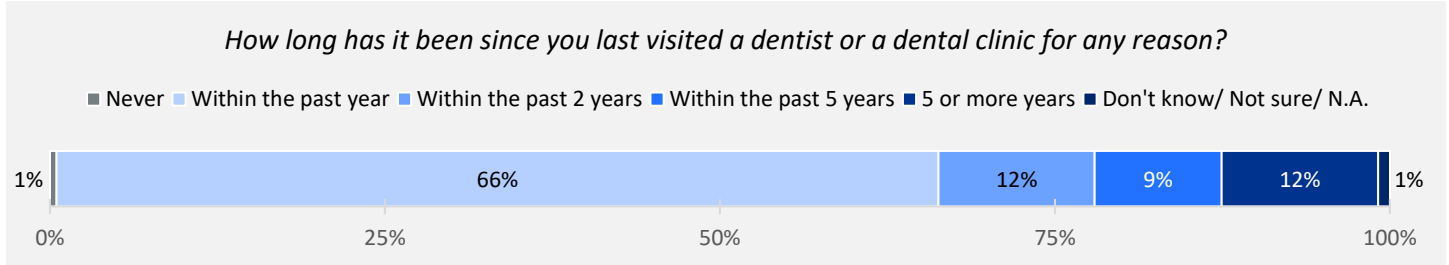


Figure 22. Trend in percentage of Henry County adults who visited a dentist or dental clinic in the PAST YEAR

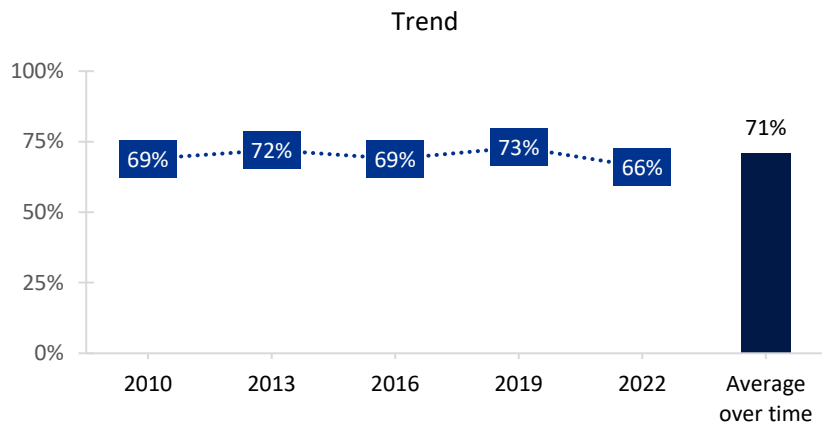


Figure 23. Variation in the percentage of adults who visited a dentist or dental clinic in the PAST YEAR

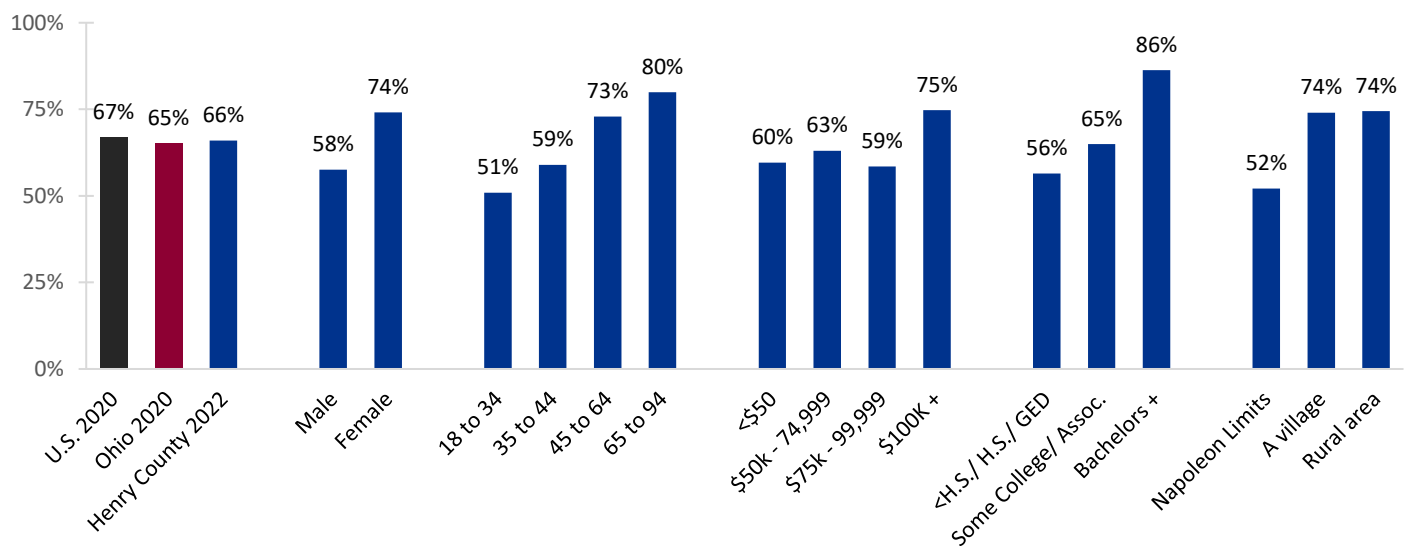


Table 10. Reasons given by Henry County residents for not going to the dentist

| | 2019 | 2022 | Trend |
|--|------|------|-------|
| Cost | 40% | 28% | ↓ |
| Fear, apprehension, nervousness, pain, dislike going | 13% | 24% | ↑ |
| No reason to go/ had not thought of it | 14% | 18% | ↑ |

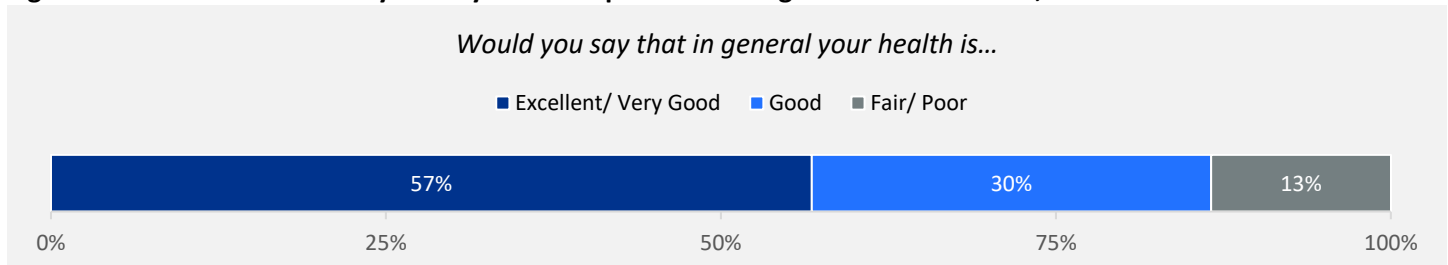
HEALTH BEHAVIORS

HEALTH STATUS PERCEPTIONS

GENERAL HEALTH STATUS

- Over half (57%) of Henry County adults rated their health as *excellent or very good*. Nearly one-third (30%) reported their general health as *good* and 13% reported it as *fair or poor* (see Figure 24).

Figure 24. Distribution of Henry County adults' reports on their general health status, 2022



RATED GENERAL HEALTH AS EXCELLENT OR VERY GOOD

- Regarding trends in Henry County, the share of adults who rated their health as *excellent or very good* in 2022 (57%) was higher than the average share (from 2010 through 2019) of 54% (see Figure 25).
- The state and national share of adults who rated their health as excellent or very good was lower (51% and 53%, respectively) compared to Henry County (57%) (see Figure 26).
- The share of females (53%) who rated their health as excellent or very good was lower than the share among males (60%).
- Generally, as age increased the share who rated their health as excellent or very good decreased. Over two-fifths (63%) in the youngest age group (18 to 24) rated their general health as excellent or very good, compared to 54% of those aged 35 to 44 and 56% of those aged 45 to 64. About half (49%) of those aged 65 to 94 rated their general health as excellent or very good.
- The lowest share rating their health as excellent or good was found among those with household incomes less than \$50,000 a year, at about half (51%). There was little variation among the other three income groups ranging from 60% to 63%.
- Regarding educational attainment, the group with the lowest share who rated their general health as *excellent or very good* were those with a high school diploma or less (53%). About three-fifths of those in the middle and highest educational attainment groups rated their health as *excellent or very good* (58% and 60%, respectively).
- The largest percentage of Henry County residents to report their general health as *excellent or very good* lived in rural areas (61%), whereas the lowest percentage was among those who lived in a village within the county (52%).

Figure 25. Trend in Henry County adults who reported their general health as *excellent or very good*

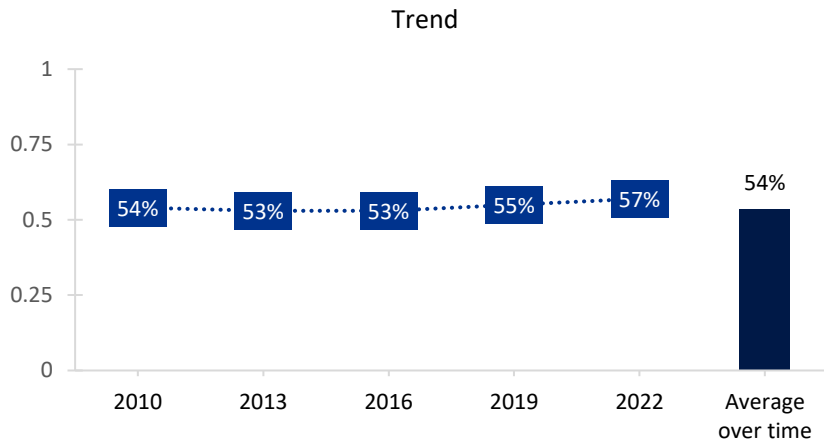
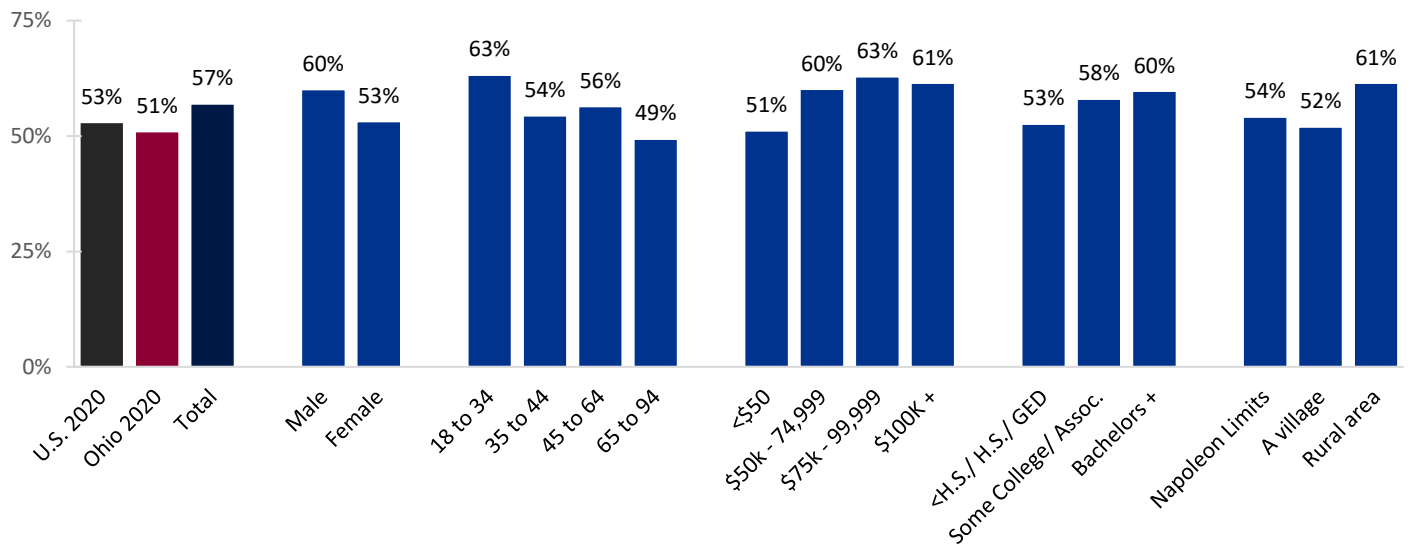


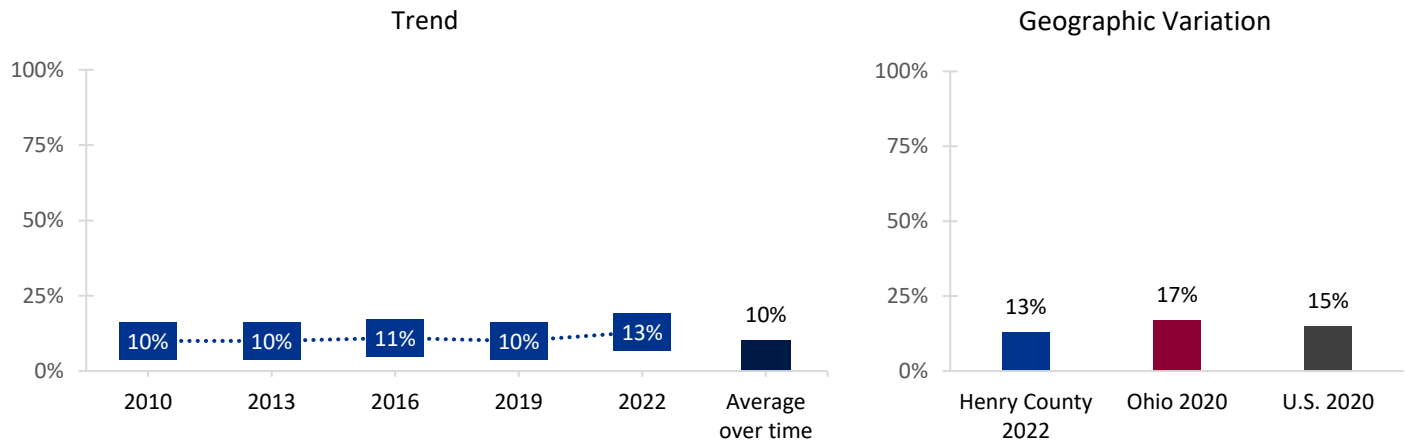
Figure 26. Variation in the percentage of adults who rated general health as *excellent or very good*



RATED GENERAL HEALTH AS FAIR OR POOR

- Regarding trends in Henry County, the share of adults who rated their health as *fair or poor* in 2022 (13%) was higher than the average share (from 2010 through 2019) of 10% (see Figure 27).
- The state and national share of adults who rated their general health as *fair or poor* was higher (17% and 15%, respectively) compared to Henry County (13%).
- Henry County adults with the following conditions had higher shares reporting *fair or poor* general health than those without said conditions.
 - Arthritis, gout, lupus, or fibromyalgia (24% compared to 10%)
 - High cholesterol (18% compared to 10%)
 - High blood pressure (17% compared to 11%)

Figure 27. Trend and geographic variation in adults who reported their general health as fair or poor



PHYSICAL HEALTH STATUS

- Over one-third (36%) of Henry County adults rated their physical health as not good on four or more days in the past month.
 - On average, from 2010 through 2019, 18% of Henry County adults reported their physical health was not good on four or more days in the past 30 days—half the share who reported such in 2022, alone (see first panel of Figure 29).
- Henry County adults reported their physical health as not good on an average of 5.3 days in the past month.
 - The share in 2020 was higher than the average share (from 2013 through 2019) of 3.1 days (see second panel of Figure 29).
- There was not a lot of sociodemographic variation in the share of Henry County adults who reported their physical health as not good on four or more days in the past month, except by where they lived.
 - Those in the lowest income group had the highest share at 44% and those in the highest had the lowest at 26%.
 - Nearly half (46%) of adults who lived in the Napoleon city limits reported their physical health as not good in the past month compared to 42% living in the limits of a Henry County village, and only 22% living in a rural area of Henry County (not shown).
- In 2021, the BRFSS data shows that 12% of adults in Ohio and 11% of adults in the United States reported their physical health was not good on 14 or more days in the past month. The share among adults in Henry County in 2022 was higher at 15% (not shown).

Figure 28. Distribution of Henry County adults’ reports on number of days physical in the past month was not good, 2022

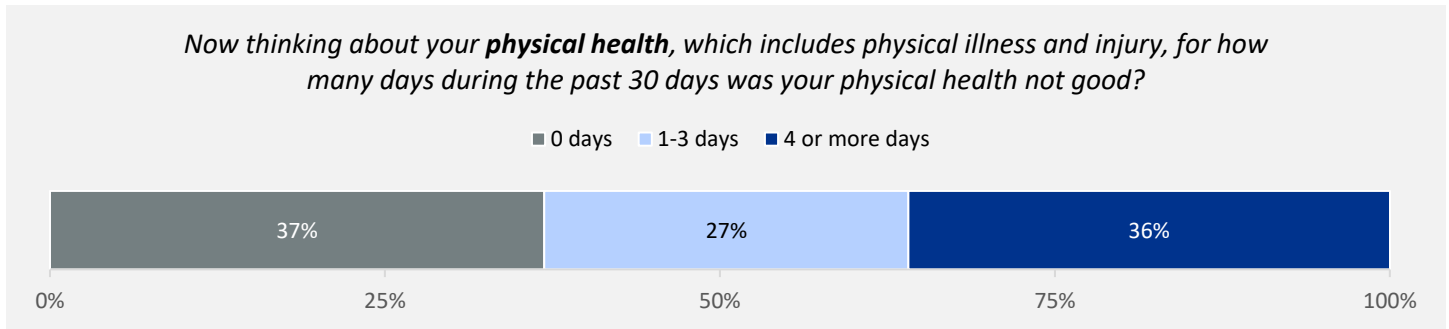
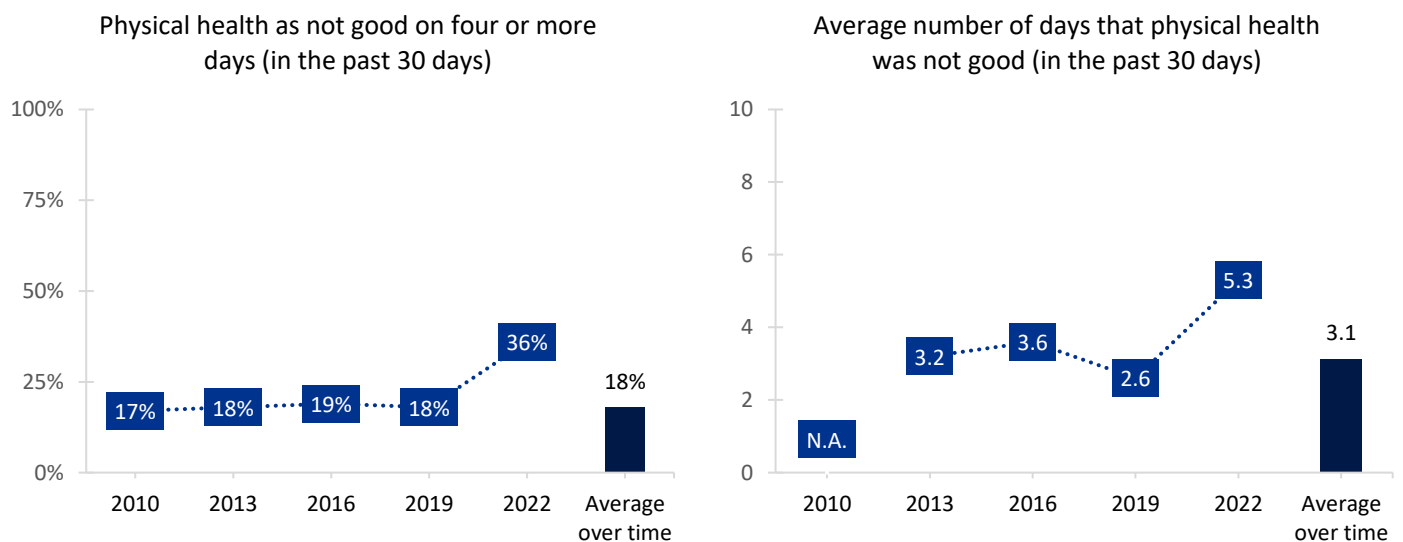


Figure 29. Trends in the percentage of Henry County adults who rated physical health as not good



MENTAL HEALTH STATUS

- The distribution of reports on number of days mental health was not good is evenly distributed with about one-third (35%) of Henry County adults reporting 0 days, about one-third (35%) reporting 1 to 13 days and about one-third (30%) reporting 14 or more days (see Figure 30).
 - The shares reporting 0 days was much larger for all adults in Ohio (57%) and the U.S. (59%) compared to Henry County.
- Henry County adults reported their mental health as not good on an average 7.8 days in the previous month.
- Henry County adults had higher shares rating mental health as not good if they:
 - Were female (31% compared to 29% of males)
 - Were aged 18 to 34 (54%) compared to those aged 65 and older (13%)
 - Had an annual household income less than \$50,000 (40% compared to 15% among those with household incomes of \$100,000 or more).
 - Lived in the city limits of Napoleon (32%) or one of the county villages (33%) compared to a rural area of the county (25%).

- Households with children did NOT have a higher share rating their mental health as poor (not shown).
- Over one-half (53%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation for at least one day in the past month.
- On average, adults reported poor mental or physical health kept them from usual activities on 4.4 days in the past month.

Figure 30. Geographic variation in the distribution of adults' reports on number of days mental health in the past month was not good

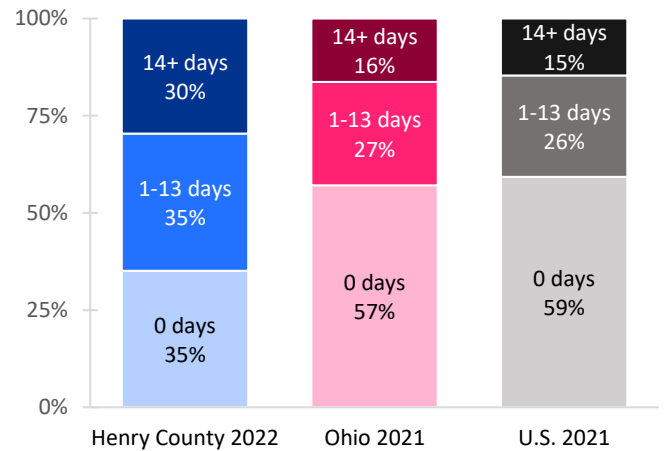
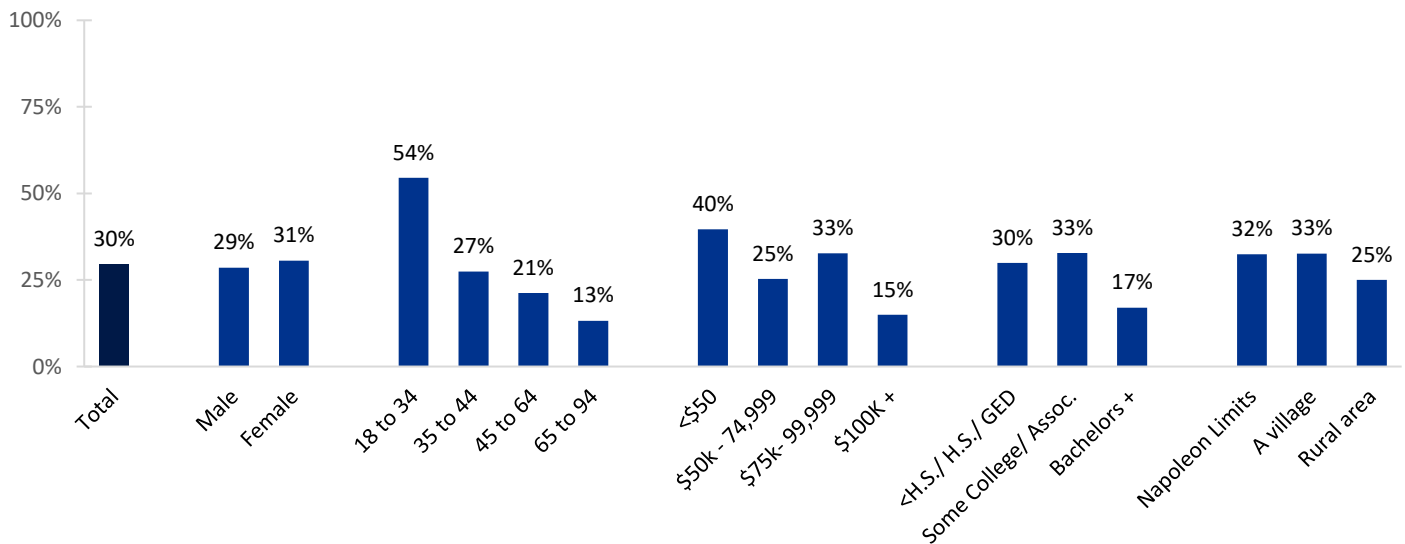


Figure 31. Variation in the percentage of Henry County adults' who reported mental health in the past month was not good on 14 or more days, 2022



Note: Due to concerns regarding data reporting quality, historical data for Henry County is unavailable.

WEIGHT STATUS

Body mass index (BMI) is a screening method used to categorize individuals as underweight, health weight, overweight, and obese by providing an indirect measure of body fat. It is not to be used to diagnose body fatness or the health of an individual. It is calculated by dividing a person’s weight (in kilograms) by the square of their height (in meters).

| BMI | Weight Status |
|----------------|----------------|
| Below 18.5 | Underweight |
| 18.5 – 24.9 | Healthy weight |
| 25.0 – 29.9 | Overweight |
| 30.0 and above | Obesity |

While BMI is moderately correlated with more direct measures of body fat, it is strongly correlated with a number of metabolic and disease outcomes. For more information, please see the CDC webpage:

https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html#InterpretedAdults

- Three-fourths (80%) of Henry County adults were either overweight (35%) or obese (45%) by body mass index (BMI). This puts them at elevated risk for developing a variety of preventable diseases.
- Regarding trends in Henry County, the share of adults classified as overweight per BMI in 2022 (35%) was only slightly higher than the average share (from 2010 through 2019) of 33%. The share of adults classified as obese in 2022 was approaching half (45%) which is higher than the average share (from 2010 through 2019) of 35% (see Figure 32).
- The state and national share of adults classified as overweight was about the same (33% and 34%, respectively) compared to Henry County (35%). The state and national share of adults classified as obese was lower (38% and 34%), respectively) compared to Henry County (45%) (see Figure 33).

Figure 32. Trends in the percentage of Henry County adults classified as overweight or obese per BMI

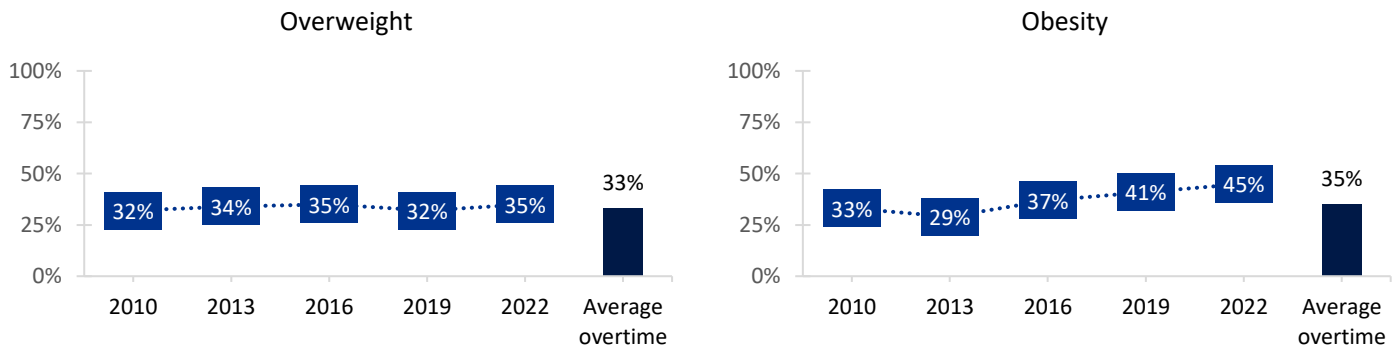
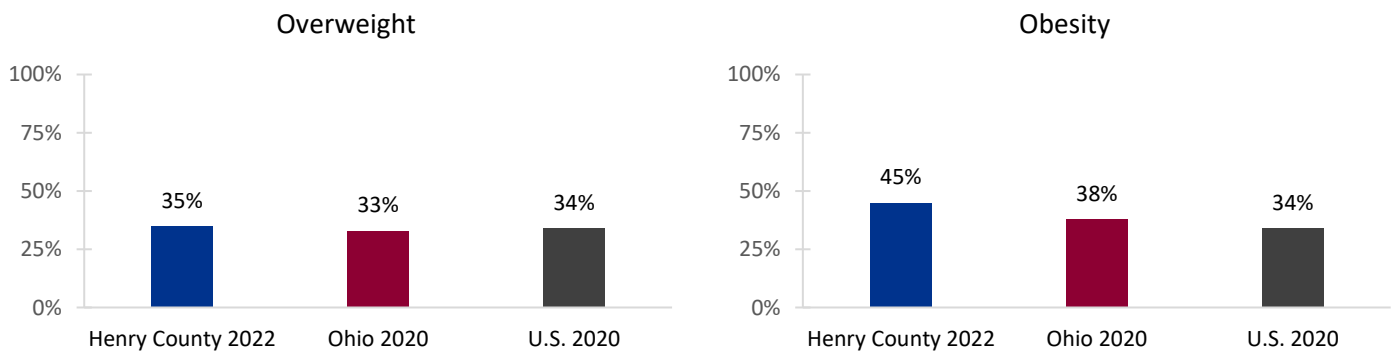


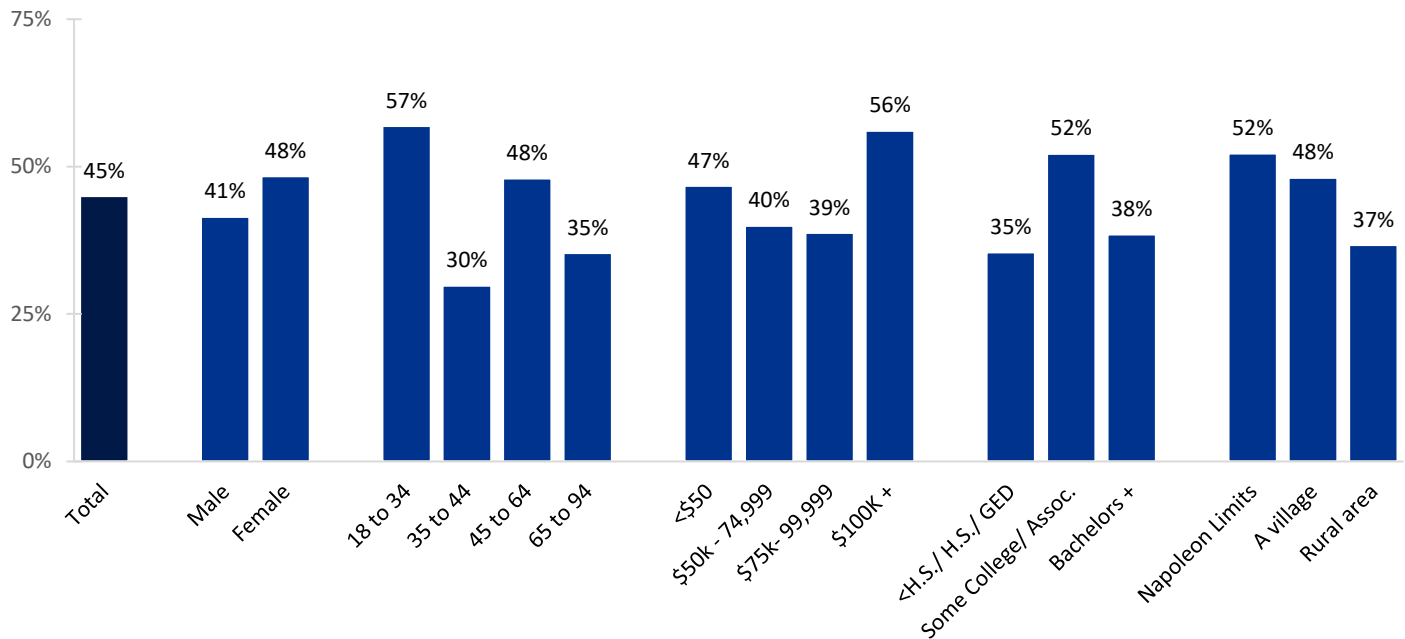
Figure 33. Geographic variation in the percentage of adults classified as overweight or obese per BMI



VARIATION IN OBESITY

- The share of females (48%) with obesity was higher than the share among males (41%).
- The share of adults with obesity by age is highly variable. Nearly three-fifths (57%) in the youngest age group (18 to 24) had obesity, however there were not many respondents in this age category meaning caution should be used in drawing conclusions. Among those aged 35 to 44 nearing one-third (30%) had obesity which was the lowest share among all age groups examined. Nearly one-half (48%) of those aged 45 to 64 had obesity, and thirty-five percent (35%) of those aged 65 to 94 also had obesity.
- The household income group with the highest share to have obesity was about those earning more than \$100,000 a year at nearly three-fifths (56%).
- Regarding educational attainment, those who had earned some college credits or an associate degree had the highest share with obesity at over half (52%).
- The lowest percentage population with obesity was found among those who lived in rural areas, at 37% whereas 52% of those who lived in the Napoleon City limits had the highest

Figure 34. Variation in the percentage of Henry County adults with obesity per BMI, 2022



NUTRITION

The CDC recognizes healthy eating as a way to achieve and maintain a healthy weight. They focus on promoting the consumption of a variety of health foods that do not limit your nutritional intake. In the [Dietary Guidelines for Americans](#) (USDA) four guidelines are recommended:

1. Follow a healthy dietary pattern at every life stage
2. Customize and enjoy nutrient-dense food and beverage choices to reflect personal preferences, cultural traditions, and budgetary considerations
3. Focus on meeting food group needs with nutrient-dense foods and beverages, and stay within calorie limits
4. Limit foods and beverages higher in added sugars, saturated fat, and sodium, and limit alcoholic beverages

They provide a number of resources to help achieve and maintain a healthy weight which can be found here:

<https://www.cdc.gov/healthyweight/index.html>

The table below indicates the number of servings of fruits, vegetables, sugar-sweetened beverages, and caffeinated beverages Henry County adults consumed daily.

- Regarding fruit, nearly four-fifths (78%) reported consuming 1 to 2 servings a day up from 71% in 2019.
- Four-fifths of Henry County adults reported consuming 1 to 2 servings of vegetables a day up from 77% in 2019.
- One-half (51%) reported they did drink sugar-sweetened beverages down from 55% in 2019.
- About one-half (51%) drank 1 to 2 servings of caffeinated beverages a day up from 46% in 2019.
- Two-fifths (41%) of adults indicated they drank 5 or more servings of water a day.

Table 11. Food and drink consumption among Henry County adults, 2022

| | 5 or more servings | 3-4 servings | 1-2 servings | 0 servings | Dietary Guidelines |
|---------------------------|--------------------|--------------|--------------|------------|--|
| Fruit | N.R. | 10% | 78% | 12% | 2 cups (One serving = ½ cup) |
| Vegetables | N.R. | 12% | 80% | 7% | 2.5 cups (One serving = 1 cup) |
| Sugar-sweetened beverages | N.R. | 8% | 37% | 51% | < 10% of calories* |
| Caffeinated beverages | 9% | 25% | 51% | 16% | < 400 mg (8 oz of coffee = 70 – 140 mg) |
| Water | 41% | 30% | 25% | N.R. | No recommendation |

Note: N.R. indicates Not Reliable, meaning too few respondents indicated this answer to report here. * A healthy dietary pattern limits added sugars to less than 10 percent of calories per day—this is not limited to beverages, but also includes foods.

- Henry County adults reported the following reasons they chose the types of food they ate:
 - The top reason given was for taste/ enjoyment at 82%.
- Adults reported the following barriers to consuming fruits and vegetables:
 - Too expensive (17% in 2022 compared to 9% in 2019)
 - I do not like the taste (3% in 2022 compared to 6% in 2019)

Table 12. Reason for choosing the types of food eaten

| | 2019 | 2022 | Trend |
|---|------|------|-------|
| Taste/ Enjoyment | 74% | 82% | ↑ |
| Ease of preparation/ Time | 46% | 56% | ↓ |
| Healthiness of food | 55% | 51% | ↓ |
| What my family prefers and what we are accustomed to eating | 41% | 52% | ↑ |
| Cost | 50% | 47% | ↓ |
| Accessibility of food | 30% | 23% | ↓ |
| Personally-chosen dietary restrictions | N.A. | 20% | |
| Medically based dietary restrictions | N.A. | 7% | |

PHYSICAL ACTIVITY

According to the current [Physical Activity Guidelines for Americans](#), each week adults need 150 minutes of moderate-intensity physical activity. That breaks down to 30 minutes a day, 5 days a week.

Henry County adults were asked, during the last 30 days, how many days did you engage in some type of exercise or physical activity for at least 30 minutes?

- Fourteen percent (14%) answered they did not engage in any type of exercise or physical activity for at least 30 minutes. One quarter answered 1 to 9 days (26%) and 29% answered ten to nineteen days. Only about three-in-ten (31%) Henry County adults engaged in the recommended 150 minutes a week in the past 30 days (see Figure 35).
- Eighty-six percent (86%) of Henry County adults reported engaging in some type of exercise or physical activity for at least 30 minutes on at least one day in the past 30 days.
 - Within Henry County the highest share of adults reporting any physical activity in the past 30 days was among those living in a rural area at 90%, followed by those living in the Napoleon city limits (83%).
 - The share reporting physical activity in the past 30 days was higher among adults in Henry County compared to all the adults in Ohio (74%) and all adults in the U.S. (76%).

Figure 35. Distribution of Henry County adults reports of physical activity, 2022

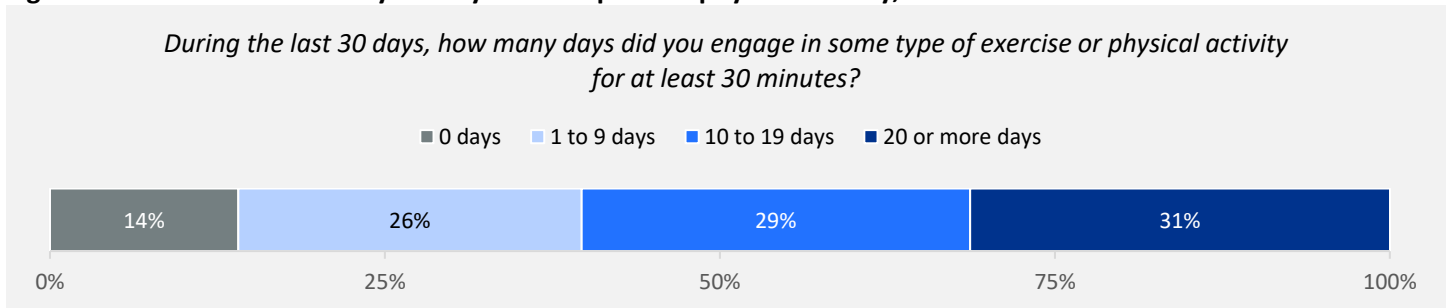
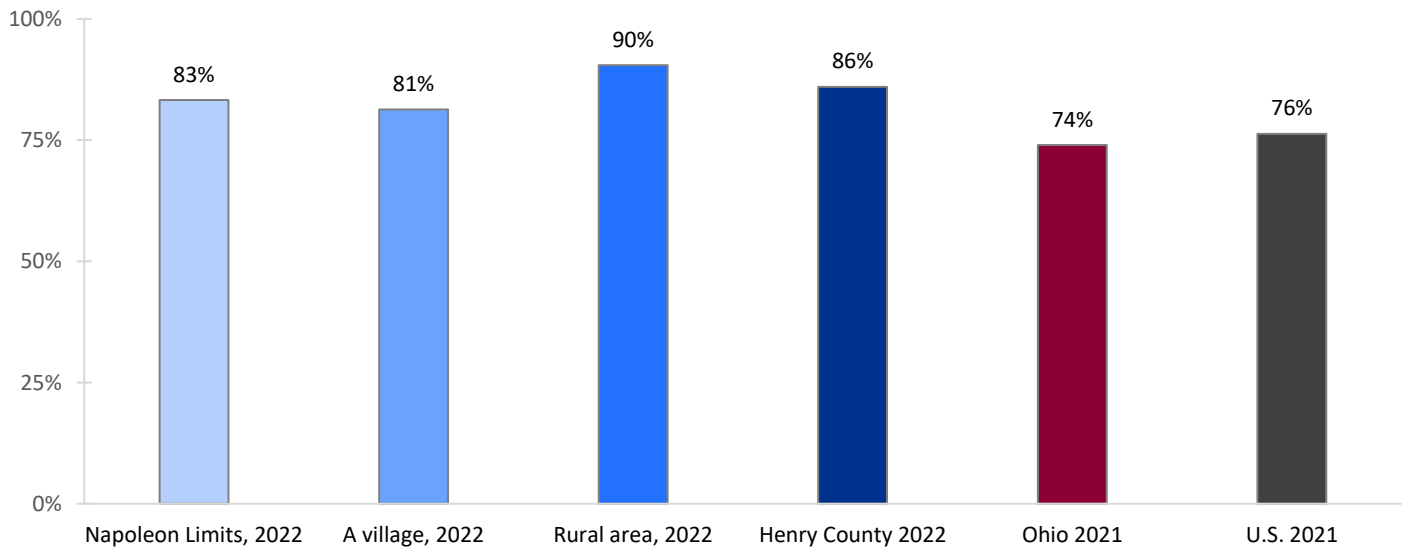


Figure 36. Geographic variation in percentage of adults reporting any physical activity in the past 30 days

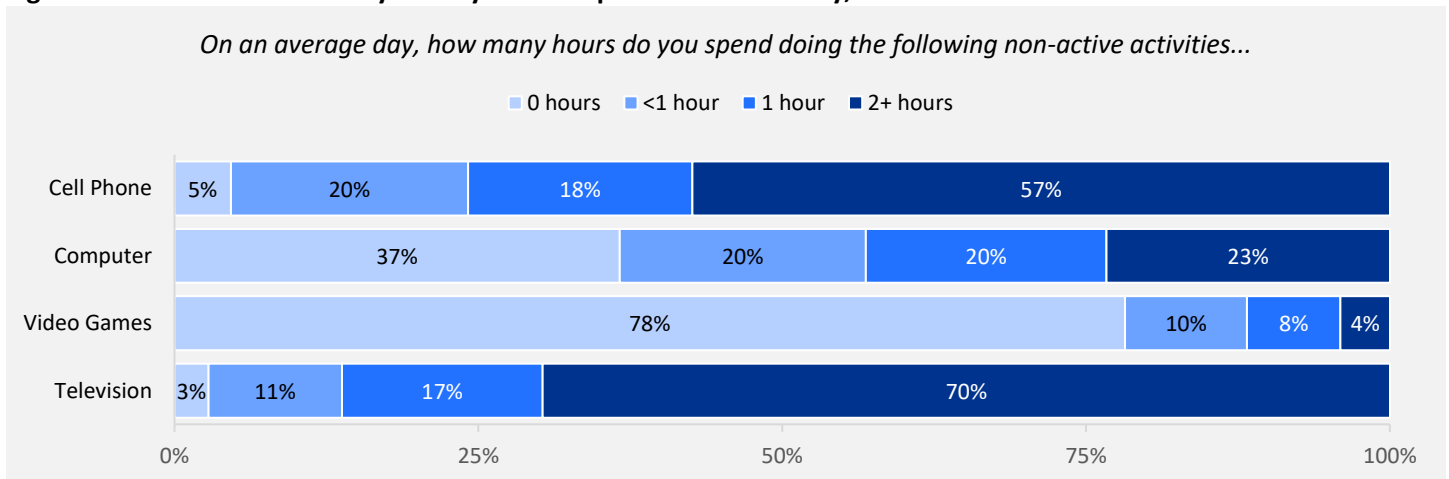


NON-ACTIVE TIME

Henry County adults were asked how many hours on an average day they spent in non-activities including watching television, playing non-active video games, using the computer outside of work, and using their cell phone to talk, text, or search the internet.

- Many – over three-fourths (78%) reported they didn't spend any time playing video games. Over one-third (37%) reported they did not use a computer on an average day. Only five percent (5%) didn't use their cell phones and two percent (3%) didn't watch television.
- Seventy percent (70%) reported they spent two or more hours a day watching television. Over half (57%) spent two or more hours on their cell phone and nearly one-quarter (23%) spent two or more hours on a computer outside of work. Only 4% of Henry County adults reported they spent two or more hours playing video games.
- Adults reported the following reasons for not exercising:
 - Time (28%)
 - Weather (24%)
 - Laziness (24%)
 - Too tired (22%)
 - Pain or discomfort (16%)
 - Chose not to exercise (13%)
 - No childcare (7%)
 - No exercise partner (5%)
 - Could not afford a gym membership (5%)
 - Poorly maintained/ no sidewalks (5%)

Figure 37. Distribution of Henry County adults reports of non-activity, 2022



TOBACCO USE

Tobacco is harmful to the human body and remains the leading cause of preventable disease, disability, and death in the United States (U.S. Department of Health and Human Services, 2014). But there is hope – if you quit smoking your risk for smoking-related diseases is lowered and you can add possible years to your life (U.S. Department of Health and Human Services, 2010). For more information, please visit the CDC website [Smoking & Tobacco Use](#).

- Seventeen percent (17%) of Henry County adults were current nicotine users (those who used cigarettes, pipes, cigars, e-cigarettes, or other electronic vaping products, or chewing tobacco some or every day in the past year).
 - Among current nicotine users in Henry County, over half (57%) used cigarettes, pipes, or cigars. Thirty six percent (36%) used chewing tobacco and 22% had used an electronic vaping product in the past year.
 - Over one-quarter (26%) of current users reported they had stopped smoking vaping or chewing for at least one day in the past year because they were trying to quit nicotine.

Figure 38. Henry County adults who were regular nicotine users, 2022

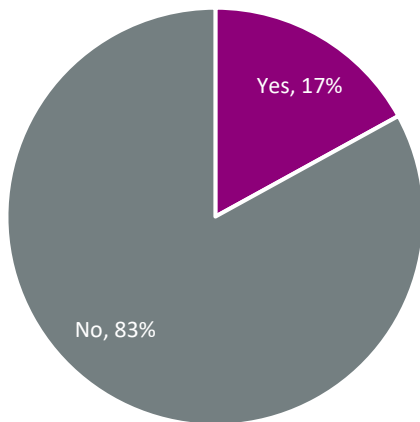
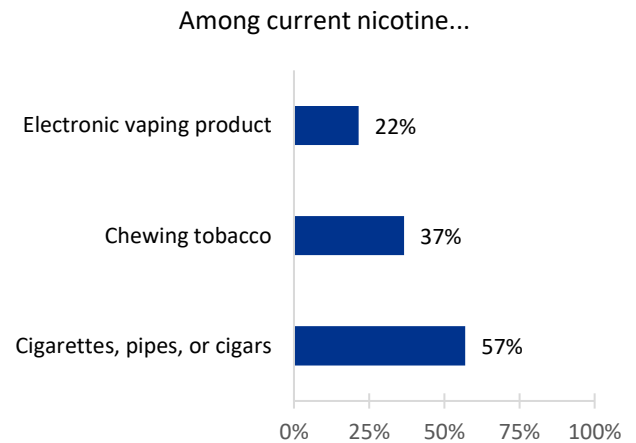


Figure 39. Type of nicotine products used by Henry County adults, 2022



Note: The above categories are not mutually exclusive.

📊 In 2019, only 2% reported they used e-cigarettes or other electronic vaping products compared to 22% in 2022.

- Ten percent (10%) of Henry County adults allowed smoking and/ or vaping in their homes.
 - Some only allowed if the windows were open, and others only if children were not in the home.
 - The share who allowed vaping was *over 3 times larger* than the share who allowed smoking.
- Sixteen percent (16%) of Henry County adults allowed smoking and/ or vaping in their cars.
 - Some only allowed if the windows were open, and others only if children were not in the car.
 - Unlike nicotine use in the home, the share who allowed vaping was slightly smaller than the share who allowed smoking (10% compared to 13%).
- Over three-fifths (65%) of adults believed e-cigarettes or other electronic vapor products was harmful to themselves, and 64% believed it was harmful to others. About one-fifth (22%) of adults did not know if electronic vapor products were harmful.

📊 The share who allowed vaping was *over three times larger* than the share who allowed smoking. 📈

ALCOHOL CONSUMPTION

In the [Dietary Guidelines for Americans](#), moderate drinking is defined as limiting consumption to 2 drinks or less a day for men and 1 drink or less a day for women. Binge drinking is defined as consuming 5 or more drinks on a single occasion for men or 4 or more for women. Further, the Guidelines stipulate that drinking less is better for an individual's health than drinking more.

ADULT CONSUMPTION IN THE PAST MONTH

- Three-fourths (75%) of Henry County adults had at least one alcoholic drink in the past month (aka current drinkers).
- Regarding trends in Henry County, the share of adults who had at least one alcoholic drink in the past month in 2022 (75%) was higher than the average share (from 2010 through 2019) of 57% (see Figure 40).
- The state and national share of adults who had at least one alcoholic drink in the past month was the same (53%) and much lower compared to Henry County adults (75%).
- Henry County adults had lower shares reporting drinking in the past month if they were:
 - Were aged 65 to 94 (64%) compared to those aged 35 to 44 (78%)
 - Had an annual household income less than \$50,000 (61%) compared to over 80% among all other income groups.
 - Lived in a village (53%) compared to a rural area of the county (83%).
- In the past month, 9% of adults reported driving a motor vehicle – a car, snowmobile, motorcycle, ATV, or something else—after having 2 or more drinks.
- Henry County adults reported the following reasons for drinking alcohol:
 - Taste/ Enjoyment (66%)
 - Social events (e.g., weddings) (45%)
 - Helps them relax/ relieve stress (38%)
 - It's normal/ part of the culture (17%)
 - They like the way it makes them feel (12%)
 - Social expectations (10%)

Figure 40. Trend and geographic variation in percentage of Henry County adults who were current drinkers (drank alcohol at least once in the past month)

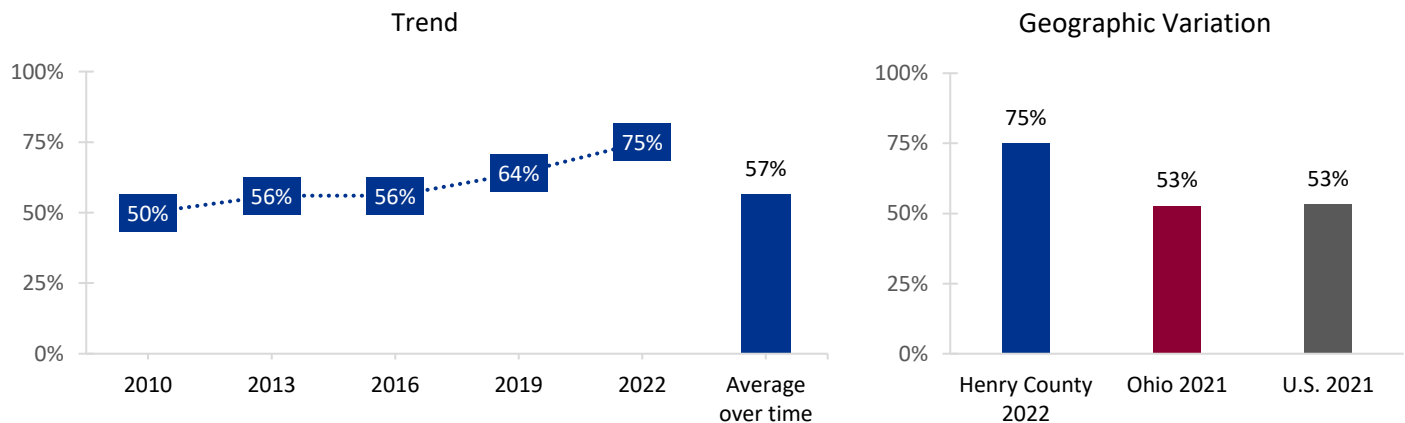


Figure 41. Variation in percentage of Henry County adults who were current drinkers (drank alcohol at least once in the past month)

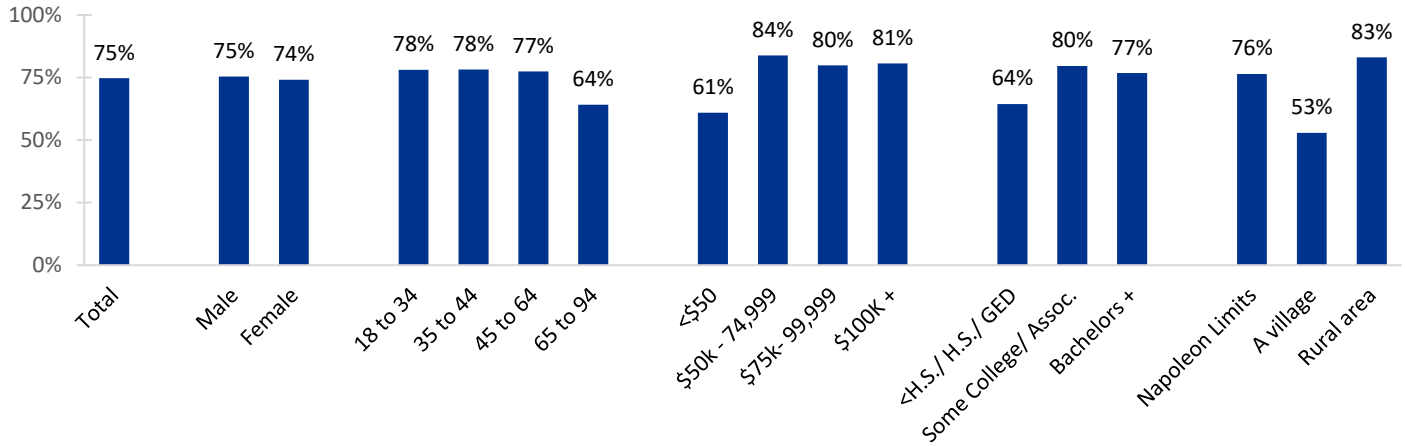
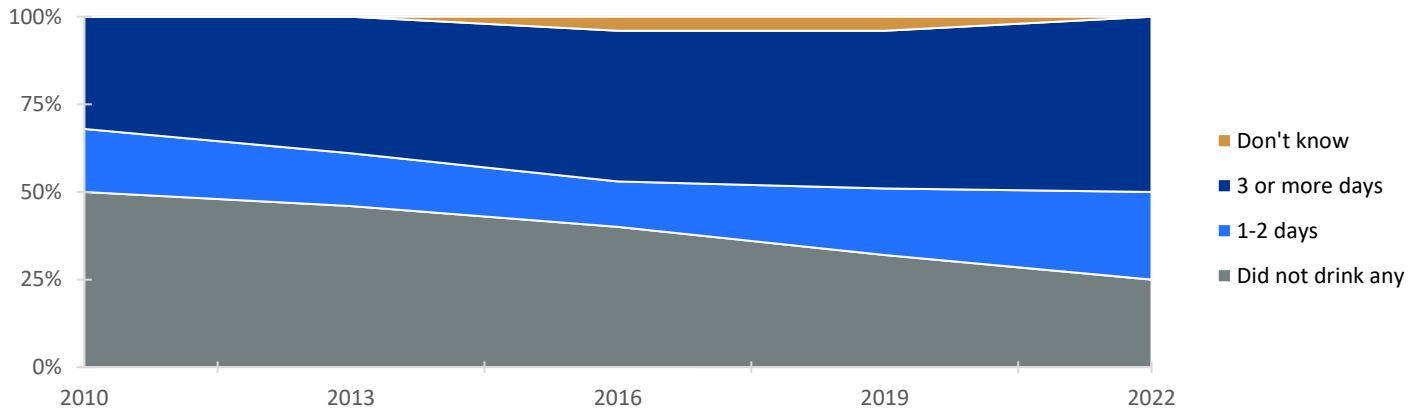


Figure 42. Trend in Henry County adults' average number of days drinking alcohol in the past month, 2010-2022



NUMBER OF DRINKS PER OCCASION

- Of those who drank, Henry County adults drank 3.0 drinks on average per occasion.
- Three-in-ten (30%) of Henry County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. The share of binge drinking adults in 2022 was slightly higher than the average share (from 2010 through 2019) of 23% (see Figure 43).
- The state and national share of binge drinking adults who was similar (17% and 15%, respectively) and lower compared to Henry County adults (30%) (see Figure 41).
- Henry County adults had higher shares reporting binge drinking if they were:
 - Male (36%) compared to female (23%)
 - Were aged 35 to 44 (36%)
 - Had an annual household income greater than \$100,000 (38%)
 - Had achieved some college education or an associate degree (32%)
 - Lived in a rural area of the county (35%)

Figure 43. Trend and geographic variation in percentage of Henry County adults who were binge drinkers

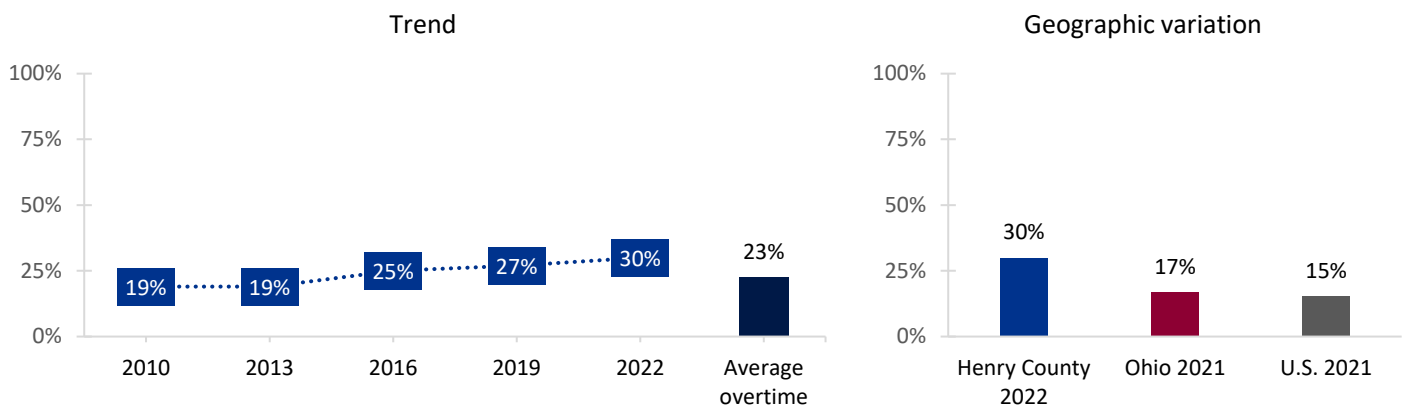
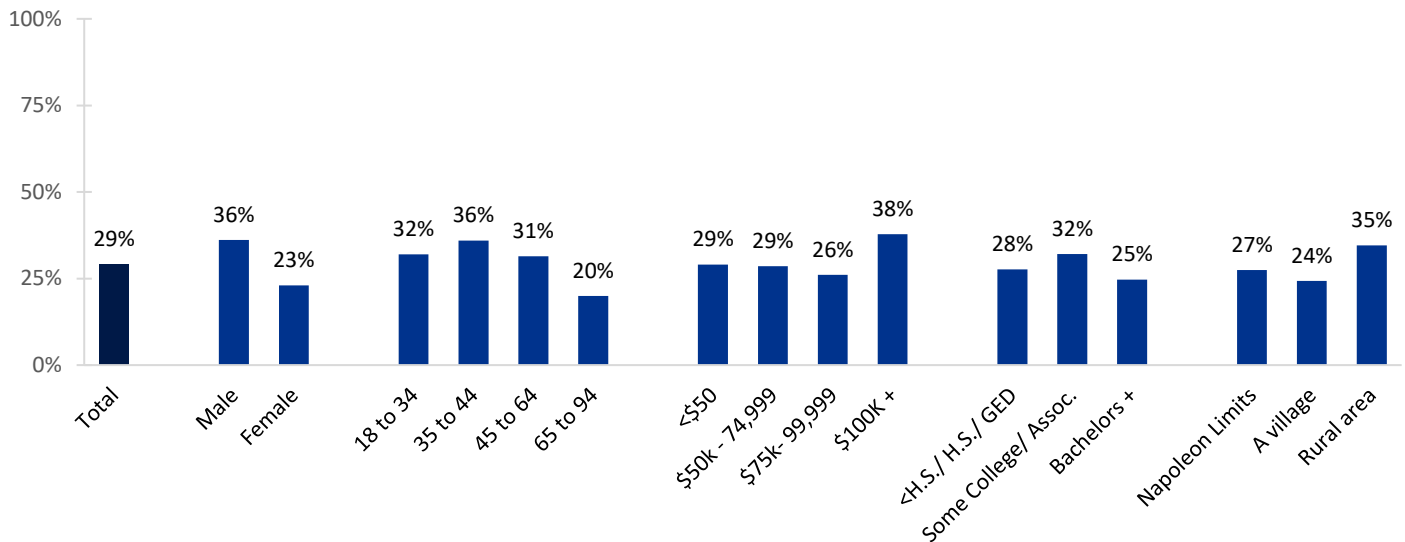


Figure 44. Variation in percentage of Henry County adults who were binge drinkers



DRUG USE

ADULT MARIJUANA USE

According to the National Survey on Drug Use and Health (NSDUH) marijuana is the most commonly used *federally illegal* drug in the U.S. (Center for Behavioral Health Statistics and Quality, 2020). Memory, learning, attention, decision-making, coordination, emotion, and reaction time are all effected by marijuana usage (Filby et al, 2014; Meier et al, 2012). The past Henry County Adult Community Health Surveys asked if respondents had smoked marijuana in the past 6 months. While consistently asking the question in the same manner provided for a Henry County specific trend, it did not provide for a state or national comparison in which to provide a benchmark. Therefore, in 2022 the questions were asked to align with the NSDUH to provide county, state, and national comparisons.

