

Henry County Community Health Assessment



COMPREHENSIVE PLAN

2020

COMMUNITY HEALTH ASSESSMENT

Henry County Health Partners

The Henry County Health Partners formed in 1996 to study ways to improve the quality of life and the health status of Henry County citizens. The group agreed that a community needs assessment was necessary to provide the foundation on which to measure and track the community's health. The group's initial assessment or in-depth "community diagnosis" process took over two years to complete. It was conducted through a coordinated community effort, employing the best science available and using community values and opinions.

As years have passed, the community health assessment process has evolved and grown, as has the Henry County Health Partners Group. The current Henry County Health Partners membership consists of:

A Renewed Mind Services	Maumee Valley Guidance Center
Arrowhead Behavioral Health	Mercy Health Physician
CASA - Court Appointed Special Advocates	Napoleon Area Schools
The Center for Child and Family Advocacy	Napoleon Church of the Nazarene
Community Improvement Corporation of Henry County	Napoleon Fire and Rescue
City of Napoleon	Napoleon Police Department
Community Health Services, FQHC	Northwest Ohio Community Action Commission, Inc.
Henry County Prosecutor	Northcrest Rehabilitation and Nursing Center
Equitas Health	Northwest Signal
Filling Homes of Mercy	Northwest State
Four County Alcohol, Drug Addiction, and Mental Health Services (ADAMhs) Board	OSU Extension – Henry County
Four County Career Center	Patrick Henry Local Schools
Frost Insurance	Pillars of Success
Genacross Lutheran Services	Recovery Services of Northwest Ohio Residents
HOPE Services – Board of Developmental Disabilities	Scarbrough Deshler
Henry County Commissioners	St. Augustine Catholic School
Henry County Hospital	St. Paul's Lutheran School
Henry County Job and Family Services	The RIDGE Project
Henry County Senior Center	Together We Can Make a Difference Initiatives
Henry County Sheriff	United Way of Henry County
Henry County Veterans Services	Vancrest Health Care Center - Holgate
Henry County Health Department	Veterans Service Commission
Henry County Family Court	Widewater Retreat Center and Camp
Liberty Center Schools	

The Henry County Health Partners, facilitated by Henry County Health Department staff, are responsible for assisting in gathering data for the CHA, reviewing CHA data, determining community health improvement planning (CHIP) priorities and serving on one of the priority workgroups to establish objectives, indicators of success, target population(s), strategies, and evaluation of methods to measure the impact of community health improvement plans.

Background

The Public Health Accreditation board defines community health assessment as a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community. The ultimate goal of a community health assessment is to develop strategies to address the community's health needs and identified issues. A variety of tools and processes may be used to conduct a community health assessment; the essential ingredients are community engagement and collaborative participation. This community health assessment (CHA) identifies Henry County key health needs and issues through systematic, comprehensive data collection and analysis.

This CHA provides organizations comprehensive information about Henry County's current health status, needs, and issues. This information can help develop a community health improvement plan by justifying how and where resources should be allocated to best meet community needs.

Benefits of routinely conducting a CHA include:

- Improved organizational and community coordination and collaboration
- Increased knowledge about public health and the interconnectedness of activities
- Strengthened partnerships within state and local public health systems
- Identified strengths and weaknesses to address in quality improvement efforts
- Baselines on performance to use in preparing for accreditation
- Benchmarks for public health practice improvements

This Community Health Assessment is conducted in collaboration with local agencies, Henry County Health Department and Henry County Hospital. The Patient Protection and Affordable Care Act of 2010 (ACA) revised the federal tax-exempt status requirements for nonprofit hospitals. To claim tax-exempt status, community benefit work must be transparent, concrete, measurable, and both responsive and accountable to identified community need. Therefore, at least once every three years, hospitals, including Henry County Hospital, must conduct a community health needs assessment and adopt an implementation strategy—often called community benefit, Schedule H, or Form 990, which refer to the required tax forms.

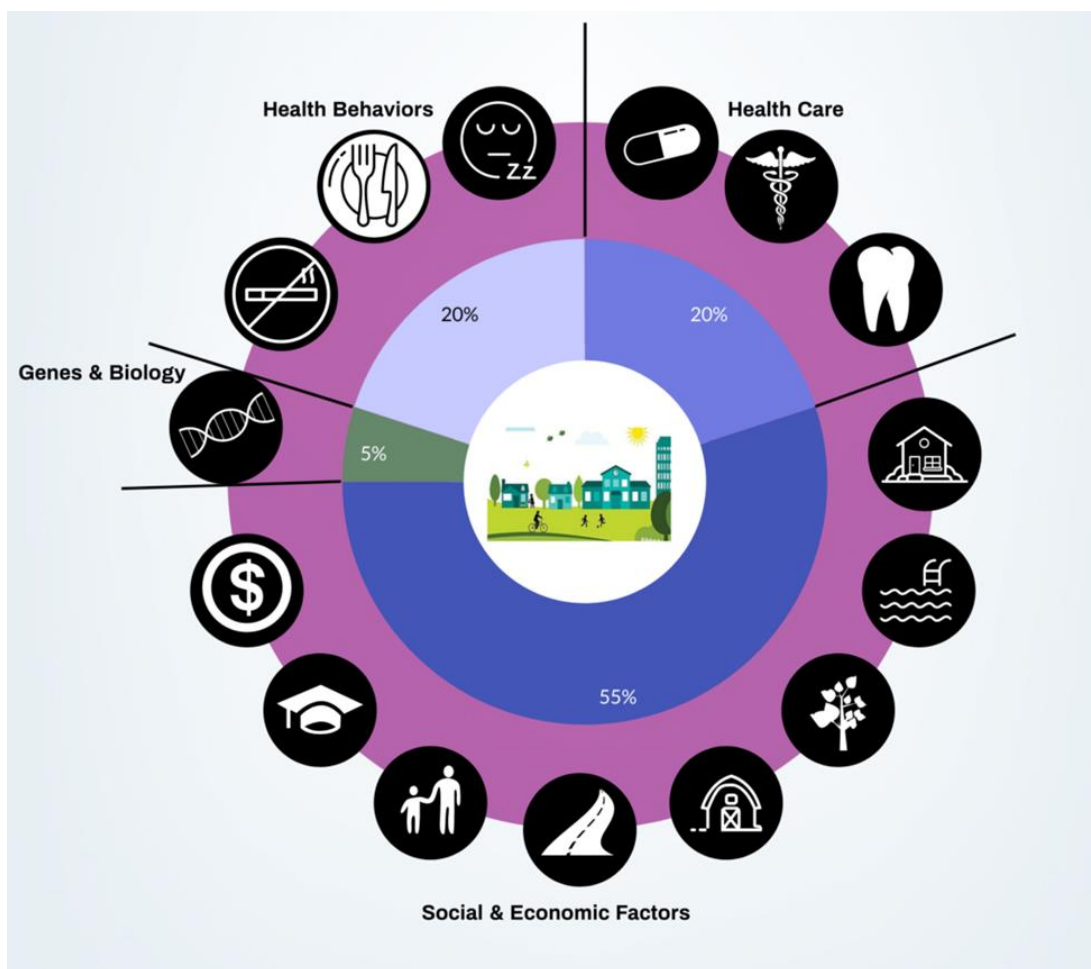
Process

Assessment and planning frameworks include steps or phases that reflect the following actions, some of which may occur simultaneously:

- Organize and plan
- Engage the community

- Develop a goal or vision
- Conduct community health assessment(s)
- Prioritize health issues
- Develop community health improvement plan
- Implement and monitor community health improvement plan
- Evaluate process and outcomes

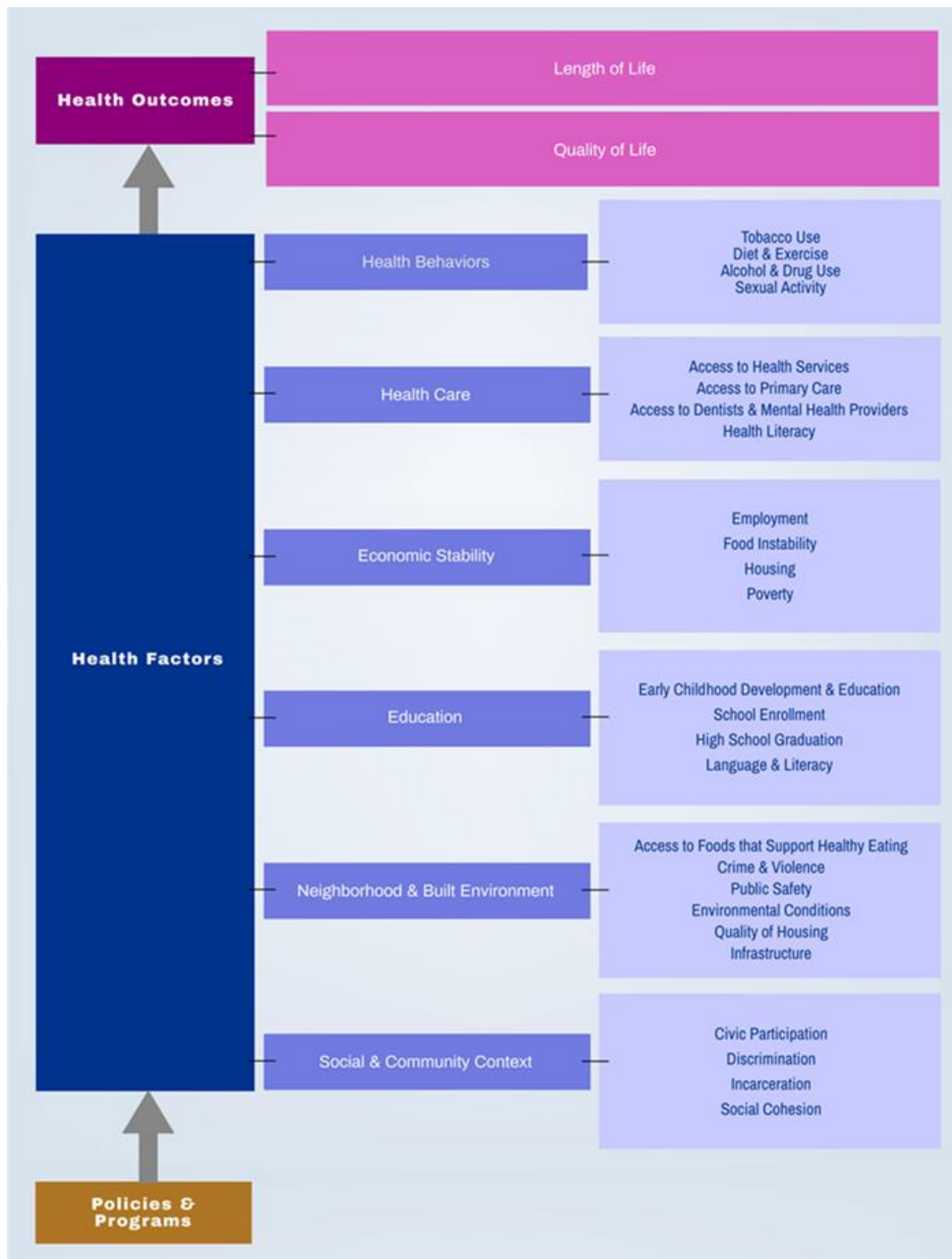
The 2020 Henry County CHA is based on two frameworks: County Health Rankings and Mobilizing for Action through Planning and Partnerships (MAPP). County Health Rankings, which is a model of community health that emphasizes the many factors that influence how long and how well we live. This model helps our community understand how healthy residents are today (health outcomes) and what will impact their health in the future (health factors). See Figure 1.



Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health. This process is primarily facilitated by public health leaders and helps communities apply strategic thinking to prioritize public health issues and identify resources to address them. MAPP is an interactive process that can improve the efficiency, effectiveness, and ultimately the performance of local public health systems. Each assessment yields important information for improving community health, but

the value of the four MAPP Assessments is multiplied by considering the findings as a whole. Disregarding any of the assessments will leave participants with an incomplete understanding of the factors that affect the local public health system and, ultimately, the health of the community. The four MAPP assessments include Community Health Status Assessment, Community Themes and Strength Assessment, Local Public Health Status Assessment, and Forces of Change Assessment.

The 2020 Henry County Comprehensive Community Health Assessment is organized by following Figure 2.



Henry County’s Community Health Assessment addresses the entire Henry County population. The data and information contained within is from a variety of sources and community sectors. When enough data is present, health issues are depicted per specific population groups, i.e. zip codes, ethnicity. The CHA describes the factors that contribute to health issues, including social determinants of health and community factors.

Henry County Health Partner’s overall mission is “to bring diverse organizations together to improve the health of all Henry County residents”. In order to achieve this mission, HCHP must

have a comprehensive picture of its community's health. The comprehensive CHA is presented to HCHP and public upon release. All assessment, data collected, and presentation slides are available to partners and the public on the Henry County Health Department's website, www.henrycohd.org. The full assessment follows. It consists of a Health Equity Report, a Health Factor Reports, a Health Outcome Report and the 4 MAPP Assessment Reports.

COMPREHENSIVE COMMUNITY HEALTH ASSESSMENT

Appendix 1: Health Equity Report (pg. 9-29)

The purpose of Henry County's Health Equity Report is twofold. First, it aims to present Community Health Partners and residents with a present picture of Henry County's vulnerable and socially disadvantaged populations. Second, it attempts to identify health equity issues specifically affecting Henry County residents. Used in conjunction with the other efforts related to the Community Health Assessment and Community Health Improvement Plan, Henry County Health Partners can make data-driven decisions about programs and policies to address these inequities and ensure people have equitable access to opportunities and services.

Appendix 2: Health Factor Reports (pg. 30-194)

The Health Factor Reports is based on the County Health Rankings model, which is a model of community health that emphasizes the many factors that influence how long and how well we live. This model helps our community understand how healthy residents are today (health outcomes) and what will impact their health in the future (health factors).

Health Factors can also be referred to as Social Determinants of Health (SDOH). The Centers for Disease Control and Prevention (CDC) define SDOH as, "Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. These conditions are known as social determinants of health (SDOH)."

Different organizations and agencies organize SDOH in different ways. For the purposes of this Community Health Assessment SDOH were organized into six categories:

1. Social & Community Context (pg. 31-56)
2. Neighborhood & Built Environment (pg. 57-71)
3. Education (pg. 72-84)
4. Economic Stability (pg. 85-145)
5. Health Care (pg. 146-158)
6. Health Behaviors (pg. 159-194)

Appendix 3: Community Health Status Assessment Report (pg.195-338)

The Community Health Status Assessment, part of the MAPP Framework, identifies priority community health and quality of life issues. Questions answered include: "How healthy are our residents?" and "What does the health status of our community look like?"

Appendix 4: Qualitative Data Report (pg. 339-368)

This report is comprised of three separate assessments as defined below:

The **Community Themes and Strengths Assessment**, part of the MAPP Framework, provides a deep understanding of the issues that residents feel are important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?"

The **Forces of Change Assessment**, part of the MAPP framework, focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?"

The **Local Public Health System Assessment**, part of the MAPP framework, focuses on all of the organizations and entities that contribute to the public's health. The LPHSA answers the questions: "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

Appendix 5: Health Outcomes Report (pg. 369-407)

The Health Outcomes Report is based on the County Health Rankings model. The report focuses on data to demonstrate how healthy residents are today, based on the way in which they answered specific survey questions about their current state of health.

Appendix 6: Community Health Priority Briefs (pg. 408-436)

These Community Health Priority Briefs were added to the Community Health Assessment on September 15, 2020. These briefs provided an overview of priorities selected for the Community Health Improvement Plan and included updated data on the following topics:

- Mental Health: Adults (pg. 409-411)
- Mental Health: Youth (pg. 412-415)
- Economic Stability: Employment and Income Loss (pg. 416-419)
- Economic Stability: Food Insecurity (pg. 420-423)
- Mental Health: COVID-19 Anxiety and Worry (pg. 424-428)
- Healthcare Access: Health Insurance (pg. 429-433)
- Substance Misuse: Alcohol (pg. 434-437)

Appendix 7: Community Assets and Resources List (pg. 439-440)

Assets and resources identified by the priority areas associated through the Community Health Assessment/ Community Health Improvement Planning process.

Health Equity Report

Henry County Ohio

B: Krista Westrick-Payne, PhD



Purpose:

The purpose of Henry County’s Health Equity Report is twofold. First, it aims to present Community Health Partners and residents with a present picture of Henry County’s vulnerable and socially disadvantaged populations. Second, it attempts to identify health equity issues specifically affecting Henry County residents. It is our hope that this report—in conjunction with the other efforts related to the Community Health Assessment and Community Health Improvement Plan—will enable Community Health Partners to make data-driven decisions about programs and policies to address these inequities and ensure people have equitable access to opportunities and services we administer.

What is health equity?

Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, geographically, or by other means of stratification. Health equity or “equity in health” implies that ideally everyone—regardless of their race/ethnicity, income, education, sex, age, sexual orientation, gender identity, disability, or geographic location—should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential (World Health Organization—WHO). To achieve this, we must remove obstacles to health — such as poverty, discrimination, and deep power imbalances — and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care (Public Health Accreditation Board—PHAB).

Creating health equity is a guiding priority and core value of the American Public Health Association (APHA). The APHA advocates the adoption of a “Health in all Policies” approach. The role of a public health department regarding health equity is multifaceted and includes:

1. The identification of health disparities
2. The identification of the cause of the disparity
3. The delivery of services through an equitable approach

What are health disparities?

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. Healthy People 2020 defines a health disparity as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health.” Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources (Centers for Diseases Control—CDC).

The Data

We draw on several data sources for this report.

1. The American Community Survey

The American Community Survey (ACS) is an ongoing effort conducted by the U.S. Census Bureau providing vital information on a yearly basis about the United States and its people. The ACS provides information on social, economic, housing, and demographic characteristics of the U.S. population. The Census releases the data as either 1-year or 5-year estimates. The 5-year estimates provide increased statistical reliability for smaller geographic areas, such as Henry County, Ohio and are the only data available for many measures for smaller populated counties like our own. More information on the ACS can be found here:

https://www.census.gov/content/dam/Census/programs-surveys/acs/about/ACS_Information_Guide.pdf

2. Gallup Daily tracking survey

The Gallup Daily tracking survey, which began in 2008, surveys approximately 1,000 U.S. adults each day, 350 days per year. Gallup Daily tracking consists of two parallel surveys: the U.S. Daily and the Gallup-Sharecare Well-Being Index. The Gallup Daily tracking collects information on presidential job approval, political affiliation, confidence in the economy, whether an individual is worried about money, religiosity, the share uninsured, overall well-being, the share who exercise frequently, the share who eat produce frequently, community recognition, and whether they feel active and productive. Gallup routinely incorporated additional questions into the Gallup Daily tracking survey on a short-term basis. These extra questions covered topical issues, including Americans' election voting intentions and opinions on worldwide news.

<https://www.gallup.com/201191/gallup-daily-tracking-work.aspx>

3. Henry County Community Health Status Assessment Adolescent and Adult Surveys, 2019

The Henry County Community Health Status Assessment Adolescent and Adult Surveys was funded by the Henry County Health Department, Henry County Hospital, Four County ADAMhs Board, United Way of Henry County, and Community Health Services. It was commissioned by the Henry County Health Partners. The 2019 Henry County Health Assessment is available on the following websites:

Hospital Council of Northwest Ohio

<http://www.hcno.org/community-services/community-health-assessments/>

Henry County Health Department

<http://henrycohd.org/health-assessments-and-improvement-plans/>

Henry County Hospital

<https://www.henrycountyhospital.org/News-Events/HCH-News/2019/August/Health-Assessments-and-Improvement-Plans.aspx>

4. Map the Meal Gap

Feeding America has published the Map the Meal Gap project since 2011, thanks to the generous support of The Howard G. Buffett Foundation, Nielsen, and the Conagra Brands Foundation, to learn more about the face of hunger at the local level, visit their website at:

<https://map.feedingamerica.org/>

5. Healthiest Communities

The U.S. News and Aetna Foundation collaborated on the development of a ranking and analysis platform called Healthiest Communities. The platform ranks counties (and county equivalents) in 81 metrics across 10 categories—Community Vitality, Equity, Economy, Education, Environment, Food & Nutrition, Population Health, Housing, Infrastructure and Public Safety. The 81 metrics used are drawn in large part from publicly available data sets from reputable sources such as the U.S. Centers for Disease Control and Prevention, the Institute for Health Metrics and Evaluation, the U.S. Census Bureau, the Dartmouth Atlas of Health Care and the U.S. Environmental Protection Agency. Healthiest Communities is the first to adopt the Measurement Framework for Community Health and Well-Being developed by the National Committee on Vital and Health Statistics for a nationwide ranking and analysis of health at the county level. Based on the 81 metrics, Henry County, Ohio is classified as a Rural, High-Performing County.

<https://www.usnews.com/news/healthiest-communities>

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Rural Versus Urban

An important first step in evaluating the equity of Henry County is to determine a demographic profile of the county's population by the abovementioned characteristics. Geographic location, as well as the rurality of where individuals live have been found to have significant effects on health. More specifically, at a national level individuals living in rural areas report higher levels of smoking, alcohol use, and opioid use. On average, they also have a higher prevalence of obesity, heart disease, Chronic Obstructive Pulmonary Disease (COPD), and diabetes. Further, they have lower average levels of physical activity, higher rates of mental illness, and less access to healthcare. Table 1 provides the estimated populations for the entire county and zip codes and Figure X provides a map view of the same zip codes and their populations. When data are available, we will present results by the major zip codes associated with Henry County.

Table 1. Henry County Population, 2017

	County	Deshler	Hamler	Holgate	Liberty Center	McClure	Malinta	Napoleon	New Bavaria
Total Population	27,463	2660	1299	1946	4151	1823	804	14208	603

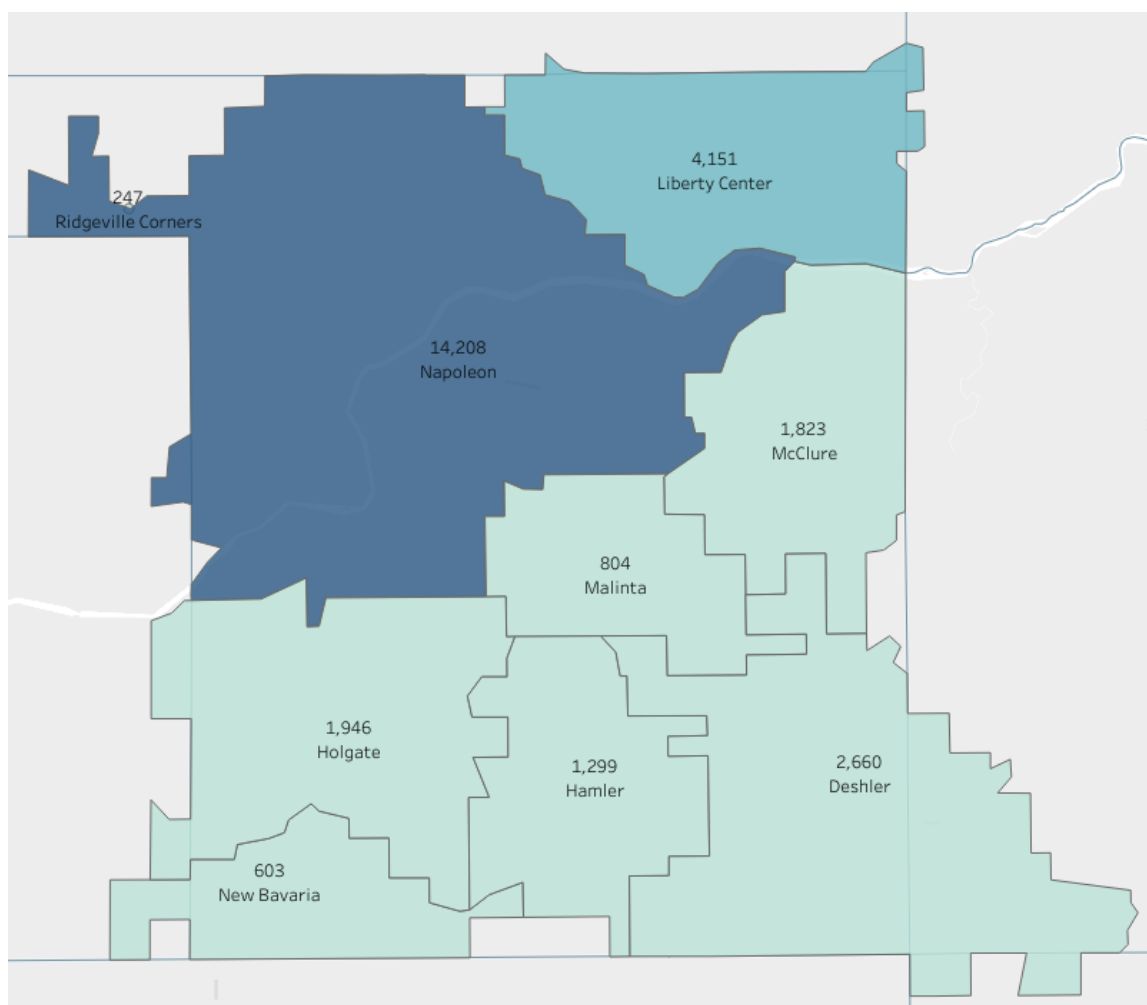


Figure 1. Map of Henry County, Ohio and Associated Zip Codes with Population Counts, 2017. Data Source: U.S. Census Bureau, American Community Survey, 5-year Estimates, 2013-2017

Racial/Ethnic Population Composition

- Residents of Henry County are overwhelmingly non-Hispanic White, with 90% identifying as such. This percentage is higher than the total population of the state of Ohio (80%), and much higher than that of the U.S. (61%).
- While the share of Henry County residents who identify as Hispanic is higher than that of Ohio residents (7% versus 4%, respectively) it is smaller than that of the U.S. (18%).
- The remaining 3% of Henry county residents identify as non-Hispanic Black, non-Hispanic Other, or non-Hispanic Two or More Races.

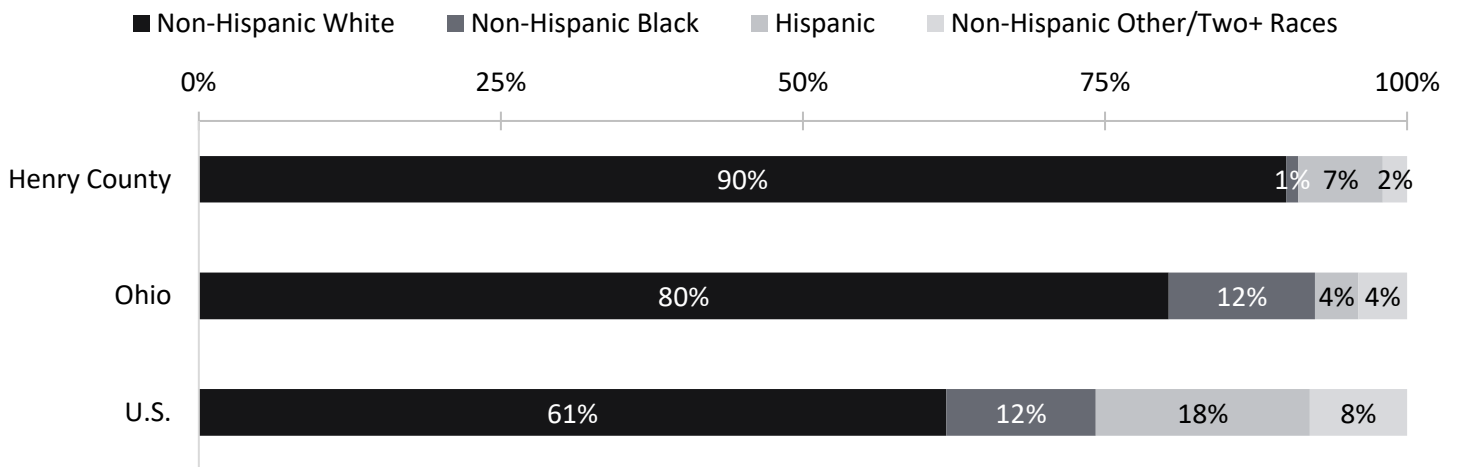


Figure 2. Racial/Ethnic Composition of Henry County, Ohio, & the U.S., 2013-2017. Data Source: U.S. Census Bureau, American Community Survey 5-year Estimates, 2013-2017

- There is slight variation in the share of non-Hispanic Whites living in the different major zipcodes associated with Henry County. The following figure indicates Liberty Center and Mc Clure have the largest share of their populations reporting as non-Hispanic White at 94%.
- Holgate and Malinta have the smallest at 87% and 85%, respectively. Those not reporting as non-Hispanic White in Holgate and Malinta overwhelmingly report as Hispanic. However, given their small populations we are unable to report the shares separately of residents who identify as Black, Hispanic, or Other/2+ Races.

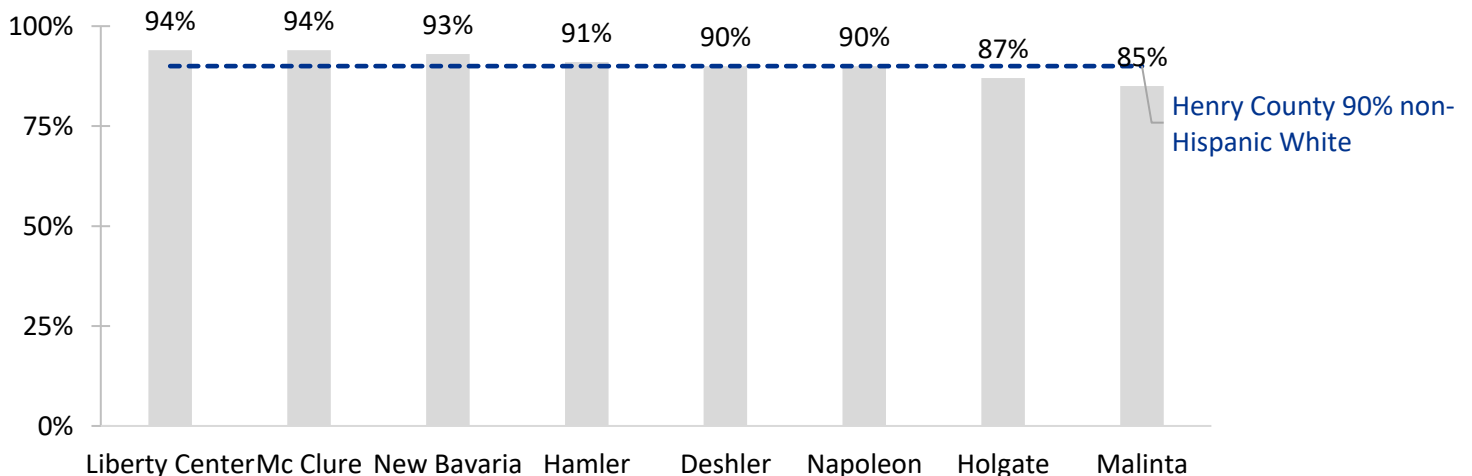


Figure 3. Percentage of Henry County Residents Identifying as non-Hispanic White by Zip Code, 2017. Data Source: U.S. Census Bureau, American Community Survey 5-year Estimates, 2013-2017. *Note:* *The dashed line represents the share of the entire county identifying as non-Hispanic White (90%)

Income

The median is a measure of central tendency—it's a type of average. More specifically, it represents the middle value in a list of numbers. Therefore, by indicating the median household income for Henry County is \$58,070, we are saying half the households in Henry County have household incomes less than \$58,070 and half have incomes greater than \$58,070.

Unlike the mean the median is not influenced by outliers—individuals with extremely low or extremely high values.

- Overall, Henry County residents have higher median household incomes than the state of Ohio as a whole. We also have slightly higher median incomes than all households in the U.S.
- Within the county, three zip codes have median incomes well above the county average—Liberty Center, Hamler, and Malinta. Liberty Center has the highest at \$66,771. The remaining five examined zip codes are lower than the county, overall. Holgate has the lowest at \$51,815 a year.

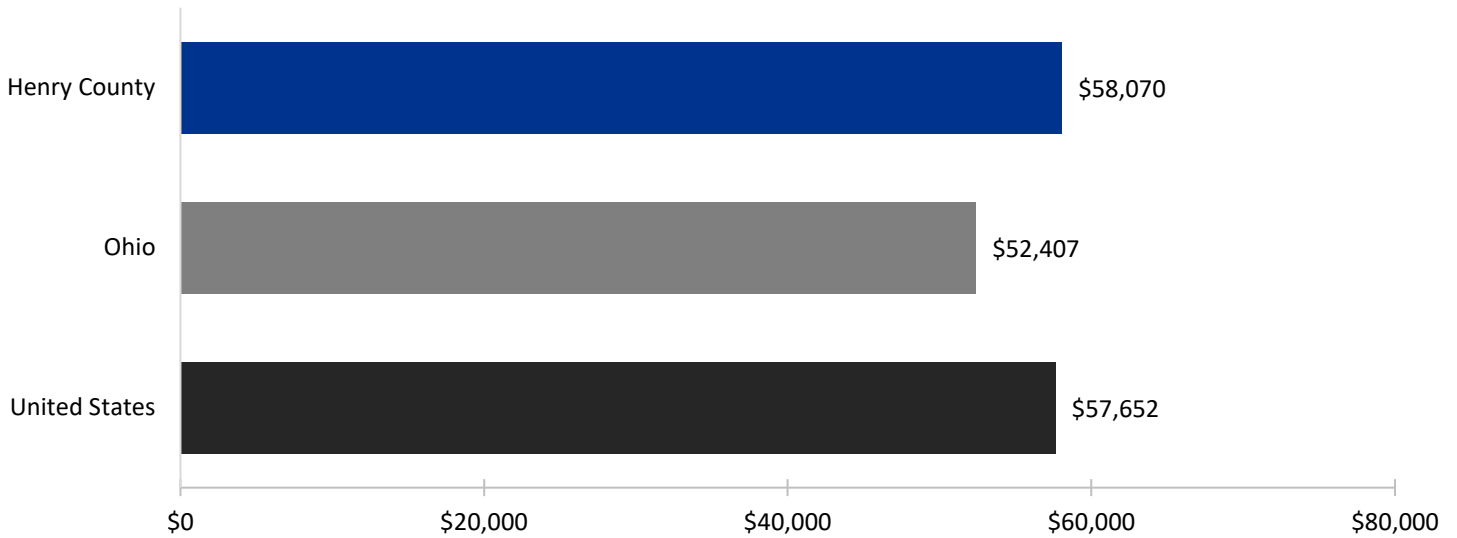


Figure 4. Median Household Income by Geographic Location, 2017. Data Source: U.S. Census Bureau, American Community Survey, 5-yr Estimates, 2013-2017

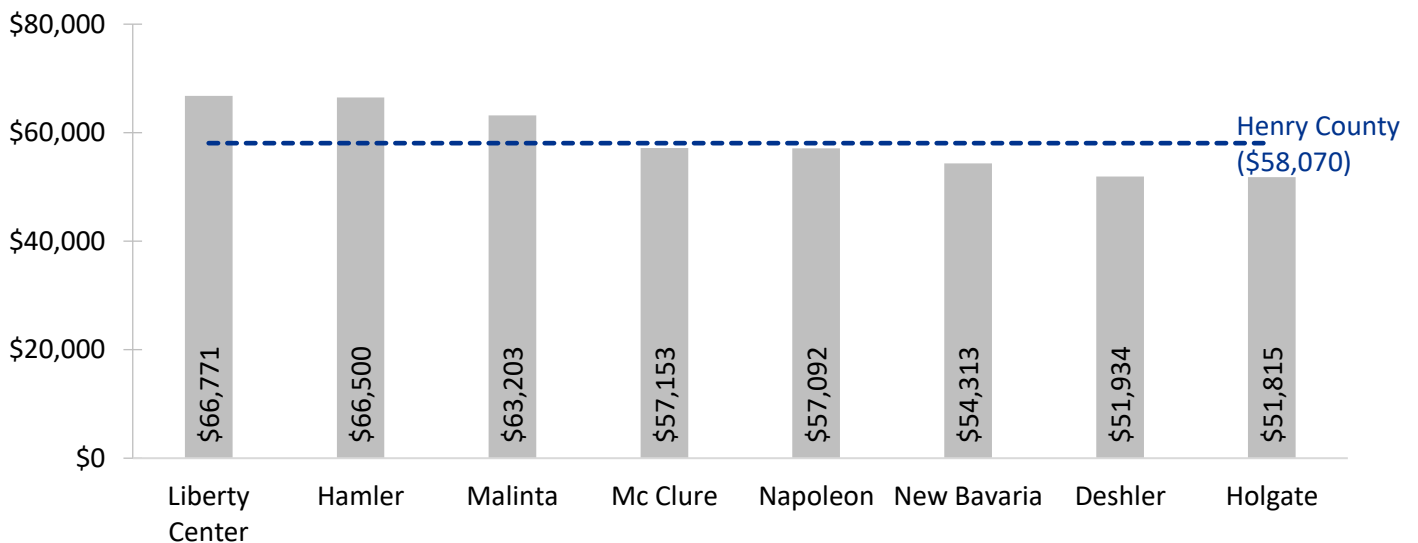
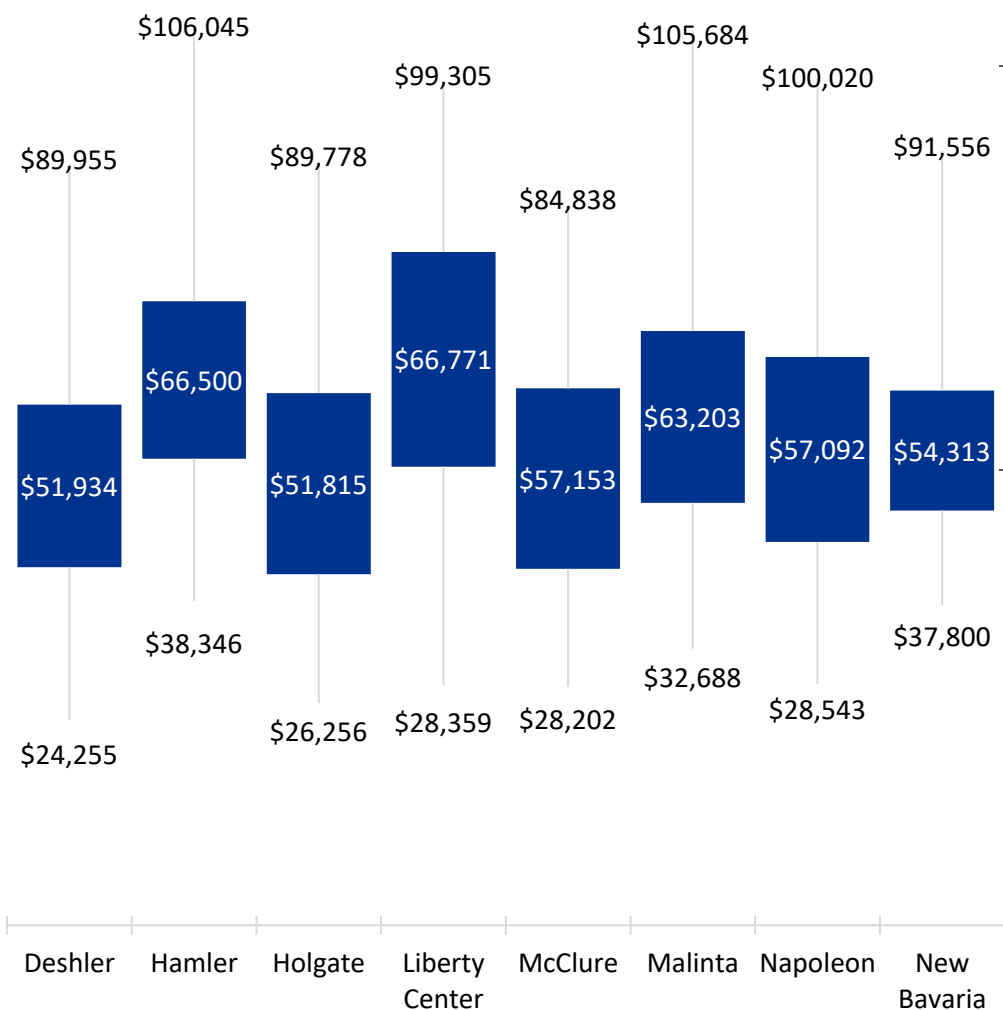


Figure 5. Median Household Income by Zip Code, 2017. Data Source: U.S. Census Bureau, American Community Survey, 5-yr Estimates, 2013-2017



The range of values represents the income of the middle 60% of each zip codes' population.

- For example, 60% of the population of New Bavaria has a yearly household income between \$37,800 and \$91,556.
- This also implies 20% of the population of New Bavaria has a yearly household income LESS than \$37,800 and 20% have a household income GREATER than \$91,556.

The values in the blue boxes are the median household incomes.

Figure 6. Distribution of Household Income by Quintile with Median Household Income by Zip Code, 2017. Data Source: U.S. Census Bureau, American Community Survey, 5-yr Estimates, 2013-2017. *Note:* A quintile is a statistical value of a data set that represents 20% of a given population, so the first quintile represents the lowest fifth of the data (1% to 20%); the second quintile represents the second fifth (21% to 40%) and so on.

Income Equity Score

The Income Equity Score is a metric included in the Healthiest Communities data. This metric is comprised of three separate measures:

- **Gini Index Score:** The Gini Index is a measure of income inequality.
- **Neighborhood Disparity in Poverty:** The neighborhood disparity in poverty, measures the gap in poverty rates among census tracts.
- **Racial Disparity in Poverty:** The racial disparity in poverty also measures the gap in poverty rates among racial groups.

The Gini Index score, Neighborhood Disparity in Poverty, and the Racial Disparity in Poverty measures are combined to create an Income Equity Score, which ranges from 0 to 100, with higher values indicating higher income equity.

Henry County had an Income Equity Score of 70 out of 100. Four neighboring counties had scores higher and four had scores lower.

- The highest score was given to Putnam County with 89.5 out of 100.
- The lowest score was given to Lucas County with 20.1 out of 100.

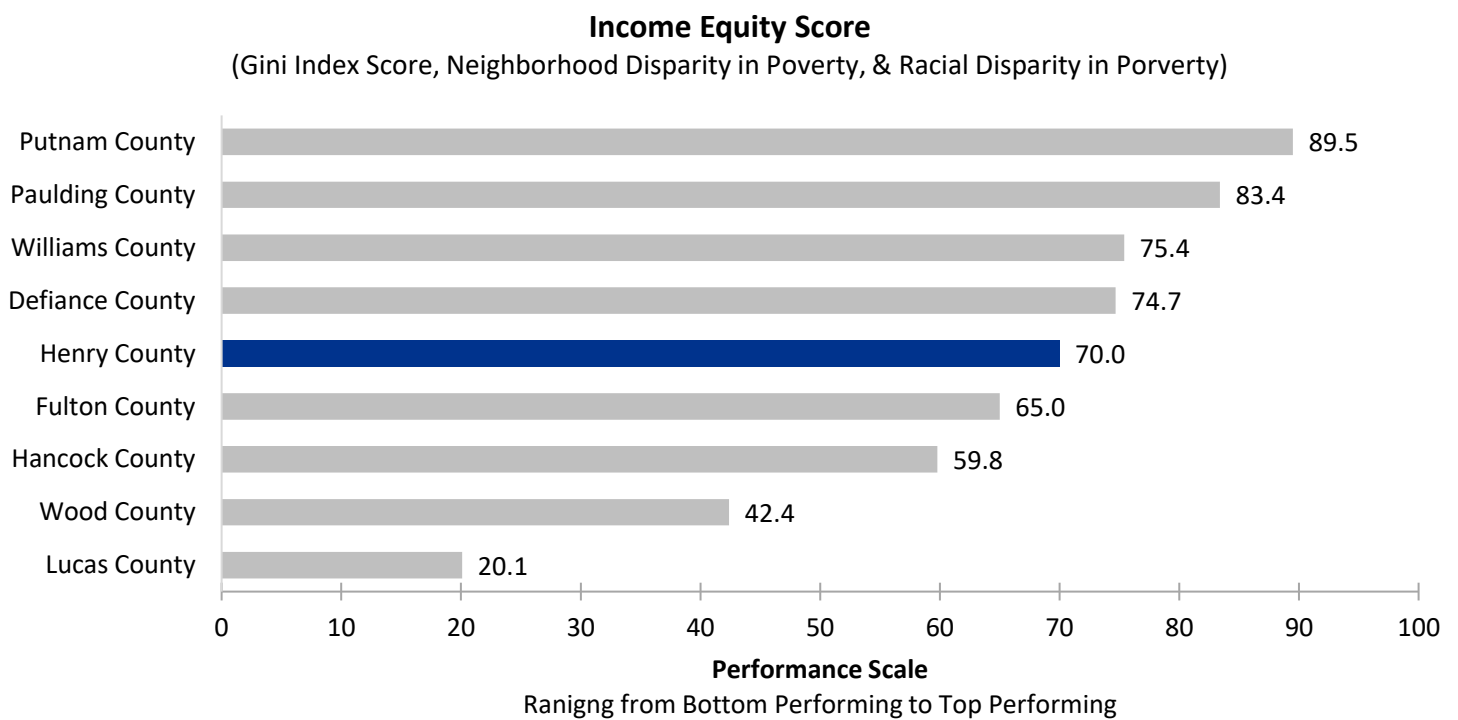


Figure 7. County Rankings on the Income Equity Score among Henry County and its Neighboring Counties. Data Source: U.S. News and World Report Healthiest Communities, 2019 Rankings, Copyright 2019 © U.S. News & World Report L.P

Poverty

How the Census Bureau Measures Poverty

Following the Office of Management and Budget's (OMB) Statistical Policy Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using the Consumer Price Index (CPI-U). The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps).

The income used to compute poverty status includes (before taxes):

- Earnings
- Unemployment compensation
- Workers' compensation
- Social Security
- Supplemental Security Income
- Public assistance
- Veterans' payments
- Survivor benefits
- Pension or retirement income
- Interest
- Dividends
- Rents
- Royalties
- Income from estates
- Trusts
- Educational assistance
- Alimony
- Child support
- Assistance from outside the household
- Other miscellaneous sources

People Whose Poverty Status Cannot Be Determined

- Institutional group quarters (such as prisons or nursing homes)
- College dormitories
- Military barracks
- Living situations without conventional housing (and who are not in shelters)

Table 2. Poverty Thresholds for 2017 by Size of Family and Number of Related Children Under 18 Years

Size of family unit	Weighted average thresholds	Related children under 18 years									
		None	One	Two	Three	Four	Five	Six	Seven	Eight or more	
One person (unrelated individual):	\$12,488										
Under age 65.....	\$12,752	\$12,752									
Aged 65 and older.....	\$11,756	\$11,756									
Two people:	\$15,877										
Householder under age 65.....	\$16,493	\$16,414	\$16,895								
Householder aged 65 and older.....	\$14,828	\$14,816	\$16,831								
Three people.....	\$19,515	\$19,173	\$19,730	\$19,749							
Four people.....	\$25,094	\$25,283	\$25,696	\$24,858	\$24,944						
Five people.....	\$29,714	\$30,490	\$30,933	\$29,986	\$29,253	\$28,805					
Six people.....	\$33,618	\$35,069	\$35,208	\$34,482	\$33,787	\$32,753	\$32,140				
Seven people.....	\$38,173	\$40,351	\$40,603	\$39,734	\$39,129	\$38,001	\$36,685	\$35,242			
Eight people.....	\$42,684	\$45,129	\$45,528	\$44,708	\$43,990	\$42,971	\$41,678	\$40,332	\$39,990		
Nine people or more.....	\$50,681	\$54,287	\$54,550	\$53,825	\$53,216	\$52,216	\$50,840	\$49,595	\$49,287	\$47,389	

Source: U.S. Census Bureau



Additionally, poverty status cannot be determined for unrelated individuals under the age of 15 (such as foster children) because income questions are asked of people aged 15 and older and, if someone is under the age of 15 and not living with a family member, we do not know their income. Since we cannot determine their poverty status, they are excluded from the “poverty universe” (table totals).

For more information on the Census Bureau Poverty Thresholds see the following website:
<https://www.census.gov/topics/income-poverty/guidance/poverty-measures.html>

Generally, the risk of poverty varies with age. On average, as age increases the risk of poverty decreases (aka, a negative linear relationship) with a slight bump in the share living in poverty among young adults. Data in Figure X for the U.S. and Ohio provide examples of this relationship. Although Henry County residents’ pattern of poverty imitates that at the state and national level, a smaller share of Henry County residents living in poverty, except among those in the oldest age group.

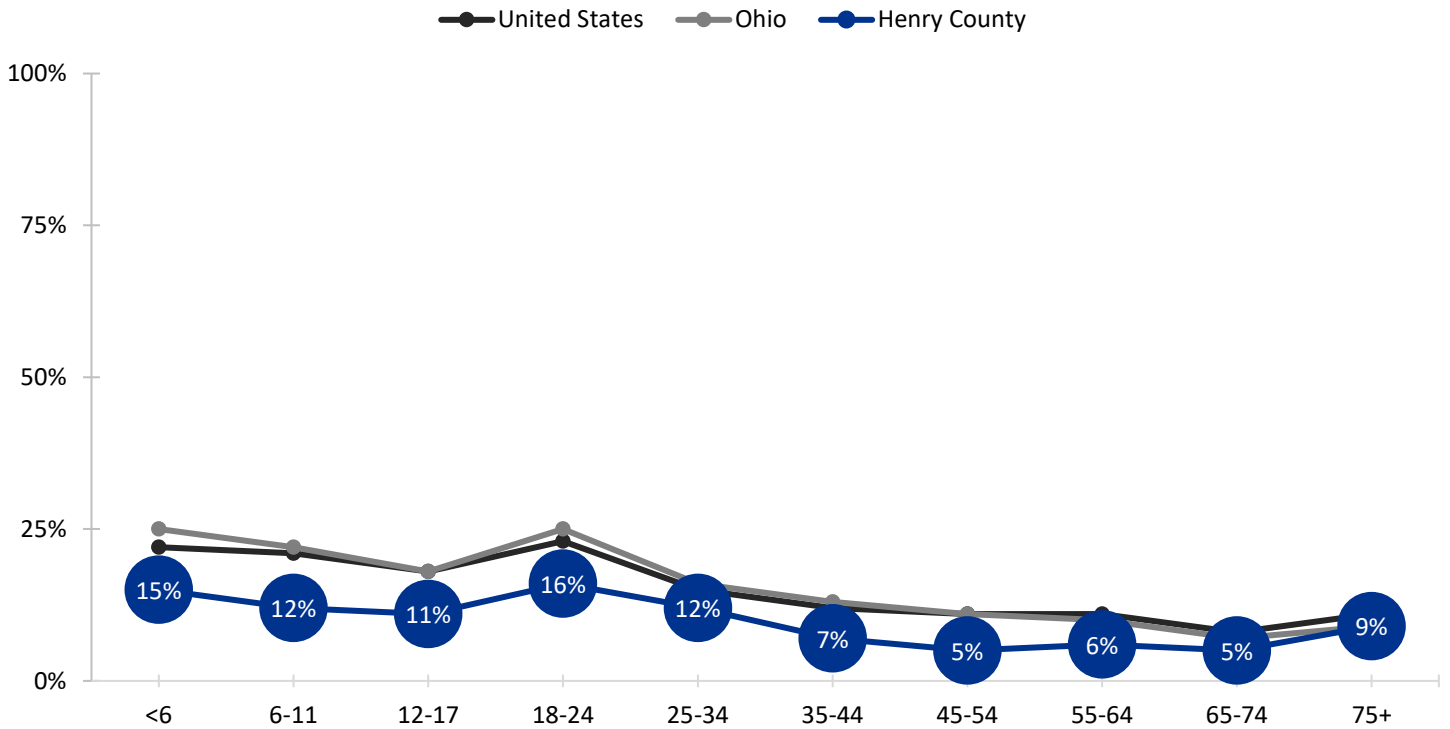


Figure 8. Percentage of Residents Living Below the Poverty Threshold by Age Group and Geographic Area, 2017. Data Source: U.S. Census Bureau, American Community Survey, 5-yr Estimates, 2013-2017

Table 3. Number of Henry County Residents below the Poverty Threshold by Age Group, 2017

Age group	<6	6-11	12-17	18-24	25-34	35-44	45-54	55-64	65-74	75+
Number	306	236	243	346	376	232	176	216	122	184

A slightly different pattern emerges if we examine those below 185% of the poverty threshold. This threshold is relevant, because it is the threshold used to determine WIC eligibility.

- All Henry County residents are doing better than Ohio and the U.S. as a whole EXCEPT those aged 25-34. Among those aged 25-34, the share below 185% of the poverty threshold is not significantly different than that of the state or nation as a whole.
- Further, while the percentage of young adults aged 25-34 living in poverty is lower than that of those aged 18-24 (12% versus 16%, respectively), there is not a significant difference in the share eligible for WIC (30%).

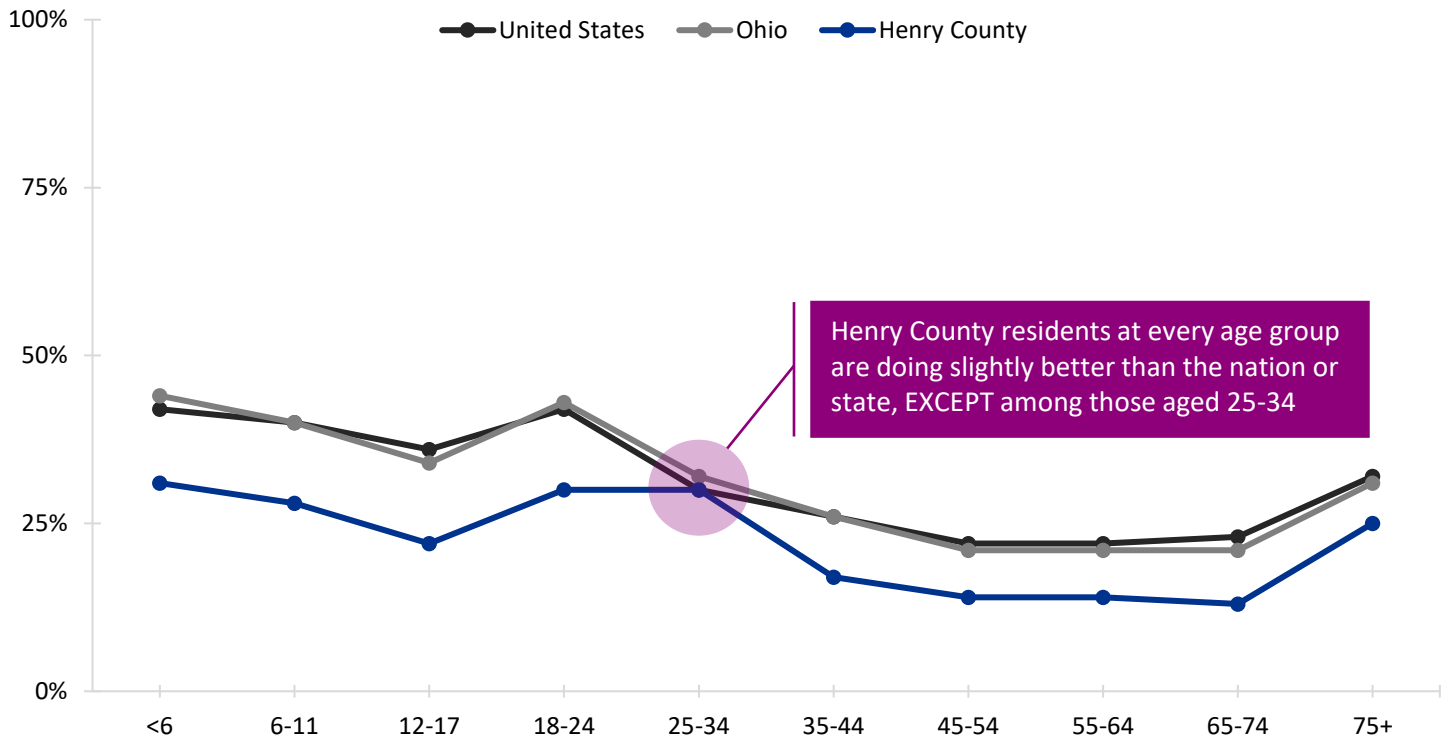


Figure 9. Percent of Residents Living Below the 185% Poverty Threshold (WIC Eligibility Threshold) by Age Group and Geographic Area, 2017. Data Source: U.S. Census Bureau, American Community Survey, 5-yr Estimates, 2013-2017.

Child Food Insecurity in Henry County:

While understanding the scope of poverty as well as the percentage of children and households with children that receive income-based food support (e.g. free/reduced lunches, food stamps/SNAP) it does not paint the entire picture of food insecurity in our communities. Many individuals, regardless of age, face food insecurity.

Food insecurity—a lack of access, at times, to enough food for an active healthy life for all household members and limited or uncertain availability of nutritionally adequate foods (USDA).

This insecurity isn't necessarily experienced all the time. Many households are faced with decisions between paying for basic needs (e.g. housing, medical bills) and purchasing nutritionally adequate foods. Recognizing this, Feeding America has quantified food insecurity in America and published the Map the Meal Gap project since 2011.

- The overall share of Henry County residents who were food insecure in 2017 was 10.2%
- The share among children is higher at 17.5%, which represents 1,150 children who were food insecure in 2017.
- Although the share of Henry County children who are food insecure is among the lowest among neighboring counties, we have the HIGHEST living in "the Gap" e.g. they are likely NOT eligible for federal nutrition programs (their family's income falls above 185% of poverty). This represents nearly 5-in-10 of the food insecure children, or 8% of all children.

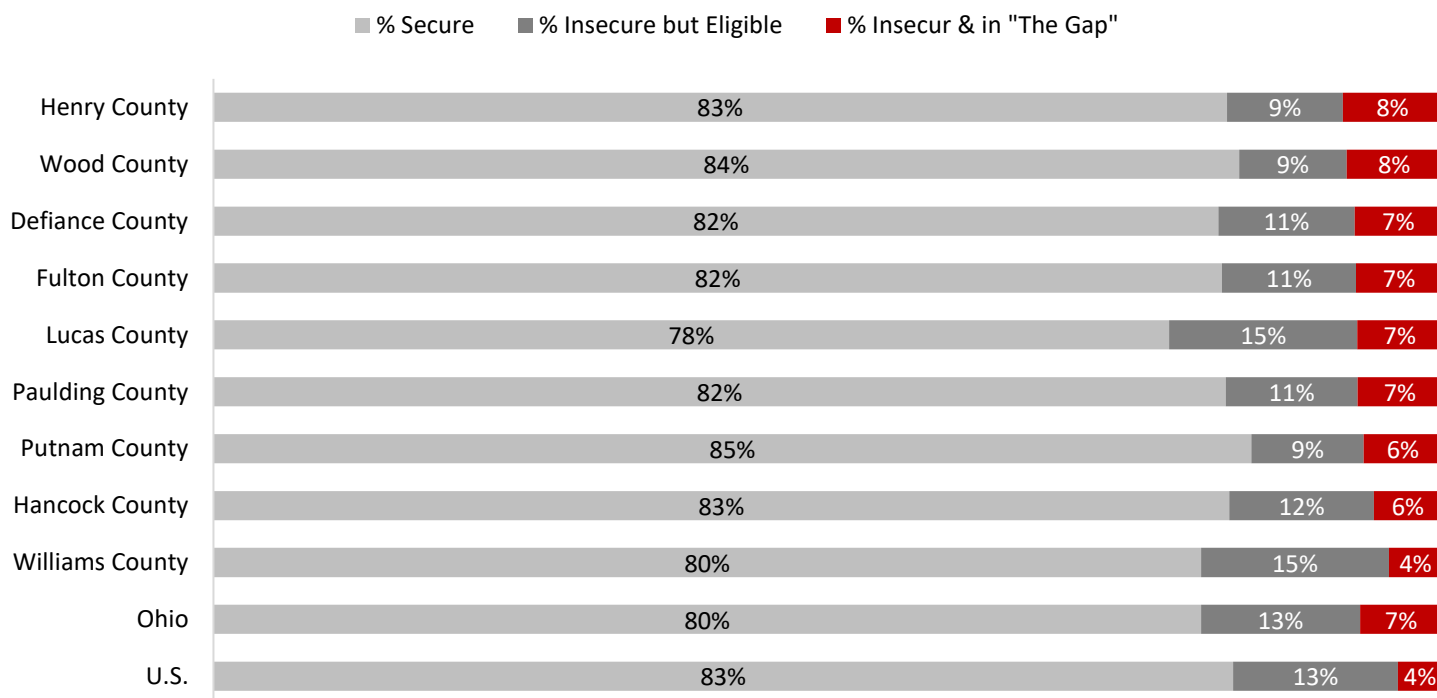


Figure 10. Food Security, Insecurity, and Those in "the Gap" Among Children by Geography, 2017. Data Source: Gundersen, C., A. Dewey, M. Kato, A. Crumbaugh & M. Strayer. Map the Meal Gap 2019: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2017. Feeding America, 2019. This research is generously supported by The Howard G. Buffett Foundation and Nielsen.

Note: Map the Meal Gap's food insecurity rates are determined using data from the 2001-2017 Current Population Survey on individuals in food insecure households; data from the 2017 American Community Survey on median household incomes, poverty rates, homeownership, and race and ethnic demographics; and 2017 data from the Bureau of Labor Statistics on unemployment rates. Threshold numbers reflect % of food insecure individuals living in households with incomes within the income bands indicated. Eligibility for federal nutrition programs is determined in part by these income thresholds which can vary by state. Population and food insecurity data in the state totals row do not reflect the sum of all counties in that state. The state totals are aggregated from the congressional districts data in that state. All data in the state totals row pertaining to the cost of food or the "Meal Gap" reflect state-level data and are not aggregations of either counties or Congressional district.

Educational Attainment

- The large majority of Henry County residents have at least a high school diploma (92%). Further, this share is slightly higher than the state overall (90%) and the U.S. (87%).
- Despite the high share of residents with at least a high school diploma, there are noteworthy shares aged 25 and older who do not have a high school diploma and this varies by zip code. Holgate and McClure have the highest shares at 12%.

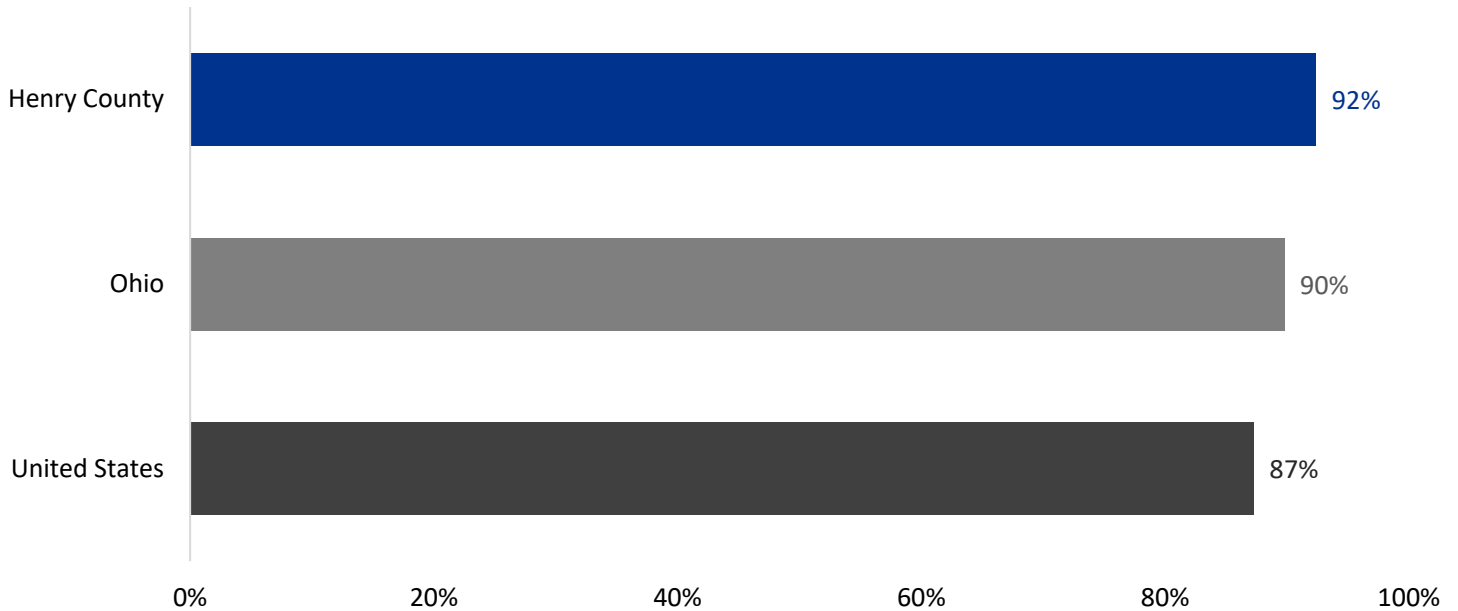


Figure 11. Percentage of the Population Aged 25 and Older with at Least a High School Diploma by Geography, 2017. Data Source: U.S. Census Bureau, American Community Survey, 5-yr Estimates, 2013-2017

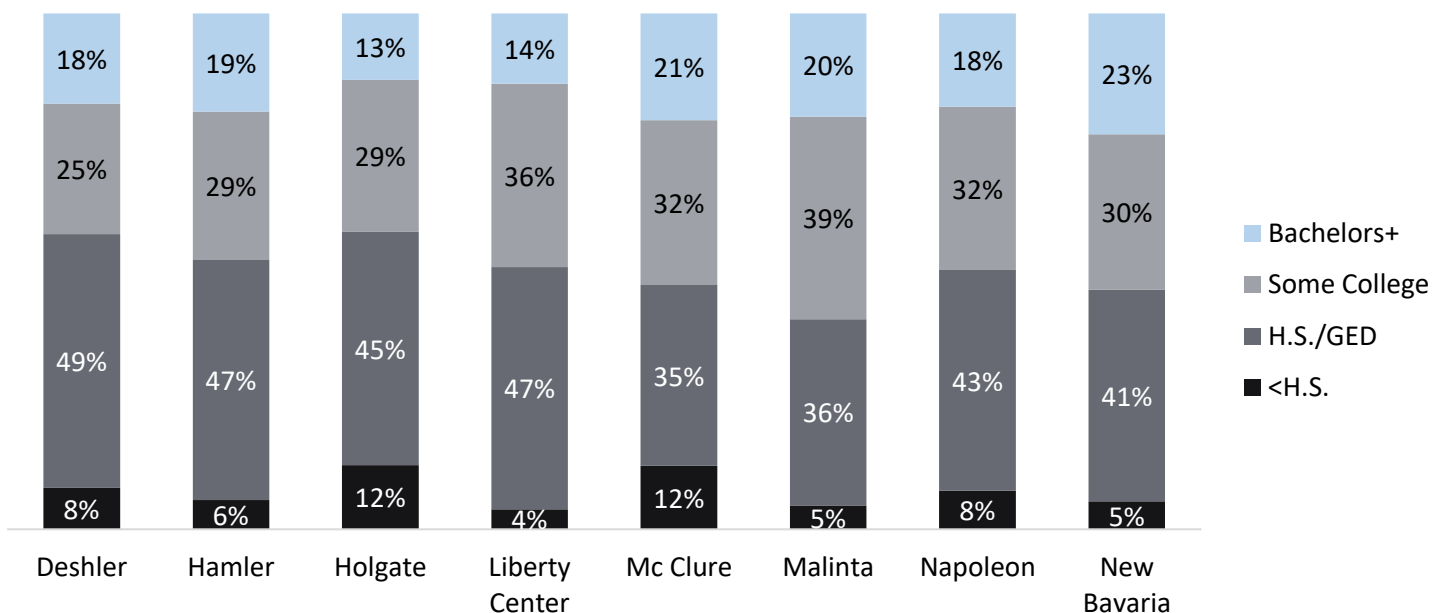


Figure 11. Educational Attainment Composition of Henry County Residents Aged 25 and Older by Zip Code, 2017. Data Source: U.S. Census Bureau, American Community Survey, 5-yr Estimates, 2013-2017.

Education Score

The education category combines a number of measures to assess the strength of a community's education system by taking into account participation, capacity (i.e. Infrastructure) and achievement.

- **Participation:** This measure includes the percentage of Continuing Education Tax Credits as share of total tax filings, the percentage of idle youth (youth not currently working or enrolled in school), as well as the percentage of eligible children enrolled in preschool.
- **Infrastructure:** Included in this measure is the rate (per 100k) with access to child care facilities, per-pupil expenditures, and the percentage of youth within five miles of a public school.
- **Achievement:** This measure includes the percentage of children meeting standards in grade 4 ELA, the high school graduation rate, and the percentage of the population aged twenty-five and older with an advanced degree.

The measures of participation, infrastructure, and achievement are all combined to create an Education Score, which ranges from 0 to 100, with higher values indicating a higher education score.

Henry County scored 54.5 points out of 100 and the fourth highest among neighboring communities.

- The top-ranking county was Wood County with a score of 67.
- The lowest ranking county was Paulding County with a score of 42.2.

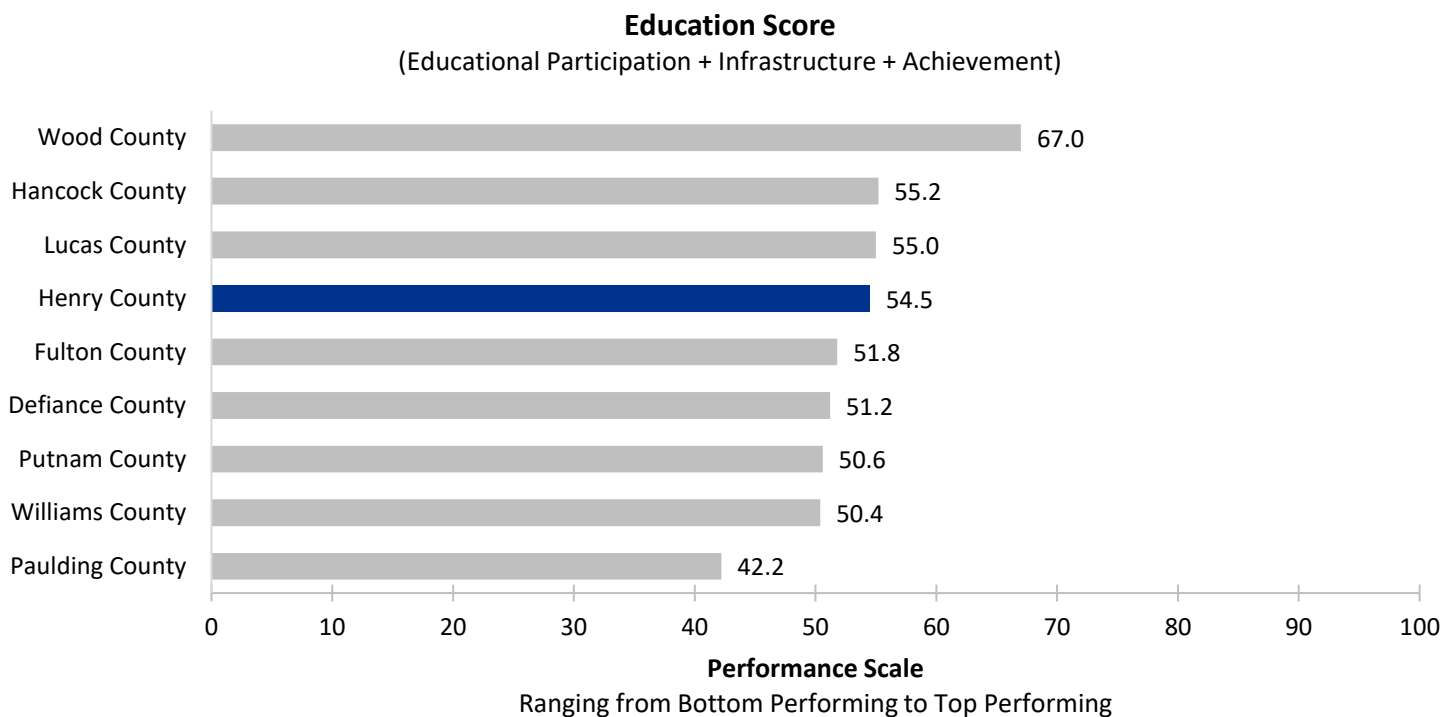


Figure 12. County Rankings on the Educational Equity Score Among Henry County and its Neighboring Counties. Data Source: U.S. News and World Report Healthiest Communities, 2019 Rankings, Copyright 2019 © U.S. News & World Report L.P.

Educational Equity

- **Racial Disparity in Educational Attainment:** The relative difference across racial/ethnic groups in attainment of a bachelor's degree or higher by adults 25 and older. The following population subgroups are used in the calculation: non-Hispanic White; Hispanic; and Black. (2012-2016 ACS 5-year estimates; U.S. Census Bureau)
- **Neighborhood Disparity in Educational Attainment:** The relative difference in attainment of a bachelor's degree or higher by adults 25 and older across census block groups (2012-2016 ACS 5-year estimates; U.S. Census Bureau)

The racial disparity in educational attainment measure and neighborhood disparity in educational attainment measure are combined to create an Educational Equity Score, which ranges from 0 to 100, with higher values indicating higher educational equity.

Henry County scored 74 points out of 100 and the third highest among neighboring communities.

- The top-ranking county was Fulton County with a score of 77.
- The lowest ranking county was Lucas County with a score of 42.

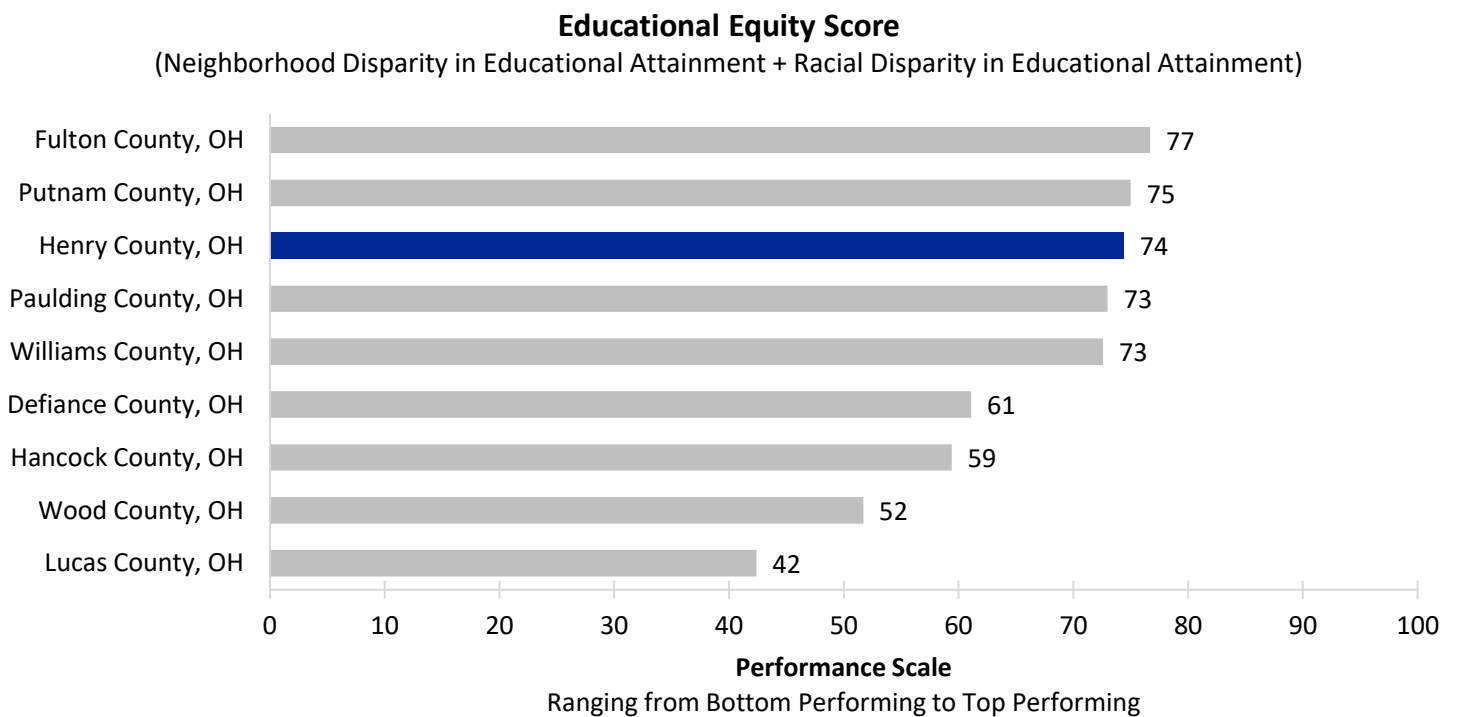


Figure 13. County Rankings on the Educational Equity Score among Henry County and its Neighboring Counties. Data Source: U.S. News and World Report Healthiest Communities, 2019 Rankings, Copyright 2019 © U.S. News & World Report L.P.

Gender & Age

Why does the age and gender composition of our county matter? While most rural residents are not older (e.g. aged 65+) and the majority of older people do not live in rural areas, an older and increasingly rural population requires specialized medical and rehabilitation services.

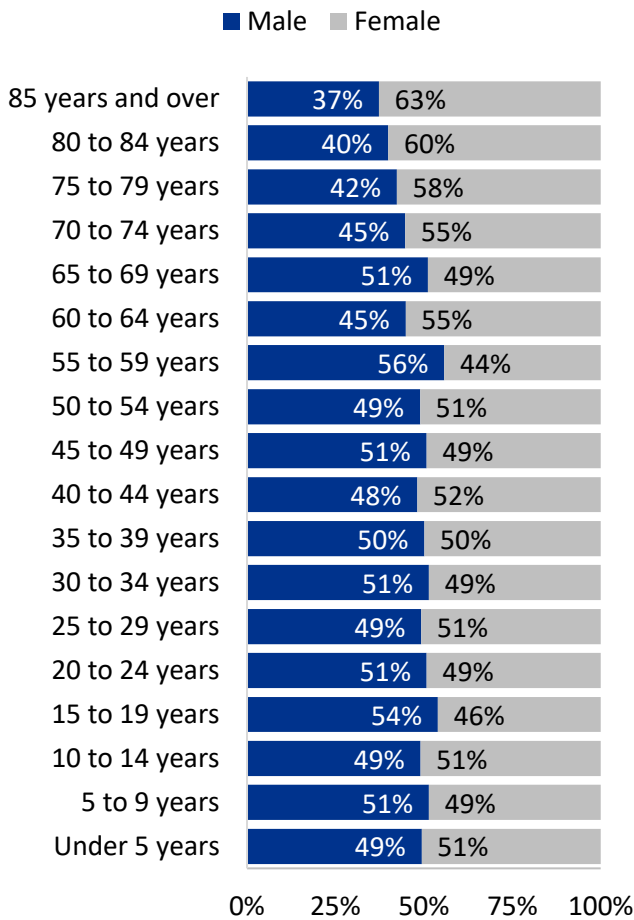


Figure 14. Gender Composition of Henry County Residents by Age Group, 2017. Data Source: U.S. Census Bureau, American Community Survey, 5-yr Estimates, 2013-2017

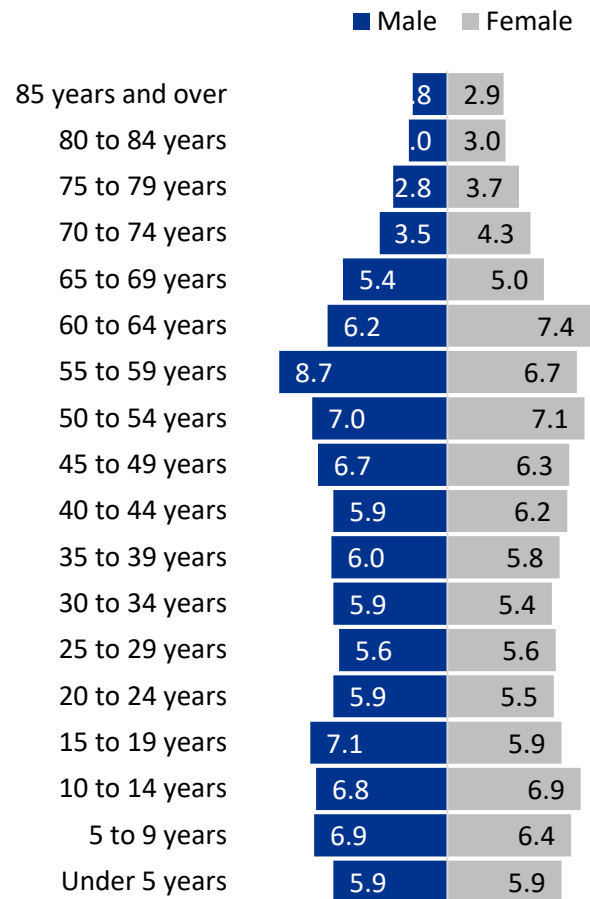


Figure 15. Population Pyramid for Henry County, 2017. Data Source: U.S. Census Bureau, American Community Survey, 5-yr Estimates, 2013-2017

Sexual Orientation/Gender Identity

Local-level information on the sexual minority population is limited. However, the Henry County Health Partners were able to ask Community Health Assessment Respondents: “How would you describe yourself? –Straight or Heterosexual –Lesbian or Gay –Bi-sexual –Asexual or –Other.” Given small sample sizes, we are only able to report the share who do not identify as straight or heterosexual.

- Among Henry County youth, 12% do not identify as “straight” or “heterosexual” whereas, only 2.1% of Henry County adults do not identify as such. While this seems like a stark difference, national data collected by Gallup indicates noteworthy differences by birth cohorts with only about 2.4% of Baby Boomers and 8.2% of Millennials identifying as sexual minority ([Newport, 2018](#)). The estimates from Henry County are in-line with national estimates when birth cohort is taken into account.
- The share we identify as a sexual minority in Ohio and the U.S. as a whole are similar at 4.3% and 4.5%, respectively.

For more information please see the following resources:

<https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#density>

https://www.lgbtmap.org/equality_maps/profile_state/OH

Note: To date, we are unaware of local-level data on gender-identity. If these data are made available in the future they will be included in future publications.

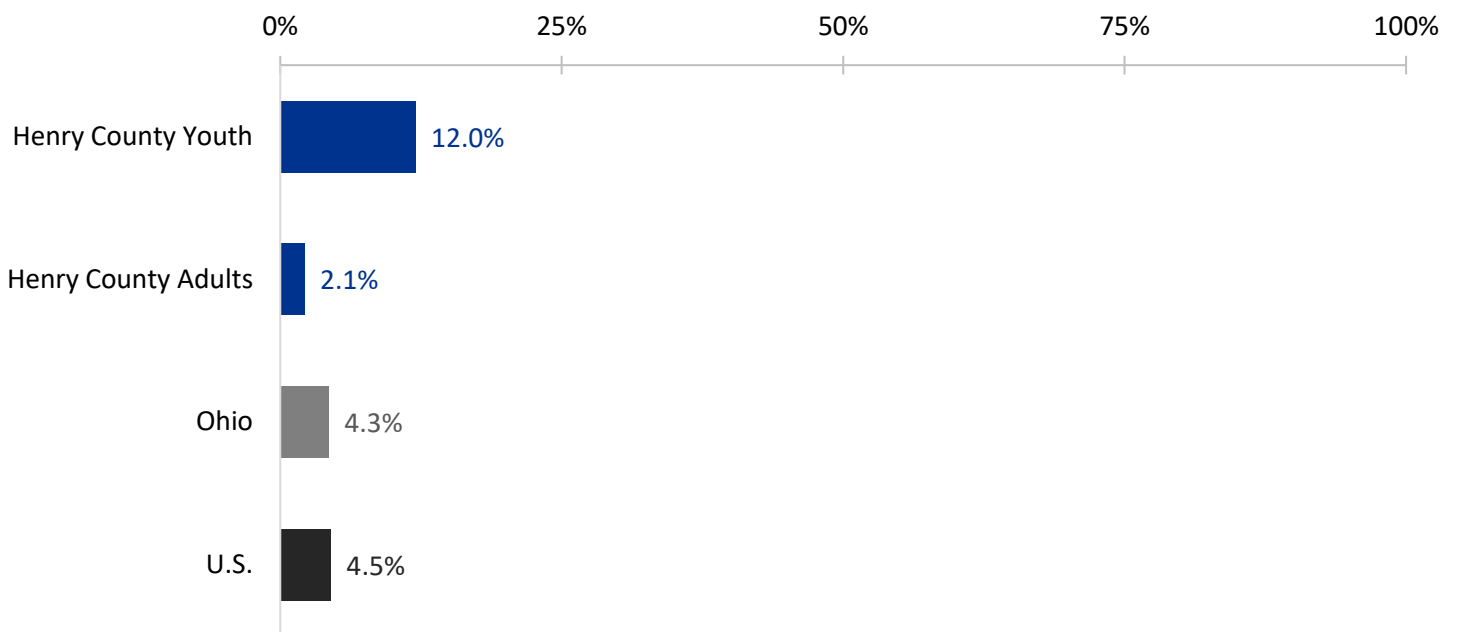


Figure 16. Percentage of Individuals Who Do Not Identify as Straight or Heterosexual by Geography. Data Sources: Henry County Community Health Status Assessment Adult and Adolescent Surveys, 2019; Williams Institute - LGBT Demographic Data Interactive. (January 2019). Los Angeles, CA: The Williams Institute, UCLA School of Law; LGBT Map

Note: Henry County percentages represent the share who do not identify as straight or heterosexual whereas the state and national percentage represents the percentages who identify as LGBT.

Note: The data from the Williams Institute and the LGBT Map come from the Gallup Daily tracking survey. Gallup's LGBT estimates are based on those respondents who say "yes" when asked, "Do you, personally, identify as lesbian, gay, bisexual or transgender?"

Disability

The ACS asks about six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty.

- Hearing difficulty: deaf or having serious difficulty hearing (DEAR).
- Vision difficulty: blind or having serious difficulty seeing, even when wearing glasses (DEYE).
- Cognitive difficulty: Because of a physical, mental, or emotional problem, having difficulty remembering, concentrating, or making decisions (DREM).
- Ambulatory difficulty: Having serious difficulty walking or climbing stairs (DPHY).
- Self-care difficulty: Having difficulty bathing or dressing (DDRS).
- Independent living difficulty: Because of a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor’s office or shopping (DOUT).

Respondents who report any one of the six disability types are considered to have a disability.

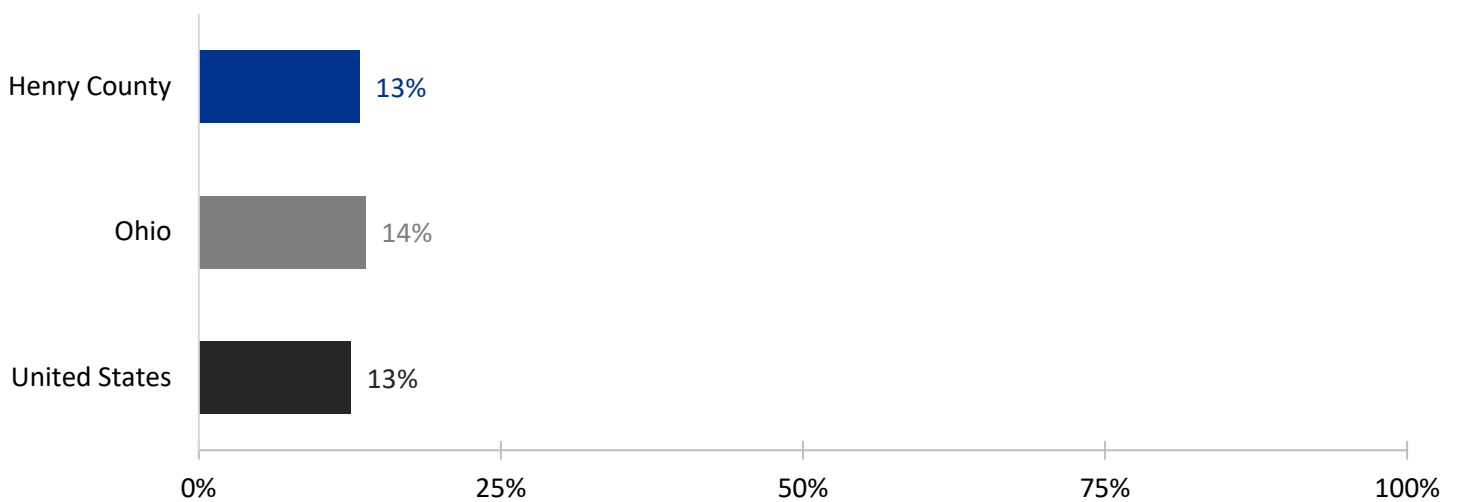


Figure 17. Percentage with a Disability by Geography, 2017. Data Source: U.S. Census Bureau, American Community Survey, 5-yr Estimates, 2013-2017

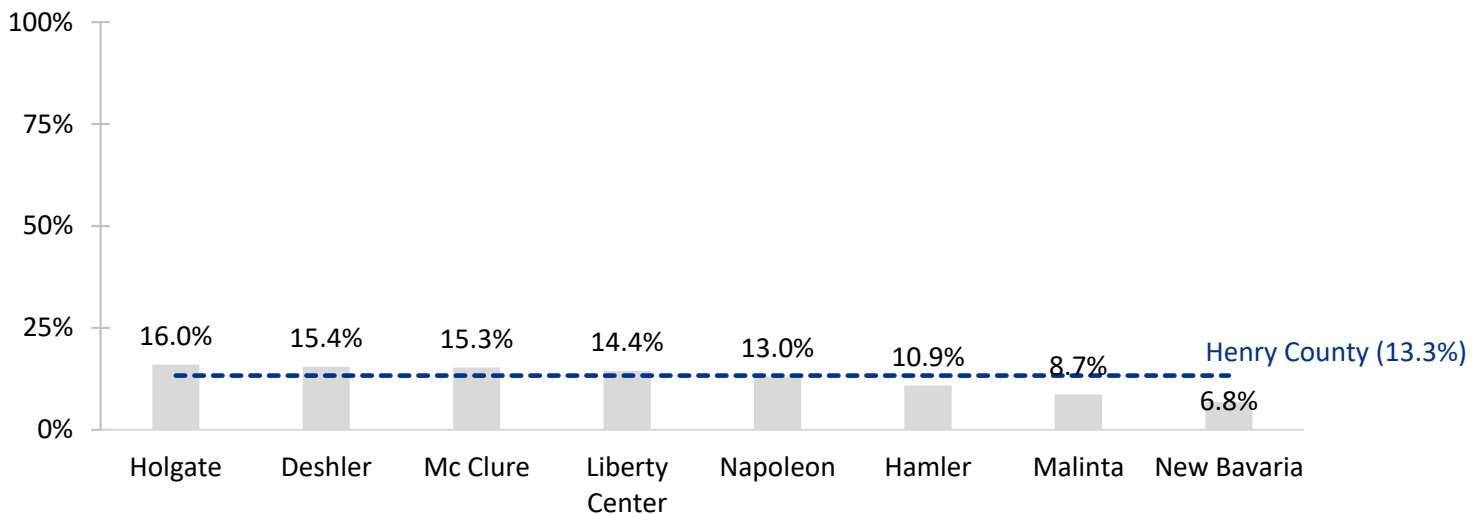


Figure 18. Percentage with a Disability by Zip Code, 2017. Data Source: U.S. Census Bureau, American Community Survey, 5-yr Estimates, 2013-2017

Other Important Websites/References:

American Community Survey

United States Census Bureau. (2018). *American Community Survey 5-Year Estimates, 2013-2017* [Data file]. Retrieved from <https://data.census.gov/cedsci/>

American Public Health Association

<https://www.apha.org/>

<https://www.apha.org/topics-and-issues/health-in-all-policies>

Center for Disease Control

<https://www.cdc.gov/>

<https://www.cdc.gov/healthequity/>

<https://www.cdc.gov/about/leadership/leaders/omhhe.html>

<https://www.cdc.gov/chronicdisease/healthequity/>

Gallup Daily tracking survey

<https://www.gallup.com/201191/gallup-daily-tracking-work.aspx>

Healthy People 2020

<https://www.healthypeople.gov/>

U.S. Department of Health and Human Services. The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. Phase I report: Recommendations for the framework and format of Healthy People 2020 [Internet]. Section IV: Advisory Committee findings and recommendations [cited 2010 January 6]. Available from:

http://www.healthypeople.gov/sites/default/files/PhaseI_0.pdf

Henry County Community Health Assessment

<http://henrycohd.org/health-assessments-and-improvement-plans/>

Henry County Community Health Status Assessment Adolescent Survey, 2019.

Henry County Community Health Status Assessment Adult Survey, 2019.

Map the Meal Gap

<https://map.feedingamerica.org/>

<http://map.feedingamerica.org/county/2017/child/ohio/county/henry>

<https://hungerandhealth.feedingamerica.org/>

https://www.feedingamerica.org/sites/default/files/2019-05/2017-map-the-meal-gap-child-food-insecurity_0.pdf

Public Health Accreditation Board

<https://phaboard.org/>

<https://phaboard.org/2019/01/18/the-importance-of-health-equity/>

U.S. News and World Report Healthiest Communities, 2019 Rankings

<https://www.usnews.com/news/healthiest-communities/rankings>

World Health Association

<https://www.who.int/>

<http://iris.paho.org/xmlui/handle/123456789/51571>

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Henry County, Ohio

By: Krista Westrick-Payne, PhD.

What is the purpose of the Social Determinants of Health Assessment?

To identify the factors that have the greatest impact on the health and wellbeing of our county's residents.

What are the social determinants of health?

Conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. These conditions are known as social determinants of health (SDOH).

~Centers for Disease Control (CDC)

Different organizations and agencies organize SDOH in different ways. For the purposes of the Henry County, Ohio Community Health Assessment we organized our SDOH into six categories:

1. Social & Community Context
2. Neighborhood & Built Environment
3. Education
4. Economic Stability
5. Health Care
6. Health Behaviors and Intervening Mechanisms

Please note...

Many of the scores/indexes referenced in this report come from the U.S. News & World Report Healthies Communities rankings. For ease of interpretation they translated the metric, subcategory and category z-scores to an index score in which the top-performing counties received 100 points, the bottom-performing counties received scores starting at zero points and other counties were indexed proportionately. These do NOT represent a percentage. Any time a percentage is represented in a chart in this report it will be accompanied by the standard notation of a "%."

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Henry County, Ohio

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Civic Participation

Civic participation includes a wide range of activities. Examples include voting, volunteering, and participating in group activities. Some are individual activities that benefit society (e.g., voting) or group activities that benefit either the group members (e.g., recreational softball teams) or society (e.g., volunteer organizations).

Measures of Civic Participation | Social Capital

U.S. News and World Report produced a Social Capital Score that combines a measurement of nonprofits with voter participation.

- **Nonprofit Rate:** the number of social services organizations with 501(c)(3) status per 100,000 total population (2018; Internal Revenue Service)
- **Voter Participation Rate:** the number of votes cast in the 2016 presidential election as a percentage of total voting-age citizens (2016, Townhall.com/GitHub, U.S. Census Bureau)

The nonprofit rate and the voter participation rate is combined to create the Social Capital Score, which ranges from 0 to 100, with higher values indicating higher civic participation.

Henry County had the second highest Social Capital Score among itself and neighboring counties at 53.4.

- Putnam County was the only county with a higher score at 54.3.
- Lucas County had the lowest score at 40.5.

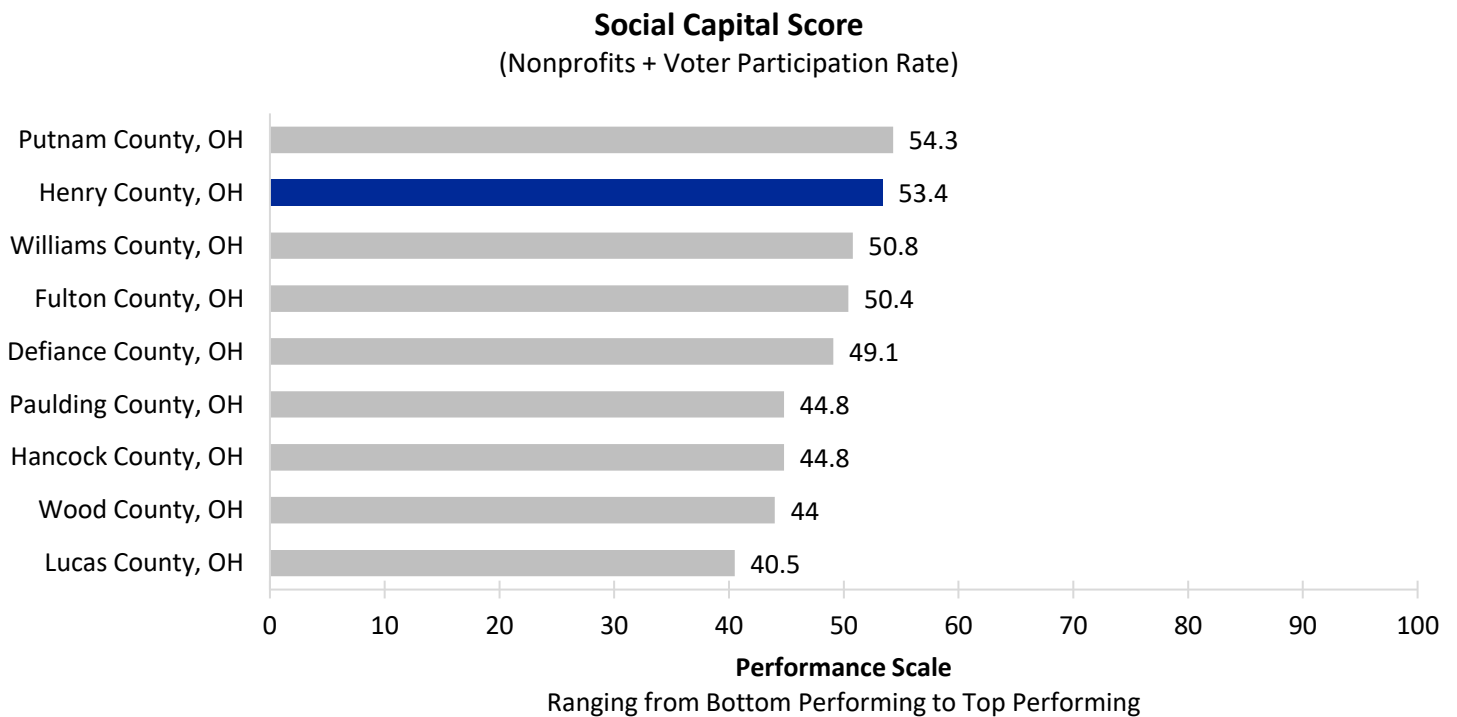


Figure 1.1 County Rankings on the Social Capital Score Among Henry County and its Neighboring Counties. Data Source: U.S. News and World Report Healthiest Communities, 2019 Rankings, Copyright 2019 © U.S. News & World Report L.P.

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 1 | Social & Community Context

Discrimination

The Oxford dictionary defines *discrimination* as the unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex and *equity* as the quality of being fair and impartial. Therefore, we will employ U.S. News and World Report measures of four domains of equity; Education, Health, Income, and Social to paint a picture of possible discrimination evident in our local area.

Measures of Discrimination | Educational Equity

- **Racial Disparity in Educational Attainment:** The relative difference across racial/ethnic groups in attainment of a bachelor's degree or higher by adults 25 and older. The following population subgroups are used in the calculation: non-Hispanic White; Hispanic; and Black. (2012-2016 ACS 5-year estimates; U.S. Census Bureau)
- **Neighborhood Disparity in Educational Attainment:** The relative difference in attainment of a bachelor's degree or higher by adults 25 and older across census block groups (2012-2016 ACS 5-year estimates; U.S. Census Bureau)

The racial disparity in educational attainment measure and neighborhood disparity in educational attainment measure are combined to create an Educational Equity Score, which ranges from 0 to 100, with higher values indicating higher educational equity.

Henry County scored 74 points out of 100 and the third highest among neighboring communities.

- The top-ranking county was Fulton County with a score of 77.
- The lowest ranking county was Lucas County with a score of 42.

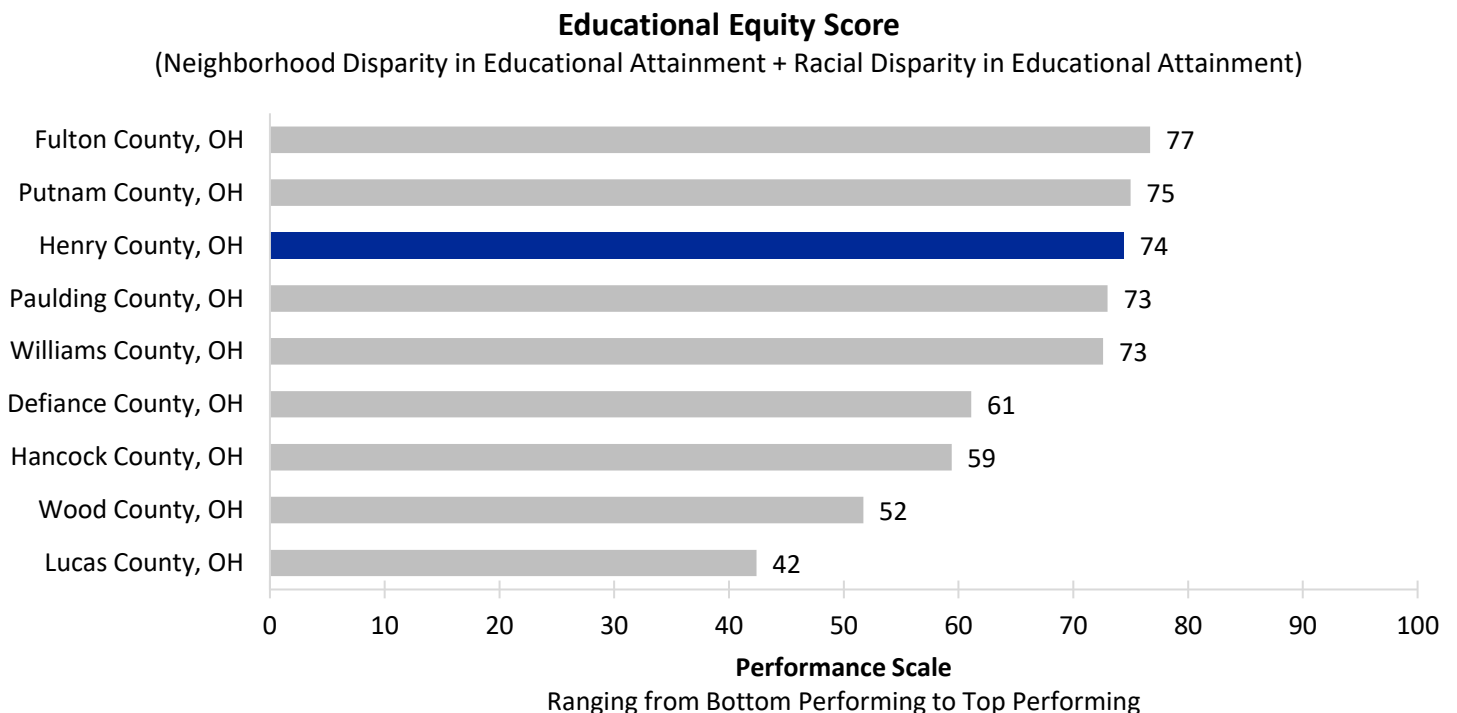


Figure 1.2 County Rankings on the Educational Equity Score Among Henry County and its Neighboring Counties. Data Source: U.S. News and World Report Healthiest Communities, 2019 Rankings, Copyright 2019 © U.S. News & World Report L.P.

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 1 | Social & Community Context

Measures of Discrimination | Health Equity

- **Air Toxics Exposure Disparity Index Score:** The relative difference in air pollution exposure across racial/ethnic population groups. The following four racial/ethnic categories are included: non-Hispanic White; Hispanic; Black; and Other race. (2014; U.S. Environmental Protection Agency)
- **Premature Death Disparity Index Score:** The disparity in deaths that occur before age 65 across racial/ethnic groups. The following population subgroups are used in the calculation: non-Hispanic White; Hispanic; and Black. (2010-2016; Centers for Disease Control and Prevention)

The air toxics exposure disparity index score and premature death disparity index score are combined to create a Health Equity Score, which ranges from 0 to 100, with higher values indicating higher health equity.

Henry County had a Health Equity Score of 86 out of 100. Three neighboring counties had scores higher and five had scores lower.

- The highest score was given to Wood County with 94 out of 100.
- The lowest score was given to Lucas County with 47 out of 100.

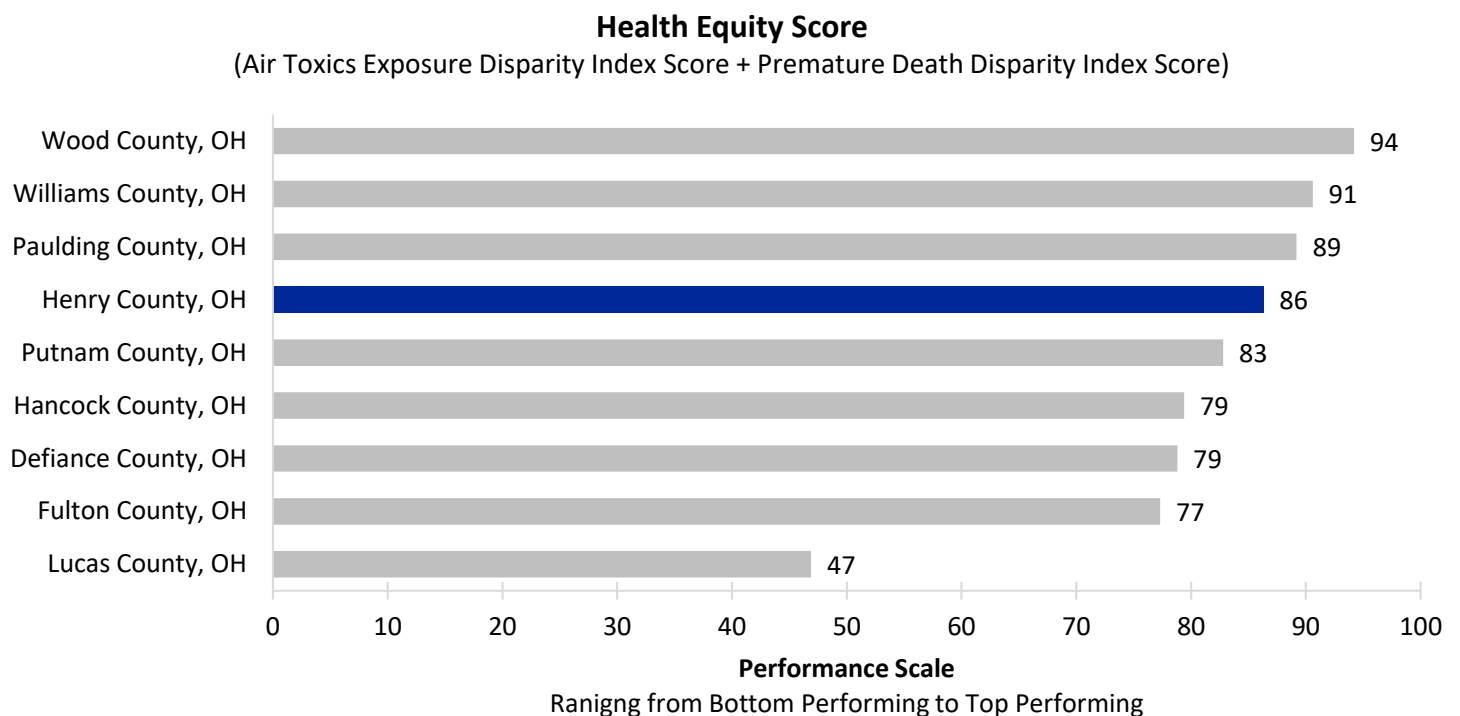


Figure 1.3 County Rankings on the Health Equity Score Among Henry County and its Neighboring Counties. Data Source: U.S. News and World Report Healthiest Communities, 2019 Rankings, Copyright 2019 © U.S. News & World Report L.P.

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 1 | Social & Community Context

Measures of Discrimination | Income Equity

- **Gini Index Score:** Income inequality index score (2012-2016 ACS 5-year est.; U.S. Census Bureau)
- **Racial Disparity in Poverty:** Relative difference in poverty rates across racial/ethnic population groups. The following population subgroups are used in the calculation: non-Hispanic White; Hispanic; and Black. (2012-2016 ACS 5-year est.; U.S. Census Bureau)
- **Neighborhood Disparity in Poverty:** Relative difference in poverty rates across census tracts (2012-2016 ACS 5-year est.; U.S. Census Bureau)

The Gini Index score, racial disparity in poverty measure and neighborhood disparity in poverty measure are combined to create an Income Equity Score, which ranges from 0 to 100, with higher values indicating higher income equity.

Henry County's Income Equity Score fell in the middle of neighboring counties at 70 out of 100.

- The highest rated county was Putnam County with a 90 out of 100.
- The lowest rated county was Lucas County with a 20 out of 100.

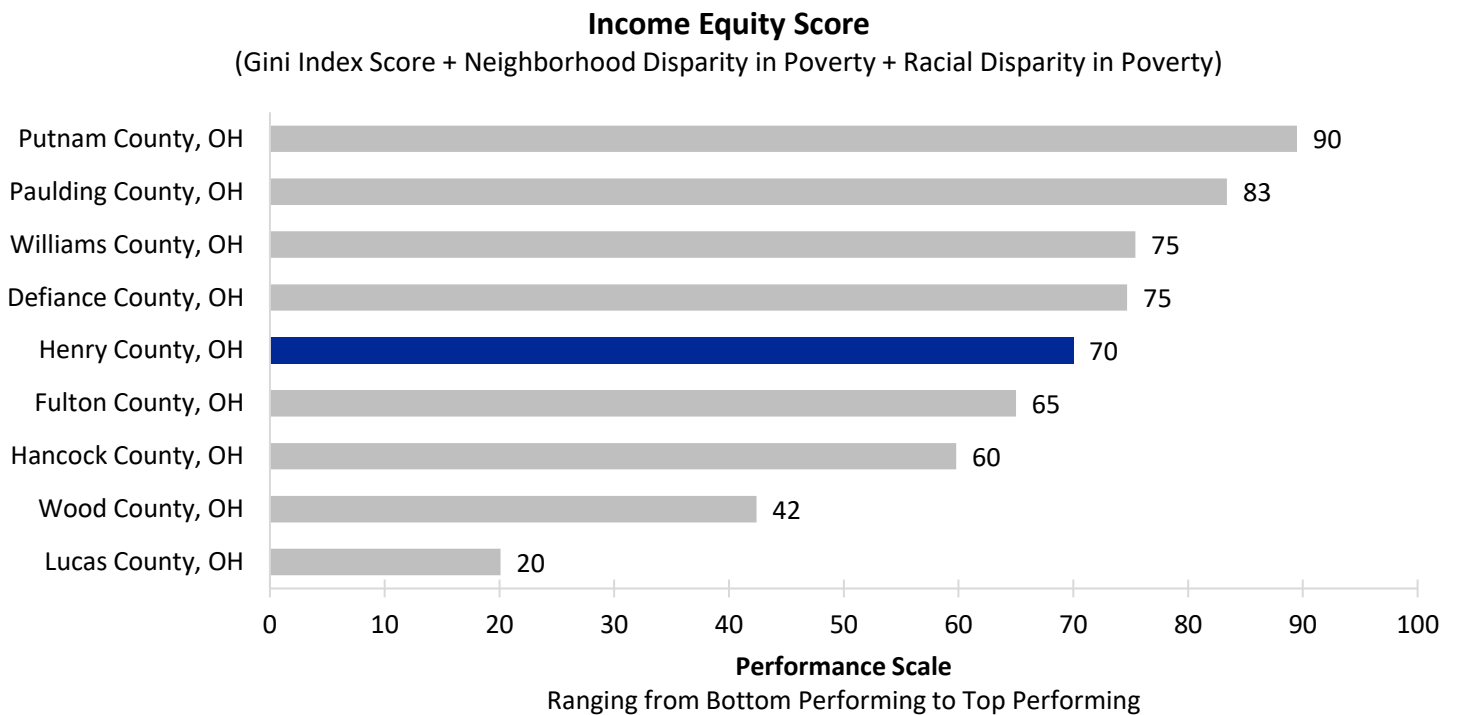


Figure 1.4 County Rankings on the Income Equity Score Among Henry County and its Neighboring Counties. Data Source: U.S. News and World Report Healthiest Communities, 2019 Rankings, Copyright 2019 © U.S. News & World Report L.P.

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 1 | Social & Community Context

Measures of Discrimination | Social Equity

- **Disability Employment Gap:** The relative disparity in unemployment rates between the total population and the disabled population (2012-2016 ACS 5-year estimates; U.S. Census Bureau)
- **Segregation Index Score:** Racial segregation using the Theil Index. Population groups used in the measurement are non-Hispanic White, non-Hispanic Black, non-Hispanic Asian, non-Hispanic American Indian/Alaska Native, non-Hispanic Native Hawaiian/Pacific Islander, and Hispanic. (2010, U.S. Census Bureau)

The disability employment gap and segregation index score are combined to create a Social Equity Score, which ranges from 0 to 100, with higher values indicating higher social equity.

Henry County had the second lowest Social Equity Score among neighboring counties at 56 out of 100.

- The lowest score was given to Putnam County—46 out of 100.
- The highest score was given to Defiance County—84 out of 100.

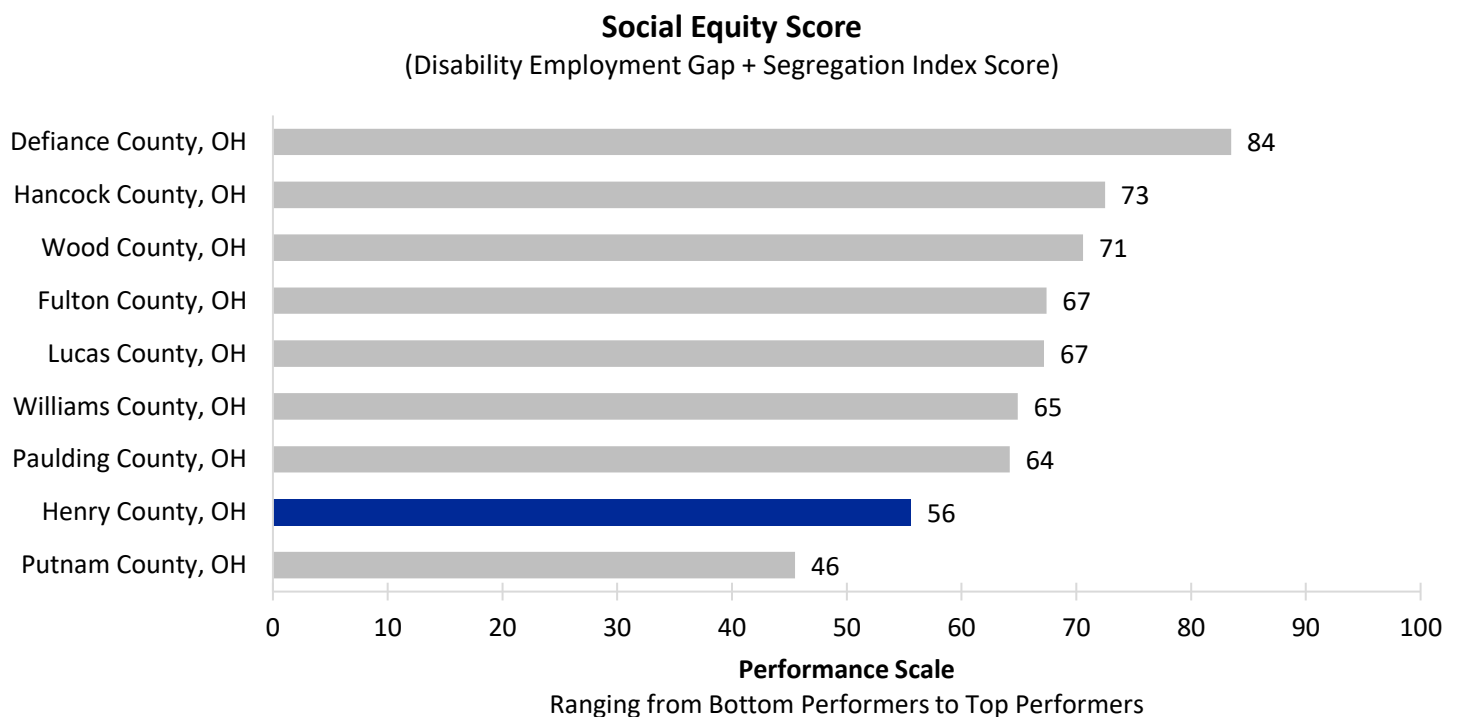


Figure 1.5 County Rankings on the Social Equity Score Among Henry County and its Neighboring Counties. Data Source: U.S. News and World Report Healthiest Communities, 2019 Rankings, Copyright 2019 © U.S. News & World Report L.P.

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 1 | Social & Community Context

Measures of Discrimination | Equity

Combining all the above scores—education equity, health equity, income equity, and social equity—provides an overall measure operationalized as an Equity Score. The Equity Score ranges from 0 to 100, with higher values indicating higher equity.

Henry County was in the bottom half of neighboring counties with a score of 71 out of 100.

- Paulding County had the highest equity score at 80 out of 100.
- Lucas County had the lowest equity score at only 31 out of 100.

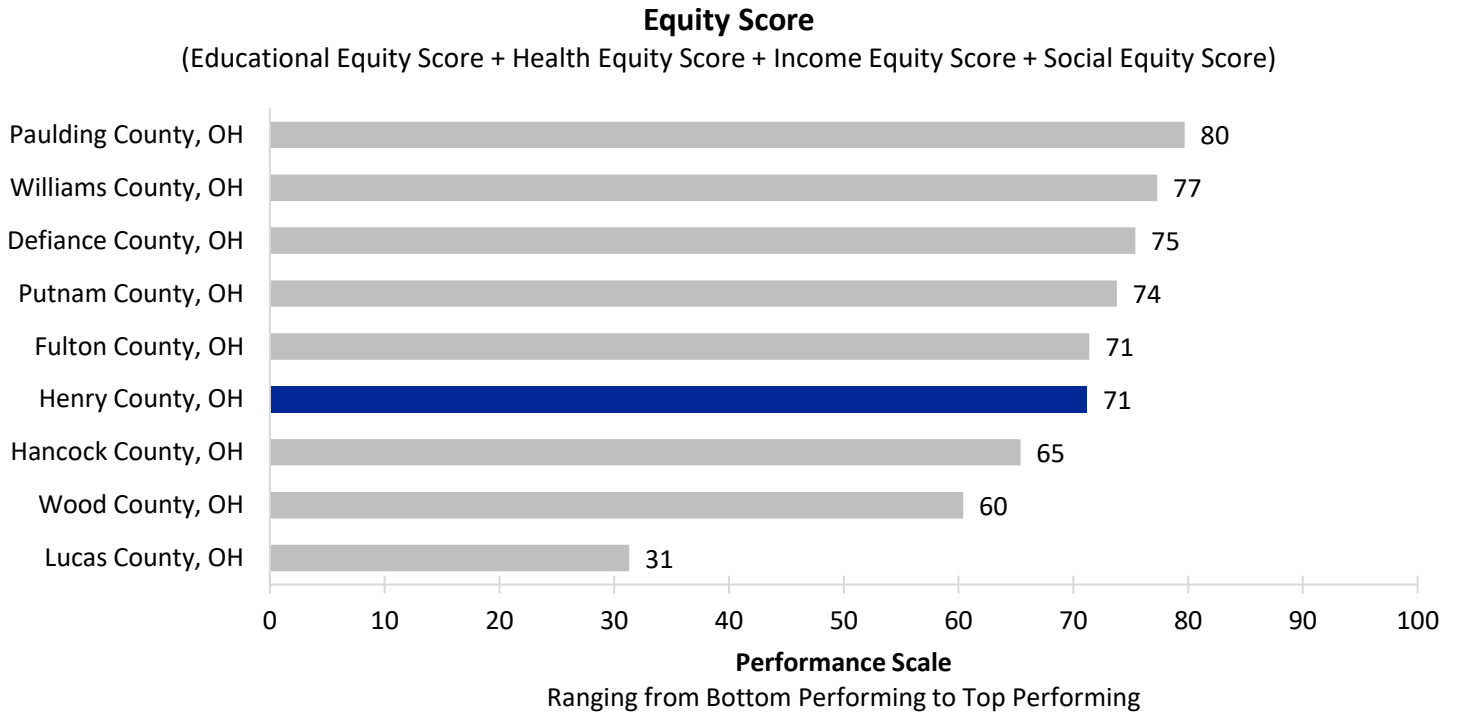


Figure 1.6 County Rankings on the Equity Score Among Henry County and its Neighboring Counties. Data Source: U.S. News and World Report Healthiest Communities, 2019 Rankings, Copyright 2019 © U.S. News & World Report L.P.

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 1 | Social & Community Context

Incarceration

Why is it important to consider incarceration when investigating health? Consistently, research indicates a strong relationship between the two factors at the individual, family, state, and county-level.

...higher levels of incarceration are associated with higher levels of both morbidity (percentage reporting fair or poor health) and mortality (life expectancy).

~Weidner & Schultz, 2019

Measures of Incarceration | Number of Prison Commitments

To examine this factor in our local area we will rely on total prison commitment data from the Ohio Department of Rehabilitation & Correction.

- **Prison Commitment.** The act of sending a person charged with a crime to prison.

From 2011-2014, the number of prison commitments in Henry County were relatively stable ranging from 36-42 per year.

- Since 2014 there have been two consecutive years of reductions in the number of commitments. 2016 had the lowest total in the six years in which data are available at 19.

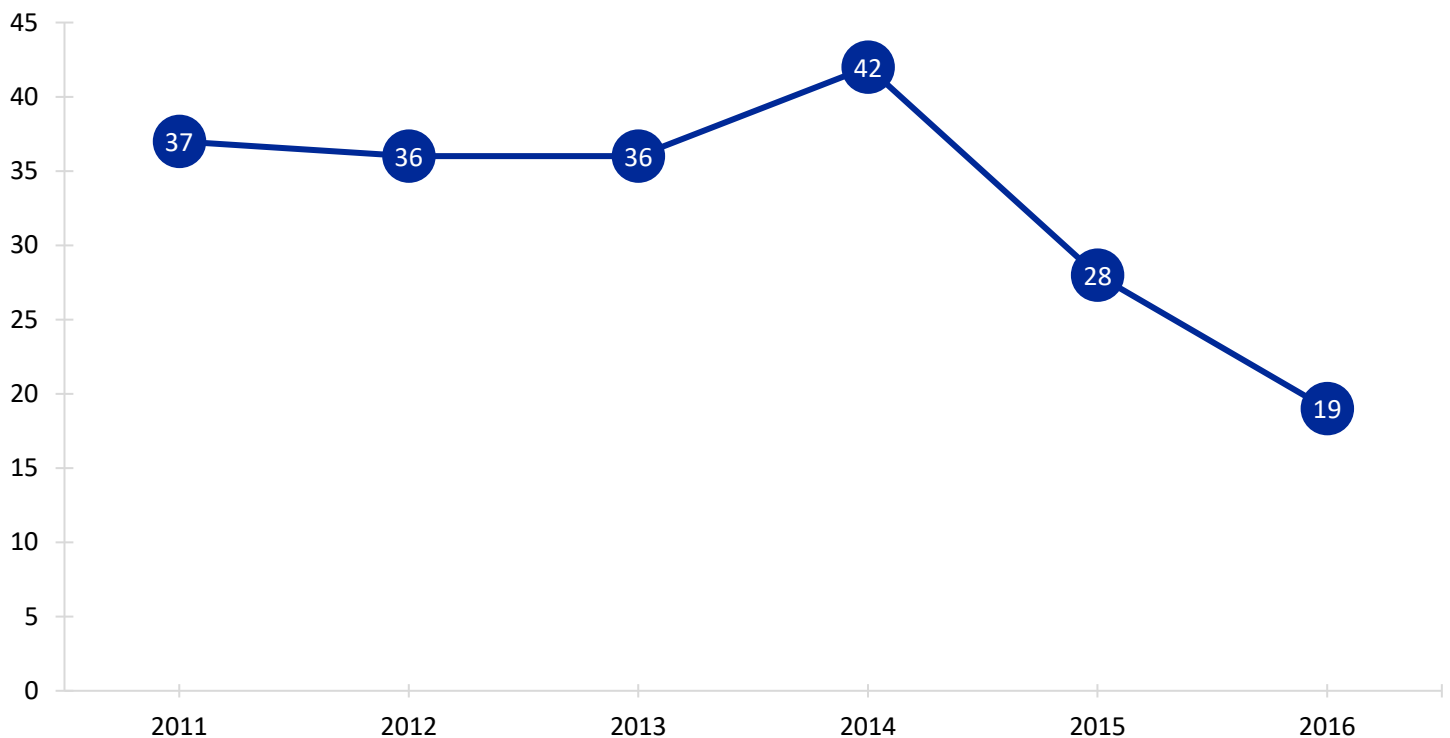


Figure 1.7 Trend in the Total Number of Prison Commitments per Year for Henry County, 2011-2016. Data Source: <https://drc.ohio.gov/County-Metrics>

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 1 | Social & Community Context

Measures of Incarceration | Prison Commitment Rate

Prison counts were standardized to a rate per 10,000 population.

- In the most recent data available (2016), Henry County had the lowest prison commitment rate of 6.8 per 10,000 population.
- Defiance County had the highest at 23.6 commitments per 10,000 population in 2016.

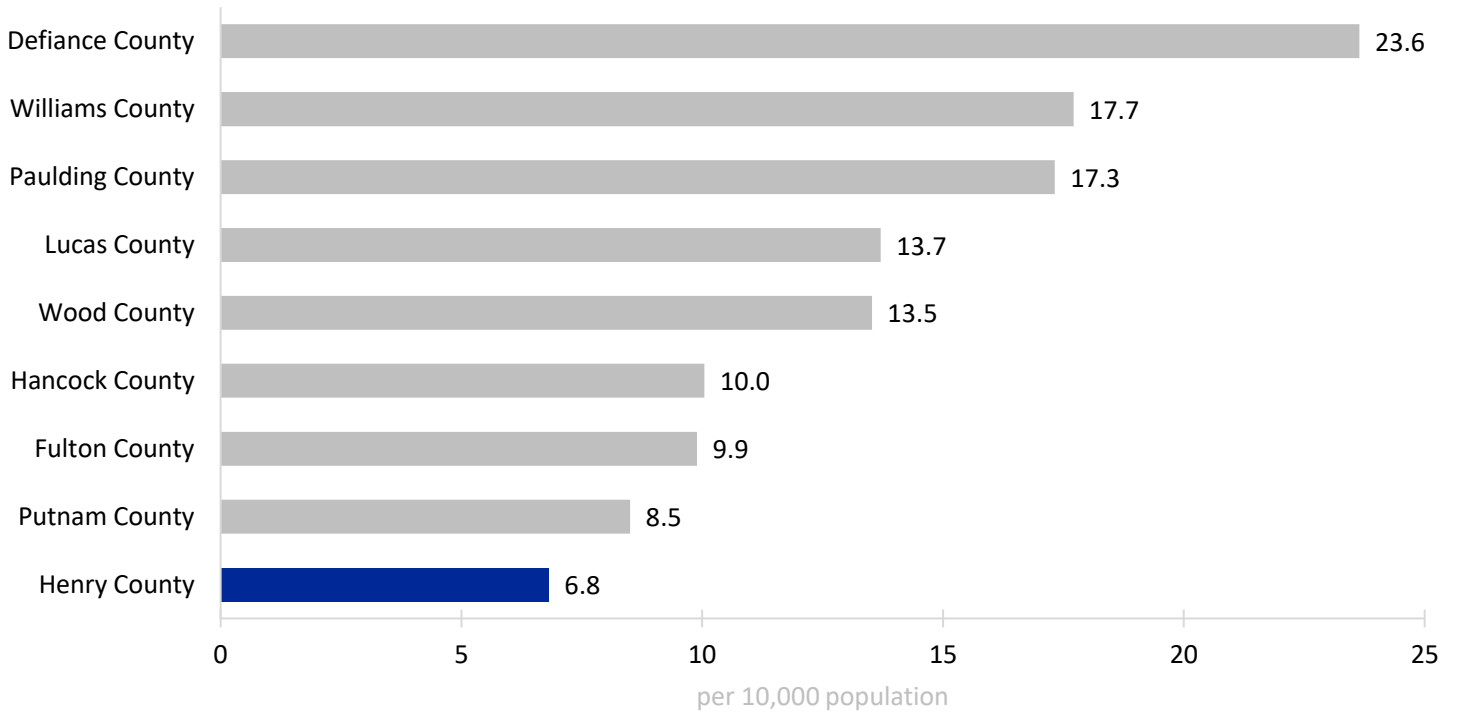


Figure 1.8 County Rankings in Prison Commitment Rate per 10, 000 Population for Henry County and its Neighboring Counties, 2016. Data Source: <https://drc.ohio.gov/County-Metrics>; U.S. Census Bureau, 2012-2016, ACS 5-Year Estimates

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 1 | Social & Community Context

Social Cohesion

- *Social cohesion*: the strength of relationships and the sense of solidarity among members of a community (Kawachi & Berkman, 2000).

Healthy People 2020 emphasizes the role of relationships—conceptualized via social cohesion, social capital, social networks, and social support—and their role in physical health and psychosocial well-being. They do this without directly identifying specific types of relationships and/or groups, organizations, or institutions recognized as sources of cohesion, capital, networks and support. Therefore, in this section dedicated to social cohesion we will provide information on families, relationships, and institutions such as churches—sources of social cohesion identified by both researchers and the population of Henry County.

- Marriage, Divorce & Cohabitation
- Family Structure & Living Arrangements
- Religion & Religiosity
- Citizenship

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 1 | Social & Community Context

Measures of Social Cohesion | Marriage, Divorce & Cohabitation

Adjusted Marriage and Divorce Rates

The adjusted marriage rate and adjusted divorce rate provide a more refined way of measuring marital behavior each year within a given population than the National Vital Statistics System (NVSS) published crude rates. The NVSS rate includes the ENTIRE population in the denominator, whereas in the adjusted rates only those individuals at risk of marrying or divorcing are in the denominator. Nationally, the adjusted marriage rate is at a stable, but all-time low (Allred, 2019). The adjusted divorce rate is at a forty-year low, reaching levels last observed in 1970 (Allred, 2019b).

In 2016, the marriage rate in Henry County, Ohio was 34.2 per 1,000 currently single women. This rate was slightly higher than the rate in 2010 when it was 32.8. Henry County's rate was also higher than the overall state adjusted marriage rate of 27.6

- Henry County's adjusted divorce rate in 2016 was 13.2 divorce per 1,000 married women. This represents a decline of over three divorce since 2010 when the rate was 16.5. While the divorce rate for the state of Ohio has also fallen since 2010, it has not done so as quickly as Henry County's rate and was slightly higher than Henry County's in 2016 at 15.0.

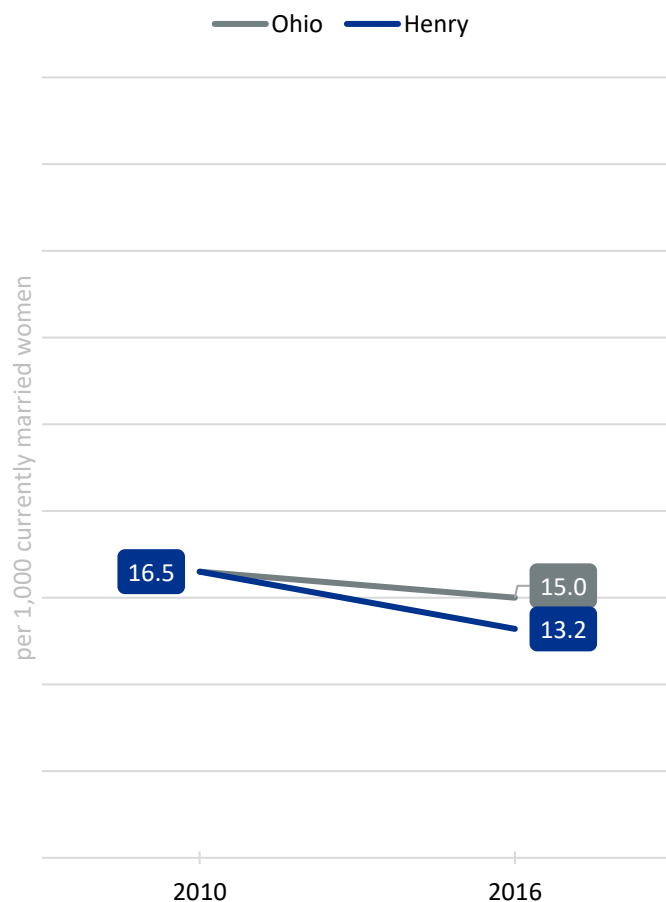
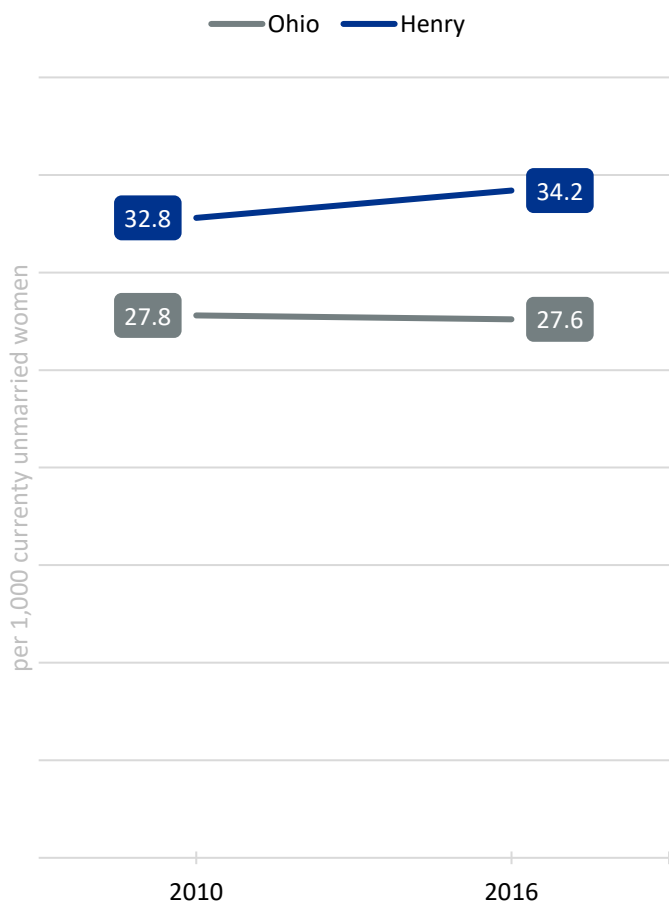


Figure 1.9 Trend in the Adjusted Marriage Rate for Ohio and Henry County, Ohio, 2010 & 2016.

Figure 1.10 Trend in the Adjusted Divorce Rate for Ohio and Henry County, Ohio, 2010 & 2016

Data Sources: NCFMR @BGSU, Data Compass; Ohio Department of Health, Bureau of Vital Statistics, 2016; American Community Survey, 5-year estimates, 2010, 2016

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 1 | Social & Community Context

Marital Status

It used to be that most adult Americans were married--In 1960, 72 percent of adults were currently married. In 2018, slightly less than half were. Nearly all the reduction is due to an increasing share who are never married. In 1960, only about one-in-ten adults (9%) were never-married, in 2018 one-third have never tied the knot.

- In Henry County, 56% of adults are currently married and one-quarter are never married.
- Compared to neighboring counties, Henry is in the middle of the pack. Putnam County had the highest share married at 62% and the smallest share never married at 23%. Lucas County had the smallest share married at only 42%. Wood County had the largest share never married at 37%.

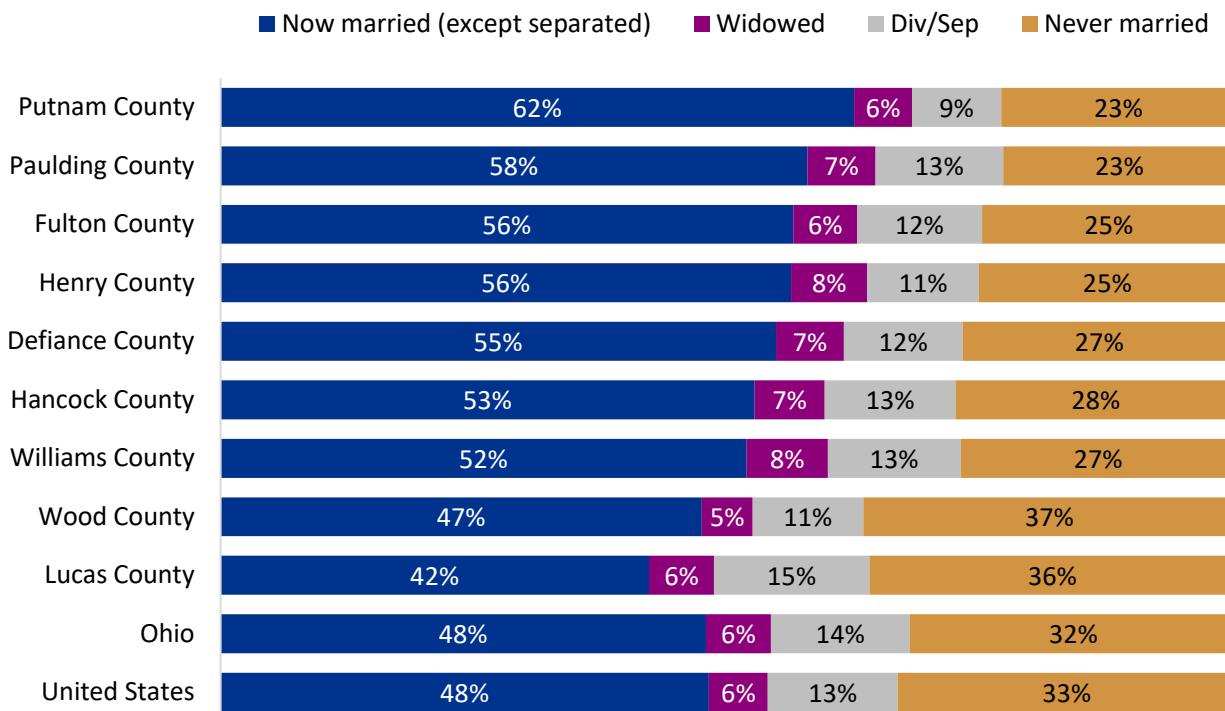


Figure 1.11 County Rankings in Marital Status for Henry County, its Neighboring Counties, Ohio, & the U.S., 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 1 | Social & Community Context

Cohabitation

While marriage rates are at an all-time low, and the share of adults never married are at an all-time high, the U.S. has also experienced a boom in cohabitation. Cohabitation is when a couple are in a romantic relationship and share a residence. Since 1995 the share of cohabiting households in the U.S. has more than doubled ([Hemez, 2019](#)). Furthermore, the share of women to have ever cohabited has also increased dramatically. In 1987 only one-third of women aged 19-44 had ever cohabited. By 2013 that share had nearly doubled to 64% ([Hemez & Manning, 2017](#)).

- In 2018 7.2% of households in Henry County were cohabiting (or unmarried partner) households. This is slightly higher than the national average of 6.2% and the state average of 6.7%.
- Among neighboring counties, Henry County is in the middle of the pack. Lucas County has the highest share at 7.8% whereas Putnam County has the lowest at 4.5%.

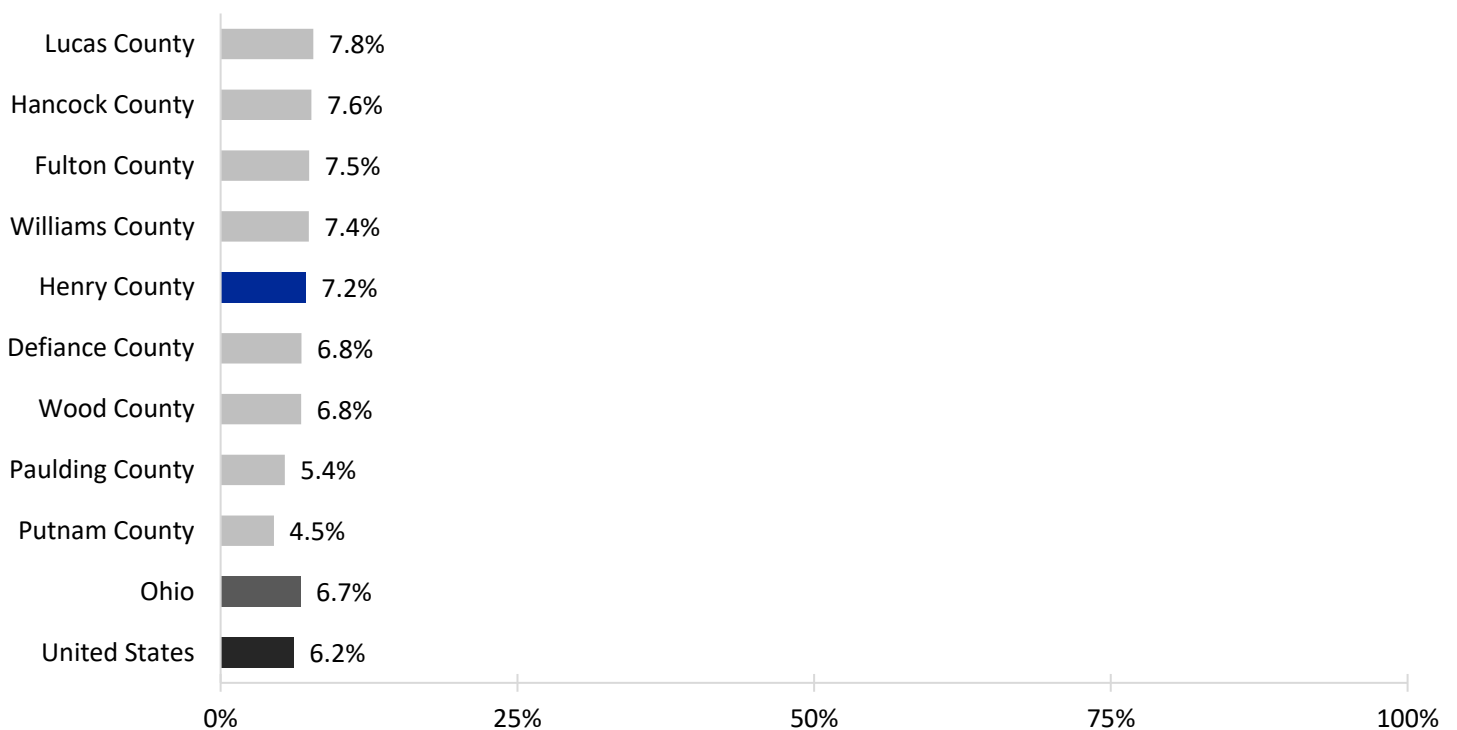


Figure 1.12 County Rankings in Unmarried Partner Households for Henry County, its Neighboring Counties, Ohio, & the U.S., 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 1 | Social & Community Context

There is variation in the share of individuals cohabiting by the age of the householder. Cohabitation is more prevalent among those at younger ages.

- Among householders between the ages of 18 and 34, the share cohabiting in Henry County (18%) is greater than that at the state level (13%) and the national level (10%).
- Among those between the ages of 35-64 similar shares were cohabiting—regardless of geographic level—about 6%.
- Nearly 2% nationally and statewide were in cohabiting households among those aged 65 and older. However, less than one percent were in Henry County.

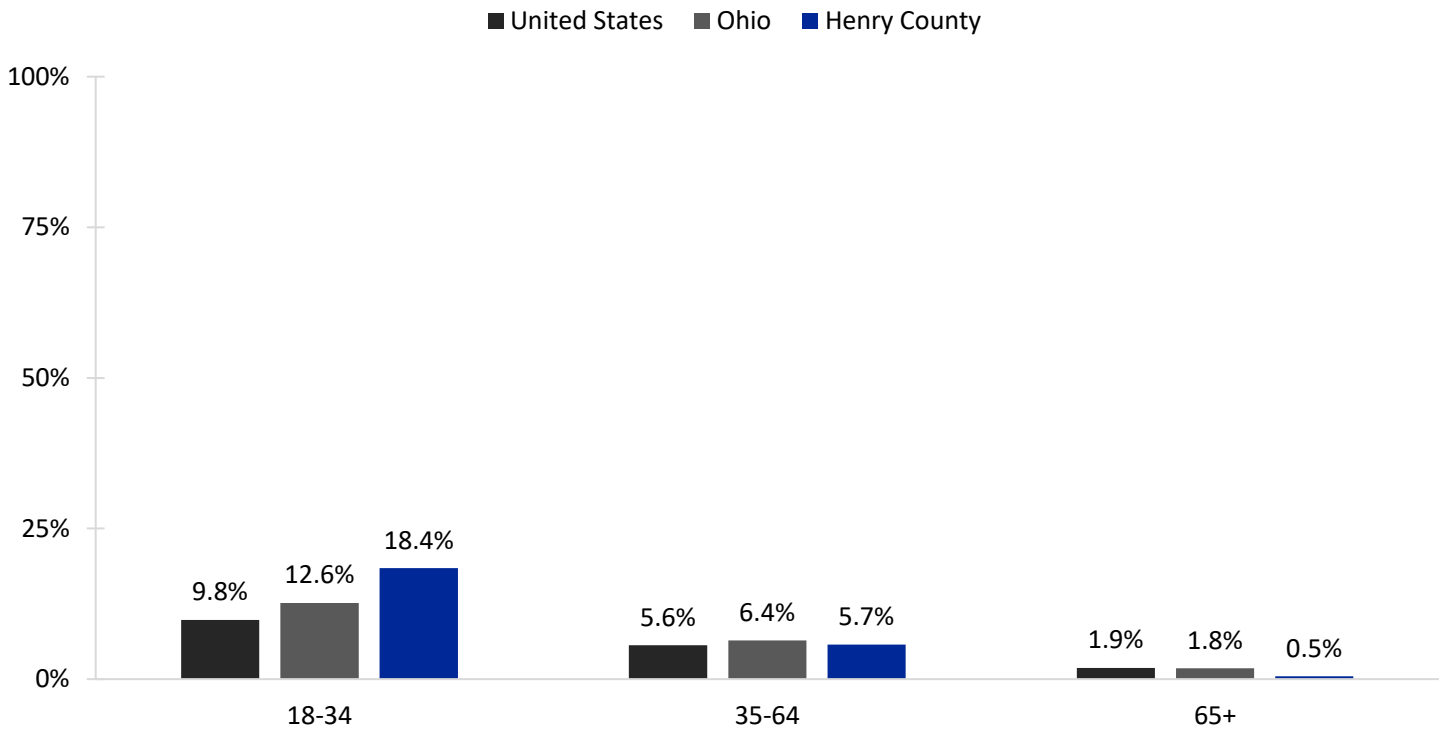


Figure 1.13 Age Variation in the Percentage of Unmarried Partner Households by Age for Henry County, Ohio & the U.S., 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 1 | Social & Community Context

Measures of Social Cohesion | Family Structure & Living Arrangements

Children's Living Arrangements | Cohabiting Households

As the share of cohabiting households has increased, so too has the share of children living in cohabiting households in the U.S. Recent estimates indicate 59% of young adult parents had their first child before their first marriage ([Hemez, 2018](#)). Further, the majority of those births are to women in cohabiting relationships as opposed to single women ([Manning, Brown, & Stykes, 2015](#)).

- The share of children living in a household in Henry County in which the householder was in a cohabiting relationship increased between 2010 and 2018 from 7% to 12%.
- This percentage is higher than the national average of 8% and the state average of 9%.
- Henry County has the second highest percentage among neighboring counties, second only to Fulton County with 13% of children living in a cohabiting household. Putnam County has the smallest share at only 3%.

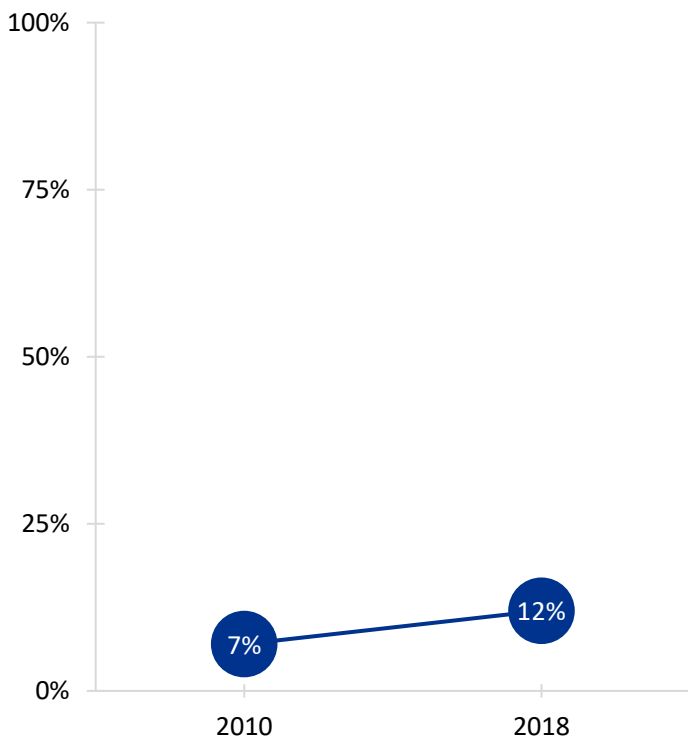


Figure 1.14 Trend in the Percentage of Children Living in Unmarried Partner Households for Henry County, Ohio, 2010 & 2018

Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

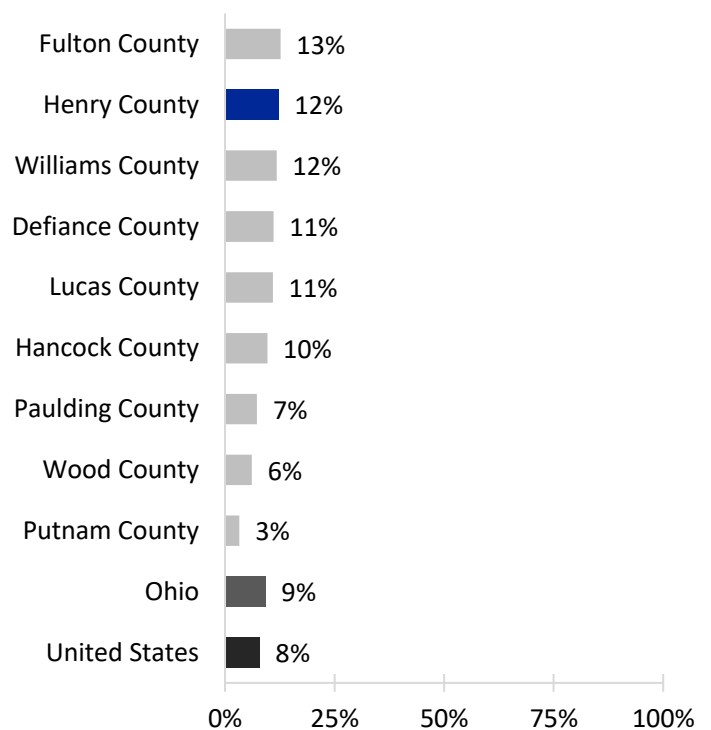


Figure 1.15 County Rankings in Percentage of Children Living in Unmarried Partner Households for Henry County, its Neighboring Counties, Ohio, & the U.S., 2018.

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 1 | Social & Community Context

Children's Living Arrangements | Married-Couple Households

The share of Henry County children living in a married-couple family household has declined from 2010 to 2018.

- In 2010 three-fourths of children were living in a married-couple family household. By 2018 the share dropped to 65%.
- The share among Henry County children is comparable to the state and nation (63% and 66%, respectively). However, compared to neighboring counties, Henry County is on the low end.
- Shares range dramatically among neighboring counties at about half of children living in a married-couple family household in Lucas County to a high of 82% among children in Putnam County.

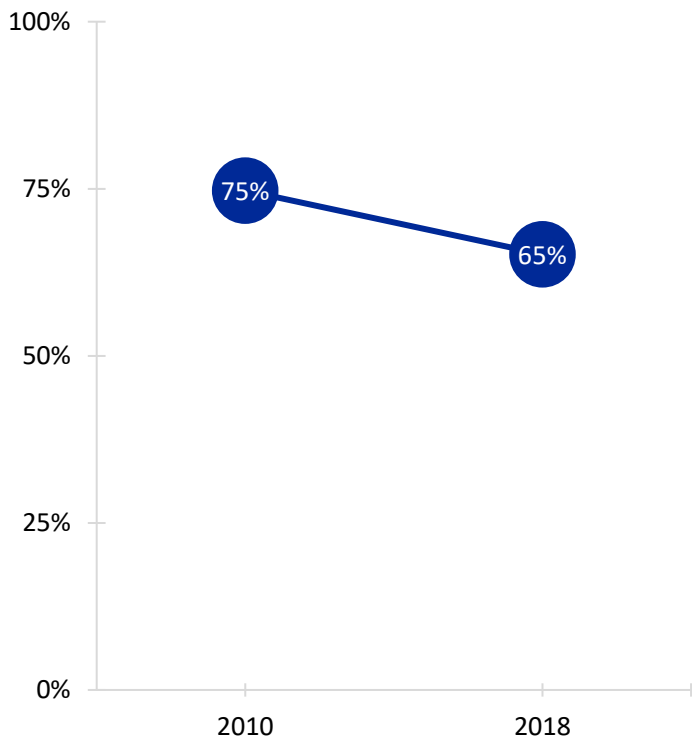


Figure 1.16 Trend in the Percentage of Children Living in a Married-Couple Family Household for Henry County, Ohio, 2010 & 2018

Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

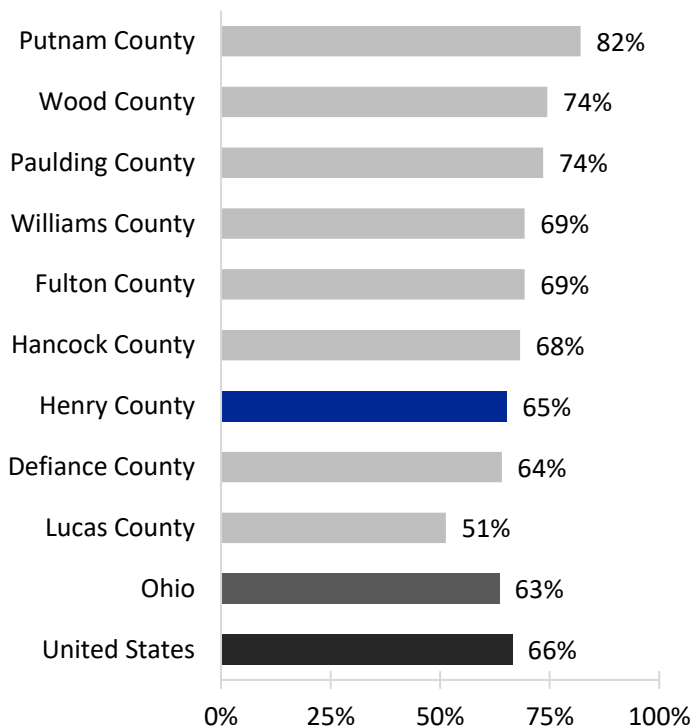


Figure 1.17 County Rankings in Percentage of Children Living in Married-Couple Family Households for Henry County, its Neighboring Counties, Ohio, & the U.S., 2018

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 1 | Social & Community Context

Children's Living Arrangements | Grandparent Headed Households

Another recent and significant change in children's living arrangements are the share living with their grandparents. These households may or may not have the grandchild's parent present.

- Between 2010 and 2018, across all levels of geography, there have been increases in the share of children living in a grandparent headed household.
- In Henry County, the share increased from 4.8% to 6.2% from 2010 to 2018.
- Henry County has a slightly smaller share living in a grandparent-headed household compared to the state (7.2%) and the nation (7.9%).

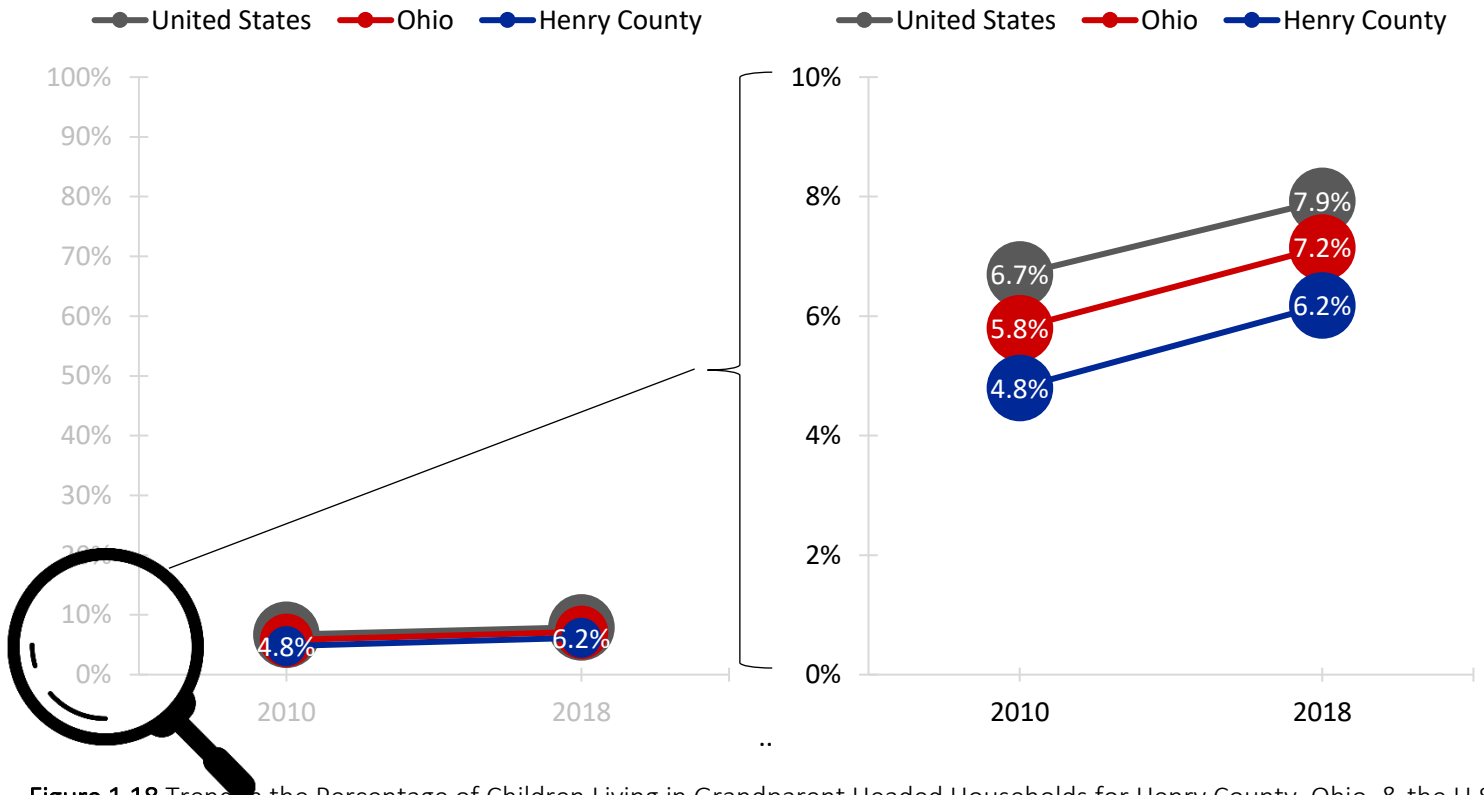


Figure 1.18 Trend in the Percentage of Children Living in Grandparent Headed Households for Henry County, Ohio, & the U.S., 2010 & 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 1 | Social & Community Context

- The grandparents were most often responsible for younger children—46% were under the age of 6. Only about 15% were between the ages of 12 and 17.

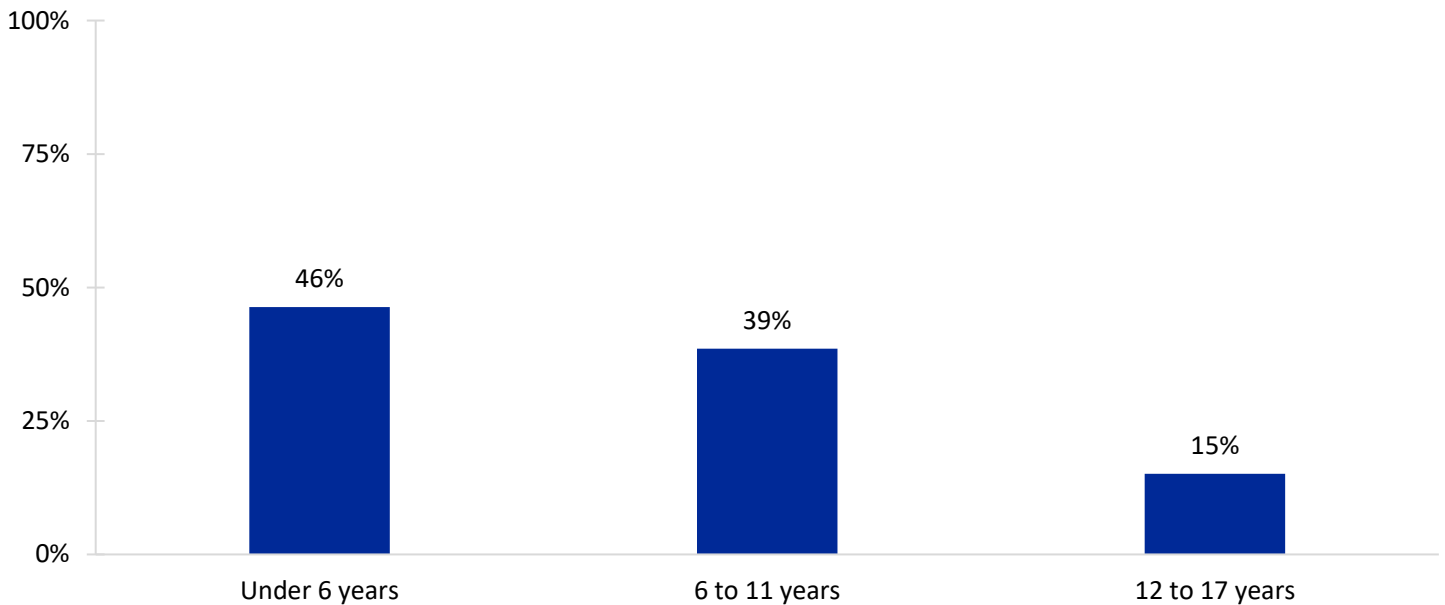


Figure 1.19 Percentage of Children Living in a Grandparent Headed Household by Age Group for Henry County, Ohio, 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

- Henry County has also experienced an increase in the share of grandparents who were responsible for their resident grandchild(ren). In 2010, 38% were responsible, whereas in 2018 half (51%) were.

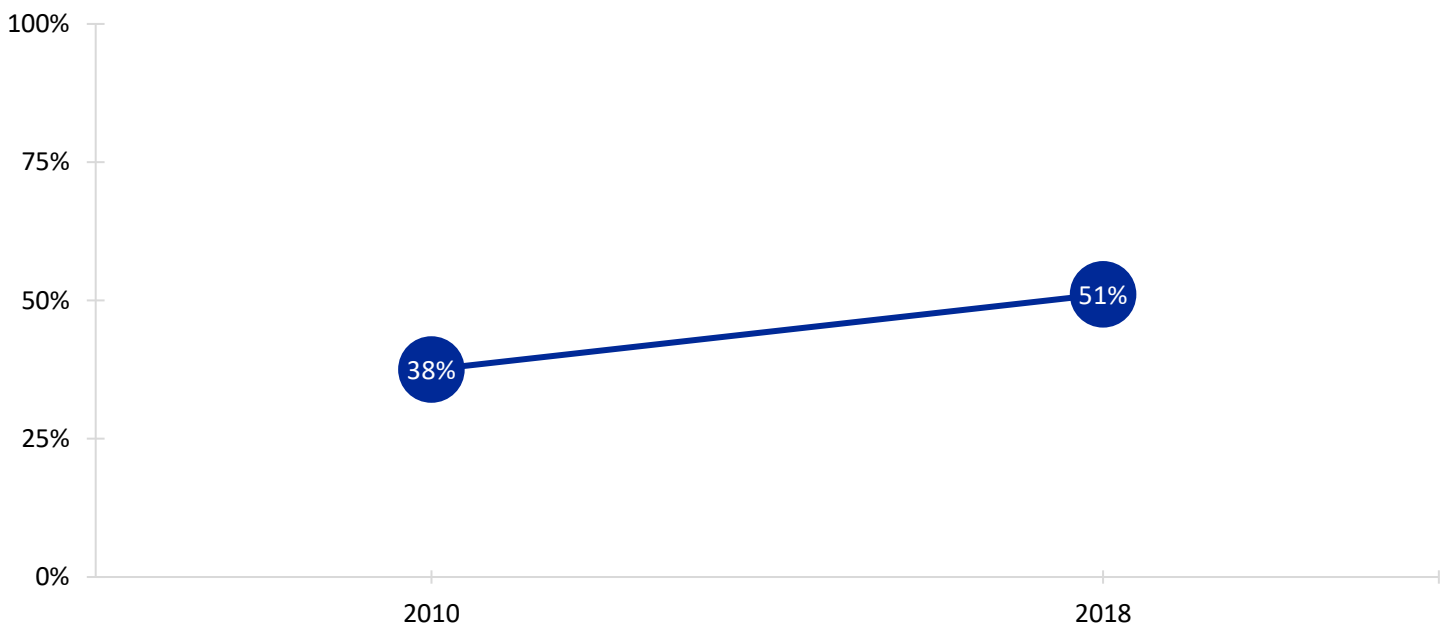


Figure 1.20 Trend in the Percentage of Grandparents who are responsible for Grandchildren Living in their Households for Henry County, Ohio, 2010 & 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 1 | Social & Community Context

Children’s Living Arrangements | Foster Care

Foster care (also known as out-of-home care) is a temporary service provided by States for children who cannot live with their families. Children in foster care may live with relatives or with unrelated foster parents. Foster care can also refer to placement settings such as group homes, residential care facilities, emergency shelters, and supervised independent living (<https://www.childwelfare.gov/topics/outofhome/foster-care/>).

The rate of children in foster care is among the population under age 18. Children are categorized as being in foster care if they entered prior to the end of the current fiscal year and have not been discharged from their latest foster care spell by the end of the current fiscal year. The Kids Count estimates come from Child Trends analysis of data from the Adoption and Foster Care Analysis and Reporting System (AFCARS), made available through the National Data Archive on Child Abuse and Neglect.

Statewide, 10 out of every 1,000 children received a foster care placement in 2018. The rate in Henry County was less than half the state at 4.5 out of 1,000 children.

- Henry County’s 2018 rate represents the lowest since 2012. The highest rate was seen in 2015 with 7.3 children per 1,000.
- Lucas County had the highest foster care rate among neighboring counties at 13.6 children per 1,000.
- Paulding County did not have any child placements *on record* in 2018.

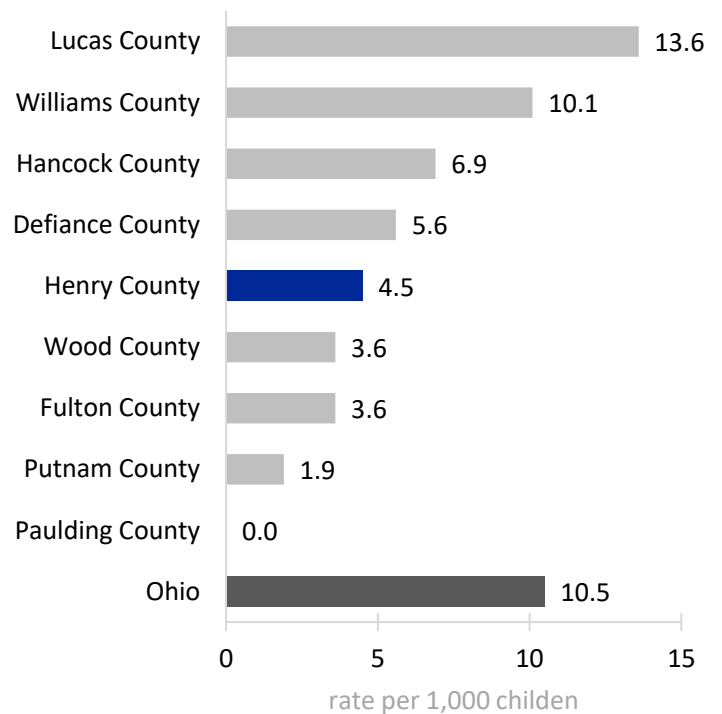
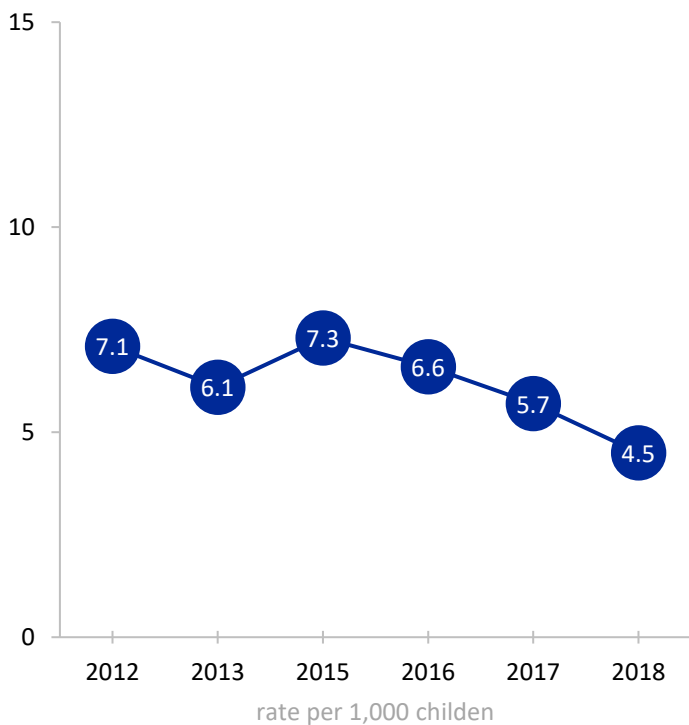


Figure 1.21 Trend in the Rate of Children in Foster Care for Henry County, Ohio, 2012-2018.

Figure 1.22 County Rankings in the Rate of Children in Foster Care for Henry County, its Neighboring Counties & Ohio, 2018.

Data Source: The Annie E. Casey Foundation, KIDS COUNT Data Center



Health Factor 1 | Social & Community Context

Adult's Living Arrangements | Living Alone

An aspect of social cohesion of great concern is really an indicator of a lack of social cohesion, otherwise known as social isolation and loneliness. Many studies and articles find clear links between social isolation and loneliness to health, particularly among the elderly. More information can be found here:

<https://www.ncbi.nlm.nih.gov/books/NBK537897/>

<https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks>

<https://www.apa.org/monitor/2019/05/ce-corner-isolation>

Measures of isolation and loneliness are hard to come by at the county/local level, but we do have estimates of the percentage of adults living alone, which may be considered a broad indicator.

- Compared to the nation's share of 14%, Henry County had a similar share of adults living alone at 13%. However, the share in Ohio was slightly higher at 16%.
- Compared to neighboring counties, Henry County was at the lower end—close to Putnam & Fulton counties with the lowest share (12%).
- Lucas County had the highest share at 18%.

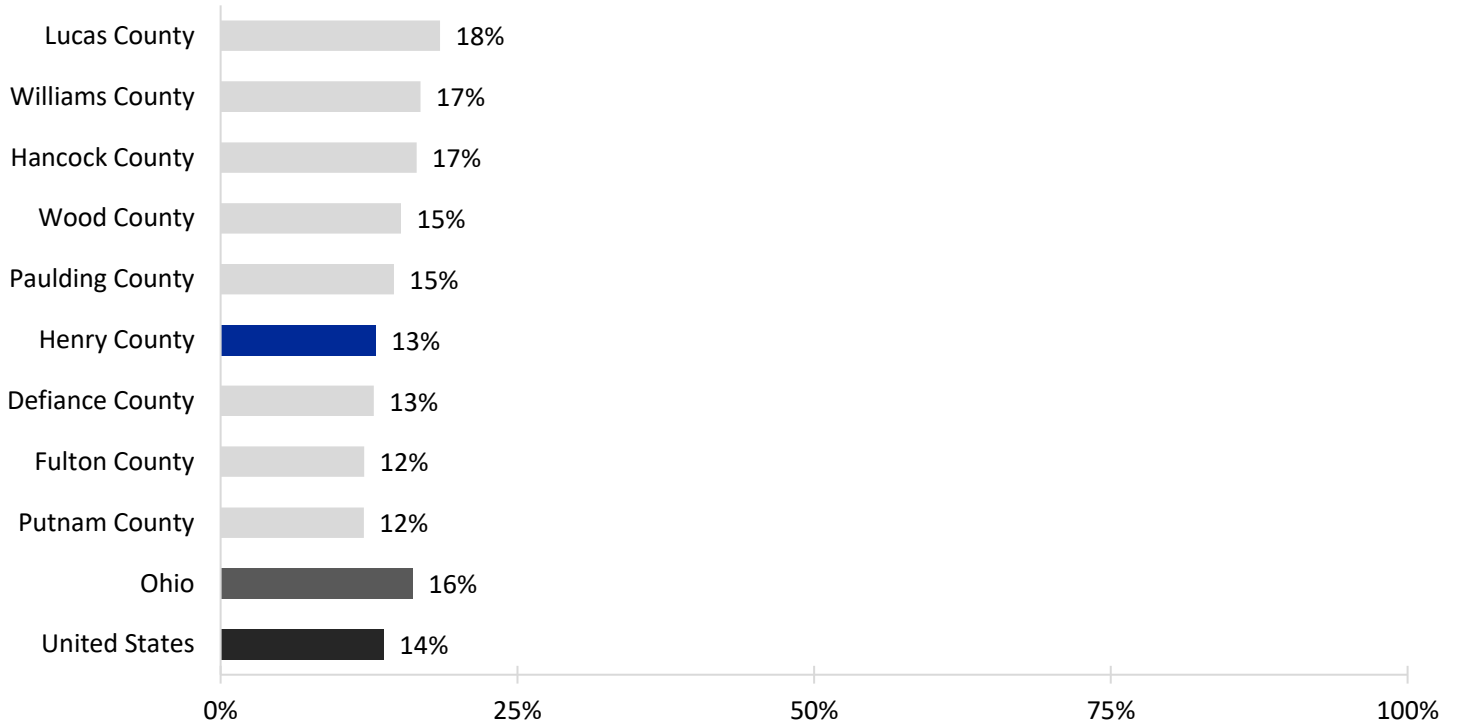


Figure 1.23 County Rankings in the Percentage of Adults Living Alone for Henry County, its Neighboring Counties, Ohio, & the U.S., 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

Health Factor 1 | Social & Community Context

There is age variation in the share living alone—as age increases, so too does the percentage living alone.

- Only 4% of Henry County householders aged 18-34 lived alone in 2018 compared to 9% statewide and 7% nationally.
- Among those aged 35-64, 11% of Henry County householders were living alone, whereas 14% of Ohioans and 12% of all Americans were.
- Those in the oldest age group had the largest share with 27% of householders age 65 and older living alone in Henry County.

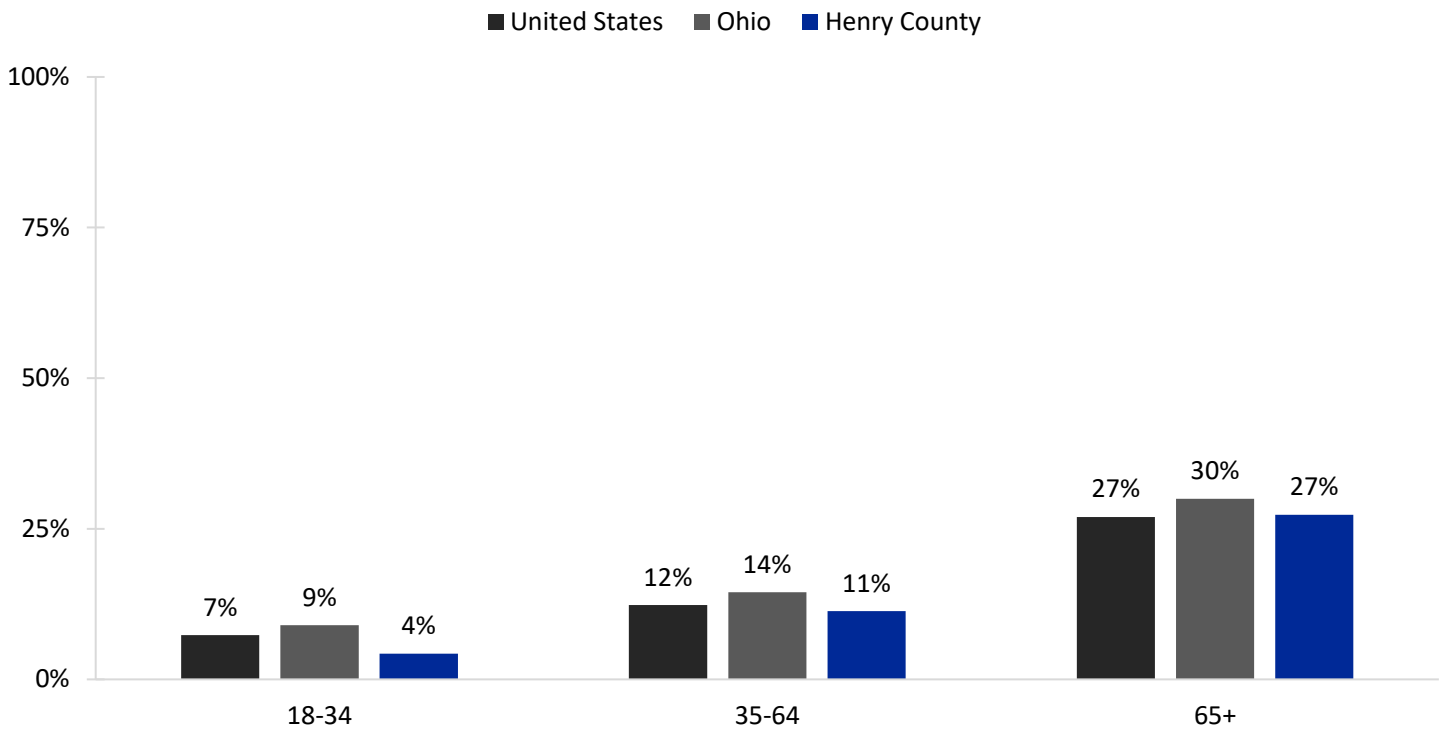


Figure 1.24 Percentage of Adults Living Alone by Age Group for Henry County, Ohio, 2018 Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

Religious Adherence Rate

- In 2010 (the most recent data available), Henry County had the second highest religious adherence rate among neighboring counties at 67%.
- Putnam County had the highest religious adherence rate at 79%.
- Williams County had the lowest rate at 41%.

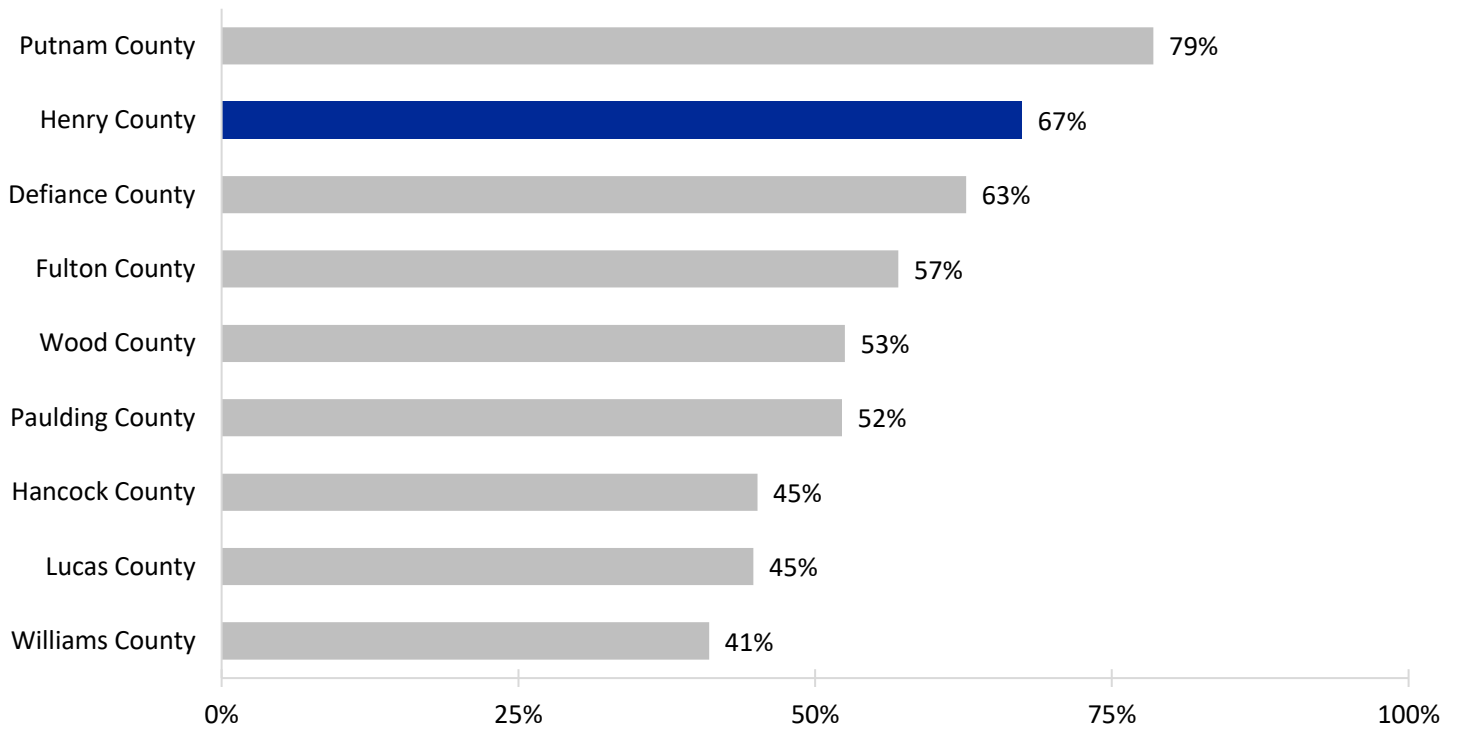


Figure 1.25 County Rankings in the Religious Adherence Rate for Henry County and its Neighboring Counties, 2010. Data Source: U.S. Religion Census: Religious Congregations and Membership Study (RCMS), Association of Statisticians of American Religious Bodies. <http://www.rcms2010.org/>

Health Factor 1 | Social & Community Context

Average Weekly Attendance

- In 2010 Henry County was tied with Fulton County for the largest share of the total population attending a Christian congregation on a weekly basis at 18%.
- Lucas County had the lowest rate at 9%.
- Despite Putnam County’s high Adherence Rate, they had the second lowest percentage of total population with weekly attendance at 10%.

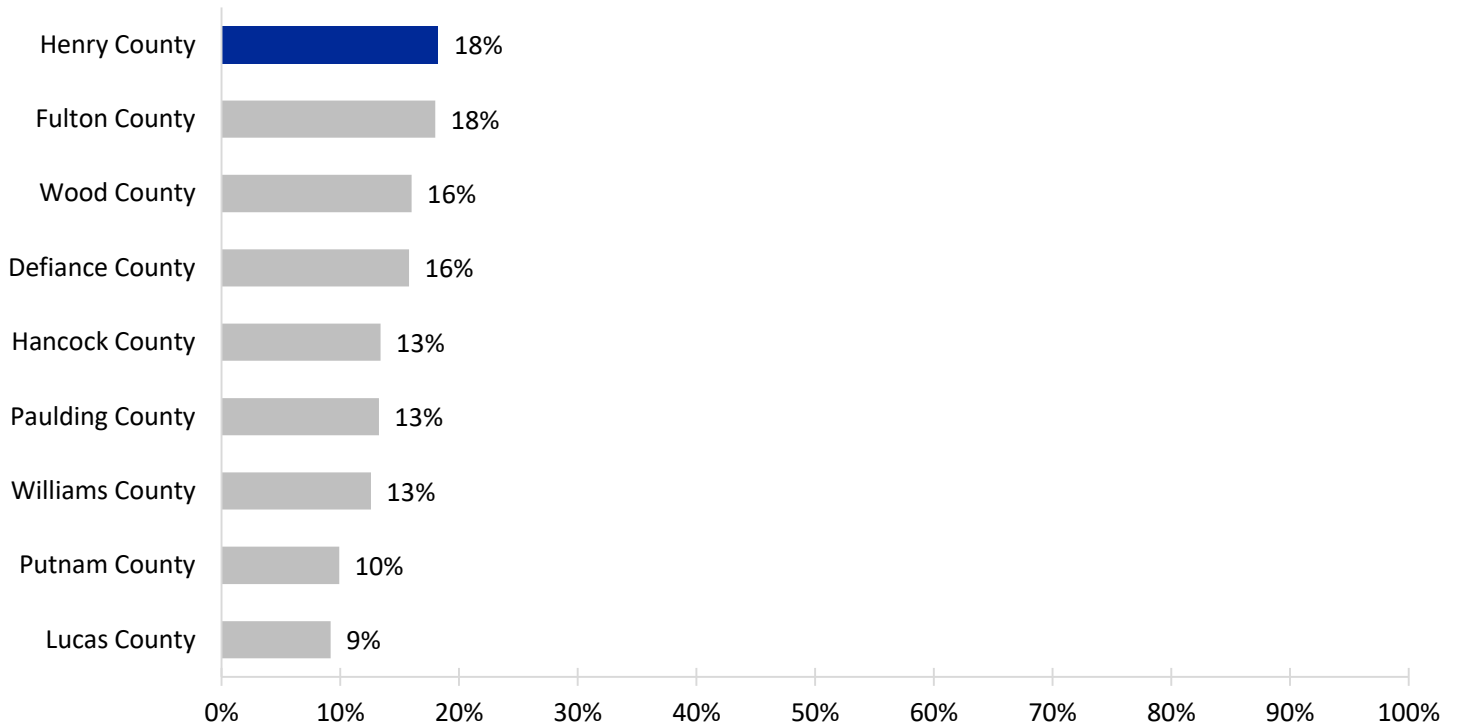


Figure 1.26 County Rankings in Average Weekly Attendance for Henry County and its Neighboring Counties, 2010. Data Source: U.S. Religion Census: Religious Congregations and Membership Study (RCMS), Association of Statisticians of American Religious Bodies. <http://www.rcms2010.org/>

Number of Congregations per 1,000 Population

- Henry County had an average of 2.1 Christian congregations per every 1,000 people in 2010.
- Paulding County had the greatest, which was only slightly higher than Henry County's (2.2).
- Lucas County had the fewest number of congregations at slightly less than 1 (0.8) per 1,000 population.

Number of Total Christian Congregations, 2010
per 1,000 population

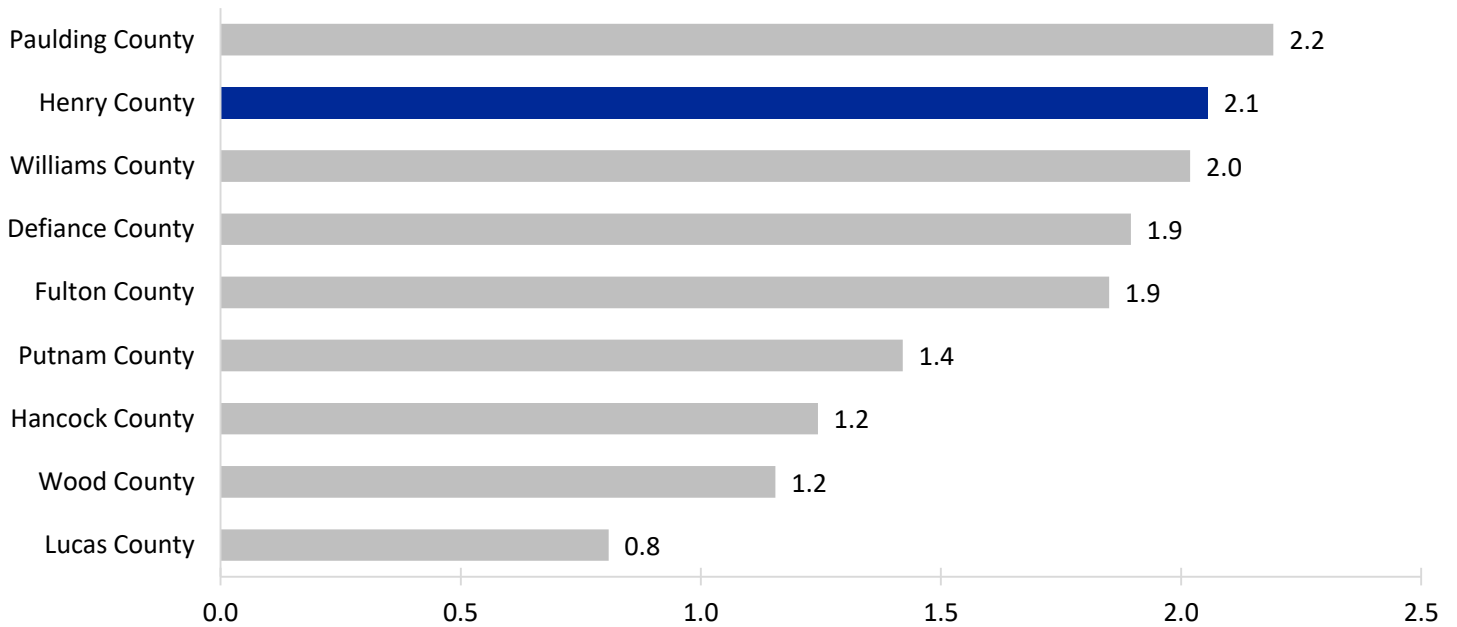


Figure 1.27 County Rankings in Total Number of Christian Congregations for Henry County and its Neighboring Counties, 2010. Data Source: U.S. Religion Census: Religious Congregations and Membership Study (RCMS), Association of Statisticians of American Religious Bodies. <http://www.rcms2010.org/>

Health Factor 1 | Social & Community Context

Measures of Social Cohesion | Citizenship

In the U.S. 13.5% of the population is a non-citizen or a citizen by naturalization. In other words, slightly more than 1-in-10 are foreign born. It is important to note that the term non-citizen is NOT synonymous with the term illegal/unauthorized immigrant. Unauthorized immigrants represent an estimated one-quarter of the foreign-born population ([Passel, 2019](#)).

The share in Henry County is much lower at only 1.5%, meaning most Henry County residents were born in the United States.

- Among neighboring counties, Hancock and Lucas are tied for having the largest share of non-citizen/naturalized citizen population at 3.8%.
- Williams County has the smallest at 1.1%.

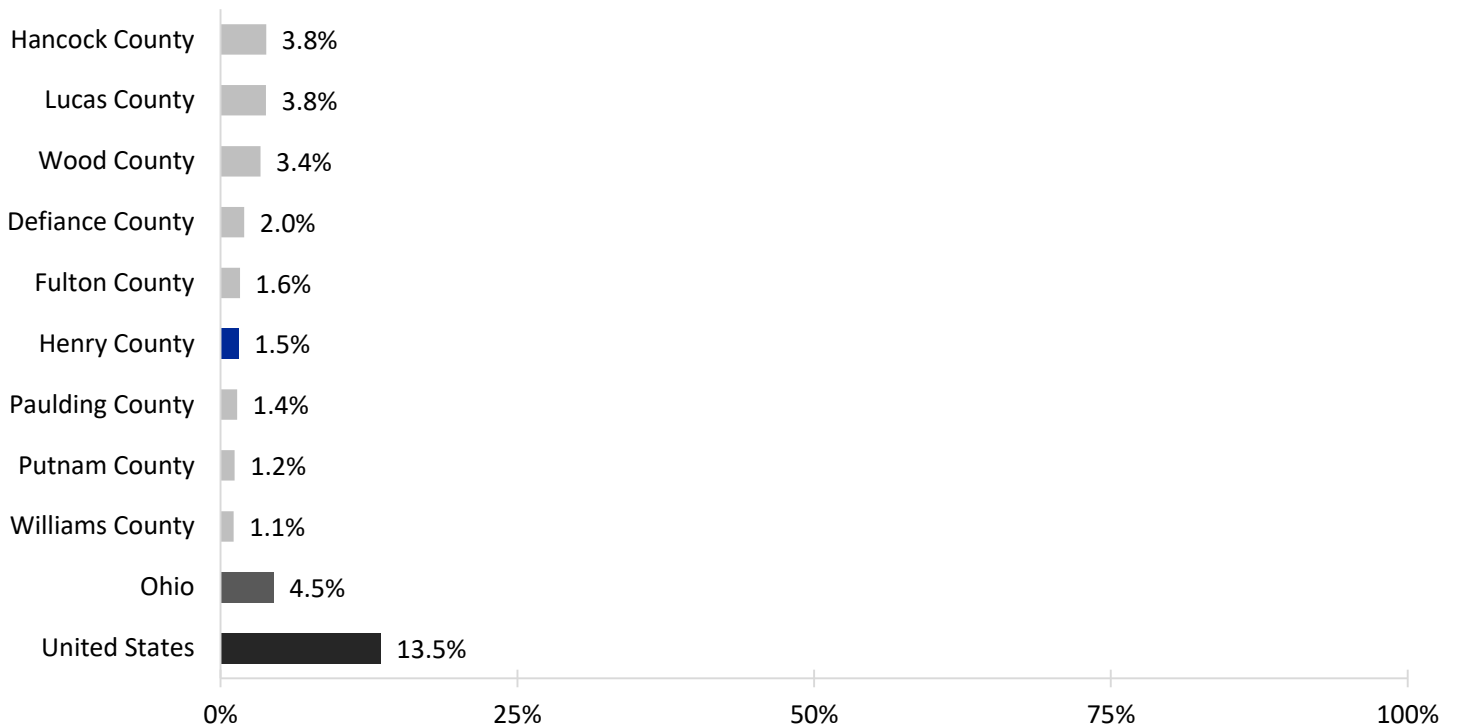


Figure 1.27 County Rankings in Percentage of Residents Who are Non-Citizens or Citizens by Naturalization for Henry County and its Neighboring Counties, Ohio, & the U.S., 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

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Health Factor 2 | Neighborhood & Built Environment

Henry County, Ohio

Access to Foods that Support Healthy Eating	2
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<i>Percentage with Limited Access to Healthy Foods</i>	
<i>Food Availability Score</i>	
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<i>Measures of Discrimination Crime & Violence</i>	
<i>Violent & Property Crime</i>	
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Access to Foods that Support Healthy Eating Patterns

Measures of Access to Foods that Support Healthy Eating Patterns | Percentage with Limited Access to Healthy Foods

- Compared to neighboring counties, the share of Henry County residents with limited access to healthy foods is tied with Wood County at 10%--the highest among the counties examined.
- Defiance and Putnam Counties have the lowest share with limited access at 4%.

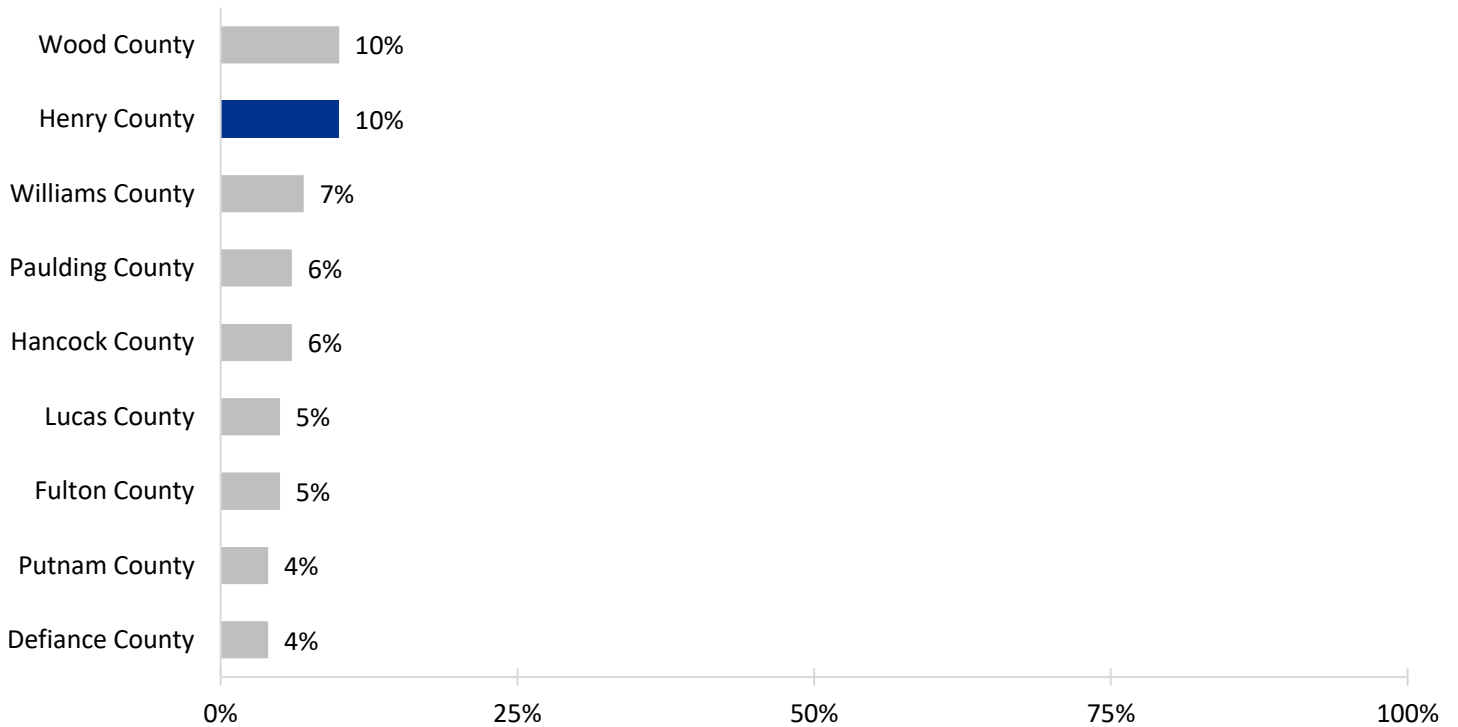


Figure 2.1 County Rankings on the Percentage of Population with Limited Access to Healthy Foods among Henry County and its Neighboring Counties. Data Source: USDA Food Environment Atlas

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 2 | Neighborhood & Built Environment

Measures of Access to Foods that Support Healthy Eating Patterns | Food Availability Score

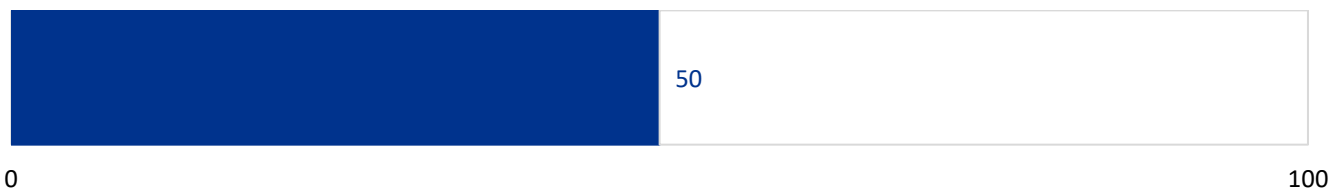
The following graphic show how Henry County compares to the nation, state, and our “peer counties” regarding the individual measures that make up the overall Food Availability Score. The specific measures comprising the 2019 Food Availability Score are as follows:

- **Food Environment Index Score:** The share of total food retailers that are considered healthy based on size and typical food offerings. Healthy retailers include supermarkets, produce markets and warehouse clubs, while less healthy retailers include fast-food restaurants and convenience stores. (2016; U.S. Census Bureau ZIP Code Business Patterns, CARES)
- **Local Food Outlets:** Number of local food outlets – including farmers markets, community-supported agriculture sites, food hubs and on-farm markets – per 100,000 total population (2018; U.S. Department of Agriculture)
- **Population Without Access to Large Grocery Store:** The share of individuals living more than 1 mile (urban areas) or 10 miles (rural areas) from the nearest supermarket, supercenter or large grocery store (2015; U.S. Department of Agriculture)

The food environment index score, local food outlets rate and share of the population without access to large grocery stores are combined to create a Food Availability Score, which ranges from 0 to 100, with higher values indicating greater access to food.

