



Cleveland Clinic
Union Hospital

Community Health Needs Assessment

2019

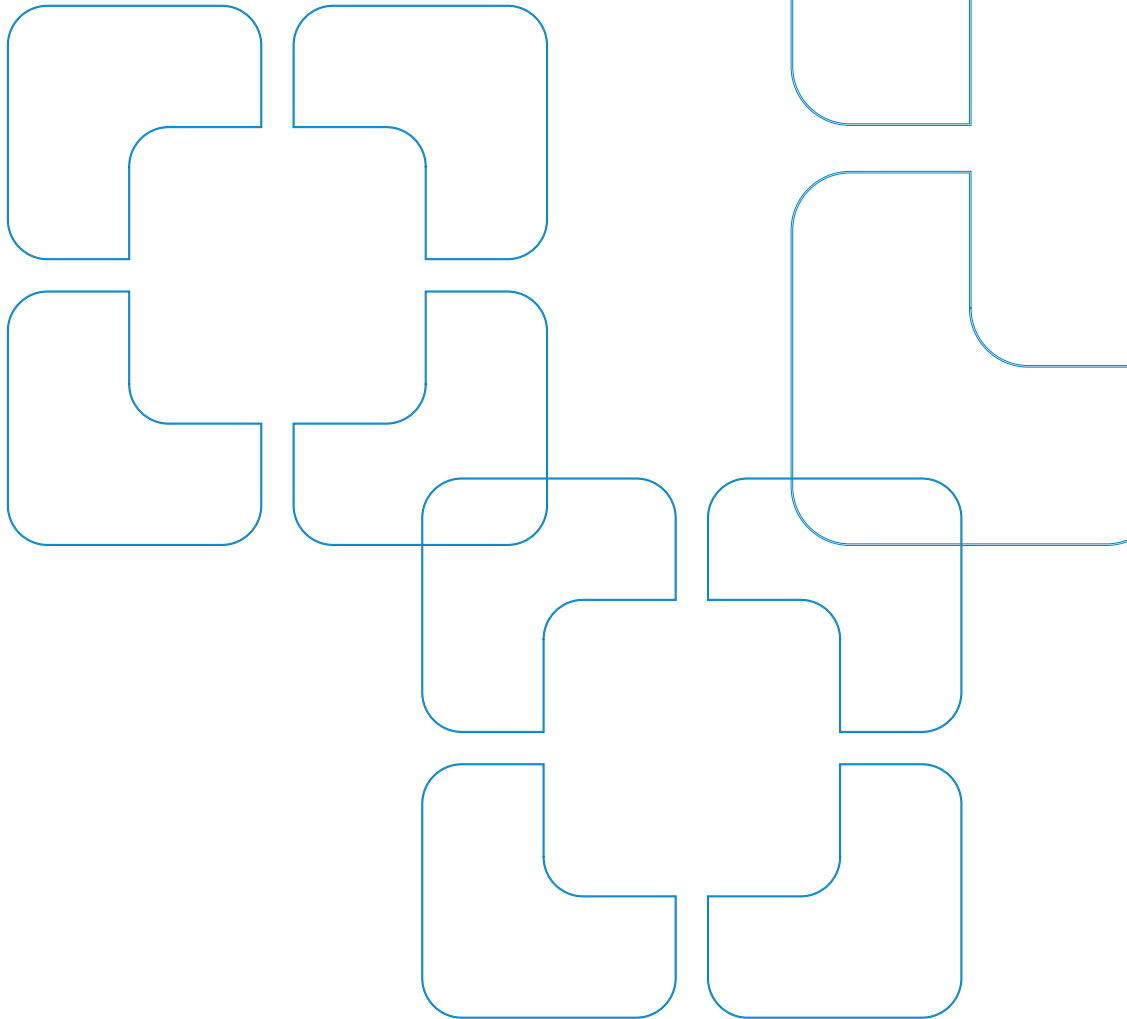


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Executive Summary

This Community Health Needs Assessment (CHNA) was conducted by Cleveland Clinic Union Hospital (Union Hospital or “the hospital”) to identify significant community health needs and to inform development of an Implementation Strategy to address current needs.

Cleveland Clinic Union Hospital is a 136 staffed bed hospital located in Dover, Ohio. Union Hospital has been an integral part of the Tuscarawas Valley for more than 110 years. Union Hospital was founded on the premise that its focus must be on quality healthcare for all patients, not the financial profits of a few investors. And today, it continues that mission, providing the care to all patients, regardless of ability to pay. In 2018, Union Hospital became part of the Cleveland Clinic healthcare system as a regional hospital.

The hospital is part of the Cleveland Clinic health system, which includes an academic medical center near downtown Cleveland, eleven regional hospitals in northeast Ohio, a children’s hospital, a children’s rehabilitation hospital, five southeast Florida hospitals, and a number of other facilities and services across Ohio, Florida, and Nevada. Additional information about Cleveland Clinic is available at: <https://my.clevelandclinic.org/>.

This Community Health Needs Assessment (CHNA) is intended to support the furtherance of that mission as well as to satisfy the requirements of a CHNA as described in Internal Revenue Code section 501(r)(3) and related guidance.

The CHNA process involved the review of epidemiologic data, surveys and participants from organizations representing a wide range of services and populations within the community and Cleveland Clinic health system. The information was used to develop a list of prioritized health needs in Tuscarawas County. These prioritized needs are being used by Union Hospital to guide intervention and outreach efforts with the goal of improving the health of the community it serves.

1. Access to Affordable Healthcare
2. Addiction (includes adult and youth drug use and overdose deaths)
3. Chronic disease (includes adult and youth obesity, as it impacts chronic diseases such as diabetes and heart disease)
4. Infant Mortality
5. Mental health (includes adult and youth depression and suicide)
6. Socioeconomic Concerns

Background information on the CHNA, the methodology used to conduct the CHNA and the results of the analysis are contained in the full report. The activities undertaken by Union Hospital to address these prioritized health needs are contained in the Implementation Strategy Report both of which can be found on the Union Hospital website at <https://my.clevelandclinic.org/locations/union-hospital>.

Background

Purpose

Union Hospital has conducted and participated in various surveys and programs with the goal of assessing the health needs of the community it serves. These assessments have assisted the hospital in evaluating current services and for determining future strategies, services and programs to improve the health and hospital services

in the community served by Union Hospital. The assessment presented here is designed to both continue that process and to satisfy the requirement of a Community Health Needs Assessment (CHNA) described below.

Enacted in 2010, the Patient Protection and Affordable Care Act provided for numerous changes in the U.S. healthcare system, including the addition of Internal Revenue Code (IRC) section 501(r) applicable to hospital organizations exempt from federal income tax. Union Hospital is such a hospital organization. Within IRC 501(r) is the requirement for such a hospital organization to conduct, once every three years, a Community Health Needs Assessment (CHNA) for each hospital facility it operates. The Internal Revenue Service is charged with enforcing these new requirements, and has issued guidance for hospital organizations to follow in order to comply with the law. Such a CHNA report should include the following: a definition of the community served by the hospital and a description of how the community was determined; a description of the process and methods used to conduct the CHNA; a description of how the hospital facility took into account input from persons who represent the broad interests of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing such significant health needs; and a description of potential measures and resources identified through the CHNA to address the significant health needs.

Description of Hospital Facility

Union Hospital, located in Dover, Ohio is a community hospital with 136 staffed beds. Union Hospital has more than 300 providers on our medical staff and employs more than 1,000 caregivers.

Union Hospital was founded more than a century ago on the premise that our focus must be on quality healthcare for all patients, not the financial profits of a few investors. And today, we continue that mission, providing the same excellent care to all patients, regardless of ability to pay.

Over the years, Union Hospital has expanded to become the centerpiece of a 25-acre medical campus. Surrounding the hospital are physician office buildings, outpatient rehabilitation and sports medicine center, and a mental healthcare agency. Off-campus facilities include the Tuscarawas Ambulatory Surgery Center, WorkWell Occupational Medicine Center, and FirstCare urgent care center. The hospital also has its own hospital-employed physician network with primary and specialty providers in various locations in Tuscarawas County.

Definition of the Community Served

While Union Hospital serves patients from throughout Eastern Ohio (including the counties of Tuscarawas, Stark, Coshocton, Holmes, Guernsey, Harrison and Carroll), its patient and discharge data shows that the vast majority of its patients (more than 80 percent) reside in Tuscarawas County. For the purposes of the CHNA, Union Hospital defines the community it serves as Tuscarawas County.

Process and Methods

Approach

Union Hospital is a member of “Healthy Tusc”, a collaboration of healthcare and community based agencies. In 2018, Healthy Tusc conducted an assessment of the health, economic and social needs of Tuscarawas County. The results of that assessment provided the data necessary for Union Hospital to identify the significant health needs of the community it serves.

Data Collection Methods

The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS). The Hospital Council of Northwest Ohio – which was contracted by Healthy Tusc as an independent resource to conduct the survey on behalf of Healthy Tusc – collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report, which can be found in Appendix A.

Community Involvement

The selection of topics and related questions utilized in the survey were developed by a group of healthcare officials and staff members from various organizations, agencies and local government bodies in collaboration with the staff of the Hospital Council of Northwest Ohio.

Participants in this process included staff members from the following agencies and organizations:

Cleveland Clinic Union Hospital
Trinity Hospital Twin City
Tuscarawas County Health Department
New Philadelphia City Health Department
Alcohol, Drug Addiction and Mental Health Services Board of Tuscarawas County
Tuscarawas County Senior Center
United Way of Tuscarawas County
Claymont City Schools
Dover City Schools
Garaway Local Schools
Newcomerstown Exempted Village Schools
Strasburg-Franklin Local Schools
Tuscarawas Valley Local Schools
Tuscarawas County Commissioners
Ohio Mid-Eastern Governments Association
Access Tuscarawas
Tuscarawas County Convention and Visitors Bureau
Tuscarawas Valley Farmers Market
Tuscarawas County Anti-Drug Coalition
East Central Ohio Educational Service Center

Prioritization Process

The Healthy Tusc collaborative effort identified a number of health-related issues among adults and children in the county developed from the collection of survey data from separate surveys for youth and adults.

Union Hospital, in collaboration with the Cleveland Clinic health system leadership, Hospital Council of Northwest Ohio and the Healthy Tusc participating committee members, analyzed the data and identified the evident healthcare priorities in Tuscarawas County based on survey responses. Union Hospital organized an internal “team” from various hospital departments and services to further analyze the data and findings from the report commissioned by Healthy Tusc and to act on the following:

1. Prioritize the findings for the purpose of identifying strategies, services and programs for Union Hospital to address.
2. Identify which issues Union Hospital will address and produce an Implementation Strategy

Prioritized List of Significant Needs Identified

1. Access to Affordable Healthcare
2. Addiction (includes adult and youth drug use and overdose deaths)
3. Chronic disease (includes adult and youth obesity, as it impacts chronic diseases such as diabetes and heart disease)
4. Infant Mortality
5. Mental health (includes adult and youth depression and suicide)
6. Socioeconomic Concerns

Resources

Union Hospital Internal Resources

Nutrition Counseling: The hospital’s Nutrition Services staff provides one-on-one counseling with a registered dietitian at Union Hospital. The hospital also offers “CORE 4” comprehensive adult weight management in both individual and group settings through the Nutrition Services staff.

“Plant Strong” Program: A six-week program offered through the hospital’s Community Health and Wellness staff.

“Eat Healthy * Be Active” Workshops: A free four-session program offered by the hospital’s Community Health and Wellness caregiver staff and based on the Dietary Guidelines for Americans and the Physical Activity Guidelines for Americans programs.

Diabetes Education: The hospital offers an outpatient diabetes education program that is taught by a certified diabetes educator. Individual and group sessions are available at Union Hospital as referred by a physician. The cost is covered by most insurances. The hospital’s Community Health and Wellness staff also offers a free diabetes self-management workshop, consisting of six sessions (a physician referral is not necessary for this program.)

Chronic Disease Management: Union Hospital’s Community Health and Wellness staff offers two free six-week programs for dealing with chronic disease management, and other long-term health conditions. The hospital’s Pain Management Center also provides resources, including a support group to meet ongoing needs of patients and community members.

Health and Wellness Coaching: The hospital’s certified health and wellness coach is available to help patients create and maintain a “roadmap” for change to healthier lifestyles.

Union Hospital Behavioral Health Center: Intensive outpatient and partial hospitalization program located on the hospital campus. Services are covered by most insurance plans.

Counseling: The hospital’s physician network, Union Physician Services (UPS), offers counseling to patients as identified and/or requested.

Community Health Screenings: Union Hospital's Community Health and Wellness staff offers various health screenings at low cost throughout the community in various locations. Registration is available online and via telephone and follow-up instructions and services are offered to participants with at-risk readings identified.

External Resources

Farmers Market: The Tuscarawas Valley Farmers Market is open Wednesdays from 3 to 7 p.m. from June through October at the Tuscarawas County Fairgrounds at Dover. A wide variety of health programming presented by area hospitals and health organizations and professionals also is part of each week's offerings.

Community Programs: A wide variety of weight control and management programs also are offered in the community through the Tuscarawas County Senior Center, chapters of TOPS (Take Off Pounds Sensibly) and other community organizations, including the Tuscarawas County YMCA.

Community Walking Programs: The Ohio State University Extension has provided a free summer walking program for all ages for several years.

Mental Health and Bullying: Various community organizations and programs provide treatment and/or intervention services designed to identify, treat and improve the lives of area residents with mental health issues. The Alcohol, Drug Addiction and Mental Health Services Board of Tuscarawas and Carroll Counties provides funding for access to a number of services available to residents in both counties.

Request Copies and More Information

In addition to being publicly available on our website, a limited number of reports have been printed. If you would like a copy of this report, or if you have any questions about it, please contact CHNA@CCF.Org.

APPENDIX A “Vital Signs” – Tuscarawas County Community Health Status Assessment

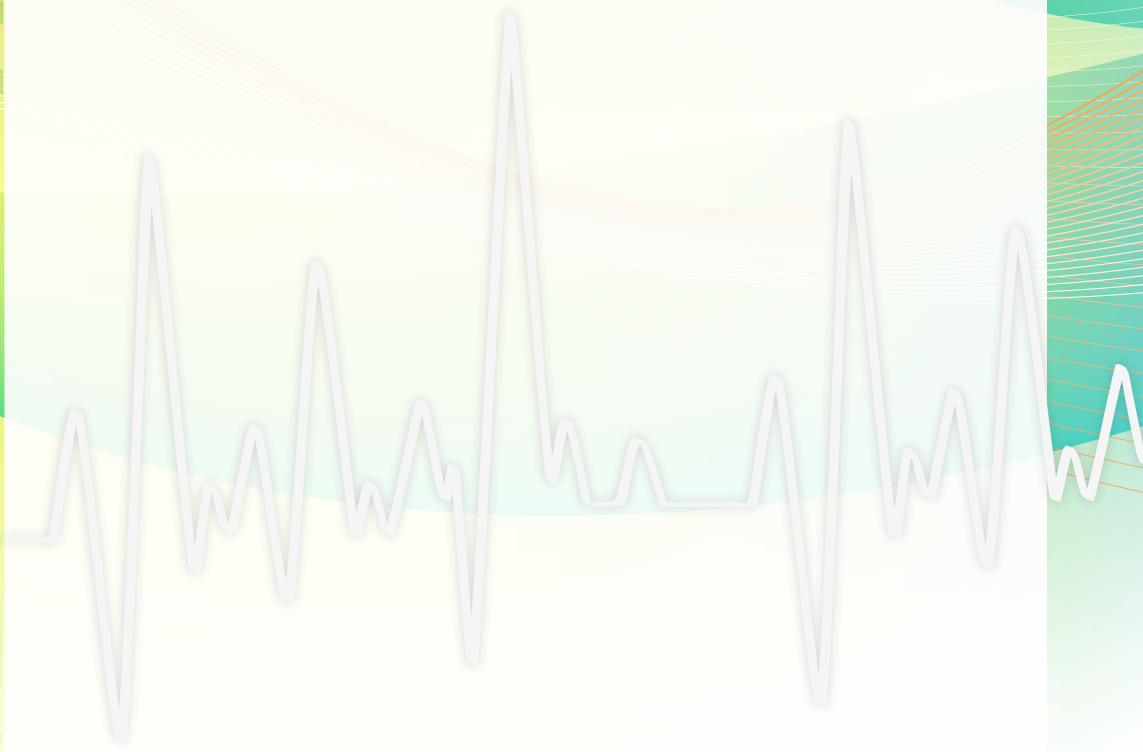
Tuscarawas County

Community Health
Status Assessment

2018

Vital Signs:

Examining the Health
of Tuscarawas County
Youth and Adults



Building a Healthier Community Together

Released on: November 2, 2018

Foreword

Healthy Tusc, a multi-agency, county-wide collaborative is pleased to share with you the 2018 Tuscarawas County Community Health Needs Assessment. Since our beginning in 2009, Healthy Tusc has been committed to improving the lives and health of people living in our communities. This report is a tangible representation of our continued commitment to that goal.

Building on our 2015 Tuscarawas County Community Health Needs Assessment, the 2018 assessment represents a shift from a focus on individual clinical conditions to include a larger social determinants of health review. In order to achieve this shift in direction, this assessment and subsequent Community Health Improvement Plan will place a much larger emphasis on having our community's perspective shape our work.

This wealth of quantitative data will allow us to fulfill our commitment to the community by prioritizing their needs in our assessment. The implementation plan that will be developed from this assessment is our roadmap to improving the health of all Tuscarawas County residents.

The Collaborative would like to thank everyone who was involved in the development of this assessment. We are very fortunate to have representation from hospitals, health departments, schools, social service agencies, the YMCA, United Way, elected county officials, Farmer's Market, ADAMHS Board, CVB, Senior Center, business sector, and extended care facilities. Without their full support, an undertaking such as this would not be possible.

A special thank you to the team at Hospital Council of Northwest Ohio for their guidance and support in helping Healthy Tusc to deliver a superior report that will drive our efforts into the future.

We would also like to thank you for reading this report, and your interest and commitment to improving the health of all of our communities.

Sincerely,

Kimberly Nathan RN,
Chair, Healthy Tusc

Acknowledgements

This report has been funded by:

Cleveland Clinic Union Hospital
Trinity Hospital Twin City
Tuscarawas County Health Department
Alcohol, Drug Addiction and Mental Health Services Board
Tuscarawas County Senior Center
United Way of Tuscarawas County
Access Tusc
Personal Family and Counseling Services/Guidestone
East Central Ohio Educational Services Center
T4C
Amberwood Manor
Becky and Steve Mastin/Wendy's
Compass
New Philadelphia City Health Department
Tuscarawas County Convention and Visitors Bureau

This report has been commissioned by:

Access Tusc
Alcohol, Drug Addiction and Mental Health Services Board
Allied Machine and Engineering
Amberwood Manor
Cleveland Clinic Union Hospital
Community Mental Health
Compass
East Central Ohio Educational Service Center
Healthy Tusc
Hospice
New Philadelphia Health Department
Ohio Mid-Eastern Government Association
OSU Extension
Personal Family and Counseling Services
T4C
The Tuscarawas YMCA
Trinity Hospital Twin City
Tuscarawas Clinic for the Working Uninsured
Tuscarawas Convention and Visitors Bureau
Tuscarawas County Anti-Drug Coalition
Tuscarawas County Commissioners
Tuscarawas County Health Department
Tuscarawas County Senior Center
Tuscarawas County Sheriff's Office
Tuscarawas Family Farmers Market
United Way of Tuscarawas County

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

www.hcno.org/community-services/data-link/

The 2018 Tuscarawas County Health Assessment is available on the following websites:

Cleveland Clinic Union Hospital

<http://www.unionhospital.org/about-the-hospital/community-health-needs-assessment.php>

Hospital Council of Northwest Ohio

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

Trinity Hospital Twin City

www.trinitytwincity.org

Tuscarawas County Health Department

www.tchdnow.org

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Executive Summary

This executive summary provides an overview of health-related data for Tuscarawas County adults (ages 19 and older) and youth (ages 12 through 18) who participated in a county-wide health assessment from January-May 2018. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS). The Hospital Council of Northwest Ohio (HCNO) collected the data, guided the health assessment process, and integrated sources of primary and secondary data into the final report.

Primary Data Collection Methods

DESIGN

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

INSTRUMENT DEVELOPMENT

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

The project coordinator from HCNO conducted a series of meetings with Healthy Tusc. During these meetings, HCNO and Healthy Tusc reviewed and discussed banks of potential survey questions from the BRFSS and YRBSS. Based on input from Healthy Tusc, the project coordinator composed drafts of surveys containing 117 items for the adult survey and 79 items for the adolescent survey. Health education researchers from the University of Toledo reviewed and approved the drafts.

SAMPLING | Adult Survey

The sampling frame for the adult survey consisted of adults ages 19 and over living in Tuscarawas County. According to the Census, there were 69,409 persons ages 19 and over living in Tuscarawas 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 382 adults was needed to ensure this level of confidence. The random sample of mailing addresses was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

SAMPLING | Adolescent Survey

The sampling frame for the adolescent survey consisted of youth in grades 6-12 in Tuscarawas County public school districts. For more information on participating districts and schools, see Appendix IV. Using the U.S. Census Bureau data, it was determined that approximately 8,942 youth ages 12-18 years old lived in Tuscarawas County. A sample size of 368 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

PROCEDURE | Adult Survey

Prior to mailing the survey to adults, an advance letter was mailed to 1,500 adults in Tuscarawas County. This advance letter was personalized; printed on Healthy Tusc stationary; and was signed by Kimberly Nathan, Chairperson of Healthy Tusc. 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 Healthy Tusc stationery) describing the purpose of the study, a questionnaire printed on white 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 the recipient to reply, another copy of the questionnaire on white 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 35% (n=486: CI=± 4.43). 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 participating superintendents. Schools and grades were randomly selected. To ensure that students in a particular grade level had an equal chance of being selected, the research team used "general" school classes, such as English or Health, to distribute surveys. 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 84% (n= 322: CI=± 5.36).

DATA ANALYSIS

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

LIMITATIONS

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

Furthermore, while the survey was mailed to random households in Tuscarawas County, those responding to the survey were more likely to be older. For example, only 18 respondents were under the age of 30. While weightings are applied during calculations to help account for this, it still presents a potential limitation (to the extent that the responses from these 18 individuals are substantively different from the majority of Tuscarawas County residents under the age of 30).

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


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

Secondary Data Collection Methods

HCNO collected secondary data, including county-level data, from multiple sources whenever possible. HCNO utilized sources such as the Behavioral Risk Factor Surveillance System (BRFSS), numerous CDC webpages, U.S. Census data, Healthy People 2020, and other national and local sources. All primary data in this report is from the 2018 Tuscarawas County Health Assessment (CHA). All other data is cited accordingly.

2016 Ohio State Health Assessment (SHA)

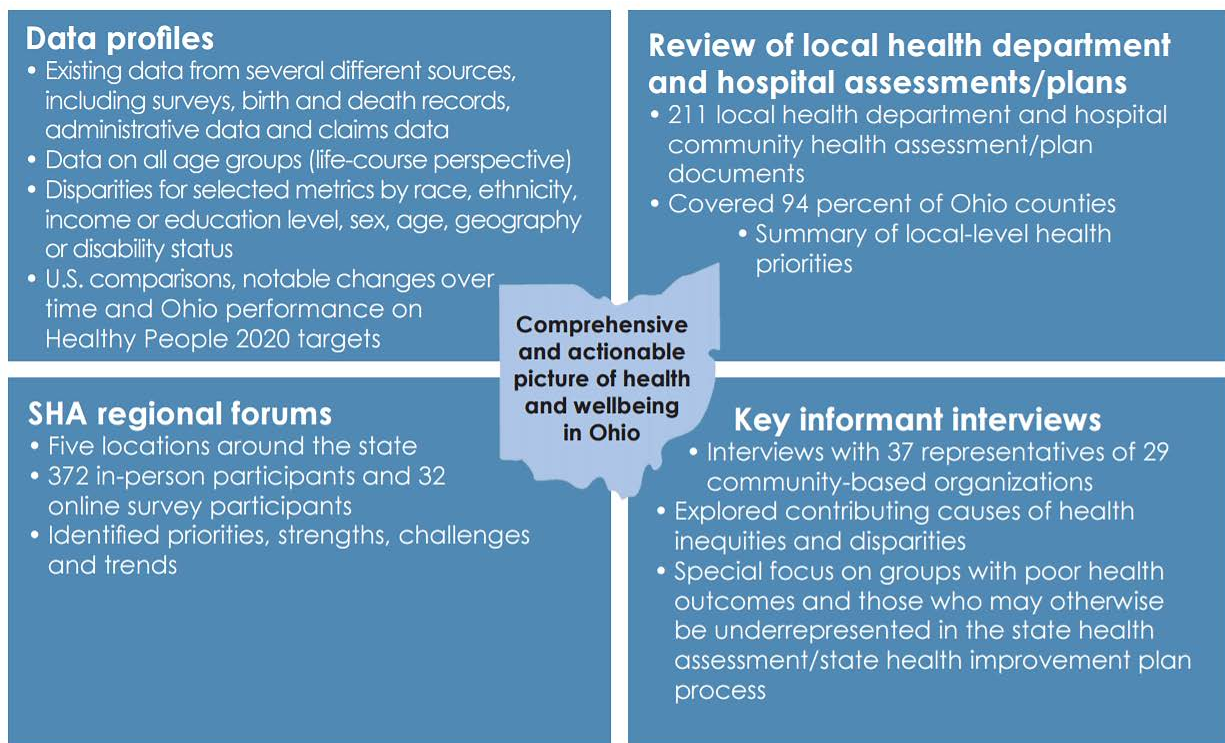
The 2016 Ohio State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, a review of local health department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

Similar to the 2016 Ohio SHA, the 2018 Tuscarawas County Community Health Assessment (CHA) examined a variety of metrics from various areas of health including, but not limited to, health behaviors, chronic disease, access to health care, and social determinants of health. Additionally, the CHA studied themes and perceptions from local public health stakeholders from a wide variety of sectors. **Note: This symbol  will be displayed in the trend summary when an indicator directly aligns with the 2016 Ohio SHA.**

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

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

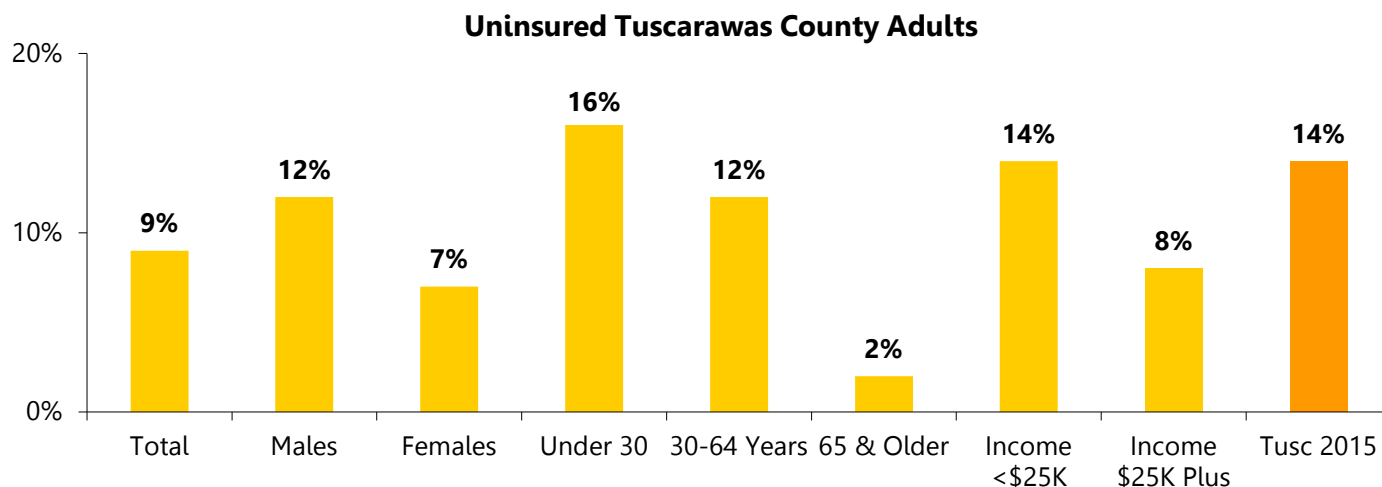
FIGURE 1.1 | State Health Assessment (SHA) Sources of Information



Data Summary | Healthcare Access

HEALTHCARE COVERAGE

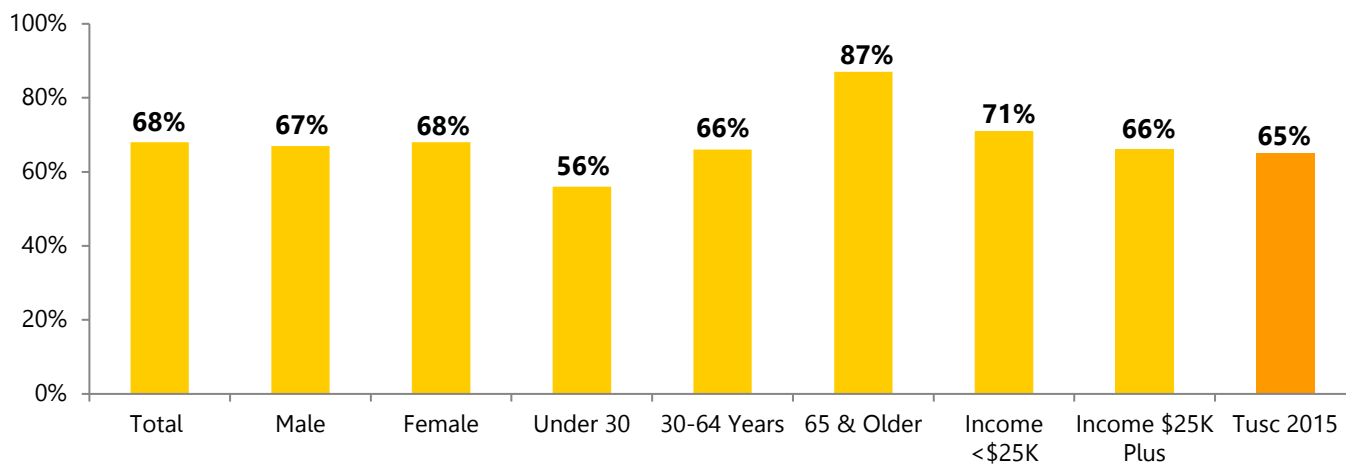
One in eleven (9%) Tuscarawas County adults were without healthcare coverage in 2018. Those most likely to be uninsured were adults under the age of 65 and those with an income level under \$25,000.



ACCESS AND UTILIZATION

More than two-thirds (68%) of Tuscarawas County adults visited a doctor for a routine checkup in the past year. Fifty-four percent (54%) of adults went outside of Tuscarawas County for healthcare services in the past year.

Tuscarawas County Adults who had a Routine Check-up in the Past Year



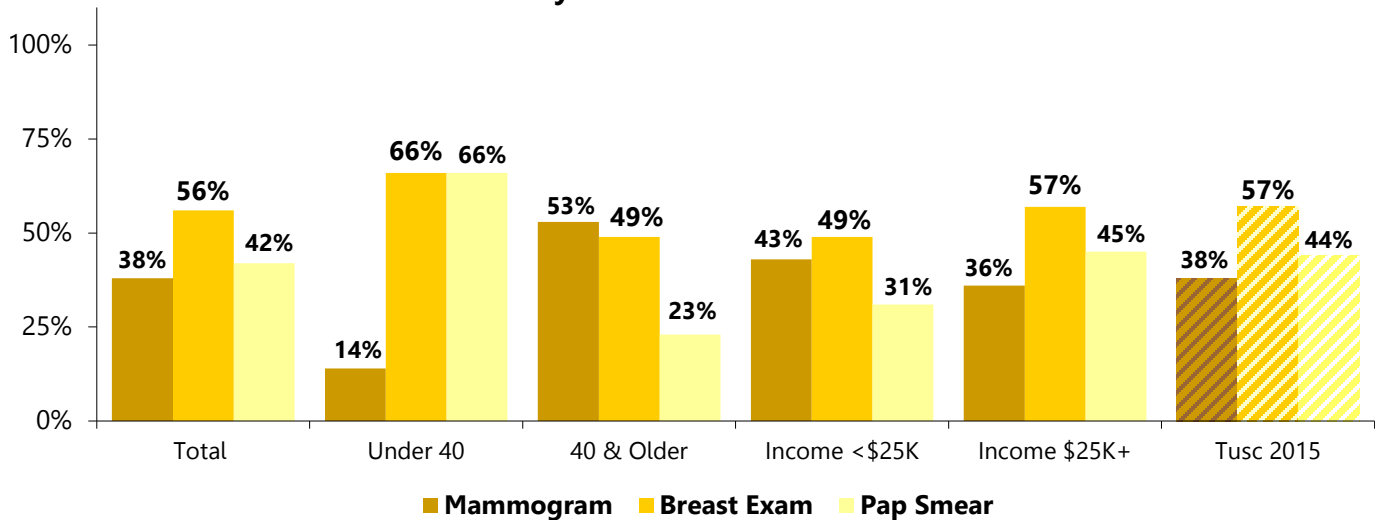
PREVENTIVE MEDICINE

Forty-three percent (43%) of Tuscarawas County adults had a flu vaccine during the past 12 months. More than three-fifths (66%) of adults ages 65 and older had a pneumonia vaccination at some time in their life.

WOMEN'S HEALTH

In 2018, over half (53%) of Tuscarawas County women over the age of 40 reported having a mammogram in the past year. Fifty-six percent (56%) of Tuscarawas County women had a clinical breast exam, and 42% had a Pap smear to detect cancer of the cervix, in the past year. Nearly two-fifths (39%) were obese, 39% had high blood pressure, 36% had high blood cholesterol, and 20% were identified as current smokers, all known risk factors for cardiovascular diseases.

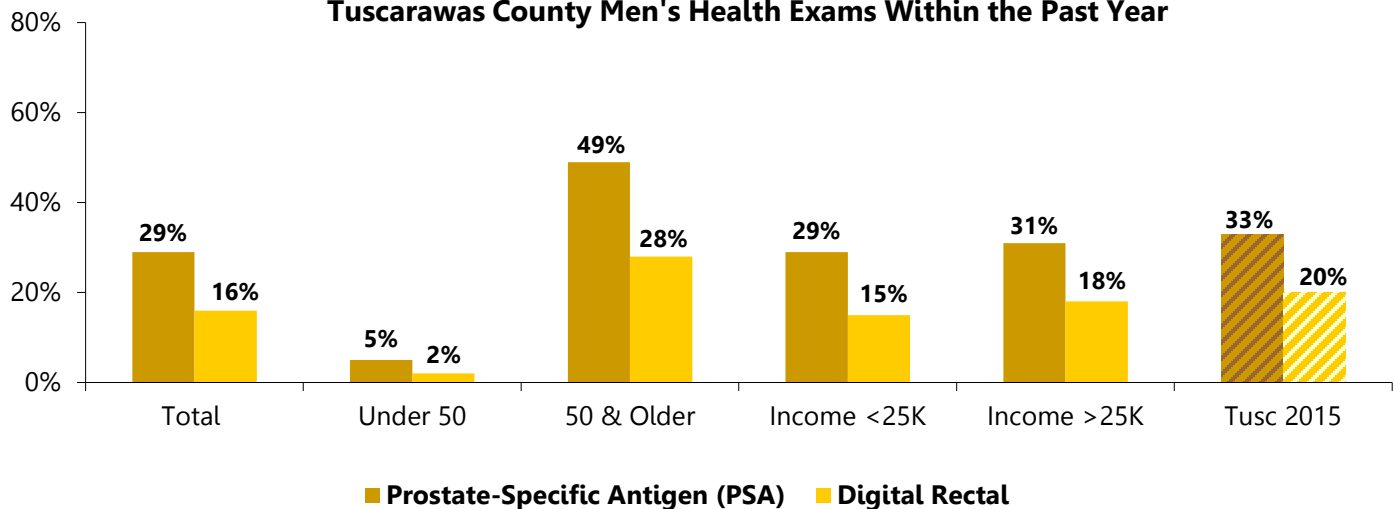
Tuscarawas County Women's Health Exams Within the Past Year



MEN'S HEALTH

In 2018, 49% of Tuscarawas County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. More than two-fifths (43%) of men had high blood cholesterol, 38% had been diagnosed with high blood pressure, 35% were obese, and 21% were identified as current smokers, all known risk factors for cardiovascular diseases.

Tuscarawas County Men's Health Exams Within the Past Year

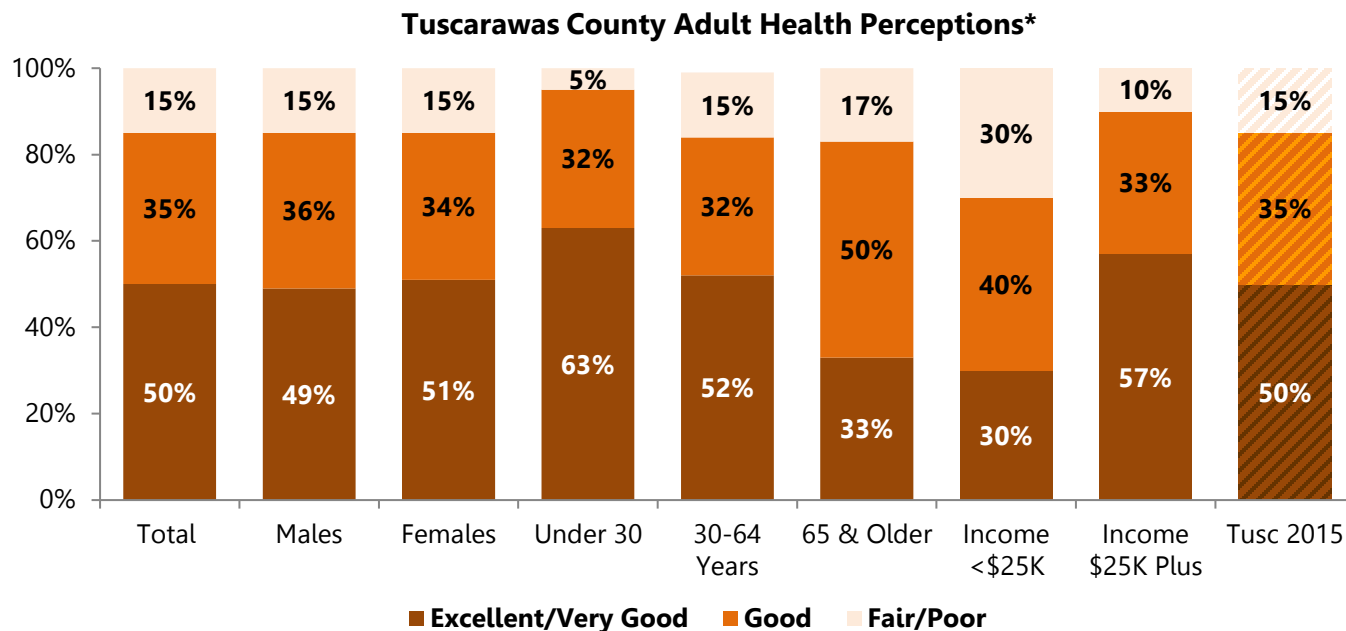


ORAL HEALTH

Nearly three-fifths (59%) of Tuscarawas County adults visited a dentist or dental clinic in the past year. Just over one-quarter (26%) of adults did not see a dentist in the past year due to cost.

HEALTH STATUS PERCEPTIONS

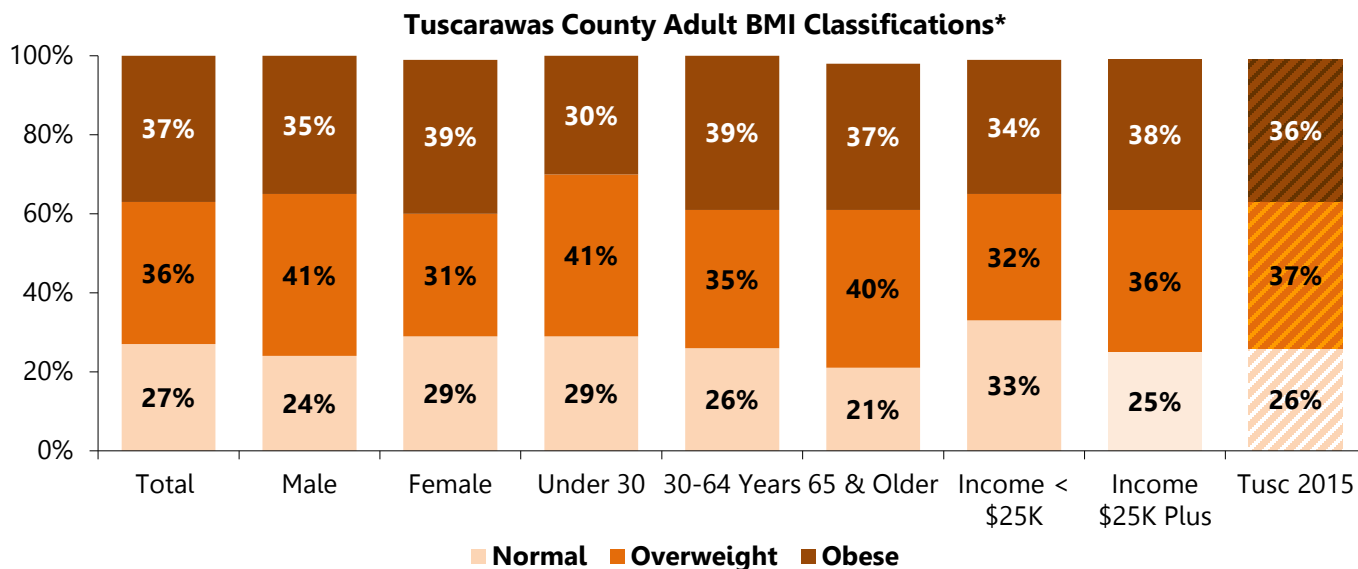
In 2018, half (50%) of Tuscarawas County adults rated their health status as excellent or very good. Conversely, 15% of adults described their health as fair or poor, increasing to 30% of those with incomes less than \$25,000.



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

ADULT WEIGHT STATUS

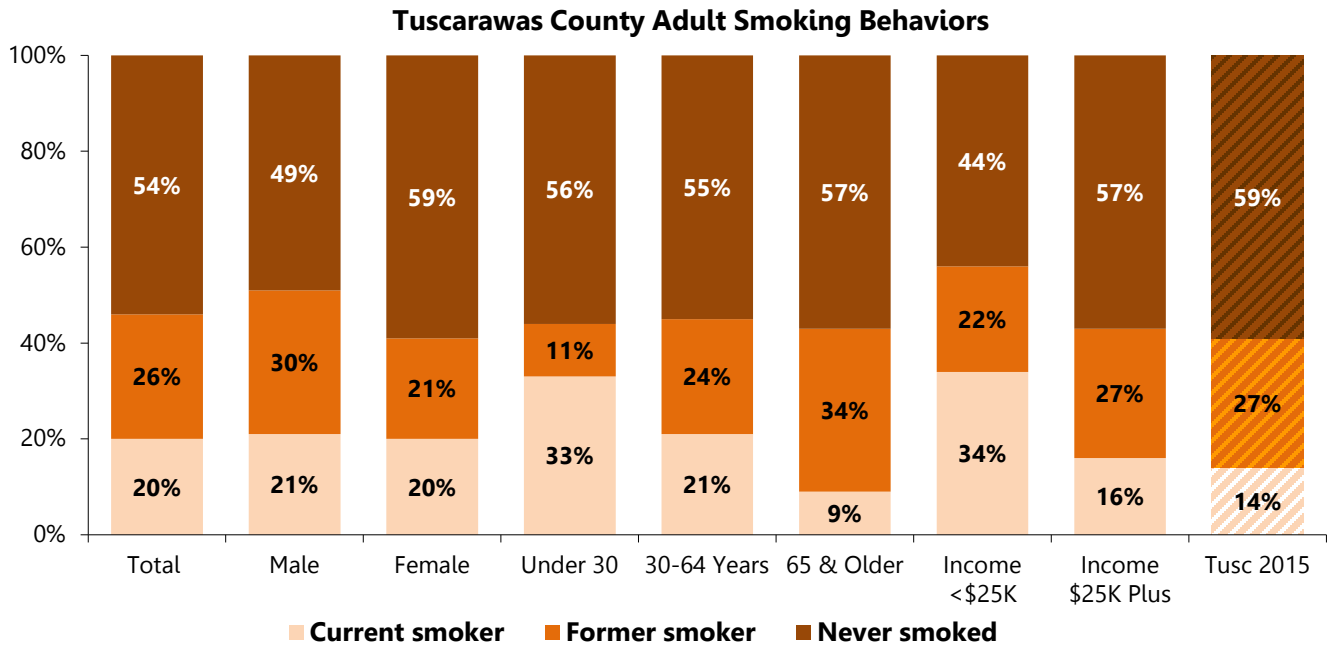
Almost three-quarters (73%) of Tuscarawas County adults were either overweight (36%) or obese (37%) based on Body Mass Index (BMI). More than half (54%) of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week.



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

ADULT TOBACCO USE

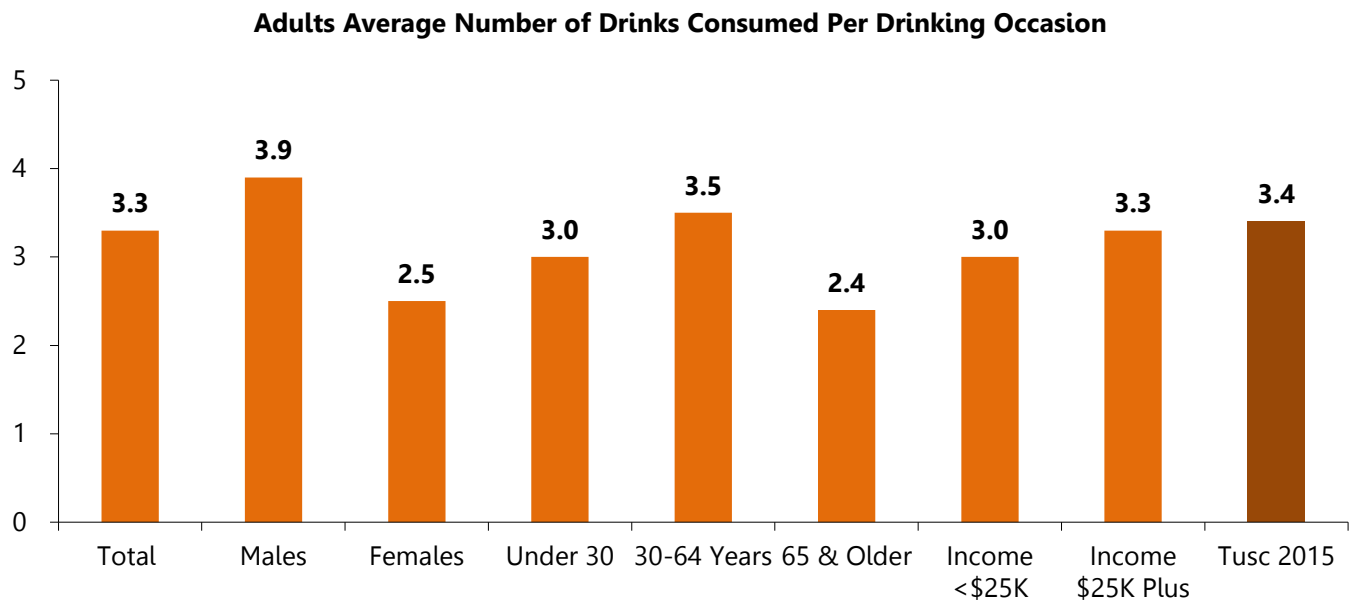
In 2018, 20% of Tuscarawas County adults were current smokers, and 26% were considered former smokers.



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?"

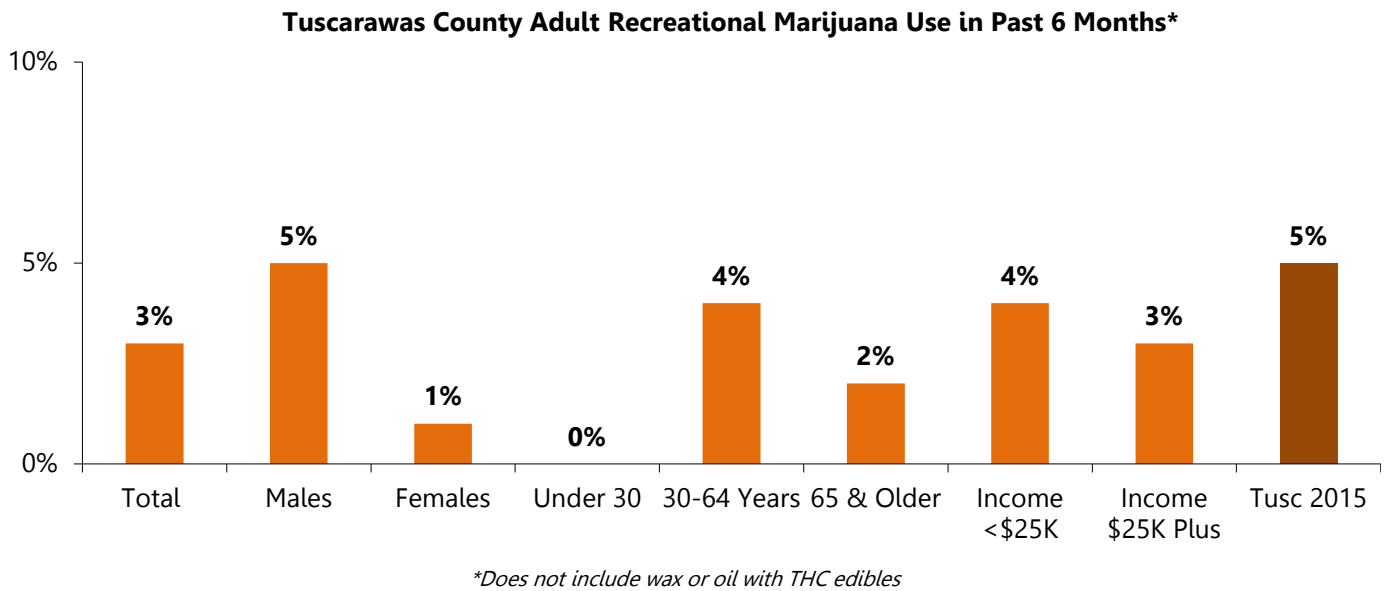
ADULT ALCOHOL USE

Half (50%) of Tuscarawas County adults had at least one alcoholic drink in the past month. Almost one-fifth (18%) of adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.



ADULT DRUG USE

In 2018, 3% of Tuscarawas County adults had used recreational marijuana during the past 6 months. Seven percent (7%) 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 SEXUAL BEHAVIOR

In 2018, 69% of Tuscarawas County adults had sexual intercourse. Four percent (4%) of adults had more than one partner.

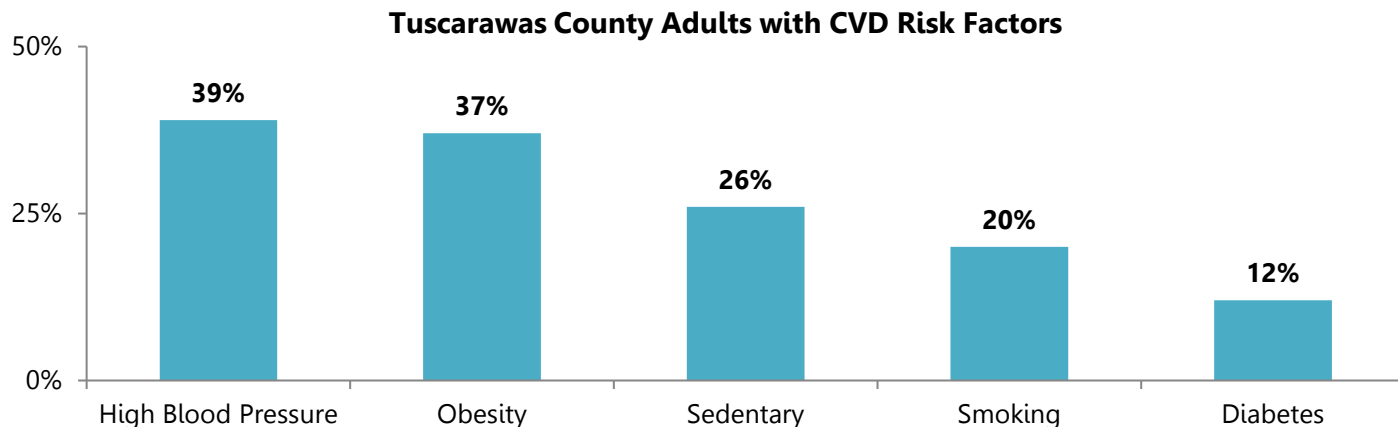
ADULT MENTAL HEALTH

In 2018, 12% of Tuscarawas County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities. Seven percent (7%) of Tuscarawas County adults considered attempting suicide.

Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

Seven percent (7%) of adults had survived a heart attack and 2% had survived a stroke at some time in their life. Two-fifths (40%) had high blood cholesterol, 39% had high blood pressure, 37% were obese, and 20% were current smokers, four known risk factors for heart disease and stroke.



CANCER

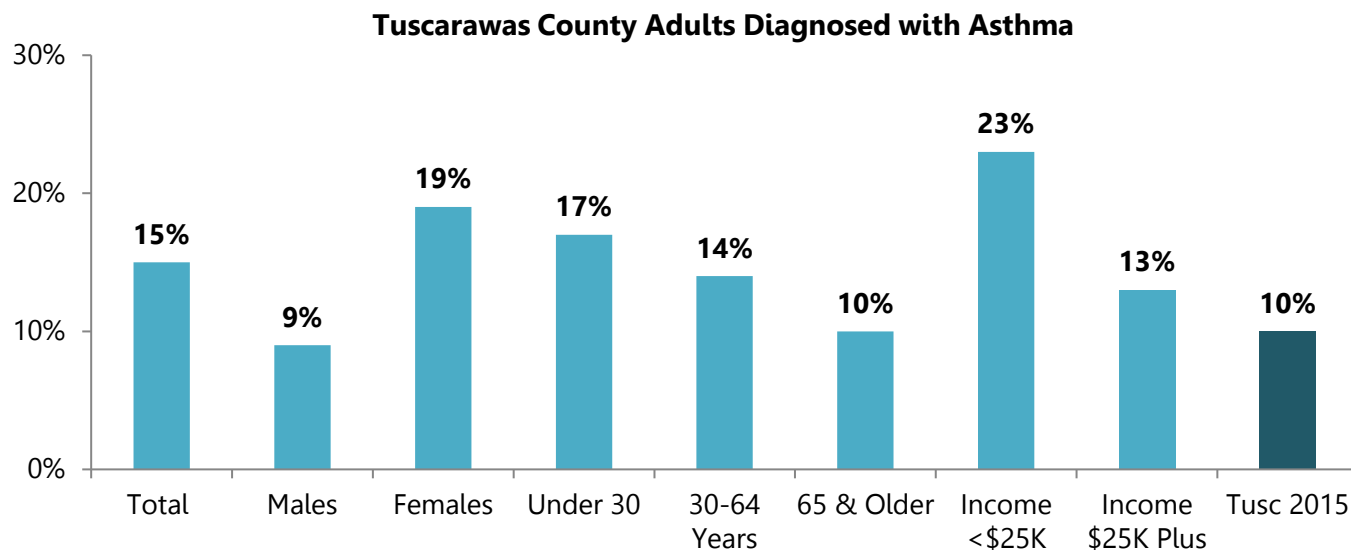
In 2018, 12% of Tuscarawas County adults had been diagnosed with cancer at some time in their life. The Ohio Cancer Incidence Surveillance System indicates that from 2014-2016, a total of 646 Tuscarawas County residents died from cancer, the second leading cause of death in the county.

ARTHRITIS

One-third (33%) of Tuscarawas County adults were diagnosed with arthritis.

ASTHMA

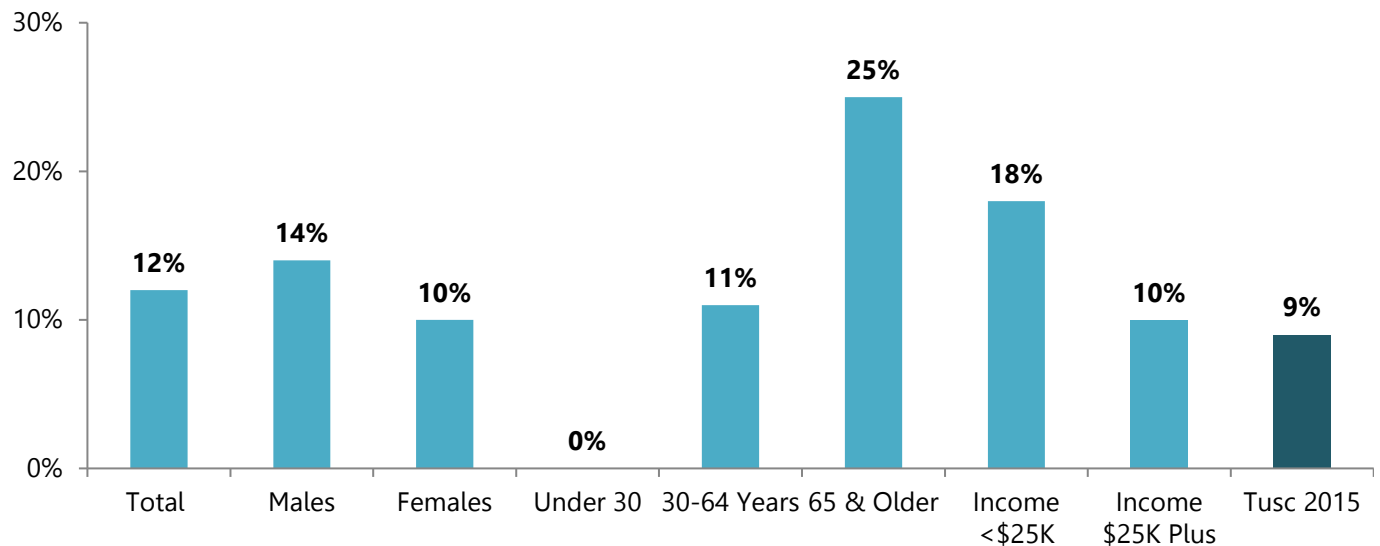
In 2018, 15% of adults had been diagnosed with asthma.



DIABETES

In 2018, 12% of Tuscarawas County adults had been diagnosed with diabetes.

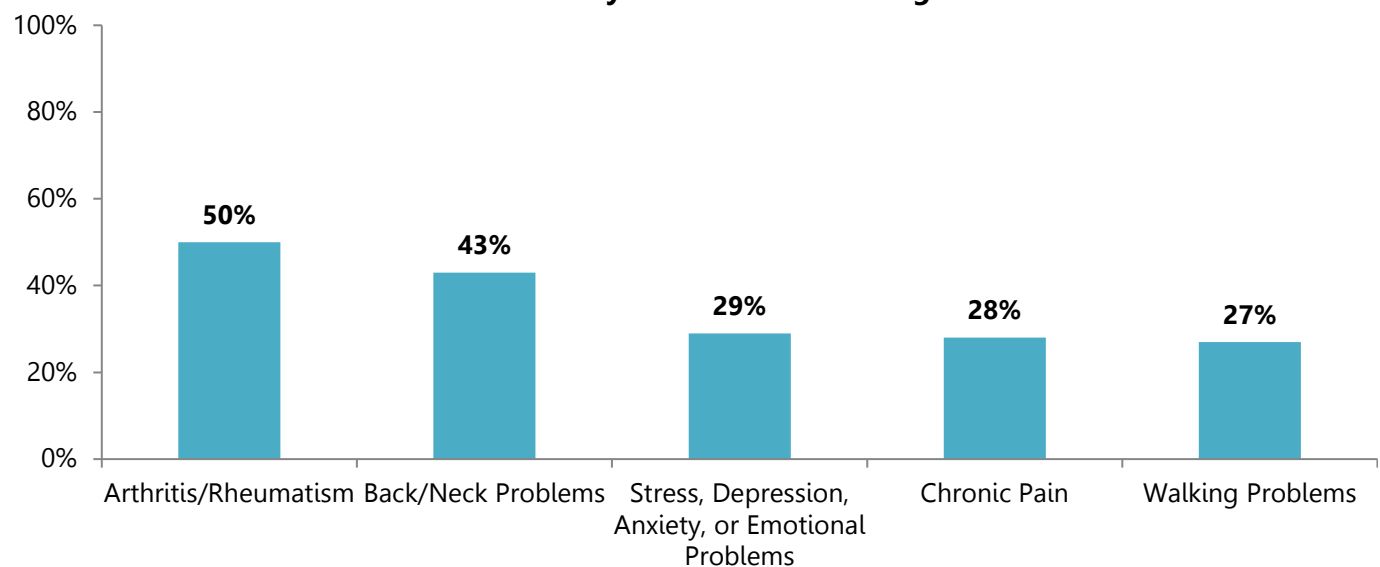
Tuscarawas County Adults Diagnosed with Diabetes



QUALITY OF LIFE

In 2018, 26% of Tuscarawas County adults were limited in some way because of a physical, mental or emotional problem.

Tuscarawas County Adult's Most Limiting Health Problems

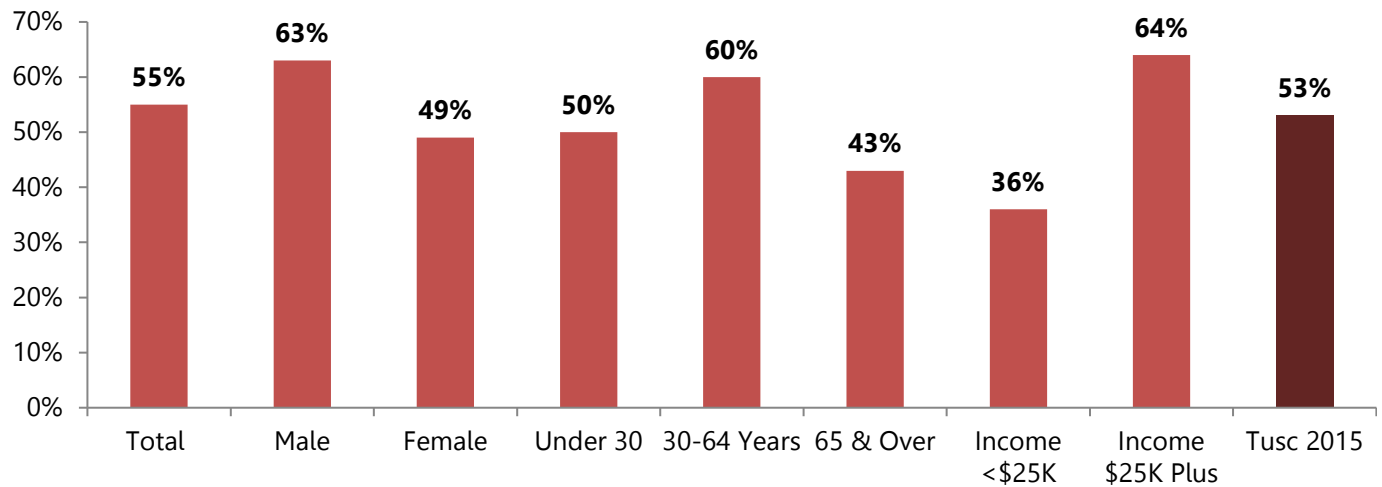


Data Summary | Social Conditions

SOCIAL DETERMINANTS OF HEALTH

In 2018, 10% of Tuscarawas County adults had to choose between paying bills and buying food. Seventeen percent (17%) of adults experienced four or more Adverse Childhood Experiences (ACEs) in their lifetime. More than half (55%) of Tuscarawas County adults kept a firearm in or around their home.

Tuscarawas County Adults With a Firearm in the Home



ENVIRONMENTAL HEALTH

Adults indicated that insects (9%), mold (9%) and temperature regulation (4%) threatened their health in the past year.

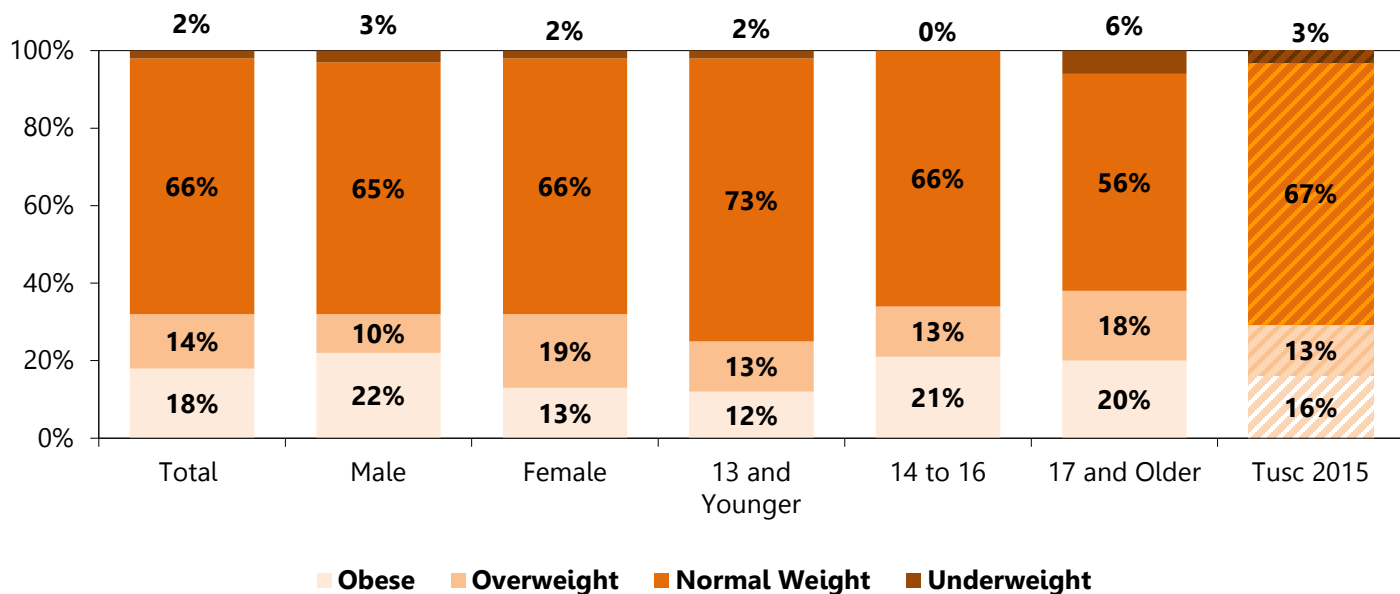
PARENTING

More than half (54%) of parents discussed a career plan/post-secondary education with their 10-to-17-year-old in the past year. Ninety-four percent (94%) of parents reported their child had received all recommended immunizations.

YOUTH WEIGHT STATUS

Nearly one-fifth (18%) of Tuscarawas County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 35% of Tuscarawas County youth reported that they were slightly or very overweight. Almost three-quarters (74%) of youth exercised for 60 minutes on 3 or more days per week.

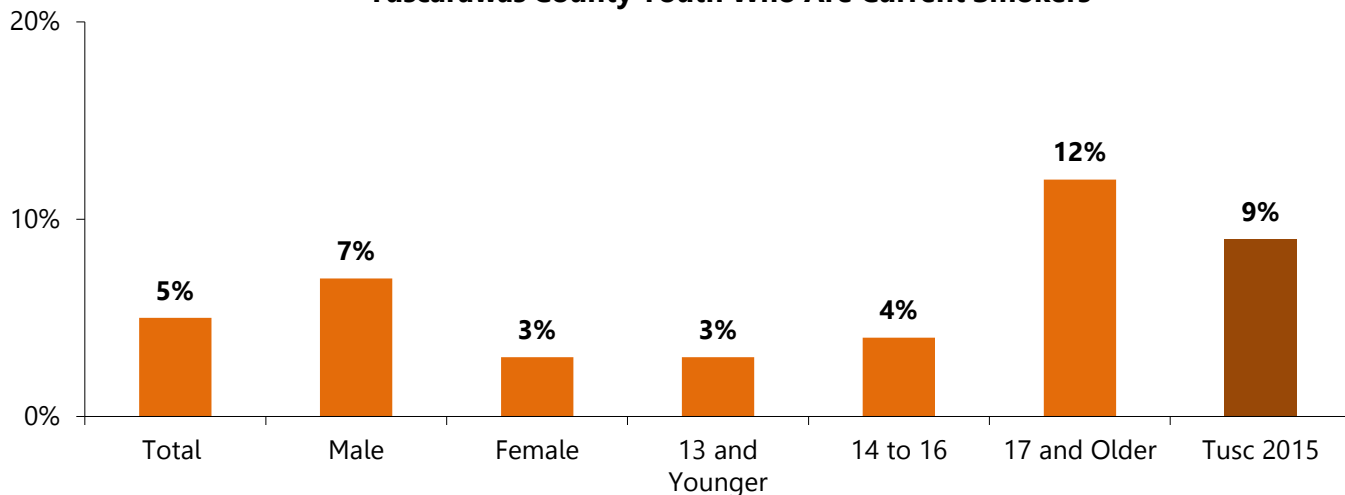
Tuscarawas County Youth BMI Classifications



YOUTH TOBACCO USE

Five percent (5%) of Tuscarawas County youth were current smokers, increasing to 12% of those ages 17 and older. Nearly one in eight (12%) youth used e-cigarettes in the past year.

