



2016

Fairfield County Community Health Needs Assessment

Coordinated by the Fairfield County Health Partners: Fairfield Medical Center, Fairfield County Department of Health and Fairfield Community Health Center.



Fairfield
Medical Center

FOREWORD

This health assessment provides us with a snapshot of Fairfield County, as well as our state and nation. The data presented in this report provides valuable information to develop strategies that focus on wellness, access to care, and unmet community needs. The assessment will provide additional insight in the areas of health and well-being and how they relate to our community structure.

The Fairfield County Health Assessment is being conducted for the third time. It complies with Healthcare Reform requirements and really provides good insight to develop future healthcare programming.

Through collaboration with The Hospital Council of Northwest Ohio and public health researchers at The University of Toledo, every effort has been made to assure that this report contains valid and reliable data. Various efforts have been made in the past to identify and assess the many varied health care needs of Fairfield County residents. These have been either focused studies involving one or a few issues, or have been initial efforts that used no standardized format and had no follow-through on the findings and recommendations. This study was developed in collaboration with area agencies and payors who can impact change in the health status of our county.

This study will be different. The partners, the health care leaders of Fairfield County, have made various commitments in order to ensure the success of this effort:

1. The assessment will not “sit on a shelf.” The identified priorities and recommendations will be followed up and acted on.
2. The assessment will not be done in a vacuum. In order to be successful, any and all stakeholders will need to be involved in current and future efforts. Every agency dealing in some aspect of health care in Fairfield County needs to be “at the table” and offering their particular areas of expertise and experience. The concept of “health care” is so broad that it cannot be the sole responsibility of any one agency. There can be no “silos” in these efforts or there will be no success.
3. The assessment will continue to be repeated on a regular basis and data and results will be trended so that yearly results can be compared. This will ensure that benchmarking can occur and improvements (or degradation) in services as noted.
4. The assessment will be flexible. As additional unmet needs are identified, or existing needs are met, the study itself must evolve to remain a meaningful and workable instrument for health planning in Fairfield County.

It is the hope of the Fairfield County Health Partners that this assessment will be a valuable tool to assist in efforts to improve the health and well-being of Fairfield County residents. It is also the hope that this assessment will foster new collaborative opportunities and initiate quality programs to improve the lives of Fairfield County residents.

Sincerely,

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FOREWORD

This report has been funded by:

Fairfield Department of Health
Fairfield Community Health Center
Fairfield County ADAMH Board
Fairfield County Injury Prevention
Program*

Fairfield Medical Center
United Way of Fairfield County
Fairfield Foundation
Fairfield County Family, Adult and Children
First Council - Children's Committee

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**This report has been commissioned by:
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To see Fairfield 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 2016 Fairfield County Health Assessment is available on the following websites:

Fairfield Medical Center

<http://www.fmchealth.org>

Fairfield County General Health District

<http://www.myFDH.org>

Fairfield Community Health Center

www.fairfieldchc.org

Hospital Council of Northwest Ohio

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

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	PAGES 5-17
TREND SUMMARY	PAGES 18-22

Adult Health (Ages 19 and Over)

HEALTH STATUS PERCEPTIONS	PAGES 23-25
HEALTH CARE COVERAGE	PAGES 26-29
HEALTH CARE ACCESS AND UTILIZATION	PAGES 30-34
CARDIOVASCULAR HEALTH	PAGES 35-39
CANCER	PAGES 40-44
DIABETES	PAGES 45-47
ARTHRITIS	PAGE 48
ASTHMA AND OTHER RESPIRATORY DISEASE	PAGES 49-50
WEIGHT STATUS	PAGES 51-53
TOBACCO USE	PAGES 54-59
ALCOHOL CONSUMPTION	PAGES 60-66
MARIJUANA AND OTHER DRUG USE	PAGES 67-72
WOMEN'S HEALTH	PAGES 73-76
MEN'S HEALTH	PAGES 77-80
PREVENTIVE MEDICINE AND HEALTH SCREENINGS	PAGES 81-83
SEXUAL BEHAVIOR	PAGES 84-88
QUALITY OF LIFE	PAGES 89-90
SOCIAL DETERMINANTS OF HEALTH	PAGES 91-94
MENTAL HEALTH AND SUICIDE	PAGES 95-96
ORAL HEALTH	PAGES 97-99

Youth Health (Ages 12-18)

WEIGHT CONTROL	PAGES 100-102
TOBACCO USE	PAGES 103-105
ALCOHOL CONSUMPTION	PAGES 106-109
DRUG USE	PAGES 110-112
SEXUAL BEHAVIOR	PAGES 113-116
MENTAL HEALTH AND SUICIDE	PAGES 117-119
YOUTH SAFETY	PAGES 120-121
YOUTH VIOLENCE ISSUES	PAGES 122-124

Child Health (Ages 0-11)

HEALTH AND FUNCTIONAL STATUS	PAGES 125-128
HEALTH INSURANCE, ACCESS, UTILIZATION, AND MEDICAL HOME	PAGES 129-130
EARLY CHILDHOOD (0-5 YEARS)	PAGES 131-133
MIDDLE CHILDHOOD (6-11 YEARS)	PAGES 134-135
FAMILY FUNCTIONING, NEIGHBORHOOD & COMMUNITY CHARACTERISTICS	PAGES 136-139
PARENT HEALTH	PAGE 140

Appendices

HEALTH ASSESSMENT INFORMATION SOURCES	APPENDIX I	PAGES 141-145
LIST OF ACRONYMS AND TERMS	APPENDIX II	PAGES 146-147
WEIGHTING METHODS	APPENDIX III	PAGES 148-150
SCHOOL PARTICIPATION	APPENDIX IV	PAGE 151
DEMOGRAPHIC PROFILE	APPENDIX V	PAGE 152
DEMOGRAPHICS AND HOUSEHOLD INFORMATION	APPENDIX VI	PAGES 153-160
COUNTY HEALTH RANKINGS	APPENDIX VII	PAGES 161-163

EXECUTIVE SUMMARY

This executive summary provides an overview of health-related data for Fairfield County adults (19 years of age and older), youth (ages 12 through 18), and children (ages 0-11) who participated in a county-wide health assessment survey during February 2016 through May 2016. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS) and the National Survey of Children's Health (NSCH) developed by the Child and Adolescent Health Measurement Initiative. 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, adolescents, and parents within Fairfield 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

Three survey instruments were designed and pilot tested for this study: one for adults, one for adolescents in grades 6-12, and one for parents of children ages 0-11. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults, adolescents and children. The investigators decided to derive the majority of the adult survey items from the BRFSS. The majority of the survey items for the adolescent survey were derived from the YRBSS. The majority of the survey items for the parents of children 0-11 were derived from the NSCH. 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 Fairfield County. During these meetings, banks of potential survey questions from the BRFSS, YRBSS, and NSCH surveys were reviewed and discussed. Based on input from the Fairfield County planning committee, the Project Coordinator composed drafts of surveys containing 116 items for the adult survey, 76 items for the adolescent grades 6-12 survey, and 78 items for the 0-11 survey. The drafts were reviewed and approved by health education researchers at the University of Toledo.

SAMPLING | *Adult Survey*

Adults ages 19 and over living in Fairfield County were used as the sampling frame for the adult survey. Since U.S. Census Bureau age categories do not correspond exactly to this age parameter, the investigators calculated the population of those 18 years and over living in Fairfield County. There were 105,735 persons ages 18 and over living in Fairfield 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 383 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Fairfield County was obtained from Allegra Marketing Services in Louisville, KY.

SAMPLING | Adolescent Survey

A sample size of 375 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.

SAMPLING | 0-11 Survey

Children ages 0-11 residing in Fairfield County were used as the sampling frame for the surveys. Using U.S. Census Bureau data, it was determined that 24,586 children ages 0-11 reside in Fairfield County. The investigators conducted a power analysis based on a post-hoc distribution of variation in responses (70/30 split) to determine what sample size was needed to ensure a 95% confidence level with corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error). Because many of the items were identical between the 0-5 and 6-11 surveys, the responses were combined to analyze data for children 0-11. The sample size required to generalize to children ages 0-11 was 378. The random sample of mailing addresses of parents of children 0-11 from Fairfield County was obtained from Allegra Marketing Services in Louisville, KY.

PROCEDURE | Adult Survey

Prior to mailing the survey to adults, an advance letter was mailed to 1,200 adults in Fairfield County. This advance letter was personalized, printed on Fairfield Medical Center stationery and was signed by John R. Janoso Jr., President and CEO, Fairfield Medical Center. 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 (on Fairfield Medical Center stationery) describing the purpose of the study; a questionnaire printed on colored paper; 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 on colored paper, 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 42% (n=464: CI=± 4.54). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

PROCEDURE | Adolescent Survey

The survey was approved by all superintendents. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 96% (n=514: CI=± 4.25).

PROCEDURE | Children 0-5 and 6-11

Prior to mailing the survey to parents of 0-11 year olds, an advance letter was mailed to 2,400 parents in Fairfield County. This advance letter was personalized, printed on Fairfield Medical Center stationery and was signed by John R. Janoso Jr., President and CEO, Fairfield Medical Center. 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 (on Fairfield Medical Center stationery) describing the purpose of the study; a questionnaire printed on colored paper; 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 on colored paper, 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 was 18% (n=333: CI=± 5.33).

DATA ANALYSIS

Individual responses were anonymous and confidential. Only group data are available. All data was analyzed by health education researchers at the University of Toledo using SPSS 23.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Fairfield County, the adult data collected was weighted by age, gender, race, and income using 2010 Census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix III.

LIMITATIONS

As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Fairfield 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 Fairfield County). If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

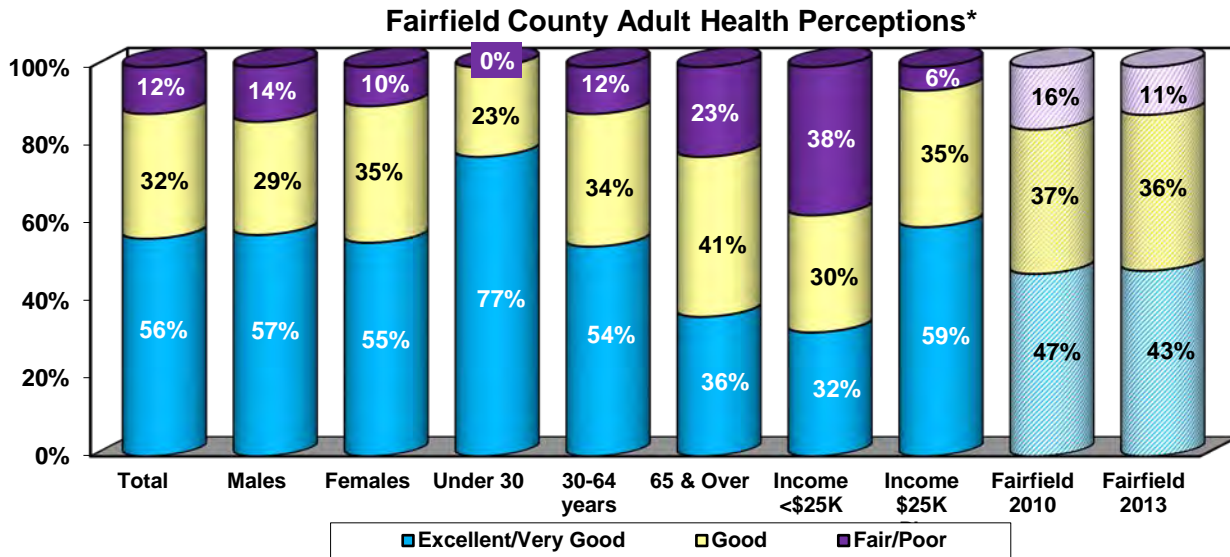
Second, it is important to note that, although several questions were asked using the same wording as the CDC questionnaires and the NSCH questionnaire, the adult and parent data collection method differed. CDC adult data and NSCH child data were collected using a set of questions from the total question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

Finally, this survey asked parents questions regarding their young children. Should enough parents feel compelled to respond in a socially desirable manner which is not consistent with reality, this would represent a threat to the internal validity of the results.

Data Summary

HEALTH PERCEPTIONS

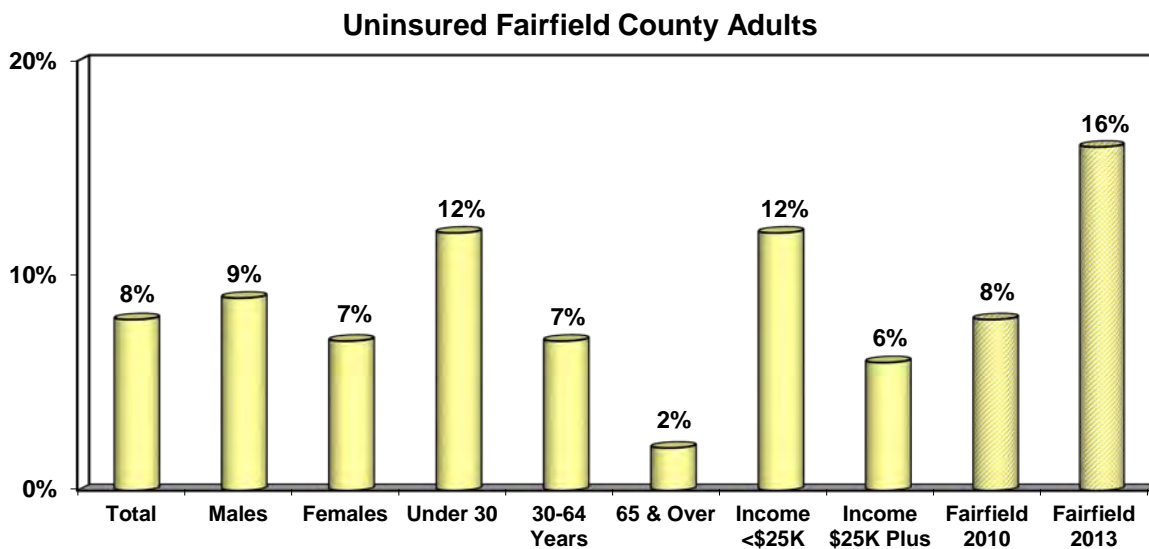
In 2016, more than half (56%) of the Fairfield County adults rated their health status as excellent or very good. Conversely, 12% of adults, increasing to 38% of those with incomes less than \$25,000, described their health as fair or poor.



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

HEALTH CARE COVERAGE

The 2016 Health Assessment data has identified that 8% of Fairfield County adults were without health care coverage. Those most likely to be uninsured were adults under the age of 30 and those with an income level under \$25,000. In Fairfield County, 10.9% of residents live below the poverty level (Source: U.S. Census, American Community Survey 5 Year Estimate, 2010-2014).



HEALTH CARE ACCESS

The 2016 Health Assessment identified that 70% of Fairfield County adults had visited a doctor for a routine checkup in the past year. 62% of adults went outside of Fairfield County for health care services in the past year.

CARDIOVASCULAR HEALTH

Heart disease (23%) and stroke (5%) accounted for 28% of all Fairfield County adult deaths in 2014 (Source: CDC Wonder, 2014). The 2016 Fairfield 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. More than one-fourth (29%) of Fairfield County adults had high blood cholesterol, 41% were obese, 34% had high blood pressure, and 15% were smokers, four known risk factors for heart disease and stroke.

Leading Causes of Death 2014

Total Deaths: 1,186

1. Heart Disease (23% of all deaths)
2. Cancer (22%)
3. Chronic Lower Respiratory Diseases (6%)
4. Accidents, Unintentional Injuries (5%)
5. Stroke (5%)

(Source: CDC Wonder, 2014)

CANCER

In 2016, 12% of Fairfield County adults had been diagnosed with cancer at some time in their life. The Centers for Disease Control and Prevention (CDC) indicates that from 2010-2014, a total of 471 Fairfield 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.

Fairfield County Incidence of Cancer, 2008-2012

All Types: 3,614 cases

- Lung and Bronchus: 585 cases (16%)
- Breast: 509 cases (14%)
- Prostate: 499 cases (14%)
- Colon and Rectum: 320 cases (9%)

In 2014, there were 276 cancer deaths in Fairfield County.

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

DIABETES

In 2016, 11% of Fairfield County adults had been diagnosed with diabetes.

ARTHRITIS

According to the Fairfield County survey data, 33% of Fairfield County adults were diagnosed with arthritis. According to the 2014 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.

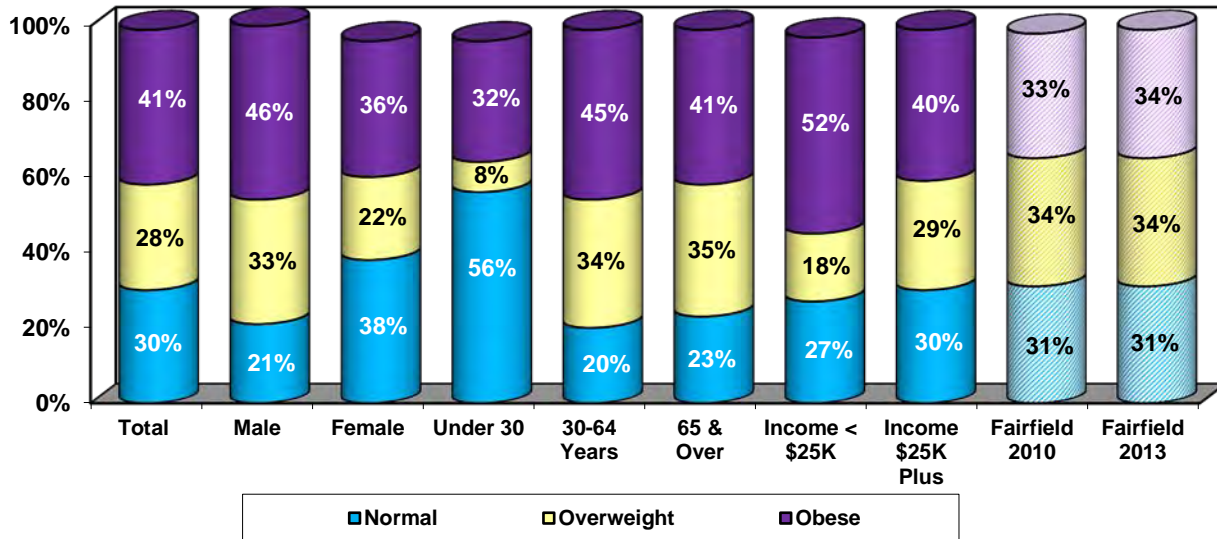
ASTHMA

According to the Fairfield County survey data, 13% of adults had been diagnosed with asthma.

ADULT WEIGHT STATUS

The 2016 Health Assessment identified that 69% of Fairfield County adults were overweight or obese based on Body Mass Index (BMI). The 2014 BRFSS indicates that 33% of Ohio and 30% of U.S. adults were obese by BMI. More than two-fifths (41%) of Fairfield County adults were obese.

Fairfield County Adult BMI Classifications

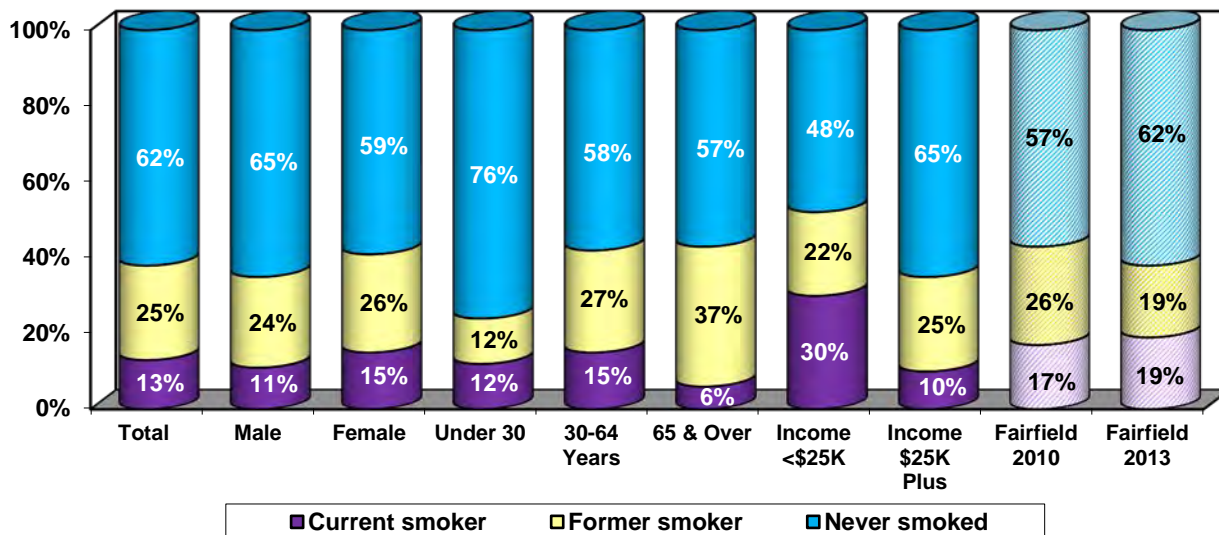


(Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight)

ADULT TOBACCO USE

In 2016, 13% of Fairfield County adults were current smokers and 25% were considered former smokers. In 2016, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death worldwide, and is responsible for the deaths of approximately half of long-term users. Each year, tobacco use is responsible for almost 6 million premature deaths, 80% of which are in low-and middle-income countries, and by 2030, this number is expected to increase to 8 million (Source: Cancer Facts & Figures, American Cancer Society, 2016).

Fairfield County Adult Smoking Behaviors

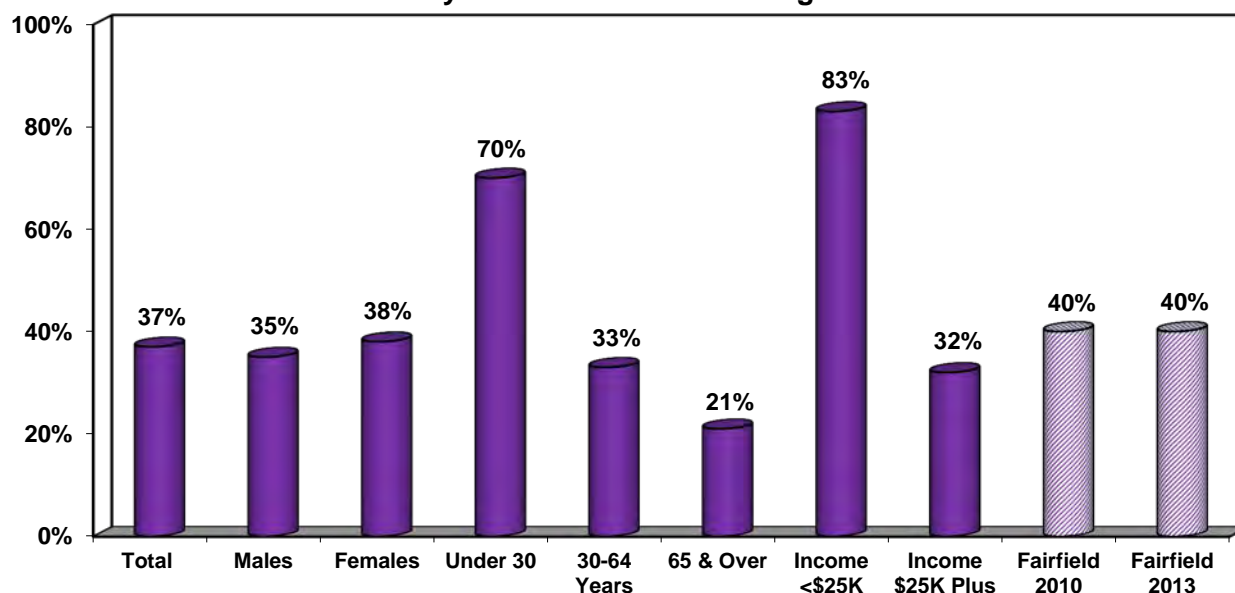


Respondents were asked:
 "Have you smoked at least 100 cigarettes in your entire life?
 If yes, do you now smoke cigarettes every day, some days or not at all?"

ADULT ALCOHOL CONSUMPTION

In 2016, the Health Assessment indicated that 10% of Fairfield County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 37% of adults who drank had five or more drinks for males or 4 or more drinks for females on one occasion (binge drinking) in the past month.

Fairfield County Adult Drinkers Who Binge Drank in Past Month*

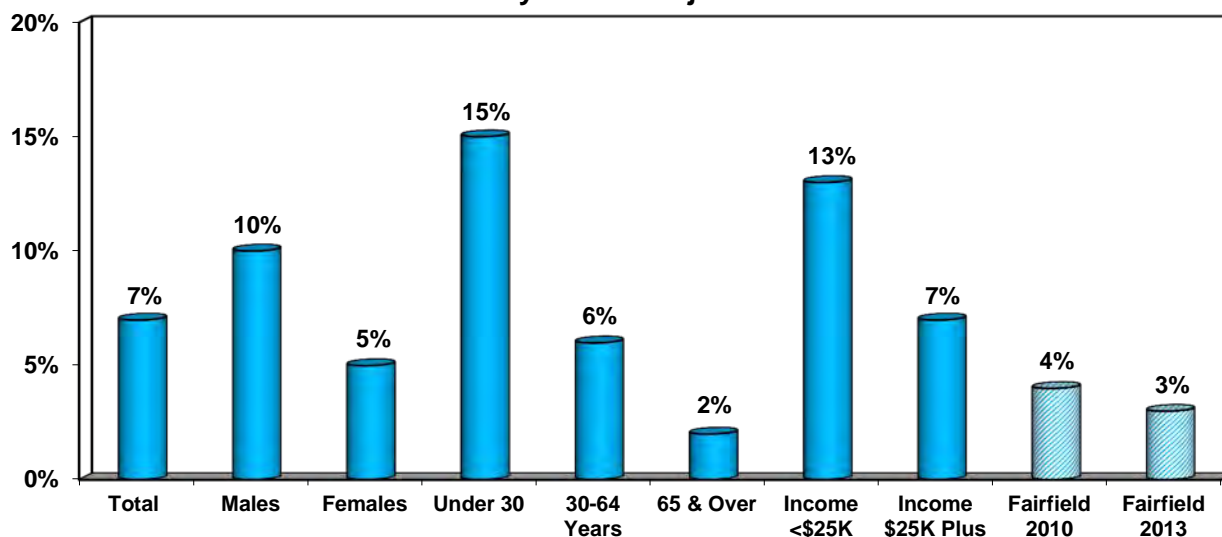


**Based on adults who have drunk alcohol in the past month. Binge drinking is defined as having five or more drinks (for males) or four or more drinks (for females) on an occasion. Adults must have reported drinking five or more drinks (for males) or four or more drinks (for females) on an occasion at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

ADULT MARIJUANA AND OTHER DRUG USE

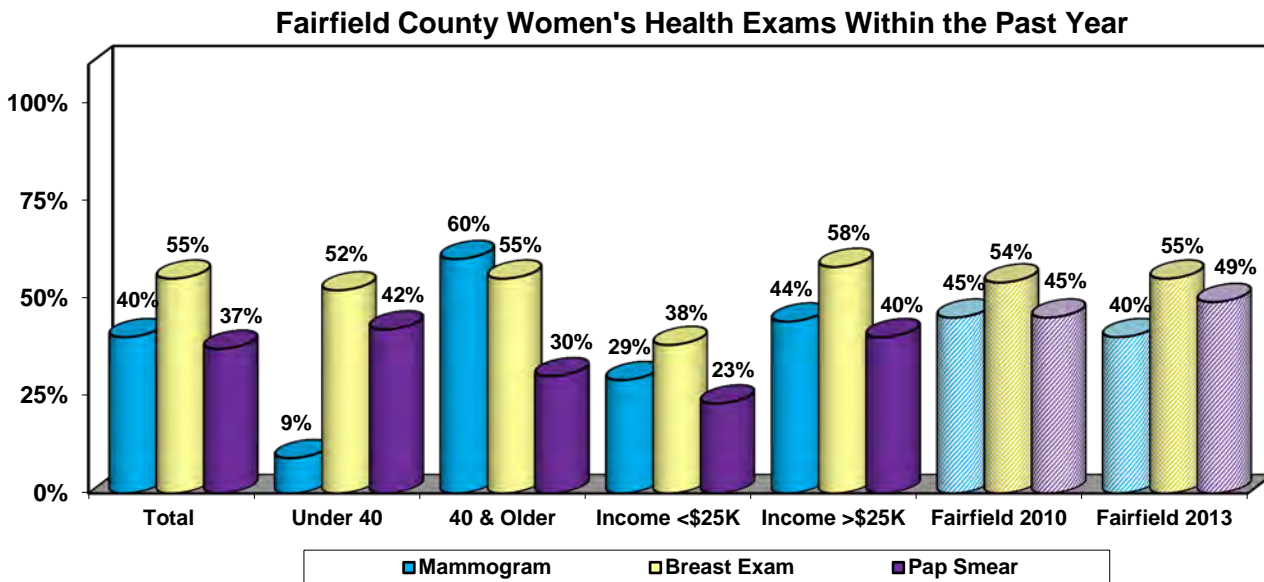
In 2016, 7% of Fairfield County adults had used marijuana during the past 6 months. 9% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Fairfield County Adult Marijuana Use in Past 6 Months



WOMEN'S HEALTH

In 2016, three-fifths (60%) of Fairfield County women over the age of 40 reported having a mammogram in the past year. 55% of Fairfield County women ages 19 and over had a clinical breast exam and 37% had a Pap smear to detect cancer of the cervix in the past year. The Health Assessment determined that 2% of women survived a heart attack and 2% survived a stroke at some time in their life. More than one-third (36%) were obese, 33% had high blood pressure, 28% had high blood cholesterol, and 15% were identified as smokers, known risk factors for cardiovascular diseases.



MEN'S HEALTH

In 2016, 46% of Fairfield County males over the age of 50 had a Prostate-Specific Antigen (PSA) test. Major cardiovascular diseases (heart disease and stroke) accounted for 27% and cancers accounted for 25% of all male deaths in Fairfield County from 2012-2014. The Health Assessment determined that 4% of men survived a heart attack and 1% survived a stroke at some time in their life. More than one-third (34%) of men had been diagnosed with high blood pressure, 29% had high blood cholesterol, and 11% were identified as smokers, which, along with obesity (46%), are known risk factors for cardiovascular diseases.

PREVENTIVE MEDICINE AND HEALTH SCREENINGS

Almost three-quarters (72%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. Nearly two-thirds (65%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.

ADULT SEXUAL BEHAVIOR & PREGNANCY OUTCOMES

In 2016, 80% of Fairfield County adults had sexual intercourse. 6% percent of adults had more than one partner. Prevalence estimates suggest that young people aged 15-24 years acquire half of all new STDs and that 1 in 4 sexually active adolescent females have an STD, such as chlamydia or human papillomavirus (HPV) (Source: CDC, STDs in Adolescents and Young Adults, 2014 STD Surveillance).

QUALITY OF LIFE

In 2016, 14% of Fairfield County adults were limited in some way because of a physical, mental or emotional problem.

SOCIAL CONTEXT

In 2016, 7% of Fairfield County adults were abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). 42% of adults reported gambling in the past year.

MENTAL HEALTH AND SUICIDE

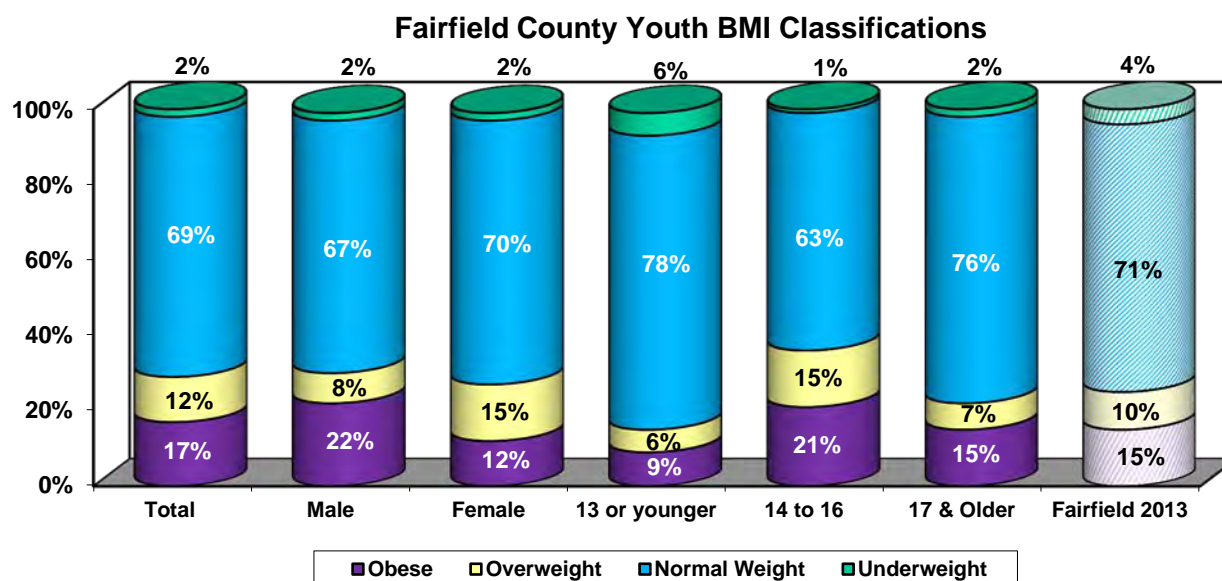
In 2016, 4% of Fairfield County adults considered attempting suicide. 11% of adults felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities.

ORAL HEALTH

The 2016 Health Assessment has determined nearly three-fourths (73%) of Fairfield 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.

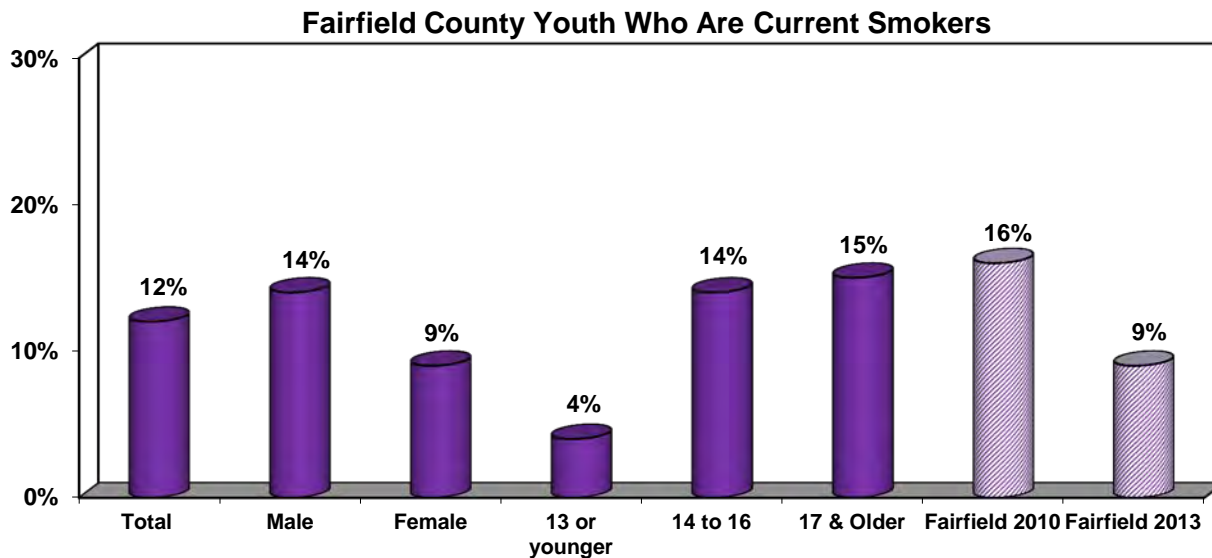
YOUTH WEIGHT STATUS

The 2016 Health Assessment identified that 17% of Fairfield County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 31% of Fairfield County youth reported that they were slightly or very overweight. 74% of youth were exercising for 60 minutes on 3 or more days per week.



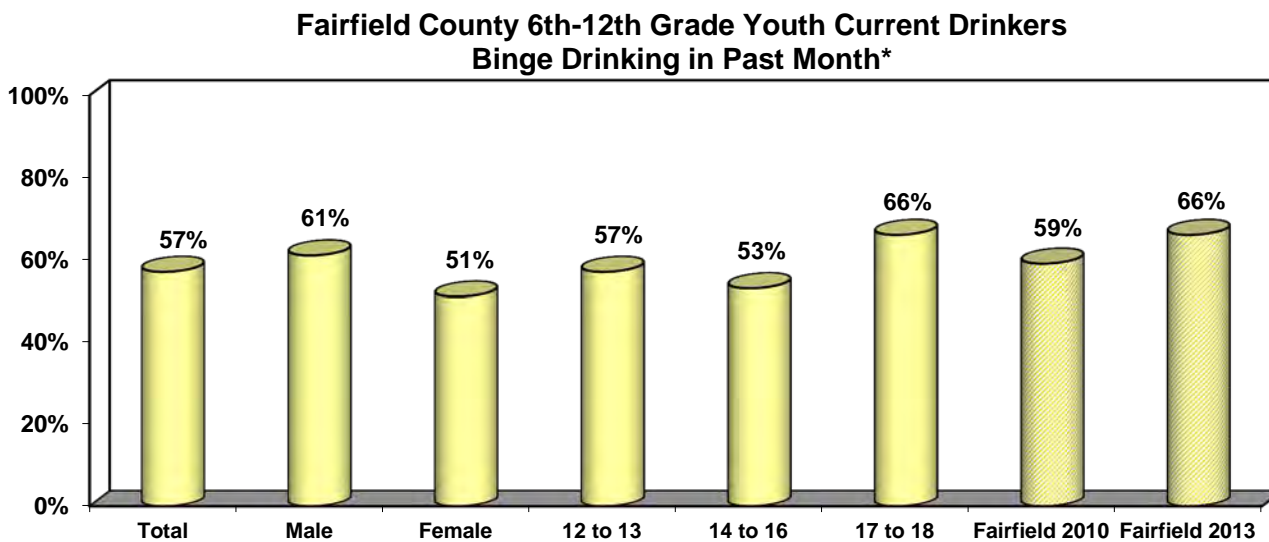
YOUTH TOBACCO USE

The 2016 Health Assessment identified that 12% of Fairfield County youth in grades 6-12 were current smokers, increasing to 15% of those ages 17 and older. Almost three-fourths (71%) of Fairfield County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.



YOUTH ALCOHOL CONSUMPTION

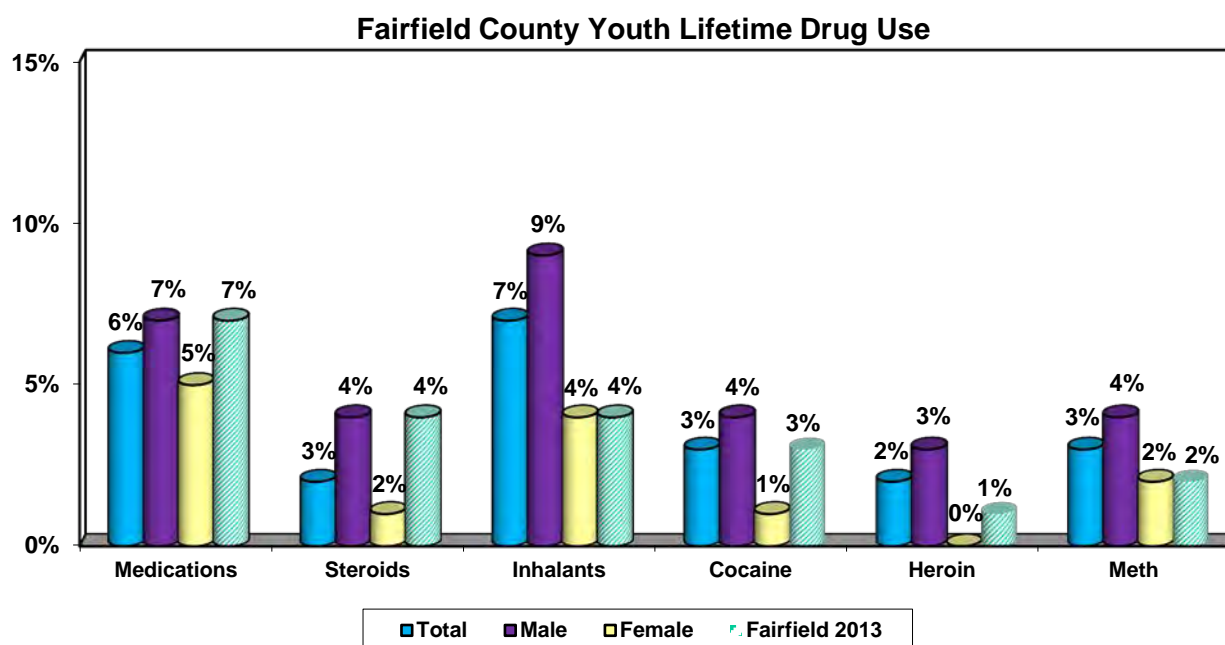
In 2016, the Health Assessment results indicated that 49% of Fairfield County youth in grades 6-12 had drank at least one drink of alcohol in their life, increasing to 69% of youth seventeen and older. 20% of all Fairfield County 6th-12th grade youth and 28% of those over the age of 17 had at least one drink in the past 30 days. Nearly three-fifths (57%) of the 6th-12th grade youth who reported drinking in the past 30 days had at least one episode of binge drinking. 5% of all youth drivers had driven a car in the past month after they had been drinking alcohol.



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

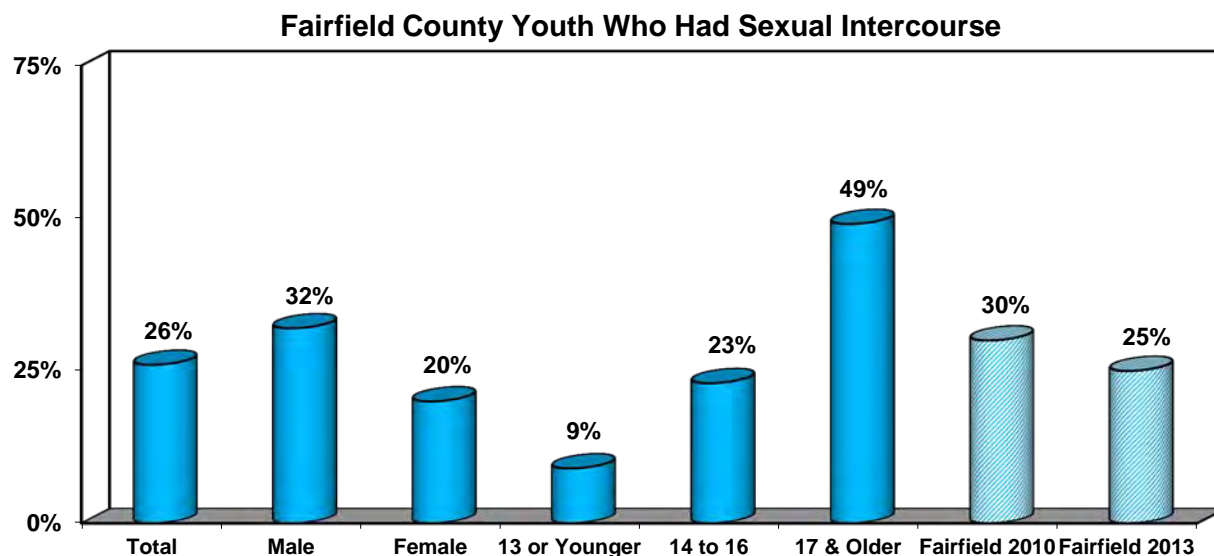
YOUTH MARIJUANA AND OTHER DRUG USE

In 2016, 13% of Fairfield County 6th-12th grade youth had used marijuana at least once in the past 30 days, increasing to 17% of those ages 17 and older. 6% of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life, increasing to 9% of those over the age of 17.



YOUTH SEXUAL BEHAVIOR AND PREGNANCY OUTCOMES

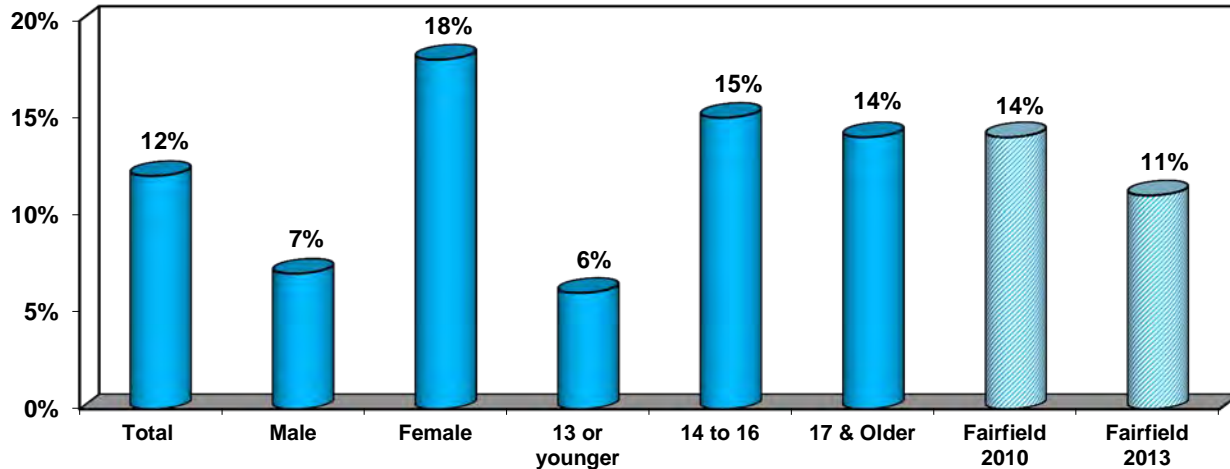
In 2016, over one-quarter (26%) of Fairfield County youth have had sexual intercourse. 26% of youth had participated in oral sex and 8% had participated in anal sex. 30% of youth participated in sexting. Of those who were sexually active, 48% had multiple sexual partners. One Fairfield County school did not ask sexual behavior questions.



YOUTH MENTAL HEALTH AND SUICIDE

In 2016, the Health Assessment results indicated that 12% of Fairfield County youth had seriously considered attempting suicide in the past year and 7% actually attempted suicide in the past year, increasing to 10% of females.

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



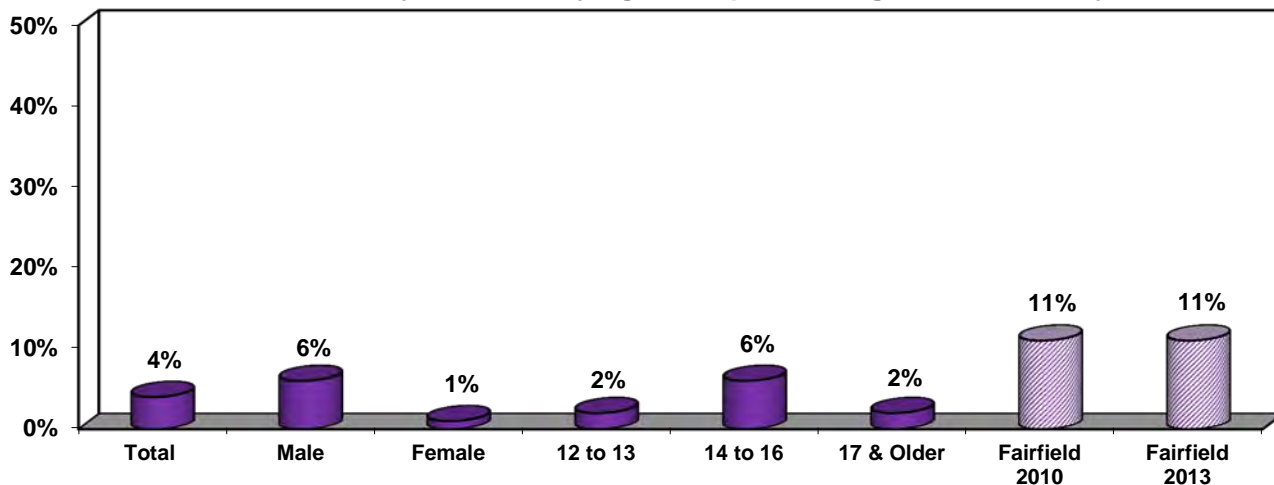
YOUTH SAFETY

In 2016, 14% of youth had ridden in a car driven by someone who had been drinking alcohol in the past month and 5% of youth drivers had driven after drinking alcohol. 30% of youth drivers texted while driving.

YOUTH VIOLENCE

In Fairfield County, 9% of youth had been threatened or injured with a weapon on school property in the past year. 26% of youth had been bullied on school property in the past year.

Fairfield County Youth Carrying a Weapon During the Past 30 Days



CHILD HEALTH AND FUNCTIONAL STATUS

In 2016, 21% of children were classified as obese by Body Mass Index (BMI) calculations. 84% of Fairfield County parents had taken their child ages 0-11 to the dentist in the past year. 18% of Fairfield County parents reported their child ages 0-11 had been diagnosed with asthma. 9% of parents reported their child had been diagnosed with ADD/ADHD.

CHILD HEALTH INSURANCE, ACCESS & UTILIZATION

In 2016, 2% of Fairfield County parents reported their 0-11 year old did not have health insurance. 7% of Fairfield County children received mental health care or counseling in the past year. 93% of parents had taken their child to the doctor for preventive care in the past year.

EARLY CHILDHOOD (0-5 YEARS OLD)

The following information was reported by parents of 0-5 year olds. 38% of mothers got prenatal care within the first three months during their last pregnancy. 4% of mothers smoked during their last pregnancy. 79% of parents put their child to sleep on his/her back. 23% of mothers never breastfed their child.

MIDDLE CHILDHOOD (6-11 YEARS OLD)

The following information was reported by Fairfield County parents of 6-11 year olds. In 2016, 70% of Fairfield County parents reported their child always feels safe at school. 53% of parents reported their child was bullied at some time in the past year. 91% of parents reported their child participated in extracurricular activities. 28% of parents reported their child had an email or a social network account.

FAMILY FUNCTIONING, NEIGHBORHOOD AND COMMUNITY CHARACTERISTICS

In 2016, 73% of Fairfield County parents reported their 0-11 year old child slept 10-11 hours per night. 12% of parents reported they received benefits from the SNAP/food stamps program. 21% of parents reported they or someone in the family reads to their child every day.

PARENT HEALTH

In 2016, 5% of Fairfield County parents were uninsured. 33% of parents were overweight and 31% were obese. Parents missed work an average of 1.7 days per year due to their child being ill or injured.

Adult **TREND SUMMARY**

Adult Variables	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Health Status and Coverage					
Rated health as excellent or very good	47%	53%	56%	51%	53%
Rated general health as fair or poor	16%	11%	12%	18%	17%
Rated their mental health as not good on four or more days in the previous month	25%	23%	23%	N/A	N/A
Average days that physical health not good in past month	N/A	3.1	3.0	3.9*	3.7*
Average days that mental health not good in past month	N/A	2.2	4.0	3.9*	3.6*
Average days that poor physical or mental health kept them from doing their usual activities in past month	N/A	2.2	2.4	2.3**	2.4**
Uninsured	8%	16%	8%	10%	13%
Arthritis, Asthma, & Diabetes					
Has been diagnosed with diabetes	15%	13%	11%	12%	10%
Has been diagnosed with asthma	11%	12%	13%	15%	14%
Has been diagnosed with arthritis	39%	28%	33%	31%	26%
Cardiovascular Health					
Had angina	9%	5%	5%	5%	4%
Had a heart attack	7%	5%	3%	5%	4%
Had a stroke	3%	2%	2%	4%	3%
Has been diagnosed with high blood pressure	39%	30%	34%	34%*	31%*
Has been diagnosed with high blood cholesterol	45%	37%	29%	38%*	38%*
Had blood cholesterol checked within the past 5 years	N/A	78%	82%	78%*	76%*
Weight Status					
Overweight	34%	34%	28%	34%	35%
Obese	33%	34%	41%	33%	30%
Alcohol Consumption					
Had at least one alcoholic beverage in past month	45%	43%	48%	53%	53%
Binged in past month (5 or more drinks in a couple of hours on an occasion)	19%	17%	17%	18%	16%
Tobacco Use					
Current smoker (currently smoke some or all days)	17%	19%	13%	21%	18%
Former smoker (smoked 100 cigarettes in lifetime & now do not smoke)	26%	19%	25%	25%	25%
Drug Use					
Adults who used marijuana in the past 6 months	4%	3%	7%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	5%	4%	9%	N/A	N/A

N/A - not available

*2013 BRFSS Data

**2010 BRFSS Data

Adult Variables	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Preventive Medicine					
Had a pneumonia vaccine (age 65 and older)	35%	55%	72%	70%	70%
Had a clinical breast exam in the past two years (age 40 and older)	N/A	78%	74%	75%**	77%**
Had a mammogram in the past two years (age 40 and older)	64%	79%	81%	72%	73%
Had a pap smear in the past three years	77%	79%	69%	74%	75%
Had a PSA test within the past two years (age 40 & over)	N/A	44%	55%	43%	43%
Quality of Life					
Limited in some way because of physical, mental or emotional problem	N/A	22%	14%	22%	20%
Mental Health					
Considered attempting suicide in the past year	2%	2%	4%	N/A	N/A
Oral Health					
Adults who have visited the dentist in the past year	69%	67%	73%	65%	65%
Adults who had one or more permanent teeth removed	N/A	33%	38%	43%	43%
Adults 65 years and older who had all of their permanent teeth removed	N/A	15%	19%	18%	15%

N/A - not available

**2010 BRFSS Data

Youth | TREND SUMMARY

Youth Variables	Fairfield County 2010 (6 th -12 th)	Fairfield County 2013 (6 th -12 th)	Fairfield County 2016 (6 th -12 th)	Fairfield County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Weight Control						
Obese	13%	15%	17%	18%	13%	14%
Overweight	13%	10%	12%	12%	16%	16%
Described themselves as slightly or very overweight	27%	28%	31%	34%	28%	32%
Trying to lose weight	45%	46%	42%	43%	47%	46%
Exercised to lose weight	46%	54%	52%	55%	61%‡	61%‡
Ate less food, fewer calories, or foods lower in fat to lose weight	24%	32%	33%	35%	43%‡	39%‡
Went without eating for 24 hours or more	4%	6%	5%	5%	10%	13%*
Took diet pills, powders, or liquids without a doctor's advice	3%	3%	3%	4%	5%	5%*
Vomited or took laxatives	2%	1%	2%	2%	5%	4%*
Ate 1 to 4 servings of fruits and vegetables per day	N/A	80%	85%	86%	85%‡	78%‡
Physically active at least 60 minutes per day on every day in past week	32%	32%	28%	37%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	55%	55%	49%	64%	48%	49%
Did not participate in at least 60 minutes of physical activity on any day in past week	11%	10%	11%	7%	13%	14%
Watched TV 3 or more hours per day	38%	33%	17%	15%	28%	25%
Violence Issues						
Carried a weapon on school property in past month	11%	11%	4%	3%	4%‡	4%
Been in a physical fight in past year	14%	6%	13%	9%	20%	23%
Threatened or injured with a weapon on school property in past year	7%	10%	9%	7%	N/A	6%
Did not go to school because felt unsafe	4%	7%	12%	12%	5%	6%
Electronically/cyber bullied in past year	15%	15%	12%	12%	15%	16%
Bullied in past year	50%	46%	40%	37%	N/A	N/A
Bullied on school property in past year	N/A	31%	26%	21%	21%	20%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past year	8%	4%	6%	6%	7%	10%
Mental Health						
Youth who had seriously considered attempting suicide in the past year	14%	11%	12%	13%	14%	18%
Youth who had attempted suicide in the past year	7%	7%	7%	7%	6%	9%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (of all youth)	2%	2%	2%	1%	1%	3%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	25%	28%	27%	27%	26%	30%

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

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

N/A – Not available

TREND SUMMARY

Youth Variables	Fairfield County 2010 (6 th -12 th)	Fairfield County 2013 (6 th -12 th)	Fairfield County 2016 (6 th -12 th)	Fairfield County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Tobacco Use						
Ever tried cigarettes	36%	24%	24%	31%	52%*	41%
Current smokers	16%	9%	12%	14%	15%	16%
Smoked cigarettes on 20 or more days during the past month (of all youth)	6%	4%	4%	6%	7%	6%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	10%	7%	9%	12%	14%*	9%
Tried to quit smoking (of those youth who smoked in the past year)	66%	51%	37%	37%	56%*	48%
Alcohol Consumption						
Ever tried alcohol	63%	45%	49%	59%	71%*	63%
Current drinker	33%	19%	20%	27%	30%	33%
Binge drinker (of all youth)	19%	13%	12%	16%	16%	18%
Drank for the first time before age 13 (of all youth)	24%	13%	17%	18%	13%	17%
Rode with someone who was drinking	19%	13%	14%	15%	17%	20%
Drank and drove (of youth drivers)	6%	3%	5%	5%	4%	8%
Obtained the alcohol they drank by someone giving it to them	52%	36%	41%	44%	38%	44%
Sexual Behavior						
Ever had sexual intercourse	30%	25%	26%	35%	43%	41%
Used a condom at last intercourse	65%	76%	52%	21%	51%	57%
Used birth control pills at last intercourse	36%	38%	9%	4%	24%	18%
Did not use any method to prevent pregnancy during last sexual intercourse	12%	8%	15%	5%	12%	14%
Had four or more sexual partners (of all youth)	9%	8%	7%	9%	12%	12%
Had sexual intercourse before age 13 (of all youth)	5%	7%	5%	5%	4%	4%
Drug Use						
Youth who used marijuana in the past month	13%	10%	13%	19%	21%	22%
Ever used methamphetamines	3%	2%	3%	4%	6%‡	3%
Ever used cocaine	4%	3%	3%	4%	4%	5%
Ever used heroin	1%	1%	2%	2%	2%	2%
Ever used steroids	3%	4%	2%	3%	3%	4%
Ever used inhalants	8%	4%	7%	7%	9%	7%
Ever used ecstasy/MDMA	N/A	2%	3%	5%	N/A	5%
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	15%	10%	11%	13%	20%	22%

N/A – Not available

* Comparative YRBS data for Ohio and U.S. is 2011, ‡ Comparative YRBS data for Ohio is 2007 and U.S. is 2009

Child I TREND SUMMARY

Child Comparisons	Fairfield County 2016 Ages 0-5	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Fairfield County 2016 Ages 6-11	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Health and Functional Status						
Rated health as excellent or very good	99%	89%	86%	94%	86%	83%
Dental care visit in past year	64%	50%	54%	94%	92%	88%
Diagnosed with asthma	11%	6%	6%	21%	10%	10%
Diagnosed with ADHD/ADD	0%	N/A	2%**	14%	12%	9%
Diagnosed with behavioral or conduct problems	2%	N/A	2%**	5%	5%	4%
Diagnosed with vision problems that cannot be corrected	1%	N/A	<1%	4%	N/A	2%
Diagnosed with bone, joint, or muscle problems	1%	N/A	1%	3%	N/A	2%
Diagnosed with epilepsy	0%	N/A	<1%	2%	N/A	1%
Diagnosed with a head injury	3%	N/A	<1%	4%	N/A	<1%
Diagnosed with diabetes	0%	N/A	N/A	1%	N/A	<1%
Diagnosed with depression	0%	N/A	<1%**	2%	N/A	2%
Never breastfed their child	23%	29%	21%	N/A	N/A	N/A
Health Care Coverage, Access and Utilization						
Had public insurance	10%	40%	44%	18%	34%	37%
Been to doctor for preventive care in past year	99%	94%	90%	90%	86%	82%
Have a personal doctor or nurse	91%	91%	91%	79%	93%	90%
Family Functioning, Neighborhood and Community Characteristics						
Parent reads to child everyday	36%	53%	48%	14%	N/A	N/A
Family eats a meal together every day of the week	37%	63%	61%	30%	45%	47%
Child never attends religious services	30%	N/A	N/A	31%	22%	18%
Middle Childhood (6-11 Year Olds)						
Child did not miss any days of school because of illness or injury	N/A	N/A	N/A	14%	16%*	22%*
Child missed school 11 days or more because of illness or injury	N/A	N/A	N/A	3%	8%*	5%*
Parent felt child was usually/always safe at school	N/A	N/A	N/A	94%	96%	94%
Parent Health						
Mother's mental or emotional health is fair/poor	16%	7%	7%	11%	10%	8%
Father's mental or emotional health is fair/poor	5%	N/A	3%	2%	7%	5%

N/A – Not available

*2007 National Survey of Children's Health data

** Ages 2-5

Adult | HEALTH STATUS PERCEPTIONS

Key Findings

In 2016, more than half (56%) of the Fairfield County adults rated their health status as excellent or very good. Conversely, 12% of adults, increasing to 38% 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

- Fairfield County 56% (2016)
- Ohio 51% (2014)
- U.S. 53% (2014)

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

General Health Status

- In 2016, more than half (56%) of Fairfield County adults rated their health as excellent or very good. Fairfield County adults with higher incomes (59%) were most likely to rate their health as excellent or very good, compared to 32% of those with incomes less than \$25,000.
- 12% of adults rated their health as fair or poor. The 2014 BRFSS has identified that 18% of Ohio and 17% of U.S. adults self-reported their health as fair or poor.
- Fairfield 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 (38%)
 - Were widowed (30%)
 - Were 65 years of age or older (23%)
 - Had high blood pressure (21%) or high blood cholesterol (20%)

Physical Health Status

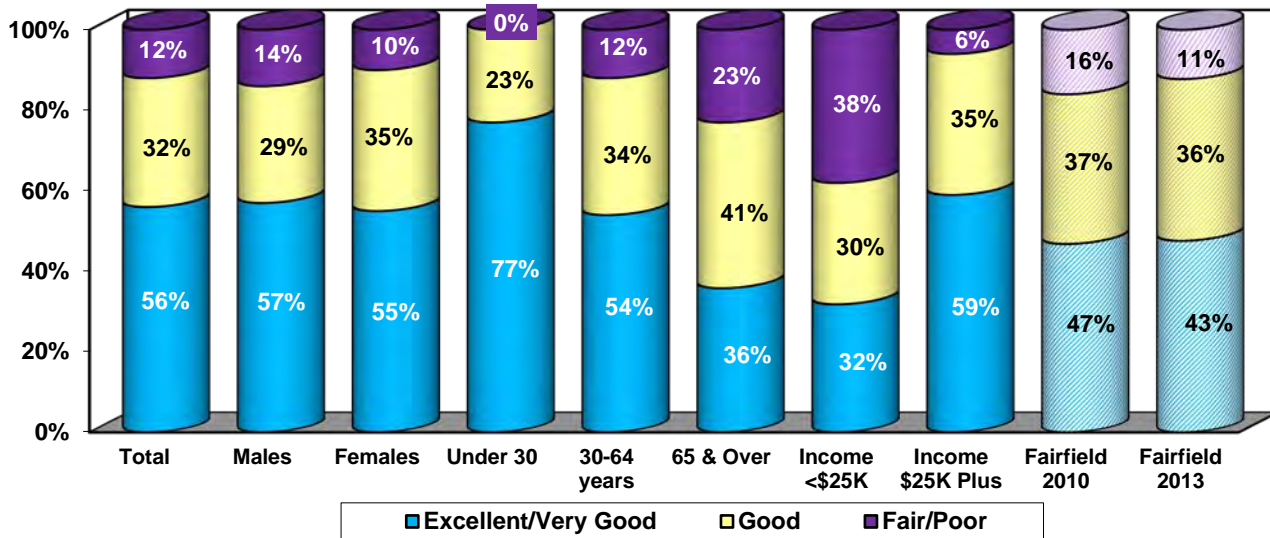
- In 2016, 17% of Fairfield County adults rated their physical health as not good on four or more days in the previous month.
- Fairfield County adults reported their physical health as not good on an average of 3.0 days in the previous month. Ohio and U.S. adults reported their physical health as not good on an average of 4.0 days and 3.8 days, respectively, in the previous month *(Source: 2014 BRFSS)*.
- Fairfield County adults were most likely to rate their physical health as not good if they:
 - Had an annual household income under \$25,000 (39%)
 - Were 65 years of age or older (26%)

Mental Health Status

- In 2016, 23% of Fairfield County adults rated their mental health as not good on four or more days in the previous month.
- Fairfield County adults reported their mental health as not good on an average of 4.0 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)*.
- Nearly one-fourth (22%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.
- Fairfield County adults were most likely to rate their mental health as not good if they:
 - Had an annual household income under \$25,000 (57%)

The following graph shows the percentage of Fairfield County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 56% of all Fairfield County adults, 77% of those under age 30, and 36% 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.

