

2021 Wyandot County

Community Health Status Assessment



*Examining the Health
of Wyandot County*

Completed on <insert>

**Released on
<insert>**

Foreword

Dear Community Member,

The members of the Wyandot County Health Alliance are pleased to present the 2021 Wyandot County Community Health Assessment. This comprehensive community health assessment is the result of mobilizing partnerships to improve community wellness and quality of life in Wyandot County.

We invite individuals, agencies, stakeholders, and community partners to take an active role in creating a better Wyandot County. Together we can use this data to formulate a new community health improvement plan for Wyandot County.

The power of community to create good health is much greater than that of a single person!

The health assessment gives a snapshot of our community, as well as a comparison to the state and nation. It is our hope that the data presented in this report provides you valuable information for developing strategies, educating and implementing services focused on wellness, access to care, and unmet community needs. It provides additional insight into our health status, and it has the potential to play a significant role in influencing our course of action supporting health, wellness, and prevention in our community.

Comparing data from 2009, 2012, 2015, 2018 and 2021 will allow community partners and stake holders to quote trends, write more detailed grants, formulate strategic plans and be part of a movement that envisions "A Healthier Wyandot County."

The Wyandot County Health Alliance will use this information to strengthen its efforts to bring about healthy changes in our community. We hope this report will be a valuable tool to you as an agency or community member and encourage you to be part of the movement to improve health and wellness in this county we call home.

Sincerely,



Ty R. Shaull, President and CEO
Wyandot Memorial Hospital



Barbara A. Mewhorter, Administrator
Wyandot County Public Health

Acknowledgements

This report has been funded by:

Family and Children First Council
Firelands Counseling and Recovery Services
First Citizens National Bank
First National Bank of Sycamore
Hospice of Wyandot County
Mental Health and Recovery Services Board Levy Funds
Open Door Resource Center
Premier Bank
United Church Homes (Fairhaven)
United Way of Wyandot County
Upper Sandusky Rotary Club
Wyandot County Board of Developmental Disabilities
Wyandot County Chamber of Commerce
Wyandot County Department of Job and Family Services
Wyandot County Public Health
Wyandot County Skilled Nursing and Rehabilitation
Wyandot Memorial Hospital

This report has been commissioned by the Wyandot County Health Alliance:

Carey Exempted Village School District
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Firelands Counseling and Recovery Services
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Hospice of Wyandot County
Mental Health and Recovery Services Board Levy Funds
Mohawk Local School District
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Upper Sandusky Exempted Village School District
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Wyandot County Chamber of Commerce
Wyandot County Commissioners
Wyandot County Department of Job and Family Services
Wyandot County Office of Economic Development
Wyandot County Public Health
Wyandot County Prosecutor
Wyandot County Safe Communities Grant
Wyandot County Skilled Nursing and Rehabilitation
Wyandot Memorial Hospital

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The 2021 Wyandot County Health Assessment is available on the following websites:

Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties

<http://mhrrsbssw.org/>

Wyandot County Public Health

<http://www.wyandothhealth.com/>

Hospital Council of Northwest Ohio

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

Table of Contents

EXECUTIVE SUMMARY	Page Number
Public Health Accreditation Board (PHAB)	6
Primary Data Collection Methods	6-8
Secondary Data Collection Methods	8
Mobilizing for Action Through Planning and Partnerships (MAPP) Process Overview	9
2019 Ohio State Health Assessment (SHA)	10
Data Summary	11-25
Trend Summary	26-30
HEALTH CARE ACCESS	
Health Care Coverage	31-33
Access and Utilization	34-36
Preventive Medicine	37-40
Women's Health	41-42
Men's Health	43-44
Oral Health	45-46
HEALTH BEHAVIORS	
Health Status Perceptions	47-48
Adult Weight Status	49-52
Adult Tobacco Use	53-55
Adult Alcohol Consumption	56-58
Adult Drug Use	59-65
Adult Sexual Behavior	66-70
Adult Mental Health	71-74
CHRONIC DISEASE	
Cardiovascular Health	75-80
Cancer	81-87
Arthritis	88-89
Asthma	90-92
Diabetes	93-94
Quality of Life	95-96
SOCIAL CONDITIONS	
Social Determinants of Health	97-103
Environmental Conditions	104-105
Parenting	106
YOUTH HEALTH	
Weight Status	257-259
Tobacco Use	260-263
Alcohol Consumption	264-267
Drug Use	268-271
Perceptions of Substance Use	272-274
Sexual Behavior	275-278
Mental Health	279-283
Social Determinants of Health	284-286
Violence	287-290

APPENDICES

APPENDIX I	Health Assessment Information Sources	107-109
APPENDIX II	Acronyms and Terms	110-111
APPENDIX III	Weighting Methods	112-113
APPENDIX IV	Demographic Profile	114
APPENDIX V	Demographics and Household Information	115-121
APPENDIX VI	2021 County Health Rankings	122-124
APPENDIX VII	Focus Groups and Key Informant Interviews	125
APPENDIX VIII	Wyandot County Resource Inventory	126-142

DRAFT

Executive Summary

This executive summary provides an overview of health-related data for Wyandot County adults who participated in a county-wide health assessment survey from January through April 2021. 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 (CDC) for their national and state Behavioral Risk Factor Surveillance System (BRFSS). The Hospital Council of Northwest Ohio collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

Public Health Accreditation Board (PHAB)

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

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

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

Primary Data Collection Methods

DESIGN

This community health assessment was cross-sectional in nature and included a written survey of adults within Wyandot County. From the beginning, community leaders and members 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

One adult survey instrument was designed for this study. As a first step in the design process, health education researchers from The University of Toledo and staff members from The Hospital Council of Northwest Ohio (HCNO) met to discuss potential sources of valid and reliable survey items that would be appropriate to assess the health status and health needs of adults. The investigators decided to derive the majority of the adult survey items from the BRFSS. This decision was based on being able to compare local data with state and national data.

The project coordinator from The Hospital Council of Northwest Ohio conducted a series of meetings with the Wyandot County Health Alliance. During these meetings, HCNO and the Wyandot County Health Alliance reviewed and discussed banks of potential survey questions from the BRFSS. Based on input from the Wyandot County Health Alliance, the project coordinator composed drafts of surveys containing 114 items for the adult survey. Institutional Review Board (IRB) approval is granted to HCNO from Advarra in Columbia, Maryland.

SAMPLING | Adult Survey

The sampling frame for the adult survey consisted of adults ages 19 and older living in Wyandot County. There were an estimated 16,823 people ages 19 and older living in Wyandot 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 6% (i.e., we can be 95% sure that the “true” population responses are within a 6% margin of error of the survey findings). A sample size of at least 263 adults was needed to ensure this level of confidence for the general population.

The random sample of mailing addresses of adults from Wyandot County was obtained from Melissa Data Corporation in Rancho Santa Margarita, California. Surveys were mailed in January 2021 and returned through March 2021.

PROCEDURE | Adult Survey

Prior to mailing the survey, the project coordinator mailed an advance letter to 2,000 adults in Wyandot County. This advance letter was printed on Wyandot County Health Alliance stationery and signed on behalf of the group by Ty Shaull, President and CEO, Wyandot Memorial Hospital. The letter introduced the county health assessment project and informed readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected, and it encouraged the readers to complete and return the survey promptly if they were selected.

Three weeks following the advance letter, a mailing procedure was implemented to maximize the survey return rate. The mailing included a personalized, hand signed cover letter (on Wyandot County Health Alliance stationery) describing the purpose of the study, the questionnaire, a self-addressed stamped return envelope, and a \$2 incentive, which were all included in a large blue envelope. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the general population was 17% (n=347; CI=± 5.21). 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 Ohio Healthy Youth Environments Survey (OHYES) is a youth health survey offered by the Ohio Department of Mental Health and Addiction Services, Ohio Department of Health, and Ohio Department of Education. OHYES was administered to Wyandot County youth in grades 7-12 in 2018-2019. HCNO obtained this data through the Ohio Department of Health's Ohio Public Health Data Warehouse, a self-service online tool where anyone can obtain the most recent public health data available about Ohio. The results of the survey reflect student responses from the middle schools and high schools that voluntarily participated during fall of 2018 to spring of 2019 (n=769).

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 Statistical Product and Service Solutions 26.0 (SPSS). Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Wyandot County, the adult data collected was weighted by age, gender, race, and income using Census data (Note: income data throughout the report represents annual household income). Multiple weightings were created based on this information to account for different types of analyses. For more information on how the adult weightings were created and applied, see Appendix III.

SPECIFIC POPULATIONS THAT EXPERIENCE DISPARITIES

Health disparities (including age, gender, and income-based disparities) can be identified throughout each section of the 2021 Wyandot County Health Assessment. Income-based disparities are particularly prevalent in Wyandot County. For example, those most likely to be uninsured were adults with annual household incomes under \$25,000 (16%) compared to the general uninsured population (10%). Additionally, the prevalence of chronic conditions (e.g., diabetes, high blood pressure, asthma, etc.), were higher among those with annual household incomes under \$25,000 compared to the general population.

As part of the community health improvement plan (CHIP) process, the Wyandot County Health Alliance will identify specific populations that face disparities as part of the prioritization phase of the process.

LIMITATIONS

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

Furthermore, while surveys were sent to random households in Wyandot County, those responding to the survey were more likely to be older. While weightings were applied during calculations to help account for this, it still presents a potential limitation (to the extent that the responses from these individuals might be substantively different than the majority of Wyandot County adult residents younger than 30). Therefore, those younger than 30 were not included in the adult graphs throughout the report.

Also, it is important to note that although several questions were asked using the same wording as the CDC questionnaires, the adult data collection method differed. CDC adult data was collected using a set of questions from the total question bank, and adults were asked the questions over the telephone rather than via mail survey.

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 2021, and other national and local sources. All primary data in this report is from the 2021 Wyandot County Community Health Assessment (CHA). All other data is cited accordingly.

Mobilizing for Action through Planning & Partnerships (MAPP) Process Overview

National Public Health Accreditation status through the Public Health Accreditation Board (PHAB) requires Community Health Assessments (CHAs) to be completed at least every five years. The purpose of the community health assessment is to learn about the health of our community, including health issues and disparities, contributing factors that impact health outcomes, and community assets and resources that can be mobilized to improve population health.

This 2019 CHA was developed using the Mobilizing Action through Partnerships and Planning (MAPP) process, which is a nationally adopted framework developed by the National Association of County and City Health Officials (NACCHO) (see Figure 1.1). MAPP is a community-driven planning process for improving community health and is flexible in its implementation, meaning that the process does not need to be completed in a specific order. This process was facilitated by HCNO in collaboration with a broad range of local agencies representing a variety of sectors of the community. This process involved the following six phases:

1. Organizing for success and partnership development

During this first phase, community partners organize the planning process and develop the planning partnership. The purpose of this phase is to structure a planning process that builds commitment, engages participants as partners, and uses participant's time well, and results in a plan that can be realistically implemented.

2. Visioning

During the second phase, visioning guides the community through a collaborative process that leads to a shared community vision and common values.

3. The four assessments

While each assessment yields valuable information, the value of the four MAPP assessments is multiplied considering results as a whole. The four assessments include: The Community Health Status Assessment (CHSA), the Local Public Health System Assessment (LPHSA), the Forces of Change (FOC) Assessment, and the Community Themes and Strengths Assessment (CTSA).

4. Identifying strategic issues

The process to formulate strategic issues occurs during the prioritization process of the CHA/CHIP. The committee considers the results of the assessments, including data collected from community members (primary data) and existing statistics (secondary data) to identify key health issues. Upon identifying the key health issues, an objective ranking process is used to prioritize health needs for the CHIP.

5. Formulate goals and strategies

Following the prioritization process, a gap analysis is completed in which committee members identify gaps within each priority area, identify existing resources and assets, and potential strategies to address the priority health needs. Following this analysis, various goals, objectives, and strategies are presented to the committee to meet the prioritized health needs.

6. Action cycle


The committee begins implementation of strategies as part of the next community health improvement cycle. Both progress data to track actions taken as part of the CHIP's implementation and health outcome data (key population health statistics from the CHA) are continually tracked through ongoing meetings. As the end of the CHIP cycle, partners review progress to select new and/or updated strategic priorities based on progress and the latest health statistics.

Figure 1.1 The MAPP Framework



2019 Ohio State Health Assessment (SHA)

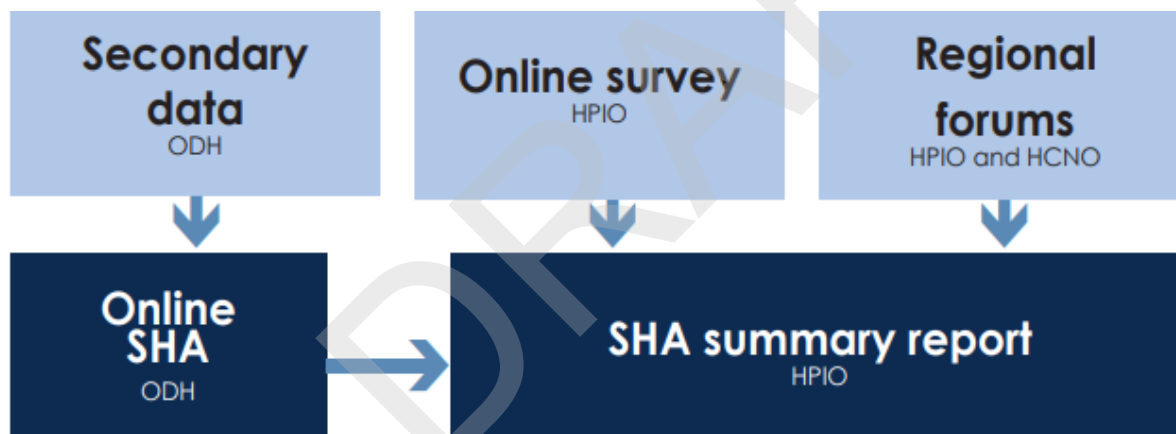
The 2019 Ohio State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, online surveys completed by over 300 stakeholders, and advisory and steering committee members who represented 13 state agencies, including sectors beyond health.

Similar to the 2019 Ohio SHA, the 2021 Wyandot 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 2019 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 among 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 The Wyandot County Health Alliance's hope that this CHA will serve as a foundation for such collaboration.

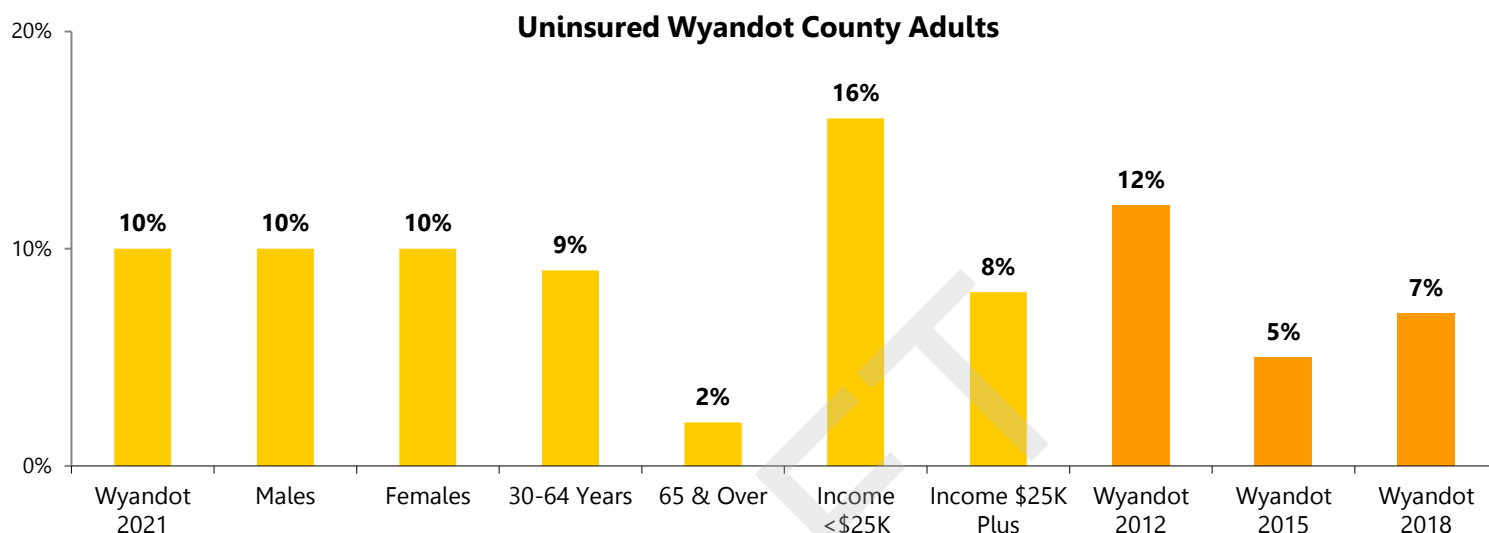
To view the full 2019 Ohio State Health Assessment, please visit: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship/>

FIGURE 1.1 | Components of the 2019 State Health Assessment (SHA)



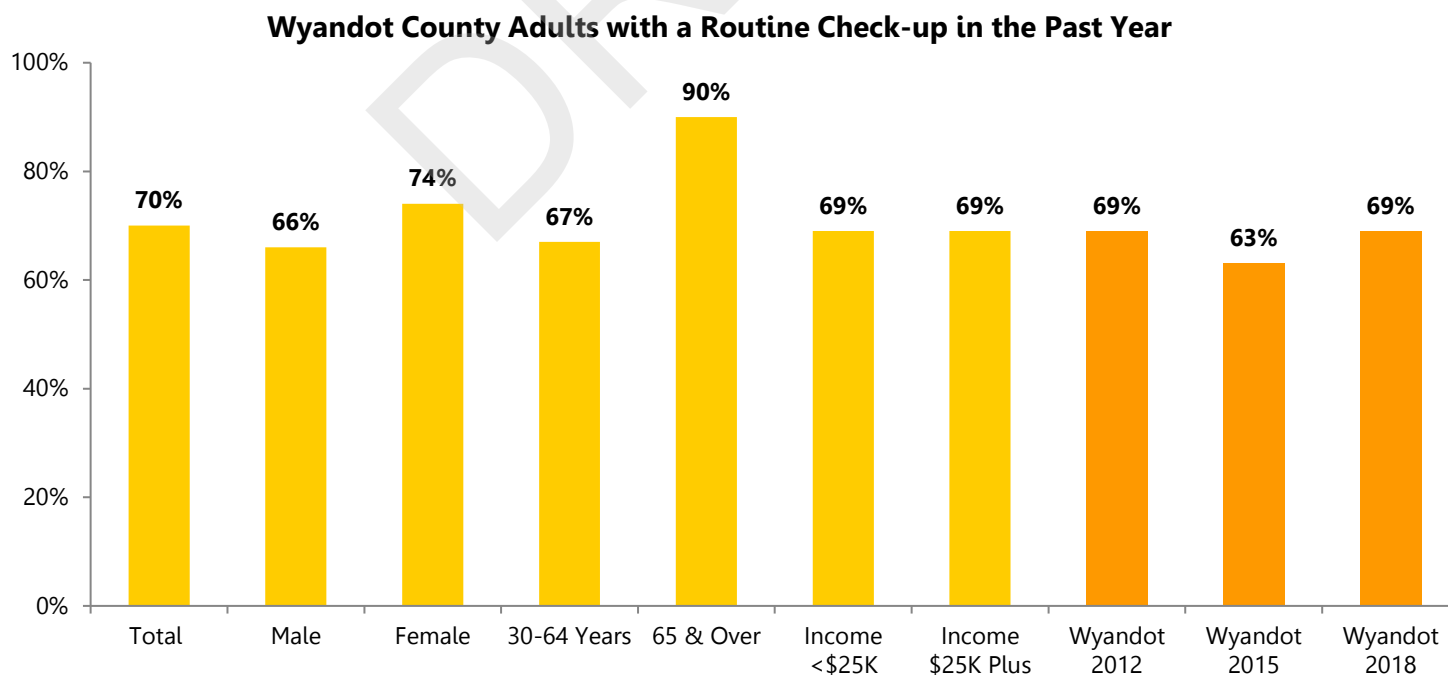
HEALTH CARE COVERAGE

In 2021, 10% of Wyandot County adults were without health care coverage. Those most likely to be uninsured were adults ages 30 to 64 (9%) and those with annual income levels under \$25,000 (16%). The top reason adults reported for being without health care coverage was they lost their job or changed employers (55%).



ACCESS AND UTILIZATION

Sixty-nine percent (69%) of Wyandot County adults went outside of Wyandot County for health care services in the past year. Eleven percent (11%) of adults looked for a program to help with depression, anxiety, or some mental health problem.

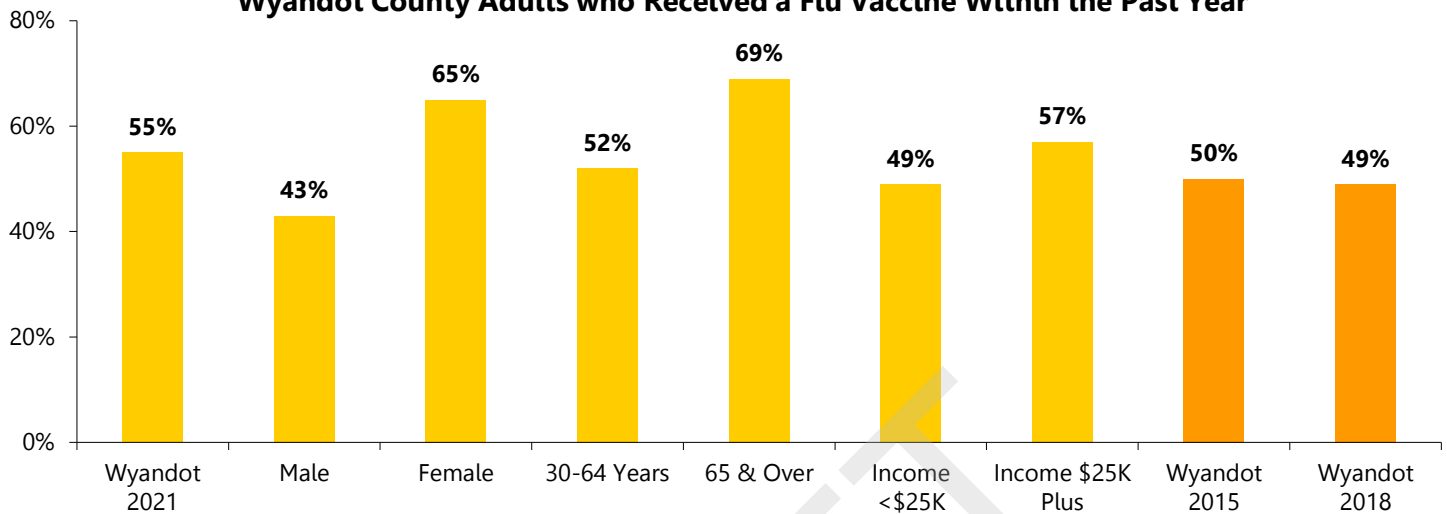


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

PREVENTIVE MEDICINE

Over half (55%) of Wyandot County adults had a flu vaccine during the past year. Sixty-six percent (66%) of adults ages 65 and older had a pneumonia vaccination at some time in their life.

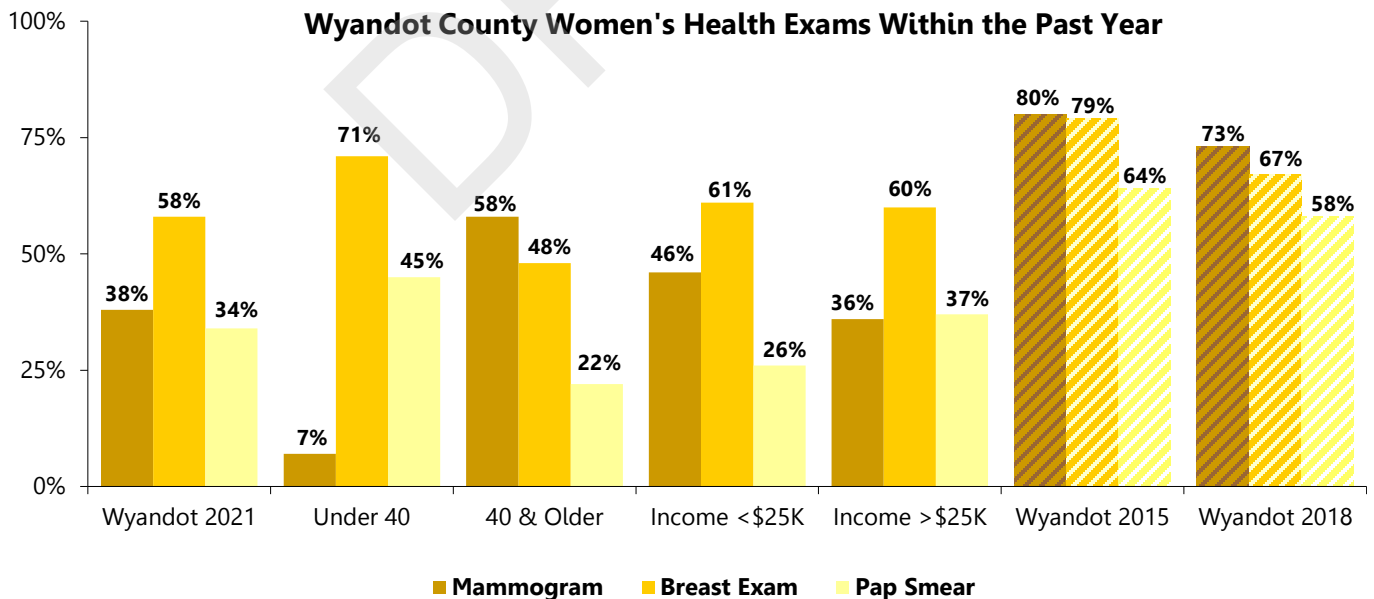
Wyandot County Adults who Received a Flu Vaccine Within the Past Year



WOMEN'S HEALTH

In 2021, over half (58%) of Wyandot County women older than the age of 40 reported having a mammogram in the past year. In the past year, 58% of Wyandot County women had a clinical breast exam, and 34% had a Pap smear to detect cancer of the cervix. More than half (58%) were obese, 33% had high blood pressure, 36% had high blood cholesterol, and 12% were identified as current smokers, of which are all known risk factors for cardiovascular diseases.

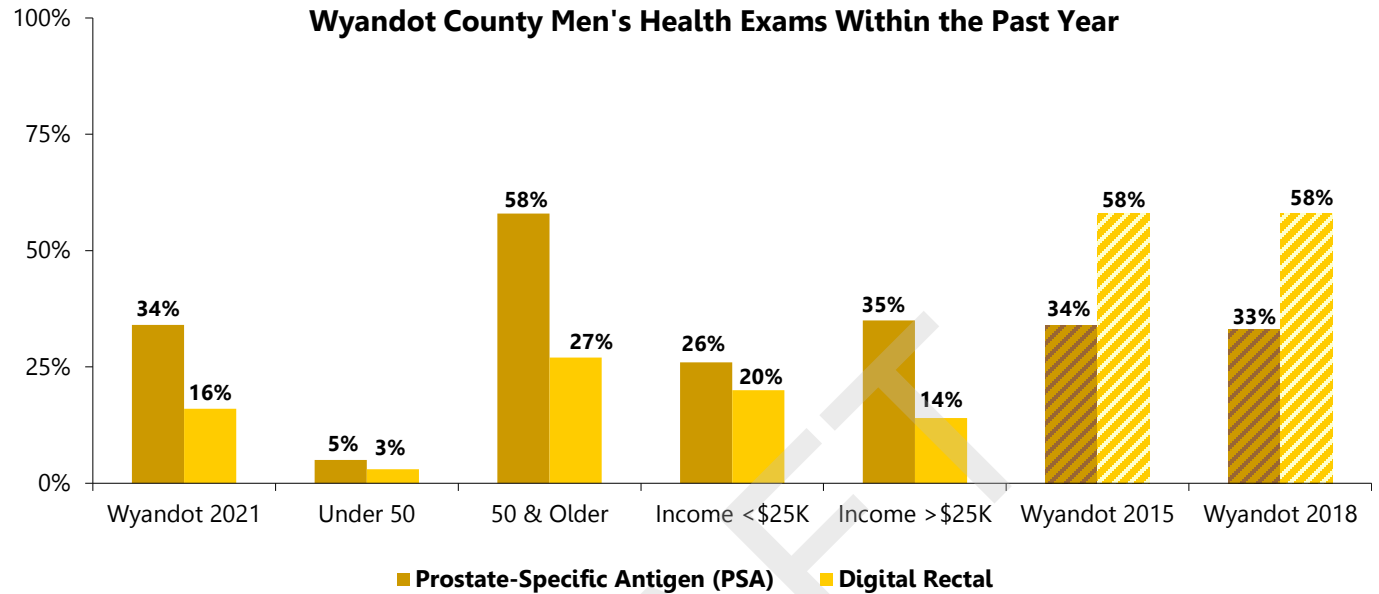
Wyandot County Women's Health Exams Within the Past Year



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

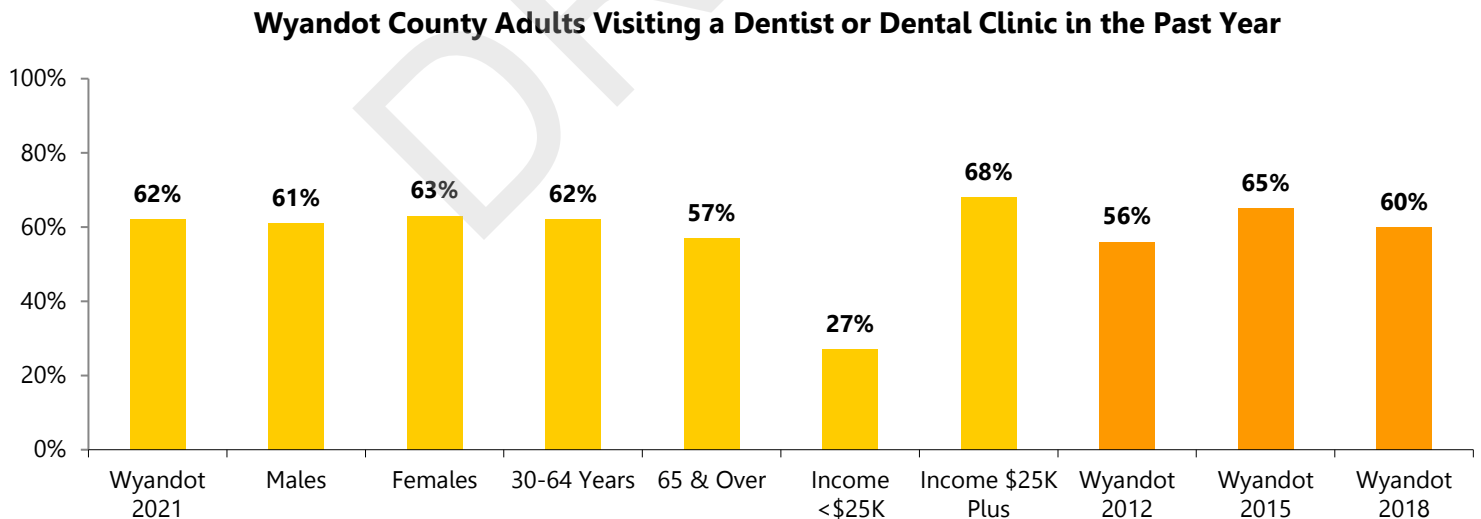
MEN'S HEALTH

More than half (56%) of Wyandot County men had a digital rectal exam in their lifetime, and 16% had one in the past year. More than two-fifths (43%) of men had been diagnosed with high blood pressure, 41% had high blood cholesterol, and 16% were identified as smokers, which, along with obesity (52%), all of which are known risk factors for cardiovascular diseases.



ORAL HEALTH

Sixty-two percent (62%) of Wyandot County adults visited a dentist or dental clinic in the past year. Almost one-fifth (18%) of adults did not see a dentist in the past year due to cost.

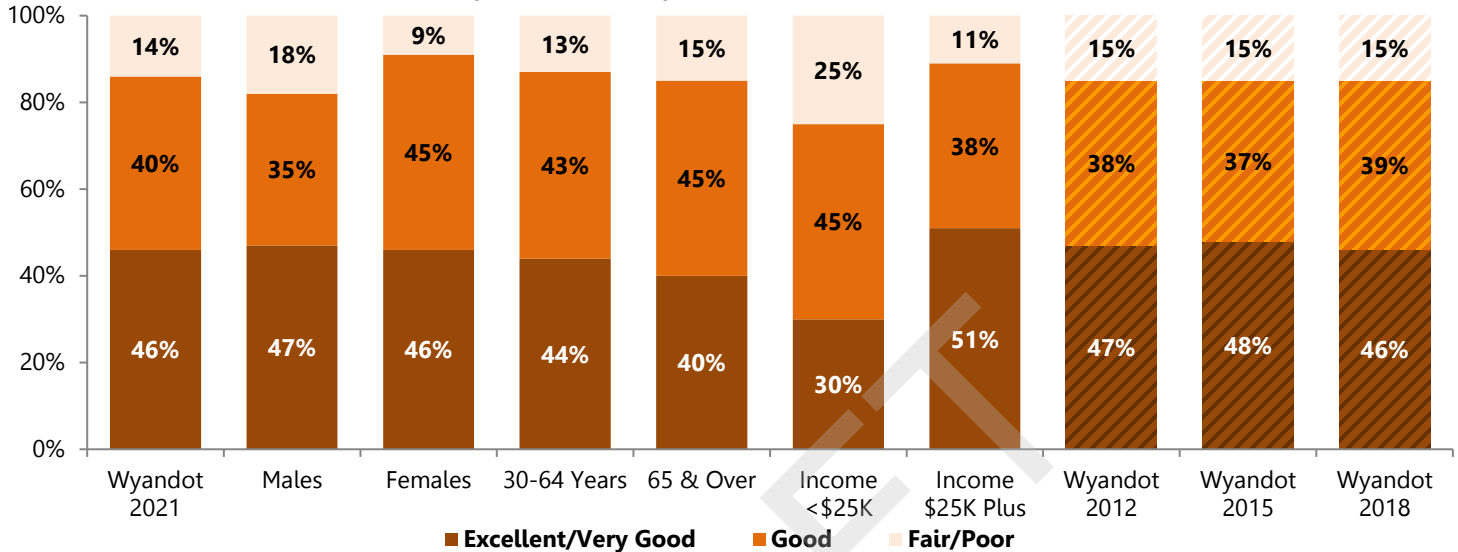


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

HEALTH STATUS PERCEPTIONS

In 2021, 46% of Wyandot County adults rated their health status as excellent or very good. Conversely, 14% of adults described their health as fair or poor, increasing to 25% of those with annual incomes less than \$25,000.