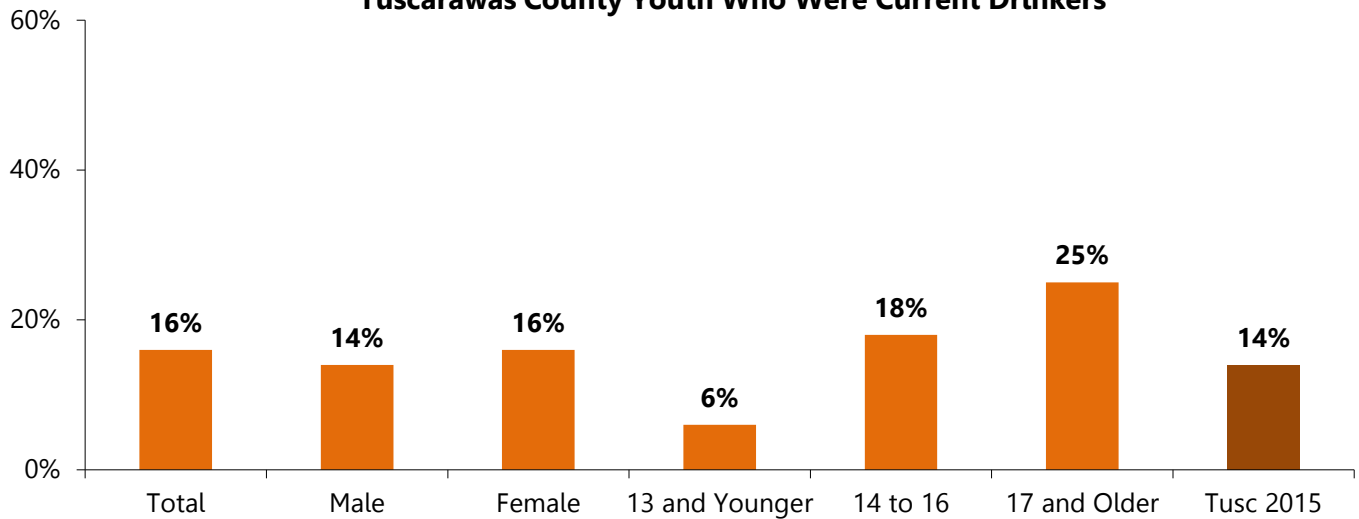
Tuscarawas County Youth Who Are Current Smokers



YOUTH ALCOHOL USE

More than one-third (35%) of Tuscarawas County youth had drunk at least one drink of alcohol in their life, increasing to 60% of youth 17 and older. Approximately one in six (16%) youth had at least one drink in the past 30 days, defining them as a current drinker. Of those who drank, 52% were defined as binge drinkers.

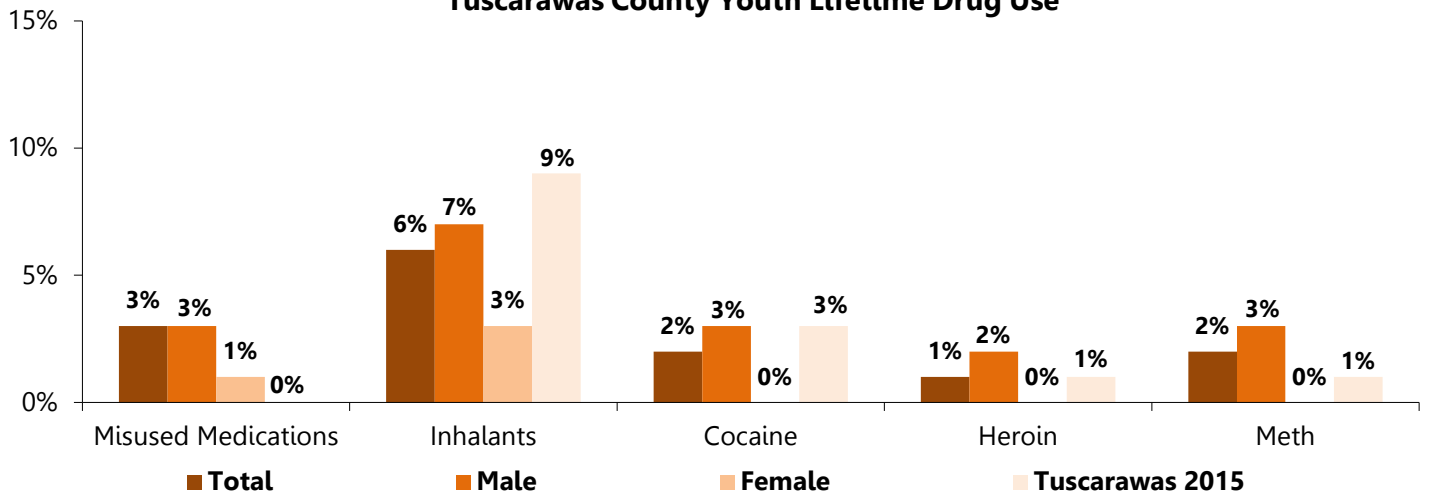
Tuscarawas County Youth Who Were Current Drinkers



YOUTH DRUG USE

In 2018, 5% of Tuscarawas County youth had used marijuana at least once in the past 30 days. Three percent (3%) of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life.

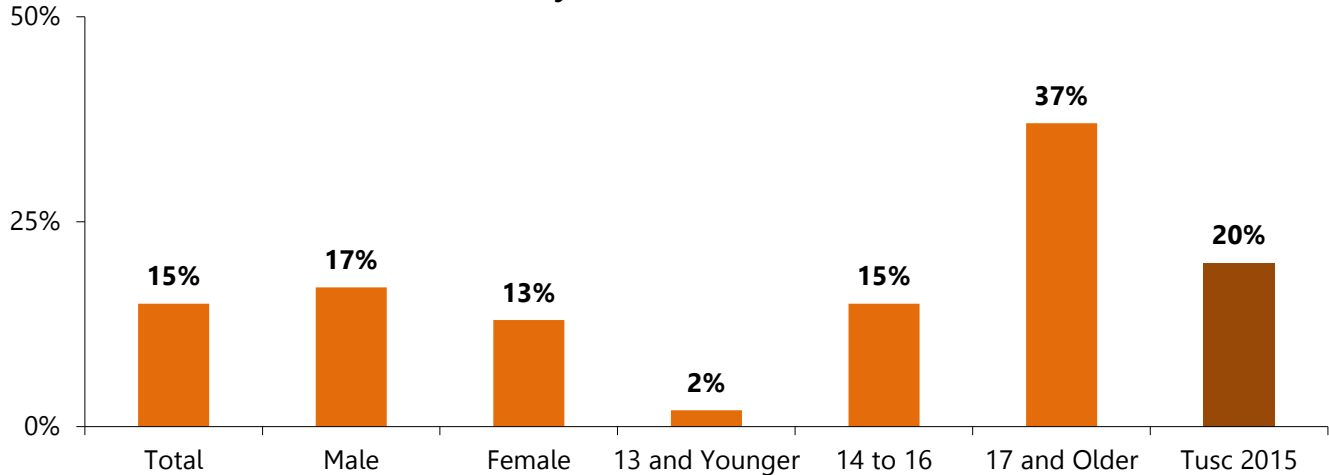
Tuscarawas County Youth Lifetime Drug Use



YOUTH SEXUAL BEHAVIOR

In 2018, 15% of youth reported having had sexual intercourse at least once in their lives. Thirty-three percent (33%) of sexually active youth had four or more sexual partners. Nine percent (9%) of youth engaged in intercourse without a reliable method of protection, and 15% reported they were unsure if they used a reliable method.

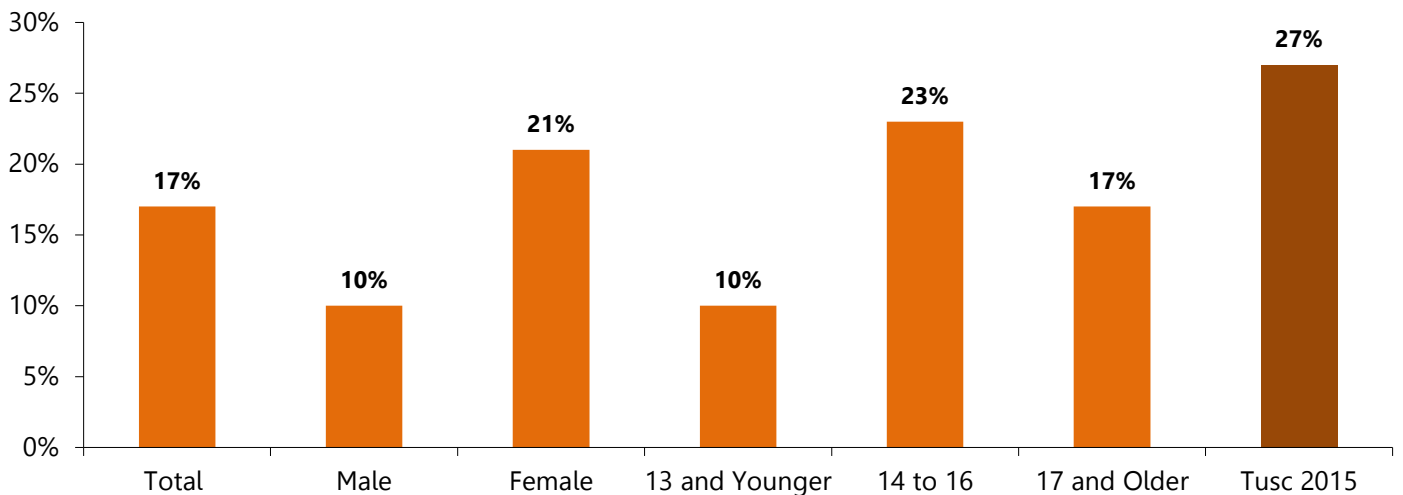
Tuscarawas County Youth Who Had Sexual Intercourse



YOUTH MENTAL HEALTH

Seventeen percent (17%) of Tuscarawas County youth had seriously considered attempting suicide in the past year, and 8% attempted suicide in the past year.

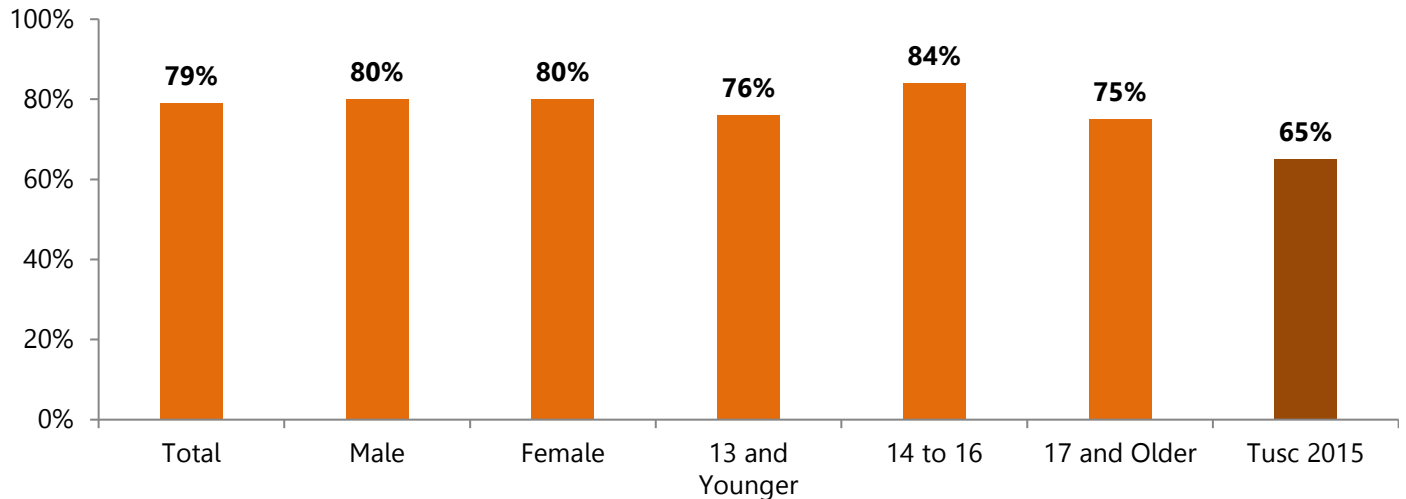
Tuscarawas County Youth Who Had Seriously Considered Attempting Suicide in the Past 12 Months



YOUTH SOCIAL DETERMINANTS OF HEALTH

One-fifth (20%) of youth had three or more adverse childhood experiences (ACEs) in their lifetime. Seventy-nine percent (79%) of youth had been to the doctor for a routine check-up in the past year. Twenty-five percent (25%) of Tuscarawas County youth drivers had texted while driving in the past 30 days.

Tuscarawas County Youth Who Visited a Doctor Within the Past Year




YOUTH VIOLENCE

Thirteen percent (13%) of youth did not go to school on one or more days in the past month because they did not feel safe at school or on their way to/from school. Five percent (5%) of youth had ever been forced to participate in sexual activity when they did not want to. More than one-third (35%) of youth had been bullied in the past year.

YOUTH PERCEPTIONS

More than one-third (37%) of youth thought there was great risk in harming themselves physically or in other ways if they smoked marijuana once or twice a week. Ninety percent (90%) of youth reported their parents would feel it was very wrong for them to misuse prescription medications. More than half (52%) of youth reported their peers would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day.

Adult Trend Summary

Adult Variables	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Health Status				
Rated general health as good, very good or excellent	85%	85%	82%	83%
Rated general health as excellent or very good	50%	50%	51%	52%
Rated general health as fair or poor 	15%	15%	18%	17%
Average number of days that physical health was not good (in the past 30 days) 	3.2	4.3	4.0*	3.7*
Rated physical health as not good on four or more days (in the past 30 days)	18%	29%	22%	22%
Average number of days that mental health was not good (in the past 30 days) 	3.9	5.2	4.3*	3.8*
Rated their mental health as not good on four or more days (in the past 30 days)	24%	35%	N/A	N/A
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	22%	31%	22%	22%
Healthcare Coverage, Access, and Utilization				
Uninsured	14%	9%	7%	10%
Primary source of healthcare coverage was Medicaid or medical assistance	6%	8%	N/A	N/A
Had at least one person they thought of as their personal doctor or healthcare provider	82%	79%	83%	77%
Visited a doctor for a routine checkup (in the past 12 months) 	65%	68%	75%	71%
Unable to see a doctor due to cost 	9%	8%	11%	12%
Arthritis, Asthma, & Diabetes				
Ever been diagnosed with diabetes 	9%	12%	11%	11%
Ever been diagnosed with arthritis	35%	33%	31%	26%
Ever been diagnosed with asthma 	10%	15%	14%	14%
Cardiovascular Health				
Had angina or coronary heart disease 	8%	5%	5%	4%
Had a heart attack	6%	7%	5%	4%
Had a stroke	3%	2%	4%	3%
Has been diagnosed with high blood pressure 	40%	39%	34%***	31%***
Has been diagnosed with high blood cholesterol	36%	40%	37%***	36%***
Had blood cholesterol checked within the past 5 years	76%	77%	78%***	78%***
Weight Status				
Overweight (BMI of 25.0 – 29.9)	37%	36%	35%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above) 	36%	37%	32%	30%
Alcohol Consumption				
Current drinker (drank alcohol at least once in the past month)	41%	50%	53%	54%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days) 	16%	18%	18%	17%
Tobacco Use				
Current smoker (currently smoke some or all days) 	14%	20%	23%	17%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	27%	26%	24%	25%

N/A – Not Available

*2016 BRFSS as compiled by 2018 County Health Rankings

**Ohio and U.S. BRFSS reports women ages 21-65

***2015 Ohio and U.S. BRFSS

 Indicates alignment with the Ohio State Health Assessment


Adult Variables	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Drug Use				
Adults who used marijuana in the past 6 months	5%	3%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	10%	7%	N/A	N/A
Preventive Medicine				
Had a pneumonia vaccine in lifetime (age 65 and older)	68%	66%	75%	73%
Had a flu vaccine in the past year (ages 65 and over)	55%	65%	57%	58%
Had a clinical breast exam in the past two years (age 40 and older)	66%	66%	N/A	N/A
Had a mammogram in the past two years (age 40 and older)	68%	67%	74%	72%
Had a pap smear in the past three years	68%	60%	82%**	80%**
Had a PSA test in within the past two years (age 40 and over)	60%	56%	39%	40%
Had a digital rectal exam within the past year	20%	16%	N/A	N/A
Quality of Life				
Limited in some way because of physical, mental or emotional problem	18%	26%	21%***	21%***
Mental Health				
Felt sad or hopeless for two or more weeks in a row in the past year	9%	12%	N/A	N/A
Seriously considered attempting suicide in the past year	2%	7%	N/A	N/A
Attempted suicide in the past year	<1%	<1%	N/A	N/A
Sexual Behavior				
Had more than one sexual partner in past year	4%	4%	N/A	N/A
Oral Health				
Adults who had visited the dentist in the past year	58%	59%	68%	66%

N/A – Not Available


* 2016 BRFSS as compiled by 2018 County Health Rankings

**2016 Ohio and U.S. BRFSS reports women ages 21-65

***2015 Ohio and U.S. BRFSS


 Indicates alignment with the Ohio State Health Assessment

Youth Trend Summary

Youth Variables	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Tuscarawas County 2018 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Weight Control					
Obese 	16%	18%	18%	21%	15%
Overweight	13%	14%	14%	15%	16%
Described themselves as slightly or very overweight	34%	35%	36%	39%	32%
Were trying to lose weight	48%	49%	45%	51%	47%
Exercised to lose weight (in the past 30 days)	53%	51%	53%	54%	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight (in the past 30 days)	28%	34%	27%	41%	N/A
Went without eating for 24 hours or more (in the past 30 days)	4%	5%	4%	7%	13%*
Took diet pills, powders, or liquids without a doctor's advice (in the past 30 days)	3%	1%	4%	1%	5%*
Vomited or took laxatives (in the past 30 days)	3%	1%	3%	2%	4%*
Ate 5 or more servings of fruit and/or vegetables per day	N/A	22%	N/A	18%	N/A
Ate 0 servings of fruits and/or vegetables per day	N/A	4%	N/A	7%	N/A
Physically active at least 60 minutes per day on every day in past week	35%	28%	34%	28%	26%
Physically active at least 60 minutes per day on 5 or more days in past week	56%	54%	56%	56%	46%
Did not participate in at least 60 minutes of physical activity on any day in past week	9%	9%	7%	8%	15%
Watched 3 or more hours per day of television (on an average school day)	30%	13%	28%	15%	21%
Unintentional Injuries and Violence					
Carried a weapon on school property (in the past 30 days)	1%	1%	12%	2%	4%
Were in a physical fight (in the past 12 months)	25%	18%	19%	12%	24%
Were in a physical fight on school property (in the past 12 months)	9%	6%	6%	4%	9%
Threatened or injured with a weapon on school property (in the past 12 months)	7%	6%	5%	7%	6%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	5%	13%	5%	16%	7%
Bullied (in past year)	48%	35%	40%	39%	N/A
Electronically bullied (in past year)	9%	10%	11%	12%	15%
Were ever physically forced to have sexual intercourse (when they did not want to)	3%	5%	5%	6%	7%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	4%	2%	6%	3%	8%
Mental Health					
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	27%	28%	26%	35%	32%
Seriously considered attempting suicide (in the past 12 months)	16%	17%	18%	22%	17%
Attempted suicide (in the past 12 months)	8%	8%	8%	9%	7%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (in the past 12 months)	3%	3%	4%	2%	2%

N/A – Not Available

*Comparative YRBS data for U.S. is 2013

 Indicates alignment with Ohio SHA/SHIP

Youth Variables	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Tuscarawas County 2018 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Alcohol Consumption					
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	44%	35%	56%	48%	60%
Current Drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	14%	16%	23%	21%	30%
Binge drinker (drank 5 or more drinks within a couple of hours on at least 1 day during the past 30 days)	9%	8%	14%	12%	14%
Drank for the first time before age 13 (of all youth)	13%	8%	8%	8%	16%
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	36%	41%	40%	47%	44%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasion during the past 30 days)	16%	11%	16%	13%	17%
Tobacco Use					
Ever tried cigarette smoking (even one or two puffs)	24%	16%	34%	22%	29%
Current smoker (smoked on at least 1 day during the past 30 days)	9%	5%	14%	7%	9%
Sexual Behavior					
Ever had sexual intercourse	20%	15%	34%	26%	40%
Had sexual intercourse with four or more persons (of all youth during their life)	3%	5%	6%	8%	10%
Had sexual intercourse before the age 13 (for the first time of all youth)	3%	2%	2%	2%	3%
Used a condom (during last sexual intercourse)	64%	44%	68%	46%	54%
Used birth control pills (during last sexual intercourse)	26%	9%	26%	11%	21%
Used an IUD (during last sexual intercourse)	N/A	6%	N/A	7%	4%
Used a shot, patch or birth control ring (during last sexual intercourse)	N/A	3%	N/A	4%	5%
Did not use any method to prevent pregnancy (during last sexual intercourse)	12%	9%	14%	7%	14%
Drug Use					
Currently used marijuana (in the past 30 days)	7%	5%	11%	7%	20%
Ever used methamphetamines (in their lifetime)	1%	2%	1%	3%	3%
Ever used cocaine (in their lifetime)	3%	2%	5%	3%	5%
Ever used heroin (in their lifetime)	1%	1%	2%	2%	2%
Ever used inhalants (in their lifetime)	9%	6%	4%	7%	6%
Ever used ecstasy (also called MDMA in their lifetime)	2%	1%	3%	2%	4%
Misused medications that were not prescribed to them or took more to get high and/or feel more alert (in their lifetime)	5%	3%	7%	5%	N/A
Ever took steroids without a doctor's prescription (in their lifetime)	5%	2%	4%	2%	3%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	7%	4%	8%	6%	20%
Oral Health					
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	73%	76%	71%	78%	74%**

N/A – Not Available

*Comparative YRBS data for U.S. is 2013

**Comparative YRBS data for U.S. is 2015

■ Indicates alignment with Ohio SHA/SHIP

Healthcare Access: Healthcare Coverage

Key Findings

One in eleven (9%) Tuscarawas County adults were without healthcare coverage in 2018. Those most likely to be uninsured were adults under the age of 65 and those with an income level under \$25,000.

Health Coverage

- In 2018, 88% of Tuscarawas County adults had healthcare coverage. Three percent (3%) of adults were unsure if they had healthcare coverage.
- In the past year, 9% of adults were uninsured, increasing to 14% of those with incomes less than \$25,000 and 12% of those under the age of 65. The 2016 BRFSS reported uninsured prevalence rates as 7% for Ohio and 10% for the U.S.
- Three percent (3%) of adults with children did not have healthcare coverage, compared to 11% of those who did not have children living in their household.
- The following types of healthcare coverage were used: employer (42%); Medicare (14%); someone else's employer (13%); multiple, including government insurance (9%); Medicaid or medical assistance (8%); multiple, including private insurance (8%); self-purchased plan (5%); Health Insurance Marketplace (1%); and military, CHAMPUS, TriCare, CHAMPVA or the VA (1%).

Key Facts about the Uninsured Population

- Studies repeatedly demonstrate that the uninsured are less likely than those with insurance to receive preventive care and services for major health conditions and chronic diseases.
- Part of the reason for poor access among uninsured is that 50% do not have a regular place to go when they are sick or need medical advice.
- One in five (20%) nonelderly adults without coverage say that they went without care in the past year because of cost compared to 3% of adults with private coverage and 8% of adults with public coverage.
- In 2016, uninsured nonelderly adults were three times as likely as adults with private coverage to say that they postponed or did not get a needed prescription drug due to cost.
- 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 to experience declines in their overall health.

(Source: The Henry Kaiser Family Foundation, Key Facts about the Uninsured Population, 2017)

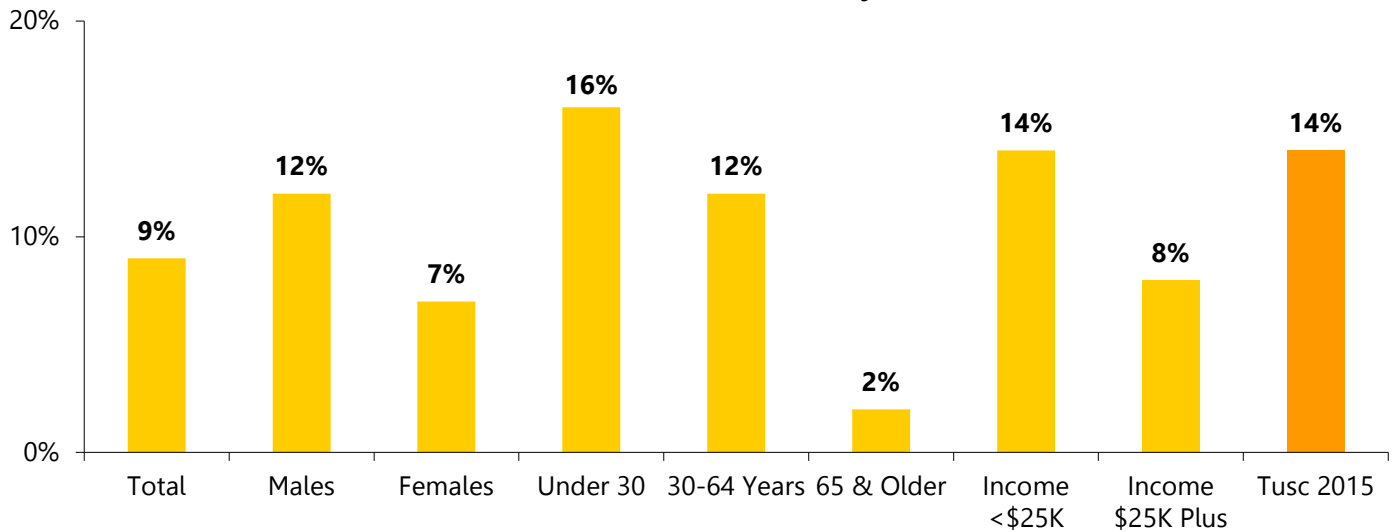
In Tuscarawas County, 6,247 adults were uninsured.

- Tuscarawas County adult health care coverage included the following: medical (97%), prescription coverage (92%), immunizations (82%), preventive health (78%), outpatient therapy (66%), dental (63%), vision (60%), mental health (55%), durable medical equipment (37%), alcohol and drug treatment (34%), skilled nursing/assisted living (29%), home care (25%), hospice (18%), and transportation (12%).

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Uninsured	14%	9%	7%	10%
Primary source of healthcare coverage was Medicaid or medical assistance	6%	8%	N/A	N/A

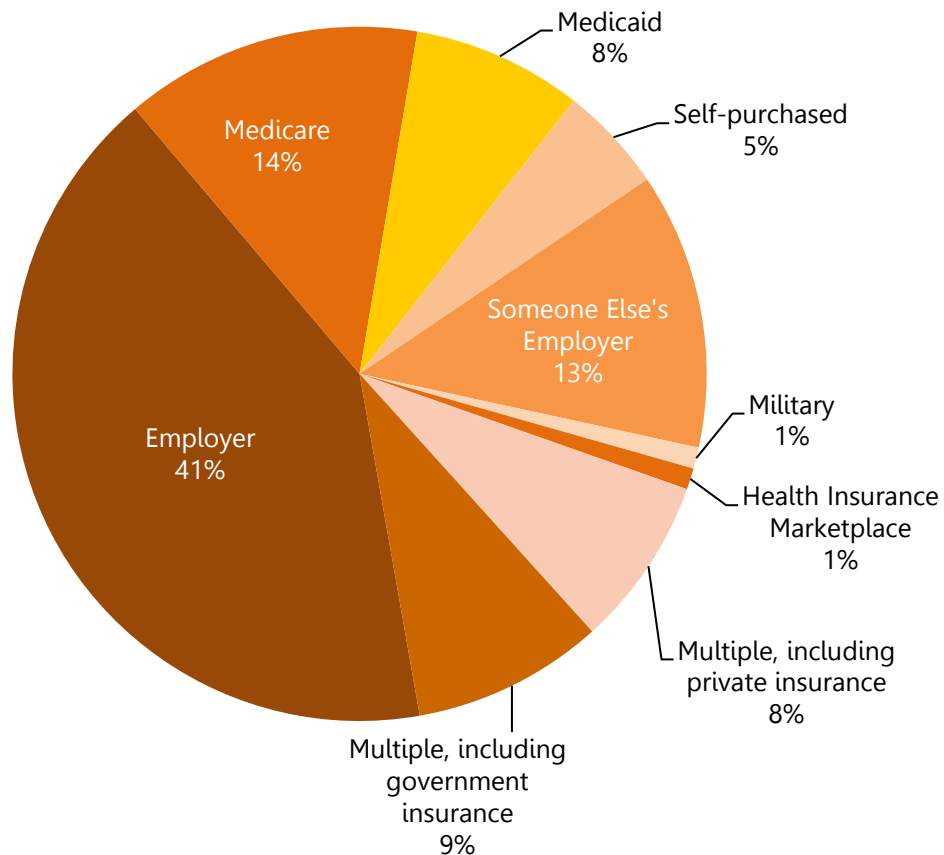
The following graph shows the percentages of Tuscarawas County adults who were uninsured. An example of how to interpret the information includes: 9% of all Tuscarawas County adults were uninsured, including 14% of adults with incomes less than \$25,000 and 16% of those under the age of 30. The pie chart shows sources of Tuscarawas County adults' healthcare coverage.

Uninsured Tuscarawas County Adults



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

Source of Health Coverage for Tuscarawas County Adults



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

Health Coverage Includes:	Yes	No	Don't Know
Medical	97%	1%	2%
Prescription Coverage	92%	3%	5%
Immunizations	82%	2%	16%
Preventive Health	78%	2%	20%
Outpatient Therapy	66%	3%	31%
Dental	63%	33%	4%
Vision	60%	33%	7%
Mental Health	55%	5%	40%
Durable Medical Equipment	37%	6%	57%
Alcohol and Drug Treatment	34%	8%	58%
Skilled Nursing/Assisted Living	29%	7%	64%
Home Care	25%	9%	66%
Hospice	18%	8%	74%
Transportation	12%	22%	66%

**Healthy People 2020
Access to Health Services (AHS)**

Objective	Tuscarawas County 2018	Ohio 2016	U.S. 2016	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health insurance	43% age 18-24 86% age 25-34 84% age 35-44 89% age 45-54 86% age 55-64	90% age 18-24 89% age 25-34 91% age 35-44 94% age 45-54 94% age 55-64	85% age 18-24 84% age 25-34 87% age 35-44 90% age 45-54 93% age 55-64	100%

*Note: U.S. baseline is age-adjusted to the 2000 population standard
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
(Sources: Healthy People 2020 Objectives, 2016 BRFSS, 2018 Tuscarawas County Health Assessment)*

Healthcare Access: Access and Utilization

Key Findings

More than two-thirds (68%) of Tuscarawas County adults visited a doctor for a routine checkup in the past year. Fifty-four percent (54%) of adults went outside of Tuscarawas County for healthcare services in the past year.

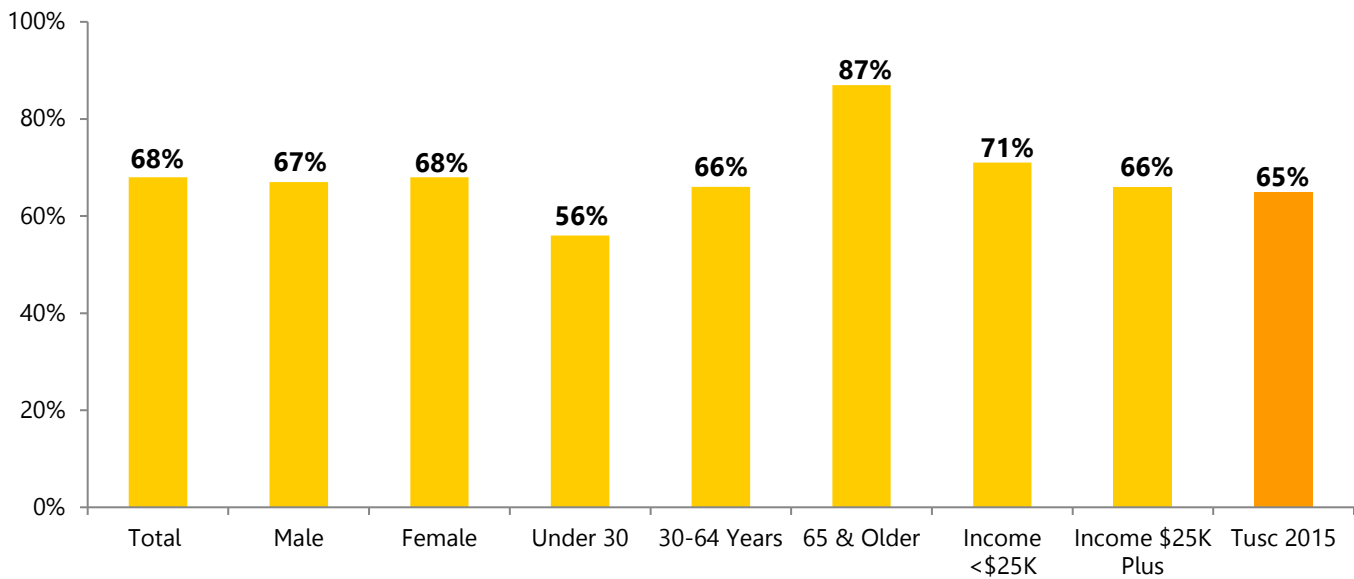
Healthcare Access and Utilization

- Nearly four-fifths (79%) of adults indicated they had at least one person they thought of as their personal doctor or healthcare provider.
- Adults with healthcare coverage were more likely to have at least one person they thought of as their personal doctor or healthcare provider (83%), compared to 57% of those without healthcare coverage.
- More than two-thirds (68%) of Tuscarawas County adults visited a doctor for a routine checkup in the past year, increasing to 87% of those ages 65 and older. The 2016 BRFSS reported that 75% of Ohio and 71% of U.S. adults visited a doctor for a routine checkup in the past year.
- Adults with healthcare coverage were more likely to have visited a doctor for a routine checkup in the past year (72%), compared to 41% of those without healthcare coverage.
- Reasons for not receiving medical care in the past 12 months included the following: no need to go (17%), cost/no insurance (8%), too long of a wait for an appointment (2%), distance (1%), wasn't open when they could get there (<1%), too long of a wait in the waiting room (<1%), no transportation (<1%), provider did not take their insurance (<1%), too embarrassed to seek help (<1%), can access medical records online (<1%), inconvenient appointment times (<1%), and other problems that prevented them from getting medical care (4%). Sixty-three percent of adults reported they did receive medical care in the past 12 months.
- Fifty-four (54%) percent of adults visited the following places for healthcare services outside of Tuscarawas County in the past 12 months: specialty care (21%), dental services (17%), primary care (16%), obstetrics/gynecology (8%), cardiac care (6%), orthopedic care (6%), pediatric care (5%), female health services (5%), mental health care/counseling services (3%), cancer care (2%), pediatric care and therapies (1%), addiction services (1%), and another service (8%).
- Adults went outside of Tuscarawas County for health services for the following reasons: services were not available locally (29%), better quality of program (24%), went there because they used to live there (15%), had insurance restrictions (14%), did not like the local services/providers (13%), word of mouth (8%), had a bad experience locally (7%), wait list was too long in Tuscarawas County (7%), worked there (1%), hours not convenient (1%), confidentiality/anonymity (1%), and other reasons (26%).
- Just over one-third (34%) of Tuscarawas County adults experienced the following problems when they needed health care in the past 12 months:
 - Couldn't find a doctor to take them as a patient (8%)
 - Couldn't get appointments when they wanted them (8%)
 - Didn't have enough money to pay for health care (7%)
 - Didn't have insurance (7%)
 - Too busy to get the healthcare they needed (5%)
 - Had to change doctors because of healthcare plan (5%)
 - Couldn't find a doctor they are comfortable with (3%)
 - Too embarrassed to seek help (2%)
 - Healthcare plan does not allow them to see doctors in Tuscarawas County (2%)
 - Didn't have transportation (2%)
 - Didn't have anyone to take care of children (1%)
 - Didn't have anyone to watch parent or senior family member (<1%)
 - Didn't get health services because of discrimination (<1%)
 - Didn't get health services because they were concerned about confidentiality (<1%)
 - Had another problem that kept them from getting healthcare (2%)

- Adults usually visited the following places when they were sick or needed advice about their health: a doctor’s office (45%); multiple places, including a doctor’s office (20%); urgent care center (9%); multiple places, not including a doctor’s office (7%); Internet (5%); a hospital emergency room (3%); family and friends (3%); VA (2%); a public health clinic or community health center (1%); chiropractor (<1%); telemedicine (<1%); and some other kind of place (1%). Five percent (5%) of adults indicated they do not have a usual place.
- Adults preferred to access information about their health or healthcare services from the following: their doctor (76%), Internet searches (38%), family member or friend (30%), medical portal (10%), advertising or mailings from healthcare providers (5%), newspaper articles or radio/television news stories (4%), texts on cell phone (4%), social network (3%), and e-mail (3%).
- More than one-quarter (27%) of adults did not get their prescriptions from their doctor filled in the past year.
- Adults reported the following reasons for not getting their prescriptions filled in the past 12 months: did not have any prescriptions to be filled (54%), did not think they needed it (22%), too expensive (21%), side effects (9%), no insurance (7%), no generic equivalent of what was prescribed (7%), stretched current prescription by taking less than what was prescribed (7%), fear of addiction (4%), transportation (2%), and they were already taking too many medications (2%).

The following graph shows the percentage of Tuscarawas County adults who had a routine check-up in the past year. An example of how to interpret the information includes: 68% of all Tuscarawas County adults had a routine check-up in the past year, including 67% of males, 68% of females and 87% of those 65 years and older.

Tuscarawas County Adults who had a Routine Check-up in the Past Year



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

Availability of Services

- Tuscarawas County adults reported they had looked for the following programs for themselves or a loved one: depression, anxiety or mental health (14%); weight problems (12%); disability (8%); elderly care (6%); marital/family problems (5%); tobacco cessation (4%); end-of-life/hospice care (3%); family planning (3%); detoxification of opiates/heroin (<1%); gambling abuse (<1%); and drug abuse (<1%).
- Adults reported the following reasons for not using a program or service to help with depression, anxiety, or other emotional problems for themselves or a loved one: not needed/not necessary (71%), a program had already been used (13%), fear (7%), cannot afford to go (5%), stigma of seeking mental health services (5%), took too long to get in to see a doctor (3%), don't know how to find a program (3%), other priorities (3%), have not thought of it (3%), co-pay/deductible is too high (2%), cannot get to the office or clinic (2%), transportation (1%), and other reasons (3%).

Tuscarawas County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Tuscarawas County adults who have looked but have NOT found a specific program	Tuscarawas County adults who have looked and have found a specific program
Depression or Anxiety (14% of all adults looked)	21%	79%
Weight Problem (12% of all adults looked)	42%	58%
Disability (8% of all adults looked)	28%	72%
Elderly Care (6% of all adults looked)	31%	69%
Marital/Family Problems (5% of all adults looked)	40%	60%
Tobacco Cessation (4% of all adults looked)	37%	63%
Family planning (3% of all adults looked)	14%	86%
End-of-Life/Hospice Care (3% of all adults looked)	8%	92%

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

During the past 12 months, 5,553 adults did not receive medical care due to cost/no insurance.

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Had at least one person they thought of as their personal doctor or healthcare provider	82%	79%	83%	77%
Visited a doctor for a routine checkup (in the past 12 months)	65%	68%	75%	71%
Unable to see a doctor due to cost	9%	8%	11%	12%

Healthcare Access: Preventive Medicine

Key Findings

Forty-three percent (43%) of Tuscarawas County adults had a flu vaccine during the past 12 months. More than three-fifths (66%) of adults ages 65 and older had a pneumonia vaccination at some time in their life.

Preventive Medicine

- More than two-fifths (43%) of Tuscarawas County adults had a flu vaccine during the past 12 months.
- Sixty-five percent (65%) of Tuscarawas County adults ages 65 and older had a flu vaccine in the past 12 months. The 2016 BRFSS reported that 57% of Ohio and 58% of U.S. adults ages 65 and over had a flu vaccine in the past year.
- More than one-quarter (28%) of adults have had a pneumonia shot in their life, increasing to 66% of those ages 65 and over. The 2016 BRFSS reported that 75% of Ohio and 73% of U.S. adults ages 65 and over had a pneumonia shot in their life.
- Tuscarawas County adults have had the following vaccines:
 - Tetanus booster (Td/Tdap) in the past 10 years (61%)
 - Measles, mumps, and rubella (MMR) in their lifetime (61%)
 - Chicken pox vaccine in their lifetime (43%)
 - Pertussis vaccine in the past 10 years (20%)
 - Zoster (shingles) vaccine in their lifetime (15%)
 - Human papillomavirus (HPV) vaccine in their lifetime (8%)

Preventive Health Screenings and Exams

- In the past year, 53% of Tuscarawas County women ages 40 and over had a mammogram.
- In the past year, 49% of men ages 50 and over had a PSA test.
- See the Women’s and Men’s Health Sections for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Tuscarawas County adults.

Tuscarawas County Adult Health Screening Results

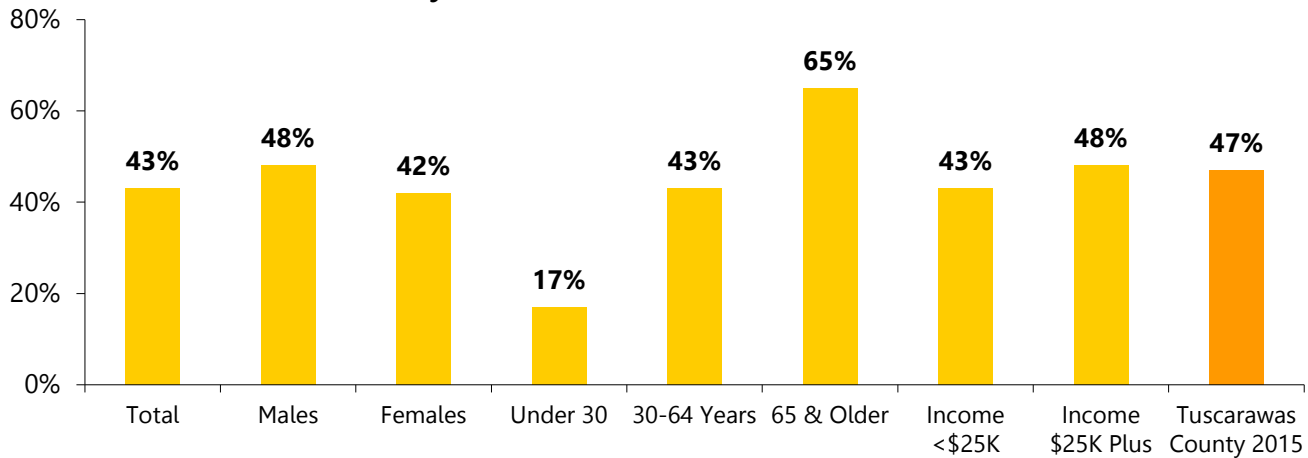
General Screening Results	Total Sample*
Diagnosed with High Blood Cholesterol	40%
Diagnosed with High Blood Pressure	39%
Diagnosed with Diabetes	12%
Survived a Heart Attack	7%
Survived a Stroke	2%

*Percentages based on all Tuscarawas County adults surveyed.

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Had a pneumonia vaccination in lifetime (ages 65 and older)	68%	66%	75%	73%
Had a flu vaccine in the past year (ages 65 and older)	55%	65%	57%	58%

The following graph shows the percentage of Tuscarawas County adults who received a flu shot within the past year. An example of how to interpret the information shown on the graph includes: 43% of Tuscarawas County adults received a flu shot within the past year, including 42% of females and 43% of those with incomes less than \$25,000.

Tuscarawas County Adults who Received a Flu Shot Within the Past Year



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

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

Objective	Tuscarawas County 2018	Ohio 2016	U.S. 2016	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	66%	75%	73%	90%

Note: U.S. baseline is age-adjusted to the 2000 population standard.
(Sources: Healthy People 2020 Objectives, 2016 BRFSS, 2018 Tuscarawas County Health Assessment)

Who Should Get a Yearly Flu Shot?

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

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

(Source: CDC, Seasonal Influenza (Flu), Who Should Do It, Who Should Not and Who Should Take Precautions, Updated on October 3, 2017)

If you are this age, talk to your health care professional about these vaccines

If you are this age,	Flu Influenza	Tdap or Td Tetanus, diphtheria, pertussis	Shingles Zoster		Pneumococcal		Meningococcal		MMR Measles, mumps, rubella	HPV Human papillomavirus		Chickenpox Varicella	Hepatitis A	Hepatitis B	Hib Haemophilus influenzae type b
			RZV	ZVL	PCV13	PPSV23	MenACWY	MenB		for women	for men				
19 - 21 years	Green	Green			Blue	Blue	Blue	Blue	Green	Green	Green	Green	Blue	Blue	Blue
22 - 26 years	Green	Green			Blue	Blue	Blue	Blue	Green	Green	Blue	Green	Blue	Blue	Blue
27 - 49 years	Green	Green			Blue	Blue	Blue	Blue	Green			Green	Blue	Blue	Blue
50 - 64 years	Green	Green	Green		Blue	Blue	Blue	Blue	Green if born in 1957 or later			Green	Blue	Blue	Blue
65+ year	Green	Green	Green	Green	Blue	Blue	Blue	Blue				Green	Blue	Blue	Blue

More Information:

You should get flu vaccine every year.

You should get 1 dose of Tdap if you did not get it as a child or adult. You should also get a Td booster every 10 years. Women should get 1 dose of Tdap during every pregnancy.

There are 2 types of zoster vaccine. You should get 2 doses of RZV at age 50 years or older (preferred) or 1 dose of ZVL at age 60 years or older, even if you had shingles before.

There are 2 types of pneumococcal vaccine. You should get 1 dose of PCV13 and at least 1 dose of PPSV23 depending on your age and health condition.

There are 2 types of meningococcal vaccine. You may need one or both types depending on your health condition.

You should get this vaccine if you did not get it when you were a child.

You should get HPV vaccine if you are a woman through age 26 years or a man through age 21 years and did not already complete the series.



Recommended For You: This vaccine is recommended for you *unless* your health care professional tells you that you do not need it or should not get it.



May Be Recommended For You: This vaccine is recommended for you if you have certain risk factors due to your health condition. Talk to your health care professional to see if you need this vaccine.

If you are traveling outside the United States, you may need additional vaccines.

Ask your health care professional about which vaccines you may need at least 6 weeks before you travel.

For more information, call 1-800-CDC-INFO (1-800-232-4636) or visit www.cdc.gov/vaccines



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Healthcare Access: Women's Health

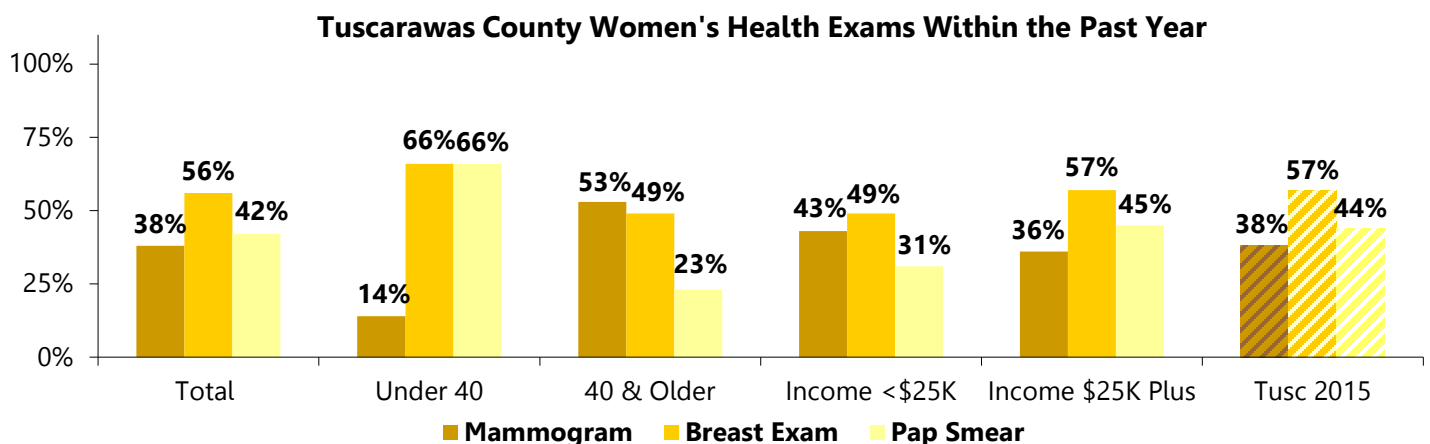
Key Findings

In 2018, over half (53%) of Tuscarawas County women over the age of 40 reported having a mammogram in the past year. Fifty-six percent (56%) of Tuscarawas County women had a clinical breast exam, and 42% had a Pap smear to detect cancer of the cervix, in the past year. Nearly two-fifths (39%) were obese, 39% had high blood pressure, 36% had high blood cholesterol, and 20% were identified as current smokers, all known risk factors for cardiovascular diseases.

Women's Health Screenings

- Sixty-five percent (65%) of women had a mammogram at some time in their life, and almost two-fifths (38%) had this screening in the past year.
- More than half (53%) of women ages 40 and older had a mammogram in the past year, and 67% had one in the past two years. The 2016 BRFSS reported that 74% of women ages 40 and older in Ohio and 72% in the U.S. had a mammogram in the past two years.
- Most (92%) Tuscarawas County women had a clinical breast exam at some time in their life, and 56% had one within the past year. More than three-fifths (66%) of women ages 40 and older had a clinical breast exam in the past two years.
- Ninety-four percent (94%) of Tuscarawas County women had a Pap smear at some time in their life, and 42% reported having had the exam in the past year. Three-fifths (60%) of women had a Pap smear in the past three years. One in nine (11%) women reported the screening was not recommended by their doctor. The 2016 BRFSS indicated that 82% of Ohio and 80% of U.S. women ages 21-65 had a Pap smear in the past three years.
- Women used the following as their usual source of services for female health concerns: private gynecologist (51%), general or family physician (27%), health department clinic (4%), community health center (2%), and family planning clinic (2%). Fourteen-percent percent (14%) indicated they did not have a usual source of services for female health concerns.

The following graph shows the percentage of Tuscarawas County female adults that had various health exams in the past year. An example of how to interpret the information includes: 38% of Tuscarawas County females had a mammogram within the past year, 56% had a clinical breast exam, and 42% had a Pap smear.



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

Tuscarawas County Female Leading Causes of Death, 2014 – 2016

Total Female Deaths: 1,591

1. Heart Diseases (24% of all deaths)
2. Cancers (20%)
3. Chronic Lower Respiratory Diseases (8%)
4. Alzheimer's disease (6%)
5. Stroke (6%)

(Source: Ohio Public Health Data Warehouse, 2014-2016)

Ohio Female Leading Causes of Death, 2014 – 2016

Total Female Deaths: 176,669

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: Ohio Public Health Data Warehouse, 2014-2016)

Women’s Health Concerns

- According to the CDC, major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes (*Source: CDC Heart Disease Risk Factors, 2015*). In Tuscarawas County, the 2018 health assessment has identified that:
 - 39% of women were obese (2016 BRFSS reports 32% for Ohio and 30% for U.S.)
 - 39% were diagnosed with high blood pressure (2015 BRFSS reports 31% for Ohio and 30% for U.S.)
 - 26% were diagnosed with high blood cholesterol (2015 BRFSS reports 36% for Ohio and 35% for U.S.)
 - 20% of all women were current smokers (2016 BRFSS reports 21% for Ohio and 14% for U.S.)
 - 10% had been diagnosed with diabetes (2016 BRFSS reports 11% for Ohio and 11% for U.S.)
- In 2018, 5% of women survived a heart attack and 2% had survived a stroke at some time in their life.
- Five percent (5%) of Tuscarawas County women reported a health professional diagnosed them with coronary heart disease.
- From 2014 to 2016, major cardiovascular diseases (heart disease and stroke) accounted for 30% of all female deaths in Tuscarawas County (*Source: Ohio Public Health Data Warehouse 2014-2016*).

Pregnancy

- Thirty percent (30%) of Tuscarawas County women had been pregnant in the past 5 years.
- During their last pregnancy, Tuscarawas County women:
 - Had a prenatal appointment in the first three months (69%)
 - Took a multi-vitamin with folic acid during pregnancy (64%)
 - Took folic acid during pregnancy (55%)
 - Took a multi-vitamin with folic acid pre-pregnancy (41%)
 - Had a dental exam (36%)
 - Received WIC services (30%)
 - Experienced depression (16%)
 - Took folic acid pre-pregnancy (16%)
 - Smoked cigarettes or used other tobacco products (9%)
 - Consumed alcoholic beverages (3%)
 - Used drugs not prescribed to them (3%)
 - Used marijuana (3%)
 - Used opioids (2%)
 - Experienced domestic violence (2%)
 - Looked for options for an unwanted pregnancy (2%)

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Had a clinical breast exam in the past two years (age 40 & over)	66%	66%	N/A	N/A
Had a mammogram in the past two years (age 40 & over)	68%	67%	74%	72%
Had a Pap smear in the past three years	68%	60%	82%*	80%*

N/A – Not available

*2016 Ohio and U.S. BRFSS reports women ages 21-65

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

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

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

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

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

(Source: Centers for Disease Control and Prevention, What Can I Do to Reduce My Risk of Breast Cancer? Updated on September 27, 2017)

Women's Health Data

- Approximately 13% of adult females ages 18 years or older reported fair or poor health.
- 14% of adult females in the U.S. currently smoke.
- Of the adult females in the U.S., 19% had four or more drinks in one day at least once in the past year.
- Only 48% of adult females in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- 39% of females ages 20 years and older are obese.
- 33% of females ages 20 and older have hypertension.
- There are 9% of females under the age of 65 without healthcare coverage.
- The leading causes of death for females in the United States are heart disease, cancer and chronic lower respiratory diseases.

(Source: CDC, National Center for Health Statistics, Women's Health, Fast Stats, September 27, 2017)

Healthcare Access: Men's Health

Key Findings

In 2018, 49% of Tuscarawas County males over the age of 50 had a Prostate-Specific Antigen (PSA) test in the past year. More than two-fifths (43%) of men had high blood cholesterol, 38% had been diagnosed with high blood pressure, 35% were obese, and 21% were identified as current smokers, all known risk factors for cardiovascular diseases.

Men's Health Screenings and Concerns

- Almost half (47%) of Tuscarawas County males had a Prostate-Specific Antigen (PSA) test at some time in their life, and 29% had one in the past year.
- Sixty-nine percent (69%) of males age 50 and over had a PSA test at some time in their life, and 49% had one in the past year.
- Just over half (52%) of men had a digital rectal exam in their lifetime, and 16% had one in the past year.
- One in eleven (9%) of men had a heart attack and 2% had a stroke at some time in their life.
- Six percent (6%) of Tuscarawas County men reported a health professional diagnosed them with coronary heart disease.
- From 2014-2016, heart diseases accounted for 25% of all male deaths in Tuscarawas County (Source: Ohio Public Health Data Warehouse, 2014-2016).
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. (Source: CDC Heart Disease Risk Factors, 2015). In Tuscarawas County, the 2018 health assessment has identified that:
 - 35% of Tuscarawas County men were obese (2016 BRFSS reports 31% for Ohio and 30% for U.S.)
 - 38% were diagnosed with high blood pressure (2015 BRFSS reports 38% for Ohio and 34% for U.S.)
 - 43% were diagnosed with high blood cholesterol (2015 BRFSS reports 38% for Ohio and 38% for U.S.)
 - 21% of all men were current smokers (2016 BRFSS reports 25% for Ohio and 19% for U.S.)
 - 14% had been diagnosed with diabetes (2016 BRFSS reports 12% for Ohio and 11% for U.S.)
- From 2014-2016, lung and bronchus cancer accounted for the most cancer deaths among Tuscarawas County males. Statistics from the same period for Ohio males indicate that lung, prostate, and colon and rectum cancers were the leading cancer deaths (Source: Ohio Public Health Data Warehouse, 2014-2016).

Tuscarawas County Male Leading Causes of Death, 2014 – 2016

Total Male Deaths: 1,533

1. Heart Diseases (25% of all deaths)
2. Cancers (21%)
3. Chronic Lower Respiratory Diseases (7%)
4. Accidents, Unintentional Injuries (5%)
5. Diabetes (5%)

(Source: Ohio Public Health Data Warehouse, 2014-2016)

Ohio Male Leading Causes of Death, 2014 – 2016

Total Male Deaths: 175,247

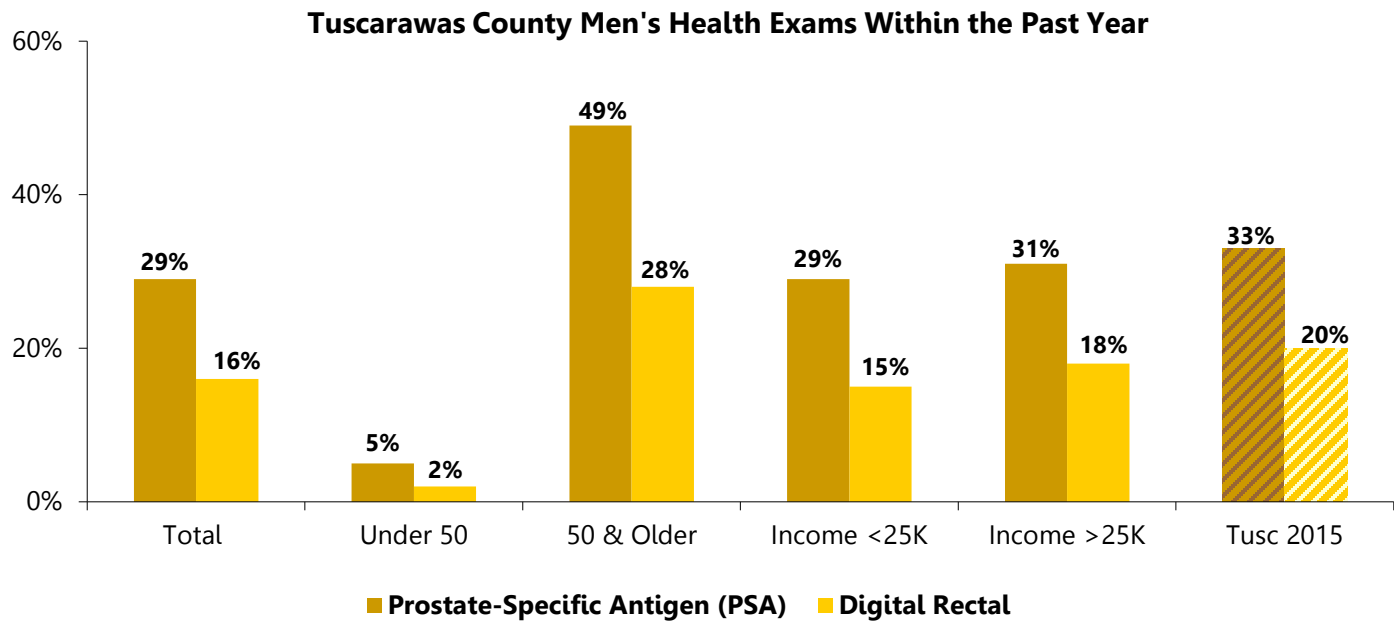
1. Heart Diseases (25% of all deaths)
2. Cancers (23%)
3. Accidents, Unintentional Injuries (8%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (4%)

(Source: Ohio Public Health Data Warehouse, 2014-2016)

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Had a PSA test in within the past two years (age 40 and older)	60%	56%	39%	40%
Had a digital rectal exam within the past year	20%	16%	N/A	N/A

N/A – Not Available

The following graph shows the percentage of Tuscarawas County male adults that had various health exams in the past year. An example of how to interpret the information includes: 29% of Tuscarawas County males had a PSA test within the past year, and 16% had a digital rectal exam.



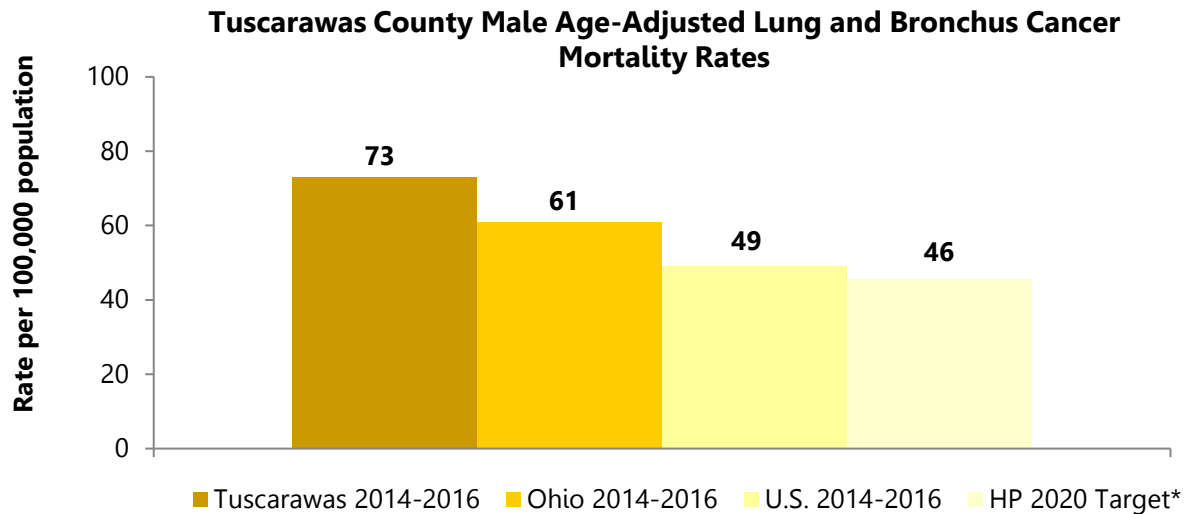
Men's Health Data

- Approximately 12% of adult males ages 18 years or older reported fair or poor health.
- 18% of adult males in the U.S. currently smoke.
- Of the adult males in the U.S., 32% had 5 or more drinks in 1 day at least once in the past year.
- Only 56% 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 12% of males under the age of 65 without healthcare 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 3, 2017)

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

- From 2014-2016, the Tuscarawas County age-adjusted mortality rate for male lung and bronchus cancer was higher than the Ohio and U.S. rates as well as the HP 2020 objective.



*Note: The Healthy People 2020 target rates are not gender specific.
 (Sources: CDC Wonder 2014-2016, Ohio Public Health Data Warehouse 2014-2016, 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, Updated September 21, 2017)

Healthcare Access: Oral Health

Key Findings

Nearly three-fifths (59%) of Tuscarawas County adults visited a dentist or dental clinic in the past year. Just over one-quarter (26%) of adults did not see a dentist in the past year due to cost.

Access to Dental Care

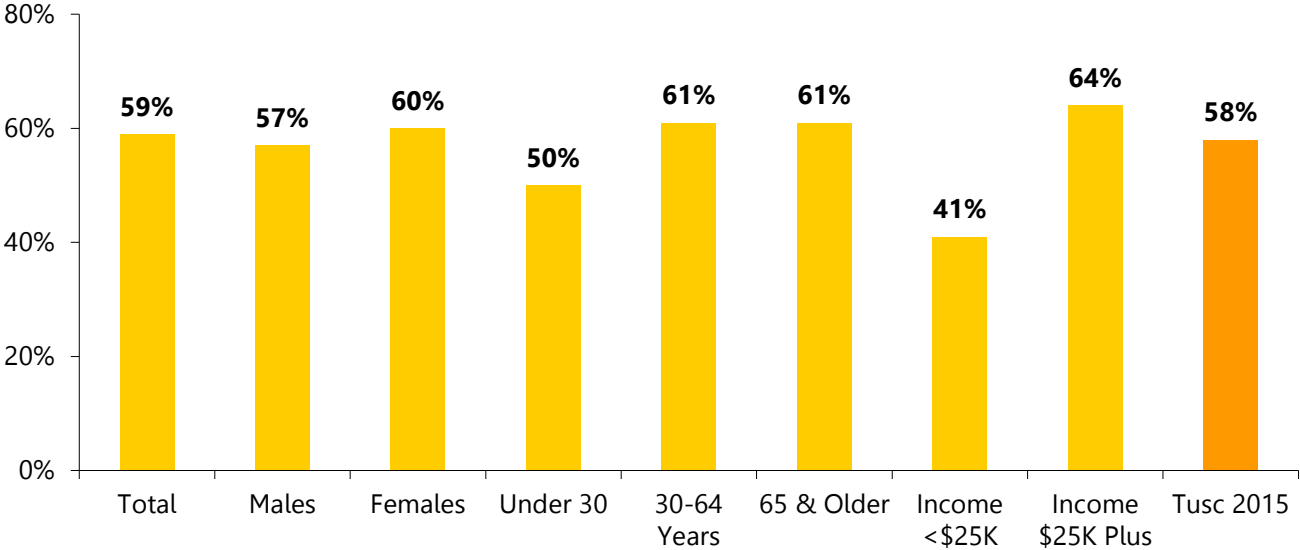
- In the past year, 59% of Tuscarawas County adults had visited a dentist or dental clinic, decreasing to 41% of those with incomes less than \$25,000.
- The 2016 BRFSS reported that 68% of Ohio adults and 66% of U.S. adults had visited a dentist or dental clinic in the past year.
- Sixty-one percent (61%) of Tuscarawas County adults with dental insurance had been to the dentist in the past year, compared to 37% of those without dental insurance.
- When asked the main reason for not visiting a dentist in the last year, 26% said cost; 20% had no reason to go/had not thought of it; 16% had dentures; 7% said fear, apprehension, nervousness, pain, and dislike going; 4% did not have/know a dentist; 3% said their dentist did not accept their medical coverage; 1% could not get into a dentist; 1% could not find a dentist taking Medicaid patients; and 10% said other reasons. Ten percent (10%) of adults selected multiple reasons for not visiting a dentist in the past year.

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	57%	12%	10%	15%	<1%
Females	60%	9%	10%	18%	1%
Total	59%	10%	10%	16%	1%

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Adults who had visited the dentist in the past year	58%	59%	68%	66%

The following graph provides information about the frequency of Tuscarawas County adult dental visits. An example of how to interpret the information includes: 59% of Tuscarawas County adults had been to the dentist in the past year, including 60% of females and 41% of those with incomes less than \$25,000.

Tuscarawas County Adults Visiting a Dentist in the Past Year



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

Facts About Adult Oral Health

- The baby boomer generation is the first where most people will keep their natural teeth over their entire lifetime. This is largely because of the benefits of water fluoridation and fluoride toothpaste. However, threats to oral health, including tooth loss, continue throughout life.
- The major risks for tooth loss are tooth decay and gum disease that may increase with age because of problems with saliva production; receding gums that expose “softer” root surfaces to decay-causing bacteria; or difficulties flossing and brushing because of poor vision, cognitive problems, chronic disease, and physical limitations.
- Although more adults are keeping their teeth, many continue to need treatment for dental problems. This need is even greater for members of some racial and ethnic groups—about 3 in 4 Hispanics and non-Hispanic black adults have an unmet need for dental treatment, as do people who are poor. These individuals are also more likely to report having poor oral health.
- In addition, some adults may have difficulty accessing dental treatment. For every adult aged 19 years or older without medical insurance, there are three who don’t have dental insurance.
- Oral health problems include the following: untreated tooth decay, gum disease, tooth loss, oral cancer, and chronic diseases such as arthritis, heart disease, and strokes.

(Source: Centers for Disease Control and Prevention, Division of Oral Health, Adult Oral Health, October 23, 2017)

Health Behaviors: Health Status Perceptions

Key Findings

In 2018, half (50%) of Tuscarawas County adults rated their health status as excellent or very good. Conversely, 15% of adults described their health as fair or poor, increasing to 30% of those with incomes less than \$25,000.

General Health Status

- Half (50%) of Tuscarawas County adults rated their health as excellent or very good. Tuscarawas County adults with higher incomes (57%) were most likely to rate their health as excellent or very good, compared to 30% of those with incomes less than \$25,000.
- Fifteen percent (15%) of adults rated their health as fair or poor. The 2016 BRFSS has identified that 18% of Ohio and 17% of U.S. adults self-reported their health as fair or poor.