Fairfield County Adult Health Perceptions*



*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	60%	13%	6%	3%	11%
Females	64%	13%	5%	<1%	10%
Total	62%	13%	5%	2%	11%
Mental Health Not Good in Past 30 Days*					
Males	63%	8%	4%	1%	17%
Females	61%	12%	4%	2%	15%
Total	62%	10%	4%	1%	16%

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

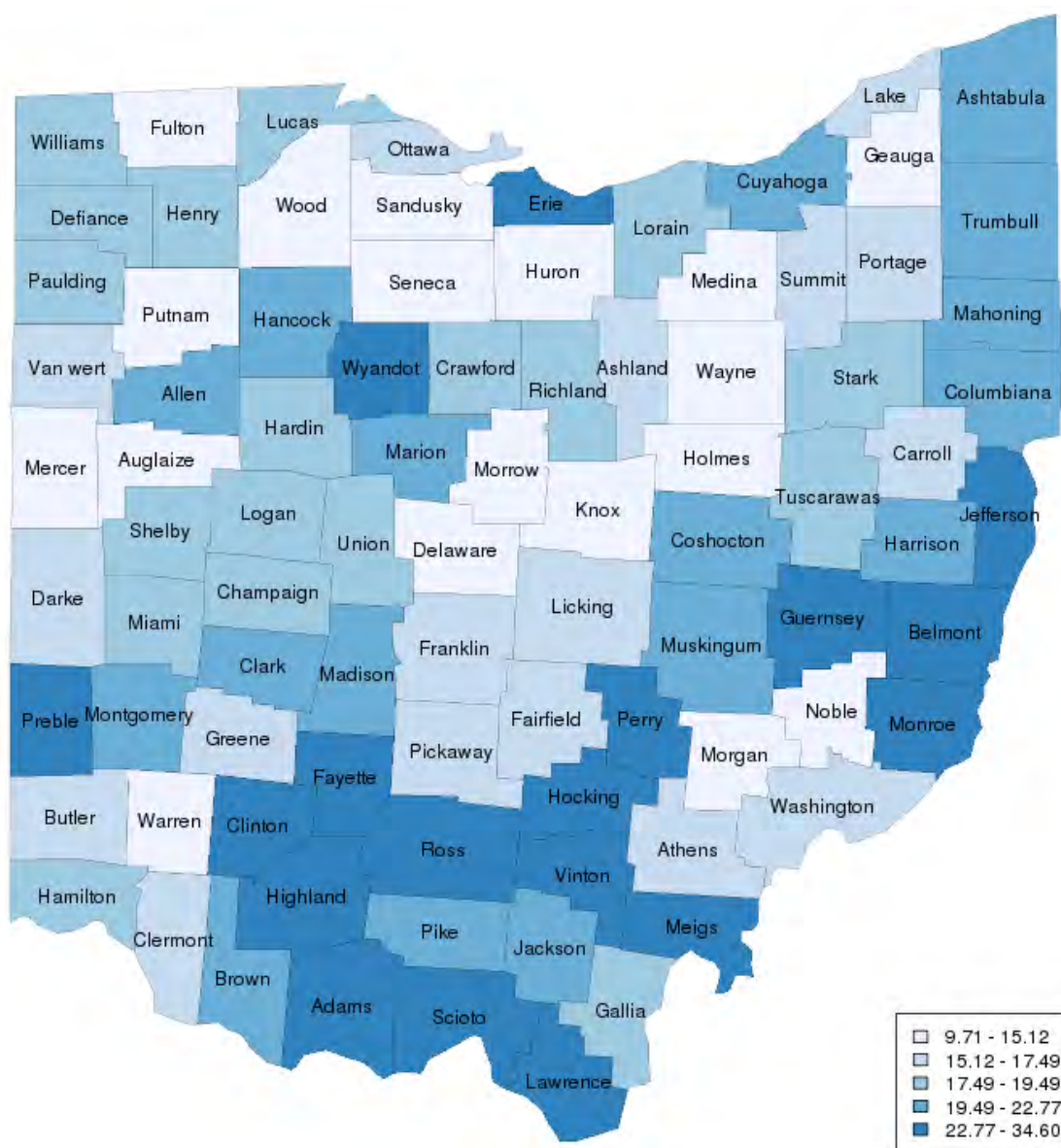
Adult Comparisons	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Rated health as excellent or very good	47%	53%	56%	51%	53%
Rated health as fair or poor	16%	11%	12%	18%	17%
Rated their mental health as not good on four or more days in the previous month	25%	23%	23%	N/A	N/A
Average days that physical health not good in past month	N/A	3.1	3.0	3.9*	3.7*
Average days that mental health not good in past month	N/A	3.5	4.0	3.9*	3.5*
Average days that poor physical or mental health kept them from doing their usual activities in past month	N/A	2.2	2.4	2.3*	2.4*

*2010 BRFSS data, N/A - Not Available

The following map shows the estimated proportion of all adults, ages 19 years and older, who rated their overall health as fair/poor.

- 17% of Fairfield County adults, ages 19 years and older rated their overall health as fair/poor.
- 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)

Adult | HEALTH CARE COVERAGE

Key Findings

The 2016 Health Assessment data has identified that 8% of Fairfield County adults were without health care coverage. Those most likely to be uninsured were adults under the age of 30 and those with an income level under \$25,000. In Fairfield County, 10.9% of residents live below the poverty level (Source: U.S. Census, American Community Survey 5 Year Estimate, 2010-2014).

General Health Coverage

- In 2016, 92% Fairfield County adults had health care coverage, leaving 8% who were uninsured. The 2014 BRFSS reports uninsured prevalence rates for Ohio (10%) and the U.S. (13%).
- In the past year, 8% of adults were uninsured, increasing to 12% of those with incomes less than \$25,000 and those under the age of 30.
- 4% of adults with children did not have healthcare coverage, compared to 12% of those who did not have children living in their household.
- The following types of health care coverage were used: employer (49%), someone else's employer (19%), Medicare (11%), Medicaid or medical assistance (5%), multiple-including private sources (4%), multiple-including government sources (3%), self-paid plan (4%), military or VA (2%), health insurance marketplace (1%), and other source (2%).

8% of Fairfield County adults were uninsured.

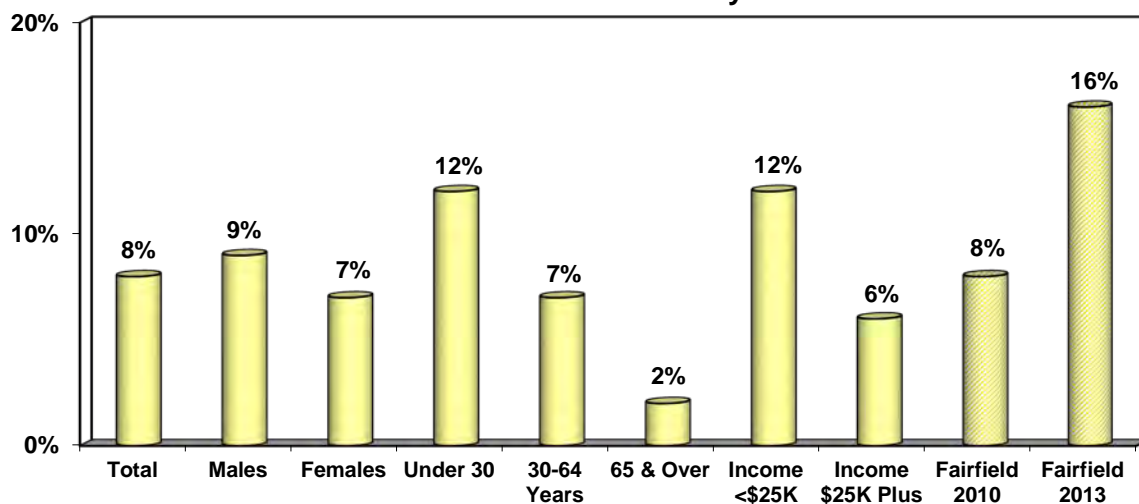
- Fairfield County adult health care coverage includes the following: medical (100%), prescription coverage (94%), dental (81%), immunizations (79%), Fairfield County facilities (78%), Fairfield County physicians (78%), preventive health (74%), vision (72%), mental health (71%), their spouse (66%), mental health counseling (65%), outpatient therapy (65%), their children (60%), alcohol and drug treatment (42%), skilled nursing (39%), their partner (35%), long-term care (32%), home care (31%), hospice (27%), durable medical equipment (25%), transportation (12%), and assisted living (6%).
- The top reasons uninsured adults gave for being without health care coverage were:
 1. They lost their job or changed employers (31%)
 2. They could not afford to pay the premiums (29%)
 3. They lost Medicaid eligibility (16%)
 4. They became ineligible (11%)
 5. Their insurance company refused coverage (10%)

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

Adult Comparisons	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Uninsured	8%	16%	8%	10%	13%

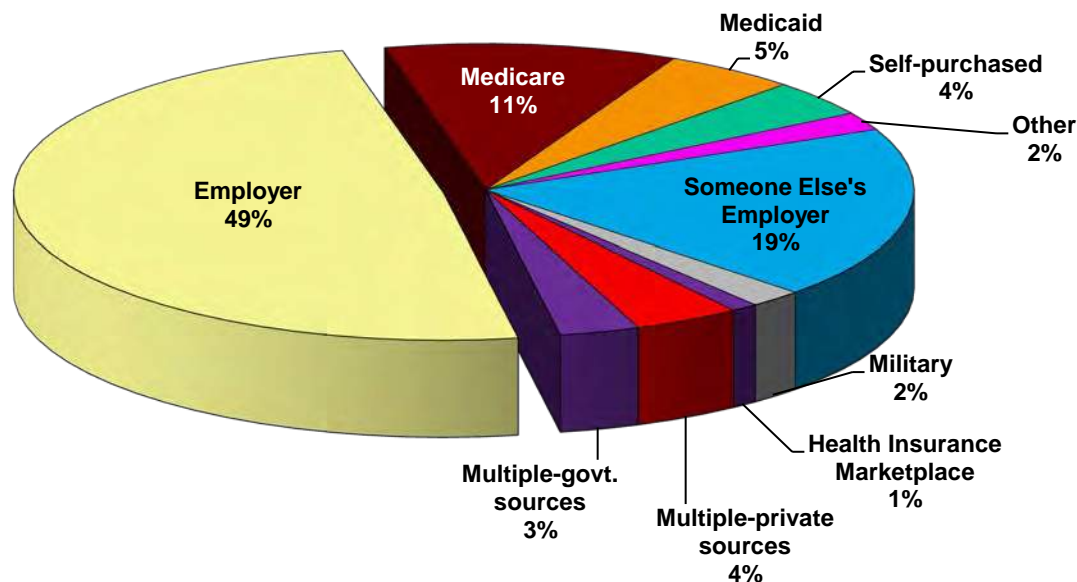
The following graph shows the percentages of Fairfield County adults who were uninsured by demographic characteristics. Examples of how to interpret the information in the graph includes: 8% of all Fairfield County adults were uninsured, 12% of adults with an income less than \$25,000 reported being uninsured and 12% of those under age 30 lacked health care coverage. The pie chart shows sources of Fairfield County adults' health care coverage.

Uninsured Fairfield County Adults



12% of Fairfield County adults with incomes less than \$25,000 were uninsured.

Source of Health Coverage for Fairfield County Adults



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

Health Coverage Includes:	Yes	No	Don't Know
Medical	100%	0%	0%
Prescription Coverage	94%	4%	2%
Dental	81%	17%	2%
Immunizations	79%	4%	17%
Fairfield County Facilities	78%	1%	21%
Fairfield County Physicians	78%	3%	19%
Preventive Health	74%	1%	25%
Vision	72%	21%	7%
Mental Health	71%	4%	25%
Their Spouse	66%	26%	8%
Mental Health Counseling	65%	5%	30%
Outpatient Therapy	65%	2%	33%
Their Children	60%	32%	8%
Alcohol and Drug Treatment	42%	2%	56%
Skilled Nursing	39%	8%	53%
Their Partner	35%	38%	27%
Long-Term Care	32%	16%	52%
Home Care	31%	8%	61%
Hospice	27%	7%	66%
Durable Medical Equipment	25%	6%	69%
Transportation	12%	19%	69%
Assisted Living	6%	17%	77%

Healthy People 2020 Access to Health Services (AHS)

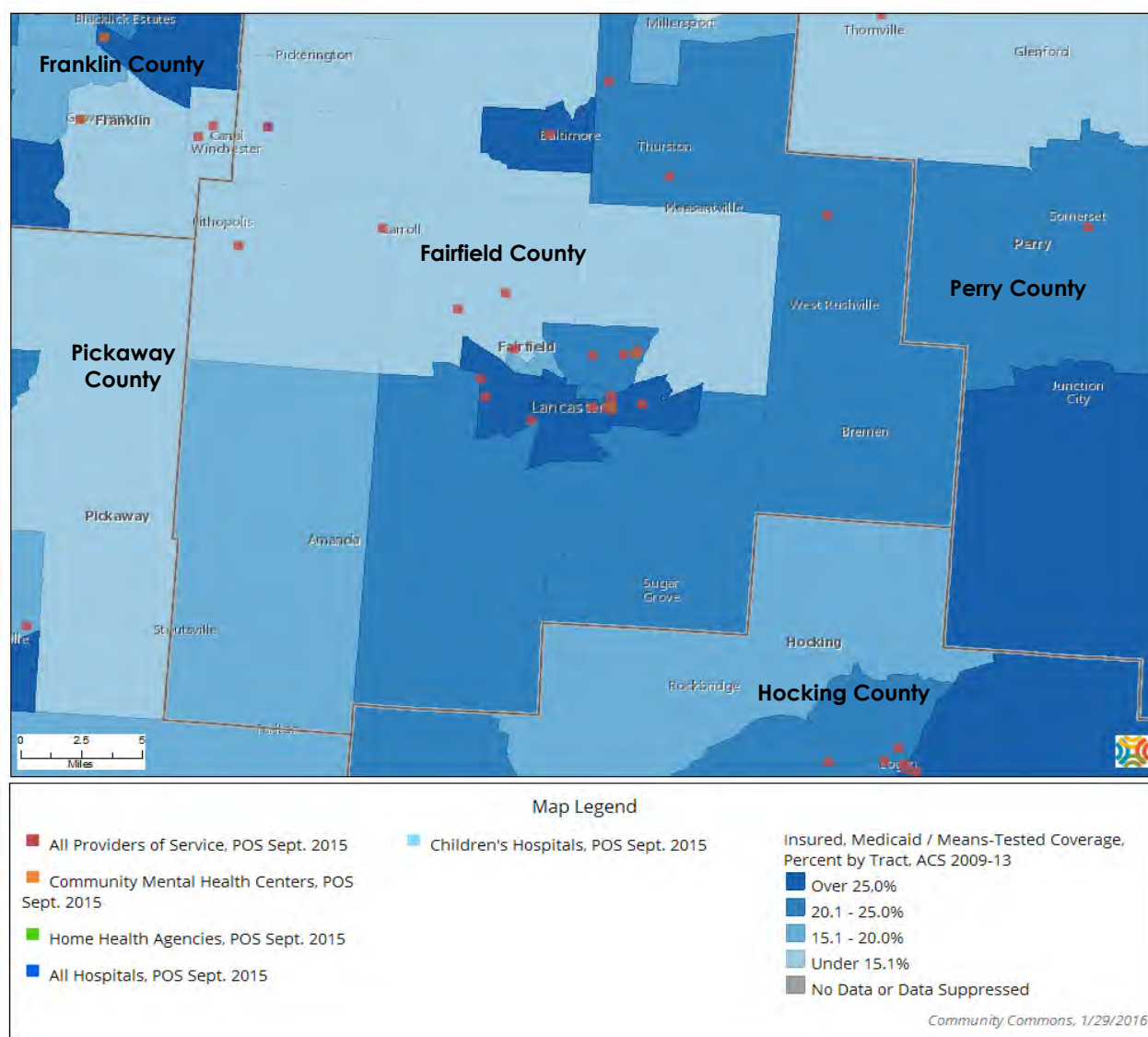
Objective	Fairfield County 2016	Ohio 2014	U.S. 2014**	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health care insurance	82% age 20-24 94% age 25-34 86% age 35-44 90% age 45-54 96% age 55-64	87% age 18-24 80% age 25-34 89% age 35-44 89% age 45-54 91% age 55-64	76% age 18-24 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, 2014 BRFSS, 2016 Fairfield County Health Assessment)

**2013 BRFSS Data. The 2014 U.S. BRFSS is not able to be broken down by age.

Insured, Medicaid/Medans-Tested coverage, Percent by Tract, ACS 2009/13



(Source: Community Commons. Updated 1-29-2016)

Ohio Medicaid Assessment Survey

- Half of Ohio's adult Medicaid enrollees or their spouses work, and another 30 percent are individuals living with disabilities.
- Ohio's uninsured rate has been cut in half, from 17.3 percent in 2012 to 8.7 percent today.
- The rate of uninsured children in Ohio also has been cut in half, from 4.7 percent in 2012 to 2.0 percent in 2015. Medicaid eligibility for children has not changed, but aggressive enrollment efforts have resulted in Medicaid covering 46.1 percent of insured children, up from 42 percent in 2012.
- The rate of employer-sponsored insurance has remained constant since 2010, with nearly 55 percent of Ohioans covered through an employer.

(Source: Office of Health Transformation, *Extend Medicaid Coverage and Automate Enrollment*, 8/19/2015, from: <http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=EtkWYqgEZU%3d&tabid=160>)

Adult | HEALTH CARE ACCESS AND UTILIZATION

Key Findings

The 2016 Health Assessment identified that 70% of Fairfield County adults had visited a doctor for a routine checkup in the past year. 62% of adults went outside of Fairfield County for health care services in the past year.

Health Care Access

- More than two-thirds (70%) of Fairfield County adults visited a doctor for a routine checkup in the past year, increasing to 88% of those over the age of 65.
- Reasons for not receiving medical care in the past 12 months included: no need to go (15%), cost/no insurance (4%), distance (1%), no transportation (1%), office wasn't open when they could get there (1%), too embarrassed to seek help (1%), too long of a wait for an appointment (1%), no child care (<1%), and other problems that prevented them from getting medical care (4%).
- Adults visited the following places for health care services or advice: doctor's office (59%), multiple places- including a doctor's office (13%), Internet (5%), urgent care center (4%), family and friends (3%), in-store health clinic (3%), Department of Veteran's Affairs (VA) (2%), multiple places- not including a doctor's office (2%), alternative therapies (1%), hospital emergency room (1%), hospital outpatient department (1%), public health clinic or community health department (1%), telemedicine (1%), and walk-in health center (1%). 5% of adults indicated they had no usual place for health care services.
- Adults preferred to access information about their health or healthcare services from the following: doctor (80%), internet searches (31%), family member or friend (28%), Medical Portal (10%), text messages (7%), advertisings or mailings from hospitals, clinics, or doctor's offices (5%), newspaper articles or radio/television news stories (4%), social networks (1%), and other (2%).
- 71% of adults indicated they had a usual source of medical care, decreasing to 47% of those with annual household incomes less than \$25,000.
- Reasons for not having a usual source of medical care included: had not needed a doctor (28%), had two or more usual places (18%), cost (14%), did not know where to go (5%), previous doctor unavailable/moved (5%), no insurance (2%), not accepting new patients (2%), did not like/trust/ believe in doctors (1%), outstanding bill (1%), and other reasons (6%).

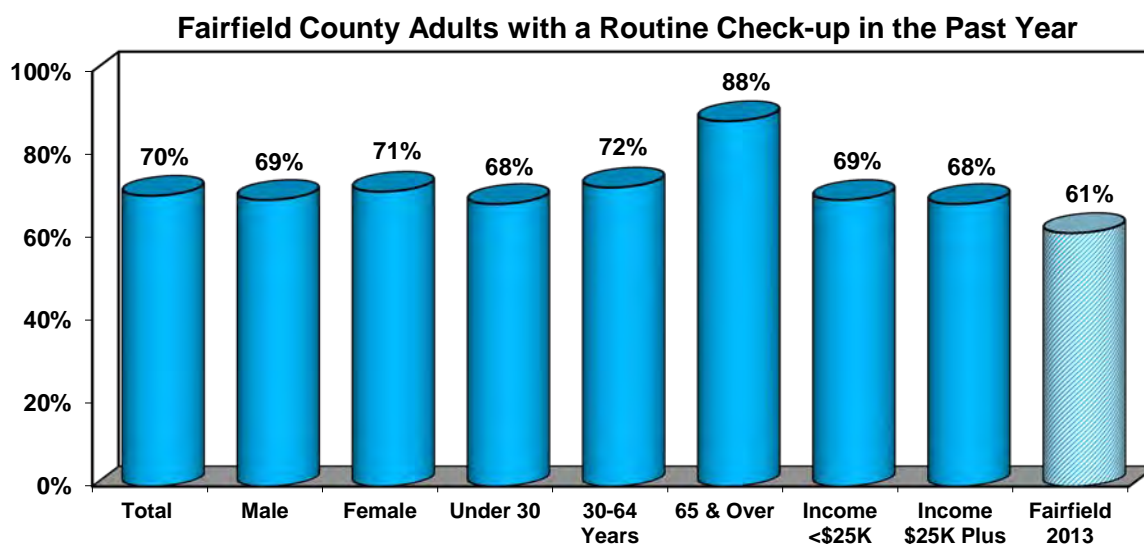
How does Lack of Insurance Affect Access to Health Care?

- 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: The Henry Kaiser Family Foundation, *How Does Lack of Insurance Affect Access to Health Care?*, from: <http://kff.org/report-section/the-uninsured-a-primer-2013-4-how-does-lack-of-insurance-affect-access-to-health-care/>)

- 62% of adults went outside of Fairfield County for the following health care services in the past year: dental services (21%), primary care (21%), specialty care (21%), vision services (15%), obstetrics/ gynecology/NICU (8%), cardiac care (4%), orthopedic care (4%), cancer care (3%), counseling services (2%), pediatric care (2%), developmental disability services (1%), mental health care (1%), pediatric therapies (1%), palliative care (<1%), and other services (5%).
- Adults traveled to the following locations for their health care needs outside of Fairfield County: Columbus (55%), Circleville (3%), Logan (2%), Chillicothe (1%), Zanesville (1%), Athens (<1%), Cincinnati (<1%), and other places (11%).
- Reasons for seeking health care services outside of Fairfield County included: used to live there (19%), service not available locally (17%), better quality program (14%), insurance restrictions (13%), closer to work (8%), word of mouth (7%), bad experience locally (5%), did not like local services/provider (4%), confidentiality/anonymity (2%), wait list too long (2%), inconvenient hours (1%), and other reasons (23%).
- Fairfield County adults had the following problems when they needed health care in the past year: could not get appointments when they wanted them (9%), did not have enough money to pay for health care (5%), had to change doctors because of their healthcare plan (5%), could not find a doctor they were comfortable with (3%), could not find a doctor to take them as a patient (3%), did not have insurance (3%), too busy to get the healthcare they needed (2%), could not get time off work (1%), did not have child care (1%), did not have transportation (1%), healthcare plan did not allow them to see doctors in Fairfield County (1%), too embarrassed to seek help (1%), and other problems that prevented them from getting health care (1%).
- Fairfield County adults had the following issues regarding their healthcare coverage: deductibles were too high (31%), premiums were too high (23%), co-pays were too high (20%), high HSA account deductible (10%), provider/facility no longer covered (7%), working with their insurance company (6%), could not understand their insurance plan (5%), opted out of certain coverage because they could not afford it (5%), service not deemed medically necessary (5%), limited visits (4%), difficulty navigating the Marketplace (3%), opted out of certain coverage because they did not need it (3%), service no longer covered (3%), and mental health services limited/not covered (2%).

The following graph shows the percentage of Fairfield County adults who have had a routine check-up in the past year. Examples of how to interpret the information on the first graph include: 70% of all Fairfield County adults have had a routine check-up in the past year, 69% of all Fairfield County males, 71% of all females, 68% of those 65 years and older, 72% of those 30-64 years, 69% of those with income <\$25K, 68% of those with income \$25K Plus, and 61% of those 65 years and older.



Availability of Services

- Fairfield County adults reported they had looked for the following programs for themselves or a loved one: depression, anxiety or mental health (16%), family planning (11%), and alcohol or drug abuse (4%).

Fairfield County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Fairfield County adults who have looked but have <u>NOT</u> found a specific program	Fairfield County adults who have looked and have found a specific program
Depression or Anxiety (16% of all adults looked)	17%	83%
Family Planning (11% of all adults looked)	0%	100%
Alcohol/Drug Abuse (4% of all adults looked)	44%	56%

Health Insurance Coverage and Adverse Experiences with Physician Availability: United States, 2012

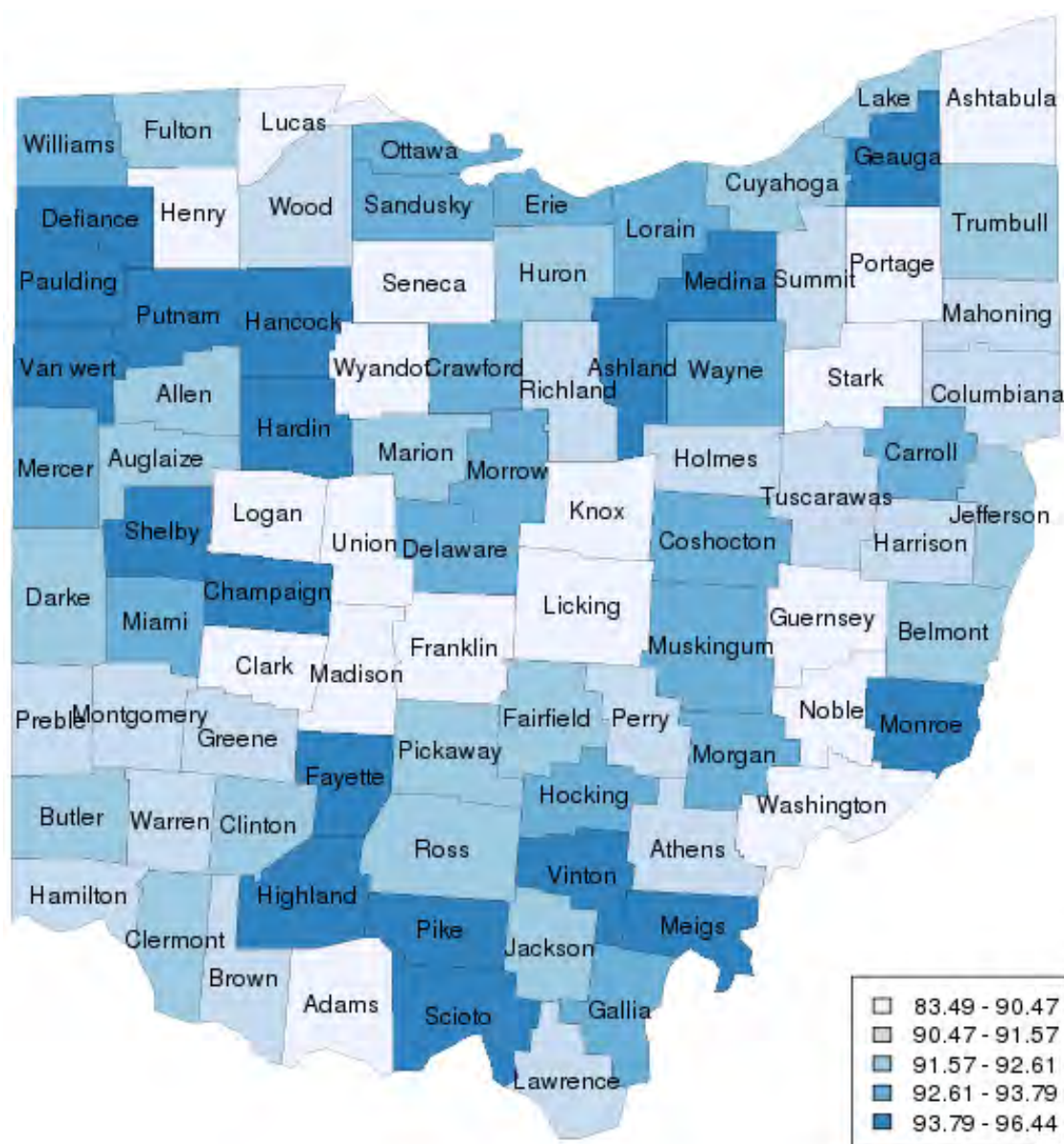
- In the 12 months prior to interview, adults aged 18–64 were more likely than other age groups to have had selected adverse experiences with physician availability.
- Among people under age 65, those who had public coverage only or were uninsured had more trouble finding a general doctor in the past year than those with private insurance.
- Among people under age 65, those who had public coverage only were more likely to have been told that a doctor's office or clinic would not accept them as new patients in the past year than those with private insurance.
- Among insured people under age 65, those who had public coverage only were more likely than those with private insurance to have been told in the past year that a doctor's office or clinic did not accept their health care coverage.

(Source: CDC, Health Insurance Coverage and Adverse Experiences with Physician Availability: United States, 2012, <http://www.cdc.gov/nchs/data/databriefs/db138.htm#insured>)

The following map shows the estimated proportion of all adults, ages 19 years and older, with a usual source of care.

- 92% of Fairfield County adults, ages 19 years and older had a usual source of care.
- 91% of Ohio adults, ages 19 years and older had a usual source of care.

Estimated Proportion: Usual Source of Care, All Adults, Ages 19 and Older (2015)

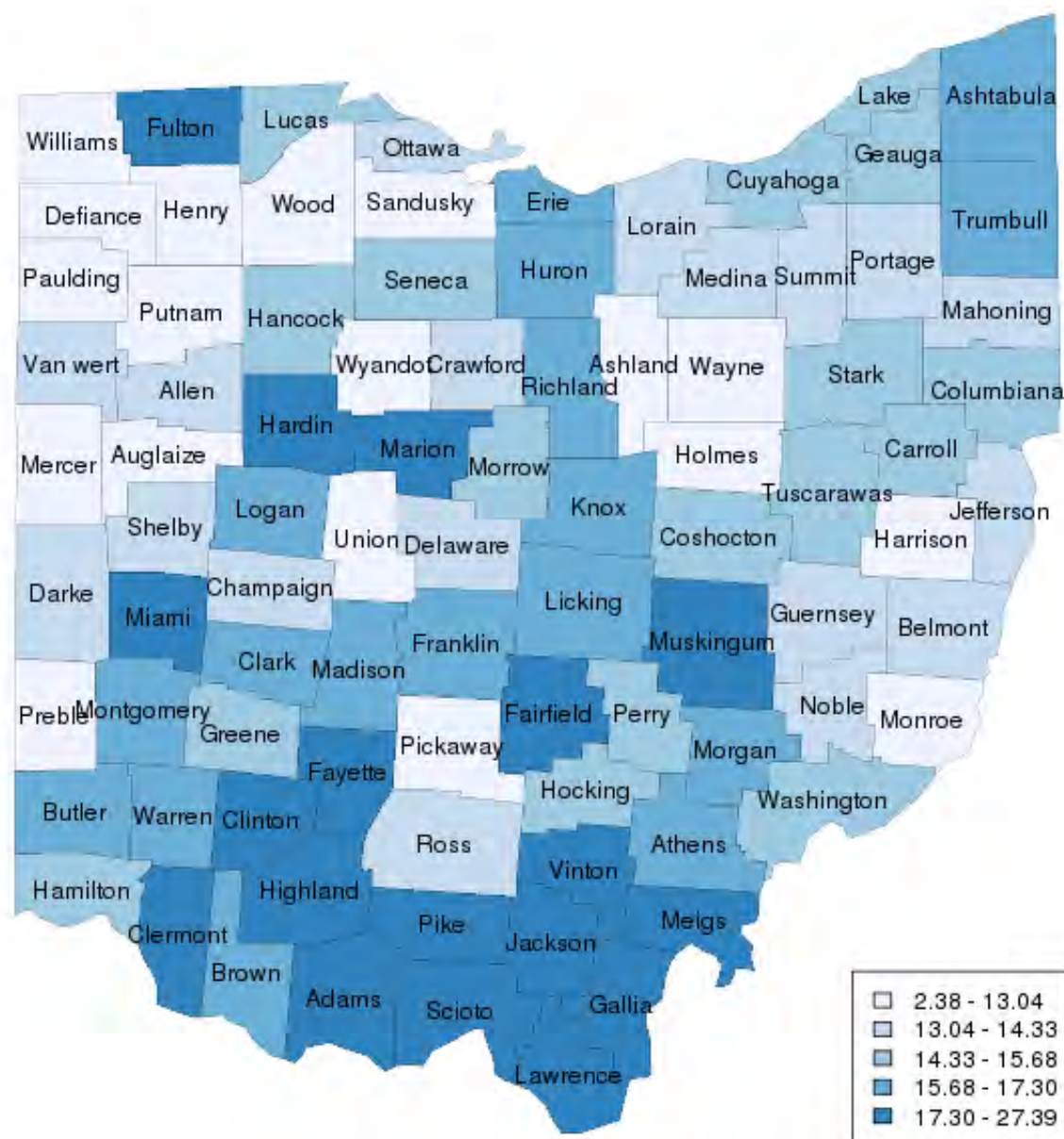


(Source: Ohio Medicaid Assessment Survey (OMAS) Adult Dashboard, 2015)

The following map shows the estimated proportion of all adults, ages 19 years and older, with unmet needs in prescription medication.

- 17% of Fairfield County adults, ages 19 years and older had unmet needs in prescription medication.
- 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)

Adult | **CARDIOVASCULAR HEALTH**

Key Findings

Heart disease (23%) and stroke (5%) accounted for 28% of all Fairfield County adult deaths in 2014 (Source: CDC Wonder, 2014). The 2016 Fairfield 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. More than one-fourth (29%) of Fairfield County adults had high blood cholesterol, 41% were obese, 34% had high blood pressure, and 13% were smokers, four known risk factors for heart disease and stroke.

Heart Disease and Stroke

- In 2016, 3% of Fairfield County adults reported they had survived a heart attack or myocardial infarction, increasing to 9% of those over the age of 65.
- 5% of Ohio and 4% of U.S. adults reported they had a heart attack or myocardial infarction in 2014 (Source: 2014 BRFSS).
- 2% of Fairfield County adults reported they had survived a stroke, increasing to 5% of those over the age of 65.
- 4% of Ohio and 3% of U.S. adults reported having had a stroke in 2014 (Source: 2014 BRFSS).
- 5% of adults reported they had angina or coronary heart disease, increasing to 13% of those over the age of 65.
- 5% of Ohio and 4% of U.S. adults reported having had angina or coronary heart disease in 2014 (Source: 2014 BRFSS).
- 2% of adults reported they had congestive heart failure, increasing to 4% of those ages 30-64.

High Blood Pressure (Hypertension)

- More than one-third (34%) of adults had been diagnosed with high blood pressure. The 2013 BRFSS reports hypertension prevalence rates of 34% for Ohio and 31% for the U.S.
- 7% of adults were told they were pre-hypertensive/borderline high.
- 98% of adults had their blood pressure checked within the past year.
- Fairfield County adults diagnosed with high blood pressure were more likely to:
 - Have been ages 65 years or older (64%)
 - Have rated their overall health as fair or poor (59%)
 - Have incomes less than \$25,000 (46%)
 - Have been classified as obese by Body Mass Index-BMI (46%)

Fairfield County Leading Causes of Death 2014

Total Deaths: 1,186

1. Heart Disease (23% of all deaths)
2. Cancer (22%)
3. Chronic Lower Respiratory Diseases (6%)
4. Accidents, Unintentional Injuries (5%)
5. Stroke (5%)

(Source: CDC Wonder, 2014)

Ohio Leading Causes of Death 2014

Total Deaths: 114,509

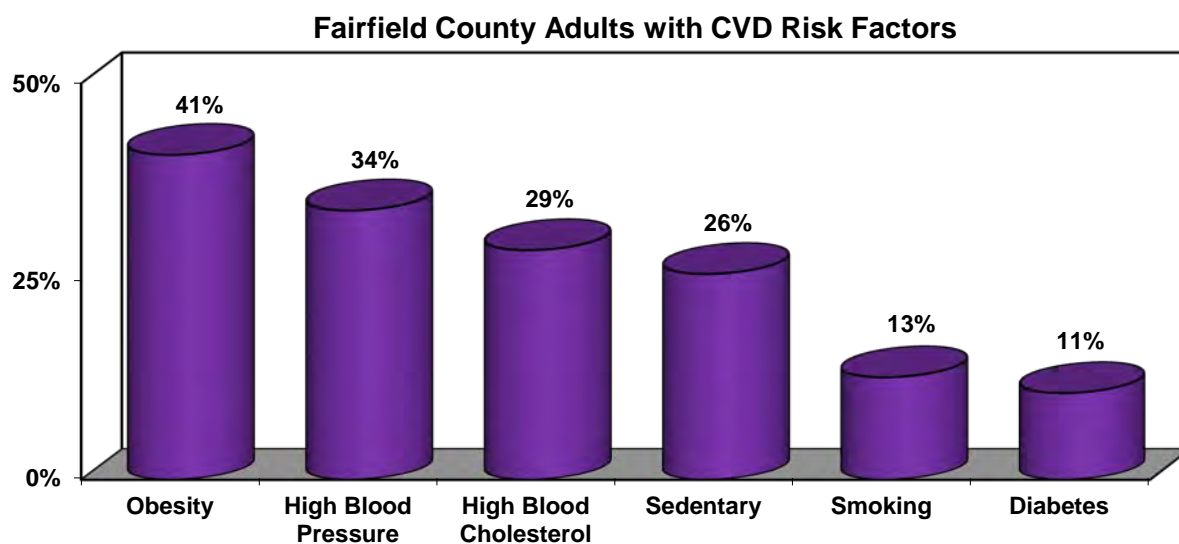
1. Heart Disease (24% of all deaths)
2. Cancers (22%)
3. Chronic Lower Respiratory Diseases (6%)
4. Accidents, Unintentional Injuries (5%)
5. Stroke (5%)

(Source: CDC Wonder, 2014)

High Blood Cholesterol

- More than one-fourth (29%) of adults had been diagnosed with high blood cholesterol. The 2013 BRFSS reported that 38% of both Ohio and U.S. adults have been told they have high blood cholesterol.
- More than four-fifths (82%) of adults had their blood cholesterol checked within the past 5 years. The 2013 BRFSS reported 78% of Ohio and 76% of U.S. adults had their blood cholesterol checked within the past 5 years.
- Fairfield County adults with high blood cholesterol were more likely to:
 - Have been ages 65 years or older (63%)
 - Have rated their overall health as fair or poor (48%)
 - Have been classified as obese by Body Mass Index-BMI (40%)

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



(Source: 2016 Fairfield County Health Assessment)

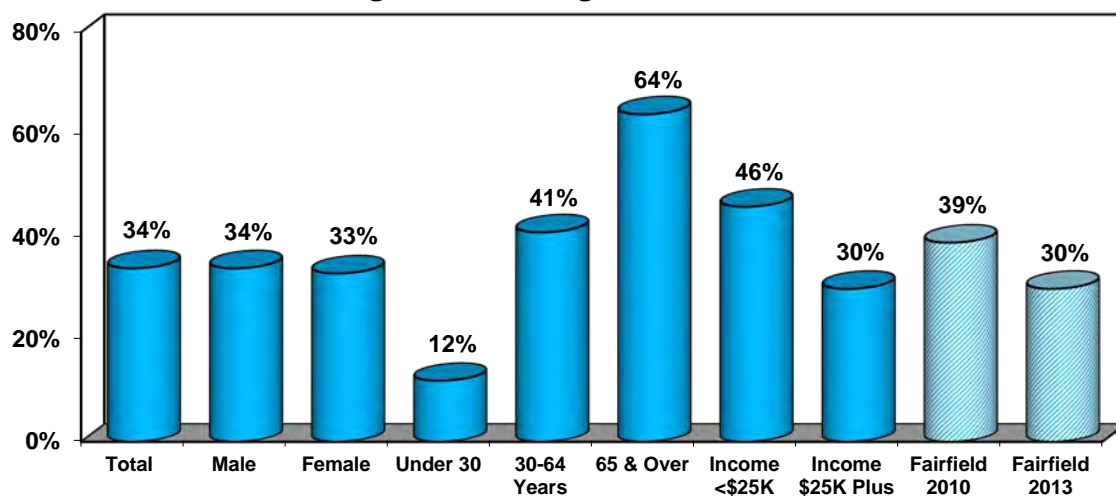
Adult Comparisons	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Had angina	N/A	5%	5%	5%	4%
Had a heart attack	7%	5%	3%	5%	4%
Had a stroke	3%	2%	2%	4%	3%
Had high blood pressure	39%	30%	34%	34%*	31%*
Had high blood cholesterol	45%	37%	29%	38%*	38%*
Had blood cholesterol checked within past 5 years	N/A	78%	82%	78%*	76%*

*2013 BRFSS Data

N/A – Not available

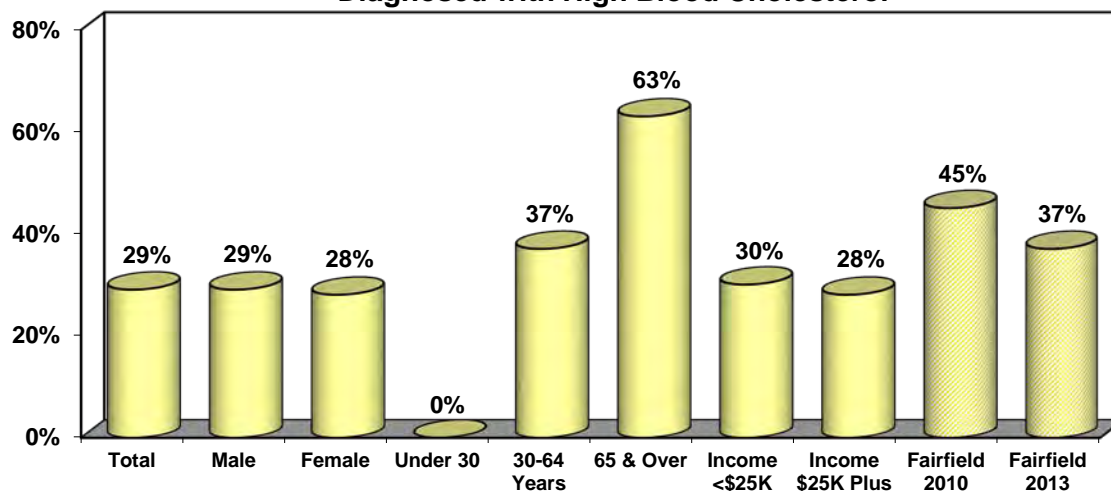
The following graphs show the number of Fairfield County adults who have been diagnosed with high blood pressure, high blood cholesterol and cardiovascular disease prevalence. Examples of how to interpret the information on the first graph include: 34% of all Fairfield County adults have been diagnosed with high blood pressure, 34% of all Fairfield County males, 33% of all females, and 64% of those 65 years and older.

Diagnosed with High Blood Pressure*

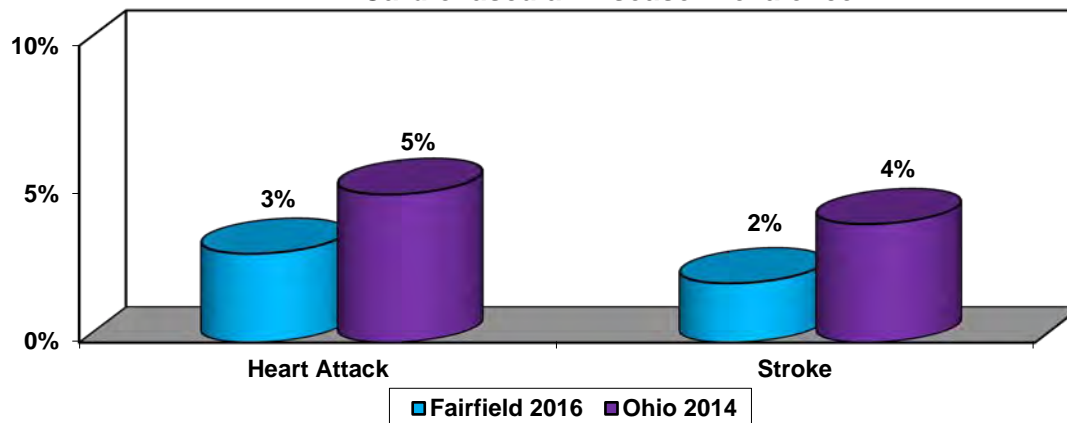


*Does not include respondents who indicated high blood pressure during pregnancy only.

Diagnosed with High Blood Cholesterol



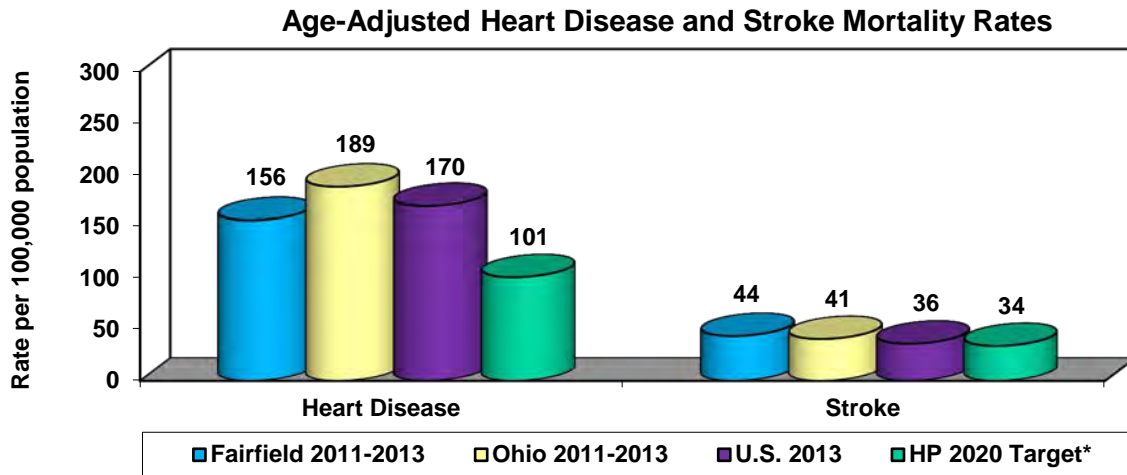
Cardiovascular Disease Prevalence



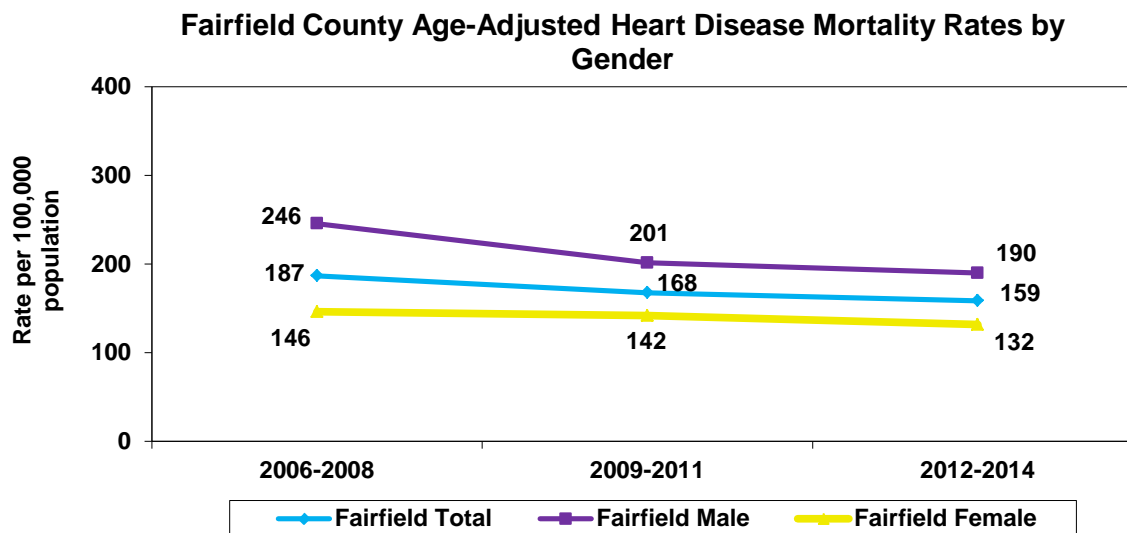
(Source: 2016 Fairfield Health Assessment and 2014 BRFSS)

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

- When age differences are accounted for, the statistics indicate that from 2011-2013 Fairfield County heart disease mortality rate was less than the figure for the state, and the U.S. but higher than the Healthy People 2020 target.
- The Fairfield County age-adjusted stroke mortality rate from 2011-2013 was higher than the state, the U.S. figure, and the Healthy People 2020 target objective.
- From 2006-2014, the total Fairfield County age-adjusted heart disease mortality rate decreased.

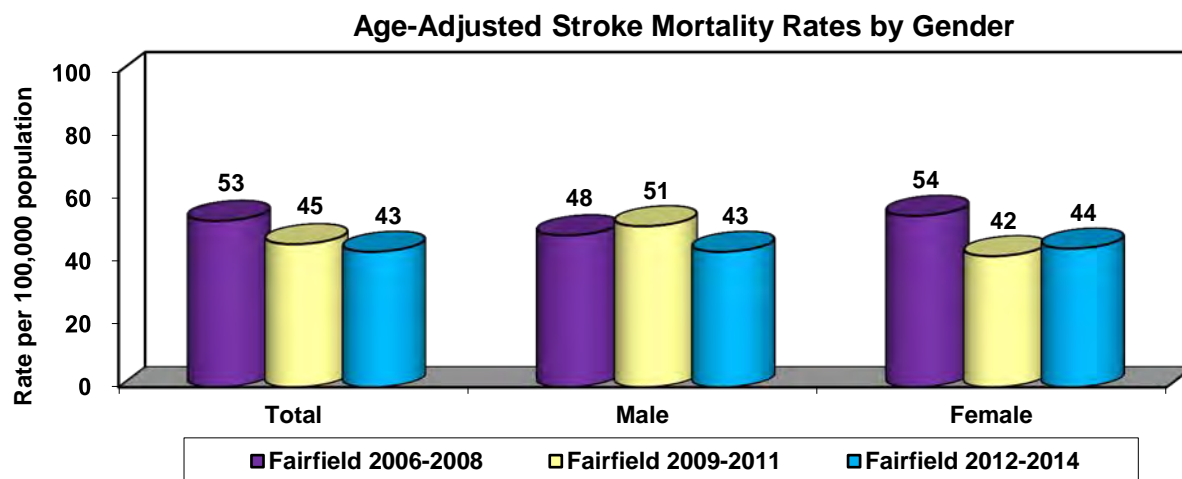


**The Healthy People 2020 Target objective for Coronary Heart Disease is reported for heart attack mortality. (Source: Health Indicators Warehouse, Healthy People 2020)*



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

- From 2012-2014, the Fairfield County stroke mortality rate was higher for females than for males.



Healthy People 2020 Objectives Heart Disease and Stroke

Objective	Fairfield Survey Population Baseline	2013 U.S. Baseline*	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	34% (2016)	31% Adults age 18 and up	27%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	29% (2016)	38% Adults age 20 & up with TBC>240 mg/dl	14%

*All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020, 2013 BRFSS, 2016 Fairfield County Health Assessment)

Adult | CANCER

Key Findings

In 2016, 12% of Fairfield County adults had been diagnosed with cancer at some time in their life. The Centers for Disease Control and Prevention (CDC) indicates that from 2010-2014, a total of 1,360 Fairfield County residents died from cancer, the 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.

Fairfield County Incidence of Cancer, 2008-2012

All Types: 3,614 cases

- Lung and Bronchus: 585 cases (16%)
- Breast: 509 cases (14%)
- Prostate: 499 cases (14%)
- Colon and Rectum: 320 cases (9%)

In 2014, there were 276 cancer deaths in Fairfield County.

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

Adult Cancer

- 12% of Fairfield County adults were diagnosed with cancer at some point in their lives, increasing to 31% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types: other skin cancer (31%), prostate (14%), cervical (12%), melanoma (10%), breast (8%), thyroid (6%), endometrial (4%), leukemia (4%), renal (4%), head and neck (2%), lung (2%), oral (2%), rectal (2%), throat (2%), and other types of cancer (2%).

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

Cancer Facts

- The Centers for Disease Control and Prevention (CDC) indicates that from 2010-2014, cancers caused 24% (1,360 of 5,724 total deaths) of all Fairfield County resident deaths. The largest percent (32%) of cancer deaths were from lung and bronchus cancers (Source: CDC Wonder).
- The American Cancer Society reports that smoking tobacco is associated with cancers of the mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with cancers of the lung, colorectal, stomach, pancreas, kidney, bladder, uterine cervix, ovary (mucinous) and acute myeloid leukemia. The 2016 health assessment has determined that 15% of Fairfield County adults were current smokers and many more were exposed to environmental tobacco smoke, also a cause of heart attacks and cancer.