Table 2.1 Henry County, Ohio Food Availability Score and its Associated Metric Scores with Comparisons by Peer Group, State and Nation

Food Availability Score | Henry County



METRIC	COUNTY	U.S.	PEER GROUP	STATE
Food Environment Index Score	10.46	9.33	12.22	8.46
Local Food Outlets (per 100,000)	3.6	3.5	9.8	3.9
Population Without Access to Large Grocery Store	8.8%	22.4%	19.8%	25.3%

Source: U.S. News and World Report Healthiest Communities, 2019 Rankings, Copyright 2019 © U.S. News & World Report L.P.

Note: This figure values were taken directly from the U.S. News and World Report Healthiest Communities webpage:

<https://www.usnews.com/news/healthiest-communities>

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 2 | Neighborhood & Built Environment

Taken together, and when compared to neighboring counties, Henry County is only second to Defiance County with an overall composite score of 50.

- Defiance County has the highest at 52.
- The lowest score is found in Williams County at 37

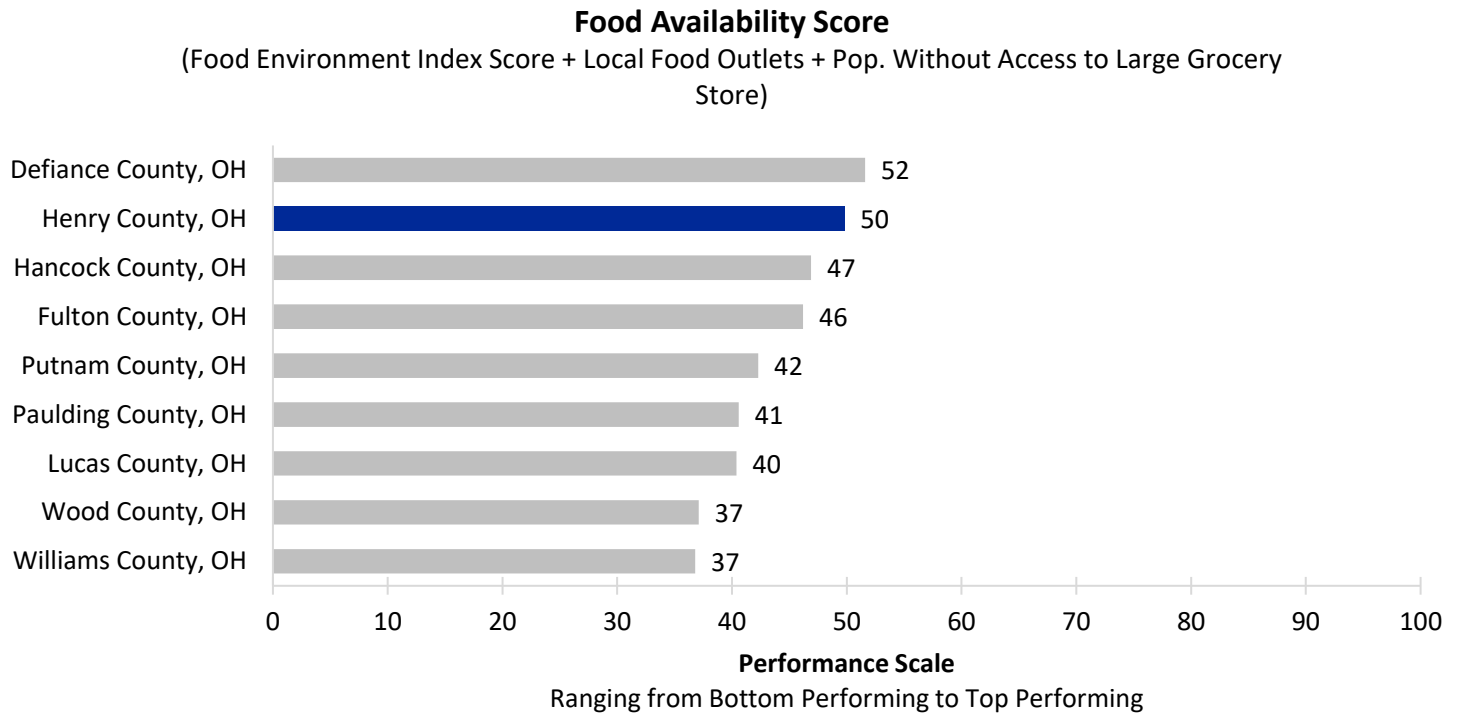


Figure 2.2 County Rankings on the Food Availability Score Among Henry County and its Neighboring Counties. Data Source: U.S. News and World Report Healthiest Communities, 2019 Rankings, Copyright 2019 © U.S. News & World Report L.P.

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 2 | Neighborhood & Built Environment

Crime & Violence

Measures of Crime & Violence | Violent and Property Crime

Violent crime is composed of four offenses: homicide, rape, robbery, and aggravated assault. Violent crimes involve force or threat of force.

How violent crimes are counted. This data reflects the hierarchy rule, which requires only the most serious offense in a case be counted. Although arson is also a property crime, the hierarchy rule does not apply to it. In cases in which an arson occurs in conjunction with another violent or property crime, both crimes are reported.

Please note these numbers only count the number of crimes **reported**. If a crime was committed and **not** reported it is **not** included in the following figures. Also, not all villages/towns in Henry County have dedicated police departments, therefore if a crime were reported that occurred in an area without a police department it will be included in the numbers for the Henry County Sheriff's Office.

Figure 3 provides the volume of violent crime as reported by city and town law enforcement agencies that contributed data to the Uniform Crime Reporting (UCR) Program.

- The number of reported violent crimes in Henry County has fluctuated over the past ten years with peaks in 2009 (30 reported violent crimes), 2012 (26 reported violent crimes), and a sustained increase since 2015 (beginning at 28 and reaching 35 by 2018).

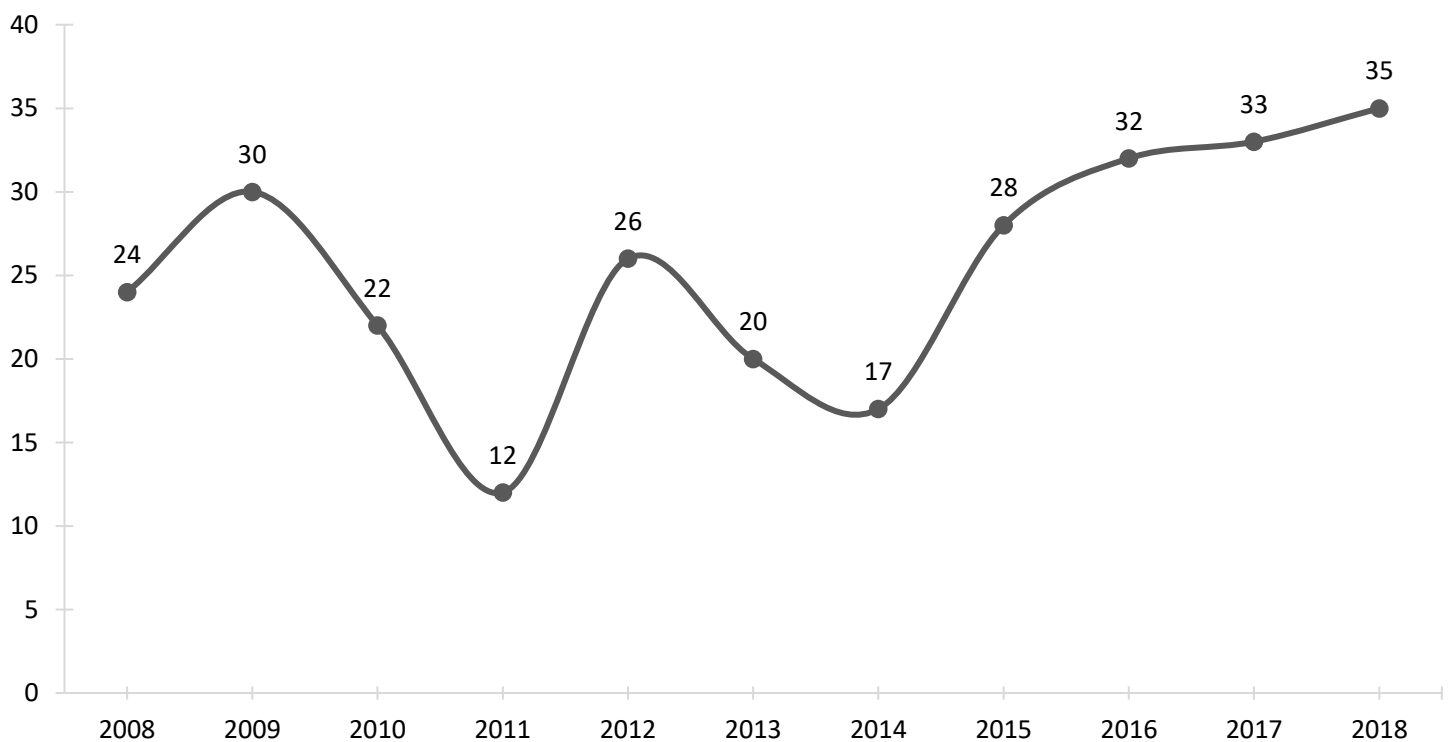


Figure 2.3 Total Number of Reported Violent Crime Offense per Year for Henry County, 2008-2018. Data Source: National Incident-Based Reporting System (NIBRS) data

Note: Only the Henry County Sheriff's Office and Napoleon Police Department reported Violent Crimes over the time period examined.

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 2 | Neighborhood & Built Environment

Figure 4 provides the volume of property crime as reported by city and town law enforcement agencies that contributed data to the UCR Program.

- The trend in reported property crimes in Henry County over the past ten years is negative, meaning there has been a decrease in the number of reported property crimes.
 - In 2008 there were a total of 773 property crimes reported compared to 258 in 2018. That represents a 66% decrease in reported property crimes.

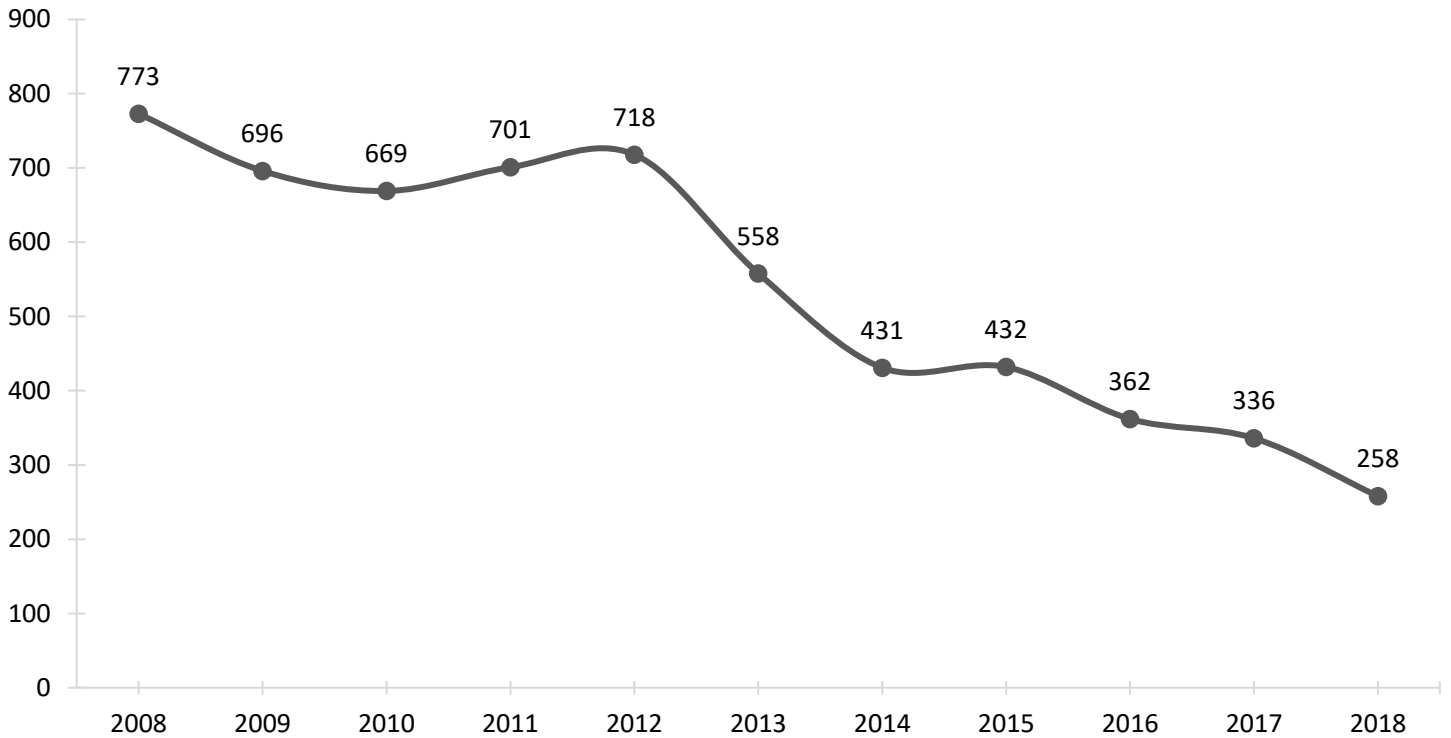


Figure 2.4 Total Number of Reported Property Crime Offense per Year for Henry County, 2008-2018. Data Source: National Incident-Based Reporting System (NIBRS) data

Note: Only the Henry County Sheriff's Office, Napoleon Police Department and Deshler Police Department reported Property Crimes over the time period examined.

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 2 | Neighborhood & Built Environment

While the data provided by the County Health Rankings is slightly older than that presented above, it does provide a comparison of Henry County with its neighbors.

- The highest violent crime rate was in Lucas County with 824 per 100,000 people.
- The lowest rate was Putnam County with 71 per 100,000.
- Henry County's rate was in the middle of the pack at 107 per 100,000.

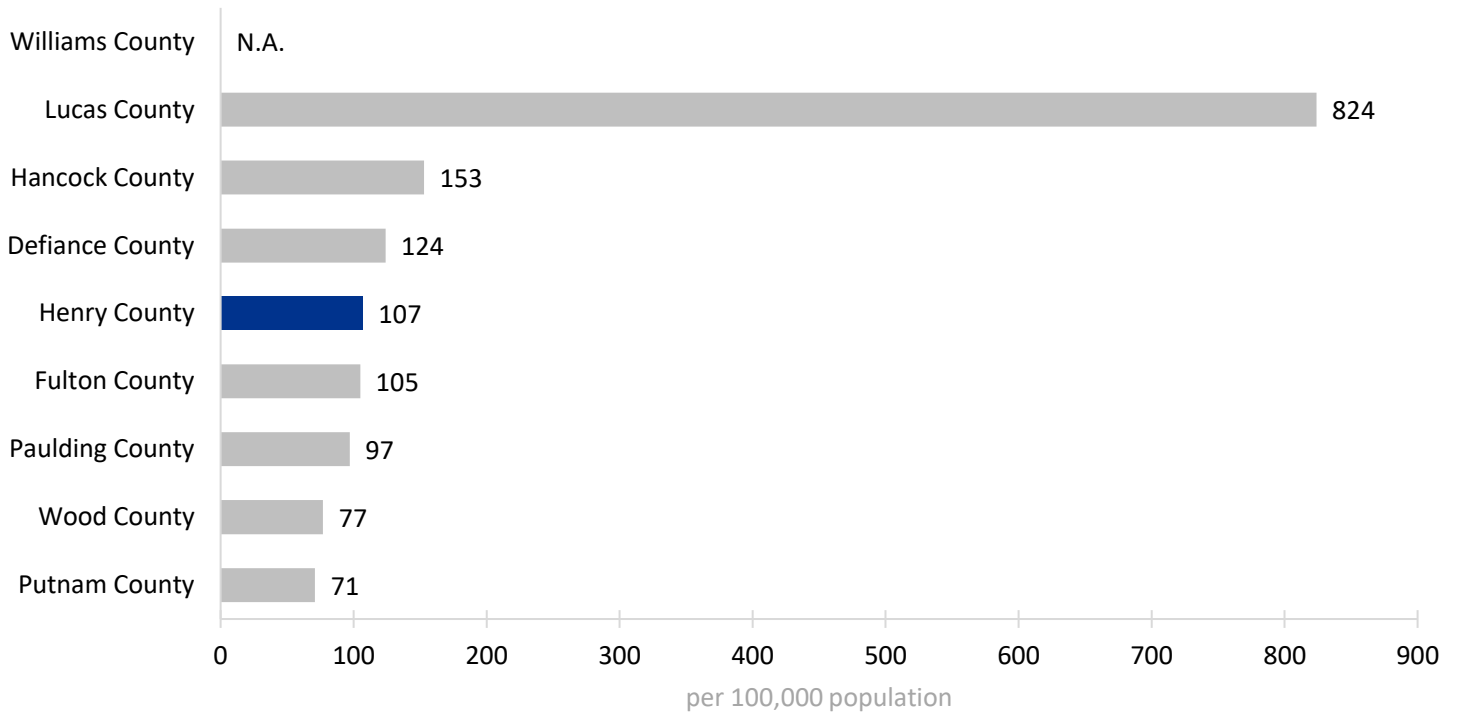


Figure 2.5 County Rankings on the Violent Crime Rate among Henry County and its Neighboring Counties. Data Source: County Health Rankings, Uniform Crime Reporting – FBI, 2014 & 2016

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 2 | Neighborhood & Built Environment

Measures of Crime & Violence | Child Maltreatment

Child victims are children who are subject to at least one substantiated or indicated maltreatment report. Prior to 2015, children in cases receiving alternative response were included as victims, but from 2015 onwards, these children are not included as victims to align with a change in methodology in the Children's Bureau's Child Maltreatment report. Rates of maltreated children are per 1,000 children under 18 years old. It is important to note that these numbers do not include child victims who did not come to the attention of authorities through a report of maltreatment.

To the extent possible, Kids Count uses the same definition of substantiation as the Child Maltreatment report. However, unlike many of the tabulations in the report, their analyses examine the number of children who were maltreated, not the number of maltreatment incidents. Since a child can be the subject of more than one maltreatment incident, the numbers of children in each category presented will be smaller than in the report's tabulations of incidents.

In 2018, 7 out of every 1,000 children in Henry County were the subject of a maltreatment incident reported to authorities.

- The child maltreatment rate in Henry County (7.3) was like the statewide child maltreatment rate (7.4).
- The rates of maltreatment observed in Williams and Lucas counties was twice as high as that observed in Henry County. Williams County had the highest rate among neighboring counties—nearly 15 out of every 1,000 children had a maltreatment incident reported.
- Putnam County had the lowest rate at 4 per 1,000 children.

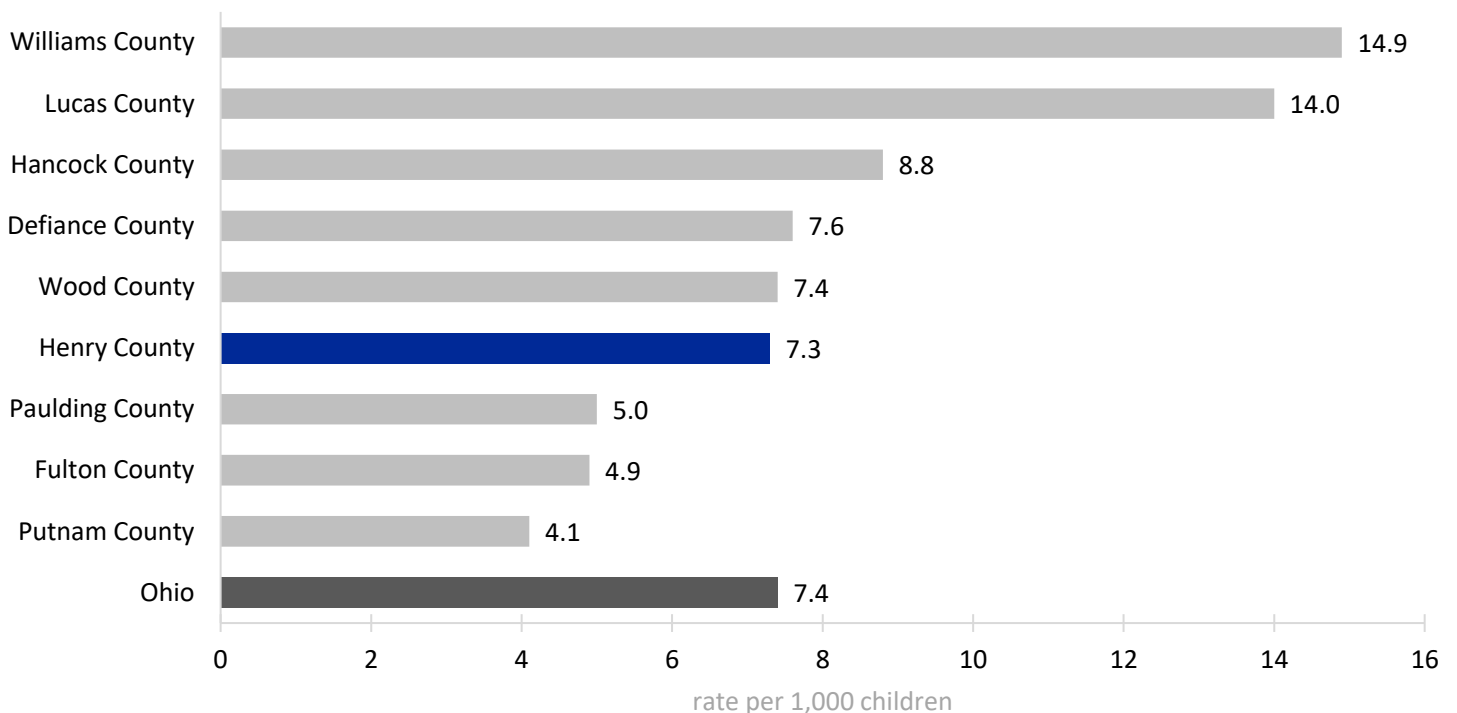


Figure 2.6 County Rankings on the Reported Child Maltreatment Rate among Henry County and its Neighboring Counties, 2018. Data Source: Children's Defense Fund-Ohio's annual KIDS COUNT County-by-County Factsheets

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 2 | Neighborhood & Built Environment

Public Safety

Measures of Public Safety | Public Safety Capacity

- **First Responders in Population:** Reflects employment in emergency services professions – including paramedics, firefighters, police officers and others (2012-2016 American Community Survey 5-year estimates; U.S. Census Bureau)
- **Per Capita Spending on Police and Fire Protection:** Reflects local government expenditures in dollars per capita on emergency services (local fire protection and local police protection) (2012; U.S. Census Bureau)
- **Population Living Close to Emergency Facilities:** Reports the share of the total population living within 5 miles of a fire station or a hospital with an emergency room (2017/2018; Centers for Medicare and Medicaid Services, U.S. Geological Survey)

The number of first responders in the population, per capita spending on police and fire protection and the share of the population living close to emergency facilities are combined to create a Public Safety Capacity Score, which ranges from 0 to 100, with higher values indicating greater access to food.

- Henry County’s overall Public Safety Score was 33.3. This score is relatively like most neighboring counties.
- Looking at the measures that make up the Public Safety Capacity Score reveal county-level variation in some measures.
 - Henry County had the highest percentage of its population living close to emergency facilities at 45%.
 - Only 0-1% of each county’s total population were first responders.
 - Lucas County had the highest per capita spending on police and fire protection at \$436. Henry County’s per capita spending was \$242.11.

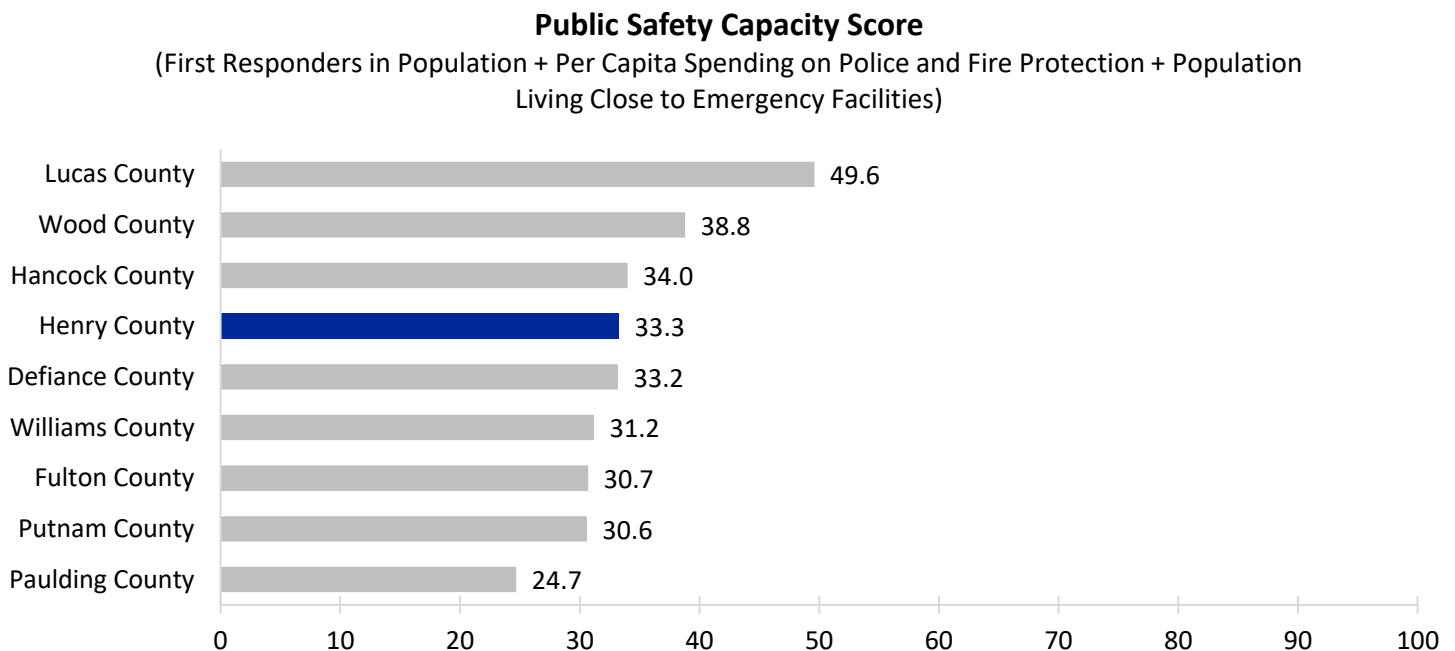


Figure 2.7 County Rankings on the Public Safety Capacity Score Among Henry County and its Neighboring Counties. Data Source: U.S. News and World Report Healthiest Communities, 2019 Rankings, Copyright 2019 © U.S. News & World Report L.P.

Environmental Conditions

Measures of Environmental Conditions | Elevated Lead Exposure

Lead poisoning can have long-term detrimental health effects, especially for young children. Though no level of lead in the body is considered safe, medical attention is needed when a child under six years of age is confirmed to have an elevated blood lead level of 5 micrograms per deciliter (µg/dL) or higher. When a confirmed elevated blood lead test is received for a child under the age of six, it triggers a public health lead investigation aimed at identifying and eliminating the lead exposure.

Henry County had one of the lowest percentage of children with elevated lead blood levels at 1.3%

- The only county with a smaller share testing positive was Wood County at 0.5%.
- Lucas and Williams counties had the highest share testing positive for elevated lead levels, 4.5% and 4%, respectively.

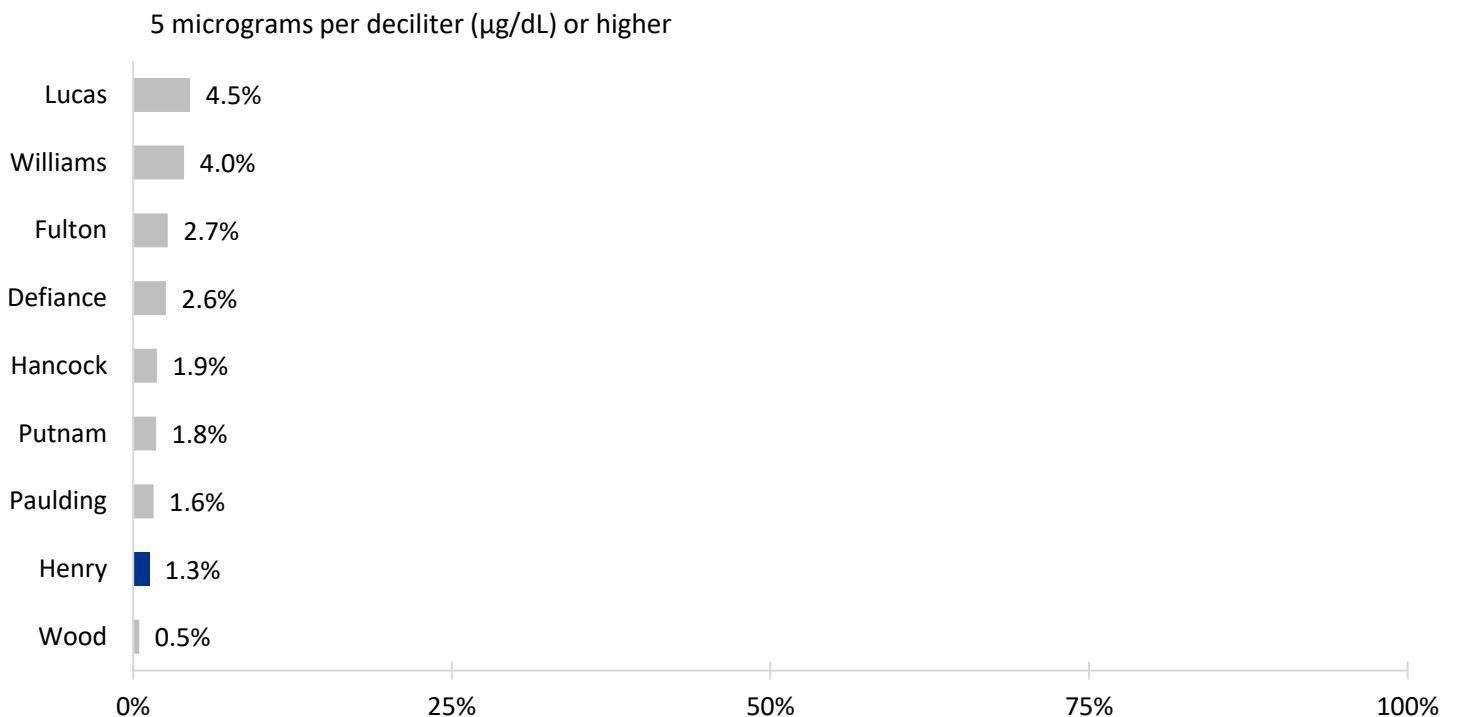


Figure 2.8 County Rankings on Percentage of Children (Aged 5 and Younger) Who Tested with Elevated Blood Lead Level, among Henry County and its Neighboring Counties, 2017-19. Data Source: Ohio Public Health Information Warehouse, Lead Data, <http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/LeadData>

Note: We are doing three-year averages of data for two reasons: (1) we have small populations (2) to coincide with the CHA years. The data in 2008 for those with levels between 5 and 9 were not reported, so the 3-year period prior to 2011 are not estimable.

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 2 | Neighborhood & Built Environment

Measures of Environmental Conditions | Environment Score

Air & Water

- ***Air-Quality Hazard***: Index score representing the potential risk of developing serious respiratory complications such as chronic obstructive pulmonary disease over the course of a lifetime, assuming continuous exposure (2014; U.S. Environmental Protection Agency)
- ***Airborne Cancer Risk***: The probability of contracting cancer over the course of a lifetime, assuming continuous exposure (2014; U.S. Environmental Protection Agency)
- ***Unsafe Drinking Water Exposure***: The share of the population potentially exposed to a drinking water system that violated EPA standards (2013-2014; U.S. Environmental Protection Agency, via University of Wisconsin County Health Rankings & Roadmaps)

Natural Environment

- ***Area with Tree Canopy***: The share of land area covered by tree canopy, weighted by population (2011; Multi-Resolution Land Cover Characteristics Consortium, U.S. Forest Service)
- ***Natural Amenities Index Score***: Measures the natural physical environment qualities most people prefer and change minimally over time (1999; U.S. Department of Agriculture)
- ***Population Within 0.5 Mile of a Park***: The share of the total county population living within a half-mile of a park boundary (2010/2011/2012/2015; Esri, OpenStreetMap, U.S. Geological Survey, U.S. Census Bureau)

Natural Hazards

- ***Extreme Heat Days per Year***: The relative annual number of high heat days (days above the 95th percentile for heat index values) (2014-2016; Centers for Disease Control and Prevention)
- ***Households in Flood Hazard Zone***: The share of households in a flood hazard area (2010/2011; Federal Emergency Management Agency, Centers for Disease Control and Prevention, U.S. Census Bureau)
- ***Toxic Release Index Score***: The potential for chronic human health risk from exposure to toxic chemicals relative to other communities. (2016; U.S. Environmental Protection Agency)

The metrics associated with air & water, the natural environment and natural hazards are combined to create an Environment Score, which ranges from 0 to 100, with higher values indicating better performance per county as it pertains to environmental quality.

Health Factor 2 | Neighborhood & Built Environment

Henry County has an Environment Score of 58.5. Compared to neighboring counties, this score places us in the middle of the pack.

- Hancock County has the highest score of 64.6, whereas Putnam County has the lowest at 50.4.
- On a 100-point scale (0 worst, 100 best), Henry County has the highest Natural Hazards Score among neighboring counties at 78.5 (not shown).
- Regarding unsafe drinking water, 15% of Henry County residents are potentially exposed to a drinking water system that violated EPA standards (not shown).

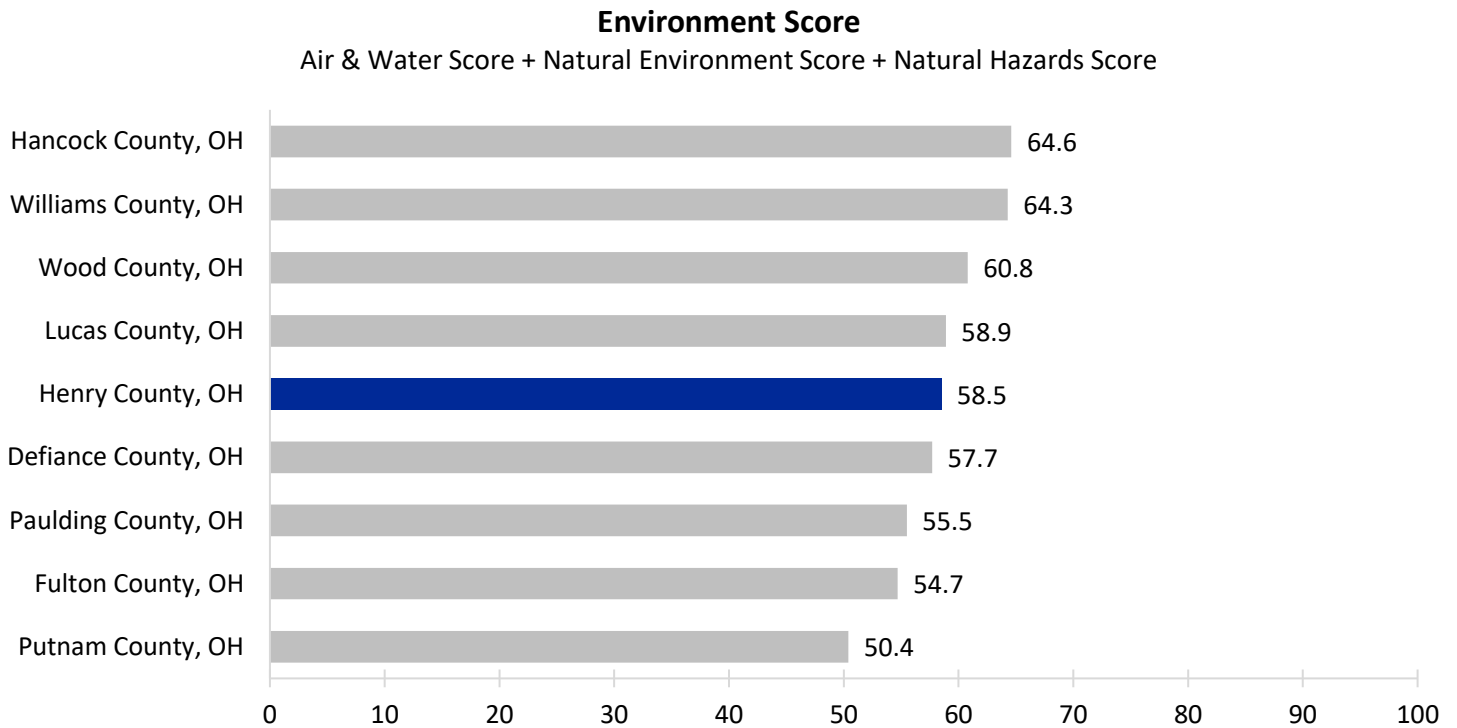


Figure 2.9 County Rankings on the Environment Score Among Henry County and its Neighboring Counties. Data Source: U.S. News and World Report Healthiest Communities, 2019 Rankings, Copyright 2019 © U.S. News & World Report L.P.

Quality of Housing

Measures of Quality of Housing | Housing Quality

- **Households with Incomplete Plumbing Facilities:** The share of total housing units that do not have both hot and cold running water and a bathtub or shower inside the house (2012-2016 American Community Survey 5-year estimates; U.S. Census Bureau)
- **Vacant Houses:** The share of vacant residential addresses (2018; U.S. Department of Housing and Urban Development, U.S. Postal Service)

The measures of the share of households with incomplete plumbing facilities and the share of vacant houses are combined to create a Housing Quality Score, which ranges from 0 to 100, with higher values indicating better performance per county as it pertains to housing quality.

Henry County has a Housing Quality Score that falls towards the middle of the pack among neighboring counties at 84 out of a total of 100 possible points.

- The highest housing quality score was found in Putnam County scoring 93 out of 100.
- Lucas County had the lowest score earning of 64 out of 100 points.

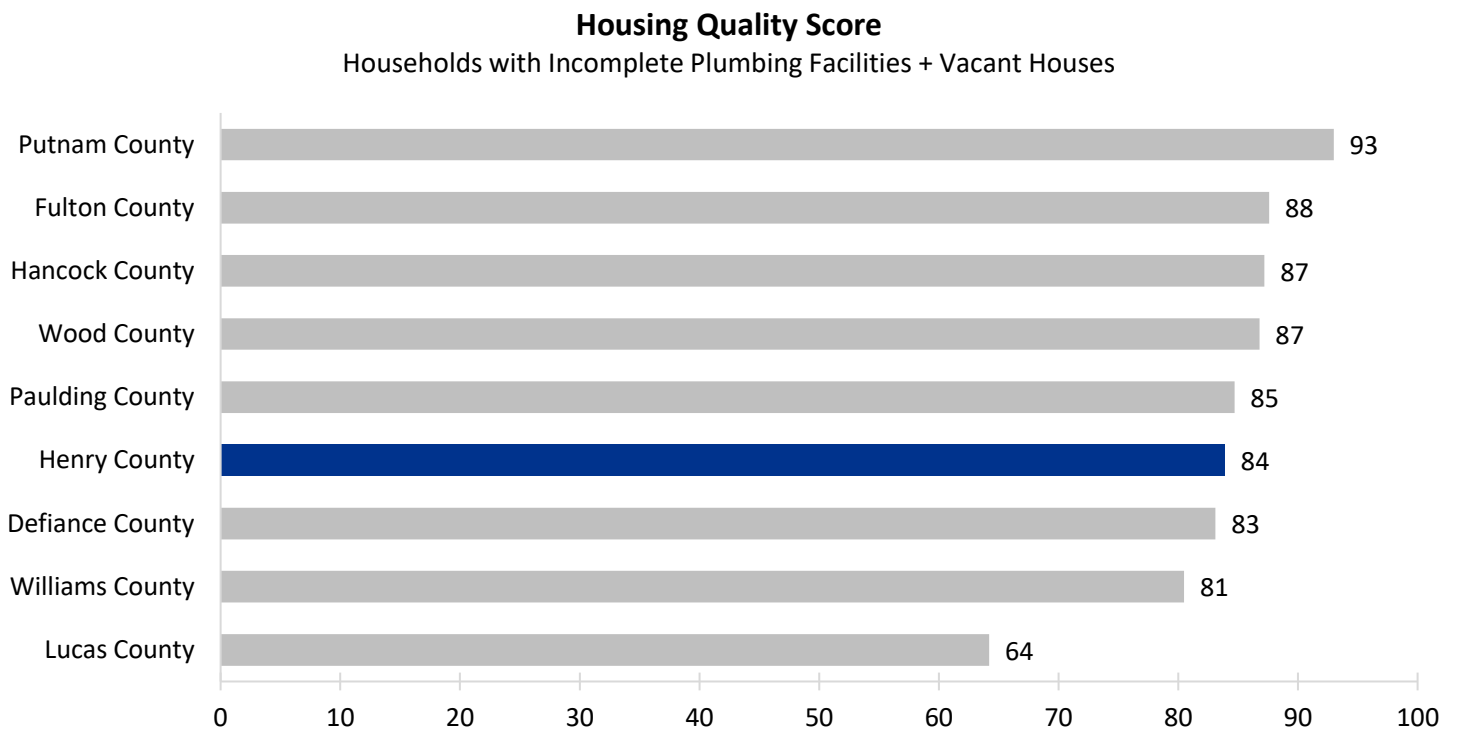


Figure 2.10 County Rankings on the Housing Quality Score Among Henry County and its Neighboring Counties. Data Source: U.S. News and World Report Healthiest Communities, 2019 Rankings, Copyright 2019 © U.S. News & World Report L.P.

Infrastructure

Measures of Infrastructure | Infrastructure Score

Community Layout

- **Households with Internet Access:** The share of the population with access to at least one broadband provider with an internet download speed of at least 25 megabits per second and an upload speed of at least 3 megabits per second (2017; Federal Communications Commission)
- **Population Within 0.5 Mile of Walkable Destinations:** The share of the total county population living within a half-mile of a destination such as a library, museum or playground (2015/2016; Institute of Museum and Library Services, OpenStreetMap)
- **Walkability Index Score:** A county's index score on measures of walkable streets, including pedestrian-oriented intersections and the diversity of area businesses (2010-2012; U.S. Environmental Protection Agency)

Transportation

- **Households with No Vehicle:** The percentage of households in a county that do not have access to a personal vehicle at home (2012-2016 American Community Survey 5-year estimates; U.S. Census Bureau)
- **Workers Commuting 60 Minutes or More:** The share of workers who commute for 60 minutes or longer (2012-2016 American Community Survey 5-year estimates; U.S. Census Bureau)

The metrics associated with community layout and transportation are combined to create a Infrastructure Score, which ranges from 0 to 100, with higher values indicating better performance.

Henry County has an Infrastructure Score of 70.6—this value places in the middle of the pack among neighboring counties.

- Wood County has the highest infrastructure score at 82.5
- Defiance County has the lowest at 62.1.

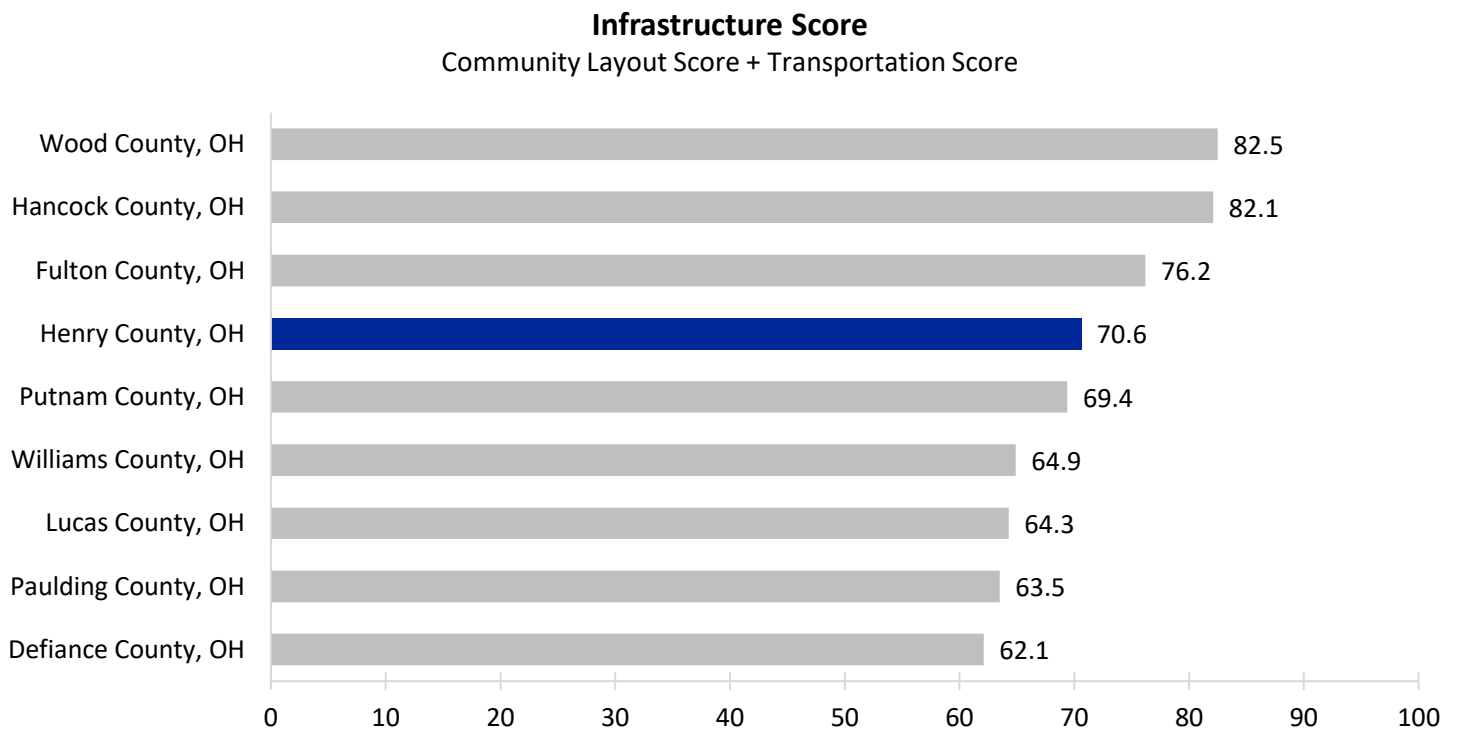


Figure 2.11 County Rankings on the Infrastructure Score Among Henry County and its Neighboring Counties. Data Source: U.S. News and World Report Healthiest Communities, 2019 Rankings, Copyright 2019 © U.S. News & World Report L.P.

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Health Factor 3 | Education

Henry County, Ohio

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<i>Illiteracy</i>	
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Early Childhood Development & Education

Measures of Early Childhood Education and Development | Percentage Enrolled in Nursery/Preschool

- Over the past eight years the percentage of 3-4-year olds enrolled in nursery/preschool dropped from a high of 48% in 2010 to a low of 34% in 2016.
- By 2018, the rate had climbed back up to nearly half at 48%.

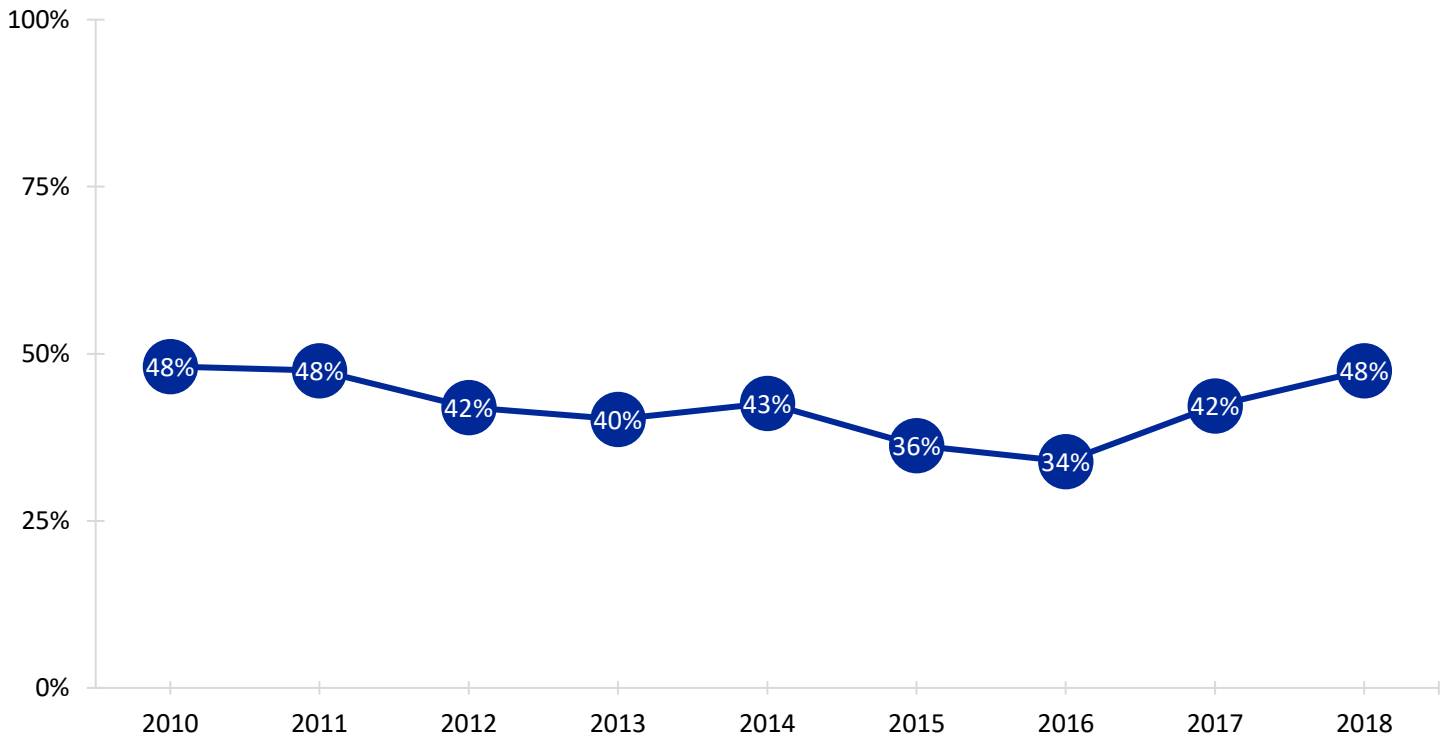


Figure 3.1 Trend in the Percentage of Henry County Resident 3-4 Year Olds Enrolled in Nursery/Preschool, 2010-2018. Data Source: U.S. Census Bureau, 2006-2010; 2007-2011; 2008-2012, 2009-2013, 2010-2014, 2011-2015, 2012-2016, 2013-2017; 2014-2018, American Community Survey 5-Year Estimates

Health Factor 3 | Education

Measures of Early Childhood Education and Development | Children in Publicly Funded Childcare

- In 2018 there was county variation in the percentage of children in publicly funded childcare. Lucas County had the highest share at 9.3%.
- Putnam County had the lowest share at less than 1%.
- Henry County's share was second from the bottom at 1.6%

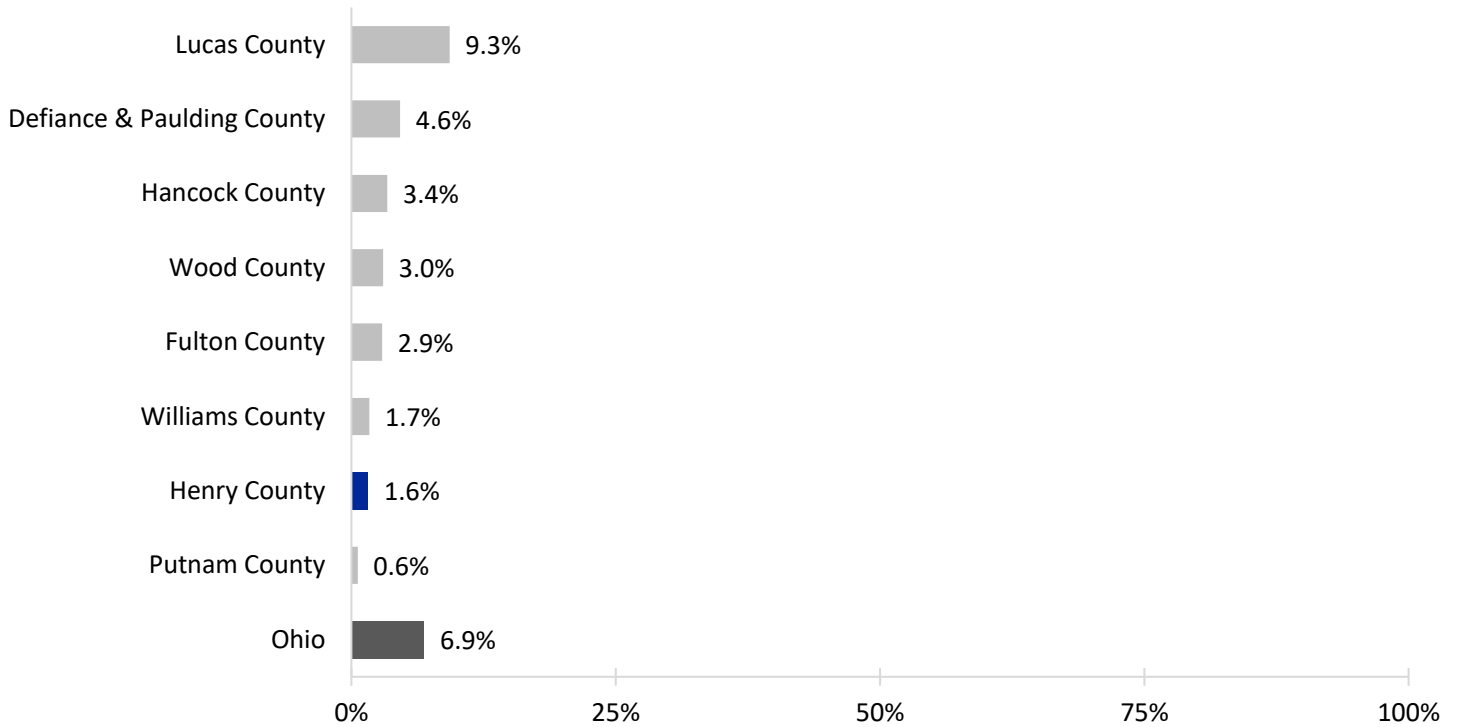


Figure 3.2 County Rankings of the Percentage of Children Aged 0-7 in Publicly Funded Childcare Administered Through the Ohio Department of Job and Family Services among Henry County and its Neighboring Counties, 2018.

Data Source: Ohio Department of Job and Family Services data request.

Notes: (1) Counts are unduplicated at county-level. A child may be counted twice in two different counties, if they were in cases managed by two counties during the year. The statewide count is unduplicated across the state. (3) Defiance and Paulding counties began reporting combined data under Defiance County in 2015. Totals for the two counties are reported under Defiance County.

Enrollment

Measures of Enrollment | Enrollment in Public Schools

- Based on student enrollment numbers, the largest public-school district in Henry County was Napoleon Local Schools with nearly 2,000 students.
- Holgate Local Schools had the smallest public-school district with slightly more than 400 students.

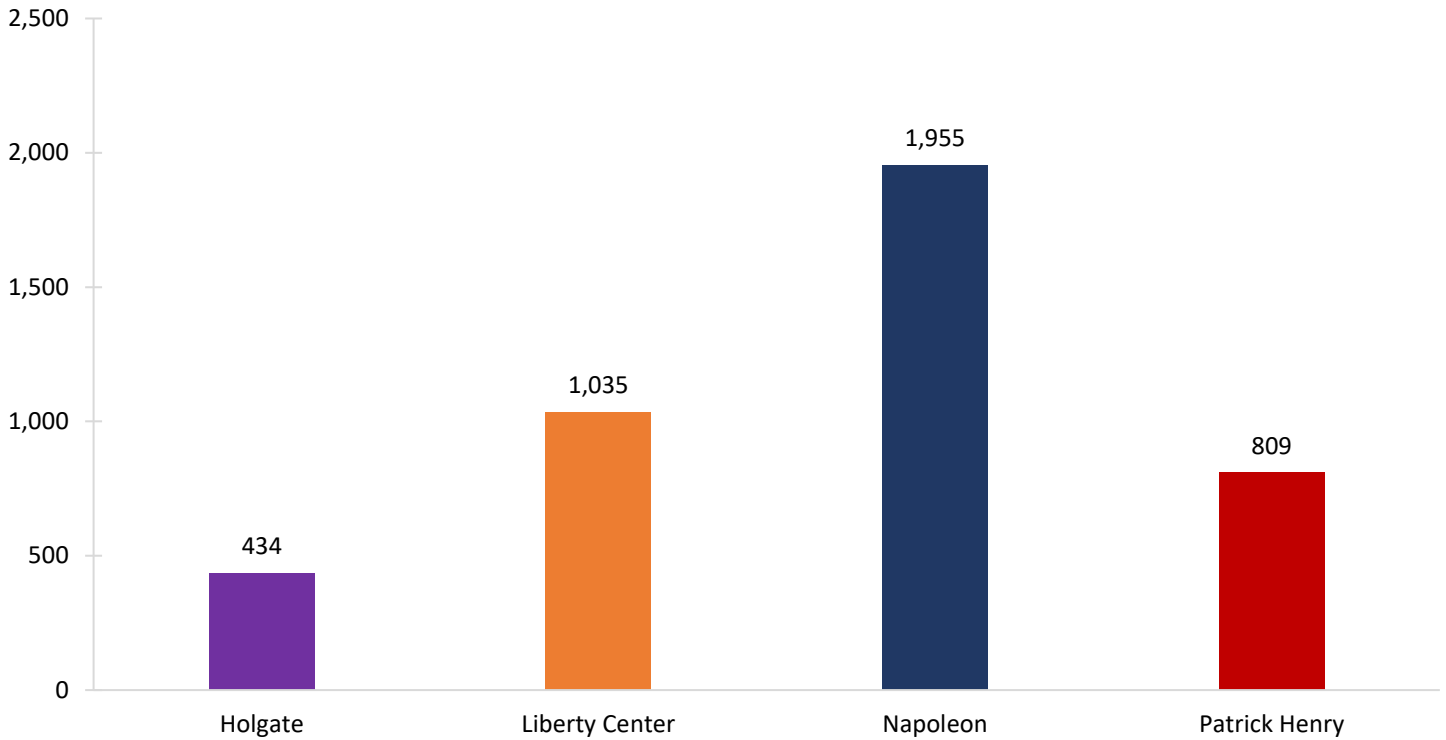


Figure 3.3 Number of Students Enrolled by Public School Districts in Henry County, OH, 2017-18. Data Source: Children’s Defense Fund-Ohio’s annual KIDS COUNT County-by-County Factsheets

Health Factor 3 | Education

Measures of Enrollment | Chronic Absenteeism

Ohio defines chronic absenteeism as missing 10 percent or more of the school year for any reason. The chronic absence rate is the percentage of students who missed 10% or more of the school year, including excused and unexcused absences (about 18 days in a 180-day school year). Chronic absenteeism predicts lower academic performance; lower achievement scores; repeating grades; and future chronic absenteeism.

- In the state of Ohio 16% of students were considered chronically absent from school in the 2017-2018 school year.
- Rates of chronic absenteeism is much lower in Henry County public schools than in the state of Ohio overall.
- Liberty Center had the largest share of their student body with issues of chronic absenteeism at 6.7%
- Holgate Local schools had the smallest share at 2.6%.

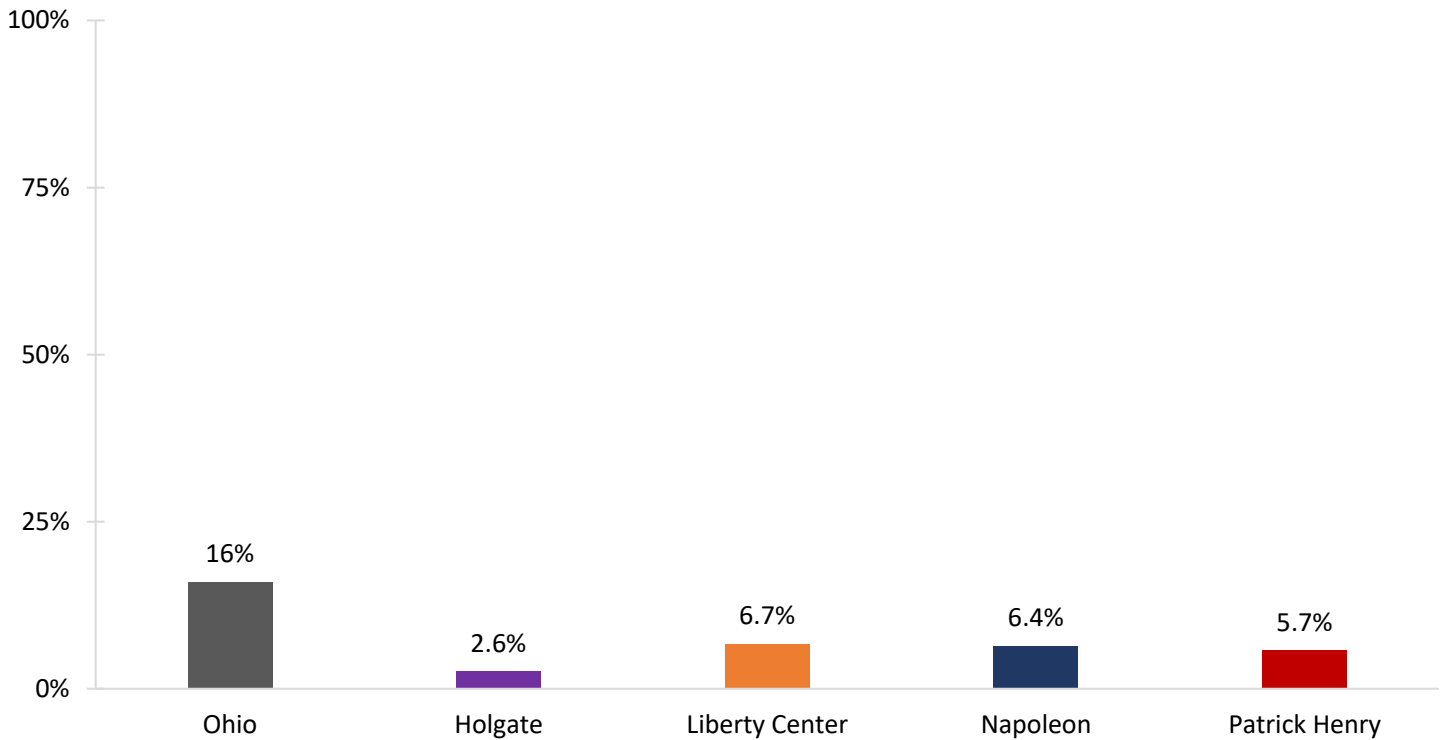


Figure 3.4 Percentage of Students Chronically Absent by Public School Districts in Henry County, OH and the State of Ohio, 2017-18. Data Source: Children’s Defense Fund-Ohio’s annual KIDS COUNT County-by-County Factsheets

Health Factor 3 | Education

Measures of Enrollment | Suspension/Expulsion Rate

- The state of Ohio has a suspension/expulsion rate of 12 per 100 students during the 2017-2018 academic year.
- Rates among Henry County public school districts were lower than the state rate.
- Napoleon Local Schools had the highest rate of 4 per 100 students.
- Holgate Local schools had the lowest rates of about 1 per 100 students.

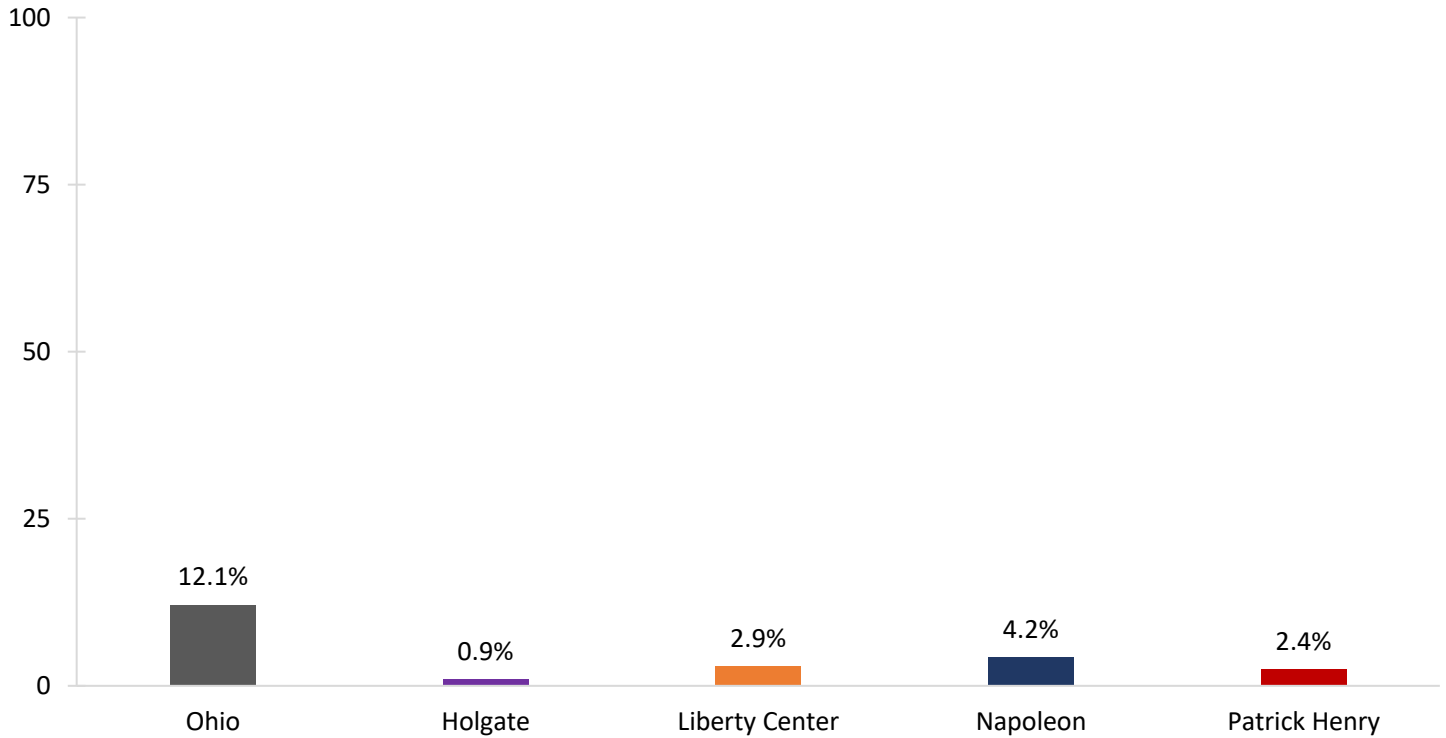


Figure 3.5 Percentage of Students Receiving Out of School Suspensions or Expulsions by Public School Districts in Henry County, OH and the State of Ohio, 2017-18. Data Source: Children’s Defense Fund-Ohio’s annual KIDS COUNT County-by-County Factsheets

Health Factor 3 | Education

Measures of Enrollment | College Enrollment

- Generally, the percentage of 18-24-year-olds Henry County residents enrolled in college has dropped since 2010.
- In 2010 about one-third of young women were enrolled and one-quarter of young men.
- By 2018 only 21% young women were enrolled and 15% of young men.

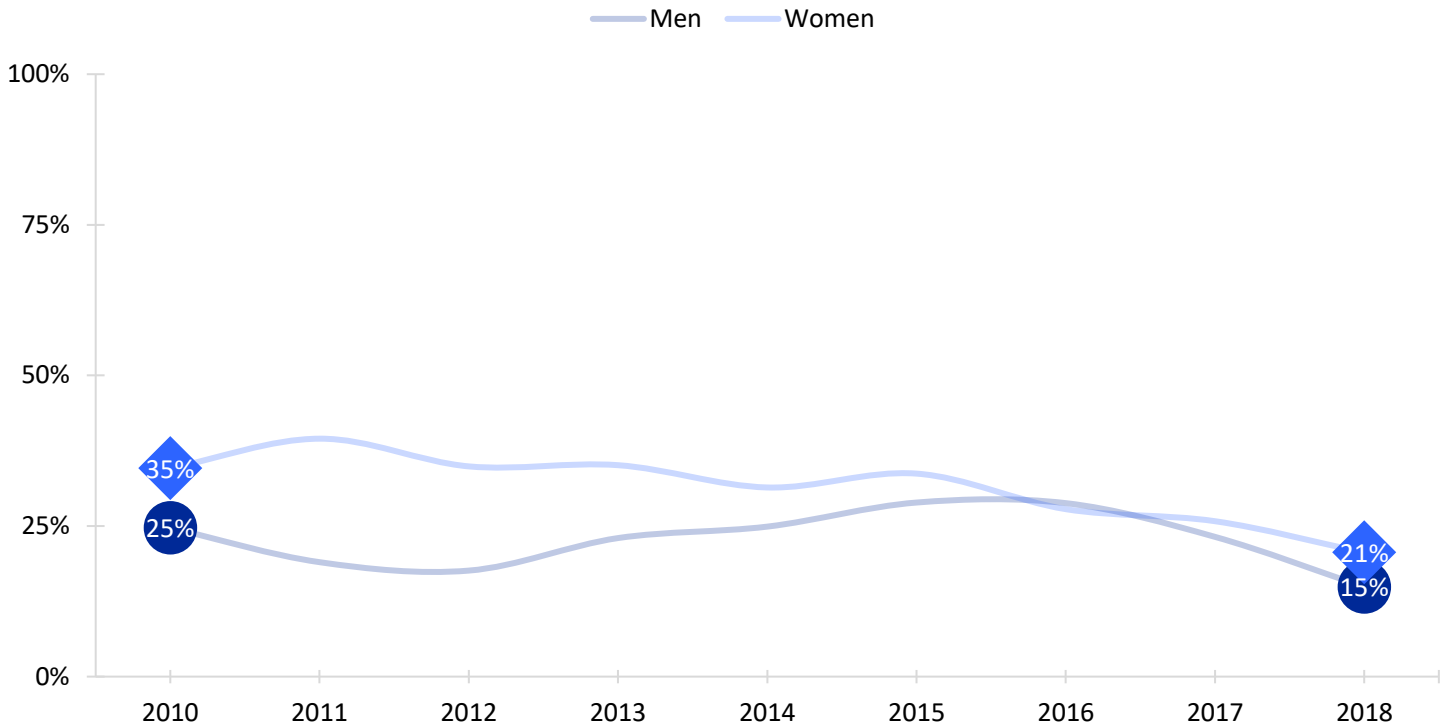


Figure 3.6 Trend in the Percentage of 18-24 Year Olds in Henry County, Ohio Enrolled in College, 2012-2018. Data Source: U.S. Census Bureau, 2006-2010; 2007-2011; 2008-2012; 2009-2013; 2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, American Community Survey 5-Year Estimates

Health Factor 3 | Education

High School Graduation

Measures of High School Graduation | the High School Graduation Rate

- Henry County graduation rates for the 2016-2017 school year were higher than the state average of 84%.
- Holgate Local schools had the highest graduation rate of 100%.
- Liberty Center schools had the lowest rate of 91%.

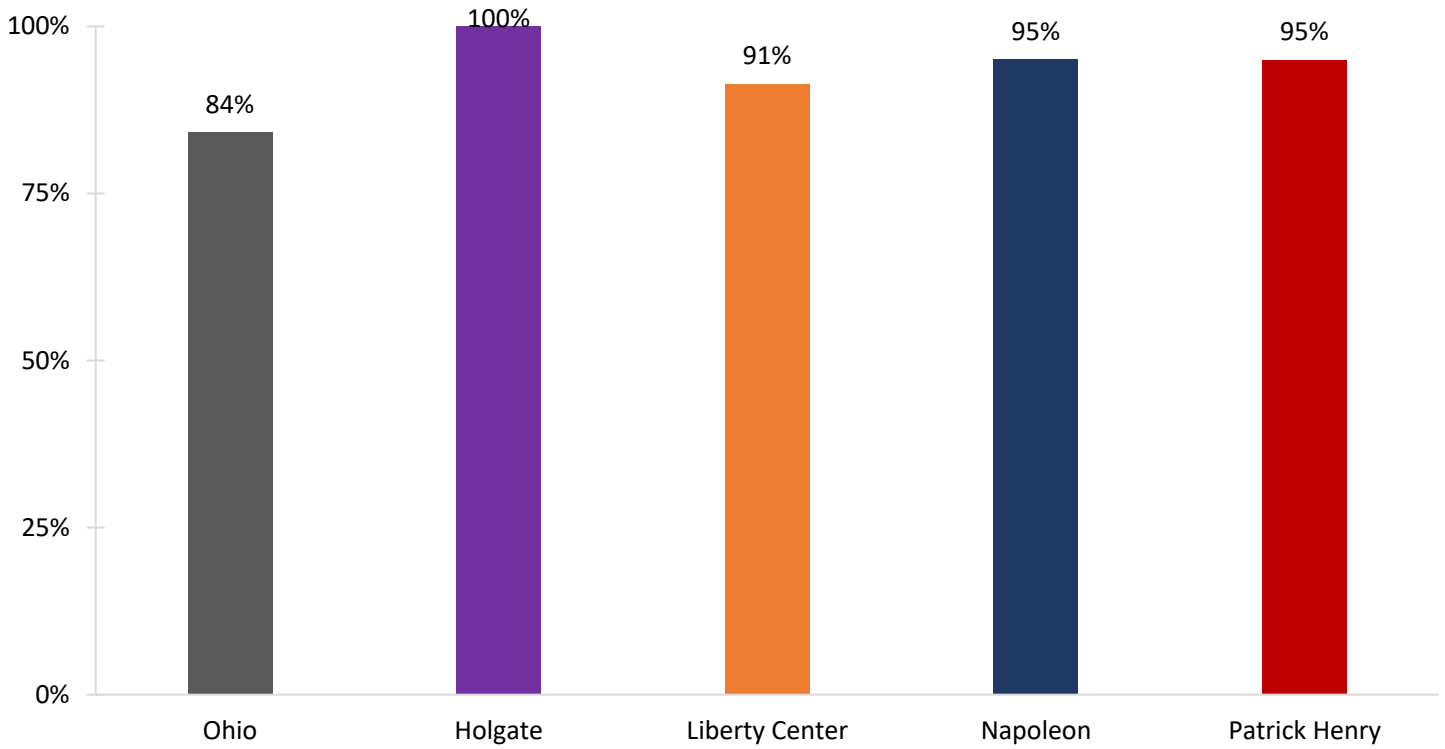


Figure 3.7 Percentage of High School Seniors Receiving a High School Diploma by Public School Districts in Henry County, OH and the State of Ohio, 2016-17. Data Source: Children’s Defense Fund-Ohio’s annual KIDS COUNT County-by-County Factsheets

Health Factor 3 | Education

Language & Literacy

Measures of Language & Literacy

- The share of the population aged 5 years and over who only spoke English in the United States was 79%.
- The state and local county shares are higher—all greater than 90%.
- In Henry County 96% of those aged 5 and older speak only English.

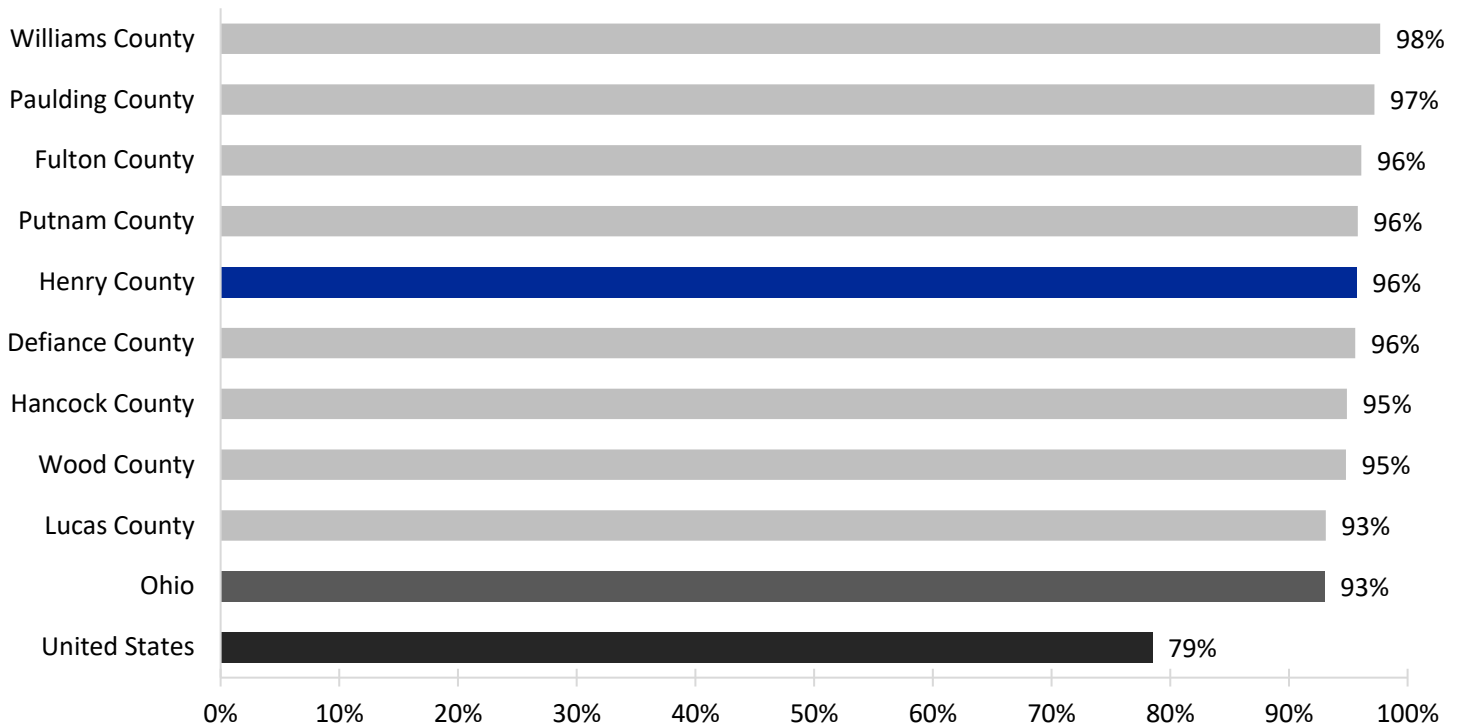


Figure 3.8 County Rankings in the Percentage of the Population Aged 5 Years and Older Who Speak Only English for Henry County and its Neighboring Counties, the state of Ohio and the U.S., 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

Health Factor 3 | Education

Measures of Language & Literacy | Reading Proficiency

- 3rd grade reading proficiency was higher among Henry County public schools than in the state of Ohio, overall.
- Proficiency was very similar among Henry County schools, ranging from only 73-77%.
- The proficiency is highest among 3rd graders attending Napoleon Local schools.
- The lowest proficiency was among 3rd graders at Liberty Center Local schools.

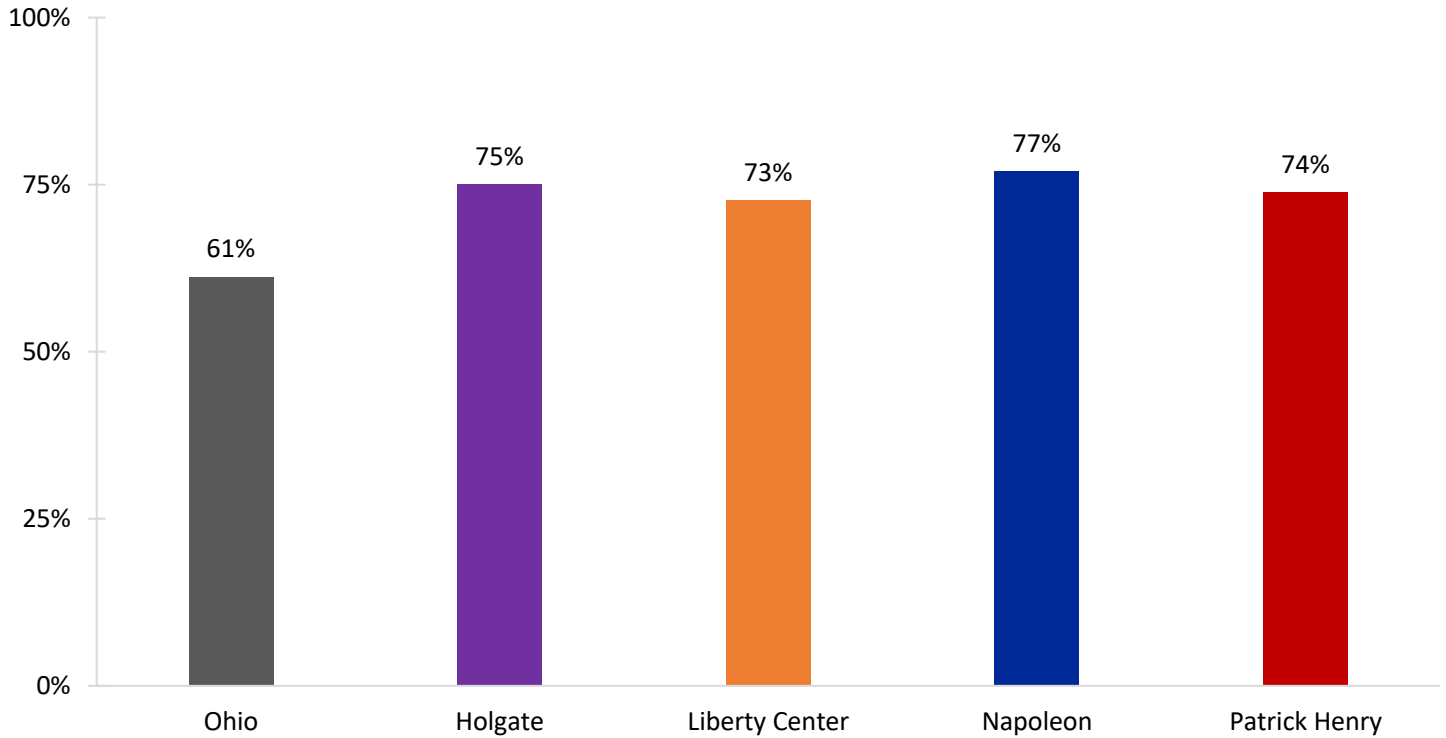


Figure 3.9 Percentage of Students Who Scored Proficient or Higher on the Third Grade State Proficiency Exam in Reading by Henry County Public Schools Districts and the State of Ohio, 2017-18. Data Source: Children’s Defense Fund-Ohio’s annual KIDS COUNT County-by-County Factsheets

Health Factor 3 | Education

Measures of Language & Literacy | Math Proficiency

- 8th grade math proficiency was higher among most Henry County public schools than in the state of Ohio, overall.
- The proficiency is highest among 8th graders attending Patrick Henry Local schools.
- The lowest proficiency was among 8th graders at Napoleon Local schools.

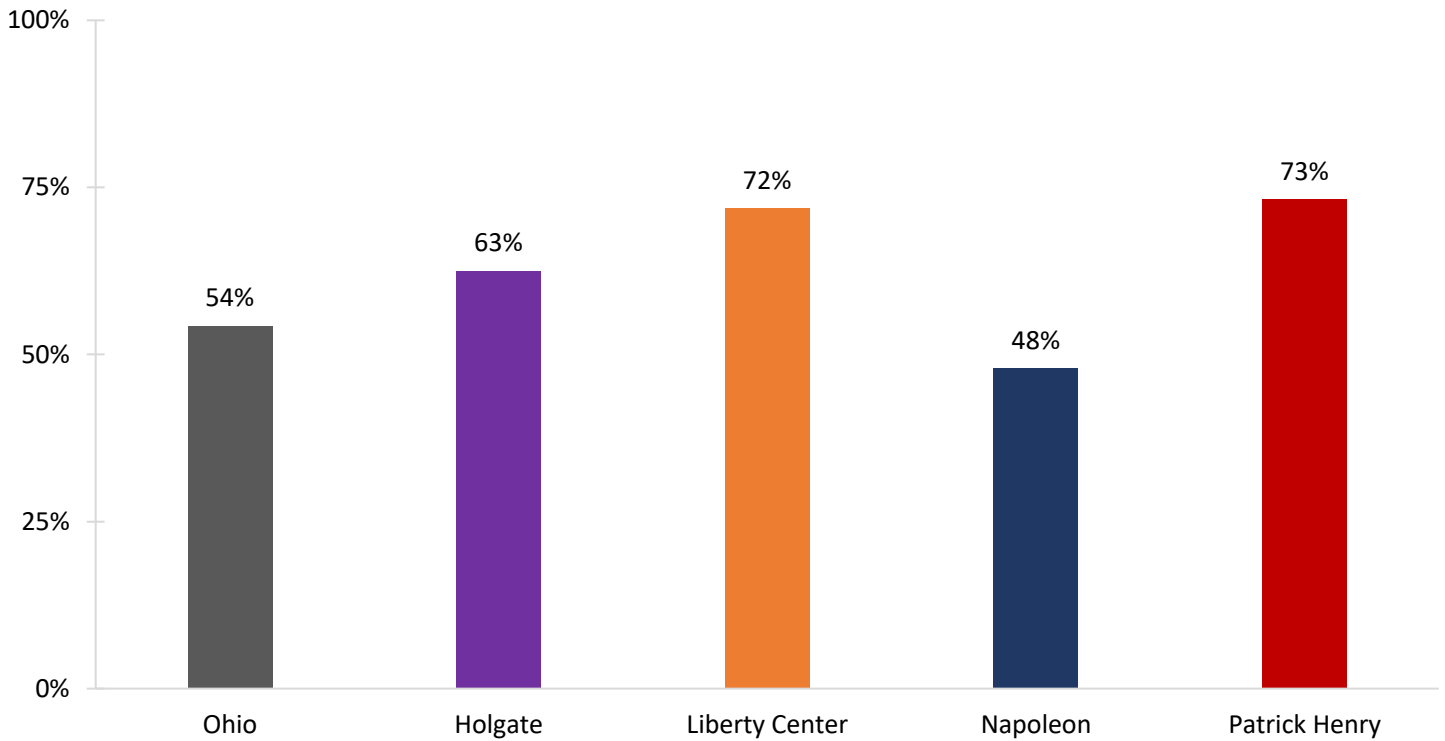


Figure 3.10 Percentage of Students Who Scored Proficient or Higher on the Eighth Grade State Proficiency Exam in Math by Henry County Public School Districts and the State of Ohio, 2017-18. Data Source: Children’s Defense Fund-Ohio’s annual KIDS COUNT County-by-County Factsheets

Health Factor 3 | Education

Measures of Language & Literacy | Illiteracy

Adult literacy rates have been captured twice in the United States by the National Center for Education Statistics. The most recent county-level data available are from 2003, therefore we are limited in our ability to present an up-to-date measure. Regardless, this is the most recent estimate available.

- Overall, it was estimate that 9% of the population aged 16 and older in Ohio lacked basic literacy skills in 2003. Five neighboring counties, including Henry County had percentages higher than the state average.
- Paulding County had the highest share at nearly 11%. Henry Count had the second largest share at just over 10%.
- The smallest share was found in Wood County were 7% were estimated to lack basic literacy skills.

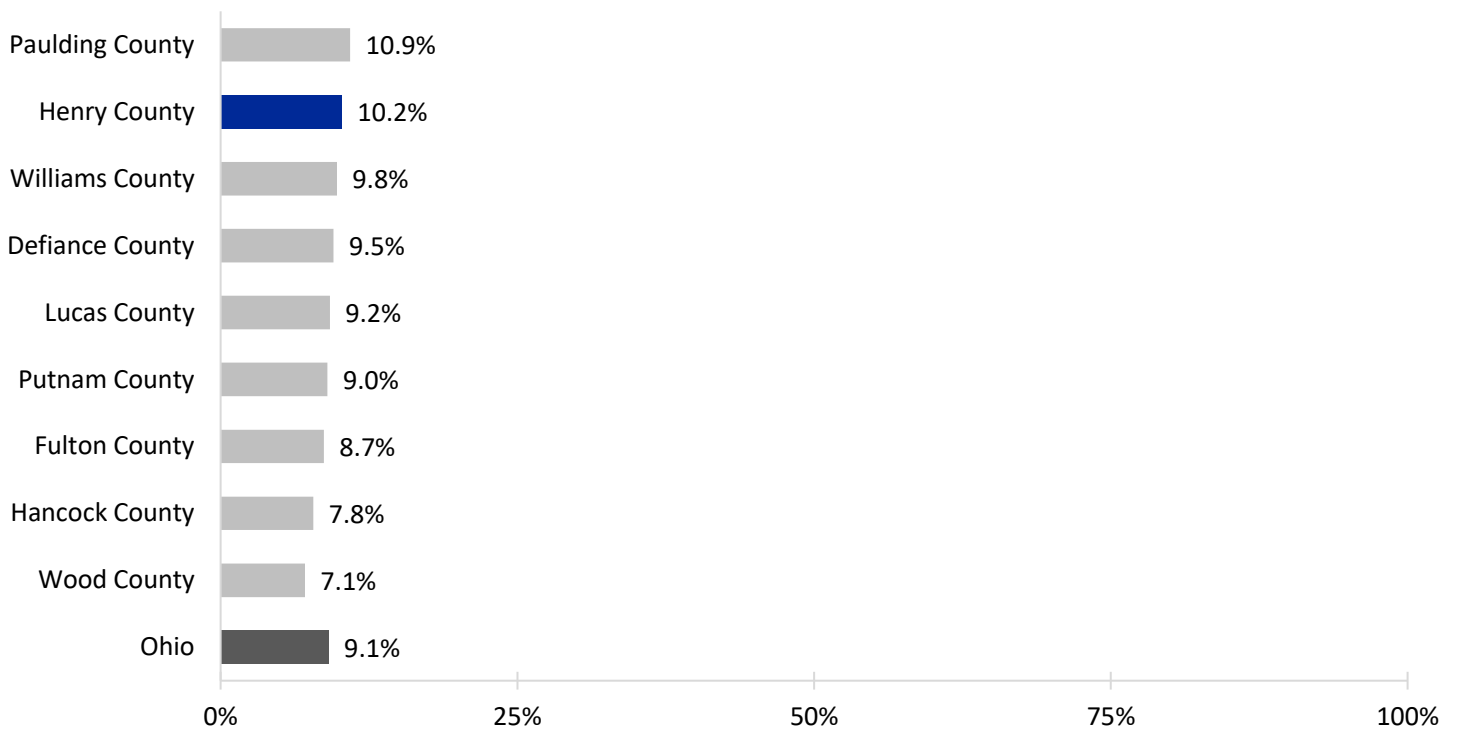


Figure 3.11 County Rankings in the Percentage of the Population Aged 16 Years and Older Who Lack Basic Prose Literacy Skills for Henry County and its Neighboring Counties, the state of Ohio, 2003. Data Source: National Assessment of Adult Literacy, 2003

Note: The National Center for Education Statistics (NCES) is the primary federal entity for collecting and analyzing data related to education. In response to a demand for estimates of the percentage of adults with low literacy in individual states and counties, the National Center for Education Statistics (NCES) has produced estimates of the percentage of adults lacking Basic Prose Literacy Skills (BPLS) for all states and counties in the United States.

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Health Factor 4 | Economic Stability

Henry County, Ohio

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SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 4 | Economic Stability

Employment

Measures of Employment | Unemployment Rate

The unemployment rate represents the percentage of the labor force that is unemployed. The basic concepts involved in identifying the employed and unemployed are as follows:

- People with jobs are employed.
- People who are jobless, looking for a job, and available for work are unemployed.
- The labor force is made up of the employed and the unemployed.
- People who are neither employed nor unemployed are not in the labor force.

People are classified as unemployed if they do not have a job, have actively looked for work in the prior 4 weeks, and are currently available for work. Actively looking for work may consist of any of the following activities:

- Contacting:
 - An employer directly or having a job interview
 - A public or private employment agency
 - Friends or relatives
 - A school or university employment center
- Submitting resumes or filling out applications
- Placing or answering job advertisements
- Checking union or professional registers
- Some other means of active job search

Source: The above information was taken from the Bureau of Labor Statistics website. Please visit https://www.bls.gov/cps/cps_htgm.htm for more information.

Unemployment Rate, Henry County Trend over Time

- The unemployment rate in Henry County has declined markedly since 2009—from 13.6% to 4.9%.

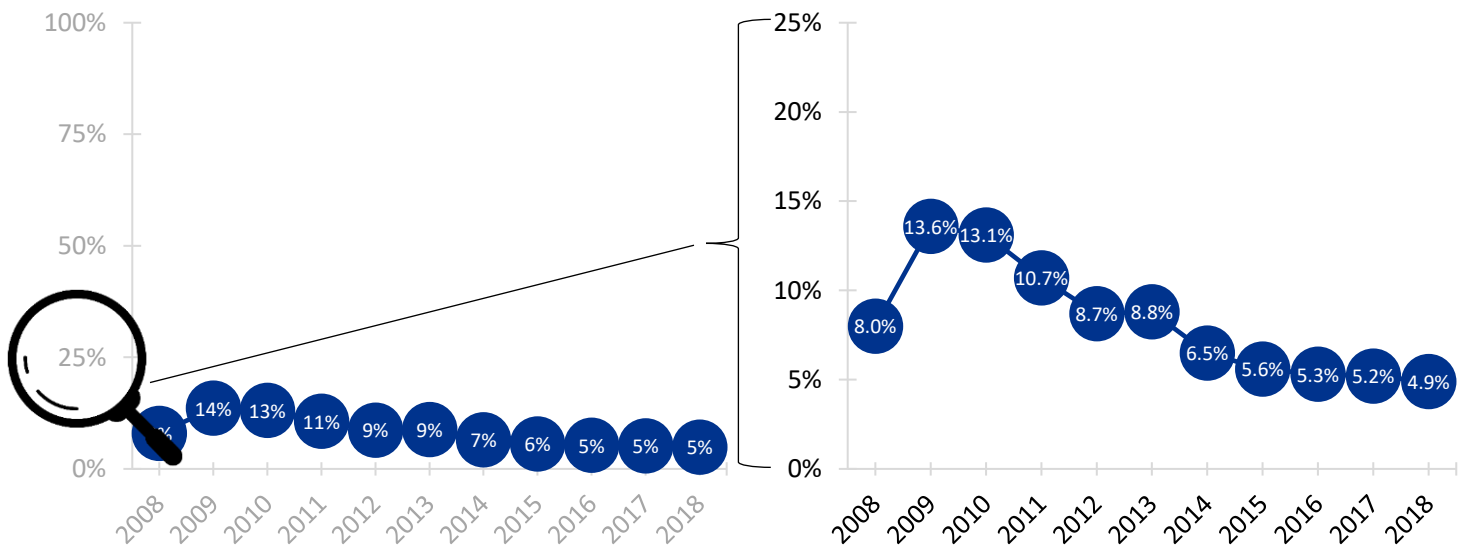


Figure 4.1 Trend in the Unemployment Rate for Henry County, Ohio 2008-2018. Data Source: Bureau of Labor Statistics, Local Area Unemployment Statistics, 2008-2018 Annual Averages

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 4 | Economic Stability

Measures of Employment | Employment to Population Ratio

Employment to Population Ratio | Trend

- The employment to population ratio among Henry County residents aged sixteen and older has remained relatively stable between 2010 and 2018—ranging from a low of 59% in 2012 to a high of 62% in 2017.
- In 2018 the employment to population ratio in Henry County was 61% which was higher than the percentage in Ohio (59%) and the U.S. (59%).

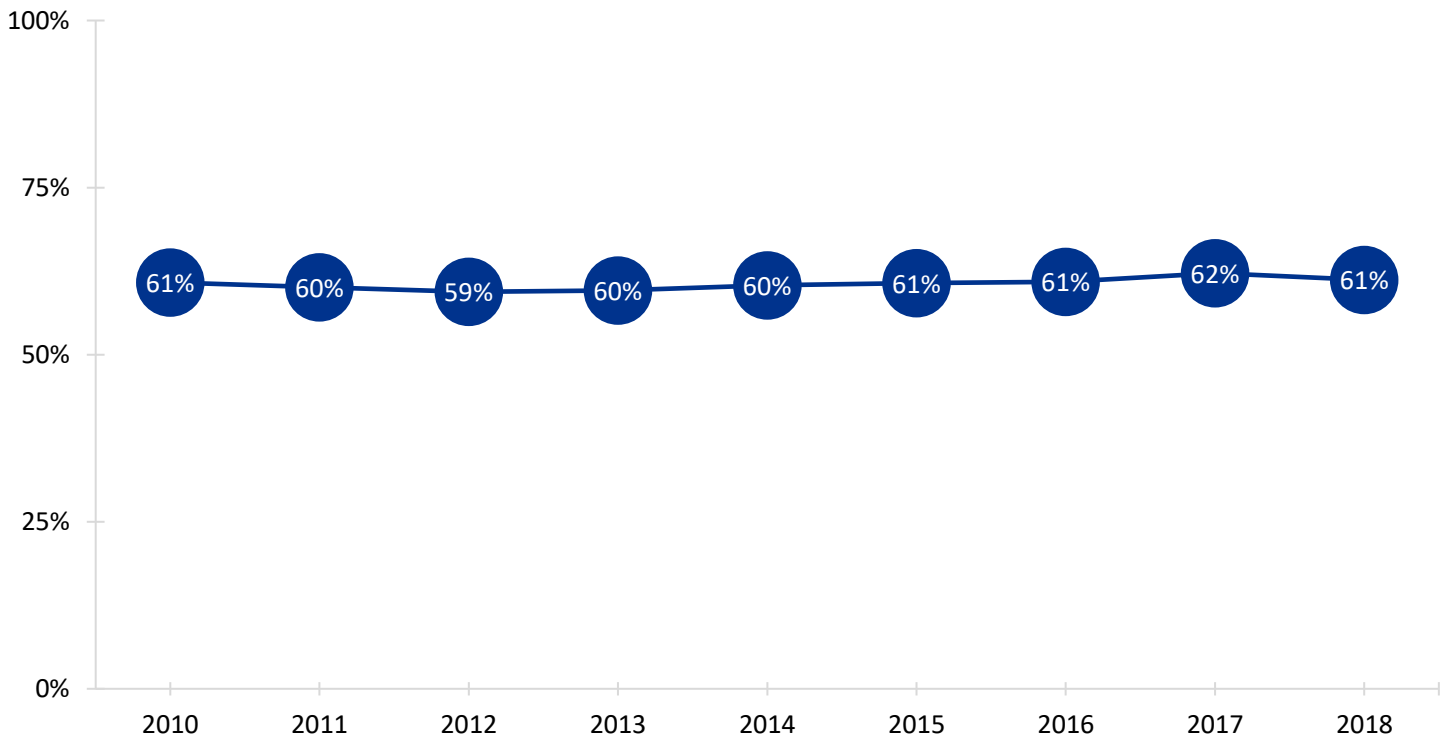


Figure 4.2 Trend in the Employment to Population Ratio Among Those Aged 16 and Older for Henry County, Ohio 2010-2018. Data Source: U.S. Census Bureau, 2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, American Community Survey 5-Year Estimates

“The employment to population ratio among Henry County residents aged sixteen and older has remained relatively stable between 2010 and 2018.”

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 4 | Economic Stability

Employment to Population Ratio | Geographic Unit Comparisons

The unemployment rate is often criticized because it doesn't include individuals who are no longer looking for work. That is where the employment-to-population ratio comes in. It is a measure of the civilian labor force currently employed compared to the total working-age population.

- The ratio of employed individuals aged 16 and older to the working age population in the U.S. was 59%. The state of Ohio was very similar at 60%.
- Henry County's ratio is slightly higher than that of the state and nation at 61%. Three neighboring counties have ratios less than Henry's and five have ratios higher.

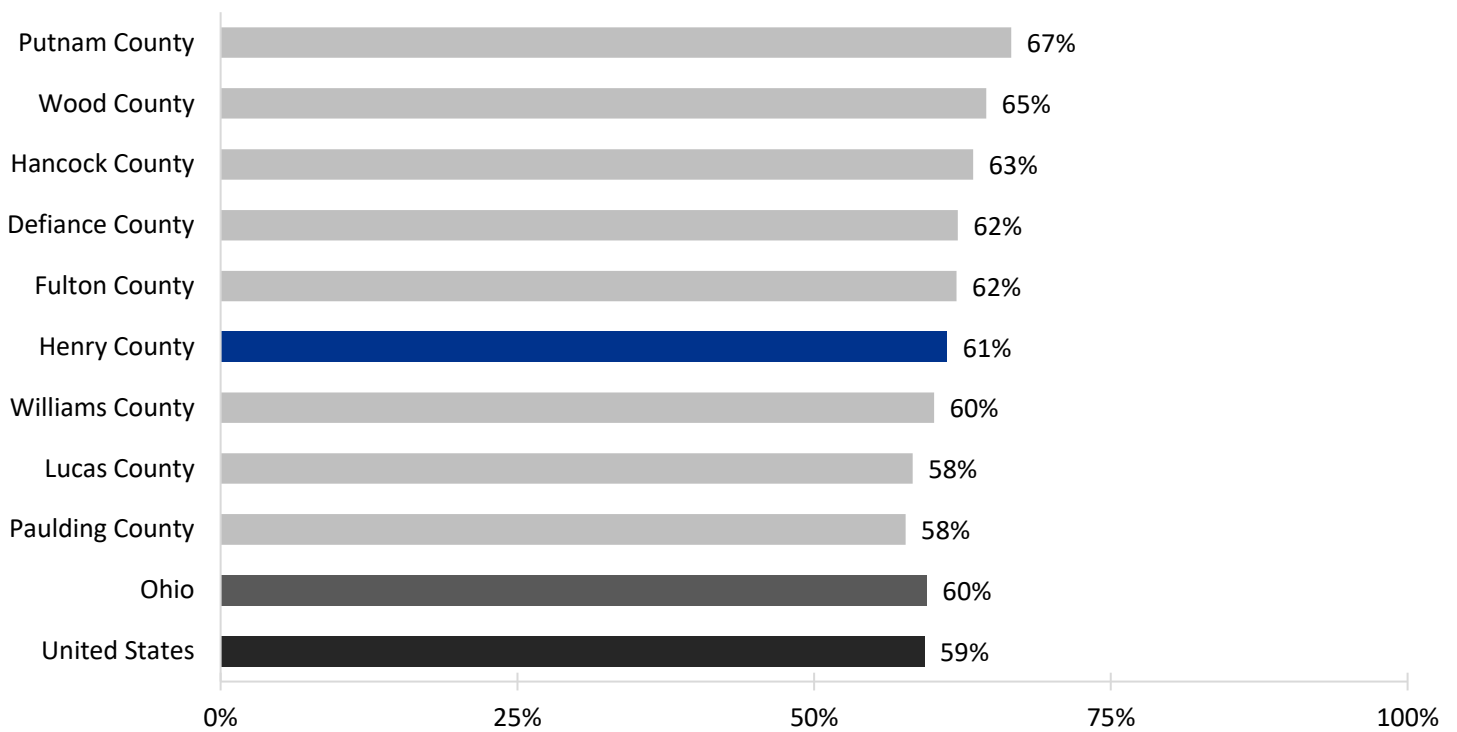


Figure 4.3 County Rankings in the Employment to Population Ratio Among those Aged 16 and Older for Henry County and its Neighboring Counties, 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 4 | Economic Stability

Employment to Population Ratio | Henry County Zip Code Comparisons

There is also variability in the employment-to-population ratio within Henry County.

- The highest ratio is found in Malinta (70.1%) and the lowest is found in Deshler (59.2%).
- Four communities are higher than the county average and four are lower.

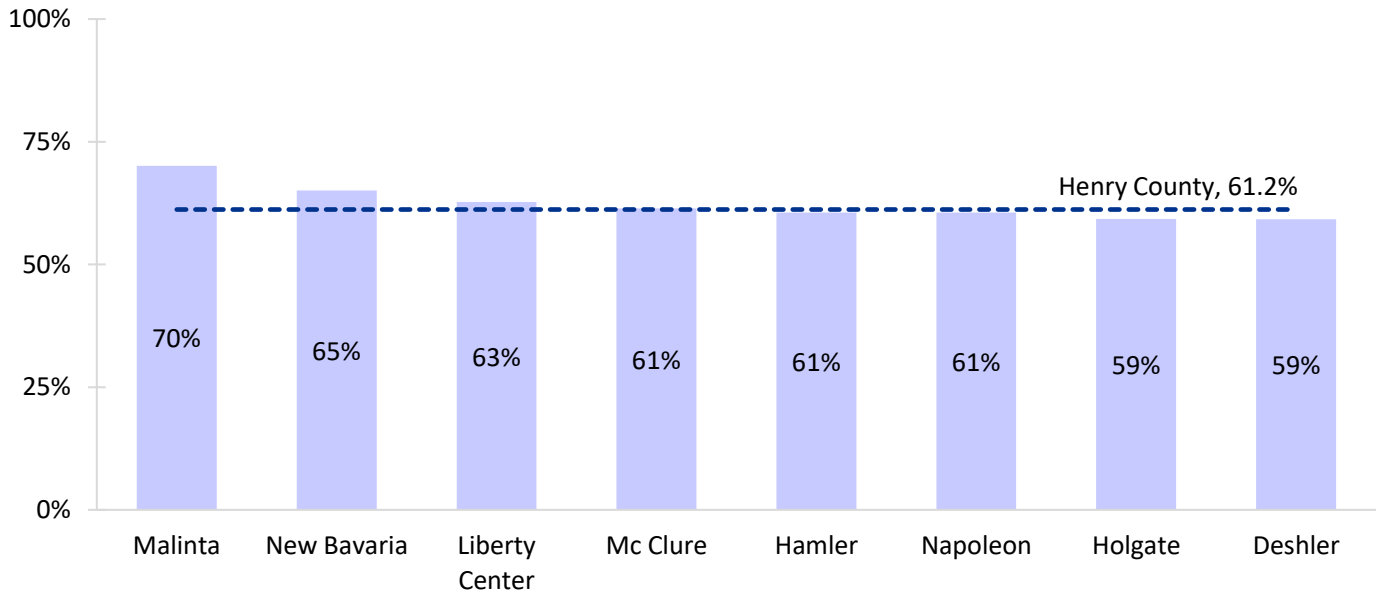


Figure 4.4 Henry County, Ohio Zip Code Comparisons of the Employment to Population Ratio Among those Aged 16 and Older, 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

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Employment to Population Ratio | Gender

The employment to population ratio differs by gender—generally speaking, a larger share of men are working compared to women. This holds true at the national, state, and county levels.

“...generally speaking, a larger share of men are working compared to women.”

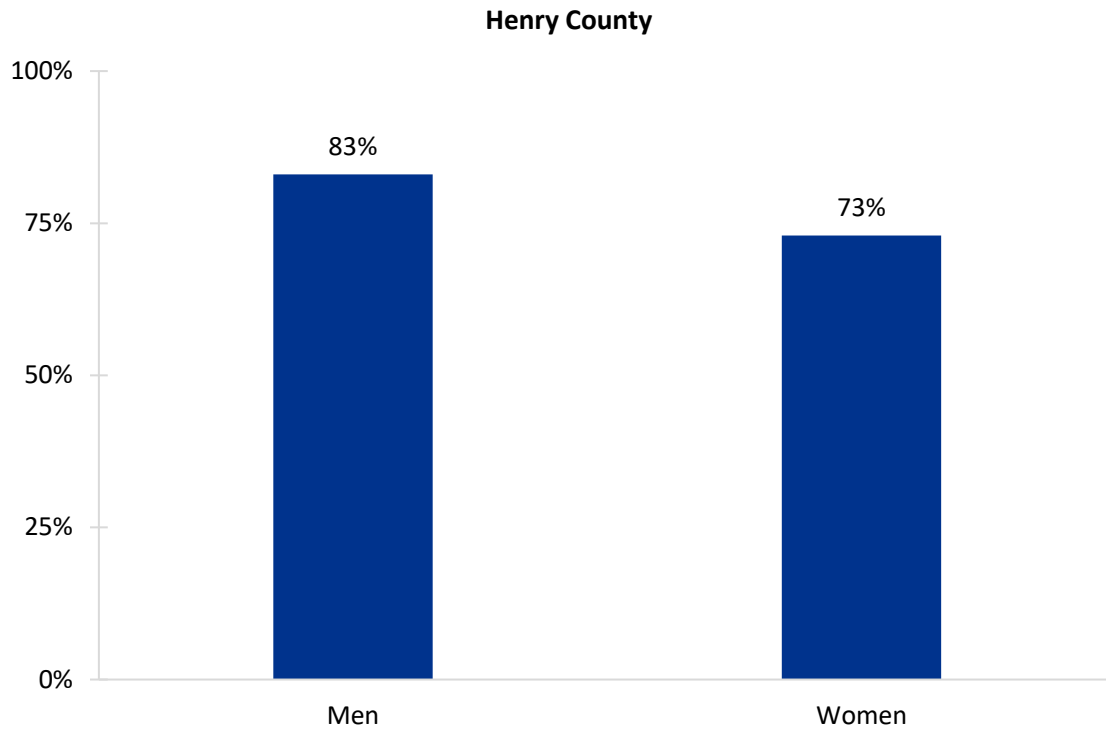


Figure 4.5 Employment to Population Ratio Among Those Aged 16 to 64 by Gender for Henry County, 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 4 | Economic Stability

Employment to Population Ratio | Disability Status

Having a disability has a significant effect on labor force participation and employment. Those with a disability have much smaller shares employed than those of the same age without a disability.

“Those with a disability have much smaller shares employed than those of the same age without a disability.”

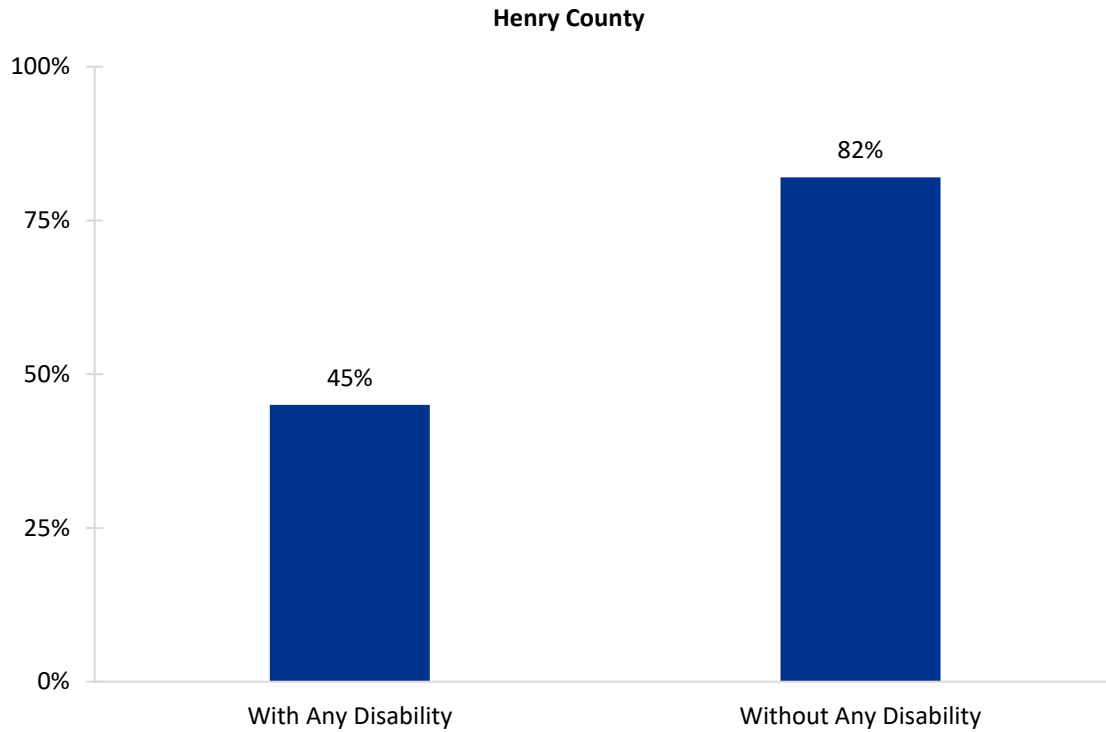


Figure 4.6 Employment to Population Ratio Among Those Aged 20 to 64 by Disability Status for Henry County, 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 4 | Economic Stability

Employment to Population Ratio | Race/Ethnicity

There is variation in the employment to population ratio by race/ethnicity.

“Hispanics have the largest employment to population ratio.”

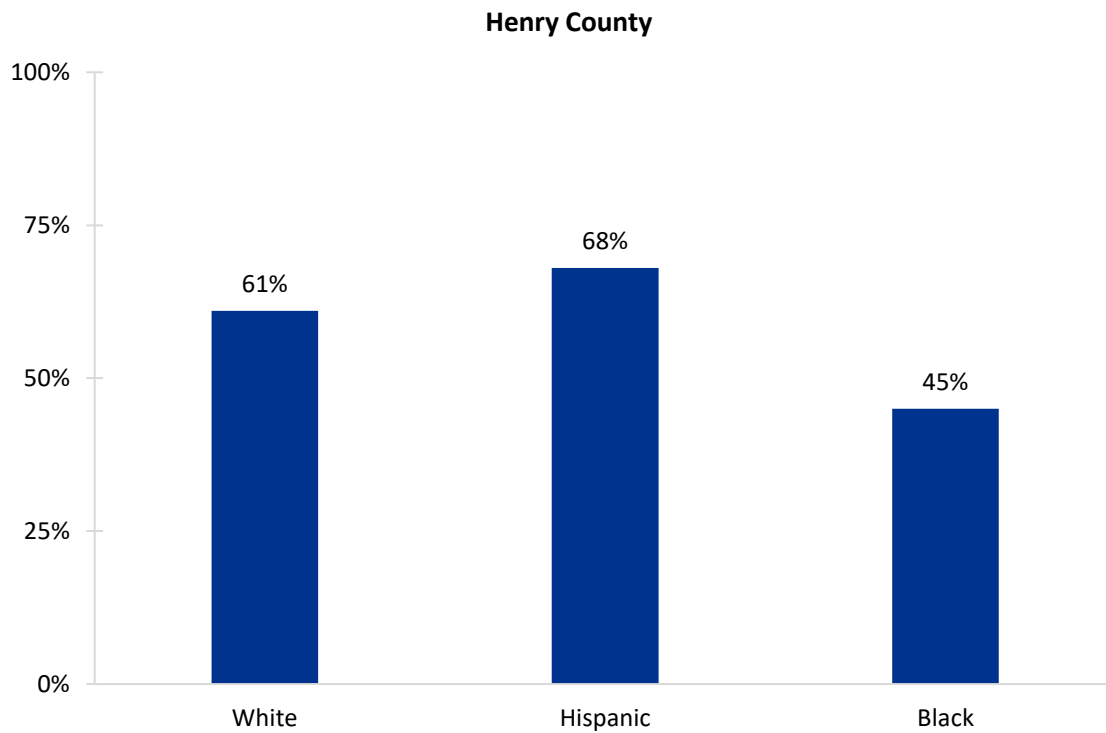


Figure 4.7 Employment to Population Ratio Among Those Aged 16 and Older by Race/Ethnicity for Henry County, the State of Ohio, and the Nation, 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates.

Employment to Population Ratio | Educational Attainment

The employment to population ratio varies by educational attainment. Employment increases as educational attainment increases.

“Employment increases as educational attainment increases.”

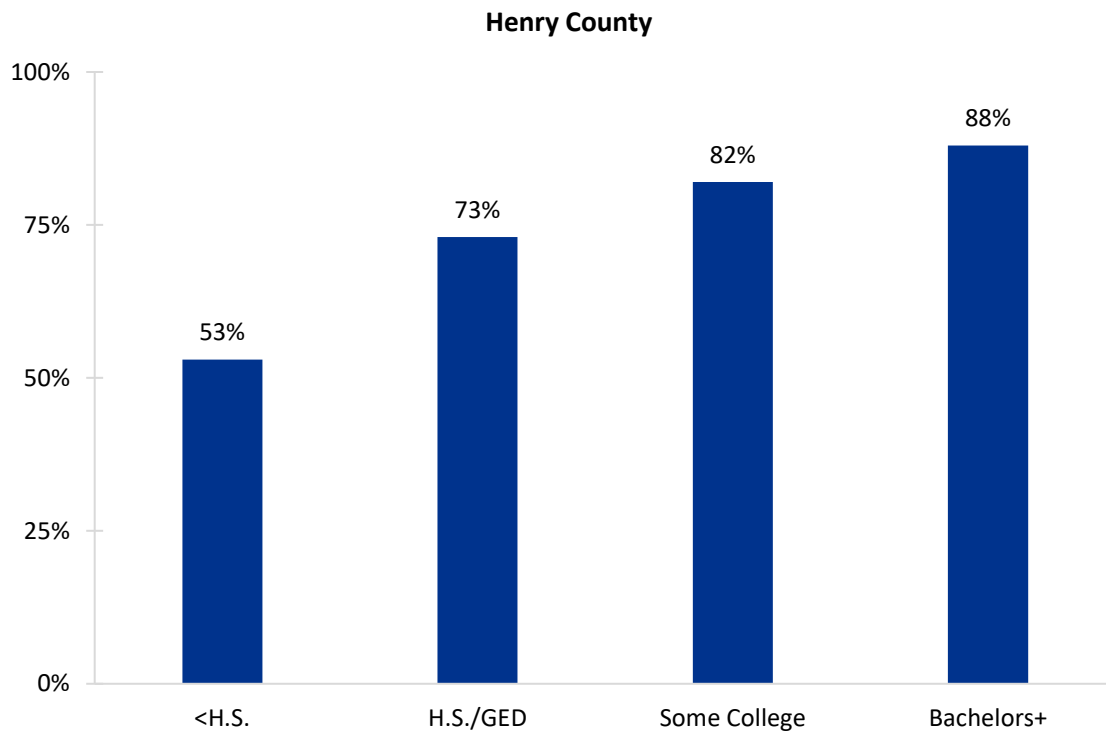


Figure 4.8 Employment to Population Ratio Among Those Aged 16 and Older by Educational Attainment for Henry County, the State of Ohio, and the Nation, 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates.

Health Factor 4 | Economic Stability

Employment to Population Ratio | Age

- In Henry County the highest employment to population ratio was among those aged 25-29. The lowest ratio was among those aged 16-19.
- The ratio remains between 80 and 87% until the mid-fifties.
- Beginning in the mid-fifties the ratio begins to drop off, with the largest drop occurring around the age a large share of the adult population in the U.S. retires (between the ages of 65 and 70).

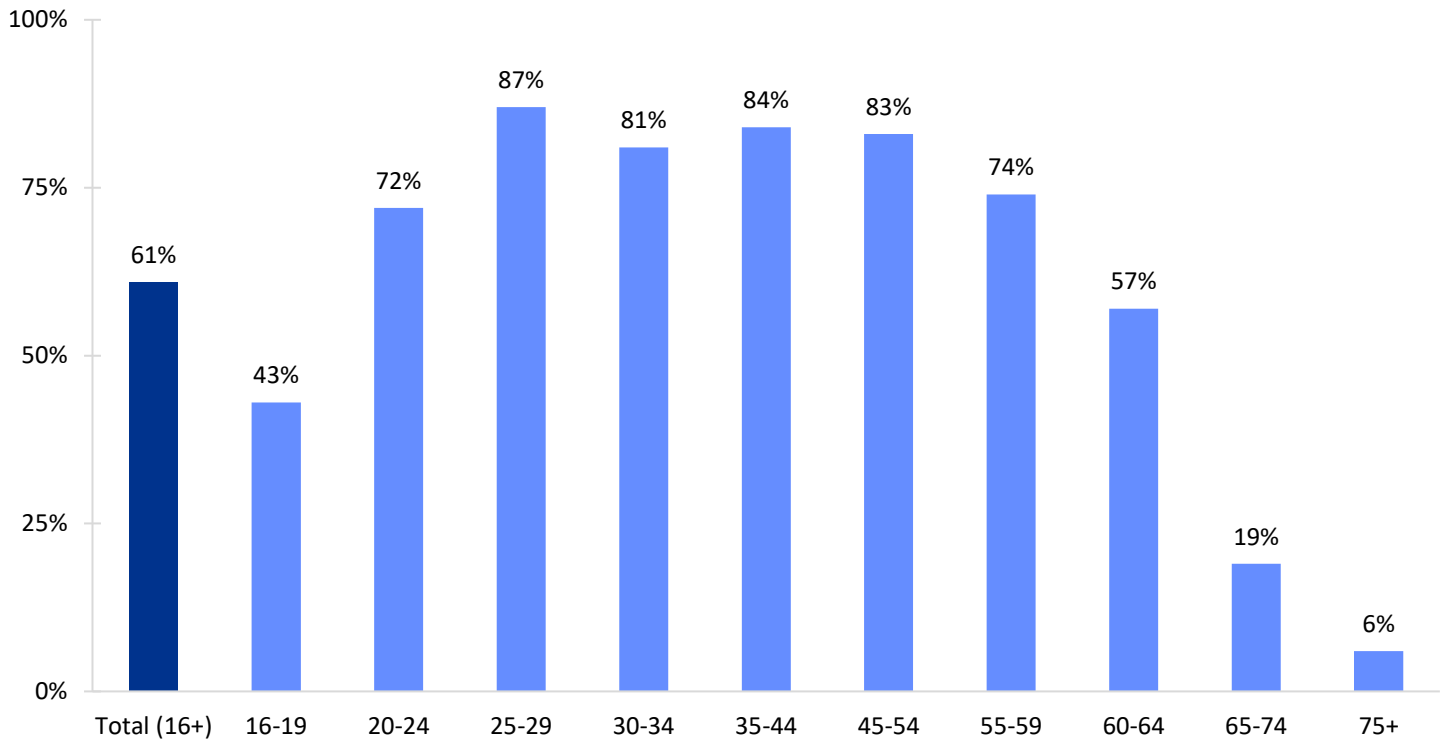


Figure 4.9 The Employment to Population Ratio by Age for Henry County, Ohio, 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

Employment to Population Ratio | Summary of Health Equity Measures

In summary, the previous figures indicate disparities in employment by measures of health equity among Henry County, Ohio residents. Those who appear to be at greater risk are:

- Girls/Women
- The disabled
- Blacks
- Those with <H.S. education
- Individuals under the age of 25

Health Factor 4 | Economic Stability

Measures of Employment | Full-time Year-round Employment

Full-time Year-round Employment | Gender

There are gender differences in the percentage of working aged men and women employed full-time year-round in the U.S.

- Nationally, 57% of civilian men are employed full-time whereas 43% of civilian women are employed full-time (not shown).
- Rates in Ohio are like that of the nation—57% among civilian working aged men and 43% of working aged women (not shown).
- There were 61% civilian working aged Henry County men employed full-time, which was higher than both national and state averages. Henry County women’s percentage was slightly lower than that of the nation and state at 40%.

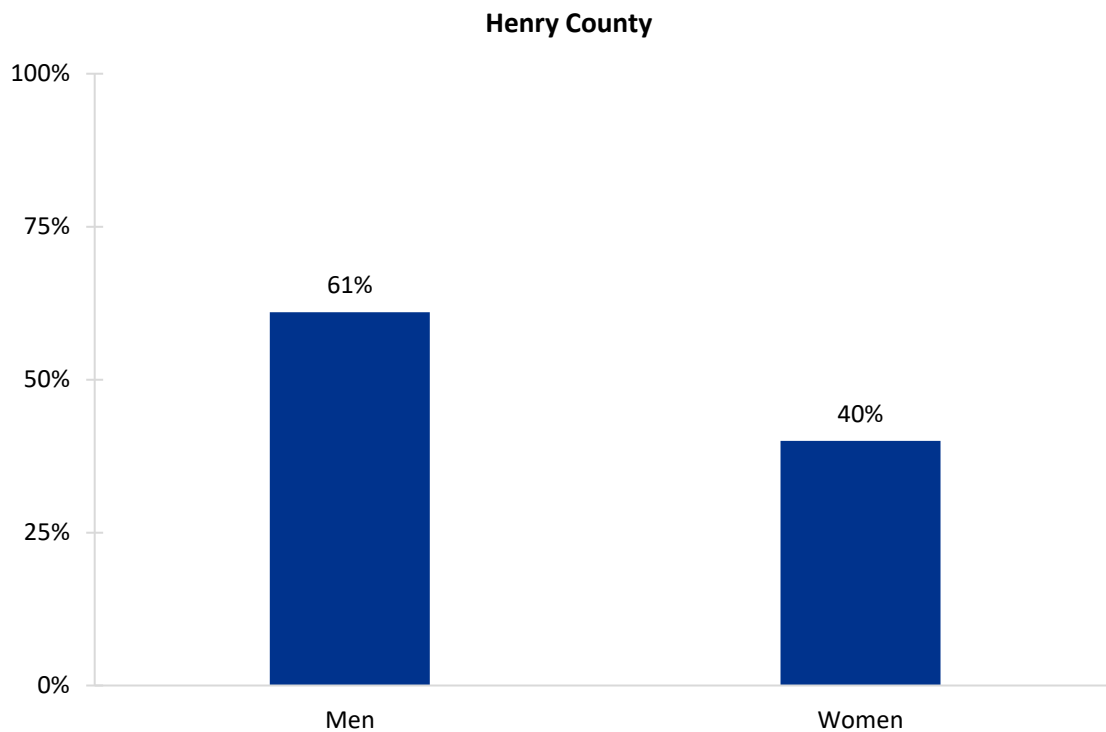


Figure 4.10 Percentage of Civilian Population Aged 16 to 64 Years Old Who Worked Full-Time, Year-Round by Gender for Henry County and its Neighboring Counties, the State of Ohio, and the Nation, 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

Health Factor 4 | Economic Stability

Measures of Employment | Occupation

- Among civilian employed women aged 16 and older in Henry County, the modal occupation type was management, business, science, and arts occupations at 37%. The next most popular occupation type was sales and office occupations.
- Men’s most popular occupation type in Henry County was production, transportation, and material moving occupations at 37%. The next most popular at 24% was management, business, science, and arts occupations.

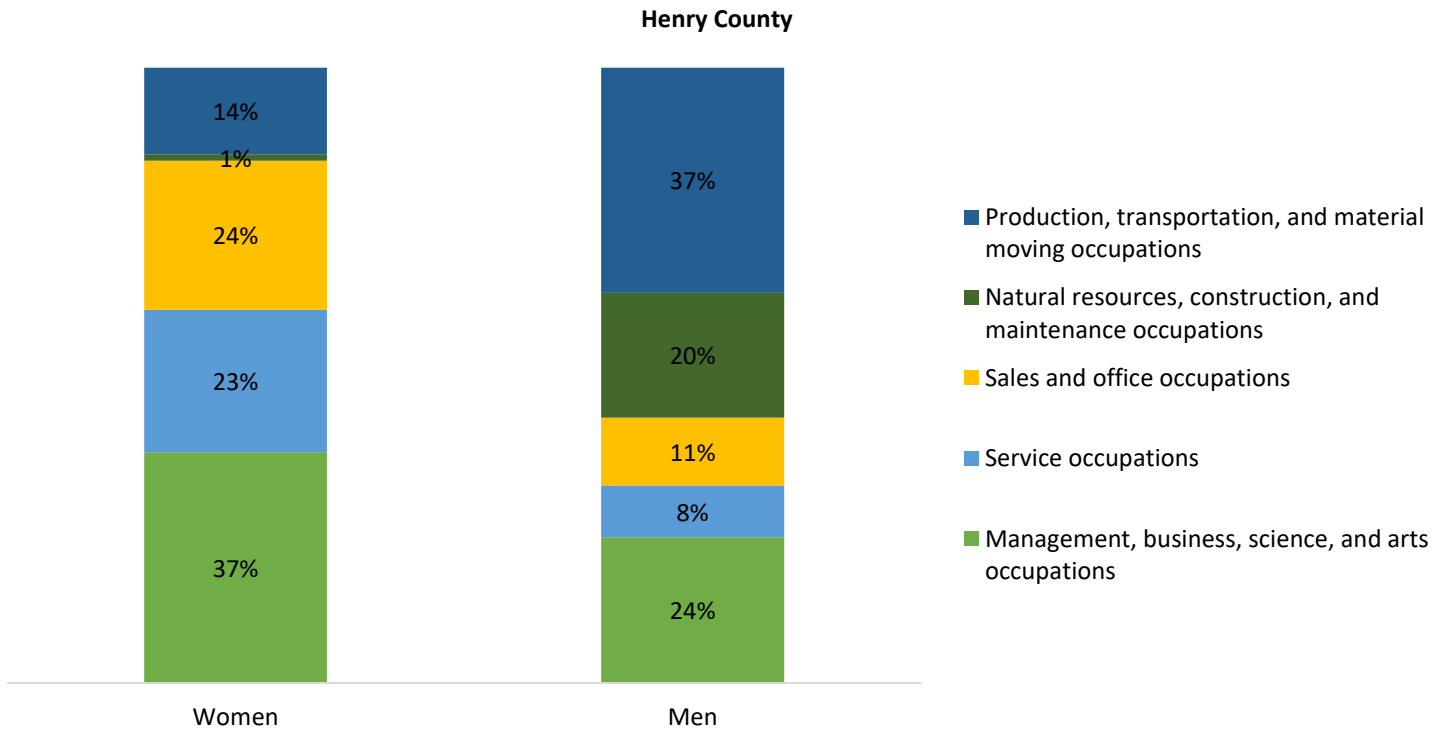


Figure 4.11 Occupation for the Civilian Employed Population Aged 16 Years and Over by Gender Among Henry County Residents, 2017. Data Source: U.S. Census Bureau, 2013-2017, American Community Survey 5-Year Estimates

Health Factor 4 | Economic Stability

How do the top occupations among women and men in Henry County compare to those in the entire state of Ohio or the nation?

- The share of women in Ohio and women in the nation working in management, business, science, and arts occupations is slightly higher than the county—40% and 41%, respectively.
- The share of men in Ohio working in production, transportation, and material moving occupations is lower than that of Henry County residents—24% versus 37%. Differences at the national level are even more striking—the share of Henry County men in production, transportation, and material moving occupations is twice as high as that of all men in the U.S. (18%).

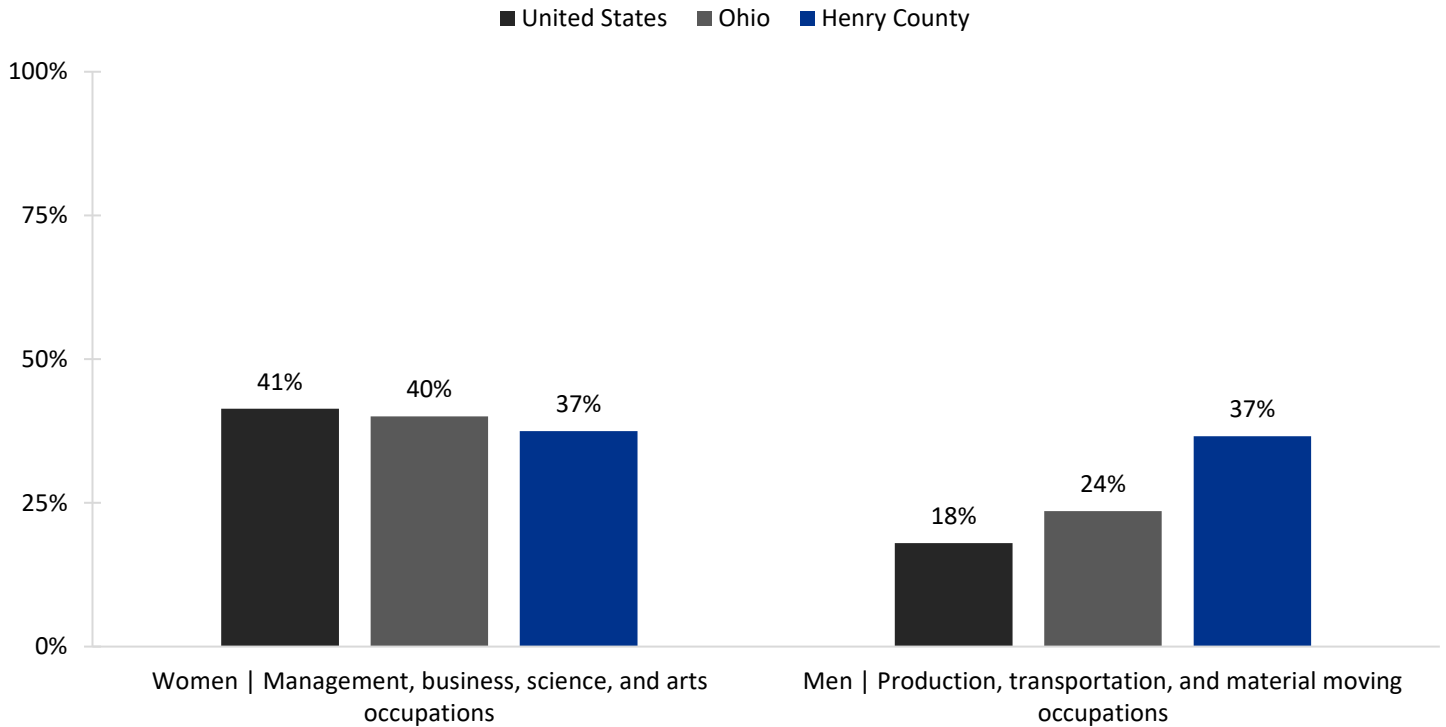


Figure 4.12 Top Occupation Among Civilian Employed Population Aged 16 Years and Older Living in Henry County by Gender Compared to the State & Nation, 2017. Data Source: U.S. Census Bureau, 2013-2017, American Community Survey 5-Year Estimates

Food Instability

Measures of Food Instability | Food Stamps/SNAP Benefits

Who is in a SNAP household?

Everyone who lives together and purchases food and prepares meals together is grouped together as one SNAP household. There are some people who live together, such as spouses and most children under age 22, who are included in the same SNAP household, even if they purchase food and prepare meals separately. If a person is 60 years of age or older and unable to purchase food and prepare meals separately because of a permanent disability, the person and the person's spouse may be a separate SNAP household if the others they live with do not have very much income (no more than 165 percent of the poverty level).

What are the SNAP income limits?

In most cases, your household must meet both the gross and net income limits described below or you are **not** eligible for SNAP and **cannot** receive benefits.

- Gross income** means a household's total, non-excluded income, before any deductions have been made.
- Net income** means gross income minus allowable deductions.

A household with an elderly or disabled person only has to meet the net income limit.

If all members of your household are receiving Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), or in some places other general assistance, your household may be deemed “categorically eligible” for SNAP because you have already been determined eligible for another means-tested program.

The information provided in the table below applies to households in the 48 contiguous States and the District of Columbia that apply for SNAP between **October 1, 2018, through September 30, 2019.**

Table 4.1 SNAP Income Eligibility Limits - October 1, 2018, through September 30, 2019

Household Size	Gross monthly income (130 percent of poverty)	Net monthly income (100 percent of poverty)
1	\$1,316	\$ 1,012
2	\$1,784	\$1,372
3	\$2,252	\$1,732
4	\$2,720	\$2,092
5	\$3,188	\$2,452
6	\$3,656	\$2,812
7	\$4,124	\$3,172
8	\$4,592	\$3,532
Each additional member	+\$468	+\$360

* SNAP gross and net income limits are higher in [Alaska and Hawaii](#).

Health Factor 4 | Economic Stability

Food Stamps/SNAP Benefits, Henry County Trend over Time

- The percentage of Henry County households receiving food stamps/SNAP benefits increased from 8.5% in 2010 to 10.8% in 2014. Since 2014 the percentage has declined to an eight-year-low of 8.3% in 2017.
- The percentage receiving food stamps/SNAP benefits in Henry County is lower than the percentage in Ohio (14.2%) and the U.S. (12.6%).

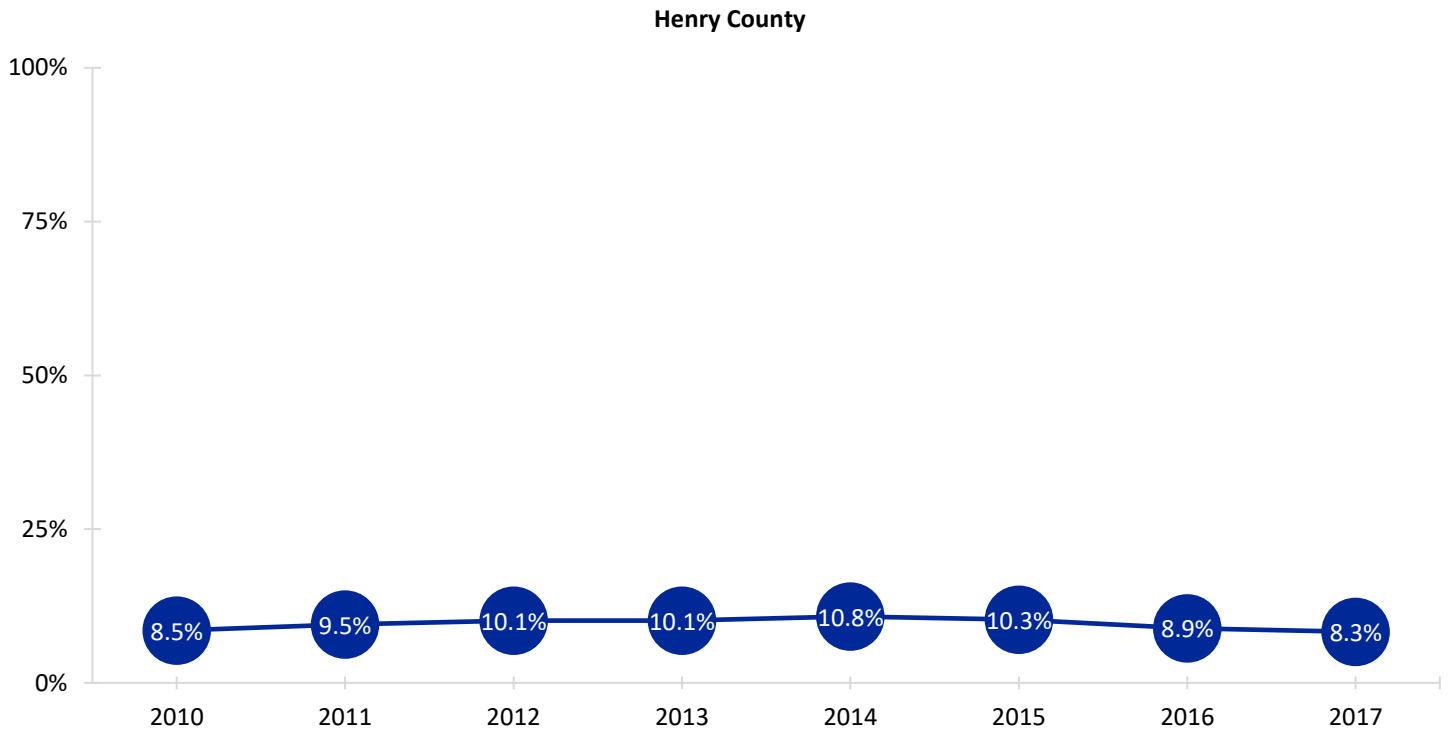


Figure 4.13 Percentage of Henry County Ohio Households Receiving Food Stamps/SNAP, 2010-2017. Data Source: U.S. Census Bureau, 2006-2010, 2007-2011, 2008-2012, 2009-2013, 2010-2014, 2011-2015, 2012-2016, 2013-2017 American Community Survey 5-Year Estimates

Since 2014 the percentage of household receiving food stamps/SNAP benefits has declined to an eight-year-low of 8.3% in 2017.

Health Factor 4 | Economic Stability

Food Stamps/SNAP Benefits, Geographic Variation

The share of households receiving Food Stamps/SNAP benefits in a community is yet another indicator of that area’s financial well-being.

- As with the poverty rate, when compared to neighboring counties, households in Henry County had one of the lower percentages receiving food stamps/SNAP benefits at 8.3%.
- The two counties with lower percentages than Henry County were Wood County (7.7%) and Putnam County (7.1%).
- Lucas County had the highest percentage with nearly 20% of households receiving SNAP benefits.

Henry County

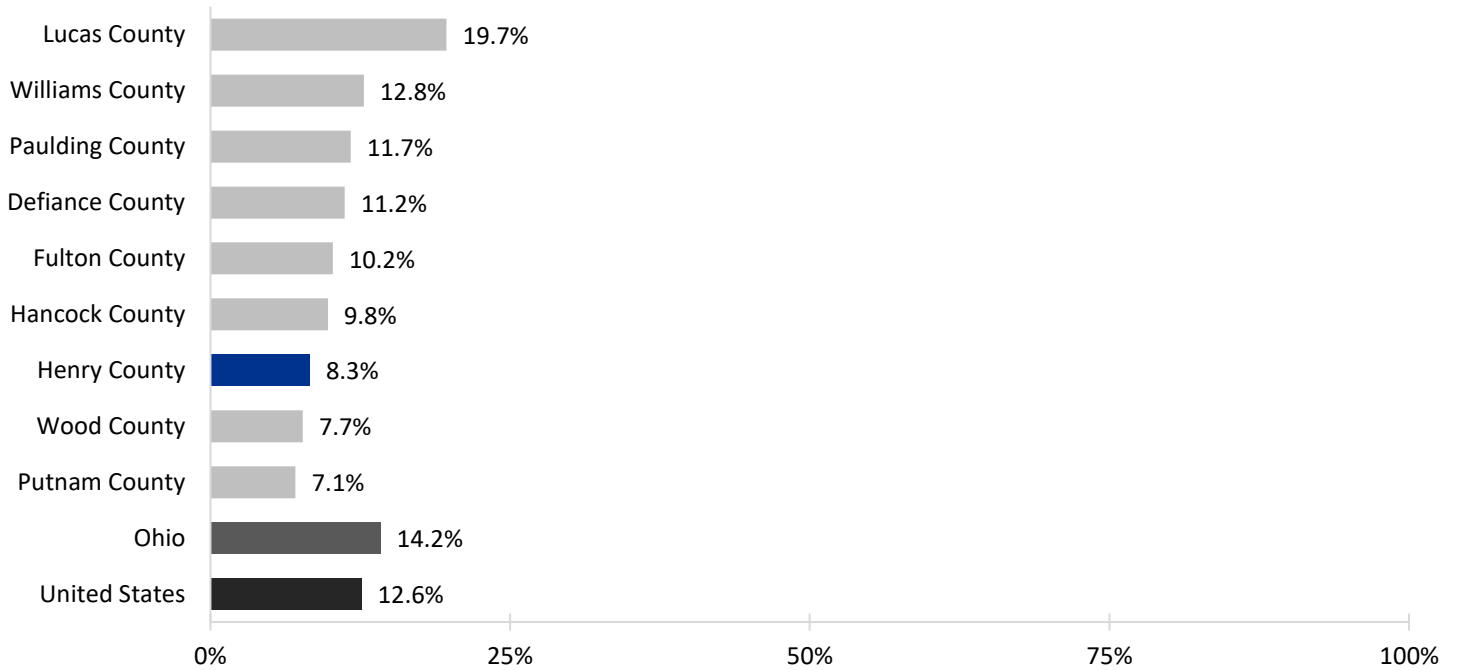


Figure 4.14 County Rankings of the Percentage of Households Receiving Food Stamps/SNAP Benefits for Henry County and its Neighboring Counties, 2017. Data Source: U.S. Census Bureau, 2013-2017, American Community Survey 5-Year Estimates

Health Factor 4 | Economic Stability

There was also variation between Henry County communities in the share of households receiving Food Stamps/SNAP benefits.

- Holgate had the highest percentage receiving benefits at 10.2% with Napoleon close behind at 9.5%.
- Malinta had the lowest percentage at 3.9%.

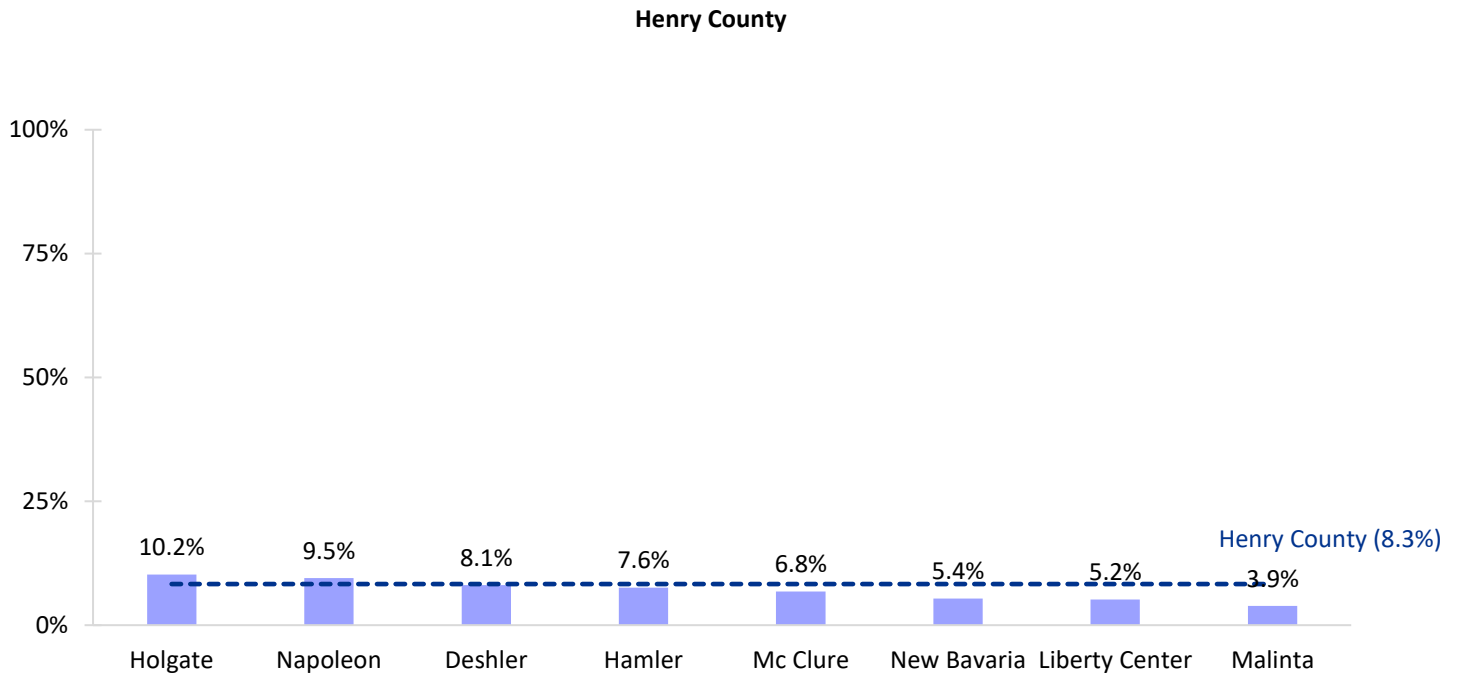


Figure 4.15 Henry County, Ohio Zip Code Comparisons of the Percentage of Households Receiving Food Stamps/SNAP Benefits for Henry County and its Neighboring Counties, 2017. Data Source: U.S. Census Bureau, 2013-2017, American Community Survey 5-Year Estimates

Health Factor 4 | Economic Stability

Food Stamps/SNAP Benefits by Gender

Food stamp/SNAP benefits are a household measure; therefore, the Census provides information by gender for non-married, non-family and family households with or without minor children by the gender of the household head. It's important to note, although no husband or wife are present, there may be a cohabiting partner present in the household. Larger shares of women-headed households were receiving food stamps/SNAP benefits regardless of whether children were present compared to men-headed households. This holds true at the national, state, and county-levels.

- In the United States, 21% of men-headed households and 35% of women-headed households were receiving food stamps/SNAP benefits (not shown).
- The state-level percentages are larger than the national-level—23% of men-headed households and 41% of women-headed households in Ohio were receiving food stamps/SNAP benefits (not shown).
- Women-headed households in Henry County had over twice the share receiving food stamps/SNAP benefits compared to men-headed households.

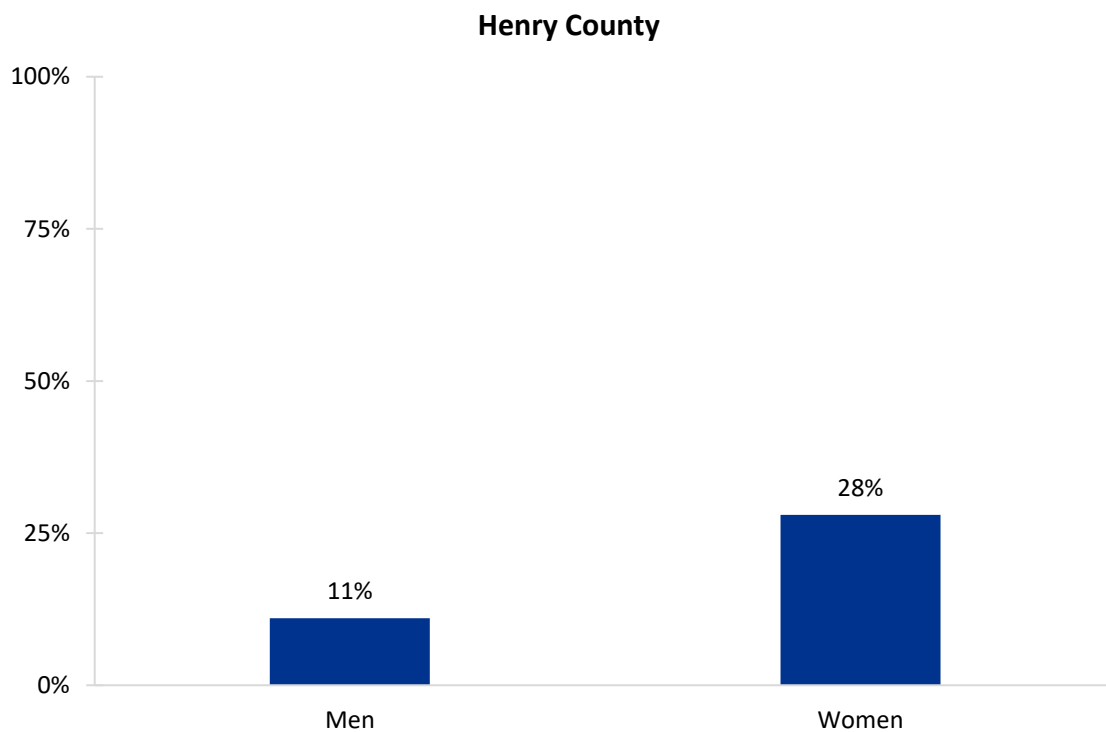


Figure 4.16 Percentage of Households Receiving Food Stamp/SNAP benefits by Gender of Householder for Henry County, 2017. Data Source: U.S. Census Bureau, 2013-2017, American Community Survey 5-Year Estimates

Health Factor 4 | Economic Stability

Food Stamps/SNAP Benefits by Disability

The disabled population had a larger percentage receiving food stamps/SNAP benefits than the non-disabled population, regardless of residence.

- Nationally, the disabled population were receiving food stamps/SNAP benefits at over two-times the rate of the non-disabled population—22% versus 9%.
- In Henry County the percentage receiving Food Stamps/SNAP benefits among the disabled population is three-times higher than among those without any disability—16% versus 5%.

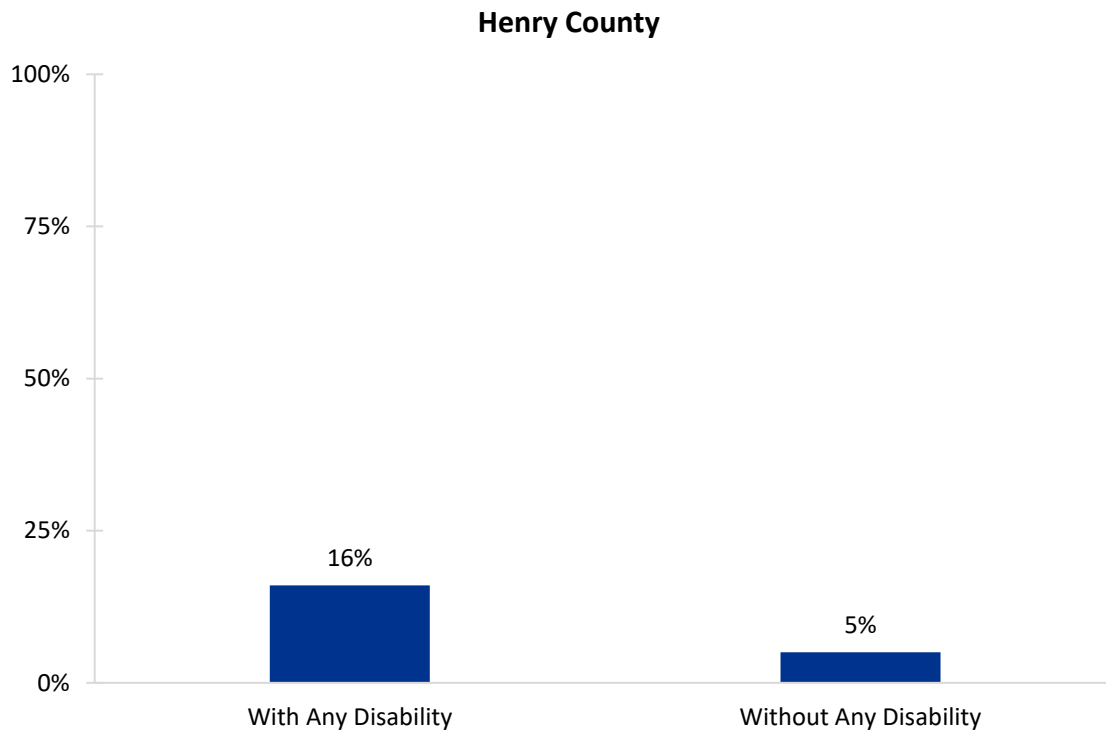


Figure 4.17. Percentage of Households Receiving Food Stamps/SNAP Benefits by Disability Status and Geographic Area, 2017. Data Source: U.S. Census Bureau, 2013-2017, American Community Survey 5-Year Estimates

Health Factor 4 | Economic Stability

Food Stamps/SNAP Receipt by Race/Ethnicity

The receipt of food stamps/SNAP benefits is not equally distributed by race/ethnicity.

- Among non-Hispanic Whites in Henry County 7% were receiving benefits.
- Among Hispanics in Henry County 24% were receiving benefits—a rate more than three-times as high as Whites.
- There are too few Blacks receiving benefits to estimate the share doing so in Henry County.

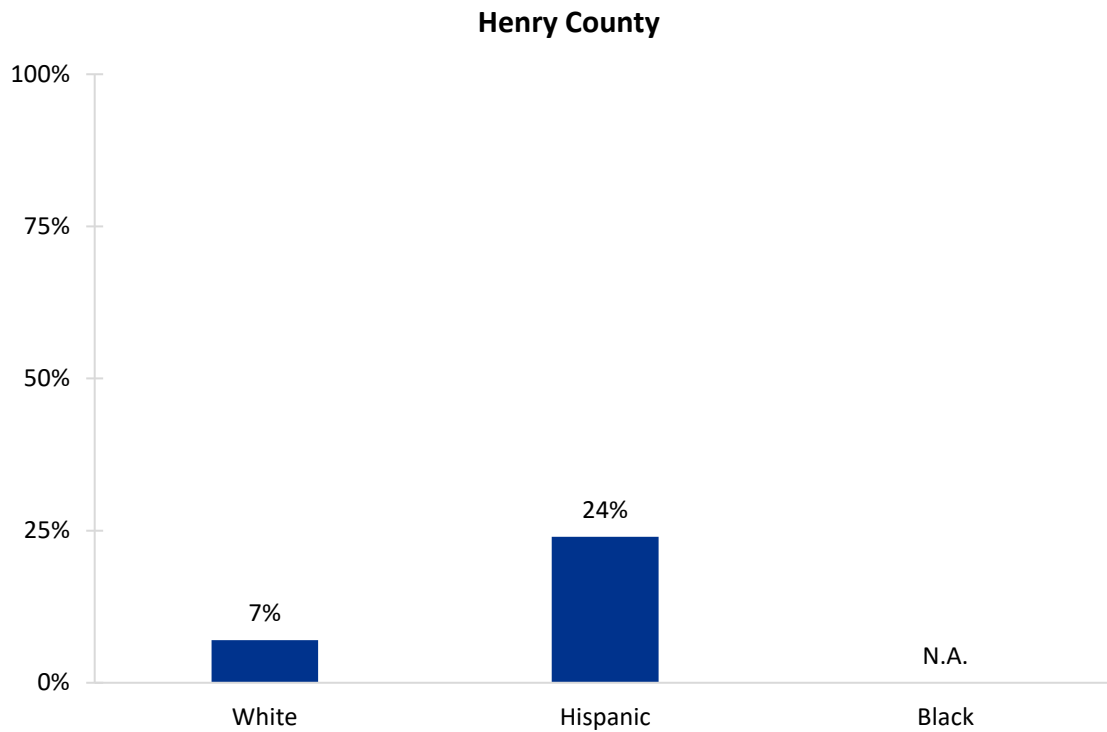


Figure 4.18. Percentage of Households Receiving Food Stamps/SNAP Benefits by Race/Ethnicity of the Household Head and Geographic Area, 2017. Data Source: U.S. Census Bureau, 2013-2017, American Community Survey 5-Year Estimates

Health Factor 4 | Economic Stability

Food Stamps/SNAP Benefits, Age Variation

Given the receipt of food stamps/SNAP benefits is based on income relative to the poverty thresholds, we would expect the risk of receiving benefits to vary similarly to that of the risk of poverty. However, the information on the receipt of benefits by age provided by the Census Bureau at the county-level is limited. We can examine the share of households with children and the share of households with at least one individual aged sixty and older that are receiving benefits.

- The percentage of Henry County households with children under the age of 18 receiving benefits was the second lowest among neighboring counties at 15% (not shown). This percentage is lower than the national average of 21% and the state average of 23% (not shown).
- The percentage of Henry County households with at least one-person aged sixty and older receiving food stamps/SNAP benefits was one-third that of those with children at only 5%. As with households with children, Henry County was the second lowest among neighboring counties (not shown).

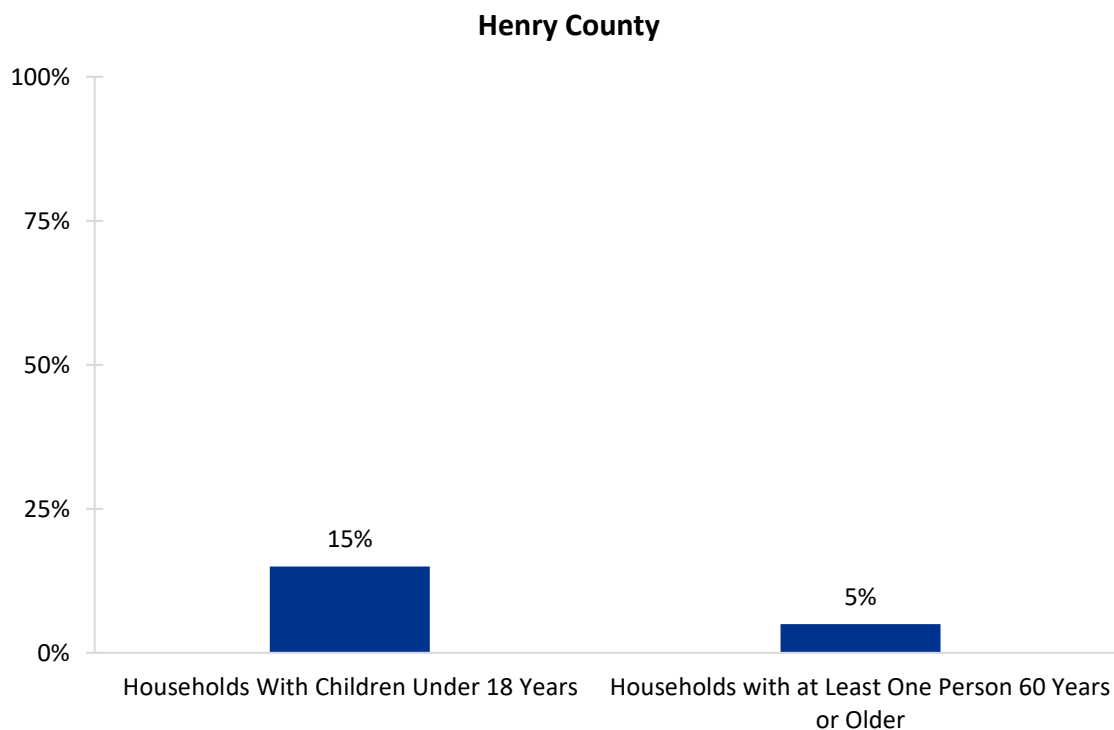


Figure 4.19. Percentage of Households Receiving Food Stamps/SNAP Benefits by Age of Household Members, 2017. Data Source: U.S. Census Bureau, 2013-2017, American Community Survey 5-Year Estimates

In summary, the previous figures indicate disparities in the receipt of food stamps/SNAP benefits by measures of health equity among Henry County, Ohio residents. Those who appear to be at greater risk are:

- Individuals living in women-headed households
- Individuals living in households with at least one disabled person
- Hispanic headed households
- Individuals living in household with at least one child under the age of 18

Health Factor 4 | Economic Stability

Measures of Food Instability | Free/Reduced Lunches

The Ohio Department of Education, Office for Child Nutrition, in partnership with the United States Department of Agriculture, administers the National School Lunch, School Breakfast, Special Milk, After School Care Snack, and Government Donated Food (Commodity) Programs among others. Nationally, over 25 million students in over 90 thousand schools and agencies participate in Child Nutrition Programs, making them one of the country’s largest food service operations. Ohio’s food service programs serve over 1 million meals daily at over 4,000 sites.

The goals of the Child Nutrition Programs are:

- Safeguard the health and well- being of the nation’s children.
- Encourage domestic consumption of nutritious agricultural foods.
- Give children an understanding of the relationship between proper eating habits and good health.

Table 4.2 United States Department of Agriculture (USDA), INCOME ELIGIBILITY GUIDELINES, Effective July 1, 2018 through June 30, 2019

Households with total incomes less than or equal to the values below are eligible for free or reduced -price meals.

HOUSEHOLD SIZE	FREE					REDUCED				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$15,782	\$1,316	\$658	\$607	\$304	\$22,459	\$1,872	\$936	\$864	\$432
2	21,398	1,784	892	823	412	30,451	2,538	1,269	1,172	586
3	27,014	2,252	1,126	1,039	520	38,443	3,204	1,602	1,479	740
4	32,630	2,720	1,360	1,255	628	46,435	3,870	1,935	1,786	893
5	38,246	3,188	1,594	1,471	736	54,427	4,536	2,268	2,094	1,047
6	43,862	3,656	1,828	1,687	844	62,419	5,202	2,601	2,401	1,201
7	49,478	4,124	2,062	1,903	952	70,411	5,868	2,934	2,709	1,355
8	55,094	4,592	2,296	2,119	1,060	78,403	6,534	3,267	3,016	1,508
Each Additional Member Add	+5,616	+468	+234	+216	+108	+7,992	+666	+333	+308	+154

Children in families who have an annual income 130% of the poverty threshold are eligible for free lunches. Families at 185% of the poverty threshold are eligible for reduced lunches.

- There were **1,569** students eligible for free or reduced lunches in Henry County schools (NCES, 2016-17).
 - Holgate → 137 children
 - Liberty Center → 341 children
 - Napoleon → 829 children
 - Patrick Henry → 262 children

Henry County and its Public Schools

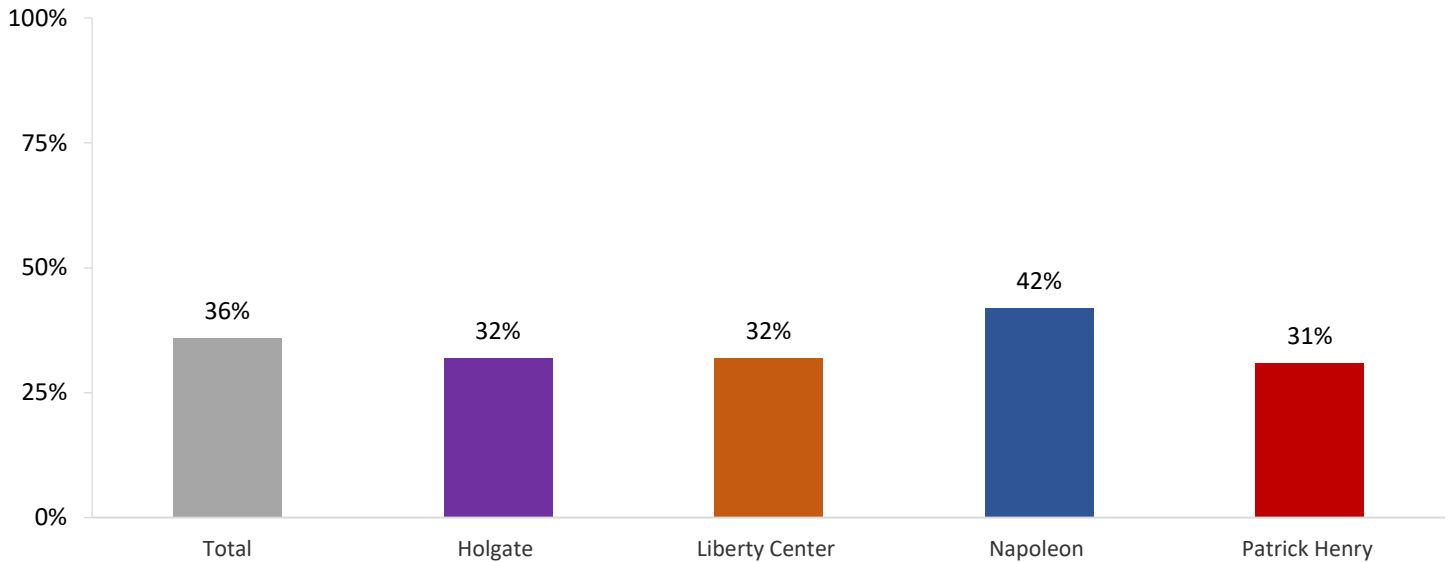


Figure 4.20. Percentage of students eligible for free/reduced lunches by school district in Henry County, Ohio 2015/16 school year. Data Source: U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Public Elementary/Secondary School Universe Survey", 2016-17 v.1a; "Public Elementary/Secondary School Universe Survey Geographic Data" **EDGE**

Health Factor 4 | Economic Stability

Measures of Food Instability | WIC Eligibility Threshold

A different pattern emerges if we examine those below 185% of the poverty threshold. This threshold is relevant, because it is the threshold used to determine WIC eligibility.

- All Henry County residents are doing better than Ohio and the U.S. EXCEPT those aged 25-34. Among those aged 25-34, the share below 185% of the poverty threshold is not significantly different than that of the state or nation.
- Further, while the percentage of young adults aged 25-34 living in poverty is lower than that of those aged 18-24 (12% versus 16%, respectively), there is not a significant difference in the share eligible for WIC (30%).

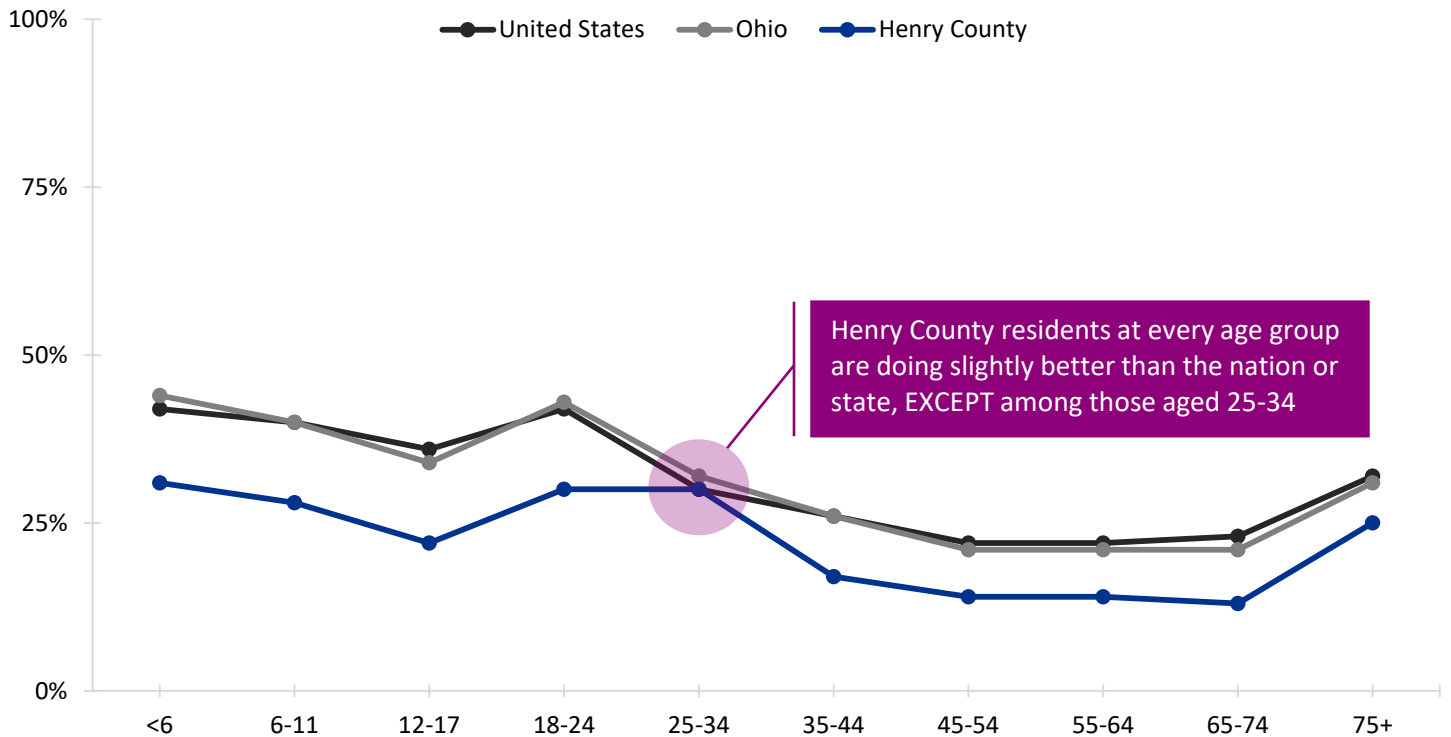


Figure 4.21. Percent of Residents Living Below the 185% Poverty Threshold (WIC Eligibility Threshold) by Age Group and Geographic Area, 2013-2017. Data Source: U.S. Census Bureau, American Community Survey, 5-yr Estimates, 2013-2017

Health Factor 4 | Economic Stability

Measures of Food Instability | Child Food Insecurity in Henry County

While understanding the scope of poverty as well as the percentage of children and households with children that receive income-based food support (e.g. free/reduced lunches, food stamps/SNAP) it does not paint the entire picture of food insecurity in our communities. Many individuals, regardless of age, face food insecurity.

Food insecurity—a lack of access, at times, to enough food for an active healthy life for all household members and limited or uncertain availability of nutritionally adequate foods (USDA).

This insecurity isn't necessarily experienced all the time. Many households are faced with decisions between paying for basic needs (e.g. housing, medical bills) and purchasing nutritionally adequate foods. Recognizing this, Feeding America has quantified food insecurity in America and published the Map the Meal Gap project since 2011.

- The overall share of Henry County residents who were food insecure (% insecure but eligible + % insecure & in "The Gap") in 2017 was 10.2% (not shown).
- The share among children is higher at 17.5%, which represents 1,150 children who were food insecure in 2017 (see Figure 4.22).
- Although the share of Henry County children who are food insecure but eligible is among the lowest among neighboring counties, we have the HIGHEST living in "the Gap" e.g. they are likely NOT eligible for federal nutrition programs (their family's income falls above 185% of poverty). This represents nearly 5-in-10 of the food insecure children, or 8% of all children.

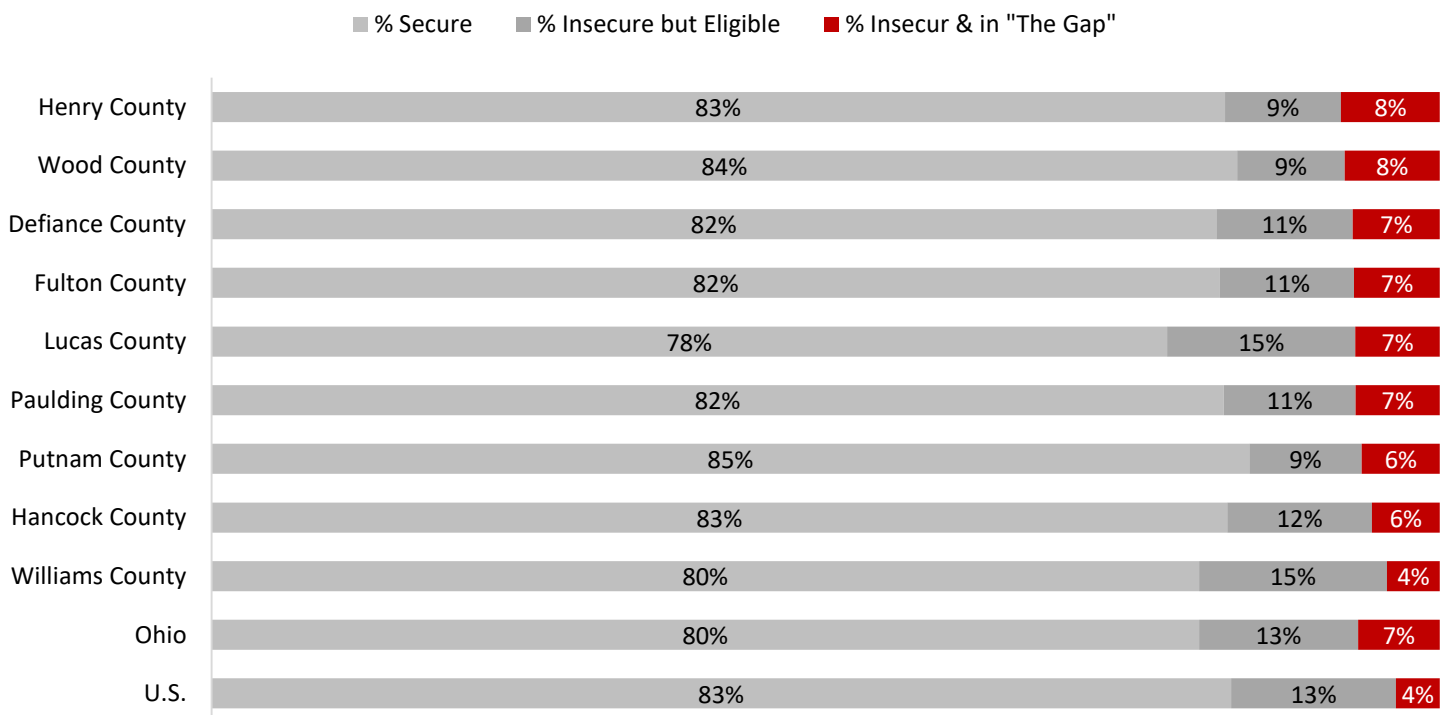


Figure 4.22. Food Security, Insecurity, and Those in "the Gap" Among Children by Geography, 2017. Data Source: Gundersen, C., A. Dewey, M. Kato, A. Crumbaugh & M. Strayer. Map the Meal Gap 2019: A Report on County and Congressional District Food Insecurity and County Food Cost in the United States in 2017. Feeding America, 2019. This research is generously supported by The Howard G. Buffett Foundation and Nielsen.

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 4 | Economic Stability

Map the Meal Gap's food insecurity rates are determined using data from the 2001-2017 Current Population Survey on individuals in food insecure households; data from the 2017 American Community Survey on median household incomes, poverty rates, homeownership, and race and ethnic demographics; and 2017 data from the Bureau of Labor Statistics on unemployment rates.

Threshold numbers reflect percentage of food insecure individuals living in households with incomes within the income bands indicated. Eligibility for federal nutrition programs is determined in part by these income thresholds which can vary by state.

Population and food insecurity data in the state totals row do not reflect the sum of all counties in that state. The state totals are aggregated from the congressional districts data in that state. All data in the state totals row pertaining to the cost of food or the "Meal Gap" reflect state-level data and are not aggregations of either counties or Congressional districts

Housing

Many have and still do consider home ownership an important vehicle for amassing wealth, particularly among low-income and minority populations. However, since the foreclosure crisis associated with the Great Recession speculation regarding the voracity of this claim has grown. Studies comparing the returns to owning and renting have mostly found that renting often is more likely to be beneficial. However, the benefit is dependent upon taking the monies saved by renting and investing/saving that money. Therefore, while in theory it may be more beneficial, few invest those savings and are left with little-to-no wealth accumulation. For more information on the topic please see Belsky, Herbert, and Molinsky's book: Homeownership Built to Last.

Belsky, E., Herbert, C., & Molinsky, J. (Eds.). (2014). Homeownership Built to Last: Balancing Access, Affordability, and Risk after the Housing Crisis. Brookings Institution Press. Retrieved from www.jstor.org/stable/10.7864/j.ctt6wpj09

How the Census Bureau Examines Housing

The Census Bureau provides many detailed tables to measure the housing situation in the United States at varying levels of geography. Below are key terms and their definitions, all of which will be useful to be acquainted with in the following section.

Occupied Housing Units. A housing unit is occupied if a person or group of persons is living in it at the time of the interview or if the occupants are only temporarily absent, as for example, on vacation. The persons living in the unit must consider it their usual place of residence or have no usual place of residence elsewhere. The count of occupied housing units is the same as the count of households.

Householder. The householder refers to the person (or one of the persons) in whose name the housing unit is owned or rented or, if there is no such person, any adult member, excluding roomers, boarders, or paid employees. If the house is jointly owned by a married couple, either the husband or the wife may be listed first, thereby becoming the reference person, or householder, to whom the relationship of the other household members is recorded. One person in each household is designated as the "householder."

Homeownership Rates. The proportion of households that are owners is termed the homeownership rate. It is computed by dividing the number of households that are owners by the total number of occupied households.

Tenure. A unit is owner occupied if the owner or co-owner lives in the unit, even if it is mortgaged or not fully paid for. A cooperative or condominium unit is "owner occupied" only if the owner or co-owner lives in it. All other occupied units are classified as "renter occupied," including units rented for cash rent and those occupied without payment of cash rent.

For these and other definitions, please see: <https://www.census.gov/housing/hvs/definitions.pdf>

Health Factor 4 | Economic Stability

Measures of Housing | Homeownership Rates

Home ownership rates in Henry County have been quite high over the past eight years—hovering close to around 80%.

- Despite these high rates, there has been a VERY slight decline since the high of 80.5% experienced in 2015. In 2018 77.4% of occupied housing units in Henry County were owner-occupied.
- Although Henry County has experienced a slight drop, rates were still higher than the state average of 66% and the national average of 64%.

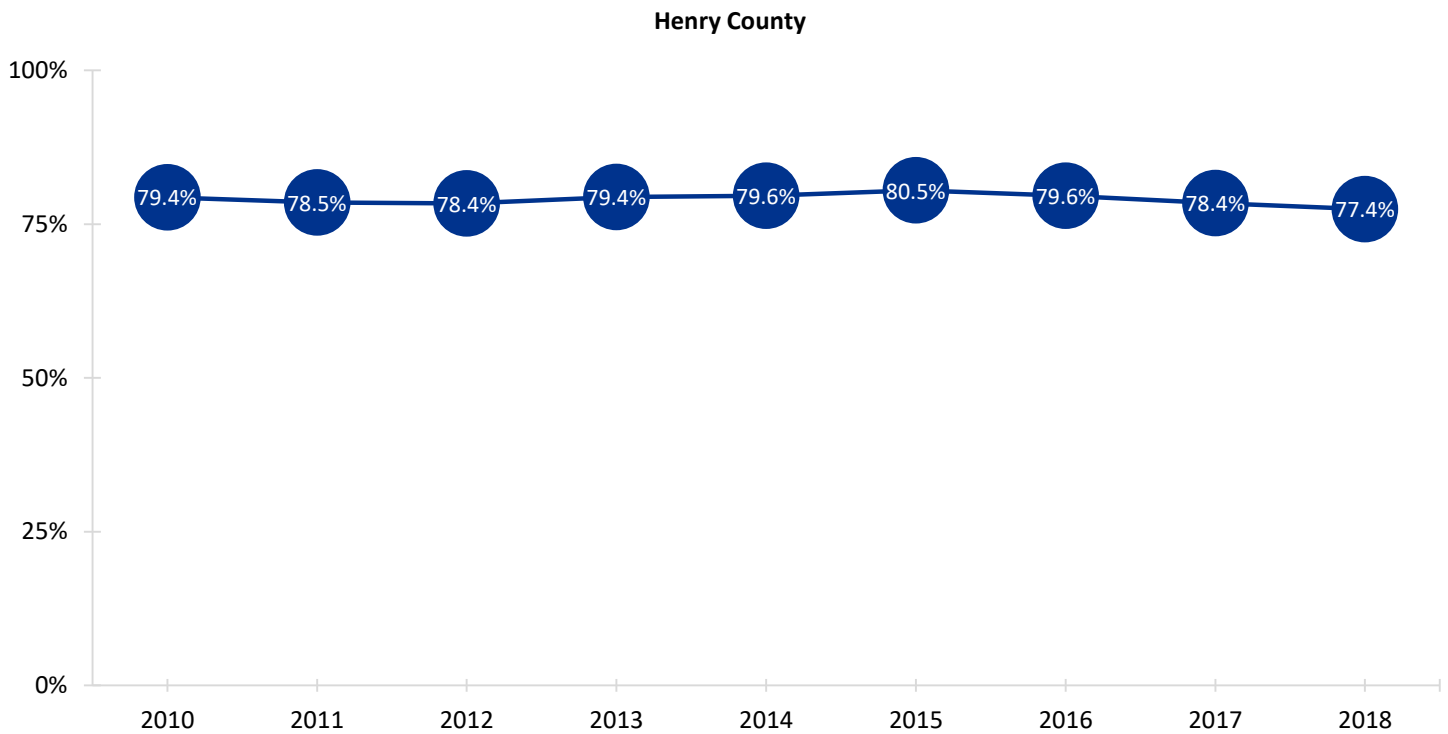


Figure 4.23 Percentage of Owner-Occupied Housing in Henry County Ohio, 2010-2018. Data Source: U.S. Census Bureau, 2006-2010, 2007-2011, 2008-2012, 2009-2013, 2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, American Community Survey 5-Year Estimates

Health Factor 4 | Economic Stability

- Compared to neighboring counties, only one had a homeownership rate higher than Henry County—Putnam County at 81%.

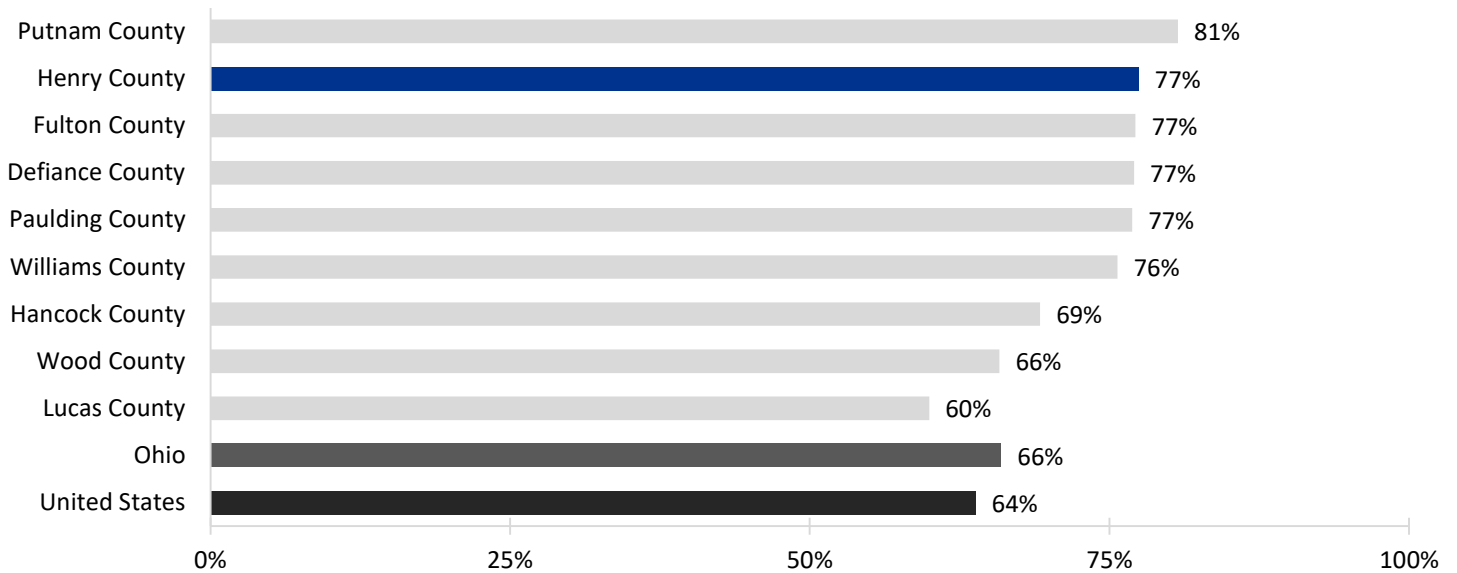


Figure 4.24 Percentage of Owner-Occupied Housing by Geographic Area, 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

- While there is variation between zip codes within Henry County, most communities had rates at or above the county average. Only two communities had lower rates—Napoleon at 73% and Deshler at 70%. New Bavaria had the highest at 88%.

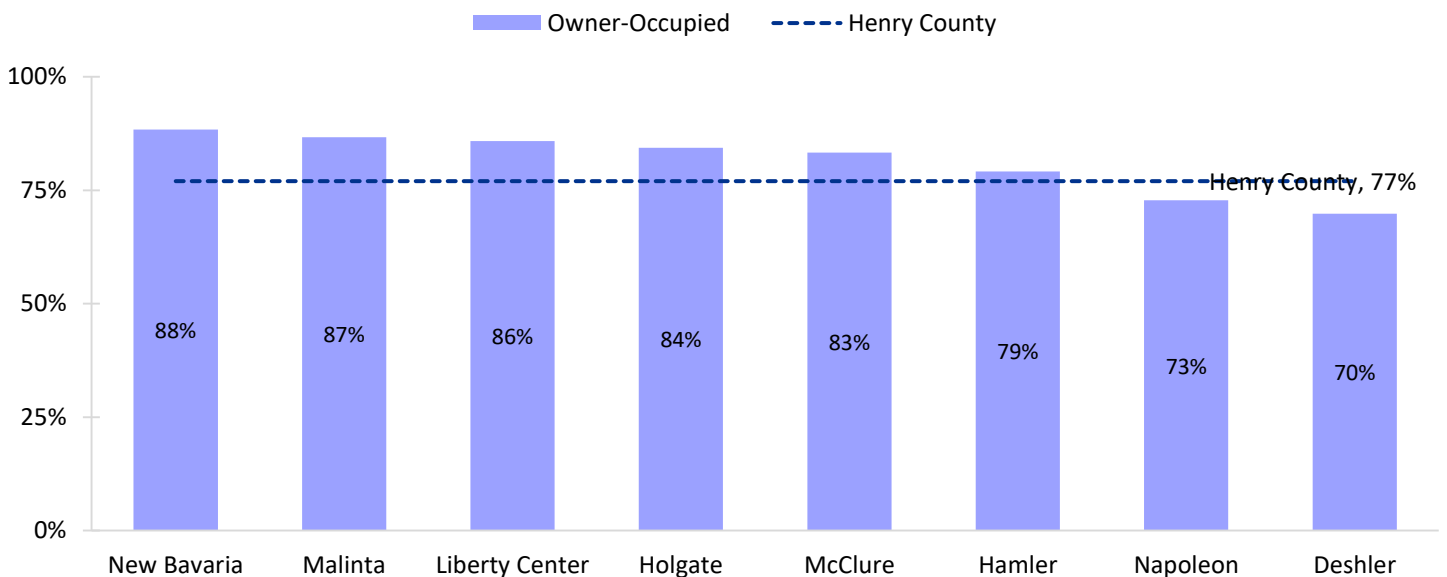


Figure 4.25 Percentage of Owner-Occupied Housing by Henry County Zip Code, 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

Health Factor 4 | Economic Stability

Homeownership Rates by Race/Ethnicity

For Hispanic and non-Hispanic White householders, rate of homeownership was higher among Henry County residents as compared to state and national averages. This is not the case among Black householders.

- Rates of homeownership were highest among non-Hispanic Whites, regardless of geographic level examined. In Henry county, 79% of non-Hispanic White householders were homeowners. The state and national averages were 72%.
- Slightly more than half of Hispanic householders were homeowners in Henry County (54%), whereas at the state and national levels slightly less than half were (45% and 47%, respectively).
- Blacks had the lowest share who were homeowners. However, readers should interpret the percentage at the county-level with caution due to the small number of Blacks surveyed.

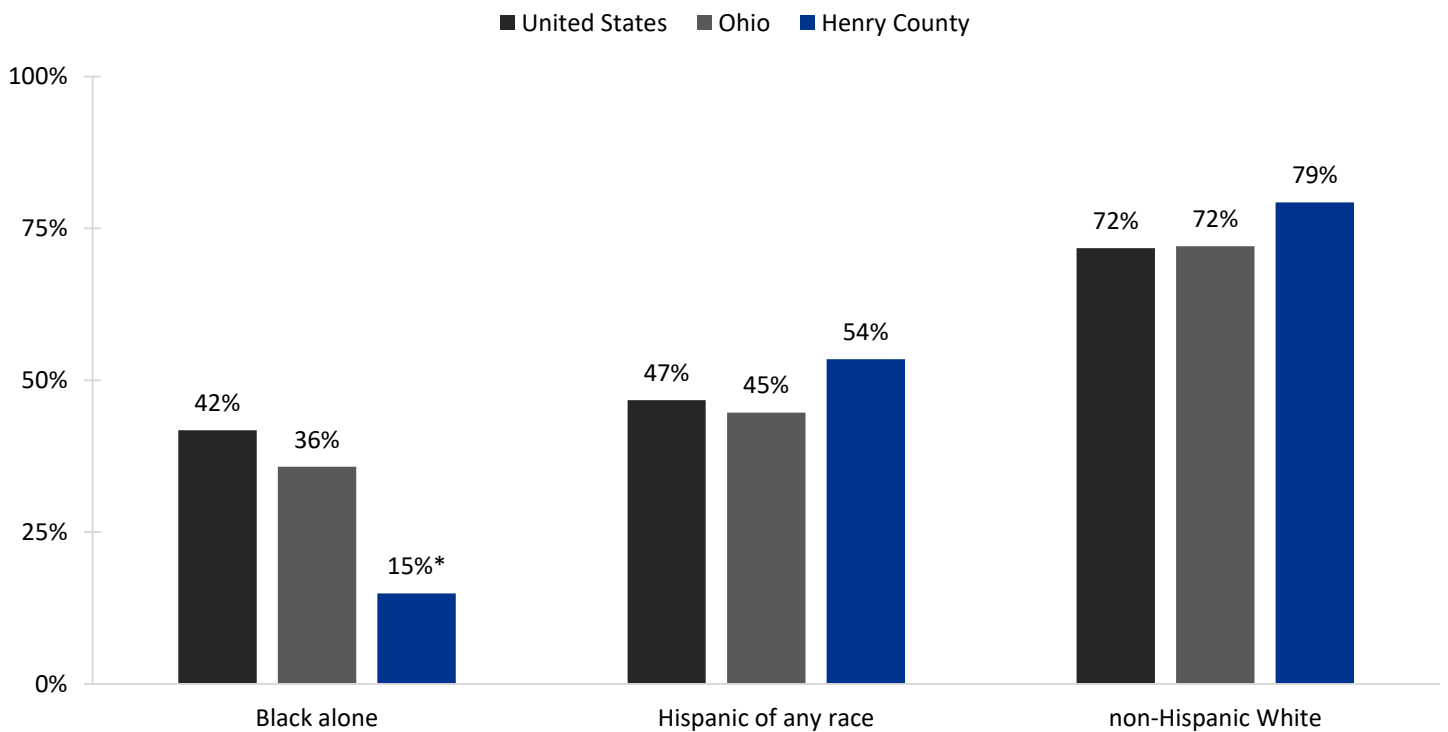


Figure 4.26 Percentage Owner-Occupied Housing by Race/Ethnicity of Householder. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

Note: *Interpret the rate of homeownership among Black householders in Henry County with caution—cell sizes are quite small.

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Homeownership Rates by Educational Attainment

Generally, those with less than a High School education have the lowest homeownership rates, whereas those with at least a bachelor’s have the highest.

- In Henry County, slightly more than half (56%) of household heads with less than a high school education are homeowners. This rate is slightly higher than the state average of 50% and the national average of 49%.
- Similar rates of homeownership are found among individuals with a H.S. diploma/GED and some college. In Henry County over three-fourths own their homes (79% and 77%, respectively).
- Among those with at least a bachelor’s degree living in Henry County, 84% own their homes.

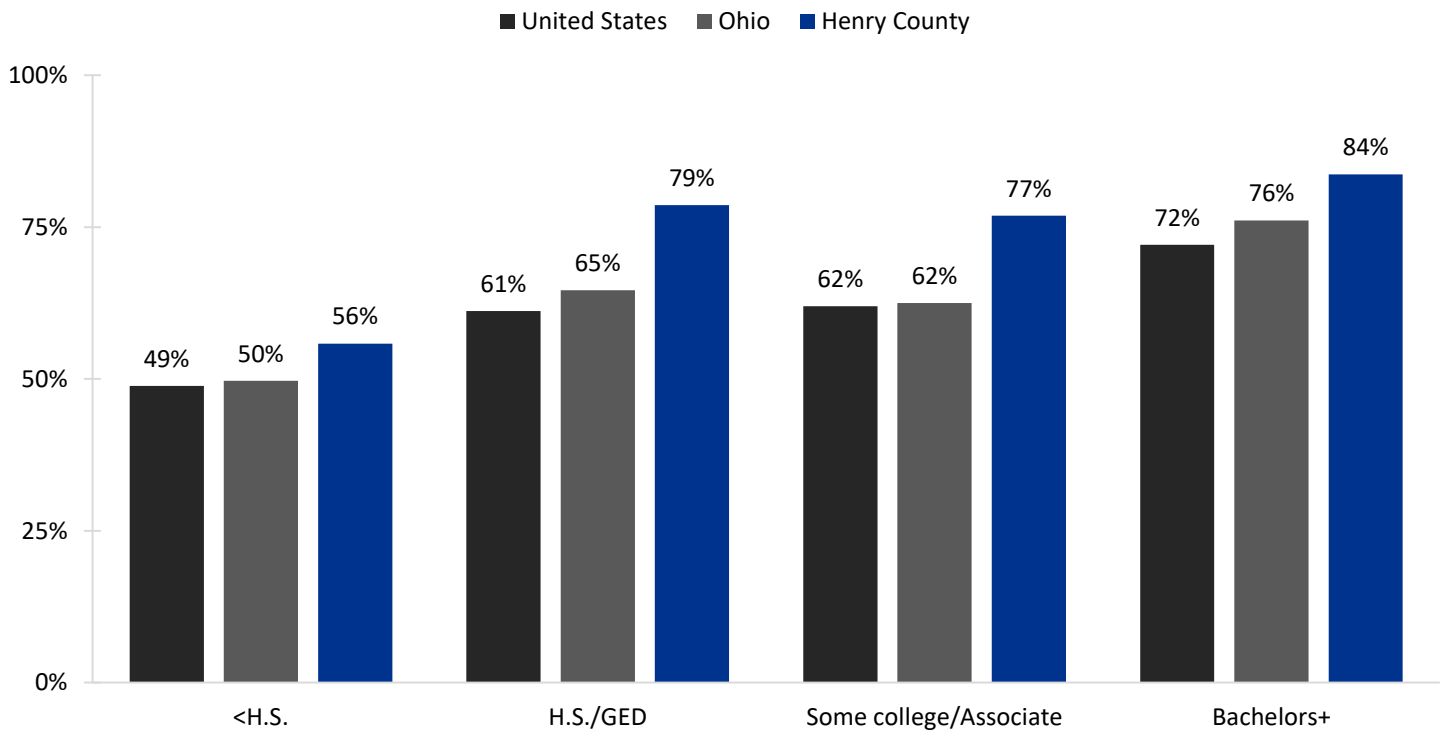


Figure 4.27 Percentage of Owner-Occupied Housing by Educational Attainment of Householder, 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

Health Factor 4 | Economic Stability

Homeownership Rates by Age

Generally, as age increases homeownership rates also increase—at least among those younger than 85 years.

- The average homeownership rate at the state and national levels for those under the age of 35 is quite low, at only about one-third of householders owning their homes. However, in Henry County 62% of householders under the age of 35 are homeowners.
- Over eighty percent of all householders aged 45 and older are homeowners in Henry County. The highest rate is found among Henry County households aged eighty-five years and older at 88%. This is in stark contrast to the state average of 71% and the national average of 69%.

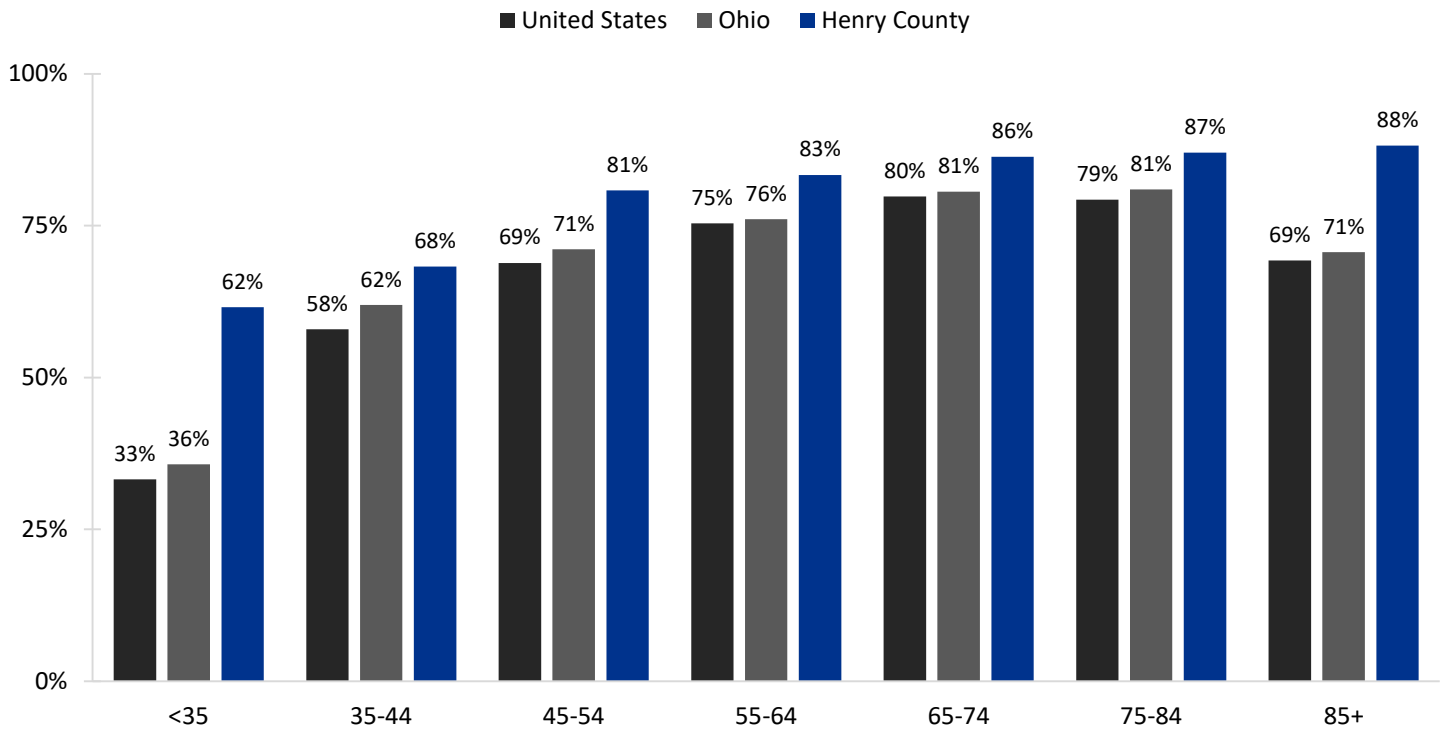


Figure 4.28 Percentage of Owner-Occupied Housing by Age of Householder, 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

Summary of Homeownership by Health Equity Measures

In summary, the previous figures indicate disparities in homeownership by measures of health equity among Henry County, Ohio residents. Those who appear to be at greater risk are:

- Race/Ethnic minorities
- Those with <H.S. education
- Individuals under the age of 45

Health Factor 4 | Economic Stability

Measures of Housing | Median Value

The median value of owner-occupied housing units in Henry County in 2018 was at an eight year high of \$121,900. This marks the first-time values have reached into the \$120s over the same time period.