Adults Who Rated General Health Status Excellent or Very Good

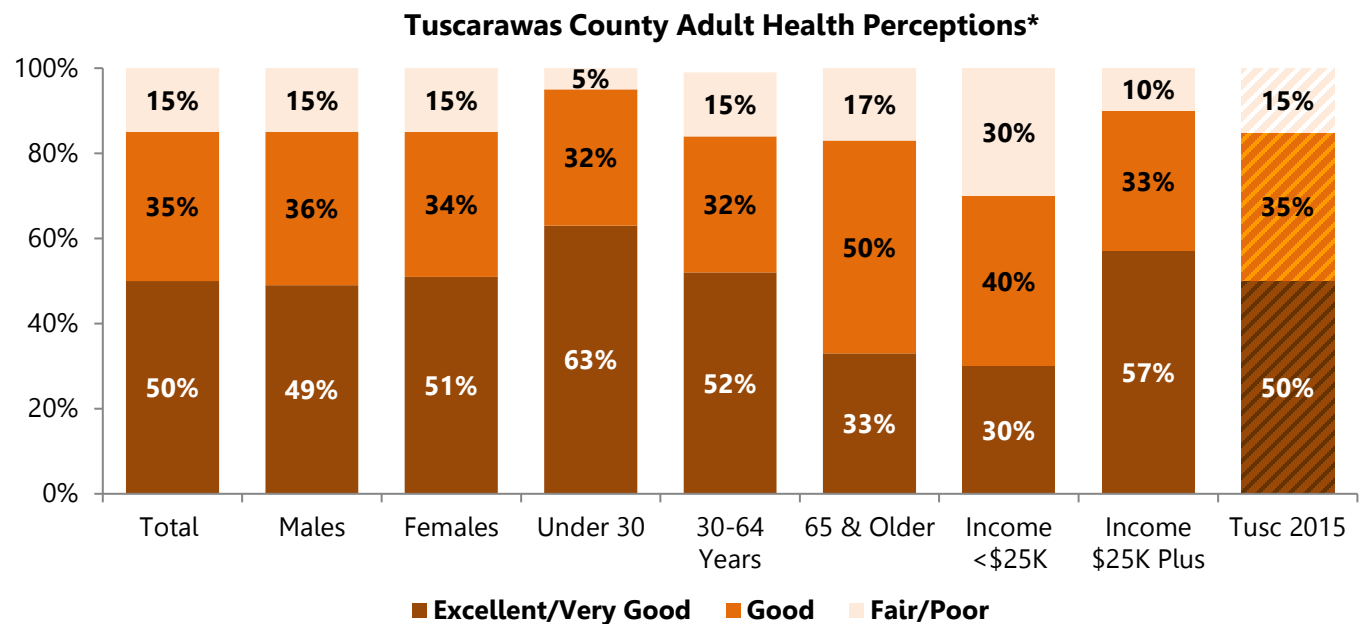
- Tuscarawas County 50% (2018)
- Ohio 51% (2016)
- U.S. 52% (2016)

(Source: 2016 BRFSS for Ohio and U.S.)

10,411 adults rated their general health as fair or poor.

- Tuscarawas County adults were most likely to rate their health as fair or poor if they:
 - Had been diagnosed with diabetes (40%)
 - Were 65 years of age or older (33%)
 - Had an annual household income under \$25,000 (30%)
 - Were widowed or divorced (23%)
 - Had high blood pressure (23%) or high blood cholesterol (22%)

The following graph shows the percentage of Tuscarawas County adults who described their personal health status as excellent/very good, good, and fair/poor. An example of how to interpret the information includes: 50% of Tuscarawas County adults, 63% of those under age 30, and 33% of those ages 65 and older rated their health as excellent or very good. The following table shows the percentage of adults with poor physical and mental health in the past 30 days.



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

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

Physical Health Status

- More than one-quarter (29%) of Tuscarawas County adults rated their physical health as not good on four or more days in the previous month.
- Tuscarawas County adults reported their physical health as not good on an average of 4.3 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 3.7 days, respectively, in the previous month (*Source: 2016 BRFSS Data as compiled by 2018 County Health Rankings*)
- Tuscarawas County adults were most likely to rate their physical health as not good (on four or more days during the past month) if they:
 - Had an annual household income under \$25,000 (45%)
 - Were 65 years of age or older (33%)
 - Were male (32%)

Mental Health Status

- More than one-third (35%) of Tuscarawas County adults rated their mental health as not good on four or more days in the previous month.
- Tuscarawas County adults reported their mental health as not good on an average of 5.2 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 3.8 days, respectively, in the previous month (*Source: 2016 BRFSS Data as compiled by 2018 County Health Rankings*).
- Almost one-third (31%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation.
- Tuscarawas County adults were most likely to rate their mental health as not good (on four or more days during the past month) if they:
 - Had an annual household income under \$25,000 (45%)
 - Were female (40%)
 - Were under the age of 65 (36%)

24,293 adults rated their mental health as not good on four or more days in the previous month.

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	54%	21%	6%	3%	16%
Females	51%	17%	10%	6%	16%
Total	52%	19%	8%	4%	16%
Mental Health Not Good in Past 30 Days*					
Males	57%	14%	7%	2%	20%
Females	51%	9%	10%	2%	29%
Total	54%	11%	8%	2%	25%

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

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Rated general health as good, very good or excellent	85%	85%	82%	83%
Rated general health as excellent or very good	50%	50%	51%	52%
Rated general health as fair or poor	15%	15%	18%	17%
Average number of days that physical health was not good (in the past 30 days)	3.2	4.3	4.0*	3.7*
Rated physical health as not good on four or more days (in the past 30 days)	18%	29%	22%	22%
Average number of days that mental health was not good (in the past 30 days)	3.9	5.2	4.3*	3.8*
Rated their mental health as not good on four or more days (in the past 30 days)	24%	35%	24%	23%
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	22%	31%	22%	22%

N/A – Not Available

*2016 BRFSS as compiled by 2018 County Health Rankings

Health Behaviors: Adult Weight Status

Key Findings

Almost three-quarters (73%) of Tuscarawas County adults were either overweight (36%), obese (17%), severely obese (11%) or morbidly obese (9%) by Body Mass Index (BMI). More than half (54%) of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week.

Adult Weight Status

- Almost three-quarters (73%) of Tuscarawas County adults were either overweight (36%), obese (17%), severely obese (11%) or morbidly obese (9%) by Body Mass Index (BMI), putting them at elevated risk for developing a variety of preventable diseases.
- Adults described their weight in the following ways: obese (9%), very overweight (9%), overweight (37%), just about the right weight (41%), and underweight (3%).
- More than two-fifths (44%) of adults were trying to lose weight, 29% were trying to maintain their current weight or keep from gaining weight, and 3% were trying to gain weight.
- Tuscarawas County adults did the following to lose weight or keep from gaining weight: exercised (42%); drank more water (41%); ate less food, fewer calories, or foods low in fat (38%); ate a low-carb diet (13%); took diet pills, powders or liquids without a doctor's advice (4%); smoked cigarettes (3%); participated in a prescribed dietary or fitness program (3%); went without eating 24 or more hours (3%); used a weight loss program (2%); health coaching (2%); took prescribed medications (2%); had bariatric surgery (<1%); took laxatives (<1%); and vomited after eating (<1%).
- Tuscarawas County adults spent an average of 4.5 hours watching TV, 3.1 hours on their cell phone, 2.6 hours on the computer (outside of work), and 1.4 hours playing video games on an average day of the week.

11,800 Tuscarawas County adults were obese, 7,635 were severely obese, and 6,247 were morbidly obese.

Physical Activity

- More than half (54%) of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week; 26% of adults exercised 5 or more days per week; and 26% of adults did not participate in any physical activity in the past week, including 4% who were unable to exercise.
- The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, the CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week (Source: CDC, *Physical Activity Basics*, 2015).
- Reasons for not exercising included the following:
 - Time (23%)
 - Too tired (20%)
 - Self-motivation or will power (19%)
 - Weather (17%)
 - Pain or discomfort (14%)
 - Laziness (13%)
 - Did not like to exercise (10%)
 - Could not afford a gym membership (8%)
 - Ill or physically unable (7%)
 - No sidewalks or poorly maintained sidewalks (7%)
 - No personal reason (6%)
 - No exercise partner (6%)
 - No child care (5%)
 - Already get enough exercise (4%)
 - Did not know what activities to do (3%)
 - No gym available (3%)
 - No walking, biking trails or parks (2%)
 - Transportation (2%)
 - Neighborhood safety (1%)
 - Afraid of injury (1%)
 - Lack of opportunities for those with physical impairments or challenges (1%)
 - Doctor advised them not to exercise (<1%)

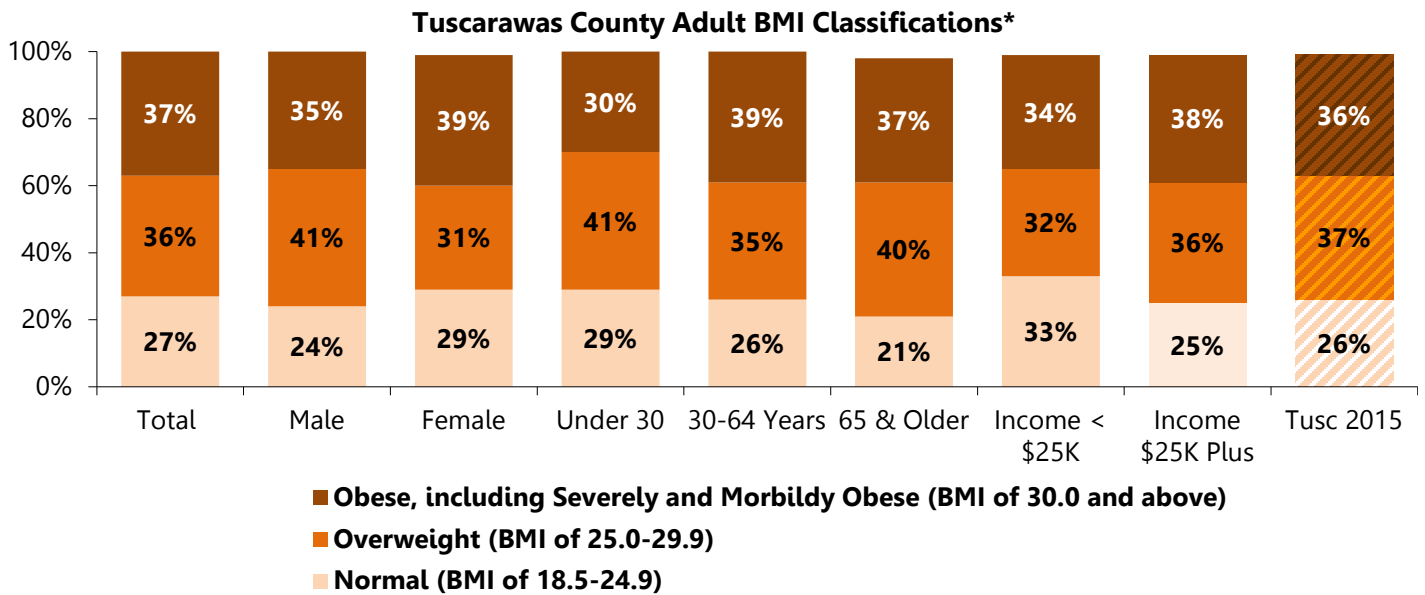
- When Tuscarawas County adults were at work, the following best described what they did: mostly sitting (23%), mostly walking (9%), mostly heavy labor or physically demanding work (8%), mostly standing (5%), and a variety (21%). More than one-third (35%) of adults indicated they do not work or were not employed.

Nutrition

- One percent (1%) of Tuscarawas County adults ate 5 or more servings of whole fruit per day. Nine percent (9%) ate 3 to 4 servings, 72% ate 1 to 2 servings, and 18% ate 0 servings per day.
- Two percent (2%) of Tuscarawas County adults ate 5 or more servings of whole vegetables per day. Twelve percent (12%) ate 3 to 4 servings, 79% ate 1 to 2 servings, and 7% ate 0 servings per day.
- Thirteen percent (13%) of adults ate 5 or more servings of fruits and vegetables per day. Just over one-third (34%) ate 3 to 4 servings, 49% ate 1 to 2 servings, and 3% ate 0 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.
- Tuscarawas County adults reported they obtain their fresh fruits and vegetables from the following:
 - Large grocery store (such as Wal-Mart, Aldi, or Giant Eagle) (86%)
 - Farmers market (34%)
 - Grow their own/garden (33%)
 - Local grocery store (such as Save-A-Lot or Drug Mart) (33%)
 - Dollar General/dollar store (15%)
 - Corner/convenience stores (3%)
 - Food pantry (3%)
 - Veggie mobile/mobile produce (2%)
 - Mail order food services (such as Blue Apron) (2%)
 - Community garden (1%)
 - Group purchasing or community supported agriculture (<1%)
 - Other (2%)
- Tuscarawas County adults reported the following barriers in consuming fruits and vegetables: too expensive (14%), they did not like the taste (8%), did not know how to prepare (4%), did not have access to fruits and vegetables (3%), no variety (1%), transportation (1%), stores did not take EBT (<1%), or other barriers (5%).
- Tuscarawas County adults reported the following reasons they chose the types of food they ate:
 - Taste/enjoyment (62%)
 - Cost (48%)
 - Ease of preparation/time (41%)
 - Healthiness of food (41%)
 - What their family prefers (33%)
 - Food they were used to (30%)
 - Availability (26%)
 - Nutritional content (17%)
 - Calorie content (16%)
 - If it is organic (9%)
 - If it is genetically modified (9%)
 - Artificial sweetener content (6%)
 - Health care provider's advice (4%)
 - If it is gluten free (3%)
 - Other food sensitivities (2%)
 - If it is lactose free (2%)
 - Limitations set by WIC (2%)
 - Other reasons (7%)
- In a typical week, adults ate out in a restaurant or brought home take-out food at the following frequencies: 1 to 2 meals (58%), 3 to 4 meals (17%), and 5 or more meals (7%). Eighteen percent (18%) of adults did not eat out in a restaurant or bring home take-out food in a typical week.
- Four percent (4%) of adults consumed 5 or more servings of sugar-sweetened beverages per day. Eight percent (8%) drank 3 to 4 servings per day, 41% consumed 1 to 2 servings per day, and 47% consumed 0 servings per day.
- Eight percent (8%) of adults consumed 5 or more servings of caffeinated beverages per day. Twenty-one percent (21%) consumed 3 to 4 servings per day, 51% consumed 1 to 2 servings of per day, and 20% drank 0 servings per day.

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Overweight (BMI of 25.0 – 29.9)	37%	36%	35%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	36%	37%	32%	30%

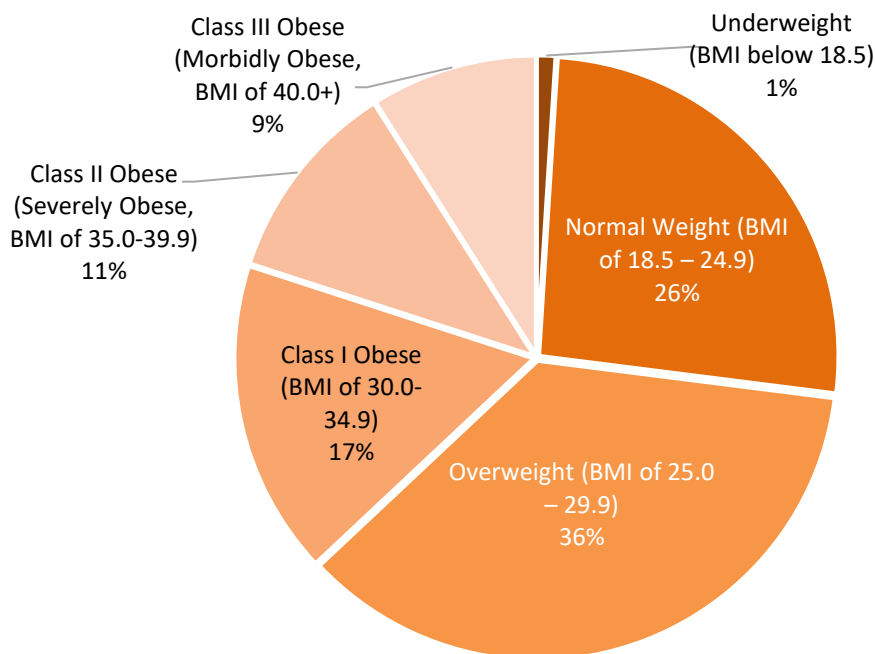
The following graph shows the percentage of Tuscarawas County adults who are overweight or obese by Body Mass Index (BMI). An example of how to interpret the information includes: 27% of all Tuscarawas County adults were classified as normal weight, 36% were overweight, and 37% were obese.



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

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

The following chart indicates the weight status of Tuscarawas County adults.



BMI Measurements

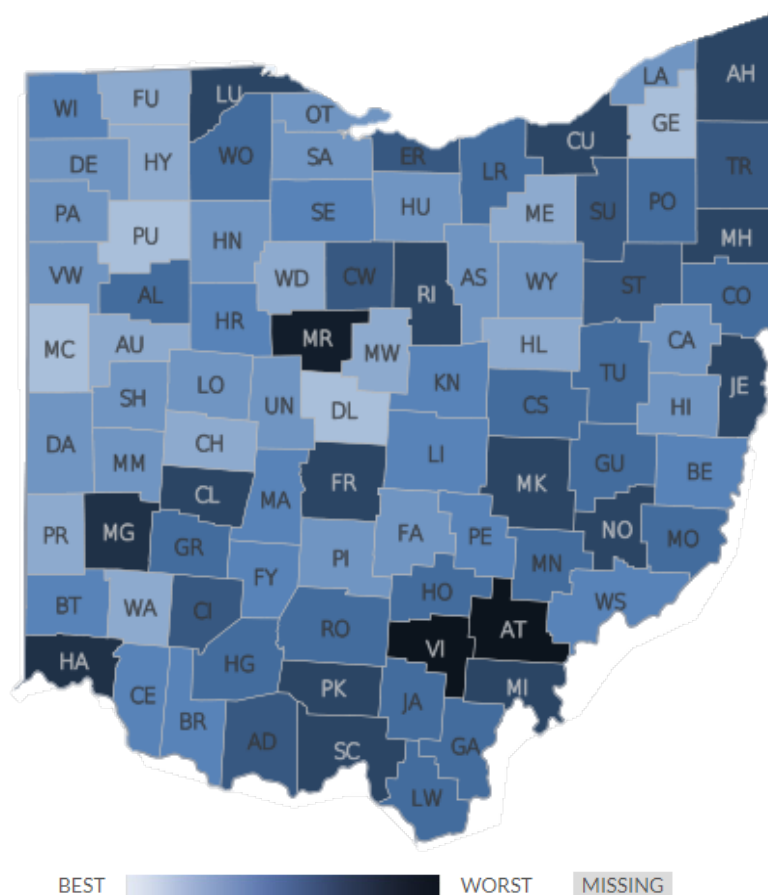
- Body Mass Index (BMI) is a person’s weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fat.
- BMI can be used to screen for weight categories that may lead to health problems but it is not diagnostic of the body fatness or health of any individual.

BMI	Weight Status
Below 18.5	Underweight
18.5 – 24.9	Normal or Healthy Weight
25.0 – 29.9	Overweight
30.0-34.9	Class I Obese
35.0-39.9	Class II Obese (Severely Obese)
40.0 and above	Class III Obese (Morbidly Obese)

(Source: CDC, Healthy Weight, updated August 11, 2017)

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

- The food environment index in Tuscarawas County is 7.6.
- The food environment index in Ohio is 6.6.



(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2018)

Health Behaviors: Adult Tobacco Use

Key Findings

In 2018, 20% of Tuscarawas County adults were current smokers, and 26% were considered former smokers.

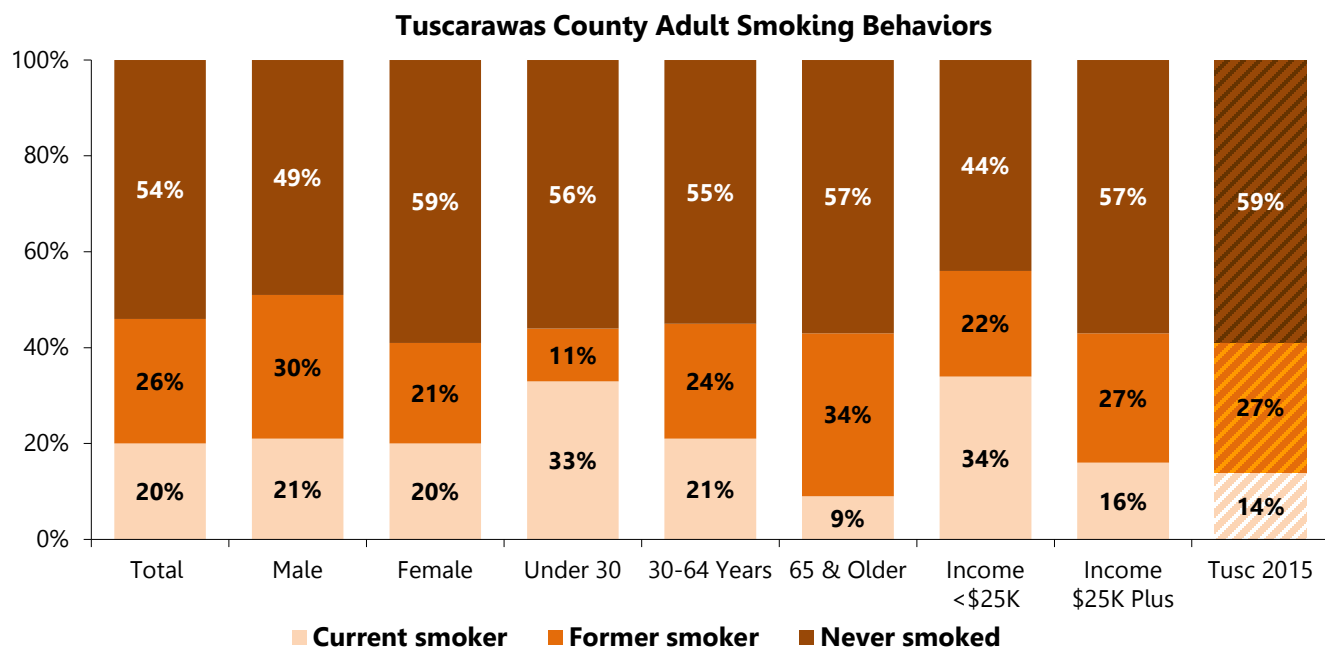
13,882 Tuscarawas County adults were current smokers.

Adult Tobacco Use Behaviors

- One in five (20%) Tuscarawas County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days). The 2016 BRFSS reported current smoker prevalence rates of 23% for Ohio and 17% for the U.S.
- More than one-quarter (26%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke). The 2016 BRFSS reported former smoker prevalence rates of 24% for Ohio and 25% for the U.S.
- In 2017, 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, cigarette smoking results in an estimated 480,000 premature deaths including 42,000 from secondhand smoke exposure (*Source: Cancer Facts & Figures, American Cancer Society, 2017*).
- Tuscarawas County adult smokers were more likely to have:
 - Been married (51%)
 - Incomes less than \$25,000 (34%)
 - Been under the age of 65 (22%)
- Tuscarawas County adults used the following tobacco products in the past year: cigarettes (23%); e-cigarette/vape pens (6%); cigars (5%); chewing tobacco, snuff, dip, Betel quid (5%); roll-your-own (4%); little cigars (3%); cigarillos (2%); hookah (1%); pouch (1%); and pipes (<1%). Eleven percent (11%) of adults used more than one tobacco product.
- Eighty-eight percent (88%) of Tuscarawas County adults believe secondhand tobacco smoke is harmful to them and their family's health.
- Tuscarawas County adults indicated e-cigarette vapor is harmful to the following: themselves (46%), others (38%), and not harmful to anyone (6%).

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Current smoker (currently smoke some or all days)	14%	20%	23%	17%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	27%	26%	24%	25%

The following graph shows Tuscarawas County adult smoking behaviors. An example of how to interpret the information includes: 20% of all Tuscarawas County adults were current smokers, 26% of all adults were former smokers, and 54% had never smoked.



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

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

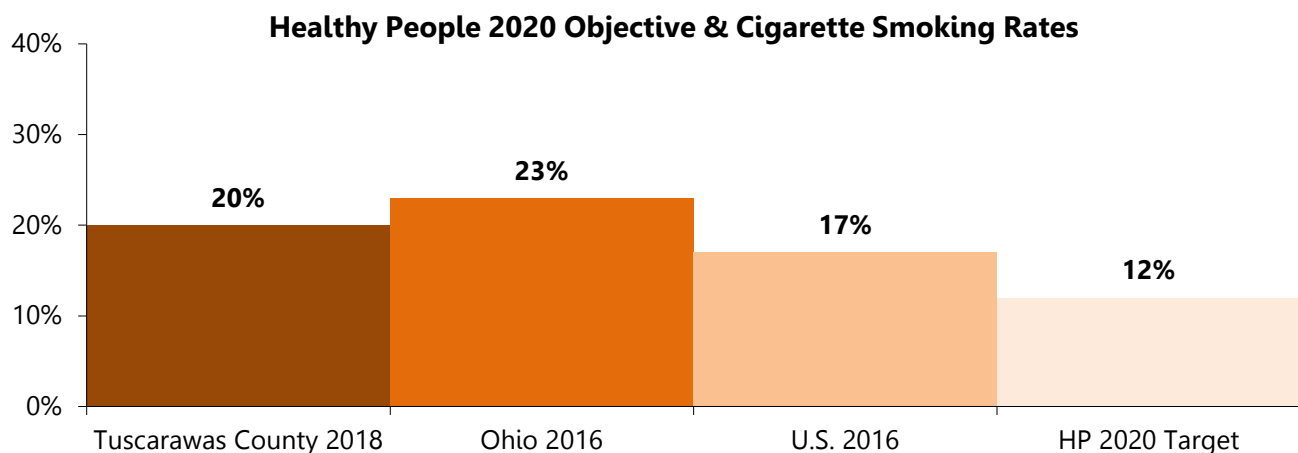
Smoking and Other Health Risks

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

(Source: CDC, *Effects of Cigarette Smoking, Smoking and Other Health Risks*, updated May 15, 2017)

The following graph shows Tuscarawas 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:

- The Tuscarawas County adult cigarette smoking rate was lower than the Ohio rate but higher than the U.S. and Healthy People 2020 target objective.



(Source: 2018 Tuscarawas County Health Assessment, 2016 BRFSS and Healthy People 2020)

Smoke-free Living: Benefits & Milestones

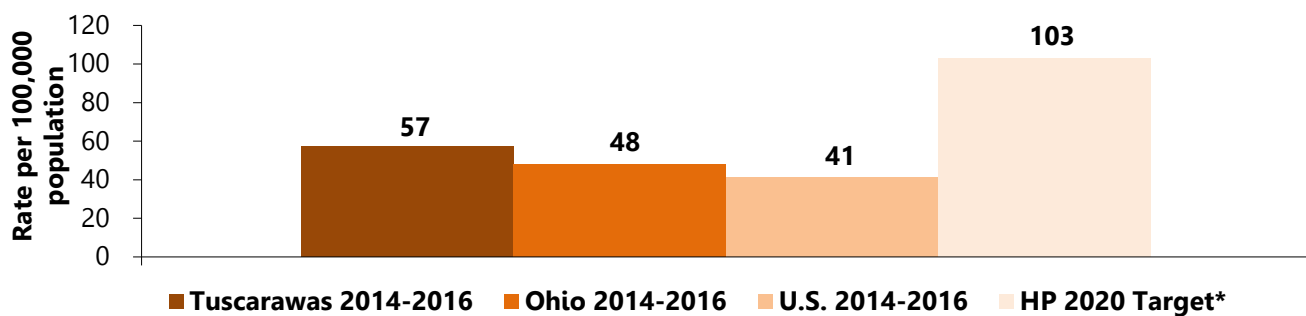
- According to the American Heart Association and the U.S. Surgeon General, this is how your body starts to recover after quitting:
 - In your first 20 minutes after quitting: your blood pressure and heart rate recover from the cigarette-induced spike.
 - After 12 hours of smoke-free living: the carbon monoxide levels in your blood return to normal.
 - After two weeks to three months of smoke-free living: your circulation and lung function begin to improve.
 - After one to nine months of smoke-free living: clear and deeper breathing gradually returns as coughing and shortness of breath diminishes; you regain the ability to cough productively instead of hacking, which cleans your lungs and reduce your risk of infection.
 - After 1 year: your excess risk of coronary heart disease reduced by 50 percent.
 - After 5 years: Your risk of cancer of the mouth, throat, esophagus, and bladder are cut in half. Your risk of cervical cancer and stroke return to normal.
 - After 10 years: You are half as likely to die from lung cancer. Your risk of larynx or pancreatic cancer decreases.
 - After 15 years: Your risk of coronary heart disease is the same as a non-smoker's.

(Source: American Heart Association, *Your Non-Smoking Life*, Updated on April 20, 2017)

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

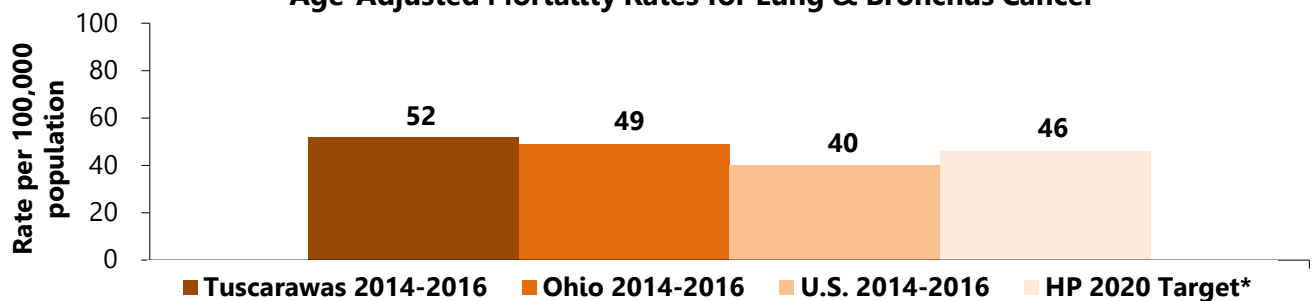
- From 2014-2016, Tuscarawas County's age-adjusted mortality rate for Chronic Lower Respiratory Disease was higher than the Ohio and U.S. rates and lower than the Healthy People 2020 target objective.
- For the age-adjusted mortality rates for lung and bronchus cancer, Tuscarawas County rates were higher than the Ohio and U.S. rates, as well as the HP 2020 objective.
- Disparities existed by gender for Tuscarawas County lung and bronchus cancer age-adjusted mortality rates. The 2014-2016 Tuscarawas male rates were substantially higher than the Tuscarawas female rates.

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



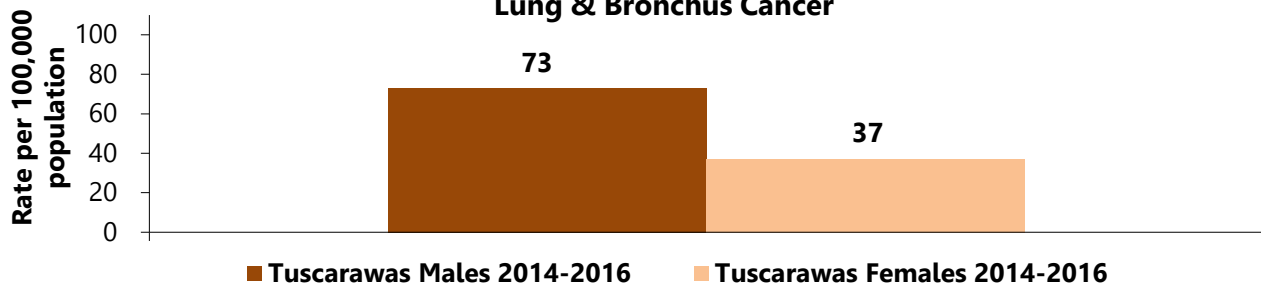
(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2014-2016, CDC Wonder 2014-2016)
 *Healthy People 2020's target rate and the U.S. rate is for adults aged 45 years and older.

Age-Adjusted Mortality Rates for Lung & Bronchus Cancer



Note: Healthy People 2020's target rate and the U.S. rate is for adults aged 45 years and older.
 *Healthy People 2020 Target data is for lung cancer only
 (Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2014-2016, CDC Wonder 2014-2016)

Age-Adjusted Mortality Rates by Gender for Lung & Bronchus Cancer



(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2014-2016)

Health Behaviors: Adult Alcohol Consumption

Key Findings

Half (50%) of Tuscarawas County adults had at least one alcoholic drink in the past month. Almost one-fifth (18%) of adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers.

Adult Alcohol Consumption

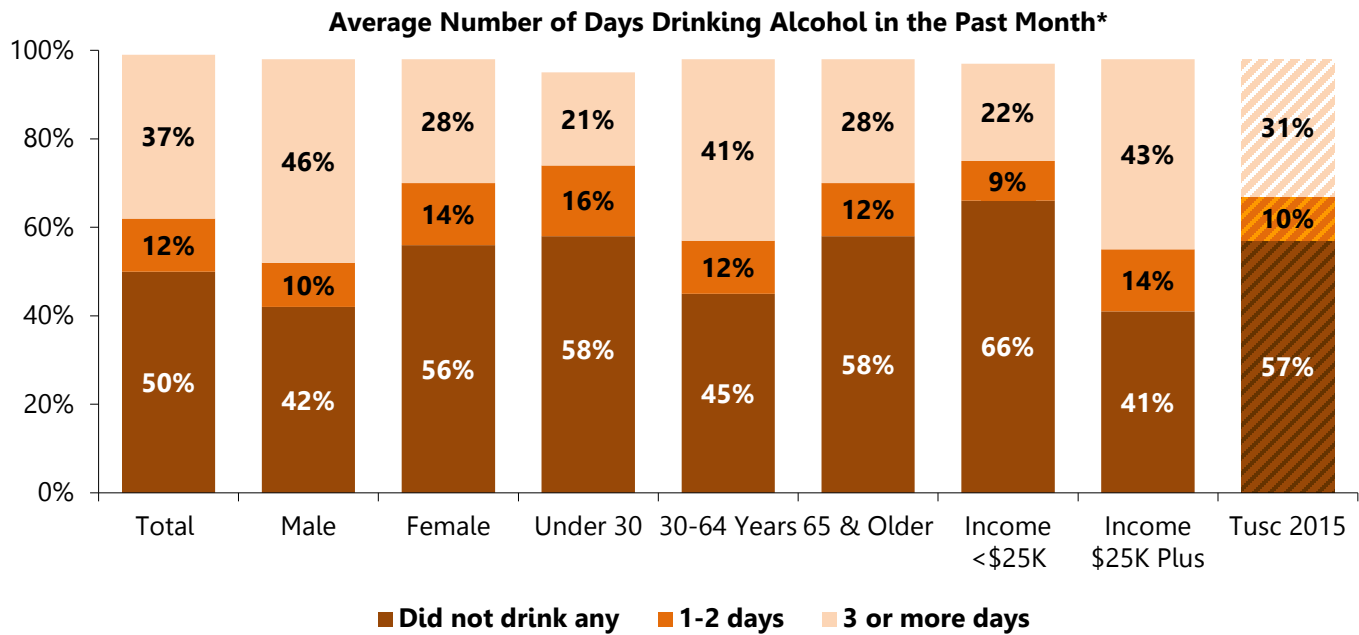
- Half (50%) of Tuscarawas County adults had at least one alcoholic drink in the past month, increasing to 59% of males and those with incomes less than \$25,000. The 2016 BRFSS reported current drinker prevalence rates of 53% for Ohio and 54% for the U.S.
- Of those who drank, Tuscarawas County adults drank 3.3 drinks on average.

12,494 Tuscarawas County adults were considered binge drinkers.

- Almost one-fifth (18%) of Tuscarawas County adults reported they had five or more alcoholic drinks (for males or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers (the 2016 BRFSS reported binge drinking rates of 18% for Ohio and 17% for the U.S.). Of those who drank in the past month, 39% had at least one episode of binge drinking.
- Twenty-five percent (25%) of adults reported driving after drinking an alcoholic beverage, increasing to 30% of males.
- Tuscarawas County adults experienced the following during the past six months:
 - Used prescription drugs while drinking (6%)
 - Drank more than they expected (6%)
 - Spent a lot of time drinking (3%)
 - Continued to drink despite problems caused by drinking (3%)
 - Had to drink more to get same effect (2%)
 - Had legal problems (2%)
 - Failed to fulfill duties at work, home, or school (2%)
 - Gave up other activities to drink (2%)
 - Tried to quit or cut down, but couldn't (2%)
 - Drank to ease withdrawal symptoms (1%)
 - Placed themselves or their family in harm (<1%)

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Current drinker (drank alcohol at least once in the past month)	41%	50%	53%	54%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	16%	18%	18%	17%

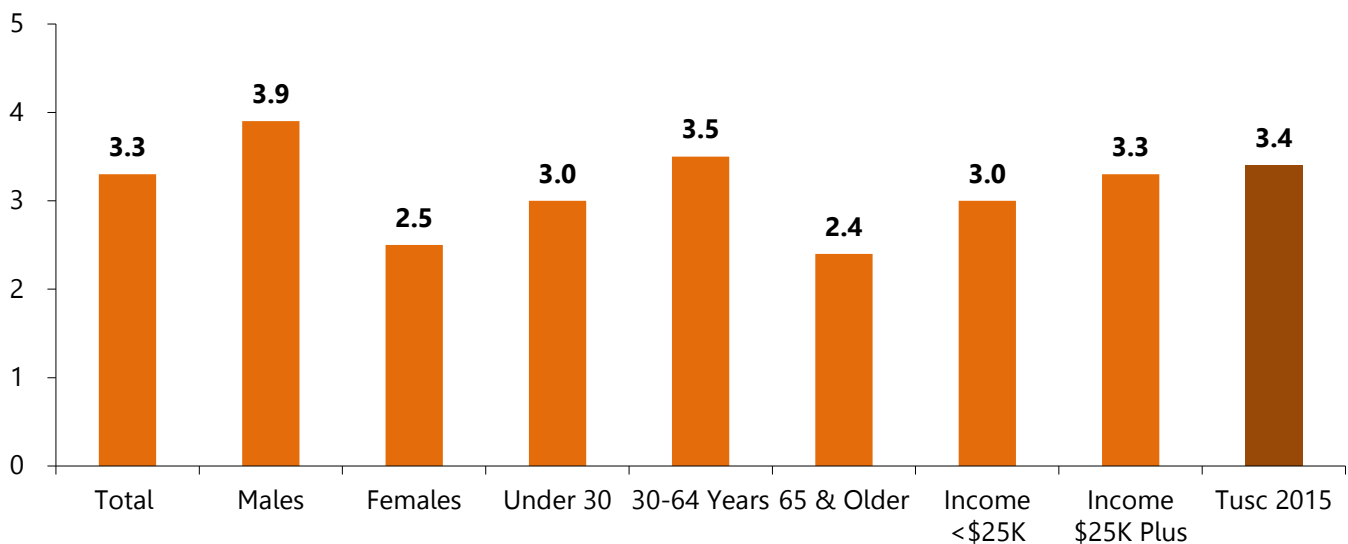
The following graphs show the percentage of Tuscarawas County adults consuming alcohol and the amount consumed on average in the past month. An example of how to interpret the information shown on the first graph includes: 50% of all Tuscarawas County adults did not drink alcohol in the past month, including 42% of males and 56% of females.



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

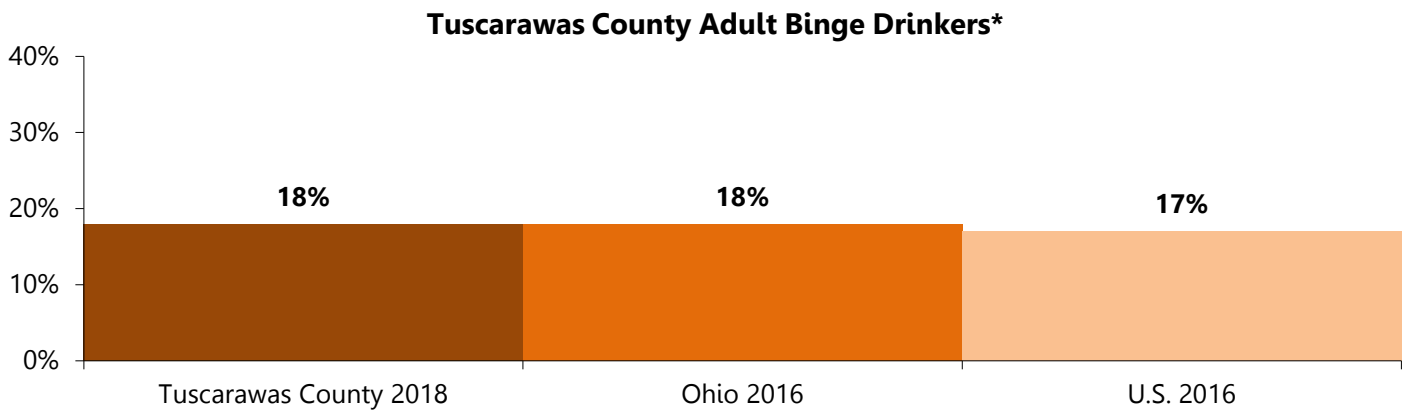
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adults Average Number of Drinks Consumed Per Drinking Occasion



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

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



*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.
 Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
 (Source: 2016 BRFSS, 2018 Tuscarawas County health assessment)

The following table shows the city of New Philadelphia, Tuscarawas County, and Ohio motor vehicle accident statistics. The table shows:

- In 2017, 6% of the total crashes in Tuscarawas County were alcohol-related, compared to 4% for Ohio.
- Of the total number of alcohol-related crashes (140) in Tuscarawas County, 64% were property damage only, 32% were alcohol-related injuries, and 5% were fatal injuries.
- There were 11,928 alcohol-related crashes in Ohio in 2017. Of those crashes, 56% were property damage only, 41% were alcohol-related injuries, and 2% were fatal injuries.

Crash Report Data	City of New Philadelphia 2017	Tuscarawas County 2017	Ohio 2017
Total Crashes	474	2,372	303,285
Total Alcohol-Related Crashes	21	140	11,928
Fatal Injury Crashes	1	19	1,094
Alcohol-Related Fatal Injury	1	6	297
Alcohol Impaired Drivers in Crashes	20	138	11,666
Injury Crashes	97	586	75,435
Alcohol-Related Injury	3	45	4,898
Property Damage Only (PDO) Crashes	376	1,767	226,756
Alcohol-Related Property Damage Only (PDO)	17	89	6,733
Total Fatalities	2	20	1,179
Alcohol-Related Deaths	2	7	314
Total Non-Fatal Injury Type	134	802	108,800
Alcohol-Related Injury Type	4	57	6,866

(Source: Ohio Department of Public Safety, Crash Reports, Traffic Crash Facts, Updated 7/2/2018)

As part of Ohio's SPF-PFS Initiative, Ohio's SPF-PFS Evaluation Team (OSET) worked with OhioMHAS and other state agency partners across the state of Ohio to identify and compile data on alcohol use in Tuscarawas County. Data were aggregated from external state-level databases. Where possible, the data for Tuscarawas County was compared to data for the state of Ohio. There are some time discontinuities and the data are plotted, so it is difficult to make object comparisons and conclusions, however, some trends do emerge:

- As can be seen in Figure 1, crashes involving alcohol were higher across during the 2012-2016 period in Tuscarawas County than Ohio and while the trend for the entire state was decreasing, crashes in Tuscarawas county appeared to increase over time.
- Figure 2 is limited to fatal crashes and shows that both Tuscarawas and the state had large decreases in fatal accidents related to alcohol abuse over the same 4 year period (2012-2016).
- When we look at data for ages 15-24 as in Figure 3, we can see that Tuscarawas individuals are involved in crashes more frequently than those statewide and, similar to the trend for overall crashes, ages 15-24 crashes are increasing in frequency rather than decreasing. However, as shown in Figure 4, these crashes tended not to result in fatalities over this time period.

Figure 1: Percent of Crashes Involving Alcohol

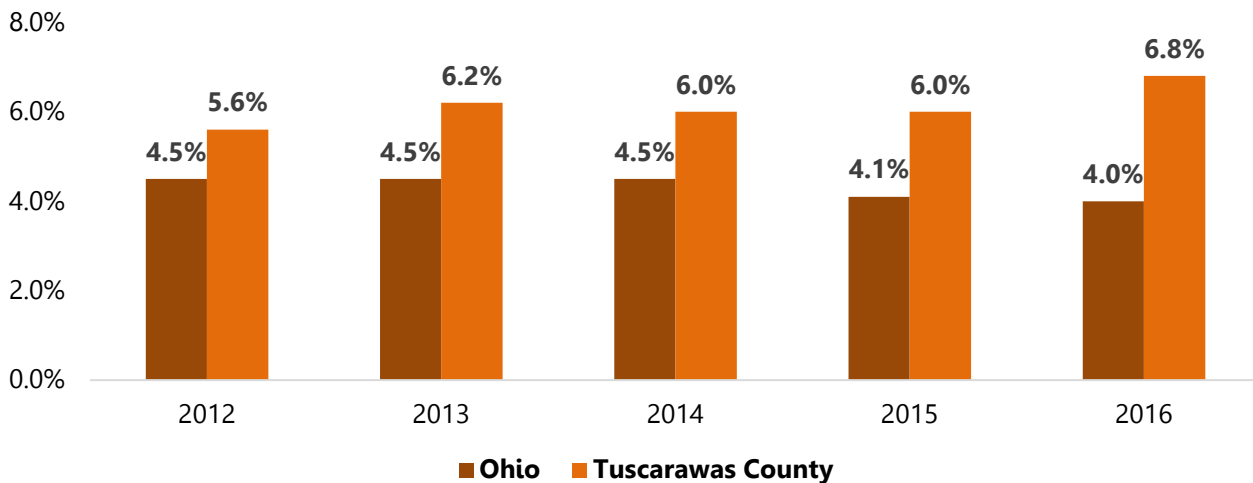
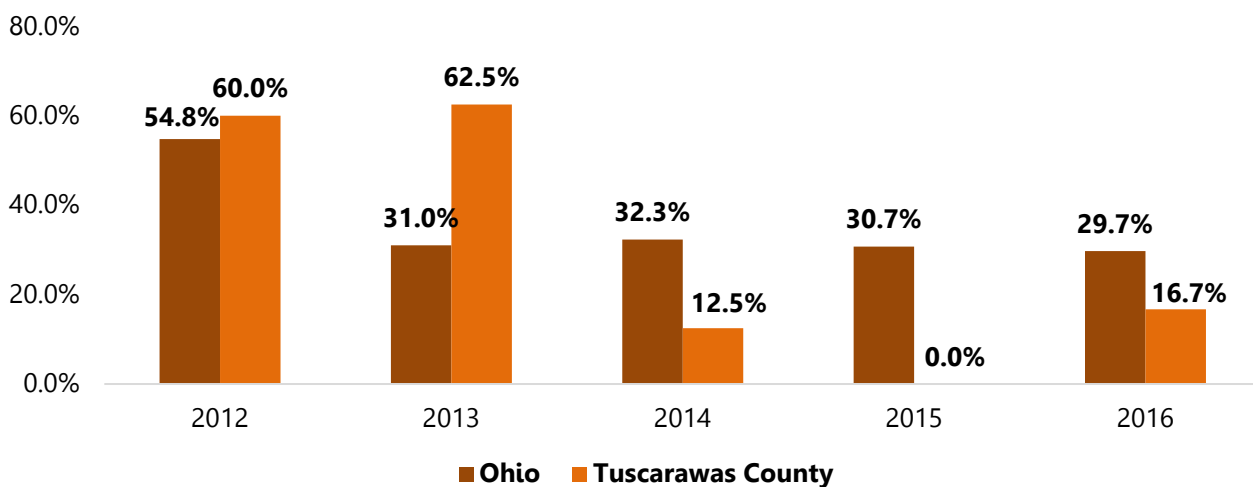


Figure 2: Percent of Fatal Crashed Involving Alcohol



(Source for graphs: Ohio's SPF-PFS, Community Outcomes Measures (COMs) - Consequence Data Reports for Alcohol, 2018)

Figure 3: Percent of Crashes Involving Alcohol (ages 15-24)

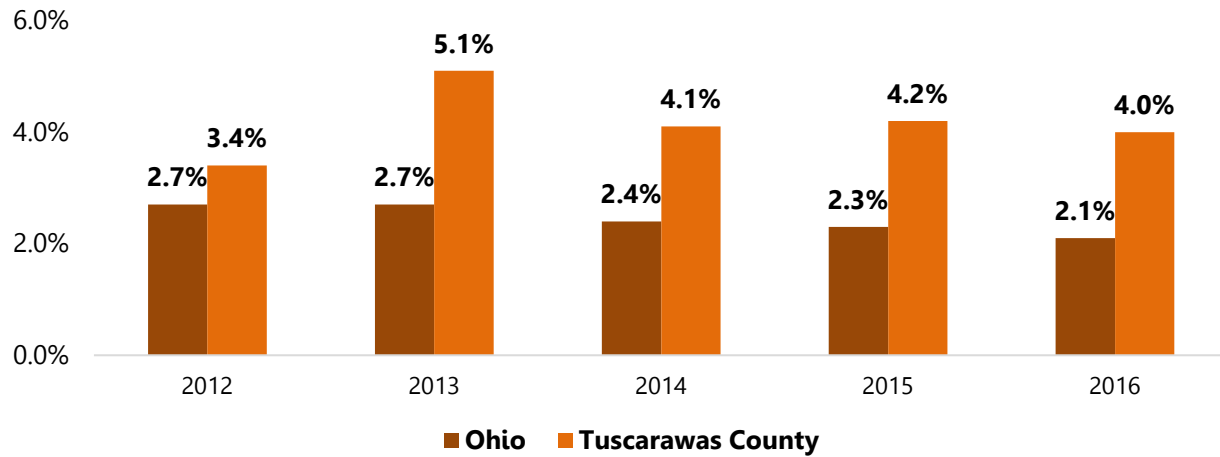
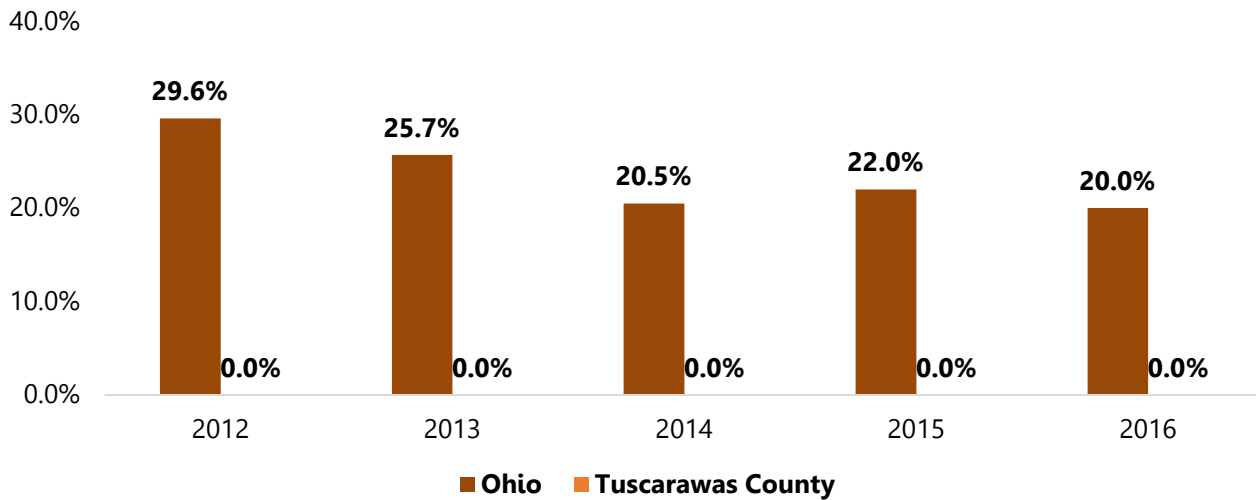


Figure 4: Percent of Fatal Crashes Involving Alcohol (ages 15-24)



(Source for graphs: Ohio's SPF-PFS, Community Outcomes Measures (COMs) - Consequence Data Reports for Alcohol, 2018)

Health Behaviors: Adult Drug Use

Key Findings

In 2018, 3% of Tuscarawas County adults had used recreational marijuana during the past 6 months. Seven percent (7%) 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

- Three percent (3%) of Tuscarawas County adults had used marijuana for recreational purposes in the past 6 months.
- Less than one percent (<1%) of adults had used wax, oil with THC, or edibles for recreational purposes in the past 6 months.
- One percent (1%) of adults had used medical marijuana in the past 6 months.

2,082 adults used marijuana for recreational purposes in the past six months.

- Tuscarawas County adults reported that they **and/or** an immediate family member/someone in their household used the following in the past 6 months:
 - Recreational marijuana (9%)
 - Medical marijuana (3%)
 - Amphetamines, methamphetamine or speed (2%)
 - Cocaine, crack, or coca leaves (1%)
 - Inappropriate use of over-the-counter medications (1%)
 - Heroin/fentanyl (1%)
 - Synthetic marijuana/k2 (1%)
 - Wax, oil with THC edibles (1%)
 - Bath salts (<1%)
 - LSD, mescaline, peyote, psilocybin, DMY, or mushrooms (<1%)
- Seven percent (7%) of adults had used drugs not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past six 6 months, increasing to 13% of those with incomes less than \$25,000.
- Tuscarawas County adults reported that they **and/or** an immediate family member/someone in their household took the following medications not prescribed to them to feel good, high and/or more active or alert during the past 6 months:
 - Tranquilizers such as Valium or Xanax (4%)
 - Tramadol/Ultram (3%)
 - Steroids (2%)
 - OxyContin (1%)
 - Vicodin (1%)
 - Codeine, Demerol, Morphine, Percocet, Dilaudid, or Fentanyl (1%)
 - Suboxone or Methadone (1%)
 - Ritalin, Adderall, Concerta, or other ADHD medication (1%)
 - Neurontin (<1%)
- During the past 6 months, adults reported obtaining the above medications from a primary care physician (14%). Other ways included multiple doctors (2%), ER or urgent care doctor (2%), free from a friend or family member (1%), and bought from a friend or family member (1%).
- Tuscarawas County adults did the following with unused prescription medication: took them as prescribed (23%), kept them (15%), threw them in the trash (13%), flushed them down the toilet (13%), took them to a medication collection program (7%), took them to the sheriff's office (5%), kept them in a locked cabinet (3%), took them to Drug Take Back Days (3%), shipped them back to pharmacy (1%), gave them away (<1%), and other (2%).

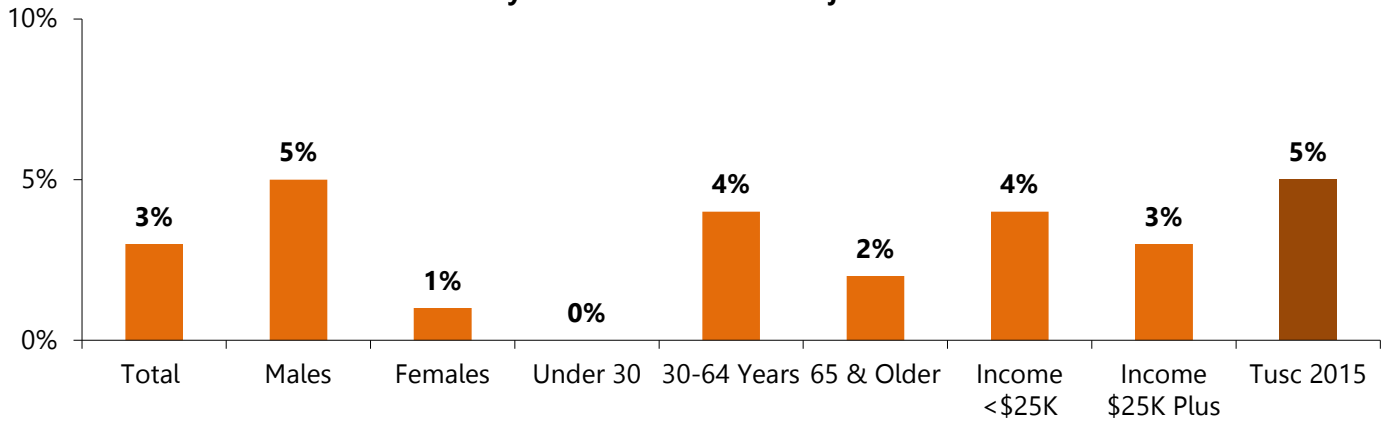
- Two percent (2%) of Tuscarawas County adults had used a program or service to help with an alcohol or drug problem for themselves or a loved one. Reasons for not using a program or service to help with a drug or alcohol problem included:
 - This type of program was not needed (94%)
 - Had not thought of it (1%)
 - Stigma of seeking drug services (1%)
 - Fear (1%)
 - Did not know how to find a program (1%)
 - Could not afford to go (<1%)
 - Did not want to miss work (<1%)
 - Transportation (<1%)
 - Insurance did not cover it (<1%)
 - Other reasons (<1%)

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Adults who used marijuana in the past six months	5%	3%	N/A	N/A
Adults who misused prescription drugs in the past six months	10%	7%	N/A	N/A

N/A – Not Available

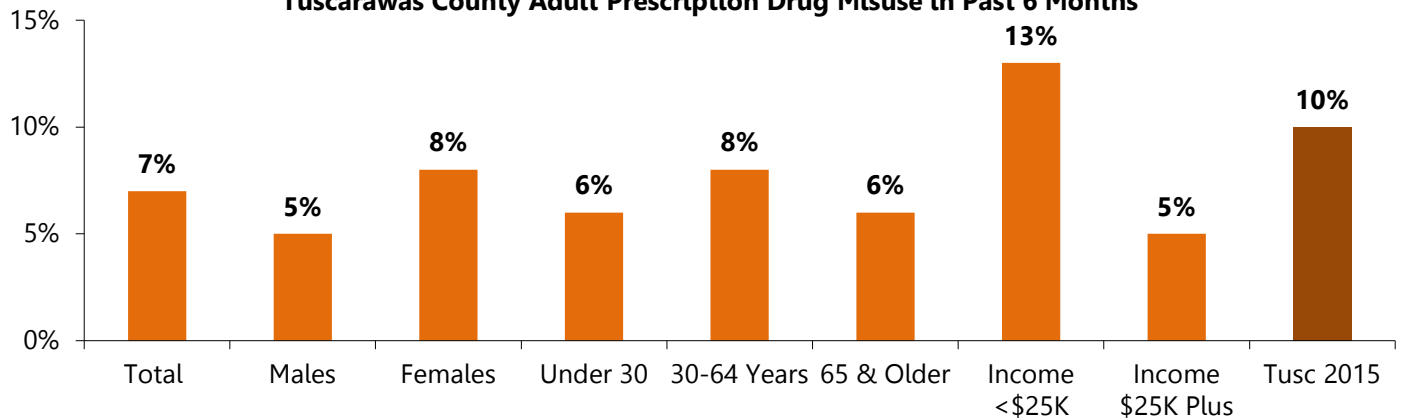
The following graphs indicate adult recreational marijuana use and prescription drug use in the past six months. An example of how to interpret the information includes: 3% of Tuscarawas County adults used recreational marijuana in the past six months, including 5% of males and 4% of those with incomes less than \$25,000.

Tuscarawas County Adult Recreational Marijuana Use in Past 6 Months*



*Does not include wax or oil with THC edibles

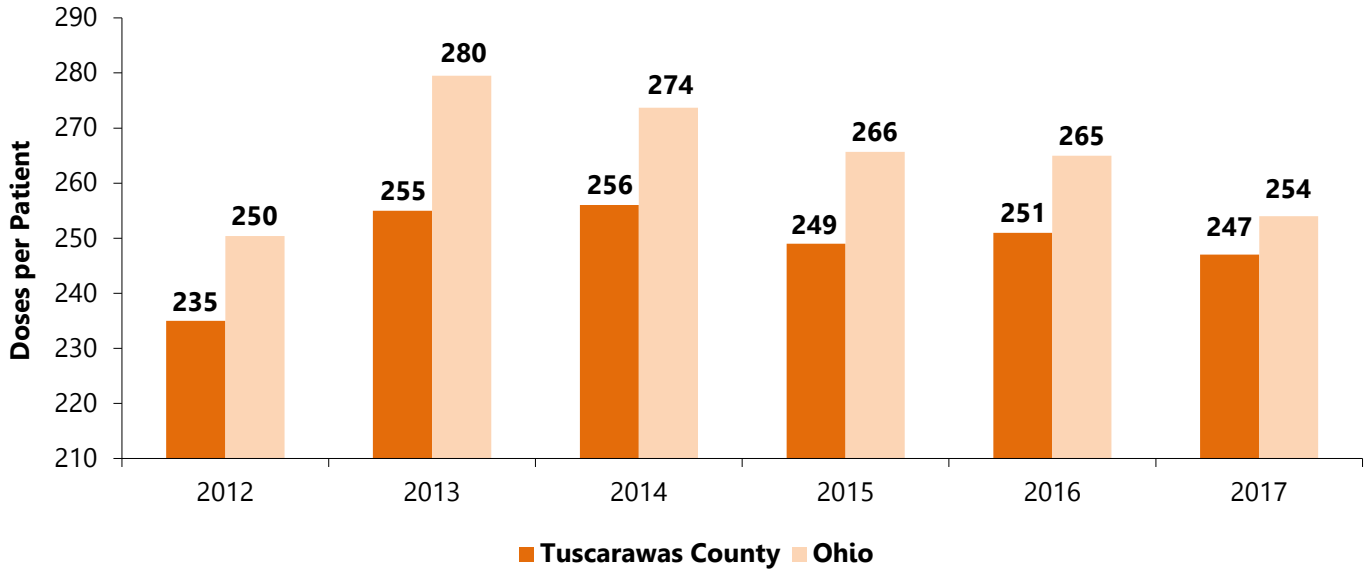
Tuscarawas County Adult Prescription Drug Misuse in Past 6 Months



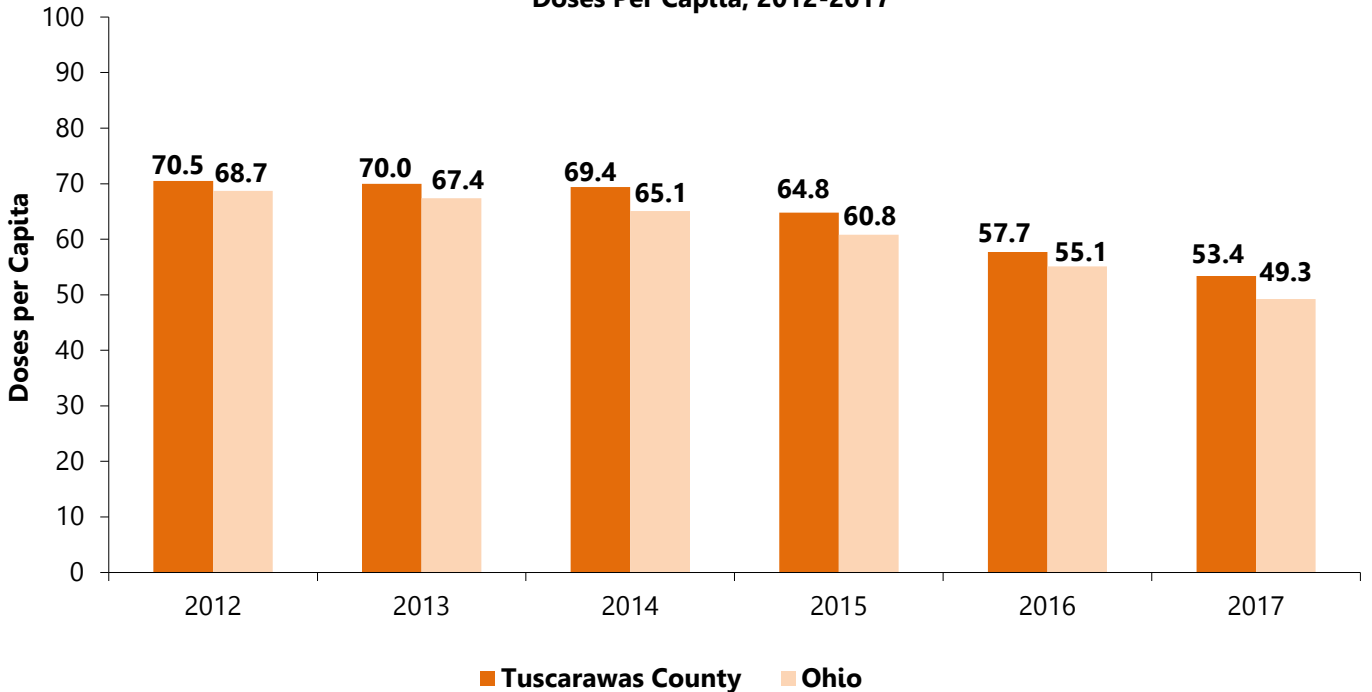
Notes for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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

Tuscarawas County and Ohio Number of Opiate and Pain Reliever Doses Per Patient, 2012-2017



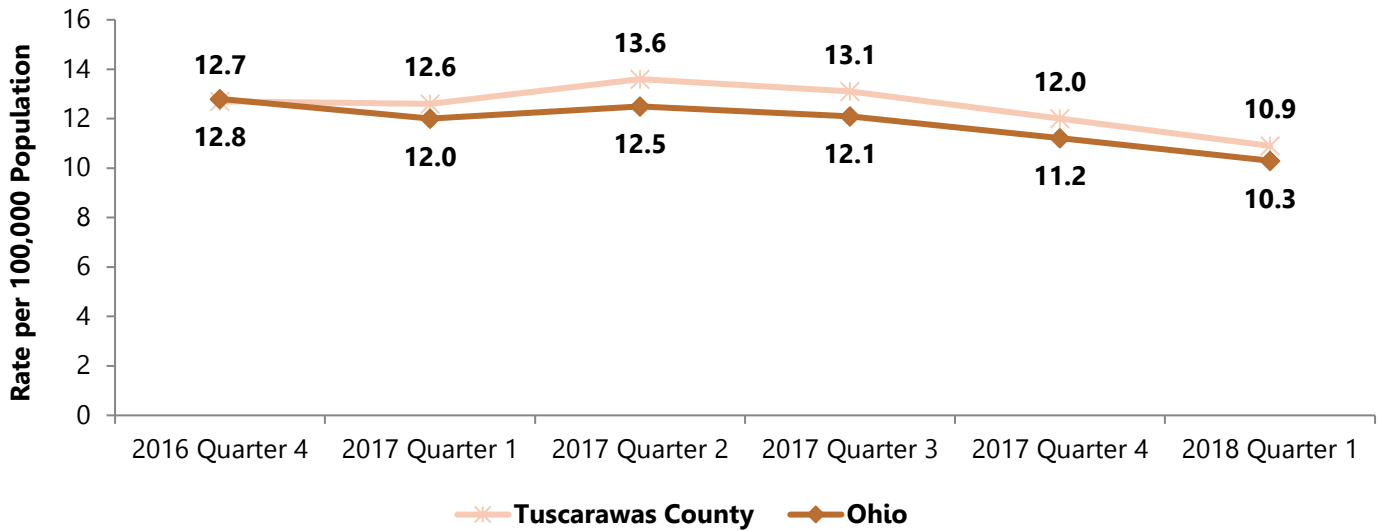
Tuscarawas County and Ohio Number of Opiate and Pain Reliever Doses Per Capita, 2012-2017



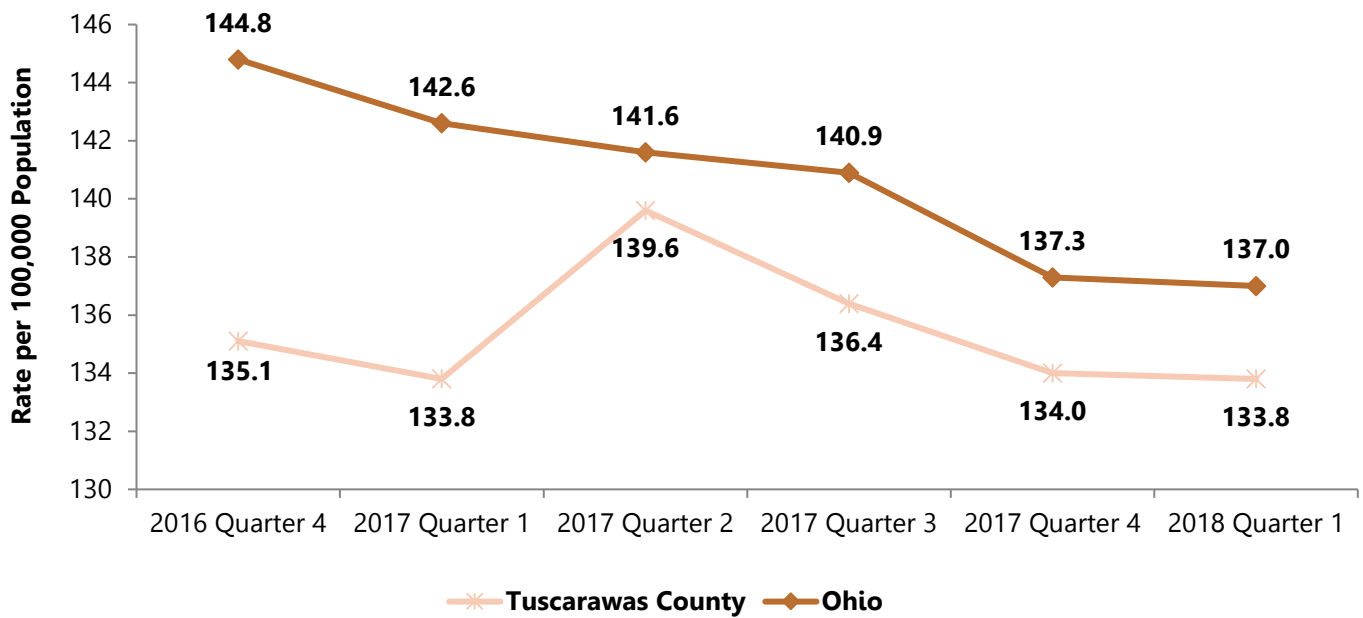
(Source: Ohio Automated Rx Reporting System, Quarterly County Data)

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

Tuscarawas County and Ohio Number of Opioid Doses Per Capita, Quarterly from 2016-2018



Number of Opioid Doses Per Patient, Quarterly from 2016-2018



(Source: Ohio's Automated Rx Reporting System, 2016-2018)

As part of Ohio's SPF-PFS Initiative, Ohio's SPF-PFS Evaluation Team (OSET) worked with OhioMHAS and other state agency partners across the state of Ohio to identify and compile data on drug misuse and abuse in Tuscarawas County. Data were aggregated from external state-level databases. Where possible, the data for Tuscarawas County was compared to data for the state of Ohio. There are some time discontinuities and the data are plotted, so it is difficult to make object comparisons and conclusions, however, some trends do emerge:

- Figure 1 shows the age-adjusted overdose death relative to the population for the last 6 years which increased from 2015 to 2016 in both the state of Ohio overall and in Tuscarawas County.
- Figure 2 limits these overdose deaths to those related specifically to opioids and here we can see that the rates are higher in Tuscarawas than for the larger state of Ohio. While the full state of Ohio has shown a trend towards declining overdose deaths over time, Tuscarawas has not seen this decrease.