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

Lung Cancer

- The CDC reports that lung cancer (n=245) was the leading cause of male cancer deaths from 2010-2014 in Fairfield County. Cancer of the colon (n=66) male deaths and prostate cancer caused (n=60) male deaths during the same time period (Source: CDC Wonder).
- In Fairfield County, 11% of male adults were current smokers¹ and 73% had stopped smoking for one or more days in the past 12 months because they were trying to quit (Source: 2016 Fairfield County Health Assessment).

11% of Fairfield County male adults and 15% of female adults were current smokers.

- The CDC reports that lung cancer was the leading cause of female cancer deaths (n=184) in Fairfield County from 2010-2014 followed by breast (n=102) and colon (n=62) cancers (Source: CDC Wonder).
- Approximately 15% of female adults in the county were current smokers¹ and 72% had stopped smoking for one or more days in the past 12 months because they were trying to quit (Source: 2016 Fairfield County Health Assessment).
- According to the American Cancer Society, smoking causes 90% of lung cancer deaths in the U.S. Men and women who smoke are about 25 times more likely to develop lung cancer than nonsmokers (Source: American Cancer Society, Facts & Figures 2016).

Breast Cancer

- In 2016, 55% of Fairfield County females reported having had a clinical breast examination in the past year.
- 60% of Fairfield County females over the age of 40 had a mammogram in the past year.

Three-fifths (60%) of Fairfield 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 2016)
- For women in their 20s and 30s, a clinical breast exam should be done at least once every 3 years. Mammograms for women in their 20s and 30s are based upon increased risk (e.g., family history, past breast cancer) and physician recommendation. Otherwise, annual mammography is recommended beginning at age 40 (Source: American Cancer Society, Facts & Figures 2016).

Prostate Cancer

- More than two-fifths (42%) of Fairfield County males had a Prostate-Specific Antigen (PSA) test at some time in their life and 22% had one in the past year.
- CDC statistics indicate that prostate cancer deaths accounted for 8% of all male cancer deaths from 2010-2014 in Fairfield County.
- Incidence rates for prostate cancer are 60% higher in African Americans than in whites and they are twice as likely to die of prostate cancer. In addition, about 56% of prostate cancers occur in men over the age of 65, and 97% occur in men 50 and older. Other risk factors include strong familial predisposition, diet high in processed meat or dairy foods, and obesity. African American men and Caribbean men of African descent have the highest documented prostate cancer incidence rates in the world (*Source: American Cancer Society, Facts & Figures 2016*).

Colon and Rectum Cancers

- The CDC statistics indicate that colon, rectum, and anus cancer deaths accounted for 9% of all male and female cancer deaths from 2010-2014 in Fairfield County.
- Nearly two-thirds (65%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.
- 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.

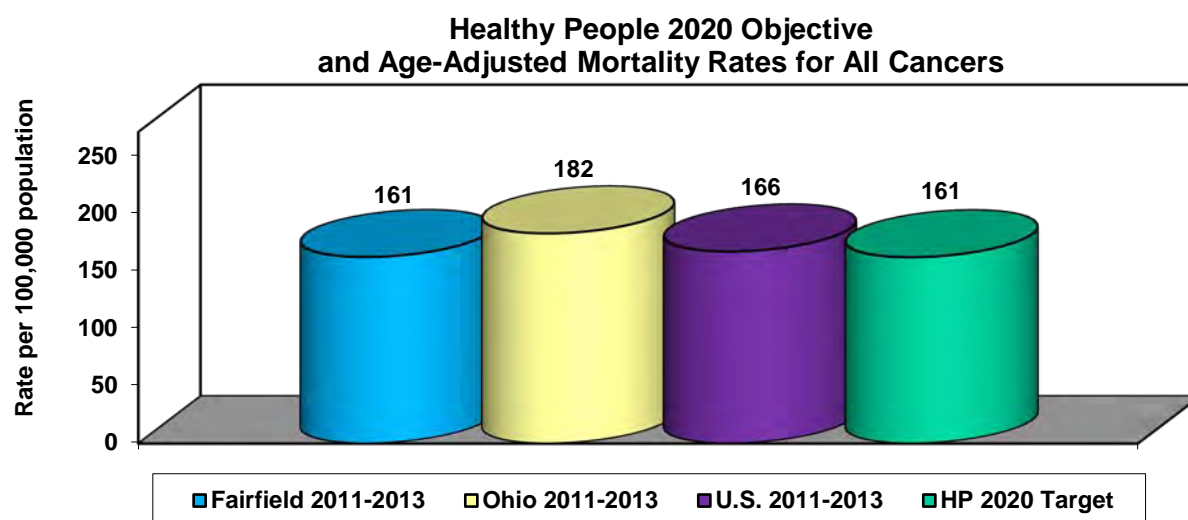
2016 Cancer Estimations

- In 2016, about 1,685,210 new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about one-quarter to one-third of the new cancer cases expected to occur in the U.S. in 2016 will be related to overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 595,690 Americans are expected to die of cancer in 2016.
- In 2016, about 188,800 cancer deaths will be caused by tobacco use.
- In Ohio, 66,020 new cases of cancer are expected, and 25,260 cancer deaths are expected.
- The Ohio female new breast cancer cases are expected to be 9,390.
- About 10,550 (16%) of all new cancer cases in Ohio are expected to be from lung and bronchus cancers.
- About 5,340 (8%) of all new cancer cases in Ohio are expected to be from colon and rectum cancers.
- The Ohio male, new prostate cancer cases are expected to be 6,760 (10%).

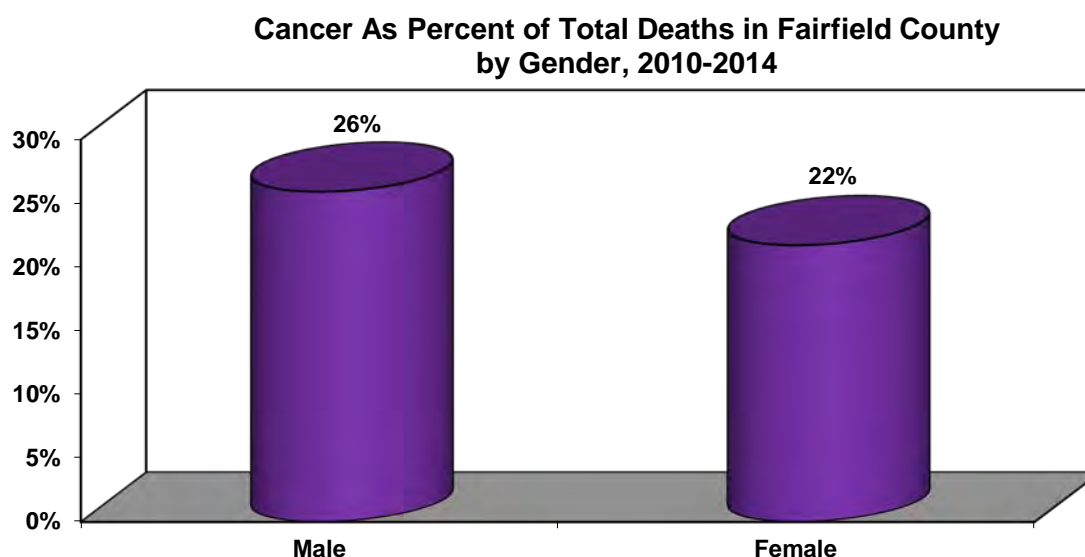
(Source: American Cancer Society, Facts and Figures 2016,
<http://www.cancer.org/acs/groups/content/@research/documents/document/acspc-047079.pdf>)

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

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



(Source: Health Indicators Warehouse; Healthy People 2020)



(Source: CDC Wonder, 2010-2014)

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

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer
Lung and Bronchus	585	16%
Breast	509	14%
Prostate	499	14%
Colon and Rectum	320	9%
Other/Unspecified	254	7%
Melanoma of Skin	190	5%
Kidney and Renal Pelvis	153	4%
Bladder	150	4%
Cancer and Corpus Uteri	120	3%
Non-Hodgkins Lymphoma	114	3%
Thyroid	109	3%
Pancreas	89	2%
Oral Cavity & Pharynx	88	2%
Leukemia	76	2%
Brain and CNS	53	1%
Ovary	50	1%
Esophagus	44	1%
Multiple Myeloma	43	1%
Larynx	39	1%
Liver and Bile Ducts	35	1%
Stomach	29	1%
Cancer of Cervix Uteri	23	1%
Hodgkins Lymphoma	23	1%
Testis	19	1%
Total	3,614	100%

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

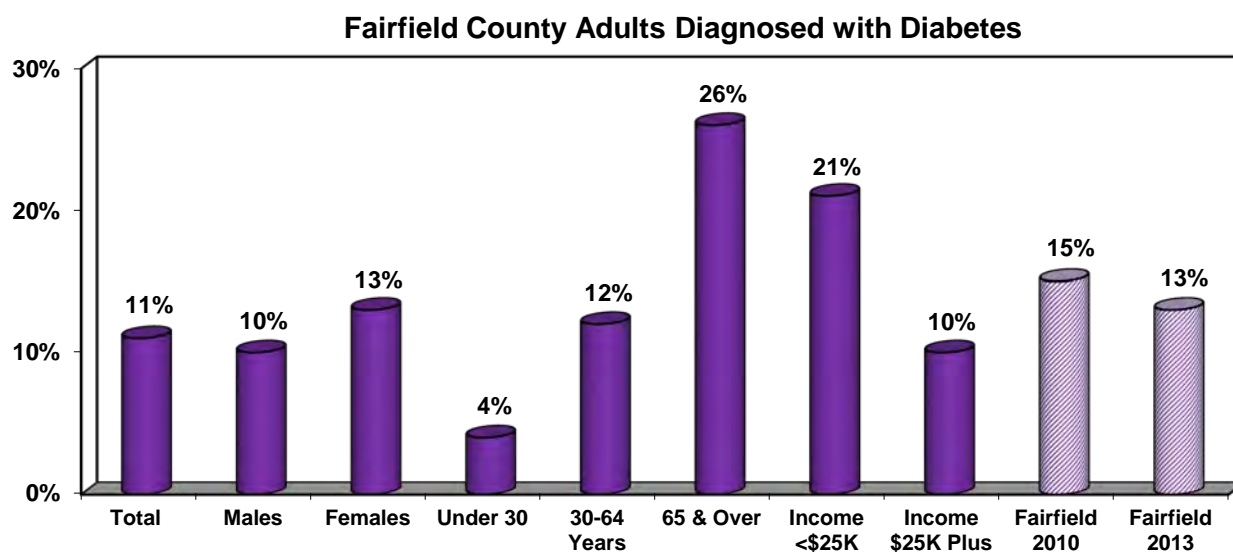
Adult | DIABETES

Key Findings

In 2016, 11% of Fairfield County adults had been diagnosed with diabetes.

Diabetes

- The 2016 health assessment has identified that 11% of Fairfield County adults had been diagnosed with diabetes, increasing to 26% of those over the age of 65.
- The 2014 BRFSS reports an Ohio prevalence of 12% and U.S. prevalence of 10%.
- 7% of adults had been diagnosed with pre-diabetes.
- Adults with diabetes had their A1C checked by a doctor, nurse, or other health professional an average of 2.4 times in the past year.
- More than one-third (39%) of adults with diabetes rated their health as fair or poor.
- Fairfield County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - 98% were obese or overweight
 - 65% had been diagnosed with high blood pressure
 - 58% had been diagnosed with high blood cholesterol



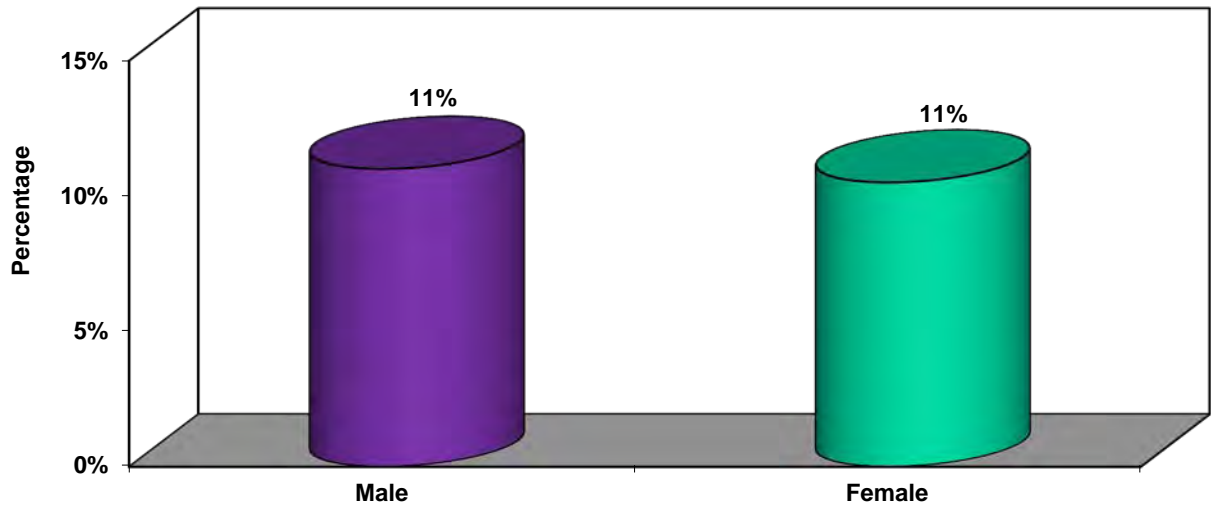
Adult Comparisons	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Diagnosed with diabetes	15%	13%	11%	12%	10%

DIABETES

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

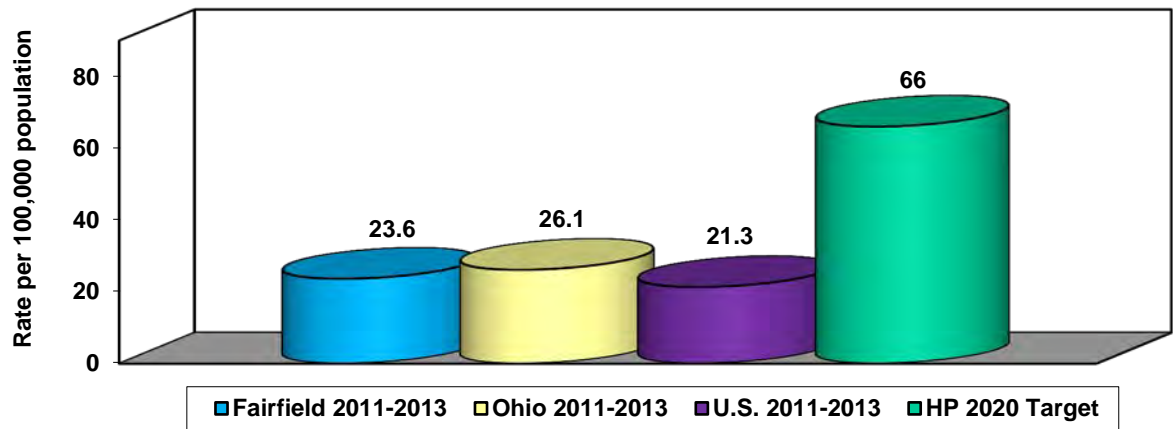
- In 2010, the prevalence of diabetes was equal among males and females in Fairfield County.
- From 2011 to 2013, Fairfield County’s age-adjusted diabetes mortality rate was less than the Ohio, and the Healthy People 2020 target objective, but greater than the U.S. rate.

Fairfield County Prevalence of Diabetes by Gender, 2010



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

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

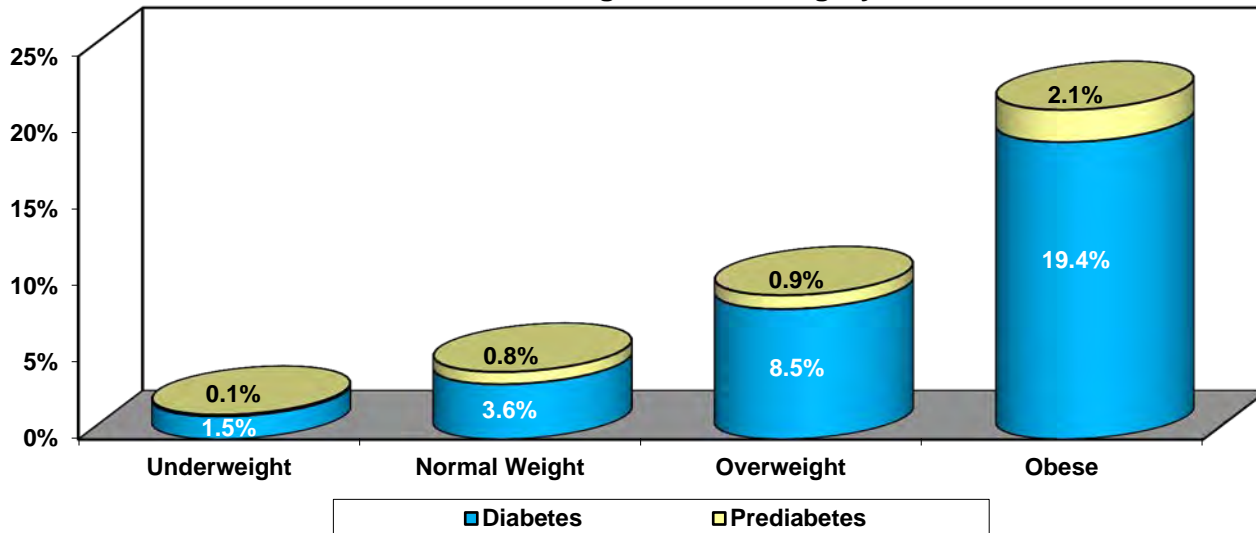


(Source: Health Indicators Warehouse and Healthy People 2020)

The following graph shows the Ohio prevalence of diabetes and prediabetes by BMI weight status category. The following graph shows:

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

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



Overweight and Obese Type 2 Diabetes Risk by Sex in Ohio

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

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

Diabetes Facts

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

(Source: American Diabetes Association, 2014 Fast Facts, http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/14_fast_facts_june2014_final3.pdf)

Adult | ARTHRITIS

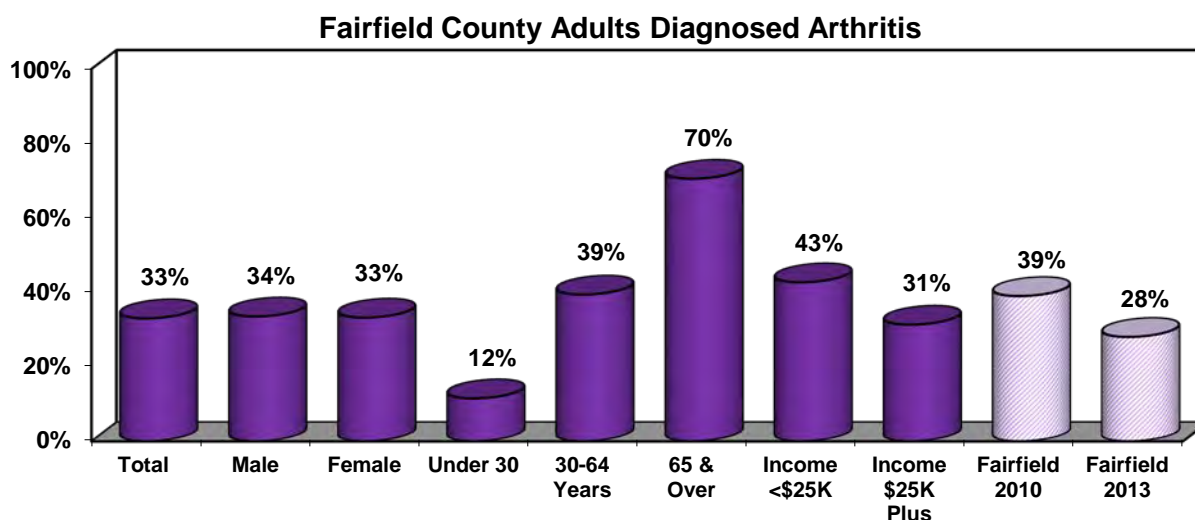
Key Findings

According to the Fairfield County survey data, 33% of Fairfield County adults were diagnosed with arthritis. According to the 2014 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.

33% of Fairfield County adults were told by a health professional that they had some form of arthritis, increasing to 70% of those over the age of 65.

Arthritis

- One-third (33%) of Fairfield County adults were told by a health professional that they had some form of arthritis, increasing to 70% of those over the age of 65.
- Four-fifths (80%) of adults diagnosed with arthritis were overweight or obese.
- According to the 2014 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.
- An estimated 50 million U.S. adults (about 1 in 5) report having doctor-diagnosed arthritis. About 1 in 3 of working age adults (aged 18-65) reported that arthritis limited their work. As the U.S. population ages, the number of adults with arthritis is expected to increase sharply to 67 million by 2030 (Source: CDC, *Arthritis at a Glance 2013*).
- Adults are at higher risk of developing arthritis if they are female, have genes associated with certain types of arthritis, have an occupation associated with arthritis, are overweight or obese, and/or have joint injuries or infections (Source: CDC).



Adult Comparisons	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Diagnosed with arthritis	39%	28%	33%	31%	26%

Adult | ASTHMA AND OTHER RESPIRATORY DISEASE

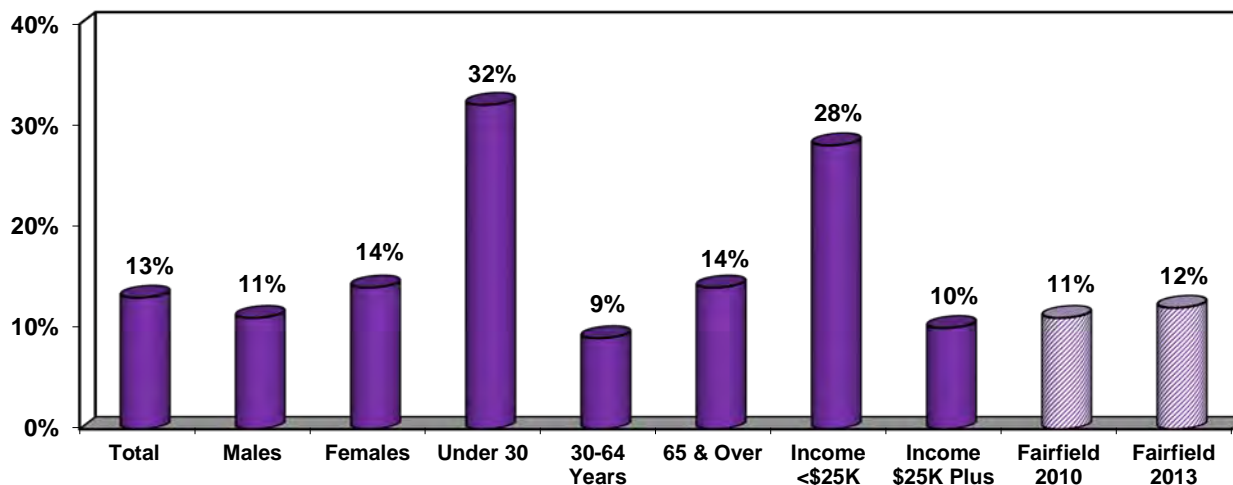
Key Findings

According to the Fairfield County survey data, 13% of adults had been diagnosed with asthma.

Asthma and Other Respiratory Disease

- In 2016, 13% of Fairfield County adults had been diagnosed with asthma, increasing to 28% of those with incomes less than \$25,000 and 32% of those under the age of 30
- 15% of Ohio and 14% of U.S. adults have ever been diagnosed with asthma *(Source: 2014 BRFSS)*.
- Adults with asthma visited the emergency room or urgent care center because of their asthma an average of 0.1 times in the past year.
- 6% of adults had been diagnosed with COPD or emphysema, increasing to 16% of those over the age of 65 and 21% of those with incomes less than \$25,000.
- There are several important factors that may trigger an asthma attack. Some of these triggers are tobacco smoke, dust mites, outdoor air pollution, cockroach allergens, pets, mold, smoke from burning wood or grass, infections linked to the flu, colds, and respiratory viruses *(Source: CDC, 2013)*.
- Chronic lower respiratory disease was the 3rd leading cause of death in Fairfield County and the 3rd leading cause of death in Ohio, in 2014 *(Source: CDC Wonder, 2014)*.

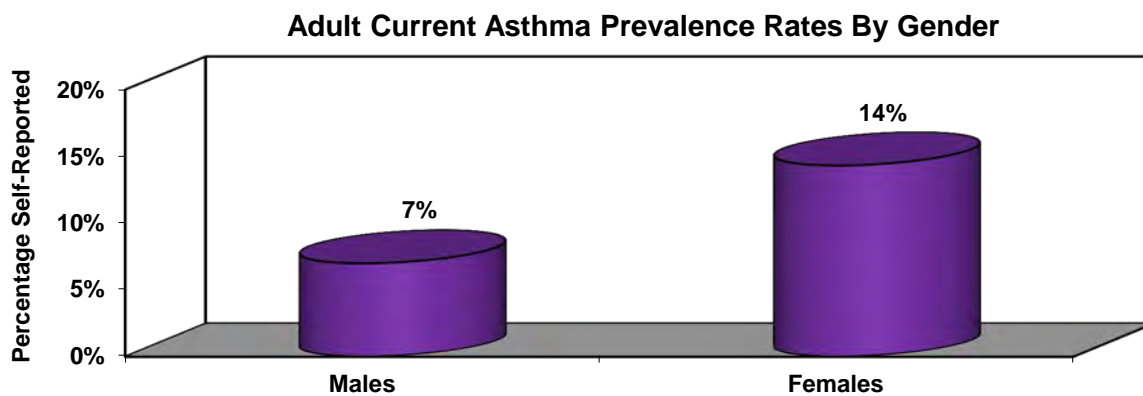
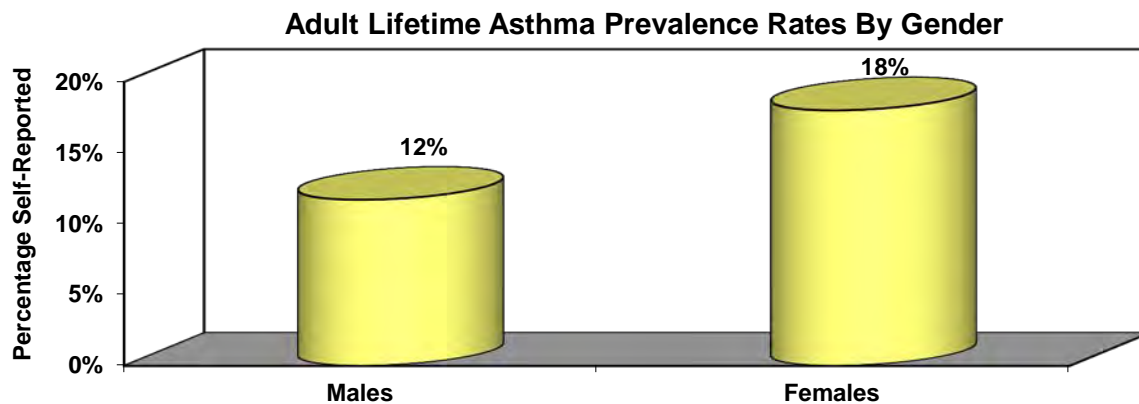
Fairfield County Adults Diagnosed with Asthma



Adult Comparisons	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Had been diagnosed with asthma	11%	12%	13%	15%	14%

ASTHMA

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



(Source for graphs: 2014 BRFSS)

Asthma Facts

- The number of Americans with asthma grows every year. Currently, 26 million Americans have asthma.
- Asthma mortality is almost 4,000 deaths per year.
- Asthma results in 456,000 hospitalizations and 2.1 million emergency room visits annually.
- Patients with asthma reported 13.9 million visits to a doctor's office and 1.4 million visits to hospital outpatient departments.
- Effective asthma treatment includes monitoring the disease with a peak flow meter, identifying and avoiding allergen triggers, using drug therapies including bronchodilators and anti-inflammatory agents, and developing an emergency plan for severe attacks.

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

Adult | WEIGHT STATUS

Key Findings

The 2016 Health Assessment identified that 69% of Fairfield County adults were overweight or obese based on Body Mass Index (BMI). The 2014 BRFSS indicates that 33% of Ohio and 30% of U.S. adults were obese by BMI. More than two-fifths (41%) of Fairfield County adults were obese.

41% of Fairfield County adults are obese.

Adult Weight Status

- In 2016, the health assessment indicated that more than two-thirds (69%) of Fairfield County adults were either overweight (28%) or obese (41%) by Body Mass Index (BMI). This puts them at elevated risk for developing a variety of diseases.
- Fairfield County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (43%), exercised (43%), drank more water (40%), ate a low-carb diet (13%), took diet pills, powders or liquids without a doctor's advice (3%), used a weight loss program (3%), health coaching (2%), smoked cigarettes (1%), took laxatives (1%), took prescribed medications (1%), went without eating 24 or more hours (1%), bariatric surgery (<1%), participated in a prescribed dietary or fitness program (<1%), and vomited after eating (<1%).

Physical Activity

- In Fairfield County, 50% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. 27% of adults were exercising 5 or more days per week. More than one-fourth (26%) of adults were not participating in any physical activity in the past week, including 3% who were unable to exercise.
- The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week (Source: CDC, *Physical Activity for Everyone*, <http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>).

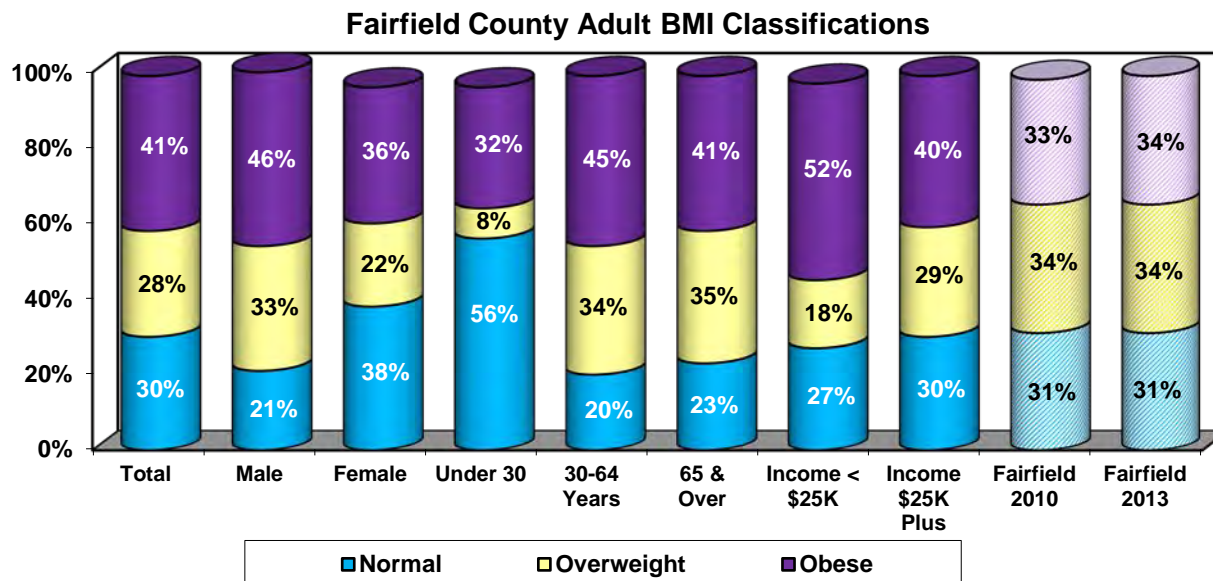
In Fairfield County, 50% of adults were engaging in some type of physical activity or exercise for at least 30 minutes 3 or more days per week.

- Reasons for not exercising included: time (26%), too tired (21%), laziness (17%), weather (14%), chose not to exercise (10%), pain or discomfort (10%), could not afford a gym membership (6%), no child care (5%), did not know what activities to do (4%), no exercise partner (4%), poorly maintained/no sidewalks (3%), safety (3%), doctor advised them not to exercise (1%), lack of opportunities for those with physical impairments or challenges (1%), no walking, biking trails or parks (1%), lack of access to parks/gyms for those with disabilities (<1%), no gym available (<1%), transportation (<1%), and other reasons (7%).
- Fairfield County adults spent an average of 2.6 hours watching TV, 1.6 hours on their cell phone, 1.3 hours on the computer (outside of work), and 0.2 hours playing video games on an average day of the week.

Nutrition

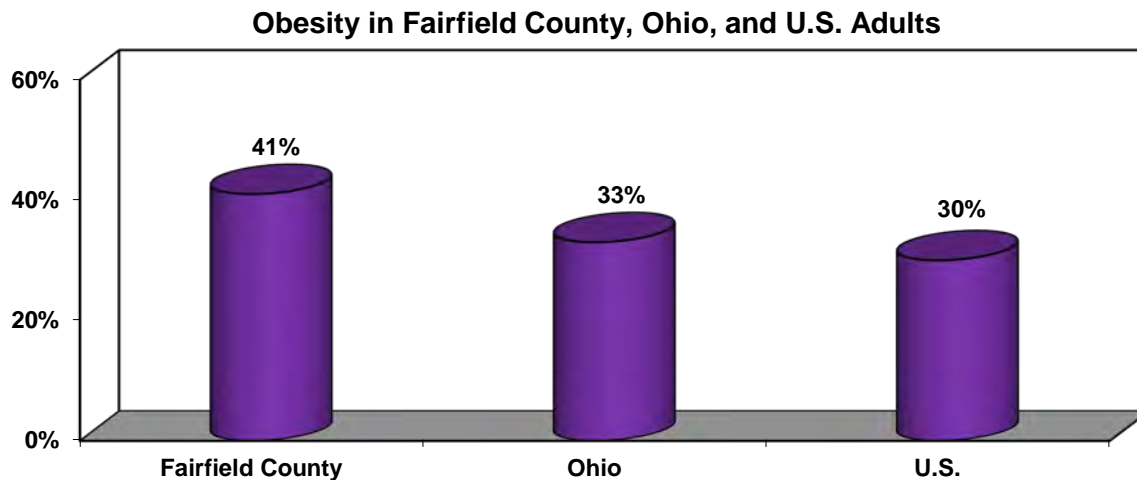
- In 2016, 6% of adults were eating 5 or more servings of fruits and vegetables per day. 89% were eating between 1 and 4 servings per day. The American Cancer Society recommends that adults eat at least 2 ½ cups of fruits and vegetables per day to reduce the risk of cancer and to maintain good health. The 2009 BRFSS reported that only 21% of Ohio adults and 23% nationwide were eating the recommended number of servings of fruits and vegetables.
- Fairfield County adults reported the following reasons they chose the types of food they ate: taste (57%), enjoyment (53%), cost (49%), healthiness of food (47%), ease of preparation (46%), time (38%), food they were used to (31%), availability (28%), nutritional content (28%), what their spouse prefers (25%), calorie content (22%), what their child prefers (14%), if it is organic (12%), artificial sweetener content (7%), if it is genetically modified (7%), if it is gluten free (4%), health care provider's advice (3%), other food sensitivities (2%), if it is lactose free (1%), and other reasons (2%).
- Fairfield County adults had access to a wellness program through their employer or spouse's employer with the following features: free/discounted gym membership (14%), health risk assessment (14%), gift cards or cash for participation in wellness program (10%), lower insurance premiums for participation in wellness program (10%), on-site fitness facility (10%), on-site health screenings (9%), lower insurance premiums for positive changes in health status (8%), healthier food options in vending machines or cafeteria (6%), free/discounted smoking cessation program (5%), free/discounted weight loss program (5%), gift cards or cash for positive changes in health status (5%), on-site health education classes (4%), and other features (4%).
- 24% of Fairfield County adults did not have access to any wellness programs.

The following graph shows the percentage of Fairfield County adults who are overweight or obese by Body Mass Index (BMI). Examples of how to interpret the information include: 30% of all Fairfield County adults were classified as normal weight, 28% were overweight, and 41% 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 Fairfield County adults who are obese compared to Ohio and U.S.



(Source: 2016 Fairfield County Health Assessment and 2014 BRFSS)

Adult Comparisons	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Obese	33%	34%	41%	33%	30%
Overweight	34%	34%	28%	34%	35%

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 (47.8%) followed by Hispanics (42.5%), non-Hispanic whites (32.6%), and non-Hispanic Asians (10.8%).
- Obesity is higher among middle age adults, 40-59 years old (39.5%) than among younger adults, age 20-39 (30.3%) or adults over 60 or above (35.4%) adults.

(Source: CDC, Adult Obesity Facts, updated September 21, 2015)

Adult | TOBACCO USE

Key Findings

In 2016, 13% of Fairfield County adults were current smokers and 25% were considered former smokers. In 2016, the American Cancer Society (ACS) stated that tobacco use was the most preventable cause of death worldwide, and is responsible for the deaths of approximately half of long-term users. Each year, tobacco use is responsible for almost 6 million premature deaths, 80% of which are in low-and middle-income countries, and by 2030, this number is expected to increase to 8 million (Source: Cancer Facts & Figures, American Cancer Society, 2016).

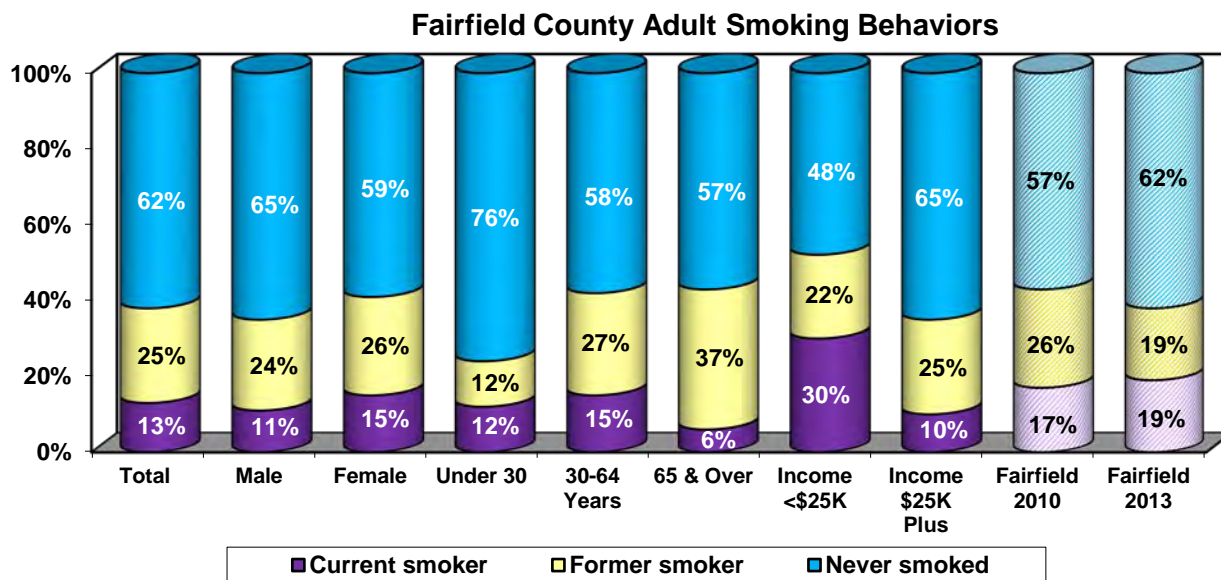
In 2016, 15% of Fairfield County adults were current smokers.

Adult Tobacco Use Behaviors

- The 2016 health assessment identified that more than one-in-eight (13%) Fairfield County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- The 2014 BRFSS reported current smoker prevalence rates of 21% for Ohio and 18% for the U.S.
- One-fourth (25%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- The 2014 BRFSS reported former smoker prevalence rates of 25% for Ohio and the U.S.
- Fairfield County adult smokers were more likely to:
 - Have rated their overall health as poor (36%)
 - Have been divorced (33%)
 - Have incomes less than \$25,000 (30%)
- Fairfield County adults used the following tobacco products in the past year: cigarettes (18%), e-cigarettes (7%), cigars (5%), Black and Milds (3%), snuff (3%), chewing tobacco (2%), roll-your-own (2%), swishers (2%), pipes (1%), and pouch (1%).
- 71% of current smokers used one of the following methods to quit smoking in the past year: cold turkey (51%), e-cigarette (40%), prescribed Chantix (15%), nicotine patch (19%), nicotine gum (9%), Wellbutrin (9%), cessation classes (6%), and support groups (2%).
- Fairfield County adults had the following rules/practices about smoking in their home: never allowed (85%), allowed sometimes/in some places (5%), no rules about smoking (5%), not allowed with children around (3%), and allowed anywhere (2%).

Adult Comparisons	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Current smoker	17%	19%	13%	21%	18%
Former smoker	26%	19%	25%	25%	25%

The following graph shows the percentage of Fairfield County adults who used tobacco. Examples of how to interpret the information include: 13% of all Fairfield County adults were current smokers, 25% of all adults were former smokers, and 62% 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?"

71% 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.

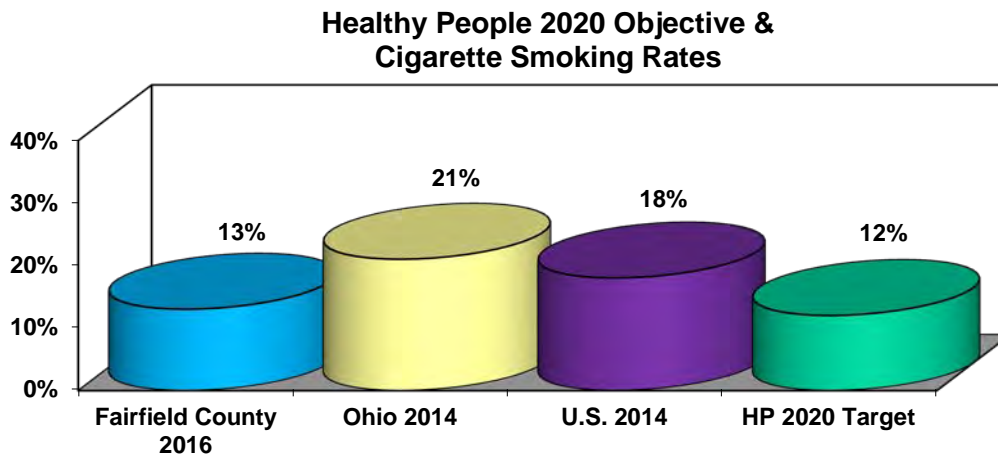
Smoking and Other Health Risks

- 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).

(Source: CDC, Effects of Cigarette Smoking, Smoking and Other Health Risks, February 6, 2014)

The following graph shows Fairfield 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:

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



(Source: 2016 Fairfield County Health Assessment, 2014 BRFSS and Healthy People 2020)

25% of Fairfield County adults indicated that they were former smokers.

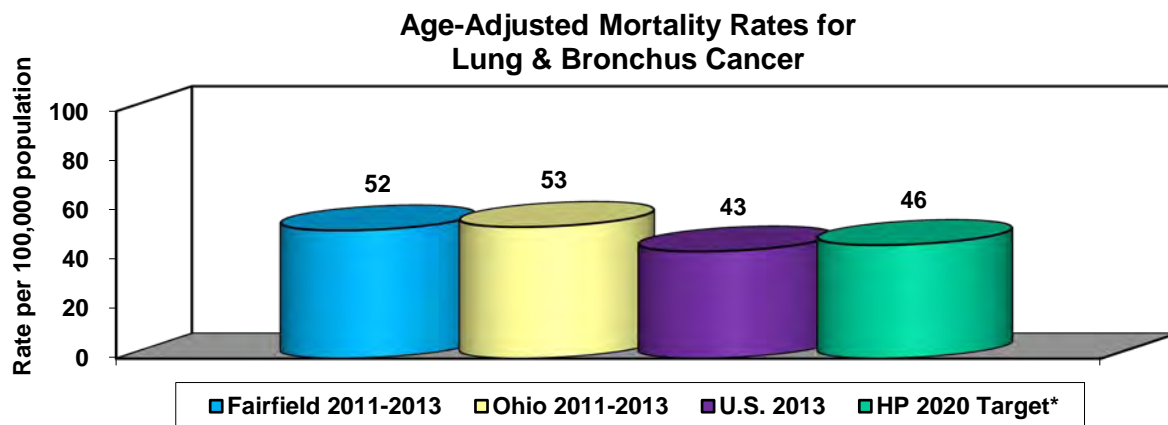
Electronic Cigarettes Facts

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

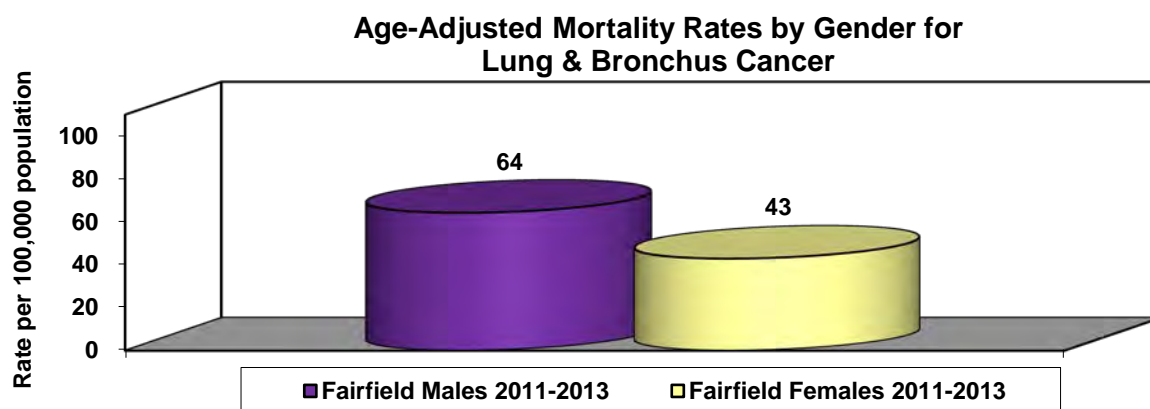
(Source: Philadelphia Department of Public Health, “Electronic Cigarette Fact sheet,” published February 2014)

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

- Disparities existed by gender for Fairfield County lung and bronchus cancer age-adjusted mortality rates. The 2011-2013 Fairfield male rates were substantially higher than the Fairfield female rates.



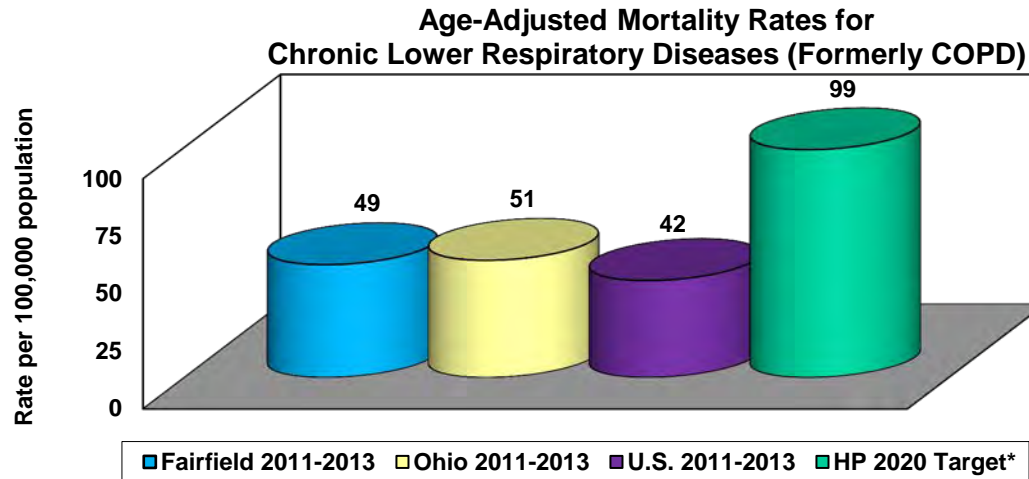
*Healthy People 2020 Target data is for lung cancer only
(Sources: Healthy People 2020, National Cancer Institute, Health Indicators Warehouse)



(Source: Health Indicators Warehouse)

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

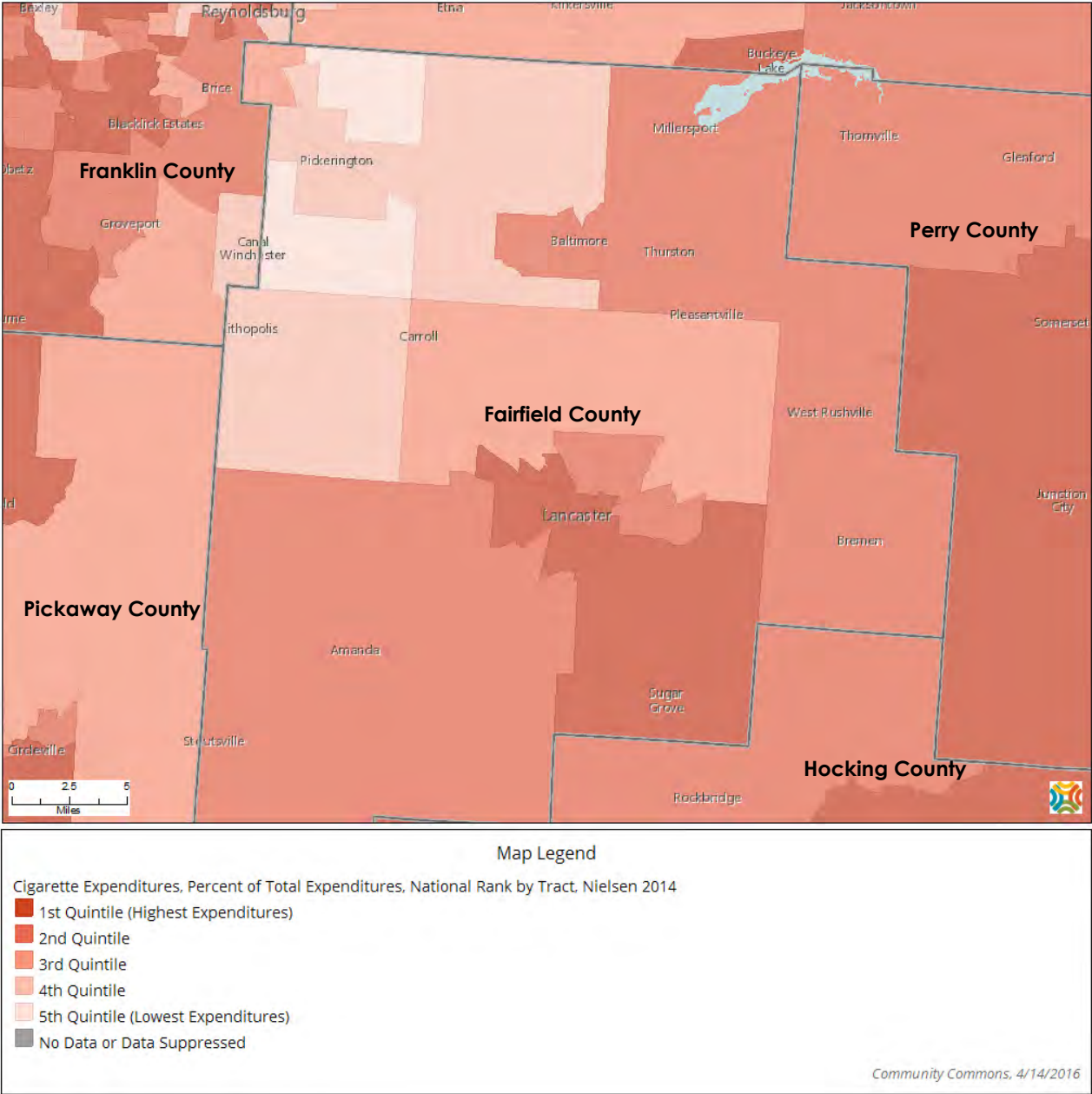
- From 2011-2013, Fairfield County's age-adjusted mortality rate for Chronic Lower Respiratory Disease was higher than the U.S. rate, but lower than the Ohio, and the Healthy People 2020 target objective.



(Source: Health Indicators Warehouse and Healthy People 2020)

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

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



(Source: Community Commons, updated 4/14/2016)

ADULT TOBACCO

Adult | ALCOHOL CONSUMPTION

Key Findings

In 2016, the Health Assessment indicated that 10% of Fairfield County adults were considered frequent drinkers (drank an average of three or more days per week, per CDC guidelines). 37% of adults who drank had five or more drinks for males or 4 or more drinks for females on one occasion (binge drinking) in the past month.

48% of Fairfield County adults had at least one alcoholic drink in the past month.

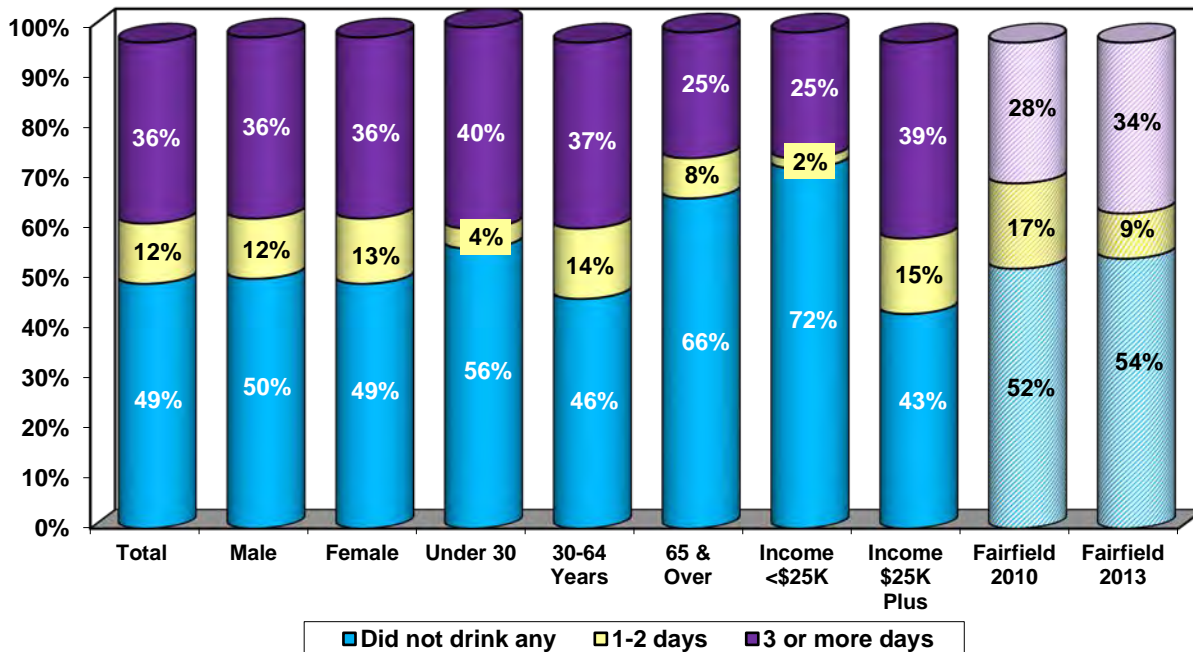
Adult Alcohol Consumption

- In 2016, 48% of the Fairfield County adults had at least one alcoholic drink in the past month, increasing to 54% of those with incomes more than \$25,000.
- The 2014 BRFSS reported current drinker prevalence rates of 53% for Ohio and 53% for the U.S.
- One-in-ten (10%) adults were considered frequent drinkers (drank on an average of three or more days per week).
- Of those who drank, Fairfield County adults drank 3.7 drinks on average, increasing to 6.5 drinks for those under the age of 30.
- One-in-six (17%) Fairfield County adults were considered binge drinkers.
- The 2014 BRFSS reported binge drinking rates of 18% for Ohio and 16% for the U.S.
- 37% of those current drinkers reported they had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers by definition.

Adult Comparisons	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Drank alcohol at least once in past month	45%	43%	48%	53%	53%
Binge drinker (drank 5 or more drinks for males and 4 or more for females on an occasion)	19%	17%	17%	18%	16%

The following graphs show the percentage of Fairfield County adults consuming alcohol and the amount consumed on average. Examples of how to interpret the information shown on the first graph include: 49% of all Fairfield County adults did not drink alcohol, 50% of Fairfield County males did not drink, and 49% of adult females reported they did not drink.

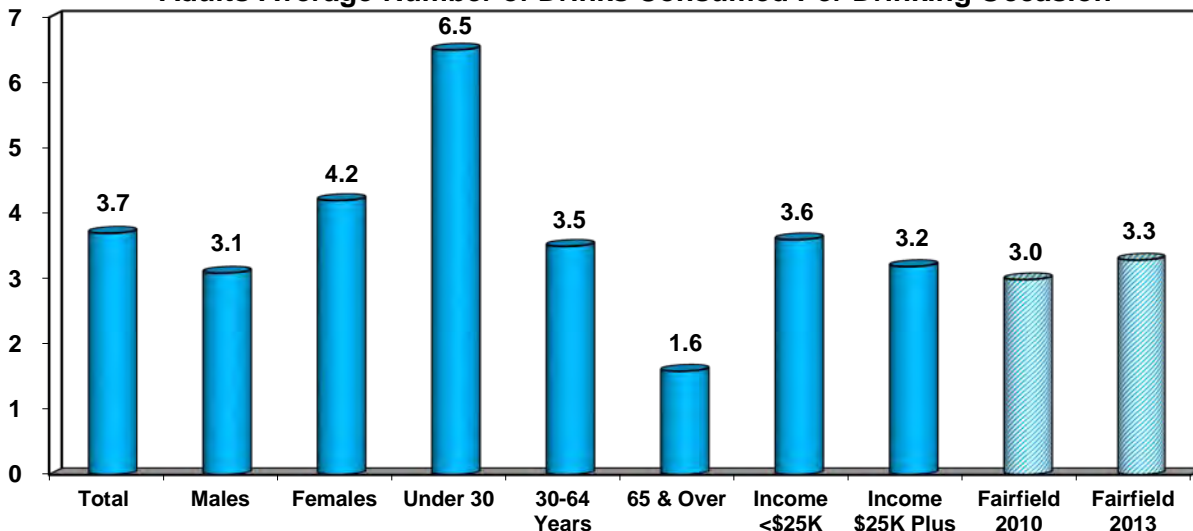
Average Number of Days Drinking Alcohol in the Past Month



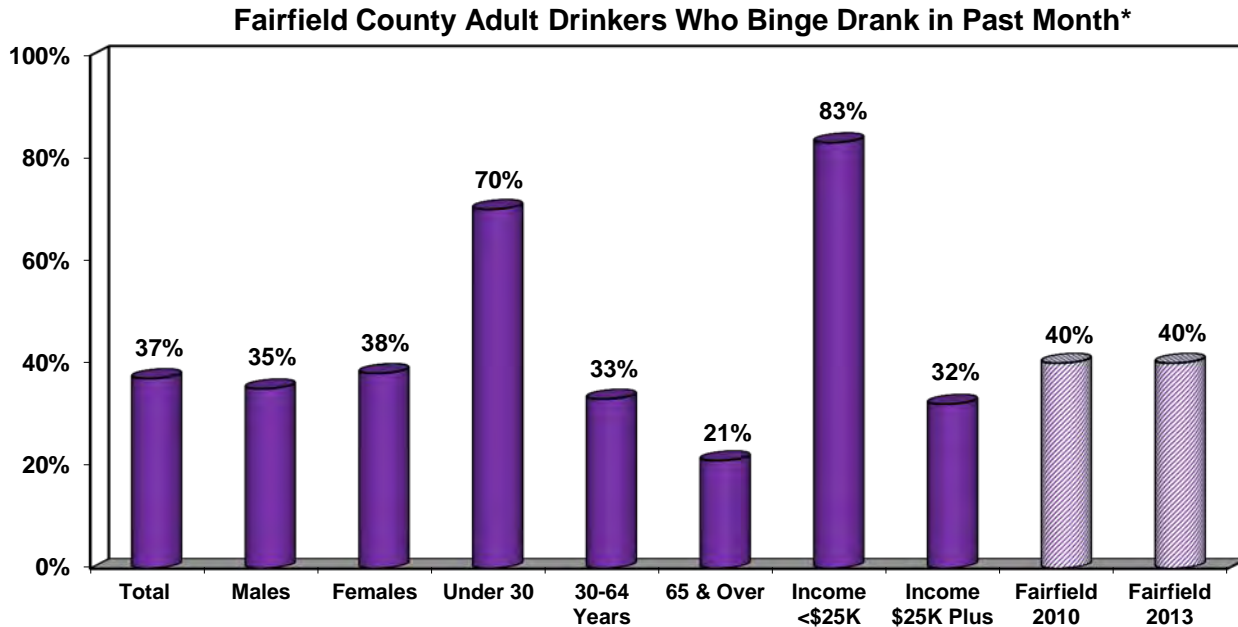
**Percentages may not equal 100% as some respondents answered "don't know"*

10% of Fairfield County adults were considered frequent drinkers (drank on an average of three or more days per week).