- The lowest median value occurred in 2014 when values dipped to \$110,600.
- Despite the recent increase, Henry County’s median is well below that of the state (\$140K) and the nation (nearly \$205K).

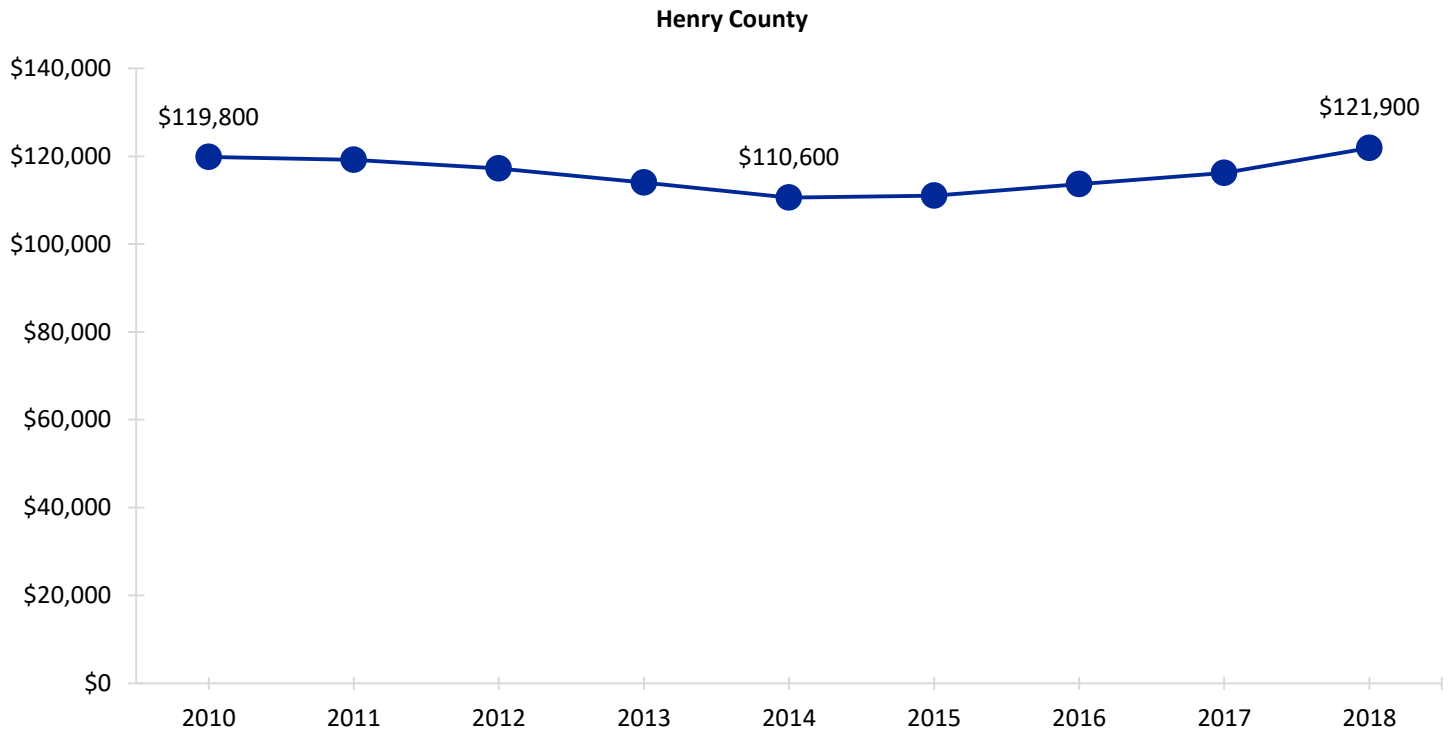


Figure 4.29 Median Value Among Owner-Occupied Housing Units for Henry County Ohio, 2010-2018. Data Source: U.S. Census Bureau, 2006-2010, 2007-2011, 2008-2012, 2009-2013, 2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, American Community Survey 5-Year Estimates

Health Factor 4 | Economic Stability

- Among neighboring counties, Henry county falls in the middle of the pack. Wood County has the highest median value at \$157,900 and Paulding County has the lowest at \$94,300.

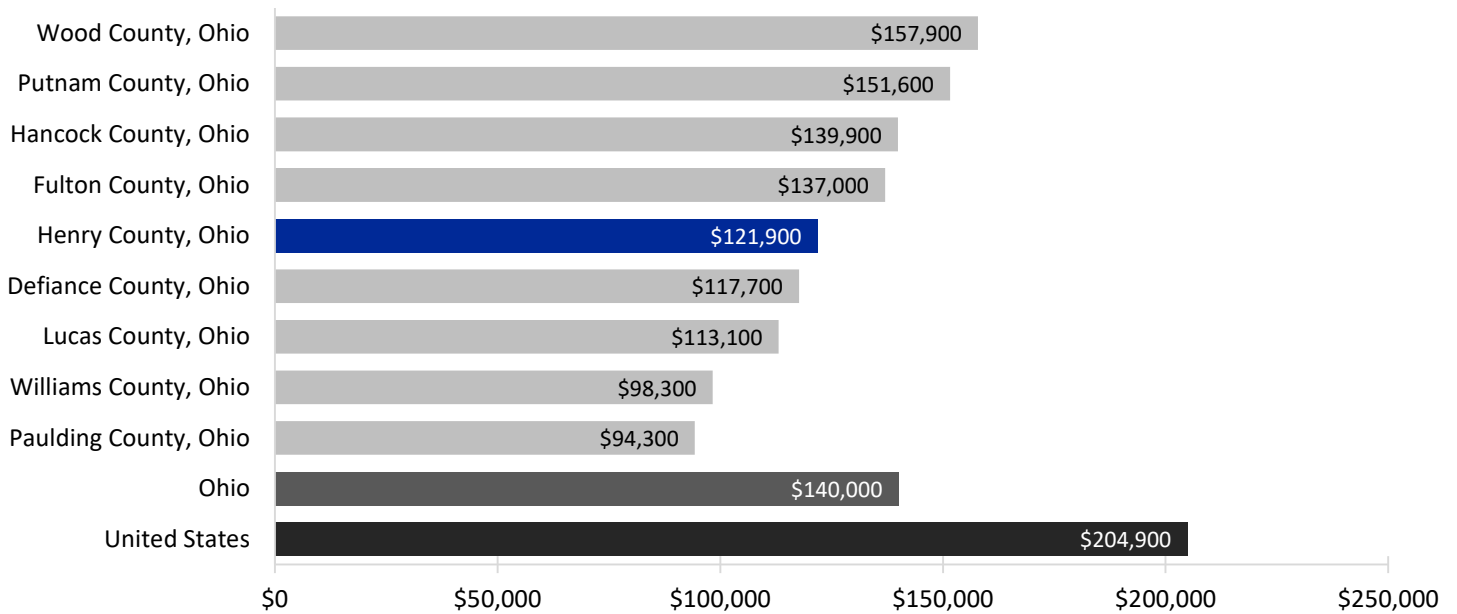


Figure 4.30 Median Value Among Owner-Occupied Housing Units by Geography, 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

- There is great variation in median home values between the communities within Henry County, ranging from a high of \$140,700 in Liberty Center to a low of \$89,700 in Malinta.

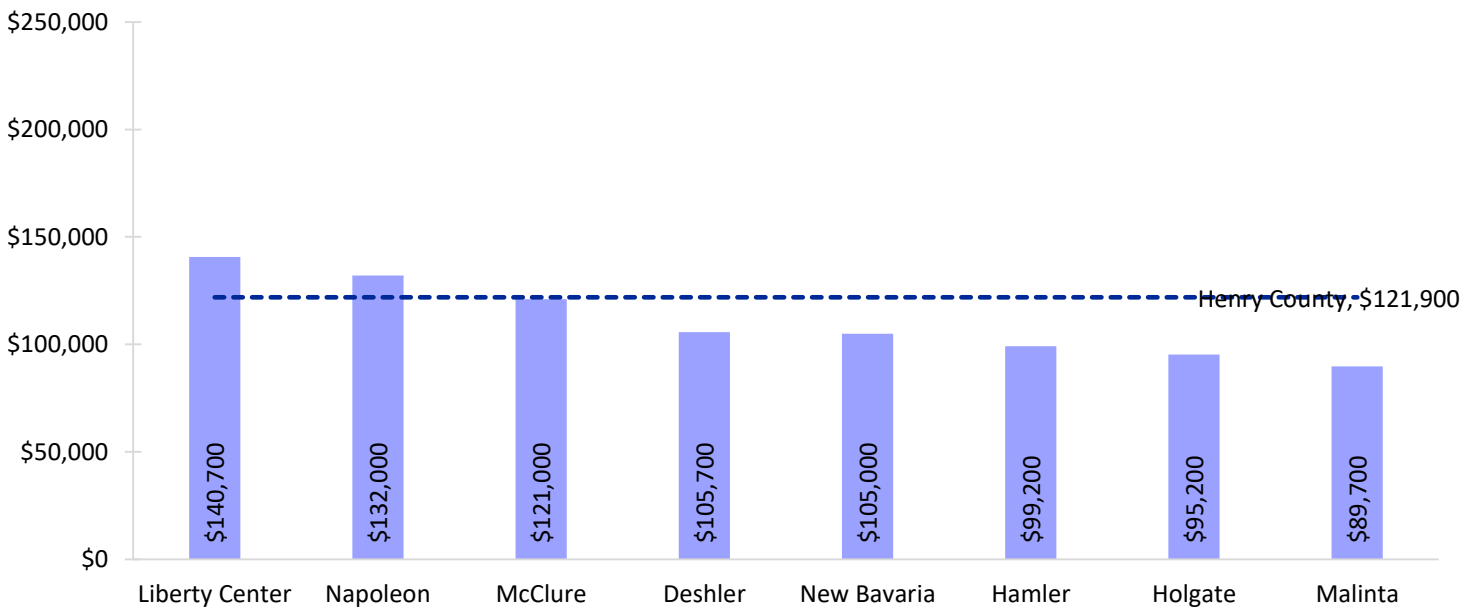


Figure 4.31 Median Value Among Owner-Occupied Housing Units by Zip Code, 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

Health Factor 4 | Economic Stability

Measures of Housing | Housing Instability

Healthy People 2020 recognizes a standard definition of housing instability does not exist. Often, however, the following measures are used to help identify instability:

- Individuals having trouble paying rent
- Overcrowding (e.g. 2 or more people per bedroom or multiple families in a single-family home)
- Moving frequently (e.g. three or more times per year)
 - Can be due to foreclosure, eviction, or other reasons
- Staying with relatives
- Spending the bulk of one's income on housing
 - Spending 30% is an indication of a cost burden
 - Spending 50% is an indication of a severe cost burden
- Homelessness
- Public housing availability—long waiting lists are an indication of instability

Health Factor 4 | Economic Stability

Housing Instability | Monthly Housing Costs as a Percentage of Household Income

The data for monthly housing costs as a percentage of household income are developed from a distribution of “Selected Monthly Owner Costs as a Percentage of Household Income” for owner-occupied and “Gross Rent as a Percentage of Household Income” for renter-occupied units. The owner-occupied categories are further separated into those with a mortgage and those without a mortgage. See sections on “Selected Monthly Owner Costs as a Percentage of Household Income” and “Gross Rent as a Percentage of Household Income” for more details on what characteristics are included in each measure and how these data are comparable to previous ACS and Census 2000 data.

Monthly housing costs as a percentage of household income provide information on the cost of monthly housing expenses for owners and renters. The information offers an excellent measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels. https://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2018_ACSSubjectDefinitions.pdf?#

Recall, the argument regarding renting as an economically better option than buying, if renters were to save the money they save each month on housing costs? Figure 4.32 shows the share of Henry County residents spending 30% or more of their household income on housing costs by tenure (e.g. owners versus renters).

- We can see, in 2018 among households with incomes under \$35,000, a larger share was spending 30% or more of their income on housing among RENTERS as compared to owners.
- Among those with incomes between \$35,000 and 74,999 a smaller share of owner-occupied households were spending 30% or more.
- The pattern reverses again among households with incomes of \$75,000 are considered.

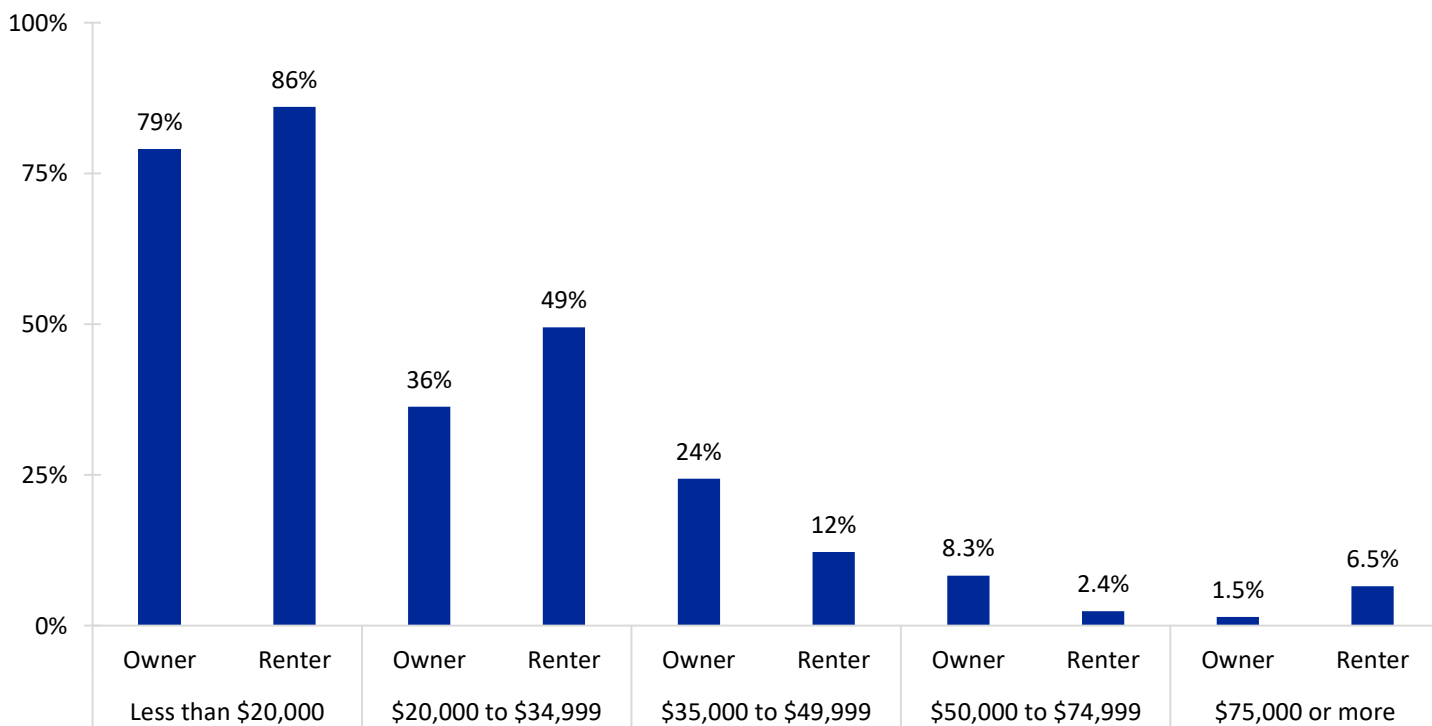


Figure 4.32 Housing Costs Burden % of Henry County Residents with Costs 30% or More of Income. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

Health Factor 4 | Economic Stability

Housing Instability | Non-Movers by Tenure

One of the indicators of housing instability is frequently changing residences. The measures of such are limited in the data available to us. What we do know is if individuals lived in the same home a year ago. Rates of residential stability, when defined in this way are much higher among those living in owner-occupied homes compared to those living in renter-occupied housing.

- In Henry County 93% of householders living in an owner-occupied home lived in the same home a year ago, whereas 70% did so among those living in renter-occupied homes.

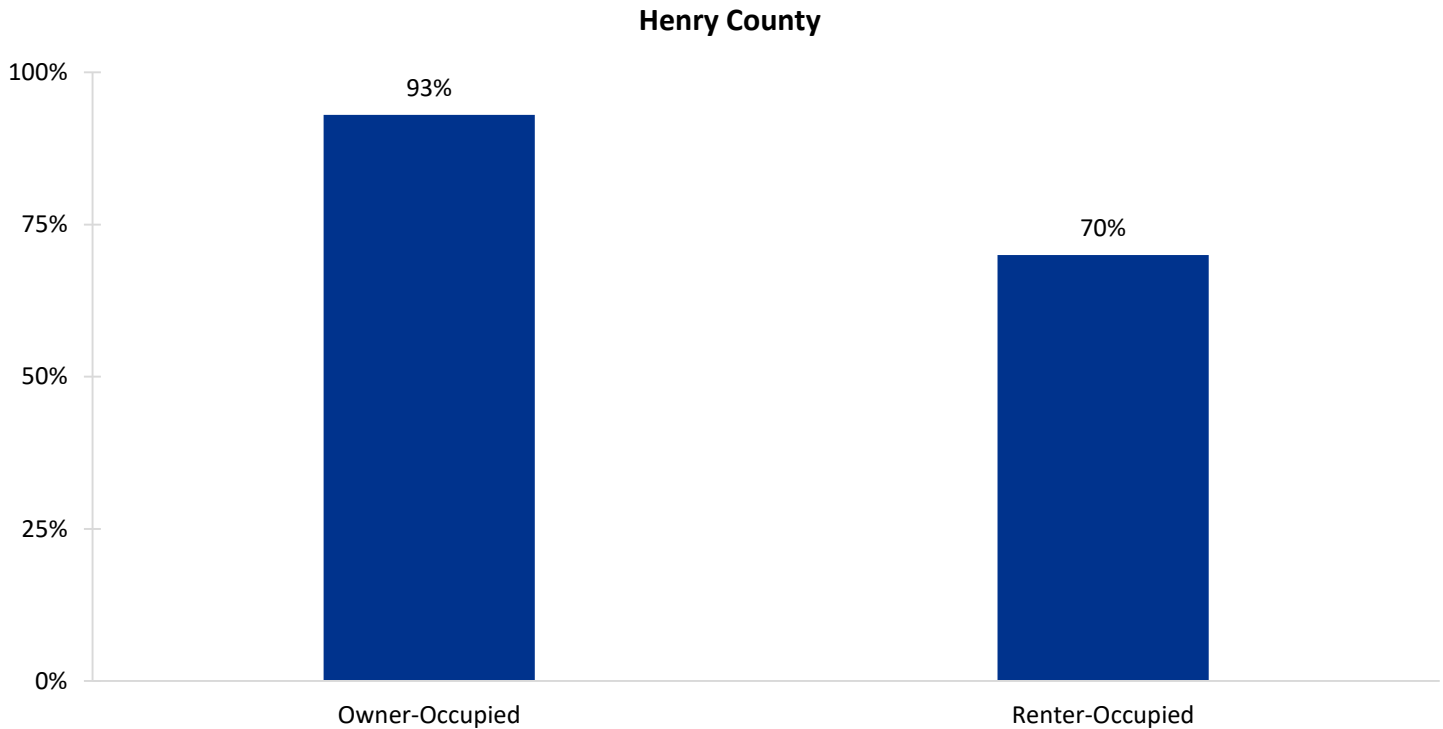


Figure 4.33 Householder Lived in the Same House 1 Year Ago by Whether Householder was an Owner or Renter, Henry County, 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

Health Factor 4 | Economic Stability

Housing Instability | Housing Unit Type

Living in a single unit home is more prevalent among those living in married-couple families compared to non-married family households.

- Putnam and Henry County have the highest percentage among neighboring counties at 95% and was higher than the state (91%) and national (83%) averages.
- Among non-married couple family households headed by men Henry County has the highest percentage living in a single-unit home at 87%. The state average was 75% and the national average was 66%.
- Among women-headed non-married couple family households in Henry County, 69% were living in single unit homes. Henry County's rate was the same as the state average (69%) and slightly higher than the national average of 61%.

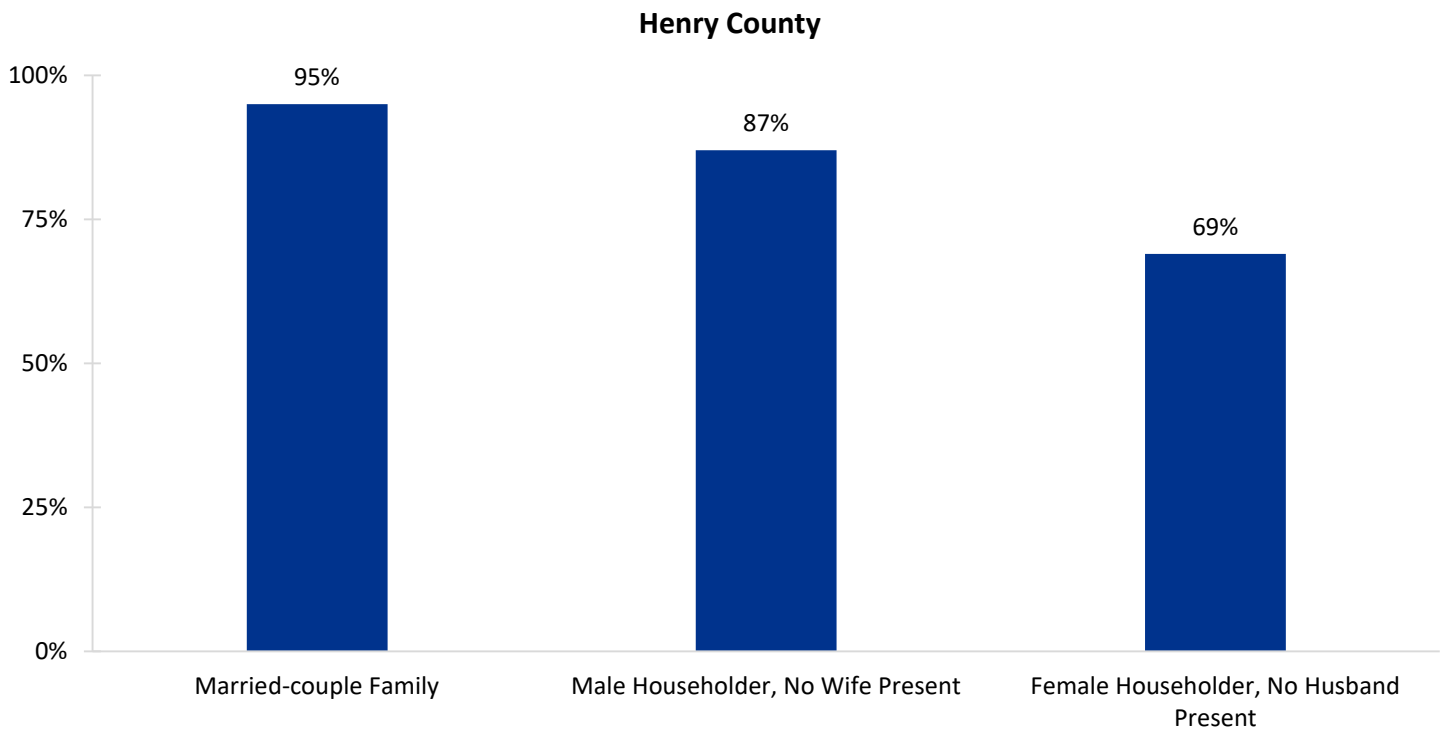


Figure 4.34 Percentage of Family Households Living in 1-Unit Housing Structures by Family Type in Henry County, 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

Health Factor 4 | Economic Stability

Mobile homes are a cheaper alternative to apartment living without the costs associated with traditional homes. They tend to depreciate like automobiles opposed to traditional homes which appreciate. They are also often considered personal property as opposed to real estate property. As such they tend to pay lower taxes but are also subject to loans with higher interest rates because they are seen as a liability as opposed to an asset by lenders. Many areas have adopted zoning laws limiting or disallowing mobile homes in residential areas.

- The percentage of married-couple families living in a mobile home are low. In Henry County there were 3.5% living in a mobile home. This percentage was slightly higher than the state average of 2.7% and slightly lower than the national average of 4.9%.
- Generally, non-married households headed by men have higher percentages living in mobile homes. However, the opposite is true in Henry County where larger shares of women-headed households were living in mobile homes. More specifically 8.4% of male-headed households in Henry County were living in a mobile home and 10.6% of women-headed households were. Both were higher than the state and national averages.

Henry County

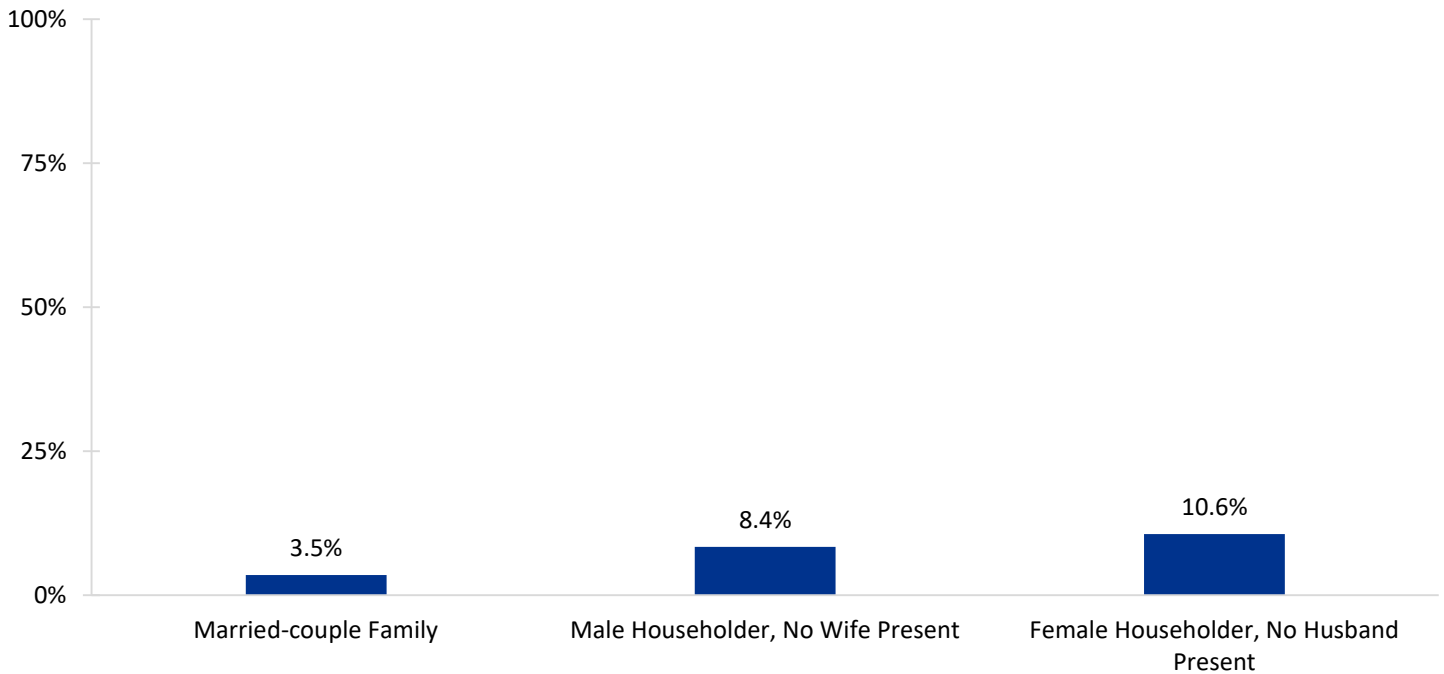


Figure 4.35 Percentage of Family Households Living in a Mobile Home by Family Type in Henry County, 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimates

“Eviction isn’t just a condition of poverty; it’s a cause of poverty. It’s making things worse.”

~Matthew Desmond

Evictions and housing affordability are inextricably linked. Data from Eviction Lab for Henry County from 2001-2016 shows a pattern of peaks and valleys. The highest rate of evictions occurred in 2006 when nearly 4% of renter households were evicted. The next highest eviction rate occurred in 2016—the most recent year for which data are available—when 2.5% of renter households were evicted.

- In 2016, Henry County had an eviction rate of 2.5. The rate was lower than the state of Ohio’s (3.5%) and national average (2.3%).
- Lucas and Henry Counties had the second highest rates in 2016 at 2.5%, whereas Putnam County had the lowest at 1%.

For more information on evictions see: <https://evictionlab.org/>

Figure 39. Henry County Eviction-rate, 2001-2016
Number of Evictions per 100 Renter Homes

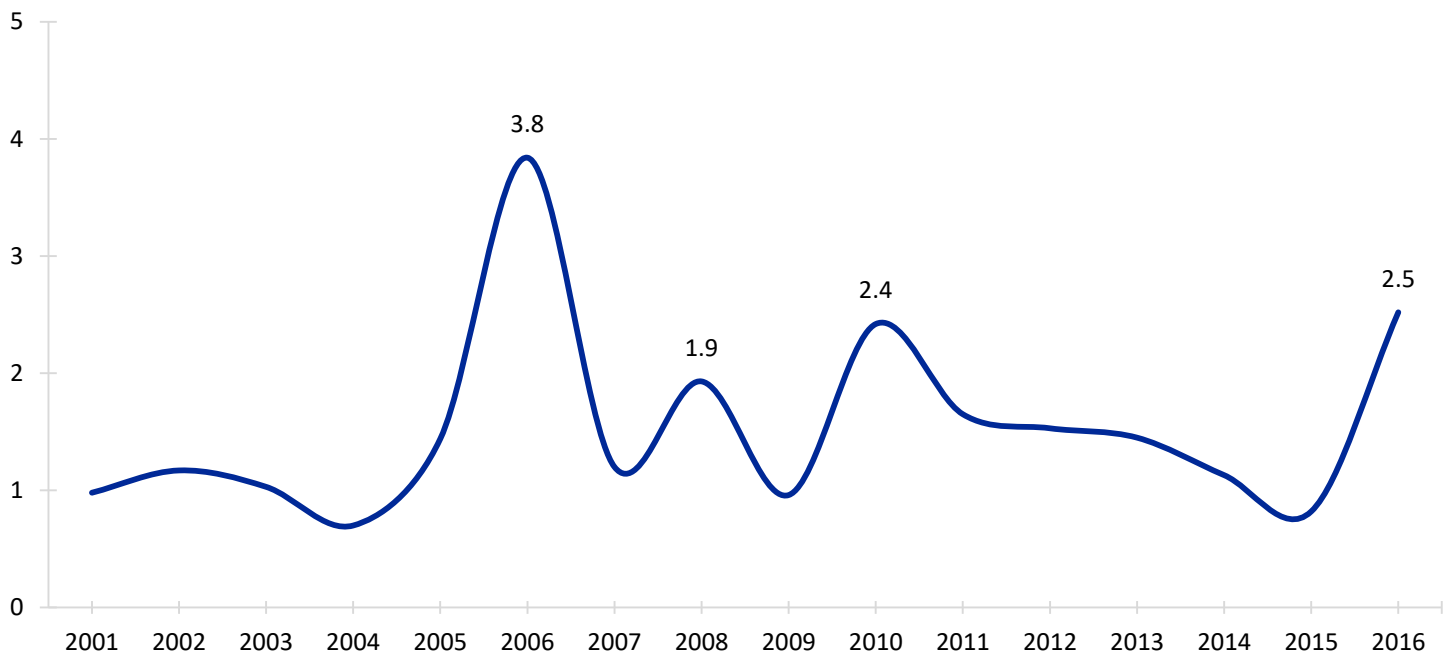


Figure 4.36 Henry County Eviction-rate: Number of Evictions per 100 Renter Homes, 2001-2016. Data Source: © 2018 Eviction Lab. All rights reserved.

Health Factor 4 | Economic Stability

Housing Instability | Foreclosures

Following the real-estate bubble and collapse associated with the Great Recession many Americans have become all too well associated with foreclosures. As a result, American’s perceptions of and subsequent relationship to the housing market has changed. Nationally, the foreclosure rate doubled in the wake of the crisis. It has taken nearly ten years for the rate to reach pre-recession levels and many homeowners are still paying on homes worth less today than when they bought them (see Statista for more information <https://www.statista.com/chart/15466/state-of-foreclosure-after-great-recession/>).

- In 2018 there were about 2 foreclosure filings per 1,000 people in Henry County. This rate is slightly lower than the state of Ohio’s rate of nearly 3.
- Paulding County had the highest foreclosure rate of 3.3 and Putnam County had the lowest of 1.

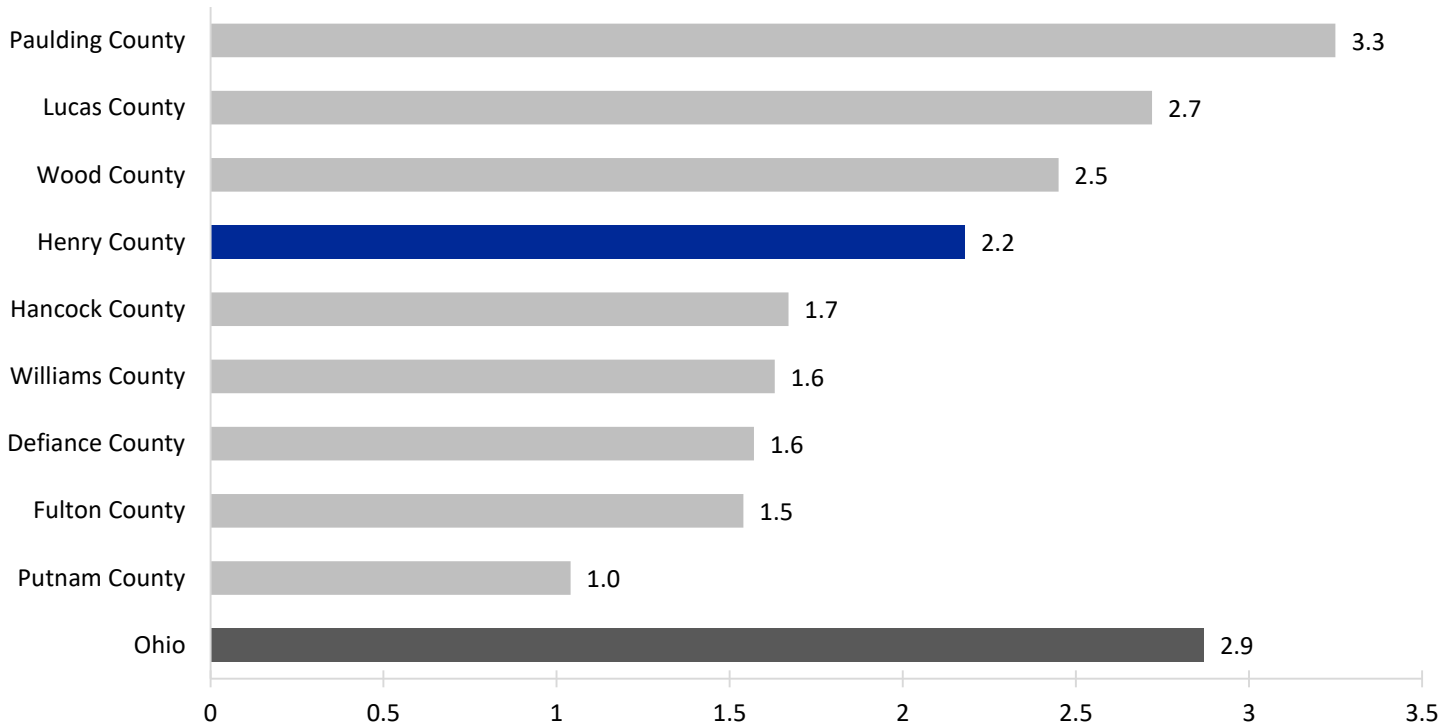


Figure 4.37 County Rankings of Foreclosure Filings per 1,000 Population for Henry County and its Neighboring Counties, 2018. Data Source: 2018 Ohio Supreme Court filing data. Population data from: American Fact Finder, U.S. Census Bureau, Table PEPANNRES Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2018. 2018 retrieved by Ayame Whitfield, 7/3/2019. 2018 data <https://www.policymattersohio.org/files/research/080619foreclosurereportaw.pdf>.

Poverty

In this report, we will dedicate a lot of space to the examination of poverty. *Why examine poverty as opposed to household income when income is considered an indicator of health equity?* Because income only tells part of the story and leaves out a very important factor—the number of individuals living in a household. Simply put, a married couple without children living in the same community as a married couple with two children would have a much easier time living off of \$55,000 a year.

How the Census Bureau Measures Poverty

Following the Office of Management and Budget's (OMB) Statistical Policy Directive 14, the Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using the Consumer Price Index (CPI-U). The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps).

The income used to compute poverty status includes (before taxes):

- Earnings
- Unemployment compensation
- Workers' compensation
- Social Security
- Supplemental Security Income
- Public assistance
- Veterans' payments
- Survivor benefits
- Pension or retirement income
- Interest
- Dividends
- Rents
- Royalties
- Income from estates
- Trusts
- Educational assistance
- Alimony
- Child support
- Assistance from outside the household
- Other miscellaneous sources

People Whose Poverty Status Cannot Be Determined

- Institutional group quarters (such as prisons or nursing homes)
- College dormitories
- Military barracks
- Living situations without conventional housing (and who are not in shelters)

Additionally, poverty status cannot be determined for unrelated individuals under age 15 (such as foster children) because income questions are asked of people age 15 and older and, if someone is under age 15 and not living with a family member, we do not know their income. Since we cannot determine their poverty status, they are excluded from the “poverty universe” (table totals).

Table 4.3 Poverty Thresholds for 2017 by Size of Family and Number of Related Children Under 18 Years

Size of family unit	Weighted average thresholds	Related children under 18 years									
		None	One	Two	Three	Four	Five	Six	Seven	Eight or more	
One person (unrelated individual):	\$12,488										
Under age 65.....	\$12,752	\$12,752									
Aged 65 and older.....	\$11,756	\$11,756									
Two people:	\$15,877										
Householder under age 65.....	\$16,493	\$16,414	\$16,895								
Householder aged 65 and older.....	\$14,828	\$14,816	\$16,831								
Three people.....	\$19,515	\$19,173	\$19,730	\$19,749							
Four people.....	\$25,094	\$25,283	\$25,696	\$24,858	\$24,944						
Five people.....	\$29,714	\$30,490	\$30,933	\$29,986	\$29,253	\$28,805					
Six people.....	\$33,618	\$35,069	\$35,208	\$34,482	\$33,787	\$32,753	\$32,140				
Seven people.....	\$38,173	\$40,351	\$40,603	\$39,734	\$39,129	\$38,001	\$36,685	\$35,242			
Eight people.....	\$42,684	\$45,129	\$45,528	\$44,708	\$43,990	\$42,971	\$41,678	\$40,332	\$39,990		
Nine people or more.....	\$50,681	\$54,287	\$54,550	\$53,825	\$53,216	\$52,216	\$50,840	\$49,595	\$49,287	\$47,389	

Source: U.S. Census Bureau

For more information on Census Bureau Poverty Thresholds see:

<https://www.census.gov/topics/income-poverty/guidance/poverty-measures.html>

Health Factor 4 | Economic Stability

Poverty, Henry County Trend over Time

- The percentage of Henry County residents living below the federal poverty level has declined between 2013 and 2017—from 13.5% to 9.0%.
- The percentage living below the federal poverty level in Henry County is lower than the percentage in Ohio (14.9%) and the U.S. (14.6%). Relatively speaking, this indicates Henry County residents are better off than the average Ohioan or the average American regarding the share living in poverty.

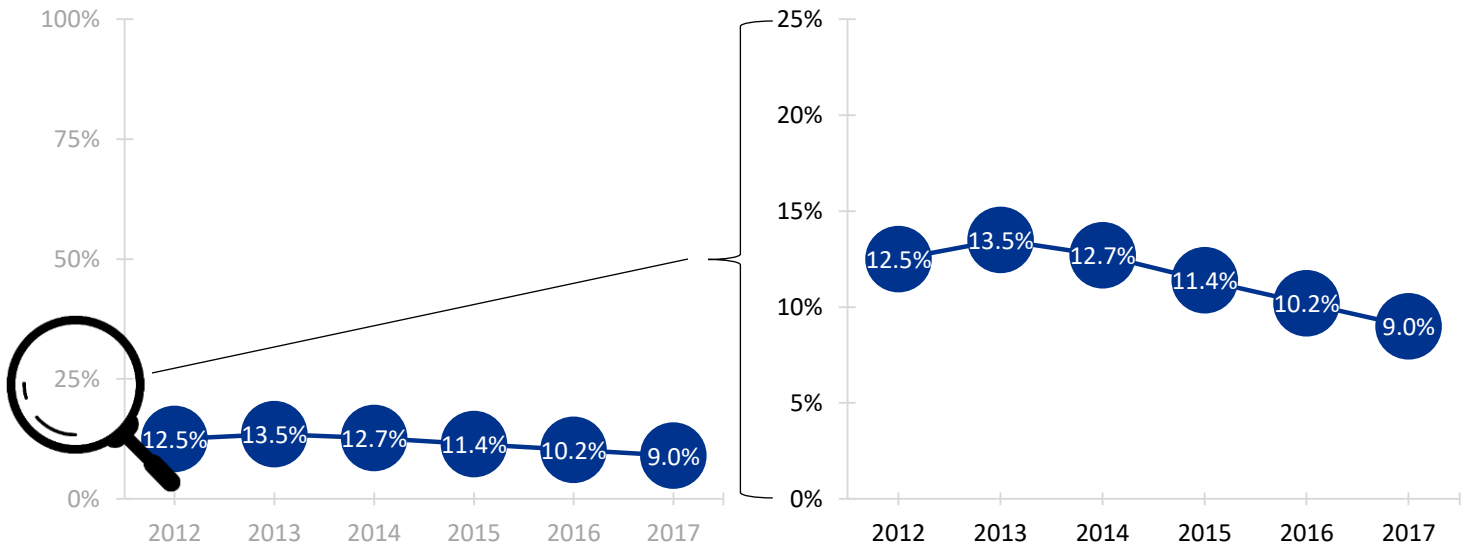


Figure 4.38 Trend in the Percentage of Henry County Ohio Residents Living in Poverty, 2012-2017. Data Source: U.S. Census Bureau, 2008-2012, 2009-2013, 2010-2014, 2011-2015, 2012-2016, 2013-2017 American Community Survey 5-Year Estimates

The percentage of Henry County residents living below the federal poverty level has declined between 2013 and 2017—from 13.5% to 9.0%.

Health Factor 4 | Economic Stability

Poverty | Percentage of Total Population by Gender

The risk of living in poverty differs by gender—generally speaking, larger shares of [girls/women] live in poverty compared to [boys/men]. This holds true at the national, state, and county levels.

- In the United States, 13.3% of [boys/men] and 15.8% of [girls/women] are living in poverty.
- The state-level percentages were similar to the national-level—13.6% of [boys/men] and 16.2% of [girls/women] are living in poverty.
- At the county-level—regardless of gender, Lucas County had the largest share living in poverty—19% of [boys/men] and 20.5% of [girls/women]. Similarly, Putnam County has the lowest share—5.9% among [boys/men] and 8.4% among [girls/women].
- Among neighboring counties, Henry County had the second lowest share of [boys/men] and [girls/women] living in poverty.

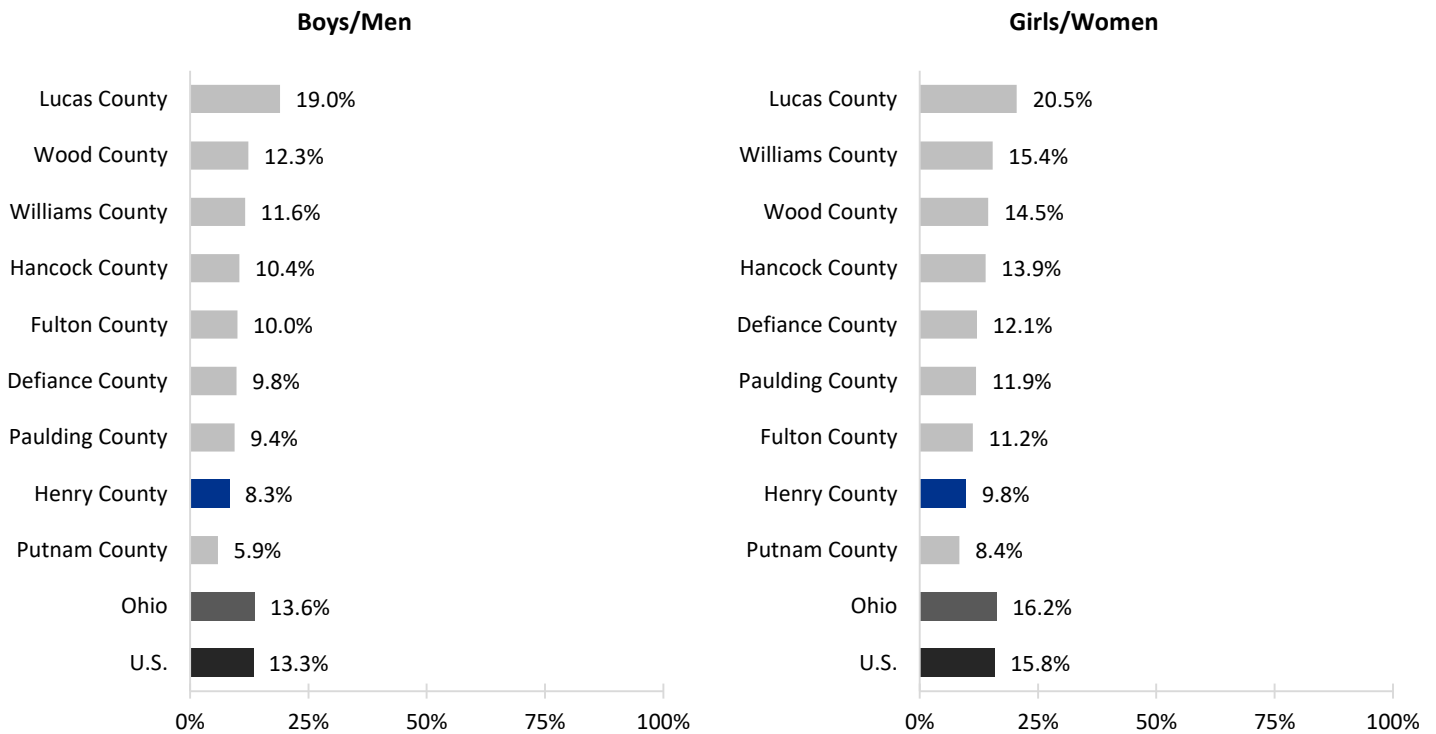


Figure 4.39 County Rankings of the Percentage of the Population Living in Poverty by Gender for Henry County and its Neighboring Counties, the State of Ohio, and the Nation, 2017. Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Health Factor 4 | Economic Stability

Poverty | Total Population by Disability Status

The disabled population has a larger percentage living in poverty than the non-disabled population, regardless of residence. Nationally, 19% of the disabled population is living in poverty compared to 12% of the non-disabled population.

- Among the disabled population, the percentage living in poverty is smaller in neighboring counties than at the state or national levels, except for Lucas County. Lucas County has the highest poverty rate among the disabled at 22%.
- The lowest poverty rate among the disabled population is found in Putnam County at 12%.
- Henry County is in the middle of the pack at 14% of the disabled population living in poverty. This rate is twice that of the non-disabled in Henry County where only 7% are living in poverty.

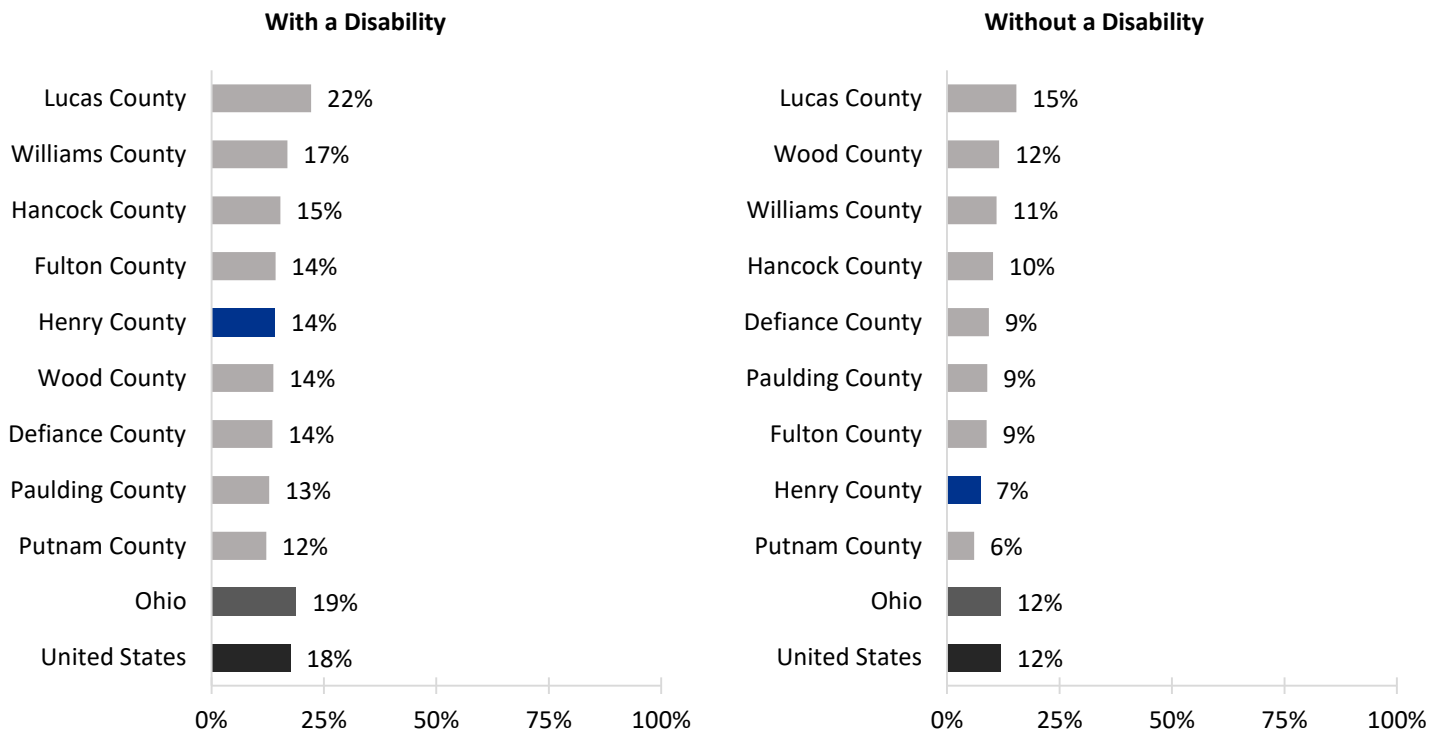


Figure 4.40 County Rankings of the Percentage of the Population Living in Poverty by Disability Status for Henry County and its Neighboring Counties, the State of Ohio, and the Nation, 2017. Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Health Factor 4 | Economic Stability

Poverty | Percentage of Total Population by Race/Ethnicity

Poverty is not experienced by all race/ethnic groups equally.

- Non-Hispanic White residents have the smallest percentage living in poverty at 8%.
- The percentage among Hispanics (of any race) is nearly twice as high as the percentage among non-Hispanic Whites.
- One-third of Blacks in Henry County are living in poverty, This percentage is more than double the percentage among Hispanics, and more than four-times the percentage among non-Hispanic Whites.

Henry County

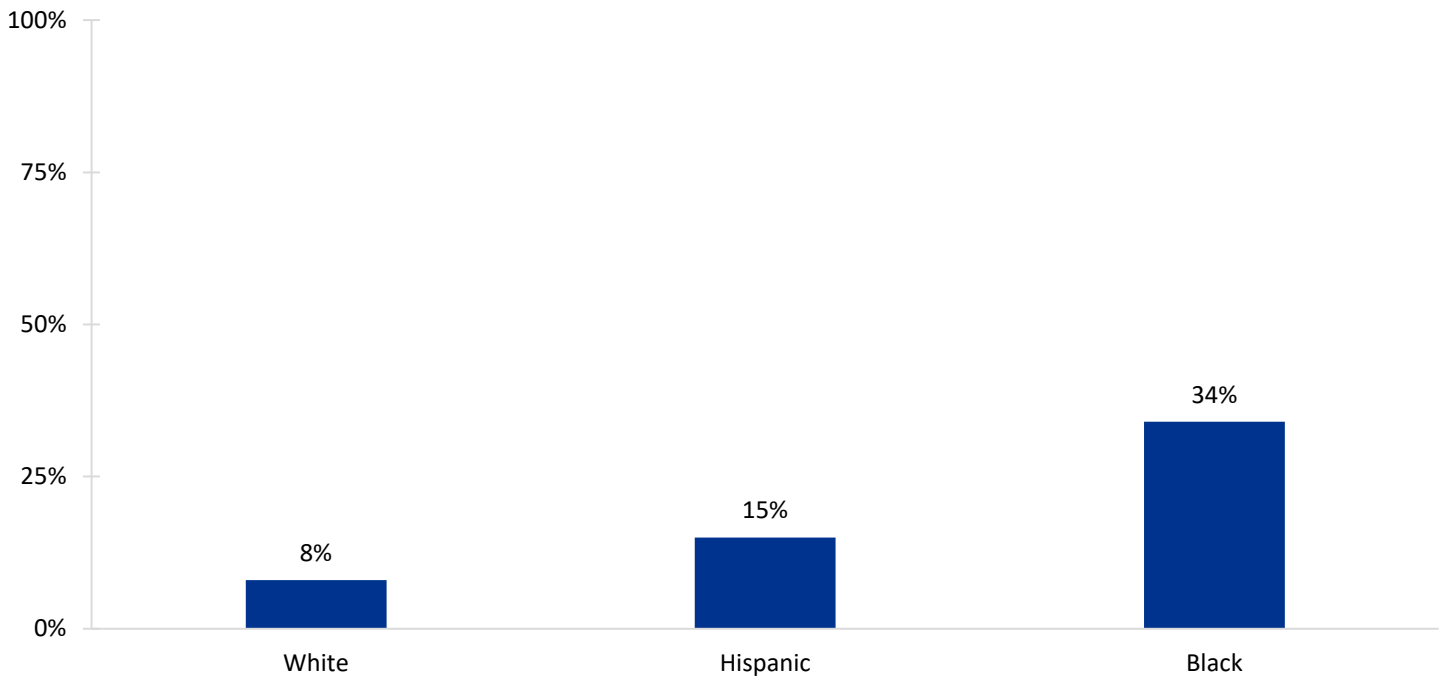


Figure 4.40 Percentage of the Population Living in Poverty by Race/Ethnicity for Henry County, 2017. Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Health Factor 4 | Economic Stability

Poverty | Percentage of Population Aged 25 and Older by Educational Attainment

There is an educational attainment gradient in the poverty rate such that as educational attainment increases, the percentages living in poverty decrease.

- Among those with less than a high school education the percentage living in poverty among Henry County residents is 21%.
- There is a marked decrease in the percentage of individuals living in poverty as educational attainment of the population increases. The share among those with a high school diploma/GED and those with some college/associate degree are very similar—6% and 7%, respectively.
- The smallest rates of poverty are found among those with the highest level of educational attainment. Among Henry County’s residents with at least a Bachelor’s degree, 4% are living in poverty.

Henry County

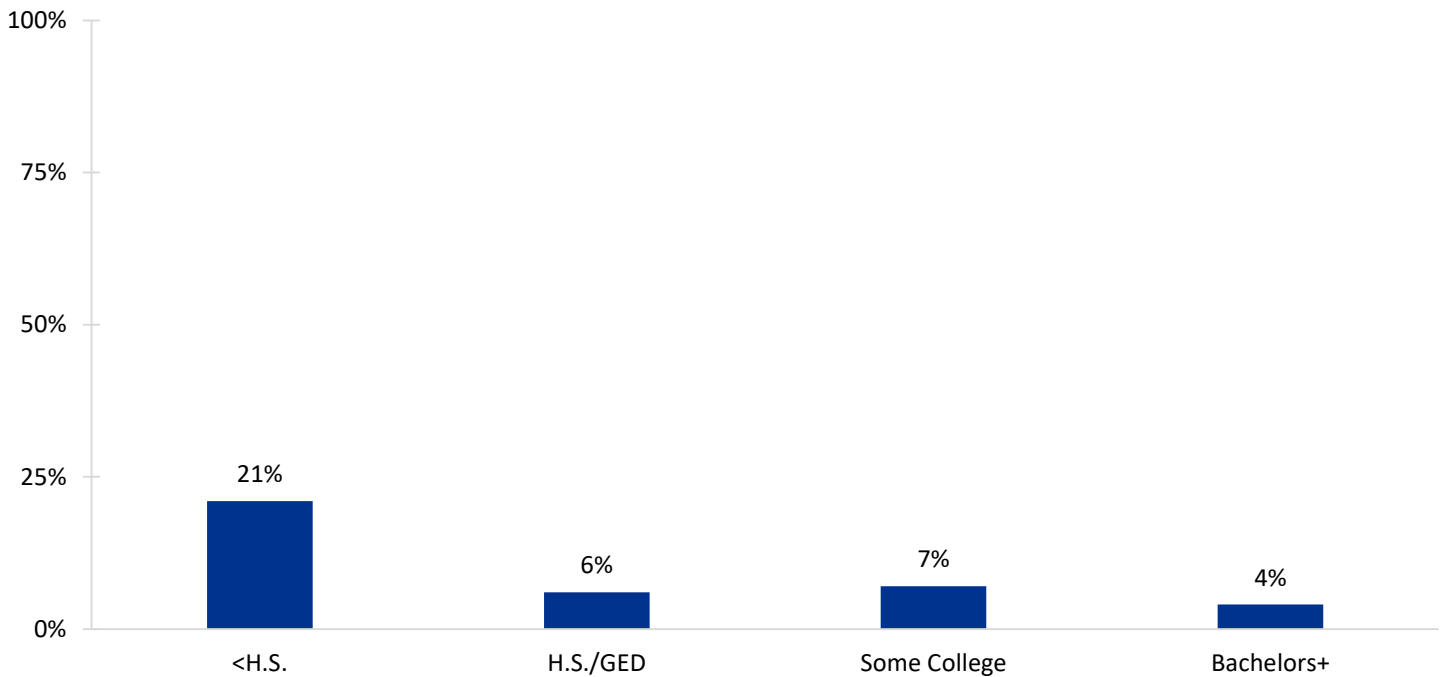


Figure 4.41 Percentage of Henry County Residents Age 25 and Older Living in Poverty by Educational Attainment, 2017. Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Health Factor 4 | Economic Stability

Poverty | Percentage of Total Population by Age

Generally, the risk of poverty varies with age. For the most part, as age increases the risk of poverty decreases (aka, a negative linear relationship) with slight bumps in the share living in poverty at the bookends of adulthood (e.g. among young adults and among those aged 75 years and older). Data in Figure 4.42 for the U.S., Ohio, and Henry County provide examples of this relationship.

- Although Henry County residents' pattern of poverty imitates that at the national and state levels, a smaller share of Henry County residents were living in poverty at nearly every age group examined. The one exception was among those in the oldest age group. Those aged 75 and older in Henry County have similar average shares living in poverty as those in the rest of the state of Ohio (9%).

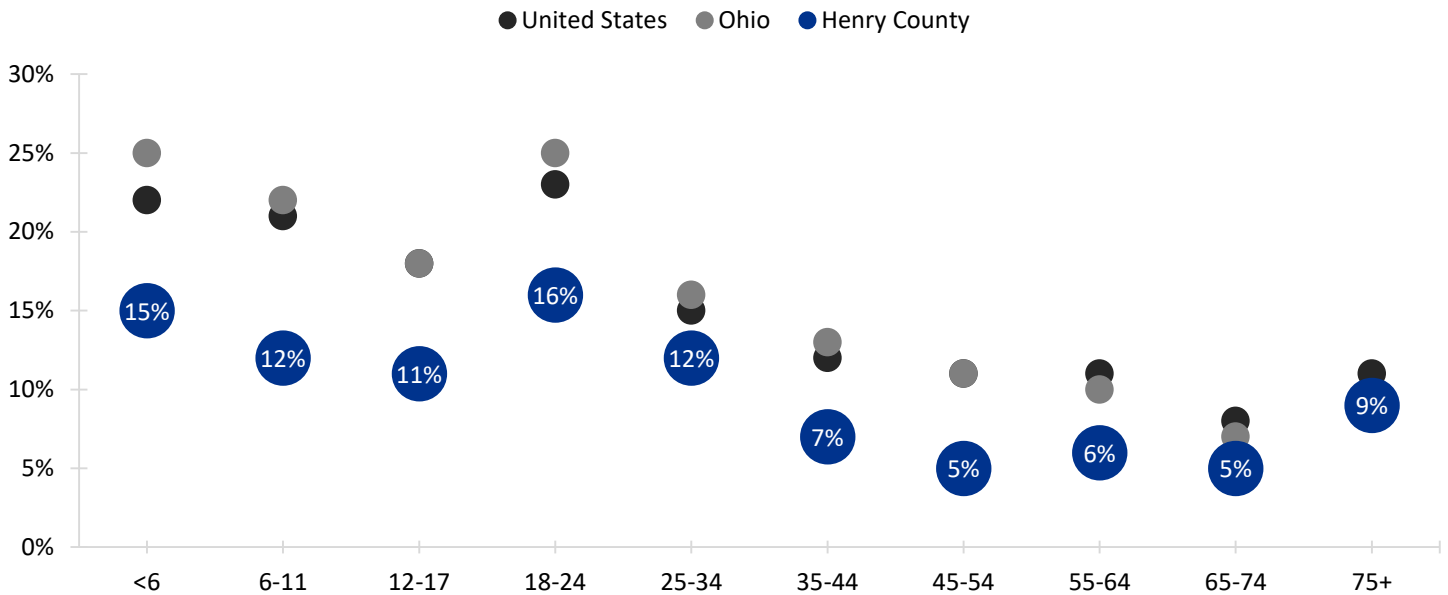


Figure 4.42 Percentage of Henry County Residents Living in Poverty by Age Group, 2017. Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

- It's important to remember, the estimates discussed in this report represent REAL people. To put this into perspective, Estimates indicated about **785 children**, **1,346 adults**, and **306 elderly persons** are living in poverty in Henry County.

Poverty | Summary by Health Equity Measures

In summary, the previous figures indicate disparities in poverty by measures of health equity among Henry County, Ohio residents. Those who appear to be at greater risk are:

- *Girls/Women*
- *The disabled*
- *Race/Ethnic minorities*
- *Those with <H.S. education*
- *Individuals under the age of 35*

Health Factor 4 | Economic Stability

Poverty | Percentage of Families

When we limit the data to individuals living in families (as opposed to those living solo or with non-related roommates, for example), 5.8% of Henry County families are living in poverty.

- This figure is nearly half that of the state and national levels of 10.8% and 10.5%, respectively.
- Compared to neighboring counties, Henry County families have the smallest share living in poverty at 5.8%.

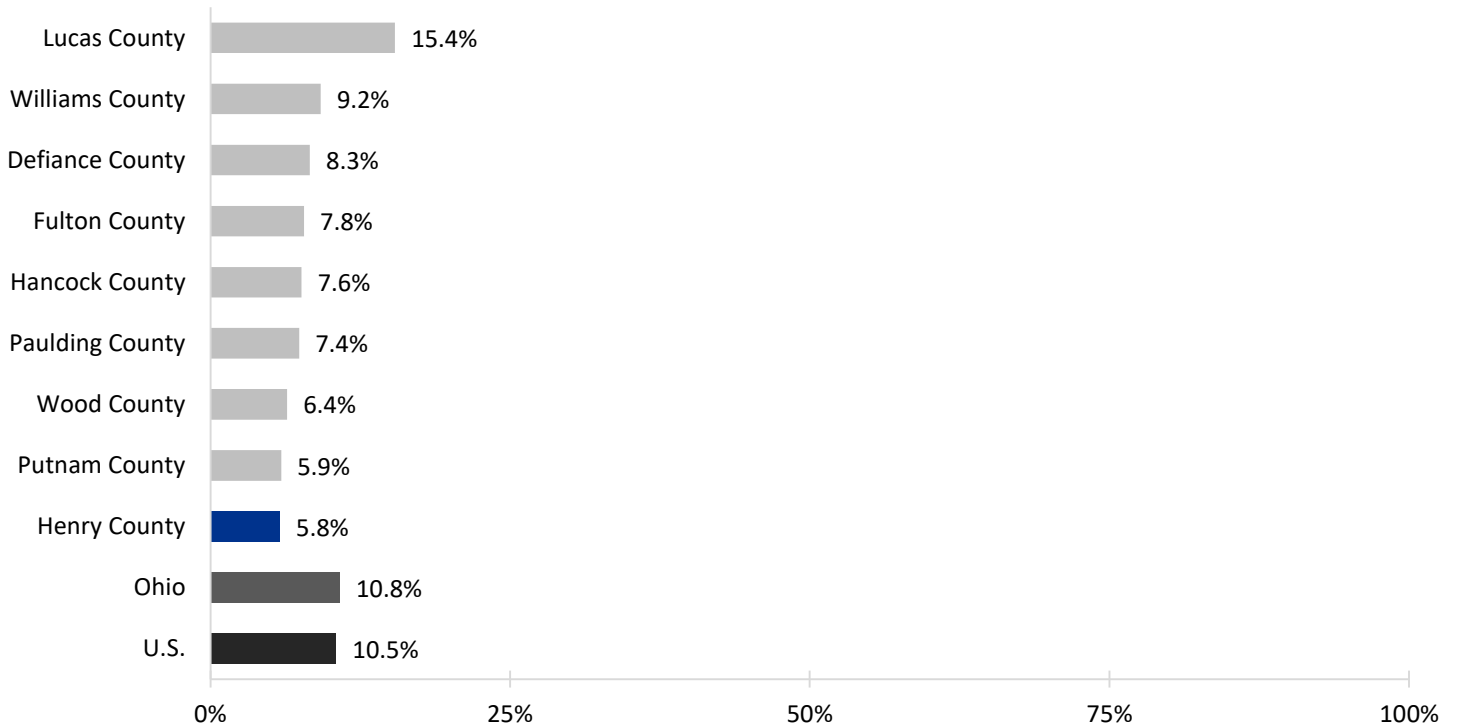


Figure 4.43 County Rankings of the Percentage of Families Living in Poverty for Henry County and its Neighboring Counties, the State of Ohio, and the Nation, 2017. Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

*“Compared to neighboring counties, Henry County families have the **smallest** share living in poverty at 5.8%.”*

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 4 | Economic Stability

Despite the low overall poverty rate among families in Henry County, there is substantial variation by zip code within the County.

- The poverty rate of families ranges from a high of 10.8% living in Deshler to a low of 1.6% living in Malinta.
- Of the eight major Henry County zip codes, however, only two have family poverty rates higher than the overall county average—Deshler and Napoleon.

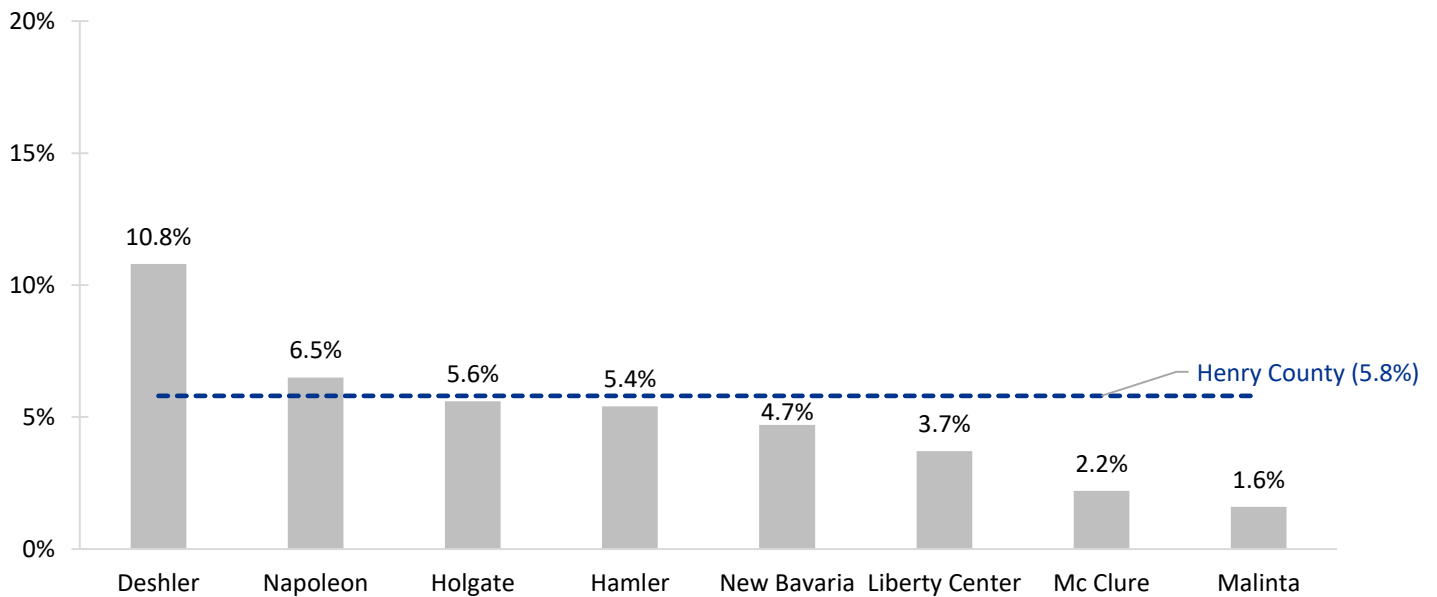


Figure 4.44 Percentage of Henry County Families Living in Poverty by Zip Code, 2017. Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

456 Henry County *families* were living in poverty in 2017

Health Factor 4 | Economic Stability

Poverty | Percentage of Children

Regarding children, at 12%, the share of Henry County minor residents living in poverty is substantially lower than that in Ohio (21%) and the entire U.S. (20%).

- Compared to neighboring counties, Henry County has one of the lower child poverty rates. Wood County (11%) and Putnam County (10%) are the only two counties with rates lower than Henry County.

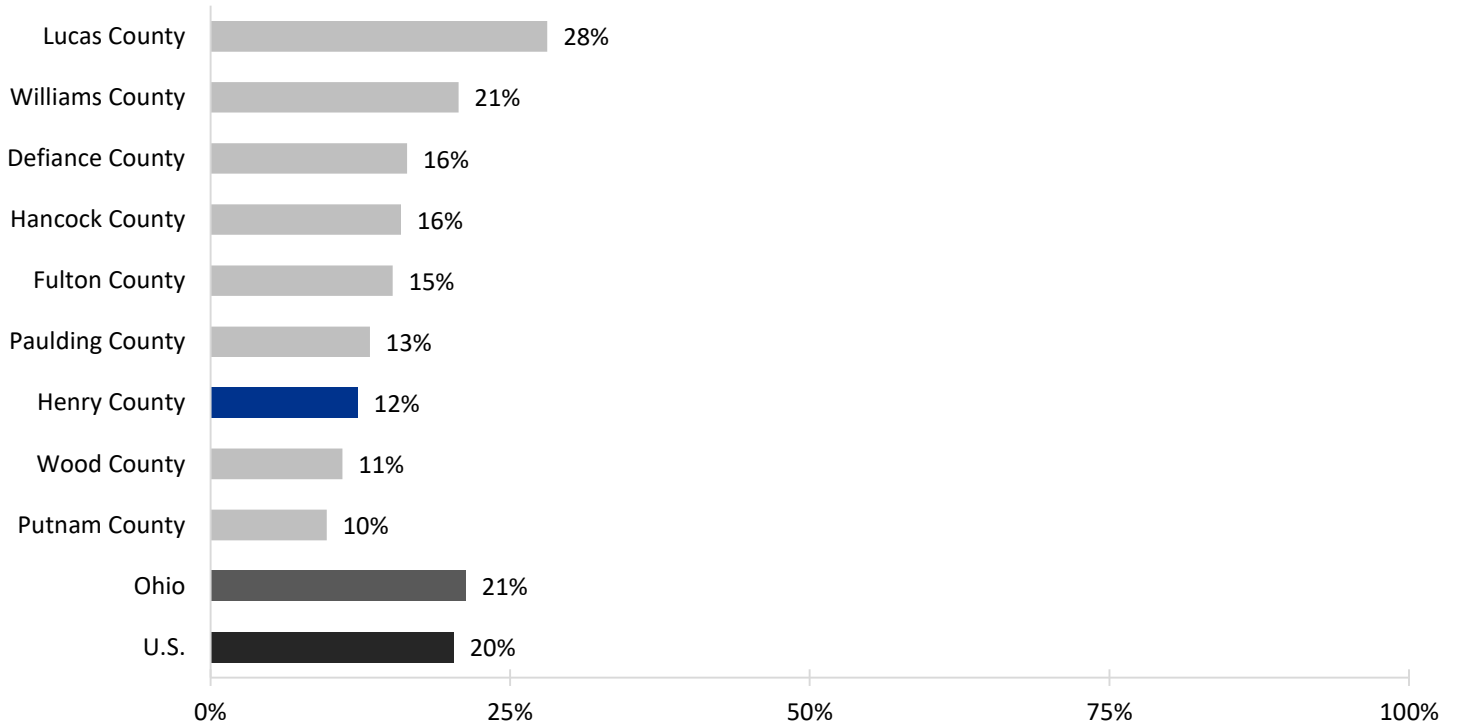


Figure 4.45 County Rankings of the Percentage of Children Living in Poverty for Henry County and its Neighboring Counties, the State of Ohio, and the Nation, 2017. Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 4 | Economic Stability

As with poverty rates at the family-level, we also find variation in the rate of poverty among children by major zip code within Henry County.

- The community with the highest child-level poverty rate is Deshler at 21%. This percentage is in line with state and national levels.
- The two communities with the lowest child poverty rate are Malinta and McClure at 4%.
- Three communities have rates higher than the county average—Deshler, Hamler, and Napoleon.

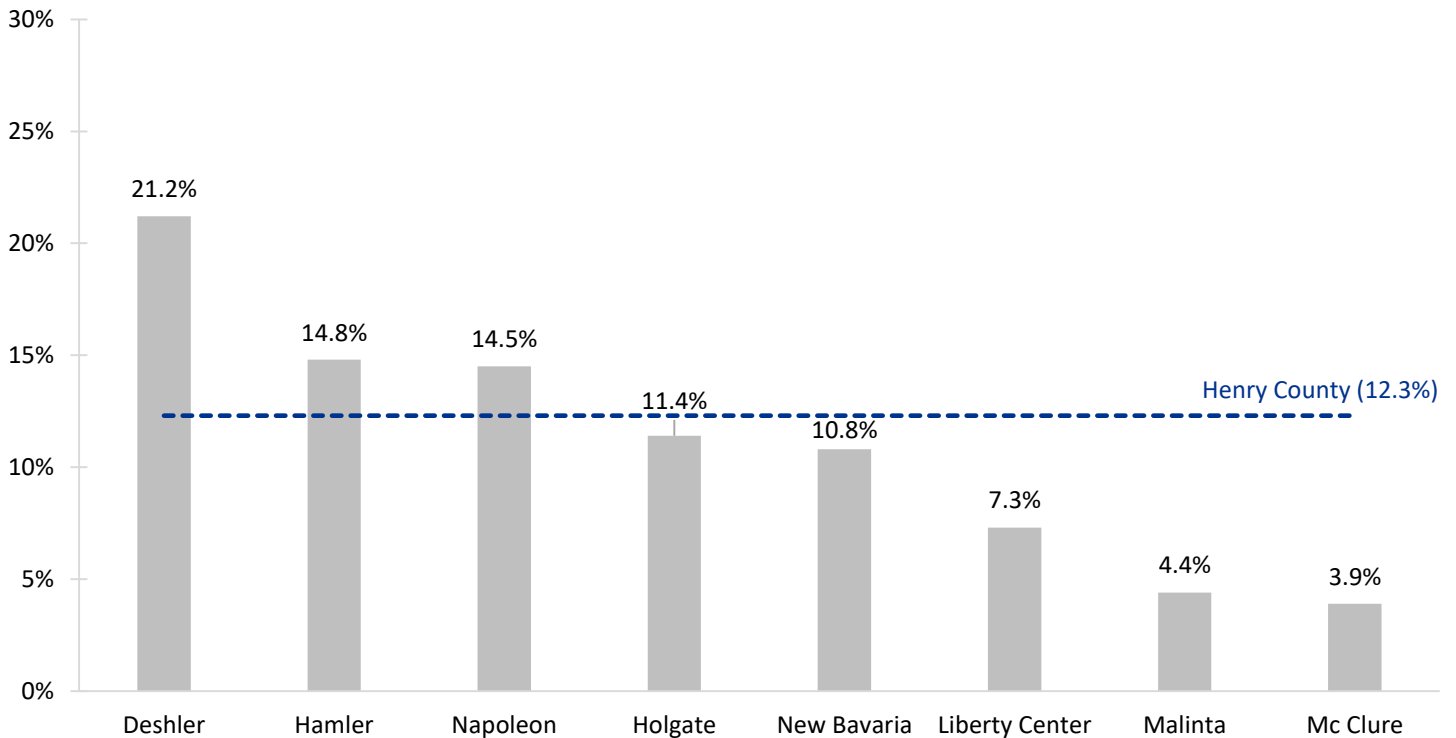


Figure 4.46 Percentage of Henry County Children Living in Poverty by Zip Code, 2017. Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

*An estimated **785** Henry County **children** were living below the federal poverty level in 2017*

Health Factor 4 | Economic Stability

Poverty | Percentage of School-Aged Children by School District

Another group of interest is that of school-aged children, e.g. children aged 5-17. In 2017 the poverty level for a four-person family was \$24,300 a year—the year for which we mostly recently have data. In 2019 the poverty level for a four-person family is \$25,750.

- In 2017, **632** school-aged children (aged 5-17) in Henry county school districts were living **below** the poverty level.
 - Holgate → 55 children
 - Liberty Center → 87 children
 - Napoleon → 361 children
 - Patrick Henry → 129 children
- When the overall **percentage** of children living below the poverty level is examined by the four public school districts in Henry County, there is little variation.
 - Holgate, Napoleon, and Patrick Henry all have rates around 14/15%.
 - One school district—Liberty Center—has a substantially lower poverty rate at 8%.

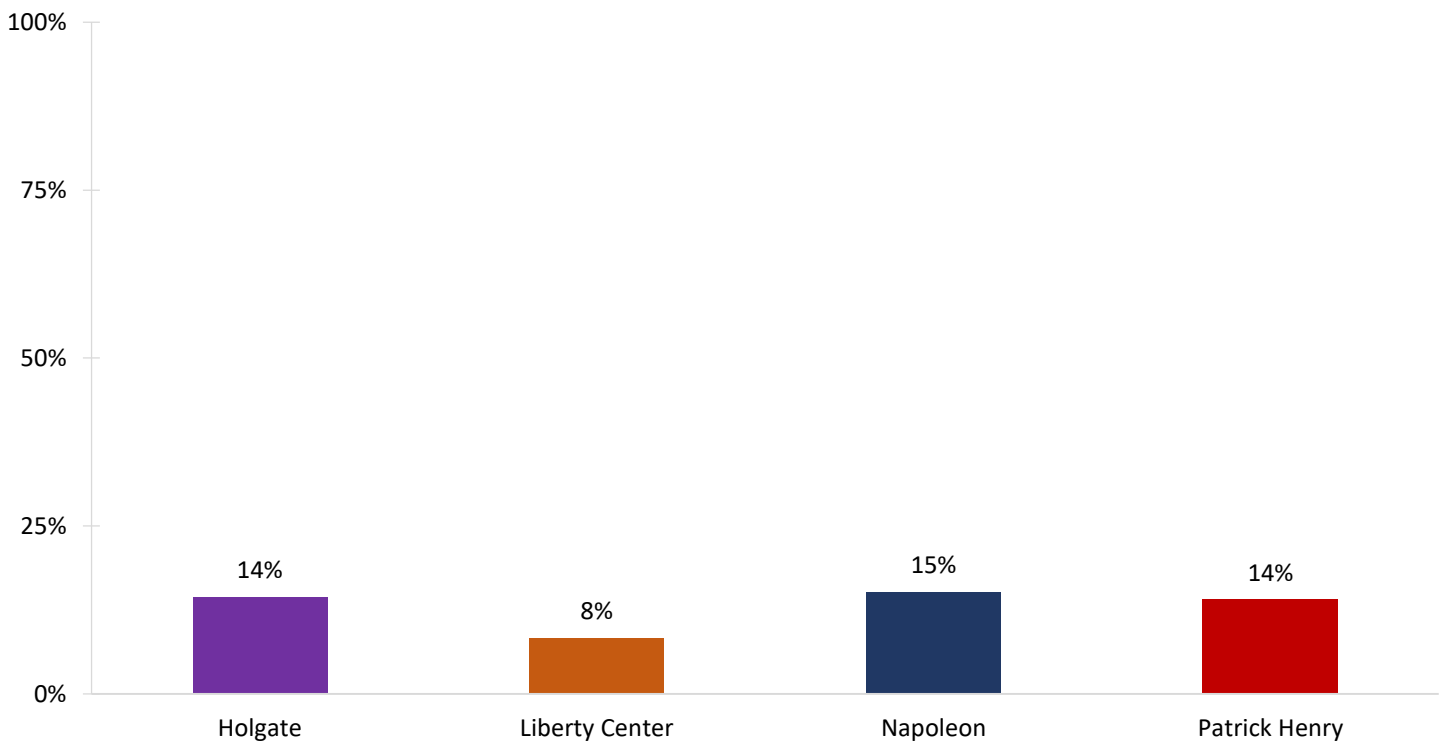


Figure 4.47 Percentage of Henry County School-Aged Children Living in Poverty by Public School District, 2017. Data Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

Health Factor 4 | Economic Stability

Poverty | Percentage of Grandparents Raising Grandchildren

The final group for which we examine poverty rates are those individuals aged 35 years and older and living with (a) grandchild(ren) by whether they report being responsible for said grandchild(ren).

- The poverty rate for Henry County residents who are responsible for their resident grandchild(ren) was 19%, which is twice as high as similarly aged individuals who were NOT responsible for their resident grandchild(ren).

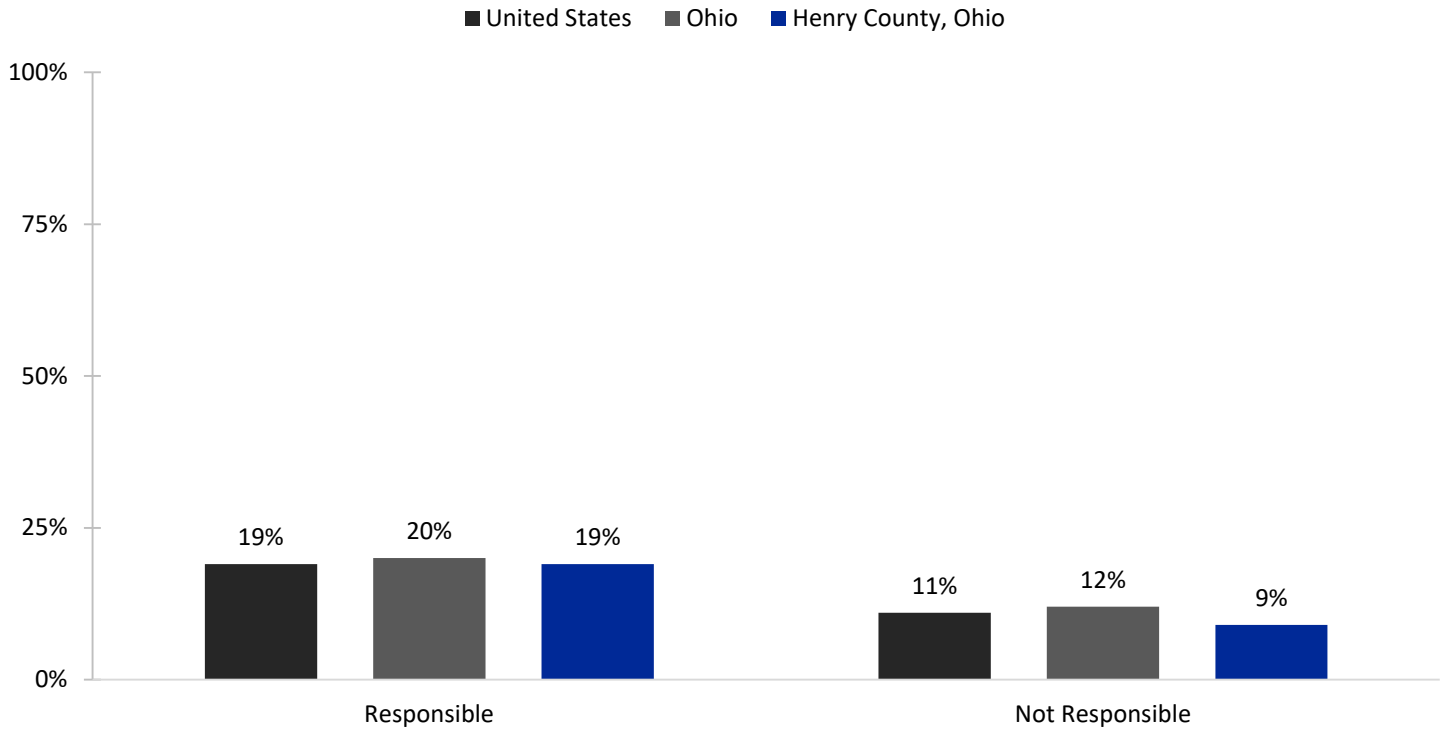


Figure 4.48 Percentage in Poverty Among of Individuals Aged 35 and Older Living with a Grandchild by Whether the Grandparent is Responsible for their Grandchild(ren) Henry County, the State of Ohio, and the Nation, 2018. Data Source: U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates

Health Factor 4 | Economic Stability

Measures of Poverty | ALICE: A New Lens for Financial Hardship

Asset Limited, Income Constrained, and Employed

The ALICE project represents a framework, language, and tools to measure and understand the struggles of the growing number of households in our communities that do not earn enough to afford necessities. The ALICE Threshold is the bare-minimum economic survival level that is based on the local cost of living in each area.

Table 4.4 Household Survival Budget for Henry County Ohio, 2016

	Single Adult	Married Couple	1 Adult, 1 School-Age Child	1 Adult, 1 Infant	2 Adults, 2 School-Aged Children
Housing	\$467	\$524	\$524	\$524	\$658
Child Care	\$–	\$–	\$202	\$617	\$405
Food	\$182	\$414	\$344	\$287	\$691
Transportation	\$349	\$418	\$418	\$418	\$697
Health Care	\$214	\$429	\$492	\$492	\$800
Miscellaneous	\$149	\$218	\$222	\$269	\$356
Technology	\$55	\$75	\$55	\$55	\$75
Taxes	\$220	\$317	\$184	\$294	\$231
Monthly Total	\$1,636	\$2,395	\$2,441	\$2,956	\$3,913
Annual Total	\$19,632	\$28,740	\$29,292	\$35,472	\$46,956
Hourly Wage	\$9.82	\$14.37	\$14.65	\$17.74	\$23.48

Note: The budgets reflect different costs based on the age of children in the household; full-day care for infants and preschoolers (4-year-old) and after school care for school-age children. To create budgets for additional family types: For an additional infant, increase the total budget by 15 percent; for an additional 4-year-old, by 14 percent; and for a school-age child, by 6 percent.

Source: U.S. Department of Housing and Urban Development; U.S. Department of Agriculture; Bureau of Labor Statistics; Internal Revenue Service; Tax Foundation; and Ohio Department of Job and Family Services, 2016.

Table 4.5 Household Stability Budget for Henry County Ohio, 2016

	Single Adult	Married Couple	1 Adult, 1 School-Aged Child	1 Adult, 1 Infant	2 Adults, 2 School-Aged Children
Housing	\$655	\$823	\$823	\$823	\$981
Child Care	\$–	\$–	\$267	\$693	\$534
Food	\$352	\$759	\$663	\$497	\$1,334
Transportation	\$360	\$721	\$721	\$721	\$1,201
Health Care	\$285	\$633	\$857	\$857	\$1,107
Miscellaneous	\$176	\$307	\$344	\$370	\$529
Savings	\$176	\$307	\$344	\$370	\$529
Technology	\$109	\$129	\$109	\$109	\$129
Taxes	\$436	\$702	\$649	\$696	\$1,115
Monthly Total	\$2,549	\$4,381	\$4,777	\$5,136	\$7,459
Annual Total	\$30,588	\$52,572	\$57,324	\$61,632	\$89,508
Hourly Wage	\$15.29	\$26.29	\$28.66	\$30.82	\$44.75

Note: The budgets reflect different costs based on the age of children in the household; full-day care for infants and preschoolers (4-year-old) and after school care for school-age children. To create budgets for additional family types: For an additional infant, increase the total budget by 11 percent; for an additional 4-year-old, by 12 percent; and for a school-age child, by 5 percent.

Source: U.S. Department of Housing and Urban Development; U.S. Department of Agriculture; Bureau of Labor Statistics; Internal Revenue Service; Tax Foundation; and Ohio Department of Job and Family Services, 2016. Reference: UnitedForALICE.org

Health Factor 4 | Economic Stability

- Combining economic information, we observe that when the poverty threshold is stacked on top of the ALICE threshold there were 36% of households living BELOW the survival threshold in 2016.

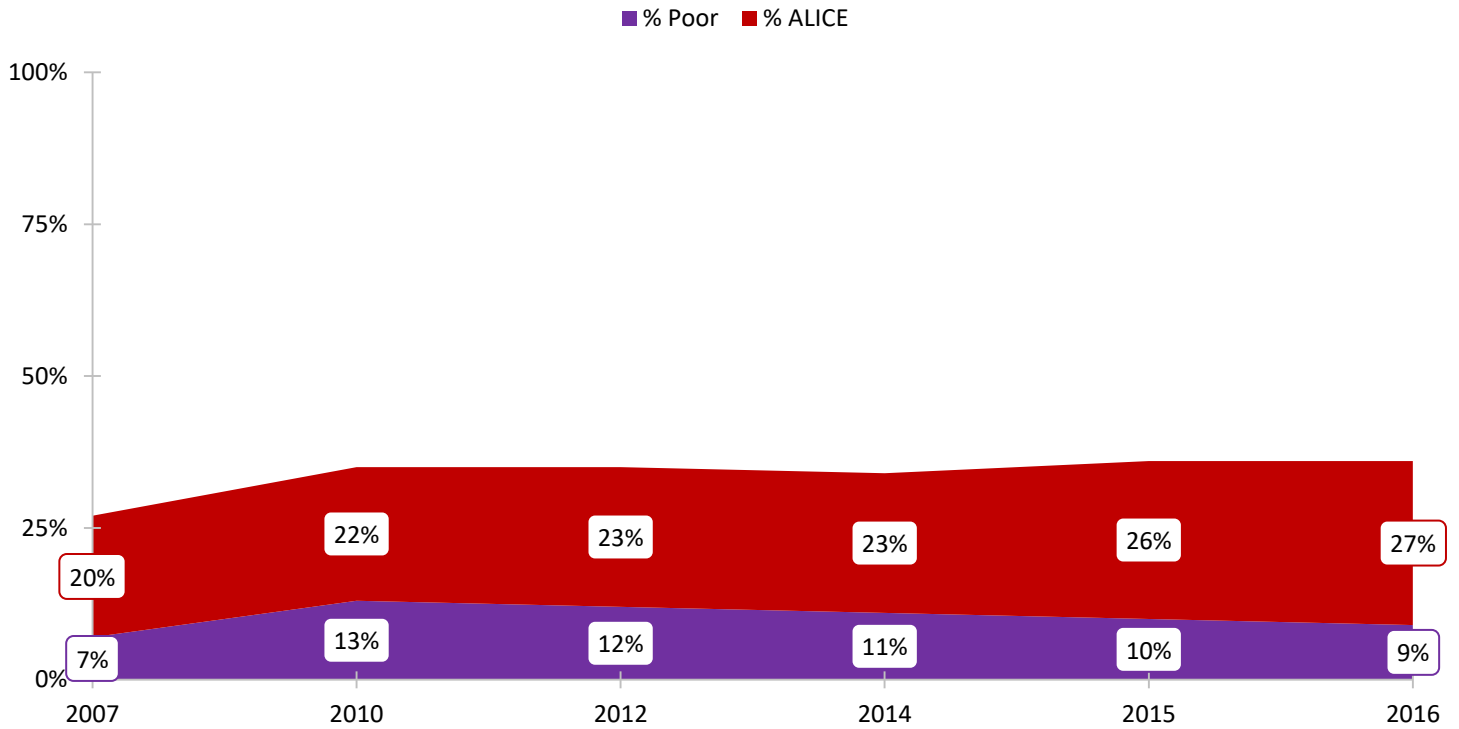


Figure 4.49 Trend in the Percentage of Henry County Households Below the Poverty Threshold and the ALICE Threshold, 2007-2016. Source: U.S. Census Bureau, American Community Survey, 5-yr Estimates, and the ALICE Threshold.

Health Factor 4 | Economic Stability

- Comparing Henry County to our neighbors, we fall somewhere in the middle of the pack.
- Lucas County had the largest share of households living below the survival threshold at 45%.
- Hancock County had the smallest share at 25%.

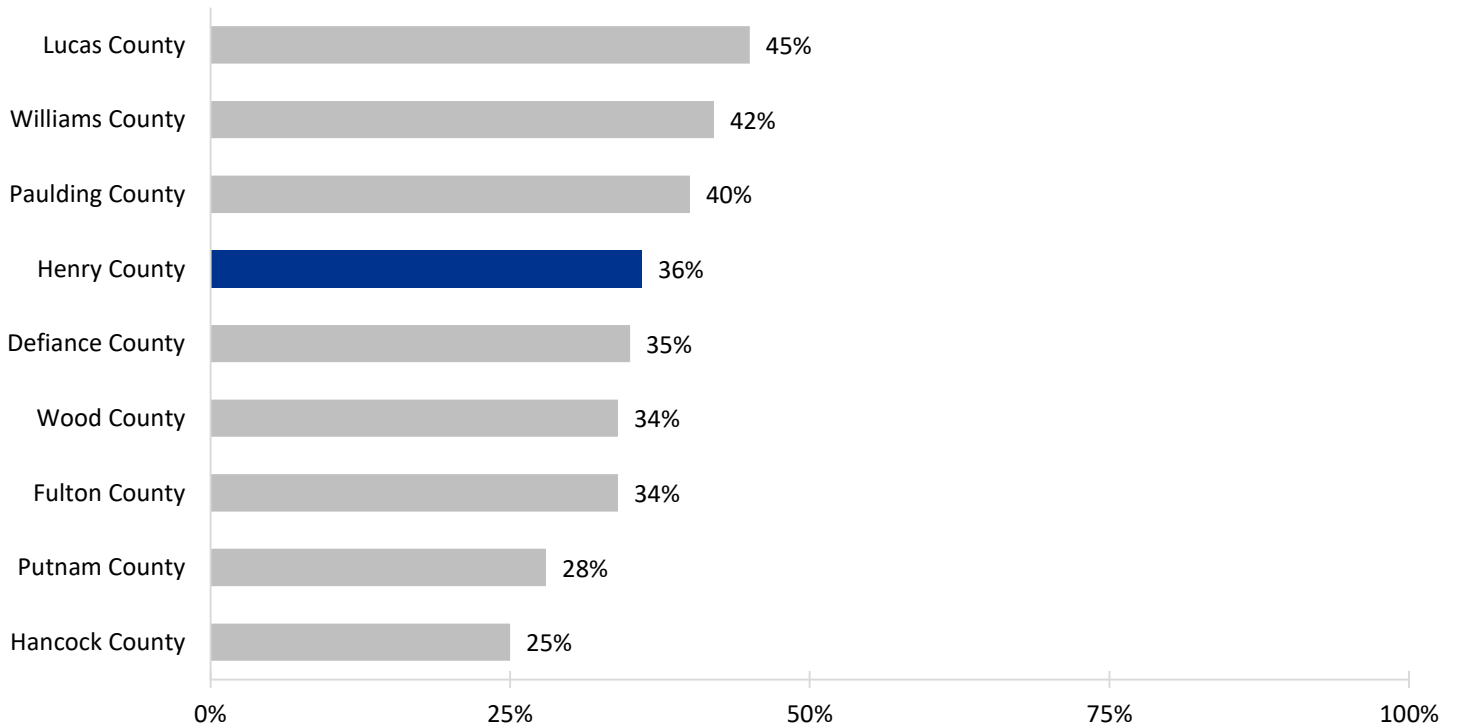


Figure 4.50 County Rankings of the Percentage of Households Below the ALICE Threshold for Henry County and its Neighboring Counties, the State of Ohio, and the Nation, 2015. Data Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates and the ALICE Threshold.

Health Factor 4 | Economic Stability

- There is also variation within Henry County. The lower share of households living below the survival threshold are found in Liberty Center and New Bavaria at 28%.
- In contrast, McClure has 43%—nearly the same share as Lucas County.
- The remaining communities are all quite close the county average.

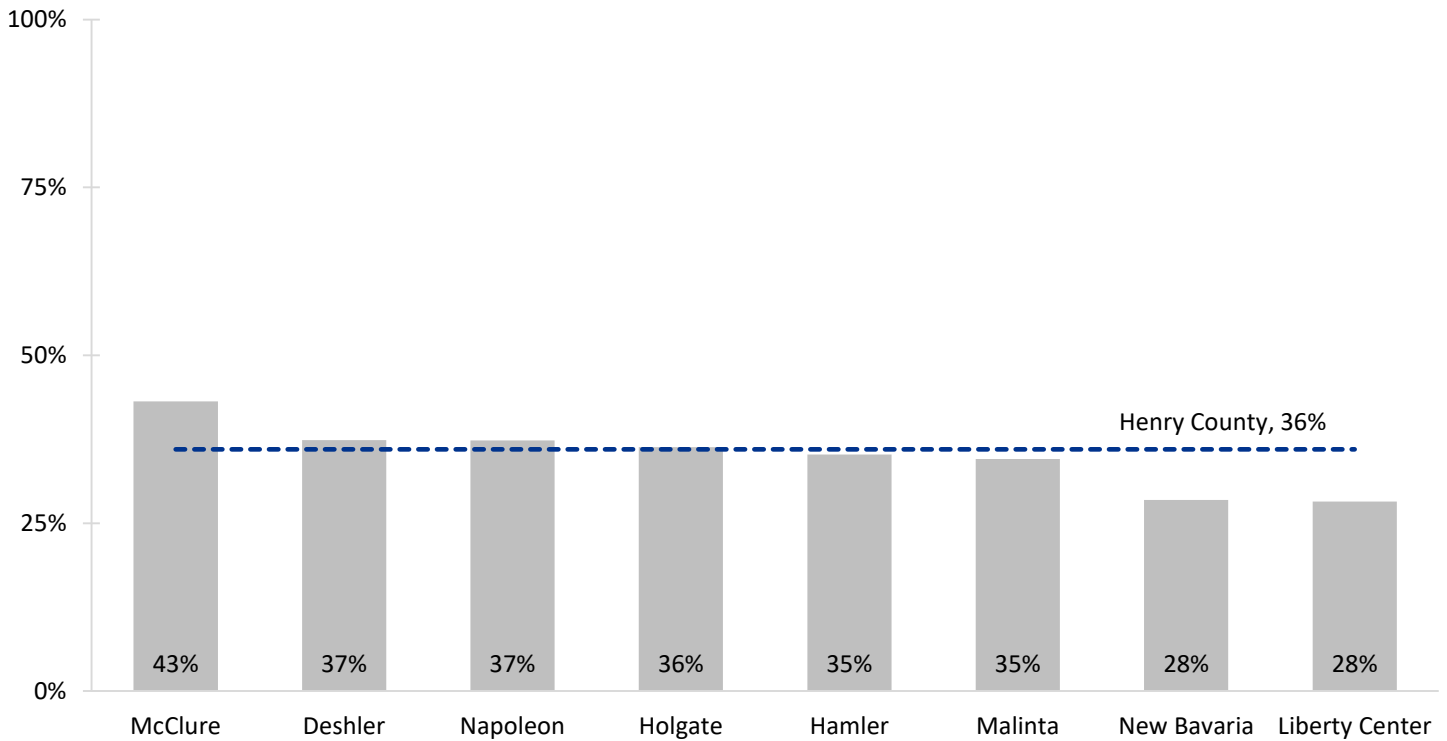


Figure 4.51 Percentage of Households Below the ALICE Threshold by Henry County Zip Codes, 2015. Data Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates and the ALICE Threshold.

Health Factor 4 | Economic Stability

- As with the other economic measures discussed in this report, the ALICE threshold differs by health equity indicators.
- Half of households headed by Hispanics and **92%** of households headed by Blacks are below the survival threshold.
- Also, when compared to the county total, a slightly higher share of individuals aged 65 and older are below the survival threshold (40%).

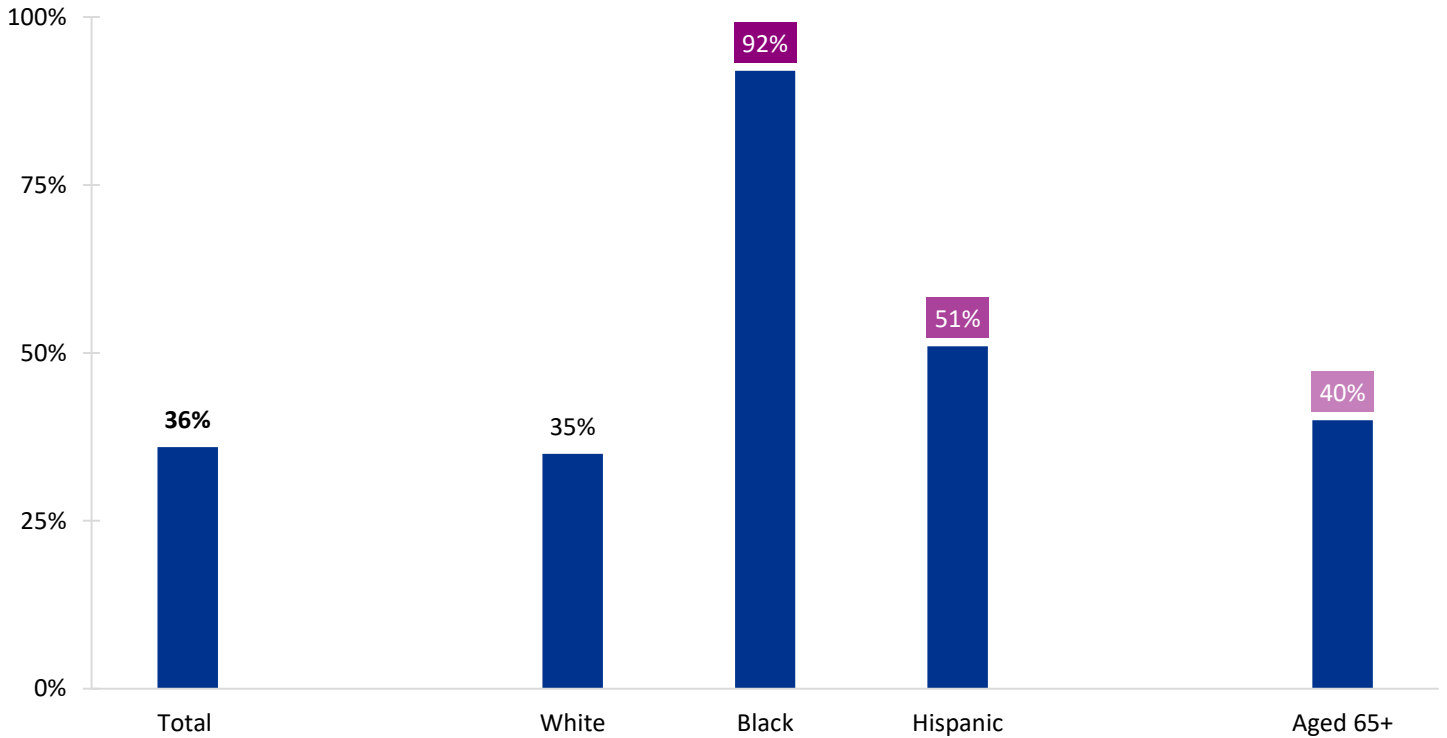


Figure 4.52 Percentage of Household Below the ALICE Threshold by Measures of Health Equity for Henry County Ohio Residents, 2015. Data Source: U.S. Census Bureau, 2011-2015 American Community Survey 5-Year Estimates and the ALICE Threshold.

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Health Factor 5 | Health Care

Henry County, Ohio

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<i>Health Insurance</i>	
<i>Medicaid Enrollment</i>	
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<i>Dentist Rate</i>	
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Access to Health Care

Measures of Access to Health Care | Hospital Bed Availability

- **Hospital Bed Availability:** Number of CMS-certified beds within active hospitals per 1,000 total population (2018; Centers for Medicare and Medicaid Services)

Henry County’s hospital bed availability is the third lowest among neighboring counties at 0.9 per 1,000 population.

- Fulton and Putnam counties had lower hospital bed availability rates than Henry County. Fulton County’s was 0.8 per 1,000 and Putnam County’s was zero.
- The highest rate was associated with Lucas County at 6.8 beds per 1,000 population.

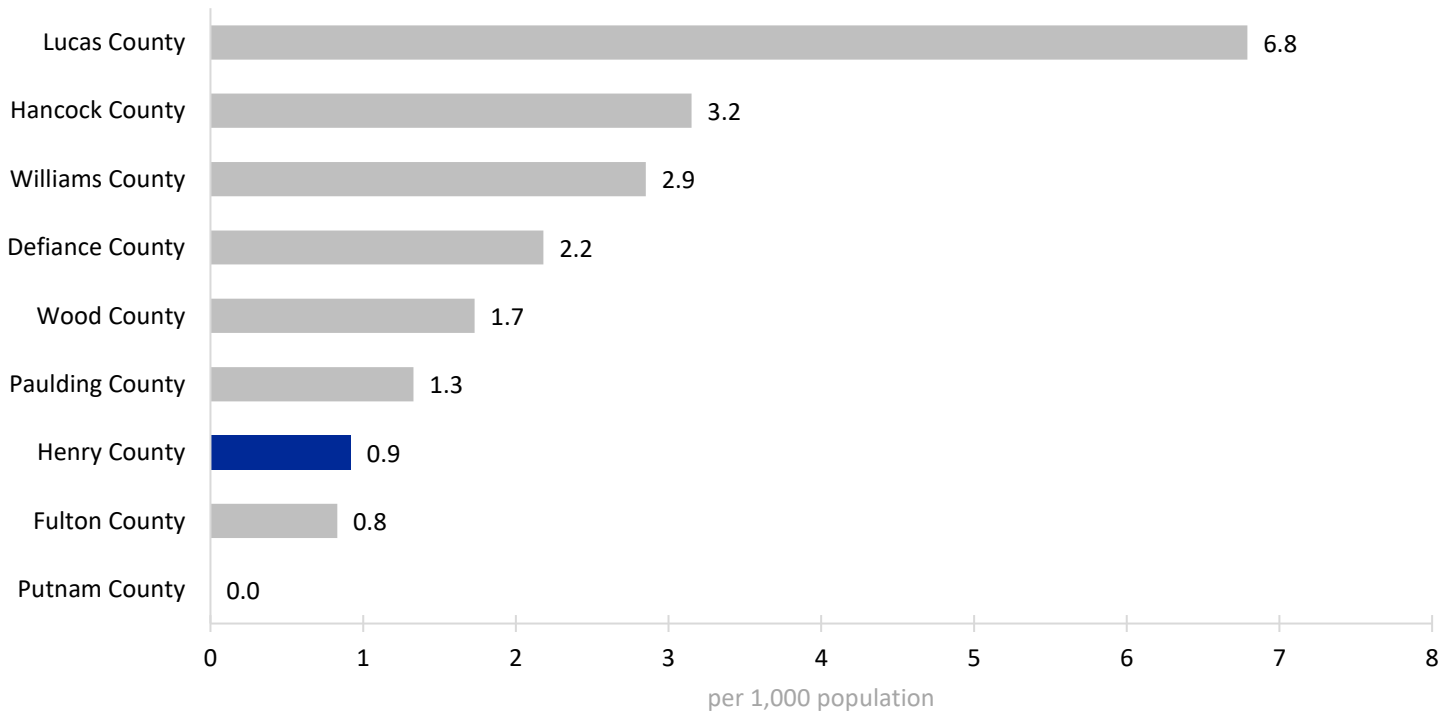


Figure 5.1 County Rankings of Hospital Bed Availability Rate per 1,000 Population among Henry County and its Neighboring Counties. Data Source: U.S. News and World Report Healthiest Communities, 2019 Rankings, Copyright 2019 © U.S. News & World Report L.P.

Health Factor 5 | Health Care

Measures of Access to Health Care | Health Insurance

No Health Insurance Henry County Trend over Time

- The percentage of Henry County residents without health insurance has declined since 2012.
- In 2012 about 10% of residents were uninsured. By 2018 the share had dropped to 3.6%.

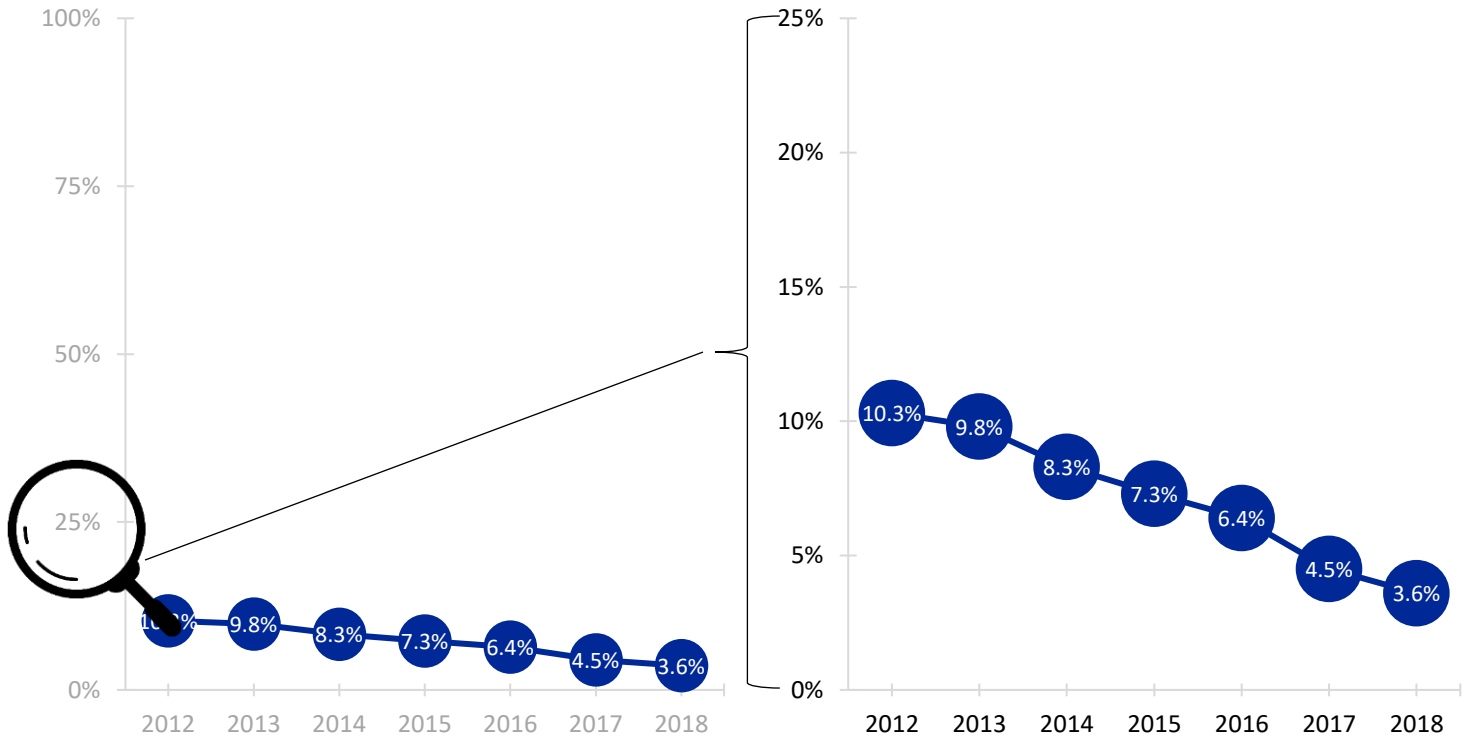


Figure 5.2 Trend in the Percentage of Civilian Non-institutionalized Population of Henry County Without Insurance, 2012-2018. Data Source: U.S. Census Bureau, 2008-2012; 2009-2013; 2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018, American Community Survey 5-Year Estimates

Health Factor 5 | Health Care

No Health Insurance by Gender

- At the state and national levels men had higher percentages without health insurance, and the share is highest at the national level.
- In Henry County the percentage without insurance among men and women were nearly the same—3.8% among men and 3.5% among women.

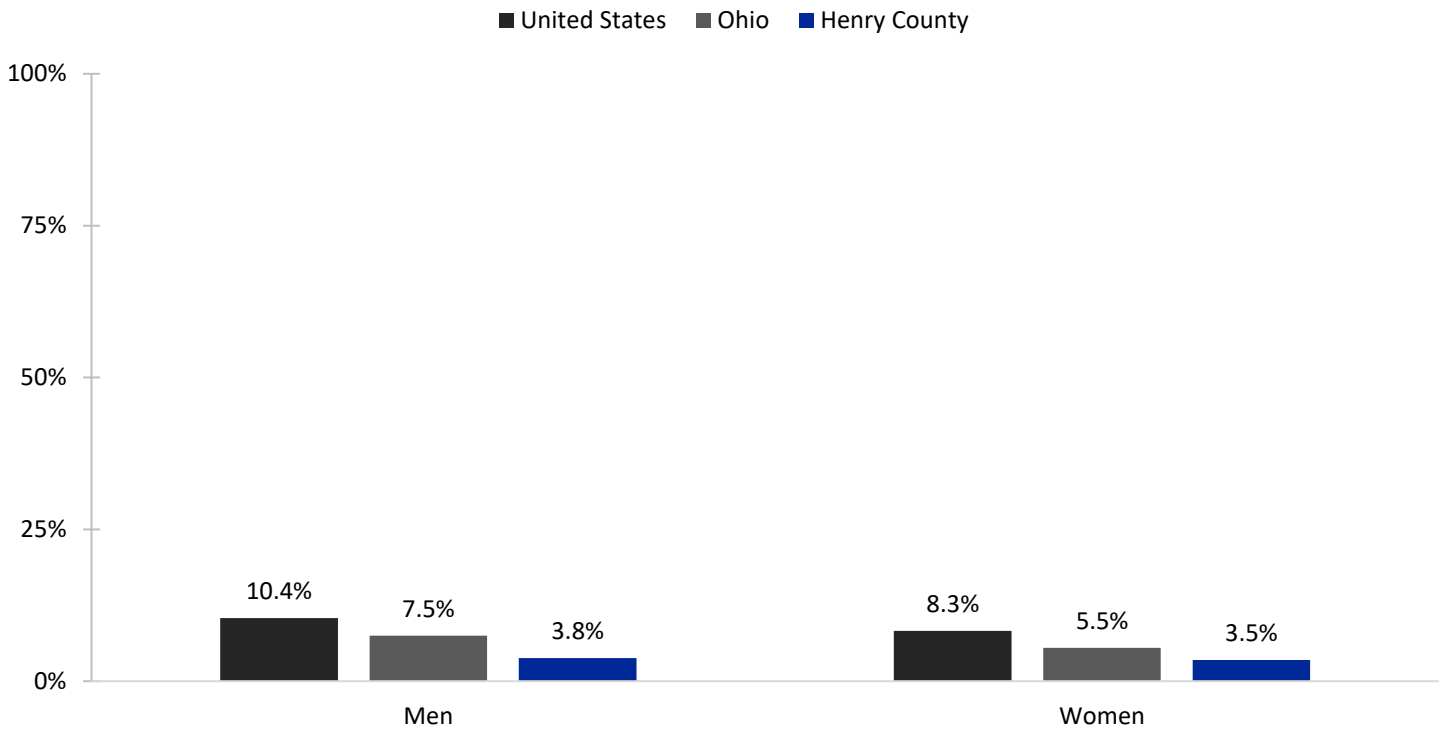


Figure 5.3 Percentage of the Population Uninsured by Gender for Henry County, Ohio & the U.S., 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimate

Health Factor 5 | Health Care

No Health Insurance by Disability Status

- At the state and national levels those without a disability had higher percentages without health insurance, and the share was highest at the national level.
- In Henry County the percentage without insurance among those with a disability (3.9%) and those without (3.6%) were nearly the same.

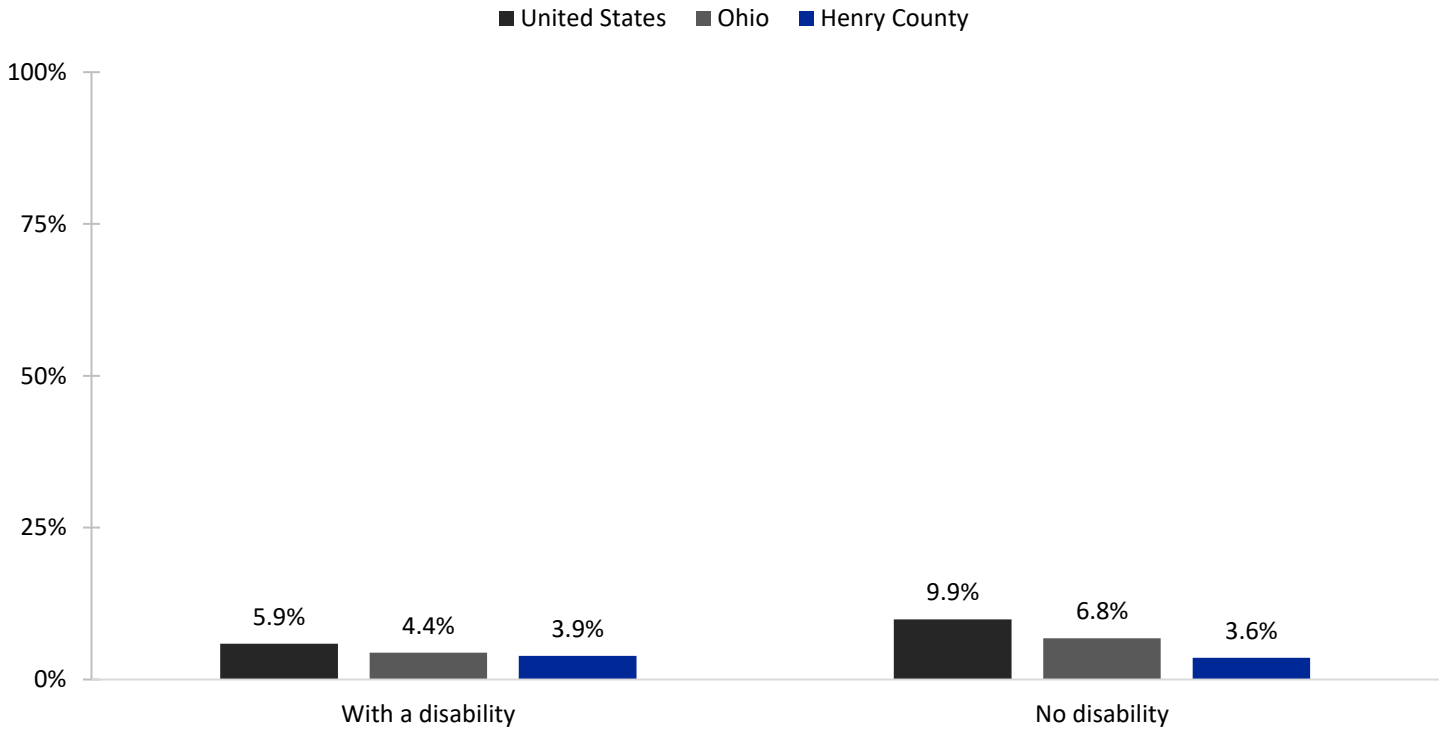


Figure 5.4 Percentage of the Population Uninsured by Disability Status for Henry County, Ohio & the U.S., 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimate

Health Factor 5 | Health Care

No Health Insurance by Race/Ethnicity

- At the local, state, and national levels non-Hispanic Whites had the smallest percentage uninsured. Specifically, about 3% of non-Hispanic Whites in Henry County were uninsured compared to 6% of Blacks and 12% of Hispanics.
- Regardless of race/ethnicity, compared to state and national averages, Henry County residents had smaller shares without insurance.

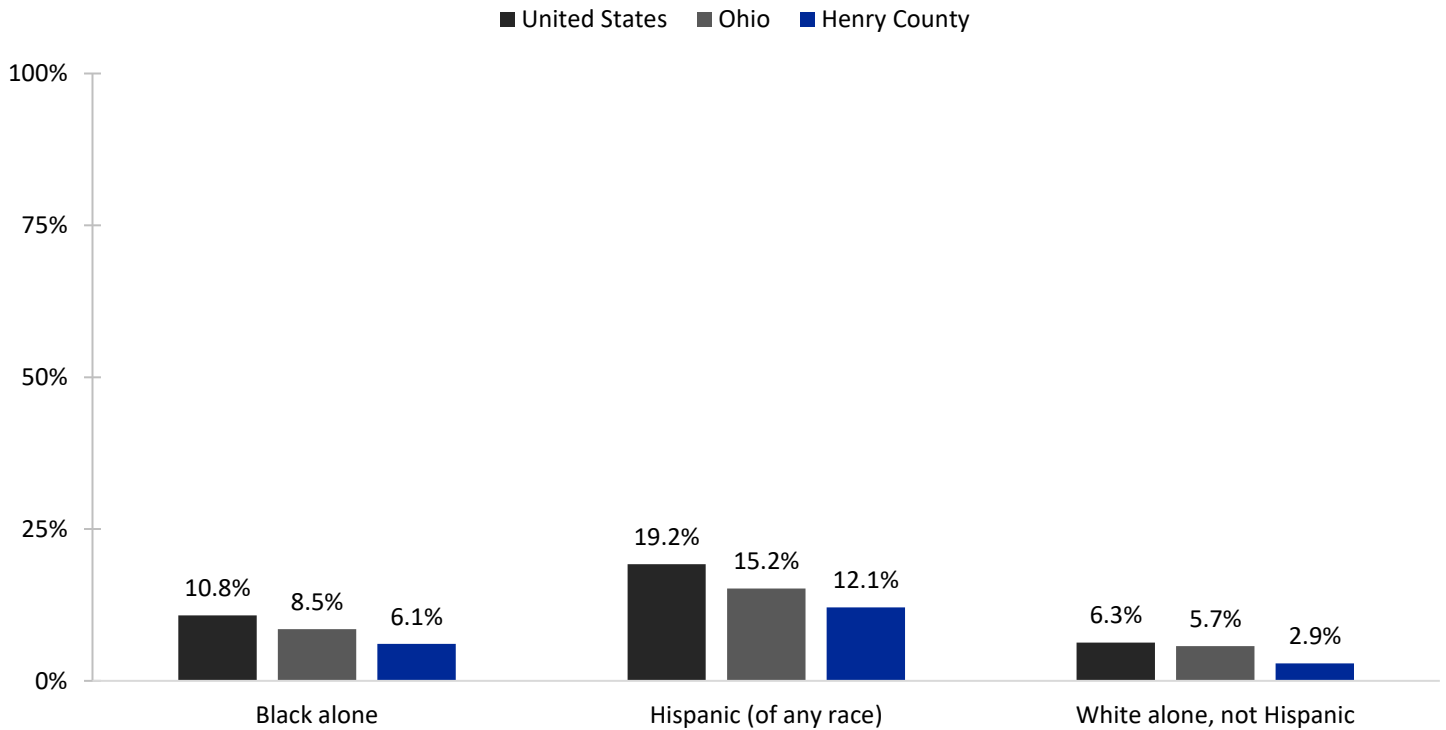


Figure 5.5 Percentage of the Population Uninsured by Race/Ethnicity for Henry County, Ohio & the U.S., 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimate

Health Factor 5 | Health Care

No Health Insurance by Educational Attainment

- At the local, state, and national levels individuals aged 26 and older with at least a bachelor’s degree had the smallest percentage uninsured.
 - More specifically, about 1% of Henry County residents with a bachelor’s degree were uninsured compared to about 5% of those with H.S. education or Some College, and about 7% among those without a high school education.
- Regardless of educational attainment, compared to state and national averages, Henry County residents had smaller shares without insurance.

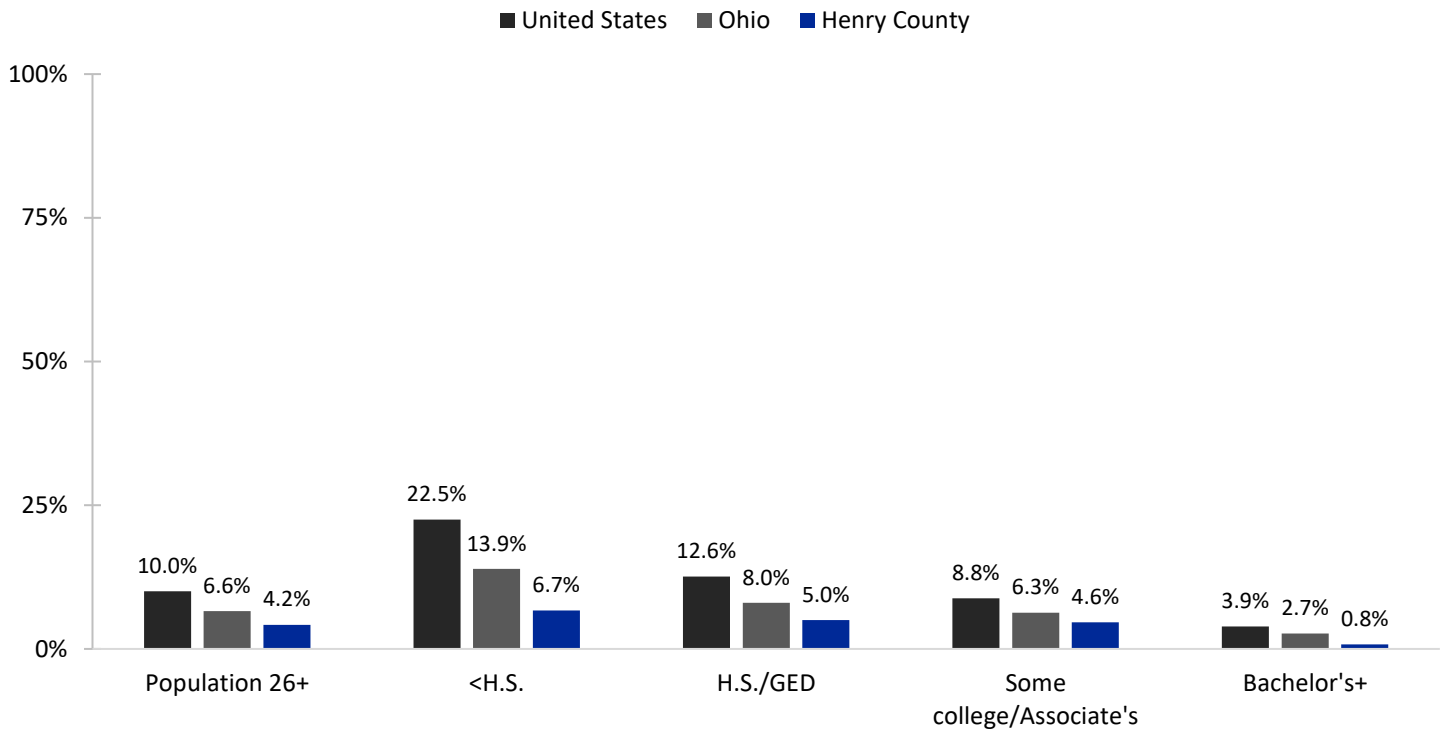


Figure 5.6 Percentage of the Population Uninsured by Educational Attainment Among Those Aged 26 and Older for Henry County, Ohio & the U.S., 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimate

No Health Insurance by Age

- At the state and national levels age had a curvilinear relationship with being uninsured. At younger ages the percentage without insurance was low. As age increased the share without insurance increased through age 34. Beginning with those aged 35-44 the rate uninsured reverses and begins to drop. By age 65 health insurance is nearly universal.
- The relationship between age and not having insurance is slightly different in Henry County. Those under the age of six had a slightly larger share uninsured compared to those aged 6-18. Then, like the state and national pattern, the percentage uninsured increased through age 34. Then beginning with those aged 35-44 the share uninsured begins to drop again. However, in Henry County this is a slight increase in the share uninsured among those age 55-64 after which there is nearly universal coverage.
- Regardless of age, compared to state and national averages, Henry County residents had smaller shares without insurance.

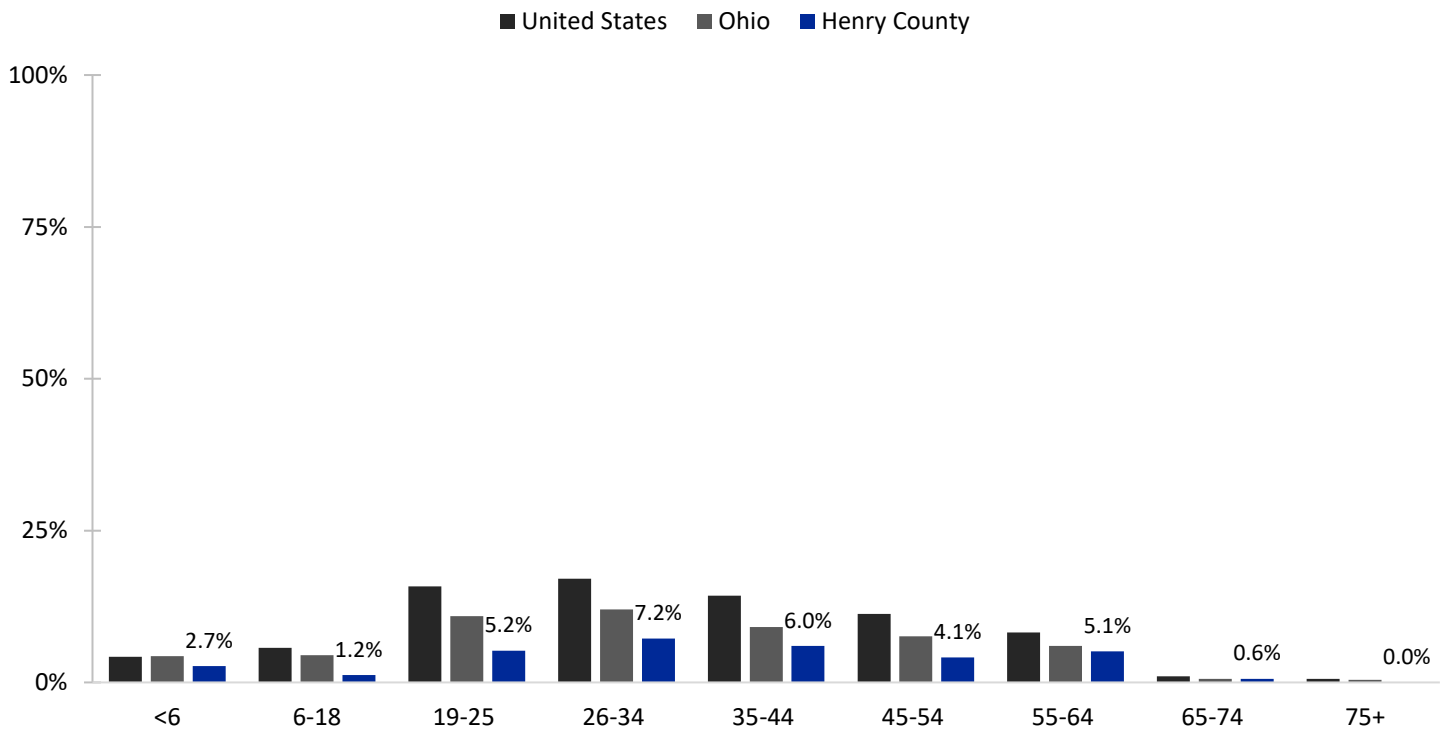


Figure 5.6 Percentage of the Population Uninsured by Age for Henry County, Ohio & the U.S., 2018. Data Source: U.S. Census Bureau, 2014-2018, American Community Survey 5-Year Estimate

No Health Insurance | Health Equity Measures

In summary, the previous figures indicate disparities in health insurance by measures of health equity among Henry County, Ohio residents. Those who appear to be at greater risk are:

- *Hispanics and Blacks*
- *Those with less than a bachelor’s degree*
- *Individuals aged 19-64*

Health Factor 5 | Health Care

Measures of Access to Health Care | Medicaid Enrollment

- There is county variation in the percentage of children enrolled in Medicaid among neighboring counties.
- The highest share was found in Lucas County where 67% were enrolled in 2018.
- The smallest share was 29% in Putnam County.
- Henry County had 40% of children enrolled in Medicaid in 2018. Among neighboring counties Henry County had the third smallest share.

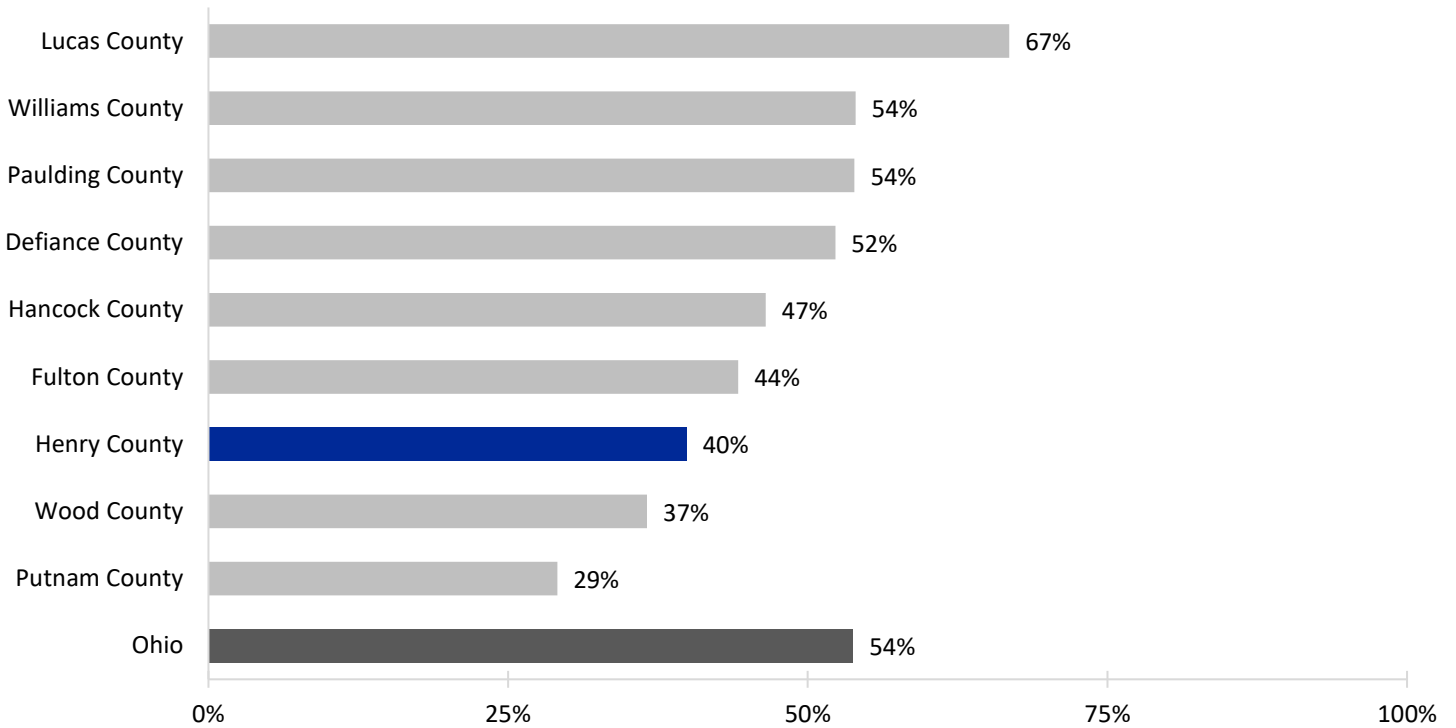


Figure 5.7 County Rankings of the Percentage of Children Enrolled in Medicaid among Henry County and its Neighboring Counties, 2018. Data Source: Children’s Defense Fund-Ohio’s annual KIDS COUNT County-by-County Factsheets

Health Factor 5 | Health Care

SOCIAL DETERMINANTS OF HEALTH | Health Care - Access to Primary Care, Dentists & Mental Health Providers

- **Primary Care Doctor Availability:** Number of primary care physicians per 100,000 total population.
- There is county variation in primary care doctor availability among neighboring counties.
- The highest rate was found in Lucas County where there were 94 primary care doctors per 100,000 population.
- The smallest rate was about 32 primary care doctors per 100,000 population in Putnam County.
- Henry County had about 36 primary care doctors per 100,000 population. Among neighboring counties Henry County had the second lowest rate.

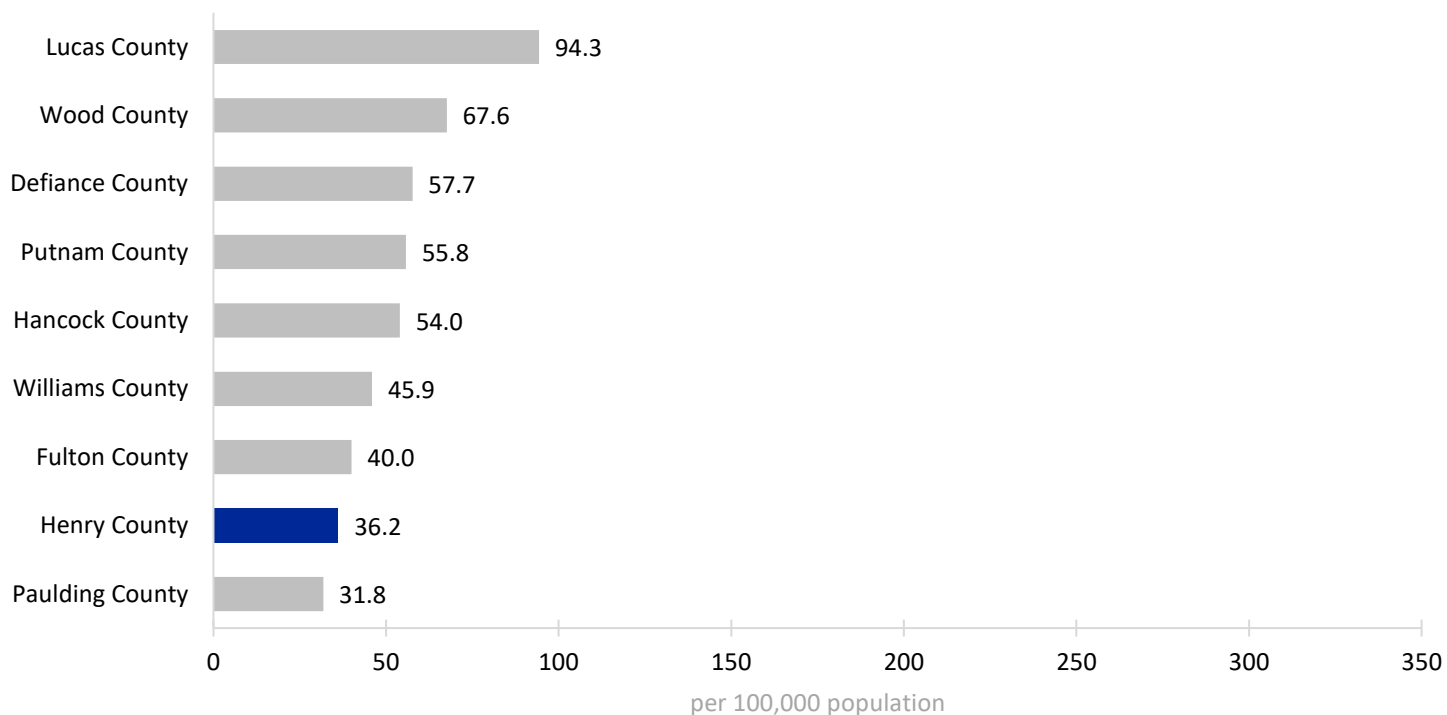


Figure 5.8 County Rankings of Primary Care Doctor Availability Rate per 100,000 Population among Henry County and its Neighboring Counties, 2018. Data Source: U.S. News and World Report Healthiest Communities, 2019 Rankings, Copyright 2019 © U.S. News & World Report L.P.

Health Factor 5 | Health Care

Dentist Rate

- Henry County's dentist rate (ratio of population to dentists) is low at 11. Two counties are lower—Putnam at 8 and Paulding at 4.

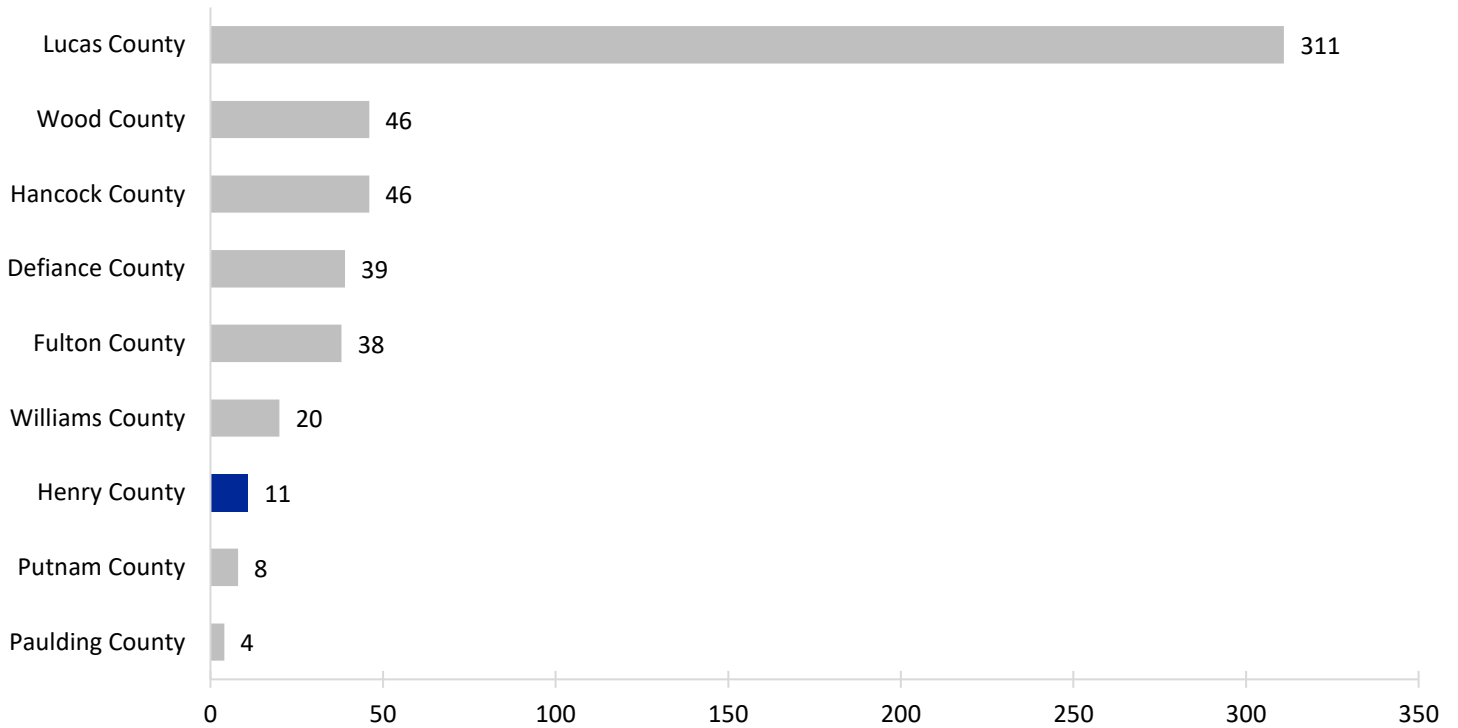


Figure 5.9 County Rankings of Dentist Rate among Henry County and its Neighboring Counties, 2019. Data Source: County Health Rankings Data—Area Health Resource File/National Provider Identification file, 2017

Health Factor 5 | Health Care

Mental Health Providers

- Regarding mental health providers, Henry County has many more—in 2018 the population ratio was 125.

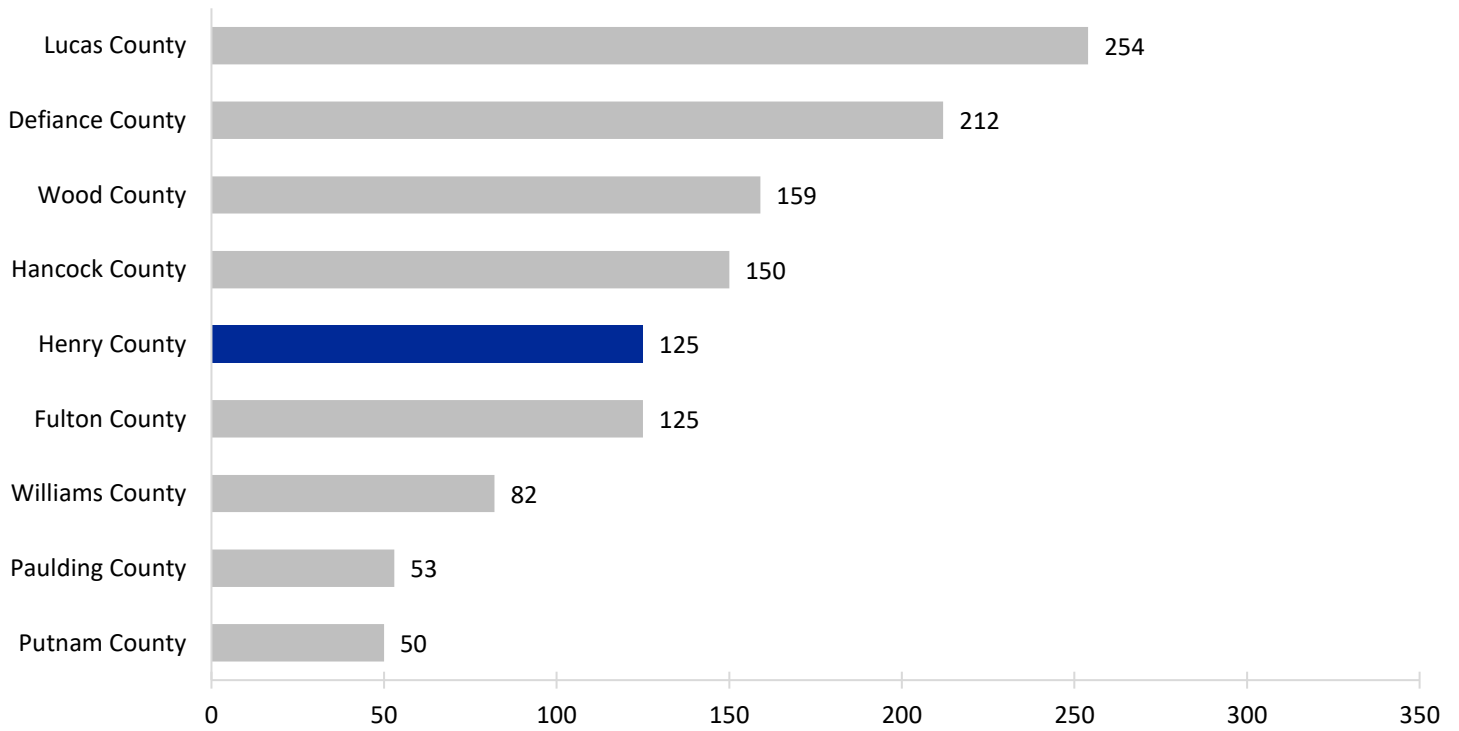


Figure 5.10 County Rankings of Mental Health Provider Rate among Henry County and its Neighboring Counties, 2019. Data Source: County Health Rankings Data –CMS, National Provider Identification file, 2018

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Health Factors 6 | Health Behaviors

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Tobacco Use

Measures of Tobacco Use | Smoking and Vaping

Adults

- Among Henry County adults, 10% reported themselves as current smokers in 2019.
- The share reporting as current smokers has declined by almost half since 2013 when 19% reported as such (HCNWO, 2013).
- The state average for Ohio is higher at 20% (BRFSS, 2018).
- Two percent of adults reported having used an e-cigarette or other electronic vaping product in the past year.
- Nearly one-third (30%) of adults reported not knowing if e-cigarette vapor was harmful.

■ Current smoker ■ Former smoker ■ Never smoked

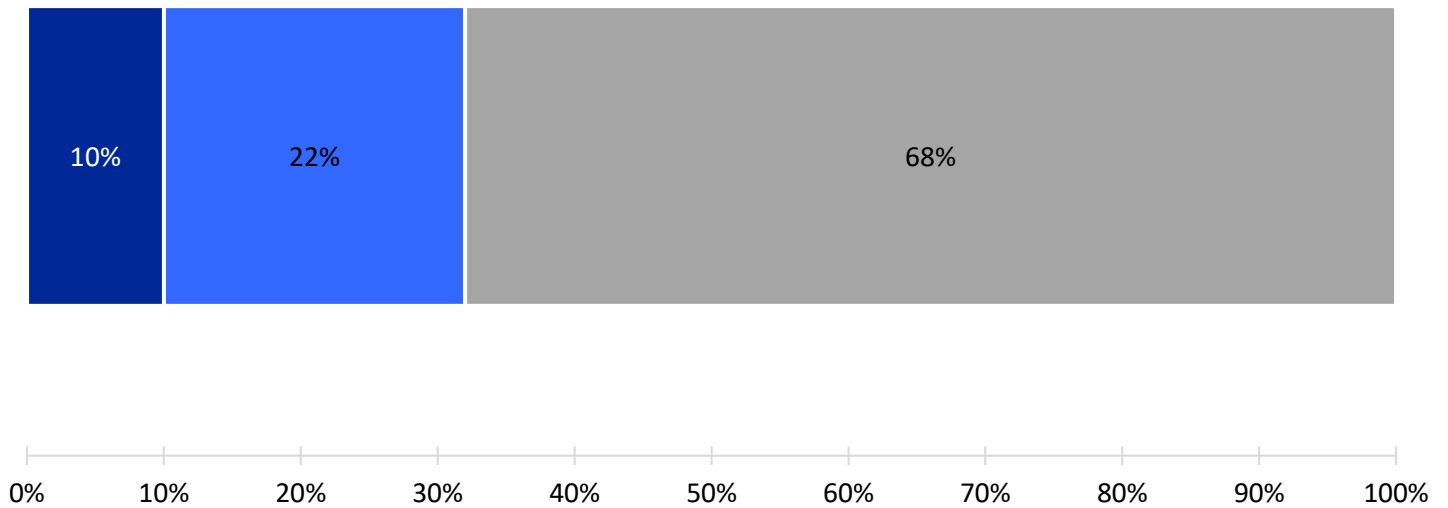


Figure 6.1 Smoker Status Among Henry County Adults, 2019. Data Source: Henry County Community Health Status Assessment Adult Survey, 2019

Health Factor 6 | Health Behaviors

Youth (6th – 12th Graders)

- Among Henry County youth 13% reported ever smoking.
 - 5% were current smokers, having smoked in the past 30 days.
 - The percentage of current smokers increased to 13% among those aged 17-19.
- Over one-fifth (21%) of youth reported ever vaping—a larger share than that who reported ever smoking.
 - The rate increased to 48% among those aged 17-19.
 - Eleven percent were current vapers, having vaped at some time in the past 30 days.
 - The share of current vapers increased to 27% among those aged 17-19.

*Among Henry County Youth aged 17 and older: **13%** were **current smokers** and **27%** were **current vapers.***

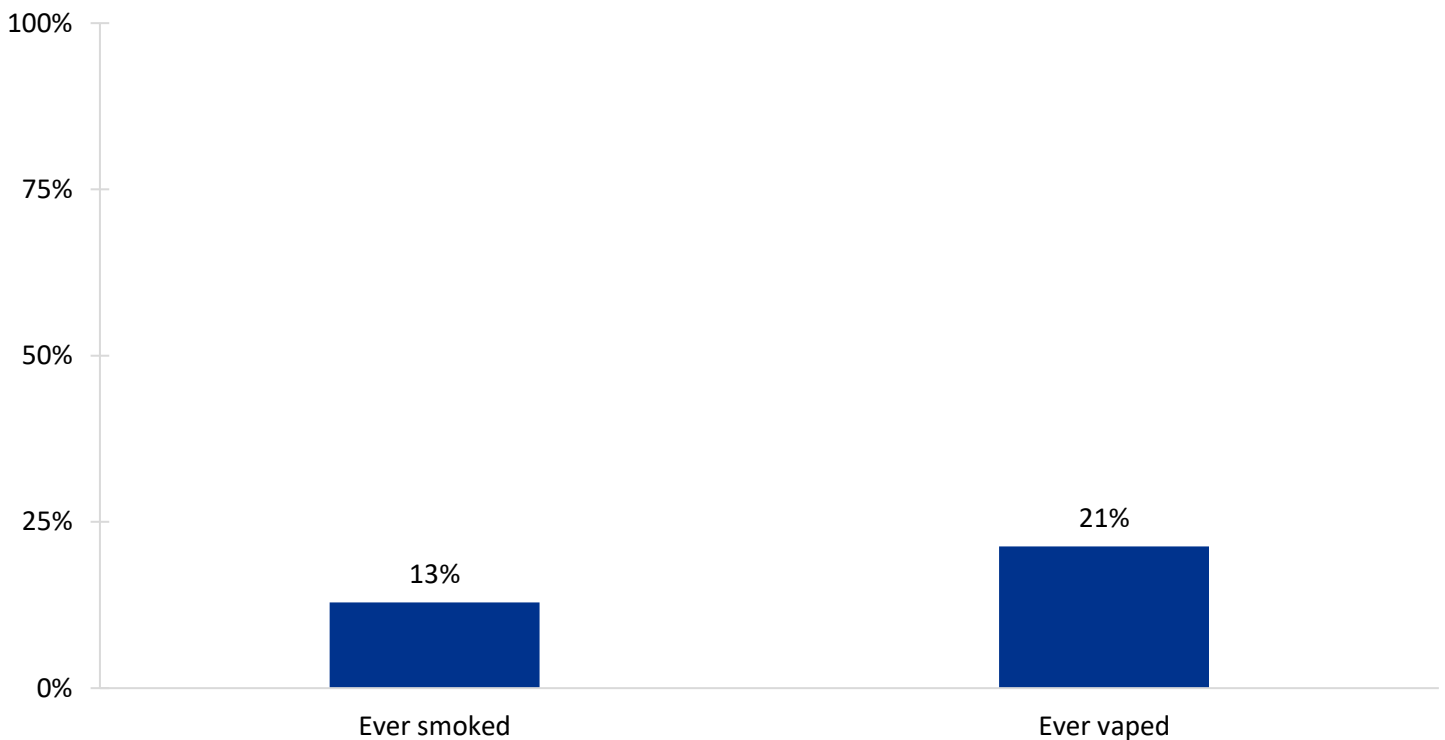


Figure 6.2 Percentage Who Have Ever Smoked Cigarettes or Vaped Among Henry County Youth, 2019. Data Source: Henry County Community Health Status Assessment Adolescent Survey, 2019

Diet & Exercise

Measures of Diet & Exercise | Nutrition Score

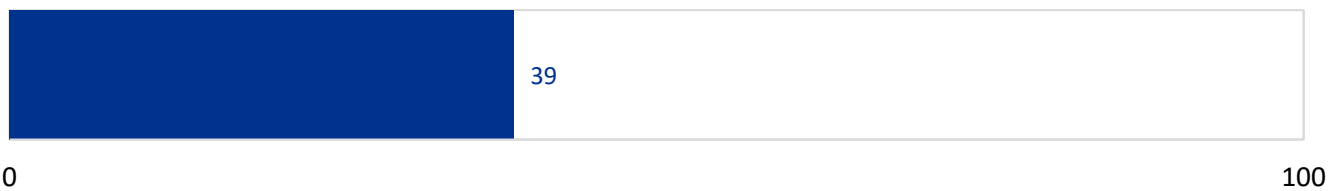
U.S. News and World Report Healthiest Communities' Nutrition Score is comprised of three measures:

- **Diabetes Prevalence:** County-level percentages of diagnosed diabetes among adults, based on self-reported diagnoses (2015; Centers for Disease Control and Prevention)
- **Obesity Prevalence:** County-level percentages of obesity among adults based on body mass index of 30 or greater, calculated from self-reported height and weight (2015; Centers for Disease Control and Prevention)
- **Share of At-Home Food Expenditures on Fruit/Veg:** Percentage of at-home food spending on fruit and vegetables (2014; Nielsen)

Diabetes prevalence, obesity prevalence, and the share of at-home food expenditures on fruit and vegetables are combined to create the Nutrition Score, which ranges from 0 to 100, with higher values indicating higher ranking on nutrition.

- Regarding the Nutrition score, Henry County performed relatively well with the second highest score. However, on a scale of 0-100 we only tallied a score of 39.
- Defiance County had the highest score and was only slightly higher than Henry County at 39.2.
- Fulton County had the lowest Nutrition score at 27.4.

Nutrition Score | Henry County



METRIC	COUNTY	U.S.	PEER GROUP	STATE
Diabetes Prevalence	9.3%	9.2%	8.7%	10.2%
Obesity Prevalence	31.1%	28.4%	31.1%	31.4%
Share of at-home food expenditures on Fruit/Veg	11.4%	12.7%	12.2%	11.7%

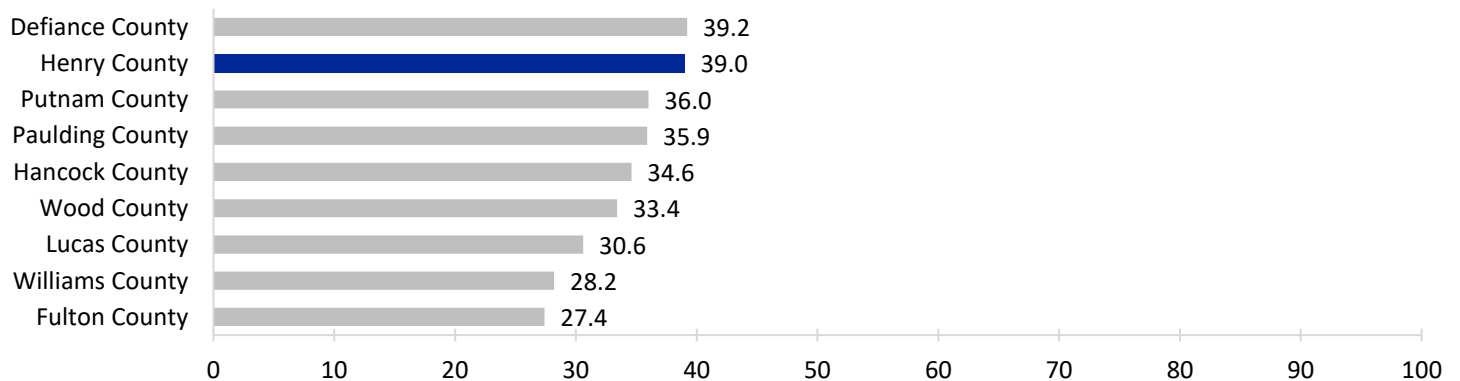


Figure 6.3 County Rankings of the Nutrition Score for Henry County and its Neighboring Counties, 2019. Data Source: U.S. News and World Report Healthiest Communities, 2019 Rankings, Copyright 2019 © U.S. News & World Report L.P.

Fruit

Recommendations from <https://www.choosemyplate.gov/eathealthy/fruits>

The amount of fruit you need to eat depends on age, sex, and level of physical activity. The amount each person needs can vary between 1 and 2 cups each day. Those who are very physically active may need more.

Girls	9-13 years	1.5 cups
	14-18 years	1.5 cups
Boys	9-13 years	1.5 cups
	14-18 years	2.0 cups
Women	19-30 years	2 cups
	31-50 years	1.5 cups
	51+ years	1.5 cups
Men	19-30 years	2 cups
	31-50 years	2 cups
	51+ years	2 cups

*These amounts are appropriate for individuals who get less than 30 minutes per day of moderate physical activity, beyond normal daily activities. Those who are more physically active may be able to consume more while staying within calorie needs.

Vegetables

Recommendations from <https://www.choosemyplate.gov/eathealthy/vegetables>

The amount of vegetables you need to eat depends on your age, sex, and level of physical activity. The amount each person needs can vary between 1 and 3 cups each day. Those who are very physically active may need more.

Girls	9-13 years	2 cups
	14-18 years	2.5 cups
Boys	9-13 years	2.5 cups
	14-18 years	3 cups
Women	19-30 years	2.5 cups
	31-50 years	2.5 cups
	51+ years	2 cups
Men	19-30 years	3 cups
	31-50 years	3 cups
	51+ years	2.5 cups

*These amounts are appropriate for individuals who get less than 30 minutes per day of moderate physical activity, beyond normal daily activities. Those who are more physically active may be able to consume more while staying within calorie needs.

Health Factor 6 | Health Behaviors

- 20% of Henry County youth and 17% of Henry County adults reported eating at least 3 servings of fruit daily. Most of the youth and adults report eating 1-2 servings daily—68% and 71%, respectively.
- 12% of youth and adults report eating ZERO servings of fruit per day.

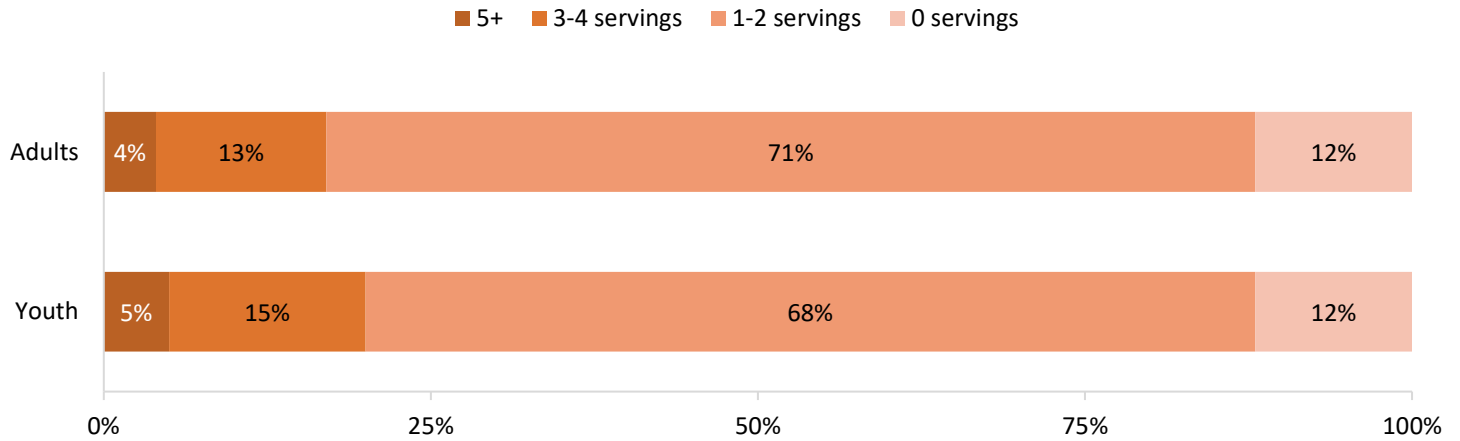


Figure 6.4 Number of Daily Fruit Servings Among Henry County Youth and Adults, 2019. Data Source: Henry County Community Health Status Assessment Adult & Adolescent Surveys, 2019

- 14% of Henry County youth and 16% of Henry County adults reported eating at least 3 servings of vegetables daily. Most of the youth and adults report eating 1-2 servings daily—68% and 77%, respectively.
- 18% of youth and 7% of adults report eating ZERO servings of vegetables per day

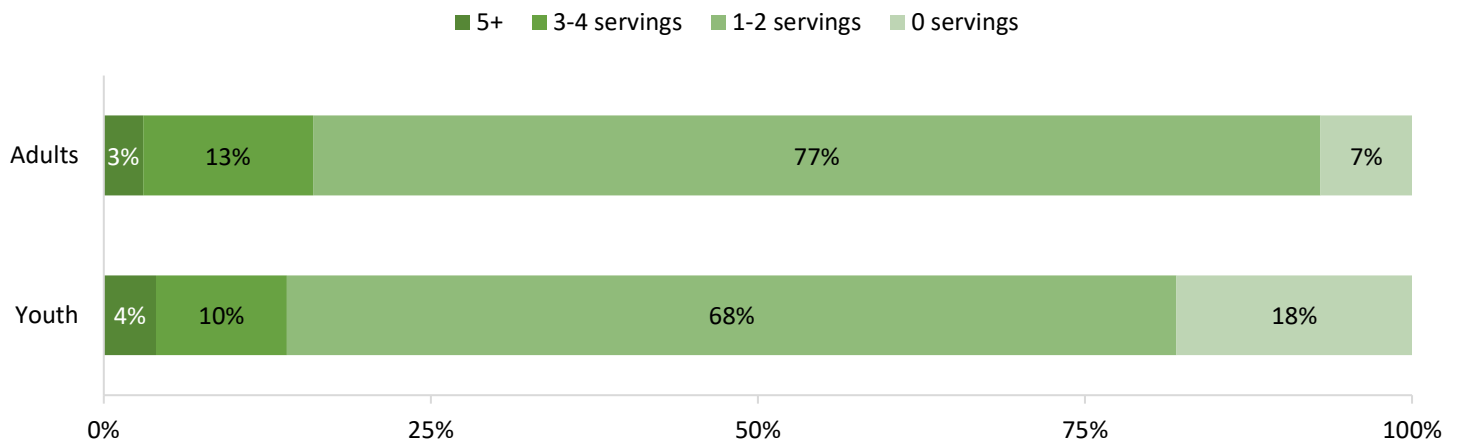


Figure 6.5 Number of Daily Vegetable Servings Among Henry County Youth and Adults, 2019. Data Source: Henry County Community Health Status Assessment Adult & Adolescent Surveys, 2019

Barriers

In the Henry County Health Status Assessment, adults reported the following barriers to their consumption of fruits and vegetables:

- Too expensive (9%)
- Did not like the taste (6%)

Why Henry County Adults Eat What They Do

1. Taste/enjoyment (74%)
2. Healthiness of food (55%)
3. Cost (50%)

Measuring Diet & Exercise | Weight Status

BMI can be used for population assessment of overweight and obesity. Because calculation requires only height and weight, it is inexpensive and easy to use for clinicians and for the general public. BMI can be used as a screening tool for body fatness **but is not diagnostic**.

Formula and Calculation:

$$\text{weight (lb)} / [\text{height (in)}]^2 \times 703$$

Calculate BMI by dividing weight in pounds (lbs) by height in inches (in) squared and multiplying by a conversion factor of 703.

How is BMI interpreted for adults? For adults 20 years old and older, BMI is interpreted using standard weight status categories. These categories are the same for men and women of all body types and ages.

BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal or Healthy Weight
25.0 – 29.9	Overweight
30.0 and Above	Obese

The standard weight status categories associated with BMI ranges for adults are shown in the table to the right.

Adults

- Nearly three-fourths (73%) of Henry County adults were either overweight (32%) or obese (41%) according to their body mass index (BMI).
- The prevalence of overweight/obese varies by health equity measures.
 - The share of Henry County adults overweight/obese is slightly larger among men (76%) compared to women (69%).
 - The share under 30 who were overweight/obese is half as large as the share among those aged 30 and older, 40% versus 80%.
 - Those with incomes under \$25,000 had a smaller share overweight/obese (57%) compared to those with incomes over \$25,000 (78%).

The share of Henry County adults who were overweight in 2019 was the same as that in 2010—32%. The share obese has increased by 8 percentage points over the same time period—from 33% to 41%.

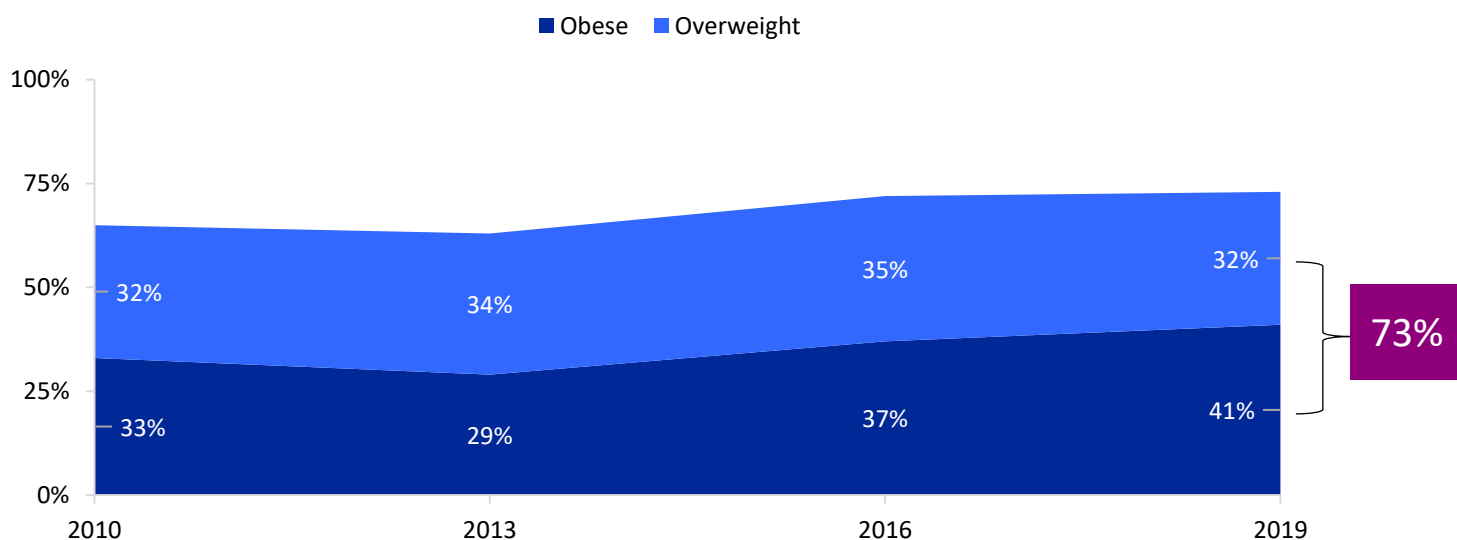


Figure 6.6 Percentage Overweight or Obese Among Henry County Adults, 2010-2019. Data Source: Henry County Community Health Status Assessment Adult Survey, 2019

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

Youth

BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific. This is because children's body fat changes over the years as they grow. For more information and to access the [CDC Growth Charts](#).

- Nearly one-third (32%) of Henry County youth were either overweight (12%) or obese (20%) according to their BMI.
- When youth were asked to self-report, 36% described themselves as being slightly or very overweight.

Healthy People 2020 had a target to reduce the share of children and adolescents aged 2-19 years old considered obese to 15%. The Henry County data on youth includes students in grades 6-12.

The share of Henry County youth who were overweight in 2019 was slightly lower than it was in 2010—15% versus 12%. The share obese has increased by 6 percentage points over the same time period—from 14% to 20%.

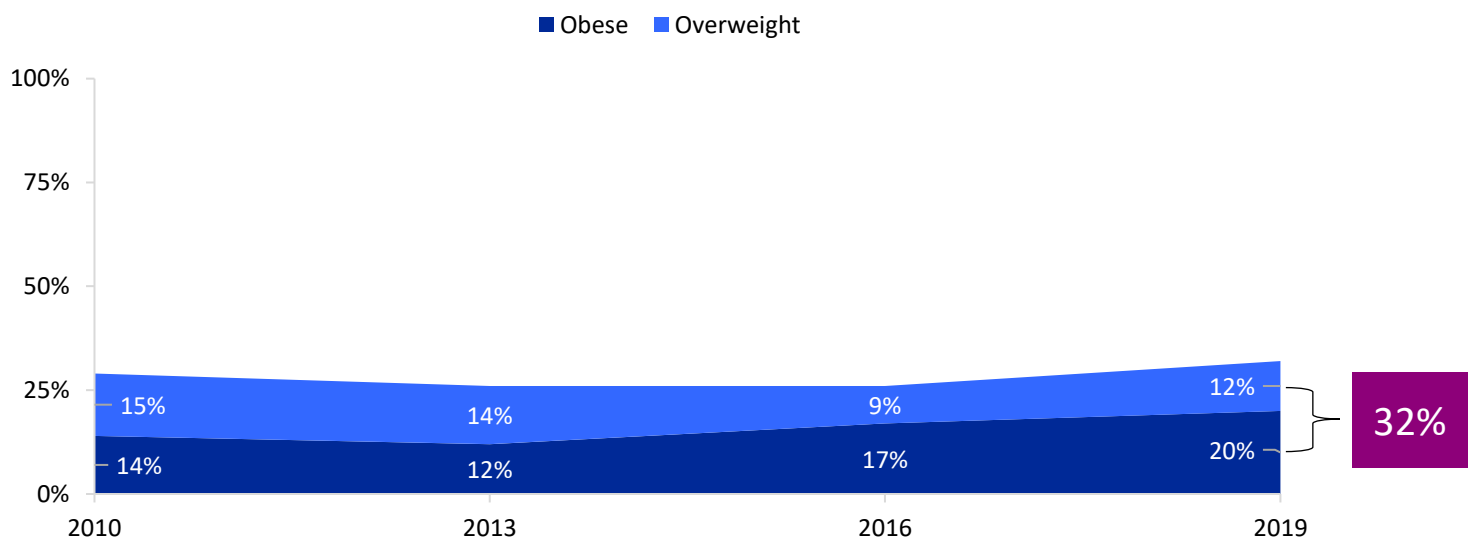


Figure 6.6 Percentage Overweight or Obese Among Henry County Youth, 2010-2019. Data Source: Henry County Community Health Status Assessment Adolescent Survey, 2019

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

Measuring Diet & Exercise | Physical Activity

The benefits of physical activity are well documented—it fosters normal growth and development and can help to reduce the risk of numerous chronic diseases. It can also help people to feel better, function better, and sleep better. Below are some key guidelines regarding frequency and duration of physical activity of individuals of all ages.

PRESCHOOL-AGED CHILDREN (3-5 YEARS)	CHILDREN AND ADOLESCENTS (6-17 YEARS)	ADULTS (AGES 18-64 YEARS) *	OLDER ADULTS (65 YEARS AND OLDER) *
<p>Physical activity every day throughout the day</p> <p>Active play through a variety of enjoyable physical activities</p>	<p>60 mins (1 hour) or more of moderate-to-vigorous intensity physical activity daily</p> <p>A variety of enjoyable physical activities</p> <p>As part of the 60 minutes, on at least 3 days a week, children and adolescents need:</p> <ul style="list-style-type: none"> • Vigorous activity such as running or soccer • Activity that strengthens muscles such as climbing or push ups • Activity that strengthens bones such as gymnastics or jumping rope 	<p>At least 150 minutes a week of moderate intensity activity such as brisk walking</p> <p>At least 2 days a week of activities that strengthen muscles</p> <p><small>*Aim for the recommended activity level but be as active as one is able</small></p>	<p>At least 150 minutes a week of moderate intensity activity such as brisk walking</p> <p>At least 2 days a week of activities that strengthen muscles</p> <p>Activities to improve balance such as standing on one foot</p> <p><small>*Aim for the recommended activity level but be as active as one is able</small></p>

Source: Key Guidelines for Adults 2018 Physical Activity Guidelines for Americans, 2nd edition
<https://www.cdc.gov/physicalactivity/basics/pdfs/FrameworkGraphicV9.pdf>

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

Days of Activity per Week

- Among Henry County residents, 58% of adults and 75% of youth engaged in some type of physical activity or exercise for at least 30 minutes three or more days per week.
- Nearly a third (32%) of adults and over half of youth (56%) engaged in some type of physical activity or exercise for at least 30 minutes five or more days per week.
- 21% of adults and 14% of youth did not participate in any physical activity in the past week.

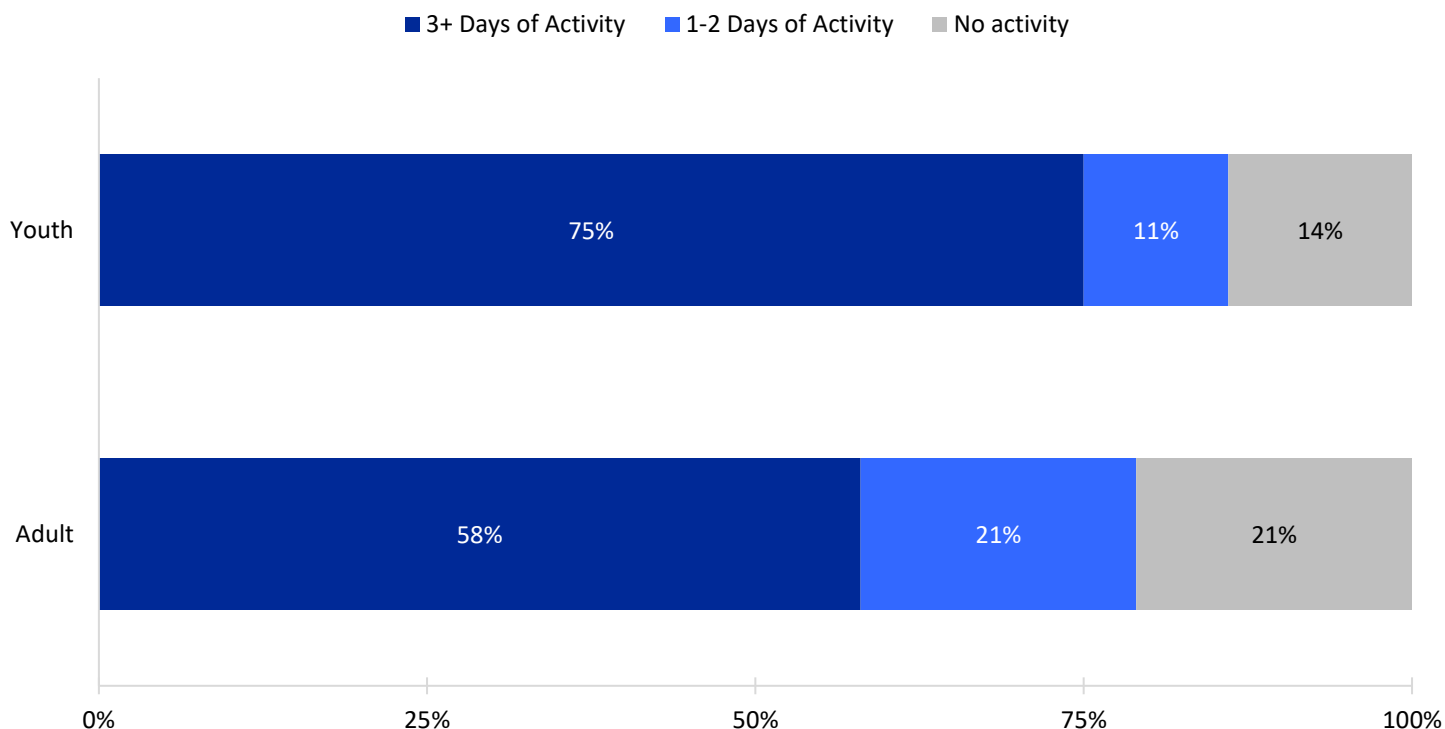


Figure 6.7 Number of Days of Activity per Week Among Henry County Youth and Adults, 2019. Data Source: Henry County Community Health Status Assessment Adult & Adolescent Surveys, 2019

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

Inactivity | Cell Phone Usage and Television Watching

- Henry County youth spent an average of 3.2 hours on a cell phone—this figure is double that of adults who reported an average of 1.3 hours on an average day of the week.
- Conversely, Henry County adults spent on an average of 2.5 hours watching television, which is double the 1.2 hours youth report watching television on an average day of the week.

Average hourly screen time (cell phone + television) is **greater among youth** than adults in Henry County, but only by slightly more than a half-hour.

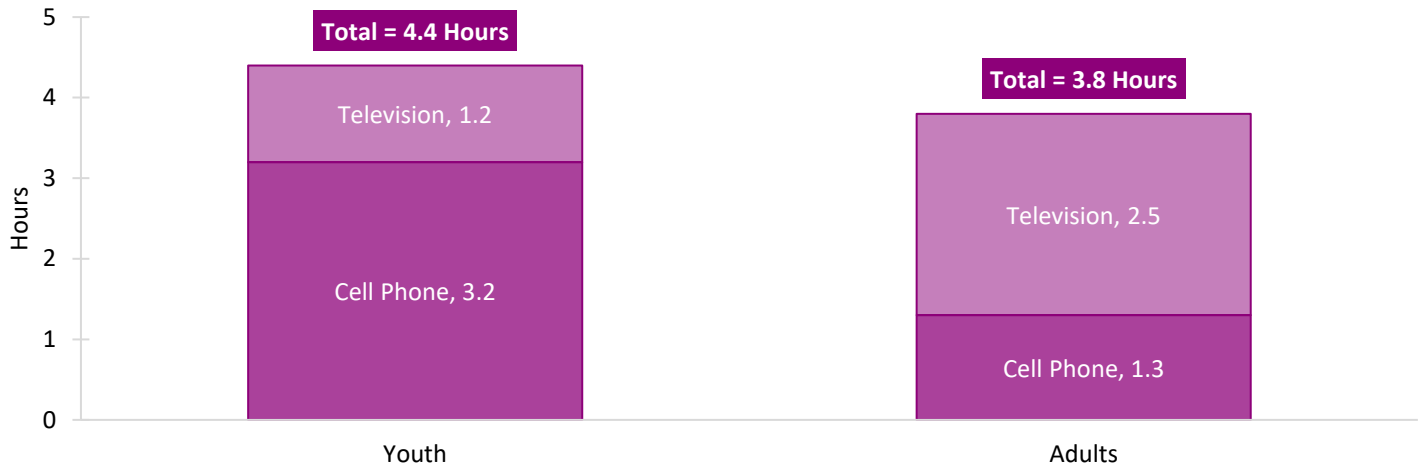


Figure 6.8 Average Hours on a Cell Phone and Watching Television on an Average Day Among Henry County Youth and Adults, 2019. Data Source: Henry County Community Health Status Assessment Adult & Adolescent Surveys, 2019

- The share of Henry County youth watching three or more hours of television on an average school day has dropped from 39% in 2010 to 12% in 2019.

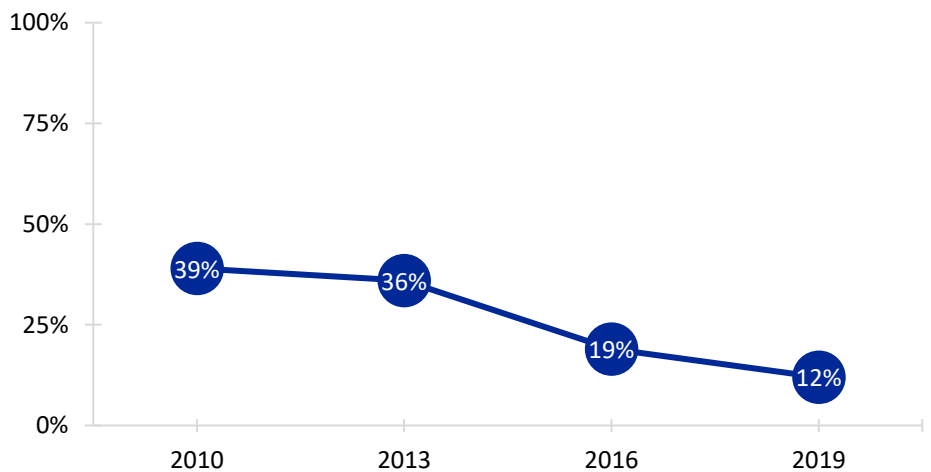


Figure 6.9 Trend in the Percentage of Youth Who Report Watching 3 or More Hours of T.V. a Day on an Average School Day, Among Henry County Youth 2019. Data Source: Henry County Community Health Status Assessment Adolescent Survey, 2019

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

Insufficient Sleep

Adults

- According to BRFSS data from 2016, over one-third (34%) of adults in Henry County were not getting enough sleep.
- Lucas County had the highest share of adults not getting enough sleep at 40%.
- Wood County had the smallest share at 33%

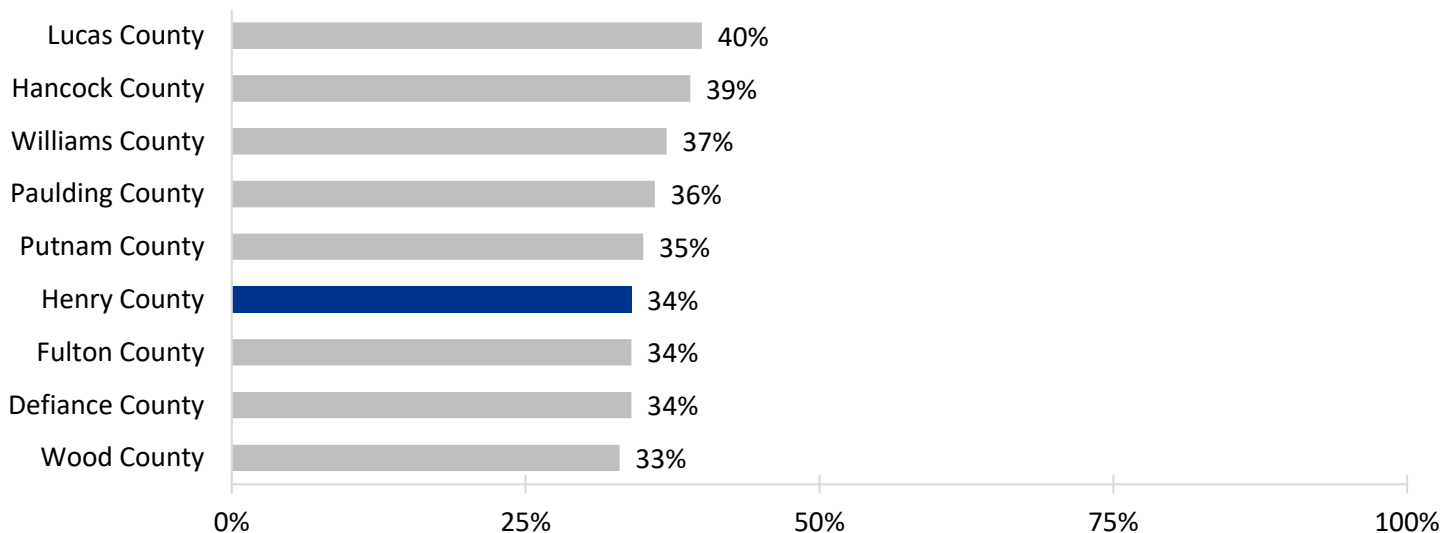


Figure 6.10 County Rankings of the Percentage of Adults not Getting Enough Sleep, 2016. Data Source: County Health Rankings via Behavioral Risk Factor Surveillance System, 2016

Youth

Objectives for Sleep Health, a new topic in Healthy People 2020, specifically includes reducing adolescent sleep loss: “SH-3: Increase the proportion of students in grades 9 through 12 who get sufficient sleep” (*defined as ≥ 8 hours*).

- Among Henry County youth, **over half** report **not** getting enough sleep on an average school night.

Over Half of Youth Not Getting Enough Sleep

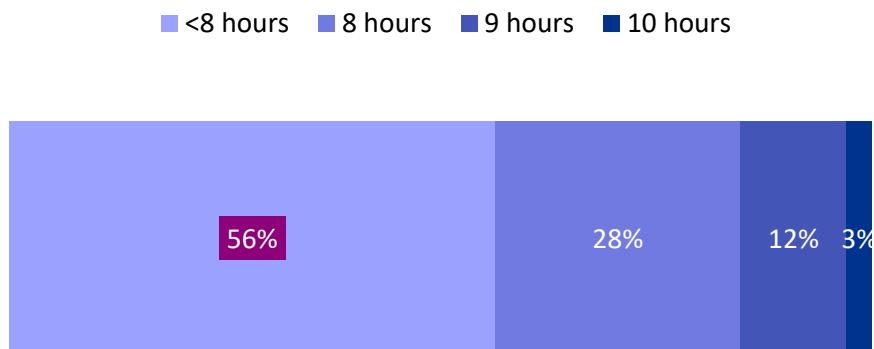


Figure 6.11 Distribution of Hours of Sleep a Night Among Henry County Youth, 2019. Data Source: Henry County Community Health Status Assessment Adolescent Survey, 2019

Alcohol & Drug Use

Measuring Alcohol & Drug Use | Alcohol Consumption

- **Current drinker:** defined as having had at least one alcoholic beverage in the past month.
- **Binge drinker:** defined as having five or more (for men) or four or more (for women) on an occasion in the last month.

Trends in Alcohol Consumption Among Adults

- Over three-fifths (64%) of adults in Henry County were current drinkers and over one-quarter (27%) were binge drinkers.
 - The rates of current and binge drinkers were higher in Henry County than the state of Ohio as a whole.
- Drinking behavior in Henry County increased among adults over the past nine years.
 - The share of adults in Henry County who were current drinkers increased from 50% in 2010 to 64% in 2019.
 - The percentage who were binge drinkers also increased, from 19% in 2010 to 27% in 2019.
- Among current drinkers in Henry County, 46% had at least one episode of binge drinking in the past month.
- Among those who drank, Henry County adults on average consumed 2.8 beverages per drinking occasion.

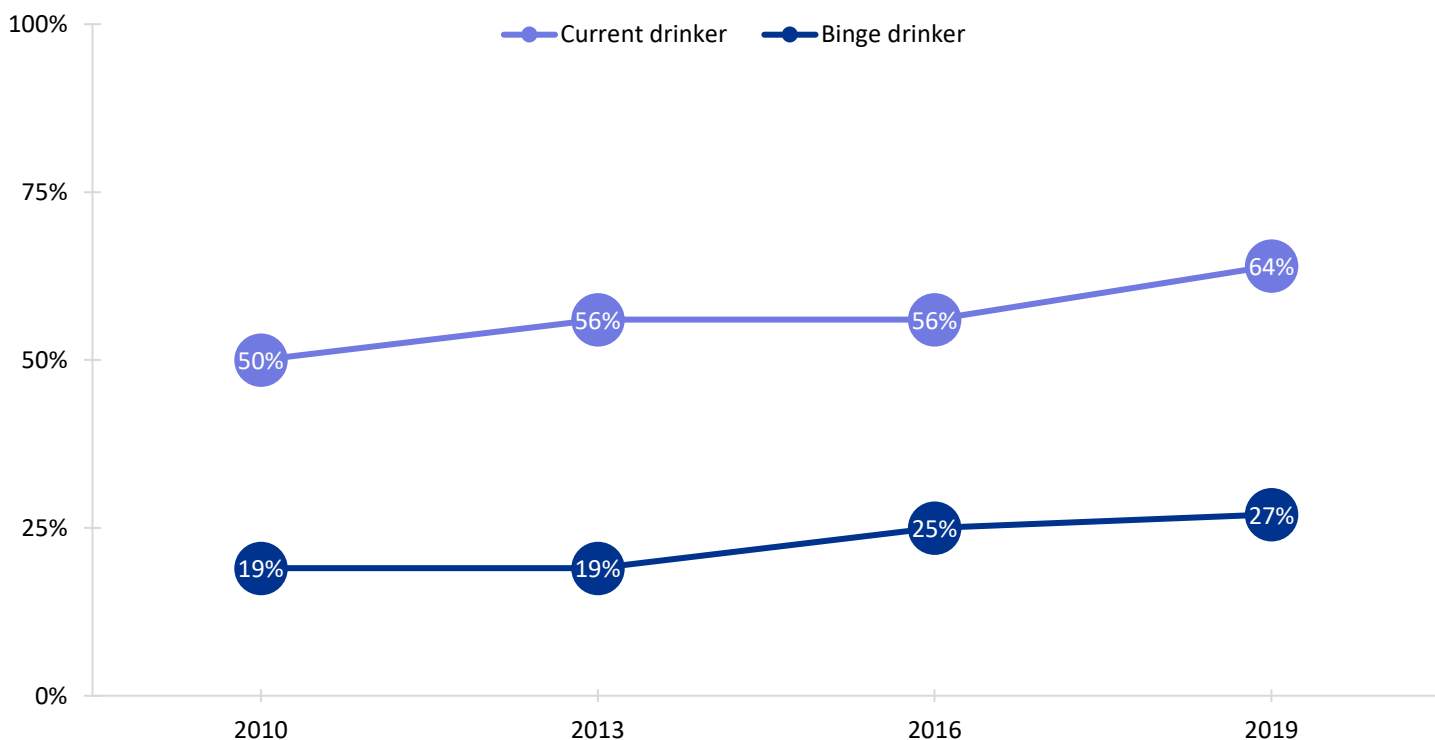


Figure 6.12 Trends in Alcohol Consumption by Type Among Henry County Adults, 2010-2019. Data Source: Henry County Community Health Status Assessment Adult Survey; Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Jan 11, 2020]. URL: <https://www.cdc.gov/brfss/brfssprevalence/>

Reasons Adults Report for Drinking

1. Taste or enjoyment (43%)
2. Social events (26%)
2. Helps them relax or relieve stress (26%)
4. It is normal or part of the culture (14%)

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

Trends in Alcohol Consumption Among Youth

- While alcohol consumption appears to be increasing among Henry County adults, it appears to be decreasing among the youth.
 - In 2010 19% of youth reported having consumed at least one alcoholic beverage in the past 30 days, dropping to 13% in 2019.
 - The trend in binge drinking is less clear—there was a spike from 2013 to 2016 going from 10% to 18%. By 2019, only 7% were reporting binge drinking behavior. Caution should be used because the margin of error on this measure is high. Having a high margin of error indicates we did not have a sample size large enough to reliably determine whether drinking behavior has changed significantly over time among Henry County youth.
- Among current youth drinkers in Henry County, over half (53%) had at least one episode of binge drinking in the past month.
- Comparing 9th – 12th graders in Henry County to 9th – 12th graders in the United States, smaller shares of Henry County youth were current or binge drinkers.
 - In the U.S., nearly one-third (30%) of high schoolers were current drinkers and 14% were binge drinkers.

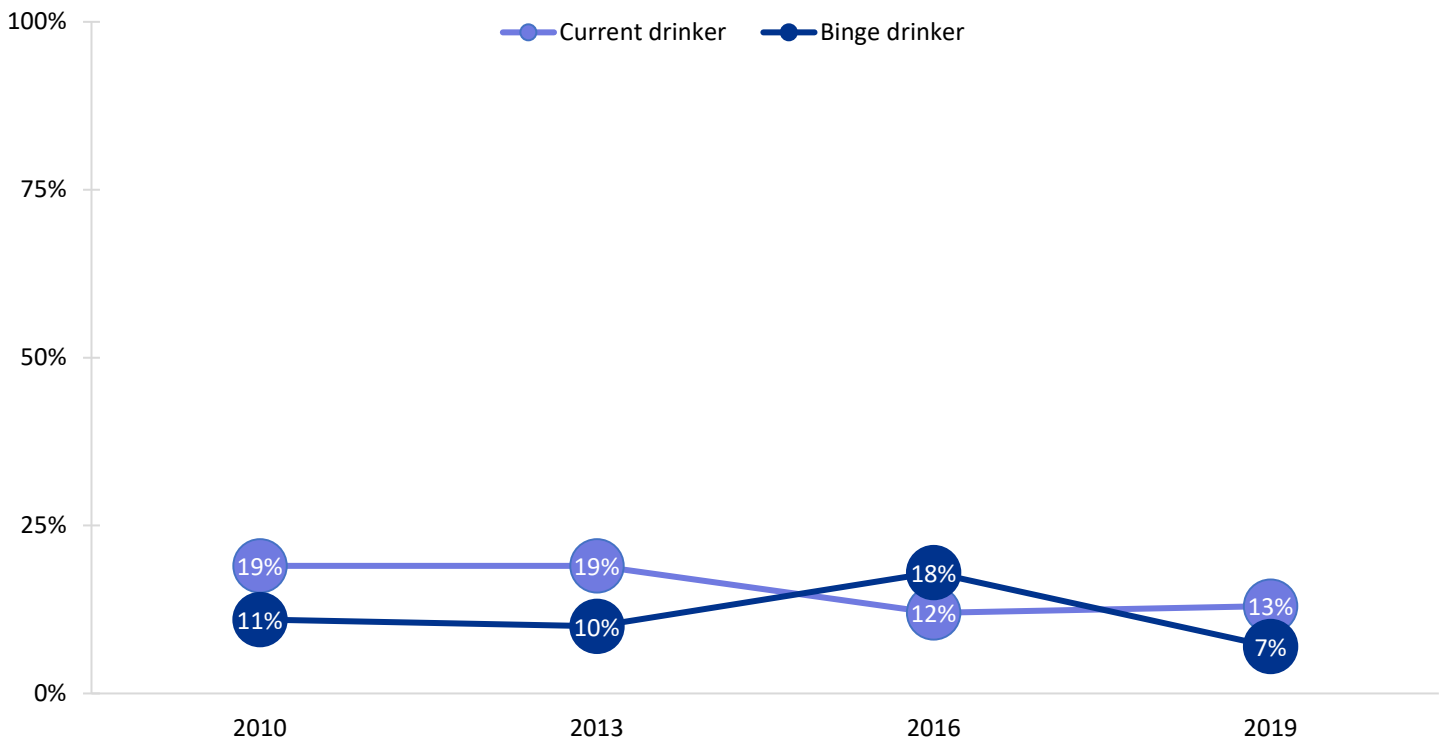


Figure 6.13 Trends in Alcohol Consumption by Type Among Henry County Youth, 2010-2019. Data Source: Henry County Community Health Status Assessment Adolescent Survey

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

Alcohol Consumption Among Youth by Gender

Alcohol consumption appears to be higher among girls as compared to boys, but caution should be used because the margin of error on this measure is high.

- 10% of boys reported being current drinkers versus 15% of girls.
- 4% of boys reported being binge drinkers compared to 9% of girls.