- Forty-five percent (45%) of Henry County adults had ever (even just once) used marijuana or hashish in their lifetime (see Figure 45).
- Thirteen percent (13%) of Henry County adults had used marijuana or hashish in the past year (see Figure 45). The share of adults who had used marijuana in the past year was slightly higher in Ohio (16%) and the United States (17%).
- Henry County adults were asked about the last time they used marijuana or hashish. More specifically, they were asked “...was it for medical reasons to treat or decrease symptoms of a health condition or was it for non-medical reasons to get pleasure or satisfaction?” Adults could report using for medical reasons only, using for non-medical reasons only, or using for both medical and nonmedical reasons.
 - Among those who had ever used marijuana, nearly nine-in-ten (88%) reported using (at least in part) for non-medical purposes. Conversely, 30% reported using (at least in part) for medical purposes.

Figure 45. Distribution of Henry County adult marijuana usage, 2022

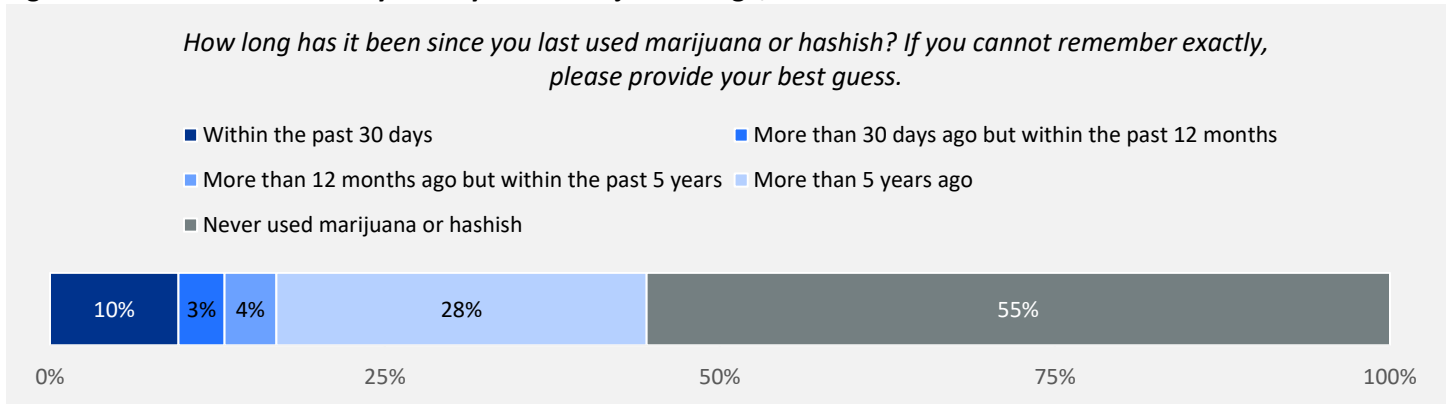
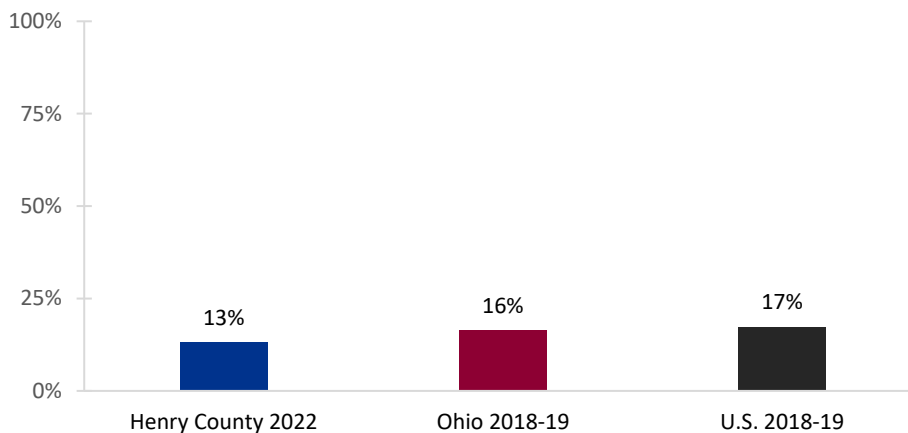


Figure 46. Geographic variation in marijuana use in the past year among adults



Source: Data for Ohio and the United States come from the 2018-19 NSDUH at [NSDUH State Estimates \(samhsa.gov\)](https://www.samhsa.gov/2k19/state-estimates)

ADULT PRESCRIPTION PAIN RELIEVER USE

In the 2022 CHSA adults were asked a series of four questions regarding their personal use of prescription pain medications. As with the question on marijuana use, the questions on prescription pain reliever were modified to be in line with those asked in the NSDUH allowing for national comparisons. Generally, these prescription drugs belong to the opioid class because they are naturally found in the opium poppy plant. Common prescription opioids include hydrocodone (Vicodin®) oxycodone (OxyContin®, Percocet®); oxymorphone (Opana®); morphine (Kadian®, Avinza®); codeine; and fentanyl. These drugs are highly addictive and deaths from overdoses are common. More information can be found on the NIH: National Institute on Drug Abuse website and in the article [Prescription Opioids DrugFacts](#). Another common opioid is heroin, which is never prescribed in the United States.

When asked about prescription pain reliever usage, respondents were directed as follows:

These next questions are about any use of prescription pain relievers. Please do not include "over-the-counter" pain relievers such as aspirin, Tylenol, Advil, or Aleve.

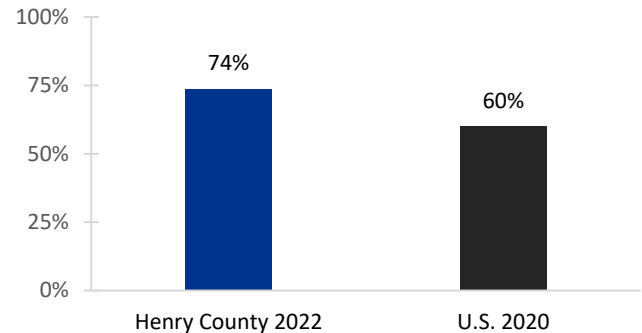
- Nearly three-fourths (74%) of Henry County adults had ever used prescription pain relievers compared to 60% of all adults in the United States (see Figure 47).
- One-quarter (25%) of Henry County adults had used prescription pain relievers in the past 12 months (see Figure 48).

When asked about prescription pain reliever usage in a way not prescribed, respondents were directed as follows:

The next question asks about using prescription pain relievers in any way a doctor did not direct you to use them. When you answer this question, please think only about your use of the drug in any way a doctor did not direct you to use it, including:

- ❖ *Using it without a prescription of your own*
- ❖ *Using it in greater amounts, more often, or longer than you were told to take it*
- ❖ *Using it in **any other way** a doctor did not direct you to use it.*
- Thirteen percent (13%) reported having used them in a way a doctor did not direct them, which is slightly higher than the national average of 10% (see Figure 49).
- When asked why they used prescription pain relievers in a way not prescribed, overwhelmingly Henry County adults said it was to relieve physical pain (81%).

Figure 47. Geographic variation in the percentage of adults to have ever used a prescription pain reliever



Source: HCHD estimates of the NSDUH 2020

Figure 48. Percentage of Henry County adults to have used prescription pain relievers in the past 12 months, 2022

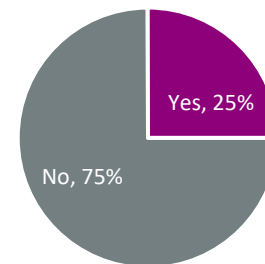
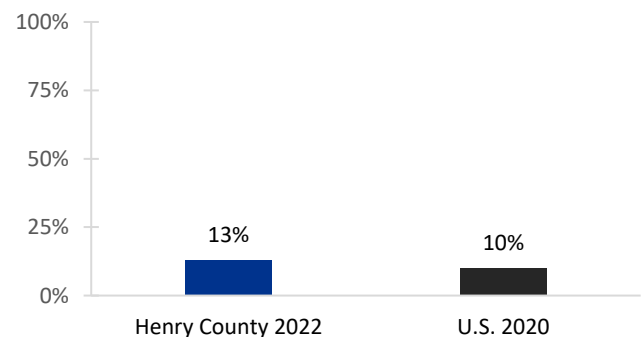


Figure 49. Geographic variation in the percentage of adults to have ever used a prescription pain reliever in a way not directed by a doctor



Source: HCHD estimates of the NSDUH 2020

ADULT PRESCRIPTION STIMULANT USE

Stimulants are a class of drugs that speed up the body's systems. They can result in a person feeling more alert, awake, energetic, or confident (Brands, Sproule & Marchman, 1998). Prescription stimulants are used to treat attention deficit disorders, narcolepsy (uncontrollable episodes of deep sleep), and to aide in losing weight. Commons examples include Adderall®, Ritalin®, Dexedrine®, and Concerta®. Nonprescription stimulants are widely available and include caffeine, nicotine, Dexatrim®, No-Doz®, Hydroxycut®, 5-Hour Energy®, amphetamines, and cocaine. High does can result in over-stimulation with symptoms such as anxiety, panic, seizures, headaches, stomach cramps, aggression, and paranoia. While dangerous alone, pairing a stimulant with other drugs can increase the risk of adverse effects. This pairing is referred to as [polydrug use](#). For information on stimulants, please see the National Institute on Drug Abuse publication [Prescription Stimulants DrugFacts](#).

When asked about prescription stimulant usage, respondents were directed as follows:

These next questions are about any use of prescription stimulants. Please do not include "over-the-counter" stimulants such as Dexatrim®, No-Doz®, Hydroxycut®, 5-Hour Energy®.

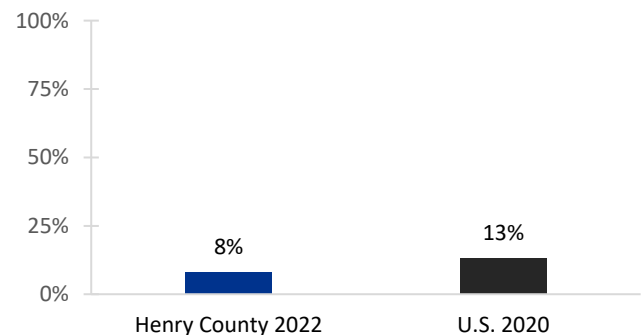
- Seven percent (8%) of Henry County adults had ever used prescription stimulants compared to 13% of all adults in the United States (see Figure 50).

Other follow-up questions were asked, but too few respondents answered to provide statistics on use within the past year or reason why they had used stimulants in the past year.

ADULTS DRIVING UNDER THE INFLUENCE OF DRUGS

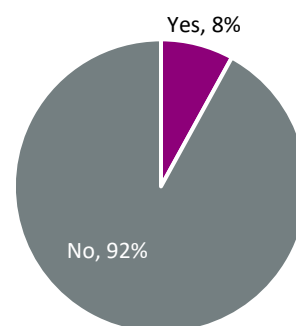
- Eight percent (8%) of Henry County adults reported driving under the influence of drugs in the past month.
- Most often, they reported driving a motor-vehicle, however some reported driving a snowmobile, motorcycle, farm machinery, gator or utility vehicle, or some other vehicle.

Figure 50. Geographic variation in the percentage of adults to have ever used a prescription stimulant



Source: HCHD estimates of the NSDUH 2020

Figure 51. Percentage of Henry County adults to have driven a motor vehicle while under the influence of prescription or non-prescription drugs during the past month, 2022



SEXUAL BEHAVIOR

- Eight-seven percent (87%) of respondents reported being sexually active.
 - Of those who were sexually active and in different-sex relationships, 43% reported they or their partner did something to prevent pregnancy the last time they had sexual intercourse.
- Eight percent (8%) of Henry County adults reported they had ever been forced or coerced into participating in some kind of sexual activity when they did not want to.

Figure 52. Percentage of Henry County adults who report being sexually active, 2022

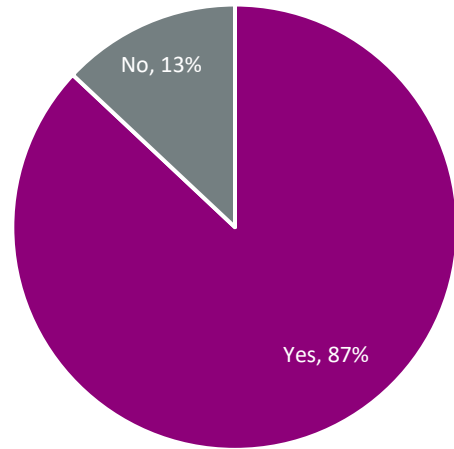
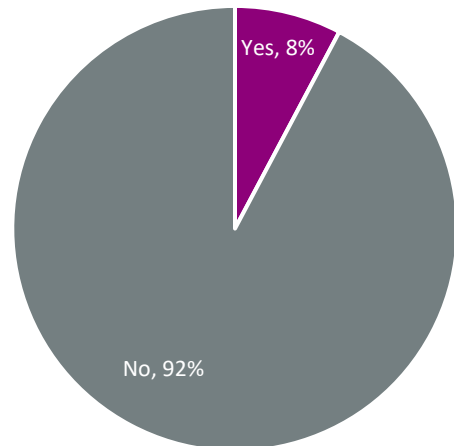


Figure 53. Percentage of Henry County adults who report ever being force or coerced into sexual activity, 2022



MENTAL HEALTH

Henry County adults were asked a series of four questions regarding their mental health in the last two weeks. More specifically, they were asked how often they had been bothered by the following?

- ❖ *Had little interest or pleasure in doing things*
- ❖ *Felt down, depressed, or hopeless*
- ❖ *Felt nervous, anxious, or on edge*
- ❖ *Had high or very high stress levels*

Distributions of their responses can be viewed in Figure 52.

- Overall, in the last two weeks, Henry County adults reported they had been bothered by the following: had high or very high stress levels (50%); felt nervous, anxious or on edge (45%); had little interest or pleasure in doing things (36%); or felt down, depressed or hopeless (34%).
- Each measure had higher shares of adults being bothered in 2022 than they had in 2019 (see Table 13).

Figure 54. Distribution of Henry County adults reports on frequency of being bothered in the past 2 weeks, 2022

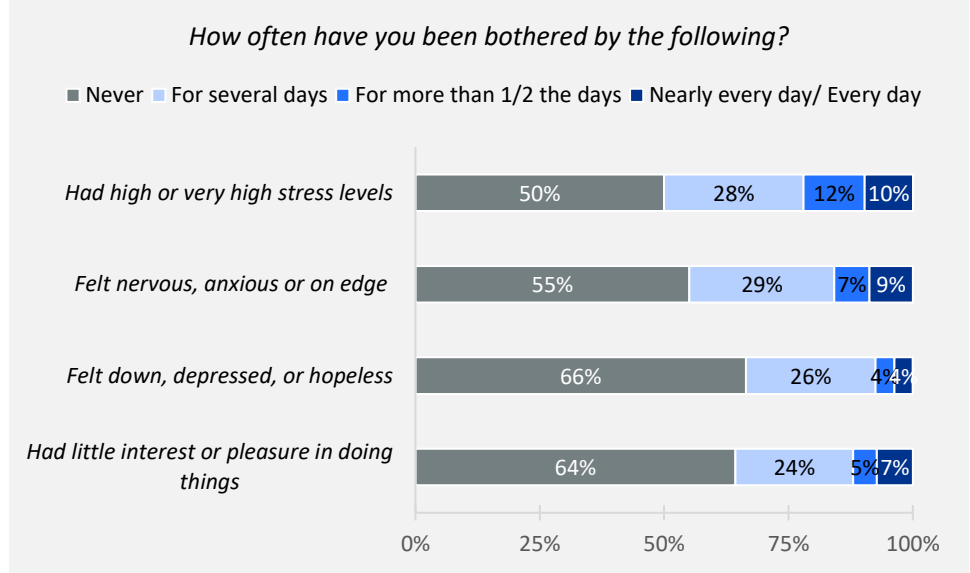


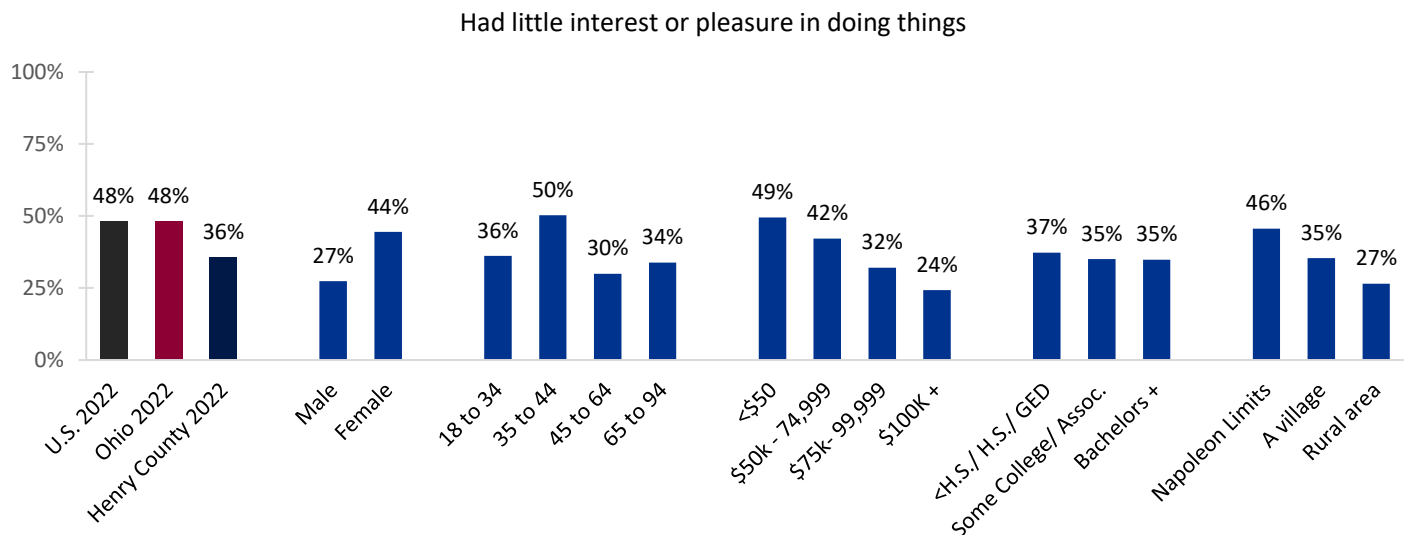
Table 13. Henry County adults’ reports of frequency of being bothered in the past 2 weeks

| | 2019 | 2022 | Trend |
|---|------|------|-------|
| Had high or very high stress levels | 36% | 50% | ↑ |
| Felt nervous, anxious or on edge | 37% | 45% | ↑ |
| Had little interest or pleasure in doing things | 30% | 36% | ↑ |
| Felt down, depressed, or hopeless | 31% | 34% | ↑ |

HAD LITTLE INTEREST OR PLEASURE IN DOING THINGS

- The state and national shares who reported they had little interest or pleasure in doing things in the past two weeks was approaching half (48%) and higher than the share among Henry County residents (36%).
- The share of females (44%) who reported they had little interest or pleasure in doing things for at least several days was higher than the share among males (27%).
- Regarding age variation in the share who reported they had little interest or pleasure in doing things for at least several days the highest share was reported among those aged 35 to 44 (50%), followed by those aged 18 to 34 (36%). About one-third (34%) of those aged 65 to 94 reported little interest or pleasure in doing things and 30% of those aged 45 to 64 reported as such.
- As annual household income increased the share who reported they had little interest or pleasure in doing things for at least several days decreased. Nearing half (49%) of those with an annual household income less than \$50,000 had little interest or pleasure in doing things compared to slightly less than one-quarter (24%) among those in the highest annual household income group.
- There was little variation by educational attainment.
- The largest percentage of Henry County residents who reported they had little interest or pleasure in doing things for at least several days lived in Napoleon city limits (46%), whereas the lowest percentage was among those who lived in rural areas of the county (27%).

Figure 55. Variation in the percentage of adults who reported they had little interest or pleasure in doing things for at least several days in the past two weeks

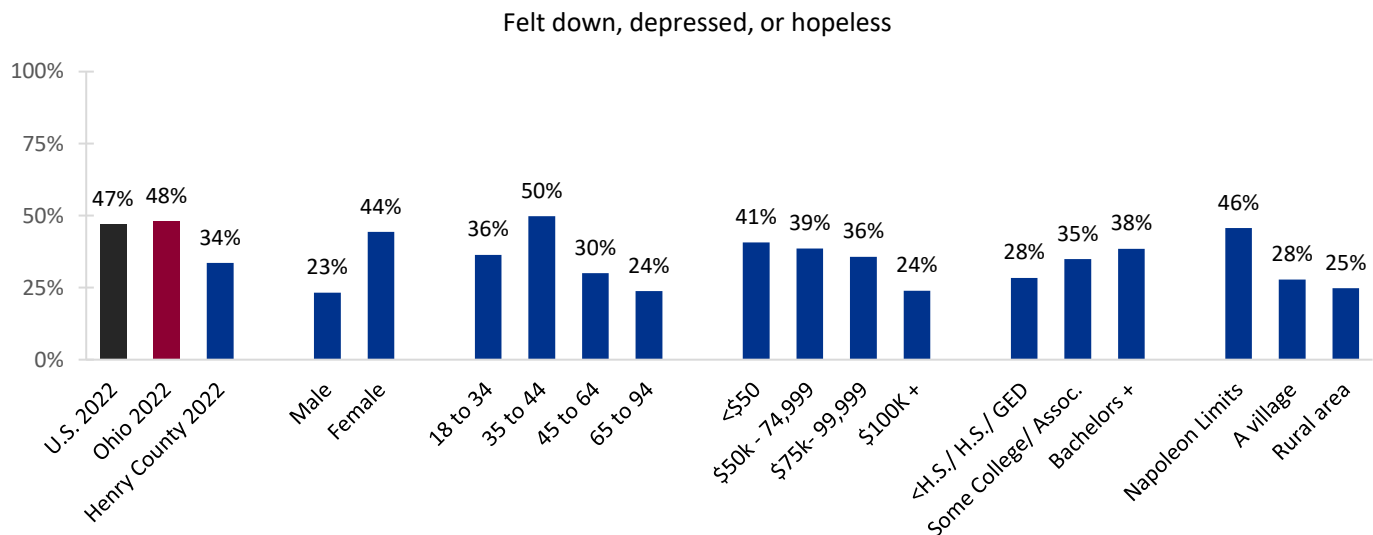


Data Source: State and National estimates came from week 48 of (collected July 27 – August 8) the U.S. Census Bureau’s Household Pulse Survey

FELT DOWN, DEPRESSED, OR HOPELESS

- The state and national shares who reported they felt down, depressed or hopeless in the past two weeks was approaching half (48% and 47%, respectively) and higher than the share among Henry County residents (34%).
- The share of females (44%) who reported they felt down, depressed, or hopeless for at least several days was higher than the share among males (23%).
- Regarding age variation in the share who reported they felt down, depressed, or hopeless for at least several days the highest share was reported among those aged 35 to 44 (50%), followed by those aged 18 to 34 (36%). The smallest share was among those age 65 to 94 at 24%.
- As annual household income increased the share who reported they felt down, depressed, or hopeless for at least several days decreased. Over two-fifths (41%) of those with an annual household income less than \$50,000 had felt down, depressed, or hopeless compared to about one-quarter (24%) among those in the highest annual household income group.
- As educational attainment increased so too did the share who reported they felt down, depressed, or hopeless in the past two weeks. Twenty-eight percent (28%) of those with a high school education or less felt down, depressed, or hopeless compared to 35% of those with some college/ an associate degree and 38% among those with at least a bachelor's degree.
- The largest percentage of Henry County residents to who reported they felt down, depressed, or hopeless for at least several days lived in Napoleon city limits (46%), whereas only 25% of those who lived in a Henry County village or a rural area of the county reported as such.

Figure 56. Variation in the percentage of adults who reported they felt down, depressed, or hopeless for at least several days in the past two weeks

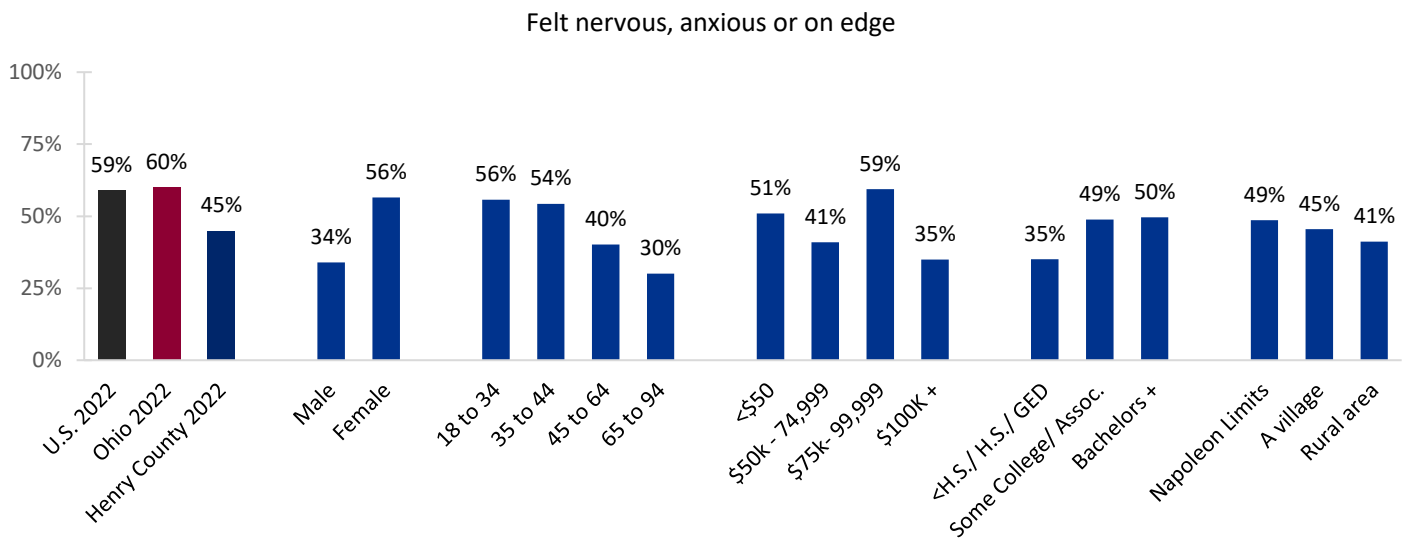


Data Source: State and National estimates came from week 48 of (collected July 27 – August 8) the U.S. Census Bureau's Household Pulse Survey

FELT NERVOUS, ANXIOUS OR ON EDGE

- The state and national shares who reported they felt nervous, anxious or on edge in the past two weeks was about three-fifths (60% and 59%, respectively) and higher than the share among Henry County residents (45%).
- The share of females (56%) who reported they felt nervous, anxious or on edge for at least several days was higher than the share among males (34%).
- As age increased the share who reported they felt nervous, anxious or on edge for at least several days decreased, ranging from a high of 56% among those aged 18 to 34 to a low of 30% among those aged 65 to 94.
- There was quite a bit of variation in the share who reported they felt nervous, anxious or on edge for at least several days decreased. The highest share (59%) was among those with household incomes of \$75,000 to \$99,999 a year. The lowest share was among those who had annual household incomes of \$100,000 a year at 35%.
- The smallest share who reported they felt nervous, anxious or on edge in the past two weeks was among those with a high school education or less at 35%. About half of those with some college/ an associate degree (49%) or with at least a bachelor’s degree (50%) felt nervous, anxious or on edge in the past two weeks.
- The largest percentage of Henry County residents to who reported they felt nervous, anxious or on edge for at least several days lived in Napoleon city limits (49%), whereas 45% of those who lived in a Henry County village and 41% of those living in a rural area of the county reported as such.

Figure 57. Variation in the percentage of adults who reported they felt nervous, anxious or on edge for at least several days in the past two weeks

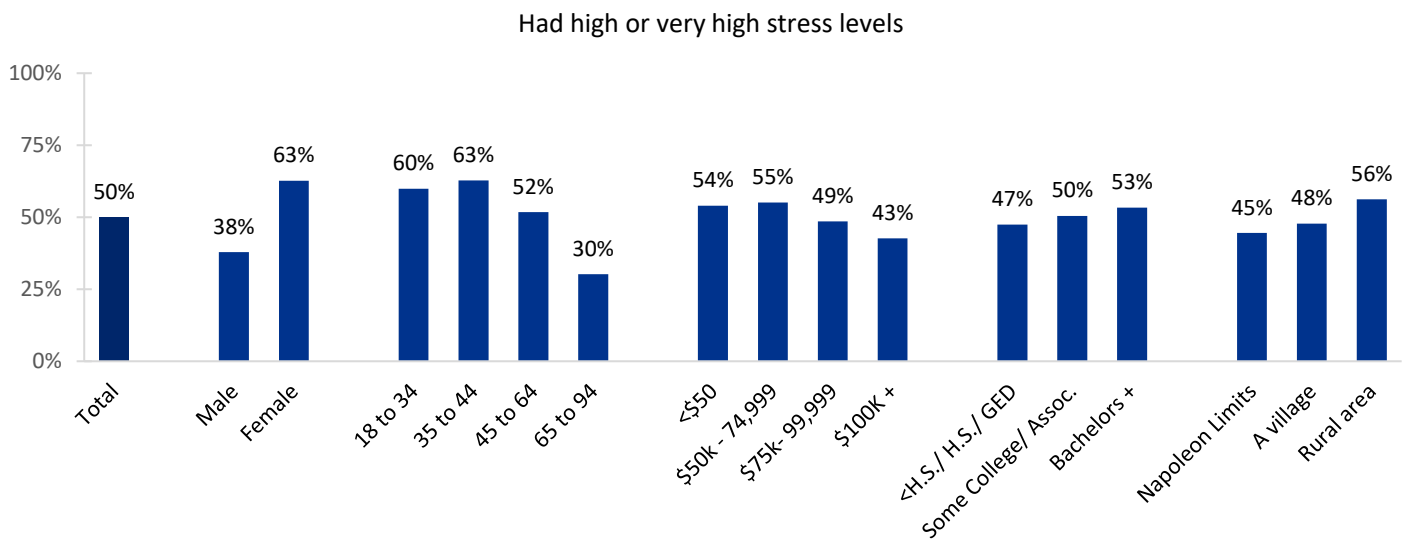


Data Source: State and National estimates came from week 48 of (collected July 27 – August 8) the U.S. Census Bureau’s Household Pulse Survey

HAD HIGH OR VERY HIGH STRESS LEVELS

- The share of females (63%) who reported they had high or very high stress levels for at least several days was higher than the share among males (38%).
- As age increased the share who reported they had high or very high stress levels for at least several days decreased, ranging from a high of 63% to a low of 30% among those aged 65 to 94.
- As annual household income increased the share who reported they had high or very high stress levels for at least several days decreased ranging from a high of 55% to a low of 43%.
- The smallest share who reported they had high or very high stress levels in the past two weeks was among those with a high school education or less at 47%. Half (50%) of those with some college/ an associate degree or with at least a bachelor’s degree (53%) had high or very high stress levels in the past two weeks.
- The largest percentage of Henry County residents to who reported they had high or very high stress levels for at least several days were those who lived in in a rural area of Henry County (56%), whereas 48% of those who lived in a Henry County village and 45% of those living in the Napoleon city limits reported as such.

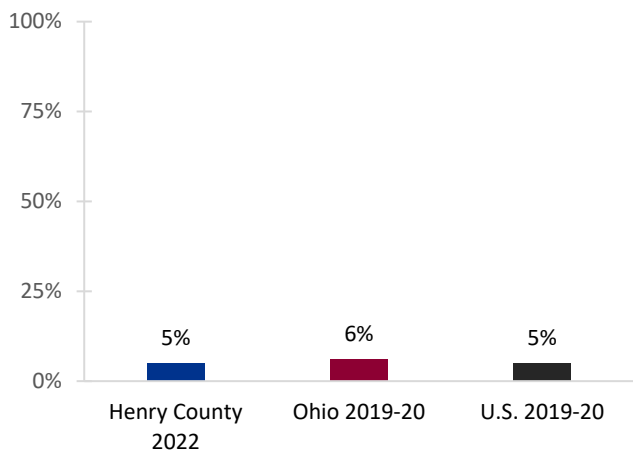
Figure 58. Variation in the percentage of adults who reported they had high or very high stress levels for at least several days in the past two weeks



SUICIDALITY

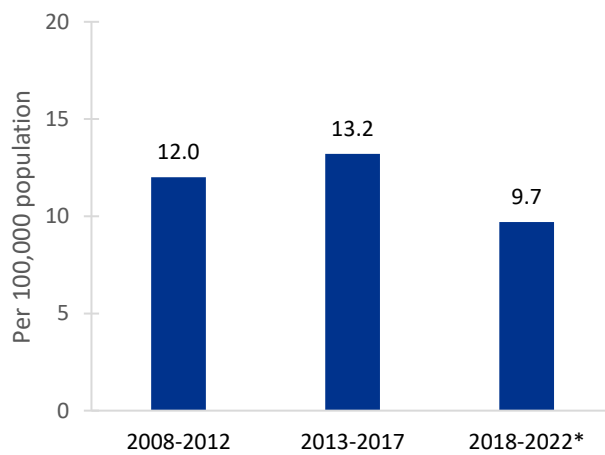
- Five percent (5%) of Henry County adults considered attempting suicide in the past year. This share is about the same as the share of adults in Ohio (6%) and in the United States (5%).
- Two respondents reported they had attempted suicide in the past year.
- The 2020 age-adjusted suicide rate for the United States was 13.5 per 100,000 individuals and 13.8 per 100,000 Ohioans (CDC Web-based Injury Statistics Query and Reporting System, 2020).
- County level data are not available via WISQARS but are available for Henry County via the Ohio Department of Health. Because Henry County is small these rates are reported as 5-year averages. Figure 60 indicates that rates for Henry County had increased slightly but appears to have come down a bit in the most recent timeframe (9.7). Note, however, the data for the years 2021 and 2022 are preliminary and the five-year average for 2018-2022 is subject to change

Figure 59. Geographic variation in the share of adults reporting to have serious thoughts of suicide in the past year



Source: HCHD estimates of the NSDUH 2019-20

Figure 60. Trend in age-adjusted 5-year suicide rates for Henry County



Source: Ohio Department of Health, retrieved January 5, 2023

Note: This calculation is made among suicides that **occurred** in Henry County among Ohio residents

* Data for the years 2021 and 2022 are preliminary

CAUSES OF ANXIETY, STRESS, OR DEPRESSION

- Henry County adults indicated the following caused them anxiety, stress, or depression (see Table 14). In 2022, job stress was the number one reported cause of anxiety, stress, or depression with one-third (33%) of adults reporting as such up from 28% in 2019.

Table 14. Causes of anxiety, stress, or depression

| | 2019 | 2022 | Trend |
|--|------|------|-------|
| Job stress | 28% | 32% | ↑ |
| Financial stress | 34% | 26% | ↓ |
| Raising/ Caring for children | 20% | 23% | ↑ |
| Marital/ Dating relationships | 12% | 15% | ↑ |
| Death of close family member or friend | 18% | 14% | ↓ |
| Family member is sick | 20% | 14% | ↓ |
| Poverty/ No money | 16% | 12% | ↓ |
| Other stress at home | 14% | 11% | ↓ |
| Fighting in the home | 12% | 9% | ↓ |
| Social media | 2% | 8% | ↑ |
| Family member with a mental illness | 2% | 7% | ↑ |
| Caring for parent | 6% | 7% | ↑ |
| Other causes | 7% | 10% | ↑ |

- Henry County adults experienced the following in the past 12 months:
 - Death of a family member or close friend (38%)
 - A close family member had to go into the hospital (33%)
 - They were a caregiver (9%)
 - They had bills they could not pay (8%)
 - A decline in their own health (8%)
 - Someone close to them had a problem with drinking or drugs (7%)
 - Someone in their household lost their job or had their work hours reduced (7%)
 - They moved to a new address (6%)

DEALING WITH STRESS

- Respondents were asked... *Where do you get the social and emotional support you need?* Most often Henry County adults reported receiving support from *family* (64%). Over one-fifth (21%) of adults said they did not need support, or they could handle “it” [stress] themselves. One-tenth (10%) indicated they don’t get the support they need. The remaining adults indicated they got the social and emotional support they needed from the following in Table 15.

Table 15. Where adults get the social and emotional support, they need

| | 2019 | 2022 | Trend |
|----------------|------|------|-------|
| Family | 59% | 64% | ↑ |
| Friends | 54% | 52% | ↓ |
| God/ Prayer | 44% | 38% | ↓ |
| Church | 27% | 26% | ↓ |
| A professional | 5% | 6% | ↑ |
| Neighbors | 5% | 5% | = |
| Internet | 5% | 4% | ↓ |
| Community | 4% | 4% | = |

- Henry County adults reported they dealt with stress in a number of different ways. Most often—with 44% reporting as such—they reported they *either ate more or less than normal*. Table 16 shows all the ways in rank order.

Table 16. How adults deal with stress

| | 2019 | 2022 | Trend |
|-------------------------------------|------|------|-------|
| Either eat more or less than normal | 30% | 41% | ↑ |
| Talk to someone they trust | 44% | 39% | ↓ |
| Work on a hobby | 29% | 32% | ↑ |
| Listen to music | 24% | 31% | ↑ |
| Prayer/ Meditation | 44% | 29% | ↓ |
| Exercise | 33% | 26% | ↓ |
| Sleep | 20% | 22% | ↑ |
| Work | 19% | 18% | ↓ |
| Drink alcohol | 16% | 16% | = |
| Take it out on others | 8% | 9% | ↑ |
| Smoke tobacco | 4% | 7% | ↑ |
| Call a professional | 4% | 5% | ↑ |
| Other | 14% | 10% | ↓ |

- Nearly one-quarter (24%) of Henry County adults took prescription medication in the last 4 weeks to help with their emotions, concentration, behavior, or mental health.
- Six percent (6%) reported they received counselling or therapy in the last 4 weeks from a mental health professional such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker. However, 11% reported they needed counseling or therapy in the last 4 weeks but did not get it.
 - For reference, data from the NSDUH captures the share of adults with unmet need in the past **year** of which 8.4% of Ohioans and 7.4% of Americans reported in 2019-2020.

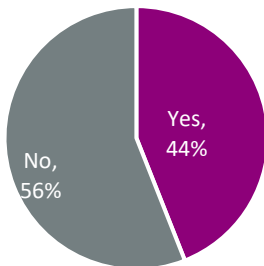
- Adults reported they would do the following if someone they knew was severely depressed, in crisis or suicidal:
 - Talk to them (78%)
 - Try to calm them down (51%)
 - Call a crisis line (41%)
 - Call 9-1-1 (26%)
 - Take them to the ER (22%)
 - Call a friend (17%)
 - Call your spiritual leader (15%)
 - Text crisis line (12%)

SLEEP

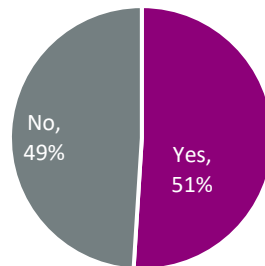
- Forty-four percent (44%) of adults reported they had trouble falling and staying asleep, 51% reported they wake up feeling rested and 14% reported they sleep too much.

Figure 61. Henry County adult reports on their sleep, 2022

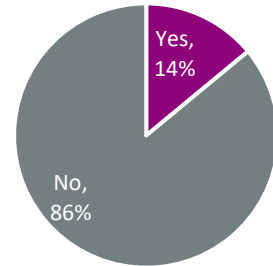
Trouble falling and staying asleep



Wake up feeling rested



Sleep too much



CHRONIC DISEASE

CARDIOVASCULAR HEALTH

HEART DISEASE AND STROKE

- Five percent (5%) of adults reported they had survived a heart attack or myocardial infarction.
- Five percent (5%) of Henry County adults reported they had angina, coronary heart disease, or congestive heart failure.

HIGH BLOOD PRESSURE (HYPERTENSION)

- Over one-third (35%) of adults had been diagnosed with high blood pressure. And additional 4% had been diagnosed as such, but only while pregnant. The average share (from 2010 through 2019) of all Henry County adults was slightly lower at 32% (see Figure 62).
- The state and national share of adults diagnosed with high blood pressure were similar (36% and 32%, respectively) compared to Henry County (35%).
- Higher shares of the following types of individuals had been diagnosed with high blood pressure:
 - Aged 65 or older (51%)
 - Those classified as underweight (46%) and obese (46%)
 - Males (41%)
 - Those without any college education (39%)
- Nearly one-in-ten (9%) of adults were told they were pre-hypertensive/ borderline high.
- One-third (33%) of adults are currently taking prescription medication for high blood pressure.
- Ninety percent (90%) of adults had their blood pressure checked within the past year.

Figure 62. Trend and geographic variation in percentage of Henry County adults diagnosed with high blood pressure

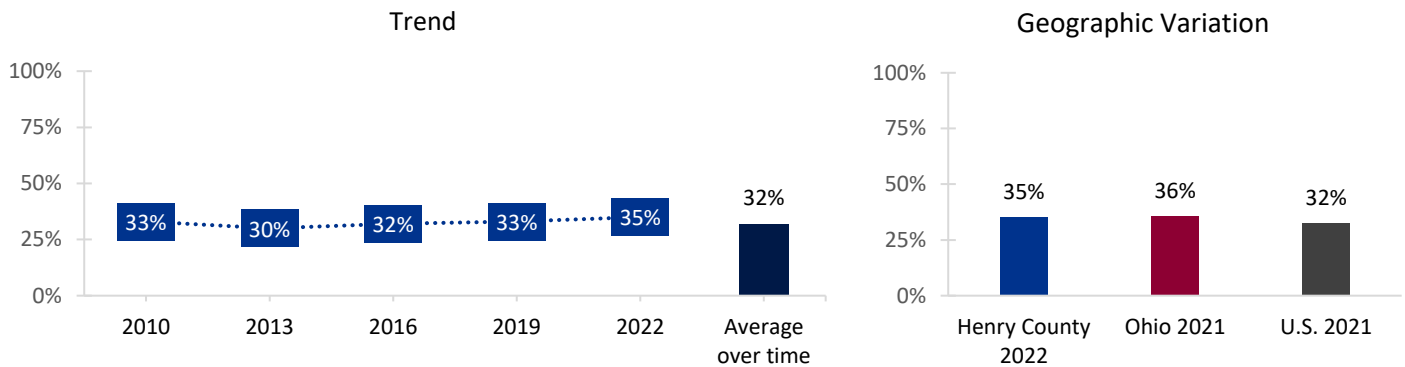
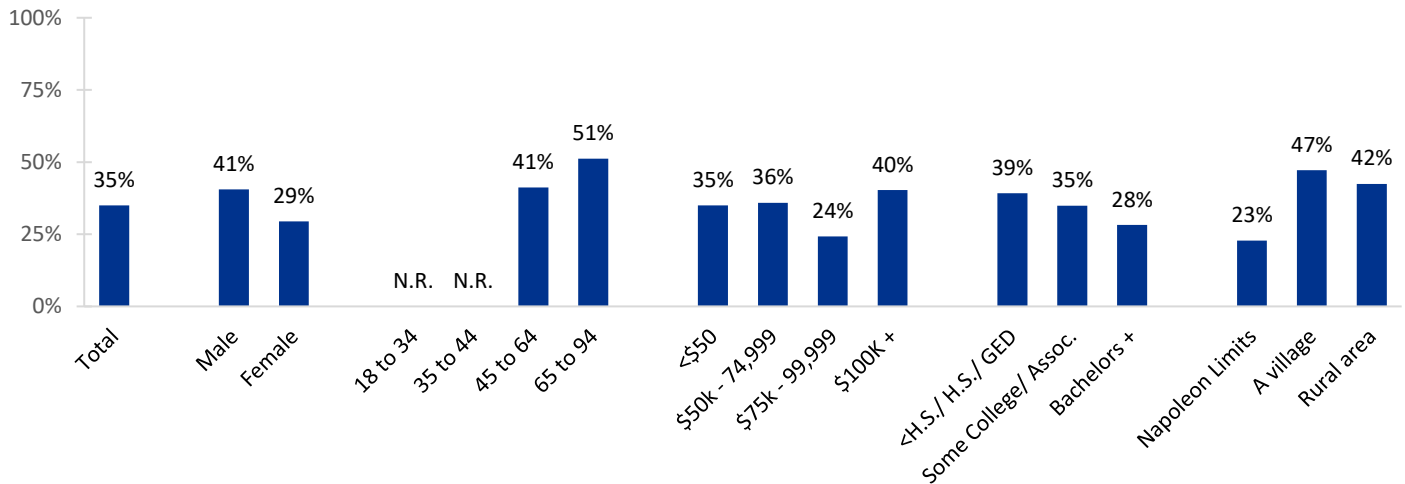


Figure 63. Variation in percentage of Henry County adults diagnosed with high blood pressure, 2022



HIGH BLOOD CHOLESTEROL

- Thirty-five percent (34%) of adults had been diagnosed with high blood cholesterol which is slightly higher than the average overtime of 31% (see Figure 64, Trend).
- The state and national share of adults diagnosed with high cholesterol were similar (36%) to Henry County (34%) (see Figure 62, Geographic Variation).
- Sixty-seven percent (66%) of adults had their blood cholesterol checked within the past year.
 - Among those who have had their blood cholesterol checked, 38% had been diagnosed with high blood pressure.
- Higher shares of the following types of individuals had been diagnosed with high blood pressure:
 - Those aged 65 or older (59%).
 - Those with an annual household income less than \$50,000 (43%) and those with an annual household income of at least \$100,000 (40%).
 - Those with a high school diploma or less (41%).
- Nearly one-quarter (24%) of adults are currently taking prescription medication for high blood cholesterol.

Figure 64. Trend and geographic variation in percentage of Henry County adults diagnosed with high blood cholesterol

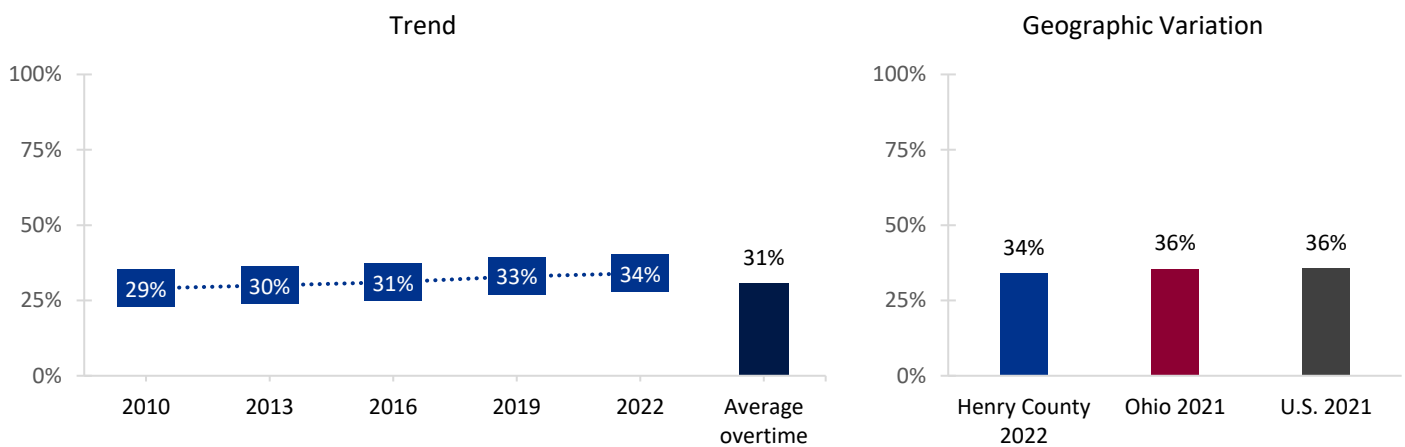
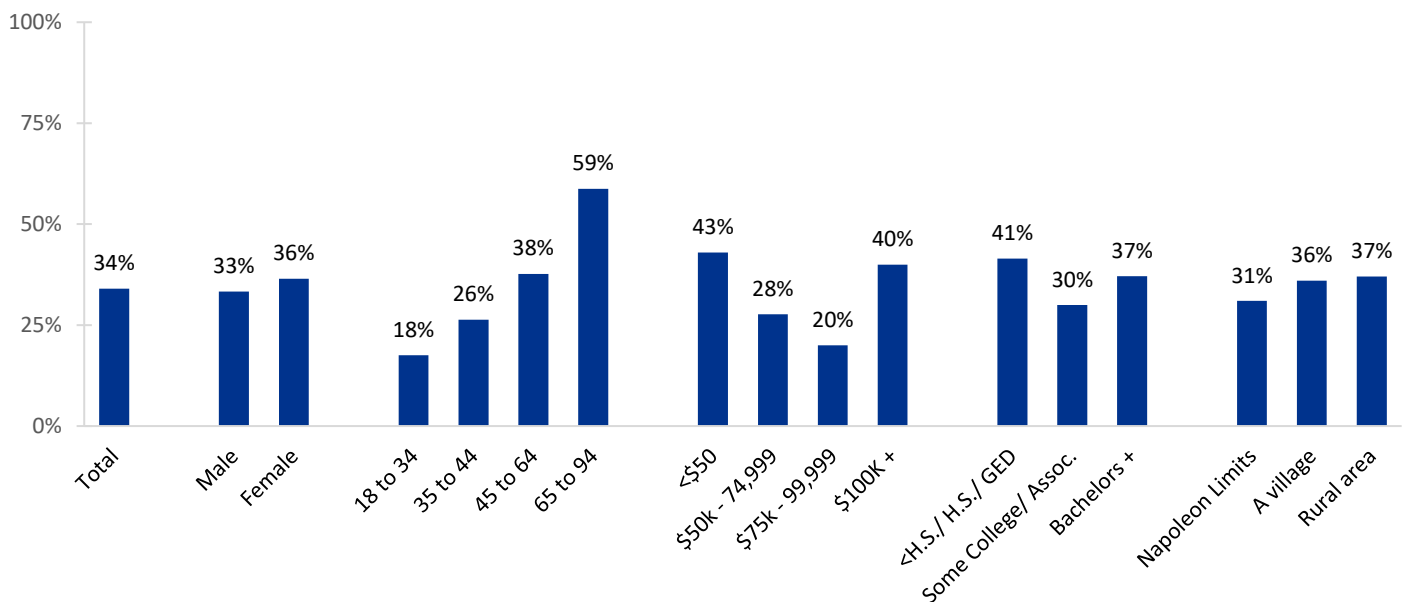


Figure 65. Variation in Henry County adults diagnosed with high blood cholesterol, 2022



CANCER

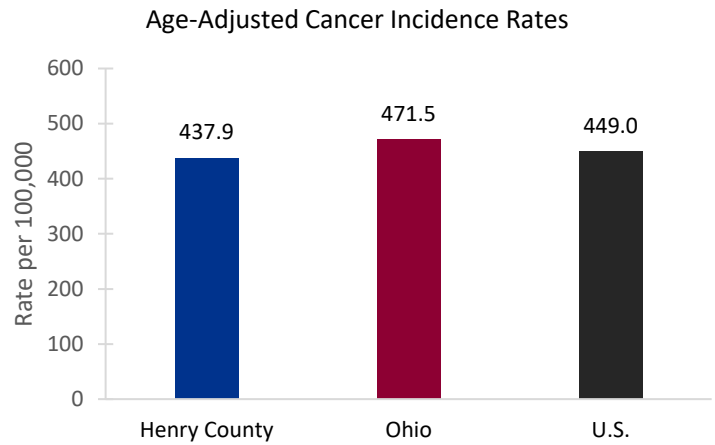
NEW CASES (INCIDENCE)

Data from the National Cancer Institute and the Ohio Cancer Incidence Surveillance System reports the age-adjusted cancer incident rate for all cancers declined in Ohio from 488.4 per 100,000 in 1999 to 468.0 per 100,000 in 2019 (significant difference, $p < .05$) (not shown). The overall trend in the United States was one of decline as well going from 481.2 per 100,000 in 1999 to 438.6 per 100,000 in 2019 (significant difference, $p < .05$) (not shown).

Because Henry County has such a small population, cancer incidence rates are reported over 5-year periods with the most recent available for the period 2015-2019.

- We see in Figure 66 that the incident rate in Henry County was 437.9 per 100,000 people which was lower than Ohio’s five-year incident rate of 471.5 and the U.S. five-year incident rate of 449.0.
- These data also indicate the incidence rate in Henry County was higher among males (476.5) compared to females (407.0). The incident rate among non-Hispanic Whites was higher (437.4) than among Hispanics (409.8).

Figure 66. Geographic variation in the average annual age-adjusted cancer incidence rates, 2015-2019



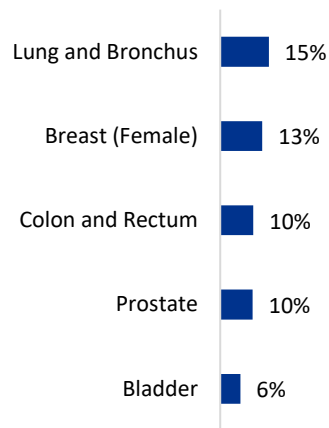
Sources: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2022; U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute

TOP FIVE CANCERS BY PERCENTAGE OF NEW CANCER CASES

The Ohio Department of Health also provides lists of the top five most diagnosed cancers in Henry County for the years 2014-2018.

- They were cancer of the lung and bronchus (15%), breast (female) (13%), colon and rectum (10%), prostate (10%), and bladder (6%).
- Data from 2015-2019 indicate the incident rate for lung and bronchus cancer for Henry County was 63.6 per 100,000 people which was lower than the state rate of 66.7 but higher than the national incident rate of 56.0.
- The incident rate for female breast cancer in Henry County was 120.4 per 100,000 people which was lower than the state rate of 130.6 and the national rate of 128.0.
- The incident rate for colon and rectum cancer in Henry County was 42.0 per 100,000 which was higher than the state rate of 40.5 and national rate of 38.0.
- The incident rate for prostate cancer in Henry County was 102.3 per 100,000 which was lower than the state rate of 112.5 and national rate of 110.0.

Figure 67. Percentage of New Invasive Cancer Cases by Site/ Type in Henry County, 2014-2018



Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2021.