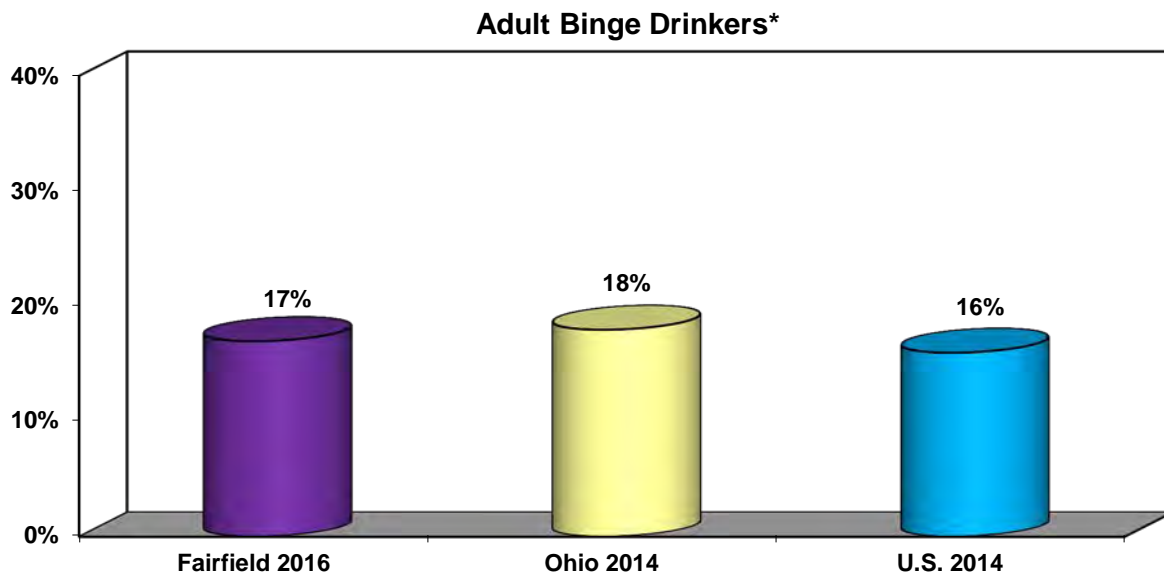
Adults Average Number of Drinks Consumed Per Drinking Occasion



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



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



(Source: 2014 BRFSS, 2016 Fairfield County Health Assessment)

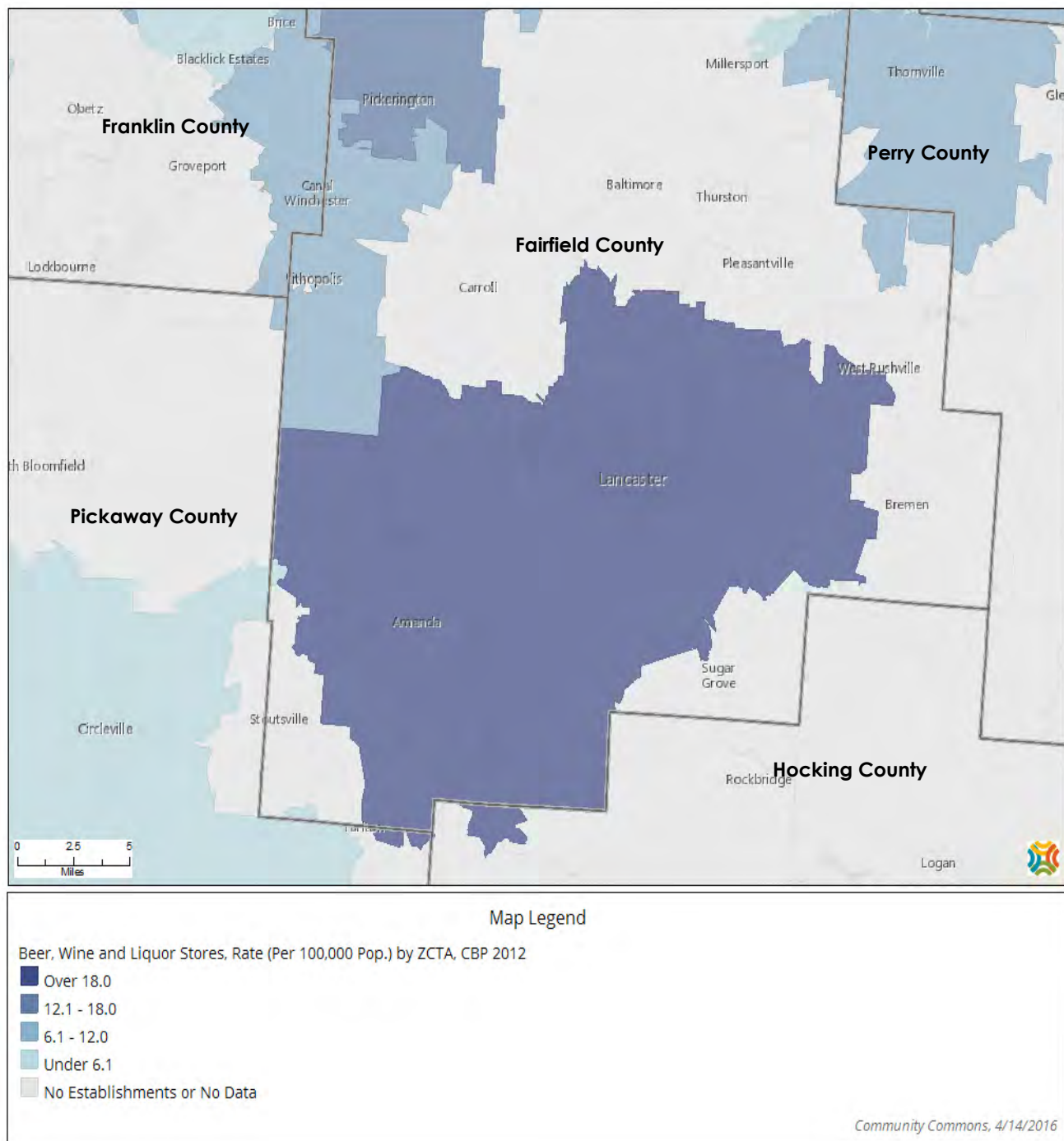
**Based on all adults. Binge drinking is defined as males having five or more drinks on an occasion, females having four or more drinks on one occasion.*

The following table shows the City of Lancaster, City of Pickerington, Fairfield County, and Ohio motor vehicle accident statistics. The table shows:

	City of Lancaster 2015	City of Pickerington 2015	Fairfield County 2015	Ohio 2015
Total Crashes	1,115	457	3,147	302,307
Alcohol-Related Total Crashes	48	16	153	12,526
Fatal Injury Crashes	0	0	13	1,030
Alcohol-Related Fatal Crashes	0	0	4	12,526
Alcohol Impaired Drivers in Crashes	46	17	152	12,304
Injury Crashes	240	69	792	75,108
Alcohol-Related Injury Crashes	12	3	56	5,090
Property Damage Only	875	388	2,342	226,169
Alcohol-Related Property Damage Only	36	16	93	7,120
Deaths	0	0	14	1,110
Alcohol-Related Deaths	0	0	5	346
Total Non-Fatal Injuries	325	117	1,186	108,394
Alcohol-Related Injuries	13	4	88	7,130

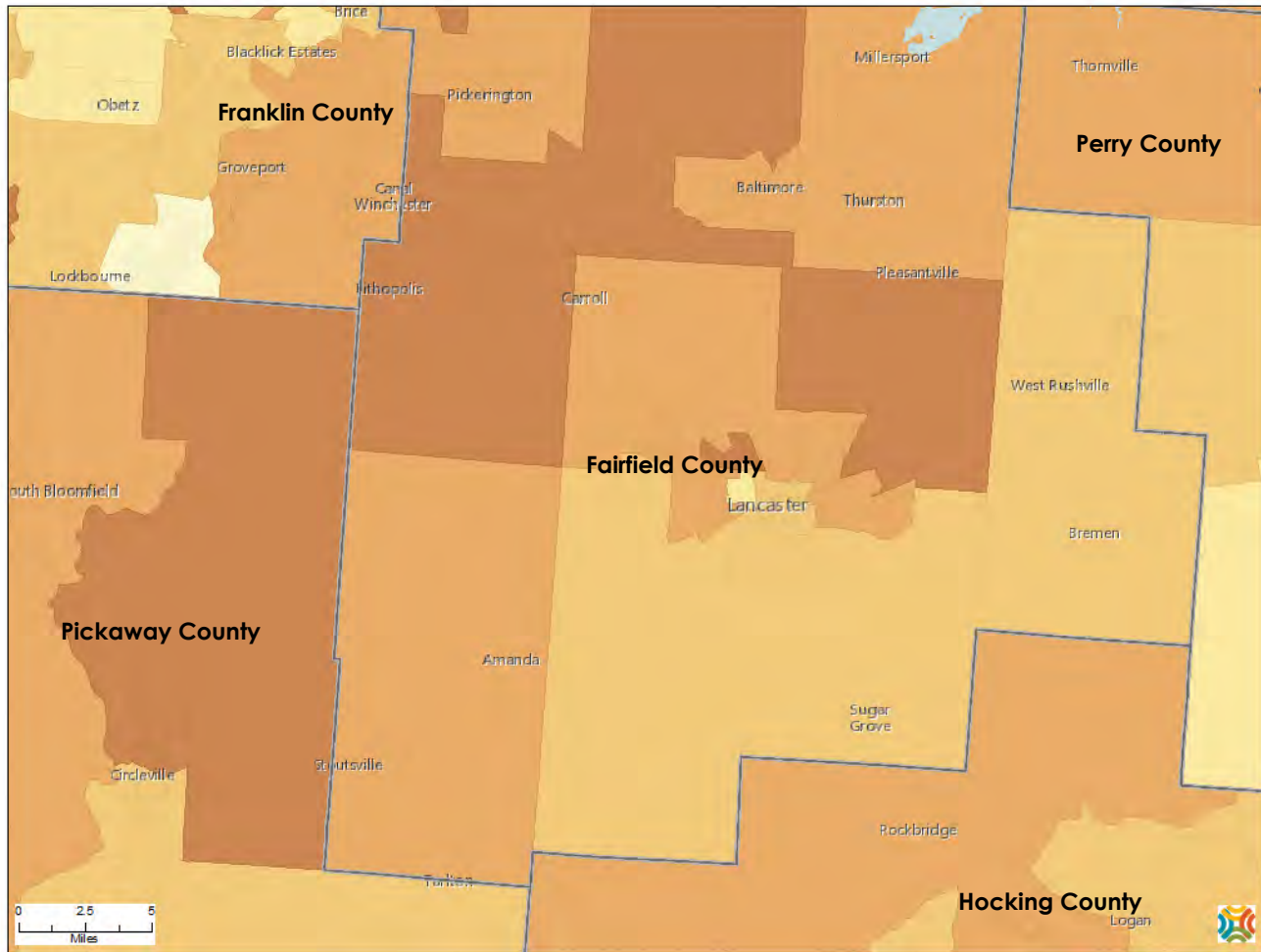
(Source: Ohio Department of Public Safety, Crash Reports, Updated 4/14/2016, Traffic Crash Facts)

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



(Source: Community Commons, updated 4/14/2016)

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



Map Legend

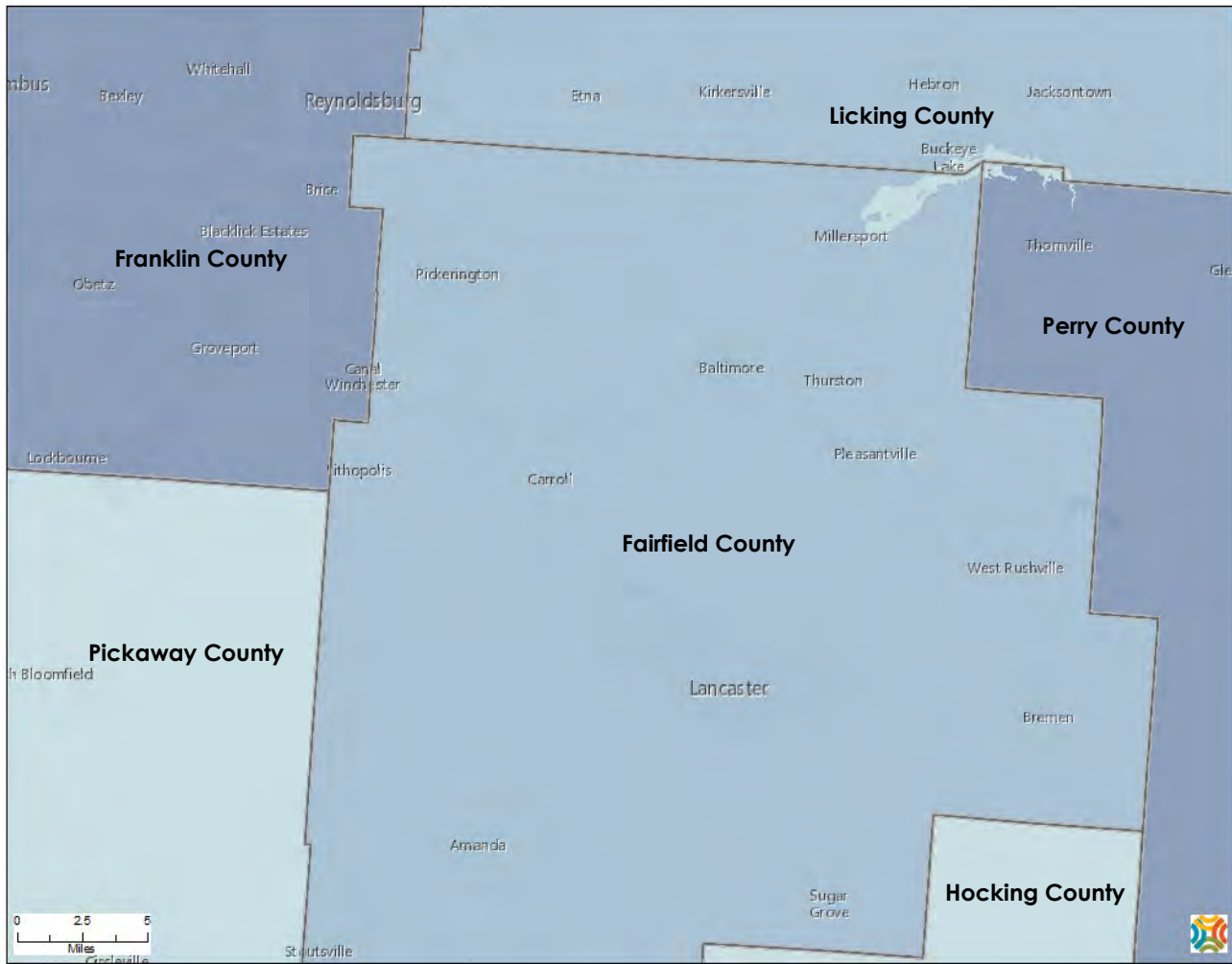
Alcoholic Beverage Expenditures, Percent of Food-At-Home Expenditures, National Rank by Tract, Nielsen 2014

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

Community Commons, 4/14/2016

(Source: Community Commons, updated 4/14/2016)

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



Map Legend

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

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

Community Commons, 4/14/2016

(Source: Community Commons, updated 4/14/2016)

Adult | DRUG USE

Key Findings

In 2016, 7% of Fairfield County adults had used marijuana during the past 6 months. 9% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

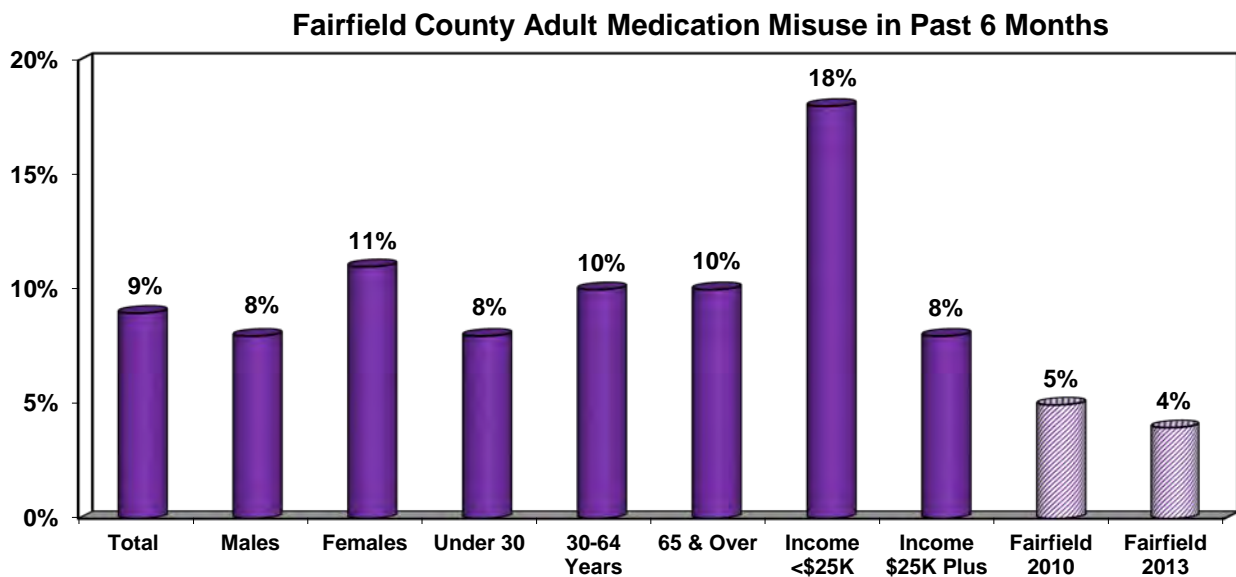
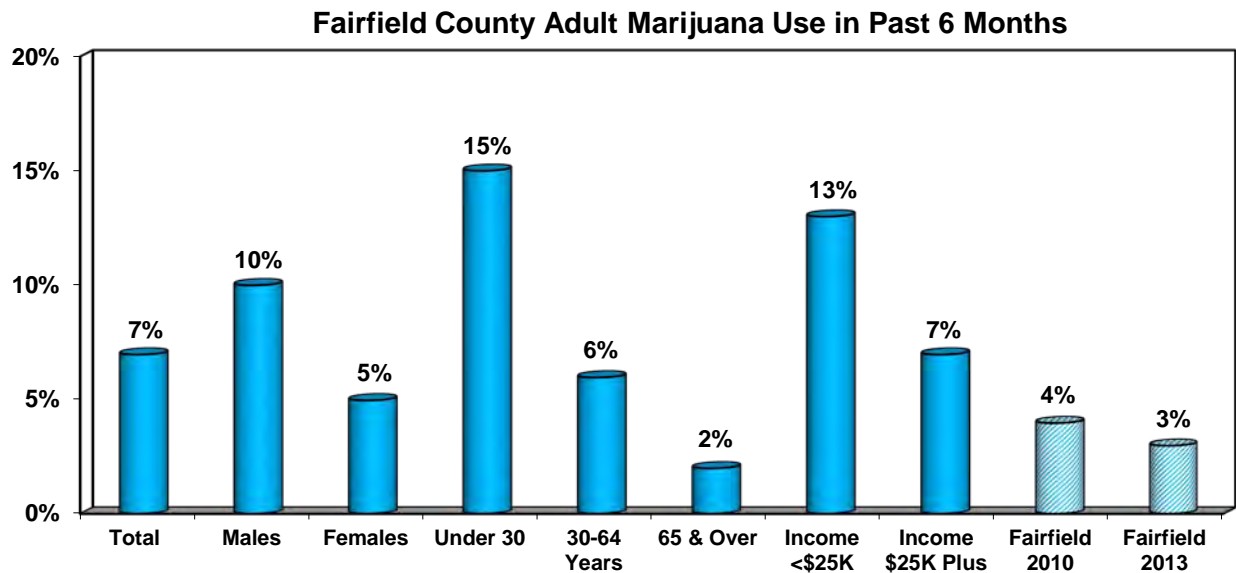
Adult Drug Use

- 7% of Fairfield County adults had used marijuana in the past 6 months, increasing to 15% of those under the age of 30.
- 1% of Fairfield County adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- When asked about their frequency of marijuana and other recreational drug use in the past six months, 18% of Fairfield County adults who used drugs did so almost every day, and 46% did so less than once a month.
- 9% of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 18% of those with incomes less than \$25,000.
- When asked about their frequency of medication misuse in the past six months, 31% of Fairfield County adults who used these drugs did so almost every day, and 24% did so less than once a month.
- Fairfield County adults indicated they did the following with their unused prescription medication: threw it in the trash (19%), took as prescribed (18%), flushed it down the toilet (16%), kept it (14%), took it to the Medication Collection program (8%), took them in on Drug Take Back Days (4%), took them to the Sheriff's Office (3%), kept in a locked cabinet (2%), sold it (1%), and some other destruction method (2%). 36% of adults did not have unused medication.
- 5% of adults have taken prescription opiates on a regular basis for more than 2 weeks.

Adult Comparisons	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Adults who used marijuana in the past 6 months	4%	3%	7%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	5%	4%	9%	N/A	N/A

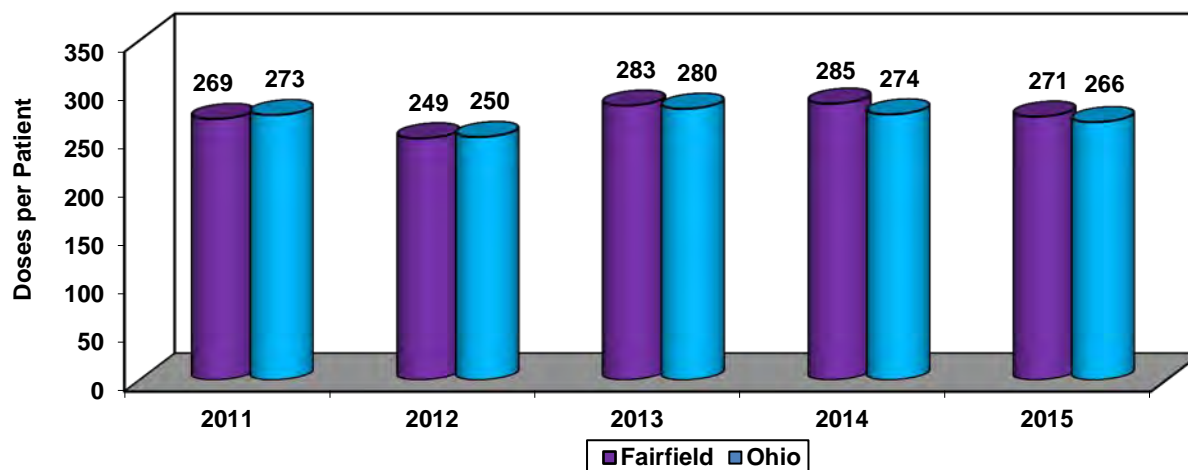
N/A – Not available

The following graphs are data from the 2016 Fairfield County Health Assessment indicating adult marijuana use in the past six months and medication misuse in the past six months. Examples of how to interpret the information include: 7% of all Fairfield County adults used marijuana in the past six months, 15% of adults under the age of 30 were current users, and 13% of adults with incomes less than \$25,000 were current users.

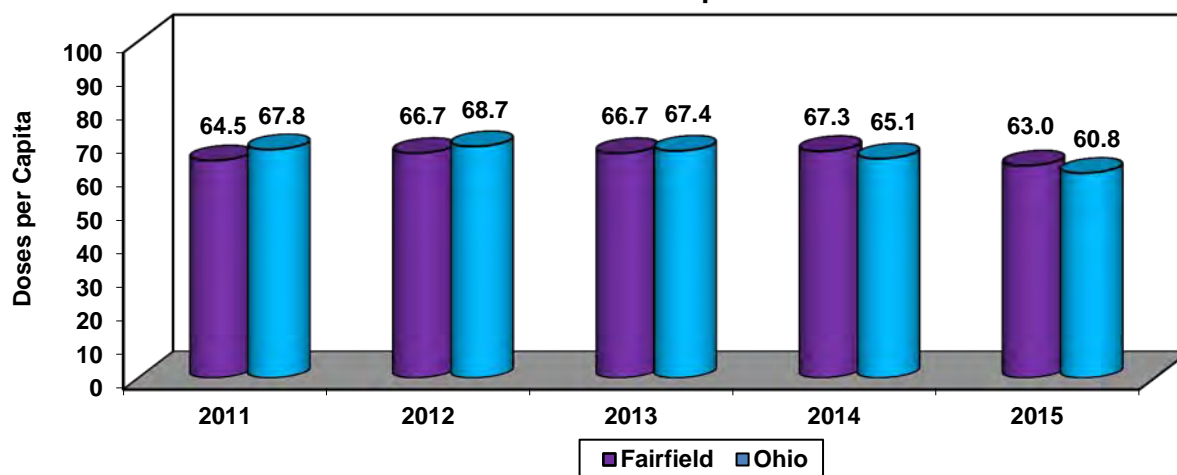


The following graphs are data from the Ohio Automated Prescription Reporting System indicating Fairfield County and Ohio opiate and pain reliever doses per patient, as well as opiate and pain reliever doses per capita.

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



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



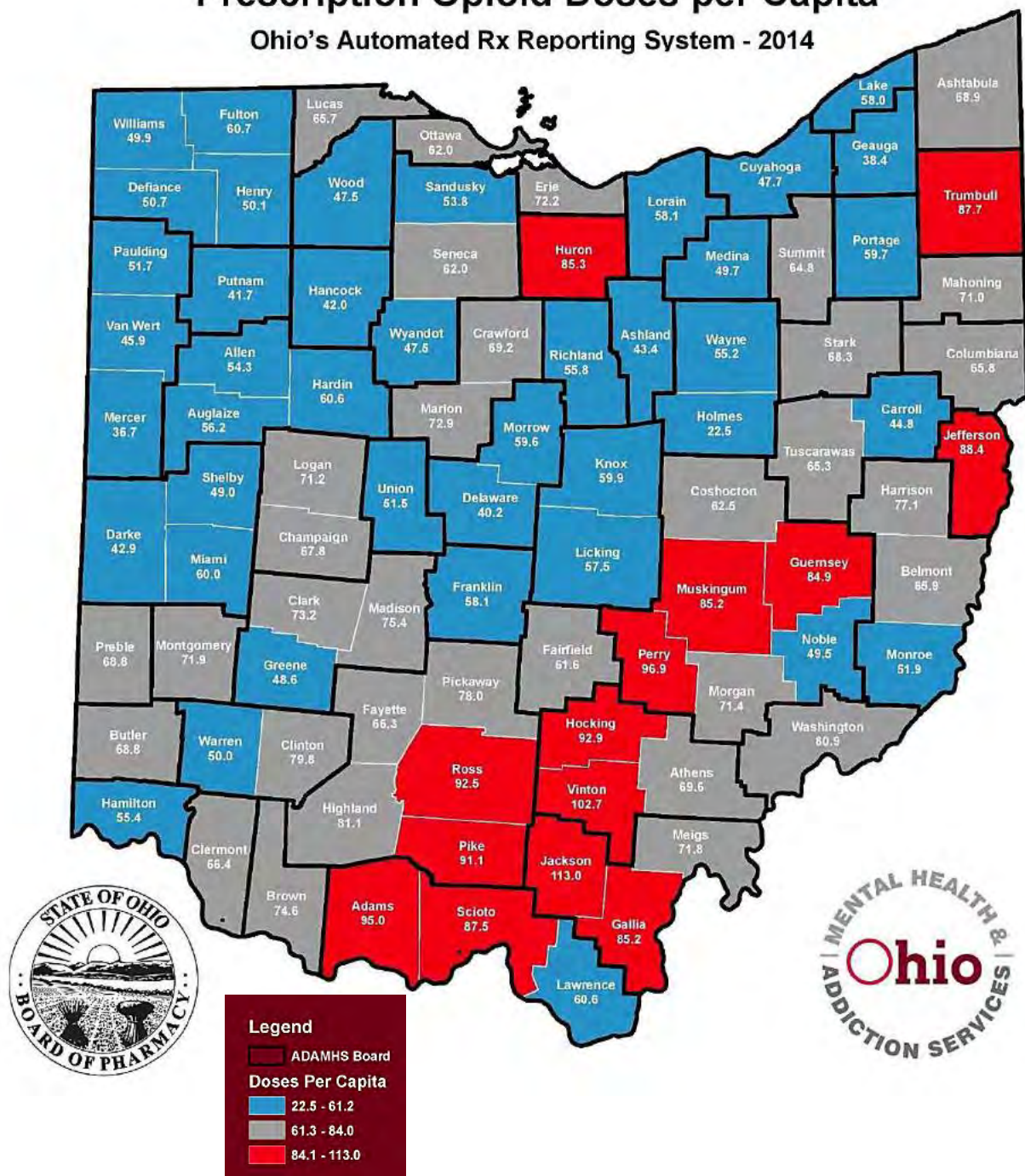
(Source: Ohio Automated Rx Reporting System, from: <https://www.ohiopmp.gov/portal/docs.aspx>)

Prescription Analgesic Doses Per Capita

- In 2014, the statewide average per capita dosage rate was 61.2 doses per person.
- The average per capita dosage rate was 61.6 doses per person in Fairfield County in 2014.




Prescription Opioid Doses per Capita

Ohio's Automated Rx Reporting System - 2014



(Source: Ohio Mental Health and Addiction Services, Doses Per Capita September 2014)

ADULT DRUG USE

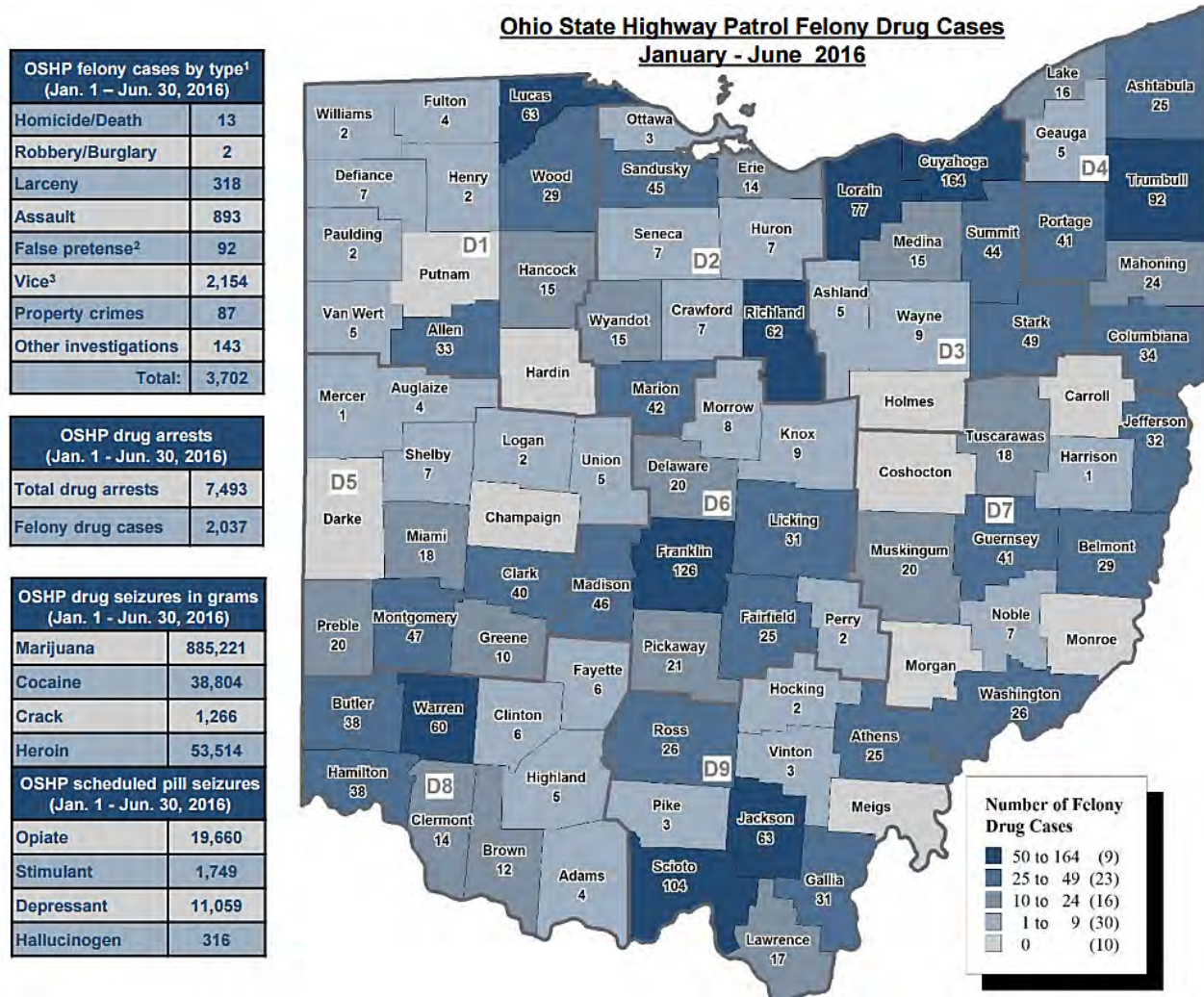
- Legend**
-  ADAMHS Board
- Opiate Addicts (%)**
-  13.1% - 71.6%
-  < 25 cases
- Map Information:**
- This map represents the percentage of clients in treatment with an opiate-related diagnosis (heroin and prescription opioid). On average, 37.0 percent of client admissions statewide were associated with a primary diagnosis of opiate abuse or dependence in SFY 2014. The highest concentrations of opiate admissions were in Marion (71.6%), Scioto (68.8%) and Vinton (68.5%) counties. The counties with the lowest concentrations of opiate-related admissions were Tuscarawas (13.1%), Coshocton (14.7%) and Henry (15.8%). Percentages are not displayed for counties with fewer than 25 admissions.
- Note:** Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards have black borders, and counties have white borders. Borders are black in cases where ADAMHS boards and counties have the same borders.
- Data Source:*
Data from Multi Agency Community Information Systems (MACSIS)
Map produced November 2015



71

Felony Cases and Drug Arrests January – June 2016

- 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).



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

Adult | WOMEN'S HEALTH

Key Findings

In 2016, three-fifths (60%) of Fairfield County women over the age of 40 reported having a mammogram in the past year. 55% of Fairfield County women ages 19 and over had a clinical breast exam and 37% had a Pap smear to detect cancer of the cervix in the past year. The Health Assessment determined that 2% of women survived a heart attack and 2% survived a stroke at some time in their life. More than one-third (36%) were obese, 33% had high blood pressure, 28% had high blood cholesterol, and 15% were identified as smokers, known risk factors for cardiovascular diseases.

Women's Health Screenings

- In 2016, 64% of women had a mammogram at some time and two-fifths (40%) had this screening in the past year.
- Three-fifths (60%) of women ages 40 and over had a mammogram in the past year and 81% 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.
- Most (95%) Fairfield County women have had a clinical breast exam at some time in their life and 55% had one within the past year. Almost three-fourths (74%) of women ages 40 and over had a clinical breast exam in the past two years. The 2010 BRFSS reported that 75% of women 40 and over in Ohio and 77% in the U.S., had a clinical breast exam in the past two years.
- This assessment has identified that 84% of Fairfield County women have had a Pap smear and 37% reported having had the exam in the past year. 69% 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.

Women's Health Concerns

- From 2012-2014, major cardiovascular diseases (heart disease and stroke) accounted for 28% of all female deaths in Fairfield County (Source: CDC Wonder, Underlying Cause of Death).
- Women used the following as their usual source of services for female health concerns: private gynecologist (62%), general or family physician (19%), community health center (3%), family planning clinic (1%), health department clinic (1%), and nurse practitioner/physician assistant (1%). 10% indicated they did not have a usual source of services for female health concerns.
- Fairfield County women have experienced the following: menopause (40%), premenstrual syndrome (PMS) (25%), incontinence (11%), hormone replacement therapy (7%), and osteoporosis (7%).

Fairfield County Female Leading Causes of Death, 2012 – 2014

1. Cancers (21% of all deaths)
2. Heart Diseases (21%)
3. Stroke (7%)
4. Chronic Lower Respiratory Diseases (6%)
5. Diabetes (3%)

(Source: CDC Wonder, 2012-2014)

Ohio Female Leading Causes of Death, 2012 – 2014

1. Heart Diseases (22% of all deaths)
2. Cancers (21%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (6%)
5. Alzheimer's disease (5%)

(Source: CDC Wonder, 2012-2014)

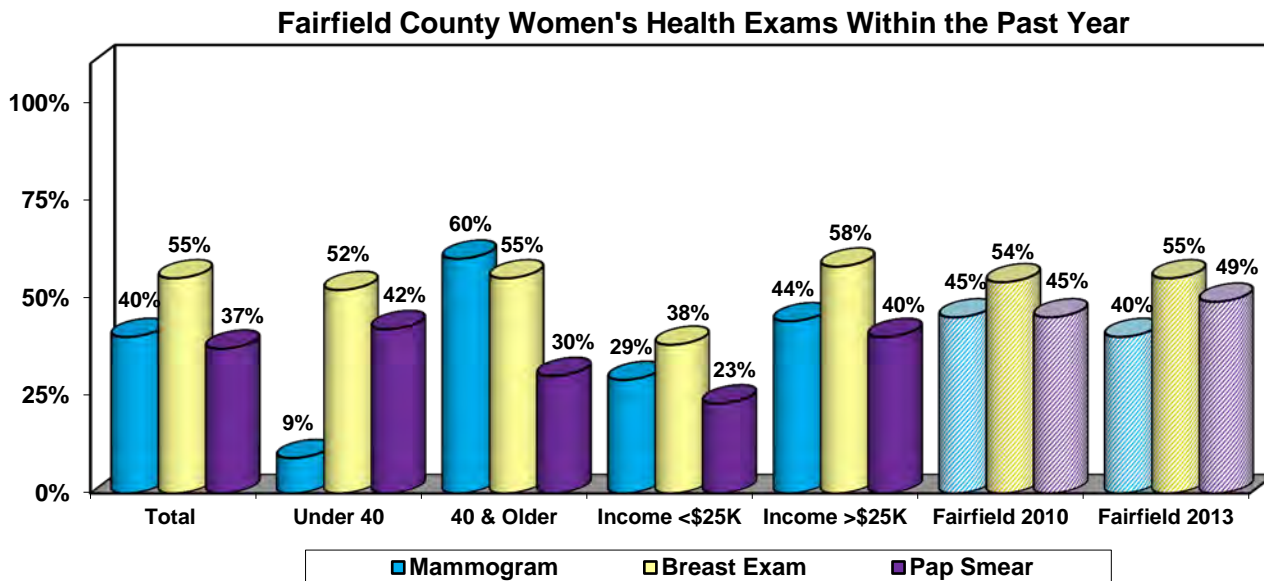
- In 2016, the health assessment determined that 2% of women had survived a heart attack and 2% had survived a stroke at some time in their life.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Fairfield County, the 2016 Health Assessment has identified that:
 - 58% of women were overweight or obese (62% Ohio, 2014 BRFSS*)
 - 33% were diagnosed with high blood pressure (32% Ohio, 30% U.S., 2013 BRFSS)
 - 28% were diagnosed with high blood cholesterol (36% Ohio, 37% U.S., 2013 BRFSS)
 - 15% of all women were current smokers (20% Ohio, 2014 BRFSS*)
 - 13% had been diagnosed with diabetes (11% Ohio, 2014 BRFSS*)

* The U.S. data for the BRFSS is not able to be broken down by gender for 2014.

Pregnancy

- 27% of Fairfield County women had been pregnant in the past 5 years.
- During their last pregnancy, Fairfield County women: took a multi-vitamin (69%), got a prenatal appointment in the first 3 months (67%), got a dental exam (41%), took folic acid during pregnancy (28%), took folic acid pre-pregnancy (19%), experienced depression (17%), received WIC benefits (17%), smoked cigarettes (10%), experienced domestic violence (7%), used any drugs not prescribed (5%), and looked for options for an unwanted pregnancy (3%).

The following graph shows the percentage of Fairfield County female adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 40% of Fairfield County females had a mammogram within the past year, 55% had a clinical breast exam, and 37% had a Pap smear.



Adult Comparisons	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Had a clinical breast exam in the past two years (age 40 & over)	N/A	78%	74%	75%*	77%*
Had a mammogram in the past two years (age 40 & over)	64%	79%	81%	72%	73%
Had a pap smear in the past three years	74%	79%	69%	74%	75%

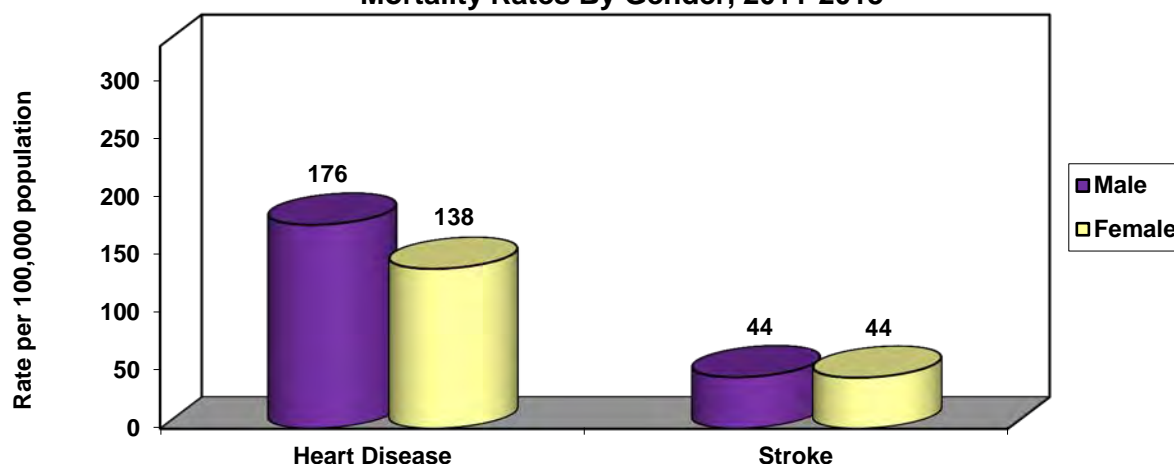
*2010 BRFSS Data

*N/A – Not Available

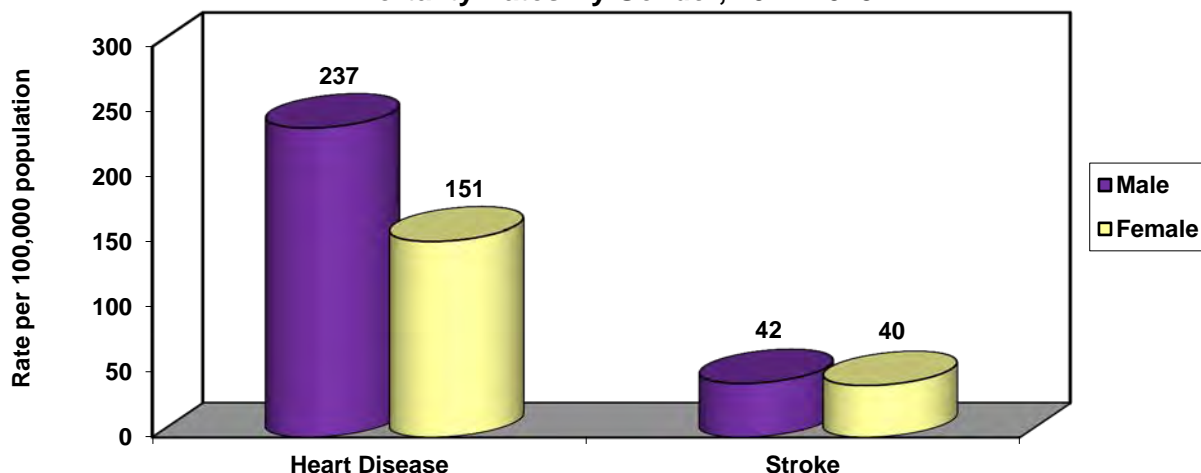
The following graphs show the Fairfield County and Ohio age-adjusted mortality rates per 100,000 population for cardiovascular diseases. The graphs show:

- From 2011-2013, the Fairfield County and Ohio female age-adjusted mortality rate was lower than the male rate for heart disease.
- The Fairfield County female heart disease mortality rate was lower than the Ohio female rate from 2011 to 2013.

Fairfield County Age-Adjusted Heart Disease Mortality Rates By Gender, 2011-2013



Ohio Age-Adjusted Heart Disease and Stroke Mortality Rates By Gender, 2011-2013



(Source: Health Indicators Warehouse, 2011-2013)

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).

(Sources: Centers for Disease Control and Prevention, What Can I Do to Reduce My Risk of Breast Cancer?, updated June 11, 2014, from http://www.cdc.gov/cancer/breast/basic_info/prevention.htm)

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

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

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

Adult | MEN'S HEALTH

Key Findings

In 2016, 46% of Fairfield County males over the age of 50 had a Prostate-Specific Antigen (PSA) test. Major cardiovascular diseases (heart disease and stroke) accounted for 27% and cancers accounted for 25% of all male deaths in Fairfield County from 2012-2014. The Health Assessment determined that 4% of men survived a heart attack and 1% survived a stroke at some time in their life. More than one-third (34%) of men had been diagnosed with high blood pressure, 29% had high blood cholesterol, and 11% were identified as smokers, which, along with obesity (46%), are known risk factors for cardiovascular diseases.

Men's Health Screenings and Concerns

- More than two-fifths (42%) of Fairfield County males had a Prostate-Specific Antigen (PSA) test at some time in their life and 22% had one in the past year.
- 75% of males age 50 and over had a PSA test at some time in their life, and 46% had one in the past year.
- Nearly half (49%) of men had a digital rectal exam in their lifetime and 17% had one in the past year.

17% of Fairfield County males had a digital rectal exam in the past year.

- From 2012-2014, major cardiovascular diseases (heart disease and stroke) accounted for 27% of all male deaths in Fairfield County (Source: CDC Wonder).
- More than one-fourth (28%) of Fairfield County males performed a self-testicular exam in the past year.
- 25% of Fairfield County males reported having erectile dysfunction, increasing to 39% of those over the age of 50.
- In 2016, the health assessment determined that 4% of men had a heart attack and 1% had a stroke at some time in their life.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In Fairfield County the 2016 health assessment has identified that:
 - 79% of men were overweight or obese (72% Ohio, 2014 BRFSS*)
 - 34% were diagnosed with high blood pressure (36% Ohio, 34% U.S., 2013 BRFSS)
 - 29% were diagnosed with high blood cholesterol (39% Ohio, 40% U.S., 2013 BRFSS)
 - 11% of all men were current smokers (22% Ohio, 2014 BRFSS*)
 - 10% had been diagnosed with diabetes (12% Ohio, 2014 BRFSS*)

* The U.S. data for the BRFSS is not able to be broken down by gender for 2014.

Fairfield County Male Leading Causes of Death, 2012 – 2014

1. Cancers (25% of all deaths)
2. Heart Diseases (22%)
3. Accidents, Unintentional Injuries (7%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (5%)

(Source: CDC Wonder, 2012-2014)

Ohio Male Leading Causes of Death, 2012 – 2014

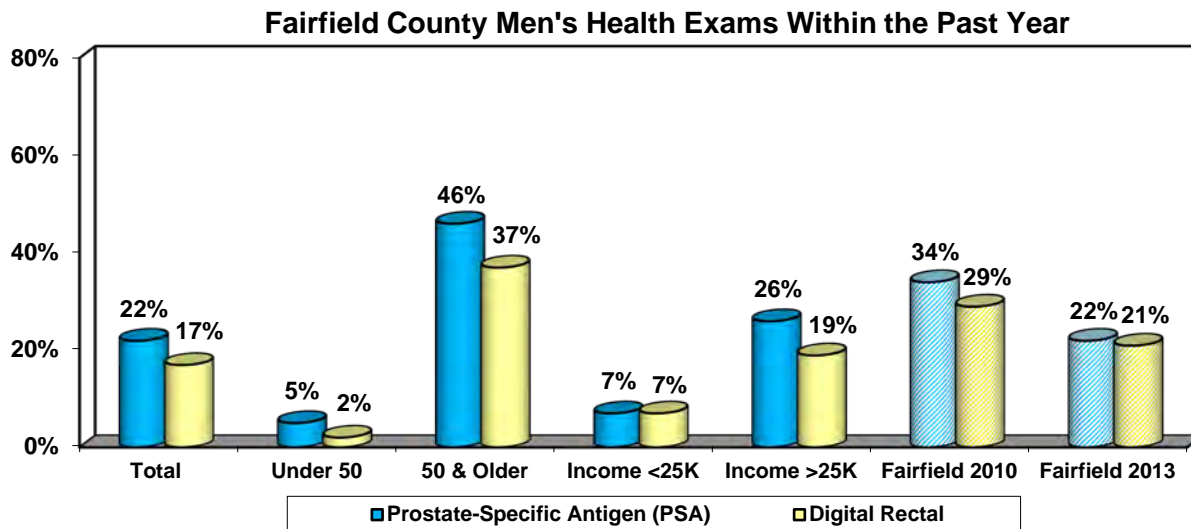
1. Heart Diseases (25% of all deaths)
2. Cancers (24%)
3. Accidents, Unintentional Injuries (6%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (4%)

(Source: CDC Wonder, 2012-2014)

MEN'S HEALTH

- From 2012-2014, the leading cancer deaths for Fairfield County males were lung, colon and rectum, and prostate cancers. Statistics from the same period for Ohio males indicate that lung, lymphoid, colon and rectum, and prostate cancers were the leading cancer deaths (Source: CDC Wonder).

The following graph shows the percentage of Fairfield County male adults that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 22% of Fairfield County males had a PSA test within the past year and 17% had a digital rectal exam.



Adult Comparisons	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Had a PSA test in within the past two years (age 40 & over)	N/A	44%	55%	43%	43%

N/A – Not Available

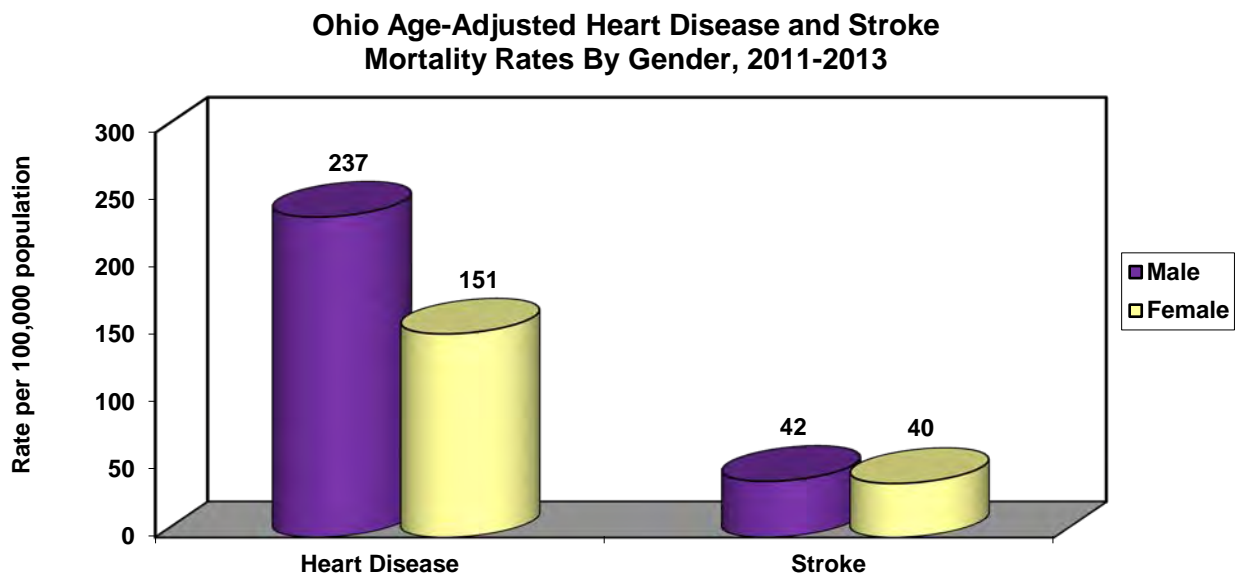
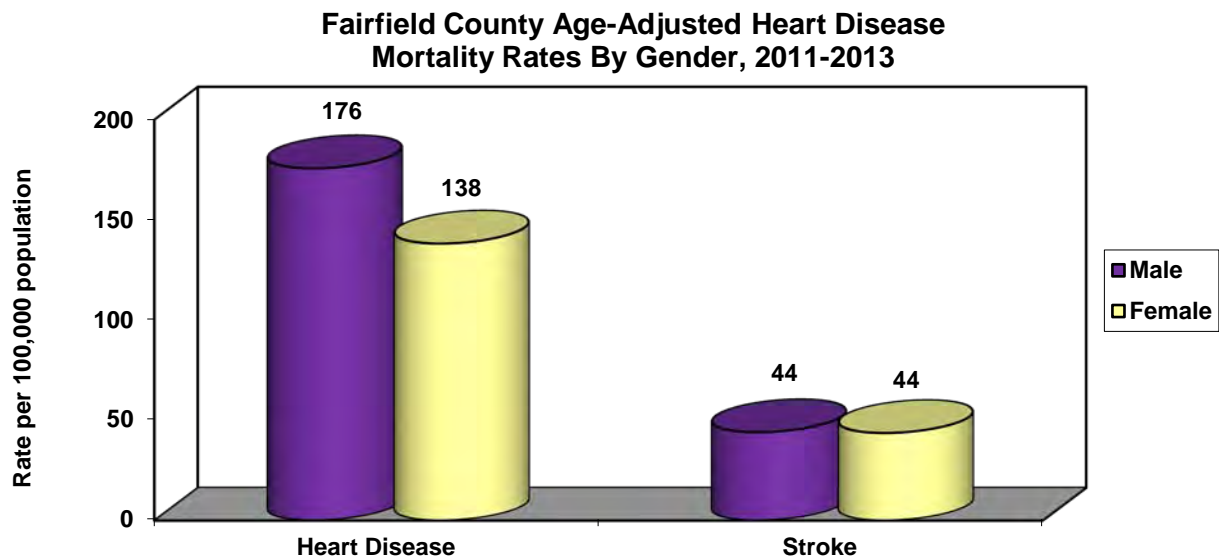
Men's Health Data

- Approximately 12% of adult males ages 18 years or older reported fair or poor health.
- 21% of adult males in the U.S. currently smoke.
- Of the adult males in the U.S., 31% had 5 or more drinks in 1 day at least once in the past year.
- Only 54% of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- 35% of men 20 years and over are obese.
- There are 18% of males under the age of 65 without health care coverage.
- The leading causes of death for males in the United States are heart disease, cancer and accidents (unintentional injuries).

(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, May 6, 2015)

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

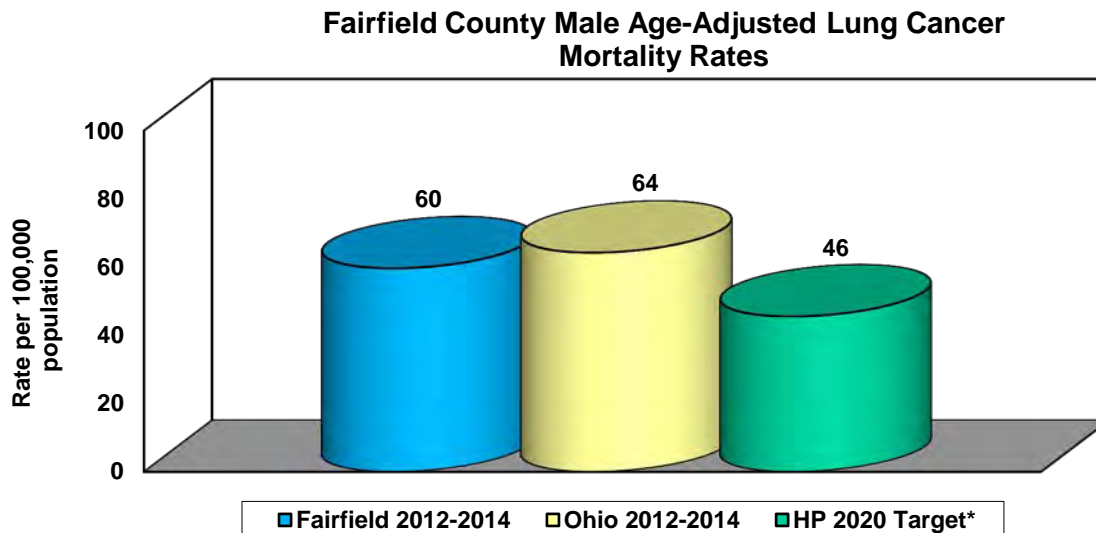
- From 2011-2013, the Fairfield County and Ohio male age-adjusted mortality rate was higher than the female rate for heart disease.
- The Fairfield County male age-adjusted heart disease mortality rate was lower than the Ohio male rate.