Wyandot County Adult Health Perceptions*

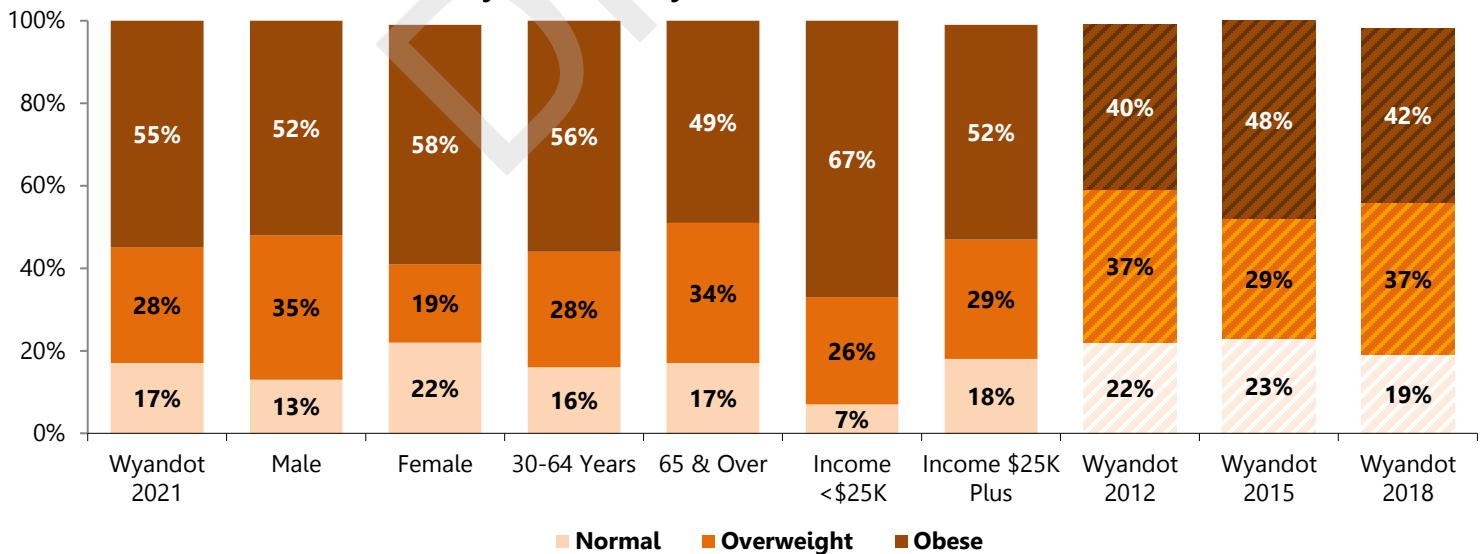


*Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"

ADULT WEIGHT STATUS

Eighty-three percent (83%) of Wyandot County adults were overweight (28%) or obese (55%) based on body mass index (BMI). More than one-third (34%) of adults did not participate in any physical activity in the past week, including 5% who were unable to exercise.

Wyandot County Adult BMI Classifications*

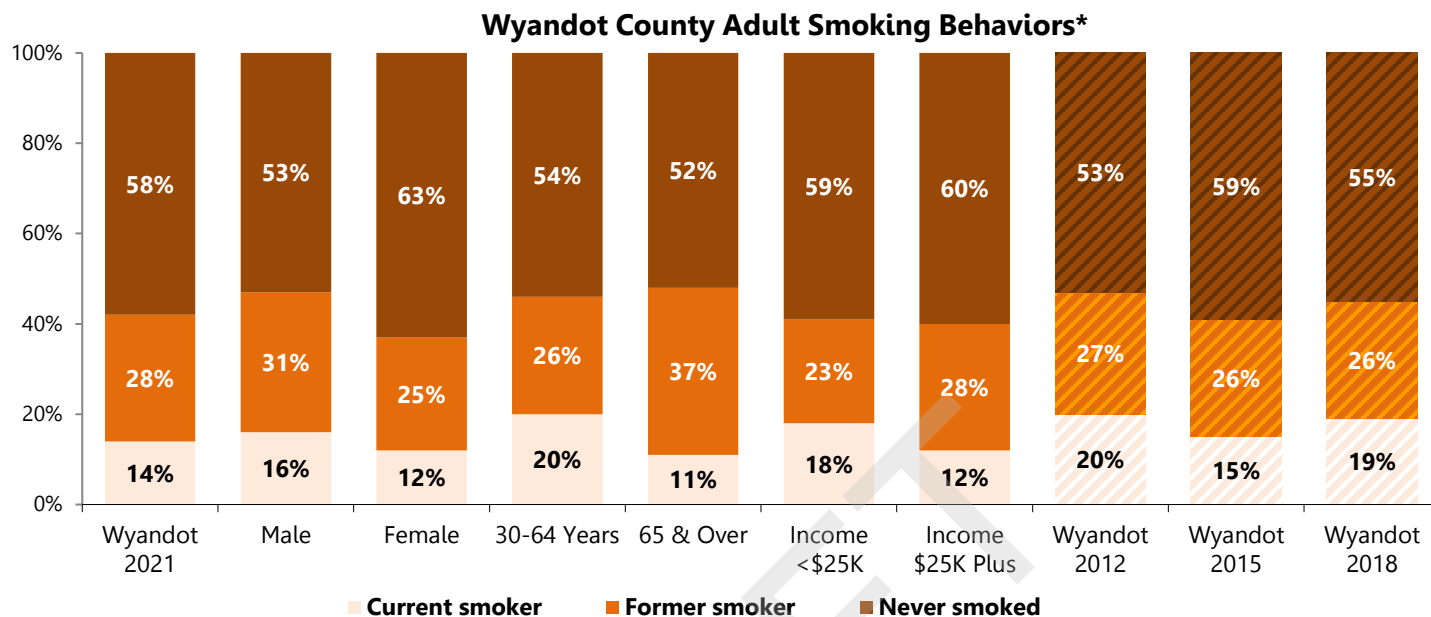


*Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight.

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

ADULT TOBACCO USE

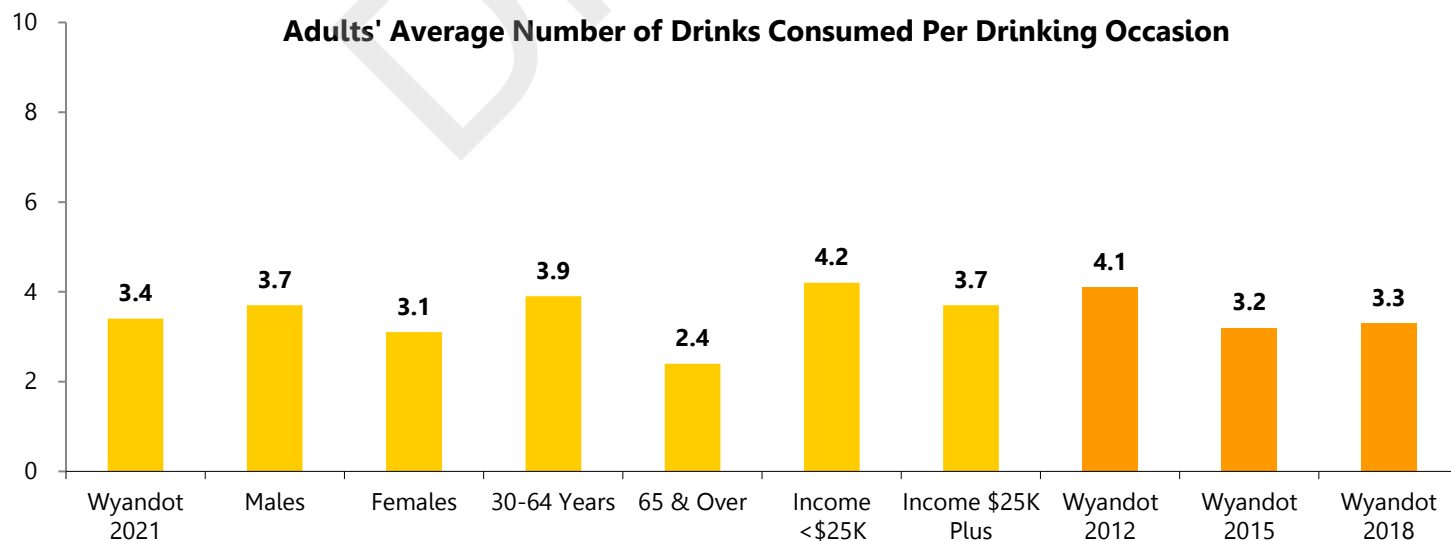
In 2021, 14% of Wyandot County adults were current smokers, and 28% were considered former smokers. One percent (1%) of adults used e-cigarettes or other electronic vapor products in the past year.



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

ADULT ALCOHOL CONSUMPTION

Fifty-four percent (54%) of Wyandot County adults had at least one alcoholic drink in the past month. Eighteen percent (18%) of adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on one occasion in the last month and would be considered binge drinkers.

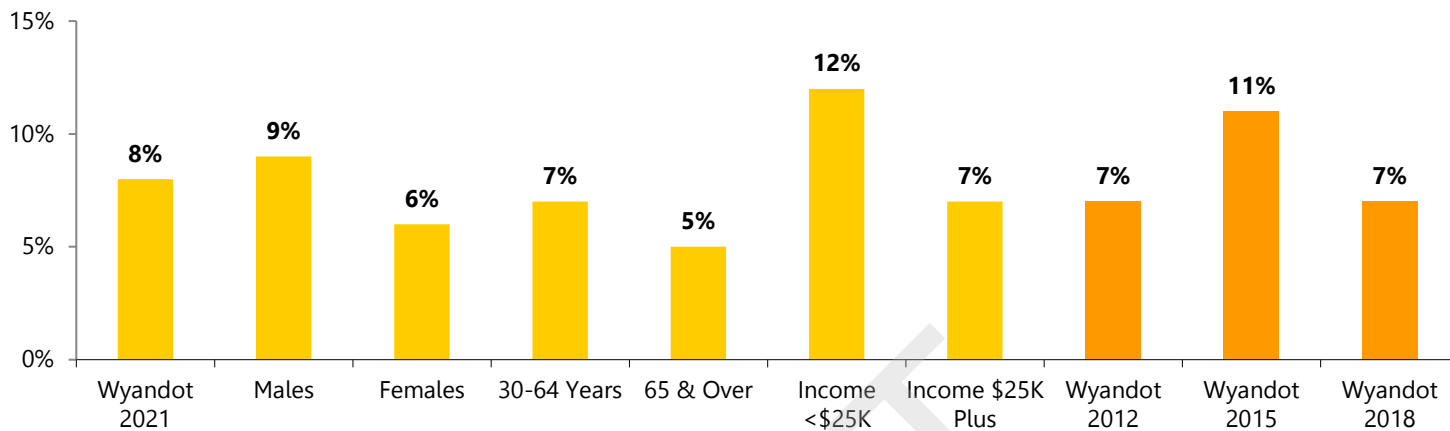


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

ADULT DRUG USE

In 2021, 9% of Wyandot County adults reported they and/or an immediate family member or someone in their household used recreational marijuana during the past 6 months. Eight percent (8%) 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.

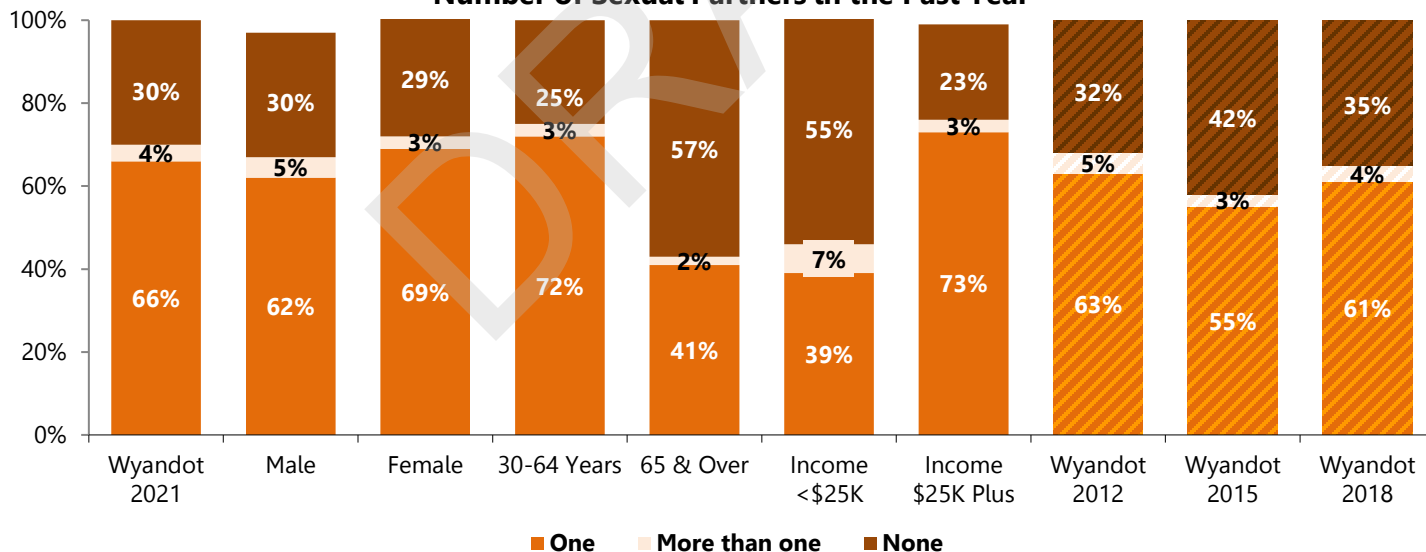
Wyandot County Prescription Medication Misuse in Past 6 Months



ADULT SEXUAL BEHAVIOR

Sixty-six percent (66%) of Wyandot County adults had sexual intercourse in the past year. Four percent (4%) of adults had more than one partner. Seven percent (7%) of Wyandot County adults were forced to have any sort of unwanted sexual activity, increasing to 12% of females.

Number of Sexual Partners in the Past Year*



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

ADULT MENTAL HEALTH

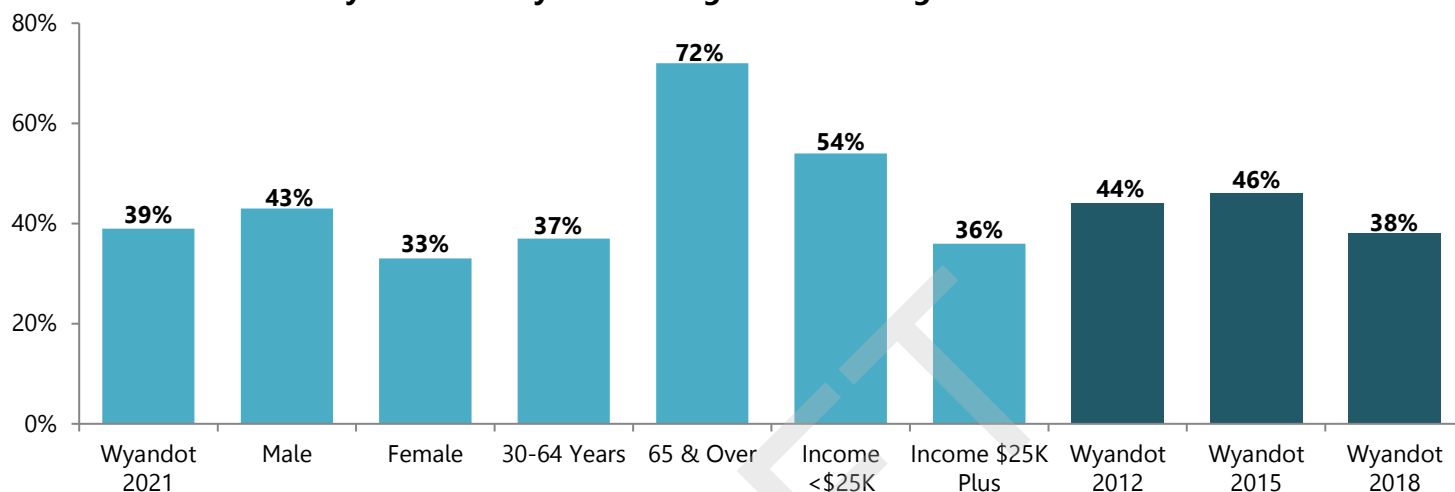
Four percent (4%) of Wyandot County adults considered attempting suicide in the past year. Forty-six percent (46%) of adults indicated job stress caused them anxiety, stress, or depression.

Data Summary | Chronic Disease

CARDIOVASCULAR HEALTH

Five percent (5%) of adults had survived a heart attack and 3% had survived a stroke at some time in their life. Thirty-nine percent (39%) had high blood pressure, 39% had high blood cholesterol, and 55% were obese, 14% were current smokers, which are four known risk factors for heart disease and stroke.

Wyandot County Adults Diagnosed with High Blood Pressure*



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

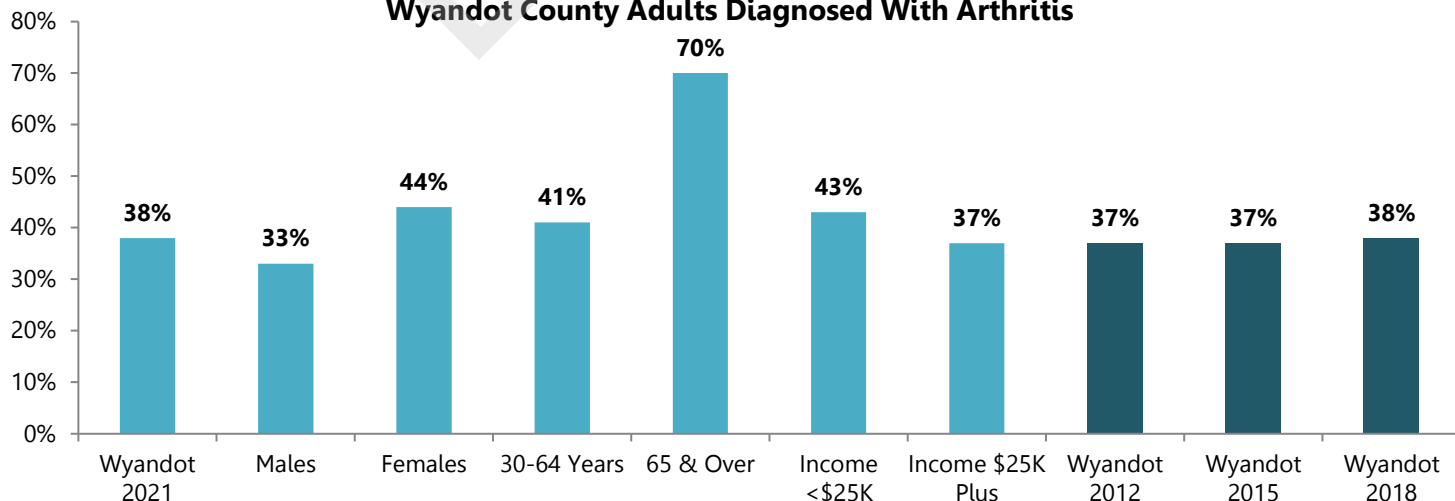
CANCER

In 2021, 12% of Wyandot County adults were diagnosed with cancer at some time in their life. The Ohio Department of Health (ODH) indicates that, from 2017 to 2019, cancers caused 2% (154) of all (769) Wyandot County resident deaths.

ARTHRITIS

More than one-third (38%) of Wyandot County adults were diagnosed with some form of arthritis.

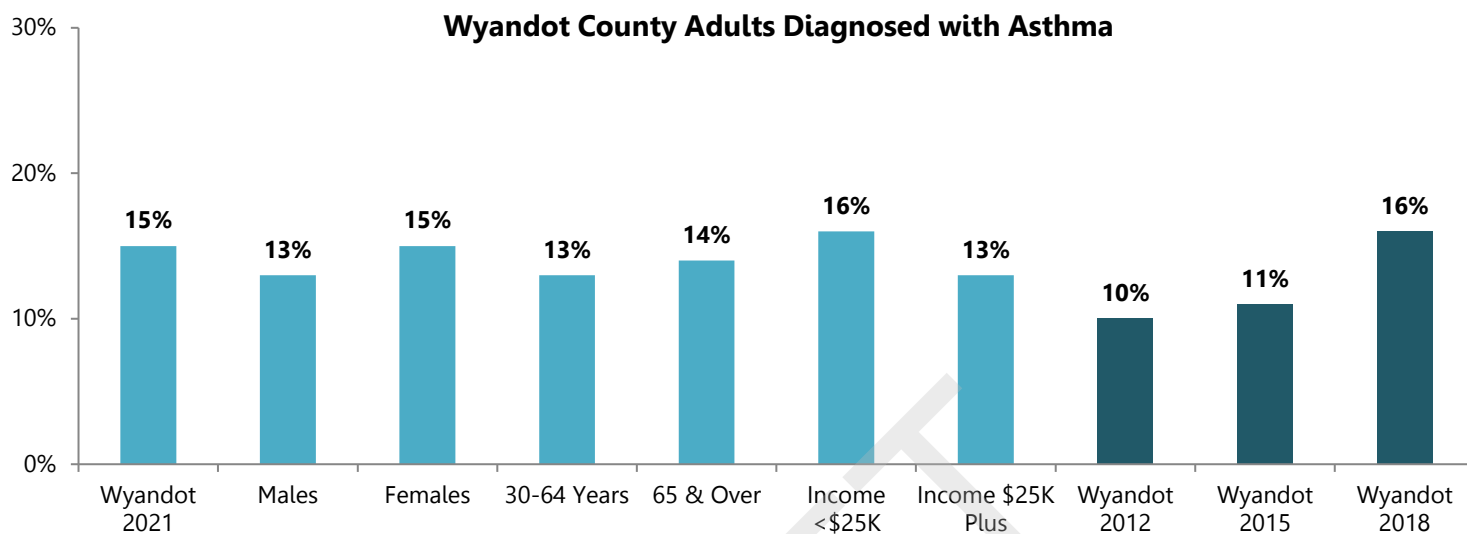
Wyandot County Adults Diagnosed With Arthritis



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

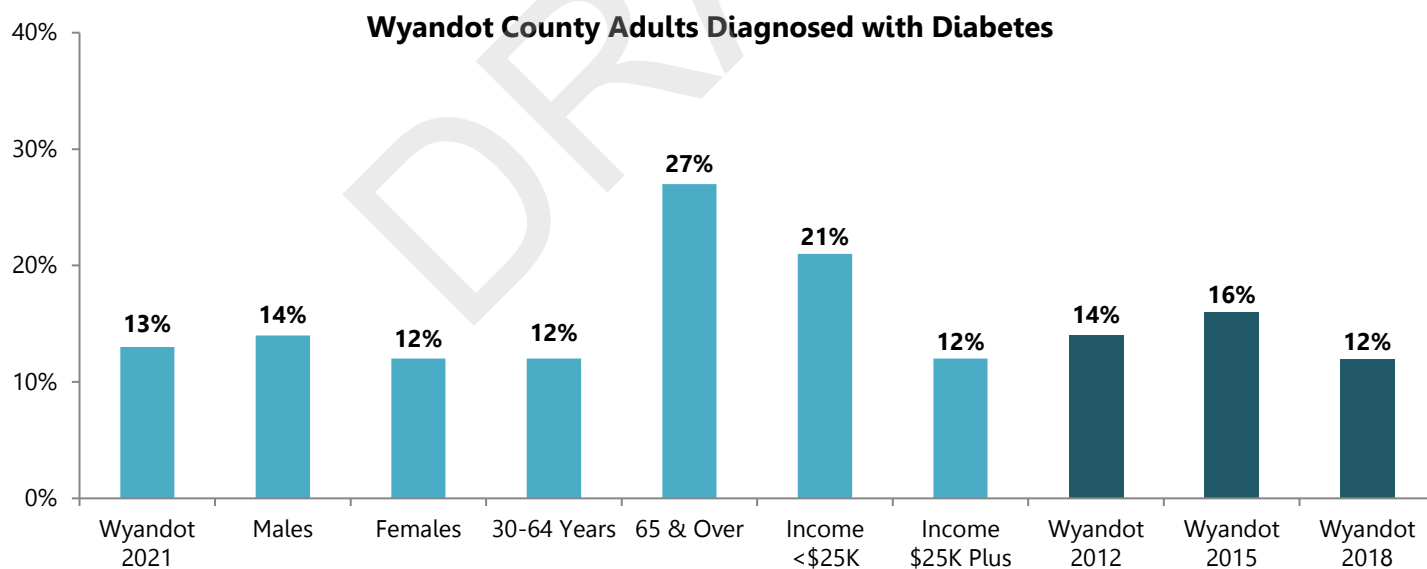
ASTHMA

In 2021, 15% of Wyandot County adults were ever told by a doctor or health care professional that they had asthma.



DIABETES

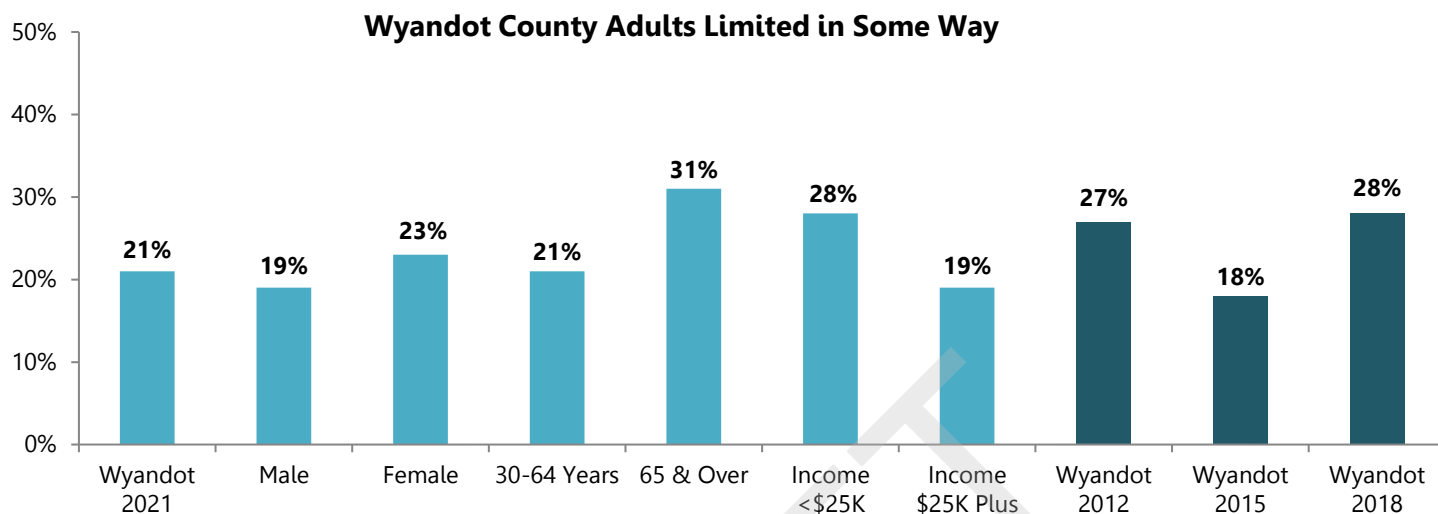
In 2021, 13% of Wyandot County residents reported they were diagnosed with diabetes at some time in their lifetime. More than one-fifth (22%) of adults with diabetes rated their health as fair or poor.



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.

QUALITY OF LIFE

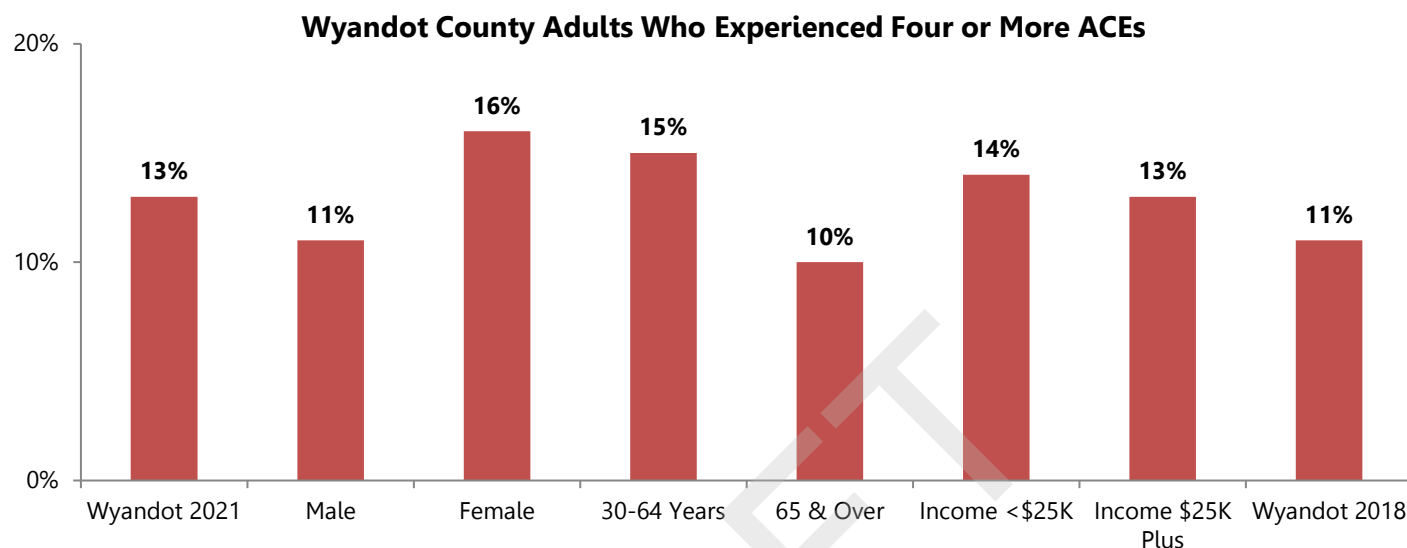
In 2021, 21% of Wyandot County adults were limited in some way because of a physical, mental, or emotional problem. The most limiting health problems were arthritis/rheumatism (48%); back or neck problems (48%); stress, walking problems (31%); and depression, anxiety, and emotional problems (23%).



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.

SOCIAL DETERMINANTS OF HEALTH

In 2021, 3% of Wyandot County adults had to choose between paying bills and buying food. Thirteen percent (13%) of adults experienced four or more adverse childhood experiences (ACEs) in their lifetime. Six percent (6%) of Wyandot County adults were threatened with abuse in the past year.



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

ENVIRONMENTAL CONDITIONS

Wyandot County adults reported the following as the top four issues that threatened their health in the past year: insects (7%), mold (4%), rodents (4%), and temperature regulation (4%). Nine percent (9%) of adults reported they had a disaster plan in preparation of a disaster.

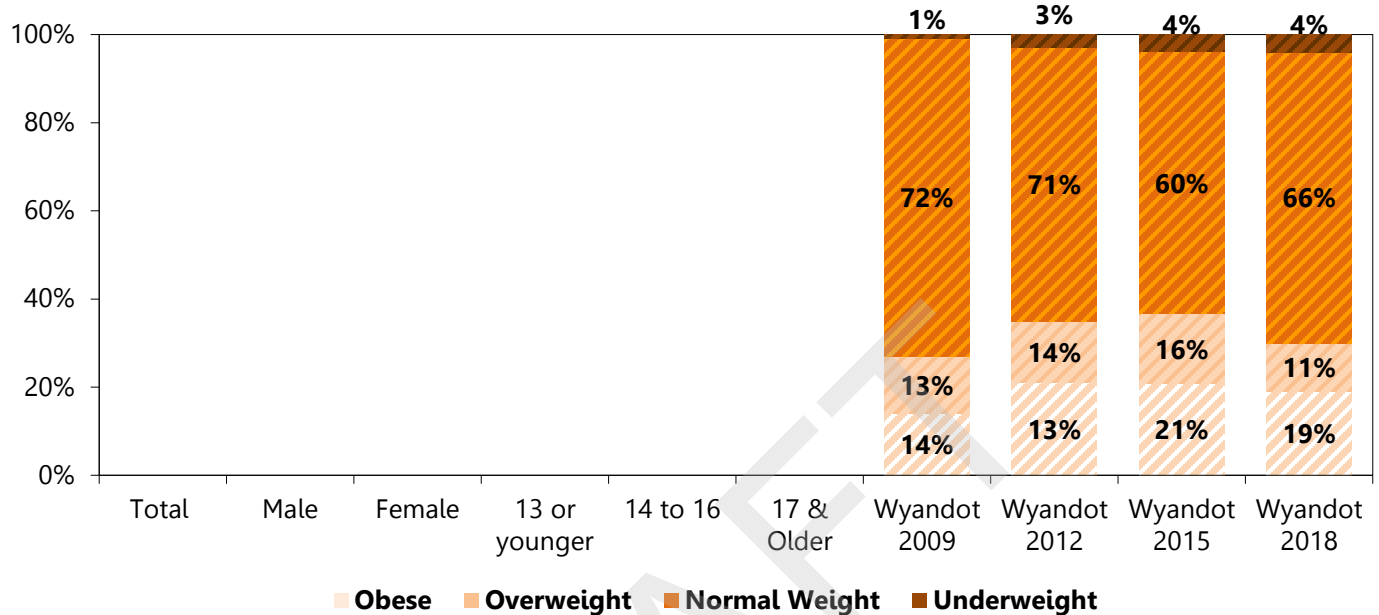
PARENTING

More than two-fifths (42%) of parents discussed bullying with their 6-to-17 year-old in the past year. Eighty-eight percent (88%) of parents took their child to the doctor for regular visits in the past year. Eight percent (8%) of Wyandot County parents did not believe schools should offer sex education classes.

YOUTH WEIGHT STATUS

Nearly one-fifth (19%) of Wyandot County youth were obese, according to Body Mass Index (BMI) by age. Sixty-nine percent (69%) of youth exercised for 60 minutes on 3 or more days per week.

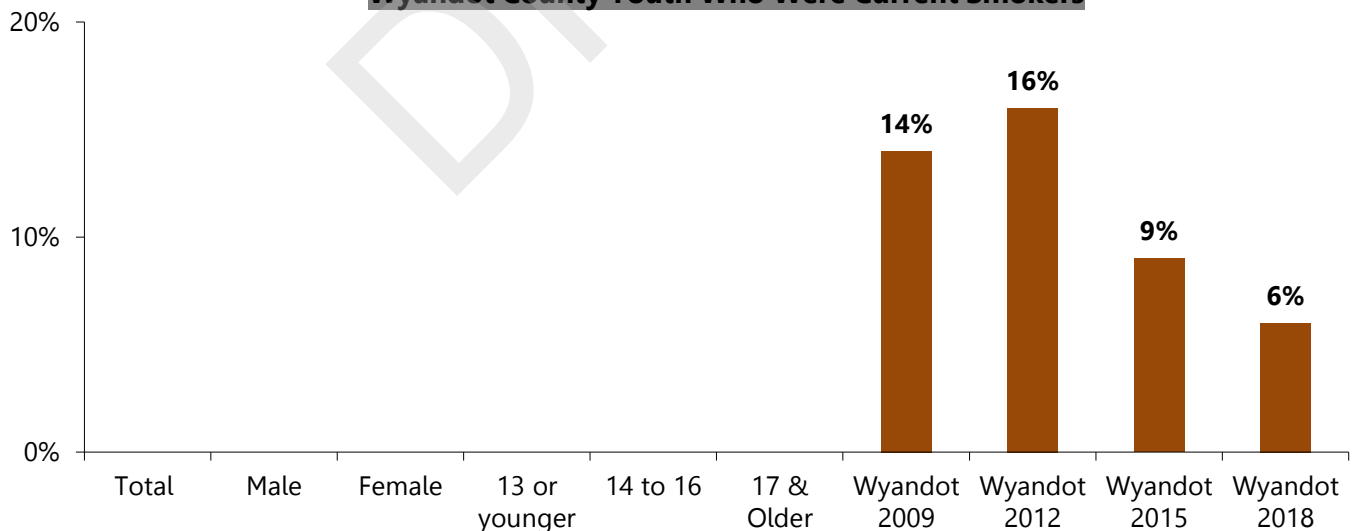
Wyandot County Youth BMI Classifications



YOUTH TOBACCO USE

Six percent (6%) of Wyandot County youth were current smokers, increasing to 10% of those ages 17 and older. Nearly one-fifth (18%) of youth had ever used an electronic vapor product.

