

2017



Holmes County **Community Health Assessment**

Examining the health of Holmes County

Released on 10.31.2017

Foreword

Thank you for your interest in the Holmes County Community Health Assessment. The data presented in this report are the results of the 2017 community health assessment survey that was given to a random sample of Holmes County adults and youth. The data collected from these surveys is presented in this report along with health information from the Ohio Department of Health and other relevant national, state, and local data sources.

The goal of this report was to identify key health issues facing Holmes County residents. This report was reviewed and analyzed by the Partners for a Healthier Holmes County Committee (the Partners), which is a group comprised of Holmes County community partners and agencies. By soliciting input from the community and conducting focus groups and meetings, the Partners will develop strategies to improve the health and wellness issues facing our community. These strategies will be outlined in our 2017 Community Health Improvement Plan.

This report would not have been possible without guidance and support provided by the Hospital Council of Northwest Ohio. Additionally, the collaboration amongst the Partners for a Healthier Holmes County Committee is what ultimately made this health assessment successful. The Partners consisted of members from the Holmes County General Health District, Pomerene Hospital, Wayne-Holmes Mental Health and Recovery Board, Holmes County Board of Developmental Disabilities, The Holmes County Emergency Management Agency, and the East Holmes and West Holmes School Districts. Finally, we would like to thank our residents for taking the time to complete the health assessment survey.

We believe that the information provided in this report will benefit our community tremendously. We encourage everyone to be open to new ideas and collaborations as we work towards providing solutions to some of the key health issues facing the Holmes County Community. By all of us working together we can positively impact the health of this community.

Sincerely,

Michael Derr, MBA
Health Commissioner
Holmes County General Health District

Tony Snyder
Chief Executive Officer (CEO)
Pomerene Hospital

Acknowledgements

The Holmes County Community Health Assessment Was Commissioned and Funded by:

Holmes County General Health District
Pomerene Hospital

With the support of: Partners for a Healthier Holmes County:

East Holmes School District
Holmes County Board of Developmental Disabilities
Holmes County Commissioners
Holmes County Emergency Management Agency
Holmes County General Health District
Mental Health and Recovery Board of Wayne and Holmes County
Pomerene Hospital
West Holmes School District

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

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

The 2017 Holmes County Health Assessment is available on the following websites:

Holmes County General Health District

<http://holmeshealth.org>

Pomerene Hospital

<http://www.pomerenehospital.org/>

Hospital Council of Northwest Ohio

<http://www.hcno.org/community/reports.html>

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Executive Summary

This executive summary provides an overview of health-related data for Holmes County adults (19 years of age and older) and youth (ages 12 through 18) who participated in a county-wide health assessment survey during January 2017 through March 2017. 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 the Youth Risk Behavior Surveillance System (YRBSS). The Hospital Council of Northwest Ohio collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

Primary Data Collection Methods

DESIGN

This community health assessment was cross-sectional in nature and included a written survey of adults and adolescents within Holmes 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 6-12. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of Northwest Ohio met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults and adolescents. The investigators decided to derive 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 NW Ohio conducted a series of meetings with the planning committee from Holmes County. During these meetings, HCNO and the planning committee reviewed and discussed banks of potential survey questions. Based on input from the Holmes County planning committee, the project coordinator composed drafts of surveys containing 117 items for the adult survey and 76 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 over living in Holmes County. There were 27,147 persons ages 19 and over living in Holmes 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 379 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Holmes County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California. The investigators also attempted to calculate the population of Amish living in Holmes County. While the investigators were not able to get the exact number of Amish living in Holmes County, the Association of Statisticians of American Religious Bodies (ASARB), 2010 U.S. Religious Census, reports approximately 17,654 undifferentiated Amish Groups living in Holmes County. Holmes County has the largest proportion of Amish in the entire United States.

SAMPLING | Adolescent Survey

Youth in grades 6-12 in Holmes County public school districts were used as a sample for the adolescent survey. For more information on participating districts and schools, see Appendix IV. Using the U.S. Census Bureau data, it was determined that approximately 5,415 youth ages 12 to 18 years old live in Holmes County. A sample size of 358 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

PROCEDURE | Adult Survey

Prior to mailing the survey to adults, an advance letter was mailed to 1,200 adults in Holmes County. This advance letter was personalized, printed on letterhead and was signed by Tony Snyder (CEO, Pomerene Hospital) and Michael Derr (Health Commissioner, Holmes 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, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter 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 56% ($n=653$; $CI=\pm 3.79$). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

PROCEDURE | Adolescent Survey

The survey was approved by all superintendents. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a home room 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 59% ($n=347$; $CI=\pm 5.1$).

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 23.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Holmes County, the adult data collected was weighted by age, gender, race, and income using 2015 Census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix III.

LIMITATIONS


As with all county health assessments, it is important to consider all possible limitations. First, the Holmes 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 Holmes 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 sent to random households in Holmes County, those responding to the survey were more likely to be older. For example, only 28 respondents were under the age of 30. While weightings are applied during calculations to help account for this, it still presents a potential limitation (to the extent that the responses from these 28 individuals are substantively different from the majority of Holmes County residents under the age of 30).

Finally, 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.

2016 Ohio State Health Assessment (SHA)

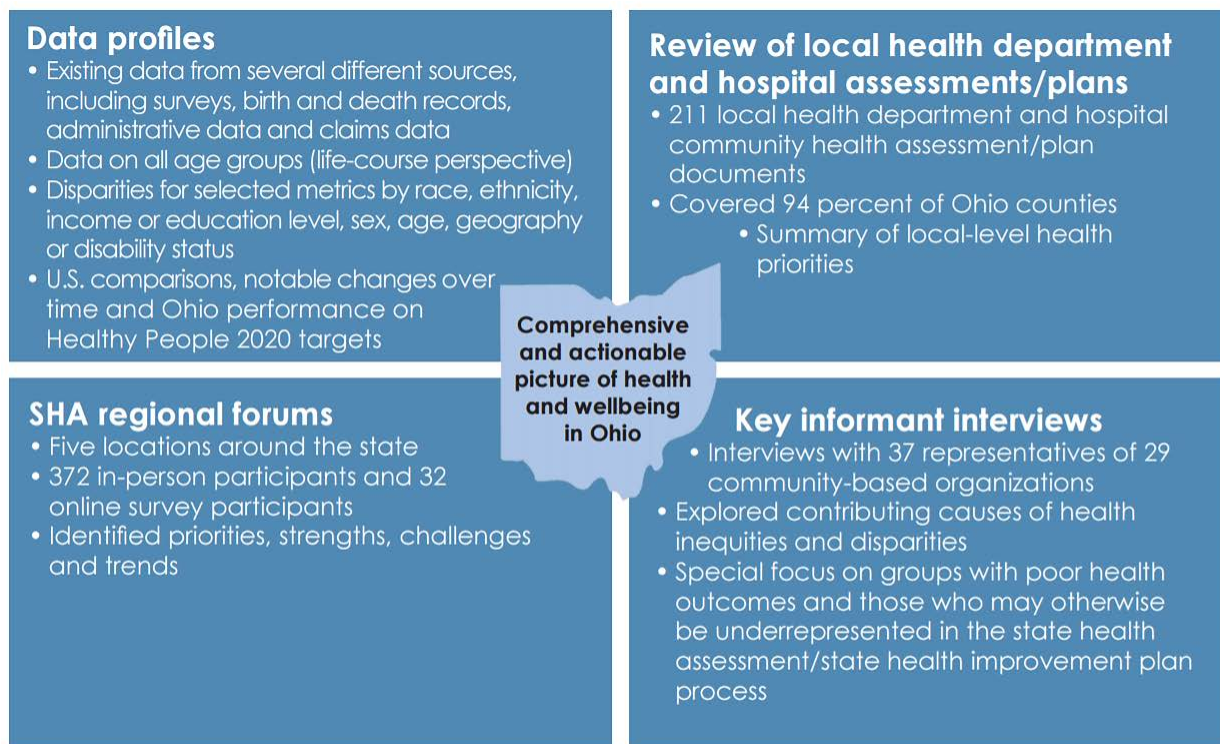
The 2016 Ohio state health assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, a review of local health department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

Similar to the 2016 Ohio SHA, the 2017 Holmes 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

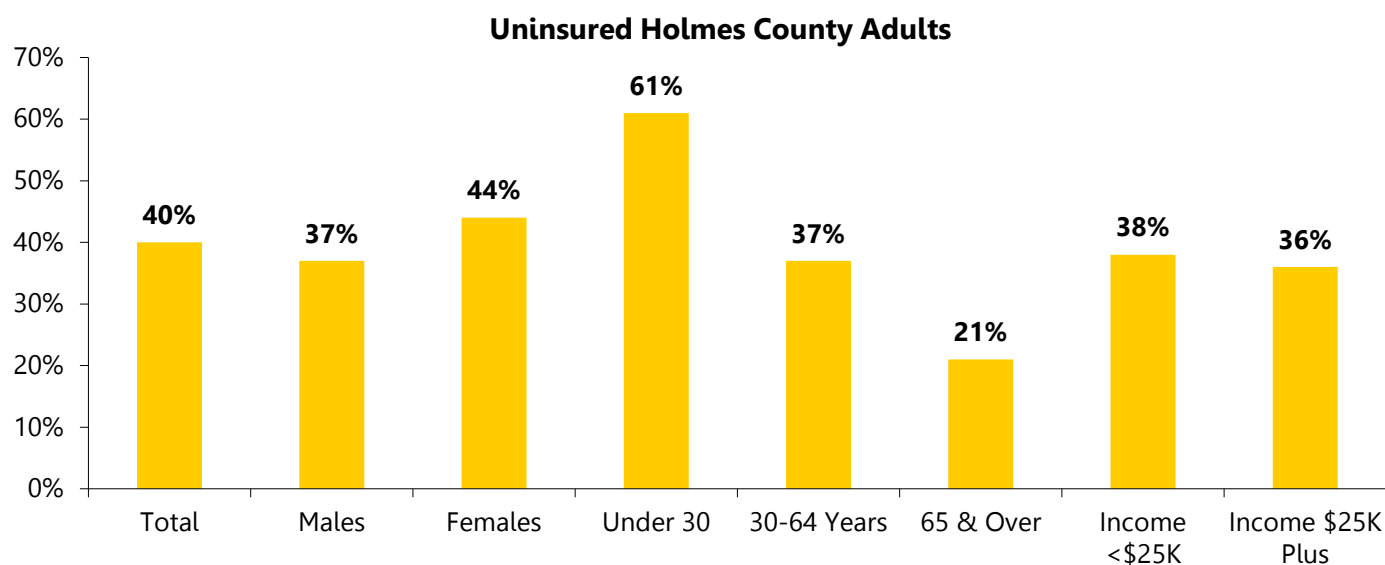
FIGURE 1.1 | State Health Assessment (SHA) Sources of Information



Data Summary | Healthcare Access

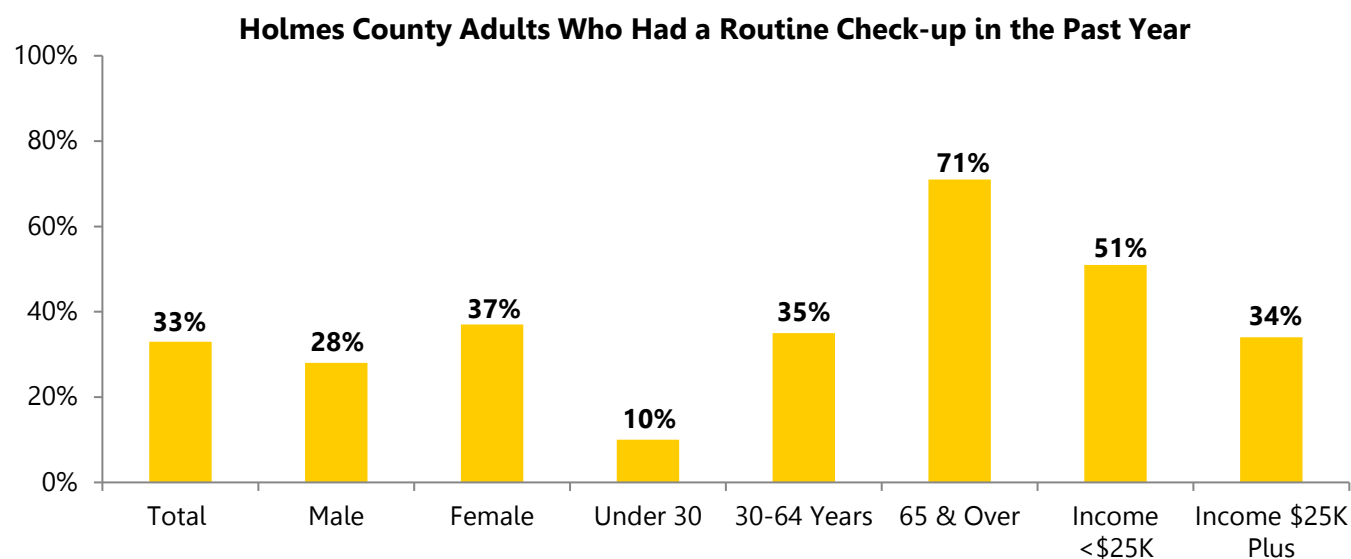
HEALTHCARE COVERAGE

The health assessment identified that 40% of Holmes County adults were without health care coverage. Those most likely to be uninsured were adults under the age of 30. In Holmes County, 12.7% of residents live below the poverty level (Source: U.S. Census, American Community Survey 5 Year Estimate, 2011-2015).



ACCESS AND UTILIZATION

The 2017 health assessment identified that 33% of Holmes County adults had visited a doctor for a routine checkup in the past year. Fifty-two percent (52%) of adults went outside of Holmes County for health care services in the past year.

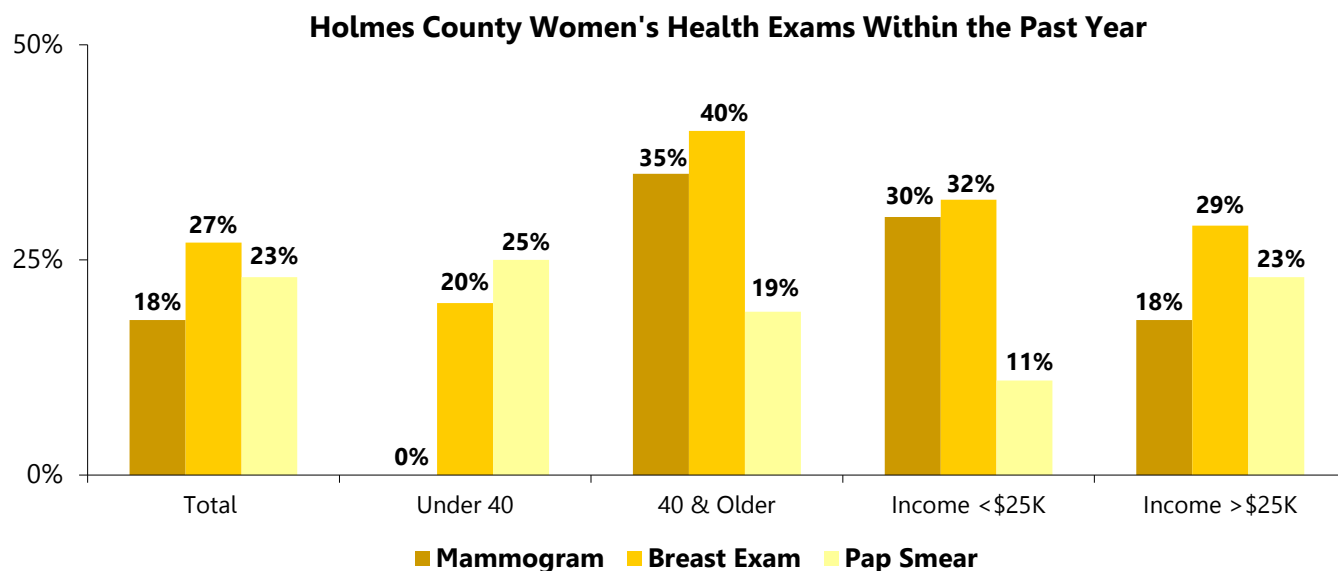


PREVENTIVE MEDICINE

Three-fifths (60%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than one-third (37%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past five years.

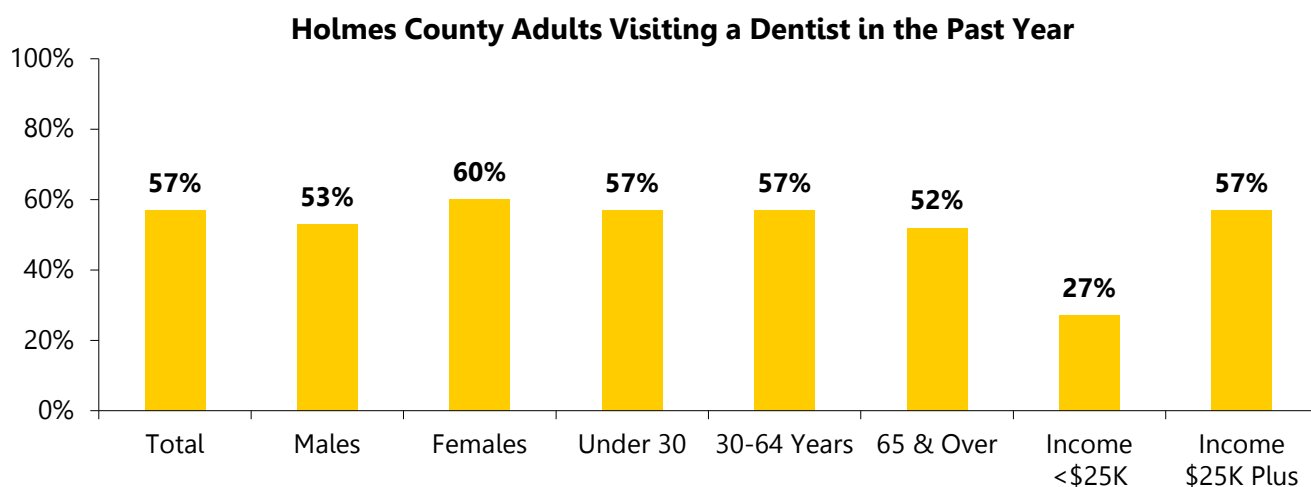
WOMEN'S HEALTH

In 2017, more than one-third (35%) of Holmes County women over the age of 40 reported having a mammogram in the past year. Twenty-seven percent (27%) of Holmes County women ages 19 and over had a clinical breast exam and 23% had a Pap smear to detect cancer of the cervix in the past year. The health assessment determined that 1% of women survived a heart attack and 2% survived a stroke at some time in their life. Nearly one-third (31%) were obese, 18% had high blood cholesterol, 16% had high blood pressure, and 7% were identified as smokers, known risk factors for cardiovascular diseases.



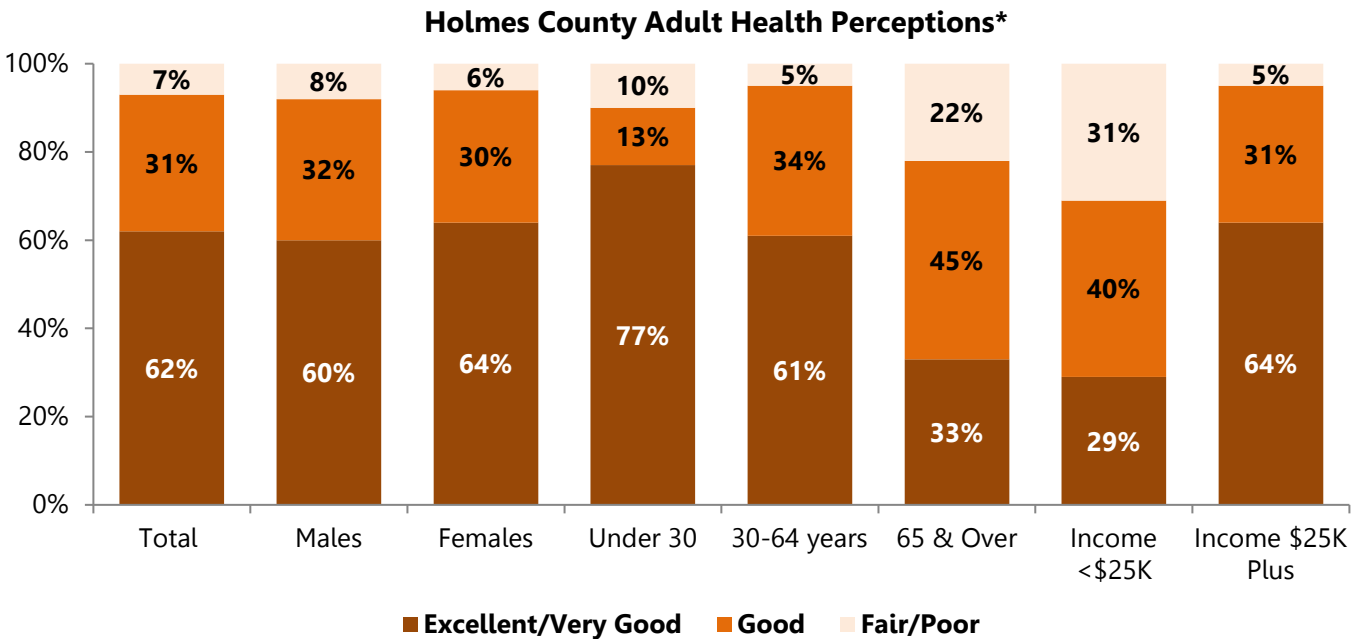
ORAL HEALTH

The health assessment has determined more than half (57%) of Holmes County adults had visited a dentist or dental clinic in the past year. The 2014 BRFSS reported that 65% of Ohio adults and 65% of U.S. adults had visited a dentist or dental clinic in the previous twelve months.



HEALTH STATUS PERCEPTIONS

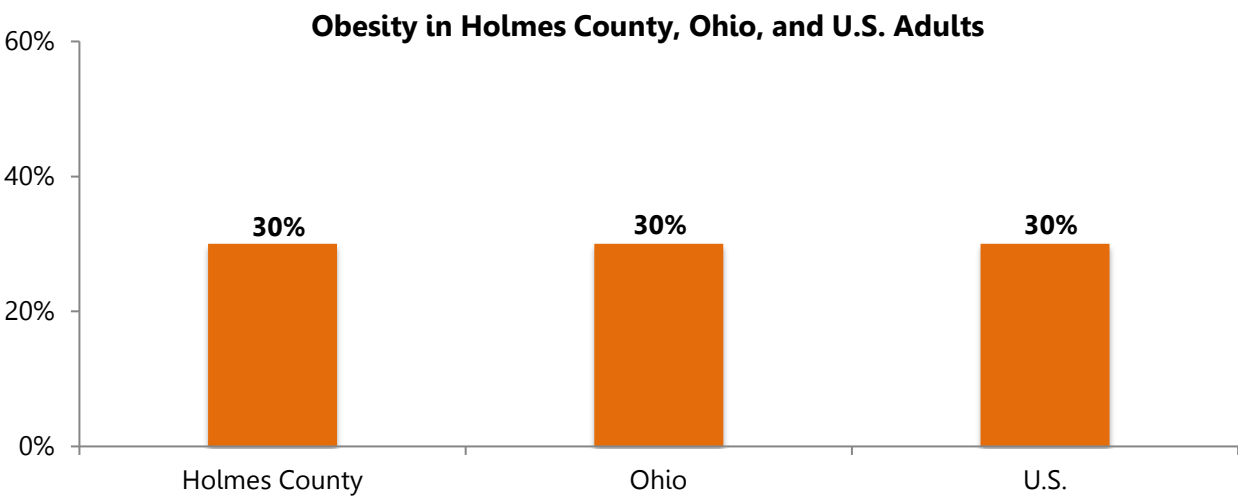
In 2017, more than three-fifths (62%) of the Holmes County adults rated their health status as excellent or very good. Conversely, 7% of adults, increasing to 31% of those with incomes less than \$25,000, described their health as fair or poor.



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

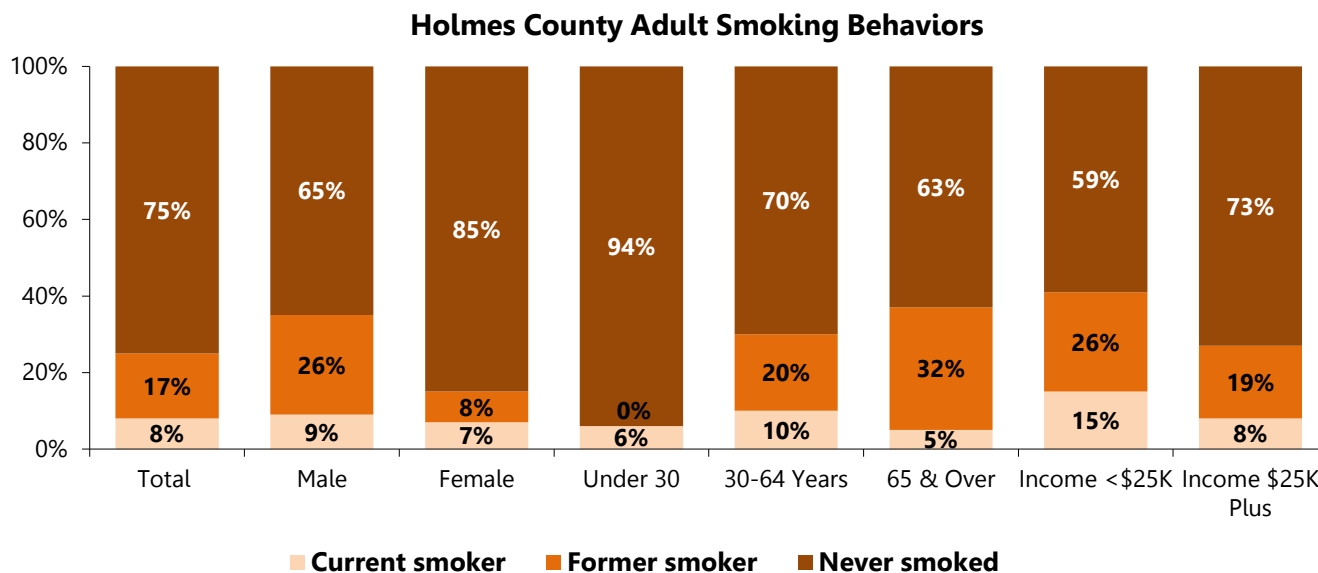
ADULT WEIGHT STATUS

The 2017 health assessment identified that 65% of Holmes County adults were overweight or obese based on Body Mass Index (BMI). Over half (54%) of adults engaged in some type of physical activity or exercise for at least 30 minutes three or more days per week. Nearly one-third (30%) of Holmes County adults were obese.



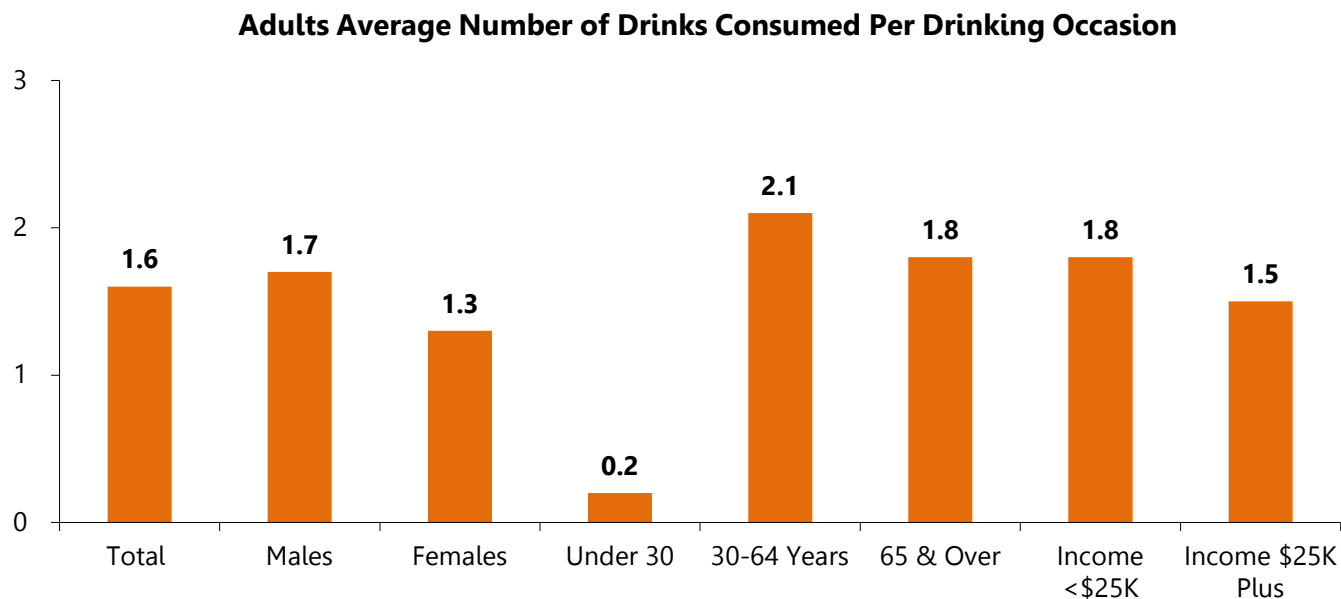
ADULT TOBACCO USE

In 2017, 8% of Holmes County adults were current smokers, and 17% were considered former smokers. Sixty-five percent (65%) of adults did not know if e-cigarette vapor was harmful.



ADULT ALCOHOL USE

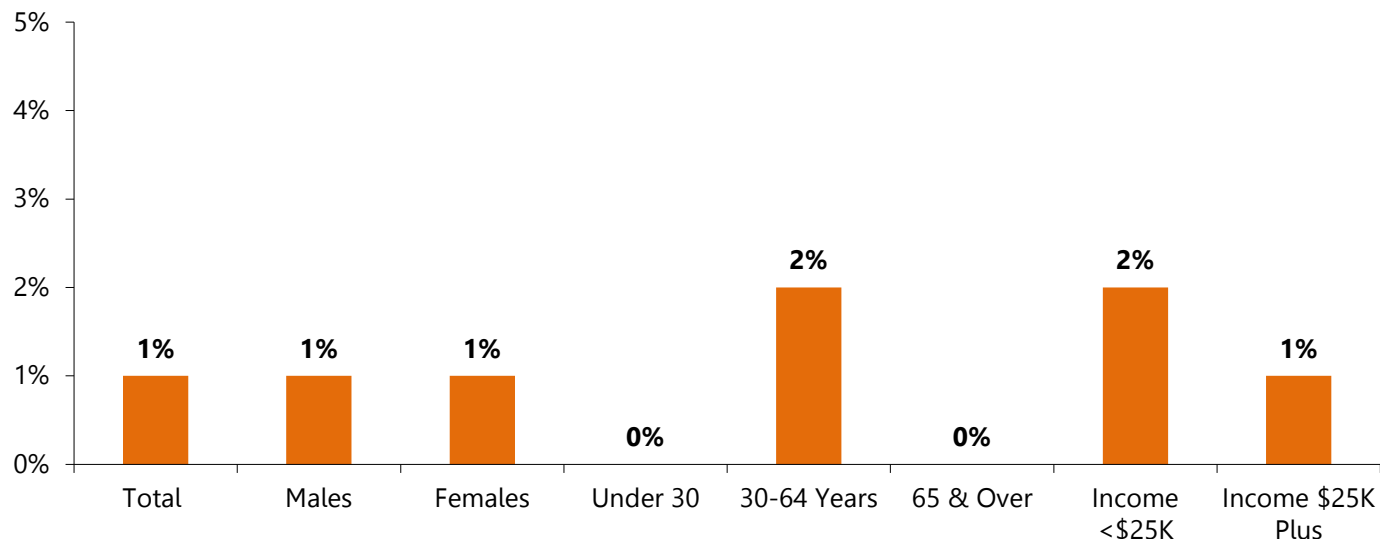
In 2017, the health assessment indicated that 40% of Holmes County adults had at least one alcoholic drink in the past month. Nineteen percent (19%) of those current drinkers were binge drinkers.



ADULT DRUG USE

In 2017, 1% of Holmes County adults had used marijuana during the past six months. Two percent (2%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past six months.

Holmes County Adult Marijuana Use in Past 6 Months



ADULT SEXUAL BEHAVIOR

In 2017, 79% of Holmes County adults had sexual intercourse. Less than one percent (<1%) of adults had more than one partner. CDC estimates that youth ages 15-24 make up just over one quarter of the sexually active population but account for half of the 20 million new sexually transmitted infections that occur in the United States each year (*Source: CDC, STDs in Adolescents and Young Adults, 2017 STD Surveillance*).

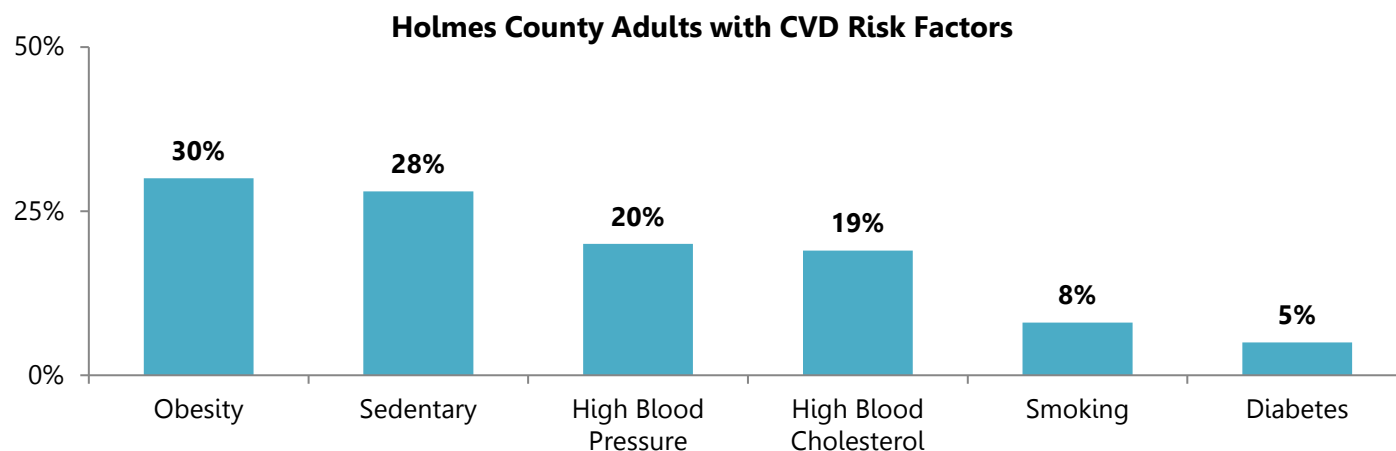
ADULT MENTAL HEALTH

In 2017, One percent (1%) of Holmes County adults considered attempting suicide. Four percent (4%) of adults felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities.

Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

Heart disease (30%) and stroke (5%) accounted for 35% of all Holmes County adult deaths in 2013-2015 (*Source: CDC Wonder, 2013-2015*). The 2017 Holmes County Health Assessment found that 3% of adults had survived a heart attack and 2% had survived a stroke at some time in their life. Nearly one-third (30%) of Holmes County adults were obese, 20% had high blood pressure, 19% had high blood cholesterol, and 8% were smokers, four known risk factors for heart disease and stroke.



CANCER

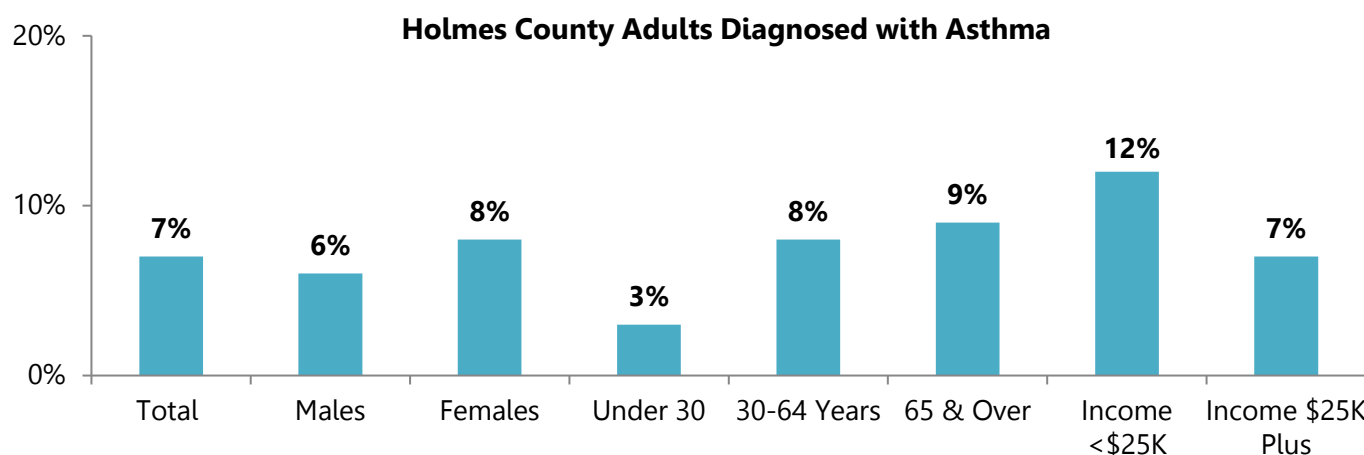
In 2017, 7% of Holmes County adults had been diagnosed with cancer at some time in their life. The Centers for Disease Control and Prevention (CDC) indicates that from 2013-2015, a total of 208 Holmes County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that not using tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

ARTHRITIS

Over one-fifth (21%) of Holmes County adults were diagnosed with arthritis. According to the 2015 BRFSS, 28% of Ohio adults and 25% of U.S. adults were told they have arthritis.

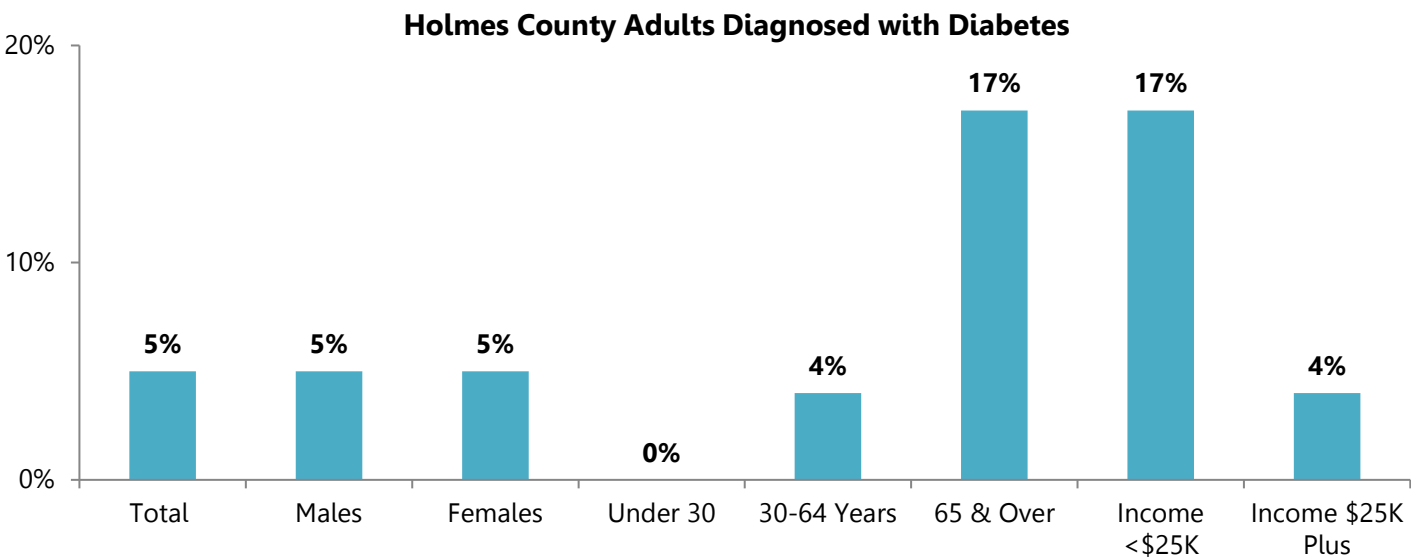
ASTHMA

According to the Holmes County survey data, 7% of adults had been diagnosed with asthma.



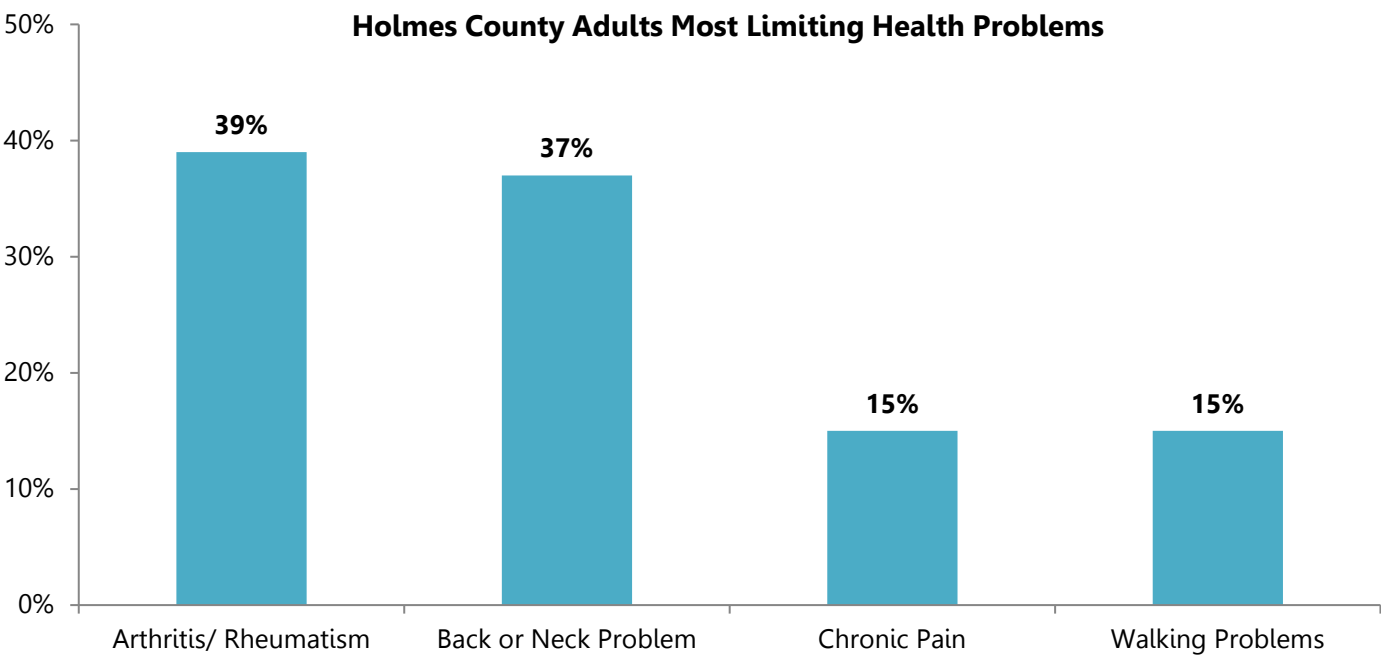
DIABETES

In 2017, 5% of Holmes County adults had been diagnosed with diabetes.



QUALITY OF LIFE

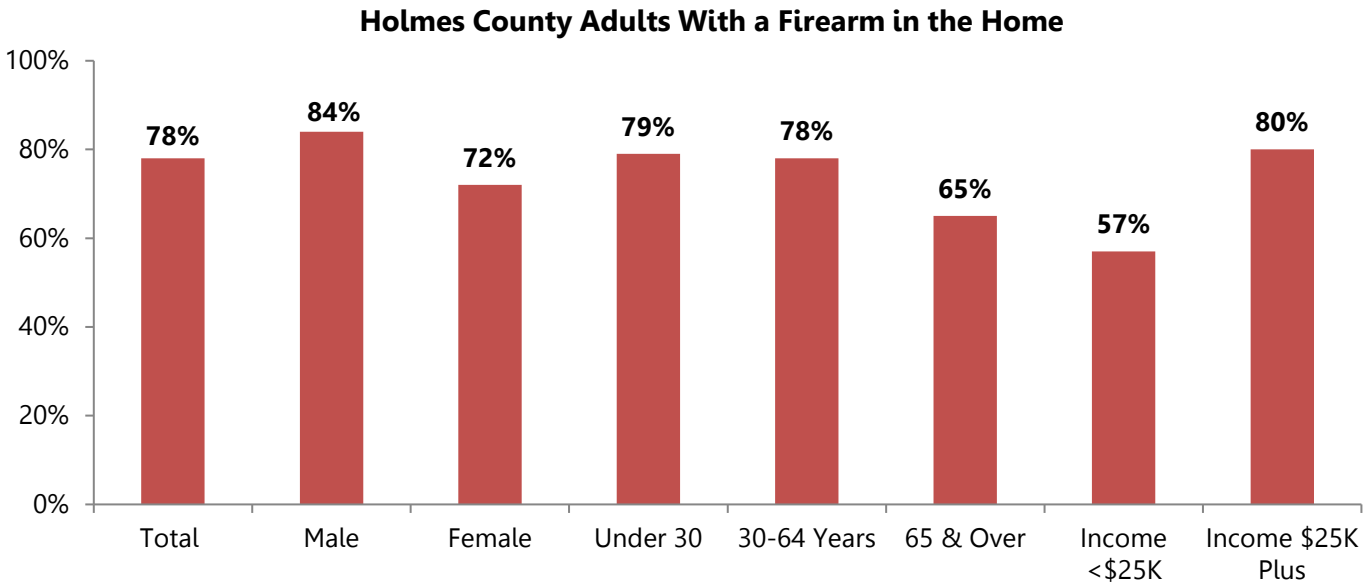
In 2017, 19% of Holmes County adults were limited in some way because of a physical, mental or emotional problem. The most limiting health problems were arthritis/rheumatism (39%), back or neck problems (37%), chronic pain (15%), and walking problems (15%).



Data Summary | Social Conditions

SOCIAL DETERMINANTS OF HEALTH

In 2017, 4% of Holmes County adults were threatened or abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). More than three-fourths (78%) of Holmes County adults kept a firearm in or around their home.



ENVIRONMENTAL HEALTH

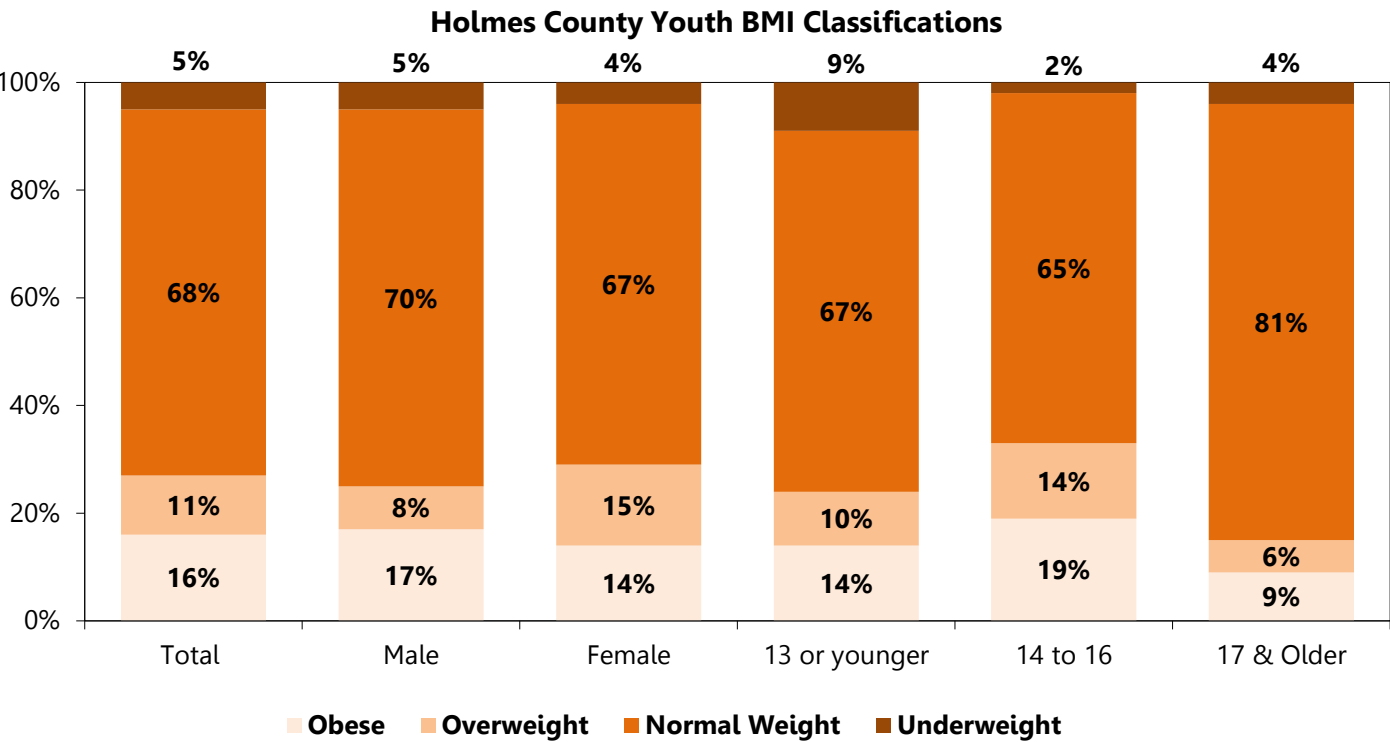
The top three environmental health issues for Holmes County adults were mold (7%), insects (5%), and rodents (4%). Eighty-six percent (86%) of adults had a working flashlight and working batteries in preparation for a disaster.

PARENTING

In 2017, more than half (51%) of children had been to the dentist. Nearly half (47%) of children had received all recommended vaccinations.

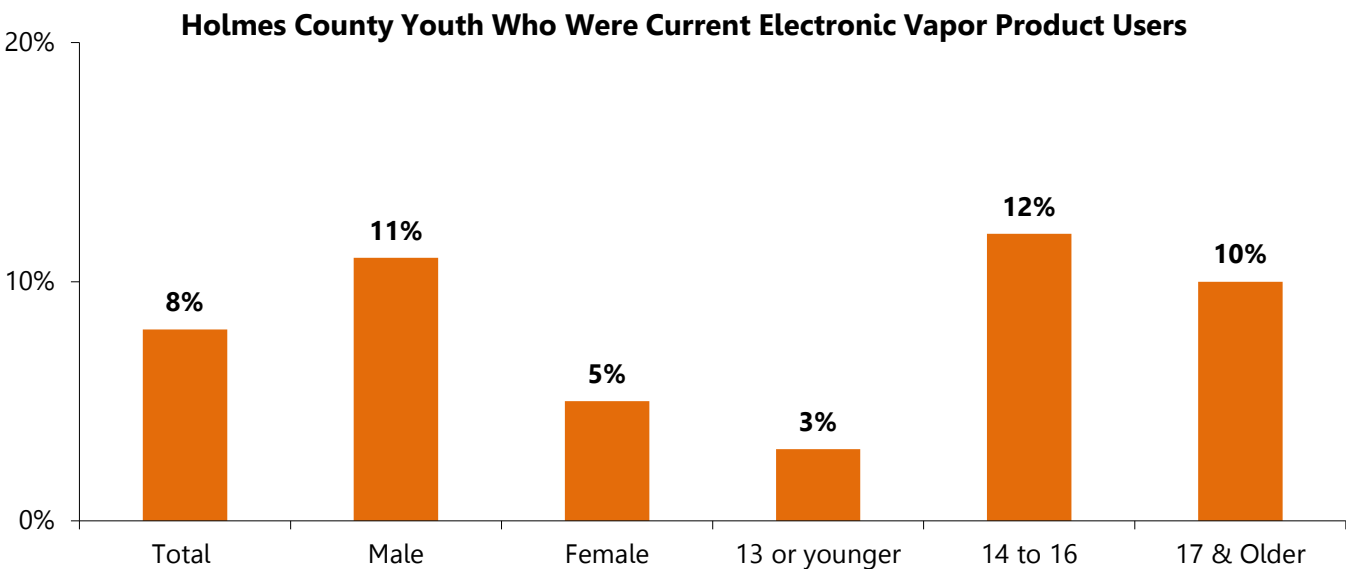
YOUTH WEIGHT STATUS

The health assessment identified that 16% of Holmes County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 26% of Holmes County youth reported that they were slightly or very overweight. Ninety-six percent (96%) of youth participated in extracurricular activities.