Figure 1: Drug Overdose Death per 100,000 Population (Age-Adjusted)

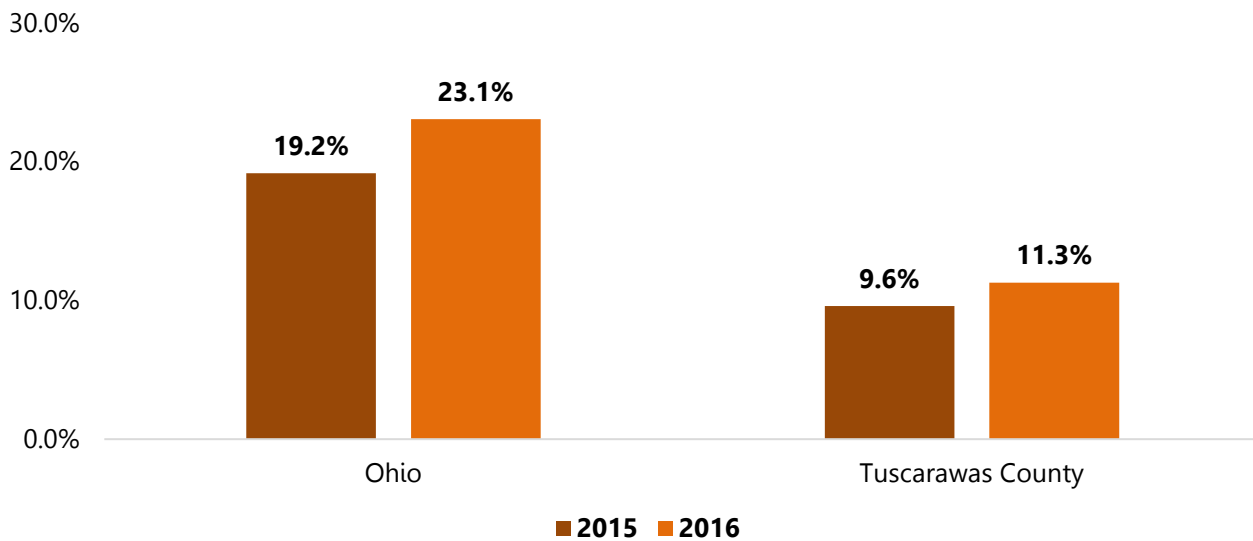
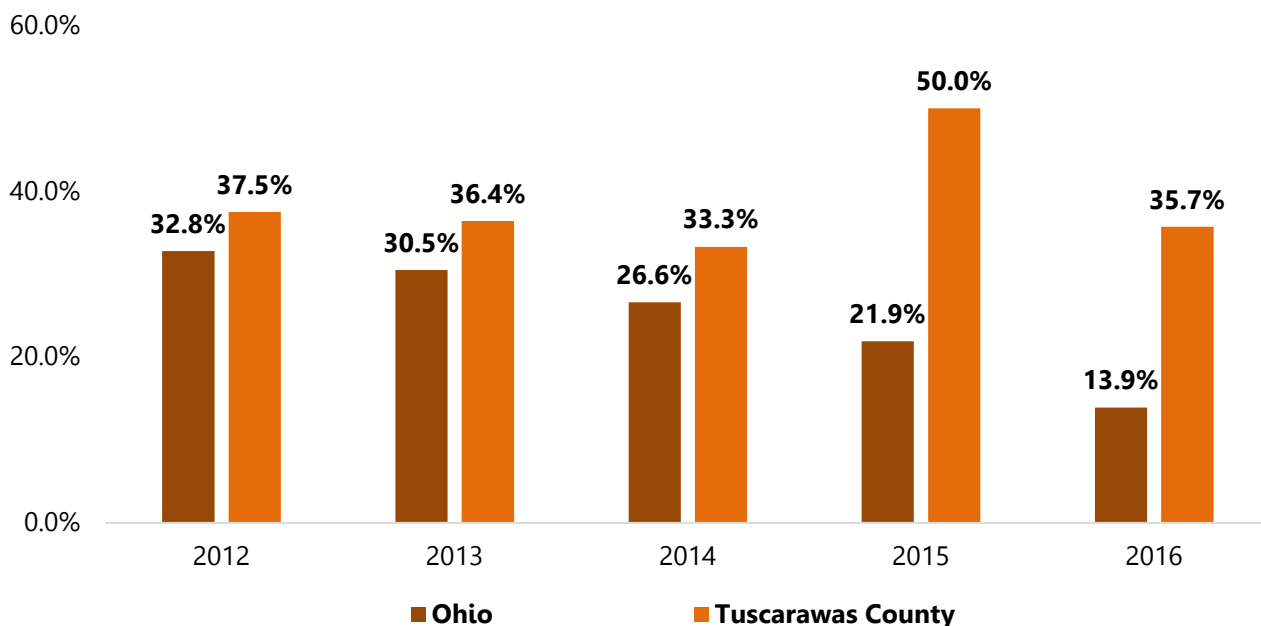


Figure 2: Percent of Overdose Deaths with Prescription Opioids



(Source for graphs: Ohio's SPF-PFS, Community Outcomes Measures (COMs) - Consequence Data Reports for Drug Misuse/Abuse, 2018)

The table below shows the number of unintentional drug overdose deaths, and average crude and age-adjusted annual death rates per 100,000 population, for Tuscarawas County and Ohio.

Number of Unintentional Drug Overdose Deaths and Average Crude and Age-Adjusted Annual Death Rates Per 100,000 Population, by County, 2005-2017

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2012-2017 Total	Crude Rate	Age Adjusted Rate
Tuscarawas County	3	8	1	3	4	7	13	8	11	6	8	14	22	69	12.4	13.2
Ohio	1,020	1,261	1,351	1,473	1,423	1,544	1,772	1,914	2,110	2,531	3,050	4,050	4,854	18,509	26.6	27.9

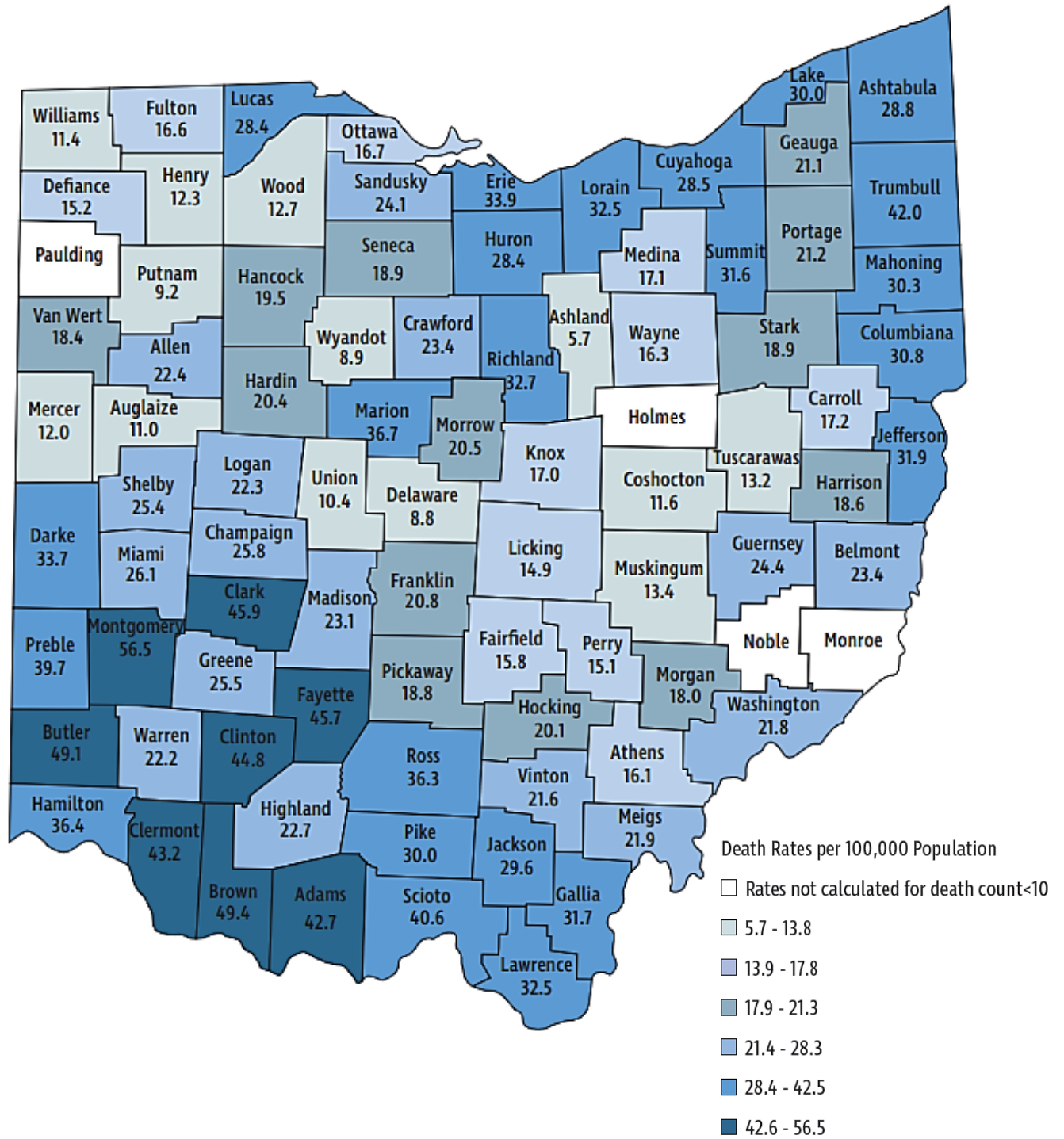
(Source: Ohio Department of Health, 2017 Ohio Drug Overdose Data: General Findings)

Ohio's New Limits on Prescription Opiates

- The opioid epidemic is undeniably a major public health issue that Ohio has been addressing since 2012. Furthering steps to save lives, Ohio has updated its policies in limiting opiate prescriptions, especially acute pain. With the highlights of Ohio's new opiate prescribing limits below, Ohio hopes to reduce opiate doses by 109 million per year:
 - No more than seven days of opiates can be prescribed for adults; no more than five days of opiates can be prescribed for minors
 - The total morphine equivalent dose (MED) of a prescription for acute pain cannot exceed an average of 30 MED per day
 - Health care providers can prescribe opiates in excess of the new limits only if they provide a specific reason in the patient's medical record. Unless such a reason is given, a health care provider is prohibited from prescribing opiates that exceed Ohio's limits
 - Prescribers will be required to include a diagnosis or procedure code on every controlled substance prescription, which will be entered into Ohio's prescription monitoring program, OARRS
 - The new limits do not apply to opioids prescribed for cancer, palliative care, end-of-life/hospice care or medication-assisted treatment for addiction
 - The new limits will be enacted through rules passed by the State Medical Board, Board of Pharmacy, Dental Board and Board of Nursing
- Since 2012, Ohio has reduced opiate prescriptions by 20% yet, more needs to be done to reduce the possibility of opiate abuse to those who are prescribed.

(Source: Ohio Mental Health and Addiction Services; *New Limits on Prescription Opiates Will Save Lives and Fight Addiction*, updated March 31, 2017)

The following map illustrates the average age-adjusted unintentional drug overdose death rate per 100,000 population, by county from 2012-2017.



(Source: Ohio Department of Health, 2017 Ohio Drug Overdose Data: General Findings)

Abuse of Prescription (Rx) Drugs

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

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

Heroin

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

(Source: National Institute on Drug Abuse, Drug Facts: Heroin, Updated on June 2018)

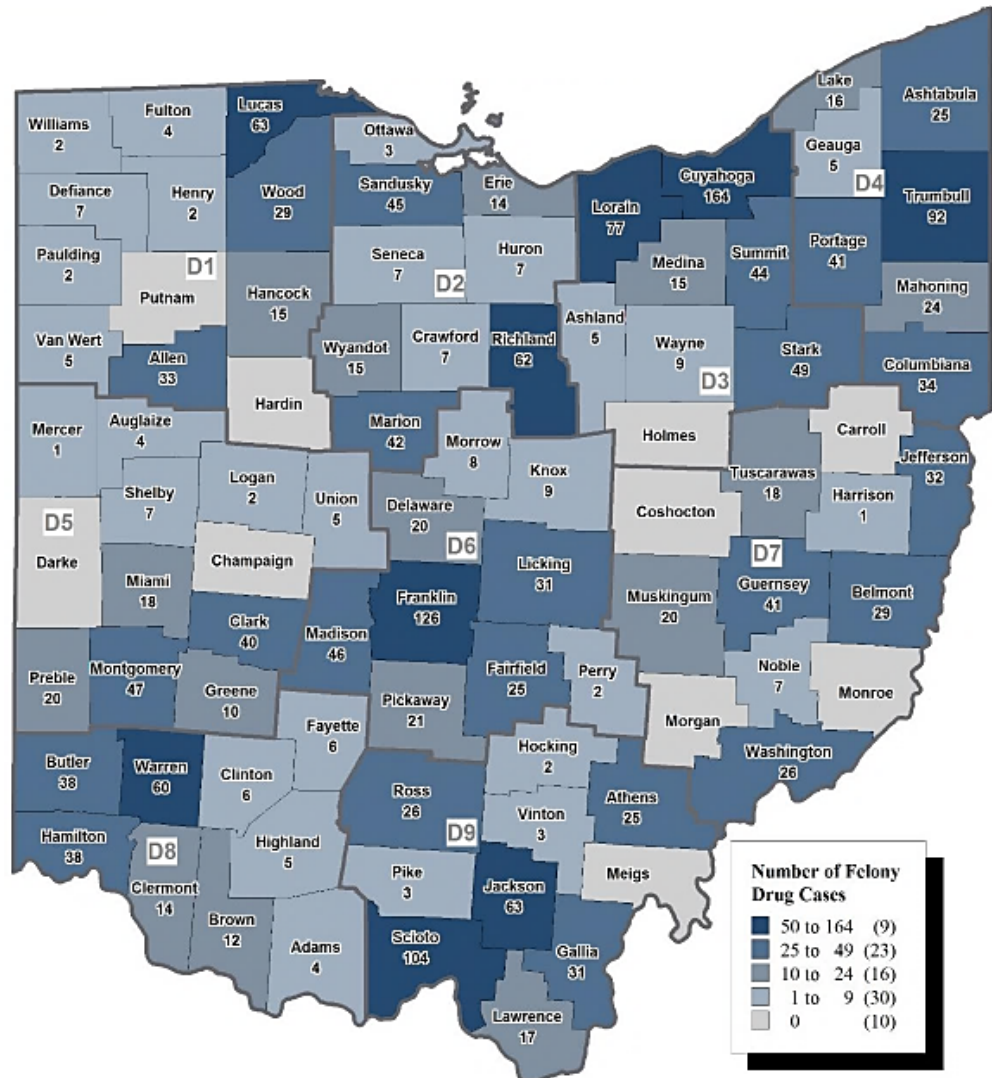
Felony Cases and Drug Arrests January – June 2016

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

OSHP felony cases by type ¹ (Jan. 1 – Jun. 30, 2016)	
Homicide/Death	13
Robbery/Burglary	2
Larceny	318
Assault	893
False pretense ²	92
Vice ³	2,154
Property crimes	87
Other investigations	143
Total:	3,702

OSHP drug arrests (Jan. 1 – Jun. 30, 2016)	
Total drug arrests	7,493
Felony drug cases	2,037

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



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

Health Behaviors: Adult Sexual Behavior

Key Findings

In 2018, 69% of Tuscarawas County adults had sexual intercourse. Four percent (4%) of adults had more than one partner.

Adult Sexual Behavior

- Sixty-nine percent (69%) of Tuscarawas County adults had sexual intercourse in the past year.
- Four percent (4%) of adults reported they had intercourse with more than one partner in the past year, increasing to 7% of females.
- Adults used the following methods of birth control: they or their partner were too old (16%), vasectomy (12%), hysterectomy (12%), tubes tied (11%), condoms (10%), birth control pill (8%), ovaries or testicles removed (5%), infertility (3%), IUD (3%), withdrawal (3%), diaphragm or cervical ring (1%), shots (1%), having sex only at certain times (1%), and contraceptive implants (<1%).
- Ten percent (10%) of Tuscarawas County adults were not using any method of birth control, and 3% were trying to get pregnant.
- The following situations applied to Tuscarawas County adults: had sex without a condom in the past year (25%), had anal sex without a condom in the past year (3%), tested for an STD in the past year (3%), had sexual activity with someone of the same gender (2%), treated for an STD in the past year (1%), used intravenous drugs in the past year (1%), tested positive for HPV (1%), thought they may have an STD (<1%), and had sex with someone they did not know (<1%).
- Three percent (3%) of adults were sexually abused in the past 12 months.
- Less than one percent (<1%) of adults were forced or manipulated to sell sex and give part or all of the money to someone else.

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Had more than one sexual partner in past year	4%	4%	N/A	N/A

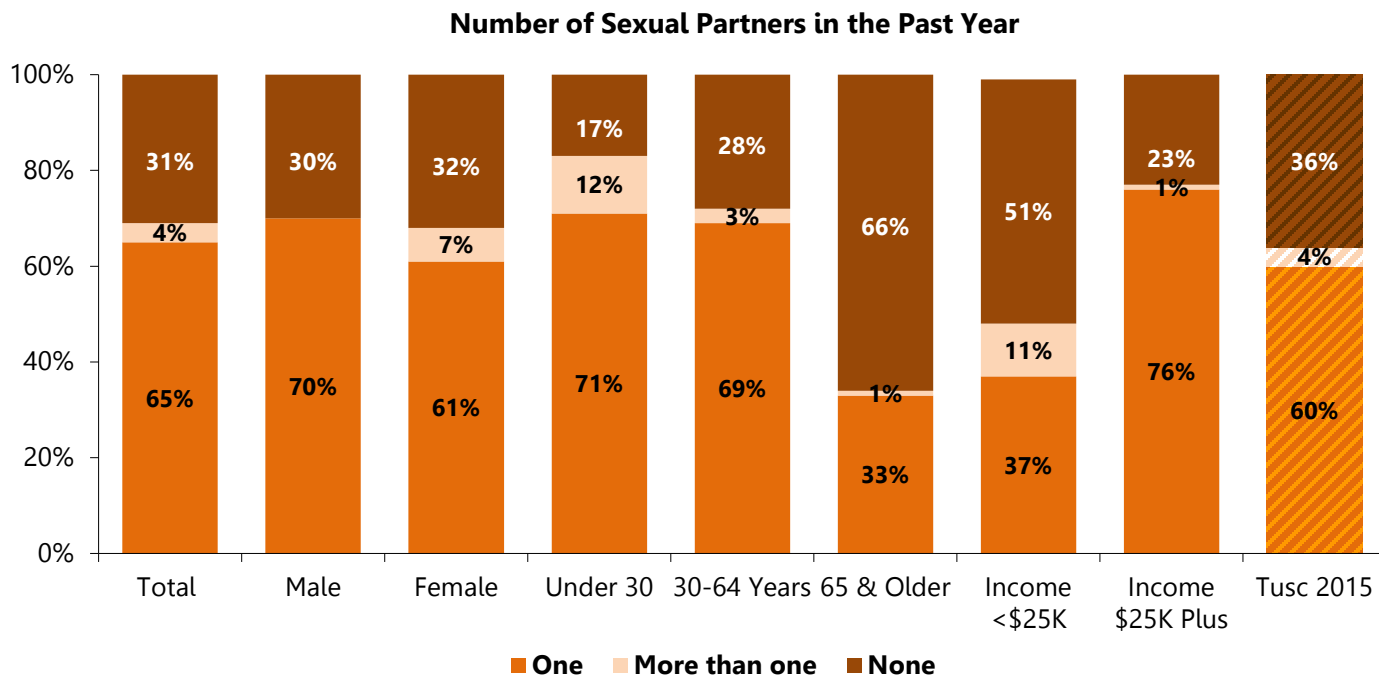
N/A – Not available

Contraceptive Use in the United States

- 16% of women aged 15-44 are currently using birth control pills.
- 8% of women aged 15-44 are currently using long-acting reversible contraception such as an intrauterine device or contraceptive implant.
- 14% of women aged 15-44 are currently using female sterilization.
- 5% of women aged 15-44 are currently using male sterilization.

(Source: CDC, Contraceptive Use, Last Updated July 2016)

The following graph shows the number of sexual partners Tuscarawas County adults had in the past year. An example of how to interpret the information includes: 65% of all Tuscarawas County adults had one sexual partner in the past 12 months, 4% had more than one partner and 31% did not have a sexual partner.



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

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

Chlamydia—United States

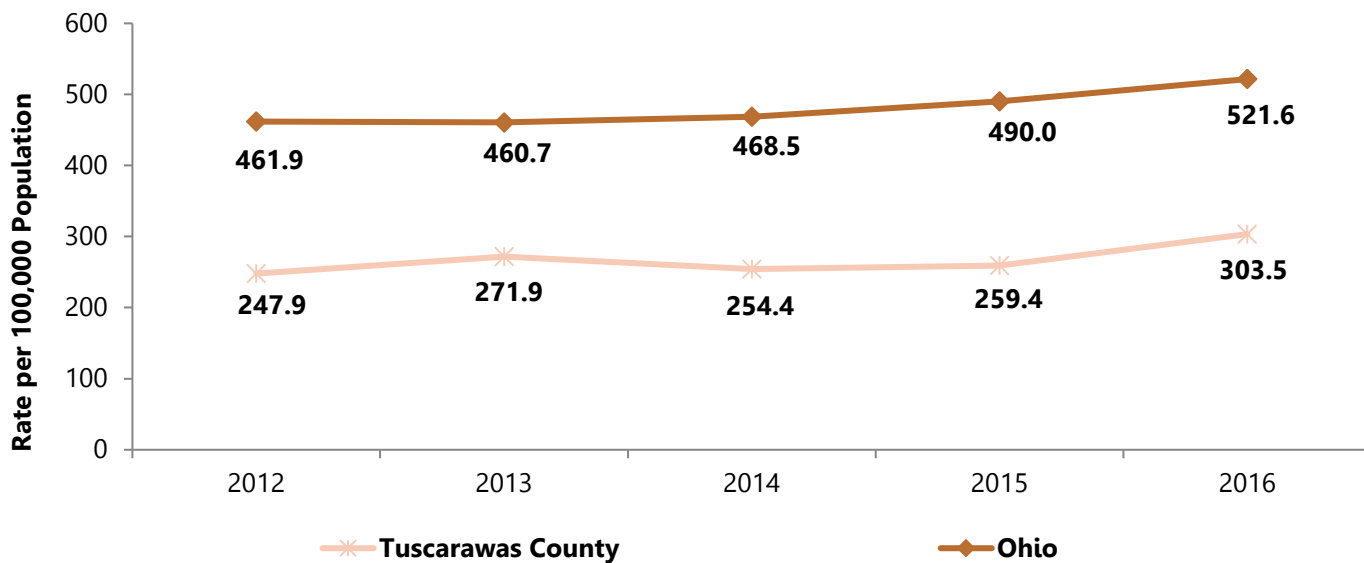
- In 2016, a total of 1,598,354 chlamydial infections were reported to CDC in 50 states and the District of Columbia. This case count corresponds to a rate of 497.3 cases per 100,000 population.
- During 2000–2011, the rate of reported chlamydial infection increased from 251.4 to 453.4 cases per 100,000 population.
- During 2011–2013, the rate of reported cases decreased to 443.5 cases per 100,000 population, followed by an increase in the rate of reported cases over each of the next 3 years.
- During 2015–2016, the rate increased 4.7%, from 475.0 to 497.3 cases per 100,000 population.

(Source: Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention, 2017)

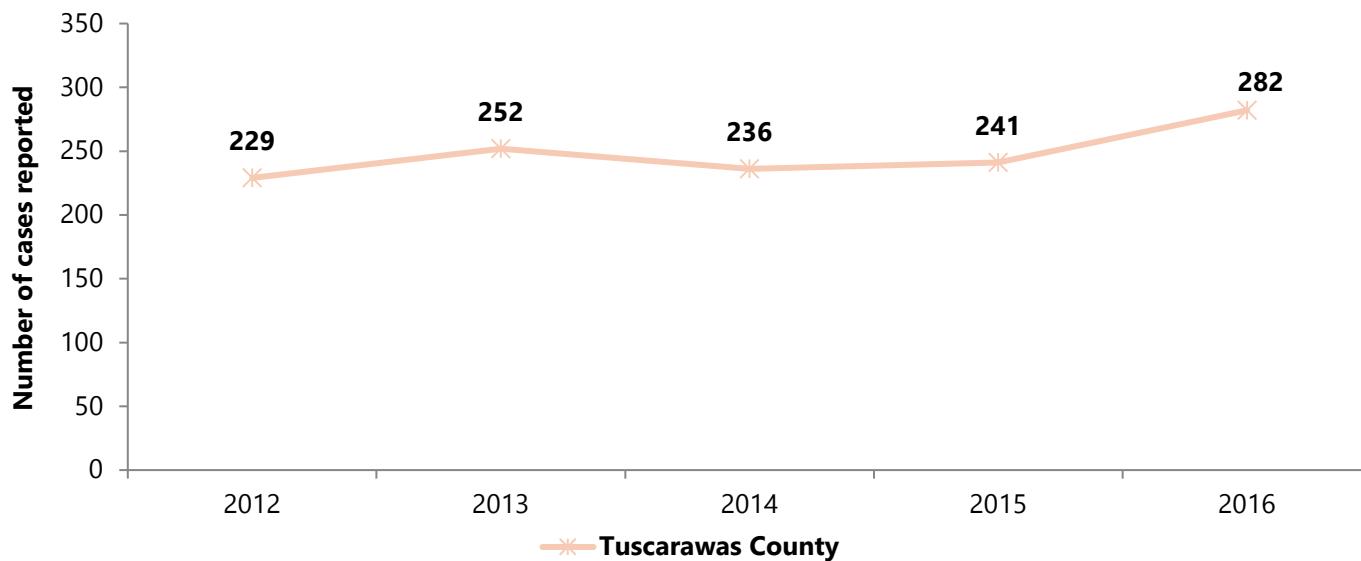
The following graphs show Tuscarawas County chlamydia disease rates per 100,000 population. The graphs show:

- Tuscarawas County chlamydia rates fluctuated from 2012 to 2016.
- The number of chlamydia cases in Tuscarawas County increased from 2014-2016.

Chlamydia Annualized Disease Rates for Tuscarawas County and Ohio



Annualized Count of Chlamydia Cases for Tuscarawas County

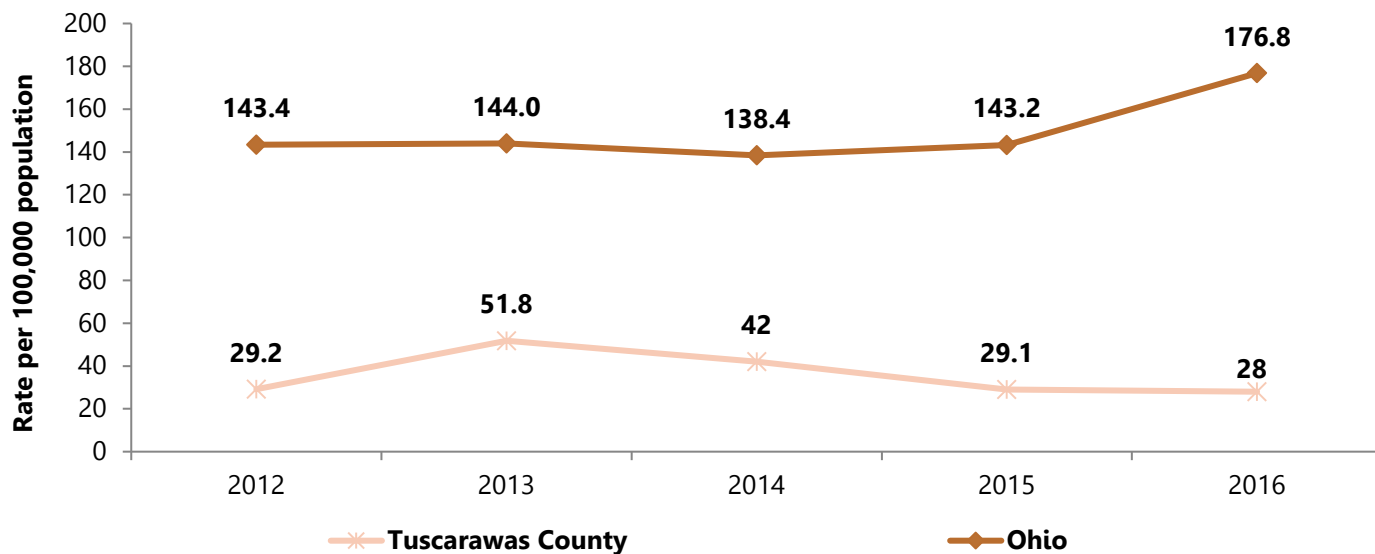


(Source: Ohio Department of Health, STD Surveillance Program, Data reported through 5/07/2017)

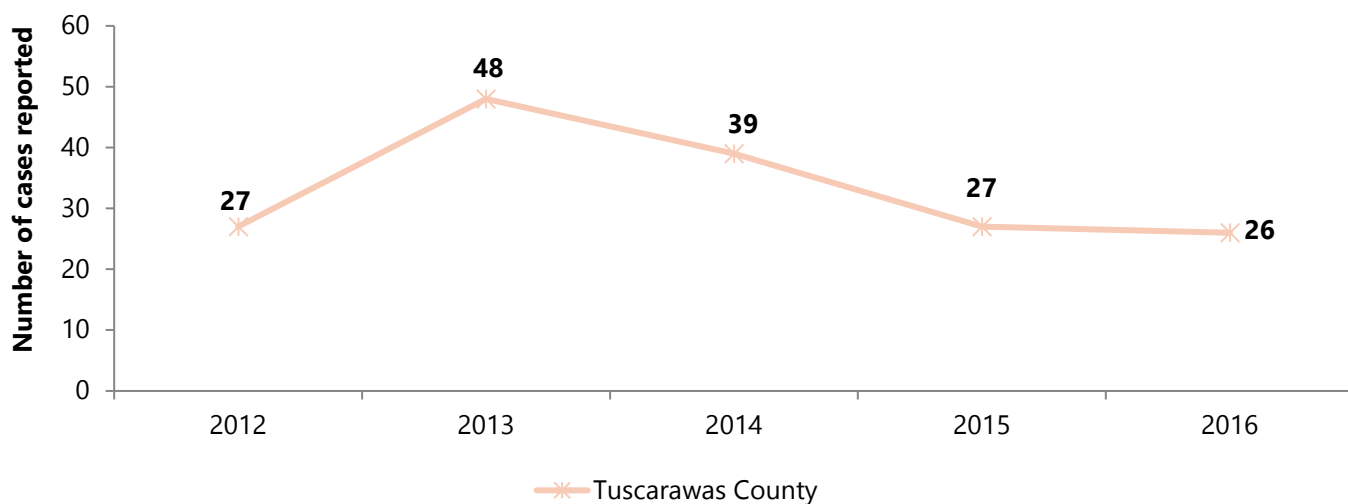
The following graphs show Tuscarawas County gonorrhea disease rates per 100,000 population. The graphs show:

- The Tuscarawas County gonorrhea rate fluctuated slightly from 2012 to 2016.
- The Ohio gonorrhea rate stayed about the same from 2012 to 2015, then increased significantly in 2016.

Gonorrhea Annualized Disease Rates for Tuscarawas County and Ohio



Annualized Count of Gonorrhea Cases for Tuscarawas County

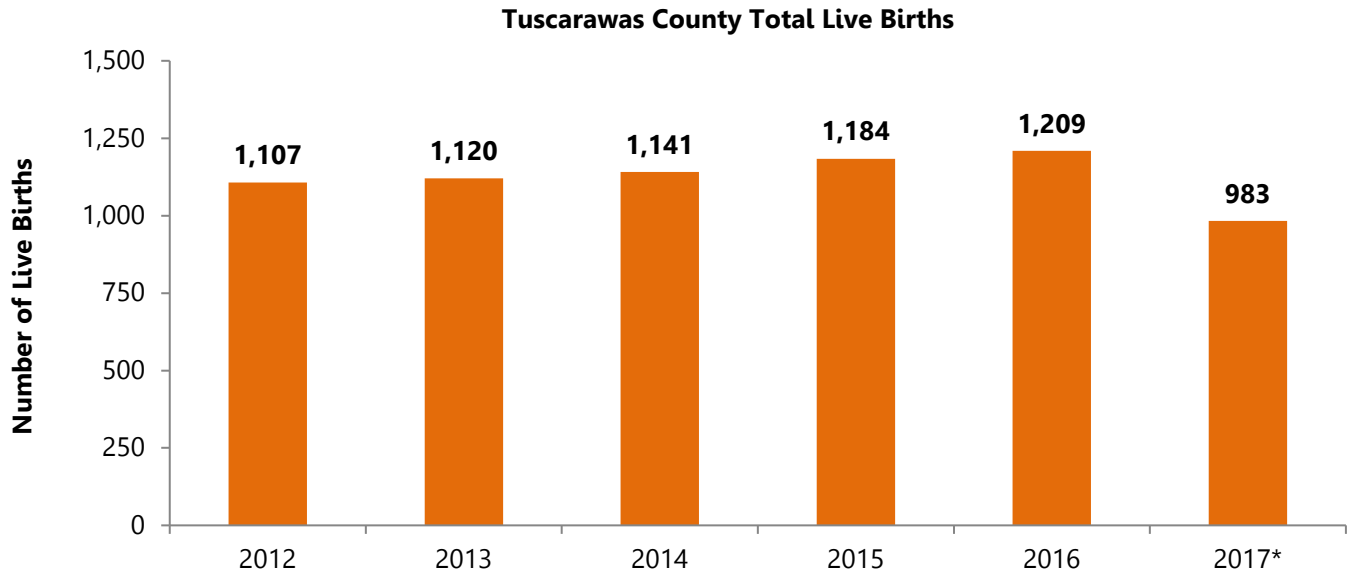


(Source for graphs: Ohio Department of Health, STD Surveillance Program, Data Reported through 5/7/17)

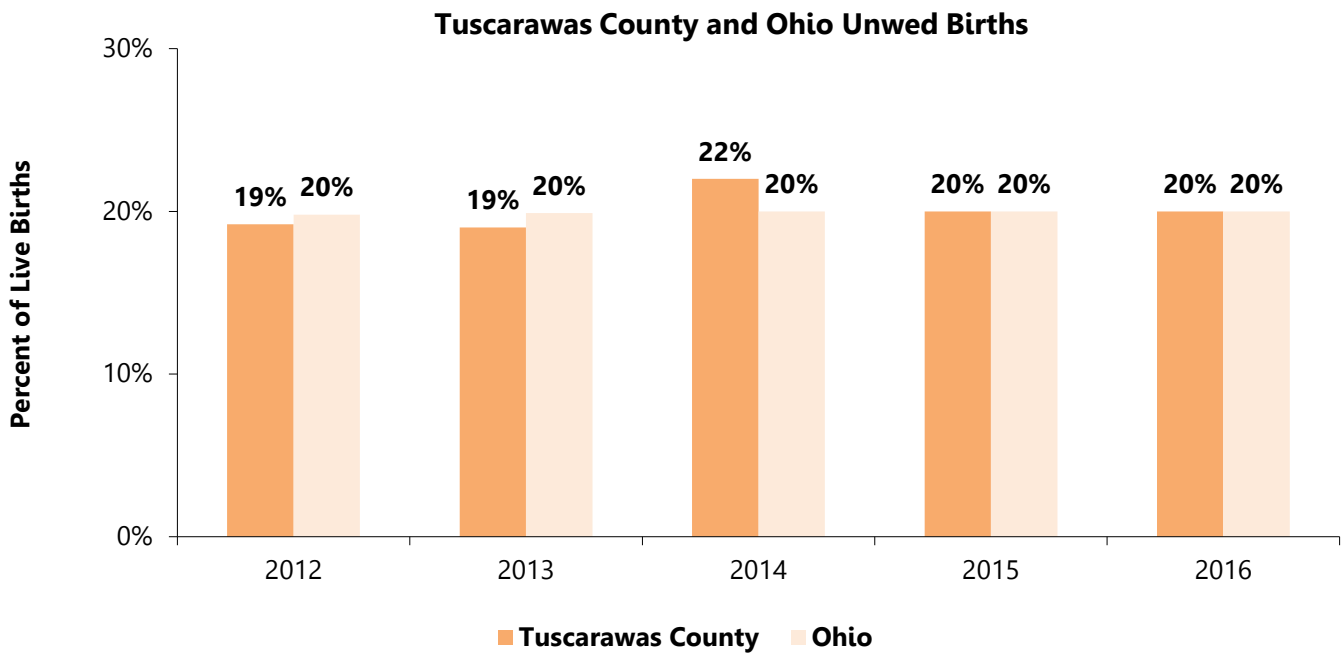
Pregnancy Outcomes

Note: Pregnancy outcome data includes all births including adults and adolescents.

- From 2012-2017, there was an average of 1,124 live births per year in Tuscarawas County.*



*Data is incomplete and subject to change



(Source: ODH Information Warehouse Updated 12-5-17)

Health Behaviors: Adult Mental Health

Key Findings

In 2018, 12% of Tuscarawas County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities. Seven percent (7%) of Tuscarawas County adults considered attempting suicide.

Adult Mental Health

- In the past year, 12% of Tuscarawas County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities.
- Seven percent (7%) of Tuscarawas County adults seriously considered attempting suicide in the past year.

Prevalence of Depression Among Adults Aged 20 and Over: United States, 2013–2016

- During 2013–2016, 8.1% of American adults aged 20 and over had depression in a given 2-week period.
- Women (10.4%) were almost twice as likely as were men (5.5%) to have had depression.
- Depression was lower among non-Hispanic Asian adults, compared with Hispanic, non-Hispanic black, or non-Hispanic white adults.
- The prevalence of depression decreased as family income levels increased.
- About 80% of adults with depression reported at least some difficulty with work, home, and social activities because of their depression.
- From 2007–2008 to 2015–2016, the percentage of American adults with depression did not change significantly over time.

(Source: CDC, National Center for Health Statistics, Publications and Information Products, Data Briefs, Prevalence of Depression Among Adults Aged 20 and Over: United States, 2013–2016 last updated 2/13/2018)

4,859 adults seriously considered attempting suicide in the past year.

- Four percent (4%) of Tuscarawas County adults made a plan about attempting suicide in the past year.
- Less than one percent (<1%) of adults reported actually attempting suicide in the past year.
- Tuscarawas County adults reported they or a family member were diagnosed with or treated for the following mental health issues:
 - Depression (45%)
 - Anxiety or emotional problems (35%)
 - An anxiety disorder, such as PTSD, Bipolar Disorder, or Social Anxiety Disorder (32%)
 - Bipolar disorder (17%)
 - Attention Deficit Disorder (ADD/ADHD) (16%)
 - Alcohol and illicit drug abuse (16%)
 - Post-Traumatic Stress Disorder (PTSD) (11%)
 - Autism spectrum (7%)
 - Other trauma (7%)
 - Developmental disability (6%)
 - Psychotic disorder (4%)
 - Life-adjustment disorder/issue (3%)
 - Some other mental health disorder (7%)
- Thirty-one percent (31%) indicated they or a family member had taken medication for one or more mental health issues.
- Tuscarawas County adults indicated the following caused them anxiety, stress or depression:
 - Financial stress (36%)
 - Job stress (34%)
 - Poverty/no money (19%)
 - Marital/dating relationships (17%)
 - Death of close family member or friend (16%)
 - Other stress at home (14%)
 - Fighting in the home (11%)
 - Family member is sick (10%)
 - Unemployment (8%)
 - Divorce/separation (6%)
 - Family member with a mental illness (6%)
 - Caring for a parent (5%)
 - Not feeling safe in the community (2%)
 - Sexual orientation/gender identity (1%)
 - Not feeling safe at home (1%)
 - Not having enough to eat (1%)
 - Not having a place to live (<1%)
 - Other (11%)

- Tuscarawas County adults dealt with stress in the following ways: talked to someone they trust (41%), prayer/meditation (39%), listened to music (32%), ate more or less than normal (32%), slept (29%), exercised (28%), worked on a hobby (26%), worked (18%), drank alcohol (13%), smoked tobacco (12%), took it out on others (9%), used prescription drugs as prescribed (7%), called a professional (5%), used illegal drugs (1%), misused prescription drugs (1%), and other ways (11%).
- Tuscarawas County adults received the social and emotional support they needed from the following: family (68%), friends (53%), God/prayer (37%), church (24%), neighbors (6%), a professional (5%), Internet (3%), community (2%), self-help group (2%), online support group (1%), text crisis line (<1%) and other (4%).

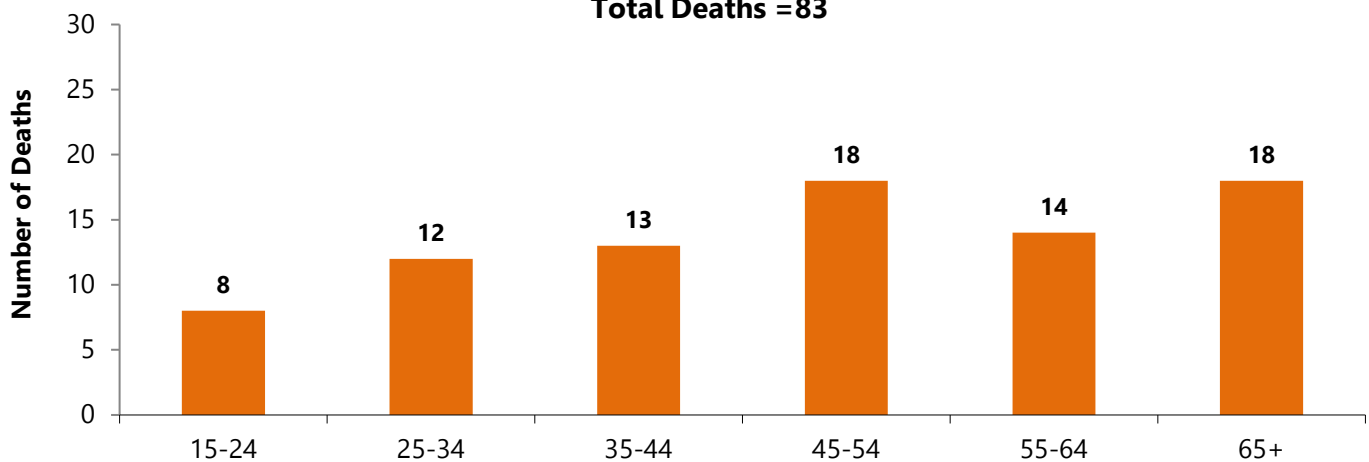
Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Felt sad or hopeless for two or more weeks in a row in the past year	9%	12%	N/A	N/A
Seriously considered attempting suicide in the past year	2%	7%	N/A	N/A
Attempted suicide in the past year	<1%	<1%	N/A	N/A

N/A – Not available

The graph below shows the number of suicide deaths by age group in Tuscarawas County. The graph shows:

- From 2011-2017*, 14% of all Tuscarawas County suicide deaths occurred among 25 to 34-year-olds.

**Tuscarawas County Number of Suicide Deaths By Age Group
2011-2017*
Total Deaths =83**



*Data for 2016 and 2017 are considered partial and may be incomplete, and should be used with caution (Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 10/03/2017)

Common Signs of Mental Illness in Adults

- Trying to tell the difference between what expected behaviors are and what might be the signs of a mental illness isn't always easy. There's no easy test that can let someone know if there is mental illness or if actions and thoughts might be typical behaviors of a person or the result of a physical illness.
- Each illness has its own symptoms, but common signs of mental illness in adults can include:
 - Excessive worrying or fear
 - Feeling excessively sad or low
 - Extreme mood changes
 - Avoiding friends and social activities
 - Changing in sleeping habits or feeling tired and low energy
 - Changes in eating habits such as increased hunger or lack of appetite
 - Abuse of substances like alcohol or drugs
 - Inability to carry out daily activities or handle daily problems and stress

(Source: National Alliance on Mental Illness, Know the Warning Signs, 2018)

Chronic Disease: Cardiovascular Health

Key Findings

Seven percent (7%) of adults had survived a heart attack and 2% had survived a stroke at some time in their life. Two-fifths (40%) had high blood cholesterol, 39% had high blood pressure, 37% were obese, and 20% were current smokers, four known risk factors for heart disease and stroke.

Heart Disease and Stroke

- Seven percent (7%) of adults reported they had survived a heart attack or myocardial infarction, increasing to 12% of those over the age of 65.
- Five percent (5%) of Ohio and 4% of U.S. adults reported they had a heart attack or myocardial infarction in 2016 (Source: 2016 BRFSS).
- Two percent (2%) of Tuscarawas County adults reported they had survived a stroke, increasing to 5% of those over the age of 65 and 6% of those with incomes less than \$25,000.
- Four percent (4%) of Ohio and 3% of U.S. adults reported having had a stroke in 2016 (Source: 2016 BRFSS).
- Five percent (5%) of adults reported they had angina or coronary heart disease, increasing to 12% of those over the age of 65.
- Five percent (5%) of Ohio and 4% of U.S. adults reported having had angina or coronary heart disease in 2016 (Source: 2016 BRFSS).
- Three percent (3%) of adults reported they had congestive heart failure, increasing to 5% of those over the age of 65 and 7% of those with incomes less than \$25,000.

Tuscarawas County Leading Causes of Death 2014-2016

Total Deaths: 3,125

- Heart Disease (25% of all deaths)
- Cancer (21%)
- Chronic Lower Respiratory Diseases (7%)
- Stroke (5%)
- Alzheimer's disease (5%)

(Source: Ohio Public Health Data Warehouse, 2014-2016)

Ohio Leading Causes of Death 2014-2016

Total Deaths: 352,105

- Heart Disease (23% of all deaths)
- Cancers (22%)
- Chronic Lower Respiratory Diseases (6%)
- Accidents, Unintentional Injuries (6%)
- Stroke (5%)

(Source: Ohio Public Health Data Warehouse, 2014-2016)

4,859 adults survived a heart attack or myocardial infarction.

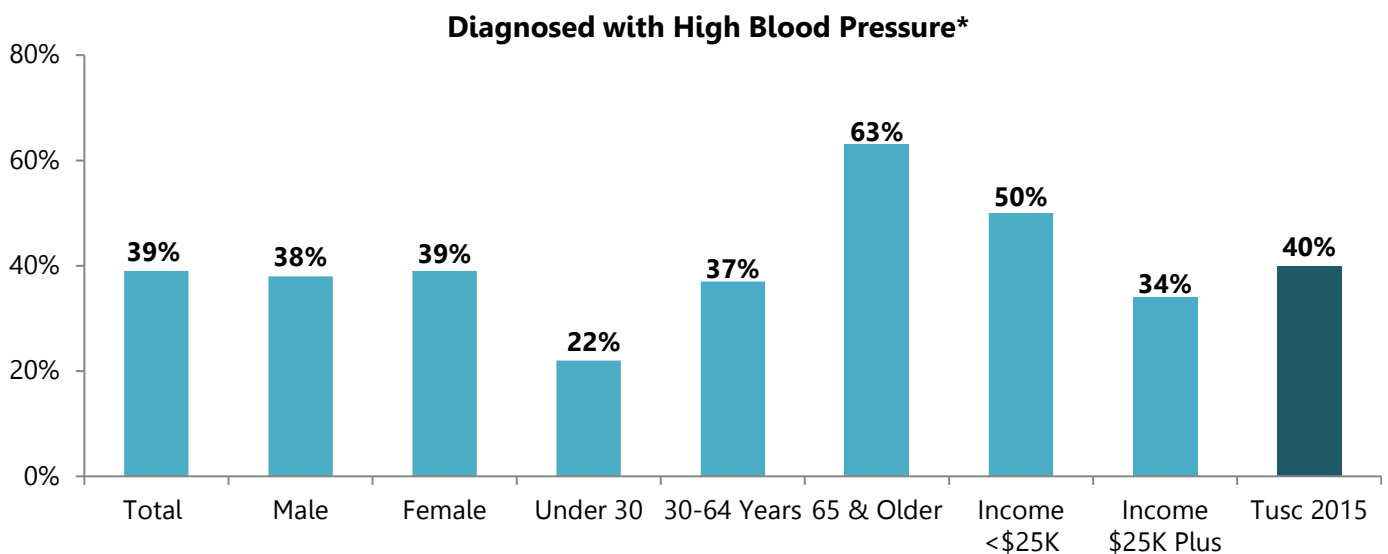
High Blood Pressure (Hypertension)

- Almost two-fifths (39%) of adults had been diagnosed with high blood pressure. The 2015 BRFSS reports hypertension prevalence rates of 34% for Ohio and 31% for the U.S.
- Eight percent (8%) of adults were told they were pre-hypertensive/borderline high.
- Eighty-nine percent (89%) of adults had their blood pressure checked within the past year.
- Tuscarawas County adults diagnosed with high blood pressure were more likely to have:
 - Been classified as overweight or obese by Body Mass Index (82%)
 - Been age 65 years or older (63%)
 - Incomes less than \$25,000 (50%)

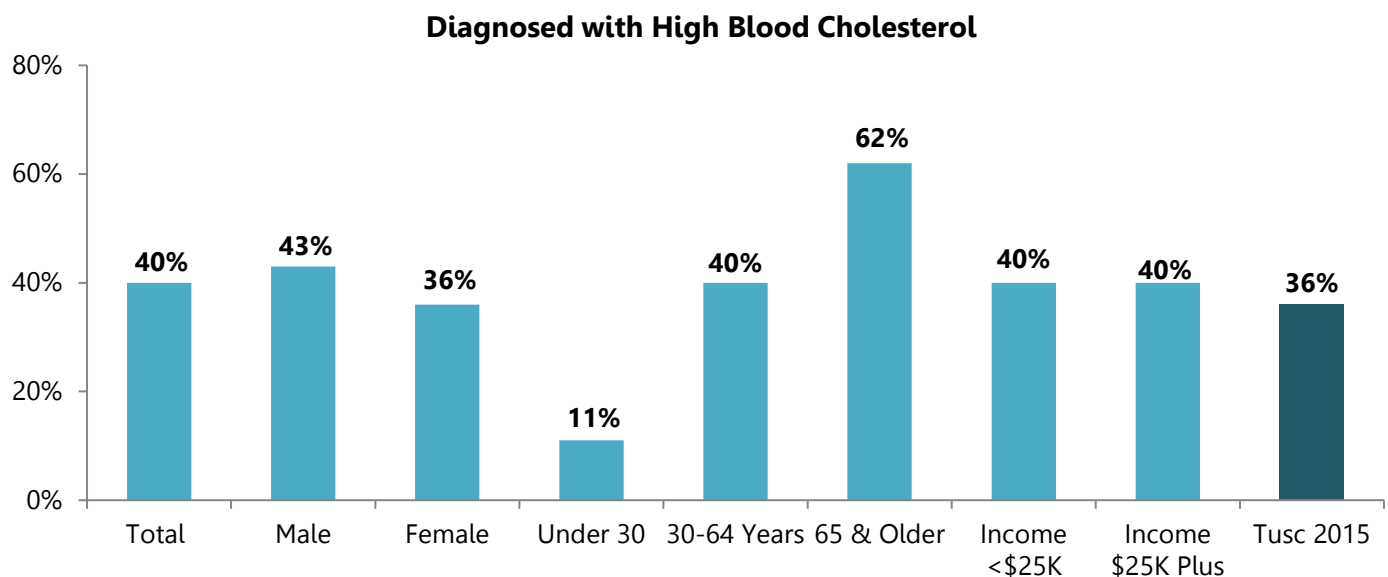
High Blood Cholesterol

- Two-fifths (40%) of adults had been diagnosed with high blood cholesterol. The 2015 BRFSS reported that 37% of Ohio and 36% of U.S. adults have been told they have high blood cholesterol.
- More than three-quarters (77%) of adults had their blood cholesterol checked within the past 5 years. The 2015 BRFSS reported 78% of Ohio and U.S. adults had their blood cholesterol checked within the past 5 years.
- Tuscarawas County adults with high blood cholesterol were more likely to:
 - Have been classified as overweight or obese by Body Mass Index-BMI (82%)
 - Have been ages 65 years or older (62%)

The following graphs show the number of Tuscarawas County adults who have been diagnosed with high blood pressure and high blood cholesterol. An example of how to interpret the information on the first graph includes: 39% of all Tuscarawas County adults have been diagnosed with high blood pressure including 38% of males, 39% of females, and 63% of those 65 years and older.

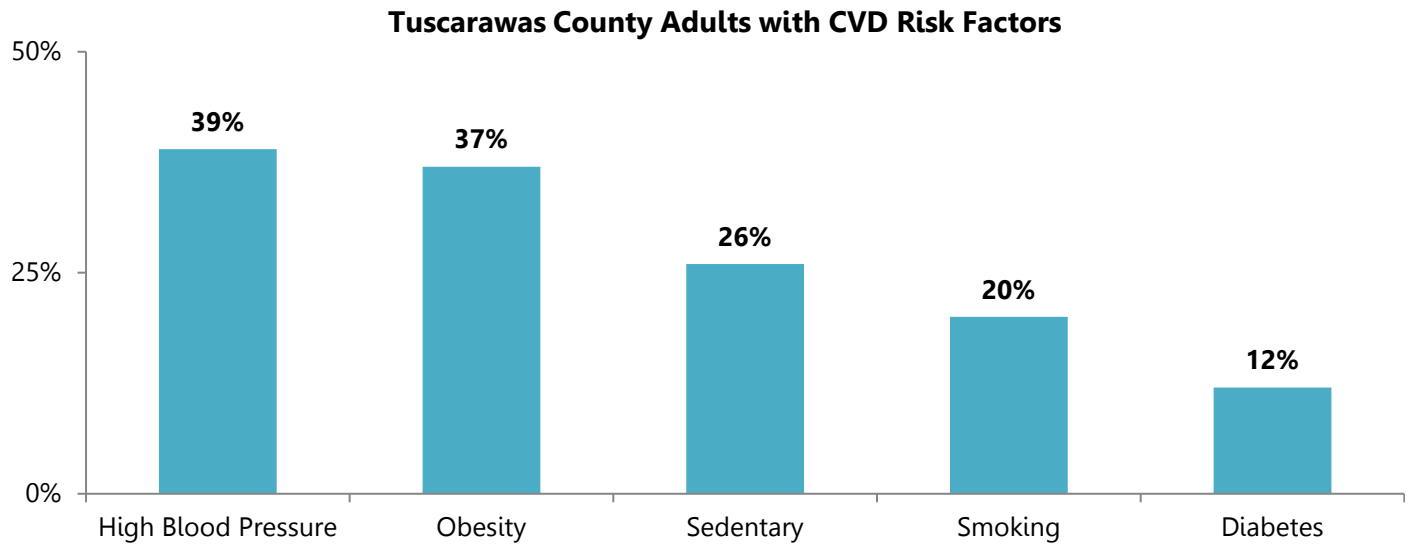


**Does not include respondents who indicated high blood pressure during pregnancy only.*



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

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

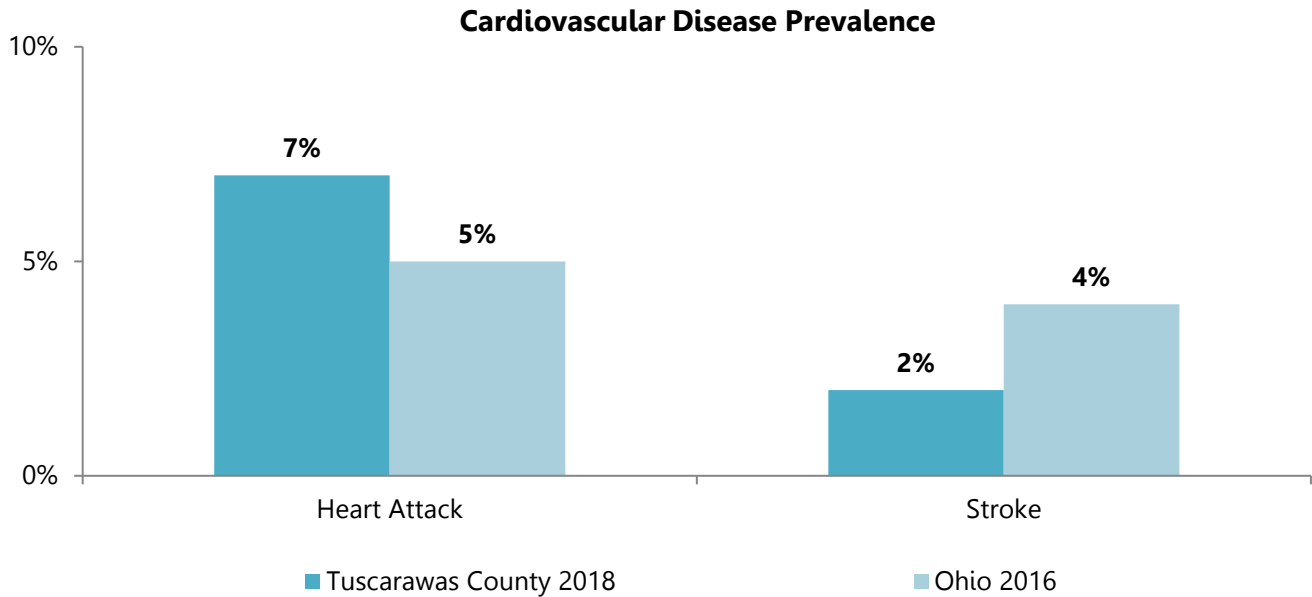


Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Had angina or coronary heart disease	8%	5%	5%	4%
Had a heart attack	6%	7%	5%	4%
Had a stroke	3%	2%	4%	3%
Had been diagnosed with high blood pressure	40%	39%	34%*	31%*
Had been diagnosed with high blood cholesterol	36%	40%	37%*	36%*
Had blood cholesterol checked within the past 5 years	76%	77%	78%*	78%*

*2015 Ohio and U.S. BRFSS

The following graph shows cardiovascular disease prevalence for Tuscarawas County and Ohio:

- The heart attack prevalence in Tuscarawas County was higher than Ohio.
- The stroke prevalence in Tuscarawas County was lower than Ohio.



(Source: 2016 BRFSS)

Healthy People 2020 Objectives Heart Disease and Stroke

Objective	2018 Tuscarawas Survey Population Baseline	2016 U.S. Baseline*	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	39%	31% Adults age 18 and up	27%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC)	40%	36% Adults age 20+ with TBC>240 mg/dl	14%

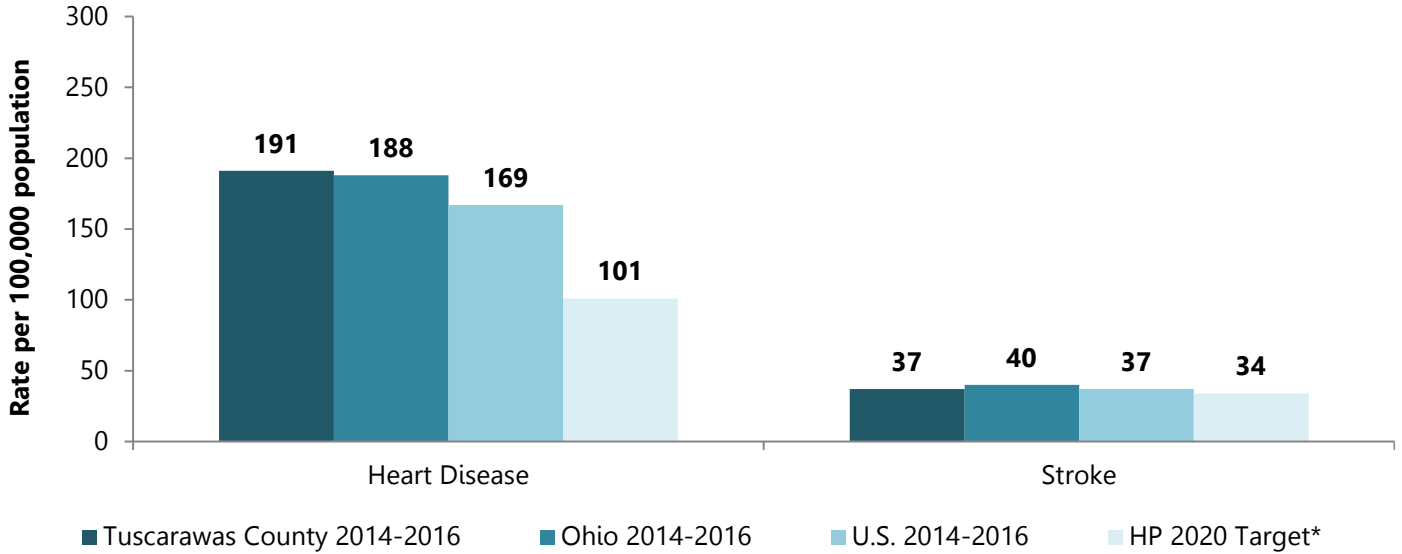
*2015 BRFSS data

Note: All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020, 2015 BRFSS, 2018 Tuscarawas County Health Assessment)

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

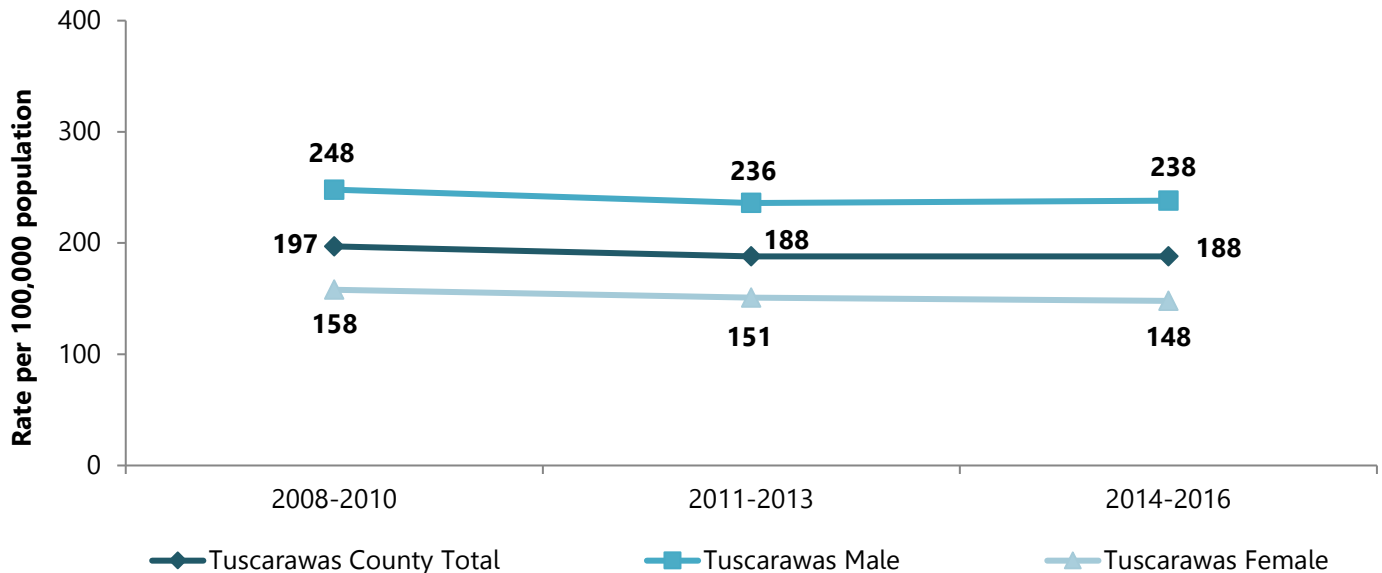
- When age differences are accounted for, the statistics indicate that the Tuscarawas County heart disease mortality rate was higher than the figures for the state, the U.S., and Healthy People 2020 target from 2014-2016.
- The 2014-2016 Tuscarawas County age-adjusted stroke mortality rate was lower than the state and the same as the U.S. rate. However, it was slightly higher than the Healthy People 2020 target objective.
- From 2008-2016, the Tuscarawas County female and male age-adjusted heart disease mortality rates fluctuated.

Age-Adjusted Heart Disease and Stroke Mortality Rates



*The Healthy People 2020 Target objective for coronary heart disease is reported for heart attack mortality.
 (Source: Ohio Public Health Data Warehouse, 2014-2016, CDC Wonder 2014-2016, Healthy People 2020)

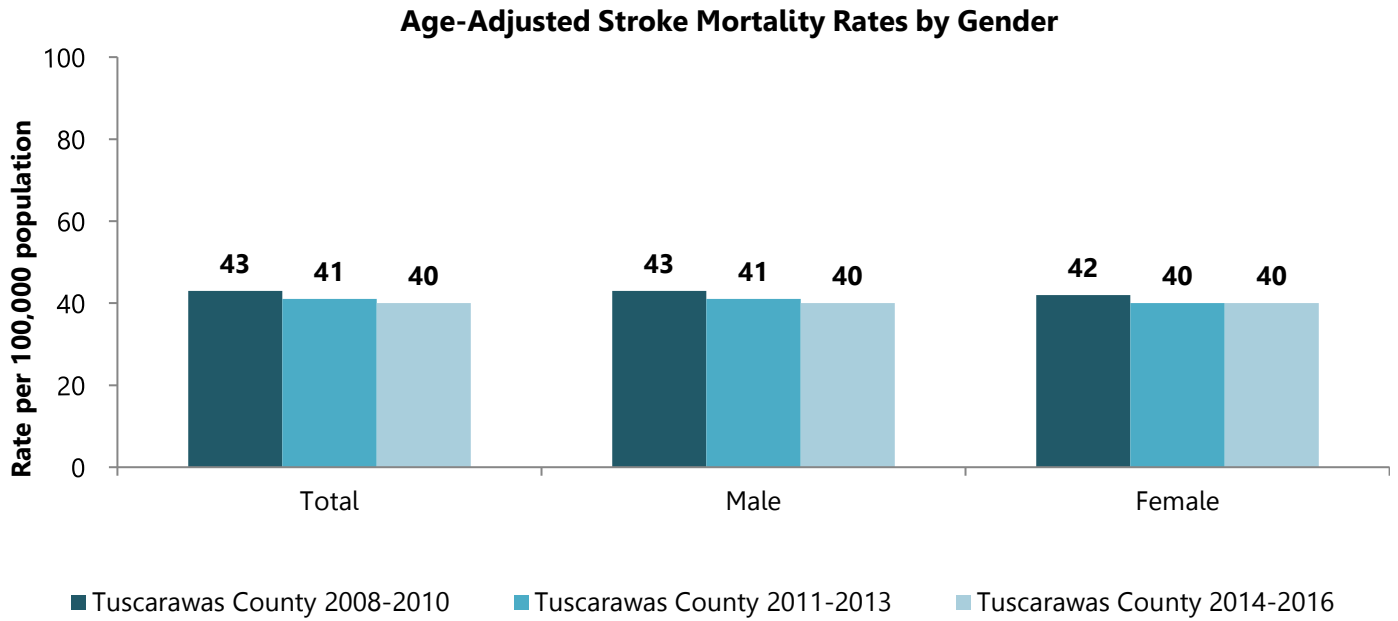
Tuscarawas County Age-Adjusted Heart Disease Mortality Rates by Gender



(Source: Ohio Public Health Data Warehouse, 2008-2016)

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

- From 2008-2016, the Tuscarawas County stroke mortality rate decreased slightly.
- From 2014-2016, the Tuscarawas County stroke mortality rate was the same for females and males.