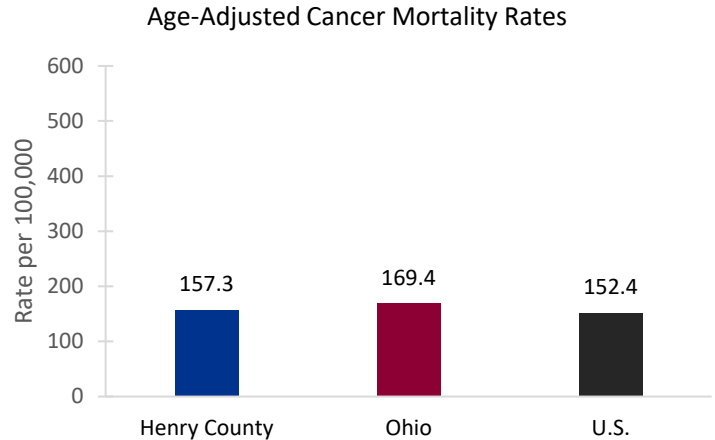
DEATHS (MORTALITY)

The National Cancer Institute and the Ohio Cancer Incidence Surveillance System also provides data on the age-adjusted cancer mortality rate for all cancers. In Ohio the annual rates of cancer deaths declined from 215.1 per 100,000 in 1999 to 162.8 per 100,000 in 2019 (significant difference, $p < .05$). The overall trend in the United States was one of decline as well going from 200.7 per 100,000 in 1999 to 146.0 per 100,000 in 2019 (significant difference, $p < .05$).

Again, because Henry County has such a small population, cancer mortality rates are reported over 5-year periods with the most recent available for the period of 2015-2019.

- We see in Figure 68 that the cancer mortality rate in Henry County was 157.3 per 100,000 people which was lower than Ohio's five-year mortality rate of 169.4 but higher than the U.S. five-year mortality rate of 152.4.
- These data also indicate the cancer mortality rate in Henry County was higher among males (201.7) compared to females (119.8).

Figure 68. Geographic variation in the average annual age-adjusted cancer mortality rates, 2015-2019



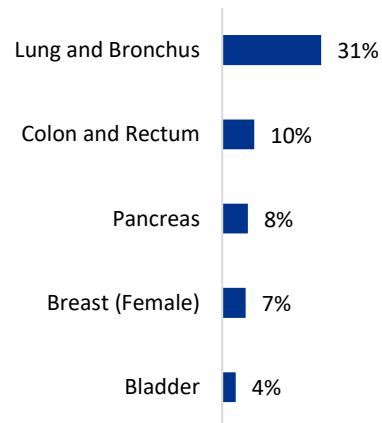
Sources: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2022

TOP FIVE CANCERS BY PERCENTAGE OF NEW CANCER DEATHS

The Ohio Department of Health also provides lists of the top five most deadly cancers in Henry County for the years 2014-2018.

- They were cancer of the lung and bronchus (31%), colon and rectum (10%), pancreas (8%), breast (female) (7%), and bladder (4%).
- Data from 2015-2019 indicate the mortality rate for lung and bronchus cancer for Henry County was 46.8 per 100,000 people which was higher than the state rate of 45.0 and the national rate of 36.7.
- The mortality rate for female breast cancer in Henry County was 23.1 per 100,000 people which was higher than the state rate of 21.6 and the national rate of 19.9.
- The mortality rate for colon and rectum cancer in Henry County was 15.8 per 100,000 which was higher than the state rate of 14.8 and national rate of 13.4.
- The mortality rate for prostate cancer in Henry County was 12.8 per 100,000 which was lower than the state rate of 19.4 and national rate of 18.9.

Figure 69. Percentage of Cancer Deaths by Site/ Type in Henry County, 2014-2018



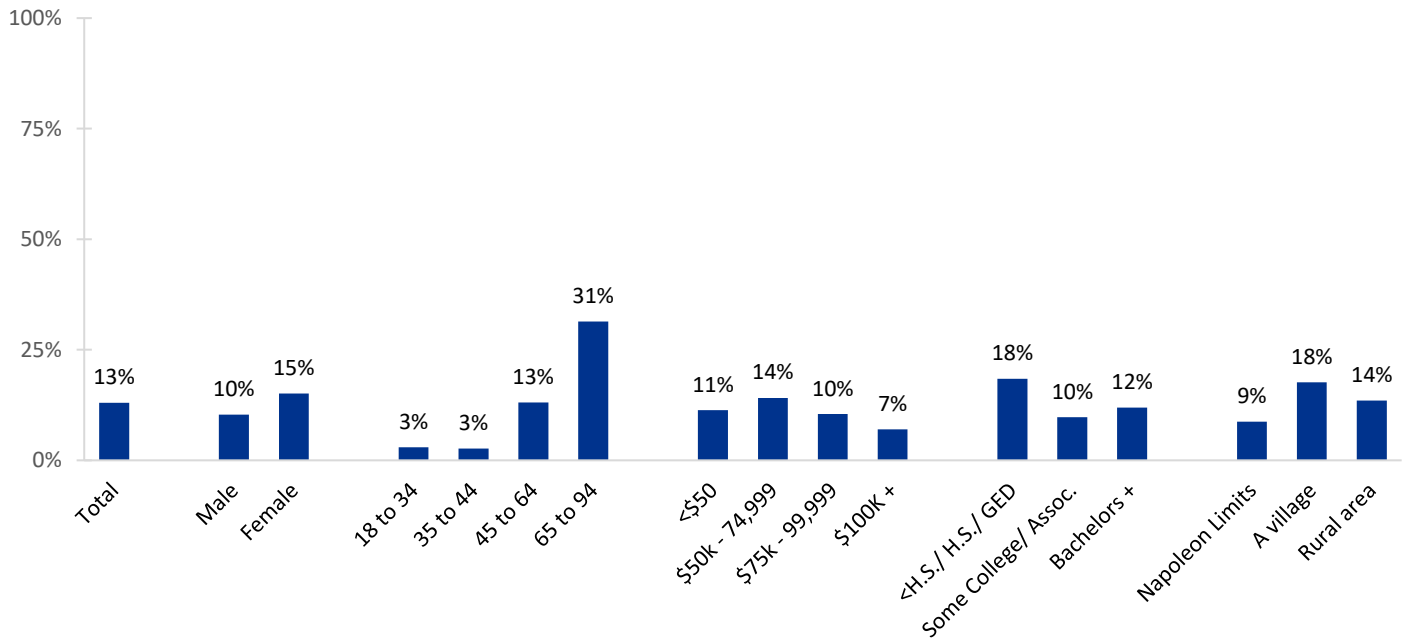
Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health, 2021

PREVALENCE

As of 2022, thirteen percent (13%) of Henry County adults reported they had been diagnosed with cancer at some point in their lives compared to 12% in 2019.

- The share ever receiving a cancer diagnosis increased to 15% among females, 31% among those aged 65 and older, 18% among those with a high school diploma or less, and 18% among those living in the limits of a Henry County village (see Figure 70).
- Of those diagnosed with cancer, they reported the following types (ordered from most frequently occurring to least frequently occurring): other skin cancer, breast cancer, prostate cancer, melanoma, colon/ intestinal cancer, cervical cancer, endometrial/ uterine cancer, Leukemia, lung cancer, non-Hodgkin’s Lymphoma, renal cancer, stomach cancer, oral cancer, bladder cancer, or bone cancer (not shown).

Figure 70. Variation in Henry County adults diagnosed with any type of cancer in their lifetimes



The most often reported type of cancer among Henry County adult respondents who had ever received a cancer diagnosis was *other skin cancer* at **39%**.

ARTHRITIS

About one-fifth (19%) of Henry County adults were told by a health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.

- The average share (from 2010 through 2019) of all Henry County adults was higher at 32% (see Figure 71 Trend).
- The state and national share of adults diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia were higher compared to Henry County (see Figure 71 Geographic Variation).
- The share increased to over two-fifths (43%) among those aged 65 and older.
- Prevalence by income was highest among those with an annual household income less than \$50,000 at 31%.

Figure 71. Trend and geographic variation in percentage of Henry County adults with arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia

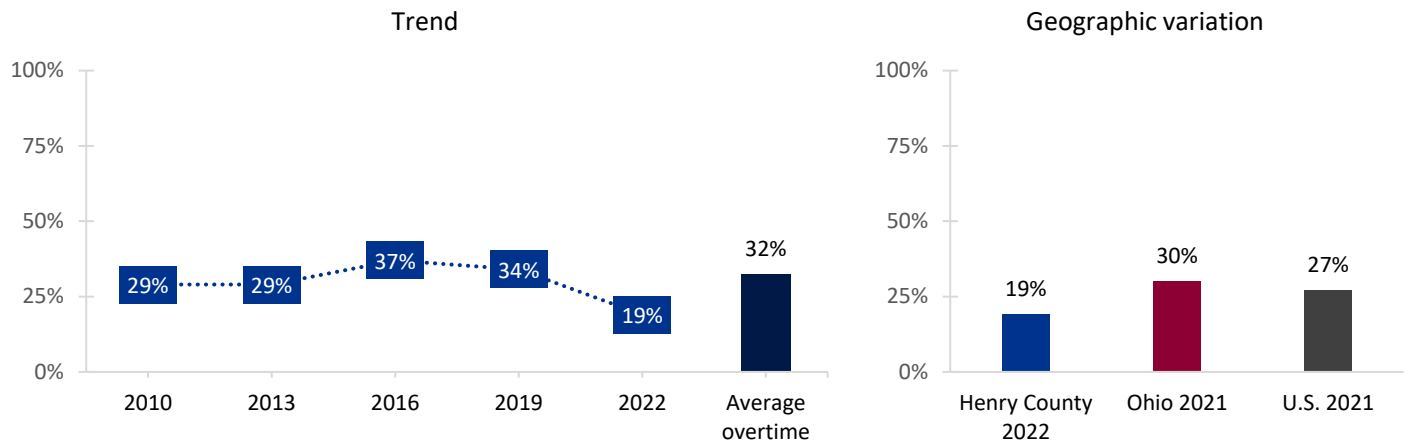
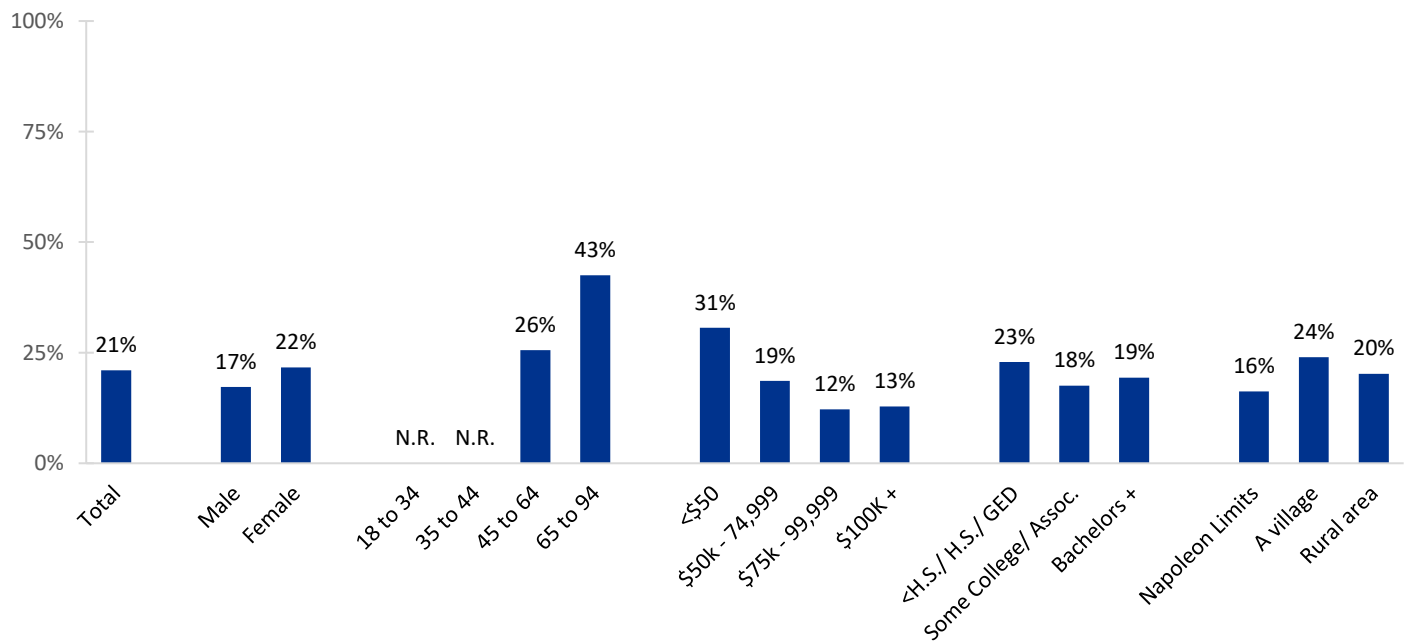


Figure 72. Variation in Henry County adults diagnosed with arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia, 2022

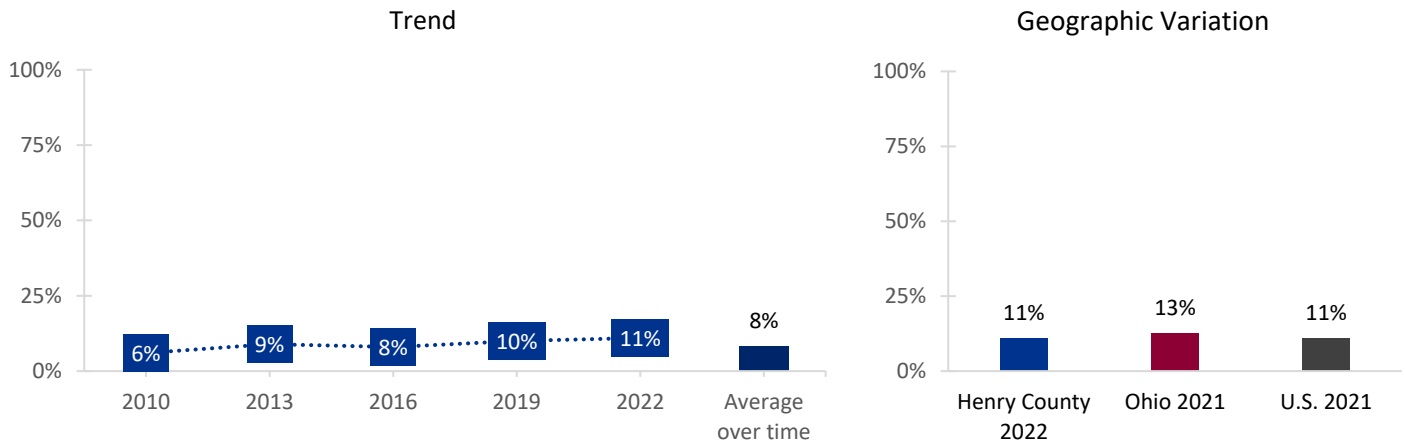


DIABETES

Eleven percent (11%) of Henry County adults had been diagnosed with diabetes.

- The average share (from 2010 through 2019) of all Henry County adults was lower at 8% (see Figure 73 Trend).
- The state share of adults diagnosed with diabetes was higher at 13% compared to Henry County, but the same as the national level (11%) (see Figure 71 Geographic Variation).
- The share was larger among males (13%) compared to females (7%) and increased to 19% among those aged 65 and older.
- Over one-third (34%) of adults with diabetes rated their health as fair or poor compared to 13% among all adults.

Figure 73. Trend and geographic variation in percentage of Henry County adults diagnosed with diabetes

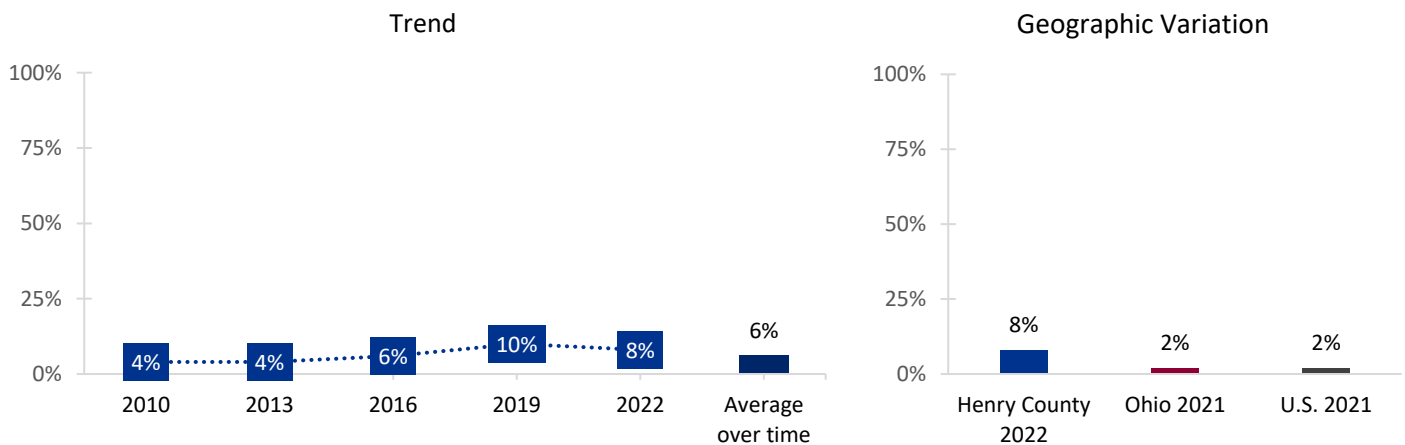


PRE-DIABETES

Eight percent (8%) of adults had been diagnosed with pre-diabetes or borderline diabetes.

- The average share (from 2010 through 2019) of all Henry County adults was lower at 6% (see Figure 74 Trend).
- The state and national shares of adults diagnosed with pre-diabetes were lower at 2% each (see Figure 74 Geographic Variation).

Figure 74. Trend and geographic variation in percentage of Henry County adults diagnosed with pre-diabetes



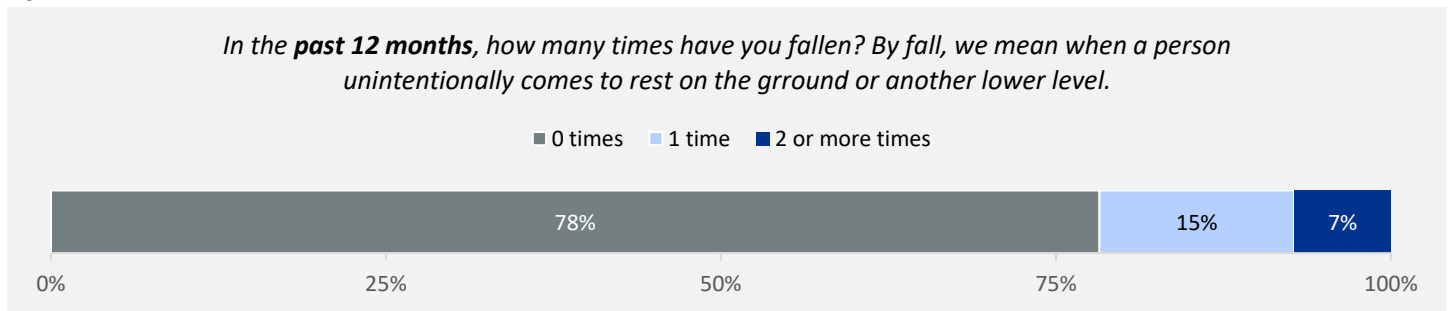
QUALITY OF LIFE

FALLS

According to the CDC, falls were the leading cause of nonfatal unintentional emergency department visits among all adults in the United States with over 5.5 million visits recorded in 2020 (CDC, NEISS All Injury Program operated by the Consumer Product Safety Commission (CPSC), WISQARS, retrieved 12-29-2022). The rate of deaths by falls in 2020 for the state of Ohio was 19.43 per 100,000 adults aged 18 and older and for the U.S. it was 16.38 (NCHS Vital Statistics System for numbers of deaths. Bureau of Census for population estimates), WISQARS, retrieved 12-29-2022).

- Twenty-two percent (22%) of Henry County adults had fallen in the past year (see Figure 75), increasing to 34% among those aged 65 and older. Six percent (7%) of adults had fallen two or more times.
 - In 2019, the share of Henry County adults reporting they had fallen in the past year was about one-quarter (26%).
- Over one-third (36%) of Henry County adults reported at least one fall said at least one fall had caused an injury that limited their regular activities for at least a day or caused them to see a doctor.

Figure 75. Distribution of Henry County adult reports on whether they had experienced falls in the past 12 months, 2022



IMPAIRMENTS AND HEALTH PROBLEMS

- Among those who were limited in some way, Table 17 provides the most limiting problems or impairments reported by Henry County adults in rank order. Back or neck problems are the most often reported issue (35%) followed by arthritis (33%).

Table 17. Problems or impairments that limit adults in Henry County

| | 2019 | 2022 | Trend |
|--|------|------|-------|
| Back or neck problem | 42% | 35% | ↓ |
| Arthritis | 46% | 33% | ↓ |
| Fitness level | 24% | 26% | ↑ |
| Chronic pain | 18% | 22% | ↑ |
| Sleep problems | 11% | 14% | ↑ |
| Walking problem | 25% | 13% | ↓ |
| Lung/ Breathing problem | 13% | 12% | ↓ |
| Hearing problem | 11% | 9% | ↓ |
| Chronic illness (diabetes, cancer, heart, stroke related problems) | 23% | 8% | ↓ |
| Asthma | 14% | 7% | ↓ |
| Fractures, bone/ joint injury | 11% | 7% | ↓ |
| Other impairments or problems | 8% | 13% | ↑ |

- In the past 12 months, 8% of adults reported needing help with personal care needs (such as eating, bathing, dressing, or getting around the house). Twelve percent (12%) needed help with routine needs (such as everyday household chores, doing necessary business, shopping, or getting around for other purposes). Six percent (6%) reported needing help with both.
- Over half (51%) of Henry County adults reported they weren't always able to get help with personal care or routine needs when they needed it.

Figure 76. Percentage of Henry County Adults who reported needing help with personal care or routine needs, 2022

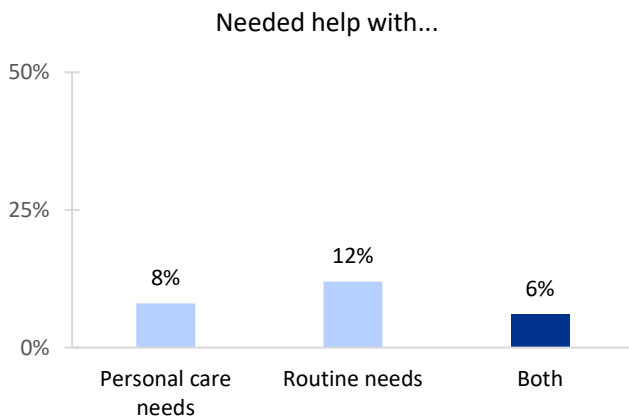
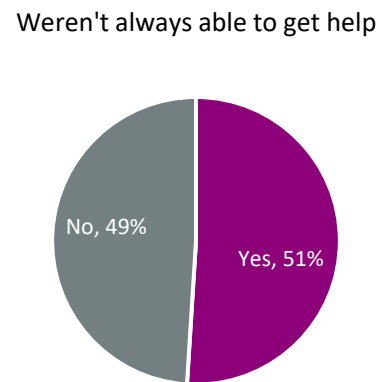


Figure 77. Percentage of Henry County adult who reported whether they received the help they needed, 2022



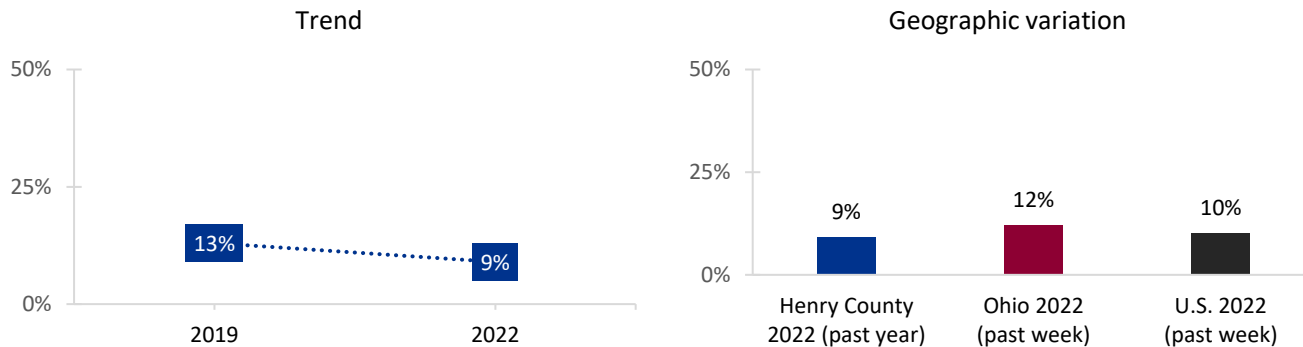
SOCIAL CONDITIONS

SOCIAL DETERMINANTS OF HEALTH

FOOD INSECURITY

- Nine percent (9%) of Henry County adults reported experiencing at least one of the following in the past 12 months: loss of food assistance; loss of income that led to food insecurity; had to choose between paying bills and buying food; went hungry or ate less to provide more food for their family; was hungry but did not eat because did not have money for food; was worried their food would run out.
 - Of all issues related to food hardship, most often, Henry County adults reported they had to choose between paying bills and buying food (4% of all respondents; 40% of all who had experienced any food hardship).
 - In 2019, the share of Henry County residents' reporting experiencing food insecurity was higher at 13%.
 - Data from the Census Bureau's Household Pulse Survey collected in the summer of 2022 measures food sufficiency in the last seven days at the state and national level. The data reveal 12% of all Americans and 10% of Ohioans reported food insufficiency.

Figure 78. Trend and Geographic variation in food insecurity, 2022



Data Source: State and National estimates came from week 48 of (collected July 27 – August 8) the U.S. Census Bureau's Household Pulse Survey

ASSISTANCE

- Twenty percent (20%) of Henry County adults reported receiving assistance with at least one of the following in the past year: affordable childcare; clothing; credit counseling; dental care; diapers; drug or alcohol addiction; employment; food; tax preparation; health care; home repair; legal aid services; Medicare; mental illness issues; prescription assistance; rent/ mortgage; transportation; and utilities.
 - Most often, Henry County adults reported they received assistance with Medicare (3% of all respondents; 11% of respondents who received any assistance which is similar to 2019 when 12% reported receiving assistance).
 - Five percent (5%) of respondents noted they had received food assistance in the past year which is higher than the 2% who reported as such in 2019.
 - In the state of Ohio, respondents were asked if they had received free groceries within the last 7 days and 6% answered affirmatively. The national share was also 6%.
- Nine percent (9%) of Henry County adults reported there was a time in the past 12 months in which they were not able to pay their mortgage, rent or utility bills.
 - The Household Pulse Survey indicated that 7% of those with mortgages or rental agreements in Ohio were NOT currently caught up on their payments, and in the United States the figure was 9%.
- Eight percent (8%) (down slightly from 9% in 2019) of Henry County adults reported having at least one of the following transportation issues: no car; no driver's license/ suspended licenses; cannot afford gas; disabled; limited public transportation available or accessible; no public transportation available or accessible; cost of public or private transportation; do not feel safe to drive.

ABUSE

Abuse can come in many forms and occur in many different situations. It is estimated to affect 10 million people in the United States every year (Huecker, King, Jordan, & Smock, 2022). National estimates from the CDC show one-in-seven (14%) of children experienced child abuse and neglect in the last year, 1 in 4 (25%) girls and 1 in 13 (8%) boys experienced child sexual abuse, about two-fifths (41%) of women and one-quarter (26%) of men experienced intimate partner violence, and about 1 in 10 (10%) people aged 60 and older living at home experienced some form of elder abuse.

- Nearly three-in-ten (29%) of Henry County adults reported they had been threatened or abused in their lifetimes. This is higher than the 20% reported in 2019. Nearly half (47%) of individuals who report being threatened or abused report abuse by more than one individual. Individuals who threatened or abused them included:
 - A parent (17%)
 - A spouse (12%)
 - A person from outside their home (9%)
 - Someone else (6%)

Figure 79. Percentage of Henry County adult who reported they had been threatened or abused in their lifetimes, 2022

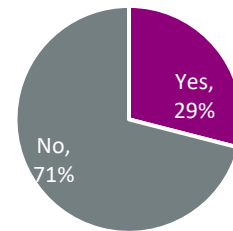


Table 18. Henry County Adults' reports of abusers

| | 2019 | 2022 | Trend |
|--------------------------------|------|------|-------|
| Parent | 9% | 17% | ↑ |
| Spouse or partner | 12% | 12% | = |
| Person from outside their home | 6% | 9% | ↑ |
| Someone else | 2% | 6% | ↑ |

- Among the twenty-nine percent (29%) of Henry County adults who reported they had been threatened or abused in their lifetimes the following types of abuse were reported:
 - Verbal abuse (79%)
 - Emotional abuse (72%)
 - Physical abuse (42%)
 - Sexual abuse (32%)
 - Financial abuse (23%)

Figure 80. Types of abuse experienced by adults in Henry County, 2022

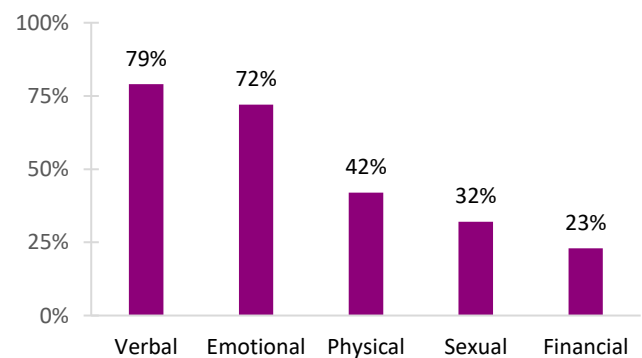


Table 19. Henry County Adults' reports of types of abuse

| | 2019 | 2022 | Trend |
|-----------|------|------|-------|
| Verbal | 49% | 79% | ↑ |
| Emotional | 43% | 72% | ↑ |
| Physical | 32% | 42% | ↑ |
| Sexual | 21% | 32% | ↑ |
| Financial | 13% | 23% | ↑ |

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

ACEs are events that occur in childhood that are potentially traumatic. They can include violence, abuse, and living in a family with mental health or substance use issues. The CDC provides three sobering statistics about ACEs:



1 in 6 adults experienced four or more ACEs.



5 of 10 of the top 10 leading causes of death are associated with ACEs.



The number of adults with depression could be reduced by as much as 44% by preventing ACEs.

Preventing ACEs is a public health issue. It is estimated that preventing ACEs could lower the prevalence of many health conditions, including cases of depression, heart disease, and overweight/ obesity (Vital Signs, 2019). For more information, please see the following CDC websites:

[Vital Signs | Adverse Childhood Experiences: Preventing early trauma to improve adult health](#)

[Violence Prevention | Adverse Childhood Experiences](#)

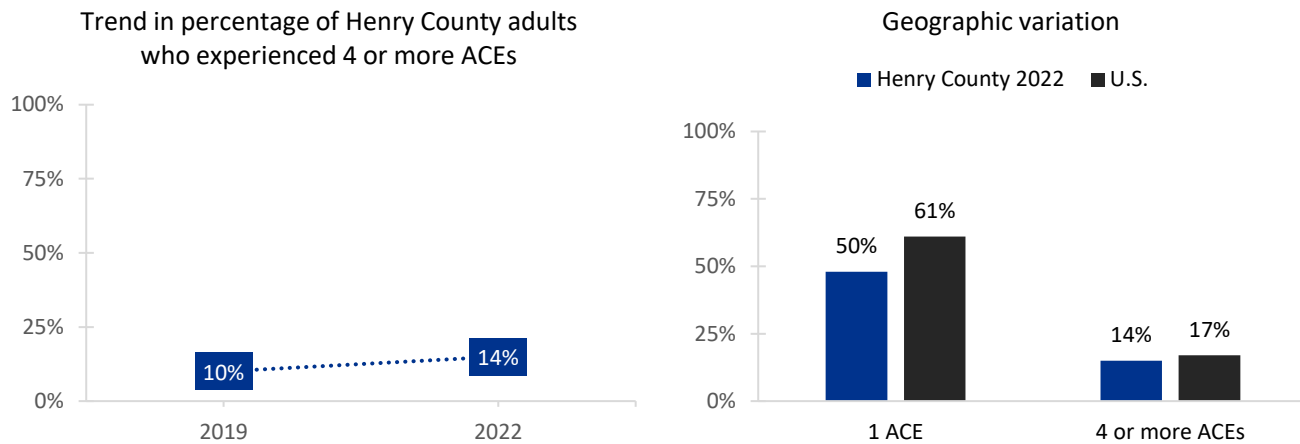
- Half (50%) of Henry County adults experienced at least one of the following adverse childhood experiences (ACEs) which is lower than the national estimates of 61%. Below is the prevalence of experiences given from most frequently experienced to least:

Table 20. Henry County adults' reports of adverse childhood events

| | 2019 | 2022 | Trend |
|--|------|------|-------|
| A parent or adult in their home swore at them, insulted them, or put them down | 18% | 27% | ↑ |
| Their parents were separated or divorced | 16% | 22% | ↑ |
| They lived with someone who was depressed, mentally ill or suicidal | 14% | 21% | ↑ |
| They lived with someone who was a problem drinker or alcoholic | 15% | 19% | ↑ |
| Not including spanking, a parent or adult in their home hit, beat, kicked, or physically hurt them in some way | 9% | 13% | ↑ |
| Parents or adults in their home slapped, hit, kicked, punched, or beat each other up | 8% | 10% | ↑ |
| Someone at least five years older than them touched them sexually | 3% | 11% | ↑ |
| Someone at least five years older than them tried to make them touch them sexually | 7% | 6% | ↓ |
| They lived with someone who used illegal street rugs, or who abused prescription medications | 4% | 5% | ↑ |
| Someone at least five years older than them or an adult forced them to have sex | 1% | 2% | ↑ |
| They lived with someone who served time or was sentenced to serve time in a prison, jail, or other correctional facility | 1% | 1% | = |

- Fourteen percent (14%) of Henry County adults had four or more ACEs in their lifetime compared to 10% among Henry County residents in 2019 and 17% nationally.

Figure 81. Trend and geographic variation in adult experiences of adverse childhood experiences (ACE)



OTHER EXPERIENCES

- Henry County adults experienced the following the past 12 months:
 - Death of a family member or close friend (38%)
 - A close family member had to go into the hospital (33%)
 - They were a caregiver (10%)
 - They had bills they could not pay (8%)
 - Someone close to them had a problem with drinking or drugs (8%)
 - A decline in their own health (7%)
 - Someone in their household lost their job or had their work hours reduced (6%)

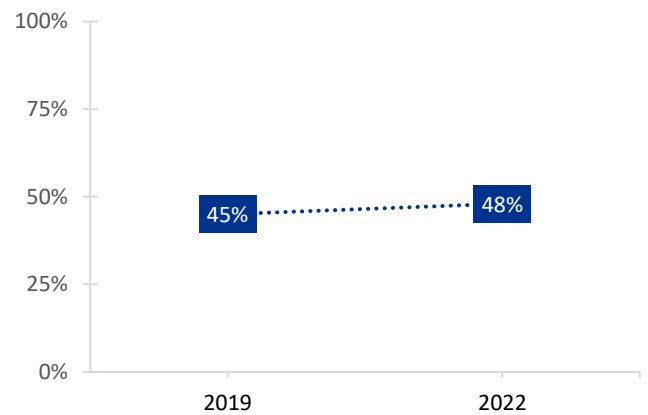
Table 21. Henry County adults’ reports of other experiences in the past year

| | 2019 | 2022 | Trend |
|---|------|------|-------|
| Death of a family member or close friend | 28% | 38% | ↑ |
| A close family member had to go into the hospital | 42% | 33% | ↓ |
| They were a caregiver | 6% | 10% | ↑ |
| They had bills they could not pay | 10% | 8% | ↓ |
| Someone close to them had a problem with drinking or drugs | 2% | 8% | ↑ |
| A decline in their own health | 12% | 7% | ↓ |
| Someone in their household lost their job or had their work hours reduced | 6% | 6% | = |

DRIVING AND RIDING SAFETY

- Nearly half (48%) of Henry County adults reported they drove while distracted (they talked on a hand-held cell phone or text, read, eat, used internet on cell phone, applied make-up, shaved, etc.) in the past 30 days.
- To reduce risk of injury, Henry County adults reported they use the following:
 - Wore seatbelts (94%)
 - Wore sunscreen (54%)
 - Wore life jackets (24%)
 - Wore motorcycle/ ATV/ snowmobile helmets (8%)
 - Wore bike helmets (9%)

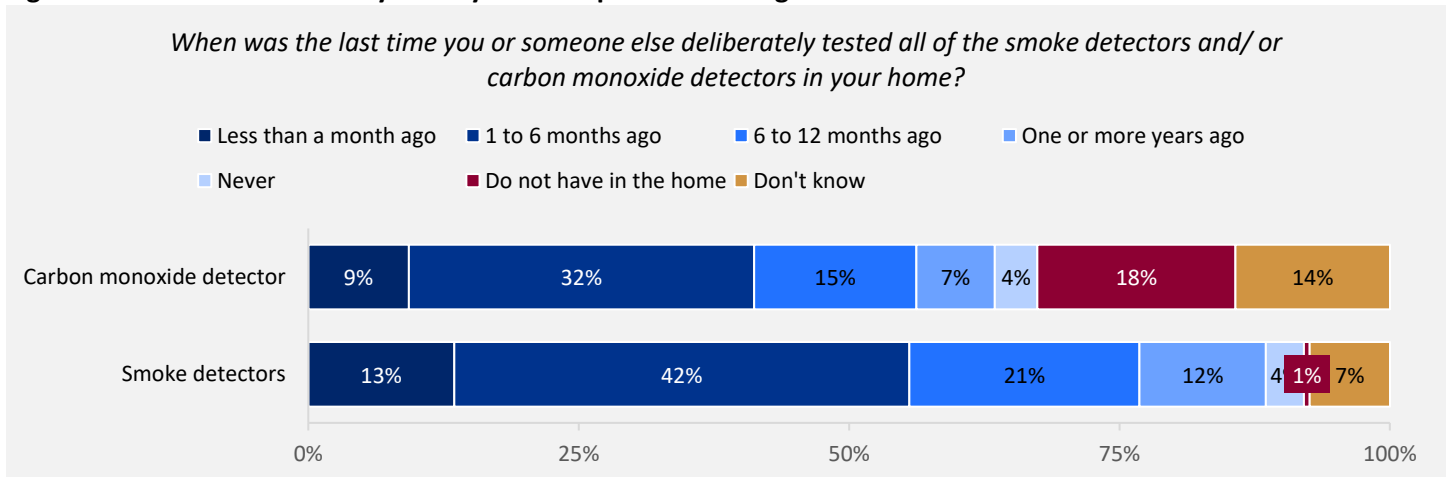
Figure 82. Trend in share of Henry County adults reporting distracted driving



HOME SAFETY: SMOKE AND CARBON MONOXIDE DETECTORS

- Adults reported they or someone else deliberately tested all of the smoke detectors in their home less than a month ago (13%), 1 to 6 months ago (42%), 6 to 12 months ago (21%), one or more years ago (12%), and never (4%). Less than 1% reported they did not have smoke detectors in the home, and 7% did not know.
- Adults report they or someone else deliberately tested all of the carbon monoxide (CO) detectors in their home less than a month ago (9%), 1 to 6 months ago (32%), 6 to 12 months ago (15%), one or more years ago (7%), and never (4%). Eighteen percent (18%) reported they did not have carbon monoxide detectors in the home, and 14% did not know.

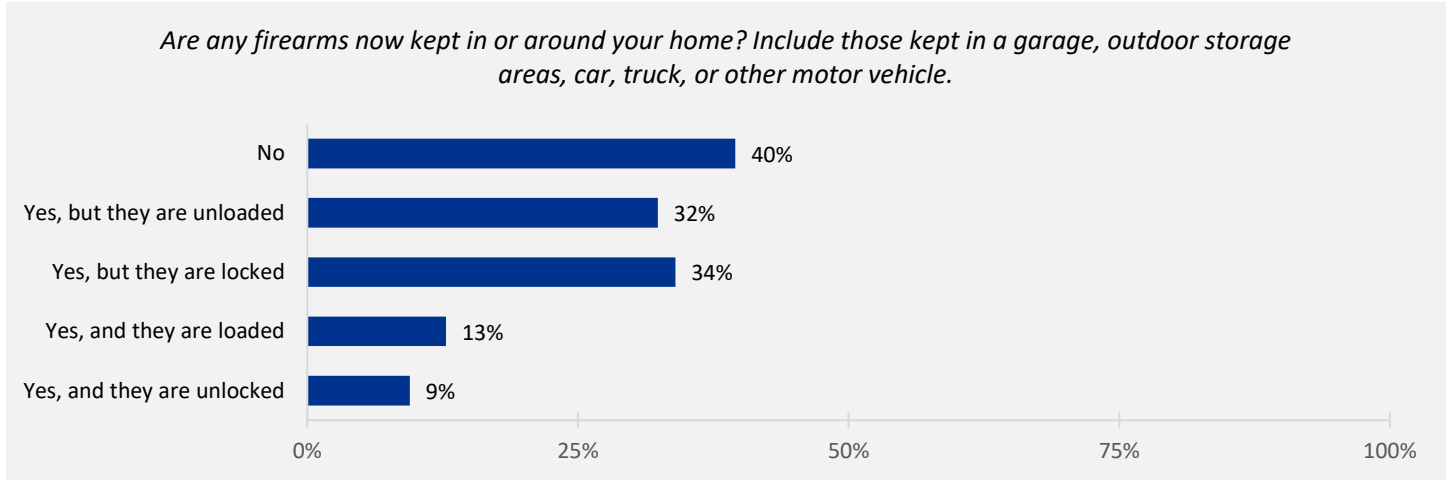
Figure 83. Distribution of Henry County adults reports on testing of home detectors



HOME SAFETY: FIREARMS

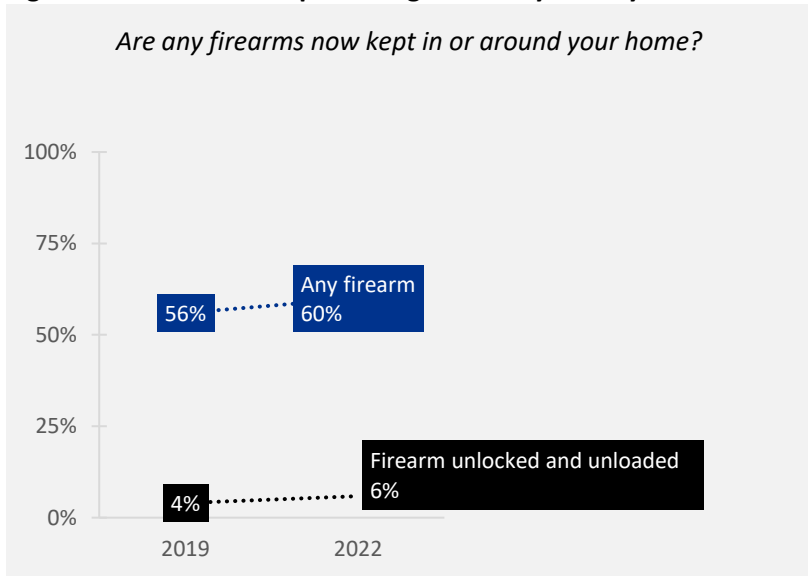
- One-third (32%) of Henry County adults reported they had a firearm in or around their home, but it was unloaded compared to 13% who reported they had a firearm that was loaded (see Figure 84).
- About one-third (34%) reported they had a firearm in or around their home, but it was locked, whereas 9% reported they had a firearm arm but it was unlocked.
 - 6% reported they were unlocked AND loaded which is higher than the share reported in 2019 (4%).
 - Two fifths (60%) of Henry County adults kept a firearm in or around their home in 2022 compared to 56% in 2019 (see Figure 85).

Figure 84. Percentage of Henry County adults who kept a firearm in or around their home, 2022



Note: The above distributions are not mutually exclusive

Figure 85. Trends in the percentage of Henry County adults who kept a firearm in or around their home



“Healthy citizens are the greatest asset any country can have.”

– *Winston Churchill*

- Henry County adults indicated the following motivated them to make positive changes in their health:
 - Support from family and friends (54%)
 - To have more energy (53%)
 - Health knowledge (33%)
 - Setting example for family/ children (33%)
 - A health scare/ fear of illness (25%)
 - Financial incentives (12%)
 - Incentives other than financial (vacation time) (11%)
 - Exposure to a healthy environment (11%)
 - Discounted services (10%)
- Seventy percent (70%) of Henry County adults reported using at least one of the following digital technologies to improve their health in order of usage:
 - Mobile phone/ tablet applications (e.g., tracking personal activity, diet, fitness, weight loss, etc.) (52%)
 - Wearable technology (e.g., consumer or medical devices that collect information about an individual’s health, such as fitness, vitals, and lifestyle) (33%)
 - Internet sources (e.g., WebMD, Mayo Clinic) (25%)
 - Health information and/ or advice from articles and videos shared on social media (e.g., Facebook, Instagram, Twitter, Snapchat, Tik Tok, etc.) (23%)
 - Online exercises and/ or workouts (15%)
 - Virtual healthcare services (e.g., telemedicine) (14%)
 - Social media accounts from healthcare brands (5%)
 - Online support groups and/ or coaches (5%)
- Among those who report using digital technologies to improve their health 69% report using more than one type of technology and over one-third (35%) use three or more.

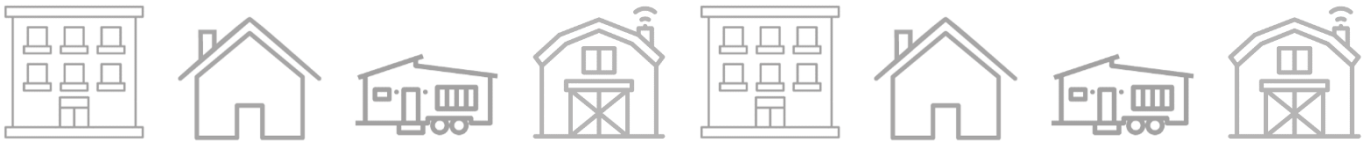
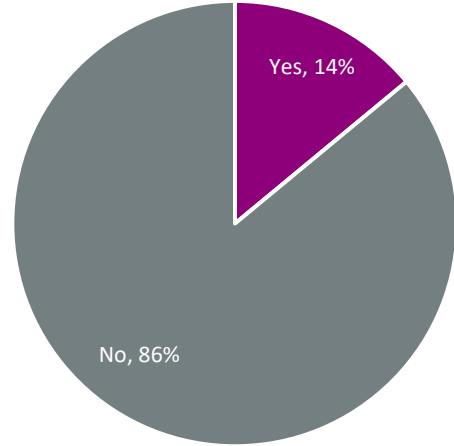
ENVIRONMENT CONDITIONS

ENVIRONMENT HEALTH

Fourteen percent (14%) of Henry County adults reported at least one of the following threatened their health or their family's health in the past year:

- Mold or moisture issues
- Insects (mosquitos, ticks, flies)
- Plumbing problems
- Structural problems (foundation, roof, porches)
- Air quality
- Rodents (mice or rats)
- Agricultural chemical (pesticides, insecticides, fertilizers)
- Unsafe water supply/ wells
- Temperature regulation (heating or air conditioning)
- Chemicals found in household products (cleaning agents, pesticides, automotive products)
- Sewage/ wastewater problems
- Bed bugs
- Sanitation issues
- Asbestos

Figure 86. Percentage of Henry County adults who reported environmental conditions threatened their health or their family's health in the past year



PARENTING

- Ninety-six (96%) of Henry County adults surveyed reported their youngest child had received all the recommended immunizations which is higher than the reported 88% in 2019. When asked why their youngest child had not received all the recommended immunizations for their age, responses included:
 - Fear of adverse effects; personal beliefs; religious beliefs; do not think immunization is necessary; doctor/healthcare provider has not recommended; pre-existing health conditions.



96% of Henry County adults surveyed reported their youngest child had received all the recommended immunizations.

- Overwhelmingly, among Henry County adults whose youngest child was born in the past 5 years, reported their youngest child slept in a crib/ bassinette without bumper pads, blankets, or toys (81%). About one-half (51%) reported their youngest child slept in bed with them or another person. About one-half (49%) also reported their youngest child slept in a pack-n-play.
 - Other places parents reported their child slept were, a car seat; swing; couch or chair; floor; a crib/ bassinette WITH bumper pads, blankets, or toys.
- Among Henry County adults whose youngest child had been born in the past 5 years, over three-fourths (78%) reported they or their spouse breastfed their youngest child down from 84% in 2019. Sixteen percent (16%) reported their youngest child was breastfed for less than 6 months and 6% reported their youngest child was never breastfed.



Over three-fourths (78%) reported they or their spouse breastfed their youngest child.

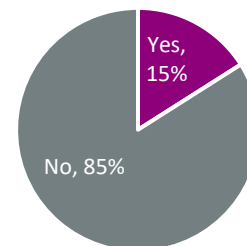
- Among Henry County adults whose youngest child was not too big for a car seat, 94% reported their child always rode in a car seat. In 2019, 65% reported as such.
- Among Henry County adults whose youngest child was not too big for a booster seat, 63% reported their child always rode in a booster seat.
- Among Henry County adults whose youngest child was big enough to not sit in a car seat or booster seat, 59% reported their child always wore a seat belt with no booster seat.



94% reported their child always rode in a car seat.

- Fifteen percent (15%) of Henry County parents (or someone in their household) lost income in the past 12 months due to one of their children's behavioral/ emotional problems, illnesses, injuries, medical appointments, unreliable, or lack of childcare.
- The most frequently reported reason for loss of income was medical appointments (62% among those who had children and reported a loss of income).

Figure 87. Percentage of Henry County parents who reported they lost income in the past 12 months due to one of their children



2022 HENRY COUNTY YOUTH COMMUNITY HEALTH SURVEY REPORT

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YOUTH HEALTH BEHAVIORS

WEIGHT

BODY MASS INDEX OR BMI

The Body Mass Index (BMI) attempts to measure body fat content by taking an individual's weight in kilograms and dividing it by their height in meters squared. While simple to calculate, BMI does not consider muscle mass, bone density, overall body composition, and racial and sex differences. Many experts consider it a flawed measure. Due to the controversy surrounding BMI, we have opted to focus on Henry County youths' perceptions of their weight status and their resulting behavior.

HENRY COUNTY YOUTH SELF-PERCEPTIONS OF WEIGHT STATUS

- In 2022, nearing half (45%) of youth described themselves as *at about the right weight*, 37% described themselves as *slightly or very overweight*, and 18% as *very or slightly underweight* (see Figure 1).
- The average share (from 2010 through 2019) of Henry County Youth who described themselves as *slightly or very overweight* was 29% (see Figure 2). The share in 2022 was higher at 37%.
 - The share of female youth in Henry County who described themselves as slightly or very overweight was higher (41%) than their male counterparts (32%). Among LGBTQ identifying youth more than half (56%) described themselves as overweight.
 - The share of youth who described themselves as slightly or very overweight increased with age. Among those aged 13 and younger slightly more than one-third (35%) described themselves as overweight, whereas 37% of those aged 14 to 16 described themselves as such. Among those aged 17 and older, over two-fifths (42%) described themselves as overweight.
 - Similar shares of non-Hispanic White and non-Hispanic Multiracial youth described themselves as slightly or very overweight (36% and 35%, respectively). The share among Hispanic youth was higher at 43%.
 - The national share of high schoolers who described themselves as slightly or very overweight was lower (32%) compared to the share among Henry County high schoolers at 40%.

Figure 1. Distribution of Henry County youth reports of their weight perceptions, 2022

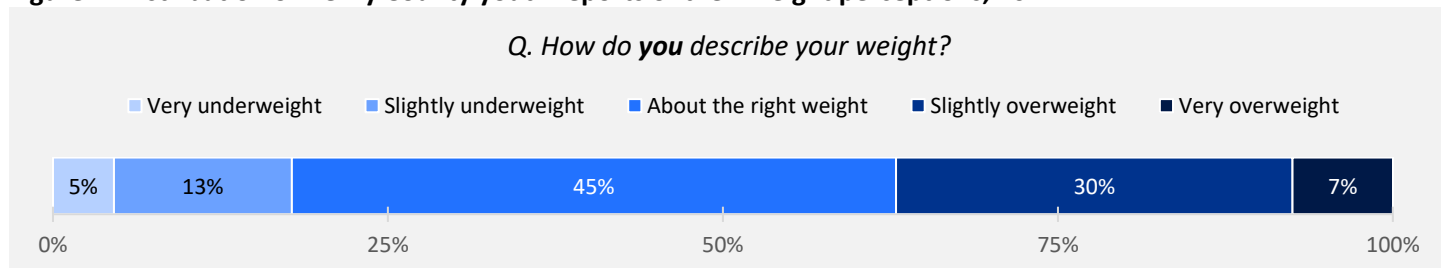
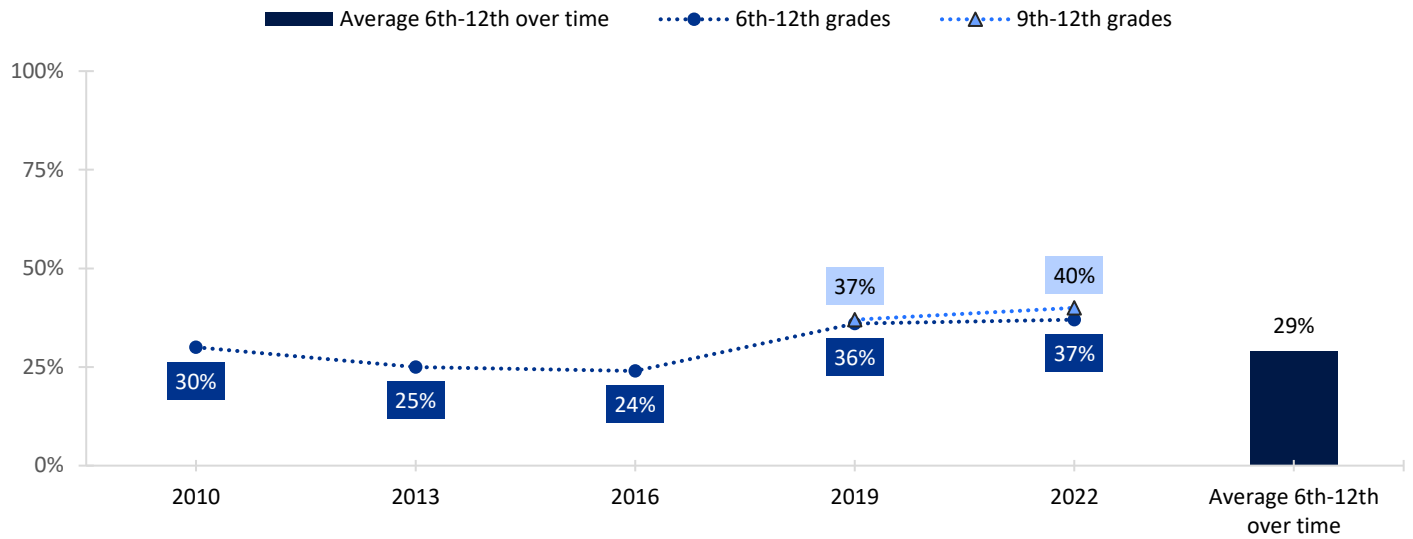
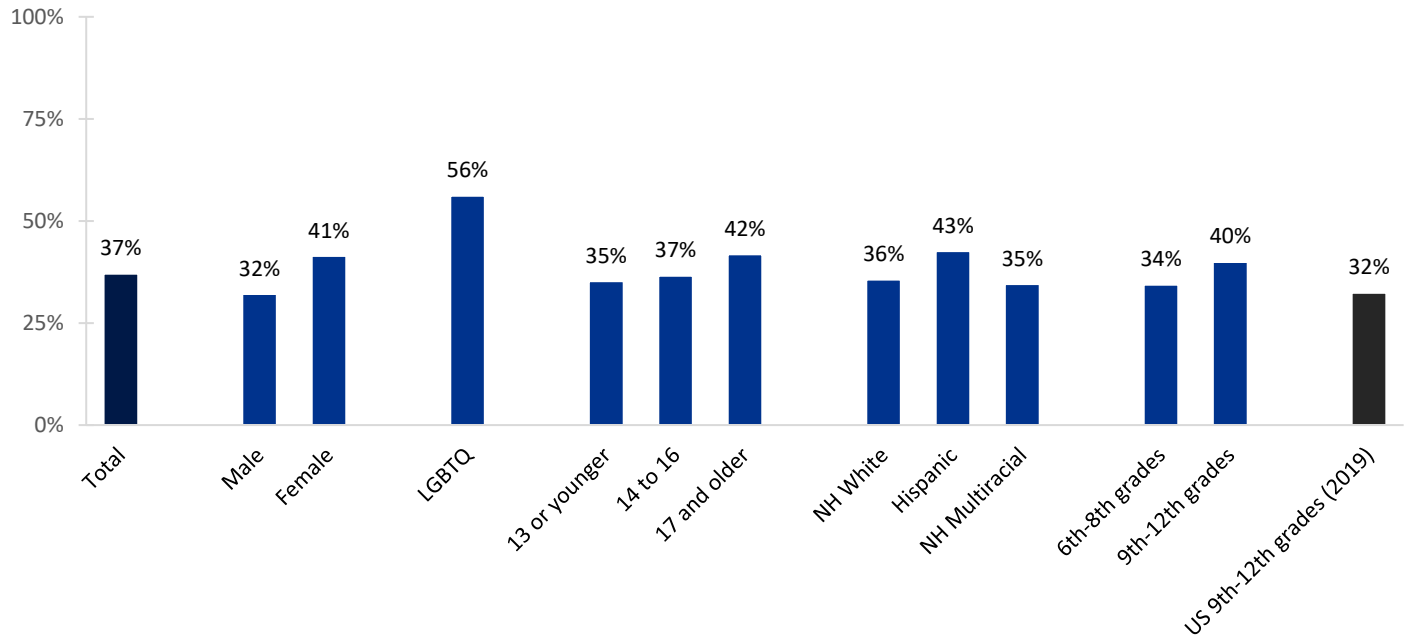


Figure 2. Trends in the percentage of youth reporting their weight as slightly or very overweight



Note: The average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

Figure 3. Variation in the percentage of youth reporting their weight as slightly or very overweight



HENRY COUNTY YOUTH WEIGHT MANAGEMENT

- In 2022, nearly half (47%) of youth reported they were trying to lose weight in the past 30 days. One-fifth (21%) were not trying to do anything about their weight, 17% were trying to gain weight, and 15% were trying to stay the same weight.
- The average share (from 2010 through 2019) of Henry County Youth reporting they had tried to lose weight in the past 30 days was 45%. The overall share in 2022 was only slightly higher at 47%.
 - The share of youth reporting they had tried to lose weight in the past 30 days was larger among females (57%) compared to males (37%). There were also over half (57%) of LGBTQ identifying youth who reported trying to lose weight in the past 30 days.
 - There was very little age variation in the share of Henry County youth who reported they had been trying to lose weight in the past 30 days. Among those aged 13 and younger 45% reported trying to lose weight and among those aged 14 and older 47% reported as such.
 - Some racial/ ethnic variation exists. Hispanic youth had the largest share reporting trying to lose weight at about half (51%) followed by 46% of non-Hispanic White youth. Slightly more than one-third (36%) of non-Hispanic Multiracial youth reported trying to lose weight.
 - Among all high schoolers in the US, the share trying to lose weight was slightly higher than Henry County high schoolers at 48% and 47%, respectively.