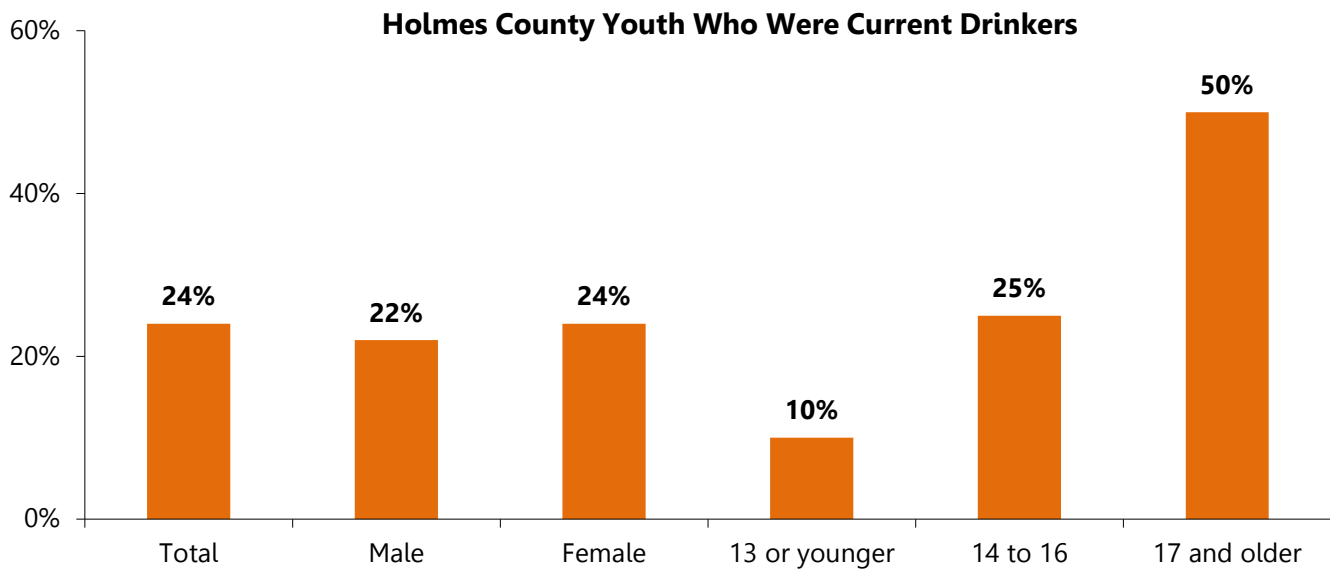
YOUTH TOBACCO USE

The health assessment identified that 8% of Holmes County youth were current smokers, increasing to 14% of those ages 17 and older. Eight percent (8%) of youth used an electronic vapor product in the past 30 days. The average age of onset for smoking was 13.2 years old.



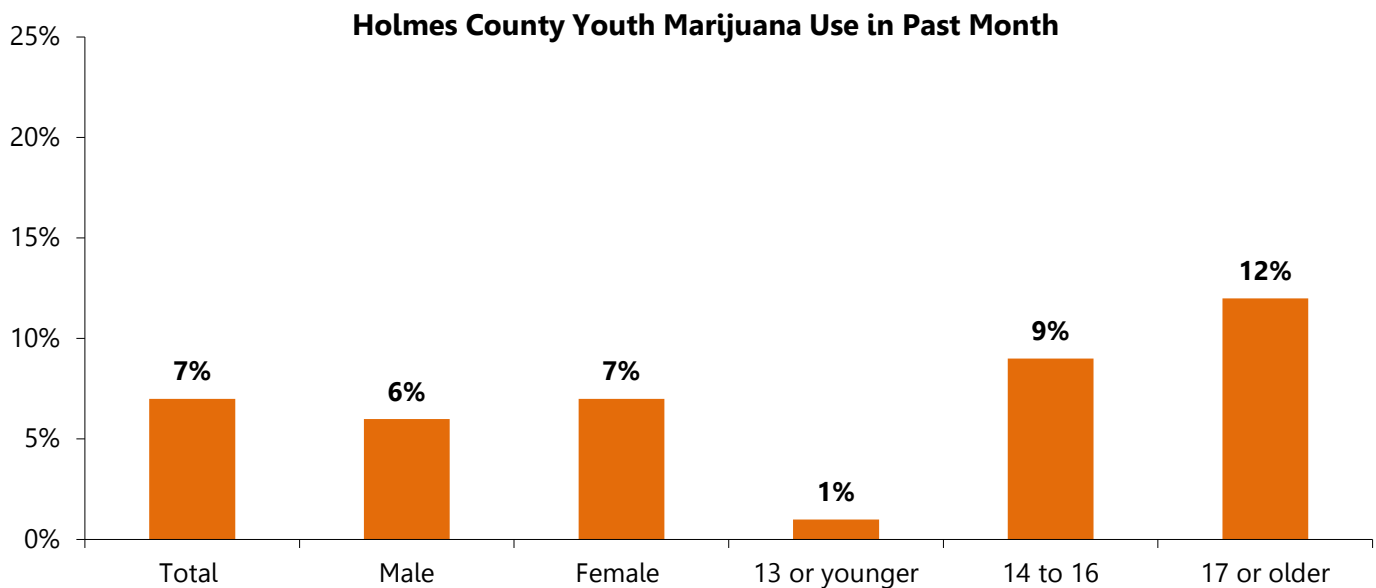
YOUTH ALCOHOL USE

Nearly two-fifths (38%) of Holmes County youth had at least one drink of alcohol in their life, increasing to 69% of youth 17 and older. Almost one-quarter (24%) of youth had at least one drink in the past 30 days, defining them as a current drinker. The average age of onset for drinking was 13.1 years old.



YOUTH DRUG USE

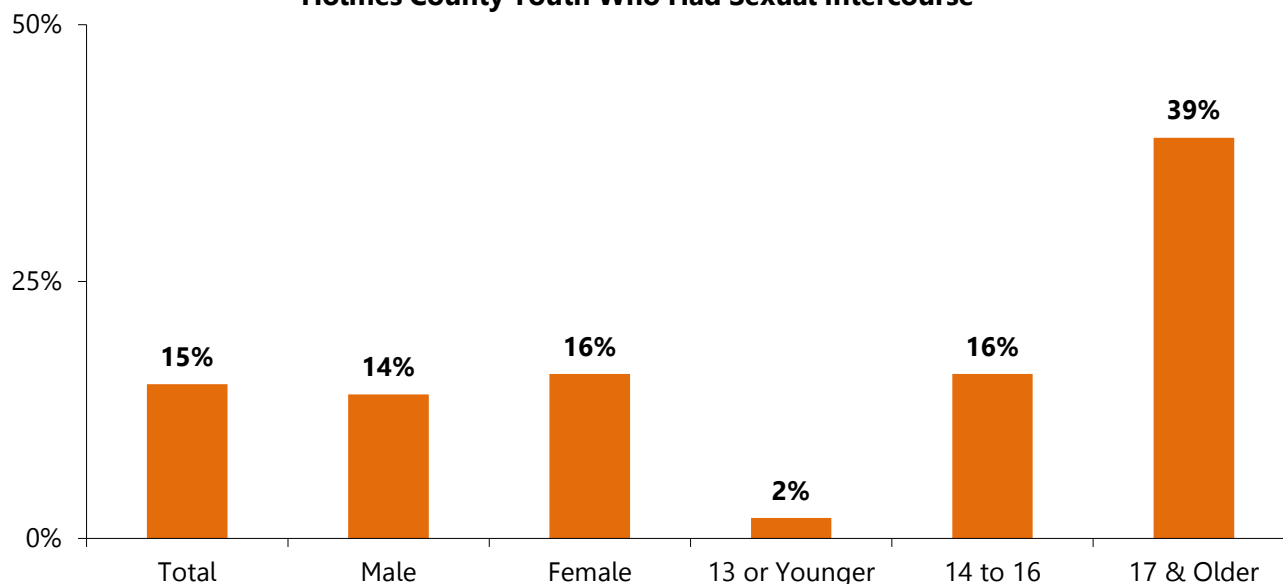
In 2017, 7% of all Holmes County youth had used marijuana at least once in the past 30 days, increasing to 12% of those 17 and older. Five percent (5%) of youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives.



YOUTH SEXUAL BEHAVIOR

In 2017, 15% of Holmes County youth had sexual intercourse. Thirteen percent (13%) of sexually active youth had four or more sexual partners. Eight percent (8%) of youth engaged in intercourse without a reliable method of protection. Seventeen percent (17%) of youth had viewed pornography.

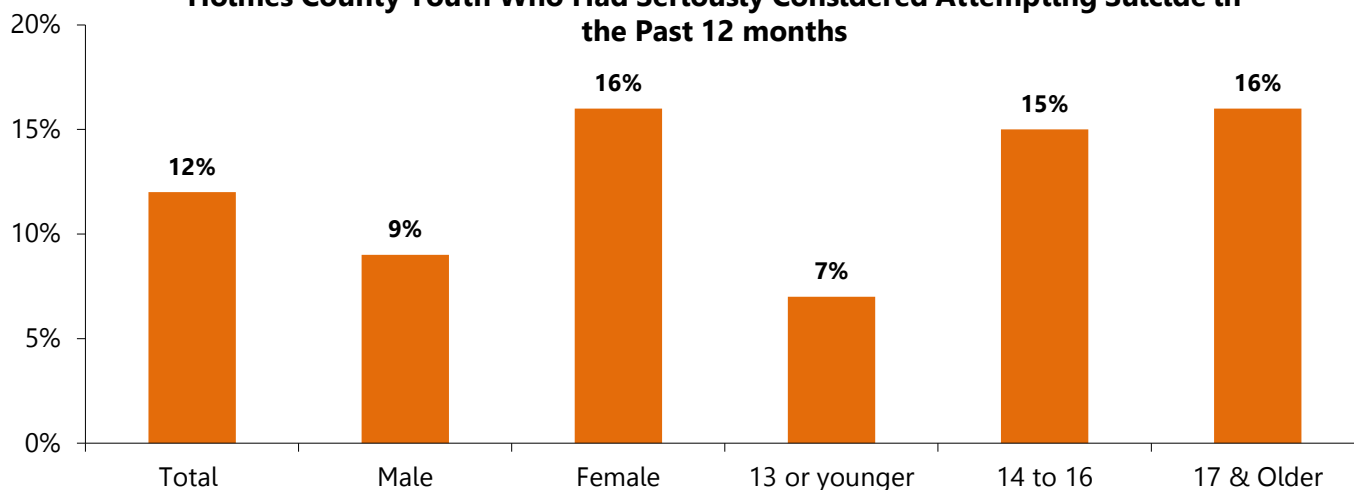
Holmes County Youth Who Had Sexual Intercourse



YOUTH MENTAL HEALTH

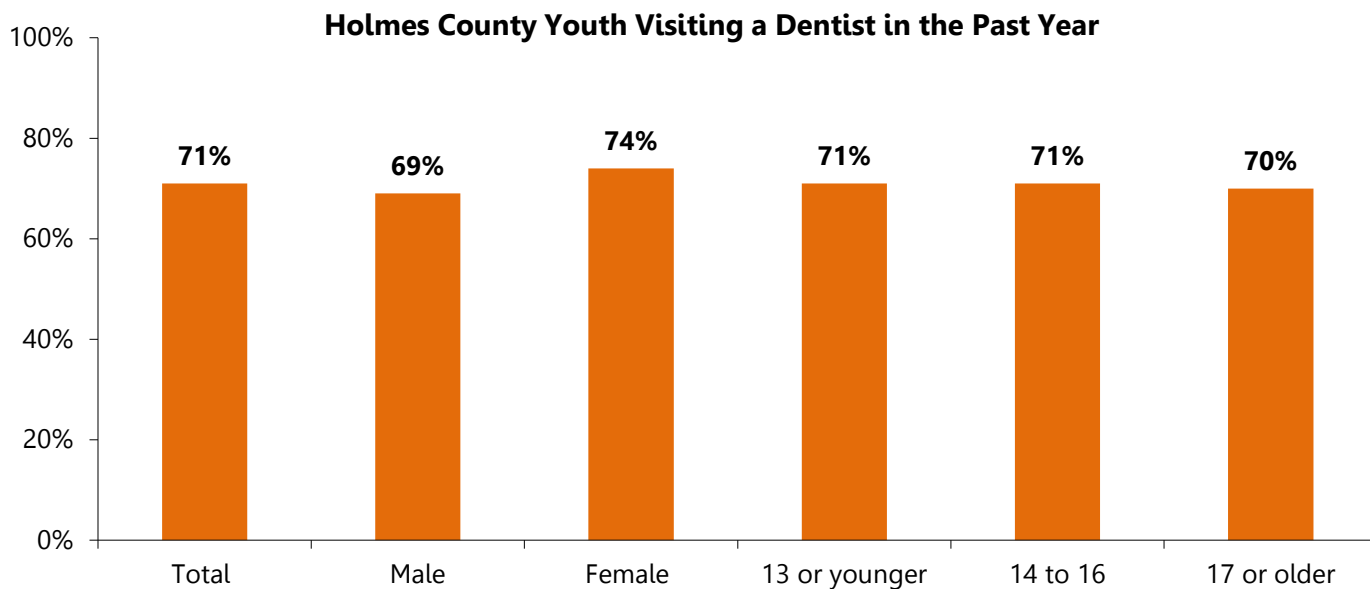
The health assessment results indicated that 12% of Holmes County youth had seriously considered attempting suicide in the past year; 5% attempted suicide in the past year. Fifty-eight percent (58%) of youth reported they would seek help if they were dealing with anxiety, stress, depression or thoughts of suicide.

Holmes County Youth Who Had Seriously Considered Attempting Suicide in the Past 12 months



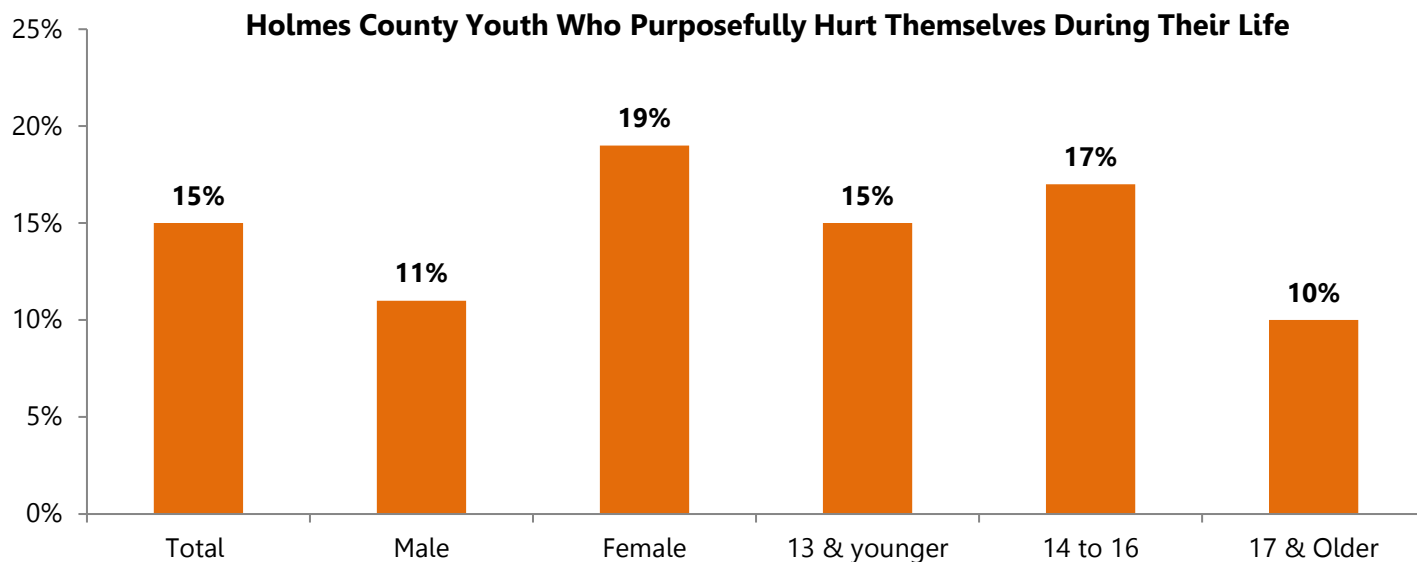
YOUTH SOCIAL DETERMINANTS OF HEALTH

About one-third (34%) of Holmes County youth drivers had texted or emailed while driving a car in the past 30 days. Over half (54%) of youth who had a social media or online gaming account believed that sharing information online is dangerous. Seventy-one percent (71%) of youth visited a dentist in the past year.














YOUTH VIOLENCE

Over two-fifths (43%) of Holmes County youth had been bullied in the past year. Fifteen percent (15%) of youth purposefully hurt themselves by cutting, scratching, burning, hitting or biting. Four percent (4%) of youth did not go to school on one or days because they did not feel safe at school or on their way to or from school.



Adult Trend Summary






Adult Variables	Holmes County 2017	Ohio 2015	U.S. 2015
Health Status and Coverage			
Rated health as excellent or very good	62%	52%	52%
Rated general health as fair or poor 	7%	17%	16%
Average days that physical health not good in past month	2.7	4.0*	3.8*
Average days that mental health not good in past month	2.4	4.3*	3.7*
Average days that poor physical or mental health kept them from doing their usual activities in past month	1.4	2.3‡	2.4‡
Uninsured	40%	8%	11%
Had at least one person they thought of as their personal doctor or health care provider 	46%	82%	79%
Visited a doctor for a routine checkup in the past year 	33%	72%	70%
Arthritis, Asthma, & Diabetes			
Had been diagnosed with diabetes 	5%	11%	10%
Had been diagnosed with arthritis	21%	38%	25%
Had been diagnosed with asthma 	7%	14%	14%
Cardiovascular Health			
Had angina 	4%	4%	4%
Had a heart attack 	3%	5%	4%
Had a stroke	2%	4%	3%
Had been diagnosed with high blood pressure 	20%	34%	31%
Had been diagnosed with high blood cholesterol	19%	37%	36%
Had blood cholesterol checked within the past 5 years	51%	78%	78%
Weight Status			
Overweight	35%	37%	36%
Obese 	30%	30%	30%
Alcohol Consumption			
Had at least one alcoholic beverage in past month	40%	53%	54%
Binged in past month (5 or more drinks in a couple of hours on an occasion) 	8%	18%	16%
Tobacco Use			
Current smoker (currently smoke some or all days) 	8%	22%	18%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	17%	24%	25%
Preventive Medicine			
Had a flu vaccine in the past year (ages 65 and over)	58%	58%	61%
Had a pneumonia vaccine (age 65 and older)	60%	72%	73%
Had a mammogram in the past two years (age 40 and older)	49%	72%*	73%*
Had a pap smear in the past three years	54%	74%*	75%*
Oral Health			
Adults who have visited the dentist in the past year	57%	65%*	65%*
Adults who had one or more permanent teeth removed	57%	47%*	43%*
Adults 65 years and older who had all their permanent teeth removed	23%	18%*	15%*

*2014 BRFSS

‡2010 BRFSS


 Indicates alignment with Ohio SHA









Youth Trend Summary

Youth Variables	Holmes County 2017 (6 th -12 th)	Holmes County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Weight Control				
Obese 	16%	17%	13%	14%
Overweight 	11%	10%	16%	16%
Trying to lose weight	48%	51%	47%	46%
Described themselves as slightly or very overweight	26%	27%	28%	32%
Went without eating for 24 hours or more	6%	9%	10%	13%*
Took diet pills, powders, or liquids without a doctor's advice	3%	5%	5%	5%*
Vomited or took laxatives	1%	1%	5%	4%*
Watched TV 3 or more hours per day	14%	16%	28%	25%
Tobacco Use				
Ever tried cigarettes	23%	34%	52%*	32%
Current smokers	8%	14%	15%	11%
Smoked cigarettes on 20 or more days during the past month (of all youth)	2%	3%	7%	3%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	7%	8%	14%*	7%
Current electronic vapor product user	8%	11%	N/A	24%
Tried to quit smoking (of youth who smoked in the past year)	43%	40%	56%*	45%
Alcohol Consumption				
Ever tried alcohol	38%	56%	71%*	63%
Current drinker 	24%	38%	30%	33%
Binge drinker (of all youth) 	10%	18%	16%	18%
Drank for the first time before age 13 (of all youth)	14%	13%	13%	17%
Rode with someone who was drinking	14%	15%	17%	20%
Drank and drove (of youth drivers)	6%	7%	4%	8%
Drug Use				
Youth who used marijuana in the past month 	7%	11%	21%	22%
Ever used methamphetamines	2%	3%	N/A	3%
Ever used cocaine	2%	4%	4%	5%
Ever used heroin	1%	0%	2%	2%
Ever used steroids	2%	2%	3%	4%
Ever used inhalants	5%	6%	9%	7%
Ever used ecstasy/MDMA/Molly	2%	3%	N/A	5%
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	6%	8%	20%	22%


N/A – Not Available

*Comparative YRBS data for Ohio is 2011 and U.S. is 2013

 Indicates alignment with Ohio SHA

Youth Variables	Holmes County 2017 (6 th -12 th)	Holmes County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Sexual Behavior				
Ever had sexual intercourse	15%	29%	43%	41%
Used a condom at last intercourse	57%	63%	51%	57%
Used birth control pills at last intercourse	25%	31%	24%	18%
Did not use any method to prevent pregnancy during last sexual intercourse	8%	10%	12%	14%
Had four or more sexual partners (of all youth)	2%	5%	12%	12%
Had sexual intercourse before age 13 (of all youth)	2%	2%	4%	4%
Mental Health				
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row 	21%	24%	26%	30%
Youth who had seriously considered attempting suicide in the past year 	12%	15%	14%	18%
Youth who had attempted suicide in the past year 	5%	3%	6%	9%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	2%	1%	1%	3%
Social Determinants of Health				
Texted or emailed while driving a car or other vehicle	21%	33%	46%	42%
Visited a dentist for a check-up within the past year	71%	70%	75%	74%
Unintentional Injury and Violence				
Carried a weapon in past month	19%	18%	14%	16%
Carried a weapon on school property in past month	1%	1%	N/A	4%
Been in a physical fight in past year 	24%	18%	20%	23%
Been in a physical fight on school property in the past year	9%	7%	6%	8%
Threatened or injured with a weapon on school property in past year	6%	5%	N/A	6%
Did not go to school because felt unsafe 	4%	2%	5%	6%
Electronically/cyber bullied in past year 	11%	7%	15%	16%
Bullied on school property in past year 	30%	22%	21%	20%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year 	4%	7%	N/A	10%

N/A – Not available

 Indicates alignment with Ohio SHA

Health Care Access: Health Care Coverage

Key Findings

The 2017 health assessment data has identified that 40% of Holmes County adults were without health care coverage. Those most likely to be uninsured were adults under the age of 30. In Holmes County, 12.7% of residents live below the poverty level (Source: U.S. Census, American Community Survey 5 Year Estimate, 2011-2015).

General Health Coverage

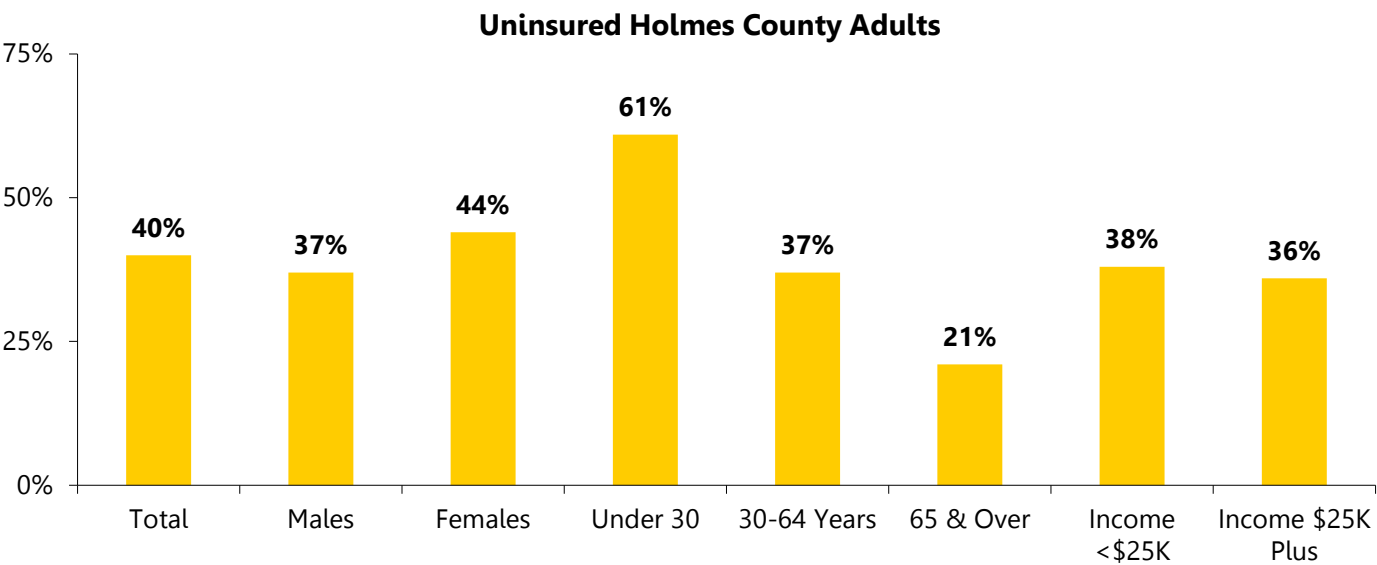
- In 2017, 60% Holmes County adults had health care coverage, leaving 40% who were uninsured. The 2015 BRFSS reported uninsured prevalence rates as 8% for Ohio and 11% for the U.S.
- In the past year, 40% of adults were uninsured, increasing to 61% of those under the age of 30.
- Fifty-two percent (52%) of adults with children did not have healthcare coverage, compared to 22% of those who did not have children living in their household.
- The following types of health care coverage were used: employer (38%); self-paid plan (22%); someone else's employer (13%); Medicare (13%); multiple, including private sources (5%); Health Insurance Marketplace (4%); Medicaid or medical assistance (2%); multiple, including government sources (1%); and military or VA (<1%).

40% of Holmes County adults were uninsured.

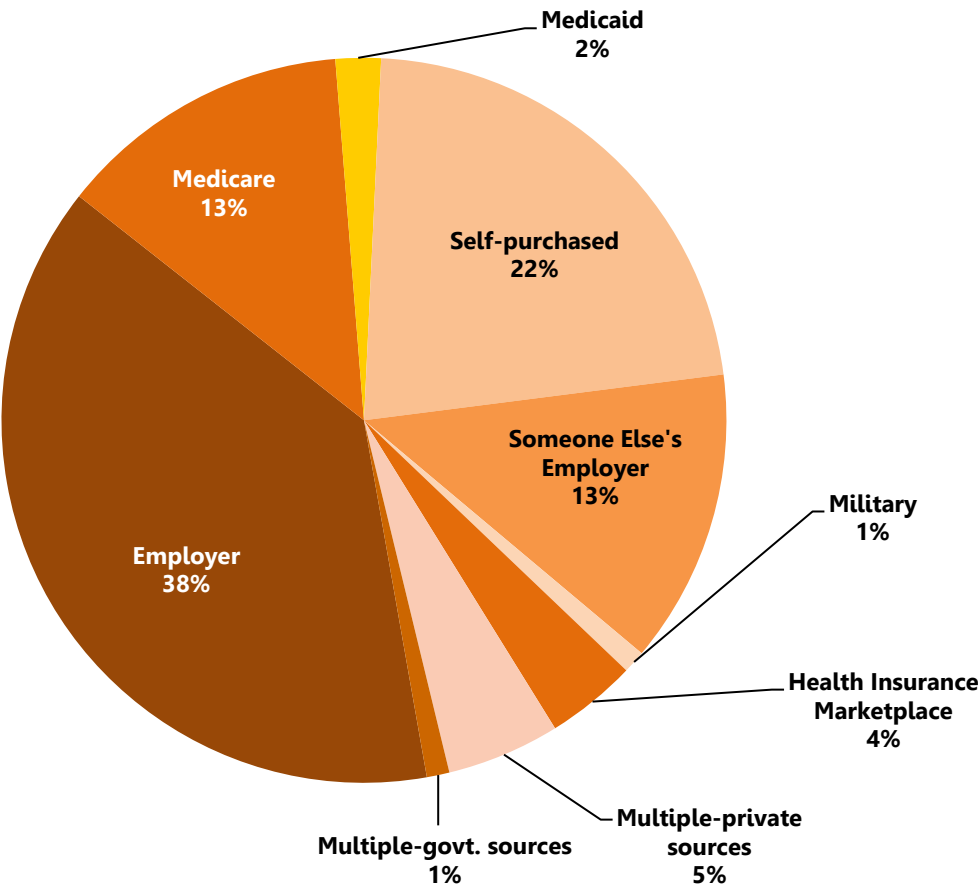
- Holmes County adult health care coverage included the following: medical (96%), prescription coverage (78%), outpatient therapy (66%), preventive health (61%), immunizations (56%), mental health (53%), dental (41%), vision (41%), durable medical equipment (31%), home care (30%), skilled nursing/assisted living (28%), alcohol and drug treatment (27%), hospice (23%), and transportation (8%).

Adult Comparisons	Holmes County 2017	Ohio 2015	U.S. 2015
Uninsured	40%	8%	11%

The following graph shows the percentages of Holmes County adults who were uninsured. Examples of how to interpret the information in the graph include: 40% of all Holmes County adults were uninsured, including 38% of those with incomes less than \$25,000 and 61% of those under age 30. The pie chart shows sources of Holmes County adults' health care coverage.



Source of Health Coverage for Holmes County Adults



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

Health Coverage Includes:	Yes	No	Don't Know
Medical	96%	2%	2%
Prescription Coverage	78%	15%	7%
Outpatient Therapy	66%	10%	24%
Immunizations	56%	21%	23%
Mental Health	53%	12%	35%
Dental	41%	57%	2%
Vision	41%	50%	9%
Durable Medical Equipment	31%	18%	51%
Home Care	30%	20%	50%
Skilled Nursing/Assisted Living	28%	16%	56%
Alcohol and Drug Treatment	27%	27%	46%
Hospice	23%	18%	59%
Transportation	8%	42%	50%

Healthy People 2020 Access to Health Services (AHS)

Objective	Holmes County 2017	Ohio 2015	U.S. 2015	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health care insurance	50% age 20-24 38% age 25-34 56% age 35-44 65% age 45-54 71% age 55-64	84% age 18-24 88% age 25-34 89% age 35-44 93% age 45-54 93% age 55-64	76% age 18-24 74% age 25-34 80% age 35-44 84% age 45-54 87% age 55-64	100%

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

(Sources: Healthy People 2020 Objectives, 2015 BRFSS, 2017 Holmes County Health Assessment)

Healthcare Access: Access and Utilization

Key Findings

The 2017 health assessment identified that 33% of Holmes County adults had visited a doctor for a routine checkup in the past year. Fifty-two percent (52%) of adults went outside of Holmes County for health care services in the past year.

Health Care Access

- One-third (33%) of Holmes County adults visited a doctor for a routine checkup in the past year, increasing to 71% of those over the age of 65.
- Adults with health care coverage were more likely to have visited a doctor for a routine checkup in the past year (47%), compared to 13% of those without health care coverage.
- Less than half (46%) of adults reported they had one person they thought of as their personal doctor or healthcare provider. Thirty-eight percent (38%) of adults had more than one person they thought of as their personal healthcare provider, and 12% did not have one at all.
- Reasons for not receiving medical care in the past 12 months include the following: no need to go (50%), cost/no insurance (3%), office wasn't open when they could get there (1%), can access medical records online (<1%), no child care (<1%), provider did not take their insurance (<1%), too long of a wait in the waiting room (<1%), and too embarrassed to seek help (<1%).
- Adults visited the following places for health care services or advice: doctor's office (58%); multiple places, including a doctor's office (18%); family and friends (9%); multiple places, not including a doctor's office (5%); chiropractor (2%); Internet (2%); urgent care center (1%); Department of Veteran's Affairs (VA) (<1%); and public health clinic or community health department (<1%). Five percent (5%) of adults indicated they had no usual place for health care services.
- Fifty-two percent (52%) of adults went outside of Holmes County for the following health care services in the past year: specialty care (21%), dental services (20%), primary care (14%), obstetrics/gynecology/NICU (8%), cardiac care (5%), female health services (5%), orthopedic care (4%), cancer care (3%), mental health care/counseling services (3%), pediatric care (2%), addiction services (1%), pediatric therapies (1%), and hospice/palliative care (<1%).
- Eighty-six percent (86%) of adults traveled less than 20 miles to get to the place they usually go for health care services. Twelve percent (12%) traveled between 20 and 40 miles. Two percent (2%) traveled between 41 and 60 miles, and 1% traveled 60 miles or more.

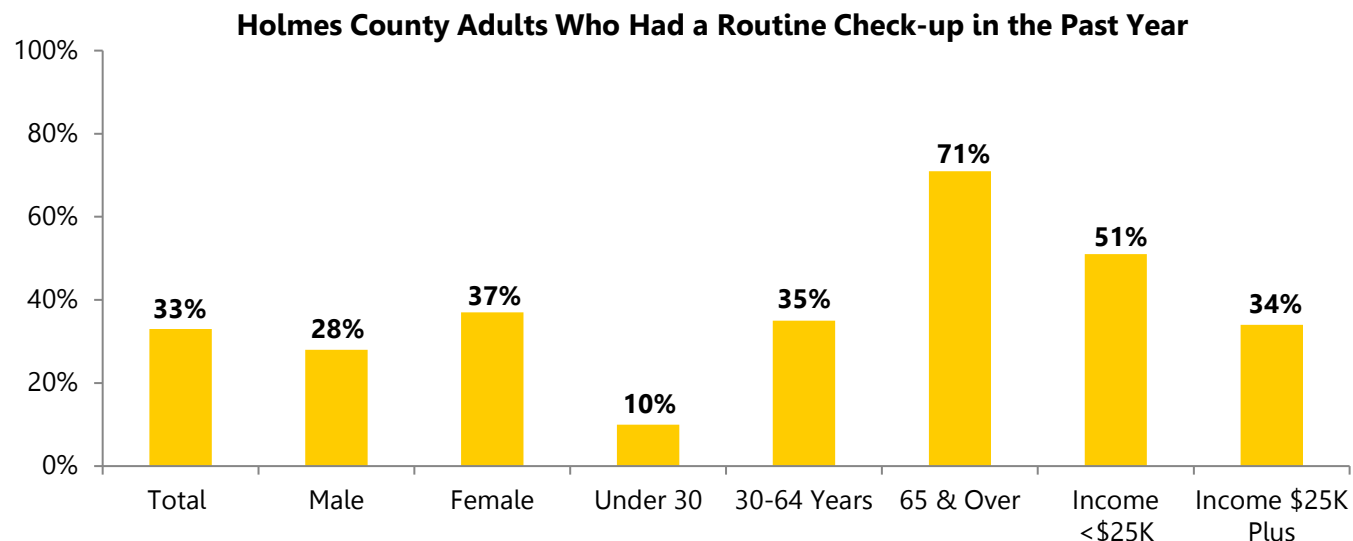
How does Lack of Insurance Affect Access to Health Care?

- Uninsured people are far more likely than those with insurance to report problems getting needed medical care.
- Uninsured people are less likely than those with coverage to receive timely preventive care.
- Anticipating high medical bills, many uninsured people are not able to follow recommended treatments.
- Because people without health coverage are less likely than those with insurance to have regular outpatient care, they are more likely to be hospitalized for avoidable health problems and experience declines in their overall health.
- Lack of health coverage, even for short periods of time, results in decreased access to care.

(Source: Kaiser Family Foundation, How Does Lack of Insurance Affect Access to Health Care?)

Adult Comparisons	Holmes County 2017	Ohio 2015	U.S. 2015
Had at least one person they thought of as their personal doctor or health care provider	46%	82%	79%
Visited a doctor for a routine checkup in the past year	33%	72%	70%

The following graph shows the percentage of Holmes County adults who had a routine check-up in the past year. Examples of how to interpret the information include: 33% of all Holmes County adults had a routine check-up in the past year, including 28% of all Holmes County males, 37% of all females, and 71% of those 65 years and older.



Availability of Services

- Holmes County adults reported they had looked for the following programs for themselves or a loved one: depression, anxiety or mental health (8%); weight problems (7%); marital/family problems (3%); disability (2%); end-of-life/hospice care (2%); elderly care (2%); tobacco cessation (1%); alcohol abuse (<1%); and drug abuse (<1%); No adults reported they had looked for a program for gambling abuse or detoxification for opiates/heroin.

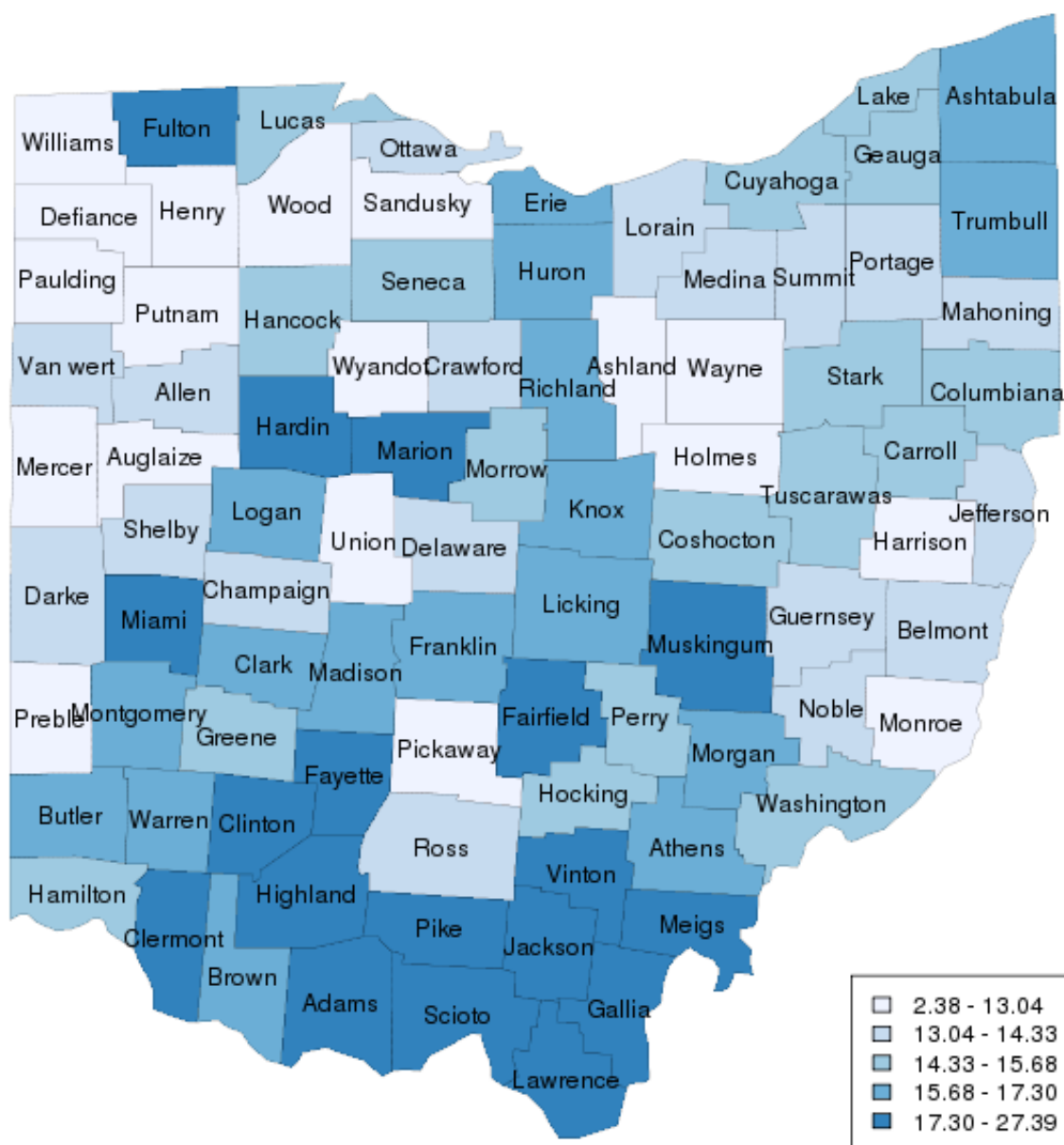
Holmes County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Holmes County adults who have looked but have <u>NOT</u> found a specific program	Holmes County adults who have looked and have found a specific program
Depression or Anxiety (8% of all adults looked)	6%	94%
Weight Problems (7% of all adults looked)	16%	84%
Marital/Family Problems (3% of all adults looked)	0%	100%
Disability (2% of all adults looked)	25%	75%
End-of-Life/Hospice Care (2% of all adults looked)	0%	100%
Elderly Care (2% of all adults looked)	29%	71%
Tobacco Cessation (1% of all adults looked)	43%	57%

The following map shows the estimated proportion of all adults, ages 19 years and older, with family incomes at 0% Federal Poverty Level (FPL) or more with unmet needs in prescription medication.

- Two percent (2%) of Holmes County adults, ages 19 years and older, had unmet needs in prescription medication.
- Fifteen percent (15%) of Ohio adults, ages 19 years and older, had unmet needs in prescription medication.

**Estimated Proportion: Unmet Needs in Prescription Medication,
All Adults, Ages 19 and Older (2015)**



(Source: Ohio Medicaid Assessment Survey (OMAS) Adult Dashboard, 2015)

Healthcare Access: Preventive Medicine

Key Findings

Three-fifths (60%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. More than one-third (37%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past five years.

Preventive Medicine

- More than one-fourth (26%) of Holmes County adults had a flu vaccine during the past 12 months.
- Fifty-eight percent (58%) of Holmes County adults ages 65 and over had a flu vaccine in the past 12 months. The 2015 BRFSS reported that 58% of Ohio and 61% of U.S. adults ages 65 and over had a flu vaccine in the past 12 months.
- Nearly one-fifth (19%) of adults had a pneumonia shot in their life, increasing to 60% of those ages 65 and over. The 2015 BRFSS reported that 72% of Ohio and 73% of U.S. adults ages 65 and over had a pneumonia shot in their life.
- Holmes County adults had the following vaccines: MMR in their lifetime (65%), tetanus booster (including Tdap) in the past 10 years (53%), chicken pox in their lifetime (33%), Zoster (shingles) vaccine in their lifetime (17%), pertussis vaccine in the past 10 years (13%), and human papillomavirus (HPV) vaccine in their lifetime (6%).

Preventive Health Screenings and Exams

- More than one-third (37%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past five years.
- In the past year, 35% of Holmes County women ages 40 and over had a mammogram.
- See the Women's Health section for further mammogram, clinical breast exam, and Pap smear screening test information.

Adult Comparisons	Holmes County 2017	Ohio 2015	U.S. 2015
Had a pneumonia vaccination (ages 65 and over)	60%	72%	73%
Had a flu vaccine in the past year (ages 65 and over)	58%	58%	61%
Had a sigmoidoscopy/colonoscopy in the past 5 years (ages 50 and over)	37%	68%*	69%*

**2014 BRFSS data*

Holmes County Adult Health Screening Results*

General Screening Results	Total Sample
Diagnosed with High Blood Pressure	20%
Diagnosed with High Blood Cholesterol	19%
Diagnosed with Diabetes	5%
Survived a Heart Attack	3%
Survived a Stroke	2%

**Percentages based on all Holmes County adults surveyed*

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

Healthcare Topics	Total 2017
Family history	25%
Immunizations	22%
Weight Control including diet and physical activity	21%
Safe use of prescription medication	16%
Depression, anxiety or emotional problems	14%
Injury prevention such as safety belt use, helmet use & smoke detectors	9%
Family planning	8%
Tobacco use	6%
Safe use of opiate-based pain medication	5%
PSA test	5%
Digital Rectal Exam (DRE)	4%
Self-testicular exams	3%
Alcohol use	2%
Illicit drug use	1%
Domestic violence	1%
Sexually transmitted diseases (STD's)	<1%

**Healthy People 2020
Immunization and Infectious Diseases (IID)**

Objective	Holmes County 2017	Ohio 2015	U.S. 2015	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	60%	72%	73%	90%

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

(Sources: Healthy People 2020 Objectives, 2015 BRFSS, 2017 Holmes County Health Assessment)

Who Should Get a Yearly Flu Shot?

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

- All persons aged 6 months and older should be vaccinated annually.
- When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to persons who:
 - Are aged 6 months through 4 years.
 - Are aged 50 years and older.
 - Age aged 6 months through 18 years and receiving long-term aspirin therapy and who therefore might be at risk for experiencing Reye syndrome after influenza virus infection.
 - Have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus).
 - Are or will be pregnant during the influenza season.
 - Are American Indians/Alaska Natives.
 - Are morbidly obese (body-mass index is 40 or greater).
 - Are health-care personnel.
 - Are household contacts and caregivers of children aged younger than 5 years and adults aged 50 years and older, with particular emphasis on vaccinating contacts of children aged younger than 6 months.
 - Are residents of nursing homes and other chronic-care facilities.
 - Are immunosuppressed (including immunosuppression caused by medications or by Human Immunodeficiency Virus)
 - Are household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.

(Source: CDC, Seasonal Influenza (Flu), Who Should Get Vaccinated against Influenza, Updated in September 7, 2016)

Healthcare Access: Women's Health

Key Findings

In 2017, more than one-third (35%) of Holmes County women over the age of 40 reported having a mammogram in the past year. Twenty-seven percent (27%) of Holmes County women ages 19 and over had a clinical breast exam, and 23% had a Pap smear to detect cancer of the cervix in the past year. The health assessment determined that 1% of women survived a heart attack and 2% survived a stroke at some time in their life. Nearly one-third (31%) were obese, 16% had high blood pressure, 18% had high blood cholesterol, and 7% were identified as smokers, known risk factors for cardiovascular diseases.

Women's Health Screenings

- In 2017, 42% of women had a mammogram at some time, and nearly one-fifth (18%) had this screening in the past year.
- More than one-third (35%) of women ages 40 and over had a mammogram in the past year, and 49% had one in the past two years. The 2014 BRFSS reported that 72% of women 40 and over in Ohio and 73% in the U.S. had a mammogram in the past two years.
- More than two-thirds (68%) Holmes County women had a clinical breast exam at some time in their life, and 27% had one within the past year. More than half (55%) of women ages 40 and over had a clinical breast exam in the past two years.
- This assessment has identified that 78% of Holmes County women had a Pap smear, and 23% reported having had the exam in the past year. Fifty-four percent (54%) of women had a Pap smear in the past three years. The 2014 BRFSS indicated that 74% of Ohio and 75% of U.S. women had a Pap smear in the past three years.

Pregnancy

- Thirty-seven percent (37%) of Holmes County women had been pregnant in the past five years.
- During their last pregnancy, Holmes County women did the following: took a multi-vitamin with folic acid during pregnancy (87%), got a prenatal appointment in the first 3 months (64%), took a multi-vitamin with folic acid pre-pregnancy (48%), took folic acid during pregnancy (20%), got a dental exam (16%), took folic acid pre-pregnancy (16%), experienced depression (13%), received WIC benefits (13%), and looked for options for an unwanted pregnancy (<1%).

Women's Health Concerns

- From 2013-2015, major cardiovascular diseases (heart disease and stroke) accounted for 36% of all female deaths in Holmes County (Source: CDC Wonder, Underlying Cause of Death).
- In 2017, the health assessment determined that 1% of women had survived a heart attack and 2% had survived a stroke at some time in their life.

Holmes County Female Leading Causes of Death, 2013 – 2015

1. Heart Diseases (29% of all deaths)
2. Cancers (22%)
3. Stroke (7%)
4. Alzheimer's (5%)
5. Influenza & Pneumonia (4%)

(Source: CDC Wonder, 2013-2015)

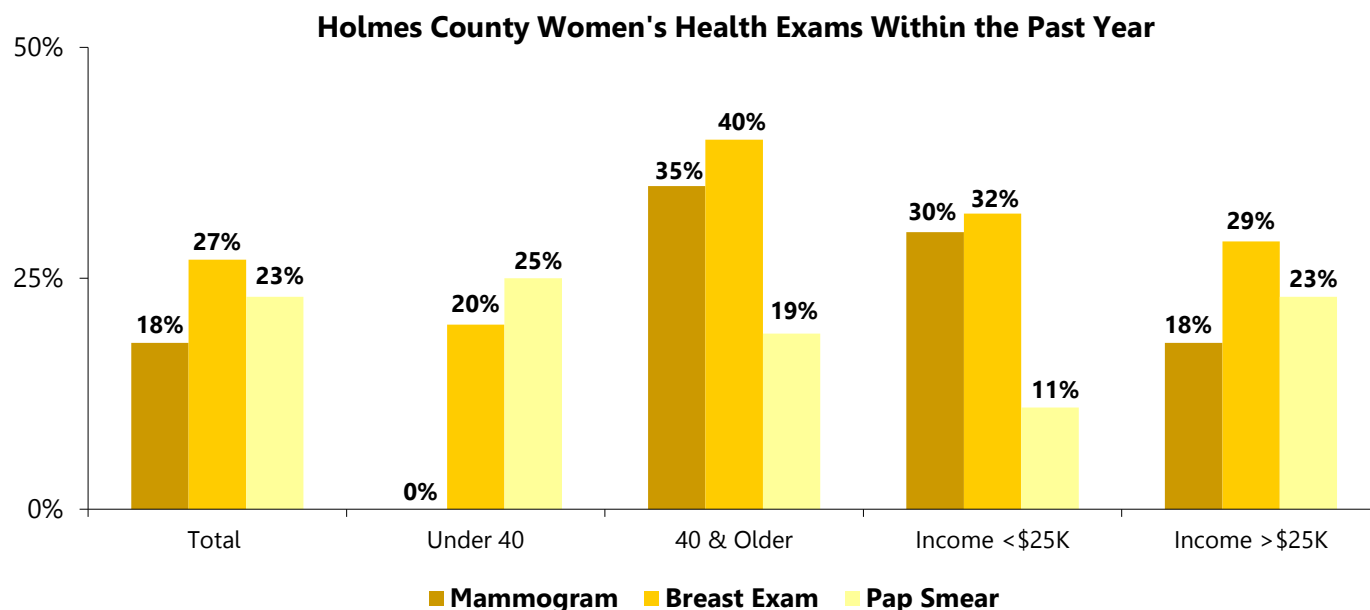
Ohio Female Leading Causes of Death, 2013 – 2015

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

(Source: CDC Wonder, 2013-2015)

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Holmes County, the 2017 health assessment has identified that:
 - 62% of women were overweight or obese (61% Ohio, 59% U.S., 2015 BRFSS)
 - 18% were diagnosed with high blood cholesterol (36% Ohio 35% U.S., 2015 BRFSS)
 - 16% were diagnosed with high blood pressure (31% Ohio, 30% U.S., 2015 BRFSS)
 - 7% of all women were current smokers (20% Ohio, 15% U.S., 2015 BRFSS)
 - 5% had been diagnosed with diabetes (11% Ohio, 10% U.S., 2015 BRFSS)

The following graph shows the percentage of Holmes County female adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 18% of Holmes County females had a mammogram within the past year, 27% had a clinical breast exam, and 23% had a Pap smear.