Wyandot County Youth Who Were Current Smokers

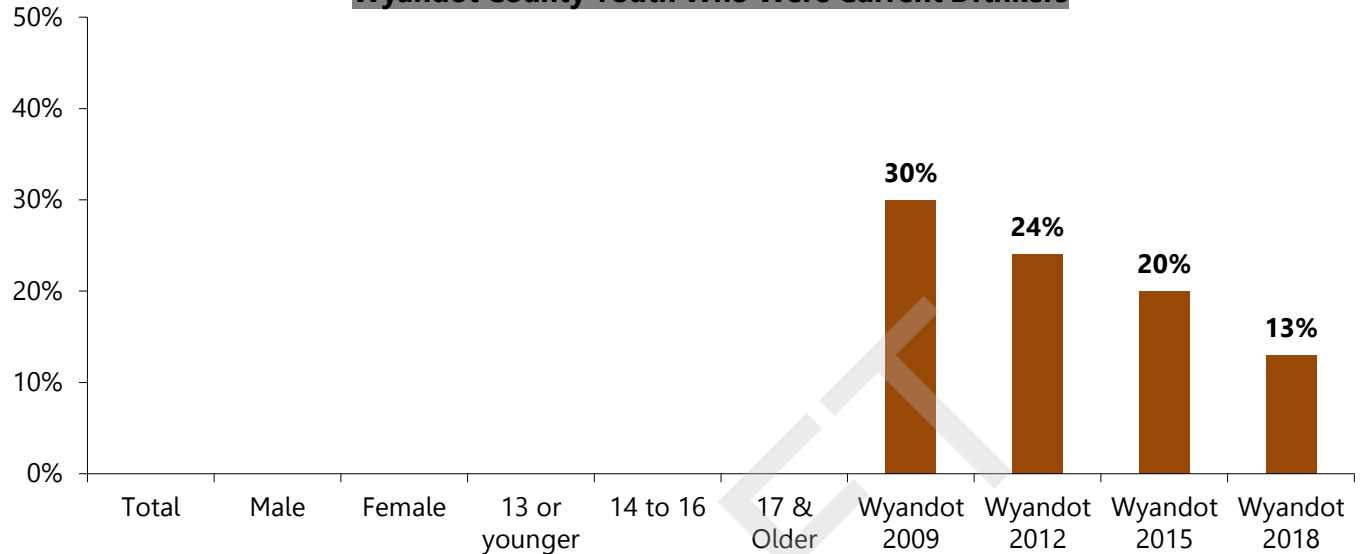


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

YOUTH ALCOHOL CONSUMPTION

Over two-fifths (43%) of Wyandot County youth had drunk at least one drink of alcohol in their life, increasing to 65% of youth 17 and older. Thirteen percent (13%) of youth had at least one drink in the past 30 days, defining them as a current drinker. Of those who drank, 70% were defined as binge drinkers, increasing to 80% of those ages 17 and older.

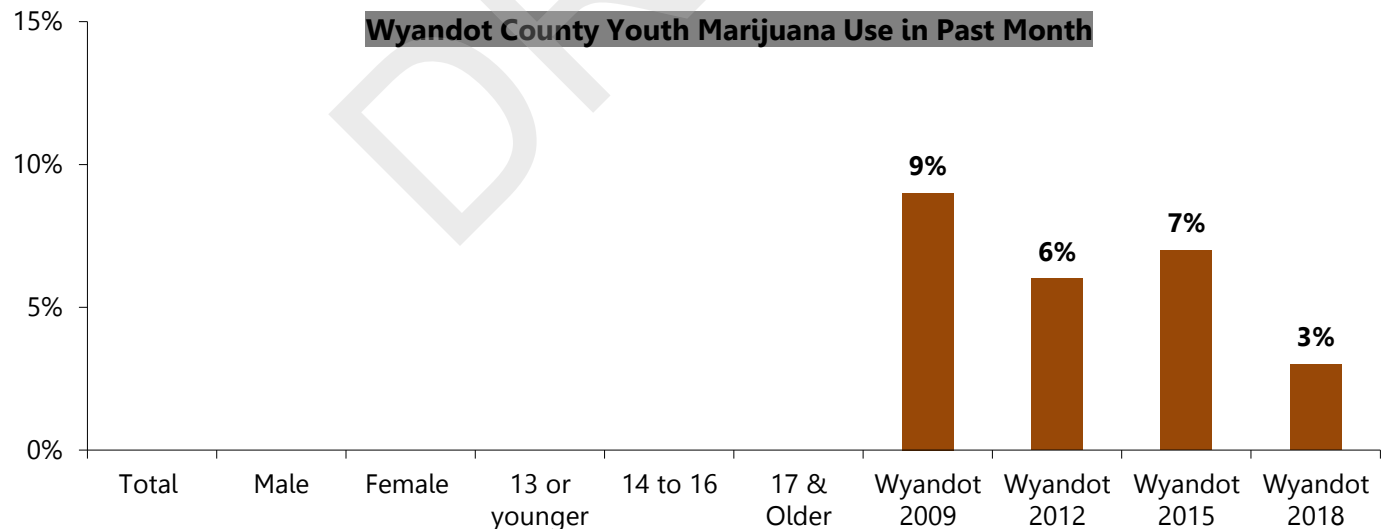
Wyandot County Youth Who Were Current Drinkers



YOUTH DRUG USE

In 2018, 3% of Wyandot County youth had used marijuana at least once in the past 30 days, increasing to 8% of those ages 17 and over. Two percent (2%) of youth used prescription drugs not prescribed for them in the past month.

Wyandot County Youth Marijuana Use in Past Month



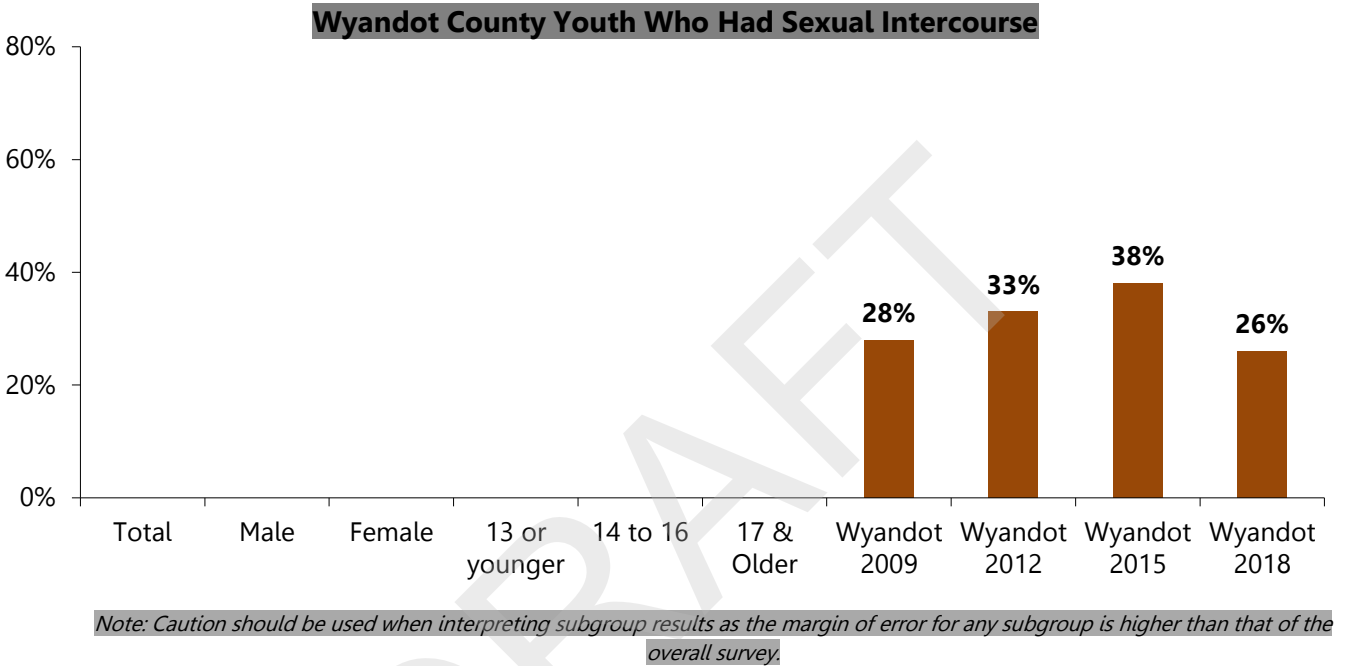
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

YOUTH PERCEPTIONS OF SUBSTANCE USE

In 2018, 52% of Wyandot County youth thought there was a great risk in harming themselves if they smoked one or more packs of cigarettes per day. Twenty-one percent (21%) of youth thought that there was no risk in harming themselves physically or in other ways if they smoke marijuana once or twice a week. Sixty-seven percent (67%) 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.

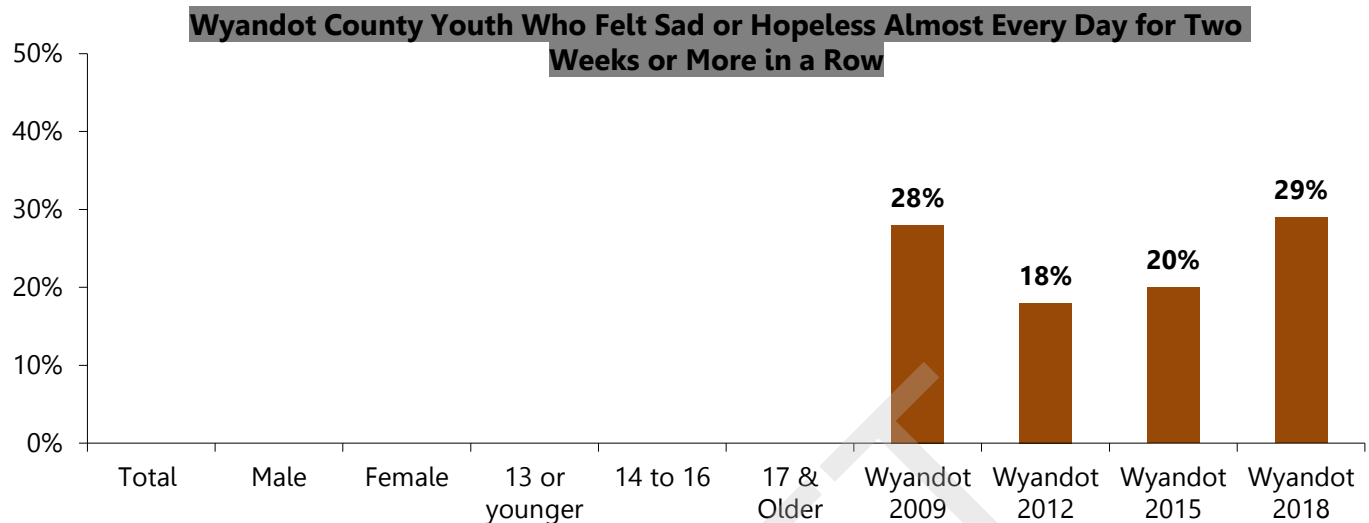
YOUTH SEXUAL BEHAVIOR

In 2018, 26% of Wyandot County youth had sexual intercourse. One-quarter (25%) of sexually active youth had 4 or more sexual partners. Nine percent (9%) of youth engaged in intercourse without a reliable method of protection.



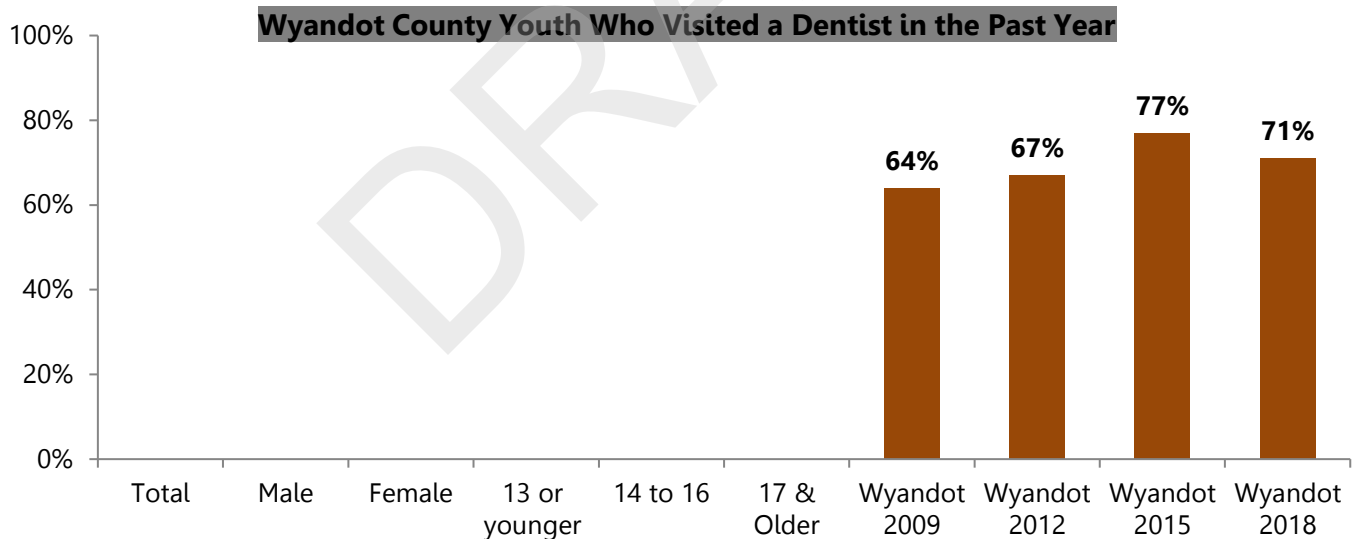
YOUTH MENTAL HEALTH

Fourteen percent (14%) of youth had seriously considered attempting suicide in the past year, and 11% attempted suicide in the past year. Among all youth in Wyandot County, 5% had ever visited a doctor, nurse, therapist, social worker, or counselor for a mental health problem.



YOUTH SOCIAL DETERMINANTS OF HEALTH

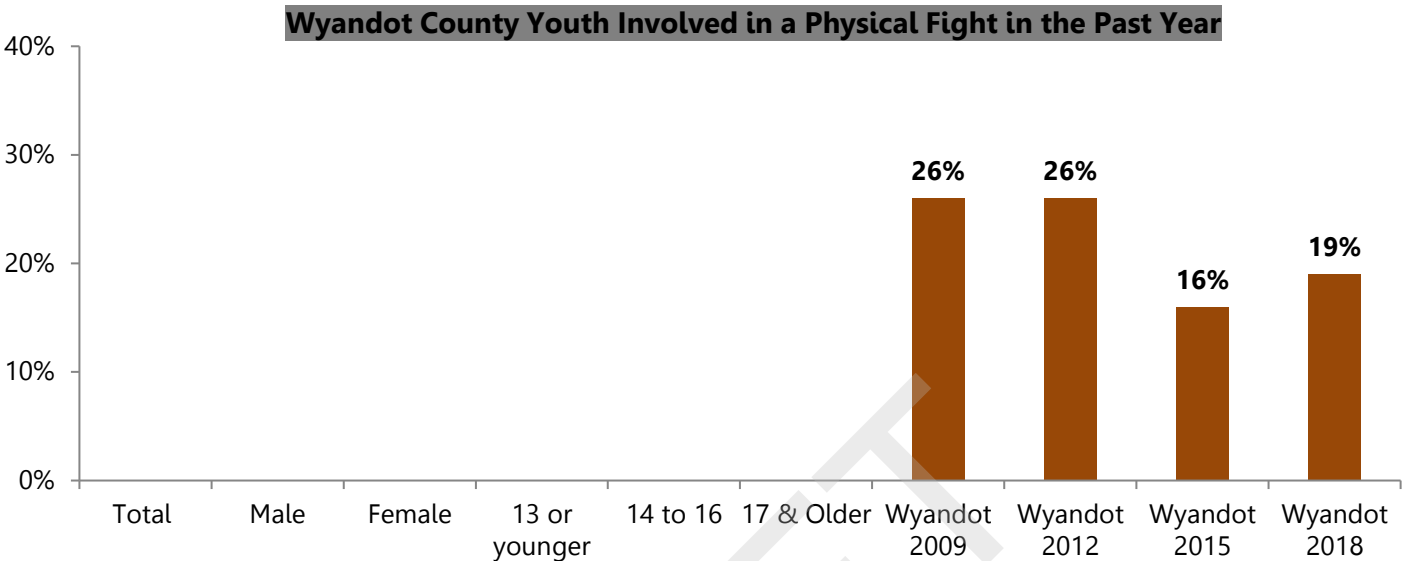
Nearly one-quarter (23%) of youth had three or more adverse childhood experiences (ACEs). Twenty-seven percent (27%) of Wyandot County youth drivers had texted while driving in the past 30 days.



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 VIOLENCE

Nearly one-fifth (19%) of youth had been involved in a physical fight, increasing to 23% of males. Forty-four percent (44%) of youth had been bullied 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.

ADULT TREND SUMMARY

Adult Variables	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Health Status						
Rated health as excellent or very good	47%	48%	46%	46%	48%	51%
Rated general health as fair or poor 	15%	15%	15%	14%	19%	18%
Health Care Coverage, Access, and Utilization						
Uninsured 	12%	5%	7%	10%	9%	11%
Visited a doctor for a routine checkup in the past year 	57%	63%	69%	70%	78%	78%
Arthritis, Asthma, and Diabetes						
Had been diagnosed with diabetes 	14%	16%	12%	13%	12%	11%
Had been diagnosed with arthritis	37%	37%	38%	31%	31%	26%
Had been diagnosed with asthma	10%	11%	16%	15%	11%	10%
Cardiovascular Health						
Had angina 	8%	5%	6%	5%	5%	4%
Had a heart attack 	5%	4%	5%	5%	5%	4%
Had a stroke	4%	8%	4%	3%	4%	3%
Had been diagnosed with high blood pressure 	44%	46%	38%	39%	35%	32%
Had been diagnosed with high blood cholesterol	41%	43%	41%	39%	33%	33%
Had their blood cholesterol checked within the last five years	75%	79%	81%	82%	85%	87%
Weight Status						
Overweight (BMI of 25.0 – 29.9)	37%	29%	37%	28%	35%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above) 	40%	48%	42%	55%	35%	32%
Alcohol Consumption						
Current drinker (had at least one drink of alcohol within the past month)	47%	49%	56%	54%	53%	54%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion) 	19%	18%	22%	18%	18%	17%
Drove after having perhaps too much alcohol to drink (in the past month)	4%	N/A	N/A	3%	4%*	3%*
Tobacco Use						
Current smoker (smoked on some or all days) 	20%	15%	19%	14%	21%	16%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	27%	26%	26%	28%	24%	25%
Tried to quit smoking in the past year	78%	46%	38%	43%	N/A	N/A

N/A - Not Available

*2018 BRFSS Data

 Indicates alignment with the Ohio State Health Assessment



Adult Variables	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Drug Use						
Adults who used marijuana in the past six months	3%	3%	6%	3%	N/A	N/A
Adults who misused prescription medication in the past six months	7%	11%	7%	8%	N/A	N/A
Sexual Behavior						
Had more than one sexual partner in past year	5%	3%	4%	4%	N/A	N/A
Had ever engaged in sexual activity following alcohol or other drug use	12%	11%	13%	11%	N/A	N/A
Preventive Medicine						
Had a flu vaccine in the past year	N/A	50%	49%	55%	N/A	N/A
Had a flu vaccine in the past year (ages 65 and older)	N/A	71%	74%	69%	63%	64%
Ever had a pneumonia vaccine in lifetime (ages 65 and older)	47%	59%	79%	66%	75%	73%
Ever had a shingles or zoster vaccine	N/A	N/A	N/A	23%	29%	29%*
Women's Health						
Had a clinical breast exam in the past two years (ages 40 and older)	66%	79%	67%	60%	N/A	N/A
Had a mammogram within the past two years (ages 40 and older)	66%	80%	73%	71%	74%*	72%*
Had a Pap smear in the past three years (ages 21-65)†	67%	64%	58%	64%	79%*	80%*
Men's Health						
Had a digital rectal exam within the past year	30%	34%	33%	16%	N/A	N/A
Had a PSA test in the past two years (ages 40 and over)	61%	58%	58%	62%	34%	33%*
Quality of Life						
Limited in some way because of physical, mental or emotional problem	27%	18%	28%	21%	N/A	N/A
Mental Health						
Considered attempting suicide in the past year	2%	2%	3%	4%	N/A	N/A
Oral Health						
Visited a dentist or a dental clinic (within the past year)	56%	65%	60%	62%	67%*	68%*
Adults who had one or more permanent teeth removed	49%	50%	47%	44%	45%*	41%*

N/A - Not Available


*2018 BRFSS Data

† Previous Wyandot County trend data includes all women regardless of age

YOUTH TREND SUMMARY

Youth Variables	Wyandot County 2009 (6 th -12 th)	Wyandot County 2012 (6 th -12 th)	Wyandot County 2015 (6 th -12 th)	Wyandot County 2018 (6 th -12 th)	Wyandot County OHYES 2020/2021 (7 th -12 th)	Wyandot County OHYES 2020/2021 (9 th -12 th)	Ohio 2019 (9 th -12 th)	U.S. 2019 (9 th -12 th)
Weight Control								
Obese 	17%	15%	13%	15%			17%	16%
Overweight	13%	11%	11%	12%			12%	16%
Described themselves as slightly or very overweight	29%	25%	25%	30%			N/A	32%
Exercised to lose weight	36%	43%	48%	42%			N/A	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight	26%	28%	31%	26%			N/A	N/A
Went without eating for 24 hours or more	6%	7%	6%	4%			N/A	N/A
Took diet pills, powders, or liquids without a doctor's advice	2%	3%	2%	1%			N/A	N/A
Vomited or took laxatives	2%	3%	3%	1%			N/A	N/A
Ate one to four servings of fruits and vegetables per day	67%	82%	81%	87%			N/A	N/A
Physically active at least 60 minutes per day on every day in past week	21%	28%	28%	23%			23%	23%
Physically active at least 60 minutes per day on five or more days in past week	40%	43%	50%	44%			43%	44%
Did not participate in at least 60 minutes of physical activity on any day in the past week	18%	15%	15%	14%			21%	17%
Watched three or more hours per day of television (on an average school day)	20%	40%	34%	18%			N/A	20%
Unintentional Injuries and Violence								
Were in a physical fight (in past year)	30%	28%	25%	23%			19%	22%
Carried a weapon on school property (in the past month)	2%	N/A	9%	N/A			N/A	3%
Threatened or injured with a weapon on school property (in past year)	8%	N/A	7%	7%			N/A	7%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	11%	6%	6%	4%			N/A	9%
Electronically bullied (in past year)	9%	15%	12%	12%			13%	16%
Bullied (in past year) 	33%	43%	38%	35%			N/A	N/A
Bullied on school property (in past year)	20%	N/A	22%	17%			14%	20%
Ever purposefully hurt themselves	35%	23%	10%	N/A			N/A	N/A
Mental Health								
Seriously considered attempting suicide (in the past year)	17%	16%	18%	14%			16%	19%
Attempted suicide (in past year)	10%	4%	8%	8%			7%	9%
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	38%	24%	29%	29%			33%	37%

N/A – Not Available

 Indicates alignment with the Ohio State Health Assessment

Youth Variables	Wyandot County 2009 (6 th -12 th)	Wyandot County 2012 (6 th -12 th)	Wyandot County 2015 (6 th -12 th)	Wyandot County 2018 (6 th -12 th)	Wyandot County OHYES 2020/2021 (7 th -12 th)	Wyandot County OHYES 2020/2021 (9 th -12 th)	Ohio 2019 (9 th -12 th)	U.S. 2019 (9 th -12 th)
Alcohol Consumption								
Current drinker (at least one drink of alcohol on at least one day during the past month)	12%	39%	28%	27%			26%	29%
Binge drinker (drank five or more drinks within a couple of hours on at least one day during the past month)	7%	23%	21%	13%			13%	14%
Obtained the alcohol they drank by someone giving it to them (of youth drinkers)	34%	21%	14%	N/A			N/A	41%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on one or more occasion during the past month)	14%	25%	21%	19%			N/A	17%
Drove when they had been drinking alcohol (of youth drivers on one or more occasion during the past month)	4%	9%	5%	6%			N/A	5%
Drank for the first time before age 13 (of all youth)	12%	18%	12%	8%			16%	15%
Tobacco Use								
Currently smoked cigarettes (on at least one day during the past month)	3%	18%	9%	5%			5%	6%
Smoked a whole cigarette before the age of 13 (for the first time of all youth)	5%	6%	5%	4%			N/A	7%**
Tried to quit smoking (of youth who smoked in the past year)	47%	46%*	40%*	34%*			N/A	48%
Smoked cigarettes frequently (of current smokers on twenty or more days during the past month)	1%	N/A	N/A	2%			1%	1%
Sexual Behavior								
Ever had sexual intercourse	19%	63%	53%	42%			38%	38%
Participated in anal sex	3%	16%	6%	8%			N/A	N/A
Participated in oral sex	17%	46%	44%	35%			N/A	N/A
Participated in sexting	20%	40%	34%	37%			N/A	N/A
Had viewed pornography	23%	N/A	37%	42%			N/A	N/A
Used a condom (during last sexual intercourse)	31%	75%	68%	58%			45%	54%
Used birth control pills (during last sexual intercourse)	10%	20%	26%	15%			32%	23%
Used an IUD (during last sexual intercourse)	8%	8%	7%	1%			5%	5%
Used a shot, patch or birth control ring (during last sexual intercourse)	5%	8%	7%	3%			N/A	N/A
Did not use any method to prevent pregnancy during last sexual intercourse	6%	7%	10%	13%			12%	12%
Had sexual intercourse with four or more persons (of all youth during their life)	4%	27%	21%	15%			8%	9%
Had sexual intercourse before the age 13 (for the first time of all youth)	2%	12%	10%	7%			3%	3%

N/A – Not Available

Indicates alignment with the Ohio State Health Assessment

*Tried to quit smoking only cigarettes

Youth Variables	Wyandot County 2009 (6 th -12 th)	Wyandot County 2012 (6 th -12 th)	Wyandot County 2015 (6 th -12 th)	Wyandot County 2018 (6 th -12 th)	Wyandot County OHYES 2020/2021 (7 th -12 th)	Wyandot County OHYES 2020/2021 (9 th -12 th)	Ohio 2019 (9 th -12 th)	U.S. 2019 (9 th -12 th)
Drug Use								
Currently used marijuana (in the past month)	12%	26%	19%	18%			16%	22%
Ever used cocaine (in their lifetime)	< 1%	4%	3%	2%			4%	4%
Ever used heroin (in their lifetime)	0%	2%	1%	1%			2%	2%
Ever used methamphetamines (in their lifetime)	0%	3%	2%	1%			N/A	2%
Ever took steroids without a doctor's prescription (in their lifetime)	1%	4%	4%	1%			N/A	2%
Ever used inhalants (in their lifetime)	2%	9%	5%	3%			8%	6%
Ever used ecstasy (also called MDMA in their lifetime)	1%	N/A	3%	2%			N/A	4%
Social Determinants of Health								
Visited a dentist within the past year (for a check-up, exam, teeth cleaning, or other dental work)	70%	79%	77%	76%			78%	76%
Diagnosed with asthma	21%	N/A	N/A	24%			24%	22%

N/A – Not Available

Health Care Access: Health Care Coverage

Key Findings

In 2021, 10% of Wyandot County adults were without health care coverage. Those most likely to be uninsured were adults ages 30 to 64 years (9%) and those with annual income levels under \$25,000 (16%). The top reason adults reported for being without health care coverage was they lost their job or changed employers (55%).

In Wyandot County, 10% of adults, or approximately 1,682 adults were uninsured.

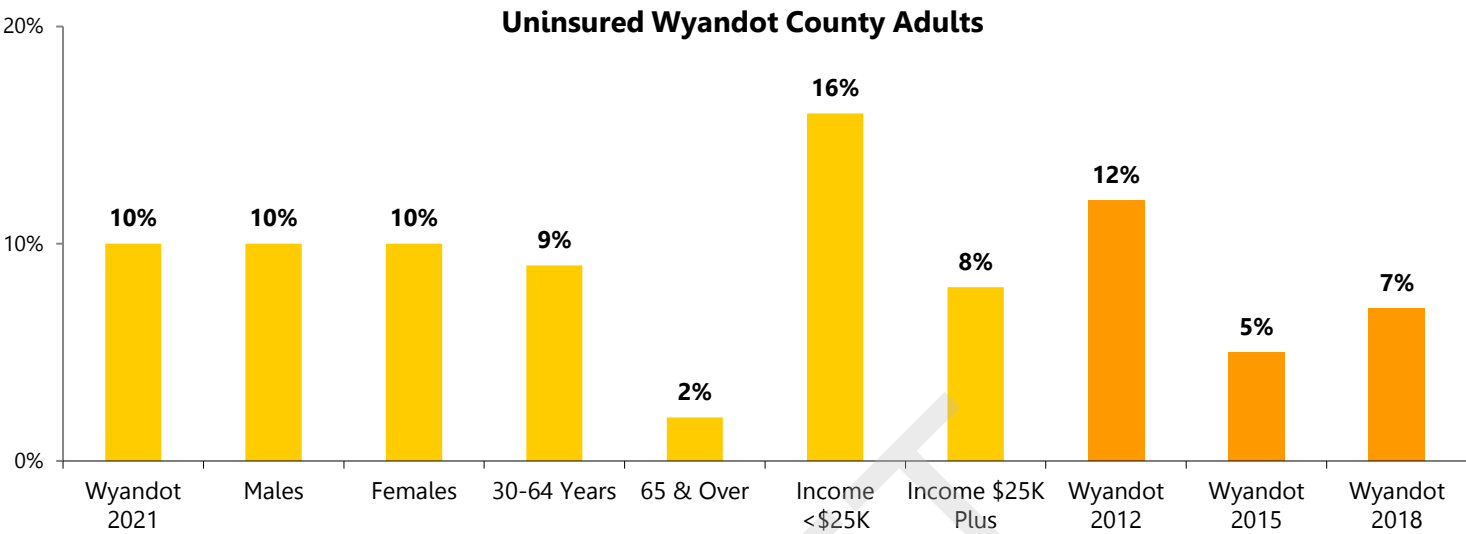
Health Care Coverage

- In 2021, 90% of Wyandot County adults had health care coverage, leaving 10% who were uninsured.
- Thirteen percent (13%) of adults with children did not have health care coverage, compared to 8% of those who did not have children living in their household.
- The following types of health care coverage were used: employer (47%); Medicare (23%); someone else's employer (16%); self-purchased plan (5%); Medicaid or medical assistance (3%); multiple, including government insurance (1%); and military, CHAMPUS, TriCare, CHAMPVA or the VA (1%).
- Wyandot County adult healthcare coverage included the following: medical (97%), prescription coverage (90%), preventive health (83%), immunizations (77%), outpatient therapy (76%), Wyandot County Physicians (75%), dental (68%), vision (64%), mental health (50%), durable medical equipment (35%), alcohol and drug treatment (29%), home care (24%), hospice (23%), skilled nursing/assisted living (21%), and transportation (13%).
- The top reasons uninsured adults gave for being without health care coverage were:
 1. They lost their job or changed employers (55%)
 2. Cost (41%)
 3. They became a part time or temporary employee (9%)

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

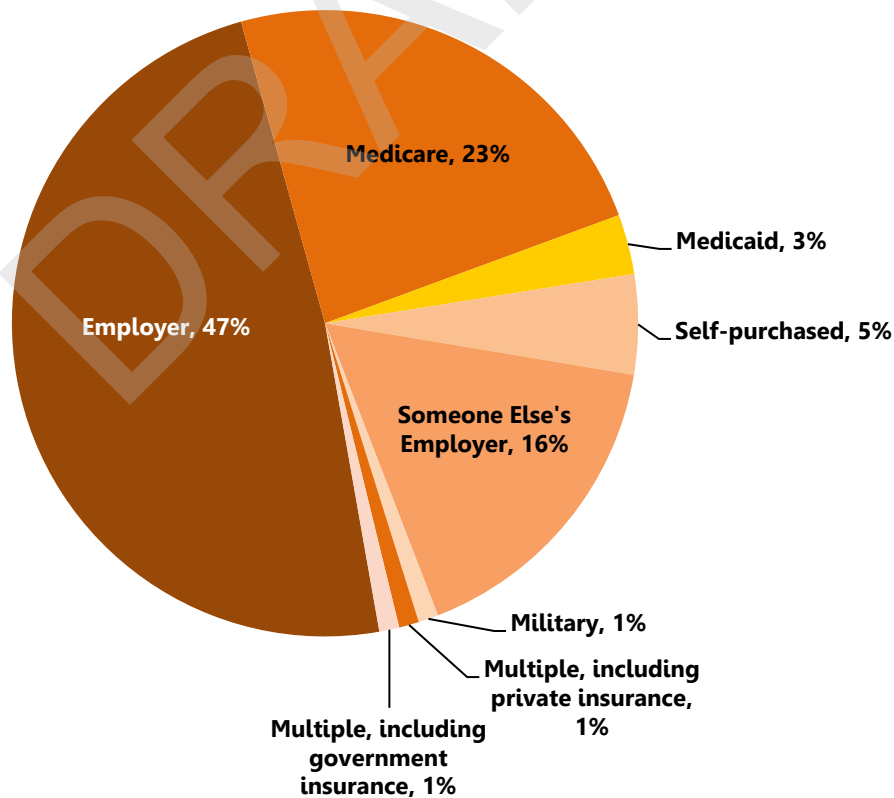
Adult Comparisons	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Uninsured	12%	5%	7%	10%	9%	11%

The following graph shows the percentage of Wyandot County adults who were uninsured. Examples of how to interpret the information include: 10% of Wyandot County adults were uninsured, including 16% of adults with annual incomes less than \$25,000 and 9% of those between the ages of 30 and 64. The pie chart shows sources of Wyandot County adults' health care coverage.