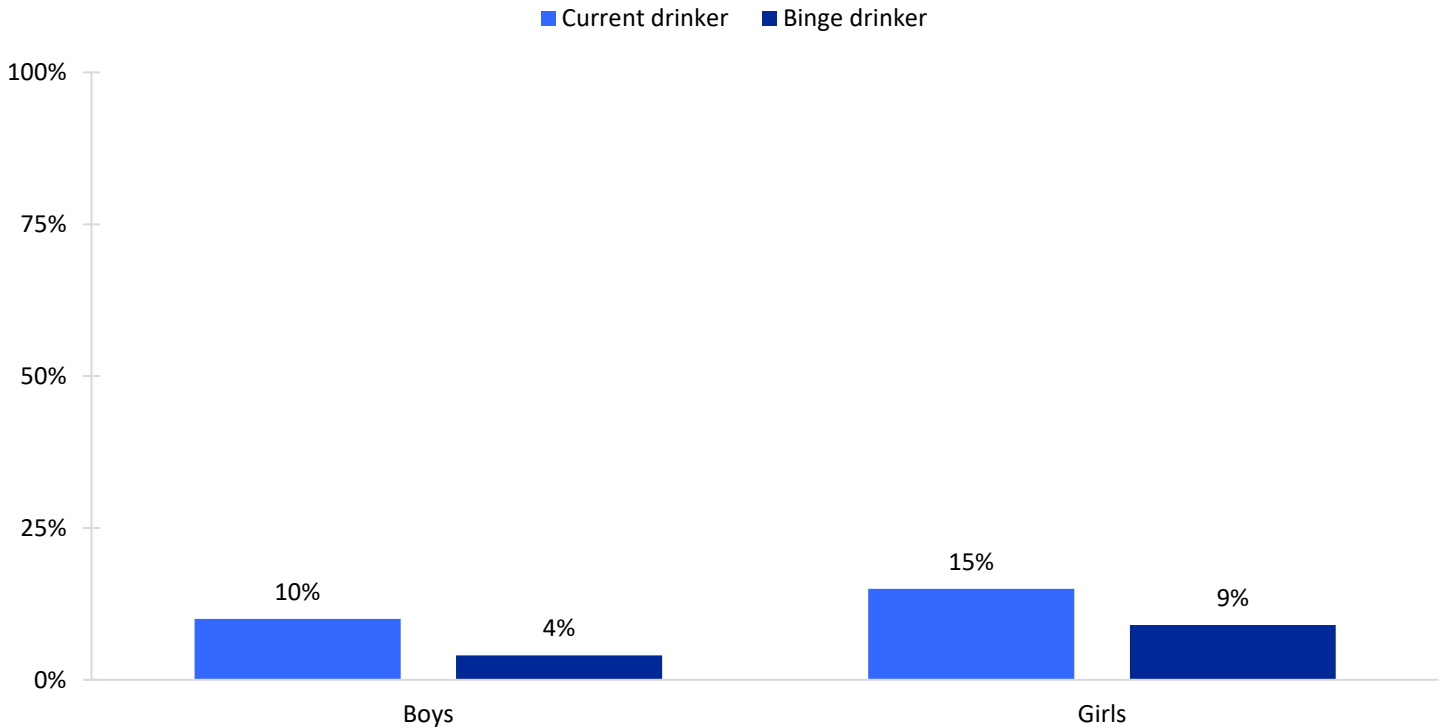


Figure 6.14 Alcohol Consumption by Type and by Gender Among Henry County Youth, 2019. Data Source: Henry County Community Health Status Assessment Adolescent Survey

During the past month, 12% of Henry County youth report riding in a car driven by someone who had been drinking.

The Places Youth Report Usually Drinking

1. Home (73%)
2. A friend's home (31%)
3. Another person's home (20%)
4. While riding in or driving a car or other vehicle (11%)

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

Measuring Alcohol & Drug Use | Drug Use

Adults

- Data on drug use among Henry County adults is limited because of issues related to sample size.

What Adults did with Unused Prescriptions

1. Threw it in the trash (20%)
2. Took all medication as prescribed (18%)
3. Kept it (14%)
4. Took it to the Medication Collection Program (14%)
5. Took it to the sheriff's office (9%)
6. Flushed it down the toilet (7%)

Youth

- Data on drug use among youth is limited because of issues related to sample size.
- 5% of Henry County youth have used marijuana in the past month.

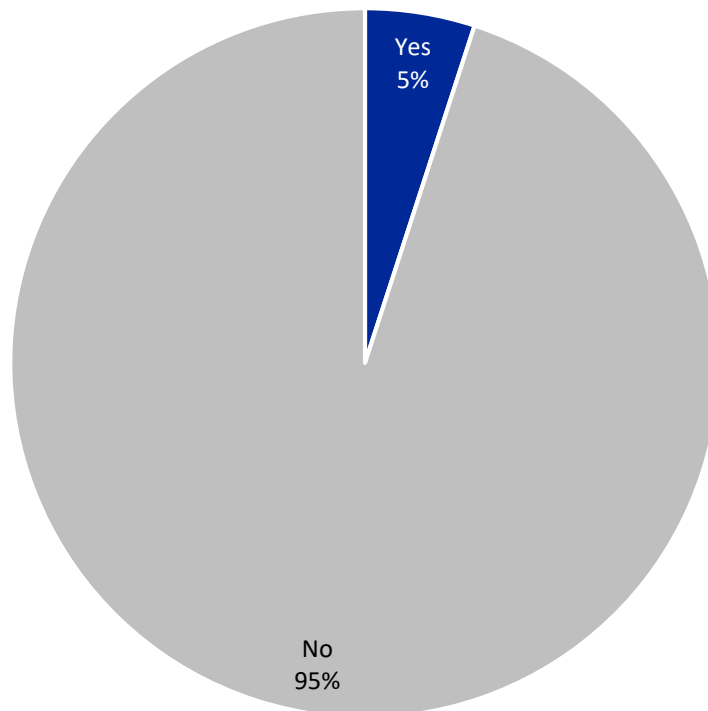


Figure 6.15 Percentage Who Report Using Marijuana in the Past Month Among Henry County Youth, 2019. Data Source: Henry County Community Health Status Assessment Adolescent Survey

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

Sexual Activity

Measures of Sexual Activity | Adults

- Almost three-fourths (71%) of Henry County adults had sexual intercourse in the past year.
- Eight percent reported they and their partners were trying to get pregnant.
- Eight percent of adults had ever been forced or coerced to have any kind of sexual activity when they did not want to *and did not report it*.

Adults in Henry County used the following forms of birth control:

1. They or their partner were too old (20%)
2. Vasectomy (15%)
3. Tubes tied (11%)
4. Birth control pill (10%)
5. Hysterectomy (7%)

Sexually Transmitted Diseases

The Ohio Department of Health tracks sexually transmitted diseases via the STD Surveillance Program. They provide detailed rates and counts by county for the following STDs:

1. Chlamydia
2. Gonorrhea
3. Syphilis

- There were very few cases of Gonorrhea in any of the available years of data and one case of Syphilis in 2018.
- However, there were a substantial number of cases of Chlamydia.
 - Despite a significant increase from 2014 to 2015, the number of cases in Henry County has declined.

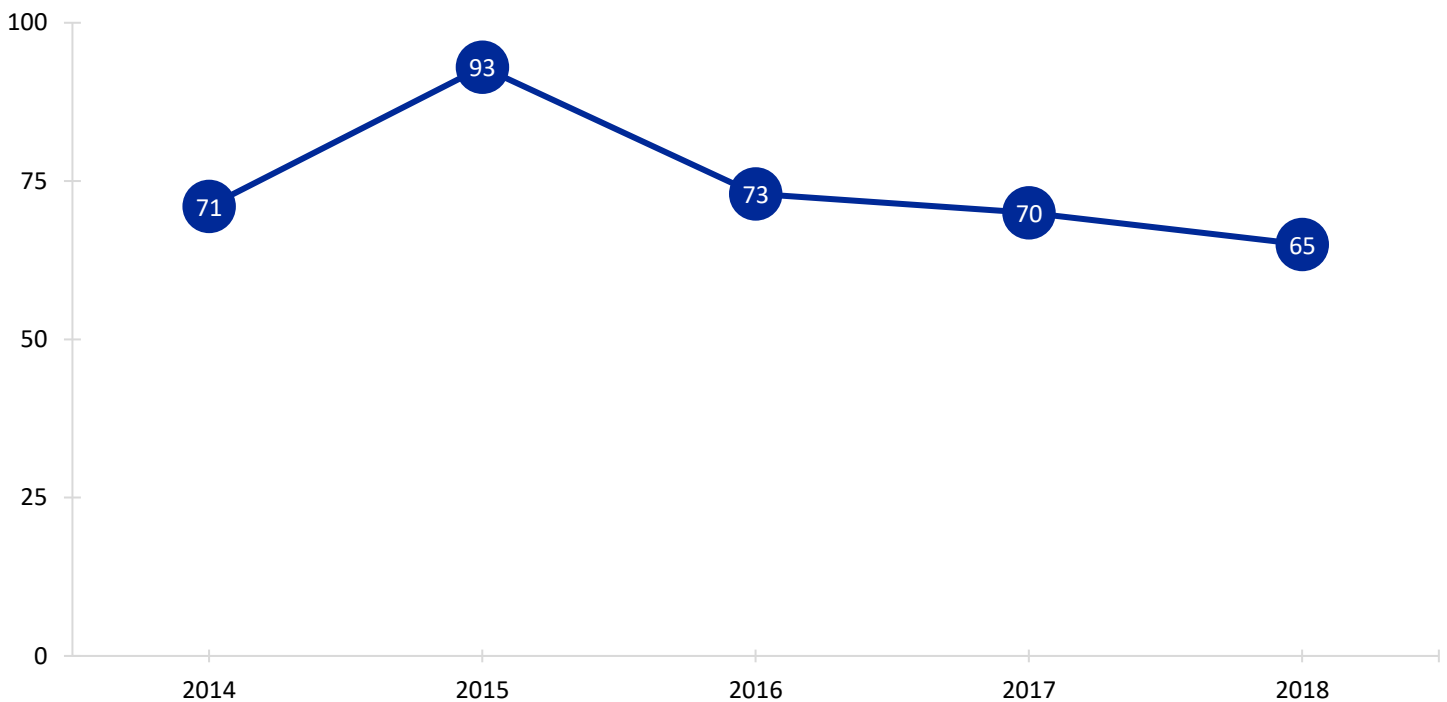


Figure 6.16 Number of Chlamydia Cases in Henry County, 2014-2018. Data Source: Ohio Department of Health, STD Surveillance Program. Data reported through 05/2/2019

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

Fertility

- Since 2006, generally Henry County residents have had fewer live births
 - The highest number of births among residents occurred in 2007 with 396 live births.
 - The lowest number occurred in 2016 when there were 290.

**Preliminary data from 2019 indicates just over 300 births to Henry County residents.*

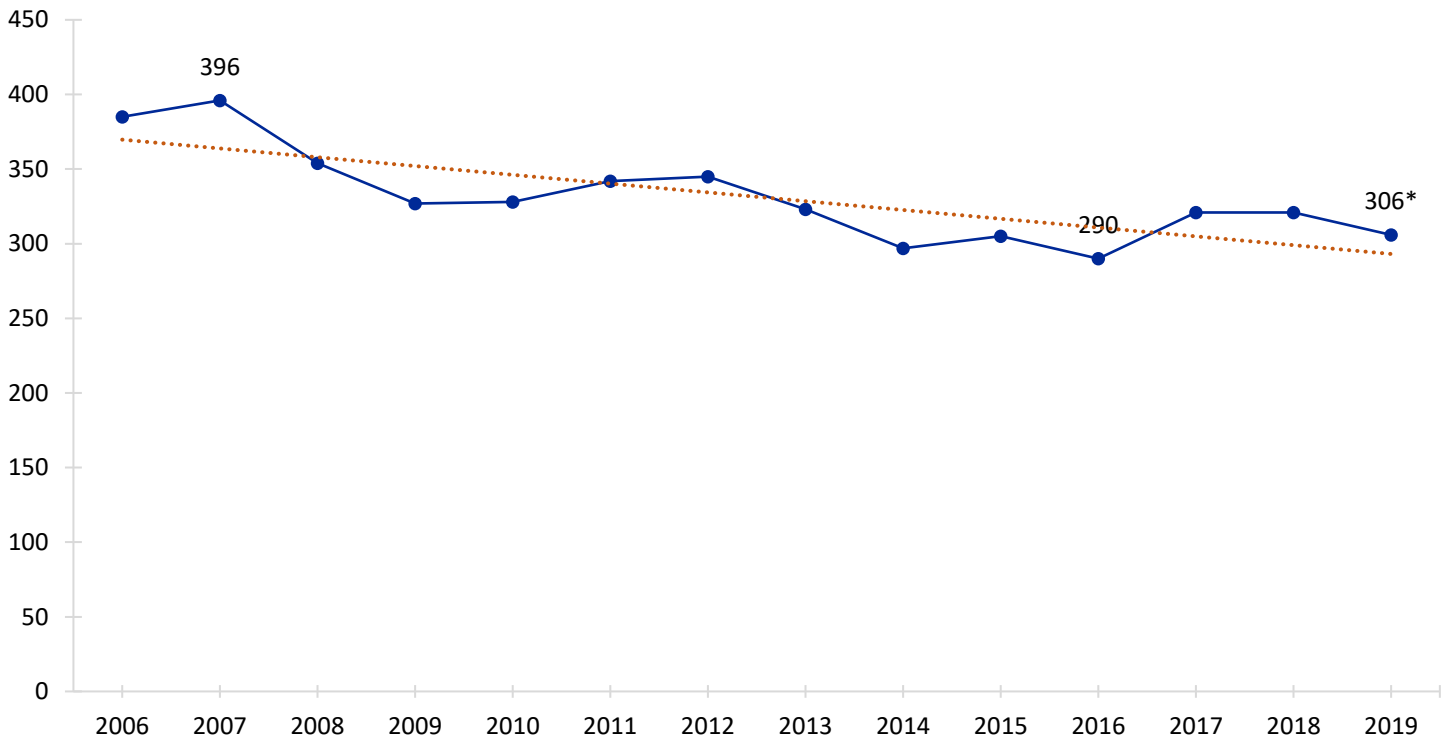


Figure 6.17 Number of Live Births to Henry County Residents, 2006-2019. Data Source: ODH Ohio Public Health Information Warehouse Birth Resident Dataset, 2006-2019.

Note: * indicates preliminary data.

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

- Although the number of live births is trending down, Henry County residents have a higher birth rate (70 per women aged 15-50) than that in the state of Ohio (54) or the nation (50).

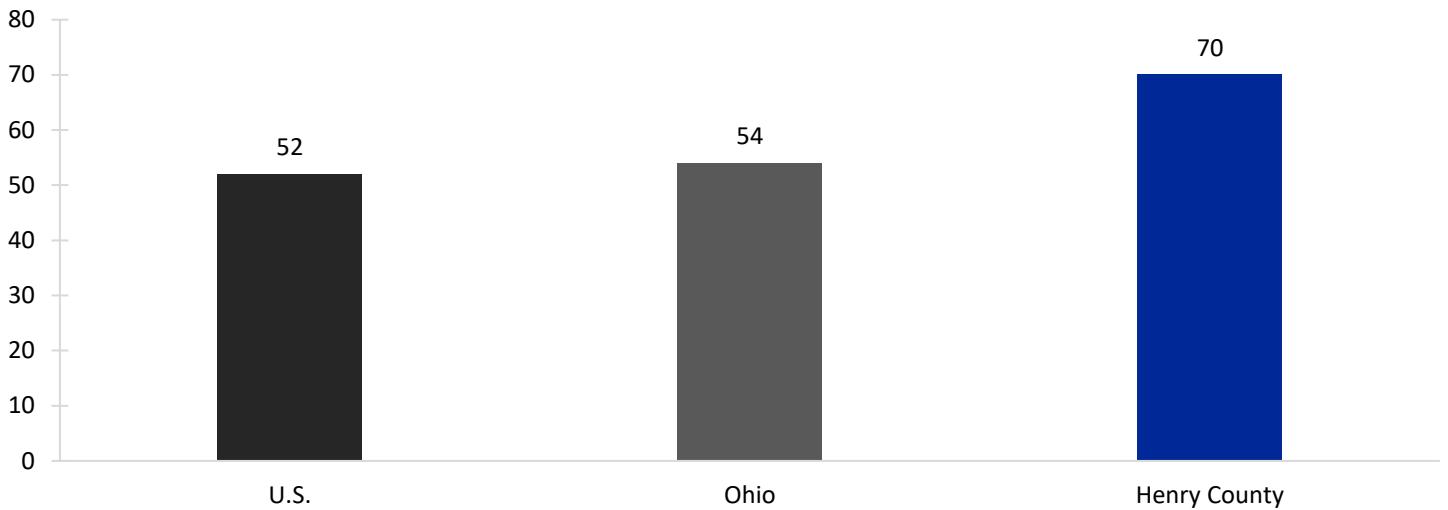


Figure 6.18 Birth Rate per 1,000 Women Aged 15-50 Henry County, the state of Ohio, and the Nation, 2018. Data Source: U.S. Census Bureau, ACS 5-year estimates, 2014-2018

- The average age of Ohio resident women who had a live birth in Henry County has been trending upward since 2006. This is consistent with national trends in increased ages at first birth and a slight increase in women of older ages having children and a decrease in teen childbearing.
- In 2019 the average age of women giving birth in Henry County was 27 years of age.

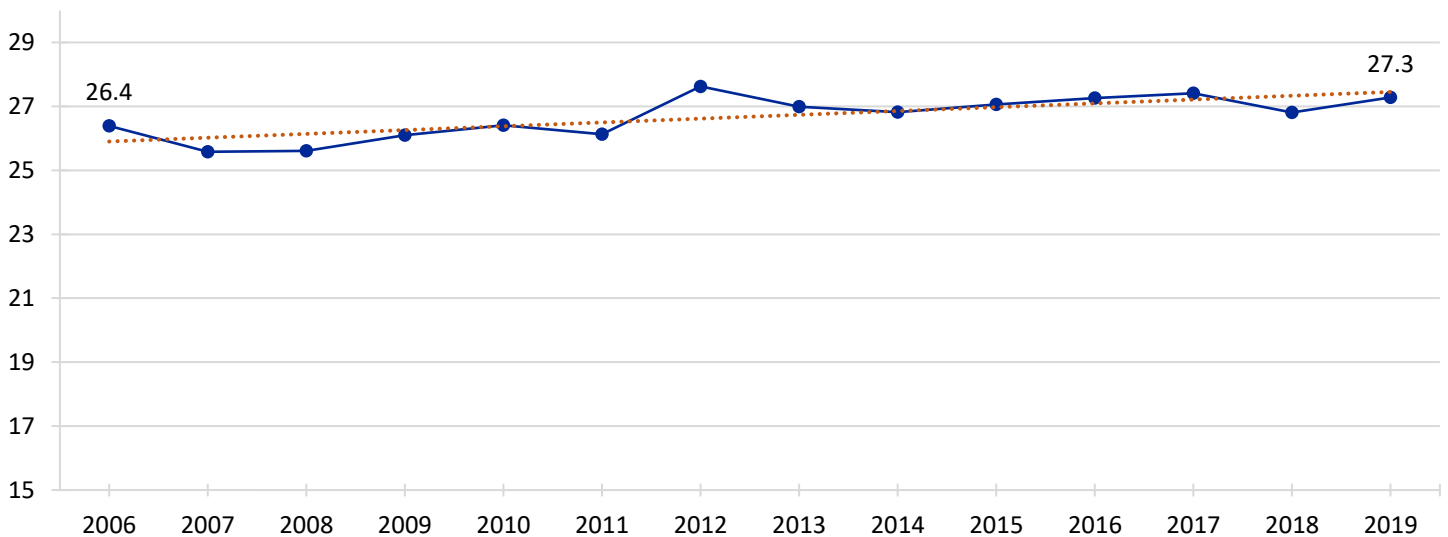


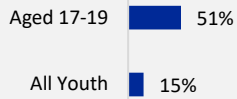
Figure 6.19 Mean Age of Birth Among Ohio Residents Who Had a Live Birth in Henry County, 2006-2019. Data Source: Source: ODH Ohio Public Health Information Warehouse Birth Resident Dataset, 2006-2019

Note: Information on live birth order is not available, therefore this is not the average age of first birth, but of all births regardless of birth order.

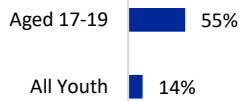
SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

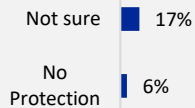
Measures of Sexual Activity | Youth



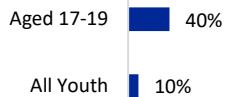
- Fifteen percent of Henry County youth **had sexual intercourse in their lifetime.**
 - Among those aged 17-19, half (51%) reported having had done so.



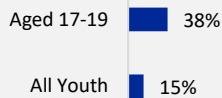
- Fourteen percent had participated in **oral sex.**
 - Among those aged 17-19, over half (55%) reported having had done so.



- Six percent engaged in intercourse **without a reliable method of protection**, with another 17% not knowing if they used a reliable method.



- More than 1-in-10 reported **sexting**
 - Among those aged 17-19, 4-in-10 reported having had done so.



- Fifteen percent reported viewing **pornography.**
 - Among those aged 17-19, over one-third (38%) reported having had done so.

How Did Youth Learn About Sex-Related Topics?

1. School (79%)
 2. Parents (52%)
 3. Friends (22%)
 4. Internet/Social Media (21%)
 5. Doctor (20%)
 6. Siblings (14%)
 7. Church (11%)
- **One-in-ten (11%) reported they had not been taught about sex related topics.**

Data Source: Henry County Community Health Status Assessment Adolescent Survey, 2019

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

Trends in The Share of Henry County Youth Who Have Had Sex

- The share of all Henry County youth who report ever having had sexual intercourse appears to be moving in a downward trajectory.
- This same trend is observed at the national level, albeit at higher levels of ever having had sexual intercourse.

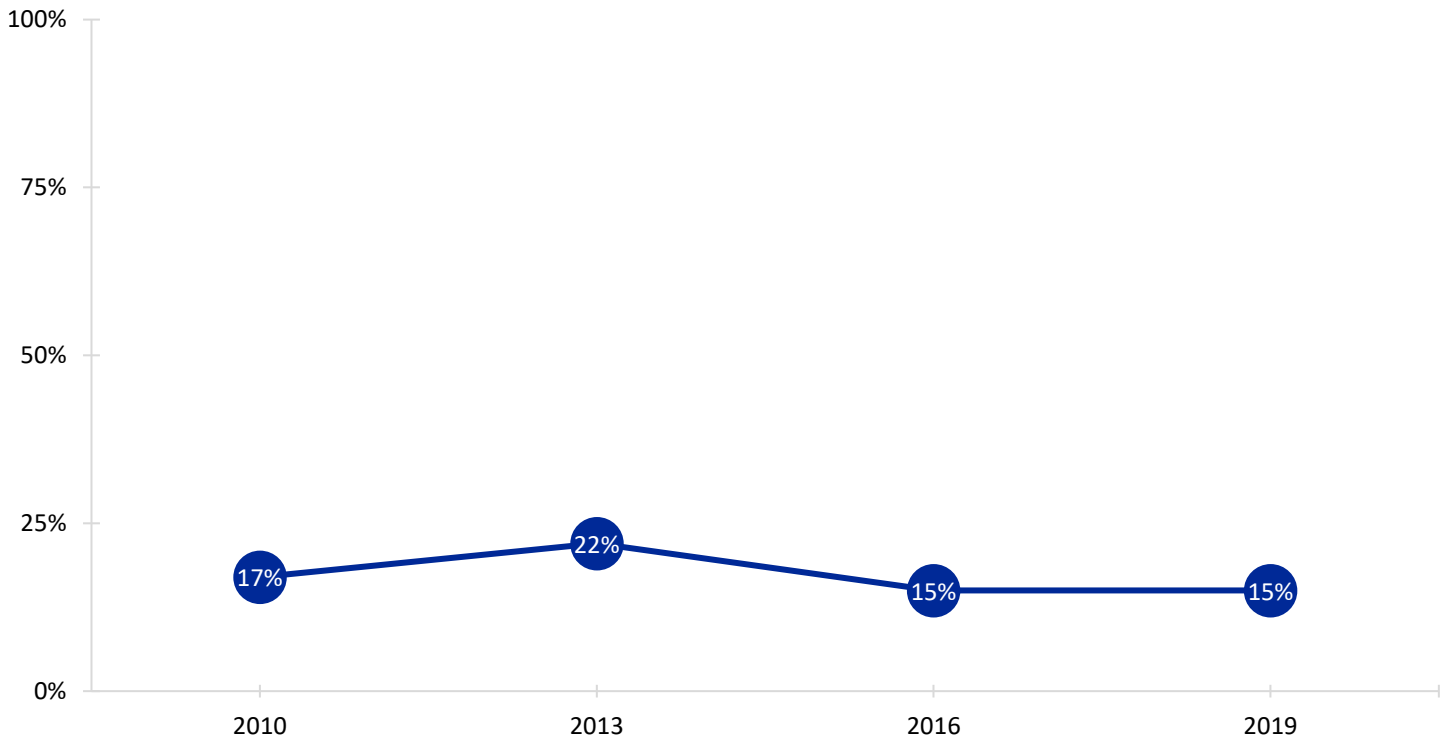


Figure 6.20 Percentage Reporting Ever Having Sexual Intercourse Among Henry County Youth, 2010-2019. Data Source: Henry County Community Health Status Assessment Adolescent Survey

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

Preventive Care

Preventive care is often categorized under the topic of Healthcare Access. However, because we are including a section on health behaviors in our assessment, we wanted to include both health-risk AND more positive health behaviors, such as preventive care. Hence, we've opted to include these types of measures here. Healthcare.gov defines preventive care as:

Routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

In this section we will include the following preventive care measures:

- Mammography screening
- Pap smears
- Visited a dentist/dental clinic
- Routine Check ups
- Vaccinations

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

Measures of Preventive Care | Mammography Screening

According to the Mayo Clinic, there is not consensus regarding breast cancer screening guidelines. For instance, the U.S. Preventive Services Task Force (per the CDC) mammogram guidelines recommend women begin screening at age 50. The American Cancer Society recommends women begin screening slightly earlier, at age 45. However, both recognize beginning screening at 40 may make sense for some women after considering the benefits and limitations of the test. The Mayo Clinic supports screening beginning at age 40 because mammograms can facilitate the early detection of breast abnormalities. Findings from randomized trials of women in their 40s and 50s found that mammograms decrease breast cancer deaths by 15 to 29 percent.

- Most women aged forty and older report having received a mammogram in the past two years.
- Despite high rates of screening, the rates in 2019 (70%) were lower than that in 2013 and 2016 (80%).
- In 2018 the state average for Ohio was 74% (CDC - BRFSS, 2018).

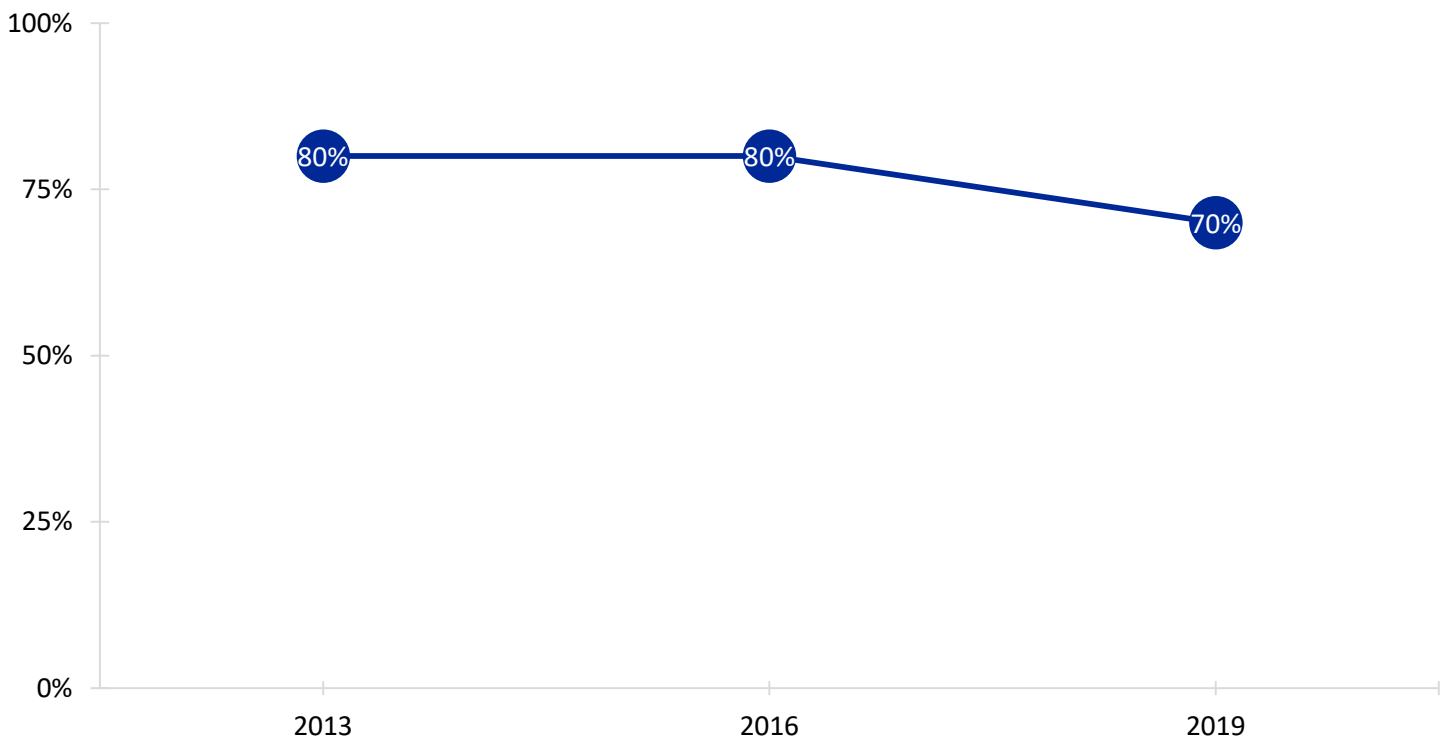


Figure 6.21 Percentage of Women Aged 40+ Who Had a Mammogram in the Past Two Years Data Source: Henry County Community Health Status Assessment Adult Survey

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

Measures of Preventive Care | Pap Smears

The U.S. Preventive Services Task Force (USPSTF) recommends screening for cervical cancer in women aged 21 to 65 years with a pap smear every 3 years or, for women aged 30 to 65 years who want to lengthen the screening interval, screening with a combination of a pap smear and human papillomavirus (HPV) testing every 5 years.

<https://www.cdc.gov/cancer/cervical/pdf/guidelines.pdf>

The age of women asked in the Henry County Community Health Assessment about pap smears reflects the changing recommendations for such preventive practice.

- While there has been a drop in the share reporting having a pap smear performed from 2013 to 2019, the most precipitous drop was between 2013 and 2016. Caution should be used in drawing conclusions regarding trends.
- In 2019, 65% of Henry County women aged 21-65 reported having a pap smear.
- In 2018, the state average for Ohio women aged 21-65 receiving a pap smear in the past three years was considerably higher at 80%.

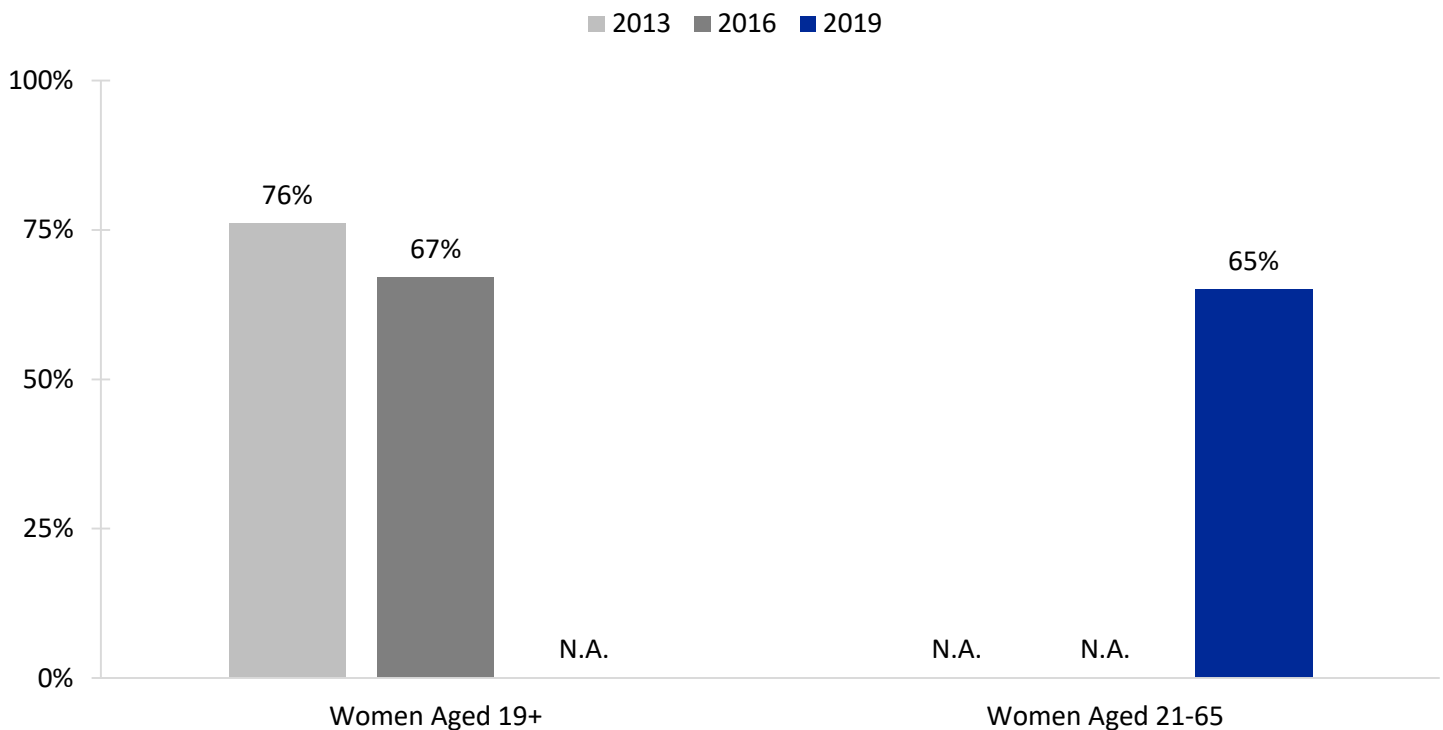


Figure 6.22 Women Who Had a Pap Smear in the Past Three Years in Henry County. Data Source: Henry County Community Health Status Assessment Adult Survey, 2019

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

Measures of Preventive Care | Visited a Dentist or Dental Clinic

- There is only slight variation in the percentage of Henry County adults who have visited a dentist or dental clinic in the past year—ranging from 69% to 73% since 2010.
 - In 2019, 73% of Henry County adults had done so.
 - Henry County's percentage was higher than that of the state average among Ohio residents—in 2018 67% had reported dental care in the past year.
- There is little variation in the percentage by gender, with women having only a slightly higher share at 74% versus 72% among men.
 - The gender difference at the state-level was much greater (in 2018) with 72% of women and 62% of men reporting dental care in the past year.

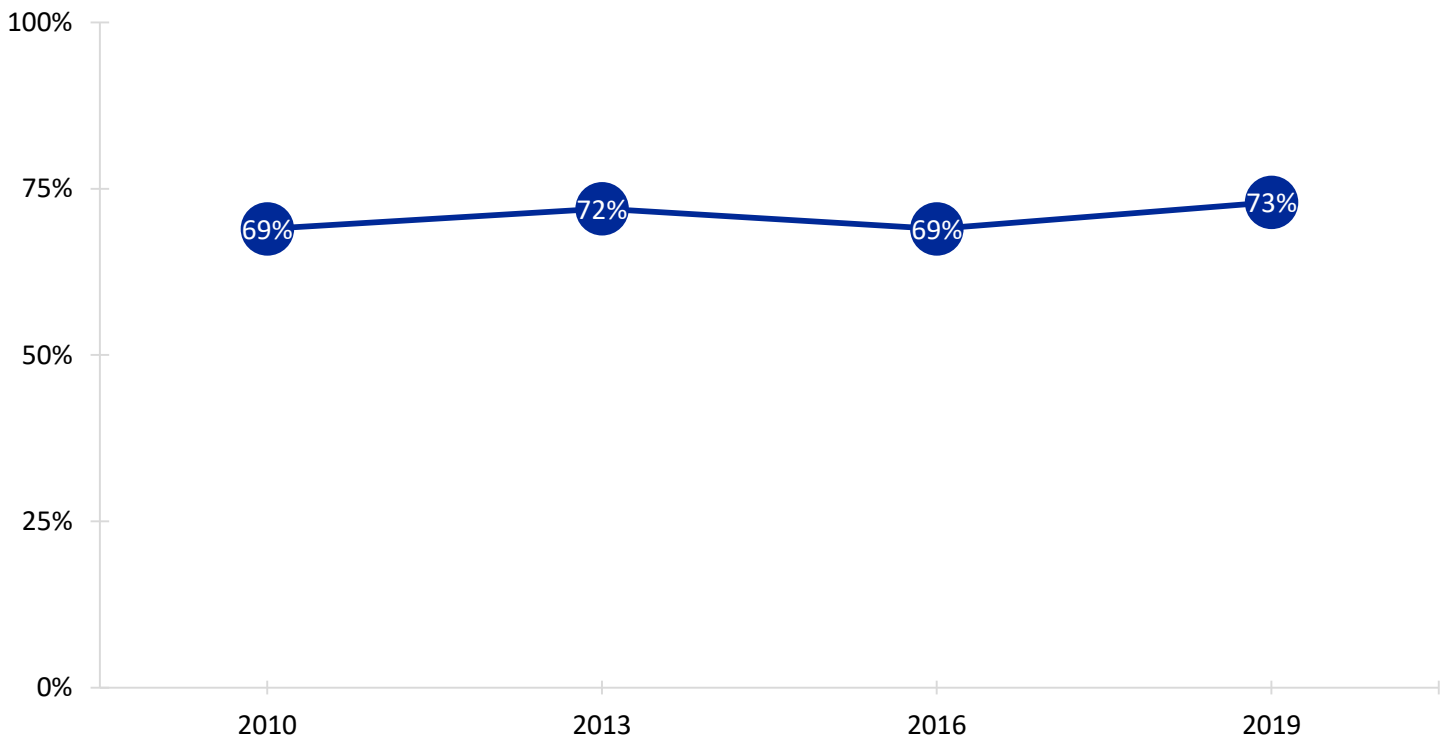


Figure 6.23 Trend in the Percentage Who Visited a Dentist or Dental Clinic in the Past Year Among Adults in Henry County. Data Source: Henry County Community Health Status Assessment Adult Survey, 2019

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

Measures of Preventive Care | Visited Doctor for a Routine Checkup

- The share of Henry County adults who visited a doctor for a routine checkup steadily increased from 59% in 2013 to 72% in 2019.
- The share among Ohio residents is slightly higher at 79% (BRFSS, 2018).

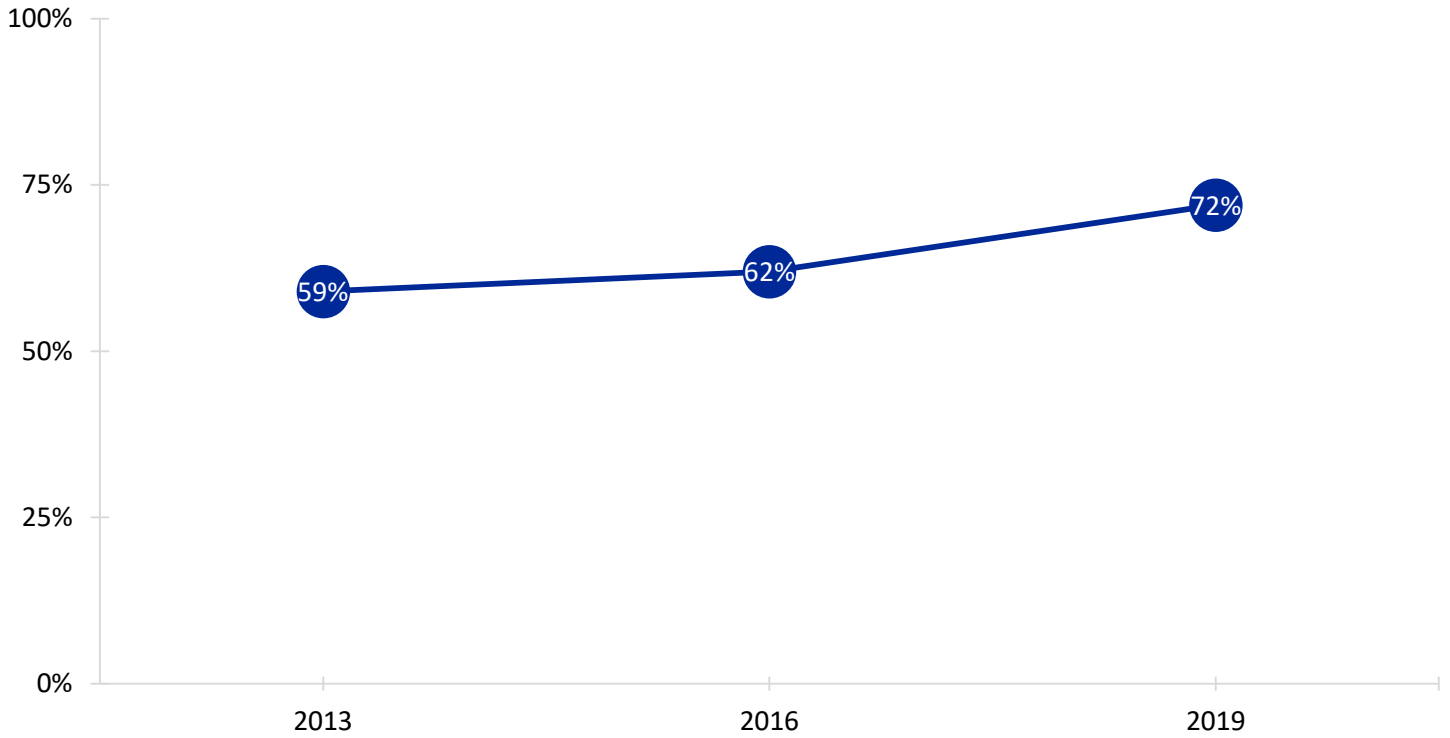


Figure 6.24 Trend in the Percentage of Henry County Adults Who Visited a Doctor for a Routine Checkup in the Past Year, 2013-2019. Data Source: Henry County Community Health Status Assessment Adult Survey, 2019

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

Measures of Preventive Care | Flu Vaccinations Among Adults

- The share of Henry County Adults who received a flu vaccine [in the past year] increased from 44% in 2010 to 65% in 2019.
- The share among Henry County adults was higher than that of the state average in Ohio of 56% (BRFSS, 2018).

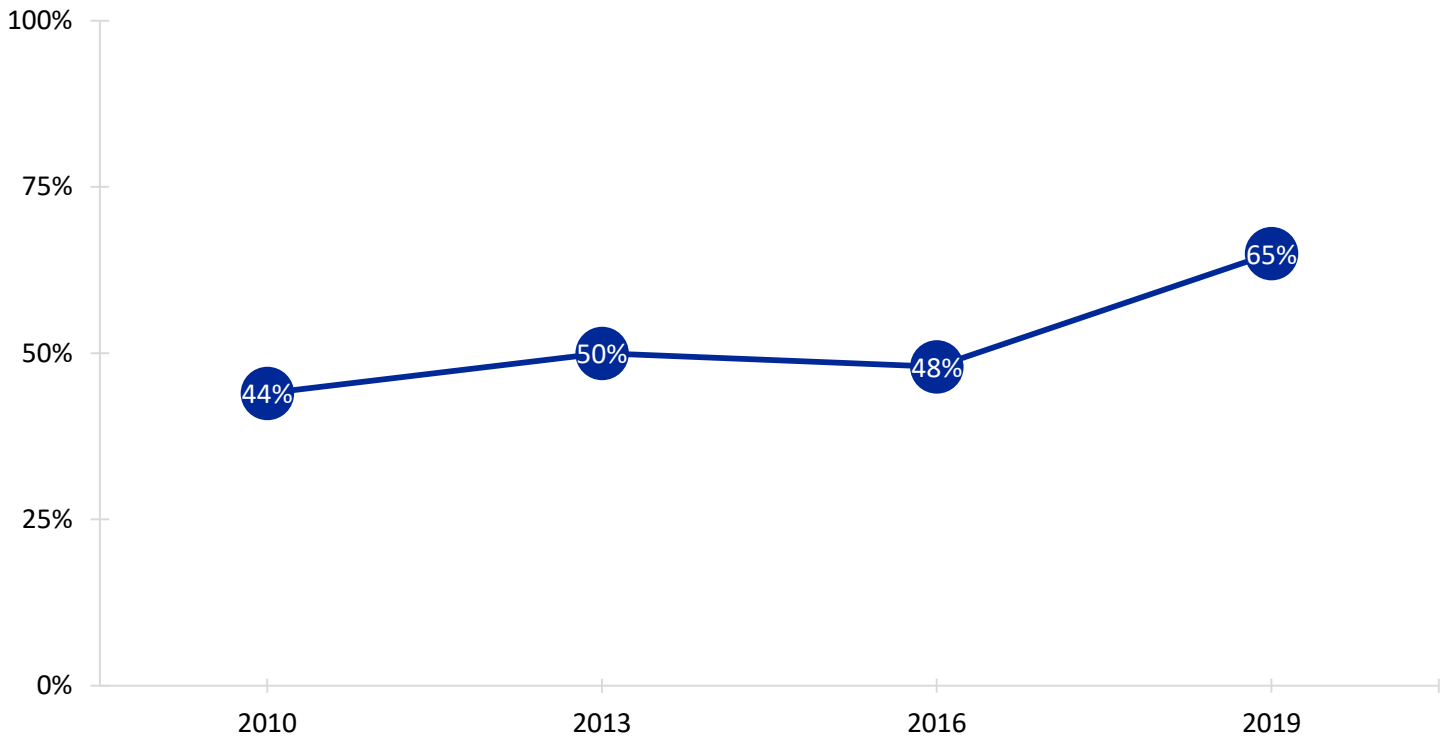


Figure 6.25 Trend in the Percentage of Henry County Adults Who Received a Flu Vaccine Within the Past Year, 2010-2019.
Data Source: Henry County Community Health Status Assessment Adult Survey, 2019

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

Measures of Preventive Care | Vaccination Rates for School Aged Children

- Among kindergarteners the large majority have received all their vaccinations as required by the state of Ohio.
- Among Henry County schools with sufficient data reported, Patrick Henry had the highest share with complete immunizations at 99%.
- Liberty Center had the lowest at 91%.
- Holgate and St. Paul Lutheran had the largest share with a filed exemption.

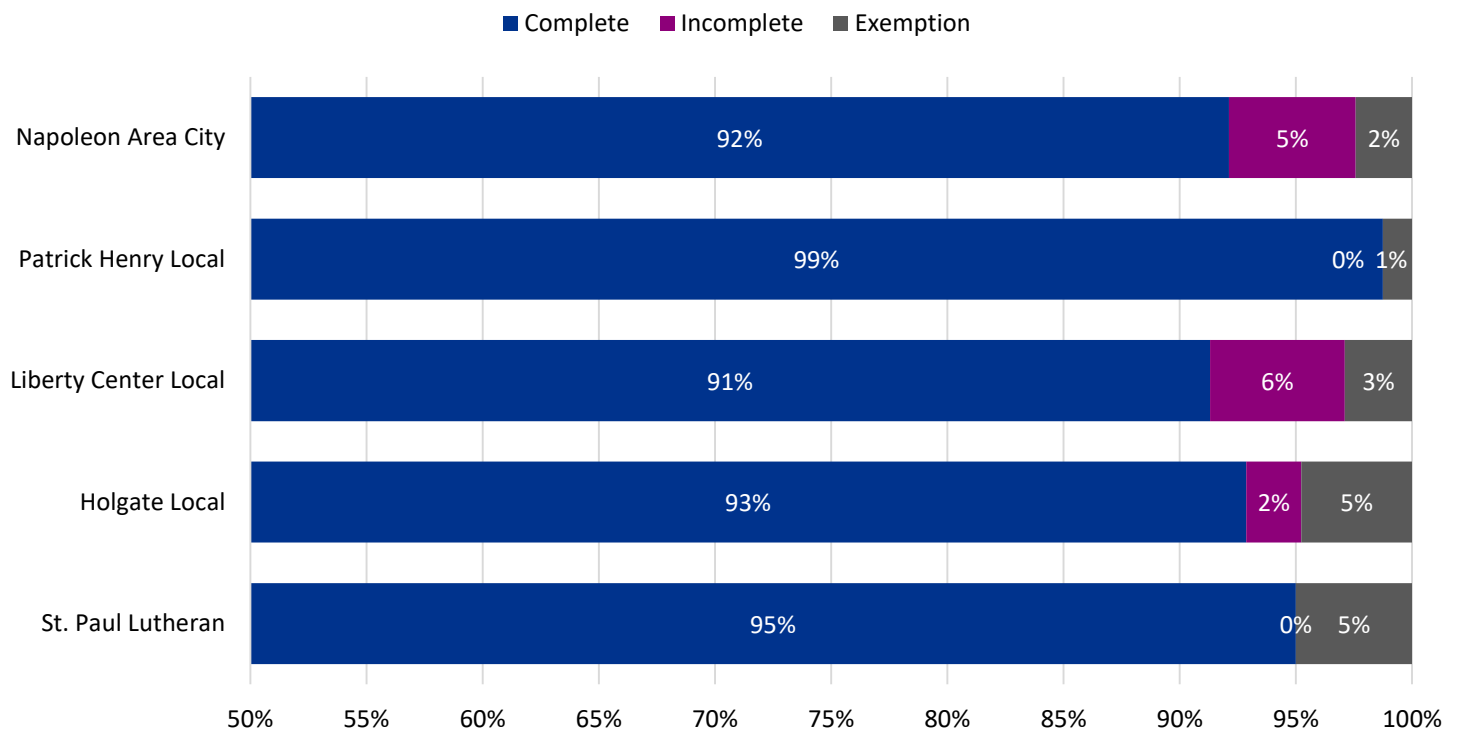


Figure 6.26 Immunizations Among Kindergarteners in Henry County by School District, 2018-1019 School Year. Data Source: ODH, School Immunization Level Assessment

Note: 1. As of Fall 2018 immunizations for the following diseases were required for school attendance among kindergarteners in the state of Ohio: Diphtheria, Tetanus, Pertussis (DTaP/DTTdap/Td); Polio; Measles, Mumps, Rubella (MMR); Hepatitis B (HEP B); Chickenpox (Varicella). 2. Data from St. John Lutheran and St. Augustine are not included due to small sample sizes.

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

In the state of Ohio, per Ohio Statute 3313.671 a student may present a written statement from their parent or guardian of their objection to immunization. Under the exemption statute they may request an exemption based on religious convictions, good cause, or medical reasons. Students with filed exemptions are subject to exclusion from school in the case of an outbreak of any vaccine preventable diseases. For more information, see the [Ohio Department of Health](#) website.

There is also county-level variation in the share of kindergarteners with filed exemptions.

- Henry County's exception rate was on the lower end at 2.6%.
- Lucas County had the lowest share at 2.3%.
- Williams County had the highest at 6.8%.

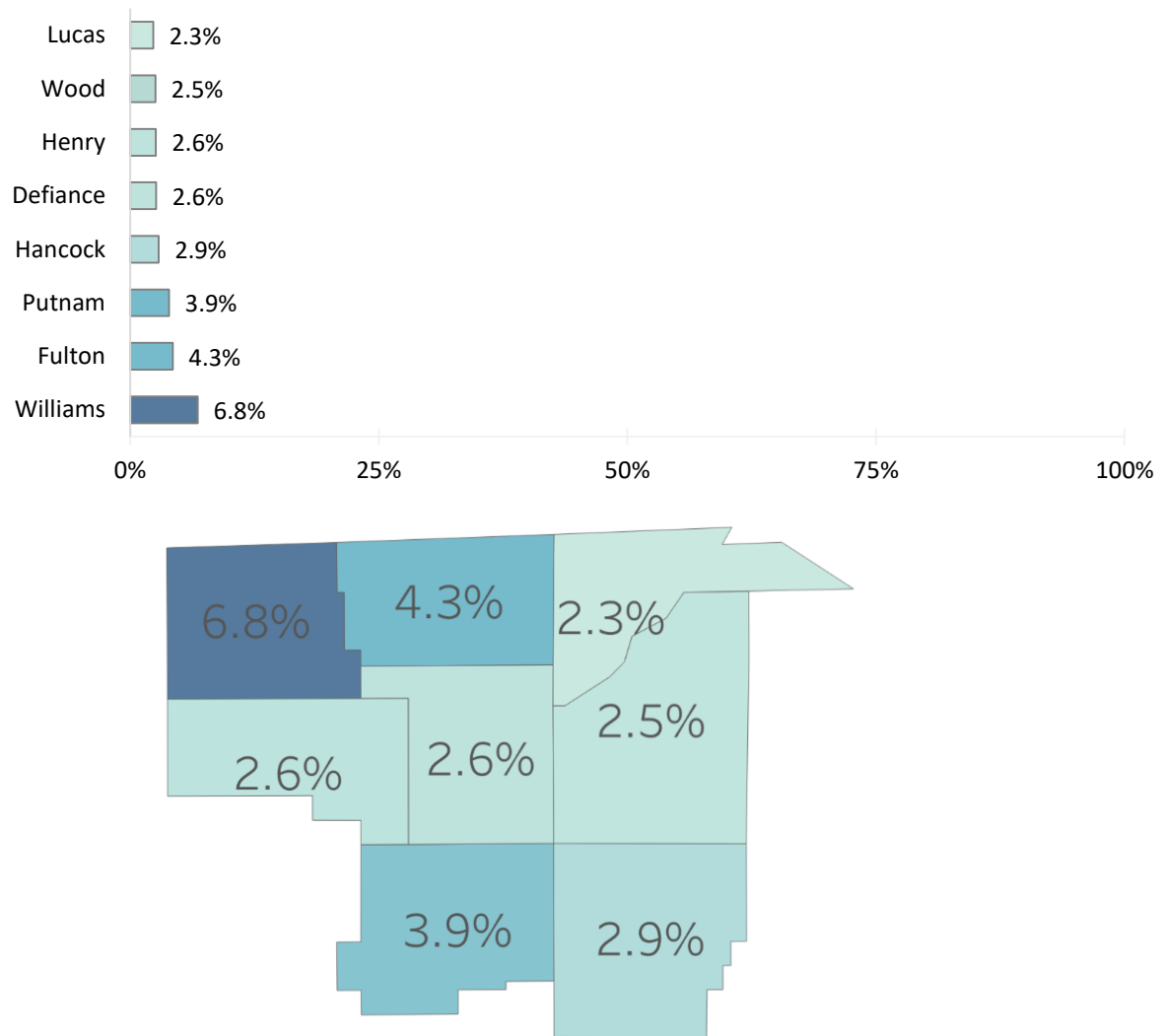


Figure 6.27 Percentage of Kindergarteners with Exemptions by County, 2018-2019 School Year. Data Source: ODH, School Immunization Level Assessment

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

INTERVENING MECHANISMS | Early Life Conditions

An intervening mechanism is a hypothetical mechanism used to explain causal links between variables. Specific to health, intervening mechanisms seek to explain the causal link between the SDOH and specific health outcomes.

These are fluid...change as society changes "socioeconomic inequalities in health are reproduced via the replacement of intervening mechanisms." "New mechanisms arise following the development of new knowledge or medical intervention related to some disease, because higher SES individuals and groups are better equipped to take advantage of the new knowledge."

- Health Behaviors (Including Health-Risk Behaviors)/Preventive Health Services
- Working Conditions*
- Personality*
- Early Life Conditions

*As of now, we do not have adequate measures of local level working conditions or personality, and thus these topics are excluded from this report.

Measuring Early Life Conditions | Adverse Childhood Experience (ACEs)

Childhood abuse, neglect, and exposure to other traumatic stressors—which we term adverse childhood experiences (ACEs)—are common. The most common are separated or divorced parents; verbal, physical, or sexual abuse; witness of domestic violence; and having a family member with depression or mental illness.

According to the CDC, 59% of people surveyed in five states in 2009 reported having had at least one ACE, while 9% reported five or more.

The short and long-term outcomes of these childhood exposures include a multitude of health and social problems such as:

- Depression
- Fetal death
- Illicit drug use
- Liver disease
- STDs
- Multiple sexual partners
- Alcoholism and alcohol abuse
- COPD
- Unintended pregnancies
- Suicide attempts
- Early initiation of smoking
- Risk for intimate partner violence

Studies are finding there is a repetitive dose-response relationship between ACEs and levels of exposure. A dose-response means that as the doses of the stressor increases, the intensity of the outcome will increase as well. As the number of ACEs increase so does the risk for the following:

- Myocardial Infarction
- Mental Distress
- Unemployment
- Diabetes
- Asthma
- Disability
- Stroke
- Lowered educational attainment

Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey ACE Data, 2016

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

Adults

The following are the eight most often experienced ACEs among adults in Henry County:

**Experiences in magenta differ from the top eight experienced by youth.*

1. A parent or adult in their home swore at, insulted, or put them down (18%)
2. Their parents became separated or were divorced (16%)
3. Lived with someone who was a problem drinker or alcoholic (15%)
4. Lived with someone who was depressed, mentally ill, or suicidal (14%)
5. A parent or adult in their home hit, beat, kicked, or physically hurt them (9%)
6. Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (8%)
7. Someone at least five years older than them or an adult tried to make them touch them sexually (7%)
8. Their family did not look out for each other, feel close to each other, or support each other (6%)

- Other ACEs experienced by Henry County residents (but at lower frequencies) include:
 - Lived with someone who used illegal street drugs, or who abused prescription medications
 - Someone at least five years older than them or an adult touched them sexually
 - They didn't have enough to eat, had to wear dirty clothing, and had no one to protect them
 - Lived with someone who served time or was sentenced to serve time in prison, jail or correctional facility
 - Their parents were not married
 - Someone at least five years older than them or and adult forced them to have sex
- Ten percent of Henry County adults had four or more ACEs in their lifetime.
- A larger share of women (13%) had experienced four or more ACEs compared to men (7%).

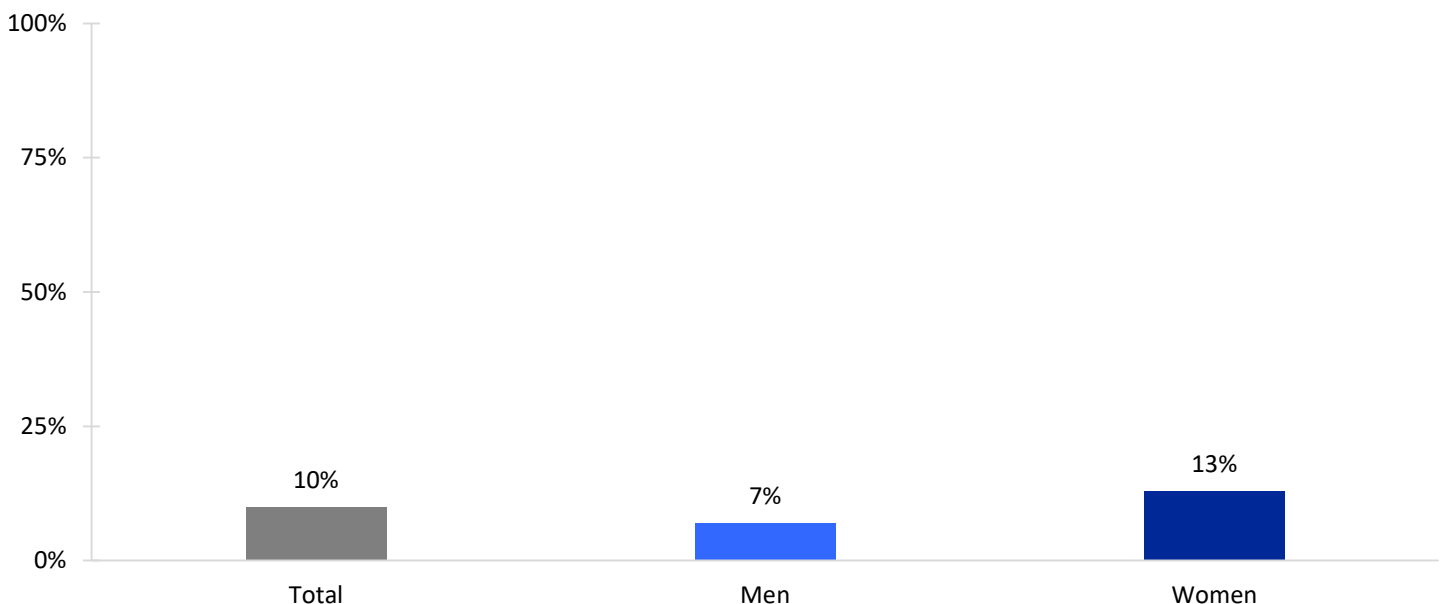


Figure 6.28 Percentage of Henry County Adults Experiencing Four or More ACEs in Their Lifetime. Data Source: Henry County Community Health Status Assessment Adult Survey, 2019

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

Adults' Reports of Abuse

One-fifth of Henry County adults were threatened or abused in their lifetime.

The three most often identified persons to threaten or abuse adults were:

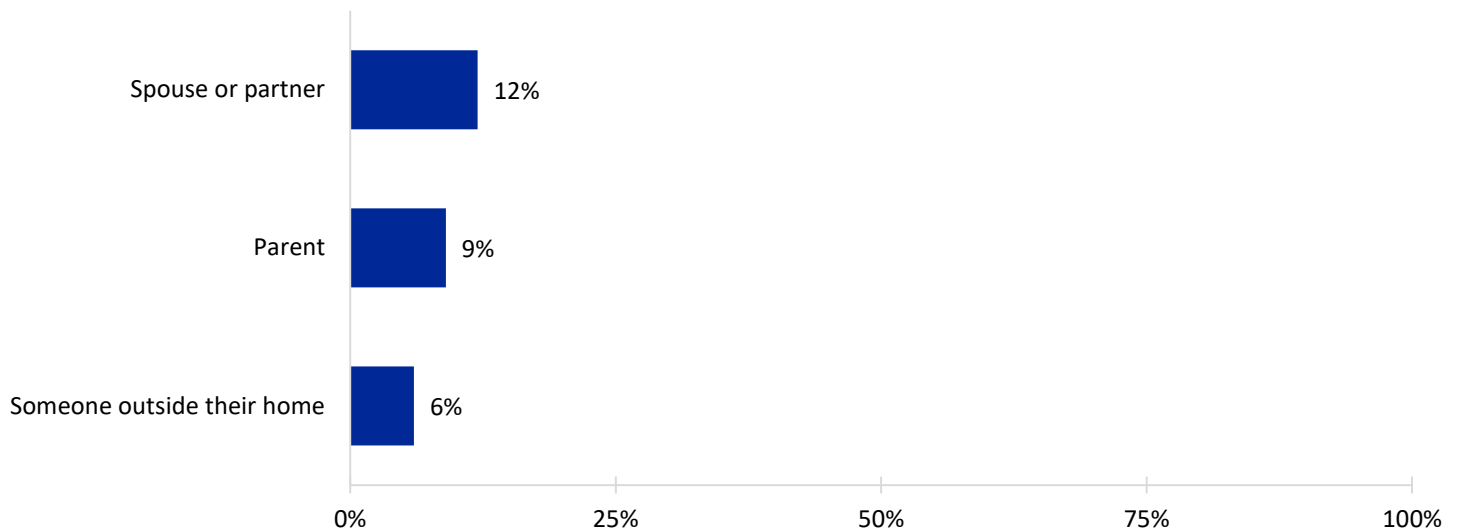


Figure 6.29 Types of Individuals Who Threatened or Abused Henry County Adults. Data Source: Henry County Community Health Status Assessment Adult Survey, 2019

Adults who experienced abuse were abused most often in the following ways:

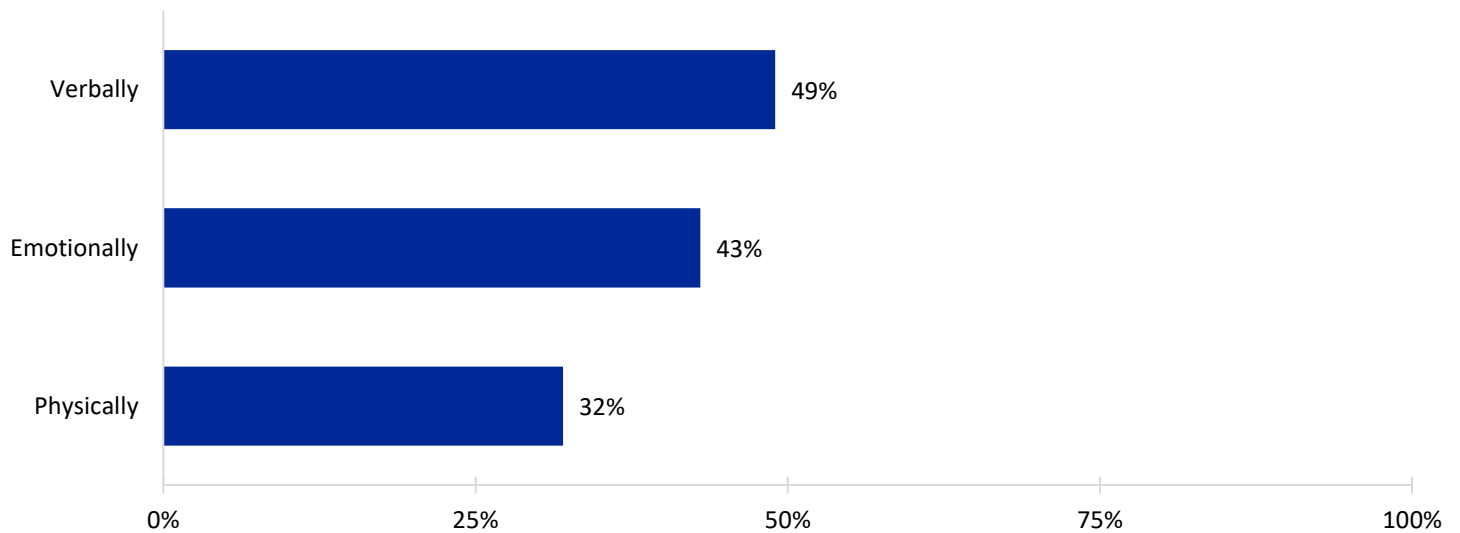


Figure 6.30 Types of Abuse Experienced Among Abused Henry County Adults. Data Source: Henry County Community Health Status Assessment Adult Survey, 2019

Youth

The following are the eight most often experienced ACEs among youth in Henry County:

**Experiences in magenta differ from the top eight experienced by adults.*

1. Parents became separated or were divorced (31%)
2. Parents or adults in home swore at them, insulted them or put them down (22%)
3. Family did not look out for each other, feel close to each other, or support each other (14%)
4. Lived with someone who was depressed, mentally ill or suicidal (13%)
5. Lived with someone who was a problem drinker or alcoholic (13%)
6. Lived with someone who served time or was sentenced to serve in prison or jail (12%)
7. Parents were not married (11%)
8. Lived with someone who used illegal street drugs or misused prescriptions drugs (5%)

- Other ACEs experienced by Henry County youth (but at lower frequencies) include:
 - A parent or adult in their home hit, beat, kicked, or physically hurt them in any way (not including spanking)
 - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up
 - Did not have enough to eat, had to wear dirty clothes, and had no one to protect them
 - Someone at least five years older than them or an adult touched them sexually
 - Someone at least five years older than them or an adult tried to make them touch them sexually
 - Someone at least five years older than them or an adult forced them to have sex
- Twenty-one percent of youth had experienced three or more ACEs in their lifetime.
- A larger share of girls (27%) had experienced three or more ACEs compared to boys (16%).

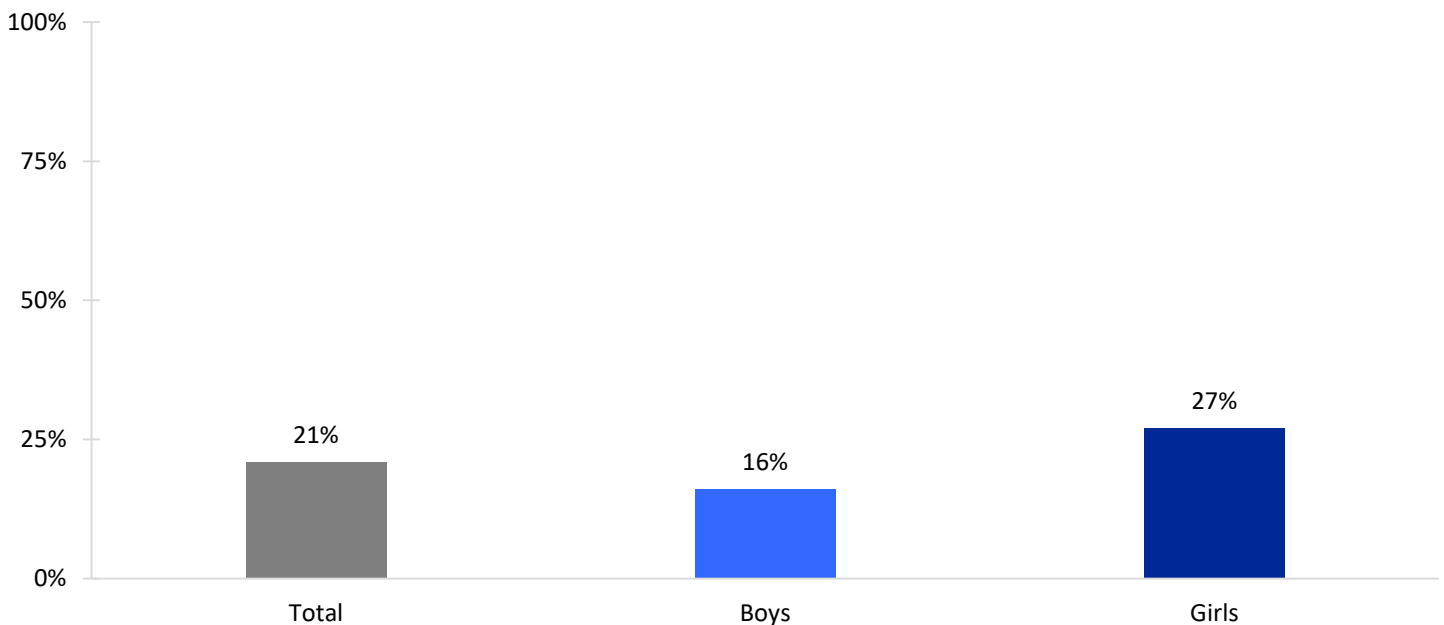


Figure 6.31 Percentage of Henry County Youth Experiencing Three or More ACEs in Their Lifetime. Data Source: Henry County Community Health Status Assessment Adolescent Survey, 2019

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

Measuring Early Life Conditions | Bullying

- While the share of Henry County youth who report being bullied in the past year is lower in 2019 than in both 2010 (43%) and 2013 (53%), it has increased slightly since 2016 (33%).
- Healthy People 2020 had set a target of 18% or fewer of youth in grades 9-12 being bullied on school property. Nationally, we nearly met the goal with an estimate of 19%.
 - Henry County did **not** meet the target—we had 26% of high schoolers report experiencing bullying on school property in 2019.

Thirty-eight percent of youth had been bullied in the past year.

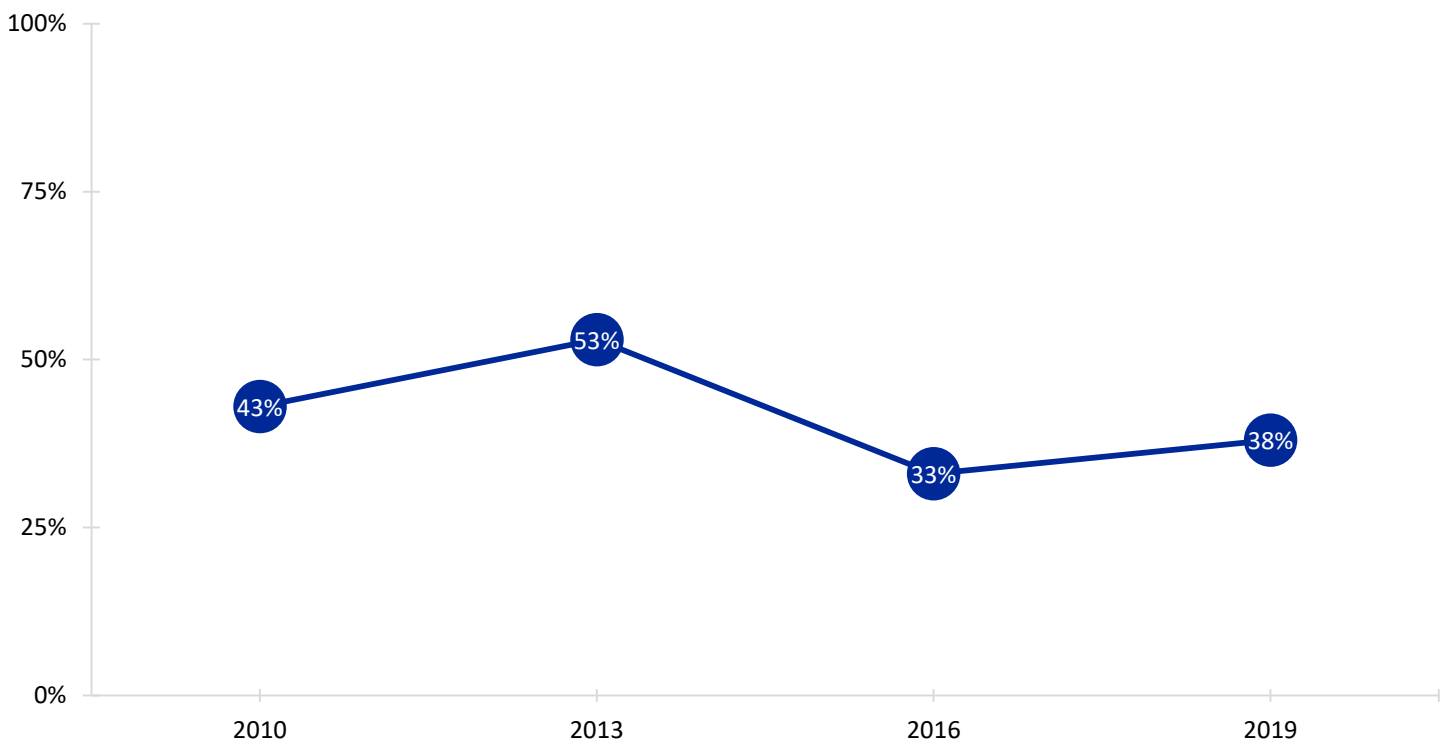


Figure 6.32 Percentage of Henry County Youth Who Experienced Bullying in the Past Year, 2010-2019. Data Source: Henry County Community Health Status Assessment Adolescent Survey

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Factor 6 | Health Behaviors

The following types of bullying were reported:



25% Verbally bullied (teased, taunted or called harmful names)



21% Indirectly bullied (spread mean rumors about them or kept them out of a “group”)



9% Cyber bullied (teased, taunted or threatened by e-mail or cell phone)



7% Physically bullied (were hit, kicked, punched or people took their belongings)

In the past year, 24% of youth in grades 6-12 had been bullied on school property.

- In the past year, youth had been a victim of teasing or name calling because of the following:
 1. Their weight, size, or physical appearance (27%)
 2. Someone thought they were gay, lesbian, bisexual, transgender, etc. (11%)

References & Data Sources

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2019



Henry County

Community Health Status Assessment

Examining the health of Henry County

Foreword

Dear Community Member,

Thank you for your concern for the health of Henry County! This report presents the data collected in 2019 from Henry County youth and adults about their health status. Additional information from the Ohio Department of Health and relevant national, state, and local data sources are also included.

Monitoring the health status of local residents is an essential public health service. This health status assessment is one of four assessments conducted regularly to paint a comprehensive picture of health in Henry County. It serves as a guide for local strategic planning and decision-making. It helps our community identify new health concerns, measures the impact of current health improvement efforts, and guides the wise use of local resources. However, this report is only one planning tool. A true plan of action for community health improvement requires taking a closer look at these survey results; seeking additional information from community residents, service providers, and others; identifying groups of people at risk for specific health conditions; and choosing effective strategies that can truly improve the health of Henry County residents when put into action.

This report would not exist without the financial support of community organizations and the assistance of community leaders who care about your health. The project was supported financially by the following: Henry County Health Department, Henry County Hospital, Four County ADAMhs Board, Community Health Services and United Way of Henry County.

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

Sincerely,

Mark H. Adams, RS, MPH
Health Commissioner
Henry County Health Department

Kimberly Bordenkircher, MBA, BSN, RN
CEO
Henry County Hospital

Acknowledgements

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Henry County Hospital
Four County ADAMhs Board
United Way of Henry County
Community Health Services

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A Renewed Mind
Camp Widewater
Center for Child and Family Advocacy
Community Health Services
Family & Children First Council
Filling Home of Mercy
Four County ADAMhs Board
Henry County Auditor
Henry County Family & Children First Council
Henry County Health Department
Henry County Hospital
Henry County Job & Family Services
Henry County Senior Center
Henry County Sheriff
Henry County Board of Developmental Disabilities
Liberty Center Local Schools
Lutheran Home at Napoleon

Lutheran Social Services of Northwestern Ohio
Maumee Valley Guidance Center
Napoleon Area Schools
Napoleon Fire Department
Northcrest Rehab and Nursing Center
Northwest Ohio CASA
Northwest Ohio Community Action Commission-
Head Start
Napoleon Police Department
OSU Extension Program – Henry County
Pillars of Success
Recovery Services of Northwest Ohio
Scarborough Pharmacy
Together We Can Make a Difference Initiatives
United Way of Henry County
WIC – Fulton and Henry Counties
WNDH

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

<http://www.hcno.org/community-services/data-link/>

The 2019 Henry County Health Assessment is available on the following websites:

Hospital Council of Northwest Ohio

<http://www.hcno.org/community-services/community-health-assessments/>

Henry County Health Department

<http://henrycohd.org/>

Henry County Hospital

<https://www.henrycountyhospital.org/>

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Executive Summary

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

Public Health Accreditation Board (PHAB)

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

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

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

Primary Data Collection Methods

DESIGN

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

INSTRUMENT DEVELOPMENT

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

The project coordinator from the Hospital Council of Northwest Ohio conducted a series of meetings with the planning committee from Henry County. During these meetings, HCNO and the planning committee reviewed and discussed banks of potential survey questions. Based on input from the Henry County planning committee, the project coordinator composed drafts of surveys containing 117 items for the adult survey and 75 items for the adolescent survey. Health education researchers from the University of Toledo reviewed and approved the drafts.

SAMPLING | Adult Survey

The sampling frame for the adult survey consisted of adults ages 19 and older living in Henry County. There were 20,736 persons ages 19 and older living in Henry County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error of the survey findings). A sample size of at least 377 adults was needed to ensure this level of confidence. The random sample of mailing addresses was obtained from Melissa Global Intelligence in Rancho Santa Margarita, California.

SAMPLING | Adolescent Survey

Youth in grades 6 through 12 in Henry County public school districts were used as the sampling frame for the adolescent survey. Using the U.S. Census Bureau data, it was determined that approximately 2,919 youth ages 12 to 18 years old live in Henry County. A sample size of 340 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

PROCEDURE | Adult Survey

Prior to mailing the survey, an advance letter was mailed to 1,200 adults in Henry County. This advance letter was personalized, printed on Henry County Health Partners letterhead; and signed by Kim Bordenkircher, CEO, Henry County Hospital and Mark H. Adams, Health Commissioner, Henry County Health Department. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

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

The response rate for the mailing was 30% (n=353; CI=± 5.17). Prior to surveys being sent, a power analysis was conducted which concluded that 377 surveys would need to be returned to have a ± 5% confidence interval which is standard. However, there were only 353 surveys returned, thus reducing the level of power and broadening the confidence level to ± 5.17%.

PROCEDURE | Adolescent Survey

The survey was approved by all participating superintendents. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 93% (n=390; CI=± 4.62).

DATA ANALYSIS

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

LIMITATIONS

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

Furthermore, while the survey was mailed to random households in Henry County, those responding to the survey were more likely to be older. For example, only 15 respondents were under the age of 30. While weightings are applied during calculations to help account for this sort of variation, it still presents a potential limitation (to the extent that the responses from these 15 individuals are substantively different from the majority of Henry County residents under the age of 30).

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


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

Secondary Data Collection Methods

HCNO collected secondary data from multiple sites, including county-level data, wherever possible. HCNO utilized sites, such as the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), numerous CDC sites, U.S. Census data and Healthy People 2020, among other sources. All data is included in the section of the report it corresponds with. All primary data collected in this report is from the 2019 Henry County Community Health Assessment (CHA). All other data is cited accordingly.

2016 Ohio State Health Assessment (SHA)

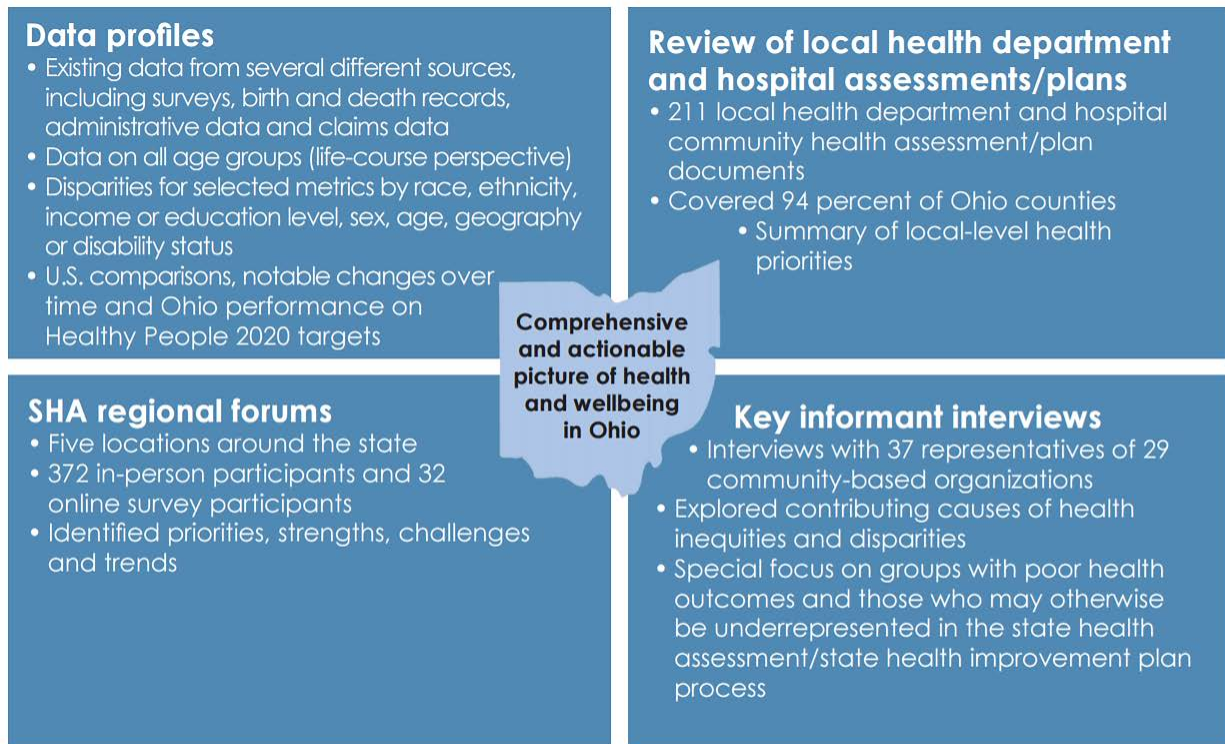
The 2016 Ohio State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, a review of local health department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

Similar to the 2016 Ohio SHA, the 2019 Henry County Community Health Assessment (CHA) examined a variety of metrics from various areas of health including, but not limited to, health behaviors, chronic disease, access to health care, and social determinants of health. Additionally, the CHA studied themes and perceptions from local public health stakeholders from a wide variety of sectors. **Note: This symbol  will be displayed in the trend summary when an indicator directly aligns with the 2016 Ohio SHA.**

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

To view the full 2016 Ohio State Health Assessment, please visit: http://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/chss/ship/SHA_FullReport_08042016.pdf?la=en

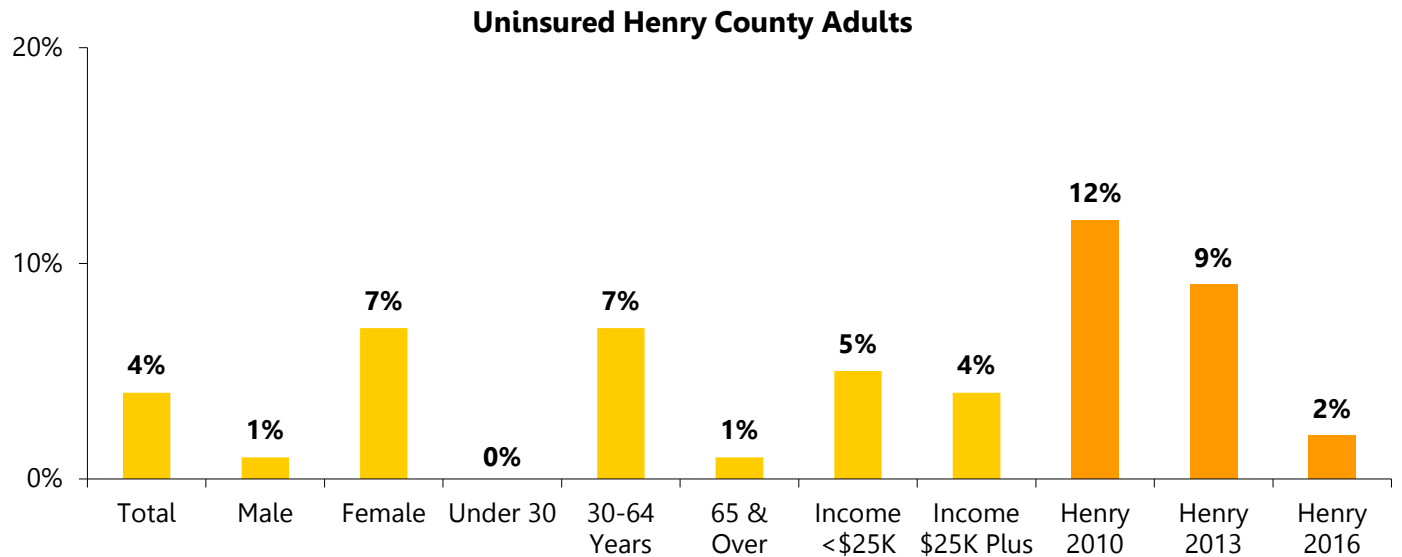
FIGURE 1.1 | State Health Assessment (SHA) Sources of Information



Data Summary | Health Care Access

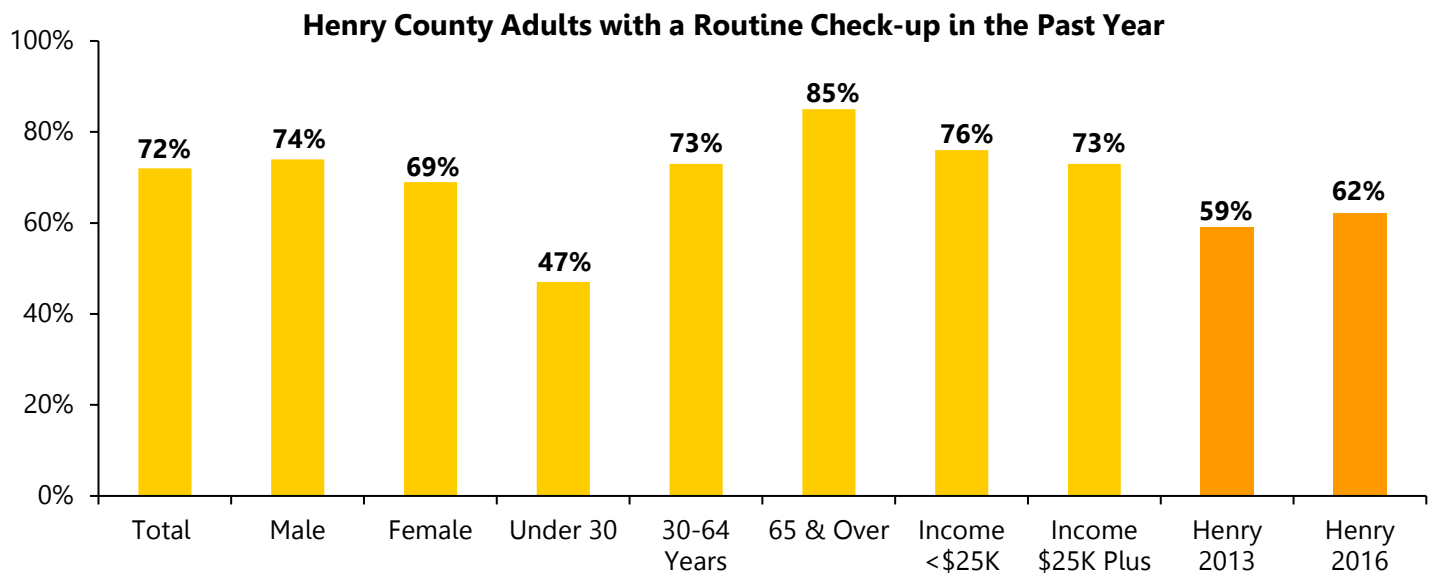
HEALTH CARE COVERAGE

In 2019, 4% of Henry County adults were without health care coverage. The top reason adults gave for being without health care coverage was they lost their job or changed employers (63%).



ACCESS AND UTILIZATION

Seventy-two percent (72%) of Henry County adults had visited a doctor for a routine checkup in the past year. Nearly four-fifths (78%) of adults went outside of Henry County for health care services in the past year.

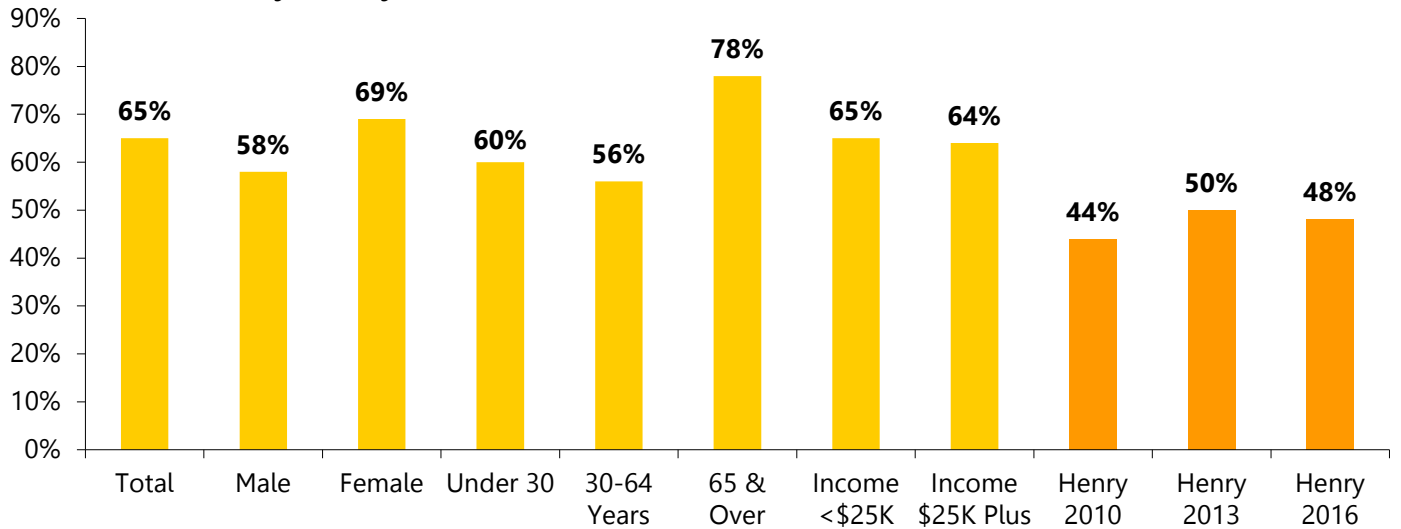


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

PREVENTIVE MEDICINE

Eighty percent (80%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. Sixty-five percent (65%) of adults had a flu vaccine in the past year.

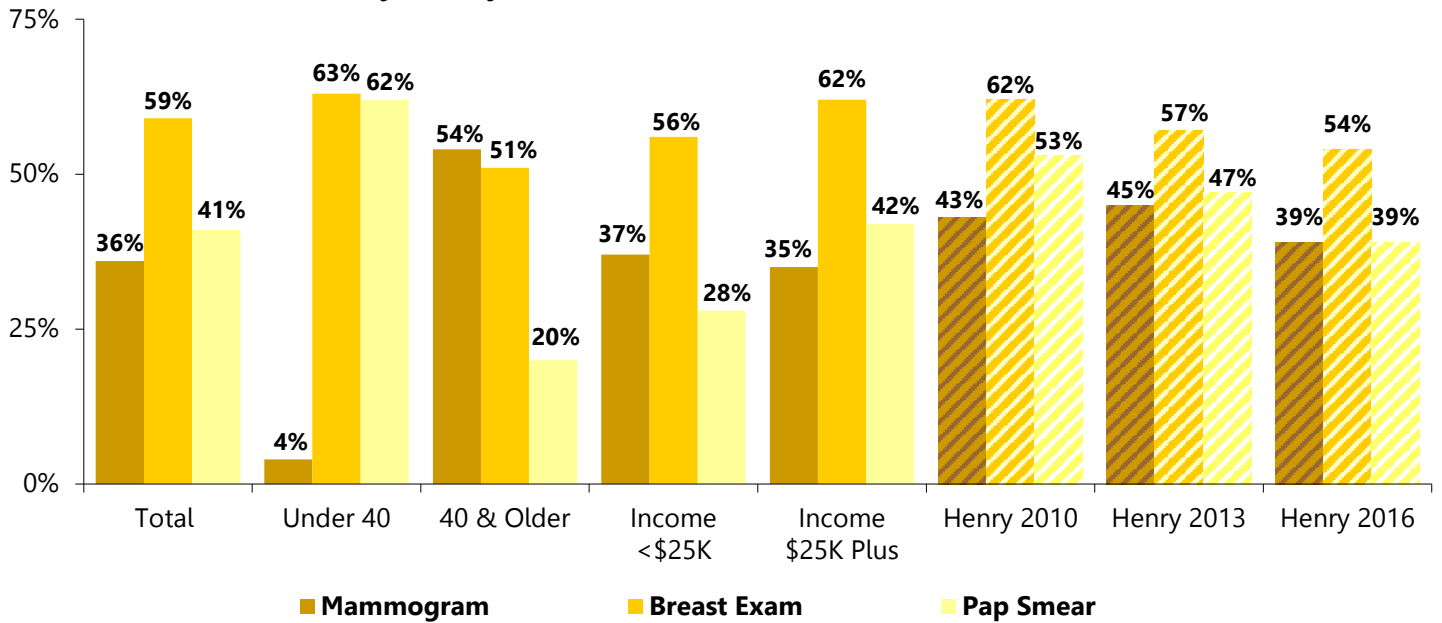
Henry County Adults Who Received a Flu Vaccine Within the Past Year



WOMEN'S HEALTH

Over half (54%) of Henry County women over the age of 40 reported having a mammogram in the past year. Nearly three-fifths (59%) of women had a clinical breast exam in the past year, and 65% of women ages 21 to 65 had a Pap smear to detect cancer of the cervix in the past three years. Sixty-nine percent (69%) of Henry County women were overweight or obese, 26% had high blood cholesterol, 26% had high blood pressure, and 8% were identified as current smokers, known risk factors for cardiovascular diseases.

Henry County Women's Health Exams Within the Past Year



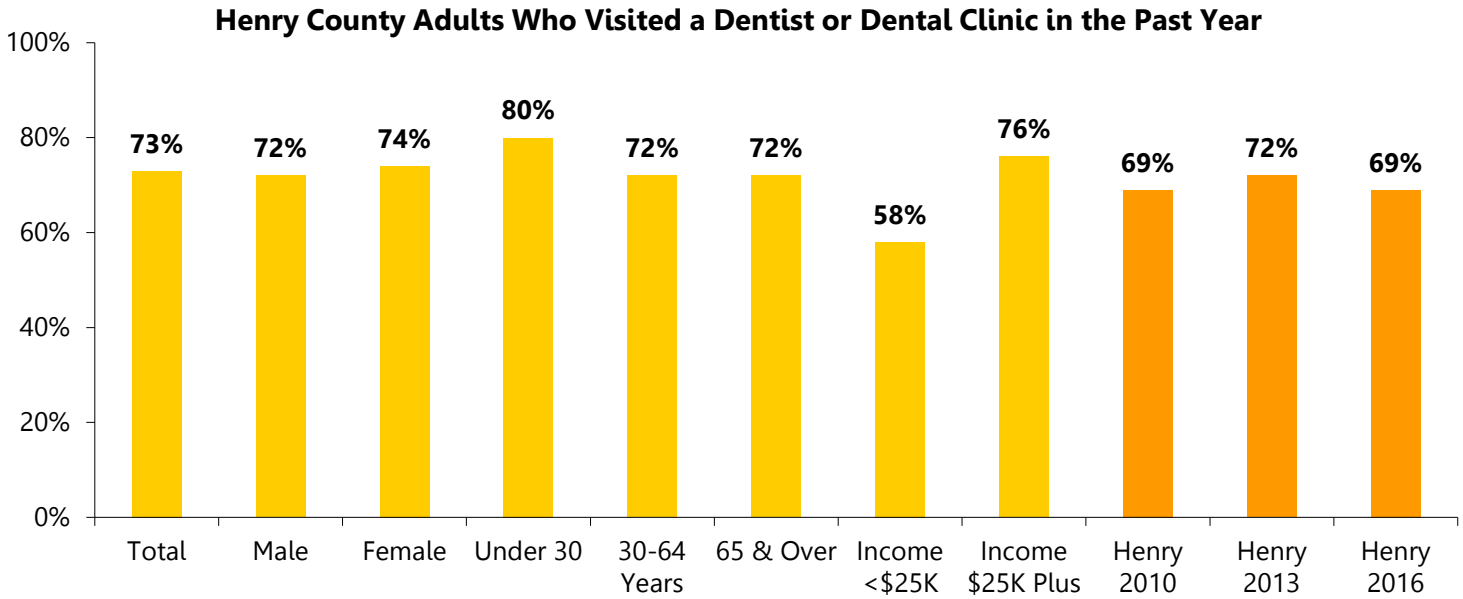
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

MEN'S HEALTH

In 2019, 76% of Henry County males were overweight or obese. Males were less likely to have been diagnosed with arthritis than females (31% compared to 35%).

ORAL HEALTH

Seventy-three percent (73%) of Henry County adults had visited a dentist or dental clinic in the past year. The top three reasons adults gave for not visiting a dentist or dental clinic in the past year were cost (40%); no reason to go/had not thought of it (14%); and fear, apprehension, nervousness, pain and dislike going (13%).



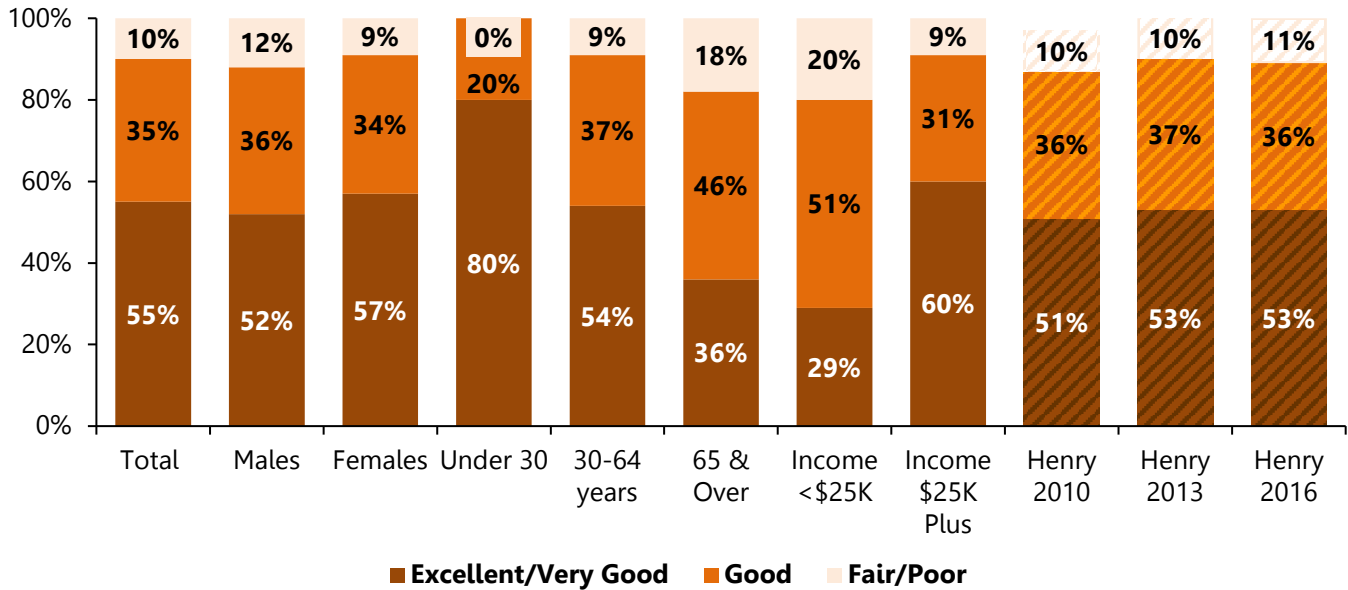
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Data Summary | Health Behaviors

HEALTH STATUS PERCEPTIONS

Over half (55%) of Henry County adults rated their health status as excellent or very good. Conversely, 10% of adults described their health as fair or poor, increasing to 20% of those with incomes less than \$25,000.

Henry County Adult Health Perceptions*

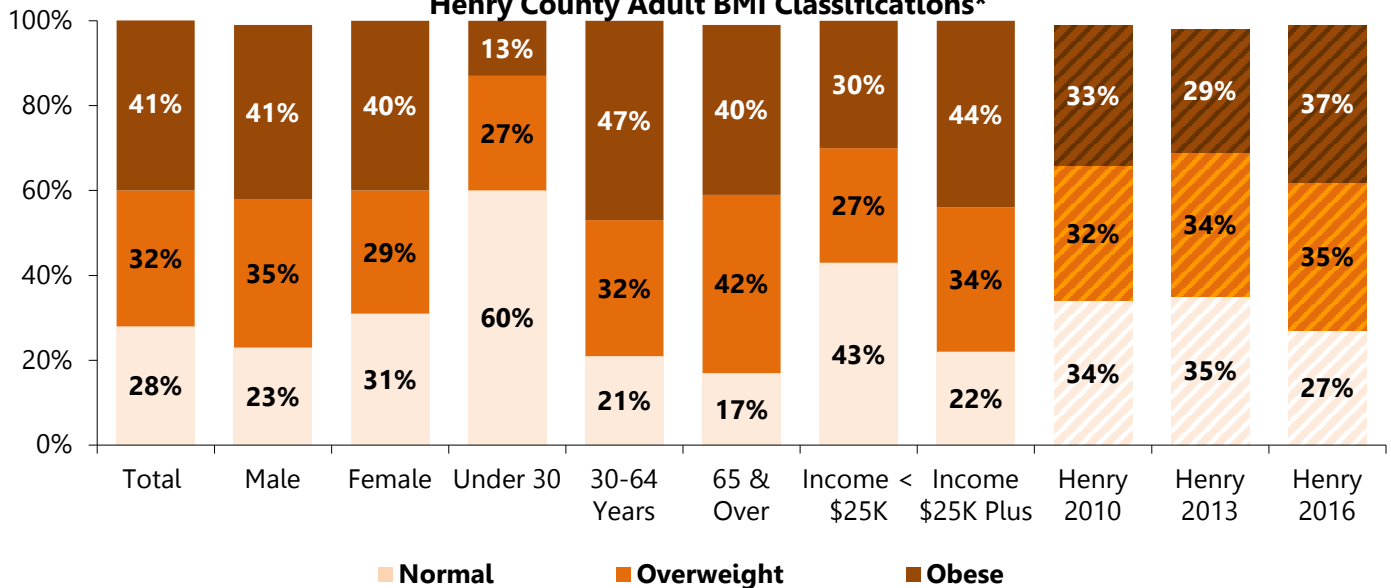


*Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"

ADULT WEIGHT STATUS

Almost three-fourths (73%) of Henry County adults were overweight or obese based on body mass index (BMI). About one-fifth (21%) of adults did not participate in any physical activity in the past week, including 4% who were unable to exercise.

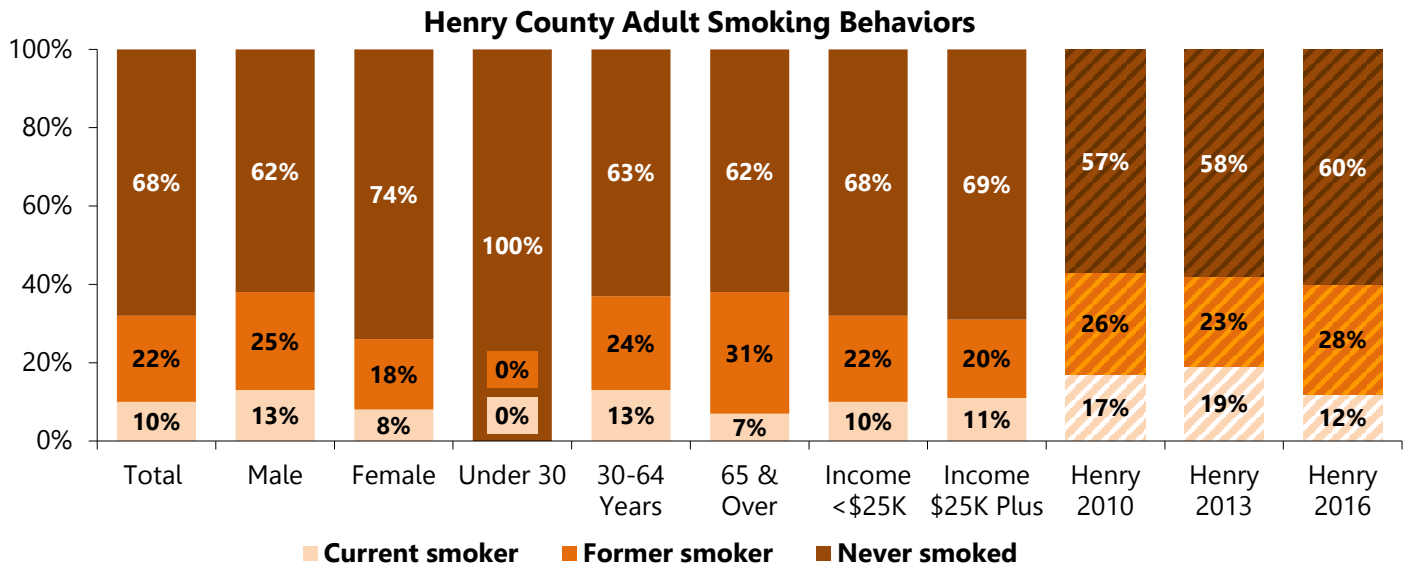
Henry County Adult BMI Classifications*



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

ADULT TOBACCO USE

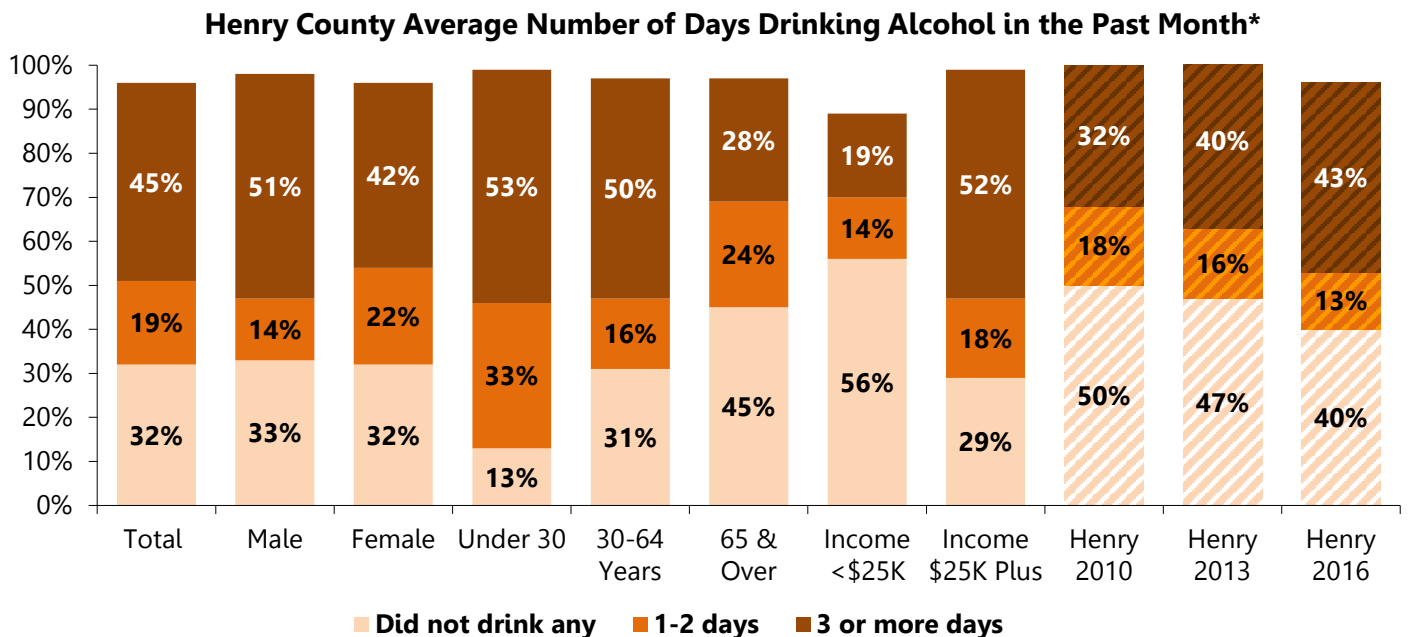
Ten percent (10%) Henry County adults were current smokers, and 22% were considered former smokers. Two percent (2%) of adults used an e-cigarette or other electronic vaping product in the past year. Thirty percent (30%) of adults did not know if e-cigarette vapor was harmful.



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

ADULT ALCOHOL CONSUMPTION

Over three-fifths (64%) of Henry County adults had at least one alcoholic drink in the past month and would be considered current drinkers. Over one-quarter (27%) of all adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.



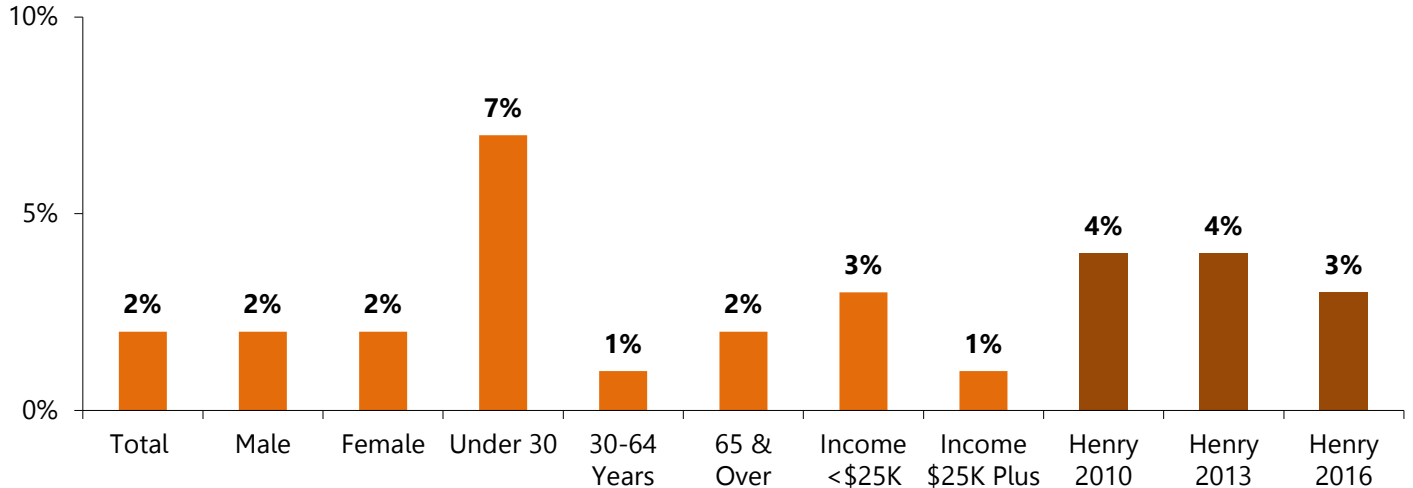
**Percentages may not equal 100% as some respondents answered, "Don't Know"*

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

ADULT DRUG USE

Two percent (2%) of Henry County adults had used recreational marijuana or hashish during the past 6 months. Three percent (3%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

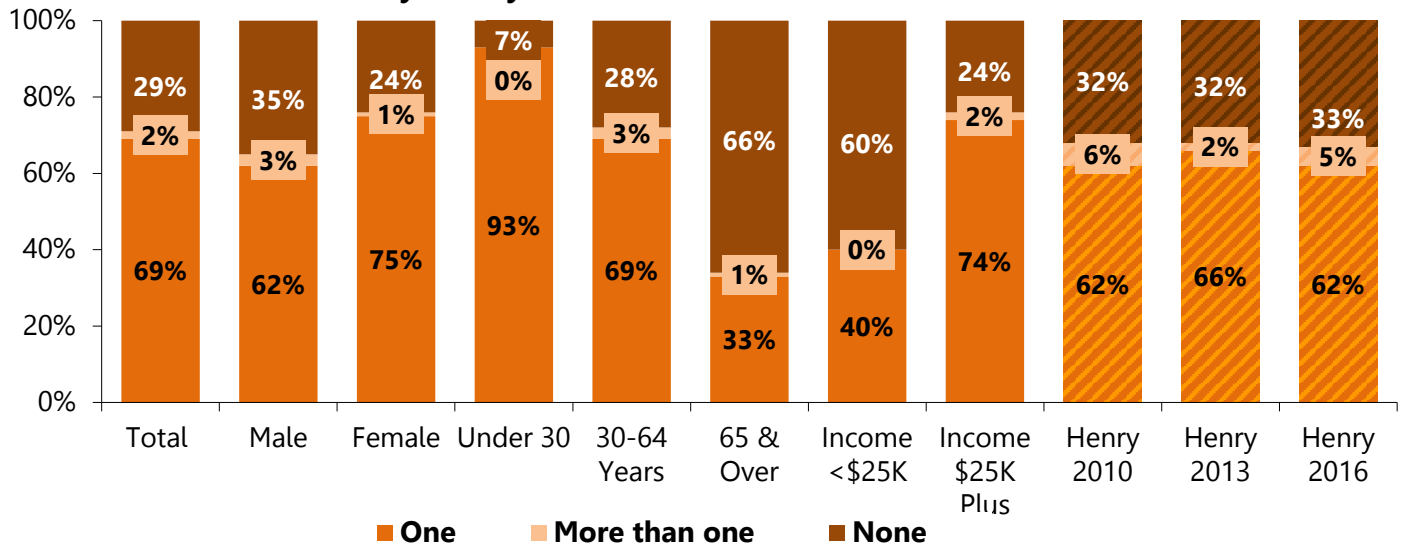
Henry County Adult Recreational Marijuana or Hashish Use in Past 6 Months



ADULT SEXUAL BEHAVIOR

Nearly three-fourths (71%) of Henry County adults had sexual intercourse in the past year. Two percent (2%) of adults had more than one sexual partner in the past year.

Henry County Number of Sexual Partners in the Past Year*



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

ADULT MENTAL HEALTH

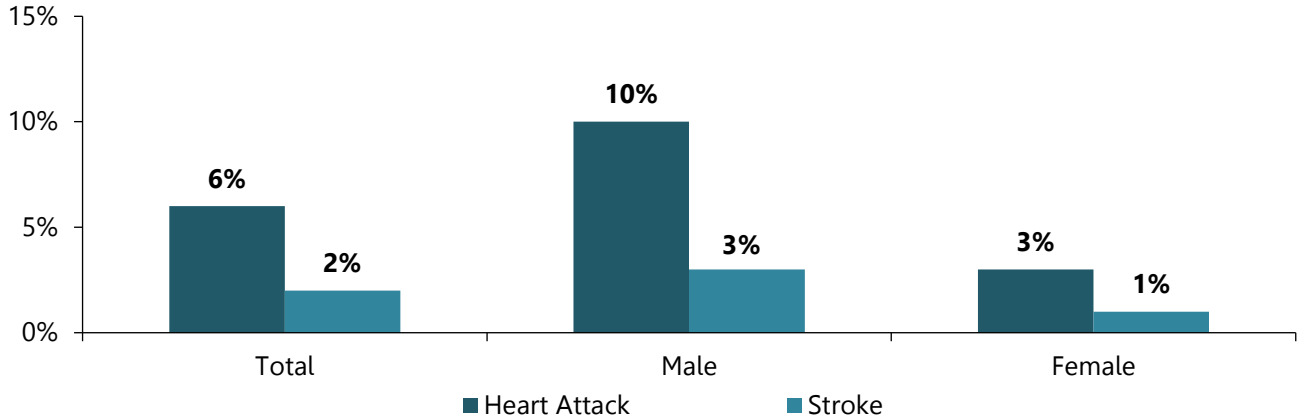
In 2019, 2% of Henry County adults considered attempting suicide. Over the last two weeks, 37% of adults reported they had felt nervous, anxious or on edge.

Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

Six percent (6%) of adults had survived a heart attack and 2% had survived a stroke at some time in their life. More than two-fifths (41%) of Henry County adults were obese, 33% had high blood cholesterol, 33% had high blood pressure, and 10% were current smokers, four known risk factors for heart disease and stroke.

Henry County Adults Who Had Survived a Heart Attack or Stroke In Their Lifetime



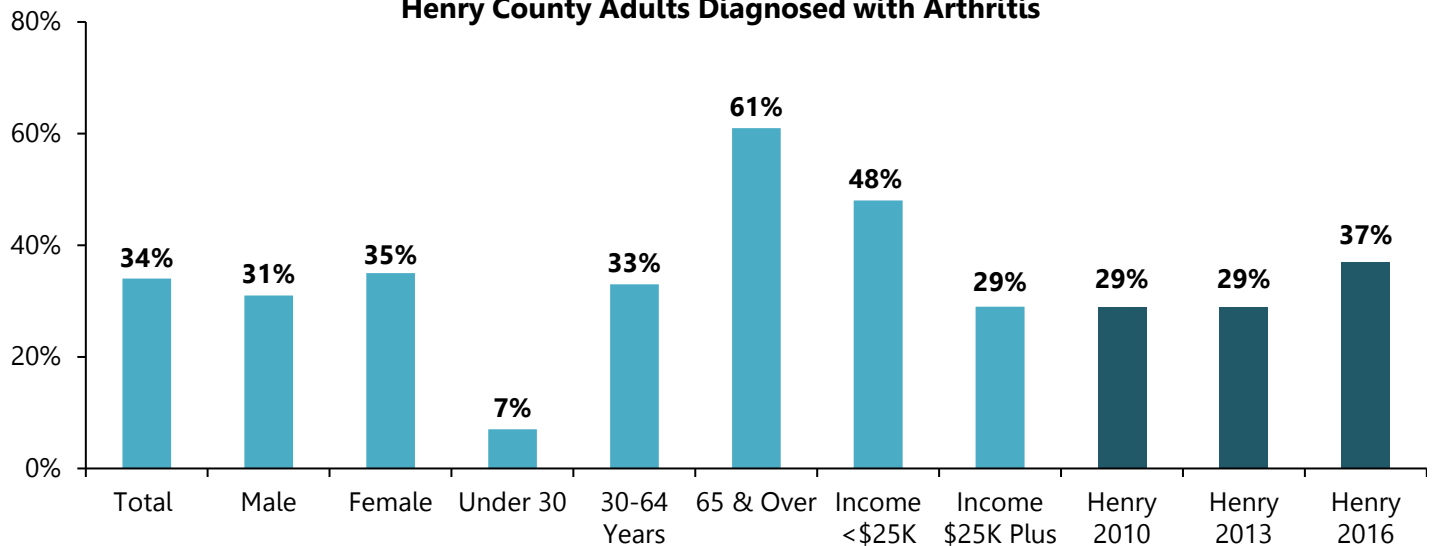
CANCER

In 2019, 12% of Henry County adults had been diagnosed with cancer at some time in their life.

ARTHRITIS

More than one-third (34%) of Henry County adults were diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia.

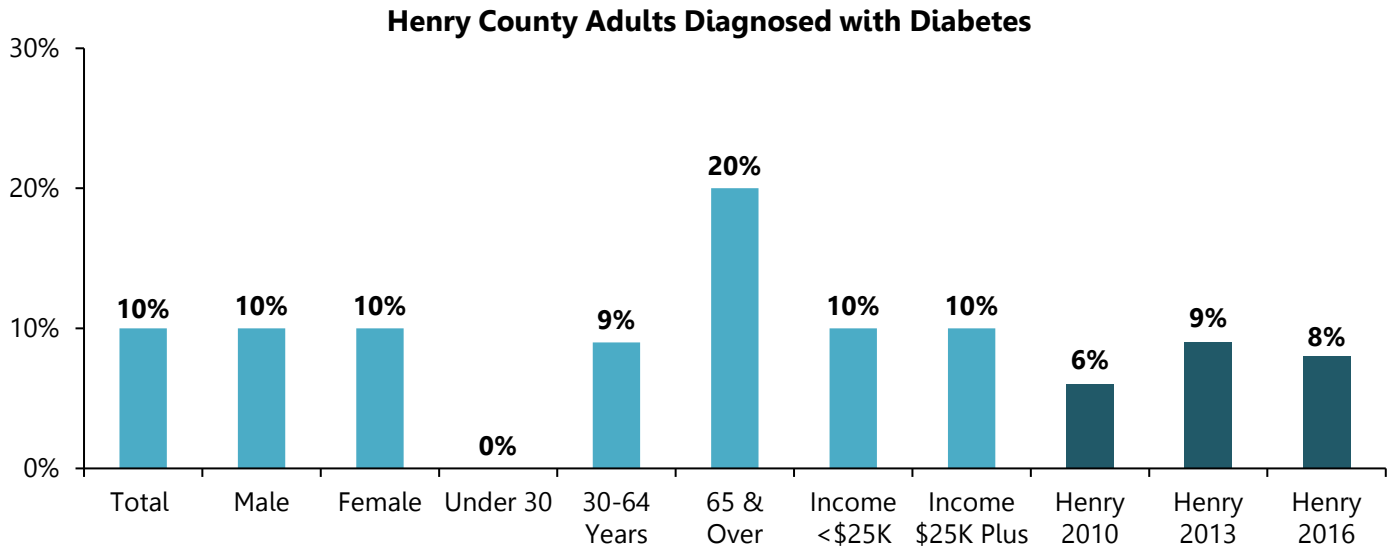
Henry County Adults Diagnosed with Arthritis



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

DIABETES

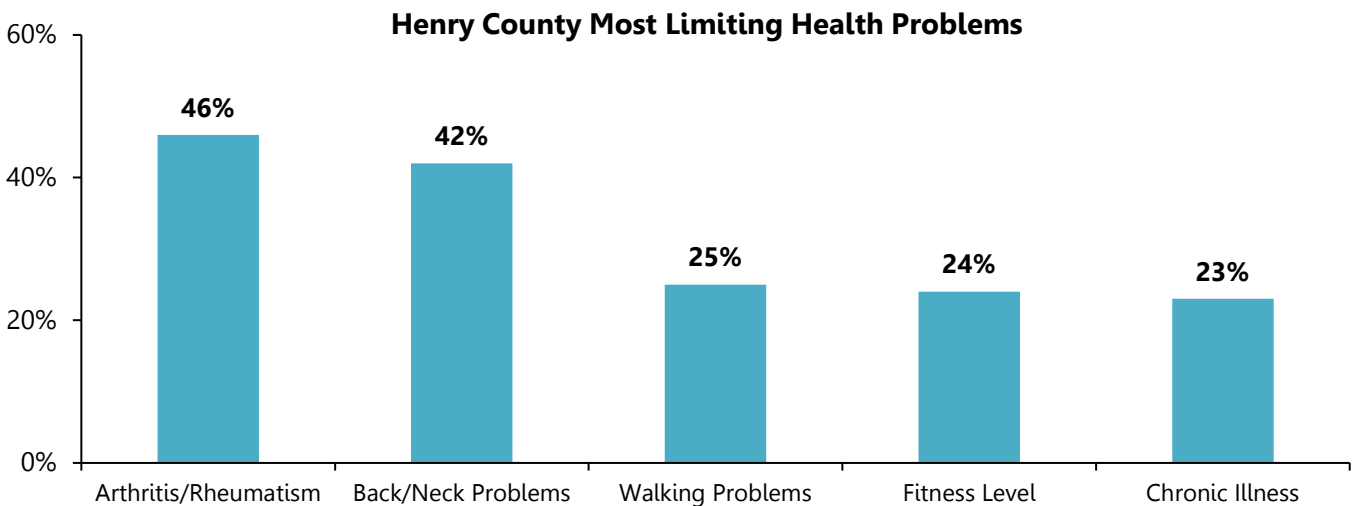
Ten percent (10%) of Henry County adults had been diagnosed with diabetes. Over one-third (36%) of adults with diabetes rated their health as fair or poor.



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

QUALITY OF LIFE

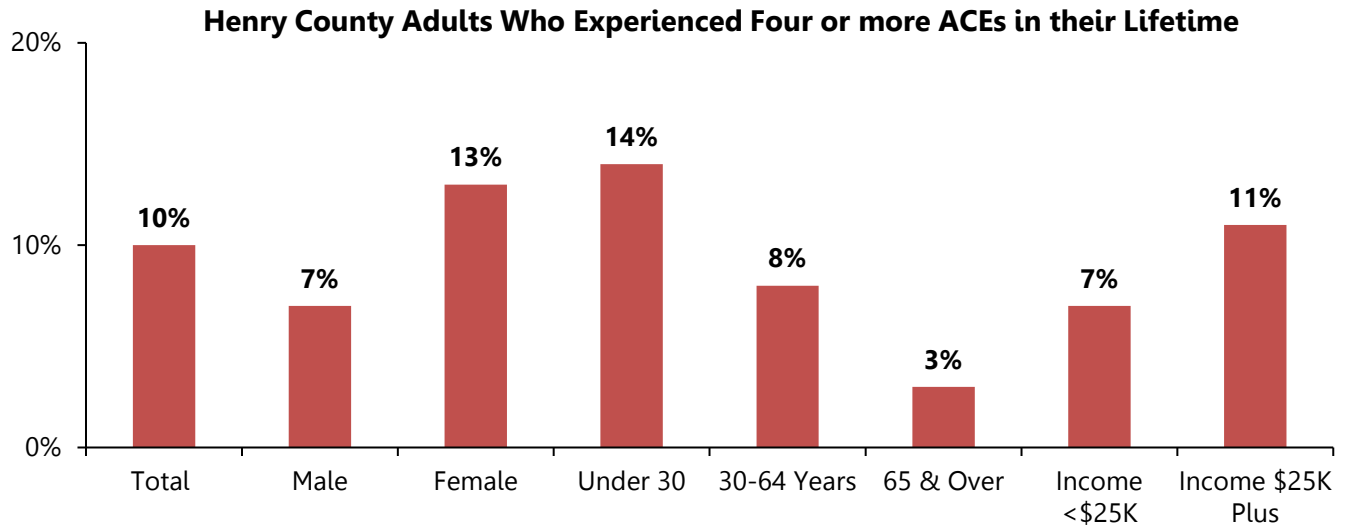
Thirty percent (30%) of Henry County adults reported they were limited in some way because of a physical, mental or emotional problem. The most limiting health problems were arthritis/rheumatism (46%) and back or neck problems (42%).



Data Summary | Social Conditions

ADULT SOCIAL DETERMINANTS OF HEALTH

Ten percent (10%) of Henry County adults had four or more adverse childhood experiences (ACEs) in their lifetime. Thirteen percent (13%) of adults had experienced at least one issue related to hunger/food insecurity in the past year.



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

ENVIRONMENTAL HEALTH

The top four environmental health issues for Henry County adults that threatened their health in the past year were mold (8%), insects (7%), agricultural chemicals (5%), and temperature regulation (5%).

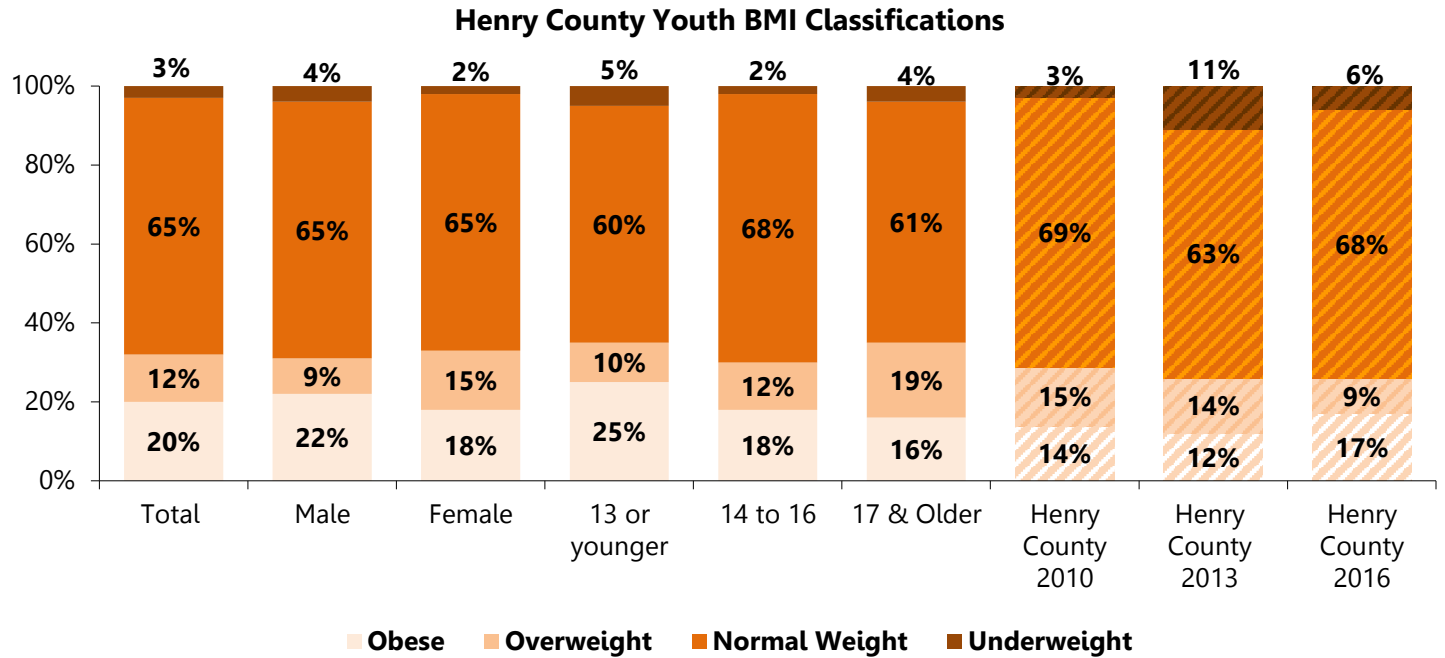
PARENTING

In 2019, 26% of Henry County parents talked to their 12-to-17-year-old about dating and relationships. Eighty-eight percent (88%) of parents reported their children had received all recommended vaccinations.

Data Summary | Youth Health

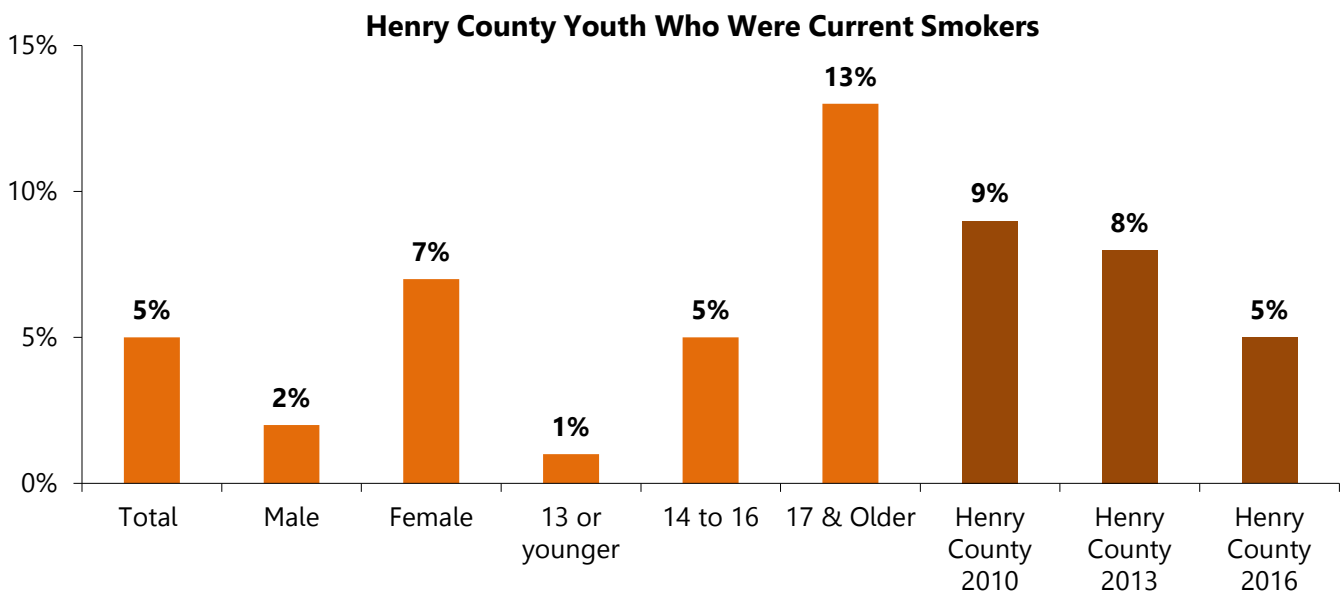
YOUTH WEIGHT STATUS

One-fifth (20%) of Henry County youth were obese, according to body mass index (BMI) by age. When asked how they would describe their weight, 36% of Henry County youth reported that they were slightly or very overweight. Fourteen percent (14%) of youth did not participate in at least 60 minutes of physical activity on any day in the past week.



YOUTH TOBACCO USE

Five percent (5%) of Henry County youth were current smokers. One-in-nine (11%) youth were current electronic vapor product users. Of youth who had used e-cigarettes/vapes in the past 12 months, 61% used e-liquid or e-juice with nicotine in them.

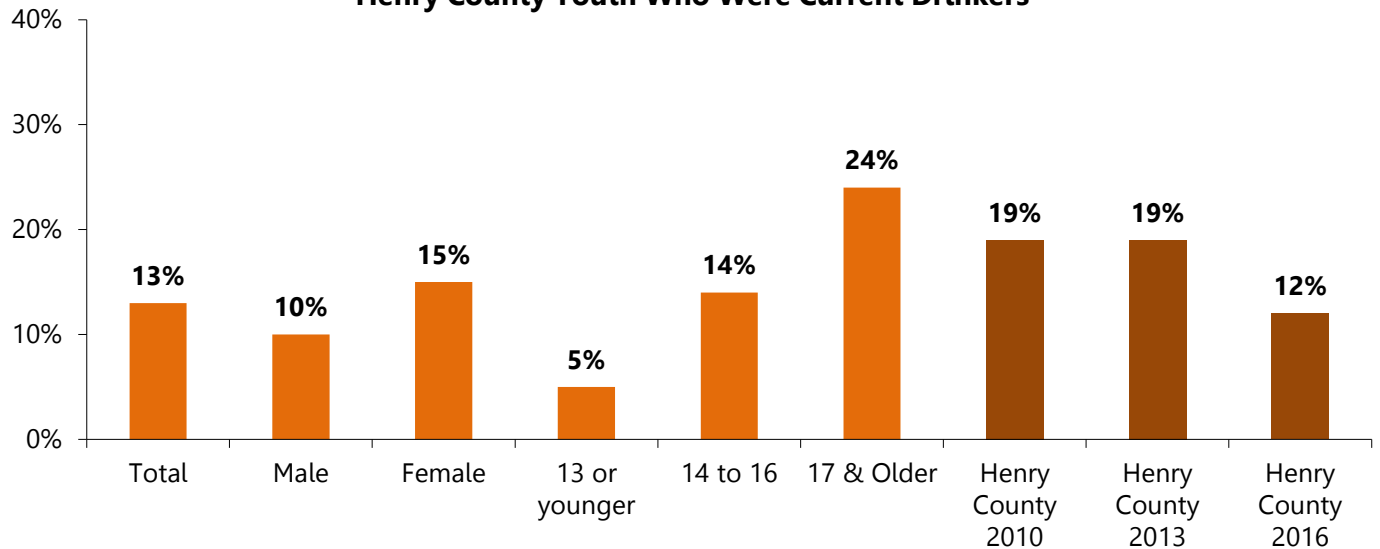


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

YOUTH ALCOHOL CONSUMPTION

About one-third (32%) of Henry County youth had at least one drink of alcohol in their life. Thirteen percent (13%) of youth had at least one drink in the past 30 days, defining them as a current drinker. Of those who drank, 53% were defined as binge drinkers.

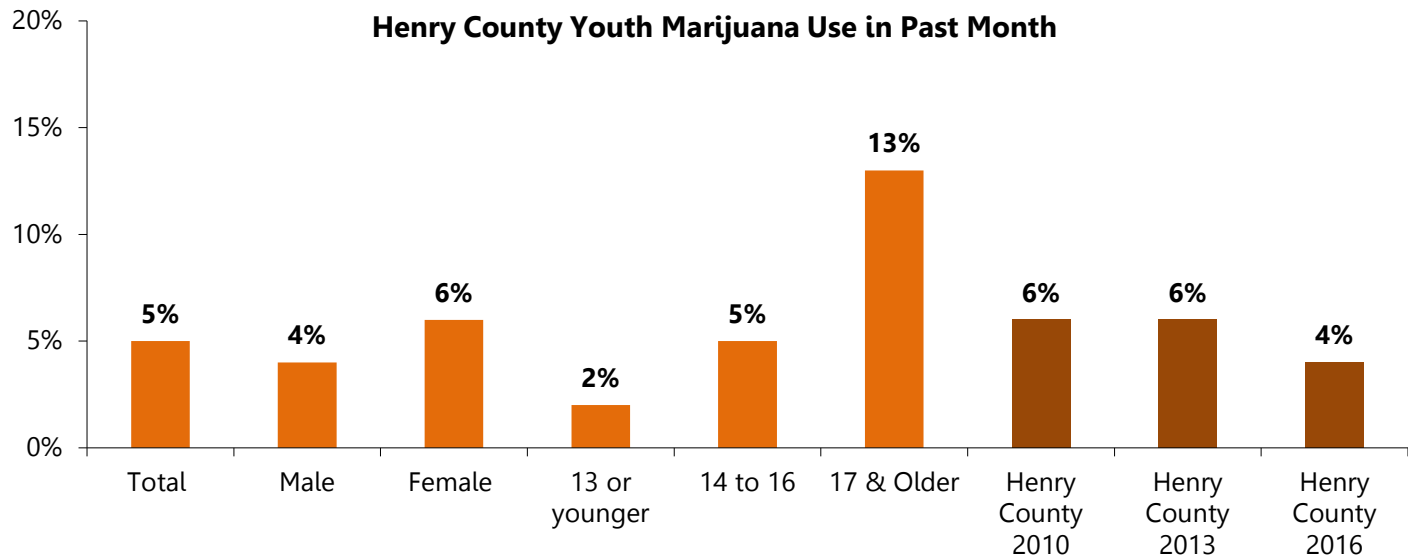
Henry County Youth Who Were Current Drinkers



YOUTH DRUG USE

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

Henry County Youth Marijuana Use in Past Month

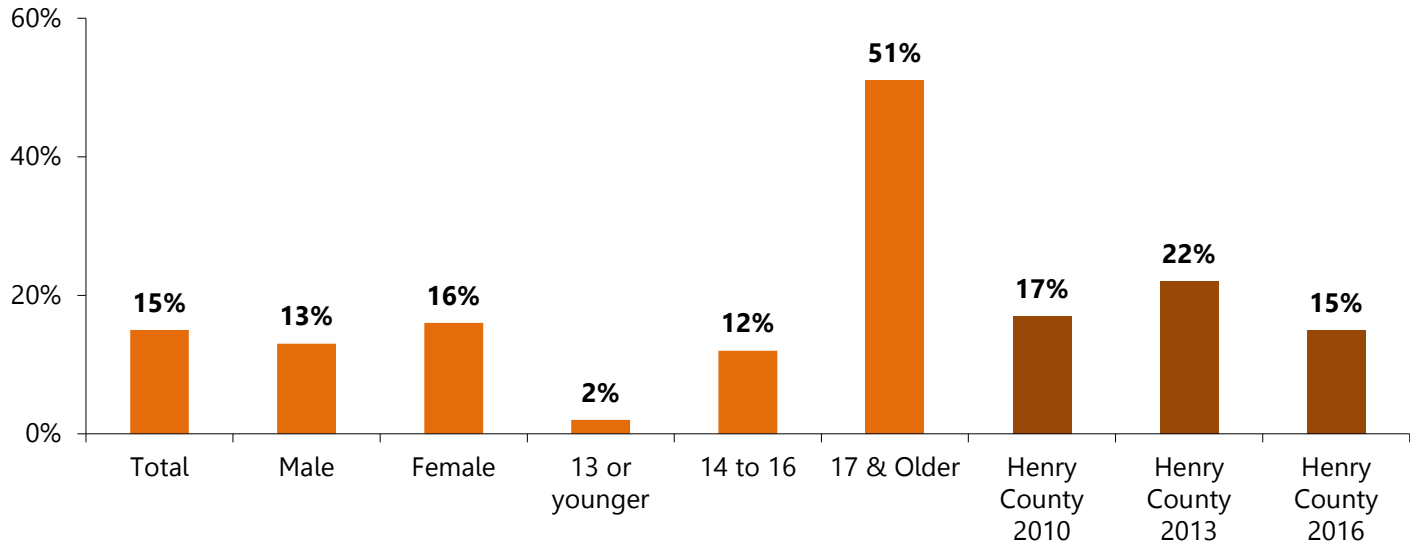


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

YOUTH SEXUAL BEHAVIOR

Fifteen percent (15%) of Henry County youth had sexual intercourse in their lifetime. Twenty-two percent (22%) of sexually active youth had four or more sexual partners. Six percent (6%) of youth engaged in intercourse without a reliable method of protection, and 17% reported they were unsure if they used a reliable method.

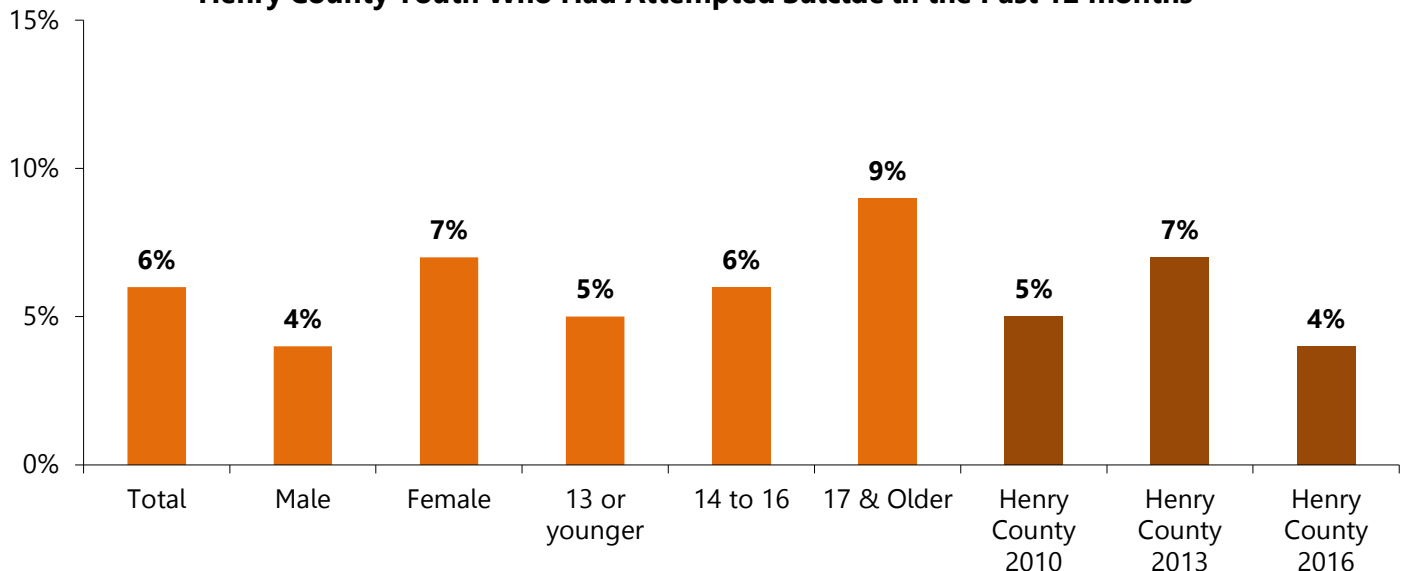
Henry County Youth Who Had Sexual Intercourse



YOUTH MENTAL HEALTH

Ten percent (10%) of youth had seriously considered attempting suicide in the past year, and 6% attempted suicide in the past year. The top three causes for anxiety, stress or depression for Henry County youth were academic success (41%), death or a close family member or friend (39%) and fighting with friends (38%).

Henry County Youth Who Had Attempted Suicide in the Past 12 months

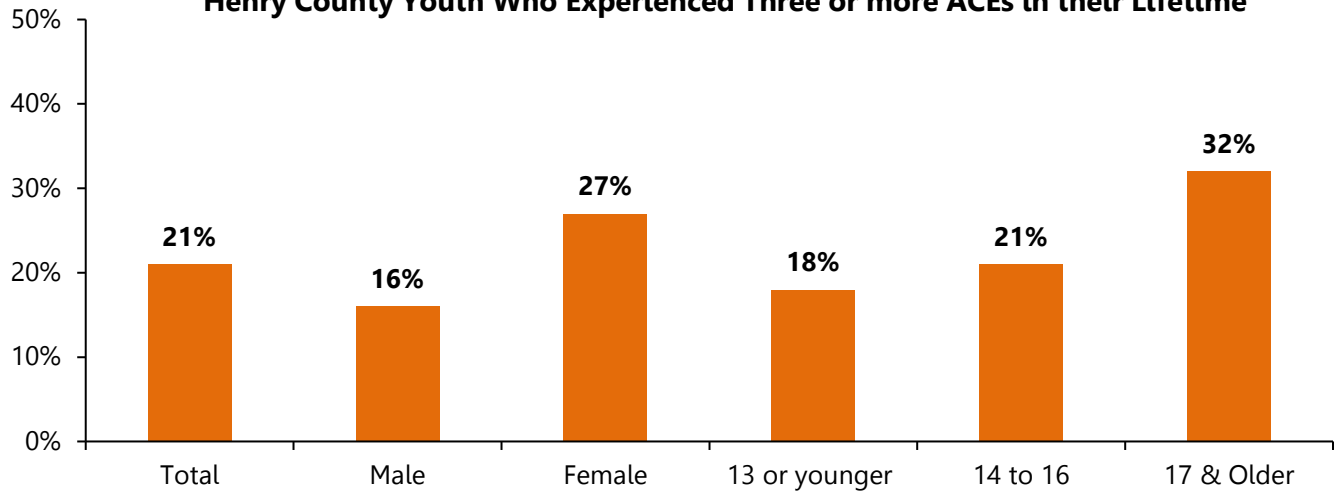


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

YOUTH SOCIAL DETERMINANTS OF HEALTH

About one-fifth (21%) of Henry County youth had three or more adverse childhood experiences in their lifetime (ACEs). Nineteen percent (19%) of youth drivers had texted while driving in the past 30 days. Half (50%) of youth who had a social media or online gaming account believed that sharing information online is dangerous.

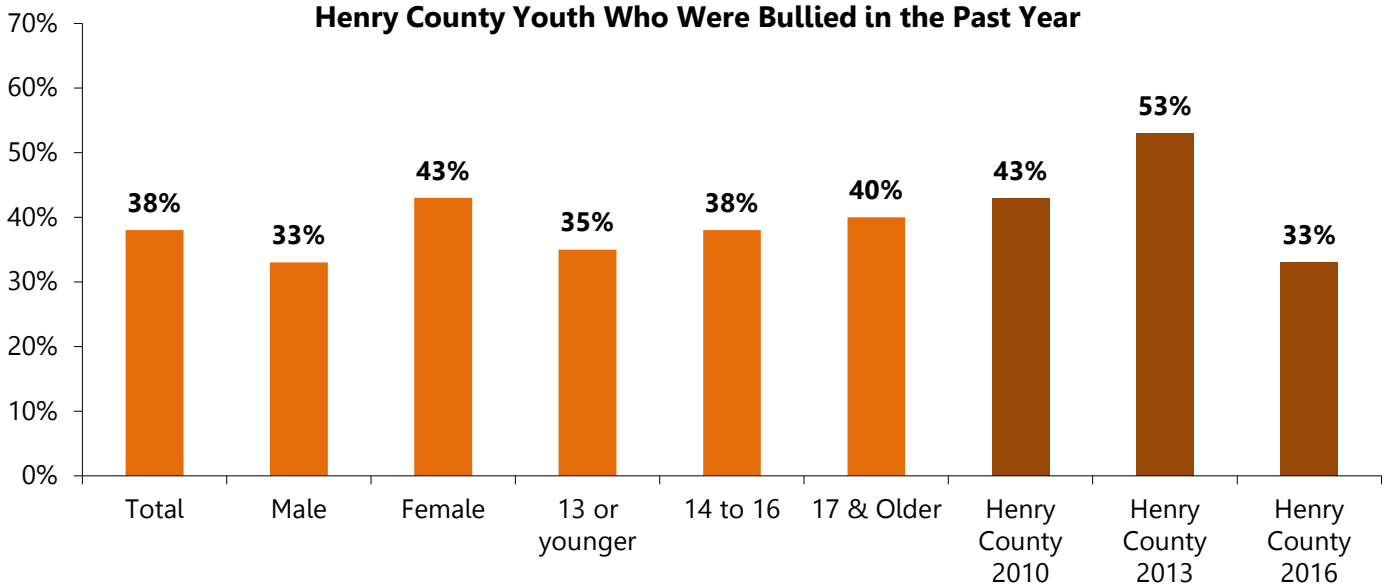
Henry County Youth Who Experienced Three or more ACEs in their Lifetime



YOUTH VIOLENCE







Twenty-three percent (23%) of Henry County youth had been involved in a physical fight in the past year. Thirty-eight percent (38%) of youth had been bullied in the past year.

Henry County Youth Who Were Bullied in the Past Year



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

Adult Trend Summary


Adult Variables	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Health Care Coverage						
Uninsured	12%	9%	2%	4%	8%	11%
Access and Utilization						
Visited a doctor for a routine checkup in the past year 	N/A	59%	62%	72%	72%	70%
Had at least one person they thought of as their personal doctor or health care provider 	61%	61%	58%	87%	81%	77%
Preventive Medicine						
Had a flu shot in the past year (age 65 and older)	N/A	72%	79%	78%	63%	60%
Had a pneumonia vaccine (age 65 and older)	65%	53%	62%	80%	76%	75%
Had a shingles or Zoster vaccination in lifetime	N/A	7%	10%	20%	29%	29%
Women's Health						
Had a clinical breast exam in the past two years (age 40 and over)	N/A	78%	76%	67%	N/A	N/A
Had a mammogram in the past two years (age 40 and over)	N/A	80%	80%	70%	74%*	72%*
Had a Pap smear in the past three years (age 21-65)	N/A	76%‡	67%‡	65%	82%*	80%*
Oral Health						
Visited a dentist or dental clinic (within the past year) 	69%	72%	69%	73%	68%*	66%*
Health Status Perceptions						
Rated general health as excellent or very good	54%	53%	53%	55%	49%	51%
Rated general health as fair or poor 	10%	10%	11%	10%	19%	18%
Rated physical health as not good on four or more days (in the past 30 days)	17%	18%	19%	18%	23%	22%
Average number of days that physical health not good (in the past 30 days) 	N/A	3.2	3.6	2.6	4.0‡	3.7‡
Rated mental health as not good on four or more days (in the past 30 days)	19%	19%	21%	19%	26%	24%
Average number of days that mental health not good (in the past 30 days) 	N/A	3.1	3.2	3.2	4.3‡	3.8‡
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	N/A	22%	21%	23%	24%	23%
Average days that poor physical or mental health kept them from doing their usual activities such as self-care, work, or recreation (on at least one day during the past 30 days)	N/A	2.3	2.2	2.0	N/A	N/A

N/A - Not Available

*2016 BRFSS

‡Pap smear was reported for women ages 19 and over


‡2016 BRFSS data as compiled by 2019 County Health Rankings


 Indicates alignment with Ohio State Health Assessment (SHA)

Adult Variables	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Weight Status						
Obese 🇺🇸	33%	29%	37%	41%	34%	32%
Overweight	32%	34%	35%	32%	34%	35%
Tobacco Use						
Current smoker (currently smoke some or all days) 🇺🇸	17%	19%	12%	10%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	26%	23%	28%	22%	24%	25%
Tried to quit smoking (on at least one day in the past year)	53%	48%	50%	63%	N/A	N/A
Alcohol Consumption						
Current drinker (drank alcohol at least once in the past month)	50%	56%	56%	64%	54%	55%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days) 🇺🇸	19%	19%	25%	27%	19%	17%
Drug Use						
Adults who used recreational marijuana or hashish in the past 6 months	4%	4%	3%	2%	N/A	N/A
Adults who used recreational drugs in the past 6 months	1%	1%	1%	4%	N/A	N/A
Adults who misused prescription medication in the past 6 months	2%	4%	10%	3%	N/A	N/A
Sexual Behavior						
Had more than one sexual partner in past year	6%	2%	5%	2%	N/A	N/A
Mental Health						
Considered attempting suicide in the past year	1%	3%	2%	2%	N/A	N/A
Attempted suicide in the past year	<1%	1%	<1%	4%	N/A	N/A
Cardiovascular Health						
Had angina or coronary heart disease 🇺🇸	N/A	N/A	N/A	5%	5%	4%
Had a heart attack 🇺🇸	6%	2%	4%	6%	6%	4%
Had a stroke	2%	1%	4%	2%	4%	3%
Had high blood pressure 🇺🇸	33%	30%	32%	33%	35%	32%
Had high blood cholesterol	29%	30%	31%	33%	33%	33%
Arthritis						
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	29%	29%	37%	34%	29%	25%
Diabetes						
Ever been told by a doctor they have diabetes (not pregnancy-related) 🇺🇸	6%	9%	8%	10%	11%	11%
Had been diagnosed with pre-diabetes or borderline diabetes	4%	4%	6%	10%	2%	2%

N/A - Not Available

Youth Trend Summary

Youth Variables	Henry County 2010 (6 th -12 th)	Henry County 2013 (6 th -12 th)	Henry County 2016 (6 th -12 th)	Henry County 2019 (6 th -12 th)	Henry County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Weight Status						
Obese 	14%	12%	17%	20%	19%	15%
Overweight	15%	14%	9%	12%	14%	16%
Described themselves as slightly or very overweight	30%	25%	24%	36%	37%	32%
Tried to lose weight	47%	46%	34%	52%	53%	47%
Exercised to lose weight (in the past 30 days)	34%	43%	33%	49%	51%	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight (in the past 30 days)	11%	30%	24%	30%	37%	N/A
Went without eating for 24 hours or more (in the past 30 days)	1%	5%	4%	7%	9%	N/A
Took diet pills, powders, or liquids without a doctor's advice (in the past 30 days)	0%	2%	1%	2%	2%	N/A
Vomited or took laxatives (in the past 30 days)	1%	1%	1%	1%	2%	N/A
Physically active at least 60 minutes per day on every day in past week	24%	24%	31%	34%	31%	26%
Physically active at least 60 minutes per day on five or more days in past week	50%	46%	55%	56%	54%	47%
Did not participate in at least 60 minutes of physical activity on any day in past week	11%	15%	13%	14%	14%	15%
Watched three or more hours per day of television (on an average school day)	39%	36%	19%	12%	14%	21%
Tobacco Use						
Ever tried cigarette smoking (even one or two puffs)	15%	14%	10%	13%	20%	29%
Current smoker (smoked on at least 1 day during the past 30 days)	9%	8%	5%	5%	8%	9%
Currently used an electronic vapor product (on at least 1 day during the past 30 days)	N/A	N/A	N/A	11%	18%	13%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	6%	6%	3%	5%	7%	10%
Tried to quit smoking (of those youth who smoked in the past year)	46%	51%	37%	38%	38%	N/A
Usually obtained cigarettes by buying them in a store or gas station (of current smokers)	15%	23%	33%	20%	18%	14%

 Indicates alignment with Ohio State Health Assessment (SHA)

N/A-Not Available

Youth Variables	Henry County 2010 (6 th -12 th)	Henry County 2013 (6 th -12 th)	Henry County 2016 (6 th -12 th)	Henry County 2019 (6 th -12 th)	Henry County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Alcohol Consumption						
Ever drank alcohol (at least one drink of alcohol on at least one day during their life)	49%	44%	29%	32%	41%	60%
Current Drinker (at least one drink of alcohol on at least one day during the past 30 days)	19%	19%	12%	13%	18%	30%
Binge drinker (drank five or more drinks within a couple of hours on at least one day during the past 30 days)	11%	10%	18%	7%	11%	14%
Drank for the first time before age 13 (of all youth)	35%	16%	7%	13%	12%	16%
Obtained the alcohol they drank by someone giving it to them (of youth drinkers)	38%	39%	34%	36%	37%	44%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on one or more occasion during the past 30 days)	20%	17%	12%	12%	11%	17%
Drove when they had been drinking alcohol (in a car or vehicle, one or more times during the 30 days before the survey, among youth who had driven a car or other vehicle)	5%	2%	4%	2%	3%	6%
Drug Use						
Used marijuana in the past month	6%	6%	4%	5%	8%	20%
Tried marijuana for the first time before the age of 13	4%	3%	1%	2%	2%	7%
Ever used methamphetamines (in their lifetime)	1%	1%	1%	<1%	1%	3%
Ever used cocaine (in their lifetime)	2%	2%	2%	<1%	1%	5%
Ever used heroin (in their lifetime)	1%	1%	1%	0%	0%	2%
Ever used inhalants (in their lifetime)	10%	6%	3%	1%	2%	6%
Ever took steroids without a doctor's prescription (in their lifetime)	2%	3%	1%	1%	1%	3%
Ever used ecstasy (also called MDMA in their lifetime)	N/A	2%	3%	<1%	0%	4%
Ever used hallucinogenic drugs (such as LSD, acid, PCP, angel dust, mescaline, or mushrooms in their lifetime)	N/A	N/A	N/A	<1%	0%	7%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	7%	5%	2%	5%	7%	20%
Mental Health						
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)	21%	21%	18%	21%	23%	32%
Seriously considered attempting suicide (in the past 12 months)	11%	13%	7%	10%	11%	17%
Attempted suicide (in the past 12 months)	5%	7%	4%	6%	7%	7%

N/A-Not Available

Youth Variables	Henry County 2010 (6 th -12 th)	Henry County 2013 (6 th -12 th)	Henry County 2016 (6 th -12 th)	Henry County 2019 (6 th -12 th)	Henry County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Sexual Behavior						
Ever had sexual intercourse	17%	22%	15%	15%	26%	40%
Had sexual intercourse with four or more persons (of all youth during their life)	8%	3%	6%	4%	7%	10%
Had sexual intercourse before the age 13 (for the first time of all youth)	3%	4%	2%	2%	2%	3%
Used a condom (during last sexual intercourse)	55%	48%	63%	65%	68%	54%
Used birth control pills (during last sexual intercourse)	21%	32%	39%	30%	32%	21%
Used an IUD (during last sexual intercourse)	N/A	N/A	0%	6%	6%	4%
Used a shot, patch or birth control ring (during last sexual intercourse)	5%	5%	4%	8%	8%	5%
Did not use any method to prevent pregnancy during last sexual intercourse	8%	8%	14%	6%	3%	14%
Drank alcohol or used drugs before last sexual intercourse (of sexually active youth)	N/A	18%	18%	14%	15%	19%
Social Determinants of Health						
Rarely or never wore a seatbelt (when riding in a car or other vehicle driven by someone else)	12%	9%	9%	5%	7%	6%
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	72%	72%	79%	73%	71%	N/A
Did not get 8 or more hours of sleep (on an average school night)	N/A	N/A	48%	57%	71%	75%
Violence						
Carried a weapon on school property (in the past 30 days)	N/A	N/A	1%	1%	1%	4%
Were in a physical fight (in the past 12 months)	30%	24%	13%	23%	26%	24%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	5%	5%	3%	6%	5%	7%
Threatened or injured with a weapon on school property (in the past 12 months)	7%	7%	3%	7%	6%	6%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	6%	4%	4%	<1%	0%	8%
Electronically bullied (in the past year)	9%	14%	12%	9%	11%	15%
Bullied (in the past year)	43%	53%	33%	38%	40%	N/A
Were bullied on school property (during the past 12 months)	N/A	33%	20%	24%	26%	19%
Purposefully hurt themselves in their life	30%	29%	20%	21%	23%	N/A

N/A-Not Available

Health Care Access: Health Care Coverage

Key Findings

In 2019, 4% of Henry County adults were without health care coverage. The top reason adults gave for being without health care coverage was they lost their job or changed employers (63%).

829 Henry County adults were uninsured.

Health Care Coverage

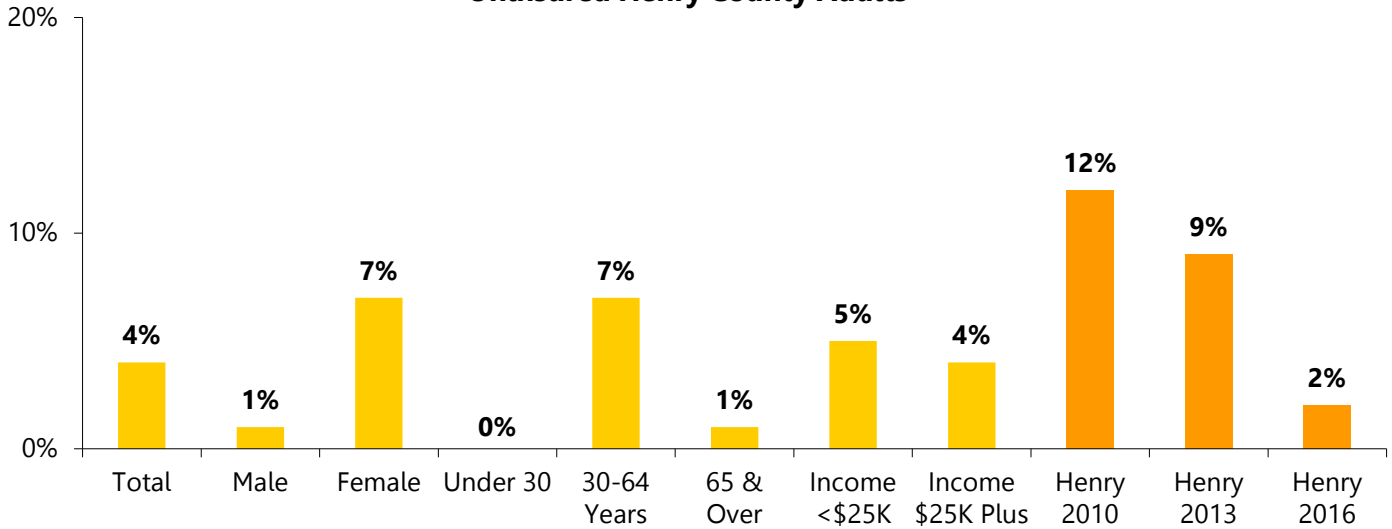
- In 2019, 96% of Henry County adults had health care coverage, leaving 4% uninsured.
- The following types of health care coverage were used:
 - Employer (50%)
 - Medicare (21%)
 - Someone else's employer (12%)
 - Self-paid plan (4%)
 - Medicaid or medical assistance (3%)
 - Health Insurance Marketplace (2%)
 - Military, CHAMPUS, TriCare, CHAMPVA, or the VA (1%)
 - Indian Health Service (IHS) (1%)
- Henry County adult health care coverage included the following:
 - Medical (95%)
 - Prescription coverage (91%)
 - Preventive health (83%)
 - Immunizations (83%)
 - Outpatient therapy (75%)
 - Dental (65%)
 - Vision/eyeglasses (62%)
 - Mental health (62%)
 - Durable medical equipment (48%)
 - Alcohol and drug treatment (40%)
 - Home care (32%)
 - Air ambulance (27%)
 - Hospice (27%)
 - Skilled nursing/assisted living (26%)
 - Transportation (20%)
- Henry County adults had the following issues regarding their health care coverage: cost (42%), opted out of certain coverage because they could not afford it (12%), service not deemed medically necessary (9%), working with their insurance company (9%), provider was no longer covered (7%), service was no longer covered (5%), opted out of certain coverage because they did not need it (5%), limited visits (4%), could not understand their insurance plan (4%), and pre-existing conditions (4%).
- The top reasons uninsured adults gave for being without health care coverage were:
 - They lost their job or changed employers (63%)
 - Spouse or parent lost their job or changed employers (31%)
 - They could not afford to pay the insurance premiums (28%)

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

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Uninsured	12%	9%	2%	4%	8%	11%

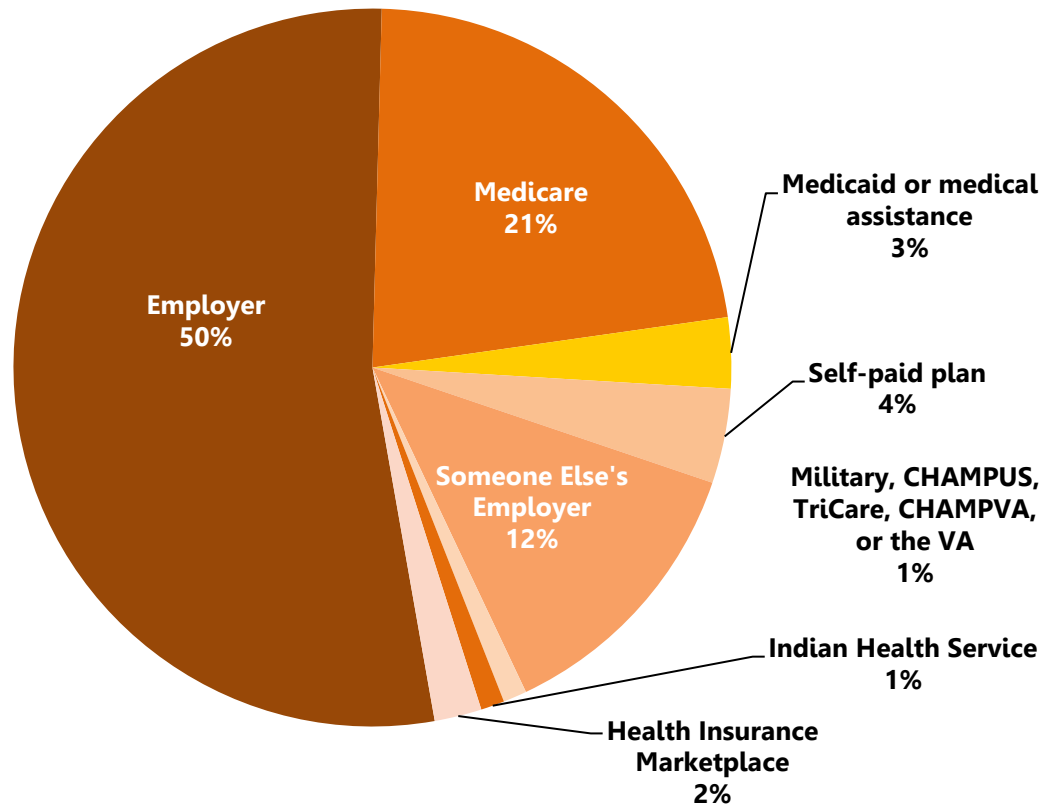
The following graph shows the percentage of Henry County adults who were uninsured. An example of how to interpret the information in the graph includes: 4% of all adults were uninsured, including 5% those with an income less than \$25,000. The pie chart shows sources of Henry County adults' health care coverage.

Uninsured Henry County Adults



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

Source of Health Coverage for Henry County Adults



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

Health Coverage Includes:	Yes	No	Don't Know
Medical	95%	1%	4%
Prescription Coverage	91%	4%	5%
Preventive Health	83%	2%	15%
Immunizations	83%	2%	15%
Outpatient Therapy	75%	1%	24%
Dental	65%	32%	3%
Vision/Eyeglasses	62%	33%	5%
Mental Health	62%	2%	36%
Durable Medical Equipment	48%	4%	48%
Alcohol and Drug Treatment	40%	5%	55%
Home Care	32%	7%	61%
Air Ambulance	27%	5%	68%
Hospice	27%	6%	67%
Skilled Nursing/Assisted Living	26%	7%	67%
Transportation	20%	11%	69%

**Healthy People 2020
Access to Health Services (AHS)**

Objective	Henry County 2019	Ohio 2017	U.S. 2016*	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health insurance	100% age 20-24 100% age 25-34 88% age 35-44 93% age 45-54 94% age 55-64	87% age 18-24 90% age 25-34 90% age 35-44 91% age 45-54 93% age 55-64	85% age 18-24 84% age 25-34 87% age 35-44 90% age 45-54 93% age 55-64	100%

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

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

(Sources: Healthy People 2020 Objectives, 2016, 2017 BRFSS, 2019 Henry County Health Assessment)

Health Care Access: Access and Utilization

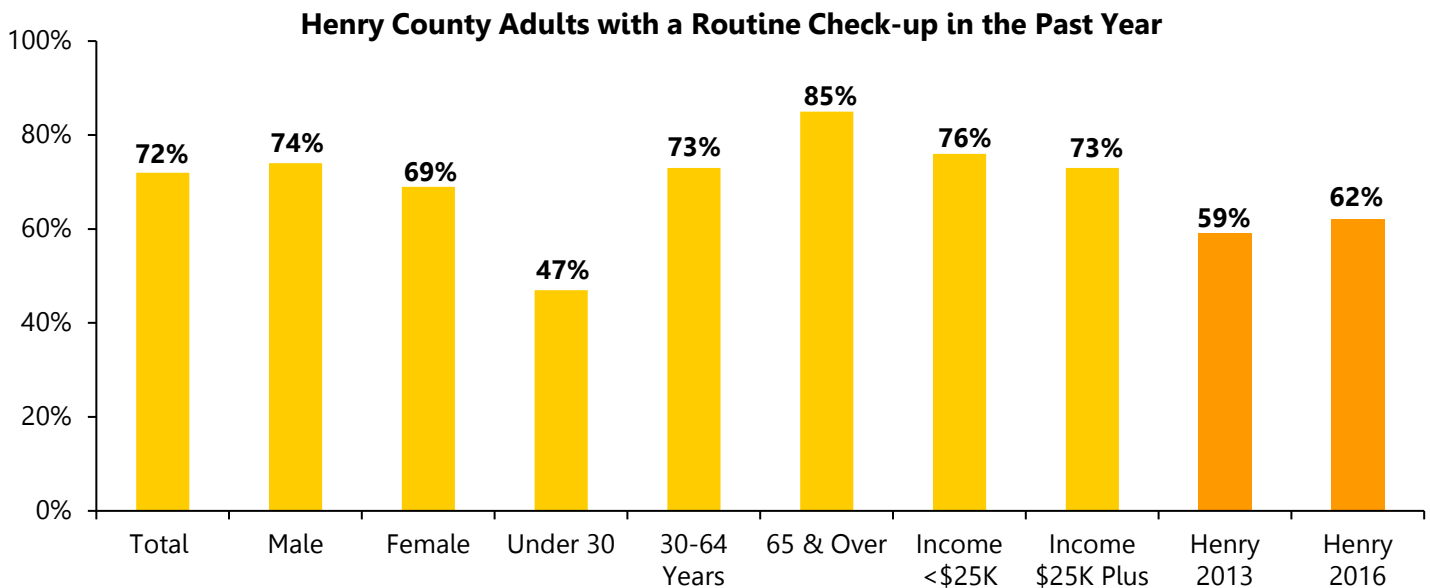
Key Findings

Seventy-two percent (72%) of Henry County adults had visited a doctor for a routine checkup in the past year. Nearly four-fifths (78%) of adults went outside of Henry County for health care services in the past year.

Health Care Access

- Nearly three-fourths (72%) of Henry County adults visited a doctor for a routine checkup in the past year, increasing to 85% of those over the age of 65.
- Over half (52%) of adults reported they had one person they thought of as their personal doctor or health care provider. A little over one-third (35%) of adults had more than one person they thought of as their personal health care provider, and 10% did not have one at all. Three percent (3%) reported they did not know.

The following graph shows the percentage of Henry County adults who had a routine checkup in the past year. An example of how to interpret the information in the graph includes: 72% of all adults had a routine check-up in the past year, including 74% of males and 69% of females.



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

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Visited a doctor for a routine checkup in the past year	N/A	59%	62%	72%	72%	70%
Had at least one person they thought of as their personal doctor or health care provider	61%	61%	58%	87%	81%	77%

- Seventy-eight percent (78%) of adults went outside of Henry County for the following health care services in the past year:
 - Primary care (46%)
 - Dental services (34%)
 - Specialty care (31%)
 - Obstetrics/gynecology (21%)
 - Orthopedic care (14%)
 - Dermatological (skin) care (12%)
 - Cardiac care (11%)
 - Ear, nose, and throat care (9%)
 - Pediatric care (9%)
 - Podiatry (foot/ankle) care (9%)
 - Mental health care/counseling (7%)
 - Cancer care (6%)
 - Pediatric therapies (4%)
 - Addiction services (1%)
 - Hospice/palliative care (1%)
 - Bariatric (obesity) care (1%)
 - Skilled nursing rehabilitation (1%)
 - Other services (12%)

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

- Adults usually visited the following places for health care services and advice: doctor's office (82%); urgent care center (11%); family and friends (3%); department of veteran's affairs (VA) (1%); multiple places, including a doctor's office (1%); hospital emergency room (<1%); chiropractor (<1%); health department or community health center (<1%); telemedicine (<1%); and some other kind of place (<1%). Two percent (2%) of adults indicated they had no usual place for health care services.
- Henry County adults did not get medical care for the following reasons: no need to go (13%); cost/no insurance (4%); multiple reasons, not including cost/no insurance (4%); multiple reasons, including cost or insurance (2%); no child care (1%); distance (1%); too long of a wait in the waiting room (1%); too long of a wait for an appointment (1%); inconvenient appointment times/hours not convenient (1%); too embarrassed to seek help (<1%); cannot get time off work (<1%); and other reasons (2%).
- Henry County adults did not get the following major or preventive care because of cost: medication (9%), lab testing (8%), Pap smear (8%), surgery (6%), colonoscopy (5%), mammogram (4%), immunizations (3%), mental health services (2%), weight loss program (2%), PSA test (2%), family planning services (1%), and smoking cessation (1%).
- Adults preferred to access information about their health or health care services from the following sources: doctor/health care provider (88%); family member or friend (31%); internet (26%); medical portal (20%); advertising or mailings from hospitals, clinics, or doctor/health care providers' offices (11%); newspaper articles or radio/television news stories (10%); texts via cell phone (6%); social media (e.g., Facebook, twitter, Instagram) (6%); faith-based communities/church (3%); and billboards (2%). *Note: Percentages do not equal 100% because respondents could select more than one option.*
- When accessing health care, adults felt confident enough to accomplish the following:
 - Fill out medical forms accurately (92%)
 - Follow instructions correctly on a medicine or prescription container (90%)
 - Follow the advice of a health care provider (87%)
 - Know their health care provider's exchange information so they can receive care accurately (52%)
 - Know how to obtain health insurance that best fits your needs (49%)
- More than one-fifth (21%) of adults did not get their prescriptions from their doctor filled in the past year. Those who did not get their prescriptions filled gave the following reasons:
 - Cost (61%)
 - They did not think they needed it (37%)
 - No prescriptions to be filled (27%)
 - There was no generic equivalent (23%)
 - Side effects (21%)
 - They stretched their current prescription by taking less than prescribed (17%)
 - Fear of addiction (17%)
 - They did not have insurance (6%)

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

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

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

- **Screen patients for high blood pressure and make blood pressure control a quality improvement goal**
 - High blood pressure is a leading risk factor for heart disease and stroke.
- **Increase cancer prevention and early detection**
 - Rural health care providers should participate in the state-level comprehensive control coalitions. Comprehensive cancer control programs focus on cancer prevention, education, screening, access to care, support for cancer survivors, and overall good health.
- **Encourage physical activity and healthy eating to reduce obesity**
 - Obesity has been linked to a variety of serious chronic illnesses, including diabetes, heart disease, cancer, and arthritis.
- **Promote smoking cessation**
 - Cigarette smoking is the leading cause of preventable disease and death in the United States and is the most significant risk factor for chronic lower respiratory disease.
- **Identify additional support for families who have children with mental, behavioral, or developmental disorders**
 - Children with these issues would benefit from increased access to mental and behavioral health care; programs that support parents and caregivers; and increased opportunities to learn, play, and socialize. Because children in rural areas with these disorders more often experience financial difficulties, poor parental mental health, and a lack of neighborhood resources, these children may need additional support.
- **Promote motor vehicle safety**
 - Rural health care providers should encourage patients to always wear a seat belt and counsel parents and child care providers to use age- and size-appropriate car seats, booster seats, and seat belts on every trip.
- **Engage in safer prescribing of opioids for pain**
 - Health care providers should follow the CDC guidelines when prescribing opioids for chronic pain and educate patients on the risks and benefits of opioids and using nonpharmacologic therapies to provide greater benefit.

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

Health Care Access: Preventive Medicine

Key Findings

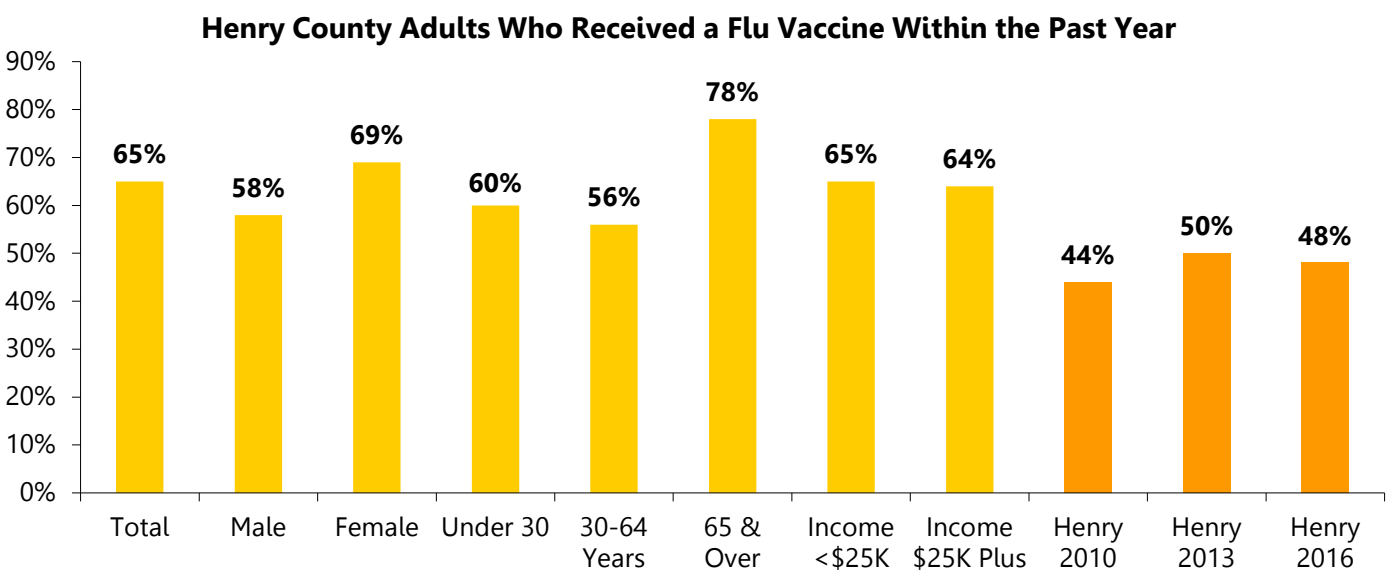
Eighty percent (80%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. Sixty-five percent (65%) of adults had a flu vaccine in the past year.

Preventive Medicine

- Sixty-five percent (65%) of Henry County adults had a flu vaccine during the past 12 months, increasing to 78% of adults ages 65 and over.
- Reasons for not getting a flu vaccine included the following: did not need it (17%), cost (6%), get sick from it (4%), do not believe in vaccines (4%), vaccine was not effective (3%), time (3%), insurance would not pay for it (3%), vaccine was not available (2%), and other reasons (9%).
- Over one-third (36%) of adults had a pneumonia vaccine in their life, increasing to 80% of those ages 65 and over.
- Henry County adults had the following vaccines:
 - MMR in their lifetime (81%)
 - Tetanus booster (including Tdap) in the past 10 years (75%)
 - Hepatitis B in their lifetime (46%)
 - Chicken pox in their lifetime (45%)
 - Hepatitis A in their lifetime (41%)
 - Zoster (shingles) vaccine in their lifetime (20%)
 - Human papillomavirus (HPV) vaccine in their lifetime (20%)

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

The following graph shows the percentage of Henry County adults who received a flu vaccine in the past year. An example of how to interpret the information in the graph includes: 65% of adults received a flu vaccine in the past year, including 78% of those over the age of 65.



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

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Had a flu shot in the past year (age 65 and older)	N/A	72%	79%	78%	63%	60%
Had a pneumonia vaccine (age 65 and older)	65%	53%	62%	80%	76%	75%
Had a shingles or Zoster vaccination in lifetime	N/A	7%	10%	20%	29%	29%

N/A - Not Available

Healthy People 2020 Immunization and Infectious Diseases (IID)

Objective	Henry County 2019	Healthy People 2020 Target
IID-13.1: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated against pneumococcal disease	80%	90%
IID-12.7: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated annually against seasonal influenza	78%	90%
IID-14: Increase the percentage of adults who are vaccinated against zoster (shingles)	20%	30%

Note: U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2019 Henry County Health Assessment)

Preventive Health Screenings and Exams

- Fifty-seven percent (57%) of adults ages 50 and over had a colonoscopy in the past five years. Thirty-nine percent (39%) of adults ages 50 and over had a stool test, 8% had a flexible sigmoidoscopy, and 8% had a CT colonoscopy within the past five years.

Henry County Adults Ages 50 and Over Colon Cancer Screenings

	Stool Test	Colonoscopy	Flexible Sigmoidoscopy	CT Colonoscopy (Virtual Colonoscopy)
Tested this year	12%	9%	0%	1%
Tested within the last 1 to 3 years	22%	28%	6%	5%
Tested within the last 3 to 5 years	5%	20%	2%	2%
Tested within the last 5 to 10 years	9%	19%	6%	6%
Tested more than 10 years ago	6%	5%	11%	2%
Never tested	36%	19%	64%	71%
Not sure	10%	1%	12%	14%

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

- In the past two years, Henry County adults reported getting the following checked: vision (80%), hearing (31%), skin (24%), and bone density (12%).
- Henry County adults indicated a doctor or health professional talked to them about the following topics in the past year: family history (51%), immunizations (44%), weight control (41%), safe use of prescription pain medication (34%); depression, anxiety, or emotional problems (29%); tobacco use (16%), family planning (16%), alcohol use (15%), alternative pain therapy (15%), falls (12%), bone density (12%), prostate-specific antigen (PSA) test (12%), injury prevention (13%), safe use of opiate based pain medication (8%); self-testicular exams (7%), genetic testing (7%), firearm safety (6%), sexually transmitted diseases (STDs) (6%), illicit drug abuse (5%), and domestic violence (1%). *Note: Percentages do not equal 100% because respondents could select more than one option.*

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

Health Care Topics	Total 2013	Total 2016	Total 2018
Family History	N/A	N/A	51%
Immunizations	34%	33%	44%
Weight Control	38%	36%	41%
Safe Use of Prescription Medication	N/A	22%	34%
Depression, Anxiety, or Emotional Problems	17%	19%	29%
Family Planning	N/A	N/A	16%
Tobacco Use	N/A	N/A	16%
Alcohol Use	7%	9%	15%
Alternative pain therapy	N/A	9%	15%
Injury Prevention Such as Safety Belt Use, Helmet Use, or Smoke Detectors	9%	9%	13%
Prostate-Specific Antigen (PSA) Test	N/A	N/A	12%
Bone Density	N/A	N/A	12%
Falls	N/A	N/A	12%
Safe Use of Opiate-Based Pain Medication	N/A	10%	8%
Self-Testicular Exams	N/A	N/A	7%
Genetic Testing	N/A	N/A	7%
Firearm Safety	N/A	N/A	6%
Sexually Transmitted Disease (STDs)	N/A	N/A	6%
Illicit Drug Abuse	2%	4%	5%
Domestic Violence	3%	4%	1%

N/A – Not Available

Health Care Access: Women's Health

Key Findings

Over half (54%) of Henry County women over the age of 40 reported having a mammogram in the past year. Nearly three-fifths (59%) of women had a clinical breast exam in the past year and, 65% of women ages 21 to 65 had a Pap smear to detect cancer of the cervix in the past three years. Sixty-nine percent (69%) of Henry County women were overweight or obese, 26% had high blood cholesterol, 26% had high blood pressure, and 8% were identified as current smokers, known risk factors for cardiovascular diseases.

Women's Health Screenings

- Fifty-seven percent (57%) of women had a mammogram at some time in their life, and 36% had this screening in the past year.
- Over half (54%) of women ages 40 and over had a mammogram in the past year, and 70% had one in the past two years.
- Nine out of ten (90%) Henry County women had a clinical breast exam at some time in their life, and 59% had one within the past year. Sixty-seven percent (67%) of women ages 40 and over had a clinical breast exam in the past two years.
- Ninety percent (90%) of Henry County women had a Pap smear some time in their life, and 41% reported having had the exam in the past year. Sixty-five percent (65%) of women ages 21 to 65 had a Pap smear in the past three years.

Henry County Female Leading Causes of Death, 2015 – 2017

Total female deaths: 437

1. Heart Disease (26% of all deaths)
2. Cancer (18%)
3. Stroke (7%)
4. Chronic Lower Respiratory Diseases (7%)
5. Accidents, Unintentional Injuries (5%)

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

Ohio Female Leading Causes of Death, 2015–2017

Total Female Deaths: 180,539

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

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

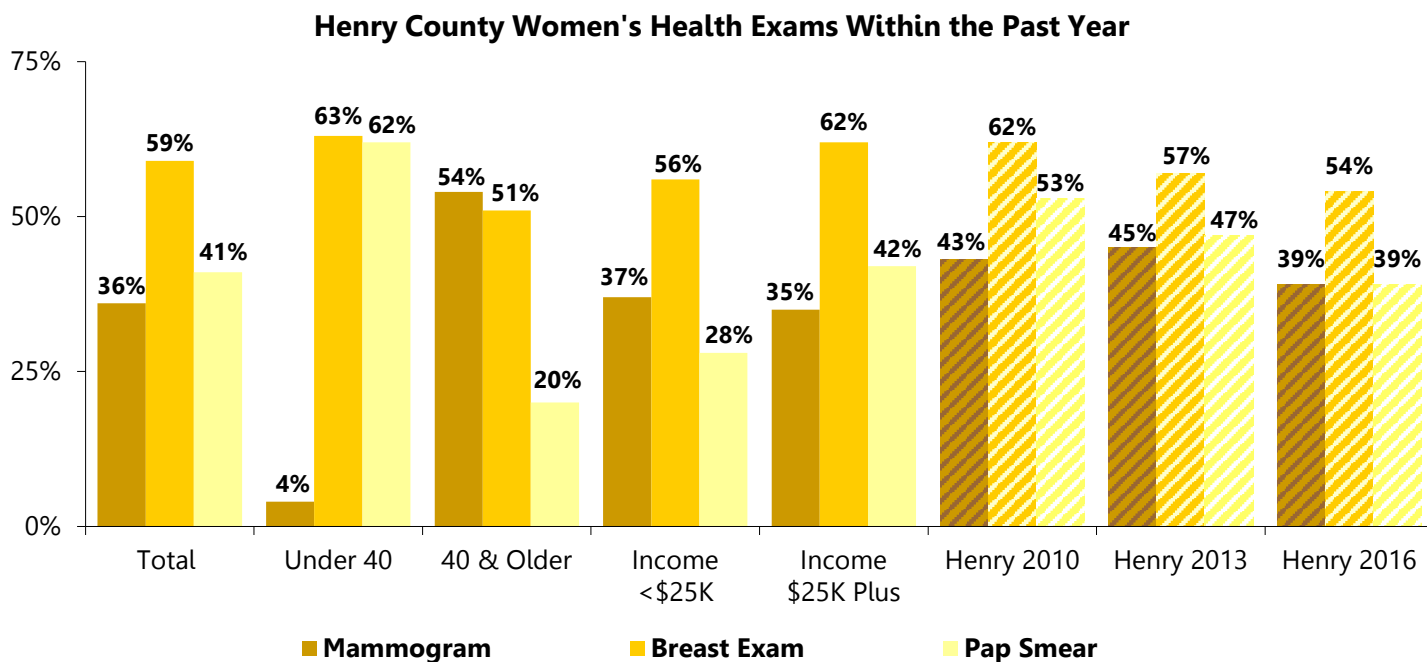
Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Had a clinical breast exam in the past two years (age 40 and over)	N/A	78%	76%	67%	N/A	N/A
Had a mammogram in the past two years (age 40 and over)	N/A	80%	80%	70%	74%*	72%*
Had a Pap smear in the past three years (age 21-65)	N/A	76%‡	67%‡	65%	82%*	80%*

N/A-Not Available

*2016 BRFSS

‡Pap smear was reported for women ages 19 and over

The following graph shows the percentage of Henry County females who had various health exams in the past year. An example of how to interpret the information shown on the graph includes: 36% of Henry County females had a mammogram within the past year, 59% had a clinical breast exam, and 41% had a Pap smear.



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

Pregnancy

- Twenty-six percent (26%) of Henry County women had been pregnant in the past 5 years.
- During their last pregnancy within the past 5 years, women did the following: had a prenatal appointment in the first 3 months (74%), took a multi-vitamin with folic acid (73%), had a dental exam (52%), and received WIC services (7%).

Women's Health Concerns

- Women used the following as their usual source of services for female health concerns: private gynecologist (44%); general or family physician (42%); health department clinic (2%); multiple places, including a private gynecologist or general/family physician (2%); and a family planning clinic (1%)
- Nine percent (9%) indicated they did not have a usual source of services for female health concerns.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Henry County, the 2019 health assessment has identified that:
 - 69% of women were overweight or obese (2017 BRFSS reports 64% for Ohio and 2016 BRFSS reports 59% for U.S.)
 - 26% of women were diagnosed with high blood cholesterol (2017 BRFSS reports 33% for Ohio 2016 BRFSS reports 35% for U.S.)
 - 26% of women were diagnosed with high blood pressure (2017 BRFSS reports 33% for Ohio 2016 BRFSS reports 30% for U.S.)
 - 10% of women had been diagnosed with diabetes (2017 BRFSS reports 11% for Ohio and 2016 BRFSS reports 11% for U.S.)
 - 8% of women were current smokers (2017 BRFSS reports 20% for Ohio 2016 BRFSS reports 14% for U.S.)

Health Care Access: Men's Health

Key Findings

In 2019, 76% of Henry County males were overweight or obese. Males were less likely to have been diagnosed with arthritis than females (31% compared to 35%).

Men's Health Concerns

- Fifty-two percent (52%) of Henry County males rated their health as excellent or very good, compared to 57% of females.
- Males were less likely to have been diagnosed with:
 - Arthritis (31% compared to 35% of females).
- Males were more likely to have been diagnosed with:
 - High blood cholesterol (41% compared to 26% of females).
 - High blood pressure (41% compared to 26% of females).
- Henry County males and females were equally as likely to have been:
 - Diagnosed with diabetes (10%).
- Henry County males were less likely to:
 - Have been to the dentist in the past year (72% compared to 74% of females).
 - Be uninsured (1% compared to 7% of females).
- Henry County males were more likely to:
 - Be considered overweight or obese (76% compared to 69% of females).
 - Be a current smoker (13% compared to 8% of females).
 - Have consumed alcohol in the past 30 days (65% compared to 64% of females).
 - Have had more than one sexual partner in the past year (3% compared to 1% of females).
 - Have had a routine check-up in the past year (74% compared to 69% of females).
- From 2015 to 2017, major cardiovascular diseases (heart disease and stroke) accounted for 26% of all male deaths in Henry County *(Source: Ohio Public Health Data Warehouse, 2015-2017)*.
- The leading cause of cancer death from 2015 to 2017 for males in both Henry County and Ohio was lung cancer *(Source: Ohio Public Health Data Warehouse, 2015-2017)*.

Henry County Male Leading Causes of Death, 2015 – 2017

Total male deaths: 438

1. Heart Diseases (23% of all deaths)
2. Cancers (22%)
3. Accidents, Unintentional Injuries (8%)
4. Chronic Lower Respiratory Diseases (5%)
5. Alzheimer's disease (4%)

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

Ohio Male Leading Causes of Death, 2015–2017

Total Male Deaths: 180,695

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

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

Health Care Access: Oral Health

Key Findings

Seventy-three percent (73%) of Henry County adults had visited a dentist or dental clinic in the past year. The top three reasons adults gave for not visiting a dentist or dental clinic in the past year were cost (40%); no reason to go/had not thought of it (14%); and fear, apprehension, nervousness, pain and dislike going (13%).

Oral Health

- In the past year, 73% of Henry County adults had visited a dentist or dental clinic.
- Henry County adults reported the following reasons for not visiting a dentist or dental clinic in the past year:
 - Cost (40%)
 - No reason to go/had not thought of it (14%)
 - Fear, apprehension, nervousness, pain, and dislike going (13%)
 - Multiple reasons (9%)
 - Have dentures (7%)
 - Transportation (3%)
 - Dentist did not accept their medical coverage (2%)
 - Did not have or know a dentist (1%)
 - Could not get into a dentist (1%)
- Adults reported experiencing the following oral health issues:
 - Oral bleeding (5%)
 - No teeth (3%)
 - Difficulty eating/chewing (3%)
 - Oral pain (3%)
 - Loose teeth (3%)
 - Skipped meals due to pain (1%)
 - Problems with dentures (1%)
 - Missed work due to oral pain (<1%)

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Visited a dentist or dental clinic (within the past year)	69%	72%	69%	73%	68%*	66%*

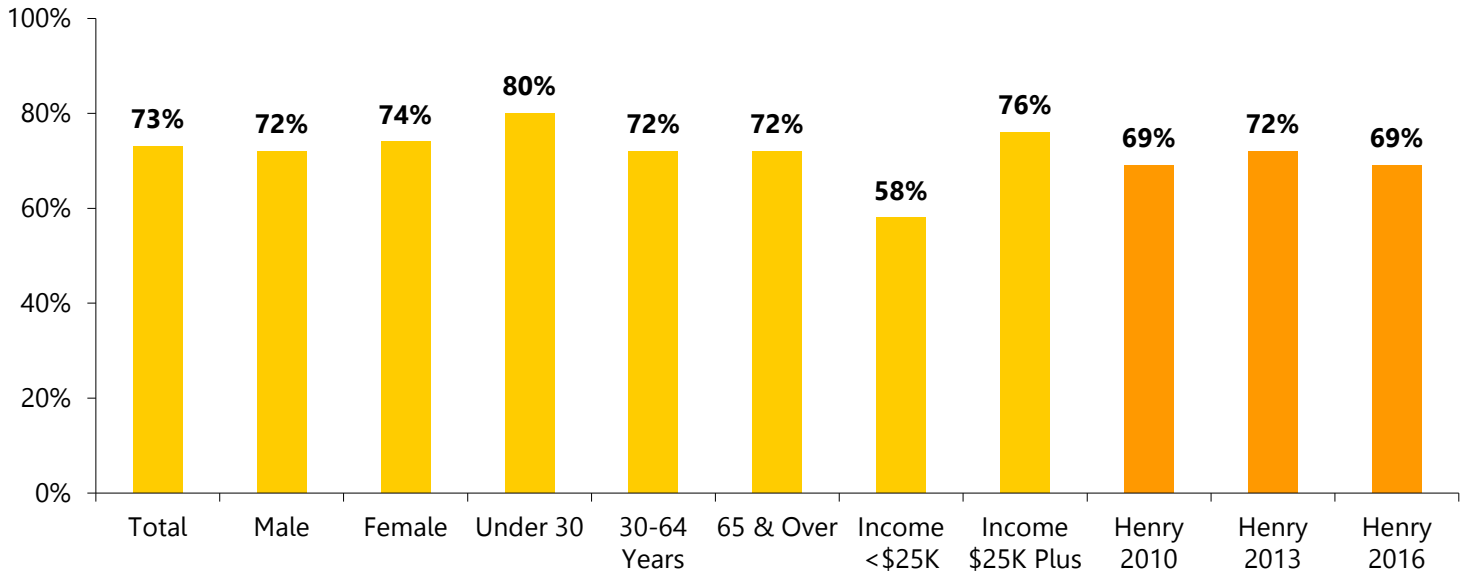
*2016 BRFSS

Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
Time Since Last Visit to Dentist/Dental Clinic*					
Males	72%	7%	9%	8%	0%
Females	74%	8%	8%	8%	0%
Total	73%	8%	9%	8%	0%

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

The following graph shows the percentage of Henry County adults who had visited a dentist or dental clinic in the past year. An example of how to interpret the information on the graph includes: 73% of adults had been to the dentist or dental clinic in the past year, including 80% of those under the age of 30 and 58% of those with incomes less than \$25,000.

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



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

Facts About Adult Oral Health

- The baby boomer generation is the first where most people will keep their natural teeth over their entire lifetime. This is largely because of the benefits of water fluoridation and fluoride toothpaste. However, threats to oral health, including tooth loss, continue throughout life.
- The major risks for tooth loss are tooth decay and gum disease that may increase with age because of problems with saliva production; receding gums that expose “softer” root surfaces to decay-causing bacteria; or difficulties flossing and brushing because of poor vision, cognitive problems, chronic disease, and physical limitations.
- Although more adults are keeping their teeth, many continue to need treatment for dental problems. This need is even greater for members of some racial and ethnic groups—about 3 in 4 Hispanics and non-Hispanic black adults have an unmet need for dental treatment, as do people who are poor. These individuals are also more likely to report having poor oral health.
- In addition, some adults may have difficulty accessing dental treatment. For every adult aged 19 years or older without medical insurance, there are three who don’t have dental insurance.
- Oral health problems include the following: untreated tooth decay, gum disease, tooth loss, oral cancer, and chronic diseases such as arthritis, heart disease, and strokes.