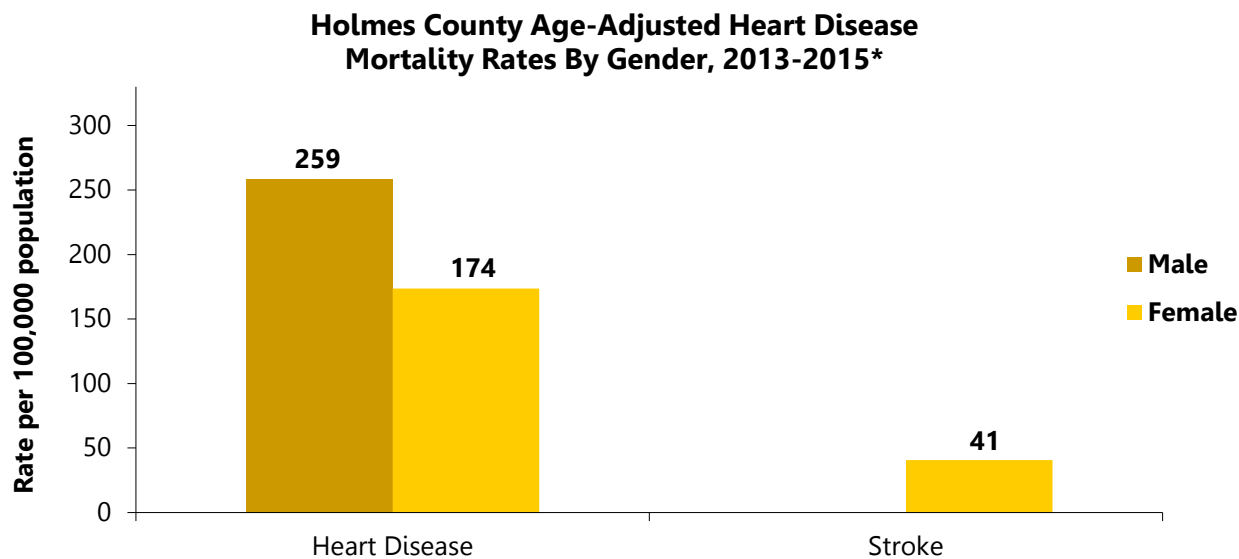
Adult Comparisons	Holmes County 2017	Ohio 2015	U.S. 2015
Had a mammogram in the past two years (age 40 & over)	49%	72%*	73%*
Had a Pap smear in the past three years	54%	74%*	75%*

*2014 BRFSS

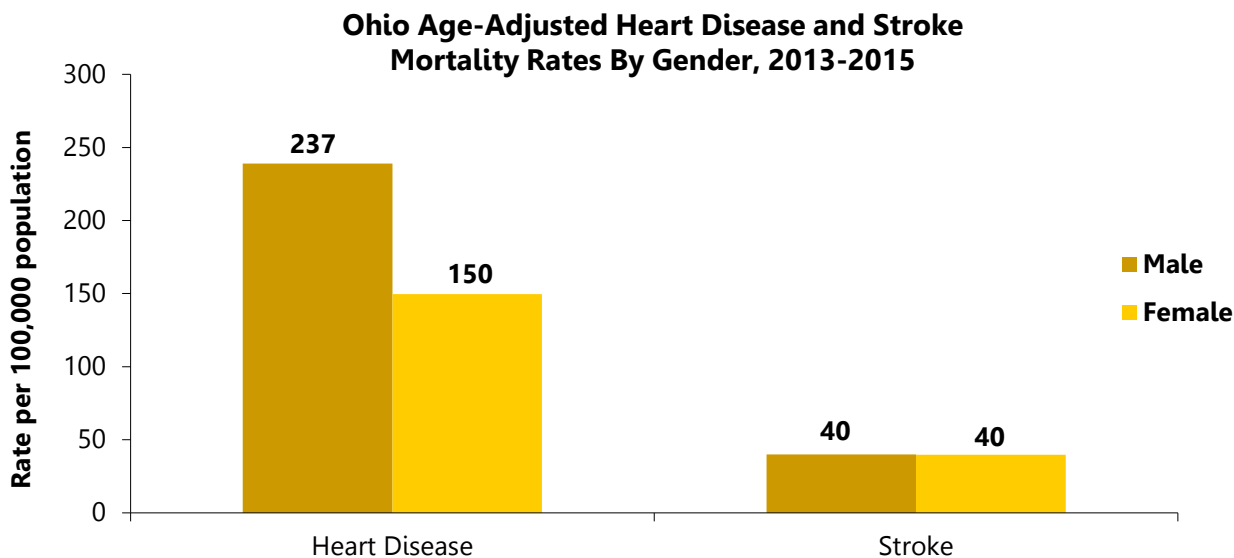
N/A-Not available

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

- From 2013-2015, the Holmes County and Ohio female age-adjusted mortality rate was lower than the male rate for heart disease.
- The Holmes County female heart disease mortality rate was higher than the Ohio female rate from 2013-2015.



**The Holmes County male age-adjusted is not available due to data being unreliable*



(Source: CDC Wonder, 2013-2015)

What Can I Do to Reduce My Risk of Breast Cancer?

Many factors can influence your breast cancer risk, and most women who develop breast cancer do not have any known risk factors or a history of the disease in their families. However, you can help lower your risk of breast cancer in the following ways:

- Keep a healthy weight.
- Exercise regularly (at least four hours a week).
- Get enough sleep.
- Don't drink alcohol, or limit alcohol drinks to no more than one per day.
- Avoid exposures to chemicals that can cause cancer (carcinogens).
- Try to reduce your exposure to radiation during medical tests like mammograms, X-rays, CT scans, and PET scans.
- If you are taking, or have been told to take, hormone replacement therapy or oral contraceptives (birth control pills), ask your doctor about the risks and find out if it is right for you.
- Breastfeed your babies, if possible.

If you have a family history of breast cancer or inherited changes in your BRCA1 and BRCA2 genes, you may have a higher breast cancer risk. Talk to your doctor about these ways of reducing your risk:

- Anti-estrogens or other medicines that block or decrease estrogen in your body.
- Surgery to reduce your risk of breast cancer:
 - Prophylactic (preventive) mastectomy (removal of breast tissue).
 - Prophylactic (preventive) salpingo-oophorectomy (removal of the ovaries and fallopian tubes).

(Source: Centers for Disease Control and Prevention, What Can I Do to Reduce My Risk of Breast Cancer? Updated April 14, 2016)

Healthcare Access: Oral Health

Key Findings

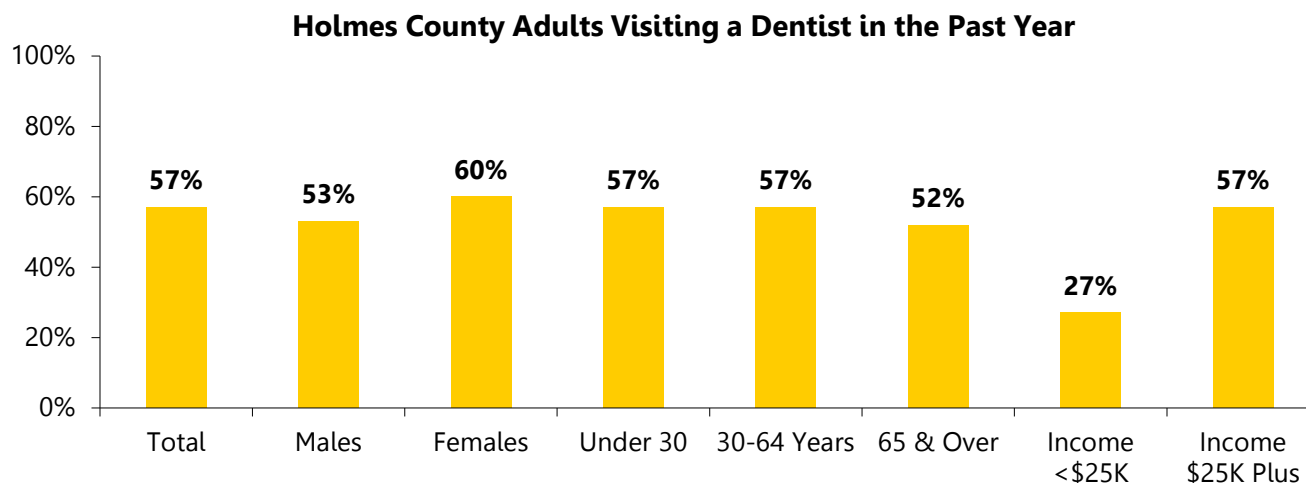
The health assessment has determined more than half (57%) of Holmes County adults had visited a dentist or dental clinic in the past year. The 2014 BRFSS reported that 65% of Ohio adults and 65% of U.S. adults had visited a dentist or dental clinic in the previous twelve months.

Access to Dental Care

- In the past year, 57% of Holmes County adults had visited a dentist or dental clinic, decreasing to 27% of those with incomes less than \$25,000.
- The 2014 BRFSS reported that 65% of Ohio adults and 65% of U.S. adults had visited a dentist or dental clinic in the previous twelve months.
- Three-fourths (75%) of Holmes County adults with dental insurance had been to the dentist in the past year, compared to 51% of those without dental insurance.
- When asked the main reason for not visiting a dentist in the last year, 42% had no oral health problems, 24% had dentures, 22% said cost, 8% said fear, apprehension, nervousness, pain, and dislike going, 1% could not get into a dentist, 1% did not have/know a dentist, and <1% said their dentist did not accept their medical insurance. Two percent (2%) of adults selected multiple reasons for not visiting a dentist in the past year.
- Holmes County adults reported the following oral health issues: pain (6%), difficulty eating or chewing (4%), oral bleeding (3%), problems with dentures (2%), loose teeth (1%), no teeth (1%), skipped meals due to pain (<1%), and missed work due to mouth pain (<1%).
- More than half (57%) of adults had one or more of their permanent teeth removed, increasing to 76% of those ages 65 and over. The 2014 BRFSS reported that 47% of Ohio adults and 43% of U.S. adults had one or more permanent teeth removed.
- Nearly one-fourth (23%) Holmes County adults ages 65 and over had all of their permanent teeth removed. The 2014 BRFSS reported that 18% of Ohio adults and 15% of U.S. adults ages 65 and over had all of their permanent teeth removed.

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	53%	7%	11%	20%	1%
Females	60%	13%	7%	14%	<1%
Total	57%	10%	9%	17%	1%

The following graph provides information about the frequency of Holmes County adult dental visits. Examples of how to interpret the information on the first graph include: 57% of all Holmes County adults had been to the dentist in the past year, including 57% of those under the age of 30 and 27% of those with incomes less than \$25,000.



Adult Comparisons	Holmes County 2017	Ohio 2015	U.S. 2015
Adults who have visited the dentist in the past year	57%	65%*	65%*
Adults who had one or more permanent teeth removed	57%	47%*	43%*
Adults 65 years and older who had all of their permanent teeth removed	23%	18%*	15%*

**2014 BRFSS*

Oral Health Basics

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

(Source: Centers for Disease Control and Prevention, Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, October 8, 2015)

Health Behaviors: Health Status Perceptions

Key Findings

In 2017, more than three-fifths (62%) of the Holmes County adults rated their health status as excellent or very good. Conversely, 7% of adults, increasing to 31% of those with incomes less than \$25,000, described their health as fair or poor.

Adults Who Rated General Health Status Excellent or Very Good

- Holmes County 62% (2017)
- Ohio 52% (2015)
- U.S. 52% (2015)

(Source: 2015 BRFSS for Ohio and U.S.)

General Health Status

- In 2017, more than three-fifths (62%) of Holmes County adults rated their health as excellent or very good. Holmes County adults with higher incomes (64%) were most likely to rate their health as excellent or very good, compared to 29% of those with incomes less than \$25,000.
- Seven percent (7%) of adults rated their health as fair or poor. The 2015 BRFSS has identified that 17% of Ohio and 16% of U.S. adults self-reported their health as fair or poor.
- Holmes County adults were most likely to rate their health as fair or poor if they:
 - Had been diagnosed with diabetes (39%)
 - Had an annual household income under \$25,000 (31%)
 - Were 65 years of age or older (22%)
 - Were divorced (22%) or widowed (19%)
 - Had high blood pressure (18%) or high blood cholesterol (17%)

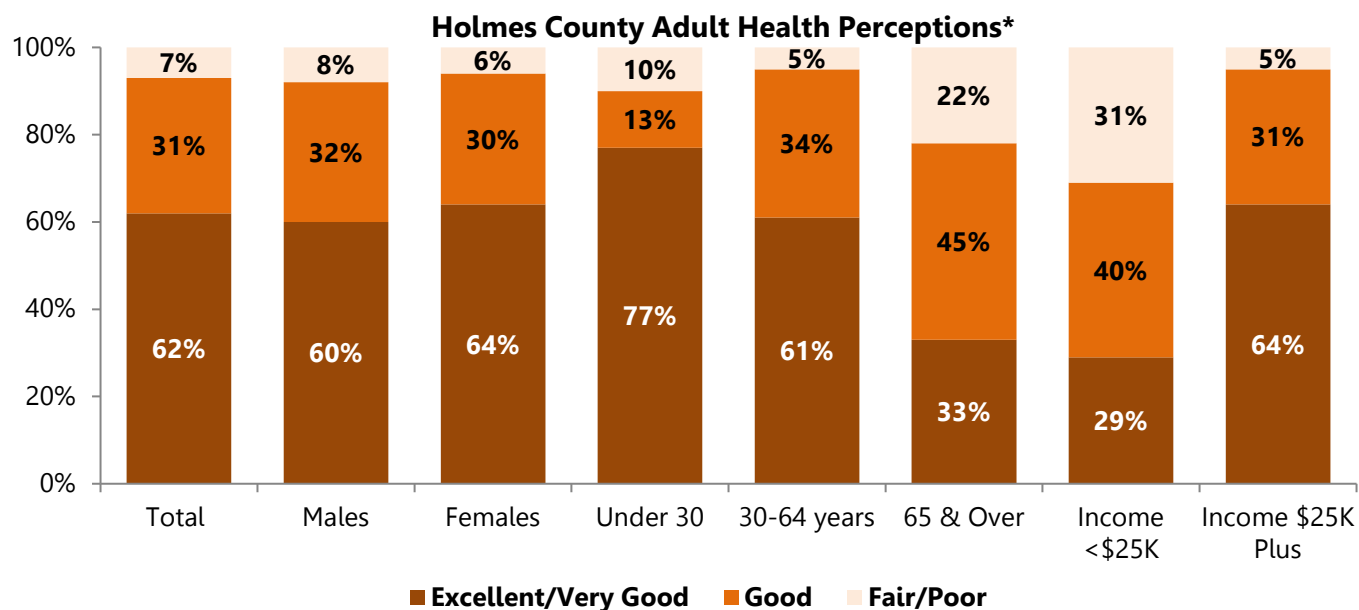
Physical Health Status

- In 2017, 15% of Holmes County adults rated their physical health as not good on four or more days in the previous month.
- Holmes County adults reported their physical health as not good on an average of 2.7 days in the previous month. Ohio and U.S. adults reported their physical health as not good on an average of 4.0 days and 3.8 days, respectively, in the previous month *(Source: 2014 BRFSS as compiled by County Health Rankings)*.
- Holmes County adults were most likely to rate their physical health as not good if they:
 - Had an annual household income under \$25,000 (31%)
 - Were 65 years of age or older (30%)

Mental Health Status

- In 2017, 15% of Holmes County adults rated their mental health as not good on four or more days in the previous month.
- Holmes County adults reported their mental health as not good on an average of 2.4 days in the previous month. Ohio and U.S. adults reported their mental health as not good on an average of 4.3 days and 3.7 days, respectively, in the previous month *(Source: 2014 BRFSS as compiled by County Health Rankings)*.
- More than one-in-seven (15%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.
- Holmes County adults were most likely to rate their mental health as not good if they:
 - Had an annual household income under \$25,000 (29%)
 - Were female (19%)

The following graph shows the percentage of Holmes County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 62% of all Holmes County adults, 77% of those under age 30, and 33% of those ages 65 and older rated their health as excellent or very good. The table shows the percentage of adults with poor physical and mental health in the past 30 days.



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

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	63%	17%	4%	2%	8%
Females	56%	24%	4%	5%	8%
Total	59%	21%	4%	4%	8%
Mental Health Not Good in Past 30 Days*					
Males	70%	15%	3%	4%	4%
Females	57%	20%	7%	1%	10%
Total	63%	18%	5%	2%	7%

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

Adult Comparisons	Holmes County 2017	Ohio 2015	U.S. 2015
Rated health as excellent or very good	62%	52%	52%
Rated health as fair or poor	7%	17%	17%
Average days that physical health not good in past month	2.7	4.0*	3.8*
Average days that mental health not good in past month	2.4	4.3*	3.7*
Average days that poor physical or mental health kept them from doing their usual activities in past month	1.4	2.3‡	2.4‡

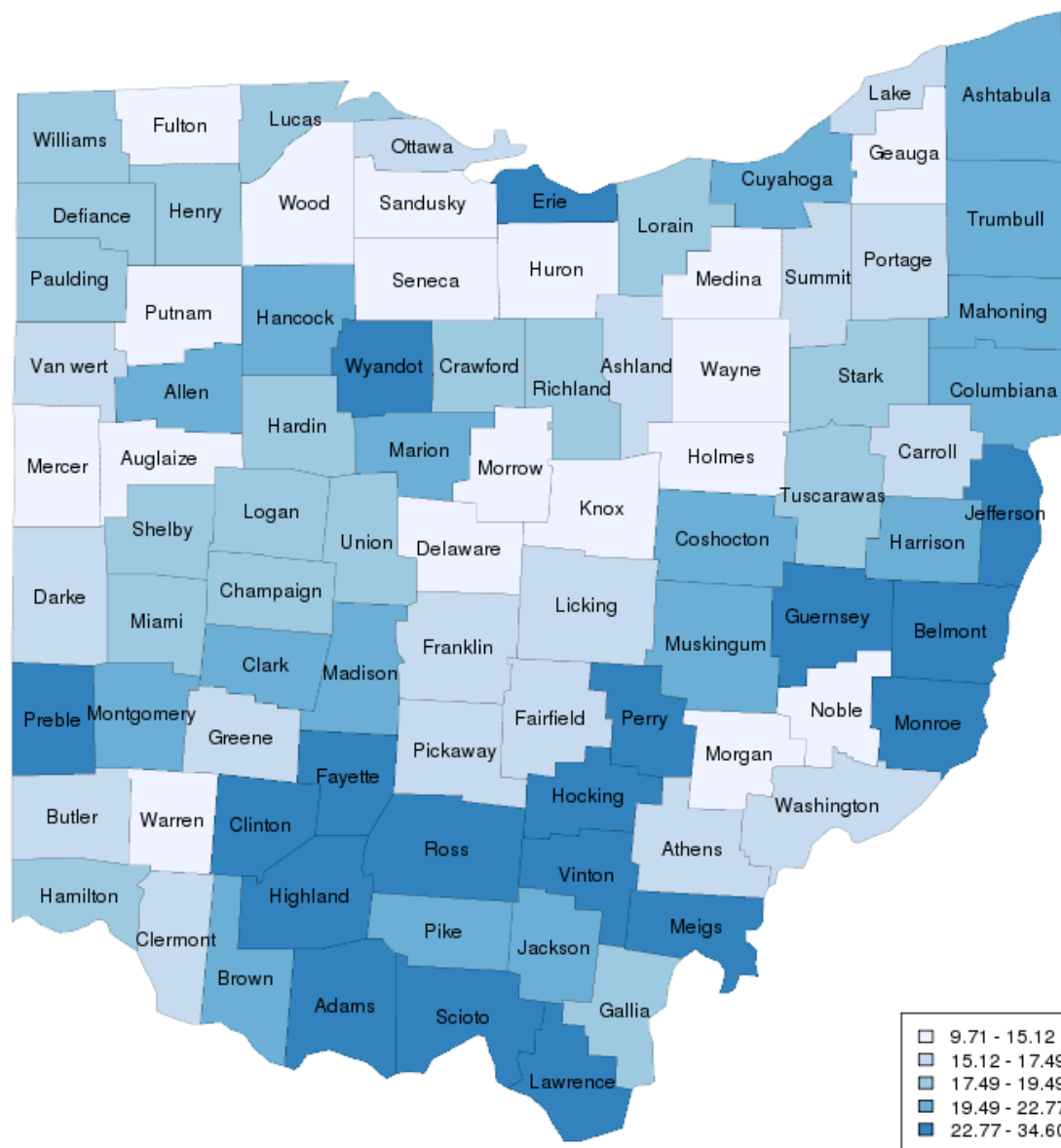
*2014 BRFSS data as compiled by County Health Rankings

‡2010 BRFSS data

The following map shows the estimated proportion of all adults, ages 19 years and older, with family incomes at 0% Federal Poverty Level (FPL) or more who rated their overall health as fair/poor.

- Eleven percent (11%) of Holmes County adults, ages 19 years and older, rated their overall health as fair/poor.
- Eighteen percent (18%) of Ohio adults, ages 19 years and older, rated their overall health as fair/poor.

Estimated Proportion: Poor/Fair Overall Health, All Adults, Ages 19 Years and Older (2015)



(Source: Ohio Medicaid Assessment Survey (OMAS) Adult Dashboard, 2015)

Health Behaviors: Adult Weight Status

Key Findings

The 2017 health assessment identified that 65% of Holmes County adults were overweight or obese based on Body Mass Index (BMI). The 2015 BRFSS indicates that 30% of Ohio and of U.S. adults were obese by BMI. Nearly one-third (30%) of Holmes County adults were obese.

Adult Weight Status

- In 2017, the health assessment indicated that nearly two-thirds (65%) of Holmes County adults were either overweight (35%) or obese (30%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.
- More than two-fifths (41%) of adults were trying to lose weight, 34% were trying to maintain their current weight or keep from gaining weight, and 2% were trying to gain weight.
- Holmes County adults did the following to lose weight or keep from gaining weight: exercised (41%); drank more water (40%); ate less food, fewer calories, or foods low in fat (39%); ate a low-carb diet (13%); took diet pills, powders or liquids without a doctor's advice (2%); health coaching (2%); smoked cigarettes (2%); used a weight loss program (2%); took laxatives (1%); took prescribed medications (1%); went without eating 24 or more hours (1%); participated in a prescribed dietary or fitness program (1%); and bariatric surgery (<1%).

30% of Holmes County adults were obese.

Physical Activity

- In Holmes County, 54% of adults were engaging in some type of physical activity or exercise for at least 30 minutes three or more days per week. Thirty-three percent (33%) of adults were exercising five or more days per week. More than one-fourth (28%) of adults were not participating in any physical activity in the past week, including 2% who were unable to exercise.
- The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, CDC also recommends muscle-strengthening activities that work all major muscle groups on two or more days per week (*Source: CDC, Physical Activity for Everyone*).
- Reasons for not exercising included the following: time (25%); too tired (14%); laziness (9%); weather (9%); do not like to exercise (9%); pain or discomfort (7%); could not afford a gym membership (5%); no child care (2%); no exercise partner (2%); no gym available (2%); transportation (2%); did not know what activities to do (1%); poorly maintained/no sidewalks (1%); neighborhood safety (1%); doctor advised them not to exercise (1%); lack of opportunities for those with physical impairments or challenges (1%); and no walking, biking trails or parks (<1%).
- Holmes County adults spent the most time doing the following physical activities in the past year: walking (21%), farming/yardwork/gardening (7%), running/jogging (5%), cycling (4%), occupational exercise (4%), exercise machines (2%), exercise videos (2%), group activities (1%), exercise videos (<1%), strength training (<1%), swimming (<1%), group exercise classes (<1%), and other activities (3%). Forty-two percent (42%) of adults spent time doing multiple types of exercises, and 7% of adults did not exercise at all, including 1% who were unable to do so.
- When at work, Holmes County adults reported doing the following: mostly sitting (17%), mostly walking (13%), mostly heavy labor or physically demanding work (11%), and mostly standing (6%). Twenty-seven percent (27%) reported what they did at work varied, and 26% of adults reported they were unemployed.
- Holmes County adults spent an average of 1.2 hours watching TV, 0.8 hours on their cell phone, 0.5 hours on the computer (outside of work), and 0.1 hours playing video games on an average day of the week.

Nutrition

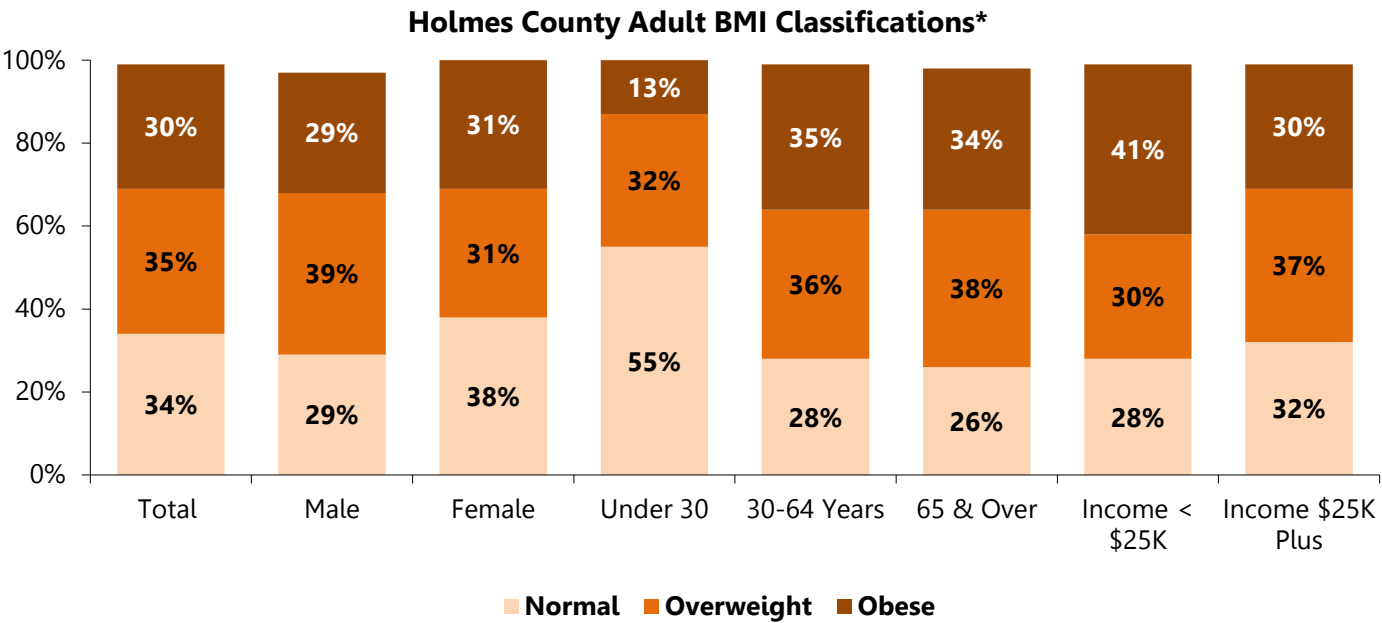
- In 2017, 72% of adults ate between 1-2 servings of fruits and vegetables per day. One-fifth (20%) ate between 3-4 servings, and 3% ate 5 or more servings per day. The American Cancer Society recommends that adults eat at least 2 ½ cups (5 servings) of fruits and vegetables per day to reduce the risk of cancer and to maintain good health *(Source: American Cancer Society, 2017)*.
- Holmes County adults reported the following reasons they chose the types of food they ate: taste/enjoyment (57%), healthiness of food (53%), what their family prefers (41%), cost (39%), food they were used to (34%), availability (29%), ease of preparation/time (27%), nutritional content (22%), calorie content (12%), if it is genetically modified (11%), if it is organic (10%), artificial sweetener content (8%), if it is gluten free (5%), health care provider's advice (3%), other food sensitivities (3%), and if it is lactose free (2%).
- Sixty-two percent (62%) of adults ate out in a restaurant or brought home take-out in a typical week, 2% of whom did so for five or more meals.
- Thirteen percent (13%) of adults drank soda pop, punch, Kool-Aid, sports drinks, energy drinks, or other fruit-flavored drinks at least once per day. Forty-four percent (44%) of adults did not drink any sugar-sweetened beverages in the past week.
- Holmes County adults reported they ate even when they were not hungry rarely or never (44%), sometimes (52%), usually (4%), and always (<1%).
- Holmes County adults had access to a wellness program through their employer or spouse's employer with the following features: health risk assessment (7%), free/discounted gym membership (6%), lower insurance premiums for participation in wellness program (5%), on-site health screenings (5%), gift cards or cash for participation in wellness program (4%), free/discounted smoking cessation program (3%), on-site fitness facility (2%), lower insurance premiums for positive changes in health status (2%), gift cards or cash for positive changes in health status (2%), free/discounted weight loss program (2%), on-site health education classes (2%), and healthier food options in vending machines or cafeteria (1%).
- Twenty-nine percent (29%) of Holmes County adults did not have access to any wellness programs.

Adult Obesity Facts

- Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death.
- The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 U.S. dollars; the medical costs for people who are obese were \$1,429 higher than those of normal weight.
- Non-Hispanic blacks have the highest age-adjusted rates of obesity (48.1%) followed by Hispanics (42.5%), non-Hispanic whites (34.5%), and non-Hispanic Asians (10.8%).
- Obesity is higher among middle age adults, 40-59 years old (40.2%) than among younger adults, age 20-39 (32.3%) or adults over 60 or above (32.3%) adults.

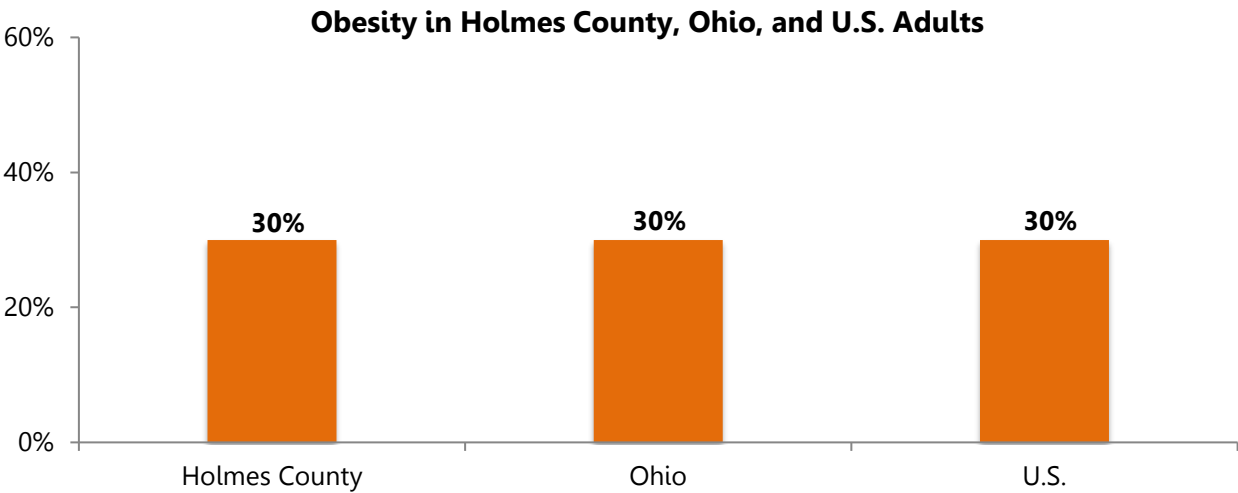
(Source: CDC, Adult Obesity Facts, updated September 1, 2016)

The following graph shows the percentage of Holmes County adults who are overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 34% of all Holmes County adults were classified as normal weight, 35% were overweight, and 30% were obese.



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

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

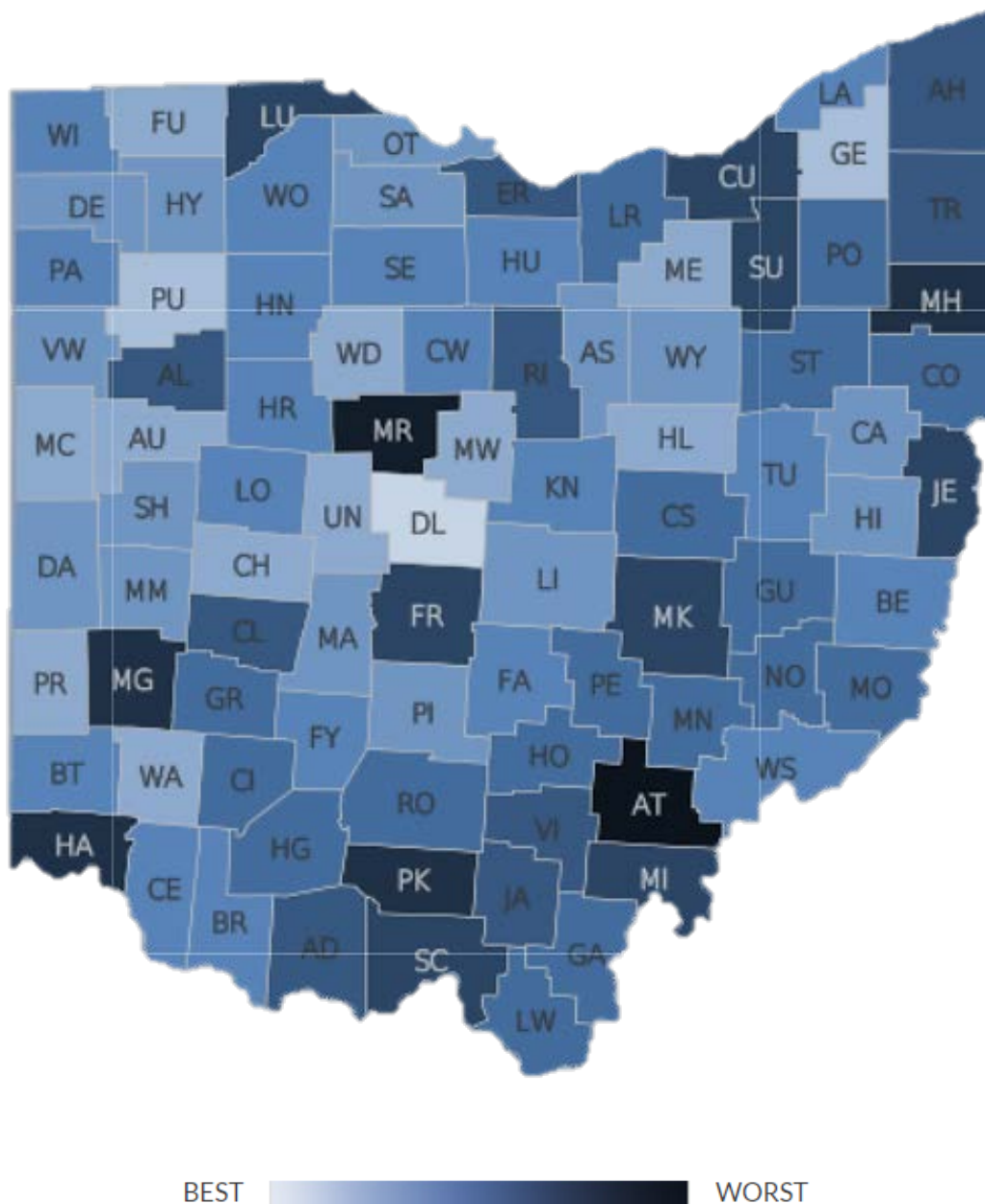


(Source: 2017 Holmes County Health Assessment and 2013 BRFSS)

Adult Comparisons	Holmes County 2017	Ohio 2015	U.S. 2015
Obese	30%	30%	30%
Overweight	35%	37%	36%

The Food Environment Index measures the quality of the food environment in a county on a scale from 0 to 10 (zero being the worst value in the nation, and 10 being the best). The two variables used to determine the measure are: limited access to healthy foods & food insecurity.

- The food environment index in Holmes County is 8.3.
- The food environment index in Ohio is 7.0.



(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2017)

Health Behaviors: Adult Tobacco Use

Key Findings

In 2017, 8% of Holmes County adults were current smokers, and 17% were considered former smokers. Sixty-five percent (65%) of adults did not know if e-cigarette vapor was harmful.

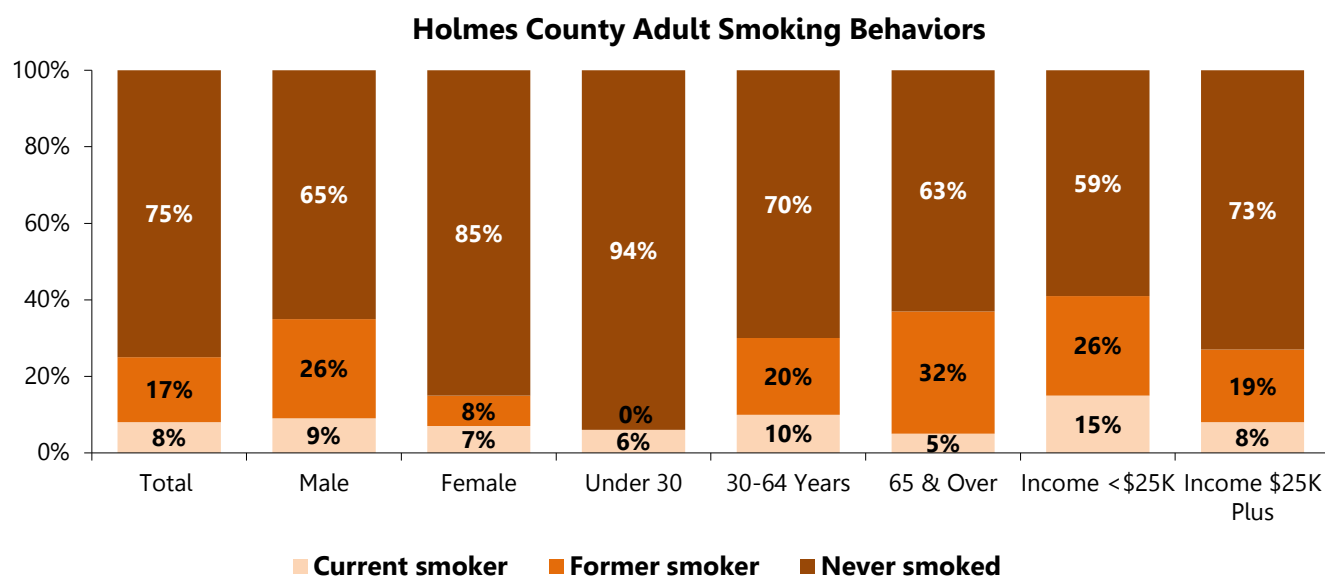
In 2017, 8% of Holmes County adults were current smokers.

Adult Tobacco Use Behaviors

- The health assessment identified that more than one-in-twelve (8%) Holmes County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days). The 2015 BRFSS reported current smoker prevalence rates of 22% for Ohio and 18% for the U.S.
- One-in-six (17%) adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). The 2015 BRFSS reported former smoker prevalence rates of 24% for Ohio and 25% of the U.S.
- Holmes County adult smokers were more likely to have:
 - Been divorced (33%)
 - Rated their overall health as poor (20%)
 - Incomes less than \$25,000 (15%)
- Holmes County adults used the following tobacco products in the past year: cigarettes (14%), e-cigarettes (4%), snuff (3%), chewing tobacco (3%), cigars (2%), Swishers (2%), Black and Milds (1%), little cigars (1%), pipes (1%), pouch (1%), cigarillos (<1%), and roll-your-own (<1%).
- Thirty percent (30%) of current smokers used one of the following methods to quit smoking in the past year: cold turkey (18%), e-cigarette (6%), Wellbutrin (3%), substitutive behaviors (3%), and nicotine patch (2%).
- Thirty-two percent (32%) of adults believed e-cigarette vapor was harmful to themselves, and 29% believed it was harmful to others. Two percent (2%) of adults did not believe e-cigarette vapor was harmful to anyone. Sixty-five percent (65%) of adults did not know if e-cigarette vapor was harmful.

Adult Comparisons	Holmes County 2017	Ohio 2015	U.S. 2015
Current smoker	8%	22%	18%
Former smoker	17%	24%	25%

The following graph shows the percentage of Holmes County adults who were smokers. Examples of how to interpret the information include: 8% of all Holmes County adults were current smokers, 17% of all adults were former smokers, and 75% 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?"

30% 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.

Electronic Cigarettes Facts

- Electronic cigarettes (e-cigarettes) are battery-powered products that typically deliver nicotine in the form of an aerosol.
- In 2014, 12.6% of adults had tried e-cigarettes even one time, with use differing by sex, age, race and Hispanic or Latino origin.
- About 3.7% of adults currently used e-cigarettes, with use differing by age and race and ethnicity.
- Current cigarette smokers and former smokers who quit smoking within the past year were more likely to use e-cigarettes than former smokers who quit smoking more than 1 year ago and those who had never smoked.
- Among current cigarette smokers who had tried to quit smoking in the past year, more than half had tried an e-cigarette, and 20.3% were current e-cigarette users.
- Men were more likely than women to have tried an e-cigarette.
- More than 20% of adults aged 18-24 had tried an e-cigarette, with use declining steadily as age increased.
- In 2014, both American Indian/Native American and white adults were more likely than black, Asian, and Hispanic adults to have ever tried e-cigarettes and to be current e-cigarette users.

(Source: U.S. Department of Health and Human Services, National Center for Health Statistics Data Brief "Electronic Cigarette Use Among Adults, United States, 2014, updated October 2015)

Smoking and Other Health Risks

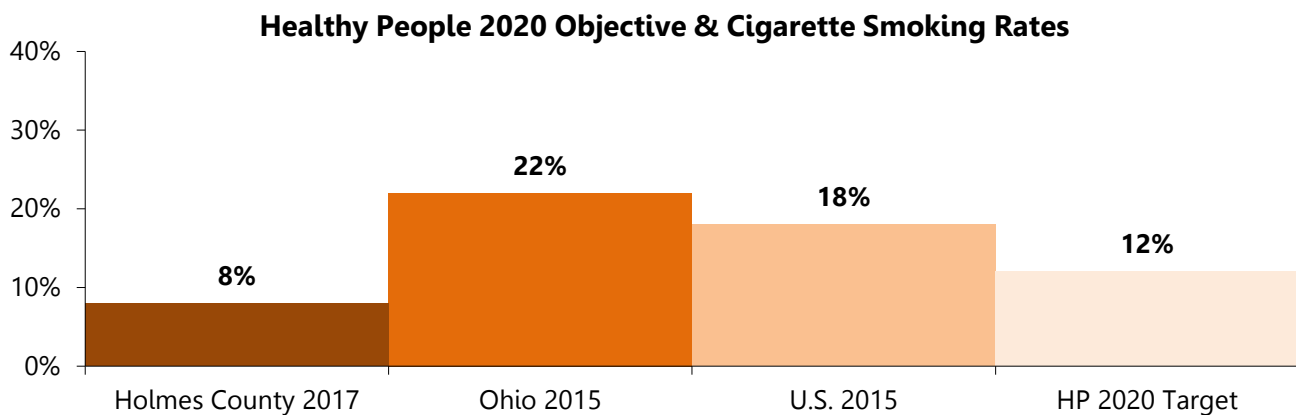
- Smoking can make it harder for a woman to become pregnant and can affect her baby's health before and after birth. Smoking increases risks for:
 - Preterm (early) delivery
 - Stillbirth (death of the baby before birth)
 - Low birth weight
 - Sudden infant death syndrome (known as SIDS or crib death)
 - Ectopic pregnancy
 - Orofacial clefts in infants
- Smoking can also affect men's sperm, which can reduce fertility and also increase risks for birth defects and miscarriage (loss of the pregnancy).
- Smoking can affect bone health.
 - Women past childbearing years who smoke have lower bone density (weaker bones) than women who never smoked and are at greater risk for broken bones.
- Smoking affects the health of your teeth and gums and can cause tooth loss.
- Smoking can increase your risk for cataracts (clouding of the eye's lens that makes it hard for you to see) and age-related macular degeneration (damage to a small spot near the center of the retina, the part of the eye needed for central vision).
- Smoking is a cause of type 2 diabetes mellitus and can make it harder to control. The risk of developing diabetes is 30-40% higher for active smokers than nonsmokers/
- Smoking causes general adverse effects on the body, including inflammation and decreased immune function.
- Smoking is a cause of rheumatoid arthritis.

(Source: CDC, *Effects of Cigarette Smoking, Smoking and Other Health Risks*, updates December 1, 2016)

17% of Holmes County adults indicated that they were former smokers.

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

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

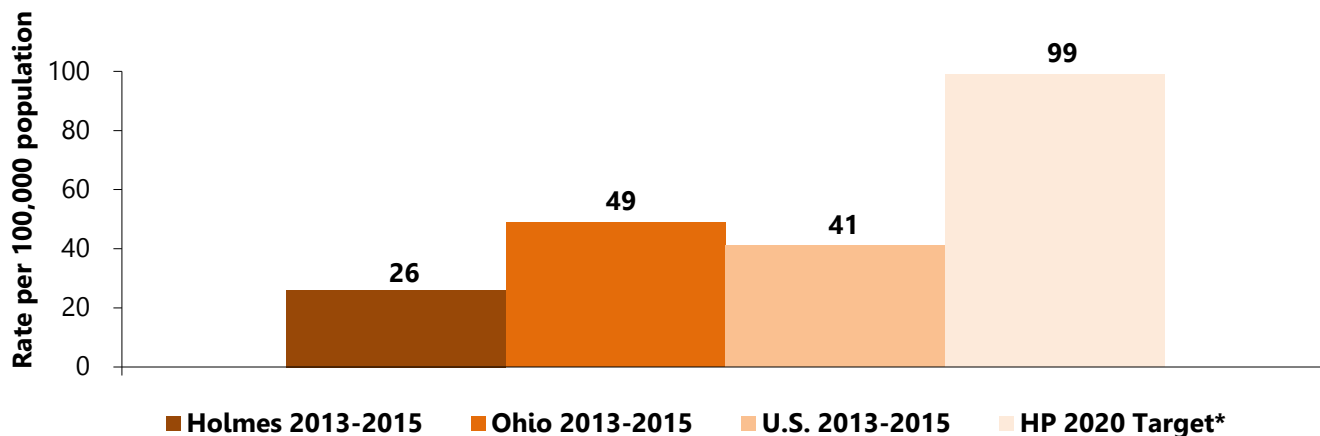


(Source: 2017 Holmes County Health Assessment, 2014 BRFSS and Healthy People 2020)

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

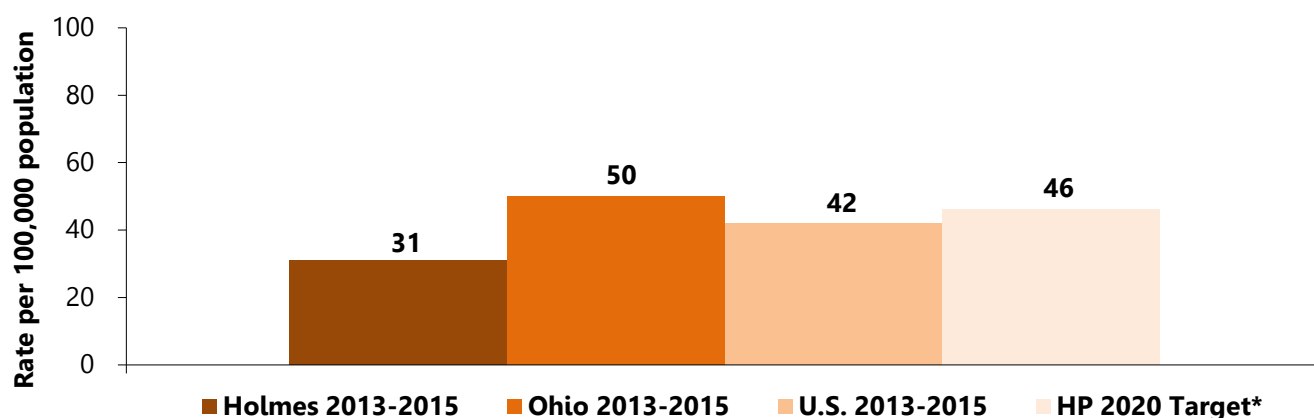
- From 2013-2015, Holmes County's age-adjusted mortality rate for Chronic Lower Respiratory Disease was lower than the Ohio, U.S. rate, and the Healthy People 2020 target objective.
- From 2013-2015, Holmes County's lung and bronchus cancer age-adjusted mortality rates were lower than Ohio and U.S. rates, as well as the Healthy People 2020 target objective.

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



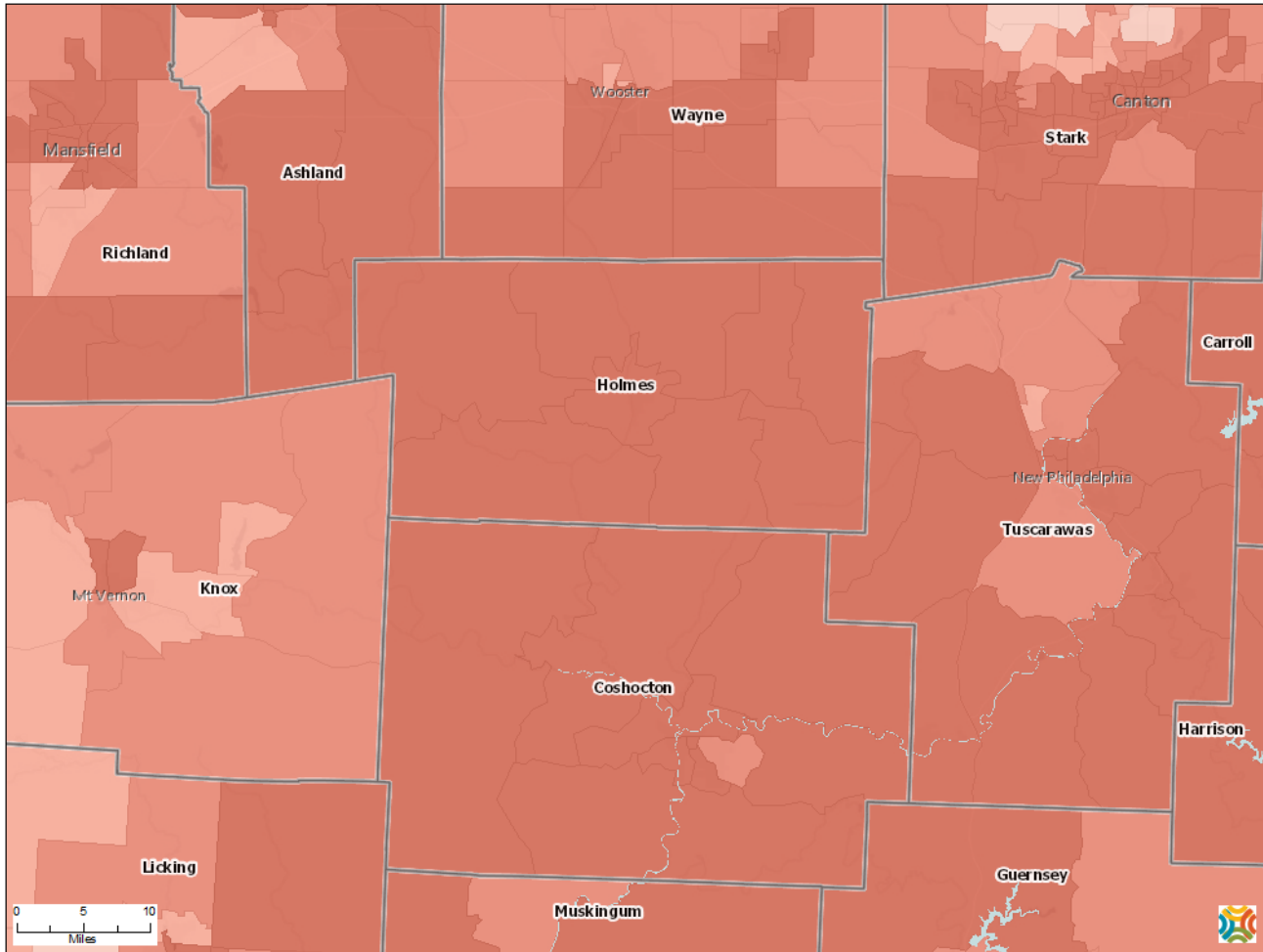
*Healthy People 2020's target rate and the U.S. rate is for adults aged 45 years and older.
(Source: CDC Wonder 2013-2015 and Healthy People 2020)

Age-Adjusted Mortality Rates for Lung & Bronchus Cancer



*Healthy People 2020 Target data is for lung cancer only
(Sources: Healthy People 2020, Ohio Public Health Data Warehouse, 2013-2015, CDC Wonder, 2013-2015)

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



Map Legend

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

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed

Community Commons, 4/19/2017

(Source: Nielsen, Nielsen SiteReports: 2014 as compiled by Community Commons, updated 4/19/2017)

Health Behaviors: Adult Alcohol Consumption

Key Findings

In 2017, the health assessment indicated that 40% of Holmes County adults had at least one alcoholic drink in the past month. Nineteen percent (19%) of those current drinkers were binge drinkers.