Figure 4. Distribution of Henry County youth reports of what they are trying to do about their weight, 2022

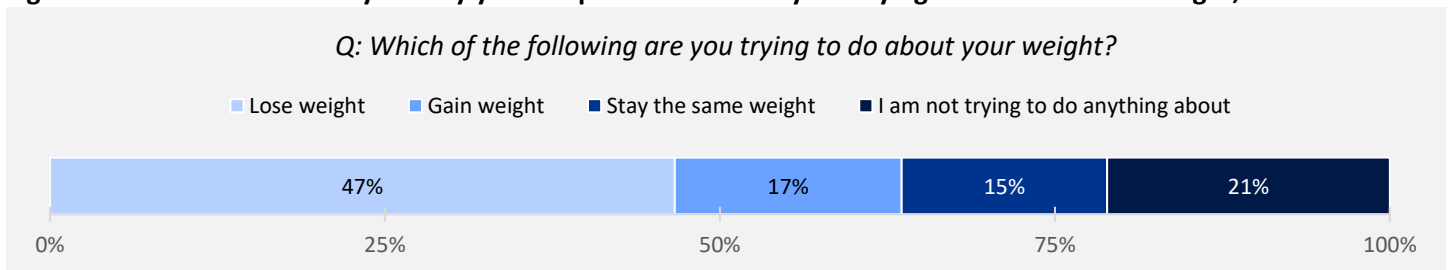
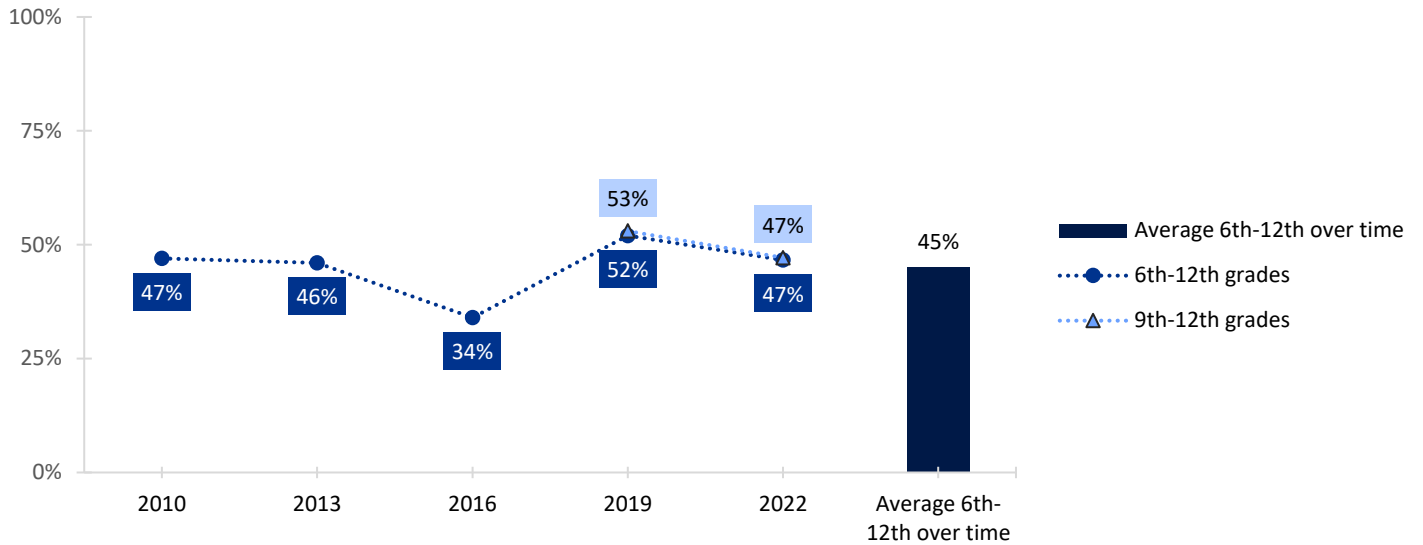
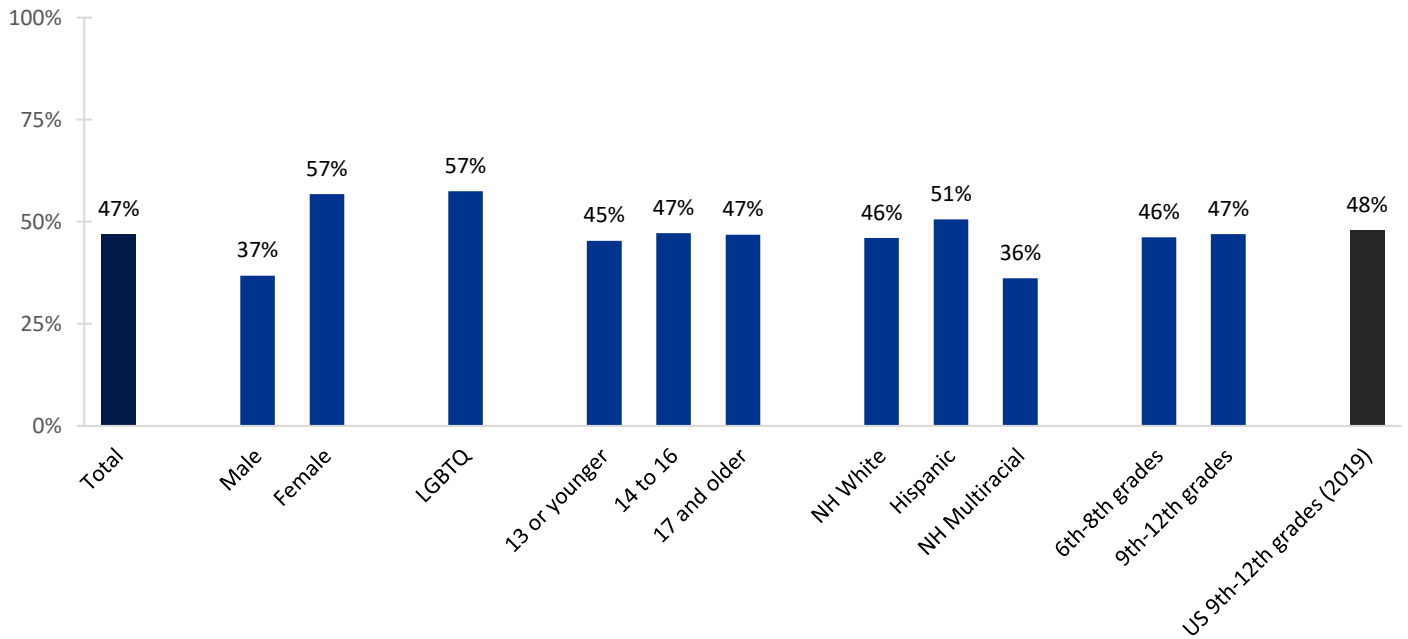


Figure 5. Trends in the percentage of Henry County youth reporting they had tried to lose weight (in the past 30 days)



Note: The average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

Figure 6. Variation in the percentage of Henry County youth reporting they had tried to lose weight (in the past 30 days)



NUTRITION/ DIETARY BEHAVIORS

FRUITS AND VEGETABLES

The Dietary Guidelines for Americans (Dietary Guidelines), 2020 – 2025 released by the U.S. Departments of Agriculture (USDA) and the Health and Human Services (HHS) provides recommendations on what to eat and drink to meet nutrient needs, promote health, and prevent disease. It is advised that female adolescents (those aged 14 through 18) consume anywhere from 1,800 and 2,400 calories per day and that males consume anywhere from 2,000 to 3,200 calories per day. For females this equates to 2.5 – 3.0 cups of vegetables a day and 1.5 – 3.0 cups of fruit. For males, this equates to 2.5 – 4.0 cups of vegetables and 2.0 – 2.5 cups of fruit. See Dietary Guidelines for more information – [hyperlink](#). You can also learn how to eat healthy with MyPlate - [hyperlink](#).

- Most often, Henry County youth reported eating 2-3 servings of fruit (42%) and vegetables (40%) a day. Three-in-ten ate four or more servings of fruit and over one-quarter (28%) ate four or more servings of vegetables.
 - Therefore, nearly three-quarters (72%) of Henry County youth consumed the recommended servings of fruit per day and 68% consumed the recommended servings of vegetables.
- Ninety percent (90%) had at least one serving of fruit and 88% had at least one serving of vegetables.
 - About two-fifths (39%) of youth ate 4 or more servings of fruits and/ or vegetables per day, 42% ate two to three servings, and 13% had 1 serving. Five percent (5%) of youth ate zero servings of fruits and/ or vegetables per day.
 - The share of Henry County youth who ate zero servings of fruits and/ or vegetables per day (5%) was twice as low as the share in Ohio overall (10%).

Table 1. Percent distribution in youth consumption of fruits and vegetables among all Henry County youth, 2022

The table below indicates the number of servings Henry County youth had of fruit, vegetables, and numerous beverages per day.

| | 0 servings | 1 serving | 2-3 servings | 4 or more servings | Total |
|------------|------------|-----------|--------------|--------------------|-------|
| Fruit | 10% | 18% | 42% | 30% | 100% |
| Vegetables | 12% | 20% | 40% | 28% | 100% |

BEVERAGES

The Dietary Guidelines recommend we limit foods and beverages higher in added sugars, saturated fat, and sodium. A small amount found in nutrient-dense foods is fine to help meet food group recommendations (while staying within calorie ranges). More specifically, “beverages that are calorie-free—especially water—or that contribute beneficial nutrients, such as fat-free and low-fat milk and 100% juice should be the primary beverages consumed. Coffee, tea, and flavored waters also are options, but the most nutrient-dense options for these beverages include little, if any, sweeteners or cream”

- The most frequently consumed beverage among Henry County youth was plain water – 94% of youth drank at least one serving a day. Two-thirds (66%) drank four or more servings a day.
 - Six percent (6%) of Henry County youth consumed zero servings of plain water, which was slightly higher than the national share (4%).

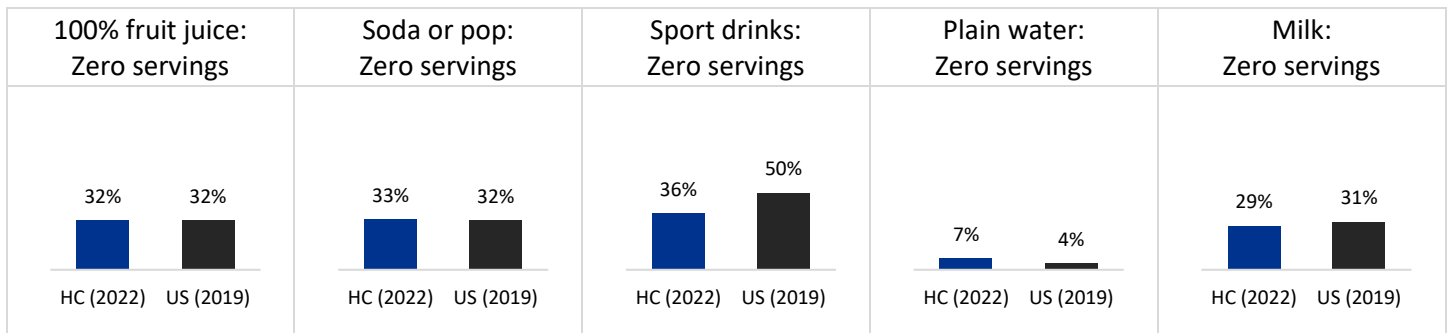
Table 2. Percent distribution in consumption of beverages (by type) among all Henry County youth, 2022

The table below indicates the number of servings Henry County youth had of fruit, vegetables, and numerous beverages per day.

| | 0 servings | 1 serving | 2-3 servings | 4 or more servings | Total |
|------------------|------------|-----------|--------------|--------------------|-------|
| Beverages | | | | | |
| Soda or Pop | 31% | 24% | 30% | 15% | 100% |
| 100% fruit juice | 30% | 24% | 28% | 18% | 100% |
| Sport drinks | 35% | 22% | 29% | 14% | 100% |
| Plain water | 6% | 5% | 23% | 66% | 100% |
| Milk | 24% | 19% | 29% | 28% | 100% |

Table 3. Geographic variation in high schoolers consumption of beverages (by type)

The table below indicates the share of youth who—on an average day in the past week—had zero servings of fruit, vegetables, and numerous beverages per day.



Note: The following abbreviations are used in this table: HC represents Henry County, US represents United States.

BREAKFAST

The American Academy of Pediatrics recommends youth eat breakfast as part of a healthy dietary pattern. Eating breakfast is associated with better memory, better test scores, better attention span, healthier body weights, and improved overall nutrition. Visit <https://www.healthychildren.org/> for more information. As such, for 2022 we added a question to the Youth Questionnaire about whether they ate breakfast. This question was also asked in the YRBS allowing for comparisons of Henry County high schoolers with high schoolers in Ohio and the US.

- In 2022, over one-third (35%) of Henry County youth ate breakfast on all seven days in the past week. In other words, 65% did not eat breakfast on all 7 days (see Figure. 8).
 - The share not eating breakfast on every day was slightly higher among females (68%) compared to males (62%). Over three-quarters (78%) of LGBTQ youth did not eat breakfast every day.
 - There was age variation in the share eating breakfast every day – younger students had smaller shares not eating every day (59%) compared to those aged 14 to 16 (67%) and those aged 17 and older (70%).
 - There was also racial/ ethnic variation with non-Hispanic Whites with the smallest share not eating every day (62%) and Hispanics with the largest (77%).
 - The share who did not eat breakfast on all 7 days increases to 70% among high schoolers. This share was smaller than the state of Ohio (74%) but larger than the US (67%).
- Nearly two-fifths (19%) did not eat breakfast on any day in the past week (see Figure. 9).
 - Similar trends are evident in Figure 9 as are in Figure 8—a larger share of females (20%) reported not eating any breakfast in the past 7 days compared to 17% among males. One-quarter (25%) of LGBTQ youth did not eat breakfast last week.
 - The share not eating breakfast was smaller among the youngest age group (14%).
 - Non-Hispanic White students had the smallest share not eating breakfast (18%) and Hispanics had the highest (21%).
 - The share who did not eat breakfast on any day increased to 21% among high schoolers. This share was larger than the state of Ohio (20%) and the US (17%).

Figure 7. Distribution of Henry County youth reports on number of days they ate breakfast, 2022

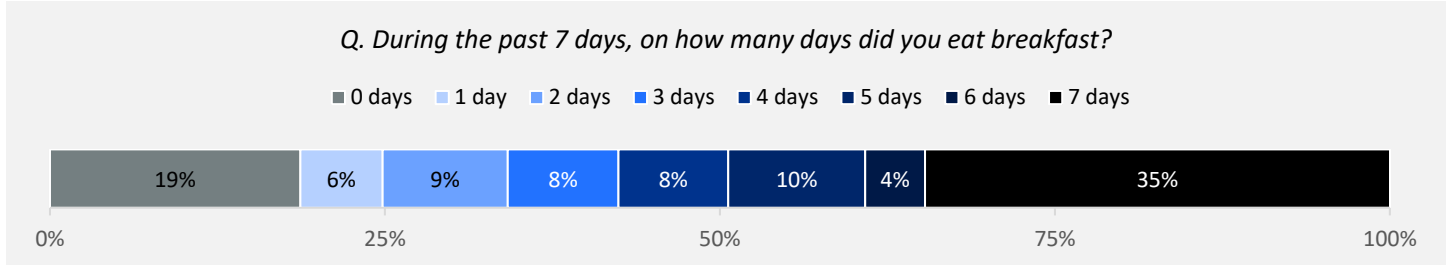


Figure 8. Variation in the percentage of youth who did not eat breakfast on all 7 days

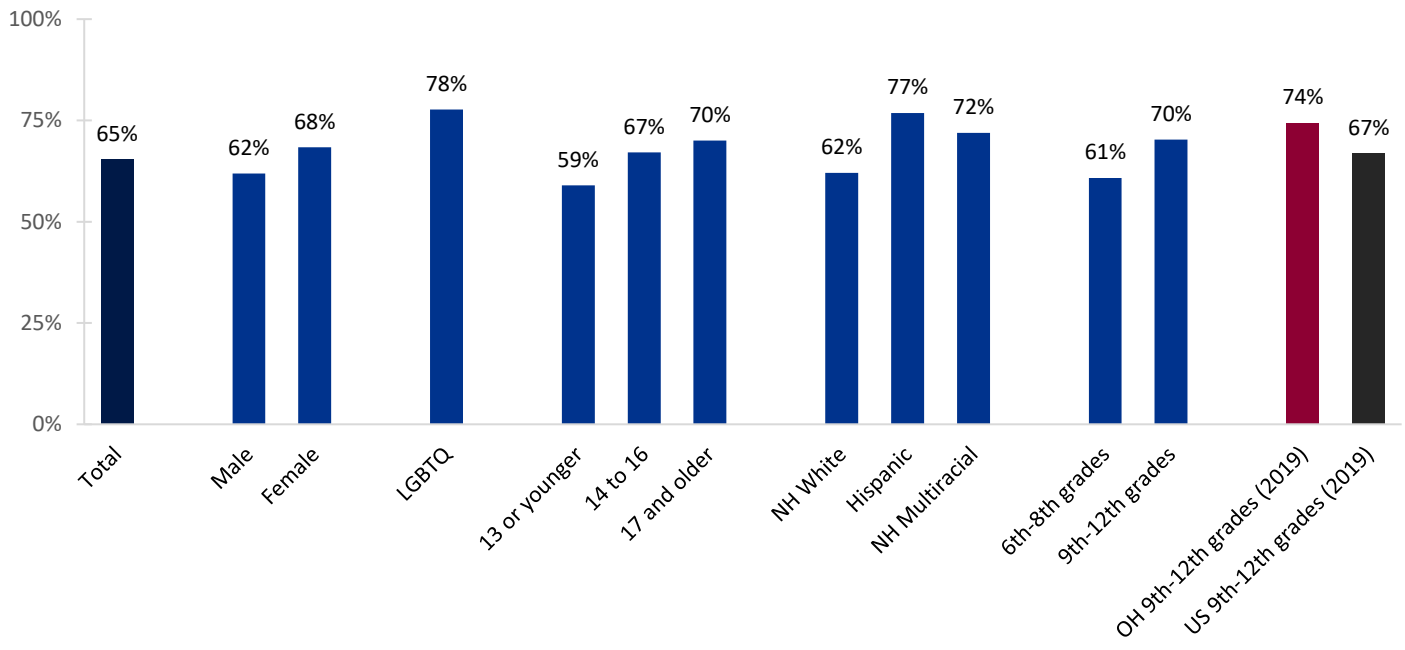
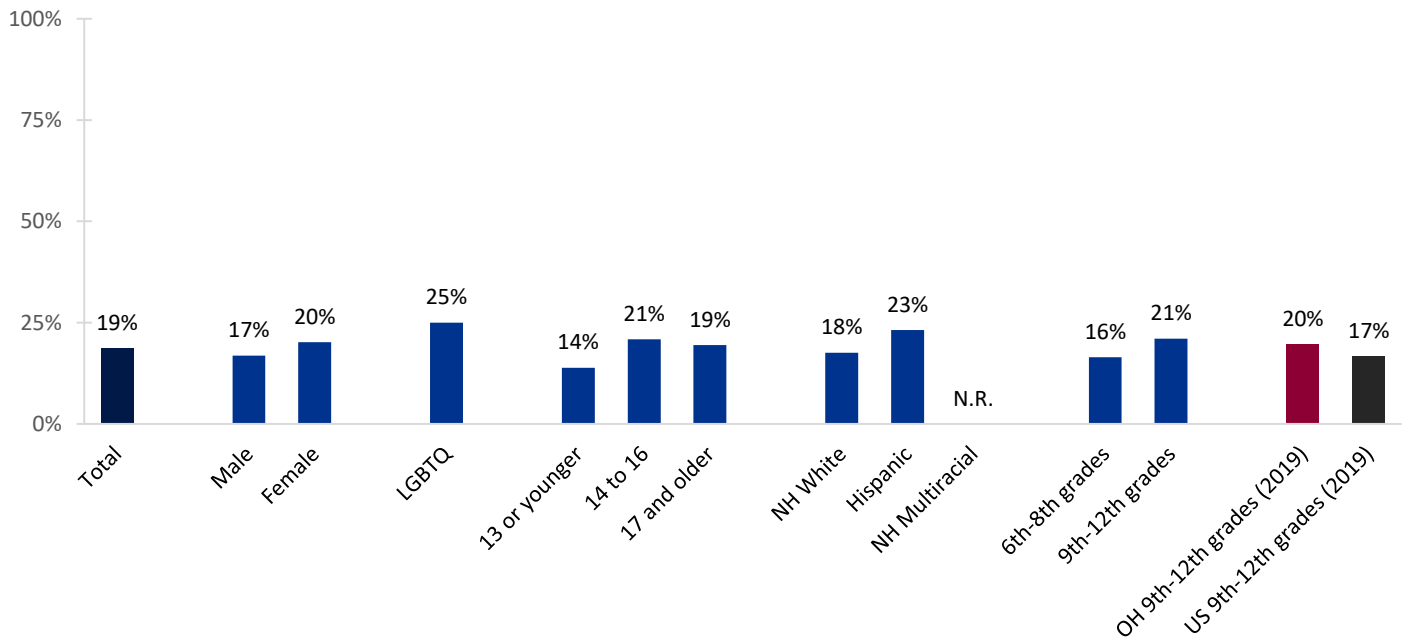


Figure 9. Variation in the percentage of youth who did not eat breakfast in the past 7 days



PHYSICAL ACTIVITY

The CDC recommends that children and adolescents ages 6 through 17 should be doing at least an hour of moderate-to-vigorous physical activity a day. See Physical Activity Guidelines for School-Aged Children and Adolescents for more information - [hyperlink](#).

- During the past week, youth participated in at least 60 minutes of physical activity at the following frequencies:
 - Three or more days (73%)
 - Five or more days (55%)
 - Every day (33%)
 - Zero days (13%)
- The average share (from 2010 through 2019) of Henry County youth reporting they were physically active for at least 60 minutes a day **every day** in the past week was 28% (see Figure 11).
 - The overall share in 2022 was slightly higher at 33%. Among Henry County high schoolers in 2022, 28% reported being physically active every day in the past week. The share among Henry County high schoolers was higher than the share in Ohio (24%) and the U.S. (23%).
- There was also sociodemographic variation in the share of youth who reported they were physically active **every day** of the week in 2022.
 - Again, the share among males was higher (41%) compared to females (26%).
 - The share among LGBTQ youth was lower than the share overall, 16% versus 33%, respectively.
 - There was also age variation—those aged 17 and older had a smaller share—less than one quarter compared to over one-third among those under the age of 17.

Figure 10. Distribution of Henry County youth reporting on their physical activity in the past 7 days, 2022

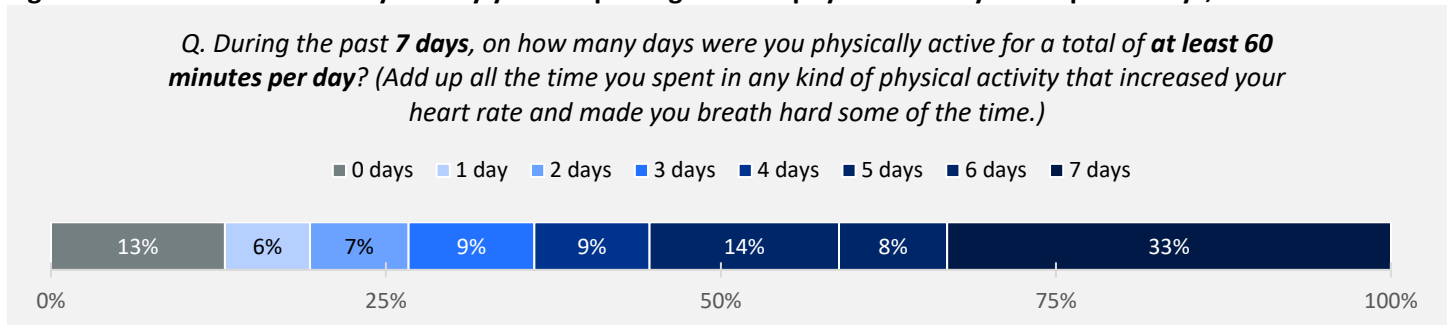
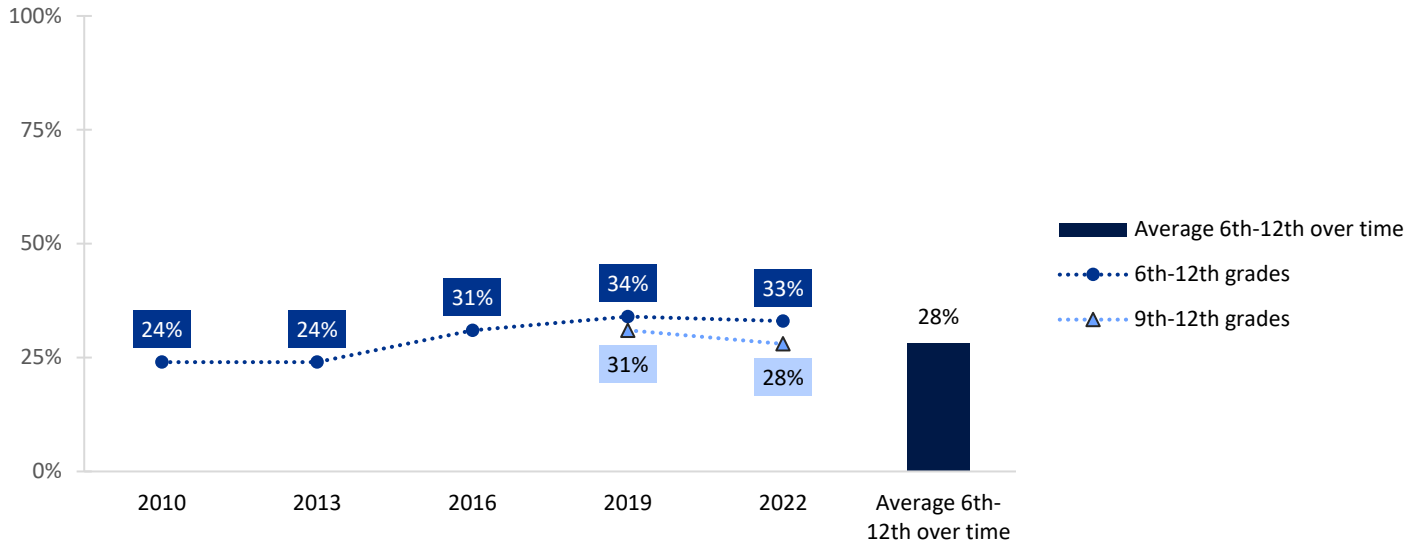
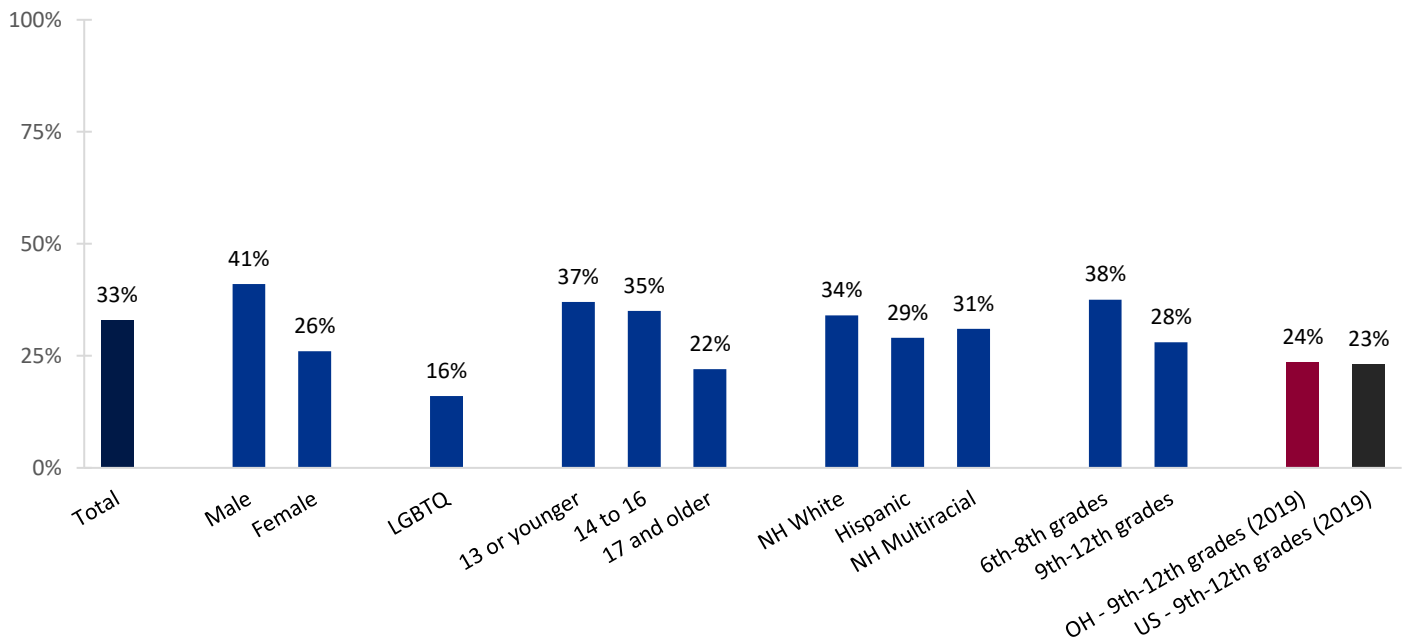


Figure 11. Trends in the percentage of Henry County youth physically active for at least 60 minutes on every day in the past week



Note: The average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

Figure 12. Variation in the percentage of youth physically active for at least 60 minutes on every day in the past week



SCREEN TIME

The American Academy of Pediatrics (AAP) highlights both the benefits and risks of media use (AKA screen time) on the health of teenagers. In a [2016 policy statement](#) the AAP recognizes that research evidence does not support a one-size fits all approach. They recommend parents work with their pediatricians to develop a [Family Media Use Plan](#) for each of their children. Further, parents should strive for consistent limits on the time their children use digital media to prevent it from taking the place of sleep, physical activity, and other beneficial health behaviors.

In the previous Youth Community Health Status Assessment Questionnaires youth were asked to report individually “on an average school day, how many hours do you spend doing the following activities (outside of school)?” for each of the following devices: TV, video games (non-active), computer/ tablet, cell phone (text, talk, internet). In 2022, to lessen respondent burden, the Questionnaire was changed, and youth reported on ALL devices, together. As such, trends are not available for this question.

- Small shares of youth reported less than one hour of screen time a day (6%) or only one hour a day (6%). Sixteen percent (16%) reported 2 hours of screen time, 22% reported 3 hours, and 19% reported four hours. Nearly one-third reported five or more hours of screen time per day.
 - Nearly three-quarters (72%) of Henry County youth reported they spent an average of 3 or more hours in a school day in front of a TV, computer, smartphone, or other electronic device watching shows or videos, playing games, accessing the Internet, or using social media.
- Among Henry County youth, screen time was more prevalent among females—three-quarters reported three or more hours per day compared to 69% among males. Usage among LGBTQ identifying youth was like that of females at 76%.
- Screen time also increased with age. Among the youngest (aged 13 and younger), 67% reported 3 or more hours of screen time compared to 80% among those aged 17 and older.
- There was little racial and ethnic variation in screen time—the highest share using three or more hours a day was found among non-Hispanic White youth at 73% following by Hispanic youth at 71%. Seventy percent (70%) of non-Hispanic Multiracial youth reported three or more hours of screen time a day.

Figure 13. Distribution of Henry County youth reports of their “screen time,” 2022

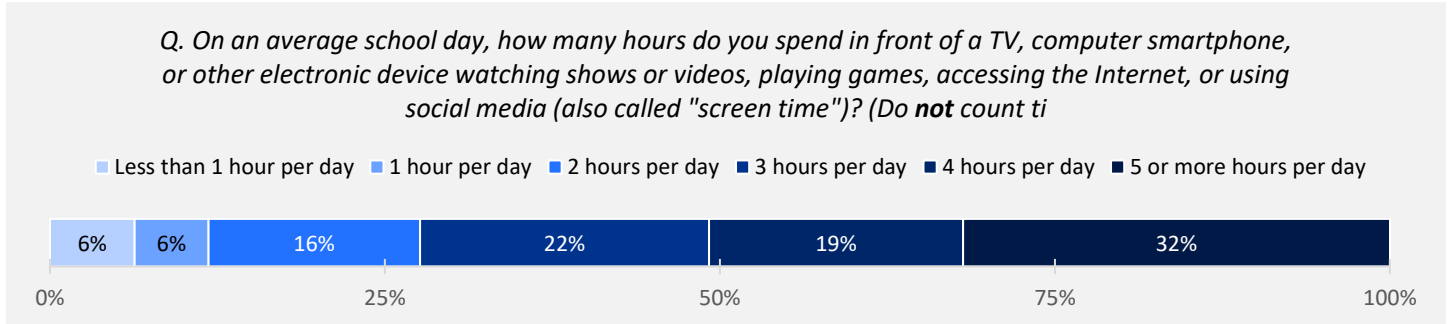
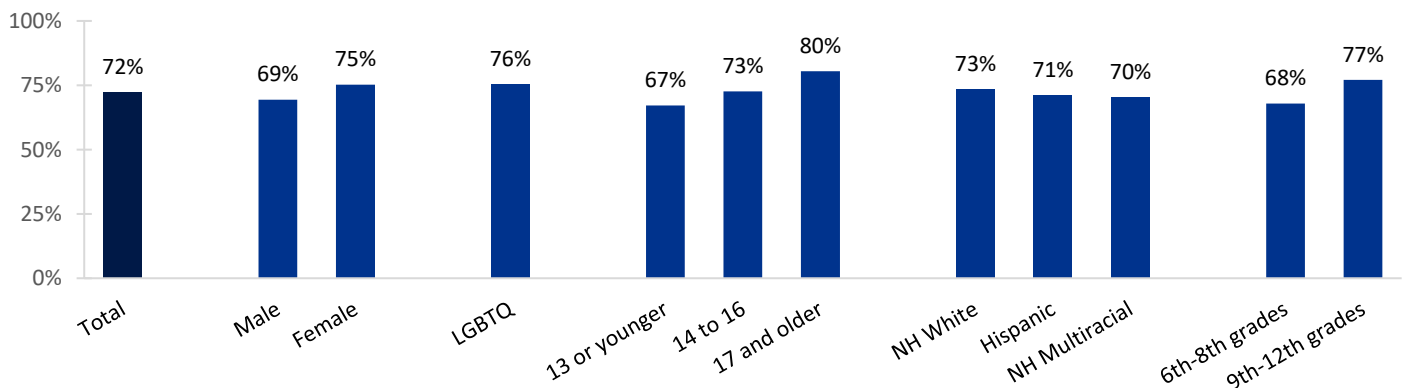


Figure 14. Variation in the percentage of Henry County youth reporting they spend three or more hours of screen time per school day (not counting time spent doing schoolwork), 2022



SPORTS TEAMS

In a meta-analysis published in 2020, researchers concluded team sports had positive associations with numerous outcomes in young athletes ([Zuckerman et al., 2020](#)). More specifically, participation in sports is associated with lower odds of tobacco, alcohol, and drug use as well as lower odds of depression and anxiety. Overall, the studies reviewed reported improved behavioral, psychological, and social health outcomes. As such, a new question in the 2022 Youth Questionnaire asked Henry County youth to report on the number of sports teams they played on in the past year.

- Nearly one-third (30%) of Henry County youth did not play on any sports teams in the previous 12 months. Almost one-quarter played on one team and 17% played on two teams. Nearly one-third (30%) reported playing on 3 or more sports teams.
 - Seventy percent (70%) of Henry County youth reported they played on at least one sports team.
- There was some sociodemographic variation in sports team participation.
 - The share of female youth and male youth in Henry County playing on at least one sports team was similar at 71% and 70%, respectively. LGBTQ youth reported much smaller shares playing on at least one team at slightly less than half (47%).
 - The share of youth playing on at least one team declined with age, such that among the youngest (aged 13 and younger) 73% did so compared to 66% among those age 17 and older.
 - The share among Hispanic youth participating in at least one sport (65%) was also smaller than their White (72%) and Multiracial counterparts (74%).
 - Compared to the state of Ohio and the nation, Henry County high schoolers had a larger share playing on at least one sports team in the past year. Among those Ohioans in high school 57% played on at least one sports teams and among high schoolers in the US 57% played on at least one sports team, compared to 66% of Henry County students in high school.

Figure 15. Distribution of Henry County youth reports of sports team participation, 2022

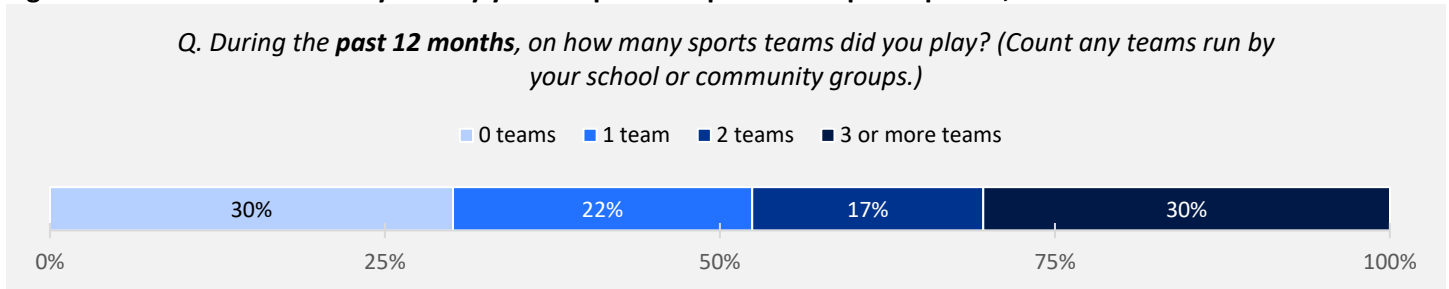
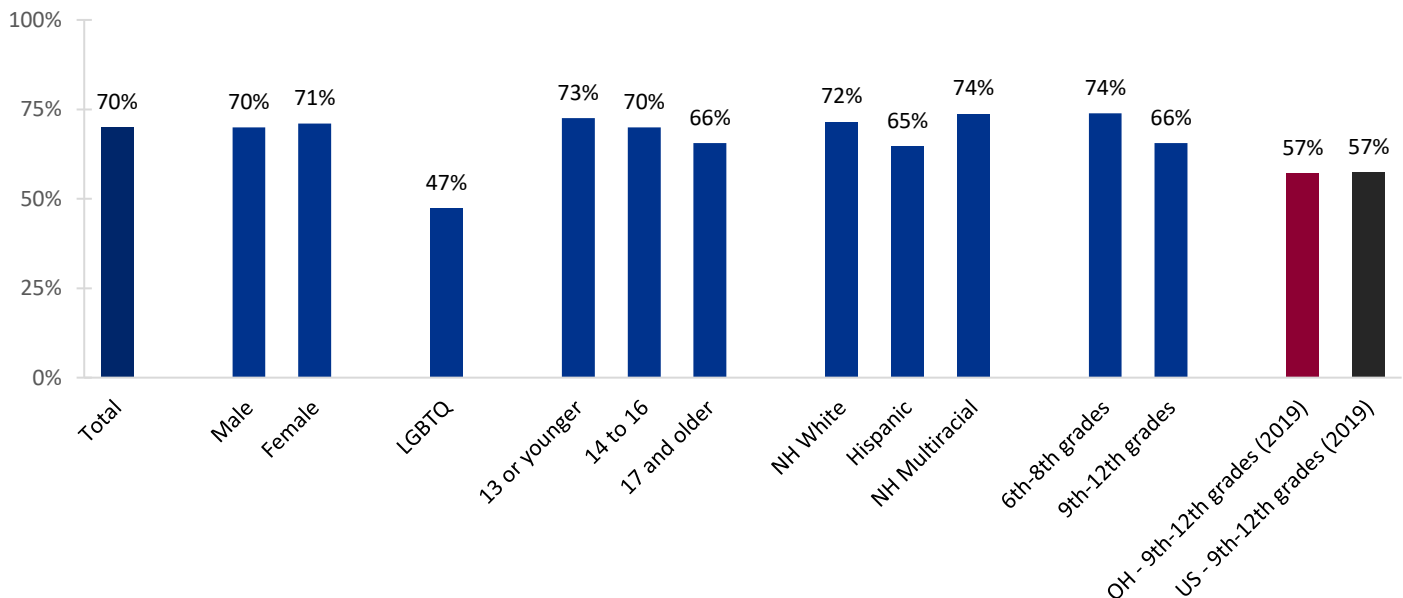


Figure 16. Variation in the percentage of youth who played on at least one sports team



CONCUSSIONS

The CDC has developed a special initiative—HEADS UP Concussion in Youth Sports—to help ensure the health and safety of young athletes. This initiative offers a free, online course for coaches, parents, sports officials, athletic trainers, and others. More information on HEADS UP can be found here – [hyperlink](#). Understanding the signs of concussion are important because:

Teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a teen for a lifetime. It can even be fatal.

- In the past year, 15% of youth had a concussion—a blow or jolt to the head that causes problems such as headaches, dizziness, being dazed or confused, difficulty remembering or concentrating, vomiting, blurred vision, or being knocked out—in the past 12 months while playing a sport or being physically active. This share in 2022 was smaller than in 2019 when 19% reported experiencing a concussion. Among those who had experienced at least one concussion, 40% had experienced more than one.
 - Concussions were more common among male youth (18%) compared to female youth (12%). Fourteen percent of LGBTQ youth reported a concussion in the past 12 months.
 - The age group to have the highest share experiencing at least one concussion was those aged 14 to 16 (16%). Those aged 17 and older had the smallest share (13%).
 - Hispanic youth had a higher share reporting a concussion at 17% compared to their White counterparts (14%).
 - Nationally, similar shares of high schoolers experienced a concussion as those in Henry County, however a slightly smaller share of all Ohio high schoolers had (13%).

Figure 17. Distribution of Henry County youth reports of concussions in the past 12 months, 2022

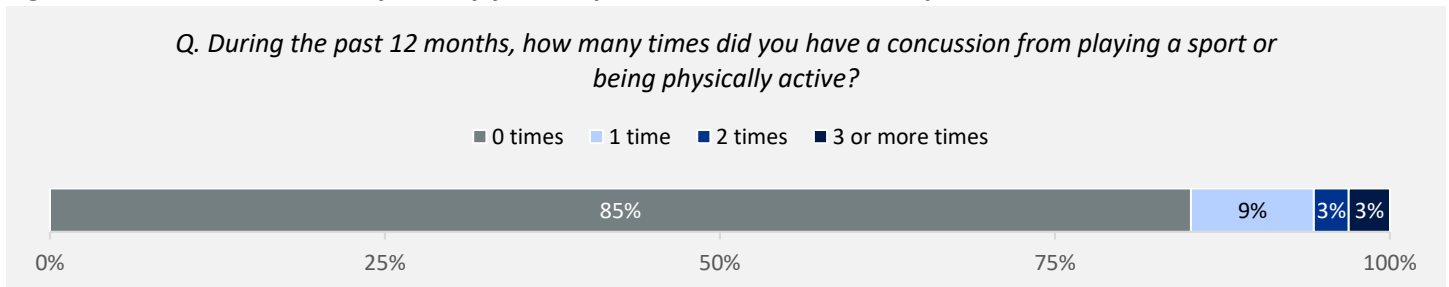
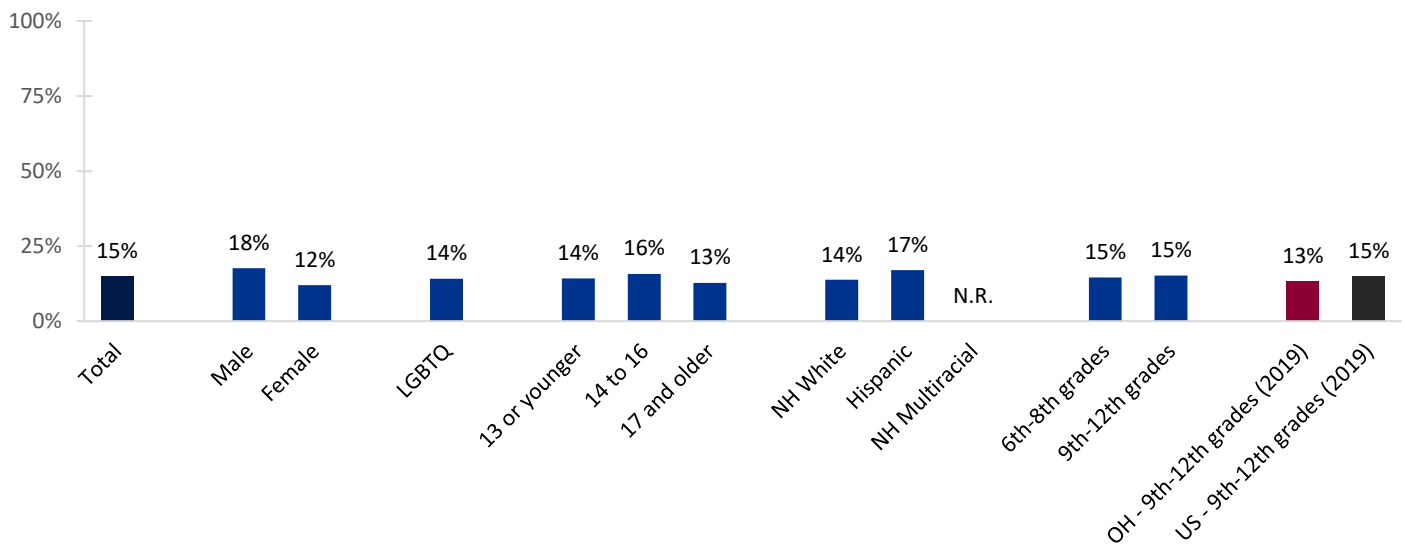


Figure 18. Variation in the percentage of youth who experienced a concussion in the past 12 months



TOBACCO USE

CIGARETTE SMOKING

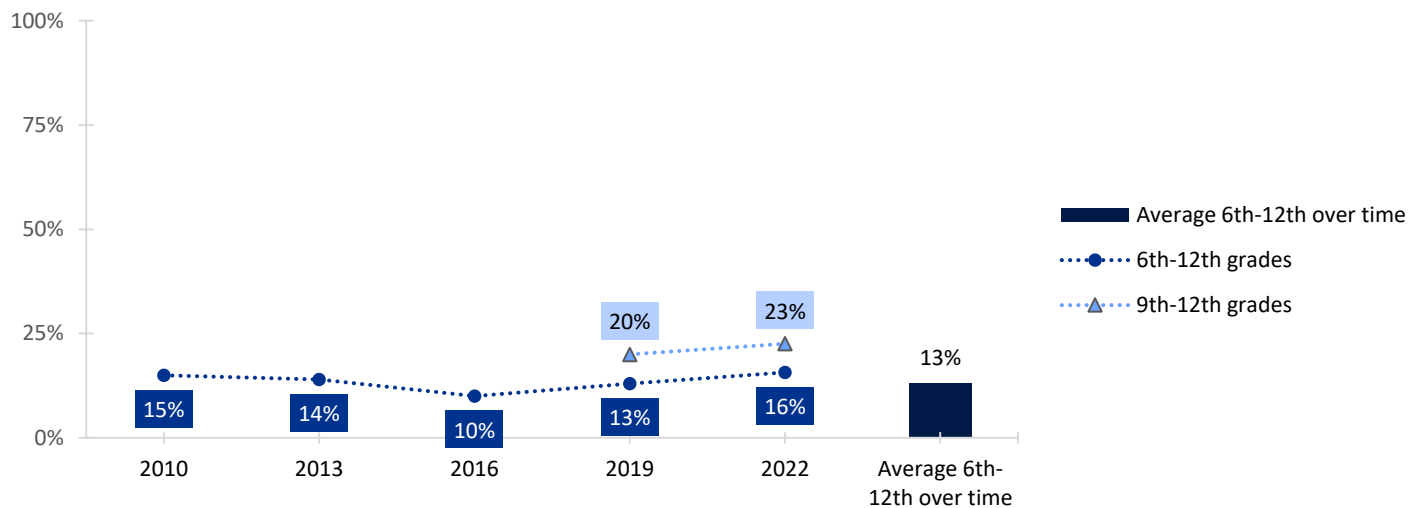
According to the CDC [Office on Smoking and Health](#) (OSH) it is estimated that each day, about 1,600 youth try their first cigarette. Smoking leads to disease and disability and harms nearly every organ of the body and tobacco use in the United States is the leading cause of preventable disease, disability, and death. As such, the mission of OSH is:

To develop, conduct, and support strategic efforts to protect the public’s health from the harmful effects of tobacco use.

EVER TRIED CIGARETTE SMOKING

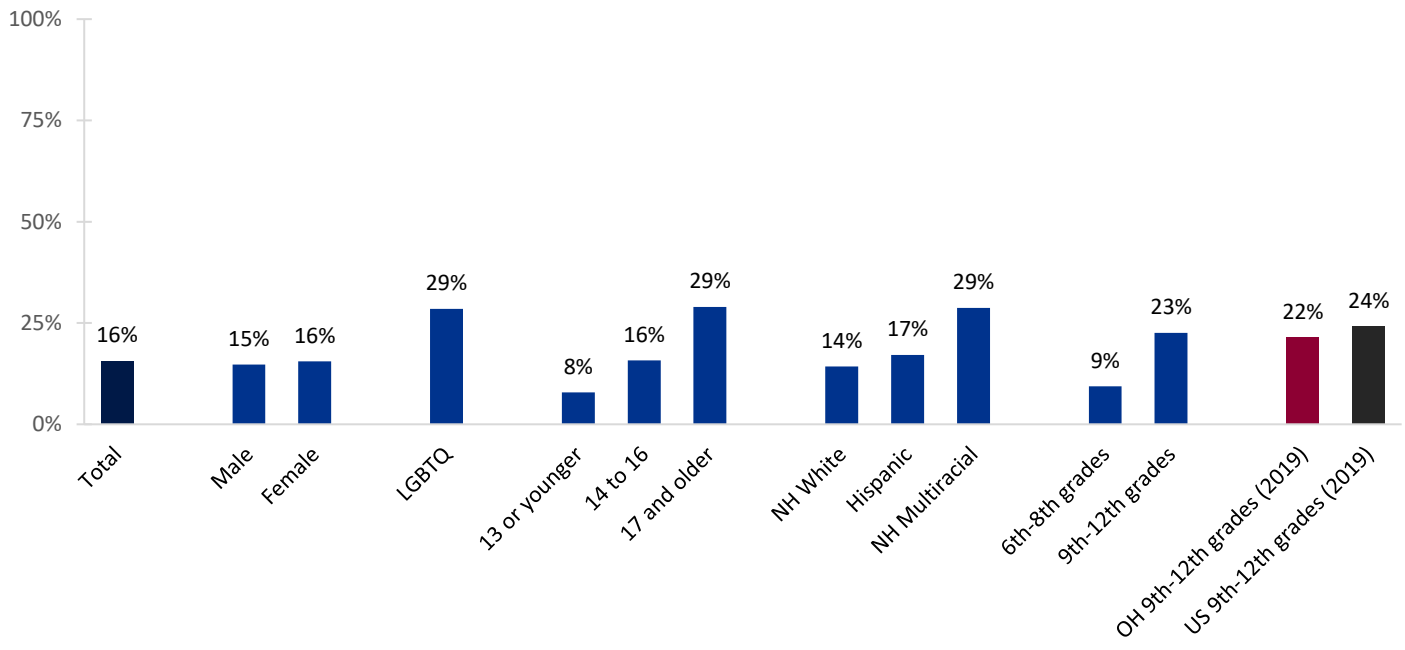
- Henry County youth were asked if they had “...ever tried cigarette smoking, even one or two puffs.” Sixteen percent (16%) of all Henry County youth had tried cigarette smoking, increasing to 29% among those aged 17 and older.
- The average share (from 2010 through 2019) of all Henry County youth reporting they had ever tried smoking was 13% (see Figure 19). The overall share in 2022 was slightly higher at 16%.
 - Similar shares of female and male youth had ever tried smoking, 16% and 15%, respectively. Nearly three-in-ten (29%) of LGBTQ identifying youth had ever smoked.
 - The share to report they had ever smoked increased with age. The smallest share (8%) was found among those aged 13 years and younger. Among those aged 14 to 16 the share was twice as large as their younger peer at 16%. Nearly three-in-ten youth aged 17 and older had ever smoked.
 - There was also variation by race/ethnicity. The smallest share to try smoking was found among non-Hispanic White youth at 14%. Seventeen percent of Hispanic youth had ever smoked and nearly three-in-ten non-Hispanic Multiracial youth had ever smoked.
 - Among Henry County high schoolers in 2022, 23% reported ever smoking. The national share of high schoolers to report ever smoking was slightly larger (24%), but the share among all Ohio high schoolers (22%) was slightly lower compared to those in Henry County (see Figure 20).
- Among those who had ever smoked, the largest share did so between for the first time between the ages 13 and 14 (32%). Nearly one-in-five (19%) were 8 years old or younger when they first smoked.

Figure 19. Trends in percentage of Henry County youth who had ever tried cigarette smoking



Note: the average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 – 2019.

Figure 20. Variation in the percentage youth who report they had ever tried cigarette smoking

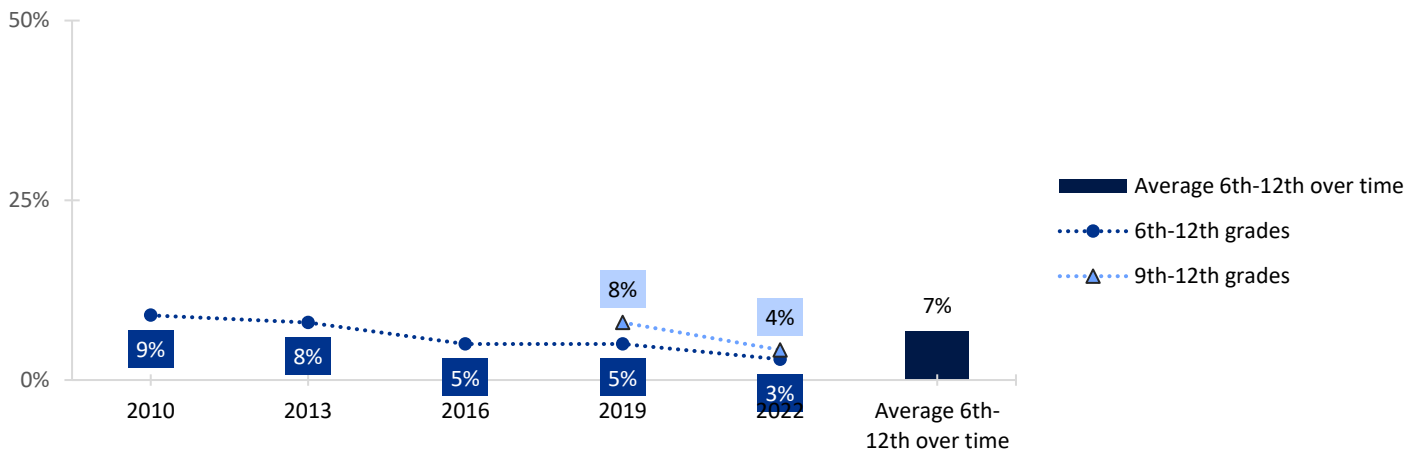


CURRENT SMOKERS

Current smokers are defined as those who report having smoked on at least 1 day during the 30 days before the survey.

- The average share (from 2010 through 2019) of all Henry County youth reporting they were current smokers was 7%. The overall share in 2022 was lower at 3%. Among high school students only 4% were considered current smokers.

Figure 21. Trends in percentage of Henry County youth who were current smokers



Note: The average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

ELECTRONIC VAPOR PRODUCTS

Although cigarette use among youth has been declining, the type of tobacco products available to and popular with middle and high school students has changed. One of the newest products on the market are electronic cigarettes that convert liquid solutions into a vapor and are inhaled. The CDC considers e-cigarettes unsafe for kids, teens, and young adults. Most contain nicotine, which is harmful to adolescent brain development. The e-cigarette aerosol that users breathe and exhale from the device can contain nicotine, ultrafine particles, flavorings such as diacetyl, which is linked to serious lung disease, VOCs (volatile organic compounds), cancer-causing chemicals, and heavy metals. They can also contain other harmful substances. Because these products are new, we only have data on Henry County youth’s usage in the years 2019 and 2022.