(Source: Centers for Disease Control and Prevention, Division of Oral Health, Adult Oral Health, October 23, 2017)

Health Behaviors: Health Status Perceptions

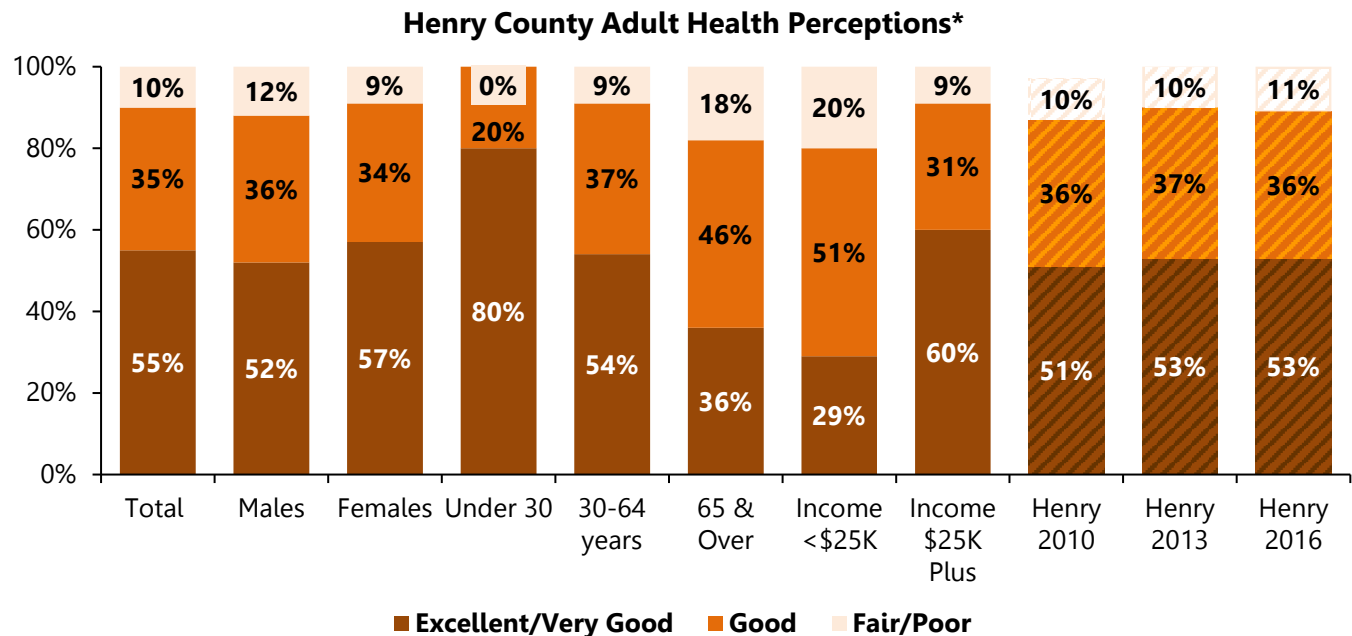
Key Findings

Over half (55%) of Henry County adults rated their health status as excellent or very good. Conversely, 10% of adults described their health as fair or poor, increasing to 20% of those with incomes less than \$25,000.

General Health Status

- Over half (55%) of Henry County adults rated their health as excellent or very good. Henry County adults with higher incomes (60%) were most likely to rate their health as excellent or very good, compared to 29% of those with incomes less than \$25,000.
- Ten percent (10%) of adults rated their health as fair or poor.
- Henry County adults were most likely to rate their health as fair or poor if they:
 - Had high blood pressure (70%) or high blood cholesterol (58%)
 - Had been diagnosed with diabetes (36%)
 - Had an annual household income under \$25,000 (20%)
 - Were widowed (11%)
- Almost one-quarter (23%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation in the past month.

The following graph shows the percentage of Henry County adults who described their personal health status as excellent/very good, good, and fair/poor. An example of how to interpret the information includes: 55% of all Henry County adults, 57% of females, and 36% of those ages 65 and older rated their health as excellent or very good.



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

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

Physical Health Status

- Nearly one-fifth (18%) of Henry County adults rated their physical health as not good on 4 or more days in the previous month.
- Henry County adults reported their physical health as not good on an average of 2.6 days in the previous month.
- Henry County adults were most likely to rate their physical health as not good if they:
 - Were 65 years of age or older (25%)
 - Had an annual household income less than \$25,000 (22%)
 - Were male (19%)

Mental Health Status

- Nineteen percent (19%) of Henry County adults rated their mental health as not good on 4 or more days in the previous month.
- Henry County adults reported their mental health as not good on an average of 3.2 days in the previous month.
- Henry County adults were most likely to rate their mental health as not good if they:
 - Were female (25%)
 - Had an annual household income less than \$25,000 (24%)
 - Were under the age of 30 (20%)

The table shows the percentage of adults with poor physical and mental health in the past 30 days.

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	57%	9%	6%	3%	10%
Females	50%	20%	6%	5%	7%
Total	52%	15%	6%	4%	8%
Mental Health Not Good in Past 30 Days*					
Males	62%	14%	3%	2%	7%
Females	44%	16%	7%	0%	18%
Total	51%	15%	5%	1%	13%

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

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Rated general health as excellent or very good	54%	53%	53%	55%	49%	51%
Rated general health as fair or poor	10%	10%	11%	10%	19%	18%
Rated physical health as not good on four or more days (in the past 30 days)	17%	18%	19%	18%	23%	22%
Average number of days that physical health not good (in the past 30 days)	N/A	3.2	3.6	2.6	4.0 [‡]	3.7 [‡]
Rated mental health as not good on four or more days (in the past 30 days)	19%	19%	21%	19%	26%	24%
Average number of days that mental health not good (in the past 30 days)	N/A	3.1	3.2	3.2	4.3 [‡]	3.8 [‡]
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	N/A	22%	21%	23%	24%	23%
Average days that poor physical or mental health kept them from doing their usual activities such as self-care, work, or recreation (on at least one day during the past 30 days)	N/A	2.3	2.2	2.0	N/A	N/A

N/A-Not Available

[‡]2016 BRFSS data as compiled by 2019 County Health Rankings

Health Behaviors: Adult Weight Status

Key Findings

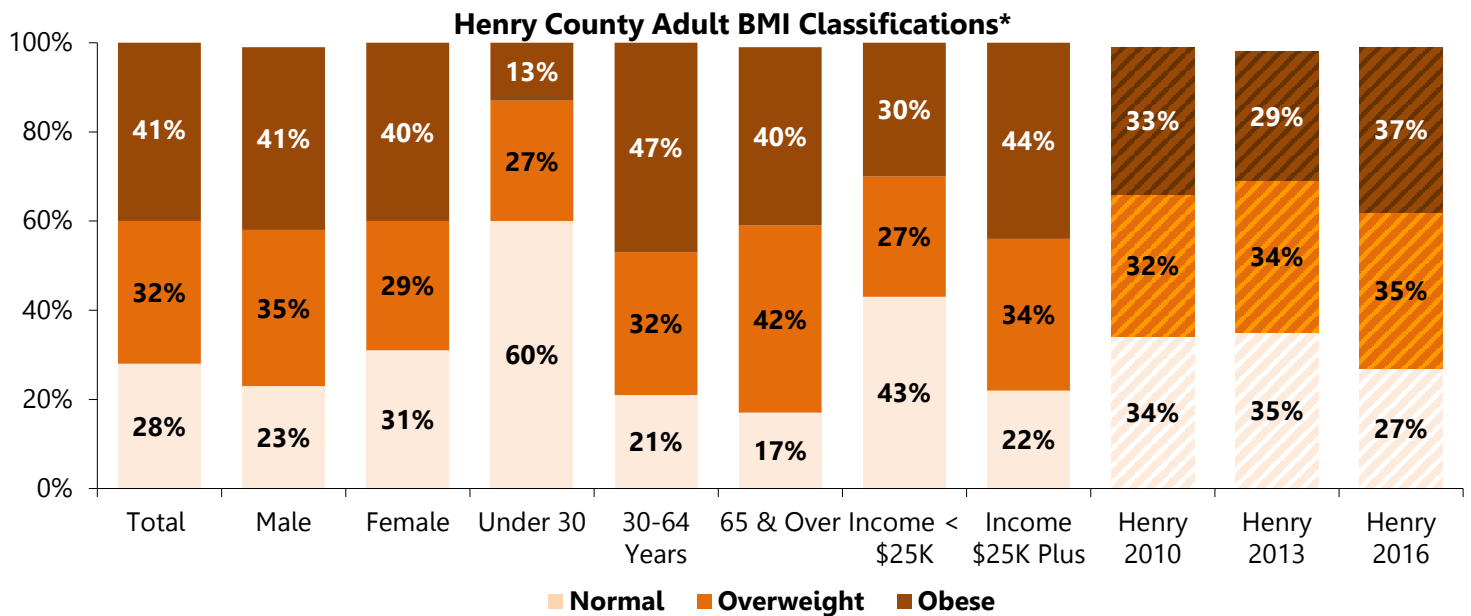
Almost three-fourths (73%) of Henry County adults were overweight or obese based on body mass index (BMI). About one-fifth (21%) of adults did not participate in any physical activity in the past week, including 4% who were unable to exercise.

8,502 Henry County adults were obese.

Adult Weight Status

- Almost three-fourths (73%) of Henry County adults were either overweight (32%) or obese (41%) by body mass index (BMI), putting them at elevated risk for developing a variety of preventable diseases.
- Henry County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (44%); drank more water (40%); exercised (35%); ate a low-carb diet (12%); used a weight loss program (3%); took prescribed medications (3%); took diet pills, powders or liquids without a doctor's advice (1%); went without eating 24 or more hours (1%); took laxatives (1%); health coaching (1%); participated in a prescribed dietary or fitness program (<1%); and smoked cigarettes (<1%).

The following graph shows the percentage of Henry County adults who were normal weight, overweight or obese by body mass index (BMI). An example of how to interpret the information includes: 28% of all adults were classified as normal weight, 32% were overweight, and 41% were obese.



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

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

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Obese	33%	29%	37%	41%	34%	32%
Overweight	32%	34%	35%	32%	34%	35%

Nutrition

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

	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruit	4%	13%	71%	12%
Vegetables	3%	13%	77%	7%
Sugar-sweetened beverages	1%	6%	38%	55%
Caffeinated beverages	11%	17%	46%	26%

- In 2019, 36% of adults ate 1 to 2 servings of fruits and vegetables per day, 39% ate 3 to 4 servings per day, and 22% ate 5 or more servings per day. Three percent (3%) of adults ate no servings of fruits and vegetables per day.
- Henry County adults reported the following reasons they chose the types of food they ate:
 - Taste/enjoyment (74%)
 - Healthiness of food (55%)
 - Cost (50%)
 - Ease of preparation/time (46%)
 - Food they were used to (45%)
 - What their family prefers (41%)
 - Availability (30%)
 - Calorie content (29%)
 - Nutritional content (26%)
 - Artificial sweetener content (7%)
 - If it was gluten free (6%)
 - Health care provider’s advice (6%)
 - If it was genetically modified (5%)
 - If it was lactose free (3%)
 - If it was organic (3%)
 - Availability of food at the food pantry (2%)
 - Other food sensitivities (2%)
 - Limitations due to dental issues (1%)
 - Limitations set by WIC (1%)
 - Other reasons (1%)
- Adults reported the following barriers to consuming fruits and vegetables: too expensive (9%), did not like the taste (6%), did not know how to prepare (3%), no access (2%), transportation (1%), no variety (1%), and other barriers (1%).

Physical Activity

- Fifty-eight percent (58%) of adults engaged in some type of physical activity or exercise for at least 30 minutes three or more days per week, and 32% of adults exercised 5 or more days per week. Over one-fifth (21%) of adults did not participate in any physical activity in the past week, including 4% who were unable to exercise.
- Henry County adults spent an average of 2.5 hours watching TV, 1.3 hours on their cell phone, 0.8 hours on the computer (outside of work), and 0.1 hours playing video games on an average day of the week.

- Adults reported the following reasons for not exercising:
 - Time (29%)
 - Weather (23%)
 - Too tired (23%)
 - Laziness (18%)
 - Pain or discomfort (14%)
 - Chose not to exercise (11%)
 - No exercise partner (4%)
 - Could not afford a gym membership (3%)
 - Poorly maintained/no sidewalks (3%)
 - No child care (3%)
 - Lack of opportunities for those with physical impairments or challenges (3%)
 - Doctor advised them not to exercise (2%)
 - Did not know what activity to do (2%)
 - No gym available (1%)
 - No walking, biking trails, or parks (1%)
 - Neighborhood safety (1%)
 - No transportation to a gym or other exercise opportunity (<1%)

Employee Wellness

- Henry County adults had access to wellness programs through their employer or spouse’s employer with the following features:
 - Gift cards or cash for participation in wellness program (17%)
 - Free/discounted gym membership (17%)
 - Health risk assessment (13%)
 - On-site health screenings (12%)
 - Lower insurance premiums for participation in wellness program (10%)
 - On-site fitness facility (8%)
 - Healthier food options in vending machines or cafeteria (8%)
 - Lower insurance premiums for positive changes in health status (7%)
 - Free/discounted smoking cessation program (5%)
 - Free/discounted weight loss program (5%)
 - Gift cards or cash for positive changes in health status (4%)
 - On-site health education classes (3%)
- One-quarter (25%) of adults did not have access to any wellness programs.

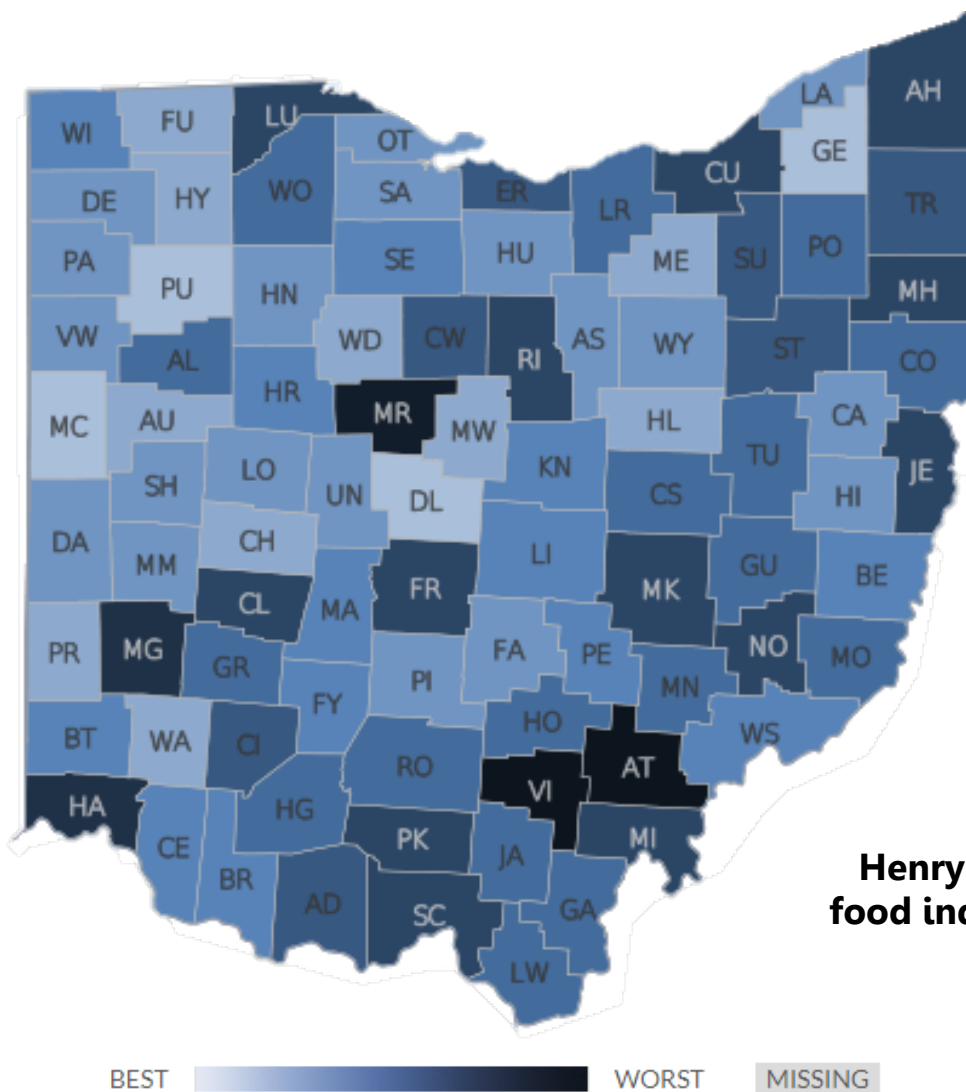
American Cancer Society (ACS) Guidelines on Nutrition and Physical Activity

1. *Achieve and maintain a healthy weight throughout life*
 - Be as lean as possible throughout life without being underweight and aim for a BMI between 18.5 and 24.9.
 - Avoid excess weight gain at all ages. For those who are overweight or obese, losing even a small amount of weight has health benefits and is a good place to start.
 - Get regular physical activity and limit intake of high calorie foods and drinks as keys to help maintain a healthy weight.
2. *Be physically active*
 - Get at least 150 minutes of moderate intensity or 75 minutes of vigorous intensity activity each week (or a combination of these), preferably spread throughout the week.
 - Doing some physical activity above usual activities, no matter what one’s level of activity, can have many health benefits.
3. *Eat a healthy diet, with an emphasis on plant foods*
 - Choose foods and drinks in amounts that help you get to and maintain a healthy weight.
 - Limit how much processed meat and red meat you eat.
 - Eat at least 2½ cups of vegetables and fruits each day.
 - Choose whole grains instead of refined grain products.

(Source: American Cancer Society, ACS Guidelines on Nutrition and Physical Activity, Updated on April 13, 2017)

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

- The food environment index in Henry County is 8.5.
- The food environment index in Ohio is 6.7.



Henry County had a
food index measure of:
8.5

(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2019)

Health Behaviors: Adult Tobacco Use

Key Findings

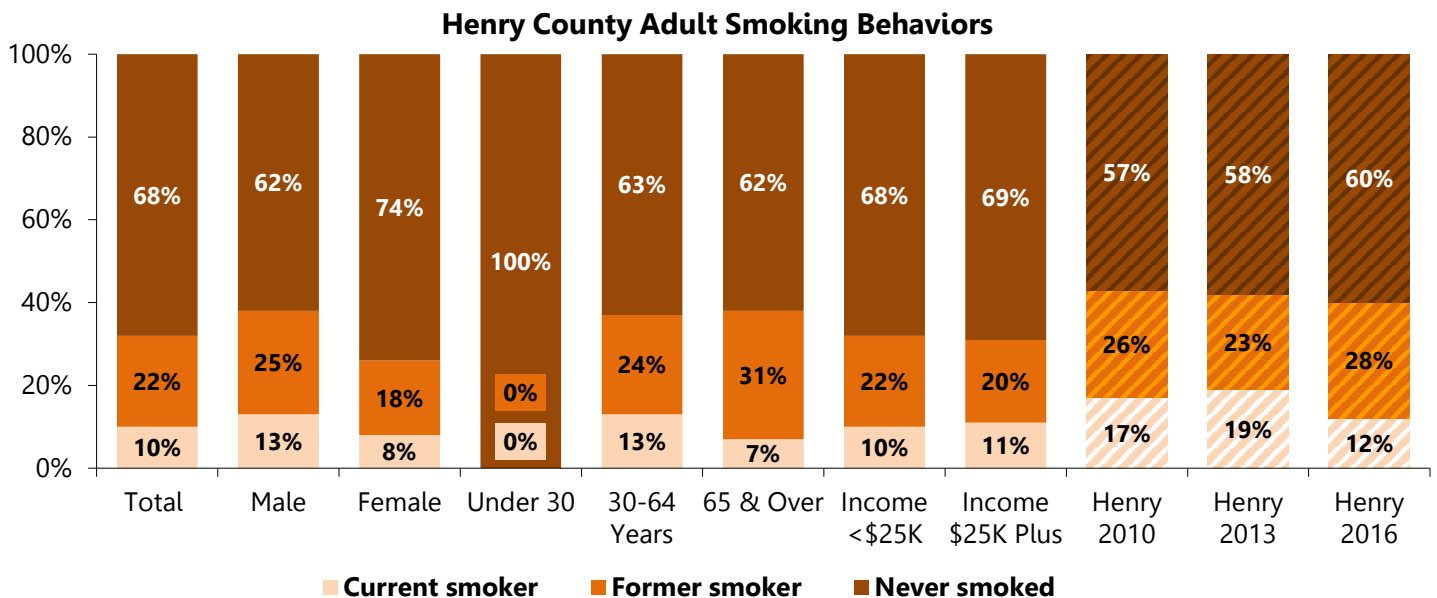
Ten percent (10%) of Henry County adults were current smokers, and 22% were considered former smokers. Two percent (2%) of adults used an e-cigarette or other electronic vaping product in the past year. Thirty percent (30%) of adults did not know if e-cigarette vapor was harmful.

2,074 Henry County adults were current smokers.

Adult Tobacco Use

- Ten percent (10%) of Henry County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- Nearly one-quarter (22%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- Henry County adult smokers were more likely to have:
 - Rated their overall health as poor (24%)
 - Been divorced (14%)
 - Been ages 30 to 64 (13%)
- Sixty-three percent (63%) of current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.

The following graph shows the percentage of Henry County adults' smoking behaviors. An example of how to interpret the information includes: 10% of all adults were current smokers, 22% were former smokers, and 68% had never smoked.



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

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

- Henry County adults used the following tobacco products in the past year: cigarettes (14%); cigarillos (4%); chewing tobacco, snuff, or snus, (3%); e-cigarettes or other electronic vaping products (2%); cigars (2%); little cigars (2%); pipes (1%); and hookah (1%).
- Adults that had used e-cigarettes/vapes in the past 12 months reported putting the following in them:
 - E-liquid or e-juice with nicotine (4%)
 - E-liquid or e-juice without nicotine (3%)
 - Marijuana or THC in the e-liquid (1%)
 - Homemade e-liquid or e-juice (0%)
- Henry County adults had the following rules/practices about smoking in their home: never allowed (67%), not allowed when children are present (11%), allowed anywhere (6%), and allowed in certain rooms (3%).
- Henry County adults had the following rules/practices about smoking in their car: never allowed (80%), not allowed when children are present (6%), allowed anywhere (6%), and allowed with windows open (3%).
- Over three-fifths (64%) of adults believed e-cigarette vapor was harmful to themselves, and 56% believed it was harmful to others. Five percent (5%) of adults did not believe e-cigarette vapor was harmful to anyone. Almost one-third (30%) of adults did not know if e-cigarette vapor was harmful.

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Current smoker (currently smoke some or all days)	17%	19%	12%	10%	21%	17%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	26%	23%	28%	22%	24%	25%
Tried to quit smoking (on at least one day in the past year)	53%	48%	50%	63%	N/A	N/A

N/A – Not Available

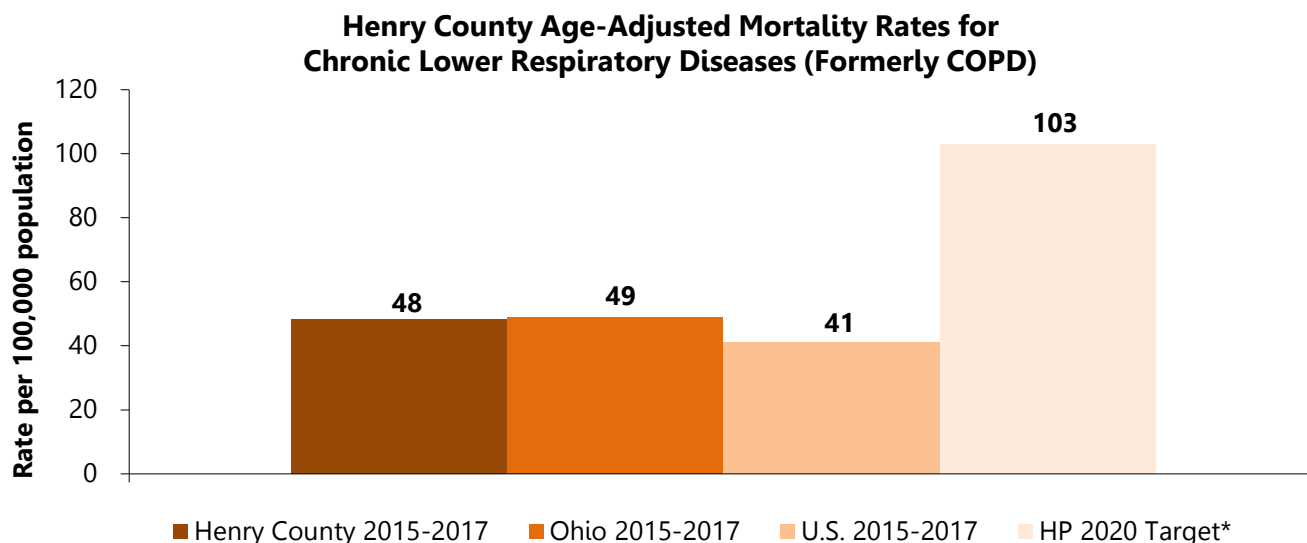
E-Cigarette Health Effects

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

(Source: CDC, *Smoking & Tobacco Use, About Electronic Cigarettes (E-Cigarettes)*, updated November 29, 2018)

The following graph shows Henry County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for chronic lower respiratory diseases (formerly COPD). The graph shows:

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



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

Smoking and COPD

- Chronic obstructive pulmonary disease (COPD) refers to a group of diseases that cause airflow blockage and breathing-related problems. COPD includes emphysema and chronic bronchitis.
- COPD is usually caused by cigarette smoking, though long-term exposure to other lung irritants, like secondhand smoke, can also contribute to COPD. As many as 1 out of 4 Americans with COPD never smoked cigarettes. However, smoking accounts for as many as 8 out of 10 COPD-related deaths and 38% of the nearly 16 million U.S. adults diagnosed with COPD report being current smokers.
- The best way to prevent COPD is to never start smoking, and if you do smoke, to quit. Also, stay away from secondhand smoke, which is smoke from burning tobacco products, such as cigarettes, cigars, hookah, or pipes. Secondhand smoke also is smoke that has been exhaled, or breathed out, by a person smoking, or that comes from the end of a lit tobacco product.

(Source: Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, April 1, 2019)

Health Behaviors: Adult Alcohol Consumption

Key Findings

Over three-fifths (64%) of Henry County adults had at least one alcoholic drink in the past month and would be considered current drinkers. Over one-quarter (27%) of all adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.

13,271 of adults had at least one alcoholic drink in the past month

Adult Alcohol Consumption

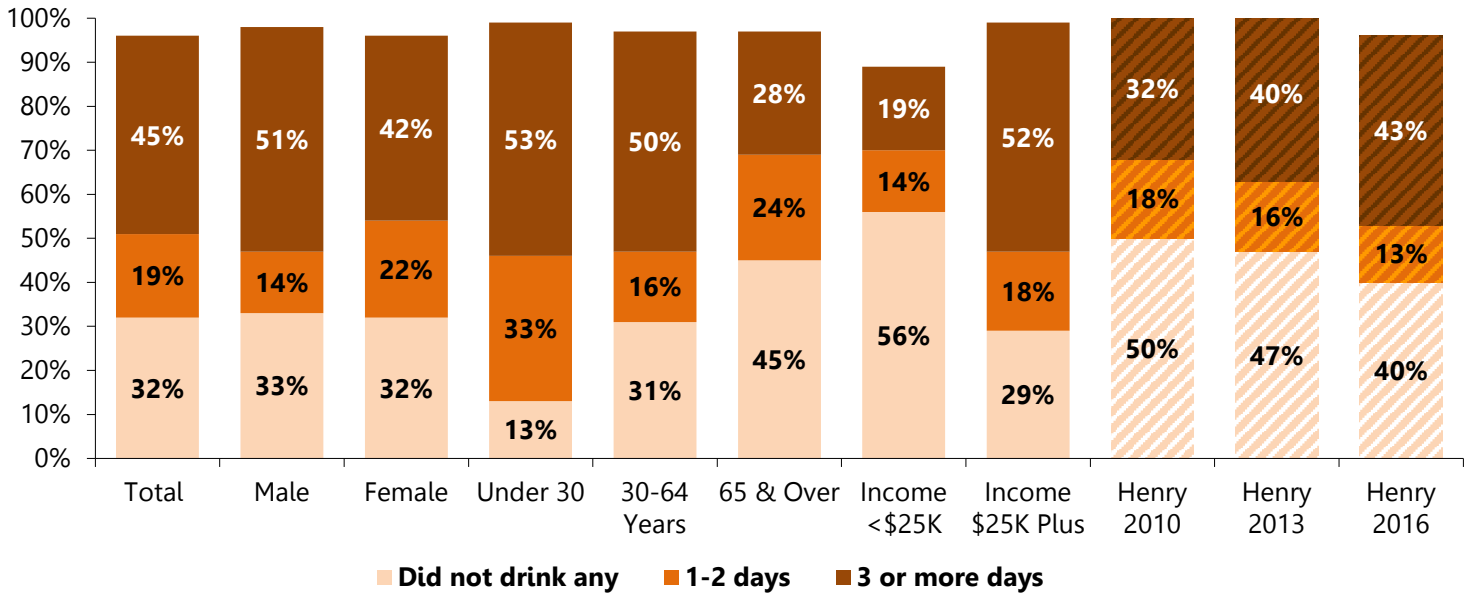
- Over three-fifths (64%) of Henry County adults had at least one alcoholic drink in the past month, increasing to 70% those with incomes more than \$25,000.
- Of those who drank, Henry County adults drank 2.8 drinks on average.
- Over one-quarter (27%) of Henry County adults reported they had five or 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. Of those who drank in the past month, 46% had at least one episode of binge drinking.
- In the past month, adults reported driving the following motor vehicles after having two or more drinks: motor vehicle (22%), golf cart (2%), snowmobile (1%), farm machinery (1%), and other (1%).
- Henry County adults reported the following reasons for drinking alcohol:
 - Taste or enjoyment (43%)
 - Social events (26%)
 - Helps them relax or relieve stress (26%)
 - It is normal or part of the culture (14%)
 - Social expectations (7%)
 - They like the way it makes them feel (5%)
 - Their parents drank alcohol (4%)
 - Not much else to do (2%)
 - Other reasons (4%)

Note: percentages do not equal 100% because respondents could select more than one option.

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2015	Henry County 2019	Ohio 2017	U.S. 2017
Current drinker (drank alcohol at least once in the past month)	50%	56%	56%	64%	54%	55%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	19%	19%	25%	27%	19%	17%

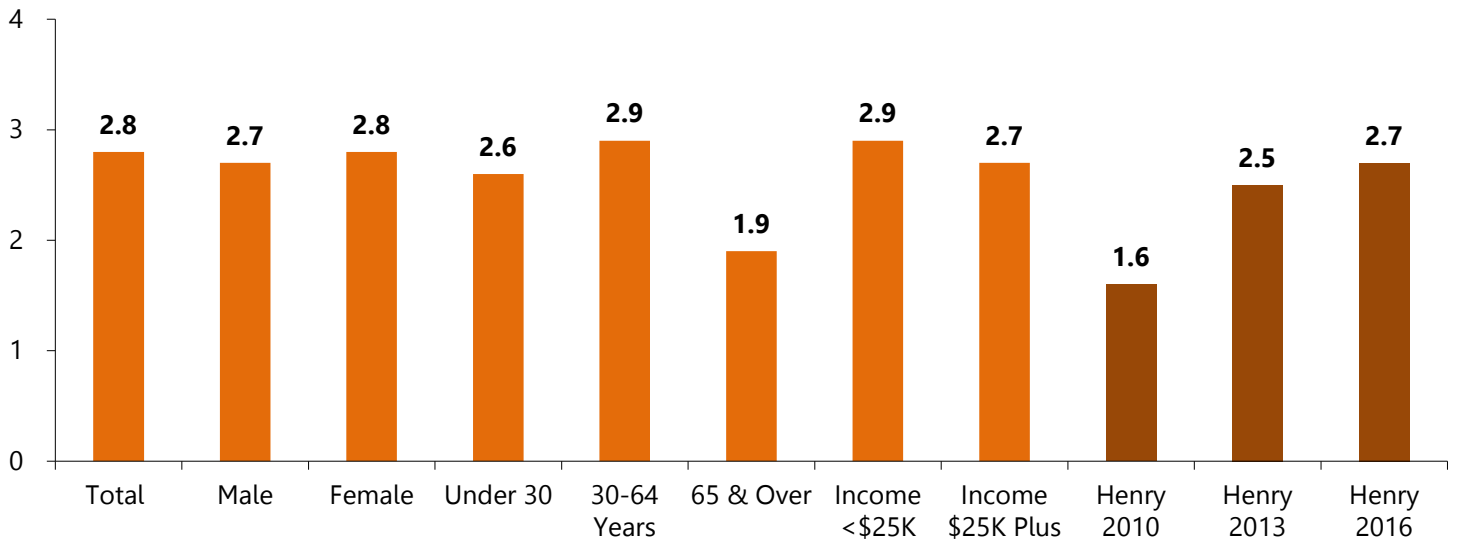
The following graphs show the percentage of Henry County adults consuming alcohol and the amount consumed on average in the past month. An example of how to interpret the information shown on the first graph includes: 32% of all adults did not drink alcohol in the past month, including 33% of males and 32% of females.

Henry County Average Number of Days Drinking Alcohol in the Past Month*



*Percentages may not equal 100% as some respondents answered, "Don't Know."
 Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Henry County Adult Average Number of Drinks Consumed Per Drinking Occasion



Economic Costs of Excessive Alcohol Use

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

(Source: CDC, Excessive Drinking is Draining the U.S. Economy, updated July 13, 2018)

Health Behaviors: Adult Drug Use

Key Findings

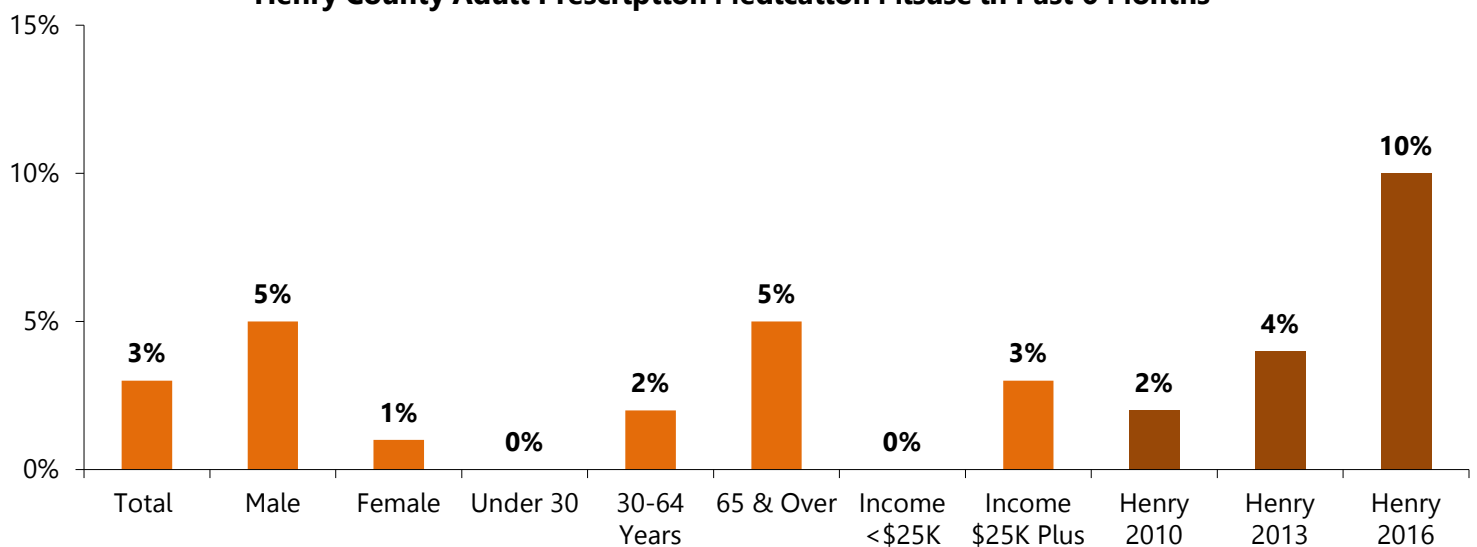
Two percent (2%) of Henry County adults had used recreational marijuana or hashish during the past 6 months. Three percent (3%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Adult Prescription Drug Misuse

- Three percent (3%) of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months.
- Adults who misused prescription medication obtained their medication from the following: primary care physician (82%), bought from a drug dealer (8%), from multiple doctors/health care providers (8%), and free from friend or family member (8%).
- Henry County adults indicated they did the following with their unused prescription medication:
 - Threw it in the trash (20%)
 - Took all medication as prescribed (18%)
 - Kept it (14%)
 - Took it to the Medication Collection Program (14%)
 - Took it to the sheriff's office (9%)
 - Flushed it down the toilet (7%)
 - Took it in on National Drug Take Back Days (5%)
 - Kept in a locked cabinet (4%)
 - Took it to the police station (4%)
 - Traded it (1%)
 - Used drug deactivation pouches (Deterra) (1%)
 - Used a mailer to ship it back to the pharmacy (1%)
 - Gave it away (1%)
 - Sold it (<1%)
 - Other (1%)
- Forty-one percent (41%) of adults did not have unused medication.

The following graph shows adult medication misuse in the past 6 months. An example of how to interpret the information in the graph includes: 3% of adults used misused medication in the past 6 months.

Henry County Adult Prescription Medication Misuse in Past 6 Months



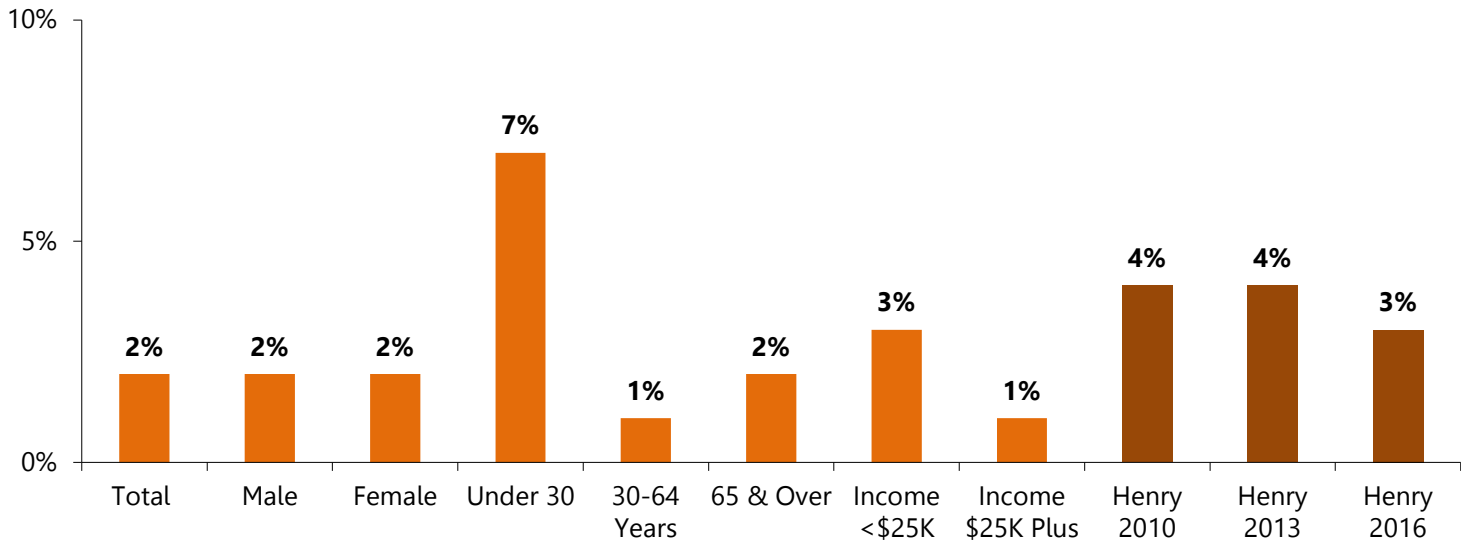
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Marijuana and Other Drug Use

- Two percent (2%) of Henry County adults had used recreational marijuana or hashish in the past 6 months.
- Four percent (4%) of Henry County adults reported using other recreational drugs in the past 6 months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- Less than one percent (<1%) of adults used a program or service to help with an alcohol or drug problem for themselves or a loved one. Reasons for not seeking such a program included the following:
 - Had not thought of it (1%)
 - Transportation (1%)
 - Fear (1%)
 - Could not afford to go (1%)
 - Stigma of seeking drug services (<1%)
 - Other (4%)
- Ninety-eight percent (98%) of adults indicated such a program was not needed.
- As a result of using drugs, adults reported that they or a family member had regularly failed a drug screen (2%), were placed in dangerous situations (1%), had legal problems (1%), and failed to fulfill obligations at work or home (<1%). Four percent (4%) did not know.

The following graph shows adult recreational marijuana or hashish use in the past 6 months. An example of how to interpret the information in the graph includes: 2% of Henry County adults used recreational marijuana or hashish in the past 6 months, including 7% of those under the age of 30.

Henry County Adult Recreational Marijuana or Hashish Use in Past 6 Months



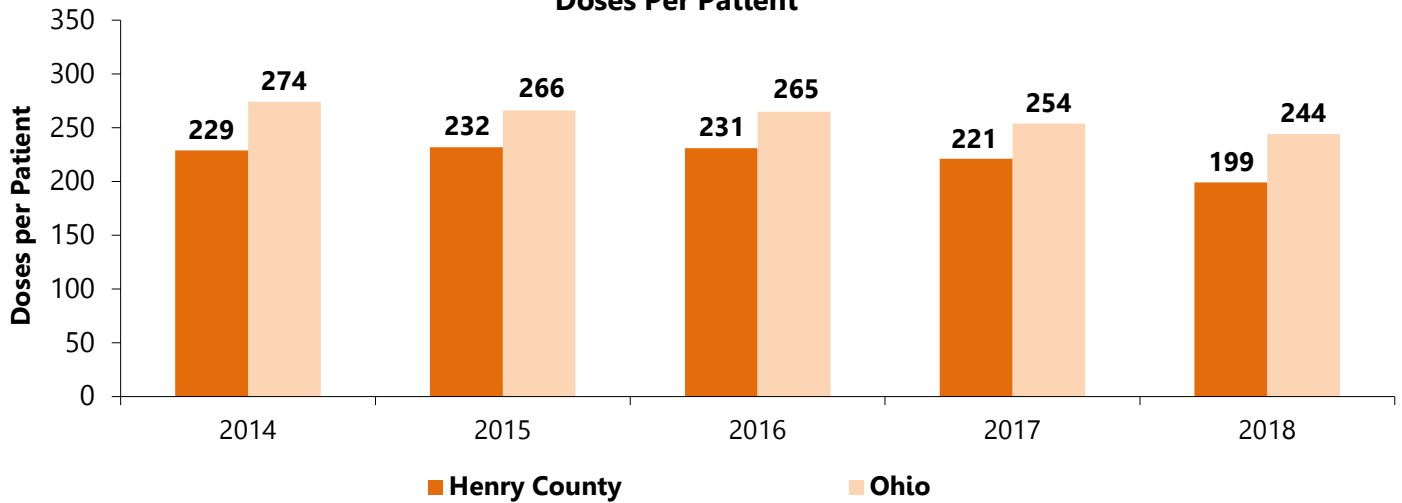
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Adults who used recreational marijuana or hashish in the past 6 months	4%	4%	3%	2%	N/A	N/A
Adults who used recreational drugs in the past 6 months	1%	1%	1%	4%	N/A	N/A
Adults who misused prescription medication in the past 6 months	2%	4%	10%	3%	N/A	N/A

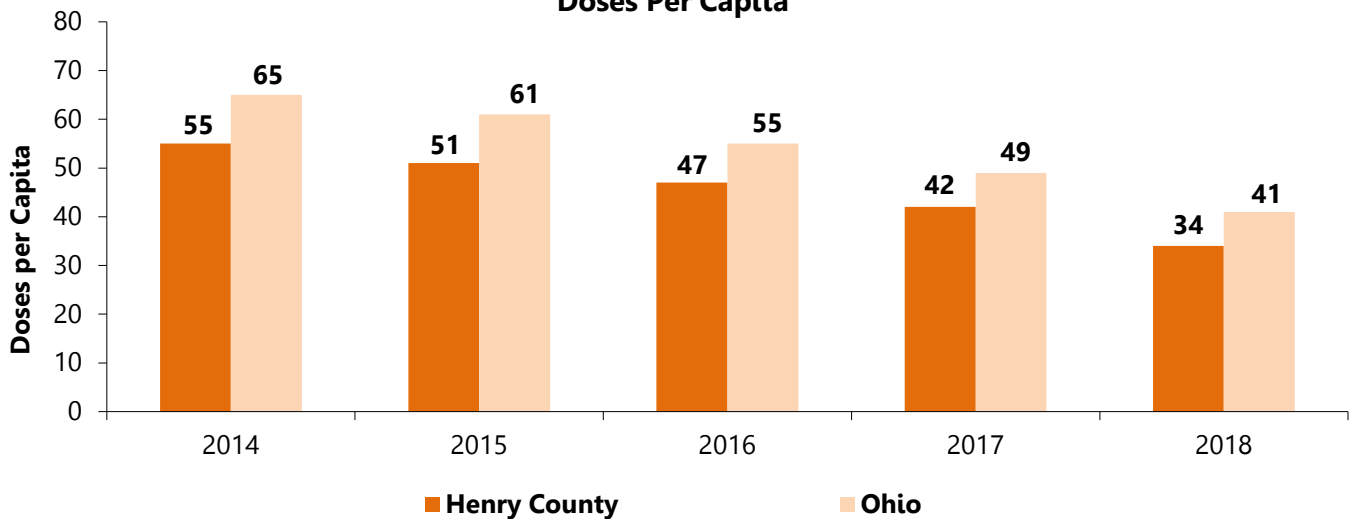
N/A – Not Available

The following graphs are data from the Ohio Automated Prescription Reporting System (OARRS) indicating Henry County and Ohio opioid doses per patient, as well as opioid doses per capita.

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

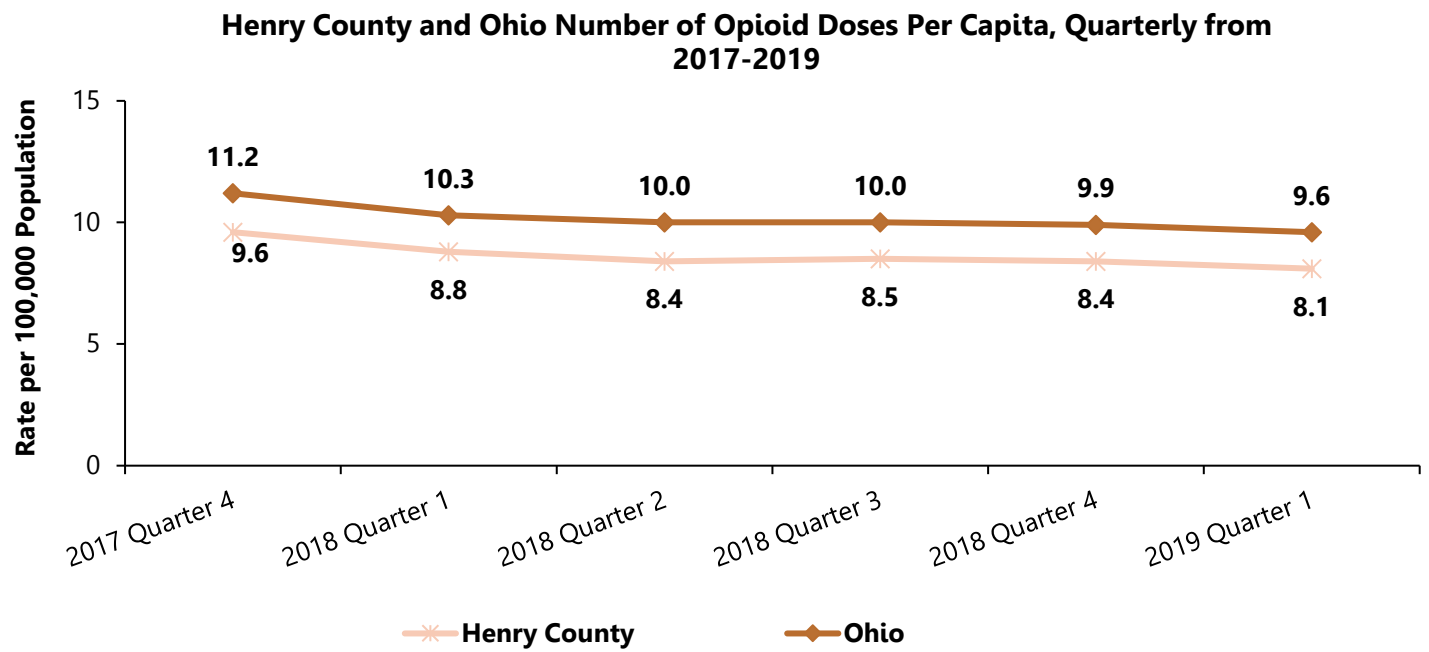
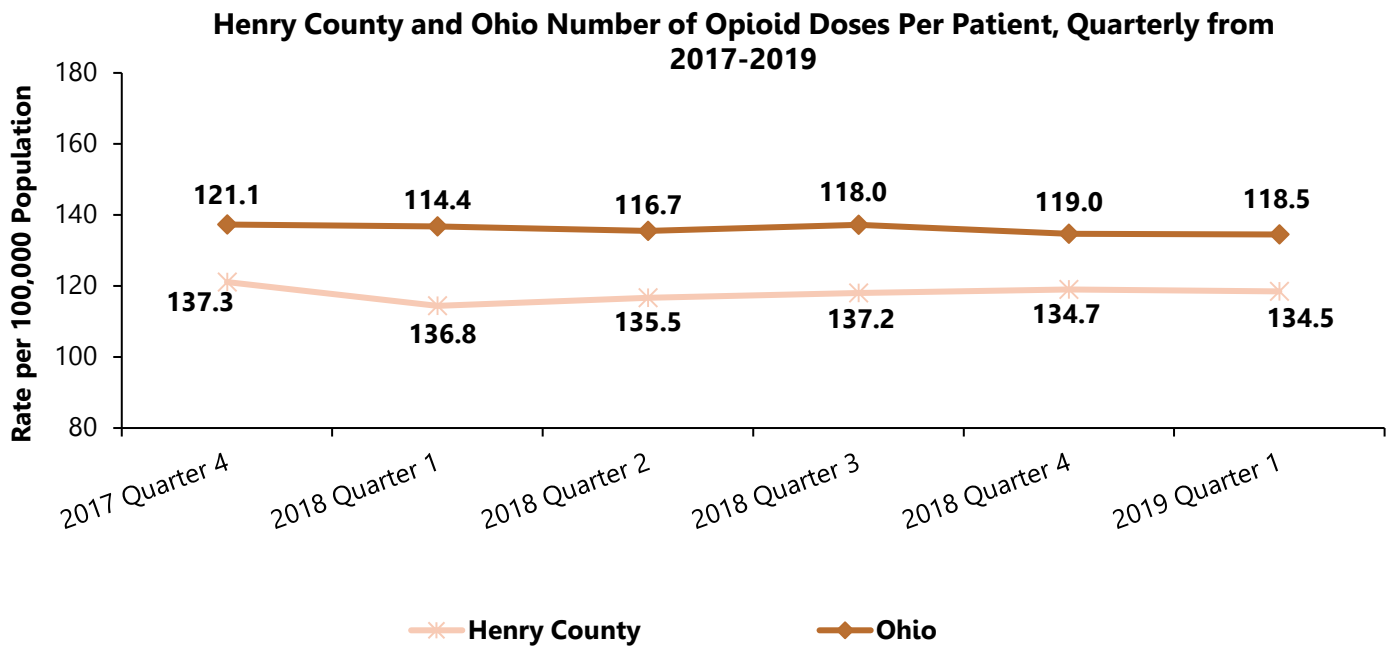


Henry County and Ohio Number of Opiate and Pain Reliever Doses Per Capita



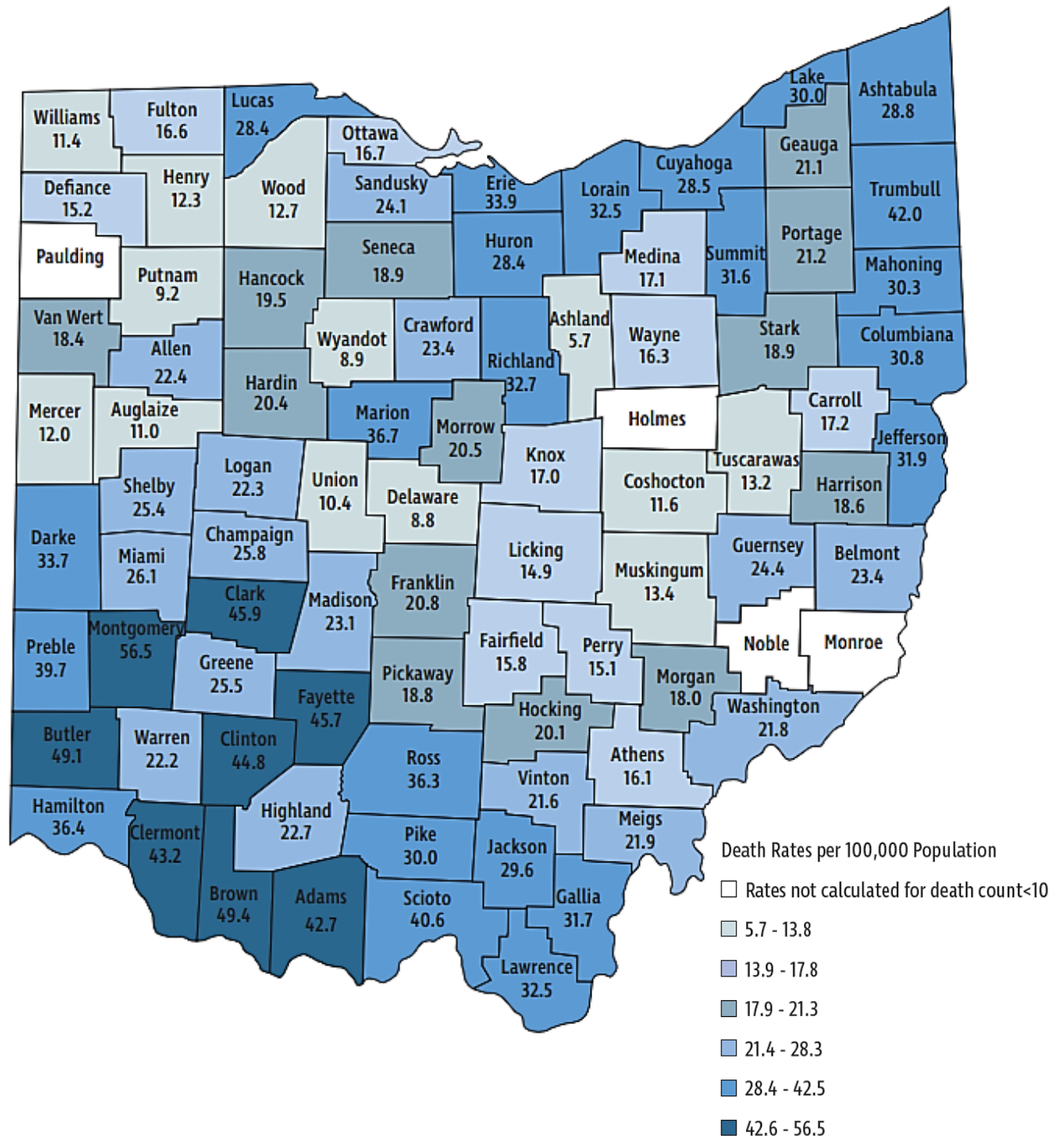
(Source: Ohio's Automated Rx Reporting System, 2014-2018, retrieved on 6/27/19)

The following graphs show Henry County and Ohio quarterly opioid doses per patient and per capita from 2017 to 2019.



(Source for graphs: Ohio's Automated Rx Reporting System, 2017-2019, retrieved on 6/27/19)

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



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

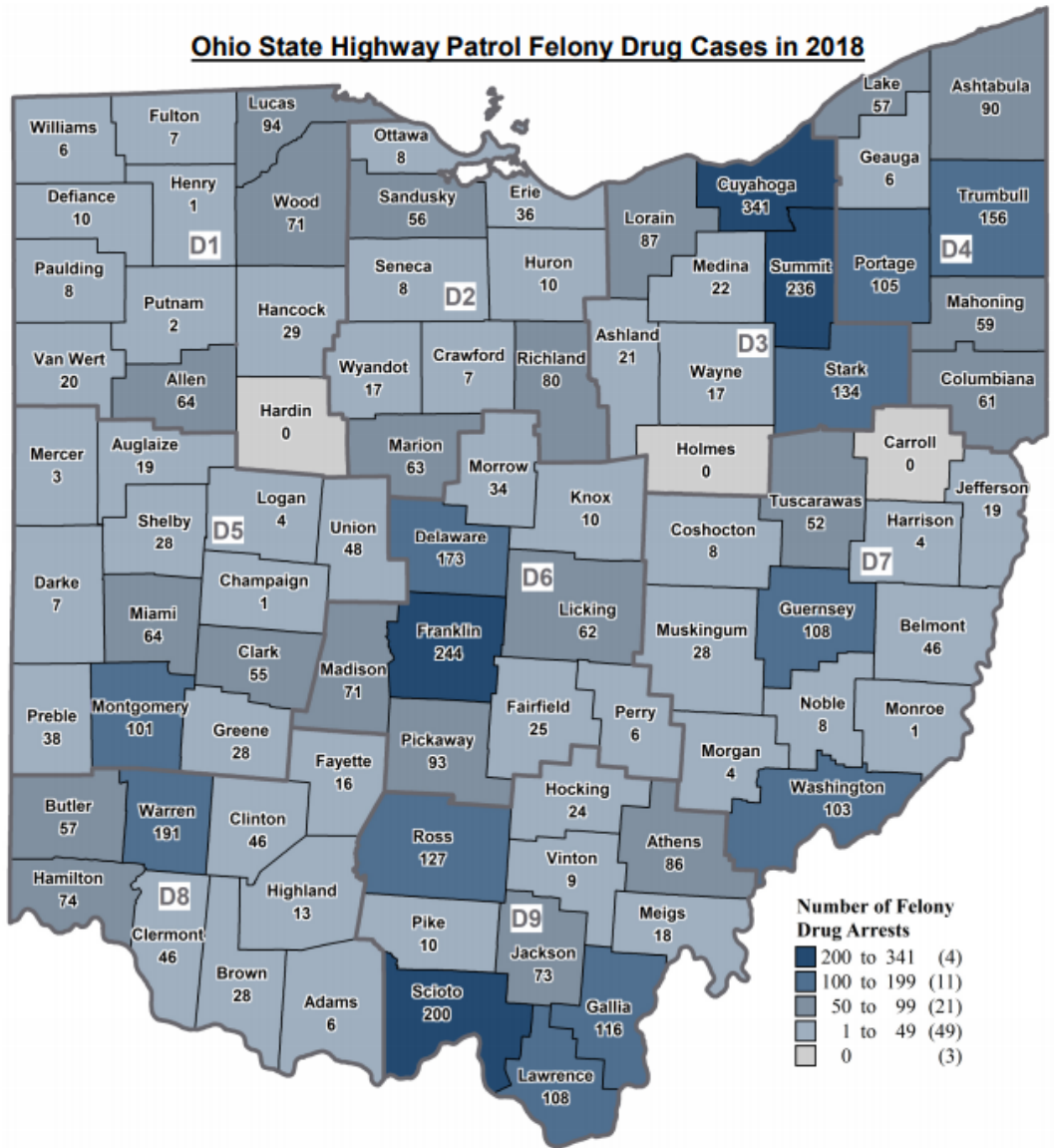
Felony Cases and Drug Arrests January – June 2018

- Ohio State Highway Patrol (OSHP) investigated a wide range of felony offenses in 2018 including homicide/death (45), robbery/burglary (7), larceny (686), assault (2,170), false pretense (185), vice (4,768), property crimes (153), and various other types of felony offenses (307).
- OSHP Troopers made 16,956 total drug arrests in 2018 - a 2% increase from 2017 and a 20% rise over the previous 3-year average (2015-2017). Total drug arrests in 2018 were 76% higher than they were in 2013.

OSHP felony cases by type ¹	
Homicide/Death	45
Robbery/Burglary	7
Larceny	686
Assault	2,170
False pretense ²	185
Vice ³	4,768
Property crimes	153
Other investigations	307
Total:	8,321

OSHP drug arrests	
Total drug arrests	16,956
Felony drug cases	4,732

OSHP drug seizures in grams	
Marijuana	2,181,948
Cocaine	229,521
Methamphetamine	194,682
Heroin	133,383
OSHP scheduled pill seizures	
Opiate	25,475
Stimulant	4,700
Depressant	8,210
Hallucinogen	736



(Source: Ohio State Highway Patrol, Felony Cases and Drug Arrests, January – June 2018)

Health Behaviors: Adult Sexual Behavior

Key Findings

Nearly three-fourths (71%) of Henry County adults had sexual intercourse in the past year. Two percent (2%) of adults had more than one sexual partner in the past year.

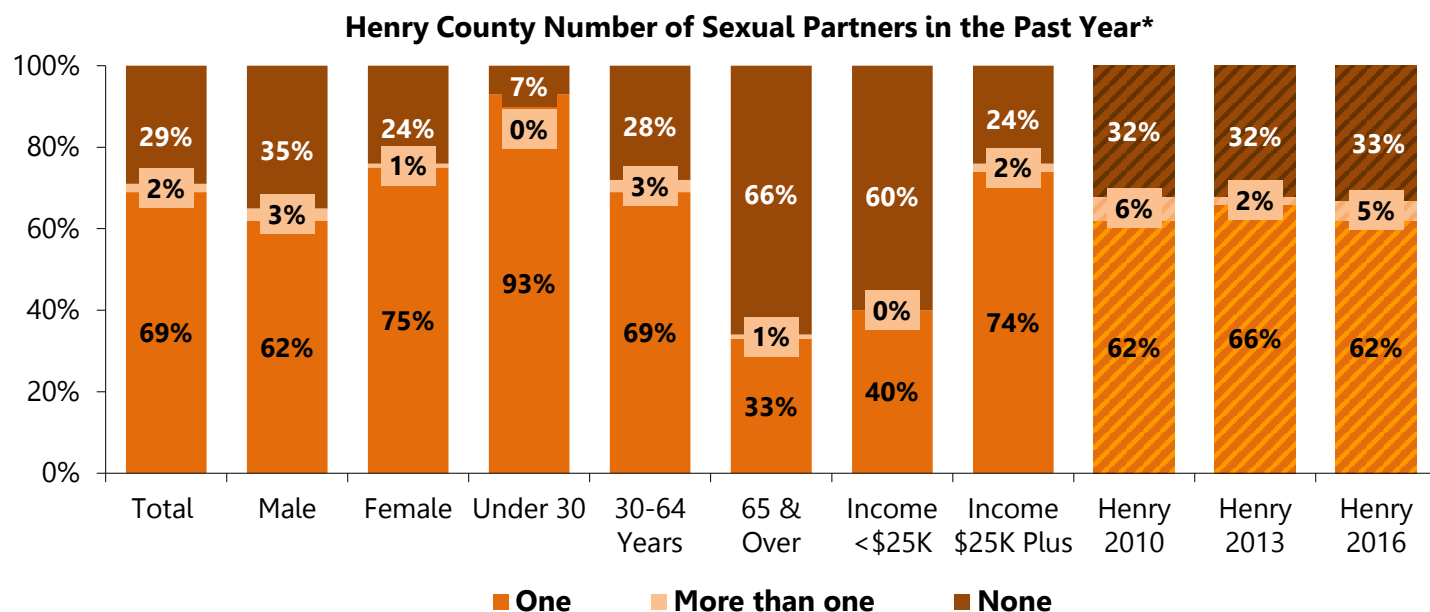
Adult Sexual Behavior

- Seventy-one percent (71%) of Henry County adults had sexual intercourse in the past year. Two percent (2%) of adults reported they had intercourse with more than one partner in the past year.
- Henry County adults used the following methods of birth control:
 - They or their partner were too old (20%)
 - Vasectomy (15%)
 - Tubes tied (11%)
 - Birth control pill (10%)
 - Hysterectomy (7%)
 - Infertility (5%)
 - Withdrawal (4%)
 - Contraceptive ring (3%)
 - Condoms (3%)
 - Abstinence (2%)
 - IUD (2%)
 - Shots (2%)
 - Ovaries or testicles removed (1%)
 - Copper-bearing IUD (1%)
 - Diaphragm, cervical cap, sponge (1%)
 - Rhythm method (1%)
 - Contraceptive patch (<1%)
- Eight percent (8%) of adults reported they and their partners were trying to get pregnant, and 3% were currently pregnant.
- Six percent (6%) of Henry County adults were not using any method of birth control.
- The following situations applied to Henry County adults:
 - Had sex without a condom in the past year (32%)
 - Tested positive for HPV (4%)
 - Had anal sex without a condom in the past year (3%)
 - Have been treated for a sexually transmitted disease (STD) in the past year (3%)
 - Engaged in sexual activity following alcohol or other drug that they would not have done if sober (3%)
 - Were forced to have sex (2%)
 - Had sex with someone they met on social media (1%)
 - Had four or more sexual partners in the past year (1%)
 - Had sex with someone they did not know (1%)
 - Had sexual activity with someone of the same gender (1%)
 - Injected any drug other than those prescribed in the past year (1%)
 - Tested positive for HIV (1%)
 - Tested positive for Hepatitis C (1%)
- Eight percent (8%) of adults had ever been forced or coerced to have any unwanted sexual activity and did not report it.
- Adults did not report their sexual assault for the following reasons: they were in a relationship with the offender (45%), they feared the offender (22%), fear (15%), they did not know how (7%), stigma (4%), and other reasons (26%).

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Had more than one sexual partner in past year	6%	2%	5%	2%	N/A	N/A

N/A – Not Available

The following graph shows the number of sexual partners Henry County adults had in the past year. An example of how to interpret the information in the graph includes: 69% of all Henry County adults had one sexual partner in the last 12 months, and 2% had more than one; 3% of males had more than one partner in the past year.



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

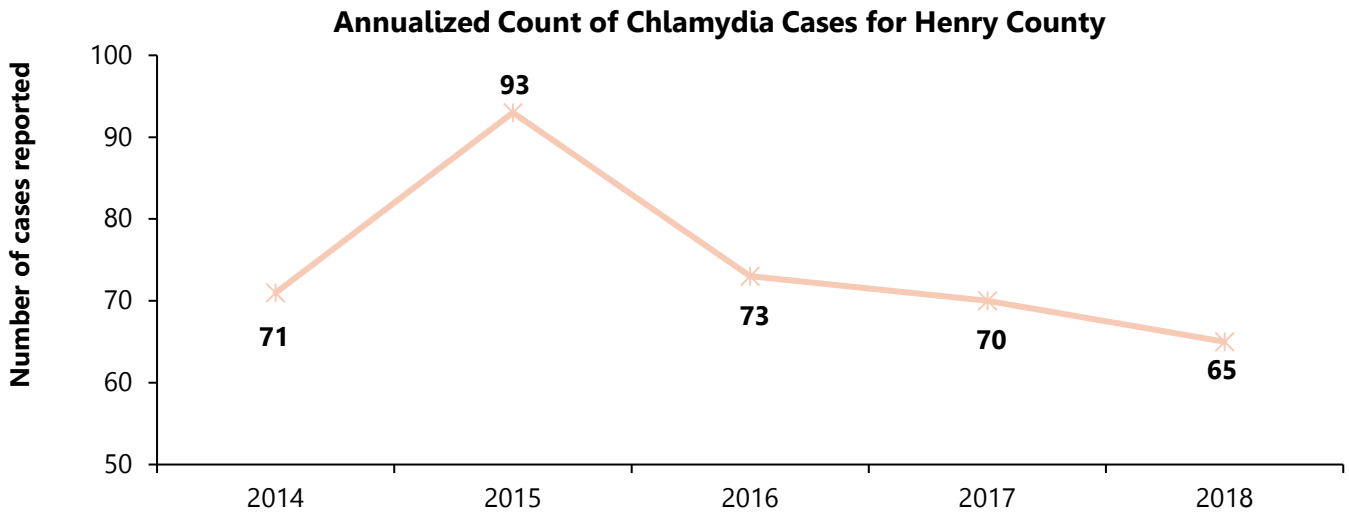
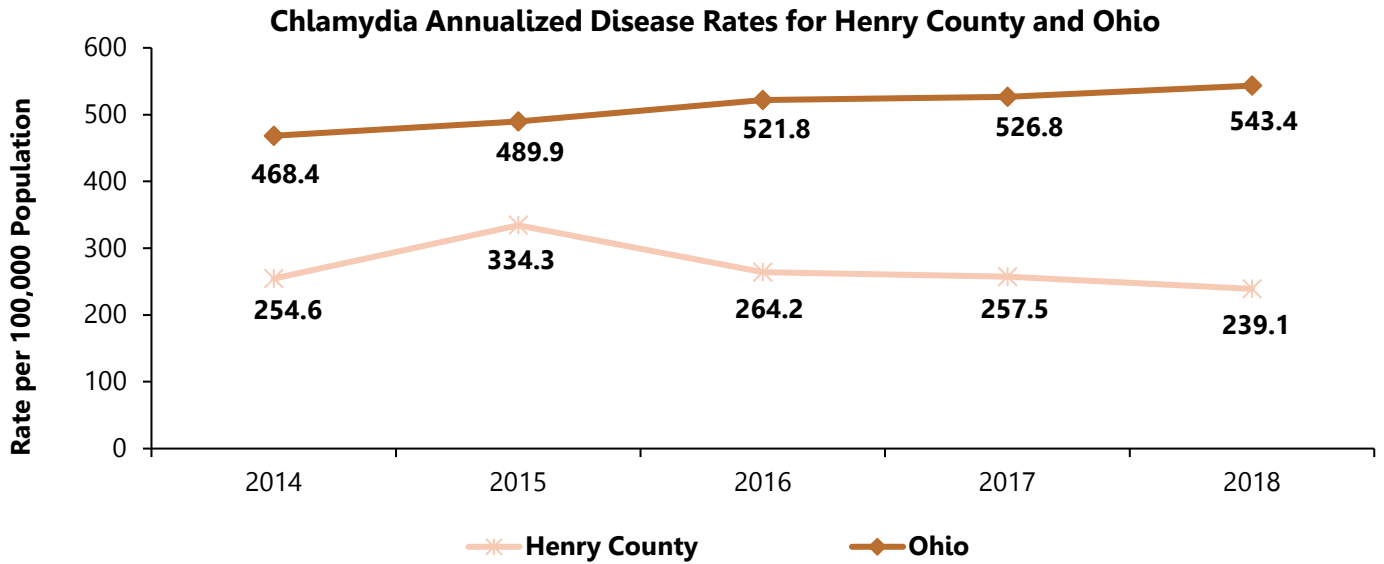
Sexual Violence Prevention

- Sexual violence refers to any sexual activity where consent is not obtained or freely given.
- There are many types of sexual violence including unwanted touching, unwanted sexual penetration, sexual harassment, and threats.
- Anyone can experience or perpetrate sexual violence.
 - Most victims of sexual violence are female
 - Perpetrators are usually someone known to the victim
- Sexual violence is a significant problem in the United States, even though many cases are not reported.
 - 7.3% of high school students reported having been forced to have sex
 - An estimated 20 to 25% of college women in the U.S. were victims of attempted or completed rape during their college career
 - 1 in 3 women and 1 in 6 men have experienced sexual violence involving physical contact at some point in their lives.
- Sexual violence can negatively impact health in many ways and can lead to long-term physical and mental health problems. Victims may experience chronic pain, headaches, and STDs. They are often fearful or anxious and may have problems trusting others. Anger and stress can lead to eating disorders, depression, and even suicidal thoughts.

(Source: CDC, *Sexual Violence Prevention*, last updated April 5, 2018)

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

- Henry County chlamydia rates decreased from 2016 to 2018, and rates have remained below the Ohio rates from 2014 to 2018.
- In 2015, the number of Henry County chlamydia cases increased significantly.

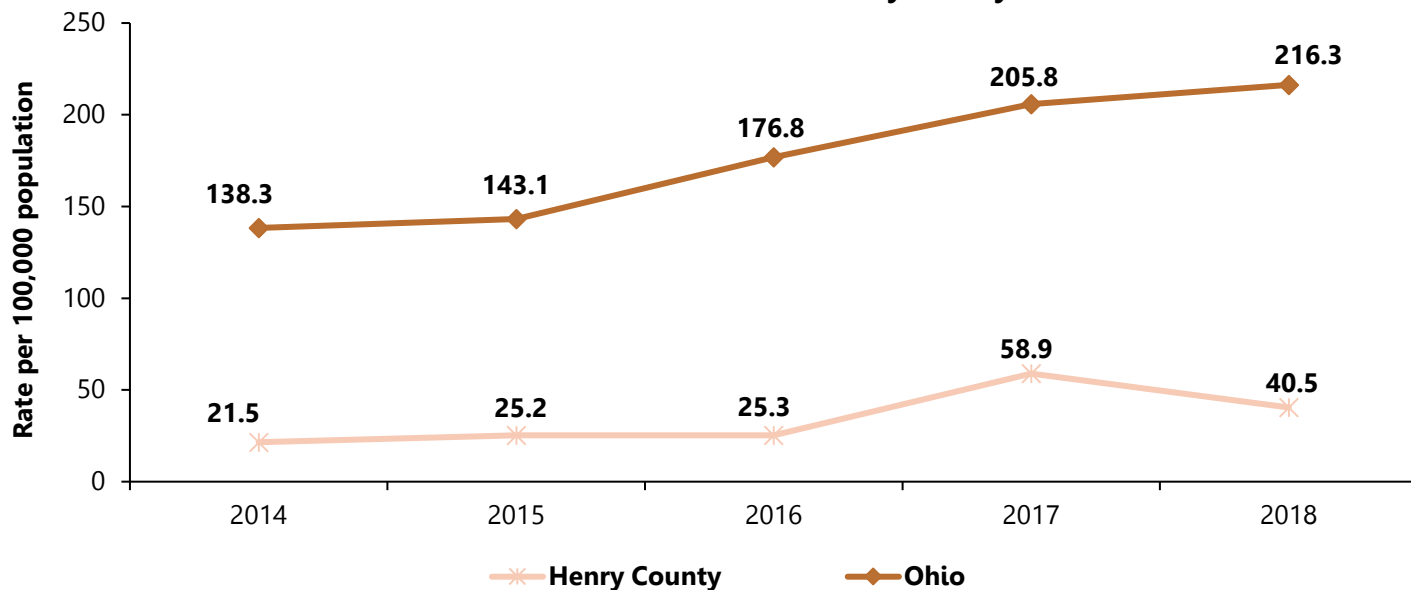


(Source for graphs: ODH, STD Surveillance, data reported through 5/2/19)

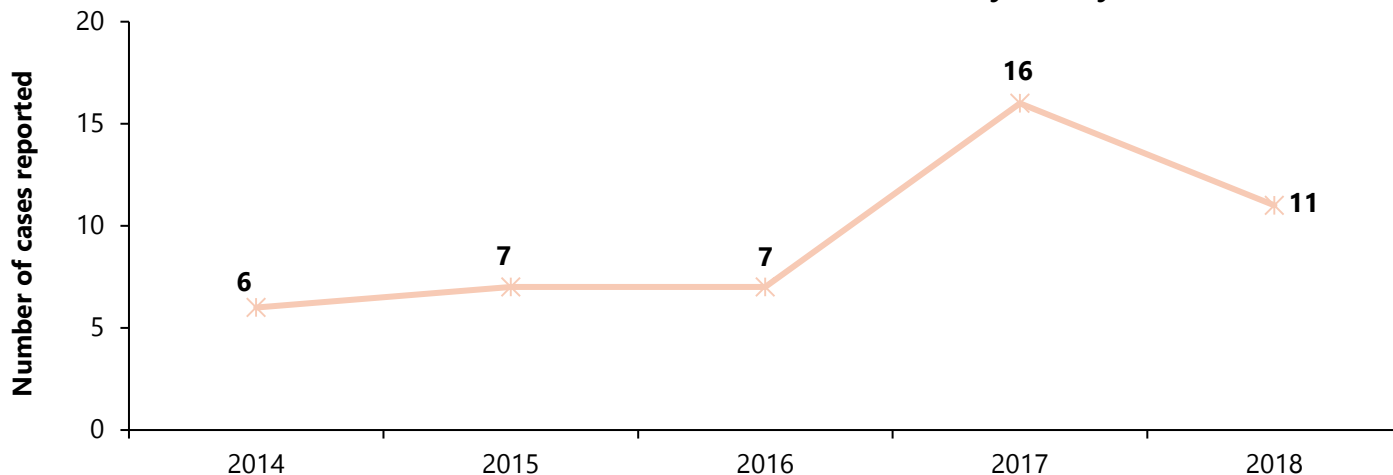
The following graphs show Henry County gonorrhea disease rates per 100,000 population and the number of cases reported. The graphs show:

- The Henry County gonorrhea rate steadily increased from 2014 to 2017, with a slight decrease in 2018.
- In 2017, the number of Henry County gonorrhea cases increased significantly.

Gonorrhea Annualized Disease Rates for Henry County and Ohio



Annualized Count of Gonorrhea Cases for Henry County

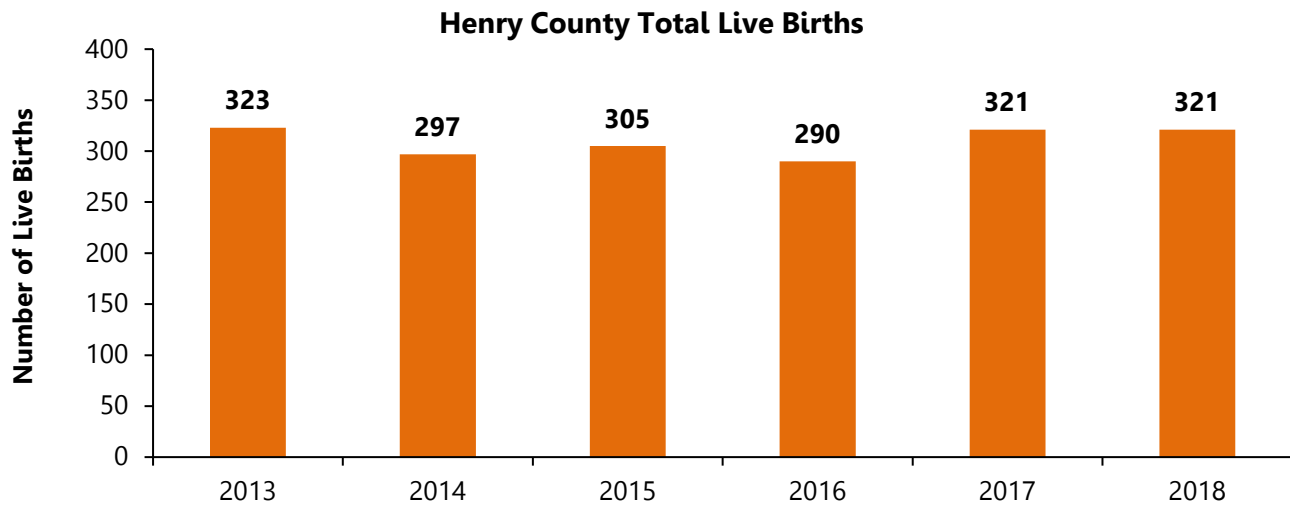


(Source for graphs: ODH, STD Surveillance, data reported through 5/2/19)

Pregnancy Outcomes

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

- From 2013 to 2018, there was an average of 310 live births per year in Henry County.



(Source: ODH, Ohio Public Health Data Warehouse Updated 6/27/19)

Health Behaviors: Adult Mental Health

Key Findings

In 2019, 2% of Henry County adults considered attempting suicide. Over the last two weeks, 37% of adults reported they had felt nervous, anxious or on edge.

Adult Mental Health

- Two percent (2%) of Henry County adults considered attempting suicide in the past year.
- Four percent (4%) of adults reported attempting suicide in the past year.
- Over the last two weeks, Henry County adults reported they had been bothered by the following: felt nervous, anxious or on edge (37%); had high or very high stress levels (36%); felt down, depressed or hopeless (31%); and had little interest or pleasure in doing things (30%).
- Fifty-two percent (52%) of adults reported they had trouble falling and then staying asleep, 41% reported they wake up feeling rested and 13% reported they sleep too much.
- Henry County adults indicated the following caused them anxiety, stress, or depression:
 - Financial stress (34%)
 - Job stress (28%)
 - Sick family member (20%)
 - Raising/caring for children (20%)
 - Death of close family member or friend (18%)
 - Poverty/no money (16%)
 - Other stress at home (14%)
 - Fighting at home (12%)
 - Marital/dating relationship (12%)
 - Caring for a parent (6%)
 - Unemployment (5%)
 - Not having enough to eat (3%)
 - Social media (2%)
 - Family member with mental illness (2%)
 - Divorce/separation (2%)
 - Not feeling safe in the community (1%)
 - Not feeling safe at home (1%)
 - Not having a place to live (1%)
 - Sexual orientation/gender identity (<1%)
 - Other causes (7%)

Note: percentages do not equal 100% because respondents could select more than one option.
- Adults indicated they got the social and emotional support they needed from the following: family (59%), friends (54%), God/prayer (44%), church (27%), neighbors (5%), internet (5%), professional help (5%), community (4%), an online support group (2%), a self-help group (1%), and other (1%). Nearly one-fifth (19%) of adults said they do not need support or can handle it themselves. *Note: percentages do not equal 100% because respondents could select more than one option.*
- Adults reported they would do the following if someone they knew was severely depressed, in crisis or suicidal: talk to them (73%), try to calm them down (43%), call a crisis line (34%), call 9-1-1 (32%), take them to the ER (22%), call a spiritual leader (20%), call a friend (16%), and text crisis line (4%). Three percent (3%) of adults reported they would do nothing if someone they knew was severely depressed, in crisis or suicidal. *Note: percentages do not equal 100% because respondents could select more than one option.*
- Henry County adults dealt with stress in the following ways: talked to someone they trust (44%); prayer/meditation (44%); exercised (33%); ate more or less than normal (30%); worked on a hobby (29%); listened to music (24%); slept (20%); worked (19%); drank alcohol (16%); took it out on others (8%); used prescription drugs as prescribed (6%); smoked tobacco (4%); talked to a professional (4%); used illegal drugs (1%); self-harm (<1%); and other ways (14%). *Note: percentages do not equal 100% because respondents could select more than one option.*

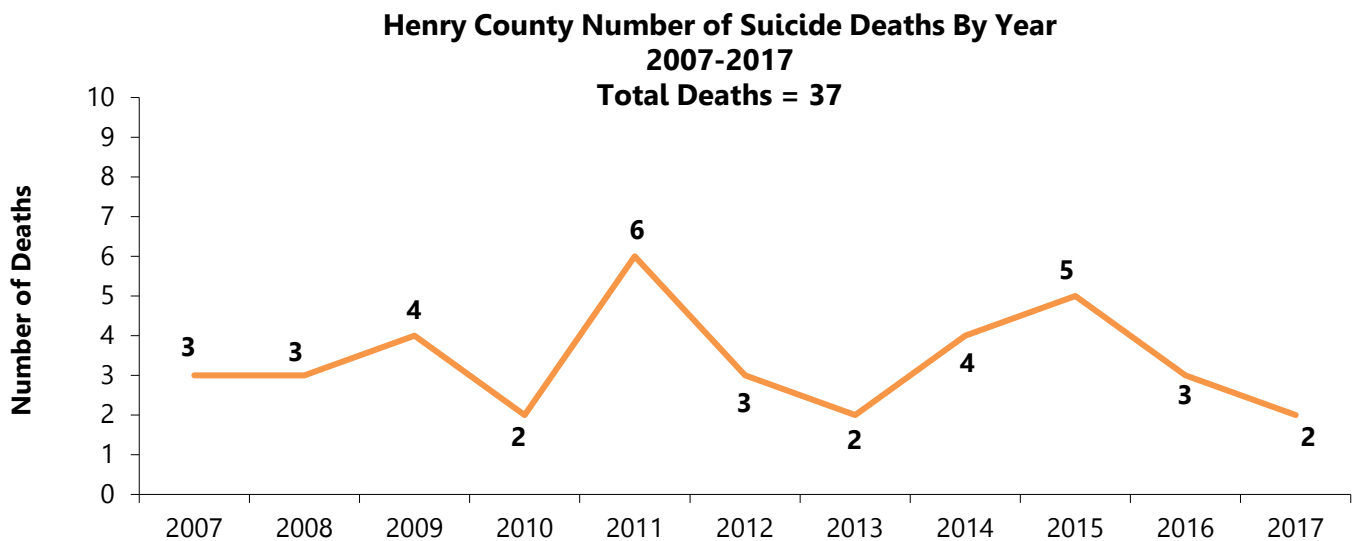
- Fourteen percent (14%) of Henry County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included the following:
 - Had not thought of it (10%)
 - Could not afford to go (5%)
 - Fear (5%)
 - Did not know how to find a program (5%)
 - Co-pay/deductible too high (4%)
 - Stigma of seeking mental health services (4%)
 - Other priorities (3%)
 - Could not find a mental health doctor or provider (2%)
 - Could not get to the office or clinic (1%)
 - Took too long to get in to see a doctor (<1%)
 - Other reasons (5%)
- Fifty-six percent (56%) of adults indicated they did not need such a program.

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Considered attempting suicide in the past year	1%	3%	2%	2%	N/A	N/A
Attempted suicide in the past year	<1%	1%	<1%	4%	N/A	N/A

N/A – Not Available

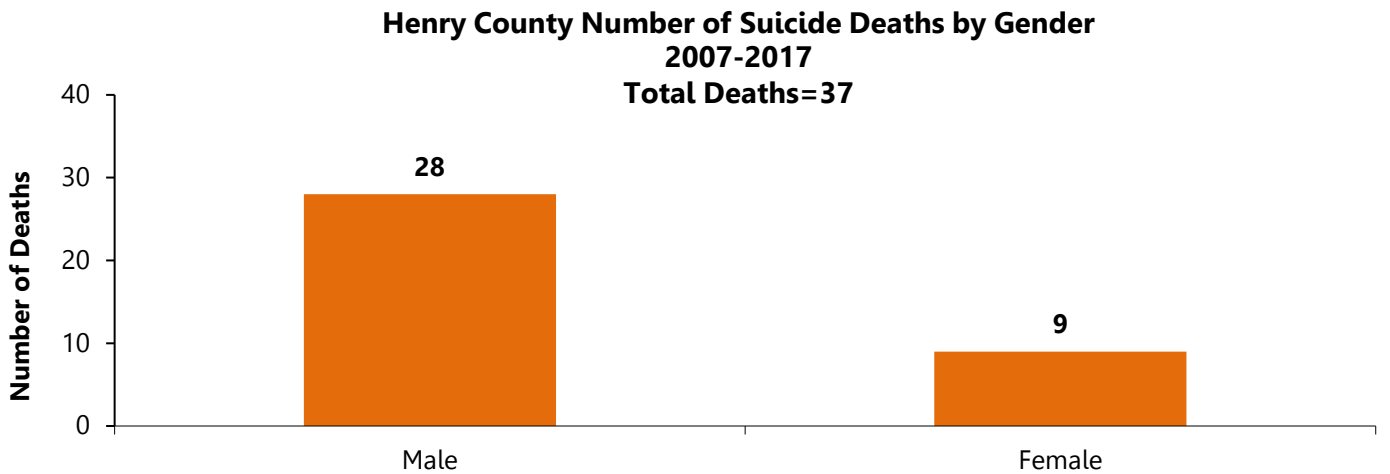
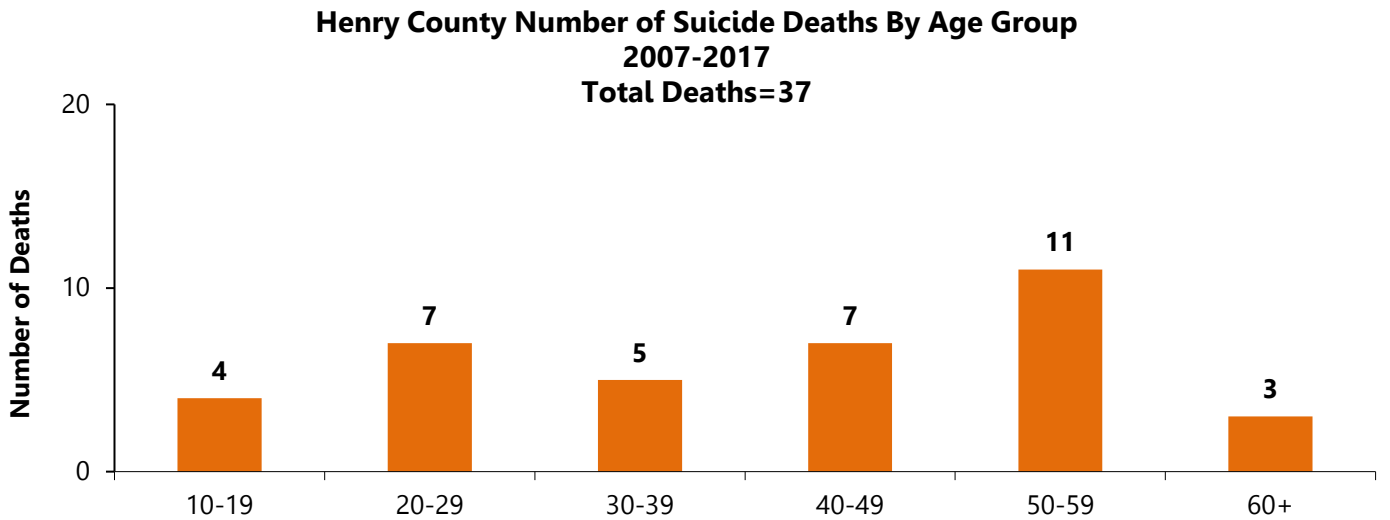
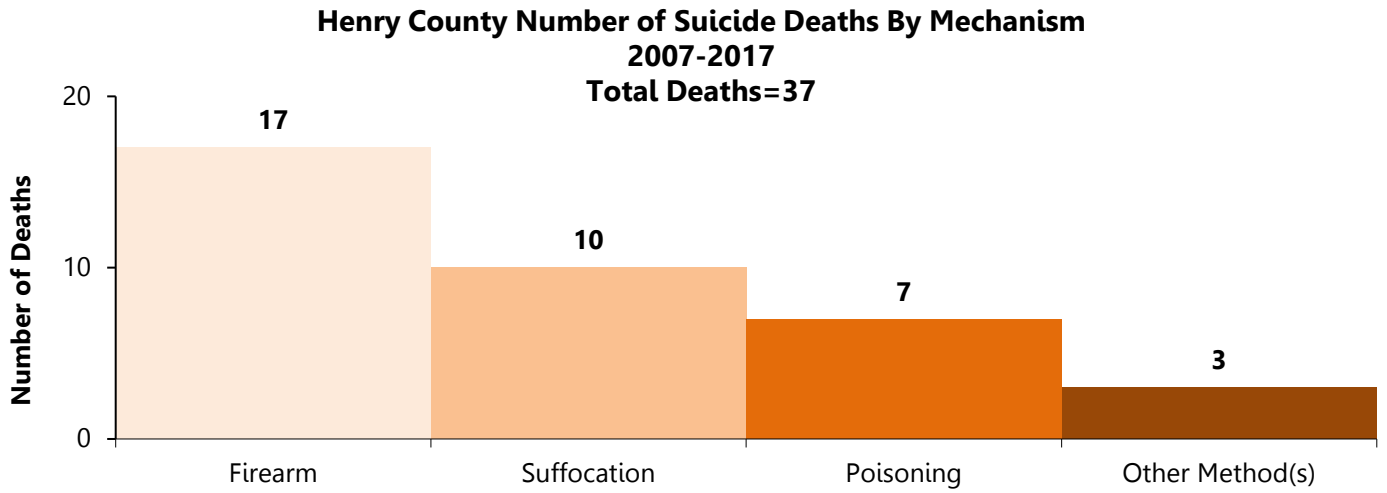
The graph below shows the Henry County suicide counts by year. The graph shows:

- From 2007 to 2017, there was an average of 3.4 suicides per year in Henry County.



(Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 7/1/19)

The graphs below show the number of suicide deaths by mechanism, age group and gender in Henry County from 2007 to 2017.



(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 7/1/19)

Suicide Rising Across the U.S.

- Suicide is a leading cause of death in the U.S.
- Suicide rates have increased more than 30% in half of states since 1999.
- Nearly 45,000 lives were lost to suicide in 2016.
- More than half (54%) of people who died by suicide did not have a known mental health condition.
- Many factors contribute to suicide among those with and without known mental health conditions such as relationship problems, crisis in the past or upcoming two weeks, physical health problems, problematic substance use, or job/financial problems.
- Making sure government, public health, health care, employers, education, the media and community organizations are working together is important for preventing suicide. Public health departments can bring together these partners to focus on comprehensive state and community efforts with the greatest likelihood of preventing suicide.
- States and communities can:
 - Identify and support people at risk of suicide.
 - Teach coping and problem-solving skills to help people manage challenges with their relationships, jobs, health, or other concerns.
 - Promote safe and supportive environments. This includes safely storing medications and firearms to reduce access among people at risk.
 - Offer activities that bring people together so they feel connected and not alone.
 - Connect people at risk to effective and coordinated mental and physical health care.
 - Expand options for temporary help for those struggling to make ends meet.

(Source: CDC, Suicide rising across the US, Updated on June 11, 2018)

Chronic Disease: Cardiovascular Health

Key Findings

Six percent (6%) of adults had survived a heart attack and 2% had survived a stroke at some time in their life. More than two-fifths (41%) of Henry County adults were obese, 33% had high blood cholesterol, 33% had high blood pressure, and 10% were current smokers, four known risk factors for heart disease and stroke.

Heart Disease and Stroke

- Six percent (6%) of adults reported they had survived a heart attack or myocardial infarction, increasing to 12% of those over the age of 65.
- Two percent (2%) of Henry County adults reported they had survived a stroke, increasing to 5% of those over the age of 65.
- Five percent (5%) of adults reported they had angina or coronary heart disease, increasing to 10% of those over the age of 65.
- Two percent (2%) of adults reported they had congestive heart failure, increasing to 5% of those with incomes less than \$25,000 and 7% of those over the age of 65.

High Blood Pressure (Hypertension)

- One-third (33%) of adults had been diagnosed with high blood pressure.
- Six percent (6%) of adults were told they were pre-hypertensive/borderline high.
- Ninety-two percent (92%) of adults had their blood pressure checked within the past year.
- Henry County adults diagnosed with high blood pressure were more likely to have:
 - Been ages 65 years or older (60%)
 - Been classified as obese by body mass index (58%)
 - Incomes less than \$25,000 (46%)
 - Rated their overall health as fair or poor (19%)

High Blood Cholesterol

- Thirty-three percent (33%) of adults had been diagnosed with high blood cholesterol.
- Henry County adults with high blood cholesterol were more likely to have:
 - Been classified as obese by body mass index (61%)
 - Been ages 65 years or older (51%)
 - Incomes more than \$25,000 (34%)
 - Rated their overall health as fair or poor (18%)

Henry County Leading Causes of Death, 2015-2017

Total Deaths: 875

1. Heart Disease (25% of all deaths)
2. Cancer (20%)
3. Accidents, Unintentional Injuries (7%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (5%)

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

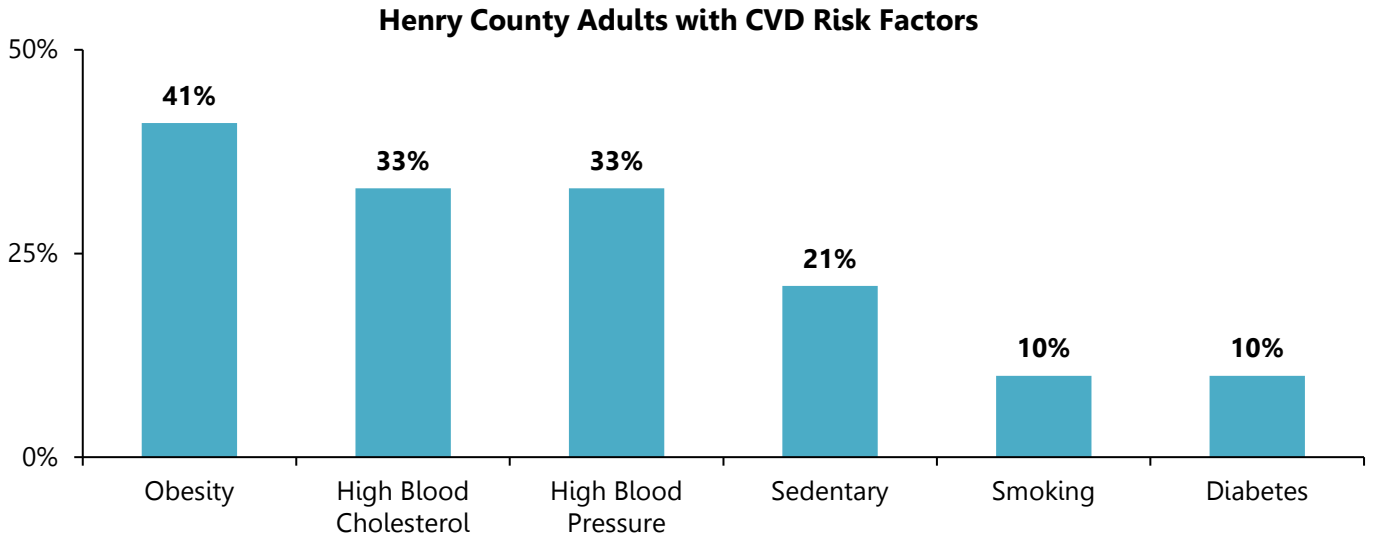
Ohio Leading Causes of Death, 2015-2017

Total Deaths: 361,238

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

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

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



Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Had angina or coronary heart disease	N/A	N/A	N/A	5%	5%	4%
Had a heart attack	6%	2%	4%	6%	6%	4%
Had a stroke	2%	1%	4%	2%	4%	3%
Had high blood pressure	33%	30%	32%	33%	35%	32%
Had high blood cholesterol	29%	30%	31%	33%	33%	33%

N/A – Not Available

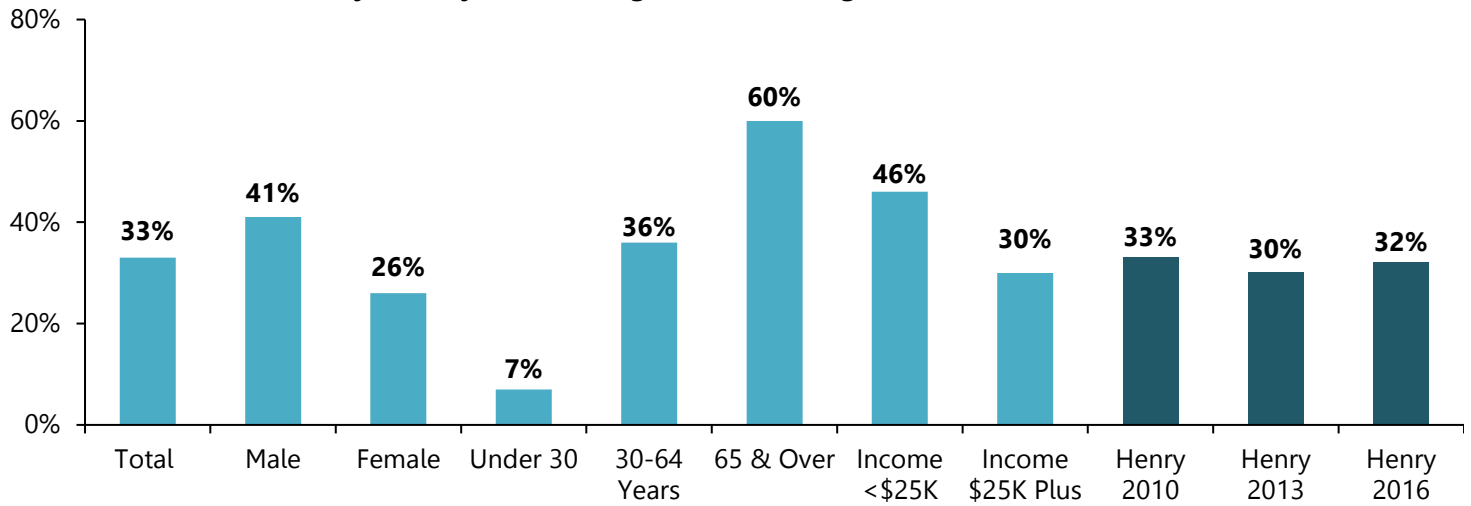
Healthy People 2020 Objectives Heart Disease and Stroke (HDS)

Objective	Henry Survey Baseline 2019	2017 U.S. Baseline	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	33%	32% Adults age 18 and up	27%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	33%	33% Adults age 20+ with TBC > 240 mg/dl	14%

Note: All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020, 2017 BRFSS, 2019 Henry County Health Assessment)

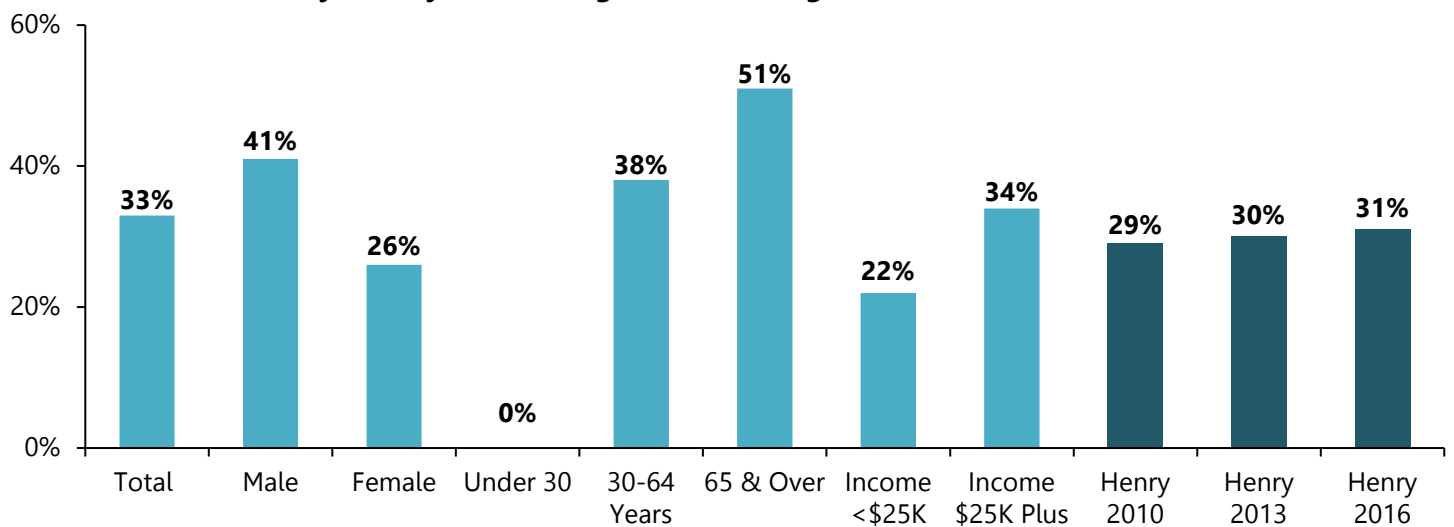
The following graphs show the percentage of Henry County adults who had been diagnosed with high blood pressure and high blood cholesterol. An example of how to interpret the information on the first graph includes: 33% of all Henry County adults had been diagnosed with high blood pressure, including 41% of males and 60% of those over the age of 65.

Henry County Adults Diagnosed with High Blood Pressure*



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

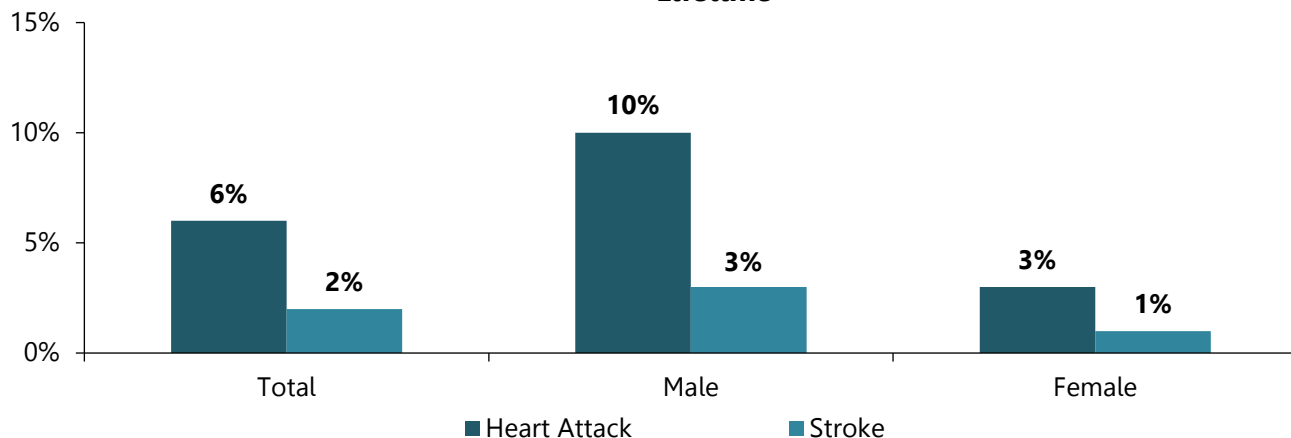
Henry County Adults Diagnosed with High Blood Cholesterol



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

The following graph shows the percentage of Henry County adults who had survived a heart attack or stroke in their lifetime by gender. An example of how to interpret the information includes: 10% of Henry County males survived a heart attack, compared to 3% of females.

Henry County Adults Who Had Survived a Heart Attack or Stroke In Their Lifetime



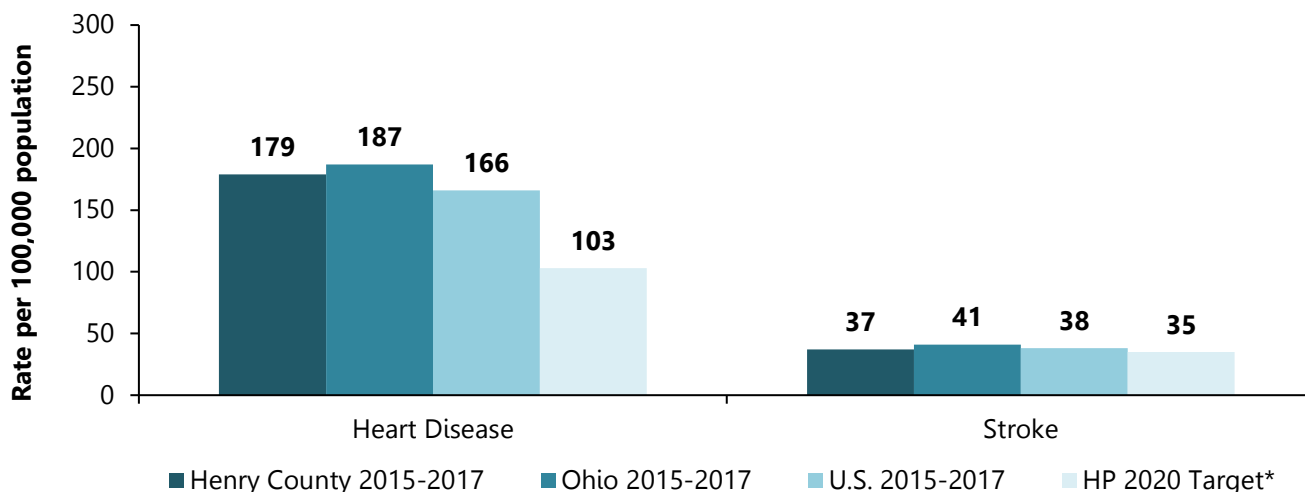
(Source: 2019 Henry County Health Assessment)

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

The following graph shows the Henry County, Ohio and U.S. age-adjusted mortality rates per 100,000 population for heart disease and stroke in comparison to the Healthy People 2020 target objective.

- When age differences are accounted for, the statistics indicate that from 2015 to 2017, the Henry County heart disease mortality rate was greater than the figure for the U.S. and the Healthy People 2020 target, but lower than the state rate.
- The Henry County age-adjusted stroke mortality rate from 2015 to 2017 was lower than the state and the U.S. figure, but higher than the Healthy People 2020 target objective.

Henry County Age-Adjusted Heart Disease and Stroke Mortality Rates

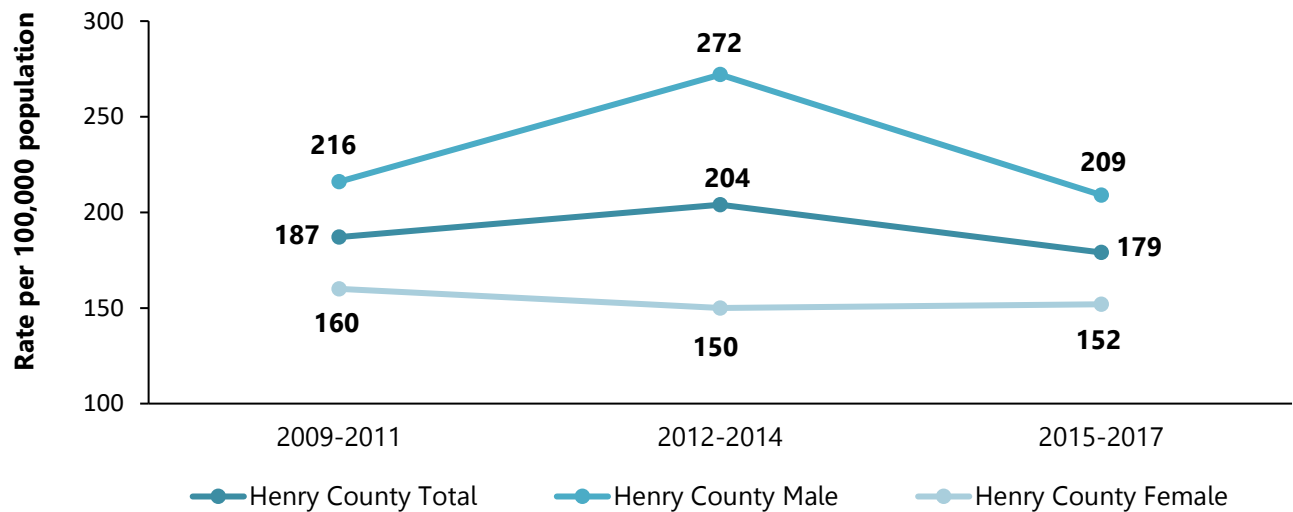


Note: The Healthy People 2020 Target objective for coronary heart disease is reported for heart attack mortality.
 (Source: Ohio Public Health Data Warehouse, 2015-2017, CDC Wonder 2015-2017, Healthy People 2020)

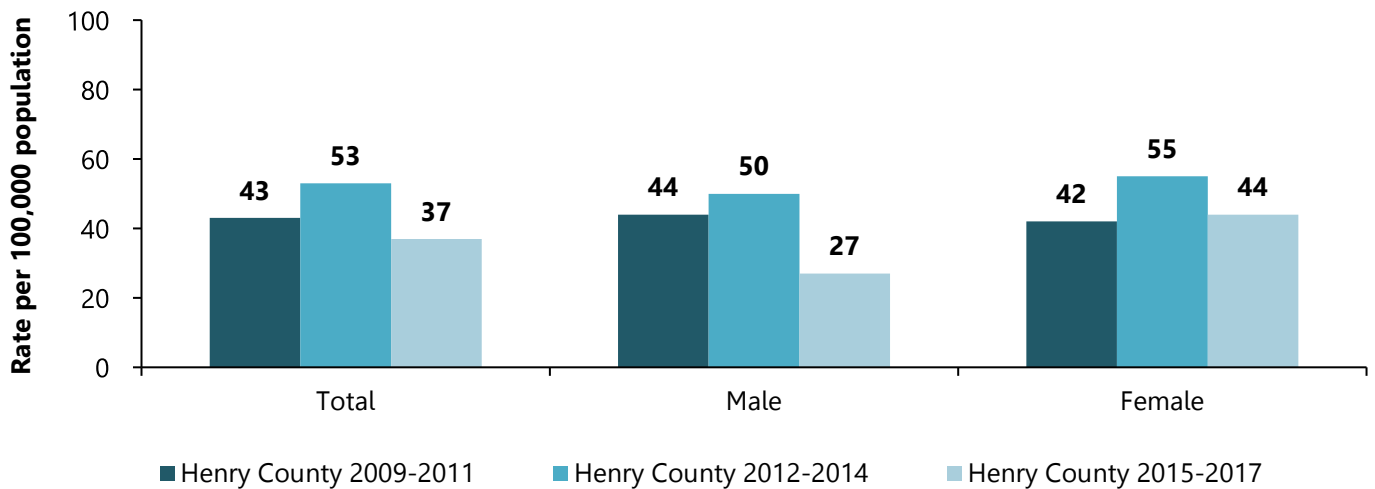
The following graphs show the age-adjusted mortality rates per 100,000 population for heart disease and stroke by gender. The graphs show:

- The Henry County male heart disease mortality rates were higher than female heart disease mortality rates from 2009 to 2017.
- From 2015 to 2017, the Henry County female stroke mortality rate was higher than the male stroke mortality rate.

Henry County Age-Adjusted Heart Disease Mortality Rates by Gender



Henry County Age-Adjusted Stroke Mortality Rates by Gender



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

Chronic Disease: Cancer

Key Findings

In 2019, 12% of Henry County adults had been diagnosed with cancer at some time in their life.

Cancer

- Twelve percent (12%) of Henry County adults were diagnosed with cancer at some point in their lives, increasing to 20% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types: other skin cancer (36%), prostate (13%), melanoma (10%), breast (7%), cervical (7%), endometrial (6%), ovarian (6%), leukemia (3%), Non-Hodgkin's lymphoma (3%), rectal (3%), pancreatic (3%), and other types of cancer (13%).

Henry County Incidence of Cancer, 2012-2016

All Types: 808 cases

- Lung and Bronchus: 112 cases (14%)
- Breast: 108 cases (13%)
- Prostate: 91 cases (11%)
- Colon and Rectum: 83 cases (10%)

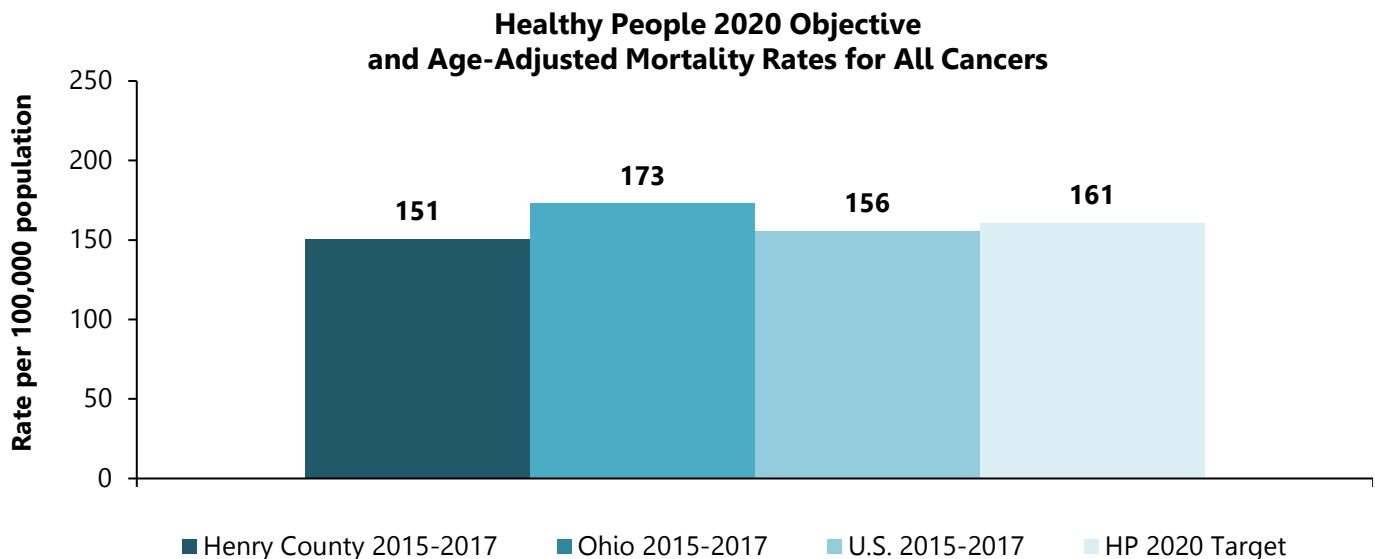
From 2015-2017, there were 176 cancer deaths in Henry County.

(Source: Ohio Cancer Incidence, ODH Ohio Public Health Data Warehouse, Updated 2/7/19)

Cancer Facts

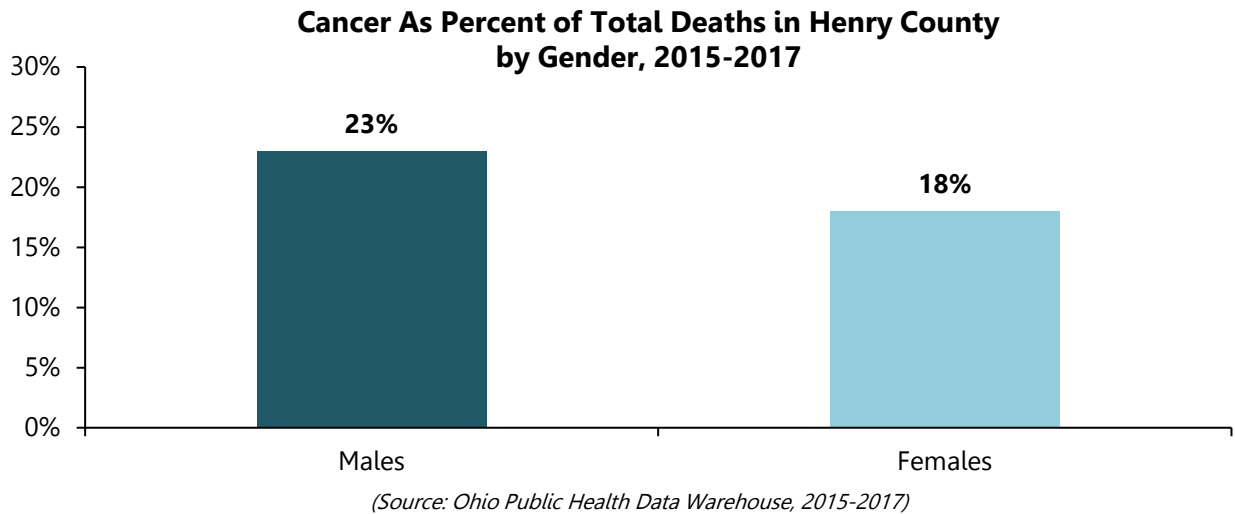
- The Ohio Public Health Data Warehouse indicates that from 2015-2017, cancers caused 20% (176 of 875 total deaths) of all Henry County resident deaths. The largest percent (28%) of 2015-2017 cancer deaths were from lung and bronchus cancers *(Source: Ohio Public Health Data Warehouse, 2015-2017)*.
- The American Cancer Society states that about 606,880 Americans are expected to die of cancer in 2019. Cancer is the second leading cause of death in the U.S., exceeded only by heart disease *(Source: American Cancer Society, Facts & Figures 2019)*.

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



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

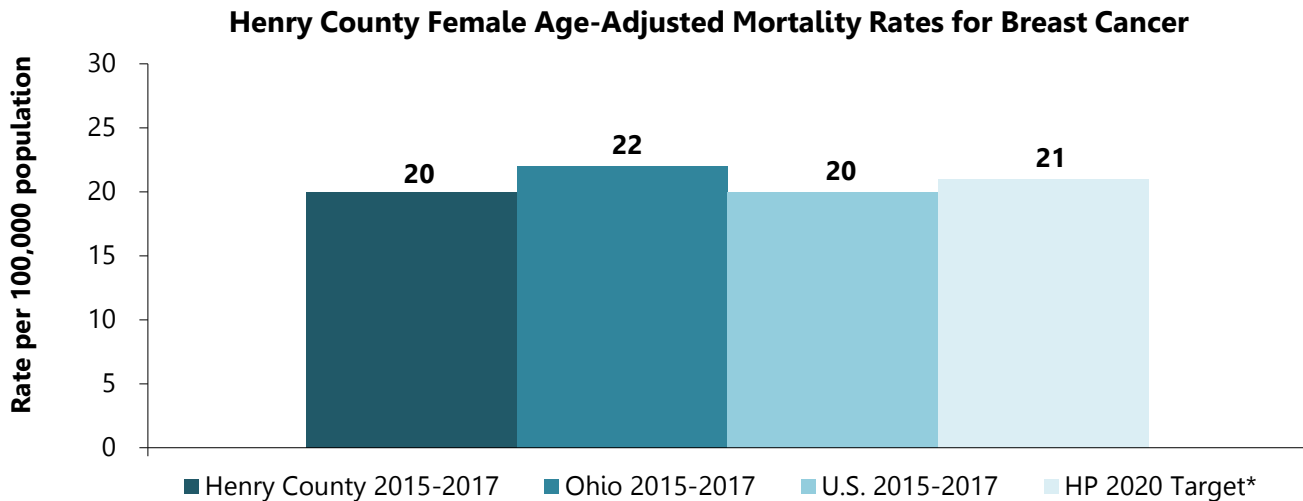
The following graph shows cancer as a percent of total deaths in Henry County.



Breast Cancer

- Fifty-nine percent (59%) of Henry County females reported having had a clinical breast examination in the past year.
- Over half (54%) of Henry County females over the age of 40 had a mammogram in the past year.
- For women at average risk of breast cancer, recently updated American Cancer Society screening guidelines recommend that those 40 to 44 years of age have the option to begin annual mammography, those 45 to 54 should undergo annual mammography, and those 55 years of age and older may transition to biennial mammography or continue annual mammography. Women should continue mammography as long as overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual magnetic resonance imaging (MRI) is recommended in addition to mammography, typically starting at age 30 *(Source: American Cancer Society, Facts & Figures 2019).*

The following graph shows the Henry County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for breast cancer in comparison with the Healthy People 2020 objective.



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

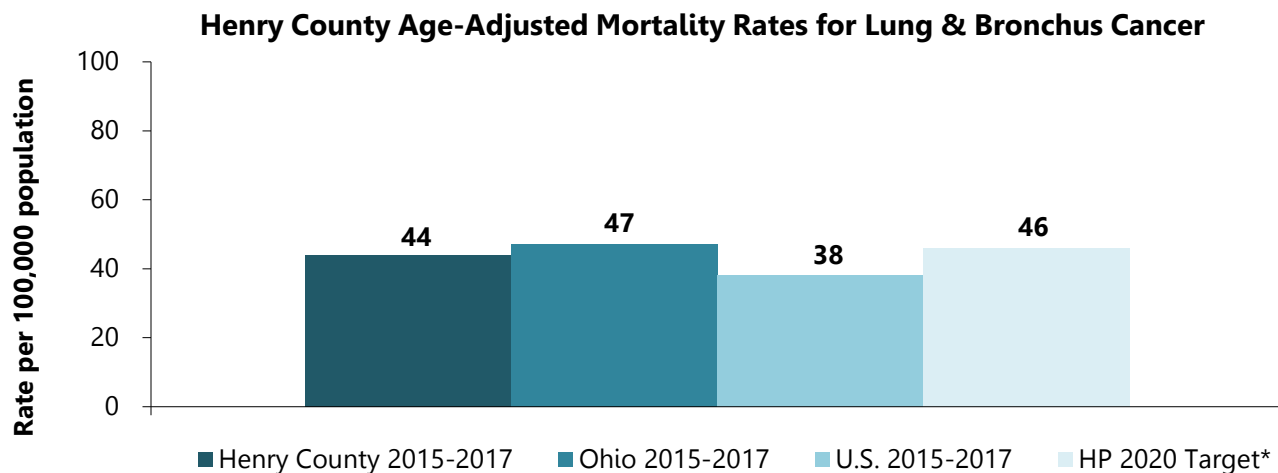
Prostate Cancer

- ODH statistics indicate that prostate cancer deaths accounted for 5% of all male cancer deaths from 2015-2017 in Henry County (Source: Ohio Public Health Data Warehouse, 2015-2017).
- No organizations presently endorse routine prostate cancer screening for men at average risk because of concerns about the high rate of overdiagnosis (detecting disease that would never have caused symptoms), along with the significant potential for serious side effects associated with prostate cancer treatment. The American Cancer Society recommends that beginning at age 50, men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their health care provider about the benefits and limitations of PSA testing and make an informed decision about whether to be tested based on their personal values and preferences. Men at high risk of developing prostate cancer (black men or those with a close relative diagnosed with prostate cancer before the age of 65) should have this discussion beginning at age 45, and men at even higher risk (those with several close relatives diagnosed at an early age) should have this discussion beginning at age 40 (Source: American Cancer Society, Facts & Figures 2019).

Lung Cancer

- In Henry County, 13% of male adults and 8% of female adults were current smokers.
- The Ohio Department of Health (ODH) reports that lung and bronchus cancer was the leading cause of male cancer deaths (n=31) and female cancer deaths (n=19) from 2015-2017 in Henry County. (Source: Ohio Public Health Data Warehouse, 2015-2017).
- According to the American Cancer Society, smoking causes 81% of lung cancer deaths in the U.S. Men and women who smoke are about 25 times more likely to develop lung cancer than nonsmokers (Source: American Cancer Society, Facts & Figures 2019).

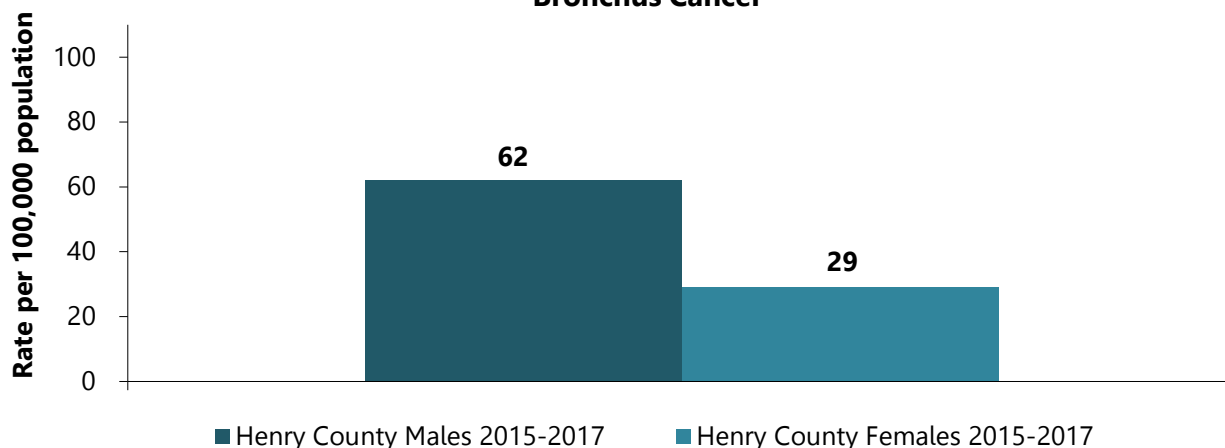
The following graph shows the Henry County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for lung and bronchus cancer in comparison with the Healthy People 2020 objective.



**Healthy People 2020 Target data is for lung cancer only.
(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017)*

The following graph shows the Henry County age-adjusted mortality rates per 100,000 populations for lung and bronchus cancer by gender.

Henry County Age-Adjusted Mortality Rates by Gender for Lung & Bronchus Cancer



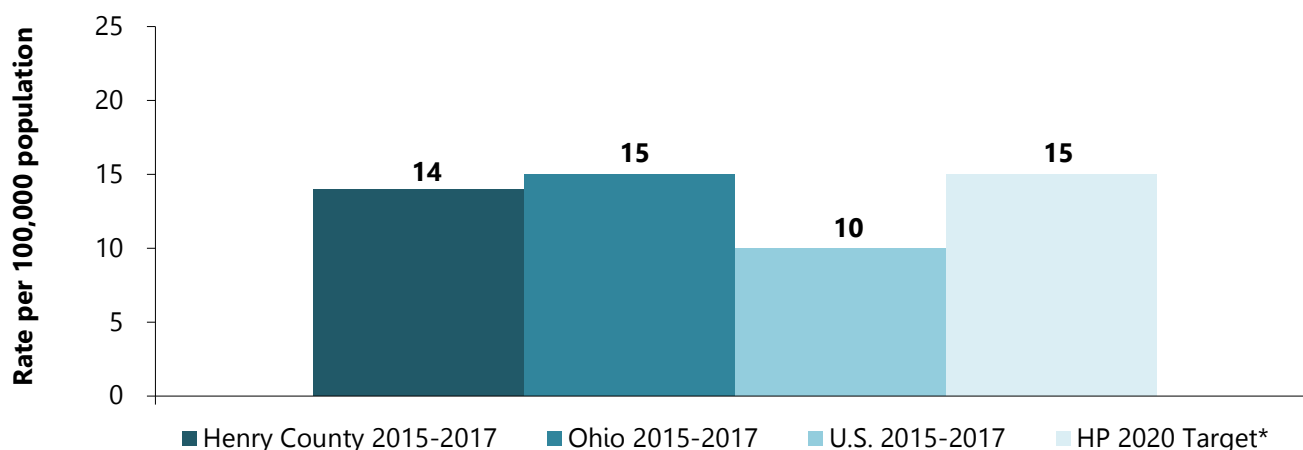
(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017)

Colon and Rectal Cancers

- ODH indicates that colon and rectal cancer deaths accounted for 9% of all cancer deaths from 2015-2017 in Henry County (Source: Ohio Public Health Data Warehouse, 2017).
- Modifiable factors that increase colon and rectal cancer risk include obesity, physical inactivity, long-term smoking, high consumption of red or processed meat, low calcium intake, moderate to heavy alcohol consumption, and very low intake of fruits and vegetables and whole-grain fiber. Hereditary and medical factors that increase risk include a personal or family history of colorectal cancer and/or polyps, certain inherited genetic conditions, a personal history of chronic inflammatory bowel disease, and type 2 diabetes. (Source: American Cancer Society, Facts & Figures 2019).

The following graphs show Henry County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for colon and rectal cancer in comparison with the Healthy People 2020 objective.

Henry County Age-Adjusted Mortality Rates for Colon and Rectal Cancer



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

Henry County Incidence of Cancer, 2012-2016

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer	Age-Adjusted Rate
Lung and Bronchus	112	14%	60.5
Breast	108	13%	62.8
Prostate	91	11%	105.1
Colon & Rectum	83	10%	46.8
Other Sites/Types	52	6%	27.5
Bladder	50	6%	27.1
Non-Hodgkins Lymphoma	45	6%	25.1
Uterus	30	4%	33.5
Leukemia	29	4%	17.3
Kidney & Renal Pelvis	28	3%	16.0
Melanoma of Skin	27	3%	16.5
Thyroid	25	3%	17.1
Pancreas	23	3%	12.1
Esophagus	18	2%	10.2
Oral Cavity & Pharynx	18	2%	10.2
Ovary	12	2%	14.3
Liver & Intrahepatic Bile Duct	9	1%	5.1
Brain and Other CNS	8	1%	4.5
Cervix	8	1%	11.0
Multiple Myeloma	8	1%	4.2
Testis	8	1%	14.6
Stomach	7	1%	3.6
Hodgkins Lymphoma	6	1%	3.9
Larynx	3	<1%	N/A
Total	808	100%	459.4

N/A-Not Available

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 2/7/19)

2019 Cancer Estimates

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

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

Chronic Disease: Arthritis

Key Findings

More than one-third (34%) of Henry County adults were diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia.

Arthritis

- More than one-third (34%) of Henry County adults were told by a health professional that they had some form of arthritis, rheumatoid arthritis, gout, lupus or fibromyalgia, increasing to 61% of those over the age of 65.
- Over four-fifths (82%) of adults diagnosed with arthritis were overweight or obese.

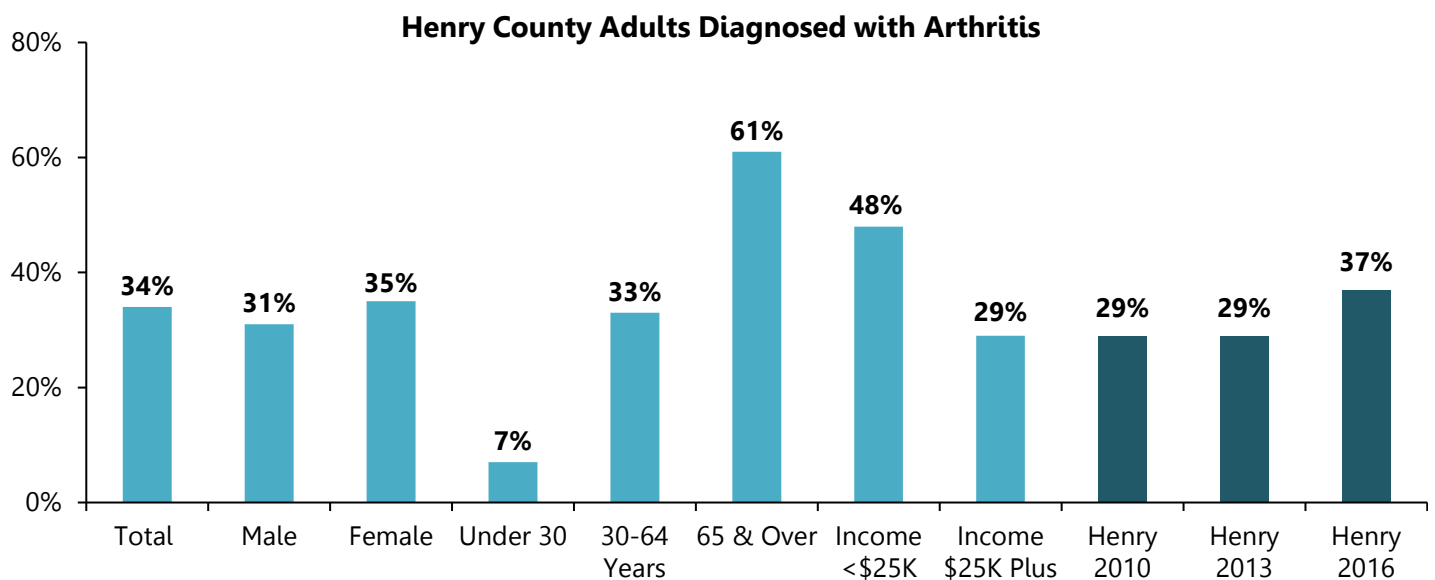
Arthritis in the U.S.

- In the United States, 54 million people (23% of all adults) have arthritis. It is a leading cause of work-related disability. The annual direct costs are at least **\$140 billion**.
- Arthritis commonly occurs with other chronic diseases. About half of US adults with heart disease or diabetes and one-third of people who have obesity also have arthritis. Having arthritis and other chronic conditions can reduce quality of life, reduce physical activity, and make disease management harder.

(Source: CDC. National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), updated on October 19, 2018)

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Ever diagnosed with some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	29%	29%	37%	34%	29%	25%

The following graph shows the percentage of Henry County adults who were diagnosed with arthritis. An example of how to interpret the information includes: 34% of adults were diagnosed with arthritis, including 61% of adults over the age of 65.



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

Chronic Disease: Diabetes

Key Findings

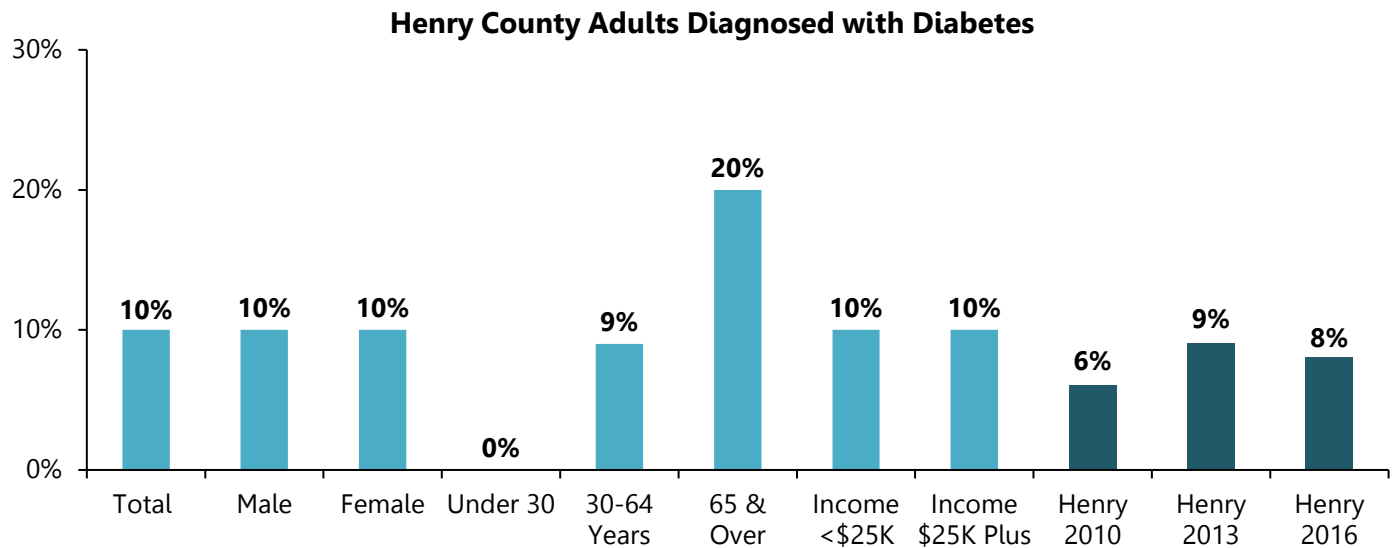
Ten percent (10%) of Henry County adults had been diagnosed with diabetes. Over one-third (36%) of adults with diabetes rated their health as fair or poor.

2,074 of adults had been diagnosed with diabetes in their lifetime

Diabetes

- Ten percent (10%) of Henry County adults had been diagnosed with diabetes, increasing to 20% of those over the age of 65.
- Ten percent (10%) of adults had been diagnosed with pre-diabetes or borderline diabetes.
- Over one-third (36%) of adults with diabetes rated their health as fair or poor.
- Henry County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 97% were obese or overweight
 - 75% had been diagnosed with high blood cholesterol
 - 71% had been diagnosed with high blood pressure

The following graph shows the percentage of Henry County adults who were diagnosed with diabetes. An example of how to interpret the information includes: 10% of adults were diagnosed with diabetes, including 20% of adults ages 65 and older.

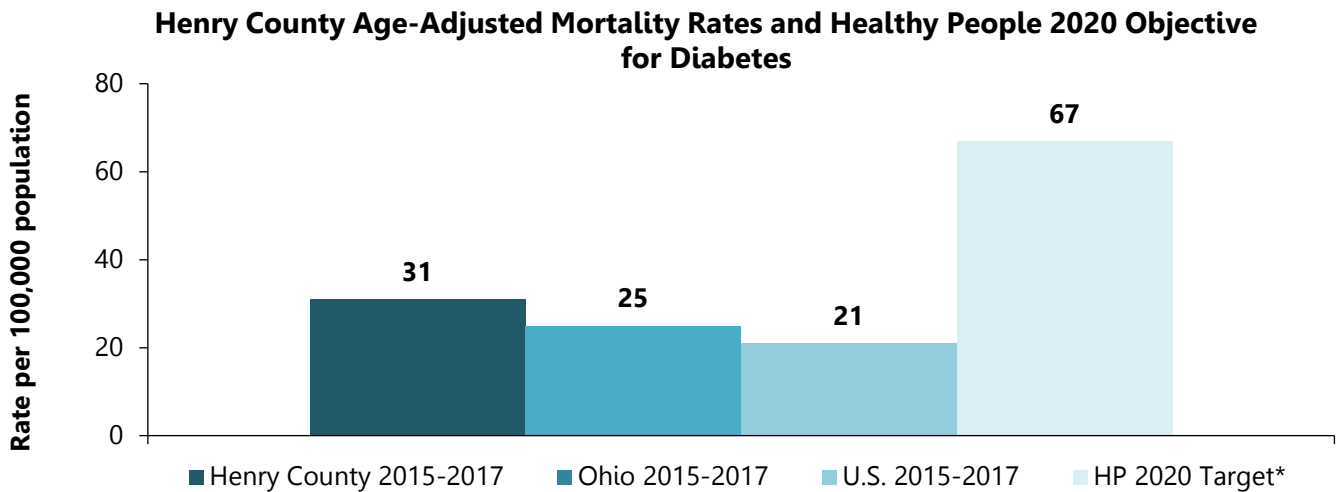


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult Comparisons	Henry County 2010	Henry County 2013	Henry County 2016	Henry County 2019	Ohio 2017	U.S. 2017
Ever been told by a doctor they have diabetes (not pregnancy-related)	6%	9%	8%	10%	11%	11%
Had been diagnosed with pre-diabetes or borderline diabetes	4%	4%	6%	10%	2%	2%

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

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



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

Chronic Disease: Quality of Life

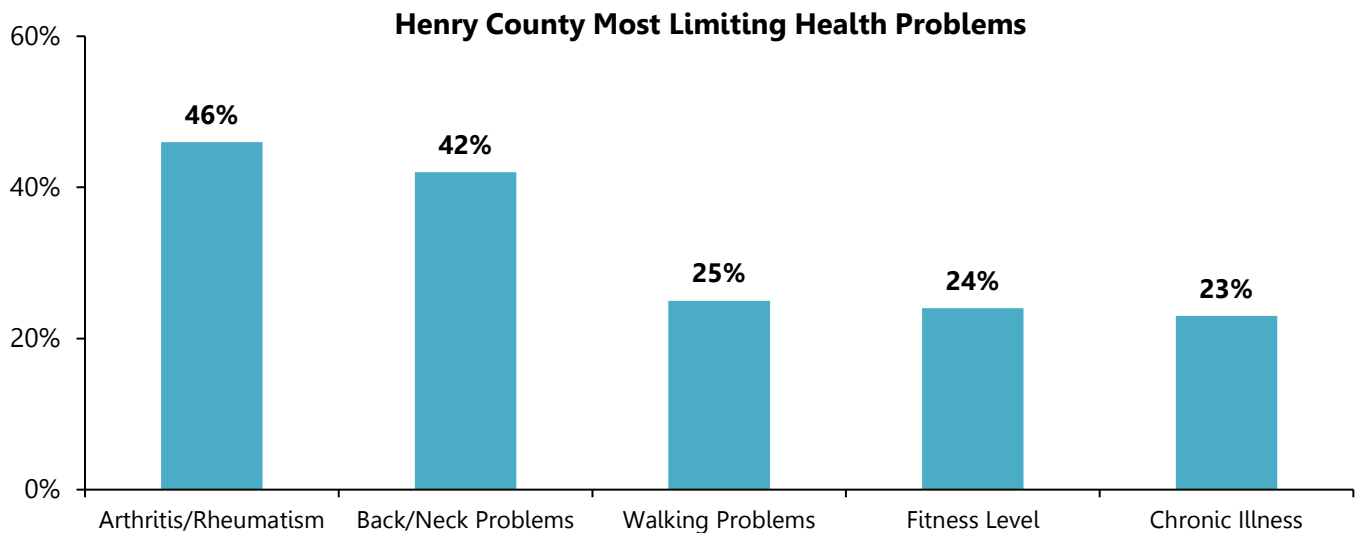
Key Findings

Thirty percent (30%) of Henry County adults reported they were limited in some way because of a physical, mental or emotional problem. The most limiting health problems were arthritis/rheumatism (46%) and back or neck problems (42%).

Impairments and Health Problems

- Twenty-six percent (26%) of Henry County adults had fallen in the past year, increasing to 35% of those ages 65 and over. Fourteen percent (14%) of adults had fallen two or more times.
- Nearly one-third (30%) of Henry County adults were limited in some way because of a physical (23%), mental (5%) or emotional problem (5%).
- Among those who were limited in some way, the following most limiting problems or impairments were reported:
 - Arthritis/rheumatism (46%)
 - Back or neck problems (42%)
 - Walking problems (25%)
 - Fitness level (24%)
 - Chronic illness (23%)
 - Chronic pain (18%)
 - Stress, depression, anxiety, or emotional problems (17%)
 - Asthma (14%)
 - Lung/breathing problems (13%)
 - Sleep problems (11%)
 - Fractures, bone/joint injuries (11%)
 - Hearing problems (11%)
 - Eye/vision problems (9%)
 - Confusion (7%)
 - Mental illness or disorder (5%)
 - Memory loss (5%)
 - Dental problems (5%)
 - Chronic Kidney Disease (3%)
 - A learning disability (3%)
 - Other impairments or problems (8%)

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



Healthy People 2020

Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Henry County 2019	Healthy People 2020 Target
AOCBC-2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	46%	36%

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

(Sources: Healthy People 2020 Objectives, 2019 Henry County Health Assessment)

- Henry County adults were responsible for providing regular care or assistance to the following:
 - Multiple children (20%)
 - A friend, family member or spouse with a health problem (6%)
 - Someone with special needs (5%)
 - An elderly parent or loved one (4%)
 - An adult child (4%)
 - A friend, family member or spouse with a mental health issue (3%)
 - Grandchildren (3%)
 - A friend, family member or spouse with dementia (1%)
 - Children with discipline issues (<1%)
 - Children whose parent(s) lost custody due to other reasons (<1%)

- In the past year, adults reported needing the following services or equipment:
 - Eyeglasses/vision services (27%)
 - Pain management (8%)
 - Help with routine needs (e.g., everyday household chores, doing necessary business) (8%)
 - A cane (6%)
 - Medical supplies (6%)
 - A walker (5%)
 - Help with personal care needs (e.g., eating, bathing, dressing or getting around the house) (4%)
 - Hearing aids or hearing care (4%)
 - Durable medical equipment (e.g., Kaiser-Welles or O.E. Meyer) (3%)
 - Oxygen or respiratory support (2%)
 - Wheelchair ramp (2%)
 - A wheelchair (1%)
 - Mobility aids or devices (e.g., adaptive equipment) (1%)
 - A special bed (1%)
 - Personal emergency response system (<1%)
 - A special telephone (<1%)
 - Communication aids/devices (<1%)
 - Dialysis (<1%)

Social Conditions: Social Determinants of Health

Key Findings

Ten percent (10%) of Henry County adults had four or more adverse childhood experiences (ACEs) in their lifetime. Thirteen percent (13%) of adults had experienced at least one issue related to hunger/food insecurity in the past year.

Economic Stability

- Thirteen percent (13%) adults had experienced at least one issue related to hunger/food insecurity in the past year. They experienced the following:
 - Had to choose between paying bills and buying food (8%)
 - Worried food might run out (5%)
 - Went hungry/ate less to provide more food for their family (5%)
 - Did not eat because they did not have enough money for food (3%)
 - Loss of income led to food insecurity issues (2%)
 - Their food assistance was cut (1%)
- Henry County adults attempted to get assistance from the following sources:
 - Job & Family Services (4%)
 - WIC/Health Department (3%)
 - Friend or family member (3%)
 - Food pantries (2%)
 - Somewhere else (1%)
 - Church/mosque/synagogue (<1%)
 - Northwest Ohio Community Action Commission (<1%)
 - United Way (<1%)
- One percent (1%) did not know where to look for assistance.
- Henry County adults received assistance for the following in the past year: Medicare (12%); health care (9%); prescription assistance (9%); mental illness issues, including depression (7%); dental care (5%); utilities (3%); food (2%); transportation (2%); home repair (2%); free tax preparation (2%); rent/mortgage (1%); legal aid services (1%); affordable childcare (<1%); septic/well repairs (<1%); and clothing (<1%).
- Eighty-eight percent (88%) of adults reported they owned their home, 7% said they rented, and 5% reported they had another arrangement.
- There were 12,043 housing units. The owner-occupied housing unit rate was 78%. Rent in Henry County cost an average of \$669 per month (Source: U.S. Census Bureau, American Community Survey, 2013-2017).
- The median household income in Henry County was \$57,678. The U.S. Census Bureau reports median income levels of \$54,077 for Ohio and \$60,336 for the U.S. (Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2017).
- Eight percent (8%) of all Henry County residents were living in poverty, and 11% of children and youth ages 0-17 were living in poverty (Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2017).
- The unemployment rate for Henry County was 3.5 as of May 2019 (Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information).

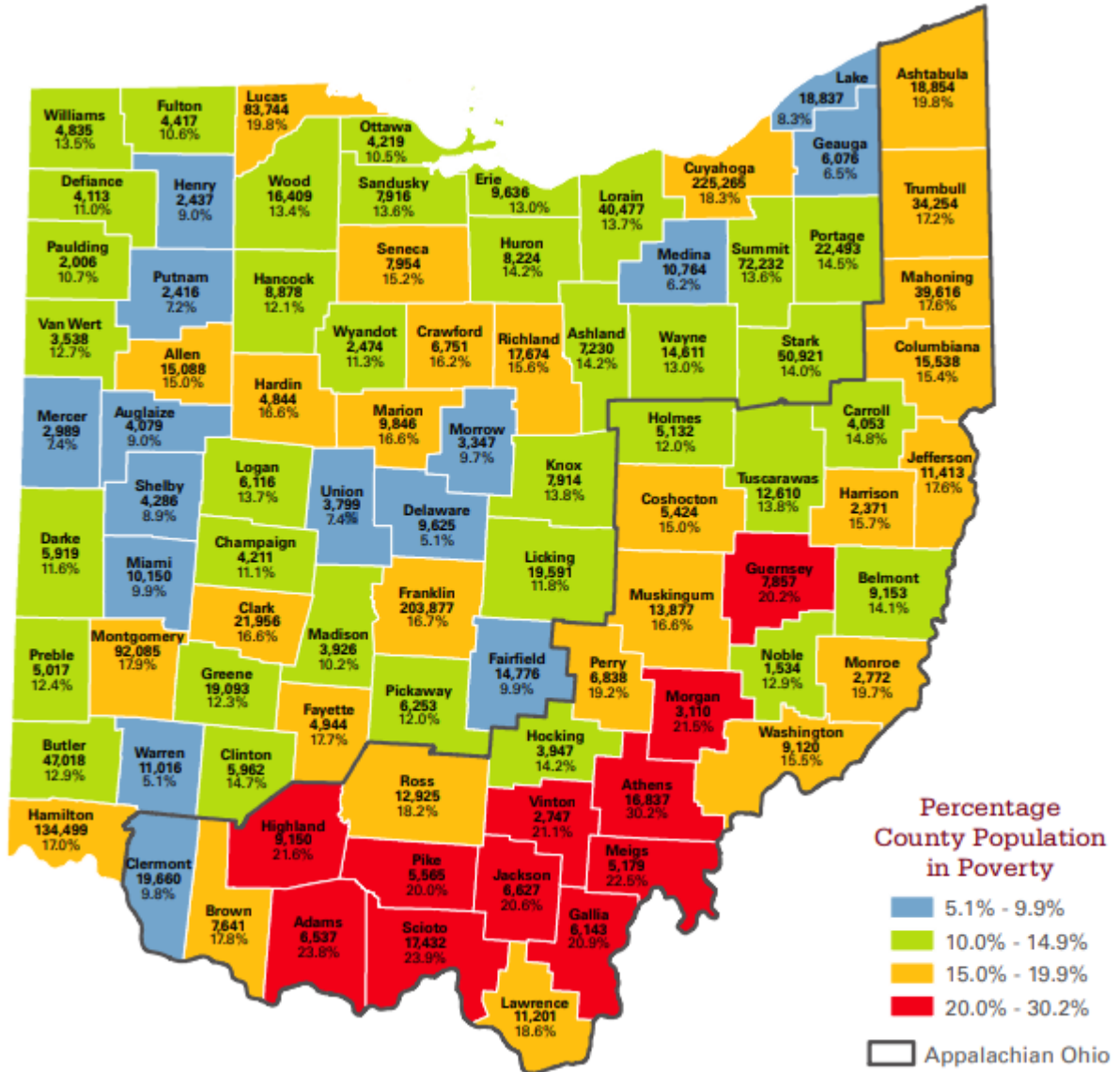
Henry County adults and their loved ones needed the following assistance in the past year:

Type of Assistance	Received Assistance	Did Not Know Where to Look	Needed Assistance
Medicare	12%	<1%	12%
Health care	9%	1%	10%
Prescription assistance	9%	<1%	9%
Mental illness issues including depression	7%	1%	8%
Dental care	5%	1%	6%
Utilities	3%	<1%	3%
Home repair	2%	1%	2%
Food	2%	1%	3%
Transportation	2%	<1%	2%
Free tax preparation	2%	1%	3%
Legal aid services	1%	1%	2%
Rent/mortgage	1%	<1%	1%
Affordable child care	<1%	<1%	1%
Clothing	<1%	<1%	1%
Septic/well repairs	<1%	<1%	1%
Drug or alcohol addiction	0%	<1%	<1%
Employment	0%	2%	1%
Diapers	0%	<1%	<1%
Gambling addiction	0%	<1%	<1%
Credit counseling	0%	2%	2%
Unplanned pregnancy	0%	<1%	<1%
Post incarceration transition issues	0%	<1%	<1%

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

- The 2013 to 2017 American Community Survey 5-year estimates that approximately 1,683,890 Ohio residents, or 14.9% of the population, were in poverty.
- From 2013 to 2017, 2,437 or 9.0% of Henry County residents were in poverty.

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



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

Education

- Ninety-two percent (92%) of Henry County adults 25 years and over had a high school diploma or higher *(Source: U.S. Census Bureau, American Community Survey, 2013-2017).*
- Seventeen percent (17%) of Henry County adults 25 years and over had at least a bachelor's degree *(Source: U.S. Census Bureau, American Community Survey, 2013-2017).*

Health and Health Care

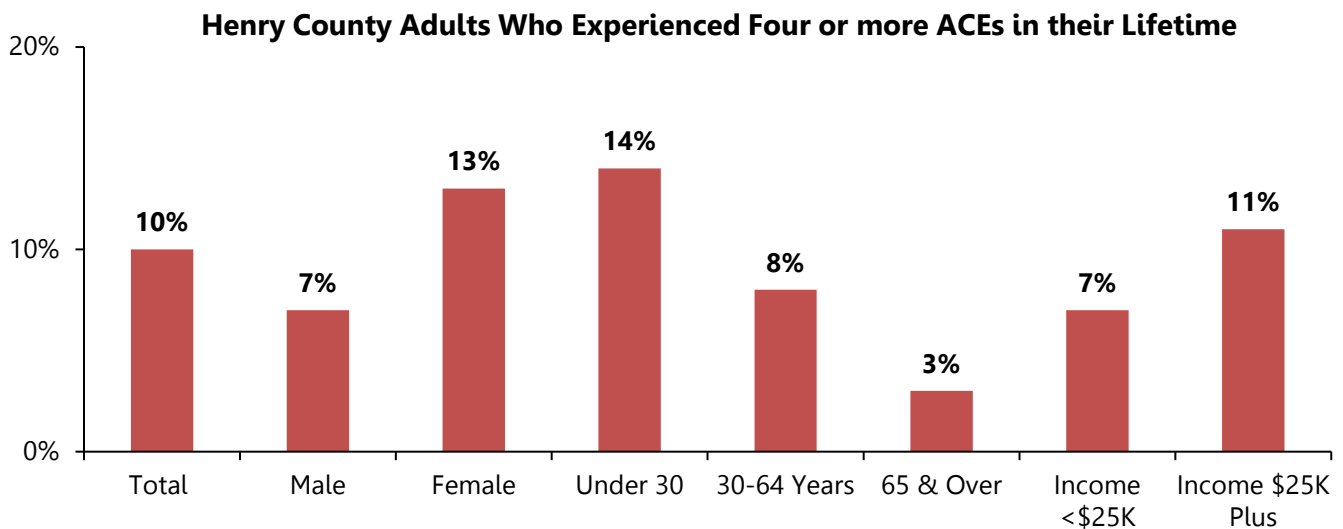
- In the past year, 4% of adults were uninsured.
- Nearly three-fourths (72%) of Henry County adults visited a doctor for a routine checkup in the past year, increasing to 85% of those over the age of 65.
- Over half (52%) of adults reported they had one person they thought of as their personal doctor or health care provider. A little over one-third (35%) of adults had more than one person they thought of as their personal health care provider, and 10% did not have one at all. Three percent (3%) reported they did not know.
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Henry County adults.

Social and Community Context

- One-fifth (20%) of Henry County adults were threatened or abused in their lifetime. They were threatened or abused by the following:
 - Spouse or partner (12%)
 - Parent (9%)
 - Someone outside their home (6%)
 - Someone else (2%)
 - Another family member in the household (1%)
 - Child (<1%)
- Adults who were abused were abused in the following ways: verbally (49%), emotionally (43%), physically (32%), sexually (21%), financially (13%), and through electronic methods (3%).
- Henry County adults experienced the following in the past 12 months:
 - A close family member went to the hospital (42%)
 - Death of a family member or close friend (28%)
 - Experienced a decline in their own health (12%)
 - Had bills they could not pay (10%)
 - Someone in their household lost their job/had their hours at work reduced (6%)
 - They were a caregiver (6%)
 - Their child was threatened or abused by someone physically, emotionally, sexually, and/or verbally (4%)
 - Moved to a new address (3%)
 - Household income was cut by 50% (2%)
 - Had someone homeless living with them/sleeping on their couch (2%)
 - Someone close to them had a problem with drinking or drugs (2%)
 - Their family was at risk of losing their home (2%)
 - Became separated or divorced (1%)
 - Knew someone who lived in a hotel (1%)
 - Witnessed someone in their family being hit or slapped (1%)

- Henry County adults experienced the following adverse childhood experiences (ACEs):
 - A parent or adult in their home swore at, insulted, or put them down (18%)
 - Their parents became separated or were divorced (16%)
 - Lived with someone who was a problem drinker or alcoholic (15%)
 - Lived with someone who was depressed, mentally ill, or suicidal (14%)
 - A parent or adult in their home hit, beat, kicked, or physically hurt them (9%)
 - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (8%)
 - Someone at least 5 years older than them or an adult tried to make them touch them sexually (7%)
 - Their family did not look out for each other, feel close to each other, or support each other (6%)
 - Lived with someone who used illegal street drugs, or who abused prescription medications (4%)
 - Someone at least 5 years older than them or an adult touched them sexually (3%)
 - They didn't have enough to eat, had to wear dirty clothing, and had no one to protect them (2%)
 - Lived with someone who served time or was sentenced to serve time in prison, jail or correctional facility (1%)
 - Their parents were not married (1%)
 - Someone at least 5 years older than them or an adult forced them to have sex (1%)
- Ten percent (10%) of Henry County adults had four or more ACEs in their lifetime.

The following graph shows the percentage of Henry County adults who had experienced four or more adverse child experiences (ACEs) in their lifetime. An example of how to interpret the information on the graph includes: 10% of all Henry County adults had experienced four or more ACEs in their lifetime, including 14% of those under the age of 30.



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

The table below indicates correlations between those who experienced four or more ACEs in their lifetime and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 26% of those who experienced four or more ACEs were current smokers, compared to 9% of those who did not experience any ACEs.

Behaviors of Henry County Adults
Experienced 4 or More ACEs vs. Did Not Experience Any ACEs

Adult Behaviors	Experienced 4 or More ACEs	Did Not Experience Any ACEs
Classified as overweight or obese by BMI	72%	73%
Current drinker (had at least one alcoholic beverage in the past month)	65%	60%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	26%	33%
Current smoker (currently smoke on some or all days)	26%	9%
Medication misuse in the past 6 months	9%	2%
Contemplated suicide in the past 12 months	6%	<1%

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

Adverse Childhood Experiences (ACEs)

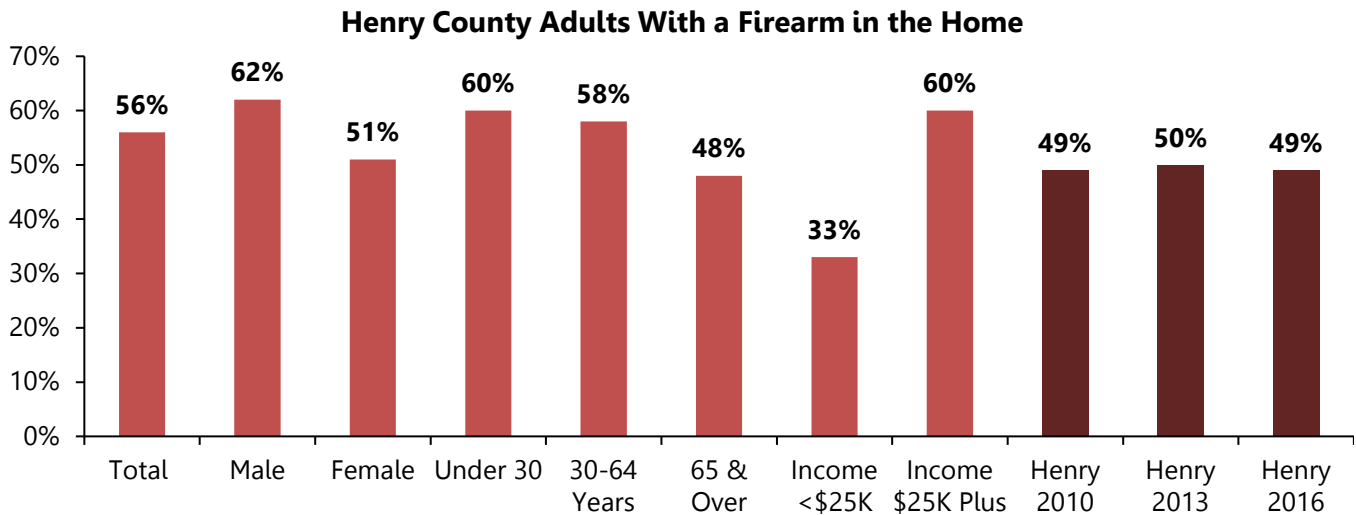
- Childhood abuse, neglect, and exposure to other traumatic stressors—which we term adverse childhood experiences (ACEs)—are common. The most common are separated or divorced parents; verbal, physical, or sexual abuse; witness of domestic violence; and having a family member with depression or mental illness.
- According to the CDC, 59% of people surveyed in five states in 2009 reported having had at least one ACE, while 9% reported five or more ACEs.
- The short and long-term outcomes of these childhood exposures include a multitude of health and social problems such as the following:
 - Depression
 - Fetal death
 - Illicit drug use
 - Liver disease
 - STDs
 - Multiple sexual partners
 - Alcoholism and alcohol abuse
 - COPD
 - Unintended pregnancies
 - Suicide attempts
 - Early initiation of smoking
 - Risk for intimate partner violence
- Given the high prevalence of ACEs, additional efforts are needed at the state and local level to reduce and prevent childhood maltreatment and associated family dysfunction in the US.
- Studies are finding that there is a repetitive dose-response relationship between ACE and levels of exposure. A dose-response means that as the dose of the stressor increases, the intensity of the outcome will increase as well. As the number of ACEs increase so does the risk for the following:
 - Myocardial Infarction
 - Mental Distress
 - Unemployment
 - Diabetes
 - Asthma
 - Disability
 - Stroke
 - Lowered educational attainment

(Source: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System Survey ACE Data, 2016)

Neighborhood and Built Environment

- Nearly three-fifths (56%) of Henry County adults kept a firearm in or around their home. Four percent (4%) of adults reported they were unlocked and loaded.

The following graph shows the percentage of Henry County adults that had a firearm in or around the home. An example of how to interpret the information shown on the graph includes: 56% of all Henry County adults had a firearm in or around the home, including 62% of males and 60% of those under 30 years old.



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

Victims of Gun Violence in America

- More than 124,000 people are shot in murders, assaults, suicides & suicide attempts, accidents or by police intervention in America in an average year.
 - 35,141 people die from gun violence and 89,620 people survive gun injuries.
- Every day, an average of 342 people is shot in America. Of those 342 people, 96 people die and 246 are shot, but survive.
 - Of the 342 people who are shot every day, an average of 47 are children and teens.
 - Of the 96 people who die, 34 are murdered, 59 are suicides, 1 die accidentally and 1 with an unknown intent and 1 by legal intervention.
 - Of the 246 people who are shot but survive, 183 are from assault, 49 are shot accidentally, 11 are suicide attempts, and 4 are legal interventions.
- Despite more than 90% of Americans across the political spectrum agreeing that a background check should be conducted for every gun sale, a least one in five (or 20%) of guns are sold without a background check.
- Approximately 1.7 million children live in homes with unlocked, loaded guns, leading to tragic accidental, unintentional or self-inflicted shootings, particularly of youth.
- Two out of three (66%) of hate crimes nationally are never reported to law enforcement.

(Source: Brady Campaign to Prevent Gun Violence, August 23, 2018)

- Nine percent (9%) of Henry County adults had the following transportation issues: did not feel safe to drive (3%), no public transportation available or accessible (2%), no car (1%), disabled (1%), suspended/no driver's license (1%), could not afford gas (1%), other car issues/expenses (1%), and limited public transportation available or accessible (<1%).
- In the past month, Henry County adults reported doing the following while driving:
 - Talking on hand-held cell phone (45%)
 - Eating (43%)
 - Talking on hands-free cell phone (39%)
 - Texting (25%)
 - Not wearing a seatbelt (18%)
 - Using internet on their cell phone (11%)
 - Being under the influence of alcohol (6%)
 - Reading (2%)
 - Being under the influence of prescription drugs (1%)
 - Transported a child without a car seat (1%)
 - Being under the influence of recreational drugs (<1%)
 - Other activities (such as applying makeup, shaving, etc.) (<1%)
- To reduce risk of injury, Henry County adults reported they or a family member use the following: seat belts (97%); sunscreen (71%); life jackets (32%); motorcycle, ATV or snowmobile helmets (15%); and bike helmets (14%).
- Adults reported that they or someone else deliberately tested all of the smoke detectors in their home less than a month ago (18%), 1 to 6 months ago (36%), 6 to 12 months ago (20%), one or more years ago (12%), and never (2%). Five percent (5%) reported they did not have smoke detectors in the home, and 7% did not know.
- Adults reported that they or someone else deliberately tested all of the carbon monoxide (CO) detectors in their home less than a month ago (10%), 1 to 6 months ago (26%), 6 to 12 months ago (15%), one or more years ago (9%), and never (4%). Twenty-nine percent (29%) reported they did not have carbon monoxide detectors in the home, and 7% did not know.
- Henry County adults reported they would support the following community improvement initiatives:
 - More locally grown foods or farmer's markets (68%)
 - Safe roadways (46%)
 - Bike/walking trail accessibility or connectivity (41%)
 - Neighborhood safety (38%)
 - New and/or updated parks (36%)
 - Local agencies partnering with grocery stores to provide healthier, low cost food items (35%)
 - New and/or updated recreation centers (33%)
 - Sidewalk accessibility (33%)
 - Community gardens (26%)
- Henry County adults indicated the following motivated them to make positive changes in their health: to have more energy (51%), family/kids (42%), health scare/fear of illness (28%), social support (20%), exposure to a healthy environment (18%), discounted services (12%), financial incentives (12%), incentives other than financial (11%), and exposure to a negative environment (1%).

Social Conditions: Environmental Conditions

Key Findings

The top four environmental health issues for Henry County adults that threatened their health in the past year were mold (8%), insects (7%), agricultural chemicals (5%), and temperature regulation (5%).

Environmental Health

- Henry County adults thought the following threatened their health in the past year:
 - Mold (8%)
 - Insects (7%)
 - Agricultural chemicals (5%)
 - Temperature regulation (5%)
 - Plumbing problems (4%)
 - Rodents (4%)
 - Air quality (3%)
 - Moisture issues (3%)
 - Food safety/food borne illness (3%)
 - Cockroaches (2%)
 - Lice (2%)
 - Chemicals found in household products (2%)
 - Toxic algae blooms (1%)
 - Safety hazards (1%)
 - Sewage/waste water problems (1%)
 - Bed bugs (1%)
 - Unsafe water supply/wells (1%)
 - Lead paint (1%)
 - Sanitation issues (1%)
 - Lyme disease (1%)
 - Excess medication in the home (1%)
 - Asbestos (1%)
 - Radiation (1%)
 - Radon (1%)

Mold Prevention Tips

- Exposure to damp and moldy environments may cause a variety of health effects. Mold can cause nasal stuffiness, throat irritation, coughing or wheezing, eye irritation, or, in some cases, skin irritation.
- In your home, you can control mold growth by following these tips:
 - Keep humidity levels as low as you can, no higher than 50%, all day long
 - Be sure your home has enough ventilation. Use exhaust fans which vent outside your home in the kitchen and bathroom. Make sure your clothes dryer vents outside your home.
 - Fix any leaks in your home's roof, walls, or plumbing so mold does not have moisture to grow.
 - Clean up and dry out your home thoroughly and quickly (within 24–48 hours) after flooding.
 - Add mold inhibitors to paints before painting.
 - Clean bathrooms with mold-killing products.
 - Remove or replace carpets and upholstery that have been soaked and cannot be dried promptly.
 - Consider not using carpet in rooms or areas like bathrooms or basements that may have a lot of moisture.

(Source: CDC, *Facts about Mold and Dampness*, updated 9/5/17)

Social Conditions: Parenting

Key Findings

In 2019, 26% of Henry County parents talked to their 12-to-17-year-old about dating and relationships. Eighty-eight percent (88%) of parents reported their children had received all recommended vaccinations.

Parenting

- Eighty-eight percent (88%) of Henry County children had received all recommended vaccinations.
- Children did not get all their recommended vaccinations for the following reasons: did not think immunization was necessary (2%), personal beliefs (1%), and other reasons (2%).
- Parents discussed the following health topics with their 12-to-17-year-old in the past year:
 - Dating and relationships (26%)
 - Career plan/post-secondary education (26%)
 - Negative effects of alcohol/tobacco/illegal drugs/misusing prescription drugs (24%)
 - Social media issues (24%)
 - Weight status (22%)
 - Bullying (cyber/indirect/physical/verbal) (20%)
 - Volunteering (20%)
 - Abstinence and how to refuse sex (age appropriate) (20%)
 - Body image (20%)
 - School/legal consequences of using alcohol/tobacco/other drugs (17%)
 - Depression/anxiety/suicide (16%)
 - Energy drinks (15%)
 - Birth control/condoms/safe sex/STD prevention (age appropriate) (14%)
 - Refusal skills/peer pressure (14%)
- In the past 5 years, parents indicated their infant slept in the following places:
 - Crib/bassinette (without bumper pads, blankets, and toys) (39%)
 - Pack n' play (29%)
 - In bed with you or another person (23%)
 - Car seat (15%)
 - Swing (11%)
 - Crib/bassinette (with bumper pads, blankets, and toys) (11%)
 - The floor (5%)
 - Couch or chair (4%)
- In the past 5 years, Henry County parents reported they or their spouse breastfed or pumped for their child: more than 9 months (6%), 4 months to 6 months (3%), 7 weeks to 3 months (2%), 3 to 6 weeks (6%), 2 weeks or less (3%), still breastfeeding (9%), and never breastfed (16%).
- Sixty-five percent (65%) of parents reported their child always rode in a car seat when a passenger in a car. Thirty-four percent (33%) of parents indicated their child was too big for a car seat.
- Twenty-one percent (21%) of parents reported their child always used a booster seat. Twenty-nine percent (29%) of parents reported their child was too small for a booster seat, and 38% reported their child was over 4'9" and 80 pounds.
- Of the children eligible by height and weight requirements, 65% always wore a seatbelt without a booster seat, and 23% seldom or never wore a seatbelt without a booster seat.
- Parents missed work at least once in the past year due to the following: illness or injuries (51%), medical appointments (40%), unreliable/lack of child care (12%), behavioral/emotional problems (6%), and asthma (3%).

Youth Health: Weight Status

Key Findings

One-fifth (20%) of Henry County youth were obese, according to body mass index (BMI) by age. When asked how they would describe their weight, 36% of Henry County youth reported that they were slightly or very overweight. Fourteen percent (14%) of youth did not participate in at least 60 minutes of physical activity on any day in the past week.

934 Henry County youth were classified as overweight or obese.

Youth Weight Status

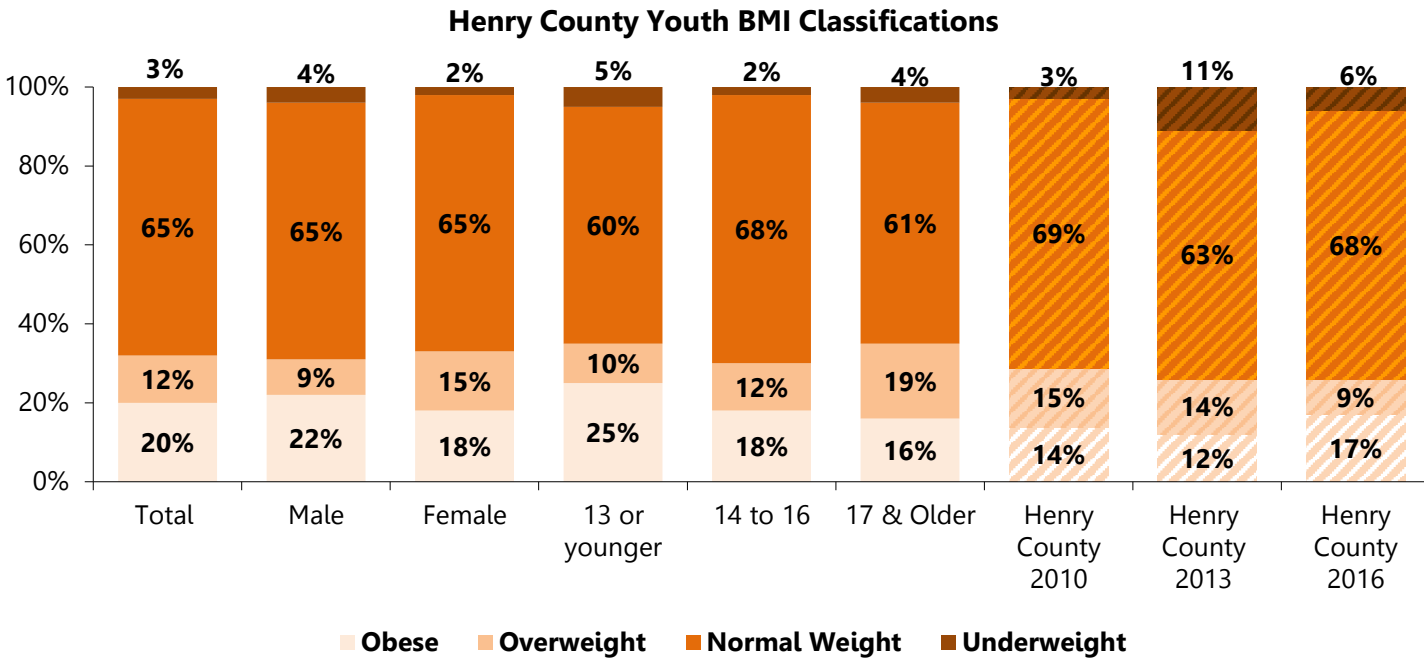
- BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific, as children’s body fat changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese.
- One-fifth (20%) of Henry County youth were classified as obese by body mass index (BMI) calculations, 12% were classified as overweight, 65% were normal weight, and 3% were underweight.
- Over one-third (36%) of youth described themselves as being either slightly or very overweight.
- Over half (52%) of all youth were trying to lose weight, increasing to 63% of Henry County female youth (compared to 41% of males).
- Youth did the following to lose or keep from gaining weight in the past 30 days:
 - Exercised (49%)
 - Drank more water (48%)
 - Ate more fruits and vegetables (36%)
 - Ate less food, fewer calories, or foods lower in fat (30%)
 - Skipped meals (19%)
 - Went without eating for 24 hours (7%)
 - Took diet pills, powders, or liquids without a doctor’s advice (2%)
 - Vomited or took laxatives (1%)
 - Smoked cigarettes or e-cigarettes to lose weight (1%)
 - Used illegal drugs (1%)
- Thirty-six percent (36%) of youth did not do anything to lose or keep from gaining weight.

Healthy People 2020 Nutrition and Weight Status (NWS)

Objective	Henry County 2019	U.S. 2017	Healthy People 2020 Target
NWS-10.4 Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese	20% (6-12 Grade) 19% (9-12 Grade)	15% (9-12 Grade)	15%

(Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2019 Henry County Health Assessment)

The following graph shows the percentage of Henry County youth who were classified as obese, overweight, normal weight or underweight according to body mass index (BMI) by age. An example of how to interpret the information includes: 65% of all Henry County youth were classified as normal weight, 20% were obese, 12% were overweight, and 3% were underweight.



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

Youth Nutrition

- Five percent (5%) of youth reported they went to bed hungry on at least one day in the past week because their family did not have enough money for food. Two percent (2%) of youth went to bed hungry every night of the week.
- About one-fifth (19%) of youth ate five or more servings of fruits **and/or** vegetables per day, 35% ate three to four servings, and 39% of youth ate one to two servings. Seven percent (7%) of youth ate zero servings of fruits and/or vegetables per day.

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

	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruit	5%	15%	68%	12%
Vegetables	4%	10%	68%	18%
Sugar-sweetened beverage	9%	16%	57%	18%
Caffeinated beverage	7%	10%	43%	40%

Youth Physical Activity

- During the past week, youth participated in at least 60 minutes of physical activity at the following frequencies:
 - Three or more days (75%)
 - Five or more days (56%)
 - Every day (34%)
 - Zero days (14%)
- Henry County youth spent an average of 3.2 hours on a cell phone, 1.4 hours playing non-active video games, 1.2 hours watching TV, and 1.1 hours on the computer/tablet on an average day of the week.
- Twelve percent (12%) of youth spent three or more hours watching TV on an average day.

Youth Comparisons	Henry County 2010 (6 th -12 th)	Henry County 2013 (6 th -12 th)	Henry County 2016 (6 th -12 th)	Henry County 2019 (6 th -12 th)	Henry County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Obese	14%	12%	17%	20%	19%	15%
Overweight	15%	14%	9%	12%	14%	16%
Described themselves as slightly or very overweight	30%	25%	24%	36%	37%	32%
Tried to lose weight	47%	46%	34%	52%	53%	47%
Exercised to lose weight (in the past 30 days)	34%	43%	33%	49%	51%	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight (in the past 30 days)	11%	30%	24%	30%	37%	N/A
Went without eating for 24 hours or more (in the past 30 days)	1%	5%	4%	7%	9%	N/A
Took diet pills, powders, or liquids without a doctor's advice (in the past 30 days)	0%	2%	1%	2%	2%	N/A
Vomited or took laxatives (in the past 30 days)	1%	1%	1%	1%	2%	N/A
Physically active at least 60 minutes per day on every day in past week	24%	24%	31%	34%	31%	26%
Physically active at least 60 minutes per day on five or more days in past week	50%	46%	55%	56%	54%	47%
Did not participate in at least 60 minutes of physical activity on any day in past week	11%	15%	13%	14%	14%	15%
Watched three or more hours per day of television (on an average school day)	39%	36%	19%	12%	14%	21%

N/A – Not Available

Youth Health: Tobacco Use

Key Findings

Five percent (5%) of Henry County youth were current smokers. One-in-nine (11%) youth were current electronic vapor product users. Of youth who had used e-cigarettes/vapes in the past 12 months, 61% used e-liquid or e-juice with nicotine in them.

321 Henry County youth were current electronic vapor product users.

Youth Tobacco Use

- Thirteen percent (13%) of Henry County youth had tried cigarette smoking, increasing to 32% of those ages 17 and older.
- Five percent (5%) of all youth had smoked a whole cigarette for the first time before the age of 13.
- Nearly one-fourth (22%) of those who had smoked a whole cigarette did so at 10 years old or younger, and another 18% had done so by 12 years old. The average age of onset for smoking was 12.7 years old.
- Five percent (5%) of youth were current smokers, having smoked at some time in the past 30 days, increasing to 13% of youth ages 17 and older.
- Eighty-one percent (81%) of youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- Over one-fifth (21%) of Henry County youth used an electronic vaping product in their life, increasing to 48% of those ages 17 and older.
- Four percent (4%) of all youth had used an electronic vaping product for the first time before the age of 13.
- Six percent (6%) of those who had used an electronic vaping product did so at 10 years old or younger, and another 10% had done so by 12 years old.
- One-in-nine (11%) Henry County youth were current electronic vapor product users, having used one at some time in the past 30 days, increasing to 27% of those ages 17 and older.
- Of youth that had used e-cigarettes/vapes in the past 12 months, they reported putting the following in them:
 - E-liquid or e-juice with nicotine (61%)
 - E-liquid or e-juice without nicotine (46%)
 - Marijuana or THC in the e-liquid (12%)
 - Homemade e-liquid or e-juice (2%)
 - Other (5%)
- Nearly two-fifths (38%) of youth who smoked in the past year had tried to quit smoking.
- Youth smokers reported the following ways of obtaining cigarettes:
 - A person 18 years or older gave them the cigarettes (44%)
 - Borrowed (or bummed) cigarettes from someone else (28%)
 - Took them from a family member (24%)
 - Bought from a store such as a convenience store, supermarket, discount store, or gas station (20%)
 - Bought from a vending machine (8%)
 - Some other way (36%)

Henry County youth used the following forms of tobacco in the past...	Month	Year
E-cigarettes	8%	17%
Cigarettes	5%	12%
Black and Milds	1%	5%
Chewing tobacco, snuff or dip	2%	5%
Pouch [snus]	2%	5%
Hookah	1%	4%
Cigarillos	1%	3%
Little cigars	1%	3%
Cigars	1%	3%
Bidis	1%	2%
Dissolvable tobacco products	1%	2%

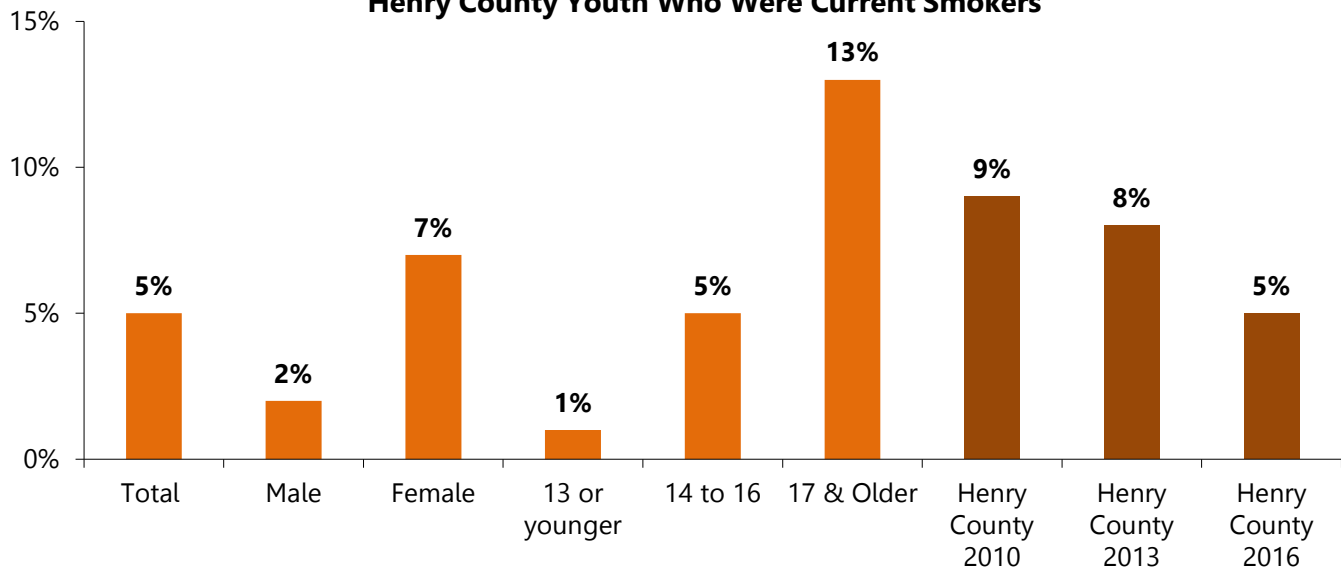
**Healthy People 2020
Tobacco Use (TU)**

Objective	Henry County 2019	U.S. 2017	Healthy People 2020 Target
TU-2.2 Reduce use of cigarettes by adolescents (past month)	5% (6-12 Grade) 8% (9-12 Grade)	9% (9-12 Grade)	16% (9-12 Grade)

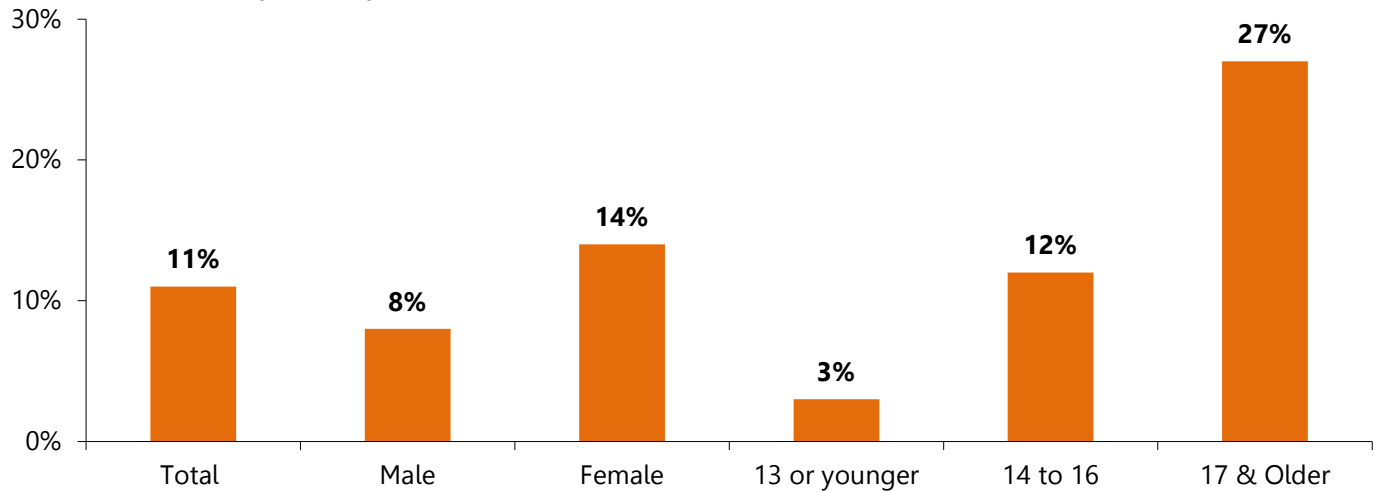
(Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2019 Henry County Health Assessment)

The following graphs show the percentage of Henry County youth who were current smokers and current electronic vapor product users. An example of how to interpret the information in the first graph includes: 5% of all Henry County youth were current smokers, including 2% of males and 7% of females.

Henry County Youth Who Were Current Smokers



Henry County Youth Who Were Current Electronic Vapor Product Users



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

The table below indicates correlations between current smokers and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 63% of current smokers used marijuana in the past month, compared to 2% of non-current smokers.

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

Youth Behaviors	Current Smoker	Non-Current Smoker
Bullied (in the past 12 months)	88%	36%
Had at least one drink of alcohol (in the past 30 days)	81%	9%
Currently participate in extracurricular activities	71%	92%
Used marijuana (in the past 30 days)	63%	2%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	59%	19%
Seriously considered attempting suicide (in the past 12 months)	53%	8%
Attempted suicide (in the past 12 months)	24%	5%
Misused prescription medication (in the past 30 days)	19%	1%

"Current smokers" indicate youth who self-reported smoking at any time during the past 30 days.

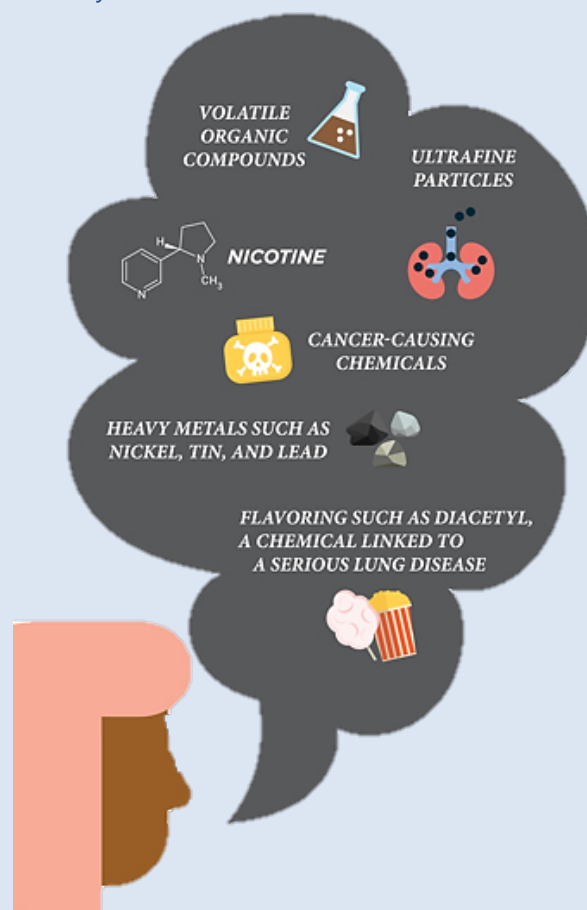
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Youth Comparisons	Henry County 2010 (6 th -12 th)	Henry County 2013 (6 th -12 th)	Henry County 2016 (6 th -12 th)	Henry County 2019 (6 th -12 th)	Henry County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Ever tried cigarette smoking (even one or two puffs)	15%	14%	10%	13%	20%	29%
Current smoker (smoked on at least 1 day during the past 30 days)	9%	8%	5%	5%	8%	9%
Currently used an electronic vapor product (on at least 1 day during the past 30 days)	N/A	N/A	N/A	11%	18%	13%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	6%	6%	3%	5%	7%	10%
Tried to quit smoking (of those youth who smoked in the past year)	46%	51%	37%	38%	38%	N/A
Usually obtained cigarettes by buying them in a store or gas station (of current smokers)	15%	23%	33%	20%	18%	14%

N/A-Not Available

What's the Bottom Line on the Risks of E-cigarettes for Kids, Teens, and Young Adults?

- The use of e-cigarettes is unsafe for kids, teens, and young adults.
- Most e-cigarettes contain nicotine and other substances. Nicotine is highly addictive and can harm brain development that control attention, learning, mood, and impulse control, which continues until about age 25.
- A 2018 National Academy of Medicine report found some evidence that e-cigarette use increases the frequency and amount of cigarette smoking in the future.
- Although researchers are still investigating the long-term health effects, some of the ingredients in e-cigarette aerosols is NOT harmless "water vapor" and can be very harmful to the lungs.
- It is difficult for consumers to know what e-cigarette products contain; Many e-cigarettes marketed as containing zero percent nicotine have been found to contain nicotine.
- Additionally, defective e-cigarette batteries have caused some fires and explosions, a few of which have resulted in serious injuries. Children and adults have also been poisoned by swallowing, breathing, or absorbing e-cigarette liquid through their skin or eyes



(Sources: CDC, Smoking & Tobacco Use; What's the Bottom Line on the Risks of E-cigarettes for Kids, Teens, and Young Adults? December 3, 2018)

Youth Health: Alcohol Consumption

Key Findings

About one-third (32%) of Henry County youth had at least one drink of alcohol in their life. Thirteen percent (13%) of youth had at least one drink in the past 30 days, defining them as a current drinker. Of those who drank, 53% were defined as binge drinkers.

204 youth were binge drinkers.

Youth Alcohol Consumption

- About one-third (32%) of youth had at least one drink of alcohol in their life, increasing to 53% of those ages 17 and older.
- Thirteen percent (13%) of youth had at least one drink in the past 30 days, increasing to 24% of those ages 17 and older.
- 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 18% of those ages 17 and older. Of those who drank, 53% were defined as binge drinkers.
- Over two-fifths (44%) of youth who reported drinking at some time in their life had their first drink at 12 years old or younger, 31% took their first drink between the ages of 13 and 14, and 25% started drinking between the ages of 15 and 18. The average age of onset was 12.4 years old.
- Of all youth, 13% had drunk alcohol for the first time before the age of 13.
- Youth drinkers reported the following ways of obtaining their alcohol:
 - Someone gave it to them (36%)
 - A parent gave it to them (34%)
 - Someone older bought it (20%)
 - An older friend or sibling bought it for them (14%)
 - Took it from a store or family member (7%)
 - A friend's parent gave it to them (4%)
 - Bought it in a liquor store, convenience store, supermarket, discount store, or gas station (4%)
 - Used a fake ID (2%)
 - Some other way (32%)
- Youth drinkers usually drank alcohol in the following places:
 - Home (73%)
 - A friend's home (31%)
 - Another person's home (20%)
 - While riding in or driving a car or other vehicle (11%)
 - A public event such as a concert or sporting event (7%)
 - A restaurant, bar or club (7%)
 - A public place such as a park, beach or parking lot (5%)
 - On school property (5%)
- During the past month, 12% of all Henry County youth had ridden in a car driven by someone who had been drinking alcohol.
- Two percent (2%) of youth drivers had driven a car in the past month after they had been drinking alcohol.

Healthy People 2020 Substance Abuse (SA)

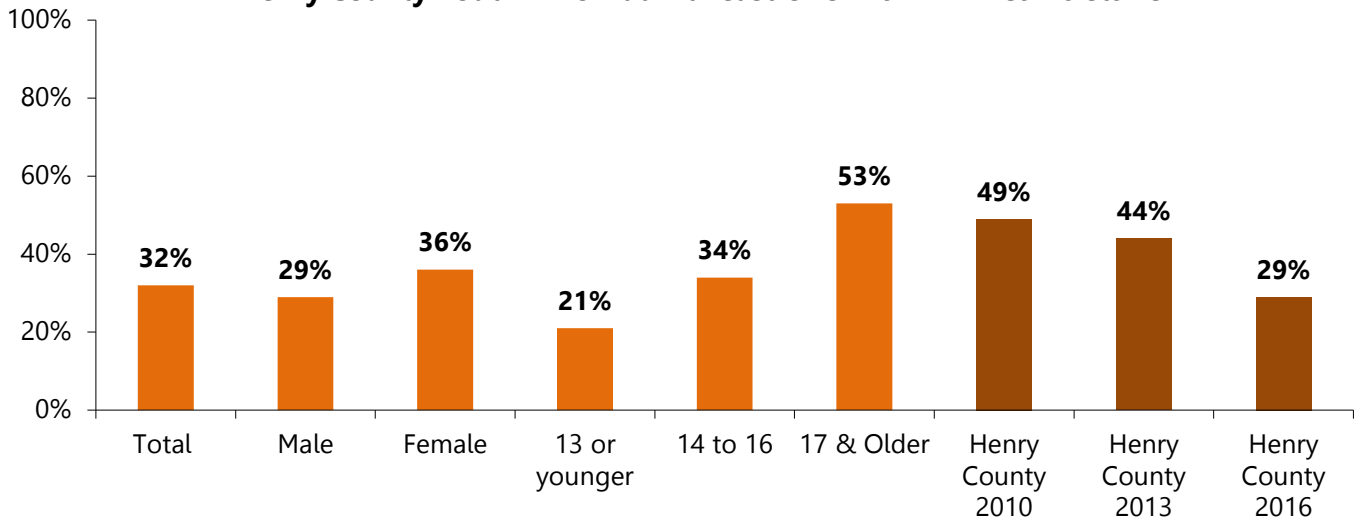
Objective	Henry County 2019	U.S. 2017	Healthy People 2020 Target
SA-14.4 Reduce the proportion of persons engaging in binge drinking during the past month	7% (6-12 Grade) 11% (9-12 Grade)	14% (9-12 Grade)	9%

Note: The Healthy People 2020 target is for youth aged 12-17 years.

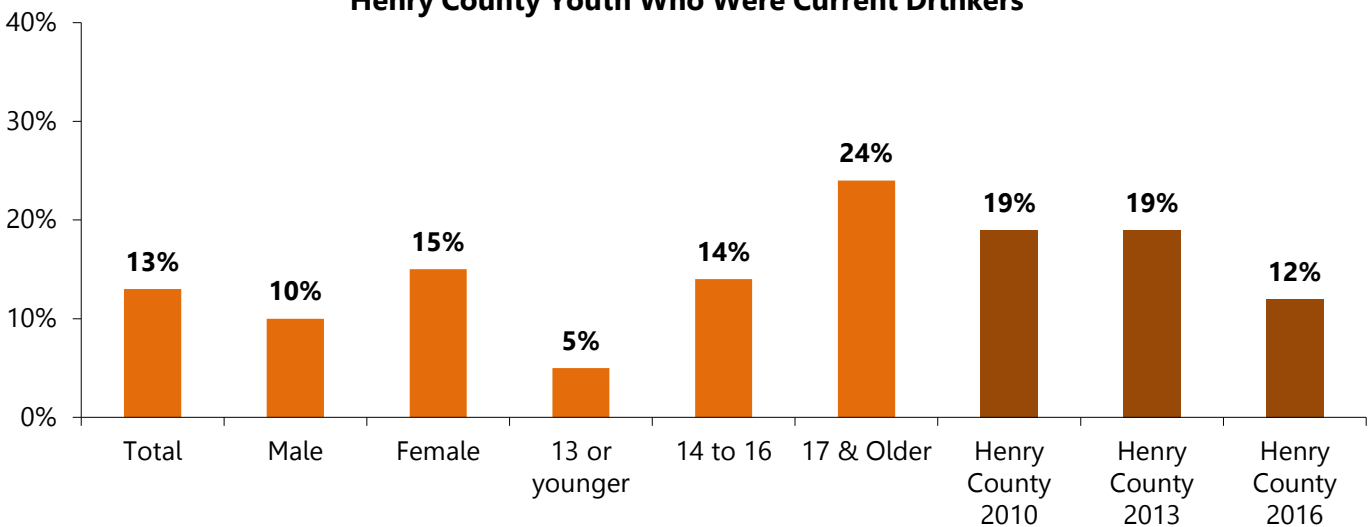
(Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2019 Henry County Health Assessment)

The following graphs show the percentage of Henry County youth who drank in their lifetime and who were current drinkers. An example of how to interpret the information on the first graph includes: 32% of all Henry County youth had drunk at some time in their life, including 53% of youth ages 17 and over.

Henry County Youth Who Had At Least One Drink In Their Lifetime



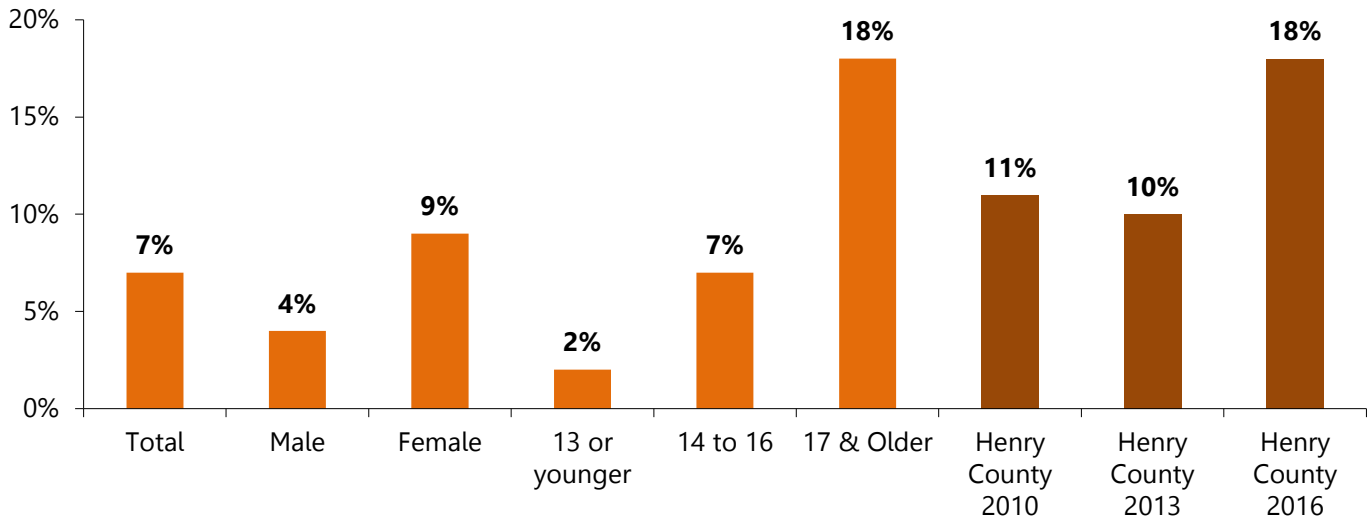
Henry County Youth Who Were Current Drinkers



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

The following graph shows the percentage of youth who binge drank in the past month. An example of how to interpret the information includes: 7% of youth binge drank, including 18% of youth ages 17 and older.