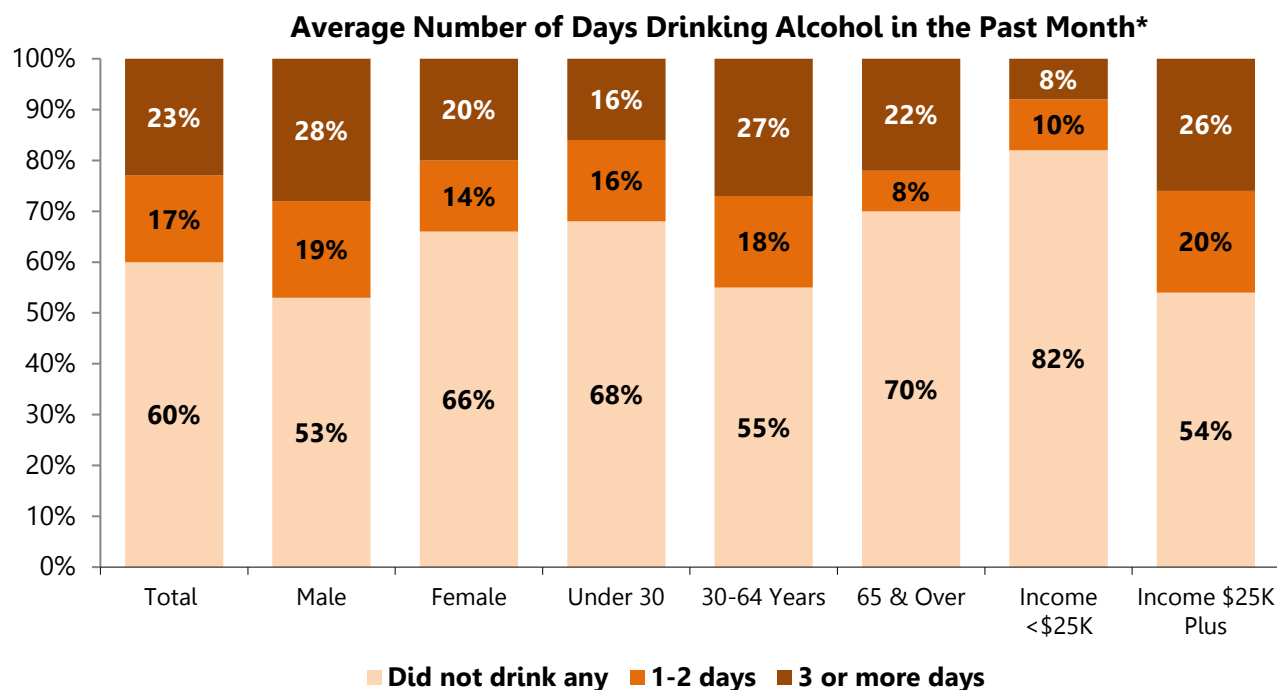
40% of Holmes County adults had at least one alcoholic drink in the past month.

Adult Alcohol Consumption

- In 2017, 40% of Holmes County adults had at least one alcoholic drink in the past month, increasing to 47% of males. The 2015 BRFSS reported current drinker prevalence rates of 53% for Ohio and 54% for the U.S.
- Of those who drank, Holmes County adults drank 1.6 drinks on average, increasing to 2.1 drinks for those ages 30-64.
- Eight percent (8%) Holmes County adults reported they had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers (the 2015 BRFSS reported binge drinking rates of 18% for Ohio and 16% for the U.S.). Of current drinkers, 19% were considered binge drinkers.
- Eleven percent (11%) of adults reported driving after drinking any alcoholic beverages, increasing to 14% of those ages 30-64.
- Holmes County adults experienced the following in the past six months: drove a vehicle or other equipment after having any alcoholic beverage (7%); drank more than they expected (5%); used prescription drugs while drinking (2%); placed themselves or their family in harm (2%); drank more to get the same effect (1%); spent a lot of time drinking (1%); failed to fulfill duties at work, home, or school (1%); had legal problems (1%); continued to drink despite problems caused by drinking (<1%); gave up other activities to drink (<1%); and tried to quit or cut down but could not (<1%).

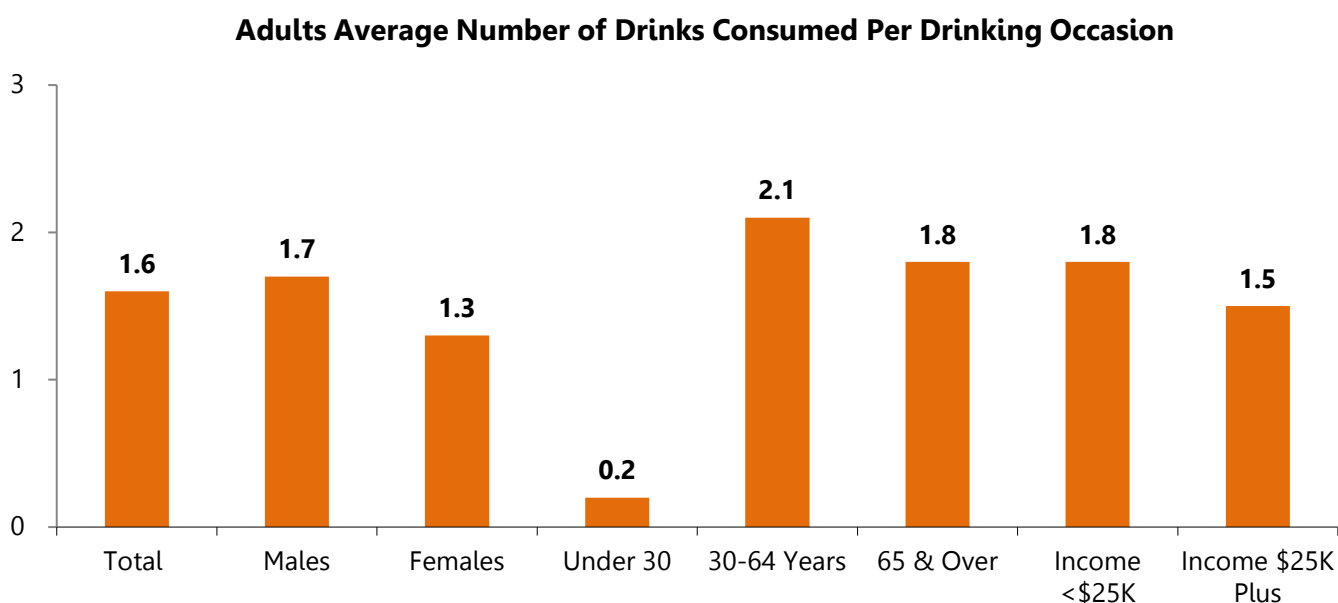
Adult Comparisons	Holmes County 2017	Ohio 2015	U.S. 2015
Drank alcohol at least once in past month	40%	53%	54%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	8%	18%	16%

The following graphs show the percentage of Holmes County adults consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 60% of all Holmes County adults did not drink alcohol, 53% of Holmes County males did not drink, and 66% of adult females reported they did not drink.

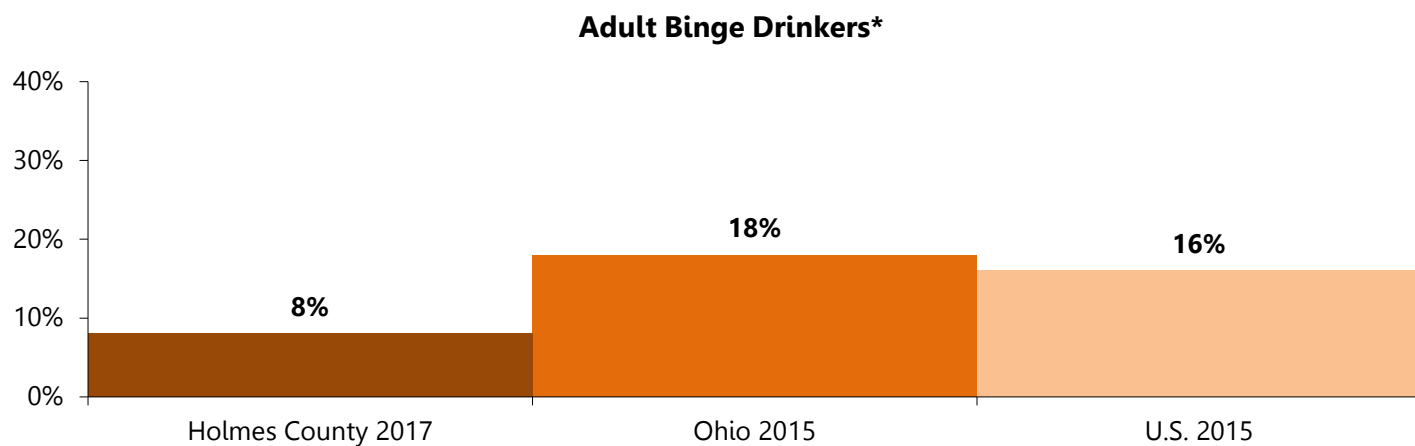


*Percentages may not equal 100% as some respondents answered "don't know"

8% Holmes County adults reported binge drinking in the last month



The following graph shows a comparison of Holmes County binge drinkers with Ohio and U.S. binge drinkers.



(Source: 2015 BRFSS, 2017 Holmes County Health Assessment)

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

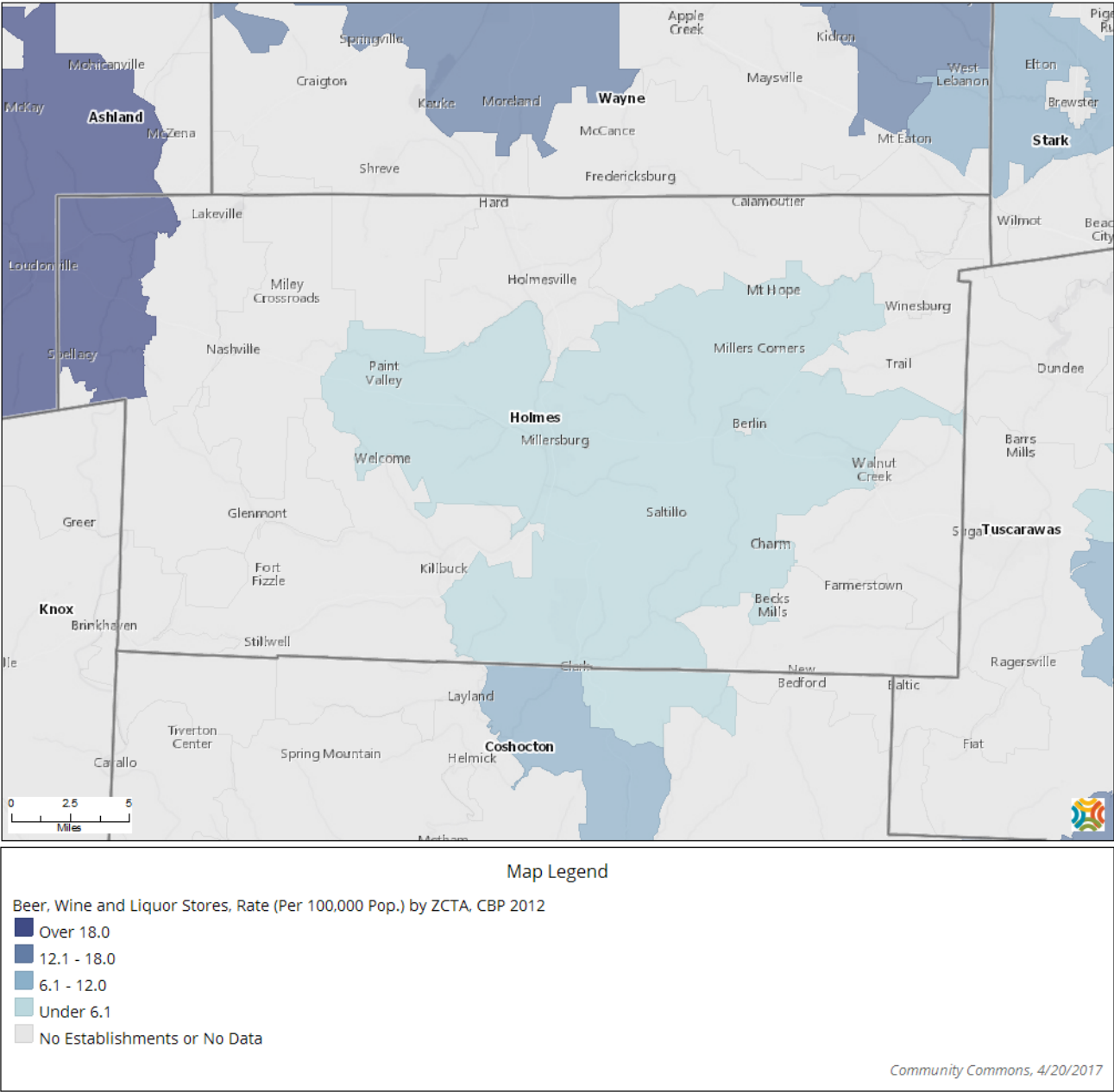
The following table shows the City of Millersburg, Holmes County, and Ohio motor vehicle accident statistics. The table shows:

- In 2016, 4% of the total crashes in Holmes County and Ohio were alcohol-related.
- Of the total number of alcohol-related crashes (32) in Holmes County, 38% were property damage only, 62% were non-fatal injury, and 0% were fatal injuries.
- There were 12,243 alcohol-related crashes in Ohio in 2016. Of those crashes, 56% were property damage only, 41% were non-fatal injury, and 3% were fatal injuries.

	City of Millersburg 2016	Holmes County 2016	Ohio 2016
Total Crashes	114	743	305,959
Alcohol-Related Total Crashes	2	32	12,243
Fatal Injury Crashes	0	4	1,054
Alcohol-Related Fatal Crashes	0	0	313
Alcohol Impaired Drivers in Crashes	2	31	11,958
Injury Crashes	28	219	77,513
Alcohol-Related Injury Crashes	1	20	5,076
Property Damage Only	86	520	227,392
Alcohol-Related Property Damage Only	1	12	6,854
Deaths	0	4	1,133
Alcohol-Related Deaths	0	0	346
Total Non-Fatal Injuries	40	330	112,330
Alcohol-Related Injuries	1	29	7,199

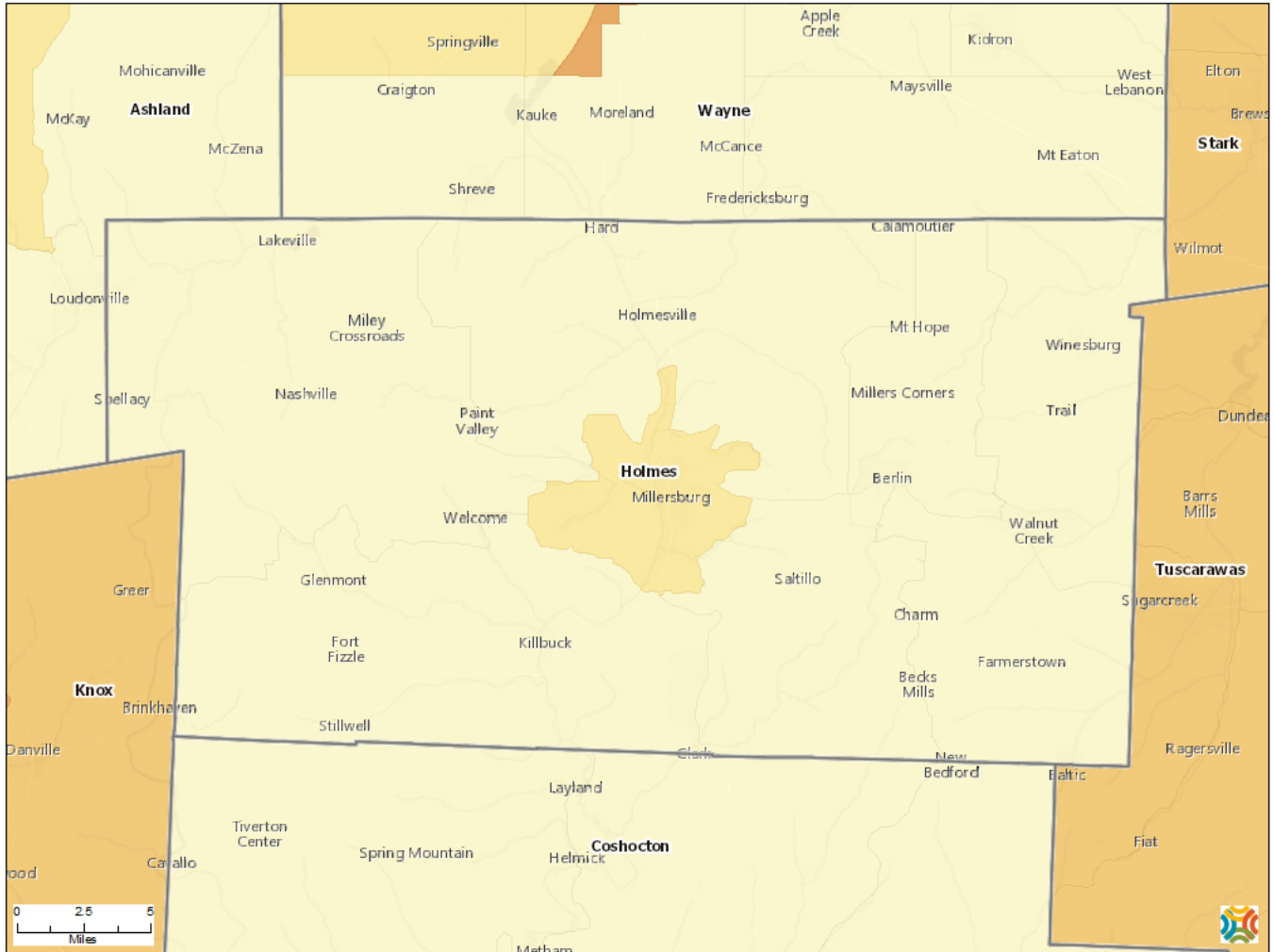
(Source: Ohio Department of Public Safety, Crash Reports, Updated 6/12/17, Traffic Crash Facts)

Beer, Wine and Liquor Stores, Rate (Per 100,000 Pop.) by Zip Code Tabulation Area (ZCTA), Census Business Patterns (CBP), 2012



(Source: US Census Bureau, County Business Patterns: 2012, as compiled by Community Commons)

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



Map Legend

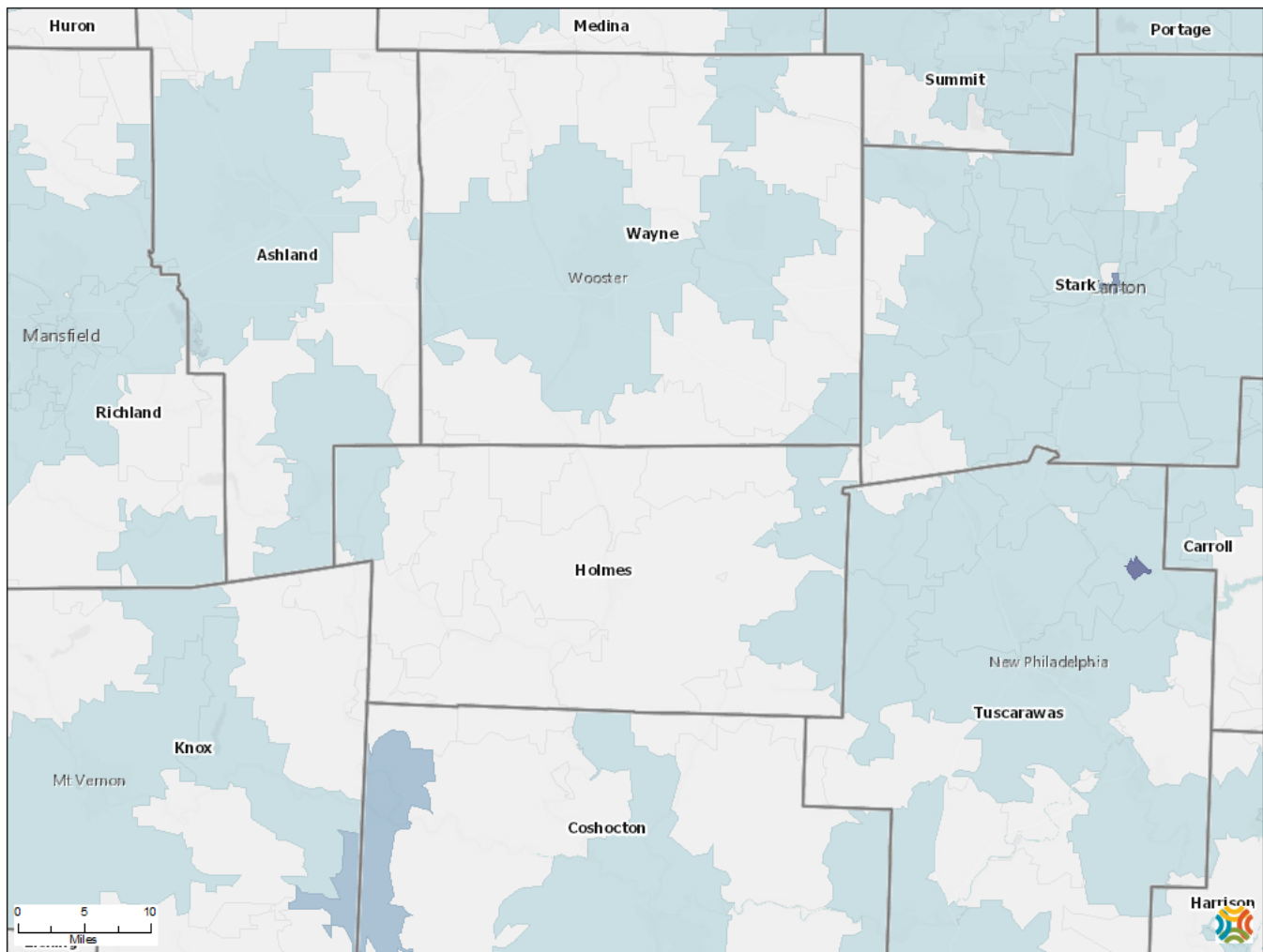
Alcoholic Beverage Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014

- 1st Quintile (Highest Expenditures)
- 2nd Quintile
- 3rd Quintile
- 4th Quintile
- 5th Quintile (Lowest Expenditures)
- No Data or Data Suppressed

Community Commons, 4/20/2017

(Source: Nielsen, Nielsen SiteReports: 2014 as compiled by Community Commons, updated 4/19/2017)

Bars and Drinking Establishments, Rate (Per 100,000 Pop.) ZCTA, CBP 2014



Map Legend

Bars and Drinking Establishments, Rate (Per 100,000 Pop.) by ZCTA, CBP 2014

- Over 32.0
- 16.1 - 32.0
- 8.1 - 16.0
- Under 8.1
- No Bars or Drinking Establishments

Community Commons, 4/20/2017

(Source: US Census Bureau, County Business Patterns: 2014 as compiled by Community Commons)

Health Behaviors: Adult Drug Use

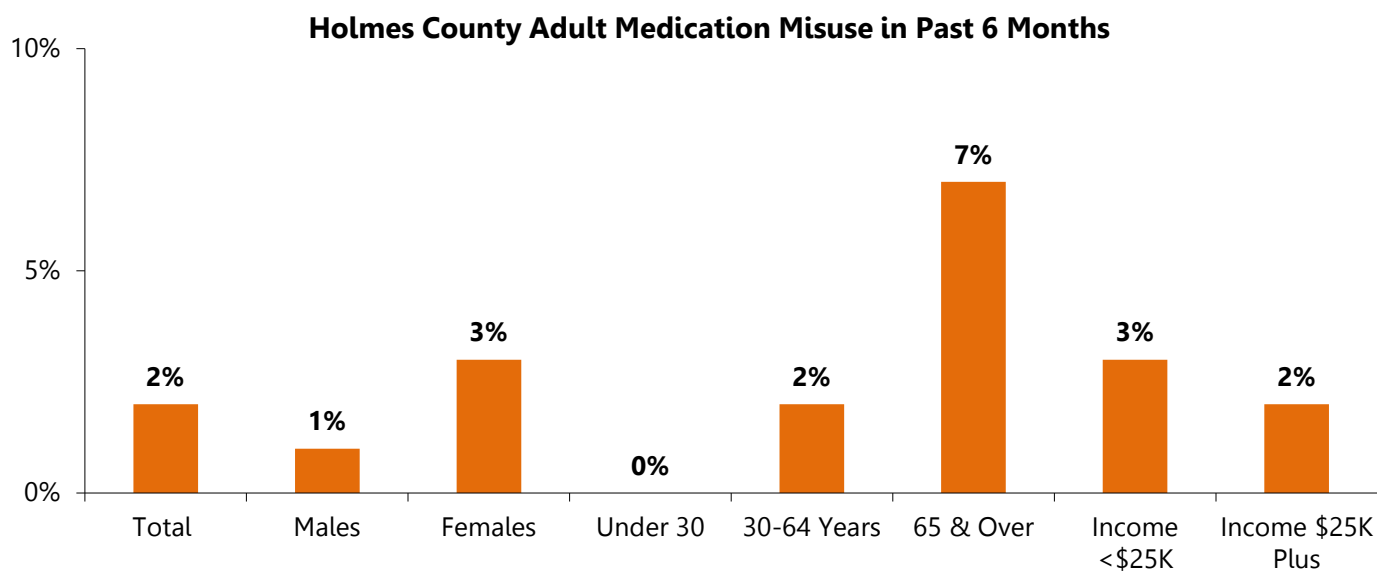
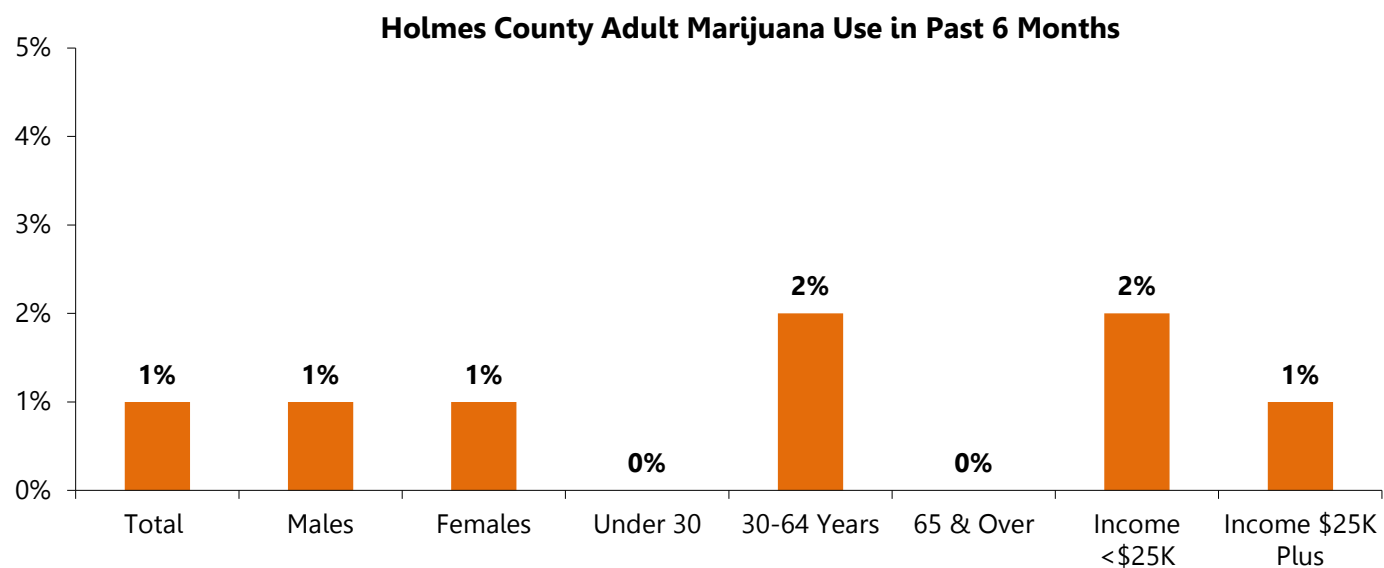
Key Findings

In 2017, 1% of Holmes County adults had used marijuana during the past six months. Two percent (2%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past six months.

Adult Drug Use

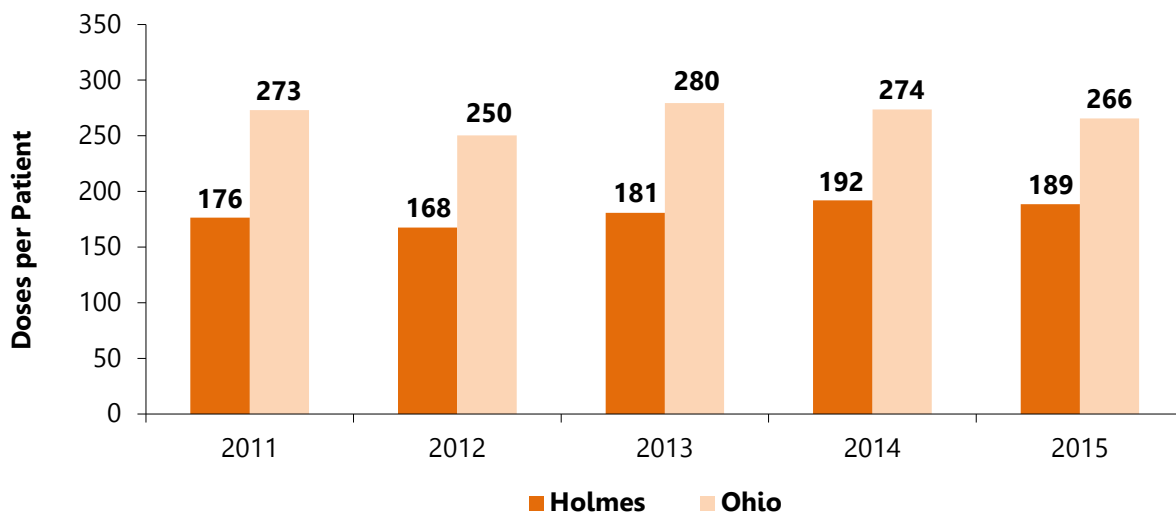
- One percent (1%) of Holmes County adults had used marijuana in the past 6 months, increasing to 2% of those with incomes less than \$25,000 and those ages 30-64.
- Holmes County adults who used marijuana in the past 30 days did so in the following ways: smoked it (80%), ate it (20%), dabbed it (20%), drank it (10%), vaporized it (10%), and some other way (20%).
- One percent (1%) of Holmes County adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- Two percent (2%) 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 six months, increasing to 7% of those ages 65 and older.
- Adults who misused prescription medication obtained their medication from the following: primary care physician (68%), from multiple doctors (60%), from ER or urgent care doctor (58%), free from friend or family member (38%), and bought from friend or family member (23%).
- Holmes County adults indicated they did the following with their unused prescription medication: took as prescribed (24%), threw it in the trash (19%), kept it (16%), flushed it down the toilet (12%), took it to the Medication Collection program (2%), kept in a locked cabinet (1%), took them to the Sheriff's Office (1%), took them in on Drug Take Back Days (<1%), and it was stolen (<1%). Fifty-one percent (51%) of adults did not have unused medication.
- Two percent (2%) of adults used a program or service to help with an alcohol or drug problem for themselves or a loved one. Reasons for not using such a program included the following: had not thought of it (1%), could not afford to go (<1%), did not want to get in trouble (<1%), fear (<1%), stigma of seeking drug services (<1%), did not know how to find a program (<1%), and religious reasons (<1%). Ninety-eight percent (98%) of adults indicated such a program was not needed for themselves.

The following graphs show adult marijuana use in the past six months and medication misuse in the past six months. Examples of how to interpret the information include: 1% of all Holmes County adults used marijuana in the past six months, 0% of adults under the age of 30 were current users, and 2% of adults with incomes less than \$25,000 were current users.

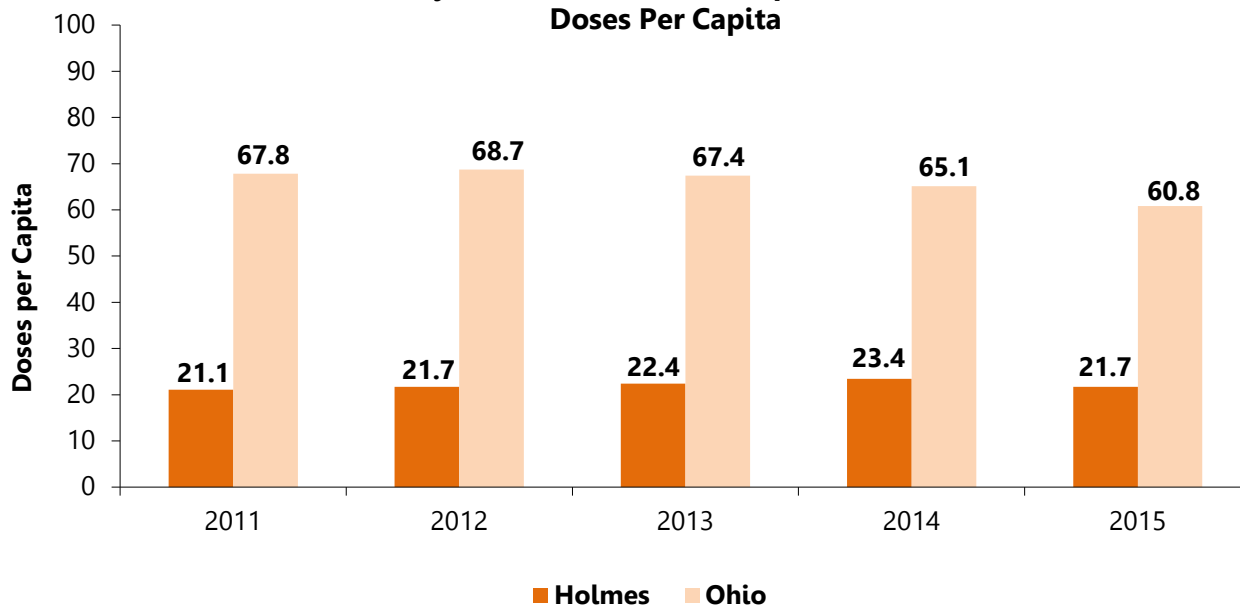


The following graphs show Holmes County and Ohio opiate and pain reliever doses per patient and doses per capita.

**Holmes County and Ohio Number of Opiate and Pain Reliever
Doses Per Patient**

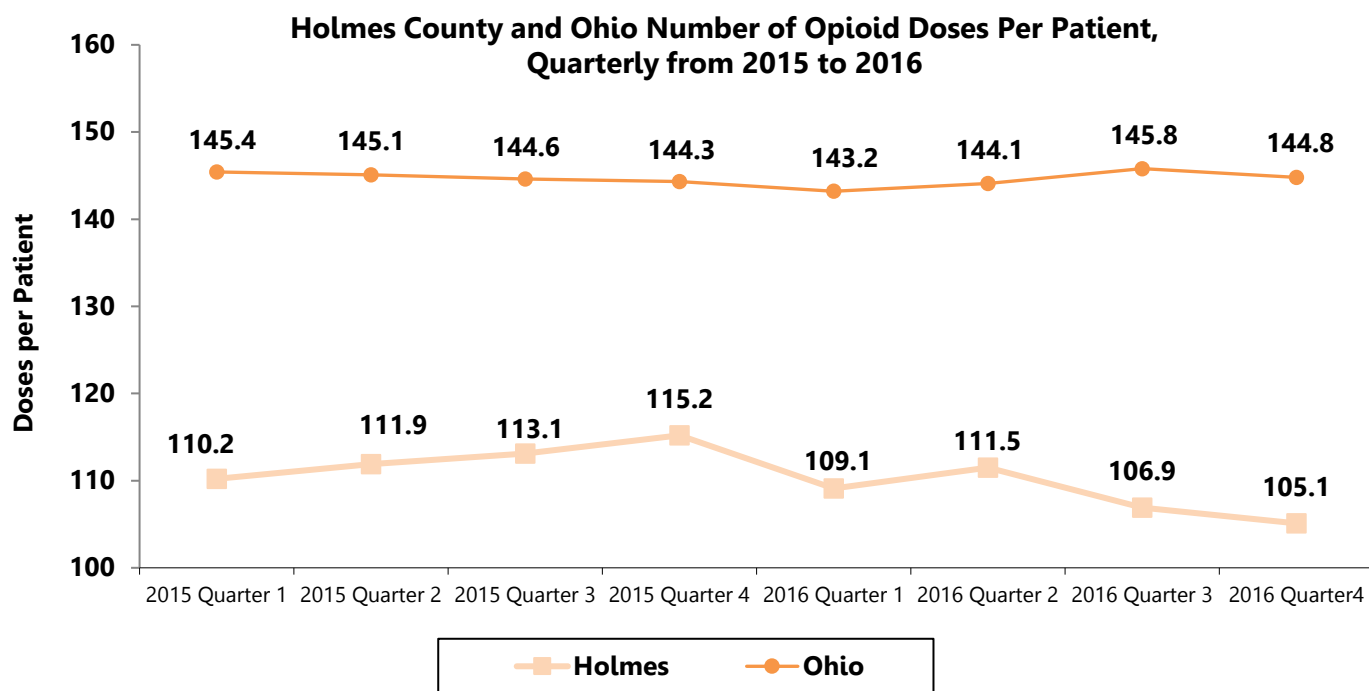
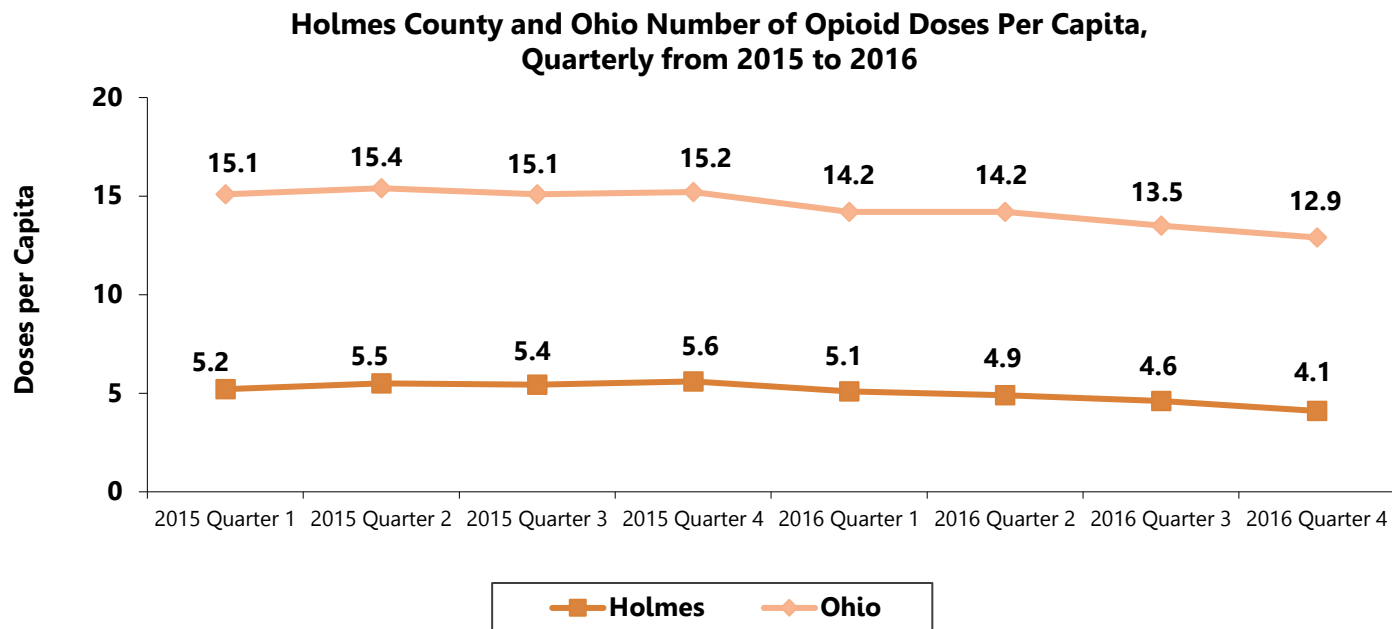


**Holmes County and Ohio Number of Opiate and Pain Reliever
Doses Per Capita**



(Source: Ohio's Automated Rx Reporting System, 2015-2016)

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



(Source: Ohio's Automated Rx Reporting System, 2015-2016)

Abuse of Prescription (Rx) Drugs

- Young adults (age 18 to 25) are the biggest abusers of prescription (Rx) opioid pain relievers, ADHD, stimulants, and anti-anxiety drugs.
- Reasons for abusing these drugs include: getting high, relieving pain, studying better, dealing with problems, losing weight, feeling better, increasing alertness, and having a good time with friends.
- In 2014, more than 1,700 young adults died from prescription drug (mainly opioid) overdoses- more than died from overdoses of any other drug, including heroin and cocaine combined- and many needed emergency treatment.
- Among young adults, for every death due to Rx drug overdose, there were 22 treatment admissions and 119 emergency room visits.

(Source: National Institute on Drug Abuse, Abuse of Prescription (Rx) Drugs Affects Young Adults Most, February 2016)

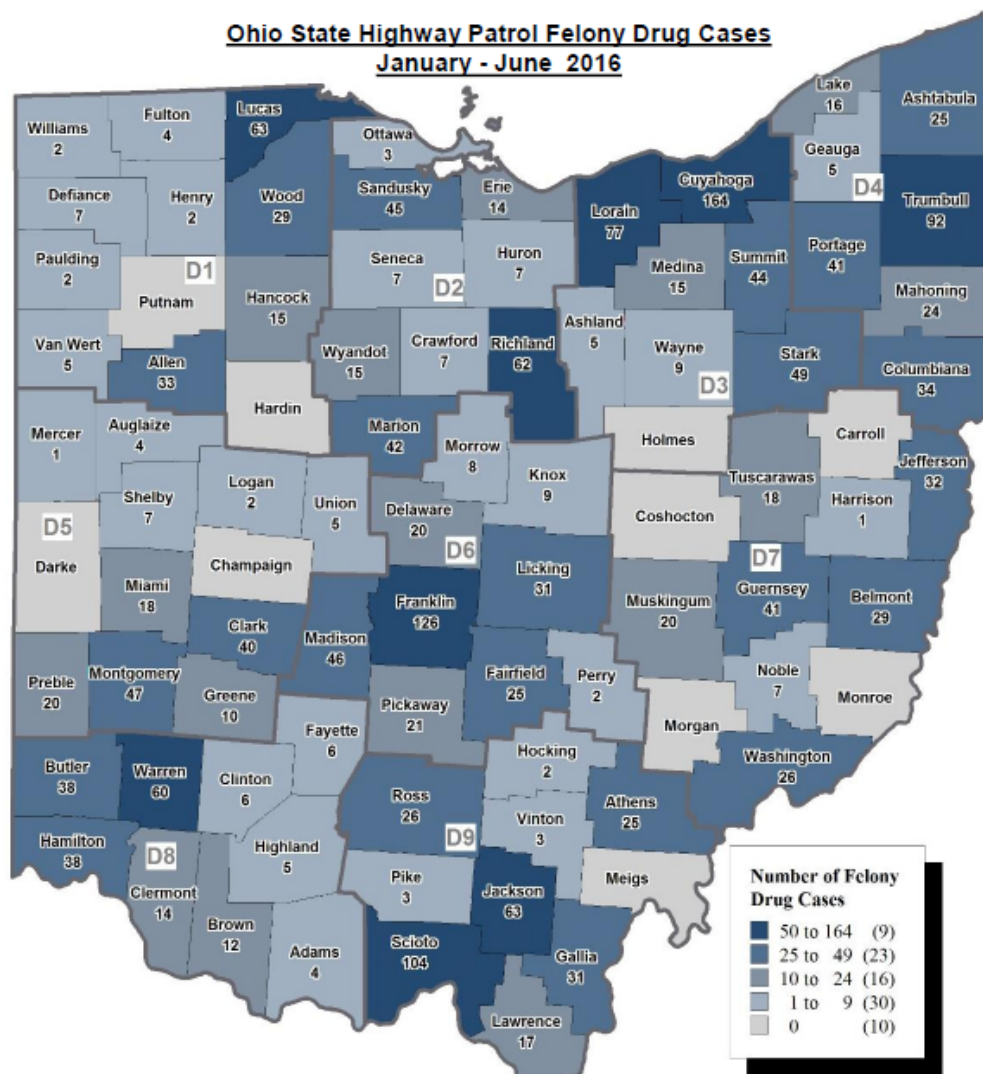
Heroin

- Heroin is an opioid drug that is synthesized from morphine, a naturally occurring substance extracted from the seed pod of the Asian opium poppy plant.
- Nearly 80% of Americans using heroin (including those in treatment) reported misusing prescription opioids prior to using heroin.
- Heroin overdoses frequently involve a suppression of breathing. This can affect the amount of oxygen that reaches the brain, a condition called hypoxia.
- Heroin abuse is associated with a number of serious health conditions, including fatal overdose, spontaneous abortion, and infectious diseases like hepatitis and HIV.
- Chronic users may develop collapsed veins, infection of the heart lining and valves, abscesses, constipation and gastrointestinal cramping, and liver or kidney disease.
- A range of treatments including medicines and behavioral therapies are effective in helping people stop heroin use.

(Source: National Institute on Drug Abuse, Drug Facts: Heroin, January 2017)

- Ohio State Highway Patrol (OSHP) investigated a wide range of felony offenses during the first half of 2016, including vice (2,154), assault (893), larceny (318), false pretense (92), property crimes (87), homicide/death (136), robbery/burglary (2), and various other types of felony offenses (143).
- OSHP Troopers made 7,493 total drug arrests during the first 6 months of 2016 – a 20% increase compared to 2015 and a 35% increase compared to the previous 3-year average (2013-2015).
- Of the 7,493 drug arrests, over one-quarter (2,037 or 27%) included one or more felony drug charges. This represents a 37% increase over the previous 3-year average (2013-2015).

OSHP drug seizures in grams (Jan. 1 - Jun. 30, 2016)	
Marijuana	885,221
Cocaine	38,804
Crack	1,266
Heroin	53,514
OSHP scheduled pill seizures (Jan. 1 - Jun. 30, 2016)	
Opiate	19,660
Stimulant	1,749
Depressant	11,059
Hallucinogen	316



(Source: Ohio State Highway Patrol, Felony Cases and Drug Arrests, January – June 2016)

Health Behaviors: Adult Sexual Behavior

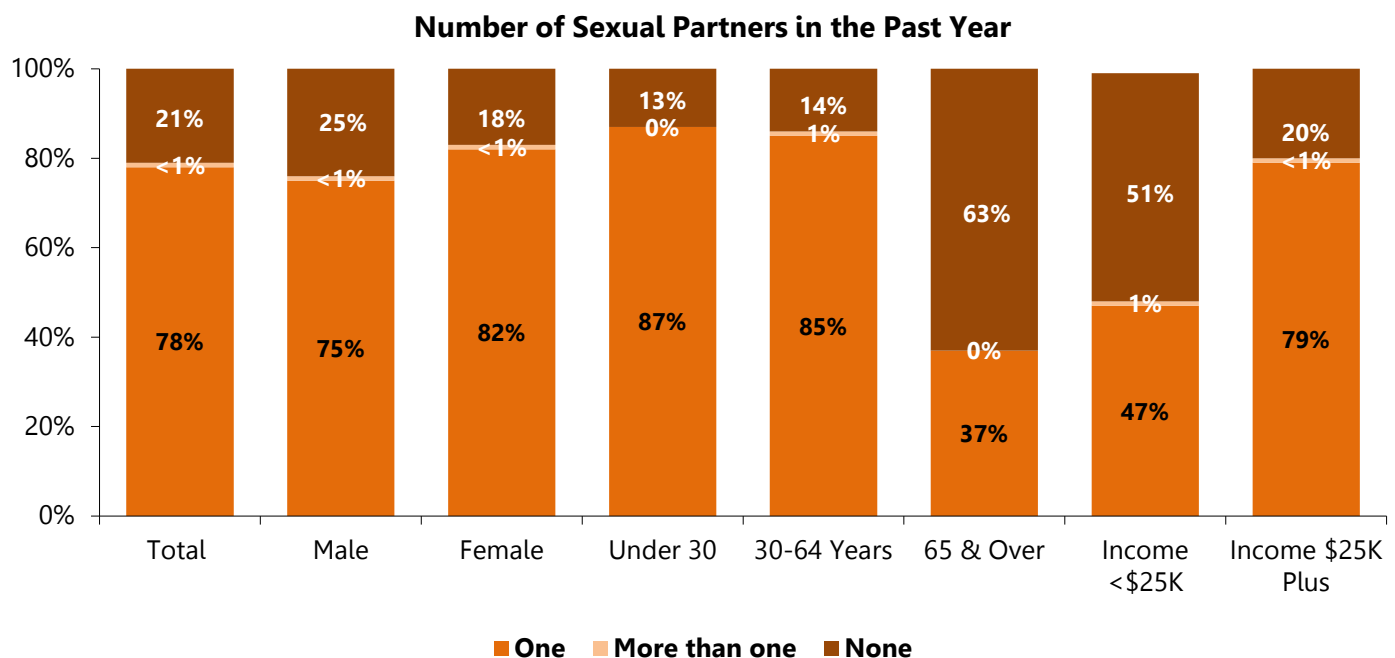
Key Findings

In 2017, 79% of Holmes County adults had sexual intercourse. Less than one percent (<1%) of adults had more than one partner. The CDC estimates that youth ages 15-24 make up just over one quarter of the sexually active population but account for half of the 20 million new sexually transmitted infections that occur in the United States each year (Source: CDC, STDs in Adolescents and Young Adults, 2017 STD Surveillance).

Adult Sexual Behavior

- Less than one percent (<1%) of adults reported they had intercourse with more than one partner in the past year.
- Holmes County adults used the following methods of birth control: they or their partner were too old (18%), condoms (14%), vasectomy (13%), tubes tied (13%), rhythm method (7%), hysterectomy (7%), abstinence (6%), withdrawal (5%), IUD (3%), birth control pill (2%), ovaries or testicles removed (2%), infertility (2%), and diaphragm (<1%).
- Fourteen percent (14%) of Holmes County adults were not using any method of birth control.
- Holmes County adults have been diagnosed with the following sexually transmitted diseases (STDs) in the past 5 years: human papilloma virus (HPV) (1%), genital herpes (<1%), gonorrhea (<1%), syphilis (<1%), chlamydia (<1%), and other STDs (<1%).
- The following situations applied to Holmes County adults in the past year: had anal sex without a condom (3%), had sexual activity with someone of the same gender (2%), tested for an STD (<1%), thought they may have an STD (<1%), had sex with someone they met on social media (<1%), tested positive for Hepatitis C (<1%), tested positive for HPV (<1%), used intravenous drugs (<1%), and were forced to have sex (<1%).