(Source: Ohio Public Health Data Warehouse, 2008-2016)

Chronic Disease: Cancer

Key Findings

In 2018, 12% of Tuscarawas County adults had been diagnosed with cancer at some time in their life. The Ohio Cancer Incidence Surveillance System indicates that from 2014-2016, a total of 646 Tuscarawas County residents died from cancer, the second leading cause of death in the county.

Adult Cancer

- Twelve percent (12%) of Tuscarawas County adults were diagnosed with cancer at some point in their lives, increasing to 24% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types: breast (37%), prostate (33%), skin cancer (21%), cervical (13%), endometrial (6%), melanoma (5%), colon (3%), pharyngeal (3%), non-Hodgkin's lymphoma (3%), Hodgkin's lymphoma (2%), thyroid (2%), stomach (2%), and other types of cancer (3%). Ten percent (10%) of adults were diagnosed with multiple types of cancer.

Tuscarawas County Incidence of Cancer, 2011-2015

All Types: 2,669 cases

- Lung and Bronchus: 412 cases (15%)
- Prostate: 378 cases (14%)
- Breast: 358 cases (13%)
- Colon and Rectum: 233 cases (9%)

In 2014-2016, there were 646 cancer deaths in Tuscarawas County.

(Source: Ohio Cancer Incidence Surveillance System, Ohio Public Health Data Warehouse, 2011-2015)

8,329 adults were diagnosed with cancer at some point in their lives.

Cancer Facts

- The Ohio Department of Health (ODH) indicates that from 2014-2016, cancers caused 21% (646 of 3,125 of total deaths) of all Tuscarawas County resident deaths *(Source: Ohio Public Health Data Warehouse, 2014-2016)*.
- The American Cancer Society states that about 609,640 Americans are expected to die of cancer in 2018. Cancer is the second leading cause of death in the U.S., exceeded only by heart disease. Nearly 1 of every 7 deaths is associated with cancer *(Source: American Cancer Society, Facts & Figures 2018)*.
- 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; colon and rectum; stomach; pancreas; kidney; bladder; uterine; cervix; ovary (mucinous); and acute myeloid leukemia (blood and bone marrow) *(Source: American Cancer Society, Facts & Figures 2018)*.

Lung Cancer

- In Tuscarawas County, 21% of male adults were current smokers and 30% were former smokers.
- ODH reports that lung cancer (n=121) was the leading cause of male cancer deaths from 2014-2016 in Tuscarawas County. Cancer of the prostate caused 27 male deaths, and pancreatic cancer caused 22 male deaths during the same time period *(Source: Ohio Public Health Data Warehouse, 2014-2016)*.
- In Tuscarawas County, 20% of female adults were current smokers and 21% were former smokers.
- ODH reports that lung cancer was the leading cause of female cancer deaths (n=78) in Tuscarawas County from 2014-2016, followed by breast (n=51) and colon (n=35) cancers *(Source: Ohio Public Health Data Warehouse, 2014-2016)*.
- According to the American Cancer Society, smoking causes 80-90% of lung cancer deaths in the U.S. Men and women who smoke are about 15-30 times more likely to develop lung cancer than nonsmokers *(Source: American Cancer Society, Facts & Figures 2018)*.

Breast Cancer

- In 2018, 56% of Tuscarawas County females reported having had a clinical breast examination in the past year.
- More than half (53%) of Tuscarawas 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 2018)*.
- For women at average risk of breast cancer, recently updated American Cancer Society screening guidelines recommend that those 40 to 44 years of age have the choice of annual mammography; those 45 to 54 have annual mammography; and those 55 years of age and older have biennial or annual mammography, continuing as long as their overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual screening using magnetic resonance imaging (MRI) in addition to mammography is recommended, typically starting at age 30 *(Source: American Cancer Society, Facts & Figures 2018)*.

Prostate Cancer

- Sixty-nine percent (69%) of males age 50 and over had a PSA test at some time in their life, and 49% had one in the past year.
- ODH statistics indicate that prostate cancer accounted for 8% of all male cancer deaths from 2014-2016 in Tuscarawas County *(Source: Ohio Public Health Data Warehouse, 2018)*.
- Incidence rates for prostate cancer are 74% higher in African Americans than in whites, and they are twice as likely to die of prostate cancer. 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 2018)*.

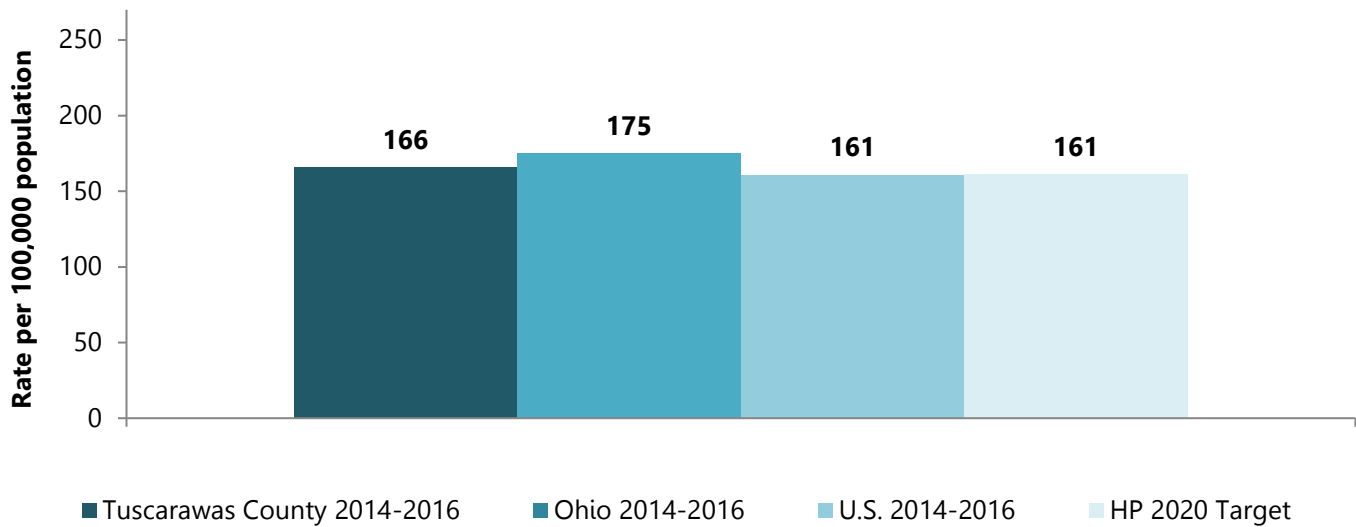
Colon and Rectum Cancers

- Just over half (52%) of men had a digital rectal exam in their lifetime, and 16% had one in the past year.
- ODH indicates that colon and rectum cancer accounted for 8% of all male and female cancer deaths from 2014-2016 in Tuscarawas County *(Source: Ohio Public Health Data Warehouse, 2014-2016)*.
- 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; and long-term smoking. Very low intake of fruits and vegetables is also potentially a risk factor for colorectal cancer.
- In the U.S., 90% of colon cancers occur in individuals over the age of 50. Therefore, the American Cancer Society suggests every person over the age of 50 have regular colon cancer screenings *(Source: American Cancer Society, Facts & Figures 2018)*.

The following graphs show the Tuscarawas 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 and the percent of total cancer deaths in Tuscarawas County. The graphs indicate:

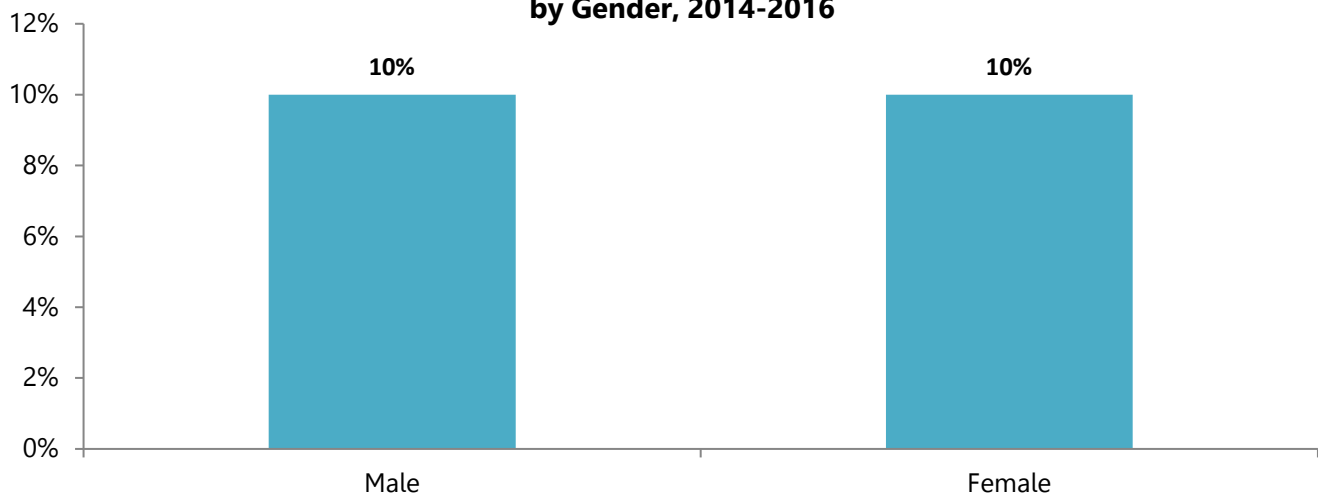
- When age differences are accounted for, Tuscarawas County had a lower cancer mortality rate than Ohio. However, the Tuscarawas County age-adjusted cancer mortality rate was higher than the U.S. rate and Healthy People 2020 target objective.
- The percentage of Tuscarawas County males who died from all cancers were the same as the percentage of Tuscarawas County females who died from all cancers (Source: Ohio Public Health Data Warehouse, 2014-2016).

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



(Source: Ohio Public Health Data Warehouse 2014-2016, CDC Wonder 2014-2016, Healthy People 2020)

Cancer as a Percent of All Total Deaths in Tuscarawas County by Gender, 2014-2016



(Source: Ohio Public Health Data Warehouse, 2014-2016)

Tuscarawas County Incidence of Cancer 2011-2015

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer
Lung and Bronchus	412	15%
Prostate	378	14%
Breast	358	13%
Colon and Rectum	233	9%
Other/Unspecified	194	7%
Bladder	185	7%
Melanoma of Skin	104	4%
Non-Hodgkins Lymphoma	100	4%
Cancer and Corpus Uteri	100	4%
Kidney and Renal Pelvis	93	3%
Oral Cavity & Pharynx	82	3%
Pancreas	65	2%
Leukemia	50	2%
Thyroid	45	2%
Ovary	39	1%
Stomach	34	1%
Liver and Bile Ducts	34	1%
Brain and CNS	33	1%
Larynx	28	1%
Esophagus	25	1%
Cancer of Cervix Uteri	23	<1%
Multiple Myeloma	21	<1%
Testis	17	<1%
Hodgkins Lymphoma	16	<1%
Total	2,669	100%

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 2/08/2018)

2018 Cancer Estimates

- In 2018, about 1,735,350 new cancer cases are expected to be diagnosed.
- The International Agency for Research on Cancer has concluded that being overweight or obese increases the risk of developing 13 cancers: uterine corpus, esophagus (adenocarcinoma), liver, stomach (gastric cardia), kidney (renal cell), brain (meningioma), multiple myeloma, pancreas, colorectum, gallbladder, ovary, female breast (postmenopausal), and thyroid.
- About 609,640 Americans are expected to die of cancer in 2018.
- In 2018, about 154,050 cancer deaths will be caused by tobacco use.
- In 2018, estimates predict that there will be 68,470 new cases of cancer and 25,740 cancer deaths in Ohio.
- Of the new cancer cases, approximately 10,760 (16%) will be from lung and bronchus cancers and 5,550 (8%) will be from colon and rectum cancers.
- About 10,610 new cases of female breast cancer are expected in Ohio.
- New cases of male prostate cancer in Ohio are expected to be 5,810 (8%).

(Source: American Cancer Society, Facts and Figures, 2018)

Chronic Disease: Arthritis

Key Findings

One-third (33%) of Tuscarawas County adults were diagnosed with arthritis.

Arthritis

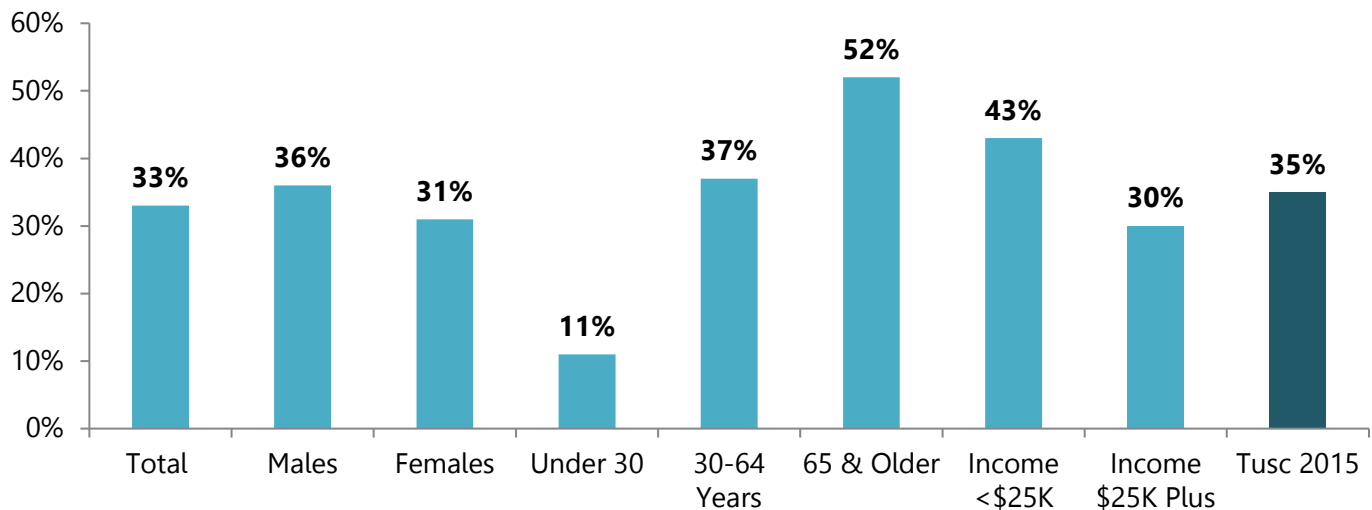
- One-third (33%) of Tuscarawas County adults were told by a health professional that they had some form of arthritis, increasing to 52% of those over the age of 65.
- According to the 2016 BRFSS, 31% of Ohio adults and 26% of U.S. adults were told they have arthritis.

22,905 Tuscarawas County adults had arthritis.

- Adults were also diagnosed with the following: fibromyalgia (5%), rheumatoid arthritis (4%), gout (4%), and lupus (<1%).
- 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, 2016).
- An estimated 54 million U.S. adults (about 23%) report having doctor-diagnosed arthritis. By 2040, over 78 million people will have arthritis. Arthritis is more common among women (24%) than men (18%), and it affects all racial and ethnic groups. Arthritis commonly occurs with other chronic diseases, like diabetes, heart disease, and obesity, and can make it harder for people to manage these conditions (Source: CDC, Arthritis at a Glance, March 2017).

The following graph shows the percentage of Tuscarawas County adults who were diagnosed with arthritis. An example of how to interpret the information includes: 33% of adults were diagnosed with arthritis, including 36% of males and 52% of adults ages 65 and older.

Tuscarawas County Adults Diagnosed with Arthritis



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

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Ever been diagnosed with arthritis	35%	33%	31%	26%

Arthritis: Key Public Health Messages

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

Key self-management activities include the following:

- 1. Learn Arthritis Management Strategies** - Arthritis management strategies provide those with arthritis with the skills and confidence to effectively manage their condition. Self-Management Education has proven to be valuable for helping people change their behavior and better manage their arthritis symptoms. Interactive workshops such as the Arthritis Self-Management Program and the Chronic Disease Self-Management Program are low-cost (about \$25 – \$35) and available in communities across the country. Attending one of these programs can help a person learn ways to manage pain, exercise safely, and gain control of arthritis.
- 2. Be Active** –Research has shown that physical activity decreases pain, improves function, and delays disability. Make sure you get at least 30 minutes of moderate physical activity at least 5 days a week. You can get activity in 10-minute intervals.
- 3. Watch your weight** –The prevalence of arthritis increases with increasing weight. Research suggests that maintaining a healthy weight reduces the risk of developing arthritis and may decrease disease progression. A loss of just 11 pounds can decrease the occurrence (incidence) of new knee osteoarthritis and a modest weight loss can help reduce pain and disability.
- 4. See your doctor** –Although there is no cure for most types of arthritis, early diagnosis and appropriate management is important, especially for inflammatory types of arthritis. For example, early use of disease-modifying drugs can affect the course of rheumatoid arthritis. If you have symptoms of arthritis, see your doctor and begin appropriate management of your condition.
- 5. Protect your joints** –Joint injury can lead to osteoarthritis. People who experience sports or occupational injuries or have jobs with repetitive motions like repeated knee bending have more osteoarthritis. Avoid joint injury to reduce your risk of developing osteoarthritis.

(Source: Centers for Disease Control and Prevention, Arthritis: Key Public Health Messages, Updated on February 7, 2018)

Chronic Disease: Asthma

Key Findings

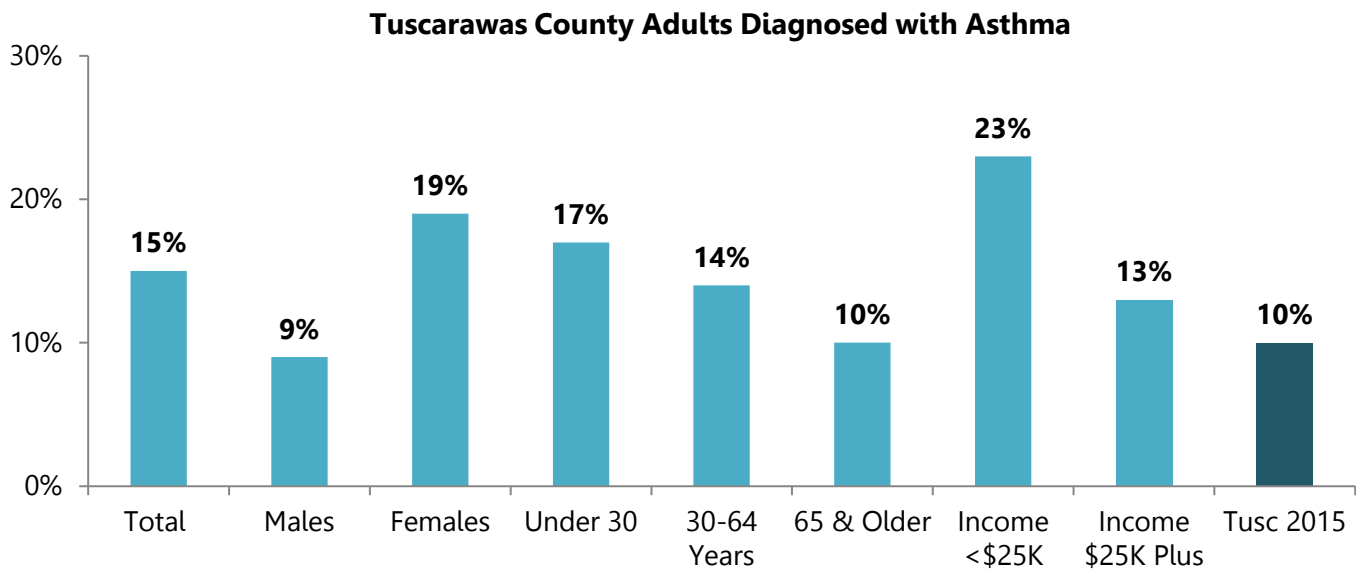
In 2018, 15% of Tuscarawas County adults had been diagnosed with asthma.

Asthma and Other Respiratory Disease

- In 2018, 15% of Tuscarawas County adults had been diagnosed with asthma, increasing to 23% of those with incomes less than \$25,000.
- Fourteen percent (14%) of Ohio and U.S. adults have ever been diagnosed with asthma (Source: 2016 BRFSS).
- Six percent (6%) of adults were diagnosed with chronic obstructive pulmonary disorder (COPD) or emphysema.
- 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; and infections linked to the flu, colds, and respiratory viruses (Source: CDC, 2017).
- Chronic lower respiratory disease was the 3rd leading cause of death in Tuscarawas County and the 4th leading cause of death in Ohio in 2016 (Source: Ohio Public Health Data Warehouse, 2014-2016).

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Ever been diagnosed with asthma	10%	15%	14%	14%

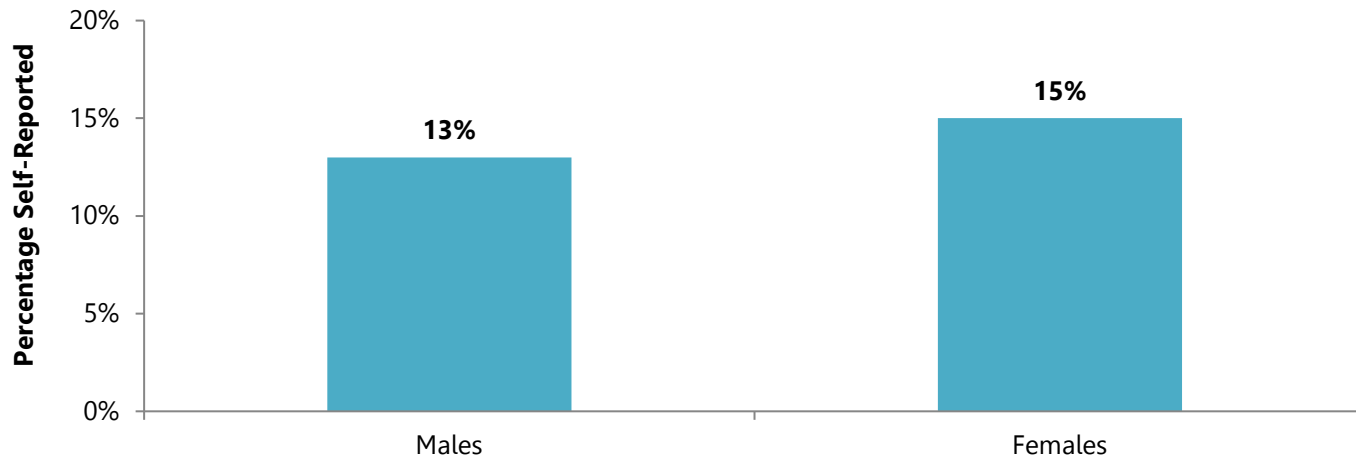
The following graph shows the percentage of Tuscarawas County adults who were diagnosed with asthma. An example of how to interpret the information includes: 15% of adults were diagnosed with asthma, including 19% of females and 23% of adults with incomes less than \$25,000.



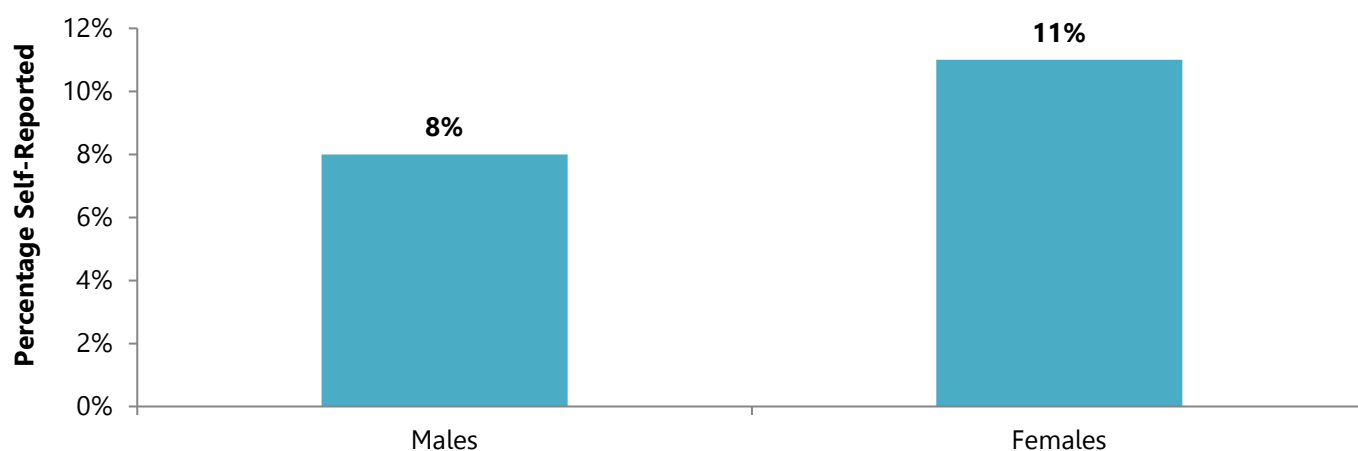
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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

Ohio Adult Lifetime Asthma Prevalence Rates By Gender



Ohio Adult Current Asthma Prevalence Rates By Gender



(Source: 2016 BRFSS)

Asthma Facts

- The number of Americans with asthma grows every year. Currently, 26.5 million Americans have asthma. Of the 26 million, 20.3 million are adults.
- Almost 3,500 people die of asthma each year, nearly half of whom are age 65 or older.
- Asthma results in 439,000 hospitalizations and 1.3 million emergency room visits annually.
- Patients with asthma reported 11 million visits to a doctor's office and 1.7 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, Updated on 6/13/2018)

Chronic Disease: Diabetes

Key Findings

In 2018, 12% of Tuscarawas County adults had been diagnosed with diabetes.

Diabetes

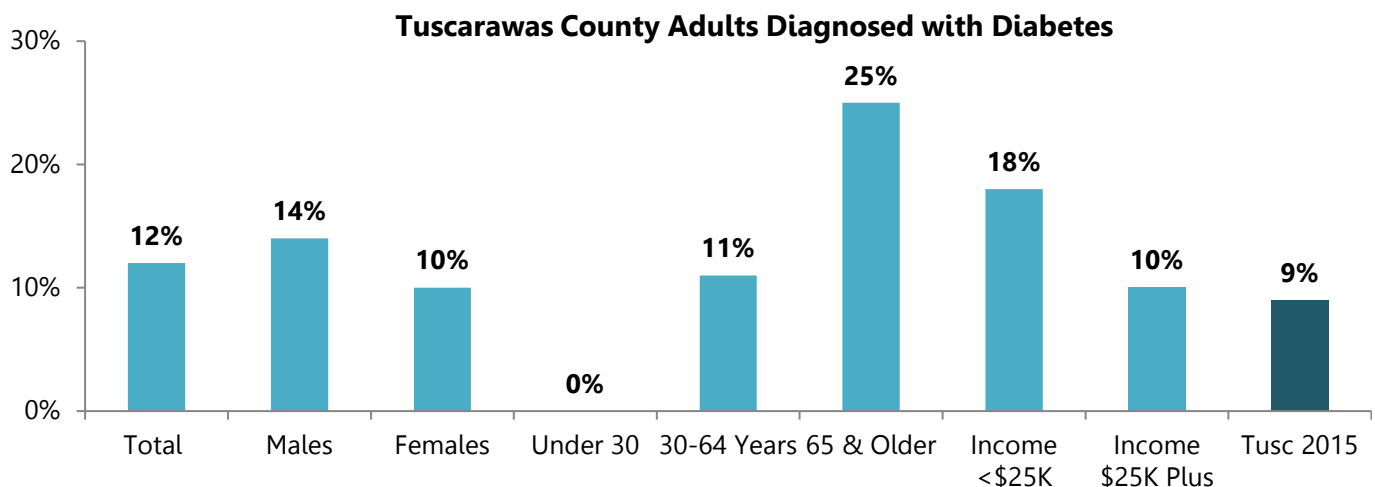
- Twelve percent (12%) of Tuscarawas County adults had been diagnosed with diabetes, increasing to 25% of those over the age of 65. The 2016 BRFSS reports an Ohio and U.S. prevalence of 11%.
- Four percent (4%) of adults had been diagnosed with pre-diabetes.
- Diabetics and prediabetics did the following to treat their diabetes: diabetes pills (76%), checked blood sugar (72%), diet control (67%), six-month check up with a provider (67%), annual vision exam (66%), checked A1C annually (57%), checked their feet (57%), exercise (45%), insulin (22%), dental exam (12%), took a class (9%), injectables (3%), and nothing (2%).

8,329 Tuscarawas County adults had diabetes.

- Two-fifths (40%) of adults with diabetes rated their health as fair or poor.
- Tuscarawas County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - Overweight or obese (79%)
 - High blood pressure (24%)
 - High blood cholesterol (20%)

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Ever been diagnosed with diabetes	9%	12%	11%	11%

The following graph shows the percentage of Tuscarawas County adults who were diagnosed with diabetes. An example of how to interpret the information includes: 12% of adults were diagnosed with diabetes, including 10% of females and 25% of adults ages 65 and older.

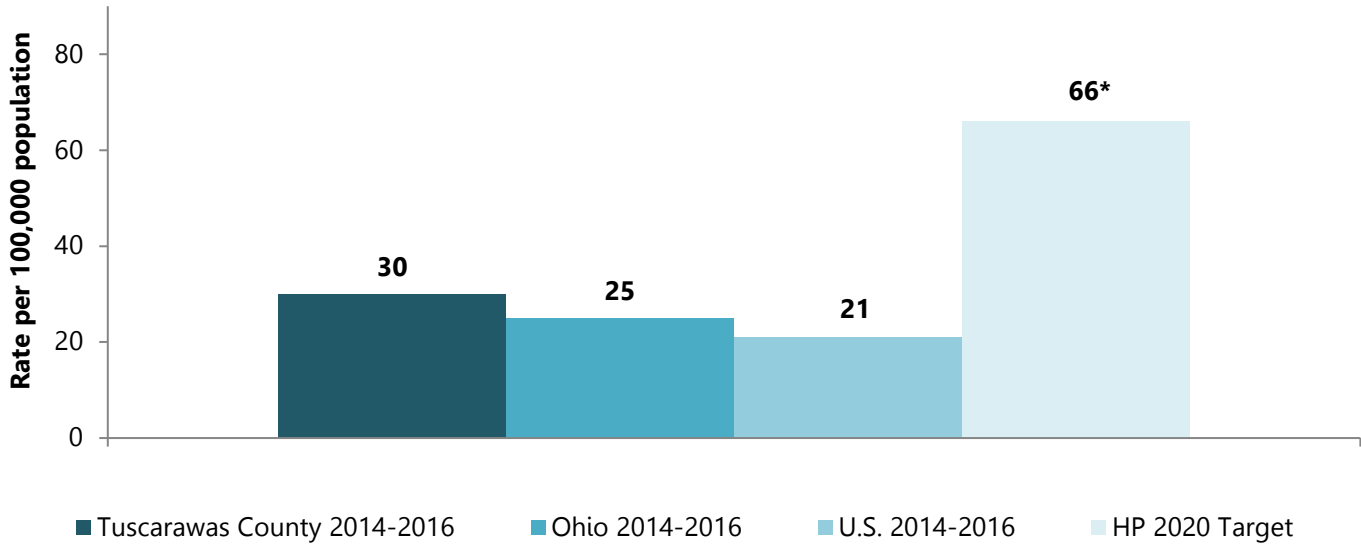


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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

- From 2014 to 2016, Tuscarawas County’s age-adjusted diabetes mortality rate was higher than Ohio and the U.S., but lower than the Healthy People 2020 target objective rate.

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



**The Healthy People 2020 rate is for all diabetes-related deaths
 (Source: Ohio Public Health Data Warehouse, 2014-2016, CDC Wonder 2014-2016, Healthy People 2020)*

Statistics About Diabetes

- In 2015, 30.3 million Americans, or 9.4% of the population, had diabetes. Approximately 1.25 million American children and adults have type 1 diabetes.
- Of the 29.1 million, 7.2 million were undiagnosed.
- 84.1 million Americans have prediabetes.
- 1.5 million Americans are diagnosed with diabetes every year.
- The economic cost of diagnosed diabetes in the U.S. is \$327 billion per year.
- Diabetes is the primary cause of death for 79,535 Americans each year and contributes to the death of 252,806 Americans annually.

(Source: American Diabetes Association, Statistics About Diabetes, Overall Numbers, Diabetes and Prediabetes, Updated on March 2018)



DIABETES

Risk factors for type 2 diabetes

Genetics, age and family history of diabetes can increase the likelihood of becoming diabetic and cannot be changed. **But some behaviours that increase risk can:**



Unhealthy diet



1 in 3 is overweight



Physical inactivity



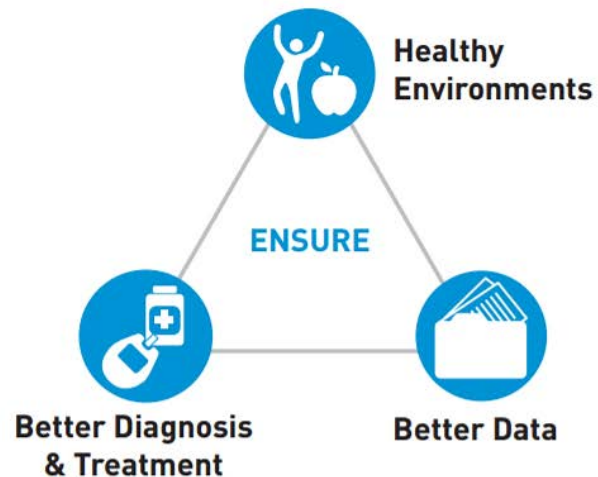
1 in 10 is obese

KEY ACTIONS

FOR EVERYONE

-  Eat healthily
-  Be physically active
-  Avoid excessive weight gain
-  Check blood glucose if in doubt
-  Follow medical advice

FOR GOVERNMENTS



Chronic Disease: Quality of Life

Key Findings

In 2018, 26% of Tuscarawas County adults were limited in some way because of a physical, mental or emotional problem.

Impairments and Health Problems

- More than one-quarter (26%) of Tuscarawas County adults were limited in some way because of a physical, mental or emotional problem (compared to 21% for Ohio and U.S., 2015 BRFSS), increasing to 46% of those with incomes less than \$25,000.

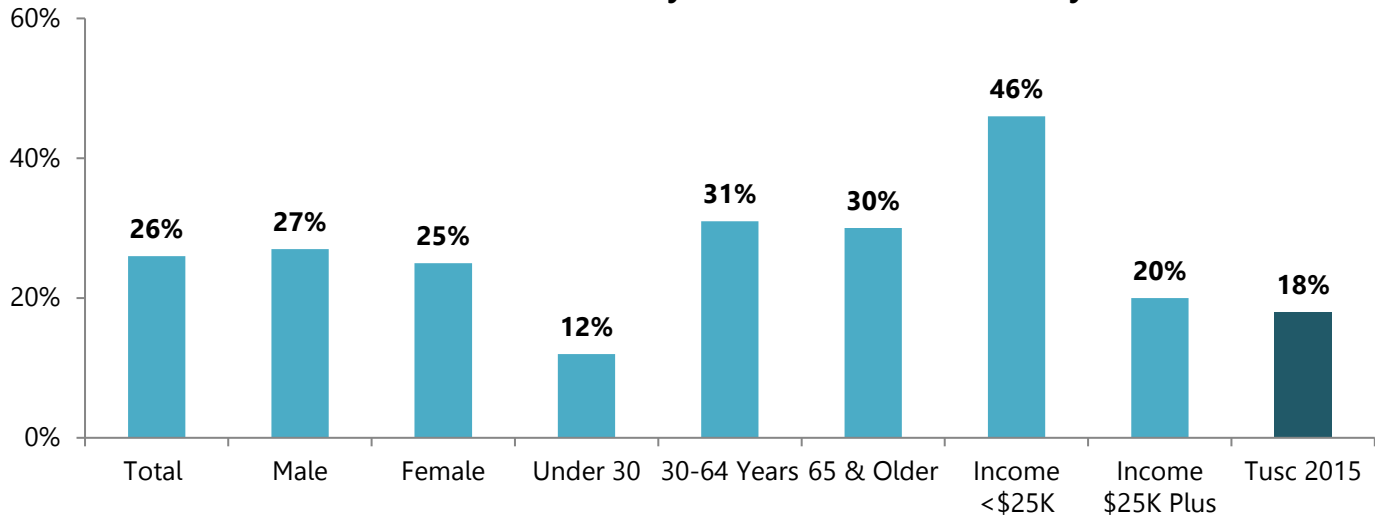
18,046 adults were limited in some way because of a physical, mental or emotional problem.

- Those who were limited in some way reported the following most limiting problems or impairments:
 - Arthritis/rheumatism (50%)
 - Back or neck problems (43%)
 - Stress, depression, anxiety, or emotional problems (29%)
 - Chronic pain (28%)
 - Walking problems (27%)
 - Chronic illness (23%)
 - Sleep problems (22%)
 - Fitness level (19%)
 - Lung/breathing problems (18%)
 - Fractures, bone/joint injuries (13%)
 - Mental health illness/disorder (12%)
 - Hearing problems (11%)
 - Eye/vision problems (11%)
 - Memory loss (11%)
 - Confusion (8%)
 - A learning disability (7%)
 - Dental problems (4%)
 - Substance dependency (3%)
 - Drug addiction (2%)
 - Other impairments/problems (7%)
- In the past year, Tuscarawas County adults reported needing the following services or equipment: eyeglasses or vision services (28%), help with routine needs (8%), pain management (7%), a cane (6%), a walker (5%), help with personal care needs (5%), hearing aids or hearing care (4%), medical supplies (3%), a wheelchair (2%), oxygen or respiratory support (2%), a wheelchair ramp (2%), durable medical equipment (1%), a personal emergency response system (1%), mobility aids or devices (<1%), and a special bed (<1%).
- Tuscarawas County adults were responsible for providing regular care or assistance to the following:
 - Multiple children (20%)
 - An elderly parent or loved one (9%)
 - A friend, family member or spouse with a health problem (6%)
 - Grandchildren (3%)
 - An adult child (3%)
 - A friend, family member or spouse with a mental health issue (3%)
 - Someone with special needs (2%)
 - A friend, family member or spouse with dementia (2%)
 - Children with discipline issues (1%)
 - Foster children (1%)
 - Children whose parents use drugs and unable to care for their children (1%)
 - Children whose parents lost custody due to other reasons (1%)

Adult Comparisons	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2015	U.S. 2015
Limited in some way because of physical, mental, or emotional problem	18%	26%	21%	21%

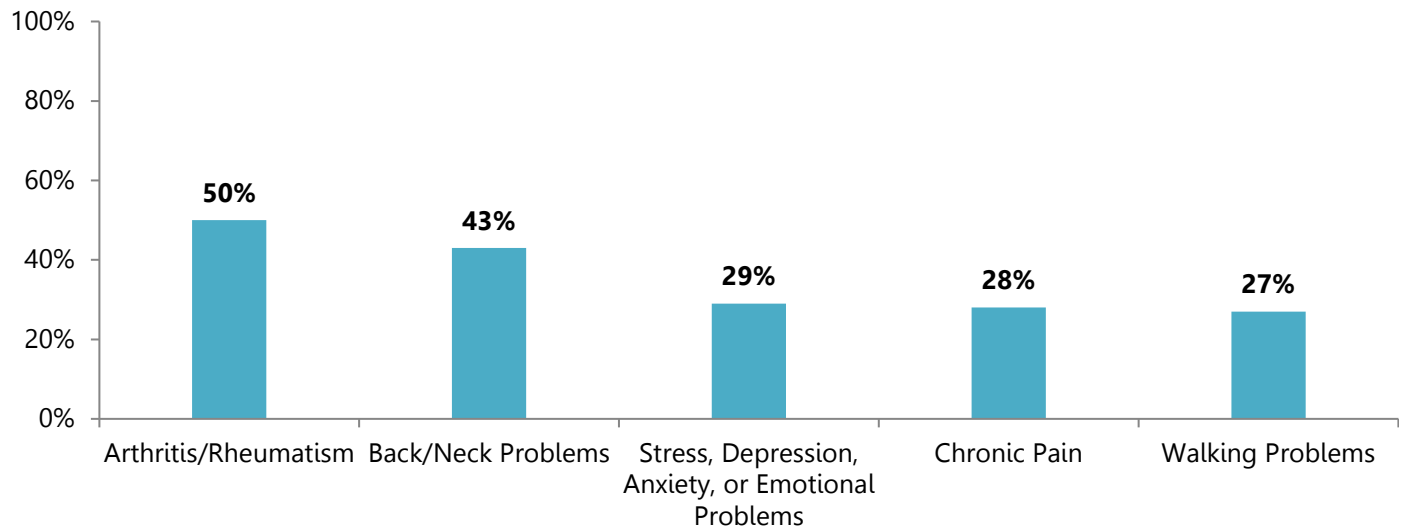
The following graphs show the percentage of Tuscarawas County adults that were limited in some way and the most limiting health problems. An example of how to interpret the information on the first graph includes: 26% of Tuscarawas County adults are limited in some way, including 27% of males and 30% of those ages 65 and older.

Tuscarawas County Adults Limited in Some Way



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

Tuscarawas County Adult's Most Limiting Health Problems



Healthy People 2020

Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Tuscarawas County 2018	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	50%	36%

Note: U.S. baseline is age-adjusted to the 2000 population standard
 (Sources: Healthy People 2020 Objectives, 2018 Tuscarawas County Health Assessment)

Social Conditions: Social Determinants of Health

Key Findings

In 2018, 10% of Tuscarawas County adults had to choose between paying bills and buying food. Seventeen percent (17%) of adults experienced four or more Adverse Childhood Experiences (ACEs) in their lifetime. More than half (55%) of Tuscarawas County adults kept a firearm in or around their home.

Healthy People 2020

- Healthy People 2020 developed five key determinants as a “place-based” organizing framework. These five determinants include:
 - Economic stability
 - Education
 - Social and community context
 - Health and health care
 - Neighborhood and built environment



Economic Stability

- Adults reported the following percent of their household income goes to their housing:
 - Less than 30% (47%)
 - 30-50% (29%)
 - 50% or higher (9%)
 - Don't know (15%)

9,023 adults needed help meeting their general daily needs, such as food, clothing, shelter or paying utility bills.

- Tuscarawas County adults indicated they own their home (71%), rent their home (20%), and have other arrangements (9%).
- In the past month, 13% of adults needed help meeting their general daily needs, such as food, clothing, shelter or paying utility bills, increasing to 41% of those with incomes less than \$25,000.
- Adults experienced the following food insecurity issues during the past 12 months: had to choose between paying bills and buying food (10%), food assistance was cut (6%), loss of income led to food insecurity issues (4%), worried food would run out (3%), went hungry/ate less to provide more food for their family (3%), and were hungry but did not eat because they did not have money for food (2%).
- Seven percent (7%) of adults experienced more than one food insecurity issue.
- The median household income in Tuscarawas County was \$46,992. The U.S. Census Bureau reports median income levels of \$50,674 for Ohio and \$55,332 for the U.S. (Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-year Estimates).
- Fourteen percent (13.6%) of all Tuscarawas County residents were living in poverty, and 19% of children and youth ages 0-17 were living in poverty (Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-year Estimates).
- The unemployment rate for Tuscarawas County was 4.5 as of October 2017 (Source: Bureau of Labor Statistics, Local Area Unemployment Statistics).
- There were 39,947 housing units. The owner-occupied housing unit rate was 70%. Rent in Tuscarawas County cost an average of \$694 per month (Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-year Estimates).

Tuscarawas County adults and their loved ones needed the following assistance in the past year:

Type of Assistance	Needed Assistance	Received Assistance	Did Not Know Where to Look
Affordable child care	4%	1%	3%
Clothing	9%	3%	6%
Credit counseling	7%	1%	6%
Dental care	15%	8%	7%
Diapers	4%	1%	3%
Drug or alcohol addiction	6%	3%	3%
Employment	8%	3%	5%
Food	16%	12%	4%
Free tax preparation	11%	4%	7%
Gambling addiction	3%	<1%	3%
Health care	22%	18%	4%
Home repair	9%	2%	7%
Legal aid services	8%	3%	5%
Medicare	13%	10%	3%
Mental illness issues including depression	12%	8%	4%
Post incarceration transition issues	4%	1%	3%
Prescription assistance	12%	8%	4%
Rent/mortgage	9%	3%	6%
Transportation	9%	5%	4%
Unplanned pregnancy	4%	1%	3%
Utilities	9%	5%	4%

Education

- Tuscarawas County adults reported that they or an immediate family member had the following literacy needs: learning computer skills (13%); reading and understanding instructions (4%); reading a map, signs, food ingredients; and labels, etc. (3%); and completing a job application (3%).
- Eighty-six percent (86%) of Tuscarawas County adults 25 years and over had a high school diploma or higher (Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-year Estimates).
- Fifteen percent (15%) of Tuscarawas County adults 25 years and over had at least a bachelor's degree (Source: U.S. Census Bureau, 2012-2016 American Community Survey 5-year Estimates).

Social and Community Context

- Tuscarawas County adults reported the following top health concerns in their community: substance/drug abuse (29%), opiates (11%), obesity (9%), depression (3%), accidents/injuries (3%), lack of recreation facilities or fitness opportunities (2%), diabetes or similar chronic disease (2%), lack of access to good medical care (2%), lack of access to good dental care (1%), tobacco use (1%), child abuse/neglect (1%), alcohol use (1%), and other (10%).
- Tuscarawas County adults experienced the following in the past 12 months: a close family member went to the hospital (35%); death of a family member or close friend (32%); had bills they could not pay (14%); had a decline in their own health (12%); someone close to them had a problem with drinking or drugs (10%); moved to a new address (9%); someone in their household lost their job or had their hours at work reduced (9%); they were a caregiver (8%); had their household income reduce by 50% (4%); separated or divorced (3%); their child was abused by someone physically, emotionally, sexually or verbally (2%); had someone homeless living with them (2%); knew someone who lived in a hotel (2%); their family was at risk for losing their home (2%); and were homeless (1%).
- Adverse Childhood Experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They also include household dysfunction such as witnessed domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development of depression, alcoholism and alcohol abuse; depression; illicit drug use; chronic obstructive pulmonary disease; suicide attempts; and many other health problems throughout a person's lifespan (SAMHSA, *Adverse Childhood Experiences*, Updated on 7/2/2018).
- Tuscarawas County adults experienced the following Adverse Childhood Experiences (ACEs):
 - Their parents became separated or were divorced (25%)
 - Lived with someone who was a problem drinker or alcoholic (22%)
 - A parent or adult in their home swore at, insulted, or put them down (19%)
 - Lived with someone who was depressed, mentally ill, or suicidal (14%)
 - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (12%)
 - Someone at least 5 years older than them or an adult touched them sexually (11%)
 - A parent or adult in their home hit, beat, kicked, or physically hurt them (10%)
 - Their family did not look out for each other, feel close to each other, or support each other (10%)
 - Someone at least 5 years older than them or an adult tried to make them touch them sexually (9%)
 - Lived with someone who used illegal stress drugs, or who abused prescription medications (6%)
 - Their parents were not married (6%)
 - Lived with someone who served time or was sentenced to serve time in prison, jail or correctional facility (4%)
 - Someone at least 5 years older than them or an adult forced them to have sex (4%)
 - They didn't have enough to eat, had to wear dirty clothing, and had no one to protect them (2%)
- Seventeen percent (17%) of adults experienced four or more Adverse Childhood Experiences (ACEs).
- Seven percent (7%) of Tuscarawas County adults were abused in the past year including physical, sexual, emotional, or financial and verbal abuse. They were abused by the following: a spouse or partner (5%), parent (1%), someone else (1%), another person from outside the home (1%), another family member living in their household (<1%), someone else (1%), and their child (<1%).

- Tuscarawas County adults who reported being abused in the past year were abused in the following ways: verbally (74%), emotionally (68%), electronically (texts, Facebook, etc.) (29%), financially (15%), physically (3%), and sexually (3%).
- Less than one percent (<1%) reported they were forced or manipulated (tricked) to sell sex and give part or all of the money to someone else.

The table below indicates correlations between those who experienced 4 or more ACEs in their lifetime and participating in risky behaviors, as well as other experiences. Examples of how to interpret the information include: 88% of those who experienced 4 or more ACEs had an episode of binge drinking in the past 30 days, compared to 43% of those who did not experience any ACEs.

Behaviors of Tuscarawas County Adults
*Experienced 4 or More ACEs vs. Did Not Experience Any ACEs**

Adult Behaviors	Experienced 4 or More ACEs	Did Not Experience Any ACEs
Binge drinker (drank five or more drinks for males and 4 or more for females on an occasion in the past 30 days)	88%	43%
Current drinker (had at least one alcoholic beverage in the past 30 days)	86%	47%
Seriously contemplated suicide (in the past 12 months)	61%	26%
Misused prescription drugs (used prescription drugs either not prescribed to them or used them to get high or feel more alert in the past 6 months)	40%	20%
Current smoker (currently smoke on some or all days)	40%	32%
Had two or more sexual partners (in the past 12 months)	8%	3%

***ACEs" indicate adults who self-reported having experienced four or more adverse childhood experiences in their lifetime.
 Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.*

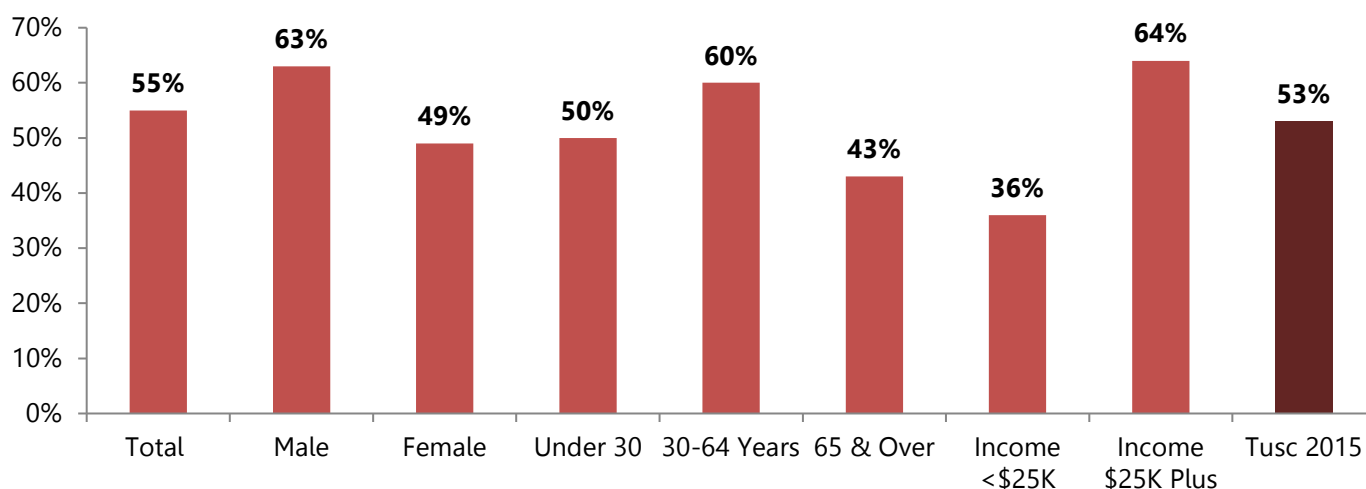
Neighborhood and Built Environment

- Just over one-quarter (26%) of Tuscarawas County adults reported that their neighborhood was extremely safe, 59% reported it to be quite safe, 11% reported it to be slightly safe, and 1% reported it to be not safe at all. Three percent (3%) reported that they did not know how safe from crime their neighborhood was.
- Fifteen percent (15%) of Tuscarawas County adults reported the following transportation issues: cannot afford gas (6%), other car issues/expenses (5%), no driver's license/suspended license (4%), no car (3%), disabled (3%), limited public transportation available or accessible (2%), no public transportation available or accessible (1%), no car insurance (1%), and do not feel safe to drive (1%). Six percent (6%) of adults who reported having transportation issues had more than one issue.
- Tuscarawas County adults indicated they use the following forms of transportation regularly: vehicle or family vehicle (92%), walk (14%), ride from a friend or family member (10%), bike (5%), public transportation (2%), and other (5%). One in five (20%) adults used more than one type of transportation.
- Sixty-four percent (64%) of adults reported the following reasons for not engaging in active transportation, such as walking or biking to work:
 - Not enough time (17%)
 - Weather (16%)
 - Incomplete sidewalk network (9%)
 - No sidewalks (9%)
 - Pain/discomfort (9%)
 - Too tired or do not have energy (8%)
 - Lazy (7%)
 - No on-street bike lanes (7%)
 - Already get enough physical activity (6%)
 - Self-motivation or will power (6%)
 - Poorly maintained sidewalks (5%)
 - Ill or otherwise physically unable (5%)
 - No barrier-protected bike lanes (4%)
 - Do not enjoy being active (2%)
 - Neighborhood was not safe (1%)
 - Afraid of injury (1%)
 - Doctor advised them not to exercise (<1%)
 - Other (14%)

- Tuscarawas County adults reported doing the following while driving: eating (40%); talking on hand-held cell phone (36%); talking on hands-free cell phone (29%); driving without wearing a seatbelt (14%); texting (14%); using internet on their cell phone (5%); being under the influence of alcohol (4%); being under the influence of prescription drugs (2%); reading (1%); being under the influence of recreational drugs (<1%); and other activities (such as applying makeup, shaving, etc.) (1%). Of adult drivers, 37% had more than one distraction. Six percent (6%) of adults reported they did not drive.
- More than half (55%) of Tuscarawas County adults kept a firearm in or around their home. Four percent (4%) of adults reported that their firearms were unlocked and loaded.

The following graph shows the percentage of Tuscarawas County adults that have a firearm in or around the home. An example of how to interpret the information includes: 55% of all Tuscarawas County adults had a firearm in or around the home, including 63% of males, and 50% of those under 30 years old.

Tuscarawas County Adults With a Firearm in the Home



Victims of Gun Violence in America

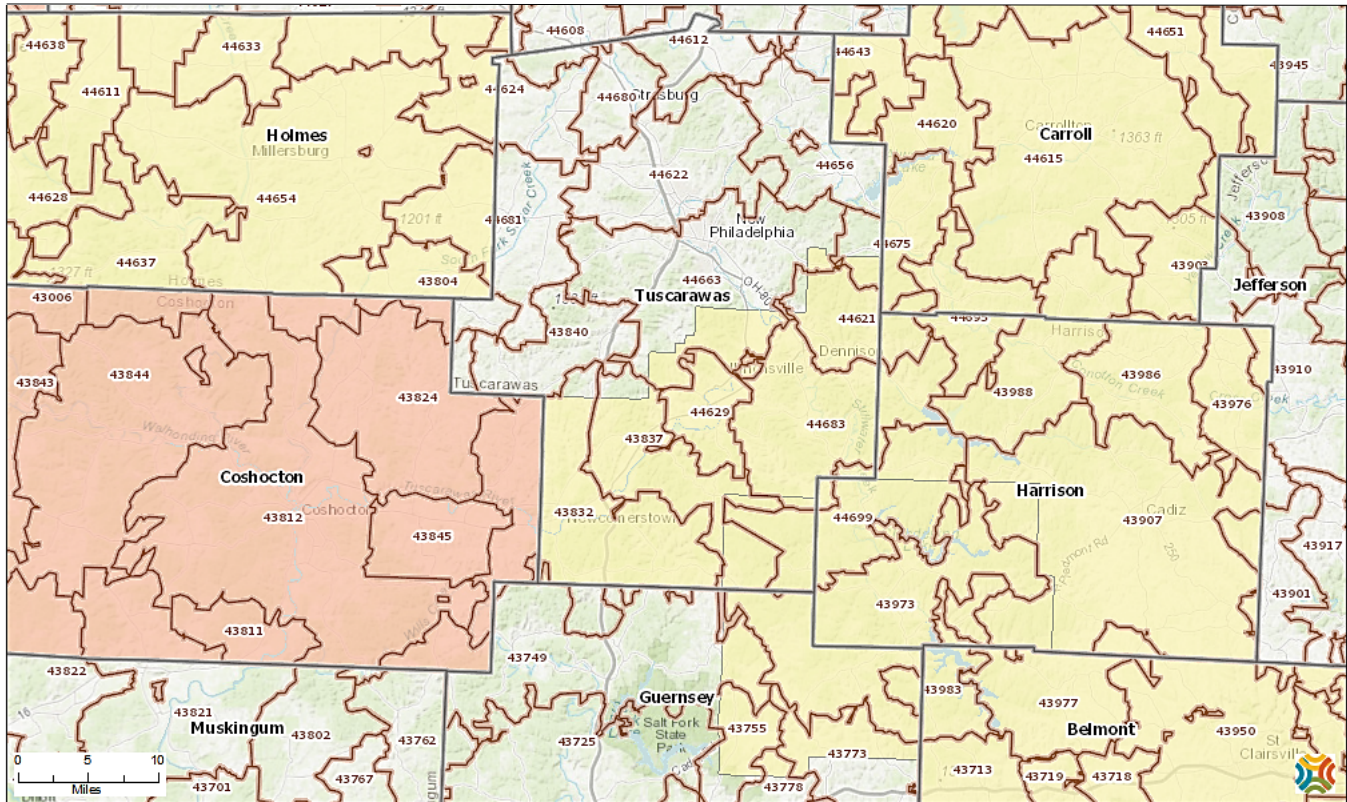
- More than 116,255 people are shot in murders, assaults, suicides & suicide attempts, accidents or by police intervention in America in an average year.
 - 35,141 people die from gun violence and 81,114 people survive gun injuries.
- Every day, an average of 318 people are shot in America. Of those 318 people, 96 people die and 222 are shot, but survive.
 - Of the 318 people who are shot every day, an average of 46 are children and teens.
 - Of the 99 people who die, 34 are murdered, 59 are suicides, 1 die accidentally and 1 with an unknown intent and 1 by legal intervention.
 - Of the 222 people who are shot but survive, 164 are from assault, 45 are shot accidentally, 10 are suicide attempts, and 3 are police interventions.

(Source: Brady Campaign to Prevent Gun Violence, "There Are Too Many Victims of Gun Violence" Fact Sheet, Updated on February 2018)

Health and Health Care

- In the past year, 9% of adults were uninsured, increasing to 14% of those with incomes less than \$25,000 and 12% of those under the age of 65.
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Tuscarawas County adults.

The map below identifies Health Professional Shortage Areas (Primary Care) by zip code for Tuscarawas County.



Map Legend

Health Professional Shortage Area - Primary, Designated Population Group by Shortage Area, HRSA HPSA Database April 2016

- Homeless Population HPSA
- Low Income Population HPSA
- Low Income Homeless Population HPSA
- Low Income Migrant Farmworker Population HPSA
- Low Income Homeless Migrant Farmworker Population HPSA
- Low Income Migrant Seasonal Worker Population HPSA
- Low Income Homeless Migrant Seasonal Worker Population HPSA
- Medicaid Eligible Population HPSA
- Migrant Seasonal Worker Population HPSA
- Geographic HPSA

Community Commons, 7/20/2018

(Source: 2012-2016 American Community Survey 5-year estimates, as compiled by Ohio Development Services Agency, Office of Research, Ohio Poverty Report, February 2018)

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: Healthy People 2020, Social Determinants of Health, Updated on 7/9/18)

Social Conditions: Environmental Conditions

Key Findings

Adults indicated that insects (9%), mold (9%) and temperature regulation (4%) threatened their health in the past year.

6,247 adults reported that insects threatened their or family member's health in the past year.

Environmental Health

- Tuscarawas County adults thought the following threatened their or family member's health in the past year:
 - Insects (9%)
 - Mold (6%)
 - Temperature regulation (4%)
 - Rodents (3%)
 - Air quality (3%)
 - Agricultural chemicals (2%)
 - Bed bugs (2%)
 - Chemicals found in products (2%)
 - Sewage/waste water problems (2%)
 - Plumbing problems (2%)
 - Unsafe water supply/wells (2%)
 - Cockroaches (1%)
 - Safety hazards (1%)
 - Lice (<1%)

Mold Prevention Tips

- Exposure to damp and moldy environments may cause a variety of health effects. Mold can cause nasal stuffiness, throat irritation, coughing or wheezing, eye irritation, or, in some cases, skin irritation.
- In your home, you can control mold growth by:
 - Keep humidity levels as low as you can, no higher than 50%, all day long
 - Be sure your home has enough ventilation. Use exhaust fans which vent outside your home in the kitchen and bathroom. Make sure your clothes dryer vents outside your home.
 - Fix any leaks in your home's roof, walls, or plumbing so mold does not have moisture to grow.
 - Clean up and dry out your home thoroughly and quickly (within 24–48 hours) after flooding.
 - Add mold inhibitors to paints before painting.
 - Clean bathrooms with mold-killing products.
 - Remove or replace carpets and upholstery that have been soaked and cannot be dried promptly. Consider not using carpet in rooms or areas like bathrooms or basements that may have a lot of moisture. One gallon of water per person per day for at least three days, for drinking and sanitation.

(Source: CDC, Facts about Mold and Dampness, Updated on 9/5/17)

Social Conditions: Parenting

Key Findings

More than half (54%) of parents discussed a career plan/post-secondary education with their 10-to-17-year-old in the past year. Ninety-four percent (94%) of parents reported their child had received all recommended immunizations.

Parenting

- Parents put their child to sleep in the following places as an infant: crib/bassinette (no bumper, blankets, stuffed animals) (54%); pack n' play (51%); in bed with parent or another person (35%); crib/bassinette (with bumper, blankets, stuffed animals) (33%); swing (31%); car seat (29%); and floor (4%).
- When asked how parents put their child to sleep as an infant, 75% said on their back, 19% said in bed with them or another person, 18% said on their side and 9% said on their stomach.
- Ninety-four percent (94%) of parents reported their child had received all recommended immunization shots.
- Reasons for not receiving all recommended immunization shots included the following: personal beliefs (4%), fear of immunizations (2%), fear of adverse side effects (2%), did not think immunization was necessary (2%), religious beliefs (1%), fear of getting sick (1%), and other reasons (2%).
- Tuscarawas County adults reported how long it had been since their child last saw a dentist within the past year (76%), within the past 2 years (3%), within the past 5 years (2%), 5 or more years ago (1%), and never (2%). Fourteen percent (14%) of adults reported that their child was not old enough to go to the dentist.
- Parents discussed the following health topics with their 10-to-17-year-old in the past year:
 - Bullying (81%)
 - Weight status (58%)
 - Career plan/post-secondary education (54%)
 - Refusal skills/peer pressure (54%)
 - Social media issues (53%)
 - Negative effects of alcohol, tobacco, illegal drugs, or misusing prescription drugs (49%)
 - Dating and relationships (43%)
 - Body image (41%)
 - Abstinence and how to refuse sex (40%)
 - Depression/anxiety/suicide (37%)
 - School/legal consequences of using tobacco/alcohol/other drugs (36%)
 - Birth control/condom use/safer sex/STD prevention (32%)
 - Volunteering (32%)
 - Energy drinks (19%)

Youth Health: Weight Status

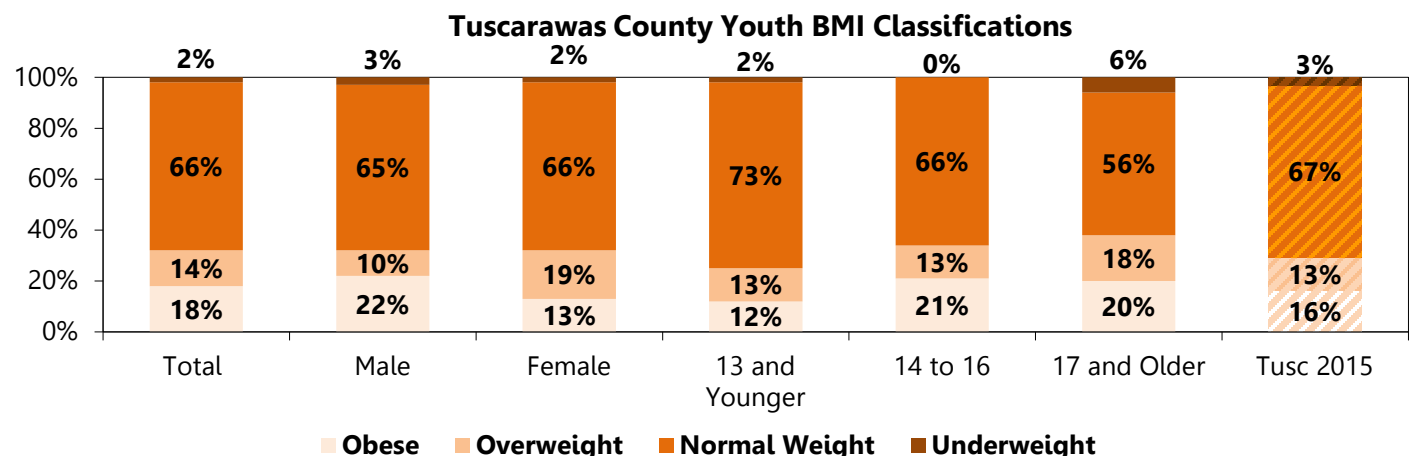
Key Findings

Nearly one-fifth (18%) of Tuscarawas County youth were obese, according to Body Mass Index (BMI) by age. When asked how they would describe their weight, 35% of Tuscarawas County youth reported that they were slightly or very overweight. Almost three-quarters (74%) of youth exercised 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 fat changes over the years as they grow. In children and teens, BMI is used to assess underweight, normal, overweight, and obese.
- Nearly one-fifth (18%) of Tuscarawas County youth were classified as obese by Body Mass Index (BMI) calculations (YRBS reported 15% for the U.S. in 2017), 14% of youth were classified as overweight (2017 YRBS reported 16% for the U.S.), 66% were normal weight, and 2% were underweight.
- More than one-third (35%) of youth described themselves as being either slightly or very overweight (2017 YRBS reported 32% for the U.S.).
- Youth reported they were trying to either lose weight (49%), gain weight (12%), or stay the same weight (15%). Almost one-quarter (24%) of youth reported they were not trying to do anything about their weight.
- Youth did the following to lose or keep from gaining weight in the past 30 days:
 - Exercised (51%)
 - Drank more water (50%)
 - Ate more fruits and vegetables (39%)
 - Ate less food, fewer calories, or foods lower in fat (34%)
 - Skipped meals (17%)
 - Went without eating for 24 hours or more (5%) (2013 YRBS reported 13% for U.S.)
 - Took diet pills, powders, or liquids without a doctor's advice (1%) (2013 YRBS reported 5% for U.S.)
 - Vomited or took laxatives (1%) (2013 YRBS reported 4% for the U.S.)
 - Smoked cigarettes or e-cigarettes to lose weight (1%)
 - Used illegal drugs (1%)
- More than one-third (37%) of youth did not do anything to lose or keep from gaining weight.

The following graph shows the percentage of Tuscarawas County youth who were classified as obese, overweight, normal weight or underweight according to Body Mass Index (BMI) by age. An example of how to interpret the information includes: 66% of all Tuscarawas County youth were classified as normal weight, 18% were obese, 14% were overweight, and 2% were underweight.



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

Nutrition

- Four percent (4%) of youth ate 5 or more servings of fruit per day, 19% of youth ate 3-4 servings, and 70% of youth ate 1-2 servings. Seven percent (7%) of youth ate 0 servings of fruit per day.
- Three percent (3%) of youth ate 5 or more servings of vegetables per day, 12% of youth ate 3-4 servings, and 68% of youth ate 1-2 servings. Seventeen percent (17%) of youth ate 0 servings of vegetables per day.
- More than one-fifth (22%) of youth ate 5 or more servings of fruits **and/or** vegetables per day, 38% of youth ate 3-4 servings, and 36% of youth ate 1-2 servings. Four percent (4%) of youth ate 0 servings of fruits and/or vegetables per day.
- Three percent (3%) of youth drank 5 or more servings of sugar-sweetened beverages per day, 12% of youth drank 3-4 servings, and 55% of youth drank 1-2 servings. Thirty percent (30%) of youth drank 0 servings of sugar-sweetened beverages per day.
- Two percent (2%) of youth drank 5 or more servings of caffeinated beverages per day, 3% of youth drank 3-4 servings, and 37% of youth drank 1-2 servings. Fifty-eight percent (58%) of youth drank 0 servings of caffeinated beverages per day.
- Tuscarawas County youth reported that their family gets most of their food from the grocery store (86%), fast food restaurant (3%), farmers market (3%), convenience/corner store (1%), food pantry (1%), doctor's office/food pharmacy (<1%), and other (1%).

2,861 Tuscarawas County youth were classified as overweight or obese.