Henry County Youth Binge Drinking in Past Month



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

The table below indicates correlations between current drinkers and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 49% of current drinkers had experienced three or more ACEs in their lifetime, compared to 17% of non-current drinkers.

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

Youth Behaviors	Current Drinker	Non-Current Drinker
Currently participate in extracurricular activities	87%	92%
Bullied (in the past 12 months)	67%	34%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	49%	17%
Seriously considered attempting suicide (in the past 12 months)	34%	7%
Used marijuana (in the past 30 days)	32%	1%
Smoked cigarettes (in the past 30 days)	30%	1%
Attempted suicide (in the past 12 months)	19%	4%
Misused prescription medication (in the past 30 days)	9%	1%

"Current drinkers" indicate youth who self-reported having had at least one drink of alcohol during the past 30 days.

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

Youth Comparisons	Henry County 2010 (6 th -12 th)	Henry County 2013 (6 th -12 th)	Henry County 2016 (6 th -12 th)	Henry County 2019 (6 th -12 th)	Henry County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Ever drank alcohol (at least one drink of alcohol on at least one day during their life)	49%	44%	29%	32%	41%	60%
Current Drinker (at least one drink of alcohol on at least one day during the past 30 days)	19%	19%	12%	13%	18%	30%
Binge drinker (drank five or more drinks within a couple of hours on at least one day during the past 30 days)	11%	10%	18%	7%	11%	14%
Drank for the first time before age 13 (of all youth)	35%	16%	7%	13%	12%	16%
Obtained the alcohol they drank by someone giving it to them (of youth drinkers)	38%	39%	34%	36%	37%	44%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on one or more occasion during the past 30 days)	20%	17%	12%	12%	11%	17%
Drove when they had been drinking alcohol (in a car or vehicle, one or more times during the 30 days before the survey, among youth who had driven a car or other vehicle)	5%	2%	4%	2%	3%	6%

N/A-Not Available

Consequences of Underage Drinking

- Youth who drink alcohol are more likely to experience the following:
 - School problems, such as higher absence and poor or failing grades
 - Social problems, such as fighting and lack of participation in youth activities
 - Legal problems, such as arrest for driving or physically hurting someone while drunk
 - Physical problems, such as hangovers or illnesses
 - Unwanted, unplanned, and unprotected sexual activity
 - Disruption of normal growth and sexual development
 - Physical and sexual assault
 - Higher risk for suicide and homicide
 - Alcohol-related car crashes and other unintentional injuries, such as burns, falls, and drowning
 - Memory problems
 - Abuse of other drugs
 - Changes in brain development that may have life-long effects
 - Death from alcohol poisoning
- In general, the risk of youth experiencing these problems is greater for those who binge drink than for those who do not binge drink.
- Early initiation of drinking is associated with development of an alcohol use disorder later in life.

(Source: CDC, Alcohol and Public Health, updated on August 2, 2018)

Youth Health: Drug Use

Key Findings

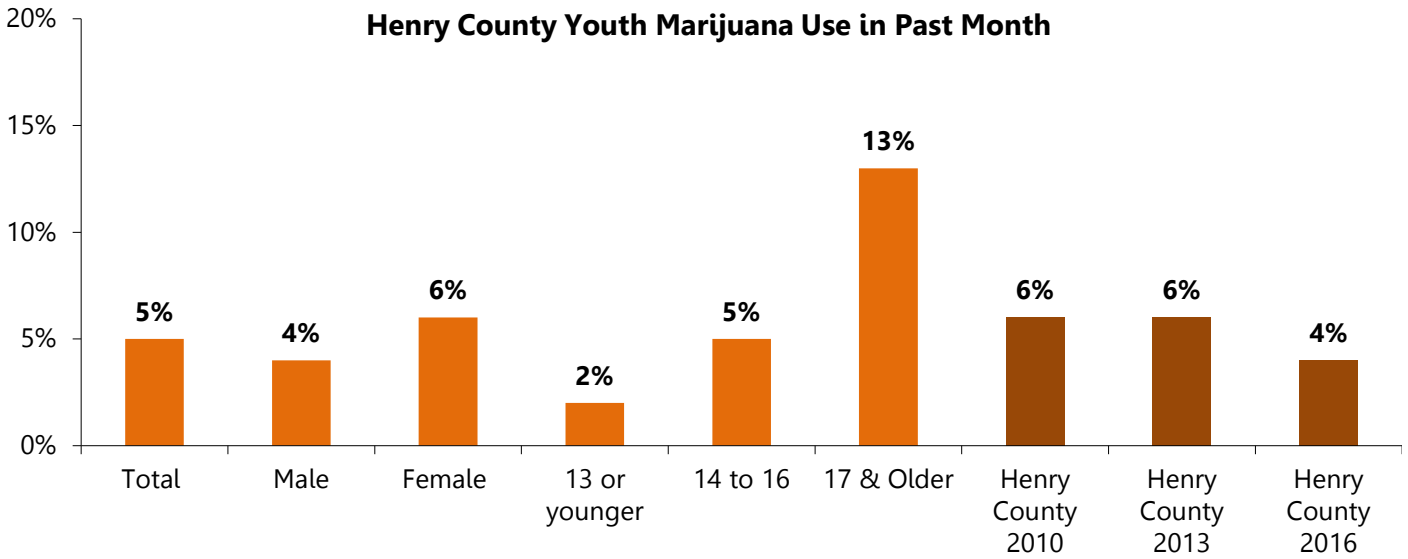
Five percent (5%) of Henry County youth had used marijuana at least once in the past 30 days. Two percent (2%) of youth used prescription drugs not prescribed for them in the past month.

146 youth were current marijuana users.

Youth Drug Use

- Five percent (5%) of all Henry County youth had used marijuana at least once in the past 30 days, increasing to 13% of those ages 17 and over.
- Two percent (2%) of youth tried marijuana before the age of 13. The average age of onset was 13.7 years old.
- In the past month, 2% of youth reported using prescriptions drugs not prescribed for them.
- Youth who had used medication not prescribed for them during the past month obtained the medication in the following ways: from a parent (60%), from another family member (20%), bought from someone else (13%), the internet (7%), from a friend (7%), and stole from a friend or family member (7%).
- Henry County youth had tried the following in their life:
 - Prescription medications not prescribed for them, or took more than was prescribed (3%)
 - Liquid THC (1%)
 - Misused over-the-counter medications (1%)
 - Steroid pills or shots without a doctor's prescription (1%)
 - Bath salts (1%)
 - Synthetic marijuana/posh/salvia (1%)
 - Misused cough syrup (1%)
 - Inhalants (1%)
 - Ecstasy/MDMA/Molly (<1%)
 - Hallucinogenic drugs (<1%)
 - Cocaine (<1%)
 - K2/spice (<1%)
 - Methamphetamines (<1%)
 - Misused hand sanitizer (<1%)
 - Heroin (0%)
 - Performance enhancers (0%)
 - Went to a pharm party (0%)
 - GHB (0%)
- During the past 12 months, 5% of all Henry County youth reported that someone had offered, sold, or given them an illegal drug on school property.
- Henry County youth reported the following reasons for not using drugs: parents would be upset (61%), values (61%), legal consequences (52%), kicked out of extra-curricular activities (49%), their friends would not approve (40%), health problems (40%), random student drug testing (29%), and other (24%).

The following graph shows youth marijuana use in the past 30 days. An example of how to interpret the information includes: 5% of youth used marijuana in the past 30 days, including 13% of those 17 and older.



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

The table below indicates correlations between 30-day marijuana use and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 83% of current marijuana users had at least one drink of alcohol in the past month, compared to 9% of non-current marijuana users.

Behaviors of Henry County Youth
Current Marijuana Use vs. Non-Current Marijuana Use

Youth Behavior	Current Marijuana User	Non-Current Marijuana User
Had at least one drink of alcohol (in the past 30 days)	83%	9%
Bullied (in the past 12 months)	72%	36%
Currently participate in extracurricular activities	65%	93%
Smoked cigarettes (in the past 30 days)	59%	2%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	44%	20%
Seriously considered attempting suicide (in the past 12 months)	39%	9%
Attempted suicide (in the past 12 months)	22%	5%
Misused prescription medication (in the past 30 days)	17%	1%

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

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

Youth Comparisons	Henry County 2010 (6th-12th)	Henry County 2013 (6th-12th)	Henry County 2016 (6th-12th)	Henry County 2019 (6th-12th)	Henry County 2019 (9th-12th)	U.S. 2017 (9th-12th)
Used marijuana in the past month	6%	6%	4%	5%	8%	20%
Tried marijuana for the first time before the age of 13	4%	3%	1%	2%	2%	7%
Ever used methamphetamines (in their lifetime)	1%	1%	1%	<1%	1%	3%
Ever used cocaine (in their lifetime)	2%	2%	2%	<1%	1%	5%
Ever used heroin (in their lifetime)	1%	1%	1%	0%	0%	2%
Ever used inhalants (in their lifetime)	10%	6%	3%	1%	2%	6%
Ever took steroids without a doctor's prescription (in their lifetime)	2%	3%	1%	1%	1%	3%
Ever used ecstasy (also called MDMA in their lifetime)	N/A	2%	3%	<1%	0%	4%
Ever used hallucinogenic drugs (such as LSD, acid, PCP, angel dust, mescaline, or mushrooms in their lifetime)	N/A	N/A	N/A	<1%	0%	7%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	7%	5%	2%	5%	7%	20%

N/A-Not Available

Youth Health: Sexual Behavior

Key Findings

Fifteen percent (15%) of Henry County youth had sexual intercourse in their lifetime. Twenty-two percent (22%) of sexually active youth had four or more sexual partners. Six percent (6%) of youth engaged in intercourse without a reliable method of protection, and 17% reported they were unsure if they used a reliable method.

438 youth had sexual intercourse in their lifetime.

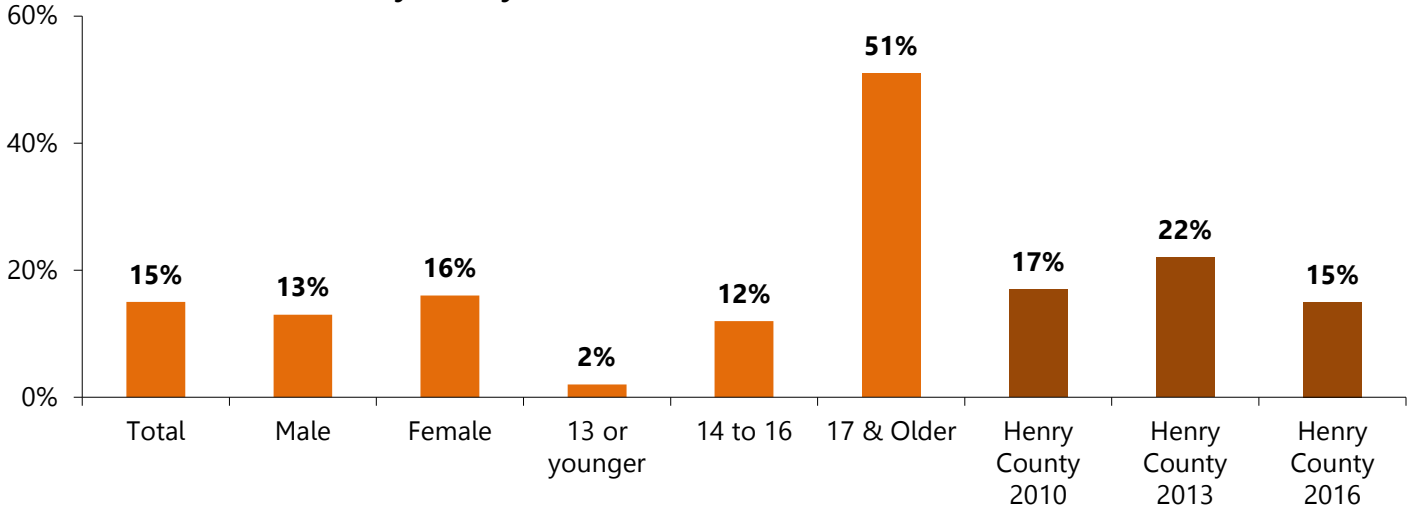
Youth Sexual Behavior

- Fifteen percent (15%) of Henry County youth had sexual intercourse, increasing to 51% of those ages 17 and over.
- About one-in-seven (14%) youth had participated in oral sex, increasing to 55% of those ages 17 and over.
- Four percent (4%) of youth had participated in anal sex, increasing to 15% of those ages 17 and over.
- Twelve percent (12%) of youth had participated in sexting, increasing to 40% of those ages 17 and over.
- Fifteen percent (15%) of youth had viewed pornography, increasing to 38% of those ages 17 and over and 20% of males.
- Of sexually active youth, 51% had one sexual partner, and 49% had multiple partners.
- Twenty-two percent (22%) of sexually active youth had four or more sexual partners.
- Four percent (4%) of all youth had four or more sexual partners.
- Of sexually active youth, 19% had engaged in intercourse by the age of 13, and another 37% had done so by 15 years of age. The average age of onset was 15.0 years old.
- Of all youth, 2% were sexually active before the age of 13.
- Over three-fifths (65%) of youth who were sexually active used condoms to prevent pregnancy, 30% used birth control pills, 15% used the withdrawal method; 8% used a shot, patch or birth control ring, 6% used an IUD, and 3% used some other method. Six percent (6%) of youth reported they were gay or lesbian. However, 6% engaged in intercourse without a reliable method of protection, and 17% reported they were unsure.
- Henry County youth that reported not always using protection when engaging in oral, anal, or sexual intercourse gave the following reasons: did not want to use protection (3%), did not have protection available to me (2%), it did not occur to them (1%), and partner did not want to use protection (1%).
- Youth learned about pregnancy prevention, sexually transmitted diseases, HIV/AIDS, and the use of condoms from school (79%), their parents (52%), their friends (22%), the Internet or social media (21%), their doctor (20%), their siblings (14%), church (11%), and somewhere else (5%). Eleven percent (11%) of youth had not been taught about these subjects.
- Of sexually active youth, 14% had drunk alcohol or used drugs before their last sexual encounter.
- In the past month, youth reported they experienced the following:
 - They received a text or an e-mail with a revealing, or sexual photo of someone (11%)
 - They texted, e-mailed, or posted electronically a revealing or sexual photo of themselves (4%)
 - A revealing or sexual photo of them was texted, emailed, or posted electronically without their permission (2%)

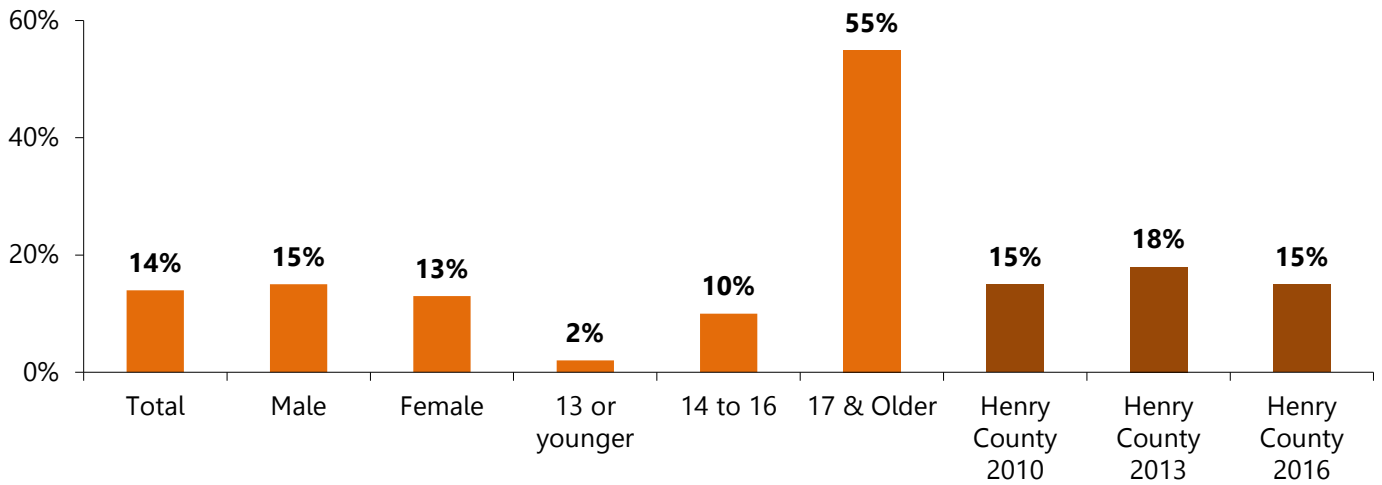
- Henry County youth had experienced the following in their lifetime: had sexual contact with a female (8%), had sexual contact with a male (8%), gotten someone pregnant (1%), had a child (1%), were treated for and STD (1%), taken emergency contraception (1%), had sex in exchange for something of value (1%), been pregnant (1%), tried to get pregnant (1%), wanted to get pregnant (1%), had a miscarriage (<1%), and had an abortion (<1%).

The following graphs show the percentage of Henry County youth who participated in sexual intercourse and oral sex. An example of how to interpret the information includes: 15% of all Henry County youth had sexual intercourse, including 51% of those ages 17 and older.

Henry County Youth Who Had Sexual Intercourse



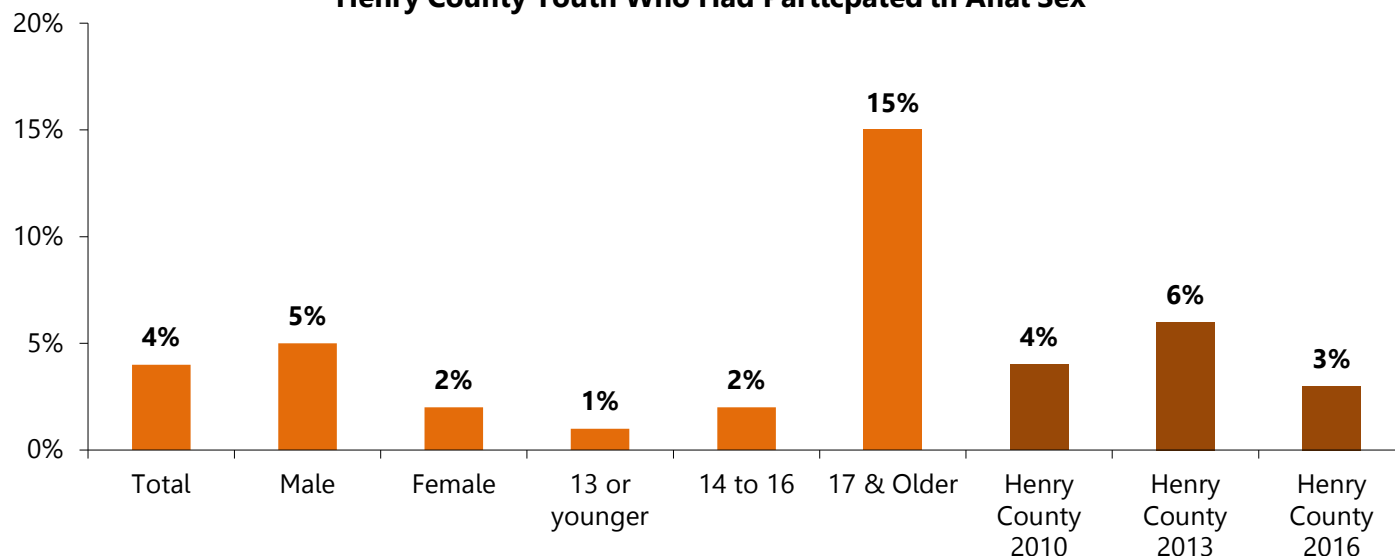
Henry County Youth Who Had Participated in Oral Sex



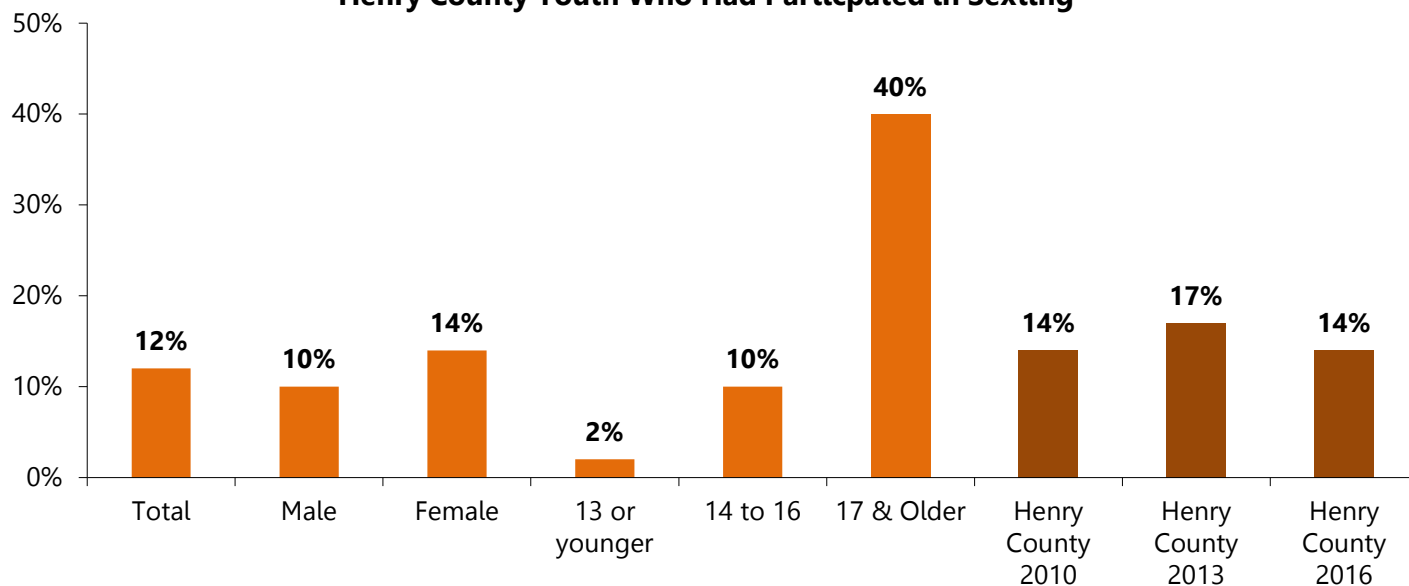
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

The following graphs show the percentage of Henry County youth who participated in anal sex and sexting. An example of how to interpret the information on the first graph includes: 4% of all Henry County youth had anal sex, including 15% of those 17 and older.

Henry County Youth Who Had Participated in Anal Sex



Henry County Youth Who Had Participated in Sexting



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

Youth Comparisons	Henry County 2010 (6 th -12 th)	Henry County 2013 (6 th -12 th)	Henry County 2016 (6 th -12 th)	Henry County 2019 (6 th -12 th)	Henry County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Ever had sexual intercourse	17%	22%	15%	15%	26%	40%
Had sexual intercourse with four or more persons (of all youth during their life)	8%	3%	6%	4%	7%	10%
Had sexual intercourse before the age 13 (for the first time of all youth)	3%	4%	2%	2%	2%	3%
Used a condom (during last sexual intercourse)	55%	48%	63%	65%	68%	54%
Used birth control pills (during last sexual intercourse)	21%	32%	39%	30%	32%	21%
Used an IUD (during last sexual intercourse)	N/A	N/A	0%	6%	6%	4%
Used a shot, patch or birth control ring (during last sexual intercourse)	5%	5%	4%	8%	8%	5%
Did not use any method to prevent pregnancy during last sexual intercourse	8%	8%	14%	6%	3%	14%
Drank alcohol or used drugs before last sexual intercourse (of sexually active youth)	N/A	18%	18%	14%	15%	19%

N/A – Not Available

Sexual Risk Behavior

Many young people engage in sexual risk behaviors that can result in unintended health outcomes. For example, among U.S. high school students surveyed in 2017:

- Only 10% of sexually experienced students have ever been tested for HIV.
- 40% had ever had sexual intercourse.
- 7% had been physically forced to have sexual intercourse when they did not want to.
- 30% had had sexual intercourse during the previous 3 months, and, of these
 - 46% did not use a condom the last time they had sex.
 - 14% did not use any method to prevent pregnancy.
 - 19% had drunk alcohol or used drugs before last sexual intercourse.

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

- Young people (aged 13-24) accounted for an estimated 21% of all new HIV diagnoses in the United States in 2016.
- Among young people (aged 13-24) diagnosed with HIV in 2014, 81% were gay and bisexual males.
- Half of the nearly 20 million new STDs reported each year are among young people, between the ages 15 to 24
- Nearly 210,000 babies were born to teen girls aged 15-19 years in 2016.

(Source: CDC, Adolescent and School Health, updated 6/14/18)

Youth Health: Mental Health

Key Findings

Ten percent (10%) of youth had seriously considered attempting suicide in the past year, and 6% attempted suicide in the past year. The top three causes for anxiety, stress or depression for Henry County youth were academic success (41%), death or a close family member or friend (39%) and fighting with friends (38%).

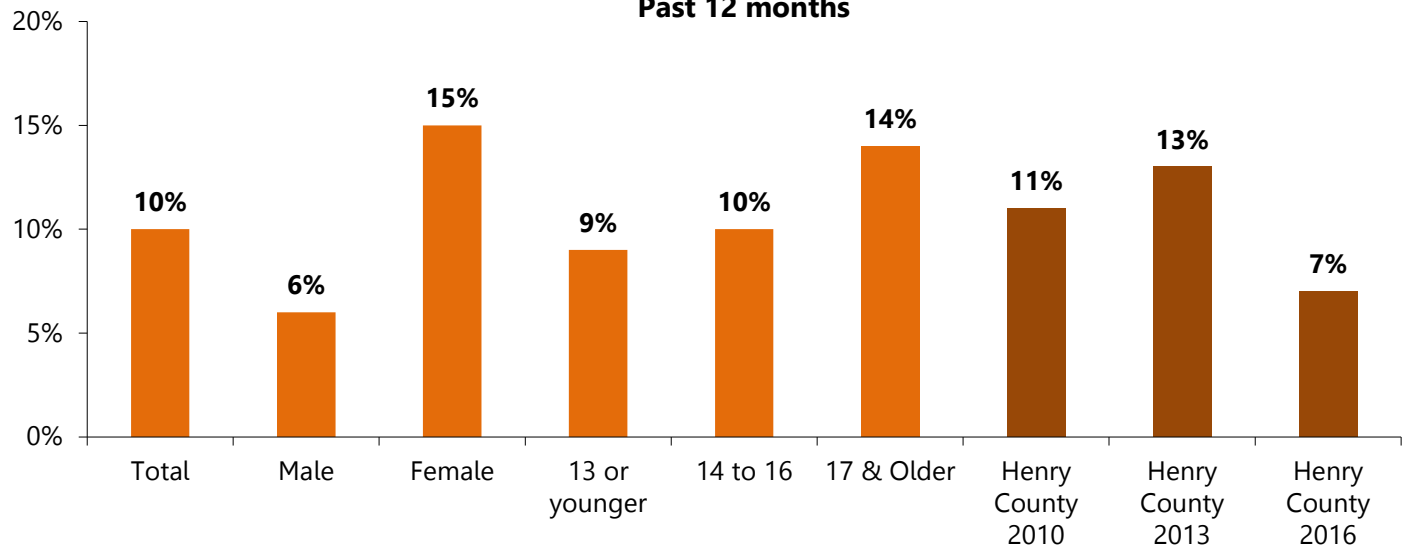
175 youth seriously considered attempting suicide in the past year.

Youth Mental Health

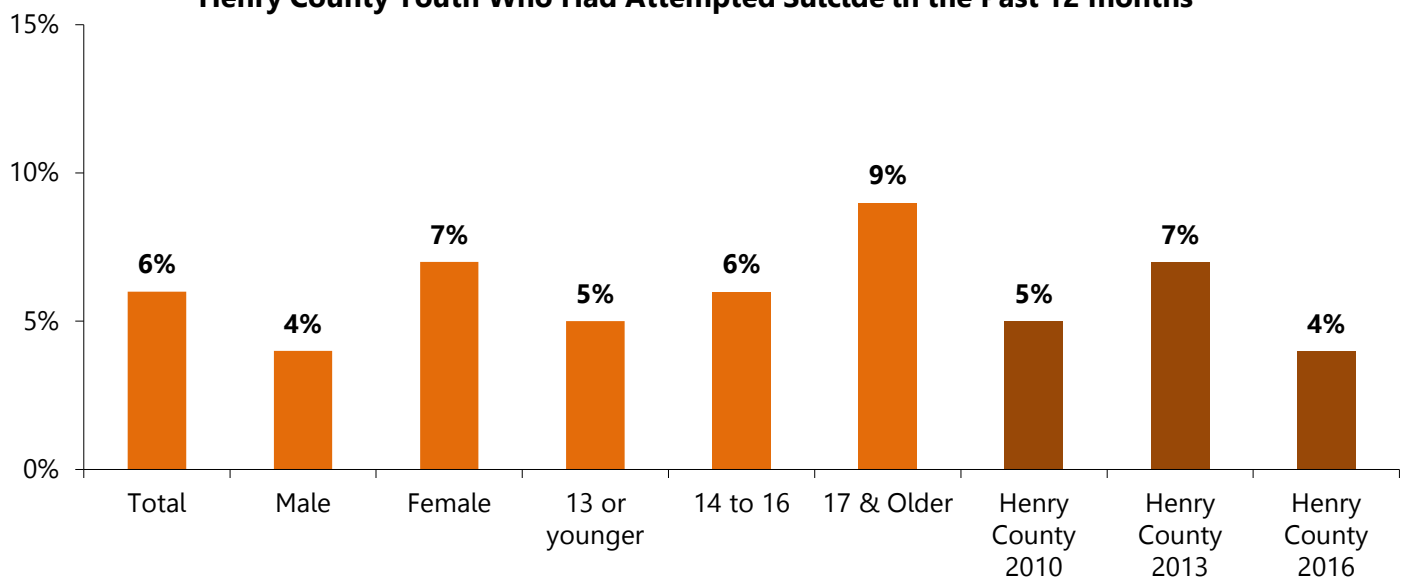
- Twenty-one percent (21%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 26% of females.
- Ten percent (10%) of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 15% of females.
- In the past year, 6% of youth had attempted suicide. Three percent (3%) of youth had made more than one attempt.
- Youth reported the following caused them anxiety, stress or depression:
 - Academic success (41%)
 - Death of close family member or friend (39%)
 - Fighting with friends (38%)
 - Sports (37%)
 - Self-image (31%)
 - Peer pressure (29%)
 - Other stress in the home (23%)
 - Dating relationship (22%)
 - Being bullied (20%)
 - Fighting at home (18%)
 - Breakup (16%)
 - Parent divorce/separation (14%)
 - Sick parent (12%)
 - Social media (e.g. Facebook) (12%)
 - Caring for younger siblings (11%)
 - Poverty/no money (10%)
 - Current news/world events/political environment (7%)
 - Alcohol or drug use in the home (5%)
 - Not having enough to eat (4%)
 - Sexual orientation (3%)
 - Not having a place to live (3%)
 - Other (11%)
- Youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (42%); hobbies (30%); texting someone (29%); exercising (25%); eating (24%); talking to someone in their family (23%); talking to a peer (21%); praying/reading the Bible (18%); using social media (12%); breaking something (12%); shopping (9%); writing in a journal (7%); using online resources (6%); and drinking alcohol, smoking/using tobacco, or using illegal drugs (6%). One-fifth (20%) of youth reported they did not have anxiety, stress, or depression.
- Henry County youth reported the following reasons would keep them from seeking help if they were dealing with anxiety, stress, depression or thoughts of suicide: they can handle it themselves (31%), worried what others might think (19%), no time (11%), do not know where to go (8%), paying for it (8%), family would not support them in getting help (5%), friends would not support them in getting help (4%), and transportation (2%). Four percent (4%) of youth reported they were currently in treatment. Fifty-one percent (51%) of youth reported they would seek help.
- When youth had feelings of depression or suicide, they talked to the following: best friend (28%); parents (17%); girlfriend or boyfriend (13%); brother/sister (12%); an adult relative such as a grandparent, aunt or uncle (6%); adult friend (6%); caring adults (5%); professional counselor (4%); teacher (4%); school counselor (4%); pastor/priest/youth minister (3%); coach (2%); religious leader (2%); and other (4%). Twelve percent (12%) of youth reported they had no one to talk to when they had feelings of depression or suicide.

The following graphs show Henry County youth who had seriously considered attempting suicide in the past year and youth who had attempted suicide in the past year. An example of how to interpret the information includes: 10% of youth seriously considered attempting suicide in the past year, including 6% of males and 15% of females.

Henry County Youth Who Had Seriously Considered Attempting Suicide in the Past 12 months



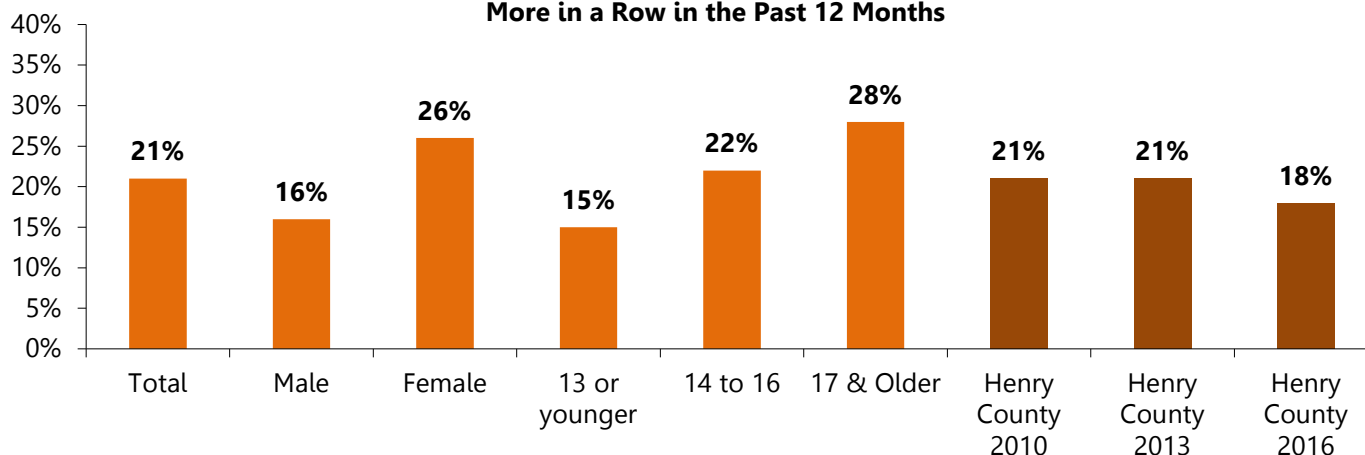
Henry County Youth Who Had Attempted Suicide in the Past 12 months



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

The following graph shows Henry County youth who felt sad or hopeless every day for two weeks or more in a row in the past 12 months. An example of how to interpret the information includes: 21% of youth felt sad or hopeless almost every day for two weeks or more in a row, including 16% of males and 26% of females.

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

Youth Comparisons	Henry County 2010 (6 th -12 th)	Henry County 2013 (6 th -12 th)	Henry County 2016 (6 th -12 th)	Henry County 2019 (6 th -12 th)	Henry County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
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)	21%	21%	18%	21%	23%	32%
Seriously considered attempting suicide (in the past 12 months)	11%	13%	7%	10%	11%	17%
Attempted suicide (in the past 12 months)	5%	7%	4%	6%	7%	7%

Youth Depression: Signs and Symptoms

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

(Source: CDC, *Children's Mental Health: Anxiety and Depression*, March 15, 2018)

Youth Health: Social Determinants of Health

Key Findings

About one-fifth (21%) of Henry County youth had three or more adverse childhood experiences (ACEs) in their lifetime. Nineteen percent (19%) of youth drivers had texted while driving in the past 30 days. Half (50%) of youth who had a social media or online gaming account believed that sharing information online is dangerous.

Personal Health

- Henry County youth reported they got the following amounts of sleep on an average school night: 4 hours or less (8%), 5 hours (6%), 6 hours (13%), 7 hours (30%), 8 hours (28%), 9 hours (12%) and 10 hours or more (3%).
- Youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work less than a year ago (73%), one to two years ago (8%), more than two years ago (4%), never (2%), and do not know (13%).
- Henry County youth felt they put themselves at a greater health risk if they smoke cigarettes (71%), drink alcohol and then drive (71%), use prescription drugs not prescribed to you (70%), text while driving (67%), use electronic cigarettes (67%), drink alcohol (67%), use marijuana (61%), bully others (57%), carry a weapon (51%), participate in other sexual activities (48%), and participate in sexual intercourse (47%).

Personal Safety

- Ninety-four percent (94%) of Henry County youth had a social media or online gaming account.
- Of those who had an account, they reported the following:
 - They knew all of their “friends” (56%)
 - Their account was currently checked private (54%)
 - They knew all of the people they play online (30%)
 - Their parents had their password (23%)
 - Their friends had their password to some or all of their accounts (6%)
 - They had been asked to meet someone they met online (4%)
 - They were bullied because of their accounts (4%)
 - Their parents do not know they have an account (4%)
 - They share personal information (3%)
 - They had participated in sexual activity with someone they met online (1%)
- Half (50%) of youth who had a social media or online gaming account believed that sharing information online is dangerous.
- In the past month, youth drivers did the following while driving: wore a seat belt (95%), ate (43%), drove while tired or fatigued (35%), talked on their cell phone (30%), texted (19%), used their cell phone other than for talking or texting (17%), read (5%), drank alcohol (4%), applied makeup (3%), used marijuana (3%), used illegal drugs (2%), and misused prescription drugs (1%).
- Over two-thirds (64%) of youth reported always wearing a seat belt when riding in a car driven by someone else. Twenty-four percent (24%) said most of the time, 7% said sometimes, 3% said rarely and 2% said never.
- Henry County youth spent the following time unsupervised after school on an average school day: less than one hour (28%), 1 to 2 hours (28%), 3 to 4 hours (10%), and more than 4 hours (13%). Twenty-one percent (21%) of youth reported spending no time unsupervised after school on an average school day.
- In the past year, 19% of youth suffered a blow or jolt to their head while playing a sport or being physically active which caused them headaches, dizziness, being dazed or confused, memory or concentration problems, blurry vision, being knocked out, or experience vomiting, increasing to 23% of males.

Youth Comparisons	Henry County 2010 (6 th -12 th)	Henry County 2013 (6 th -12 th)	Henry County 2016 (6 th -12 th)	Henry County 2019 (6 th -12 th)	Henry County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Rarely or never wore a seatbelt (when riding in a car or other vehicle driven by someone else)	12%	9%	9%	5%	7%	6%
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	72%	72%	79%	73%	71%	N/A
Did not get 8 or more hours of sleep (on an average school night)	N/A	N/A	48%	57%	71%	75%

N/A-Not Available

Neighborhood and Built Environment

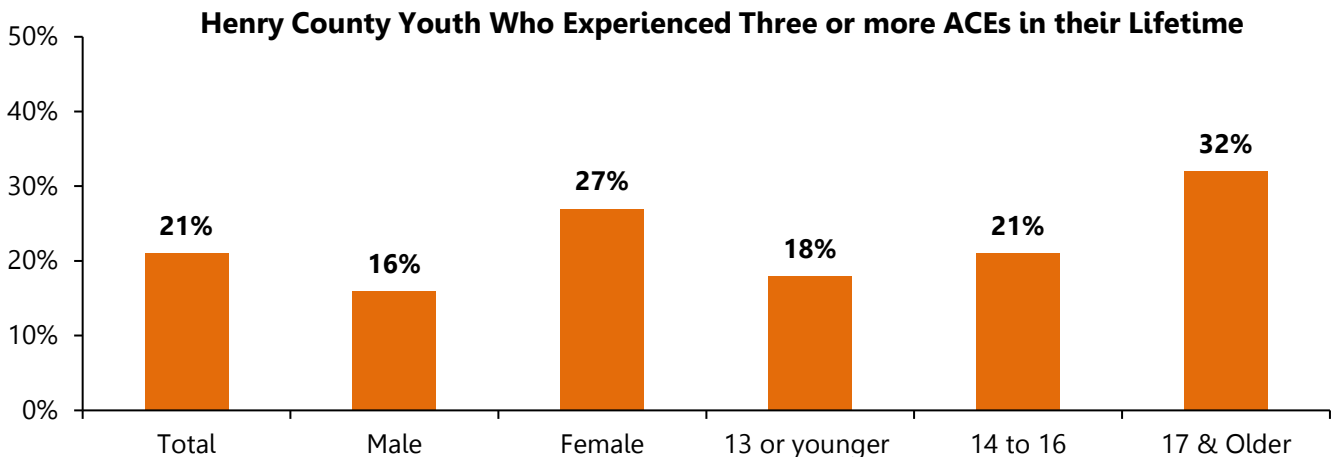
- Henry County youth reported living with the following individuals: both parents (61%), one of their parents (18%), mother and step-father (17%), father and step-mother (10%), grandparents (4%), mother and her partner (2%), another relative (2%), guardians/foster parents (1%), father and his partner (1%), and living on their own or with friends (1%).

Social and Community Context

- Henry County youth were peer pressured to do the following in the past year: drink alcohol (6%), smoke cigarettes (4%), use drugs (4%), participate in sexual intercourse (4%), and participate in other sexual activities (4%).
- In the past year, youth reported an adult discussed the following with them: goals for their future (73%), dating and healthy relationships (54%), respecting themselves (42%), healthy ways to deal with stress and emotions (34%), body image (24%), abstinence and how to refuse sex (20%), condoms/safer sex/STD prevention (19%), and birth control options (12%).
- Youth reported their parent or guardian regularly did the following: talked to them about school (70%), asked about homework (69%), made the family eat a meal together (60%), went to school meetings or events (58%), helped with school work (47%), talked about healthy choices (47%), talked about social media (36%), talked about alcohol use, drug use or sex (23%). Eleven percent (11%) of youth reported their parent or guardian never did any of those things.
- Ninety-one percent (91%) of youth participated in extracurricular activities. They participated in the following:
 - A sports or intramural program (61%)
 - Exercising outside of school (42%)
 - School club or social organization (37%)
 - Church or religious organization (34%)
 - Church youth group (27%)
 - Babysitting for other kids (20%)
 - Caring for siblings after school (19%)
 - Part-time job (18%)
 - Volunteering in the community (17%)
 - Caring for parents or grandparents (4%)
 - Some other organized activity (scouts, 4-H, etc.) (22%)

- Over half (52%) of youth reported the following adverse childhood experiences (ACEs):
 - Parents became separated or were divorced (31%)
 - Parents or adults in home swore at them, insulted them or put them down (22%)
 - Family did not look out for each other, feel close to each other, or support each other (14%)
 - Lived with someone who was depressed, mentally ill or suicidal (13%)
 - Lived with someone who was a problem drinker or alcoholic (13%)
 - Lived with someone who served time or was sentenced to serve in prison or jail (12%)
 - Parents were not married (11%)
 - Lived with someone who used illegal street drugs or misused prescription drugs (5%)
 - Parents or adults in the home hit, beat, kicked, or physically hurt them in any way (not including spanking) (4%)
 - Parents or adults in home slapped, hit, kicked, punched or beat each other up (3%)
 - Did not have enough to eat, had to wear dirty clothes, and had no one to protect them (3%)
 - An adult or someone five years older than them touched them sexually (2%)
 - An adult or someone five years older than them made them touch them sexually (1%)
 - An adult or someone five years older than them forced them to have sex (<1%)
- Twenty-one percent (21%) of youth had experienced three or more ACEs in their lifetime.

The following graph shows the percentage of Henry County youth who had experienced three or more adverse child experiences (ACEs) in their lifetime. The table below indicates correlations between youth who experienced three or more ACEs, as well as other activities and experiences.



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

Behaviors of Henry County Youth
Experienced 3 or More ACEs vs. Did Not Experience Any ACEs

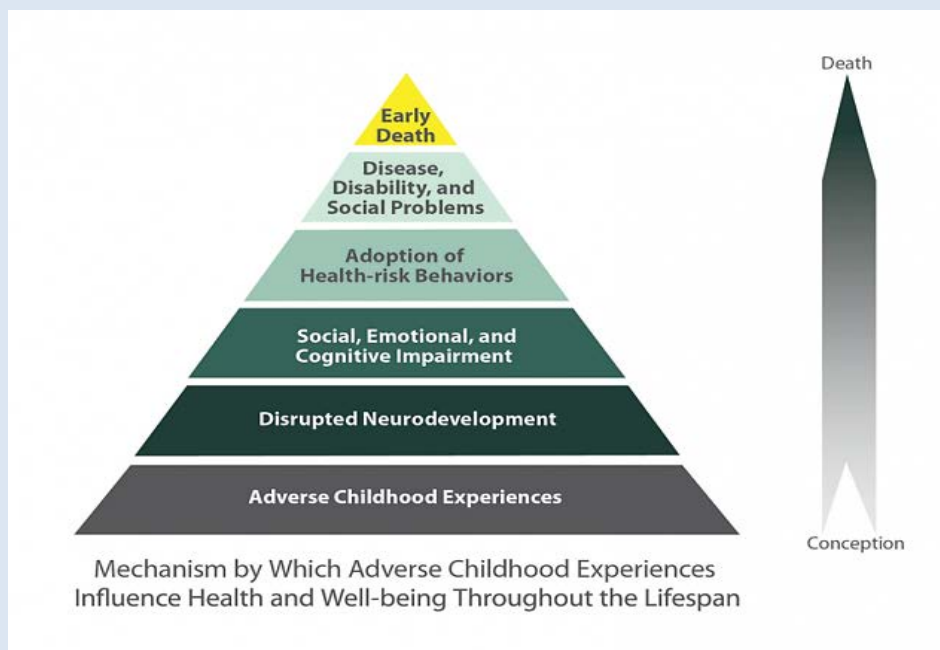
Youth Behaviors	Experienced 3 or More ACEs	Did Not Experience Any ACEs
Bullied (in the past 12 months)	63%	23%
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	44%	9%
Seriously considered attempting suicide (in the past 12 months)	30%	1%
Had at least one drink of alcohol (in the past 30 days)	29%	7%
Attempted suicide (in the past 12 months)	15%	1%
Smoked cigarettes (in the past 30 days)	13%	1%
Used marijuana (in the past 30 days)	10%	1%

"ACEs" indicate youth who self-reported having experienced three or more adverse childhood experiences in their lifetime.

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

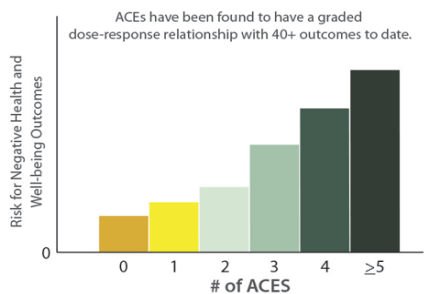
Adverse Childhood Experiences (ACEs)

- Childhood abuse, neglect, and exposure to other traumatic stressors—which we term adverse childhood experiences (ACEs)—are common. The most common ACEs are separated or divorced parents; verbal, physical, or sexual abuse; witness of domestic violence; and having a family member with depression or mental illness.
- The short and long-term outcomes of these childhood exposures include a multitude of health and social problems such as:
 - Depression
 - Fetal death
 - Illicit drug use
 - Liver disease
 - STDs
 - Multiple sexual partners
 - Alcoholism and alcohol abuse
 - COPD
 - Unintended pregnancies
 - Suicide attempts
 - Early initiation of smoking
 - Risk for intimate partners violence
- Given the high prevalence of ACEs, additional efforts are needed at the state and local level to reduce and prevent childhood maltreatment and associated family dysfunction in the US.



ACEs can have lasting effects on....

-  Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)
-  Behaviors (smoking, alcoholism, drug use)
-  Life Potential (graduation rates, academic achievement, lost time from work)



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

Youth Health: Violence

Key Findings

Twenty-three percent (23%) of Henry County youth had been involved in a physical fight in the past year. Thirty-eight percent (38%) of youth had been bullied in the past year.

Violence-Related Behaviors

- One percent (1%) of youth carried a weapon on school property (such as a gun, knife or club) in the past 30 days.
- Six percent (6%) of youth did not go to school on one or more days in the past month because they did not feel safe at school or on their way to or from school.
- Seven percent (7%) of youth were threatened or injured with a weapon on school property in the past year.
- Ten percent (10%) of youth felt threatened or unsafe in their home at least once in the past year.

Physical and Sexual Violence

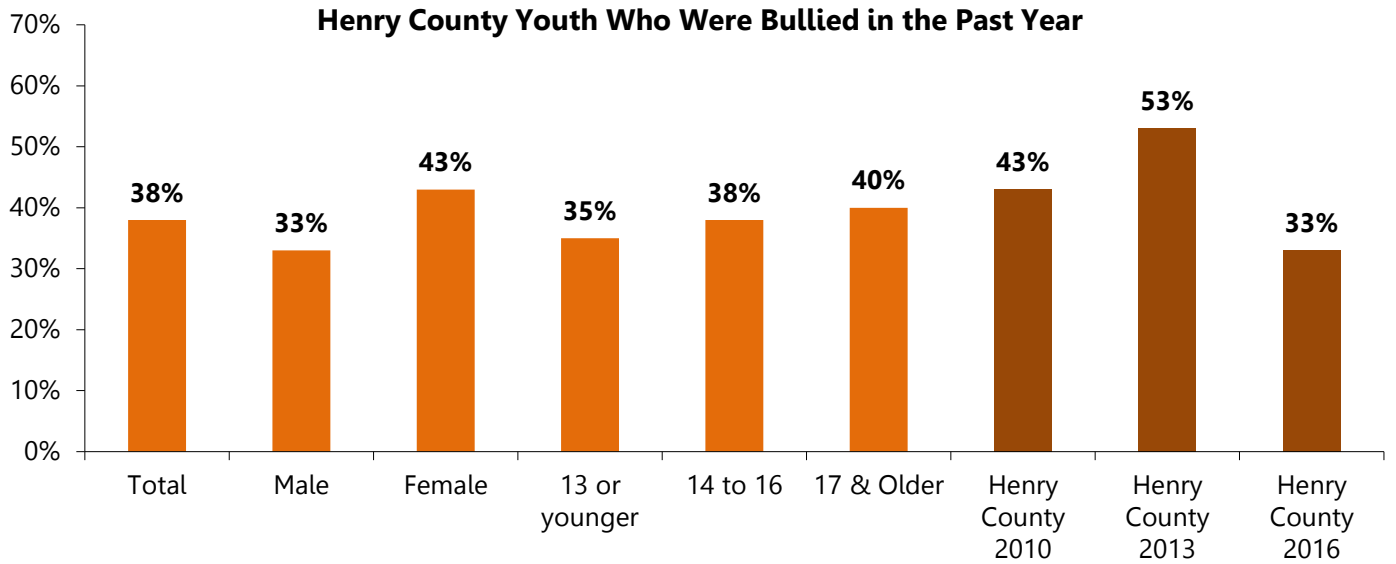
- In the past year, 23% of youth had been involved in a physical fight, increasing to 30% of males.
- Of those who had been in a physical fight, 57% had been in a fight on more than one occasion.
- In the past year, youth reported someone they were dating or going out with did the following:
 - Purposefully tried to control or emotionally hurt them (7%)
 - Forced or pressured them to do sexual things that they did not want to (2%)
 - Stalked them (2%)
 - Physically hurt them on purpose (<1%)
- Twenty-one percent (21%) of youth purposefully hurt themselves in their life by cutting, scratching, burning, hitting or biting, increasing to 28% of females.

1,109 Henry County youth were bullied in the past year.

Bullying

- Thirty-eight percent (38%) of youth had been bullied in the past year. The following types of bullying were reported:
 - 25% were verbally bullied (teased, taunted or called harmful names)
 - 21% were indirectly bullied (spread mean rumors about them or kept them out of a "group")
 - 9% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
 - 7% were physically bullied (were hit, kicked, punched or people took their belongings)
 - 2% were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person)
- In the past year, 24% of youth had been bullied on school property.
- In the past year, youth had been a victim of teasing or name calling because of the following:
 - Their weight, size, or physical appearance (27%)
 - Someone thought they were gay, lesbian, bisexual, transgender, etc. (11%)
 - Their race or ethnic background (5%)
 - Their gender (3%)

The following graph shows the percentage of Henry County youth who were bullied in the past year. An example of how to interpret the information includes: 38% of youth were bullied in the past year, including 43% of females.



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

Types of Bullying Henry County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 and younger	14-16 Years old	17 and older
Verbally Bullied	25%	23%	28%	23%	26%	26%
Indirectly Bullied	21%	12%	30%	15%	24%	23%
Cyber Bullied	9%	6%	12%	8%	10%	11%
Physically Bullied	7%	9%	5%	5%	7%	9%
Sexually Bullied	2%	1%	3%	1%	2%	4%

Healthy People 2020 Injury and Violence Prevention (IVP)

Objective	Henry County 2019	U.S. 2017	Healthy People 2020 Target
IVP-35 Reduce bullying among adolescents	24% (6-12 Grade)	19% (9-12 Grade)	18%
	26% (9-12 Grade)		

Note: The Healthy People 2020 target is for youth in grades 9-12 who reported they were bullied on school property in the past year. (Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2019 Henry County Health Assessment)

The table below indicates correlations between those who were bullied in the past 12 months and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 40% of those who were bullied felt sad or hopeless almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past 12 months, compared to 8% of those who were not bullied.

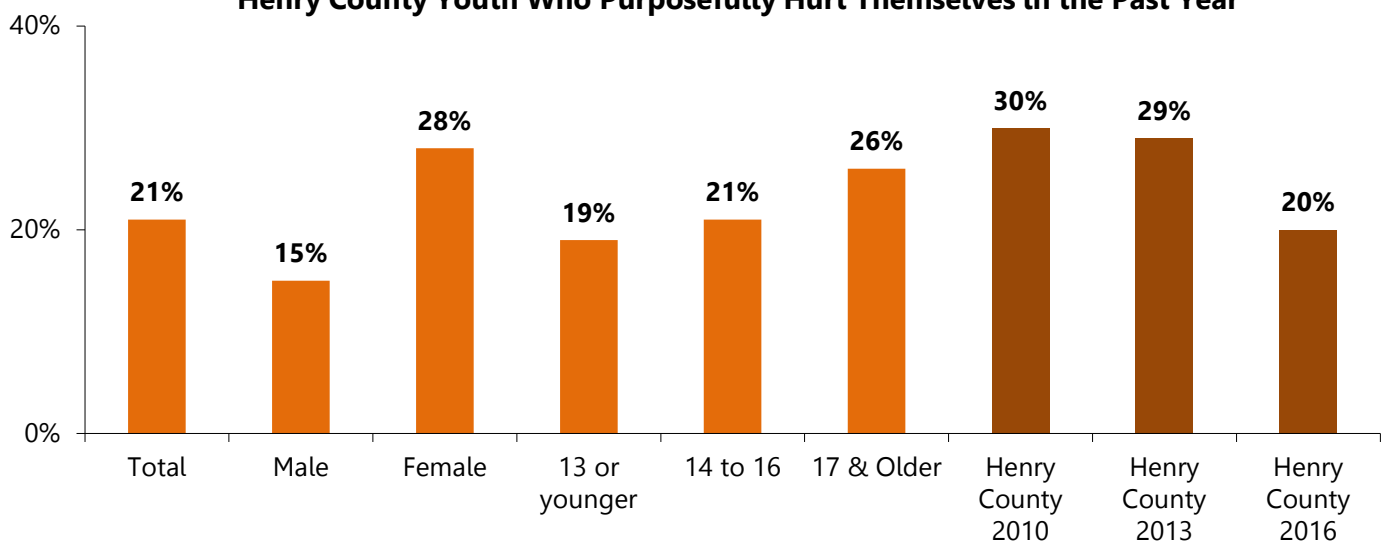
Behaviors of Henry County Youth Bullied vs. Non-Bullied

Youth Behavior	Bullied	Non-Bullied
Currently participate in extracurricular activities	91%	92%
Classified as overweight or obese by BMI	43%	26%
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)	40%	8%
Experienced three or more adverse childhood experiences (ACEs) (in their lifetime)	35%	13%
Had at least one drink of alcohol (in the past 30 days)	22%	6%
Seriously considered attempting suicide (in the past 12 months)	21%	4%
Attempted suicide (in the past 12 months)	13%	1%
Smoked cigarettes (in the past 30 days)	11%	1%
Used marijuana (in the past 30 days)	9%	2%
Misused prescription medication (in the past 30 days)	4%	1%

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

The following graph shows Henry County youth who purposefully hurt themselves during their life. An example of how interpret the information includes: 21% of youth had purposefully hurt themselves in their life, including 15% of males and 28% of females.

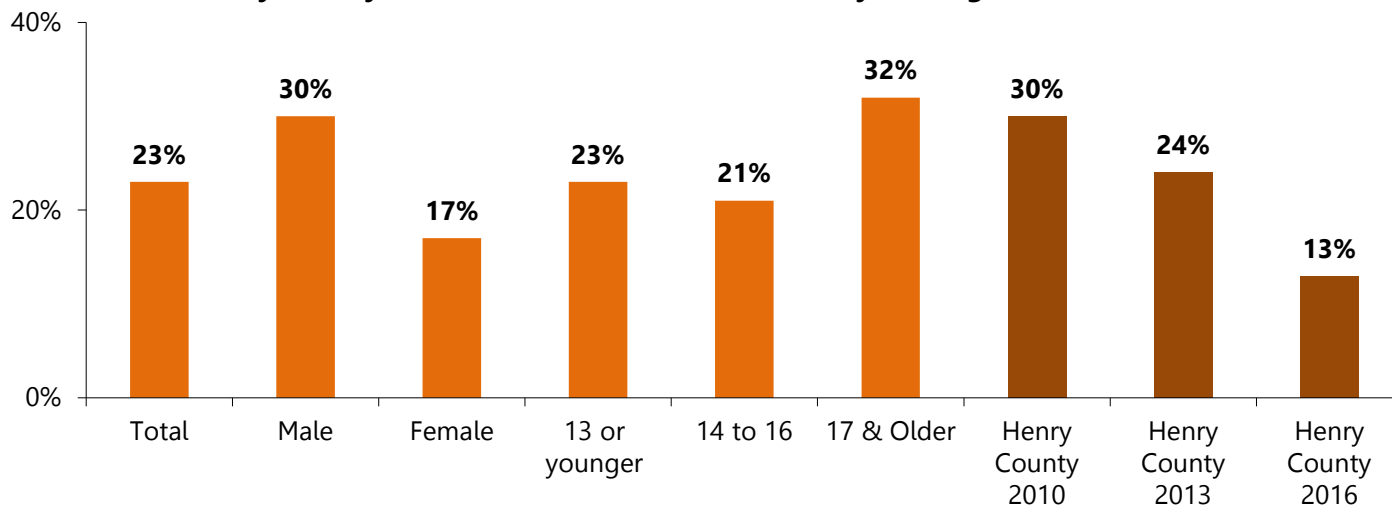
Henry County Youth Who Purposefully Hurt Themselves in the Past Year



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

The following graph shows Henry County youth who were involved in a physical fight in the past year. An example of how interpret the information includes: 23% of youth were involved in a physical fight in the past year, including 30% of males and 32% of those ages 17 and older.

Henry County Youth Who Were Involved in a Physical Fight in the Past Year



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

Youth Comparisons	Henry County 2010 (6 th -12 th)	Henry County 2013 (6 th -12 th)	Henry County 2016 (6 th -12 th)	Henry County 2019 (6 th -12 th)	Henry County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Carried a weapon on school property (in the past 30 days)	N/A	N/A	1%	1%	1%	4%
Were in a physical fight (in the past 12 months)	30%	24%	13%	23%	26%	24%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	5%	5%	3%	6%	5%	7%
Threatened or injured with a weapon on school property (in the past 12 months)	7%	7%	3%	7%	6%	6%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	6%	4%	4%	<1%	0%	8%
Electronically bullied (in the past year)	9%	14%	12%	9%	11%	15%
Bullied (in the past year)	43%	53%	33%	38%	40%	N/A
Were bullied on school property (during the past 12 months)	N/A	33%	20%	24%	26%	19%
Purposefully hurt themselves in their life	30%	29%	20%	21%	23%	N/A

N/A – Not Available

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Association of Suicidology	<ul style="list-style-type: none"> Facts & Statistics, 2016 	www.suicidology.org/Portals/14/docs/Resources/FactSheets/2017/2017datapgsv1-FINAL.pdf
American Cancer Society (ACS) 2019	<ul style="list-style-type: none"> 2019 Cancer Estimates 	www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2019/cancer-facts-and-figures-2019.pdf
	<ul style="list-style-type: none"> ACS Guidelines for Nutrition and Physical Activity 	www.cancer.org/healthy/eat-healthy-get-active/acs-guidelines-nutrition-physical-activity-cancer-prevention/guidelines.html
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> 2009 – 2017 Adult Ohio and U.S. Correlating Statistics 	www.cdc.gov
Brady Campaign to Prevent Gun Violence	<ul style="list-style-type: none"> Victims of Gun Violence in America 	www.bradycampaign.org/key-gun-violence-statistics
CDC, Adolescent and School Health	<ul style="list-style-type: none"> Sexual Risk Behavior 	www.cdc.gov/healthyyouth/sexualbehaviors/
CDC, Alcohol & Public Health	<ul style="list-style-type: none"> Excessive Drinking is Draining the U.S. Economy 	www.cdc.gov/features/costsofdrinking/index.html
	<ul style="list-style-type: none"> Consequences of Underage Drinking 	www.cdc.gov/alcohol/factsheets/underage-drinking.htm
CDC, Breast Cancer	<ul style="list-style-type: none"> What Can I do to Reduce My Risk of Breast Cancer? 	www.cdc.gov/cancer/breast/basic_info/prevention.htm
CDC, Children’s Mental Health: Anxiety and Depression	<ul style="list-style-type: none"> Youth Depression: Signs and Symptoms 	www.cdc.gov/childrensmentalhealth/depression.html
CDC, Diabetes	<ul style="list-style-type: none"> About Diabetes 	www.cdc.gov/diabetes/basics/diabetes.html
CDC, Mold Prevention	<ul style="list-style-type: none"> Facts about Mold and Dampness 	www.cdc.gov/mold/dampness_facts.htm
CDC, National Center for Health Statistics	<ul style="list-style-type: none"> Men’s Health 	www.cdc.gov/nchs/fastats/mens-health.htm
CDC, Obesity	<ul style="list-style-type: none"> Adult Obesity Facts 	www.cdc.gov/obesity/data/adult.html
	<ul style="list-style-type: none"> Childhood Obesity Causes and Consequences 	www.cdc.gov/obesity/childhood/causes.html
CDC, Oral Health	<ul style="list-style-type: none"> Adult Oral Health 	www.cdc.gov/oralhealth/basics/adult-oral-health/index.html
CDC, Prostate Cancer	<ul style="list-style-type: none"> What Are the Benefits and Harms of Screening? 	www.cdc.gov/cancer/prostate/basic_info/benefits-harms.htm
CDC, Rural America	<ul style="list-style-type: none"> About Rural Health 	www.cdc.gov/ruralhealth/about.html
CDC, Sexual Violence Prevention	<ul style="list-style-type: none"> Sexual Violence Prevention 	www.cdc.gov/features/sexualviolence/index.html

Source	Data Used	Website
CDC, Smoking & Tobacco Use	<ul style="list-style-type: none"> About Electronic Cigarettes (E-Cigarettes) 	www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html
	<ul style="list-style-type: none"> Cigarette Smoking and Tobacco Use Among People of Low Socioeconomic Status 	www.cdc.gov/tobacco/disparities/low-ses/index.htm
CDC, Violence Prevention	<ul style="list-style-type: none"> Adverse Childhood Experiences (ACEs) 	www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/ace-brfss.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Face_brfss.html
CDC, Women's Health	<ul style="list-style-type: none"> Women's Health 	www.cdc.gov/nchs/fastats/womens-health.htm
CDC Wonder, About Underlying Cause of Death, 2009-2017	<ul style="list-style-type: none"> U.S. Comparison Statistics 	https://wonder.cdc.gov/
County Health Rankings	<ul style="list-style-type: none"> USDA Food Environment Atlas 	www.countyhealthrankings.org
Healthy People 2020: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> All Healthy People 2020 Target Data Points Some U.S. Baseline Statistics Predictors of Access to Health Care E-Cigarette Use Among Youth and Young Adults 	www.healthypeople.gov/2020/topic/objectives2020
Henry Kaiser Family Foundation	<ul style="list-style-type: none"> Key Facts about the Uninsured Population 	www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/
National Institute on Drug Abuse and Health	<ul style="list-style-type: none"> Misuse of Prescription Drugs Research Report 	www.drugabuse.gov/publications/misuse-prescription-drugs/overview
National Institute on Drug Abuse and Health for Teens	<ul style="list-style-type: none"> Youth Prescription (Rx) Drug Misuse 	https://teens.drugabuse.gov/drug-facts/prescription-drugs
Ohio Department of Health	<ul style="list-style-type: none"> 2017 Ohio Drug Overdose Data: General Finding 	odh.ohio.gov/wps/wcm/connect/gov/5deb684e-4667-4836-862b-cb5eb59acbd3/2017_OhioDrugOverdoseReport.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0J000QO9DDDDM3000-5deb684e-4667-4836-862b-cb5eb59acbd3-moxPbu6
Ohio Department of Health, Information Warehouse	<ul style="list-style-type: none"> Henry County and Ohio Birth Statistics Age-Adjusted Mortality Rates Sexually Transmitted Diseases Incidence of Cancer HIV/AIDS Surveillance Program Statistics: Access to Health Services 	www.odh.ohio.gov/
Ohio Department of Job and Family Services	<ul style="list-style-type: none"> Unemployment Rates 	http://ohiolmi.com/laus/current.htm

Source	Data Used	Website
Ohio Development Services Agency	<ul style="list-style-type: none"> Ohio Poverty Report, February 2018 	www.development.ohio.gov/files/research/P7005.pdf
Ohio Mental Health and Addiction Services	<ul style="list-style-type: none"> Opiate and Pain Reliever Doses Per Capita Opiate and Pain Reliever Doses Per Patient New Limits on Prescription Opiates Will Save Lives and Fight Addiction 	https://www.ohiopmp.gov/maps.asp
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> American Community Survey 5-year estimate, 2012-2016 Ohio and Henry County 2016 Census Demographic Information Ohio and U.S. Health Insurance Sources Small Area Income and Poverty Estimates Federal Poverty Thresholds 	www.census.gov
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	<ul style="list-style-type: none"> 2009 - 2017 U.S. Youth Correlating Statistics 	https://nccd.cdc.gov/Youthonline/App/Default.aspx

Appendix II: Acronyms and Terms

AHS	Access to Health Services , Topic of Healthy People 2020 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
AOCBC	Arthritis, Osteoporosis, and Chronic Back Conditions
BMI	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
BRFSS	Behavior Risk Factor Surveillance System , an adult survey conducted by the CDC.
CDC	Centers for Disease Control and Prevention .
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
HCNO	Hospital Council of Northwest Ohio
HDS	Heart Disease and Stroke , Topic of Healthy People 2020 objectives
HP 2020	Healthy People 2020 , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic ≥ 140 and Diastolic ≥ 90
IID	Immunizations and Infectious Diseases , Topic of Healthy People 2020 objectives
N/A	Data is not available.
ODH	Ohio Department of Health
OSHP	Ohio State Highway Patrol
Race/Ethnicity	Census 2010 : U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." Data are presented as "Hispanic or Latino" and "Not Hispanic or Latino." Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, "White alone" or "Black alone", means the respondents reported only one race.
Weapon	Defined in the YRBS as "a weapon such as a gun, knife, or club"
Youth	Defined as 12 through 18 years of age
YPLL/65	Years of Potential Life Lost before age 65. Indicator of premature death.
Youth BMI Classifications	Underweight is defined as BMI-for-age $\leq 5^{\text{th}}$ percentile Overweight is defined as BMI-for-age 85 th percentile to $< 95^{\text{th}}$ percentile. Obese is defined as $\geq 95^{\text{th}}$ percentile.
YRBS	Youth Risk Behavior Survey , a youth survey conducted by

Appendix III: School Participation

The following schools were randomly chosen and agreed to participate in the 2019 Henry County Health Assessment:

Holgate Local School District

Holgate High School
Holgate Middle School

Liberty Center Local School District

Liberty Center High School
Liberty Center Middle School

Napoleon Area City School District

Napoleon Jr/Sr High School
Napoleon Middle School

Patrick Henry Local School District

Patrick Henry High School
Patrick Henry Middle School

Appendix IV: Methods for Weighting the 2019 Henry County Health Assessment Data

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

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2019 Henry County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Henry County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (8 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Henry County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2019 Henry County Survey and the 2017 Census estimates.

2019 Henry Survey			2017 Census		Weight
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	189	54.62428	13,558	49.36824	0.903778
Female	157	45.37572	13,905	50.63176	1.115834

In this example, it shows that there was a larger portion of males in the sample compared to the actual portion in Henry County. The weighting for males was calculated by taking the percent of males in Henry County (based on Census information) (49.36824%) and dividing that by the percent found in the 2019 Henry County sample (54.62428%) [$49.36824/54.62428 =$ weighting of 0.903778 for males]. The same was done for females [$50.63176/45.37572 =$ weighting of 1.115834 for females]. Thus, males' responses are weighted less by a factor of 0.903778 and females' responses weighted greater by a factor of 1.115834.

This same thing was done for each of the 19 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of $2.52626[1.11583$ (weight for females) \times 0.94299 (weight for White) \times 2.40727 (weight for age 35-44) \times 0.99735 (weight for income \$50-\$75k)]. Thus, each individual in the 2019 Henry County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 23.0) when calculating frequencies. For analyses done for the entire sample and analyses done based on subgroups other than age, race, sex, or income – the weightings that were calculated based on the product of the four weighting variables (age, race, sex, income) for each individual. When analyses were done comparing groups within one of the four weighting variables (e.g., smoking status by race/ethnicity), that specific variable was not used in the weighting score that was applied in the software package. In the example smoking status by race, the weighting score that was applied during analysis included only age, sex, and income. Thus, a total of eight weighting scores for each individual were created and applied depending on the analysis conducted. The weight categories were as follows:

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

Category	Henry County Sample	%	2017 Census	%	Weighting Value
Sex:					
Male	189	54.62428	13,558	49.36824	0.903778
Female	157	45.37572	13,905	50.63176	1.115834
	Total: 346		Total: 27,463		
Age:					
20 to 34 years	26	7.58017	4,659	22.91462	3.02297
35 to 44 years	23	6.70554	3,282	16.14204	2.40727
45 to 54 years	47	13.70262	3,712	18.25693	1.33237
55 to 59 years	42	12.24490	2,104	10.34822	0.84510
60 to 64 years	52	15.16035	1,865	9.17273	0.60505
65 to 74 years	97	28.27988	2,495	12.27130	0.43392
75 to 84 years	46	13.41108	1,575	7.74641	0.57761
85+ years	10	2.91545	640	3.14775	1.07968
Race:					
White	333	95.68966	24,781	90.23413	0.94299
Non-White	15	4.31034	2,682	9.76587	2.26568
Household Income:					
Less than \$25,000	49	15.75563	1,765	15.90950	1.00977
\$25,000 to \$34,999	36	11.57556	1,333	12.01550	1.03801
\$35,000 to \$49,999	48	15.43408	1,715	15.45881	1.00160
\$50,000 to \$74,999	71	22.82958	2,526	22.76906	0.99735
\$75,000 to \$99,999	43	13.82637	1,642	14.80079	1.07048
\$100,000 to \$149,999	44	14.14791	1,521	13.71011	0.96906
\$150,000 or more	20	6.43087	592	5.33622	0.82978

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

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

Appendix V: Sample Demographic Profile*

Adult Variable	2019 Henry County Adult Survey Sample	Henry County Census 2017 (5-year estimate)	Ohio Census 2017
Age			
20-29	4.2%	11.3%	13.3%
30-39	7.1%	11.6%	12.2%
40-49	7.2%	12.5%	12.6%
50-59	20.4%	14.7%	14.3%
60 plus	57.7%	23.9%	22.3%
Race/Ethnicity			
White	95.7%	94.6%	81.9%
Black or African American	0%	0.6%	12.3%
American Indian and Alaska Native	0.9%	0.2%	0.2%
Asian	0.6%	0.4%	2.0%
Other	2.8%	2.2%	0.9%
Hispanic Origin (may be of any race)	3.1%	7.5%	3.6%
Marital Status†			
Married Couple	67.6%	56.0%	48.1%
Never been married/member of an unmarried couple	7.0%	26.0%	31.9
Divorced/Separated	13.0%	10.3%	13.6%
Widowed	11.0%	7.7%	6.4%
Education†			
Less than High School Diploma	4.7%	7.6%	10.2%
High School Diploma	40.8%	43.1%	33.6%
Some college/ College graduate	53.9%	49.3%	56.2%
Income (Families)			
\$14,999 and less	6.1%	4.3%	7.7%
\$15,000 to \$24,999	8.6%	4.6%	7.0%
\$25,000 to \$49,999	25.1%	24.2%	21.4%
\$50,000 to \$74,999	19.4%	24.3%	20.0%
\$75,000 or more	28.3%	42.6%	44.0%

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

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

Youth Variable	2019 Youth Survey Sample*
Age	
12 years old or younger	15.9%
13 years old	16.1%
14 years old	17.7%
15 years old	14.8%
16 years old	20.3%
17 years old	7.8%
18 years old or older	7.3%
Gender	
Male	49.9%
Female	50.1%
Race/Ethnicity	
White	91.6%
American Indian and Alaska Native	5.2%
Black or African American	2.3%
Hispanic or Latino	11.7%
Asian	1.8%
Native Hawaiian or Other Pacific Islander	N/A
Other	6.8%
Grade Level	
Middle School (6-8)	47.0%
High School (9-12)	53.0%
Individual Grade Level	
6 th grade	14.8%
7 th grade	14.5%
8 th grade	17.7%
9 th grade	11.4%
10 th grade	26.0%
11 th grade	7.8%
12 th grade	7.8%
Sexual Orientation	
Heterosexual (straight)	88.0%
Gay	0.5%
Lesbian	1.0%
Bi-sexual	3.7%
Transgender	0.8%
Other	1.6%
Not sure	4.5%

N/A-Not Available

*Percents may not add to 100% due to missing data (non-responses) or percents may exceed 100% due to respondents answering more than one option.

Appendix VI: Demographics and Household Information

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

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

HENRY COUNTY PROFILE

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

General Demographic Characteristics

	Number	Percent (%)
Total Population		
2017 Total Population	27,463	100%
Largest City – Napoleon		
2017 Total Population	8,646	100%
Population by Race/Ethnicity		
Total Population	27,463	100%
White	25,982	94.6%
Hispanic or Latino (of any race)	2,048	7.5%
Some other race	598	2.2%
Two or more races	559	2.0%
African American	163	0.6%
Asian	114	0.4%
American Indian and Alaska Native	47	0.2%
Population by Age		
Under 5 years	1,632	5.9%
5 to 17 years	4,906	17.9%
18 to 24 years	2,157	7.9%
25 to 44 years	6,377	23.2%
45 to 64 years	7,681	28.0%
65 years and more	4,710	17.2%
Median age (years)	41.2	N/A
Household by Type		
Total households	11,094	100%
Total families	7,802	70.3%
Households with children <18 years	3,147	28.4%
Married-couple family household	5,996	54.0%
Married-couple family household with children <18 years	2,002	18.0%
Female householder, no husband present	1,253	11.3%
Female householder, no husband present with children <18 years	781	7.0%
Nonfamily household (single person)	3,292	29.7%
Nonfamily household (single person) living alone	2,772	25.0%
Nonfamily household (single person) 65 years and >	1,202	10.8%
Households with one or more people <18 years	3,461	31.2%
Households with one or more people 60 years and >	4,316	38.9%
Average household size	2.44 people	N/A
Average family size	2.88 people	N/A

General Demographic Characteristics, Continued

Housing Occupancy		
Median value of owner-occupied units	\$116,200	N/A
Median housing units with a mortgage	\$1,114	N/A
Median housing units without a mortgage	\$436	N/A
Median value of occupied units paying rent	\$669	N/A
Median rooms per total housing unit	6.6	N/A
Total occupied housing units	11,094	100%
No telephone service available	201	1.8%
Lacking complete kitchen facilities	34	0.3%
Lacking complete plumbing facilities	27	0.2%

Selected Social Characteristics

School Enrollment		
Population 3 years and over enrolled in school	6,655	100%
Nursery & preschool	580	8.7%
Kindergarten	431	6.5%
Elementary School (Grades 1-8)	2,826	42.5%
High School (Grades 9-12)	1,502	22.6%
College or Graduate School	1,316	19.7%
Educational Attainment		
Population 25 years and over	18,768	100%
< 9 th grade education	309	1.6%
9 th to 12 th grade, no diploma	1,123	6.0%
High school graduate (includes equivalency)	8,091	43.1%
Some college, no degree	3,902	20.8%
Associate degree	2,076	11.1%
Bachelor's degree	1,997	10.6%
Graduate or professional degree	1,270	6.8%
Percent high school graduate or higher	N/A	92.4%
Percent Bachelor's degree or higher	N/A	17.4%
Marital Status		
Population 15 years and over	22,121	100%
Never married	5,751	26.0%
Now married, excluding separated	12,388	56.0%
Separated	199	0.9%
Widowed	1,703	7.7%
Widowed females	1,217	5.5%
Divorced	2,079	9.4%
Divorced females	1,084	4.9%
Veteran Status		
Civilian population 18 years and over	20,887	100%
Veterans 18 years and over	1,667	8.0%

Selected Social Characteristics, Continued

Disability Status of the Civilian Non-Institutionalized Population		
Total civilian noninstitutionalized population	27,056	100%
Civilian with a disability	3,594	13.3%
Under 18 years	6,523	N/A
Under 18 years with a disability	338	5.2%
18 to 64 years	16,113	N/A
18 to 64 years with a disability	1,721	10.7%
65 Years and over	4,420	N/A
65 Years and over with a disability	1,535	34.7%

Selected Economic Characteristics

Employment Status		
Population 16 years and over	21,751	100%
16 years and over in labor force	14,195	65.3%
16 years and over not in labor force	7,556	34.7%
Females 16 years and over	11,020	100%
Females 16 years and over in labor force	6,673	60.6%
Population living with own children <6 years	2,077	100%
All parents in family in labor force	1,589	76.5%
Class of Worker		
Civilian employed population 16 years and over	13,527	100%
Private wage and salary workers	11,272	83.3%
Government workers	1,593	11.8%
Self-employed workers in own not incorporated business	632	4.7%
Unpaid family workers	30	0.2%
Occupations		
Employed civilian population 16 years and over	13,527	100%
Management, business, science, and arts occupations	4,091	30.2%
Production, transportation, and material moving occupations	3,503	25.9%
Sales and office occupations	2,341	17.3%
Service occupations	2,087	15.4%
Natural resources, construction, and maintenance occupations	1,505	11.1%
Leading Industries		
Employed civilian population 16 years and over	13,527	100%
Manufacturing	3,570	26.4%
Educational services, and health care and social assistance	3,191	23.6%
Retail trade	1,293	9.6%
Construction	957	7.1%
Arts, entertainment, and recreation, accommodation and food services	785	5.8%
Transportation and warehousing, and utilities	780	5.8%
Other services, except public administration	688	5.1%
Professional, scientific, and management, and administrative and waste management services	677	5.0%
Public administration	431	3.2%
Agriculture, forestry, fishing and hunting, and mining	414	3.1%
Finance and insurance, and real estate and rental and leasing	402	3.0%
Wholesale trade	264	2.0%
Information	117	0.9%

Selected Economic Characteristics, Continued

Income In 2017		
Households	11,094	100%
< \$10,000	442	4.0%
\$10,000 to \$14,999	343	3.1%
\$15,000 to \$24,999	980	8.8%
\$25,000 to \$34,999	1,333	12.0%
\$35,000 to \$49,999	1,715	15.5%
\$50,000 to \$74,999	2,526	22.8%
\$75,000 to \$99,999	1,642	14.8%
\$100,000 to \$149,999	1,521	13.7%
\$150,000 to \$199,999	353	3.2%
\$200,000 or more	239	2.2%
Median household income	\$58,070	N/A
Income in 2017		
Families	7,802	100%
< \$10,000	169	2.2%
\$10,000 to \$14,999	163	2.1%
\$15,000 to \$24,999	360	4.6%
\$25,000 to \$34,999	633	8.1%
\$35,000 to \$49,999	1,254	16.1%
\$50,000 to \$74,999	1,895	24.3%
\$75,000 to \$99,999	1,437	18.4%
\$100,000 to \$149,999	1,334	17.1%
\$150,000 to \$199,999	320	4.1%
\$200,000 or more	237	3.0%
Median family income	68,966	N/A
Per capita income in 2017	\$27,325	N/A
Poverty Status in 2017		
Families	N/A	5.8%
Individuals	N/A	9.0%

(Source: U.S. Census Bureau, 2017)

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

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2017	\$42,829	31 th of 88 counties
BEA Per Capita Personal Income 2016	\$42,267	28 th of 88 counties
BEA Per Capita Personal Income 2015	\$40,905	31 st of 88 counties
BEA Per Capita Personal Income 2014	\$39,977	29 th of 88 counties
BEA Per Capita Personal Income 2013	\$39,421	22 nd of 88 counties

(Source: Bureau of Economic Analysis, https://apps.bea.gov/iTable/index_regional.cfm)

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

Poverty Rates, 2013-2017 5-year averages

Category	Henry County	Ohio
Population in poverty	9.0%	14.9%
< 125% FPL (%)	12.2%	19.3%
< 150% FPL (%)	16.2%	23.6%
< 200% FPL (%)	24.6%	32.5%
Population in poverty (2002)	6.7%	10.2%

(Source: The Ohio Poverty Report, Ohio Development Services Agency, February 2019, <http://www.development.ohio.gov/files/research/P7005.pdf>)

Employment Statistics: May 2019

Category	Henry County	Ohio
Labor Force	13,100	5,775,600
Employed	12,700	5,571,600
Unemployed	500	204,000
Unemployment Rate* in May 2019	3.5	3.5
Unemployment Rate* in April 2019	3.9	3.3
Unemployment Rate* in May 2018	4.0	4.1

**Rate equals unemployment divided by labor force.*

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

Estimated Poverty Status in 2017

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Henry County				
All ages in poverty	2,437	1,991 to 2,883	9.0%	7.4 to 10.6
Ages 0-17 in poverty	785	506 to 1,064	12.3%	7.9 to 16.7
Ages 5-17 in families in poverty	593	388 to 798	12.5%	8.2 to 16.8
Median household income	\$58,070	\$54,953 to \$61,187		
Ohio				
All ages in poverty	1,575,401	1,551,281 to 1,599,521	13.9%	13.7 to 14.1
Ages 0-17 in poverty	507,119	493,056 to 521,182	19.8%	19.2 to 20.4
Ages 5-17 in families in poverty	339,888	328,221 to 351,555	18.2%	17.6 to 18.8
Median household income	\$54,077	\$53,670 to \$54,484		
United States				
All ages in poverty	42,583,651	42,342,619 to 42,824,683	13.4%	13.3 to 13.5
Ages 0-17 in poverty	13,353,202	13,229,339 to 13,477,065	18.4%	18.2 to 18.6
Ages 5-17 in families in poverty	9,120,503	9,033,090 to 9,207,916	17.3%	17.1 to 17.5
Median household income	\$60,336	\$60,250 to \$60,422		

(Source: U.S. Census Bureau, 2017 Poverty and Median Income Estimates, <https://www.census.gov/data/datasets/2017/demo/saipe/2017-state-and-county.html>)

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

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

(Source: U. S. Census Bureau, Poverty Thresholds 2018, <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>)

Appendix VII: County Health Rankings

	Henry County 2019	Ohio 2019	U.S. 2019
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2015-2017)	7,200	8,500	6,900
Overall health. Percentage of adults reporting fair or poor health (age-adjusted) (2016)	14%	17%	16%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2016)	3.4	4.0	3.7
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2016)	3.7	4.3	3.8
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2011-2017)	6%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2016)	17%	23%	17%
Obesity. Percentage of adults that report a BMI of 30 or more (2015)	32%	32%	29%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2015 and 2016)	8.5	6.7	7.7
Physical inactivity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2015)	26%	25%	22%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2018)	43%	84%	84%
Drug and alcohol abuse. Percentage of adults reporting binge or heavy drinking (2016)	19%	19%	18%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2013-2017)	31%	33%	29%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2016)	262.4	520.9	497.3
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2011-2017)	19	26	25

(Source: 2019 County Health Rankings for Henry County, Ohio, and U.S. data)

	Henry County 2019	Ohio 2019	U.S. 2019
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2016)	6%	7%	10%
Access to health care/medical care. Ratio of population to primary care physicians (2016)	2,760:1	1,300:1	1,330:1
Access to dental care. Ratio of population to dentists (2017)	2,470:1	1,620:1	1,460:1
Access to behavioral health care. Ratio of population to mental health providers (2018)	800:1	470:1	440:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2016)	4,339	5,135	4,520
Mammography screening. Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening (2016)	45%	41%	41%
Flu vaccinations. Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination (2016)	58%	47%	45%
Social and Economic Factors			
Education. Percentage of ninth-grade cohort that graduates in four years (2017-2018)	95%	85%	85%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2013-2017)	66%	65%	65%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2017)	5%	5%	4%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2017)	11%	20%	18%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2013-2017)	3.4	4.8	4.9
Family and social support. Percentage of children that live in a household headed by single parent (2013-2017)	35%	36%	33%
Family and social support. Number of membership associations per 10,000 population (2016)	17.4	11.2	9.3
Violence. Number of reported violent crime offenses per 100,000 population (2014 and 2016)	107	293	386
Injury. Number of deaths due to injury per 100,000 population (2013-2017)	73	82	67

(Source: 2019 County Health Rankings for Henry County, Ohio, and U.S. data)

	Henry County 2019	Ohio 2019	U.S. 2019
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2014)	11.8	11.5	8.6
Air, water, and toxic substances. Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation (2017)	Yes	N/A	N/A
Housing. Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2011-2015)	10%	15%	19%
Transportation. Percentage of the workforce that drives alone to work (2013-2017)	88%	83%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2013-2017)	30%	30%	35%

N/A – Not Available

(Source: 2019 County Health Rankings for Henry County, Ohio, and U.S. data)

HENRY COUNTY COMMUNITY HEALTH ASSESSMENT QUALITATIVE DATA REPORT 2020



Community Themes and Strengths

Purpose

Conducting the Community Themes and Strengths Assessment (CTSA) answers the following questions:

- What is important to the community?
- How is quality of life perceived in the community?
- What assets does the community have that can be used to improve community health?



Various methods were utilized to gather information for this assessment:

- Focus Groups/Individual Interviews
- Photovoice
- Voice of the Customer
- Surveys

Major themes and strengths will be summarized on the pages to follow.

Focus Groups/Individual Interviews

Methodology:

Health Partners of Henry County developed a 10-question focus group survey for Henry County residents. In an effort to gather information from various populations within Henry County, focus group survey questions were asked of the following groups:

- Spanish Speaking
- Lower Income
- Residents age 65 and older
- Veterans
- Mothers of Young Children
- Individuals with Disabilities
- Caregivers of Individuals with Disabilities
- Local Business Owners/Employees
- Retired Professionals
- Church Groups
- Recovering Addicts
- Weight Loss Support Group
- Volunteers
- Teenagers

Due to situations, some surveys were asked in a focus group setting of 3-12 people, while others were individual interviews. In all cases, the same 10 questions were asked and answers were recorded.

Data Limitations:

While efforts were made for focus group survey respondents to generally reflect Henry County residents, it is important to note that the sample is not a representative sample.

Key Findings:

A total of 159 Henry County residents participated in the focus group survey.

Table 1: Focus Group/Individual Interview Demographic Information

	n	%
Gender		
Men	47	30%
Women	112	70%
Transgender	0	0%
Sexual Identity		
Straight/Heterosexual	146	92%
Homosexual	2	1%
Other	1	1%
No answer	10	6%
Race/Ethnicity		
White	136	86%
Black	1	1%
Hispanic	15	9%
Other/2+ Races	2	1%
No answer	5	3%
Marital Status		
Married	90	57%
Divorced	12	8%
Widowed	12	8%
Separated	4	3%
Never married	40	25%
No answer	1	1%
Educational Attainment		
Less than H.S.	24	15%
H.S./GED	60	38%
Some college	41	26%
Bachelor's	18	11%
Post-graduate	12	8%
No answer	4	3%
Annual Household Income		
<\$10k	17	11%
\$10k-14,999	8	5%
\$15k-19,999	7	4%
\$20k-24,999	13	8%
\$25k-34,999	13	8%
\$35k-49,999	21	13%
\$50k-74,999	23	14%
\$75k-99,999	18	11%
\$100k-149,999	7	4%
\$150k+	3	2%
Don't know	14	9%
No answer	15	9%

Note: Category percentages may not total 100% due to rounding

The following findings represent an overview of major themes derived from the focus groups and individual interviews. The common themes – *the central topics or recurring*

ideas that emanated consistently during community engagement – are bulleted below and are arranged within the focus group question set, with examples underneath. They are not, however, the only conclusions or themes that one might extract from the entire process. All focus group and individual interview data are on file at Henry County Health Department.

Note: these broad categories are not mutually exclusive—if a respondent reported “nice community that offers senior support” they are counted as responding in reference to “community” and “resources.”

Imagine you are encouraging a friend to move to Henry County. What would you tell them?

- Resources and amenities (21%)
 - Parks, fairgrounds, senior center, transportation
- Nice, quiet, clean and friendly (18%)
- Sense of Community (17%)
 - Tight-knit, faithful, supportive

What about your community is important to you?

- Resources and Amenities (40%)
 - Special Olympics, senior center, hospital, schools
- Community Support (27%)
 - Good neighbors, supporters of levies, people help people here
- Safety (21%)

What does quality of life mean to you?

- Having Support Systems (27%)
 - Family, friends, access to resources
- Health (22%)
- Happiness (7%)

How would you describe quality of life in Henry County?

- Overall Good or Better (36%)

- Many Available Resources (15%)

What would improve your quality of life?

- More for the Youth (18%)
 - More entertainment, more spaces for kids in the winter, activities for them to do
- Health (15%)
 - Get off medications, more diverse and healthier restaurants, losing weight
- Greater Resources (15%)
 - Affordable and reputable child care, more support for Hispanics, affordable care for those with disabilities to allow caregivers respite

What are the things in your community that help you to be healthy?

- Physical Activity Opportunities (41%)
 - Walking paths, gyms, Special Olympics, parks, Coming Alive
- Resources (14%)
 - Transportation, WIC, TOPS, senior center, health department, HOPE Services
- Amenities (10%)
 - Pool, fair, library

What are things in your community that make it harder to be healthy?

- Fast food/poor food choices (45%)
- Lack of places to be active (13%)
 - No YMCA, need places where families can go and be together playing and/or working out
- Personal choice (10%)
 - Busy, lack of self-motivation, screen time, mindset

What changes do you think would help the community become healthier?

- Move Toward a Culture of Health (90%)

- Promote leisure activities, community gardens, outdoor exercise classes, build a Y, intergenerational social events, ban fast foods, get people to eat at home, ban cigarettes

Is there anything else you would like to share with me about the great things or not so great things about where you live?

- Continue to Develop and Promote Resources for All

Overview of Emerging Themes

Respondents regardless of group commented on the sense of community, assistance resources and safety. Drugs, need for minority support, and opportunities to use the Maumee Riverfront were also mentioned. Henry County offers many amenities and resources to its residents and the overall picture of Henry County is that of a cohesive and helpful community, though some feel there is a lack of opportunity for personal economic growth and a strong presence of drugs.

Overview of Emerging Themes:

Most entries related to individual physical activities that can be done outside, taking advantage of the parks in Henry County and organized exercise events.

Voice of the Customer

Methodology:

Henry County Health Department placed a display in its waiting room for two weeks asking clients to answer the following question, “What ideas do you have to make Henry County healthier?”

Key Findings:

A total of 15 people participated in the activity. Below are the top 3 categories of responses with the share of respondents who mentioned the topic. Below each are other items/issues they mentioned within the context of the main category. The items listed are in order of how often they were noted as ideas to make Henry County healthier.

1. PHYSICAL ACTIVITY

33% of responses (in order of how often they were reported)

- YMCA type facility
- 5ks or runs
- Bike rental at local parks
- Sidewalks

2. HEALTHY EATING

33% of responses (in order of how often they were reported)

- Fresh fruits and vegetables availability
- Healthier restaurant options
- Better school lunches
- More focus on healthy eating

3. HEALTH EDUCATION

33% of responses

- Various topics for children and adults including reproductive health, helping to prevent unplanned pregnancy, health department to teach programs in schools, fitness classes, and healthy cooking classes.

Overview of Emerging Themes:

The respondents believe health is directly related to physical activity and healthy eating, and education is an avenue for improving both.

Survey Question

Methodology:

One general question was asked at a variety of events to gain input on “What is the biggest issue facing our community?” Each person answering the question was asked to write their answers on a sheet a paper and submit.

Key Findings:

A total of 398 surveys were completed. The dates and number of responses collected per venue is as follows:

Location	Date	# of Responses
Kids Fest 2019	6/6/2019	212
Willow Haven Mobile Home Park	7/23/2019	10
Henry County Fair	8/8/2019	160
Glenwood Estates	8/20/2019	16
		398

Below are the top 6 categories of responses with the share of respondents who mentioned the topic. Below each are other items/issues they mentioned within the context of the main category. The items listed are in order of how often they were noted as the biggest issue facing our community.

Note: these broad categories are not mutually exclusive—if a respondent reported “children using drugs” as the biggest problem facing Henry County they are counted as responding in reference to “drug related” and “youth related.”

1. DRUG RELATED

35% of responses (in order of how often they were reported)

- Epidemic
- Addiction
- Alcohol
- Opioid
- Overdose
- Kids
- Community
- Heroin
- Use
- Abuse
- Help resources
- Issues
- Keep kids active to prevent
- Addicts

2. YOUTH RELATED

21% of responses (in order of how often they were reported)

- Electronics
- Uninvolved
- Safety
- Car seats/boosters
- Need preschool classes
- Trouble
- Not enough discipline

3. ECONOMICS

17% of responses (in order of how often they were reported)

- Poverty
- Need assistance
- Food
- Utilities
- Medicine
- Hungry
- Children
- People
- New families
- Bills
- Taxes
- Lack of jobs
- Cost of living
- Middle class families
- Support
- Working full time
- Economy
- Unemployment
- Benefit cuts
- Housing
- Rent
- Affordability
- Homelessness
- Low income
- Need

4. SOCIAL/RECREATIONAL ACTIVITIES

12% of responses (in order of how often they were reported)

- Kids
- Affordable
- Family
- Close to home
- Outside of sports
- Teenager
- Summer
- Preschool – high school
- Middle school
- Activities
- Areas
- Youths
- Safe place
- Play
- Hangout with friends
- Programs
- Rec programs
- Kids older than 4th grade
- Events
- Clean fun
- City won't allow expansion/things to come in
- Out of trouble
- Younger generations
- Safe activities
- Places to have fun
- Prevent drug issues
- Keep kids busy
- Skating
- Boys and girls club

5. ROADS

9% of responses (in order of how often they were reported)

- Damaged
- Conditions
- Pot holes
- Traffic
- Street work needed
- Roads
- Nothing for kids to do

6. HEALTH AND WELLNESS

9% of responses (in order of how often they were reported)

- Mental
 - Illness
 - Health
 - Awareness
- Drug problems
- Health care
- Health services

Overview of Emerging Themes

The perception of the biggest issue facing our community is drug and alcohol addiction, the drug epidemic, overdoses and how it affects our children and community. Those responding are also concerned about social and recreational activities for our youth, as they report youth electronics use as a concern as well as being uninvolved. Safety is a concern for our children. Poverty, including hunger was often mentioned as were affordable recreational activities for children and families, the condition of our roads, and mental health.

Forces of Change

Purpose

Conducting the Forces of Change (FOC) Assessment answers the following questions:

- What is occurring or might occur that affects the health of the community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?



- The FOC Assessment identifies all the forces and associated opportunities and threats that can affect, either now or in the future, the community and local public health system. Forces can be trends, factors, or events.
 - Trends are patterns over time, such as migration in and out of a community or growing disillusionment with government.
 - Factors are discrete elements, such as community's large ethnic population, an urban setting, or the jurisdiction's proximity to a major waterway.
 - Events are one-time occurrences, such as hospital closure, a natural disaster, or the passage of new legislation.

Forces of change identified are summarized on the pages to follow.

Methodology:

Henry County Health Partners were asked to complete the assessment anonymously. Partners were asked to identify forces they are concerned about, threats these forces could pose and opportunities these forces could create. These assessments were emailed out by the health commissioner and various health department staff members, as well as handed out at a Henry County Health Partners meeting.

Key Findings:

A total of 19 assessments were completed.

Below are the top 5 categories of responses with the share of respondents who mentioned the topic. Below each category are potential threats and opportunities listed.

- **Economy**
- **Resources**
- **Substance Misuse**
- **Housing**
- **Aging Population**

Economy (9 out of 19)

The top concern identified was the local economy.

Forces	Threats	Opportunities
20-30 year olds returning to napoleon to raise families	If they do not return, workforce decreases and the economy is negatively affected	Investments in quality of life
	Decrease house value and growth	Resources in Henry County to match surrounding communities who are booming with growth
factory closing people losing jobs	More homeless unable to feed families	increased sheltering
		increased food pantries
increased commercial and industrial work opportunities	Roadway use, infrastructure costs Finding enough workforce that show up on time and are drug free	tax base increase
		jobs
		families
		economic growth
factory closed one building	Several lost jobs/some near retirement age	Encourage employers to consider seasoned employees
	Lost insurance coverage	Continue marketing education of insurance coverage to those in need
Campbell's stability	Many employees and other businesses	Look for new industry
stagnant economy	Reduction in work force	Reinvest in local business, tax abatements
	Reduction in tax collection	Embrace and encourage alternative energy build up
decrease in economic development	Not having paying jobs locally - lower tax base	look for new manufacturing opportunities, retailers
Lower unemployment	need qualified work force	more local funds
rising utility costs in the city	increased difficulty paying higher bills, also a higher risk for shut off during winter months	

Resources (7 out of 19)

Forces	Threats	Opportunities
lack of public transportation	people having difficulty seeking needed care/services	work with MVPO on their transportation initiatives
		seek out other sources and means to expand transportation options for residents
lack of transportation	People may lack follow through with attending appointments, essential for basic needs.	Develop more transportation resources, etc. gas cards and create a plan to educate people about transportation options such as the Transportation Network
	Limited employment opportunities.	
loss of specialty clinics for low income families - hearing and vision clinics operated by HCHD	Lack of care for children who need these specialty clinics, meaning education potentially affected negatively	Provide services directly in community resulting in healthier children who are able to fully participate in their education
lack of mental health housing assistance	increase in homelessness	partnering with agencies for housing options
	increase of people with mental illness crime rate	
services to outlying areas	Law enforcement response time	satellite offices for county services supported by outlying communities
	Little public health outreach in Deshler, Hamler, etc.	Build up outreach initiatives
all local vet clinics close up	lots of animals without medications	new centers for care
	animals on the loose	
decreased mental health facilities for inpatient	hospitals filled and the physically ill may not be seen as quickly	more group homes

Substance Misuse (7 out of 19)

Forces	Threats	Opportunities
drug abuse	deaths	more funding for treatment
	population not vested in their community	
Re-entry into the community for those exiting drug rehab	Unable to have places to live and need to still stay away from bad influences to stay clean	Employers needing to take the risk to hire those in rehab and have affordable housing for them.
opioid	Health and welfare of the community	Building a community that recognizes issues and deals with them effectively
grandparents (and other relatives) raising young children due to drug epidemic	Less resources available to assist these family members	Develop new resources to assist these family members and create a plan to bring information about these resources to their attention
Marijuana legalized in Michigan	More use of pot as perceptions change	Opportunity to educate
	Local workers/employers enforcing drugs	work closer with large employers
Michigan marijuana law	increase in use	educational opportunities
	traffic violations increase	
NORA	Drinking and driving may go up	Partnerships with others in the community

Housing (6 out of 19)

Forces	Threats	Opportunities
cost of living too expensive; maintaining housing is unattainable	have to choose between roof over their head or food	more options for income based rental units
	no time to develop skills or manage health problems - transient	creation of emergency shelter with purpose (job skills, life skills, budgeting, etc.)
homelessness/poverty	Just because people may have a job does not mean they have a place to live and can maintain a healthy lifestyle	More opportunities to assist and educate those who are homeless and treat them with the respect they deserve.
		Train judges and police on poverty in our community.
Lack of housing for people displaced from their homes	Foreclosures, loss of jobs	develop some affordable housing
quality of existing housing stock diminishing	Increase low grade rentals, introduction of criminal element	Enforce/build up housing code, code enforcement
	Absentee landlords	
underdevelopment of housing stock	Not enough viable housing	create viable housing
	Decrease in population/educated population or trade persons	School here and promote living here with increased housing
Hoarding / unhealthy living conditions for people in private residence	little resources to assist unless a reportable offense (children or elderly)	create housing code for Henry County to enforce healthy standards for indoor environments
	can be directly linked to a person's health/ safety/ quality of life	

Ageing Population (6 out of 19)

Forces	Threats	Opportunities
Aging population	Less people could mean less revenue for government services	Reintroducing young people to the workforce
aging population	more needs to be addressed	more services needed
additional senior housing	increased drain on medical resources	great community with sense of pride
	decrease house value and growth	new growth with golf cart access - quaint community setting
new senior center	funding/ not maximized use	great location for community activities
closing of nursing home	where would residents go	new center
	unemployment would go up	new employment
increase in older adult population	more chronic illness	community health worker expansion
	population decline	increase in senior service organizations use

Overview of Emerging Themes

The forces of change identified that could have the greatest impact on Henry County include the closing of large businesses, loss of community resources, increase in substance misuse, lack of quality housing, and the aging population. Each of these are a factor to health and the opportunities that emerged from each of these potential forces suggest ways to move the needle of health in the county.

Local Public Health System Assessment

Purpose

Conducting the Local Public Health System Assessment answers the following questions:

- What are the activities, competencies, and capacities of the local public health system?
- How are the 10 Essential Public Health Services being provided to the community?



The LPHSA was completed using a modified version of the National Public Health Performance Standards Local Instrument. The instrument describes what the local public health system would look like if all the organizations, groups, and individuals in the community worked together to ensure that essential services were delivered optimally. The descriptions of what should occur in the community serve as model standards of local public health system performance. The instrument was divided into chapters to correspond with each of the 10 Essential Public Health Services. See Table 2.

Table 2: Scoring Instrument

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

Methodology

The modified LPHSA was disseminated to Henry County Health Partners via Survey Monkey and reviewed for discussion at a Henry County Health Partners meeting. Participants were asked to answer each question by responding with a percentage of agreement. After each Essential Function section, there was space for participants to include any comments.

Public Health Core Functions and 10 Essential Services

Core Function 1 – Assessment

Collecting and analyzing information about health problems.

Essential Service #1: Monitor health status to identify community health problems.

Essential Service #2: Diagnose and investigate health problems and health hazards in the community.

Core Function 2 – Policy Development

Broad-based consultations with stakeholders to weigh available information and decide which interventions are most appropriate and ensure that the public interest is served by measures that are adopted.

Essential Service #3: Inform, educate, and empower people about health issues.

Essential Service #4: Mobilize community partnerships to identify and solve health problems.

Essential Service #5: Develop policies and plans that support individual and community health efforts.

Core Function 3 – Assurance

Promoting and protecting public interests through programs, events, campaigns, regulations and other strategies, and making sure that necessary services are provided to reach agreed upon goals.

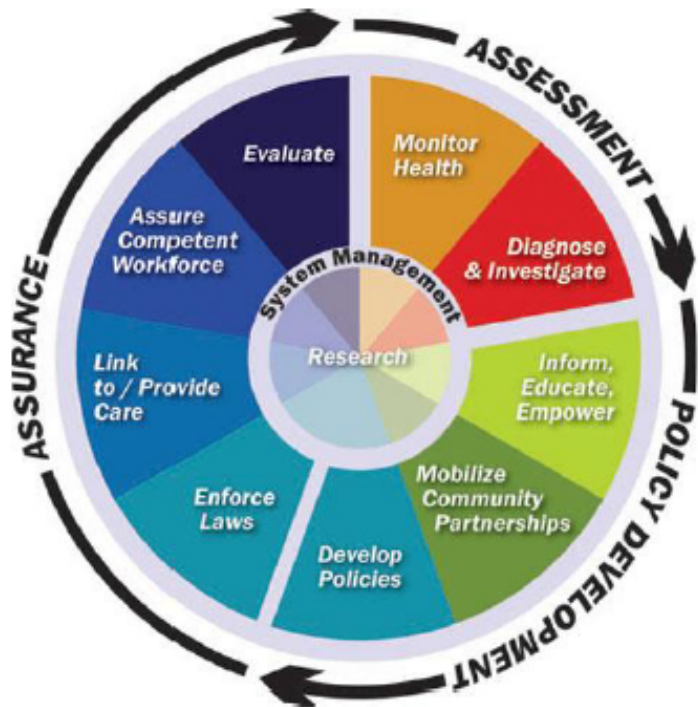
Essential Service #6: Enforce laws and regulations that protect health and ensure safety.

Essential Service #7: Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

Essential Service #8: Assure a competent public health and personal healthcare workforce.

Essential Service #9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

Essential Service #10: Research for new insights and innovative solutions to health problems.



Sources: The Future of Public Health, Institute of Medicine, 1988.

10 Essential Public Health Services, Core Public Health Functions Steering Committee, 1994.

Key Findings

A total of 38 responses were collected via Survey Monkey.

Question	%
Essential Service #1 – Monitor health status to identify health problems	
Conduct a community health assessment that includes indicators intended to monitor differences in health and wellness across populations, according to race, ethnicity, age, income, immigration status, sexual identify, education, gender, and neighborhood?	78
Analyze health data, including geographic information, to see where health problems exist?	72
Update the CHA with current information continuously?	70
Essential Service #2 – Diagnose and investigate health problems and health hazards	
Participate in a comprehensive surveillance system with national, state, and local partners to identify, monitor, and share information and understand emerging health problems and threats?	77
Have the necessary resources to collect information about specific health inequities and investigate the social determinants of health inequities?	67
Essential Service #3 - Inform, educate and empower people about health issues	
Provide policymakers, stakeholders, and the public with ongoing analyses of community health status and related recommendations for health promotion policies, including in the context of health equity and social justice?	65
Engage the community throughout the process of setting priorities, developing plans, and implementing health education and health promotion activities?	67
Essential Service #4 - Mobilize community partnerships to identify and solve health problems	
Plan and conduct health promotion and education campaigns that are appropriate to culture, age, language, gender, socioeconomic status, race/ethnicity, and sexual orientation?	73
Assess how well community partnerships and strategic alliances are working to improve community health?	64
Essential Service #5 - Develop policies and plans that support individual and community health efforts	
Establish a Community Health Improvement Plan (CHIP) and develop strategies to achieve community health improvement objectives, including a description of organizations accountable for specific steps?	80
Ensure that community-based organizations and individual community members have a substantive role in deciding what policies, procedures, rules, and practices govern community health efforts?	72
Essential Service #6 - Enforce laws and regulations that protect health and ensure safety	
Stay up-to-date with current laws, regulations, and ordinances that prevent health problems or that promote or protect public health on the federal, state, and local levels?	74
Participate in changing existing laws, regulations, and ordinances, and/or creating new laws, regulations, and ordinances to protect and promote public health?	65
Essential Service #7 - Link people to needed personal health services and assure the provision of health care when otherwise unavailable	
Identify any populations that may experience barriers to personal health services based on factors such as age, education level, income, language barriers, race or ethnicity, disability, mental illness, access to insurance, sexual orientation and gender identity?	75

Coordinate the delivery of personal health and social services so that everyone in the community has access to the care they need?	71
Essential Service #8 - Assure a competent public health and personal health care workforce	
Create and support collaborations between organizations within the local public health system for training and education?	71
Continually train the public health workforce to deliver services in a culturally competent manner and understand the social determinants of health?	74
Essential Service #9 - Evaluate effectiveness, accessibility, and quality of personal and population-based health services	
Evaluate how well population-based health services are working, including whether the goals that were set for programs and services were achieved and whether community members, including vulnerable populations, are satisfied with the approaches?	65
Use evaluation findings to improve plans, processes, and services?	68
Essential Service #10 - Research for new insights and innovative solutions to health problems	
Partner with colleges, universities, or other research organizations to conduct public health research, including community-based participatory research?	58
Encourage staff, research organizations, and community members to explore the root causes of health inequity, including solutions based on research identifying the health impact of structural racism, gender and class inequity, social exclusion, and power differentials?	60

Overview of Results

The results indicated by the Henry County Health Partners deem the local public health system working at significant to optimal activity, including many positive compliments to the overall system. There are areas in which improvement can be made, however. Some comments provided by participants include the following insight that may lead to improvement:

Essential Service #1 -
As a partnership, we need to do a better job of adding data to the CHA continuously and looking at social determinants of health for our community.
I believe we do a decent job...but there is room for improvement in the form of diverse collection methods and continually collecting information.
We need a more consistent way to collect information continuously.
Essential Service #2 – Diagnose and investigate health problems and health hazards
We don't often share information from our surveillance systems to partners and I'm not sure as a system we have enough resources that are collecting information about health inequities
Not sure inequities are fully identified or addressed.
Essential Service #3 - Inform, educate and empower people about health issues
I have not seen a lot of this happening or at least I am not aware of it.

I think we have made some strides in this area but not enough as a coalition...Also, we could do more work about information policy makers as a whole about community health status and recommendations for decisions to improve health.
We try, but the public doesn't always engage.
There is not much done to influence policy by providing information, however the information is available to all.
Henry County is a hard county to program in.
Essential Service #4 - Mobilize community partnerships to identify and solve health problems
I think we are very fragmented in our approach to improving community health, but we have good representation at meetings.
I feel we have ways to assess involvement and identify partners, but I don't feel that involvement is sustain during the duration of the CHIP
It is difficult to partner with organizations and many roadblocks exist including mindsets and prejudices that make this difficult.
Essential Service #5 - Develop policies and plans that support individual and community health efforts
We can get our partners and individual community members to the table to help decide practices that govern health efforts. Or at least get their feedback if they are unable to come to the meetings.
WE do well planning a CHIP but struggle to achieve community buy-in and achieving long term change
I feel we have good plans and objectives we just need everyone to come to the table and participate and stay engaged in working towards those goals
Partners could be more active
Essential Service #6 - Enforce laws and regulations that protect health and ensure safety
Advocacy work is not strong
Might be beneficial for partners to all learn how to advocate for health issues
Essential Service #7 - Link people to needed personal health services and assure the provision of health care when otherwise unavailable
I don't see access being a barrier. My experience is that perceived inconvenience to the user is more of the issue.
The services are there, but not always utilized.
I think we could do better on coordinating services so that we have a more diverse range of services to meet more individual's needs.
Access to health care has improved for broader population but need to target minority groups
Need to focus on improving access to care to all communities. Many activities seem to be concentrated in the same areas over and over again.
Essential Service #8 - Assure a competent public health and personal health care workforce
This may occur in individual agencies but I am not aware of collaborations for training and education especially continual
Is training across PH organizations? I think training happens more in silos and is less a shared opportunity for growth and discussion
Not sure if cultural competency training happens at all agencies, but together collaboration could be better

Essential Service #9 - Evaluate effectiveness, accessibility, and quality of personal and population-based health services

The efforts have been there to develop and achieve efforts but there is a big opportunity to coordinate, include community members, focus on equity and influence policy and law

Essential Service #10 - Research for new insights and innovative solutions to health problems

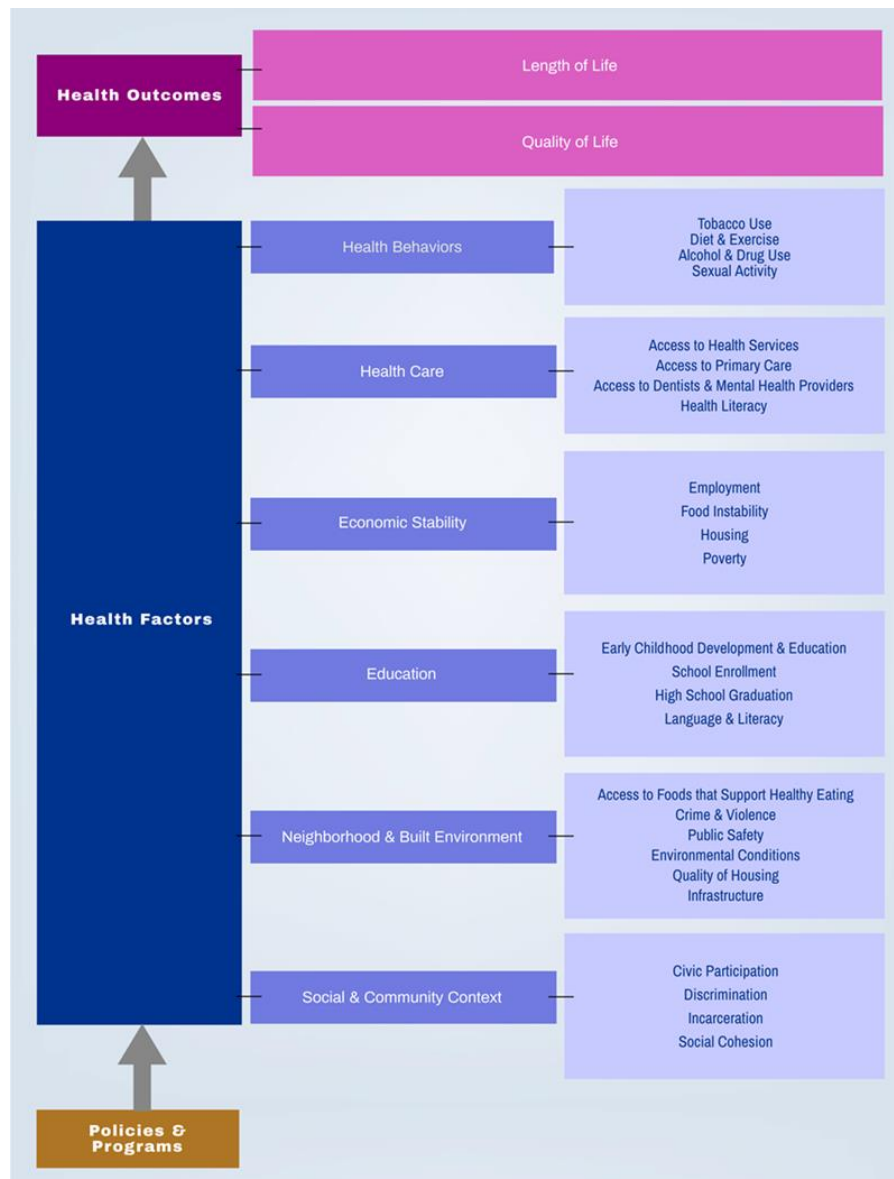
Unsure of partnerships within the community

I believe some agencies do this really well but I do not know that most do. Especially the part about exploring root causes

Summary of Qualitative Report

Health factors affect the overall health outcome of a population and all health factors were mentioned during these assessments (see Figure 2). Henry County Health Partners, residents and businesses within the county can all contribute to the overall improvement of health by taking these data into consideration when making strategic, agency and/or personal decisions. This report is meant to accompany the Community Health Status Report, Health Equity Report, Health Factor Reports and Health Outcome Report.

Figure 2:



Health Outcomes & Indicators

Henry County, Ohio

Low Birth Weight	2
Conditions & Disease Prevalence	3
<i>Measures of Conditions & Disease Prevalence</i>	
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<i>Firearm Fatalities Rate</i>	
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Low Birth Weight

- *Low Birthweight* is the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.).

Births are counted in the mother’s county of residence. Births are counted in the county corresponding to the mother’s address on the child’s birth certificate, not the county the child was born in.

Numerator. The number of live births for which the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.) over seven years.

Denominator. Total number of live births for which weight was recorded over seven years.

Low Birth Weight – Henry County and its Neighbors

- The percentage of live births considered low birth weight to mothers living in Henry County was 6%. Henry County along with Wood, Williams, Putnam, and Defiance all had low birth weight percentages of 6%--the lowest among neighboring counties.
- Lucas County had the highest at 9%.

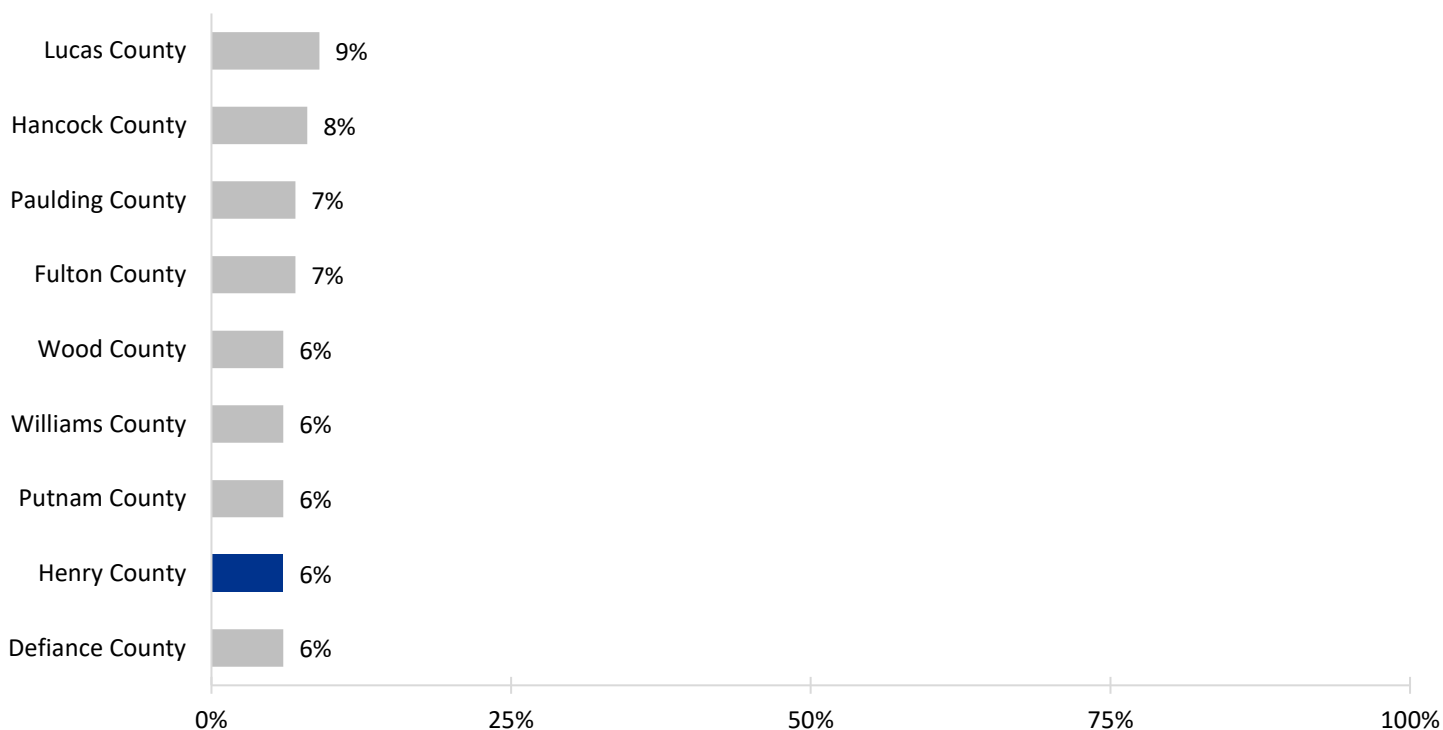


Figure 7.1 County Rankings in the Percentage of Live Births Where the Infant Weighed Less Than 2,500 Grams for Henry County and its Neighboring Counties. Data Source: County Health Rankings, 2019

Health Outcomes & Indicators

Conditions & Disease Prevalence

Measures of Conditions & Disease Prevalence | Heart Disease & Stroke

Heart Disease

- *Heart disease* describes a range of conditions that affect your heart. Diseases under the heart disease umbrella include blood vessel diseases, such as coronary artery disease; heart rhythm problems (arrhythmias); and heart defects you're born with (congenital heart defects), among others.
- Heart disease is the leading cause of death for men, women, and people of most racial and ethnic groups in the United States.

Heart Disease – Henry County and its Neighbors

- The total cardiovascular disease hospitalization rate among Henry County residents aged 65 and older was 149.7 per 1,000. Henry County had the lowest rate among neighboring counties and had a rate lower than the state of Ohio and the U.S.
- Lucas County had the highest rate at 229.4 per 1,000 resident aged 65 and older.
- Among adults in Henry County, 6% reported they had survived a heart attack or myocardial infarction (CHSA-Adult Survey, 2019).

Henry County had the lowest rate of heart disease among neighboring counties and had a rate lower than the state of Ohio and the U.S.

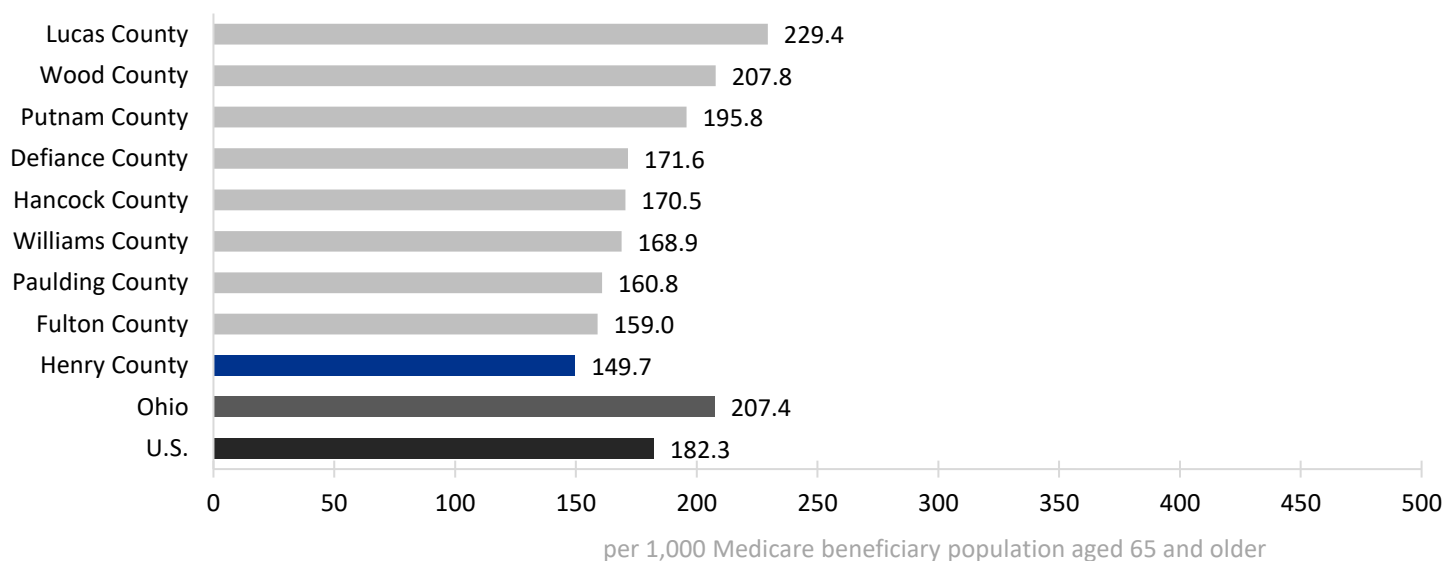


Figure 7.2 County Rankings of Total Cardiovascular Disease Hospitalization Rate per 1,000 Medicare Beneficiaries Aged 65 and Older for Henry County and its Neighboring Counties, the State of Ohio, and the Nation, 2014-2016 Continuous Data. Data Source: CDC Interactive Atlas of Heart Disease and Stroke Tables

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Stroke

- A *stroke* occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts (or ruptures). When that happens, part of the brain cannot get the blood (and oxygen) it needs, so it and brain cells die.
- It is estimate that 80% of strokes are preventable.
- Conditions that increase your risk for stroke include:
 - A previous stroke
 - High blood pressure
 - High cholesterol
 - Heart disease
 - Diabetes
 - Sickle Cell disease
- The following behaviors increase the risk for stroke:
 - Unhealthy diet
 - Physical inactivity
 - Obesity
 - Too much alcohol
 - Tobacco use
- Other factors:
 - Genetics & family history
 - Age
 - Sex
 - Race or Ethnicity

Stroke – Henry County and its Neighbors

- The total stroke hospitalization rate among Henry County residents aged 65 and older was 20.1 per 1,000. Henry County had a rate lower than the state of Ohio and U.S.
- Defiance County had the highest rate at 29.7 per 1,000 resident aged 65 and older.

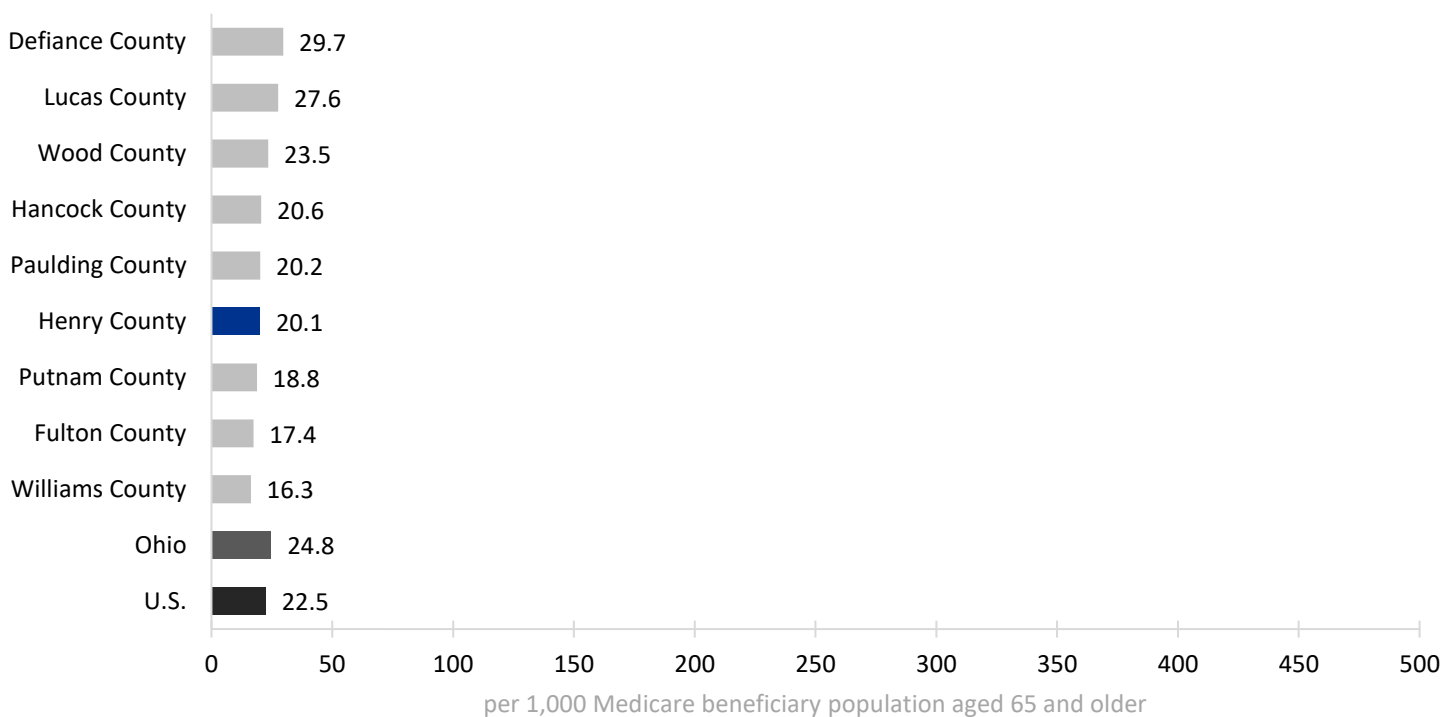


Figure 7.3 County Rankings of Stroke Hospitalization Rate per 1,000 Medicare Beneficiaries Aged 65 and Older for Henry County and its Neighboring Counties, the State of Ohio, and the Nation, 2014-2016 Continuous Data. Data Source: CDC Interactive Atlas of Heart Disease and Stroke Tables

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Avoidable Heart Disease & Stroke Death Rates – Henry County and its Neighbors

- Henry County residents had an avoidable heart disease and stroke death rate of 51.2 per 100,000. Henry County had a rate lower than the state of Ohio and U.S.
- Lucas County had the highest rate at 89.1 per 100,000 residents.

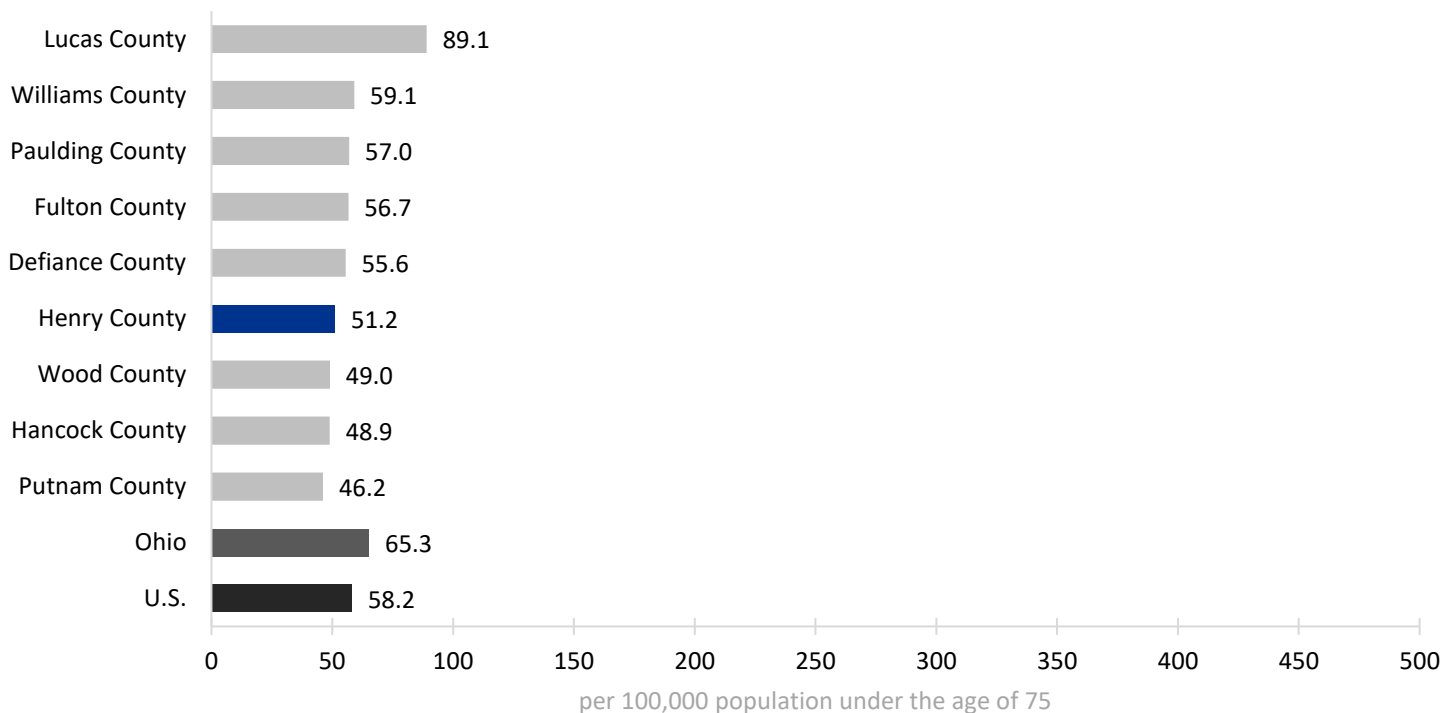


Figure 7.4 County Rankings of Avoidable Heart Disease and Stroke Death Rate per 100,000 Population Under the Age of 75 for Henry County and its Neighboring Counties, the State of Ohio, and the Nation, 2014-2016 Continuous Data. Data Source: CDC Interactive Atlas of Heart Disease and Stroke Tables

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

High Cholesterol

- *If your cholesterol is too high*, it builds up on the walls of your arteries. Over time, this buildup is known as atherosclerosis.
- High cholesterol is associated with an elevated risk of cardiovascular disease. That can include coronary heart disease, stroke, and peripheral vascular disease. High cholesterol has also been linked to diabetes and high blood pressure.
- The main risk from high cholesterol is heart disease.

High Cholesterol – Henry County and its Neighbors

- One-third of Henry County adults had been diagnosed with high cholesterol. **This is over double the Healthy People 2020 target of 14%.**
- A larger share of men was diagnosed with high cholesterol (41%) compared to women (26%).
- Since 2010 the percentage with high cholesterol has been creeping up—in 2010 it was only 29% of adults.

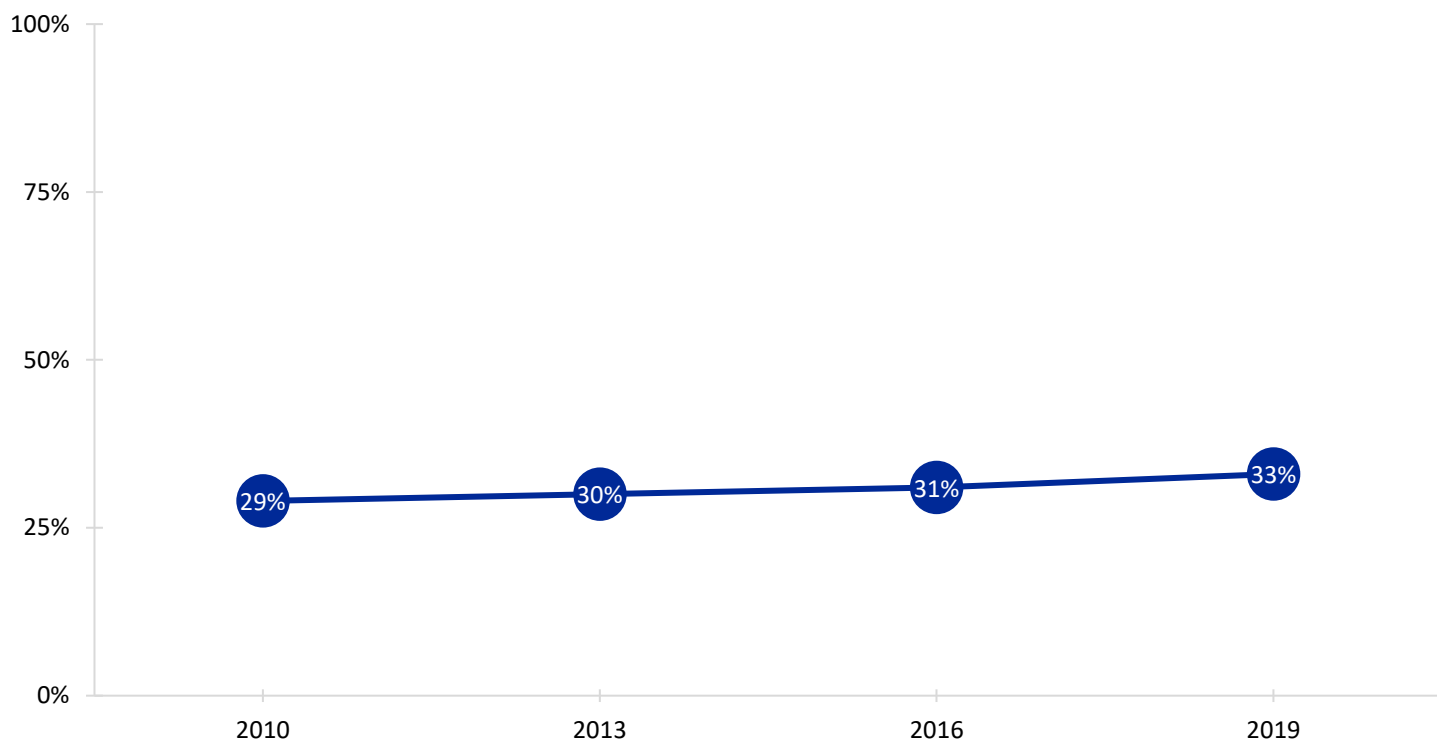


Figure 7.5 Trend in the Percentage of Henry County Adults Reporting a Diagnosis of High Cholesterol, 2010-2019. Data Source: Henry County Community Health Status Assessment Adult Survey

*“One-third of in Henry County adults had been diagnosed with high cholesterol. **This is over double the Healthy People 2020 target of 14%.**”*

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Hypertension

- *Hypertension* is another name for high blood pressure.
- High blood pressure is a common condition in which the long-term force of the blood against your artery walls is high enough that it may eventually cause health problems, such as heart disease. The more blood your heart pumps and the narrower your arteries, the higher your blood pressure.

Hypertension – Henry County and its Neighbors

- The total hypertension hospitalization rate among Henry County residents aged 65 and older was 121.7 per 1,000. Henry County had the lowest rate among neighboring counties and had a rate lower than the state of Ohio and U.S.
- Lucas County had the highest rate at 183.2 per 1,000 resident aged 65 and older.
- One-third of Henry County adults reported having high blood pressure. An additional 6% were told they were pre-hypertensive/borderline high. **This is higher than the Healthy People 2020 Target of 27%.**
- The share of men diagnosed with high blood pressure is higher than that of women—41% versus 26%.
- 92% of adults had their blood pressure checked within the past year.

Henry County had the lowest hypertension hospitalization rate among neighboring counties and had a rate lower than the state of Ohio and U.S.

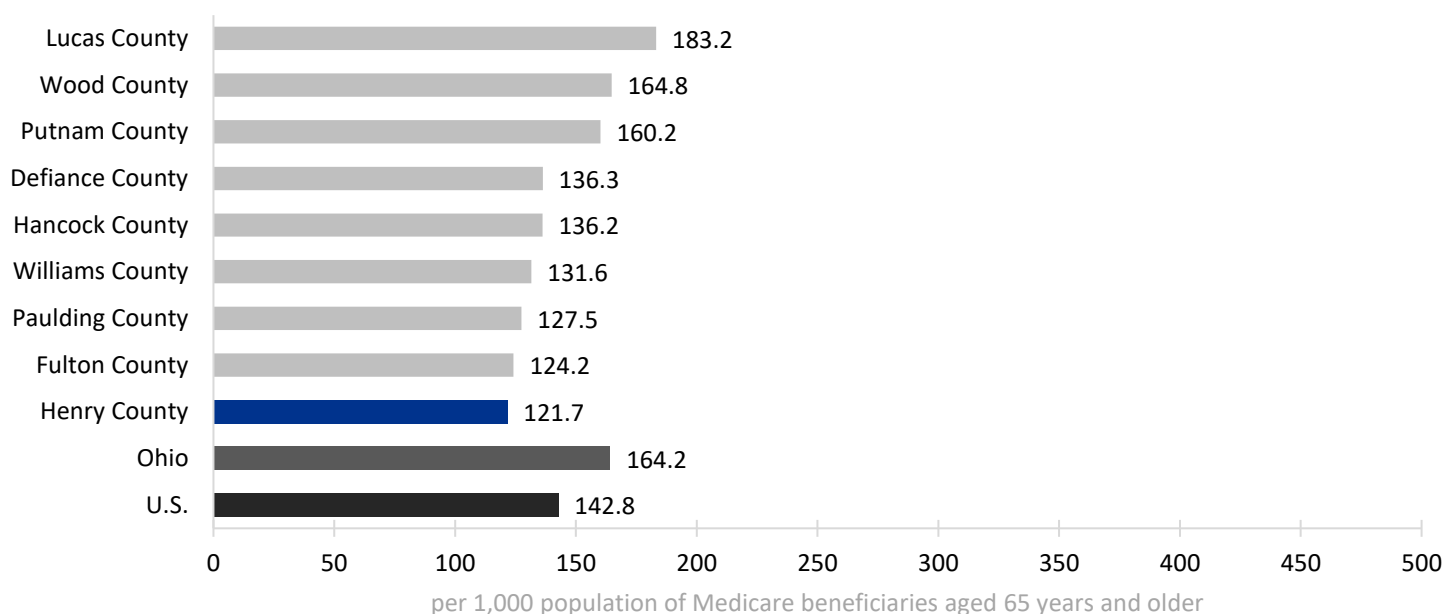


Figure 7.6 County Rankings of Hypertension Hospitalization Rate per 1,000 Population of Medicare Beneficiaries Aged 65 Years and Older for Henry County and its Neighboring Counties, the State of Ohio, and the Nation, 2014-2016 Continuous Data. Data Source: CDC Interactive Atlas of Heart Disease and Stroke Table

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Measures of Conditions & Disease Prevalence | Cancer

Cancer – Henry County and its Neighbors

- Henry County had the second highest age-adjusted cancer incident rate among neighboring counties at 459.4 cases per 100,000.
- Henry County's rate was slightly lower than the state of Ohio's but slightly higher than the United States.
- Lucas County had the highest cancer incident rate at 467.6 per 100,000.
- Williams County had the lowest rate at 402.3 per 100,000.
- Among Henry County adults, 12% had been diagnosed with cancer at some point in their lives.
- The largest share of cancer deaths in Henry County from 2015-2017 were lung and bronchus cancers (OPH Data Warehouse).
- A slightly larger share of men (23%) versus women (18%) died from cancer between 2015 and 2017.

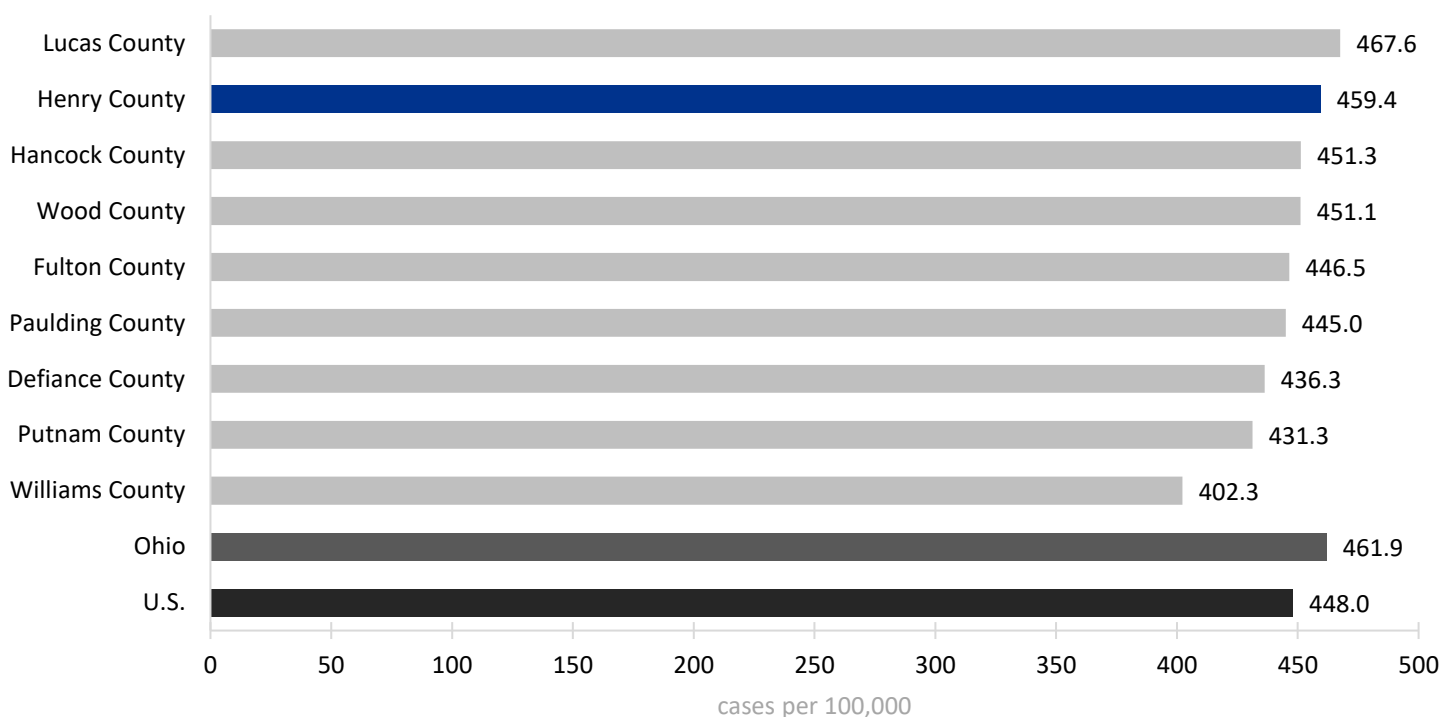


Figure 7.7 County Rankings of the Age-Adjusted Cancer Incidence Rate—Cases per 100,000 Population for Henry County and its Neighboring Counties, the State of Ohio, and the Nation, 2014-2016 Continuous Data. Data Source: Created by statecancerprofiles.cancer.gov on 11/11/2019 6:11 pm.

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Measures of Conditions & Disease Prevalence | Diabetes

Diabetes – Henry County and its Neighbors

- Henry County had the lowest percentage of the population diagnosed with diabetes at 6.8%
- The highest percentage was found in Defiance county at 11.8%.
- According to self-report data from 2019 10% of Henry County adults had been diagnosed with diabetes—the highest share since 2010.
- An additional 10% had been diagnosed with pre-diabetes or borderline diabetes.

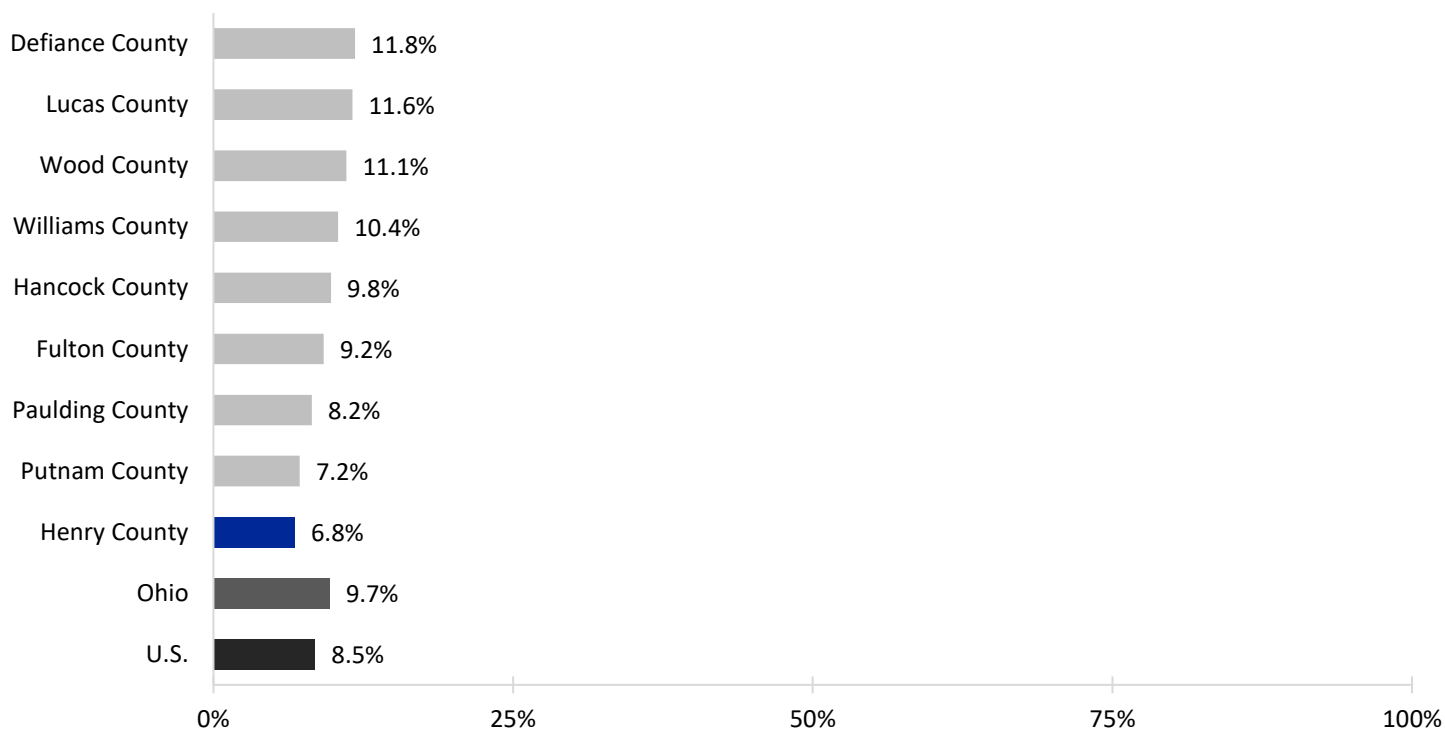


Figure 7.8 County Rankings of the Percentage of Adults Diagnosed with Diabetes for Henry County and its Neighboring Counties, the State of Ohio, and the Nation, 2014-2016 Continuous Data. Data Source: The National Diabetes Surveillance System, Diabetes Atlas of the CDC's Behavioral Risk Factor Surveillance System data

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Measures of Conditions & Disease Prevalence | Lung Diseases

Please note, these numbers reflect the estimated prevalence and incidence of lung disease within each county and state, and not the actual number. That is, the estimate is derived from national and/or state data and adjusted for the age-specific population of each area. Many other factors may affect actual prevalence. For more information see,

<https://www.lung.org/our-initiatives/research/monitoring-trends-in-lung-disease/estimated-prevalence-and-incidence-of-lung-disease/>

Asthma

Asthma – Henry County and its Neighbors

- Rate of asthma—whether adult or pediatric—are low. Among adults 7.6% of Henry County residents suffer from asthma.
- There is little variation in asthma rates between Henry County and her neighbors—values range from a low of 7.4% to a high of 7.9%. The highest rate was found in Wood County and the lowest rate was found in Putnam County.
- Similarly, there is little range in the county variation of pediatric asthma—values range from a low of 1.8% and a high of 2.2%. The highest rate was found in Putnam County and the lowest rate in Wood County—the complete opposite among adults.
- In Henry County 2% of children had asthma.

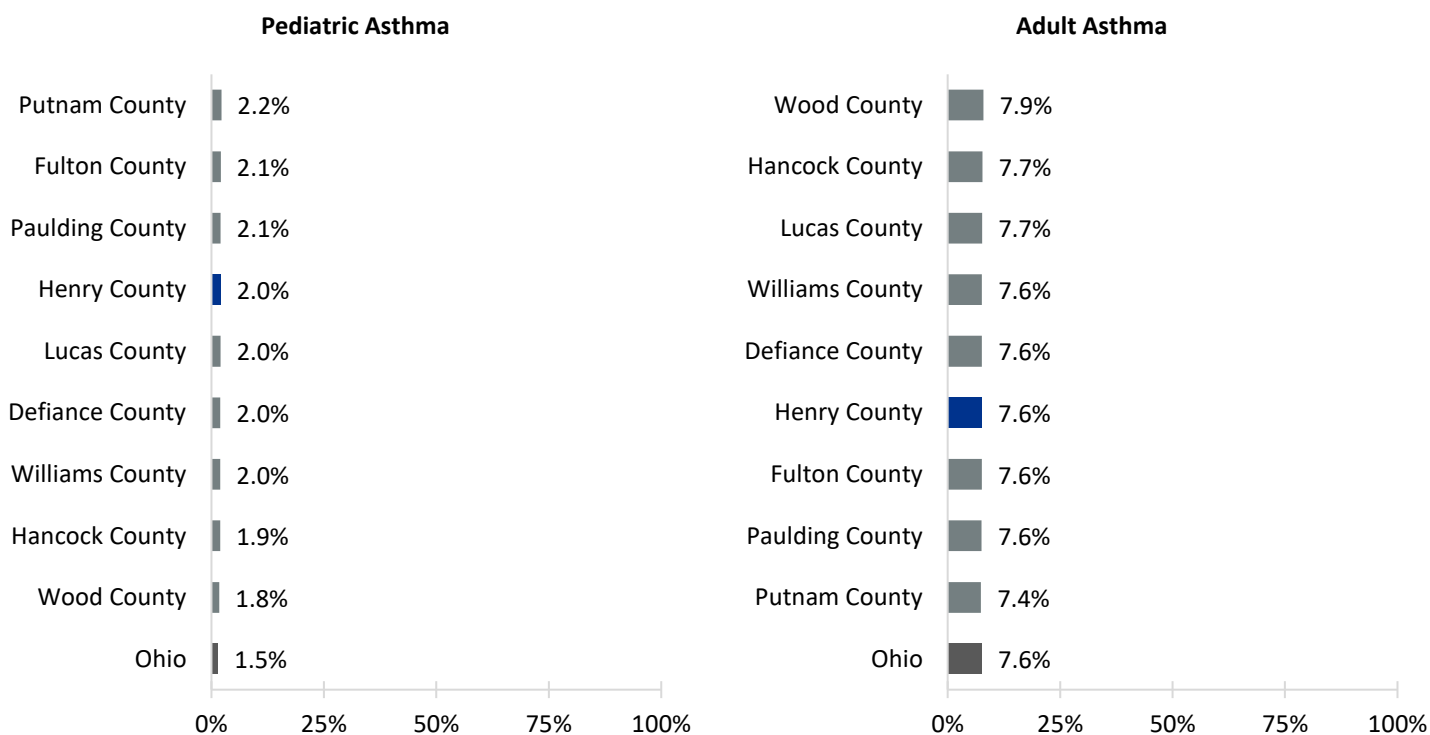


Figure 7.9 County Rankings of the Percentage of Children and Adults Diagnosed with Asthma for Henry County and its Neighboring Counties, the State of Ohio, and the Nation. Data Sources: 2017 Behavioral Risk Factor Surveillance Survey

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Chronic obstructive pulmonary disease

- *Chronic obstructive pulmonary disease* (COPD) is a chronic inflammatory lung disease that causes obstructed airflow from the lungs. Symptoms include breathing difficulty, cough, mucus (sputum) production and wheezing.

COPD – Henry County and its Neighbors

- There is little variation in COPD rates between Henry County and her neighbors—values range from a low of 6.1% to a high of 6.7%. The highest rate was found in Williams County and the lowest rate was found in Wood County.
 - In Henry County 6.7% of residents had COPD.

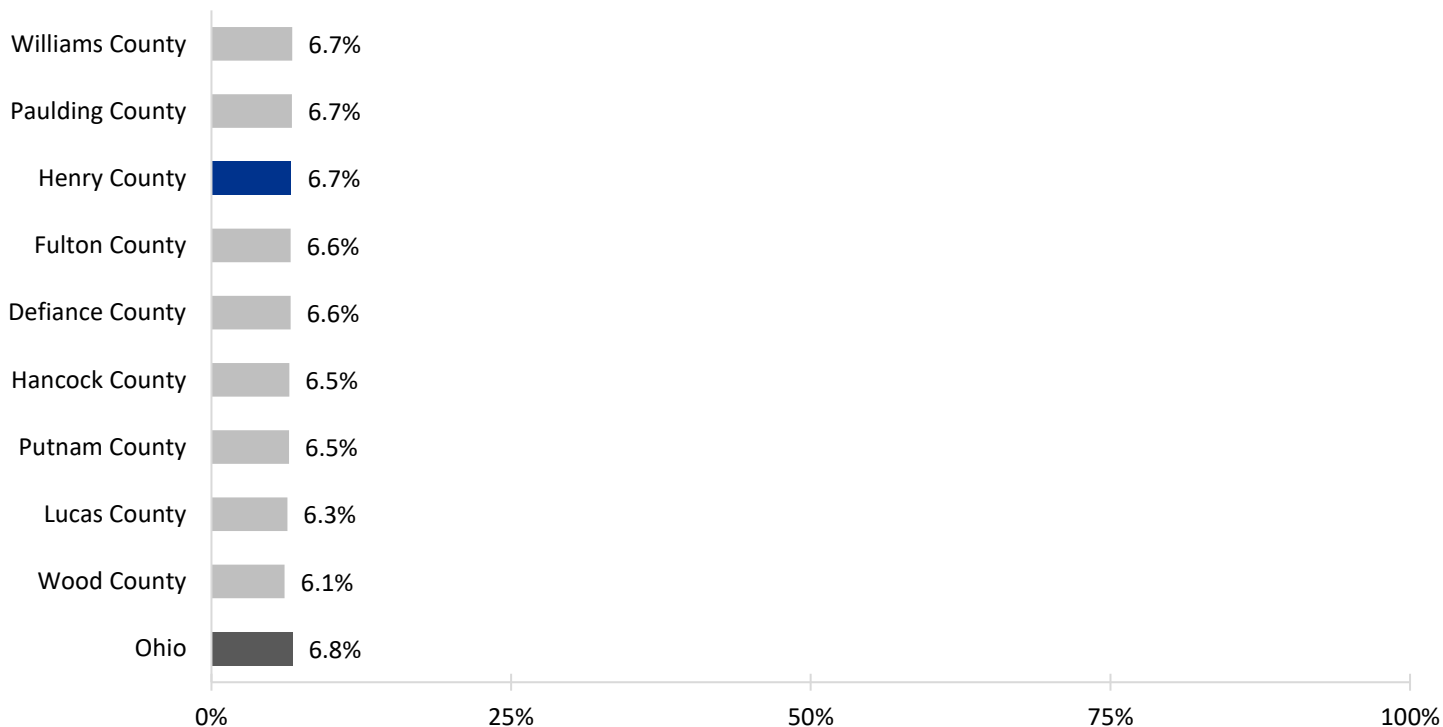


Figure 7.10 County Rankings of the Percentage Diagnosed with COPD for Henry County and its Neighboring Counties, the State of Ohio, and the Nation. Data Sources: 2017 Behavioral Risk Factor Surveillance Survey

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Adult Chronic Lung Disease

This is a type of disorder that affects the lungs and other parts of the respiratory system. It usually develops slowly and may get worse over time. Chronic lung disease may be caused by smoking tobacco or by breathing in secondhand tobacco smoke, chemical fumes, dust, or other forms of air pollution. Types of chronic lung disease include asthma, chronic obstructive pulmonary disease (COPD), pulmonary fibrosis, asbestosis, pneumonitis, and other lung conditions. Also called CLD (National Cancer Institute Dictionary of Cancer Terms).

Adult Chronic Lung Disease – Henry County and its Neighbors

- There is little variation in adult chronic lung disease rates between Henry County and her neighbors—values range from a low of 11.7% to a high of 12.1%. The highest rate was found in Williams County and the lowest rate was found in Wood County.
- In Henry County 12.0% of residents suffered from an adult chronic lung disease.

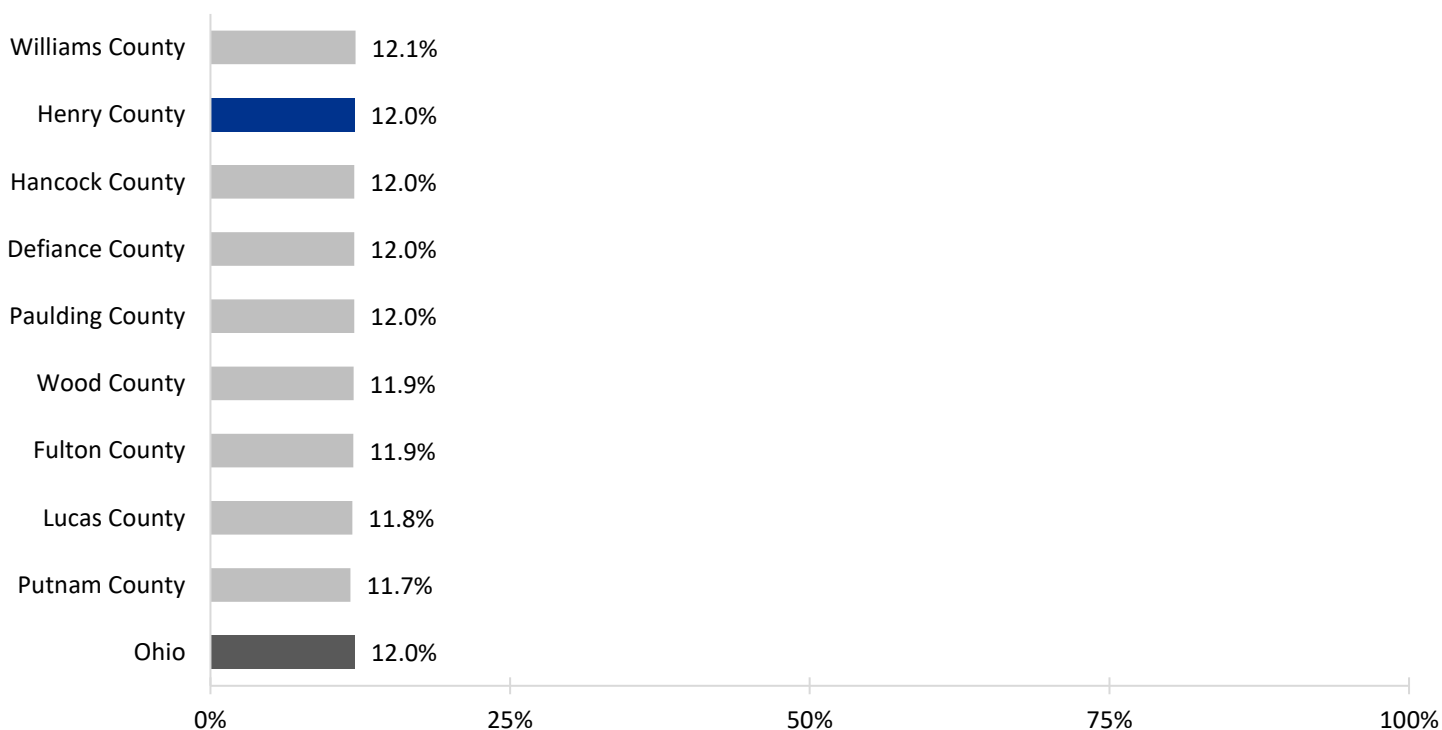


Figure 7.11 County Rankings of the Percentage Diagnosed with COPD for Henry County and its Neighboring Counties, the State of Ohio, and the Nation. Data Sources: 2017 Behavioral Risk Factor Surveillance Survey

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Measures of Conditions & Disease Prevalence | HIV/AIDS

- **HIV Prevalence** is the rate of diagnosed cases of HIV for people aged 13 years and older in a county per 100,000 population. Rates measure the number of events in a given time period (generally one or more years) divided by the average number of people at risk during that period. Rates help us compare risks of health factors across counties with different population sizes.

This measure of HIV prevalence includes all county residents, including those living in group quarters such as prisons or on military bases. Some states, when releasing prevalence measures, exclude these populations. This may account for differences in these values and values from your state department of health.

Numerator. The numerator is the number of HIV cases. HIV is a reportable disease meaning that when a provider treats a patient for HIV they are required to report that case to their health department.

Denominator. The denominator is the total population.

- In 2018, 37,832 people received an HIV diagnosis in the United States (US) and dependent areas.
- From 2010 to 2017, HIV diagnoses decreased 11% among adults and adolescents in the 50 states and District of Columbia. However, annual diagnoses have increased among some groups. Source: CDC. [Diagnoses of HIV infection in the United States and dependent areas, 2018pdf icon](#). *HIV Surveillance Report 2019*; 30.

HIV Prevalence – Henry County and its Neighbors

- Henry County had the second lowest HIV prevalence rate among neighboring counties at 47 per 100,000 population aged 13 years and older.
- The lowest prevalence was found in Putnam County at 18.
- The highest was found in Lucas County at 244.

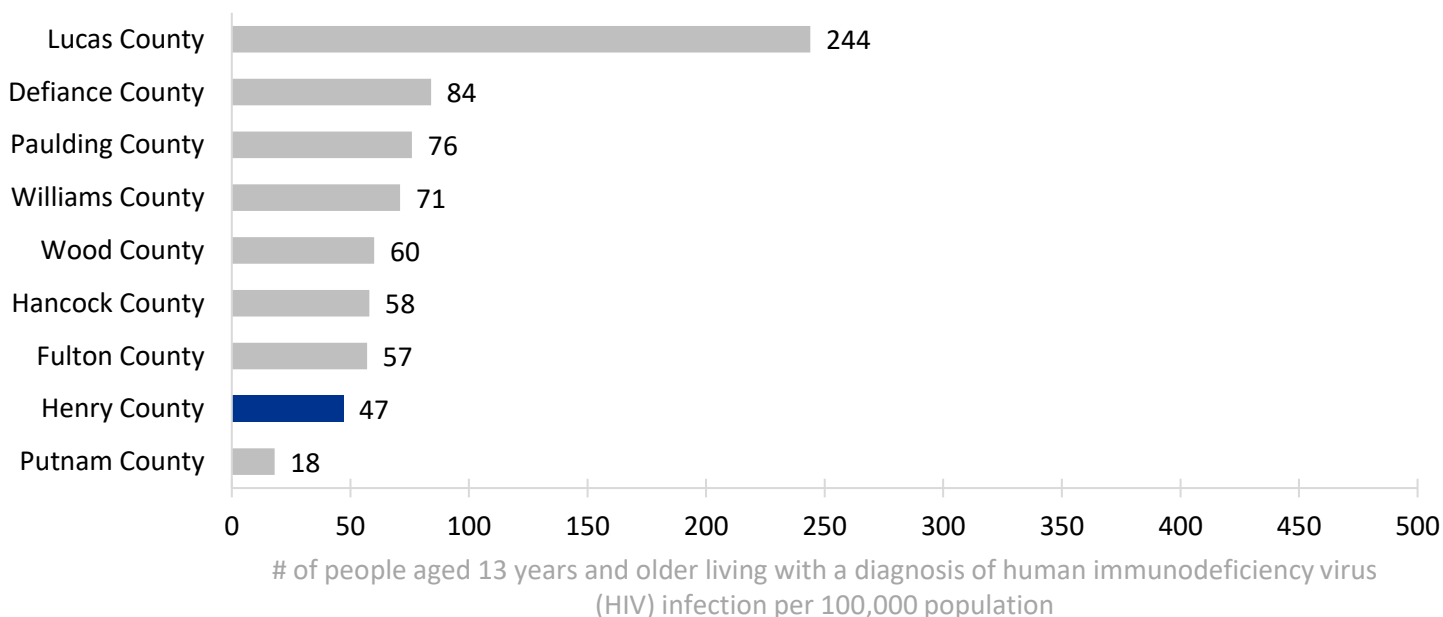


Figure 7.12 County Rankings of the HIV Prevalence Rate for Henry County and its Neighboring Counties, the State of Ohio, and the Nation. Data Source: County Health Rankings, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), 2015

Henry County adults were asked:

Would you say that in general your health is?

- Excellent*
- Very good*
- Fair*
- Poor*

- The percentage rating their health as fair or poor has remained relatively stable since 2010. In 2019 1-in-10 adults rated their health as such.
- A slightly larger share of men rated their health as fair or poor as compared to women—12% versus 9%.
- Almost one-quarter (23%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation in the past month.

Over half (55%) of Henry County adults rated their health as excellent or very good.

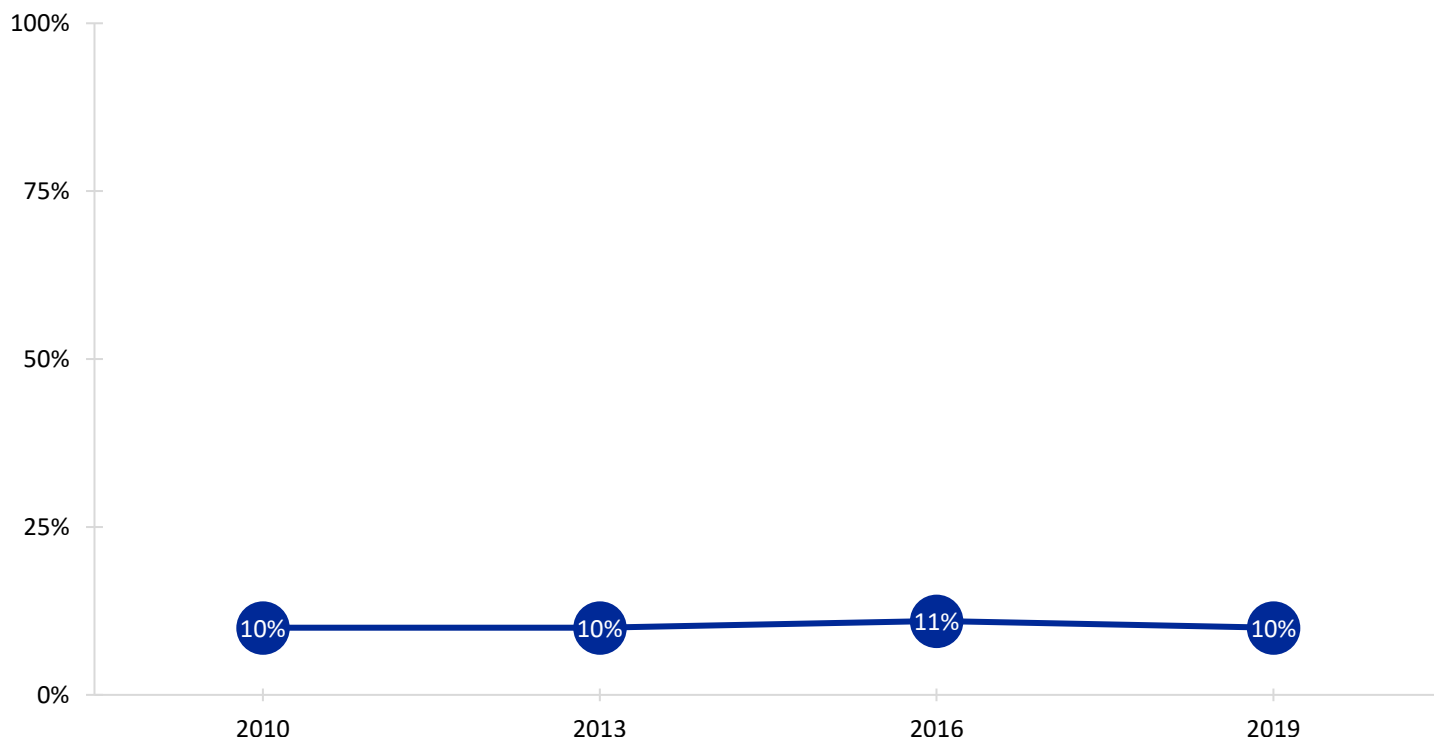


Figure 7.13 Trend in the Percentage of Henry County Adults Who Rated Their Health as Fair or Poor, 2010-2019. Data Source: Henry County Community Health Status Assessment Adult Survey, 2019

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Measure of Quality of Life | Physical Health Status—Adult Self-Report

Henry County adults were asked:

*Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health **not** good?*

Number of days _____

- Among Henry County adults, 18% rated their physical health as not good on four or more days in the previous month.
- Henry County adults reported their physical health as not good on an average of 2.6 days in the previous month.

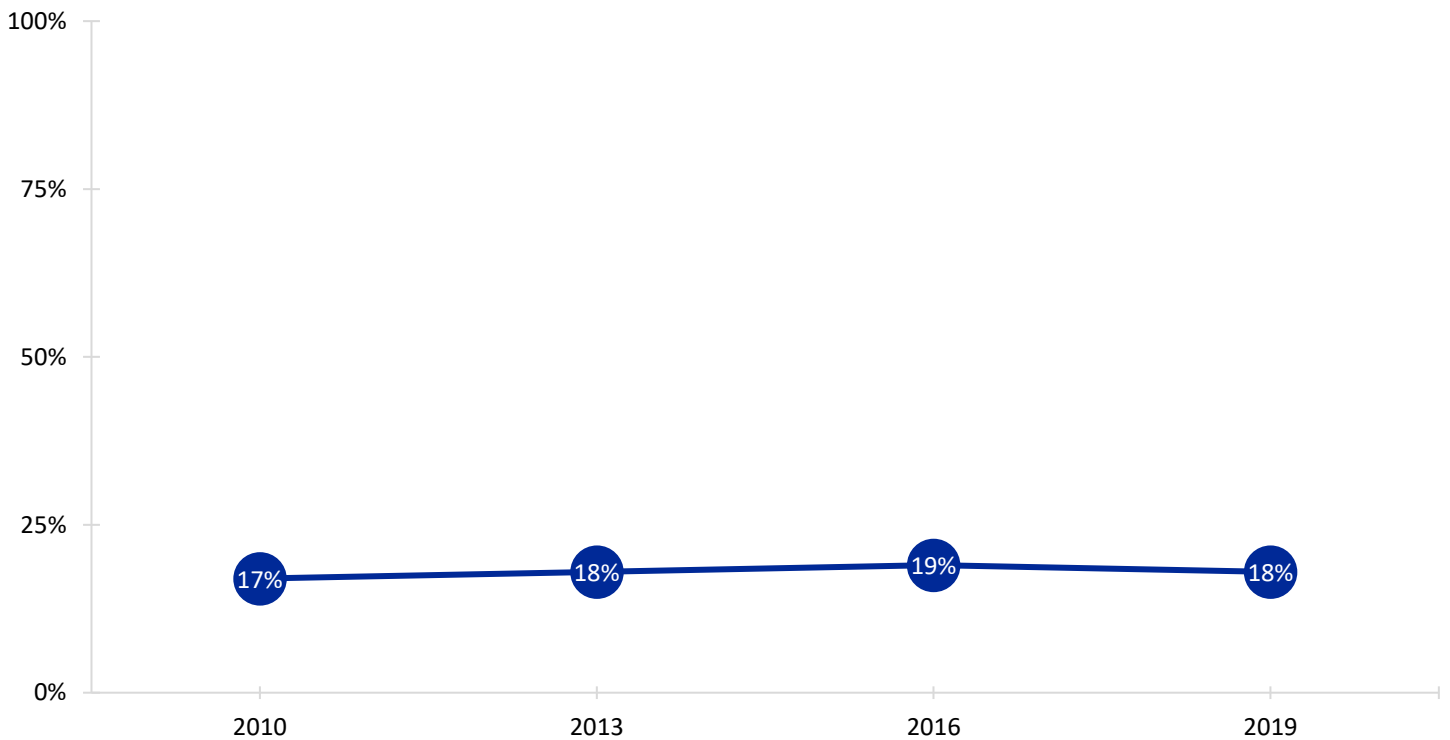


Figure 7.14 Trend in the Percentage of Henry County Adults Who Rated Their Physical Health as “Not Good” on Four or More Days in the Past 30 Days, 2010-2019. Data Source: Henry County Community Health Status Assessment Adult Survey, 2019

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Mental Health Status | Adult Self-Report

Henry County adults were asked:

*Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health **not** good?*

Number of days _____

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

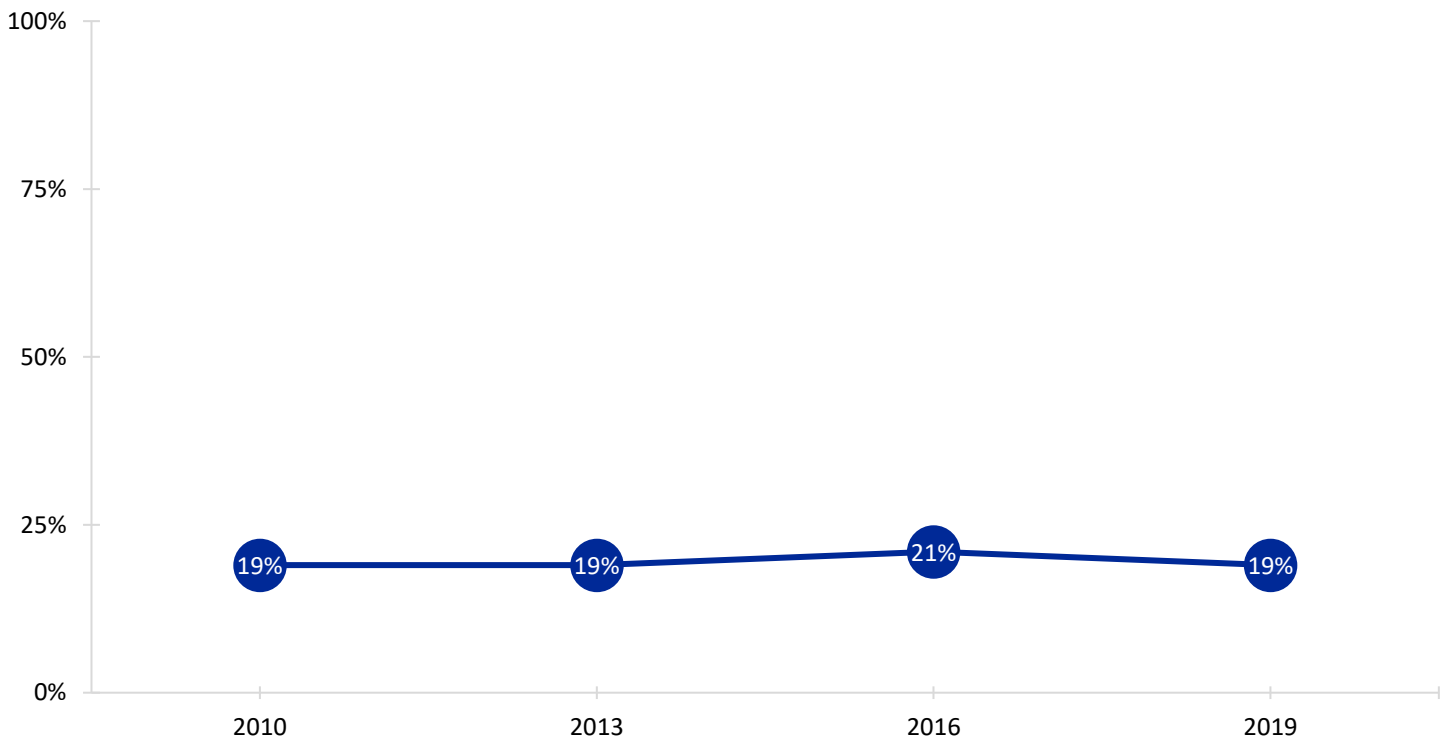


Figure 7.15 Trend in the Percentage of Henry County Adults Who Rated Their Mental Health as “Not Good” on Four or More Days in the Past 30 Days, 2010-2019. Data Source: Henry County Community Health Status Assessment Adult Survey, 2019

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Impairments and Health Problems

- Nearly one-third (30%) of Henry County adults reported they were limited in some way because of a physical, mental or emotional problem.
 - The most limiting health problems were arthritis/rheumatism (46%) and back or neck problems (42%).
- Over one-quarter (26%) of Henry County adults had fallen in the past year.
 - 14% had fallen two or more times

Over the last two weeks, Henry County adults reported they had been bothered by the following:

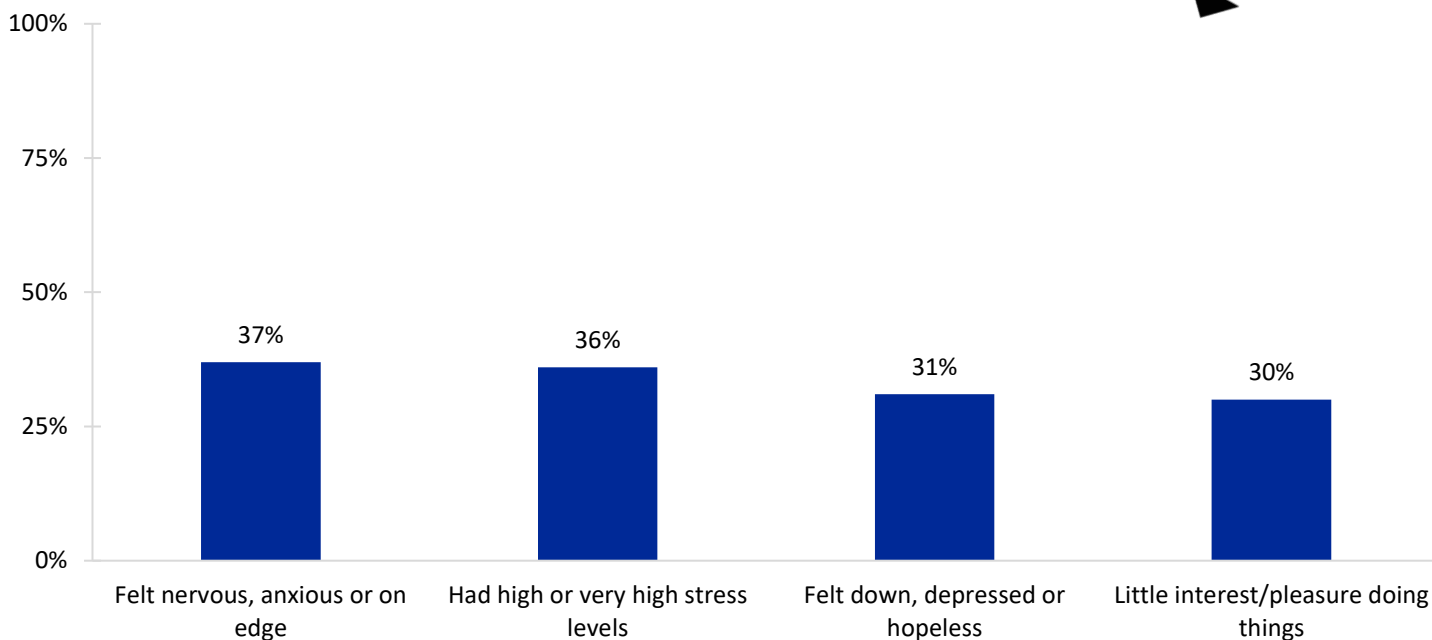
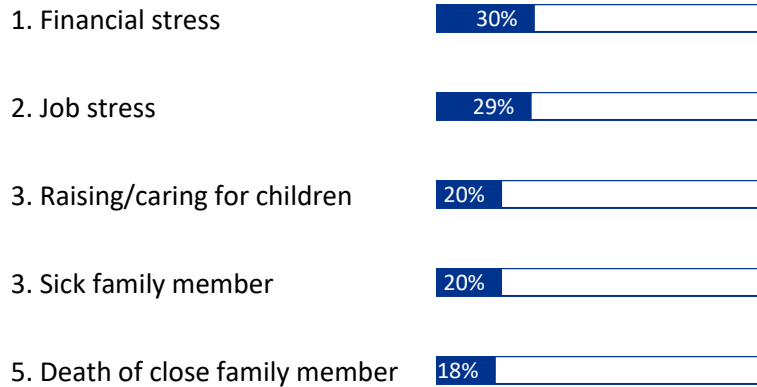


Figure 7.16 Percentage of Henry County Adults Agreeing the Following Things Have Bothered Them in the Last Two Weeks, 2019. Data Source: Henry County Community Health Status Assessment Adult Survey, 2019

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

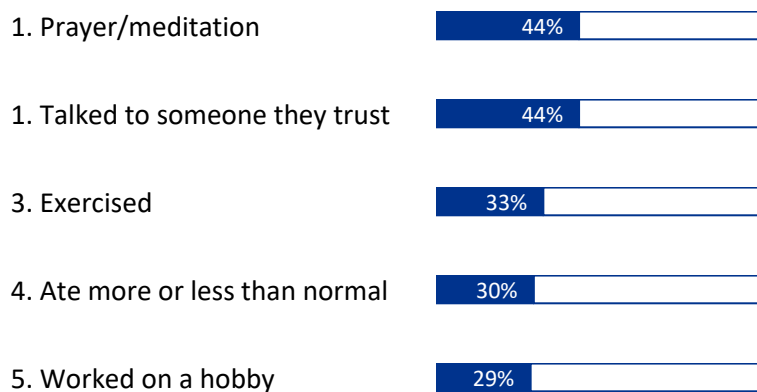
Causes of Anxiety Stress & Depression



- Among adults, the most frequently checked causes of their anxiety, stress, or depression finances (34%).
- The second most frequently checked cause was their job (28%), followed by raising/caring for children (20%), a sick family member (20%); and death of a close family member or friend (18%).

Figure 7.17 Top Five Reported Causes of Anxiety, Stress, & Depression Among Henry County Adults, 2019. Data Source: Henry County Community Health Status Assessment Adult Survey, 2019

Dealing with Anxiety Stress & Depression

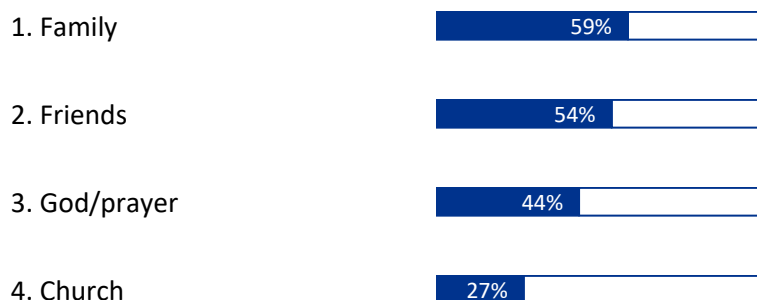


Adults were shown a list of 17 ways in which they might deal with stress ranging from exercise, and sleep, to misuse of prescription drugs. They were asked to circle all of the items that applied.

- The top five selected were prayer/meditation (44%), talking with someone they trust (44%), exercising (33%), ate more or less than normal (30%), and worked on a hobby (29%).

Figure 7.18 Top Five Reported Ways of Dealing with Anxiety, Stress, & Depression Among Henry County Adults, 2019. Data Source: Henry County Community Health Status Assessment Adult Survey, 2019

Social Support



Adults were asked “Where do you get the social and emotional support you need?” They were shown a list of 14 people/places and were asked to circle all that applied.

- Among those who did respond, the top five selected were family (59%), friends (54%), God/prayer (44%), church (27%)

Figure 7.19 Top Five Reported Sources of Social and Emotional Support Among Henry County Adults, 2019. Data Source: Henry County Community Health Status Assessment Adult Survey, 2019

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Quality of Life County-Level Rankings for the State of Ohio

Rank	County	Rank	County
1	Delaware	45	Sandusky
2	Medina	46	Erie
3	Geauga	47	Washington
4	Putnam	48	Butler
5	Mercer	49	Fayette
6	Warren	50	Preble
7	Henry	51	Lorain
8	Union	52	Summit
9	Shelby	53	Belmont
10	Holmes	54	Stark
11	Lake	55	Hocking
12	Auglaize	56	Crawford
13	Wayne	57	Richland
14	Fulton	58	Monroe
15	Darke	59	Franklin
16	Williams	60	Perry
17	Miami	61	Brown
18	Greene	62	Columbiana
19	Noble	63	Trumbull
20	Fairfield	64	Clark
21	Ashland	65	Hamilton
22	Defiance	66	Hardin
23	Huron	67	Allen
24	Hancock	68	Cuyahoga
25	Champaign	69	Ashtabula
26	Van Wert	70	Vinton
27	Wood	71	Jefferson
28	Ottawa	72	Lucas
29	Madison	73	Mahoning
30	Harrison	74	Highland
31	Wyandot	75	Guernsey
32	Paulding	76	Muskingum
33	Licking	77	Morgan
34	Clermont	78	Lawrence
35	Tuscarawas	79	Montgomery
36	Clinton	80	Marion
37	Logan	81	Pike
38	Pickaway	82	Scioto
39	Morrow	83	Ross
40	Coshocton	84	Jackson
41	Portage	85	Gallia
42	Carroll	86	Meigs
43	Seneca	87	Athens
44	Knox	88	Adams

Source: County Health Rankings, <https://www.countyhealthrankings.org/app/ohio/2019/rankings/outcomes/6>

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Mental Health Status | Youth

Depression, Self-harm & Suicide

Depressed youth (students in grades 6-12) are those who report feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.

Percent of Henry County Youth Who...

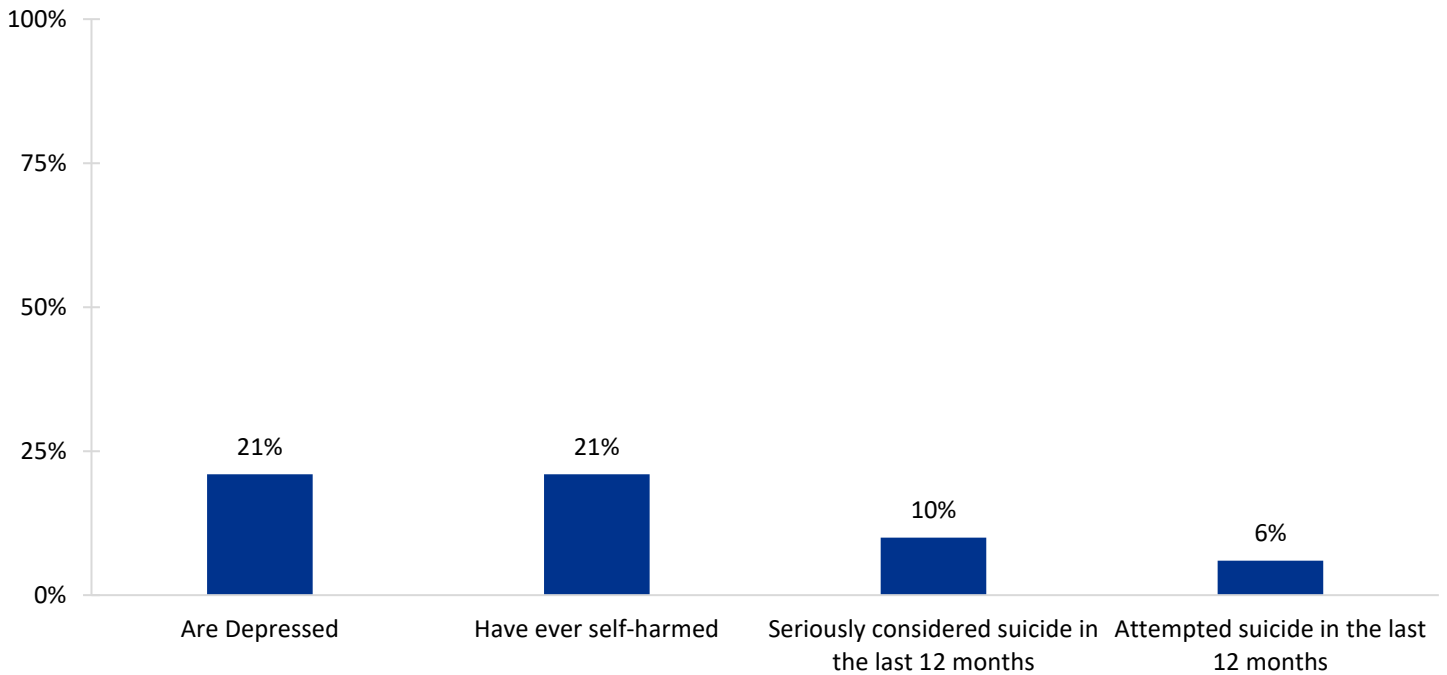


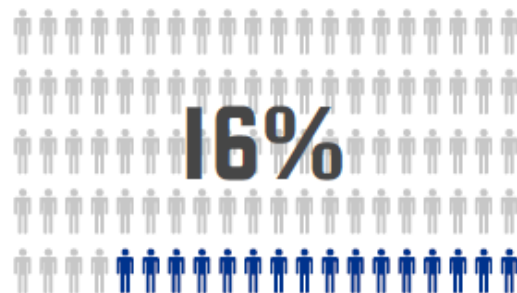
Figure 7.20 Percentage of Henry County Youth Reports of Depression, Suicide and Self-harm, 2019. Data Source: Henry County Community Health Status Assessment Adolescent Survey, 2019

Girls are significantly more depressed than boys.

Depression Among Girls



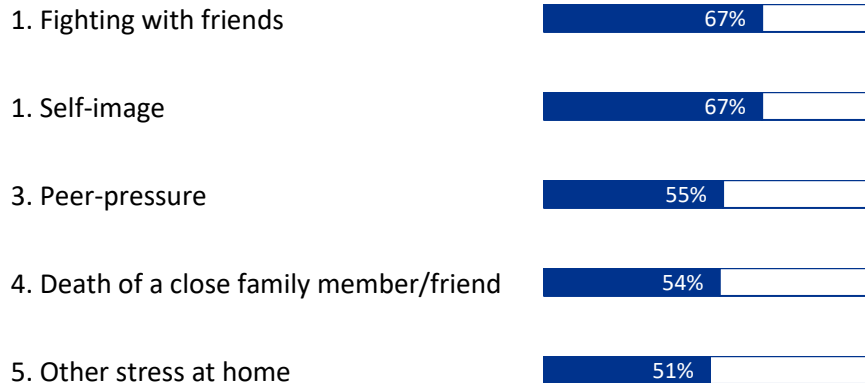
Depression Among Boys



SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

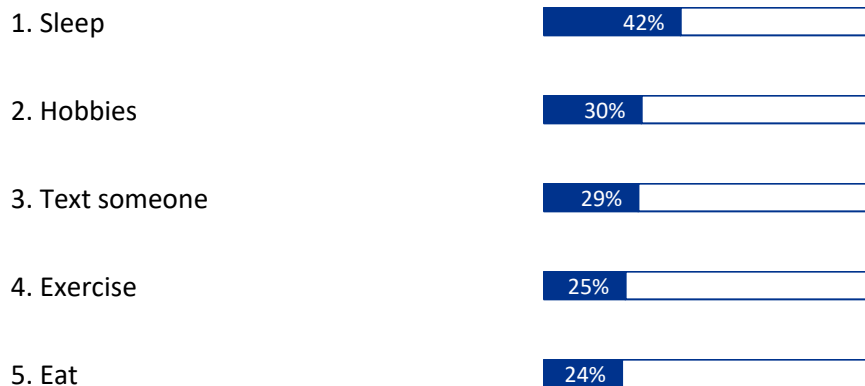
Causes of Anxiety Stress & Depression



- Among depressed youth, the two most frequently checked causes of their anxiety, stress, or depression were fighting with friends & self-image (67%).
- The second most frequently checked cause was peer pressure (55%), followed by death of a close family member (54%), and other stress at home (51%).
- One-quarter (26%) selected other indicating their stressor was not on the list of options provided.

Figure 7.21 Top Five Reported Causes of Anxiety, Stress, & Depression Among Henry County Youth, 2019. Data Source: Henry County Community Health Status Assessment Adolescent Survey, 2019

Dealing with Anxiety Stress & Depression



Students were asked how they deal with anxiety, stress, or depression. They were shown a list of 15 ways of doing so and were asked to circle all of that applied to them.

- The top five selected were sleep (42%), hobbies (30%), text someone (29%), exercise (25%), and eat (24%).

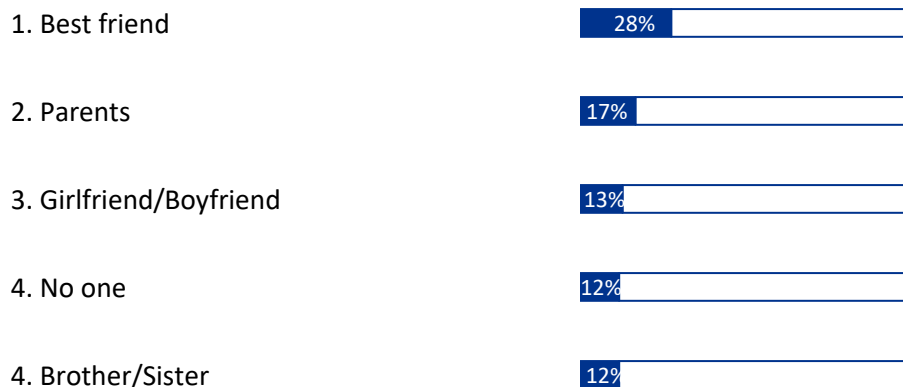
Figure 7.22 Top Five Reported Ways of Dealing with Anxiety, Stress, & Depression Among Henry County Youth, 2019. Data Source: Henry County Community Health Status Assessment Adolescent Survey, 2019

Of the 11 activities, two had a significant **negative** effect on depression—meaning, youth reporting participation in these activities had **lower** levels of depression—participating in school clubs or social organizations or in a sport or intramural program ($p < .05$).

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Social Support



Students were asked with whom they talked to when dealing with personal problems or feelings of depression or suicide. They were shown a list of 16 people and were asked to circle all that applied.

- Among those who did respond, the top five selected were best friend (28%), parents (17%), girlfriend/boyfriend (13%), no one (12%), and brother/sister (12%).

Figure 7.23 Top Five Reported Sources of Social and Emotional Support Among Henry County Youth, 2019. Data Source: Henry County Community Health Status Assessment Adolescent Survey, 2019

About half (51%) responded they did **not** have personal problems or feelings of depression or suicide.

*12% of youth talk to **NO ONE** when dealing with personal problems or feelings of depression or suicide.*

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Life Expectancy

- *Life Expectancy* measures the average number of years from birth a person can expect to live, according to the current mortality experience (age-specific death rates) of the population. Life Expectancy takes into account the number of deaths in a given time period and the average number of people at risk of dying during that period, allowing us to compare data across counties with different population sizes.

Life expectancy is age-adjusted. Age is a non-modifiable risk factor, and as age increases, poor health outcomes are more likely. Life Expectancy is age-adjusted in order to fairly compare counties with differing age structures.

What deaths count toward life expectancy? Deaths are counted in the county where the individual lived. So, even if an individual dies in a car crash on the other side of the state, that death is attributed to his/her home county.

Measure limitations. Life Expectancy includes mortality of all age groups in a population instead of focusing just on premature deaths and thus can be dominated by deaths of the elderly (CDC, 1986). This could draw attention to areas with higher mortality rates among the oldest segment of the population, where there may be little that can be done to change chronic health problems that have developed over many years. However, this captures the burden of chronic disease in a population better than premature death measures (Dranger, Remington, 2004).

Furthermore, the calculation of life expectancy is complex and not easy to communicate. Methodologically, it can produce misleading results caused by hidden differences in age structure, is sensitive to infant and child mortality, and tends to be overestimated in small populations (Eayres & Weilliams, 2004; Silcocks, Jenner, Reza & 2001).

Life Expectancy – Henry County and its Neighbors

- Life expectancy among Henry County residents was 78.7 years.
- The highest life expectancy was to residents of Putnam County at 80.3 years.
- The lowest life expectancy was to residents of Lucas County at 76.1 years.