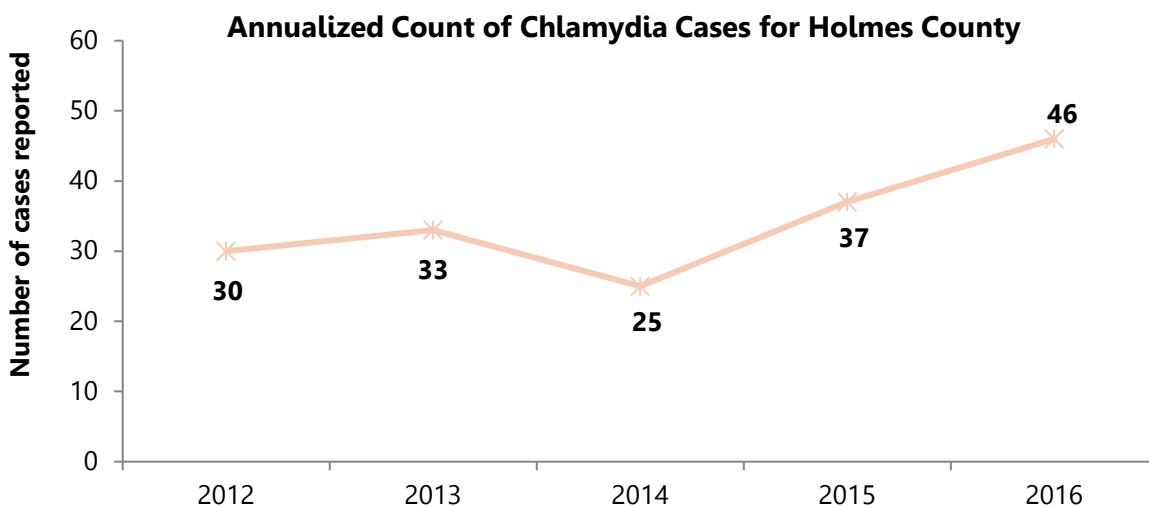
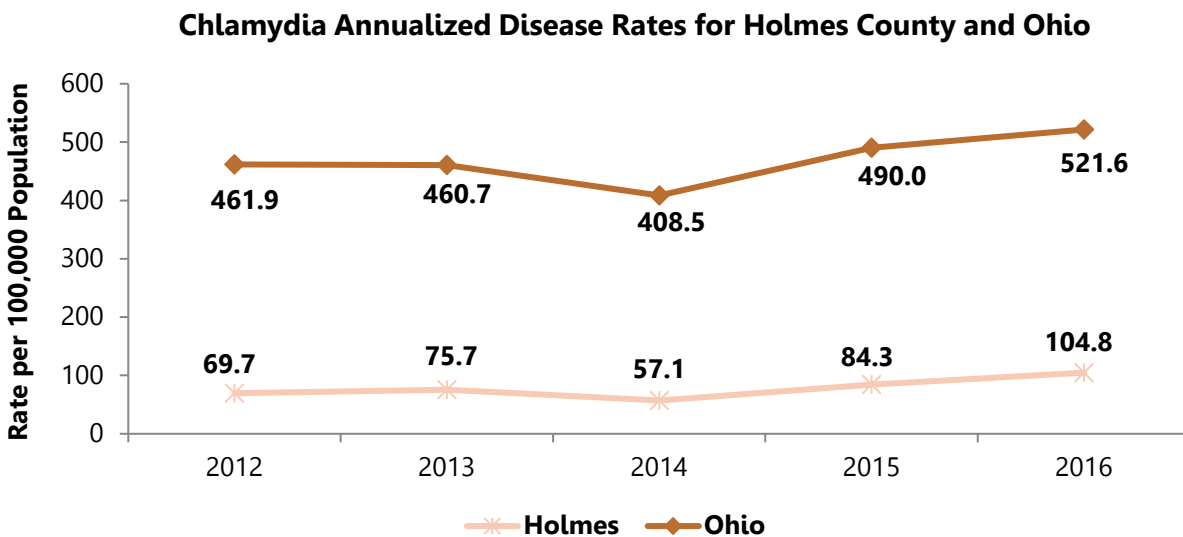
The following graph shows the number of sexual partners of Holmes County adults. Examples of how to interpret the information in the graph include: 78% of all Holmes County adults had one sexual partner in the last 12 months and <1% had more than one.



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

The following graphs show Holmes County chlamydia disease rates per 100,000 population. The graphs show:

- Holmes County chlamydia rates significantly increased from 2014 to 2016.

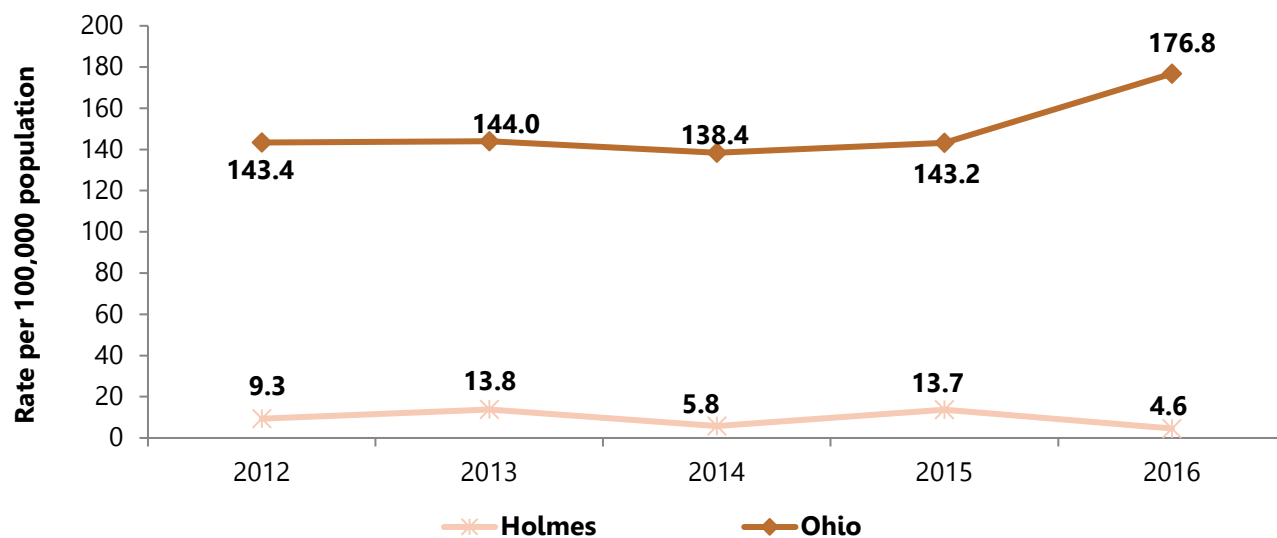


(Source for graphs: ODH, STD Surveillance, data reported through 6-12-17)

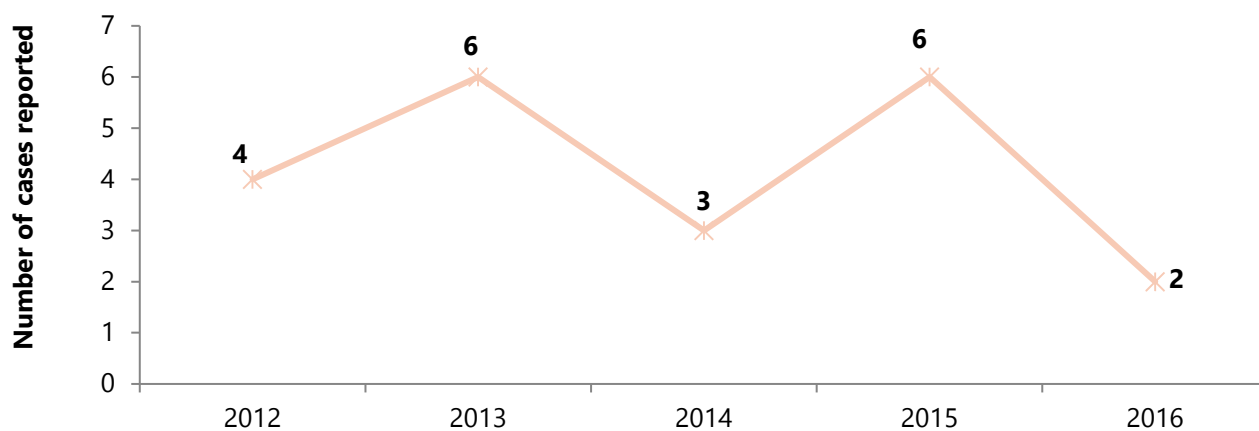
The following graphs show Holmes County gonorrhea disease rates per 100,000 population. The graphs show:

- The Holmes County gonorrhea rate fluctuated slightly from 2012 to 2016.
- The Ohio gonorrhea rate increased greatly from 2015 to 2016.

Gonorrhea Annualized Disease Rates for Holmes County and Ohio



Annualized Count of Gonorrhea Cases for Holmes County

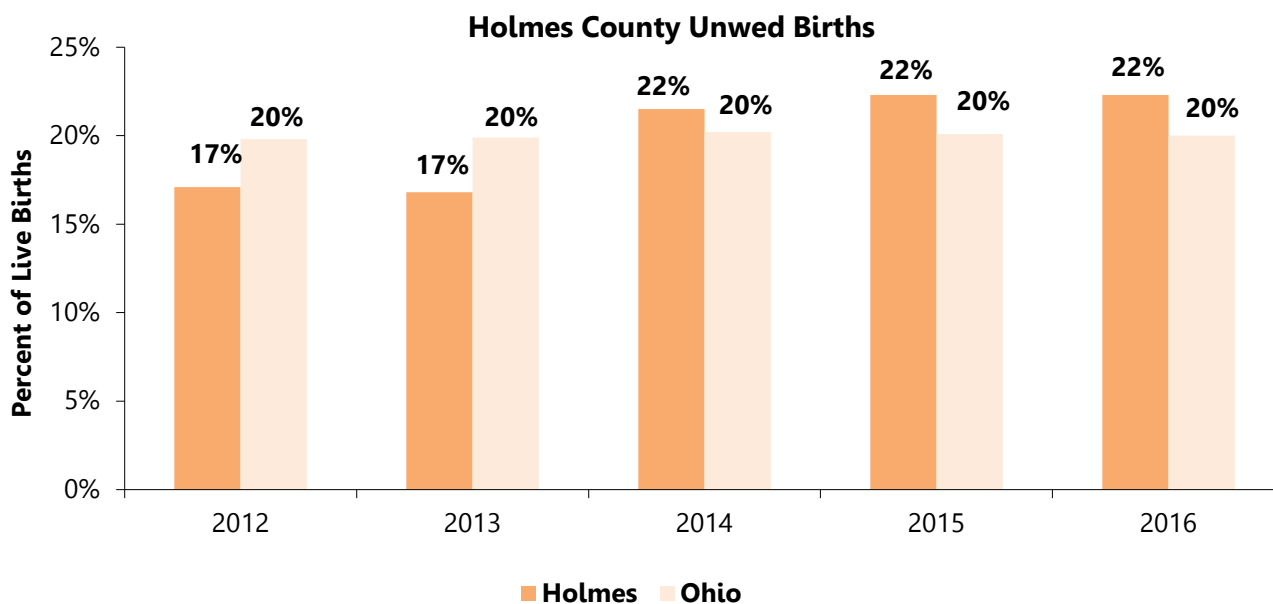
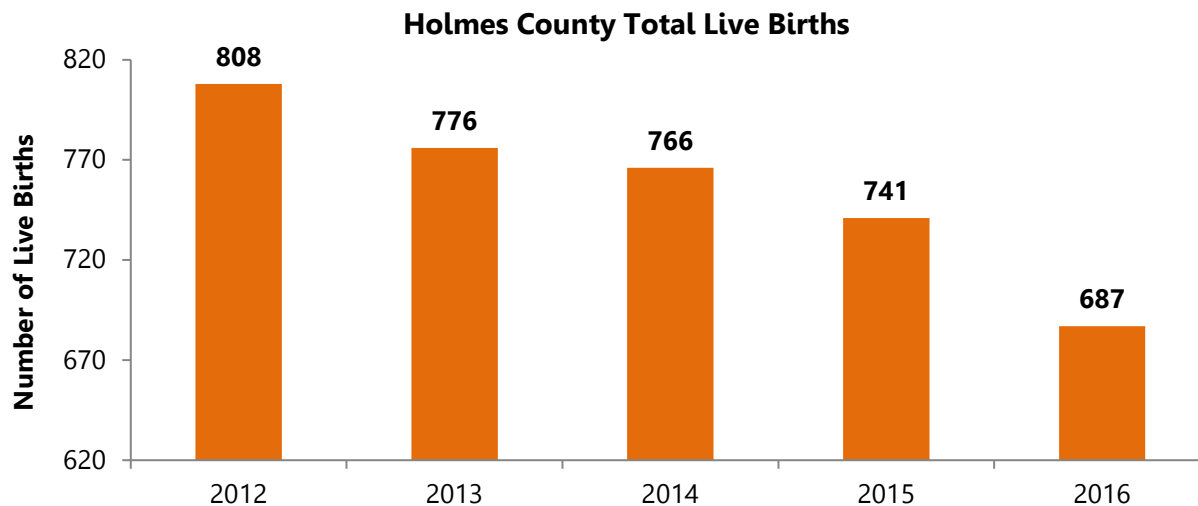


(Source for graphs: ODH, STD Surveillance, data reported through 6-12-17)

Pregnancy Outcomes

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

- From 2012-2016, there was an average of 756 live births per year in Holmes County.



(Source for graphs: ODH Information Warehouse Updated 8-15-17)

Health Behaviors: Adult Mental Health

Key Findings

In 2017, 1% of Holmes County adults considered attempting suicide. Four percent (4%) of adults felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities.

Adult Mental Health

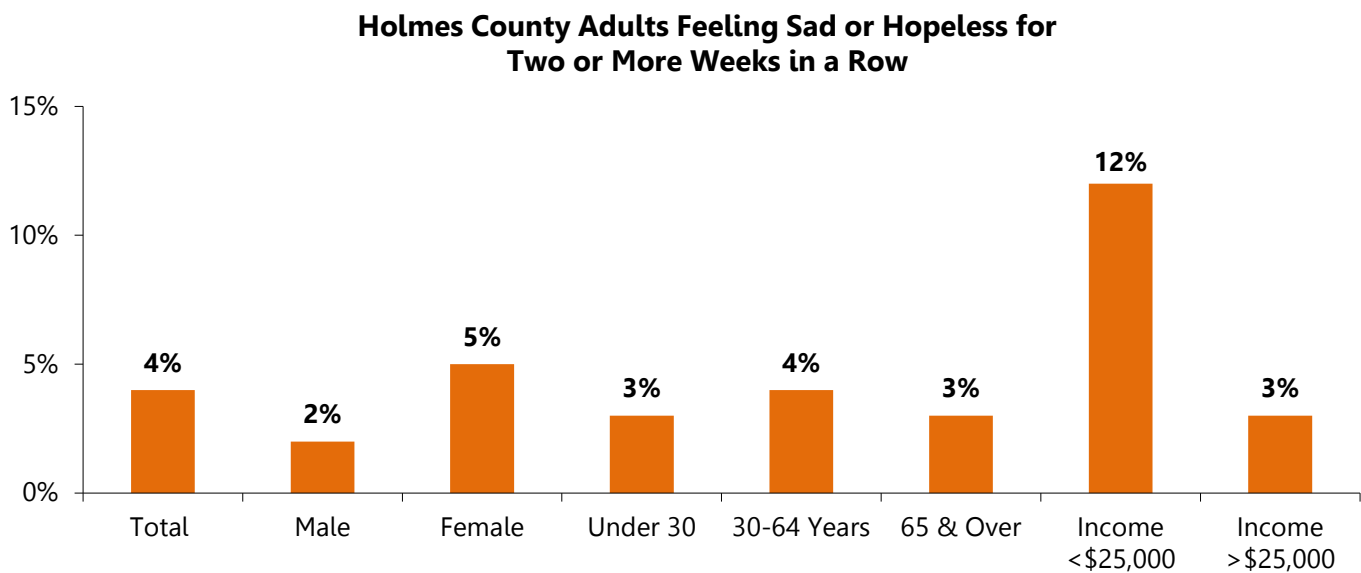
- Four percent (4%) of Holmes County adults felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities, increasing to 12% of those with incomes less than \$25,000.
- One percent (1%) of Holmes County adults considered attempting suicide in the past year.
- Less than one percent (<1%) of adults reported attempting suicide in the past year.
- Holmes County adults reported they or a family member were diagnosed with or treated for the following mental health issues: anxiety or emotional problems (16%), depression (15%), an anxiety disorder (8%), attention deficit disorder (ADD/ADHD) (4%), bipolar (3%), life-adjustment disorder (1%), post-traumatic stress disorder (PTSD) (1%), alcohol and illicit drug abuse (1%), autism spectrum (1%), developmental disability (1%), eating disorder (1%), psychotic disorder (1%), other trauma (<1%), problem gambling (<1%), and some other mental health disorder (1%). Twelve percent (12%) indicated they or a family member had taken medication for one or more mental health issues.
- Holmes County adults indicated the following caused them anxiety, stress or depression: job stress (29%), financial stress (19%), other stress at home (15%), death of close family member or friend (12%), sick family member (10%), marital/dating relationship (9%), poverty/no money (8%), fighting at home (7%), caring for a parent (5%), family member with mental illness (3%), unemployment (2%), divorce/separation (1%), not having enough to eat (1%), not feeling safe in the community (1%), not feeling safe at home (1%), sexual orientation/gender identity (<1%), not having a place to live (<1%), and other causes (11%).
- Holmes County adults dealt with stress in the following ways: prayer/meditation (66%), talked to someone they trust (38%), ate more than normal (21%), worked (21%), exercised (18%), listened to music (18%), slept (17%), worked on a hobby (17%), ate less than normal (7%), took it out on others (6%), drank alcohol (4%), smoked tobacco (3%), used prescription drugs as prescribed (3%), used illegal drugs (<1%), and other ways (9%).
- Holmes County adults received the social and emotional support they needed from the following: family (82%), God/prayer (65%), friends (64%), church (47%), neighbors (13%), community (8%), a professional (4%), Internet (2%), self-help group (2%), online support group (<1%), and other (3%).
- Eight percent (8%) of Holmes 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 (6%), could not afford to go (2%), religious reasons (2%), other priorities (2%), co-pay/deductible too high (1%), did not know how to find a program (1%), stigma of seeking mental health services (1%), fear (1%), transportation (<1%), took too long to get in to see a doctor (<1%), and other reasons (4%). Seventy-two percent (72%) of adults indicated they did not need such a program.
- On a typical day, adults rated their stress level as very low (18%), low (35%), moderate (41%), high (5%) and very high (<1%).

Suicide Facts

- 44,193 people in the U.S. died from suicide, and 1,104,825 people attempted suicide in the 2015.
- An average of one person killed themselves every 11.9 minutes
- Suicide is the 10th ranking cause of death in the U.S.
- For every female death by suicide, there are 3.3 male deaths.
- In 2015, there were 1,650 suicide deaths in Ohio.
- The leading suicide methods included:
 - Firearm suicides (49.8%)
 - Suffocation/Hanging (26.8%)
 - Poisoning (15.4%)
 - Cutting/Piercing (1.7%)
 - Drowning (1.2%)

(Sources: American Association of Suicidology, Facts & Statistics)

The following graph shows Holmes County adults who felt sad or hopeless for two or more weeks in a row in the past year. Examples of how to interpret the information include: 4% of all Holmes County adults felt sad or hopeless for two or more weeks in a row, including 2% of males, and 5% of females.



Chronic Disease: Cardiovascular Health

Key Findings

The 2017 Holmes County Health Assessment found that 3% of adults had survived a heart attack and 2% had survived a stroke at some time in their life. Nearly one-fifth (19%) of Holmes County adults had high blood cholesterol, 30% were obese, 20% had high blood pressure, and 8% were smokers, four known risk factors for heart disease and stroke. Heart disease (30%) and stroke (5%) accounted for 35% of all Holmes County adult deaths in 2013-2015 (Source: CDC Wonder, 2017).

Heart Disease and Stroke

- In 2017, 3% of Holmes County adults reported they had survived a heart attack or myocardial infarction, increasing to 14% of those over the age of 65.
- Five percent (5%) of Ohio and 4% of U.S. adults reported they had a heart attack or myocardial infarction in 2015 (Source: 2015 BRFSS).
- Two percent (2%) of Holmes County adults reported they had survived a stroke, increasing to 6% of those over the age of 65 and those with incomes less than \$25,000.
- Four percent (4%) of Ohio and 3% of U.S. adults reported having had a stroke in 2015 (Source: 2015 BRFSS).
- Four percent (4%) of adults reported they had angina or coronary heart disease, increasing to 16% of those over the age of 65.
- Four percent (4%) of Ohio and of U.S. adults reported having angina or coronary heart disease in 2015 (Source: 2015 BRFSS).
- Two percent (2%) of adults reported they had congestive heart failure, increasing to 11% of those over the age of 65.

High Blood Pressure (Hypertension)

- One-fifth (20%) of adults had been diagnosed with high blood pressure. The 2015 BRFSS reports hypertension prevalence rates of 34% for Ohio and 31% for the U.S.
- Six percent (6%) of adults were told they were pre-hypertensive/borderline high.
- Seventy-three percent (73%) of adults had their blood pressure checked within the past year.
- Holmes County adults diagnosed with high blood pressure were more likely to have:
 - Rated their overall health as fair or poor (54%)
 - Been ages 65 years or older (51%)
 - Incomes less than \$25,000 (47%)
 - Been classified as obese by Body Mass Index-BMI (33%)

Holmes County Leading Causes of Death 2013-2015

Total Deaths: 938

- Heart Disease (30% of all deaths)
- Cancer (22%)
- Stroke (5%)
- TIE - Accidents, Unintentional Injuries (4%)
- TIE - Alzheimer's disease (4%)

(Source: CDC Wonder, 2013-2015)

Ohio Leading Causes of Death 2013-2015

Total Deaths: 345,955

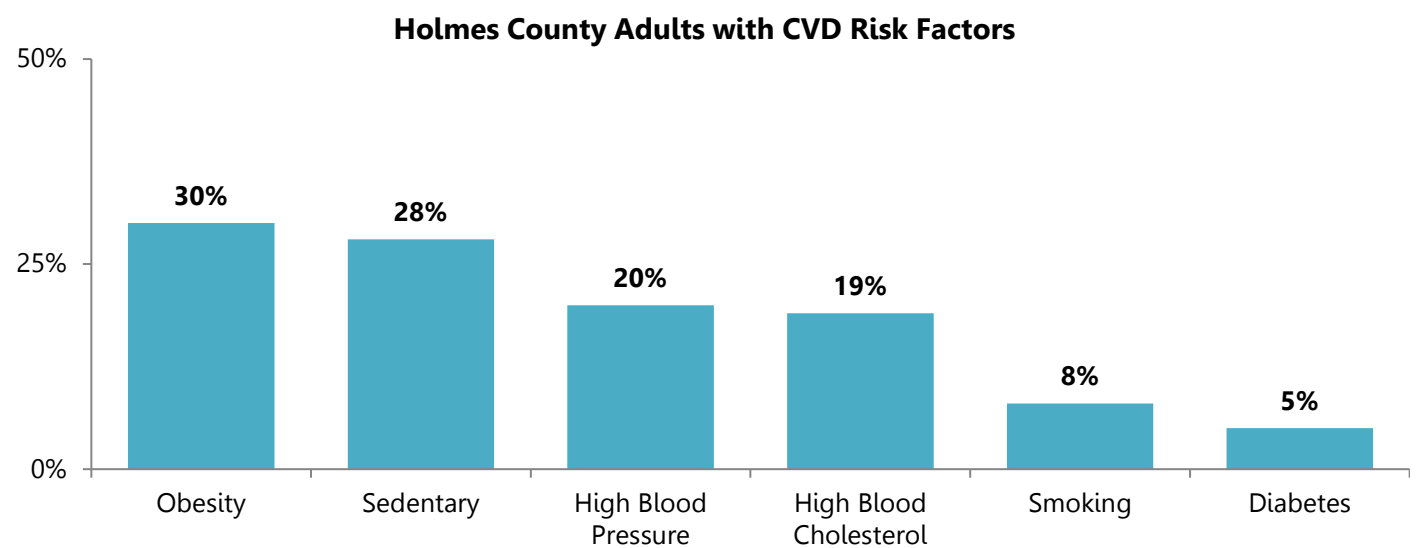
- Heart Disease (24% of all deaths)
- Cancers (22%)
- Chronic Lower Respiratory Diseases (6%)
- Accidents, Unintentional Injuries (5%)
- Stroke (5%)

(Source: CDC Wonder, 2013-2015)

High Blood Cholesterol

- Nearly one-fifth (19%) of adults had been diagnosed with high blood cholesterol. The 2015 BRFSS reported that 37% of Ohio and 36% of U.S. adults have been told they have high blood cholesterol.
- More than half (51%) of adults had their blood cholesterol checked within the past five years. The 2015 BRFSS reported 78% of Ohio and U.S. adults had their blood cholesterol checked within the past five years.
- Holmes County adults with high blood cholesterol were more likely to have:
 - Been ages 65 years or older (55%)
 - Rated their overall health as fair or poor (46%)
 - Incomes less than \$25,000 (39%)
 - Been classified as obese by Body Mass Index-BMI (24%)

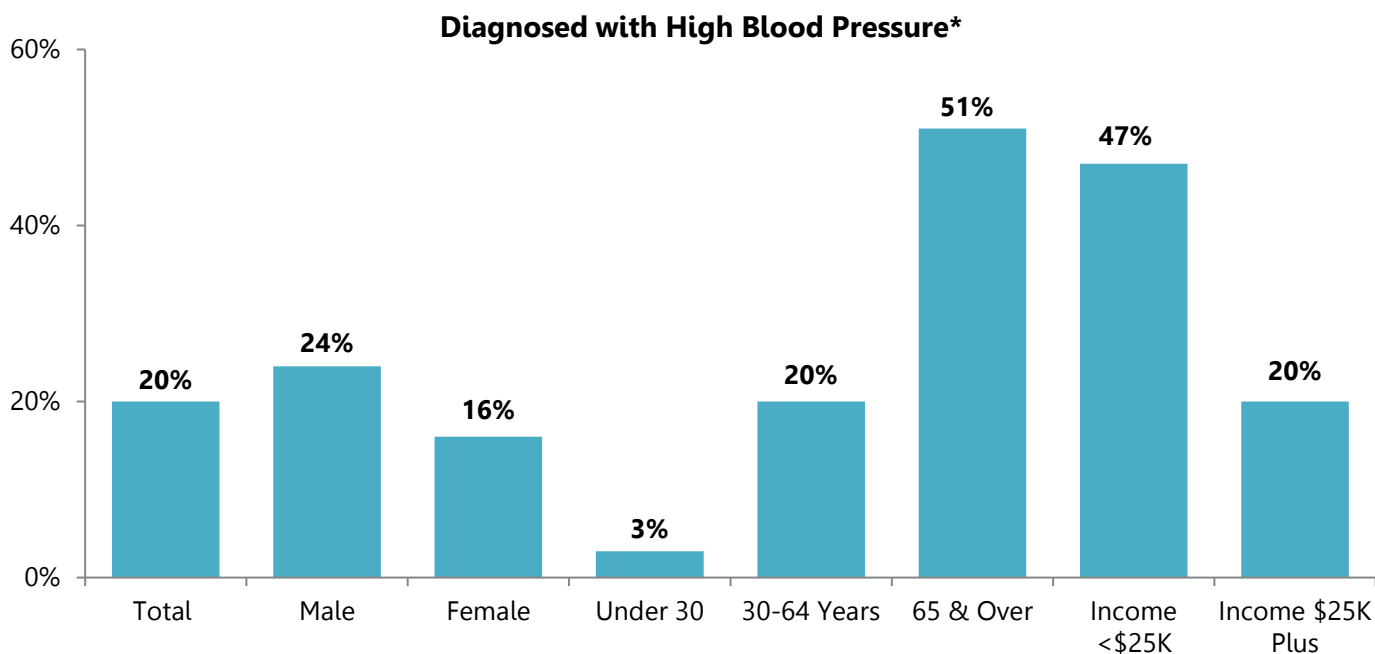
The following graph demonstrates the percentage of Holmes County adults who had major risk factors for developing cardiovascular disease (CVD).



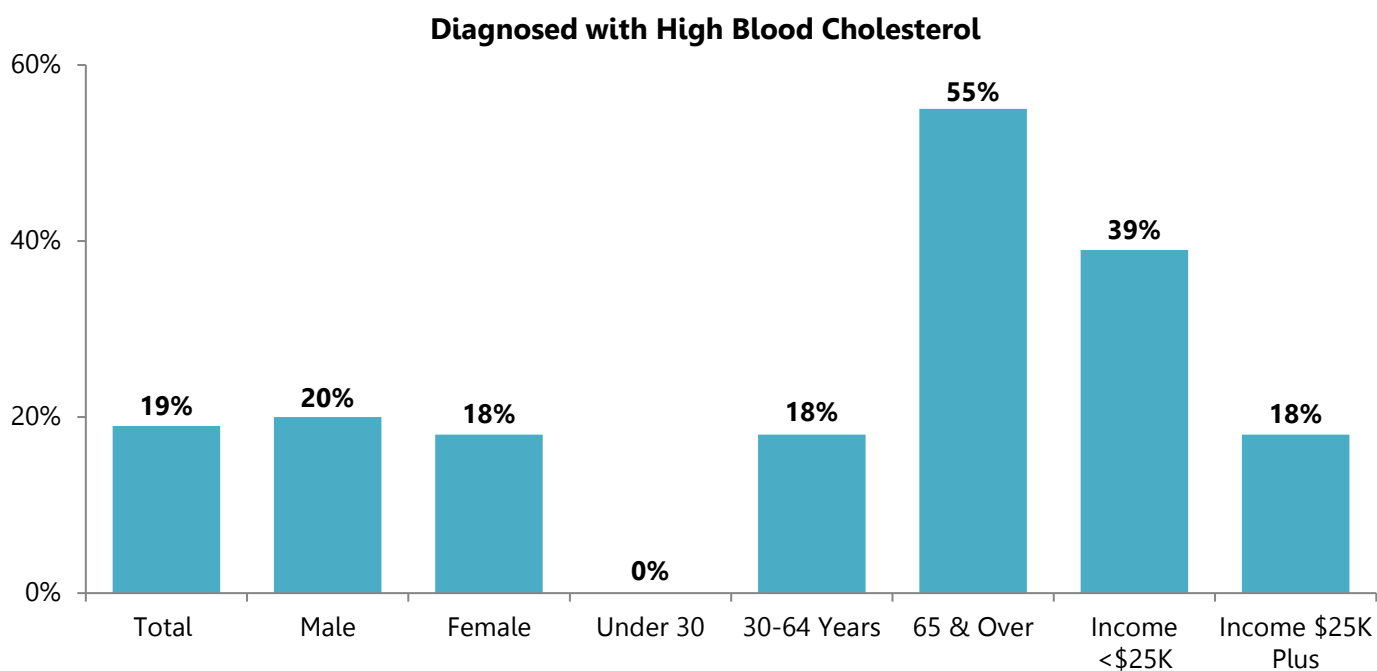
(Source: 2017 Holmes County Health Assessment)

Adult Comparisons	Holmes County 2017	Ohio 2015	U.S. 2015
Had angina	4%	4%	4%
Had a heart attack	3%	5%	4%
Had a stroke	2%	4%	3%
Had high blood pressure	20%	34%	31%
Had high blood cholesterol	19%	37%	36%
Had blood cholesterol checked within past 5 years	51%	78%	78%

The following graphs show the number of Holmes County adults who had been diagnosed with high blood pressure and high blood cholesterol. Examples of how to interpret the information on the first graph include: 20% of all Holmes County adults had been diagnosed with high blood pressure, including 24% of all Holmes County males, 16% of all females, and 51% of those 65 years and older.



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



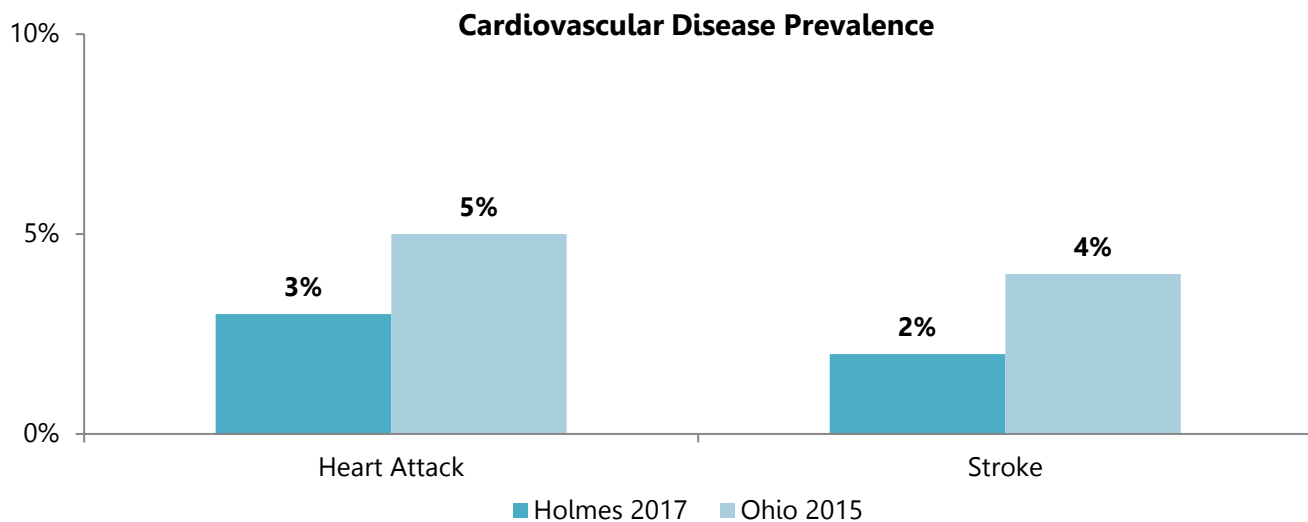
Healthy People 2020 Objectives Heart Disease and Stroke

Objective	Holmes Survey Population Baseline	2015 U.S. Baseline*	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	20% (2017)	31% Adults age 18 and up	27%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	19% (2017)	36% Adults age 20+ with TBC > 240 mg/dl	14%

*All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020, 2015 BRFSS, 2017 Holmes County Health Assessment)

The following graph shows cardiovascular disease prevalence for Holmes County and Ohio.

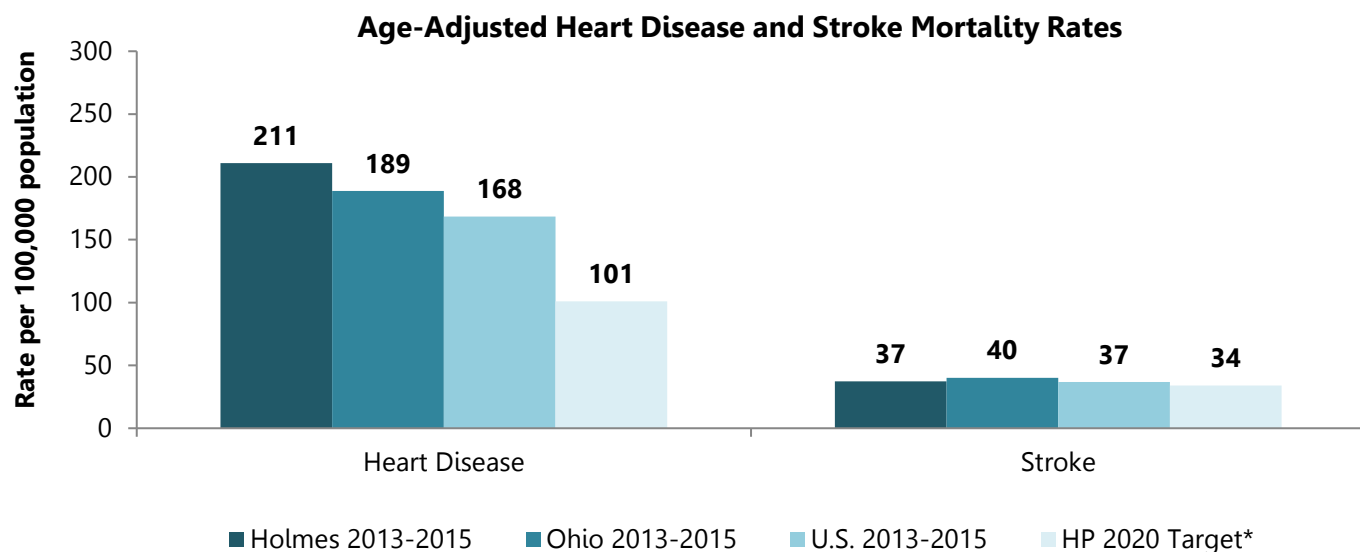
- Heart attack and stroke prevalence in Holmes County were both slightly lower than Ohio.



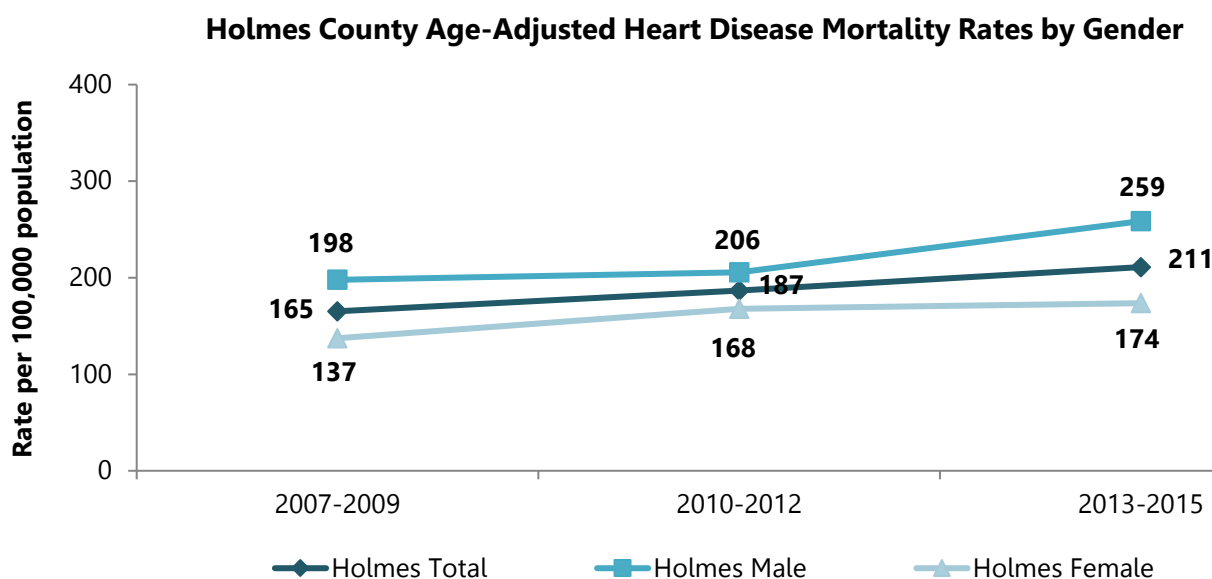
(Source: 2017 Holmes Health Assessment and 2015 BRFSS)

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

- When age differences are accounted for, the statistics indicate that from 2013-2015, the Holmes County heart disease mortality rate was greater than the figure for the state, nation and the Healthy People 2020 target.
- The Holmes County age-adjusted stroke mortality rate from 2013-2015 was lower than the Ohio rate but higher than the Healthy People 2020 target objective.
- From 2007-2015, the total Holmes County age-adjusted heart disease mortality rate increased.



**The Healthy People 2020 Target objective for Coronary Heart Disease is reported for heart attack mortality.
(Source: CDC Wonder, 2013-2015 and Healthy People 2020)*



(Source: CDC Wonder, Underlying Cause of Death, 2007-2015)

Chronic Disease: Cancer

Key Findings

In 2017, 7% of Holmes County adults had been diagnosed with cancer at some time in their life. The Centers for Disease Control and Prevention (CDC) indicates that from 2013-2015, a total of 208 Holmes County residents died from cancer, the second leading cause of death in the county. The American Cancer Society advises that not using tobacco products, maintaining a healthy weight, adopting a physically active lifestyle, eating more fruits and vegetables, limiting alcoholic beverages and early detection may reduce overall cancer deaths.

Adult Cancer

- Seven percent (7%) of Holmes County adults were diagnosed with cancer at some point in their lives, increasing to 27% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types: other skin cancer (29%), prostate (26%), breast (24%), cervical (10%), colon (8%), melanoma (6%), renal (6%), endometrial (5%), ovarian (5%), bladder (2%), brain (2%), head and neck (2%), pharyngeal (2%), thyroid (2%), leukemia (2%), and non-Hodgkin's lymphoma (2%). Six percent (6%) of adults were diagnosed with multiple types of cancer.
- The age-adjusted cancer incidence rate from 2009-2013 for Holmes County was 339.3 cases per 100,000 population, as compared to 480.0 cases per 100,000 population for Ohio *(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 4/27/2016).*

Cancer Facts

- The Centers for Disease Control and Prevention (CDC) indicates that from 2013-2015, cancers caused 22% (208 of 938 total deaths) of all Holmes County resident deaths. The largest percent (19%) of cancer deaths were from lung cancer *(Source: CDC Wonder).*
- The American Cancer Society reports that smoking tobacco is associated with cancers of the mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with the following types of cancer: lung, colorectal, stomach, pancreas, kidney, bladder, uterine, ovarian (mucinous) and acute myeloid leukemia.
- The 2017 health assessment has determined that 8% of Holmes County adults were current smokers and many more were exposed to environmental tobacco smoke (secondhand smoke), also a cause of heart attacks and cancer. A current smoker is defined as someone who has smoked over 100 cigarettes in their lifetime and currently smokes some or all days.

Holmes County Incidence of Cancer, 2010-2014

All Types: 698 cases

- Colon and Rectum: 90 cases (13%)
- Lung and Bronchus: 88 cases (13%)
- Prostate: 83 cases (12%)
- Breast: 73 cases (10%)

From 2013-2015, there were 208 cancer deaths in Holmes County.

(Source: Ohio Cancer Incidence Surveillance System, ODH Public Health Data Warehouse, Updated 4/19/2017 and CDC Wonder, 2013-2015)

7% of Holmes County adults had been diagnosed with cancer at some time in their life.

Lung Cancer

- The CDC reports that lung cancer (n=19) was the leading cause of male cancer deaths from 2013-2015 in Holmes County. Cancer of the colon caused 11 male deaths and prostate cancer caused 17 male deaths during the same time period *(Source: CDC Wonder)*.
- In Holmes County, 9% of male adults were current smokers, and 23% had stopped smoking for one or more days in the past 12 months because they were trying to quit *(Source: 2017 Holmes County Health Assessment)*.
- The CDC reports that lung cancer was the leading cause of female cancer deaths (n=21) in Holmes County from 2013-2015 followed by breast (n=15) and colon (n=12) cancers *(Source: CDC Wonder 2011-2015)*.
- Approximately 7% of female adults in the county were current smokers and 35% had stopped smoking for one or more days in the past 12 months because they were trying to quit *(Source: 2017 Holmes County Health Assessment)*.
- According to the American Cancer Society, smoking causes 80% 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 2017)*.

Breast Cancer

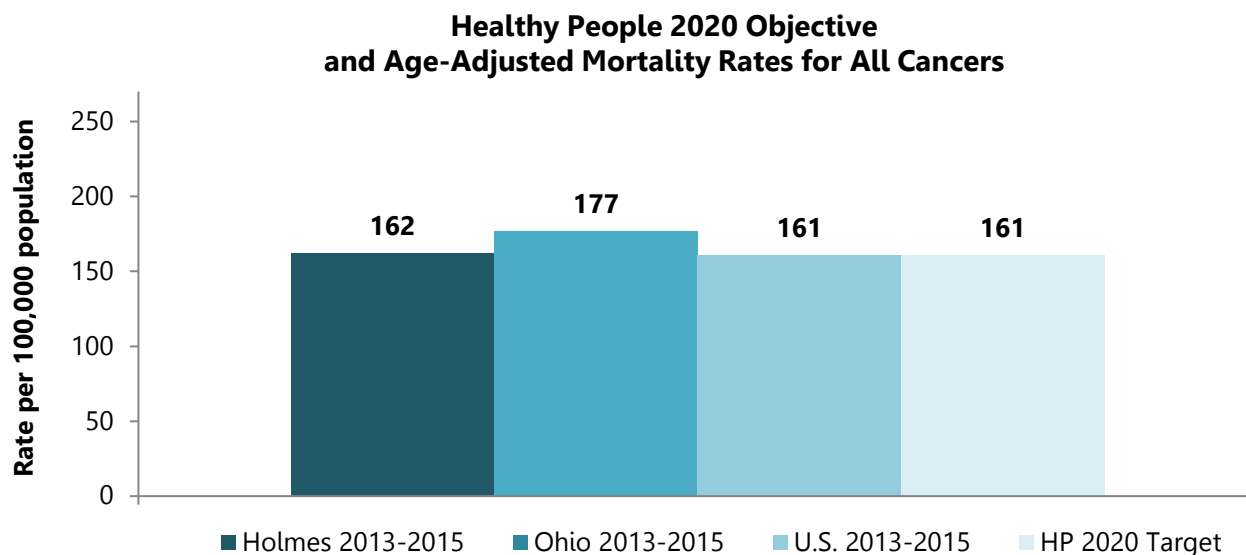
- In 2017, 27% of Holmes County females reported having had a clinical breast examination in the past year.
- More than one-third (35%) of Holmes County females over the age of 40 had a mammogram in the past year.
- The 5-year relative survival for women diagnosed with localized breast cancer (cancer that has not spread to lymph nodes or other locations outside the breast) is 99% *(Source: American Cancer Society, Facts & Figures 2017)*.
- For women at average risk of breast cancer, recently updated American Cancer Society screening guidelines recommended that those 40 to 44 years of age have the choice of annual mammography; those 45 to 54 have annual mammography, and those 55 years of age and older have biennial or annual mammography, continuing as long as their overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual screening using magnetic resonance imaging (MRI) in addition to mammography is recommended, typically starting at age 30 *(Source: American Cancer Society, Facts & Figures 2017)*.

Colon and Rectum Cancers

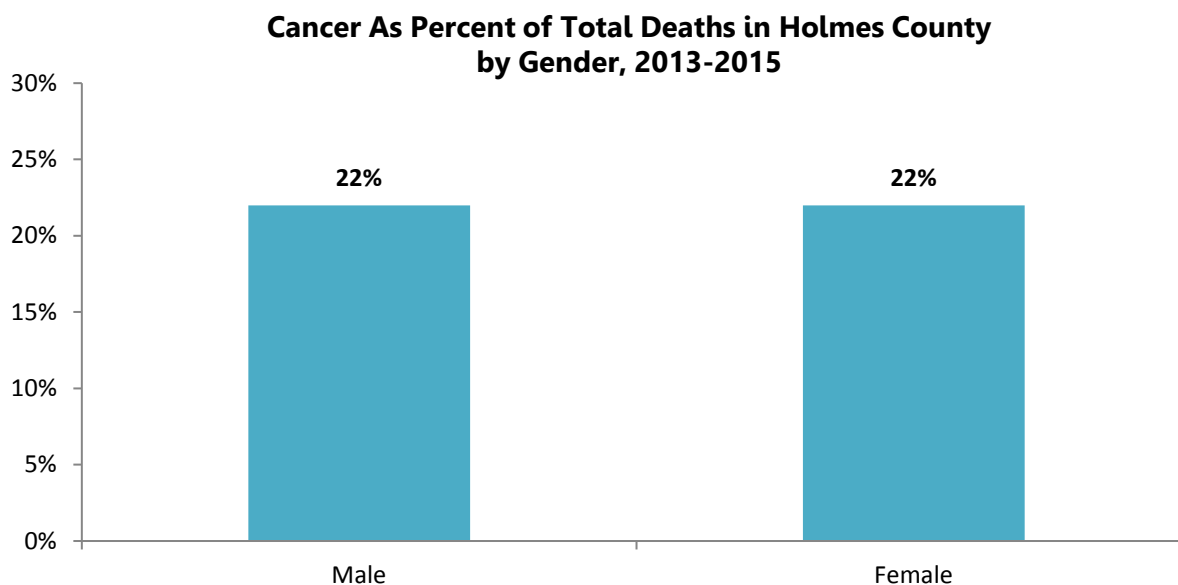
- The health assessment report identified more than one-third (37%) of Holmes County adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past five years.
- The CDC statistics indicate that colon, rectal, and anal cancer deaths accounted for 11% of all male and female cancer deaths from 2013-2015 in Holmes County.
- The American Cancer Society reports several risk factors for colorectal cancer including age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; obesity; physical inactivity; a diet high in red or processed meat; alcohol use; long-term smoking; and possibly very low intake of fruits and vegetables.
- In the U.S., 90% of colon cancers occur in individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings.

The following graphs show the Holmes 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, as well as cancer as a percent of total deaths in Holmes County. The graphs show:

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



(Source: CDC Wonder, 2013-2015 and Healthy People 2020)



(Source: CDC Wonder, 2013-2015)

Holmes County Incidence of Cancer 2010-2014

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer	Age-Adjusted Rate
Colon and Rectum	90	13%	45.0
Lung and Bronchus	88	13%	43.1
Prostate	83	12%	83.0
Breast	73	10%	35.5
Other/Unspecified	56	8%	26.9
Bladder	40	6%	19.2
Kidney and Renal Pelvis	32	5%	15.7
Melanoma of Skin	31	4%	16.4
Non-Hodgkins Lymphoma	30	4%	14.4
Cancer and Corpus Uteri	27	4%	24.3
Leukemia	26	4%	12.7
Pancreas	19	3%	9.4
Oral Cavity & Pharynx	17	2%	8.3
Brain and CNS	16	2%	6.5
Thyroid	15	2%	8.3
Ovary	10	1%	9.1
Larynx	8	1%	3.6
Liver and Bile Ducts	8	1%	3.7
Multiple Myeloma	7	1%	3.0
Stomach	7	1%	3.2
Cancer of Cervix Uteri	4	1%	N/A
Testis	4	1%	N/A
Esophagus	4	1%	N/A
Hodgkins Lymphoma	3	<1%	N/A
Total	698	100%	339.3

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 4/19/2017)

2017 Cancer Estimates

- In 2017, about 1,688,780 new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about twenty percent of the new cancer cases expected to occur in the U.S. in 2017 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 600,920 Americans are expected to die of cancer in 2017.
- In 2017, about 158,870 cancer deaths will be caused by tobacco use.
- Estimates predict that in 2017 there will be 68,160 new cases of cancer and 25,430 cancer deaths in Ohio.
- Of the new cancer cases, approximately 10,660 (16%) will be from lung and bronchus cancers and 5,510 (8%) will be from colon and rectum cancers.
- About 9,430 new cases of female breast cancer are expected in Ohio.
- New cases of male prostate cancer in Ohio are expected to be 5,840 (9%).

(Source: American Cancer Society, Facts and Figures 2017)

Chronic Disease: Arthritis

Key Findings

More than one-fifth (21%) of Holmes County adults were diagnosed with arthritis. According to the 2015 BRFSS, 28% of Ohio adults and 25% of U.S. adults were told they have arthritis.

Arthritis

- More than one-fifth (21%) of Holmes County adults were told by a health professional that they had some form of arthritis, increasing to 54% of those over the age of 65.
- More than three-fourths (76%) of adults diagnosed with arthritis were overweight or obese.
- According to the 2015 BRFSS, 28% of Ohio adults and 25% of U.S. adults were told they have arthritis.
- Adults are at higher risk of developing arthritis if they are female, have genes associated with certain types of arthritis, have occupations associated with arthritis, are overweight or obese, and/or have joint injuries or infections (Source: CDC, 2016).
- Over 54 million U.S. adults (about 23%) report having doctor-diagnosed arthritis. By 2040, over 78 million people will have arthritis. Arthritis is more common among women (24%) than men (18%), and it affects all racial and ethnic groups. Arthritis commonly occurs with other chronic diseases, like diabetes, heart disease, and obesity, and can make it harder for people to manage these conditions (Source: CDC, Arthritis at a Glance 2017).

Adult Comparisons	Holmes County 2017	Ohio 2015	U.S. 2015
Diagnosed with arthritis	21%	28%	25%

Arthritis: Key Public Health Messages

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

Key self-management activities include the following:

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

(Source: Centers for Disease Control and Prevention, Arthritis: Key Public Health Messages, May 9, 2016)

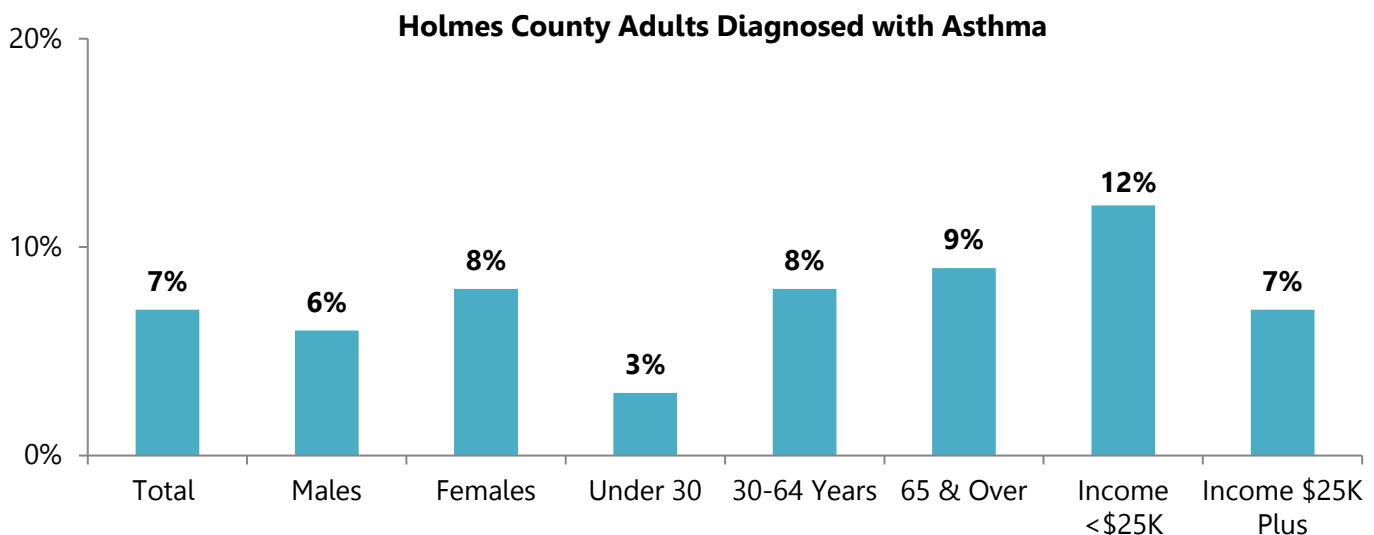
Chronic Disease: Asthma

Key Findings

According to the Holmes County survey data, 7% of adults had been diagnosed with asthma.