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 Wyandot County Adults



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

Health Coverage Includes:	Yes	No	Don't Know
Medical	97%	1%	2%
Prescription Coverage	90%	7%	3%
Preventive Health (e.g., well visits, cancer screenings, blood pressure tests)	83%	4%	13%
Immunizations	77%	6%	17%
Outpatient Therapy (e.g., occupational therapy, physical therapy)	76%	3%	21%
Wyandot County Physicians	75%	5%	20%
Dental	68%	29%	3%
Vision/Eyeglasses	64%	31%	5%
Mental Health	50%	3%	47%
Durable Medical Equipment (e.g., canes, walkers, oxygen)	35%	5%	60%
Alcohol and Drug Treatment	29%	9%	62%
Home Care	24%	7%	69%
Hospice	23%	7%	70%
Skilled Nursing/Assisted Living (e.g., inpatient rehab/therapy)	21%	7%	72%
Transportation	13%	16%	71%

Healthy People 2030 Access to Health Services (AHS)

Objective	Wyandot County 2021	Ohio 2019	U.S. 2018	Healthy People 2030 Target
AHS-01: Increase the proportion of persons with medical insurance	50% age 18-24 87% age 25-34 94% age 35-44 81% age 45-54 92% age 55-64	83% age 18-24 86% age 25-34 88% age 35-44 90% age 45-54 94% age 55-64	83% age 18-24 81% age 25-34 83% age 35-44 87% age 45-54 91% age 55-64	92%

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

(Sources: Healthy People 2030 Objectives, 2018/2019 BRFSS, 2019/2021 Wyandot County Health Assessment)

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

Health Care Access: Access and Utilization

Key Findings

Sixty-nine percent (69%) of Wyandot County adults went outside of Wyandot County for health care services in the past year. Eleven percent (11%) of adults looked for a program to help with depression, anxiety, or some mental health problem.

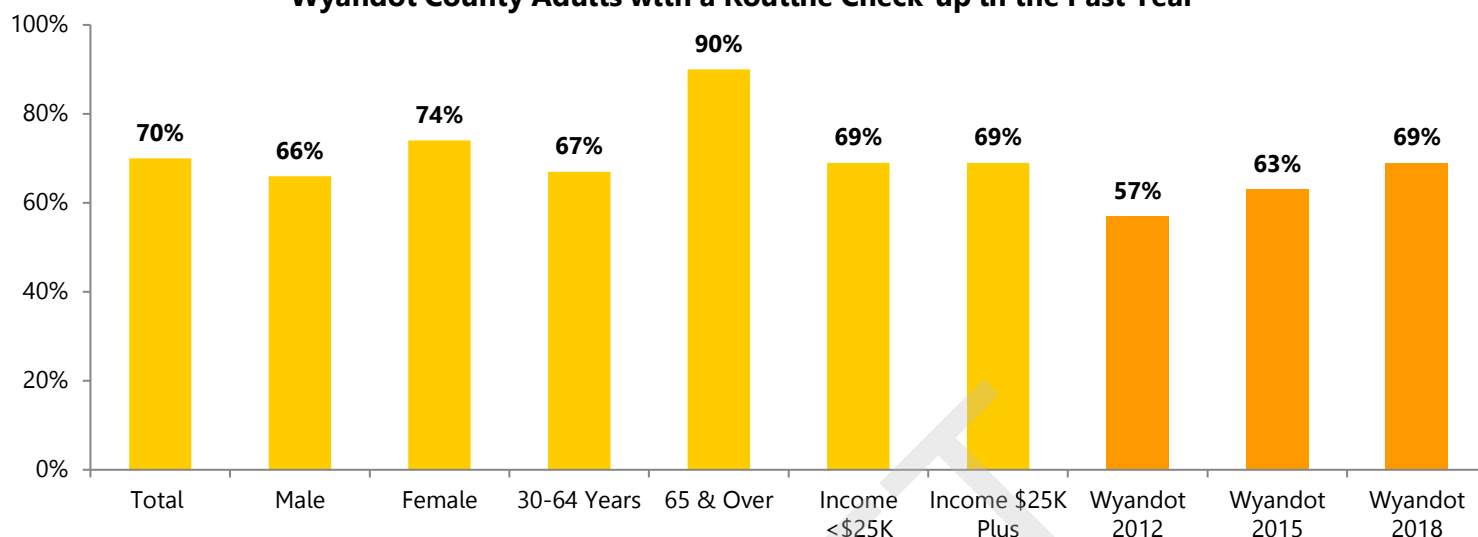
During the past year, 16% of adults or approximately 2,692 adults did not receive medical care due to cost/no insurance.

Health Care Access and Utilization

- More than half (52%) of adults rated their satisfaction with their overall health care as excellent or very good. Conversely, 12% of adults rated their satisfaction with their health care as fair or poor.
- Seventy percent (70%) of Wyandot County adults visited a doctor for a routine checkup in the past year, increasing to 90% of those over the age of 65.
- Adults with healthcare coverage were more likely to have visited a doctor for a routine checkup in the past year (72%), compared to 50% of those without healthcare coverage.
- Adults usually visited the following places for health care services when they were sick or needed advice:
 - Primary care provider's office (77%)
 - Internet (6%)
 - Urgent care center (4%)
 - Family and friends (4%)
 - Hospital emergency room (2%)
 - Chiropractor (1%)
 - Veterans Affairs (VA) (1%)
 - Telemedicine (<1%)
 - Hospital outpatient department (<1%)
 - Public health clinic or community health center (<1%)
 - Two percent (2%) of adults indicated they had no usual place for health care services.
- The following prevented Wyandot County adults from getting medical care in the past year: cost/no insurance (16%), office was not open when they could get there (5%), too long of a wait for an appointment (4%), no transportation (2%), provider would not take their insurance (2%), inconvenient appointment times (2%), too long of a wait in the waiting room (1%), and some other reason (51%).
- Sixty-nine percent (69%) of adults went outside of Wyandot County for health care services in the past year. Those that went outside of Wyandot County received the following health care services: dental services (41%); primary care provider (38%); specialty care (32%); obstetrics/gynecology (15%); female health services (15%); dermatological care (15%); orthopedic care (12%); cardiac care (10%); mental health care/counseling services (8%); podiatry care (8%); pediatric care (8%); cancer care (6%); ear, nose, and throat care (6%); hospice/palliative care (1%); pediatric therapies (1%); addiction services (1%); bariatric care (1%); and another service (17%).
- More than one-fifth (24%) 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 year: did not have any prescriptions to be filled (71%), too expensive (21%), did not think they needed it (14%), stretched current prescription by taking less than what was prescribed (6%), they were already taking too many medications (6%), no generic equivalent of what was prescribed (5%), side effects (3%), no insurance (3%), and fear of addiction (3%).

The following graph shows the percentage of Wyandot County adults who had a routine check-up in the past year. Examples of how to interpret the information include: 70% of all Wyandot County adults had a routine check-up in the past year, including 66% of males, 74% of females, and 90% of those ages 65 and older.

Wyandot County Adults with 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.

Adult Comparisons	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Visited a doctor for a routine checkup in the past year	57%	63%	69%	70%	78%	78%

Availability of Services

- Wyandot County adults have looked for the following programs to assist in care for the elderly or disabled adult for themselves or a loved one: 6% looked for in-home care, 3% looked for out-of-home placement, 2% looked for an assisted living program, 1% looked for respite or overnight care, 1% looked for a disabled adult program, and <1% looked for daycare. Three percent (3%) of adults looked for a program to assist in eldercare and utilized it.

Wyandot County Adults Able to Access Assistance Programs/Services

Types of Programs (% of all adults who looked for the programs)	Wyandot County adults who looked but did <u>NOT</u> find a specific program	Wyandot County adults who looked and found a specific program
Depression, anxiety, or some mental health problem (11% of all adults looked)	11%	89%
Disability (6% of all adults looked)	30%	70%
Assist in care for the elderly (Either in-home or out-of-home) (6% of all adults looked)	22%	78%
Weight problem (5% of all adults looked)	35%	65%
Nutrition services (4% of all adults looked)	38%	62%
End-of-life care or hospice care (3% of all adults looked)	0%	100%
Family planning (1% of all adults looked)	0%	100%
Tobacco cessation 1% of all adults looked)	50%	50%
Marital or family problems (1% of all adults looked)	25%	75%
Drug abuse (1% of all adults looked)	33%	67%
Cancer support group/counseling (1% of all adults looked)	0%	100%
Gambling abuse (<1% of all adults looked)	0%	100%
Alcohol abuse (<1% of all adults looked)	0%	100%
Detoxification for opiates/heroin (<1% of all adults looked)	0%	100%

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.

Health Care Access: Preventive Medicine

Key Findings

More than half (55%) of Wyandot County adults had a flu vaccine during the past year. Sixty-six percent (66%) of adults ages 65 and older had a pneumonia vaccination at some time in their life.

Preventive Medicine

- More than half (55%) of Wyandot County adults had a flu vaccine during the past year, increasing to 69% of those 65 and older.
- More than one-fourth (28%) of adults have had a pneumonia vaccine in their life, increasing to 66% of those ages 65 and older.
- Wyandot County adults have had the following vaccines:
 - Measles, mumps, and rubella (MMR) in their lifetime (79%)
 - Tetanus, diphtheria, and pertussis in the past ten years (75%)
 - Chicken pox vaccine in their lifetime (59%)
 - Hepatitis B vaccine in their lifetime (41%)
 - Hepatitis A vaccine in their lifetime (33%)
 - Hemophilus influenzae or influenza type B vaccine in their lifetime (31%)
 - Zoster (shingles) vaccine in their lifetime (23%)
 - Meningococcal vaccine in their lifetime (21%)
 - Human papillomavirus (HPV) vaccine in their lifetime (15%)

Employee Wellness

- Wyandot County adults had access to wellness programs through their employer or spouse's employer with the following features: free/discounted gym membership (17%), lower insurance premiums for participation in wellness program (12%), health risk assessment (10%), on-site health screenings (10%), gift cards or cash for participation in wellness program (9%), free/discounted smoking cessation program (7%), healthier food options in vending machines or cafeteria (7%), on-site fitness facility (7%), free/discounted weight loss program (7%), on-site health education classes (3%), lower insurance premiums for positive changes in health status (3%), and gift cards or cash for positive changes in health status (3%). Twenty-four percent (24%) of Wyandot County adults did not have access to any wellness programs.

Preventive Health Screenings and Exams

- In the past year, 58% of Wyandot County women ages 40 and older had a mammogram.
- More than half (56%) of Wyandot County men had a digital rectal exam in their lifetime, and 16% had one in the past year.
- See the Women's and Men's Health Sections for further prostate, mammogram, clinical breast exam, and Pap smear screening test information for Wyandot County adults.

Wyandot County Adult Health Screening Results

General Screening Results	Total Sample*
Diagnosed with High Blood Pressure	39%
Diagnosed with High Blood Cholesterol	39%
Diagnosed with Some Form of Arthritis	38%
Diagnosed with Diabetes	13%
Survived a Heart Attack	5%
Diagnosed with Angina or Coronary Heart Disease	5%
Survived a Stroke	3%
Diagnosed with Congestive Heart Failure	2%

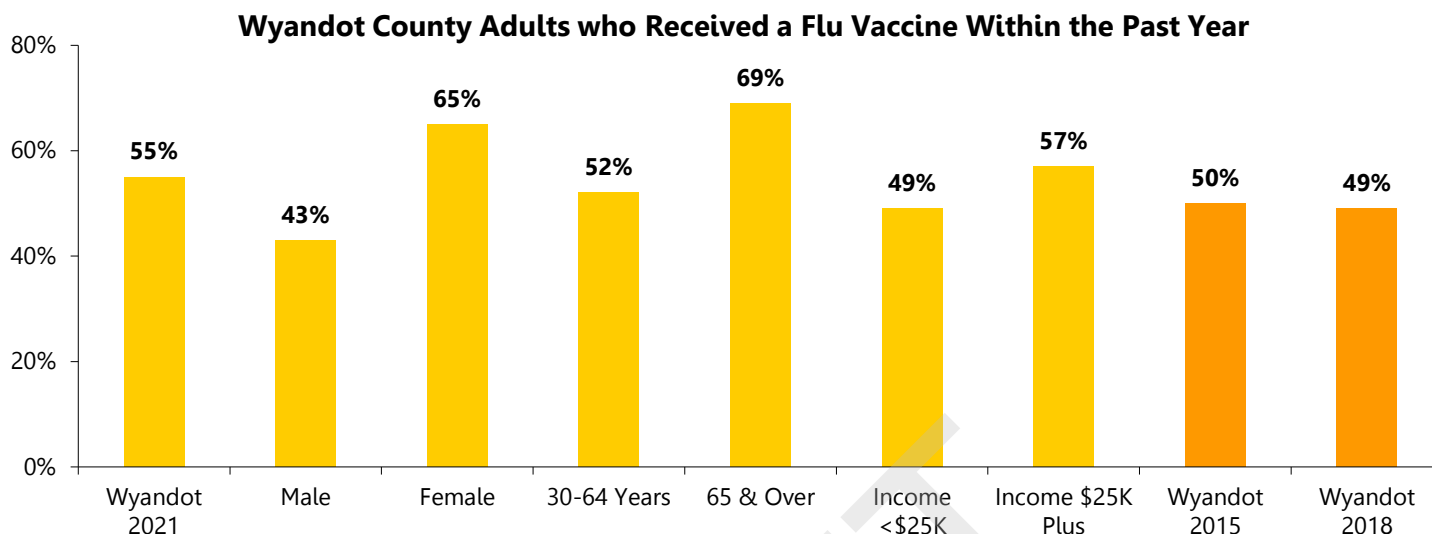
**Percentages based on all Wyandot County adults surveyed.*

Health Care Topics Discussed by Wyandot County Adults With Their Health Care Professional in the Past Year

Health Care Topics	Total 2015	Total 2018	Total 2021
Alcohol use	4%	7%	7%
Bone density	N/A	15%	11%
Depression, anxiety, or emotional problems	14%	23%	24%
Domestic violence	1%	2%	1%
Falls	N/A	12%	11%
Family history	N/A	40%	36%
Family planning	N/A	6%	4%
Firearm safety	NA	3%	2%
Illicit drug use	1%	2%	2%
Immunizations	21%	37%	44%
Injury prevention (e.g., safety belt use, helmet use & smoke detectors)	4%	8%	6%
Safe use of opiate-based pain medication (e.g., Percocet, Vicodin)	N/A	7%	7%
Safe use of prescription medication	NA	23%	23%
Self-testicular exams	N/A	7%	2%
Sexually transmitted diseases (STDs)	N/A	2%	4%
Substance abuse treatment options	N/A	1%	<1%
Tobacco use	N/A	16%	12%
Weight control (e.g., diet, physical activity)	38%	38%	37%

N/A – Not Available

The following graph shows the percentage of Wyandot County adults who received a flu vaccine within the past year. Examples of how to interpret the information shown on the graph include: 55% of Wyandot County adults received a flu vaccine within the past year, including 65% of females and 49% of those with annual 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.

Adult Comparisons	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Had a flu vaccine in the past year	N/A	50%	49%	55%	N/A	N/A
Had a flu vaccine in the past year (ages 65 and older)	N/A	71%	74%	69%	63%	64%
Ever had a pneumonia vaccine in lifetime (ages 65 and older)	47%	59%	79%	66%	75%	73%
Ever had a shingles or zoster vaccine	N/A	N/A	N/A	23%	29%	29%*

N/A – Not Available

*2018 BRFSS Data

Healthy People 2030 Immunization and Infectious Diseases (IID)

Objective	Wyandot County 2021	Healthy People 2030 Target
IID-09: Increase the proportion of persons who are vaccinated annually against seasonal influenza	55%	70%

(Sources: Healthy People 2030 Objectives, 2021 Wyandot County Community Health Assessment)

Note: Healthy People objective is for persons aged 6 months and over

Recommended Adult Immunization Schedule by Age Group, United States, 2021

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV4) or Influenza live, attenuated (LAIV4)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)			2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal conjugate (PCV13)	1 dose			1 dose
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication			1 dose
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	2 or 3 doses depending on vaccine			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
	19 through 23 years			
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation/ Not applicable

(Source: Centers for Disease Control and Prevention, Recommended Immunizations for Adults, 2021)

Health Care Access: Women's Health

Key Findings

In 2021, over half (58%) of Wyandot County women older than the age of 40 reported having a mammogram in the past year. In the past year, 58% of Wyandot County women had a clinical breast exam, and 34% had a Pap smear to detect cancer of the cervix. More than half (58%) were obese, 36% had high blood cholesterol, 33% had high blood pressure, and 12% were identified as current smokers, of which are all known risk factors for cardiovascular diseases.

Women's Health Screenings

- Sixty-two percent (62%) of women had a mammogram at some time in their life, and two-fifths (38%) had this screening in the past year.
- More than half (58%) of women ages 40 and older had a mammogram in the past year, and 71% had one in the past two years.
- Ninety-seven percent (97%) of Wyandot County women had a clinical breast exam at some time in their life, and 58% had one within the past year. Sixty percent (60%) of women ages 40 and older had a clinical breast exam in the past two years.
- Ninety-nine percent (99%) of Wyandot County women had a Pap smear at some time in their life, and 34% reported having had the exam in the past year. Sixty-four percent (64%) of all Wyandot County women had a Pap smear in the past three years. Eleven percent (11%) of women reported the screening was not recommended by their doctor.

Pregnancy

- Twenty-eight percent (28%) of Wyandot County women had been pregnant in the past five years.
- During their last pregnancy within the past five years, Wyandot County women had a prenatal appointment in the first three months (81%), took a multi-vitamin with folic acid during pregnancy (63%), took a multi-vitamin with folic acid pre-pregnancy (58%), had a dental exam (35%), took folic acid during pregnancy (30%), took folic acid pre-pregnancy (26%), experienced depression (9%), and received WIC services (9%).

Women's Health Concerns

- Women used the following as their usual source of services for female health concerns: private gynecologist (51%), general or family physician (23%), nurse practitioner/physician assistant (11%), midwife (6%), and a community health center (1%). Four percent (4%) of women indicated they did not have a usual source of services for female health concerns.
- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes. In 2021, the health assessment identified that:
 - 78% of women were overweight or obese (2019 BRFSS reports 66% for Ohio and 60% for U.S.)
 - 36% were diagnosed with high blood cholesterol (2019 BRFSS reports 32% for Ohio and 32%* for U.S.)
 - 33% were diagnosed with high blood pressure (2019 BRFSS reports 32% for Ohio and 32%* for U.S.)
 - 12% of all women were current smokers (2019 BRFSS reports 20% for Ohio and 14% for U.S.)
 - 12% were diagnosed with diabetes (2019 BRFSS reports 11% for Ohio and 11% for U.S.)

**2018 BRFSS Data*

Wyandot County Female Leading Causes of Death, 2017 – 2019

Total Female Deaths: 381

1. Heart Diseases (21% of all deaths)
2. Cancers (18%)
3. Alzheimer's disease (8%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (6%)

(Source: Ohio Public Health Data Warehouse, 2017-2019)

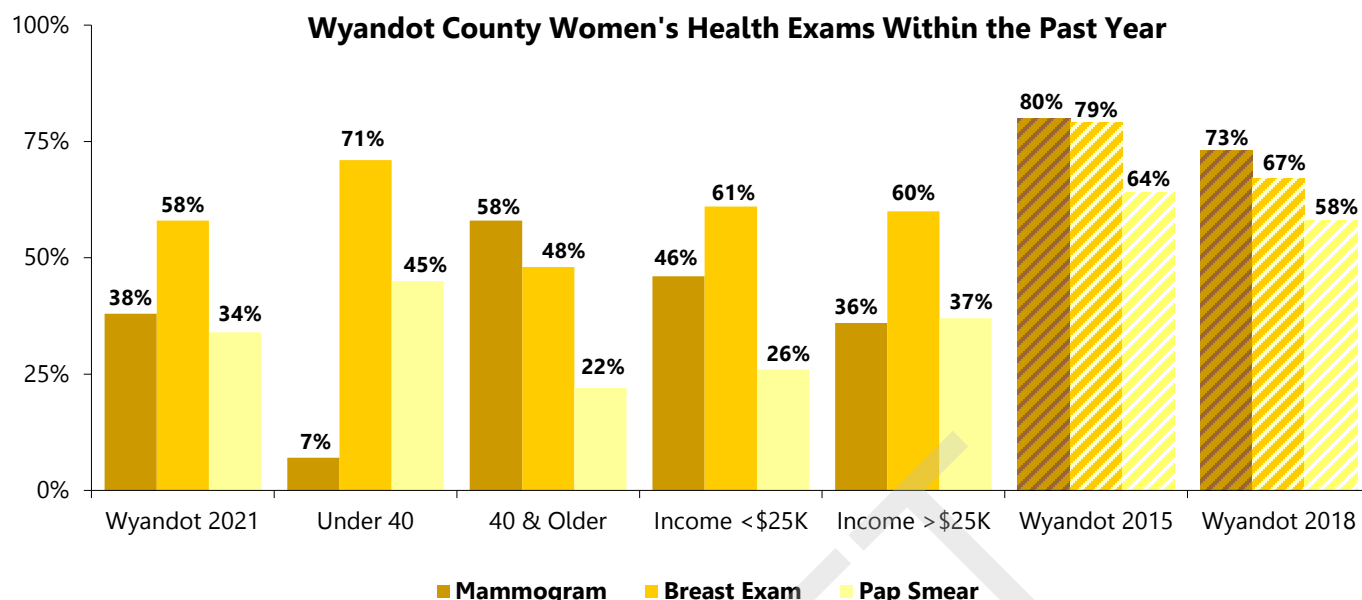
Ohio Female Leading Causes of Death, 2017 – 2019

Total Female Deaths: 183,975

1. Heart Diseases (22% of all deaths)
2. Cancers (20%)
3. Chronic Lower Respiratory Diseases (6%)
4. Stroke (6%)
5. Alzheimer's disease (6%)

(Source: Ohio Public Health Data Warehouse, 2017-2019)

The following graph shows the percentage of Wyandot County female adults who had various health exams in the past year. Examples of how to interpret the information include: 38% of Wyandot County females had a mammogram within the past year, 58% had a clinical breast exam, and 34% 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.

Adult Comparisons	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Had a clinical breast exam in the past two years (ages 40 and older)	66%	79%	67%	60%	N/A	N/A
Had a mammogram within the past two years (ages 40 and older)	66%	80%	73%	71%	74%*	72%*
Had a Pap smear in the past three years	67%	64%	58%	64%	79%*‡	80%*‡

N/A – Not Available

*2018 BRFSS Data.

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

Cardiovascular Disease Is Not Just A Man's Disease

Cardiovascular disease is the number one killer of women over age 25 in the United States, regardless of race or ethnicity. The death rate from cardiovascular diseases has decreased among men but continues to increase in women.

Modifiable risk factors to prevent heart disease include:

- Cigarette smoking or exposure to tobacco smoke
- High blood cholesterol and high triglyceride levels
- High blood pressure
- Uncontrolled diabetes
- Being overweight
- Physical inactivity
- Uncontrolled stress or anger
- Diet high in saturated fat and cholesterol
- Drinking too much alcohol

Reducing your risk factors involves making lifestyle changes, such as quitting smoking, increasing exercise/activity level, limiting alcohol consumption, and reducing dietary fat, sodium, and cholesterol intake.

(Source: Cleveland Clinic, Women & Cardiovascular Disease, Updated on May 29, 2019)

Health Care Access: Men's Health

Key Findings

More than half (56%) of Wyandot County men had a digital rectal exam in their lifetime, and 16% had one in the past year. More than two-fifths (43%) of men had been diagnosed with high blood pressure, 41% had high blood cholesterol, and 16% were identified as smokers, which, along with obesity (52%), all of which are known risk factors for cardiovascular diseases.

Men's Health Screenings

- Sixty-two percent (62%) of Wyandot County males had a Prostate-Specific Antigen (PSA) test at some time in their life, and 34% had one in the past year.
- Eighty percent (80%) of males ages 40 and over had a PSA test at some time in their life, and 62% had one in the past two years.
- Eighty-six percent (86%) of males ages 50 and over had a PSA test at some time in their life, and 58% had one in the past year.
- More than half (56%) of Wyandot County men had a digital rectal exam in their lifetime, and 16% had one in the past year.
- More than one-fourth (27%) of males ages 50 and over had a digital rectal exam in the past year.
- More than half (53%) of males ages 50 and over had performed a self-testicular exam at some time in their life, and 36% had done one in the past year.

Men's Health Concerns

- Major risk factors for cardiovascular disease include smoking, obesity, high blood cholesterol, high blood pressure, physical inactivity, and diabetes.
- In 2021, the health assessment identified that:
 - 87% of men were overweight or obese (2019 BRFSS reports 73% for Ohio and 72% for U.S.)
 - 43% were diagnosed with high blood pressure (2019 BRFSS reports 38% for Ohio and 35%* for U.S.)
 - 41% were diagnosed with high blood cholesterol (2019 BRFSS reports 34% for Ohio and 35%* for U.S.)
 - 16% of all men were current smokers (2019 BRFSS reports 22% for Ohio and 18% for U.S.)
 - 14% had been diagnosed with diabetes (2019 BRFSS reports 13% for Ohio and 12% for U.S.)

**2018 BRFSS Data*

Wyandot County Male Leading Causes of Death, 2017 – 2019

Total Male Deaths: 388

1. Heart Diseases (26% of all deaths)
2. Cancers (22%)
3. Chronic Lower Respiratory Diseases (7%)
4. Accidents, Unintentional Injuries (7%)
5. Stroke (5%)

(Source: Ohio Public Health Data Warehouse, 2017-2019)

Ohio Male Leading Causes of Death, 2017 – 2019

Total Male Deaths: 187,665

1. Heart Diseases (24% of all deaths)
2. Cancers (21%)
3. Accidents, Unintentional Injuries (9%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (4%)

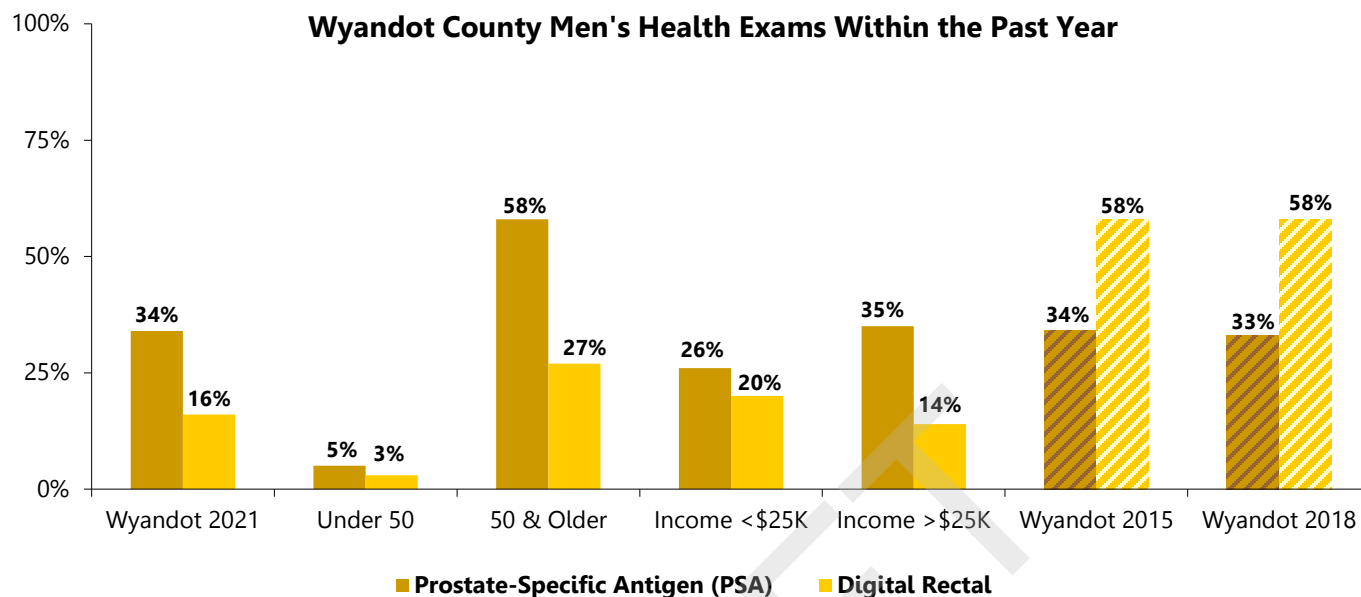
(Source: Ohio Public Health Data Warehouse, 2017-2019)

Adult Comparisons	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Had a digital rectal exam within the past year	30%	34%	33%	16%	N/A	N/A
Had a PSA test in the past two years (ages 40 and over)	61%	58%	58%	62%	34%*	33%*

N/A – Not Available

**2018 BRFSS Data*

The following graphs show the percentage of Wyandot County males who had digital rectal exams in the past year. Examples of how to interpret the information include: 16% of Wyandot County males had a digital rectal exam within the past year, including 27% of those ages 50 and older and 14% of those with annual incomes more 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.

Tobacco Use and Men's Health

Heart disease is the leading cause of death for men in the United States, killing 357,761 men in 2019—that's about 1 in every 4 male deaths.

- About 1 in 13 (7.7%) white men and 1 in 14 (7.1%) Black men have coronary heart disease. About 1 in 17 (5.9%) Hispanic men have coronary heart disease.
- Half of the men who die suddenly of coronary heart disease had no previous symptoms. Even if you have no symptoms, you may still be at risk for heart disease.

High blood pressure, high LDL (low-density lipoprotein) cholesterol, and smoking are key risk factors for heart disease. About half of Americans (47%) have at least one of these three risk factors. Several other medical conditions and lifestyle choices can also put people at a higher risk for heart disease, including the following:

- Diabetes
- Overweight and obesity
- Unhealthy diet
- Physical inactivity
- Excessive alcohol use

To reduce your chances of getting heart disease, it's important to do the following:

- Know your blood pressure. Having uncontrolled blood pressure can result in heart disease. High blood pressure has no symptoms so it's important to have your blood pressure checked regularly.
- Talk to your health care provider about whether you should be tested for diabetes. Having diabetes raises your risk of heart disease.
- Quit smoking. If you don't smoke, don't start. If you do smoke, learn ways to quit.
- Discuss checking your cholesterol and triglyceride levels with your health care provider.
- Make healthy food. Being overweight or obesity raises your risk of heart disease.
- Limit alcohol intake to one drink a day.
- Lower your stress level and find healthy ways to cope with stress.

**The term heart disease refers to several types of heart conditions, including coronary artery disease and heart attack.*

(Source: CDC, Men and Heart Disease, Updated February 3, 2021)

Health Care Access: Oral Health

Key Findings

Sixty-two percent (62%) of Wyandot County adults visited a dentist or dental clinic in the past year. Almost one-fifth (18%) of adults did not see a dentist in the past year due to cost.

During the past year, 62% of adults or approximately 10,430 Wyandot County adults visited a dentist or dental clinic.

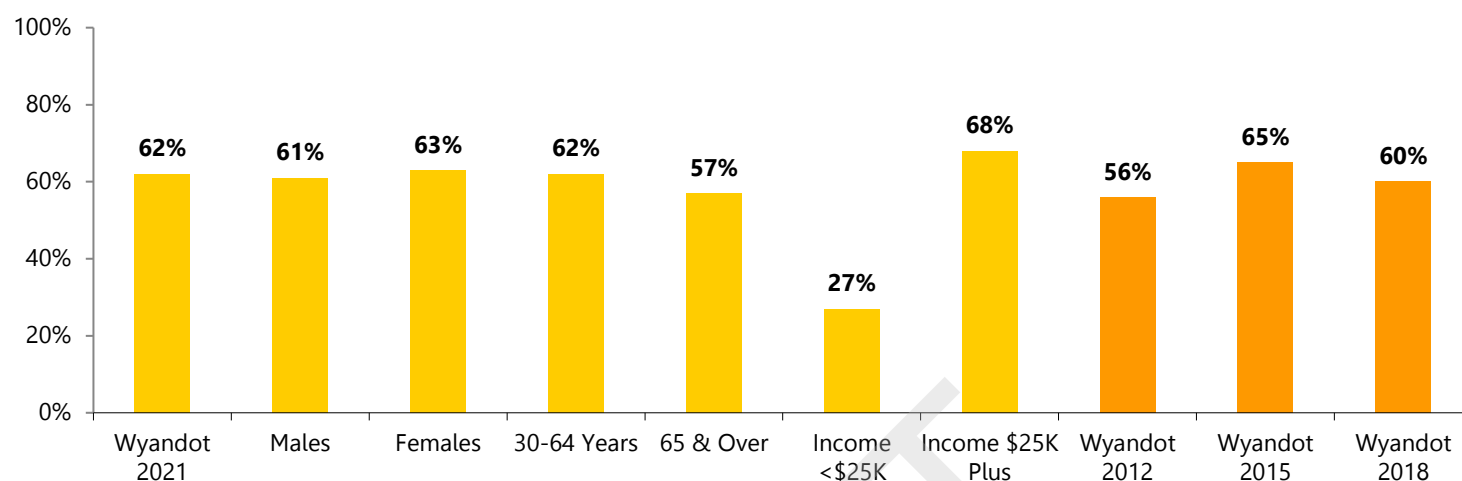
Oral Health

- In the past year, 62% of Wyandot County adults had visited a dentist or dental clinic, decreasing to 27% of those with annual incomes less than \$25,000.
- Sixty-four percent (64%) of Wyandot County adults with dental insurance had been to the dentist in the past year, compared to 38% of those without dental insurance.
- Adults reported the following reasons for not visiting a dentist in the last year:
 - No reason to go/had not thought of it (25%)
 - Cost (18%)
 - Fear, apprehension, nervousness, pain, and dislike going (14%)
 - Had dentures (10%)
 - Did not have/know a dentist (3%)
 - Their dentist did not accept their insurance (3%)
 - Could not find a dentist taking Medicaid patients (2%)
 - Could not get into a dentist (1%)
 - Other reasons (15%)
- Forty-four percent (44%) of adults had one or more of their permanent teeth removed due to tooth decay or gum disease, increasing to 74% of those ages 65 and over.

Adult Oral Health	Within the Past Year	Within the Past Two Years	Within the Past Five Years	Five or More years	Never
Time Since Last Visit to Dentist/Dental Clinic					
Males	61%	6%	10%	18%	0%
Females	63%	14%	14%	7%	1%
Total	62%	10%	12%	12%	1%

The following graph shows the percentage of Wyandot County adults who visited a dentist or dental clinic in the past year. Examples of how to interpret the information include: 62% of Wyandot County adults had been to the dentist or dental clinic in the past year, including 61% of males and 27% of those with annual incomes less than \$25,000.