EVER TRIED VAPING

- Over one-fifth (23%) of Henry County youth had ever used an electronic vaping product.
 - Having ever tried a vapor product was slightly higher among female youth in Henry County (26%) compared to male youth (19%). Among LGBTQ youth 41% reported ever vaping.
 - The oldest age group—those aged 17 and older—had the highest share to ever vaped at 44%. Among those aged 13 and younger 17% had ever vaped and among those aged 14 to 16 21% had ever done so.
 - Non-Hispanic Multiracial youth had a higher share to have ever tried an electronic vapor product at 34%, followed by Hispanic youth at 30% and 21% among non-Hispanic White youth.
 - The state and national share of high schoolers who has ever tried an electronic vapor product was larger at about half (48% and 50%, respectively) (see Figure 23). compared to Henry County high school students of which 32% had ever vaped.

Figure 22. Trends in percentage of Henry County youth who ever tried electronic vapor products

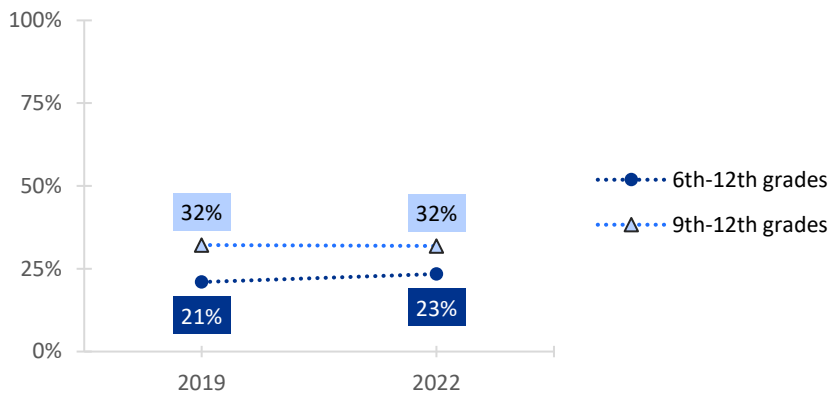
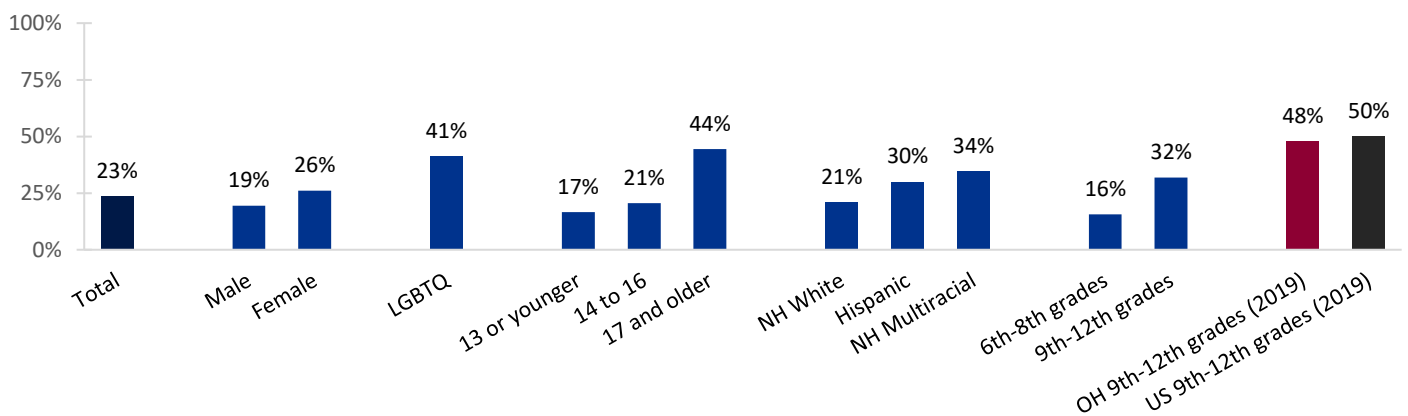


Figure 23. Variation in the percentage of Henry County youth ever tried electronic vapor products



CURRENT VAPERS

Current electronic vapor product users are defined as those who report having vaped on at least 1 day during the 30 days before the survey.

- About one-in-ten (11%) of Henry County youth were current electronic vapor product users, having used one at some time in the past 30 days, increasing to 15% among high schoolers.
 - The share of current vapor product users was higher among female youth in Henry County (13%) compared to male youth (8%). Among LGBTQ youth 22% reporting having vaped in the past 30 days.
 - Those aged 17 had twice the share currently vaping (20%) compared to those aged 14 to 16 (10%).
 - Hispanic youth had more than double the share reporting being a current vaper (19%) compared to their non-Hispanic White counterparts (8%).
 - The state and national share of high schoolers who were current vapor product users was larger (30% and 33%, respectively) than high schoolers in Henry County (15%).
- Over three-fifths (62%) of youth reported they get vapor products from friends or family members.

Figure 24. Trends in percentage of Henry County youth who were current electronic vapor product users

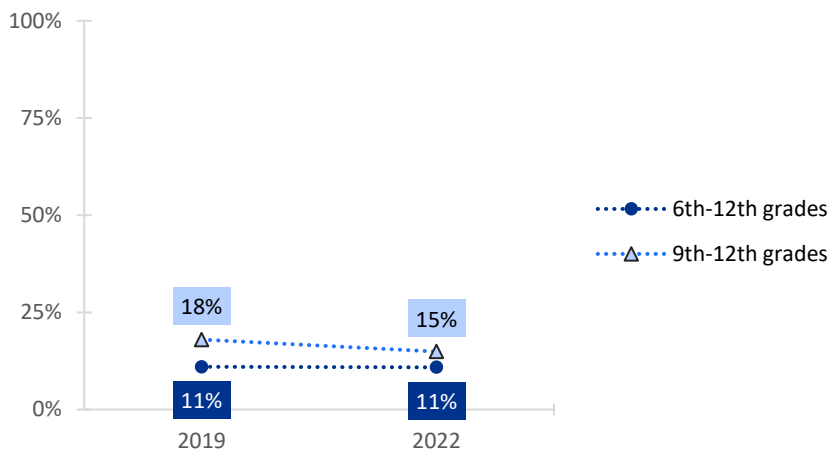


Figure 25. Variation in the percentage of youth who were current electronic vapor product users

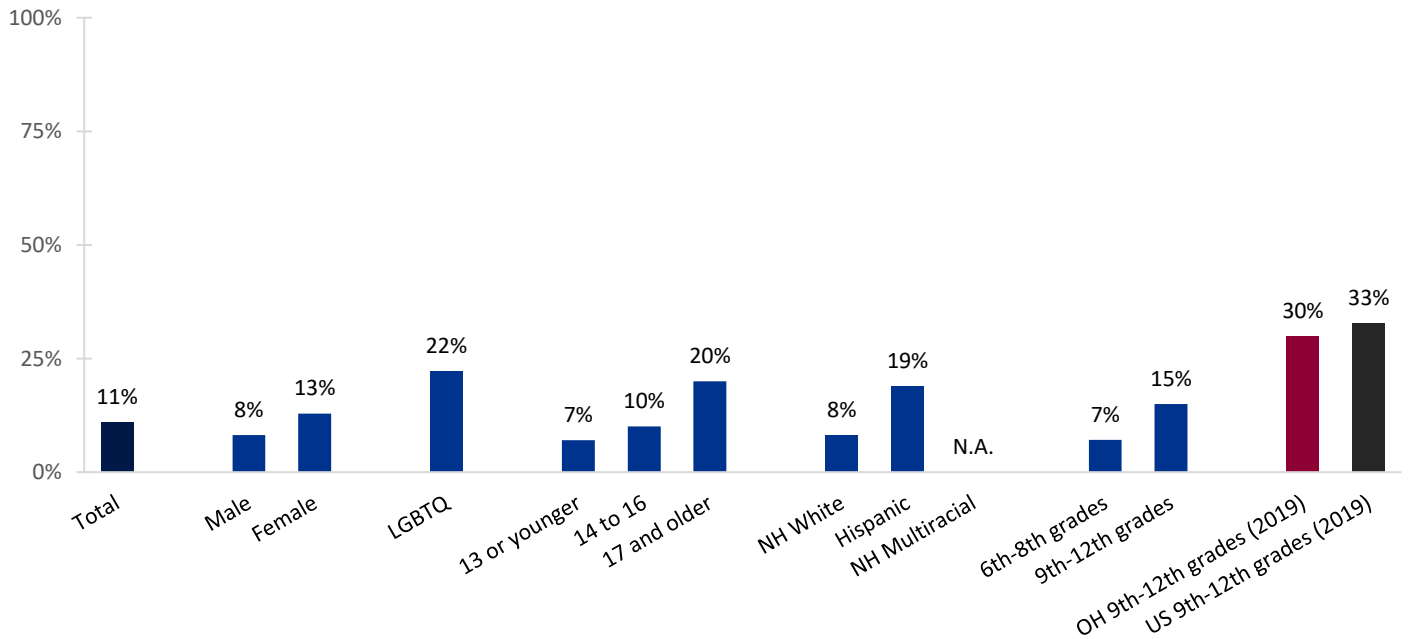


Table 4. Behaviors of Henry County Youth

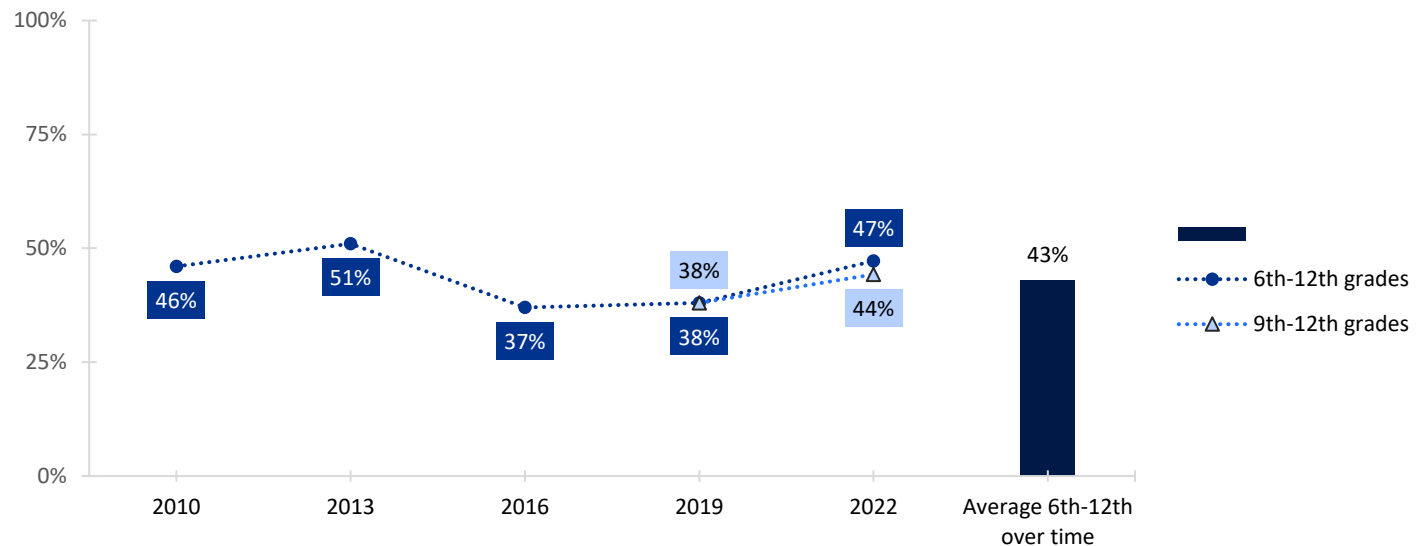
Current Smokers and/ or Current Vapers vs. Non-Current Smokers/ Vapers

| Youth Behaviors | Current Smoker/ Vaper | Non-Current Smoker/ Vaper |
|---|-----------------------|---------------------------|
| Bullied (in the past 12 months) | 57% | 34% |
| Had at least one drink of alcohol (in the past 30 days) | 58% | 8% |
| Currently participate in extracurricular activities | 88% | 90% |
| Used marijuana (in the past 30 days) | 48% | N.A. |
| Experienced three or more adverse childhood experiences (ACEs) (in their lifetime) | 72% | 25% |
| Seriously considered attempting suicide (in the past 12 months) | 45% | 14% |
| Attempted suicide (in the past 12 months) | 32% | 6% |
| Misused prescription medication (in the past 30 days) | 23% | 5% |

QUITTING TOBACCO

- Among youth who had smoked or vaped in the past year, nearly half (47%) reported they had tried to quit using all tobacco products. This share is slightly larger than the 43% average from 2010 through 2019.
- When limited to only high school students the share was slightly lower at 44%.

Figure 26. Trends in the percentage Henry County youth who tried to quit using all tobacco products in the past 12 months



Note: The average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

ALCOHOL CONSUMPTION

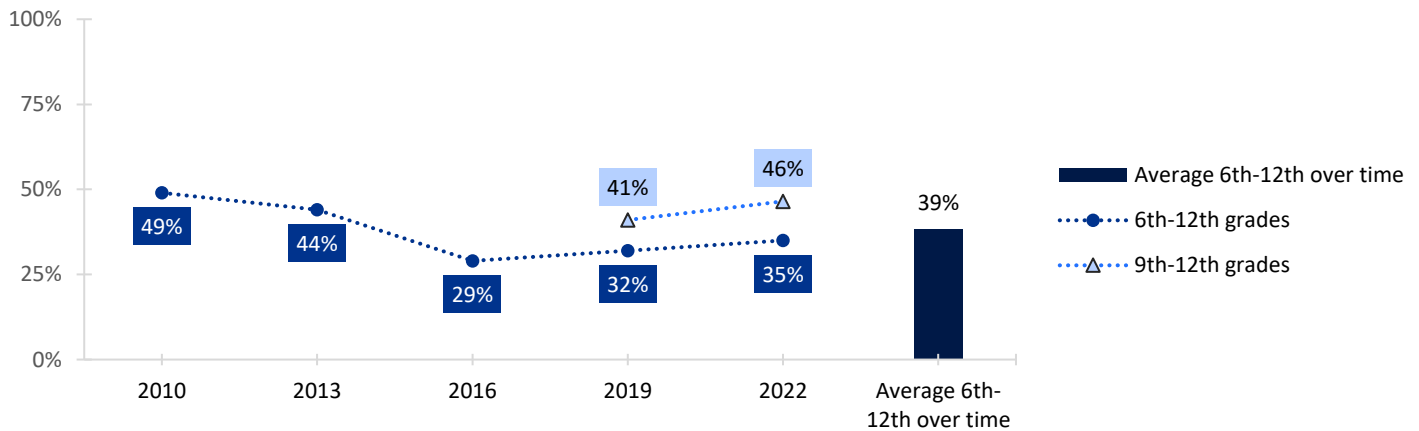
According to the CDC, alcohol is the most used substance among young people in the U.S. (CDC, 2020). Underage drinking is dangerous and thus a significant public health problem. Youth who drink are more likely to experience school, social, legal, physical, and cognitive problems. Early and excessive drinking can lead to the disruption of normal growth, sexual development, and changes in brain development. It is also linked to increased risk of physical and sexual violence, suicide and homicide, motor vehicle crashes and other unintentional injuries (Jones, Clayton, Deputy, Roehler, Ko, Esser, 2020; US. Department of Health and Human Services, 2016; Miller, Naimi, Brewer, & Jones, 2007; Esser, Guy, Zhang, & Brewer, 2019 cite).

EVER TRIED ALCOHOL

Henry County youth were asked to report on their consumption of alcohol. More specifically, whether they drank beer, wine, flavored alcoholic beverages, and liquor such as rum, gin, vodka, or whiskey. They were instructed NOT to include drinking a few sips of wine for religious purposes.

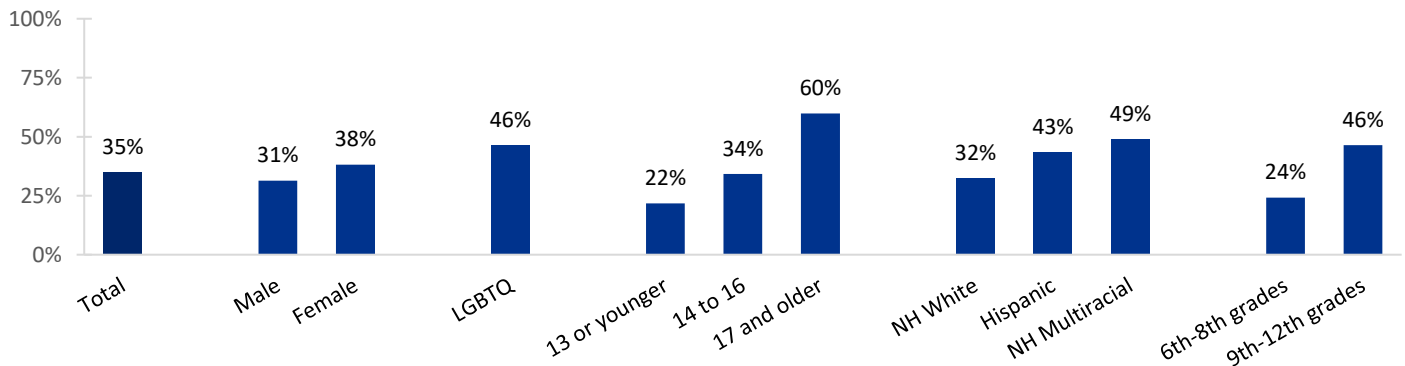
- About one-third (35%) of youth had at least one drink of alcohol in their lifetime, increasing to 46% of those in high school. The average share (from 2010 through 2019) of all Henry County youth reporting they had at least one drink of alcohol in their lifetime was 39% (see Figure 27).
 - The share who had ever drunk alcohol was higher among female youth in Henry County (38%) compared to male youth (31%). Among LGBTQ youth 46% reporting they had drunk alcohol.
 - Those aged 17 and older had nearly twice the share to have ever drunk (60%) compared to those aged 14 to 16 (34%) and nearly three times higher than those aged 13 or younger (22%).
 - Non-Hispanic Multiracial youth had the highest share to have ever drunk alcohol (49%) followed by Hispanic youth (43%). About one-third (32%) of non-Hispanic White youth reported ever having tried alcohol.

Figure 27. Trends in the percentage of Henry County youth who ever tried an alcoholic beverage



Note: The average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

Figure 28. Variation in the percentage of youth who ever tried an alcoholic beverage



CURRENT DRINKERS

- Forty-two percent (42%) of youth had at least one drink in the past 30 days (and considered a “current drinker”). Eight percent (8%) reported having a drink on 1 or 2 days, 2% on 3 to 5 days and 3% on 6 or more days in the past 30 days. The share increases to 21% among high schoolers in Henry County. The average share (from 2010 through 2019) of all Henry County youth reporting were current drinkers was 16% (see Figure 30).
 - The share who had ever drunk alcohol was higher among female youth in Henry County (16%) compared to male youth (12%). Among LGBTQ youth 19% reporting they had drunk alcohol.
 - Those aged 17 had more than twice the share to of current drinkers (33%) compared to those aged 14 to 16 (12%).
 - Hispanic youth had the highest share of current drinkers (19%). Among their non-Hispanic White counterparts, 13% were current drinkers.
 - The state and national share of high schoolers who currently drink (26% and 29%, respectively) were larger than the share among Henry County high schoolers (21%) (see Figure 31).

Figure 29. Distribution of Henry County youth reports of alcohol consumption in the past 30 days, 2022

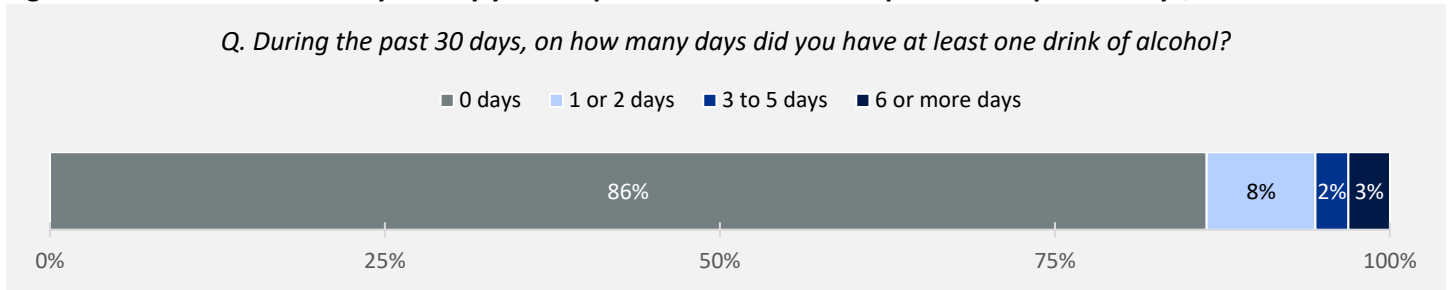
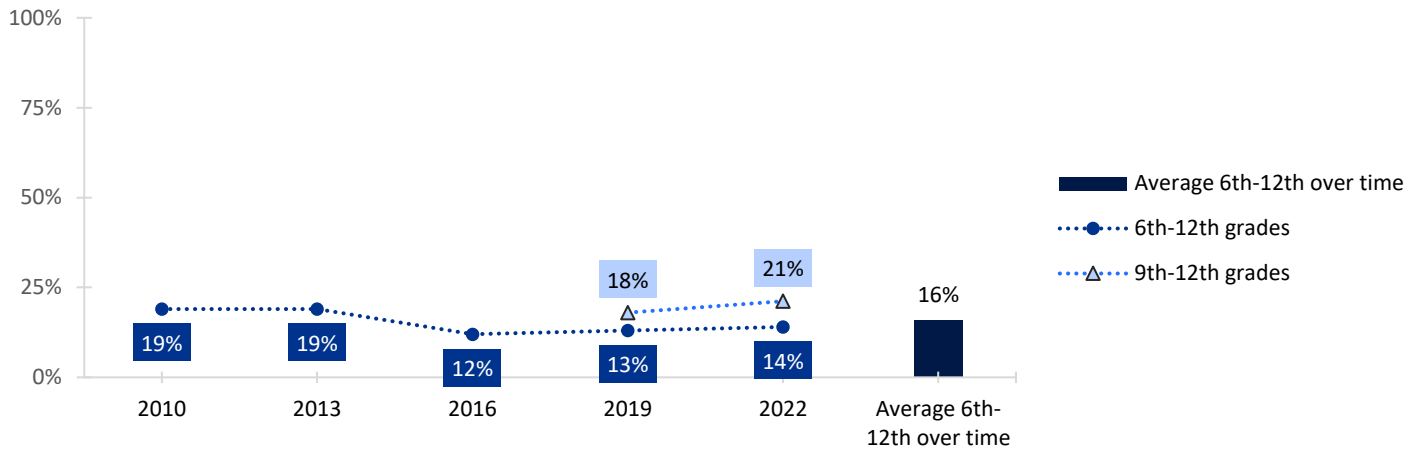


Figure 30. Trends in the percentage of Henry County youth who were current drinkers



Note: The average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

Figure 31. Variation in the percentage of youth who were current drinkers

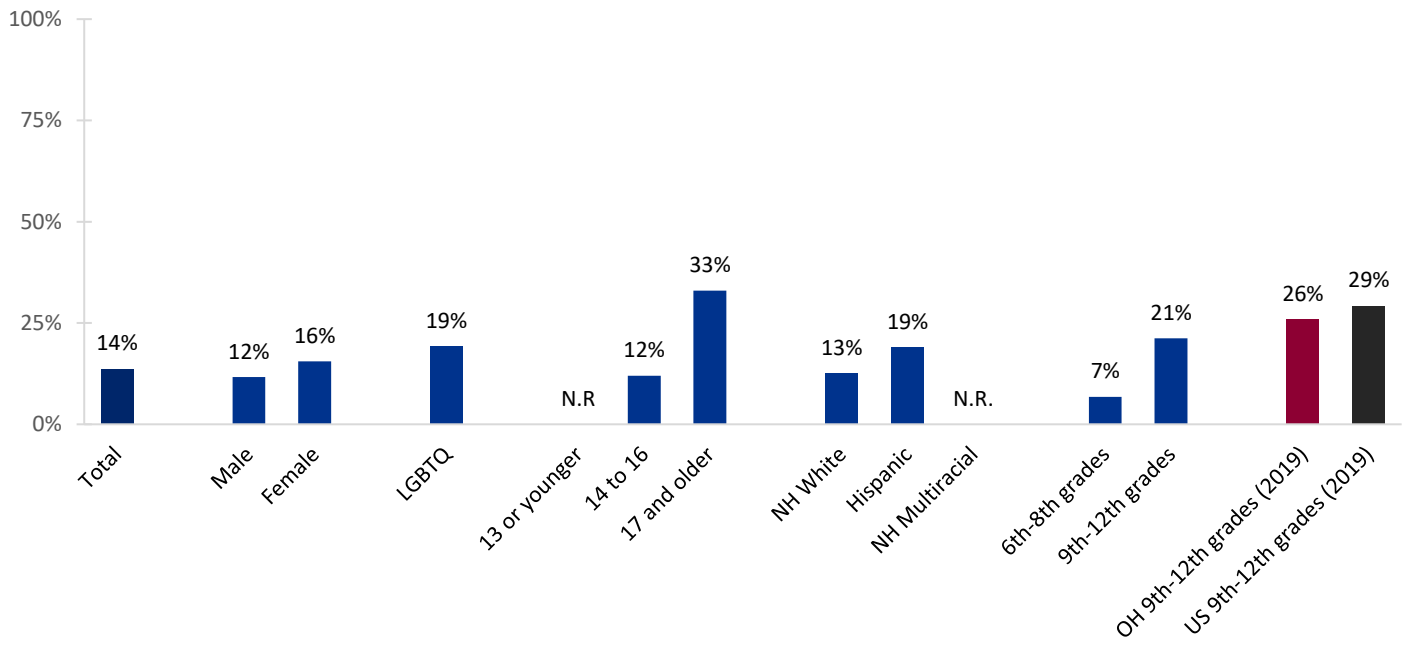


Table 5. Behaviors of Henry County Youth

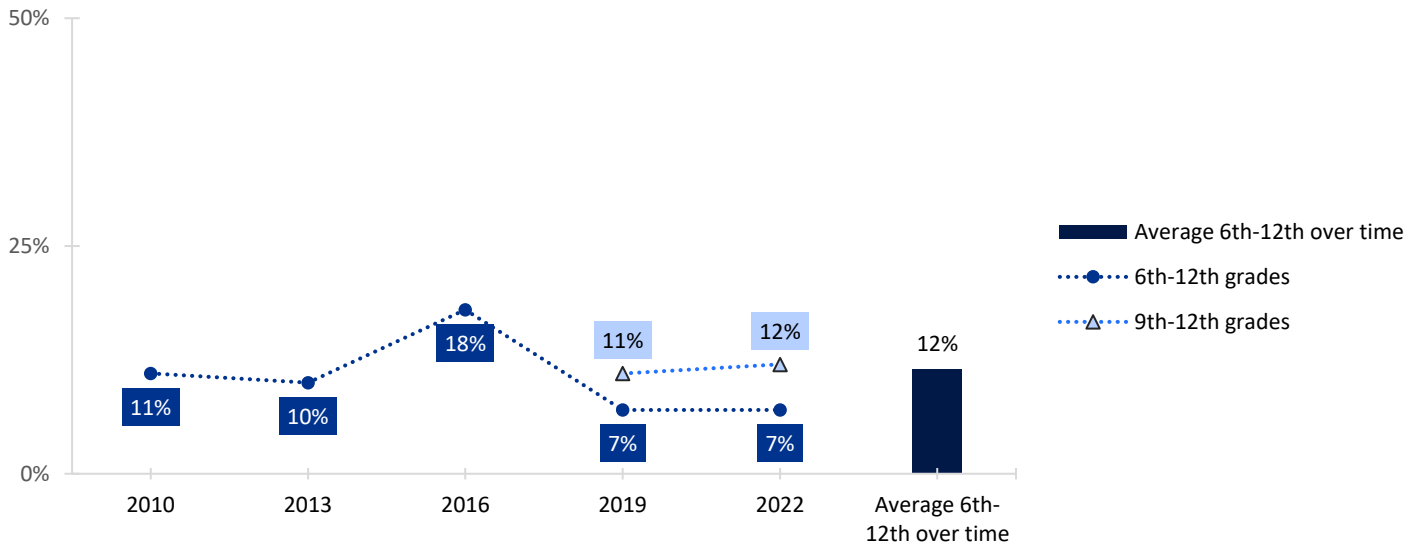
Current Drinkers vs. Non-Current Drinkers

| Youth Behaviors | Drinker | Non-Drinker |
|---|---------|-------------|
| Currently participate in extracurricular activities | N.R. | 89% |
| Bullied (in the past 12 months) | 47% | 35% |
| Used marijuana (in the past 30 days) | 36% | 2% |
| Experienced three or more adverse childhood experiences (ACEs) (in their lifetime) | 56% | 26% |
| Seriously considered attempting suicide (in the past 12 months) | 34% | 15% |
| Attempted suicide (in the past 12 months) | 19% | 7% |
| Misused prescription medication (in the past 30 days) | 18% | 5% |
| Smoked and/ or Vaped (in the past 30 days) | 47% | 5% |

BINGE DRINKERS

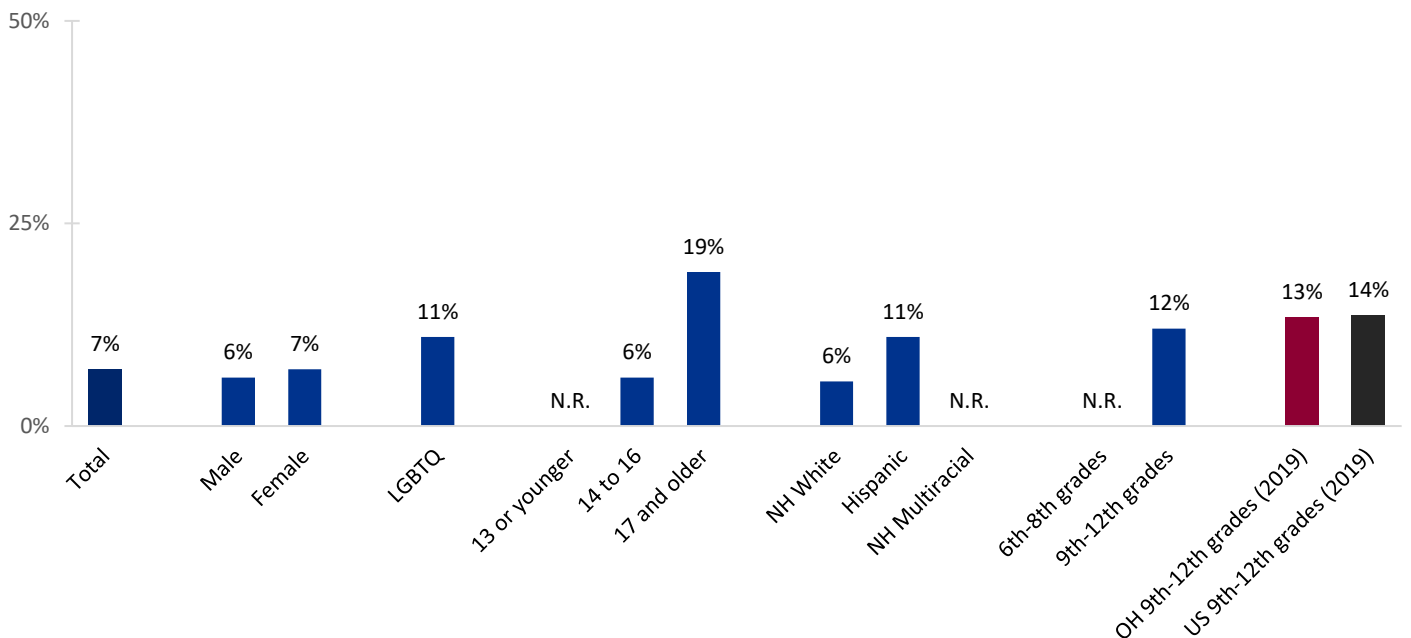
- Based on all youth surveyed, 7% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers, increasing to 12% of those in high school. Of those who drank, half (49%) were defined as binge drinkers. The average share (from 2010 through 2019) of all binge drinking Henry County youth was 12% (see Figure 32).
 - The share of binge drinkers among female youth in Henry County (6%) was like that of males (7%). Among LGBTQ youth 11% reported binge drinking.
 - Three times the share of those aged 17 were binge drinkers (19%) compared to those aged 14 to 16 (6%).
 - Eleven percent (11%) of Hispanic youth reported binge drinking. Among their non-Hispanic White counterparts, 6% reported binge drinking.
 - The state and national share of binge drinking high schoolers (13% and 14%, respectively) were like the share among Henry County high schoolers (12%) (see Figure 33).

Figure 32. Trends in the percentage of Henry County youth who were binge drinking in the past month



Note: The average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

Figure 33. Variation in the percentage of youth who were binge drinking in the past month



AGE OF DRINKING ONSET

- Of all youth, 15% had drunk alcohol for the first time before the age of 13 (see Figure 34).
 - Five percent (5%) had their first drink at age 8 years old or younger, 3% at age 9 or 10 years old, and 6% had their first drink at age 11 or 12 years or age. Nearly one-in-ten (9%) reported they took their first drink between the ages of 13 and 14, and 11% started drinking between the ages of 15 and 18.
- The average share (from 2010 through 2019) of Henry County youth who reported drinking before the age of 13 was 18%. Interestingly, 12% of high schoolers reported drinking prior to age 13 (see Figure 35).

Figure 34. Distribution of Henry County youth reports of the age in which they first tried alcohol, 2022

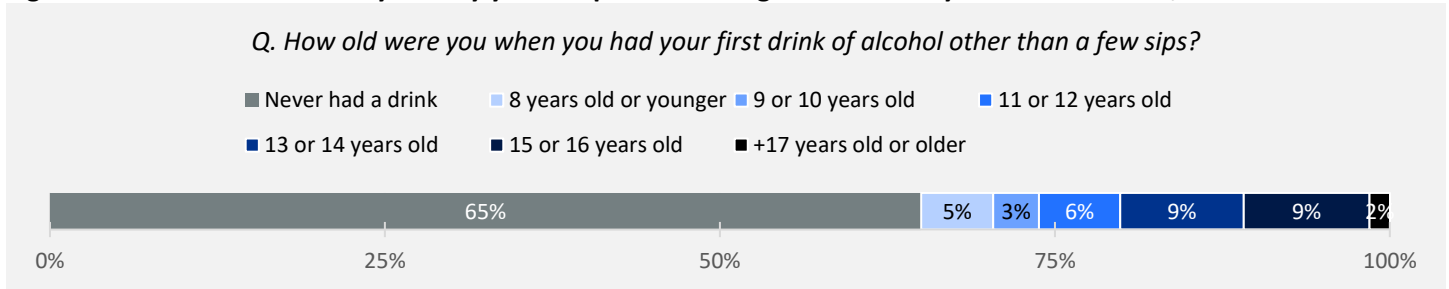
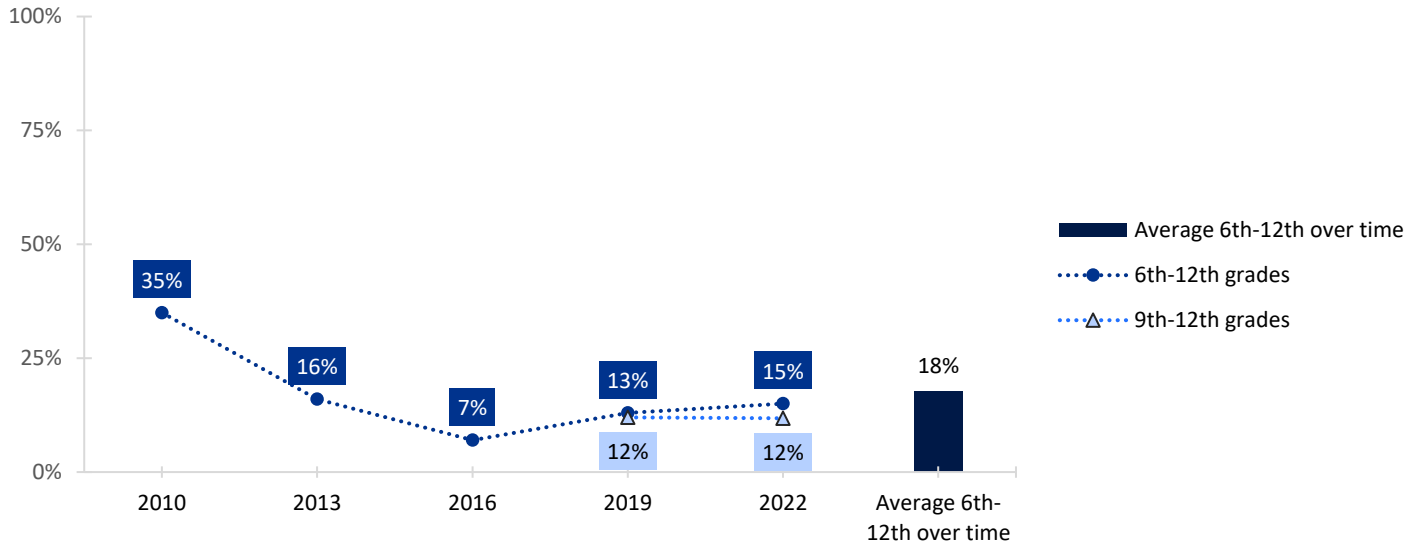


Figure 35. Trends in the percentage of Henry County youth who drank for the first time before age 13

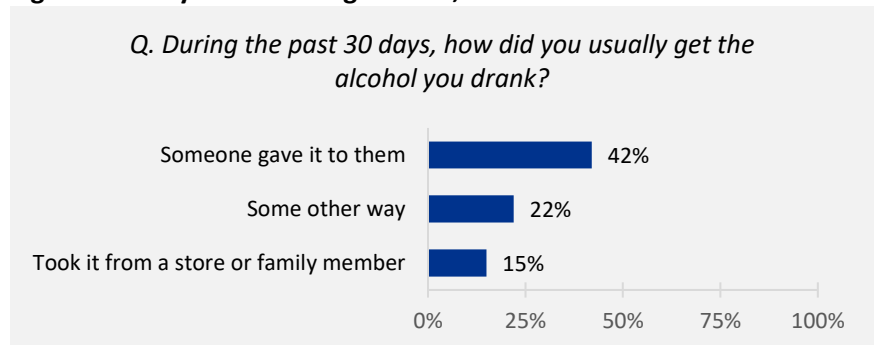


Note: The average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

WAYS OF OBTAINING ALCOHOL

- Youth drinkers reported the following ways of obtaining their alcohol:
 - Someone gave it to them (42%)
 - Took it from a store or family member (15%)
 - Some other way (22%)

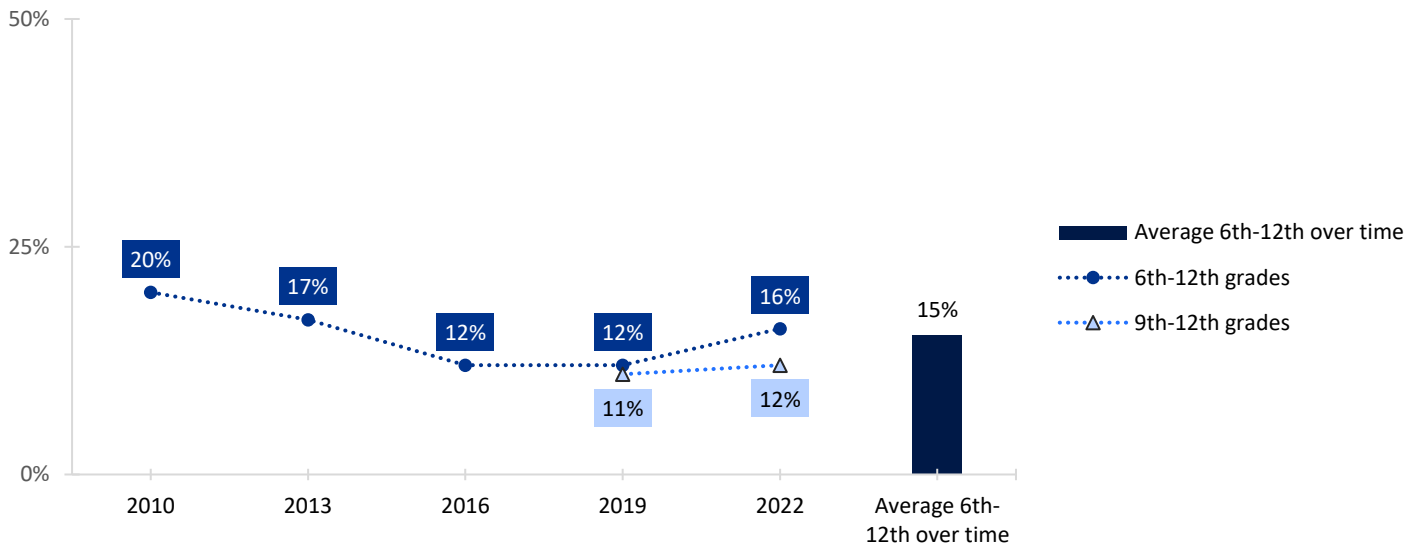
Figure 36. Ways of obtaining alcohol, 2022



ALCOHOL AND MOTOR VEHICLES

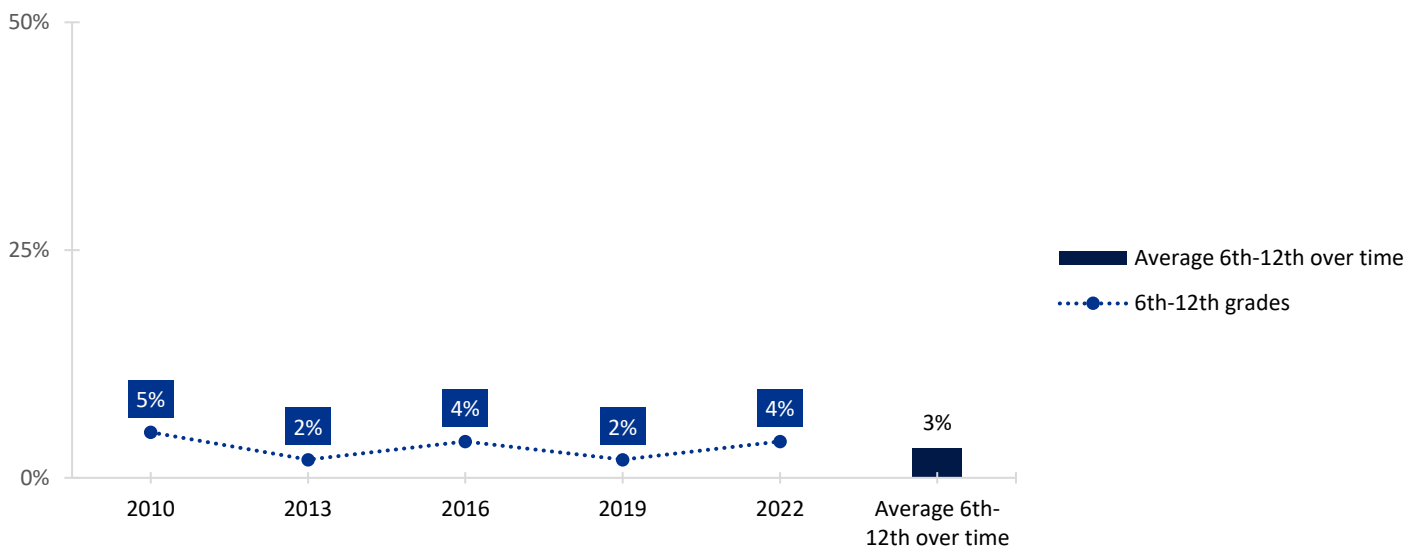
- During the past month, 16% of all Henry County youth had ridden in a car driven by someone who had been drinking alcohol. A slightly smaller share of high schoolers (12%) reported riding in a car driven by someone who had been drinking. Nationally, 17% of high schoolers reported riding with someone who had been drinking (not shown).
 - The average share (from 2010 through 2019) of Henry County youth who reported riding with someone who had been drinking was 15% (see Figure 37).
- Four percent (4%) of youth drivers had driven a car in the past month after they had been drinking alcohol.
 - The average share (from 2010 through 2019) of Henry County youth who reported drinking and driving in the past 30 days was 3% (see Figure 38).

Figure 37. Trends in the percentage of Henry County youth who rode with a driver who had been drinking in the past 30 days



Note: The average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

Figure 38. Trends in the percentage of Henry County youth drivers who report having driven a car in the past month after consuming alcohol



Note: the average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

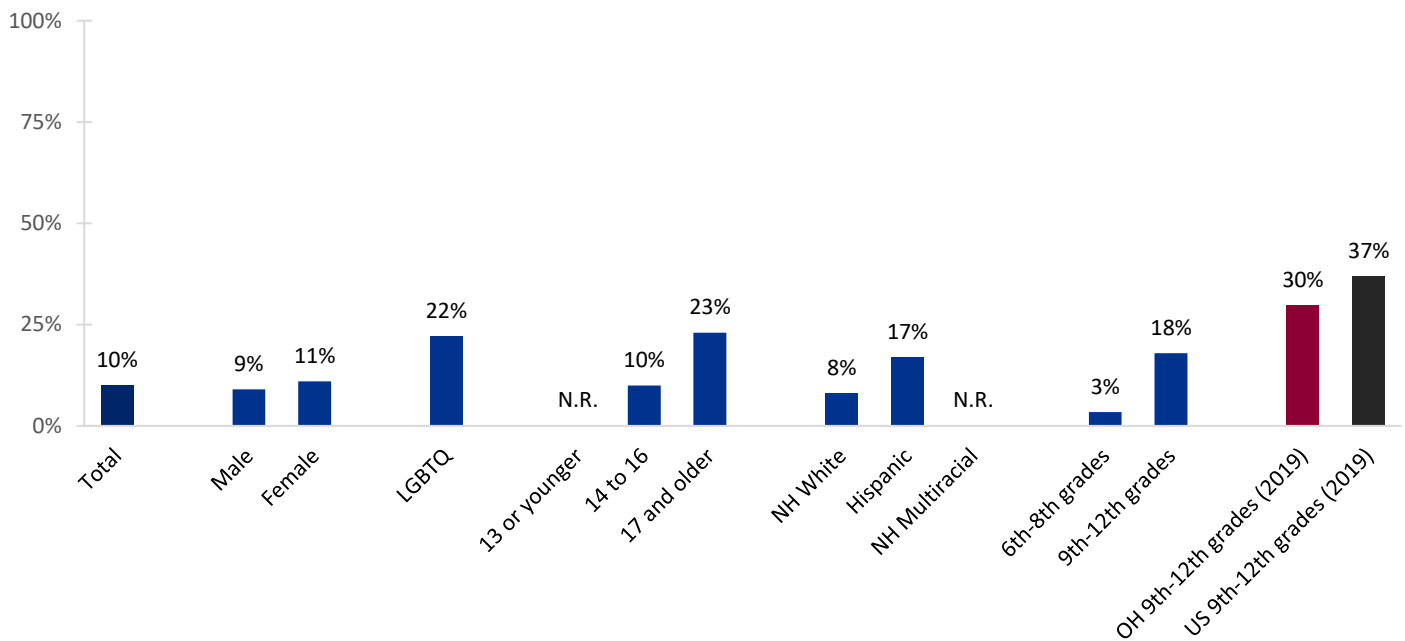
DRUG USE

MARIJUANA

EVER TRIED MARIJUANA

- One-in-ten (10%) of Henry County youth had ever tried marijuana, increasing to nearly one-fifth (18%) of those in high school. Among those in middle school, only 3% reported having ever tried marijuana.
 - The share of female youth in Henry County to have ever tried marijuana (11%) was larger than the share among males (9%). Among LGBTQ youth nearly one-quarter (22%) reported ever trying marijuana.
 - Two times the share of those aged 17 had tried marijuana (23%) compared to those aged 14 to 16 (10%).
 - Seventeen percent (17%) of Hispanic youth ever tried marijuana. Among their non-Hispanic White counterparts, 8% reported they had tried marijuana.
 - The state and national share of high schoolers to have ever tried marijuana (30% and 37%, respectively) were three times or more higher than the share among Henry County high schoolers (see Figure 39).

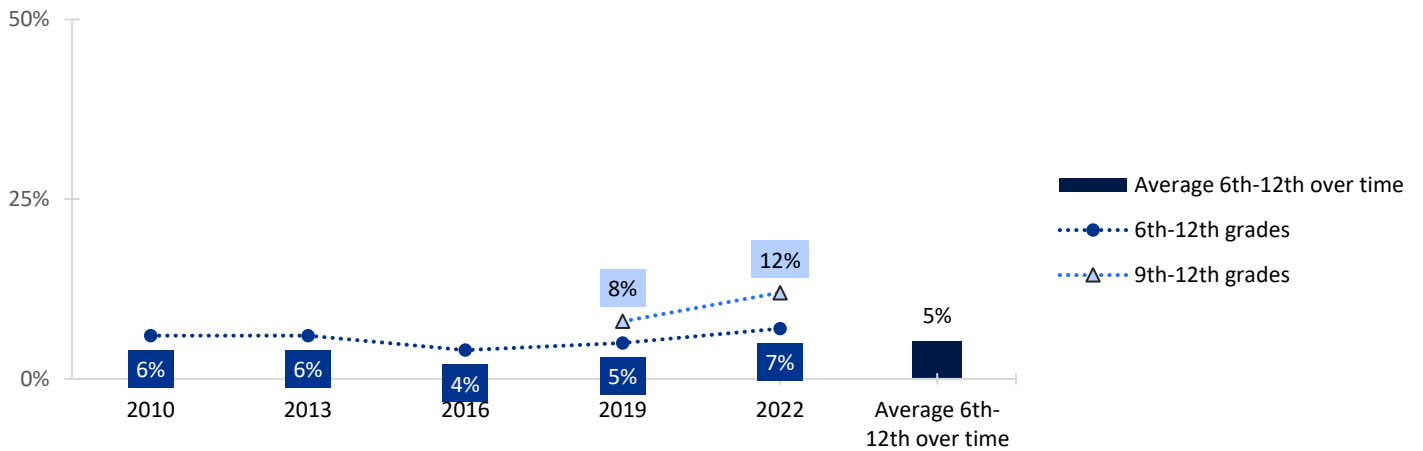
Figure 39. Variation in the percentage of youth who ever tried marijuana



CURRENT MARIJUANA USERS

- Seven percent (7%) of all Henry County youth had used marijuana at least once in the past 30 days, increasing to 12% of those in high school. The average share (from 2010 through 2019) of all Henry County youth who reported using marijuana at least once in the past 30 days was 5% (see Figure 40).
 - The share of female youth in Henry County to have used marijuana in the past month (7%) was like the share among males (6%). Among sexual minority youth 15% reported using marijuana in the past month.
 - Nearly three times the share of those aged 17 had used marijuana in the past month (17%) compared to those aged 14 to 16 (6%).
 - About one-in-ten (11%) of Hispanic youth used marijuana in the past month. Among their non-Hispanic White counterparts, 5% reported they had used marijuana in the past thirty days.
 - The state and national share of high schoolers considered current marijuana users (16% and 22%, respectively) were higher than the share among Henry County high schoolers (see Figure 41).
- Three percent (3%) of youth tried marijuana before the age of 13. The modal age (age group most often reported) was age 15 or 16, representing 34% of those who had ever tried marijuana.

Figure 40. Trends in the percentage of Henry County youth who used marijuana in the past month



Note: The average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

Figure 41. Variation in the percentage of youth who used marijuana in the past month

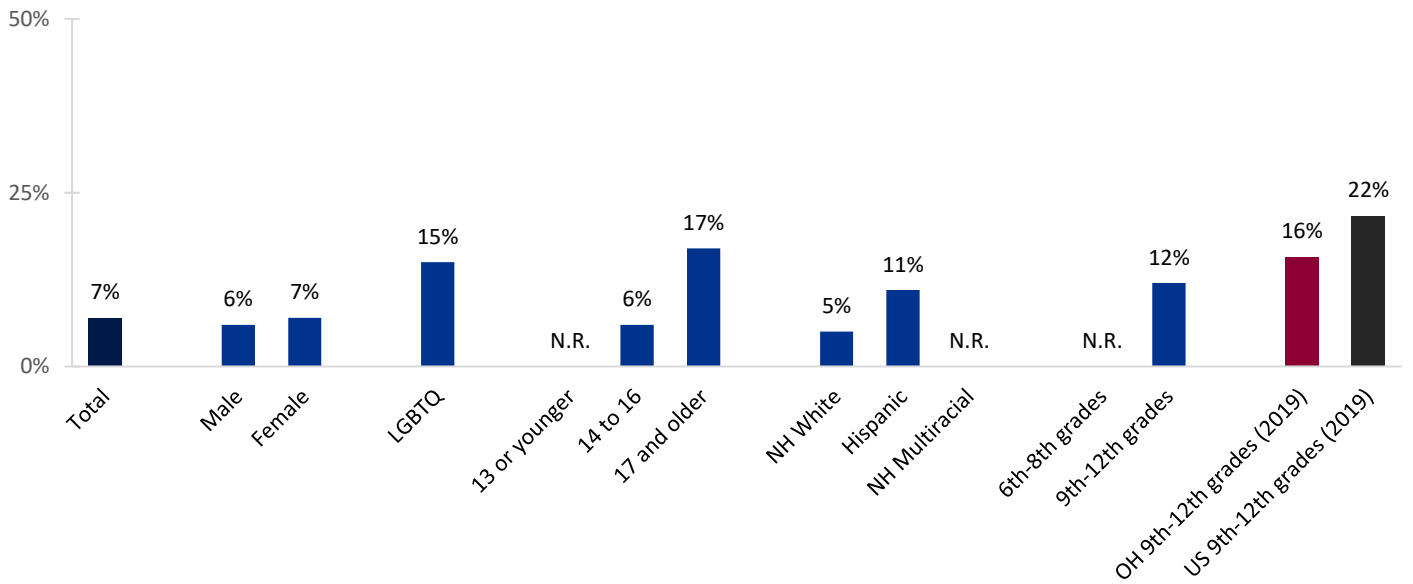


Table 6. Behaviors of Henry County Youth

Current Marijuana User vs. Non-Current Marijuana User

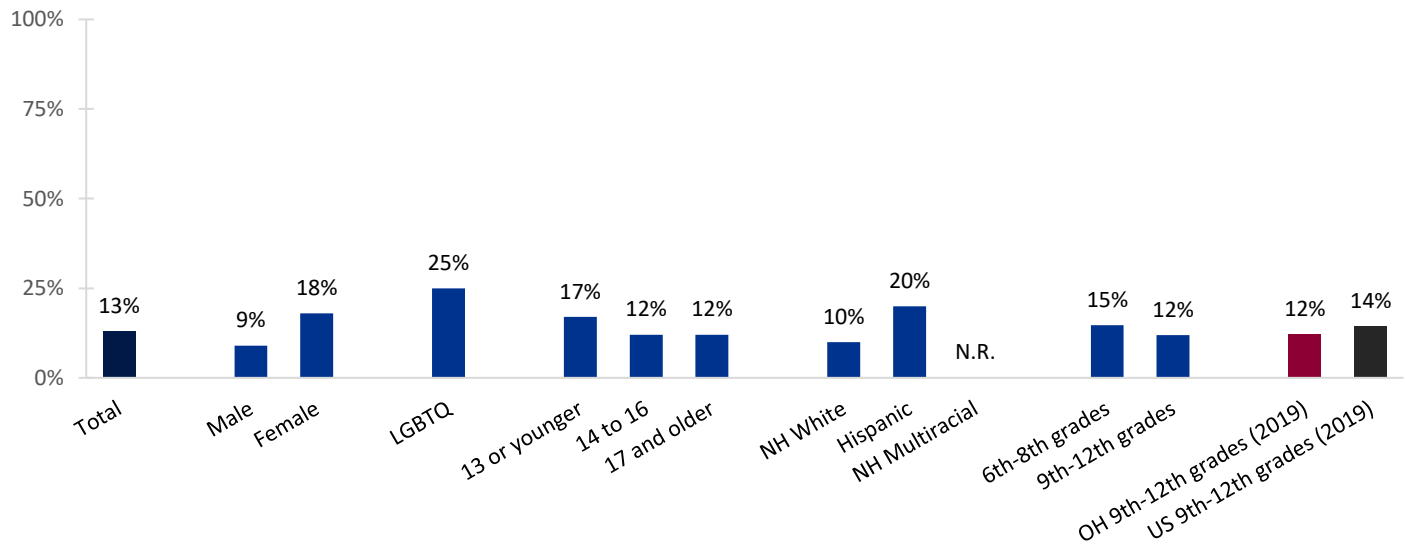
| Youth Behaviors | Current Marijuana User | Non-Current Marijuana User |
|---|-------------------------------|-----------------------------------|
| Had at least one drink of alcohol (in the past 30 days) | 72% | 10% |
| Currently participate in extracurricular activities | 92% | 90% |
| Bullied (in the past 12 months) | 45% | 36% |
| Experienced three or more adverse childhood experiences (ACEs) (in their lifetime) | 79% | 27% |
| Seriously considered attempting suicide (in the past 12 months) | 45% | 15% |
| Attempted suicide (in the past 12 months) | 30% | 7% |
| Misused prescription medication (in the past 30 days) | 28% | 5% |
| Smoked and/ or Vaped (in the past 30 days) | 78% | 6% |

YOUTH USAGE OF PRESCRIPTION PAIN MEDICINE

Given the increasing usage and threat of prescription pain medications a new question was added the Henry County Youth status assessment to capture whether youth in our county had **ever** used prescription pain medication in ways not prescribed to them. More detail regarding specific types of medication were also provided. This change brings the question in line with the way it is asked on the YRBSS allowing for national- and state-level comparisons. Specifically, Henry County youth were asked to report on whether they had ever used prescription pain medication (such as codeine, Vicodin, OxyContin, Hydrocodone, Fentanyl, and Percocet) without a doctor’s prescription or differently from how a doctor had told them to use it.