Physical Activity

- During the past week, youth participated in at least 60 minutes of physical activity at the following frequencies:
 - 3 or more days (74%)
 - 5 or more days (54%) (2017 YRBS reports 46% for the U.S.)
 - Every day (28%) (2017 YRBS reports 26% for the U.S.)
- One in eleven (9%) youth did not participate in at least 60 minutes of physical activity on any day in the past week (2017 YRBS reports 15% for the U.S.).
- The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity per day. As part of their 60 minutes per day, aerobic activity, muscle strengthening, and bone strengthening are three distinct types of physical activity that children should engage in, appropriate to their age. Children should participate in each of these types of activity on at least three days per week.
- Tuscarawas County youth reported the following reasons why they do not exercise:
 - Time/do not have enough time (23%)
 - Lazy (13%)
 - Self-motivation or will power (11%)
 - Too tired or do not have energy (9%)
 - Pain/discomfort (8%)
 - Weather (8%)
 - Do not like to exercise (8%)
 - Do not know what activity to do (7%)
 - Do not have an exercise partner/do not have anyone to be active with (5%)
 - Cannot afford a gym membership (5%)
 - No transportation to a gym or other exercise opportunity (5%)
 - Too expensive (3%)
 - Afraid of injury (3%)
 - Gym is not available (2%)
 - Ill or otherwise physically unable (2%)
 - Doctor advised them not to exercise (1%)
 - No walking, biking trails, or parks (1%)
 - Neighborhood safety/their neighborhood is not safe (1%)
 - No sidewalks or poorly maintained sidewalks (1%)
 - Other (4%)

- On an average day of the week, youth spent an average of 3.2 hours on their cell phone, 1.3 hours playing video games, 1.2 hours watching TV, and 1.0 hours on their computer/tablet.
- Thirteen percent (13%) of youth spent 3 or more hours watching TV on an average school day (2017 YRBS reported 21% for the U.S.).
- Youth reported they got to school most often in the following ways: dropped them off (35%); took the bus (28%); drove (25%); walked (11%); and rode a bike, skateboard or scooter (1%).

Healthy People 2020 Nutrition and Weight Status (NWS)

Objective	Tuscarawas County 2018	U.S. 2017	Healthy People 2020 Target
NWS-10.4 Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese	18% (6-12 Grade) 21% (9-12 Grade)	15% (9-12 Grade)	15%*

**The Healthy People 2020 target is for children and youth aged 2-19 years.
(Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2018 Tuscarawas County Health Assessment)*

Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Tuscarawas County 2018 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Obese	16%	18%	18%	21%	15%
Overweight	13%	14%	14%	15%	16%
Described themselves as slightly or very overweight	34%	35%	36%	39%	32%
Were trying to lose weight	48%	49%	45%	51%	47%
Exercised to lose weight (in the past 30 days)	53%	51%	53%	54%	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight (in the past 30 days)	28%	34%	27%	41%	N/A
Went without eating for 24 hours or more (in the past 30 days)	4%	5%	4%	7%	N/A
Took diet pills, powders, or liquids without a doctor's advice (in the past 30 days)	3%	1%	4%	1%	N/A
Vomited or took laxatives (in the past 30 days)	3%	1%	3%	2%	N/A
Ate 5 or more servings of fruits and/or vegetables per day	N/A	22%	N/A	18%	N/A
Ate 0 servings of fruits and/or vegetables per day	N/A	4%	N/A	7%	N/A
Physically active at least 60 minutes per day on every day in past week	35%	28%	34%	28%	26%
Physically active at least 60 minutes per day on 5 or more days in past week	56%	54%	56%	56%	46%
Did not participate in at least 60 minutes of physical activity on any day in past week	9%	9%	7%	8%	15%
Watched 3 or more hours per day of television (on an average school day)	30%	13%	28%	15%	21%

N/A – Not Available

*Comparative YRBS data for U.S. is 2013

Youth Health: Tobacco Use

Key Findings

Five percent (5%) of Tuscarawas County youth were current smokers, increasing to 12% of those ages 17 and older. Nearly one in eight (12%) youth used e-cigarettes in the past year.

Youth Tobacco Use Behaviors

- Sixteen (16%) of Tuscarawas County youth had tried cigarette smoking in their lifetime, increasing to 27% of those ages 17 and older (YRBS reported 29% for the U.S. in 2017).
- Five percent (5%) of youth were current smokers, having smoked at some time in the past 30 days (YRBS reported 9% for the U.S. in 2017).

447 Tuscarawas County youth were current smokers.

- Youth smokers reported the following ways of obtaining cigarettes:
 - Borrowed (or bummed) cigarettes from someone else (33%)
 - A person 18 years or older gave them the cigarettes (33%)
 - Bought cigarettes from a store such as a convenience store, supermarket, discount store, or gas station (22%)
 - Took them from a family member (11%)
 - Some other way (37%)
- Sixty-three percent (63%) of youth identified as current smokers were also current drinkers, defined as having had a drink of alcohol in the past 30 days.
- Youth used the following forms of tobacco in the past year: e-cigarettes (12%); cigarettes (10%); Black and Milds (5%); chewing tobacco, snuff, or dip (4%); pouch [snus] (4%); cigars (3%); Swishers (3%); cigarillos (1%); dissolvable tobacco products (1%); and little cigars (1%).
- More than half (55%) of youth reported being exposed to second hand smoke in the following places: relatives home (27%), home (22%), car (16%), friend's home (15%), fairgrounds (14%), and park/ball field (13%).

Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Tuscarawas County 2018 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Ever tried cigarette smoking (even one or two puffs)	24%	16%	34%	22%	29%
Current smoker (smoked on at least 1 day during the past 30 days)	9%	5%	14%	7%	9%

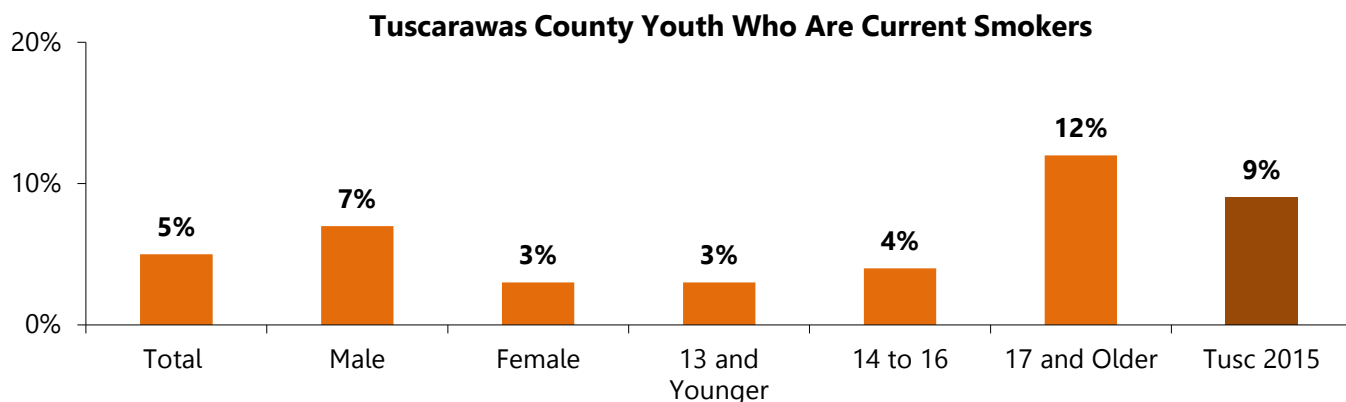
Healthy People 2020 Tobacco Use (TU)

Objective	Tuscarawas County 2018	U.S. 2017	Healthy People 2020 Target
TU-2.2 Reduce use of cigarettes by adolescents (past month)	5% (6-12 Grade) 7% (9-12 Grade)	9% (9-12 Grade)	16%*

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

(Sources: Healthy People 2020 Objectives, 2017 YRBS, 2018 Tuscarawas County Health Assessment)

The following graph shows the percentage of Tuscarawas County youth who were current smokers. An example of how to interpret the information includes: 5% of all Tuscarawas County youth were current smokers, including 7% of males and 3% of females.



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

The table below indicates correlations between current smokers and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 63% of current smokers had at least one drink of alcohol in the past 30 days, compared to 13% of non-current smokers.

Behaviors of Tuscarawas County Youth Current Smokers vs. Non-Current Smokers*

Youth Behaviors	Current Smoker	Non-Current Smoker
Currently participate in extracurricular activities	94%	95%
Had at least one drink of alcohol (in the past 30 days)	63%	13%
Bullied (in the past 12 months)	60%	34%
Used marijuana (in the past 30 days)	56%	2%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)	55%	18%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	53%	26%
Attempted suicide (in the past 12 months)	24%	6%
Used prescription drugs not prescribed to them (in the past 30 days)	18%	3%

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

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

Youth Tobacco Use

- If smoking continues at the current rate among youth in this country, 5.6 million of today's Americans younger than 18 (about 1 in 13 Americans aged 17 years or younger alive today) will die early from a smoking-related illness.
- Nearly 9 out of 10 cigarette smokers first tried smoking by age 18.
- Nearly 12 out 100 high school students reported in 2016 that they use electronic cigarettes in the past 30 days.
- In 2016, more than 31 of every 100 high school students said they had ever tried two or more tobacco products.
- There is a strong relationship between youth smoking and depression, anxiety, and stress with mental health
- Some social and environmental factors have been found to be related to lower smoking levels among youth. Among these are:
 - Religious participation
 - Racial/ethnic pride and strong racial identity
 - High academic achievement and aspirations

(Source: CDC, Smoking & Tobacco Use: Youth and Tobacco Use, Updated on June 15, 2018)

Youth Health: Alcohol Use

Key Findings

More than one-third (35%) of Tuscarawas County youth had at least one drink of alcohol in their life, increasing to 60% of youth 17 and older. Approximately one in six (16%) youth had at least one drink in the past 30 days, defining them as a current drinker. Of those who drank, 52% were defined as binge drinkers.

Youth Alcohol Consumption

- More than one-third (35%) of youth had at least one drink of alcohol in their life, increasing to 60% of those ages 17 and older (2017 YRBS reports 60% for the U.S.).
- Approximately one in six (16%) youth had at least one drink in the past 30 days, defining them as current drinkers, increasing to 25% of those ages 17 and older (YRBS reports 30% for the U.S. in 2017).

715 youth were binge drinkers.

- Based on all youth surveyed, 8% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers, increasing to 16% of those ages 17 and older. (YRBS reports 14% for the U.S. in 2017). Of those who were current drinkers, 52% were defined as binge drinkers.
- Of all youth, 8% had drunk alcohol for the first time before the age of 13 (2017 YRBS reports 16% for the U.S.).
- More than one-quarter (27%) of youth who reported drinking at some time in their life had their first drink at 12 years old or younger, 28% took their first drink between the ages of 13 and 14, and 45% started drinking between the ages of 15 and 18. The average age of onset was 13.3 years old.
- Youth drinkers reported they got their alcohol from the following: someone gave it to them (41%) [2017 YRBS reports 44% for the U.S.]; someone older bought it (27%); a parent gave it to them (25%); an older friend or sibling bought it for them (19%); took it from a store or family member (8%); a friend's parent gave it to them (3%); bought it in a liquor store/convenience store/gas station (2%); bought it with a fake ID (2%); and some other way (10%).
- One in nine (11%) youth reported that they rode in a car or other vehicle with a driver who had been drinking alcohol (YRBS reports 17% for the U.S. in 2017). Of those who rode with a driver that had been drinking alcohol, 71% did so two or more times.

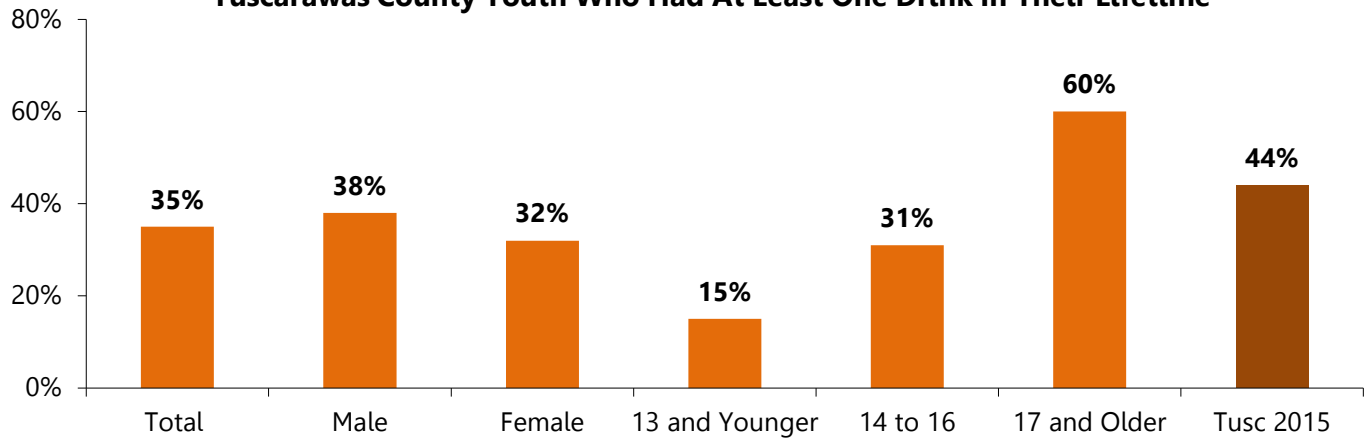
Teen Binge Drinking: On the Decline

- From 2015 to 2016, statistically significant declines in underage drinking were recorded for 8th and 10th grades lifetime and annual consumption and been drunk in the past year and lifetime, 8th grade past 30-day consumption and binge drinking (5 or more drinks in a row in the last two weeks), and 12th grade daily alcohol consumption.
- 77% 8th graders report they have never consumed alcohol, down 67% proportionally from 70% in 1991 to 23% in 2016. Lifetime consumption of alcohol among tenth graders and twelfth graders declined proportionally 48% and 30%, respectively, since 1991
- One in five eighth grade students (18%), 38% of tenth graders, and 56% 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>

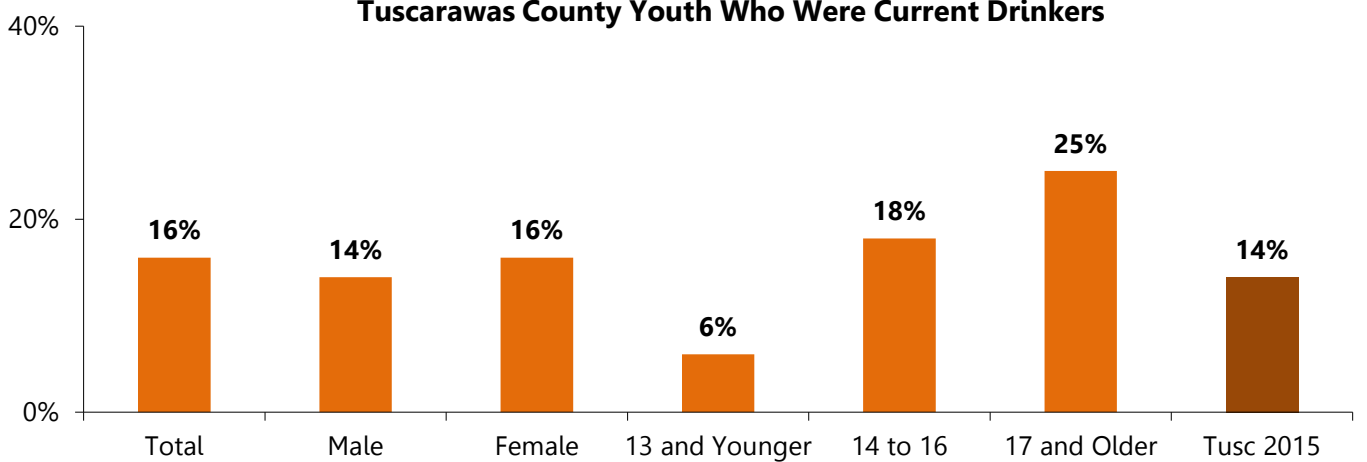
(Source: Foundation For Advancing Alcohol Responsibility: Underage Drinking Statistics)

The following graphs show the percentage of Tuscarawas County youth who drank in their lifetime, were current drinkers, and were binge drinkers. An example of how to interpret the information on the first graph includes: 35% of all Tuscarawas County youth had drunk at some time in their life, including 38% of males and 32% of females.

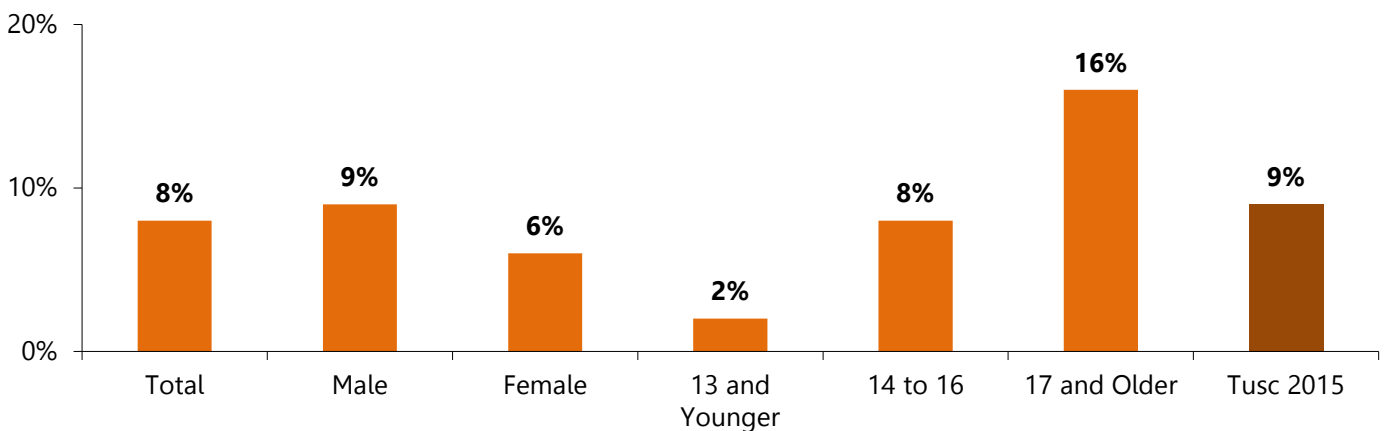
Tuscarawas County Youth Who Had At Least One Drink In Their Lifetime



Tuscarawas County Youth Who Were Current Drinkers



Tuscarawas County Youth Binge Drinking in Past Month



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

Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Tuscarawas County 2018 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	44%	35%	56%	48%	60%
Current Drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	14%	16%	23%	21%	30%
Binge drinker (drank 5 or more drinks within a couple of hours on at least 1 day during the past 30 days)	9%	8%	14%	12%	14%
Drank for the first time before age 13 (of all youth)	13%	8%	8%	8%	16%
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	36%	41%	40%	47%	44%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasion during the past 30 days)	16%	11%	16%	13%	17%

Healthy People 2020 Substance Abuse (SA)

Objective	Tuscarawas County 2018	U.S. 2017	Healthy People 2020 Target
SA-14.4 Reduce the proportion of persons engaging in binge drinking during the past month	8% (6-12 Grade) 12% (9-12 Grade)	14% (9-12 Grade)	9%*

**The Healthy People 2020 target is for youth aged 12-17 years.
(Sources: Healthy People 2020 Objectives, 2017 YRBS, 2018 Tuscarawas County Health Assessment)*

The table below indicates correlations between current drinkers and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 55% of current drinkers had sexual intercourse in their lifetime, compared to 9% of non-current drinkers.

Behaviors of Tuscarawas County Youth Current Drinkers* vs. Non-Current Drinkers

Youth Behaviors	Current Drinker	Non-Current Drinker
Currently participate in extracurricular activities	94%	95%
Had sexual intercourse (in their lifetime)	55%	9%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	52%	23%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)	42%	16%
Bullied (in the past 12 months)	40%	34%
Seriously considered attempting suicide (in the past 12 months)	29%	14%
Smoked cigarettes (in the past 30 days)	21%	2%
Used marijuana (in the past 30 days)	21%	2%
Attempted suicide (in the past 12 months)	19%	5%
Used prescription drugs not prescribed to them (in the past 30 days)	13%	9%

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

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

Youth Health: Drug Use

Key Findings

In 2018, 5% of Tuscarawas County youth had used marijuana at least once in the past 30 days. Three percent (3%) of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life.

Youth Drug Use

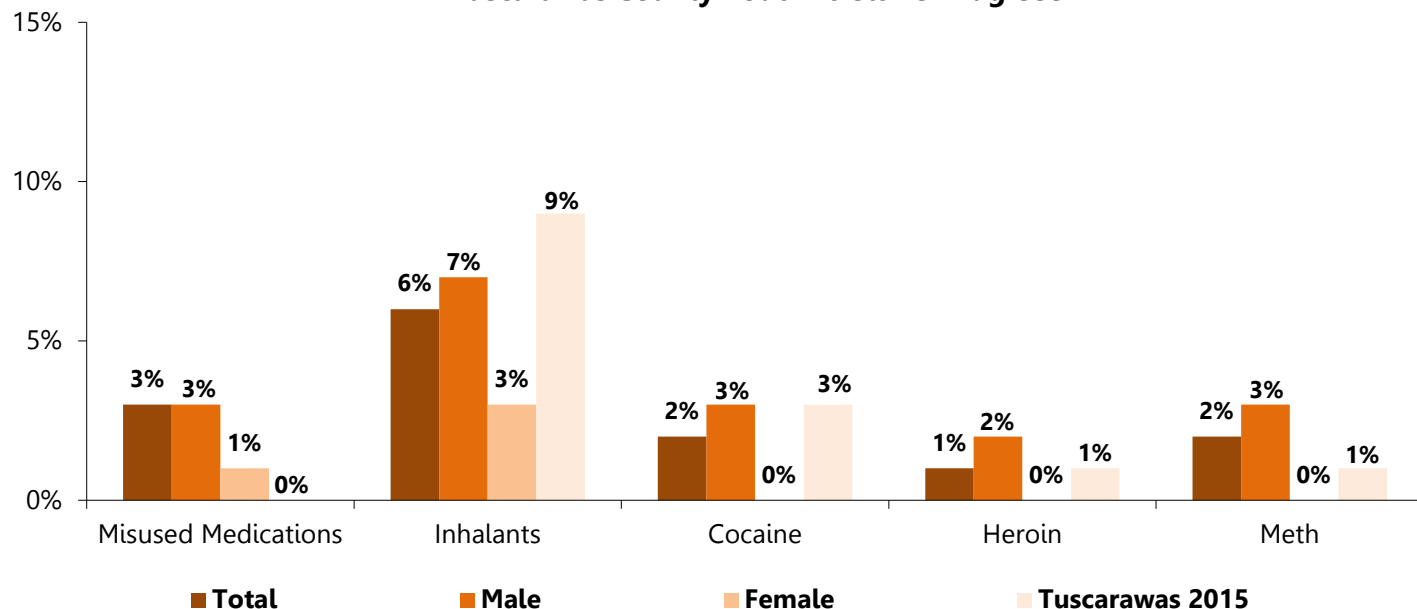
- In 2018, 5% of Tuscarawas County youth used marijuana at least once in the past 30 days, increasing to 9% of those ages 17 and older. The 2017 YRBS found a prevalence of 20% for U.S. youth.

447 youth used marijuana in the past 30 days.

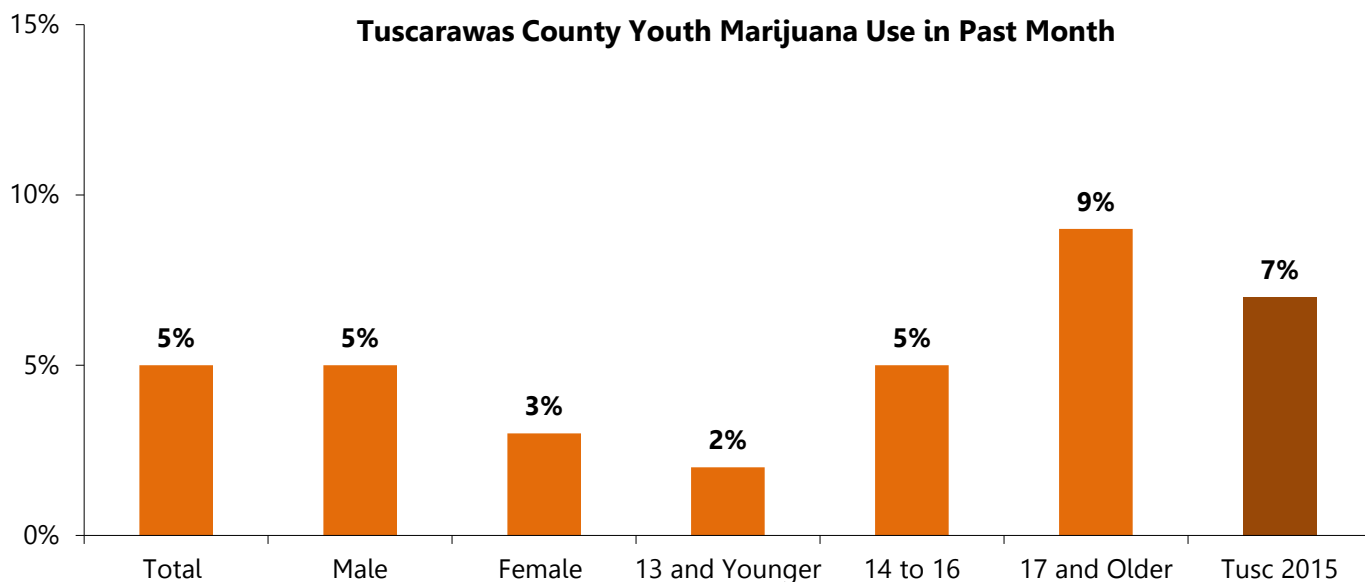
- Tuscarawas County youth have tried the following in their life:
 - Inhalants (6%) (YRBS reports 6% for the U.S. in 2017)
 - Hallucinogenic drugs, such as LSD, acid, PC, angel dust, mescaline, or mushrooms (2%)
 - Cocaine (2%) (YRBS reports 5% for U.S. in 2017)
 - Misused over-the-counter medications (2%)
 - Methamphetamines (2%) (YRBS reports 3% for the U.S. in 2017)
 - K2/spice (2%)
 - Posh/salvia/synthetic marijuana (2%)
 - Went to a pharm party (1%)
 - Misused hand sanitizer (1%)
 - Misused cough syrup (1%)
 - Ecstasy/MDMA/Molly (1%) (YRBS reports 4% for the U.S. in 2017)
 - Liquid THC (1%)
 - Heroin (1%) (YRBS reports 2% for the U.S. in 2017)
 - Carfentanil/Fentanyl (<1%)
 - Bath salts (<1%)
 - GhB (<1%)
- Four percent (4%) of Tuscarawas County youth used prescription drugs not prescribed to them in the past 30 days.
- Three percent (3%) of youth misused medications that were not prescribed to them or took more to get high and/or feel more alert in their lifetime.
- Two percent (2%) of youth took steroids without a doctor's prescription in their lifetime.
- In the past 12 months, 4% of youth reported being offered, sold, or given an illegal drug on school property.
- Youth agreed with the following statements: using marijuana leads to using other drugs (51%), marijuana is addictive (51%), medical marijuana should be legalized (45%), and recreational marijuana should be legalized (21%). Nearly one-fifth (18%) of youth disagreed with the above statements.

The following graphs indicate youth lifetime drug use and youth marijuana use in the past 30 days. An example of how to interpret the information includes: 3% of youth have misused medication at some point in their life, including 3% of males and 1% of females.

Tuscarawas County Youth Lifetime Drug Use



Tuscarawas County Youth Marijuana Use in Past Month



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

The table below indicates correlations between current marijuana use and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 88% of current marijuana users experienced 3 or more adverse childhood experiences (ACEs) in their lifetime, compared to 17% of non-marijuana users.

Behaviors of Tuscarawas County Youth
Current Marijuana Use vs. Non-Current Marijuana Use*

Youth Behavior	Current Marijuana User	Non-Current Marijuana User
Currently participate in extracurricular activities	100%	94%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)	88%	17%
Had at least one drink of alcohol (in the past 30 days)	67%	13%
Smoked cigarettes (in the past 30 days)	60%	2%
Had sexual intercourse (in their lifetime)	50%	14%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	47%	26%
Bullied (in the past 12 months)	40%	35%
Seriously considered attempting suicide (in the past 12 months)	43%	15%
Used prescription drugs not prescribed to them (in the past 30 days)	20%	3%

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

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

Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Tuscarawas County 2018 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Currently used marijuana (in the past 30 days)	7%	5%	11%	7%	20%
Ever used methamphetamines (in their lifetime)	1%	2%	1%	3%	3%
Ever used cocaine (in their lifetime)	3%	2%	5%	3%	5%
Ever used heroin (in their lifetime)	1%	1%	2%	2%	2%
Ever used inhalants (in their lifetime)	9%	6%	4%	7%	6%
Ever used ecstasy (also called MDMA in their lifetime)	2%	1%	3%	2%	4%
Misused medications that were not prescribed to them or took more to get high and/or feel more alert (in their lifetime)	5%	3%	7%	5%	N/A
Ever took steroids without a doctor's prescription (in their lifetime)	5%	2%	4%	2%	3%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	7%	4%	8%	6%	20%

N/A – Not Available

Youth Health: Sexual Behavior

Key Findings

Note: Some Tuscarawas County school districts elected not to ask sexual behavior questions. Please use data with caution. In 2018, 15% of youth reported having had sexual intercourse at least once in their lives. Thirty-three percent (33%) of sexually active youth had four or more sexual partners. Nine percent (9%) of youth engaged in intercourse without a reliable method of protection, and 15% reported they were unsure if they used a reliable method.

Youth Sexual Behavior

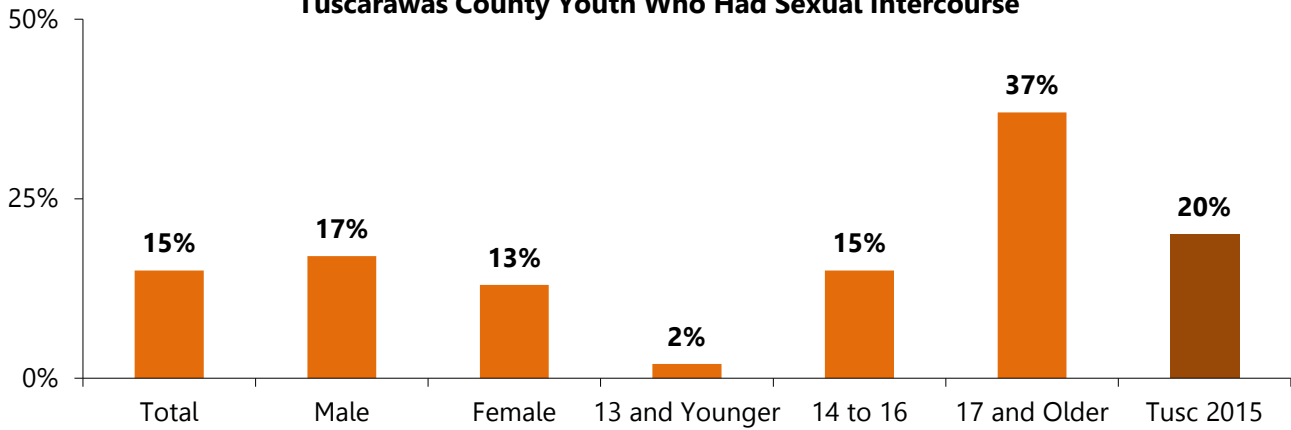
- Fifteen percent (15%) of Tuscarawas County youth have had sexual intercourse, increasing to 37% of those ages 17 and older. (The YRBS reports 40% for U.S. in 2017).
- Fourteen percent (14%) youth had participated in oral sex, increasing to 33% of those ages 17 and older.

1,341 youth have had sexual intercourse at least once in their lives.

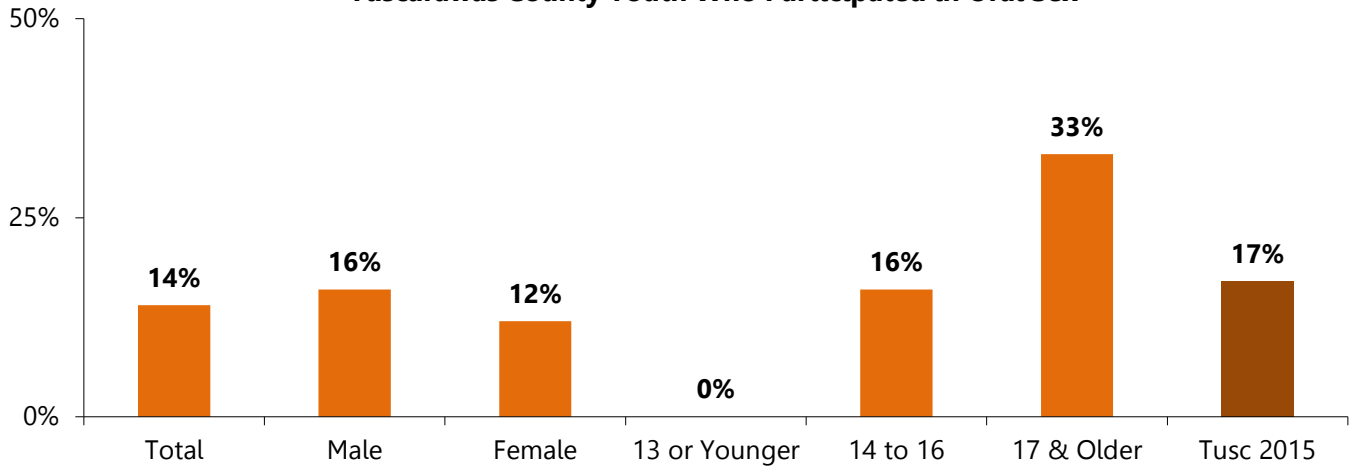
- Four percent (4%) of youth had participated in anal sex, increasing to 9% of those ages 17 and older.
- Sixteen percent (16%) of youth had participated in sexting, increasing to 33% of those ages 17 and older.
- Nearly one-fifth (18%) of youth had viewed pornography, increasing to 33% of those ages 17 and older.
- Of sexually active youth, 45% had one sexual partner and 55% had multiple partners.
- Thirty-three percent (33%) of sexually active youth had four or more sexual partners (2017 YRBS reports 28% for U.S.).
- Five percent (5%) of all youth had four or more sexual partners (YRBS reports 10% for the U.S. in 2017).
- Of sexually active youth, 11% had done so by the age of 13, and another 22% had done so by 15 years of age. The average age of onset was 14.8 years old.
- Of all youth, 2% were sexually active before the age of 13 (YRBS reports 3% for the U.S. in 2017).
- More than two-fifths (44%) of youth who were sexually active used condoms to prevent pregnancy; 12% used the withdrawal method; 9% used birth control pills; 6% used an IUD 3% used a shot, patch or birth control ring; and 3% were gay or lesbian. However, 9% engaged in intercourse without a reliable method of protection, and 15% reported they were unsure.
- Tuscarawas County youth had sexual contact with a female (10%); sexual contact with a male (9%); been pregnant (1%); gotten someone pregnant (1%); wanted to get pregnant (1%); a miscarriage (1%); and sex in exchange for something of value, such as food, drugs, shelter or money (1%).

The following graphs show the percentage of Tuscarawas County youth who participated in sexual intercourse, oral sex, and sexting. An example of how to interpret the information includes: 15% of all Tuscarawas County youth had sexual intercourse, including 17% of males, and 13% of females.

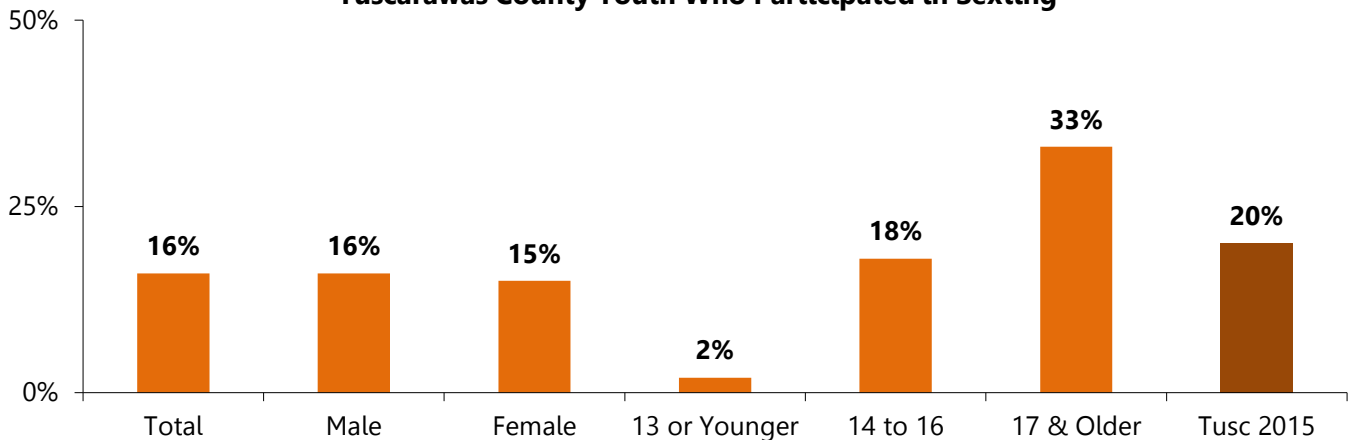
Tuscarawas County Youth Who Had Sexual Intercourse



Tuscarawas County Youth Who Participated in Oral Sex



Tuscarawas County Youth Who Participated in Sexting



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

Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Tuscarawas County 2018 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Ever had sexual intercourse	20%	15%	34%	26%	40%
Had sexual intercourse with four or more persons (of all youth during their life)	3%	5%	6%	8%	10%
Had sexual intercourse before the age 13 (for the first time of all youth)	3%	2%	2%	2%	3%
Used a condom (during last sexual intercourse)	64%	44%	68%	46%	54%
Used birth control pills (during last sexual intercourse)	26%	9%	26%	11%	21%
Used an IUD (during last sexual intercourse)	N/A	6%	N/A	7%	4%
Used a shot, patch or birth control ring (during last sexual intercourse)	N/A	3%	N/A	4%	5%
Did not use any method to prevent pregnancy (during last sexual intercourse)	12%	9%	14%	7%	14%

N/A- Not Available

Sexual Risk Behavior

- Many young people engage in sexual risk behaviors that can result in unintended health outcomes. For example, among U.S. high school students surveyed in 2015:
 - 41% had ever had sexual intercourse
 - 30% had sexual intercourse during the previous 3 months. Of those who were sexually active in the past 3 months: 43% did not use a condom the last time they had sex, 14% did not use any method to prevent pregnancy, and 21% had drunk alcohol or used drugs before last sexual intercourse.
 - Only 10% of sexually experienced students have ever been tested for HIV
- Sexual risk behaviors place adolescents at risk for HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy.
- Young people (aged 13-24) accounted for an estimated 21% of all new HIV diagnoses in the United States in 2016.
- Among young people (aged 13-24) diagnosed with HIV in 2016, 81% were gay and bisexual males.
- Half of the nearly 20 million new STDs reported each year are among young people, between the ages 15–24.
- Nearly 210,000 babies were born to teen girls aged 15-19 years in 2016.

(Source: CDC, *Adolescent and School Health*, updated April 11, 2018)

Youth Health: Mental Health

Key Findings

Seventeen percent (17%) of Tuscarawas County youth had seriously considered attempting suicide in the past year, and 8% attempted suicide in the past year.

Youth Mental Health

- More than one-quarter (28%) 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 34% of females (YRBS reported 32% for the U.S. in 2017).

2,504 youth felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.

- Seventeen percent (17%) of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 21% of females (YRBS reported 17% for the U.S. in 2017).
- In the past year, 8% of youth had attempted suicide. Four percent (4%) of youth had made more than one attempt. The 2017 YRBS reported a suicide attempt prevalence rate of 7% for U.S. youth.
- Of those who attempted suicide, 3% resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse. (YRBS reported 2% for the U.S. in 2017).

1,520 youth seriously considered attempting suicide.

- Youth reported the following caused them anxiety, stress or depression: academic success (44%), fighting with friends (32%), self-image (31%), sports (27%), peer pressure (25%), fighting at home (24%), stress at home (24%), death of close family member or friend (23%), being bullied (21%), breakup (20%), parent divorce/separation (14%), dating relationship (13%), poverty/no money (11%), parent is sick (8%), caring for younger siblings (8%), sexual orientation (6%), alcohol or drug use in the home (4%), not having a place to live (2%), not having enough to eat (1%), and other (16%).
- Youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (41%); hobbies (36%); texting someone (29%); exercising (28%); eating (23%); talking to a peer (22%); talking to someone in their family (21%); praying/reading the Bible (18%); using social media (15%); breaking something (8%); writing in a journal (8%); shopping (6%); and drinking alcohol, smoking/using tobacco, or using illegal drugs (5%). Sixteen percent (16%) of youth reported they did not have anxiety, stress, or depression.

Healthy People 2020 Mental Health and Mental Disorders (MHMD)

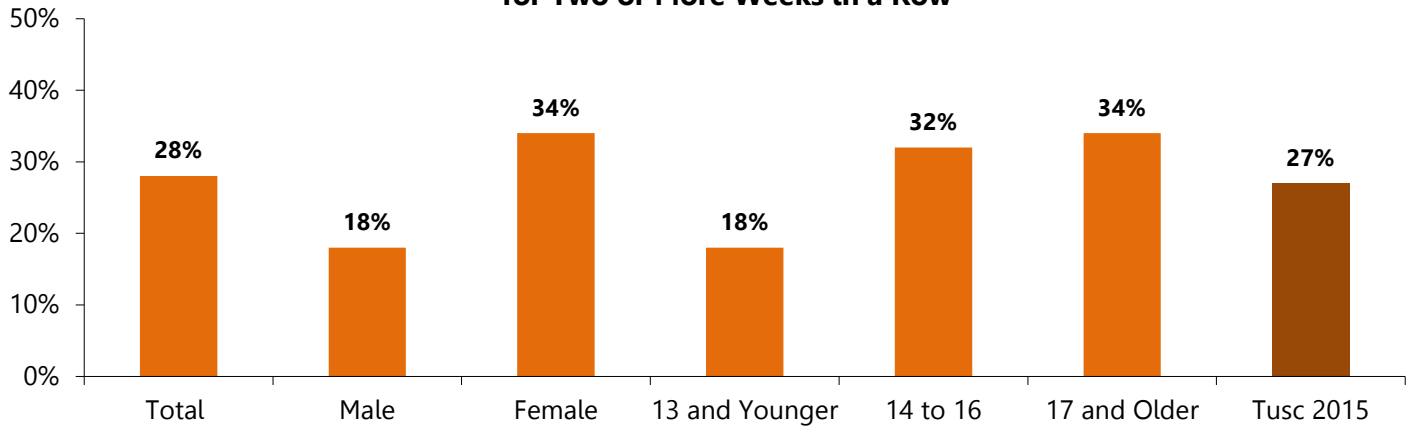
Objective	Tuscarawas County 2018	U.S. 2017	Healthy People 2020 Target
MHMD-2 Reduce suicide attempts by adolescents[‡]	3% (6-12 Grade) 2% (9-12 Grade)	7% (9-12 Grade)	2%*

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

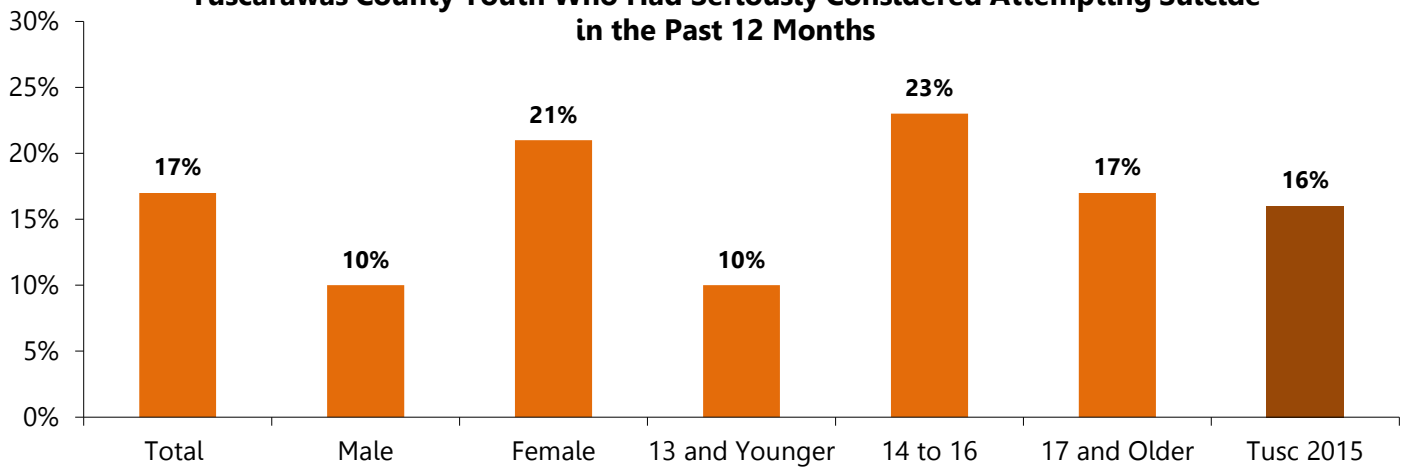
[‡]This objective is based upon attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse. (Sources: Healthy People 2020 Objectives, 2017 YRBS, 2018 Tuscarawas County Health Assessment)

The following graphs show Tuscarawas County youth who felt sad or hopeless for two or more weeks in a row, seriously considered attempting suicide in the past year and had attempted suicide in the past year. An example of how to interpret the information on the first graph includes: 28% of youth felt sad or hopeless for two or more weeks in a row, including 18% of males, and 34% of females.

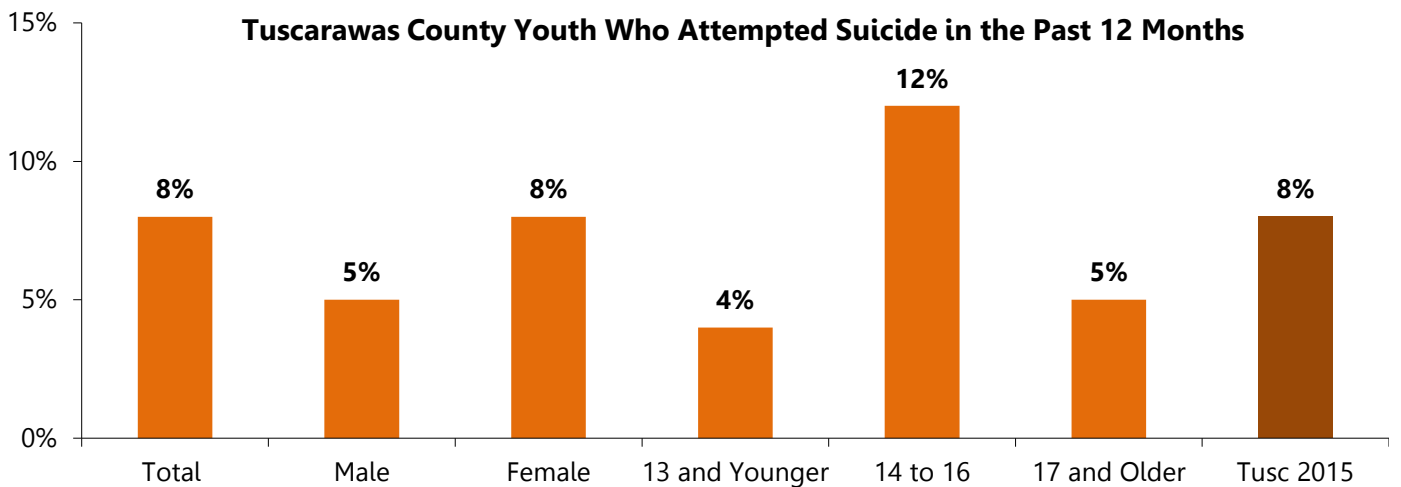
Tuscarawas County Youth Who Felt Sad or Hopeless for Two or More Weeks in a Row



Tuscarawas County Youth Who Had Seriously Considered Attempting Suicide in the Past 12 Months



Tuscarawas County Youth Who Attempted Suicide in the Past 12 Months



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

The table below indicates correlations between those who contemplated suicide in the past 12 months and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 85% of those who contemplated suicide were bullied in the past 12 months, compared to 25% of those who did not contemplate suicide.

Behaviors of Tuscarawas County Youth
Contemplated Suicide vs. Did Not Contemplate Suicide*

Youth Behaviors	Contemplated Suicide	Did Not Contemplate Suicide
Currently participate in extracurricular activities	92%	95%
Bullied (in the past 12 months)	85%	25%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)	46%	16%
Had at least one drink of alcohol (in the past 30 days)	28%	14%
Had sexual intercourse (in their lifetime)	28%	14%
Smoked cigarettes (in the past 30 days)	14%	4%
Used marijuana (in the past 30 days)	12%	3%
Used prescription drugs not prescribed to them (in the past 30 days)	6%	3%

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

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

Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Tuscarawas County 2018 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	27%	28%	26%	35%	32%
Seriously considered attempting suicide (in the past 12 months)	16%	17%	18%	22%	17%
Attempted suicide (in the past 12 months)	8%	8%	8%	9%	7%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (in the past 12 months)	3%	3%	4%	2%	2%

Youth Health: Social Determinants of Health

Key Findings

One-fifth (20%) of youth had three or more adverse childhood experiences (ACEs) in their lifetime. Seventy-nine percent (79%) of youth had been to the doctor for a routine check-up in the past year. Twenty-five percent (25%) of Tuscarawas County youth drivers had texted while driving in the past 30 days.

Personal Health

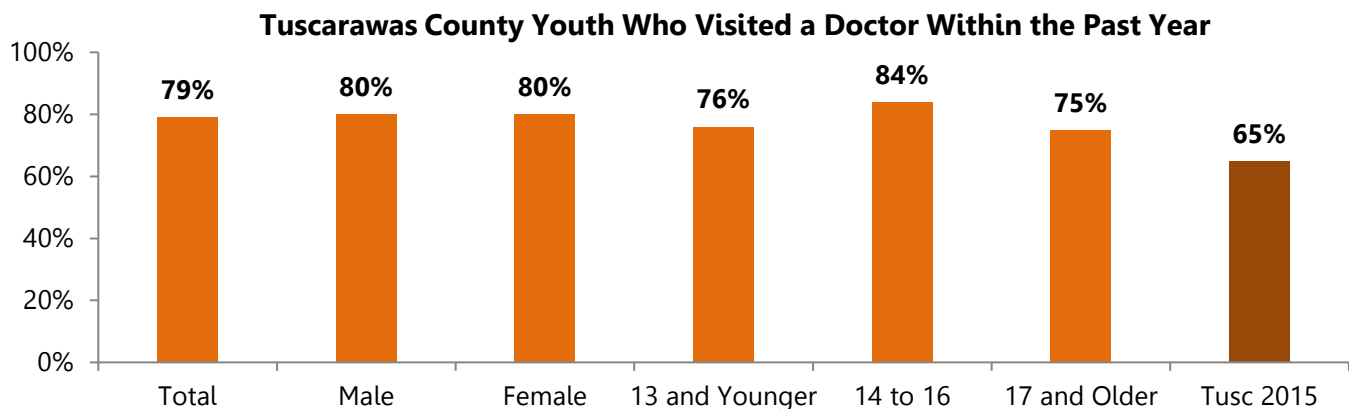
- Almost four-fifths (79%) of youth had been to the doctor for a routine check-up in the past year, increasing to 84% of those ages 14 to 16.
- Three percent (3%) of youth indicated they had never been to the doctor.
- Youth last saw a dentist for a check-up, exam, teeth cleaning, or other dental work: less than a year ago (76%), (2015 YRBS reported 74% for the U.S.), 1 to 2 years ago (8%), more than 2 years ago (5%), never (1%), and do not know (10%).

Personal Safety

- In the past 30 days, youth drivers did the following while driving: wore a seatbelt (99%), ate (46%), drove while tired or fatigued (34%), talked on their cell phone (33%), texted (25%), used their cell phone other than for talking or texting (23%), used marijuana (3%), read (2%), used illegal drugs (2%), and applied makeup (<1%).
- Just over two-fifths (42%) of youth drivers had more than one distraction while driving.
- In the past 30 days, two percent (2%) of youth reported driving after they had been drinking alcohol.

Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Tuscarawas County 2018 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	73%	76%	71%	78%	74%*

*Comparative YRBS data for U.S. is 2015



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

Social and Community Context

- Tuscarawas County youth lived with the following: both parents (60%), mother and step-father (17%), mother only (11%), father and step-mother (8%), father only (5%), grandparents (4%), another relative (3%), mother and partner (2%), father and partner (2%), and guardians/foster parents (2%).
- Youth reported the primary language spoken in their home as the following: English (95%), Spanish (3%), Quiche (or K'iche) (<1%), Ixil (or Ixhil) (<1%), or other (1%).
- Youth participated in the following extra-curricular activities:
 - Sports or intramural program (57%)
 - Exercise outside of school (48%)
 - School club or social organization (37%)
 - Church or religious organization (25%)
 - Part-time job (24%)
 - Take care of siblings after school (21%)
 - Church youth group (19%)
 - Volunteer in the community (18%)
 - Babysit for other kids (14%)
 - Some other organized activity (10%)
 - Take care of parents or grandparents (3%)
- Five percent (5%) of youth did not participate in any extra-curricular activities.
- Just over half (51%) of youth reported the following adverse childhood experiences (ACEs):
 - Parents became separated or were divorced (34%)
 - Parents or adults in home swore at them, insulted them or put them down (20%)
 - Lived with someone who was a problem drinker or alcoholic (16%)
 - Family did not look out for each other, feel close to each other, or support each other (15%)
 - Parents were not married (12%)
 - Lived with someone who used illegal drugs or misused prescription drugs (12%)
 - Lived with someone who was depressed, mentally ill or suicidal (11%)
 - Lived with someone who served time or was sentenced to serve in prison or jail (11%)
 - Parents or adults in home abused them (7%)
 - Parents or adults in the home abused each other (6%)
 - An adult or someone 5 years older than them touched them sexually (4%)
 - Did not have enough to eat, had to wear dirty clothes, and had no one to protect them (2%)
 - An adult or someone 5 years older than them tried to make them touch them sexually (1%)
 - And an adult or someone 5 years older than them forced them to have sex (1%)
- One-fifth (20%) of youth had three or more adverse childhood experiences in their lifetime.

The table below indicates correlations between those who experienced 3 or more ACEs in their lifetime and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 54% of those who experienced 3 or more ACEs felt sad or hopeless for two or more weeks in a row during the past 12 months, compared to 15% of those who did not experience any ACEs.

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

Youth Behaviors	Experienced 3 or More ACEs	Did Not Experience Any ACEs
Currently participate in extracurricular activities	95%	93%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	54%	15%
Had sexual intercourse (in their lifetime)	36%	7%
Had at least one drink of alcohol (in the past 30 days)	32%	11%
Seriously considered attempting suicide (in the past 12 months)	32%	4%
Attempted suicide (in the past 12 months)	24%	2%
Used marijuana (in the past 30 days)	17%	0%
Smoked cigarettes (in the past 30 days)	15%	1%
Used prescription drugs not prescribed to them (in the past 30 days)	7%	1%

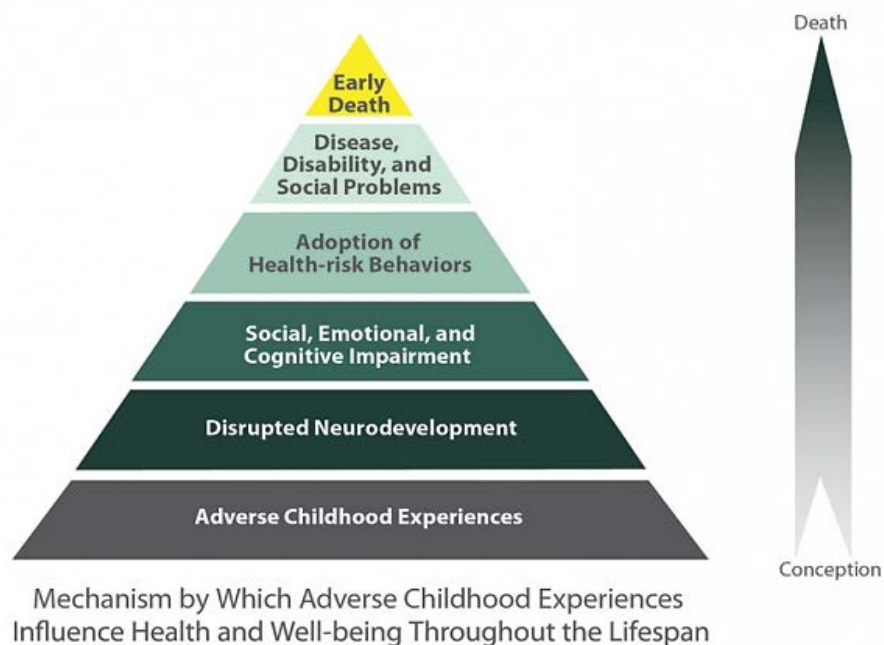
*"ACEs" indicate youth who self-reported having experienced three or more adverse childhood experiences in their lifetime.

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

Adverse Childhood Experiences (ACEs)

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

1,788 youth had three or more Adverse Childhood Experiences (ACEs).



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

Youth Health: Violence

Key Findings

Thirteen percent (13%) of youth did not go to school on one or more days in the past month because they did not feel safe at school or on their way to/from school. Five percent (5%) of youth had ever been forced to participate in sexual activity when they did not want to. More than one-third (35%) of youth had been bullied in the past year.

Violence-Related Behaviors

- One percent (1%) of youth had carried a weapon on school property in the past 30 days.
- Six percent (6%) of youth were threatened or injured with a weapon on school property in the past year (2017 YRBS reported 6% for the U.S.).
- Thirteen percent (13%) of youth did not go to school on one or more days in the past month because they did not feel safe at school or on their way to or from school (YRBS reported 6% for the U.S. in 2017).

Physical and Sexual Violence

- In the past year, 18% of youth had been involved in a physical fight, increasing to 26% of males and 25% of middle schoolers in grades 6-8. (YRBS reported 24% for the U.S. in 2017).
- Of those who had been in a physical fight, 45% had been in a fight on more than one occasion.
- In the past year, 6% of youth had been involved in a physical fight on school property.
- Two percent (2%) of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months (2017 YRBS reported 8% for the U.S.).
- In the past year, 7% of youth reported an adult or caregiver had ever hit, slapped or physically hurt them on purpose.
- Five percent (5%) of youth had ever been forced to participate in sexual activity when they did not want to, increasing to 9% of those 17 and older.

Bullying

- More than one-third (35%) of youth had been bullied in the past year. The following types of bullying were reported:
 - 24% of youth were verbally bullied (teased, taunted or called harmful names)
 - 20% youth were indirectly bullied (spread mean rumors about them or kept them out of a “group”)
 - 10% of youth were cyber bullied (teased, taunted or threatened by e-mail or cell phone) (YRBS reported 15% for the U.S. in 2017)
 - 4% of youth were physically bullied (were hit, kicked, punched or people took their belongings)
 - 2% of youth were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person)
- In the past 30 days, Tuscarawas County youth reported the following situations applied to them: they received a text or an e-mail with a revealing or sexual photo of someone (8%); they texted, emailed, or posted electronically a revealing or sexual photo of themselves (4%); and a revealing or sexual photo of them was texted, e-mailed, or posted electronically without their permission (1%).
- In the past year, Tuscarawas County youth reported they have been a victim of teasing or name calling because of the following reasons: weight, size, or physical appearance (23%); someone thought they were gay, lesbian or bisexual (7%); race or ethnic background (6%); and gender (3%).

Types of Bullying Tuscarawas County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 and Younger	14-16 Years Old	17 and Older	Middle School	High School
Verbally Bullied	24%	17%	29%	28%	25%	18%	25%	23%
Indirectly Bullied	20%	12%	26%	13%	27%	18%	13%	26%
Cyber Bullied	10%	6%	14%	7%	11%	12%	7%	12%
Physically Bullied	4%	7%	1%	2%	6%	5%	2%	6%
Sexually Bullied	2%	3%	1%	1%	3%	0%	1%	3%

Youth Comparisons	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Tuscarawas County 2018 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Carried a weapon on school property (in the past 30 days)	1%	1%	12%	2%	4%
Were in a physical fight (in the past 12 months)	25%	18%	19%	12%	24%
Were in a physical fight on school property (in the past 12 months)	9%	6%	6%	4%	9%
Threatened or injured with a weapon on school property (in the past 12 months)	7%	6%	5%	7%	6%
Did not go to school because they felt unsafe (at school or on their way to/from school in the past 30 days)	5%	13%	5%	16%	7%
Bullied (in past year)	48%	35%	40%	39%	N/A
Electronically bullied (in past year)	9%	10%	11%	12%	15%
Were ever physically forced to have sexual intercourse (when they did not want to)	3%	5%	5%	6%	7%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	4%	2%	6%	3%	8%

N/A – Not available

The table below indicates correlations between those who were bullied in the past 12 months and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 53% of those who were bullied felt sad or hopeless for two or more weeks in a row during the past 12 months, compared to 13% of those who were not bullied.

Behaviors of Tuscarawas County Youth

Bullied vs. Not Bullied

Youth Behaviors	Bullied	Not Bullied
Currently participate in extracurricular activities	94%	95%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	53%	13%
Seriously considered attempting suicide (in the past 12 months)	41%	4%
Overweight or Obese	34%	31%
Been in a physical fight (in the past 12 months)	22%	16%
Attempted suicide (in the past 12 months)	21%	1%
Had sexual intercourse (in their lifetime)	20%	13%
Had at least one drink of alcohol (in the past 30 days)	18%	15%
Smoked cigarettes (in the past 30 days)	9%	3%
Used marijuana (in the past 30 days)	6%	5%
Used prescription drugs not prescribed to them (in the past 30 days)	4%	3%
Carried a weapon on school property (in the past 30 days)	3%	<1%

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

Youth Health: Perceptions

Key Findings

More than one-third (37%) of youth thought there was great risk in harming themselves physically or in other ways if they smoked marijuana once or twice a week. Ninety percent (90%) of youth reported their parents would feel it was very wrong for them to misuse prescription medications. More than half (52%) of youth reported their peers would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day.

Perceived Risk of Drug Use

- Sixty-three percent (63%) of Tuscarawas County youth thought there was a great risk in harming themselves physically or in other ways if they smoked one or more packs of cigarettes per day. Five percent (5%) of youth thought that there was no risk in smoking one or more packs of cigarettes per day.
- Thirty-five percent (35%) of youth thought there was a great risk in harming themselves physically or in other ways if they drank five or more alcoholic beverages once or twice a week. Six percent (6%) of youth thought that there was no risk in drinking five or more alcoholic beverages once or twice a week.
- More than one-third (37%) of youth thought there was great risk in harming themselves physically or in other ways if they smoked marijuana once or twice a week. About one-fifth (16%) of youth thought that there was no risk if they smoked marijuana once or twice a week.
- Sixty-two percent (62%) of youth thought there was a great risk in harming themselves physically or in other ways if they used prescription drugs that were not prescribed for them. Four percent (4%) of youth thought that there was no risk in misusing prescription drugs.

Degree of Disapproval of Use by Parents

- More than four-fifths (83%) of Tuscarawas County youth reported their parents would feel it was very wrong for them to smoke tobacco.
- Nearly four-fifths (79%) of youth reported their parents would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day, decreasing to 70% of those ages 17 and older.
- Eighty-five percent (85%) of youth reported their parents would feel it was very wrong for them to smoke marijuana.
- Ninety percent (90%) of youth reported their parents would feel it was very wrong for them to misuse prescription medications.

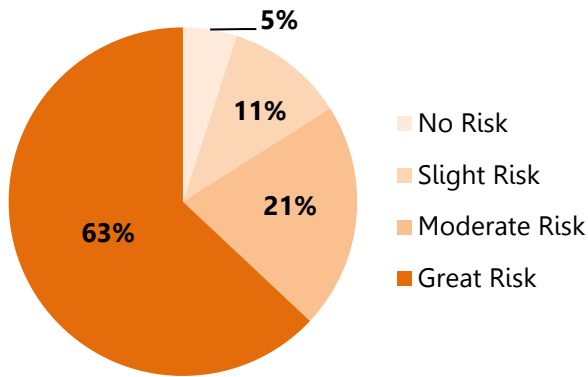
Degree of Disapproval of Use by Peers

- More than half (56%) of Tuscarawas County youth reported their peers would feel it was very wrong for them to smoke cigarettes, increasing to 67% of youth under the age of 13.
- More than half (52%) of youth reported their peers would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day.
- Nearly three-fifths (56%) of youth reported their peers would feel it was very wrong for them to use marijuana.
- Seventy percent (70%) of youth reported their peers would feel it was very wrong for them to misuse prescription medication.