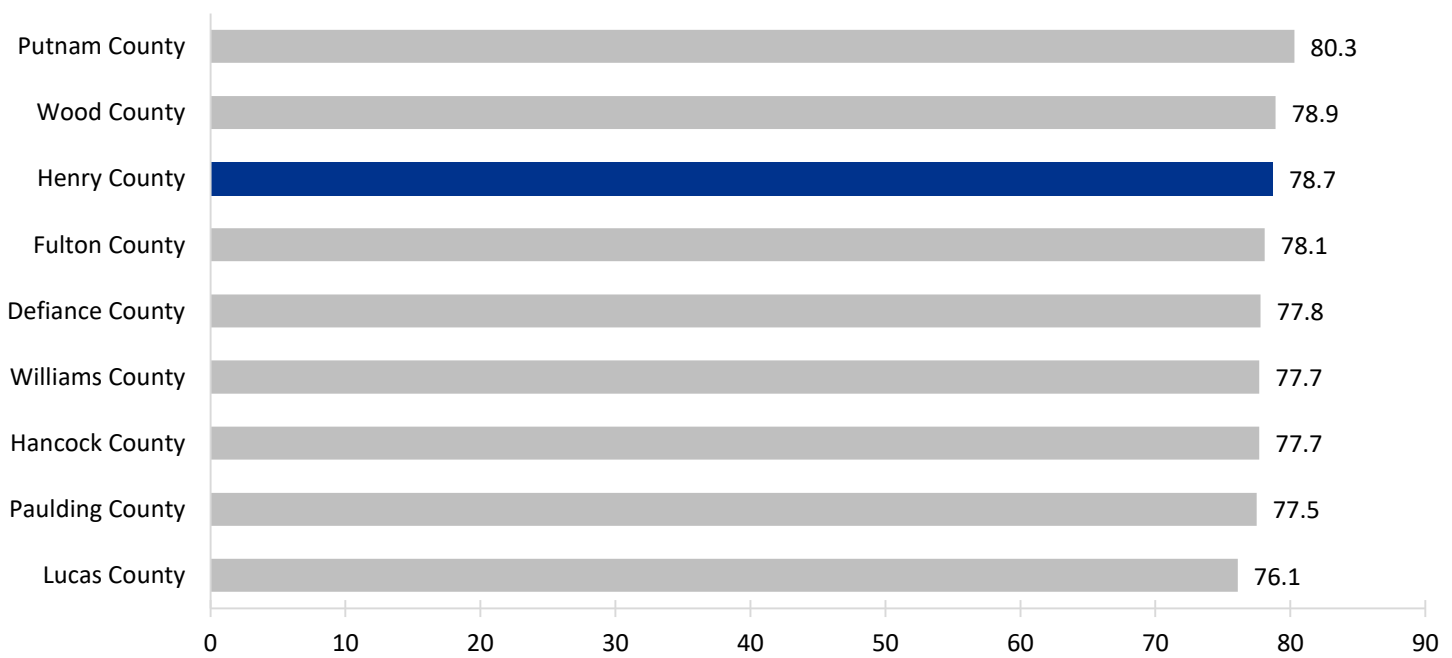


Figure 7.24 County Rankings Life Expectancy for Henry County and its Neighboring Counties. Data Source: County Health Rankings

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Average Ages at Death – By Henry County Zip Code

We were able to estimate the median and mean age at death among Henry County residents by zip code.

- The highest mean age at death was among those residents of New Bavaria at 82.9 and the lowest was among those residents in Liberty Center at 71.8.

Because means are affected by outliers—extremely high and low values—we also present the median age at death by zip code.

- The highest median age at death was among the residents of Holgate at 82.5 and the lowest was among the residents of Deshler at the age of 77.

Note: The Y-axis begins at 60 years to facilitate chart observations. This may exaggerate differences between and within zip codes, so interpret with care.

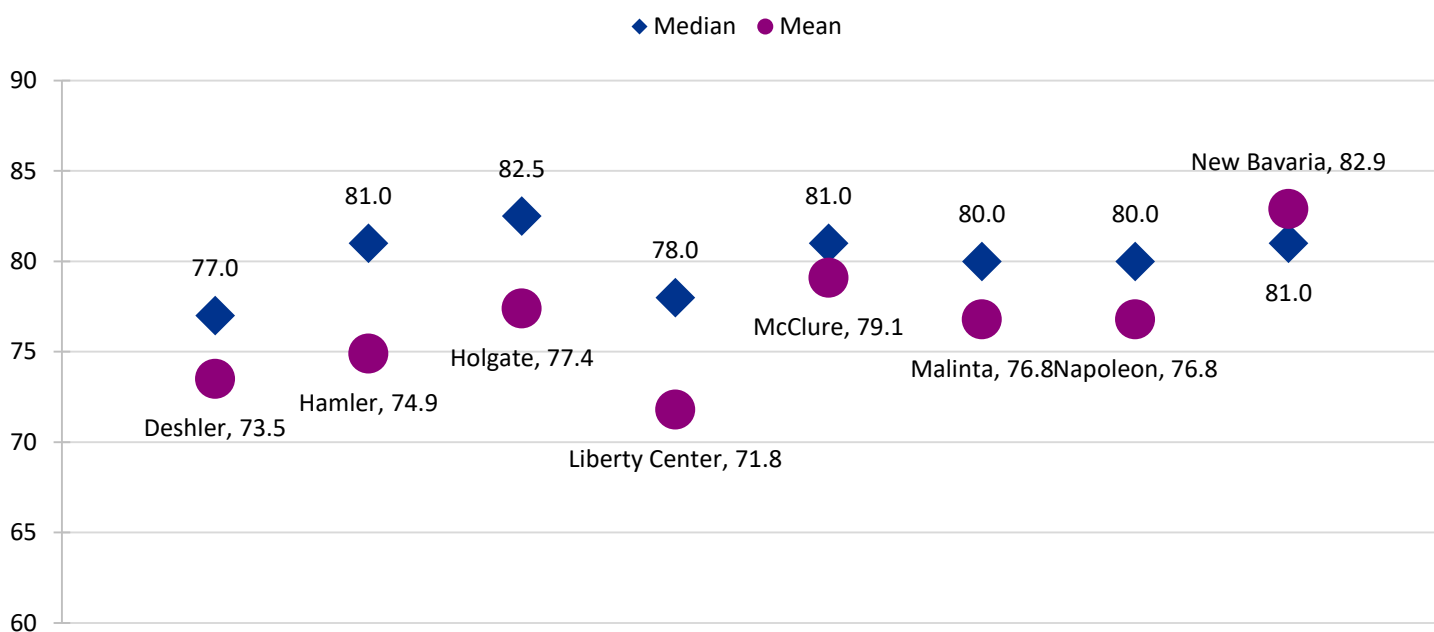


Figure 7.25 Median and Mean Ages at Death Among Henry County Residents by Zip Code. Data Source: HCHD analyses of Henry County Resident Mortality Files, 2015-2018

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Leading Causes of Death Among Henry County Residents

The National Center for Health Statistics (NCHS) defines and groups deaths into standardized categories by their underlying cause. There are seven different standard groups of “causes of death.” For this report we used the *List of 113 Selected Causes of Death* grouping. This grouping is formulated for data tabulation and analysis of general mortality and for ranking leading causes of death. All deaths not on the *List of 113 Selected Causes of Death* were collapsed into the category “Not a Leading Cause of Death.” If a death was on the *List of 113*, but there were not enough to report individually they were collapsed into the “Other Leading Causes” category.

Information on the leading causes of death among Henry County residents is constrained by population size and recent changes in how the information is collected and defined. To combat these constraints, data from 2014-2018 were combined and analyzed together. Given so few people die under the age of 30, we had to collapse those aged 0-29 into one category. Note, too that *these data are based of deaths of Henry County residents*. While most individuals who passed away in Henry County were residents of the county (four-year average of 88%), a sizable share of Henry County residents who passed did not die in Henry County (four-year average of 40%).

- Overwhelmingly, the single leading cause of death among those aged 0-29 was accidents (45%), followed by suicide (11%) and cancer (11%).
 - For those under the age of 30, nearly one-third of deaths (29%) were caused by something not on the standard *List of 113 Causes of Death*.
- Similar overall results were found for those between the ages of 30 and 49. The number one leading cause of death was accidents (45%) followed by other leading causes (17%), heart disease (11%), and suicide (9%).
- Among those aged 50 and older the two leading causes of death were cancer and heart disease. There was also an increasing percentage falling into the “not a leading cause of death” category.

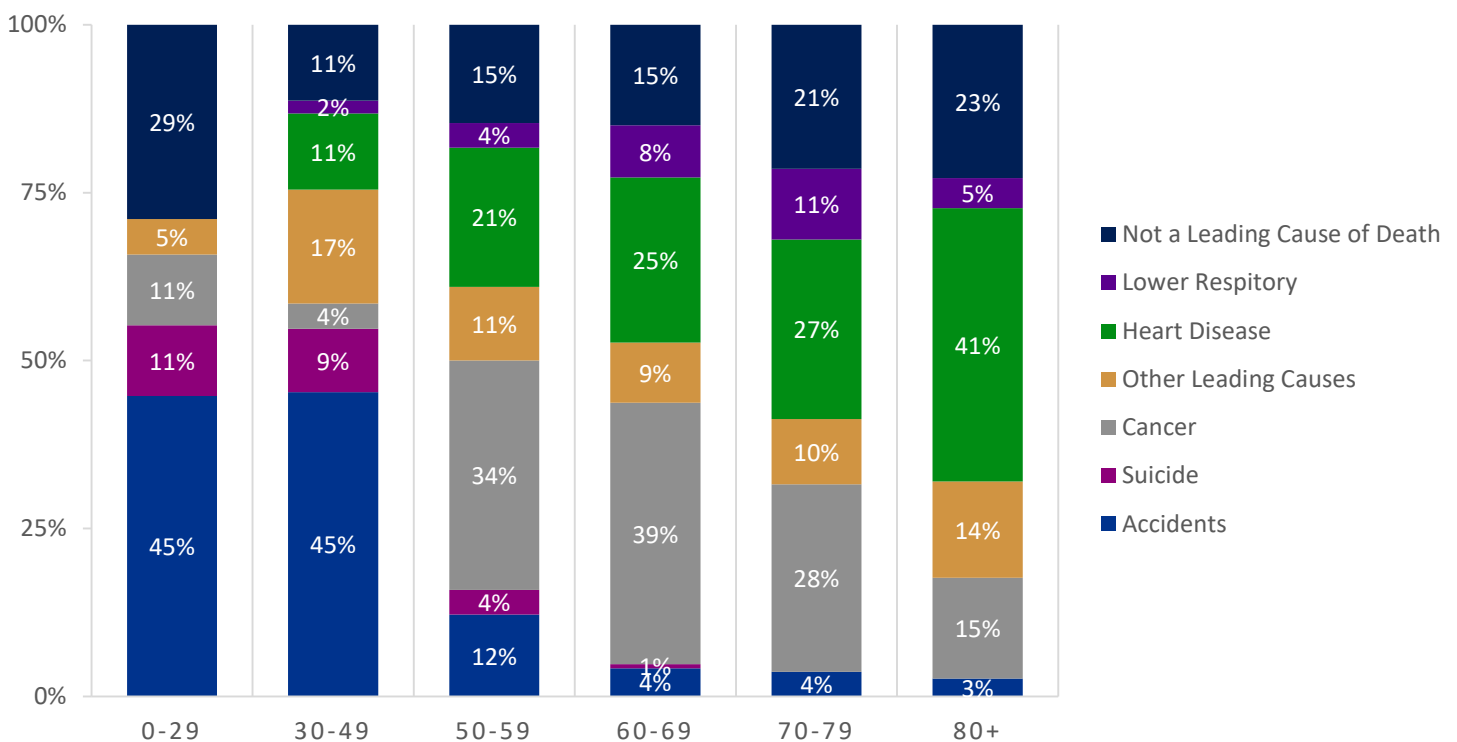


Figure 7.26 Leading Causes of Death Among Henry County Residents by Age. Data Source: HCHD analyses of Henry County Resident Mortality Files, 2015-2018

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

In the figure below, we see age patterns emerge when individual causes of death are examined.

- Accidents and suicide are more prevalent at younger ages.
- Cancer is curvilinear—generally it increases with age, but then begins dropping after aged 60-69.
- Heart disease deaths are more prevalent at older ages.

At younger ages, Henry County residents tend to die in accidents. At older ages cancer and heart disease are the leading causes of death.

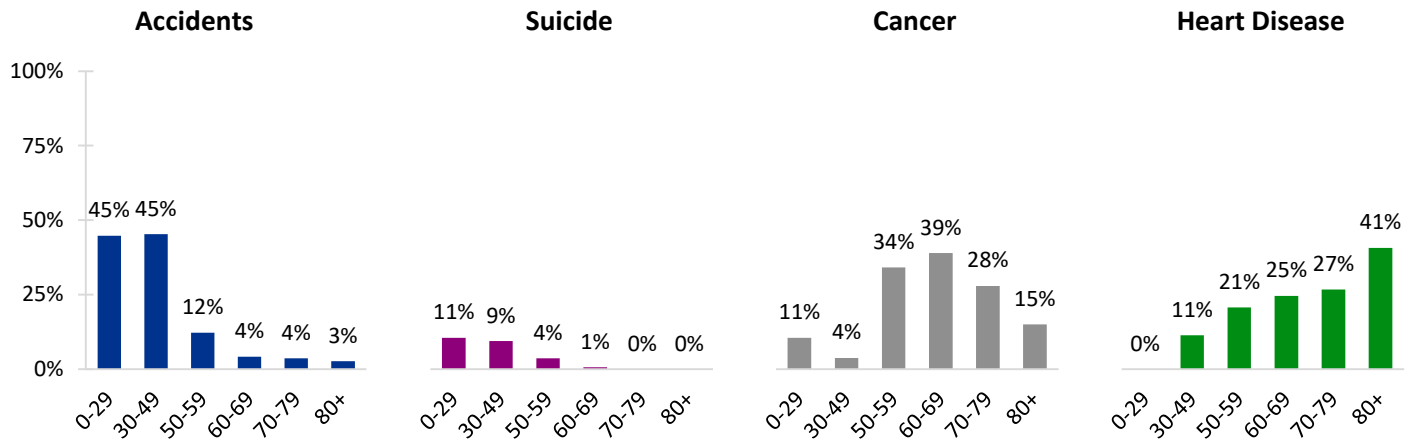


Figure 7.27 Age by Leading Causes of Death Among Henry County Residents. Data Source: HCHD analyses of Henry County Resident Mortality Files, 2015-2018

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Leading Causes of Death for Women by Age Groups

0-49	50-59	60-69	70-79	80-89	90+
1 Accidental poisoning & exposure to noxious substances	1 Heart disease	1 Cancer	1 Heart disease	1 Heart disease	1 Heart disease
2 Motor vehicle accidents	1 Cancer	2 Heart disease	2 Cancer	2 Cancer	2 Other*
3 Heart disease	3 Accidental death	3 Other	3 Other	3 Other*	3 Cancer

*Other indicate dementia

Leading Causes of Death for Men by Age Groups

0-49	50-59	60-69	70-79	80-89	90+
1 Accidental poisoning & exposure to noxious substances	1 Cancer	1 Cancer	1 Cancer	1 Heart disease	1 Heart disease
1 Motor vehicle accidents	2 Heart disease	2 Heart disease	2 Heart disease	2 Cancer	2 Other diseases
3 Intentional self-harm	3 Other diseases	3 Lower respiratory	3 Lower respiratory	3 Other diseases	3 Alzheimer's disease
3 Other diseases					

Figure 7.28 Leading Causes of Death by Gender and Age Among Henry County Residents. Data Source: HCHD analyses of Henry County Resident Mortality Files, 2015-2018

- Among women under the age of 50 drug overdoses are the leading cause of death followed by motor vehicle accidents. Among men, overdoses and motor vehicle accidents are tied as the number one leading cause and suicide is in the top three.
- Among deaths to those aged 50 and older, there are few differences by gender—generally the leadings to causes of death are cancer and heart disease.
- A few exceptions are that among men aged 60-79 lower respiratory ailments are the third leading cause, whereas among women aged 60-89 dementia is the third leading cause.

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Mortality

Measures of Mortality | Infant Mortality

Because the number is small there is little we can glean from the data. What we can discern is the following:

- All mothers were aged 30 or younger
- 3 were under the age of 20
- All mothers were White
- 1 had private insurance
- 3 Were normal weight at birth
- 3 were vaginal deliveries
- 3 died from SIDS

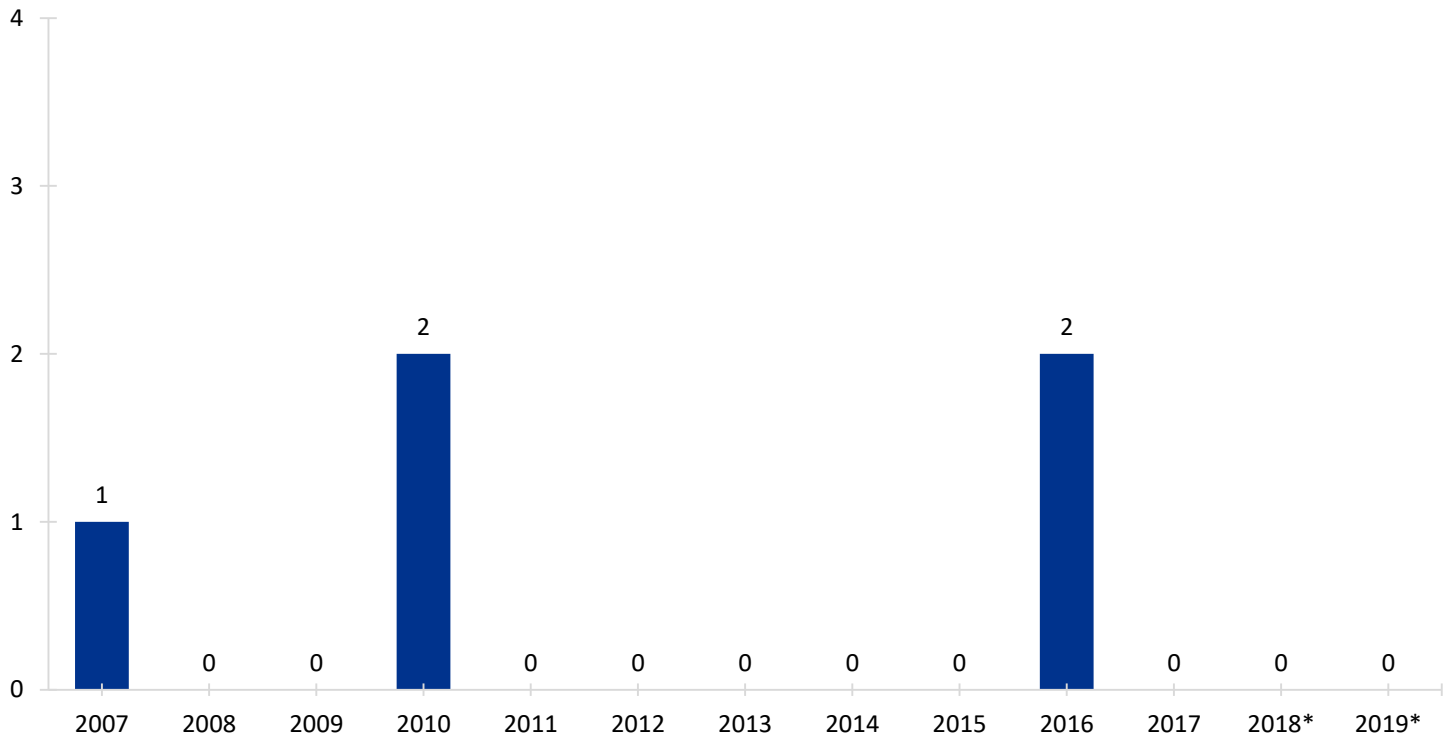


Figure 7.29 Infant Deaths Among Henry County Residents, 2007-2019. Data Source: The Infant Mortality dataset, Ohio Public Health Information Warehouse, 2007-2019

Note: * indicates preliminary data

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Measures of Mortality | Child Mortality

- *Child Mortality Rate* measures the number of deaths among children under age 18 per 100,000 population.

What deaths count toward child mortality? Deaths are counted in the county where the individual lived. So, even if a child dies elsewhere in the state, that death is attributed to his/her home county.

Some data are suppressed. A missing value (N.A.) is reported for counties with fewer than 10 child deaths in the time frame.

Child Mortality – Henry County and its Neighbors

- Compared to neighboring counties, Henry County had a relatively low child mortality rate—second from the lowest at 39 per resident children aged 18 and under.
- The highest child mortality rate was found in Lucas County with 65 child deaths per 100,000 children under the age of 18.
- Putnam County had the lowest rate at 29 per 100,000.

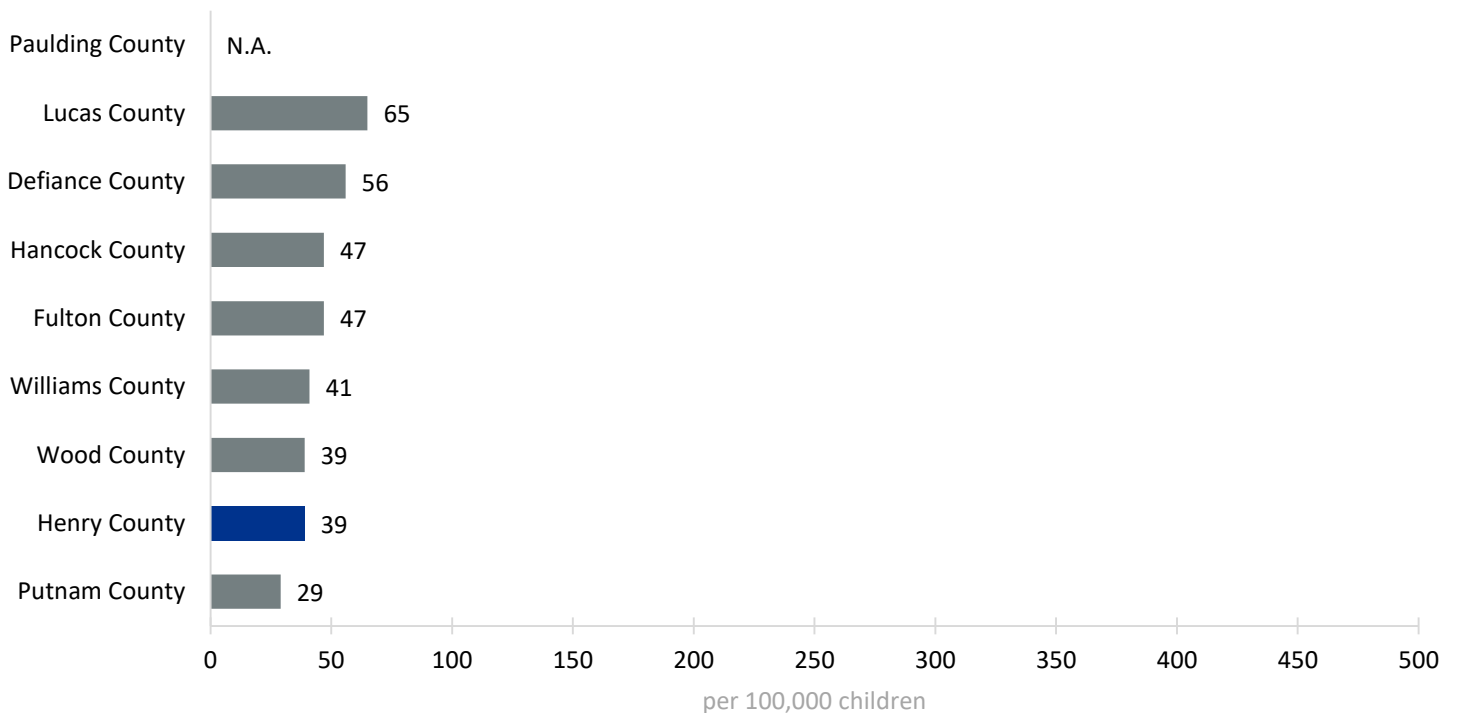


Figure 7.30 County Rankings of the Child Mortality Rate for Henry County and its Neighboring Counties. Data Source: County Health Rankings

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Measures of Mortality | Premature Mortality

- *Premature Age-Adjusted Mortality* measures the number of deaths among residents under the age of 75 per 100,000 population.

What deaths count toward premature death? Deaths are counted in the county where the individual lived. So, even if an individual dies in a car crash on the other side of the state, that death is attributed to his/her home county.

Premature Mortality – Henry County and its Neighbors

- Henry County had a premature age-adjusted mortality rate of 328 per 100,000 residents under the age of 75. This rate places us towards the middle of neighboring counties.
- Lucas County had the highest premature age-adjusted mortality rate at 446 per 100,000 residents under the age of 75.
- Paulding County had the lowest rate at 264 per 100,000 residents under the age of 75.

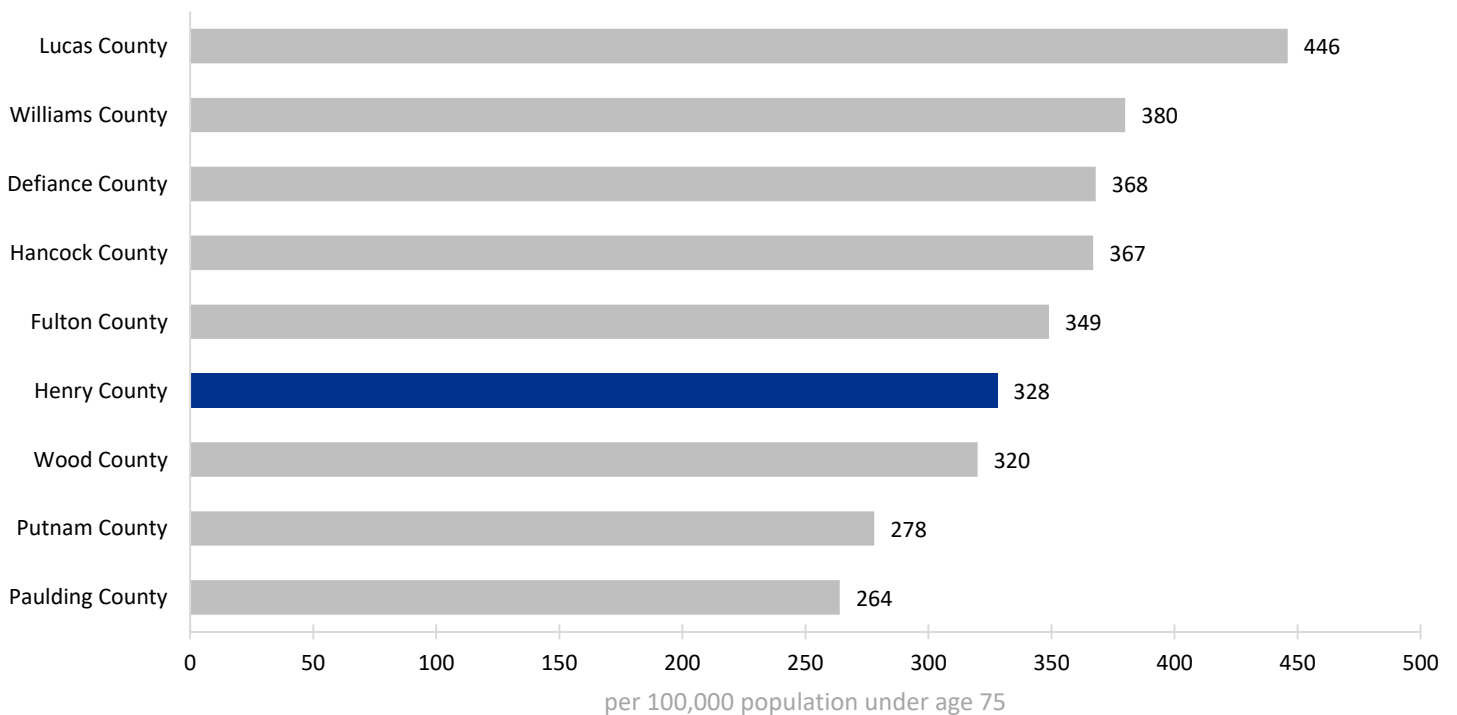


Figure 7.31 County Rankings of the Premature Age-adjusted Mortality Rate for Henry County and its Neighboring Counties.
Data Source: County Health Rankings

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Measures of Mortality | Deaths of Despair

- *Deaths of Despair*: Reflects the rate of deaths due to suicide, alcohol-related disease and drug overdoses per 100,000 population (2010-2016; Centers for Disease Control and Prevention).

Concerns took hold when researchers Anne Case and Angus Deaton—who coined the term—reported on the uptick in deaths from opioid and alcohol abuse and suicide. New research published at the end of 2019 by Woolf and Schoemaker confirms the earlier findings and also notes an increase in deaths from obesity, hypertension, and renal failure. They also highlight social isolation as a key contributor—possibly increasing the risk of death by 29% (for more info you can read this [article](#)).

So what exactly have researchers found that has them so worried?

- Life expectancy in the U.S. has declined for the past three years, despite a previously 55 year increase.
- More specifically, mid-life all-cause mortality rates have risen.
- The increase has been found across all race groups
- States in the Northeast and the Ohio Valley have seen the highest relative increases.

Deaths of Despair – Henry County and its Neighbors

- Compared to neighboring counties, Henry County had the lowest deaths of despair rate at 25.5 per 100,000 population.
- The highest rate was found among the population of Lucas County where there were nearly 46 deaths of despair per 100,000 population.

Compared to neighboring counties, Henry County had the lowest deaths of despair rate.

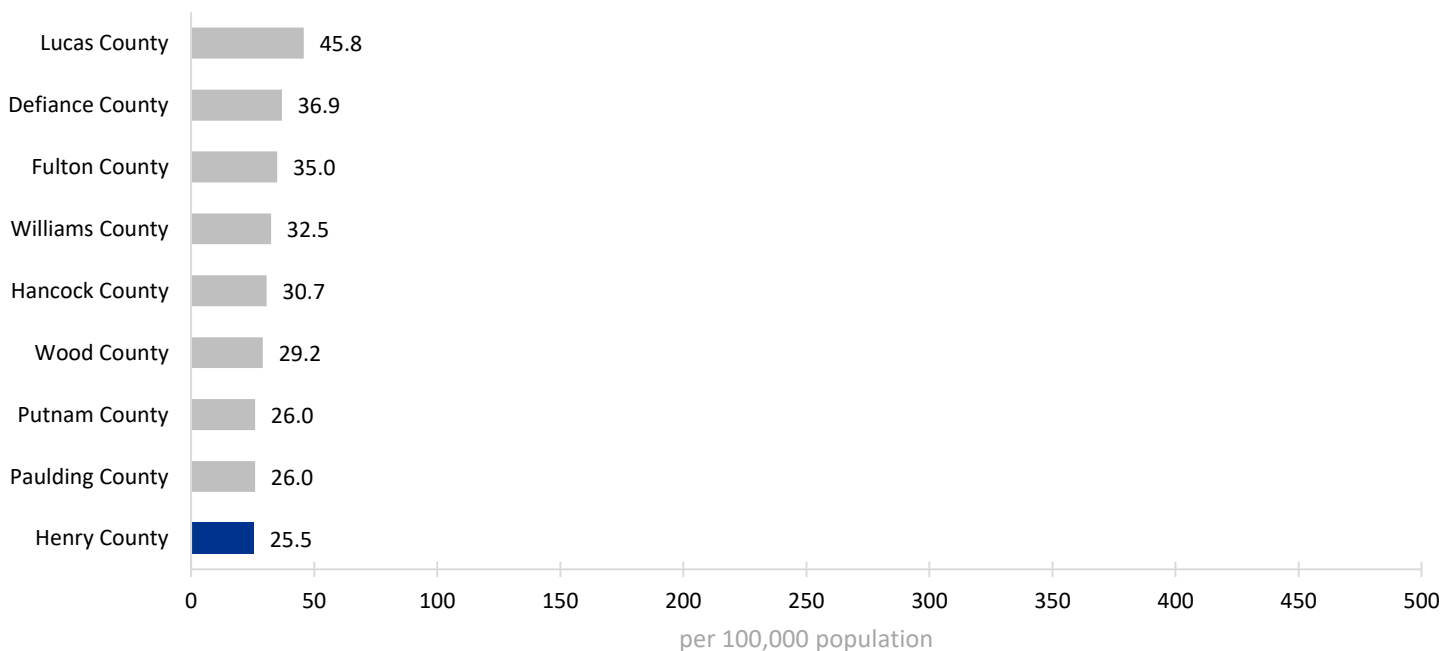


Figure 7.32 County Rankings in Deaths of Despair Deaths involving drugs, alcohol or suicide for Henry County and its Neighboring Counties. Data Source: U.S. News and World Report Healthiest Communities, 2019 Rankings, Copyright 2019 © U.S. News & World Report L.P.

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Measures of Mortality | Alcohol-Impaired Driving Deaths

- *Alcohol-Impaired Driving Deaths* is the percentage of motor vehicle crash deaths with alcohol involvement.

Alcohol-Impaired Driving Deaths are reported for the *county of occurrence*. This is because it is more likely that the drinking behavior that led to the driving crash happened where the accident occurred rather than in the county where the people involved in the crash reside.

Measure Limitations. This measure considers the percentage of *crash deaths* involving alcohol, **not** the number of total crashes or the number of total crashes involving alcohol. Another limitation of this measure is that not all fatal motor vehicle traffic accidents have a valid blood alcohol test, so these data are likely an undercount of actual alcohol involvement. A final limitation is that even though alcohol is involved in all cases of alcohol-impaired driving, there can be a large difference in the degree to which it was responsible for the crash (e.g. someone with a 0.01 BAC vs. 0.35 BAC).

Numerator. The numerator is the total number of alcohol-impaired motor vehicle crash deaths in the 5-year period. The National Highway Traffic Safety Administration defines a fatal crash as alcohol-related or alcohol-involved if either a driver or a non-motorist (usually a pedestrian or bicyclist) had a measurable or estimated blood alcohol concentration of 0.01 grams per deciliter or above.

Denominator. The denominator is the total number of motor vehicle crash deaths in the 5-year period.

Alcohol-Impaired Driving Deaths – Henry County and its Neighbors

- The percentage of alcohol-impaired driving deaths among Henry and neighboring counties ranges from a low of 15% in Wood County to a high of 43% in Putnam County.
- Henry County had nearly one-third (31%) of driving deaths as alcohol-impaired. This is a similar rate for the state of Ohio (33%).

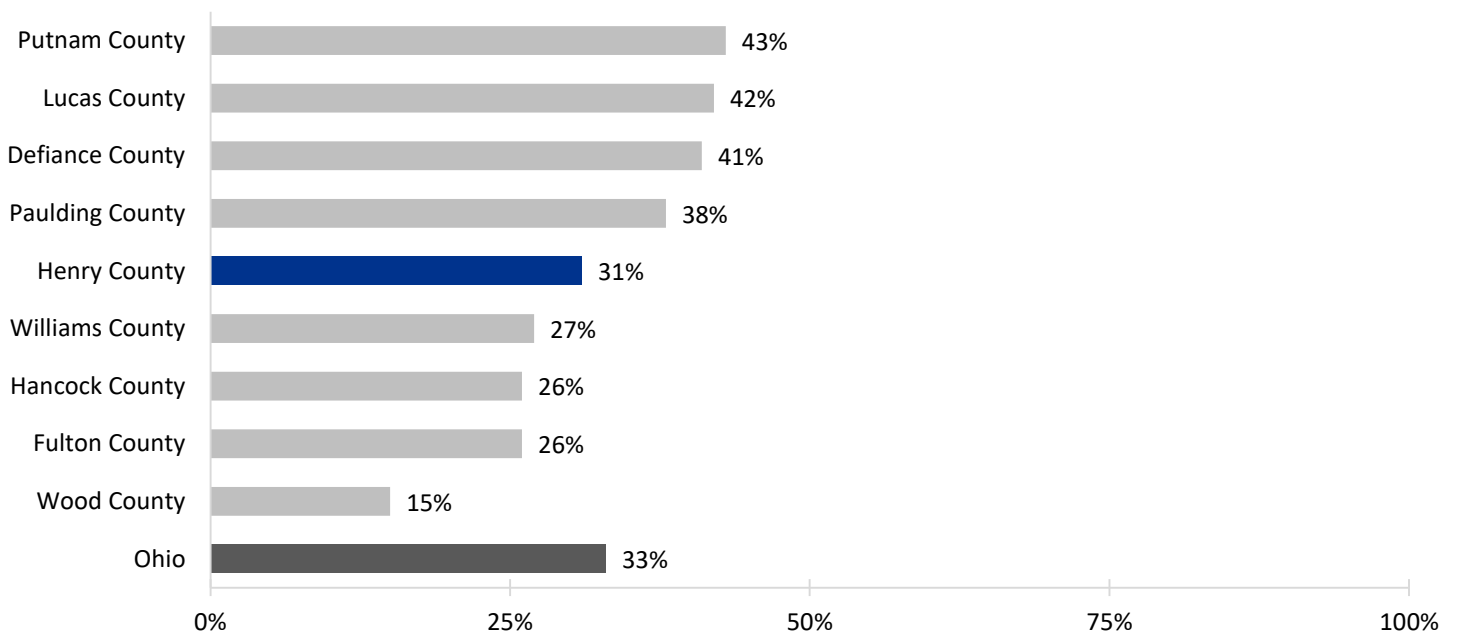


Figure 7.33 County Rankings in Alcohol-impaired Driving Deaths for Henry County and its Neighboring Counties and the State of Ohio. Data Source: County Health Rankings, Fatality Analysis Reporting System (FARS), 2013-2017

Note: To qualify as a FARS case, the crash had to involve a motor vehicle traveling on a traffic way customarily open to the public and must have resulted in the death of a motorist or a non-motorist within 30 days of the crash.

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Measures of Mortality | Drug Overdose Deaths

Drug overdose deaths are a leading contributor to premature death and are largely preventable. Currently, the United States is experiencing an epidemic of drug overdose deaths. Since 2000, the rate of drug overdose deaths has increased by 137 percent nationwide. Opioids contribute largely to drug overdose deaths; since 2000, there has been a 200 percent increase in deaths involving opioids (opioid pain relievers and heroin) ([CDC, 2016](#))

- *Drug Overdose Death Rate* is the number of deaths due to drug poisoning per 100,000 population.

Deaths are counted in the county of residence for the person who died, rather than the county where the death occurred. It is important to note that deaths are counted in the county of residence of the deceased. So, even if a drug overdose death occurred across the state, the death is counted in the home county of the individual who died.

Some data are suppressed. A missing value is reported for counties with fewer than 10 drug poisoning deaths in the time frame.

Numerator. The numerator includes deaths from accidental, intentional, and undetermined drug poisoning by and exposure to: 1) nonopioid analgesics, antipyretics and antirheumatics, 2) antiepileptic, sedative-hypnotic, antiparkinsonism and psychotropic drugs, not elsewhere classified, 3) narcotics and psychodysleptics [hallucinogens], not elsewhere classified, 4) other drugs acting on the autonomic nervous system, and 5) other and unspecified drugs, medicaments and biological substances, over a 3-year period. ICD-10 codes used include X40-X44, X60-X64, X85, and Y10-Y14.

Denominator. The denominator is the aggregate annual population over the 3-year period.

Drug Overdose Deaths – Henry County and its Neighbors

- The drug overdose mortality rate among Henry and neighboring counties ranges from a low of 13 per 100,000 population in Putnam County to a high of 36 per 100,000 in Lucas County.
- Henry County had 18 per 100,000 drug overdose deaths per 100,000 population. This is half the rate for the state of Ohio with 37 deaths per 100,000.

Note: These rates vary slightly from those in the report generated by the HCNWO because of the data years used.

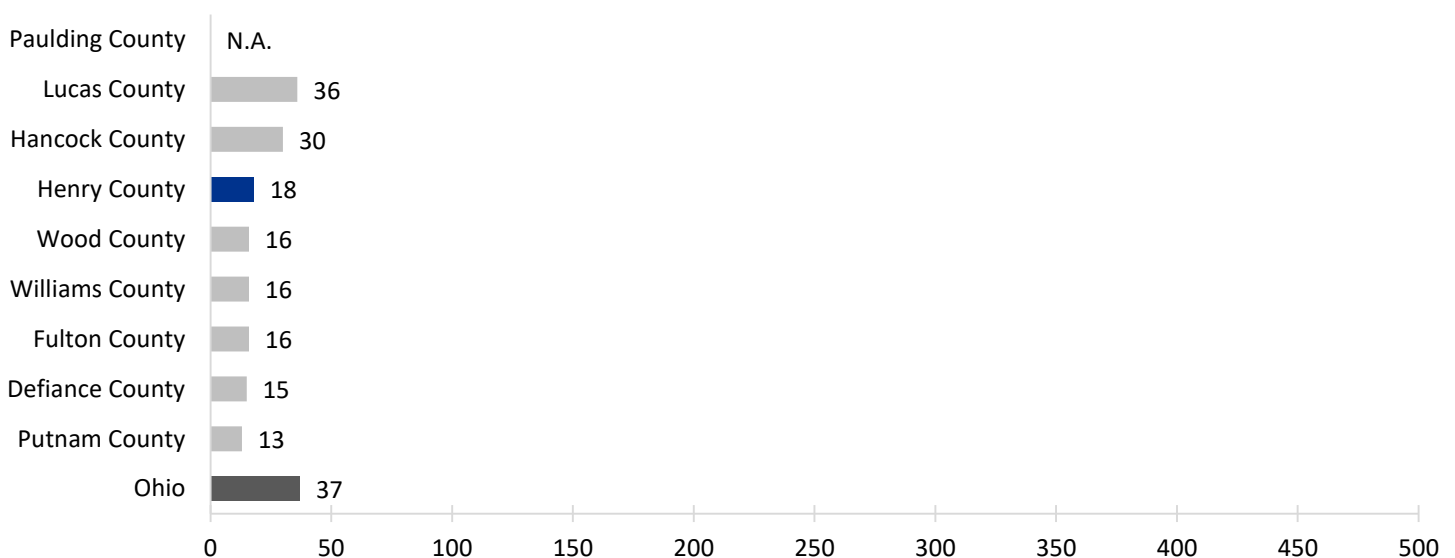


Figure 7.34 County Rankings in Drug Overdose Mortality Rate for Henry County and its Neighboring Counties and the State of Ohio. Data Source: County Health Rankings, Compressed Mortality File (CMF), 2015-2017

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Measures of Mortality | Suicide

- Over the past twelve years, there has been an average of 2.25 suicides a year among Henry County *residents*.
- Actual numbers of suicides can vary dramatically, particularly in areas with small populations.
- As you see below, the largest number of suicides in any given year occurred in 2011 with six.
- Conversely, in 2016 there were not any suicides.

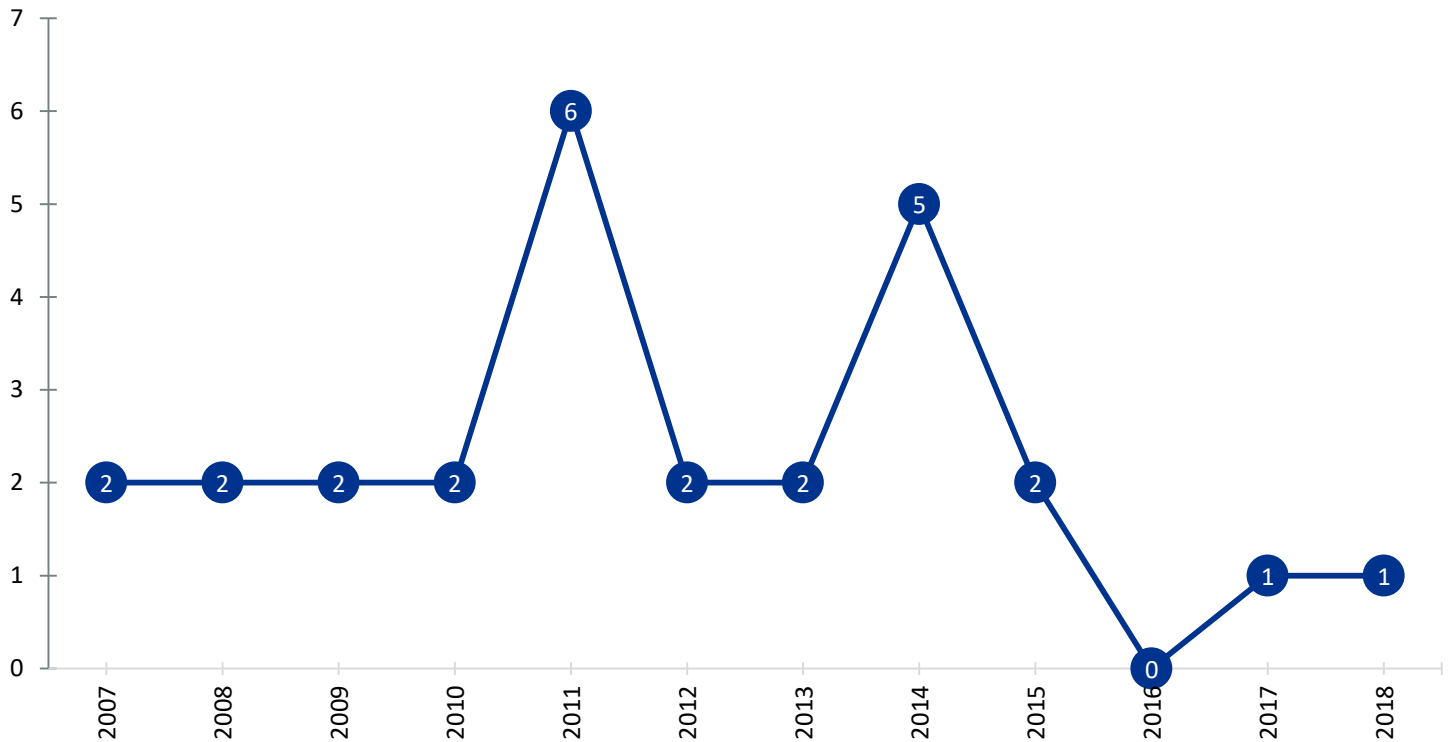


Figure 7.35 Trend in the Number of Suicides Among Henry County Residents, 2007-2018. Data Source: HCHD analyses of Henry County Resident Mortality Files, 2007-2018

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Measures of Mortality | Firearm Fatalities Rate

- **Firearm Fatalities** is the number of deaths due to firearms in a county per 100,000 population. Rates measure the number of events (i.e., deaths, births, etc.) in a given time period (generally one or more years) divided by the average number of people at risk during that period. Rates help us compare health data across counties with different population sizes.

Deaths are counted in the county of residence for the person who died, rather than the county where the death occurred. It is important to note that deaths are counted in the county of residence of the deceased. So, even if a firearm death occurred across the state, the death is counted in the home county of the individual who died.

Some data are suppressed. A missing value is reported for counties with fewer than 10 firearm fatalities in the time frame.

Numerator. The numerator is the number of deaths in a county due to firearms.

Denominator. The denominator is the aggregate annual population over the 5-year period.

Firearm Fatalities Rate – Henry County and its Neighbors

- There were not enough firearm fatalities in Henry County to provide a rate.
- Paulding and Lucas Counties had the highest rates at 12 per 100,000 population

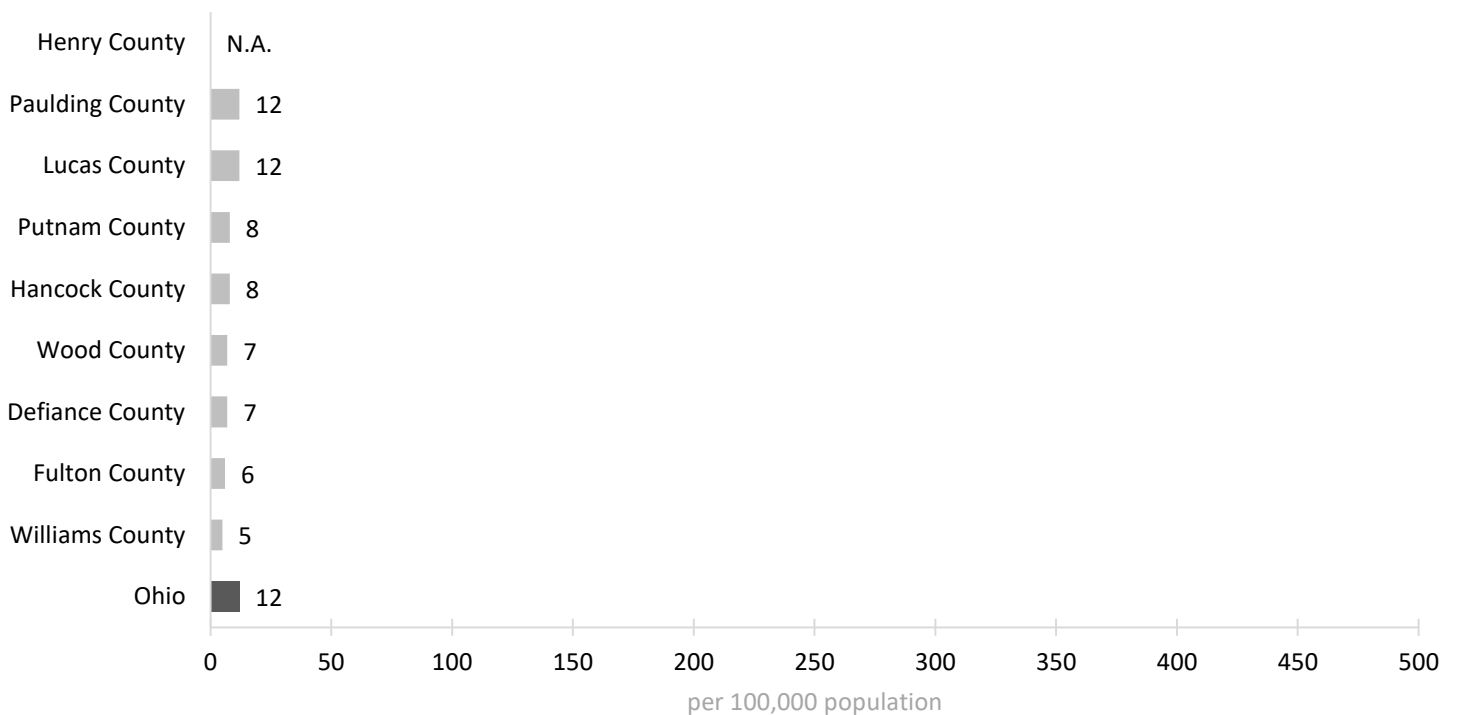


Figure 7.36 County Rankings in Firearm Fatalities Rate for Henry County and its Neighboring Counties and the State of Ohio. Data Source: County Health Rankings, Compressed Mortality File (CMF), 2013-2017

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Measures of Mortality | Homicide Rate

- **Homicide rate** is the number of deaths from assaults per 100,000 population. Rates measure the number of events (i.e., deaths, births, etc.) in a given time period (generally one or more years) divided by the average number of people at risk during that period. Rates help us compare data across counties with different population sizes.

Deaths are counted in the county of residence for the person who died, rather than the county where the death occurred. It is important to note that deaths are counted in the county of residence of the deceased. So, even if a homicide occurred across the state, the death is counted in the home county of the individual who died.

Some data are suppressed. A missing value is reported for counties with fewer than 10 homicide deaths in the time frame.

Numerator. The numerator is the number of deaths in a county over a 7-year period due to homicide.

Denominator. The denominator is the aggregate county population over the 7-year period.

Homicide Rate – Henry County and its Neighbors

- In Henry County, homicides are a rare occurrence. There have been two among residents between 2007 and 2018—one in 2012 and one in 2015. There were two few to generate a reliable rate.

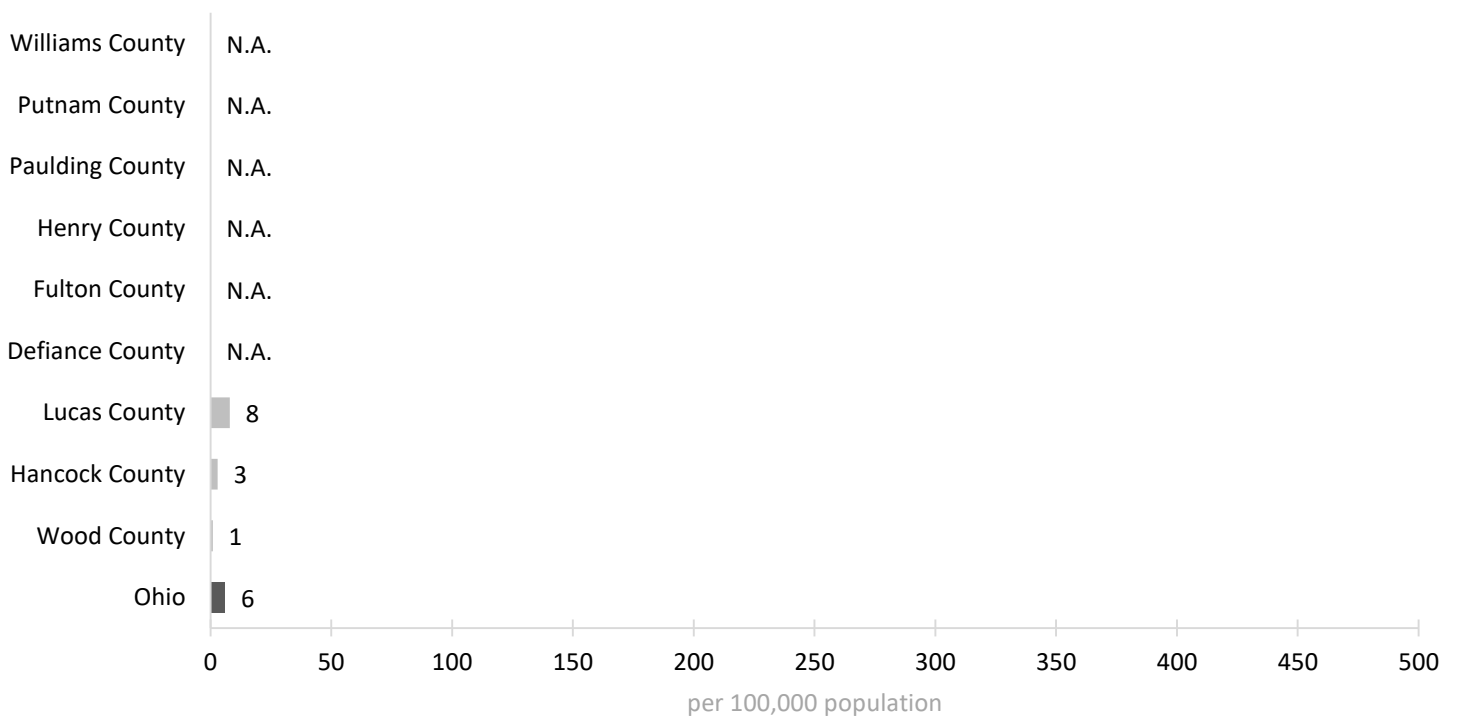


Figure 7.37 County Rankings in the Homicide Rate for Henry County and its Neighboring Counties and the State of Ohio. Data Source: County Health Rankings, Compressed Mortality File (CMF), 2011-2017

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Measures of Mortality | Injury Death Rate

- **Injury Death Rate** is the number of deaths from planned (e.g. homicide or suicide) and unplanned (e.g. motor vehicle deaths) injuries per 100,000 population. This measure includes injuries from all causes and intents. Rates measure the number of events (i.e., deaths, births, etc.) in a given time period (generally one or more years) divided by the average number of people at risk during that period. Rates help us compare data across counties with different population sizes.

Deaths are counted in the county of residence for the person who died, rather than the county where the death occurred. It is important to note that deaths are counted in the county of residence of the deceased. So, even in an injury death occurred across the state, the death is counted in the home county of the individual who died.

Measure Limitations. This measure is being used to estimate the overall risk of injury in a county. The overall burden of injuries is not captured by the injury mortality rate; injuries that are not fatal have large costs due to emergency room visits and time off work.

Numerator. The numerator is the number of injury deaths with an underlying cause of injury during the 5-year period

Denominator. The denominator is the aggregate annual population for the five-year period.

Injury Death Rate – Henry County and its Neighbors

- The injury death rate among Henry and neighboring counties ranges from a low of 55 per 100,000 population in Wood County to a high of 84 per 100,000 in Lucas County.
- Henry County had 73 per 100,000 injury deaths per 100,000 population. This is lower than the rate for the state of Ohio with 82 deaths per 100,000.

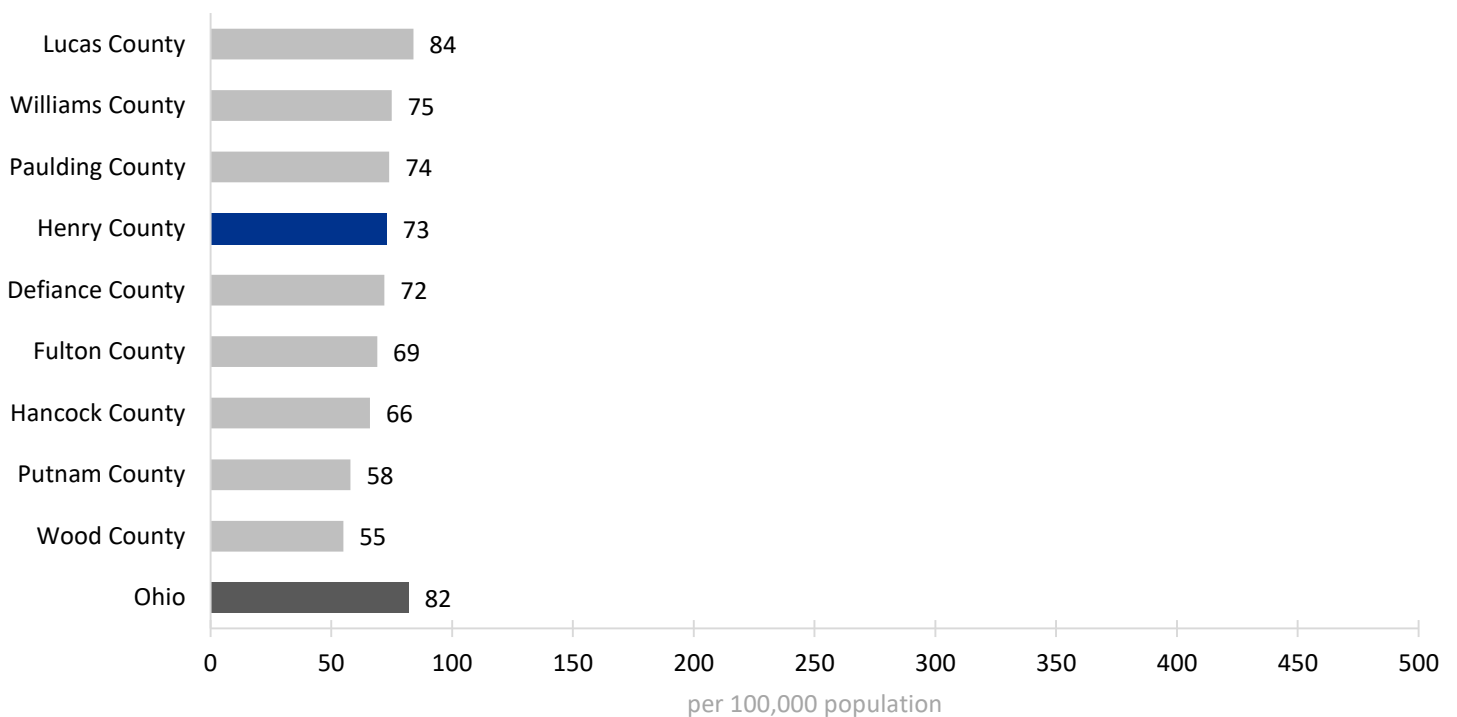


Figure 7.38 County Rankings in the Injury Death Rate for Henry County and its Neighboring Counties and the State of Ohio. Data Source: County Health Rankings, Compressed Mortality File (CMF), 2013-2017

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

Measures of Mortality | Motor Vehicle Mortality Rate

- **Motor Vehicle Crash Death Rate** is the number of deaths due to traffic accidents involving a motor vehicle per 100,000 population. Rates measure the number of events (i.e., deaths, births, etc.) in a given time period (generally one or more years) divided by the average number of people at risk during that period. Rates help us compare health data across counties with different population sizes.

Deaths are counted in the county of residence for the person who died, rather than the county where the death occurred. It is important to note that deaths are counted in the county of residence of the deceased. So, even if a motor vehicle crash death occurred across the state, the death is counted in the home county of the individual who died.

Motor vehicle crash deaths methodology has changed. Starting in 2013, the County Health Rankings changed the definition of motor vehicle crash deaths to exclude non-traffic accidents to better align with Healthy People 2020.

Numerator. The numerator includes traffic accidents involving motorcycles, 3-wheel motor vehicles, cars, vans, trucks, buses, street cars, ATVs, industrial, agricultural, and construction vehicles, and bicyclists or pedestrians when colliding with any of these vehicles, over a 7-year period. Deaths due to boating accidents and airline crashes are not included in the numerator.

Denominator. The denominator is the aggregate annual population over the 7-year period.

Motor Vehicle Mortality Rate – Henry County and its Neighbors

- The motor vehicle mortality rate among Henry and neighboring counties ranges from a low of 11 per 100,000 population in Hancock County to a high of 23 per 100,000 in Paulding County.
- Henry County had 20 per 100,000 motor vehicle deaths per 100,000 population. This is twice the rate for the state of Ohio with 10 deaths per 100,000.

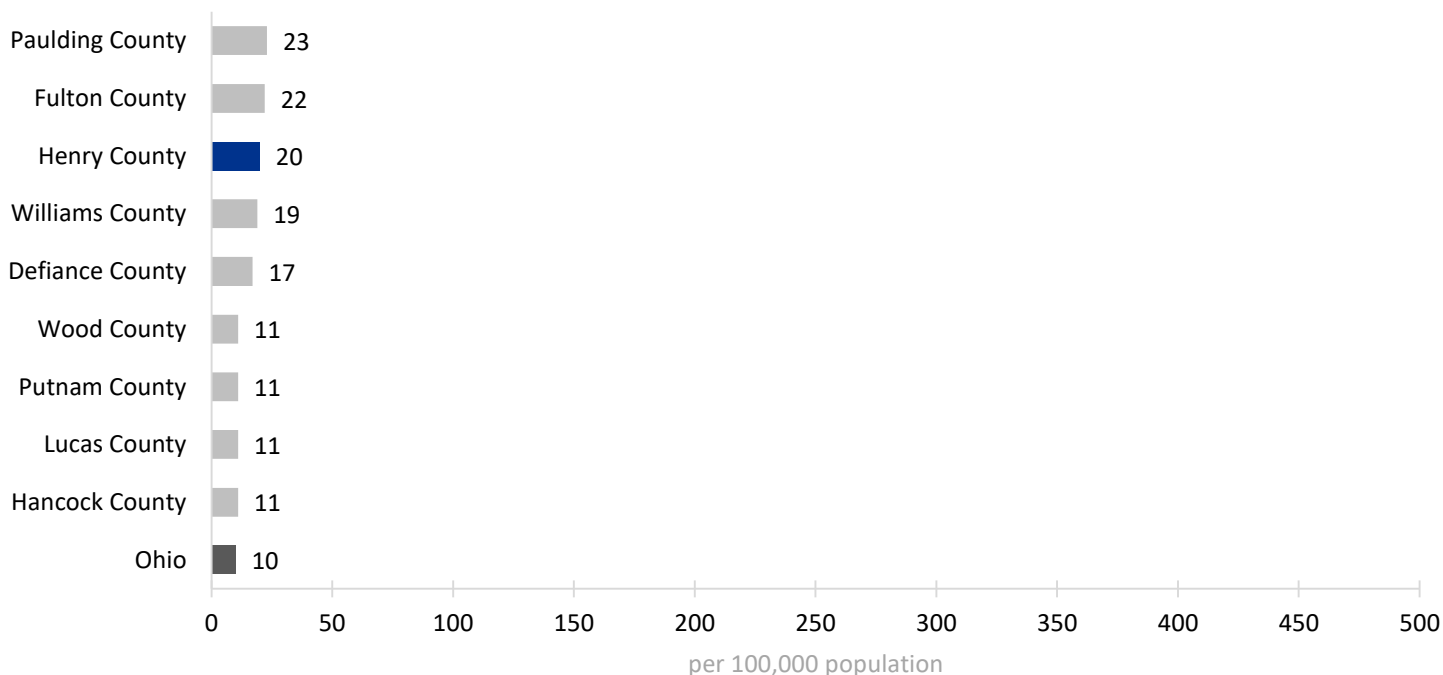


Figure 7.39 County Rankings in Motor Vehicle Mortality Rate for Henry County and its Neighboring Counties and the State of Ohio. Data Source: County Health Rankings, Compressed Mortality File (CMF), 2011-2017

SOCIAL DETERMINANTS OF HEALTH ASSESSMENT

Health Outcomes & Indicators

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Appendix 6: Community Health Priority Briefs

Added to CHA:
September 15, 2020

MENTAL HEALTH

Among Henry County Ohio Adults



BY Krista Westrick Payne, PhD

Mental health is an important part of overall health and well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

- Centers for Disease Control & Prevention (CDC)

DATA

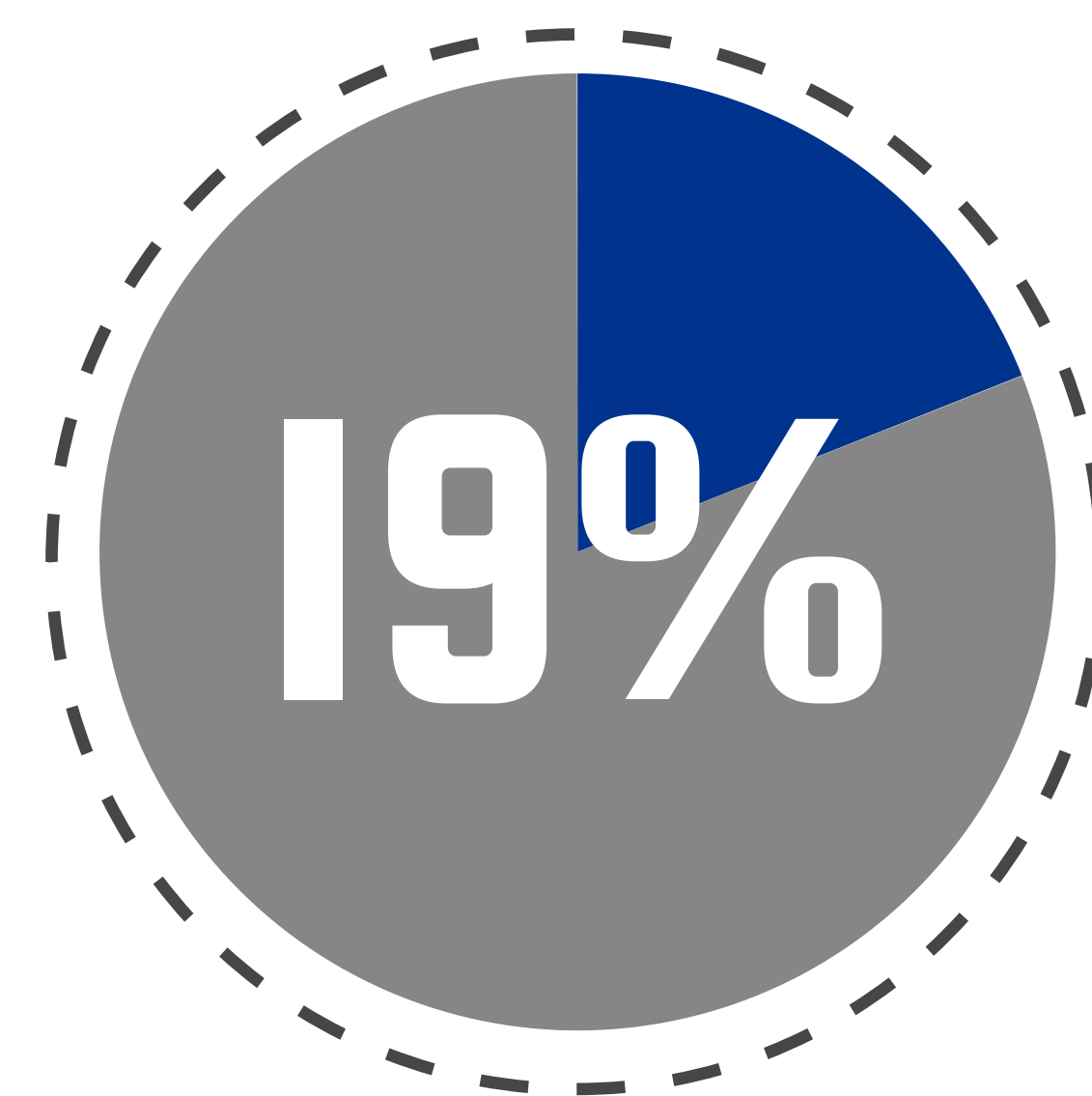
The Henry County Community Health Status Assessment Adult Survey, 2019

Adults aged 19 and older were surveyed from the Henry County, Ohio area. A random sample of mailing addresses was obtained from Melissa Global Intelligence in Rancho Santa Margarita, California. From these addresses a sample of 1,200 respondents were chosen to receive a paper survey. The response rate for the mailing was 29% for a total of 353 respondents. It is important to note that these data have limitations. The overwhelming majority of respondents were older--only 15 respondents were under the age of 30. Therefore, although weighting procedures were used, these data may not be representative of all Henry County residents.

Mental Health Status

Adults were asked to rate their mental health..."Now thinking about your mental health, which includes stress, depression, and problems with emotions..."

19% reported their mental health was **not good** on **four or more** days in the previous month.

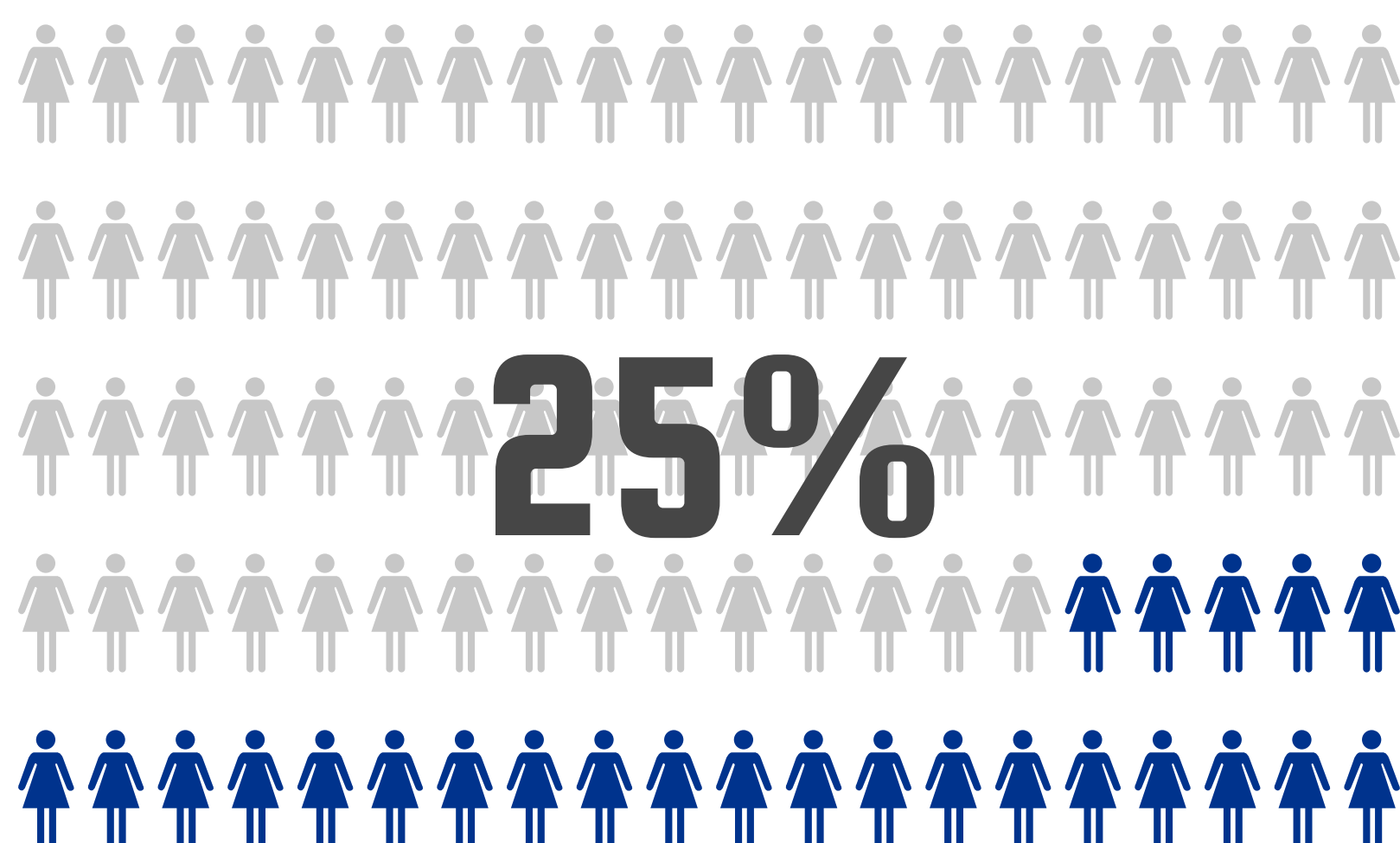


On average, Henry County adults reported their mental health as not good on 3.2 days in the previous month.

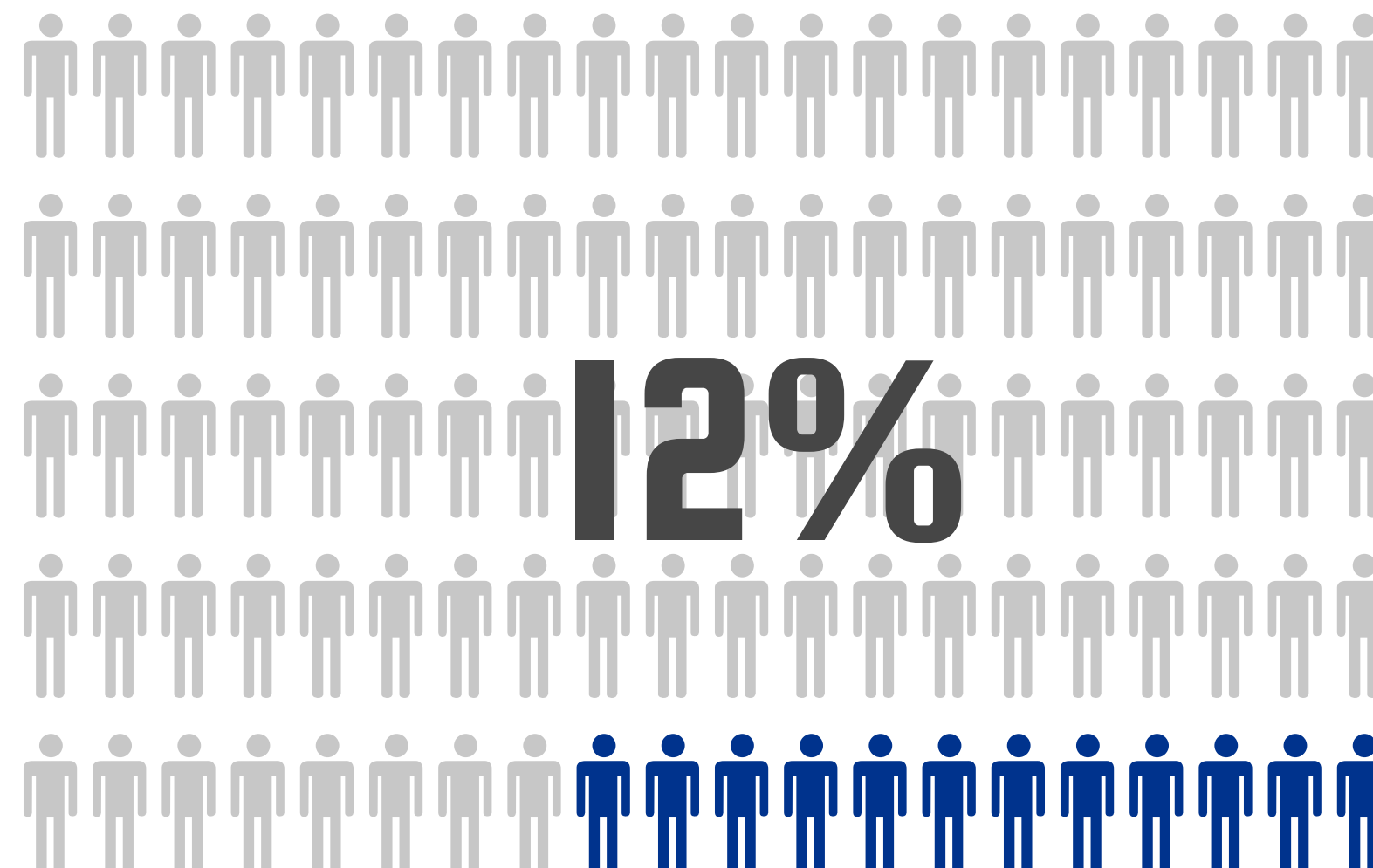
Gender Differences in Mental Health Status

*** Women** were significantly more likely to report poor mental health than **men**.

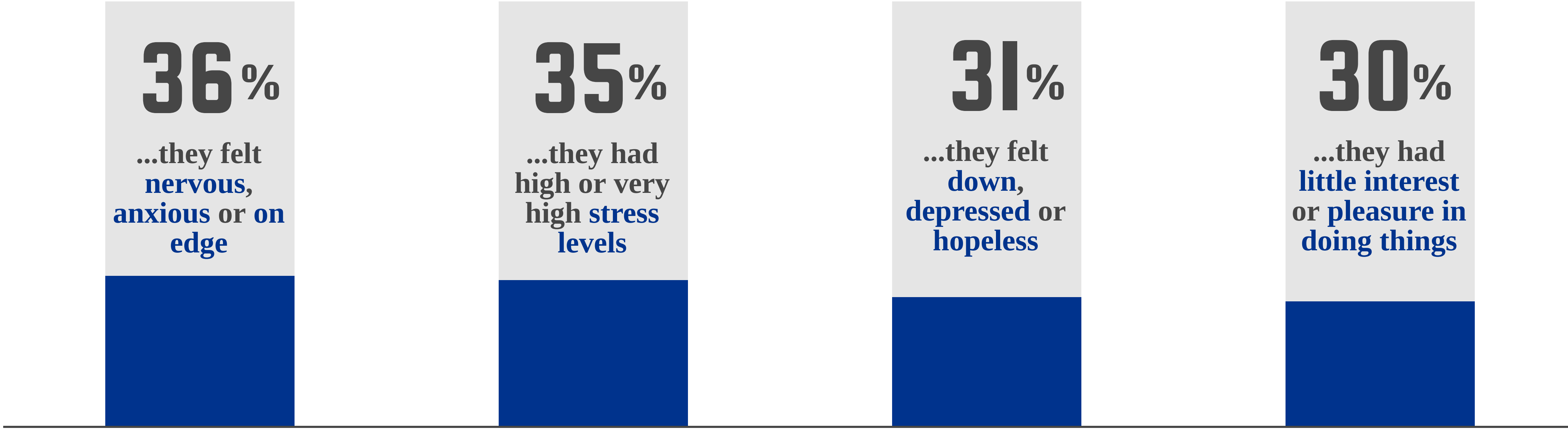
Poor Mental Health Status among Women



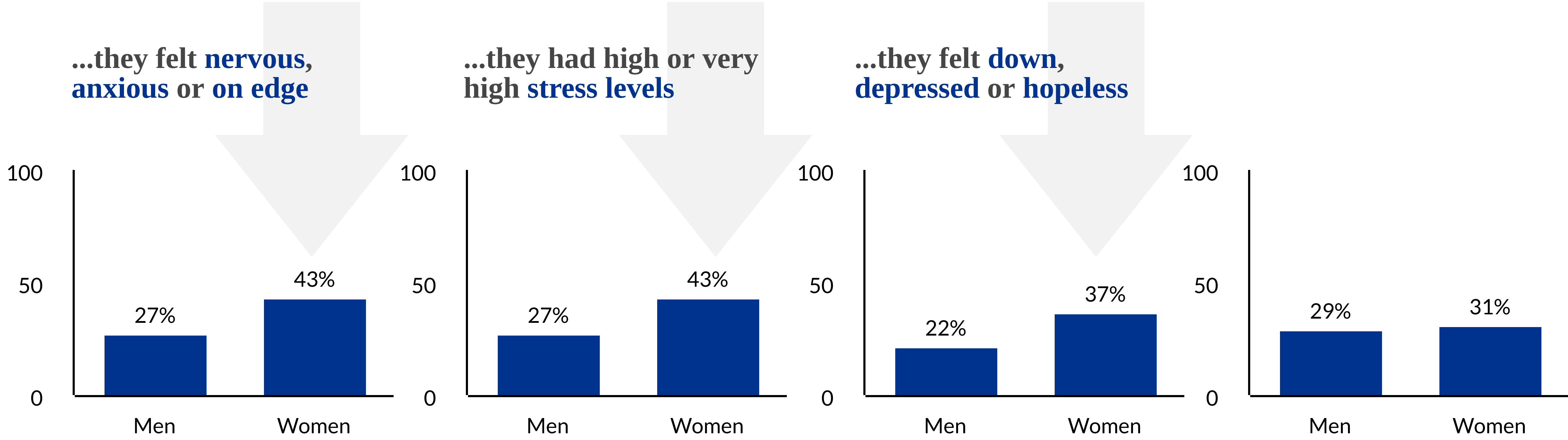
Poor Mental Health Status among Men



Adults were asked to identify things that had bothered them over the last two weeks...



There were gender differences in 3 of the 4 areas...

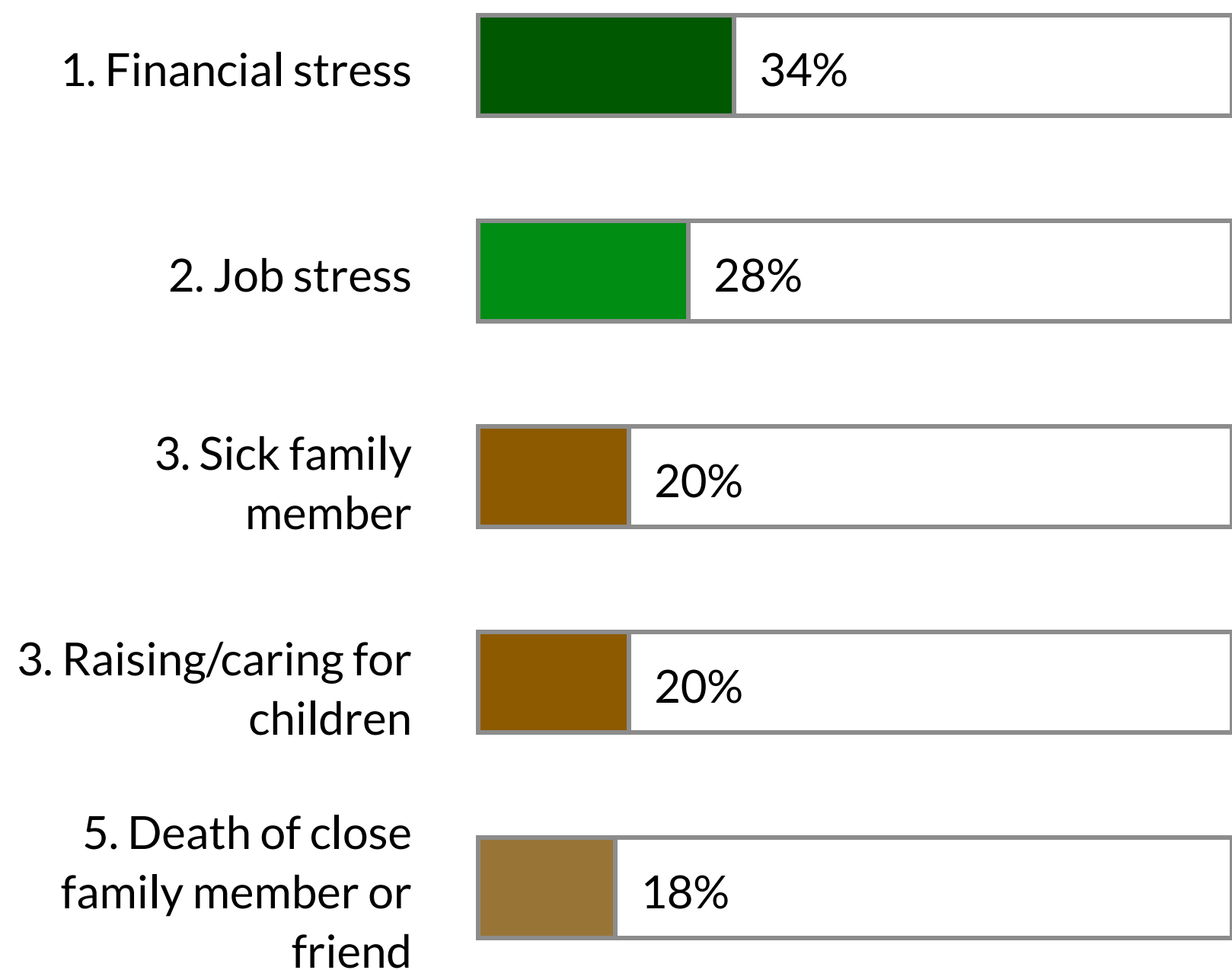


➔ **Women consistently have larger shares reporting things bothered them.**

STRESSORS

Adults were asked to identify causes of anxiety, stress, or depression in their lives. They were given a list of 23 causes to choose from (including *other* and *none of the above*) and told to check all that applied.

The Top Five Reported Causes of Anxiety, Stress, & Depression Among Non-Depressed Youth



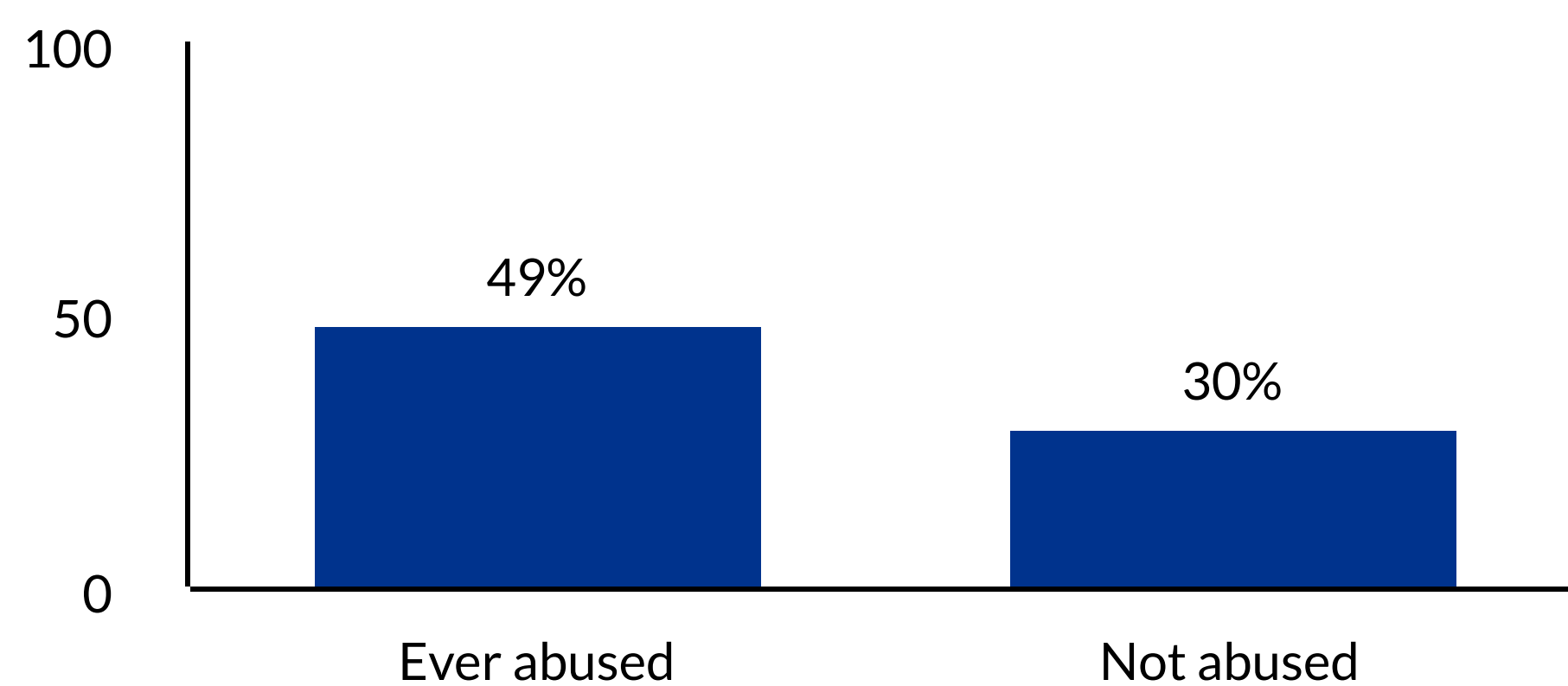
- Among adults the most frequently checked causes of anxiety, stress, or depression were associated with money/work: *financial stress* (34%) and *job stress* (28%).
- The third most frequently checked cause was a *sick family member* (20%) or *raising/caring for children* (20%).
- Rounding out the top five among adults was death of a close family member or friend (18%).
- Other ways adults reported dealing with stress included: listening to music (24%), sleeping (20%), working (19%), drinking alcohol (16%), taking it out on others (8%), and using prescription drugs as prescribed (6%).

CORRELATES of DEPRESSION

Experienced Abuse

- Henry County adults were asked if they had ever experienced the following types of abuse: physical, sexual, verbal, emotional, or financial. Of those who responded, 13% said they had experienced at least one form of abuse.
- Those who reported any abuse had a larger share with at least one day in the past 30 days that their mental health was not good--49% versus 30%.

Poor Mental Health by Whether Ever Experienced Abuse



SLEEP

Sleep is related to mental health. Sleep deprivation has negative effect on mental health and effects your psychological state. Chronic sleep problems affect 50% to 80% of patients in a typical psychiatric practice, compared with 10% to 18% of adults in the general U.S. population. Sleep problems are particularly common in patients with anxiety, depression, bipolar disorder, and attention deficit hyperactivity disorder (ADHD). For more information see, https://www.health.harvard.edu/newsletter_article/sleep-and-mental-health

- 41% of adults reported they had trouble falling and staying asleep.
- 13% reported they sleep too much.
- 48% reported they do not wake up feeling rested.

48% of adults reported they do **not** wake up feeling rested



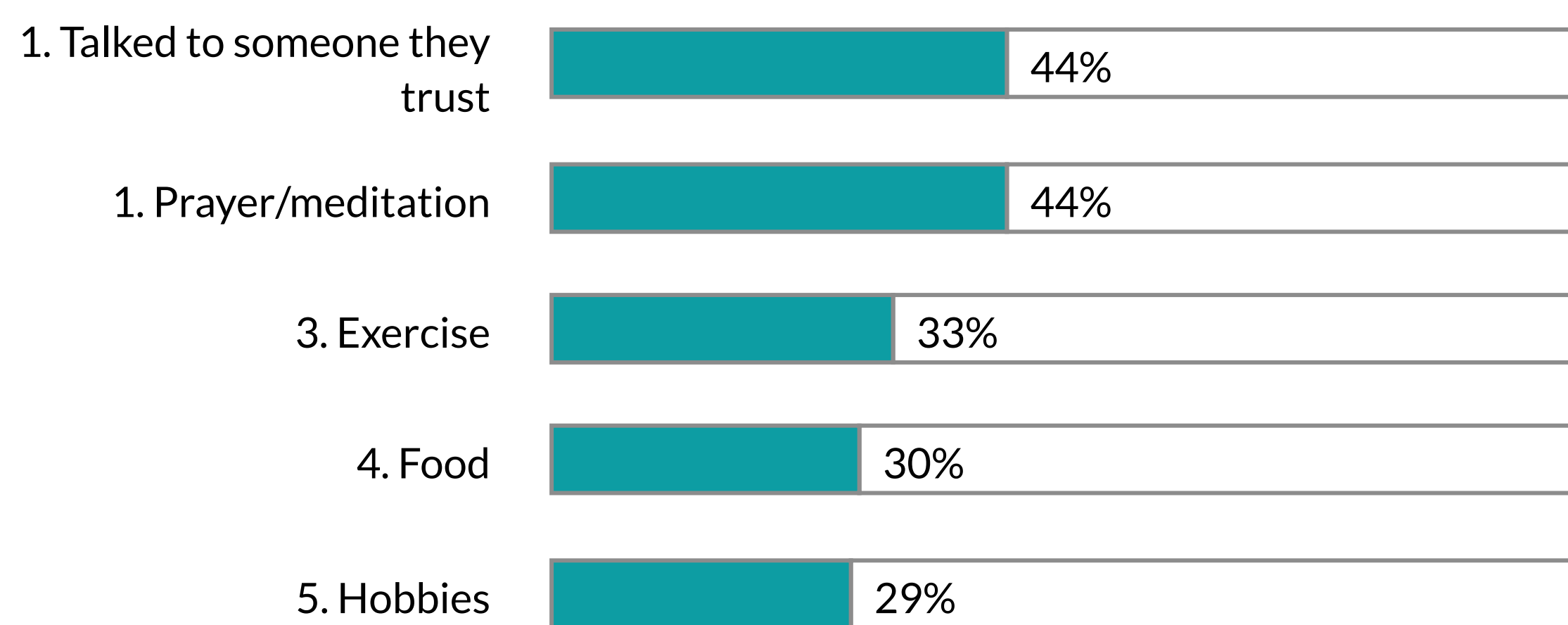
DEALING with DEPRESSION

Activities

Adults were asked how they deal with anxiety, stress, or depression. They were shown a list of 15 ways of doing so, and were asked to circle all of that applied to them.

- The top five selected were talked to someone they trust (44%), prayer/meditation (44%), exercise (33%), food (30%), and a hobby (29%).

The Top Five Reported Ways of Dealing with Anxiety, Stress, & Depression

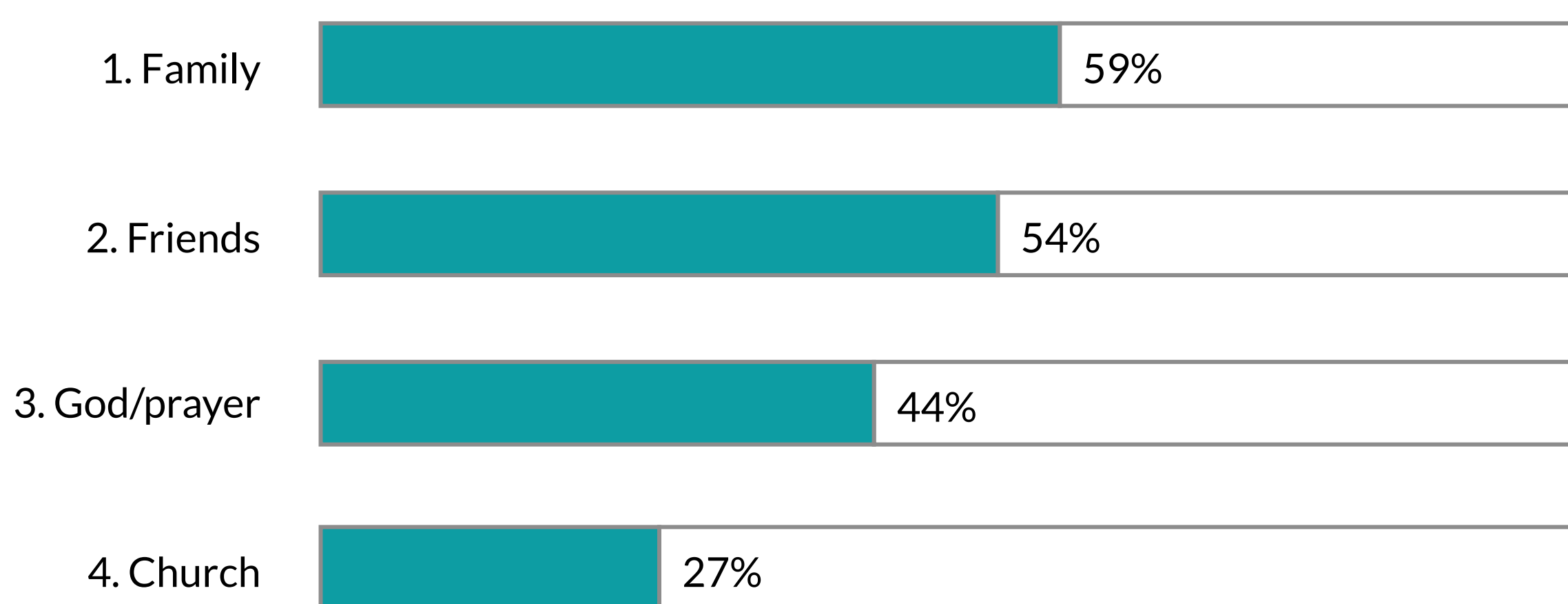


Who They Turn To

Adults were asked with whom they got the social and emotional support they needed from. They were shown a list of 16 people, and were asked to circle all that applied.

- Among those who responded, the top five selected were family (54%), God/prayer (44%), or church (27%).
- Nearly one-in-five (19%) said they did not need support or that they could handle it themselves.

The Top Four Reported People Adults Report They Got Social and Emotional Support They Need From



Over half of adults turn to family and/or friends to receive social and emotional support

Data Source: Henry County Health Department analysis of Henry County Community Health Status Assessment, 2019

MENTAL HEALTH

Among Henry County Ohio Youth



BY Krista Westrick Payne, PhD

Mental health is an important part of overall health and well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

- Centers for Disease Control & Prevention (CDC)

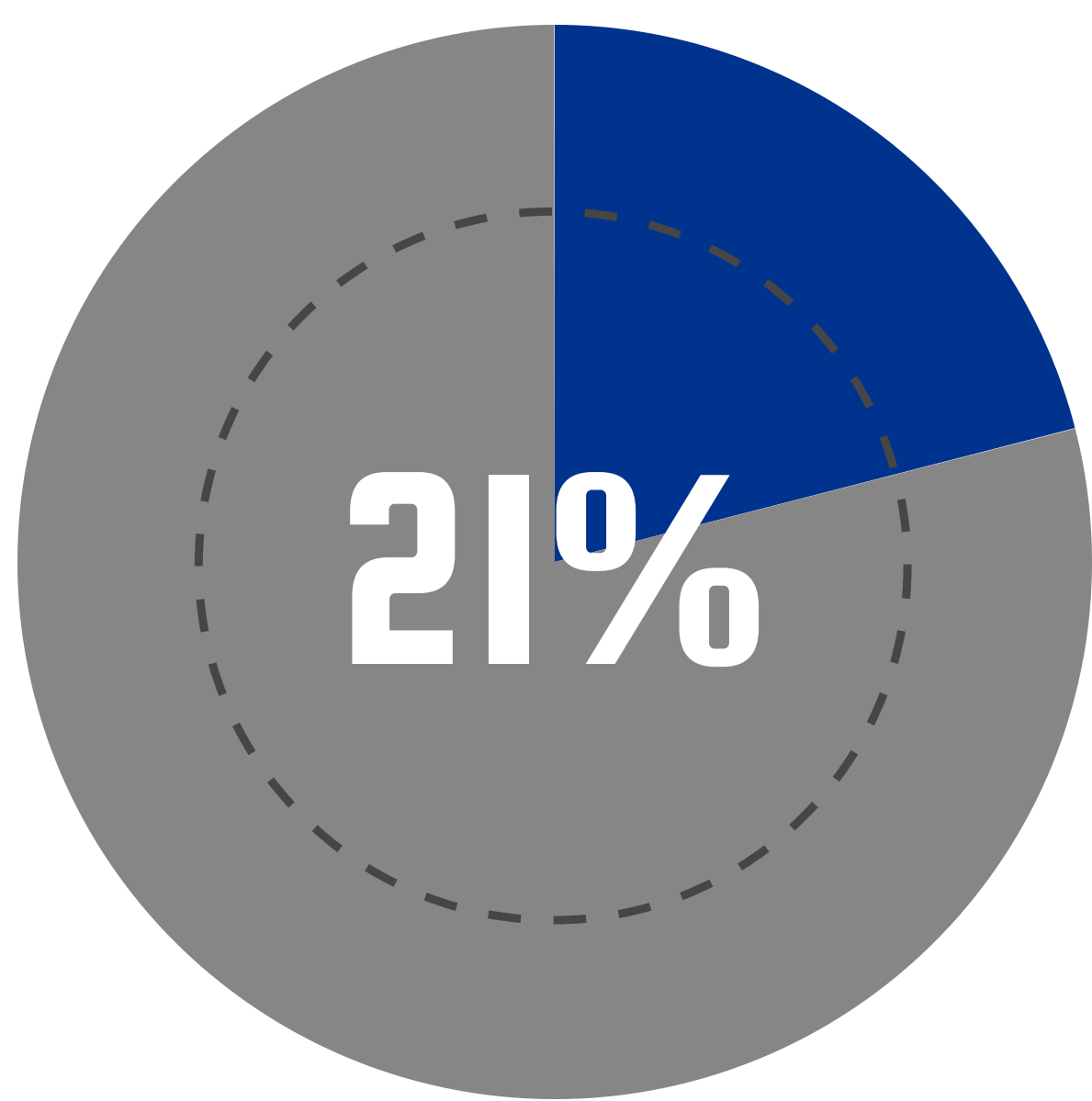
DATA

The Henry County Community Health Status Assessment Adolescent Survey, 2019

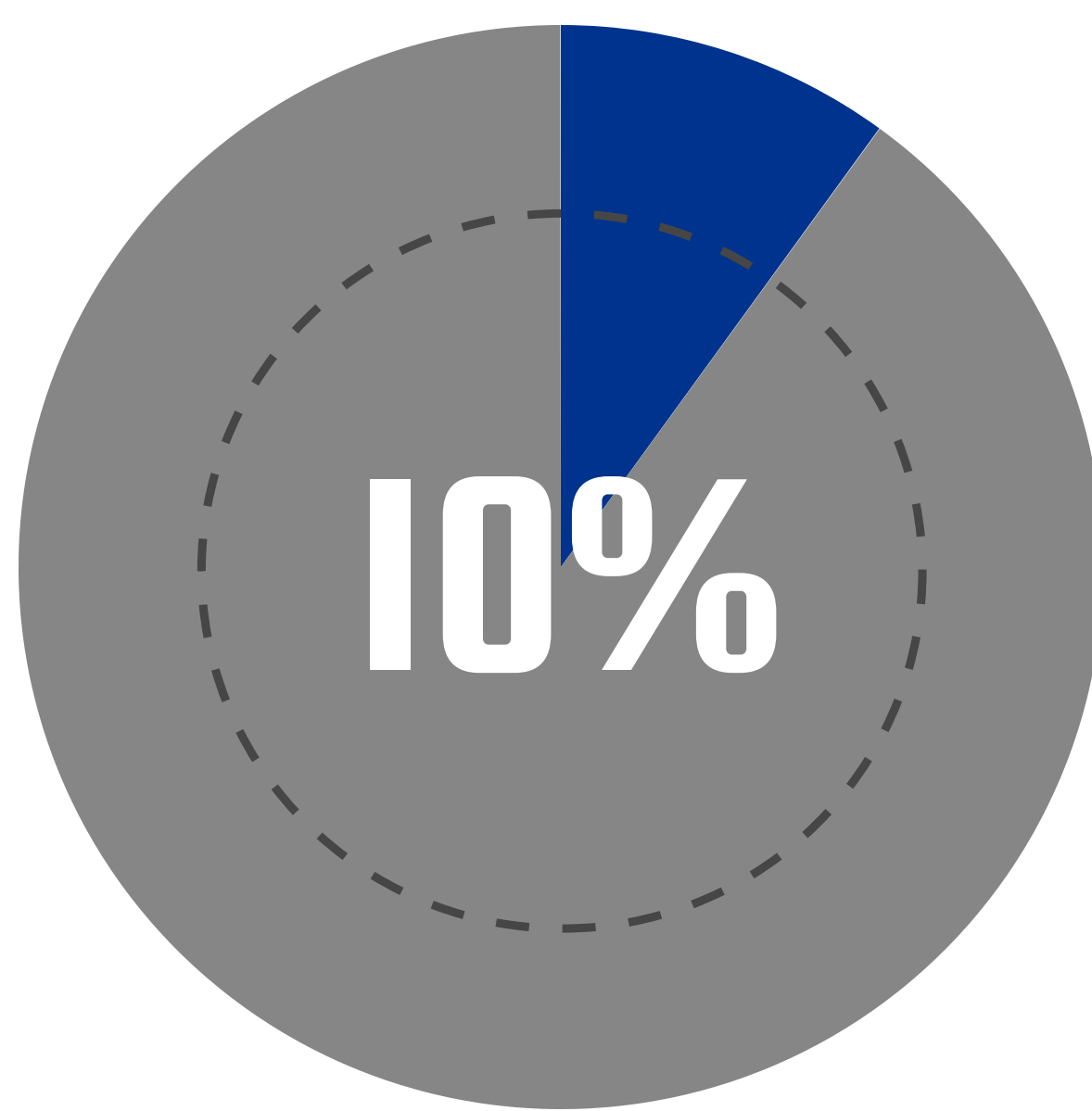
Youth in grades 6 through 12 were surveyed from the four public school districts in Henry County; Holgate, Liberty Center, Napoleon, and Patrick Henry. Students were randomly selected and surveyed at their school. The resulting data had responses from 390 Henry County youth. Data were weighted to be representative of middle and high school students in Henry County.

Depression

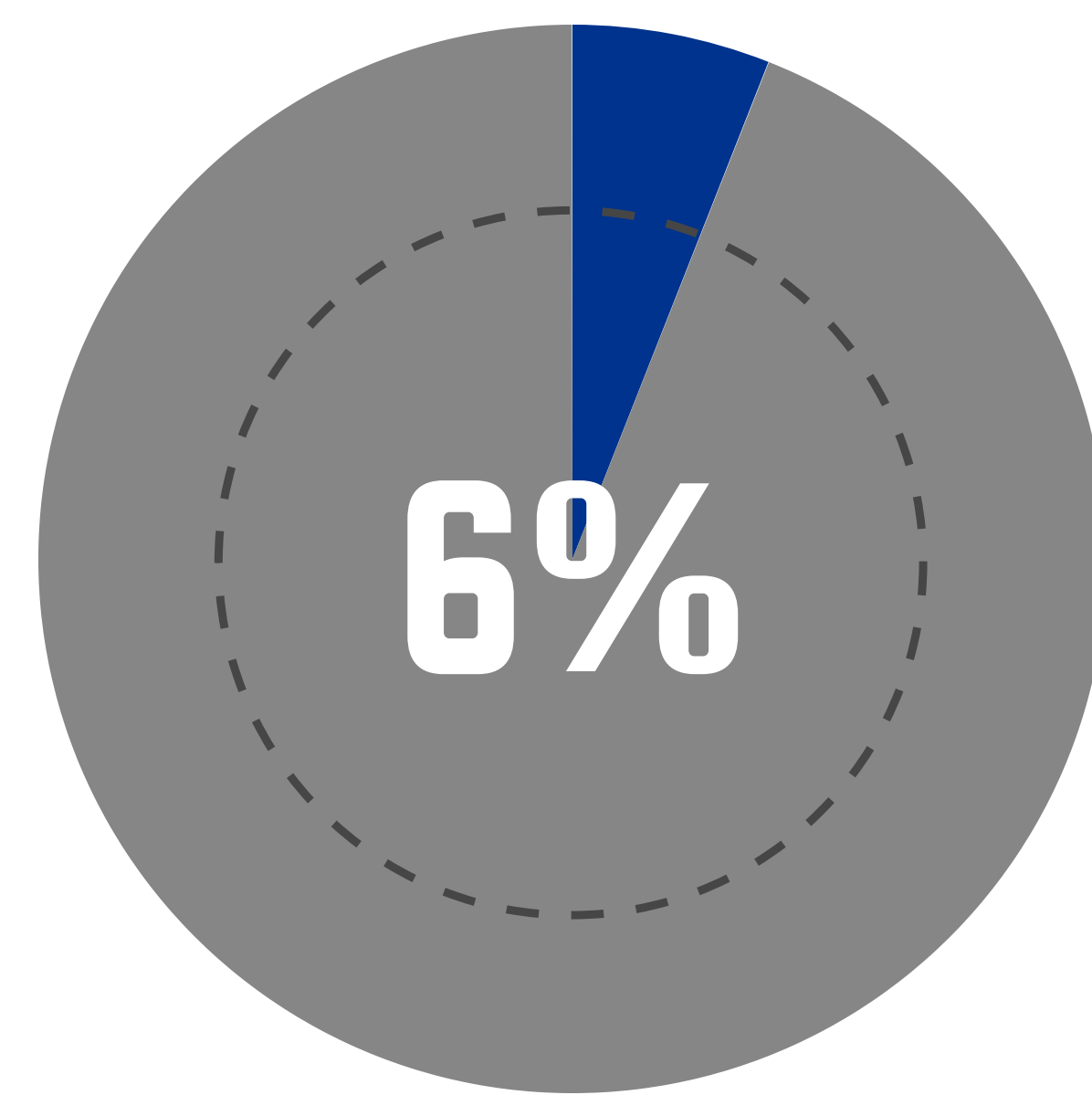
Depressed youth (students in grades 6-12) are those who report feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.



21%
of Henry County youth are depressed



10%
of Henry County youth have seriously considered suicide in the last 12 months

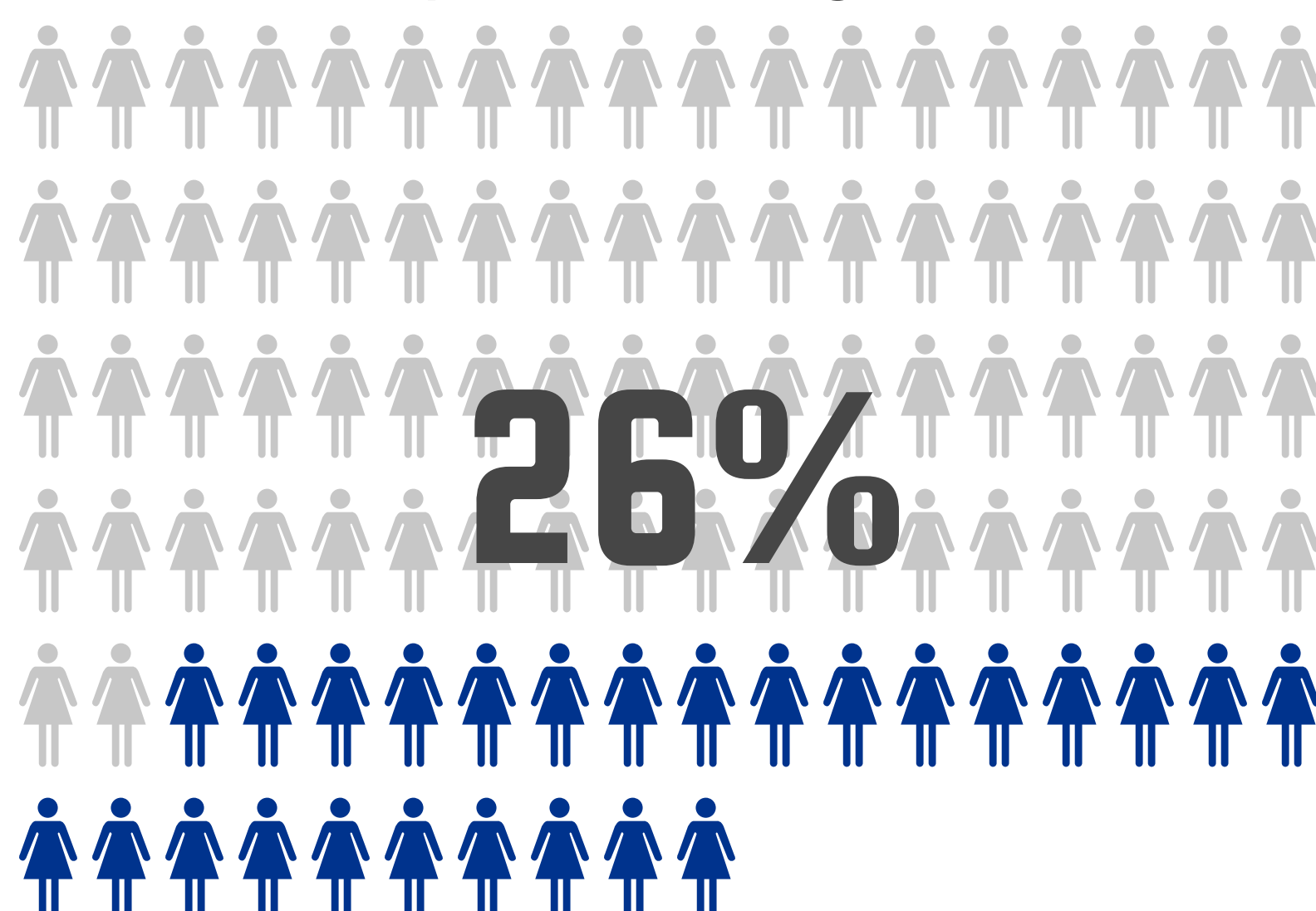


6%
of Henry County youth have attempted suicide in the last 12 months

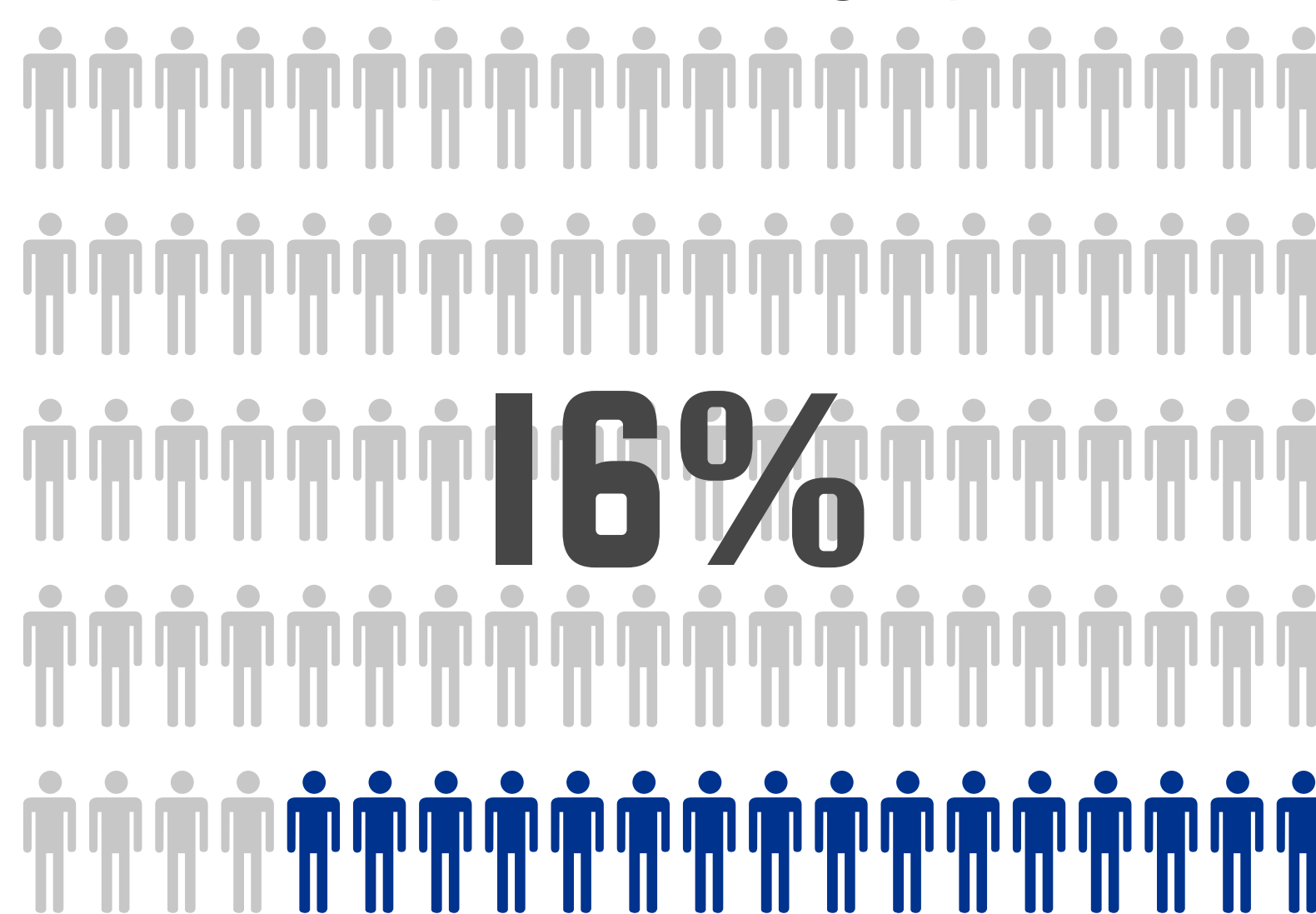
Gender Differences in Depression

*** Girls are significantly more depressed than boys.**

Depression Among Girls



Depression Among Boys

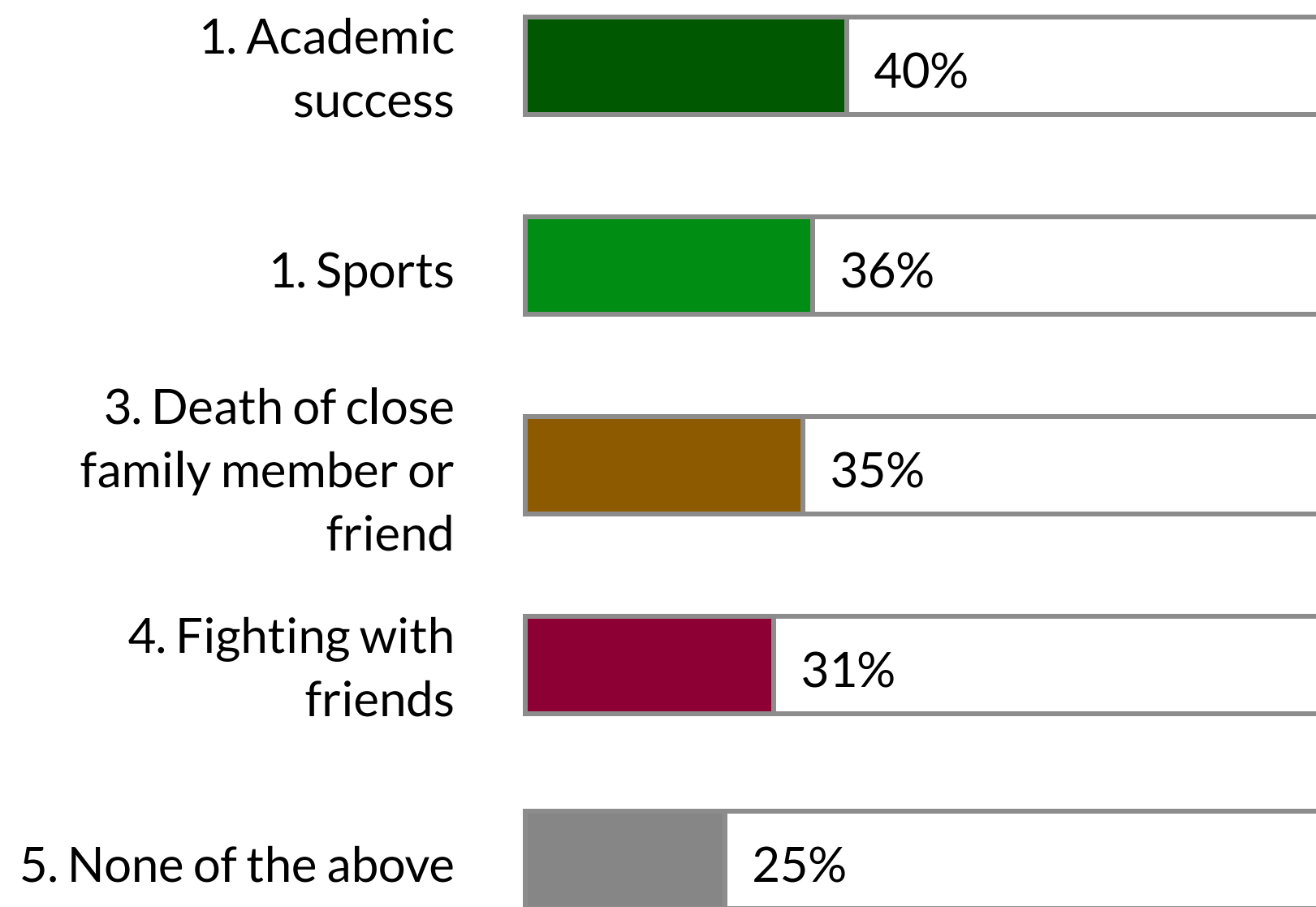


STRESSORS

Youth were asked to identify causes of anxiety, stress, or depression in their lives. They were given a list of 23 causes to choose from (including *other* and *none of the above*) and told to check all that applied.

Youth Who Are NOT Depressed

The Top Five Reported Causes of Anxiety, Stress, & Depression Among Non-Depressed Youth



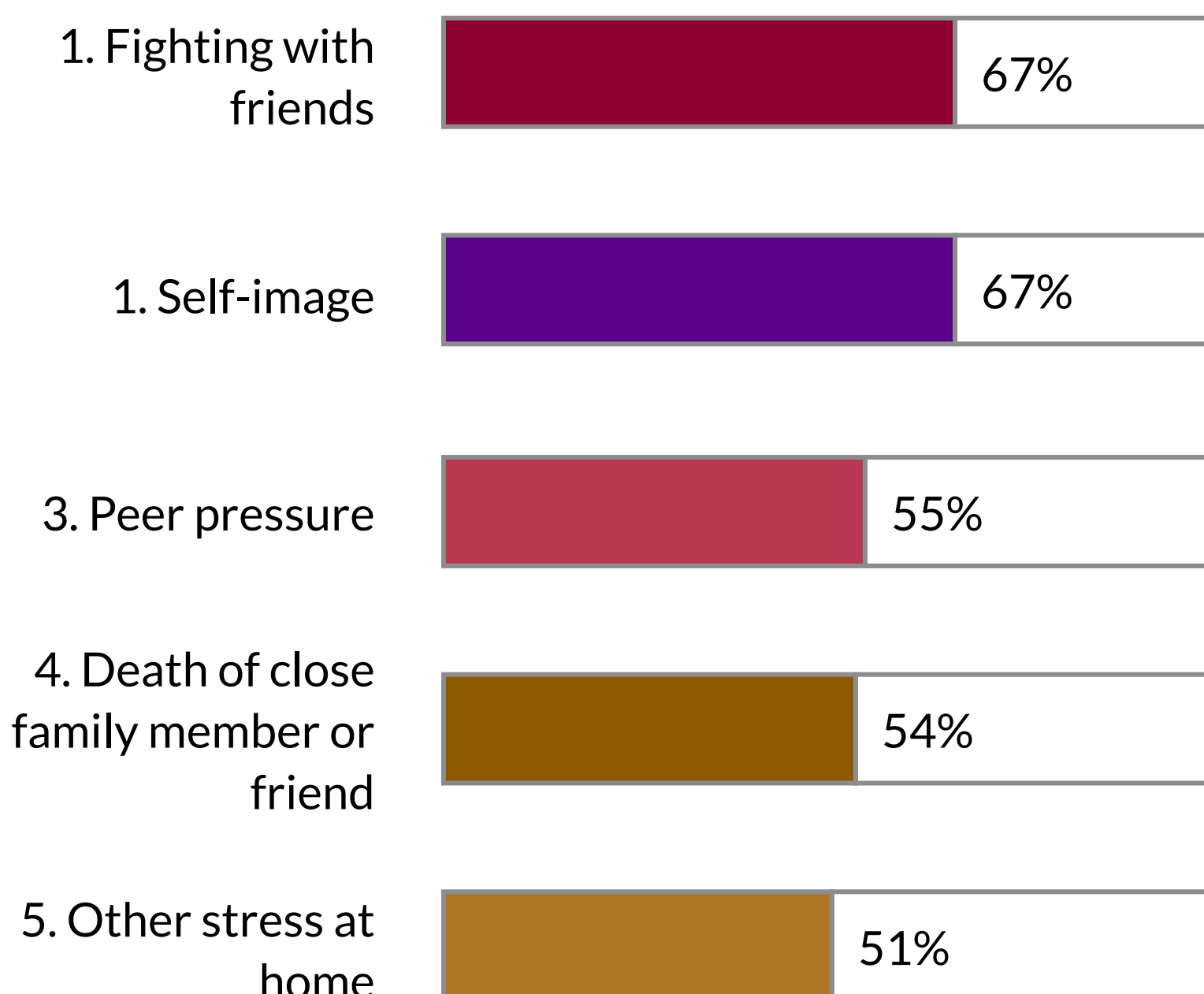
- Among youth who did not report being depressed, the most frequently checked causes of anxiety, stress, or depression were associated with school: *academic success* (40%) and *sports* (36%).
- The third most frequently checked cause was *death of a close family member* (35%) followed by *fighting with friends* (31%).
- Rounding out the top five among youth who are not depressed is *none of the above* (25%).

Among non-depressed youth, academic success (40%) and sports (36%) were the biggest stressors.



Youth Who Are Depressed

The Top Five Reported Causes of Anxiety, Stress, & Depression Among Depressed Youth

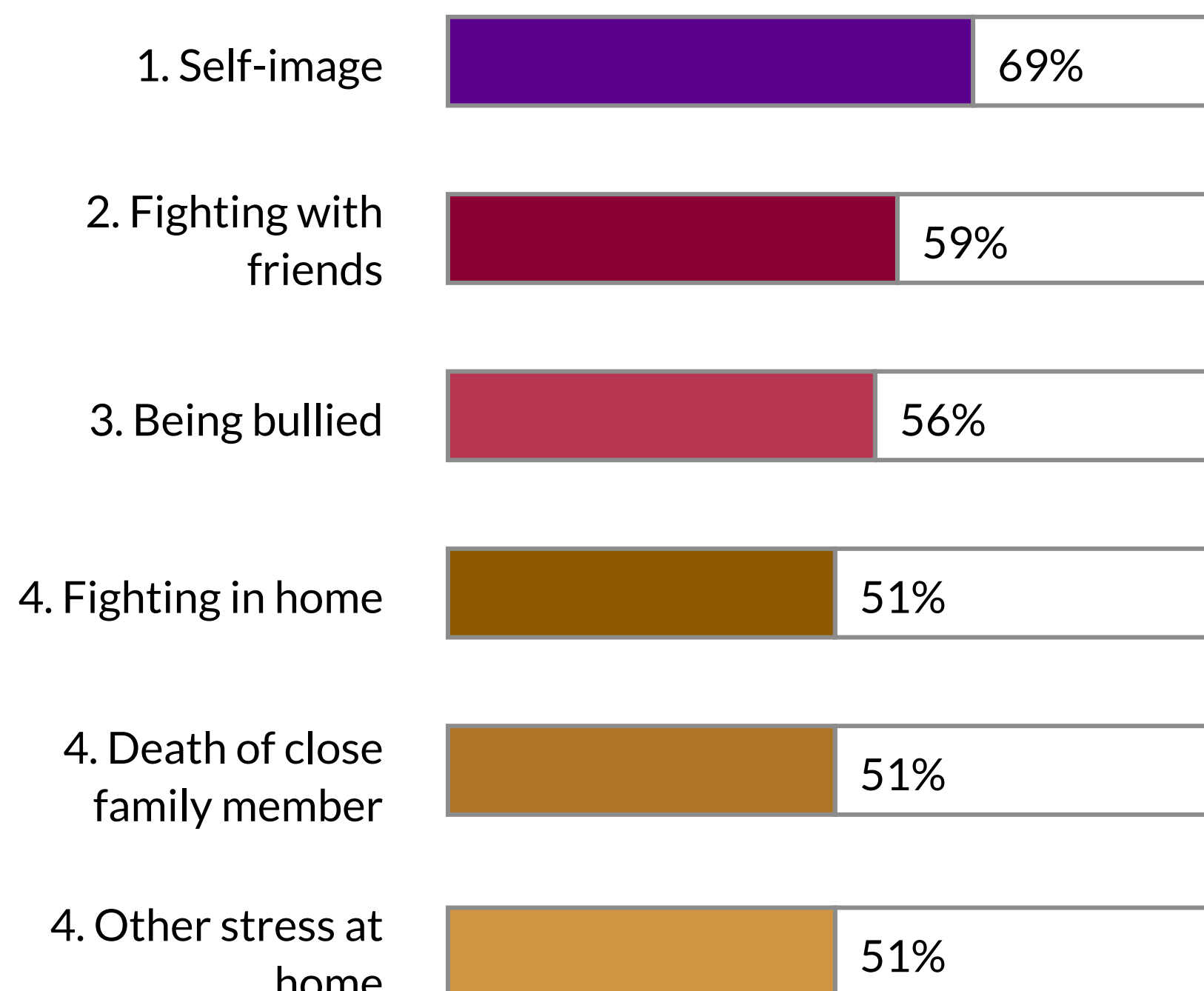


- Among **depressed** youth, the two most frequently checked causes of their anxiety, stress, or depression were *fighting with friends* & *self-image* (67%).
- The second most frequently checked cause was *peer pressure* (55%), followed by *death of a close family member* (54%), and *other stress at home* (51%).
- One-quarter (26%) selected *other* indicating their stressor was not on the list of options provided.



Among Youth Who Have Contemplated Suicide

The Top Five Reported Sources of Anxiety, Stress, & Depression among Youth Who Seriously Considered Attempting Suicide in the Past Year



- Among youth who had **contemplated suicide**, the most frequently checked cause of their anxiety, stress, or depression was *self-image* (69%), followed by *fighting with friends* (59%) and *being bullied* (56%).
- Rounding out the top stressors are those related to family and home including *fighting in home* (51%), *death of a close family member* (51%), and *other stress at home* (51%).
- One-third (33%) selected *other* indicating their stressor was not on the list of options provided.

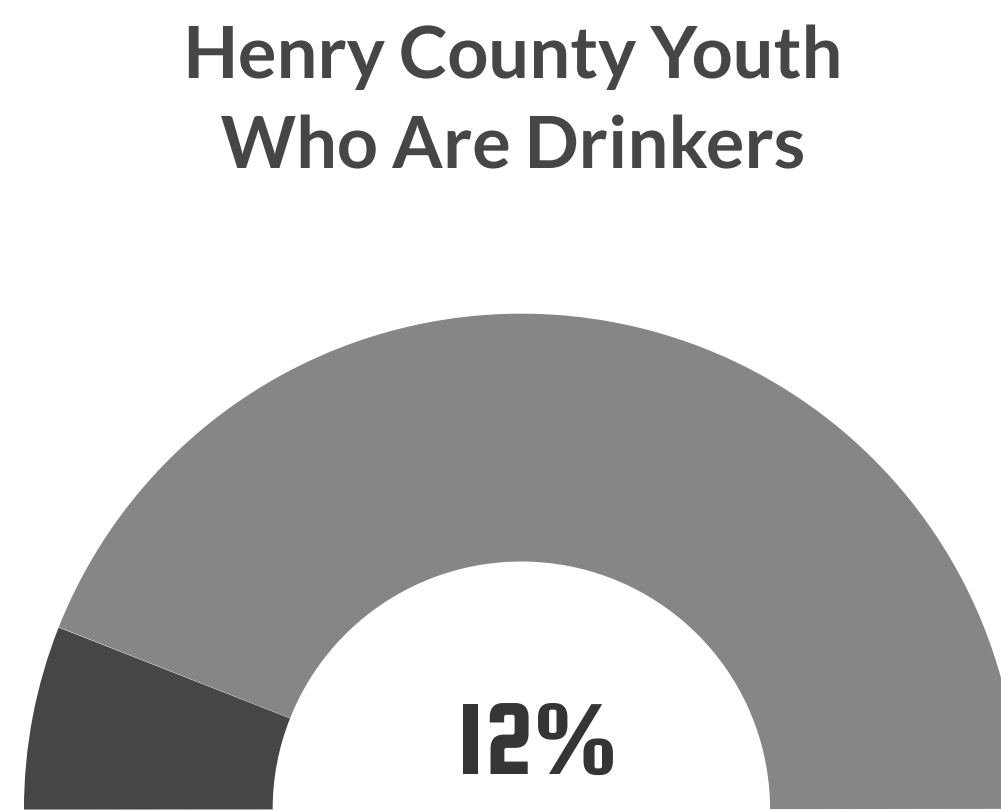
? If 7% of non-depressed youth, 26% of depressed youth, and 33% of those who have contemplated suicide selected "other" ... **that is a strong indication we are NOT asking the right kinds of questions.**

CORRELATES of DEPRESSION

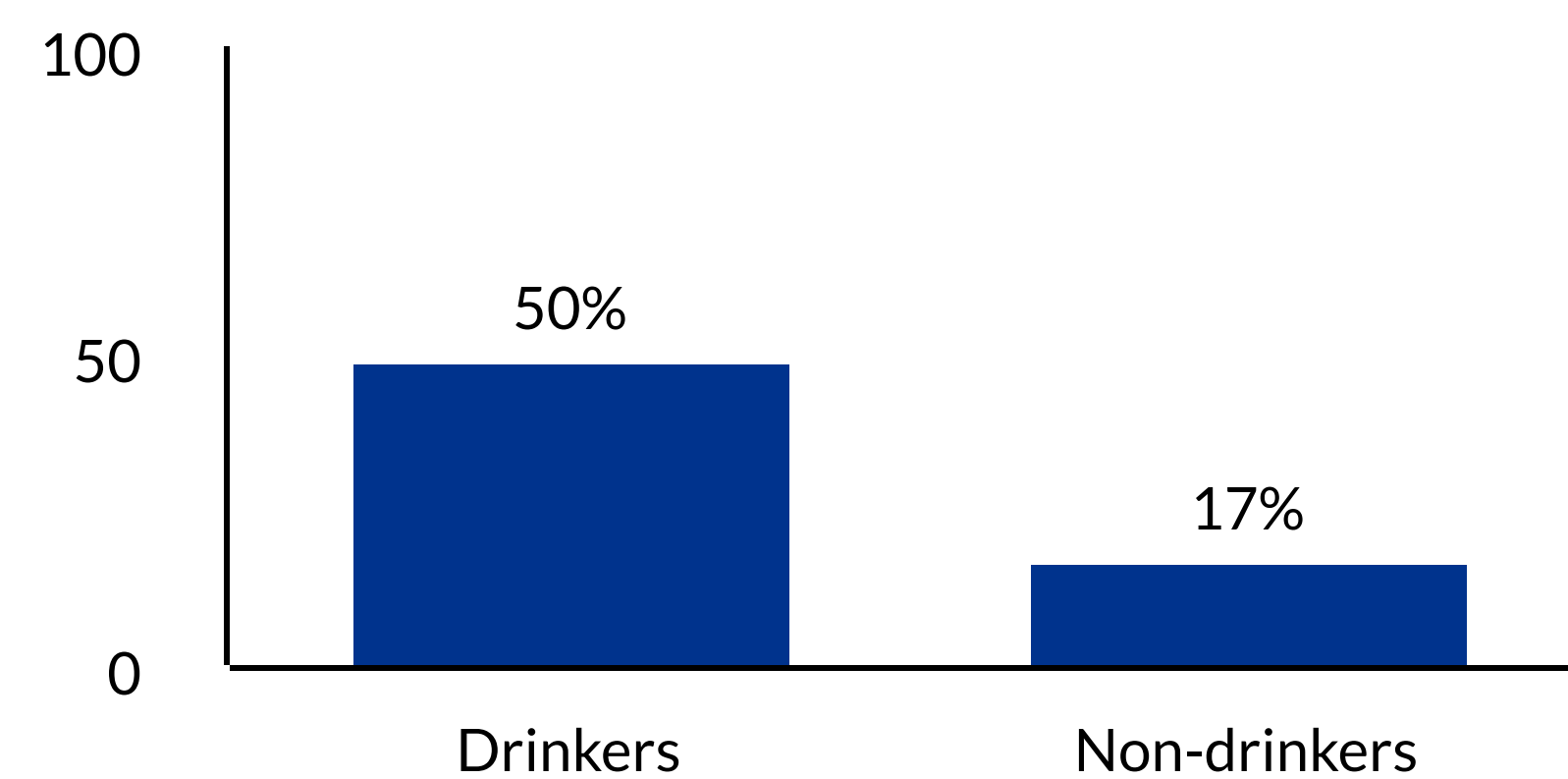
Unhealthy Coping Mechanisms

Drinking

- Slightly more than one-in-ten (12%) Henry county youth reported being a drinker (had one or more drinks in the past month).
- 15% of girls reported having had one or more drinks in the past month versus 10% of boys.
- The rates of **depression** among drinkers is nearly three times that of non-drinkers, 50% versus 17% ($p < .05$).

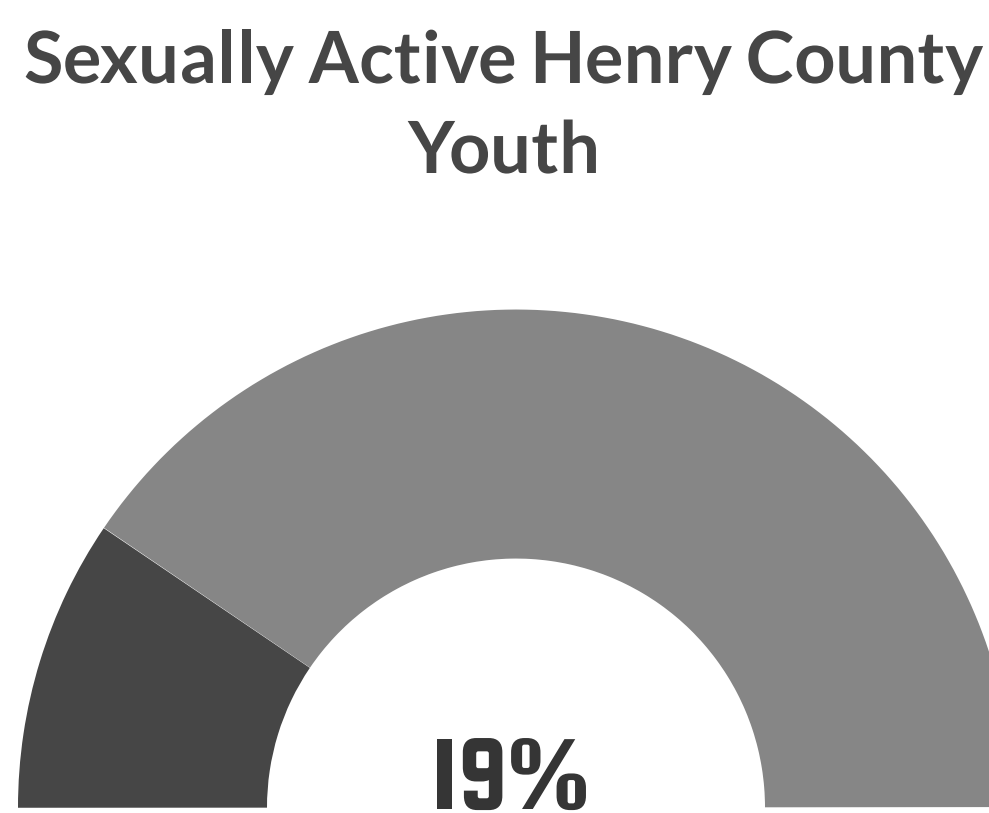


Percentage Depressed by Drinking Status

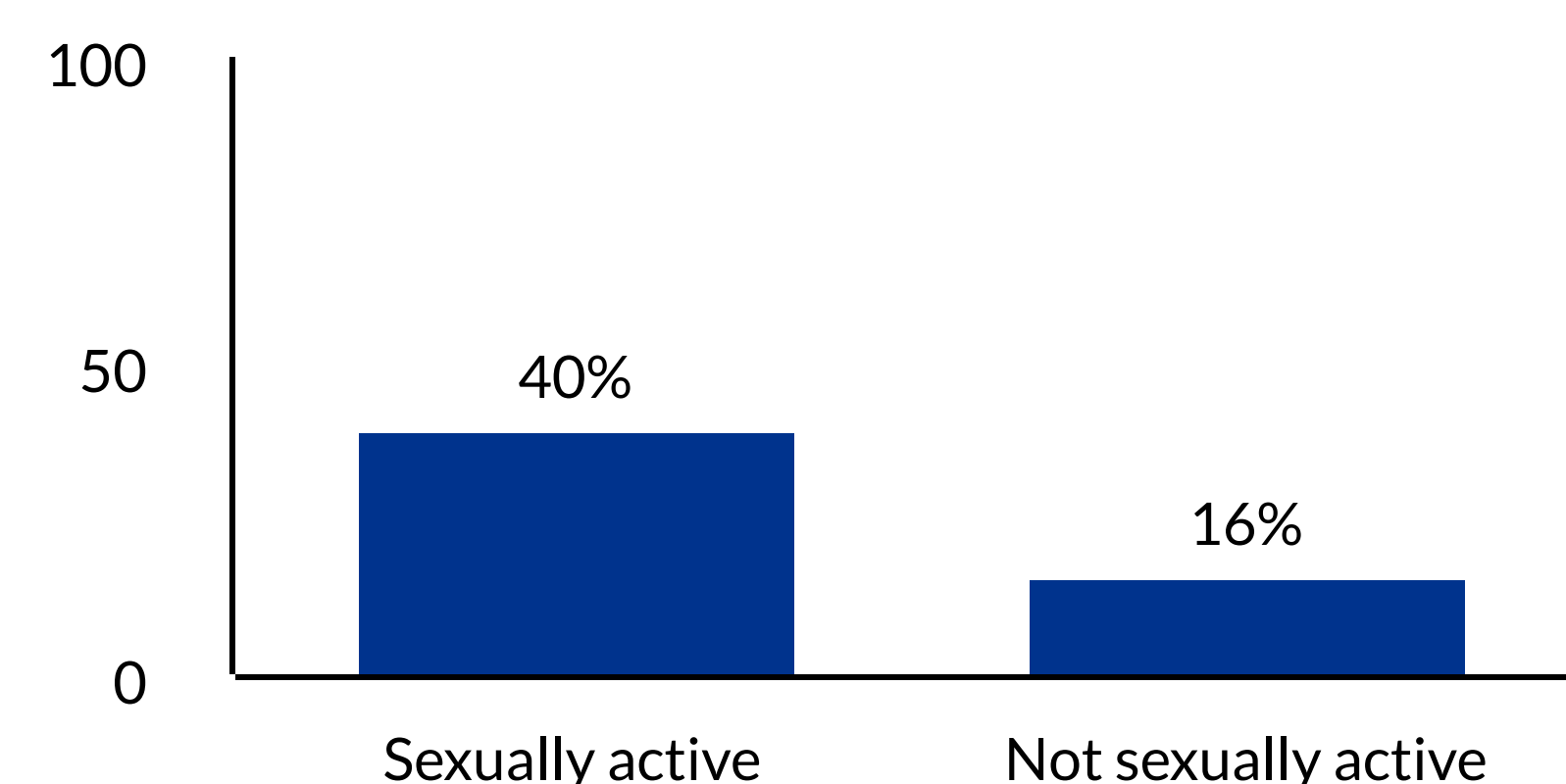


Sexual Activity (Oral and/or Intercourse)

- Among Henry County youth, 19% report ever participating in oral sex and/or sexual intercourse.
- Similar shares of girls and boys are sexually active. Among boys 18% reported ever having oral sex or sexual intercourse, whereas 20% of girls reported having done so.
- The rates of **depression** among sexually active youth was twice as large as the share who were not sexually active, 40% versus 16% ($p < .05$).

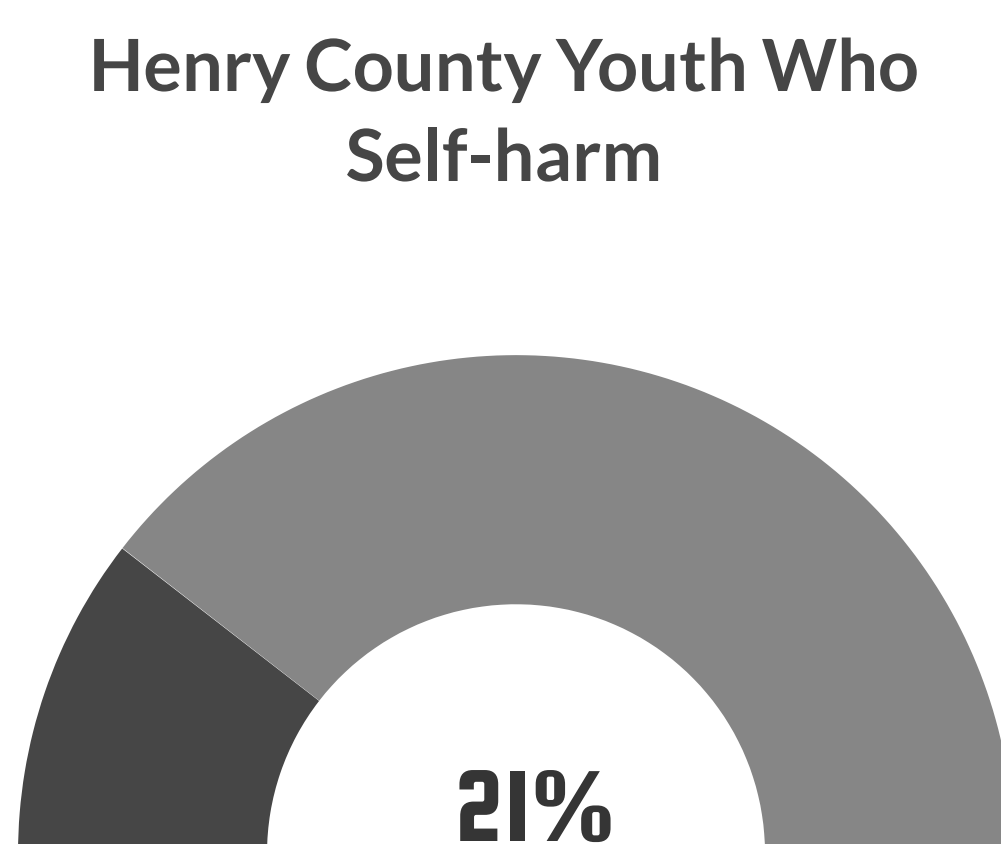


Percentage Depressed by Sexual Activity

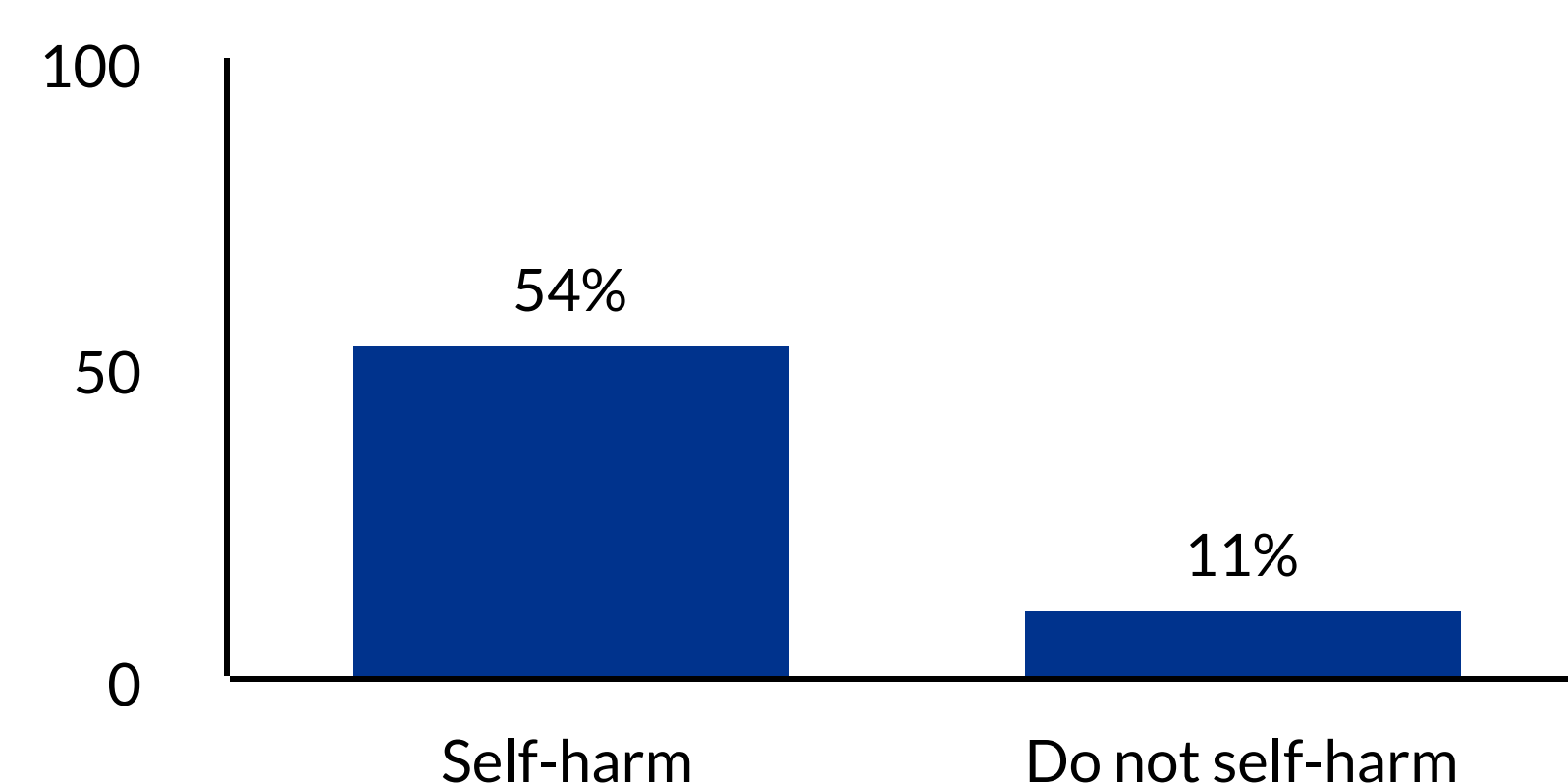


Self-harm

- Life-time prevalence of self-harm (e.g. purposely hurting oneself by cutting, scratching, burning, hitting, or biting) was reported by one-in-five Henry County youth (21%).
- Prevalence of self-harm was higher among girls (28%) than boys (15%).
- The rates of **depression** among those who self-harmed was nearly five times higher than those who did not, 54% versus 11% ($p < .05$).

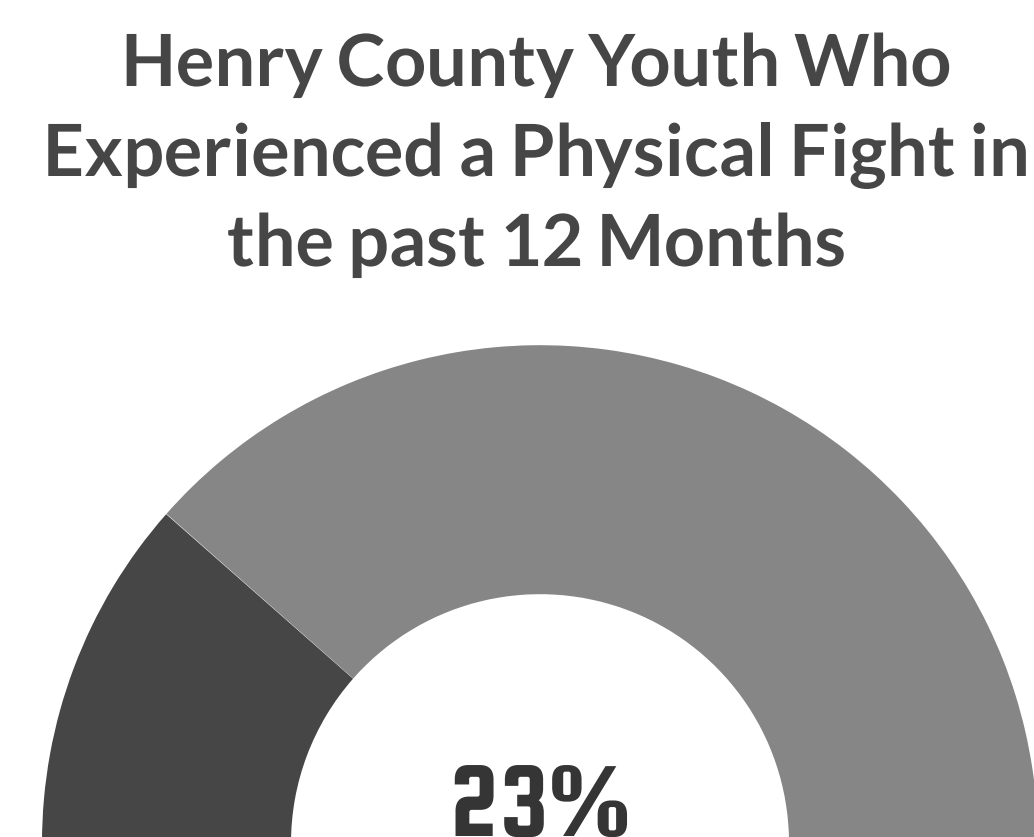


Percentage Depressed by Self-harm

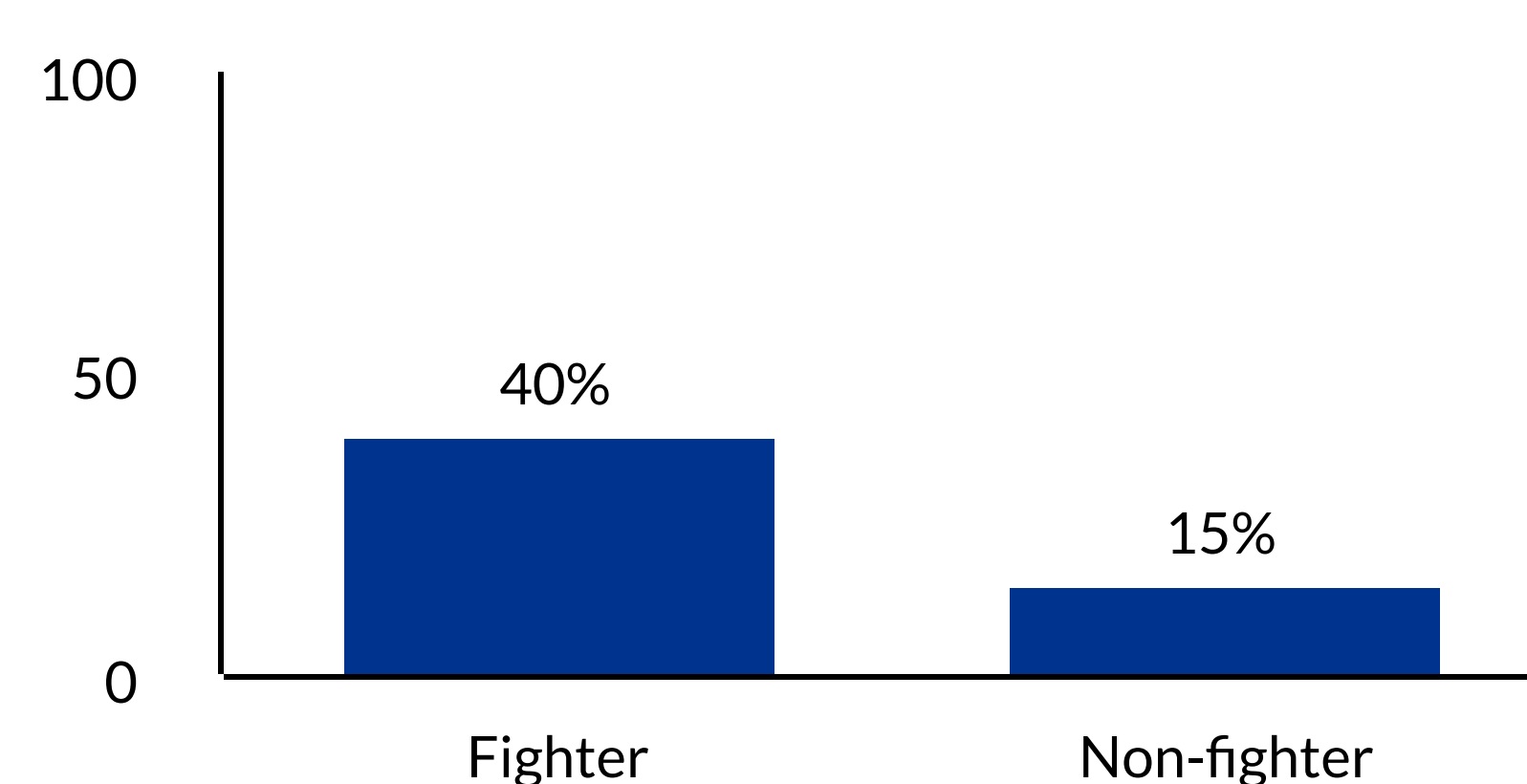


Fighting

- Students were asked how many physical fights they had been involved in the past twelve months. Nearly one-quarter (23%) had been involved in at least one fight in the past year.
- Fighting was much more common among boys (30%) compared to girls (17%).
- **Depression** was more common among fighters (40%) compared to non-fighters (15%) ($p < .05$).

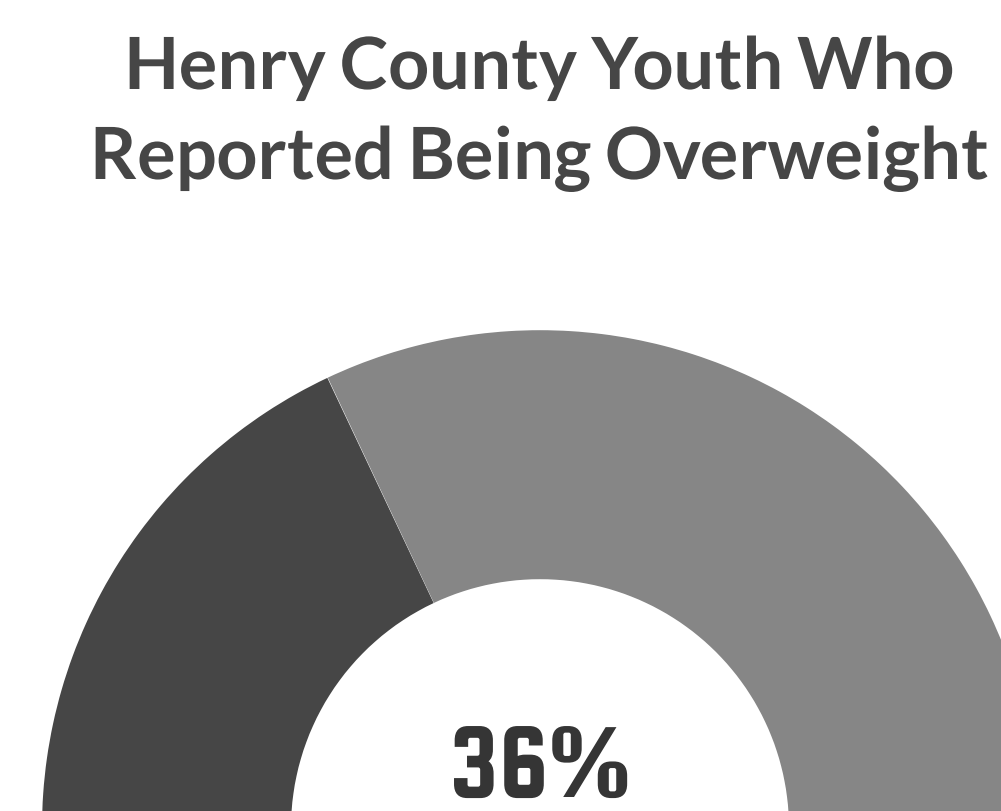


Percentage Depressed by Fighter Status

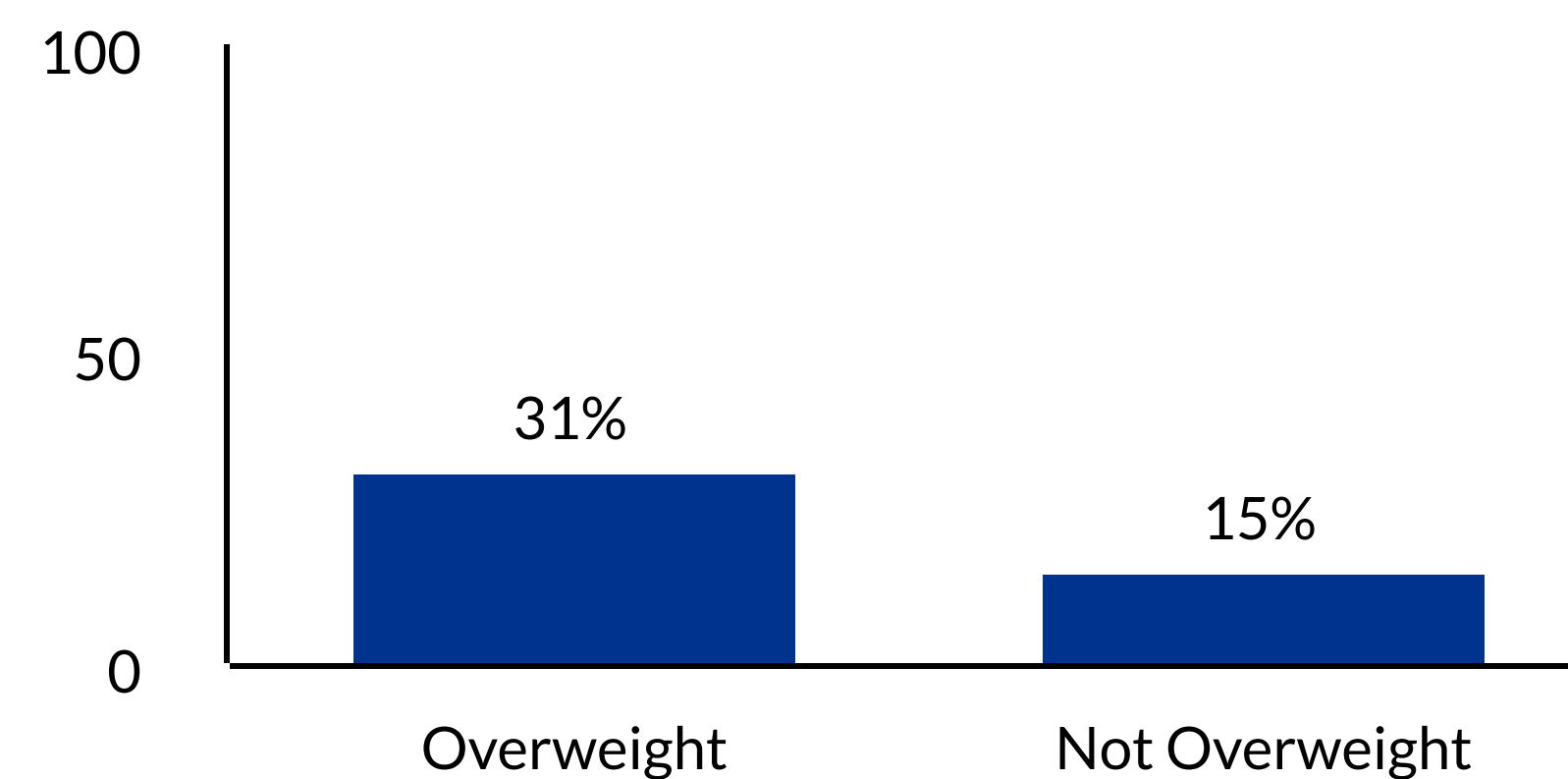


Weight

- Over one-third of Henry County youth reported being overweight (36%).
- Similar shares of girls and boys reported being overweight--35% among boys and 37% among girls.
- The rates of **depression** among those who were overweight was significantly larger than the share among those who were not overweight, 31% versus 15%.



Percentage Depressed by Weight Status



CORRELATES of DEPRESSION

Other Correlates

Living Arrangements

- The majority of Henry county youth were living with both of their parents (62%).
- Those who were not living with both parents had significantly higher rates of **depression**, 26% versus 17% ($p < .05$).

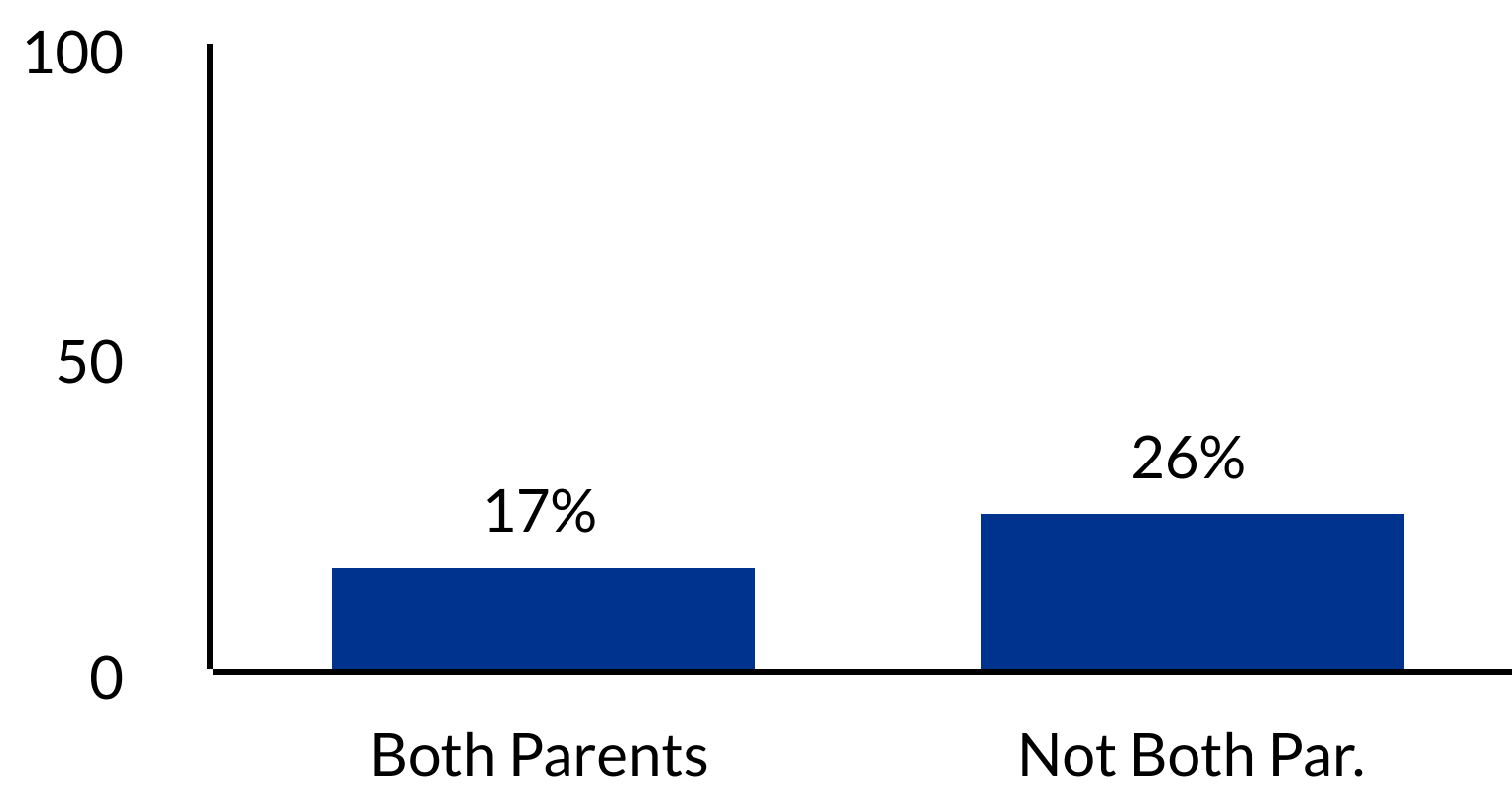
Being Bullied

- Over one-third (37%) of Henry county youth reported being bullied.
- The rate of **depression** among bullied youth was over four times that of non-bullied youth—40% versus 9% ($p < .05$).

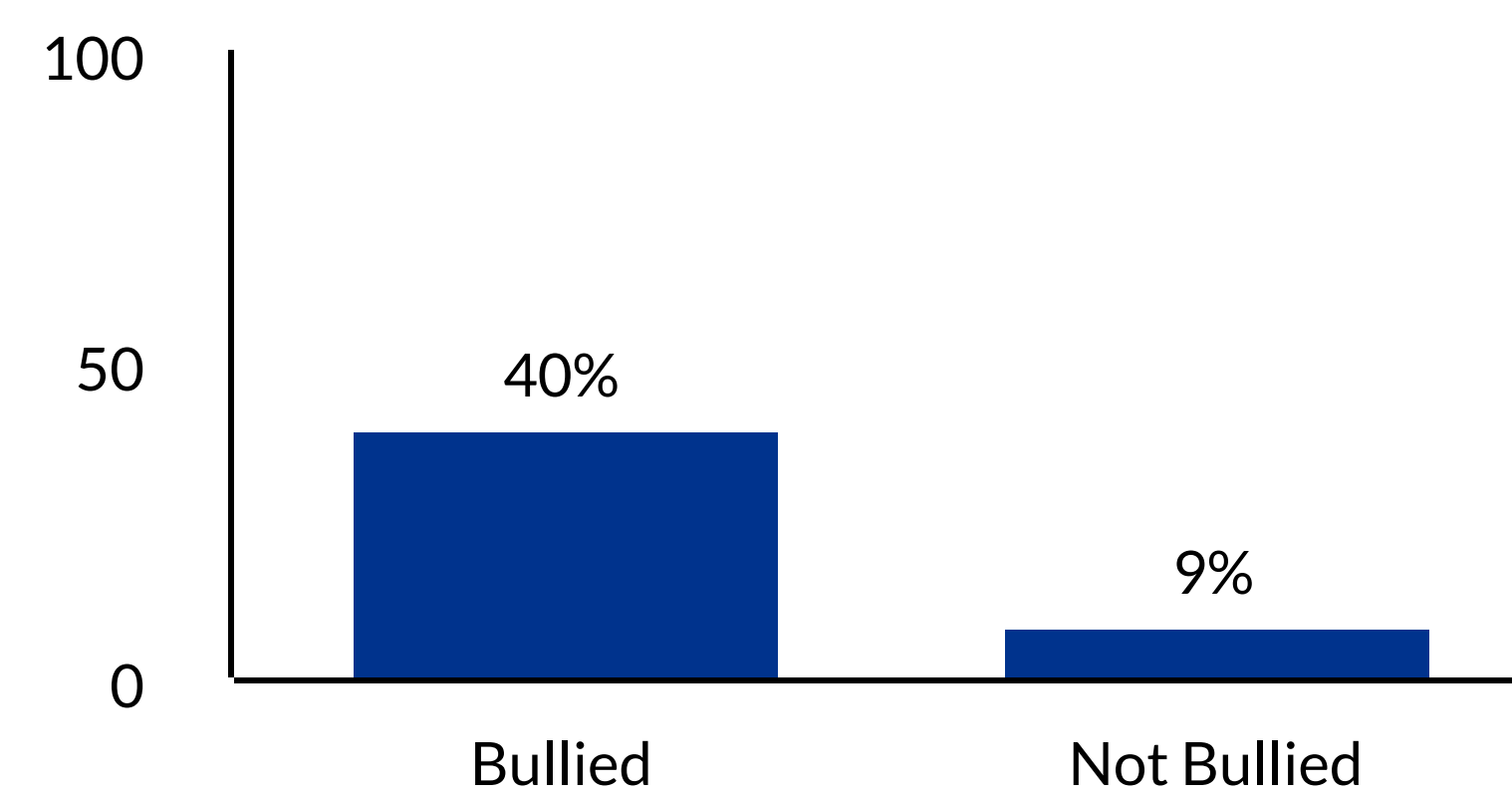
Sexual Orientation

- The rate of **depression** among sexual minority youth is three-times higher than those who identify as heterosexual—52% versus 17% ($p < .05$).

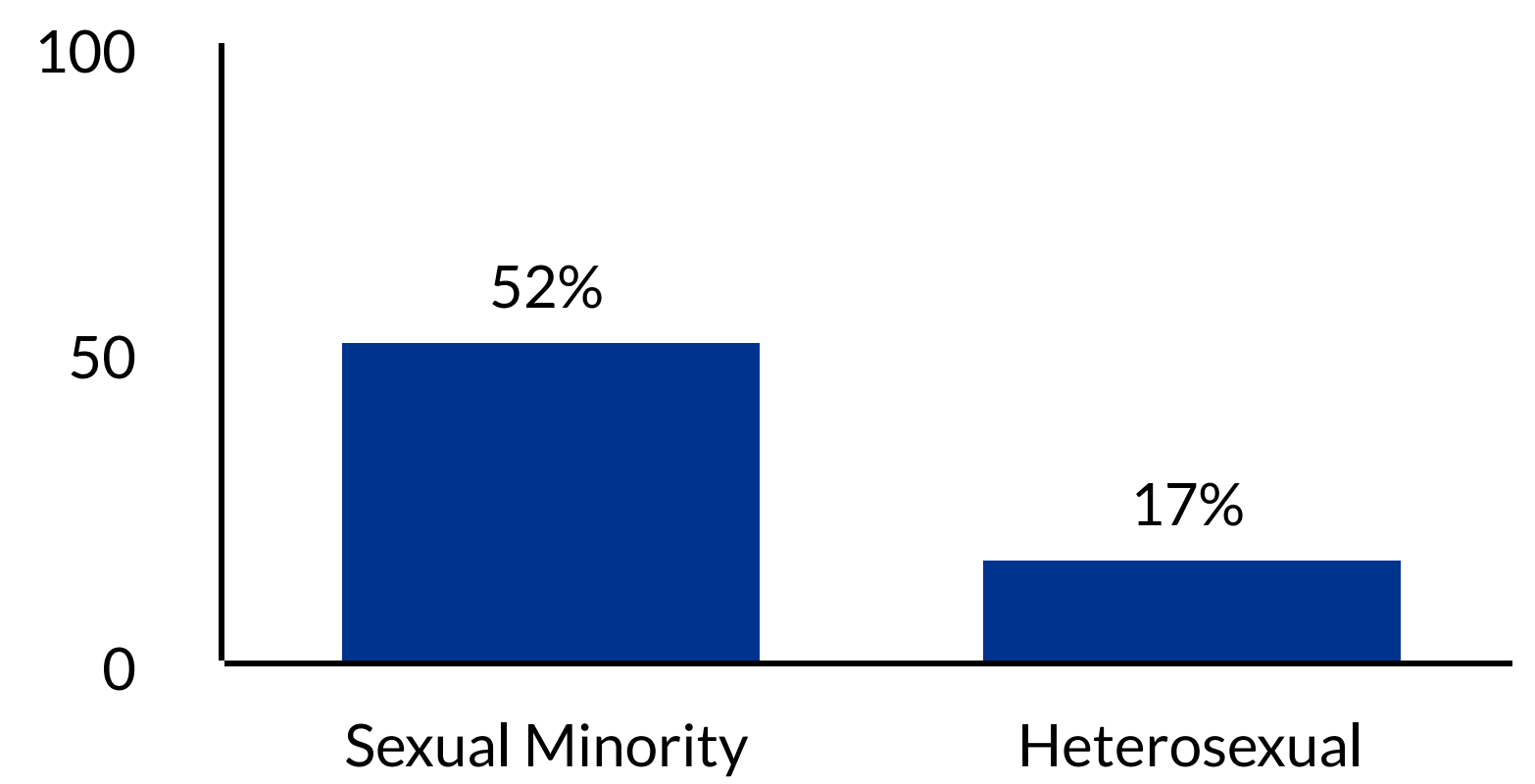
Percentage Depressed by Parental Living Arrangements



Percentage Depressed by Whether Bullied



Percentage Depressed by Sexual Orientation



DEALING with DEPRESSION

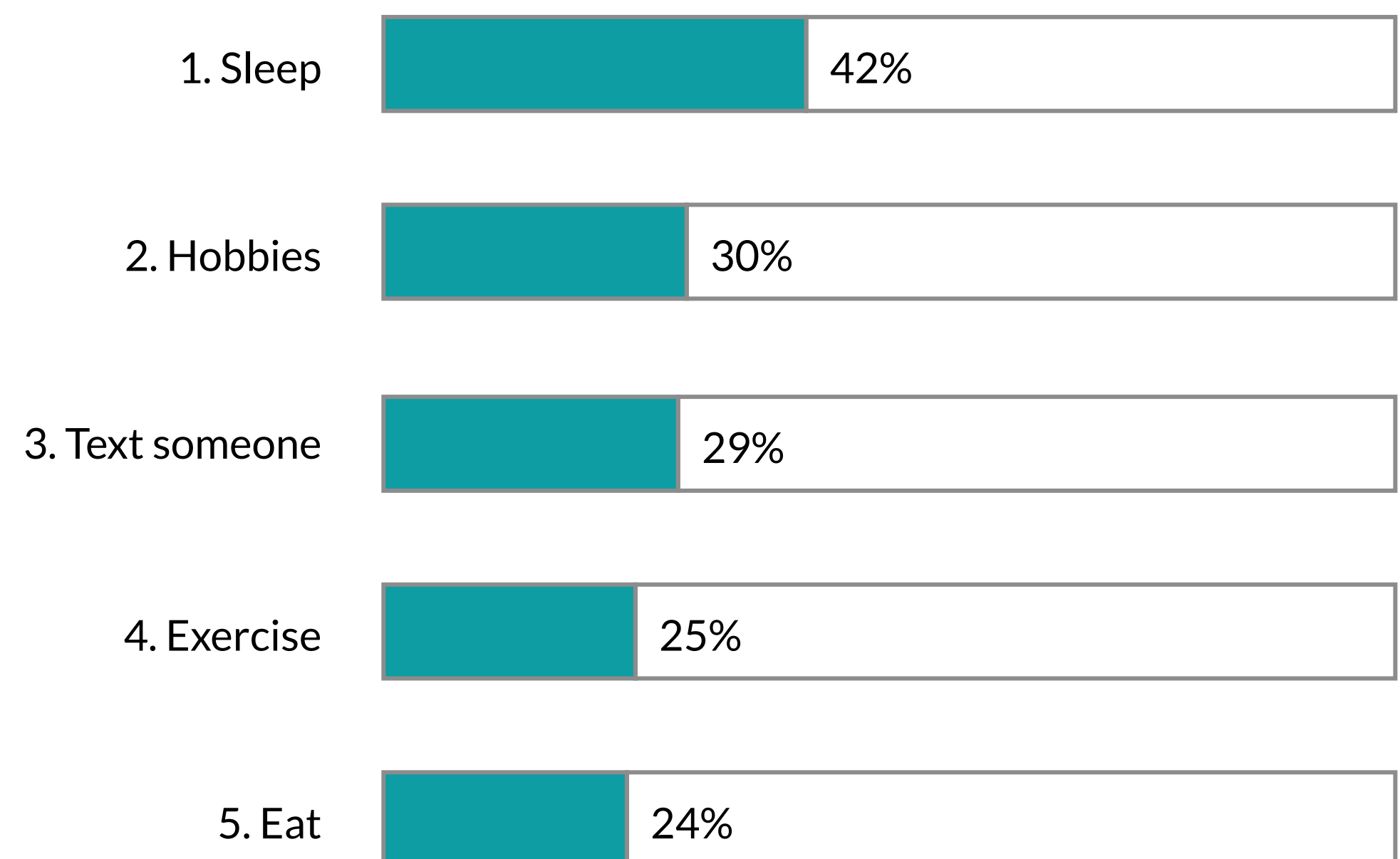
Activities

Students were shown a list of 11 activities ranging from school clubs, and church youth groups, to working a part-time job. They were asked to circle all of the activities they currently participate in. Of the 11 activities, two had a significant negative effect on depression-- youth participating in school clubs or social organizations or in a sport or intramural program had lower odds of being depressed ($p < .05$).

Students were asked how they deal with anxiety, stress, or depression. They were shown a list of 15 ways of doing so, and were asked to circle all of that applied to them.

- The top five selected were sleep (42%), hobbies (30%), text someone (29%), exercise (25%), and eat (24%).

The Top Five Reported Ways of Dealing with Anxiety, Stress, & Depression

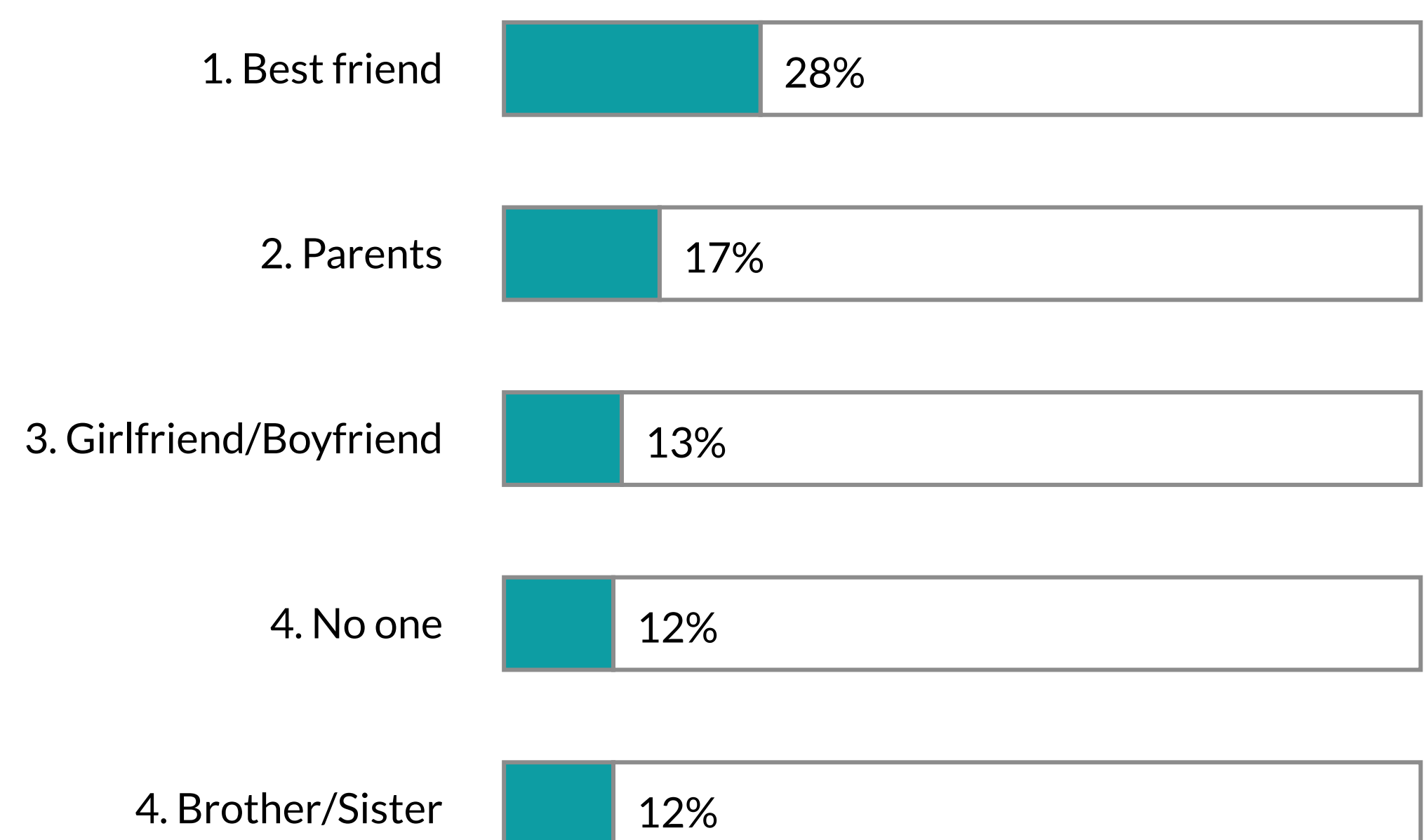


Who They Turn To

Students were asked with whom they talked to when dealing with personal problems or feelings of depression or suicide. They were shown a list of 16 people, and were asked to circle all that applied.

- About half (51%) responded that they did not have personal problems or feelings of depression or suicide.
- Among those who did respond, the top five selected were best friend (28%), parents (17%), girlfriend/boyfriend (13%), no one (12%), and brother/sister (12%).

The Top Five Reported People Youth Talk to When Dealing with Personal Problems or Feelings of Depression or Suicide



12% of youth talk to NO ONE when dealing with personal problems or feelings of depression or suicide

Data Source:

Henry County Health Department analysis of Henry County Community Health Status Assessment, 2019

ECONOMIC STABILITY: EMPLOYMENT & INCOME LOSS

Among Henry County Ohio Adults

BY Krista Westrick Payne, PhD



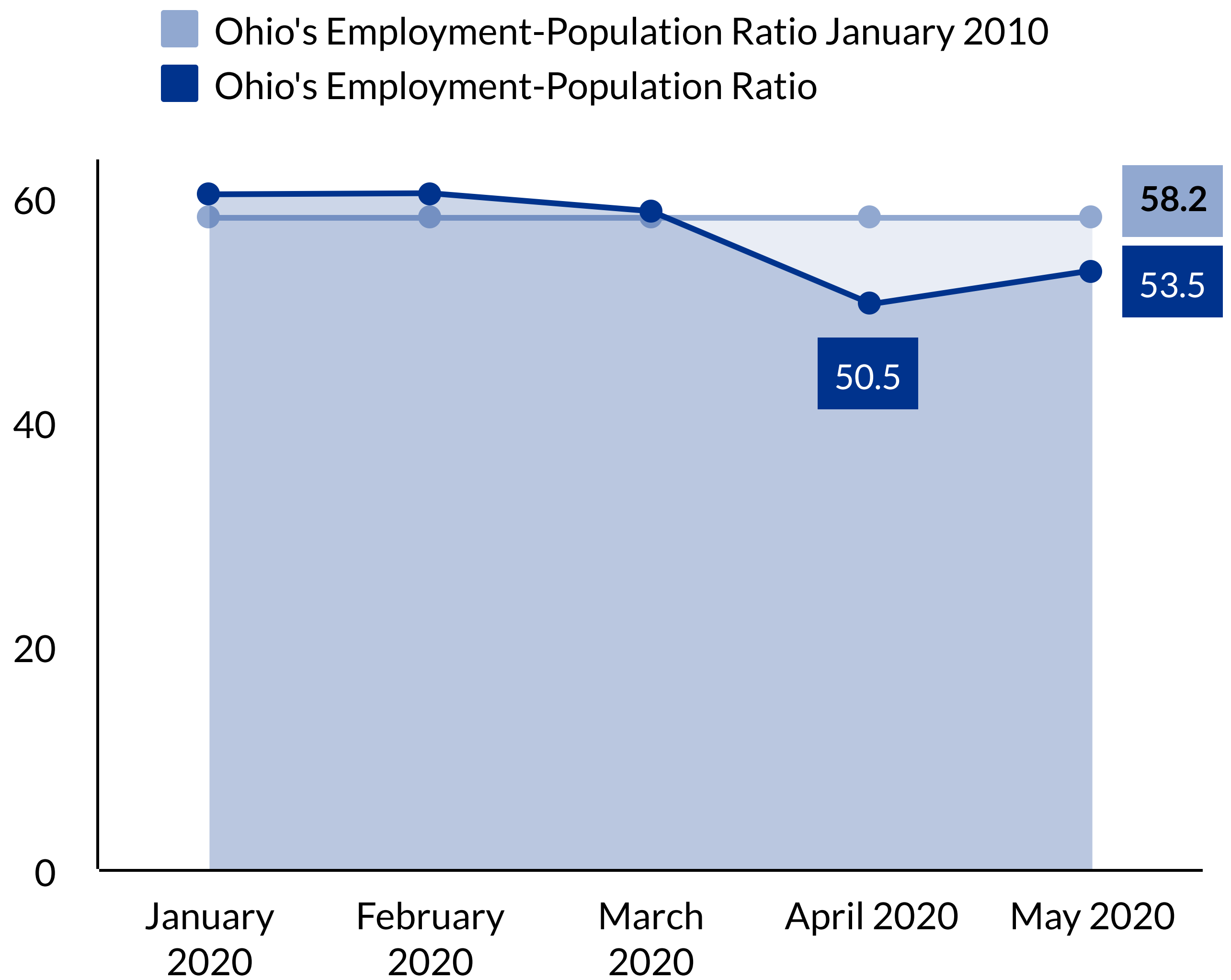
Trends in Employment

Ohio's Employment – Population Ratio

This ratio is an indicator of the share of our population of workers “supporting” those who are not working. Those not working include—but are not limited to—minor children, the disabled, those who are retired, the “idle,” and homemakers.

- In Ohio, the effects of the Great Recession (which began in December of 2007) persisted beyond its official end in June of 2009. Since it began, the lowest employment-population ratio observed in the state was 58.2 in January of 2010 (denoted by the light blue shaded area in Figure 1).
- In January of 2020 60% of our total population was employed. By April this had dropped over 9 percentage points to 50.5%.
- May provides evidence of a rebound with 53.5% of the total population employed.

Figure 1 Employment-Population Ratio for Ohio, January 2020-April 2020



Data Source: Bureau of Labor Statistics Local Area Unemployment Statistics

*** The percentage of Ohio's total population working dropped from 60% in January of 2020 to less than 50% in April.**

Henry County Pulse Survey

The Henry County Pulse Survey was designed to measure the impact of coronavirus (COVID-19) on employment status, food security, housing security, education disruptions, childcare, dimensions of physical and mental well-being, access to health care. The goal of collecting and analyzing data from this survey is to aid local agencies identify coronavirus (COVID-19) related issues in the Henry County. The survey was implemented by the Henry County Health Department and the Henry County Health Partners and administered on-line via Survey Monkey. Request for completion was made via social media and among those the Henry County Health Partners serve. This survey is NOT representative of the entire county. Instead, it represents a convenience sample of 675 county residents between the ages of 18 and 87.

Links

- [Henry County Health Department](#)
- [Henry County Ohio Community Health Assessments](#)
- [Health Factor 4: Economic Stability](#)

Unemployment Rate

An important caveat to the unemployment rate is that it is based on those who are actively looking for work.

- As was evident in the figure for the employment-population ratio, the effects of the Great Recession persisted beyond 2007 with the highest unemployment rate observed in the state in January of 2010 at 11.1 (denoted by the light blue shaded area in Figure 2).
- Since August of 2018, the unemployment rate in Ohio has been below 4.5%—a low not experienced since the early 2000s—before the 9/11 attacks.
- In April 2020 the unemployment rate shot up to 17.6 in Ohio. In Henry County, the rate was even higher at 21.0.
- Reports from the month of May indicate a reduction to 13.7 for Ohio and 14.3 for Henry County, Ohio.

Figure 2 Unemployment Rate for Ohio, January 2020-May 2020

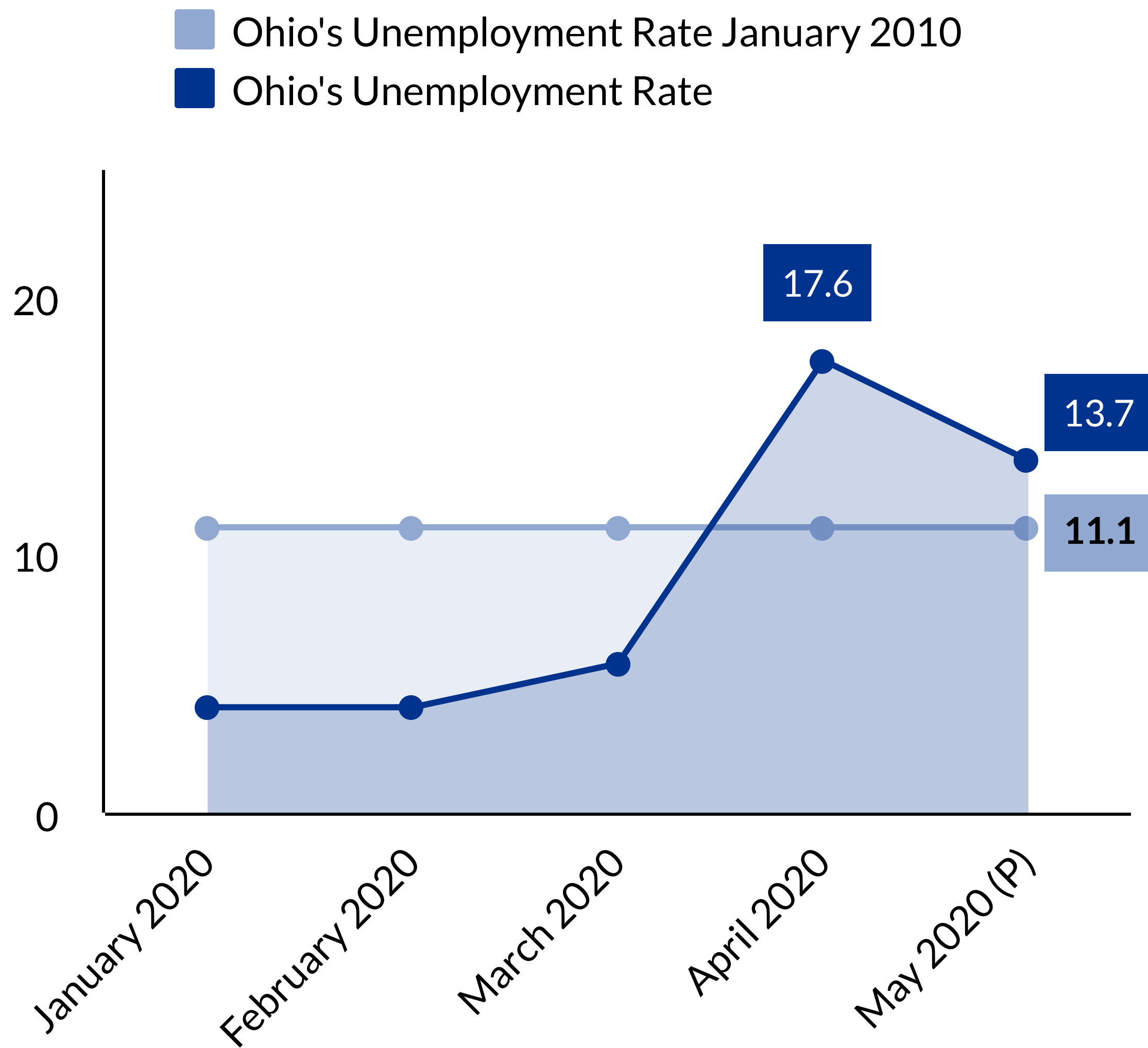
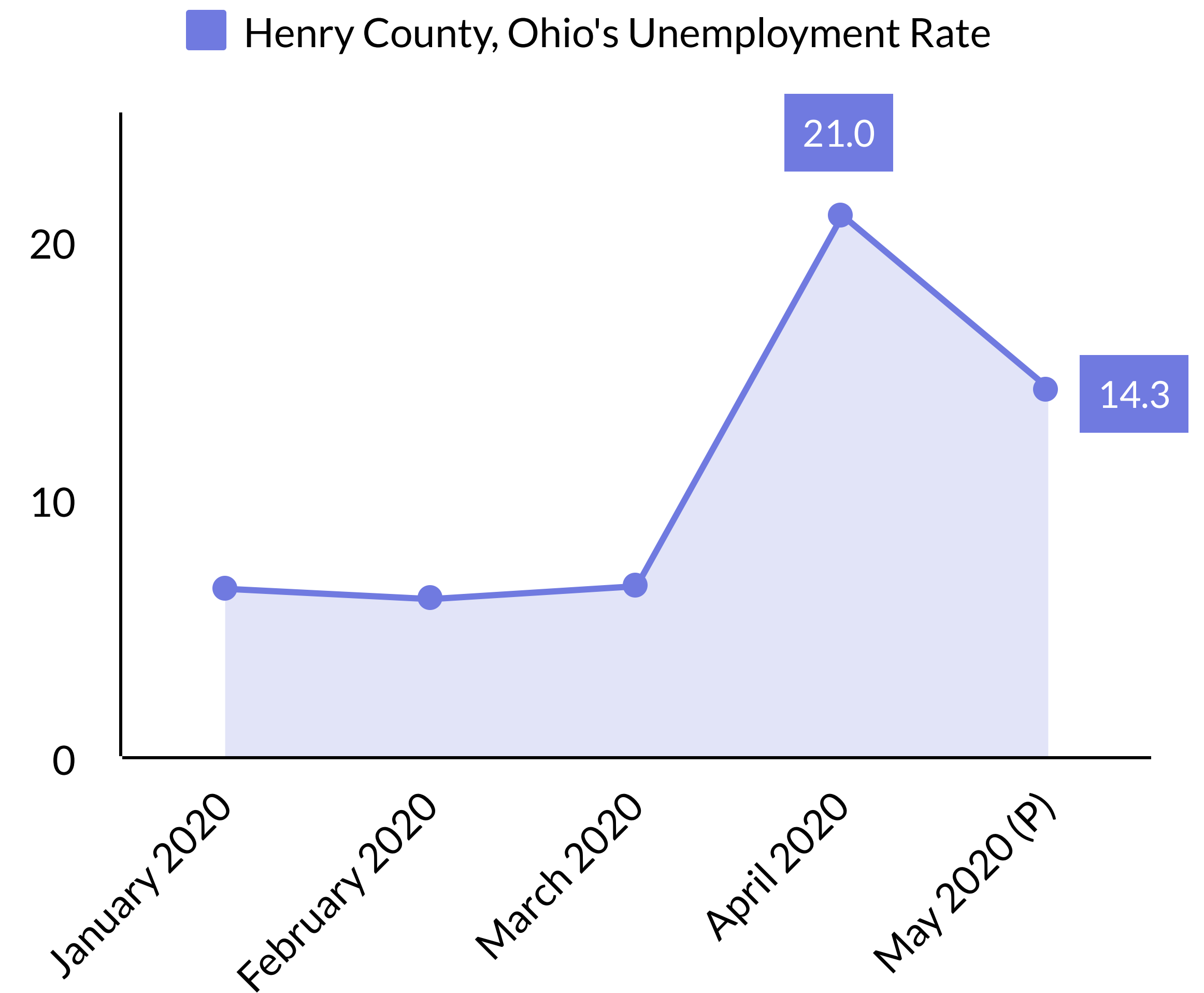


Figure 3 Unemployment Rate for Henry County Ohio, January 2020-May 2020



Data Source: Bureau of Labor Statistics Local Area Unemployment Statistics; P denotes preliminary data

Percentage Not Working and Reasons

Respondents were asked:

| If you are currently NOT working, what is your main reason for not working for pay or profit? Select only one answer.

- Most Henry County residents were currently working – 61%.
- Among the 39% of Henry County residents **not** working...
 - Over one-third (35%) indicated they were not working because they were currently retired.
 - The other reasons given had something to do with the pandemic with the largest share reporting their employment was temporarily closed due to the coronavirus pandemic (15%).