Wyandot County Adults Visiting a Dentist or Dental Clinic in the Past Year



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

Adult Comparisons	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Visited a dentist or a dental clinic (within the past year)	56%	65%	60%	62%	67%*	68%*
Adults who had one or more permanent teeth removed	49%	50%	47%	44%	45%*	41%*

**2018 BRFSS Data*

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 three in four (75%) 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: CDC, Division of Oral Health, Adult Oral Health, January 2, 2020)

Health Behaviors: Health Status Perceptions

Key Findings

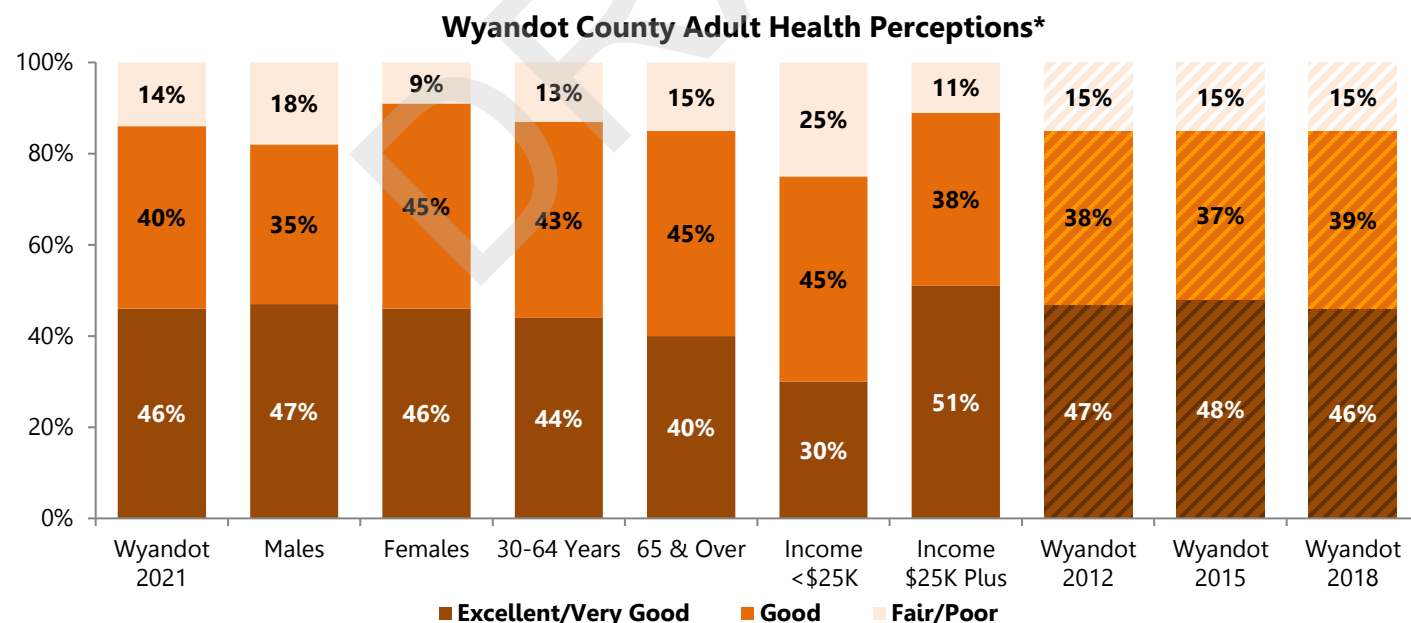
In 2021, 46% of Wyandot County adults rated their health status as excellent or very good. Conversely, 14% of adults described their health as fair or poor, increasing to 25% of those with annual incomes less than \$25,000.

14% of adults, or approximately 2,355 of Wyandot County adults rated their general health as fair or poor.

General Health Status

- Forty-six percent (46%) of Wyandot County adults rated their health as excellent or very good. Wyandot County adults with higher annual incomes (51%) were most likely to rate their health as excellent or very good, compared to 30% of those with annual incomes less than \$25,000.
- Fourteen percent (14%) of adults rated their health as fair or poor.
- Wyandot County adults were most likely to rate their health as fair or poor if they:
 - Had an annual household income less than \$25,000 (25%)
 - Had high blood pressure (25%)
 - Had been diagnosed with diabetes (22%)
 - Were 65 years of age or older (15%)

The following graph shows the percentage of Wyandot County adults who described their personal health status as excellent/very good, good, and fair/poor. Examples of how to interpret the information include: 46% of Wyandot County adults, 40% of those under ages 65 and older, and 30% of those with incomes less than \$25,000 rated their health as excellent or very good.



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

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

Adult Comparisons	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Rated health as excellent or very good	47%	48%	46%	46%	48%	51%
Rated general health as fair or poor	15%	15%	15%	14%	19%	18%

DRAFT

Health Behaviors: Adult Weight Status

Key Findings

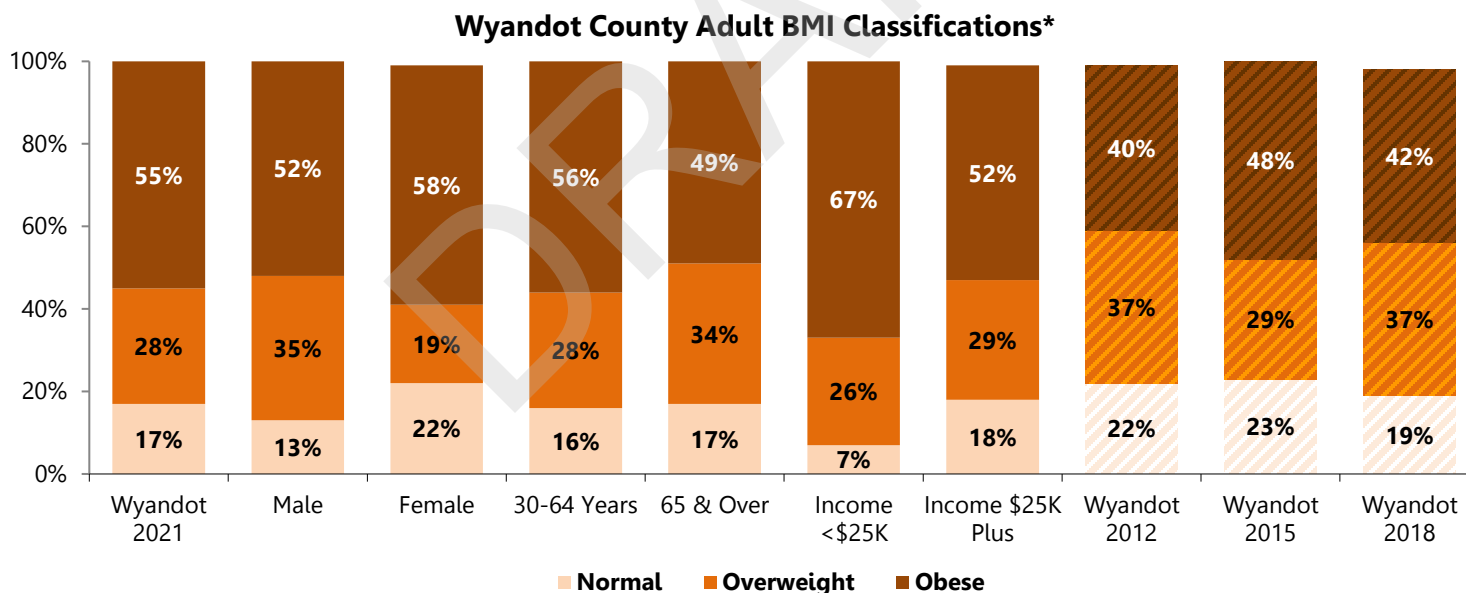
Eighty-three percent (83%) of Wyandot County adults were overweight (28%) or obese (55%) based on body mass index (BMI). More than one-third (34%) of adults did not participate in any physical activity in the past week, including 5% who were unable to exercise.

28% of Wyandot County adults or approximately 4,710 adults were overweight.

Adult Weight Status

- Eighty-three percent (83%) of Wyandot County adults were either overweight (28%) or obese (55%) by body mass index (BMI), putting them at elevated risk for developing a variety of diseases.
- Wyandot County adults did the following to lose weight or keep from gaining weight: ate less food, fewer calories, or foods low in fat (46%); drank more water (40%); exercised (30%); ate a low-carb diet (17%); took diet pills, powders or liquids without a doctor's advice (3%); received health coaching (3%); went without eating 24 or more hours (2%); used a weight loss program (2%); took prescribed medications (1%); smoked cigarettes (1%); took laxatives (1%); and participated in a prescribed dietary or fitness program (<1%).

The following graph shows the percentage of Wyandot County adults who are overweight or obese by body mass index (BMI). Examples of how to interpret the information include: 17% of all Wyandot County adults were classified as normal weight, 28% were overweight, and 55% were obese.



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

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

Adult Comparisons	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Overweight (BMI of 25.0 – 29.9)	37%	29%	37%	28%	35%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	40%	48%	42%	55%	35%	32%

Physical Activity

- More than half (52%) of adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week. Thirty-one percent (31%) of adults exercised 5 or more days per week. More than one-third (34%) of adults did not participate in any physical activity in the past week, including 5% who were unable to exercise.
- Wyandot County adults spent the most time doing the following physical activities in the past year: walking (40%), occupational exercise (5%), exercise machines (3%), exercise videos (2%), running/jogging (1%), strength training (1%), group exercise classes (1%), cycling (1%), swimming (<1%), and other (7%). Twenty-four percent (24%) of adults engaged in multiple types of exercise.
- Adults reported the following reasons for not exercising:
 - Weather (23%)
 - Time (22%)
 - Laziness (20%)
 - Too tired (19%)
 - Pain or discomfort (18%)
 - Do not like to exercise (13%)
 - Could not afford a gym membership (5%)
 - Poorly maintained/no sidewalks (3%)
 - No exercise partner (3%)
 - Lack of opportunities for those with physical impairments or challenges (3%)
 - No walking, biking trails, or parks (2%)
 - No gym available (2%)
 - Doctor advised them not to exercise (2%)
 - No child care (1%)
 - Do not know what activity to do (<1%)
- When at work, Wyandot County employed adults reported doing the following: mostly sitting (35%), mostly heavy labor or physically demanding work (13%), mostly standing (9%), and mostly walking (16%). Twenty-seven percent (27%) of adults reported what they did at work varied.

Summary of the American Cancer Society (ACS) Guidelines on Nutrition and Physical Activity

1. *Achieve and maintain a healthy weight throughout life*
 - Keep your weight within the healthy range and avoid weight gain in adult life.
2. *Be physically active*
 - Get 150-300 minutes of moderate intensity or 75-150 minutes of vigorous intensity activity each week (or a combination of these). Getting to or exceeding the upper limit of 300 minutes is ideal.
 - Limit sedentary behavior such as sitting, lying down, watching TV, and other forms of screen-based entertainment.
3. *Follow a healthy eating pattern at all ages.*
 - A healthy eating pattern includes:
 - Foods that are high in nutrients in amounts that help you get to and stay at a healthy body weight
 - A variety of vegetables – dark green, red and orange, fiber-rich legumes (beans and peas), and others
 - Fruits, especially whole fruits in a variety of colors
 - Whole grains
 - A healthy eating pattern limits or does not include red and processed meats, sugar-sweetened beverages, highly processed foods and refined grain products.
 - It is best not to drink alcohol.
 - People who do choose to drink alcohol should have no more than 1 drink per day for women or 2 drinks per day for men.

(Source: American Cancer Society, Summary of the ACS Guidelines on Nutrition and Physical Activity, Updated on June 9, 2020)

Nutrition

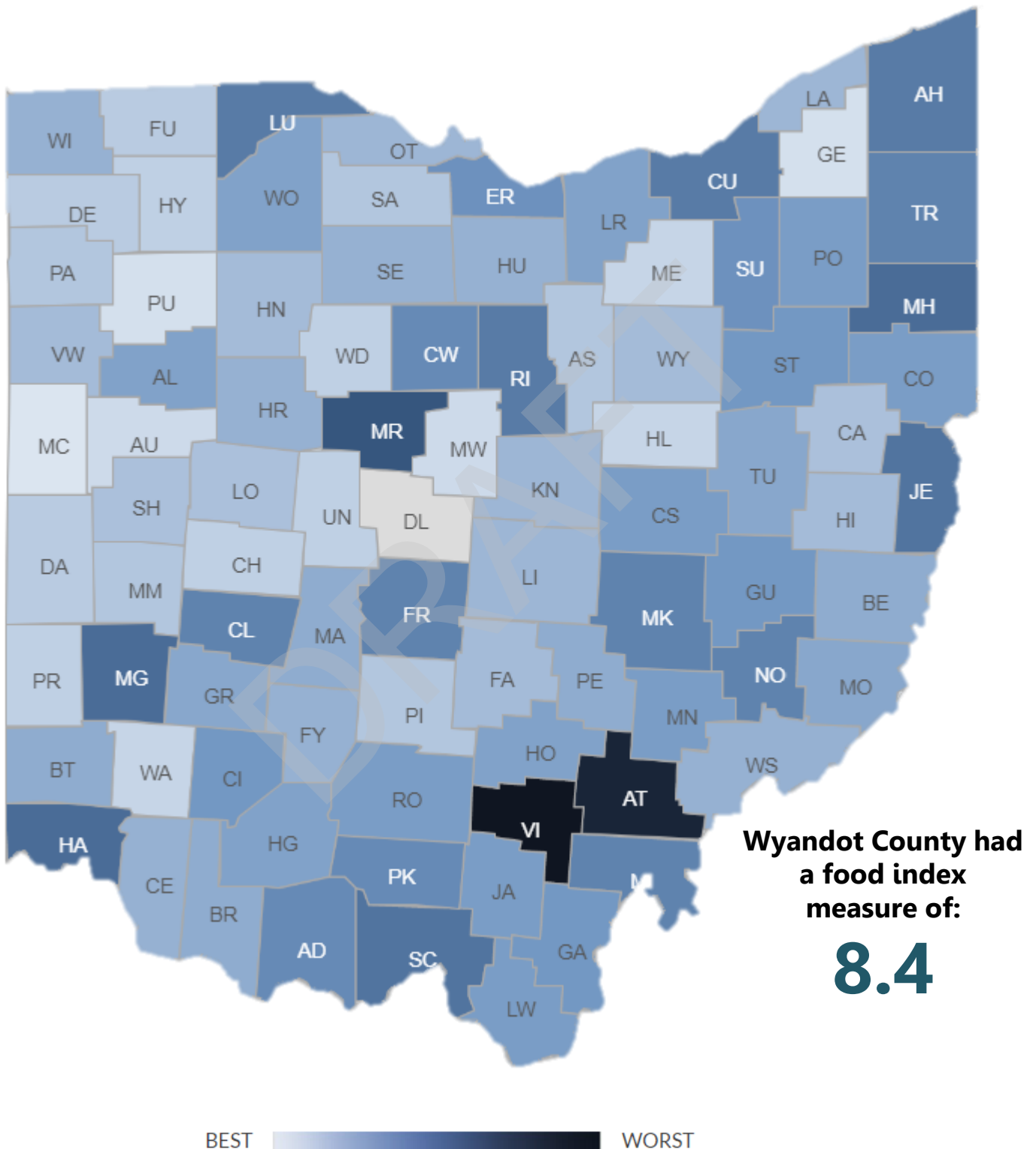
The table below indicates the number of servings of fruit, vegetables, sugar-sweetened beverages, and caffeinated beverages Wyandot County adults consumed daily.

	5 or more servings daily	3-4 servings daily	1-2 Servings daily	0 servings daily
Fruit	1%	8%	68%	23%
Vegetables	2%	14%	77%	7%
Sugar-sweetened beverages	3%	8%	37%	52%
Caffeinated beverages	7%	20%	54%	19%

- In 2021, 46% of adults ate 1 to 2 servings of fruits and/or vegetables per day, 35% ate 3 to 4 servings per day, and 14% ate 5 or more servings per day. Five percent (5%) of adults ate no servings of fruits and vegetables per day.
- Wyandot County adults reported the following barriers to consuming fruits and vegetables: too expensive (14%), did not like the taste (7%), no variety (5%), distance to access (3%), did not know how to prepare (3%), did not have access to fruits and vegetables (1%), and other barriers (5%).
- When asked how far Wyandot County adults lived from fresh, healthy food, 47% reported more than 2 miles, 9% said 1-to-2 miles, 10% said ½ mile to 1 mile, 13% said ¼ mile to ½ mile, and 14% said less than ¼ mile. Eight percent (8%) of adults did not know how far they lived from fresh, healthy food.
- Wyandot County adults reported the following reasons they chose the types of food they ate:
 - Taste/enjoyment (62%)
 - Cost (47%)
 - Ease of preparation/time (43%)
 - Food they were used to (42%)
 - What their family prefers (42%)
 - Healthiness of food (39%)
 - Availability (37%)
 - Nutritional content (24%)
 - Calorie content (20%)
 - Artificial sweetener content (7%)
 - If it is genetically modified (6%)
 - Health care provider's advice (5%)
 - If it is organic (5%)
 - If it is lactose free (4%)
 - Other food sensitivities (3%)
 - If it is gluten free (3%)
 - Other reasons (5%)

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

- The food environment index in Wyandot County is 8.4.
- The food environment index in Ohio is 6.7.



(Source: USDA Food Environment Atlas, as compiled by 2020 County Health Rankings)

Health Behaviors: Adult Tobacco Use

Key Findings

In 2021, 14% of Wyandot County adults were current smokers, and 28% were considered former smokers. One percent (1%) of adults used e-cigarettes or other electronic vapor products in the past year.

14% of Wyandot County adults, or approximately 2,355 adults were current smokers.

Adult Tobacco Use Behaviors

- Fourteen percent (14%) of Wyandot County adults were current smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- More than one-quarter (28%) of adults indicated that they were former smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- Wyandot County adult smokers were more likely to have:
 - Annual incomes less than \$25,000 (18%)
 - Been ages 30-64 (20%)
 - Been male (16%)
- Forty-three percent (43%) of current smokers responded that they had stopped smoking for at least one day in the past year because they were trying to quit smoking.
- Wyandot County adults used the following tobacco products in the past year: cigarettes (19%); cigars (3%); chewing tobacco, snuff, or snus (8%); little cigars (2%); cigarillos (1%); pouch (1%); e-cigarettes or other electronic vapor products (1%); and hookah (1%).
- Wyandot County adults had the following rules/practices about smoking tobacco products inside their home: allowed only in certain rooms (4%), not allowed with children around (10%), and allowed anywhere (6%). Wyandot County adults had the following rules/practices about smoking tobacco products in their car: allowed inside their car (5%), never allowed (81%), allowed only when one or more windows are open (6%), and allowed, but only if children are not in the car (6%).
- Wyandot County adults indicated e-cigarette vapor is harmful to the following: themselves (57%) and others (54%). Two percent (2%) of adults indicated e-cigarette vapor was not harmful to anyone. Thirty-nine percent (39%) of adults reported they did not know if it was harmful.

Adult Comparisons	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Current smoker (smoked on some or all days)	20%	15%	19%	14%	21%	16%
Former smoker (smoked 100 cigarettes in lifetime and now do not smoke)	27%	26%	26%	28%	24%	25%
Tried to quit smoking in the past year	78%	46%	38%	43%	N/A	N/A

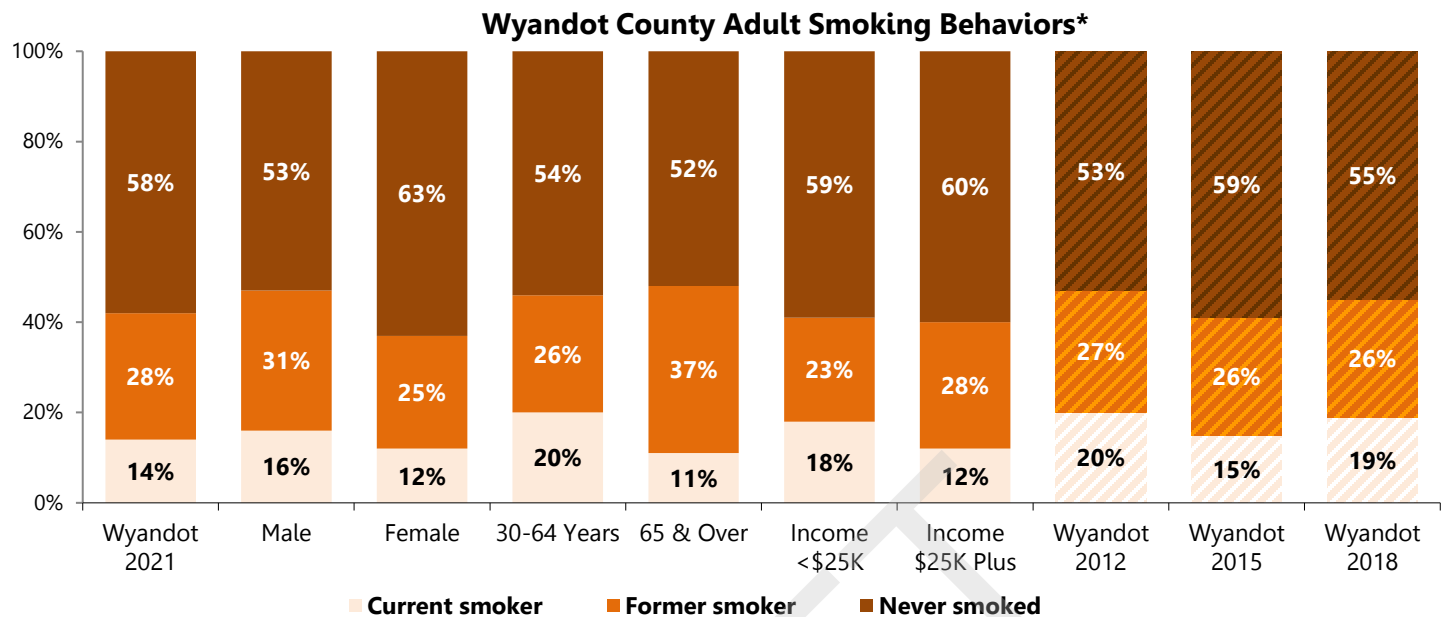
N/A – Not Available

E-Cigarette Health Effects

- **Most e-cigarettes contain nicotine, which has known health effects.**
 - Nicotine is highly addictive.
 - Nicotine is toxic to developing fetuses.
 - Nicotine can harm adolescent brain development, which continues into the early-to-mid-20s.
 - Nicotine is a health danger for pregnant women and their developing babies.
- **The e-cigarette aerosol that users breathe from the device and exhale can contain both harmful and potentially harmful substances.**
 - This includes nicotine; ultrafine particles that can be inhaled deep into the lungs; flavoring such as diacetyl, a chemical linked to a serious lung disease; volatile organic compounds; cancer-causing chemicals; and heavy metals such as nickel, tin, and lead.
 - It is difficult for consumers to know what e-cigarette products contain. For example, some e-cigarettes marketed as containing zero percent nicotine have been found to contain nicotine.
 - Additionally, this includes cancer-causing chemicals and tiny particles that reach deep into lungs. However, e-cigarette aerosol generally contains fewer harmful chemicals than smoke from burned tobacco products.
- **E-cigarettes can cause unintended injuries.**
 - Defective e-cigarette batteries have caused fires and explosions, some of which have resulted in serious injuries. Most explosions happened when the e-cigarette batteries were being charged.
 - The Food and Drug Administration (FDA) collects data to help address this issue.
 - In addition, acute nicotine exposure can be toxic. Children and adults have been poisoned by swallowing, breathing, or absorbing e-cigarette liquid through their skin or eyes.
- **E-cigarettes are less harmful than regular cigarettes, but that doesn't mean they are safe.**
 - E-cigarette aerosol generally contains fewer toxic chemicals than the deadly mix of 7,000 chemicals in smoke from regular cigarettes. However, e-cigarette aerosol is not harmless. It can contain harmful and potentially harmful substances, including nicotine, heavy metals like lead, volatile organic compounds, and cancer-causing agents.
 - E-cigarettes are not currently approved by the FDA as a smoking cessation aid. The U.S. Preventive Services Task Force, a group of health experts that makes recommendations about preventive health care, has concluded that evidence is insufficient to recommend e-cigarettes for smoking cessation in adults, including pregnant women. However, according to the CDC, e-cigarettes may help non-pregnant adult smokers if used as a complete substitute for all cigarettes and other smoked tobacco products.

(Source: CDC, *Smoking & Tobacco Use, About Electronic Cigarettes (E-Cigarettes)*, updated November 16, 2020)

The following graph shows Wyandot County adults' smoking behaviors. Examples of how to interpret the information include: 14% of all Wyandot County adults were current smokers, 28% of all adults were former smokers, and 58% 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.

Cost of Smoking

Smoking leads to disease and disability, and it harms nearly every organ of the body.

- More than 16 million Americans are living with a disease caused by smoking.
- For every person who dies because of smoking, at least 30 people live with a serious smoking-related illness.
- Smoking causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis.
- Smoking also increases the risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis.
- Smoking is a known cause of erectile dysfunction in males.

Smoking is the leading cause of preventable death.

- Worldwide, tobacco use causes more than 7 million deaths per year. If the pattern of smoking all over the globe doesn't change, more than 8 million people a year will die from diseases related to tobacco use by 2030.
- Cigarette smoking is responsible for more than 480,000 deaths per year in the United States, including more than 41,000 deaths resulting from secondhand smoke exposure. This is about one in five deaths annually, or 1,300 deaths every day.
- On average, smokers die 10 years earlier than nonsmokers.
- If smoking continues at the current rate among U.S. youth, 5.6 million of today's Americans younger than 18 years of age are expected to die prematurely from a smoking-related illness. This represents about one in every 13 Americans aged 17 years or younger who are alive today.

Smoking costs the United States billions of dollars each year. Total economic cost of smoking is more than \$300 billion a year, including the following costs:

- Nearly \$170 billion in direct medical care for adults.
- More than \$156 billion in lost productivity due to premature death and exposure to secondhand smoke.

(Source: CDC, Smoking & Tobacco Use, Fast Facts, Updated May 21, 2020)

Health Behaviors: Adult Alcohol Consumption

Key Findings

Fifty-four percent (54%) of Wyandot County adults had at least one alcoholic drink in the past month. Eighteen percent (18%) of adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on one occasion in the last month and would be considered binge drinkers.

22% of Wyandot County adults, or approximately 3,028 adults were considered binge drinkers.

Adult Alcohol Consumption

- Fifty-four percent (54%) of Wyandot County adults had at least one alcoholic drink in the past month, increasing to 61% of males and 59% of those with annual incomes more than \$25,000.
- Of those who drank, adults consumed 3.3 drinks on average, increasing to 3.9 drinks for females and 4.2 drinks for those with annual incomes less than \$25,000.
- Nearly one-fifth (18%) of Wyandot County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on one occasion in the last month and would be considered binge drinkers. Of those who drank in the past month, 37% had at least one episode of binge drinking.
- Three percent (3%) of adults reported driving after having perhaps too much alcohol to drink in the past month.
- In the past month, 6% of Wyandot County adults reported driving a motor vehicle after having 5 or more alcoholic drinks.
- Wyandot County adults reported that as a result of drinking, they or someone in their household placed themselves in dangerous situations (2%) and failed to fulfill obligations at home (1%),
- Wyandot County adults reported they or a family member experienced the following during the past 6 months:
 - Drove a vehicle or other equipment after having any alcoholic beverage (9%)
 - Drank more than they expected (7%)
 - Spent a lot of time drinking (6%)
 - Continued to drink despite problems caused by drinking (3%)
 - Used prescription drugs while drinking (3%)
 - Gave up other activities to drink (3%)
 - Had to drink more to get same effect (3%)
 - Tried to quit or cut down but couldn't (1%)
 - Drank to ease withdrawal symptoms (1%)
 - Placed themselves or their family in harm (1%)
 - Had legal problems (1%)
 - Failed to fulfill duties at work, home, or school (1%)

Adult Comparisons	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Current drinker (had at least one drink of alcohol within the past month)	47%	49%	56%	54%	53%	54%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	19%	18%	22%	18%	18%	17%
Drove after having perhaps too much alcohol to drink (in the past month)	4%	N/A	N/A	3%	4%*	3%*

N/A – Not Available

*2018 BRFSS Data

Drinking and Driving

Drinking and Driving Statistics in the United States

- Driving after drinking is deadly, yet it still happens across the United States. While impaired, someone could get arrested or worse, be involved in a traffic crash that cause injury or death.
- Approximately one-third of all traffic crash fatalities in the United States involve drunk drivers (with blood alcohol concentration of .08 grams of alcohol per deciliter (g/dL) or higher). In 2018, there were 10,511 people killed in these preventable crashes.
- On average, over the 10-year period from 2009-2018, more than 10,000 people died every year in drunk-driving crashes.
- In every state, it is illegal to drive with a blood alcohol concentration of .08 or higher, yet, in 2018, one person was killed in a drunk driving crash every 50 minutes in the United States.
- Men are more likely to be driving drunk in fatal crashes. In 2018, 21% of men were drunk in these crashes compared to 14% of women.

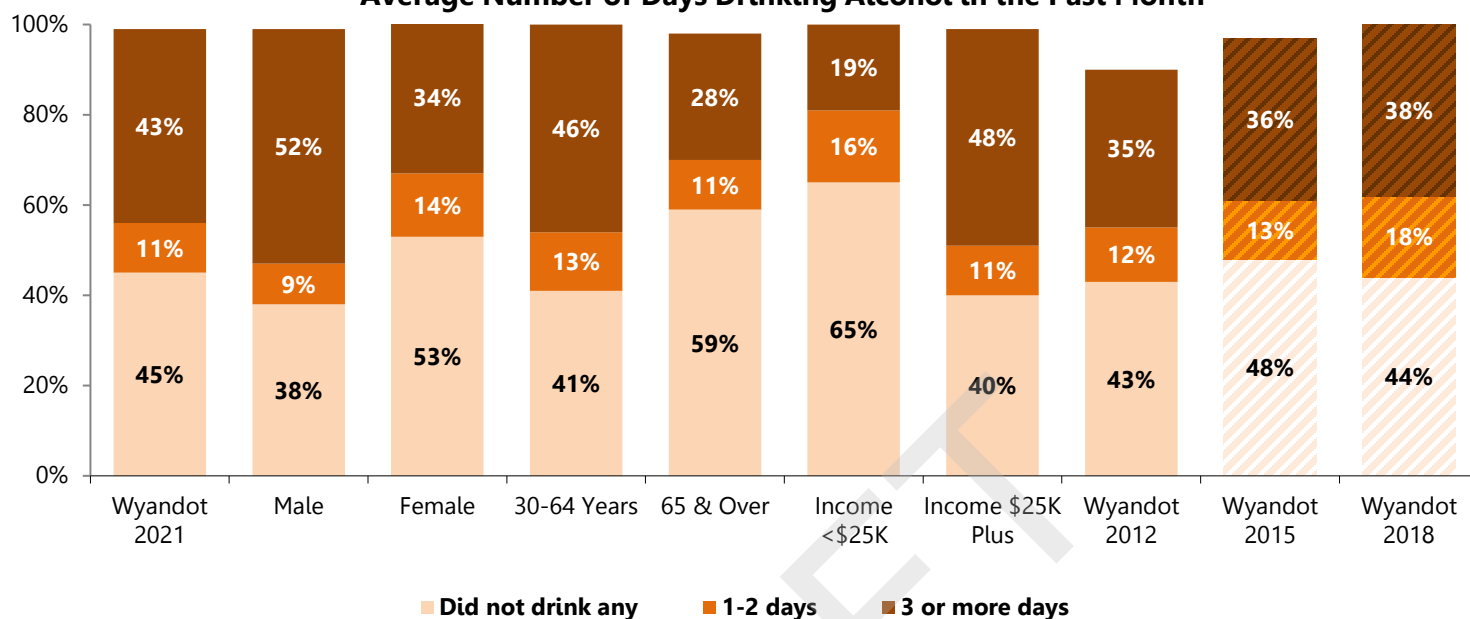
How alcohol affects driving ability

- As alcohol levels rise in a person's system, the negative effects on the central nervous system increase.
- Alcohol is absorbed directly through the walls of the stomach and small intestine. It then passes into the bloodstream, where it accumulates until it is metabolized by the liver. This is called blood alcohol concentration, or BAC.
- At a BAC level of .08 grams of alcohol per deciliter (g/dL) of blood, the risk for crash increases exponentially. Because of this risk, it's illegal in all 50 states to drive with a BAC of .08 or higher.
- In 2018, there were 1,878 people killed in alcohol-related crashes where drivers had BACs below the legal threshold for drunk driving (i.e., BACs below .08 g/dL)

(Source: National Highway Traffic Safety Administration, Drunk Driving, Retrieved February 18, 2021).

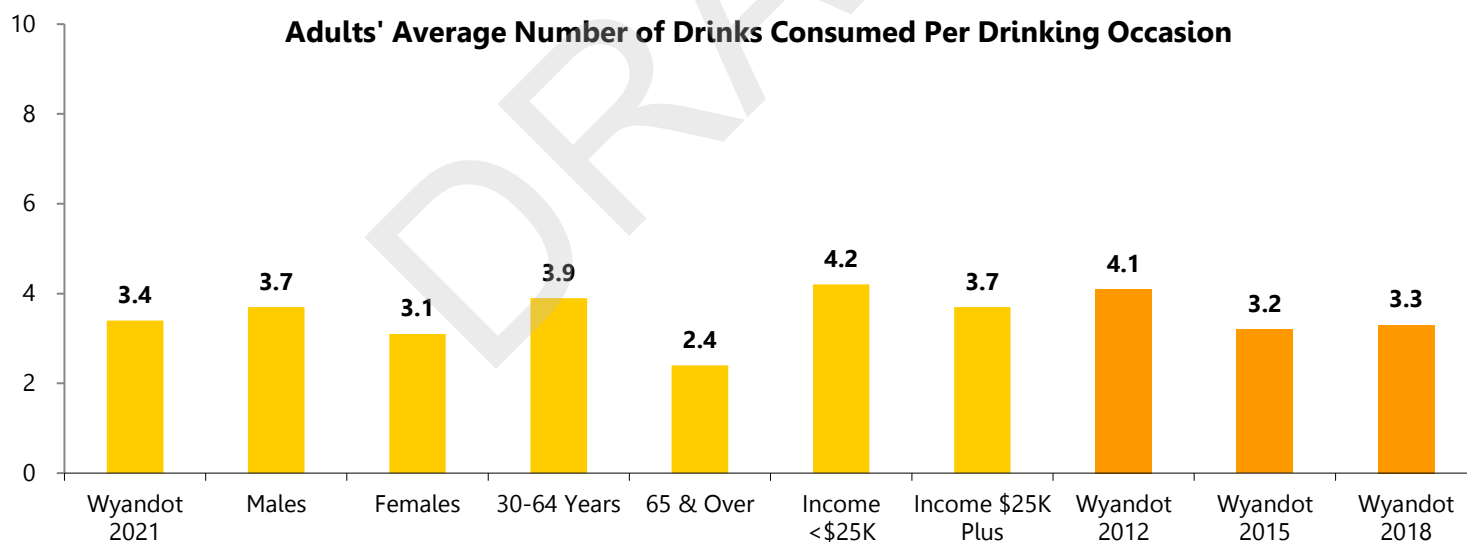
The following graphs show the percentage of Wyandot County adults consuming alcohol and the amount consumed on average in the past month. Examples of how to interpret the information shown on the first graph include: 45% of all Wyandot County adults did not drink alcohol in the past month, including 53% of females and 59% of those ages 65 and older.

Average Number of Days Drinking Alcohol in the Past Month*



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

Adults' Average Number of Drinks Consumed Per Drinking Occasion



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.