- Thirteen percent (13%) reported **ever** using prescription pain meds not prescribed to them or differently than how a doctor told them to use it.
 - The share of female youth in Henry County to have ever used prescription pain meds was twice as high (18%) compared to their male counterparts (9%). Among LGBTQ youth one-quarter (25%) reported ever using prescription pain meds in ways not prescribed to them.
 - The share of those aged 13 or younger to report having used prescription pain meds (17%) was higher than their older counterparts (12%).
 - Two-in-ten (20%) of Hispanic youth used prescription pain meds in ways not prescribed to them. Among their non-Hispanic White counterparts, 10% reported doing so.
 - The state and national share of high schoolers who reported ever using prescription pain meds (12% and 14%, respectively) was like the share among Henry County high schoolers at 12% (see Figure 42). Interestingly, the share among Henry County youth in middle school was higher than the share among Henry County high schoolers at 15%.
- In the **past month**, 7% of youth reported using prescription pain meds not prescribed to them or differently than how a doctor told them to use it. In 2019 2% of youth reported doing so.

Figure 42. Variation in the percentage of youth who ever used prescription drugs not prescribed to them or differently than how a doctor told them to use it

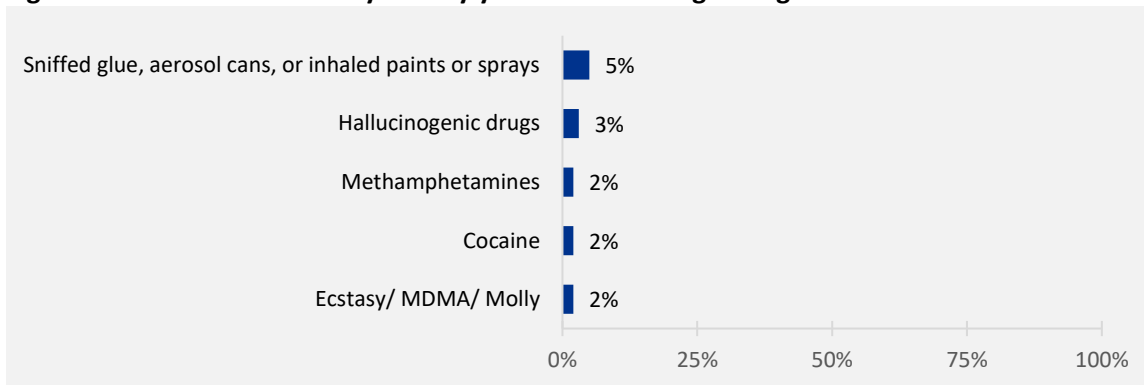


OTHER DRUG RELATED MEASURES

Henry County youth were asked about their usage and frequency of usage of a variety of different illegal drugs. Generally, the share to report ever using these different drugs was low.

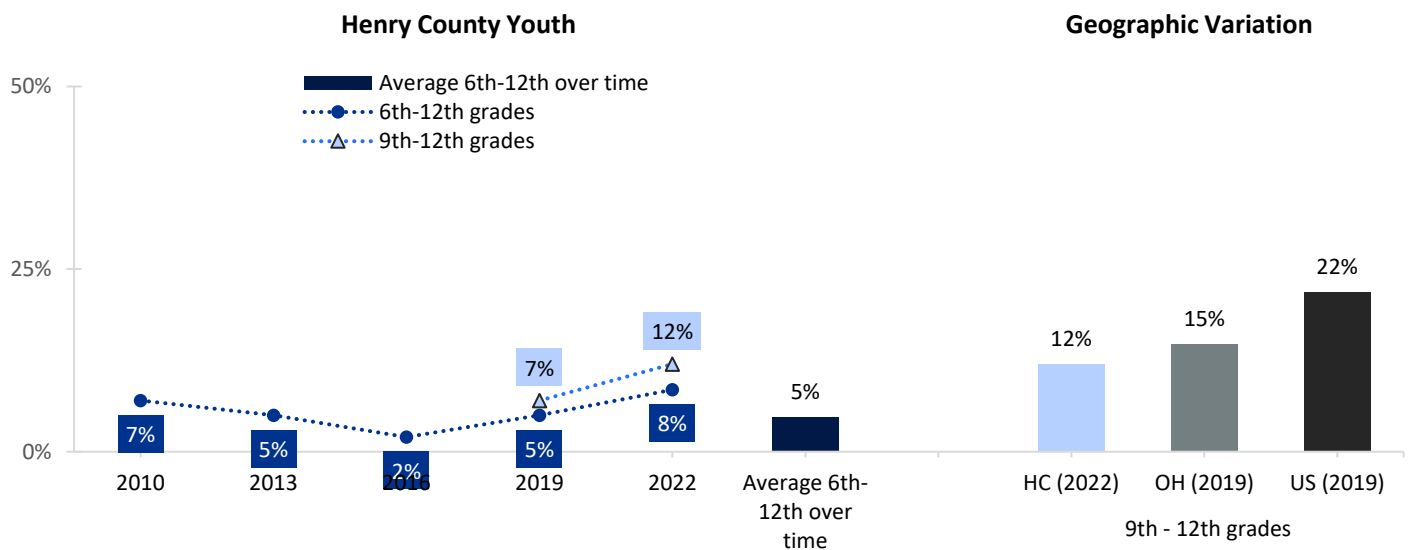
- Henry County youth reported having tried the following in their lifetime:
 - Sniffed glue, aerosol cans, or inhaled paints or sprays (5%)
 - Hallucinogenic drugs (3%)
 - Ecstasy/ MDMA/ Molly (2%)
 - Cocaine (2%)
 - Methamphetamines (2%)

Figure 43. Prevalence of Henry County youths' use of illegal drugs.



- During the past 12 months, 8% of all Henry County youth reported that someone had offered, sold, or given them an illegal drug on school property. The share among high schoolers was higher at 12%.
- The state and national share of high schoolers who reported being offered, sold, or given an illegal drug on school property (15% and 22%, respectively) were larger than the share among Henry County high schoolers at 12% (see Figure 44).

Figure 44. Trends and geographic variation in the percentage of youth who were offered, sold, or given an illegal drug on school property (in the past 12 months)









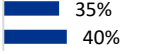

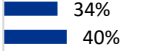

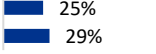
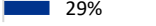
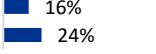
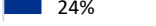


Note: The average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019. HC denotes Henry County, OH denotes Ohio, and US denotes United States.

REASONS FOR NOT USING DRUGS

- The top three reasons given in 2019 for not using drugs remained in the top three in 2022 and didn't change dramatically. Generally, students reported they didn't do drugs because their parents would be upset (63%), their personal values (59%), and legal consequences (51%).

Table 7. Reasons reported by Henry County youth for not using drugs in 2019 and 2022

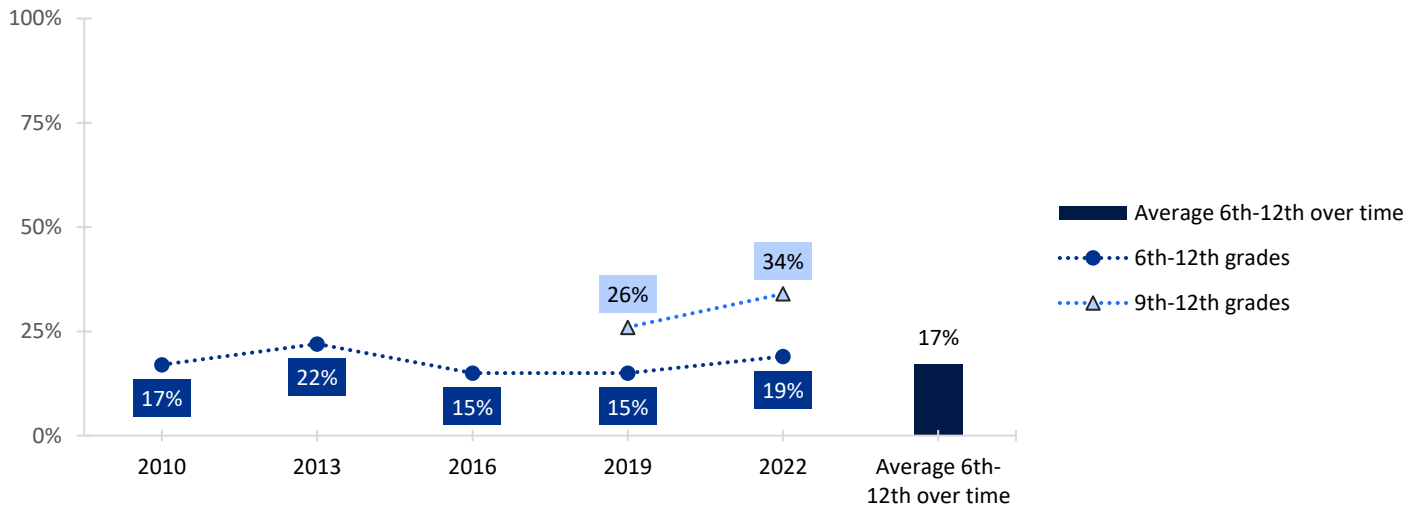
| Reason | Percentage | Trend |
|---|--|-------|
| Parents would be upset | 2022  63% 2019  61% | ↑ |
| Personal values | 2022  59% 2019  61% | ↓ |
| Legal consequences | 2022  51% 2019  52% | ↓ |
| Kicked out of extra-curricular activities | 2022  44% 2019  49% | ↓ |
| Health problems | 2022  35% 2019  40% | ↓ |
| Their friends would not approve | 2022  34% 2019  40% | ↓ |
| Random student drug testing | 2022  25% 2019  29% | ↓ |
| Other reasons | 2022  16% 2019  24% | ↓ |

SEXUAL BEHAVIOR

EVER HAD SEXUAL INTERCOURSE

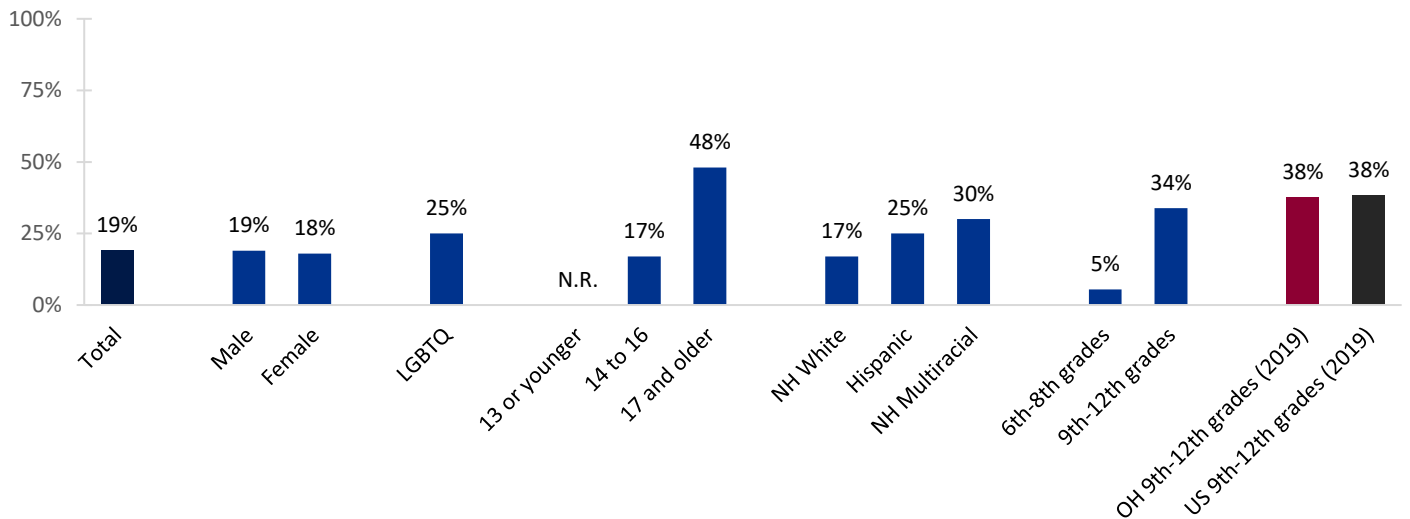
- Nearly two-fifths (19%) of Henry County youth had ever had sexual intercourse, increasing to one-third (34%) of those in high school. On average (from 2010 through 2019) 17% of Henry County youth had ever had sexual intercourse.
 - The share of female youth in Henry County to have ever had sexual intercourse was similar (18%) to their male counterparts (19%). Among LGBTQ youth one-quarter (25%) reported having had sexual intercourse.
 - The share of those aged 14 to 16 to report having had sexual intercourse (17%) was much lower than their counterparts aged 17 and older (48%).
 - Three-in-ten non-Hispanic Multiracial youth ever had sexual intercourse. One-quarter (25%) of Hispanic youth ever had sexual intercourse. Among their non-Hispanic White counterparts, 17% reported doing so.
 - The state and national share of high schoolers who reported ever having had sexual intercourse (38% and 38%, respectively) was slightly higher than the share among Henry County high schoolers at 34% (see Figure 46).

Figure 45. Trends in the percentage of Henry County youth who have ever had sexual intercourse



Note: The average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

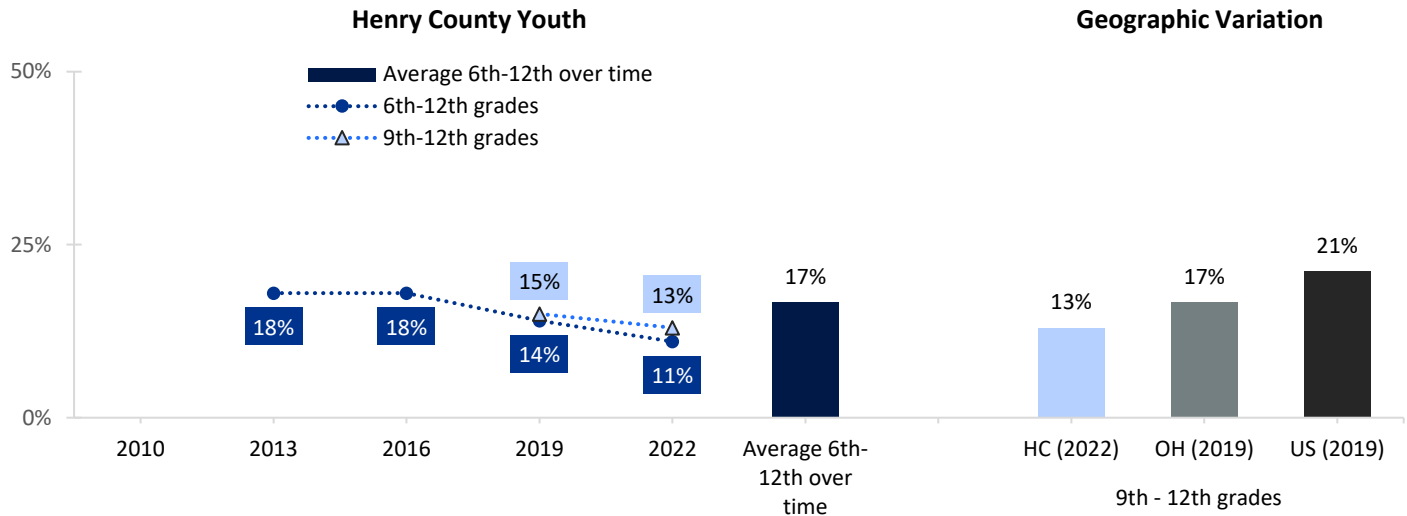
Figure 46. Variation in the percentage of youth who have ever had sexual intercourse



ALCOHOL AND/OR DRUG USE AND SEXUAL INTERCOURSE

- Of sexually active youth, 11% had drunk alcohol or used drugs before their last sexual encounter increasing slightly to 13% of those in high school. This share is smaller than the previous three-year average of 17%.
- The state and national share of high schoolers who reported they had drunk alcohol or used drugs before their last sexual encounter (17% and 21%, respectively) were larger than the share among Henry County high schoolers at 13% (see Figure 47).

Figure 47. Trends and geographic variation in the percentage of youth who drank alcohol or used drugs before last sexual intercourse (among sexually active youth)

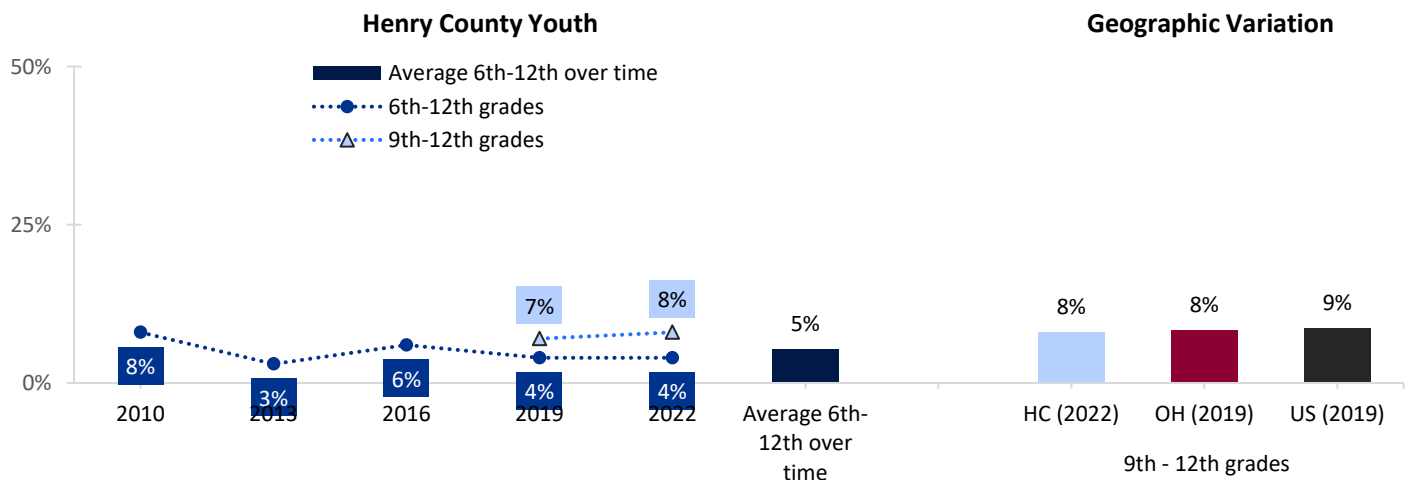


Note: The average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2013 - 2019. HC denotes Henry County, OH denotes Ohio, and US denotes United States.

NUMBER OF SEXUAL PARTNERS

- Four percent (4%) of all youth have had four or more sexual partners in their lifetime doubling to 8% among those in high school. The share among Henry County high schoolers was like the state (8%) and the nation (9%).
 - Of sexually active youth, 47% had one sexual partner and 53% had multiple partners in their lifetime. More specifically, nearly one-quarter (23%) had four or more sexual partners.

Figure 48. Trends and geographic variation in the percentage of youth who had sexual intercourse with four or more persons (of all youth during their life)

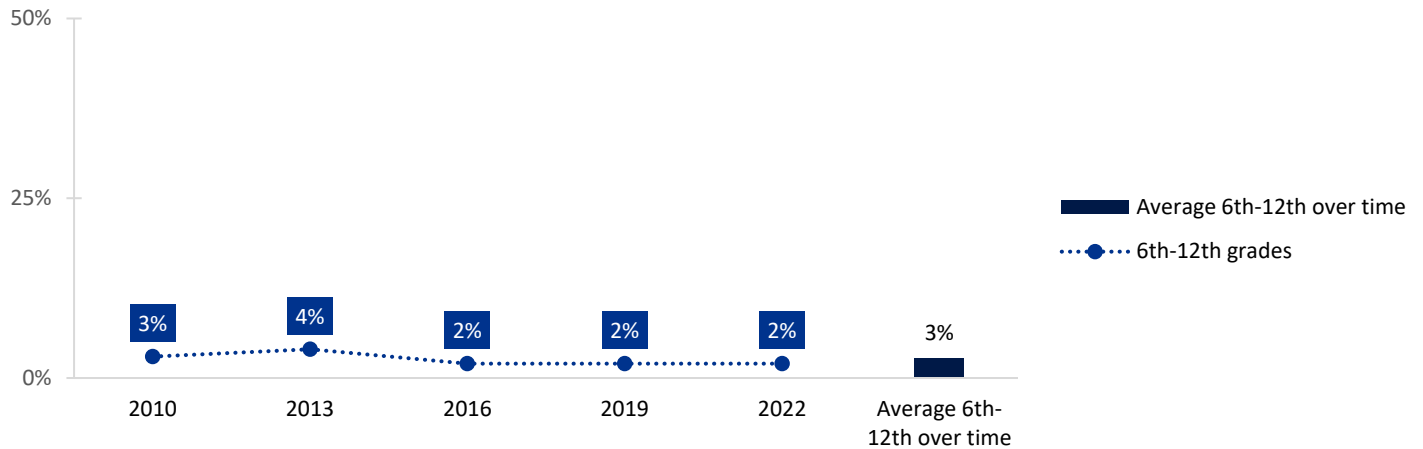


Note: The average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019. HC denotes Henry County, OH denotes Ohio, and US denotes United States.

AGE OF SEXUAL DEBUT

- Among all youth, 2% were sexually active before the age of 13.
 - Of sexually active youth, 13% had engaged in intercourse by the age of 13, and another 46% had done so by 15 years of age. The modal age (age most often reported by sexually active youth) was 15 years of age.

Figure 49. Trends in the percentage of Henry County youth who had sexual intercourse before the age of 13 (for the first time of all youth)

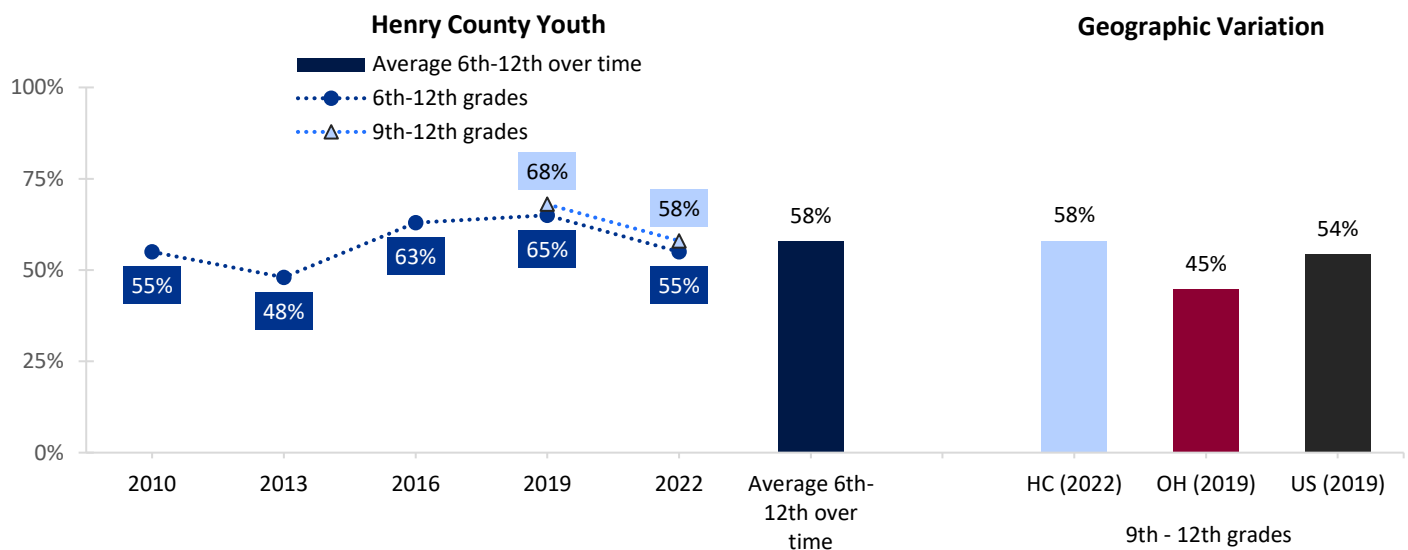


Note: The average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

CONDOM USE

- Over half (55%) of sexually active youth reported using condoms the last time they had sexual intercourse.
- There was little variation by age with 58% of high schoolers reporting condom use the last time they had sexual intercourse. However, the share among Henry County high schoolers using condoms the last time they had intercourse was higher than that among all high schoolers in Ohio (43%) and the nation (54%).

Figure 50. Trends and geographic variation in the percentage of youth who used a condom (during last sexual intercourse)



Note: The average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019. HC denotes Henry County, OH denotes Ohio, and US denotes United States.

BIRTH CONTROL

- When asked about methods used to prevent pregnancy, one-tenth (10%) of Henry County youth reported not using any method to prevent pregnancy and two-tenths (21%) reported not being sure if any method was used the last time, they had sexual intercourse with a different-sex partner.
 - The share of Henry County high schoolers who reported not using any method to prevent pregnancy (11%) was like the overall share of 10%.
 - The state and national share of high schoolers who reported not using any method to prevent pregnancy (12% and 12%, respectively) was also like the share among Henry County high schoolers (see Figure 55).

Figure 51. Distribution of Henry County youth reports of pregnancy prevention methods

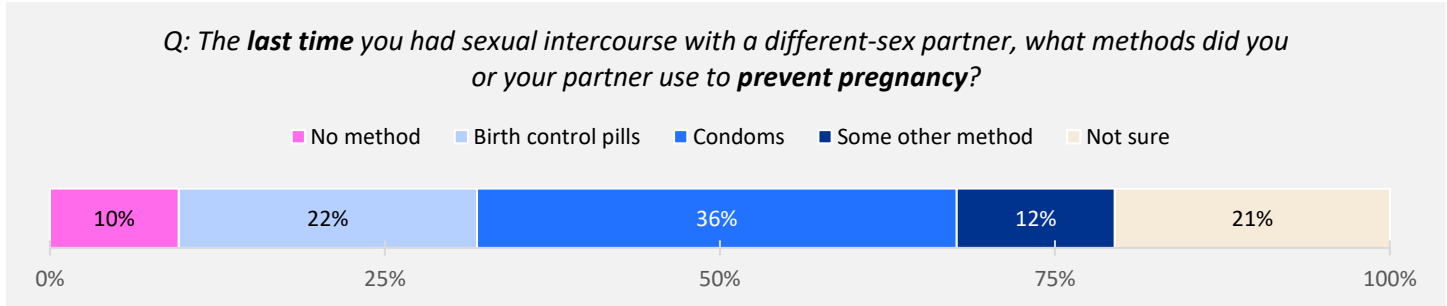
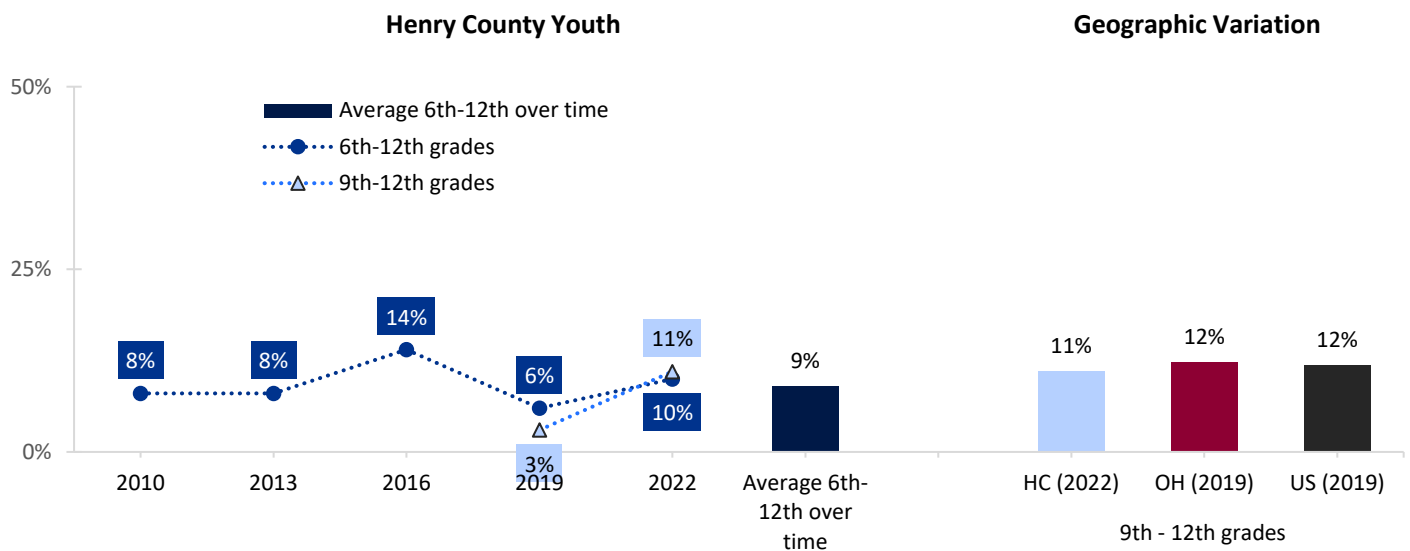


Figure 52. Trends and geographic variation in the percentage of youth who did not use any method to prevent pregnancy during last sexual intercourse



Note: The average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019. HC denotes Henry County, OH denotes Ohio, and US denotes United States.

MENTAL HEALTH

THINGS THAT BOTHERED THEM OVER THE PAST TWO WEEKS

Prior to the COVID 19 Pandemic the CDC had recognized that poor mental health was a growing problem for adolescents. CDC Acting Principal Deputy Director Debra Houry, M.D., M.P.H. stated “the COVID-19 pandemic has created traumatic stressors that have the potential to further erode students’ mental wellbeing.” As such, when designing the 2022 Youth Community Health Status Assessment, several new questions were added to get a better snapshot of what Henry County youth were experiencing. These new questions focused on youth’s recent feelings and experiences.

- Henry County youth were asked to report on things that may have bothered them over the **past two weeks**. Most often—with over half reporting at least several days in the past two weeks (54%)—youth reported being bothered by feeling nervous, anxious, or on edge.
- Generally, female youth, sexual minority youth, non-White youth, and older youth had higher shares reporting being bothered *nearly every day* or *every day* by having little interest or pleasure in doing things, feeling down, depressed, or hopeless, not being able to stop or control worrying, and feeling nervous, anxious or on edge in **the past two weeks**.

Figure 53. Distribution of Henry County youth reporting on things that bothered them over the past two weeks, 2022

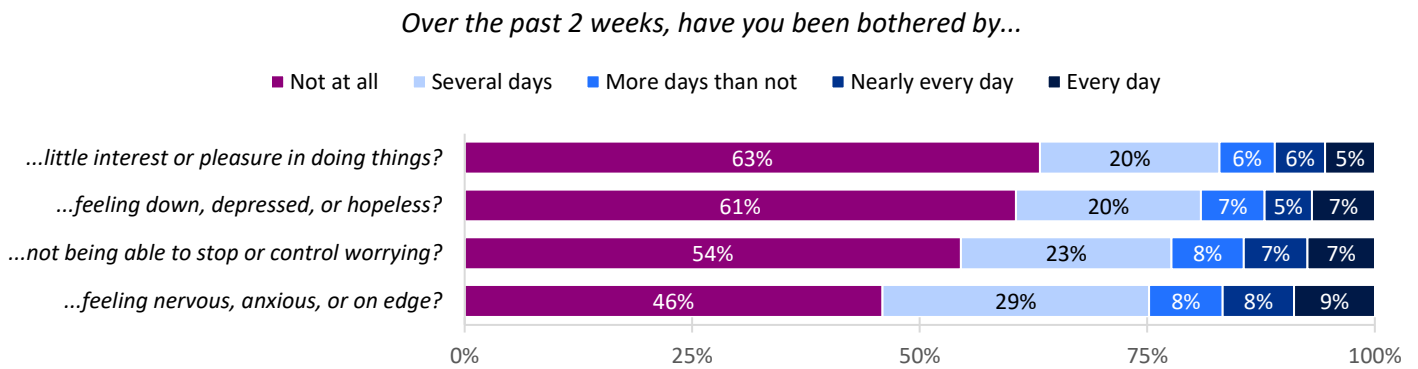
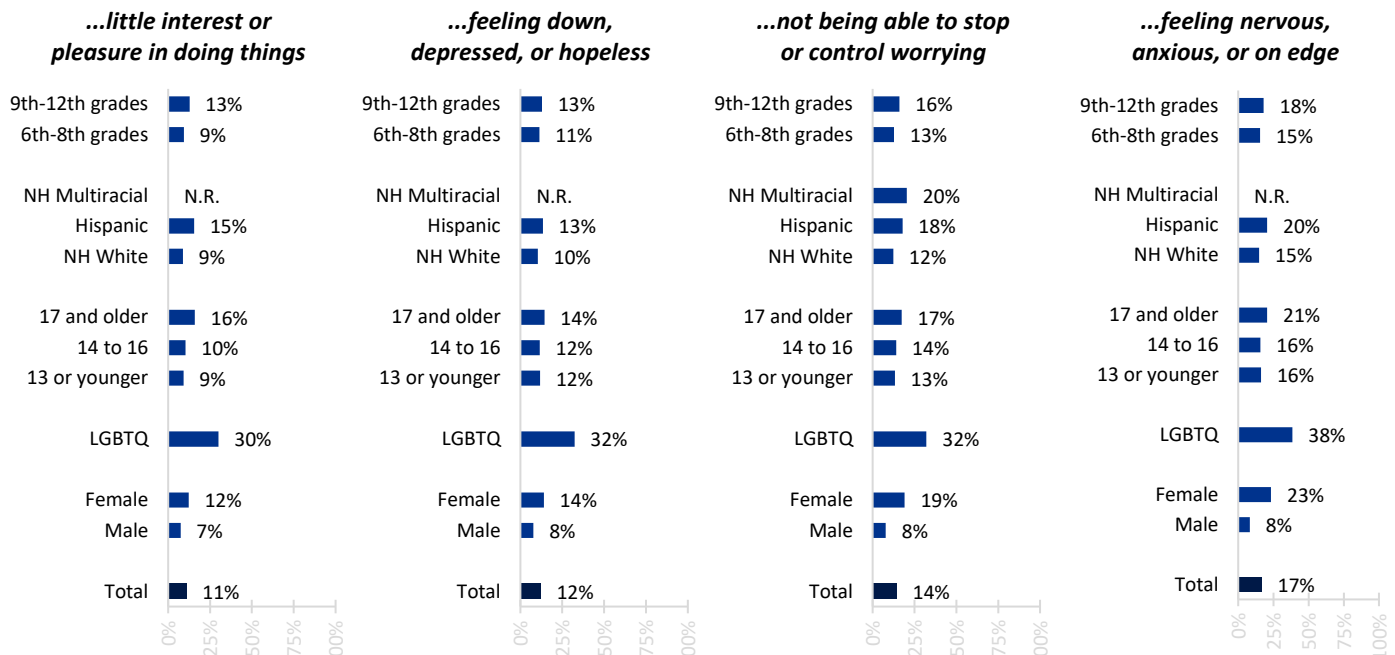


Figure 54. Variation in the percentage of Henry County youth reporting *nearly every day* or *every day* on things that bothered them in the past two weeks

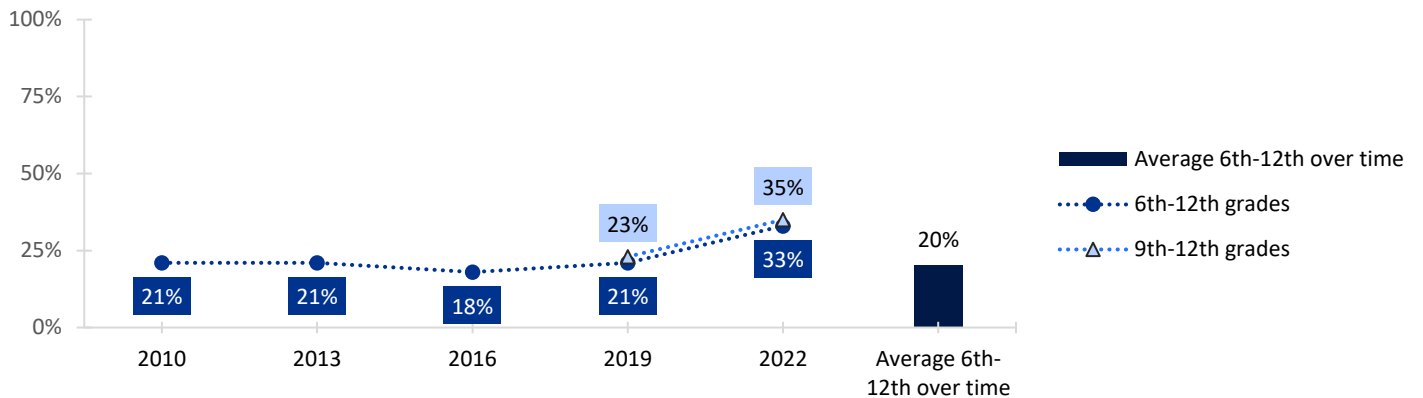


EVER FEEL SO SAD OR HOPELESS ALMOST EVERY DAY FOR TWO WEEKS OR MORE IN A ROW

A mental health question that has been asked on the Youth Community Health Status Assessment that was repeated in 2022 prompted youth to reflect on their past year and asked...*During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?*

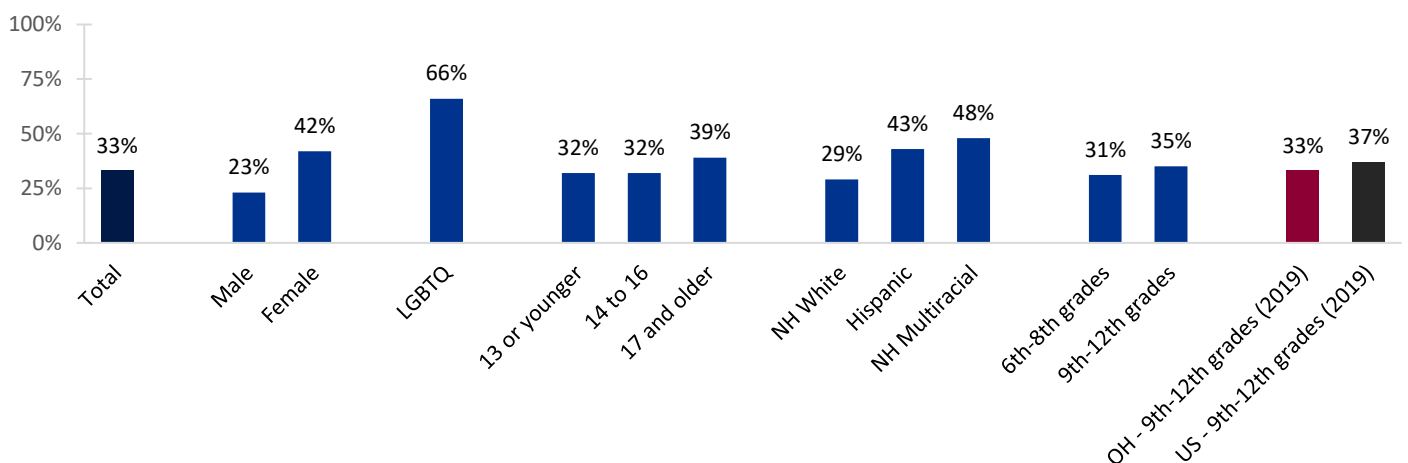
- One-third (33%) of youth reported yes – they felt sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 35% among those in high school. The share is a bit larger than the average of 20% from 2010 through 2019.
 - The share of female youth in Henry County who felt sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities was much higher (42%) than their male counterparts (23%). Among sexual minority youth two-thirds (66%) reported they felt sad or hopeless almost every day.
 - The share of those aged 13 and younger and those aged 14 to 16 who reported they felt sad or hopeless almost every day (32%) was slightly lower than their counterparts aged 17 and older (39%).
 - Three-in-ten non-Hispanic White youth reported they felt sad or hopeless almost every day increasing to over two-fifths (43%) of Hispanic youth. Nearly one-half (48%) of non-Hispanic Multiracial youth reported as such.
 - The state and national share of high schoolers who reported they felt sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities (33% and 37%, respectively) was similar to the share among Henry County high schoolers at 35% (see Figure 56).

Figure 55. Trends in the percentage of Henry County youth who felt sad or hopeless almost every day for two weeks or more in a row in the past 12 months



Note: the average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

Figure 56. Variation in the percentage of youth who felt sad or hopeless almost every day for two weeks or more in a row in the past 12 months



NOT GOOD MOST OF THE TIME OR ALWAYS IN THE PAST 30 DAYS

Another new mental health question introduced in the 2022 Youth Community Health Status prompted youth to reflect on their past thirty days and asked...*During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)*

- Nearly one-third (29%) of youth reported their mental health was “never” not good. About one quarter (23%) responded “rarely” and about one quarter (23%) responded “sometimes.” There were 16% who responded, “most of the time” and nearly one-in-ten (9%) responded “always.” When this question is analyzed most often researchers examine the total share who responded, “most of the time” and “always.”
 - The share of female youth in Henry County who reported their mental health was not good most of the time or always in the past 30 days (29%) was higher than their male counterparts (18%). Among sexual minority youth half (51%) reported their mental health as not good most of the time or always.
 - The share did not vary much by age, but those aged 13 and younger had the lowest share at 22%, followed by those aged 14 to 16 at 25% and 28% among those aged 17 and older.
 - Non-Hispanic White youth had the smallest share at 23% with Hispanic and non-Hispanic Multiracial youth both at 28%.
 - The share responding most of the time and always was just under one-quarter (22%) among middle schoolers and slightly higher than one-quarter (27%) among high schoolers.

Figure 57. Distribution of Henry County youth reports on their mental health in the past 30 days, 2022

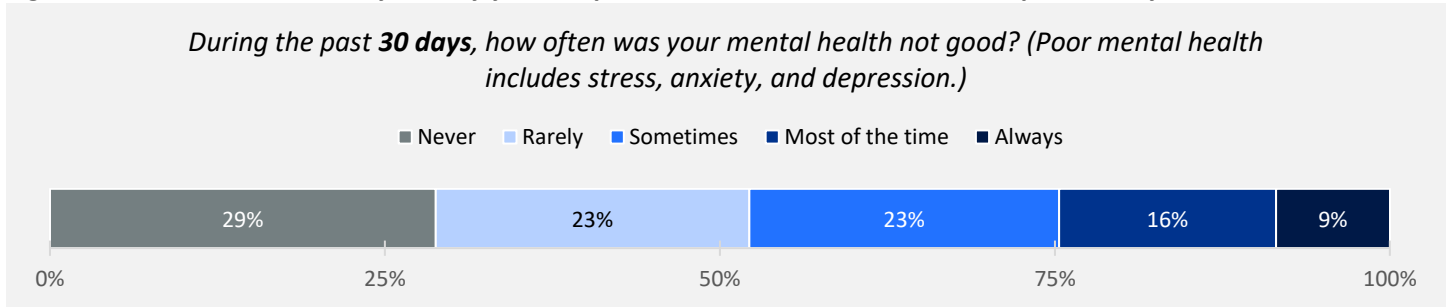
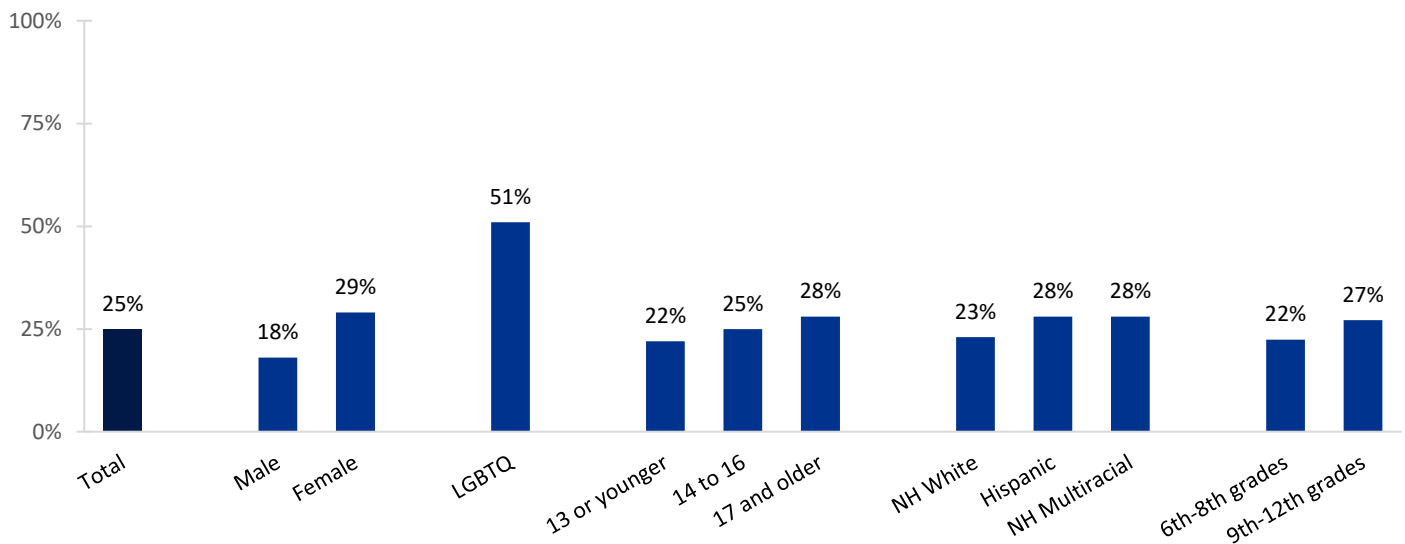


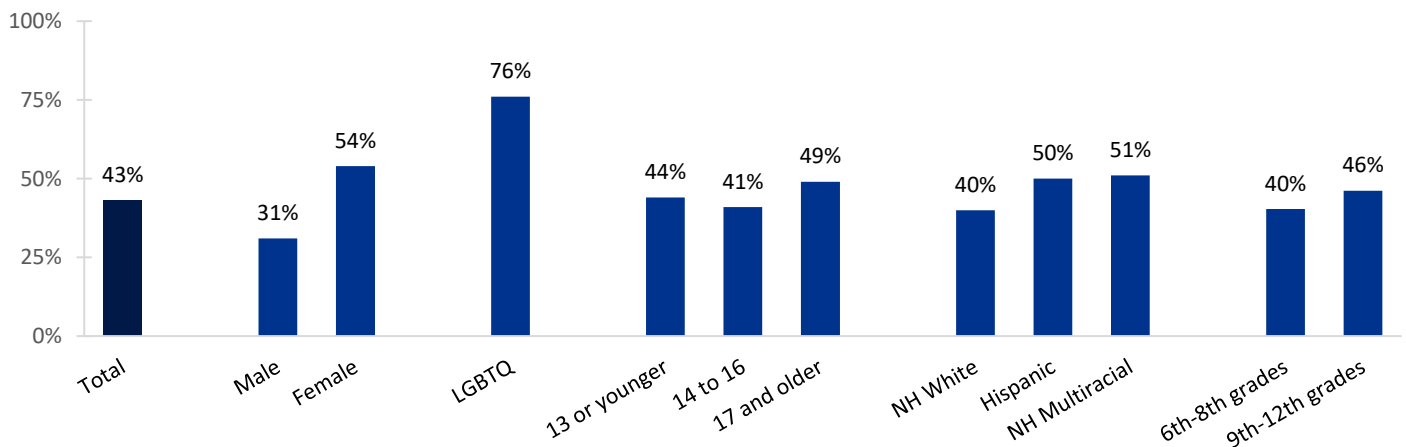
Figure 58. Variation in the percentage of Henry County youth who reported their mental health was not good “most of the time” or “always” during the past 30 days



The next new question added to the Youth Community Health Status Assessment was designed to measure students' perceived impact of their health. Specifically, students were asked to respond yes or no to the following question... Because of physical, mental, or emotional problem, do you have serious difficulty concentrating, remembering, or making decisions?

- More than two-fifths (43%) of youth reported they had difficulty concentrating, remembering, or making decisions because of physical, mental, or emotional problems.
 - The share increased to over half (54%) among females (31% among males), and more than three-quarters (76%) among LGBTQ identifying youth.
 - Prevalence was also higher among racial and ethnic minority youth—Whites 40% compared to about half of Hispanic (50%) and Multiracial youth (51%).
 - The share to indicate a difficulty was also slightly higher among high schoolers (46%) compared to middle schoolers (40%).

Figure 59. Variation in the percentage of Henry County youth who report difficulty concentrating, remembering, or making decisions



SUICIDALITY

If you or someone you know has serious thoughts of self-harm, please seek help immediately.

- Call the National Suicide Prevention Lifeline at 988
- Text “START” to 741-741 or use the Lifeline Crisis Text line at crisistextline.org or chat at crisischat.org. In Ohio, you can also text “4HOPE.”
- Call 911
- Go to your nearest emergency room

While it may be difficult to discuss suicide, doing so is an important step to understanding and educating ourselves about its risks and consequences with the overarching goal of preventing deaths by suicide. Suicidality includes both suicidal ideation (i.e., thoughts of death, from fleeting and unwanted thoughts to a preoccupation with death that may involve detailed planning) and actual suicide attempts. Death by suicide is the 2nd leading causes of death among those aged 10-19 years old. To better understand and equip those who serve and interact with Henry County youth we expanded the section on suicidality to now include three questions.

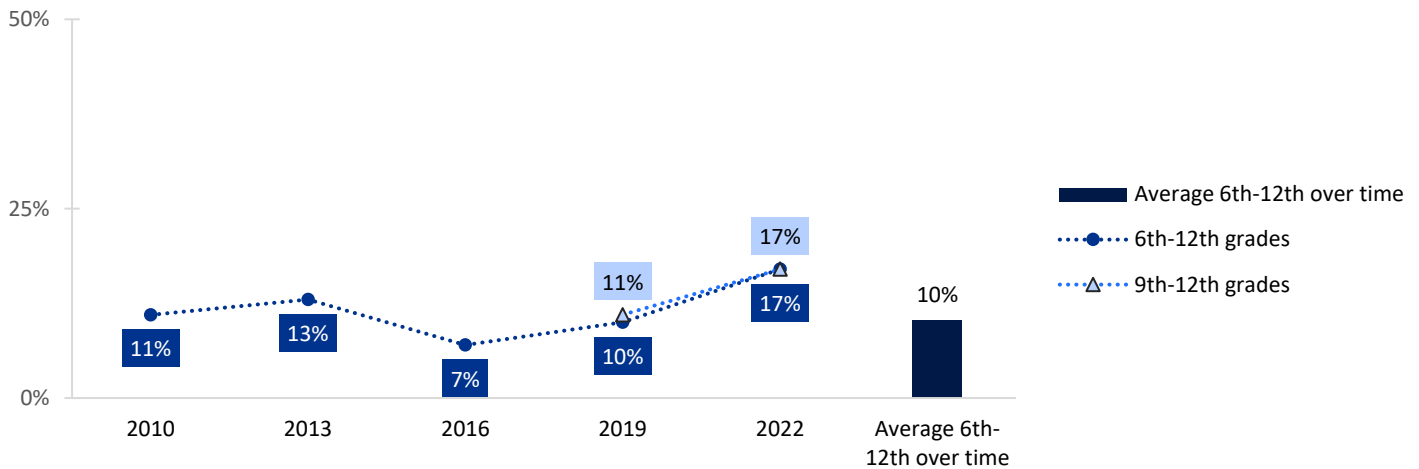
1. *During the past **12 months**, did you ever seriously consider attempting suicide?*
2. *During the past **12 months**, how many times did you actually attempt suicide?*
3. ***If you attempted suicide** during the past **12 months**, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?*

CONSIDERING SUICIDE

Regarding trends in the share of Henry County youth who reported seriously considering attempting suicide in the past 12 months, on average (from 2010 through 2019) about one-in-ten youth reported doing so. In the most recent data collection, 17% of all youth reported seriously considering suicide in the past year. The share among high schoolers was the same at 17%.

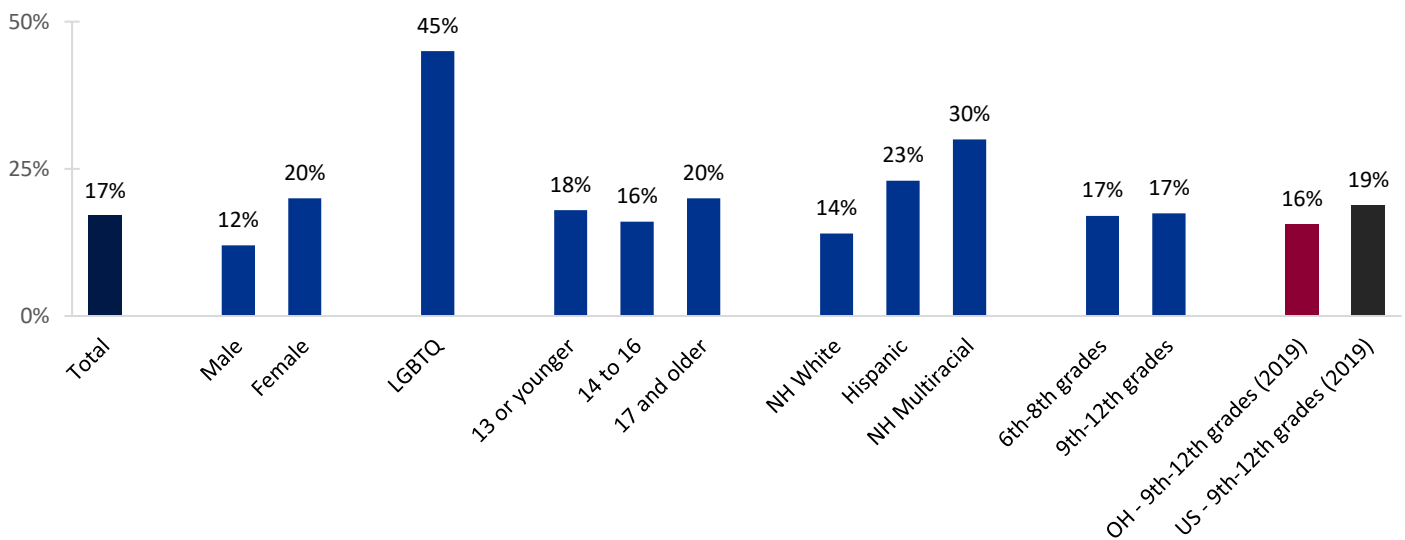
- Two-in-ten female youth (20%) reported seriously considering attempting suicide which is higher than the share among male youth (12%). Among sexual minority youth approaching half (45%) reported considering suicide.
- The share varied slightly by age, with the highest share among those aged 17 and older (20%), followed by 18% of those aged 13 and younger, and 16% among those age 14 to 16.
- Non-Hispanic White youth had the smallest share at 14%, increasing to 23% among Hispanic youth. Three-in-ten non-Hispanic Multiracial reported seriously contemplating suicide in the past year.
- Compared to the state of Ohio (16%) and the nation (19%), the share of Henry County youth who have seriously considered attempting suicide falls in the middle (17%)—slightly higher than the state and slightly lower than the nation.

Figure 60. Trends in the percentage of Henry County youth who reported seriously considering attempting suicide in the past 12 months



Note: the average represents the arithmetic mean of the share of 6th 12th graders over the period of 2010 - 2019.

Figure 61. Variation in the percentage of youth who reported seriously considering attempting suicide in the past 12 months

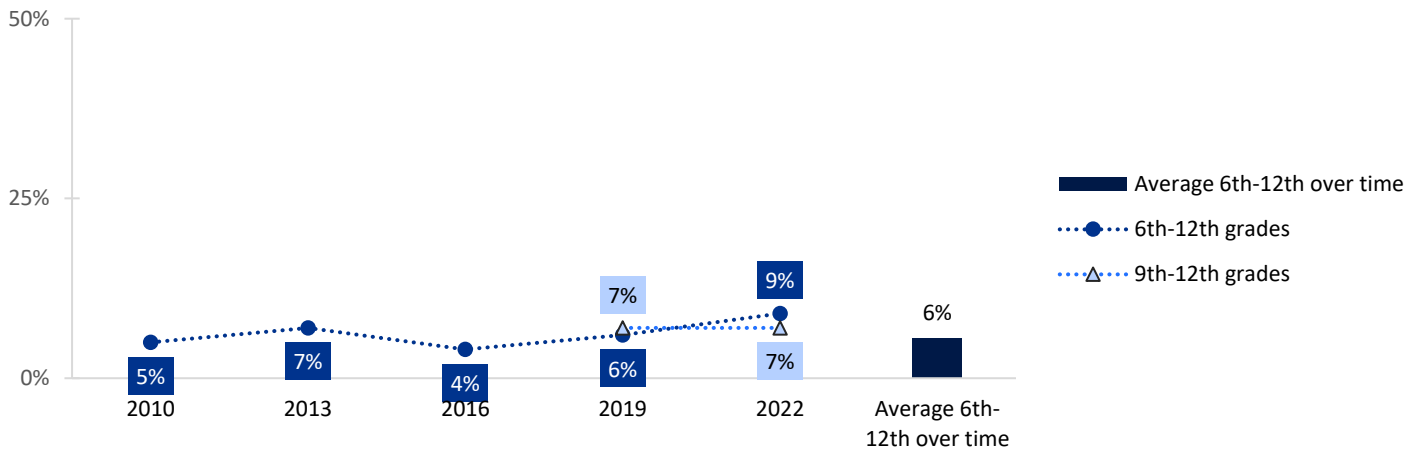


ATTEMPTING SUICIDE

Regarding trends in the share of Henry County youth who reported attempting suicide in the past 12 months, on average (from 2010 through 2019) 6% of youth reported doing so. In the most recent data collection, 9% of all youth reported they had attempted suicide in the past year. The share among high schoolers was slightly lower at 7%.