Asthma and Other Respiratory Disease

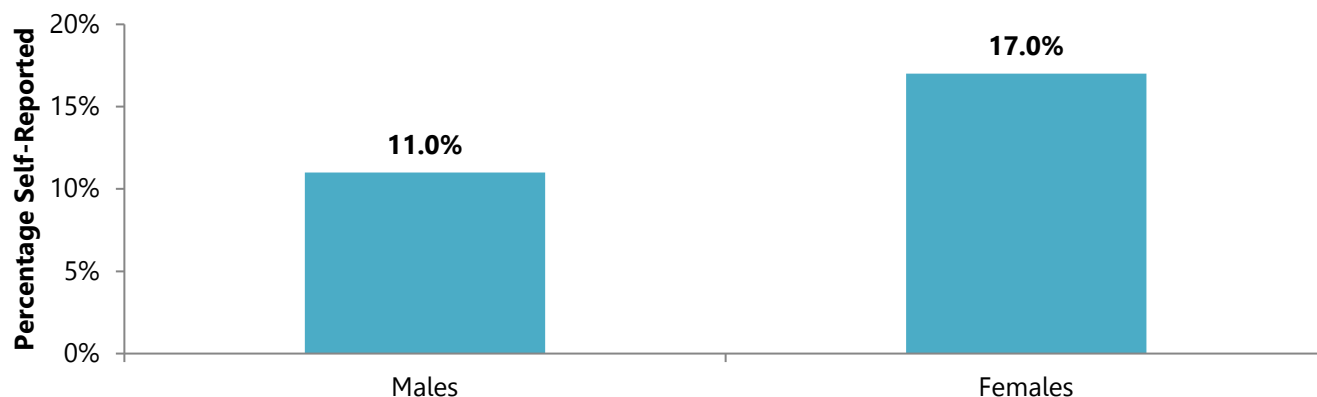
- In 2017, 7% of Holmes County adults had been diagnosed with asthma, increasing to 12% of those with incomes less than \$25,000.
- Fourteen percent (14%) of Ohio and U.S. adults have ever been diagnosed with asthma *(Source: 2015 BRFSS)*.
- There are several important factors that may trigger an asthma attack. Some of these triggers are tobacco smoke, dust mites, outdoor air pollution, cockroach allergens, pets, mold, smoke from burning wood or grass, infections linked to the flu, colds, and respiratory viruses *(Source: CDC, 2017)*.
- Chronic lower respiratory disease was the 6th leading cause of death in Holmes County and the 3rd leading cause of death in Ohio from 2013-2015 *(Source: CDC Wonder, 2013-2015)*.



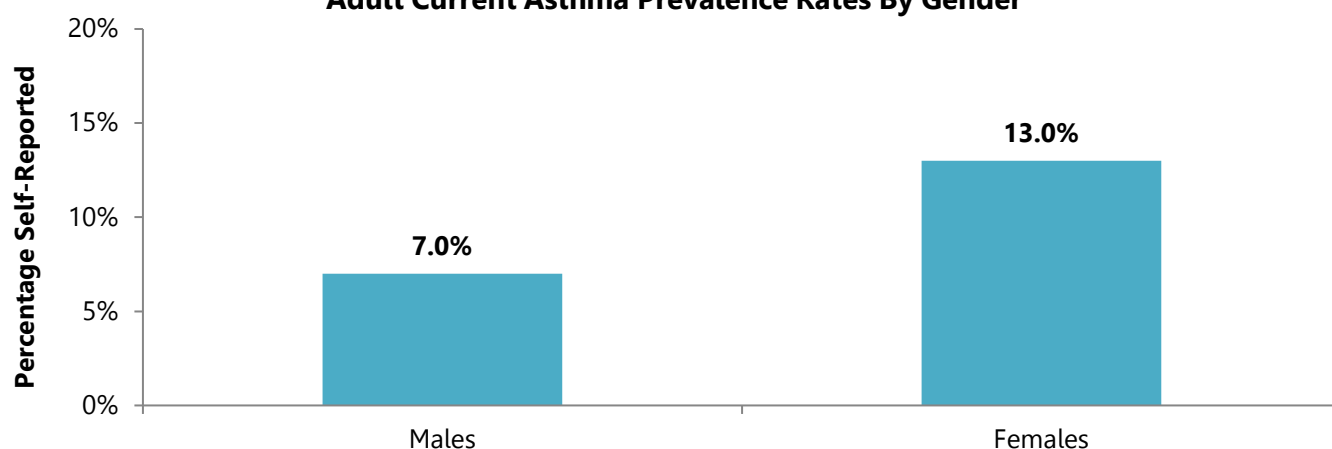
Adult Comparisons	Holmes County 2017	Ohio 2015	U.S. 2015
Had been diagnosed with asthma	7%	14%	14%

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

Adult Lifetime Asthma Prevalence Rates By Gender



Adult Current Asthma Prevalence Rates By Gender



(Source: 2015 BRFSS)

Asthma Facts

- The number of Americans with asthma grows every year. Currently, 26 million Americans have asthma. Of the 26 million, 18.9 million are adults
- Almost 3,600 people die of asthma each year, nearly half of whom are age 65 or older.
- Asthma results in 439,000 hospitalizations and 1.8 million emergency room visits annually.
- Patients with asthma reported 14.2 million visits to a doctor's office and 1.3 million visits to hospital outpatient departments.
- Effective asthma treatment includes monitoring the disease with a peak flow meter, identifying and avoiding allergen triggers, using drug therapies including bronchodilators and anti-inflammatory agents, and developing an emergency plan for severe attacks.

(Source: American College of Allergy, Asthma, & Immunology; Asthma Facts, 2016)

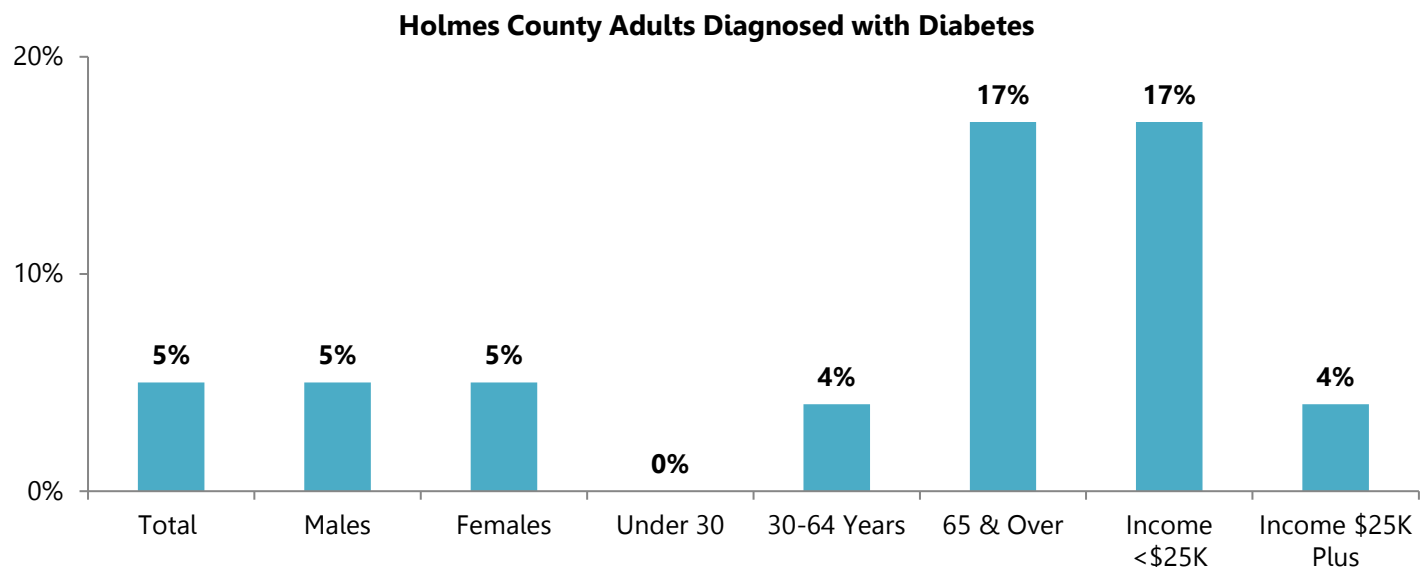
Chronic Disease: Diabetes

Key Findings

In 2017, 5% of Holmes County adults had been diagnosed with diabetes.

Diabetes

- The 2017 health assessment has identified that 5% of Holmes County adults had been diagnosed with diabetes, increasing to 17% of those over the age of 65 and those with incomes less than \$25,000. The 2015 BRFSS reports an Ohio prevalence of 11% and U.S. prevalence of 10%.
- Four percent (4%) of adults had been diagnosed with pre-diabetes.
- Of those with diabetes, 10% were diagnosed before the age of 30, 77% were diagnosed between the age of 30 and 64, and 13% were diagnosed when they were over the age of 65.
- Diabetics were using the following to treat their diabetes: checking blood sugar (84%), diet control (77%), diabetes pills (72%), checking A1C annually (68%), annual vision exam (63%), 6-month checkup with provider (59%), checking their feet (58%), exercise (56%), insulin (34%), dental exam (16%), taking a class (10%), and injectable (6%).
- Nearly two-fifths (39%) of adults with diabetes rated their health as fair or poor.
- Holmes County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 83% were obese or overweight
 - 72% had been diagnosed with high blood pressure
 - 66% had been diagnosed with high blood cholesterol



Adult Comparisons	Holmes County 2017	Ohio 2015	U.S. 2015
Diagnosed with diabetes	5%	11%	10%

Statistics About Diabetes

- In 2012, 29.1 million Americans, or 9.3% of the population, had diabetes. Approximately 1.25 million American children and adults have type 1 diabetes.
- Of the 29.1 million, 8.1 million were undiagnosed.
- 86 million Americans have prediabetes.
- 1.4 million Americans are diagnosed with diabetes every year.
- As many as 1 in 3 American adults will have diabetes in 2050 if present trends continue.
- The economic cost of diagnosed diabetes in the U.S. is \$245 billion per year.
- Diabetes kills more Americans every year than AIDS and breast cancer combined.
- Diabetes is the primary cause of death for 69,071 Americans each year, and contributes to the death of 234,051 Americans annually.

(Source: American Diabetes Association, Statistics About Diabetes, Overall Numbers, Diabetes and Prediabetes, 2017)

Chronic Disease: Quality of Life

Key Findings

In 2017, 19% of Holmes County adults were limited in some way because of a physical, mental or emotional problem. The most limiting health problems were arthritis/rheumatism (39%), back or neck problems (37%), chronic pain (15%), and walking problems (15%).

Impairments and Health Problems

- In 2017, nearly one-fifth (19%) of Holmes County adults were limited in some way because of a physical, mental or emotional problem (21% Ohio and U.S., 2015 BRFSS), increasing to 48% of those with incomes less than \$25,000.
- Among those who were limited in some way, the following problems or impairments were reported: arthritis/rheumatism (39%); back or neck problems (37%); chronic pain (15%); walking problems (15%); fitness level (13%); fractures, bone/joint injuries (13%); sleep problems (13%); stress, depression, anxiety, or emotional problems (12%); lung/breathing problems (11%); chronic illness (11%); eye/vision problems (9%); hearing problems (8%); dental problems (2%); mental health illness/disorder (2%); a learning disability (1%); and other impairment/problem (9%).
- Holmes County adults were responsible for providing regular care or assistance to the following: multiple children (37%); a friend, family member or spouse with a health problem (7%); an adult child (5%); an elderly parent or loved one (5%); someone with special needs (3%); a friend, family member or spouse with a mental health issue (2%); grandchildren (2%); a friend, family member or spouse with dementia (1%); children with discipline issues (1%);, and foster children (1%).
- In the past year, Holmes County adults reported needing the following services: eyeglasses or vision services (24%), help with routine needs (8%), pain management (4%), a cane (3%), help with personal care needs (3%), hearing aids or hearing care (3%), medical supplies (3%), oxygen or respiratory support (2%), a walker (2%), a wheelchair (2%), a personal emergency response system (1%), a special bed (1%), mobility aids or devices (1%), and a wheelchair ramp (<1%).

Adult Comparisons	Holmes County 2017	Ohio 2015	U.S. 2015
Limited in some way because of a physical, mental, or emotional problems	19%	21%	21%

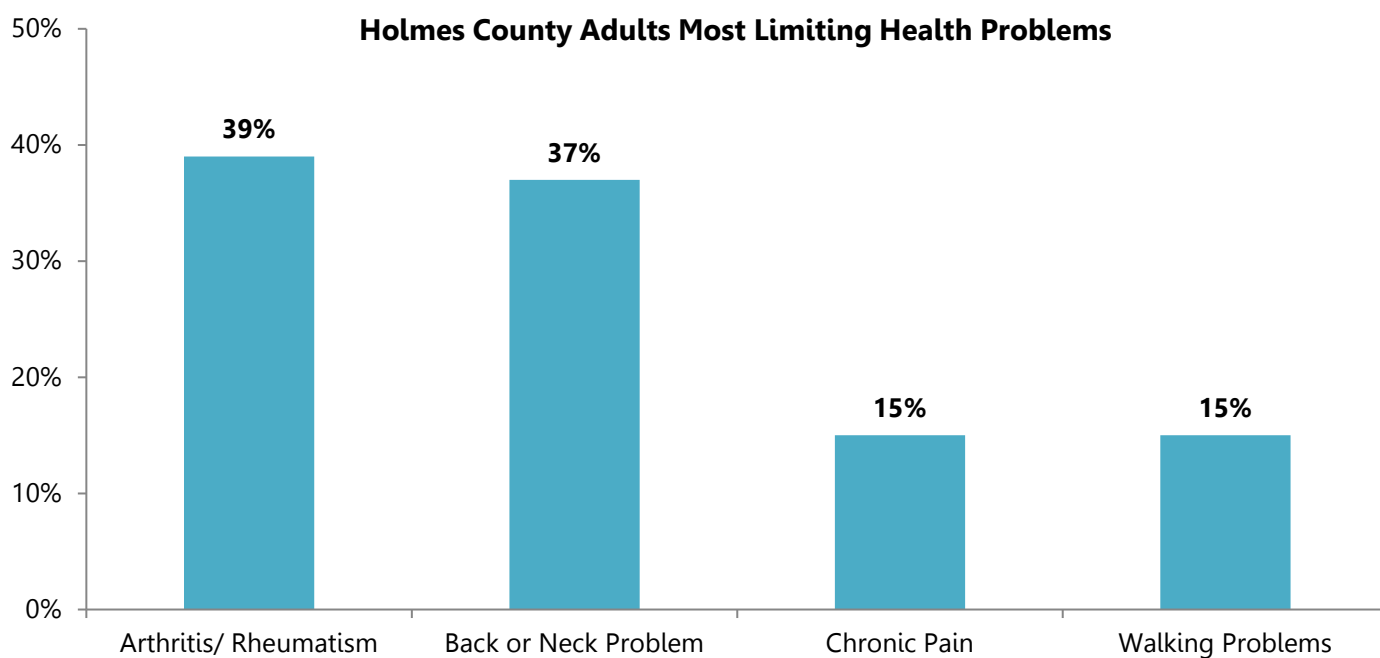
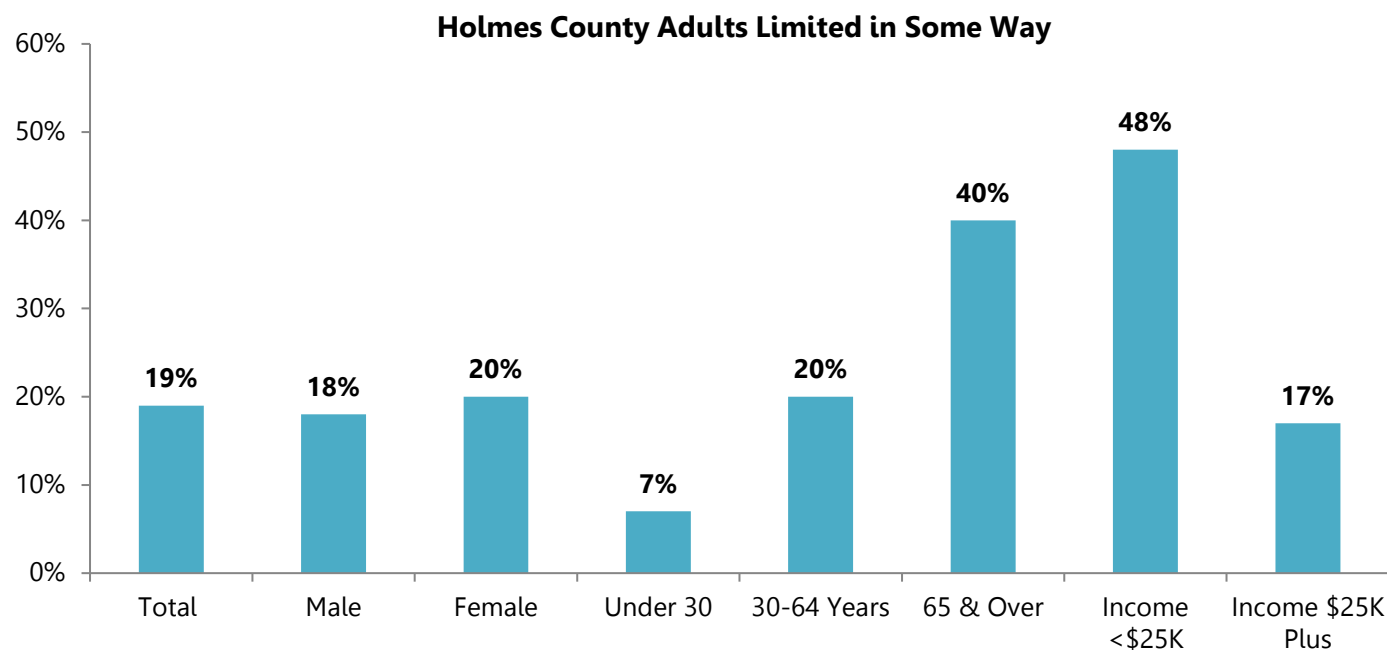
Healthy People 2020

Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Holmes County 2017	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	39%	36%

*U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2017 Holmes County Health Assessment)

The following graphs show the percentage of Holmes County adults that were limited in some way and the most limiting health problems. Examples of how to interpret the information shown on the graph include: 19% of Holmes County adults were limited in some way, including 18% of males, and 40% of those 65 and older.



Social Conditions: Social Determinants of Health

Key Findings

In 2017, 4% of Holmes County adults were threatened or abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). More than three-fourths (78%) of Holmes County adults kept a firearm in or around their home.

Healthy People 2020

Healthy People 2020 developed five key determinants as a “place-based” organizing framework. These five determinants include:

- Economic stability
- Education
- Social and community context
- Health and health care
- Neighborhood and built environment



Economic Stability

- Two percent (2%) of Holmes County adults needed help meeting their general daily needs such as food, clothing, shelter or paying for utilities in the past month, increasing to 11% of those with incomes less than \$25,000.
- Forty-seven percent (47%) of adults reported less than thirty percent of their household income went to their housing. Twenty percent (20%) said thirty to fifty percent, and 9% said fifty percent or more of their income went to housing. Twenty-five percent (25%) of adults did not know what percent of their income went to their housing.
- Eighty-four percent (84%) of adults reported they owned their home, 9% said they rented, 7% of adults reported they had another arrangement, and <1% did not know.
- Holmes County adults received assistance for the following in the past year: healthcare (11%), transportation (9%), dental care (7%), prescription assistance (5%), food (4%), mental illness issues (4%), home repair (4%), Medicare (3%), free tax preparation (2%), utilities (2%), rent/mortgage (2%), clothing (1%), employment (1%), legal aid services (1%), credit counseling (<1%), drug or alcohol addiction (<1%), gambling addiction (<1%), and unplanned pregnancy (<1%).
- Five percent (5%) of 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 (4%), worried food might run out (1%), loss of income led to food insecurity issues (1%), their food assistance was cut (1%), did not eat because they did not have enough money for food (1%), and went hungry/ate less to provide more food for their family (1%).
- Two percent (2%) of adults reported that at least one person in their household went to bed hungry on at least one day because they did not have enough money for food. One percent (1%) went to bed hungry every night of the week.
- The median household income in Holmes County was \$53,540. The U.S. Census Bureau reports median income levels of \$51,086 for Ohio and \$55,775 for the U.S. (Sources: U.S. Census Bureau, Small Area Income and Poverty Estimates).
- Eleven percent (11%) of all Holmes County residents were living in poverty, and 16% of children and youth ages 0-17 were living in poverty (Source: U.S. Census Bureau, Small Area Income and Poverty Estimates, 2015).

- The unemployment rate for Holmes County was 3.9 as of June 2017 *(Sources: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information).*
- There were 13,607 housing units, of which 7% were vacant *(U.S. Census Bureau, American Community Survey, 2011-2015).*
- Seventy-six percent (76%) of occupied housing units in Holmes County were owner-occupied, and 24% were renter-occupied. *(Source: U.S. Census Bureau, American Community Survey, 2011-2015).*
- Rent in Holmes County costs an average of \$561 per month *(U.S. Census Bureau, American Community Survey, 2011-2015).*

Education

- Fifty-eight percent (58%) of Holmes County adults 25 years and over had a high school diploma or higher *(U.S. Census Bureau, American Community Survey, 2011-2015).*
- Eight percent (8%) of Holmes County adults 25 years and over had at least a bachelor's degree *(U.S. Census Bureau, American Community Survey, 2011-2015).*

Health and Health Care

- In the past year, 40% of adults were uninsured, increasing to 61% of those under the age of 30.
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Holmes County adults.

Social and Community Context

- Four percent (4%) of Holmes County adults were threatened or abused in the past year. They were abused by the following: a spouse or partner (46%), someone outside their home (33%), a child (21%), another family member (8%), and a parent (4%).
- Holmes County adults experienced the following adverse childhood experiences (ACEs): lived with someone who was depressed, mentally ill, or suicidal (9%); a parent or adult in their home swore at, insulted, or put them down (9%); their parents became separated or were divorced (8%); lived with someone who was a problem drinker or alcoholic (6%); someone at least 5 years older than them or an adult touched them sexually (6%); someone at least 5 years older than them or an adult tried to make them touch them sexually (6%); someone at least 5 years older than them or an adult forced them to have sex (5%); a parent or adult in their home hit, beat, kicked, or physically hurt them (4%); their family did not look out for each other, feel close to each other, or support each other (3%); their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (2%); lived with someone who used illegal street drugs, or who abused prescription medications (1%); lived with someone who served time or was sentenced to serve time in prison, jail or other correctional facility (1%); their parents were not married (<1%); and they did not have enough to eat, had to wear dirty clothes, and had no one to protect them (<1%).
- Four percent (4%) of Holmes County adults had four or more ACEs in their lifetime, increasing to 10% of those with incomes less than \$25,000.

Social Determinants of Health

- Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live.
- Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.
- Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the social determinants of health—including both social and physical determinants.

(Source: HealthyPeople2020, Retrieved May 19 2016)

- Holmes County adults reported that they or a family member had the following literacy needs: learning computer skills (5%); reading and understanding instructions (2%); reading maps, signs, food ingredient labels, etc. (2%); and completing a job application (1%).
- Holmes County adults had the following transportation issues: no car (12%), suspended/no driver's license (5%), no car insurance (3%), limited public transportation available or accessible (2%), no public transportation available or accessible (1%), disabled (1%), did not feel safe to drive (<1%), could not afford gas (<1%), and other car issues/expenses (1%).
- Adults reported the following issues due to a lack of transportation: had not tried to get a job (1%), missed medical appointments (<1%), not gotten healthcare (<1%), lost their job (<1%), and other (1%).
- Holmes County adults reported getting to their healthcare-related appointments by: driving their own car (49%); calling a driver, family member or friend (40%); walking or riding a bike (4%); borrowing a car (<1%); calling a social services agency (<1%); and other (12%).

Behaviors of Holmes 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
Felt neighborhood was extremely or quite safe	76%	95%
Current drinker (had at least one alcoholic beverage in the past month)	58%	39%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	44%	6%
Had an income less than \$25,000	20%	8%
Current smoker (currently smoke on some or all days)	17%	6%
Felt sad or hopeless for two or more weeks in a row	12%	3%
Threatened or abused by one or more people	4%	0%

"ACEs" indicate adults who self-reported having experienced four or more adverse childhood experiences in their lifetime.

Adverse Childhood Experiences (ACEs)

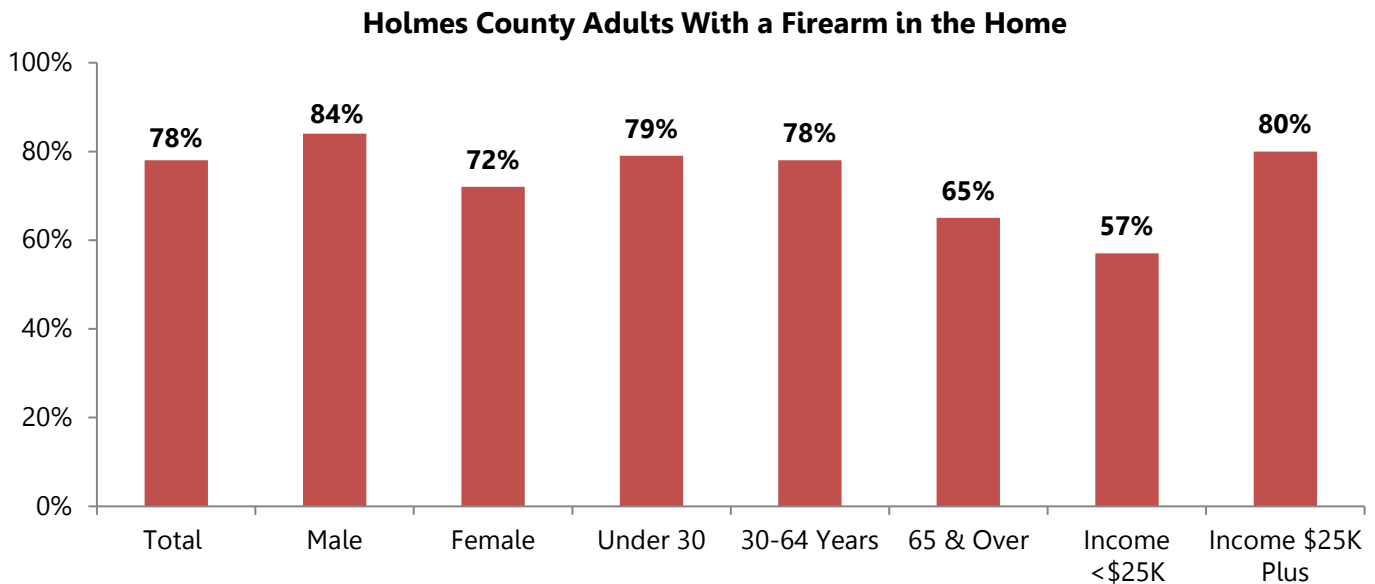
- Childhood abuse, neglect, and exposure to other traumatic stressors which we term adverse childhood experiences (ACEs) are common. The most common are separated or divorced parents, verbal, physical or sexual abuse, witness of domestic violence, and having a family member with depression or mental illness.
- According to the CDC, 59% of people surveyed in 5 states in 2009 reported having had at least one ACE while 9% reported five or more ACEs.
- The short and long-term outcomes of these childhood exposures include a multitude of health and social problems such as:
 - Depression
 - Fetal death
 - Illicit drug use
 - Liver disease
 - STD's
 - 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 ACEs 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, 2009-2014. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2015)

Neighborhood and Built Environment

- More than three-fourths (78%) of Holmes County adults kept a firearm in or around their home. Three percent (3%) of adults reported they were unlocked and loaded.
- Thirty-four percent (34%) of Holmes County adults thought their neighborhood was extremely safe from crime. Fifty-nine percent (59%) reported their neighborhood was quite safe, 5% said slightly safe, and <1% reported not at all safe from crime.
- Holmes County adults reported doing the following while driving: talking on hand-held cell phone (29%); eating (27%); talking on hands-free cell phone (15%); texting (12%); not wearing a seatbelt (10%); using internet on their cell phone (5%); reading (1%); being under the influence of alcohol (1%); being under the influence of prescription drugs (1%); being under the influence of recreational drugs (<1%); and other activities (such as applying makeup, shaving, etc.) (1%).

The following graph shows the percentage of Holmes County adults that have a firearm in or around the home. Examples of how to interpret the information shown on the graph include: 78% of all Holmes County adults have a firearm in or around the home, including 84% of males, and 79% of those under 30 years old.



Victims of Gun Violence in America

- More than 100,000 people are shot in murders, assaults, suicides & suicide attempts, accidents, or by police intervention in America in an average year.
 - 33,880 people die from gun violence and 81,114 people survive gun injuries.
- Every day, an average of 309 people are shot in America. Of those 309 people, 93 people die and 216 are shot but survive.
 - Of the 309 people who are shot every day, an average of 48 are children and teens.
 - Of the 93 people who die, 32 are murdered, 58 are suicides, 1 dies accidentally, 1 from legal intervention, and 1 with an unknown intent.
 - Of the 216 people who are shot but survive, 159 are from assault, 43 are shot accidentally, 11 are suicide attempts, and 3 are police interventions.

(Source: Brady Campaign to Prevent Gun Violence, "There Are Too Many Victims of Gun Violence" Fact Sheet, May 2017)

- The 2011-2015 American Community Survey 5 year estimates that approximately 1,775,836 Ohio residents or 15.8% of the population were in poverty.
- From 2011-2015, 13% of Holmes County residents were in poverty.

Percentage County Population in Poverty

- 4.5% - 9.9%
- 10.0% - 15.8%
- 15.9% - 19.9%
- 20.0% - 33.0%

Appalachian Ohio

County	Population	% in Poverty
Ashtabula	19,266	20.1%
Lake	20,063	8.9%
Geauga	6,969	7.5%
Trumbull	34,912	17.3%
Mahoning	40,841	18.0%
Columbiana	15,730	15.4%
Jefferson	11,533	17.6%
Harrison	2,657	17.3%
Belmont	9,553	14.6%
Monroe	2,782	19.4%
Washington	9,777	16.4%
Meigs	5,285	22.8%
Gallia	6,214	20.9%
Lawrence	11,135	18.3%
Scioto	18,740	25.3%
Adams	6,832	24.6%
Pike	6,436	23.1%
Jackson	7,637	23.5%
Vinton	2,713	20.7%
Athens	18,263	33.0%
Morgan	3,111	21.4%
Franklin	208,422	17.5%
Perry	6,876	19.3%
Hocking	4,894	17.4%
Ross	13,746	19.3%
Fayette	5,185	18.4%
Pickaway	6,509	12.6%
Greene	21,065	13.6%
Montgomery	96,354	18.6%
Butler	50,312	13.9%
Preble	5,477	13.3%
Darke	6,846	13.3%
Shelby	4,970	10.3%
Auglaize	4,010	8.9%
Mercer	3,399	8.4%
Van Wert	3,600	12.8%
Paulding	2,436	12.8%
Defiance	5,071	13.4%
Williams	5,386	14.9%
Fulton	4,532	10.8%
Lucas	90,091	21.1%
Wood	17,461	14.3%
Henry	3,144	11.4%
Putnam	1,966	5.8%
Hancock	10,221	13.9%
Seneca	8,923	16.9%
Sandusky	8,458	14.3%
Ottawa	4,349	10.7%
Erie	9,333	12.4%
Huron	7,853	13.5%
Lorain	42,269	14.4%
Cuyahoga	231,823	18.7%
Summit	78,658	14.8%
Portage	24,219	15.6%
Wayne	14,758	13.2%
Ashland	7,569	14.9%
Richland	19,504	17.0%
Crawford	6,888	16.4%
Wyandot	2,601	11.8%
Marion	11,127	18.8%
Morrow	4,063	11.7%
Knox	8,825	15.3%
Licking	20,926	12.7%
Delaware	8,285	4.5%
Union	4,344	8.7%
Logan	6,487	14.5%
Champaign	4,756	12.4%
Clark	24,419	18.3%
Madison	3,580	9.4%
Clinton	6,425	15.9%
Warren	11,885	5.6%
Clermont	21,127	10.7%
Brown	6,442	14.9%
Highland	8,604	20.2%
Hamilton	143,778	18.3%
Tuscarawas	12,763	14.0%
Coshocton	5,835	16.1%
Muskingum	15,554	18.6%
Guernsey	7,784	19.9%
Noble	1,521	12.7%

SOCIAL DETERMINANTS OF HEALTH | 90

Social Conditions: Environmental Health

Key Findings

The top three environmental health issues for Holmes County adults were mold (7%), insects (5%), and rodents (4%). Eighty-six percent (86%) of adults had a working flashlight and working batteries in preparation for a disaster.

Environmental Health

- Eighty-three percent (83%) of Holmes County adults used a septic tank for wastewater. Of those who had a septic tank, 43% had it pumped within the past five years, and 23% never had it pumped. Seventeen percent (17%) did not know the last time their septic tank had been pumped.
- Holmes County adults thought the following threatened their health in the past year.
 - Mold (7%)
 - Insects (5%)
 - Rodents (4%)
 - Agricultural chemicals (2%)
 - Chemicals found in products (2%)
 - Temperature regulation (2%)
 - Air quality (1%)
 - Bed bugs (1%)
 - Plumbing problems (1%)
 - Unsafe water supply/wells (1%)
 - Asbestos (<1%)
 - Cockroaches (<1%)
 - Lice (<1%)
 - Radiation (<1%)
 - Radon (<1%)
 - Sewage/waste water problems (<1%)

Disaster Preparedness

- Holmes County households had the following disaster preparedness supplies: working flashlight and working batteries (86%); working smoke detector (80%); generator (66%); cell phone (65%); cell phone with texting (62%); 3-day supply of nonperishable food for everyone in the household (53%); home land-line telephone (49%); computer/tablet (46%); 3-day supply of prescription medication for each person who takes prescribed medicines (33%); 3-day supply of water for everyone in the household (1 gallon of water per person per day) (33%); working battery-operated radio and working batteries (27%); communication plan (18%); family disaster plan (8%); and a disaster plan (6%).

Social Conditions: Parenting

Key Findings

In 2017, more than half (51%) of children had been to the dentist. Nearly half (47%) of children had received all recommended vaccinations.

Parenting

- More than half (51%) of children had been to the dentist in the past year. Almost one-fourth (23%) of parents indicated their child was not old enough to visit the dentist.
- Forty-seven percent (47%) of Holmes County children had received all recommended vaccinations.
- Children did not get all their recommended vaccinations for the following reasons: personal beliefs (22%), fear of adverse effects (19%), did not think immunization was necessary (13%), fear of immunization (11%), fear of getting sick (2%), religious beliefs (2%), doctor did not recommend (1%), pre-existing health issues (1%), fear of needles (<1%), and other reasons (4%).
- Nine percent (9%) of Holmes County parents reported they would get their child the Human Papillomavirus Virus (HPV) vaccine. Ten percent (10%) of parents indicated they would seek out additional information about the vaccine. Ten percent (10%) of parents reported their child had already been vaccinated for HPV. One percent (1%) reported they did not have the money to get the vaccine, and 11% said their child is not going to have sex. Fifty-nine percent (59%) of parents reported they would not get their child vaccinated or seek out additional information about the vaccine.

Human Papillomavirus (HPV) Vaccine

- The HPV vaccine is for protection from most of the cancers caused by human papillomavirus (HPV) infection. HPV is a very common virus that spreads between people when they have sexual contact with another person. About 14 million people, including teens, become infected with HPV each year.
- HPV infection can cause cervical, vaginal and vulvar cancers in women and penile cancer in men. HPV can also cause anal cancer, throat cancer, and genital warts in both men and women.
- The HPV vaccine is recommended for preteen boys and girls at age 11 or 12 so they are protected before ever being exposed to the virus. HPV vaccine also produces higher immune response in preteens than in older adolescents. HPV vaccination is a series of shots given over several months.
- HPV vaccines have been studied very carefully. These studies showed no serious safety concerns. Common, mild side effects reported during these studies include pain the arm where the shot was given, fever, dizziness and nausea.

(Source: Centers for Disease Control and Prevention. HPV Vaccine for Preteens and Teens, December, 2015)

Youth Health: Weight Status

Key Findings

The health assessment identified that 16% of Holmes County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 26% of Holmes County youth reported that they were slightly or very overweight. Ninety-six percent (96%) of youth participated in extracurricular activities.

Youth Weight Status

- BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific, as children's body fatness changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese.
- About one in six (16%) of Holmes County youth were classified as obese by Body Mass Index (BMI) calculations (YRBS reported 13% for Ohio in 2013 and 14% for the U.S. in 2015); 11% of youth were classified as overweight (2013 YRBS reported 16% for Ohio and 2015 YRBS reported 16% for the U.S.); 68% were normal weight; and 5% were underweight.
- About one-quarter (26%) of youth described themselves as being either slightly or very overweight (2013 YRBS reported 28% for Ohio and 2015 YRBS reported 32% for the U.S.).
- Just over two fifths (48%) of all youth were trying to lose weight, increasing to 57% of Holmes County female youth (compared to 39% of males) (YRBS reported 47% for Ohio in 2013 and 46% for the U.S. in 2015).
- Youth did the following to lose or keep from gaining weight in the past 30 days:
 - Exercised (50%)
 - Drank more water (41%)
 - Ate more fruits and vegetables (35%)
 - Ate less food, fewer calories, or foods lower in fat (30%)
 - Skipped meals (17%)
 - Went without eating for 24 hours or more (6%) (2013 YRBS reported 10% for Ohio and 13% for the U.S.)
 - Took diet pills, powders, or liquids without a doctor's advice (3%) (2013 YRBS reported 5% for Ohio and the U.S.)
 - Smoked cigarettes or e-cigarettes to lose weight (1%)
 - Vomited or took laxatives (1%) (2013 YRBS reported 5% for Ohio and 4% for the U.S.)
- About one-third (34%) of youth did not do anything to lose or keep from gaining weight.

Nutrition

- Five percent (5%) of Holmes County youth ate five or more servings of fruits and vegetables per day. Twenty-eight percent (28%) ate 3-4 servings of fruits and vegetables per day, and 61% ate 1-2 servings per day. Six percent (6%) reported not eating any fruits and vegetables.
- Over one-fifth (21%) of youth drank soda pop (not diet), punch, Kool-Aid, sports drinks, energy drinks or other fruit flavored drinks at least once per day during the past week.
- Thirty-one percent (31%) of youth had a drink that was high in caffeine, such as coffee, espresso or energy drinks at least 1-3 times during the past week. Seven percent (7%) had a drink that was high in caffeine at least 4-6 times during the past week. Fifty-six percent (56%) of youth did not drink any high caffeine drinks in the past week.
- In the past month, youth reported they went to bed hungry because their family could not afford food sometimes (5%) or always (<1%). Ninety-four percent (94%) of youth reported they rarely or never went to bed hungry.

Physical Activity

- A little over half (52%) of Holmes County youth exercised outside of school, and 51% of youth participated in a sports or intramural program.
- Holmes County youth spent an average of 2.6 hours on their cell phone, 1.3 hours watching TV, 1.0 hours on their computer/tablet, and 0.9 hours playing video games on an average day of the week.
- Less than one-fifth (14%) of youth spent three or more hours watching TV on an average day (2013 YRBS reported 28% for Ohio and the 2015 YRBS reported 25% for the U.S.).

Holmes County youth did the following to lose weight in the past 30 days:	Percent
Exercised	50%
Drank more water	41%
Ate more fruits and vegetables	35%
Ate less food, fewer calories, or foods lower in fat	30%
Skipped meals	17%
Went without eating for 24 hours	6%
Took diet pills, powders, or liquids without a doctor's advice	3%
Vomited or took laxatives	1%
Smoked cigarettes	1%

Healthy People 2020 Nutrition and Weight Status (NWS)

Objective	Holmes County 2017	Ohio 2013	U.S. 2015	Healthy People 2020 Target
NWS-10.4 Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese	16% (6-12 Grade) 17% (9-12 Grade)	13% (9-12 Grade)	14% (9-12 Grade)	15%*

*The Healthy People 2020 target is for youth in grades 9-12.

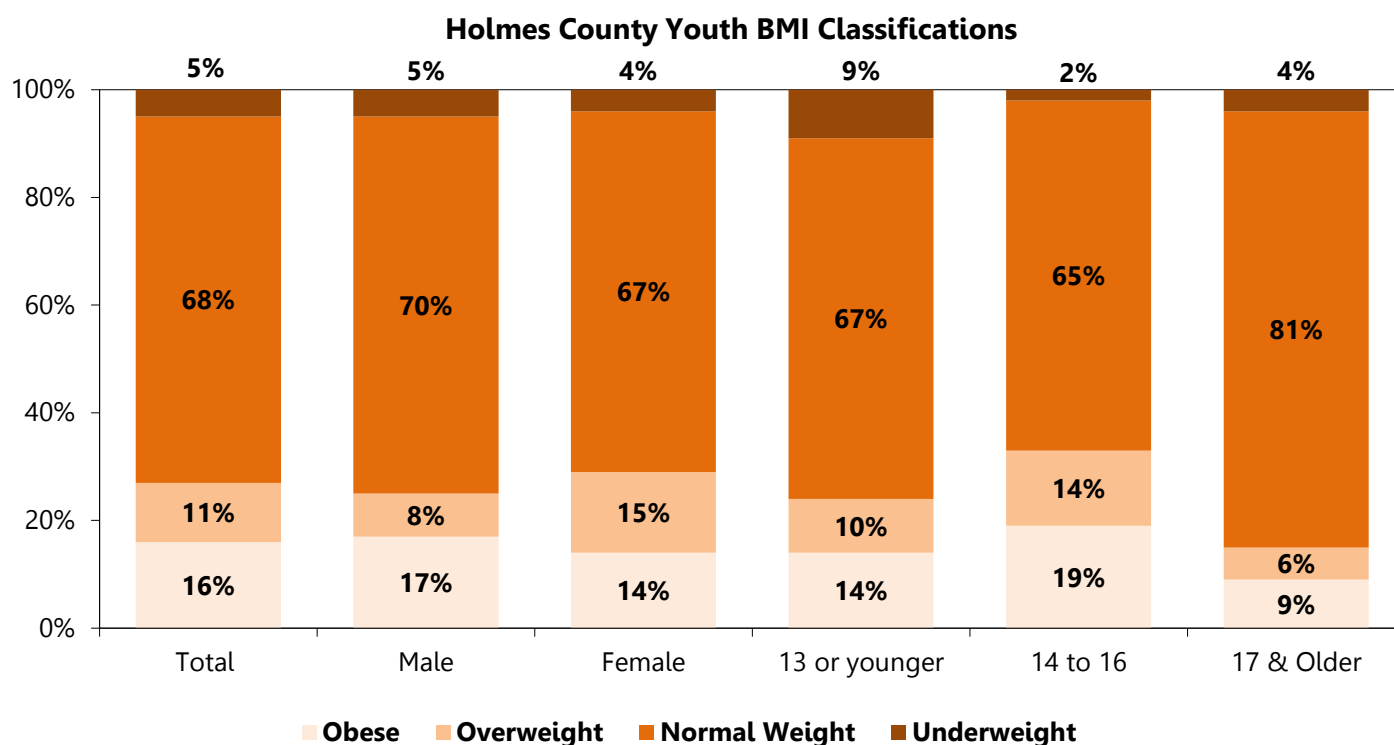
(Sources: Healthy People 2020 Objectives, 2013 Ohio YRBS, 2015 U.S. YRBS, CDC/NCHHSTP, 2017 Holmes County Health Assessment)

Youth Comparisons	Holmes County 2017 (6 th -12 th)	Holmes County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Obese	16%	17%	13%	14%
Overweight	11%	10%	16%	16%
Trying to lose weight	48%	51%	47%	46%
Described themselves as slightly or very overweight	26%	27%	28%	32%
Went without eating for 24 hours or more	6%	9%	10%	13%*
Took diet pills, powders, or liquids without a doctor's advice	3%	5%	5%	5%*
Vomited or took laxatives	1%	1%	5%	4%*
Watched TV 3 or more hours per day	14%	16%	28%	25%

N/A – Not Available

*Comparative YRBS data for U.S. is 2013

The following graph shows the percentage of Holmes County youth who were classified as obese, overweight, normal weight, or underweight according to Body Mass Index (BMI) by age. Examples of how to interpret the information in the graph include: 68% of all Holmes County youth were classified as normal weight, 16% were obese, 11% were overweight, and 5% were underweight for their age and gender.



Health Effects of Childhood Obesity

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

Immediate health effects:

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

Long-term health effects:

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

(Sources: CDC, *Childhood Overweight and Obesity*, Updated: 12/15/16)

THE MORE THEY **BURN** THE BETTER THEY **LEARN**



YOUR
CHILD

AMOUNT OF
ACTIVITY

VARIOUS
ACTIVITIES

ACADEMIC
ACHIEVEMENT

**Did you know that
kids who are
physically active
get better grades?**

Research shows that students who earn mostly **A**s are almost twice as likely to get regular physical activity than students who receive mostly **D**s and **F**s.

Physical activity can help students focus, improve behavior and boost positive attitudes. Do what you can to help your child be physically active, be it running, biking or swimming. Any type of physical activity is good, and 60 minutes a day is best. Their grades will thank you!



FOR MORE INFORMATION, VISIT
MakingHealthEasier.org/BurnToLearn

(Source: CDC, The association between school based physical activity, including education, and academic performance. Atlanta, GA: U.S. DHHS; 2010 and CDC, Physical Inactivity and Unhealthy Dietary Behaviors and Academic Achievement)

Youth Health: Tobacco Use

Key Findings

The health assessment identified that 8% of Holmes County youth were current smokers, increasing to 14% of those ages 17 and older. Eight percent (8%) of youth used an electronic vapor product in the past 30 days. The average age of onset for smoking was 13.2 years old.

Youth Tobacco Use Behaviors

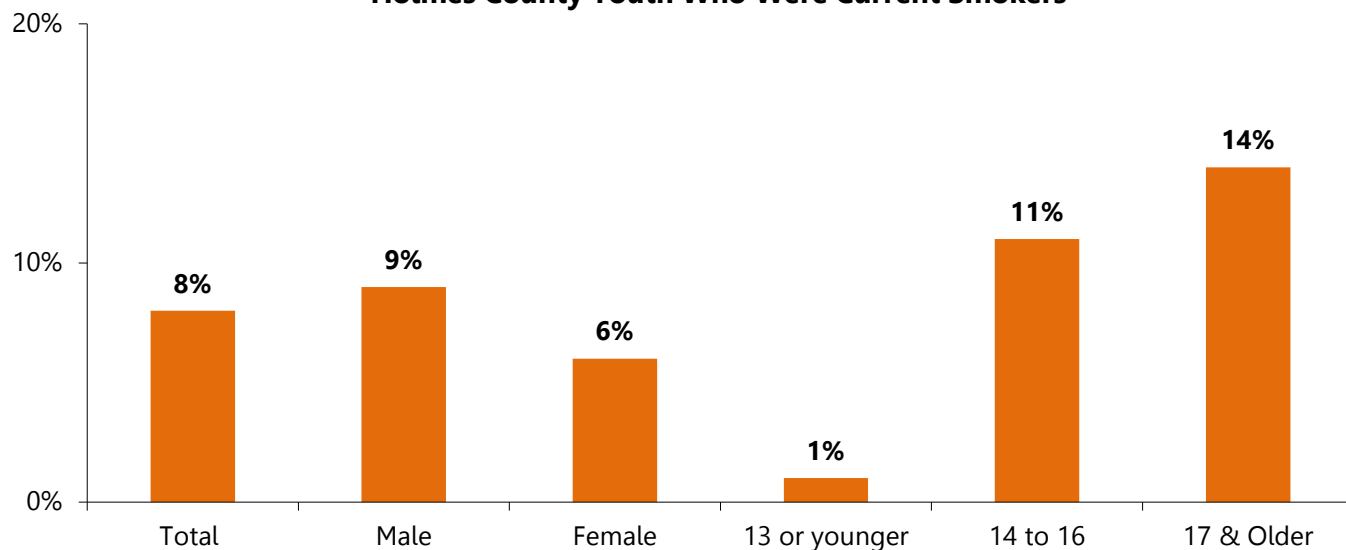
- Over one-fifth (23%) of Holmes County youth had tried cigarette smoking, increasing to 41% of those ages 17 and older (YRBS reported 32% for the U.S. in 2015).
- Seven percent (7%) of all Holmes County youth had smoked a whole cigarette for the first time before the age of 13 (YRBS reported 7% for the U.S. in 2015).
- Fifteen percent (15%) of those who had smoked a whole cigarette did so at 10 years old or younger, and another 23% had done so by 12 years old. The average age of onset for smoking was 13.2 years old.
- Eight percent (8%) of youth were current smokers, having smoked at some time in the past 30 days (YRBS reported 15% for Ohio in 2013 and 11% for the U.S. in 2015).
- Eight percent (8%) of Holmes County youth used an electronic vapor product in the past 30 days, increasing to 10% of those 17 and older and 11% of males (YRBS reported 24% for the U.S. in 2015).
- Two percent (2%) of all youth smoked cigarettes on 20 or more days during the past month (2013 YRBS reported 7% for Ohio and 3% for the U.S. in 2015).

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

- About nine out of ten (92%) youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- Youth used the following forms of tobacco in the past year: cigarettes (14%); chewing tobacco, snuff, or dip (11%); e-cigarettes (7%); Swishers (6%); cigars (5%); pouch [snus] (4%); Black and Milds (3%); cigarillos (2%); hookah (2%); and little cigars (1%).
- Youth smokers reported the following ways of obtaining cigarettes: 39% said a person 18 years or older gave them the cigarettes, 34% of youth smokers borrowed cigarettes from someone else, 24% indicated they bought cigarettes from a store or gas station (2015 YRBS reported 13% for the U.S.), 15% took them from a store or family member, 2% got them from a vending machine, and 20% got them some other way.
- Over two-fifths (43%) of youth who smoked in the past year had tried to quit smoking (2015 YRBS reported 45% for the U.S.).