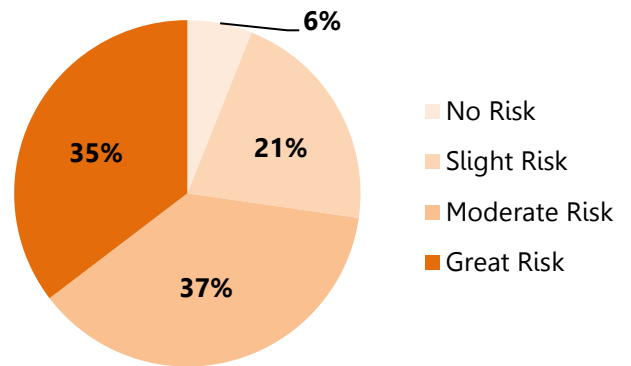
Perceived Risk of Drug Use

How much do you think people risk harming themselves if they:

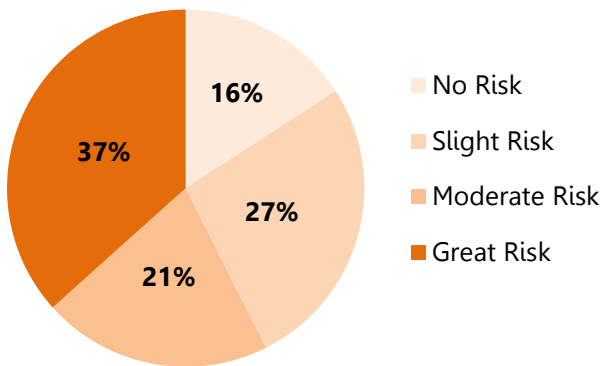
Smoke one or more packs of cigarettes per day



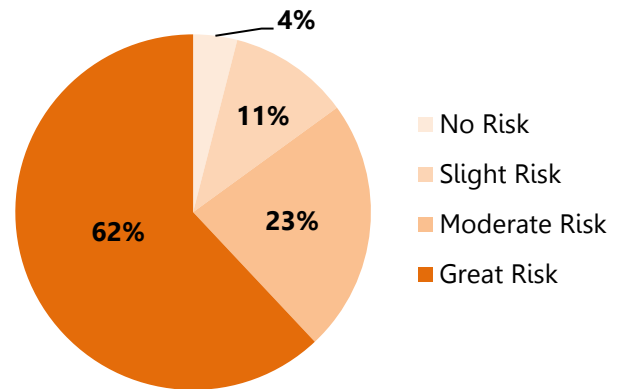
Have five or more drinks of an alcoholic beverage once or twice a week



Smoke marijuana once or twice a week



Misuse prescription drugs

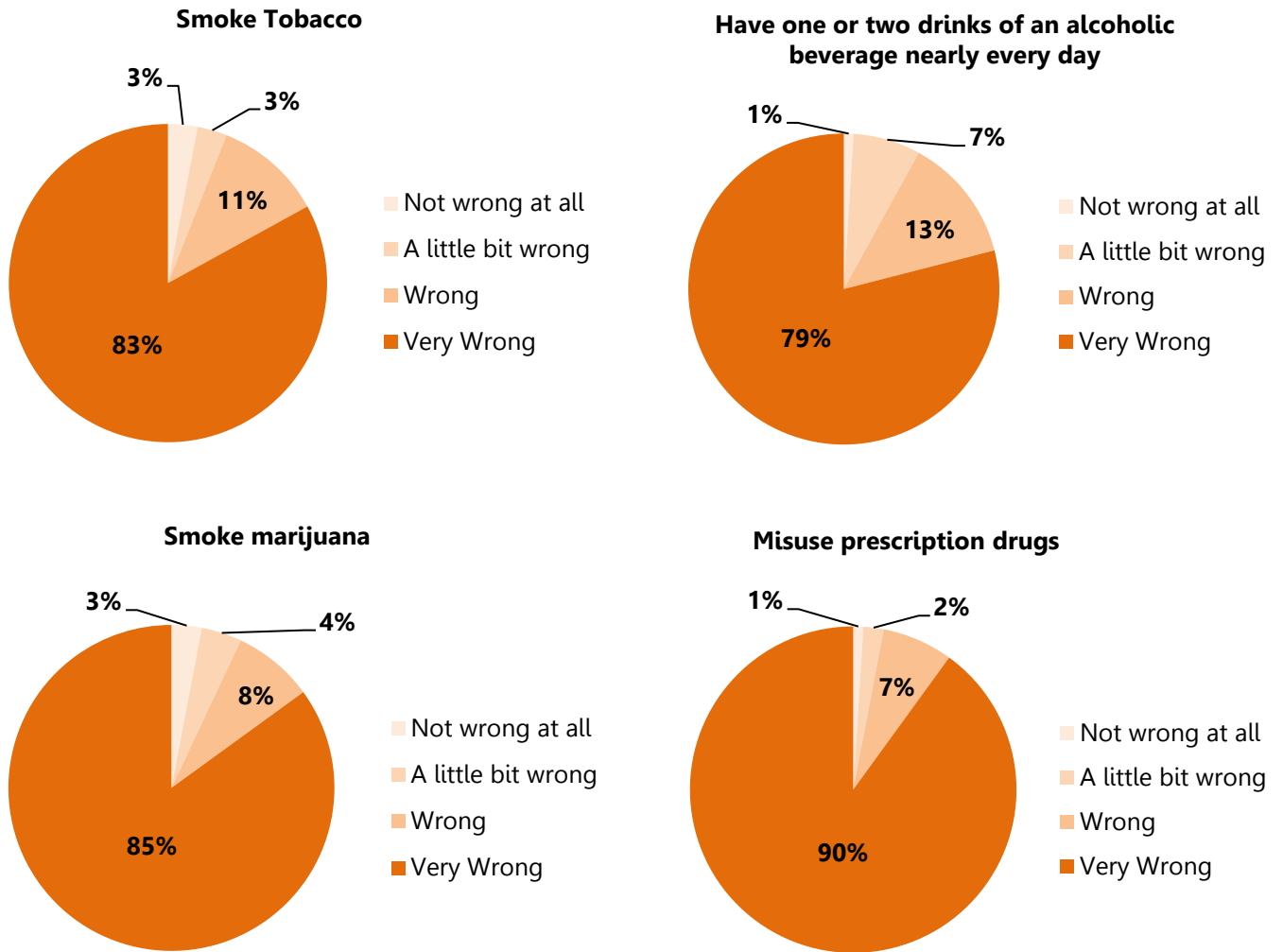


Perceived *Great Risk* of Substance Use

<i>How much do you think people risk harming themselves if they:</i>	Total	Female	Male	13 and Younger	14-16 Years Old	17 and Older
Smoke one or more packs of cigarettes per day	63%	68%	58%	63%	66%	58%
Have five or more drinks of an alcoholic beverage once or twice a week	35%	37%	32%	38%	35%	33%
Smoke marijuana once or twice a week	37%	41%	33%	51%	37%	15%
Misusing prescription drugs	62%	65%	59%	62%	64%	57%

Degree of Disapproval by Parents

How wrong do your parents feel it would be for you to do the following:



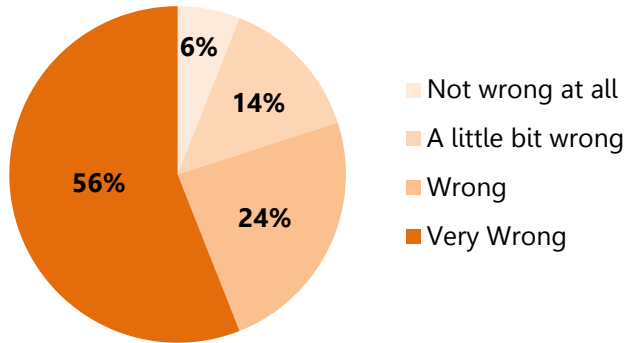
Perceived Degree of Great Disapproval by Parents

<i>Parents feel it would be very wrong for you to do the following:</i>	Total	Female	Male	13 and Younger	14-16 Years Old	17 and Older
Smoke tobacco	83%	83%	84%	91%	80%	76%
Having one or two drinks of an alcoholic beverage nearly every day	79%	80%	79%	87%	77%	70%
Smoke marijuana	85%	83%	89%	92%	80%	85%
Misusing prescription drugs	90%	89%	91%	91%	89%	88%

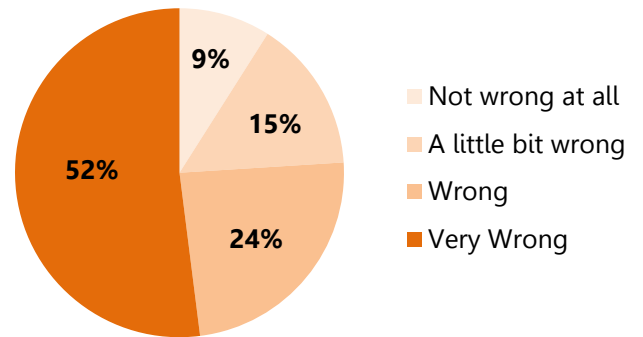
Degree of Disapproval by Peers

How wrong do your friends feel it would be for you to do the following:

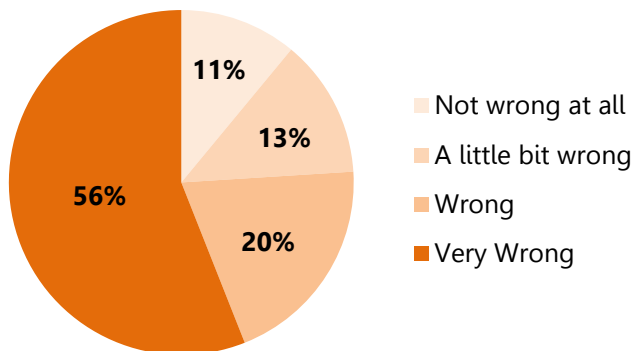
Smoke Tobacco



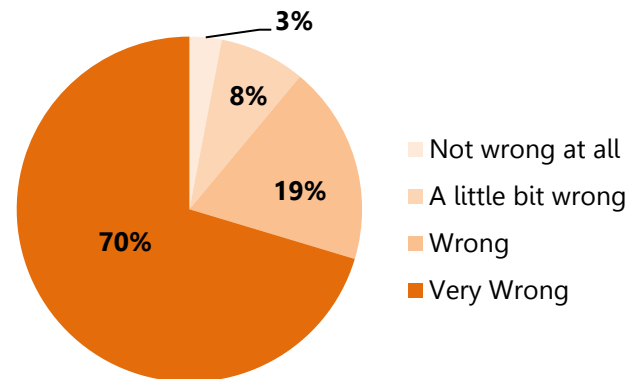
Have one or two drinks of an alcoholic beverage nearly every day



Smoke marijuana



Misuse prescription drugs



Perceived Degree of Great Disapproval by Peers

<i>Friends feel it would be very wrong for you to do the following:</i>	Total	Female	Male	13 and Younger	14-16 Years Old	17 and Older
Smoke tobacco	56%	61%	52%	67%	51%	51%
Having one or two drinks of an alcoholic beverage nearly every day	52%	56%	47%	69%	49%	33%
Smoke marijuana	56%	58%	55%	74%	53%	36%
Misusing prescription drugs	70%	71%	70%	79%	70%	57%

Appendix I: Health Assessment Information Sources

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, Cancer Facts and Figures 2015. Atlanta: ACS, 2015	<ul style="list-style-type: none"> • 2017 Cancer Facts, Figures, and Estimates • Nutrition Recommendations 	https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2017.html
American Cancer Society, Electronic Cigarette Use Doubles Among Teenagers, 2013	<ul style="list-style-type: none"> • Electronic Cigarettes and Teenagers in the U.S. 	www.cancer.org/cancer/news/electronic-cigarette-use-doubles-among-teenagers
American College of Allergy, Asthma & Immunology	<ul style="list-style-type: none"> • Asthma Facts 	http://acaai.org/news/facts-statistics/asthma
American Diabetes Association, 2017	<ul style="list-style-type: none"> • Type 1 and 2 Diabetes • Risk Factors for Diabetes • Diabetes Facts 	www.diabetes.org
American Heart Association, 2017	<ul style="list-style-type: none"> • Stroke Warning Signs and Symptoms • 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 2010; 59(39):999-1003 & 59(39):1261-1265</i>	<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"> • 2010 - 2016 Adult Ohio and U.S. Correlating Statistics 	https://www.cdc.gov/brfss/index.html
Brady Campaign to Prevent Gun Violence	<ul style="list-style-type: none"> • Victims of Gun Violence 	https://www.bradycampaign.org/sites/default/files/Brady-Campaign-5Year-Gun-Deaths-Injuries-Stats_02-22-2018.pdf

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
Center for Disease Control and Prevention (CDC)	<ul style="list-style-type: none"> • Adverse Childhood Experiences (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 • Healthy Eyes • HIV in the U.S. • Heart Health and Stroke Facts • Men's Health Data • Obesity Facts • Oral Health • Prostate Cancer Awareness • Reduce Risk of Breast Cancer • Skin Cancer Prevention • Smoking facts • Tips for Parents • Yearly Flu Shots 	www.cdc.gov
CDC, Adolescent and School Health, 2013	<ul style="list-style-type: none"> • Youth Physical Activity Facts 	www.cdc.gov/healthyyouth/physicalactivity/facts.htm
CDC, Arthritis, 2017	<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"> • Suicide Prevention • Youth Suicide 	www.cdc.gov/violenceprevention/pub
CDC, National Center for Health Statistics	<ul style="list-style-type: none"> • Leading Causes of Death in U.S. • Men's Health • U.S. Female Fertility Rate • U.S. Births to Unwed Mothers • U.S. Low Birth Weight, Live Births • Women's and Men's Health Data 	www.cdc.gov/nchs/fastats/
CDC, Physical Activity for Everyone	<ul style="list-style-type: none"> • Physical Activity Recommendations 	www.cdc.gov/physicalactivity/everyone/guidelines/adults.html

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
CDC, Press Release, 2013	<ul style="list-style-type: none"> • Electronic Cigarettes and Teenagers in the U.S. 	www.cdc.gov/media/releases/2013/p0905-ecigarette-use.html
CDC, Sexually Transmitted Diseases Surveillance, 2017	<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/stats/
CDC, Vaccine Safety, Human Papillomavirus (HPV)	<ul style="list-style-type: none"> • Human Papillomavirus 	www.cdc.gov/vaccinesafety/vaccines/HPV/Index.html
CDC, Wonder, U.S.	<ul style="list-style-type: none"> • About Underlying Cause of Death, 2014-2016 • Tuscarawas County and Ohio Leading Causes of Death, 2014-2016 • Tuscarawas County and Ohio Mortality Statistics • Stroke and heart disease age-adjusted mortality rates 	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 • Insured, Medicaid/Means-tested coverage 	www.communitycommons.org/
Dartmouth Atlas of Health Care, 2014, County Health Rankings	<ul style="list-style-type: none"> • Female Medicare enrollees (ages 67-69) who received mammograms 	
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/topic/objectives2020
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
National Institute on Drug Abuse	<ul style="list-style-type: none"> • Drug Facts: Heroin • Drug Facts: Drugged Driving 	www.drugabuse.gov

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
Office of Health Transformation, Ohio Medicaid Assessment Survey (OMAS)	<ul style="list-style-type: none"> • Unmet Needs in Dental Care and Prescription Medication • Poor/Fair Overall Health in Adults 	http://healthtransformation.ohio.gov/LinkClick.aspx?fileticket=oid6Wo-y0gs%3D&tabid=160
Ohio Department of Health, General Findings	<ul style="list-style-type: none"> • 2017 Ohio Drug Overdose Data 	https://www.odh.ohio.gov/-/media/ODH/ASSETS/Files/health/injury-prevention/doverdose18/ODH-2017-Ohio-Drug-Overdose-Report.pdf?la=en
Ohio Department of Health, Information Warehouse	<ul style="list-style-type: none"> • Tuscarawas County and Ohio Birth Statistics • Sexually Transmitted Diseases • Incidence of Cancer, 2011-2015 • HIV/AIDS Surveillance Program • Statistics: Access to Health Services 	www.odh.ohio.gov/
Ohio Department of Health, Ohio Oral Health Surveillance System	<ul style="list-style-type: none"> • Tuscarawas County Dental Care Resources 	http://publicapps.odh.ohio.gov/oralhealth/default.aspx
Ohio Department of Job & Family Services	<ul style="list-style-type: none"> • Tuscarawas County and Ohio Medicaid Statistics 	http://jfs.ohio.gov/county/index.stm
Ohio Department of Public Safety	<ul style="list-style-type: none"> • 2015 Tuscarawas County and Ohio Crash Facts OSHP Computer-Aided Dispatch (CAD) System 	https://ext.dps.state.oh.us/crashstatistics/CrashReports.aspx
Ohio Mental Health and Addiction Services	<ul style="list-style-type: none"> • Opiate and Pain Reliever Doses Per Capita • Opiate and Pain Reliever Doses Per Patient • Ohio's New Limits on Prescription Opiates 	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 • Tuscarawas County Activity Statistics 	http://statepatrol.ohio.gov/
Philadelphia Department of Public Health	<ul style="list-style-type: none"> • Electronic Cigarette Factsheet 	Department of Health and Human Services, National Center for Health Statistics Data Brief "Electronic Cigarette Use Among Adults, United States, 2014, updated October 2015

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
U.S. Department of Agriculture Food Environment Atlas, County Health Rankings	<ul style="list-style-type: none"> • Food Environment Index 	http://www.countyhealthrankings.org/
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> • American Community Survey 5-year estimates, 2012-2016 • Ohio and Tuscarawas County 2016 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"> • 2013-2017 U.S. Youth correlating statistics 	https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=XX

Appendix II: Acronyms and Terms

AHS	Access to Health Services , Topic of Healthy People 2020 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
AOCBC	Arthritis, Osteoporosis, and Chronic Back Conditions
BMI	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
BRFSS	Behavior Risk Factor Surveillance System , an adult survey conducted by the CDC.
CDC	Centers for Disease Control and Prevention .
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
CY	Calendar Year
FY	Fiscal Year
HCNO	Hospital Council of Northwest Ohio
HDS	Heart Disease and Stroke , Topic of Healthy People 2020 objectives
HP 2020	Healthy People 2020 , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic \geq 140 and Diastolic \geq 90
IID	Immunizations and Infectious Diseases , Topic of Healthy People 2020 objectives
N/A	Data is not available.
NSCH	National Survey of Children's Health
ODH	Ohio Department of Health
OSHP	Ohio State Highway Patrol
Race/Ethnicity	Census 2010: U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race." Data are presented as "Hispanic or Latino" and "Not Hispanic or Latino." Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, "White alone" or "Black alone", means the respondents reported only one race.
Weapon	Defined in the YRBS as "a weapon such as a gun, knife, or club"
Youth	Defined as 12 through 18 years of age

YPLL/65

Years of Potential Life Lost before age 65. Indicator of premature death.

Youth BMI

Classifications

Underweight is defined as BMI-for-age \leq 5th percentile

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

Obese is defined as \geq 95th percentile.

YRBS

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

Appendix III: Methods for Weighting the 2018 Tuscarawas County Health Assessment Data

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

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2018 Tuscarawas County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Tuscarawas County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (8 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Tuscarawas 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 2018 Tuscarawas County Survey and the 2016 Census estimates.

2018 Tuscarawas Survey			2016 Census		Weight
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	262	54.46985	45,527	49.17585	0.90281
Female	219	45.53015	47,053	50.82415	1.11628

In this example, it shows that there was a larger portion of males in the sample compared to the actual portion in Tuscarawas County. The weighting for males was calculated by taking the percent of males in Tuscarawas County (based on Census information) (49.17585%) and dividing that by the percent found in the 2018 Tuscarawas County sample (54.46985%) [$49.17585 / 54.46985 =$ weighting of 0.902809 for males]. The same was done for females [$50.82415 / 45.53015 =$ weighting of 1.11628 for females]. Thus, males' responses are weighted less by a factor of 0.90281 and females' responses weighted less by a factor of 1.11628.

This same thing was done for each of the 19 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 1.61926 [1.116275 (weight for females) \times 1.01024 (weight for White) \times 1.35539 (weight for age 35-44) \times 1.05939 (weight for income \$50-\$75k)]. Thus, each individual in the 2018 Tuscarawas 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	Tuscarawas Sample	%	Tusc 2016 Census*	%	Weighting Value
Sex:					
Male	262	54.46985	45,527	49.17585%	0.902809
Female	219	45.53015	47,053	50.82415%	1.116275
Age:					
20 to 34 years	33	7.06638	15,836	22.85995%	3.23503
35 to 44 years	54	11.56317	10,857	15.67255%	1.35539
45 to 54 years	76	16.27409	12,622	18.22040%	1.11960
55 to 59 years	61	13.06210	6,981	10.07737%	0.77150
60 to 64 years	62	13.27623	6,465	9.33251%	0.70295
65 to 74 years	102	21.84154	8,899	12.84609%	0.58815
75 to 84 years	65	13.91863	5,000	7.21772%	0.51857
85+ years	14	2.99786	2,614	3.77342%	1.25871
Race:					
White	454	94.19087	88,094	95.15549%	1.01024
Non-White	28	5.80913	4,485	4.84451%	0.83395
Household Income:					
Less than \$25k	117	27.02079	9,028	24.85341%	0.91979
\$25k to \$35k	54	12.47113	4,088	11.25396%	0.90240
\$35k to \$50k	65	15.01155	5,951	16.38266%	1.09134
\$50k to \$75k	87	20.09238	7,732	21.28562%	1.05939
\$75k to \$100k	51	11.77829	4,539	12.49553%	1.06089
\$100k to \$150k	32	7.39030	3,378	9.29938%	1.25832
\$150k or more	27	6.23557	1,609	4.42946%	0.71035

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

*Tuscarawas County population figures taken from the 2016 Census.

Appendix IV: School Participation

The following schools were randomly chosen and participated in the 2018 Tuscarawas County Health Assessment:

Claymont City Schools

Claymont High School
Claymont Middle School

Dover City Schools

Dover High School
Dover Middle School

New Philadelphia City Schools

New Philadelphia High School
Welty Middle School

Strasburg-Franklin Local Schools

Strasburg-Franklin Middle School/High School

Tuscarawas Valley Local Schools

Tuscarawas Valley High School
Tuscarawas Valley Middle School

Appendix V: Tuscarawas County Sample Demographic Profile*

Adult Variable	2018 Adult Survey Sample	2015 Adult Survey Sample	Tuscarawas County Census 2012-2016 (5-year estimate)
Age			
20-29	12.6%	5.7%	11.3%
30-39	21.3%	10.5%	12.6%
40-49	13.1%	13.6%	11.2%
50-59	19.3%	22.2%	14.8%
60 plus	30.3%	44.6%	24.8%
Gender			
Male	47.6%	47.9%	49.4%
Female	52.4%	50.6%	50.6%
Race/Ethnicity			
White	95.6%	97.5%	97.0%
Black or African American	0.2%	0.2%	0.8%
American Indian or Alaskan Native	3.4%	2.3%	0.3%
Native Hawaiian/Other Pacific Islander	0.2%	0.2%	0.0%
Asian	0.4%	0%	0.4%
Other	1.6%	1.2%	0.4%
Hispanic Origin (may be of any race)	0.8%	0.6%	2.3%
Marital Status†			
Married	61.4%	67.4%	54.4%
Never been married/member of an unmarried couple	15.7%	10.3%	23.9%
Divorced/Separated	14.0%	12.0%	12.6%
Widowed	8.8%	9.0%	7.5%
Education†			
Less than High School Diploma	6.0%	11.1%	18.3%
High School Diploma	35.9%	38.1%	46.4%
Some college/College graduate	58.2%	50.0%	39.4%
Income (Families)			
\$14,999 and less	17.7%	9.9%	5.6%
\$15,000 to \$24,999	3.8%	13.6%	8.2%
\$25,000 to \$49,999	22.7%	27.4%	25.6%
\$50,000 to \$74,999	19.7%	18.0%	25.1%
\$75,000 or more	28.1%	21.6%	35.4%

*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) or multiple responses.

†The Ohio and Tuscarawas 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 V: Tuscarawas County Youth Sample Demographic Profile*

Youth Variable	2018 Youth Survey Sample	2015 Youth Survey Sample
Age		
12 years old or younger	18.2%	14.2%
13 years old	14.7%	19.7%
14 years' old	13.8%	14.9%
15 years' old	14.4%	17.2%
16 years' old	17.2%	11.9%
17 years' old	15.0%	12.4%
18 years old or older	6.6%	9.1%
Gender		
Male	48.0%	54.2%
Female	49.2%	44.6%
Transgender	1.3%	N/A
Other	1.6%	N/A
Sexual Orientation		
Heterosexual	71.1%	N/A
Bisexual	7.4%	N/A
Gay or Lesbian	1.5%	N/A
Not Sure	20.1%	N/A
Race/Ethnicity		
White	90.5%	90.2%
American Indian or Alaskan Native	5.7%	3.8%
Black or African American	4.7%	3.0%
Hispanic or Latino	5.4%	4.6%
Asian	1.6%	1.8%
Native Hawaiian or Other Pacific Islander	0.6%	1.0%
Other	3.2%	N/A
Grade Level		
Middle School (6-8)	42.9%	48.9%
High School (9-12)	57.2%	50.4%
Individual Grade Level		
6 th grade	17.0%	13.9%
7 th grade	13.6%	19.2%
8 th grade	12.3%	15.7%
9 th grade	15.8%	15.9%
10 th grade	19.9%	14.9%
11 th grade	14.2%	9.1%
12 th grade	7.3%	10.4%

*Percents may not equal 100% due to missing data (non-responses) or multiple response questions.

Appendix VI: Demographics and Household Information

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

Age	Total	Males	Females
Tuscarawas County	92,582	45,491	47,091
0-4 years	5,682	2,930	2,752
1-4 years	4,578	2,342	2,236
< 1 year	1,104	588	516
1-2 years	2,264	1,155	1,109
3-4 years	2,314	1,187	1,127
5-9 years	6,022	3,090	2,932
5-6 years	2,367	1,187	1,180
7-9 years	3,655	1,903	1,752
10-14 years	6,344	3,302	3,042
10-12 years	3,777	1,949	1,828
13-14 years	2,567	1,353	1,214
12-18 years	8,942	4,693	4,249
15-19 years	6,074	3,156	2,918
15-17 years	3,916	2,052	1,864
18-19 years	2,158	1,104	1,054
20-24 years	4,916	2,477	2,439
25-29 years	5,374	2,700	2,674
30-34 years	5,298	2,704	2,594
35-39 years	5,537	2,821	2,716
40-44 years	5,787	2,888	2,899
45-49 years	6,702	3,322	3,380
50-54 years	7,247	3,608	3,639
55-59 years	6,674	3,259	3,415
60-64 years	5,753	2,794	2,959
65-69 years	4,246	1,967	2,279
70-74 years	3,516	1,597	1,919
75-79 years	2,789	1,229	1,560
80-84 years	2,361	939	1,422
85-89 years	1,497	485	1,012
90-94 years	603	196	407
95-99 years	149	26	123
100-104 years	11	1	10
105-109 years	0	0	0
110 years & over	0	0	0
Total 85 years and over	2,260	708	1,552
Total 65 years and over	15,172	6,440	8,732
Total 19 years and over	69,409	33,480	35,929

TUSCARAWAS COUNTY PROFILE

*General Demographic Characteristics
(Source: U.S. Census Bureau, Census 2016)*

2012-2016 ACS 5-year estimates

Total Population

2016 Total Population 92,579

Largest City-New Philadelphia

2016 Total Population 17,412 100%

2010 Total Population 17,292 100%

Population By Race/Ethnicity

Total Population 92,579 100%

White Alone 89,802 97.0%

Hispanic or Latino (of any race) 2,129 2.3%

African American 741 0.8%

Asian 370 0.4%

Two or more races 926 1.0%

Other 370 0.4%

American Indian and Alaska Native 278 0.3%

Population By Age

Under 5 years 5,555 6.0%

5 to 17 years 15,646 16.9%

18 to 24 years 7,221 7.8%

25 to 44 years 21,478 23.2%

45 to 64 years 26,015 28.1%

65 years and more 16,479 17.8%

Median age (years) 40.9

Household By Type

Total Households 36,325 100%

Family Households (families) 24,676 67.9%

 With own children < 18 years 9,598 26.4%

 Married-Couple Family Households 19,453 53.6%

 With own children < 18 years 6,757 18.6%

 Female Householder, No Husband Present 3,750 10.3%

 With own children < 18 years 2,027 5.6%

Non-family Households 11,649 32.1%

 Householder living alone 30,549 84.1%

 Householder 65 years and > 14,203 39.1%

Households With Individuals < 18 years 9,808 27.0%

Households With Individuals 65 years and > 4,541 12.5%

Average Household Size 2.52 people

Average Family Size 3.05 people

General Demographic Characteristics, Continued
 (Source: U.S. Census Bureau, Census 2016)

2012-2016 ACS 5-year estimates

Median Value of Owner-Occupied Units	\$114,400	
Median Monthly Owner Costs (With Mortgage)	\$1,059	
Median Monthly Owner Costs (Not Mortgaged)	\$382	
Median Gross Rent for Renter-Occupied Units	\$694	
Median Rooms Per Housing Unit	5.9	
Total Occupied Housing Units	36,325	
No Telephone Service	1,119	3.1%
Lacking Complete Kitchen Facilities	495	1.4%
Lacking Complete Plumbing Facilities	71	0.2%

Selected Social Characteristics
 (Source: U.S. Census Bureau, Census 2016)

2012-2016 ACS 5-year estimates

School Enrollment

Population 3 Years and Over Enrolled In School	20,623	100%
Nursery & Preschool	1,272	6.2%
Kindergarten	1,159	5.6%
Elementary School (Grades 1-8)	9,347	45.3%
High School (Grades 9-12)	4,938	23.9%
College or Graduate School	3,907	18.9%

Educational Attainment

Population 25 Years and Over	64,053	100%
< 9 th Grade Education	3,500	5.5%
9 th to 12 th Grade, No Diploma	5,511	8.6%
High School Graduate (Includes Equivalency)	29,730	46.4%
Some College, No Degree	11,149	17.4%
Associate Degree	4,568	7.1%
Bachelor's Degree	6,528	10.2%
Graduate Or Professional Degree	3,067	4.8%

Percent High School Graduate or Higher	*(X)	85.9%
Percent Bachelor's Degree or Higher	*(X)	15.0%

*(X) – Not available

*Selected Social Characteristics, Continued
(Source: U.S. Census Bureau, Census 2016)*

2012-2016 ACS 5-year estimates

Marital Status

Population 15 Years and Over	75,130	100%
Never Married	17,956	23.9%
Now Married, Excluding Separated	40,871	54.4%
Separated	1,127	1.5%
Widowed	5,635	7.5%
Female	4,596	11.9%
Divorced	9,466	12.6%
Female	5,369	13.9%

Veteran Status

Civilian Population 18 years and over	71,299	100%
Veterans 18 years and over	6,739	9.5%

Disability Status of the Civilian Non-Institutionalized Population

Total Civilian Noninstitutionalized Population	91,621	100%
With a Disability	12,954	14.1%
Under 18 years	21,227	23.2%
With a Disability	944	7.3%
18 to 64 years	54,610	59.6%
With a Disability	6,599	20.8%
65 Years and Over	15,784	17.2%
With a Disability	5,411	71.2%

***Selected Economic Characteristics
(Source: U.S. Census Bureau, Census 2016)***

2012-2016 ACS 5-year estimates

Employment Status

Population 16 Years and Over	73,727	100%
In Labor Force	45,699	62.0%
Not In Labor Force	28,028	38.0%
Females 16 Years and Over	38,122	100%
In Labor Force	21,276	55.8%
Population Living With Own Children <6 Years	6,374	100%
All Parents In Family In Labor Force	3,881	60.9%

Class of Worker

Employed Civilian Population 16 Years and Over	43,066	100%
Private Wage and Salary Workers	36,806	85.5%
Government Workers	3,897	9.0%
Self-Employed Workers in Own Not Incorporated Business	2,286	5.3%
Unpaid Family Workers	77	0.2%

Selected Economic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2016)

2012-2016 ACS 5-year estimates

Occupations

Employed Civilian Population 16 Years and Over	43,066	100%
Production, transportation, and material moving occupations	10,549	24.5%
Management, business, science, and art occupations	11,068	25.7%
Sales and office occupations	9,641	22.4%
Service occupations	7,593	17.6%
Natural resources, construction, and maintenance occupations	4,215	9.8%

Leading Industries

Employed Civilian Population 16 Years and Over	43,066	100%
Manufacturing	10,823	25.1%
Educational, health and social services	8,955	20.8%
Trade (retail and wholesale)	5,785	13.4%
Arts, entertainment, recreation, accommodation, and food services	3,649	8.5%
Professional, scientific, management, administrative, and waste management services	2,941	6.8%
Transportation and warehousing, and utilities	1,746	4.1%
Finance, insurance, real estate and rental and leasing	1,530	3.6%
Other services (except public administration)	2,223	5.2%
Construction	2,418	5.6%
Public administration	1,041	2.4%
Information	677	1.6%
Agriculture, forestry, fishing and hunting, and mining	1,278	3.0%

Bureau of Economic Analysis (BEA) Per Capita Personal Income (PCPI) Figures		
	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2016	\$40,268	34 th of 88 counties
BEA Per Capita Personal Income 2015	\$39,762	32 nd of 88 counties
BEA Per Capita Personal Income 2014	\$38,486	32 nd of 88 counties
BEA Per Capita Personal Income 2013	\$36,315	38 th of 88 counties
BEA Per Capita Personal Income 2012	\$35,452	37 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)

Selected Economic Characteristics, Continued
(Source: U.S. Census Bureau, Census 2016)

2016 ACS 1-year estimate

Income In 2016

Households	34,968	100%
< \$10,000	1,672	4.8%
\$10,000 to \$14,999	1,810	5.2%
\$15,000 to \$24,999	4,300	12.3%
\$25,000 to \$34,999	4,718	13.5%
\$35,000 to \$49,999	4,825	13.8%
\$50,000 to \$74,999	8,177	23.4%
\$75,000 to \$99,999	4,725	13.5%
\$100,000 to \$149,999	3,558	10.2%
\$150,000 to \$199,999	588	1.7%
\$200,000 or more	595	1.7%

Median Household Income

\$50,440

Income In 2016

Families	23,055	100%
< \$10,000	770	3.3%
\$10,000 to \$14,999	533	2.3%
\$15,000 to \$24,999	1,899	8.2%
\$25,000 to \$34,999	2,812	12.2%
\$35,000 to \$49,999	3,083	13.4%
\$50,000 to \$74,999	5,786	25.1%
\$75,000 to \$99,999	4,287	18.6%
\$100,000 to \$149,999	2,903	12.6%
\$150,000 to \$199,999	539	2.3%
\$200,000 or more	443	1.9%

Median Family Income

\$60,367

Per Capita Income In 2016

\$23,812

Poverty Status In 2016

	<i>Number Below Poverty Level</i>	<i>% Below Poverty Level</i>
Families	*(X)	8.4%
Individuals	*(X)	13.5%

*(X) – Not available

**Poverty Rates, 5-year averages
2012 to 2016**

Category	Tuscarawas	Ohio
Population in poverty	13.6%	15.4%
< 125% FPL (%)	19.4%	19.9%
< 150% FPL (%)	23.8%	24.3%
< 200% FPL (%)	35.0%	33.3%
Population in poverty (2001)	9.7%	10.3%

*(Source: The Ohio Poverty Report, Ohio Development Services Agency, February 2018,
<http://www.development.ohio.gov/files/research/P7005.pdf>)*

Employment Statistics

Category	Tuscarawas	Ohio
Labor Force	45,900	5,788,900
Employed	44,000	5,554,600
Unemployed	1,900	234,300
Unemployment Rate* in April 2018	4.1	4.0
Unemployment Rate* in March 2018	4.5	4.3
Unemployment Rate* in April 2017	4.8	4.6

**Rate equals unemployment divided by labor force.*

(Source: Ohio Department of Job and Family Services, April 2018, <http://ohiolmi.com/laus/OhioCivilianLaborForceEstimates.pdf>)

Estimated Poverty Status in 2016

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Tuscarawas County				
All ages in poverty	11,525	9,815 to 13,235	12.7%	10.8 to 14.6
Ages 0-17 in poverty	3,401	2,746 to 4,056	16.6%	13.4 to 19.8
Ages 5-17 in families in poverty	2,103	1,633 to 2,573	14.1%	10.9 to 17.3
Median household income	\$50,273	\$47,052 to \$53,494		
Ohio				
All ages in poverty	1,639,636	1,614,177 to 1,665,095	14.5%	14.3 to 14.7
Ages 0-17 in poverty	521,730	506,894 to 536,566	20.4%	19.8 to 21.0
Ages 5-17 in families in poverty	348,713	335,691 to 361,735	18.7%	18.0 to 19.4
Median household income	\$ 52,357	\$ 52,083 to \$ 52,631		
United States				
All ages in poverty	44,268,996	44,022,086 to 44,515,906	14.0%	13.9 to 14.1
Ages 0-17 in poverty	14,115,713	13,976,345 to 14,255,081	19.5%	19.3 to 19.7
Ages 5-17 in families in poverty	9,648,486	9,548,767 to 9,748,205	18.3%	18.1 to 18.5
Median household income	57,617	\$57,502 to \$57,732		

(Source: U.S. Census Bureau, 2016 Poverty and Median Income Estimates, <https://www.census.gov/data/datasets/2016/demo/saipe/2016-state-and-county.html>)

Federal Poverty Thresholds in 2017 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	\$ 12,752					
1 Person 65 and >	\$ 11,756					
2 people Householder < 65 years	\$ 16,414	\$16,895				
2 People Householder 65 and >	\$14,816	\$16,831				
3 People	\$19,173	\$19,730	\$19,749			
4 People	\$25,283	\$25,696	\$24,858	\$24,944		
5 People	\$30,490	\$30,933	\$29,986	\$29,253	\$28,805	
6 People	\$35,069	\$35,208	\$34,482	\$33,787	\$32,753	\$32,140
7 People	\$40,351	\$40,603	\$39,734	\$39,129	\$38,001	\$36,685
8 People	\$45,129	\$45,528	\$44,708	\$43,990	\$42,972	\$41,678
9 People or >	\$54,287	\$54,550	\$53,825	\$53,216	\$52,216	\$50,840

(Source: U. S. Census Bureau, Poverty Thresholds 2017, <http://www.census.gov/hhes/www/poverty/data/threshld/index.html>)

Appendix VII: County Health Rankings

	Tuscarawas County	Ohio	U.S.
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2011-2013)	6,500	7,700	6,700
Overall health. Percentage of adults reporting fair or poor health (age-adjusted) (2014)	18%	17%	16%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2014)	3.9	4.0	3.7
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2014)	3.8	4.3	3.8
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)	21%	23%	17%
Obesity. Percentage of adults that report a BMI of 30 or more (2012)	33%	32%	28%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2013)	7.6	6.6	7.7
Physical activity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2012)	29%	26%	23%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2014)	70%	85%	83%
Drug and alcohol abuse. Percentage of adults reporting binge or heavy drinking (2014)	17%	19%	18%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2010-2014)	33%	34%	29%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2013)	259.7	489.3	478.8
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2007-2013)	32	28	27

(Source: 2018 County Health Rankings for Tuscarawas County, Ohio and U.S. data)

	Tuscarawas County	Ohio	U. S.
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2013)	9%	8%	11%
Access to health care/medical care. Ratio of population to primary care physicians (2013)	2,450:1	1,310:1	1,320:1
Access to dental care. Ratio of population to dentists (2014)	2,800:1	1,660:1	1,480:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2013)	64	57	49
Diabetes. Percentage of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring (2013)	83%	85%	85%
Cancer. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2013)	57%	61%	63%
Social and Economic Environment			
Education. Percentage of ninth-grade cohort that graduates in four years (2012-2013)	87%	81%	83%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2010-2014)	50%	65%	65%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2014)	5.7%	4.9%	4.9%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2014)	17%	20%	20%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2010-2014)	4.1	4.8	5
Family and social support. Percentage of children that live in a household headed by single parent (2010-2014)	29%	36%	34%
Family and social support. Number of membership associations per 10,000 population (2013)	18.0	11.3	9.3
Violence. Number of reported violent crime offenses per 100,000 population (2010-2012)	52	290	380
Injury. Number of deaths due to injury per 100,000 population (2009-2013)	64	75	65

(Source: 2018 County Health Rankings for Tuscarawas County, Ohio and U.S. data)

	Tuscarawas 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)	11.8	11.3	8.7
Air, water, and toxic substances. Indicator of the presence of health-related drinking water violations. 1 - indicates the presence of a violation, 0 - indicates no violation (FY 2013-2014)	No	N/A	N/A
Housing. Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities (2008-2012)	12%	15%	19%
Transportation. Percentage of the workforce that drives alone to work (2010-2014)	85%	83%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2010-2014)	26%	30%	35%
Additional Measures			
Premature age-adjusted mortality. Number of deaths among residents under age 75 per 100,000 population (age-adjusted) (2014-2016)	345.0	391.1	N/A
Child mortality rate. Number of deaths among children under age 18 per 100,000 population (2013-2016)	29.4	57.0	N/A
Infant mortality rate. Number of all infant deaths (within 1 year), per 1,000 live births (2010-2016)	5.1	7.5	N/A

(Source: 2018 County Health Rankings for Tuscarawas County, Ohio and U.S. data)

N/A – Data is not available

Appendix VIII: 2018 Trinity Hospital Twin City Data

2018 Trinity Hospital Twin City Health Assessment Data by Service Area

Trend Summary

Adult Variables	2015 Trinity Hospital Twin City Primary Service Area* (n=184)	2018 Trinity Hospital Twin City Primary Service Area* (n=122)	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Health Status, Coverage, Access and Utilization					
Rated general health as excellent or very good	36%	46%	50%	51%	52%
Rated general health as fair or poor	20%	19%	15%	18%	17%
Average number of days that mental health was not good (in the past 30 days)	N/A	5.7	5.2	4.3‡	3.8‡
Rated their mental health as not good on four or more days (in the past 30 days)	N/A	40%	35%	24%	23%
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	N/A	34%	31%	22%	22%
Limited in some way (due to physical, mental, or emotional problems)	N/A	21%	26%	21%**	21%**
Uninsured	12%	15%	9%	7%	10%
Sought out a doctor's office when sick or needed advice about health	75%	69%	71%	N/A	N/A
Sought out a hospital emergency room when sick or needed advice about health	3%	5%	3%	N/A	N/A
Sought out an urgent care center when sick or needed advice about health	4%	5%	9%	N/A	N/A
Did not have a usual place when sick or needed advice about health	3%	6%	5%	N/A	N/A
Preventive Medicine					
Had a clinical breast exam in the past two years (age 40 and older)	N/A	64%	66%	N/A	N/A
Had a mammogram in the past two years (age 40 and older)	N/A	50%	67%	74%	72%
Had a pap smear in the past three years	N/A	43%	60%	82%***	80%***
Had a PSA test in within the past two years (age 40 and over)	N/A	44%	56%	39%	40%
Had a digital rectal exam within the past year	N/A	18%	16%	N/A	N/A
Arthritis, Asthma, & Diabetes					
Ever been diagnosed with asthma	8%	15%	15%	14%	14%
Ever been diagnosed with COPD, emphysema, etc.	4%	5%	6%	8%	7%
Ever been diagnosed with arthritis	46%	30%	33%	31%	26%
Ever been diagnosed with diabetes	14%	12%	12%	11%	11%

N/A – Data is not available

*Numbers are to be used with caution and are not generalizable

**2015 Ohio and U.S. BRFSS

***2016 Ohio and U.S. BRFSS reports women ages 21-65

‡2016 BRFSS as compiled by 2018 County Health Rankings

☒ Indicates alignment with the Ohio State Health Assessment

Adult Variables	2015 Trinity Hospital Twin City Primary Service Area* (n=184)	2018 Trinity Hospital Twin City Primary Service Area* (n=122)	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Social Determinants of Health					
Firearms in or around the home that were unlocked and loaded	5%	2%	4%	N/A	N/A
Needed help meeting daily needs in past month	16%	17%	13%	N/A	N/A
Environmental Health					
Family's health was threatened by insects	21%	11%	9%	N/A	N/A
Family's health was threatened by mold	7%	10%	6%	N/A	N/A
Family's health was threatened by unsafe water supply/wells	5%	3%	2%	N/A	N/A
Family's health was threatened by temperature regulation	6%	4%	4%	N/A	N/A
Weight Status					
Overweight (BMI of 25.0 – 29.9)	39%	36%	36%	35%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above) 🍷	37%	40%	37%	32%	30%
Cardiovascular Disease					
Had angina or coronary heart disease 🍷	7%	3%	5%	5%	4%
Had a heart attack	7%	8%	7%	5%	4%
Had a stroke	5%	2%	2%	4%	3%
Has been diagnosed with high blood pressure 🍷	46%	39%	39%	34%**	31%**
Has been diagnosed with high blood cholesterol	45%	40%	40%	37%**	36%**
Alcohol, Tobacco, and Other Drug Use					
Current drinker (drank alcohol at least once in the past month)	35%	48%	50%	53%	54%
Current smoker (currently smoke some or all days) 🍷	16%	27%	20%	23%	17%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	30%	26%	26%	24%	25%
Used marijuana in past 6 months	4%	3%	3%	N/A	N/A
Misused prescription drugs in past 6 months	11%	6%	7%	N/A	N/A
Mental Health					
Made a plan about how they would attempt suicide in past year	2%	2%	4%	N/A	N/A

N/A – Data is not available

*Numbers are to be used with caution and are not generalizable

**2015 Ohio and U.S. BRFSS

🍷 Indicates alignment with the Ohio State Health Assessment

Healthcare Coverage

- In 2018, 85% of adults living in the Trinity Hospital Twin City service area had healthcare coverage, compared to 88% of Tuscarawas County adults.
- In the past year, 15% of adults in the Trinity Hospital Twin City service area were uninsured, compared to 9% of Tuscarawas County adults.

- The following types of healthcare coverage were used: employer (40%); Medicaid or medical assistance (16%); someone else’s employer (15%); Medicare (11%); multiple, including government insurance (8%); multiple, including private insurance (7%); self-purchased plan (1%); Health Insurance Marketplace (1%); and military, CHAMPUS, TriCare, CHAMPVA or the VA (1%).
- Adult health care coverage included the following:

Health Coverage Includes:	Yes	No	Don’t Know
Medical	97%	1%	2%
Prescription Coverage	92%	1%	7%
Immunizations	74%	3%	24%
Vision	72%	19%	9%
Dental	69%	26%	5%
Preventive Health	63%	1%	36%
Outpatient Therapy	54%	10%	36%
Mental Health	50%	4%	46%
Durable Medical Equipment	31%	6%	63%
Alcohol and Drug Treatment	30%	10%	60%
Home Care	20%	11%	69%
Transportation	15%	25%	60%
Skilled Nursing/Assisted Living	15%	10%	75%
Hospice	14%	10%	76%

Healthcare Access and Utilization

- Nearly four-fifths (78%) of adults living in the Trinity Hospital Twin City service area indicated they had at least one person they thought of as their personal doctor or health care provider, compared to 79% of Tuscarawas County adults.
- About two-thirds (63%) of adults living in the Trinity Hospital Twin City service area visited a doctor for a routine checkup in the past year, compared to 68% of Tuscarawas county adults.
- Almost one-third (32%) of adults living in the Trinity Hospital Twin City service area experienced the following problems when they needed health care in the past 12 months:
 - Didn’t have insurance (12%)
 - Didn’t have enough money to pay for health care (11%)
 - Had to change doctors because of healthcare plan (6%)
 - Couldn’t find a doctor to take them as a patient (5%)
 - Too busy to get the healthcare they needed (4%)
 - Couldn’t get appointments when they wanted them (3%)
 - Couldn’t find a doctor they are comfortable with (3%)
 - Didn’t have transportation (2%)
 - Too embarrassed to seek help (1%)
 - Healthcare plan does not allow them to see doctors in Tuscarawas County (1%)
 - Didn’t get health services because of discrimination (1%)
 - Didn’t get health services because they were concerned about confidentiality (1%)

- Almost one-third (32%) of adults living in the Trinity Hospital Twin City service area did not get their prescriptions from their doctor filled in the past year, compared to 27% of Tuscarawas County adults.

Dental Care

- More than half (55%) of Trinity Hospital Twin City area residents did not visit the dentist in the past year for the following reasons: no reason to go (27%); cost (27%); had dentures/no teeth (14%); could not find a dentist to who took Medicaid (6%); fear, apprehension, nervousness, pain, and dislike going (5%); did not have/know a dentist (3%); could not get into a dentist (2%); and other reasons (8%). Eight percent (8%) reported multiple reasons including cost.

Weight Status

- Forty-one percent (41%) of adults were either obese (15%), severely obese (13%) or morbidly obese (13%) by body mass index (BMI). Thirty-six percent (36%) of adults were overweight, twenty-two percent (22%) were normal weight and 1% were underweight by BMI.

Mental Health

Diagnosed with Mental Health Issue

In the past 12 months, have you or a family member been diagnosed or treated for a mental health issue?	You	Family Member	Both Self and Family Member	Not at all
Depression	20%	20%	0%	56%
Anxiety or emotional problems	18%	13%	9%	60%
Anxiety Disorder (i.e. panic attacks, phobia, obsessive-compulsive disorder)	14%	16%	2%	68%
Other trauma	6%	1%	0%	93%
Post-Traumatic Stress Disorder (PTSD)	5%	3%	2%	90%
Alcohol and illicit drug abuse	5%	8%	1%	86%
Bipolar	3%	12%	0%	85%
Attention Deficit Disorder (ADD/ADHD)	2%	17%	0%	81%
Psychotic Disorder (i.e. schizophrenia, schizoaffective disorder)	2%	6%	0%	92%
Life Adjustment Disorder	2%	2%	0%	96%
Autism spectrum	1%	2%	0%	97%
Developmental Disability (cognitive/intellectual)	0%	11%	0%	89%
Other mental health disorder	0%	4%	0%	96%

Prescription Drug Abuse

- Eleven percent (11%) of adults living in the Trinity Hospital Twin City service area misused prescription drugs in past 6 months.
- Adults who misused prescription medications (either not prescribed to them or they took more than prescribed to feel good, high, or more active and alert) obtained them from the following: primary care physicians (94%), ER/urgent care doctor (11%), multiple doctors (6%), friend or family members for free (6%), and bought them from a friend or family member (6%). No one reported buying prescription medications from a dealer or stealing them from a friend/family member.

Social Issues

Sought Assistance for Social Service Issues

In the past <u>year</u> , have you or a loved one sought assistance for any of the following?	Needed Assistance	Received assistance	Did not know where to look
Health care	31%	30%	1%
Dental care	21%	13%	8%
Food	19%	17%	2%
Free tax preparation	15%	8%	7%
Medicare	11%	11%	0%
Clothing	10%	6%	4%
Home repair	8%	1%	7%
Prescription assistance	8%	7%	1%
Employment	7%	4%	3%
Rent/mortgage	7%	4%	3%
Utilities	7%	4%	3%
Legal aid services	7%	5%	2%
Mental illness issues including depression	7%	4%	3%
Affordable child care	4%	3%	1%
Transportation	4%	4%	0%
Credit counseling	2%	0%	2%
Diapers	1%	0%	1%
Drug or alcohol addiction	1%	0%	1%
Gambling addiction	1%	0%	1%
Post incarceration transition issues	0%	0%	0%
Unplanned pregnancy	0%	0%	0%

Most Important Health Concerns in the Community

Which is the most important health concern your community is facing?	Ranking	Percentage
Multiple health concerns (respondent answered more than once)	1	28%
Substance or drug use	2	26%
Opiates	3	13%
Other	4	10%
Tobacco use	5	8%
Accidents/injuries	6	6%
Obesity	7	5%
Diabetes or similar chronic disease	8	3%
Depression	9	3%
Lack of access to good medical care	10	2%
Lack of recreation facilities or fitness opportunities	11	2%
Alcohol use	12	1%
Child abuse/neglect	13	1%
Domestic violence	14	1%
Food insecurity	15	1%

2018 Trinity Hospital Twin City Sample Demographic Profile*

Adult Variable	2018 Trinity Hospital Twin City Service Area Adult Survey Sample	2018 Tuscarawas County Adult Survey Sample	Tuscarawas County Census 2012-2016 (5-year estimate)
Age			
20-29	4.9%	12.6%	11.3%
30-39	9.8%	21.3%	12.6%
40-49	17.2%	13.1%	11.2%
50-59	19.7%	19.3%	14.8%
60 plus	39.3%	30.3%	24.8%
Gender			
Male	49.5%	47.6%	49.4%
Female	49.9%	52.4%	50.6%
Race/Ethnicity			
White	97.5%	95.6%	97.0%
Black or African American	0.0%	0.2%	0.8%
American Indian or Alaskan Native	1.3%	3.4%	0.3%
Native Hawaiian/Other Pacific Islander	0.0%	0.2%	0.0%
Asian	.04%	0.4%	0.4%
Other	1.7%	1.6%	0.4%
Hispanic Origin (may be of any race)	0.8%	0.8%	2.3%
Marital Status†			
Married	58.0%	61.4%	54.4%
Never been married/member of an unmarried couple	23.1%	15.7%	23.9%
Divorced/Separated	9.9%	14.0%	12.6%
Widowed	9%	8.8%	7.5%
Education†			
Less than High School Diploma	10.7%	6.0%	18.3%
High School Diploma	35.9%	35.9%	46.4%
Some college/College graduate	53.2%	58.2%	39.4%
Income (Families)			
\$14,999 and less	23.9%	17.7%	5.6%
\$15,000 to \$24,999	6.3%	3.8%	8.2%
\$25,000 to \$49,999	28.7%	22.7%	25.6%
\$50,000 to \$74,999	16.8%	19.7%	25.1%
\$75,000 or more	23.4%	28.1%	35.4%

*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). Percent's may not add to 100% due to missing data (non-responses) or multiple responses.

†The Ohio and Tuscarawas 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 IX: Community Stakeholder Perceptions

1. What surprised you the most? (n=48)

- Youth suicide contemplation (10)
- Youth mental health (8)
- Adult mental health (5)
- Youth who had 4 or more sexual partners (3)
- Number of ACE's (3)
- Youth who smoked were more likely to engage in riskier behavior (2)
- Adults who were overweight or obese (2)
- Age onset of sexual activity for youth (2)
- Youth drinking rates (2)
- Drug use (2)
- Obesity rates (2)
- No marijuana use under 30 (2)
- Head injury statistics
- Asthma
- Other people being surprised
- E-cigs look like USB drives
- Cancer percentages
- The respondents were of such a high income
- Youth bullying data
- All youth data points
- Percent of kids afraid to go to school
- Alcohol consumption in 65+ year olds
- Disparity between health and access to health care

2. What would you like to see covered in the Community Health Needs Assessment next time? (n=25)

- Keep all of the same topics (5)
- Food insecurity in both adults and youth (2)
- Self-defense questions
- Medical marijuana numbers
- STD's as a result of the sexual activity
- Survey religious affiliations – Are the people who attend Church more hopeful and less sad?
- Discuss focus for community education programs
- Look at vaping with youth more in depth as a trend
- Those receiving treatment for mental health issues
- Reasons for not receiving support
- Drunk driving
- Infrastructures impact on sedentary life/obesity
- Sexual activity correlated to other activities
- Obesity treatment
- Substance use factors
- More about ACE's
- Less comprehensive – more qualitative data
- Needs of senior citizens
- Domestic violence
- Impact of social media on mental health issues

3. What will you or your organization do with this data? (n=28)

- Improve health promotion programs/strategies (8)
- Utilize data for funding applications/grants (4)
- Guide programming and annual performance measures (3)
- Bring to church council (2)
- Utilize in community assessment and strategic planning process
- Set goals as an organization
- Review and discuss how we can continue to support struggling students
- Show the need for active transportation improvements
- Promote health eating and physical activity
- Will focus on chronic disease and access to healthcare data
- Participate on committees
- Work with Access Tusc to identify goals
- Educate our local youth on issues
- Will personally use it to improve approach to mental health with clients
- Use data to meet IRS requirements

4. Based on the Community Health Needs Assessment, what health topics do you see as the most important? Please list 2 or more choices. (n=45)

- Adult and youth mental health (28)
- Obesity (18)
- Adult/youth drug use (15)
- Youth and adult suicide rates (6)
- Youth risky behaviors (5)
- Youth bullying (4)
- Adult and youth alcohol consumption (4)
- Oral health (4)
- Support for individuals experiencing ACE's (3)
- Tobacco use (2)
- Public transportation
- Youth sexual abuse
- Adult diabetes
- Social determinants of health
- Access to health care
- Cancer rates
- How adults treat children
- Texting and driving
- Youth perceptions on marijuana use
- Healthcare coverage
- Lack of physical activity

5. Are there any groups or agencies you think would be valuable resources or partners to work towards the above health issues you identified? (n=44)

- Schools (7)
- All behavioral health (4)
- Hospitals (4)
- Churches (3)
- All sectors (3)
- Health Department (2)
- NAMI (2)
- YMCA (2)
- ADAMHS Board (2)
- Anti-drug coalition
- Leadership
- Tusc County Clinic for working uninsured
- Ohio Department of Transpiration
- Local engineers/service directors
- Physicians
- Law enforcement
- Healthy Tusc
- Social workers
- Youth Serving agencies
- Mental health providers
- Ohio Guidestone (PFCS)
- The Village Network
- COMPASS
- Tusc County Child Advocacy Center
- United Way
- Opioid Task Force
- PE Teachers/Athletic Directors

6. What are some barriers people my face regarding the issues you identified? (n=43)

- Transportation (8)
- Financial issues (8)
- Stigma (7)
- Lack of education (7)
- Lack of resources (5)
- Unwillingness to deal with sensitive issues (4)
- Unsure of the resources available (4)
- Lack of access to healthy foods (4)
- Unmotivated to seek help (3)
- Uninsured (2)
- Lack of providers (2)
- Unaware of the seriousness of their mental health issues (2)
- Funding for mental health issues (2)
- Sexual health "taboo" topics
- Lack of dentists accepting Medicaid
- Support for early identification and intervention
- Divisive atmosphere
- Civil engineers unable/unwilling to include pedestrians in planning
- Lack of experience/expertise
- Not many safe places to engage in physical activity
- Time

7. In your opinion, what is the best way to communicate the information from the Community Health Needs Assessment to the rest of the public? (n=48)

- Social media posts (19)
- Public service announcements (6)
- Short data points in paper (5)
- Radio (5)
- Community events (5)
- Brochures (3)
- School programs (2)
- Websites (2)
- Visual representation/summary of critical areas to community (2)
- Word of mouth (2)
- Email
- Libraries
- Civic groups
- Mailbox
- Meetings
- Awareness campaigns
- Tailor to specific audiences/events
- Mental health/substance use agency
- Factsheet
- Smaller forums by topic
- Churches

8. Please indicate your industry/vocation (e.g. finance, education, community volunteer, etc.). (n=38)

- Health care (8)
- Education (5)
- Public health (5)
- Social worker (4)
- Community volunteer (4)
- Counselor (4)
- Government (2)
- Mental health (1)
- Legal services
- Community service agency director
- Economic development
- Court system
- Community development

9. Other comments or concerns: (n=15)

- Great information! (4)
- Well Done! (2)
- Incorporate small group discussion (2)
- Have a data session in the afternoon
- Poor infrastructure affects everyone
- Teaching about condom use possibly is the most important life skill for low income residents
- Give out handouts to match PowerPoint presentation – hard to take notes on numbers given out so fast
- Continued exposure to these issues through hard data brings more awareness to the community
- How do we train using the information about ACE's to make a difference?
- Shocked not all schools participated!

APPENDIX B Impact of Actions Taken Since the Last CHNA – Union Hospital

Cleveland Clinic Union Hospital uses evidence-based approaches in the delivery of healthcare services and educational outreach with the aim of achieving healthy outcomes for the community it serves. It undertakes periodic monitoring of its programs to measure and determine their effectiveness and ensure that best practices continue to be applied.

Given that the process for evaluating the impact of various services and programs on population health is longitudinal by nature, significant changes in health outcomes may not manifest for several community health needs assessment cycles. We continue to evaluate the cumulative impact.

Each identified health need and action items in our 2016 CHNA Implementation Strategy are described below with representative impacts.

1. Adult and Youth Obesity

Action: Union Hospital continues to offer outreach programs and community health talks focused on educating the community on healthy behavior choices including nutrition, exercise, and chronic disease management to promote health and wellness, decrease obesity, and reduce disease burden.

Highlighted Impacts:

Union Hospital Nutrition Services staff provided one-on-one counseling with a registered dietitian. The hospital also offered “CORE 4” comprehensive adult weight management in both individual and group settings.

Union Hospital’s Community Health and Wellness staff offered the “Plant Strong” Program, a six-week program healthy eating program.

Union Hospital’s Community Health and Wellness staff offered a free diabetes self-management workshop, consisting of six sessions (a physician referral was not necessary for this program.)

Two free six-week Chronic Disease Management courses were provided by Union Hospital’s Community Health and Wellness staff.

2. Adult and Youth Mental Health and Bullying

Action: Union Hospital continues to provide psychological consults for its inpatients and outpatient care for behavioral health needs. Union Hospital collaborates with other Cleveland Clinic hospitals to provide its patients with comprehensive behavioral health services and programs.

Highlighted Impacts:

Union Hospital’s Pain Management Center provided mental health resources, including a support group to meet ongoing needs of patients and community members.

Union Hospital’s certified health and wellness coach offered services to help patients create and maintain a “roadmap” for change to healthier lifestyles.

Union Hospital Behavioral Health Center provided intensive outpatient and partial hospitalization program located on the hospital campus.

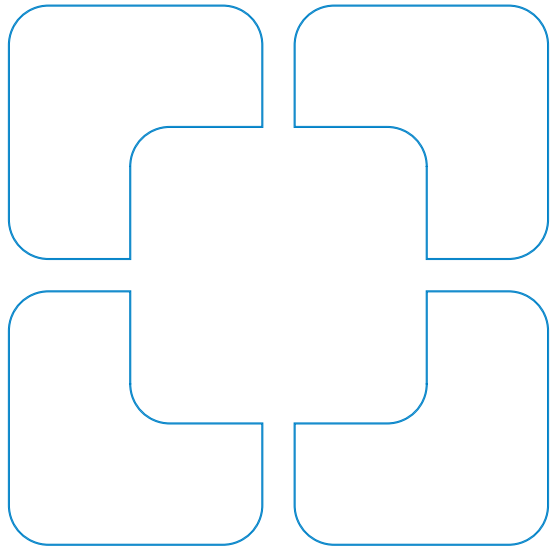
The hospital's physician network, Union Physician Services (UPS), offered counseling to patients as identified and/or requested.

Union Hospital's Community Health and Wellness staff offered various health screenings at low cost throughout the community in various locations. Registration was available online and via telephone.

Union Hospital collaborated with various community organizations and programs which provide treatment and/or intervention services designed to identify, treat and improve the lives of area residents with mental health issues. The Alcohol, Drug Addiction and Mental Health Services Board of Tuscarawas and Carroll Counties provides funding for access to a number of services available to residents in both counties.

Union Hospital formed a Zero Suicide Task Force to begin addressing early assessment of those at risk for suicide and best practices for those identified as high risk.

Union Hospital committed to becoming a Care Coordination Agency with new local Pathways Community HUB model to pilot rural care coordination addressing mental health, substance abuse and pregnant women.



clevelandclinic.org/CHNAreports

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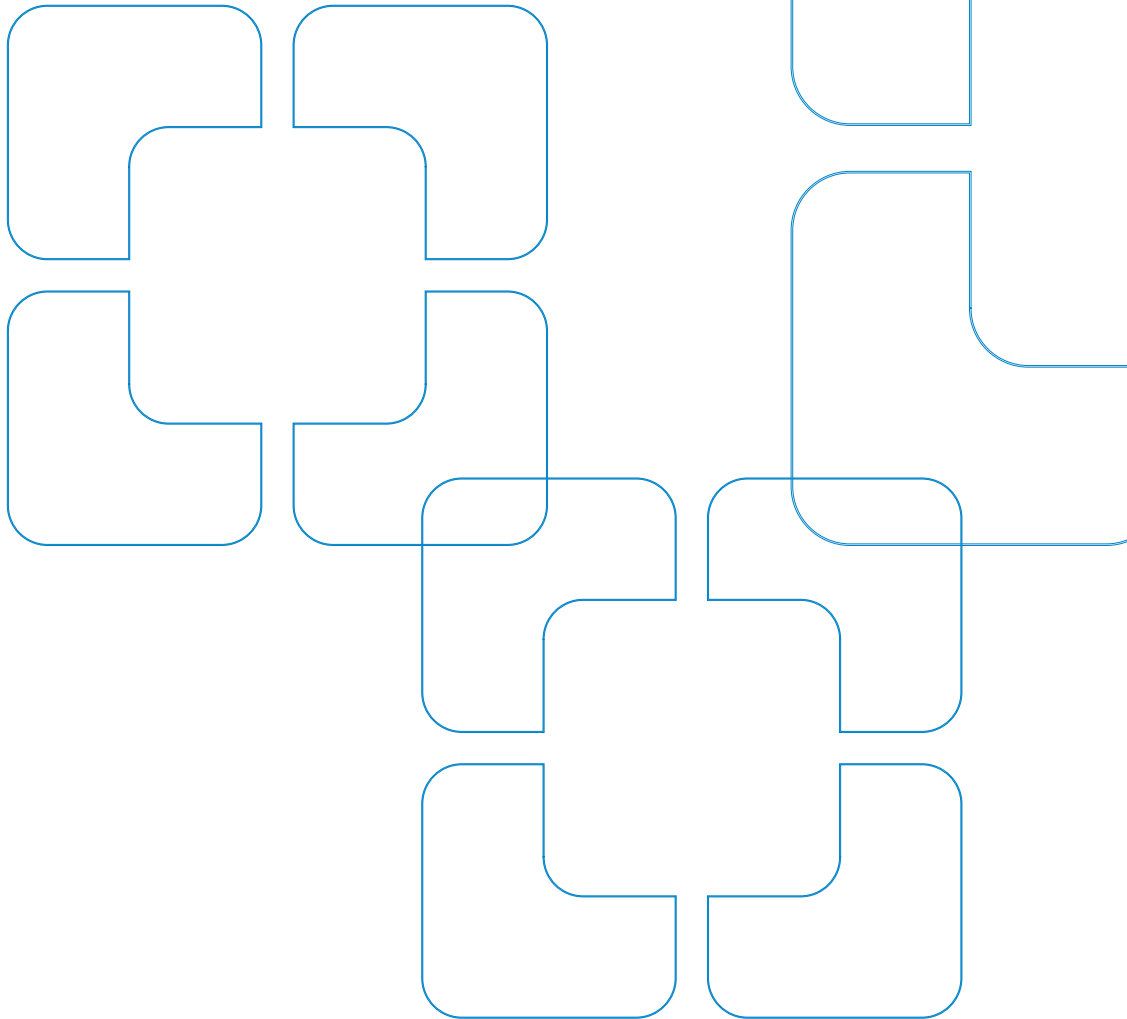
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Cleveland Clinic
Union Hospital

Implementation Strategy Report

2019



Union Hospital
659 Boulevard Street
Dover, Ohio 44622

2019 Community Health Needs Assessment
Implementation Strategy for Years 2020 - 2022
As required by Internal Revenue Code § 501(r)(3)

Name and EIN of
Hospital Organization
Operating Hospital Facility: Union Hospital #34-0714771

Date Approved by
Authorized Governing Body: April 9, 2020

Contact: Cleveland Clinic
chna@ccf.org

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Union Hospital

2019 IMPLEMENTATION STRATEGY

I. INTRODUCTION AND PURPOSE

This written plan is intended to satisfy the requirements set forth in Internal Revenue Code Section 501(r)(3) regarding community health needs assessments and implementation strategies. The overall purpose of the implementation strategy process is to align the hospital's limited resources, program services, and activities with the findings of the community health needs assessment ("CHNA").

A. Description of Hospital

Cleveland Clinic Union Hospital is a 136-staffed-bed hospital located in Dover, Ohio. Union Hospital has been an integral part of the Tuscarawas Valley for more than 110 years. Union Hospital was founded on the premise that its focus must be on quality healthcare for all patients, not the financial profits of a few investors. And today, it continues that mission, providing the care to all patients, regardless of ability to pay. In 2018, Union Hospital became part of the Cleveland Clinic healthcare system as a regional hospital.

The Cleveland Clinic health system includes an academic medical center near downtown Cleveland, 11 regional hospitals in northeast Ohio, a children's hospital, a children's rehabilitation hospital, five southeast Florida hospitals, and a number of other facilities and services across Ohio, Florida, and Nevada. Additional information about Cleveland Clinic is available at <https://my.clevelandclinic.org/>.

B. Hospital Mission

Cleveland Clinic's mission statement is:

To provide better care for the sick, investigation of their problems and education of those who serve

II. COMMUNITY DEFINITION

For the purposes of the CHNA, Union Hospital defines the community it serves as Tuscarawas County.

III. HOW IMPLEMENTATION STRATEGY WAS DEVELOPED

This Implementation Strategy was developed by a team of members of senior leadership at Union Hospital and Cleveland Clinic representing several departments of the organizations, including clinical administration, medical operations, nursing, finance, population health, and community relations. The team included input from the hospital's community and local non-profit organizations to prioritize selected strategies and determine possible collaborations. Alignment with Healthy Tusc's Tuscarawas County Community Health Assessment and County Health Improvement Plan (CHIP), and Ohio's State Health Assessment (SHA) was also considered.

Each year, senior leadership at Union Hospital and Cleveland Clinic, in collaboration with Healthy Tusc's, will review this Implementation Strategy to determine whether changes should be made to better address the health needs of its communities.

IV. SUMMARY OF THE COMMUNITY HEALTH NEEDS IDENTIFIED

Union Hospital's significant community health needs as determined by analyses of quantitative and qualitative data include:

1. Access to Affordable Healthcare
2. Addiction
3. Chronic Disease
4. Infant Mortality
5. Mental Health
6. Socioeconomic Concerns

See the 2019 Union Hospital CHNA for more information:

<https://my.clevelandclinic.org/locations/union-hospital/about/community-health>

V. NEEDS HOSPITAL WILL ADDRESS

A. Cleveland Clinic Community Health Initiatives

Each Cleveland Clinic hospital provides numerous services and programs in efforts to address the health needs of the community. Implementation of our services focuses on addressing structural factors important for community health, strengthening trust with residents and stakeholders, ensuring community voice in developing strategies, and evaluating our strategies and programs. Strategies within the ISR are included according to the prioritized list of needs developed during the 2019 CHNA, including a joint Community Health Improvement Plan with Healthy Tusc.

B. Union Hospital Implementation Strategy 2020-2022

The Implementation Strategy Report includes the priority community health needs identified during the 2019 Union Hospital CHNA and hospital-specific strategies to address those needs from 2020 through 2022.

1. Access to Affordable Healthcare

Access to affordable health care is challenging for some residents, particularly to primary care, mental health, dental care, and addiction treatment services. Access barriers are many and include cost, poverty, inadequate transportation, a lack of awareness regarding available services, and an undersupply of providers. Cleveland Clinic continues to evaluate methods to improve patient access to care.

All Cleveland Clinic hospitals will continue to provide medically necessary services to all patients regardless of race, color, creed, gender, country of national origin, or ability to pay. [Cleveland Clinic Financial Assistance](#). Initiatives include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
<p>A Patient Financial Advocates assist patients in evaluating eligibility for financial assistance or public health insurance programs</p>	<p>Increase the proportion of eligible individuals who are enrolled in various assistance programs</p>
<p>B Provide walk-in care at Express Care Clinics and offer evening and weekend hours</p>	<p>Improve the number of patients who receive the right level of care</p>
<p>C Utilizing medically secure online and mobile platforms, connect patients with Cleveland Clinic providers for telehealth and virtual visits</p>	<p>Overcome geographical and transportation barriers and improve access to specialized care</p>
<p>D Support the Tuscarawas Clinic for the Working Uninsured</p>	<p>Increase the number of individuals with a regular source of care, improve screening rates, improve chronic care management, increase medication adherence, and improve access to medical testing and specialized care</p>

2. Addiction

The 2019 CHNA identified adult and youth drug use and overdose deaths as needs in the community. The 2020 - 2022 priority strategy will focus on the hospital’s efforts to decrease the abuse of and overdose from opioids. Initiatives include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
<p>A Through Cleveland Clinic’s Opioid Awareness Center, provide intervention and treatment for substance abuse disorders to Cleveland Clinic caregivers and their family members</p>	<p>Increase the number of individuals with opioid addiction and dependence who seek treatment</p>
<p>B Through the Opioid Awareness Center and collaboration with the Tuscarawas County Anti-Drug Coalition, Cleveland Clinic will provide preventative education and share evidence-based practices</p>	<p>Reduce the number of individuals with opioid addiction and dependence</p>
<p>C Through the <i>Healthy Tusc</i> collaborative hospital initiative, create an Overdose Fatality Review Board</p>	<p>Increase awareness of factors contributing to drug overdose and improve local health policy</p>
<p>D Collect unused medications through community-based “Drug Takeback” events</p>	<p>Reduce the availability of unused prescription opioids within the community</p>

3. Chronic Disease

Union Hospital’s 2019 CHNA identified chronic disease and other health conditions as prevalent in the community (ex. heart disease, cancer, diabetes, respiratory diseases, and adult and youth obesity). Prevention and management of chronic disease were selected with the goal to increase healthy behaviors in nutrition and physical activity. Initiatives include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
<p>A Improve management of chronic conditions through Chronic Care Clinics employing a specialized model of care and including disease education, symptom management, medication review, and nutrition counseling</p>	<p>Improve quality of life, decrease rates of complication and improve treatment adherence for chronic disease patients</p>
<p>B Implement health promotion messaging, health education, and outreach programs related to reducing behavioral risk factors like nutrition and physical activity</p> <p>Implement the <i>Tusky the Terrier Campaign</i> to encourage improvements in nutrition and physical activity for youth</p>	<p>Improve physical activity, improve nutrition, decrease stress levels, weight loss, and reduce childhood obesity rates</p>

4. Infant Mortality

Union Hospital’s 2019 CHNA identified the infant mortality rate in Ohio as above U.S. averages. As a birthing hospital, Union Hospital continues to address infant mortality causes and seeks to decrease infant mortality rates. Healthcare services are available to all expectant mothers regardless of insurance restrictions and ability to pay. Initiatives include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
<p>A Provide expanded evidence-based health education to mothers and families throughout the perinatal period</p>	<p>Improve the number of mothers who receive adequate prenatal care and improve breastfeeding rates</p>
<p>B Support the <i>Access Tuscy Pathways Community HUB Model</i> and enroll pregnant women</p>	<p>Improve the number of mothers who receive adequate prenatal care, and ensure connection to medical, social, and behavioral services; improve health equity</p>

5. Mental Health

Union Hospital’s 2019 CHNA identified mental health as a priority, including depression in youth and adult populations, and suicide. Initiatives include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
A Create a Pathways Community HUB model	Increase the number of individuals with a regular source of care, increase the number of individuals who receive a regular well-check
B Cleveland Clinic will develop suicide and self-harm policies procedures and screening tools for patients in a variety of care settings Screen patients aged 12 or older for suicide risk	Reduce suicide rates

6. Socioeconomic Concerns

Union Hospital’s 2019 CHNA demonstrated that health needs are multifaceted, involving medical as well as socioeconomic concerns. The assessment identified poverty, health equity, trauma and other social determinants of health as significant concerns. Poverty has significant implications for health, including the ability for households to access health services, afford basic needs, and benefit from prevention initiatives. Problems with housing, educational achievement, and access to workforce training opportunities also contribute to poor health. The Centers for Disease Control and Prevention defines social determinants of health as the “circumstances in which people are born, grow up, live, work and age that affect their health outcome.”