(Source: Health Indicators Warehouse, 2011-2013)

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

- From 2012-2014, the Fairfield County age-adjusted mortality rate for male lung cancer was lower than the Ohio rate but higher than the Healthy People 2020 objective.



**Note: the Healthy People 2020 target rates are not gender specific.
(Source: CDC Wonder 2012-2014 and Healthy People 2020)*

Prostate Cancer Awareness

- Prostate cancer is the most common cancer among American men. Most prostate cancers grow slowly, and don't cause any health problems in men who have them.
- Men can have different symptoms for prostate cancer. Some men do not have symptoms at all. Some symptoms of prostate cancer are difficulty starting urination, frequent urination (especially at night), weak or interrupted flow of urine, and blood in the urine or semen.
- There is no way to know for sure if you will get prostate cancer. Men have a greater chance of getting prostate cancer if they are 50 years old or older, are African-American, or have a father, brother, or son who has had prostate cancer.
- Two tests are commonly used to screen for prostate cancer:
 - Digital rectal exam (DRE):** A doctor, nurse, or other health care professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland.
 - Prostate specific antigen test (PSA):** PSA is a substance made by the prostate. The PSA test measures the level of PSA in the blood, which may be higher in men who have prostate cancer. However, other conditions such as an enlarged prostate, prostate infection and certain medical procedures also may increase PSA levels.

(Source: Center for Disease Control and Prevention, Prostate Cancer Awareness, December 9, 2014)

Adult | PREVENTIVE MEDICINE AND DISASTER PREPAREDNESS

Key Findings

Almost three-quarters (72%) of adults ages 65 and over had a pneumonia vaccination at some time in their life. Nearly two-thirds (65%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.

Preventive Medicine

- More than half (58%) of Fairfield County adults had a flu vaccine during the past 12 months.
- Of those who had a flu vaccine, 95% had the shot and 5% had the nasal spray.
- 78% of Fairfield County adults ages 65 and over had a flu vaccine in the past 12 months. The 2014 BRFSS reported that 56% of Ohio and 61% of U.S. adults ages 65 and over had a flu vaccine in the past year.
- Nearly one-quarter (22%) of adults have had a pneumonia shot in their life, increasing to 72% of those ages 65 and over. The 2014 BRFSS reported that 70% of Ohio and 70% of U.S. adults ages 65 and over had a pneumonia shot in their life.
- Fairfield County adults have had the following vaccines: tetanus booster (including Tdap) in the past 10 years (53%), MMR in their lifetime (41%), pneumonia vaccine in their lifetime (22%), pertussis vaccine in the past 10 years (17%), Zoster (shingles) vaccine in their lifetime (11%), and human papillomavirus (HPV) vaccine in their lifetime (6%).
- 45% of adults reported experiencing routine heartburn, GERD, or acid reflux. Of those who experienced routine heartburn, GERD, or acid reflux, 32% took over-the-counter medication for it, 29% were diagnosed by a physician, 16% diagnosed themselves, 15% took prescription medication for it, and 9% had an upper endoscopy procedure.

Preventive Health Screenings and Exams

- Nearly two-thirds (65%) of adults ages 50 and over had a colonoscopy or sigmoidoscopy in the past 5 years.
- Fairfield County adults were at risk for the following based on family history: high blood pressure (53%), heart disease (45%), diabetes (43%), cancer (38%), high blood cholesterol (30%), mental illness (17%), Alzheimer's disease (14%), alcohol addiction (12%), drug addiction (3%), suicide (2%), other addictions (1%), and unexplained sudden death (1%).
- 67% of adults indicated they have had CPR training.
- In the past year, 60% of Fairfield County women ages 40 and over have had a mammogram.
- In the past year, more than two-fifths (46%) of men ages 50 and over have had a PSA test.
- See the Women and Men's Health Sections for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Fairfield County adults.

Adult Comparisons	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Had a pneumonia vaccination (ages 65 and over)	35%	55%	72%	70%	70%
Had a flu vaccine in the past year (ages 65 and over)	N/A	76%	78%	56%	61%
Had a sigmoidoscopy/colonoscopy in the past 5 years (ages 50 and over)	N/A	74%	65%	68%	70%

N/A – Not Available

Fairfield County Adult Health Screening Results

General Screening Results	Total Sample
Diagnosed with High Blood Pressure	34%
Diagnosed with High Blood Cholesterol	29%
Diagnosed with Diabetes	11%
Survived a Heart Attack	3%
Survived a Stroke	2%

(Percentages based on all Fairfield County adults surveyed)

Healthy People 2020

Immunization and Infectious Diseases (IID)

Objective	Fairfield County 2016	Ohio 2014	U.S. 2014	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	72%	70%	70%	90%

*U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2014 BRFSS, 2016 Fairfield County Health Assessment)

Disaster Preparedness

- Fairfield County households had the following disaster preparedness supplies: working smoke detector (85%), working flashlight and working batteries (82%), cell phone with texting (79%), computer/tablet (74%), home land-line telephone (50%), 3-day supply of nonperishable food for everyone in the household (48%), 3-day supply of prescription medication for each person who takes prescribed medicines (45%), working battery-operated radio and working batteries (43%), 3-day supply of water for everyone in the household (1 gallon of water per person per day) (34%), generator (28%), communication plan (18%), cell phone without texting (14%), family disaster plan (8%), and a disaster plan (7%).

Environmental Health

- 36% of Fairfield County adults used a septic tank for wastewater. Of those who had a septic tank, 57% had it pumped within the past 5 years, and 16% never had it pumped. 19% did not know the last time their septic tank had been pumped.
- 37% of Fairfield County adults had a private water source for drinking water. Of those who had a private water source, 14% had it tested within the past year, and 22% have never had it tested. 22% did not know the last time their water source had been tested.
- Adults indicated the following should occur at all potluck meals to ensure food safety: cold food should be displayed on ice and hot food should be displayed in warmers or crock pots (82%), dessert should be displayed on a separate table (11%), all food should be homemade (3%), and serving spoons should be shared between food items to minimize dirty dishes (<1%).
- Adults indicated that plates and utensils that come in contact with raw meats should be handled in the following ways: washed thoroughly with hot, soapy water before contacting the cooked product (93%), heated to 140 degrees Fahrenheit (10%), thrown away (6%), and used to serve only family members (<1%).
- Fairfield County adults thought the following threatened their health in the past year.

○ Insects (7%)	○ Agricultural chemicals (1%)
○ Mold (7%)	○ Asbestos (1%)
○ Moisture issues (6%)	○ Cockroaches (1%)
○ Indoor air quality (5%)	○ Fracking (1%)
○ Temperature regulation (4%)	○ Lead paint (1%)
○ Bed bugs (3%)	○ Lice (1%)
○ Outdoor air quality (3%)	○ Sewage/waste water problems (1%)
○ Rodents (3%)	○ Unsafe water supply/wells (1%)
○ Plumbing problems (2%)	○ Safety hazards (<1%)
○ Radon (2%)	

Adult | SEXUAL BEHAVIOR

Key Findings

In 2016, 80% of Fairfield County adults had sexual intercourse. 6% percent of adults had more than one partner. Prevalence estimates suggest that young people aged 15-24 years acquire half of all new STDs and that 1 in 4 sexually active adolescent females have an STD, such as chlamydia or human papillomavirus (HPV) (Source: CDC, STDs in Adolescents and Young Adults, 2014 STD Surveillance).

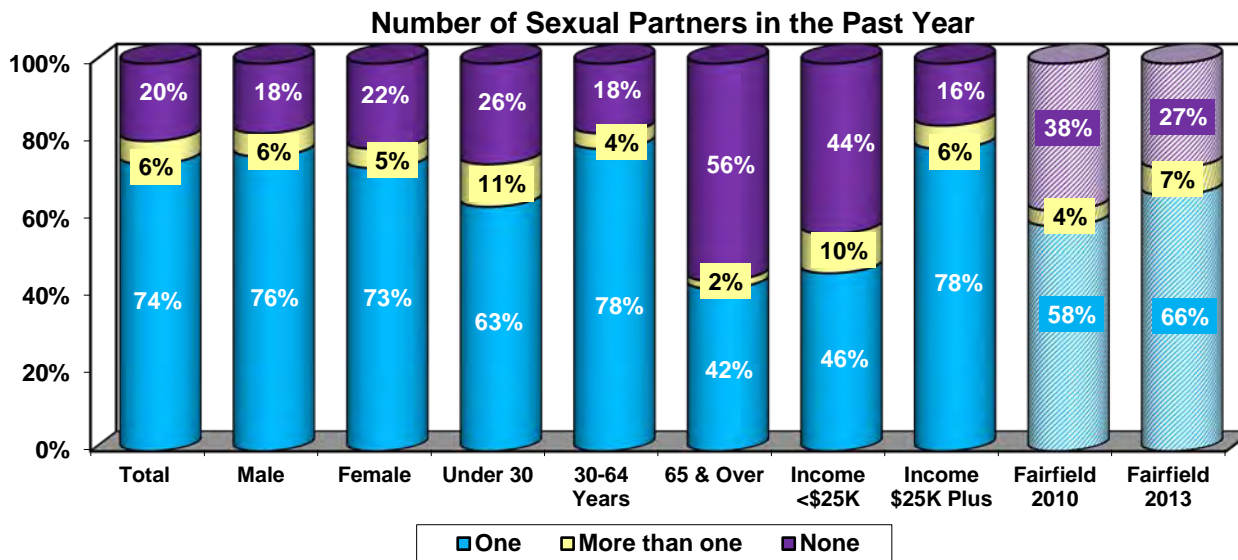
Adult Sexual Behavior

- 6% of adults reported they had intercourse with more than one partner in the past year, increasing to 11% of those under the age of 30.
- Fairfield County adults used the following methods of birth control: they or their partner were too old (15%), vasectomy (15%), condoms (14%), tubes tied (14%), hysterectomy (12%), birth control pill (11%), abstinence (9%), ovaries or testicles removed (5%), withdrawal (5%), IUD (4%), infertility (3%), rhythm method (3%), contraceptive implants (1%), emergency contraception (1%), and diaphragm (1%).
- 14% of Fairfield County adults were not using any method of birth control.
- Fairfield County adults did not use birth control for the following reasons:
 - They or their partner had a hysterectomy/vasectomy/tubes tied (35%)
 - They or their partner were too old (14%)
 - They did not want to use birth control (7%)
 - They did not think they or their partner could get pregnant (6%)
 - They wanted to get pregnant (6%)
 - They did not care if they or their partner got pregnant (5%)
 - They or their partner did not like birth control/fear of side effects (4%)
 - No regular partner/not sexually active (3%)
 - Religious preferences (3%)
 - They or their partner were currently pregnant (1%)
 - They had a same-sex partner (1%)
 - Their partner did not want to use birth control (<1%)
- Fairfield County adults have been diagnosed with the following sexually transmitted diseases (STDs) in the past 5 years: human papilloma virus (HPV) (2%), multiple STDs (1%), and genital herpes (<1%).
- The following situations applied to Fairfield County adults in the past year: had anal sex without a condom (4%), tested for an STD (3%), gave or received money or drugs in exchange for sex (1%), had sex with someone they did not know (1%), thought they may have an STD (1%), and treated for an STD (1%).

Adult Comparisons	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Had more than one sexual partner in past year	4%	7%	6%	N/A	N/A

N/A – Not available

The following graph shows the sexual activity of Fairfield County adults. Examples of how to interpret the information in the graph include: 74% of all Fairfield County adults had one sexual partner in the last 12 months and 6% had more than one, and 76% of males had one partner in the past year.



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

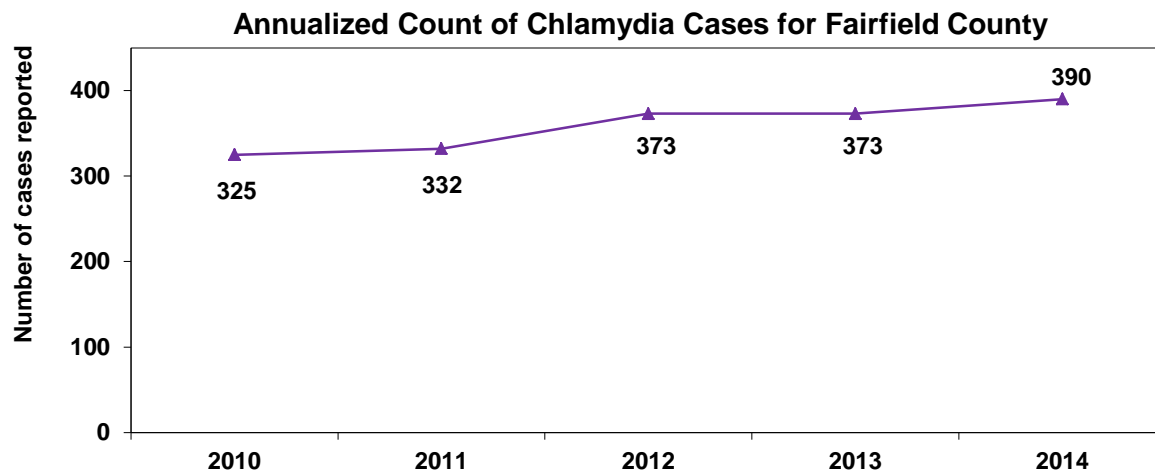
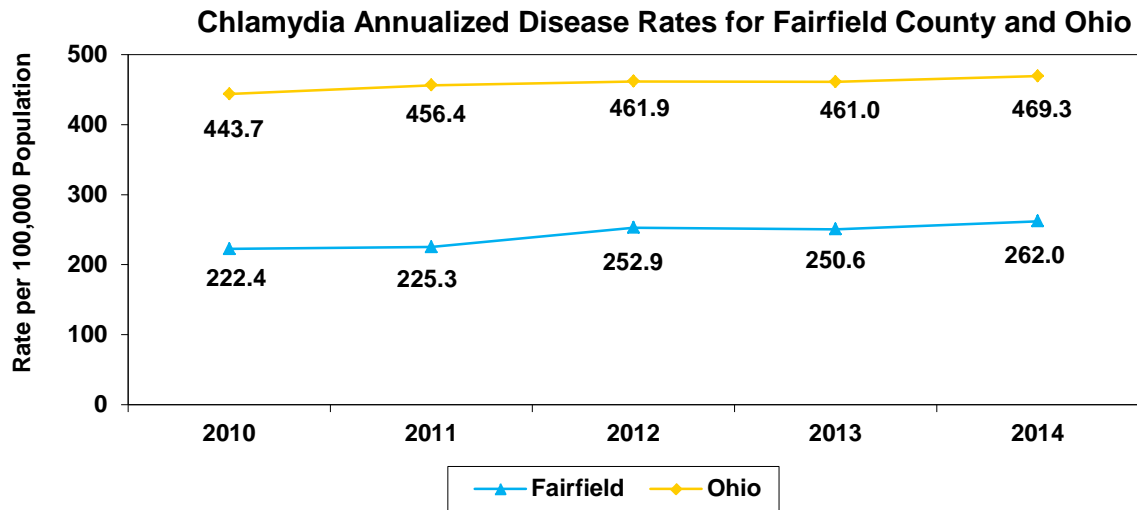
HIV in the United States

- More than 1.2 million people in the United States are living with HIV infection, and almost 1 in 8 (13%) are unaware of their infection.
- By race, African Americans face the most severe burden of HIV.
- The estimated incidence of HIV has remained stable overall in recent years, at about 50,000 new HIV infections per year.
- In 2013, an estimated 47,352 people were diagnosed with HIV infection in the United States. In that same year, an estimated 26,688 people were diagnosed with AIDS. Since the epidemic began, an estimated 1,194,039 people in the United States have been diagnosed with AIDS
- An estimated 13,712 people with an AIDS diagnosis died in 2012 and approximately 658,507 people in the United States with an AIDS diagnosis have died since the epidemic.

(Source: CDC, *HIV in the United States: At a Glance*, 9/29/2015, from:
<http://www.cdc.gov/hiv/statistics/basics/atagance.html>)

The following graphs show Fairfield County chlamydia disease rates per 100,000 population updated May 17, 2015 by the Ohio Department of Health. The graphs show:

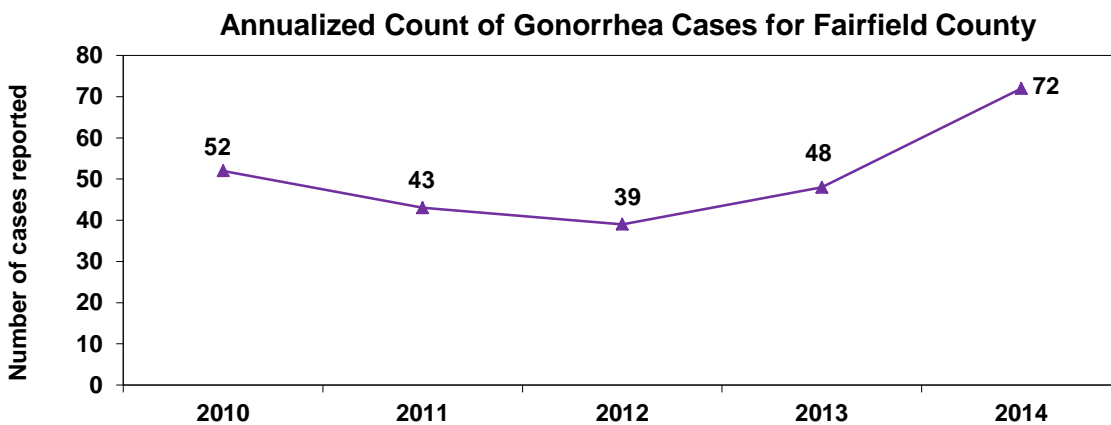
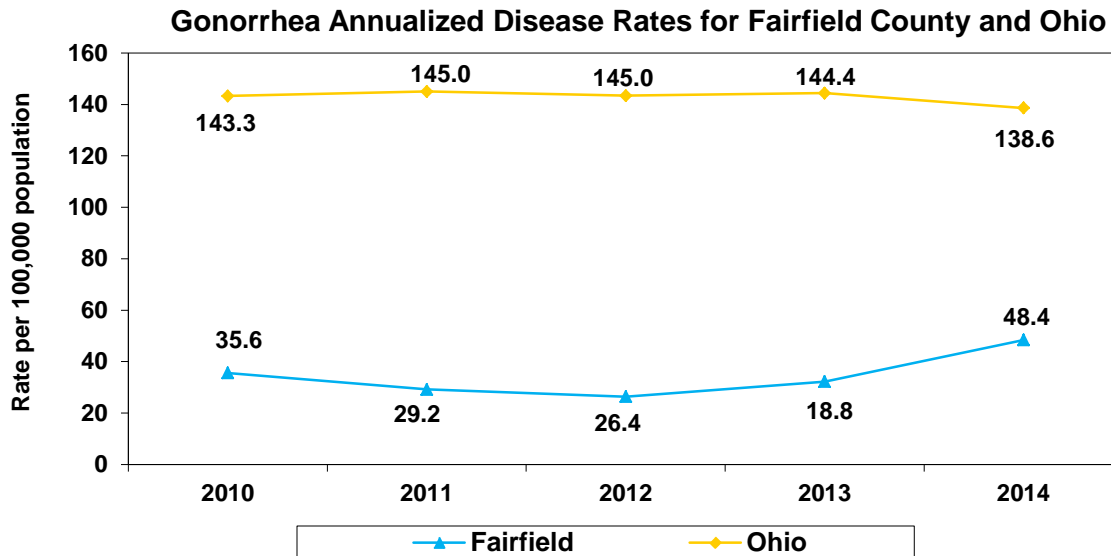
- Fairfield County chlamydia rates increased from 2010 to 2014.



(Source for graphs: ODH, STD Surveillance, data reported through 5-17-15)

The following graphs show Fairfield County gonorrhea disease rates per 100,000 population updated May 17, 2015 by the Ohio Department of Health. The graphs show:

- The Fairfield County gonorrhea rate fluctuated from 2010 to 2014.
- The Ohio gonorrhea rate stayed about the same from 2010 to 2014.
- The Healthy People 2020 Objective for gonorrhea is 257 new female and 198 new male cases per 100,000 population.

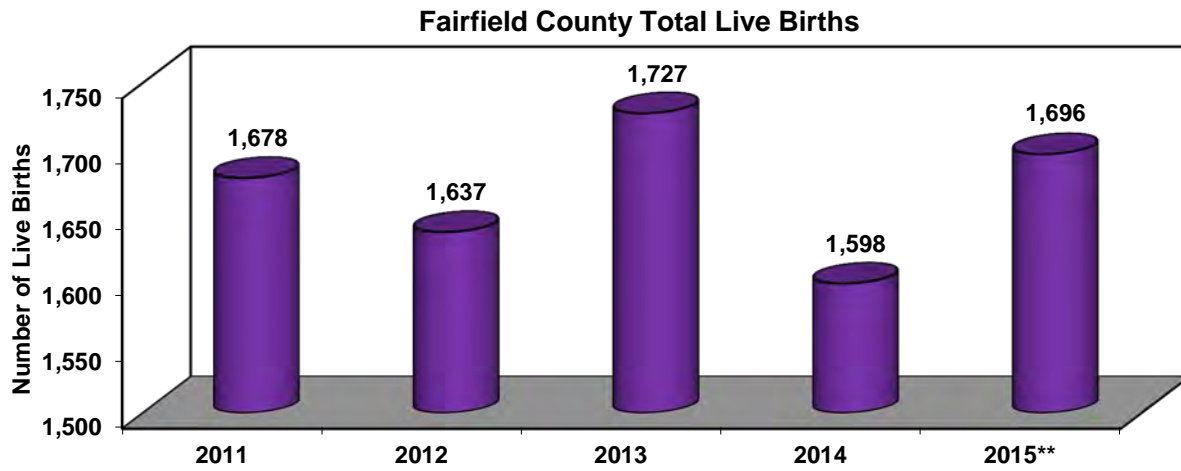


(Source for graphs: ODH, STD Surveillance, data reported through 5-17-15)

Pregnancy Outcomes

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

- From 2011-2015, there was an average of 1,667 live births per year in Fairfield County.



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

Adult | QUALITY OF LIFE

Key Findings

In 2016, 14% of Fairfield County adults were limited in some way because of a physical, mental or emotional problem.

Impairments and Health Problems

- In 2016, one-in-seven (14%) of Fairfield County adults were limited in some way because of a physical, mental or emotional problem (22% Ohio, 20% U.S., 2014 BRFSS), increasing to 36% of those with incomes less than \$25,000.
- Among those who were limited in some way, the following most limiting problems or impairments were reported: back or neck problems (50%), arthritis/rheumatism (49%), chronic pain (32%), stress, depression, anxiety, or emotional problems (29%), walking problems (28%), fitness level (22%), lung/breathing problems (22%), sleep problems (22%), diabetes (21%), high blood pressure (18%), fractures, bone/joint injuries (16%), heart problems (14%), mental health illness/disorder (9%), dental problems (8%), eye/vision problems (8%), hearing problems (8%), tobacco dependency (8%), incontinence (4%), cancer (4%), drug addiction (3%), developmental disability (3%), a learning disability (3%), alcohol dependency (1%), and Alzheimer's disease/dementia (1%).
- Fairfield County adults were responsible for providing regular care or assistance to the following: multiple children (27%), an elderly parent or loved one (8%), an adult child (6%), a friend, family member or spouse with a health problem (6%), grandchildren (4%), children with discipline issues (3%), a friend, family member or spouse with dementia (2%), a friend, family member or spouse with a mental health issue (2%), someone with special needs (2%), and foster children (1%).
- In the past year, Fairfield County adults reported needing the following services: eyeglasses or vision services (29%), pain management (7%), a cane (5%), help with routine needs (4%), medical supplies (4%), hearing aids or hearing care (2%), help with personal care needs (2%), oxygen or respiratory support (2%), a walker (2%), communication aids or devices (1%), durable medical equipment (1%), a personal emergency response system (1%), a special bed (1%), a wheelchair (1%), and a wheelchair ramp (1%).
- 25% of Fairfield County adults have fallen in the past 6 months, increasing to 27% of those ages 65 and over.

Preventing High Blood Pressure: Healthy Living Habits

By living a healthy lifestyle, you can help keep your blood pressure in a healthy range and lower your risk for heart disease and stroke. A healthy lifestyle includes:

- Eating a healthy diet
- Maintaining a healthy weight
- Getting enough physical activity
- Not smoking
- Limiting alcohol use

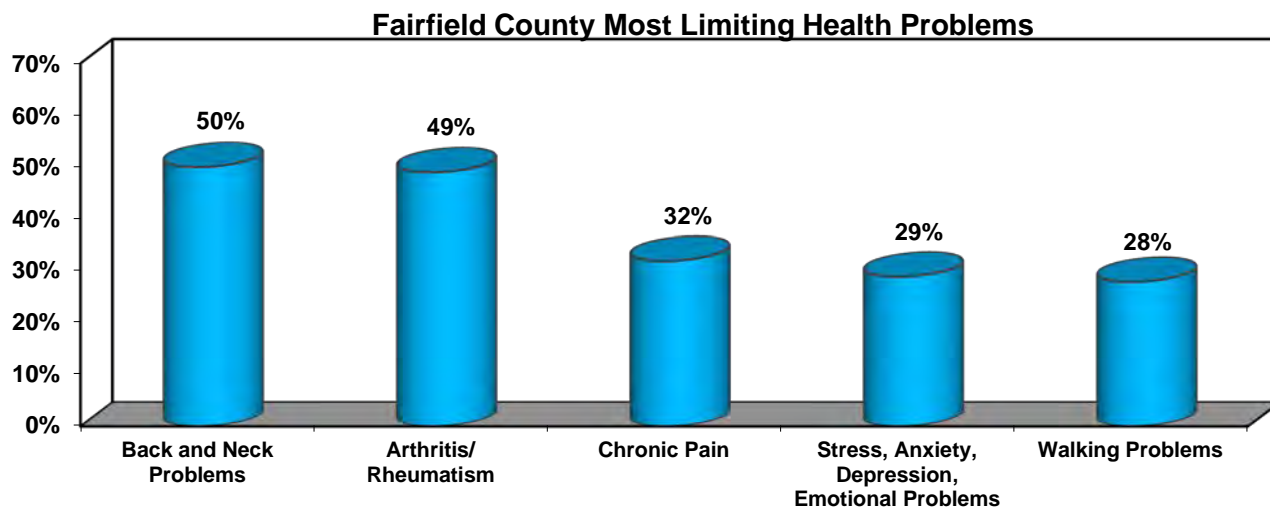
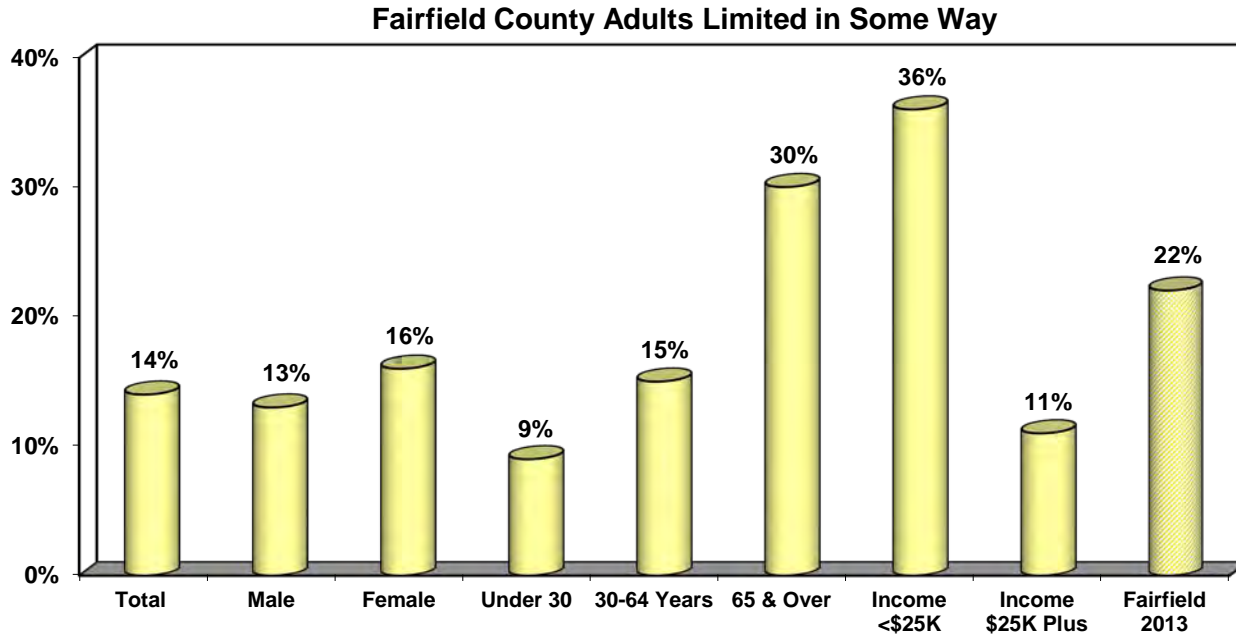
(Source: CDC, High Blood Pressure, July 7 2014, from: http://www.cdc.gov/bloodpressure/healthy_living.htm)

Adult Comparisons	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Limited in some way because of a physical, mental, or emotional problems	N/A	22%	14%	22%	20%

N/A – Not available

QUALITY OF LIFE

The following graphs show the percentage of Fairfield 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: 14% of Fairfield County adults were limited in some way, 13% of males, and 30% of those 65 and older.



Healthy People 2020

Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Fairfield County 2016	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	49%	36%

*U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2016 Fairfield County Health Assessment)

Adult | SOCIAL DETERMINANTS OF HEALTH

Key Findings

In 2016, 7% of Fairfield County adults were abused in the past year (including physical, sexual, emotional, financial, or verbal abuse). 42% of adults reported gambling in the past year.

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

- The median household income in Fairfield County was \$60,704. The U.S. Census Bureau reports median income levels of \$49,349 for Ohio and \$53,657 for the U.S. (Source: U.S. Census Bureau, *Small Area Income and Poverty Estimates*, 2014.)
- 10% of all Fairfield County residents were living in poverty (Source: U.S. Census Bureau, *Small Area Income and Poverty Estimates*, 2014).
- The unemployment rate for Fairfield County was 4.1, as of July 2016 (Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information).
- There were 59,107 housing units. The owner-occupied housing unit rate was 72%. Rent in Fairfield County cost an average of \$794 per month (Source: U.S. Census Bureau, *Small Area Income and Poverty Estimates*, 2014).
- 13% of adults attempted to get assistance from a social service agency, increasing to 41% of those with incomes less than \$25,000.
- Fairfield County adults attempted to get assistance from the following social service agencies: Job & Family Services/JFS (10%), Lancaster-Fairfield Community Action Agency (6%), doctor's office (5%), friend or family member (5%), church (4%), food pantries (4%), hospital (4%), 2-1-1 (3%), Lutheran Social Services (3%), Fairfield Metropolitan Housing Authority (2%), Board of Developmental Disabilities (1%), Center for Disabilities (1%), Fairfield Community Health Center (1%), Lancaster Public Transit (1%), Maywood Mission (1%), Olivedale/Meals on Wheels (1%), Southern Ohio Legal Services (1%), United Way (1%), WIC/Fairfield County Health Department (1%), ADAMH Board (<1%), Area Agency on Aging (<1%), Southeastern Ohio Center for Independent Living (<1%), and somewhere else (2%). 1% did not know where to look for assistance.
- Fairfield County adults received assistance for the following in the past year: healthcare (16%), food (14%), dental care (11%), Medicare (11%), prescription assistance (11%), free tax preparation (6%), employment (5%), mental illness issues (5%), utilities (5%), home repair (4%), rent/mortgage (4%), transportation (4%), clothing (3%), legal aid services (2%), post-incarceration issues (1%), and affordable childcare (<1%).

Education

- 91% of Fairfield County adults 25 years and over had a high school diploma or higher (Source: U.S. Census Bureau, American Community Survey, 2010-2014).
- 17% of Fairfield County adults 25 years and over had at least a bachelor's degree (Source: U.S. Census Bureau, American Community Survey, 2010-2014).

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, <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>)

Social and Community Context

- 42% of adults reported gambling in the past year. They reported the following types of gambling: lottery (30%), casinos (15%), at work with co-workers (9%), at home with friends (3%), bingo (3%), horse track (2%), dog track (1%), online (1%), and other types of gambling (2%).
- One percent (1%) of Fairfield County adults reported engaging in some form of gambling daily, and 43% of adults reported gambling once or twice a year.
- 7% of Fairfield County adults were abused in the past year. They were abused by the following: a spouse or partner (36%), someone outside their home (29%), a parent (11%), another family member (11%), a child (7%), and someone else (18%).
- Fairfield County adults experienced the following adverse childhood experiences (ACEs): their parents became separated or were divorced (21%), lived with someone who was a problem drinker or alcoholic (19%), a parent or adult in their home swore at, insulted, or put them down (18%), lived with someone who was depressed, mentally ill, or suicidal (13%), a parent or adult in their home hit, beat, kicked, or physically hurt them (7%), someone at least 5 years older than them or an adult touched them sexually (7%), their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (6%), lived with someone who used illegal stress drugs, or who abused prescription medications (5%), someone at least 5 years older than them or an adult tried to make them touch them sexually (5%), lived with someone who served time or was sentenced to serve time in prison, jail or other correctional facility (3%), their parents were not married (3%), and someone at least 5 years older than them or an adult forced them to have sex (2%).
- 16% of adults experience 3 or more ACEs in their lifetime.

Health and Health Care

- In the past year, 8% of adults were uninsured, increasing to 12% of those with incomes less than \$25,000 and those under the age of 30.
- Reasons for not receiving medical care in the past 12 months included: no need to go (15%), cost/no insurance (4%), distance (1%), no transportation (1%), office wasn't open when they could get there (1%), too embarrassed to seek help (1%), too long of a wait for an appointment (1%), no child care (<1%), and other problems that prevented them from getting medical care (4%).
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Fairfield County adults.

Neighborhood and Built Environment

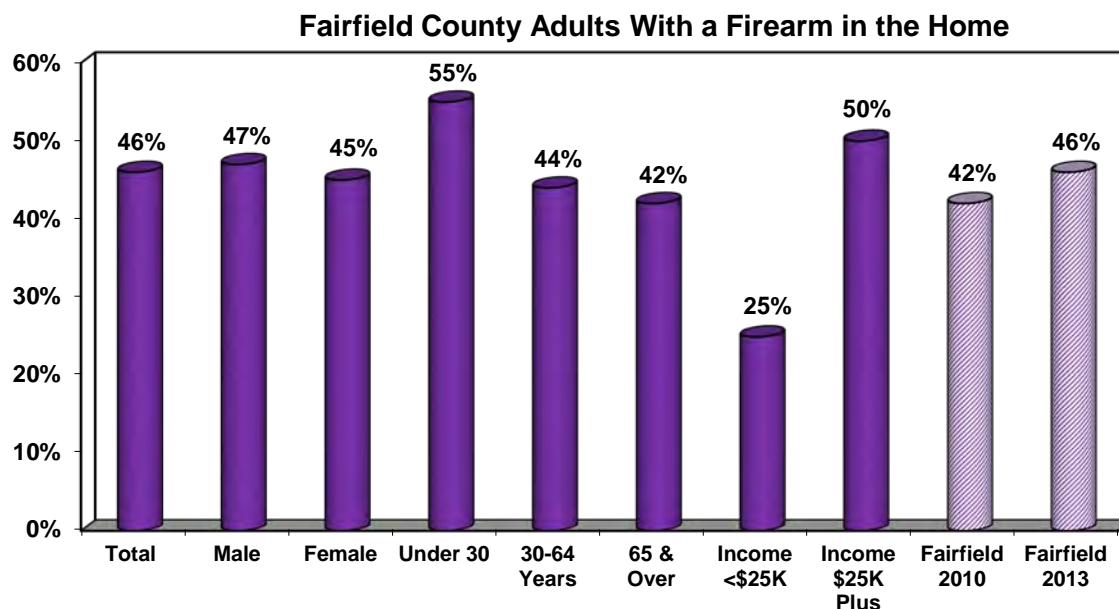
- Nearly half (46%) of Fairfield County adults kept a firearm in or around their home. 6% of adults reported they were unlocked and loaded.
- Fairfield County adults reported doing the following while driving: wearing a seatbelt (92%), eating (44%), talking on hand-held cell phone (40%), talking on hands-free cell phone (37%), texting (12%), not wearing a seatbelt (8%), using internet on their cell phone (8%), checking email on their cell phone (7%), checking social media on their cell phone (7%), reading (5%), being under the influence of alcohol (3%), being under the influence of prescription drugs (3%), being under the influence of recreational drugs (1%), and other activities (such as applying makeup, shaving, etc.) (3%).

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

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

The following graph shows the percentage of Fairfield County adults that have a firearm in or around the home. Examples of how to interpret the information shown on the graph include: 46% of all Fairfield County adults have a firearm in or around the home, 47% of males, and 55% of those under 30 years old.



Veterans' Affairs

- As a result of military service during the past 10-15 years, the following have affected veterans' immediate family members: access to medical care at a VA facility (12%), access to medical care at a non-VA facility (5%), marital problems (5%), major health problems due to injury (4%), had problems getting VA benefits (3%), had problems getting information on VA eligibility and applying (3%), post-traumatic stress disorder (PTSD) (3%), housing issues (2%), access to mental health treatment (1%), could not find/keep a job (1%), and substance/drug abuse (1%).
- As a result of post-traumatic stress disorder, the following have affected veterans' immediate family members: access to mental health treatment (2%), marital problems (2%), substance/drug abuse (2%), access to substance/drug use treatment (1%), could not find/keep a job (1%), housing issues (1%), and suicide completion (1%).

Adult | MENTAL HEALTH AND SUICIDE

Key Findings

In 2016, 4% of Fairfield County adults considered attempting suicide. 11% 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

- 11% of Fairfield 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 28% of those with incomes less than \$25,000.
- 4% of Fairfield County adults considered attempting suicide in the past year.
- One percent (1%) of adults reported attempting suicide in the past year.
- Fairfield County adults reported they or a family member were diagnosed with or treated for the following mental health issues: depression (16%), an anxiety disorder (9%), attention deficit disorder (ADD/ADHD) (5%), bipolar (4%), life-adjustment disorder/issue (3%), post-traumatic stress disorder (PTSD)/traumatic brain injury (TBI) (2%), psychotic disorder (1%), and some other mental health disorder (1%). 12% indicated they or a family member had taken medication for one or more mental health issues.
- Fairfield County adults received the social and emotional support they needed from the following: family (85%), friends (72%), church (29%), neighbors (11%), a professional (5%), Internet (4%), community (3%), online support group (1%), self-help group (1%), and other (3%).

Suicide Facts

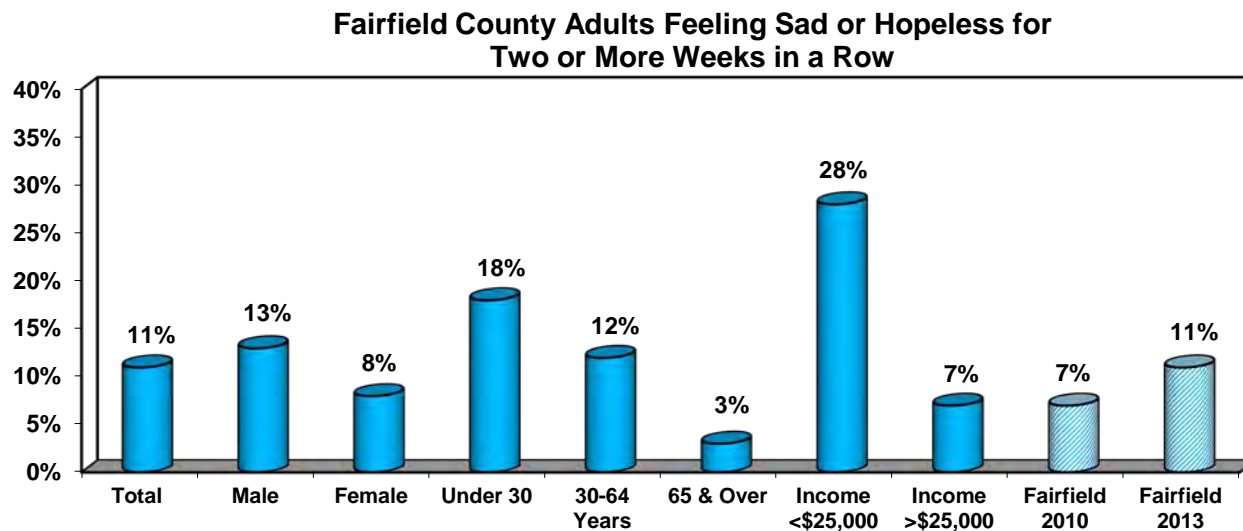
- 42,773 people in the U.S. died from suicide, and 1,069,325 people attempted suicide in the 2014.
- An average of one person killed themselves every 12.3 minutes
- Suicide is the 10th ranking cause of death in the U.S.
- For every female death by suicide, there are 3.4 male deaths.
- In 2014, there were 1,491 suicide deaths in Ohio.
- The leading suicide methods included:
 - Firearm suicides (49.9%)
 - Suffocation/Hanging (26.7%)
 - Poisoning (15.9%)
 - Cutting/Piercing (1.7%)
 - Drowning (0.9%)

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

Adult Comparisons	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Considered attempting suicide in the past year	2%	2%	4%	N/A	N/A
Two or more weeks in a row felt sad or hopeless	7%	11%	11%	N/A	N/A

N/A – Not available

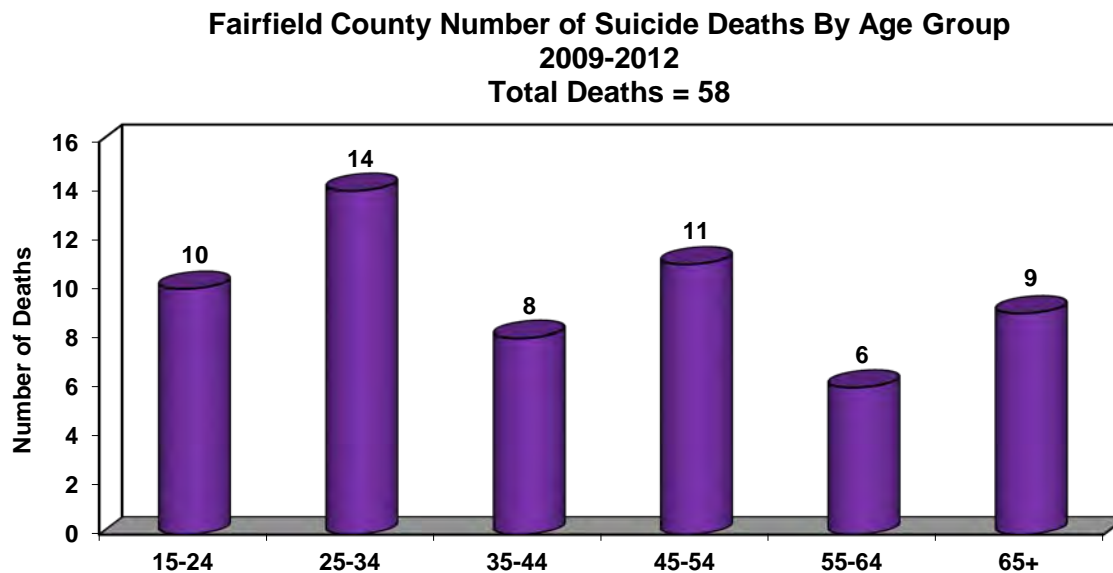
The following graph shows Fairfield County adults who felt sad or hopeless for two or more weeks in a row in the past year. Examples of how to interpret the information includes: 11% of all Fairfield County adults felt sad or hopeless for two or more weeks in a row, 13% of males, and 8% of females.



(Source: 2016 Fairfield County Health Assessment)

The graph below shows the Fairfield County suicide counts. The graph shows:

- From 2009 to 2012, 24% of all Fairfield County suicide deaths occurred to those ages 25-44 years old.



(Source: Ohio Suicide Prevention Foundation, Ohio Statistics, 2012, from: http://www.ohiospf.org/content.php?pageurl=ohio_statistics)

Adult and Youth | ORAL HEALTH

Key Findings

The 2016 Health Assessment has determined nearly three-fourths (73%) of Fairfield 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.

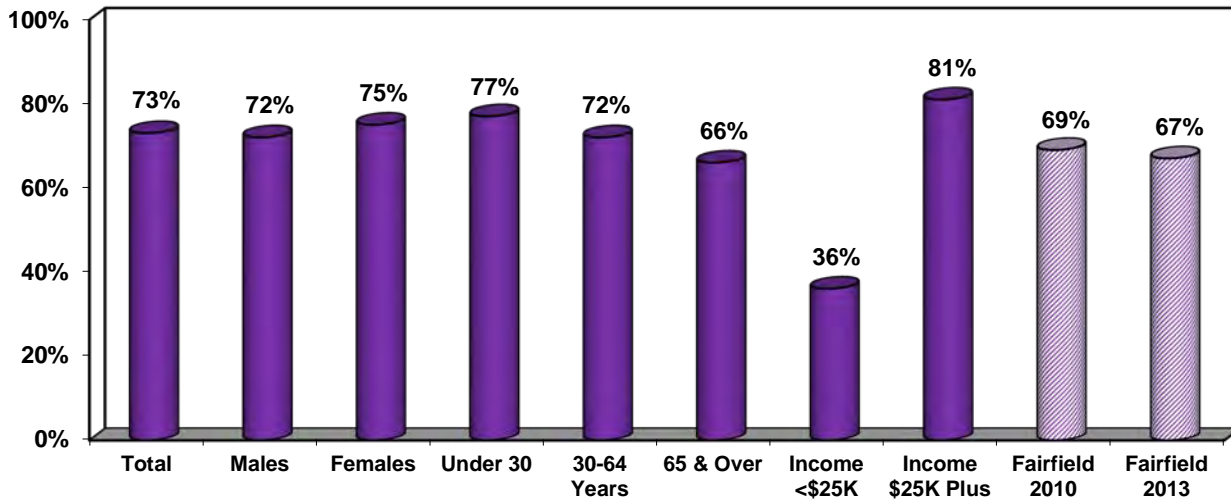
Access to Dental Care

- In the past year, 73% of Fairfield County adults had visited a dentist or dental clinic, decreasing to 36% 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.
- Nearly four-fifths (79%) of Fairfield County adults with dental insurance have been to the dentist in the past year, compared to 53% of those without dental insurance.
- When asked the main reason for not visiting a dentist in the last year, 25% said cost, 23% said fear, apprehension, nervousness, pain, and dislike going, 15% had no oral health problems, 7% had other priorities, 5% had not thought of it, 2% could not get into a dentist, 2% did not have/know a dentist, 2% said the wait for an appointment was too long, and 1% could not find a dentist taking new Medicaid patients. 7% of adults selected multiple reasons for not visiting a dentist in the past year.
- Nearly two-fifths (38%) of adults had one or more of their permanent teeth removed, increasing to 72% of those ages 65 and over. The 2014 BRFSS reported that 43% of Ohio and U.S. adults had one or more permanent teeth removed.
- About one in five (19%) Fairfield 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.
- 79% of youth had been to the dentist for a check-up, exam, teeth cleaning or other dental work in the past year (2013 YRBS reported 75% for Ohio and 2015 YRBS reported 74%).

Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never
Time Since Last Visit to Dentist/Dental Clinic					
Males	72%	4%	12%	8%	1%
Females	75%	8%	4%	10%	1%
Total	73%	6%	8%	9%	1%

The following graph provides information about the frequency of Fairfield County adult dental visits. Examples of how to interpret the information on the first graph include: 73% of all Fairfield County adults had been to the dentist in the past year, 77% of those under the age of 30, and 36% of those with incomes less than \$25,000.

Fairfield County Adults Visiting a Dentist in the Past Year



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

Adult Comparisons	Fairfield County 2010	Fairfield County 2013	Fairfield County 2016	Ohio 2014	U.S. 2014
Adults who have visited the dentist in the past year	69%	67%	73%	65%	65%
Adults who had one or more permanent teeth removed	N/A	33%	38%	43%	43%
Adults 65 years and older who had all of their permanent teeth removed	N/A	15%	19%	18%	15%

N/A – Not available

Oral Health in Older Adults

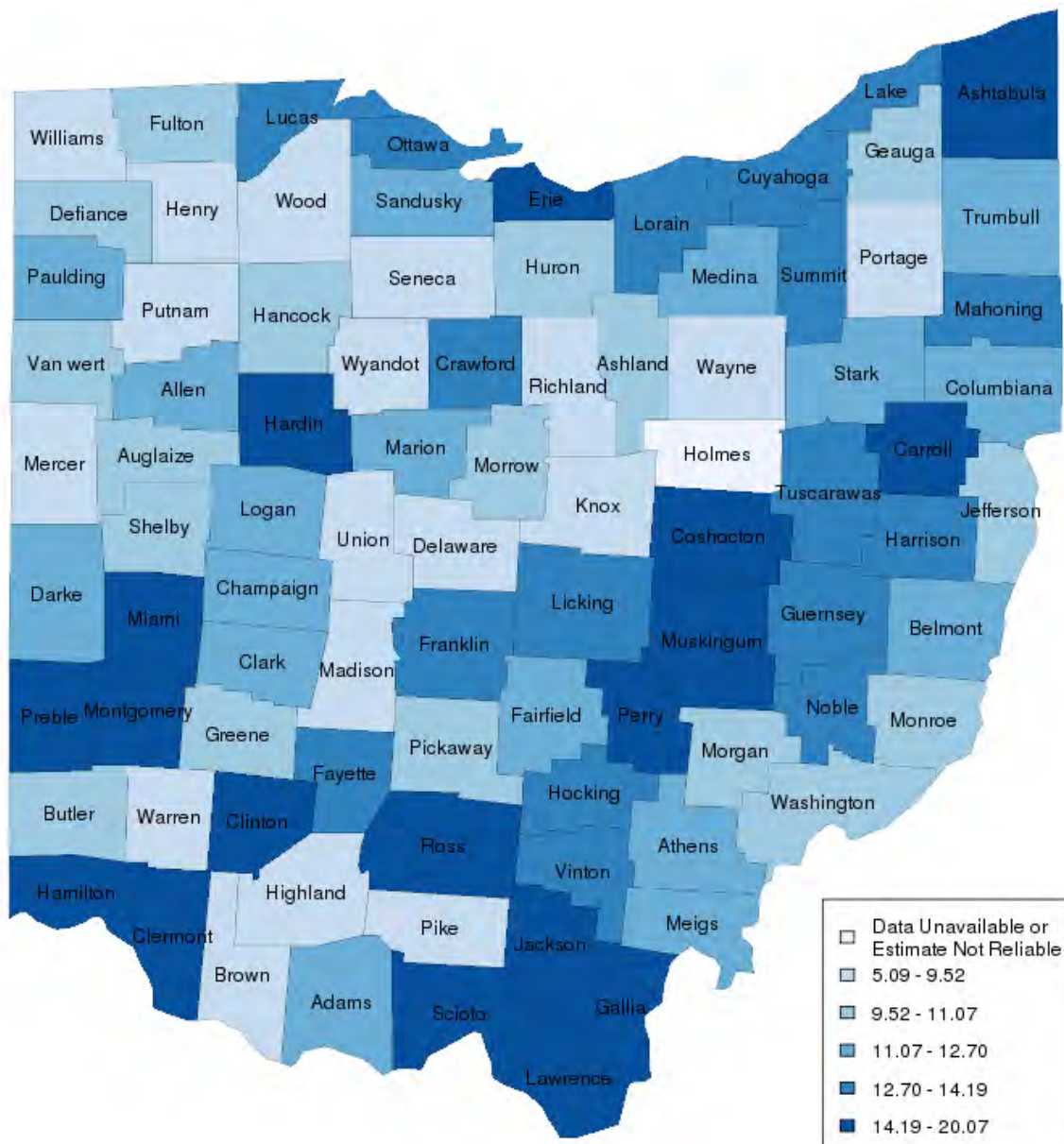
- Older adults are at risk for getting cavities, gum disease and mouth cancer – and these may not cause any pain or discomfort until they are advanced.
- Everyone needs to see their dentist for a checkup at least once a year – preferably more often.
- People without natural teeth are at risk for mouth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

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

The following map shows the estimated proportion of all adults, ages 19 years and older, with unmet needs in dental care.

- 13% of Fairfield County adults, ages 19 years and older had unmet needs in dental care.
- 13% of Ohio adults, ages 19 years and older had unmet needs in dental care.

Estimated Proportion: Unmet Needs in Dental Care, All Adults, Ages 19 Years and Older (2015)



(Source: Ohio Medicaid Assessment Survey (OMAS) Adult Dashboard, 2015 from:
<http://grcapps.osu.edu/dashboards/OMAS/adult/>)

Youth | WEIGHT STATUS

Key Findings

The 2016 Health Assessment identified that 17% of Fairfield County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 31% of Fairfield County youth reported that they were slightly or very overweight. 74% of youth were exercising for 60 minutes on 3 or more days per week.

Youth Weight Status

- BMI for children is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific as children's body fatness changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese.
- In 2016, 17% of 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). 12% of youth were classified as overweight (YRBS reported 16% for Ohio in 2013 and 16% for the U.S. in 2015). 69% were normal weight, and 2% were underweight.

17% of Fairfield County youth were classified as obese.

- 31% of youth described themselves as being either slightly or very overweight (YRBS reported 28% for Ohio in 2013 and 32% for U.S. in 2015).
- Over two-fifths (42%) of all youth were trying to lose weight, increasing to 54% of Fairfield County female youth (compared to 31% of males) (YRBS reported 47% for Ohio in 2013 and 46% for the U.S. in 2015).
- Fairfield County youth reported doing the following to lose weight or keep from gaining weight in the past 30 days:
 - 52% of youth exercised.
 - 45% of youth drank more water.
 - 35% of youth ate more fruits and vegetables.
 - 33% of youth ate less food, fewer calories, or foods lower in fat.
 - 15% of youth skipped meals.
 - 5% reported going without eating for 24 hours or more (2013 YRBS reported 10% for Ohio).
 - 3% reported taking diet pills, powders, or liquids without a doctor's advice (2013 YRBS reported 5% for Ohio).
 - 3% reported smoking to lose weight.
 - 2% vomited or took laxatives (2013 YRBS reported 5% for Ohio).

Nutrition

- 8% of Fairfield County youth ate 5 or more servings of fruits and vegetables per day. 85% ate 1 to 4 servings of fruits and vegetables per day.
- 28% 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.
- Fairfield County youth consumed the following sources of calcium daily: milk (79%), other dairy products (56%), yogurt (33%), calcium-fortified juice (8%), other calcium sources (10%), calcium supplements (6%), and none of the above (6%).

- 40% of youth reported they drank energy drinks for the following reasons: to get pumped up (12%), to stay awake to do homework (12%), before games or practice (9%), to help me perform (8%), to stay awake to play video games (7%), to mix with alcohol (5%), and for some other reason (19%).

Physical Activity

- 74% of Fairfield County youth participated in at least 60 minutes of physical activity on 3 or more days in the past week. 49% did so on 5 or more days in the past week (YRBS reports 48% for Ohio in 2013 and 49% for the U.S. in 2015), and 28% did so every day in the past week (YRBS reports 26% for Ohio in 2013 and 27% for the U.S. in 2015). 11% of youth did not participate in at least 60 minutes of physical activity on any day in the past week (YRBS reports 13% for Ohio in 2013 and 14% for the U.S. in 2015).
- The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity per day. As part of their 60 minutes per day; aerobic activity, muscle strengthening, and bone strengthening are three distinct types of physical activity that children should engage in, appropriate to their age. Children should participate in each of these types of activity on at least three days per week.
- Fairfield County youth spent an average of 3.4 hours on their cell phone, 1.5 hours watching TV, 1.4 hours on their computer/tablet and 1.2 hours playing video games on an average day of the week.

Fairfield County Youth did the following to lose weight in the past 30 days:	Percent
Exercised	52%
Drank more water	45%
Ate more fruits and vegetables	35%
Ate less food, fewer calories, or foods lower in fat	33%
Skipped meals	15%
Went without eating for 24 hours	5%
Took diet pills, powders, or liquids without a doctor's advice	3%
Smoked cigarettes	3%
Vomited or took laxatives	2%

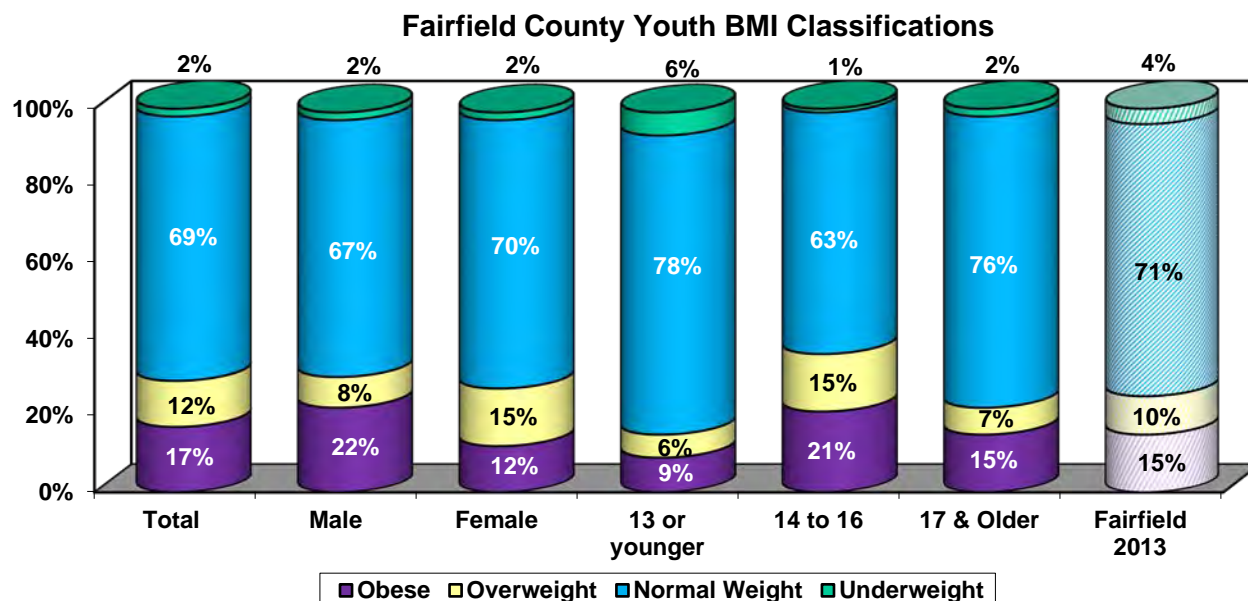
Healthy People 2020 Nutrition and Weight Status (NWS)

Objective	Fairfield County 2016	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	17% (6-12 Grade) 18% (9-12 Grade)	13% (9-12 Grade)	14% (9-12 Grade)	15%*

*Note: The Healthy People 2020 target is for children and youth aged 2-19 years.