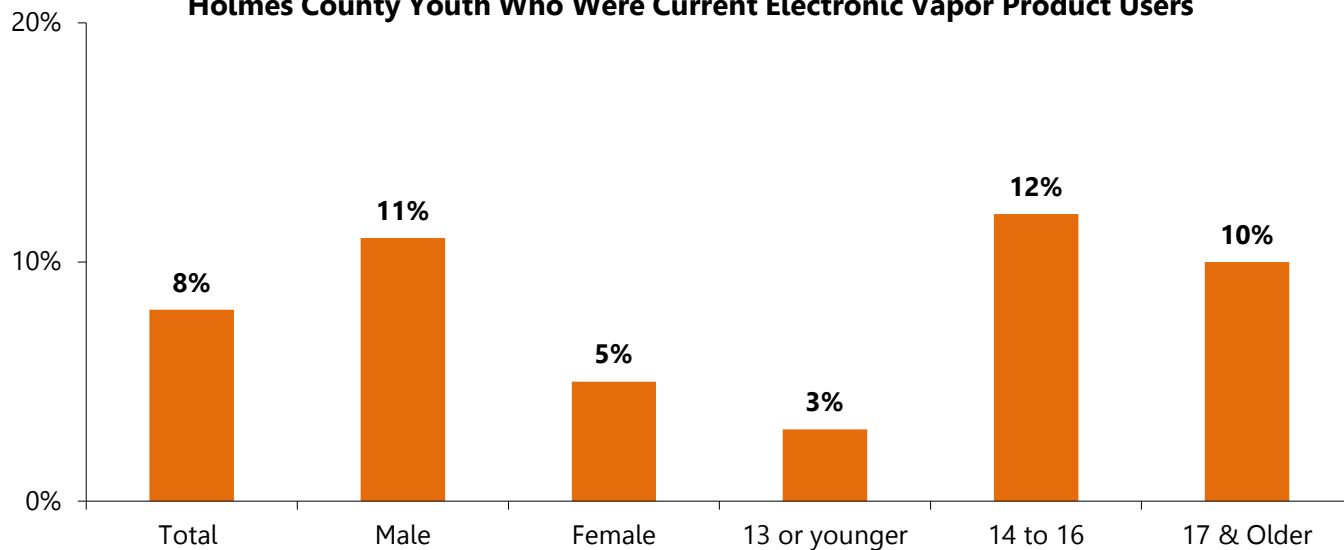
The following graphs show the percentage of Holmes County youth who were current smokers and current electronic vapor product users. Examples of how to interpret the information include: 8% of all Holmes County youth were current smokers, 9% of males smoked, and 6% of females were current smokers.

Holmes County Youth Who Were Current Smokers



8% of Holmes County youth used an electronic vapor product in the past 30 days.

Holmes County Youth Who Were Current Electronic Vapor Product Users



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

Youth Behaviors	Current Smoker	Non-Current Smoker
Had at least one drink of alcohol in the past 30 days	92%	18%
Participated in extracurricular activities	92%	96%
Been bullied in any way in the past year	62%	41%
Have used marijuana in the past 30 days	50%	3%
Had sexual intercourse in the past 12 months	48%	12%
Experienced 3 or more adverse childhood experiences (ACEs) in their lifetime	28%	12%
Seriously considered attempting suicide in the past 12 months	24%	11%
Ever misused medications	20%	3%
Attempted suicide in the past 12 months	15%	4%

"Current smokers" indicate youth who self-reported smoking at any time during the past 30 days.

Healthy People 2020
Tobacco Use (TU)

Objective	Holmes County 2017	Ohio 2013	U.S. 2015	Healthy People 2020 Target
TU-2.2 Reduce use of cigarettes by adolescents (past month)	8% (6-12 Grade) 14% (9-12 Grade)	15% (9-12 Grade)	11% (9-12 Grade)	16%*

**The Healthy People 2020 target is for youth in grades 9-12.*

(Sources: Healthy People 2020 Objectives, 2013 Ohio YRBS, 2015 YRBS, CDC/NCHHSTP, 2017 Holmes County Health Assessment)

Youth Comparisons	Holmes County 2017 (6 th -12 th)	Holmes County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever tried cigarettes	23%	34%	52%*	32%
Current smokers	8%	14%	15%	11%
Smoked cigarettes on 20 or more days during the past month (of all youth)	2%	3%	7%	3%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	7%	8%	14%*	7%
Current electronic vapor product user	8%	11%	N/A	24%
Tried to quit smoking (of youth who smoked in the past year)	43%	40%	56%*	45%

**Comparative YRBS data for Ohio is 2011*

E-Cigarette Use Among Youth and Young Adults

- E-cigarettes are now the most commonly used tobacco product among youth, surpassing conventional cigarettes in 2014.
- E-cigarette aerosol is not harmless “water vapor”. It can contain harmful and potentially harmful constituents, including nicotine. Nicotine exposure during adolescence can cause addiction and can harm the developing adolescent brain.
- The most recent estimates available show that 13.5% of middle school students (2015), 37.7% of high school students (2015), and 35.8% of young adults (2013–2014) had ever used an e-cigarette.
- Among middle and high school students, both ever and past-30-day e-cigarette use have more than tripled since 2011.
- The most recent data available show that the prevalence of past-30-day use of e-cigarettes is similar among high school students (16% in 2015, 13.4% in 2014) and young adults 18–24 years of age (13.6% in 2013–2014) compared to middle school students (5.3% in 2015, 3.9% in 2014) and adults 25 years of age and older (5.7% in 2013–2014).
- In 2015, 58.8% of high school students who were current users of combustible tobacco products were also current users of e-cigarettes.
- E-cigarette products can be used as a delivery system for cannabinoids and potentially for other illicit drugs. More specific surveillance measures are needed to assess the use of drugs other than nicotine in e-cigarettes.

(Source: U.S. Department of Health and Human Services, A Report of the Surgeon General, 2016)

Youth Health: Alcohol Consumption

Key Findings

Nearly two-fifths (38%) of Holmes County youth had drunk at least one drink of alcohol in their life, increasing to 69% of youth 17 and older. Almost one-quarter (24%) of youth had at least one drink in the past 30 days, defining them as a current drinker. The average age of onset for drinking was 13.1 years old.

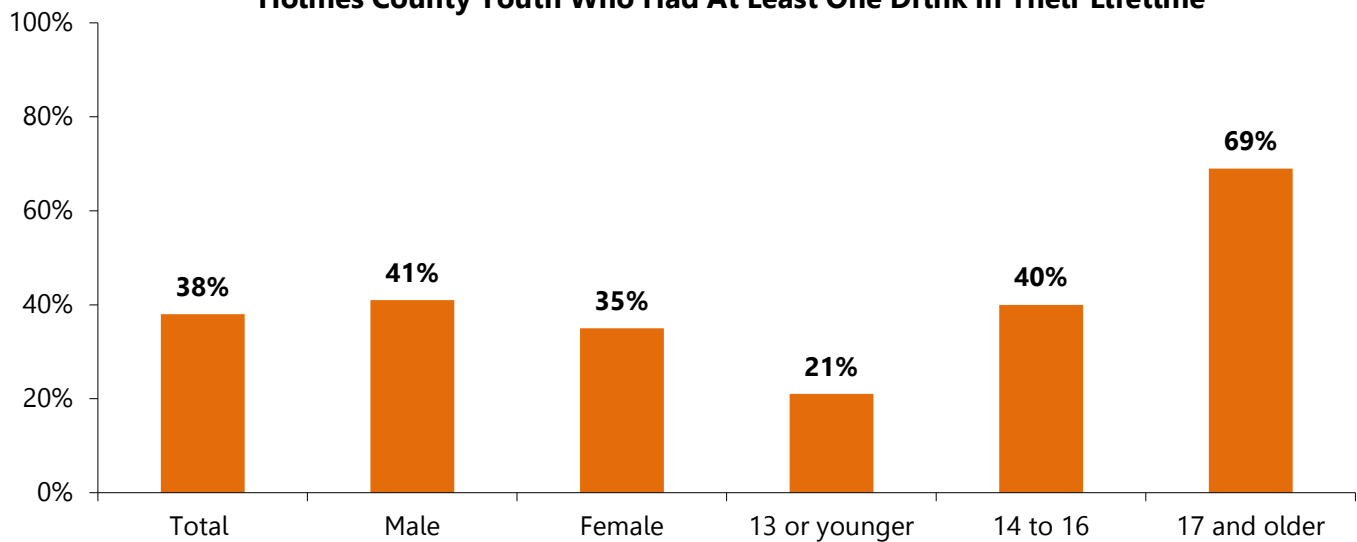
In 2017, 24% of Holmes County youth had at least one drink in the past 30 days.

Youth Alcohol Consumption

- Nearly two-fifths (38%) of youth had at least one drink of alcohol in their life, increasing to 69% of those ages 17 and older (2015 YRBS reports 63% for the U.S.).
- Almost one-quarter (24%) of youth had at least one drink in the past 30 days, increasing to 50% of those ages 17 and older (YRBS reports 30% for Ohio in 2013 and 33% for the U.S. in 2015).
- Based on all youth surveyed, 10% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers, increasing to 28% of those ages 17 and older (YRBS reports 16% for Ohio in 2013 and 18% for the U.S. in 2015). Of those who drank in the past month, 41% were defined as binge drinkers, increasing to 56% of males.
- Of all youth, 14% had drunk alcohol for the first time before the age of 13 (YRBS reports 13% of Ohio youth drank alcohol for the first time before the age of 13 in 2013 and 17% for the U.S. in 2015).
- Over one-third (37%) of youth who reported drinking at some time in their life had their first drink at 12 years old or younger, 29% took their first drink between 13-14 years old, and 33% started drinking between 15-18 years old. The average age of onset for drinking was 13.1 years old.
- Youth drinkers reported they got their alcohol from the following: a parent gave it to them (26%), an older friend or sibling bought it for them (26%), someone older bought it (21%), took it from a store or family member (10%), a friend's parent gave it to them (6%), bought it with a fake ID (4%), bought it in a liquor store/convenience store/gas station (3%), and some other way (32%).
- Youth drinkers reported drinking alcohol at the following places: in their home (56%); at a friend's home (41%); at another person's home (23%); at a public place, such as a park, bench or parking lot (7%); at a restaurant, bar or club (5%); while riding in or driving a car or another vehicle (5%); at a public event, such as a concert or sporting event (3%); and on school property (1%).
- During the past month, 14% of all Holmes County youth had ridden in a car driven by someone who had been drinking alcohol (YRBS reports 17% for Ohio in 2013 and 20% for the U.S. in 2015).
- Six percent (6%) of youth drivers had driven a car in the past month after they had been drinking alcohol (YRBS reports 4% for Ohio in 2013 and 8% for the U.S. in 2015).

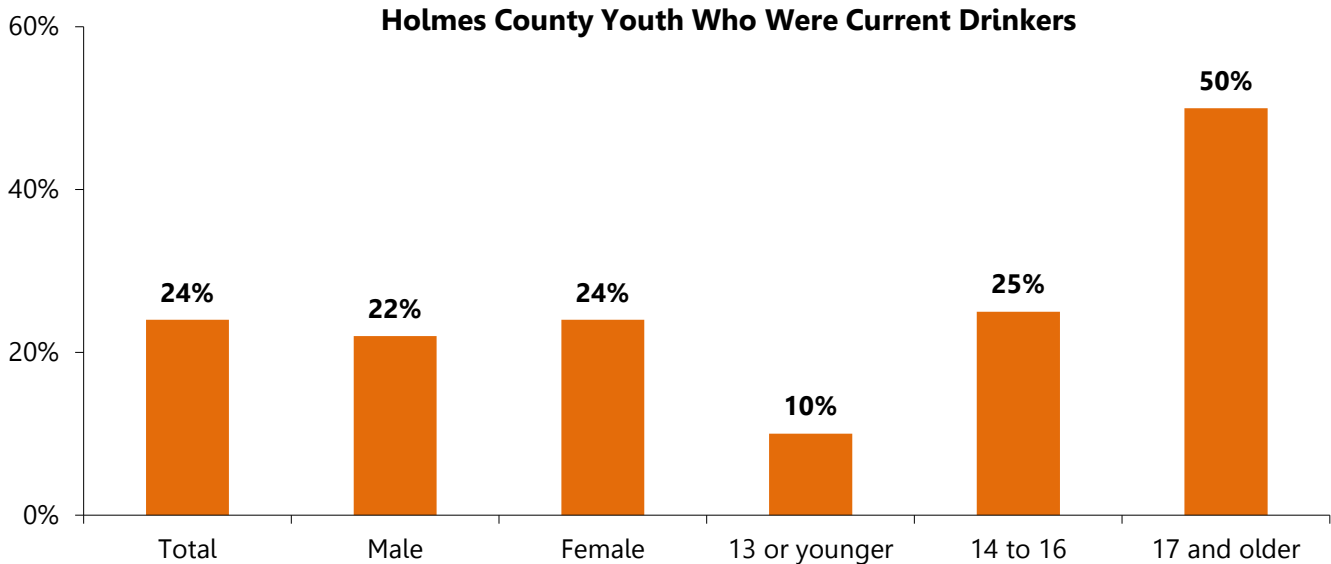
The following graphs show the percentage of Holmes County youth who drank in their lifetime and who were current drinkers. Examples of how to interpret the information include: 38% of all Holmes County youth have drank at some time in their life, including 41% of males and 35% of females.

Holmes County Youth Who Had At Least One Drink In Their Lifetime

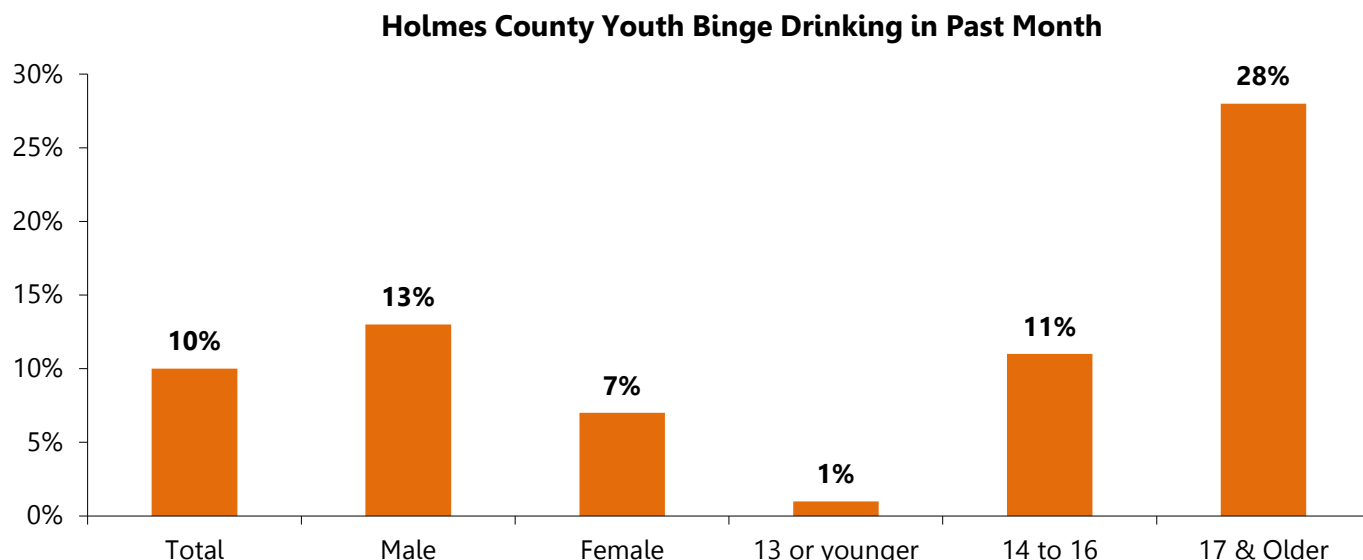


Based on all Holmes County youth surveyed, 10% were defined as binge drinkers.

Holmes County Youth Who Were Current Drinkers



The following graph shows the percentage of Holmes County youth who were binge drinkers. Example of how to interpret the information include: 10% of youth binge drank in the past month, including 13% of males and 7% of females.



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

Youth Behaviors	Current Drinker	Non-Current Drinker
Participated in extracurricular activities	96%	95%
Bullied in the past 12 months	52%	40%
Had sexual intercourse in the past 12 months	35%	9%
Have smoked cigarettes in the past 30 days	30%	<1%
Have used marijuana in the past 30 days	24%	2%
Seriously considered attempting suicide in the past 12 months	22%	9%
Experienced 3 or more adverse childhood experiences (ACEs) in their lifetime	21%	11%
Misused medications	15%	2%

"Current drinkers" indicate youth who self-reported having had at least one drink of alcohol during the past 30 days.

Healthy People 2020
Substance Abuse (SA)

Objective	Holmes County 2017	Ohio 2013	U.S. 2015	Healthy People 2020 Target
SA-14.4 Reduce the proportion of persons engaging in binge drinking during the past month	10% (6-12 Grade) 18% (9-12 Grade)	16% (9-12 Grade)	18% (9-12 Grade)	9%*

*Note: The Healthy People 2020 target is for youth aged 12-17 years.

(Sources: Healthy People 2020 Objectives, 2013 Ohio YRBS, 2015 U.S. YRBS, 2017 Holmes County Health Assessment)

Youth Comparisons	Holmes County 2017 (6 th -12 th)	Holmes County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever tried alcohol	38%	56%	71%*	63%
Current drinker	24%	38%	30%	33%
Binge drinker (of all youth)	10%	18%	16%	18%
Drank for the first time before age 13 (of all youth)	14%	13%	13%	17%
Rode with someone who was drinking	14%	15%	17%	20%
Drank and drove (of youth drivers)	6%	7%	4%	8%

*Comparative YRBS data for Ohio is 2011

Underage Drinking in the U.S.

Excessive drinking is responsible for more than 4,300 deaths among underage youth each year, and cost the U.S. \$24 billion in economic costs in 2010.

On average, underage drinkers consume more drinks per drinking occasion than adult drinkers.

In 2010, there were approximately 189,000 emergency room visits by persons under age 21 for injuries and other conditions linked to alcohol.

Youth who drink alcohol are more likely to experience:

- School problems, such as higher absence and poor or failing grades.
- Social problems, such as fighting and lack of participation in youth activities.
- Legal problems, such as arrest for driving or physically hurting someone while drunk.
- Physical problems, such as hangovers or illnesses.
- Unwanted, unplanned, and unprotected sexual activity.
- Disruption of normal growth and sexual development.
- Physical and sexual assault.
- Alcohol-related car crashes and other unintentional injuries, such as burns, falls, and drowning.
- Higher risk for suicide and homicide.
- Memory problems.
- Abuse of other drugs.
- Changes in brain development that may have life-long effects.
- Death from alcohol poisoning.

In general, the risk of youth experiencing these problems is greater for those who binge drink than for those who do not binge drink,

Youth who start drinking before age 15 years are five times more likely to develop alcohol dependence or abuse later in life than those who begin drinking at or after age 21 years.

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

Youth Health: Drug Use

Key Findings

In 2017, 7% of all Holmes County youth had used marijuana at least once in the past 30 days, increasing to 12% of those 17 and older. Five percent (5%) of youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives.

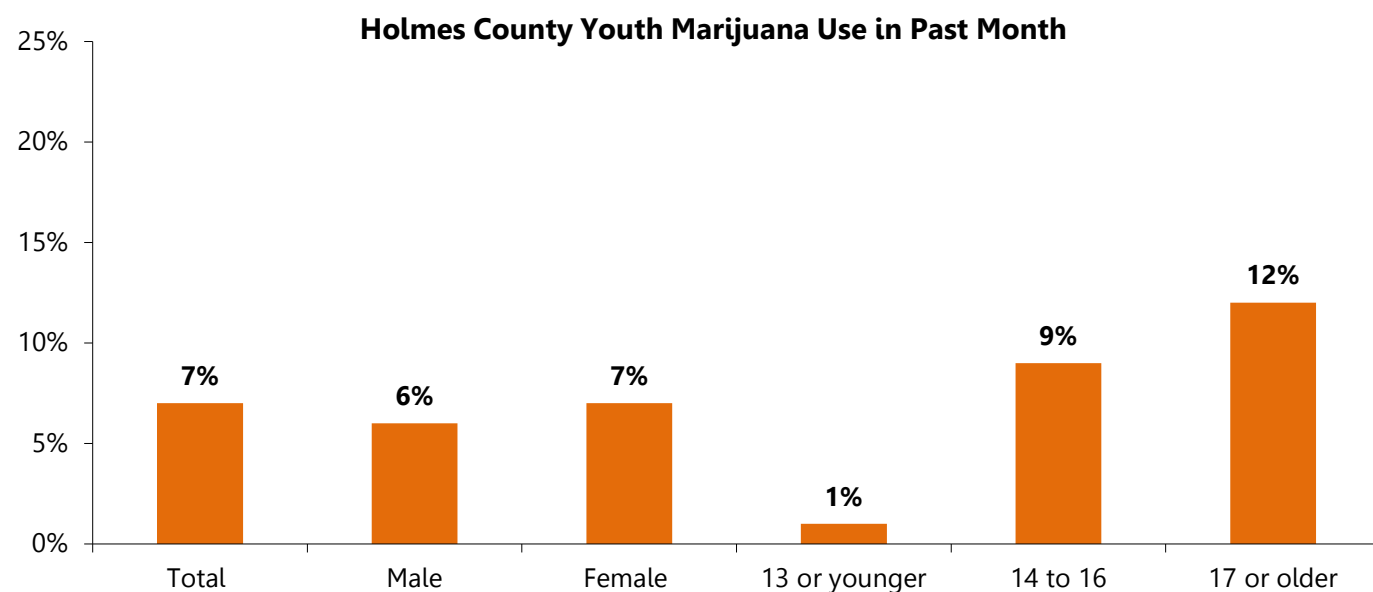
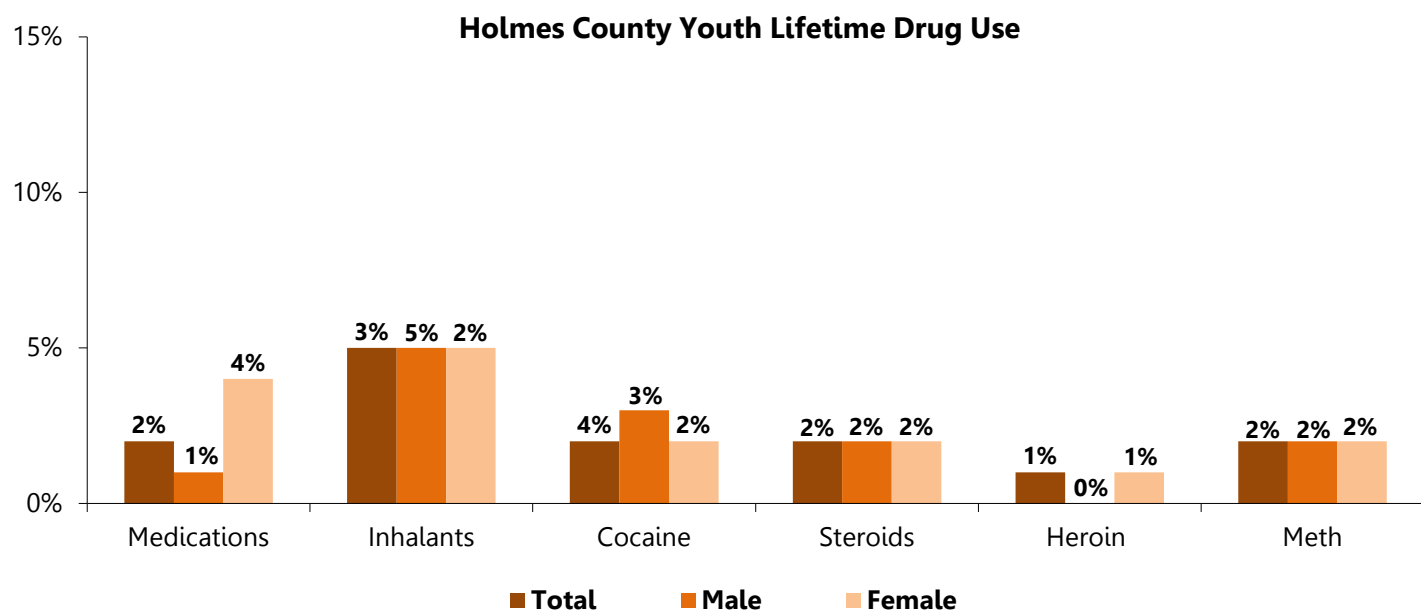
Youth Drug Use

- In 2017, 7% of all Holmes County youth had used marijuana at least once in the past 30 days, increasing to 12% of those 17 and older. The 2013 YRBS found a prevalence of 21% for Ohio youth and a prevalence of 22% for U.S. youth in 2015.
- Holmes County youth have tried the following in their life:
 - Inhalants (5%) (YRBS reports 9% for Ohio in 2013 and 7% for the U.S. in 2015)
 - Cocaine (2%) (YRBS reports 4% for Ohio in 2013 and 5% for U.S. in 2015)
 - Ecstasy/MDMA/Molly (2%) (YRBS reports 5% for the U.S. in 2015)
 - Methamphetamines (2%) (YRBS reports 3% for the U.S. in 2015)
 - Steroids (2%) (YRBS reports 3% for Ohio in 2013 and 4% for the U.S. in 2015)
 - Misused over-the-counter medications (2%)
 - Misused cough syrup (2%)
 - Liquid THC (1%)
 - Misused hand sanitizer (1%)
 - Posh/salvia/synthetic marijuana (1%)
 - Heroin (1%)
 - Bath salts (<1%)
 - Went to a pharm party (<1%)
 - No one reported using GhB or K2/spice
- Five percent (5%) of youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives, increasing to 12% of those ages 17 and older.
- Youth who misused prescription medications got them in the following ways: a friend gave it to them (47%), they took it from a friend or family member (37%), a parent gave it to them (32%), they bought it from someone else (16%), and they bought it from a friend (11%). No one reported getting prescription medications from the internet or another family member.
- During the past 12 months, 6% of all Holmes County youth reported that someone had offered, sold, or given them an illegal drug on school property (YRBS reports 20% for Ohio in 2013 and 22% for the U.S. in 2015).

Accessibility of Substances to Holmes County Youth

Substance	Available	Not Available	Don't Know
Alcohol	47%	42%	11%
Tobacco	38%	49%	13%
Electronic Vapor Products (ex. E-cigarettes, e-cigars, vaping pens, and hookah pens)	20%	61%	19%
Marijuana	17%	69%	14%
Prescription drugs not prescribed to you	14%	69%	17%
Methamphetamines	3%	83%	14%
Synthetic drugs (ex. K2, Spice, etc.)	2%	79%	19%
Heroin	2%	83%	15%

The following graphs show youth lifetime drug use and youth marijuana use in the past 30 days. Examples of how to interpret the information include: 2% of youth have misused medication at some point in their life, including 1% of males and 4% of females.



Behaviors of Holmes County Youth
Current Marijuana Use vs. Non-Current Marijuana Use

Youth Behavior	Current Marijuana User	Non-Current Marijuana User
Participated in extracurricular activities	91%	96%
Experienced 3 or more adverse childhood experiences (ACEs) in their lifetime	57%	10%
Had sexual intercourse in the past 12 months	57%	12%
Ever misused medications	38%	3%
Seriously considered attempting suicide in the past 12 months	33%	11%
Attempted suicide in the past 12 months	23%	4%

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

Youth Comparisons	Holmes County 2017 (6 th -12 th)	Holmes County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Youth who used marijuana in the past month	7%	11%	21%	22%
Ever used methamphetamines	2%	3%	N/A	3%
Ever used cocaine	2%	4%	4%	5%
Ever used heroin	1%	0%	2%	2%
Ever used steroids	2%	2%	3%	4%
Ever used inhalants	5%	6%	9%	7%
Ever used ecstasy/MDMA/Molly	2%	3%	N/A	5%
Ever misused medications	5%	8%	N/A	N/A
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	6%	8%	20%	22%

N/A- Not available

Drug Facts: Drugged Driving

- Vehicle accidents are the leading cause of death among youth people aged 16 to 19. When teens' relative lack of driving experience is combined with the use of marijuana or other substances that affect cognitive and motor abilities, the results can be tragic.
- According to the 2014 National Survey on Drug Use and Health (NSDUH), an estimated 10 million people aged 12 or older reported driving under the influence of illicit drugs during the year prior to being surveyed.
- After alcohol, THC (delta-9-tetrahydrocannabinol), the active ingredient in marijuana is the substance most commonly found in the blood of impaired drivers, fatally injured drivers, and motor vehicle crash victims. Studies in several localities have found that approximately 4 to 14 percent of drivers who sustained injury or died in traffic accidents tested positive for THC.
- One NHTSA study found that in 2009, 18 percent of drivers killed in a crash tested positive for at least one drug. A 2010 study showed that 1 percent of deadly crashes involved a drugged driver

(Source: National Institute on Drug Abuse, The Science of Drug Abuse & Addiction: Drug Facts: Drugged Driving, June 2016)

Youth Health: Sexual Behavior

Key Findings

In 2017, 15% of Holmes County youth had sexual intercourse. Thirteen percent (13%) of sexually active youth had four or more sexual partners. Eight percent (8%) of youth engaged in intercourse without a reliable method of protection. Seventeen percent (17%) of youth had viewed pornography.

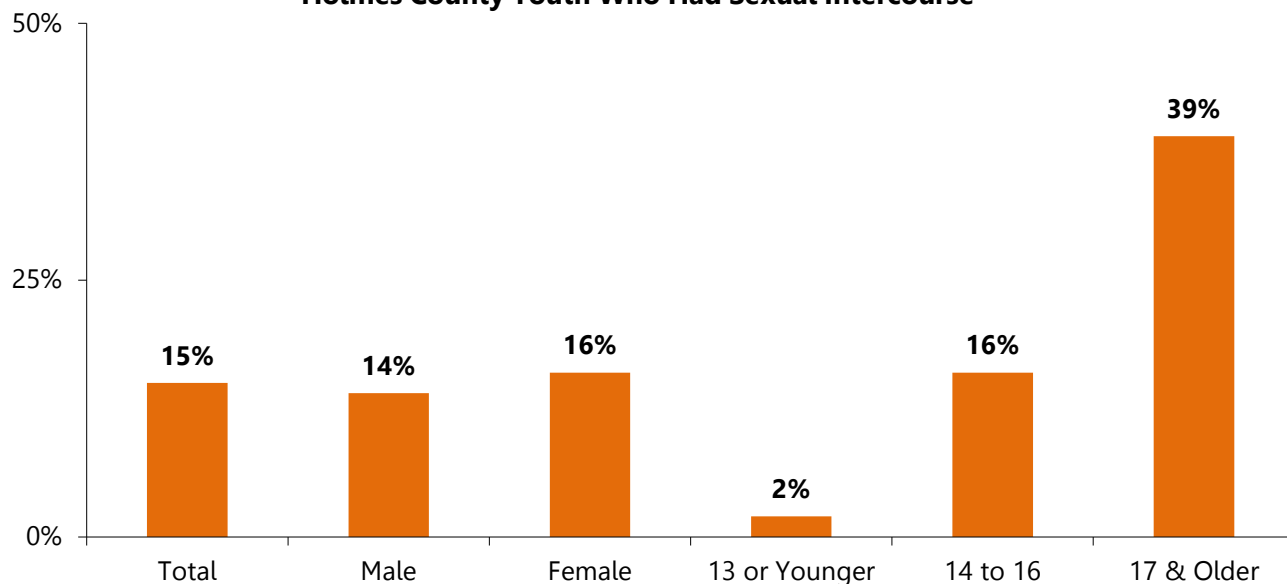
15% of Holmes County youth had sexual intercourse.

Youth Sexual Behavior

- Fifteen percent (15%) of Holmes County youth had sexual intercourse, increasing to 39% of those ages 17 and over. (The YRBS reports 43% for Ohio in 2013 and 41% for U.S. in 2015).
- Fourteen percent (14%) youth had participated in oral sex, increasing to 59% of those ages 17 and over.
- Four percent (4%) of youth had participated in anal sex, increasing to 16% of those ages 17 and over.
- Nearly one-fifth (18%) of youth had participated in sexting, increasing to 37% of those ages 17 and over.
- Seventeen percent (17%) of youth had viewed pornography, increasing to 23% of males and 35% of those ages 17 and over.
- Of sexually active youth, 42% had one sexual partner and 58% had multiple partners.
- Thirteen percent (13%) of sexually active youth had four or more sexual partners (2013 YRBS reports 28% for Ohio).
- Two percent (2%) of all youth had 4 or more sexual partners (YRBS reports 12% for Ohio in 2013 and 12% for the U.S. in 2015).
- Of sexually active youth, 18% had done so by the age of 13, and another 60% had done so by 15 years of age. The average age of onset was 14.5 years old.
- Of all youth, 2% were sexually active before the age of 13 (YRBS reports 4% for Ohio in 2013 and 4% for the U.S. in 2015).
- Over half (57%) of youth who were sexually active used condoms to prevent pregnancy; 25% used birth control pills; 10% used the withdrawal method; 5% used an IUD; 3% used a shot, patch or birth control ring; and 10% reported they were gay or lesbian. However, 8% engaged in intercourse without a reliable method of protection, and 29% reported they were unsure.
- Holmes County youth had experienced the following: wanted to get pregnant (2%); tried to get pregnant (1%), had sex in exchange for something of value such as food, drugs, shelter or money (1%); had a child (<1%); had a miscarriage (<1%); got someone pregnant (<1%). No one reported having ever been pregnant, having an abortion, or being treated for an STD.

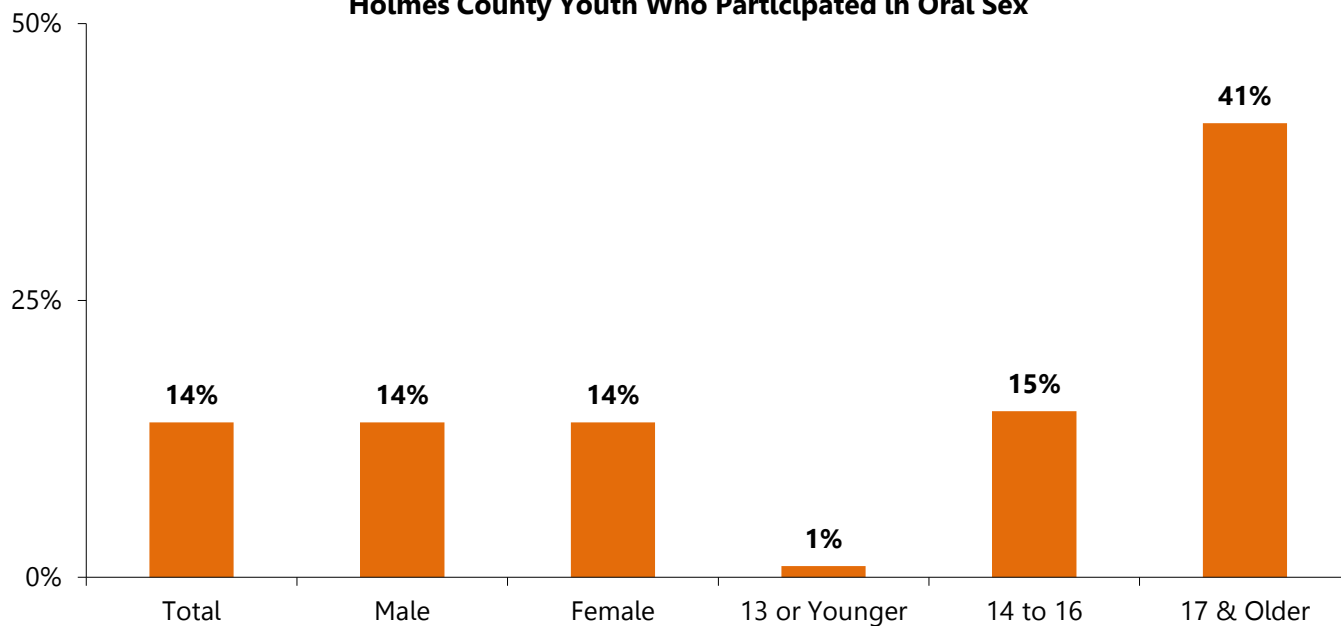
The following graphs show the percentage of Holmes County youth who participated in sexual intercourse and oral sex. Examples of how to interpret the information include: 15% of all Holmes County youth had sexual intercourse, including 14% of males, and 16% of females.

Holmes County Youth Who Had Sexual Intercourse

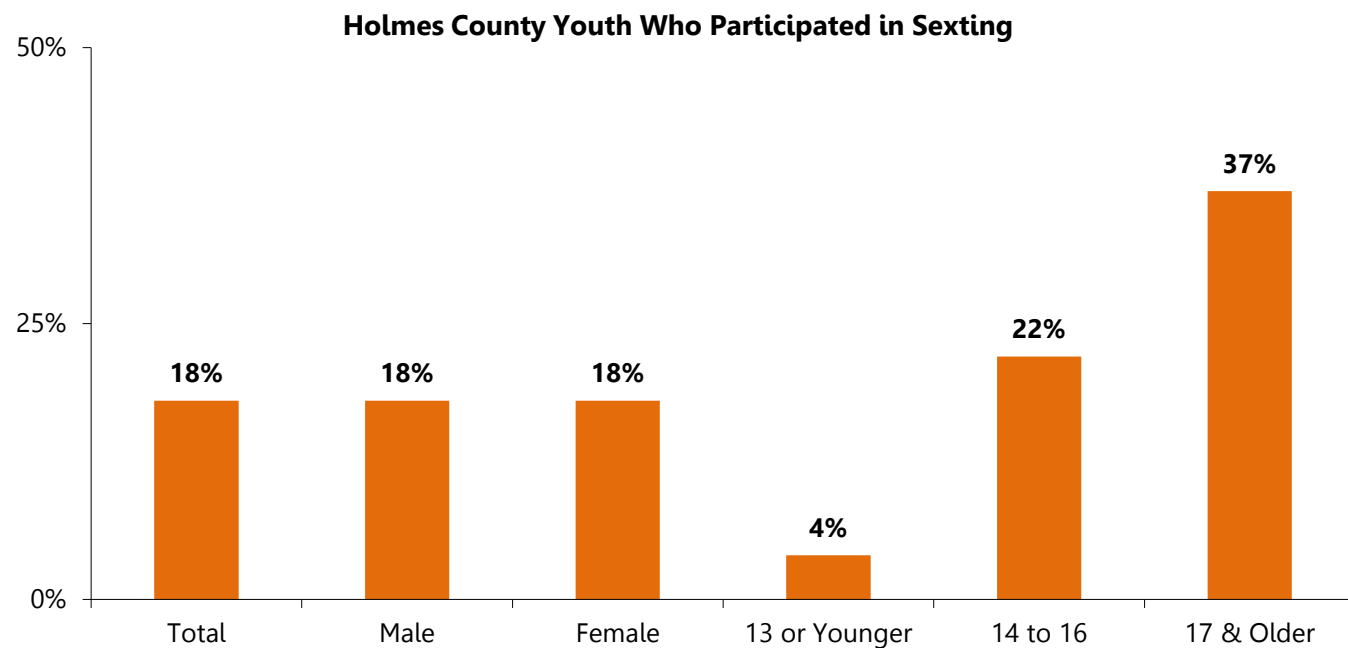
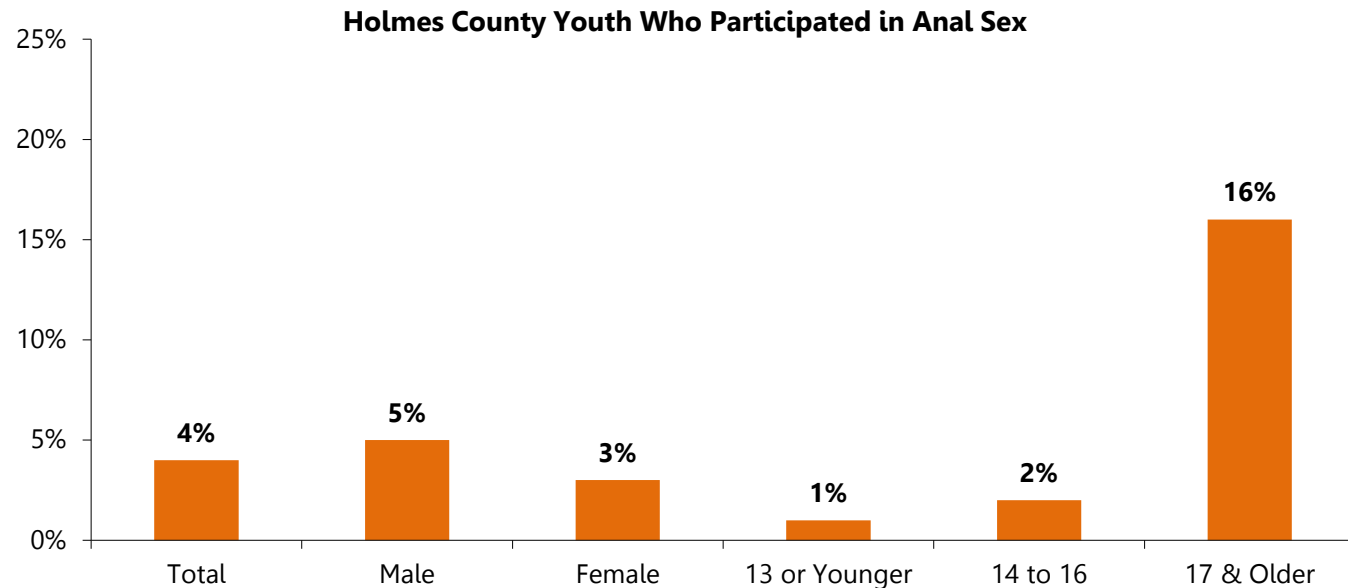


8% of all Holmes County sexually active youth did not regularly use a reliable method of protection to prevent pregnancy.

Holmes County Youth Who Participated in Oral Sex



The following graphs show the percentage of Holmes County youth who participated in anal sex and sexting. Examples of how to interpret the information include: 4% of all Holmes County youth had anal sex, including 5% of males, and 3% of females.



Youth Comparisons	Holmes County 2017 (6 th -12 th)	Holmes County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever had sexual intercourse	15%	29%	43%	41%
Used a condom at last intercourse	57%	63%	51%	57%
Used birth control pills at last intercourse	25%	31%	24%	18%
Did not use any method to prevent pregnancy during last sexual intercourse	8%	10%	12%	14%
Had four or more sexual partners (of all youth)	2%	5%	12%	12%
Had sexual intercourse before age 13 (of all youth)	2%	2%	4%	4%

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 2015:

- 41% had ever had sexual intercourse
- 30% had sexual intercourse during the previous 3 months, and, of these:
 - 43% did not use a condom the last time they had sex.
 - 14% did not use any method to prevent pregnancy.
 - 21% had drunk alcohol or used drugs before last sexual intercourse
- Only 10% of sexually experienced students have ever been tested for HIV

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

- Young people (aged 13-24) accounted for an estimated 22% of all new HIV diagnoses in the United States in 2015.
- Among young people (aged 13-24) diagnosed with HIV in 2015, 81% were gay and bisexual males.
- Half of the nearly 20 million new STDs reported each year were among young people, between the ages 15-24.
- Nearly 230,000 babies were born to teen girls aged 15-19 years in 2015.

(Source: CDC, Adolescent and School Health, updated 3/10/17)

Youth Health: Mental Health

Key Findings

The health assessment results indicated that 12% of Holmes County youth had seriously considered attempting suicide in the past year; 5% attempted suicide in the past year. Fifty eight percent (58%) of youth reported they would seek help if they were dealing with anxiety, stress, depression or thoughts of suicide.

Youth Mental Health

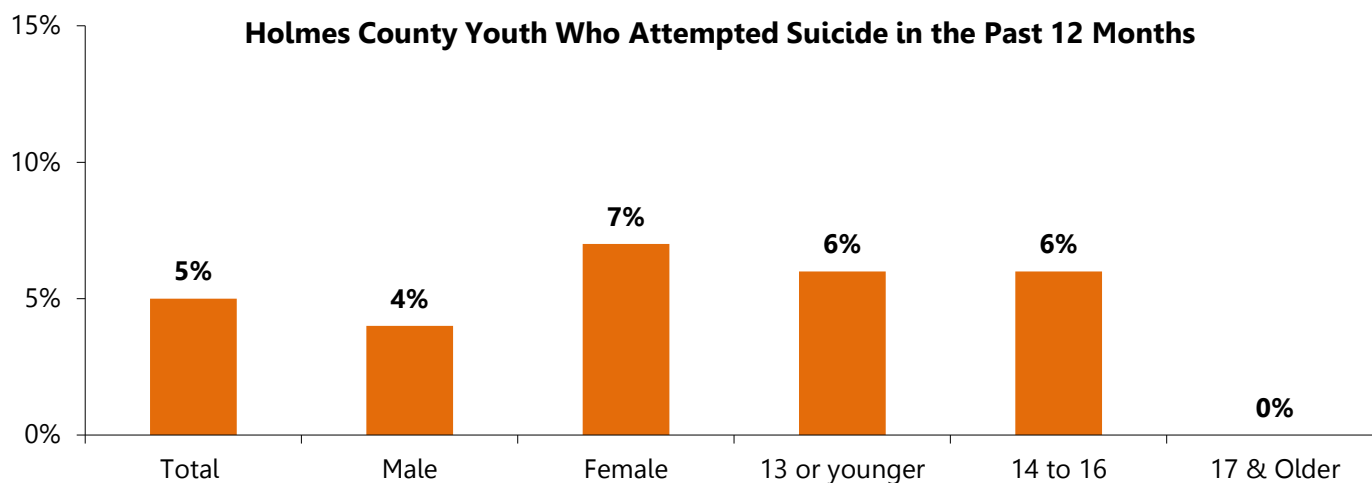
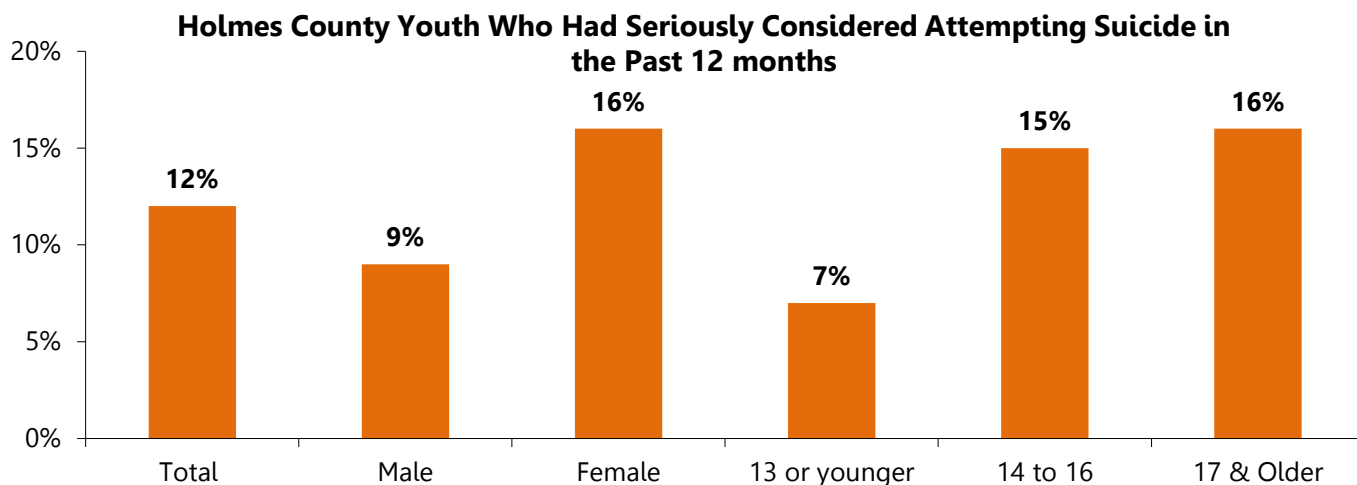
- About one-fifth (21%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 41% of females (YRBS reported 26% for Ohio in 2013 and 30% for the U.S. in 2015).
- Twelve percent (12%) of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 16% of females. Fifteen percent (15%) of high school youth had seriously considered attempting suicide (YRBS reported 14% for Ohio in 2013 and 18% for the U.S. in 2015).
- In the past year, 5% of youth had attempted suicide. One percent (1%) of youth had made more than one attempt. The 2015 YRBS reported a suicide attempt prevalence rate of 9% for U.S. youth and a 2013 YRBS rate of 6% for Ohio youth.

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

- Of those who attempted suicide, 2% resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (YRBS reported 1% for Ohio in 2013 and 3% for the U.S. in 2015).
- Youth reported the following caused them anxiety, stress or depression: academic success (30%), self-image (22%), sports (20%), peer pressure (19%), fighting with friends (18%), fighting at home (16%), being bullied (15%), stress at home (14%), death of close family member or friend (14%), breakup (10%), dating relationship (10%), parent divorce/separation (7%), poverty/no money (5%), caring for younger siblings (5%), sexual orientation (2%), not having enough to eat (1%), not having a place to live (1%), and other (14%).
- Youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (28%); hobbies (24%); exercising (24%); talking to someone in their family (21%); texting someone (16%); eating (16%); praying/reading the Bible (16%); talking to a peer (15%); using social media (7%); breaking something (6%); writing in a journal (6%); drinking alcohol, smoking/using tobacco, or using illegal drugs (6%); and shopping (4%). Over one-third (36%) of youth reported they did not have anxiety, stress, or depression.
- When youth had feelings of depression or suicide, they talked to the following: best friend (30%); parents (21%); girlfriend or boyfriend (10%); brother/sister (10%); an adult relative such as a grandparent, aunt or uncle (7%); pastor/priest/youth minister (7%); adult friend (5%); caring adults (4%); teacher (3%); professional counselor (3%); school counselor (3%); religious leader (3%); coach (2%); and other (2%). Eleven percent (11%) of youth reported they had no one to talk to when they had feelings of depression or suicide.

- Over half (58%) of youth reported they would seek help if they were dealing with anxiety, stress, depression or thoughts of suicide. Reasons for not seeking help included the following: they can handle it themselves (22%), worried what others might think (22%), did not know where to go (9%), no time (8%), their friends would not support them (6%), cost (6%), their family would not support them (6%), they were already in treatment (4%), and transportation (1%).

The following graphs show Holmes County youth who had seriously considered attempting suicide in the past year and youth who had attempted suicide in the past year. Examples of how to interpret the information include: 12% of youth seriously considered attempting suicide in the past year, including 9% of males, and 16% of females.



Healthy People 2020 Mental Health and Mental Disorders (MHMD)

Objective	Holmes County 2017	Ohio 2013	U.S. 2015	Healthy People 2020 Target
MHMD-2 Reduce suicide attempts by adolescents*	1% (9-12 Grade)	1% (9-12 Grade)	3% (9-12 Grade)	2%*

**Note: The Healthy People 2020 target is for youth in grades 9-12.*

**This objective is based upon attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.*

(Sources: Healthy People 2020 Objectives, 2013 YRBS for Ohio and 2015 YRBS for U.S., CDC/NCHHSTP, 2017 Holmes County Health Assessment)

Youth Comparisons	Holmes County 2017 (6 th -12 th)	Holmes County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	21%	24%	26%	30%
Youth who had seriously considered attempting suicide in the past year	12%	15%	14%	18%
Youth who had attempted suicide in the past year	5%	3%	6%	9%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	2%	1%	1%	3%

Behaviors of Holmes County Youth
Contemplated Suicide vs. Did Not Contemplate Suicide

Youth Behaviors	Contemplated Suicide	Did Not Contemplate Suicide
Been bullied in any way in the past year	75%	38%
Experienced 3 or more adverse childhood experiences (ACEs) in their lifetime	41%	9%
Had at least one drink of alcohol in the past 30 days	41%	21%
Used marijuana in the past 30 days	17%	5%
Smoked cigarettes in the past 30 days	15%	6%

"Contemplated suicide" indicates youth who self-reported seriously considering attempting suicide in the past year.

Youth Depression: Signs and Symptoms

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

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

Youth Health: Social Determinants of Health

Key Findings

About one-third (34%) of Holmes County youth drivers had texted or emailed while driving a car in the past 30 days. Over half (54%) of youth who had a social media or online gaming account believed that sharing information online is dangerous. Seventy-one percent (71%) of youth visited a dentist in the past year.

Personal Health

- Holmes County youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work: less than a year ago (71%) (2013 YRBS reported 75% for Ohio and the 2015 YRBS reported 74% for the U.S.), 1-2 years ago (14%), more than 2 years ago (3%), never (3%), and do not know (9%).

Personal Safety

- In the past month, youth drivers did the following while driving: wore a seatbelt (93%), ate (42%), talked on their cell phone (34%), drove while tired or fatigued (29%), texted (22%), used their cell phone other than for talking or texting (19%), read (4%), drank alcohol (4%), used marijuana (4%), misused prescription drugs (1%), used illegal drugs (1%), and applied makeup (1%).
- About one-quarter (23%) of youth drivers had more than one distraction while driving.
- In the past 30 days, 33% of youth drivers had texted or emailed while driving a car (YRBS reported 46% for Ohio in 2013 and 42% for the U.S. in 2015).
- Eighty-five percent (85%) of youth had a social media or online gaming account.
- Of those who had an account, they reported the following:
 - Their account was currently checked private (53%)
 - They knew all their “friends” (47%)
 - They knew all the people they play online (26%)
 - Their parents had their password (25%)
 - Their friends had their password (8%)
 - They were bullied because of their accounts (6%)
 - Their parents do not know they have an account (4%)
 - They had been asked to meet someone they met online (3%)
 - They share personal information (3%)
 - They had participated in sexual activity with someone they met online (1%)
- Over half (54%) of youth who had a social media or online gaming account believed that sharing information online is dangerous.