Figure 4 Work Status of Henry County Adults, April 2020

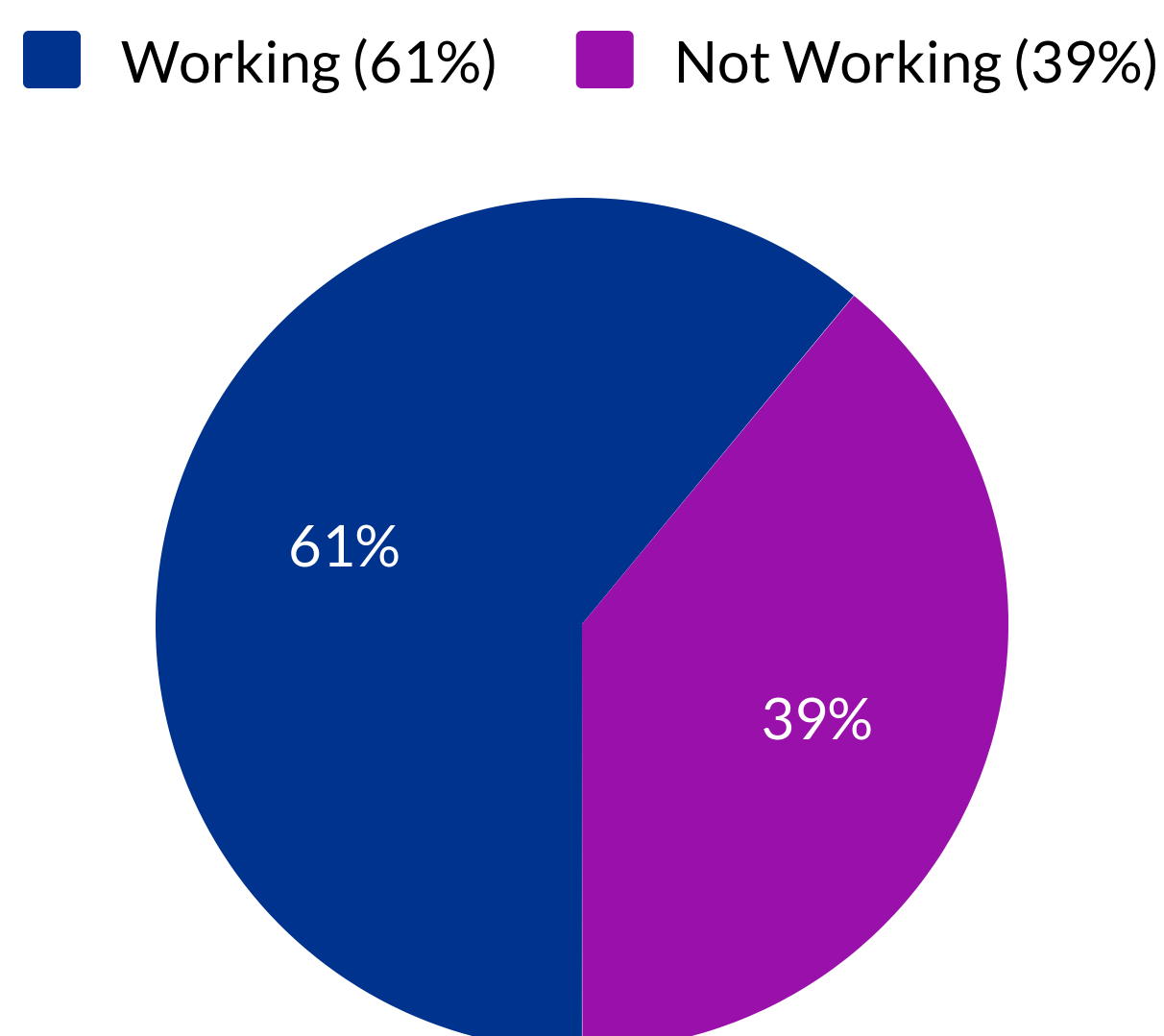
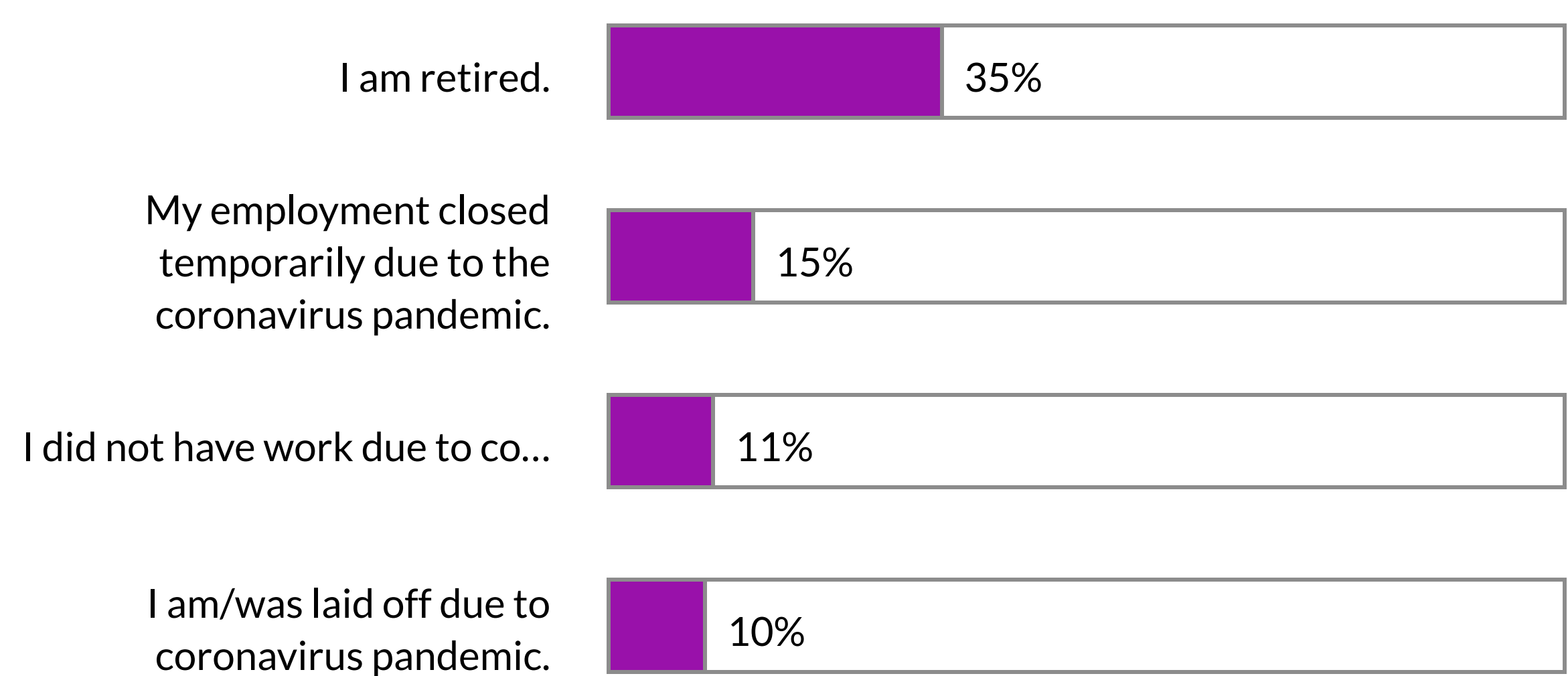


Figure 5 Reasons for Not Currently Working Among Henry County Residents Currently Not Working



Data Source: Henry County Pulse Survey, April 2020

Loss of Household Income

Respondents were asked the following question:

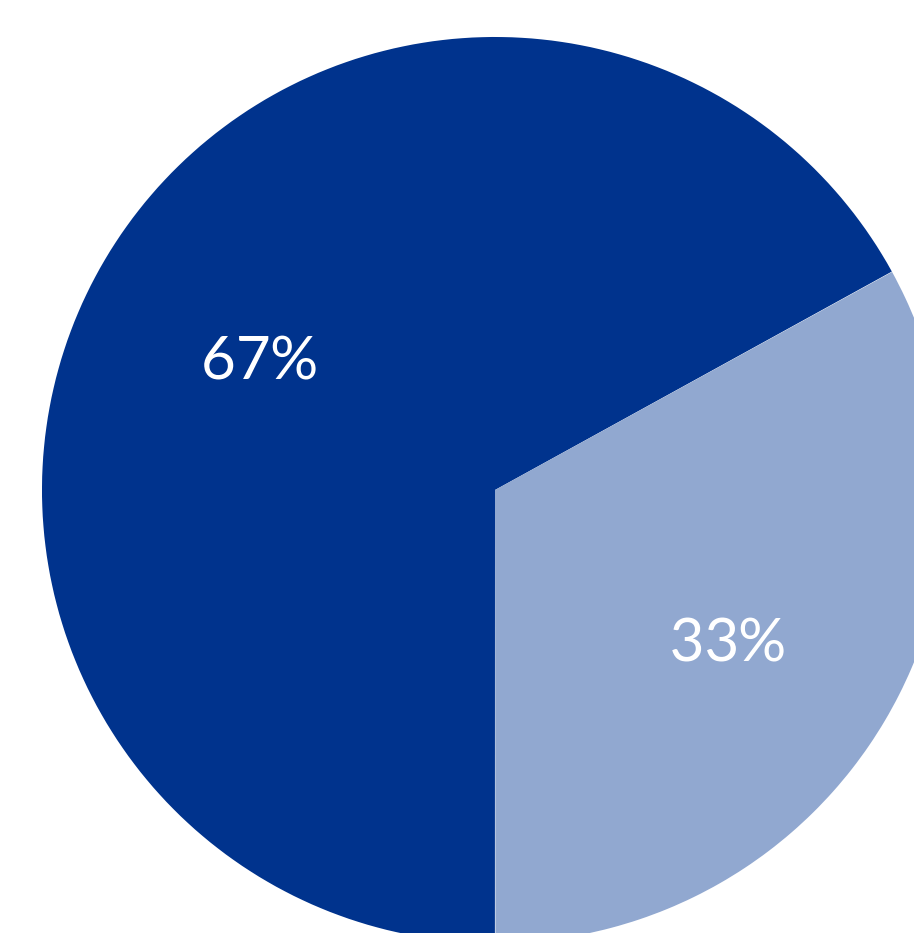
| Have you, or has anyone in your household experienced a loss of employment income since the coronavirus pandemic began?

- One-third (33%) of respondents reported a loss of household income since the coronavirus pandemic began.

*** The loss of household income was not experienced by all Henry County residents equally.**

Figure 6 Percentage of Henry County Adults Reporting Loss of Household Income, April 2020

■ No (67%) ■ Yes (33%)



Data Source: Henry County Pulse Survey, April 2020

Loss of Household Income by Pre-Pandemic Household Income

The loss of household income was not experienced by all income groups equally—income loss was disproportionately experienced among those with lower household incomes.

- Among those with household incomes under \$35,000 in 2019, 45% reported income loss since the pandemic began.
- Conversely, 29% reported a loss of income among those in households with greater than \$100,000.
- Also, of note, those in the lowest income bracket have the youngest average age of all income brackets.

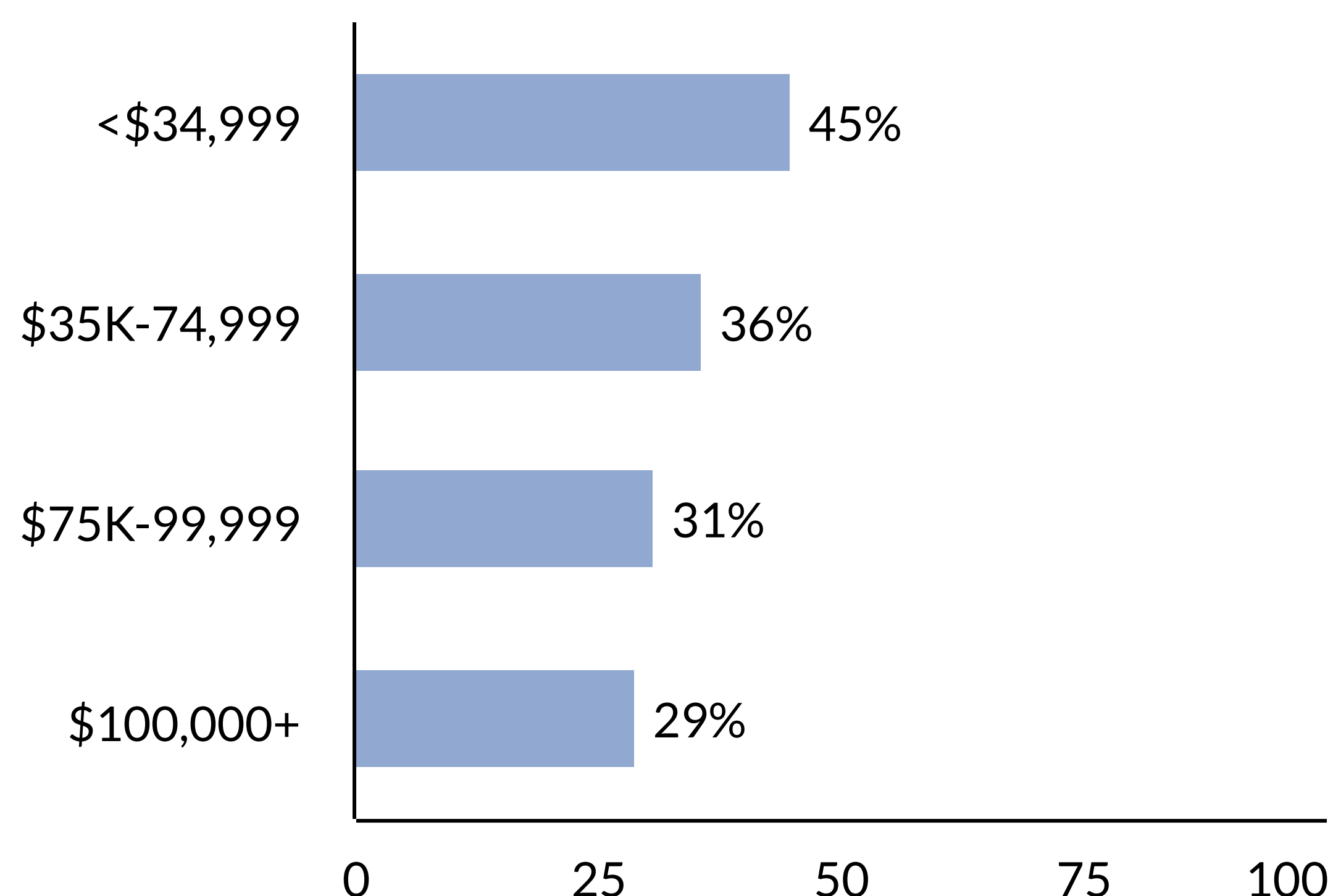
Loss of Household Income by Age Group

The loss of household income was not experienced by all age groups equally—income loss was disproportionately experienced among young adults.

- Among those aged 18-29 (i.e. young adults), 50% reported income loss since the pandemic began.
- Conversely, among those aged 65 and older (e.g. retirement aged individuals), 18% reported a loss of income. Those in this age group may be less susceptible to income loss because of retirement incomes/social security benefits.

Figure 7 Percentage of Henry County Adults Reporting Loss of Household Income by Pre-Pandemic Household Income

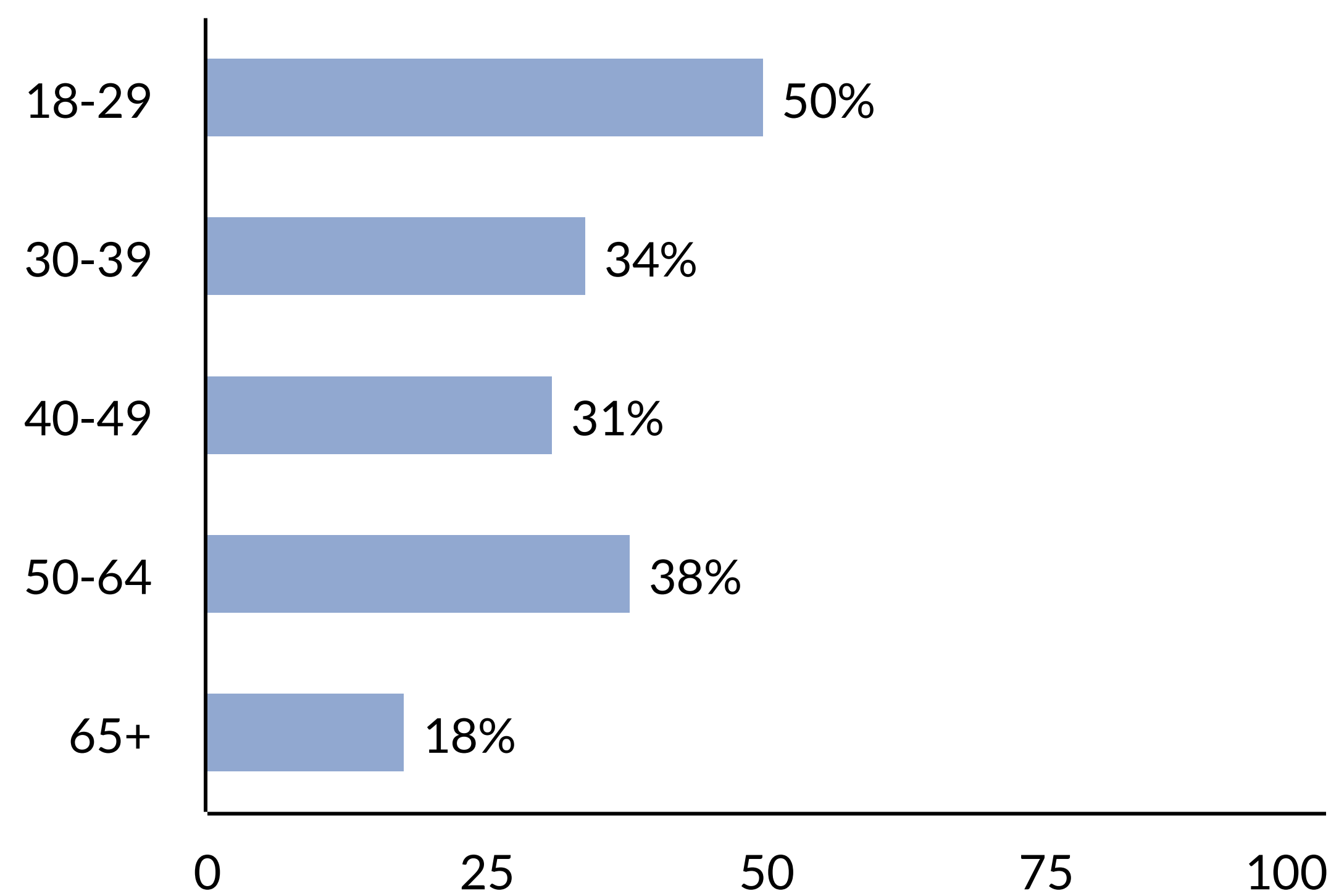
■ % Experienced Income Loss



Data Source: Henry County Pulse Survey, April 2020

Figure 8 Percentage of Henry County Adults Reporting Loss of Household Income by Age Group

■ % Experienced Income Loss



Data Source: Henry County Pulse Survey, April 2020

Loss of Household Income & Mental Health

Respondents were asked the following question:

| Over the last 7 days, how often have you been bothered by the following problems ...

- *Feeling nervous, anxious, or on edge?*
- *Not being able to stop or control worrying?*
- *Having little interest or pleasure in doing things?*
- *Feeling down, depressed, or hopeless?*

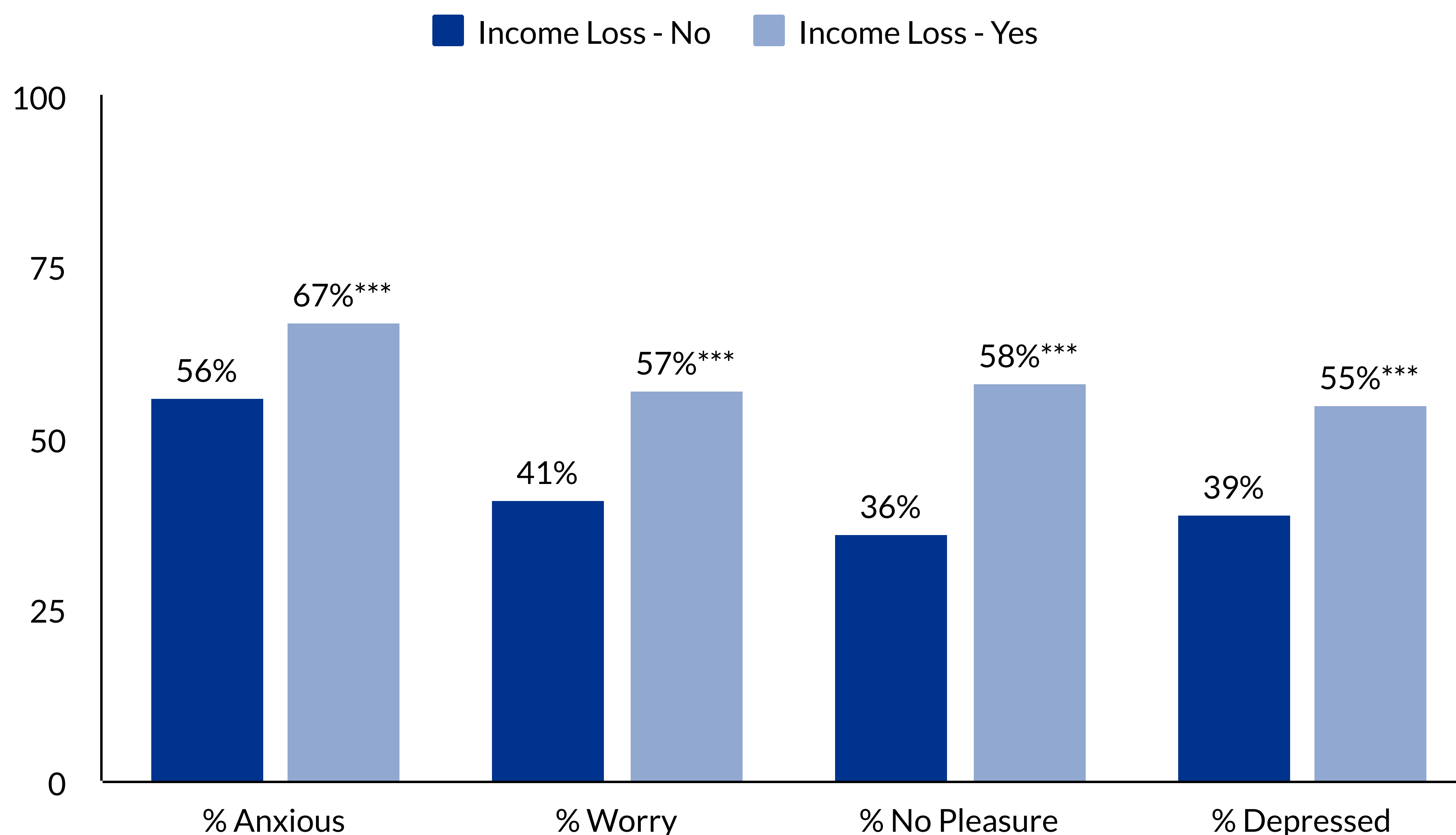
Would you say not at all, several days, more than half the days, or nearly every day?

This information was used to create four separate indicators measuring whether in the last seven days respondents ever felt:

1. Anxious
2. Unable to stop/control worrying
3. Little interest/pleasure in doing things
4. Down/depressed/hopeless

*** Having a loss of household income was a significant predictor of all four indicators of mental health ($P > .001$).**

Figure 9 Percentage of Respondents Experiencing Anxiety, Worry, Lack of Pleasure, and/or Depression by Whether they Experienced a Household Loss of Employment Income Since the Coronavirus Pandemic Began Among Henry County Residents.



Data Source: Henry County Pulse Survey, April 2020
Note: *** $P > .001$

Data Sources:

Bureau of Labor Statistics. Local Area Employment Statistics. <https://www.bls.gov/lau/>

Henry County Health Department . Henry County Pulse Survey, April 2020. <http://henrycohd.org/>

Economic Stability: Food Insecurity

Henry County, Ohio



BY Krista Westrick Payne, PhD

What is Food Insecurity?

Food insecurity is the disruption of food intake or eating patterns because of lack of money and other resources (Nord, Andrews, & Carlson, 2005).

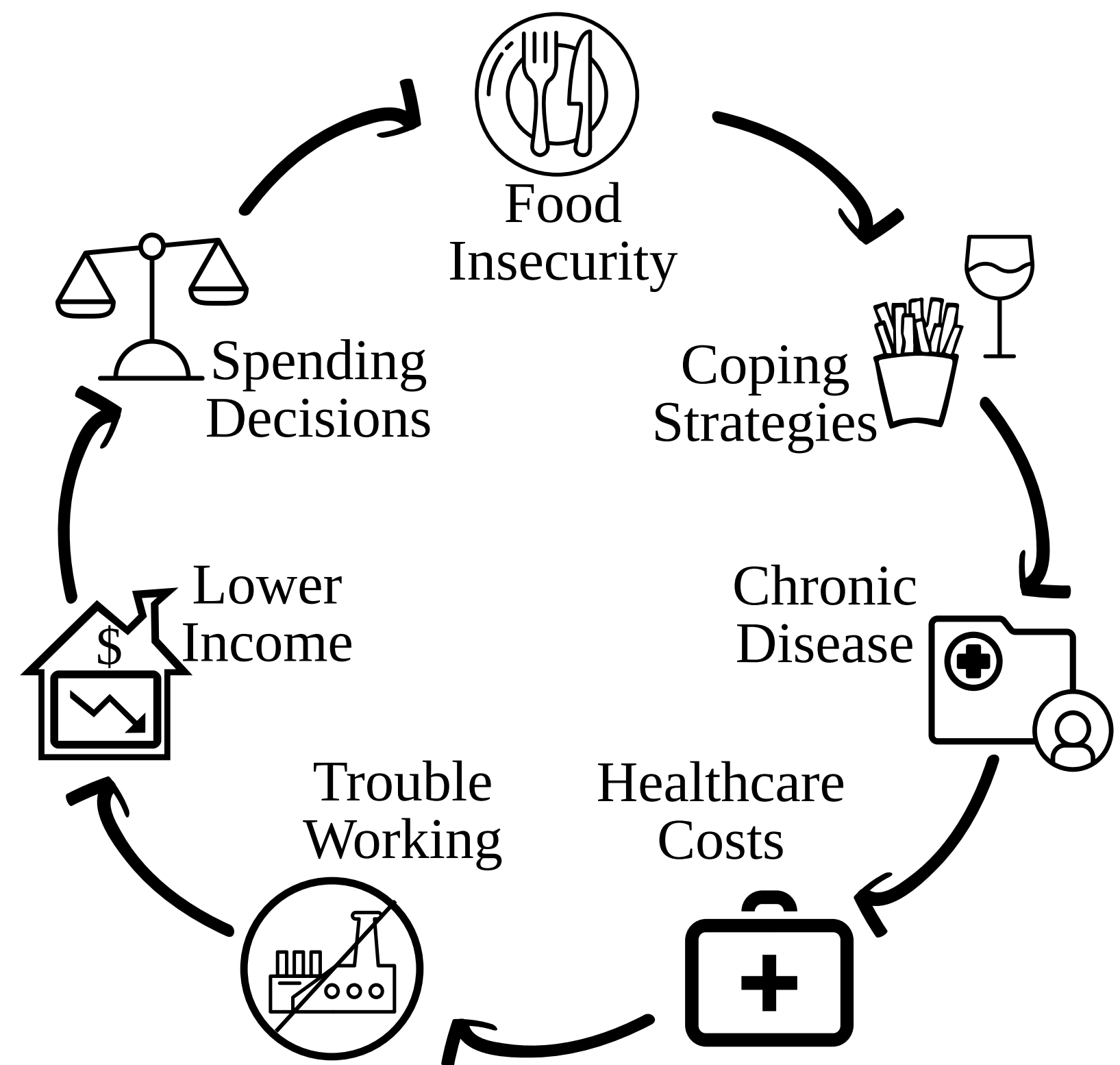
Why Food Insecurity Matters

Simply put, food insecure individuals are less healthy than their food-secure counterparts (Gundersen & Ziliak, 2015). As a result, annual healthcare costs for food-insecure individuals are higher than food-secure individuals (Tarasuk, Cheng, de Oliveira, Dachner, Gundersen, & Kurdyak, 2015). Further, the expenditures associated with food insecurity vary markedly depending on the state and county you live in (Berkowitz, Basu, Gundersen, Seligman, 2019).

- Currently, it is estimated there are 28.3 million food-insecure adults in the U.S.
- In Ohio, the excess total health care cost associated with food insecurity per food-insecure adult is \$1,848.

The Cycle of Food Insecurity and Health

In Feeding America's publication "Health, Disability and Food Insecurity" the authors illustrate the cycle of food insecurity. This visualization highlights the detrimental effects of food insecurity on health outcomes. More specifically, it shows how it operates via unhealthy coping mechanisms, increases in chronic disease, increased healthcare expenditures, difficulty in finding work or increased risk of disability, lower household income, all of which perpetuate more food insecurity.



Food Insecurity Measures

In the Health Factor 4: Economic Stability section of the Henry County Ohio Comprehensive CHA report we presented four indicators associated with food insecurity: Food Stamps/SNAP Benefits, Free/Reduced Lunches, WIC Eligibility Threshold, & Map the Meal Gap. This brief provides an update of those data as well as findings from the Henry County Pulse Survey on the effects of COVID-19 on food insecurity.

*** Food Security → Better Health Outcomes**

Henry County Pulse Survey

The Henry County Pulse Survey was designed to measure the impact of coronavirus (COVID-19) on employment status, food security, housing security, education disruptions, childcare, dimensions of physical and mental well-being, access to health care. The goal of collecting and analyzing data from this survey is to aid local agencies identify coronavirus (COVID-19) related issues in the Henry County. The survey was implemented by the Henry County Health Department and the Henry County Health Partners and administered on-line via Survey Monkey. Request for completion was made via social media and among those the Henry County Health Partners serve. This survey is NOT representative of the entire county. Instead, it represents a convenience sample of 675 county residents between the ages of 18 and 87.

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SNAP Benefits in Henry County

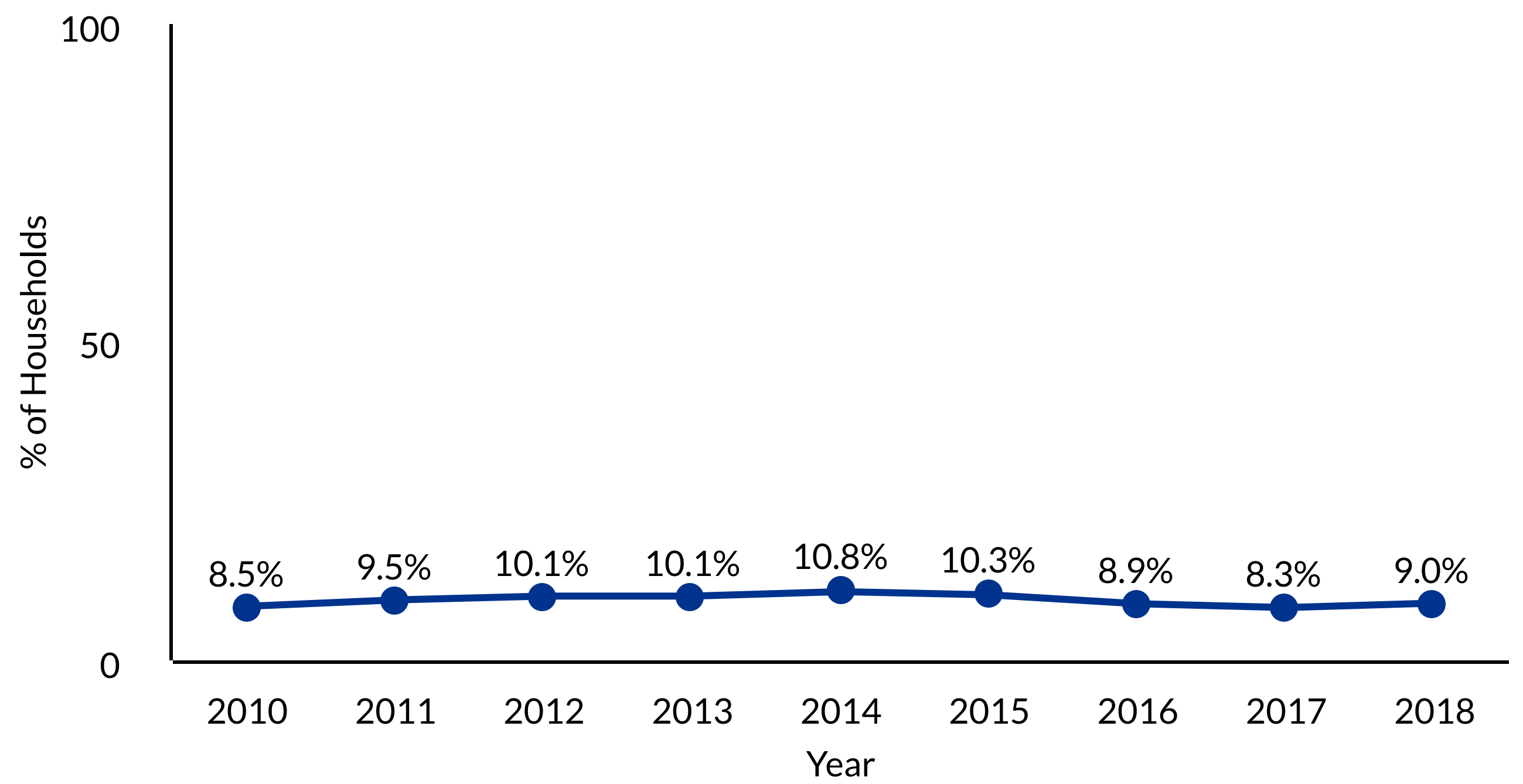
Generally, everyone who lives together and purchases food and prepares meals together is grouped together as one SNAP household.

Figure 1 shows the percentage of Henry County households receiving SNAP benefits from 2010-2018.

- Since 2010, the largest share of Henry County households receiving benefits was in 2014 at 10.8%.
- Since 2014 this share dropped to an eight-year-low of 8.3% in 2017.
- In a reversal, the share in 2018 represents an increase with 9% of Henry County Households having received SNAP benefits.

*** 9% of Henry County Households received SNAP benefits in 2018.**

Figure 1 Percentage of Households Receiving SNAP Benefits for Henry County, Ohio, 2010-2018

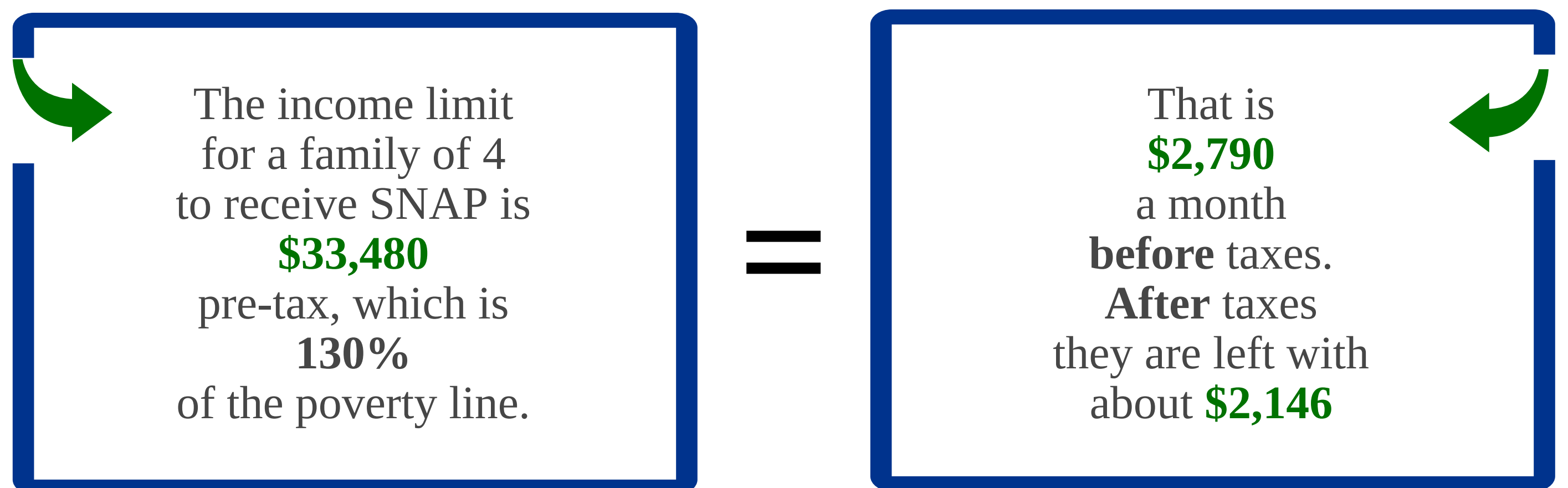


Data Source: U.S. Census Bureau, 2006-2010, 2007-2011, 2008-2012, 2009-2013, 2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018 American Community Survey 5-Year Estimates, Table S2201

Household Budget at the SNAP Qualifying-Level in Henry County

The following illustration breaks down the average household costs for a family of 4 **before** food costs are considered.

The costs include: housing + child care + transportation + health care + other necessities. We see a family of 4 living at 130% of the poverty line in Henry county is already **\$2,254** short every month **before** the costs of food are factored in.

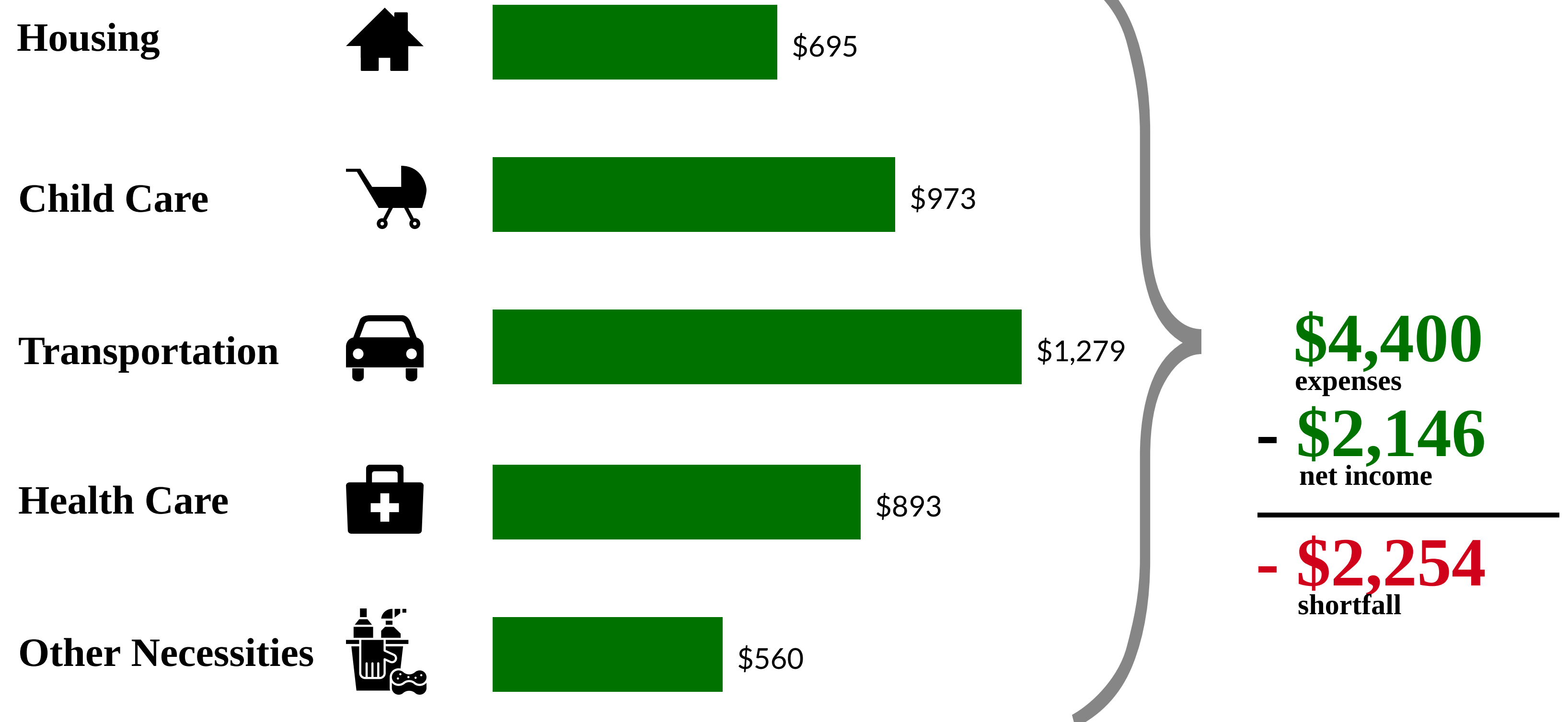


The information comes from a data tool developed by Feeding America. The data tool can be found here:

https://public.tableau.com/profile/feeding.america.research#!/vizhome/BudgetDashboard_v8AA2_0/BudgetDashboardInfographic

Instructions on how to use their tool can be found here:

https://www.feedingamerica.org/sites/default/files/2019-04/SNAP%20HH%20Budget%20VizUpdated_0.pdf



Housing estimate is the fair market rent (shelter rent plus utilities) at the 40th percentile for a two-bedroom apartment. Source: Economic Policy Institute analysis of data from Department of Housing and Urban Development (HUD).

Child care estimate is the costs of family-based care for a one 4-year-old and one 8-year-old. Source: Economic Policy Institute analysis of data from Child Care Aware of America (CCAA).

Transportation estimate is a combination of the costs of auto ownership, auto use, and transit use. Source Economic Policy Institute analysis of data from the Center for Neighborhood Technology (CNT).

Health Care estimate is based on insurance premiums and out-of-pocket costs, and assumes families purchase the lowest cost bronze plans on the health insurance exchange established under the Affordable Care Act. Source: Economic Policy Institute analysis of data from the Kaiser Family Foundation and U.S. Department of Health and Human Services (HHS).

Other Necessities estimate is based on cost of apparel, personal care, household supplies, reading materials, and school supplies based on data reported for households in the second (from the bottom) fifth of households in the household income distribution. Source: Economic Policy Institute analysis of data from the Bureau of Labor Statistics (BLS)/

Free and Reduced Lunches

Children in families who have an annual income 130% of the poverty threshold are eligible for free lunches. Families at 185% of the poverty threshold are eligible for reduced lunches.

- 35% of those enrolled in Henry County public schools were eligible for free or reduced lunches, representing 1,494 students.

Figure 2 Number of Students Eligible for Free or Reduced Lunches by Henry County Public School District, 2016-17 & 2017-18

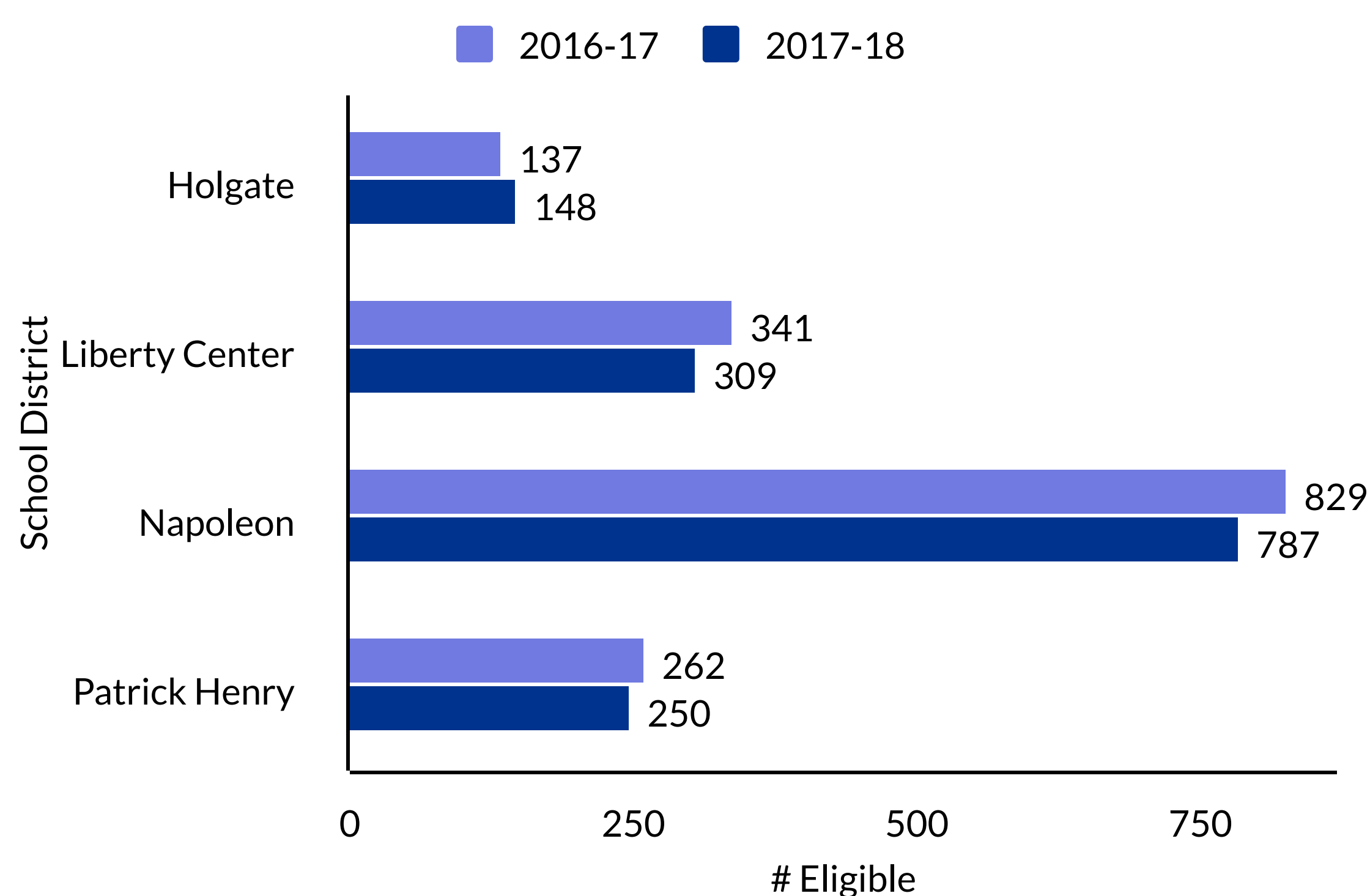
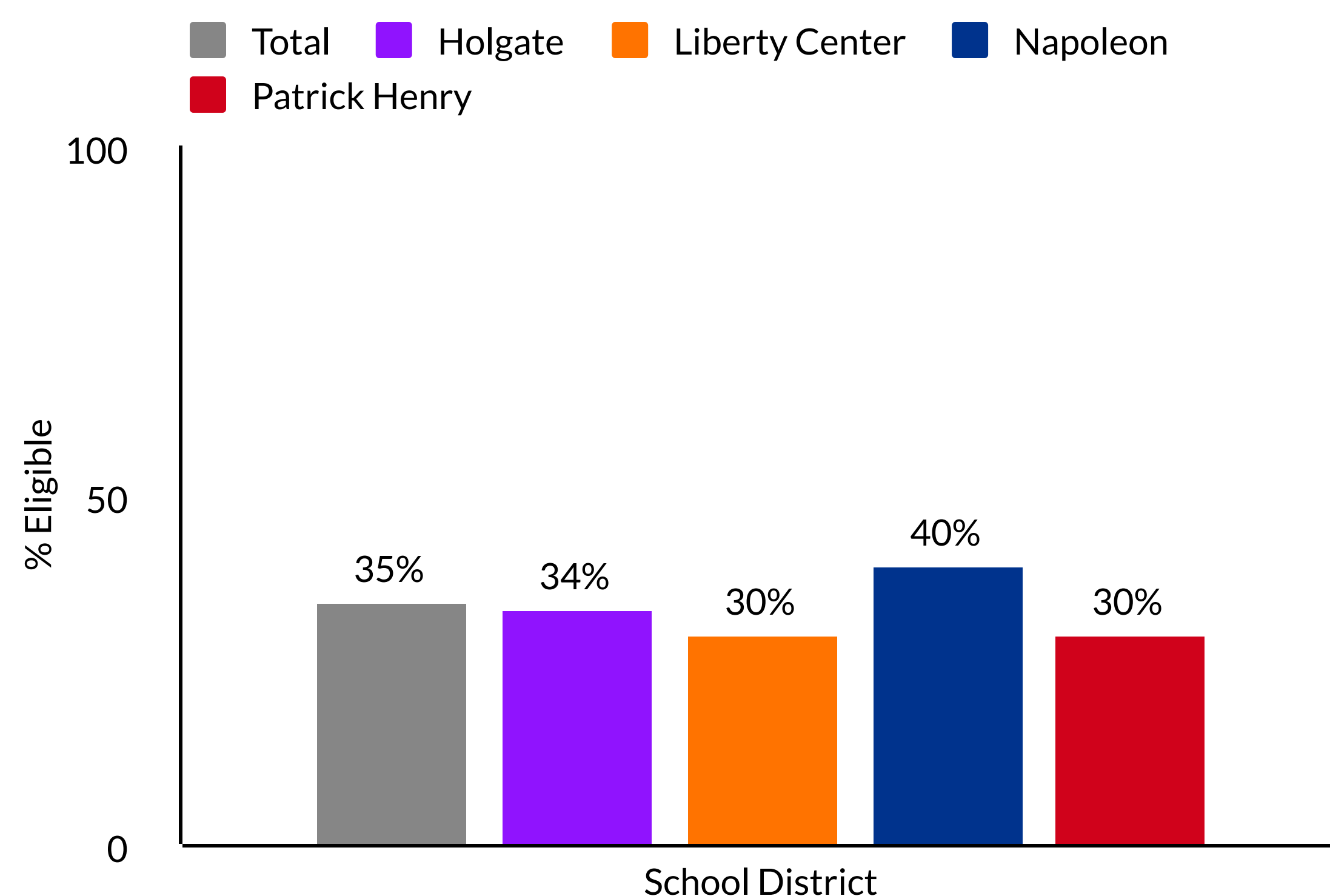


Figure 3 Percentage of Students Eligible for Free or Reduced Lunches by Henry County Public School District, 2017-18



Data Source: Enrollment data come from the Ohio Department of Education Enrollment Data, for the years 2016-17 and 2017-18, <http://education.ohio.gov/Topics/Data/Frequently-Requested-Data/Enrollment-Data>. Free & Reduced Lunch Eligibility data come from U.S. Department of Education, National Center for Education Statistics, Common Core of Data (CCD), "Public Elementary/Secondary School Universe Survey," 2017-18 v.1a; <https://nces.ed.gov/ccd/pubschuniv.asp>

*** 35% of those enrolled in Henry County public schools were eligible for free or reduced lunches**

Food Insecurity

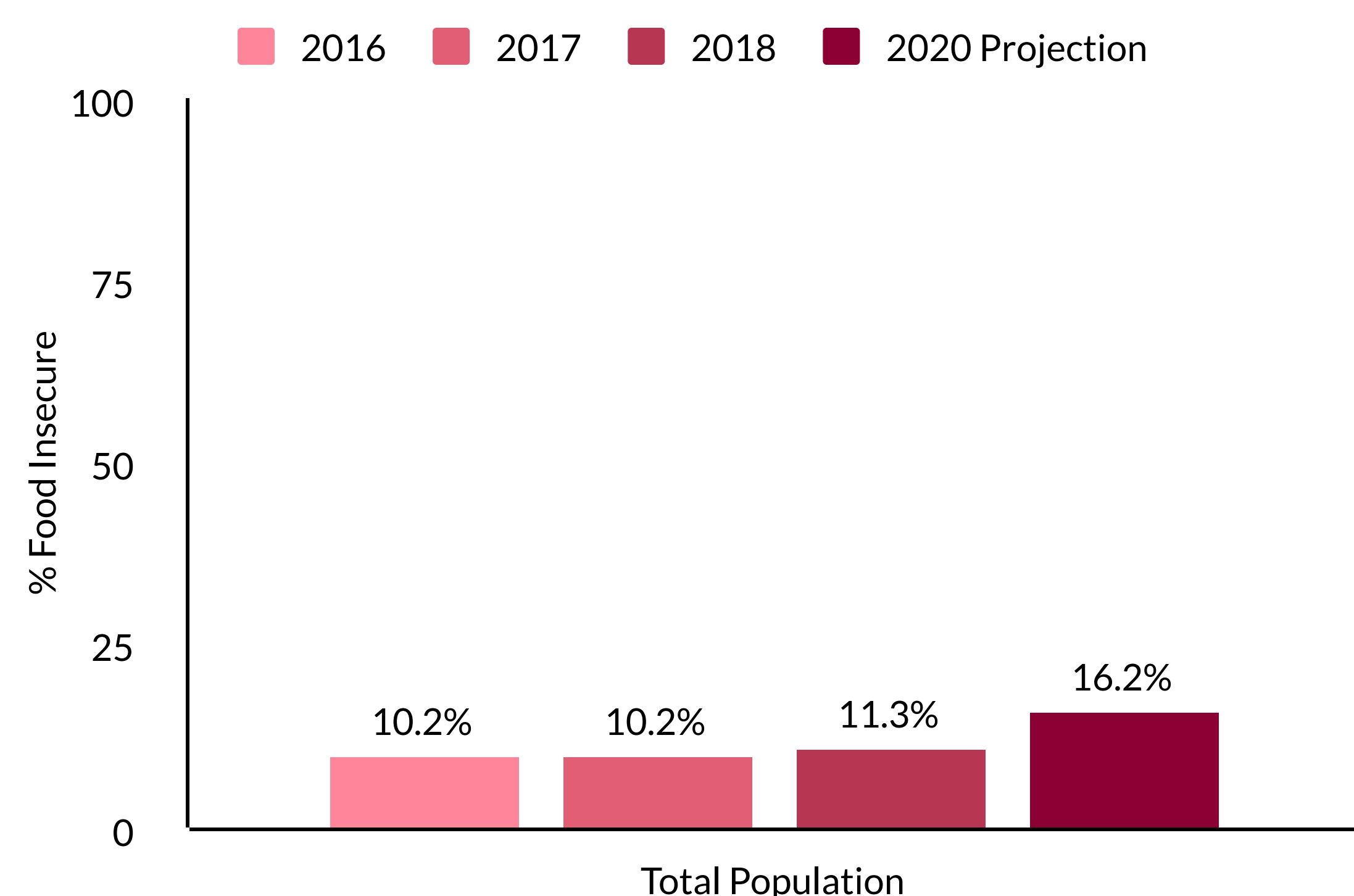
While understanding the scope of poverty as well as the percentage of children and households receiving income-based food support (e.g. free/reduced lunches, food stamps/SNAP) is important it does not paint the entire picture of food insecurity in our communities. Many individuals face food insecurity, but are not identified using the above measures. With the arrival of the novel coronavirus (COVID-19), a crisis of multiple dimensions has emerged throughout the world. While food insecurity rates had been at their lowest since before the Great Recession the pandemic has/will likely erode all of the progress that had been made.

Many households are faced with decisions between paying for basic needs (e.g. housing, medical bills) and purchasing nutritionally adequate foods. Recognizing this, Feeding America has quantified food insecurity in America and published the Map the Meal Gap project since 2011. With the pandemic they have expanded their analyses to provide local area estimates of the possible impact of the coronavirus on food insecurity.

Total Population of Henry County

- In 2019, there was an estimated 11.3% of residents who experienced food insecurity. This is a slight increase compared to 10.2% in 2016 and 2017.
- Rates of food insecurity are higher among children. Whereas the rate for the total population in 2018 was 11.3%, among children it was 17.4%
- It is projected that 16.2% -- representing an additional 5% of our population -- will experience food insecurity due to the impact of the coronavirus. Rates among children can be expected to be even higher.

Figure 4 Estimated Percentage of Food Insecure Henry County Residents



Data Source: Gundersen, C., A. Dewey, M. Kato, A. Crumbaugh & M. Strayer. Map the Meal Gap 2020. Feeding America, 2020. This research is generously supported by The Howard G. Buffett Foundation and Nielsen. <https://www.feedingamericaaction.org/the-impact-of-coronavirus-on-food-insecurity/> <https://www.feedingamerica.org/research/coronavirus-hunger-research>

Pulse of the County

In the Henry County Pulse Survey, residents were asked questions aimed at estimating food insecurity prior to and after the onset of the coronavirus pandemic.

| *Getting enough food can also be a problem for some people. Which of these statements best describes the food eaten in your household before the coronavirus pandemic? Select only one answer.*

| *Since the coronavirus pandemic, which of these statements best describes the food eaten in your household? Select only one answer.*

Available responses for both questions were as follows:

- *Enough of the kinds of food (I/we) wanted to eat*
- *Enough, but not always the kinds of food (I/we) wanted to eat*
- *Sometimes not enough to eat*
- *Often not enough to eat*

Why?

We followed up with our residents, and asked them why they were unable to get enough to eat. Residents could select more than one answer.

- 13% said they couldn't afford to buy more food.
- Nearly one quarter were afraid to go or didn't want to go out to buy food.
- Overwhelmingly, the most often reason selected was that the stores did not have the food they wanted.

*** 13% of Henry County Residents surveyed reported they were unable to afford to buy more food following the onset of the coronavirus pandemic.**

References:

Berkowitz, S. A., Basu, S., Gundersen, C., & Seligman, H. K. (2019). State-level and county-level estimates of health care costs associated with food insecurity. *Prev Chronic Dis*, 16. doi <http://dx.doi.org/10.5888/pcd16.180549>

Gundersen, C. & Ziliak, J. P. (2015). Food insecurity and health outcomes. *Health Aff (Millwood)*, 34(11), 1830–9.

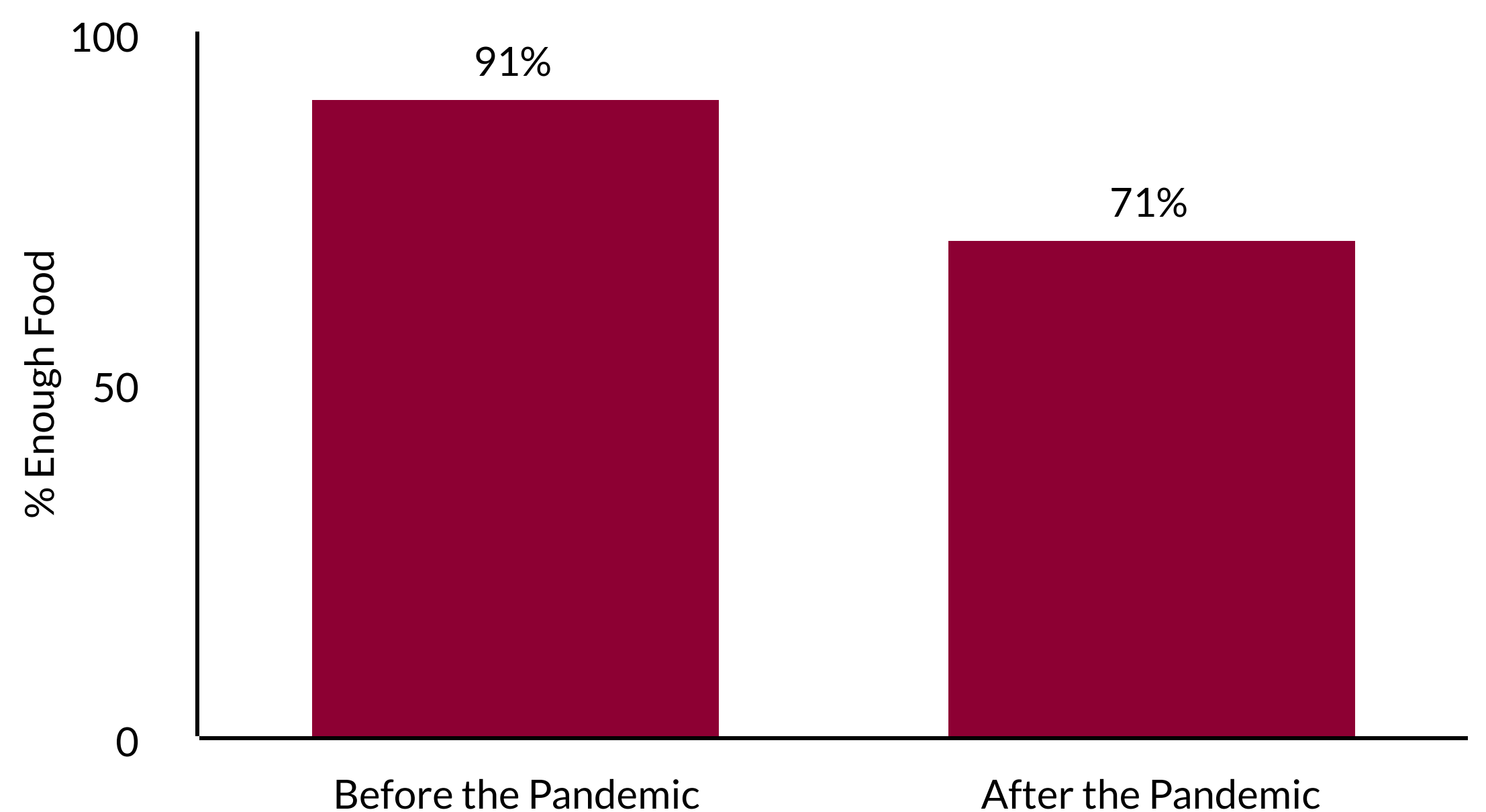
Nord, M., Andrews, M., & Carlson, S. (2005). Household food security in the United States, 2005. Washington: USDA Economic Research Service, Report No.: ERR-29. Available from: https://www.ers.usda.gov/webdocs/publications/45655/29206_err29_002.pdf?v=41334 [PDF – 880 KB]

Tarasuk, V., Cheng, J., de Oliveira, C., Dachner, N., Gundersen, C., & Kurdyak, P. (2015). Association between household food insecurity and annual health care costs. *CMAJ*, 187(14), E429–36.

According to the Henry County Pulse Survey, the coronavirus pandemic had a significant effect on the percentage of residents who reported they had eaten enough of the food they wanted to eat.

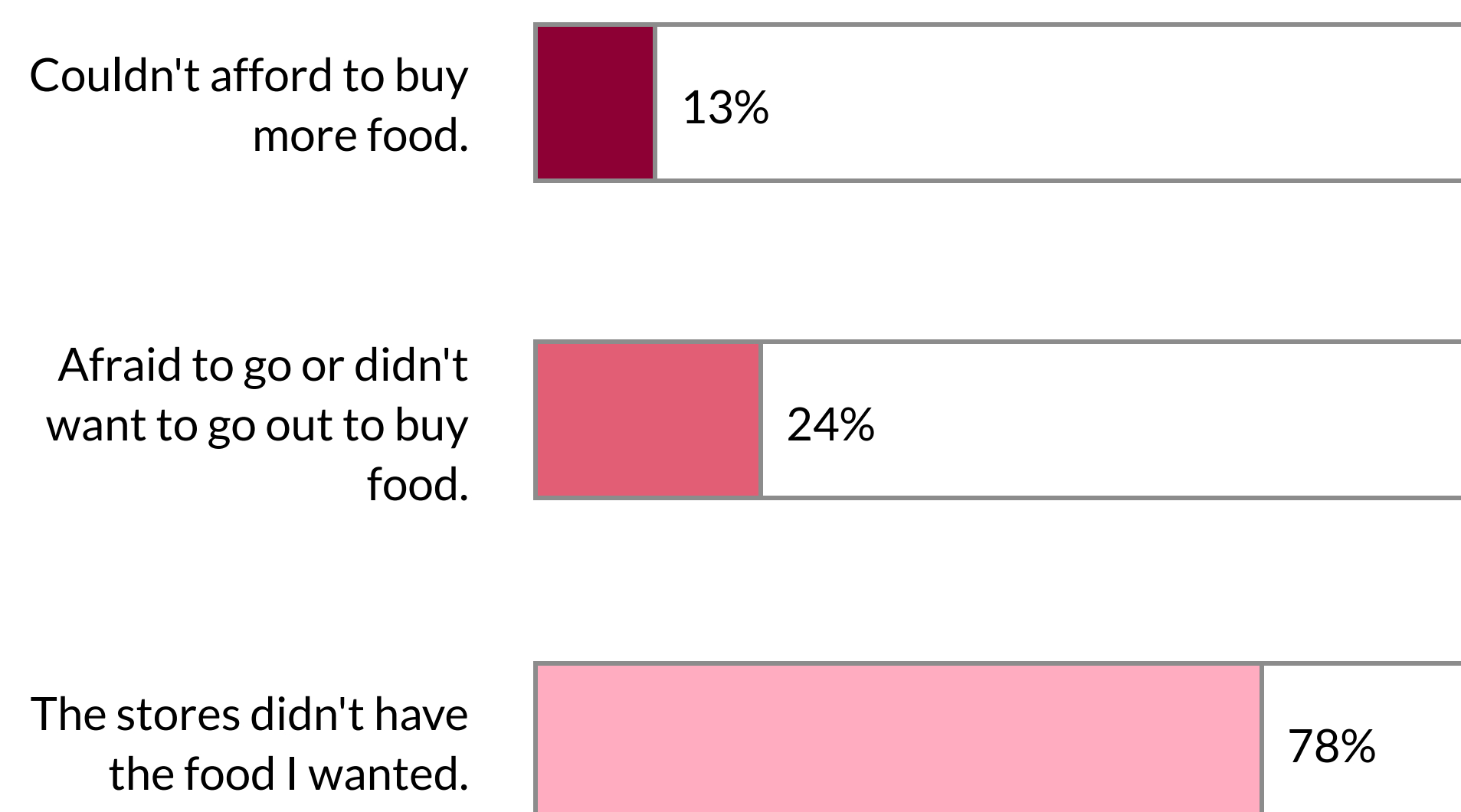
- Prior to the pandemic, 9 in 10 residents reported they had enough of the kinds of food they wanted to eat.
- In contrast, following the onstart of the pandemic, this drops to 7 in 10 residents.

Figure 5 Percentage of Henry County Residents Reporting They Have Eaten Enough of the Food They Wanted to Eat Both Before and After the Onset of the Pandemic



Data Source: Henry County Pulse Survey, April 2020

Figure 6 Henry County Residents Report of Why they did not have enough of the food they wanted to eat.



Data Source: Henry County Pulse Survey, April 2020

MENTAL HEALTH: COVID-19 Anxiety & Worry

Among Henry County Ohio Adults

BY Krista Westrick Payne, PhD



Mental Health Measures | Anxiety & Worry

Respondents to the Henry County Pulse Survey and the national Household Pulse Survey were asked the following question:

| Over the last 7 days, how often have you been bothered by the following problems ...

- *Feeling nervous, anxious, or on edge?*
- *Not being able to stop or control worrying?*

Would you say not at all, several days, more than half the days, or nearly every day?

This information was used to create two separate indicators used throughout this report to measuring whether in the last seven days respondents ever felt...

1. Anxious
2. Unable to stop/control worrying

Why Does Worry & Anxiety Matter?

Chronic worry and anxiety can lead to a number of health problems. More specifically, worry and anxiety lead to a stress response (a release of stress hormones such as cortisol) that produces excessive fuel in the blood. This fuel comes in the form blood sugar and blood fats (triglycerides). If that fuel is not used a number of consequences can result, including:

- Suppression of the immune system
- Digestive disorders
- Muscle tension
- Short-term memory loss
- Premature coronary artery disease
- Heart attack.

They can also lead to depression and even suicidal thoughts.

For more information on how anxiety and worry is linked with physical health check out these websites:

<https://www.apa.org/helpcenter/stress>

<https://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml#part1>

<https://www.health.harvard.edu/mind-and-mood/pain-anxiety-and-depression>

<https://www.womenshealth.gov/mental-health/good-mental-health/stress-and-your-health>



Henry County Pulse Survey

The Henry County Pulse Survey was designed to measure the impact of coronavirus (COVID-19) on employment status, food security, housing security, education disruptions, childcare, dimensions of physical and mental well-being, access to health care. The goal of collecting and analyzing data from this survey is to aid local agencies identify coronavirus (COVID-19) related issues in the Henry County. The survey was implemented by the Henry County Health Department and the Henry County Health Partners and administered on-line via Survey Monkey. Request for completion was made via social media and among those the Henry County Health Partners serve. This survey is NOT representative of the entire county. Instead, it represents a convenience sample of 675 county residents between the ages of 18 and 87.

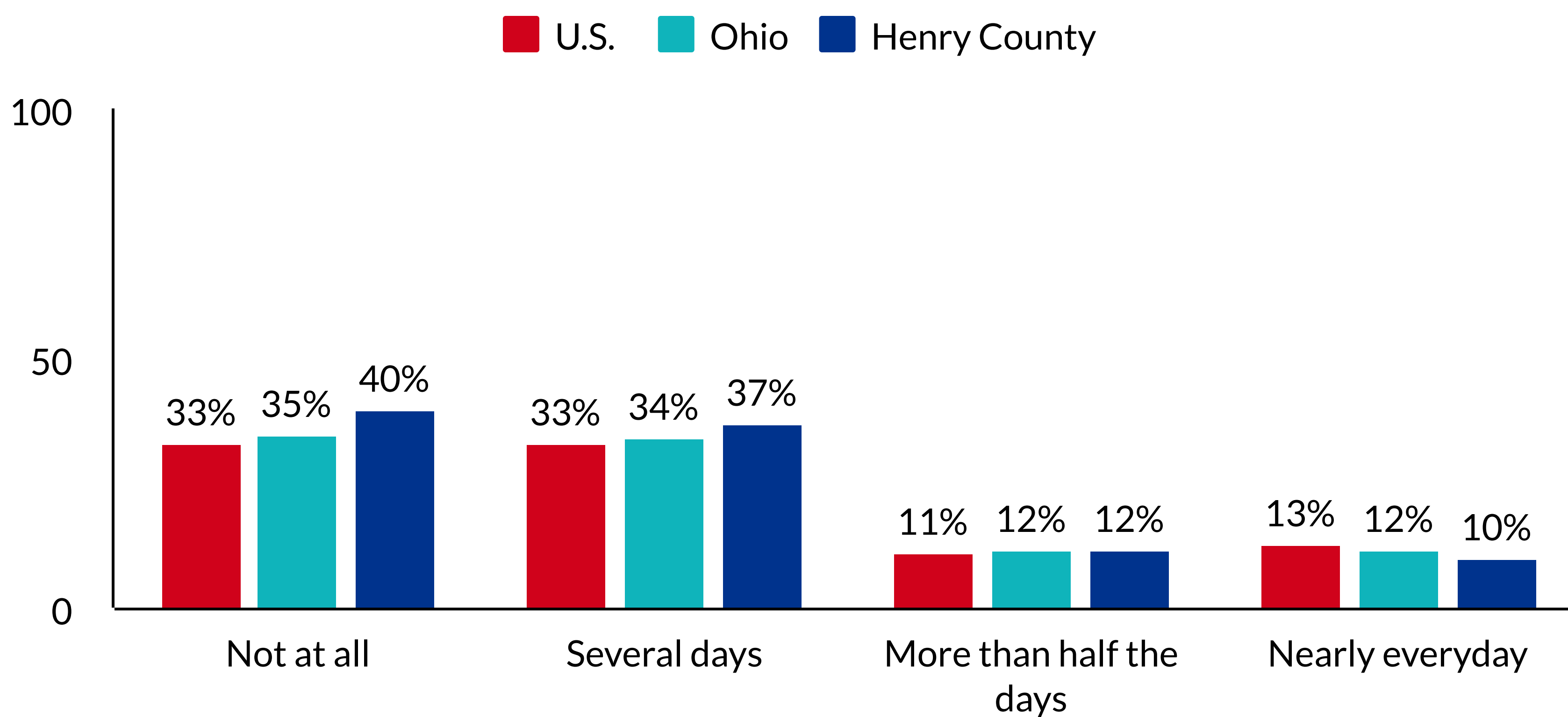
Links

- [Henry County Health Department](#)
- [Henry County Ohio Community Health Assessments](#)
- [Health Outcomes](#)

National, State, and County-level Anxiety

- Compared to the nation (33%), and state (35%), a larger share of Henry County residents (40%) report "not at all" when asked about their frequency of feeling nervous, anxious, or on edge in the last week.
- However, Henry County residents had a slightly higher share reporting "several days" at 37% compare to 33% for the entire nation and 34% for all of Ohio.

Figure 1 Frequency of Feeling Nervous, Anxious, or on Edge in the Last Seven Days for the U.S., Ohio, and Henry County Ohio.



Data Source: U.S. Census Bureau Household Pulse Survey, Week 3; Henry County Pulse Survey
Note: The share who did not report a frequency for the U.S. = 10%, Ohio = 7%, and Henry County = 0%

Anxiety Among Henry County Residents

The following figures present the percentage of Henry County residents who report ANY anxiety in the past week by age group and household income. 3/4 of Henry County residents report experiencing any anxiety in the last week.

- The largest share reporting any anxiety was observed among those aged 30-39 at 67%.
- The smallest share was found among those aged 65 and older at less than half (47%).
- Compared to age, there was considerably less variation in the share experiencing worry by income level.
- The highest share (63%) was found among those with household incomes less than \$35,000 whereas the smallest share was found among those making at least \$75,000 (59%).

Figure 2 Feeling Nervous, Anxious, or on Edge in the Last Seven Days by Age Group for Henry County Ohio

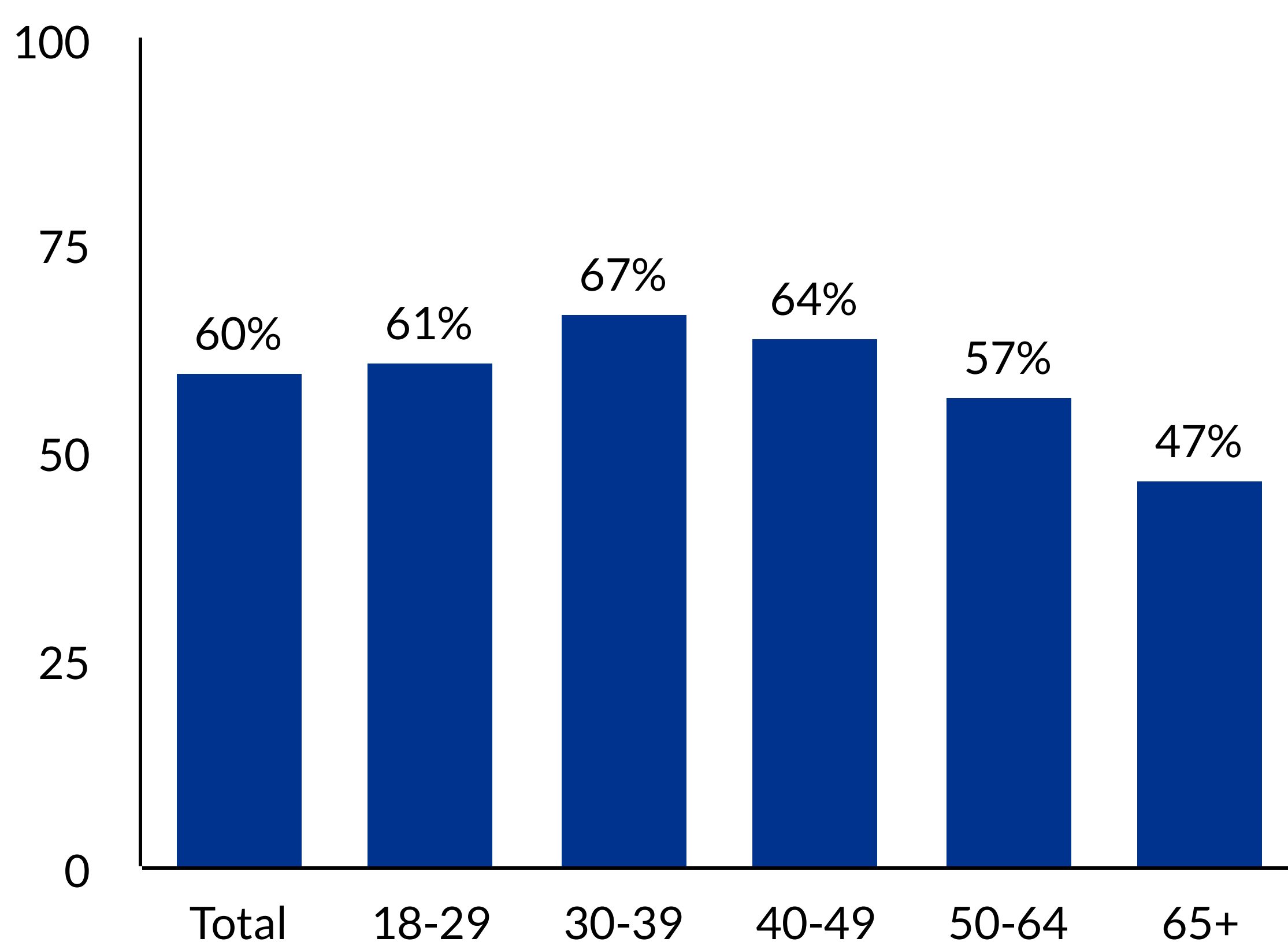
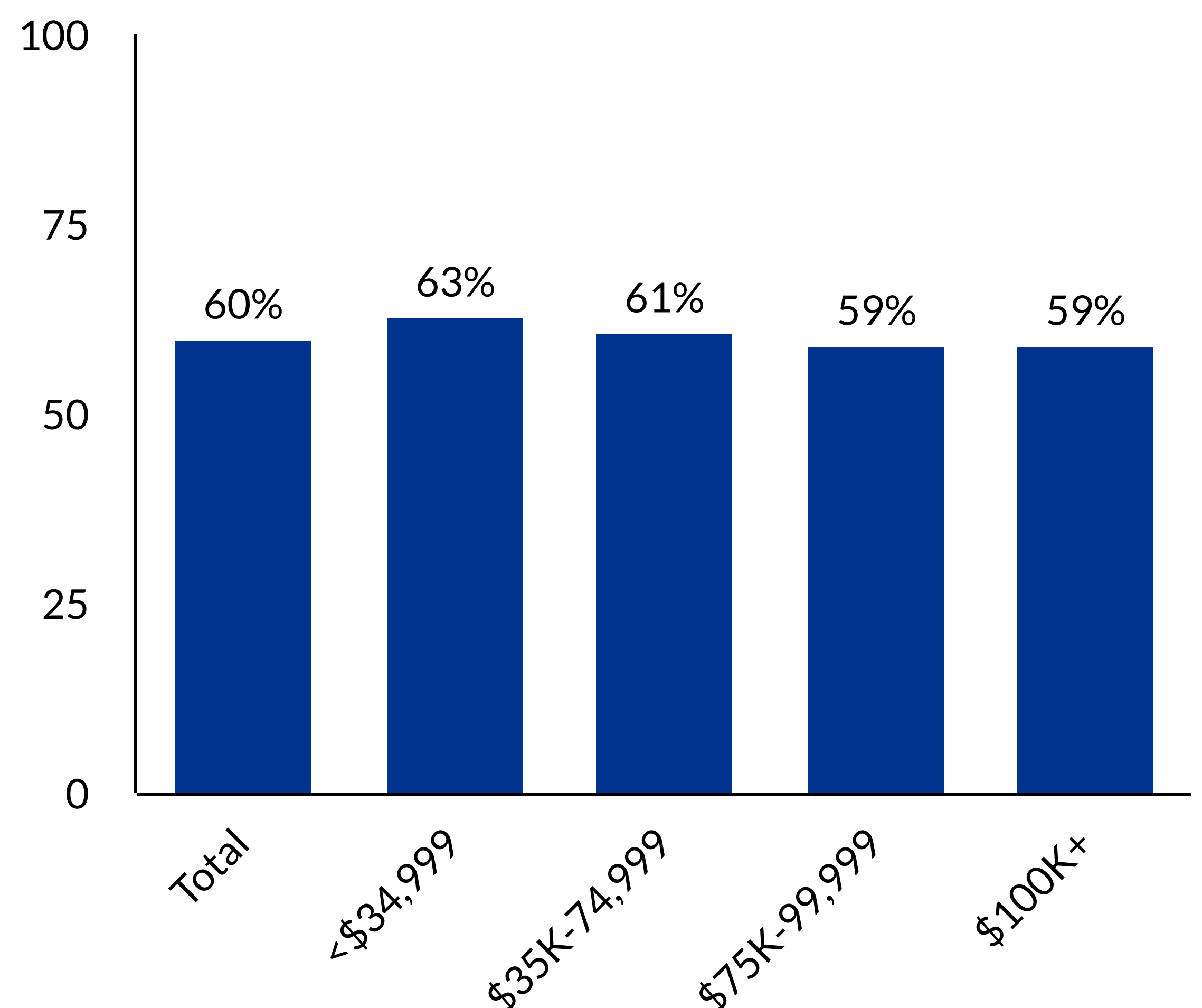


Figure 3 Feeling Nervous, Anxious, or on Edge in the Last Seven Days by 2019 Household Income for Henry County Ohio



Data Source: Henry County Pulse Survey, April 2020

Loss of Household Income

Respondents were asked:

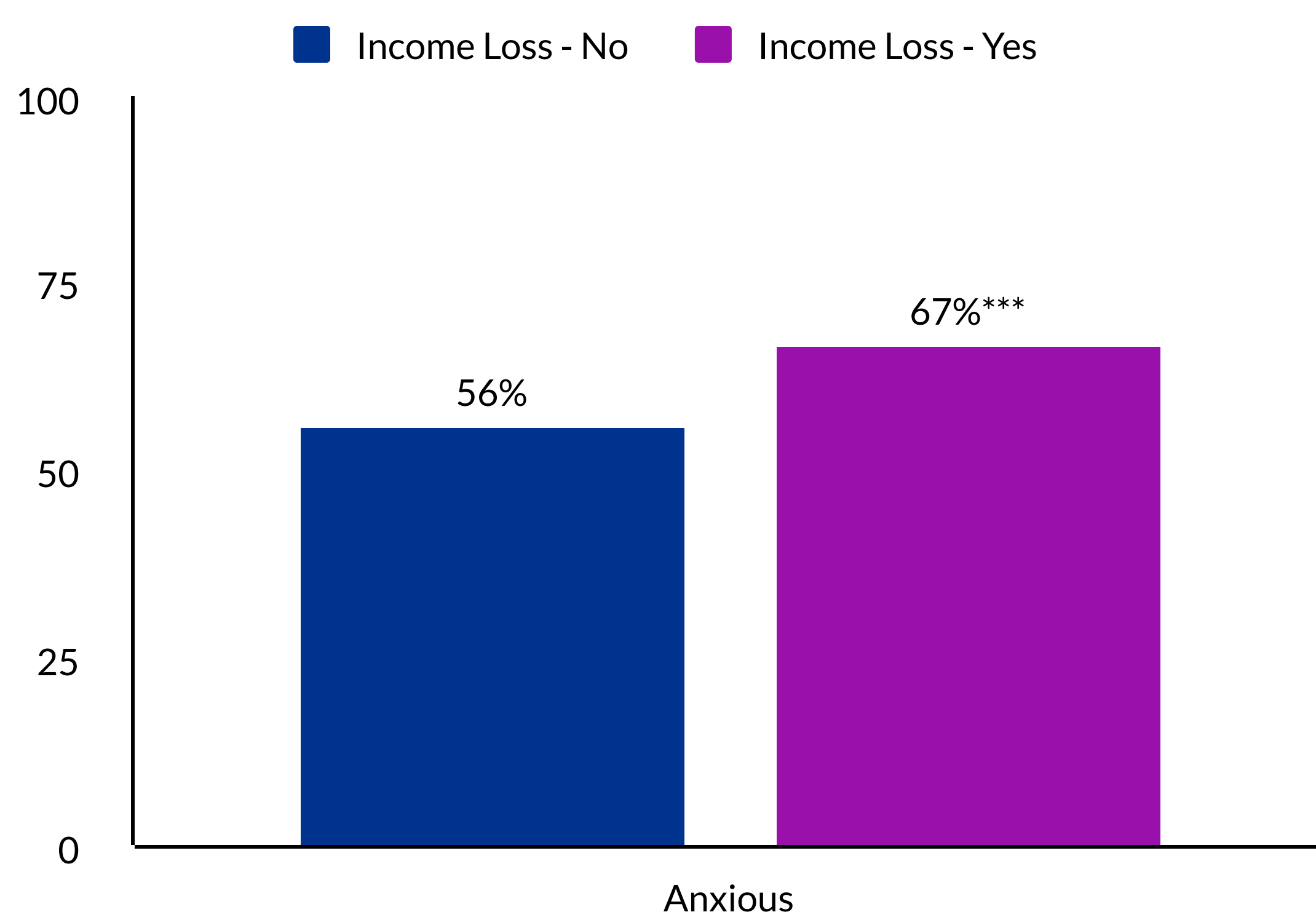
| *Have you, or has anyone in your household experienced a loss of employment income since the coronavirus pandemic began?*

1/3 of Henry County residents reported a **loss of household income** since the coronavirus pandemic began.

Anxiety & Loss of Household Income

- Henry County residents who reported a loss of household income had a significantly higher percentage reporting any anxiety, 56% versus 67%.

Figure 4 Percentage of Henry County Adults Reporting Anxiety by Loss of Household Income



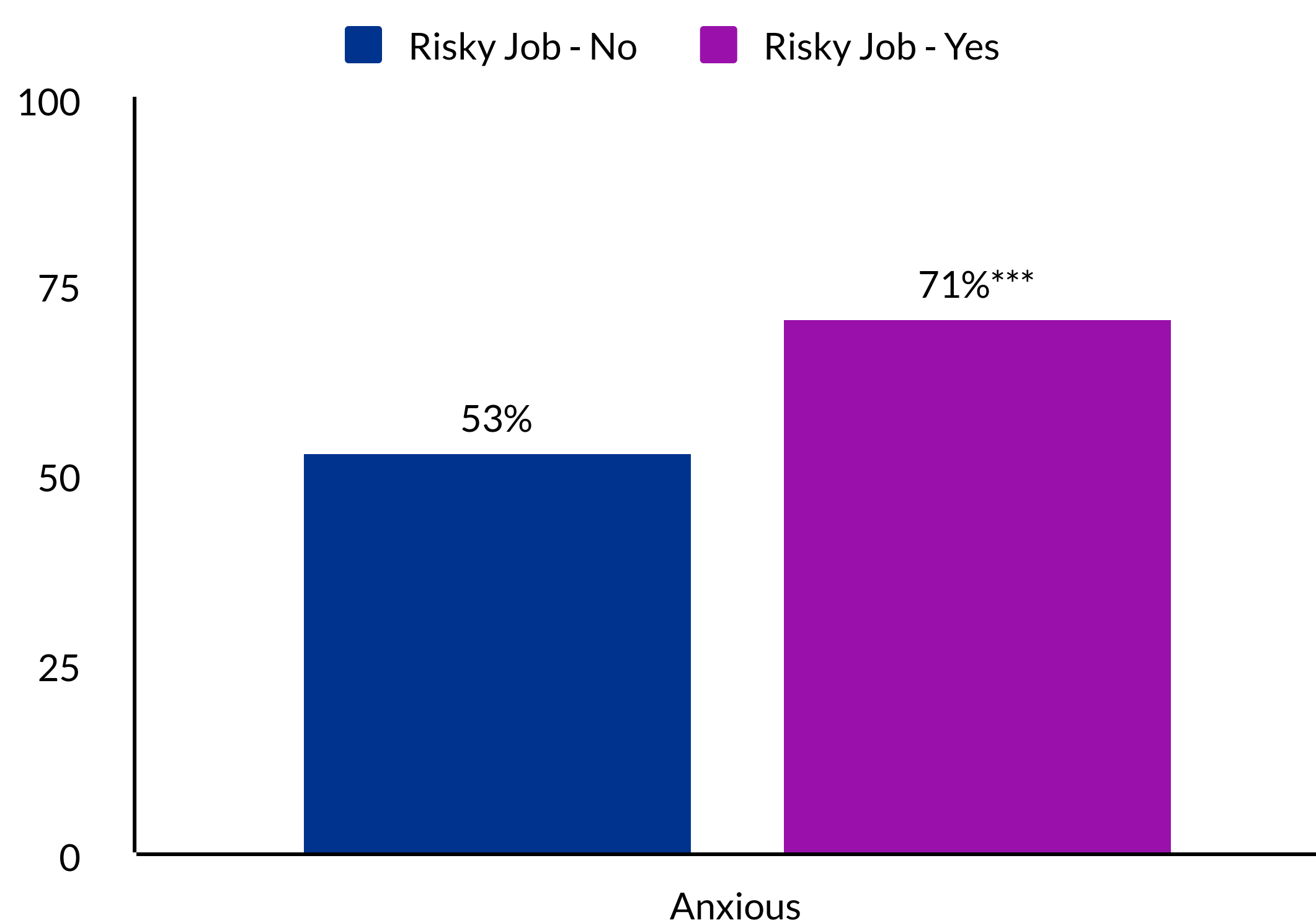
Data Source: Henry County Pulse Survey, April 2020
Note: *** P > .001

Anxiety & Risky Jobs

Residents were also asked if — during the pandemic — they or anyone in their home were working in a job they considered to be high risk for contracting COVID-19.

- Those who reported a someone in their home working a "risky job" had significantly larger percentage reporting any anxiety, 53% versus 71%.

Figure 5 Percentage of Henry County Adults Reporting Anxiety by Whether a Household Member is Working a Risky Job



Data Source: Henry County Pulse Survey, April 2020
Note: *** P > .001

*** Those reporting a loss of household income and a household member in a "risky job" were significantly more likely to report feeling anxious (P > .001).**

Are you or someone you know having trouble coping with COVID-19 anxiety?

The Ohio Department of Health has information available. Visit their website at:

<https://coronavirus.ohio.gov/wps/portal/gov/covid-19/families-and-individuals/coping-with-covid-19-anxiety/coping-with-covid-19-anxiety>

The Henry County Health Department also has a list of available resources that can be accessed here:

<http://henrycohd.org/wp-content/uploads/2020/05/Resource-Guide-4.14.20.pdf>

Important local numbers:

Henry County Health Department Social Workers - available 24/7
419-599-5545 ext 4

4-County Crisis Information & Referral Hotline
1-800-468-4357

ADAMHS Board Mental Health & Addiction Services
419-267-3355

Disaster Distress Helpline
1-800-985-5990 (1-800-8468517 TTY)

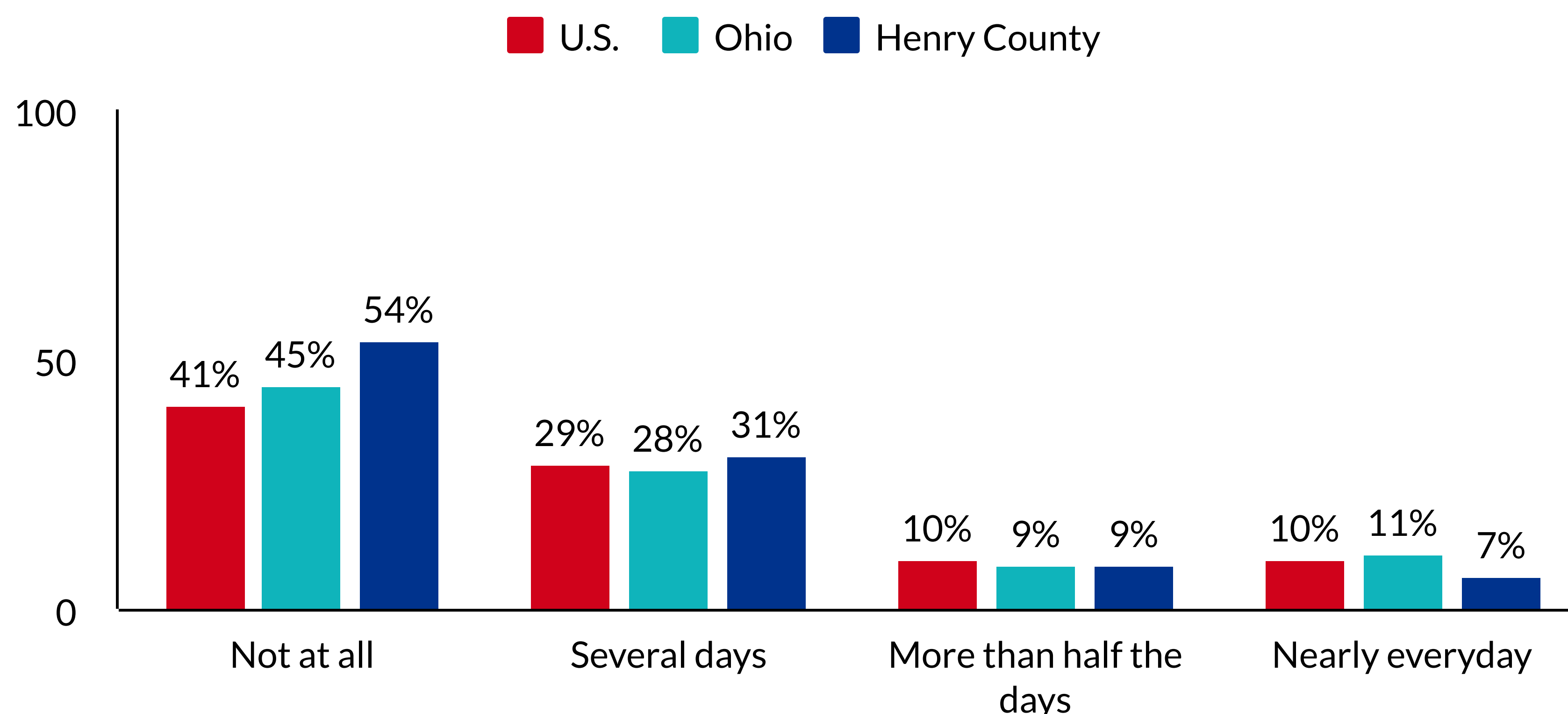
Ohio Crisis Text Line
Text "4HOPE" to 741-741

Ohio Department of Mental Health & Addiction
1-877-275-6364

National, State, and County-level Worry

- Compared to the nation (41%), and state (45%), a larger share of Henry County residents (54%) report "not at all" when asked about their frequency of not being able to stop or control worrying in the last week.

Figure 6 Frequency of Not Being Able to Stop or Control Worrying in the Last Seven Days for the U.S., Ohio, and Henry County Ohio.



Data Source: U.S. Census Bureau Household Pulse Survey, Week 3; Henry County Pulse Survey
Note: The share who did not report a frequency for the U.S. = 10%, Ohio = 7%, and Henry County = 0%

Worry Among Henry County Residents

The following figures present the percentage of Henry County residents who report ANY uncontrollable worry in the past week by age group and household income. Less than half (46%) of Henry County residents report being unable to control worrying in the last week.

- The largest share reporting any uncontrollable worry was observed among those aged 40-49 at 51%.
- The smallest share is found among those aged 65 and older at less than half (38%).
- Compared to age, there was considerably less variation in the share experiencing worry by income level.
- The highest share (63%) was found among those with household incomes less than \$35,000 whereas the smallest share was found among those making at least \$75,000 (59%).

Figure 7 Feeling Uncontrollable Worry in the Last Seven Days by Age Group for Henry County Ohio

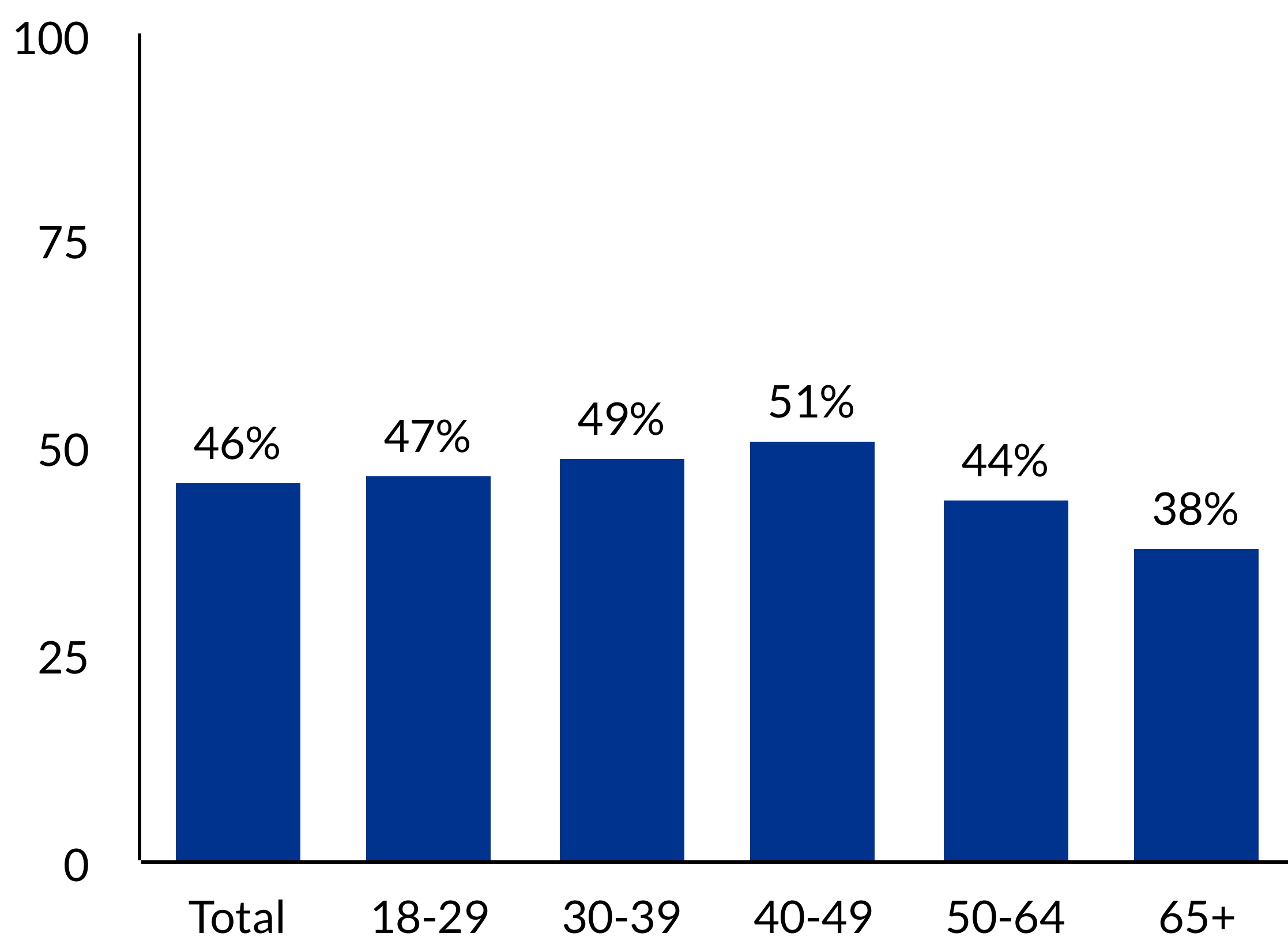
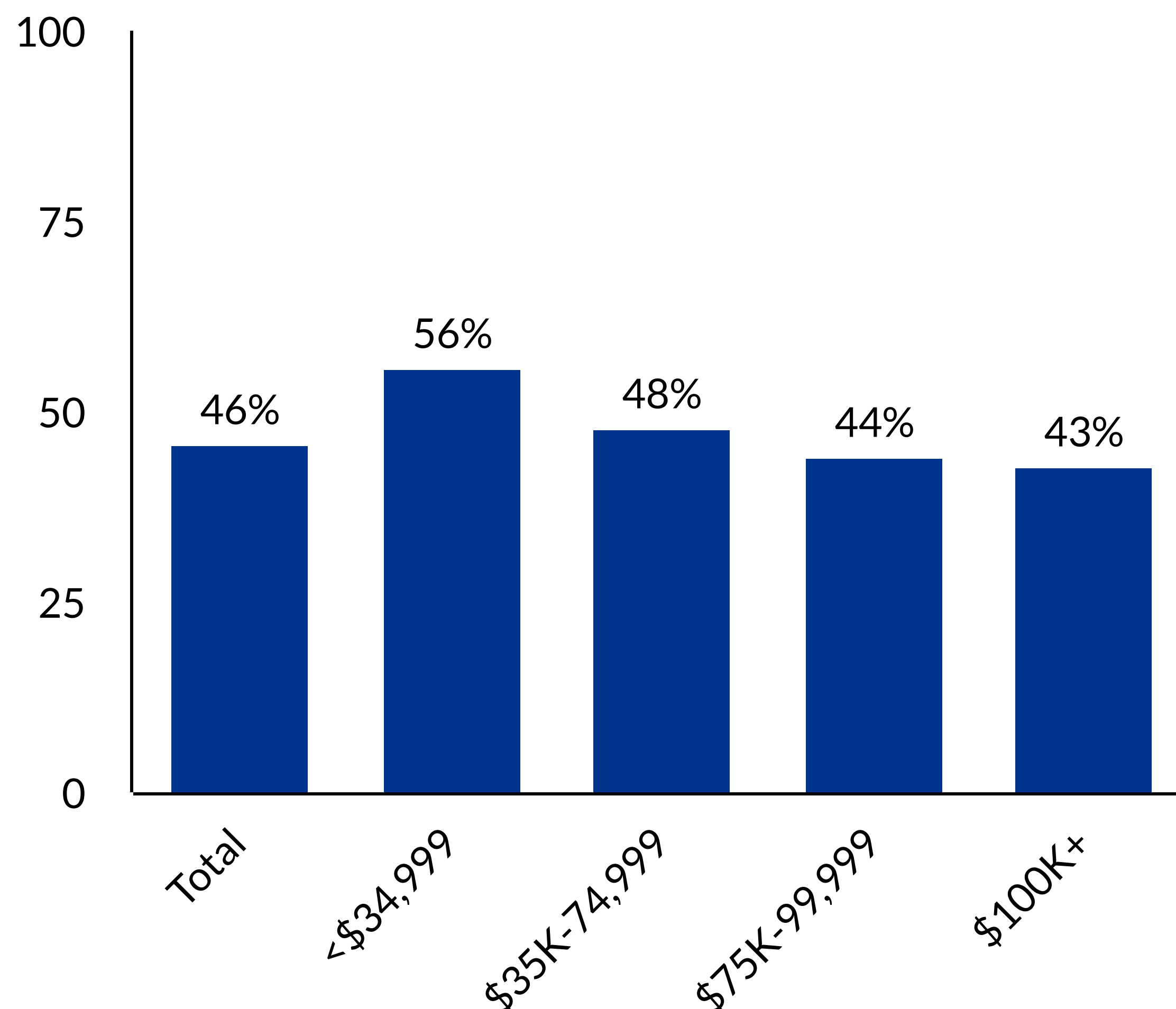


Figure 8 Feeling Uncontrollable Worry in the Last Seven Days by Age Group for Henry County Ohio



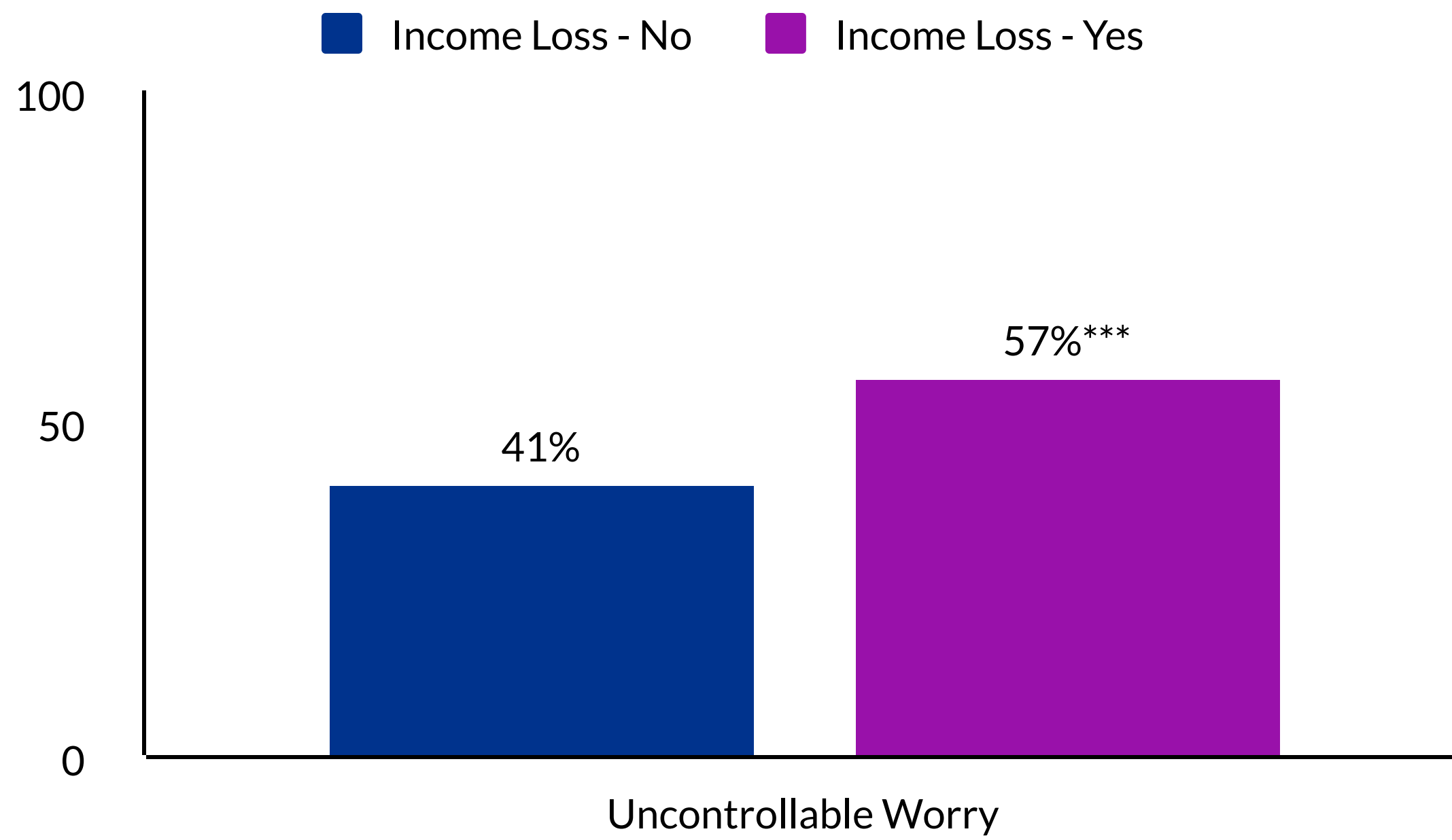
Data Source: Henry County Pulse Survey, April 2020

Data Source: Henry County Pulse Survey, April 2020

Worry & Loss of Household Income

- Henry County residents who reported a loss of household income had a significantly higher percentage reporting any uncontrollable worrying, 41% versus 57%.

Figure 6 Percentage of Henry County Adults Reporting Uncontrollable Worry by Loss of Household Income

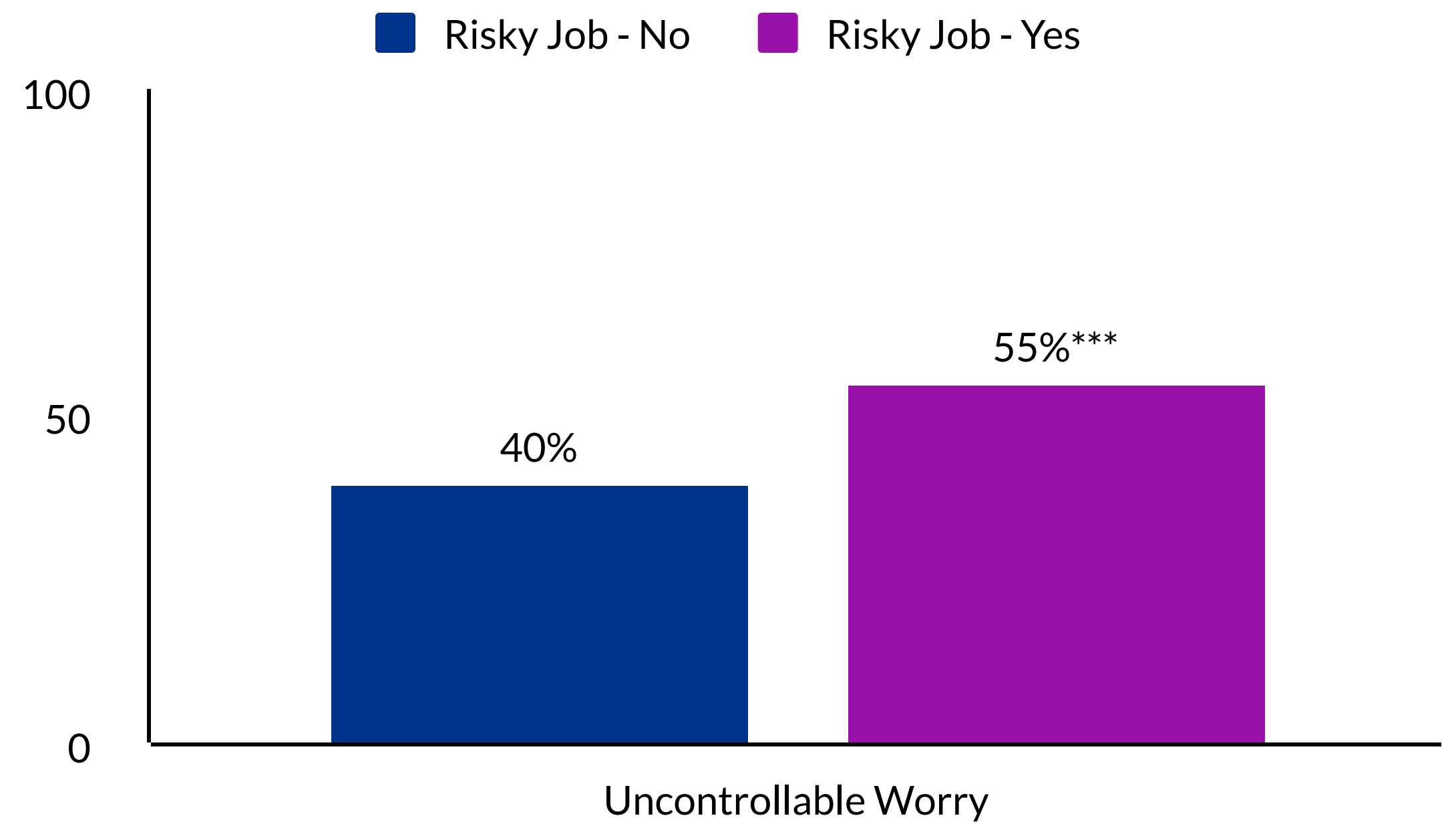


Data Source: Henry County Pulse Survey, April 2020
Note: *** P > .001

Worry & Risky Jobs

- Those who reported a someone in their home working a "risky job" had significantly larger percentage reporting any uncontrollable worrying, 40% versus 55%.

Figure 7 Percentage of Henry County Adults Reporting Uncontrollable Worry by Whether a Household Member is Working a Risky Job



Data Source: Henry County Pulse Survey, April 2020
Note: *** P > .001

Worry & Pre-Existing Condition

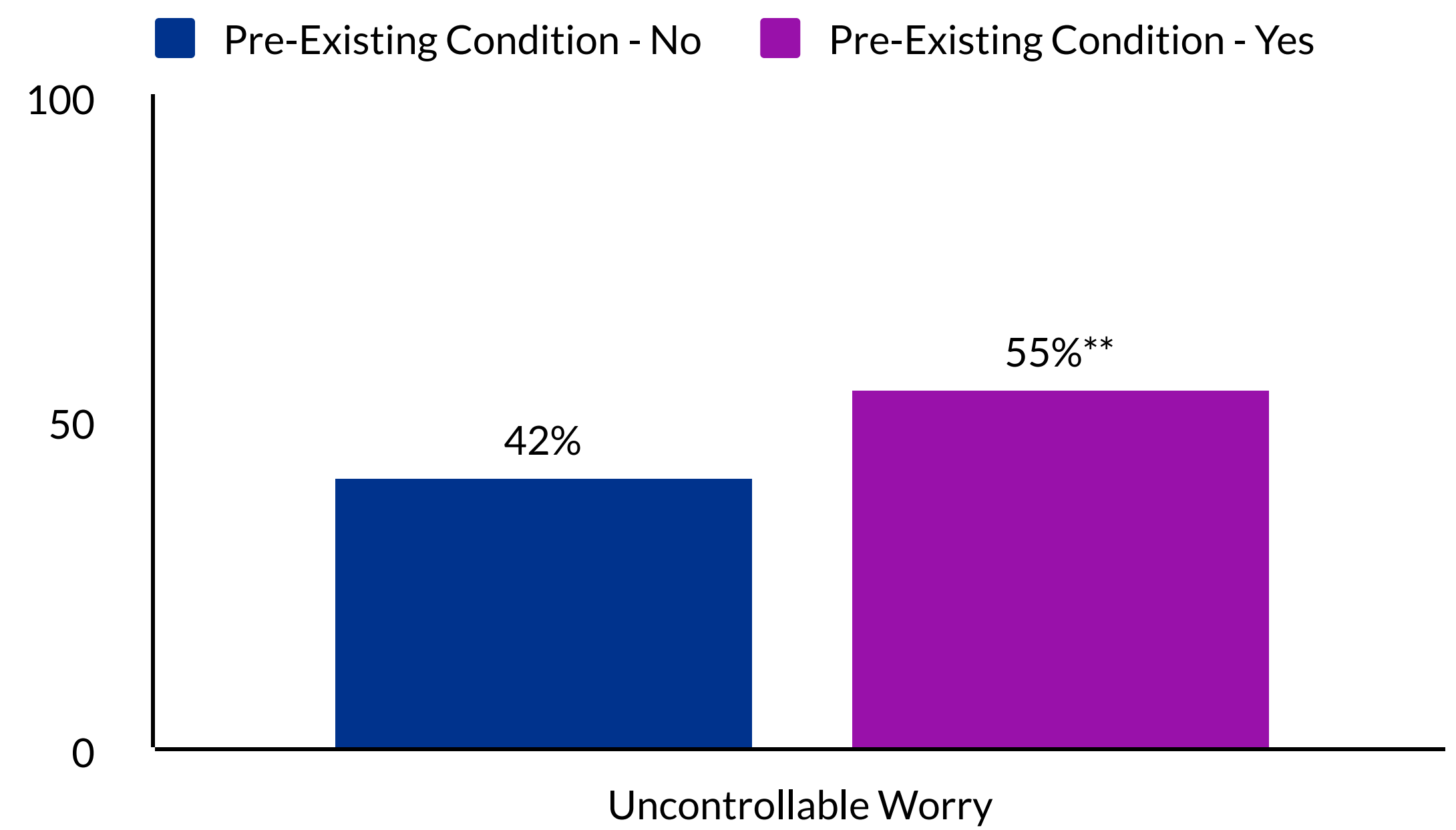
Respondents were asked:

Has a health care provider ever diagnosed you with any of the following? Select all that apply.

- Asthma
- Chronic kidney disease
- Chronic lung disease
- Cancer in the past year
- Chronic heart disease
- Immunosuppressive condition
- Diabetes
- None of these

- Those who reported they had been diagnosed with any pre-existing condition had significantly larger percentage reporting any uncontrollable worrying, 42% versus 55%.

Figure 7 Percentage of Henry County Adults Reporting Uncontrollable Worry by Whether They had Been Diagnosed with a Pre-Existing Condition

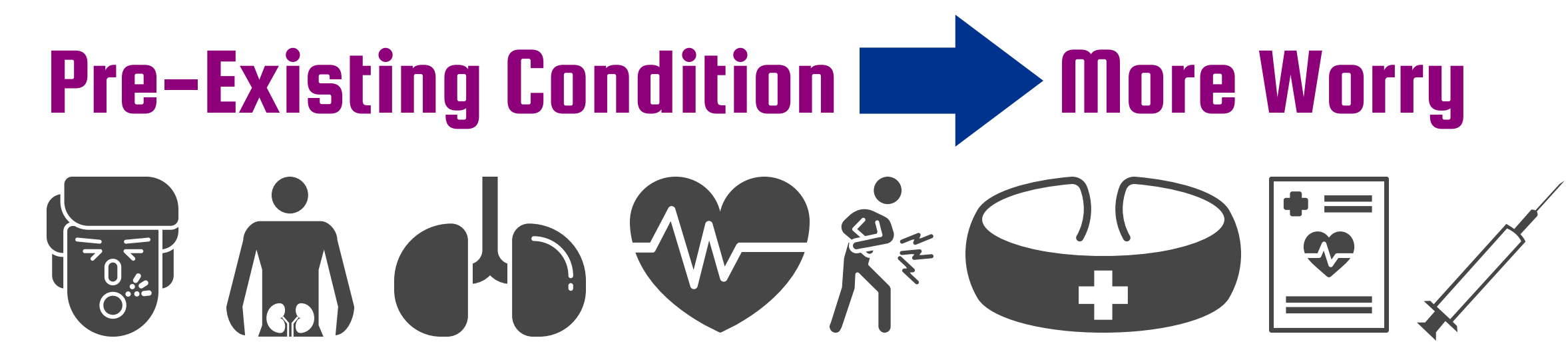
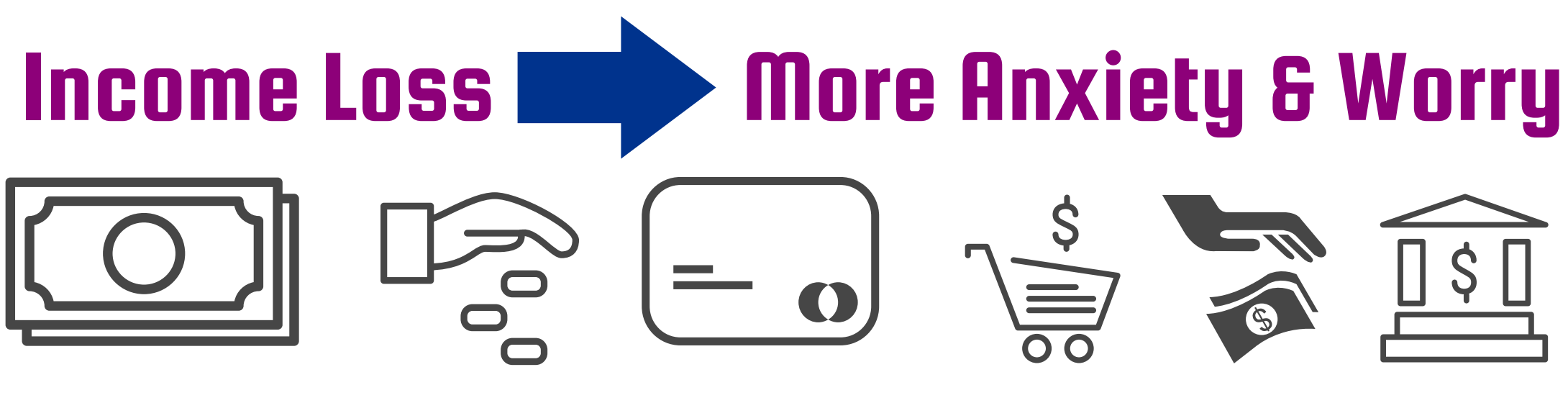


Data Source: Henry County Pulse Survey, April 2020
Note: ** P > .01

Data Sources:

U.S. Census Bureau Household Pulse Survey, Week 3, <https://www.census.gov/data/tables/2020/demo/hhp/hhp3.html>

Henry County Health Department . Henry County Pulse Survey, April 2020. <http://henrycohd.org/>



Healthcare Access: Health Insurance Coverage

Henry County, Ohio



BY Krista Westrick Payne, PhD

How Is Healthcare Access Defined?

Healthcare access is defined as "having timely use of personal health services to achieve the best possible health outcome" (IOM, 1993).

How Does Health Insurance Coverage Affect Healthcare Access?

Health care spending in the United States reached \$3.6 trillion in 2018, an increase of 4.6% over spending in 2017. Per person that equals \$11,172 (NHE, 2018). Given the costs of healthcare in the U.S. it is of little surprise that researchers find health insurance significantly enhances an individual's access to health care (Garfield, Orgera, & Damico, 2019). More specifically, those without coverage are more likely to:

- Skip or be unable to procure preventive services (like immunizations)
- Not have a regular source of health care/primary care provider
- Report problems getting needed outpatient care
- Carry financial burden
- Experience preventable hospitalizations

Further, *intermittent* health care coverage results in decreased access to care (Collins, Robertson, Garber, & Doty, 2012; Cassedy, Fairbrother, & Newacheck, 2008; Buchmueller, Orzol, & Shore-Sheppard, 2014; Abdus, 2014). As a result uninsured and underinsured people are less likely to receive medical care and more likely to have poor health status (Agency for Healthcare Research and Quality, 2018). More specifically, lack of access to adequate health care can lead to poor management of chronic disease, increased burden due to preventable diseases, and premature death (Healthy People 2030). **Research demonstrates that gaining health insurance improves access to health care considerably and diminishes the adverse effects of having been uninsured** (Garfield, Orgera, & Damico, 2019).



Henry County Pulse Survey

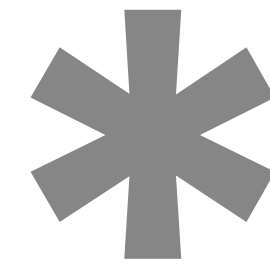
The Henry County Pulse Survey was designed to measure the impact of coronavirus (COVID-19) on employment status, food security, housing security, education disruptions, childcare, dimensions of physical and mental well-being, access to health care. The goal of collecting and analyzing data from this survey is to aid local agencies identify coronavirus (COVID-19) related issues in the Henry County. The survey was implemented by the Henry County Health Department and the Henry County Health Partners and administered on-line via Survey Monkey. Request for completion was made via social media and among those the Henry County Health Partners serve. This survey is NOT representative of the entire county. Instead, it represents a convenience sample of 675 county residents between the ages of 18 and 87.

Links

- [Henry County Health Department](#)
- [Henry County Ohio Community Health Assessments](#)
- [Health Factor 5: Health Care](#)

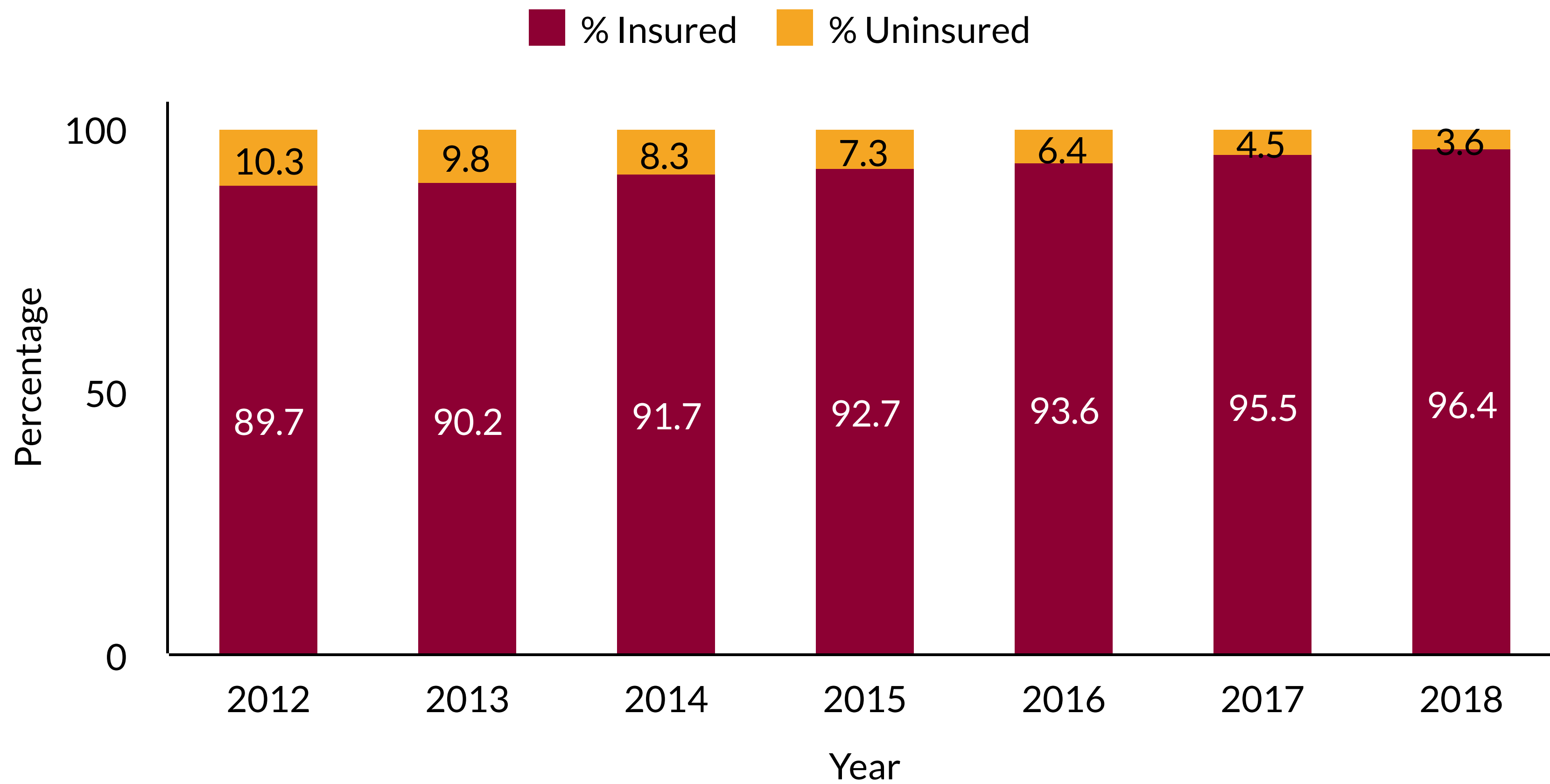
Health Insurance Coverage Among Henry County Residents

- The percentage of Henry County residents without health insurance has declined since 2012.
- In 2012 about 10% of residents were uninsured. By 2018 the share had dropped to 3.6%.



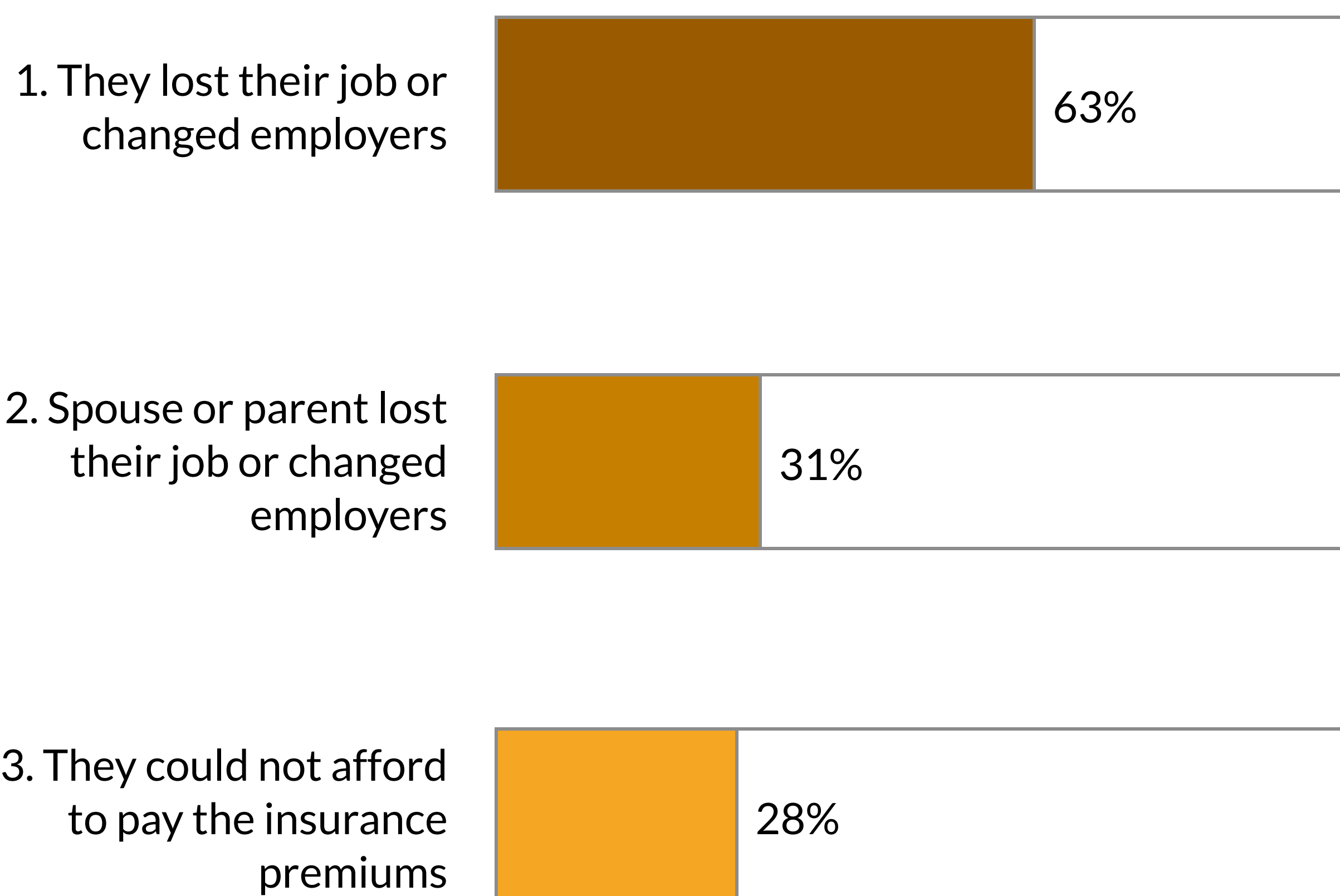
The percentage of Henry County residents who were **uninsured** dropped from **10.3%** in 2012 to **3.6%** in 2018.

Figure 1 Percentage Uninsured for Henry County Residents, 2018



Data Source: U.S. Census Bureau, 2008-2012; 2009-2013; 2010-2014, 2011-2015, 2012-2016, 2013-2017, 2014-2018 American Community Survey 5-Year Estimates

Reasons Uninsured Adults in Henry County Gave for Being Without Health Care Coverage



- The top reason Henry County adults gave for being without health care coverage was "they lost their job or changed employers" (63%).
- The second most frequently given reason was their spouse or parent lost their job or changed employers (31%).
- The third most often given reason was they could not afford to pay the insurance premiums (28%).



Henry County residents identify **instability in employment** and **cost** as **barriers** to obtaining **health care coverage**.

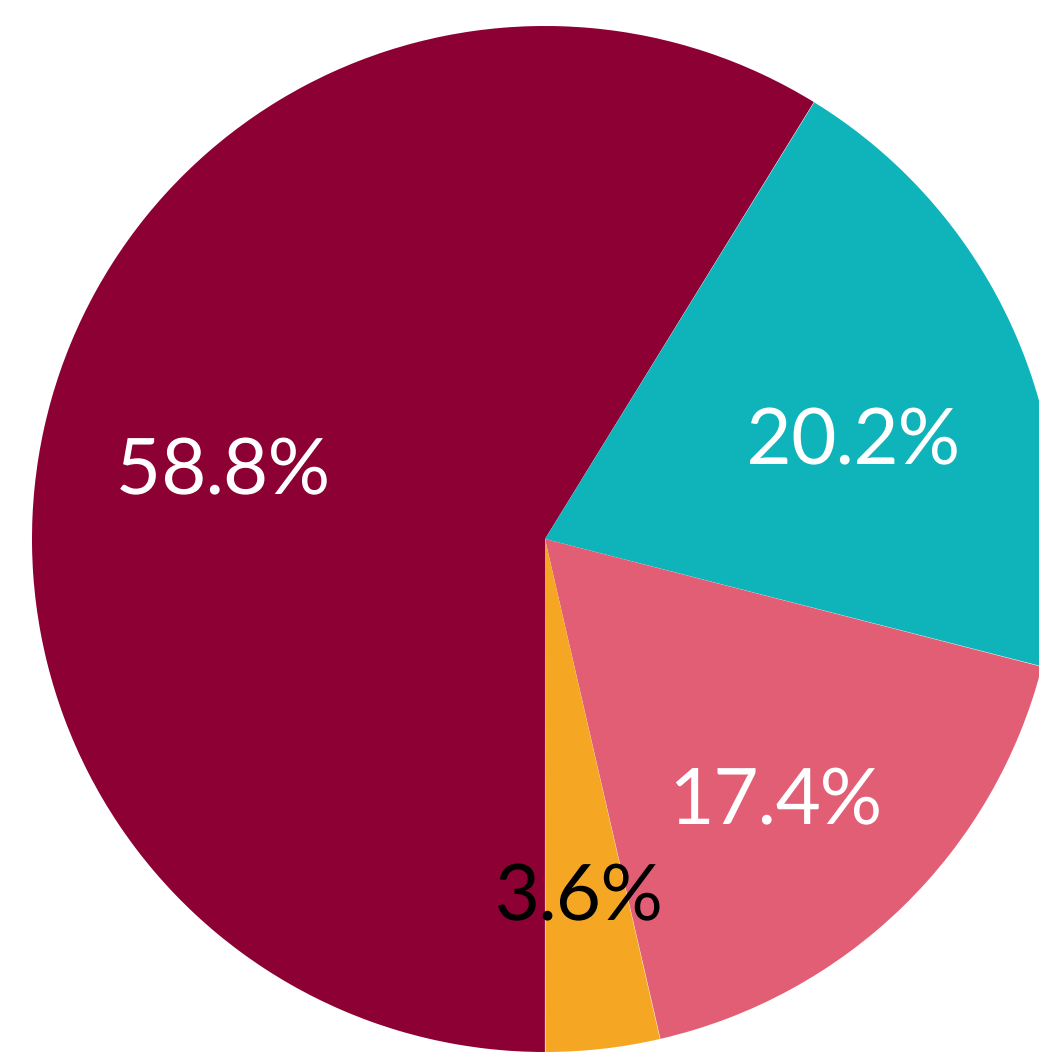
Data Source: Henry County Community Health Assessment Adult Survey, 2019

What Types of Health Insurance are There?

Health Insurance Coverage Among Henry County Residents

- Over half (58.8%) of Henry County residents have private health insurance alone.
- One-fifth (20.2%) have a combination of private and public insurance.
- Regarding public insurance, 17.4% of residents have only public insurance.

Figure 2 Healthcare Insurance by Type for Henry County Residents, 2018



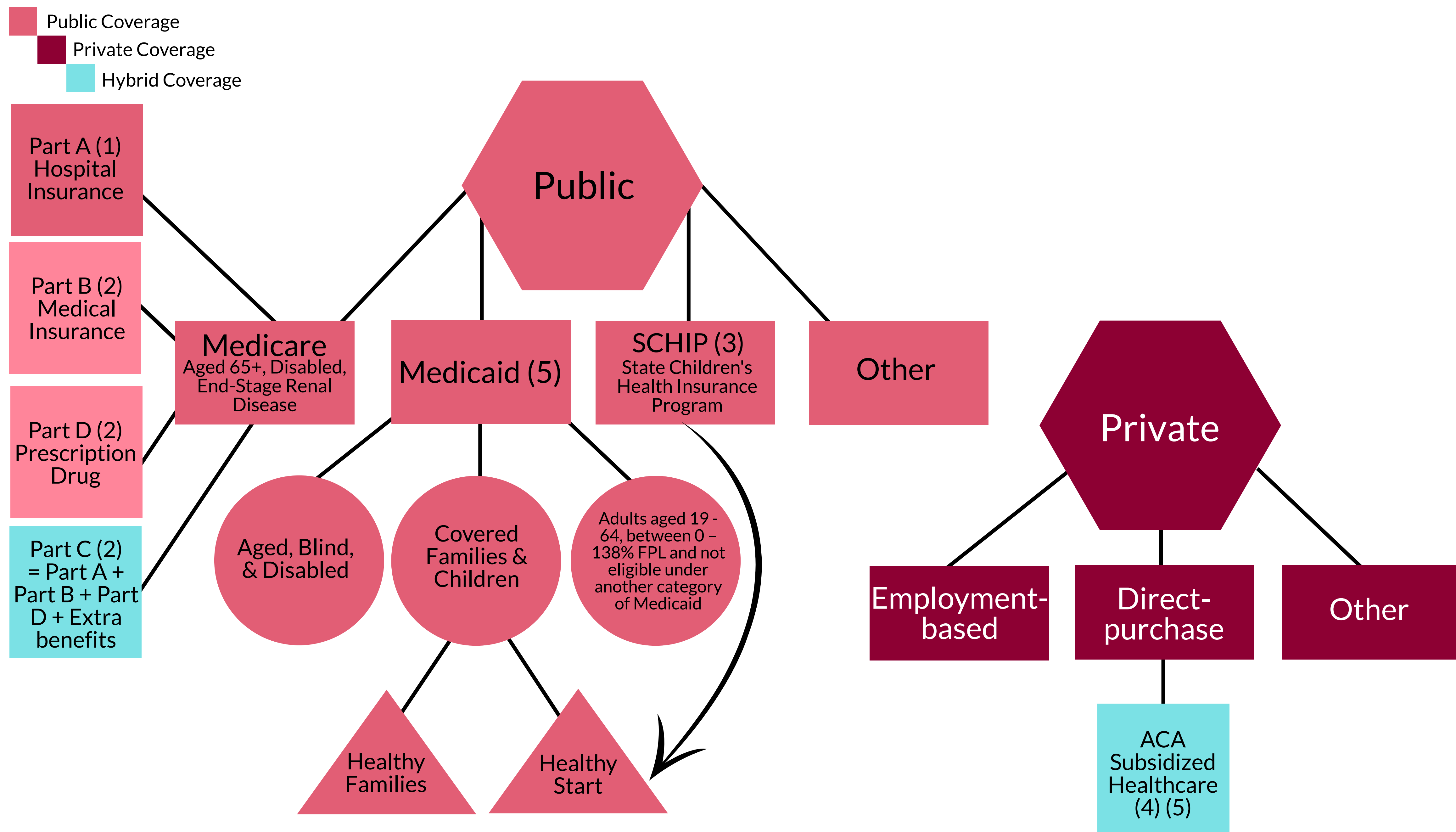
*** 20% of Henry County Residents had a COMBINATION of public and private coverage in 2018.**

Private Alone (58.8%) Combination (20.2%)
Public Alone (17.4%) No Insurance (3.6%)

Data Source: U.S. Census Bureau, 2014-2018 American Community Survey 5-Year Estimates

Insurance Coverage in Ohio

The following figure illustrates the varying types of health insurance available to residents of Ohio. In short, its complicated.



Notes:

- (1) No premium, but there is a deductible, coinsurance requirements, and lifetime caps.
- (2) There is a premium, deductible, coinsurance requirement, and lifetime caps.
- (3) Designed to provide increased access to health coverage for children in families with income too high to qualify for Medicaid (Title XIX) but too low to afford private coverage
- (4) Marketplace insurance plans with premium tax credits, often known as "subsidized"
- (5) If you qualify for Medicaid, you aren't eligible for savings on Marketplace insurance

Eligibility

The following is a list of the varying individuals and the cut-offs associated with whether or not they can receive aid. The cut-offs are based on the U.S. Federal Poverty Guidelines (<https://aspe.hhs.gov/2020-poverty-guidelines>).

Ohio Medicaid Eligibility

- Families with a child younger than age 19 with income up to 90% of the federal poverty level
- Adults (aged 19-64): 133% of Federal Poverty Level
- Insured or uninsured children (up to age 19) in families with income up to 156% of the federal poverty level
- Pregnant women in families with income up to 200% of the federal poverty level

CHIP Eligibility

- Uninsured children (up to age 19) in families with income up to 206% of the federal poverty level

ACA Marketplace Insurance Eligibility

- ACA Tax Credit: 100%-400% of Federal Poverty Level

Figure 4 Ohio Medicaid and CHIP Eligibility Thresholds by Persons in Household, 2020

Persons in Household	Eligibility Thresholds					
	90%	100%	133%	156%	200%	206%
1	\$11,484	\$12,760	\$16,980	\$19,906	\$25,524	\$26,292
2	\$15,516	\$17,240	\$22,932	\$26,894	\$34,488	\$35,520
3	\$19,548	\$21,720	\$28,896	\$33,883	\$43,440	\$44,748
4	\$23,580	\$26,200	\$34,848	\$40,872	\$52,404	\$53,976
5	\$27,612	\$30,680	\$40,812	\$47,861	\$61,368	\$63,204
6	\$31,611	\$35,160	\$46,764	\$54,850	\$70,320	\$72,432

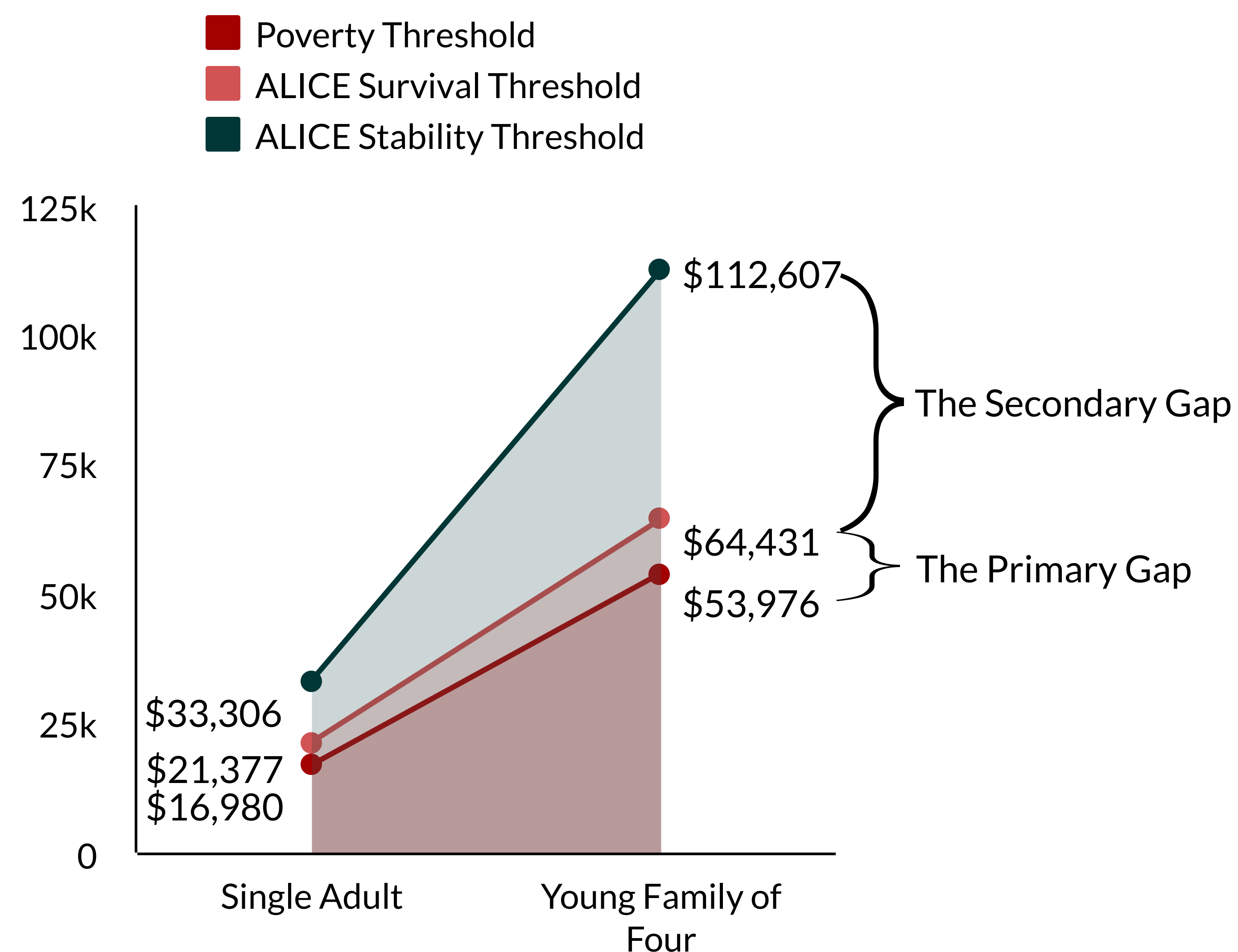
Data Source: <https://medicaid.ohio.gov/Portals/0/For%20Ohioans/Programs/whoQualifies/Children-Families-Adults.pdf>; <https://medicaid.ohio.gov/FOR-OHIOANS/Programs/Children-Families-and-Women>

What does the ALICE Report Reveal for Henry County Residents and How might this be Related to Health Care Access?

ALICE, which stands for **A**sset **L**imited, **I**ncome **C**onstrained, **E**mployed, is a way of defining individuals and households that earn above the Federal Poverty Level, but not enough to afford a minimal household budget (<https://www.unitedforalice.org/>). Many often characterizing these individuals as those who are falling through "the gap." The ALICE project estimates the cost of living for each county in the U.S. and produces a Household Survival Budget that is based on the bare minimum that a household needs to live and work. This budget does not include money for savings. They also produce a Household Stability Budget.

- A Household Survival Budget for a single adult living alone in Henry County in 2020 is estimated to be \$21,377 a year (see Figure 5). Figure 4 (above) indicates that to be eligible for Ohio Medicaid adults aged 19-64 have to be at or below 133% of the Federal Poverty level, which represents a household income of \$16,980 a year.
- A Household Survival Budget for a family consisting of two adults, one infant, and a preschooler in Henry County in 2020 is estimated to be \$64,431 a year. The most a household of four can earn and qualify Medicaid and/or CHIP is \$53,976 a year.
- Those households that fall between the associated federal poverty limits and the estimated household survival budgets are living in "the health insurance gap."

Figure 5 Poverty and ALICE Thresholds Examples: Identifying Henry County Residents Living in the "Health Insurance Gap"



Data Sources: U.S. Department of Housing and Urban Development; U.S. Department of Agriculture; Bureau of Labor Statistics; Internal Revenue Service; Tax Foundation; and Ohio Department of Job and Family Services, 2016 via UnitedForALICE.org
 Note: The latest ALICE estimates were computed using data from 2016. For this report, I've converted 2016 dollars to 2020 dollars using the Consumer Price Index Inflation Calculator at the U. S. Bureau of Labor Statistics to account for inflation and be as comparable to the 2020 Federal Poverty Guidelines as possible (https://www.bls.gov/data/inflation_calculator.htm).

What Do Our Residents Say About Health Insurance?

In the Henry County Community Health Status Assessment, residents were asked...

When accessing health care, adults felt confident enough to accomplish the following:

- Know their health care provider's exchange information so they can receive care accurately (52%)
- Know how to obtain health insurance that best fits your needs (49%)

- Slightly more than half of residents reported they felt confident they knew their health care provider's exchange information well enough to receive care accurately.

- Nearly half of residents reported they felt confident they knew how to obtain health insurance that best fit their needs.

Figure 6 Henry County Residents' Confidence in Accessing Health Care

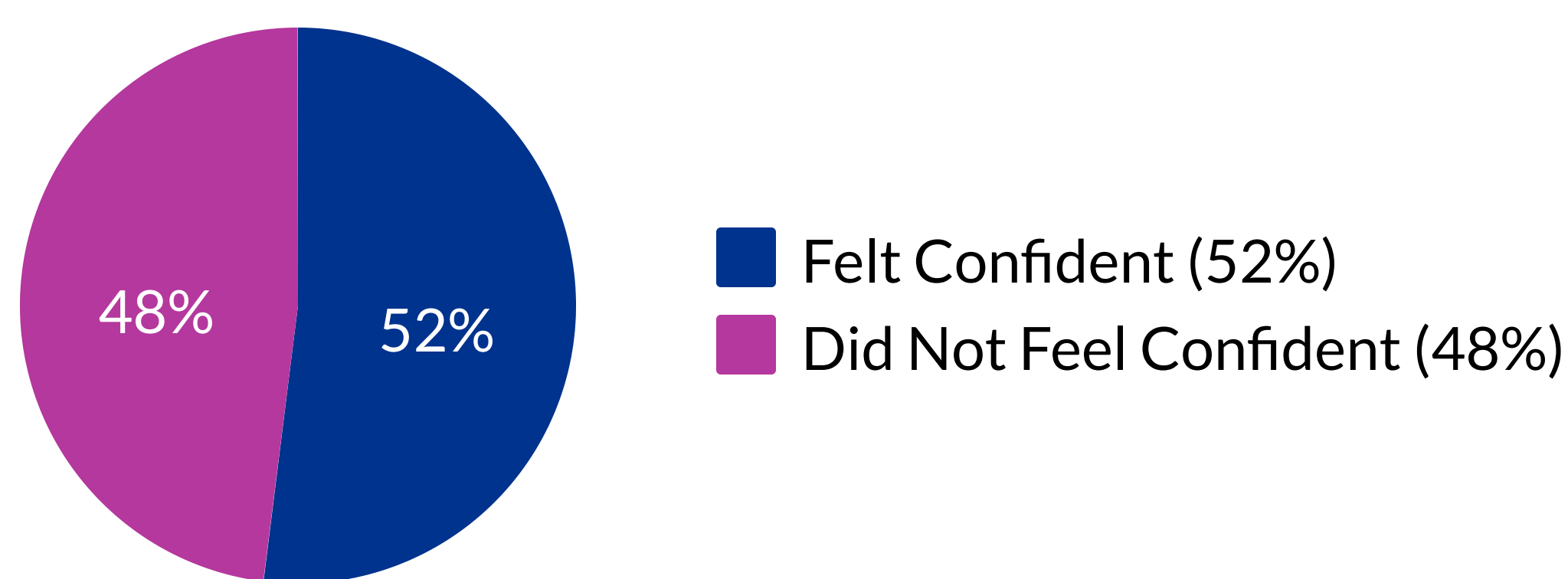


Figure 7 Henry County Residents' Confidence in Accessing Health Care



Data Source: Henry County Community Health Assessment Adult Survey, 2019

Only about HALF of Henry County Residents felt confident they understood key aspects of their health insurance.

COVID Related Health Care Access Concerns

In the Henry County Pulse Survey, residents were asked about concerns specific to health care...

What currently concerns you?

- Ability to access health care if needed
- Ability to afford health care if needed

- 18% of residents indicated they were concerned they would not be able to access health care if they needed it in April of 2020.
- During the same time period, one-in-ten residents indicated they were concerned they would not be able to afford health care if they needed it.

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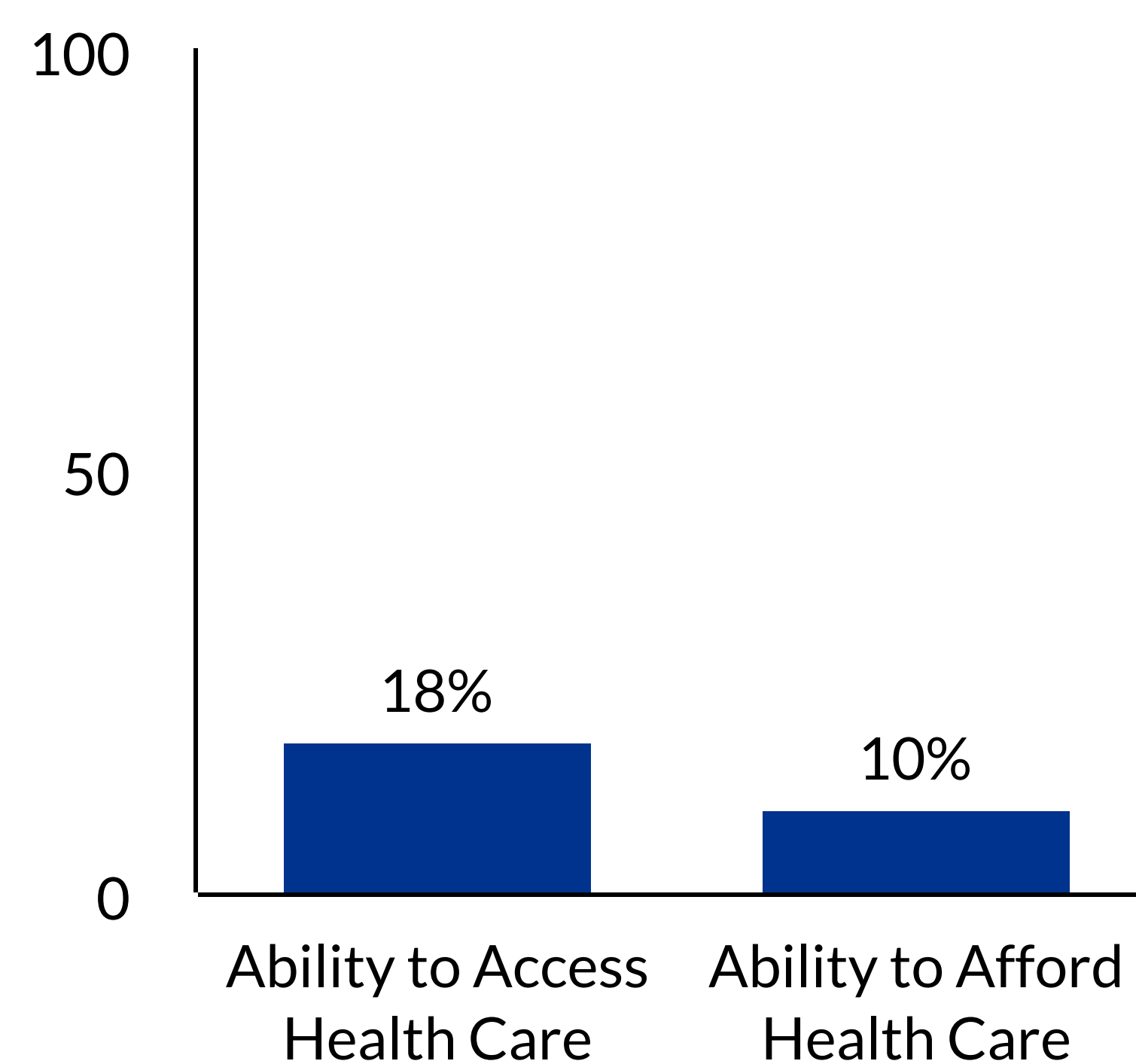
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Institute of Medicine(IOM) (1993). *Access to Health Care in America*. Washington, DC: National Academy Press.

Peterson Center on Healthcare and Kaiser Family Foundation (n.d.). *Total Health Spending, Per Person* [Dashboard]. Health System Tracker. Retrieved September, 2020, from <https://www.healthsystemtracker.org/indicator/spending/per-capita-spending/>

Figure 8 Henry County Residents' Health Care Access Concerns, 2020



Data Source: Henry County Pulse Survey, 2020

For more information on health insurance visit the following websites:

- <https://medicaid.ohio.gov/>
- <https://www.medicare.gov/>
- <https://www.healthcare.gov/>
- <https://benefits.ohio.gov/>

Substance Misuse: Alcohol Use

Henry County, Ohio

BY Krista Westrick Payne, PhD



How is Alcohol Use Defined?

Alcohol consumption is measured by the amount consumed and the frequency it is consumed and is gender dependent.

- **Current drinkers:** individuals who report drinking at least one alcoholic beverage in the past month.
- **Binge drinkers:** individuals who report drinking five or more (for men) or four or more (for women) on an occasion in the last month.
- **Heavy drinkers:** individuals who report drinking fifteen or more drinks a week (for men) or eight or more drinks a week (for women).

Why Alcohol Use Matters

Alcohol use, particularly excessive use, can be harmful to your health. Many who use alcohol are not alcoholics or alcohol dependent, but risks remain. It is estimated that excessive alcohol use leads to more than 88,000 deaths each year in the United States (CDC).

The risks associated with alcohol use is multifaceted and includes increased risk for violence, injuries, risky sexual behavior, and motor vehicle accidents (CDC). With respect to physical health, it can increase the risk of long-term issues like liver disease, heart disease, stroke, high blood pressure, cancer, and birth defects (CDC). Alcohol use is also linked to poor mental health. It is thought to increase anxiety and depression, alter your thoughts, judgement, and decision-making, as well as lower sleep quality which leads to issues with stress.

There are also negative economic effects of alcohol consumption. It is estimate that excessive use costs \$249 billion a year in lost productivity, health care, and criminal justice expenditures (Sacks et al, 2010).



Are you or someone you know having trouble coping with COVID-19 anxiety?

The Centers for Disease Control has information available. Visit their website at:

<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/stress-coping/alcohol-use.html>

The Ohio Department of Health has information available. Visit their website at:

<https://coronavirus.ohio.gov/wps/portal/gov/covid-19/families-and-individuals/coping-with-covid-19-anxiety/coping-with-covid-19-anxiety>

The Henry County Health Department also has a list of available resources that can be accessed here:

<http://henrycohd.org/wp-content/uploads/2020/05/Resource-Guide-4.14.20.pdf>

Important local numbers:

Henry County Health Department Social Workers - available 24/7
419-599-5545 ext 4

4-County Crisis Information & Referral Hotline
1-800-468-4357

ADAMHS Board Mental Health & Addiction Services
419-267-3355

Disaster Distress Helpline
1-800-985-5990 (1-800-8468517 TTY)

Ohio Crisis Text Line
Text "4HOPE" to 741-741

Ohio Department of Mental Health & Addiction
1-877-275-6364

Henry County Pulse Survey

The Henry County Pulse Survey was designed to measure the impact of coronavirus (COVID-19) on employment status, food security, housing security, education disruptions, childcare, dimensions of physical and mental well-being, access to health care. The goal of collecting and analyzing data from this survey is to aid local agencies identify coronavirus (COVID-19) related issues in the Henry County. The survey was implemented by the Henry County Health Department and the Henry County Health Partners and administered on-line via Survey Monkey. Request for completion was made via social media and among those the Henry County Health Partners serve. This survey is NOT representative of the entire county. Instead, it represents a convenience sample of 675 county residents between the ages of 18 and 87.

Links

 [Henry County Health Department](#)

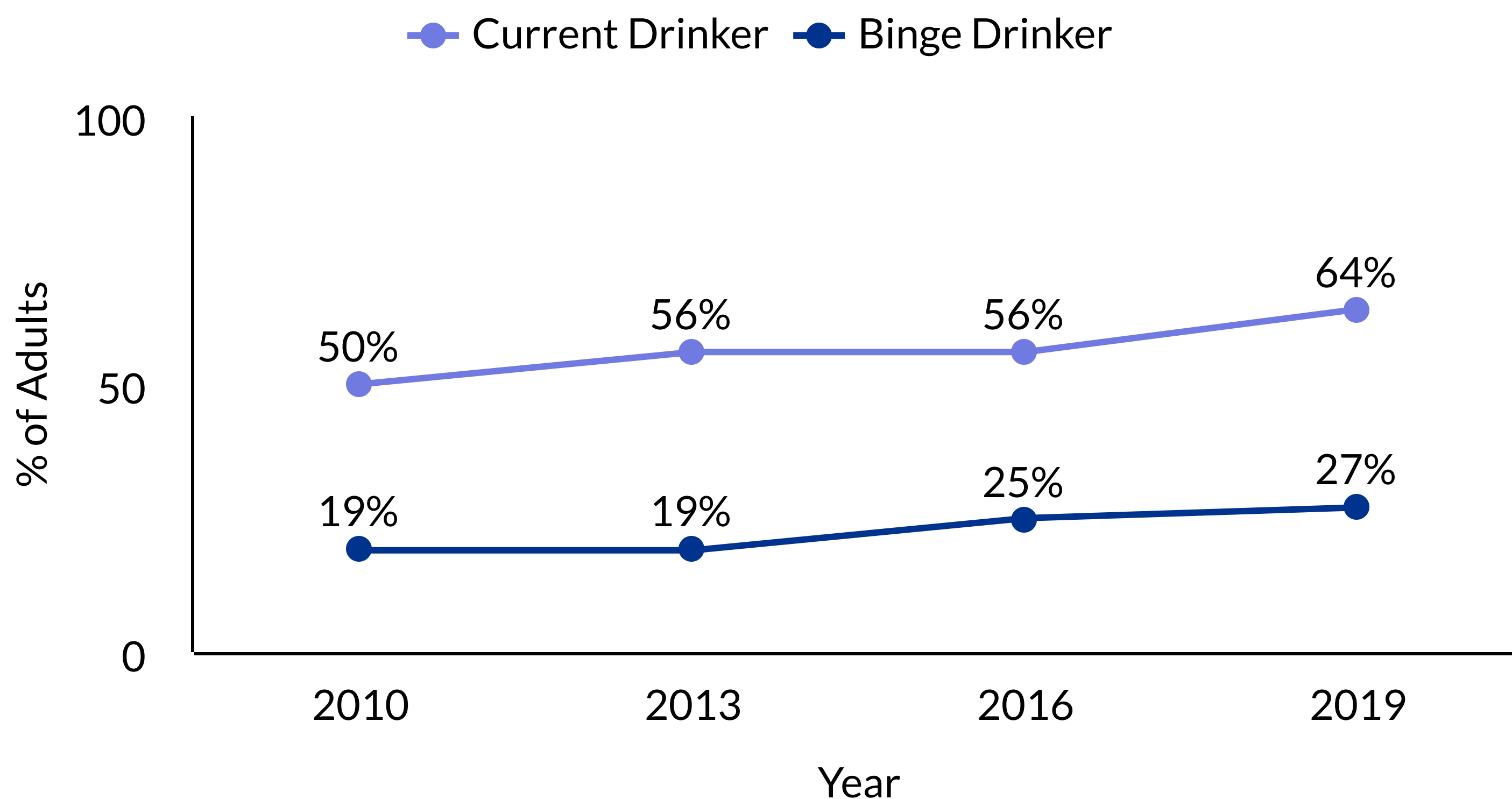
 [Henry County Ohio Community Health Assessments](#)

 [Health Factor 6: Health Behaviors](#)

Trends in Alcohol Consumption Among Adults in Henry County

- Over three-fifths (64%) of adults in Henry County were current drinkers and over one-quarter (27%) were binge drinkers.
- Drinking behavior in Henry County increased among adults over the past nine years.
- The share of adults in Henry County who were current drinkers increased from 50% in 2010 to 64% in 2019.
- The percentage who were binge drinkers also increased, from 19% in 2010 to 27% in 2019.
- Among current drinkers in Henry County, 46% had at least one episode of binge drinking in the past month.

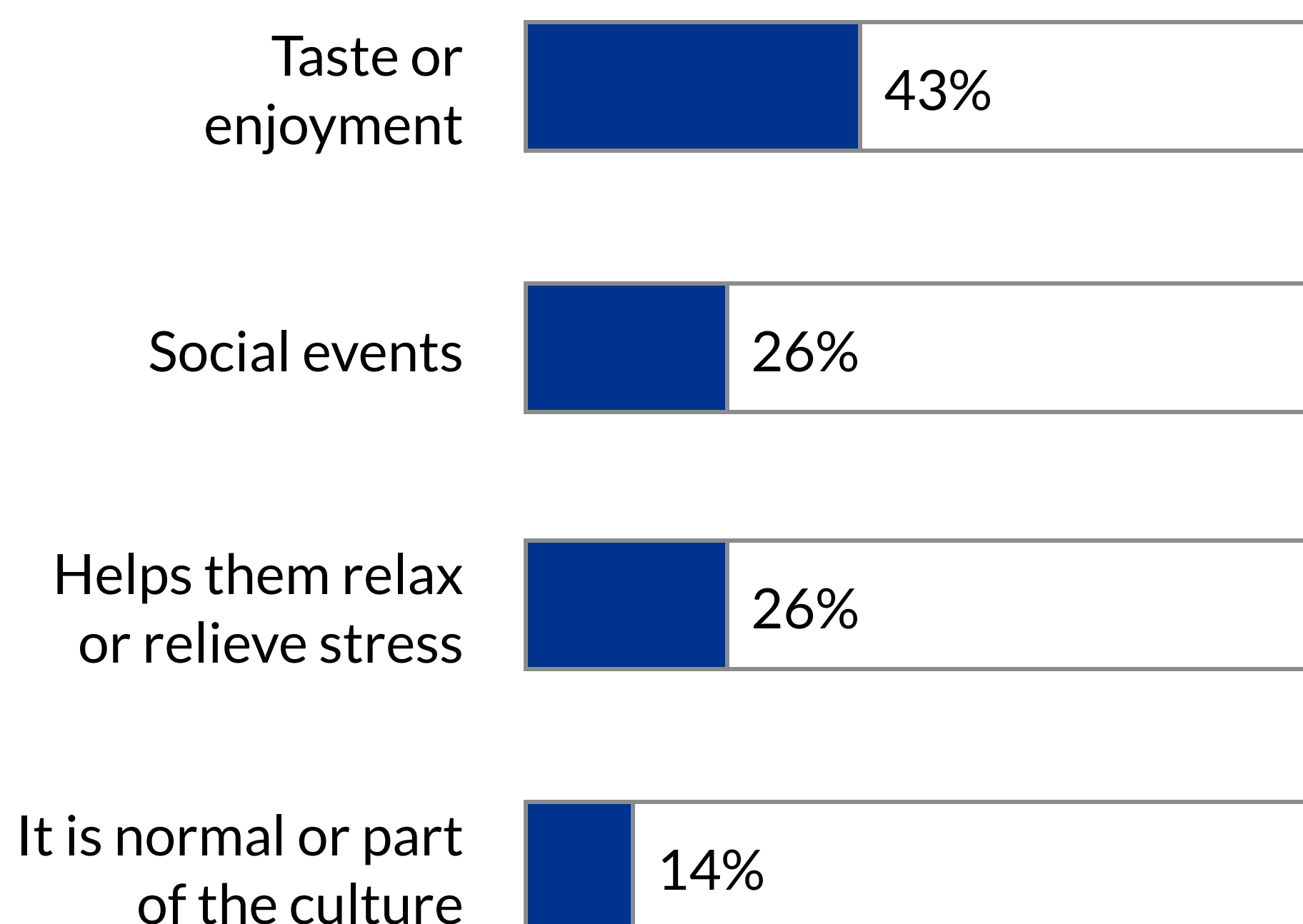
Figure 1 Trends in Alcohol Consumption by Type Among Henry County Adults, 2010-2019



Data Source: Henry County Community Health Status Assessment Adult Survey; Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. [accessed Jan 11, 2020]. URL: <https://www.cdc.gov/brfss/brfssprevalence/>

*** Drinking behavior in Henry County increased among adults over the past nine years.**

Figure 2. Top reasons for drinking alcohol reported by Henry County adults...



Data Source: Henry County Community Health Status Assessment Adult Survey

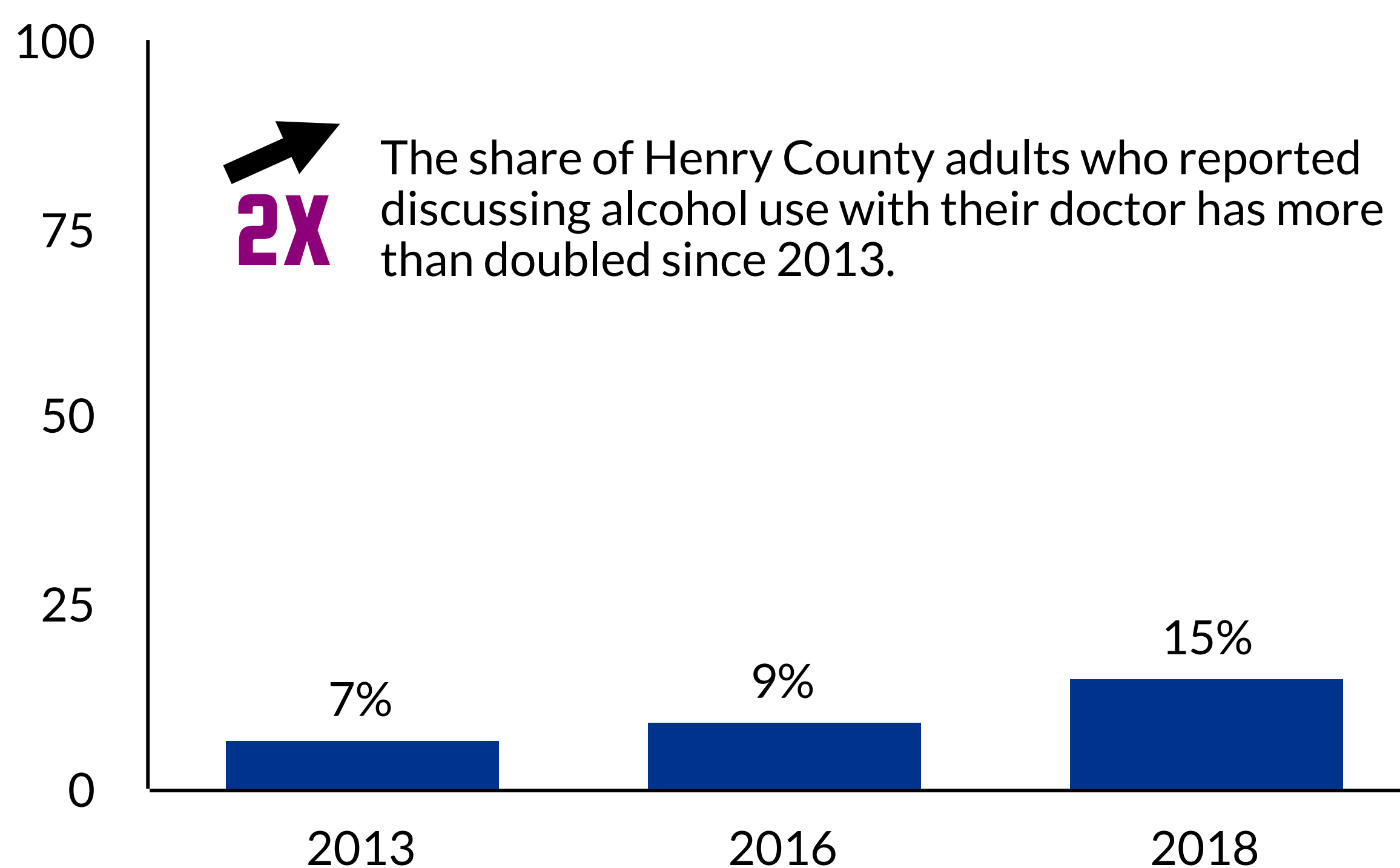
On average, Henry County adults consume...



Alcohol Consumption Among Henry County Adults

- The rates of current and binge drinkers were higher in Henry County than the state of Ohio as a whole.
- The most often reported reason for drinking alcohol by Henry County adults was "taste or enjoyment" (43%).
- On average, Henry County adults consume 2.8 beverages per drinking occasion.
- The share of Henry County adults who reported discussing alcohol use with their doctor has more than doubled since 2013.
- 15% of Henry County adults lived with someone who was a problem drinker or alcoholic during their childhood.

Figure 3. Henry County Adults Having Discussed Health Care Topics With Their Health Care Professional in the Past 12 Months



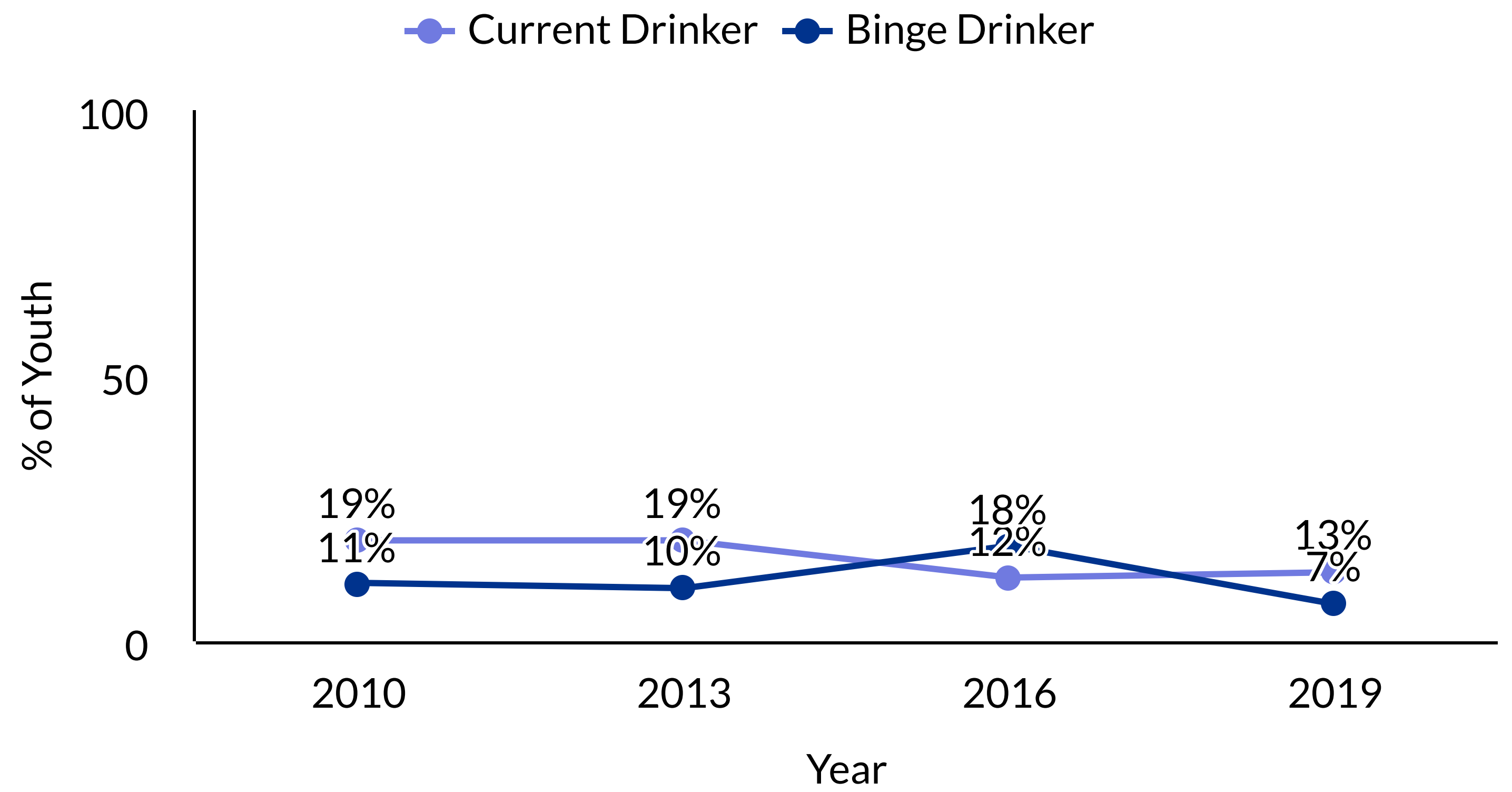
Data Source: Henry County Community Health Status Assessment Adult Survey

Trends in Alcohol Consumption Among Youth in Henry County

While alcohol consumption appears to be increasing among Henry County adults, it appears to be decreasing among the youth.

- In 2010 19% of youth reported having consumed at least one alcoholic beverage in the past 30 days, dropping to 13% in 2019.
- The trend in binge drinking is less clear—there was a spike from 2013 to 2016 going from 10% to 18%. By 2019, only 7% were reporting binge drinking behavior.
- Caution should be used because the margin of error on this measure is high. Having a high margin of error indicates we did not have a sample size large enough to reliably determine whether drinking behavior has changed significantly over time.

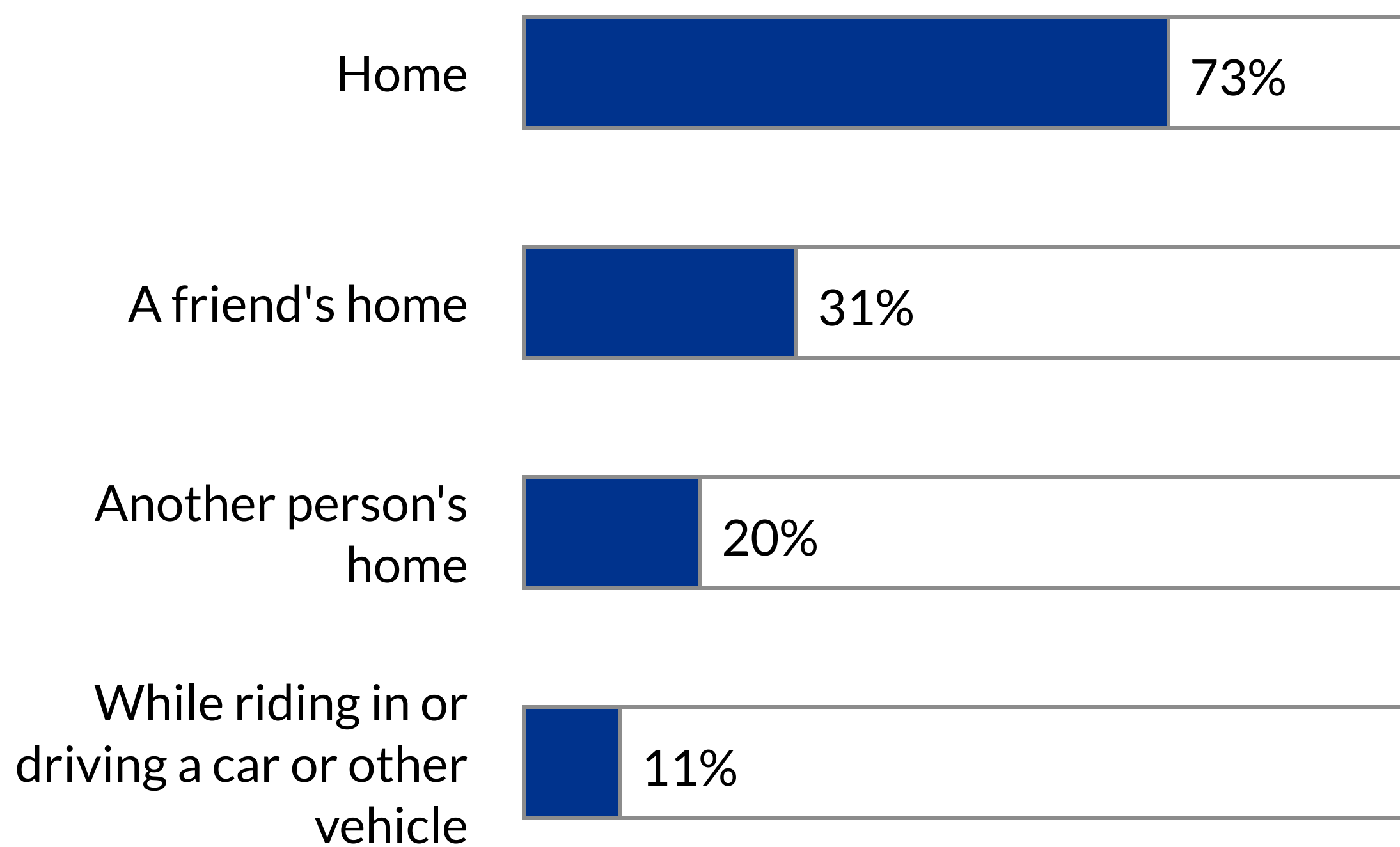
Figure 4 Trends in Alcohol Consumption by Type Among Henry County Youth, 2010-2019



Data Source: Henry County Community Health Status Assessment Adolescent Survey

Among **current youth drinkers in Henry County**, over half (**53%**) had **at least one episode of binge drinking in the past month**.

Figure 5 Places Youth Report Usually Drinking



Data Source: Henry County Community Health Status Assessment Adolescent Survey

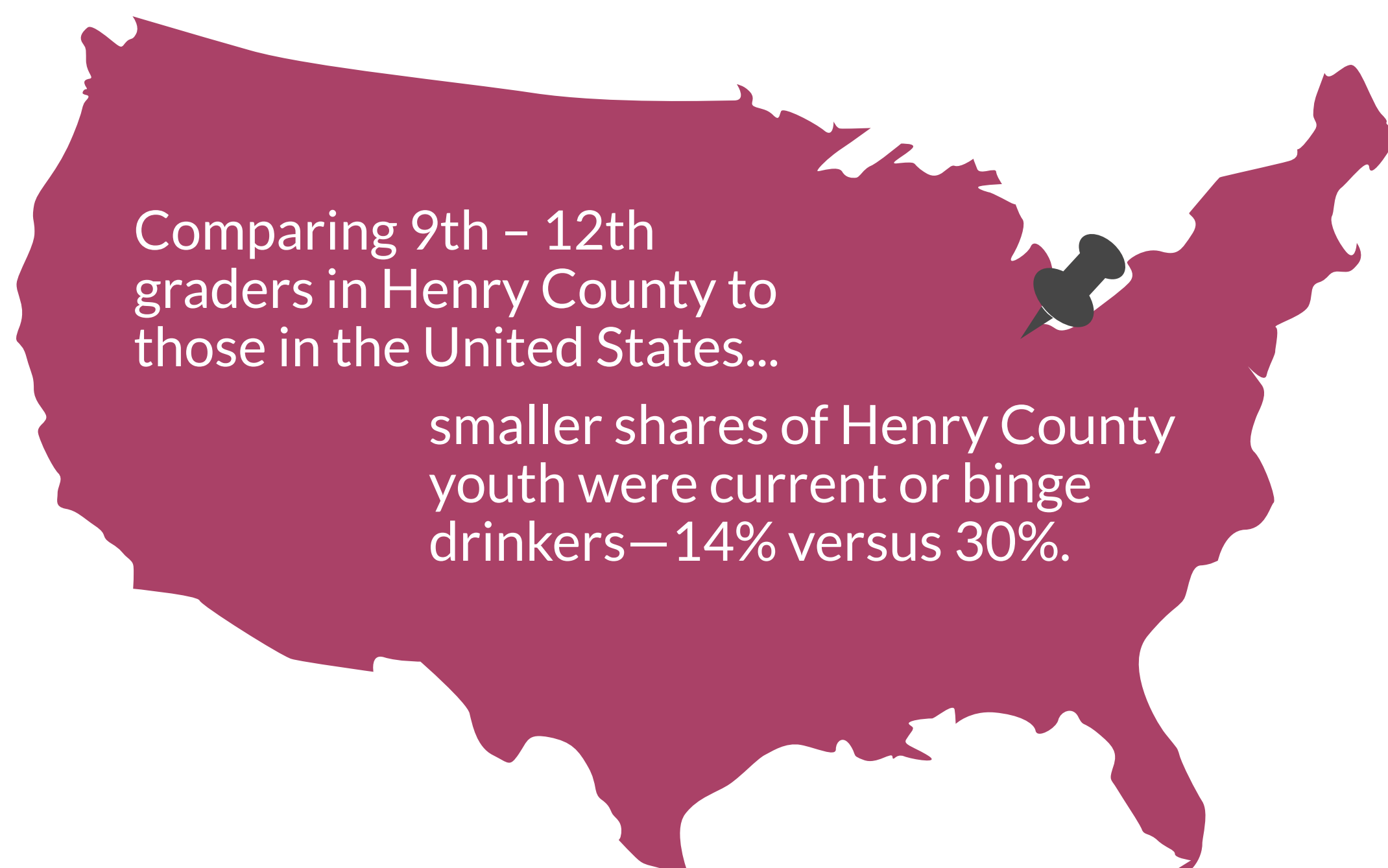
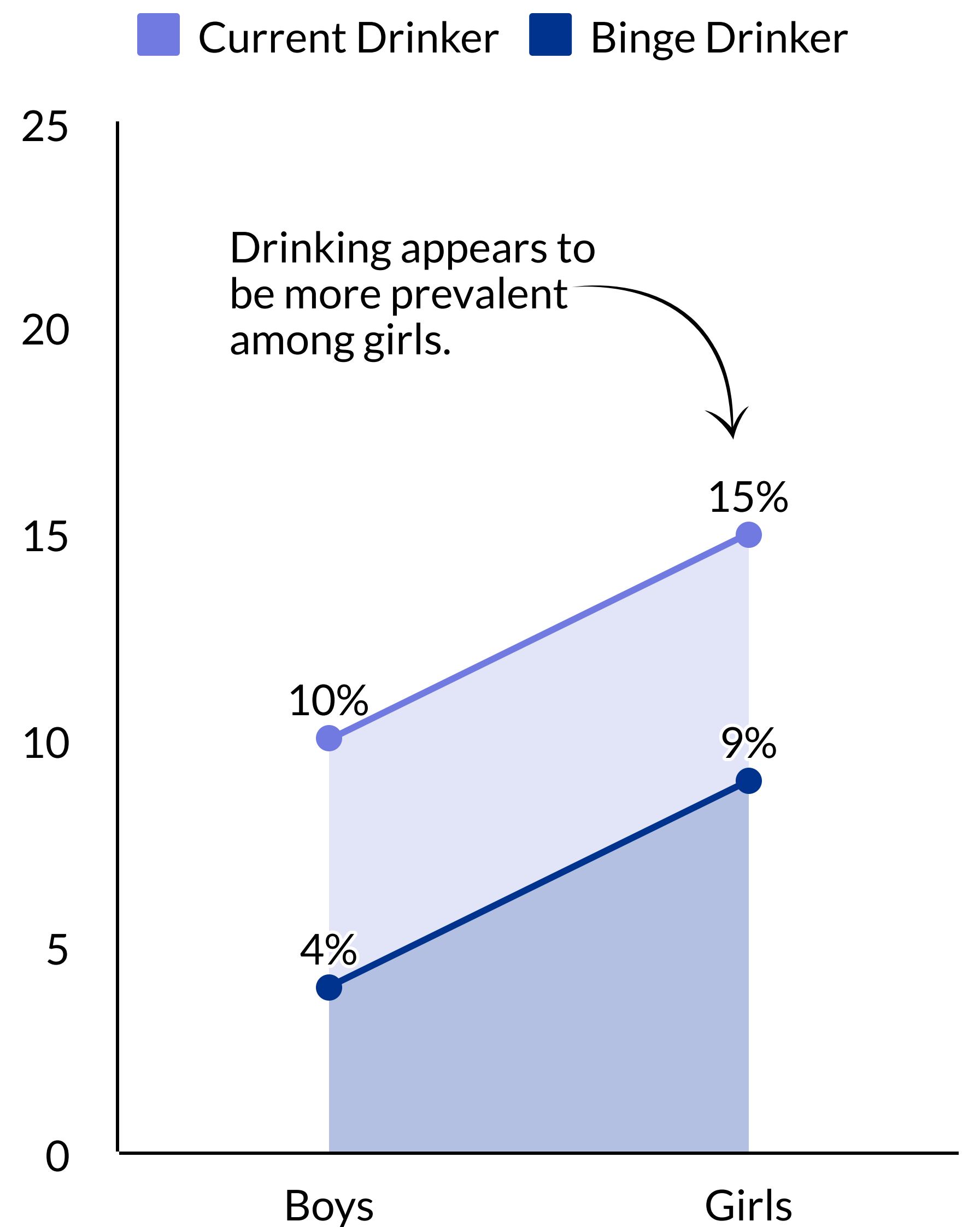


Figure 6 Alcohol Consumption by Type and by Gender Among Henry County Youth, 2019



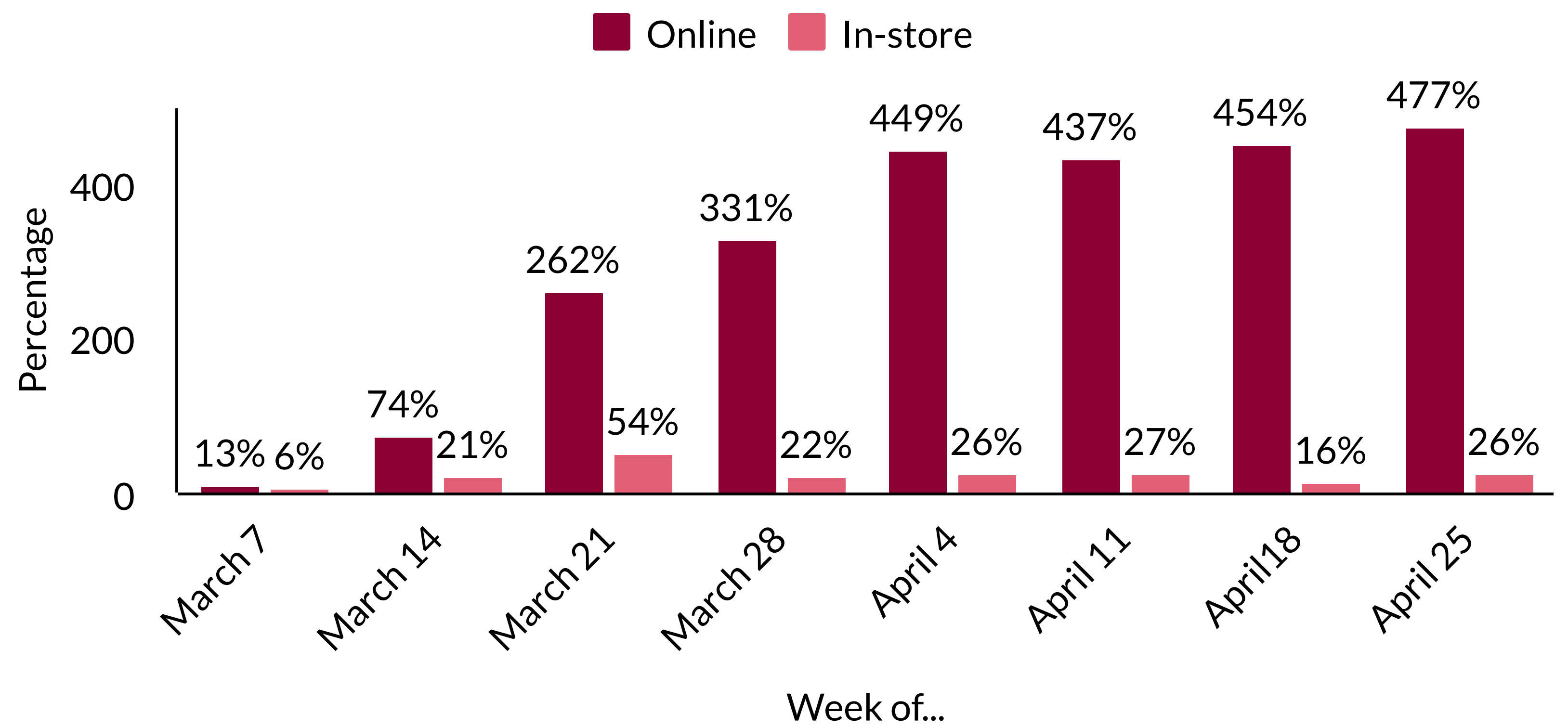
Data Source: Henry County Community Health Status Assessment Adolescent Survey

Note: Caution should be used because the margin of error on this measure is high.

Alcohol and the Pandemic

- National data suggests a significant increase in sales of alcoholic beverages throughout the months of March and April.
- Henry County adults were asked about whether they were doing a number of different things to help cope with social distancing and isolation. Nearly one-fifth (18.5%) reported drinking alcohol to cope.

Figure 9 Alcoholic beverages sales growth from COVID-19 in the U.S. in 2020, by channel

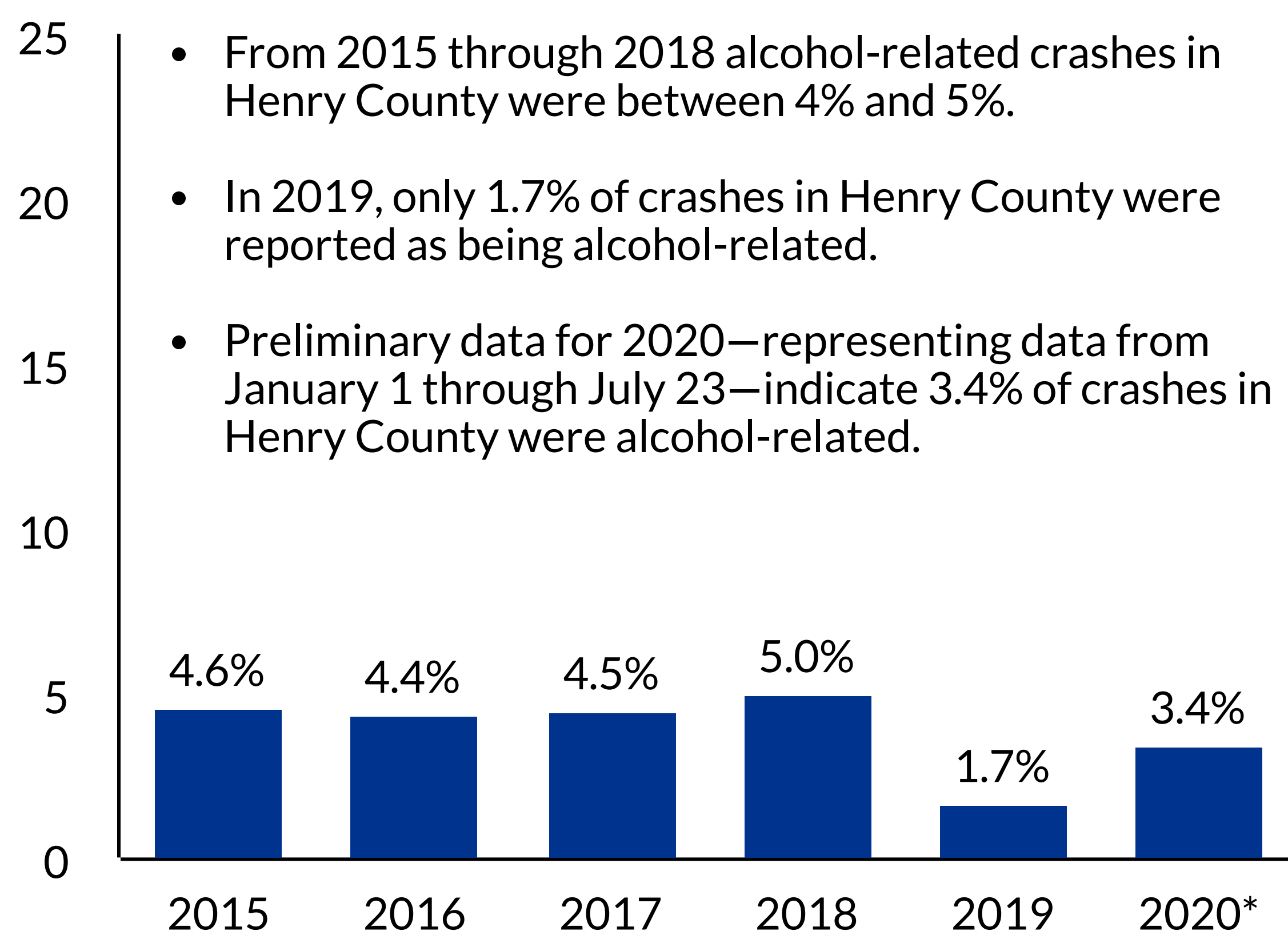


Data Source: Nielsen, 2020

Trends in Alcohol Related Crashes and Deaths in Henry County

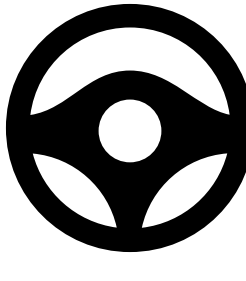
Crashes

Figure 7 Percentage of Alcohol-Related Crashes in Henry County, Ohio



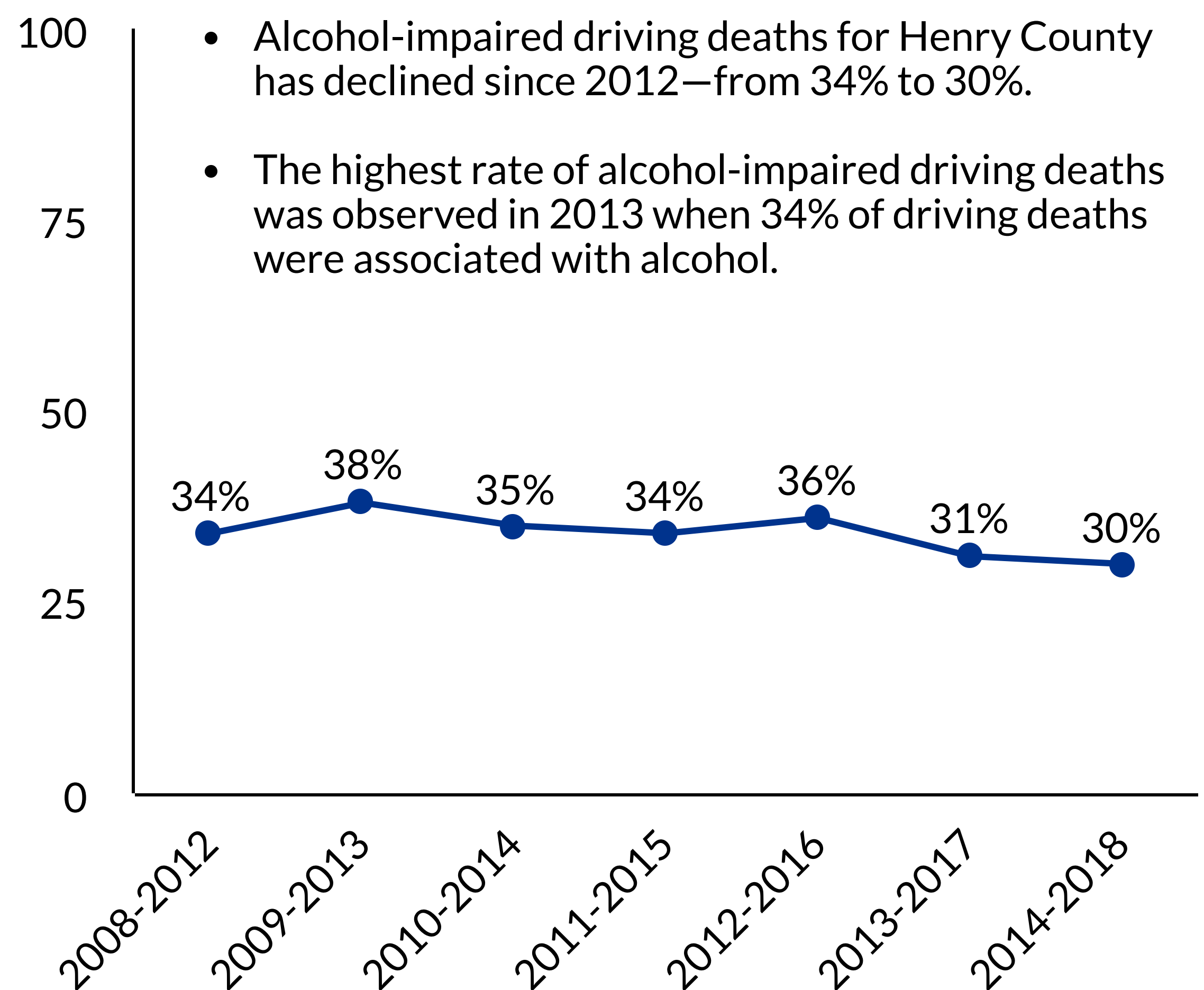
- From 2015 through 2018 alcohol-related crashes in Henry County were between 4% and 5%.
- In 2019, only 1.7% of crashes in Henry County were reported as being alcohol-related.
- Preliminary data for 2020—representing data from January 1 through July 23—indicate 3.4% of crashes in Henry County were alcohol-related.

Data Source: ODPS Electronic Crash System. Accessed July 23, 2020. URL: <https://statepatrol.ohio.gov/ostats.aspx#gsc.tab=0>
Note: *Data for 2020 represent the percentage from January 1, 2020 through July 23, 2020.

 Signs of a **decline** in alcohol-related crashes in Henry County

Deaths

Figure 8 Alcohol-Impaired Driving Deaths for Henry County, Ohio



Data Source: County Health Rankings & Roadmaps. URL: <https://www.countyhealthrankings.org/app/ohio/2020/rankings/henry/county/outcomes/overall/snapshot>

 Alcohol-impaired driving deaths on the **decline** for Henry County

References:

Nielsen. (May 7, 2020). Weekly sales growth of alcoholic beverages due to the coronavirus outbreak in the United States in March 2020, by channel [Graph]. In Statista. Retrieved August 14, 2020, from <https://www-statista-com.ezproxy.bgsu.edu/statistics/1119979/alcoholic-beverages-sales-growth-by-channel-coronavirus-us/>

Sacks, J. J., Gonzales, K. R., Bouchery, E. E., et al. (2010). National and state costs of excessive alcohol consumption. *American Journal of Preventive Medicine* 49(5):e73– e79, 2015. PMID: 26477807

Community Assets and Resources List

The lists below were identified by the priority areas associated through the Community Health Assessment/Community Health Improvement Planning process.

Substance Misuse

A Renewed Mind Services
Arrowhead Behavioral Health
Equitas Health
Henry County Prosecutor
Four County Alcohol, Drug Addiction, and
Mental Health Services (ADAMhs) Board
Henry County Hospital
Henry County Job and Family Services
Henry County Sheriff

Henry County Veterans Services
Henry County Health Department
Henry County Family Court
Maumee Valley Guidance Center
Napoleon Fire and Rescue
Napoleon Police Department
Recovery Services of Northwest Ohio
Residents
The RIDGE Project

Access to Care

A Renewed Mind Services
Arrowhead Behavioral Health
Community Health Services, FQHC
CPC Women's Health Resource
Henry County Prosecutor
Filling Homes of Mercy
HOPE Services – Board of Developmental
Disabilities
Henry County Hospital

Henry County Job and Family Services
Henry County Senior Center
Henry County Health Department
Henry County Transportation Network
Mercy Health Physician
Northwest Ohio Community Action
Commission, Inc.
Residents
Scarborough Deshler

Economic Stability

Community Improvement Corporation of
Henry County
City of Napoleon
Equitas Health
Four County Career Center
HOPE Services – Board of Developmental
Disabilities
Henry County Commissioners
Henry County Job and Family Services
Henry County Transportation Network

Northwest Ohio Community Action
Commission, Inc.
Northwest State
OSU Extension – Henry County
Pillars of Success
Residents
St. Vincent De Paul Society of Henry County
Together We Can Make a Difference
Initiatives
United Way of Henry County

Mental Health

A Renewed Mind Services
Arrowhead Behavioral Health
The Center for Child and Family Advocacy
Four County Alcohol, Drug Addiction, and
Mental Health Services (ADAMhs) Board
Four County Suicide Prevention Coalition
Health Partners of Western Ohio
Henry County Hospital
Henry County Job and Family Services

Maumee Valley Guidance Center
Napoleon Area City Schools
Napoleon Church of the Nazarene
National Alliance on Mental Illness (NAMI)
Four County
Recovery Services of Northwest Ohio
Residents
St. Augustine School