(Sources: Healthy People 2020 Objectives, 2013 YRBS, NHANES, CDC/NCHS, 2016 Fairfield County Health Assessment)

The following graph shows the percentage of Fairfield County youth who were classified as obese, overweight, normal weight or underweight by Body Mass Index (BMI). Examples of how to interpret the information in the first graph include: 69% of all Fairfield County youth were classified as normal weight, 17% were obese, 12% were overweight, and 2% were underweight for their age and gender.



Youth Comparisons	Fairfield County 2010 (6 th -12 th)	Fairfield County 2013 (6 th -12 th)	Fairfield County 2016 (6 th -12 th)	Fairfield County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Obese	13%	15%	18%	20%	13%	14%
Overweight	13%	10%	16%	17%	16%	16%
Described themselves as slightly or very overweight	27%	28%	31%	34%	28%	32%
Trying to lose weight	45%	46%	42%	43%	47%	46%
Exercised to lose weight	46%	54%	52%	55%	61%‡	61%‡
Ate less food, fewer calories, or foods lower in fat to lose weight	24%	32%	33%	35%	43%‡	39%‡
Went without eating for 24 hours or more	4%	6%	5%	5%	10%	13%*
Took diet pills, powders, or liquids without a doctor's advice	3%	3%	3%	4%	5%	5%*
Vomited or took laxatives	2%	1%	2%	2%	5%	4%*
Ate 1 to 4 servings of fruits and vegetables per day	N/A	80%	85%	86%	85%‡	78%‡
Physically active at least 60 minutes per day on every day in past week	68%	68%	28%	37%	26%	27%
Physically active at least 60 minutes per day on 5 or more days in past week	45%	44%	49%	64%	48%	49%
Did not participate in at least 60 minutes of physical activity on any day in past week	11%	10%	11%	7%	13%	14%

*Comparative YRBS data for U.S. is 2013

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

Youth | TOBACCO USE

Key Findings

The 2016 Health Assessment identified that 12% of Fairfield County youth in grades 6-12 were current smokers, increasing to 15% of those ages 17 and older. Almost three-fourths (71%) of Fairfield County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.

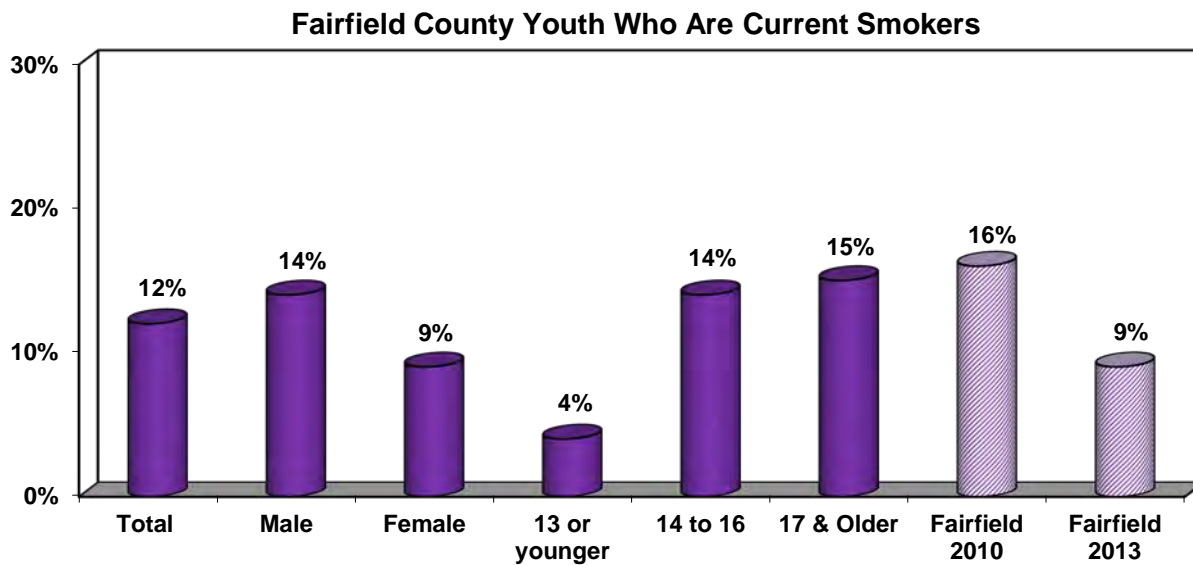
Youth Tobacco Use Behaviors

- The 2016 health assessment indicated that 24% of Fairfield County youth had tried cigarette smoking (2015 YRBS reported 32% for the U.S.).
- 9% of all Fairfield County youth had smoked a whole cigarette for the first time before the age of 13 (2015 YRBS reported 7% for the U.S.).
- 31% of those who had smoked a whole cigarette did so at 10 years old or younger, and another 22% had done so by 12 years old. The average age of onset for smoking was 11.9 years old.
- In 2016, 12% of Fairfield County 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).
- 29% of current smokers smoked cigarettes daily.
- 4% of all Fairfield County youth smoked cigarettes on 20 or more days during the past month (2013 YRBS reported that 7% of youth in Ohio smoked cigarettes on 20 or more days during the past month and 3% for the U.S. in 2015).

In 2016, 12% of Fairfield County youth were current smokers, having smoked at some time in the past 30 days.

- Almost three-fourths (71%) of Fairfield County youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- 46% of youth smokers borrowed cigarettes from someone else, 40% gave someone else money to buy them cigarettes, 32% took them from a family member, 26% said a person 18 years or older gave them the cigarettes, 18% indicated they bought cigarettes from a store or gas station (2015 YRBS reported 18% for the U.S.), 6% got them on the internet, 4% took them from a store, 3% got them from a vending machine and 24% got them some other way.
- Fairfield County youth used the following forms of tobacco the most in the past year: e-cigarette (15%), cigarettes (15%), chewing tobacco or snuff (9%), hookah (8%), cigars (8%), swishers (7%), Black and Milds (7%), snus (5%), cigarillos (5%), little cigars (3%), dissolvable tobacco products (1%), bidis (1%) and other forms of tobacco (2%).
- Over one-third (37%) of Fairfield County youth who smoked in the past year had tried to quit smoking (2015 YRBS reported 55% for the U.S.).

The following graph shows the percentage of Fairfield County youth who smoke cigarettes. Examples of how to interpret the information include: 12% of all Fairfield County youth were current smokers, 14% of males smoked, and 9% of females were current smokers.



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

Youth Behaviors	Current Smoker	Non-Current Smoker
Participated in extracurricular activities	74%	89%
Have had at least one drink of alcohol in the past 30 days	71%	13%
Have used marijuana in the past 30 days	62%	7%
Had sexual intercourse in the past 12 months	50%	19%
Been bullied in any way in the past year	50%	37%
Experienced 3 or more adverse childhood experiences (ACEs) in their lifetime	48%	23%
Seriously considered attempting suicide in the past 12 months	31%	10%
Attempted suicide in the past 12 months	24%	5%

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

Healthy People 2020
Tobacco Use (TU)

Objective	Fairfield County 2016	Ohio 2013	U.S. 2015	Healthy People 2020 Target
TU-2.2 Reduce use of cigarettes by adolescents (past month)	12% (6-12 Grade) 14% (9-12 Grade)	15% (9-12 Grade)	11% (9-12 Grade)	16%*

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

(Sources: Healthy People 2020 Objectives, 2015 YRBS, CDC/NCHHSTP, 2016 Fairfield County Health Assessment)

Youth Comparisons	Fairfield County 2010 (6 th -12 th)	Fairfield County 2013 (6 th -12 th)	Fairfield County 2016 (6 th -12 th)	Fairfield County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever tried cigarettes	36%	24%	24%	31%	52%*	32%
Current smokers	16%	9%	12%	14%	15%	11%
Smoked cigarettes on 20 or more days during the past month (of all youth)	6%	4%	4%	6%	7%	3%
Smoked a whole cigarette for the first time before the age of 13 (of all youth)	11%	5%	9%	12%	14%*	7%
Tried to quit smoking (of those youth who smoked in the past year)	66%	51%	37%	37%	56%*	55%

* Comparative YRBS data for Ohio is 2013 and for U.S. is 2015

Electronic Cigarettes and Teenagers in the U.S.

- The percentage of U.S. middle and high school students who tried electronic cigarettes more than doubled from 2011 to 2012.
- E-cigarettes look like regular cigarettes, but they are operated by battery. An atomizer heats a solution of liquid, flavorings, and nicotine that creates a mist that is inhaled.
- The percentage of high school students who had ever used e-cigarettes rose from 4.7% in 2011 to 10% in 2012. In the same time period, high school students using e-cigarettes within the past 30 days rose from 1.5% to 2.8%.
- The percentage of middle school students who had ever used e-cigarettes also doubled from 1.4% to 2.7%.
- Altogether, as of 2012 more than 1.78 million middle and high school students in the US had tried e-cigarettes.
- 76% of current young e-cigarette users also smoked regular cigarettes. Some experts fear that e-cigarettes may encourage children to try regular cigarettes.
- Nicotine is a highly addictive drug. Many teens that start with e-cigarettes may be condemned to struggling with a lifelong addiction to nicotine and conventional cigarettes."

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

Youth | ALCOHOL CONSUMPTION

Key Findings

In 2016, the Health Assessment results indicated that 49% of Fairfield County youth in grades 6-12 had drank at least one drink of alcohol in their life, increasing to 69% of youth seventeen and older. 20% of all Fairfield County 6th-12th grade youth and 28% of those over the age of 17 had at least one drink in the past 30 days. Nearly three-fifths (57%) of the 6th-12th grade youth who reported drinking in the past 30 days had at least one episode of binge drinking. 5% of all youth drivers had driven a car in the past month after they had been drinking alcohol.

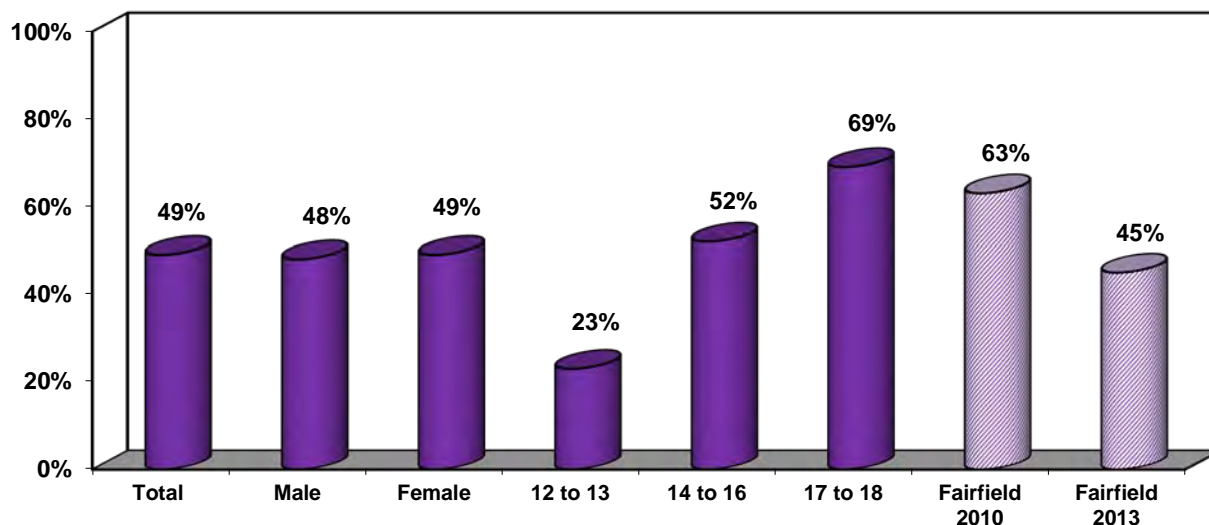
In 2016, 20% of Fairfield County youth had at least one drink in the past 30 days.

Youth Alcohol Consumption

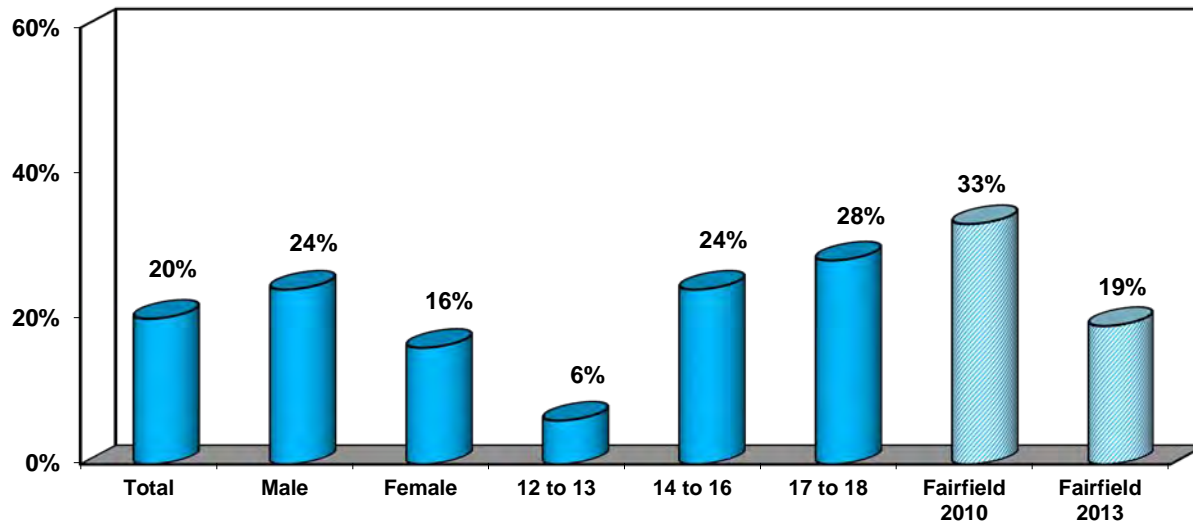
- In 2016, the Health Assessment results indicated that almost half (49%) of all Fairfield County youth (ages 12 to 18) had at least one drink of alcohol in their life, increasing to 69% of those ages 17 and older (2015 YRBS reports 63% for the U.S.).
- One-fifth (20%) of youth had at least one drink in the past 30 days, increasing to 28% of those ages 17 and older (YRBS reports 30% for Ohio in 2013 and 33% for the U.S. in 2015).
- Of those who drank, 57% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition, increasing to 61% of males.
- Based on all youth surveyed, 12% were defined as binge drinkers, increasing to 18% of those ages 17 and older (YRBS reports 16% for Ohio in 2013 and 18% for the U.S. in 2015).
- Over two-fifths (43%) of Fairfield County youth who reported drinking at some time in their life had their first drink at 12 years old or younger; 27% took their first drink between the ages of 13 and 14, and 30% started drinking between the ages of 15 and 18. The average age of onset was 12.5 years old.
- Of all Fairfield County youth, 17% 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).
- Fairfield County youth drinkers reported they got their alcohol from the following: someone gave it to them (41%) (2013 YRBS reports 38% for Ohio and 2015 YRBS reports 44% for the U.S.), a parent gave it to them (25%), someone older bought it (22%), a friend's parent gave it to them (14%), took it from a store or family member (14%), gave someone else money to buy it for them (14%), bought it in a liquor store/convenience store/gas station (6%), bought it with a fake ID (6%), bought it at a public event (4%), bought it at a bar, restaurant or club, and obtained it some other way (24%).
- During the past month, 14% of all Fairfield 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).
- 5% 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 Fairfield County youth who have drunk in their lifetime and those who are current drinkers. Examples of how to interpret the information include: 49% of all Fairfield County youth have drunk at some time in their life: 48% of males and 49% of females.

Fairfield County Youth Having At Least One Drink In Their Lifetime

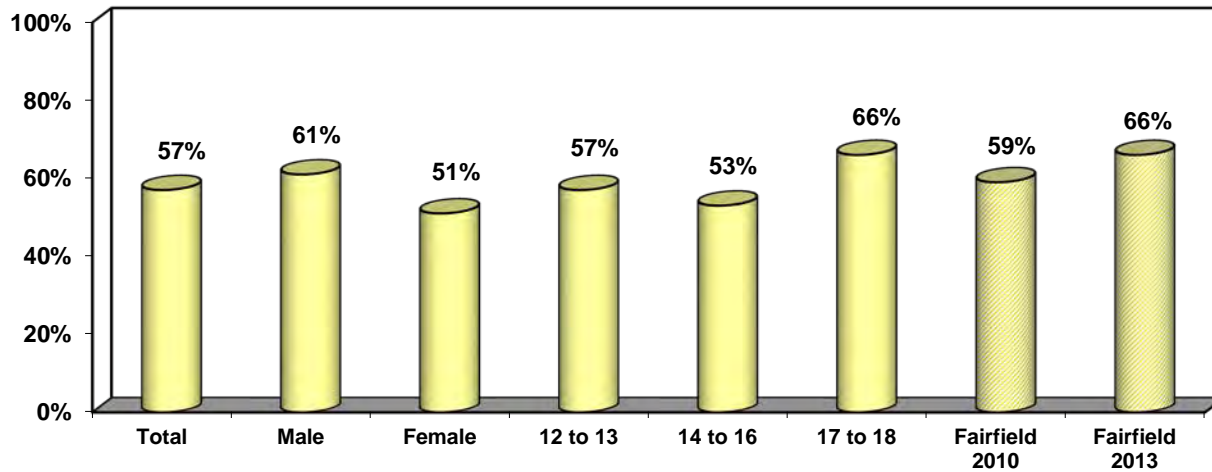


Fairfield County 6th-12th Grade Youth Who Are Current Drinkers



The following graph shows the percentage of Fairfield County 6th-12th grade youth who were binge drinkers. Examples of how to interpret the information include: 57% of current drinkers binge drank in the past month, 61% of males, and 51% of females had binge drank.

**Fairfield County 6th-12th Grade Youth Current Drinkers
Binge Drinking in Past Month***



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

Based on all Fairfield County youth surveyed, 12% were defined as binge drinkers.

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

Youth Behaviors	Current Drinker	Non-Current Drinker
Participated in extracurricular activities	87%	87%
Had sexual intercourse in the past 12 months	54%	15%
Have been bullied in the past 12 months	48%	37%
Have used marijuana in the past 30 days	48%	4%
Have smoked cigarettes in the past 30 days	42%	4%
Experienced 3 or more adverse childhood experiences (ACEs) in their lifetime	42%	23%
Seriously considered attempting suicide in the past 12 months	23%	9%
Attempted suicide in the past 12 months	14%	5%

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

Youth Comparisons	Fairfield County 2010 (6 th -12 th)	Fairfield County 2013 (6 th -12 th)	Fairfield County 2016 (6 th -12 th)	Fairfield County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever tried alcohol	63%	45%	49%	59%	71%*	63%
Current drinker	33%	19%	20%	27%	30%	33%
Binge drinker (of all youth)	19%	13%	12%	16%	16%	18%
Drank for the first time before age 13 (of all youth)	24%	13%	17%	18%	13%	17%
Rode with someone who was drinking	19%	13%	14%	15%	17%	20%
Drank and drove (of youth drivers)	6%	3%	5%	5%	4%	8%
Obtained the alcohol they drank by someone giving it to them	52%	36%	41%	44%	38%	44%

*Comparative YRBS data for Ohio is 2013 and U.S is 2015

Healthy People 2020 Substance Abuse (SA)

Objective	Fairfield County 2016	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	12% (6-12 Grade) 16% (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, 2015 YRBS, 2016 Fairfield County Health Assessment)

Teen Binge Drinking: On The Decline

- From 2014 to 2015 statistical significant declines in underage drinking were recorded for 10th reporting daily alcohol consumption, 12th grade students reporting being drunk in the past year, and 10th and 12th graders who report they have engaged in binge drinking (5 or more drinks in a row in the last two weeks)
- Three out of four 8th graders report they have never consumed alcohol, down 63% proportionally from 70% in 1991 to 26% in 2015. Lifetime consumption of alcohol among tenth graders and twelfth graders declined proportionally 44% and 27%, respectively, since 1991
- One in five eighth grade students (21%), 42% of tenth graders, and 58% of twelfth graders report they consumed alcohol in the past year. - See more at: <http://responsibility.org/get-the-facts/research/statistics/underage-drinking-statistics/#sthash.RdRn6Qfm.dpuf>

(Source: Foundation For Advancing Alcohol Responsibility: Underage Drinking Statistics: <http://responsibility.org/get-the-facts/research/statistics/underage-drinking-statistics/>)

Youth | DRUG USE

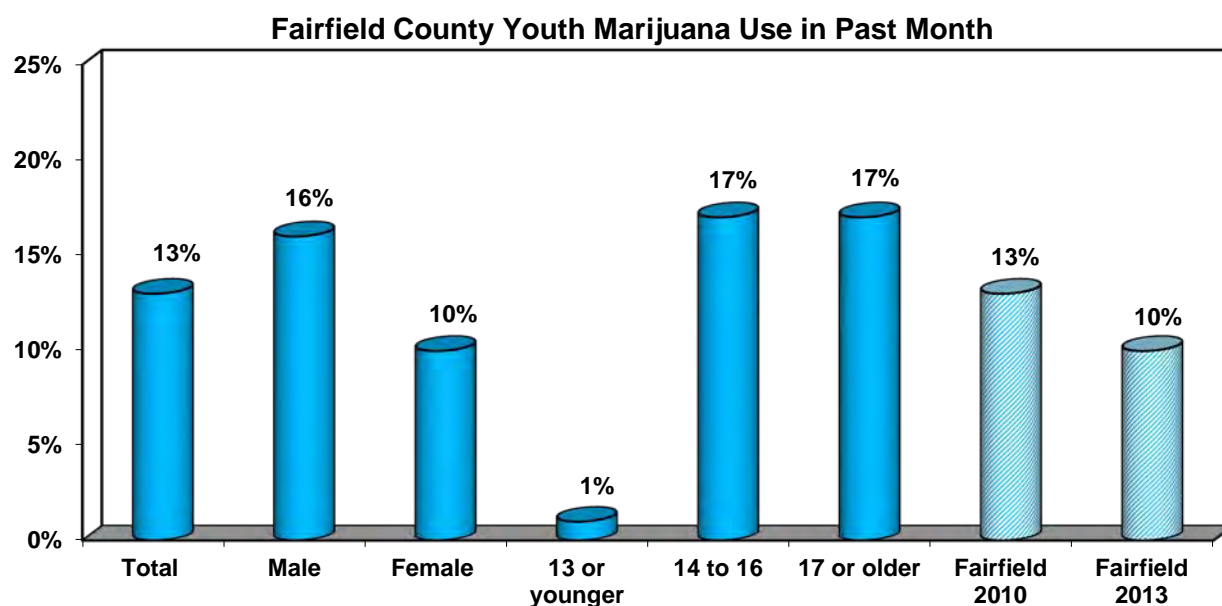
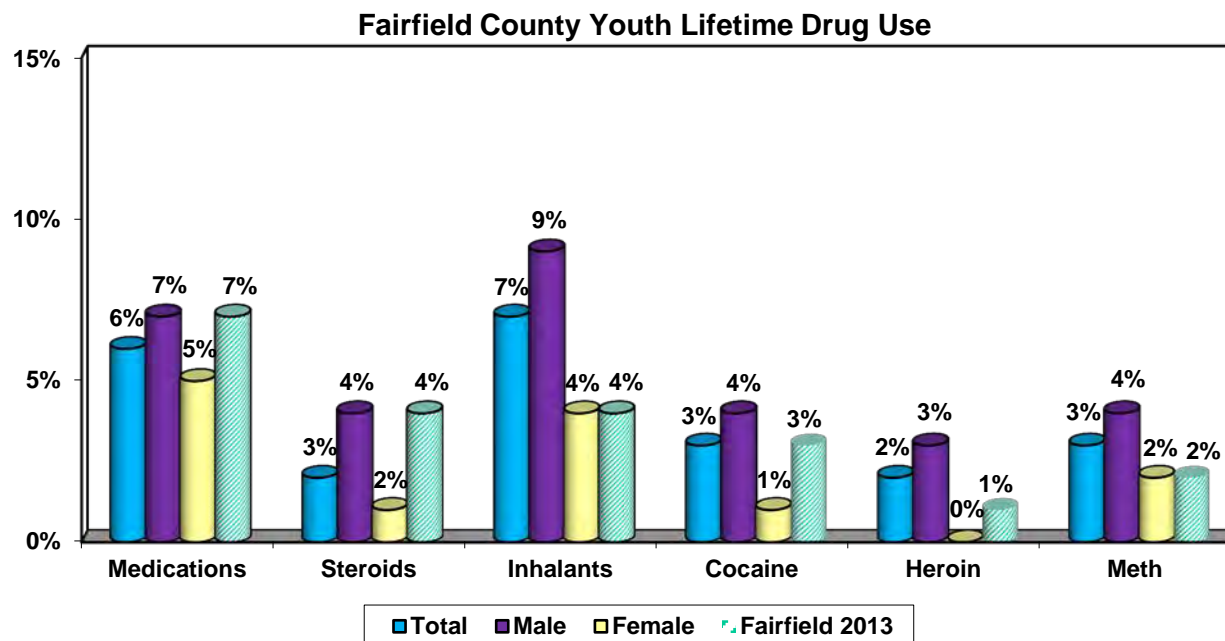
Key Findings

In 2016, 13% of Fairfield County 6th-12th grade youth had used marijuana at least once in the past 30 days, increasing to 17% of those ages 17 and older. 6% of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life, increasing to 9% of those over the age of 17.

Youth Drug Use

- In 2016, 13% of all Fairfield County youth had used marijuana at least once in the past 30 days, increasing to 17% of those over the age of 17. The 2013 YRBS found a prevalence of 21% for Ohio youth and a prevalence of 22% for U.S. youth in 2015.
- Fairfield County youth have tried the following in their life:
 - 7% of youth used inhalants (YRBS reports 9% for Ohio in 2013 and 7% for the U.S. in 2015)
 - 5% used liquid THC
 - 5% misused cough syrup
 - 4% misused over-the-counter medications
 - 4% used posh/salvia/synthetic marijuana
 - 3% used cocaine (YRBS reports 4% for Ohio in 2013 and 5% for U.S. in 2015)
 - 3% used methamphetamines (2015 YRBS reports 3% for the U.S.)
 - 3% used ecstasy/MDMA/Molly (2015 YRBS reports 5% for the U.S.)
 - 2% used heroin (YRBS reports 2% for Ohio in 2013 and 2% for U.S. in 2015)
 - 2% used steroids (YRBS reports 3% for Ohio in 2013 and 4% for the U.S. in 2015)
 - 2% used GhB
 - 2% used bath salts
 - 2% used K2/spice
 - 2% used Cloud 9
 - 1% had been to a pharm party/used skittles
 - 1% used Opana
 - 1% misused hand sanitizer
- During the past 12 months, 11% of all Fairfield 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).
- 6% Fairfield County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives, increasing to 9% of those over the age of 17.
- 38% of Fairfield County youth reported having been prescribed pain medications, such as codeine or Vicodin, for an injury or surgery at least once during their life.
- Youth who misused prescription medications got them in the following ways: a friend gave it to them (60%), they took it from a friend or family member (46%), a parent gave it to them (26%), bought it from a friend (23%), bought it from someone else (17%), the internet (14%), and another family member gave it to them (11%).
- In the past month, youth reported being on school property under the influence of the following:
 - Marijuana (7%)
 - Alcohol (3%)
 - Prescription drugs not prescribed for them (2%)
 - Synthetic marijuana/K2/spice/posh (1%)
 - Inhalants (1%)
 - Bath salts (1%)
 - Other (1%)

The following graphs are data from the 2016 Fairfield County Health Assessment indicating youth lifetime drug use and youth marijuana use in the past 30 days. Examples of how to interpret the information include: 6% of youth have misused medication at some point in their life, 7% of males and 5% of females.



Youth Comparisons	Fairfield County 2009 (6 th -12 th)	Fairfield County 2013 (6 th -12 th)	Fairfield County 2016 (6 th -12 th)	Fairfield County 2016 (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	13%	10%	13%	19%	21%	22%
Ever used methamphetamines	3%	2%	3%	4%	6%†	3%
Ever used cocaine	4%	3%	3%	4%	4%	5%
Ever used heroin	1%	1%	2%	2%	2%	2%
Ever used steroids	3%	4%	2%	3%	3%	4%
Ever used inhalants	8%	4%	7%	7%	9%	7%
Ever used ecstasy/MDMA/Molly	N/A	2%	3%	5%	N/A	5%
Ever misused medications	13%	7%	6%	8%	N/A	N/A
Ever been offered, sold, or given an illegal drug by someone on school property in the past year	15%	10%	11%	13%	20%	22%

† Comparative YRBS data for Ohio is 2013 and the U.S. is 2015

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 2013 National Survey on Drug Use and Health (NSDUH), an estimated 9.9 million people aged 12 or older reported driving under the influence of illicit drugs during the year prior to being surveyed.
- After alcohol, THC (delta-9-tetrahydrocannabinol), the active ingredient in marijuana is the substance most commonly found in the blood of impaired drivers, fatally injured drivers, and motor vehicle crash victims. Studies in several localities have found that approximately 4 to 14 percent of drivers who sustained injury or died in traffic accidents tested positive for THC.

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

Youth | SEXUAL BEHAVIOR

Key Findings

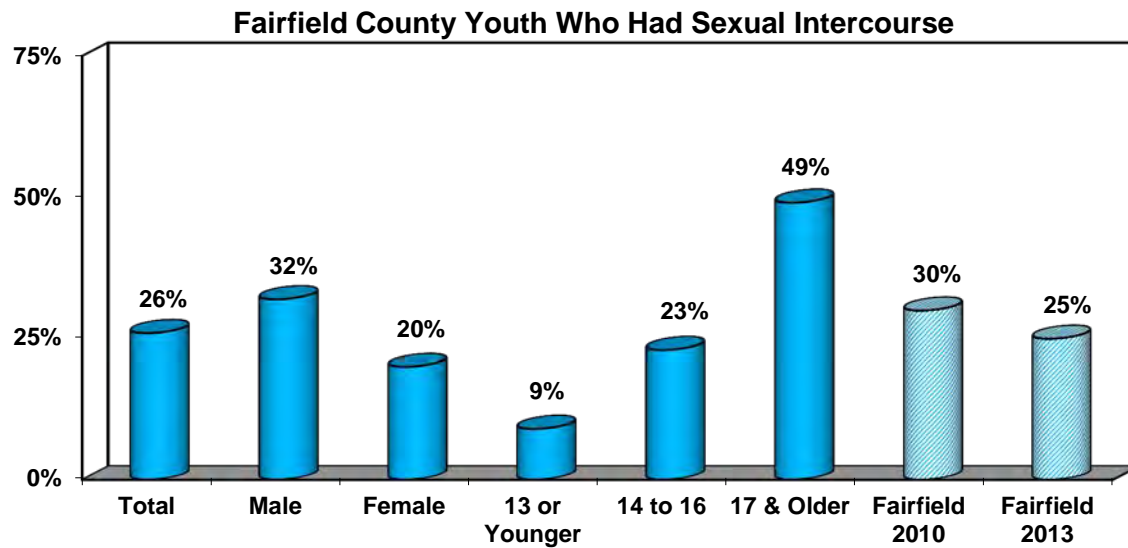
In 2016, over one-quarter (26%) of Fairfield County youth have had sexual intercourse. 26% of youth had participated in oral sex and 8% had participated in anal sex. 30% of youth participated in sexting. Of those who were sexually active, 48% had multiple sexual partners. One Fairfield County school did not ask sexual behavior questions.

26% of Fairfield County youth have had sexual intercourse.

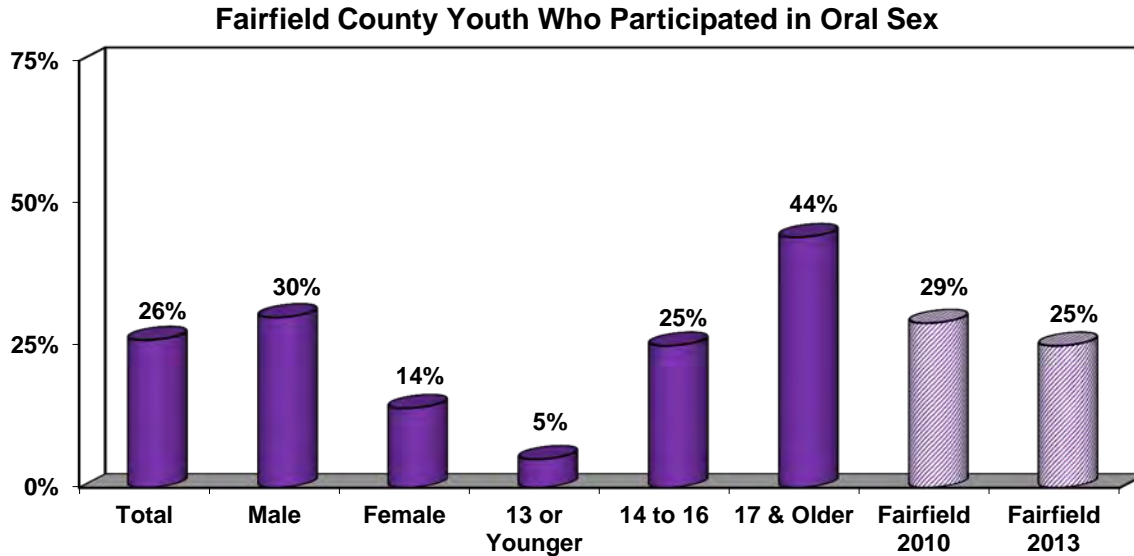
Youth Sexual Behavior

- Over one-quarter (26%) of Fairfield County youth have had sexual intercourse, increasing to 49% of those ages 17 and over. (The YRBS reports 43% for Ohio in 2013 and 41% for U.S. in 2015).
- 26% of youth had participated in oral sex, increasing to 44% of those ages 17 and over.
- 8% of youth had participated in anal sex, increasing to 11% of those ages 17 and over.
- 30% of youth had participated in sexting, increasing to 41% of those ages 17 and over.
- 31% of youth had viewed pornography, increasing to 43% of males and 44% of those ages 17 and over.
- Of those youth who were sexually active in their lifetime, 52% had one sexual partner and 48% had multiple partners.
- 7% of all Fairfield County youth had 4 or more sexual partners (YRBS reports 12% for Ohio in 2013 and 12% for the U.S. in 2015).
- 24% of all Fairfield County sexually active youth had 4 or more partners (2013 YRBS reports 28% for Ohio).
- Of those youth who were sexually active, 18% had done so by the age of 13. Another 35% had done so by 15 years of age. The average age of onset was 14.3 years old.
- Of all youth, 5% were sexually active before the age of 13 (YRBS reports 4% for Ohio in 2013 and 4% for the U.S. in 2015).
- Fairfield County youth had experienced the following: wanted to get pregnant (3%), had sex in exchange for something of value such as food, drugs, shelter or money (2%), got someone pregnant (2%), tried to get pregnant (1%), been pregnant (1%), had been treated for an STD (1%), had a child (1%), and had an abortion (<1%).
- 52% of youth who were sexually active used condoms to prevent pregnancy, 9% used birth control pills, 4% used the withdrawal method, 4% used a shot, patch or birth control ring, and 1% used an IUD. 4% reported they were gay or lesbian. However, 15% were engaging in intercourse without a reliable method of protection, and 8% reported they were unsure.

The following graphs show the percentage of Fairfield County youth who participated in sexual intercourse and oral sex. Examples of how to interpret the information include: 26% of all Fairfield County youth had sexual intercourse, 32% of males, and 20% of females had sex.

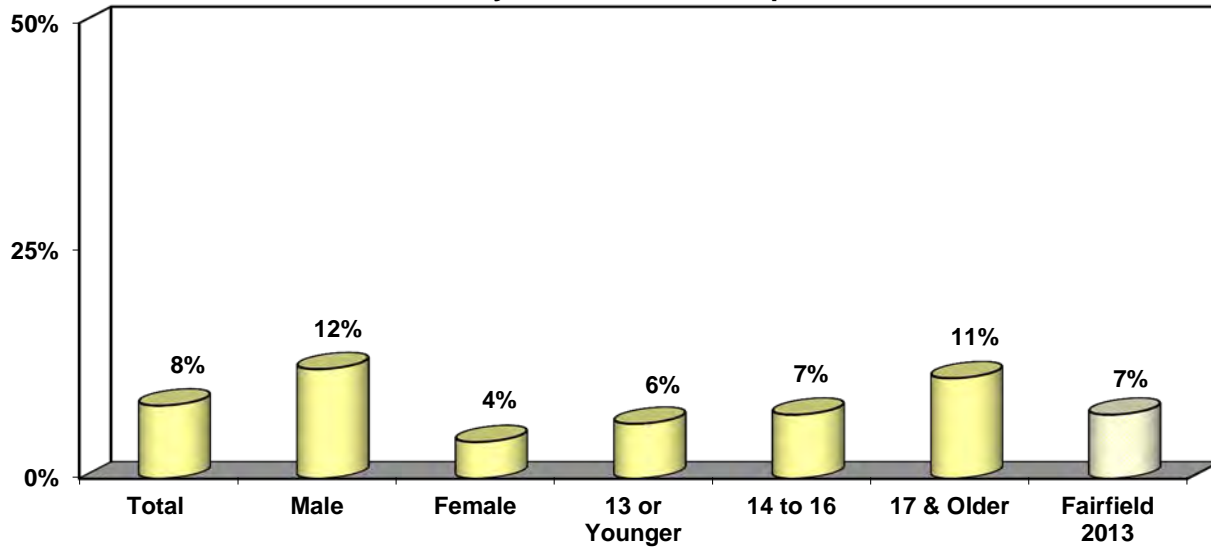


15% of Fairfield County youth who were sexually active were not using a reliable method of protection to prevent pregnancy.

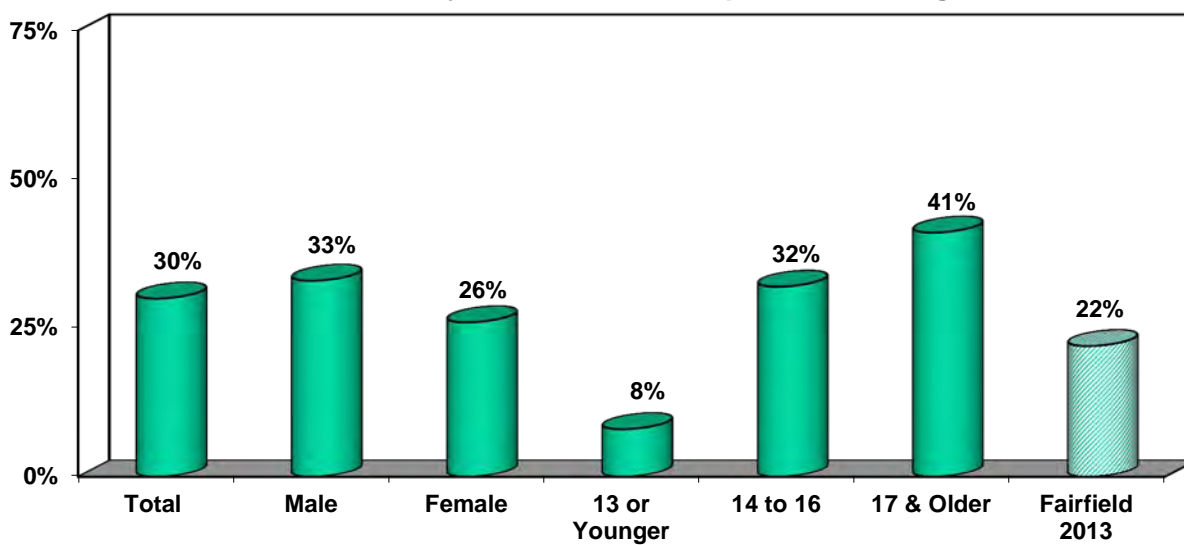


The following graphs show the percentage of Fairfield County youth who participated in anal sex and sexting. Examples of how to interpret the information include: 8% of all Fairfield County youth participated in anal sex, 12% of males, and 4% of females.

Fairfield County Youth Who Participated in Anal Sex



Fairfield County Youth Who Participated in Sexting



Youth Comparisons	Fairfield County 2013 (6 th -12 th)	Fairfield County 2013 (6 th -12 th)	Fairfield County 2016 (6 th -12 th)	Fairfield County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Ever had sexual intercourse	30%	25%	26%	35%	43%	41%
Used a condom at last intercourse	65%	76%	52%	21%	51%	57%
Used birth control pills at last intercourse	36%	38%	9%	4%	24%	18%
Did not use any method to prevent pregnancy during last sexual intercourse	12%	8%	15%	5%	12%	14%
Had four or more sexual partners (of all youth)	9%	8%	7%	9%	12%	12%
Had sexual intercourse before age 13 (of all youth)	5%	7%	5%	5%	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 2013:

- 47% had ever had sexual intercourse
 - 34% had sexual intercourse during the previous 3 months, and, of these
 - 41% did not use a condom the last time they had sex
 - 15% had had sex with 4 or more people during their life
 - Only 22% of sexually experienced students have ever been tested for HIV
- Sexual risk behaviors place adolescents at risk for HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy
- Approximately 10,000 young people aged 13–24 years were diagnosed with HIV infection in the United States in 2013
 - Nearly half of the 20 million new STDs each year are among young people aged 15–24 years
 - In 2013, about 273,000 babies were born to teenage girls

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

Youth | MENTAL HEALTH AND SUICIDE

Key Findings

In 2016, the Health Assessment results indicated that 12% of Fairfield County youth had seriously considered attempting suicide in the past year and 7% actually attempted suicide in the past year, increasing to 10% of females.

Youth Mental Health

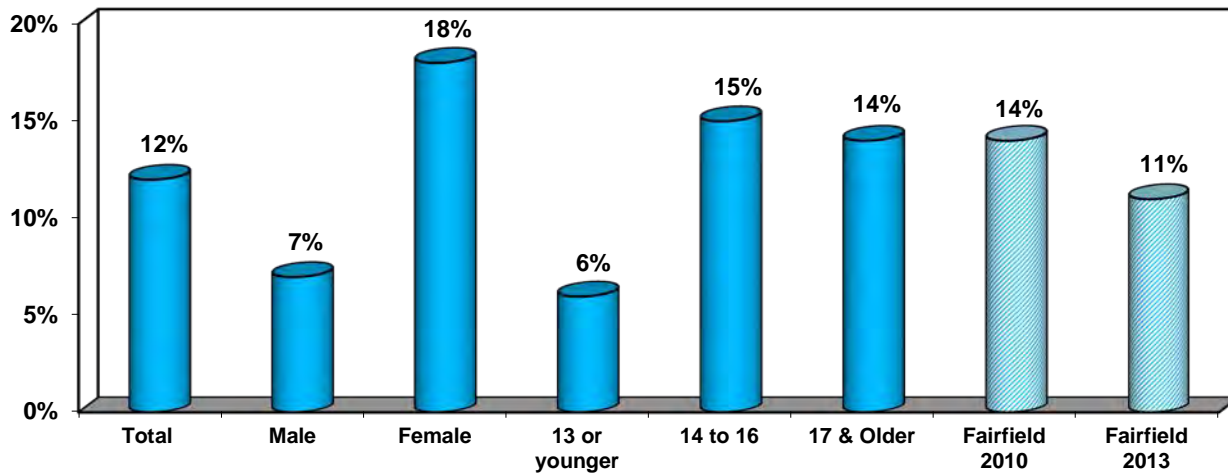
- In 2016, over one-quarter (27%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 41% of females (YRBS reported 26% for Ohio in 2013 and 30% for the U.S. in 2015).
- 12% of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 18% of females. 13% of high school youth had seriously considered attempting suicide, compared to the 2015 YRBS rate of 18% for U.S. youth and the 2013 YRBS rate of 14% for Ohio youth.
- In the past year, 7% of Fairfield County youth had attempted suicide, increasing to 10% of females. 4% 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.
- Of those who attempted suicide, 2% resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.

27% of Fairfield 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.

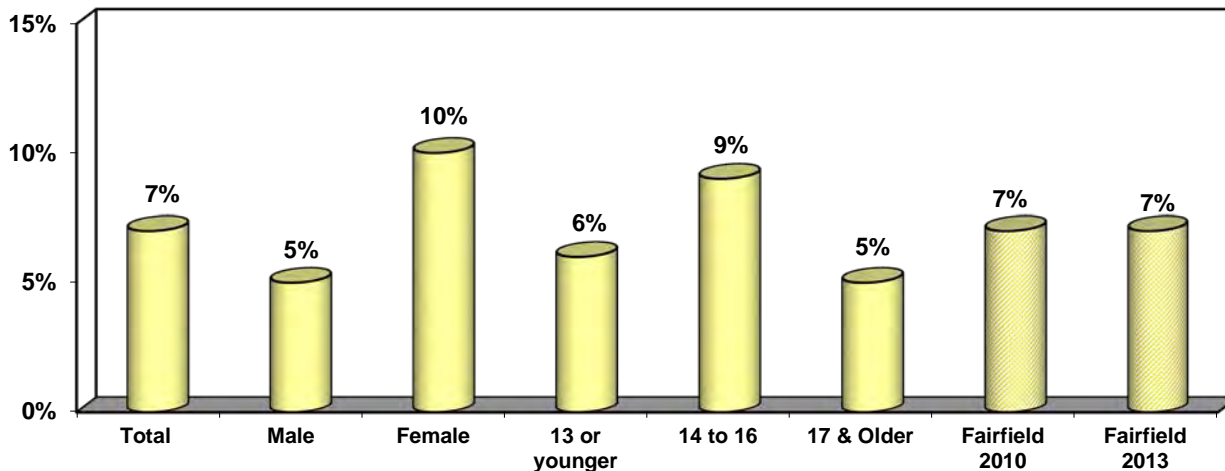
- 48% of youth reported they would seek help if they were dealing with anxiety, stress, depression or thoughts of suicide. Of youth who reported they would not seek help the following reasons were reported: they can handle it themselves (37%), worried what others might think (19%), no time (14%), cost (10%), did not know where to go (9%), their family would not support them (7%), transportation (5%), and their friends would not support them (3%).
- Fairfield County youth reported the following ways of dealing with anxiety, stress, or depression: be by themselves in their room (52%), sleeping (48%), hobbies (40%), texting someone (36%), eating (31%), exercising (30%), talking to a peer (28%), play video games (26%), talking to someone in their family (25%), praying (24%), using social media (16%), shopping (13%), reading the Bible (12%), breaking something (12%), writing in a journal (11%), self-harm (9%), drinking alcohol (8%), smoking/using tobacco (8%), using illegal drugs (6%), talk to a counselor/teacher (6%), using prescribed medication (6%), vandalism/violent behavior (2%), gambling (2%), talking to a medical professional (2%), using un-prescribed medication (1%), harming someone else (1%), and text or call Teen Line (1%). 27% of youth reported they did not have anxiety, stress, or depression.

The following graphs show the percentage of Fairfield County youth who had seriously considered attempting suicide and attempted suicide in the past 12 months (i.e., the first graph shows that 12% of all youth had seriously considered attempting suicide, 7% of males and 18% of females).

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



Fairfield County Youth Who Attempted Suicide in the Past 12 Months



Healthy People 2020 Mental Health and Mental Disorders (MHMD)

Objective	Fairfield County 2016	Ohio 2013	U.S. 2015	Healthy People 2020 Target
HMD-2 Reduce suicide attempts by adolescents ‡	1% (9-12 Grade)	1% (9-12 Grade)	9% (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, 2015 YRBS, CDC/NCHHSTP, 2016 Fairfield County Health Assessment)

Youth Comparisons	Fairfield County 2009 (6 th -12 th)	Fairfield County 2013 (6 th -12 th)	Fairfield County 2016 (6 th -12 th)	Fairfield County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Youth who had seriously considered attempting suicide in the past year	14%	10%	12%	13%	14%	18%
Youth who had attempted suicide in the past year	7%	4%	7%	7%	6%	9%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (of all youth)	2%	2%	2%	1%	1%	3%
Youth who felt sad or hopeless almost every day for 2 or more weeks in a row	21%	23%	27%	27%	26%	30%

Youth Suicide

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

Risk Factors Include:

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

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

Youth | SAFETY

Key Findings

In 2016, 14% of youth had ridden in a car driven by someone who had been drinking alcohol in the past month and 5% of youth drivers had driven after drinking alcohol. 30% of youth drivers texted while driving.

30% of Fairfield County youth drivers texted while driving in the past month.

Personal Safety

- In the past 30 days, 14% of youth had ridden in a car driven by someone who had been drinking alcohol (YRBS reported 17% for Ohio in 2013 and 20% for the U.S. in 2015).
- 5% of youth drivers had driven a car themselves after drinking alcohol, (YRBS reported 4% for Ohio in 2013 and 8% for the U.S. in 2015).
- Fairfield County youth drivers did the following while driving in the past month: wore a seatbelt (92%), ate (39%), talked on their cell phone (38%), drove while tired or fatigued (34%), texted (30%), used the internet on their cell phone (13%), used cell phone for other things (10%), used marijuana (7%), applied makeup (6%), played electronic games on cell phone (6%), drank alcohol (5%), checked Facebook on their cell phone (5%), used illegal drugs (4%), read (3%) and misused prescription drugs (3%).
- Fairfield County youth reported they always wore a helmet when riding the following: motorcycle/dirt bike (11%), ATV (9%), a bike (4%), and a hover board (2%).
- Fairfield County youth reported they never wore a helmet when riding the following: a bike (48%), ATV (21%), motorcycle/dirt bike (12%), and a hover board (21%).
- 58% of Fairfield County youth reported there was a firearm in or around their home. 6% of youth reported they were unlocked and loaded.
- 93% of youth had a Twitter, Instagram, Facebook, online gaming, or other social network account.
- Of those who had an account, they reported the following:
 - Their account was currently checked private (50%)
 - They knew all of their "friends" (46%)
 - Their parents had their password (22%)
 - They knew all of the people they play online (17%)
 - They had been asked to share personal info (12%)
 - They had been asked to meet someone they met online (10%)
 - Their friends had their password (10%)
 - They were bullied because of their accounts (6%)
 - They share personal information (6%)
 - They had problems as a result of their account (6%)
 - Their parents do not know they have an account (5%)
 - They had participated in sexual activity with someone they met online (5%)
- Over half (60%) of the youth who had a Twitter, Instagram, Facebook, online gaming, or other social network account believed that sharing information online is dangerous.
- 51% of Fairfield County youth have had CPR training.

Personal Health

- 16% of youth reported in the past year they had suffered a blow or jolt to their head while playing with a sports team (either during a game or during practice) which caused them to get “knocked out”, have memory problems, double or blurry vision, headaches or “pressure” in the head, or nausea or vomiting (2013 YRBS reported 12% for Ohio).
- Fairfield County youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work: less than a year ago (79%), (2013 YRBS reported 75% for Ohio), 1 to 2 years ago (9%), more than 2 years ago (4%), never (1%), and do not know (7%).
- 27% of youth reported having purposefully hurt themselves at least one time in their lives.
- Fairfield County youth reported the following adverse childhood experiences (ACE): parents became separated or were divorced (35%), parents or adults in home swore at them, insulted them or put them down (28%), lived with someone who was depressed, mentally ill or suicidal (26%), lived with someone who was a problem drinker or alcoholic (22%), lived with someone who served time or was sentenced to serve in prison or jail (18%), parents were not married (16%), lived with someone who used illegal drugs or misused prescription drugs (15%), parents or adults in home abused each other (9%), parents or adults in home abused them (10%), an adult or someone 5 years older than them touched them sexually (5%), an adult or someone 5 years older tried to make them touch them sexually (3%), and an adult or someone 5 years older than them forced them to have sex (2%).
- 30% of youth had three or more adverse childhood experiences.

Youth Comparisons	Fairfield County 2010 (6 th -12 th)	Fairfield County 2013 (6 th -12 th)	Fairfield County 2016 (6 th -12 th)	Fairfield County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Rode with someone who had been drinking alcohol in past month	19%	13%	14%	15%	17%	20%
Drove a car after drinking alcohol (of youth drivers)	6%	3%	5%	10%	4%	8%
Suffered blow or jolt to head	N/A	N/A	16%	16%	12%	N/A

N/A – Not available

Youth | VIOLENCE ISSUES

Key Findings

In Fairfield County, 9% of youth had been threatened or injured with a weapon on school property in the past year. 26% of youth had been bullied on school property in the past year.

Violence-Related Behaviors

- In 2016, 4% of youth had carried a weapon (such as a gun, knife or club) in the past 30 days, increasing to 6% of males (YRBS reported 14% for Ohio in 2013 and 16% for the U.S. in 2015).
- 12% 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).
- 9% of youth were threatened or injured with a weapon on school property in the past year (2015 YRBS reported 6% for the U.S.).
- In the past year, 26% of youth had been bullied on school property (YRBS reported 21% for Ohio in 2013 and 20% for the U.S. in 2015).
- In the past year, 13% of youth had been involved in a physical fight, increasing to 20% of males. 5% had been in a fight on more than one occasion (YRBS reported 20% for Ohio in 2013 and 23% for the U.S. in 2015).
- 40% of youth had been bullied in the past year. The following types of bullying were reported:
 - 29% were verbally bullied (teased, taunted or called harmful names)
 - 25% were indirectly bullied (spread mean rumors about them or kept them out of a "group")
 - 12% were cyber bullied (teased, taunted or threatened by e-mail or cell phone) (YRBS reported 16% for Ohio in 2013 and 16% for the U.S. in 2015)
 - 9% were physically bullied (were hit, kicked, punched or people took their belongings)
 - 5% 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, Fairfield County youth reported they had been a victim of teasing or name calling due to the following: weight, size or physical appearance (37%), sexual orientation (15%), race or ethnic background (9%), and gender (7%).
- 6% 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 12% of youth reported an adult or caregiver had ever hit, slapped or physically hurt them on purpose.
- 6% of Fairfield County youth had been forced to participate in a sexual activity when they did not want to.

Types of Bullying Fairfield County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 and younger	14-16 Years old	17 and older
Verbally Bullied	29%	18%	23%	18%	22%	21%
Indirectly Bullied	25%	9%	26%	18%	19%	15%
Cyber Bullied	12%	4%	13%	6%	11%	5%
Physically Bullied	9%	8%	5%	8%	6%	5%
Sexually Bullied	5%	2%	5%	3%	4%	3%

Behaviors of Fairfield County Youth

Bullied vs. Non-Bullied

Youth Behaviors	Bullied	Non-Bullied
Purposefully hurt self in any way	47%	13%
Have drank alcohol in the past 30 days	25%	17%
Have used marijuana in the past 30 days	17%	11%
Seriously considered attempting suicide in the past 12 months	26%	3%
Attempted suicide in the past 12 months	15%	2%
Have smoked cigarettes in the past 30 days	15%	9%

Healthy People 2020

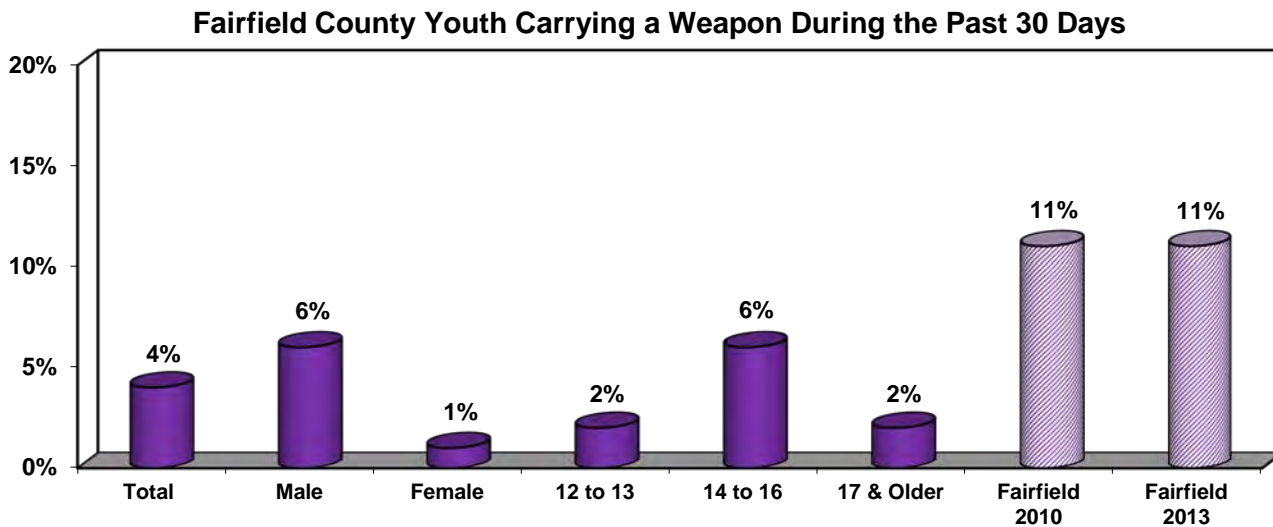
Injury and Violence Prevention (IVP)

Objective	Fairfield County 2016	Ohio 2013	U.S. 2015	Healthy People 2020 Target
IVP-35 Reduce bullying among adolescents	26% (6-12 Grade) 21% (9-12 Grade)	21% (9-12 Grade)	20% (9-12 Grade)	18%*

*Note: The Healthy People 2020 target is for youth in grades 9-12 who reported they were bullied on school property in the past year.

(Sources: Healthy People 2020 Objectives, 2013 and 2015 YRBS, CDC/NCHHSTP, 2016 Fairfield County Health Assessment)

The following graph shows Fairfield County youth who carried a weapon in the past 30 days. The graph shows the number of youth in each segment giving each answer (i.e., the graph shows that 4% of all youth had carried a weapon in the past 30 days, 6% of males and 1% of females).



Youth Comparisons	Fairfield County 2010 (6 th -12 th)	Fairfield County 2013 (6 th -12 th)	Fairfield County 2016 (6 th -12 th)	Fairfield County 2016 (9 th -12 th)	Ohio 2013 (9 th -12 th)	U.S. 2015 (9 th -12 th)
Carried weapon on school property in past month	11%	11%	4%	3%	N/A	4%
Been in a physical fight on school property in past year	14%	6%	13%	9%	6%	8%
Threatened or injured with a weapon on school property in past year	7%	10%	9%	7%	N/A	6%
Did not go to school because felt unsafe	4%	7%	12%	12%	5%	6%
Electronically/cyber bullied in past year	15%	15%	12%	12%	15%	16%
Bullied on school property in past year	N/A	31%	26%	21%	21%	20%
Hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend in past	8%	4%	6%	6%	7%	10%‡

N/A – Not available

‡ Comparative YRBS data for Ohio is 2013 and U.S. is 2015

Child HEALTH & FUNCTIONAL STATUS

Key Findings

In 2016, 21% of children were classified as obese by Body Mass Index (BMI) calculations. 84% of Fairfield County parents had taken their child ages 0-11 to the dentist in the past year. 18% of Fairfield County parents reported their child ages 0-11 had been diagnosed with asthma. 9% of parents reported their child had been diagnosed with ADD/ADHD.