Youth Comparisons	Holmes County 2017 (6 th -12 th)	Holmes County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Texted or emailed while driving a car or other vehicle	21%	33%	46%	42%
Visited a dentist for a check-up within the past year	71%	70%	75%	74%

Education

- Holmes County youth reported their parent or guardian regularly did the following: talked to them about school (67%); asked about homework (61%); made the family eat a meal together (61%); talked about healthy choices (49%); went to school meetings or events (48%); helped with school work (44%); talked about social media (37%); and talked about alcohol use, drug use or sex (29%). 7% of youth reported their parent or guardian never did any of those things.
- Sixty-four percent (64%) of youth reported their teachers cared about them, 63% of youth said teachers push them to do their best, 49% of youth reported they receive a lot of encouragement at school, 49% reported they are bored at school, 12% of youth skipped school in the past month, 11% of youth came to class unprepared, and 4% of youth felt unsafe at school.

Neighborhood and Built Environment

- Holmes county youth reported living with: both parents (75%), one of their parents (10%), mother and step-father (11%), father and step-mother (5%), grandparents (3%), mother and her partner (1%), father and his partner (1%), another relative (1%), guardians/foster parents (1%). No one reported living on their own or with friends.

Social and Community Context

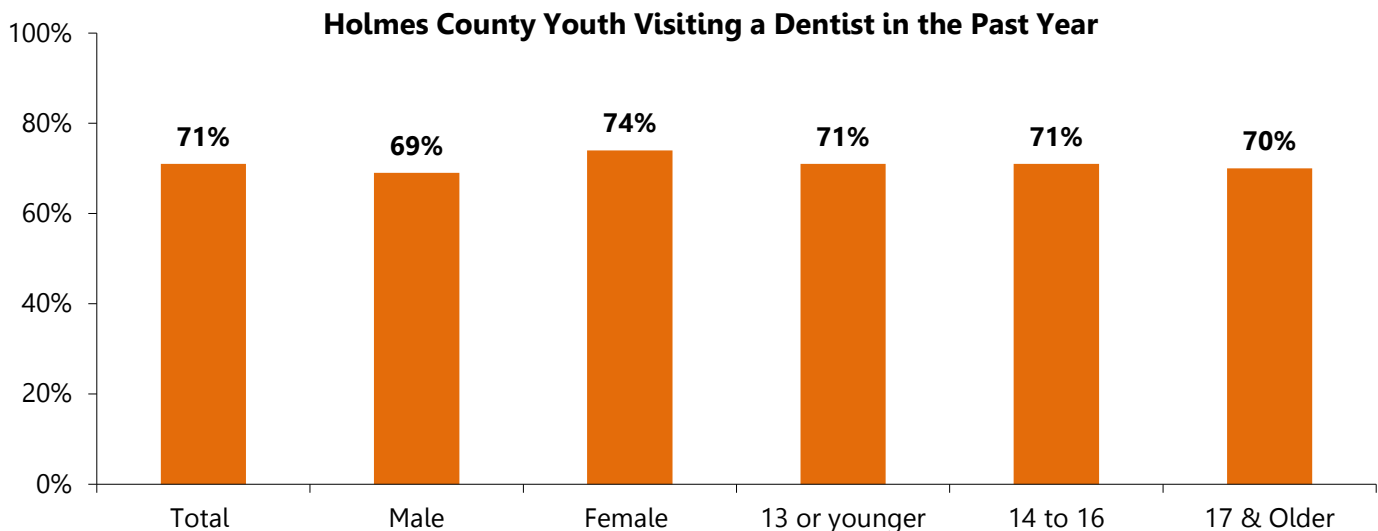
- Ninety six percent (96%) of youth participated in extracurricular activities. They participated in the following: church youth group (34%), church or religious organization (31%), school club or social organization (23%), babysitting for other kids (21%), part-time job (21%), caring for siblings after school (19%), volunteering in the community (18%), caring for parents or grandparents (4%), or some other organized activity (Scouts, 4H, etc.) (30%).
- Holmes County youth reported the following reasons for not participating in extracurricular activities: have a job (9%), transportation (5%), watch their younger siblings (5%), programs do not exist/not offered (4%), cost (4%), parents would not take them (1%) and taking care of a parent/grandparent (<1%). Twenty-nine percent (29%) of youth reported they were not interested.
- Youth reported the following adverse childhood experiences (ACEs): parents became separated or were divorced (22%); parents or adults in home swore at them, insulted them or put them down (17%); family did not look out for each other, feel close to each other, or support each other (10%); lived with someone who was a problem drinker or alcoholic (9%); lived with someone who served time or was sentenced to serve in prison or jail (8%); lived with someone who was depressed, mentally ill or suicidal (7%); parents were not married (6%); lived with someone who used illegal drugs or misused prescription drugs (6%); parents or adults in the home abused each other (5%); parents or adults in home abused them (4%); an adult or someone 5 years older than them touched them sexually (3%); an adult or someone 5 years older than them tried to make them touch them sexually (2%); did not have enough to eat, had to wear dirty clothes, and had no one to protect them (1%); and an adult or someone 5 years older than them forced them to have sex (1%).
- 13% of youth had three or more adverse childhood experiences, increasing to 17% of females.

Behaviors of Holmes County Youth Experienced 3 or More ACEs vs. Did Not Experience Any ACEs

Youth Behaviors	Experienced 3 or More ACEs	Zero ACEs
Participated in extracurricular activities	95%	97%
Seriously considered attempting suicide in the past 12 months	38%	4%
Had at least one drink of alcohol in the past 30 days	37%	18%
Had sexual intercourse in the past 12 months	29%	11%
Used marijuana in the past 30 days	28%	2%
Attempted suicide in the past 12 months	26%	1%

"ACEs" indicate youth who self-reported having experienced three or more adverse childhood experiences in their lifetime.

The following graph shows Holmes County youth who had visited the dentist in the past year. Examples of how to interpret the information includes: 71% of youth had visited the dentist in the past year: 69% of males, and 74% of females.



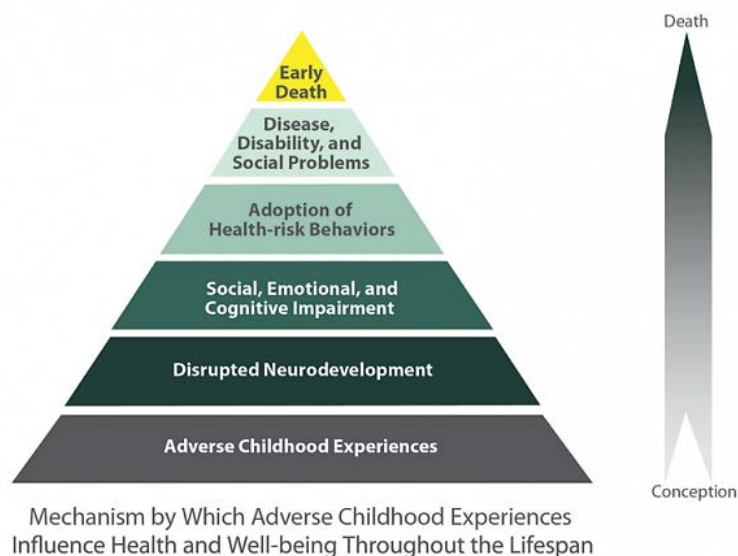
U.S. Teen Drivers

- Motor vehicle crashes are the leading cause of death for U.S. teens.
- In 2015, about 2,333 teens aged 16-19 died from motor vehicle injuries.
 - That means that six teens aged 16-19 died every day from motor vehicle injuries.
- 221,313 teens aged 16-19 were treated in emergency departments for injuries suffered in motor-vehicle crashes in 2014.
- The risk of motor vehicle crashes is higher among 16-19-year-olds than among any other age group. In fact, per mile driven, teen drivers aged 16-19 are nearly three times more likely than drivers aged 20 and older to be in a fatal crash.
- In 2014, the motor vehicle death rate for male drivers and passengers ages 16-19 was more than two times that of their female counterparts.
- The presence of teen passengers increases the crash risk of unsupervised teen drivers; this risk increases with the number of teen passengers.
- In 2013, young people aged 15-19 represented only 7% of the U.S. population. However, they accounted for 11% (\$10 billion) of the total costs of motor vehicle injuries.

(Source: CDC, Teen Drivers: Get the Facts, Updated 5/12/17)

Adverse Childhood Experiences (ACEs)

- Childhood abuse, neglect, and exposure to other traumatic stressors which we term adverse childhood experiences (ACE) are common. The most common are separated or divorced parents, verbal, physical or sexual abuse, witness of domestic violence, and having a family member with depression or mental illness.
- The short and long term outcomes of these childhood exposures include a multitude of health and social problems such as:
 - Depression
 - Fetal death
 - Illicit drug use
 - Liver Disease
 - STD's
 - Multiple sexual partners
 - Alcoholism and alcohol abuse
 - COPD
 - Unintentional pregnancies
 - Suicide attempts
 - Early initiation of smoking
 - Risk for intimate partner violence
- Given the high prevalence of ACE's, additional efforts are needed at the state and local level to reduce and prevent childhood maltreatment and associated family dysfunction in the U.S.



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

Youth Health: Violence

Key Findings

Over two-fifths (43%) of Holmes County youth had been bullied in the past year. Fifteen percent (15%) of youth purposefully hurt themselves by cutting, scratching, burning, hitting or biting. Four percent (4%) of youth did not go to school on one or days because they did not feel safe at school or on their way to or from school.

Violence-Related Behaviors

- Nearly one-fifth (19%) of youth carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 30% of males (YRBS reported 14% for Ohio in 2013 and 16% for the U.S. in 2015).
- One percent (1%) of youth had carried a weapon on school property in the past 30 days (2015 YRBS reported 4% for the U.S.).
- Six percent (6%) of youth were threatened or injured with a weapon on school property in the past year (2015 YRBS reported 6% for the U.S.).
- Four percent (4%) of youth did not go to school on one or more days because they did not feel safe at school or on their way to or from school (YRBS reported 5% for Ohio in 2013 and 6% for the U.S. in 2015).

Physical and Sexual Violence

- In the past year, 24% of youth had been involved in a physical fight, increasing to 32% of males (YRBS reported 20% for Ohio in 2013 and 23% for the U.S. in 2015).
- Of those who had been in a physical fight, 51% had been in a fight on more than one occasion.
- In the past year, 9% of youth had been involved in a physical fight on school property (YRBS reported 6% for Ohio in 2013 and 8% for the U.S. in 2015).
- Four percent (4%) of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months (2015 YRBS reported 10% for the U.S.).
- In the past year, 6% of youth reported an adult or caregiver had ever hit, slapped or physically hurt them on purpose.
- Fifteen percent (15%) of youth purposefully hurt themselves by cutting, scratching, burning, hitting or biting, increasing to 19% of females.

Bullying

- Over two-fifths (43%) of youth had been bullied in the past year. The following types of bullying were reported:
 - Nearly one-third (32%) of youth were verbally bullied (teased, taunted or called harmful names).
 - Over one-fifth (22%) of youth were indirectly bullied (spread mean rumors about them or kept them out of a "group").
 - Eleven percent (11%) of youth were cyber bullied (teased, taunted or threatened by e-mail or cell phone) (YRBS reported 15% for Ohio in 2013 and 16% for the U.S. in 2015).
 - One-tenth (10%) of youth were physically bullied (were hit, kicked, punched or people took their belongings).
 - Three percent (3%) of youth were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person).
- In the past year, 30% of youth had been bullied on school property (YRBS reported 21% for Ohio in 2013 and 20% for the U.S. in 2015).

Types of Bullying Holmes County Youth Experienced in Past Year

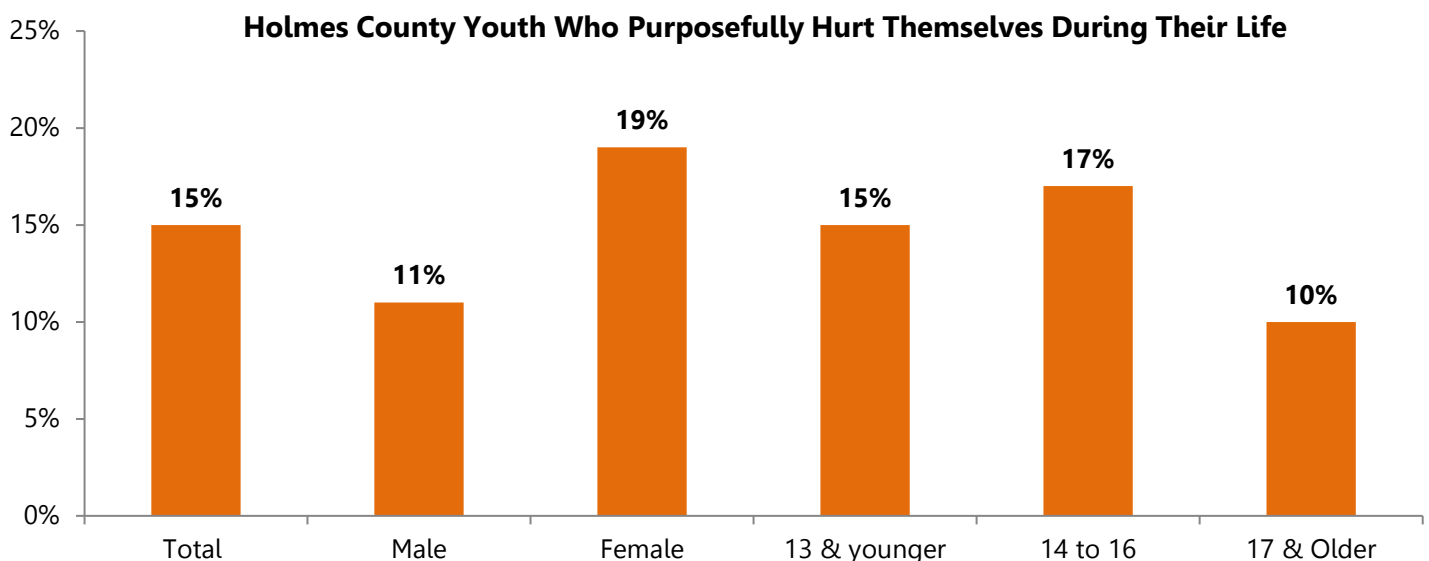
Youth Behaviors	Total	Male	Female	13 and younger	14-16 Years old	17 and older
Verbally Bullied	32%	28%	37%	38%	27%	36%
Indirectly Bullied	22%	17%	27%	22%	17%	38%
Cyber Bullied	11%	8%	14%	12%	11%	8%
Physically Bullied	10%	11%	8%	14%	8%	6%
Sexually Bullied	3%	3%	4%	1%	4%	6%

Behaviors of Holmes County Youth

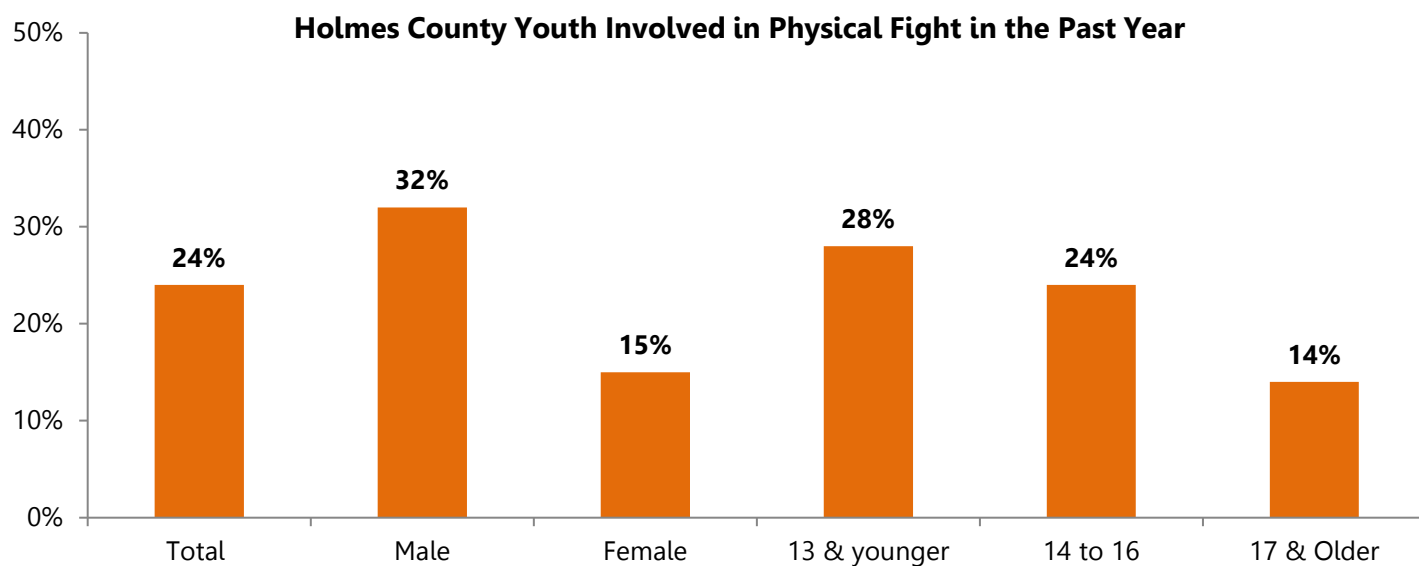
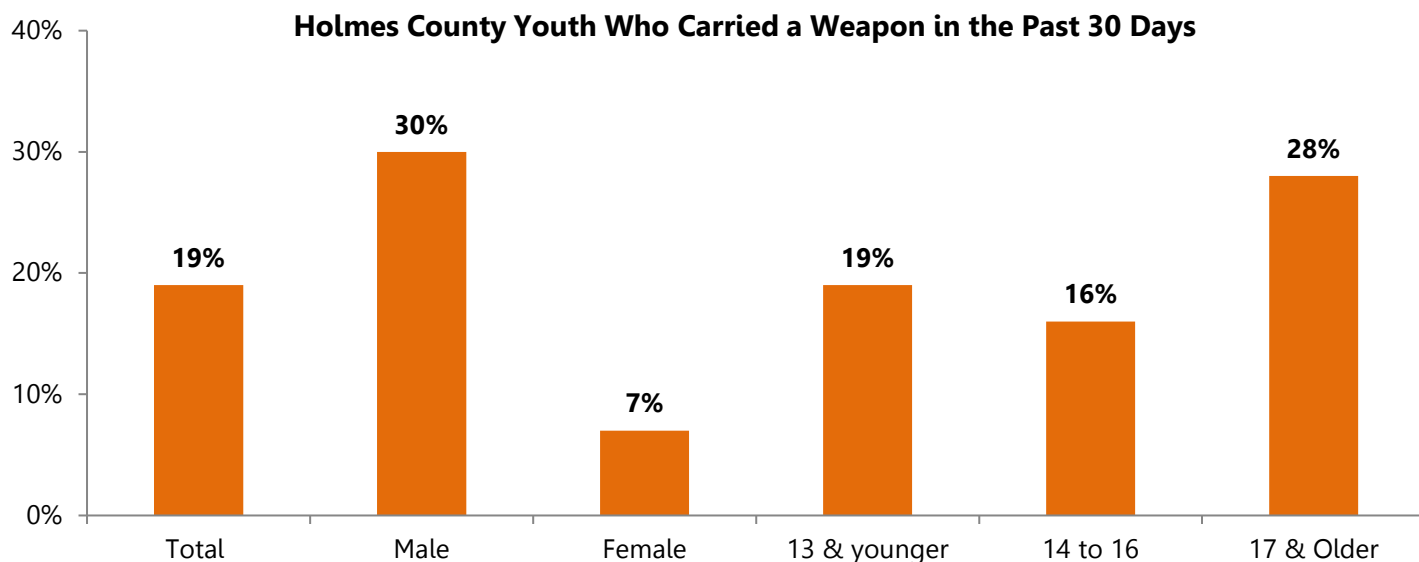
Bullied vs. Non-Bullied

Youth Behavior	Bullied	Non-Bullied
Participated in extracurricular activities	95%	96%
Felt sad or hopeless for two or more weeks in a row	34%	11%
Have drank alcohol in the past 30 days	28%	20%
Seriously considered attempting suicide in the past 12 months	21%	5%
Attempted suicide in the past 12 months	11%	1%
Smoked cigarettes in the past 30 days	11%	5%
Used marijuana in the past 30 days	7%	6%
Ever misused medications	4%	5%

The following graph shows Holmes County youth who purposefully hurt themselves during their life. The graph shows the number of youth in each segment giving each answer (i.e., the graph shows that 15% of all youth had purposefully hurt themselves; specifically, 11% of males and 19% of females purposefully hurt themselves).



The following graphs shows Holmes County youth who carried a weapon in the past 30 days and youth who were involved in a physical fight in the past year. The graph shows the number of youth in each segment giving each answer (i.e., the graph shows that 19% of all youth had carried a weapon in the past 30 days; specifically, 30% of males and 7% of females carried a weapon in the past 30 days).



Youth Comparisons	Holmes County 2017 (6 th -12 th)	Holmes County 2017 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Carried a weapon in past month	19%	18%	14%	16%
Carried a weapon on school property in past month	1%	1%	N/A	4%
Been in a physical fight in past year	24%	18%	20%	23%
Been in a physical fight on school property in the past year	9%	7%	6%	8%
Threatened or injured with a weapon on school property in past year	6%	5%	N/A	6%
Did not go to school because felt unsafe	4%	2%	5%	6%
Electronically/cyber bullied in past year	11%	7%	15%	16%
Bullied on school property in past year	30%	22%	21%	20%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	4%	7%	N/A	10%

N/A – Not available

Understanding Bullying

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

(Source: CDC, Injury Center: Violence Prevention, Understanding Bullying Fact Sheet, 2016)

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American College of Allergy, Asthma & Immunology, 2016	<ul style="list-style-type: none"> Asthma Facts 	http://acaai.org/news/facts-statistics/asthma
American Cancer Society, Cancer Facts and Figures 2017. Atlanta: ACS, 2017	<ul style="list-style-type: none"> 2017 Cancer Facts, Figures, and Estimates 	www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2017.html
American Diabetes Association, 2017	<ul style="list-style-type: none"> Statistics About Diabetes, Overall Numbers, Diabetes and Prediabetes 	www.diabetes.org/diabetes-basics/statistics
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 - 2015 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 	http://www.bradycampaign.org/sites/default/files/Brady-Campaign-5Year-Gun-Deaths-Fact-Sheet_May2017.pdf
CDC, Adolescent and School Health	<ul style="list-style-type: none"> Sexual Risk Behavior (HIV, STD, & Teen Pregnancy Prevention) 	www.cdc.gov/healthyyouth/sexualbehaviors/
CDC, Alcohol and Public Health	<ul style="list-style-type: none"> Underage Drinking in the U.S. 	www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm
CDC, Arthritis	<ul style="list-style-type: none"> Arthritis: Key Public Health Messages 	www.cdc.gov/arthritis/basics/key.htm
CDC, Breast Cancer, 2016	<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, Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, 2015	<ul style="list-style-type: none"> Oral Health Basics 	www.cdc.gov/oralhealth/basics/index.html
CDC, HPV Vaccine for Preteens and Teens	<ul style="list-style-type: none"> Human Papillomavirus (HPV) Vaccine 	www.cdc.gov/vaccines/parents/diseases/teen/hpv.html
CDC, Influenza (Flu)	<ul style="list-style-type: none"> Who Should Get a Yearly Flu Shot? 	www.cdc.gov/flu/protect/whoshouldvax.htm
CDC, Motor Vehicle Safety, Teen Drivers: Get the Facts	<ul style="list-style-type: none"> Teen Drivers 	www.cdc.gov/motorvehiclesafety/teen_drivers/teendrivers_factsheet.html
CDC, Overweight & 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 Facts 	www.cdc.gov/obesity/data/childhood.html
CDC, Smoking and Tobacco Use	<ul style="list-style-type: none"> Smoking and Other Health Risks 	www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/health_effects/index.htm
	<ul style="list-style-type: none"> Tobacco Use Among Middle and High School Students – United States, 2011-2015 	www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
CDC, Sexually Transmitted Diseases Surveillance, 2017	<ul style="list-style-type: none"> U.S. STD Surveillance Profile U.S. Chlamydia and Gonorrhea Rates 	www.cdc.gov/std/stats/
CDC, Violence Prevention	<ul style="list-style-type: none"> Adverse Childhood Experiences 	www.cdc.gov/violenceprevention/acestudy/ace_brfs.html
	<ul style="list-style-type: none"> Understanding Bullying 	www.cdc.gov/violenceprevention/pdf/bullying_factsheet.pdf
CDC, Wonder	<ul style="list-style-type: none"> Holmes Underlying Cause of Death, 2009-2014 Holmes County and Ohio Leading Causes of Death Holmes County and Ohio Mortality Statistics 	http://wonder.cdc.gov/ucd-icd10.html
Community Commons	<ul style="list-style-type: none"> Beer, Wine and Liquor Stores Alcoholic Beverage Expenditures Bars and Drinking Establishments Cigarette Expenditures 	www.communitycommons.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 	www.healthypeople.gov/2020/topicsobjectives2020
Healthy People 2020	<ul style="list-style-type: none"> Social Determinants of Health 	www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
Ohio Automated Rx Reporting System	<ul style="list-style-type: none"> Opiate and Pain Reliever Doses Per Patient Opiate and Pain Reliever Doses Per Capita Opioid Doses per Capita, Quarterly from 2015-2016 	www.ohiopmp.gov/Portal/Reports.aspx
ODH, Ohio Public Health Data Warehouse	<ul style="list-style-type: none"> Holmes County and Ohio Birth Statistics 	http://www.odh.ohio.gov/healthstats/dataandstats.aspx
	<ul style="list-style-type: none"> Incidence of Cancer 	https://www.odh.ohio.gov/healthstats/ocisshs/access1.aspx
	<ul style="list-style-type: none"> Leading Causes of Death 	https://www.odh.ohio.gov/healthstats/vitalstats/deathstat.aspx
	<ul style="list-style-type: none"> Mortality 	http://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality
Ohio Department of Public Safety	<ul style="list-style-type: none"> 2016 Holmes County and Ohio Crash Facts 	https://services.dps.ohio.gov/Crashstatistics/CrashReports.aspx

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
Ohio Medicaid Assessment Survey (OMAS) Adult Dashboard, 2015	<ul style="list-style-type: none"> Unmet Needs in Prescription Medication Unmet Needs in Dental Care Poor/Fair Overall Health 	http://grcapps.osu.edu/dashboards/OMAS/adult
Ohio State Highway Patrol	<ul style="list-style-type: none"> Felony Cases and Drug Arrests, January – June 2016 	http://statepatrol.ohio.gov/
National Institute on Drug Abuse	<ul style="list-style-type: none"> Abuse of Prescription (Rx) Drugs 	www.drugabuse.gov/related-topics/trends-statistics/infographics/abuse-prescription-rx-drugs-affects-young-adults-most
	<ul style="list-style-type: none"> Drug Facts: Drugged Driving 	www.drugabuse.gov/publications/drugfacts/drugged-driving
	<ul style="list-style-type: none"> Heroin 	www.drugabuse.gov/publications/drugfacts/heroin
Kaiser Family Foundation	<ul style="list-style-type: none"> How does Lack of Insurance Affect Access to Healthcare? 	www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/
U.S. Department of Health and Human Services, National Center for Health Statistics Data Brief	<ul style="list-style-type: none"> Electronic Cigarette Use Among Adults, United States, 2014 	www.cdc.gov/nchs/data/databriefs/db217.pdf
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> American Community Survey 5-year estimate, 2011-2015 	www.census.gov/programs-surveys/acs/
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> Federal Poverty Thresholds 	www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> Ohio and Holmes County 2015 Census Demographic Information 	factfinder.census.gov/faces/nav/jsf/pages/index.xhtml
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> Small Area Income and Poverty Estimates 	www.census.gov/did/www/saipe/
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 - 2015 youth Ohio and U.S. correlating statistics 	apps.nccd.cdc.gov/YouthOnline/App/Default.aspx

Appendix II: Acronyms and Terms

AHS	A ccess to H ealth S ervices, 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	A rthritis, O steoporosis, and C hronic B ack C onditions
BMI	B ody M ass I ndex is defined as the contrasting measurement/relationship of weight to height.
BRFSS	B ehavior R isk F actor S urveillance S ystem, an adult survey conducted by the CDC.
CDC	C enters for D isease C ontrol and P revention.
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
CY	C alendar Y ear
FY	F iscal Y ear
HCNO	H ospital C ouncil of N orthwest O hio
HDS	H eat D isease and S troke, Topic of Healthy People 2020 objectives
HP 2020	H ealthy P eople 2020 , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic ≥ 140 and Diastolic ≥ 90
IID	I mmunizations and I nfectious D iseases, Topic of Healthy People 2020 objectives
N/A	Data is not available.
ODH	O hio D epartment of H ealth
OSHP	O hio S tate H ighway P atrol
Race/Ethnicity	Census 2010: U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." Data are presented as "Hispanic or Latino" and "Not Hispanic or Latino." Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, "White alone" or "Black alone", means the respondents reported only one race.
Weapon	Defined in the YRBS as "a weapon such as a gun, knife, or club"
Youth	Defined as 12 through 18 years of age
YPLL/65	Y ears of P otential L ife L ost before age 65. Indicator of premature death.

**Youth BMI
Classifications**

Underweight is defined as BMI-for-age \leq 5th percentile
Overweight is defined as BMI-for-age 85th percentile to $<$ 95th percentile.
Obese is defined as \geq 95th percentile.

YRBS

Youth Risk Behavior Survey, a youth survey conducted by the CDC

Appendix III: Methods for Weighting The 2017 Holmes County Assessment Data

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

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2017 Holmes County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Holmes County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (9 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Holmes 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 2017 Holmes County Survey and the 2015 Census estimates.

2017 Holmes Survey			2015 Census Estimate		Weight
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	284	45.44000	21,746	50.06446	1.10177
Female	341	54.56000	21,690	49.93554	0.91524

In this example, it shows that there was a slightly larger portion of females in the sample compared to the actual portion in Holmes County. The weighting for males was calculated by taking the percent of males in Holmes County (based on Census information) (50.06446%) and dividing that by the percent found in the 2017 Holmes County sample (45.44000%) [$50.06446 / 45.44000 =$ weighting of 1.10177 for males]. The same was done for females [$49.93554 / 54.56000 =$ weighting of 0.91524 for females]. Thus males' responses are weighted heavier by a factor of 1.10177 and females' responses weighted less by a factor of 0.91524.

This same thing was done for each of the 20 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 1.01099 [0.915241 (weight for females) \times 0.998074 (weight for White) \times 0.982775 (weight for age 35-44) \times 1.126150 (weight for income \$50-\$75k)]. Thus, each individual in the 2016 Holmes 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	Holmes Sample	%	2014 Census*	%	Weighting Value
Sex:					
Male	284	45.44000	21,746	50.06446	1.101771
Female	341	54.56000	21,690	49.93554	0.915241
Age:					
20-24	11	1.73502	3,163	11.38794	6.563594
25-34	51	8.04416	5,153	18.55266	2.306350
35-44	110	17.35016	4,736	17.05131	0.982775
45-54	123	19.40063	4,969	17.89019	0.922145
55-59	68	10.72555	2,280	8.20882	0.765352
60-64	76	11.98738	2,159	7.77318	0.648447
65+	195	30.75710	5,315	19.13591	0.622163
Race:					
White	638	98.15385	42,552	97.96482	0.998074
Non-White	12	1.84615	884	2.03518	1.102388
Household Income:					
Less than \$10,000	18	3.23160	376	3.69461	1.143275
\$10k-\$15k	28	5.02693	134	1.31669	0.261928
\$15k-\$25k	68	12.20826	737	7.24182	0.593190
\$25k-\$35k	66	11.84919	1,094	10.74973	0.907212
\$35k-\$50	118	21.18492	1,843	18.10946	0.854828
\$50k-\$75k	125	22.44165	2,572	25.27267	1.126150
\$75k to \$100k	56	10.05386	1,631	16.02633	1.594048
\$100k-\$150k	54	9.69479	1,132	11.12312	1.147329
\$150k+	24	4.30880	658	6.46556	1.500549

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

*Holmes County population figures taken from the 2015 Census estimates.

Appendix IV: School Participation

The following schools were randomly chosen and agreed to participate in the 2017 Holmes County Health Assessment:

East Holmes Local

Hiland High School
Chestnut Ridge Elementary School
Mt. Hope Elementary School
Berlin Elementary School
Wise Elementary School

West Holmes Local

West Holmes High School
West Holmes Middle School

Appendix V: Holmes County Sample Demographic Profile*

Variable	2017 Survey Sample	Holmes County Census 2011-2015 (5 year estimate)	Ohio Census 2015
Age			
20-29	16.7%	13.5%	13.3%
30-39	19.7%	11.4%	12.2%
40-49	15.8%	10.5%	12.5%
50-59	18.5%	11.2%	14.3%
60 plus	26.4%	17.2%	22.4%
Race/Ethnicity			
White	96.4%	98.7%	82.0%
Black or African American	0.5%	0.2%	12.3%
American Indian and Alaska Native	0.3%	0.1%	0.2%
Asian	0%	0.1%	2.0%
Other (including multiracial)	2.6%	0.1%	0.8%
Hispanic Origin (may be of any race)	0%	0.9%	3.5%
Marital Status†			
Married Couple	80.3%	53.1%	47.5%
Never been married/member of an unmarried couple	8.4%	26.3%	32.1%
Divorced/Separated	4.6%	14.1%	14.0%
Widowed	5.1%	6.4%	6.4%
Education†			
Less than High School Diploma	53.9%	42.3%	10.3%
High School Diploma	23.5%	35.1%	33.7%
Some college/ College graduate	18.2%	22.6%	56.0%
Income (Families)			
\$14,999 and less	4.8%	5.0%	7.7%
\$15,000 to \$24,999	7.6%	7.2%	7.4%
\$25,000 to \$49,999	26.3%	28.8%	22.1%
\$50,000 to \$74,999	22.3%	25.3%	20.2%
\$75,000 or more	23.3%	33.5%	44.7%

* 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 Holmes 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.

Variable	2017 Youth Survey Sample
Age	
12 years old or younger	14.2%
13 years old	21.1%
14 years old	19.4%
15 years old	14.7%
16 years old	15.9%
17 years old	9.5%
18 years old or older	5.2%
Gender	
Male	52.0%
Female	47.4%
School grades	
Mostly As	50.4%
Mostly Bs	35.4%
Mostly Cs	12.5%
Mostly Ds	1.5%
Race/Ethnicity	
White	95.6%
American Indian and Alaska Native	4.1%
Black or African American	2.3%
Asian	1.4%
Hispanic or Latino	1.2%
Native Hawaiian or Other Pacific Islander	0.8%
Grade Level	
Middle School (6-8)	52.9%
High School (9-12)	45.6%
Individual Grade Level	
6 th grade	13.0%
7 th grade	17.9%
8 th grade	22.0%
9 th grade	11.6%
10 th grade	15.6%
11 th grade	11.8%
12 th grade	6.6%

**Percents may not add up 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

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

Age	Total	Males	Females
Holmes County	42,365	21,125	21,241
0-4 years	4,035	2,033	2,002
1-4 years	3,579	1,597	1,582
< 1 year	856	436	420
1-2 years	1,579	771	808
3-4 years	1,600	826	774
5-9 years	4,121	2,076	2,045
5-6 years	1,634	813	821
7-9 years	2,487	1,263	1,224
10-14 years	4,059	2,085	1,974
10-12 years	2,471	1,261	1,210
13-14 years	1,588	824	764
12-18 years	5,415	2,845	2,570
15-19 years	3,619	1,889	1,730
15-17 years	2,296	1,207	1,089
18-19 years	1,323	784	711
20-24 years	2,917	1,499	1,418
25-29 years	2,598	1,292	1,306
30-34 years	2,471	1,255	1,216
35-39 years	2,358	1,146	1,212
40-44 years	2,310	1,155	1,155
45-49 years	2,530	1,280	1,250
50-54 years	2,414	1,231	1,183
55-59 years	2,191	1,070	1,121
60-64 years	1,942	954	988
65-69 years	1,410	697	713
70-74 years	1,147	534	613
75-79 years	924	423	501
80-84 years	673	283	390
85-89 years	400	147	253
90-94 years	186	63	123
95-99 years	55	11	44
100-104 years	6	2	4
105-109 years	0	0	0
110 years & over	0	0	0
Total 85 years and over	647	223	424
Total 65 years and over	4,801	2,160	2,641
Total 19 years and over	27,147	13,358	13,789

HOLMES COUNTY PROFILE

*General Demographic Characteristics
(Source: U.S. Census Bureau, Census 2015)*

2011-2015 ACS 5-year estimate

Total Population

2015 Total Population	43,436
2000 Total Population	38,943

Largest City-Millersburg

2015 Total Population	3,116	100%
2000 Total Population	3,326	100%

Population by Race/Ethnicity

Total Population	43,436	100%
White Alone	42,877	98.7%
Hispanic or Latino (of any race)	398	0.9%
African American	89	0.2%
Asian	37	0.1%
Two or more races	348	0.8%
Other	27	0.1%
American Indian and Alaska Native	33	0.1%

Population by Age 2010

Under 5 years	4,035	9.5%
5 to 17 years	10,476	24.7%
18 to 24 years	3,435	8.1%
25 to 44 years	4,240	10.0%
45 to 64 years	9,077	21.4%
65 years and more	4,801	11.3%
Median age (years)	29.7	

Household by Type

Total Households	12,685	100%
Family Households (families)	10,177	80.2%
With own children <18 years	5,017	39.6%
Married-Couple Family Households	8,957	70.6%
With own children <18 years	4,459	35.2%
Female Householder, No Husband Present	766	6.0%
With own children <18 years	406	3.2%
Non-family Households	2,508	19.8%
Householder living alone	2,136	16.8%
Householder 65 years and >	964	7.6%
Households with Individuals < 18 years	5,333	42.0%
Households with Individuals 65 years and >	3,232	25.5%
Average Household Size	3.36 people	
Average Family Size	3.83 people	

General Demographic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2015)

2011-2015 ACS 5-year estimate

Median Value of Owner-Occupied Units	\$161,100
Median Monthly Owner Costs (With Mortgage)	\$1,085
Median Monthly Owner Costs (Not Mortgaged)	\$373
Median Gross Rent for Renter-Occupied Units	\$561
Median Rooms Per Housing Unit	6.4
Total Housing Units	13,607
No Telephone Service	2,165
Lacking Complete Kitchen Facilities	397
Lacking Complete Plumbing Facilities	154

Selected Social Characteristics
(Source: U.S. Census Bureau, Census 2015)

2011-2015 ACS 5-year estimates

School Enrollment

Population 3 Years and Over Enrolled In School	9,321	100%
Nursery & Preschool	428	4.6%
Kindergarten	549	5.9%
Elementary School (Grades 1-8)	6,124	65.7%
High School (Grades 9-12)	1,405	15.1%
College or Graduate School	815	8.7%

Educational Attainment

Population 25 Years and Over	24,612	100%
< 9 th Grade Education	8,559	34.8%
9 th to 12 th Grade, No Diploma	1,856	7.5%
High School Graduate (Includes Equivalency)	8,635	35.1%
Some College, No Degree	2,557	10.4%
Associate Degree	1,093	4.4%
Bachelor's Degree	1,294	4.3%
Graduate Or Professional Degree	618	2.5%

Percent High School Graduate or Higher	*(X)	57.7%
Percent Bachelor's Degree or Higher	*(X)	7.8%

*(X) – Not available

Selected Social Characteristics, Continued
(Source: U.S. Census Bureau, Census 2015)
2011-2015 ACS 5-year estimate

Marital Status

Population 15 Years and Over	31,397	100%
Never Married	8,753	27.9%
Now Married, Excluding Separated	18,935	60.3%
Separated	159	0.5%
Widowed	1,473	4.3%
Female	1,100	3.5%
Divorced	2,077	6.6%
Female	1,180	3.8%

Veteran Status

Civilian Veterans 18 years and over	1,715	5.9%
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Disability Status of the Civilian Non-Institutionalized Population

Total Civilian Noninstitutionalized Population	42,660	100%
With a Disability	3,585	8.4%
Under 18 years	14,421	100%
With a Disability	307	2.1%
18 to 64 years	23,409	100%
With a Disability	1,518	6.5%
65 Years and Over	4,830	100%
With a Disability	1,760	36.4%

Selected Economic Characteristics
(Source: U.S. Census Bureau, Census 2015)
2011-2015 ACS 5-year estimates

Employment Status

Population 16 Years and Over	30,714	100%
In Labor Force	20,051	65.3%
Not in Labor Force	10,663	34.7%
Females 16 Years and Over	15,462	100%
In Labor Force	8,056	52.1%

Population Living with Own Children <6 Years	4,889	100%
All Parents in Family in Labor Force	1,465	30.0%

Class of Worker

Employed Civilian Population 16 Years and Over	19,207	100%
Private Wage and Salary Workers	15,609	81.3%
Government Workers	1,115	5.8%
Self-Employed Workers in Own Not Incorporated Business	2,357	12.3%
Unpaid Family Workers	126	0.7%

Median Earnings

Male, Full-time, Year-Round Workers	\$36,256
Female, Full-time, Year-Round Workers	\$26,488

Selected Economic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2015)
2011-2015 ACS 5-year estimate

Occupations

Employed Civilian Population 16 Years and Over	19,207	100%
Production, Transportation, and Material Moving Occupations	6,075	31.6%
Management, business, science, and art occupations	3,997	20.8%
Sales and Office Occupations	3,713	19.3%
Service Occupations	2,602	13.5%
Natural Resources, Construction, and Maintenance Occupations	2,820	14.7%

Leading Industries

Employed Civilian Population 16 Years and Over	19,207	100%
Manufacturing	5,646	29.4%
Educational, health and social services	2,555	13.3%
Trade (retail and wholesale)	3,024	16.0%
Arts, entertainment, recreation, accommodation, and food services	1,436	7.5%
Professional, scientific, management, administrative, and waste management services	655	3.4%
Transportation and warehousing, and utilities	821	4.3%
Finance, insurance, real estate and rental and leasing	521	2.7%
Other services (except public administration)	736	3.8%
Construction	2,024	10.5%
Public administration	218	1.1%
Information	276	1.4%
Agriculture, forestry, fishing and hunting, and mining	1,295	6.7%

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

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2015	\$37,232	48 th of 88 counties
BEA Per Capita Personal Income 2014	\$35,069	58 th of 88 counties
BEA Per Capita Personal Income 2013	\$32,309	68 th of 88 counties
BEA Per Capita Personal Income 2012	\$30,643	73 rd of 88 counties
BEA Per Capita Personal Income 2011	\$29,991	73 rd of 88 counties

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

Selected Economic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2015)

2011-2015 ACS 5-year estimate

Income In 2015

Households	12,685	100%
< \$10,000	699	5.5%
\$10,000 to \$14,999	425	3.4%
\$15,000 to \$24,999	1,362	10.7%
\$25,000 to \$34,999	1,355	10.7%
\$35,000 to \$49,999	2,246	17.7%
\$50,000 to \$74,999	2,915	23.0%
\$75,000 to \$99,999	1,856	14.6%
\$100,000 to \$149,999	1,145	9.0%
\$150,000 to \$199,999	342	2.7%
\$200,000 or more	340	2.7%

Median Household Income

\$51,996

Income In 2015

Families	10,177	100%
< \$10,000	376	3.7%
\$10,000 to \$14,999	134	1.3%
\$15,000 to \$24,999	737	7.2%
\$25,000 to \$34,999	1,094	10.7%
\$35,000 to \$49,999	1,843	18.1%
\$50,000 to \$74,999	2,572	25.3%
\$75,000 to \$99,999	1,631	16.0%
\$100,000 to \$149,999	1,132	11.1%
\$150,000 to \$199,999	318	3.1%
\$200,000 or more	340	3.3%

Median Household Income (families)

\$60,183

Per Capita Income In 2011-2015

\$18,908

Poverty Status In 2015

	<i>Number Below Poverty Level</i>	<i>% Below Poverty Level</i>
Families	*(X)	9.7%
Individuals	*(X)	12.7%

*(X) – Not available

**Poverty Rates, 5-year averages
2011 to 2015**

Category	Holmes	Ohio
Population in poverty	12.7%	15.8%
< 125% FPL (%)	17.3%	20.3%
< 150% FPL (%)	25.1%	24.8%
< 200% FPL (%)	38.3%	33.9%
Population in poverty (1999)	12.9%	10.6%

(Source: *The Ohio Poverty Report*, Ohio Development Services Agency, February 2017, <http://www.development.ohio.gov/files/research/P7005.pdf>)

Employment Statistics

Category	Holmes	Ohio
Labor Force	21,000	5,830,800
Employed	20,200	5,517,900
Unemployed	800	312,800
Unemployment Rate* in June 2017	3.9	5.4
Unemployment Rate* in May 2017	3.1	4.6
Unemployment Rate* in June 2016	3.7	5.0

*Rate equals unemployment divided by labor force.

(Source: Ohio Department of Job and Family Services, August 2017, <http://ohiolmi.com/laus/current.htm>)

Estimated Poverty Status in 2015

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Holmes County				
All ages in poverty	4,657	3,691 to 5,623	10.8%	8.6 to 13.0
Ages 0-17 in poverty	2,241	1,771 to 2,711	15.7%	12.4 to 19.0
Ages 5-17 in families in poverty	1,478	1,134 to 1,822	14.2%	10.9 to 17.5
Median household income	\$53,540	\$49,385 to \$57,695		
Ohio				
All ages in poverty	1,670,487	1,646,455 to 1,694,519	14.8%	14.6 to 15.0
Ages 0-17 in poverty	546,968	532,624 to 561,312	21.2%	20.6 to 21.8
Ages 5-17 in families in poverty	365,471	352,710 to 378,232	19.3%	18.6 to 20.0
Median household income	\$51,086	\$50,853 to \$51,319		
United States				
All ages in poverty	46,153,077	45,878,016 to 46,428,138	14.7%	14.6 to 14.8
Ages 0-17 in poverty	15,000,273	14,862,975 to 15,137,571	20.7%	20.5 to 20.9
Ages 5-17 in families in poverty	10,245,028	10,145,484 to 10,344,572	19.5%	19.3 to 19.7
Median household income	\$55,775	\$55,861 to \$55,860		

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

Federal Poverty Thresholds in 2015 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$12,331					
1 Person 65 and >	\$11,367					
2 people Householder < 65 years	\$15,871	\$16,337				
2 People Householder 65 and >	\$14,326	\$16,275				
3 People	\$18,540	\$19,078	\$19,096			
4 People	\$24,447	\$24,847	\$24,036	\$24,120		
5 People	\$29,482	\$29,911	\$28,995	\$28,286	\$27,853	
6 People	\$33,909	\$34,044	\$33,342	\$32,670	\$31,670	\$31,078
7 People	\$39,017	\$39,260	\$38,421	\$37,835	\$36,745	\$35,473
8 People	\$43,637	\$44,023	\$43,230	\$42,536	\$41,551	\$40,300
9 People or >	\$52,493	\$52,747	\$52,046	\$51,457	\$50,490	\$49,159

(Source: U. S. Census Bureau, Poverty Thresholds 2015, <http://www.census.gov/hhes/www/poverty/data/threshld/index.html>)

Appendix VII: County Health Rankings

	Holmes County	Ohio	U.S.
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2012-2014)	5,608	7,566	6,600
Overall health. Percentage of adults reporting fair or poor health (age-adjusted) (2015)	15%	15%	15%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2015)	3.8	3.7	3.6
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2015)	3.9	4.0	3.7
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2008-2014)	5%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2015)	19%	22%	18%
Obesity. Percentage of adults that report a BMI of 30 or more (2013)	31%	31%	28%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2014)	8.3	7.0	7.3
Physical activity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2013)	27%	25%	22%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2014)	26%	83%	84%
Drug and alcohol abuse. Percentage of adults reporting binge or heavy drinking (2015)	18%	19%	18%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2011-2015)	29%	34%	30%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2014)	57	474	456:1
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2008-2014)	15	32	32

(Source: 2017 County Health Rankings for Holmes County, Ohio and U.S. data)

	Holmes County	Ohio	U.S
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2014)	23%	10%	14%
Access to health care/medical care. Ratio of population to primary care physicians (2014)	3,658:1	1,300:1	1,320:1
Access to dental care. Ratio of population to dentists (2015)	3,378:1	1,692:1	1,520:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2014)	50	60	50
Diabetes. Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring (2014)	83%	85%	85%
Cancer. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2014)	56%	61%	63%
Social and Economic Environment			
Education. Percentage of ninth-grade cohort that graduates in four years (2014-2015)	91%	81%	83%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2011-2015)	22%	64%	64%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2015)	3%	5%	5%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2015)	16%	21%	21%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2011-2015)	3.5	4.8	5.0
Family and social support. Percentage of children that live in a household headed by single parent (2011-2015)	8%	36%	34%
Family and social support. Number of membership associations per 10,000 population (2015)	12.1	11.3	9
Violence. Number of reported violent crime offenses per 100,000 population (2012-2014)	20	290	380
Injury. Number of deaths due to injury per 100,000 population (2011-2015)	40	70	62

(Source: 2017 County Health Rankings for Holmes County, Ohio and U.S. data)

	Holmes County	Ohio	U.S.
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2012)	11.8	11.3	8.7
Air, water, and toxic substances. Indicator of the presence of health-related drinking water violations. 1 - indicates the presence of a violation, 0 - indicates no violation (FY 2013-2014)	No	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 (2009-2013)	15%	15%	19%
Transportation. Percentage of the workforce that drives alone to work (2011-2015)	52%	83%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2011-2015)	25%	30%	34%

(Source: 2017 County Health Rankings for Holmes County, Ohio and U.S. data)
N/A – Data is not available

Appendix VIII: Amish vs. Non-Amish Comparison Table

Adult Variables	Amish (n=259)	Non-Amish (n=339)	Holmes County 2017	Ohio 2015	U.S. 2015
Health Status and Coverage					
Rated health as excellent or very good	65%	58%	62%	52%	52%
Rated general health as fair or poor	7%	7%	7%	17%	16%
Uninsured	64%	10%	40%	8%	11%
Had at least one person they thought of as their personal doctor or health care provider	40%	52%	46%	82%	79%
Visited a doctor for a routine checkup in the past year	16%	54%	33%	72%	70%
Arthritis, Asthma, & Diabetes					
Had been diagnosed with diabetes	2%	8%	5%	11%	10%
Had been diagnosed with arthritis	11%	31%	21%	38%	25%
Had been diagnosed with asthma	3%	12%	7%	14%	14%
Cardiovascular Health					
Had angina	2%	5%	4%	4%	4%
Had a heart attack	1%	6%	3%	5%	4%
Had a stroke	1%	4%	2%	4%	3%
Had been diagnosed with high blood pressure	11%	31%	20%	34%	31%
Had been diagnosed with high blood cholesterol	9%	30%	19%	37%	36%
Had blood cholesterol checked within the past 5 years	29%	76%	51%	78%	78%
Weight Status					
Overweight	33%	35%	35%	37%	36%
Obese	28%	34%	30%	30%	30%
Alcohol Consumption					
Had at least one alcoholic beverage in past month	30%	56%	40%	53%	54%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	4%	26%	8%	18%	16%
Tobacco Use					
Current smoker (currently smoke some or all days)	4%	14%	8%	22%	18%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	14%	20%	17%	24%	25%
Preventive Medicine					
Had a flu vaccine in the past year (ages 65 and over)	24%	73%	58%	58%	61%
Had a pneumonia vaccine (age 65 and older)	24%	70%	60%	72%	73%
Had a mammogram in the past two years (age 40 and older)	21%	60%	49%	72%*	73%*
Had a pap smear in the past three years	52%	58%	54%	74%*	75%*
Oral Health					
Adults who had visited the dentist in the past year	52%	62%	57%	65%*	65%*
Adults who had one or more permanent teeth removed	61%	53%	57%	47%*	43%*

*2014 BRFSS