Health Behaviors: Adult Drug Use

Key Findings

In 2021, 9% of Wyandot County adults reported they and/or an immediate family member or someone in their household used recreational marijuana during the past 6 months. Eight percent (8%) 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

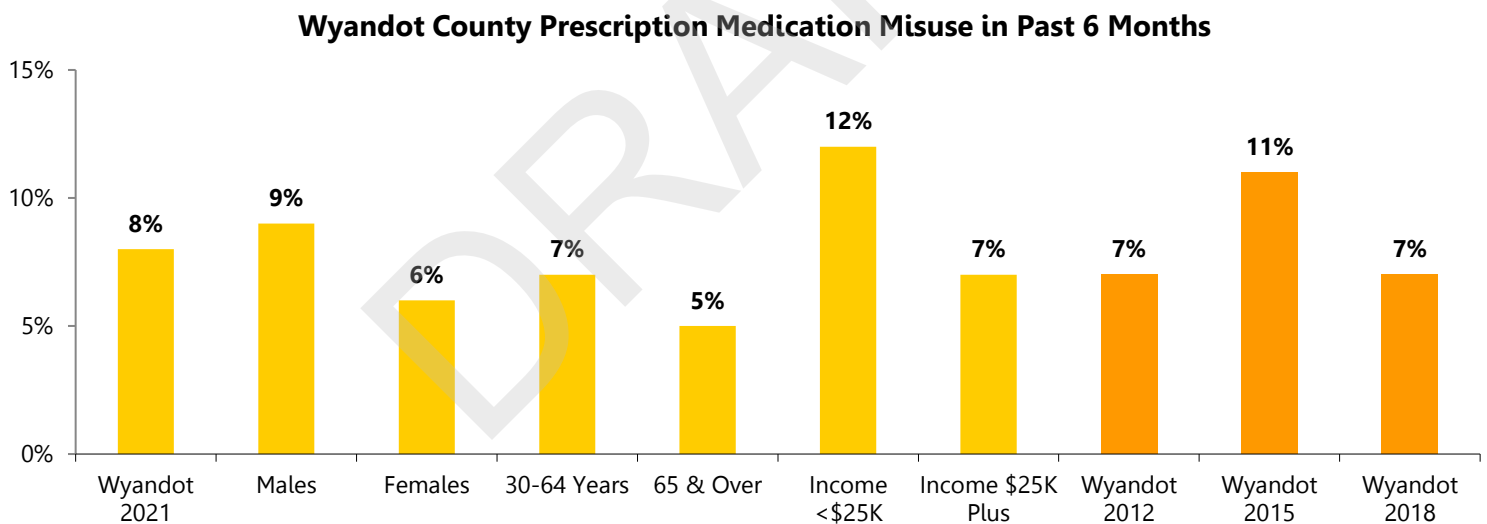
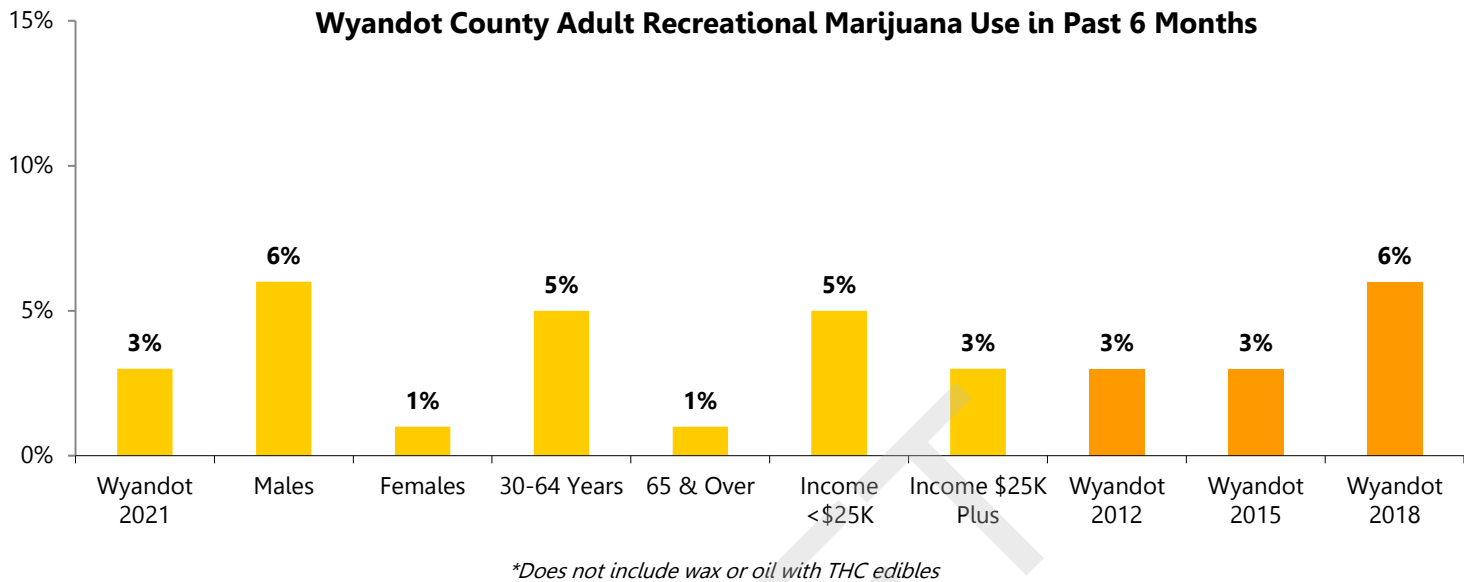
- Wyandot County adults reported that they and/or an immediate family member/someone in their household used the following in the past 6 months:
 - Recreational marijuana or hashish (9%)
 - Medical marijuana (6%)
 - Inappropriate use of over-the-counter medications (4%)
 - Wax, oil, or edibles with THC (4%)
 - Amphetamines, methamphetamine or speed (2%)
 - Cocaine, crack, or coca leaves (2%)
 - Bath salts (2%)
 - LSD, mescaline, peyote, psilocybin, DMY, or mushrooms (2%)
 - Heroin/fentanyl (2%)
 - Ecstasy, E, or GHB (2%)
 - Inhalants (2%)
 - Synthetic marijuana/k2 (2%)
- Three percent (3%) of Wyandot County adults reported using recreational marijuana or hashish in the past 6 months.
- Eight percent (8%) of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 12% of those with incomes less than \$25,000.
- Wyandot 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 or high and/or more active or alert during the past 6 months:
 - Tranquilizers such as Valium or Xanax (5%)
 - Ritalin, Adderall, Concerta, or other ADHD medication (4%)
 - OxyContin (3%)
 - Steroids (3%)
 - Codeine, Demerol, Morphine, Percocet, Dilaudid, or Fentanyl (2%)
 - Tramadol/Ultram (2%)
 - Vicodin (2%)
 - Suboxone or Methadone (2%)
 - Neurontin (2%)
- Wyandot County adults who misused prescription medications obtained them from the following sources: primary care physician (79%), ER or urgent care doctor (8%), free from friend or family member (2%), bought from a friend of family member (2%), bought from a drug dealer (2%), and an oral surgeon (2%).
- Wyandot County adults indicated they did the following with their unused prescription medication: took all medication prescribed (19%), took it to the Medication Collection program (16%), threw it in the trash (16%), took it to the sheriff's office (11%), kept it (10%), flushed it down the toilet (10%), took it in on Drug Take Back Days (9%), kept in a locked cabinet (5%), disposed in a RedMed Box or Yellow Jug (2%), traded it (1%), used a mailer to ship it back to the pharmacy (<1%), and sold it (<1%). Forty-three percent (43%) of adults did not have unused medication.

- As a result of using drugs, Wyandot County adults indicated they or someone in their household experienced the following: drove a car (1%), regularly failed to fulfill obligations at work or home (1%), failed a drug screen (<1%), used farm machinery or equipment (<1%), had legal problems (<1%), and overdosed and required EMS/hospitalization (<1%).
- Less than one percent (<1%) of Wyandot County adults had used a program or service to help with a drug problem for themselves or a loved one. Reasons for not using a program or service to help with a drug problem included the following: had not thought of it (1%), insurance did not cover it (1%), fear (1%), could not afford to go (1%), and other (3%). Ninety-five percent (95%) of adults indicated that they did not need a program or service to help with a drug problem for themselves or a loved one.

Adult Comparisons	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Adults who used marijuana in the past 6 months	3%	3%	6%	3%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	7%	11%	7%	8%	N/A	N/A

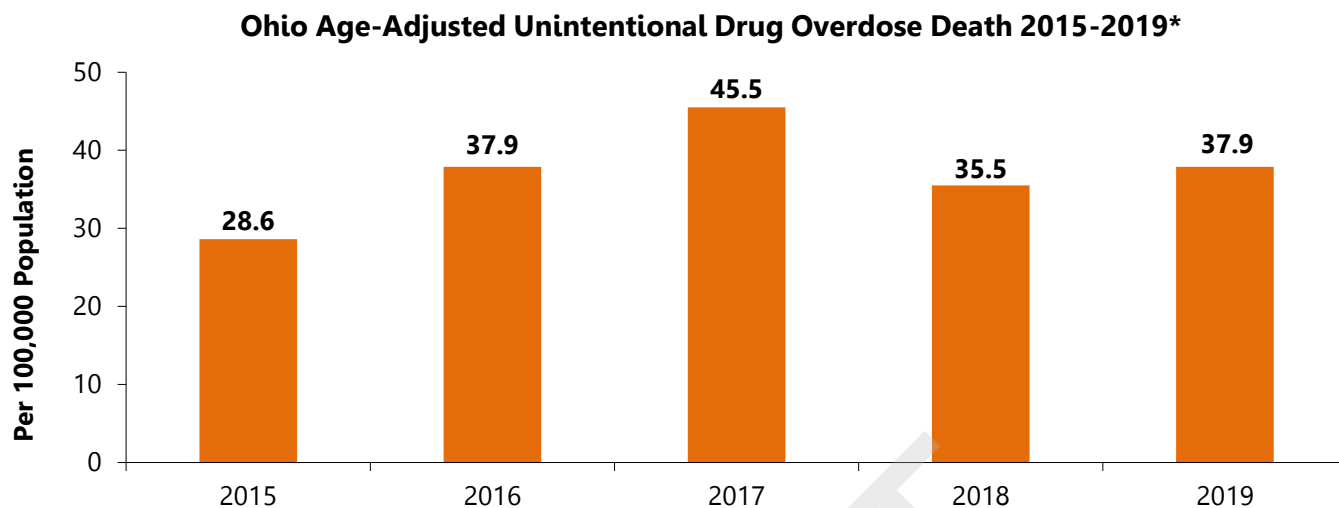
N/A – Not Available

The following graphs indicate adult recreational marijuana use and prescription drug use in the past 6 months. Examples of how to interpret the information on the first graph include: 3% of Wyandot County adults used recreational marijuana in the past 6 months, including 5% of those ages 30-64 and 5% of those with annual incomes of \$25,000 or less.



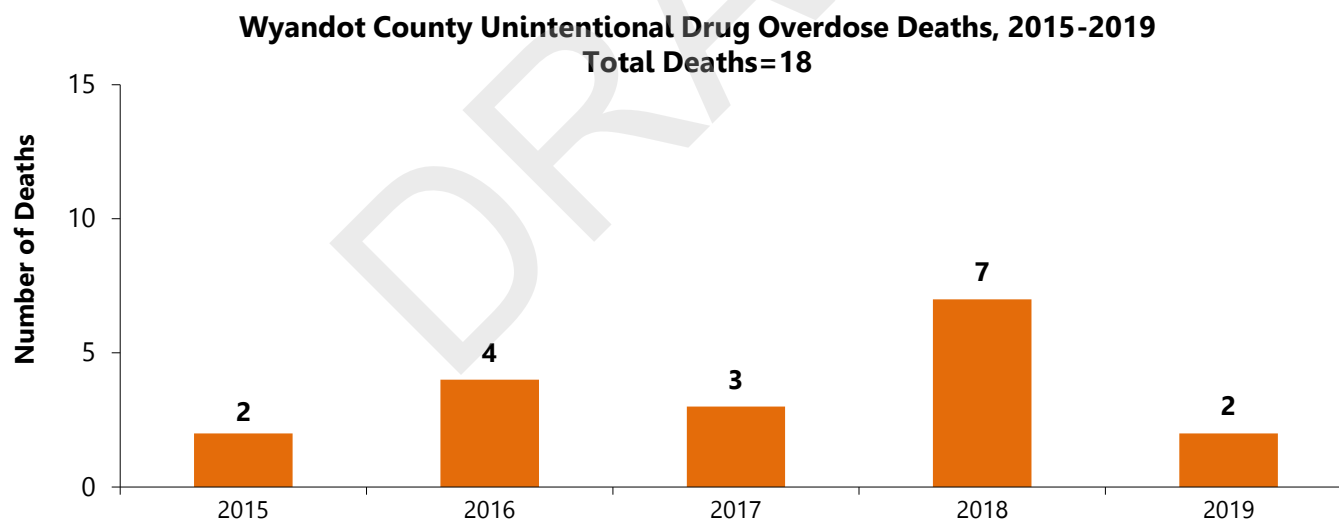
Notes for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows the Ohio age-adjusted unintentional drug overdose deaths from 2015 to 2019.



*Note: Wyandot County age-adjusted rates were unavailable.

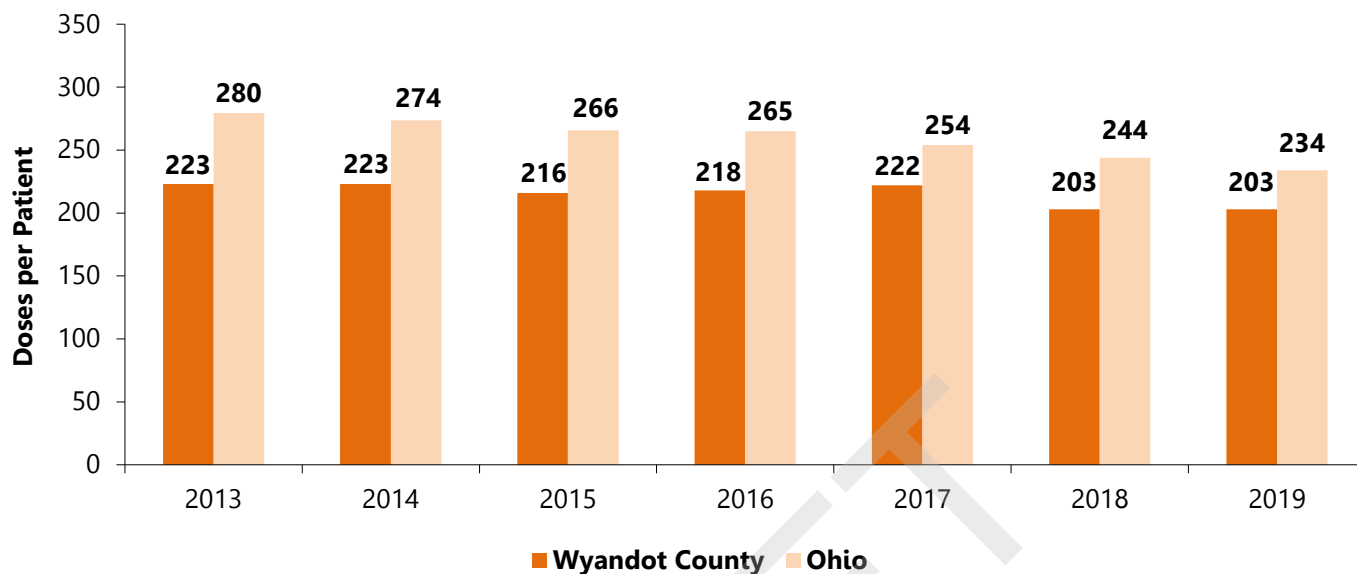
The following graph shows the number of unintentional drug overdose deaths from 2015 to 2019 in Wyandot County.



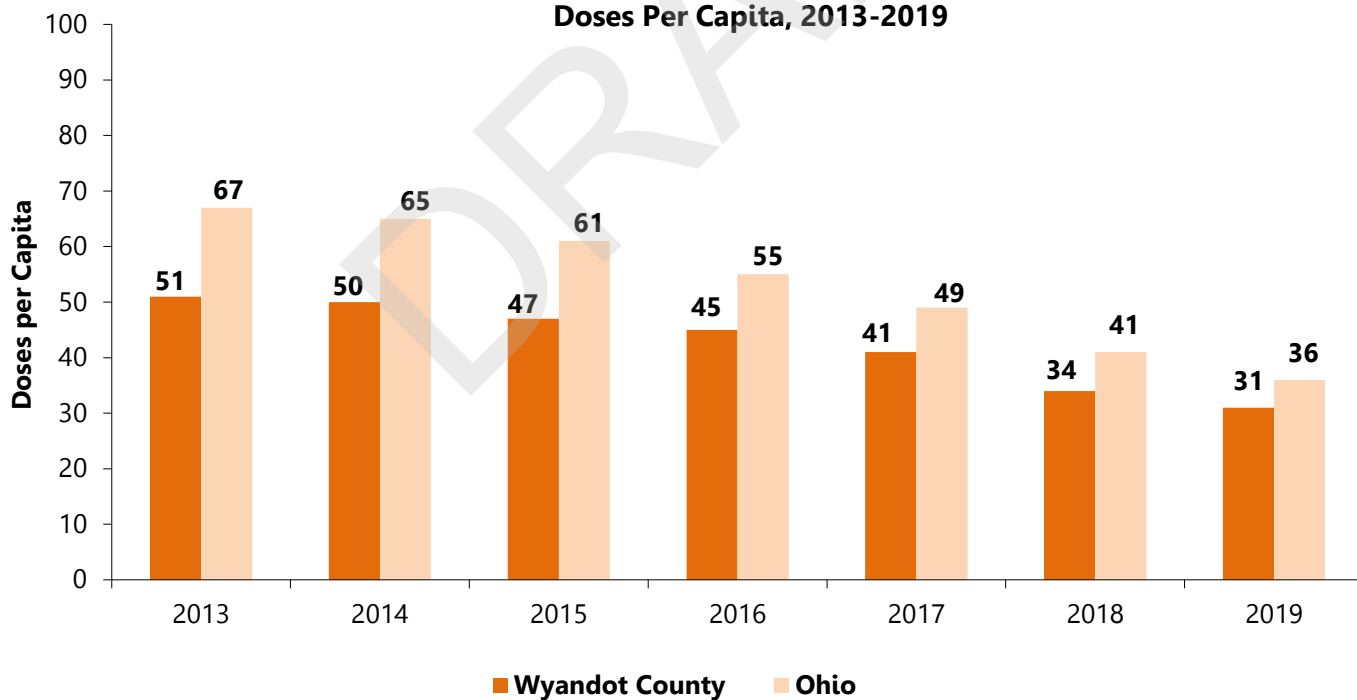
(Source for graphs: Ohio Public Health Data Warehouse, 2015-20189 Updated 2/17/21)

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

**Wyandot County and Ohio Number of Opiate and Pain Reliever
Doses Per Patient, 2013-2019**



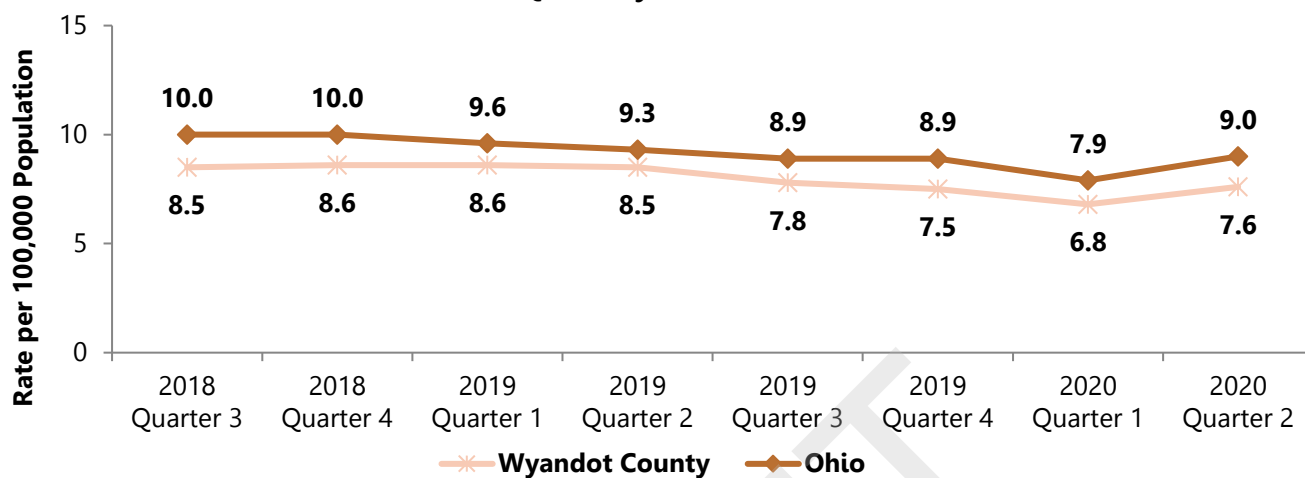
**Wyandot County and Ohio Number of Opiate and Pain Reliever
Doses Per Capita, 2013-2019**



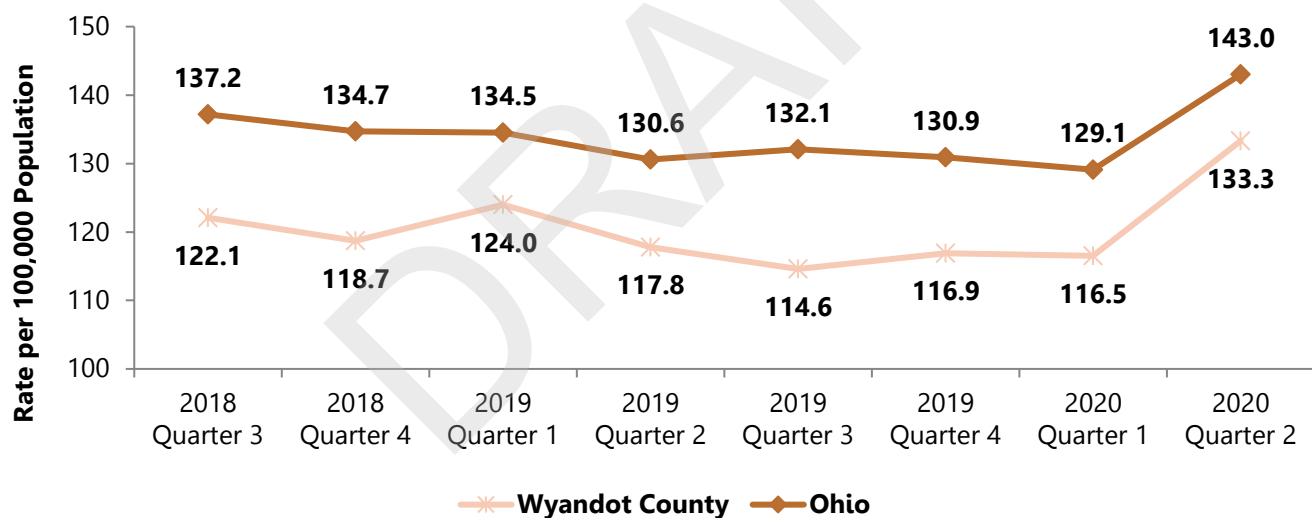
(Source for graphs: Ohio Automated Rx Reporting System, Quarterly County Data)

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

Wyandot County and Ohio Number of Opioid Doses Per Capita, Quarterly from 2018-2020

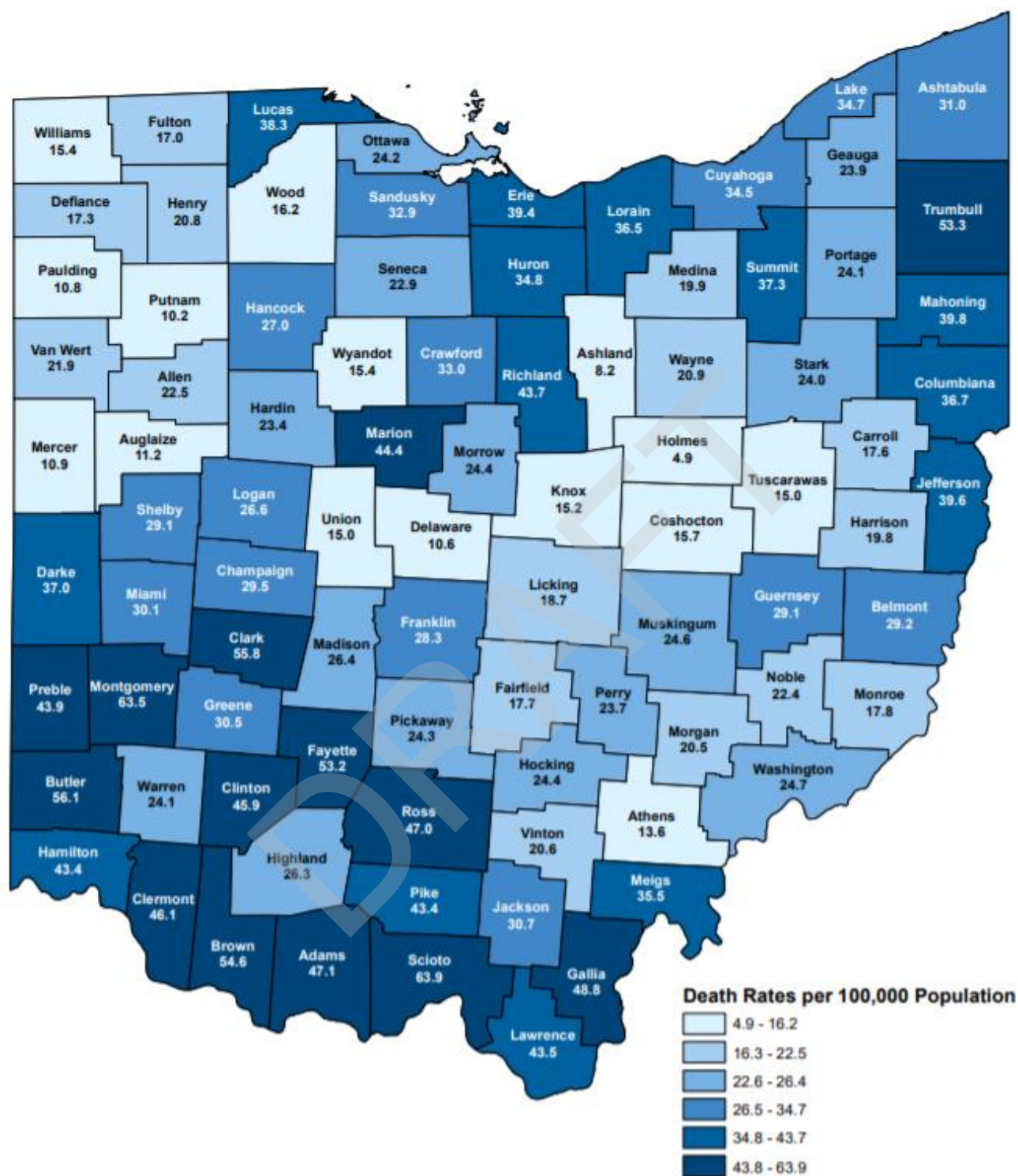


Number of Opioid Doses Per Patient, Quarterly from 2018-2020



(Source for graphs: Ohio's Automated Rx Reporting System, 2018-2020)

The following map illustrates the average age-adjusted unintentional drug overdose death rate per 100,000 population, by county, from 2014 to 2019.



(Source: Ohio Department of Health, 2019 Ohio Drug Overdose Data: General Findings)

Health Behaviors: Adult Sexual Behavior

Key Findings

Sixty-six percent (66%) of Wyandot County adults had sexual intercourse in the past year. Four percent (4%) of adults had more than one partner. Seven percent (7%) of Wyandot County adults were forced to have any sort of unwanted sexual activity, increasing to 12% of females.

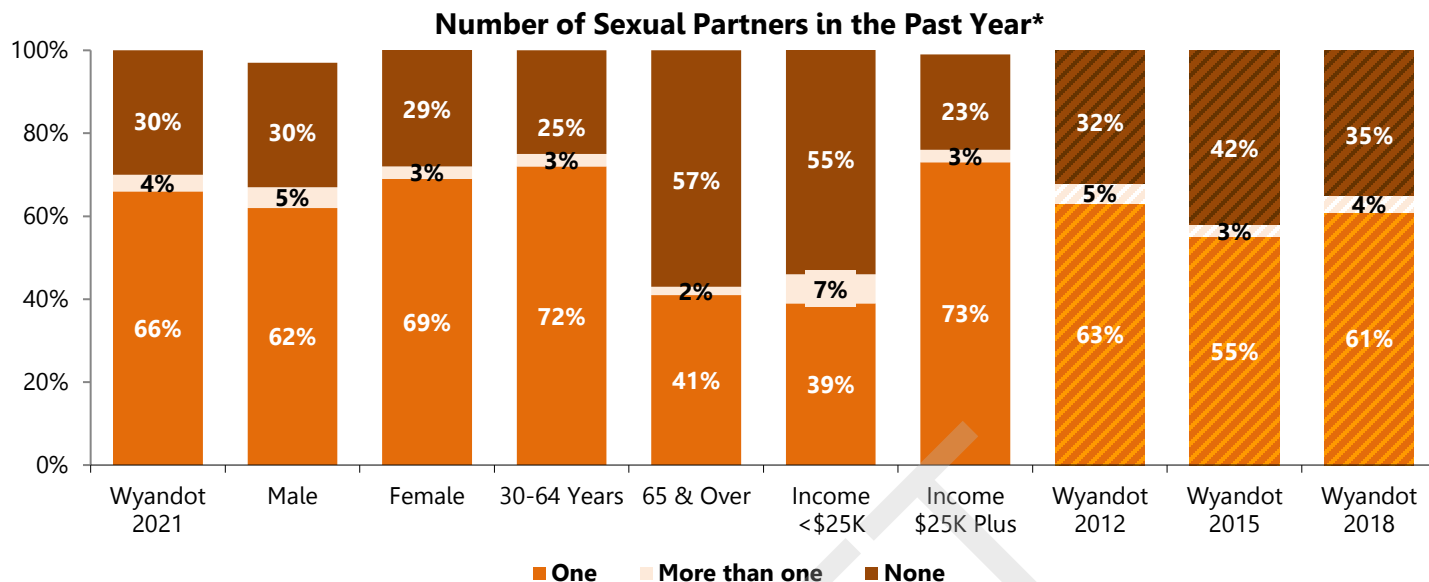
Adult Sexual Behavior

- Sixty-six percent (66%) of Wyandot 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.
- Adults used the following methods of birth control: they or their partner is too old to get pregnant (16%); female sterilization (tubes tied) (15%); hysterectomy (14%); vasectomy (13%); male or female condoms (12%); birth control pills, any kind (9%); had ovaries or testicles removed (6%); withdrawal (5%); they or their partner is infertile (5%); having sex at certain times (rhythm or natural family planning) (4%); IUD (e.g., Mirena) (3%); gay or lesbian (1%); diaphragm, cervical cap, or sponge (1%); contraceptive implant (e.g., Nexplanon) (1%); shots (e.g., Depo-Provera) (1%); and other methods (1%).
- Sixteen percent (16%) of Wyandot County adults were not using any method of birth control, 5% were pregnant and 5% were trying to get pregnant.
- The following situations applied to Wyandot County adults: had sex without a condom in the past year (31%); tested for an STD in the past year (4%); had sex with someone they did not know (3%); had anal sex without a condom in the past year (2%); had sex with someone they met on social media (2%); treated for a sexually transmitted disease (STD) in the past year (2%); tested positive for HPV (2%); had sexual activity with someone of the same gender (1%); thought they may have an STD (1%); had four or more sexual partners in the past year (1%); were forced to have sex (1%); and tested positive for HIV (<1%).
- Seven percent (7%) of Wyandot County adults were forced to have any sort of unwanted sexual activity, increasing to 12% of females. Thirteen percent (13%) of those who were forced to have sexual activity reported it.
- Eleven percent (11%) of adults had engaged in sexual activity following alcohol or other drug use that they would not have done if sober.

Adult Comparisons	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Had more than one sexual partner in past year	5%	3%	4%	4%	N/A	N/A
Had ever engaged in sexual activity following alcohol or other drug use	12%	11%	13%	11%	N/A	N/A

N/A – Not Available

The following graph shows the number of sexual partners Wyandot County adults had in the past year. Examples of how to interpret the information include: 66% of all Wyandot County adults had one sexual partner in the past year, 4% had more than one partner, and 30% did not have a sexual partner.



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

**Totals 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)

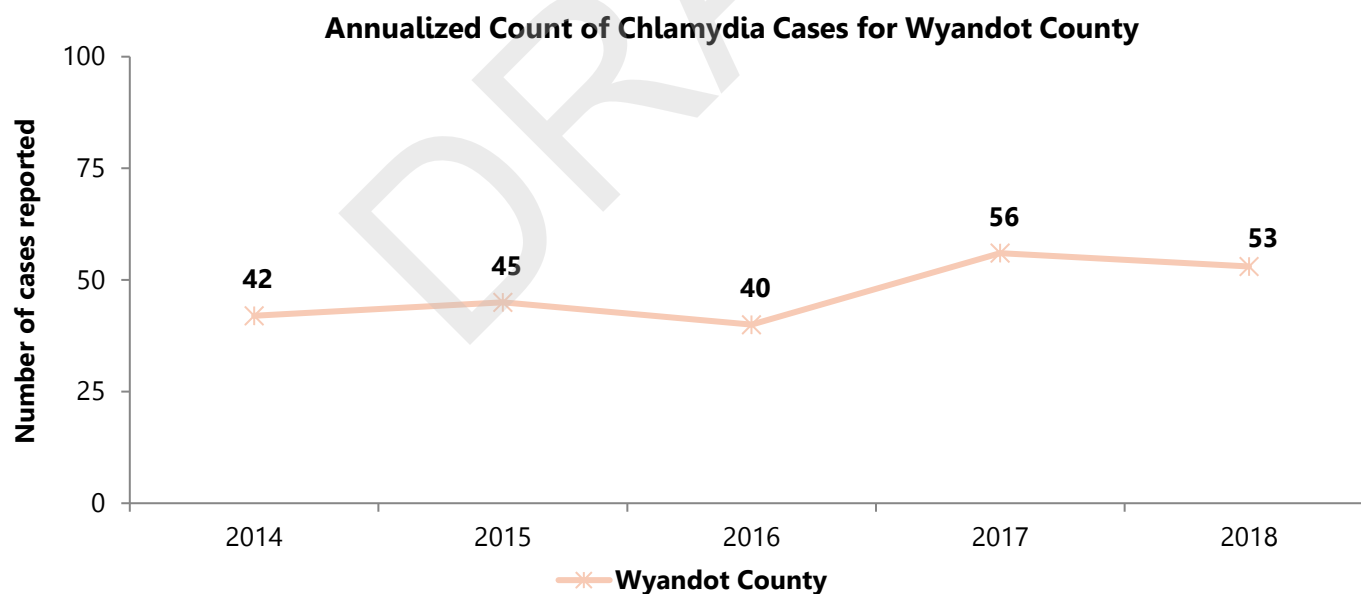
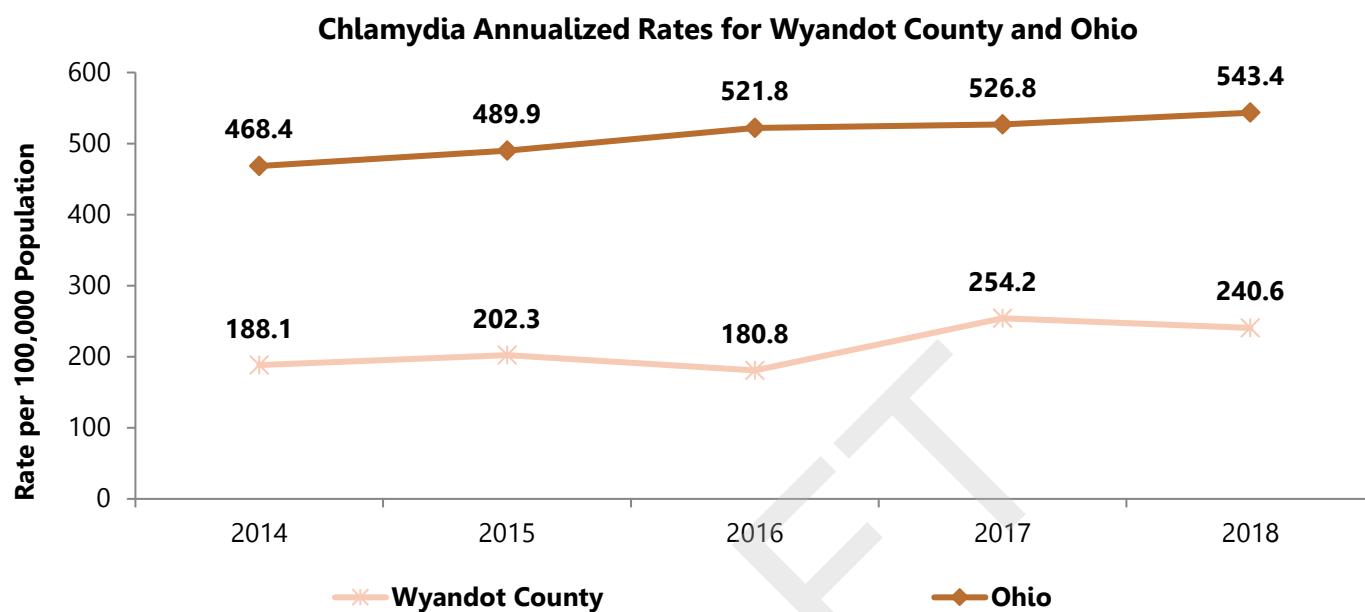
Scope of the Problem: Sexual Violence

- One out of every 6 American women has been the victim of an attempted or completed rape in her lifetime (14.8% completed, 2.8% attempted).
- About 3% of American men—or 1 in 33—have experienced an attempted or completed rape in his lifetime.
- In 2016, Child Protective Services agencies substantiated, or found strong evidence to indicate that, 57,329 children were victims of sexual abuse.
- Most child victims are 12-17: 34% of victims of sexual assault and rape are younger than age 12, and 66% of victims of sexual assault and rape are age 12-17.
- Individuals age 12-34 are at highest risk of rape and sexual assault, with 54% of sexual assault victims being between the ages of 18 and 34.
- Every 73 seconds another American is sexually assaulted.
- An estimated 80,600 inmates each year experience sexual violence while in prison or jail. More than half (60%) of all sexual violence against inmates is perpetrated by jail or prison staff.
- The U.S. Department of Defense estimates about 20,500 service members experienced sexual assault in 2018. Approximately 6.2% of active-duty women and 0.7% of active duty men experienced sexual assault in 2018.