National Survey of Children's Health 2011/12

- 6% of Ohio children ages 0-5 were diagnosed with asthma, increasing to 10% of 6-11 year olds.
- 12% of Ohio children ages 6-11 were diagnosed with ADD/ADHD.

(Source: National Survey of Children's Health, 2011/12, <http://nschdata.org>)

Health of Children Ages 0-11

- In 2016, about half (54%) of Fairfield County parents of 0-11 year olds rated their child's health as excellent. <1% of parents rated their child's health as fair.
- About one-fifth (21%) of children were classified as obese by Body Mass Index (BMI) calculations. 13% of children were classified as overweight, 57% were normal weight, and 10% were underweight.
- Fairfield County children ate the following for breakfast: cereal (75%), milk (70%), toast (40%), eggs (40%), fruit/fruit juice (38%), yogurt (35%), Pop Tart/donut/pastry (32%), bacon/ham/sausage (26%), oatmeal (25%), soda pop (<1%), pizza (<1%) and other (12%). 18% of children ate at the school breakfast program.
- 8% of Fairfield County children ate 5 or more servings of fruits and vegetables per day. 89% ate 1 to 4 servings of fruits and vegetables per day.
- 41% of Fairfield County children drank soda pop, punch, sports drinks, energy drinks or other fruit flavored drinks 1-3 times during the past 7 days. 35% of children did not drink any soda pop, sports drinks, energy drinks or other fruit flavored drinks in the past 7 days.
- Fairfield County children spent an average of 1.8 hours watching TV, 1.3 hours reading, 0.9 hours on the computer/tablet/cellphone and 0.8 hours playing video games on an average day of the week.
- 84% of children had been to the dentist in the past year, increasing to 94% of 6-11 year olds.
- Parents gave the following reasons for not getting dental care for their child: child was not old enough to go to the dentist (9%), cost (3%), dentist would not see child yet because of their age (2%), no insurance (2%), treatment was ongoing (2%), could not find a dentist who accepted their insurance (1%), health plan problem (1%), not available in area/transportation problems (1%), no convenient times/could not get appointment (1%), dissatisfaction with dentist (1%), child refused to go (<1%), child has a disability and could not find a place that accepts them (<1%), dentist did not know how treat/provide care (<1%), missed an appointment and was not allowed to go back to clinic (<1%) and other (4%). No one reported not knowing where to go for treatment.
- Over two-fifths (42%) of parents reported problems with their child's teeth. The top five problems were: cavities (20%), crooked teeth/teeth that need braces (12%), hygiene (5%), family history of dental problems (4%) and enamel problems (3%).

- A doctor told Fairfield County parents their 0-11 year old child had the following conditions:
 - Asthma (18%)
 - Dental problems (9%)
 - ADD/ADHD (9%)
 - Urinary tract infection (9%)
 - Speech and language delays (7%)
 - Developmental delay or physical impairment (4%)
 - Anxiety problems (4%)
 - Learning disability (4%)
 - Head injury (4%)
 - Behavioral/conduct problem (4%)
 - Pneumonia (4%)
 - Bone/joint/muscle problems (3%)
 - Vision problems that cannot be corrected with glasses (3%)
 - Hearing problems (2%)
 - Genetic disease (2%)
 - Epilepsy (2%)
 - Autism (2%)
 - Other life threatening illness (2%)
 - Depression problems (1%)
 - Birth defect (1%)
 - Appendicitis (1%)
 - Intellectual disability/mental retardation (1%)
 - Digestive tract infections (1%)
 - Fetal Alcohol Syndrome (1%)
 - Cerebral palsy (<1%)
 - Cancer (<1%)
 - Addiction disorder (<1%)
 - Diabetes (<1%)
 - Neonatal Abstinence Syndrome (<1%)

- 27% of Fairfield County children ages 0-11 had difficulties in the following areas: concentration (16%) emotions (14%), behavior (8%), and being able to get along with people (4%). 10% had more than one difficulty.

- Parents reported that their child's mental and emotional health put a burden on their family a great deal (1%), a medium amount (4%) and a little (12%). 83% of parents reported not at all.

Children's Dental Health

- Dental disease remains a common problem among Ohio's children; 51% of children have experienced tooth decay by third grade.
- Dental care remains the single most common unmet health care need for nearly 157,400 children in Ohio, regardless of family income.
- Almost 486,000 (19%) of Ohio's children are without dental insurance; this is four times the number of children without medical insurance.
- Almost 340,000 children in Ohio have never been to the dentist.
- The overall percentage of children in Ohio with dental sealants has increased; however, children in rural/non-Appalachian counties are significantly less likely to have dental sealants.

*(Source: ODH, Oral Health Isn't Optional, 2011, from:
http://www.odh.ohio.gov/~media/ODH/ASSETS/Files/ohs/oral%20health/ohioreport8_9.ashx)*

Child Comparisons	Fairfield County 2016 Ages 0-5	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Fairfield County 2016 Ages 6-11	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Rated health as excellent or very good	99%	89%	86%	94%	86%	83%
Dental care visit in past year	64%	50%	54%	94%	92%	88%
Diagnosed with asthma	11%	6%	6%	21%	10%	10%
Diagnosed with ADHD/ADD	0%	N/A	2%*	14%	12%	9%
Diagnosed with behavioral or conduct problems	2%	N/A	2%**	5%	5%	4%
Diagnosed with vision problems that cannot be corrected	1%	N/A	<1%	4%	N/A	2%
Diagnosed with bone, joint, or muscle problems	1%	N/A	1%	3%	N/A	2%
Diagnosed with epilepsy	0%	N/A	<1%	2%	N/A	1%
Diagnosed with a head injury	3%	N/A	<1%	4%	N/A	<1%
Diagnosed with diabetes	0%	N/A	N/A	1%	N/A	<1%
Diagnosed with depression	0%	N/A	<1%*	2%	N/A	2%

N/A – Not available

* - Ages 2-5

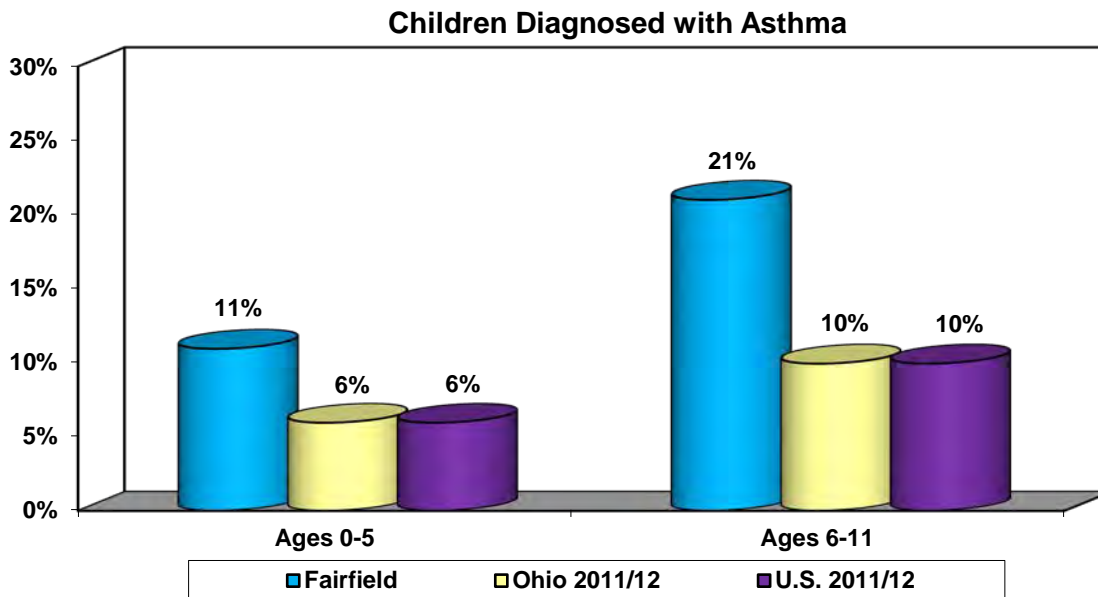
Attention-Deficit / Hyperactivity Disorder (ADHD)

- 5% of school-aged children have ADHD. However, studies have estimated higher rates in community samples.
- Parents report that approximately 11% of children 4-17 years of age (6.4 million) have been diagnosed with ADHD as of 2011.
- Parent-reported ADHD diagnosis in Ohio was 14.2%
- Rates of ADHD diagnosis increased an average of 3% per year from 1997 to 2006 and an average of 5% per year from 2003 to 2007.
- Boys (13.2%) were more likely than girls (5.6%) to have ever been diagnosed with ADHD.
- Rates of ADHD diagnosis increased at a greater rate among older teens as compared to younger children.
- The highest rates of parent-reported ADHD diagnosis were noted among children covered by Medicaid and multiracial children.

(Source: CDC, Attention-Deficit / Hyperactivity Disorder (ADHD), 12/10/2014, from: <http://www.cdc.gov/ncbddd/adhd/data.html>)

Asthma

The following graph shows that Fairfield County has a lower percentage of children ages 0-5 and 6-11 who are diagnosed with asthma than both Ohio and the U.S.



Children and Smoking

- 63% of Ohio children ages 0-5 do not have anyone that smokes in their household. 27% has someone in their household that smokes, but does not smoke inside the child's house. 10% have someone that smokes in their household and smokes inside the child's house.
- 66% of Ohio children ages 6-11 do not have anyone that smokes in their household. 18% have someone that smokes in their household, but doesn't smoke inside the child's home. 16% have someone that smokes in the household, and smokes inside the home of the child.
- For U.S. children ages 0-5, 74% have no one that smokes in their household. 21% have someone that smokes in their household, but does not smoke inside the house. 5% have someone that smokes in the household, and smokes inside the child's home
- For U.S. children ages 6-11, 75% have no one that smokes in their household. 18% have someone that smokes in their household, but does not smoke inside the house. 8% have someone that smokes in the household, and smokes inside the child's house.

(Source: National Survey of Children's Health, Data Resource Center)

Child | HEALTH INSURANCE, ACCESS, UTILIZATION AND MEDICAL HOME

Key Findings

In 2016, 2% of Fairfield County parents reported their 0-11 year old did not have health insurance. 7% of Fairfield County children received mental health care or counseling in the past year. 93% of parents had taken their child to the doctor for preventive care in the past year.

Health Insurance

- 2% of parents reported that their child did not currently have health insurance.
- Fairfield County children had the following types of health insurance: parent's employer (62%), Medicaid, Healthy Start, or other public health benefits (15%), someone else's employer (13%), self-paid (3%), Insurance Marketplace (1%), Medicare (1%), or some other source of insurance (1%).
- Parents reported their child's health insurance covered the following: doctor visits (97%), prescription coverage (95%), well visits (96%), hospital stays (92%), immunizations (96%), dental (92%), vision (82%), and mental health (76%).
- 13% of parents reported they had problems paying or were unable to pay for any of their child's medical bills.

National Survey of Children's Health 2011/12

- 7% of 0-5 year old and 5% of 6-11 year old Ohio children were without insurance at some time in the past year.
- 40% of 0-5 year old and 34% of 6-11 year old Ohio children had public insurance.
- 94% of 0-5 year old and 86% of 6-11 year old Ohio children had been to the doctor for preventive care in the past year.

(Source: National Survey of Children's Health, 2011/12)

Access and Utilization

- 62% of parents reported their child did not get all of the prescription medications they needed in the past year for the following reasons: their child did not need prescription medication (11%), no referral (8%), treatment is ongoing (3%), cost (2%), no insurance (1%), dissatisfaction with doctor (1%), religious preference (1%), specialist was not available (1%), inconvenient times/could not get an appointment (1%), health plan problem (1%), could not find a doctor who accepts child's insurance (1%), not available in area/transportation problems (<1%), did not know where to go for treatment (<1%), doctor did not know how to treat or provide care (<1%), and other reasons (5%).
- Parents reported the following reasons their child did not get all of the mental health or addiction care they needed in the past year: no referral (17%), treatment is ongoing (4%), cost (2%), deductibles/copays were too high (2%), care was not timely (2%), inconvenient times/could not get an appointment (1%), no insurance (1%), not available in area/transportation problems (1%), doctor did not know how to treat or provide care (1%), could not find a doctor who accepted child's insurance (1%), language barriers (1%), did not know where to go for treatment (1%), child refused to go (<1%), and other reasons (12%). No one reported that they did not like the doctor.
- 7% of Fairfield County children received mental health care or counseling in the past year.

- 10% of parents reported their child had an emotional, developmental, or behavioral problem that needed treatment or counseling.
- 94% of parents took their child to see a doctor, nurse or other health professional for medical care in the past year.
- 17% of parents took their child to the hospital emergency room for accidents, injury or poisoning, increasing to 27% of parents with incomes less than \$25,000.
- Over half (51%) of Fairfield County children had a flu vaccine during the past 12 months.
- Of those who had a flu vaccine, 61% had the shot and 39% had the nasal spray.
- 83% of Fairfield County children had received all of their recommended vaccinations.
- 17% of children did not get all of their recommended vaccinations for the following reasons: child had received some, but not all recommended vaccinations (3%), parents chose to not vaccinate their child (2%), fear of negative effects (2%), alternate vaccination schedule used (1%), unsure which are recommended (<1%) and other reasons (2%). No one reported that it was too expensive or religious or cultural beliefs.

Medical Home

- 83% of parents reported they had one or more people they think of as their child's personal doctor or nurse, decreasing to 41% of those with incomes less than \$25,000.
- 93% of children had visited their health care provider for preventive care in the past year, increasing to 99% of 0-5 year olds.
- In 2016, 99% of Fairfield County parents reported that their child had one particular place they usually went if they were sick or needed advice about their health. They reported the following places: a private doctor's office (87%), an urgent care center (4%), a community health center (1%), a hospital emergency room (<1%), and some other kind of place (1%). 5% reported multiple places.
- Fairfield County children have been referred to the following specialists: Ear, Nose, and Throat (ENT) doctor (19%), Allergist (11%), Cardiologist (heart doctor) (2%), Pediatric Ophthalmologist (9%), Psychiatrist (5%), Dermatologist (8%), Neurologist (3%), Developmental Pediatrician (2%), Endocrinologist (diabetes doctor) (5%) and other specialist (13%). No one reported being referred to an Oncologist.
- 17% of parents reported their child needed the following special services in the past year: counseling (3%), speech therapy (2%), medical equipment, such as a wheelchair (2%), psychiatry (1%), physical therapy (1%), occupational therapy (1%), special education (1%) and out of home care (<1%).

Child Comparisons	Fairfield County 2016 Ages 0-5	Ohio 2011/12 Ages 0-5	U.S. 2011/12 Ages 0-5	Fairfield County 2016 Ages 6-11	Ohio 2011/12 Ages 6-11	U.S. 2011/12 Ages 6-11
Had public insurance	10%	40%	44%	18%	34%	37%
Been to doctor for preventive care in past year	99%	94%	90%	90%	86%	82%
Have a personal doctor or nurse	91%	91%	91%	79%	93%	90%

Child | **EARLY CHILDHOOD (0-5 YEAR OLDS)**

Key Findings

The following information was reported by parents of 0-5 year olds. 38% of mothers got prenatal care within the first three months during their last pregnancy. 4% of mothers smoked during their last pregnancy. 79% of parents put their child to sleep on his/her back. 23% of mothers never breastfed their child.

Early Childhood

- The following information was reported by Fairfield County parents of 0-5 year olds.
- During their last pregnancy, mothers did the following: took a multi-vitamin (84%), got a dental exam (64%), got prenatal care in the first 3 months outside of Fairfield County (58%), took folic acid during pregnancy (55%), got prenatal care in the first 3 months within Fairfield County (47%), took folic acid pre-pregnancy (43%), experienced depression during or after pregnancy (22%), received WIC services (14%), smoked cigarettes (5%), used other tobacco products (1%), and had an abortion (1%).
- 59% of parents said they have had their child's vision tested with pictures, shapes or letters.
- When asked how parents put their child to sleep as an infant, 79% said on their back, 8% said on their stomach, 5% said on their side, 5% said in bed with them or another person, and 2% said various methods.
- Children were put to sleep in the following places: crib/bassinette without bumper, blankets, or stuffed animals (66%), pack n' play (46%), in bed with parent or another person (37%), swing (35%), crib/bassinette with bumper, blankets, or stuffed animals (30%), car seat (28%), floor (10%), couch or chair (3%).
- Mothers breastfed their child: more than 9 months (27%), 4 to 9 months (17%), 7 weeks to 3 months (15%), 3 to 6 weeks (10%), 2 weeks or less (4%), still breastfeeding (4%), and never breastfed (23%).
- Children 0-5 years old were more likely than children 6-11 years old to:
 - Have visited a doctor for preventive care in the past year (99% compared to 90% of 6-11).
 - Have a personal doctor or nurse (91% compared to 79% of 6-11).

Progress on Childhood Obesity

- 1 in 8 preschoolers is obese in the US.
- Obesity among low-income preschoolers declined, from 2008 through 2011, in 19 of 43 states and territories.
- Children who are overweight or obese as preschoolers are 5 times as likely as normal weight children to be overweight or obese as adults.

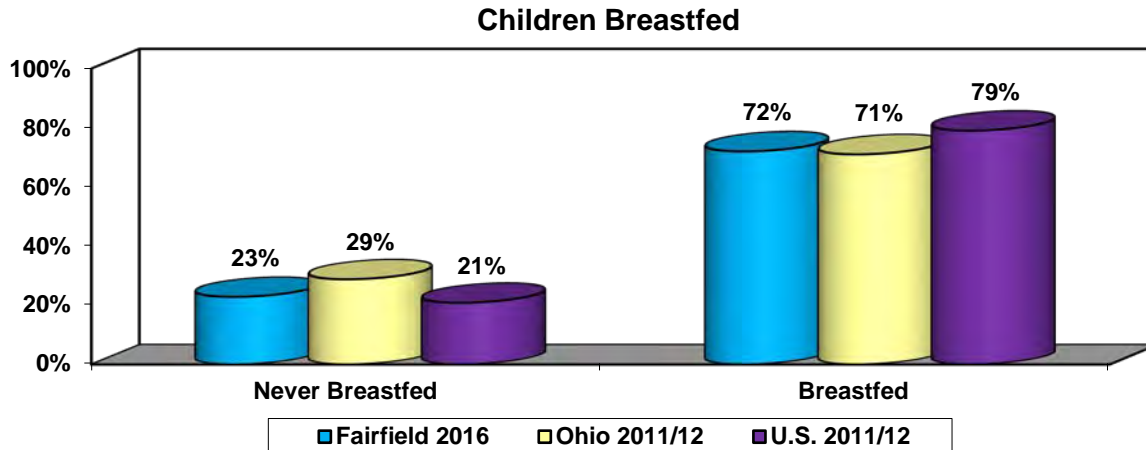
(Source: CDC, Progress on Childhood Obesity, August 2013, from:
<http://www.cdc.gov/vitalsigns/ChildhoodObesity/index.html>)

Child Comparisons	Fairfield County 2016 0-5 years	Ohio 2011/12 0-5 years	U.S. 2011/12 0-5 years
Never breastfed their child	23%	29%	21%

Breastfeeding

The following graph shows the percent of infants who have been breastfed or given breast milk from Fairfield County, Ohio, and U.S.

- The U.S. has a larger percent of children who have been breastfed for any length of time, compared to Ohio and Fairfield County.



(Source: National Survey of Children's Health, Data Resource Center, and 2016 Fairfield County Health Assessment)

Facts about Breastfeeding

- The percent of infants who were ever breastfed is 65% in Ohio, compared to 77% in the U.S.
- Human milk provides virtually all the protein, sugar, and fat your baby needs to be healthy, and it also contains many substances that benefit your baby's immune system, including antibodies, immune factors, enzymes, and white blood cells. These substances protect your baby against a wide variety of diseases and infections not only while he is breastfeeding but in some cases long after he has weaned. Formula cannot offer this protection.
- With regard to allergy prevention, there is some evidence that breastfeeding protects babies born to families with a history of allergies, compared to those babies who are fed either a standard cow's milk based formula or a soy formula.
- Recent research even indicates that breastfed infants are less likely to be obese in adolescence and adulthood. They are also less vulnerable to developing both type 1 and type 2 diabetes.
- The American Academy of Pediatrics (AAP) recommends that breastfeeding continue for at least 12 months, and thereafter for as long as mother and baby desire. The World Health Organization recommends continued breastfeeding up to 2 years of age or beyond.

(Source: CDC, Breastfeeding, July, 31, 2013, from: <http://www.cdc.gov/breastfeeding/faq/index.htm> & Healthy Children, Breastfeeding Benefits Your Baby's Immune System, 5/11/2013, from: <http://www.healthychildren.org/>)

ABCs of Safe Sleep

Every week in Ohio, 3 babies die in unsafe sleep environments



Share the room, not the bed. Always place your baby alone in a crib, bassinet, or play yard with a firm mattress. The safest place for your baby to sleep is in your room (within arm's reach), but not in your bed. This way, you can easily breastfeed and bond with your baby. Never nap on a couch or chair while holding your baby and don't lay your baby down on adult beds, chairs, sofas, waterbeds, air mattresses, pillows, or cushions.

You should never share the bed with your baby because:

- You can roll too close to or onto your baby while she sleeps.
- Babies can get stuck between the mattress and the wall, headboard, footboard or other furniture.
- Your baby could fall off the bed and get hurt, or fall onto something on the floor and suffocate.



Back is best for baby. Always put your baby to sleep on his back. Healthy babies naturally swallow or cough up their spit up, so your baby will not choke if he's on his back.

It's also safer for your baby to wake up often during the night on his back.

If your baby is sleeping on his tummy and needs to take a deep breath, it could be dangerous because:

- He may be unable to move his head.
- His mouth or nose may be blocked and he could suffocate, even in a bare crib.
- The air people breathe out is filled with carbon dioxide, or "bad air," and your baby could keep breathing "bad air" and suffocate.



Bare is Best. Many parents believe their baby won't be safe and warm without bumper pads, blankets, pillows, and stuffed animals, but these items can be deadly. Babies can suffocate on any extra item in the crib.

Place your baby to sleep in a safety-approved crib with a firm mattress covered by a fitted sheet. Sleep clothing like fitted, appropriate-sized sleepers and sleep sacks, are safer for baby than blankets!

If you use a safety-approved crib, baby's hand or foot won't get caught. Many parents think baby will get hurt if they don't use bumper pads, but this isn't true because:

- Babies don't have enough strength to hurt themselves.
- No babies have seriously hurt themselves by getting stuck between the crib railings.

(Source: Ohio Department of Health, Infant Safe Sleep, from:

<http://www.odh.ohio.gov/features/odhfeatures/SafeSleep/Safe%20Sleep%20Home%20Page.aspx>)

Sudden Infant Death Syndrome (SIDS)

SIDS is the diagnosis given when an infant under one year of age dies suddenly, and the incident cannot be explained by recent illness, medical history, an autopsy or the death scene itself. Risk factors for SIDS have been identified and include:

- Sleeping in the prone position (stomach sleeping)
- Soft bedding or unsafe beds (couches, daybeds, waterbeds)
- Loose bedding such as blankets and pillows
- Overheating due to clothing, blankets or room temperature
- Mother's age younger than 20 years
- Mother smoking during pregnancy
- Exposure to secondhand smoke
- Mother receiving late or no prenatal care
- Premature birth or low birth weight

(Source: National Sleep Foundation, Sudden Infant Death Syndrome and Sleep,

<http://sleepfoundation.org/sleep-disorders-problems/sudden-infant-death-syndrome-and-sleep>)

Child I MIDDLE CHILDHOOD (6-11 YEARS OLD)

Key Findings

The following information was reported by Fairfield County parents of 6-11 year olds. In 2016, 70% of Fairfield County parents reported their child always feels safe at school. 53% of parents reported their child was bullied at some time in the past year. 91% of parents reported their child participated in extracurricular activities. 28% of parents reported their child had an email or a social network account.

Middle Childhood

- The following information was reported by Fairfield County parents of 6-11 year olds.
- 94% of parents of 6-11 year olds reported their child was physically active for at least 60 minutes on 3 or more days per week. 64% had done so on 5 or more days and 29% were physically active for at least 60 minutes every day per week. 1% reported no physical activity.
- 91% of parents reported their 6-11 year old child participated in extracurricular activities in the past year. Their child participated in the following: a sports team or sports lessons (53%), a religious group (28%), a club or organization such as Scouts (18%), Boys/Girls Club (2%), and some other organized activity (23%).
- Children missed school an average of 3.2 days per year because of illness or injury.
- Fairfield County children 6-11 years old were enrolled in the following types of schools: public (85%), private (7%) and home-schooled (5%). 3% of children were not enrolled in school. No one reported enrolling their children in charter school.
- 71% of parents reported they felt their child was always safe at school. 24% reported usually, 2% reported sometimes, and 1% reported they felt their child was never safe at school.
- 53% of parents reported their child was bullied in the past year. The following types of bullying were reported:
 - 33% were verbally bullied (teased, taunted or called harmful names)
 - 15% were indirectly bullied (spread mean rumors about or kept out of a "group")
 - 13% were physically bullied (they were hit, kicked, punched or people took their belongings)
 - 1% were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
 - 1% 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)
- 6% of parents reported they did not know if their child was bullied.

National Survey of Children's Health 2011/12

- 10% of Ohio and 9% of U.S. parents of 6-11 year olds reported their child watched 4 or more hours of TV or played video games each day.
- 83% of Ohio and 79% of U.S. parents of 6-11 year olds reported their child participated in one or more organized activities outside of school
- 96% of Ohio and 94% of U.S. parents of 6-11 year olds reported they felt their child was usually or always safe at school.

(Source: National Survey of Children's Health, 2011/12, accessed from: <http://nschdata.org>)

- Over one-quarter (28%) of parents of 6-11 year olds reported their child had an email, Facebook, Twitter, Instagram or other social network account. Of those who had an account, they reported the following: they had their child's password (61%), they knew all of the people in their child's "my friends" (38%), their child's account was checked private (41%) and their child had a problem as a result of their account (2%). 1% of parents reported they did not know if their child had a social network account. No one reported that their child's friends had their passwords.
- Fairfield County parents reported they were concerned a lot with the following issues with their 6-11 year old child: having enough time with their child (10%), child's academic achievement (10%), learning difficulties with their child (8%), cell phone and technology use (8%), their relationship with their child (7%), internet use (7%), how their child copes with stressful things (7%), their child's self-esteem (5%), their child's anxiety (4%), their child being bullied by their classmates (4%), their child getting along with others (3%), risky behaviors (3%), their child walking or running (2%), their child talking (2%), their child's depression (1%), violence in the home, school or neighborhood (1%), eating disorders (1%) and substance abuse (1%).
- Parents discussed the following topics with their 6 to 11 year old child in the past year: screen time (65%), eating habits (59%), tobacco use (42%), alcohol use (39%), body image (32%), marijuana and other drugs (30%), refusal skills (27%), prescription drug misuse (23%), dating and relationships (16%), abstinence and how to refuse sex (8%), condoms/safe sex/STD prevention (2%) and birth control (1%). 10% of parents did not discuss any of the topics with their 6 to 11 year old child.
- Children 6-11 years old were more likely than children 0-5 years old to:
 - Have been diagnosed with asthma (21% compared to 11% of 0-5).
 - Have ADD or ADHD (14% compared to 0% of 0-5).
 - Have gone to the dentist in the past year (94% compared to 64% of 0-5).
 - Have had a seasonal flu vaccine (56% compared to 39% of 0-5).

Child Comparisons	Fairfield County 2016 6-11 Years	Ohio 2011/12 6-11 Years	U.S. 2011/12 6-11 Years
Child did not miss any days of school because of illness or injury	14%	16%*	22%*
Child missed school 11 days or more because of illness or injury	3%	8%*	5%*
Parent felt child was usually/always safe at school	94%	96%	94%

*2007 National Survey of Children's Health

Child I FAMILY FUNCTIONING, NEIGHBORHOOD AND COMMUNITY CHARACTERISTICS

Key Findings

In 2016, 73% of Fairfield County parents reported their 0-11 year old child slept 10-11 hours per night. 12% of parents reported they received benefits from the SNAP/food stamps program. 21% of parents reported they or someone in the family reads to their child every day.

Family Functioning

- Almost three-quarters (73%) of parents reported their child slept 10-11 hours per night. 26% reported their child slept 8-9 hours each night and 1% reported 5-7 hours per night.
- 1% of parents reported their child went to bed hungry at least one day per week because they did not have enough food.
- 42% of parents reported that every family member who lived in their household ate a meal together every day of the week. Families ate a meal together an average of 5.7 times per week.
- 24% of parents reported their child attended religious service one to three times per month and 45% reported four or more times per month. 30% reported their child has never attended a religious service. Parents reported their child attended religious services an average of 3.2 times per month.
- Parents reported they or someone in the family reads to their child: every day (21%), almost every day (22%), a few times a week (20%), and a few times a month (9%). 1% reported never reading to their child due to lack of interest from the child.
- Parents reported their child regularly attended the following: elementary school (56%), nursery school, pre-school, or kindergarten (26%), child care outside of their home provided by a relative other than a parent or guardian (20%), child care in their home provided by a relative other than a parent/guardian (20%), family-based child care outside of home (15%), child care center (15%), child care in their home provided by a baby sitter (7%), and Head Start or Early Start program (1%).
- Parents reported the following forms of discipline they used for their child: take away privileges (70%), time out (59%), yelling (35%), grounding (33%), spanking (31%), wash mouth out (3%) and other method (9%).
- 57% of Fairfield County parents experienced challenges in the day to day demands of parenthood and raising children. Parents reported the following challenges they face in regards to the day-to-day demands of parenthood/raising children: demands of multiple children (26%), financial burdens (4%), being a single parent (3%), loss of freedom (1%), child has special needs (1%), difficulty with lifestyle changes (<1%), post-partum depression (<1%) and other challenges (1%).
- Parents missed work an average of 1.7 days per year due to their child being ill or injured, 0.7 days per year due to their child's medical appointments, 0.2 days due to unreliable child care, 0.1 days due to child's asthma, and 0.1 days due to behavioral or emotional problems.

National Survey of Children's Health 2011/12

- 63% of Ohio and 61% of U.S. parents of 0-5 year olds reported their family ate a meal together every night of the week.
- 29% of 0-5 year old and 34% of 6-11 year old Ohio children lived in a household with someone who smokes.

(Source: National Survey of Children's Health, 2011/12
<http://nschdata.org>)

Child Safety Characteristics

- Parents reported having the following safety items in their home: working smoke alarm/detector (92%), fire extinguisher (63%), carbon monoxide detector (59%), gun lock/safe (37%) and Poison Control number by the phone (34%). 86% had more than one of these safety items in their home.
- 90% of parents discussed the following safety concerns with their child: stranger safety (63%), fire safety (56%), bike helmets (43%), water safety (42%), internet safety (41%), falls (39%), firearms/gun safety (38%), burns (36%), furniture falling (27%), poisoning (26%) and human trafficking (18%).
- 83% of parents reported that their child, who was below the height requirement of 4'9", always rode in a car seat/booster seat when a passenger in a car.
- 79% of parents reported that their 0-8 year old child always rode in a car seat/booster seat when a passenger in a car.
- 5% of parents indicated that their 0-8 year old child is over the height and weight requirements (4'9" and 80 pounds) and does not need a car seat or booster seat.
- Parents reported their child spent the following unsupervised time after school on an average school day: no unsupervised time (82%), less than one hour (11%), 1-2 hours (7%), and 3-4 hours (<1%).
- Parents reported their child always wore a helmet when riding the following: scooter/bike (34%), rollerblades/skates (13%), ATV (11%), and a skateboard (7%).
- Parents reported their child never wore a helmet when riding the following: a scooter/bike (14%), rollerblades/skates (8%), a skateboard (4%), and an ATV (2%).

Neighborhood and Community Characteristics

- Fairfield County parents had the following rules about smoking in their home: no one is allowed to smoke inside their home at any time (76%), smoking is allowed anywhere (7%), smoking is not allowed when children are present (6%) and smoking is allowed in some rooms only (1%).
- Fairfield County parents had the following rules about smoking in their car: no one is allowed to smoke inside their car at any time (80%), smoking is not allowed when children are present (5%), smoking is allowed as long as a window is open (4%), and smoking is allowed anywhere (2%).
- In the past year, parents reported that someone in the household received the following: free or reduced cost breakfast or lunches at school (13%), SNAP/food stamps (12%), mental health treatment (7%), benefits from WIC program (5%), Help Me Grow (4%), subsidized childcare through Fairfield County JFS (3%) cash assistance from a welfare program (2%) and Head Start/Early Head Start (2%).

- Fairfield County parents reported their child experienced the following: had at least one other adult in their school, neighborhood, or community who knows him/her well and who he/she can rely on for advice or guidance (38%), their parents became separated or were divorced (15%), lived with someone who had a problem with alcohol or drugs (6%), lived with someone who was mentally ill or suicidal, or severely depressed for more than a couple of weeks (4%), lived with a parent/guardian who served time or was sentenced to serve time in prison or jail after they were born (4%), seen or heard any parents or adults in their home hit, beat, kicked, or physically hurt each other (4%), lived with a parent/guardian who died (1%), were treated or judged unfairly because his/her ethnic group (1%), and been the victim of violence or witness violence in their neighborhood (1%).
- Parents reported people in their neighborhood might be a bad influence on their child because of the following: drugs/alcohol activity (13%), loud/disrespectful noise levels (10%), bullying (9%), and crime (5%). No one reported gangs as a bad influence on their child.

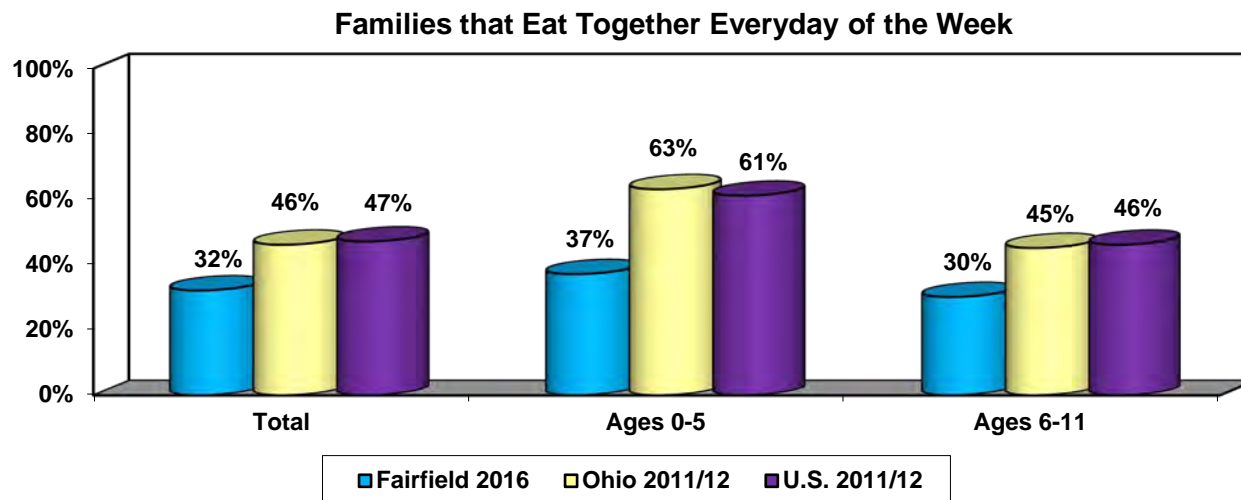
Child Comparisons	Fairfield County 2016 0-5 Years	Ohio 2011/12 0-5 Years	U.S. 2011/12 0-5 Years	Fairfield County 2016 6-11 Years	Ohio 2011/12 6-11 Years	U.S. 2011/12 6-11 Years
Parent reads to child every day	36%	53%	48%	14%	N/A	N/A
Family eats a meal together every day of the week	37%	63%	61%	30%	45%	46%
Child never attends religious services	30%	N/A	N/A	31%	22%	18%

N/A – Not available

Family Dinners

The following graph shows the percent of Fairfield County families that eat a meal together every day of the week along with the percent of Ohio families and the percent of U.S. families.

- U.S. families eat a meal together every day of the week more frequently than Fairfield County and Ohio families.



(Source: National Survey of Children's Health & 2016 Fairfield County Health Assessment)

Children and Sleep

- Children five to twelve years old need 10-11 hours of sleep.
- Sleep problems and disorders are prevalent at this age. Poor or inadequate sleep can lead to mood swings, behavioral problems such as hyperactivity and cognitive problems that impact their ability to learn in school.
- Sleep tips for school-aged children:
 - Teach school-aged children about healthy sleep habits
 - Emphasize need for regular and consistent sleep schedule and bedtime routine
 - Make child's bedroom conducive to sleep – dark, cool and quiet
 - Keep TV and computers out of the bedroom.

(Source: National Sleep Foundation, *Children and Sleep*; <http://www.sleepfoundation.org/article/sleep-topics/children-and-sleep>)

Adverse Childhood Experiences (ACE)

- 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.
- 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	○ Alcoholism and alcohol abuse
○ Fetal death	○ COPD
○ Illicit drug use	○ Unintended pregnancies
○ Liver disease	○ Suicide attempts
○ STD's	○ Early initiation of smoking
○ Multiple sexual partners	○ 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.

(Source: CDC, *Adverse Childhood Experiences (ACE) Study*, May13, 2014, <http://www.cdc.gov/ace/about.htm> & *Adverse Childhood Experiences Reported by Adults*, Last Reviewed: June 3, 2011, <http://www.cdc.gov/features/dsaces/index.html>)

Child | PARENT HEALTH

Key Findings

In 2016, 5% of Fairfield County parents were uninsured. 33% of parents were overweight and 31% were obese. Parents missed work an average of 1.7 days per year due to their child being ill or injured.

Parent Health

- Those filling out the survey had the following relationship to the child: mother (69%), father (28%) and grandparent (3%).
- Over three-fifths (67%) of parents rated their health as excellent or very good, decreasing to 52% of parents with incomes less than \$25,000. 8% of parents had rated their health as fair or poor.
- 72% of parents rated their mental and emotional health as excellent or very good. 10% rated their mental and emotional health as fair or poor.
- 16% of mothers and 5% of fathers of 0-5 year olds rated their mental and emotional health as fair or poor. 11% of mothers and 2% of fathers of 6-11 year olds rated their mental or emotional health as fair or poor.
- 5% of parents were uninsured.
- 64% of parents were either overweight (33%) or obese (31%). 35% were normal weight, and 1% were underweight.
- 61% of Fairfield County parents reported they were physically active for at least 30 minutes on 3 or more days per week. 28% had done so on 5 or more days and 9% were physically active for at least 30 minutes every day per week. 16% reported no physical activity.
- Parents missed work an average of 1.7 days per year due to their child being ill or injured.

National Survey of Children's Health 2011/2012

- 78% of mothers of 0-5 year olds and 70% of mothers of 6-11 year olds in Ohio rated their mental and emotional health as excellent or very good.
- 83% of fathers of 0-5 year olds and 80% of fathers of 6-11 year olds in Ohio rated their mental and emotional health as excellent or very good.
- 7% of mothers of 0-5 year olds and 10% of mothers of 6-11 year olds in Ohio rated their mental and emotional health as fair or poor.
- 7% of fathers of 6-11 year olds in Ohio rated their mental and emotional health as fair or poor.

(Source: National Survey of Children's Health, 2011/12, <http://nschdata.org>)

Child Comparisons	Fairfield County 2016 0-5 Years	Ohio 2011/12 0-5 Years	U.S. 2011/12 0-5 Years	Fairfield County 2016 6-11 Years	Ohio 2011/12 6-11 Years	U.S. 2011/12 6-11 Years
Mother's mental or emotional health is fair/poor	16%	7%	7%	11%	10%	8%
Father's mental or emotional health is fair/poor	5%	N/A	3%	2%	7%	5%

N/A – Not available

Appendix I | FAIRFIELD COUNTY HEALTH ASSESSMENT INFORMATION SOURCES

APPENDIX I

Source	Data Used	Website
American Association of Suicidology	<ul style="list-style-type: none"> Suicide Facts 	www.suicidology.org/resources/facts-statistics-current-research/suicide-statistics
American Cancer Society	<ul style="list-style-type: none"> Electronic Cigarettes and Teenagers 	www.cancer.org
American Cancer Society, Cancer Facts and Figures 2015. Atlanta: ACS, 2015	<ul style="list-style-type: none"> 2015 Cancer Facts, Figures, and Estimates Nutrition Recommendations 	www.cancer.org
American College of Allergy, Asthma & Immunology	<ul style="list-style-type: none"> Asthma Facts 	http://acaai.org/news/facts-statistics/asthma
American Dental Association	<ul style="list-style-type: none"> Oral Health in Older Adults 	www.ada.org/sections/publicResources/pdfs/faq.pdf
American Diabetes Association	<ul style="list-style-type: none"> Type 1 and 2 Diabetes Risk Factors for Diabetes Diabetes Facts 	www.diabetes.org
American Heart Association, 2013	<ul style="list-style-type: none"> Smoke-free Living: Benefits & Milestones 	www.heart.org/HEARTORG/
<i>Arthritis at a Glance, 2012</i> , Centers for Disease Control & Prevention, <i>Morbidity and Mortality Weekly Report</i> 2010; 59(39):999-1003 & 59(39):1261-1265	<ul style="list-style-type: none"> Arthritis Statistics 	www.cdc.gov/chronicdisease/resources/publications/AAG/arthritis.htm
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> 2009 - 2014 Adult Ohio and U.S. Correlating Statistics 	www.cdc.gov
Brady Campaign to Prevent Gun Violence	<ul style="list-style-type: none"> Victims of Gun Violence 	www.bradycampaign.org/sites/default/files/GunDeathandInjuryStatSheet3YearAverageFINAL.pdf

Source	Data Used	Website
Caron Pennsylvania	<ul style="list-style-type: none"> ▪ Characteristics of New Marijuana Users 	www.caron.org/signs-of-pot-use-5827.html
Center for Disease Control and Prevention (CDC)	<ul style="list-style-type: none"> ▪ Adverse Childhood Experience(ACE) ▪ Asthma Attacks ▪ Binge Drinking Among Women ▪ Caffeinated Alcohol Beverages ▪ Cancer and Men ▪ Distracted Driving ▪ Electronic Cigarettes and Teenagers ▪ Health Care Access Among the Employed and Unemployed ▪ Health Care Access and Utilization ▪ High Blood Pressure ▪ HIV in the U.S. ▪ Heart Health and Stroke Facts ▪ Obesity Facts ▪ Oral Health ▪ Skin Cancer Prevention ▪ Smoking Facts ▪ Tips for Parents ▪ Yearly Flu Shots 	www.cdc.gov
CDC, Adolescent and School Health, 2015	<ul style="list-style-type: none"> ▪ Sexual Risk Behavior ▪ Youth Physical Activity Facts 	www.cdc.gov/healthy-youth/
CDC, Arthritis	<ul style="list-style-type: none"> ▪ Key Public Health Messages 	www.cdc.gov/arthritis/basics/key.htm
CDC, Injury Center: Violence Prevention 2014	<ul style="list-style-type: none"> ▪ Youth Suicide 	www.cdc.gov/violenceprevention/pub/youth_suicide.html
CDC, National Center for Health Statistics	<ul style="list-style-type: none"> ▪ Men's Health 	www.cdc.gov/nchs/facts/
CDC, Physical Activity for Everyone	<ul style="list-style-type: none"> ▪ Physical Activity Recommendations 	www.cdc.gov/physicalactivity/everyone/guidelines/adults.html
CDC, Sexually Transmitted Diseases Surveillance, 2014	<ul style="list-style-type: none"> ▪ U.S. Chlamydia and Gonorrhea Rates ▪ STD's in Adolescents and Young Adults ▪ U.S. STD Surveillance Profile 	www.cdc.gov/std/statistics/

Source	Data Used	Website
CDC, Vaccine Safety, Human Papillomavirus (HPV)	<ul style="list-style-type: none"> Human Papillomavirus 	www.cdc.gov/vaccine-safety/vaccines/HPV/Index.html
CDC, Wonder	<ul style="list-style-type: none"> About Underlying Cause of Death, 1999-2014 	http://wonder.cdc.gov/ucd-icd10.html
Community Commons	<ul style="list-style-type: none"> Cigarette Expenditures Alcohol Beverage Expenditures Beer, Wine and Liquor Stores Bars and Drinking Establishments 	www.communitycommons.org/
Federal Emergency Management Agency (FEMA)	<ul style="list-style-type: none"> Basic Disaster Supplies Kit 	www.ready.gov/basic-disaster-supplies-kit
Enough is Enough: Internet Safety 101	<ul style="list-style-type: none"> Texting While Driving Statistics and Information 	www.internetsafety101.org/textinganddriving.htm
Health Indicators Warehouse	<ul style="list-style-type: none"> Heart Disease and Stroke Mortality Rates 	www.healthindicators.gov/Indicators/Selection
Healthy People 2020: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> All Healthy People 2020 Target Data Points Some U.S. Baseline Statistics Predictors of Access to Health Care 	www.healthypeople.gov/2020/topicsobjectives2020
Legacy for Health	<ul style="list-style-type: none"> Tobacco Fact Sheet 	www.legacyforhealth.org/content/download/582/6926/file/LEG-FactSheet-eCigarettes-JUNE2013.pdf
MedlinePlus	<ul style="list-style-type: none"> Talking to your teen about drinking 	www.nlm.nih.gov/medlineplus/ency/patientinstructions/000505.htm
National Cancer Institute	<ul style="list-style-type: none"> Age-Adjusted Cancer Mortality Rates 	http://statecancerprofiles.cancer.gov/index.html
National Institute on Drug Abuse	<ul style="list-style-type: none"> Abuse of Prescription Drugs Drug Facts: Heroin Drug Facts: Drugged Driving 	www.drugabuse.gov
National Institute of Health, Senior Health	<ul style="list-style-type: none"> Hearing Loss 	http://nihseniorhealth.gov/hearingloss/hearinglossdefined/01.html

Source	Data Used	Website
Network of Care	<ul style="list-style-type: none"> Health Indicators Age-Adjusted Mortality Rates 	http://Fairfield.oh.networkofcare.org/ph/county-indicators.aspx#cat1
Office of Health Transformation	<ul style="list-style-type: none"> Ohio Medicaid Assessment Survey 	http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=oid6Wo-y0gs%3D&tabid=160
Office of Criminal Justice Services	<ul style="list-style-type: none"> Crime Statistics and Crime Reports 	www.ocjs.ohio.gov/crime_stats_reports.stm
Ohio Department of Health, Information Warehouse	<ul style="list-style-type: none"> Fairfield County and Ohio Birth Statistics Sexually Transmitted Diseases Incidence of Cancer HIV/AIDS Surveillance Program Statistics: Access to Health Services Teen Birth Rates 	www.odh.ohio.gov/
Ohio Department of Health, Ohio Oral Health Surveillance System	<ul style="list-style-type: none"> Fairfield County Dental Care Resources 	http://publicapps.odh.ohio.gov/oralhealth/default.aspx
Ohio Department of Job & Family Services	<ul style="list-style-type: none"> Fairfield County and Ohio Medicaid Statistics 	http://jfs.ohio.gov/county/cntypro/pdf11/Fairfield.pdf
Ohio Department of Public Safety	<ul style="list-style-type: none"> 2015 Fairfield County and Ohio Crash Facts OSHP Computer-Aided Dispatch (CAD) System 	https://ext.dps.state.oh.us/crashstatistics/CrashReports.aspx
Ohio Department of Rehabilitation and Correction	<ul style="list-style-type: none"> Arrests/Incarceration Data Inmate Population by Gender and Race 	www.drc.ohio.gov/web/Reports/FactSheet/January%202016.pdf
Ohio Mental Health and Addiction Services	<ul style="list-style-type: none"> Doses Per Capita 	http://mha.ohio.gov/Portals/0/assets/Research/Maps/Ohio_OARRS_Opioids_2012_v2.pdf
Ohio State Highway Patrol	<ul style="list-style-type: none"> Compliant Data Electronic Crash Records Felony Cases and Drug Arrests Fairfield County Activity Statistics 	http://statepatrol.ohio.gov/
Ohio Suicide Prevention Foundation	<ul style="list-style-type: none"> Suicide Deaths by Gender and Age Group 	www.ohiospf.org/content.php?pageurl=ohio_statistics

Source	Data Used	Website
Philadelphia Department of Public Health	<ul style="list-style-type: none"> Electronic Cigarette Factsheet 	www.smokefreephilly.org/smokfree_philly/assets/File/Electronic%20Cigarette%20Fact%20Sheet_2_27_14.pdf
Psychology Today	<ul style="list-style-type: none"> Teen Angst Teen Binge Drinking: All Too Common 	www.psychologytoday.com
RESPECT	<ul style="list-style-type: none"> Bullying Definitions 	www.respect2all.org/parents/bullying-definitions
Teens Health	<ul style="list-style-type: none"> Sexual Harassment and Sexual Bullying 	http://kidshealth.org/teen/sexual_health/guys/harassment.html
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> American Community Survey 5 year estimate, 2010-2014 Ohio and Fairfield County 2014-2014 Census Demographic Information Ohio and U.S. Health Insurance Sources Small Area Income and Poverty Estimates Federal Poverty Thresholds 	www.census.gov
U.S. Department of Health and Human Services, Ohio Department of Mental Health	<ul style="list-style-type: none"> Mental Health Services in Ohio 	www.lsc.state.oh.us/fiscal/ohiofacts/sept2012/health&humanservices.pdf
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	<ul style="list-style-type: none"> 2005 - 2015 youth Ohio and U.S. correlating statistics 	https://nccd.cdc.gov/YouthOnline/App/Default.aspx

Appendix II | FAIRFIELD COUNTY

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, Topic of Healthy People 2020 objectives
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
DRE	D igital R ectal E xam
FY	F iscal Y ear
HCNO	H ospital C ouncil of N orthwest O hio
HDS	H ear t 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
IVP	I njury and V iolence P revention, Topic of Healthy People 2020 objectives
MHMD	M ental H ealth and M ental D isorders, Topic of Healthy People 2020 objectives
N/A	Data is not available.

NWS	N utrition and W eight S tatus, Topic of Healthy People 2020 objectives
OARRS	O hio A utomated Prescription (Rx) R eporting S ystem
ODH	O hio D epartment of H ealth
OSHP	O hio S tate H ighway P atrol
PSA test	P rostate- S pecific A ntigen T est
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.
SA	S ubstance A buse, Topic of Healthy People 2020 objectives
TU	T obacco U se, Topic of Healthy People 2020 objectives
Weapon	Defined in the YRBSS as “a weapon such as a gun, knife, or club”
Youth	Defined as 12 through 18 years of age
YPLL/65	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 5 th percentile Overweight is defined as BMI-for-age 85 th percentile to < 95 th percentile. Obese is defined as \geq 95 th percentile.
YRBSS	Y outh R isk B ehavior S urveillance S ystem, a youth survey conducted by the CDC

Appendix III | METHODS FOR WEIGHTING THE 2016 FAIRFIELD 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 2016 Fairfield County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Fairfield 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 Fairfield 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 2016 Fairfield County Survey and the 2014 Census estimates.

<u>2016 Fairfield Survey</u>			<u>2014 Census Estimate</u>		<u>Weight</u>
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	204	45.13274	72,561	49.33874	1.09319
Female	248	54.86726	74,506	50.66126	0.92334

In this example, it shows that there was a slightly larger portion of females in the sample compared to the actual portion in Fairfield County. The weighting for males was calculated by taking the percent of males in Fairfield County (based on Census information) (49.33874%) and dividing that by the percent found in the 2016 Fairfield County sample (45.13274%) [$49.33874/45.13274$ = weighting of 1.09319 for males]. The same was done for females [$50.66126/54.86726$ = weighting of 0.92334 for females]. Thus males' responses are weighted heavier by a factor of 1.09319 and females' responses weighted less by a factor of 0.92334.

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 1.78753 [0.92334 (weight for females) x 0.93594 (weight for White) x 2.21732 (weight for age 35-44) x 0.93286 (weight for income \$50-\$75k)]. Thus, each individual in the 2016 Fairfield 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	Fairfield Sample	%	2014 Census *	%		Weighting Value
Sex:						
Male	204	45.13274	72,561	49.33874		1.09319
Female	248	54.86726	74,506	50.66126		0.92334
Age:						
20-24	12	2.70270	8,544	7.98841		2.95571
25-34	30	6.75676	17,332	16.20495		2.39833
35-44	38	8.55856	20,297	18.97714		2.21733
45-54	99	22.29730	22,305	20.85457		0.93530
55-59	56	12.61261	9,931	9.28521		0.73618
60-64	69	15.54054	8,839	8.26422		0.53178
65-74	90	20.27027	11,458	10.71292		0.52850
75-84	50	11.26126	5,946	5.55935		0.49367
85+	0	0.00000	2,303	2.15324		2.95571
Race:						
White	130917	88.41741	130,917	88.41741		0.935941
Non-White	17,150	11.58259	17,150	11.58259		2.094133
Household Income:						
Less than \$10,000	21	5.06024	2,540	4.65363		0.91965
\$10k-\$15k	26	6.26506	2,583	4.73242		0.75537
\$15k-\$25k	46	11.08434	5,550	10.16837		0.91736
\$25k-\$35k	52	12.53012	5,212	9.54911		0.76209
\$35k-\$50	48	11.56627	6,970	12.77001		1.10407
\$50k-\$75k	81	19.51807	9,938	18.20780		0.93287
\$75k or more	141	33.97590	21,788	39.91865		1.17491
Note: The weighting ratios are calculated by taking the ratio of the proportion of the population of Fairfield County in each subcategory by the proportion of the sample in the Fairfield County survey for that same category. * Fairfield County population figures taken from the 2014 American Community Survey Estimates of the U.S. Census.						