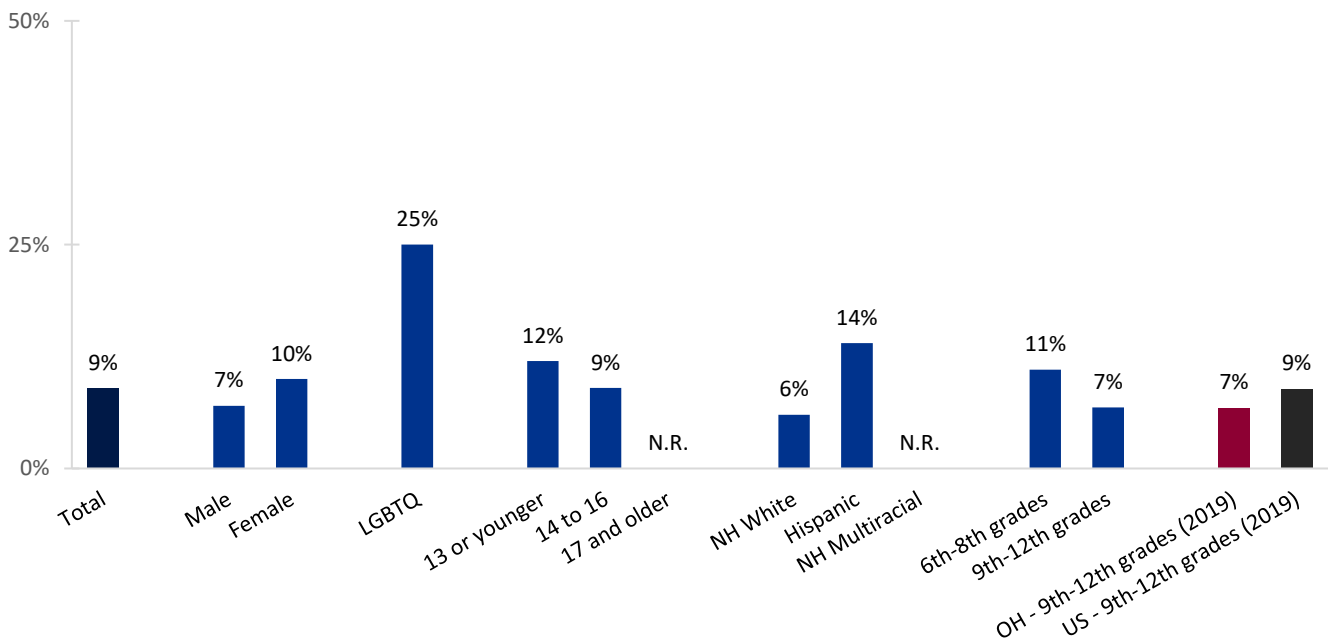
- One-in-ten female youth (10%) reported attempting suicide which is higher than the share among male youth (7%). Among sexual minority youth, one-quarter (25%) reported they had attempted suicide in the past 12 months.
- The share declined with age, with the highest share among those aged 13 or younger (12%), followed by 9% of those aged 14 to 16. Too few youths aged 17 and older reported attempting suicide to report a percentage.
- Non-Hispanic White youth had the smallest share to report they attempted suicide in the past year at 6%, more than doubling to 14% among Hispanic youth.
- Among high schoolers in Henry County and the state of Ohio overall, 7% reported attempting suicide. The share among the nation was slightly higher at 9%.

Figure 62. Trends in the percent of Henry County youth who attempted suicide in the past 12 months



Note: the average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

Figure 63. Variation in the percentage of youth who had attempted suicide in the past 12 months

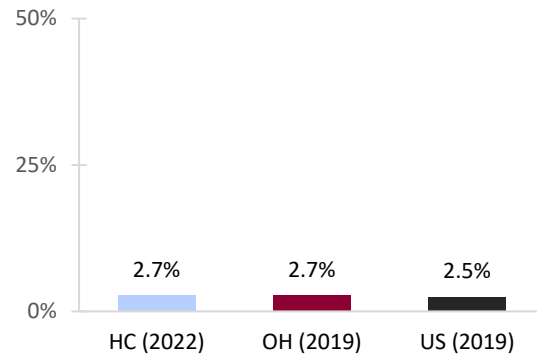


INJURY FROM SUICIDE ATTEMPTS

Asking youth about any injuries they may have experienced due to suicide attempts is new to the Henry County survey but has been asked at both the state and national level among high schoolers.

- Among ALL Henry County youth 2.6% reported suffering an injury due to a suicide attempt that required treatment from a medical professional (not shown).
- Among high schoolers this increased to 2.7%. This share is in line with high schoolers in the state of Ohio, in which 2.7% reported an injury, and the nation in which 2.5% reported such.
- In Henry County, if the share experiencing an injury is limited to those who had made a suicide attempt in the past year, 14% reported an injury increasing to 15% among high schoolers.

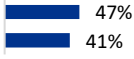

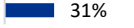
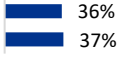

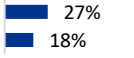
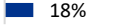
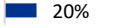
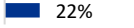
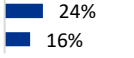
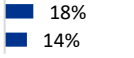
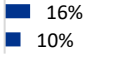
Figure 64. Geographic variation in the share of high schoolers who suffered injury from suicide attempt



Sources: Henry County Youth Community Health Status Assessment; YRBSS, 2019

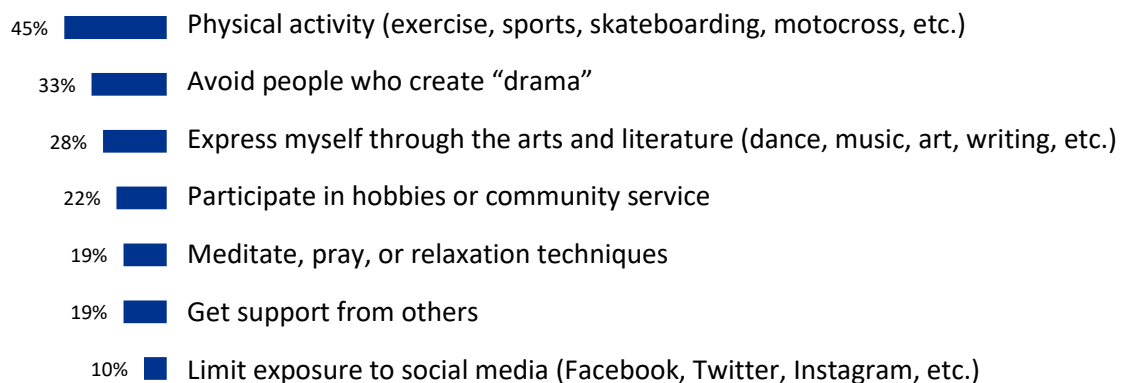
CAUSES OF ANXIETY, STRESS, OR DEPRESSION

Table 8. Youth reports of things that caused them anxiety, stress, or depression

| Causes | Percentage | Trend |
|--|--|-------|
| Academic success | 2022  47% 2019  41% | ↑ |
| Self-image | 2022  43% 2019  31% | ↑ |
| Fighting with friends | 2022  37% 2019  38% | ↓ |
| Sports | 2022  36% 2019  37% | ↓ |
| Peer pressure | 2022  35% 2019  29% | ↑ |
| Death of a close family member or friend | 2022  31% 2019  39% | ↓ |
| Other stress in the home | 2022  29% 2019  23% | ↑ |
| Fighting at home | 2022  27% 2019  18% | ↑ |
| Being bullied | 2022  25% 2019  20% | ↑ |
| Dating relationship | 2022  24% 2019  22% | ↑ |
| Breakup | 2022  24% 2019  16% | ↑ |
| Parent divorce/ separation | 2022  18% 2019  14% | ↑ |
| Poverty/ No money | 2022  16% 2019  10% | ↑ |

| | | |
|---|--------------------------|---|
| Social media | 2022 ■ 15% 2019 ■ 12% | ↑ |
| Current news/ world events/ political environment | 2022 ■ 15% 2019 ■ 7% | ↑ |
| Sick parent | 2022 ■ 12% 2019 ■ 12% | = |
| Caring for younger siblings | 2022 ■ 12% 2019 ■ 11% | ↑ |
| Alcohol or drug use in the home | 2022 ■ 9% 2019 ■ 5% | ↑ |
| Sexual orientation | 2022 ■ 7% 2019 ■ 3% | ↑ |
| Not having enough to eat | 2022 ■ 6% 2019 ■ 4% | ↑ |
| Not having a place to live | 2022 ■ 4% 2019 ■ 3% | ↑ |
| Other | 2022 ■ 10% 2019 ■ 11% | ↓ |

- Youth reported the following ways of dealing with anxiety, stress, or depression:



SELF-HARM

Self-harm is a complex issue. For some people self-harm is used as a coping mechanism—a form of release—a tangible way to deal with painful emotions. Typically, when people self-harm it is not done as a suicide attempt, but self-harm is dangerous. It can lead to scarring, uncontrolled bleeding, infections, guilt or shame, increased feelings of helplessness or worthlessness, addiction to the behavior, and isolation from friends and loved ones. The Crisis Text Line offers alternative methods for pushing through, processing, and coping with emotions including: (1) texting HOME to 741-741 to connect with a real human to help you cool down (2) get creative—art is a scientifically proven way of working through emotions (3) try meditation or prayer—apps like Headspace are a great way to try out meditation (4) talk to a professional.

- One-third (33%) of Henry County youth reported they purposefully hurt themselves in their lifetime by cutting, scratching, burning, hitting, or biting. Slightly more than one-in-ten (12%) reported trying it only once or twice, 8% reported 3 to 9 times, 4% 10 to 19 times, 3% 20 to 39 times, and 6% reported 40 times or more in their lifetime.
- Regarding trends, the share of Henry County youth who reported they had purposefully hurt themselves, on average (from 2010 through 2019) slightly more than two-fifths (21%) of youth reported self-harm. In the most recent data collection, one-third (33%) of all youth reported self-harm, with the share among high schoolers being slightly lower at 31%.
 - The share of female youth in Henry County who reported they purposefully hurt themselves was higher (41%) than their male counterparts (23%). Among LGBTQ identifying youth nearly three-quarters (72%) reported they had used self-harm.
 - The share of youth who reported purposefully hurt themselves varied with age. Among those aged 13 and younger approaching two-fifths (38%) reported purposefully hurt themselves and a similar rate was also found among those aged 17 and older (37%). Among those in the middle age group—14-to-15—slightly less than three-in-ten (29%) reported as such.
 - The lowest incidence of self-harm was found among those youth who reported being non-Hispanic White (29%), followed by Hispanic youth with 40% reporting self-harm. Nearing half (47%) of non-Hispanic Multiracial youth reported they had ever purposefully hurt.

Figure 65. Distribution of Henry County youth reports on lifetime experience of self-harm

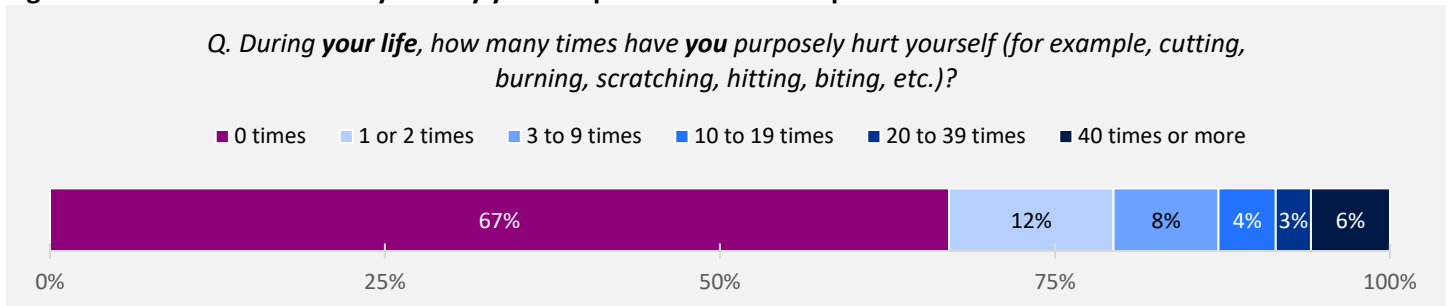
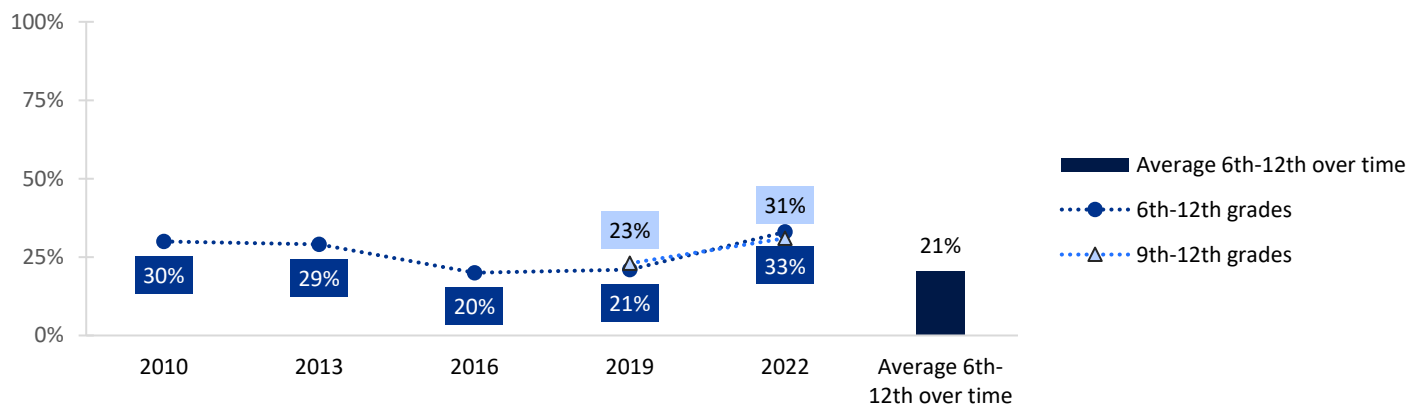
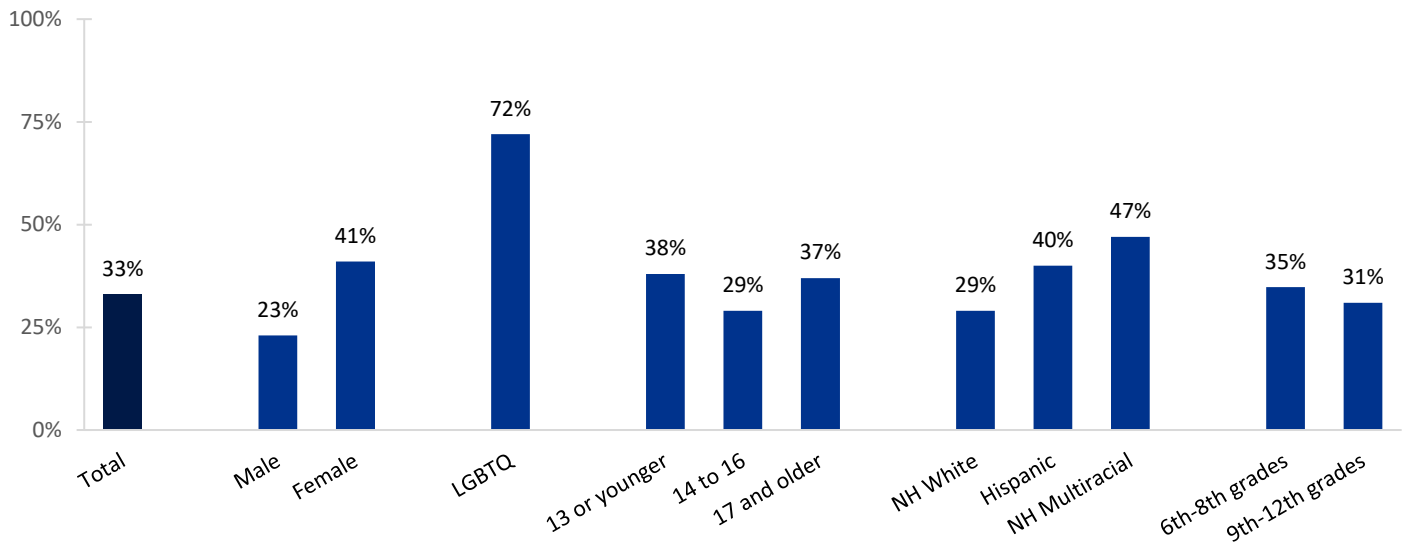


Figure 66. Trends in the percent of Henry County youth who ever purposefully hurt themselves



Note: the average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

Figure 67. Variation in the percentage of Henry County youth who ever purposefully hurt themselves



HELP SEEKING

- When asked about what would keep them from seeking help if they were dealing with anxiety, stress, depression, or thoughts of suicide, over one-third (37%) said they would seek help and 8% reported currently in treatment. Over one-third (36%) said they could handle it themselves.

Others reported barriers, such as:

- Worried what others might think (28%)
- No time (17%)
- Don't know where to go (11%)
- Family would not support them getting help (10%)
- Paying for it (9%)
- Friends would not support them getting help (7%)
- Transportation (4%)

Figure 68. Henry County youth reports on seeking help

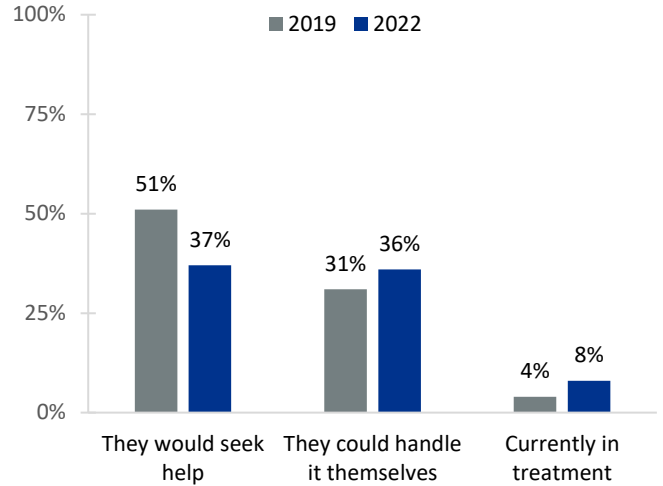


Table 9. Henry County youth reports on barriers to seeking help

| Barriers | Percentage | Trend |
|--|----------------------|-------|
| Worried what others might think (28%) | 2022 28% 2019 19% | ↑ |
| No time (17%) | 2022 17% 2019 11% | ↑ |
| Don't know where to go (11%) | 2022 11% 2019 8% | ↑ |
| Family would not support them getting help (10%) | 2022 10% 2019 5% | ↑ |
| Paying for it (9%) | 2022 9% 2019 8% | ↑ |
| Friends would not support them getting help (7%) | 2022 7% 2019 4% | ↑ |
| Transportation (4%) | 2022 4% 2019 2% | ↑ |

- Henry County youth were asked when the last time they saw a doctor, nurse, therapist, social worker, or counselor for a mental health problem. Sixty percent (60%) had seen someone at least once, and thirty percent (30%) had seen someone within the past year. Conversely, 42% had never seen someone.
 - Nearly two-thirds (65%) of female youth reported they had ever saw someone for a mental health problem which was higher than the share among male youth (54%). Among LGBTQ youth, over three-quarter (78%) reported they had ever saw someone for a mental health problem.
 - Interestingly, the share who reported they had ever saw someone for a mental health problem declined with age, with the highest share among those aged 13 or younger (65%), followed by 59% of those aged 14 to 16 and 54% among those aged 17 and older.
 - Non-Hispanic White youth had the smallest share to report they had ever saw someone for a mental health problem at 58%, increasing to 65% among Hispanic youth, and 68% among non-Hispanic Multiracial youth.
 - A larger share of middle schoolers (63%) reported they had ever saw someone for a mental health problem compared to high schoolers in Henry County at 57%.

Figure 69. Distribution of Henry County youth reports on when they last saw a health professional for a mental health problem, 2022

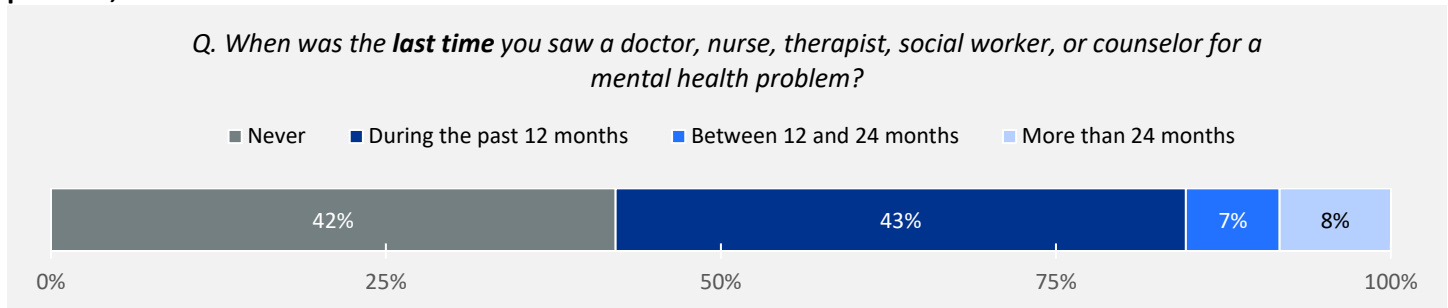
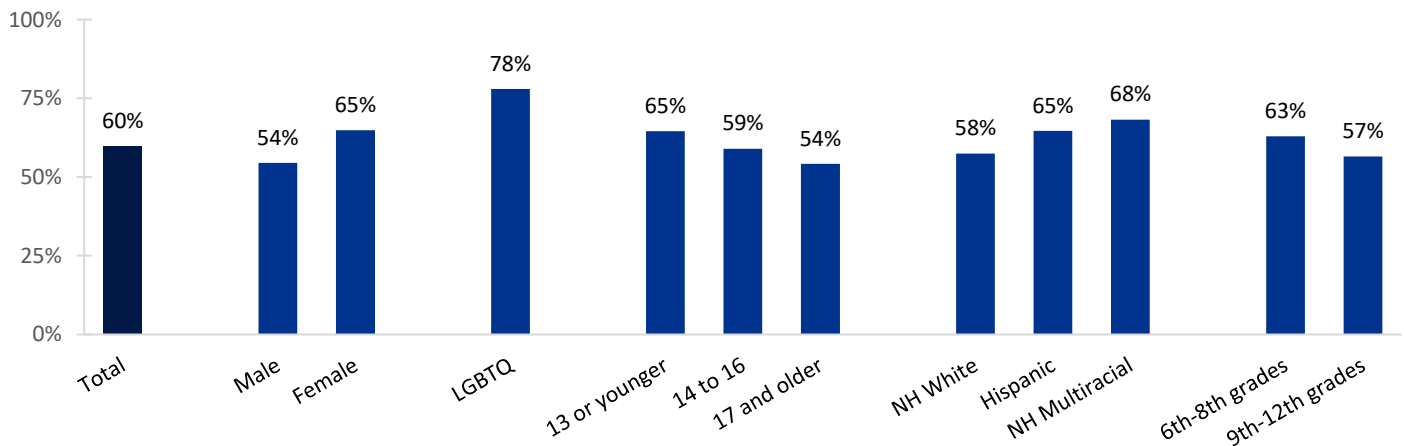


Figure 70. Variation in the percentage of Henry County youth who ever saw a doctor, nurse, therapist, social worker, or counselor for a mental health problem



SOCIAL CONDITIONS

SOCIAL DETERMINANTS OF HEALTH

PERSONAL HEALTH – SLEEP

The American Academy of Sleep Medicine has recommended teenagers aged 13–18 years old should sleep 8–10 hours a night. Research indicates adolescents who do not get enough sleep are at a higher risk of certain diseases, injuries, poor mental health, and problems with attention and behavior (Paruthi, Brooks, D’Ambrosio, et al., 2016; Owens, 2014; Lowry, Eaton, Foti, McKnight-Eily, Perry, Galuska, 2012; Fitzgerald, Messias, Buysse, 2011). Caregiver’s can help support adequate sleep by sticking to a consistent sleep schedule and limiting light exposure and tech use in the evenings.

- Henry County youth reported they got the following amounts of sleep on an average school night: 4 hours or less (8%), 5 hours (10%), 6 hours (18%), 7 hours (28%), 8 hours (27%), 8 hours (27%), 9 hours (8%), and 10 hours or more (2%).
- Regarding trends in the share of Henry County youth who did not get 8 or more hours of sleep (on an average school night), on average (from 2016 through 2019) slightly more than half (53%) of youth reported not getting the recommended amount of sleep. In the most recent data collection, 64% of all youth reported they did not get 8 or more hours of sleep (on an average school night) increasing to three-quarters (75%) among high schoolers.
 - The share of female youth in Henry County who did not get 8 or more hours of sleep (on an average school night) was higher (66%) than their male counterparts (60%). Among LGBTQ identifying youth more than four-fifths (81%) reported they did not get 8 or more hours of sleep.
 - The share of youth who did not get 8 or more hours of sleep (on an average school night) increased with age. Among those aged 13 and younger slightly fewer than half (48%) reported fewer than eight hours, whereas 67% of those aged 14 to 16 reported as such. Among those aged 17 and older, nearly four-fifths (79%) did not get eight hours of sleep on an average school night.
 - Similar shares of non-Hispanic White and non-Hispanic Multiracial youth reported not getting eight hours of sleep (62%). The share among Hispanic youth was higher, nearing three-quarters (73%).
 - The state and national share of high schoolers who reported they did not get 8 or more hours of sleep (on an average school night) (81% and 78%, respectively) was slightly higher than the share among Henry County high schoolers at 75% (see Figure 72).

Figure 71. Distribution of Henry County youth reports of average sleep per night

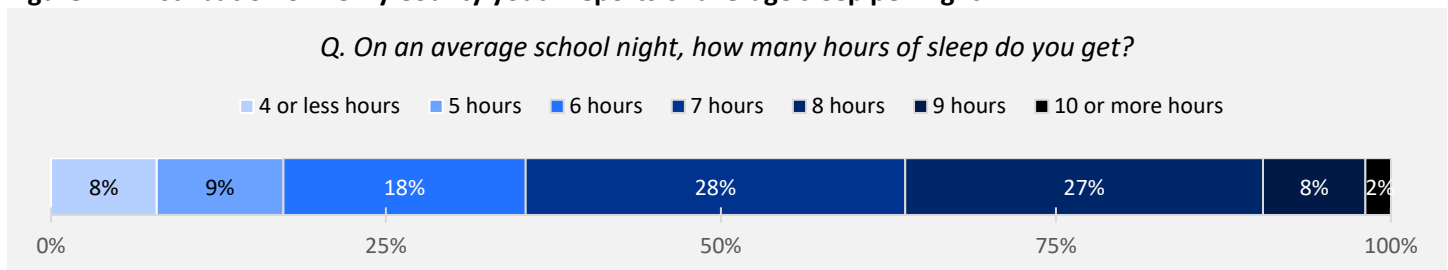
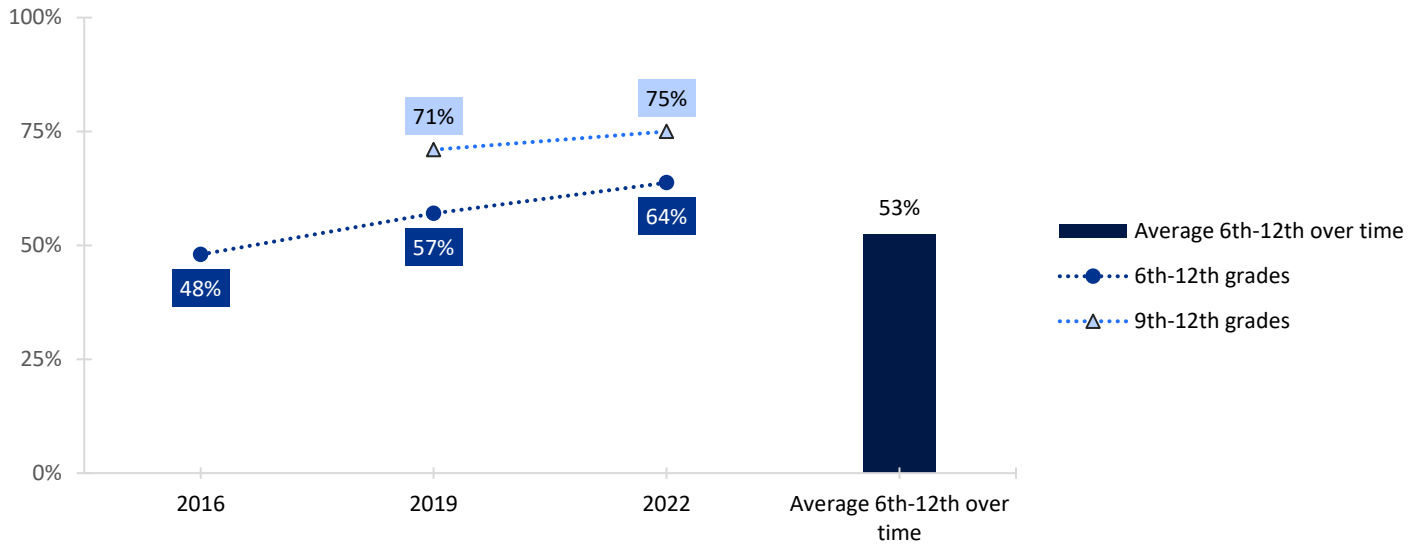
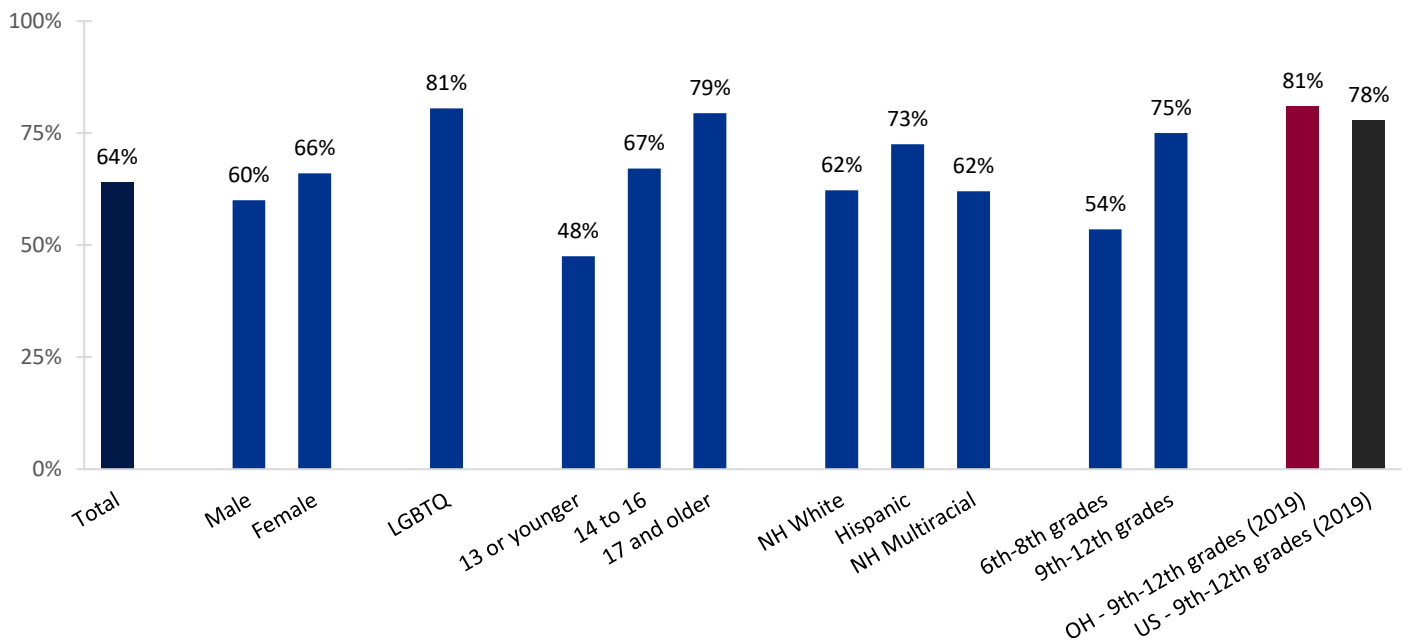


Figure 72. Trends in the share of Henry County youth who did NOT get 8 or more hours of sleep (on an average school night)



Note: The average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2016 - 2019.

Figure 73. Percentage of Henry County youth who did NOT get 8 or more hours of sleep (on an average school night)



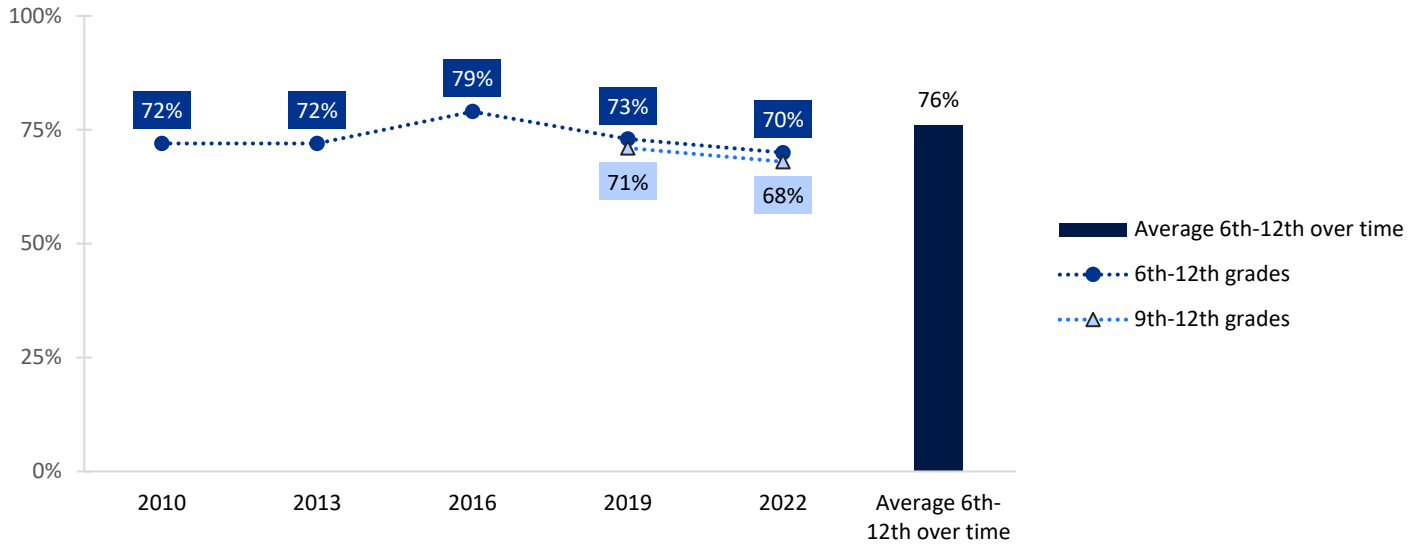
PERSONAL HEALTH – DENTAL CARE

- Youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work: during the past 12 months (69%), between 12 and 24 months ago (11%), more than 24 months ago (6%), never (3%), and not sure (11%).
 - Regarding those who had **never** been to the dentist, the state and national share of high schoolers was the same, at only 1.9%. The share among Henry County high schoolers was higher at 3.6% (not shown).
- Figure 75 show the trends in the share of Henry County youth who visited a dentist within the **past year** (for a check-up, exam, teeth cleaning, or other dental work), on average (from 2010 through 2019) three-quarters (76%) of youth reported they had visited a dentist in the past year. In the most recent data collection, 70% of all youth reported they had been to the dentist in the past year. The share among high schoolers was slightly lower at 68%.
 - Regarding youth who had gone to the dentist in the **past year**, the share of female youth in Henry County was higher (72%) than their male counterparts (68%). Among LGBTQ identifying youth 57% reported they had gone to the dentist in the past year.
 - There was only slight variation by age in the share of youth who had gone to the dentist in the past year. Among those aged 13 and younger and 17 and older 67% went in the past year. Among those aged 14 to 16 a slightly larger share had at 71%.
 - Nearly three-fourths (74%) of non-Hispanic White youth went to the dentist in the past year. Among Hispanic youth 59% reported doing so and among non-Hispanic Multiracial youth 60% had.

Figure 74. Distribution of Henry County youth reports on when they last saw a dentist, 2022

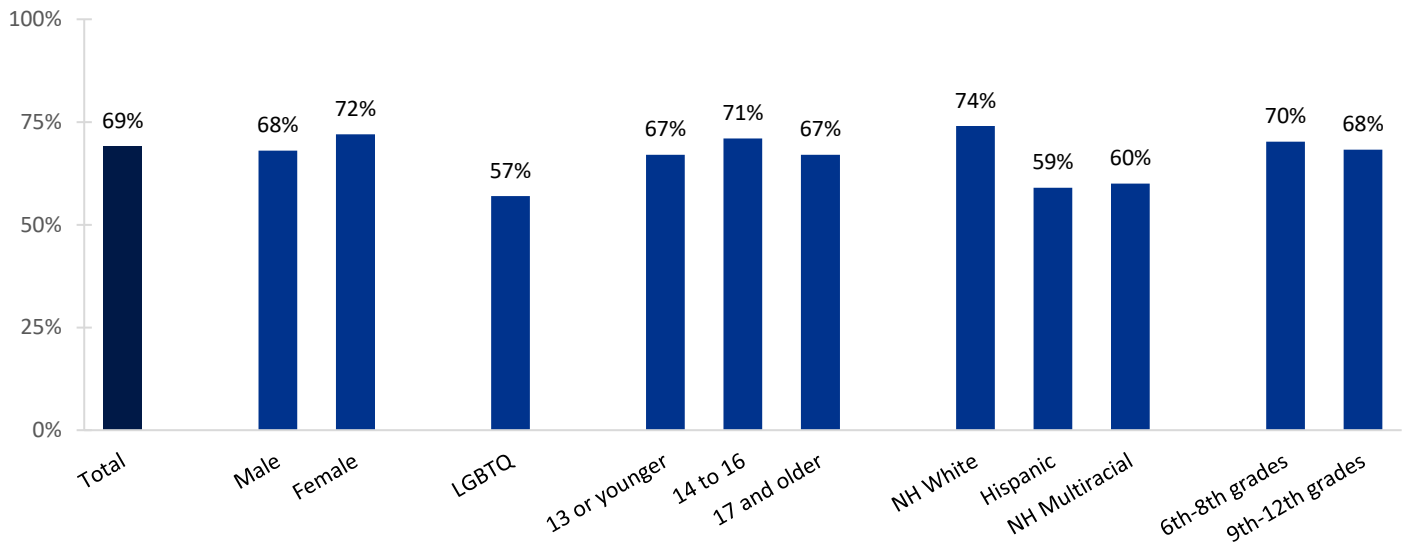


Figure 75. Trends in the percentage of Henry County Youth who visited a dentist within the *past year* (for a check-up, exam, teeth cleaning, or other dental work)



Note: the average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

Figure 76. Variation in the percentage of Henry County youth who visited a dentist within the *past year* (for a check-up, exam, teeth cleaning, or other dental work)



PERSONAL HEALTH — DISEASE TESTING

A sexually transmitted disease can affect individuals regardless of their age; however, research indicated that individuals aged 15 to 24 made up almost half of new sexually transmitted infections in 2018 (Kreisel, Spicknall, Gargano, et al., 2018). There are ways to protect yourself. The most reliable way is to practice abstinence and not have sex. If you have sex, some ways to minimize your risk is to get vaccinated, reduce your number of sex partners, practice mutual monogamy, and use condoms.

- Six percent (6%) of Henry County youth reported they had ever been tested for HIV. Two-fifths did not know if they had ever been tested.
- Four percent (4%) of Henry County youth reported they had been tested for a sexually transmitted disease in the past 12 months. Eight percent (8%) did not know if they had been tested for a STD in the past 12 months.

Figure 77. Distribution of Henry County youth reports on whether they have ever been tested for HIV

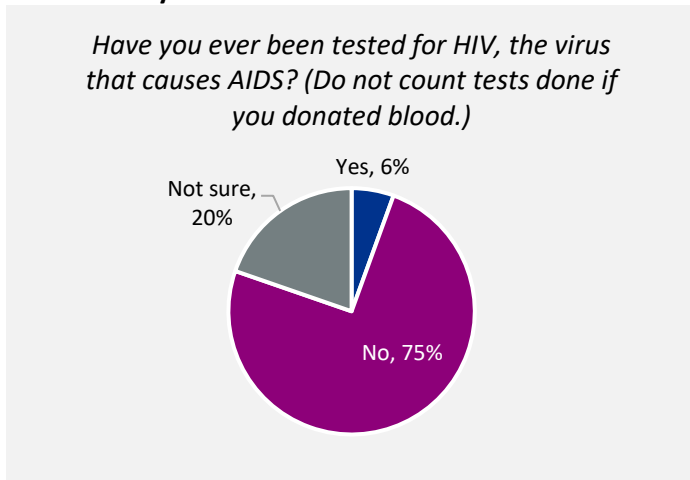
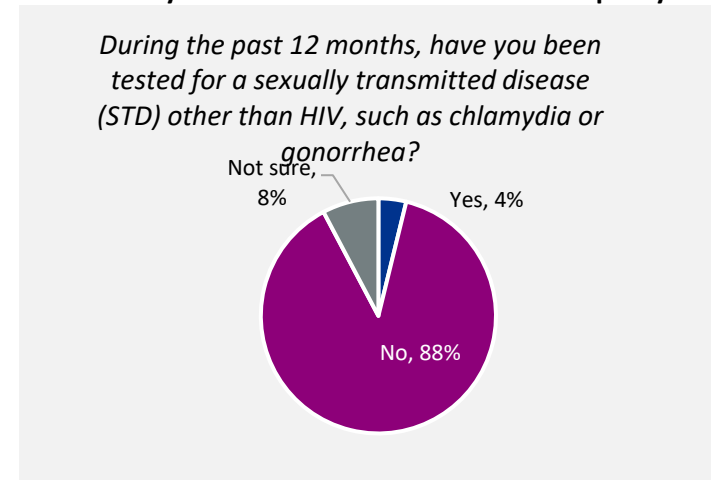


Figure 78. Distribution of Henry County youth reports on whether they have been tested for a STD in the past year



PERSONAL SAFETY

- Over half (53%) of youth reported always wearing a seat belt when riding in a car driven by someone else. Thirty two percent (32%) said most of the time, 7% said sometimes, 5% said rarely and 3% said never.
- Regarding trends, on average (from 2010 through 2019) 7% of youth reported they rarely or never wore a seatbelt (when riding in a car or other vehicle driven by someone else). Results from 2022 are similar with 7% of all youth reporting they rarely or never wore a seatbelt, increasing slightly to 9% among high schoolers.
- Regarding those who rarely or never wore a seatbelt, the state and national share of high schoolers was lower (8% and 7%, respectively) than the share among high schoolers in Henry County (9%) (see Figure 73).
- Twenty nine percent (29%) of youth reported texting or using email while driving in the past 30 days.

Figure 79. Distribution of Henry County youth reports on frequency of wearing a seat belt when riding in a car

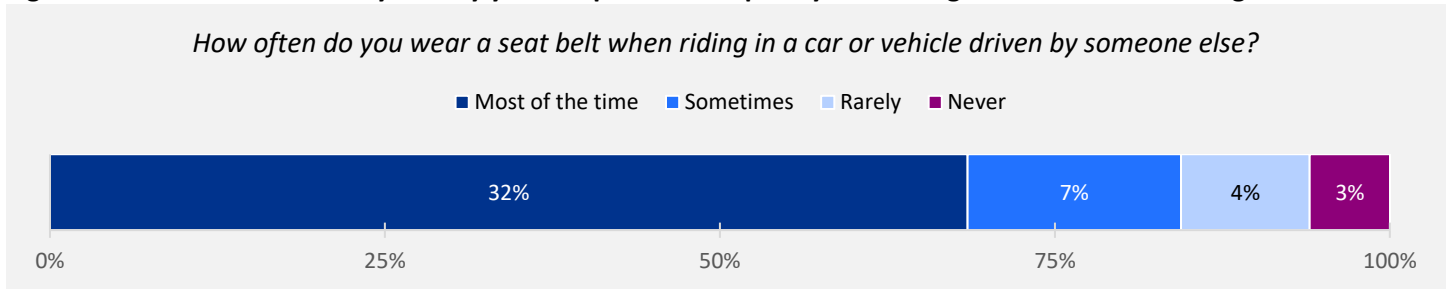
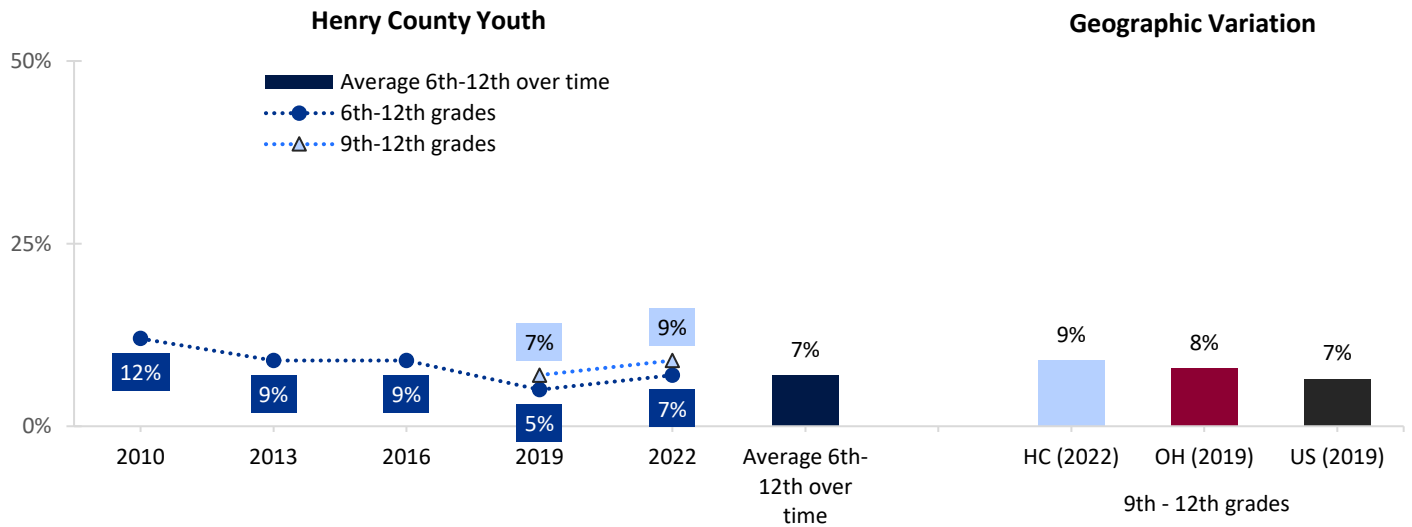


Figure 80. Trends and geographic variation in the percentage of youth who rarely or never wore a seatbelt (when riding in a car or other vehicle driven by someone else)



Note: the average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019. HC denotes Henry County, OH denotes Ohio, and US denotes United States.























NEIGHBORHOOD AND BUILT ENVIRONMENT

- Over half (55%) of Henry County youth reported living with both of their parents and no other adults in the household. One quarter (25%) reported living with a stepparent – whether a parent’s spouse or cohabiting partner.
- Five percent (5%) of youth had a grandparent living in their household.
- Henry County youth were asked about where they usually slept in the past 30 days. Overwhelmingly, most reported sleeping in their parent’s or guardian’s home (96%). However, the remaining 4% reported living in the home of a friend or family member, in a shelter or emergency housing, in a motel or hotel, in a car, park, campground, or other public place, that they did not have a usual place to sleep or sleeping somewhere else.

SOCIAL AND COMMUNITY CONTEXT

- Eighty-nine percent (89%) of youth participated in extracurricular activities. They participated in the following:

Table 10. Henry County youth reports on participation in extracurricular activities

| Barriers | Percentage | Trend |
|---|--|-------|
| A sports or intramural program (53%) | 2022  53% 2019  61% | ↓ |
| Exercising outside of school (44%) | 2022  44% 2019  44% | = |
| School club or social organization (42%) | 2022  42% 2019  37% | ↑ |
| A job (26%) | 2022  26% 2019  18% | ↑ |
| Church or religious organization (25%) | 2022  25% 2019  34% | ↓ |
| Church youth group (20%) | 2022  20% 2019  27% | ↓ |
| Caring for siblings after school (18%) | 2022  18% 2019  19% | ↓ |
| Some other organized activity (e.g., scouts, 4-H, etc.) (16%) | 2022  16% 2019  22% | ↓ |
| Babysitting for other kids (12%) | 2022  12% 2019  20% | ↓ |
| Volunteering in the community (12%) | 2022  12% 2019  17% | ↓ |
| Caring for parents or grandparents (4%) | 2022  4% 2019  4% | = |

ADVERSE CHILDHOOD EXPERIENCES

Adverse Childhood Experiences (ACEs) are potentially traumatic events that happen in childhood. These experiences are linked to chronic health problems, mental illness, and substance use problems. They can have negative effects on educational attainment, job opportunities, and earnings. But ACEs can be prevented. Some strategies outlined by the CDC are to strengthen economic supports to families, promote social norms that protect against violence and adversity, ensure a strong start for children, teach skills, connect youth to caring adults and activities, and intervene to lessen immediate and long-term harms.

- Over three-fifths (62%) of youth report at least one of the following adverse childhood experiences (ACEs).
- Thirty percent (30%) of youth had experienced three or more ACEs in their lifetime increasing to 33% among high schoolers. The most often experienced event was that their *parents became separated or were divorced* (36%), followed by *parents of adults in home swore at them, insulted them, or put them down* (30%).
 - The share of female youth in Henry County who had experienced three or more ACEs in their lifetime was higher (36%) than their male counterparts (22%). Among LGBTQ identifying youth over half (57%) had experienced three or more ACEs in their lifetime.
 - Over one-third (35%) of youth aged 17 and older reported they had experienced three or more ACEs in their lifetime. The share among 14-to-16-year old’s (28%) and those aged 13 and younger (29%) were slightly smaller.
 - One quarter (25%) of non-Hispanic White youth had experienced three or more ACEs in their lifetime. Among Hispanic youth 44% reported doing so and among non-Hispanic Multiracial youth 42% had.

Figure 81. Trends in the share Henry County youth who had experienced three or more ACEs

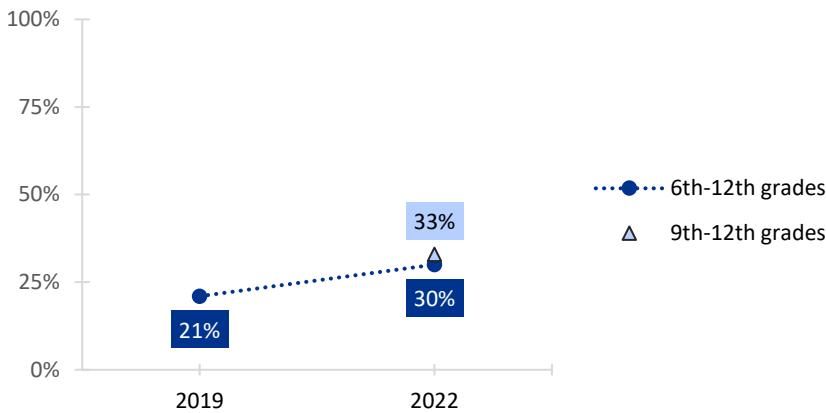


Figure 82. Variation in the percentage of Henry County youth who experienced three or more aces in their lifetime, 2022

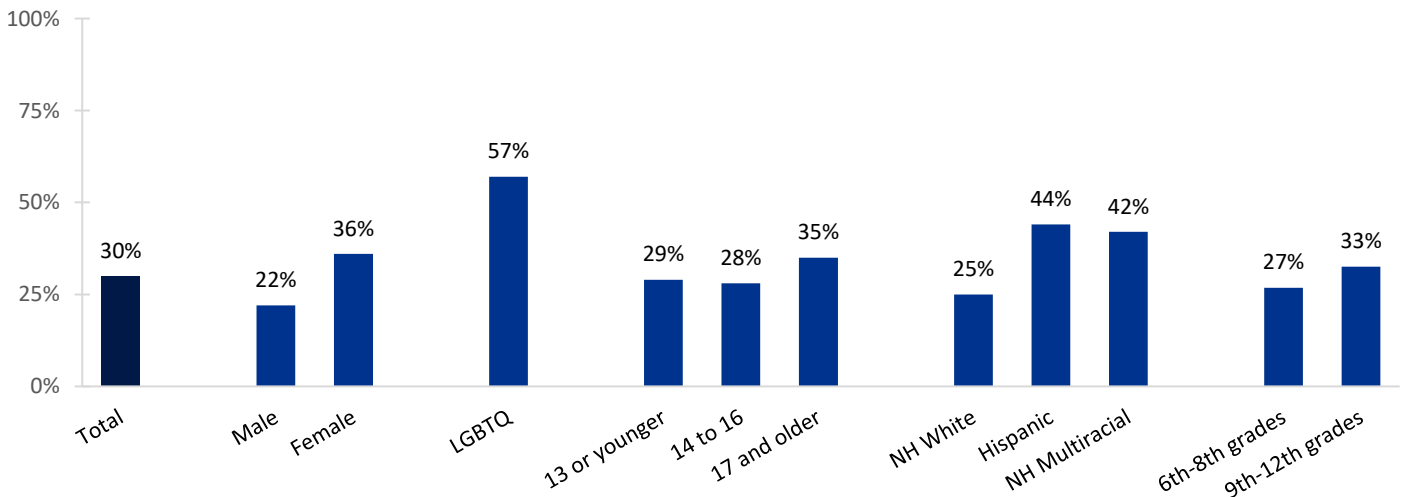


Table 11. Experiences of Henry County Youth

Trends in Individual Adverse Childhood Experiences Among Henry County Youth, 2019 & 2021

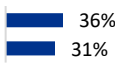

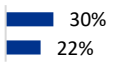

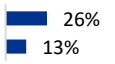
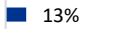
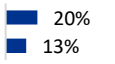
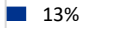
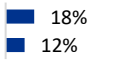
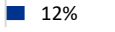
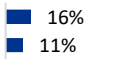
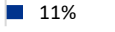
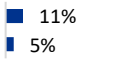
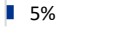
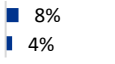
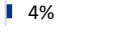
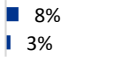
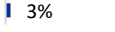
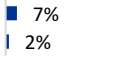

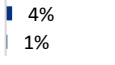
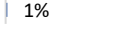
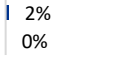

| Adverse Childhood Experiences | Percentage | Trend |
|---|---|-------|
| Parents became separated or were divorced | 2021  36% 2019  31% | ↑ |
| Parents of adults in home swore at them, insulted them, or put them down | 2021  30% 2019  22% | ↑ |
| Lived with someone who was depressed, mentally ill or suicidal | 2021  26% 2019  13% | ↑ |
| Lived with someone who was a problem drinker or alcoholic | 2021  20% 2019  13% | ↑ |
| Lived with someone who served time or was sentenced to serve in prison or jail | 2021  18% 2019  12% | ↑ |
| Parents were not married | 2021  16% 2019  11% | ↑ |
| Lived with someone who used illegal street drugs or misused prescription drugs | 2021  11% 2019  5% | ↑ |
| Parents or adults in home slapped, hit, beat, kicked, or physically hurt them in any way (not including spanking) | 2021  8% 2019  4% | ↑ |
| Parents or adults in home slapped, hit, kicked, punched, or beat each other up | 2021  8% 2019  3% | ↑ |
| An adult or someone five years older than them touched them sexually | 2021  7% 2019  2% | ↑ |
| An adult or someone five years older than them made them touch them sexually | 2021  4% 2019  1% | ↑ |
| An adult or someone five years or older than them forced them to have sex | 2021  2% 2019  0% | ↑ |

Table 12. Behaviors of Henry County Youth

Experienced 3 or More ACEs vs. Experienced 2 or Fewer ACEs

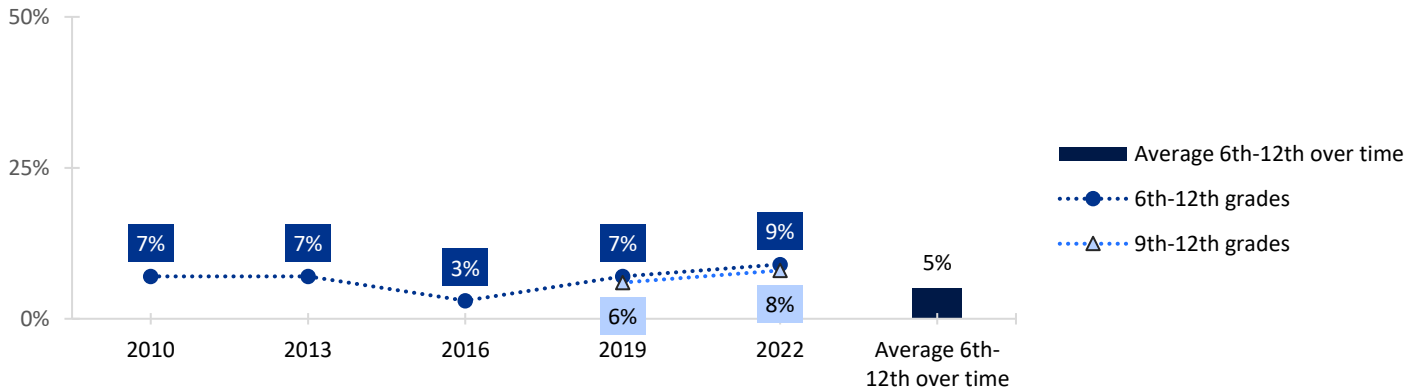
| Youth Behaviors | Experienced 3 or More ACEs | Experienced 2 or Fewer ACEs |
|--|----------------------------|-----------------------------|
| Bullied (in the past 12 months) | 59% | 27% |
| Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months) | 65% | 19% |
| Seriously considered attempting suicide (in the past 12 months) | 38% | 8% |
| Smoked cigarettes or vaped (in the past 30 days) | 26% | 5% |
| Had at least one drink of alcohol (in the past 30 days) | 25% | 9% |
| Attempted suicide (in the past 12 months) | 21% | 4% |

VIOLENCE

VIOLENCE-RELATED BEHAVIORS

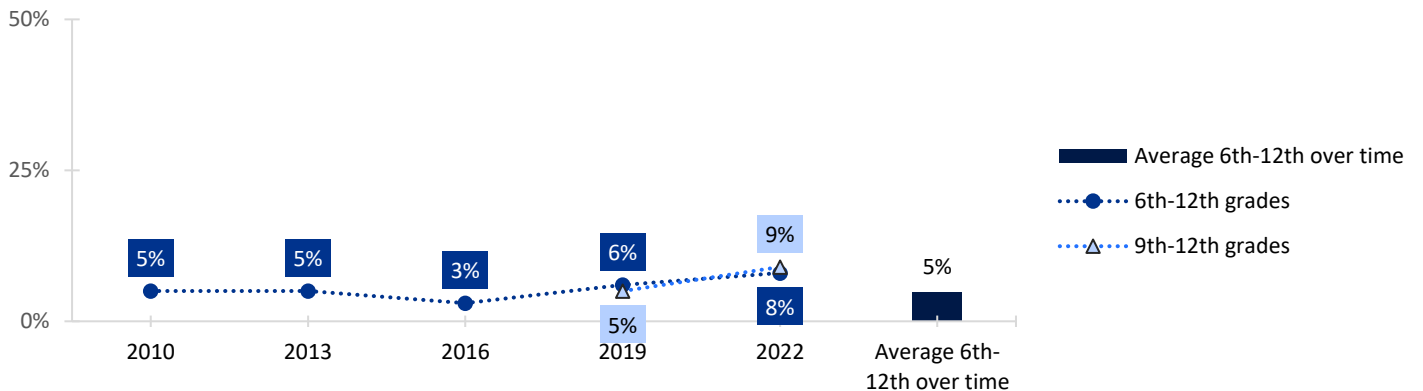
- Nine percent (9%) of youth were threatened or injured with a weapon on school property in the past year (see Figure 83).
 - Regarding trends, on average (from 2010 through 2019) 5% of youth reported they had been threatened or injured with a weapon on school property in the past year. Results from 2022 were slightly higher at 9% of all youth, decreasing slightly to 8% among high schoolers.
- Eight percent (8%) of youth did not go to school on one or more days in the past month because they did not feel safe at school or on their way to or from school (see Figure 84).
 - On average (from 2010 through 2019) 5% of youth reported they did not go to school on one or more days in the past month because they did not feel safe. Results from 2022 were slightly higher at 8% of all youth, increasing slightly to 9% among high schoolers.
- Three percent (3%) of youth carried a weapon on school property (such as a gun, knife, or club) in the past 30 days, increasing to 4% among those in high school (not shown).
- All youth were asked how many times in the past year **anyone** used physical force or threats of physical harm to get them to do sexual things they did not want to do—9% had experienced sexual violence at least once.
 - The share of youth to experience sexual violence was higher among youth who had been dating or going out with someone in the past year. Among daters, 12% reported experiencing sexual violence compared to 5% of non-daters. Also, among daters who did NOT experience sexual violence from a dating partner, 6% reported they had experienced sexual violence from someone they were not dating or going out with.