(Source: RAINN, Scope of the Problem: Statistics, 2019)

The following graphs show Wyandot County chlamydia infection rates per 100,000 population. The graphs show:

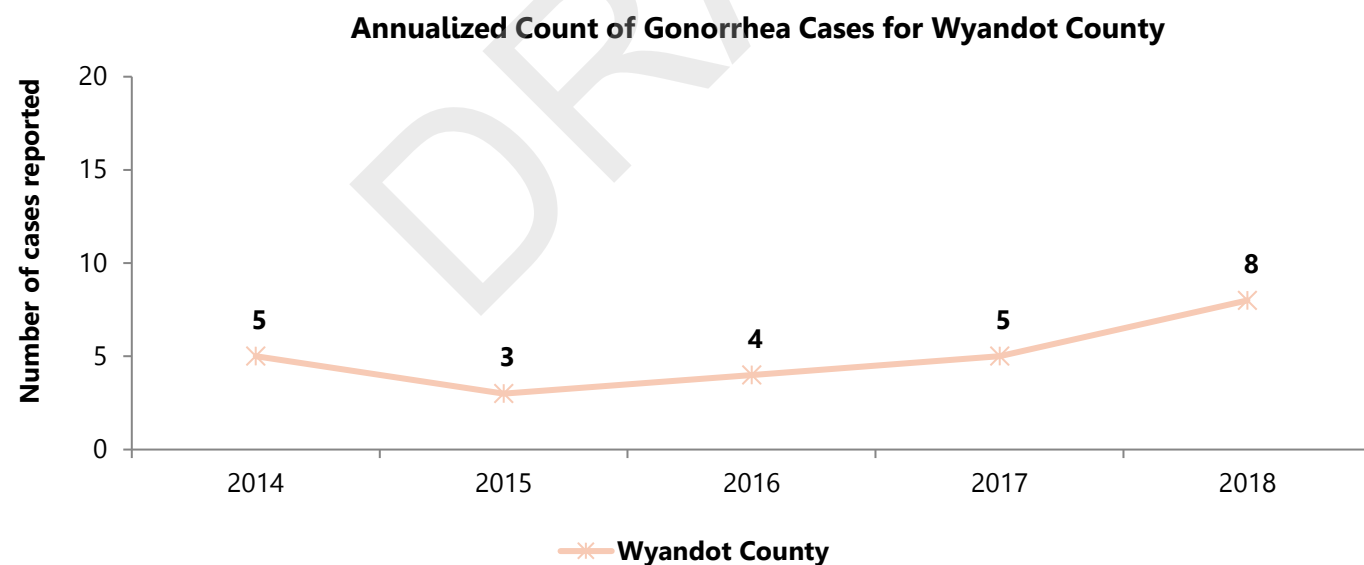
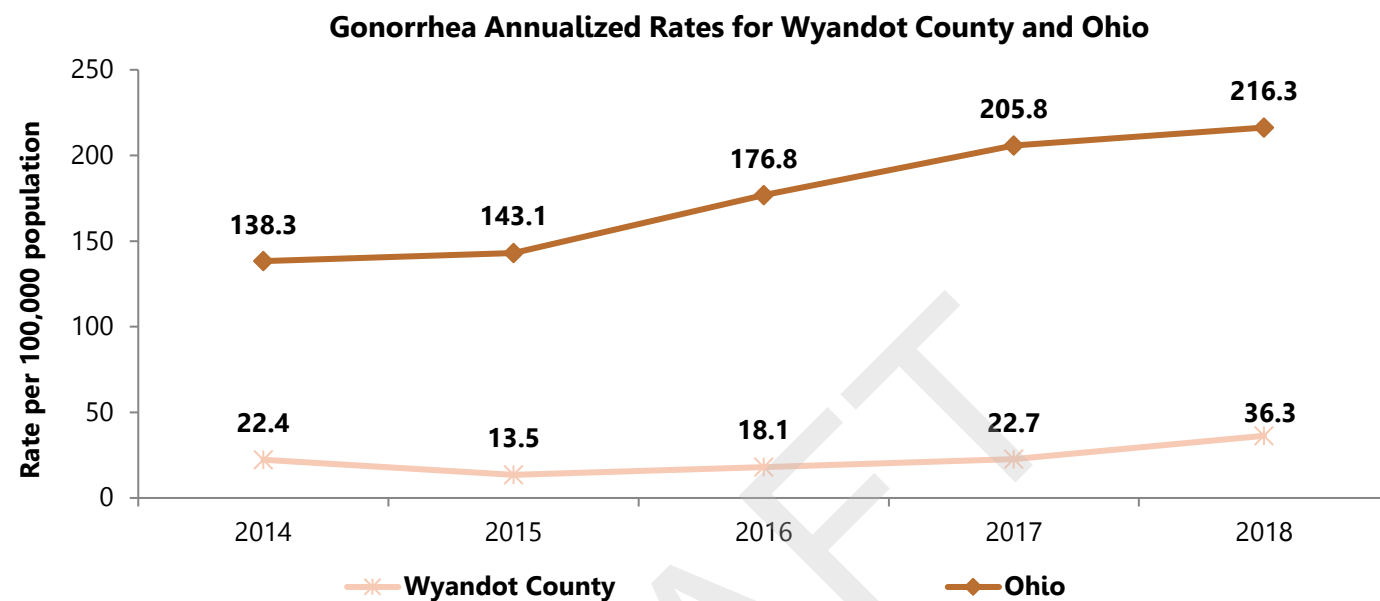
- Wyandot County chlamydia rates fluctuated between 2014 and 2018.



(Source: Ohio Department of Health, STD Surveillance Program, Data reported through 5/02/2019)

The following graphs show Wyandot County gonorrhea infection rates per 100,000 population. The graphs show:

- Wyandot County gonorrhea rates increased significantly between 2015 and 2018.
- Ohio gonorrhea rates steadily increased from 2014 to 2018.

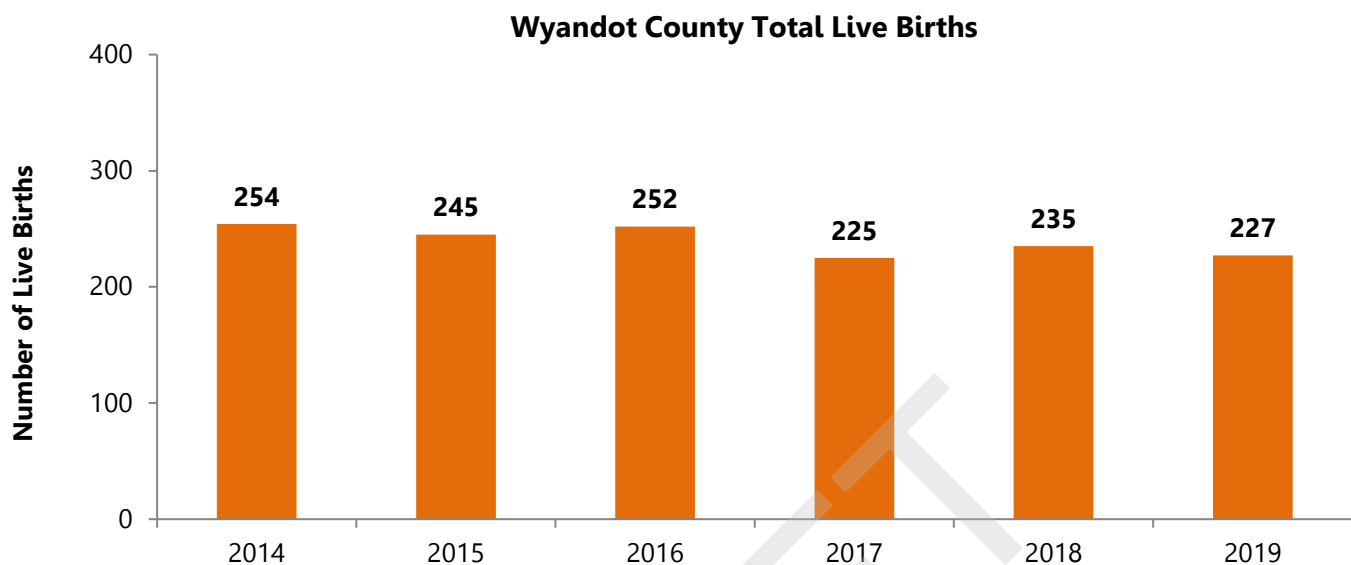


(Source for graphs: Ohio Department of Health, STD Surveillance Program, Data Reported through 5/2/19)

Pregnancy Outcomes

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

- From 2014 to 2019, there was an average of 240 live births per year in Wyandot County.



(Source: Ohio Public Health Data Warehouse 2014-2018, Updated 2/18/2021)

Unintended Pregnancy

- The concept of unintended pregnancy helps in understanding the fertility of populations and the unmet need for contraception, also known as birth control, and family planning. Most unintended pregnancies result from not using contraception or from not using it consistently or correctly.
- Unintended pregnancy is associated with an increased risk of problems for the mom and baby. If the mom was not planning to get pregnant, she may have unhealthy behaviors or delay getting health care during the pregnancy, which could affect the health of the baby. Therefore, it is important for all women of reproductive age to adopt healthy behaviors such as:
 - Take folic acid
 - Maintain a healthy diet and weight
 - Be physically active regularly
 - Quit tobacco use
 - Refrain from excessive alcohol drinking
 - Abstain from alcohol if pregnant or planning to become pregnant
 - Take only medicines prescribed by your doctor
 - Talk to your health care provider about screening and proper management of chronic diseases
 - Visit your health care provider to receive recommended health care for your age, learn about possible health risks, and discuss if or when you are considering becoming pregnant
 - Use effective contraception correctly and consistently if you are sexually active but choose to delay or avoid pregnancy
- The United States set family planning goals in Healthy People 2030 to improve pregnancy planning and spacing, and to reduce the number of unintended pregnancies. Two ways to reach these goals are to increase:
 - Access to contraception that includes the full range of methods, such as long-acting, and reversible forms like intrauterine devices and hormonal implants
 - Correct and consistent use of contraception for sexually active women who choose to delay or avoid pregnancy

(Source: CDC, Reproductive Health, Unintended Pregnancy, Updated September 12, 2019)

Health Behaviors: Adult Mental Health

Key Findings

Four percent (4%) of Wyandot County adults considered attempting suicide in the past year. Forty-six percent (46%) of adults indicated job stress caused them anxiety, stress, or depression.

4% of Wyandot County adults, or approximately 673 adults seriously considered attempting suicide in the past year.

Adult Mental Health

- Wyandot County adults indicated the following caused them anxiety, stress, or depression: job stress (46%), financial stress (39%), raising/caring for children (24%), death of close family member or friend (23%), sick family member (19%), other stress at home (19%), fighting at home (16%), marital/dating relationship (15%), poverty/no money (14%), caring for a parent (7%), unemployment (7%), family member with mental illness (4%), divorce/separation (2%), not having enough to eat (2%), not having a place to live (2%), not feeling safe in the community (2%), not feeling safe at home (1%), sexual orientation/gender identity (1%), and other causes (15%).
- Wyandot County adults experienced the following almost every day for two weeks or more in a row when they were feeling sad, blue, or depressed: had trouble sleeping/slept too much (32%); felt fatigued, no energy (32%); woke up before they wanted (21%); had trouble thinking or concentrating (19%); weight or appetite changed (17%); lost interest in most things (16%); felt worthless or hopeless (14%); felt extremely restless or slowed down (13%); thought about death or suicide (5%); and attempted suicide (2%).
- Four percent (4%) of Wyandot County adults seriously considered attempting suicide in the past year.
- Of those who seriously considered suicide in the past year, 55% made a plan about how they would attempt.
- One percent (1%) of adults reported actually attempting suicide in the past year.
- Wyandot County adults reported they or someone in their household were diagnosed with or treated for the following mental health issues in the past year:
 - Anxiety or emotional problems (22%)
 - Depression (19%)
 - Anxiety disorder (panic attacks, phobia, obsessive-compulsive disorder) (15%)
 - Attention deficit disorder (ADD/ADHD) (10%)
 - Bipolar disorder (5%)
 - Post-traumatic stress disorder (PTSD) (5%)
 - Other trauma (3%)
 - Developmental disability (3%)
 - Alcohol and/or illicit drug abuse (2%)
 - Autism spectrum (2%)
 - Psychotic disorder (schizophrenia, schizoaffective disorder) (2%)
 - Life adjustment disorder (1%)
 - Eating disorder (1%)
 - Gambling problem (<1%)
 - Other mental health disorder (2%)
- Twenty-one percent (21%) of adults indicated they or someone in their household have taken medication for one or more mental health issues.
- Wyandot County adults dealt with stress in the following ways: talked to someone they trust (46%), ate more or less than normal (37%), listened to music (35%), slept (32%), worked on a hobby (31%), prayed/meditated (30%), exercised (29%), worked (25%), drank alcohol (16%), smoked tobacco (9%), took it out on others (8%), called a professional (4%), used illegal drugs (1%), misused prescription drugs (<1%), and other ways (9%).

- Eighteen percent (18%) of Wyandot County adults had used a program or service for themselves or someone in their households to help with depression, anxiety, or emotional problems. The following prevented adults from using a program: had not thought of it (10%), fear (5%), did not know how to find a program (3%), other priorities (3%), could not afford to go (2%), co-pay/deductible too high (2%), stigma of seeking mental health services (3%), took too long to get in to see a doctor/health care provider (2%), transportation (1%), could not get to the office or clinic (1%), and other reasons (3%). Sixty percent (60%) of adults indicated they did not need such a program.
- Wyandot County adults would do the following if they knew someone who was suicidal: talk to them (76%), try to calm them down (53%), call a crisis line (40%), call 9-1-1 (40%), call a friend (20%), take them to the emergency room (19%), call their spiritual leader (14%), text a crisis line (5%), and do nothing (<1%).

Adult Comparisons	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Considered attempting suicide in the past year	2%	2%	3%	4%	N/A	N/A

N/A – Not Available

Suicide in the United States

Fatal Outcomes

- In 2019, suicide ranked as the 10th leading cause of death overall in the U.S. and ranked as the 2nd leading cause of death for those ages 15-24.
- In 2019, there was a total of 47,511 suicides, equating to an age-adjusted rate of 13.9 suicides per 100,000 people. Firearms accounted for half (50.4%) of these suicides, amounting to 23,941 suicides.
- On average, one person died due to suicide in the U.S. every 11.1 minutes.
- Males have a higher rate of fatal suicide, with 3.6 suicide deaths for every female death by suicide.

Non-Fatal Outcomes

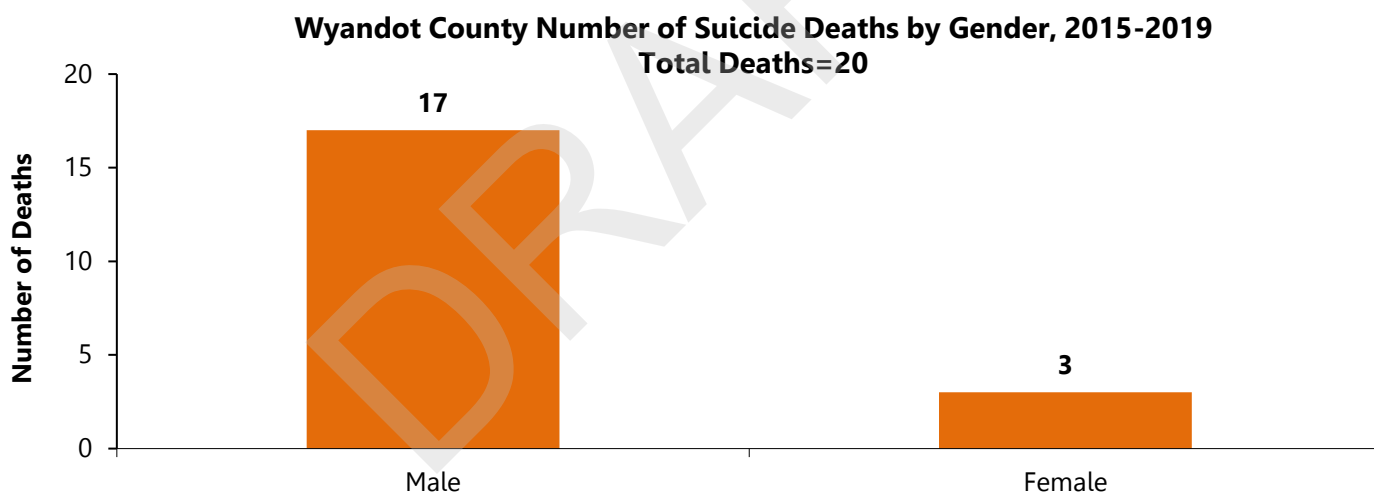
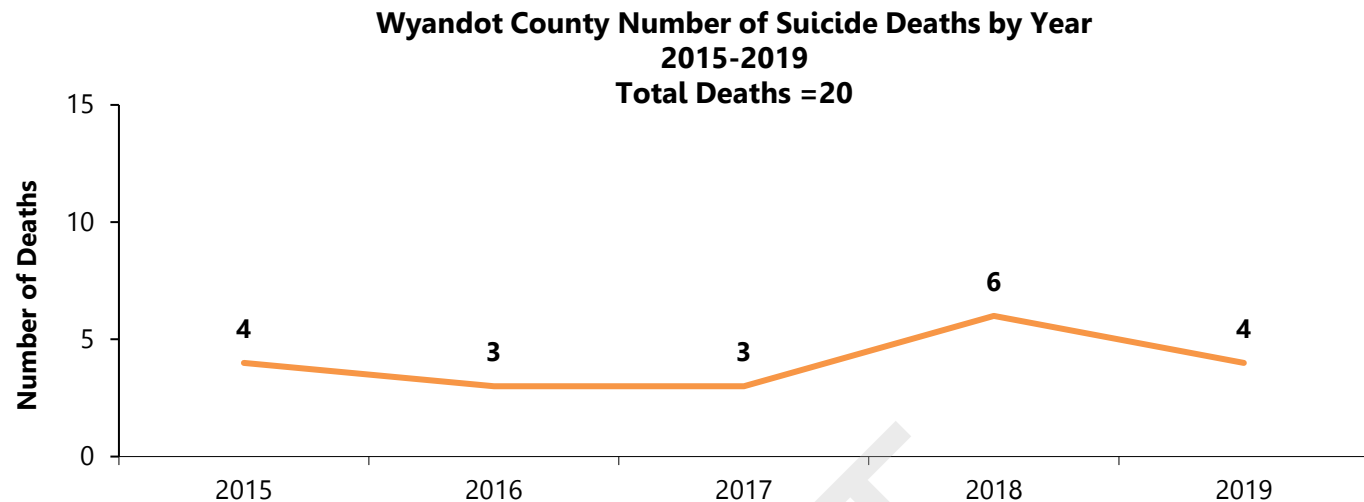
- In 2019, 1.2 million Americans attempted suicide. This equates to one suicide attempt every 27 seconds.
- Females have a higher rate of attempting suicide, with three females attempting suicide for every male who attempts suicide.

Survivors of Suicide Loss

- As much as 40-50% of the population have been exposed to suicide (those who knew someone personally who died by suicide) in their lifetime. The number of survivors of suicide loss in the U.S. is more than 5.4 million, or 1 out of every 60 Americans in 2019.

(Source: American Association of Suicidology, 2018 Facts and Statistics, Updated January 2021)

The graphs below show the number of suicide deaths by year and gender from 2015 to 2019 in Wyandot County.

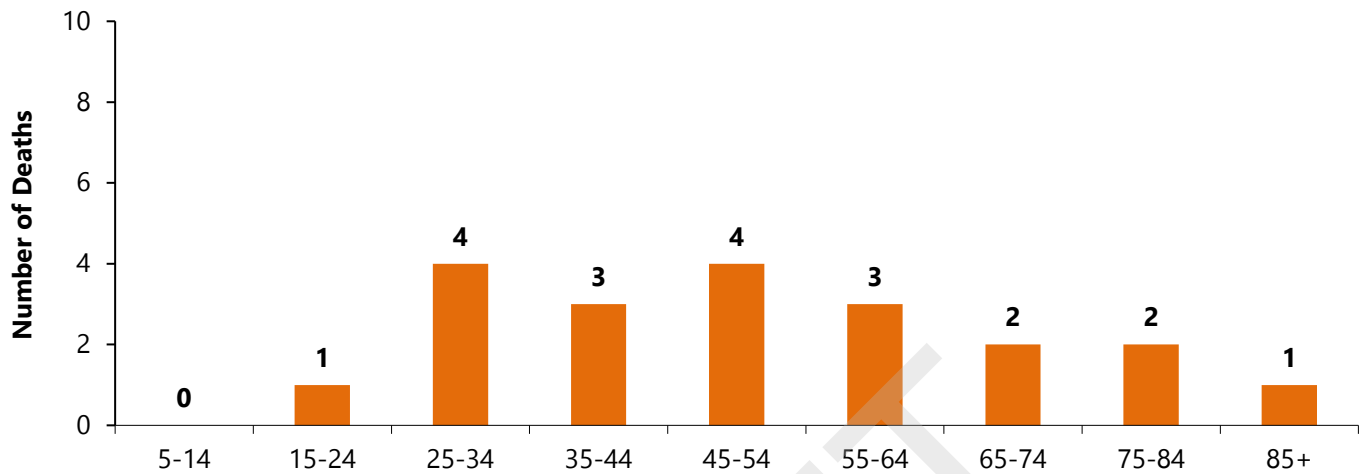


*(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 2/17/2021)
Note for graphs: Ohio Resident deaths include individuals that resided in Ohio at the time of death regardless of where the death occurred.*

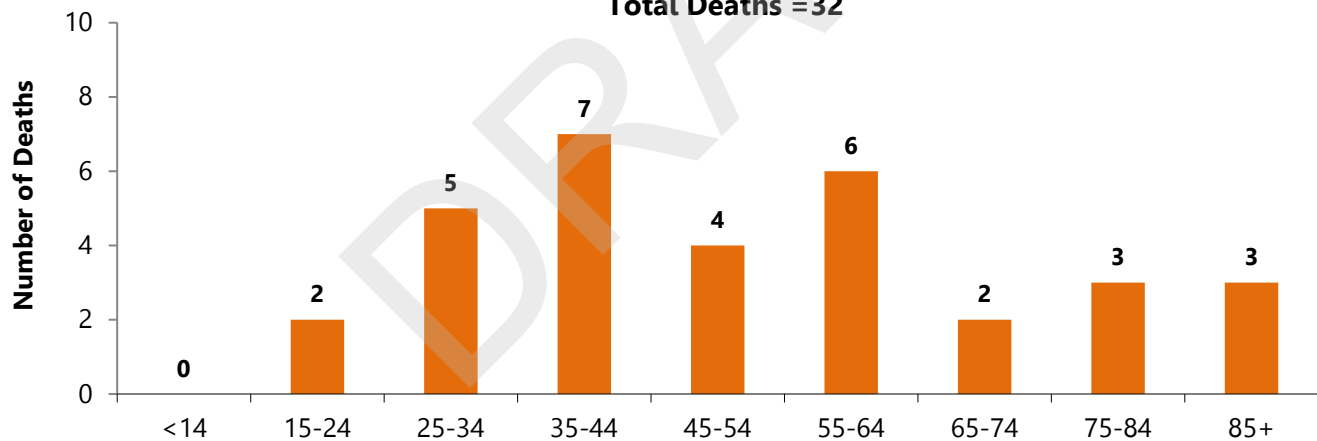
The graphs below show the number of suicide deaths by age group in Wyandot County. The graphs show:

- From 2010 to 2019, 22% of all Wyandot County suicide deaths occurred among residents ages 35 to 44.

Wyandot County Number of Suicide Deaths By Age Group, 2015-2019
Total Deaths = 20



Wyandot County Number of Suicide Deaths By Age Group
2010-2019
Total Deaths = 32



*Note: Ohio Resident deaths include individuals that resided in Ohio at the time of death regardless of where the death occurred.
(Source: ODH, Ohio Public Health Data Warehouse, Mortality, Leading Causes of Death, updated 2/18/2021)*

Chronic Disease: Cardiovascular Health

Key Findings

Five percent (5%) of adults had survived a heart attack and 3% had survived a stroke at some time in their life. Thirty-nine percent (39%) had high blood pressure, 39% had high blood cholesterol, 55% were obese, and 14% were current smokers, which are four known risk factors for heart disease and stroke.

Heart Disease and Stroke

- Five percent (5%) of adults reported they were diagnosed with angina.
- Five percent (5%) of adults reported they had a heart attack.
- Three percent (3%) of adults reported they had a stroke.
- Two percent (2%) of adults reported they had congestive heart failure, increasing to 8% of those over the age of 65.

High Blood Pressure (Hypertension)

- Nearly two-fifths (39%) of adults had been diagnosed with high blood pressure.
- Ten percent (10%) 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.
- Wyandot County adults diagnosed with high blood pressure were more likely to have:
 - Been classified as overweight or obese by body mass index (BMI) (92%)
 - Been ages 65 years or older (72%)
 - Annual incomes less than \$25,000 (54%)

Wyandot County Leading Causes of Death 2017-2019

Total Deaths: 769

1. Heart Disease (23% of all deaths)
2. Cancer (20%)
3. Chronic Lower Respiratory Diseases (7%)
4. Accidents, Unintentional Injuries (6%)
5. Alzheimer's (5%)

(Source: Ohio Public Health Data Warehouse, 2017-2019)

Ohio Leading Causes of Death 2017-2019

Total Deaths: 371,649

1. Heart Disease (23% of all deaths)
2. Cancers (20%)
3. Accidents, Unintentional Injuries (7%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (5%)

(Source: Ohio Public Health Data Warehouse, 2015-2017)

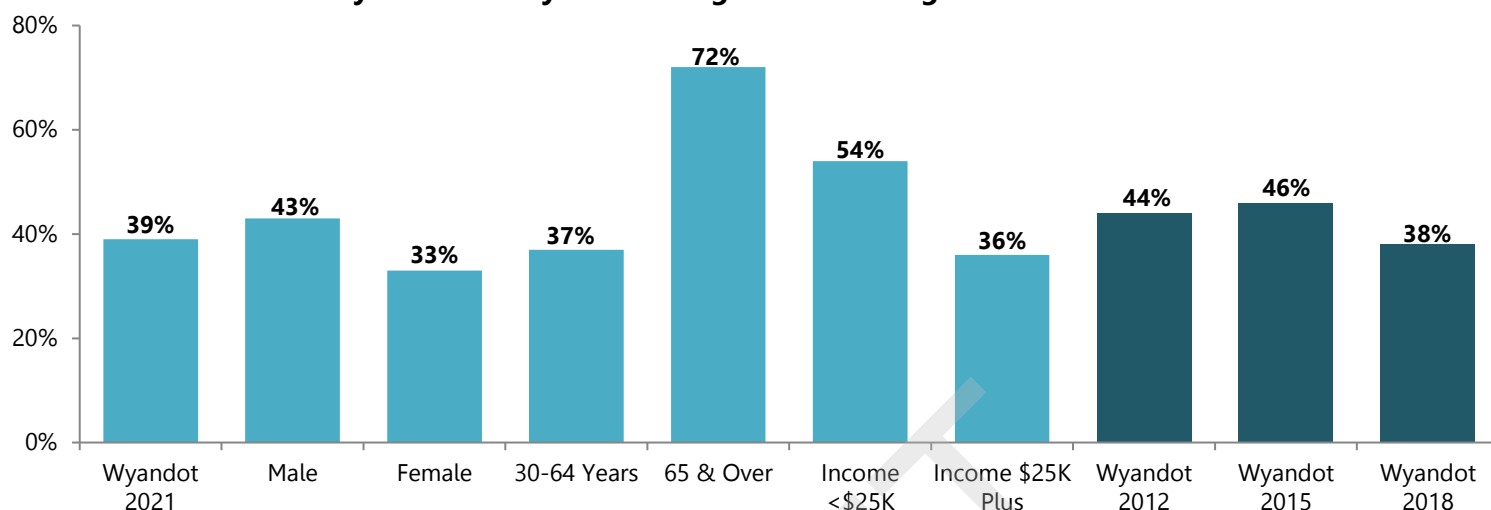
5% of Wyandot County adults or approximately 841 adults survived a heart attack or myocardial infarction.

High Blood Cholesterol

- More than one-third (39%) of adults had been diagnosed with high blood cholesterol.
- More than three-quarters (82%) of adults had their blood cholesterol checked within the past five years.
- Wyandot County adults with high blood cholesterol were more likely to:
 - Have been classified as overweight or obese by body mass index (BMI) (87%)
 - Have been ages 65 years or older (65%)
 - Annual incomes less than \$25,000 (40%)

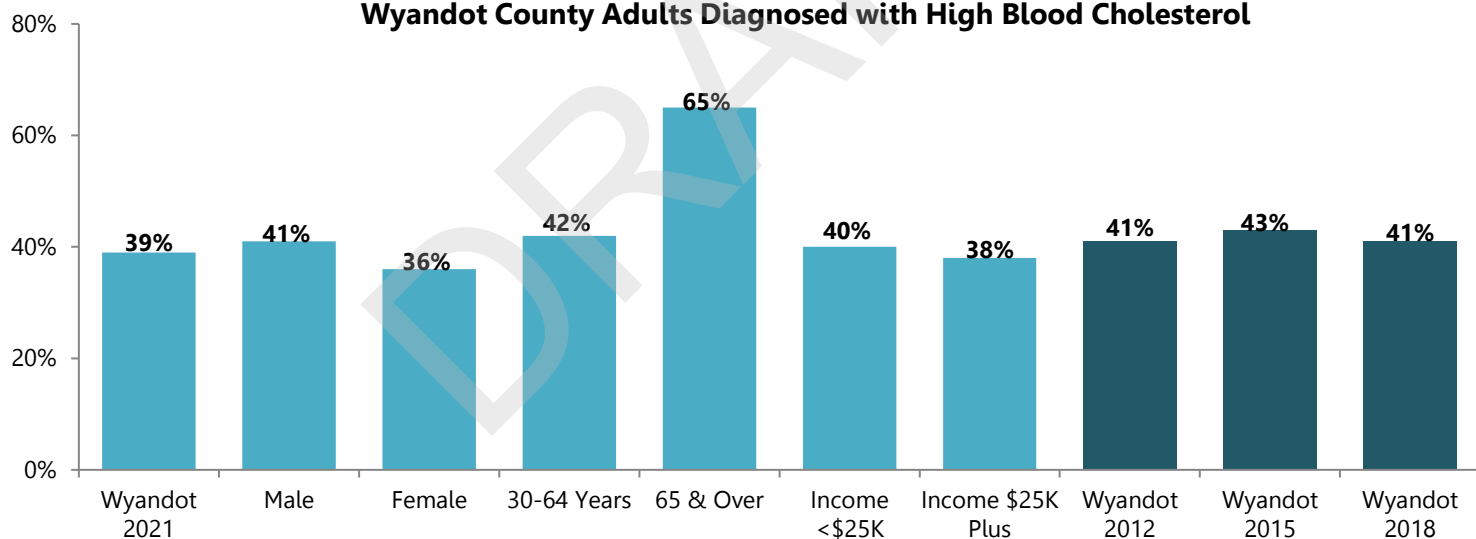
The following graphs show the number of Wyandot County adults who have been diagnosed with high blood pressure and high blood cholesterol. Examples of how to interpret the information on the first graph include: 39% of all Wyandot County adults have been diagnosed with high blood pressure, including 43% of males, 33% of females, and 72% of those 65 years and older.