Appendix IV | FAIRFIELD COUNTY SCHOOLS

The following schools were randomly chosen and agreed to participate in the 2016 Fairfield County Health Assessment:

Amanda-Clearcreek Local

Amanda-Clearcreek High School

Berne Union Local

Berne Union High School

Bloom-Carroll Local

Bloom Carroll Middle School

Bloom Carroll High School

Fairfield Union Local

Rushville Middle School

Fairfield Union High School

Lancaster City

General Sherman Junior High School

Thomas Ewing Junior High School

Lancaster High School

Liberty Union-Thurston Local

Liberty Union Middle School

Liberty Union High School

Pickerington Local

Toll Gate Middle School

Ridgeview Junior High School

Pickerington High School Central

Pickerington High School North

Walnut Township Local

Millersport Junior/Senior High School

Appendix V | FAIRFIELD COUNTY

SAMPLE DEMOGRAPHIC PROFILE*

Variable	2016 Survey Sample	Fairfield County Census 2010- 2014 (5 year estimate)	Ohio Census 2014
Age			
20-29	14.6%	11.4%	13.1%
30-39	18.8%	12.2%	12.1%
40-49	21.1%	15.1%	13.4%
50-59	20.3%	14.2%	14.6%
60 plus	22.6%	19.3	20.7%
Race/Ethnicity			
White	87.2%	89.7%	82.6%
Black or African American	4.5%	6.0%	12.2%
American Indian and Alaska Native	1.5%	0.2%	0.2%
Asian	1.2%	1.4%	1.8%
Other	4.9%	0.6%	1.6%
Hispanic Origin (may be of any race)	0.8%	1.9%	3.3%
Marital Status†			
Married Couple	57.7%	55.4%	48.5%
Never been married/member of an unmarried couple	24.6%	26.0%	31.1%
Divorced/Separated	11.1%	12.1%	13.9%
Widowed	5.5%	5.6%	6.5%
Education†			
Less than High School Diploma	3.4%	8.4%	11.2%
High School Diploma	26.8%	34.4%	34.5%
Some college/ College graduate	69.3%	57.1%	54.4%
Income (Families)			
\$14,999 and less	9.1%	5.6%	8.6%
\$15,000 to \$24,999	9.0%	6.4%	7.9%
\$25,000 to \$49,999	17.4%	20.4%	23.0%
\$50,000 to \$74,999	15.3%	18.9%	20.5%
\$75,000 or more	41.1%	48.7%	40.1%

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

Appendix VI | DEMOGRAPHIC INFORMATION

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

Age	Total	Males	Females
Fairfield County	146,156	72,450	73,706
0-4 years	9,354	4,824	4,530
1-4 years	7,618	3,953	3,665
< 1 year	1,736	871	865
1-2 years	3,679	1,930	1,749
3-4 years	3,939	2,023	1,916
5-9 years	10,637	5,373	5,264
5-6 years	4,048	2,027	2,021
7-9 years	6,589	3,346	3,243
10-14 years	11,481	5,954	5,527
10-12 years	6,890	3,501	3,389
13-14 years	4,591	2,453	2,138
12-18 years	15,835	8,268	7,567
15-19 years	10,545	5,534	5,011
15-17 years	6,937	3,566	3,371
18-19 years	3,608	1,968	1,640
20-24 years	7,785	4,134	3,651
25-29 years	8,366	4,286	4,080
30-34 years	9,015	4,475	4,540
35-39 years	9,943	4,895	5,048
40-44 years	10,811	5,410	5,401
45-49 years	11,604	5,727	5,877
50-54 years	10,833	5,342	5,491
55-59 years	9,506	4,584	4,922
60-64 years	8,201	4,000	4,201
65-69 years	6,006	2,833	3,173
70-74 years	4,411	2,048	2,363
75-79 years	3,181	1,422	1,759
80-84 years	2,378	962	1,416
85-89 years	1,378	483	895
90-94 years	578	139	439
95-99 years	129	25	104
100-104 years	14	0	14
105-109 years	0	0	0
110 years & over	0	0	0
Total 85 years and over	2,099	647	1,452
Total 65 years and over	18,075	7,912	10,163
Total 19 years and over	105,735	51,640	54,095

FAIRFIELD COUNTY PROFILE

General Demographic Characteristics
(Source: U.S. Census Bureau, Census 2014)

2010-2014 ACS 5-year estimate

Total Population

2014 Total Population	148,067
2000 Total Population	122,759

Largest City- Lancaster

2014 Total Population	39,105	100%
2000 Total Population	35,335	100%

Population By Race/Ethnicity

Total Population	148,067	100%
White Alone	132,857	89.7%
Hispanic or Latino (of any race)	2,818	1.9%
African American	8,868	6.0%
American Indian and Alaska Native	234	0.2%
Asian	2,003	1.4%
Two or more races	3,260	2.2%
Other	845	0.6%

Population By Age 2010

Under 5 years	9,354	6.4%
5 to 17 years	29,055	19.9%
18 to 24 years	11,393	7.8%
25 to 44 years	38,135	26.1%
45 to 64 years	40,144	27.5%
65 years and more	18,075	12.3%
Median age (years)	38.4	

Household By Type

Total Households	54,581	100%
Family Households (families)	39,454	72.3%
With own children <18 years	18,348	33.6%
Married-Couple Family Households	31,185	57.1%
With own children <18 years	13,120	24.0%
Female Householder, No Husband Present	5,972	10.9%
With own children <18 years	3,808	7.0%
Non-family Households	15,127	27.7%
Householder living alone	12,586	23.1%
Householder 65 years and >	4,866	8.9%
Households With Individuals < 18 years	19,896	36.5%
Households With Individuals 65 years and >	13,706	25.1%
Average Household Size	2.66 people	
Average Family Size	3.13 people	

APPENDIX VI

155

Selected Social Characteristics, Continued
(Source: U.S. Census Bureau, Census 2014)

2010-2014 ACS 5-year estimate

Marital Status

Population 15 Years and Over	117,616	100%
Never Married	30,569	26.0%
Now Married, Excluding Separated	65,127	55.4%
Separated	1,896	1.6%
Widowed	6,545	5.6%
Female	4,974	4.2%
Divorced	13,479	11.5%
Female	7,204	6.1%

Grandparents As Caregivers

Grandparent Living in Household with 1 or more own grandchildren <18 years	3,095	100%
Grandparent Responsible for Grandchildren	1,294	41.8%

Veteran Status

Civilian Veterans 18 years and over	11,420	10.3%
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Disability Status of the Civilian Non-institutionalized Population

Total Civilian Noninstitutionalized Population	145,435	100%
With a Disability	18,840	13.0%
Under 18 years	37,365	100%
With a Disability	1,979	5.3%
18 to 64 years	88,947	100%
With a Disability	10,053	11.3%
65 Years and Over	19,123	100%
With a Disability	6,808	35.6%

Selected Economic Characteristics
(Source: U.S. Census Bureau, Census 2014)

2010-2014 ACS 5-year estimate

Employment Status

Population 16 Years and Over	115,409	100%
In Labor Force	75,186	65.1%
Not In Labor Force	40,223	34.9%
Females 16 Years and Over	58,583	100%
In Labor Force	35,401	60.4%
Population Living With Own Children <6 Years	10,551	100%
All Parents In Family In Labor Force	7,489	71.0%

Selected Economic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2014)

2010-2014 ACS 5-year estimate

Occupations

Employed Civilian Population 16 Years and Over	69,568	100%
Production, Transportation, and Material Moving Occupations	8,603	12.4%
Management, business, science, and art occupations	24,856	35.7%
Sales and Office Occupations	17,666	25.4%
Service Occupations	12,339	17.7%
Natural Resources, Construction, and Maintenance Occupations	6,104	8.8%

Leading Industries

Employed Civilian Population 16 Years and Over	69,568	100%
Manufacturing	6,914	9.9%
Educational, health and social services	15,993	23.0%
Trade (retail and wholesale)	11,249	16.2%
Arts, entertainment, recreation, accommodation, and food services	6,272	9.0%
Professional, scientific, management, administrative, and waste management services	5,126	7.4%
Transportation and warehousing, and utilities	4,628	6.7%
Finance, insurance, real estate and rental and leasing	5,168	7.4%
Other services (except public administration)	3,380	4.9%
Construction	4,377	6.3%
Public administration	4,759	6.8%
Information	1,006	1.4%
Agriculture, forestry, fishing and hunting, and mining	696	1.0%

Class of Worker

Employed Civilian Population 16 Years and Over	69,568	100%
Private Wage and Salary Workers	54,637	78.5%
Government Workers	11,310	16.3%
Self-Employed Workers in Own Not Incorporated Business	3,518	5.1%
Unpaid Family Workers	103	0.1%

Median Earnings

Male, Full-time, Year-Round Workers	\$53,732
Female, Full-time, Year-Round Workers	\$40,525

Selected Economic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2014)

2010-2014 ACS 5-year estimate

Income 2010-2014

Households	54,581	100%
< \$10,000	2,540	4.7%
\$10,000 to \$14,999	2,583	4.7%
\$15,000 to \$24,999	5,550	10.2%
\$25,000 to \$34,999	5,212	9.5%
\$35,000 to \$49,999	6,970	12.8%
\$50,000 to \$74,999	9,938	18.2%
\$75,000 to \$99,999	8,344	15.3%
\$100,000 to \$149,999	8,921	16.3%
\$150,000 to \$199,999	2,555	4.7%
\$200,000 or more	1,968	3.6%
Median Household Income	\$60,704	

Income 2011-2013

Families	39,454	100%
< \$10,000	1,165	3.0%
\$10,000 to \$14,999	1,012	2.6%
\$15,000 to \$24,999	2,521	6.4%
\$25,000 to \$34,999	3,051	7.7%
\$35,000 to \$49,999	5,002	12.7%
\$50,000 to \$74,999	7,476	18.9%
\$75,000 to \$99,999	7,071	17.9%
\$100,000 to \$149,999	8,005	20.3%
\$150,000 to \$199,999	2,317	5.9%
\$200,000 or more	1,834	4.6%

Median Household Income (families) **\$73,151**

Per Capita Income 2010-2014 **\$28,099**

Poverty Status In 2014

	Number Below Poverty Level	% Below Poverty Level
Families	*(X)	7.8%
Individuals	*(X)	10.9%
*(X) – Not available		

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

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

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2014	\$40,324	24 th of 88 counties
BEA Per Capita Personal Income 2013	\$39,223	22 nd of 88 counties
BEA Per Capita Personal Income 2012	\$38,751	23 rd of 88 counties
BEA Per Capita Personal Income 2011	\$36,874	25 th of 88 counties

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

**Poverty Rates, 5-year averages
2010 to 2014**

Category	Fairfield	Ohio
Population in poverty	10.9%	15.9%
< 125% FPL (%)	15.4%	20.3%
< 150% FPL (%)	19.0%	24.9%
< 200% FPL (%)	27.4%	34.1%
Population in poverty (1999)	5.9%	10.6%

(Source: The Ohio Poverty Report, Ohio Development Services Agency, February 2016, <http://www.development.ohio.gov/files/research/P7005.pdf>)

Employment Statistics

Category	Fairfield	Ohio
Labor Force	76,700	5,766,400
Employed	73,100	5,453,700
Unemployed	3,600	312,700
Unemployment Rate* in March 2016	4.7	5.4
Unemployment Rate* in February 2016	4.8	5.6
Unemployment Rate* in March 2015	4.5	5.2

*Rate equals unemployment divided by labor force.

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

Estimated Poverty Status in 2014

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Fairfield County				
All ages in poverty	14,147	11,743 to 16,551	9.6%	15.4 to 15.6
Ages 0-17 in poverty	5,021	4,108 to 6,024	13.9%	11.1 to 16.7
Ages 5-17 in families in poverty	3,499	2,782 to 4,216	12.7%	10.1 to 15.3
Median household income	\$59,921	\$56,810 to \$63,032		
Ohio				
All ages in poverty	1,778,288	1,755,728 to 1,800,848	15.8%	15.6 to 16.0
Ages 0-17 in poverty	588,618	574,885 to 602,351	22.7%	22.2 to 23.2
Ages 5-17 in families in poverty	395,792	383,745 to 407,839	20.8%	20.2 to 21.4
Median household income	\$48,138	\$48,991 to \$49,707		
United States				
All ages in poverty	48,208,387	47,966,830 to 48,449,944	15.5%	15.4 to 15.6
Ages 0-17 in poverty	15,686,012	15,564,145 to 15,807,879	21.7%	21.5 to 21.9
Ages 5-17 in families in poverty	10,714,518	10,632,252 to 10,796,784	20.4	20.2 to 20.6
Median household income	\$53,657	\$53,564 to \$53,750		

(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 | FAIRFIELD COUNTY HEALTH RANKINGS

APPENDIX VII

	Fairfield County	Ohio	U.S.
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2011-2013)	6,000	7,500	6,600
Overall health. Percentage of adults reporting fair or poor health (age-adjusted) (2014)	15%	17%	18%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2014)	3.5	4.0	3.8
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2014)	3.7	4.3	3.7
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2007-2013)	7%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2014)	18%	21%	17%
Obesity. Percentage of adults that report a BMI of 30 or more (2012)	31%	30%	27%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2013)	7.4	6.9	7.2
Physical activity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2012)	27%	26%	23%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2014)	82%	83%	84%
Drug and alcohol abuse. Percentage of adults reporting binge or heavy drinking (2014)	18%	19%	17%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2010-2014)	28%	35%	31%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2013)	254	460	447
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2007-2013)	27	34	35

(Source: 2016 County Health Rankings for Fairfield County, Ohio and U.S. data)

	Fairfield County	Ohio	U.S
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2013)	11%	13%	17%
Access to health care/medical care. Ratio of population to primary care physicians (2013)	1,600:1	1,300:1	1,320:1
Access to dental care. Ratio of population to dentists (2014)	2,280:1	1,710:1	1,540:1
Access to behavioral health care. Ratio of population to mental health providers (2015)	1,030:1	640:1	490:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2013)	64	65	54
Diabetes. Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring (2013)	85%	85%	85%
Cancer. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2013)	63%	60%	63%
Social and Economic Environment			
Education. Percentage of ninth-grade cohort that graduates in four years (2012-2013)	92%	83%	82%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2010-2014)	66%	63%	64%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2014)	5%	6%	6%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2014)	14%	23%	22%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2010-2014)	4.3	4.8	4.7
Family and social support. Percentage of children that live in a household headed by single parent (2010-2014)	27%	35%	34%
Family and social support. Number of membership associations per 10,000 population (2013)	10.3	11.4	9.0
Violence. Number of reported violent crime offenses per 100,000 population (2010-2012)	160	307	392
Injury. Number of deaths due to injury per 100,000 population (2009-2013)	52	63	60

(Source: 2016 County Health Rankings for Fairfield County, Ohio and U.S. data)

	Fairfield 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) (2011)	13.5	13.5	11.4
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)	Yes	N/A	N/A
Housing. Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2008-2012)	14%	15%	19%
Transportation. Percentage of the workforce that drives alone to work (2010-2014)	86%	84%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2010-2014)	42%	29%	31%

(Source: 2016 County Health Rankings for Fairfield County, Ohio and U.S. data)

N/A – Data is not available

2016 Community Health Needs Assessment Resources Available to the Community

- Resource Assessment for Mental Health is available in the 2016 Community Health Improvement Plan, pages 29-41.
- Resource Assessment for Decrease Adult and Youth Substance Abuse is available in the 2016 Community Health Improvement Plan, pages 56-60.
- Resource Assessment for Decrease Adult, Youth and Child Obesity is available in the 2016 Community Health Improvement Plan, pages 74-78.

Resources available to FMC

Mental Health:

- Case Managers and mental health providers
- Crisis Intervention Services located at FMC 24/7
- 24/7 Emergency co-response with Child Protective Services
- Behavioral Health providers on staff
- Behavioral Health Unit in the facility

Substance Abuse:

- FMC's existing medical stabilization unit
- FMC's participation in Project DAWN
- Weekly meeting room/facilities for AA meetings
- Emergency Department distraction cart

Obesity:

- FMC Health Fair and Community Healthfest
- Dieticians, Diabetes Counseling and Heart Health Counseling
- Healthy Cooking Classes
- Healthy eating community education

PARTNERS

The 2017-2019 Community Health Improvement Plan was drafted by agencies and service providers within Fairfield County. During October-November, 2016, the committee reviewed many sources of information concerning the health and social challenges Fairfield County adults, youth and children may be facing. They determined priority issues which if addressed, could improve future outcomes, determined gaps in current programming and policies and examined best practices and solutions. The committee has recommended specific actions steps they hope many agencies and organizations will embrace to address the priority issues in the coming months and years. We would like to recognize these individuals and thank them for their devotion to this process and this body of work:

Live Well Fairfield County

Ann Probasco, Family Adult and Children Council/Safe Kids Fairfield County

Ann Tobin, Meals on Wheels

Aundrea Cordle, Fairfield County Job and Family Services

Becky Edwards, Juvenile Court

Carla Young, Olivdale Senior Center

Carrie Woody, Lancaster Public Transit

Gwen Shafer, Fairfield Department of Health

Jackie Hilton, Diley Ridge Medical Center

Jennica Saddler, New Horizons Mental Health

Kathi Whitlock, Fairfield Department of Health

Kathy Hyme, Jobs and Family Services/CSEN

Kelly Spindler, Fairfield Department of Health

Krista Ankrom, 211/ Information and Community Referral

Krista Humphries, Jobs and Family Services/CSEN

Kristi Burre, Fairfield County Protective Services

Larry Hanna, Fairfield Department of Health

Lisa Evangelista, Fairfield Community Health Center

Lisa Wells, Fairfield County Family, Adult and Children First Council

Marilyn Steiner, Fairfield Co. Library's

Mary Lu Bowman, Fairfield Community Health Center

Mary Nibert, Fairfield Medical Center

Mike Lieber, Fairfield County YMCA

Pam Patula, Southeastern Ohio Center for Independent Living

Pat Garrett, Fairfield Department of Health

Rhonda Myers, Fairfield County ADAMH Board

Sandy Smith, Community Action/ Head Start

Sarah McGraw, Lancaster City Schools

Scott Spangler, United Way of Fairfield County

Shannon Carter, Ohio State Extension

Sharon Schmetz, Pickerington School District

Tiffany Nash, Fairfield Department of Health

Tony Motta, New Horizons Mental Health

The strategic planning process was facilitated by Emily Golias, Health Improvement Project Coordinator, and Tessa Elliott, Community Health Improvement Coordinator, from the Hospital Council of Northwest Ohio.

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

Resource Assessment

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Awareness/Education of mental health and substance abuse services, disorders, recovery, prevention, intervention and treatment.	ADAMH	www.fairfieldadamh.org	General Public and targeted groups	Prevention	Varies
Teen Dodgeball Tournament	ADAMH funding to The Recovery Center	www.therecoverycenter.org	Junior High and High School Teens	Prevention	Environmental Strategy /Alternative Activity
Parent Education: Parents 1,2,3,4 Active Parenting Parent Project Teens with Tots	ADAMH Funding to FACFC via The Recovery Center ADAMH Funding to Lancaster-Fairfield Community Action Agency via The Recovery Center	www.facfc.org	Parents with children of all ages Teen Parents	Prevention	All programs are evidence based
Suicide Prevention Coalition	ADAMH Funding to 211	www.fairfieldadamh.org	All populations	Prevention	None identified.
Prevention Works Coalition	ADAMH	www.fairfieldadamh.org	All populations	Prevention	None identified.
Healthy Directions Youth Mentoring	ADAMH Funding to Big Brothers Big Sisters	www.fairfieldadamh.org and www.bbbs-fairfieldoh.org	Children and Teens living in dysfunctional situations where mental health and/or substance abuse are issues.	Prevention	Evidenced Based

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Perinatal Outreach & Encouragement for Moms POEM	ADAMH Funding to Mental Health America of Franklin County	www.fairfieldadamh.org and www.mhafc.org	The POEM program serves pregnant and new mothers who are at-risk for or experiencing pregnancy and postpartum depression (PPD), adjustment challenges or related disorders	Prevention	The PSI Support Line training is national and evidenced based. The rest of the program is evidence researched
Signs of Suicide	ADAMH Funding to New Horizons	www.fairfieldadamh.org and www.newhorizonsmentalhealth.org	Middle and High School Students are assessed for risk of suicide and offered support and services	Early Intervention/ Prevention	Evidenced Based Program
Too Good for Violence	ADAMH Funding to The Recovery Center	www.fairfieldadamh.org and www.therecoverycenter.org	K-5, 6-8 Fairfield County Schools teaching kids how to resolve conflict and develop more protective factors	Prevention	SAMSHA Evidenced Based Program
Red Flags	ADAMH Funding to The Recovery Center	www.fairfieldadamh.org and www.therecoverycenter.org	Middle School Curriculum around Identification of Depression	Prevention	SAMSHA Evidenced Based Program
Safe Dates	ADAMH Funding to The Recovery Center	www.fairfieldadamh.org and www.therecoverycenter.org	Middle and High School age youth to teach difference between healthy dating behaviors and controlling/manipulative dating behaviors	Prevention	SAMSHA Evidenced Based Program
Reconnecting Youth	ADAMH Funding to The Recovery Center	www.fairfieldadamh.org and www.therecoverycenter.org	6 th , 7 th , 8 th grades primarily at Bloom Carroll and Fairfield Union Schools this year- this program works with a small number of students who have been identified as having	Prevention	SAMSHA Evidenced Based Practice

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

			high risk behaviors.		
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Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Mutai -Systems Youth Coordination	ADAMH Funding, along with Fairfield County DD, and Fairfield County Juvenile Court to FACFC	www.facfc.org	Children and Adolescents with involvement in more than one system, i.e. mental health/aod, developmental disabilities, or juvenile court.	Early intervention and Treatment	None identified.
Respite Care	ADAMH Funding to FACFC	www.fairfieldadamh.org Maureen Muth Keller-ADAMH Clinical Care Coordinator or Tessie Swain Multi System Youth Coordinator www.facfc.org	Children or Teens with families who are experiencing stress and need to take a break from one another.	Intervention/Treatment	None identified.
Pro Bono Counseling	ADAMH Funding to Mental Health American of Franklin County	www.fairfieldadamh.org and mhafc.org	Persons with no insurance, high deductible or high copays who are in need of 6 to 8 counseling sessions free of charge. Cannot have substance abuse issues or need long term treatment.	Treatment	None identified.

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

687-TALK	ADAMH Funding to 211	www.fairfieldadamh.org and fairfieldcountyy211.org	24 hour per day, 7 day per week telephone line to provide emotional support, identify need(s) for crisis intervention and other mental health emergency services	Intervention	None identified.
Outreach Project	ADAMH Funding to 211	www.fairfieldadamh.org and fairfieldcountyy211.org	Outreach worker goes to various locations in the community to assist persons in applying for and being linked to services such as mental health/aod services, Medicaid, food, transportation, clothing, etc.	Recovery Support	None identified.

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Payee Project	ADAMH Funding to 211 and to Fairfield Mental Health Consumer Group	www.fairfieldadamh.org and fairfieldcountyy211.org	There are three individuals who serve as payees for persons with severe mental illness and/or have dual diagnosis of substance abuse and mental illness. Two are located at 211 and one is located at FMHCG. This allows persons on Social Security and other pensions, etc. to have assistance in assuring rent and other bills are paid and then spending money is dispensed.	Recovery Support	None identified.
The Recovery Center	ADAMH Funding to the Recovery Center	www.fairfieldadamh.org and www.therecoverycenter.org	The Recovery Center offers a number of services that are in part or in whole funded by the ADAMH Board. They also accept Medicaid and Self Pay.		Evidenced Based Practices
Community Residence Project	ADAMH Funding to The Recovery Center	www.fairfieldadamh.org and www.therecoverycenter.org	This project is so that case management services can be offered to persons in recovery around housing issues. They must be adults who are in treatment at the Recovery Center to be	Recovery Supports	OhioMHAS and CARF Accredited

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

			eligible.		
Reentry Services for Persons with Severe Mental Disabilities	ADAMH Funding to New Horizons Mental Health	www.fairfieldadamh.org and www.newhorizonsmentalealth	This project serves persons who have a history of chronic and severe mental illness and are being discharged from prison or jail. The goal is to reduce recidivism by ensuring that they are engaged in treatment.	Mental Health Treatment	OhioMHAS and CARF Accredited
Reentry Services through the Fairfield Reentry Coalition and the Recovery Center	ADAMH Funding to The Reentry Coalition	www.fairfieldadamh.org and https://www.sheriff.fairfield.oh.us/reentrycoalition	This project provides counseling services at the county jail utilizing staff from the Recovery Center. It complements the "HOPE" grant, a reentry coalition grant also designed to provide these services.	Substance Abuse Treatment	OhioMHAS and CARF Accredited

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Behavioral Health Linkage Project	ADAMH Funding to Mid-Ohio Psychological Services	www.fairfieldadamh.org and www.mopsOhio.com	This project supports a case manager going into the county jail, meeting with inmates identified by staff as having mental health or substance abuse issues. Once the Behavioral Health Linkage meets with an individual she then links them to services to be accessed on the outside upon release	Mental Health and Substance Abuse Treatment	85% of the linkages result in persons obtaining services upon release from jail.
Counseling for Survivors of Domestic Violence and Their Children	ADAMH Funding to The Lighthouse	www.fairfieldadamh.org and https://www.domesticshelters.org/oh/lancaster	ADAMH funds are used when persons do not have Medicaid and cover assessments, individual counseling, and group counseling for adults and children	Mental Health and Substance Abuse Treatment	OhioMHAS Accredited

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

Child Care for Survivors of Domestic Violence and Their Children	ADAMH Funding to The Lighthouse	www.fairfieldadamh.org and https://www.domesticshelters.org/oh/ancaster	Children are provided Child Care with a Certified Provider while their parent is able to attend counseling, 12 step meetings, look for employment and/or housing.	Recovery Supports	OhioMHAS Accredited
Sexual Assault Advocacy Project	ADAMH Funding to The Lighthouse	www.fairfieldadamh.org and https://www.domesticshelters.org/oh/ancaster	Adults and Children who have been sexually assaulted receive crisis counseling at the FMC or Dilley Ridge Emergency facilities. They then receive follow up counseling services for the trauma which has occurred. The Lighthouse also does presentations on Sexual Assault Prevention in Fairfield County.	Mental Health Treatment	OhioMHAS Accredited

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Gambling Screening	ADAMH Funding to The Recovery Center, New Horizons MidOhio Psychological Services	www.fairfieldadamh.org www.newhorizonsmentalhealth.org www.therecoverycenter.org	Adults are given a Gambling Screening to identify if they could benefit from Gambling Abuse and/or Addiction Treatment	Gambling Screening	OhioMHAS Accredited
Gambling Treatment	ADAMH Funding to The Recovery Center	www.fairfieldadamh.org www.therecoverycenter.org	Adults identified as having a Gambling problem can receive counseling from specially trained counselors.	Gambling Treatment	OhioMHAS Accredited

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

Anger Management	ADAMH Funding to Mid-Ohio Psychological Services	www.fairfieldadamh.org and www.mopsohio.com	This individual and group counseling service is available to Youth and Adults who are in need of counseling to reduce their inappropriate expression of anger within their families, schools, workplaces, and the community.	Mental Health Treatment	OhioMHAS Accredited
Sexually Abusive Behaviors Program	ADAMH Funding to Mid-Ohio Psychological Services	www.fairfieldadamh.org and www.mopsohio.com	This individual and group counseling service is available to Youth and Adults who are in need of counseling to address sexually inappropriate behaviors or to assist them in recovery from having been sexually abused.	Mental Health Treatment	OhioMHAS Accredited
Behavioral Health Navigator Project	ADAMH Funding to The Fairfield Mental Health Consumer Group	www.fairfieldadamh.org	This project is designed to address the gaps in the system by identifying them, linking persons to services, and keeping data related to the number of persons who either have insurance with high deductibles and high copays, have no insurances, or who have Medicare and cannot find a provider.	Recovery Supports	OhioMHAS Accredited for Consumer Operated Services

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
The Center of Hope	ADAMH Funding to The Fairfield Mental Health Consumer Group	www.fairfieldadamh.org	Open Monday through Friday 8:30 a.m. to 5:00 p.m. the Center of Hope offers a lunch time meal, individual and group peer support services, educational and self- help groups. Adults working on recovery from mental health, substance abuse issues or both, can attend at no cost to the individual.	Recovery Supports	OhioMHAS Accredited for Consumer Operated Services

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

Home Based Project for Seniors	ADAMH Funding to New Horizons Mental Health and Meals on Wheels	www.fairfieldadamh.org www.newhorizonsmentalhealth.org	This is counseling offered in the home to persons with mental health and substance abuse needs of adults age 65 or older, and those adults who are 55 and older and housebound due to health and other disabling challenges.	Mental Health and Substance Abuse Treatment	OhioMHAS and CARF Accredited
Benefits Planner	ADAMH Funding to New Horizons Mental Health	www.fairfieldadamh.org www.newhorizonsmentalhealth.org	Open to adults in Fairfield County this is a project which can help persons who are on disability (either SSI or SSDI) as a result of a mental health or substance abuse problem, learn about what they will gain and/or lose in returning to work.	Recovery Supports	OhioMHAS and CARF Accredited
Supported Employment Program	ADAMH Funding to New Horizons Mental Health	www.fairfieldadamh.org www.newhorizonsmentalhealth.org	These are vocational services offered to persons with a history of severe or chronic mental illness to assist them in assessing their work readiness, determine goals, prepare them for paid or volunteer work opportunities, and support them as they do a trial work period.	Recovery Supports	OhioMHAS and CARF Accredited

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Intensive Home Based Counseling	ADAMH Funding, along with Fairfield County DD, and Fairfield County Juvenile Court to	www.fairfieldadamh.org www.facfc.org www.newhorizonsmentalhealth.org	Individual and Family Counseling, Case Management provided in the home to children, and adolescents and their families.	Mental Health Treatment	OhioMHAS and CARF Accredited

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

	FACFC (who then contracts with New Horizons Mental Health)	ealth			
Crisis Intervention Services	ADAMH Funding to New Horizons Mental Health	www.fairfieldadamh.org www.newhorizonsmentalhealth	Located at Fairfield Medical Center these services are available 24 hours per day, 7 days per week and are for the purpose of assessing, addressing and resolving mental health emergencies. Also 24/7 Emergency Co-Response with Child Protective Services.	Mental Health Crisis Intervention	OhioMHAS and CARF Accredited
Assessment, Individual, Group, Family Counseling Services	ADAMH Funding to New Horizons Mental Health	www.fairfieldadamh.org www.newhorizonsmentalhealth	These are mental health services offered to adults, teens, and children on an outpatient basis. Those who do not have Medicaid, and who qualify for a sliding fee scale have ADAMH funds supplement the costs for this treatment.	Mental Health Treatment	OhioMHAS and CARF Accredited
Medication/Somatic Services	ADAMH Funding to New Horizons Mental Health	www.fairfieldadamh.org www.newhorizonsmentalhealth	These are psychiatric services offered to adults, teens, and children on an outpatient basis. Those who do not have Medicaid, and who qualify for a sliding fee scale have ADAMH funds supplement the costs for this treatment.	Mental Health Treatment	OhioMHAS and CARF Accredited

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
CPST (Case Management) Services	ADAMH Funding to New Horizons Mental Health	www.fairfieldadamh.org www.newhorizonsmentalhealth	These are services delivered to adults ,teens, and children on an outpatient basis who need someone to help them negotiate various systems,	Mental Health Treatment	OhioMHAS and CARF Accredited

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

		ealth	including but not limited to JFS, Social Security Administration, etc.		
Community Residence Program	ADAMH Funding to New Horizons Mental Health	www.fairfieldadamh.org www.newhorizonsmentalhealth	New Horizons owns Cherry Gardens, Orchard Place, and Ault Manor, all which house persons with a history of serious and persistent mental illness. They also place persons who are in need into Adult Care Facilities where there is structure and supervision. ADAMH supports the work involved in managing this and other housing projects at New Horizons.	Mental Health Housing	OhioMHAS and CARF Accredited
Housing Specialist in Emergency Shelter	ADAMH Funding to Lutheran Social Services	www.fairfieldadamh.org and www.lssco.org	The Housing Specialist works with persons in the emergency shelter who have mental health and or substance abuse issues and helps them to find safe and affordable housing when possible.	Recovery Supports	OhioMHAS Accredited
Psychiatric Aftercare	ADAMH Funding to Lutheran Social Services	www.fairfieldadamh.org and www.lssco.org	Housing for adult men and women who are homeless and being released from a psychiatric hospital.	Recovery Supports	OhioMHAS Accredited
Promise House	ADAMH Funding to Lutheran Social Services	www.fairfieldadamh.org and www.lssco.org	Recovery Housing for men in which a live in peer support worker is available for supervision, experience, strength, and hope. The men are engaged in counseling, 12 step programs. They are expected to either be working or pursuing further education	Recovery Supports	OhioMHAS Accredited

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or	Evidence of Effectiveness
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Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

				treatment)	
Mental Health First Aid- Adults	ADAMH Board Staff	www.fairfieldadamh.org	These are 8 hour trainings to help the average citizen learn about mental health issues and learn how to be of assistance when someone is expecting a mental health crisis. They are offered free to the public.	Education	Instructors are Certified Mental Health First Aid Instructors
Mental Health First Aid- Youth	ADAMH Board Staff	www.fairfieldadamh.org	These are 8 hour trainings for persons who work with youth and who would like to learn more about mental health crisis and how to effectively assist a youth in crisis.	Education	Instructors are Certified Mental Health First Aid Instructors
Crisis Intervention Team Training (CIT)	ADAMH	www.fairfieldadamh.org	40 hour training class for law enforcement regarding the local mental health and addiction service delivery system and understanding mental health and addiction disorders.	Education	Evidence-Based Practice
Other Community Education Events	ADAMH	www.fairfieldadamh.org	Examples of selected past trainings: Trauma Informed Care, Prevention Ethics, Ethics and Supervision, Process Addictions, Problem Gambling, etc.	Education	Qualified Instructors
Annual Recovery Conference	ADAMH	www.fairfieldadamh.org	Provides support, education, and stigma reduction to professionals, family members, consumers, and advocates for persons experiencing a mental health and/or addiction disorder.	N/A	Qualified Instructors
Wrap Around	ADAMH ADAMH via special projects	www.fairfieldadamh.org	Provides individualized intervention/treatment/recovery support as indicated in agency treatment plan.	Intervention/ Treatment/ Recovery Support	None identified.

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Fairfield County Crisis Line 2-1-1	ADAMH	http://www.fairfieldcountyny211.org/crisis.html	Fairfield County 2-1-1 has a Mental Health Crisis Line for all individuals. 740-687-8255 (TALK) Available 24 hours a day, 7 days a week.		None identified.
Caregiver Support Programming	Meals on Wheels	http://mowfc.org/wordpress_f/	Adults	Intervention/Treatment	None identified.
Mindful Stress Reduction	Ohio State University Extension	http://fairfield.osu.edu/program-areas/family-and-consumer-sciences/mind-body/mindfulness	Adults	Intervention/Treatment	Best Practice
4-H Youth Development	Ohio State University Extension	http://fairfield.osu.edu/program-areas/4-h-youth-development	Youth	Prevention	None identified.
Crime & Trauma Assistance Program	Mount Carmel Health	http://www.mountcarmelhealth.com/crime-trauma-assistance	Child and adult victims, survivors and co-survivors	Intervention/Treatment	None identified.
Integrated Services for Behavioral Health	Ohio Guide Stone	http://integratedservice.org/services/fairfield-county/	All populations	Intervention/Treatment	Best Practice
Alzheimer's Support Group	Alzheimer's Association - Central Ohio Chapter	http://www.alz.org/centralohio/	Elderly Adults	Intervention/Treatment	Best Practice

Priority #1 ☐ Improve Adult, Youth, and Child Mental Health

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Grief Counseling	FairHoPe Hospice & Palliative Care Inc	http://www.fairhopehospice.org/fairhope_hospice_grief_services.html	Adults	Intervention/Treatment	Best Practice
School-Based Counseling for Medicaid Clients	New Horizons	http://www.newhorizonsmentalhealth.org/services.html	Youth	Intervention/Treatment	Best Practice
Appalachian Behavioral Health Services	Appalachian Behavioral Healthcare Hospital	http://mha.ohio.gov/default.aspx?tabid=187	All populations	Intervention/Treatment	Best Practice
Twin Valley Behavioral Healthcare Hospital	Twin Valley Behavioral Healthcare Hospital	http://mha.ohio.gov/Default.aspx?tabid=193	All populations	Intervention/Treatment	Best Practice
Behavioral Health Services, And Counseling	Fairfield Community Health Center	http://www.fairfieldchc.org/	All populations	Intervention/Treatment	Best Practice
Dedicated Socials Worker/Guidance Counselor in Each Building	Lancaster City Schools	http://www.lancaster.k12.oh.us/	Youth	Intervention/Treatment	Best Practice
Mental Health Services in Lancaster City Schools (Medicaid Only)	New Horizons	http://www.newhorizonsmentalhealth.org/	Youth	Intervention/Treatment	Best Practice

Priority #2 □ Decrease Adult and Youth Substance Abuse

Resource Assessment

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Awareness/Education of mental health and substance abuse services, disorders, recovery, prevention, intervention and treatment.	ADAMH	www.fairfieldadammh.org	General Public and targeted groups	Prevention	Varies
Opiate Task Force	ADAMH	www.fairfieldadammh.org	Opiate – Related Disorders	Prevention, Advocacy	None identified.
Drug Free Workforce Community Initiative	ADAMH	www.fairfieldadammh.org	Adults and teens seeking employment and employee retention. Businesses	Prevention	None identified.
Brain Power	ADAMH Funding to Mid-Ohio Psychological Services (MOPS)	www.fairfieldadammh.org and www.mopsOhio.com	Fourth Grade Drug and Alcohol Curriculum presented to Lancaster City Schools	Prevention	Evidenced Based Curriculum
The Incredible Years	ADAMH Funding to The Recovery Center	www.fairfieldadammh.org and www.therecoverycenter.org	Children 0 to 12 with challenging behaviors- families are in counseling for substance abuse and addiction	Prevention	Evidenced Based Program
Project Alert and Too Good for Drugs	ADAMH Funding to The Recovery Center	www.fairfieldadammh.org and www.therecoverycenter.org	These curriculum expand on the social emotional skills of students while exploring negative aspects of alcohol, tobacco, and other drugs. Offered in Elementary, Middle, and High Schools throughout the county.	Prevention	SAMSHA Evidenced Based Practice
Mutai -Systems Youth Coordination	ADAMH Funding, along with Fairfield County DD, and Fairfield County Juvenile Court to FACFC	www.facfc.org	Children and Adolescents with involvement in more than one system, i.e. mental health/aod, developmental disabilities, or juvenile court.	Early intervention and Treatment	None identified.

Priority #2 Decrease Adult and Youth Substance Abuse

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Outreach Project	ADAMH Funding to 211	www.fairfieldada.mh.org and fairfieldcounty211.org	Outreach worker goes to various locations in the community to assist persons in applying for and being linked to services such as mental health/aod services, Medicaid, food, transportation, clothing, etc.	Recovery Support	None identified.
Payee Project	ADAMH Funding to 211 and to Fairfield Mental Health Consumer Group	www.fairfieldada.mh.org and fairfieldcounty211.org	There are three individuals who serve as payees for persons with severe mental illness and/or have dual diagnosis of substance abuse and mental illness. Two are located at 211 and one is located at FMHCG. This allows persons on Social Security and other pensions, etc. to have assistance in assuring rent and other bills are paid and then spending money is dispensed.	Recovery Support	None identified.
Naloxone Project	ADAMH Funding to 211	www.fairfieldada.mh.org and fairfieldcounty211.org	211 will dispense vouchers to persons who want a kit on hand to prevent overdose from opiates.	Recovery Support	None identified.
Substance Abuse/Dependence Assessment	ADAMH Funding to The Recovery Center and Medicaid	www.fairfieldada.mh.org and www.therecoverycenter.org	Individual who are in need of an assessment to determine the best level of care for their substance abuse/addiction problem can be seen at the Recovery Center?	Substance Abuse Treatment	OhioMHAS and CARF Accredited
Intensive Outpatient Substance Abuse Treatment	ADAMH Funding to The Recovery Center and Medicaid	www.fairfieldada.mh.org and www.therecoverycenter.org	There is both a Men's IOP Program and a Women's IOP Program at the Recovery Center.	Substance Abuse Treatment	OhioMHAS and CARF Accredited
Individual Counseling, Group Counseling, Case Management Outpatient Substance Abuse Treatment	ADAMH Funding to The Recovery Center and Medicaid	www.fairfieldada.mh.org and www.therecoverycenter.org	The Recovery Center provides outpatient services to individuals 12 years of age or older with behavioral health problems	Substance Abuse Treatment	OhioMHAS and CARF Accredited

Priority #2 □ Decrease Adult and Youth Substance Abuse

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Medication Assisted Treatment	ADAMH Funding to The Recovery Center and Medicaid	www.fairfieldada.mh.org and www.therecoverycenter.org	The Recovery Center provides Medication Assisted Treatment and Ambulatory Detoxification Services utilizing Suboxone, Subutex, or Vivatrol. Regular Urine Tests are part of this program, as well as ongoing counseling while receiving medication.	Substance Abuse Treatment	OhioMHAS and CARF Accredited
Prenatal Project	ADAMH Funding to The Recovery Center	www.fairfieldada.mh.org and www.therecoverycenter.org	This project is for pregnant women who have opioid abuse and/or addiction issues and will assist them in achieving and maintain abstinence from street drugs while pregnant and up to 12 months after giving birth. It is a project that is implemented in conjunction with the Fairfield County Health Department.	Substance Abuse Treatment and Recovery Supports (This includes apartments that ADAMH has paid for in advance so that any opiate addicted and pregnant homeless woman can access safe housing.)	OhioMHAS and CARF Accredited
Vocational Services	ADAMH Funding to The Recovery Center	www.fairfieldada.mh.org and www.therecoverycenter.org	This project serves persons in recovery from substance abuse who want to either return to work or explore further education.	Recovery Supports	OhioMHAS and CARF Accredited
(Maryhaven Buprenorphine Assisted Recovery Program)	Maryhaven	www.fairfieldada.mh.org and www.maryhaven.com	This project is still in the planning stages but will serve approximately 10 person who are opiate dependent. They will be assisted with transportation if they do not have this and will go to the clinic at Maryhaven Monday through Saturday. They will receive MAT, counseling, and drug screening.	Substance Abuse Treatment	OhioMHAS and CARF Accredited

Priority #2 Decrease Adult and Youth Substance Abuse

Resource Assessment, *continued*

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Sober Living Project	ADAMH Funding to Lutheran Social Services	www.fairfieldadammh.org and www.lssco.org	Housing for Adult Men who are in recovery from substance abuse and addiction. The men are housed two men to an apartment in Fairhaven, and are expected to attend counseling, 12 step programs, and are expected to either be working or attending school.	Recovery Supports	OhioMHAS Accredited
Promise House	ADAMH Funding to Lutheran Social Services	www.fairfieldadammh.org and www.lssco.org	Recovery Housing for men in which a live in peer support worker is available for supervision, experience, strength, and hope. The men are engaged in counseling, 12 step programs. They are expected to either be working or pursuing further education	Recovery Supports	OhioMHAS Accredited
Annual Recovery Conference	ADAMH	www.fairfieldadammh.org	Provides support, education, and stigma reduction to professionals, family members, consumers, and advocates for persons experiencing a mental health and/or addiction disorder.	N/A	Qualified Instructors
Naloxone Kits Available	Fairfield Department of Health	www.myfdh.org	All populations	Treatment	Best Practice
Family Dependency Treatment	Juvenile Court	http://www.fairfieldcountyprobate.com/programs-juvenile-court.htm	All populations	Treatment	Best Practice
Trauma and Substance Abuse Screenings	Ohio Guide Stone	http://www.ohioguidestone.org/	All populations	Prevention	Best Practice
Recovery Coaches (Medicaid billable)	Ohio Guide Stone	http://www.ohioguidestone.org/	All populations	Intervention	Best Practice

Priority #2 □ Decrease Adult and Youth Substance Abuse

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Pearl House	Fairfield Metropolitan Housing Authority	http://www.fairfieldmha.org/index.php/housing-assistance/pearl-and-rutherford-information/pearl-house	All populations	Intervention	None Identified
The Refuge House	N/A	N/A	All populations	Intervention	None Identified
Tyler's Light – Pickerington and Lancaster	Tyler's Light	http://tylerslight.com/about-us-2tl/	All populations	Prevention/Intervention	None Identified
Perinatal Leadership Community	ADAMH, Medicaid, et.	N/A	Women	Prevention/Intervention	None Identified
Mom's Project	Ohio Children Trust Fund	https://www.facfc.org/pdf/Annual-Report-2015.pdf	Women	Prevention/Intervention	None Identified
DARE Program	Lancaster Police Department	https://www.ci.lancaster.oh.us/204/DARE	Youth	Prevention	Best Practice
Permanent Drug Drop Off Sites	Lancaster and Pickerington Police	N/A	All populations	Prevention/Intervention	Best Practice
Drug Screening Provider/Vendor (Call In System For Random Screening)	American Court Services - Lancaster	https://www.scrmsystems.com/providers/american-court-drug-testing-services/	All populations	Prevention/Intervention	Best Practice
Substance Abuse Stabilization Unit	Fairfield Medical Center	http://www.fmchealth.org/	All populations	Intervention/Treatment	Best Practice

Priority #2 □ Decrease Adult and Youth Substance Abuse

Gaps and Potential Strategies

Gaps	Potential Strategies
1. After care for schools	<ul style="list-style-type: none"> Therapeutic schools Sober schools
2. Timely Access/Access to Services	<ul style="list-style-type: none"> Increase the number of health care professionals in area
3. Long-term residential treatment	<ul style="list-style-type: none"> Repurpose and old school so that instead of going to jail, they go to rehab Offer treatment in prisons
4. Affordability/ability to pay	<ul style="list-style-type: none"> Direct to FQHC Utilize community resources
5. Lack of publicity/education for substance abuse initiatives	<ul style="list-style-type: none"> Awareness campaigns Have a representative from starttalking.ohio.gov present on the radio
6. Providers not using the OARRS system	<ul style="list-style-type: none"> Need for a code/ID for providers to use when they use OARRS. Put code/ID on prescriptions
7. Transportation	<ul style="list-style-type: none"> Telemedicine Increase transportation services
8. Support for families	<ul style="list-style-type: none"> Offer education and support Make naloxone kits available
9. Lack of community education for opiates	<ul style="list-style-type: none"> Expand opiate task force
10. Medication abuse by family members	<ul style="list-style-type: none"> Education and awareness of drug take back days
11. Need of needle exchange program	<ul style="list-style-type: none"> Explore funding sources Work with local task force

Priority #3 ☐ Decrease Adult, Youth and Child Obesity

Resource Assessment

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Live Healthy Live Well	Ohio State University Extension	https://livehealthyosu.com/	All populations	Prevention/Education	Best Practice
Supplemental Nutrition Assistance Education Program (SNAP-Ed)	Ohio State University Extension	http://fairfield.osu.edu/program-areas/snap-ed	All populations	Prevention/Education	Best Practice
Obesity Prevention Programs	Ohio State University Extension	http://fairfield.osu.edu/program-areas	All populations	Prevention/Education	Best Practice
Crunch Out Obesity	United Way, FMC, OSUE, YMCA, etc.	http://uwayfairfieldco.org/uway_NEWS.html	Youth	Prevention/Education	Best Practice
WIC Program, Supplemental Nutrition, Nutrition Counseling	Fairfield Department of Health	http://www.myfdh.org/Nursing-WIC/WIC-Fairfield-County.html	Women and Children	Prevention/Education/Intervention/Treatment	Best Practice
BCMH Nutrition Program	Fairfield Department of Health	http://www.myfdh.org/Nursing-WIC/BCMH-Fairfield-County.html	Children	Prevention/Education/Intervention/Treatment	Best Practice
Ohio Healthy Program	Fairfield Department of Health	http://www.myfdh.org/	Youth	Prevention/Education	Best Practice
CFHS Nutritional Education	Fairfield Department of Health	http://www.myfdh.org/	Youth	Prevention/Education	Best Practice

Priority #3 ☐ Decrease Adult, Youth and Child Obesity

Resource Assessment, *continued*

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Various programs and activities	Lancaster city parks	https://www.ci.lancaster.oh.us/245/Parks-Recreation	All populations	Prevention/Education	Best Practice
Various programs and activities	Pickerington parks	http://www.ci.pickerington.oh.us/Pages/Departments/Parks_and_Recreation/	All populations	Prevention/Education	Best Practice
Free Fit Saturdays	Rising Park in Lancaster	http://www.lancasterlegazette.com/story/news/2014/05/30/freefit-saturday-workouts-to-return/9786089/	All populations	Prevention/Education	Best Practice
Little League	Lancaster YBA	http://www.lancasterlyba.org/pages/1152/mission	Youth	Prevention/Education	Best Practice
Various Farmers Markets	Ohio Department of Agriculture	http://ohioproud.org/searchresults.php#searchResults	All populations	Prevention	Best Practice
Various Food pantries	N/A	http://www.fairfieldcounty211.org/food_assistance.html	All populations	Prevention	Best Practice

Priority #3 ☐ Decrease Adult, Youth and Child Obesity

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Produce Prescription Program	Fairfield Community Health Center and Fairfield County 211	http://www.fairfieldcounty211.org/ and http://www.fairfieldchc.org/	All populations	Prevention	Best Practice
Various YMCA Programs	Robert K. Fox Family Y	http://www.ymcalancaster.org/	All populations	Prevention	Best Practice
Delay the Disease - Exercise Program for Fighting Parkinson's Disease	Ohio Health	http://www.delaythedisease.com/	All populations	Prevention	Best Practice
Various YMCA Programs	Jerry L. Garver YMCA YMCA of Central Ohio	www.ymcacolumbus.org/garver	All populations	Prevention	Best Practice
Exercise Classes	Olivedale Senior Center	https://www.olivedale.com/	Older populations	Prevention	Best Practice
Adaptive Sports Program	Southeastern Ohio Center for Independent Living	https://www.socilfairfieldhocking.org/adaptive-sports.php	Youth	Prevention/Education	Best Practice
Fairfield Growing – Access To Healthy Local Food	Chamber And Regional Planning	http://www.co.fairfield.oh.us/rpc/images/FairfieldGrowing_ExSum.pdf	All populations	Prevention	Best Practice

Priority #3 □ Decrease Adult, Youth and Child Obesity

Resource Assessment, *continued*

Program/Strategy/ Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Pickerington Community Garden	Pickerington Parks and Recreation	http://www.ci.pickerington.oh.us/Pages/Departments/Parks_and_Recreation/Community_Gardens/	All populations	Prevention/Edu cation	Best Practice
YMCA Scholarships	United Way	http://uwayfairfieldco.org/	All populations	Prevention/Edu cation	Best Practice
Healthy Steps Programs	Fairfield Community Health Center	www.fairfieldchc.org/	All populations	Prevention/Edu cation	Best Practice
Meals on Wheels Nutrition Programs	Meals on Wheels	www.mowfc.org	Aging populations	Prevention	Best Practice
Day of Action	United Way	http://uwayfairfieldco.org/	Youth	Prevention/Edu cation	None identified
Various 5Ks	Fairfield County	N/A	All populations	Prevention	Best Practice
Dieticians, Diabetes Counseling and Heart Healthy Counseling	Fairfield Medical Center	http://www.fmchealth.org/	All populations	Prevention/Trea tment	Best Practice
Primary Care Obesity Network	Nationwide Children's Hospital	http://www.nationwidechildrens.org/primary-care-obesity-network	All populations	Prevention/Trea tment	Best Practice

Priority #3 □ Decrease Adult, Youth and Child Obesity

Resource Assessment, continued

Program/Strategy/Service	Responsible Agency	Contact Information (Address, Website, etc.)	Population(s) Served	Continuum of Care (prevention, early intervention, or treatment)	Evidence of Effectiveness
Center For Healthy Weight And Nutrition	Nationwide Children's Hospital	http://www.nationwidechildrens.org/center-for-healthy-weight-nutrition	All populations	Prevention/Treatment	Best Practice
SNAP-Ed In Grades Schools – 2 Day Piece About Nutrition	Ohio State University Extension	http://fairfield.osu.edu/program-areas/snap-ed	Youth	Prevention/Education	Best Practice
Kids Night Out	Robert K. Fox Family Y	http://www.ymcalancaster.org/	Youth	Prevention	Best Practice
Health Kids Day	Robert K. Fox Family Y	http://www.ymcalancaster.org/	Youth	Prevention	Best Practice
Health Fairs /Free Screenings	Fairfield Community Health Center	www.fairfieldchc.org/	All populations	Prevention	Best Practice
Health Fair and Community Health Fest	Fairfield Medical Center	http://www.fmchealth.org/	All populations	Prevention/Treatment	Best Practice
Health Education	Olivedale Senior Center	https://www.olivedale.com/	Older populations	Prevention	Best Practice

Priority #3 □ Decrease Adult, Youth and Child Obesity

Gaps and Potential Strategies

Gaps	Potential Strategies
1. Access to healthy food	<ul style="list-style-type: none"> Community gardens/gardening classes Farmers markets Increase awareness of produce prescription program Home deliveries to senior citizens
2. Education (portion control, home cooking vs. fast food)	<ul style="list-style-type: none"> Day care education School programs OSU Extension programs Ohio Healthy Programs
3. Bikeability/Walkability	<ul style="list-style-type: none"> Explore grants and funding Expand/connect existing trails
4. Affordability (food, exercise)	<ul style="list-style-type: none"> Create specialized programs and initiatives Create free or low cost community activities Specialize some free or low cost community activities for seniors
5. Unhealthy school lunches	<ul style="list-style-type: none"> Work with schools to offer healthier options
6. Lack of teaching/demonstrating healthy eating habits in schools	<ul style="list-style-type: none"> Add healthy eating lessons to school curriculum
7. Healthy eating is not a social norm	<ul style="list-style-type: none"> Advertise healthy eating practices Social media campaigns
8. Safety concerns	<ul style="list-style-type: none"> Offer monitored group activities
9. Awareness of available activities and programs	<ul style="list-style-type: none"> Create a community wellness guide/website highlighting available activities and programs

2016 Community Health Needs Assessment Priorities Not Addressed by Fairfield Medical Center

1. Access to Mental Health, Alcohol and Drug Addiction Services

Lancaster Public Transportation is allocating the resources to address this need.

2. Family Functioning

In 2016, Family Functioning was listed in the top priorities by voting. Pg 14

Community members believed this was a concern that surrounded learning, healthy communication, support from family and abuse or violence.

Discussion included that this area held experts outside of Fairfield Medical Center. While Fairfield Medical Center focuses on the physical health and anatomy, there are area experts on behavior health.

Fairfield Medical Center does not have the resources available to appropriately address this concern. Therefore, this was not selected in 2016 as an initiative to pursue.

3. Youth Sexual Behavior

In 2016, Youth Sexual Behavior was listed in the top priorities by voting. Pg 14

Community members believe this was a consideration of concern in light of sexting media stories. Survey collected information reported that 30% of those surveyed were involved in sexting. 26% were sexually active with 15% of those having no reliable form of birth control.

While Fairfield Medical Center focuses on the physical health and anatomy, there are area experts on behavior health.

Fairfield Medical Center does not have the resources available to appropriately address this concern. Therefore, this was not selected in 2016 as an initiative to pursue.



2013 – 2015 Fairfield Medical Center Community Health Needs Impact Report

Identified Health Need	Goals	Results
Obesity FMC Ranking (#1)	Raise awareness of obesity related health issues and provide opportunities for lifestyle changes.	<ul style="list-style-type: none"> • Complete Health Improvement Program weight loss classes offered 2013/2014. (93 students, 5 scholarships offered). • 2014 Corporate Outdoor Games at FMC. • 2014 Corporate Wellness Walking Competition. • Diabetic Self-Management Education Program. Monthly classes offered to all interested. Led by a FMC professionally trained clinician. • Dining with Diabetes. This ran in March 2014. In collaboration with OSU. • FMC Café labeled healthy choices with an apple. • Christy's Pizza (chain) labeled healthy choices with an apple and heart healthy choices with a heart. • Christy's Pizza (chain) developed a new pizza crust as a healthy choice • Develop a Comprehensive Bariatric Service line. • Community Sneaker Day. • Wellness Healthy Recipe Challenges with Contest. • 2014 Sports physicals were offered to students, free of charge: <ul style="list-style-type: none"> -262 students screened -2 schools participated • 2015 Sports physicals were offered to students, free of charge: <ul style="list-style-type: none"> -282 students screened -7 schools participated • 2016 Sports physicals were offered to students, free of charge: <ul style="list-style-type: none"> -360 students screened -13 schools participated • 2017 Sports physicals were offered to students, free of charge: <ul style="list-style-type: none"> -450 students were screened • FMC Monitor magazine featured articles on healthy weight management topics. This publication is mailed out to 70,000 households every three months. • FMC Health & Wellness Services provided education classes to 285 students in 2013; 350 students in 2014.

Identified Health Need	Goals	Results
Mental Health and Substance Abuse FMC Ranking (#2 & #3)	Raise awareness of addiction within our community, the impact it has on our society and provide resources to those in need.	<ul style="list-style-type: none"> • FMC Monitor magazine featured articles on substance abuse in our community. This publication is mailed out to 70,000 households every three months. • A CRISIS Hotline was started through a partnership with FMC and New Horizons. • A Medical Stabilization Unit (MSU) was started to assist patients transitioning from addiction to detoxification. In 2014, the unit received 568 inquiries and 129 admissions. In 2015, the unit received 974 inquiries and 126 admissions. • In 2016, the Medical Stabilization Unit grew into the Substance Abuse Stabilization Unit (SASU). In 2016, the unit received 1,486 inquiries and 129 admissions. In 2017, the unit received 1,503 inquiries and 133 admissions. • The Opiate Taskforce, a collective community initiative, was formed to educate the community on recognizing the signs of drug addiction, sharing of testimonials from youth and adults impacted by addiction, and discussing methods for training and recovery.

Identified Health Need	Goals	Results
Cancer FMC Ranking (#4)	<p>Increase the number of cancer screenings taking place in our community and reduce the incidence of cancer.</p> <p>Raise awareness of cancer services provided locally.</p>	<ul style="list-style-type: none"> FMC Monitor magazine featured articles on cancer topics. This publication is mailed out to 70,000 households every three months. Saw a year over year increase in the number of lung cancer screenings. <ul style="list-style-type: none"> -2014: 50 screenings -2015: 138 screenings -2016: 512 screenings -2017: 582 screenings Smoking Cessation classes were provided by FMC for the community. Provided free screenings and education to the community during Healthfest. <ul style="list-style-type: none"> -2014: 662 people attended -2015: 1033 people attended -2016: 705 people attended -2017: 1169 people attended Participated in an annual Shine the Light Vigil with Lilly and FairHope Hospice <ul style="list-style-type: none"> -2014: 70 people attended -2015: 45 people attended -2016: 20 people attended -2017: 45 people attended Created a number of breast cancer awareness events; Bra Day: 75 participants, Breast Cancer Vigil: 60 participants, Paint it Pink: 35 participants, Bra CRAWL: 300 participants. Saw a year over year increase in traffic to the cancer care pages of our website. <ul style="list-style-type: none"> -2014: 2,121 page views -2015: 7,939 page views -2016: 8,145 page views -2017: 8,664 page views

Identified Health Need	Goals	Results
Cardiovascular Disease FMC Ranking (#5)	To educate the community on the dangers associated with cardiovascular disease, what preventative steps can be incorporated and how to get help for those impacted with heart diseases.	<ul style="list-style-type: none"> Created the Heart Safe and HOPE programs. Both of which have since been adopted nationally as standard best practices. FMC accredited 14 Heart Safe businesses and 19 Heart Safe Schools. Quarterly risk factor and awareness education are provided at Olivedale Senior Center. Quarterly community screenings and CPR/HOPE classes are offered. FMC is sponsoring a community CPR day and a Heart & Lung Run. FMC provides community smoking/tobacco cessation programs. CPR/HOPE classes offered monthly for the community <ul style="list-style-type: none"> -2013: 158 classes offered (3250 students) -2014: 299 classes offered (5847 students) -2015: 14 classes offered (833 students) FMC is providing free blood pressure screenings at Healthfest. FMC Monitor magazine featured articles on heart care topics. This publication is mailed out to 70,000 households every three months. Saw a year over year increase in traffic to the heart care pages of our website. <ul style="list-style-type: none"> -2014: 3,504 page views -2015: 4,655 page views -2016: 5,894 page views -2017: 7,743 page views



2016 Community Health Needs Assessment Fairfield Medical Center Top Areas of Health Concern

In 2016, the community agencies and members participating gave a ranking score to each issue identified in the CHNA. The scores were then averaged, and the rankings were combined to give an average score for each issue.

The top ten ranked issues were as follows:

1. Access to mental health, alcohol and drug addiction services
2. Adult drug abuse
3. Youth substance abuse
4. Adult obesity
5. Child mental health
6. Youth mental health
7. Child obesity
8. Youth obesity
9. Family functioning
10. Youth sexual behavior

Of the top ten Priority Health issues identified for Fairfield County, FMC chose to focus improving adult, youth and child mental health, decreasing adult and youth substance abuse and decreasing adult, youth and child obesity.

Fairfield Medical Center established the following goals for each identified concern:

Identified Health Need	Goals	Planned Actions and Expectations
Adult, youth and child mental health FMC Ranking (#1)	Raise awareness of mental health issues within our community, the impact it has on our society and provide resources to those in need.	<p>We will become an active supporter in community events that raise awareness of mental health issues in our community. This should draw attention to those needs, and when people need assistance, will know where to turn and what help is available.</p> <p>We will continue to provide and advertise staffing and resources to the community to address those in need of mental help care. By providing this resource, community members will know where to turn when a situation arises.</p>
Adult and youth substance abuse FMC Ranking (#2)	Raise awareness of substance abuse issues within our community, the impact it has on our society and provide resources to those in need.	<p>We will continue to provide and advertise staffing and resources to the community to address patients in need of substance abuse care. By providing this level of care, patients will know where to turn when they are ready to seek help.</p> <p>We will look for ways to invest in community events that draw attention to the drug issues in our community. By doing this, we hope to raise awareness and educate the community about the resources available.</p> <p>We will look for ways to provide additional levels of care to patients in need. When a person is overdosing, they are rarely at a medical facility. Our goal is that by providing education and resources, if a community member sees somebody in need of assistance, they are trained and have the tools to help.</p>
Adult, youth and child obesity FMC Ranking (#3)	Raise awareness of obesity issues within our community, the impact it has on our society and provide resources to those in need.	<p>We will continue to be an active support in physical fitness and healthy lifestyle community activities. By providing these resources, our goal is that the community will have numerous ways to stay active.</p> <p>We will look for ways to educate the community on healthy eating habits. Reading labels and following diets can be tricky. By providing this education, the community will have the knowledge to lead a healthy lifestyle without medical intervention.</p>

**Fairfield Medical Center
Board of Directors**

BOARD APPROVAL

2016 Community Health Needs Assessment Update

The undersigned, being the duly elected Secretary of the Fairfield Medical Center Board of Directors, does hereby certify that the aforementioned *2016 Community Health Needs Assessment Update* was properly reviewed, approved and adopted by the Board of Directors at its meeting in Lancaster, Ohio, on the 5th day of December, 2018.


Bradley Hedges, PhD, Secretary