Union Hospital is committed to promoting health equity and healthy behaviors in our communities. The hospital addresses socioeconomic concerns through a variety of services and initiatives including health and economic improvement collaborations among sectors, local hiring for hospital workforce, local supplies sourcing, mentoring of community residents, in-kind donation of time and sponsorships, anchor institution commitment, and caregiver training for inclusion and diversity. The socioeconomic initiatives highlighted for 2020 – 2022 include:

Initiatives Including Collaborations and Resources Allocated	Anticipated Impacts
<p>A Implement a system-wide social determinants screening tool for patients to identify needs such as alcohol abuse, depression, financial strain, food insecurity, intimate partner violence, and stress</p>	<p>Connect patients with substance abuse treatment, mental health treatment, and assistance with basic needs; reduce trauma and harm associated with violence</p>
<p>B In partnership with <i>Healthy Tusc</i>, engage in anti-hunger initiatives including food preparation for Mobile Meals of Dover-New Phila, Inc. and the Tuscarawas YMCA Youth Hunger Program, area soup kitchen programs, student food bag distributions, participation in the Tuscarawas County Farmers Market, and collaborations with the Akron-Canton Regional Food Bank</p>	<p>Reduce food insecurity, increase access to healthy foods</p>
<p>C In partnership with multiple area school districts, provide support for reading programs</p>	<p>Improve academic performance, increase student self-esteem</p>

For more information regarding Cleveland Clinic Community Health Needs Assessments and Implementations Strategy Reports, please visit www.clevelandclinic.org/CHNAReports or contact CHNA@ccf.org .

2019-2022

Tuscarawas County

Community Health Improvement Plan



*Building a Healthier Community **Together***

Adopted on: 08.13.2019

Foreword

I was not born in Tuscarawas County, but this is my home. A home where 92,000 Ohioans choose to work, live and play. A home where we raise our children. A home where we hope that we are making improvements that will touch lives today and for generations to come.

I consider myself among the most fortunate that I get to collaborate regularly with community members and leaders who have a shared vision for a Tuscarawas County that is physically healthy, economically strong, and environmentally sound for years to come. I am humbled by the support of so many and in particular our Commissioners for their unwavering support and commitment to our efforts.

The Healthy Tusc team is comprised of dedicated individuals who have a passion for creating local improvement in our county's healthcare. Our common thread is love of community and the dedication to research that supports our efforts since 2009. This is a team that volunteers its time, above and beyond the routine 9-to-5 jobs, without complaint. They see a future that is bright for our families.

This partnership approach allows us to address the health issues affecting our community and allows us to focus on strategies that will define our roles in impacting health outcomes at a population level. We will address those factors that are difficult to speak about, such as mental health, drug abuse, and poverty. We will build on our sense of community pride with meaningful framework that communicates the need for change. We will strive to make changes that afford abundant returns for our community's investment in health and well-being.

This Community Health Improvement Plan is our blueprint and roadmap for change. Our goal is to work in conjunction with the State of Ohio and the nation to coordinate care that is meaningful and impactful for our residents. We believe in the power of partnership along with data, research and structure. We believe in Tuscarawas County and its future.

Kimberly Nathan, RN

Chairperson, Healthy Tusc

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Executive Summary

Introduction

A community health improvement plan (CHIP) is a community-driven, long-term, systematic plan to address issues identified in a community health assessment (CHA). The purpose of the CHIP is to describe how hospitals, health departments, and other community stakeholders will work to improve the health of the county. A CHIP is designed to set priorities, direct the use of resources, and develop and implement projects, programs, and policies. The CHIP is more comprehensive than the roles and responsibilities of health organizations alone, and the plan's development must include participation of a broad set of community stakeholders and partners. This CHIP reflects the results of a collaborative planning process that includes significant involvement by a variety of community sectors.

Healthy Tusc has been conducting CHAs since 2015 to measure community health status. The most recent Tuscarawas County CHA was cross-sectional in nature and included a written survey of adults and adolescents within Tuscarawas County. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention (CDC) for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS). This has allowed Tuscarawas County to compare their CHA data to national, state and local health trends. Community stakeholders were actively engaged in the early phases of CHA planning and helped define the content, scope, and sequence of the project.

Healthy Tusc contracted with the Hospital Council of Northwest Ohio (HCNO), a neutral, regional, nonprofit hospital association, to facilitate the CHA and CHIP. Healthy Tusc then invited various community stakeholders to participate in community health improvement process. Data from the most recent CHA were carefully considered and categorized into community priorities with accompanying strategies. This was done using the National Association of County and City Health Officials' (NACCHO) national framework, Mobilizing for Action through Planning and Partnerships (MAPP). Over the next three years, these priorities and strategies will be implemented at the county-level with the hope to improve population health and create lasting, sustainable change. It is the hope of Healthy Tusc that each agency in the county will tie their internal strategic plan to at least one strategy in the CHIP.

Hospital Requirements

Internal Revenue Services (IRS)

The Tuscarawas County CHA and CHIP fulfill national mandated requirements for hospitals in the county. The H.R. 3590 Patient Protection and Affordable Care Act (ACA), enacted in March 2010, added new requirements in Part V, Section B, on 501 (c)(3) organizations that operate one or more hospital facilities. Each 501 (c)(3) hospital organization must conduct a CHNA and adopt an implementation strategy at least once every three years in order to maintain tax-exempt status. To meet these requirements, the hospitals shifted their definition of "community" to encompass the entire county, and collaboratively completed the CHA and CHIP, compliant with IRS requirements. This will result in increased collaboration, less duplication, and sharing of resources. This report serves as the implementation strategy for Tuscarawas County Hospitals and documents the hospitals' efforts to address the community health needs identified in CHA.

Hospital Mission Statement(s)

Cleveland Clinic Union Hospital Mission Statement: To provide excellent quality health care to the community at a competitive price through highly competent people and an integrated provider network.

Trinity Hospital Twin City Mission Statement: The mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities.

Community Served by the Hospital(s)

The community has been defined as Tuscarawas County. Cleveland Clinic Union Hospital and Trinity Hospital Twin City collaborate with multiple stakeholders, most of which provide services at the county-level. For this reason, the county was defined as the community served by the hospitals.

Public Health Accreditation Board (PHAB) Requirements

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) is the measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards. The goal of the national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments. PHAB requires that CHIPs be completed at least every five years, however, Ohio state law (ORC 3701.981) requires that health departments and hospitals collaborate to create a CHIP every 3 years. Additionally, PHAB is a voluntary national accreditation program, however the State of Ohio requires that all local health departments become accredited by 2020, making it imperative that all PHAB requirements are met.

PHAB standards also require that a community health improvement model is utilized when planning CHIPs. This CHIP was completed using NACCHO's MAPP process. MAPP is a national, community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with various local agencies representing a variety of sectors.

Inclusion of Vulnerable Populations (Health Disparities)

According to the 2013-2017 American Community Survey 5 year estimates, Tuscarawas County is 97% caucasian (white). Approximately 13% of Tuscarawas County residents were below the poverty line. For this reason, data is broken down by income (less than \$25,000 and greater than \$25,000) throughout the report to show disparities.

Mobilizing for Action through Planning and Partnerships (MAPP)

NACCHO's strategic planning tool, MAPP, guided this community health improvement process. The MAPP framework includes six phases which are listed below:

1. Organizing for success and partnership development
2. Visioning
3. The four assessments
4. Identifying strategic issues
5. Formulate goals and strategies
6. Action cycle

The MAPP process includes four assessments: community themes and strengths, forces of change, local public health system assessment, and the community health status assessment. These four assessments were used by Healthy Tusc to prioritize specific health issues and population groups which are the foundation of this plan. Figure 1.1 illustrates how each of the four assessments contributes to the MAPP process.


Figure 1.1 The MAPP model



Alignment with National and State Standards

The 2019-2022 Tuscarawas County CHIP priorities align with state and national priorities. Tuscarawas County will be addressing the following priorities: mental health, addiction, and chronic disease.

Ohio State Health Improvement Plan (SHIP)

Note: This symbol  will be used throughout the report when a priority, indicator, or strategy directly aligns with the 2017-2019 SHIP.

SHIP Overview

The 2017-2019 State Health Improvement Plan (SHIP) serves as a strategic menu of priorities, objectives, and evidence-based strategies to be implemented by state agencies, local health departments, hospitals and other community partners and sectors beyond health including education, housing, employers, and regional planning.

The SHIP includes a strategic set of measurable outcomes that the state will monitor on an annual basis. Given that the overall goal of the SHIP is to improve health and wellbeing, the state will track the following health indicators:

- Self-reported health status (reduce the percent of Ohio adults who report fair or poor health)
- Premature death (reduce the rate of deaths before age 75)

SHIP Priorities

In addition to tracking progress on overall health outcomes, the SHIP will focus on three priority topics:

1. Mental Health and Addiction (includes emotional wellbeing, mental illness conditions and substance abuse disorders)
2. Chronic Disease (includes conditions such as heart disease, diabetes and asthma, and related clinical risk factors-obesity, hypertension and high cholesterol, as well as behaviors closely associated with these conditions and risk factors- nutrition, physical activity and tobacco use)
3. Maternal and Infant Health (includes infant and maternal mortality, birth outcomes and related risk and protective factors impacting preconception, pregnancy and infancy, including family and community contexts)

Cross-cutting Factors

The SHIP also takes a comprehensive approach to improving Ohio's greatest health priorities by identifying cross-cutting factors that impact multiple outcomes. Rather than focus only on disease-specific programs, the SHIP highlights powerful underlying drivers of wellbeing, such as student success, housing affordability and tobacco prevention. This approach is built upon the understanding that access to quality health care is necessary, but not sufficient, for good health. The SHIP is designed to prompt state and local stakeholders to implement strategies that address the Social determinants of health and health behaviors, as well as approaches that strengthen connections between the clinical healthcare system, public health, community-based organizations and sectors beyond health.

SHIP planners drew upon this framework to ensure that the SHIP includes outcomes and strategies that address the following cross-cutting factors:

- **Health equity:** Attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.
- **Social determinants of health:** Conditions in the social, economic and physical environments that affect health and quality of life.
- **Public health system, prevention and health behaviors:**
 - The public health system is comprised of government agencies at the federal, state, and local levels, as well as nongovernmental organizations, which are working to promote health and prevent disease and injury within entire communities or population groups.
 - Prevention addresses health problems before they occur, rather than after people have shown signs of disease, injury or disability.
 - Health behaviors are actions that people take to keep themselves healthy (such as eating nutritious food and being physically active) or actions people take that harm their health or the health of others (such as smoking). These behaviors are often influenced by family, community and the broader social, economic and physical environment.
- **Healthcare system and access:** Health care refers to the system that pays for and delivers clinical health care services to meet the needs of patients. Access to health care means having timely use of comprehensive, integrated and appropriate health services to achieve the best health outcomes.

CHIP Alignment with the 2017-2019 SHIP

The 2019-2022 Tuscarawas County CHIP is required to select at least 2 priority topics, 1 priority outcome indicator, 1 cross cutting strategy and 1 cross-cutting outcome indicator to align with the 2017-2019 SHIP. The following Tuscarawas County CHIP priority topics, outcomes and cross cutting factors very closely align with the 2017-2019 SHIP priorities:

Figure 1.2 2019-2022 Tuscarawas CHIP Alignment with the 2017-2019 SHIP

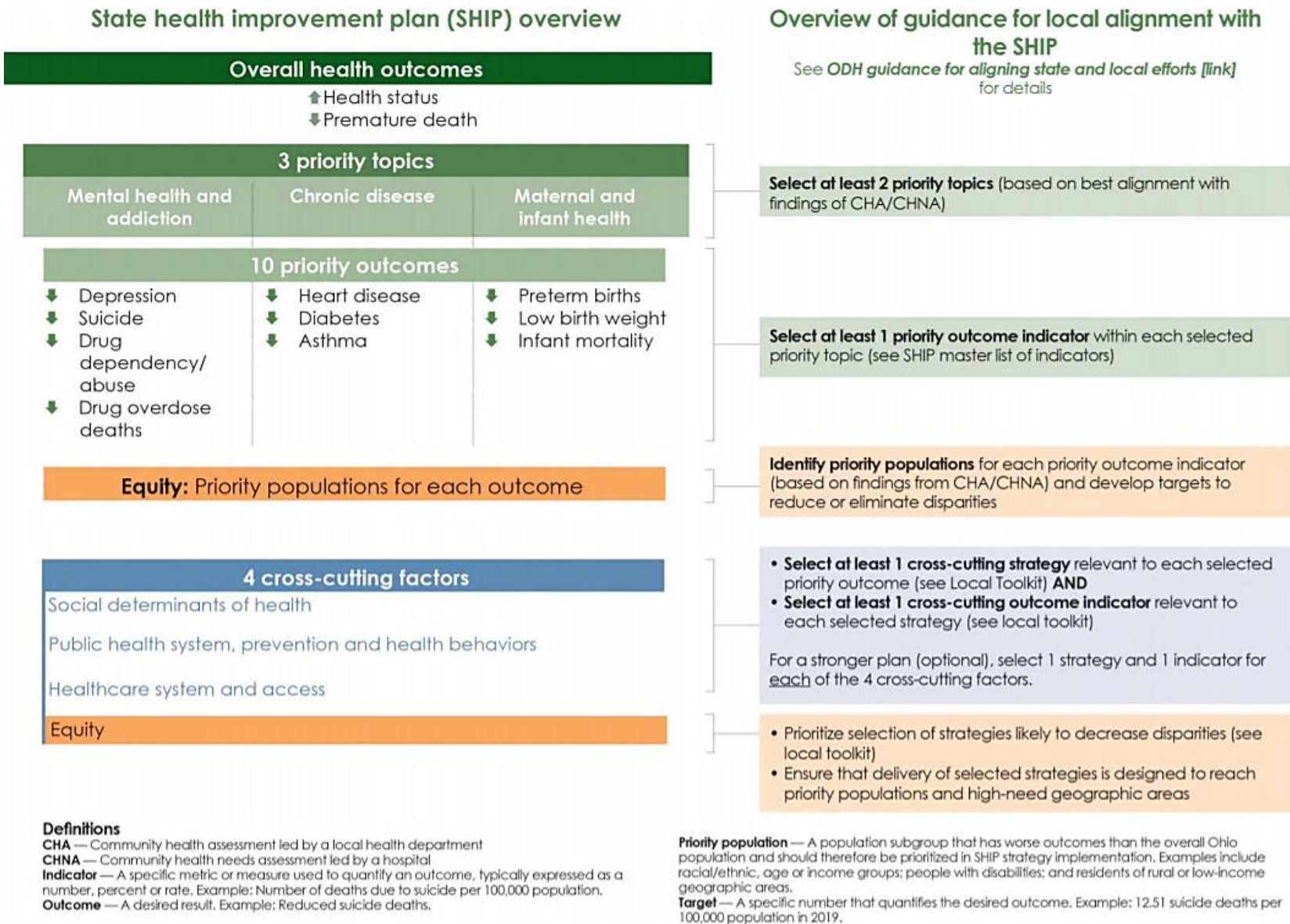
2019-2022 Tuscarawas CHIP Alignment with the 2017-2019 SHIP			
<i>Priority Topic</i>	<i>Priority Outcome</i>	<i>Cross-Cutting Strategy</i>	<i>Cross-Cutting Outcome</i>
Mental health and addiction	<ul style="list-style-type: none"> • Decrease youth depression • Decrease suicide deaths • Decrease unintentional drug overdose deaths 	<ul style="list-style-type: none"> • Public Health System, Prevention, and Health Behaviors • Healthcare System and Access 	<ul style="list-style-type: none"> • Decrease youth obesity • Decrease adult and youth smoking • Decrease adult and youth physical inactivity • Decrease the number of adults without a usual source of care
Chronic Disease	<ul style="list-style-type: none"> • Decrease adult diabetes 		

U.S. Department of Health and Human Services National Prevention Strategies

The Tuscarawas County CHIP also aligns with five of the National Prevention Priorities for the U.S. population: tobacco free living, preventing drug abuse, healthy eating, active living, and mental and emotional well-being. For more information on the national prevention priorities, please go to surgeongeneral.gov.

Alignment with National and State Standards, continued

Figure 1.4 2017-2019 State Health Improvement Plan (SHIP) Overview



Vision and Mission

Vision statements define a mental picture of what a community wants to achieve over time while the mission statement identifies why an organization/coalition exists and outlines what it does, who it does it for, and how it does what it does.

The Vision of Healthy Tusc:

The Healthy Tusc Taskforce was intended to serve as a catalyst for action in Tuscarawas County and to promote pioneering a healthier community. The taskforce will provide support to existing efforts by encouraging participation through public information and communications. The taskforce has provided leadership in the area of obesity prevention by promoting the development of public policies that support healthier lifestyles.

The Mission of Healthy Tusc:

Improve the health and wellness of Tuscarawas County residents through programming, community awareness and advocacy aimed at reducing obesity.

Community Partners

The CHIP was planned by various agencies and service-providers within Tuscarawas County. From November 2018 to April 2019, Healthy Tusc reviewed many data sources concerning the health and social challenges that Tuscarawas County residents are facing. They determined priority issues which, if addressed, could improve future outcomes; determined gaps in current programming and policies; examined best practices and solutions; and determined specific strategies to address identified priority issues.

This Community Health Improvement Plan was made possible through the work of 27 professionals from the following organizations:

Access Tusc	OSU Extension Tuscarawas County
ADAMHS Board	Senior Service Network
Amberwood Manor	Trinity Hospital Twin City
Cleveland Clinic Union Hospital	Tuscarawas Clinic for the Working Uninsured
Community Hospice	Tuscarawas County Health Department
Community Mental Health	Tuscarawas County Senior Center
Compass	Tuscarawas. County Convention and Visitors Bureau
Friends of the Homeless of Tuscarawas County	Tuscarawas Senior Center
New Philadelphia Health Department	Tuscarawas Valley Farmers Market
Ohio Guidestone, Anti-Drug Coalition	United Way of Tuscarawas County
Ohio Guidestone, Personal Family and Counseling Service	YMCA

Funding for the CHIP was provided by the Tuscarawas County Commissioners:

- Chris Abbuhl, County Commissioner
- Kerry Metzger, County Commissioner (retired)
- Joe Sciarretti, County Commissioner
- Al Landis, County Commissioner

The community health improvement process was facilitated by Emily Golias, Community Health Improvement Coordinator, from HCNO.

Community Health Improvement Process












Beginning in November 2018, the Healthy Tusc met four (4) times and completed the following planning steps:

1. Initial Meeting
 - Review the process and timeline
 - Finalize committee members
 - Create or review vision
2. Choose Priorities
 - Use of quantitative and qualitative data to prioritize target impact areas
3. Rank Priorities
 - Rank health problems based on magnitude, seriousness of consequences, and feasibility of correcting
4. Community Themes and Strengths Assessment
 - Open-ended questions for committee on community themes and strengths
5. Forces of Change Assessment
 - Open-ended questions for committee on forces of change
6. Local Public Health Assessment
 - Review the Local Public Health System Assessment with committee
7. Gap Analysis
 - Determine discrepancies between community needs and viable community resources to address local priorities
 - Identify strengths, weaknesses, and evaluation strategies
8. Quality of Life Survey
 - Review results of the Quality of Life Survey with committee
9. Strategic Action Identification
 - Identification of evidence-based strategies to address health priorities
10. Best Practices
 - Review of best practices, proven strategies, evidence continuum, and feasibility continuum
11. Resource Assessment
 - Determine existing programs, services, and activities in the community that address specific strategies
12. Draft Plan
 - Review of all steps taken
 - Action step recommendations based on one or more of the following: enhancing existing efforts, implementing new programs or services, building infrastructure, implementing evidence-based practices, and feasibility of implementation

Community Health Status Assessment

Phase 3 of the MAPP process, the Community Health Status Assessment, or CHA, is a 163-page report that includes primary data with over 100 indicators and hundreds of data points related health and well-being, including social determinants of health. Over 50 sources of secondary data are also included throughout the report. The CHA serves as the baseline data in determining key issues that lead to priority selection. The full report can be found at www.hcno.org/community-services/community-health-assessments/. Below is a summary of county primary data and the respective state and national benchmarks.

Adult Trend Summary

Adult Variables	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Health Status				
Rated general health as good, very good or excellent	85%	85%	82%	83%
Rated general health as excellent or very good	50%	50%	51%	52%
Rated general health as fair or poor 	15%	15%	18%	17%
Average number of days that physical health was not good (in the past 30 days) 	3.2	4.3	4.0*	3.7*
Rated physical health as not good on four or more days (in the past 30 days)	18%	29%	22%	22%
Average number of days that mental health was not good (in the past 30 days) 	3.9	5.2	4.3*	3.8*
Rated their mental health as not good on four or more days (in the past 30 days)	24%	35%	N/A	N/A
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	22%	31%	22%	22%
Healthcare Coverage, Access, and Utilization				
Uninsured	14%	9%	7%	10%
Primary source of healthcare coverage was Medicaid or medical assistance	6%	8%	N/A	N/A
Had at least one person they thought of as their personal doctor or healthcare provider	82%	79%	83%	77%
Visited a doctor for a routine checkup (in the past 12 months) 	65%	68%	75%	71%
Unable to see a doctor due to cost 	9%	8%	11%	12%
Arthritis, Asthma, & Diabetes				
Ever been diagnosed with diabetes 	9%	12%	11%	11%
Ever been diagnosed with arthritis	35%	33%	31%	26%
Ever been diagnosed with asthma 	10%	15%	14%	14%
Cardiovascular Health				
Had angina or coronary heart disease 	8%	5%	5%	4%
Had a heart attack	6%	7%	5%	4%
Had a stroke	3%	2%	4%	3%
Has been diagnosed with high blood pressure 	40%	39%	34%***	31%***
Has been diagnosed with high blood cholesterol	36%	40%	37%***	36%***
Had blood cholesterol checked within the past 5 years	76%	77%	78%***	78%***
Weight Status				
Overweight (BMI of 25.0 – 29.9)	37%	36%	35%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above) 	36%	37%	32%	30%
Alcohol Consumption				
Current drinker (drank alcohol at least once in the past month)	41%	50%	53%	54%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days) 	16%	18%	18%	17%
Tobacco Use				
Current smoker (currently smoke some or all days)	14%	20%	23%	17%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	27%	26%	24%	25%

N/A – Not Available

*2016 BRFSS as compiled by 2018 County Health Rankings

**Ohio and U.S. BRFSS reports women ages 21-65

***2015 Ohio and U.S. BRFSS

 Indicates alignment with the Ohio State Health Assessment

Adult Variables	Tuscarawas County 2015	Tuscarawas County 2018	Ohio 2016	U.S. 2016
Drug Use				
Adults who used marijuana in the past 6 months	5%	3%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	10%	7%	N/A	N/A
Preventive Medicine				
Had a pneumonia vaccine in lifetime (age 65 and older)	68%	66%	75%	73%
Had a flu vaccine in the past year (ages 65 and over)	55%	65%	57%	58%
Had a clinical breast exam in the past two years (age 40 and older)	66%	66%	N/A	N/A
Had a mammogram in the past two years (age 40 and older)	68%	67%	74%	72%
Had a pap smear in the past three years	68%	60%	82%**	80%**
Had a PSA test in within the past two years (age 40 and over)	60%	56%	39%	40%
Had a digital rectal exam within the past year	20%	16%	N/A	N/A
Quality of Life				
Limited in some way because of physical, mental or emotional problem	18%	26%	21%***	21%***
Mental Health				
Felt sad or hopeless for two or more weeks in a row in the past year	9%	12%	N/A	N/A
Seriously considered attempting suicide in the past year	2%	7%	N/A	N/A
Attempted suicide in the past year	<1%	<1%	N/A	N/A
Sexual Behavior				
Had more than one sexual partner in past year	4%	4%	N/A	N/A
Oral Health				
Adults who had visited the dentist in the past year	58%	59%	68%	66%

N/A – Not Available


* 2016 BRFSS as compiled by 2018 County Health Rankings

**2016 Ohio and U.S. BRFSS reports women ages 21-65

***2015 Ohio and U.S. BRFSS


 Indicates alignment with the Ohio State Health Assessment

Youth Trend Summary

Youth Variables	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Tuscarawas County 2018 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Weight Control					
Obese 	16%	18%	18%	21%	15%
Overweight	13%	14%	14%	15%	16%
Described themselves as slightly or very overweight	34%	35%	36%	39%	32%
Were trying to lose weight	48%	49%	45%	51%	47%
Exercised to lose weight (in the past 30 days)	53%	51%	53%	54%	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight (in the past 30 days)	28%	34%	27%	41%	N/A
Went without eating for 24 hours or more (in the past 30 days)	4%	5%	4%	7%	13%*
Took diet pills, powders, or liquids without a doctor's advice (in the past 30 days)	3%	1%	4%	1%	5%*
Vomited or took laxatives (in the past 30 days)	3%	1%	3%	2%	4%*
Ate 5 or more servings of fruit and/or vegetables per day	N/A	22%	N/A	18%	N/A
Ate 0 servings of fruits and/or vegetables per day	N/A	4%	N/A	7%	N/A
Physically active at least 60 minutes per day on every day in past week	35%	28%	34%	28%	26%
Physically active at least 60 minutes per day on 5 or more days in past week	56%	54%	56%	56%	46%
Did not participate in at least 60 minutes of physical activity on any day in past week	9%	9%	7%	8%	15%
Watched 3 or more hours per day of television (on an average school day)	30%	13%	28%	15%	21%
Unintentional Injuries and Violence					
Carried a weapon on school property (in the past 30 days)	1%	1%	12%	2%	4%
Were in a physical fight (in the past 12 months)	25%	18%	19%	12%	24%
Were in a physical fight on school property (in the past 12 months)	9%	6%	6%	4%	9%
Threatened or injured with a weapon on school property (in the past 12 months)	7%	6%	5%	7%	6%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	5%	13%	5%	16%	7%
Bullied (in past year)	48%	35%	40%	39%	N/A
Electronically bullied (in past year)	9%	10%	11%	12%	15%
Were ever physically forced to have sexual intercourse (when they did not want to)	3%	5%	5%	6%	7%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	4%	2%	6%	3%	8%
Mental Health					
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	27%	28%	26%	35%	32%
Seriously considered attempting suicide (in the past 12 months)	16%	17%	18%	22%	17%
Attempted suicide (in the past 12 months)	8%	8%	8%	9%	7%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (in the past 12 months)	3%	3%	4%	2%	2%

N/A – Not Available

*Comparative YRBS data for U.S. is 2013


 Indicates alignment with the Ohio State Health Assessment

Youth Variables	Tuscarawas County 2015 (6 th -12 th)	Tuscarawas County 2018 (6 th -12 th)	Tuscarawas County 2015 (9 th -12 th)	Tuscarawas County 2018 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Alcohol Consumption					
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	44%	35%	56%	48%	60%
Current Drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	14%	16%	23%	21%	30%
Binge drinker (drank 5 or more drinks within a couple of hours on at least 1 day during the past 30 days)	9%	8%	14%	12%	14%
Drank for the first time before age 13 (of all youth)	13%	8%	8%	8%	16%
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	36%	41%	40%	47%	44%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasion during the past 30 days)	16%	11%	16%	13%	17%
Tobacco Use					
Ever tried cigarette smoking (even one or two puffs)	24%	16%	34%	22%	29%
Current smoker (smoked on at least 1 day during the past 30 days)	9%	5%	14%	7%	9%
Sexual Behavior					
Ever had sexual intercourse	20%	15%	34%	26%	40%
Had sexual intercourse with four or more persons (of all youth during their life)	3%	5%	6%	8%	10%
Had sexual intercourse before the age 13 (for the first time of all youth)	3%	2%	2%	2%	3%
Used a condom (during last sexual intercourse)	64%	44%	68%	46%	54%
Used birth control pills (during last sexual intercourse)	26%	9%	26%	11%	21%
Used an IUD (during last sexual intercourse)	N/A	6%	N/A	7%	4%
Used a shot, patch or birth control ring (during last sexual intercourse)	N/A	3%	N/A	4%	5%
Did not use any method to prevent pregnancy (during last sexual intercourse)	12%	9%	14%	7%	14%
Drug Use					
Currently used marijuana (in the past 30 days)	7%	5%	11%	7%	20%
Ever used methamphetamines (in their lifetime)	1%	2%	1%	3%	3%
Ever used cocaine (in their lifetime)	3%	2%	5%	3%	5%
Ever used heroin (in their lifetime)	1%	1%	2%	2%	2%
Ever used inhalants (in their lifetime)	9%	6%	4%	7%	6%
Ever used ecstasy (also called MDMA in their lifetime)	2%	1%	3%	2%	4%
Misused medications that were not prescribed to them or took more to get high and/or feel more alert (in their lifetime)	5%	3%	7%	5%	N/A
Ever took steroids without a doctor's prescription (in their lifetime)	5%	2%	4%	2%	3%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	7%	4%	8%	6%	20%
Oral Health					
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	73%	76%	71%	78%	74%**

N/A – Not Available

*Comparative YRBS data for U.S. is 2013

**Comparative YRBS data for U.S. is 2015

 Indicates alignment with the Ohio State Health Assessment

Key Issues

Healthy Tusc reviewed the 2018 Tuscarawas County Health Assessment. The detailed primary data for each identified key issue can be found in the section it corresponds to. Each member completed an "Identifying Key Issues and Concerns" worksheet. The following tables were the group results.

What are the most significant health issues or concerns identified in the 2018 assessment report?

Examples of how to interpret the information include: 28% of Tuscarawas County youth felt sad or hopeless for two or more weeks in a row, increasing to 34% of those age 17 and older, 35% of those in grades 9-12, and 34% of females.

Key Issue or Concern	Percent of Population At risk	Age Group, Income Level, and/or Grade Level Most at Risk	Gender Most at Risk
Mental health and suicide			
Felt sad or hopeless for two or more weeks in a row in the past year	Adults: 12%	N/A	N/A
	Youth: 28%	Ages 17+ (34%) Grades 9-12 (35%)	Female (34%)
Seriously considered attempting suicide in the past 12 months (suicide ideation)	Adults: 7%	Ages <30 (18%) Income <\$25K (12%)	Female (8%)
	Youth: 17%	Ages 14-16 (23%) Grades 9-12 (22%)	Female (21%)
Attempted suicide in the past 12 months	Adults: <1%	Ages 65+ (2%) Income <\$25K (2%)	Female (1%)
	Youth: 8%	Ages 14-16 (12%) Grades 9-12 (9%)	Female (8%)
Tuscarawas County suicide deaths (age-adjusted) per 100,000 population, 2013-2017	Adults: 13.1	N/A	Male (24.5)
	Youth: N/A	N/A	N/A
Social determinants of health			
Adults who experienced 4+ Adverse Childhood Experiences (ACEs)	17%	N/A	N/A
Youth who experienced 3+ Adverse Childhood Experiences (ACEs)	20%	N/A	N/A
Access to health care			
Uninsured adults	9%	Ages <30 (9%) Income <\$25K (14%)	Male (12%)
Had transportation problems when they needed health care in the past 12 months	2%	N/A	N/A
Did not get their prescriptions filled in the past 12 months due to transportation issues	2%	N/A	N/A

Key Issue or Concern	Percent of Population At risk	Age Group, Income Level, and/or Grade Level Most at Risk	Gender Most at Risk
Drug use			
Adults who used recreational marijuana in the past 6 months	3%	Ages 30-64 (4%) Income <\$25K (4%)	Male (5%)
Adults who misused prescription drugs in the past 6 months	7%	Ages 30-64 (8%) Income <\$25K (13%)	Female (8%)
Youth who used marijuana in the past 30 days	5%	Ages 17+ (9%) Grades 9-12 (7%)	Male (5%)
Youth perceived risk of use: marijuana (Percent perceiving great risk for smoking marijuana once or twice per week)	37%	N/A	N/A
Youth who misused prescription drugs in their lifetime	3%	Grades 9-12 (5%)	N/A
Perceived risk of use: non-prescribed prescription drugs (Percent perceiving great risk of using prescription drugs not prescribed for them)	62%	N/A	N/A
Tuscarawas County unintentional drug overdose deaths (age-adjusted) per 100,000 population, 2013-2017	14.2	Ages 30-34 (7.0)	Male (17.1)
Obesity and related diseases			
Obesity	Adult: 37%	Ages 30-64 (39%) Income \$25K+ (38%)	Female (39%)
	Youth: 18%	Ages 17+ (20%) Grades 9-12 (21%)	Male (22%)
Adult coronary heart disease	5%	Ages 65+ (12%) Income <\$25K (7%)	Male (6%)
Adult heart attack	7%	Ages 65+ (12%) Income <\$25K (9%)	Male (9%)
Adult hypertension	39%	Ages 65+ (63%) Income <\$25K (50%)	Female (39%)
Adult diabetes	12%	Ages 65+ (25%) Income <\$25K (18%)	Male (14%)
Adult pre-diabetes	4%	Ages 30-64 (7%) Income \$25K+ (5%)	Female (6%)
Quality of Life			
Limited in some way because of physical, mental, or emotional problem	36%	Ages 30-64 (31%) Income <\$25K (46%)	Male (27%)
Alcohol use			
Youth current drinker (had a drink of alcohol in the past 30 days)	16%	Ages 17+ (25%) Grades 9-12 (21%)	Female (16%)
Adult binge drinker	18%	Ages 30-64 (35%) Income \$25K+ (38%)	Male (21%)
Violence and safety			
Youth who did not go to school on one or more days in the past month because they did not feel safe at school or on their way to or from school	13%	Grades 9-12 (16%)	N/A

Key Issue or Concern	Percent of Population At risk	Age Group, Income Level, and/or Grade Level Most at Risk	Gender Most at Risk
Access to dental care			
Visited a dentist or dental clinic in the past year	Adult: 59%	Ages <30 (50%) Income <\$25K (41%)	Male (57%)
	Youth: 76%	N/A	N/A
Sexual behavior			
Youth who had sexual intercourse	15%	Ages 17+ (37%) Grades 9-12 (26%)	Male (17%)
Tobacco use			
Current smoker (smoked one or more cigarettes in the past 30 days)	Adults: 20%	Ages <30 (33%) Income <\$25K (34%)	Male (21%)
	Youth: 5%	Ages 17+ (12%) Grades 9-12 (7%)	Male (7%)
Abuse			
Adults who were abused in the past year	7%	N/A	N/A
Texting and driving			
Youth who texted while driving in the past 30 days	25%	N/A	N/A
Cancer			
Adults diagnosed with cancer	12%	N/A	N/A

Priorities Chosen

Based on the 2018 Tuscarawas County Health Assessment and the results of a community survey that was completed by a broad representation of community members (including leaders from the county's two hospitals and health departments), 15 key issues were identified by the committee. Each organization was given 5 votes. The committee then voted and came to a consensus on the priority areas Tuscarawas County will focus on over the next three years. The key issues and their corresponding votes are described in the table below.

Key Issues	Priority Population	Votes
1. Mental health and suicide	Adult and youth	16
2. Social determinants of health (e.g. ACE's)	Adult and youth	15
3. Access to health care (e.g. uninsured, transportation)	Adult and youth	10
4. Drug use	Adult and youth	9
5. Obesity and related diseases	Adult and youth	8
6. Quality of Life (e.g. limited in some way)	Adult	7
7. Alcohol use	Adult and youth	6
8. Violence and safety (e.g. bullying)	Youth	4
9. Access to dental care	Adult and youth	3
10. Sexual behavior	Youth	3
11. Tobacco use	Adult and youth	2
12. Abuse	Adult	1
13. Dementia	Adult	1
14. Texting and driving	Youth	0
15. Cancer	Adult	0

Tuscarawas County will focus on the following priority areas over the next three years:

1. Mental health (*includes adult and youth depression and suicide*)
2. Addiction (*includes adult and youth drug use and overdose deaths*)
3. Chronic disease (*includes adult and youth obesity, as it impacts chronic diseases such as diabetes and heart disease*)

Tuscarawas County will focus on the following cross-cutting factors over the next three years:

1. Social determinants of health
2. Healthcare system and access

Community Themes and Strengths Assessment (CTSA)

The Community Themes and Strengths Assessment (CTSA) provides a deep understanding of the issues that residents felt were important by answering the questions: "What is important to our community?" "How is quality of life perceived in our community?" and "What assets do we have that can be used to improve community health?" The CTSA consisted of two parts: open-ended questions to the committee and the Quality of Life Survey. Below are the results:

Open-ended Questions to the Committee

1. What do you believe are the 2-3 most important characteristics of a healthy community?

- Hospitals
- Access to physical activity opportunities
- Stronger and growing economy (job opportunities)
- Culture (i.e. performing arts center, historical museums)
- Higher education opportunities (i.e. Kent State University Branch, Buckeye Career Center)
- Strong public-school systems
- Safe environment
- Good parks
- Access to fresh food
- General access to health care (i.e. mental and physical health care)
- Strong agricultural component in farmer's markets
- Strong elected officials & leadership
- Community engagement

2. What makes you most proud of our community?

- Supportive organizations
- Very well-rounded community
- Political affiliation is not a conflict
- Focused on making a difference
- Beautiful environment (i.e. trails, lakes, hills)
- Strong community support system
- Younger generations are coming back
- Community members are willing to participate/volunteer
- Great place to raise a family
- Central location

3. What are some specific examples of people or groups working together to improve the health and quality of life in our community?

- Healthy Tusc
- Access Tusc
- Tusc Valley Farmers Market
- Live Tusc
- Convention Bureau
- Opiate Task Force
- Anti-Drug Coalition
- Community Improvement Corporation
- Tusc County Economic Development
- Visitor's Bureau
- Economic Development and Finance Association
- Human Trafficking Task Force
- Rotaries
- Service clubs
- Leadership Tuscarawas
- T4C
- Food banks
- Public libraries
- Juvenile court system
- United Way
- SAFE Coalition
- OSU Extension
- Ohio Means Jobs
- Senior Center
- Small business Development Center
- Center for the Arts
- TAB

4. What do you believe are the 2-3 most important issues that must be addressed to improve the health and quality of life in our community?
 - Mental health
 - Addiction
 - Chronic disease
 - Access to health care
 - Social determinants of health
 - General awareness of resources in community
 - No complete streets – lack of sidewalks
 - Lack of transportation
 - Hosting events where target population is
 - Generational poverty

5. What do you believe is keeping our community from doing what needs to be done to improve health and quality of life?
 - Education/awareness
 - Social economic problems
 - Employment - enough jobs but not enough people qualified to stay in job
 - Mentoring problems in schools to learn soft skills
 - Hard to recruit physicians to rural areas – lack of primary care physicians
 - Lack of positions filled in mental health field
 - Lack of internships
 - Gap in child psychiatry services

6. What actions, policy, or funding priorities would you support to build a healthier community?
 - Funding for physician recruitment, mental health, and dentistry
 - Scholarships for students to attend higher education
 - Job shadowing opportunities for students
 - Tuition reimbursement

7. What would excite you enough to become involved (or more involved) in improving our community?
 - If people saw a difference or movement
 - People of all sectors have a role
 - Business sector engagement
 - Having people excited about events (i.e. color runs)
 - Spreading the word of “little wins”
 - Empower youth in the community
 - Persistence

Quality of Life Survey

Healthy Tusc urged community members to fill out a short Quality of Life Survey via SurveyMonkey. There were 594 Tuscarawas County community members who completed the survey. The anchored Likert scale responses were converted to numeric values ranging from 1 to 5, with 1 being lowest and 5 being highest. For example, an anchored Likert scale of "Very Satisfied" = 5, "Satisfied" = 4, "Neither Satisfied or Dissatisfied" = 3, "Dissatisfied" = 2, and "Very Dissatisfied" = 1. For all responses of "Don't Know," or when a respondent left a response blank, the choice was a non-response and was assigned a value of 0 (zero). The non-response was not used in averaging response or calculating descriptive statistics.

Quality of Life Questions	2016-2019 Likert Scale Average Response	2019-2022 Likert Scale Average Response
1. Are you satisfied with the quality of life in our community? (Consider your sense of safety, well-being, participation in community life and associations, etc.) [IOM, 1997]	3.72	3.76
2. Are you satisfied with the health care system in the community? (Consider access, cost, availability, quality, options in health care, etc.)	3.38	3.21
3. Is this community a good place to raise children? (Consider school quality, day care, after school programs, recreation, etc.)	4.00	3.93
4. Is this community a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	3.78	3.72
5. Is there economic opportunity in the community? (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	2.90	3.12
6. Is the community a safe place to live? (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)	3.72	3.79
7. Are there networks of support for individuals and families (neighbors, support groups, faith community outreach, agencies, or organizations) during times of stress and need?	3.65	3.63
8. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?	3.51	3.44
9. Do all residents perceive that they — individually and collectively — can make the community a better place to live?	3.23	3.24
10. Are community assets broad-based and multi-sectoral? (There are a variety of resources and activities available county-wide)	3.23	3.23
11. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?	3.25	3.27
12. Is there an active sense of civic responsibility and engagement, and of civic pride in shared accomplishments? (Are citizens working towards the betterment of their community to improve life for all citizens?)	3.24	3.24

Forces of Change Assessment

The Forces of Change Assessment focuses on identifying forces such as legislation, technology, and other impending changes that affect the context in which the community and its public health system operate. This assessment answers the questions: "What is occurring or might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" Healthy Tusc was asked to identify positive and negative forces which could impact community health improvement and overall health of this community over the next three years. This group discussion covered many local, state, and national issues and change agents which could be factors in Tuscarawas County in the future. The table below summarizes the forces of change agent and its potential impacts:

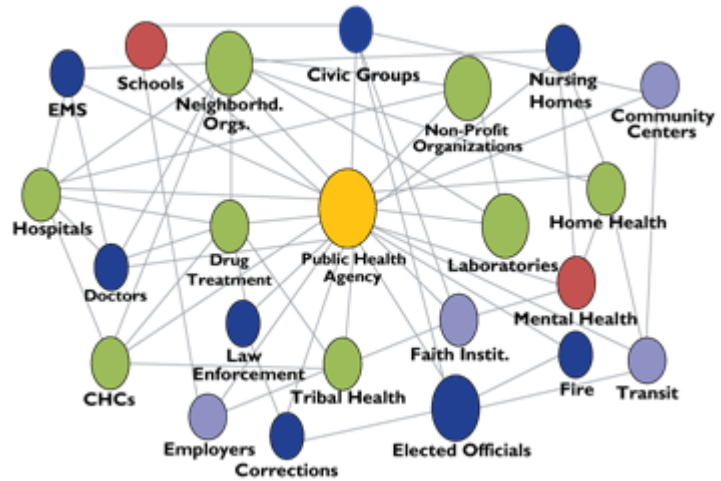
Force of Change (Trend, Events, Factors)	Potential Impact
1. New Philadelphia Vision Plan	<ul style="list-style-type: none"> Economic growth, hot spots, revamping the city, walkability
2. Both Hospitals are linked to larger health systems	<ul style="list-style-type: none"> Support/opportunity Surrounding areas may not have health care opportunities
3. Surrounding counties are losing healthcare facilities	<ul style="list-style-type: none"> Tuscarawas County may pick up the extra need for healthcare services
4. Increase in non-English-speaking immigrants	<ul style="list-style-type: none"> Difficulties delivering services, housing, lower rates of test scores in student performance
5. Economic growth	<ul style="list-style-type: none"> More jobs available People are coming back to stay
6. Public libraries	<ul style="list-style-type: none"> Involved heavily in the community
7. Shopping mall	<ul style="list-style-type: none"> Anchor stores are leaving
8. Medical marijuana sales	<ul style="list-style-type: none"> Will affect local business and HR policies, hiring, retaining employees Affect businesses – dispensaries, edibles, may attract several businesses Catering towards children
9. Change in government officials	<ul style="list-style-type: none"> New Governor May lead to new ODH director Medicaid expansion in flux Perhaps more funding around JFS
10. Affordable Care Act	<ul style="list-style-type: none"> Affects access to affordable care
11. Government shut down	<ul style="list-style-type: none"> Federal workers not receiving pay checks
12. Schools levies have not been passed	<ul style="list-style-type: none"> Funding for the schools have been cut
13. Trends in social media in youth	<ul style="list-style-type: none"> Lack of developmental skills–social, lack of meaningful friendships, soft skills, no more reading skills
14. Farmers market	<ul style="list-style-type: none"> Growing in funding opportunities Know where food is coming from, less contamination, support for local food initiatives
15. Oil and gas activity	<ul style="list-style-type: none"> Spin off business
16. Non-profit organizations	<ul style="list-style-type: none"> Limited in the care they can provide Change in income tax–affects donations

17. Accreditation in hospitals and HD's	<ul style="list-style-type: none"> • More hoops to jump through • Mandated, but no funding
18. Cyber security	<ul style="list-style-type: none"> • Online banking; impacting how people live their lives • Security with personal information; breaches - (medical records, financial information)
19. Online grocery shopping	<ul style="list-style-type: none"> • People are not moving or interacting
20. School mandates – testing	<ul style="list-style-type: none"> • Teaching to the test • Less skills-based instruction
21. Cost of education	<ul style="list-style-type: none"> • Expensive to attend college • Living to work
22. Convenience – ordering online, video games, screen time	<ul style="list-style-type: none"> • Less physical activity, increase in chronic disease
23. Lack of faith	<ul style="list-style-type: none"> • Lack of hope
24. Access Tusc	<ul style="list-style-type: none"> • Taking Community Health Worker (CHW) into homes to link families to resources

Local Public Health System Assessment

The Local Public Health System

Public health systems are commonly defined as “all public, private, and voluntary entities that contribute to the delivery of essential public health services within a jurisdiction.” This concept ensures that all entities’ contributions to the health and well-being of the community or state are recognized in assessing the provision of public health services.



The public health system includes:

- Public health agencies at state and local levels
- Healthcare providers
- Public safety agencies
- Human service and charity organizations
- Education and youth development organizations
- Recreation and arts-related organizations
- Economic and philanthropic organizations
- Environmental agencies and organizations

The 10 Essential Public Health Services

The 10 Essential Public Health Services describe the public health activities that all communities should undertake and serve as the framework for the NPHPS instruments.

Public health systems should:

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

(Source: **Centers for Disease Control; National Public Health Performance Standards; The Public Health System and the 10 Essential Public Health Services**)

The Local Public Health System Assessment (LPHSA)

The LPHSA answers the questions, "What are the components, activities, competencies, and capacities of our local public health system?" and "How are the Essential Services being provided to our community?"

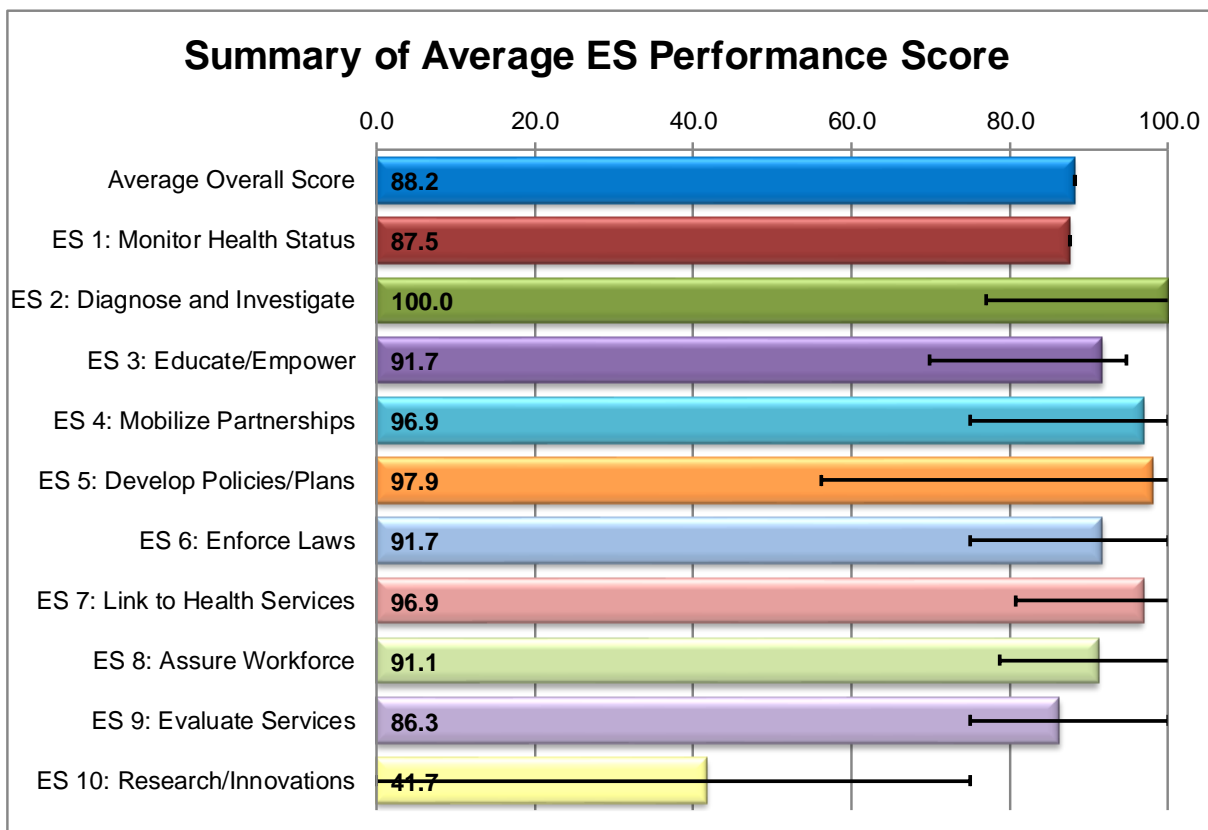
This assessment involves the use of a nationally recognized tool called the **National Public Health Performance Standards Local Instrument**.

Members of Healthy Tusc completed the performance measures instrument. The LPHSA results were then presented to the full CHIP committee for discussion. The 10 Essential Public Health Services and how they are being provided within the community as well as each model standard was discussed and the group came to a consensus on responses for all questions. The challenges and opportunities that were discussed were used in the action planning process.

As part of minimum standards, local health departments are required to complete this assessment at least once every five years.

To view the full results of the LPHSA, please contact Kim Nathan from Healthy Tusc at 330.602.0750.

Tuscarawas County Local Public Health System Assessment 2018 Summary



Note: The black bars identify the range of reported performance score responses within each Essential Service

Gap Analysis

A gap is an area where the community needs to expand its efforts to reduce a risk, enhance an effort, or address another target for change. A strategy is an action the community will take to fill the gap. Evidence is information that supports the linkages between a strategy, outcome, and targeted impact area. Healthy Tusc were asked to determine gaps in relation to each priority area, consider potential or existing resources, and brainstorm potential evidence-based strategies that could address those gaps. To view the completed gap analysis exercise, please view Appendix I.

Strategy Selection

Based on the chosen priorities, the Healthy Tusc were asked to identify strategies for each priority area. Considering all previous assessments, including but not limited to the CHA, CTSA, quality of life survey and gap analysis, committee members determined strategies that best suited the needs of their community. Members referenced a list a of evidence-based strategies recommended by the Ohio SHIP, as well as brainstormed for other impactful strategies. Each resource inventory can be found with its corresponding priority area.

Evidence-Based Practices

As part of the gap analysis and strategy selection, the Healthy Tusc considered a wide range of evidence-based practices, including best practices. An evidence-based practice has compelling evidence of effectiveness. Participant success can be attributed to the program itself and have evidence that the approach will work for others in a different environment. A best practice is a program that has been implemented and evaluation has been conducted. While the data supporting the program is promising, its scientific rigor is insufficient. Each evidence-based practice can be found with its corresponding strategy.

Resource Inventory

Based on the chosen priorities, the Healthy Tusc were asked to identify resources for each strategy. The resource inventory allowed the committee to identify existing community resources, such as programs, policies, services, and more. The committee was then asked to determine whether a policy, program or service was evidence-based, a best practice, or had no evidence indicated. Each resource inventory can be found with its corresponding strategy.

Priority #1: Mental Health

Strategic Plan of Action

To work toward improving mental health outcomes, the following strategies are recommended:

Priority #1: Mental Health				
Strategy 1: Trauma-informed care				
Goal: Improve mental health outcomes.				
Objective: Implement Project LAUNCH by August 13, 2022.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
<p>Year 1: Continue to screen for trauma and conduct trauma-informed care trainings.</p> <p>Implement Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health). Place a community health worker (CHW) in Tuscarawas County health departments to screen clients for adverse childhood experiences (ACEs).</p>	August 13, 2020	Adult and youth	<p>1. Suicide ideation (adult): Percent of adults who report that they ever seriously considered attempting suicide within the past 12 months (baseline: 7%, 2018 CHA)</p> <p>2. Suicide ideation (youth): Percent of youth who report that they ever seriously considered attempting suicide within the past 12 months (baseline: 17%, 2018 CHA)</p>	Ohio Guidestone
<p>Year 2: Continue efforts from year 1.</p> <p>Identify and train health department nurses to screen for ACEs and refer them to the CHW. Offer trauma-informed care trainings to the families of children screened for ACEs.</p>	August 13, 2021			
<p>Year 3: Continue efforts from years 1 and 2.</p> <p>Raise awareness of trauma informed care and market trauma informed care screenings and services.</p>	August 13, 2022			
<p>Type of Strategy:</p> <p> <input type="radio"/> Social determinants of health <input checked="" type="radio"/> Healthcare system and access <input type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Not SHIP Identified </p>				
<p>Strategy identified as likely to decrease disparities?</p> <p> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified </p>				
<p>Resources to address strategy: ACEs screening tool, In home Joyful Together Program, In home Parent Mentoring Program, Community Mental Health Workers, County and New Philadelphia Health Department, Trauma Informed Counselors</p>				

Priority #1: Mental Health

Strategy 3: Universal school-based suicide awareness and education programs.

Goal: Increase awareness of suicide among youth.

Objective: Implement one school-based suicide awareness and education program in at least two Tuscarawas County school districts by July 22, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Introduce Signs of Suicide (SOS), QPR (Question, Persuade, Refer) , Hope Squad Peer Support, Mental Health First Aid, and/or another school-based suicide awareness and education program, along with supporting data, to all school districts.	August 13, 2020	Youth	Suicide ideation (youth): Percent of youth who report that they ever seriously considered attempting suicide within the past 12 months (baseline: 17%, 2018 CHA)	Educational Service Center ADAMHS Board
Year 2: Implement the program(s) in 1-2 school districts in select grade levels.	August 13, 2021			
Year 3: Continue efforts from years 1 and 2. Expand program service area to 1-2 additional school districts.	August 13, 2022			

Type of Strategy:

- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Not SHIP Identified

Strategy identified as likely to decrease disparities?

Yes No Not SHIP Identified

Resources to address strategy: Ohio Guidestone, Community Mental Health, Survivors of Suicide support group, NAMI, School Guidance Counselors.

Priority #1: Mental Health				
Strategy 4: Implement school-based social and emotional instruction				
Goal: Improve social competence, behavior, and resiliency in youth.				
Objective: Train at least five individuals in PAX tools by August 13, 2022.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
<p>Year 1: Introduce The PAX Good Behavior Game, along with supporting data, to all school districts and encourage them to implement the program.</p> <p>Collect baseline data on who is already trained in PAX Tools. Identify two individuals to be trained in PAX Tools.</p>	August 13, 2020	Youth	Youth depression: Percent of adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities (baseline: 28%, 2018 CHA)	<p>ADAMHS Board of Tuscarawas and Carroll Counties</p> <p>Tuscarawas County Family and Children First Council</p>
<p>Year 2: Continue efforts from year 1. Identify groups that want to be trained in PAX tools, such as support staff, coaches, and parents.</p>	August 13, 2021			
<p>Year 3: Continue efforts from years 1 and 2.</p>	August 13, 2022			
<p>Type of Strategy:</p> <p> <input type="radio"/> Social determinants of health <input type="radio"/> Healthcare system and access <input checked="" type="radio"/> Public health system, prevention and health behaviors <input type="radio"/> Not SHIP Identified </p>				
<p>Strategy identified as likely to decrease disparities?</p> <p> <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not SHIP Identified </p>				
<p>Resources to address strategy: Good Neighbor Project/Buddy Bench, Educational Service Center, School Counselors, Community Mental Health, Ohio Guidestone, Early Childhood Mental Health Consultants, Pre-School Interventionalists.</p>				

Priority #3: Chronic Disease



Strategic Plan of Action

To work toward improving chronic disease, the following strategies are recommended:

Priority #3: Chronic Disease				
Strategy 1: Implement anti-hunger initiatives				
Goal: Reduce food insecurity.				
Objective: By August 13, 2022, develop a strategic plan to address food insecurity in Tuscarawas County.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Collaborate with local organizations to determine existing food insecurity resources and create an inventory.	August 13, 2020	Youth	Food insecurity: Percent of households that are food insecure (Baseline: 13%, Map the Meal Gap, 2016)	Tuscarawas YMCA and United Way
Year 2: Continue efforts from year 1. Identify a lead agency to collaborate with local organizations and develop a strategic plan.	August 13, 2021			
Year 3: Continue efforts from years 1 and 2.	August 13, 2022			
Type of Strategy: <input type="radio"/> Social determinants of health <input type="radio"/> Healthcare system and access <input type="radio"/> Public health system, prevention and health behaviors <input checked="" type="radio"/> Not SHIP Identified				
Strategy identified as likely to decrease disparities? <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not SHIP Identified				
Resources to address strategy: Tuscarawas County Health Department, Tuscarawas Valley Farmers Market, Cleveland Clinic Union Hospital and Trinity Hospital Twin City, Ministerial Association, Akron Canton Food Bank, Mobile Meals, School Districts, Tuscarawas Senior Center, Soup Kitchen, Tuscarawas County Department of Job and Family Services, Salvation Army, Cleveland Clinic Union Hospital Nutritional Services.				

Cross-Cutting Strategies (Strategies that Address Multiple Priorities)

Cross-Cutting Factor: Public Health System, Prevention and Health Behaviors

Cross-Cutting Factor: Public Health System, Prevention and Health Behaviors 				
Strategy 1: Implement Tusky the Terrier Campaign				
Goal: Reduce youth obesity.				
Objective: Participate in three community-wide events annually by August 13, 2022.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to implement the Tusky the Terrier campaign. Support 3 community-wide events annually. Include pediatric offices, health departments and other community agencies in the campaign.	August 13, 2020	Youth	Youth obesity: Percent of youth who were obese (Baseline: 18%, 2018 CHA) 	Healthy Tusc
Year 2: Continue efforts from year 1. Host 3 community-wide events annually.	August 13, 2021			
Year 3: Continue efforts from years 1 and 2. Host 3 community-wide events annually. Expand messaging to include other health topics, such as mental health.	August 13, 2022			
Priority area(s) the strategy addresses:				
<input type="radio"/> Mental Health and Addiction <input type="radio"/> Chronic Disease <input checked="" type="radio"/> Not SHIP Identified				
Strategy identified as likely to decrease disparities?				
<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not SHIP Identified				
Resources to address strategy: Tuscarawas County Convention & Visitors Bureau, Trinity Hospital Twin City, Christy Bloom, Cleveland Clinic Union Hospital, Tuscarawas County and New Philadelphia Health Departments, WIC, doctor offices, any health service provider, Tuscarawas Valley Farmers Market, county school systems.				

Cross-Cutting Factor: Public Health System, Prevention and Health Behaviors

Strategy 3: Reduce stigma

Goal: Reduce stigma of mental illness and addiction.

Objective: Host at least three community-wide events annually by August 13, 2022.

Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/ Agency
Year 1: Continue to work with the Speaker’s Bureau to reduce stigma of mental illness and addiction. Host at least 3 community-wide events annually.	August 13, 2020	Adult and youth	1. Suicide deaths: Number of age adjusted deaths due to suicide per 100,000 populations (baseline: 13.1 for Tuscarawas County, 2013-2017, ODH Data Warehouse) 2. Number of deaths due to unintentional drug overdoses per 100,000 population (age adjusted) (baseline: 14.2 for Tuscarawas County, 2013-2017, ODH Data Warehouse)	ADAMHS Board CCUH Behavioral Health Center
Year 2: Continue efforts from year 1. Host at least 3 community-wide events annually.	August 13, 2021			
Year 3: Continue efforts from years 1 and 2. Host at least 3 community-wide events annually.	August 13, 2022			

Type of Strategy:

- Social determinants of health
- Public health system, prevention and health behaviors
- Healthcare system and access
- Not SHIP Identified

Strategy identified as likely to decrease disparities?

- Yes
- No
- Not SHIP Identified


Resources to address strategy: Ohio Guidestone, Community Mental Health, National Alliance on Mental Illness, Ohio Department of Mental Health and Addiction Services, Ministerial Association, School Districts, Ezekiel Project

Cross-Cutting Factor: Healthcare System and Access

Cross-Cutting Factor: Healthcare System and Access				
Strategy 4: Pathways Community HUB model				
Goal: Increase access to primary health care.				
Objective: By August 13, 2022, establish a fully functioning HUB.				
Action Step	Timeline	Priority Population	Indicator(s) to measure impact of strategy:	Lead Contact/Agency
Year 1: Continue to enroll clients into the Pathways HUB . Become certified to become a stand-alone HUB.	August 13, 2020	Adult	Without usual source of care: Percent of adults who don't have one (or more) persons they think of as their personal healthcare provider (Baseline: 21%, 2018 CHA)	Access Tusc
Year 2: Continue efforts from year 1. Attempt to contract with commercial insurance. Regionalize the HUB with surrounding counties. Work with Community Contract Agency to hire one additional community health worker	August 13, 2021			
Year 3: Continue efforts from years 1 and 2. Secure financial sustainability.	August 13, 2022			
Priority area(s) the strategy addresses:				
<input checked="" type="checkbox"/> Mental Health and Addiction <input checked="" type="checkbox"/> Chronic Disease				
Strategy identified as likely to decrease disparities?				
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not SHIP Identified				
Resources to address strategy: Access Tusc Community Committee Members and Board, Community Contract Agency				

Progress and Measuring Outcomes

Progress will be monitored with measurable indicators identified for each strategy. Most indicators align directly with the SHIP. The individuals or agencies that are working on strategies will meet on an as-needed basis. The full committee will meet quarterly to report out progress. The committee will create a plan to disseminate the CHIP to the community. Strategies, responsible agencies, and timelines will be reviewed at the end of each year by the committee. As this CHIP is a living document, edits and revisions will be made accordingly.

Tuscarawas County will continue facilitating CHA every three years to collect data and determine trends. Primary data will be collected for adults and youth using national sets of questions to not only compare trends in Tuscarawas County, but also be able to compare to the state and nation. This data will serve as measurable outcomes for each priority area. Indicators have already been defined throughout this report and are identified with the  icon.

In addition to outcome evaluation, process evaluation will also be used on a continuous basis to focus on the success of the strategies. Areas of process evaluation that the CHIP committee will monitor include the following: number of participants, location(s) where services are provided, number of policies implemented, economic status and racial/ethnic background of those receiving services (when applicable), and intervention delivery (quantity and fidelity).

Furthermore, all strategies have been incorporated into a "Progress Report" template that can be completed at all future Healthy Tusc meetings, keeping the committee on task and accountable. This progress report may also serve as meeting minutes.

Contact Us

For more information about any of the agencies, programs, and services described in this report, please contact:

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Director, Business Development and Gov't Relations
Chair, Healthy Tusc
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Dover, OH 44622
330.602.0750
Kimberlyn@unionhospital.org

Appendix I: Gaps and Strategies

The following tables indicate mental health, addiction and chronic disease gaps with potential strategies that were compiled by Healthy Tusc.

Mental Health Gaps

Gaps	Potential Strategies
1. General lack of awareness	<ul style="list-style-type: none"> Use campaigns to increase awareness of mental health services
2. Depression screenings	<ul style="list-style-type: none"> Currently being implemented but can be expanded upon to reach more people
3. Education surrounding trauma informed care	<ul style="list-style-type: none"> Increase awareness of trauma-informed care in the community and increase participation in trainings
4. Suicide awareness and screening	<ul style="list-style-type: none"> Educate youth about the signs of suicide Screen patients for suicide
5. Resiliency in youth	<ul style="list-style-type: none"> Implement more social-emotional based learning Increase school-based counselors
6. Poverty	<ul style="list-style-type: none"> Increase awareness of earned income tax credits and utilize existing services such as free tax preparation to education community members
7. Adverse childhood experiences	<ul style="list-style-type: none"> Increase early childhood home visiting programs
8. Cultural competence	<ul style="list-style-type: none"> Train health care to be more culturally competent when working with certain populations such as the Amish or Guatemalan populations

Addiction Gaps

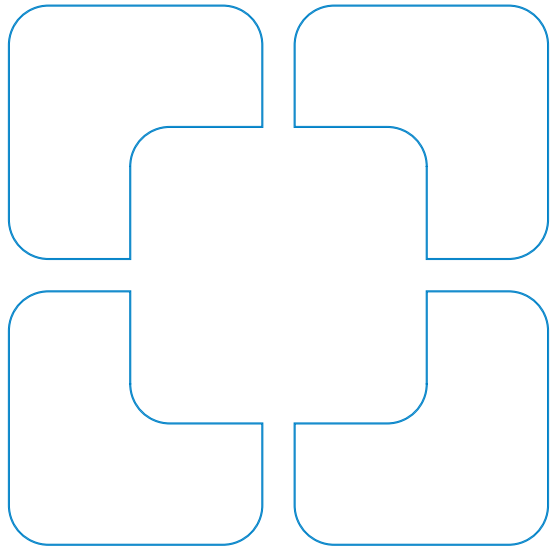
Gaps	Potential Strategies
1. Education about alcohol and drug use	<ul style="list-style-type: none"> Increase awareness of existing services Increase education through campaigns Tobacco 21
2. Screening for drug and alcohol use	<ul style="list-style-type: none"> Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) in health care facilities
3. Smoking in public places	<ul style="list-style-type: none"> Smoke-free polices

Chronic Disease Gaps

Gaps	Potential Strategies
1. Awareness and education	<ul style="list-style-type: none"> • Increase awareness of existing educational opportunities using a campaign • Continue the Tusky the Terrier Campaign
2. Access to care	<ul style="list-style-type: none"> • Increase access to care by continuing the Pathways Community HUB model and expanding the services
3. Food insecurity	<ul style="list-style-type: none"> • Support resources for feeding and take-home feeding programs • Develop resources for future growth of food insecurity screenings
4. Physical activity opportunities	<ul style="list-style-type: none"> • Shared joint agreements with collaborating agencies • Build upon the trail system • Increase green space for residents

Appendix II: Links to Websites

Title of Link	Website URL
Community Health Worker	http://www.countyhealthrankings.org/policies/community-health-workers
C-SSRS	https://www.integration.samhsa.gov/clinical-practice/Columbia_Suicide_Severity_Rating_Scale.pdf
SAFE-T	https://www.integration.samhsa.gov/images/res/SAFE_T.pdf
Pathways HUB	https://innovations.ahrq.gov/qualitytools/connecting-those-risk-care-quick-start-guide-developing-community-care-coordination
PAX Good Behavior Game	https://www.goodbehaviorgame.org/
Project Launch	https://healthysafechildren.org/grantee/project-launch
QPR (Question, Persuade, Refer)	https://qprinstitute.com/
Signs of Suicide (SOS)	https://nrepp.samhsa.gov/ProgramProfile.aspx?id=85



clevelandclinic.org/CHNAreports