Figure 83. Trends in the percentage of Henry County youth who had been threatened or injured with a weapon on school property (in the past 12 months)



Note: the average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

Figure 84. Trends in the percentage of Henry County youth who did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)

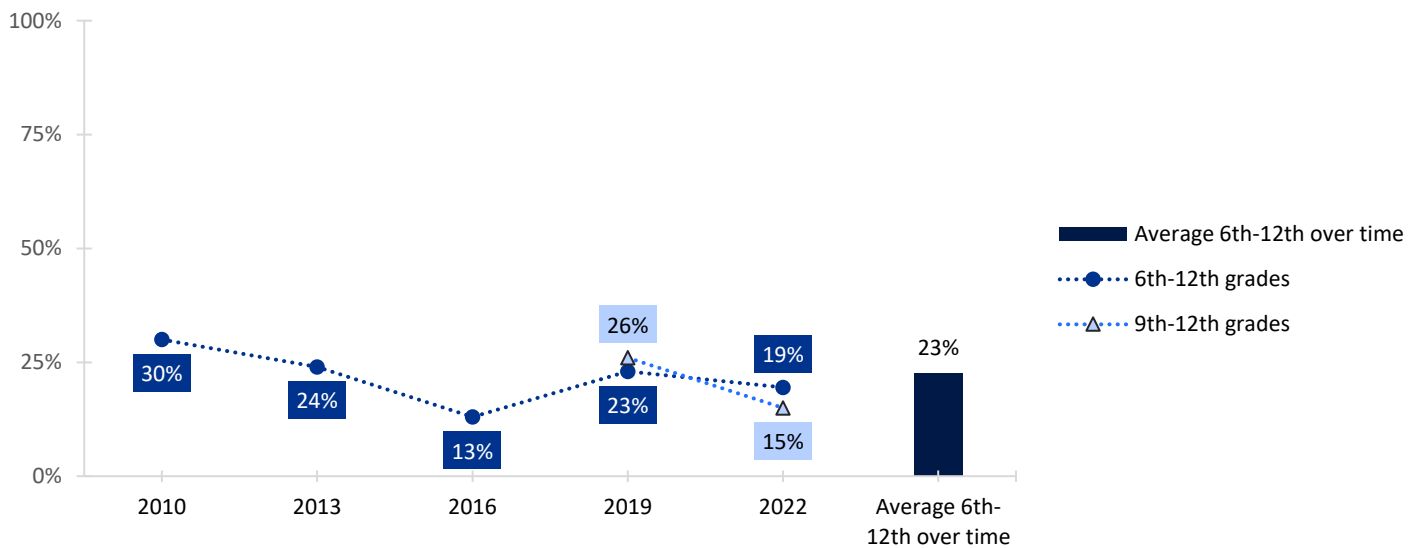


Note: the average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

PHYSICAL VIOLENCE

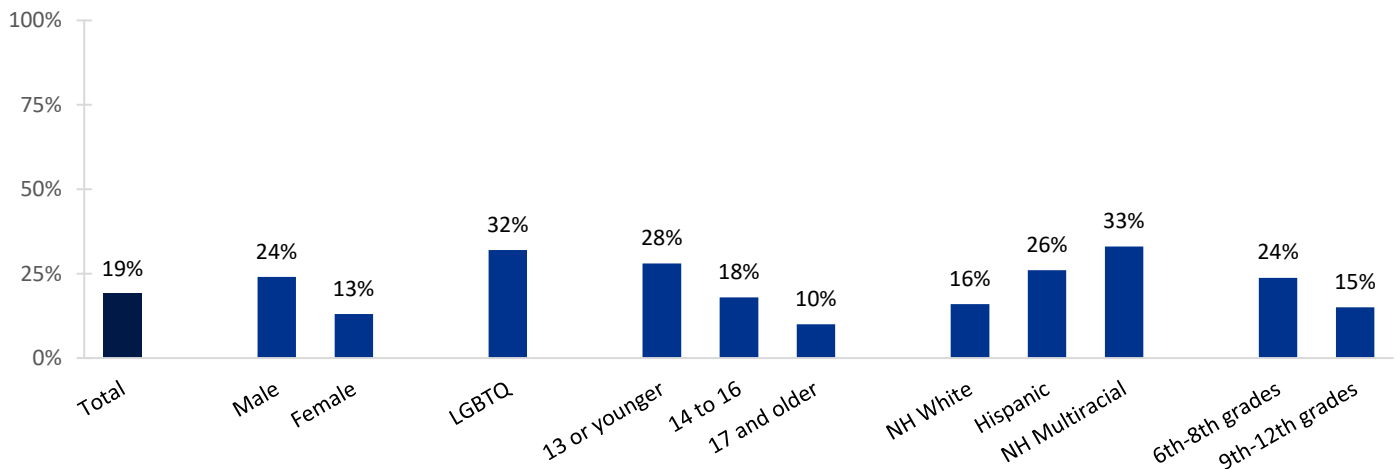
- In the past year, 19% of youth had been involved in a physical fight. Of those who had been in a physical fight, 43% had been in a fight on more than one occasion.
- Regarding trends, on average (from 2010 through 2019) 23% of youth reported they were in a physical fight (in the past 12 months). Results from 2022 were slightly lower at 19% of all youth reporting they were in a fight. It was lower yet among high schoolers, at 15%.
 - The share of female youth in Henry County who were in a physical fight (in the past 12 months) was lower (13%) than their male counterparts in which nearly one-quarter (24%) reported being in a fight. Among LGBTQ identifying youth nearly one-third (32%) were in a physical fight.
 - The share of youth reporting a fight in the past year decreased with age. The youngest youth - those aged 13 and younger - had the highest share at 28% followed by 18% of those age 14 to 16 and 10% among those aged 17 and older.
 - Sixteen percent (16%) of non-Hispanic White youth were in a physical fight (in the past 12 months). Among Hispanic youth more than one-quarter (26%) reported doing so and among non-Hispanic Multiracial youth one-third (33%) had.

Figure 85. Trends in the percentage of Henry County youth who were in a physical fight (in the past 12 months)



Note: the average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

Figure 86. Variation in the percentage of Henry County youth who were involved in a physical fight in the past year



PHYSICAL DATING VIOLENCE

- Henry County youth were asked: During the past **12 months**, how many times did **someone you were dating or going out** with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.). Forty-two percent (42%) had not dated anyone in the past year. Over half (52%) had been dating someone and not experienced dating violence. Four percent (4%) reported 1 to 3 times and 2% reported 4 or more times.
- Among all youth who dated or went out with someone in the past year, 7% reported ANY physical dating violence. The trend in the share of Henry County youth who experienced physical dating violence, on average (from 2010 through 2019) was slightly lower than the most recent data collect at 5%.
- The state and national share of dating high schoolers who reported experiencing physical dating violence in the past year (10% and 8%, respectively) was higher than the share among Henry County high schoolers at 7% (see Figure 85).
 - The share of dating female youth in Henry County who reported ANY physical dating violence in the past year was more than twice as high (13%) than their male counterparts (6%). Among LGBTQ identifying youth nearly one-quarter (23%) reported ANY physical dating violence in the past year.
 - The share of youth who experienced ANY physical dating violence in the past year increased with age. While too few youths aged 13 or younger reported any dating violence to report, among those aged 14-to-16 9% reported and among those aged 17 and older 15% reported any dating violence in the past year.
 - Only non-Hispanic White youth had enough individuals who experienced dating violence to report here with 5% having experience ANY in the past year.

Figure 87. Distribution of Henry County youth reports of physical dating violence in the past year

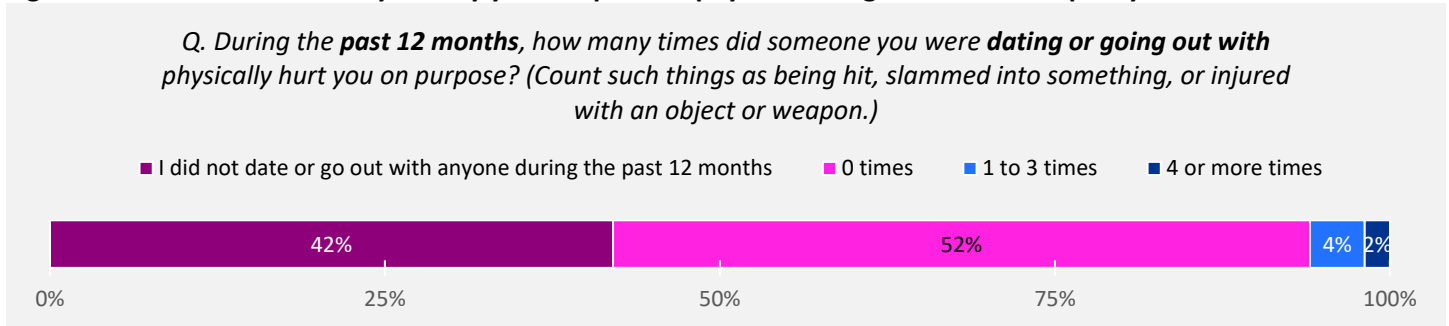
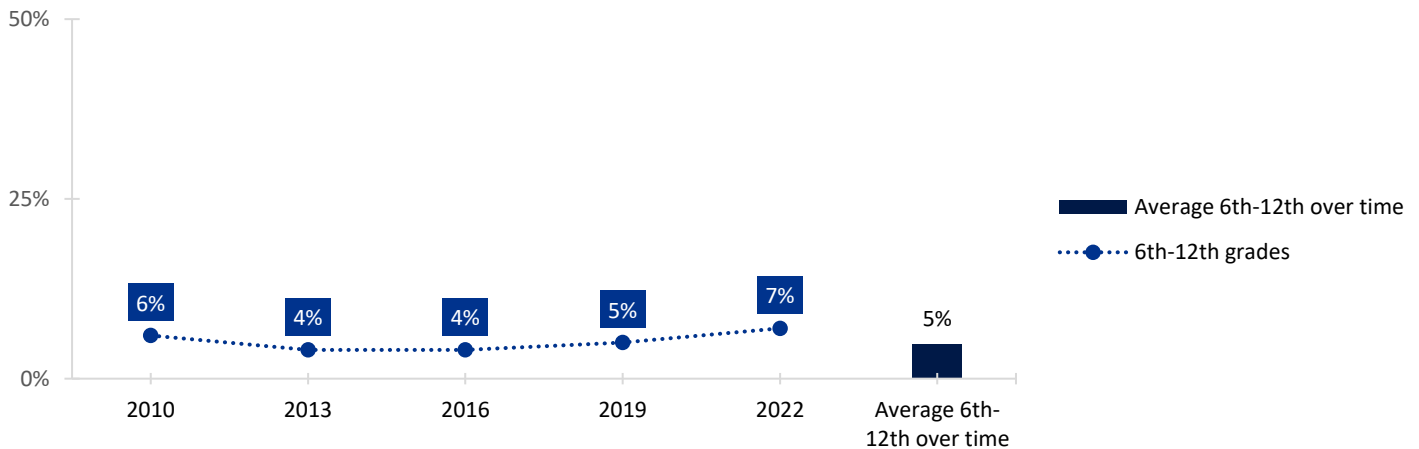
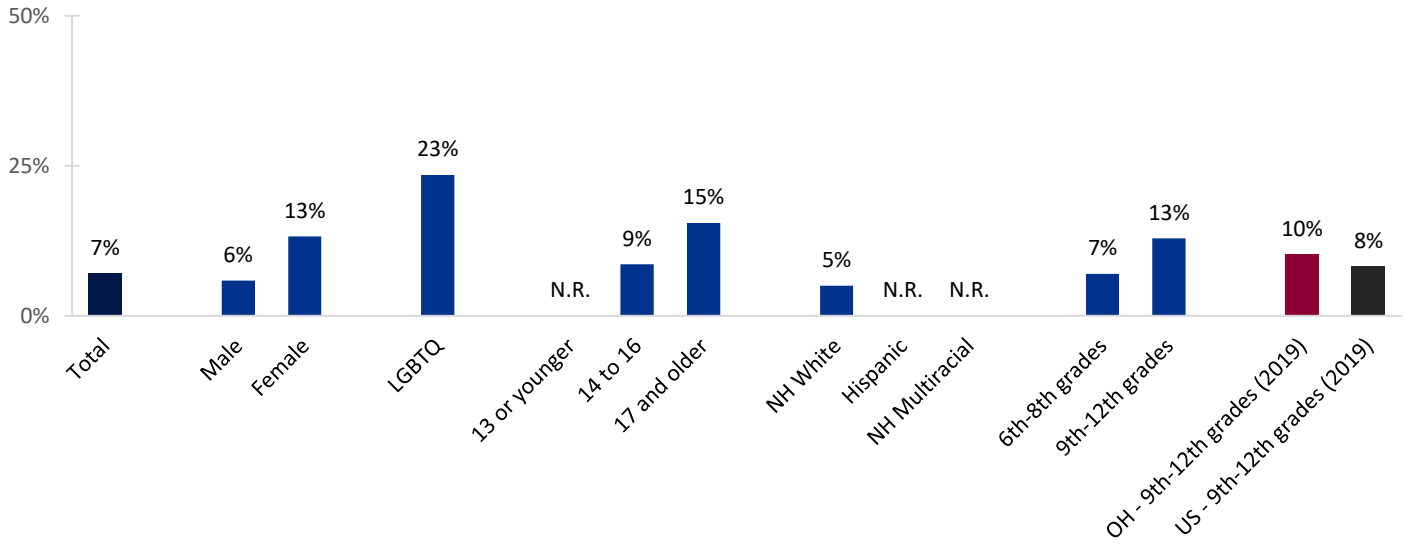


Figure 88. Trends in the percentage of youth who experienced physical dating by someone they were dating or going out with in the past 12 months among those who dated or went out with someone during the 12 months before the survey



Note: the average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019.

Figure 89. Variation in the percentage of youth who experienced physical dating by someone they were dating or going out with in the past 12 months among those who dated or went out with someone during the 12 months before the survey



SEXUAL DATING VIOLENCE

- Henry County youth were asked During the past **12 months**, how many times did **someone you were dating or going out with** use physical force or threats of physical harm to get you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being forced to have sexual intercourse). Forty-two percent (42%) had not dated anyone in the past year. Over half (54%) had been dating someone and not experienced sexual dating violence. Two percent (2%) reported 1 to 3 times and 2% reported 4 or more times.
- Among all youth who dated or went out with someone in the past year, 7% reported ANY sexual dating violence.
- The state and national share of dating high schoolers who reported experiencing sexual dating violence in the past year (7% and 8%, respectively) was similar to the share among Henry County high schoolers at 7% (see Figure 85).
 - The share of dating female youth in Henry County who reported ANY sexual dating violence in the past year was slightly lower (6%) than their male counterparts (7%). Among LGBTQ identifying youth nearly one-fifth (19%) reported ANY sexual dating violence in the past year.
 - The share of youth who experienced ANY sexual dating violence in the past year was similar regardless of age. While too few youths aged 13 or younger experienced dating violence to report, among those aged 14-to-16 7% reported and among those aged 17 and older 8% reported any sexual dating violence in the past year.
 - Only non-Hispanic White youth had enough individuals who experienced sexual dating violence to report here with 5% having experience ANY in the past year.

Figure 90. Distribution of Henry County youth reports of sexual dating violence in the past year

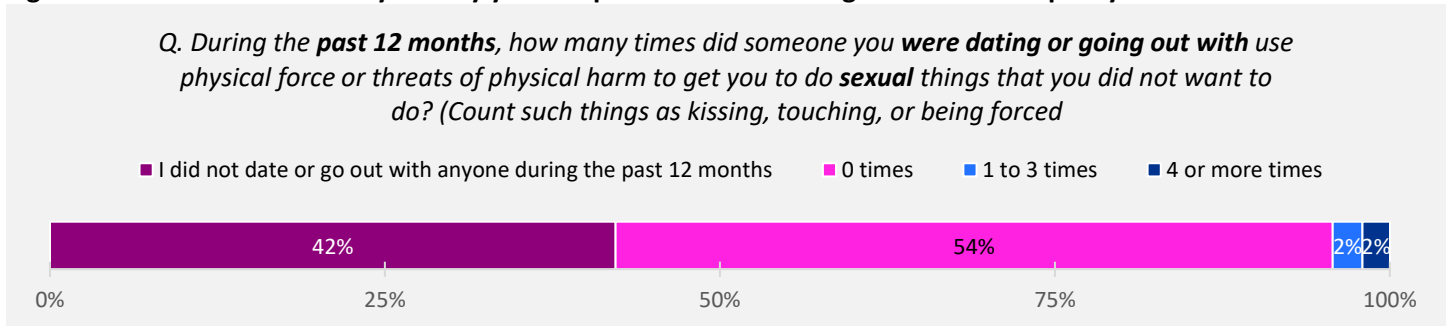
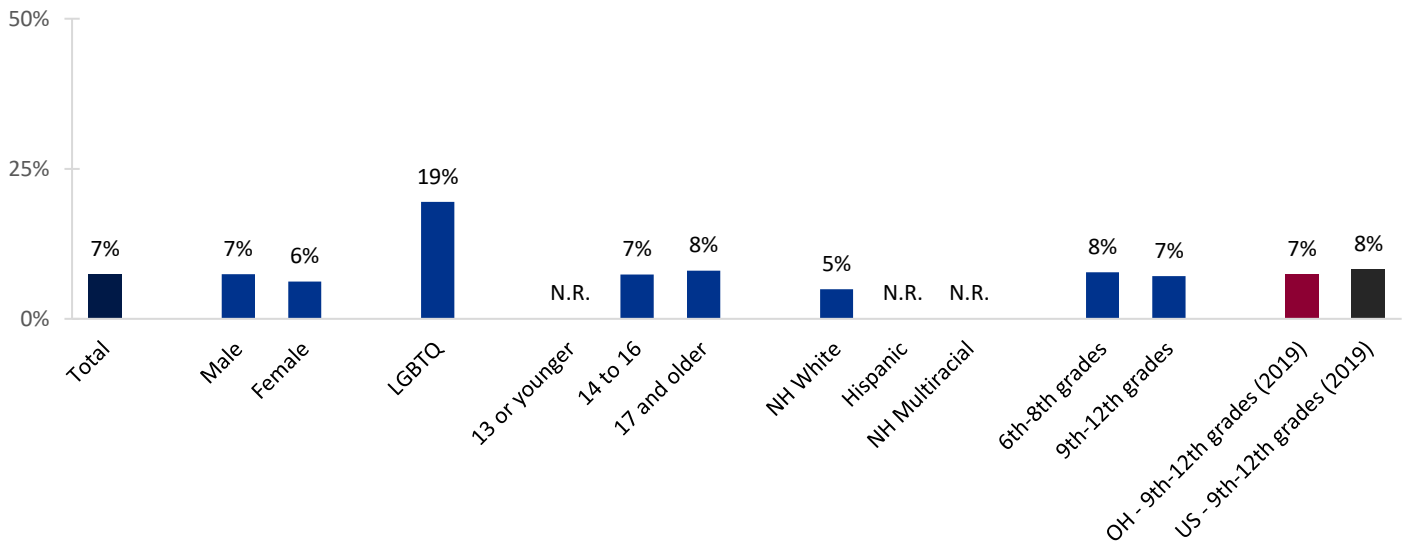


Figure 91. Variation in the percentage of youth who experienced sexual dating violence in the past 12 months among those in a relationship in the past 12 months



BULLYING

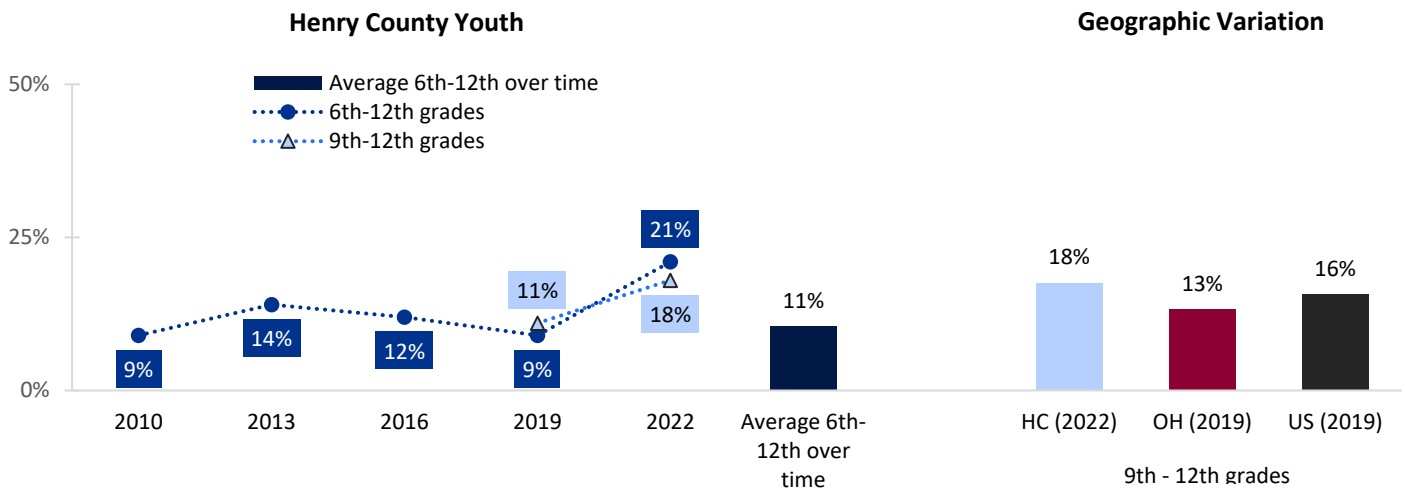
Bullying is defined as when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. Bullying is NOT when two students of about the same strength or power argue or fight or tease each other in a friendly way. Youth were asked about their experiences with bullying while on school property and whether they had experienced electronic bullying.

- Thirty-six percent (36%) of youth had been bullied—whether electronically or at school.
 - Sixteen percent (16%) were bullied at school but not electronically.
 - Fifteen percent (15%) were bullied at school and electronically.
 - Five percent (5%) were bullied electronically but not at school.

ELECTRONIC BULLYING

- From 2010 to 2019, on average, about one-in-ten (11%) of Henry County youth reported they had been bullied electronically (bullied through texting, Instagram, Facebook, Snapchat, or other social media) in the past year. The share in the most recent survey year (2022) was nearly twice as high at 21%. Among high schoolers 18% reported they had been electronically bullied in the past year.
- The state and national shares of high schoolers who reported being electronically bullied (13% and 16%, respectively) were smaller than the share among Henry County high schoolers at 18% (see Figure 88).

Figure 92. Trends and geographic variation in percentage of youth who were bullied electronically in the past year

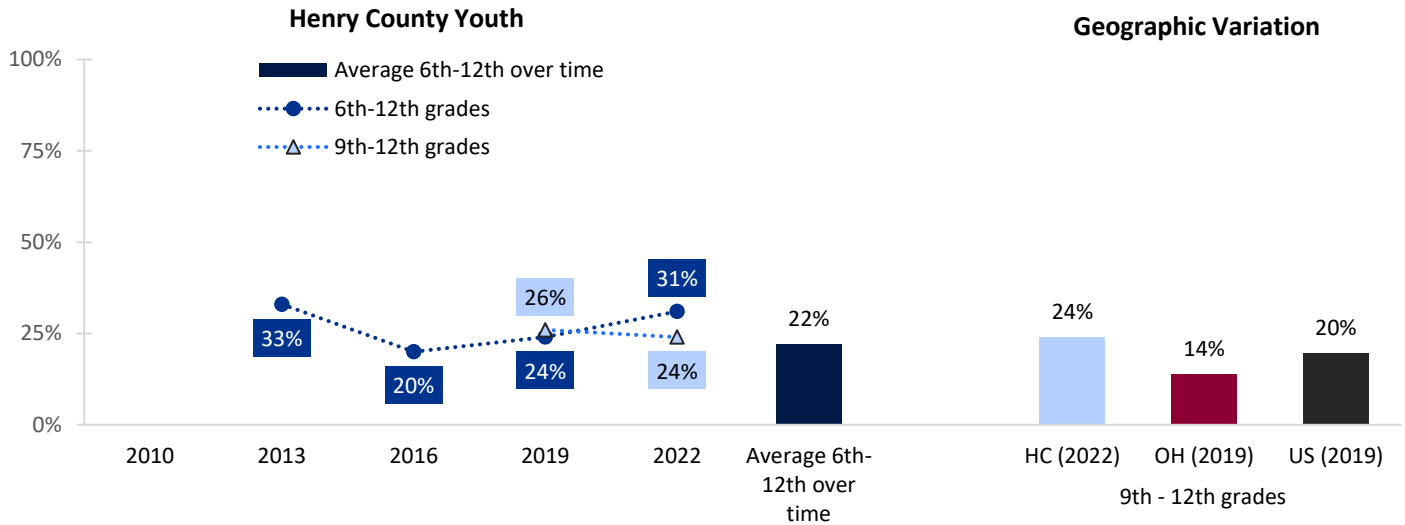


Note: the average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 -2019. HC denotes Henry County, OH denotes Ohio, and US denotes United States.

BULLIED ON SCHOOL PROPERTY

- From 2013 to 2019, on average, nearly one-quarter (22%) of Henry County youth reported they had been bullied on school property in the past year. The share in the most recent survey year (2022) was approaching one-third (31%).
- The state and national shares of high schoolers who reported being bullied on school property in the past year (14% and 20%, respectively) were smaller than the share among high school students in Henry County schools (24%).

Figure 93. Trends and geographic variation in the percentage of youth bullied on school property in the past year



Note: the average represents the arithmetic mean of the share of 6th - 12th graders over the period of 2010 - 2019. HC denotes Henry County, OH denotes Ohio, and US denotes United States.

SUMMARY OF BULLYING EXPERIENCE

To get a broad sense of the full extent of Henry County youth’s experience with bullying in the past year we created a combined measure to capture any experience—whether on school property or electronic—of bullying in the past year. The following variation was found:

- The share of female youth in Henry County who reported being bullied in the past year was higher (42%) than their male counterparts (29%). Among LGBTQ identifying youth over half (59%) reported being bullied in the past year.
- The share of youth who said they had been bullied in the past year declined with age. The highest share was among youths aged 13 or younger at nearly half (47%). Among those aged 14-to-16 about one-third (34%) reported being bullied in the past year and among those aged 17 and older the share was 28%.
- Among the racial and ethnic groups examined, non-Hispanic White youth had had the smallest share who had been bullied at 34%, followed by Hispanic youth at 41%. Among non-Hispanic Multiracial youth nearly half (47%) reported being bullied at some point in the past year.

Figure 94. Variation in the percentage of Henry County youth bullied in the past year – whether electronically or on school property

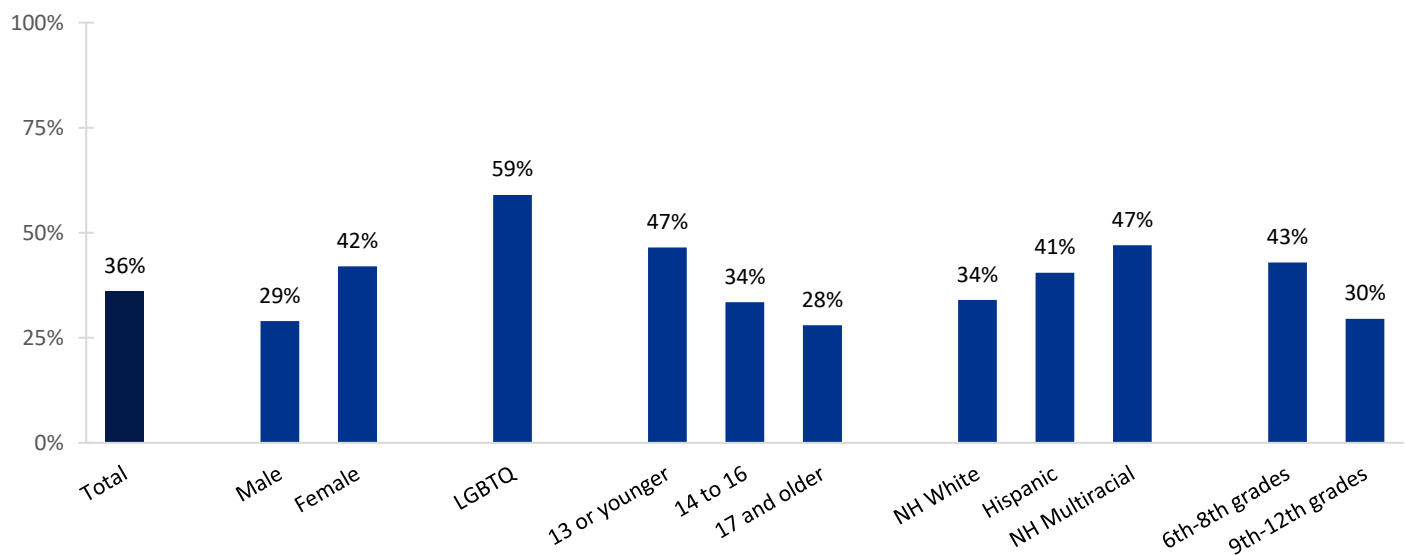


Table 13. Behaviors of Henry County Youth

Bullied vs. Non-Bullied

| Youth Behavior | Bullied | Non-Bullied |
|--|---------|-------------|
| Currently participate in extracurricular activities | 88% | 91% |
| Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past 12 months) | 56% | 20% |
| Experienced three or more adverse childhood experiences (ACEs) (in their lifetime) | 48% | 19% |
| Had at least one drink of alcohol (in the past 30 days) | 18% | 11% |
| Seriously considered attempting suicide (in the past 12 months) | 33% | 9% |
| Attempted suicide (in the past 12 months) | 19% | 4% |
| Smoked and/ or vaped (in the past 30 days) | 18% | 7% |
| Used marijuana (in the past 30 days) | 8% | 6% |
| Misused prescription medication (in the past 30 days) | 11% | 4% |

Appendix A: Primary Data Collection Methods

Overview

The Henry County Health Department fielded the 2022 Adult Community Health Status Assessment (A-CHSA) from February 2022 to October 2022. The survey covered adults aged 18 and older living in Henry County and included two samples. The first was solicited from all residential and PO box holders in Henry County, Ohio via the United States Postal Service (USPS) Every Door Direct Mail (EDDM) service. The second was a convenience sample solicited digitally via the Henry County Health Department's social media accounts, website, local radio station, and the three local newspapers. Further, the Henry County Health Partners also solicited respondents via their internal client and staff lists, websites, and social media accounts. Adult respondents were asked to complete a 40-minute survey. All survey materials were available in an online survey or paper format and translated into English and Spanish. There were 394 respondents via EDDM and 174 respondents via convenience sampling for a total adult sample size of 568.

The 2022 Youth Community Health Status Assessment (Y-CHSA) was fielded in the four Henry County public school districts in May of 2022. This survey covered youth in grades 6 through 12 and was administered individually by each local public school. Each student in attendance on the day in which the survey was administered was given the opportunity to participate. Youth respondents were asked to complete a 20-minute survey. All survey materials were available in an online survey or paper format and translated into English and Spanish. There was a total youth sample size of 1,193. Additional details about the adult and youth survey procedures are provided separately in the sections below.

Adult Community Health Status Assessment

Sampling

The target population for this study were adult (aged 18 and older) residents of Henry County, Ohio. Two samples were drawn. One was an attempt at a census and the other was a convenience sample. Both are described in greater detail in the following sections. The A-CHSA aimed to have completed surveys from 600, with an absolute minimum of 377. Further, the study sought to include an oversample of racial, ethnic, and sexual minorities. We achieved the absolute minimum sample size but did not quite reach our desired sample size with 568 respondents.

County Census

Solicitation of subjects for the county census was done via EDDM service provided by the USPS. This service allows individuals/companies to send 200 to 5,000 pieces of mail per day per zip code, select only residential delivery points, and includes city residences, rural/highway residences, and PO Boxes. Potential subjects are reached by identifying delivery routes within Henry County associated zip codes. Due to the small population size of individual zip codes and the efficiency of this mode of delivery, we were able to send a survey solicitation letter to each designated residence/delivery point in Henry County for a total of 11,623 solicitations.

The EDDM solicitation was in the form of a letter on Henry County Health Partners letterhead explaining the survey, its purpose, and our commitment to confidentiality as well as a weblink to the digital survey and QR code linked to the digital survey. The letter was signed by the Henry County Health Commissioner and the CEO of the Henry County Hospital. The digital survey was administered via the Survey Monkey platform and paper surveys with postage paid self-addressed return envelopes were provided upon request.

Convenience Sample

The second sample was a convenience sample of adult residents (aged 18 and older) of Henry County, Ohio. Subjects were recruited publicly via the Henry County Health Department's social media accounts, website, local radio station, and the three local newspapers. Further, the Henry County Health Partners also solicited respondents via their internal client and staff lists, websites, and social media accounts.

All subjects received digital solicitations explaining the survey, its purpose, and our commitment to confidentiality as well as a weblink to the survey. The weblink associated with the convenience sample was different from the weblink associated with the residential mail sample. However, the survey questionnaire was identical.

Sample Design

During the planning phase of the A-CHSA, the HCHD had planned to draw a census from the USPS-EDDM and a convenience sample via social media. There was a concern that these samples alone would not reach the desired racial, ethnic, and sexual minority sub-samples. Therefore, we had initially planned on deploying a second mailing to 1,200 residences randomly selected by zip code. However, given the expense associated with such a mailing and a lack of control in oversampling we opted instead to deploy a second targeted social media convenience sample. By targeted, we mean we were able to use social media platform services to target specific groups with our sample solicitations on an effort to achieve (at the least) representative samples of the identified groups.

Survey Design and Administration

The 2022 A-CHS includes 129 questions and was estimated to take 40 minutes to complete. The questionnaire was designed by the Henry County Health Department's Data Technician, Dr. Krista Westrick-Payne and is based on the CDC's Behavioral Risk Factor Surveillance System (BRFSS), the National Survey of Drug Use and Health (NSDUH), and the Local Pulse Survey (LPS¹) questionnaires. Topical areas covered include:

- Health Status
- Healthcare Access and Utilization
- Healthcare Coverage
- Oral Health
- Preventive Medicine and Health Screenings
- Alcohol Consumption
- Tobacco Use
- Drug Use (specifically marijuana, pain relievers, and stimulants)
- Women's Health
- Men's Health
- Sexual Behavior
- Weight Control, Physical Activity, and Nutrition
- Mental Health
- Quality of Life
- Adverse Childhood Experiences
- Economic Security
- Personal Safety
- Parenting
- Demographics

The first step in the questionnaire development process involved an evaluation of the 2019 Henry County Adult Community Health Survey questionnaire in which a crosswalk of questions was created to compare the 2019 survey to the BRFSS, the NSDUH, and the LPS. Because an essential function of the needs assessment is to not only compare Henry County with itself, but to also compare Henry County to Ohio, and the nation, great pains were taken to ensure this potential was maximized while burden on respondents was minimized and identities were protected. The second step of development was a questionnaire review with the Director of Community Health Services at the HCHD followed by a third review by the HCHD Health Commissioner.

A-CHSA Survey

Regarding the county census attempt, each USPS designated residence/ delivery point and PO Box in Henry County was invited to participate in the A-CHSA survey, for a total of 11,623 initial solicitations. A pre-mailer campaign via social media, the Northwest Signal, and WNDH radio station was initiated that included a photo of the letter residents would

¹ The LPS was conducted by the HCHD to measure the impact of COVID-19 pandemic on residents of Henry County and served as pilot study to the convenience sample of this current study. Phase 1 of the LPS yielded a convenience sample of 675 county residents between the ages of 18 and 87. Phase 2 yielded a convenience sample of 626 respondents between the ages of 18 and 86. The LPS was benchmarked against the American Community Survey (ACS) which is the largest nationally representative survey of the U.S. population and is conducted by the U.S. Census Bureau. The availability of the 5-year ACS samples enables counties with small populations to benchmark their own studies, determine the representativeness of their samples, and derive sample weights when/if needed. Both LPS surveys were benchmarked by age, gender, homeownership, and income and were found to be more comparable to the population of Henry County than the 2019 random sample used in the county's last A-CHA.

be receiving in their mailboxes, instructing them to be on the lookout. Invitations were then sent on February 17th, 2022. The invitation included an explanation of the survey, its purpose, and the Henry County Health Partners commitment to confidentiality, an invitation to complete the survey, a weblink to the digital survey and QR code linked to the digital survey. Following the mailing, a post-mailer campaign was initiated that included a photo of the letter residents should have received asking “Did you get yours?” and encouraging residents to fill out the survey.

For the convenience sample, a social media campaign was designed that included invitations for Henry County residents aged 18 and older to complete the online survey via Survey Monkey. The invitation included an internet address to the survey and a QR code to the survey.

The survey link or QR code took respondents to the survey instrument, which first asked for participant consent. Participants were then asked the following two screening questions: “I confirm that I am at least 18 years of age” and “Which of the following best describes where you live?”

Respondents who gave consent and answered “yes” to the first screening question and answered one of the following: I live in Napoleon, Ohio city limits, I live in the limits of a village within Henry County, Ohio (examples include, Deshler, Holgate, and Liberty Center), I live out in the country (in a rural areas) in Henry County, Ohio, on the second screening question continued with the survey. For those who did not consent or who answered “no” or refused to answer the first screening question were directed to a “Thank you” screen and the survey ended. For those who answered “I do not live in Henry County, Ohio” or who refused to answer the second screening question were also directed to a “Thank you” screen and the survey ended.

It was estimated that the survey would take an average of 40 minutes to complete, however, on average respondents took 30 minutes to complete.

Consent

For those participating in the survey via the weblink, consent was obtained electronically upon clicking of the weblink, but prior to the completion of the survey.

Given the survey questionnaire was taken independently and was self-administered, subjects were granted as much time as they needed to read over the information. There was also an email address and phone number provided allowing them to contact the health department if they had any questions or concerns regarding the survey. Further, once subjects confirmed their consent and age, they were able to stop the survey at any time or refuse to answer any questions.

A paper survey mode with a self-addressed and stamped envelope was also provided upon request. These respondents received the same information provided in the online version and asked whether they consented, followed by the same two screener questions (see copy of paper questionnaire in Appendix X). Additionally, like with the online version, the paper survey was also self-administered and taken independently. As such, subjects were granted as much time as they needed to read over the information. They were given an email address and phone number they could contact if they have any questions or concerns regarding the survey. Further, subjects can opt out simply by not mailing the survey back.

Anonymity and Confidentiality

There were multiple identity protections built into the sampling procedure design of the 2022 A-CHSA. By utilizing the USPS EDDM for the initial direct-mail solicitation, the names and/or addresses of respondents were never known to the Principle Investigator.

Regarding the convenience sample, the PI did not have access to the client or staff lists or any of their associated personal information. All email solicitations were initiated internally by individual Henry County Health Partners members. Survey Monkey—the vendor we used to administer the survey—allows survey designers to collect their

responses anonymously (without recording IP addresses, email addresses, first or last names, or any other customer data). Survey Monkey uses Momentive to handle all their security and privacy issues and are ISO27001 certified. Surveys begin with https:// which means survey responses are sent over a secure, encrypted connection. Momentive's Security Statement is accessible via <https://www.surveymonkey.com/mp/legal/security/> with specifics provided. Their Privacy Notice is accessible here: <https://www.surveymonkey.com/mp/legal/privacy/>

All analyses were conducted by the PI. Basic demographic data were collected in addition to the assessment questions, but no identifying personal information (e.g., names, email addresses, phone numbers, ID numbers of any kind) were collected. We did ask respondents to provide their zip code. The raw data file will not be made publicly available. Instead, findings from the analyses will be communicated via reports, briefs, data visualizations, presentations, etc. The raw data files are accessible only to Henry County Health Department staff with Human Subjects Review Board (HSRB) training and in compliance with Institutional Review Board (IRB) standards as well as internal data management policies and other trainings as set forth in the Henry County Health Department Policy Stat. The raw data files are stored at the Henry County Health Department.

Youth Community Health Status Assessment

Sampling

The target population for this study were youth (grades 6 - 12) residents of Henry County enrolled in one of the four public schools in Henry County. Four samples were drawn—one from each public-school district in the county and represent an attempt at a census, which is described in greater detail in the following sections. The Y-CHSA aimed to have completed surveys from 600 youth. We surpassed that goal and with a final sample size of 1,193 youth respondents.

Sample Design

In the past the Henry County Y-CHSA was conducted on a sample of students from each of the County's four public schools and it was administered in a paper format. The Henry County Health Partners values our schools' continued participation in this process and recognize the value such assessments can add. We are also aware of the limited resources and time available in a typical school day to complete such assessments and want to ensure our local faculty, staff, and administrators have the BEST data possible regarding their students. As such, we implemented a different strategy for conducting the 2022 Youth Assessment, one that departed from the previous assessment in two ways:

1. We attempted a census.
2. We administered an on-line survey.

Survey Design and Administration

The 2022 Y-CHSA included 95 questions and was estimated to take 25 minutes to complete. The questionnaire was designed by the Henry County Health Department's Data Technician, Dr. Krista Westrick-Payne and was based on the 2019 Henry County Youth Community Health Survey, the CDC's National Youth Risk Behavior Survey (YRBS), the Ohio Health Youth Environments Survey (OHYes), and the National Survey of Drug Use and Health (NSDUH) questionnaires. Topical areas covered include:

- Basic demographics
- Personal Safety
- Violence Related Behavior and Experiences
- Bullying
- Sad Feelings and Attempted Suicide
- Anxiety, Stress, and Depression
- Cigarette Smoking, Electronic Vapor Products, and Use of All Tabaco Products
- Drinking Alcohol
- Drug Use (specifically marijuana, pain relievers, and stimulants)
- Sexual Behavior and Identity
- Body Weight
- Food and Drink
- Physical Activity
- Concussions

- Other Health-Related Topics

The first step in the questionnaire development process involved an evaluation of the 2019 Henry County Youth Community Health Survey questionnaire in which a crosswalk of questions was created to compare the 2019 survey to the YRBS, OHYes, and the NSDUH. Because an essential function of the needs assessment is to not only compare Henry County with itself, but to also compare Henry County to Ohio, and the nation, great pains were taken to ensure this potential was maximized while burden on students, faculty, and staff was minimized and identities were protected.

The second step of development was a questionnaire review with the Director of Community Health Services at the HCHD followed by a third review by the HCHD Health Commissioner. Further, the questions regarding illicit drugs were vetted by the local MAN-UNIT and a criminologist at Bowling Green State University and all four superintendents.

The mode of self-administration will predominately be electronic/on-line via the Survey Monkey platform. If deemed necessary by school administration/ faculty, we made a paper version of the same survey available for those students with special needs.

Y-CHSA Survey

The 2022 Y-CHSA included 97 questions and was estimated to take 20 minutes to complete.

The questionnaire was administered during regular school hours, at the respective schools, in a classroom sometime during the month of May 2022 by school faculty. The specific date, time, and survey administrators were determined by each individual school district.

The survey administrators were given a recruitment script to follow in their proctoring of assent to the study as well as the survey questionnaire itself. The assent form is the first page of the survey – whether digital or paper format. Each survey administrator was given a packet for each classroom in which they were proctoring a survey. In the packet were the Survey Administrator Assurance of Confidentiality form that they must have signed, a copy of the Recruitment Script (this was sent to the schools before the packets were sent), printouts of the survey link, paper questionnaires and sealable envelopes, and printouts of the debriefing form.

Once the class bell had rung and the students were seated the survey administrator began the script and introduced the survey to the class. Next, they distributed the survey link to those taking the digital version and the questionnaire and sealable envelope to those taking the paper version. Following the passing out of the survey instrument material the survey administrator continued with the script and discussed expectations regarding privacy and anonymity. They also explained what the students were to do once they were done with their participation in the study. Students who received a paper version were instructed to place their completed questionnaire in the envelope when completed, seal the envelope, and write the name of their school and the date across the seal. At this point the survey administrator was instructed to pause and allow for questions. Next, the survey administrator instructed the students through the assent process describing how to provide their assent as well as what to do if they chose not to participate. Again, the survey administrator was instructed to pause and allow students ample time to read the assent form and answer questions. Once this was completed the survey administrator continued with instructions regarding answering the survey questions and reiterated what to do when they were done. At the end of the class period the survey administrator collected the papers with the survey links, and if necessary, any sealed envelopes with questionnaires. When they collected these, they gave each student a debriefing statement that contained information on available mental health services.

Parental Permission & Assent

We employed the utilization of passive parental permission forms, per request of the superintendents of the individual school districts. This allowed parents/ guardians to opt their students out of participating. Our form was based on an example from the Centers for Disease Control (CDC). While each school was given identical forms, to protect the identities of the students each school was responsible for the dissemination of the forms to their student body. Further,

each school was responsible for adhering to those requests returned by not administering the survey to students whose parents/ guardians had opted out.

As stated earlier, the youth assent form was on the first page of the survey instrument (see attached). The following was at the bottom of the assent form:

ELECTRONIC:

“Clicking “Yes, I agree” below means that you have read this screen and you are willing to be in this study.”

PAPER:

“Checking “Yes, I agree” below means you have read this screen and are willing to be in this study.”

The recruitment script that was followed by the survey administrators (see attached) had the following instructions for the students:

“Now I would like you to navigate to the online survey and look at the opening screen of the survey. It is an assent form. Please read it carefully. If you agree to participate, please click the box “Yes, I agree” at the bottom of the screen. Once you do so, you will begin the questionnaire. If you have any questions regarding the assent form, do not hesitate to ask. If you opt not to participate, please close your electronic device, and place it on the surface in front of you and turn the paper with the survey link upside down and wait quietly.”

Following the instructions to read the form, administrators were instructed to pause for any questions.

Anonymity and Confidentiality

There were multiple identity protections built into the design of the 2022 Y-CHSA. By utilizing the individual schools for the solicitation of passive permission and administration of the questionnaire, the identities, names and/or addresses of respondents will never be known to the PI.

Survey Monkey—the vendor used to administer the survey—allows survey designers to collect their responses anonymously (without recording IP addresses, email addresses, first or last names, or any other respondent data). Survey Monkey uses Momentive to handle all their security and privacy issues and are ISO027001 certified. Surveys begin with https:// which means survey responses are sent over a secure, encrypted connection. Momentive’s Security Statement is accessible via <https://www.surveymonkey.com/mp/legal/security/>. Their Privacy Notice is accessible here: <https://www.surveymonkey.com/mp/legal/privacy/>

All analyses were conducted by the PI. Basic demographic data was collected in addition to the assessment questions, but no identifying personal information (e.g., names, email addresses, phone numbers, ID numbers of any kind) were collected. The raw data file will NOT be made publicly available. Instead, findings from the analyses will be communicated via reports, briefs, data visualizations, presentations, etc. In these reports only group data will be reported on.

Regarding the deidentification of each participant, no results or result categories will be reported if they do not meet a standard minimum of 20 respondents per cell. In other words, only group data will be reported and ONLY IF there are at least 20 respondents in any given group. While some researchers employ minimum count standards that are smaller, we feel for statistical rigor and maximum identity protection a minimum of 20 respondents per cell is more ideal.

Regarding individual school data, NO data specific to any of the school districts will be made public by the PI, Henry County Health Department, Henry County Hospital, or Henry County Health Partners. Each school district will be provided an individualized report on their student body, but not that of the other three county schools. Only group data within the school will be given to each respective school and ONLY IF there are at least 20 respondents in any given

group. It will be at the discretion of the individual school districts the extent to which they wish to share their school's group data.

The raw data files are accessible only to Henry County Health Department staff with HSRB training and in compliance with IRB standards as well as internal data management policies on data privacy and security, verbal written protected health information (PHI), and other trainings as set forth in the Henry County Health Department Policy Stat. The raw data files will be stored at the Henry County Health Department.

Data Cleaning

Some respondents had item-level missing data on many questions (e.g., all answers were "don't know") or the answers were deemed statistically nonsensical (e.g., they reported weighing 1,000 pounds and being 10 feet tall). These respondents were removed from the final analytic sample.

An extra level of cleaning took place for the A-CHSA sample because weights were applied. The sample was weighted based on demographic information – biological sex, age, and educational attainment—therefore, any respondents with missing data on these variables were removed from the analytic sample.

Weights – Raking Technique

Because of the methods employed, in that a full census without follow-up was attempted in such a way that every resident with an address or youth who attended school was given an opportunity to complete we were unsure of the necessity of weights. To determine whether to weight the results the demographics of the surveys were compared to Census estimates of the same populations. The Y-CHSA was found to benchmark very well against Census data, and as such no weights were computed and used. The A-CHSA did not benchmark as well, which was to be expected, particularly given part of the A-CHSA was a convenience sample. Simply put, some subgroups of the population may be more represented (AKA overrepresented) in the completed survey than they are in the population from which they were being sampled. While we had enough respondents in certain populations to deem the sample of sufficient size, it was not representative of the resident adult Henry County population. As such, a raking procedure to post-stratify by sex, age, and educational attainment was employed. The following distributions were calculated from the 2020 ACS and then mapped onto the A-CHSA:

Sex: (1) Male; (2) Female

Age: (1) 18 to 34; (2) 35 to 44; (3) 45 to 64; (4) 65 and older

Educational attainment: (1) <H.S./ H.S./ GED/ Some college/ associates degree; (2) bachelor's degree or higher

Weightings were generated for each of the above 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 with that same specific category. Table 1 below shows the percentage (represented as a proportion) of adult Henry County residents in each category, followed by the percentage (again represented as a proportion) of respondents in the A-CHSA followed by the associated weight of each individual in said given category. The larger the weight, the smaller the proportion of that particular population was represented on the A-CHSA unweighted sample. Following the raking the weights were multiplied by a common factor to scale the weighted frequencies to match the Census population of adults in Henry County.

$$\text{Total adult population} / \text{total A-CHS sample} = X$$

$$20,772 / 568 = 36.57042$$

Table 2 shows the final weighted sample size and associated weighted percentages (share in group/total weighted sample size) of each group.

Table 1. Post-stratification raking values for generating A-CHSA weights

| | 18 to 34 years: | | | 35 to 44 years: | | | 45 to 64 years: | | | 65 years and over: | | |
|---|-----------------|--------|---------|-----------------|--------|--------|-----------------|--------|--------|--------------------|--------|----------|
| | ACS | A-CHSA | Weight | ACS | A-CHSA | Weight | ACS | A-CHSA | Weight | ACS | A-CHSA | Weight |
| Male: | | | | | | | | | | | | |
| <H.S./ H.S./ GED/ S.C./ Assoc. | 0.1107 | 0.0091 | 12.1799 | 0.0671 | 0.0145 | 4.6105 | 0.1444 | 0.0473 | 3.0551 | 0.0941 | 0.0818 | 1.15032 |
| Bach+ | 0.0166 | 0.0036 | 4.5674 | 0.0109 | 0.0182 | 0.6010 | 0.0323 | 0.0382 | 0.8448 | 0.0143 | 0.0455 | 0.315617 |
| Female: | | | | | | | | | | | | |
| <H.S./ H.S./ GED/ S.C./ Assoc. | 0.0941 | 0.0200 | 4.7034 | 0.0638 | 0.0455 | 1.4033 | 0.1456 | 0.1709 | 0.8518 | 0.1178 | 0.1800 | 0.65446 |
| Bach+ | 0.0252 | 0.0473 | 0.5326 | 0.0166 | 0.0618 | 0.2679 | 0.0320 | 0.1327 | 0.2412 | 0.0145 | 0.0836 | 0.173834 |

Table 2. A-CHSA Weighted sample frequencies and percentages

| | 18 to 34 years: | | 35 to 44 years: | | 45 to 64 years: | | 65 years and over: | |
|--------------------------------------|-----------------|------------|-----------------|------------|-----------------|------------|--------------------|------------|
| | weighted n | weighted % | weighted n | weighted % | weighted n | weighted % | weighted n | weighted % |
| Male: | | | | | | | | |
| <H.S./ H.S./ GED/ S.C./ Assoc. | 3,560 | 15.9% | 1,352 | 6.0% | 3,136 | 14.0% | 1,890 | 8.4% |
| Bach+ | 334 | 1.5% | 220 | 1.0% | 651 | 2.9% | 300 | 1.3% |
| Female: | | | | | | | | |
| <H.S./ H.S./ GED/ S.C./ Assoc. | 2,408 | 10.8% | 1,326 | 5.9% | 2,976 | 13.3% | 2,376 | 10.6% |
| Bach+ | 570 | 2.5% | 360 | 1.6% | 657 | 2.9% | 276 | 1.2% |

Data Analysis

All data analysis was performed in Stata. No statistical testing was done. This report ONLY contains bivariate distributions.

Appendix B: Henry County Sample Demographic Profile

Henry County Adult Demographic Profile

| | Unweighted A-CHSA frequencies | Unweighted A-CHSA percentages | Adult population estimates |
|---------------------------------|-------------------------------------|-------------------------------------|----------------------------------|
| Total adult population | 568 | 100% | 20,772 |
| Sex | | | |
| Male | 147 | 26% | 49% |
| Female | 421 | 74% | 51% |
| Age group | | | |
| 18 to 34 | 54 | 10% | 25% |
| 35 to 44 | 80 | 14% | 16% |
| 45 to 64 | 219 | 39% | 35% |
| 65 to 94 | 215 | 38% | 24% |
| Household income | | | |
| <\$50 | 121 | 25% | 38% * |
| \$50k - 74,999 | 131 | 27% | 20% * |
| \$75k- 99,999 | 91 | 19% | 17% * |
| \$100K + | 145 | 30% | 24% * |
| Missing | 80 | 14% | - |
| Educational attainment | | | |
| <H.S./ H.S./ GED/ | 122 | 21% | 52% |
| Some College/ Assoc. | 203 | 36% | 31% |
| Bachelors + | 243 | 43% | 16% |
| Residence location | | | |
| Napoleon Limits | 185 | 33% | 30% |
| A village | 111 | 20% | 22% |
| Rural area | 272 | 48% | 48% |
| Race/ Ethnicity | | | |
| Hispanic | 16 | 3% | 7% |
| non-Hispanic White | 543 | 96% | 93% |
| non-Hispanic Multiracial/ Other | 7 | 1% | 0.06% |
| Missing | 2 | <1% | - |

Data Source: Henry County Adult Community Health Status Assessment; U.S. Census Bureau, American Community Survey, 2020 5-year estimates

* Household income is based on 11,040 households, not the number of individuals aged 18 and older

Henry County Youth Demographic Profile

| | Unweighted Y-CHSA frequencies | Unweighted Y-CHSA percentages | Youth population estimates |
|---------------------------------|-------------------------------------|-------------------------------------|----------------------------------|
| Total youth population | 1,198 | 100% | 2,202 |
| Age | | | |
| 13 or younger | 344 | 29% | N.A. |
| 14 to 16 | 650 | 54% | N.A. |
| 17 and older | 202 | 17% | N.A. |
| Missing | 2 | 0% | N.A. |
| Sex | | | |
| Male | 566 | 47% | 51% |
| Female | 602 | 50% | 49% |
| Other | 25 | 2% | - |
| Missing | 5 | 0% | - |
| Sexual Orientation | | | |
| Heterosexual | 988 | 82% | 88% |
| LGBTQ | 201 | 17% | 12% * |
| Missing | 9 | 8% | - |
| Race/ Ethnicity | | | |
| Hispanic | 188 | 16% | 11% |
| non-Hispanic White | 867 | 72% | 85% |
| non-Hispanic Multiracial/ Other | 135 | 11% | 5% |
| Missing | 8 | 1% | - |
| Grade | | | |
| 6th - 8th grades | 619 | 52% | 45% |
| 9th - 12th grades | 575 | 48% | 55% |
| Missing | 4 | 0% | - |

Data Source: Ohio Department of Education, Fall 2021 Enrollment Data; *CDC, Youth Risk Behavior Surveillance System, Ohio estimates, 2019

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