Wyandot County Adults Diagnosed with High Blood Pressure*



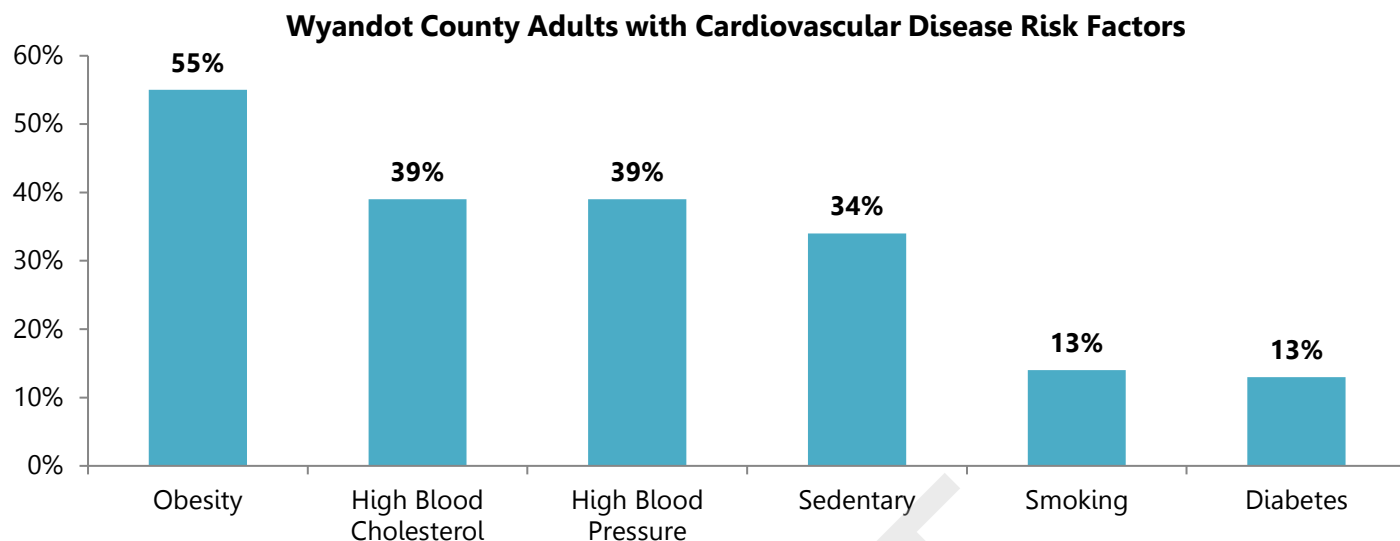
**Does not include respondents who indicated high blood pressure during pregnancy only.*

Wyandot County Adults Diagnosed with High Blood Cholesterol



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

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

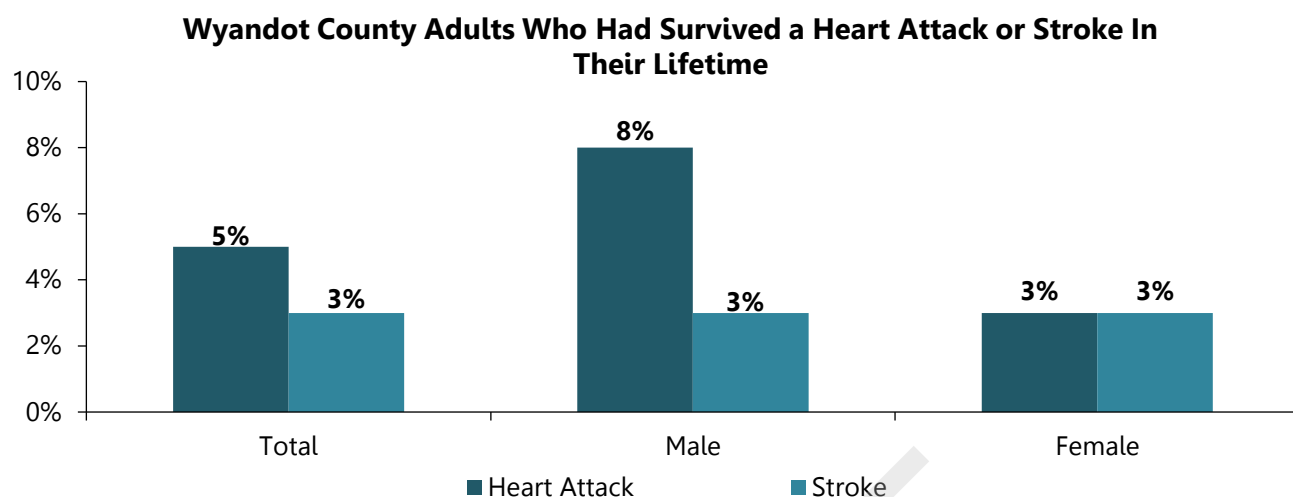


Healthy People 2030 Objectives Heart Disease and Stroke (HDS)

Objective	2021 Wyandot Survey Population Baseline	2019 U.S. Baseline	Healthy People 2030 Target
HDS-04: Reduce proportion of adults with high blood pressure	39%	35% (Adults age 18 and older)	28%

.(Source: Healthy People 2030, 2019 BRFSS, 2021 Wyandot County Health Assessment)

The following graph shows the percentage of Wyandot County adults who had survived a heart attack or stroke in their lifetime by gender. An example of how to interpret the information includes: 8% of Wyandot County males survived a heart attack compared to 3% of females.

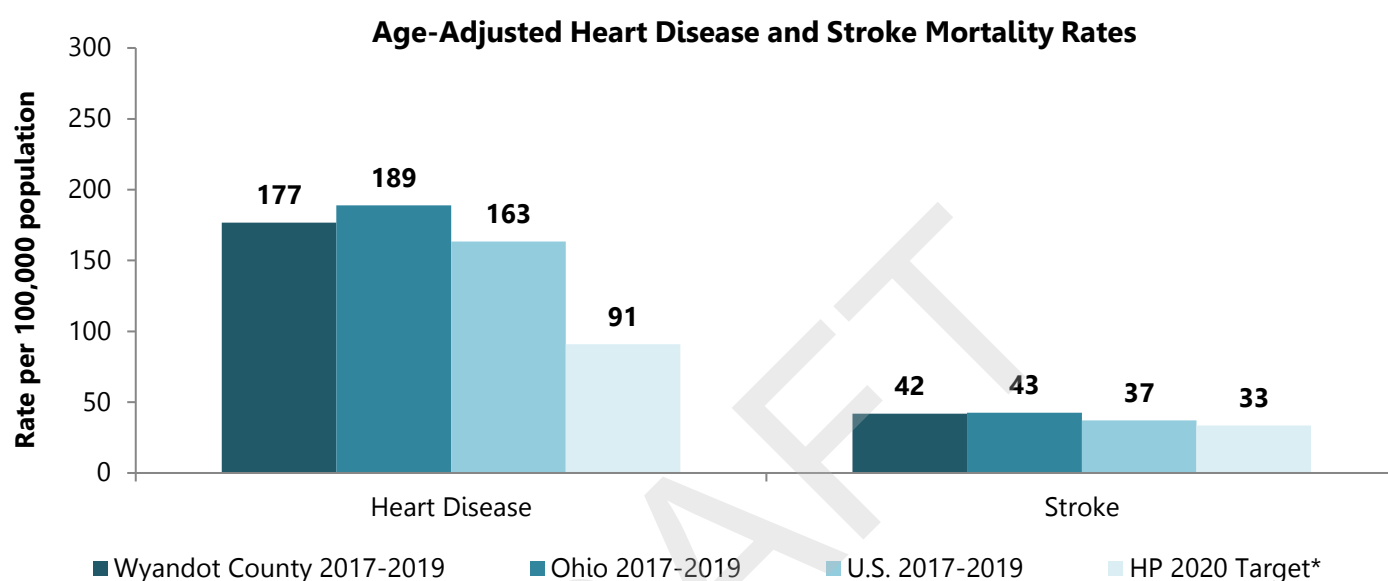


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

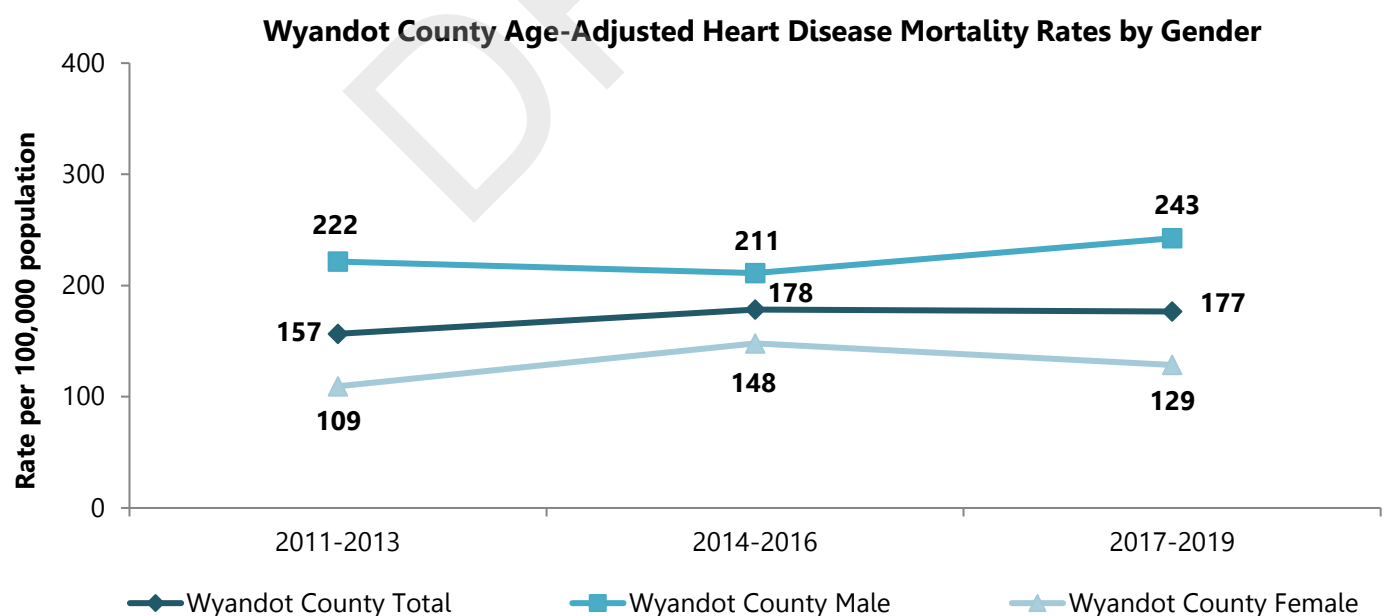
Adult Comparisons	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Had angina	8%	5%	6%	5%	5%	4%
Had a heart attack	5%	4%	5%	5%	5%	4%
Had a stroke	4%	8%	4%	3%	4%	3%
Had been diagnosed with high blood pressure	44%	46%	38%	39%	35%	32%
Had been diagnosed with high blood cholesterol	41%	43%	41%	39%	33%	33%
Had their blood cholesterol checked within the last five years	75%	79%	81%	82%	85%	87%

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 Wyandot County heart disease mortality rate was lower than the figures for the state, but higher than the U.S. rate and Healthy People 2030 Objective from 2017 to 2019.
- The 2017 to 2019 Wyandot County age-adjusted stroke mortality rate was slightly lower than the figures for the state, but higher than the U.S. rate.
- From 2011 to 2019, Wyandot County female and male age-adjusted heart disease mortality rates fluctuated.



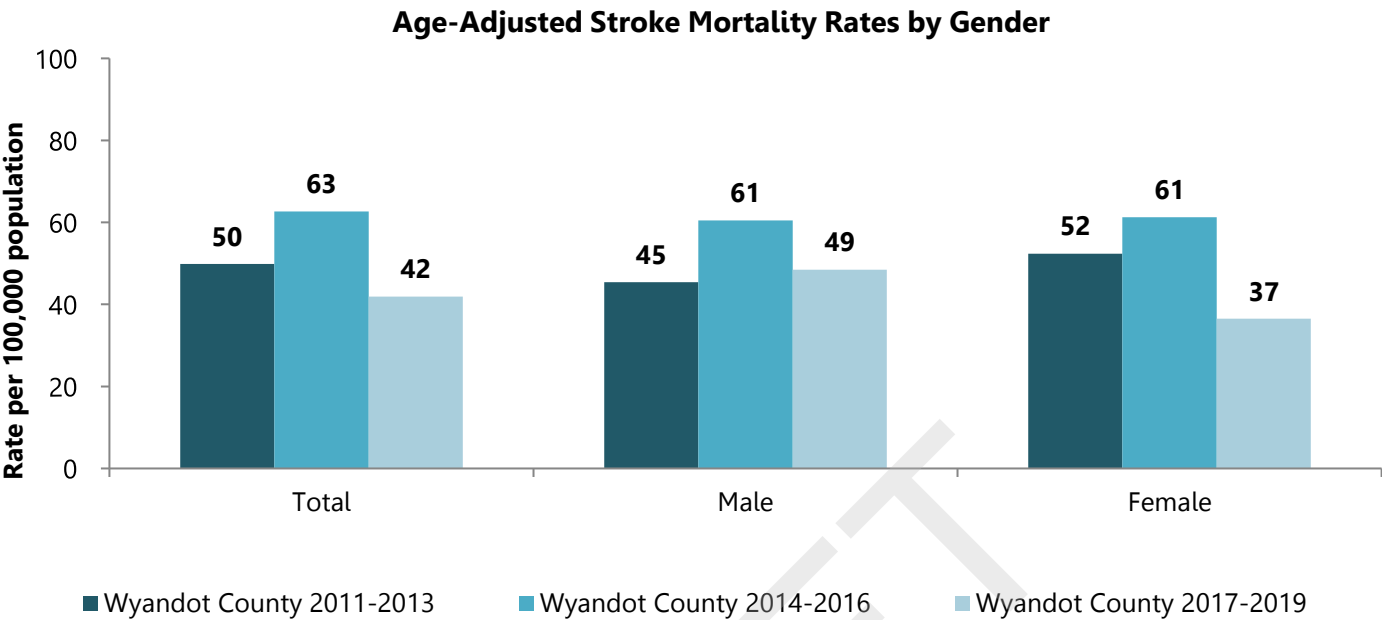
(Source: Ohio Public Health Data Warehouse, 2017-2019, CDC Wonder 2017-2019, Healthy People 2030)



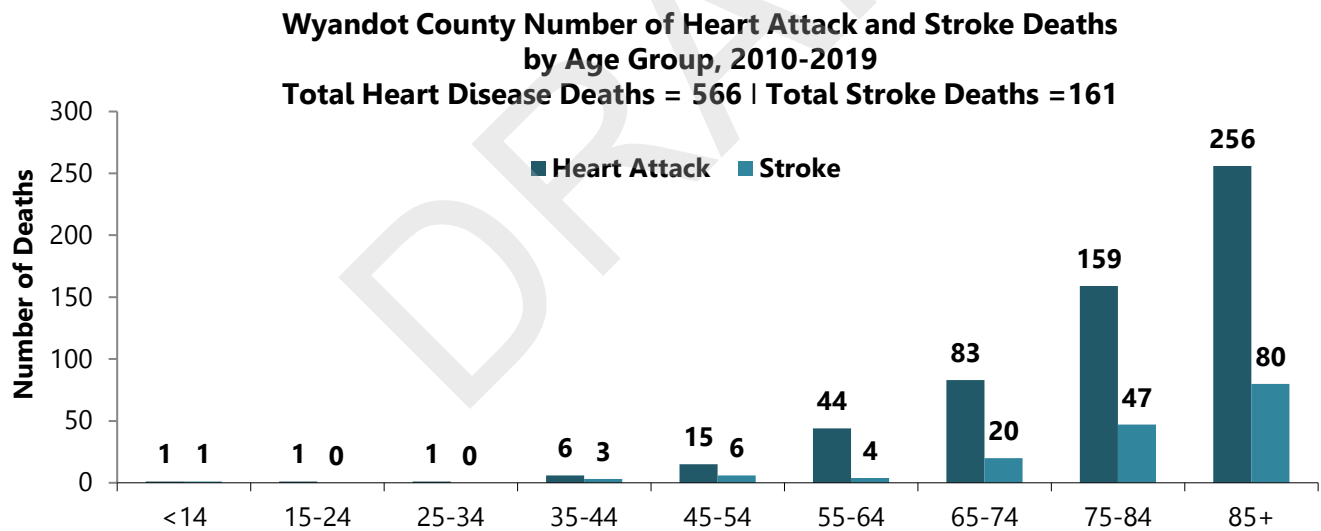
(Source: Ohio Public Health Data Warehouse, 2011-2019)

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

- From 2011 to 2019, the total Wyandot County stroke mortality rate stayed relatively stable.



(Source: Ohio Public Health Data Warehouse, 2011-2019)



(Source: Ohio Public Health Data Warehouse, 2010-2019)

Chronic Disease: Cancer

Key Findings

In 2021, 12% of Wyandot County adults were diagnosed with cancer at some time in their life. The Ohio Department of Health (ODH) indicates that, from 2017 to 2019, cancers caused 2% (154) of all (769) Wyandot County resident deaths.

Adult Cancer

- Twelve percent (12%) of Wyandot County adults were diagnosed with cancer at some point in their lifetime.
- Of those diagnosed with cancer, they reported the following types: prostate (29%), breast (28%), other skin cancer (17%), melanoma (8%), testicular (7%), cervical (6%), leukemia (6%), colon (6%), Hodgkin's Lymphoma (3%), endometrial (3%), renal (3%), lung (3%), brain (3%), non-Hodgkin's lymphoma (3%), and other types of cancer (6%). Eleven percent (11%) of adults were diagnosed with multiple types of cancer.
- Wyandot County adults reported receiving the following cancer screenings:
 - Colorectal cancer in the past five years (29%)
 - Skin cancer in the past year (13%)
 - Oral cancer in the past year (11%)
 - Lung cancer in the past three years (4%)

Wyandot County Incidence of Cancer, 2013-2017

All Types: 648 cases

- Lung and Bronchus: 99 cases (15%)
- Breast: 78 cases (12%)
- Colon and Rectum: 72 cases (11%)
- Prostate: 59 cases (10%)

In 2017-2019, there were 154 cancer deaths in Wyandot County.

(Source: Ohio Cancer Incidence Surveillance System, Ohio Public Health Data Warehouse, 2013-2019)

12% of Wyandot County adults, or approximately 2,019 adults were diagnosed with cancer at some point in their lifetime.

Cancer Facts

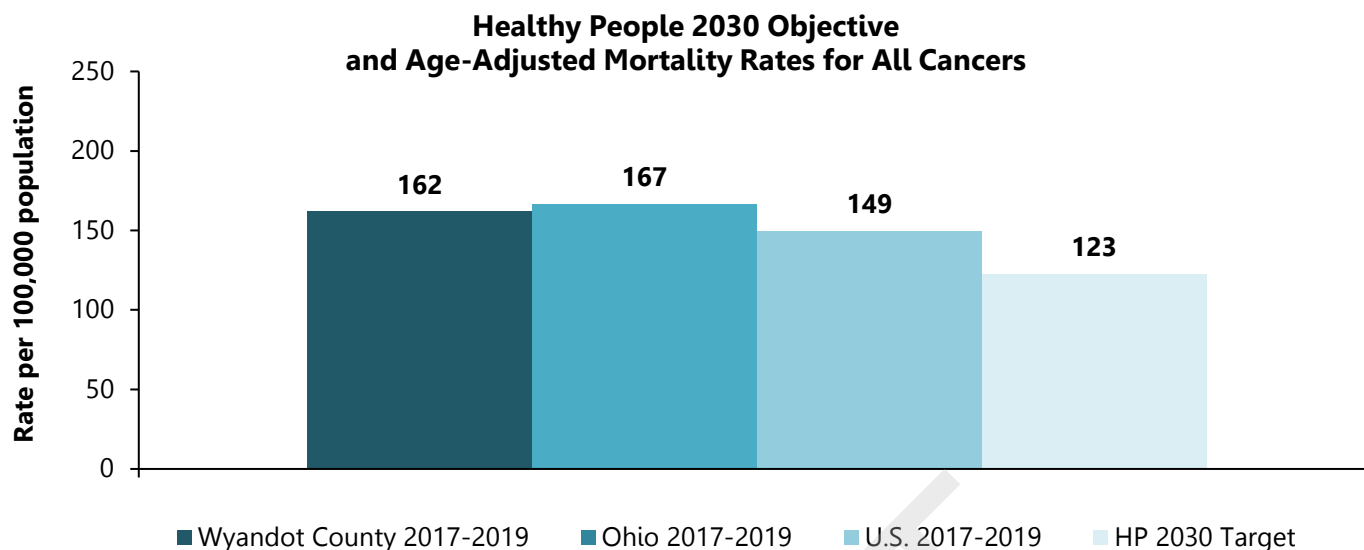
- The Ohio Department of Health (ODH) indicates that, from 2017 to 2019, cancers caused 20% (154) of all (769) Wyandot County resident deaths (Source: Ohio Public Health Data Warehouse, 2017-2019).
- The American Cancer Society states that about 606,570 Americans are expected to die of cancer in 2021. Cancer is the second leading cause of death in the U.S., exceeded only by heart disease (Source: American Cancer Society, Facts & Figures 2021).

Cancer Fast Facts

- Cancer is the second leading cause of death in the United States, but many kinds of cancer can be prevented or caught early.
- Leading risk factors for preventable cancers are smoking, getting too much UV radiation from the sun or tanning beds, being overweight or obese, and drinking too much alcohol.
- Some kinds of cancer (like breast, cervical, and colorectal) can be caught early through screening. Other kinds of cancer can be prevented. For example, cervical cancer through vaccination and colorectal cancer can be prevented through removing precancerous growths in the colon and rectum.
- The cost of cancer care in the United States is expected to reach almost \$174 billion by 2020.

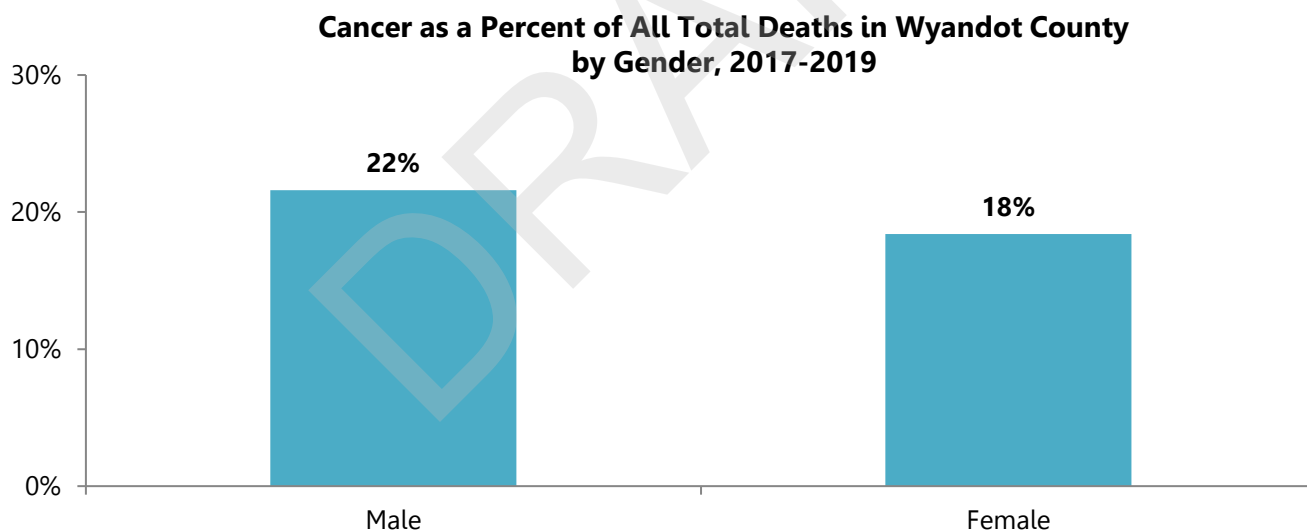
(Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Cancer, Updated December 16, 2020)

The following graph shows the Wyandot County, Ohio and U.S. age-adjusted mortality rates (per 100,000 population) for all types of cancer in comparison to the Healthy People 2030 objective.



(Source: Ohio Public Health Data Warehouse, CDC Wonder, Healthy People 2030)

The following graph shows cancer as a percent of total deaths in Wyandot County.

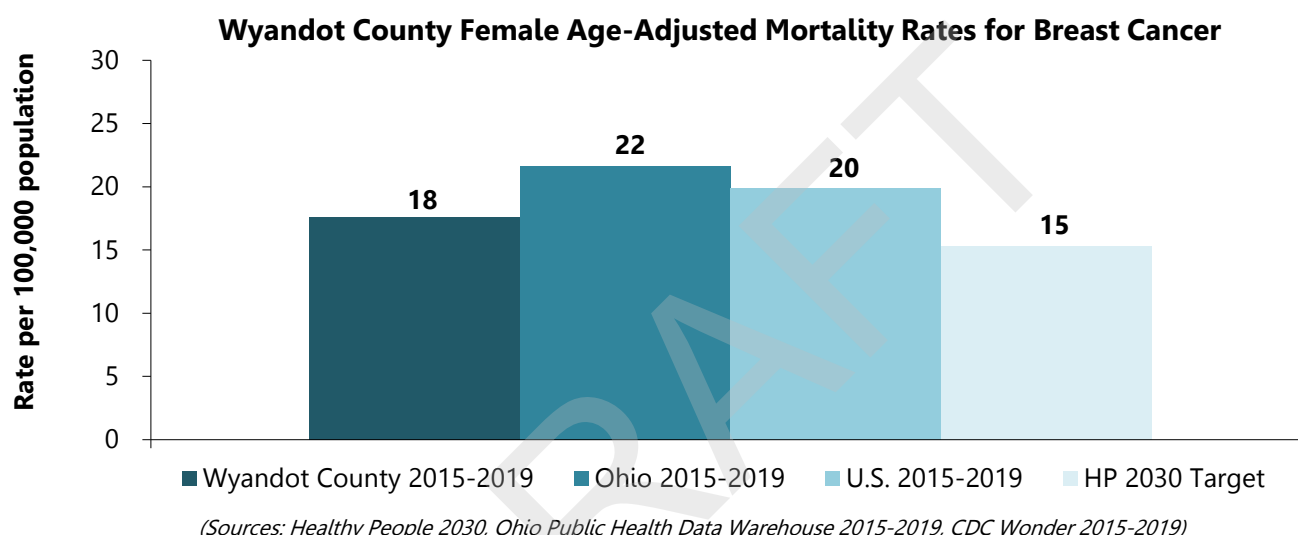


(Source: Ohio Public Health Data Warehouse, 2017-2019)

Breast Cancer

- In 2021, 58% of Wyandot County females reported having a clinical breast examination in the past year.
- More than half (58%) of Wyandot County females older than the age of 40 had a mammogram in the past year.
- For women at average risk of breast cancer, the American Cancer Society recommends that those 40 to 44 years of age have the option to begin annual mammography, those 45 to 54 should undergo annual mammography, and those 55 years of age and older may transition to biennial mammography or continue annual mammography. Women should continue mammography as long as overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual magnetic resonance imaging (MRI) is recommended in addition to mammography, typically starting at age 30 (*Source: American Cancer Society, Facts & Figures 2021*).

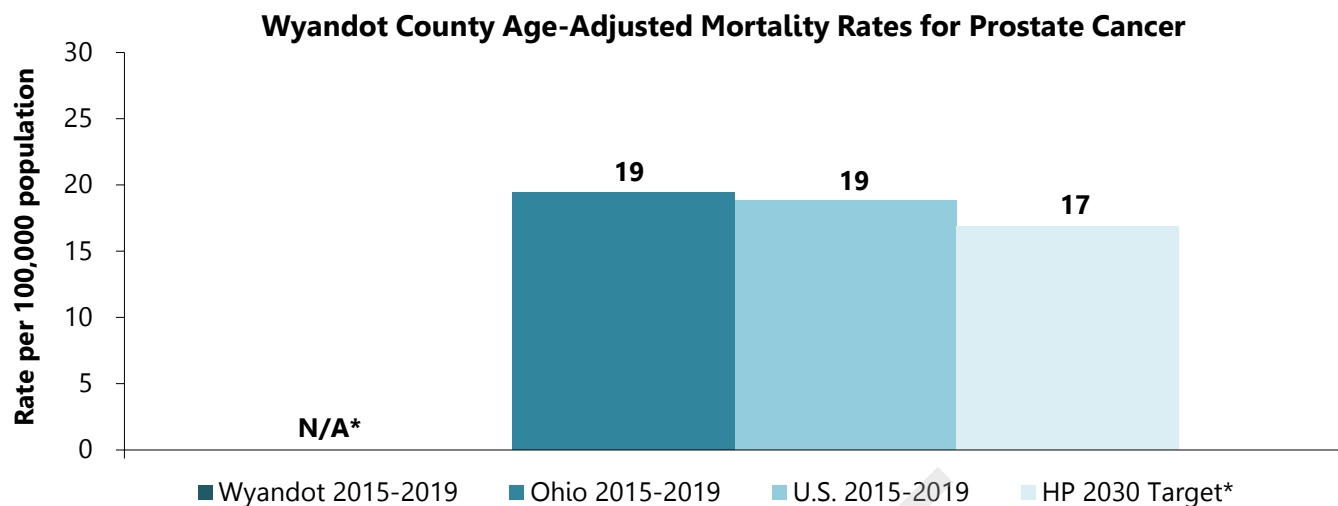
The following graph shows the Wyandot County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for breast cancer in comparison with the Healthy People 2030 objective.



Prostate Cancer

- More than half (56%) of Wyandot County men had a digital rectal exam in their lifetime, and 16% had one in the past year.
- ODH statistics indicate that prostate cancer accounted for 6% of all male cancer deaths from 2015 to 2019 in Wyandot County (*Source: Ohio Public Health Data Warehouse, 2015-2019*).
- Although studies have shown that PSA testing reduces prostate cancer mortality, no major medical organization presently endorses routine screening for men at average risk because of concerns about the high rate of overdiagnosis (detecting disease that would never have caused symptoms or harm), along with the high potential for serious side effects associated with prostate cancer treatment. However, because prostate cancer is a leading cause of cancer death in men, many organizations recommend an “informed decision-making” approach whereby men are educated about screening and encouraged to make a personal choice. The American Cancer Society recommends that beginning at age 50, men who are at average risk of prostate cancer and have a life expectancy of at least 10 years have a conversation with their health care provider about the benefits and limitations of PSA testing and make an informed decision about whether to be tested based on their personal values and preferences. Black men and those with a close relative diagnosed with prostate cancer before the age of 65 should have this discussion beginning at age 45, and men at even higher risk (several close relatives diagnosed at an early age and BRCA mutation carriers) should have this discussion beginning at age 40. (*Source: American Cancer Society, Facts & Figures 2021*).

The following graph shows the Wyandot County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for prostate cancer in comparison with the Healthy People 2030 objective.



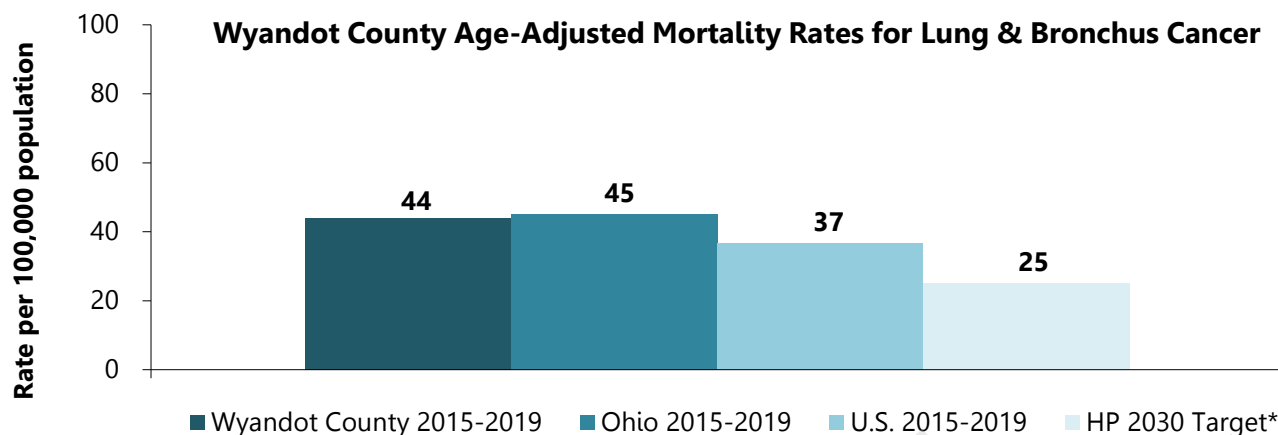
**N/A – Not Available*

(Sources: Healthy People 2030, Ohio Public Health Data Warehouse 2015-2019, CDC Wonder 2015-2019)

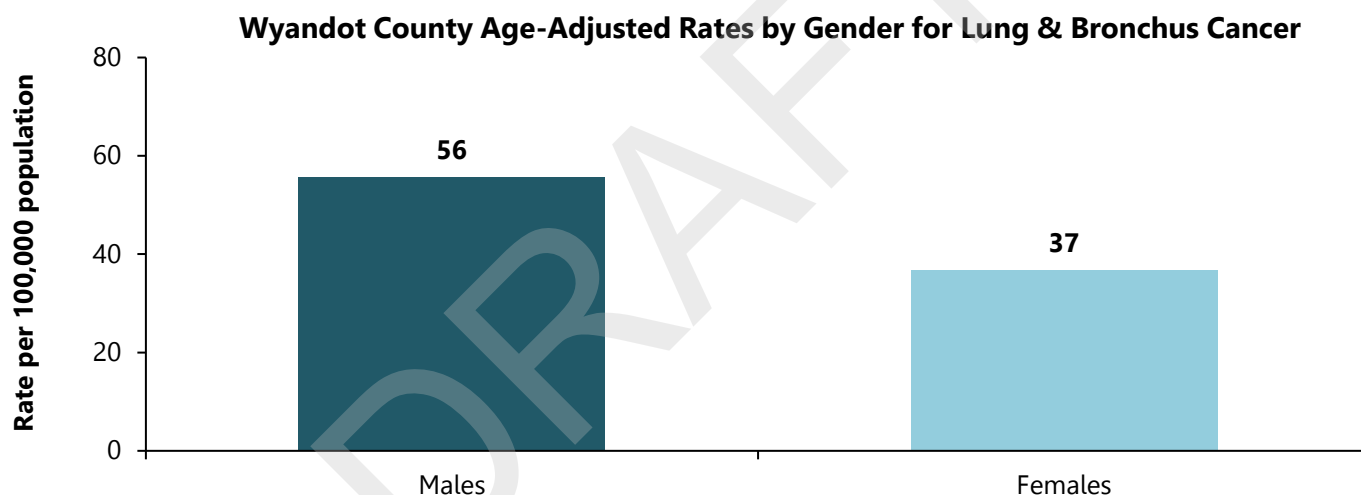
Lung Cancer

- In Wyandot County, 14% of male adults were current smokers and 28% were former smokers.
- ODH reports that lung and bronchus cancer was the leading cause of male cancer deaths (total deaths=42) and female cancer deaths (total deaths=29) from 2015 to 2019 in Wyandot County *(Source: Ohio Public Health Data Warehouse, 2015-2019)*.
- According to the American Cancer Society, smoking causes 80% of lung cancer deaths in the U.S. Men and women who smoke are about 25 times more likely to develop lung cancer than people who never smoked *(Source: American Cancer Society, Facts & Figures 2021)*.

The following graphs show the Wyandot County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for lung and bronchus cancer in comparison with the Healthy People 2030 objective, as well as by gender.



*Healthy People 2030 Target data is for lung cancer only
 (Sources: Healthy People 2030, Ohio Public Health Data Warehouse 2015-2019, CDC Wonder 2015-2019)

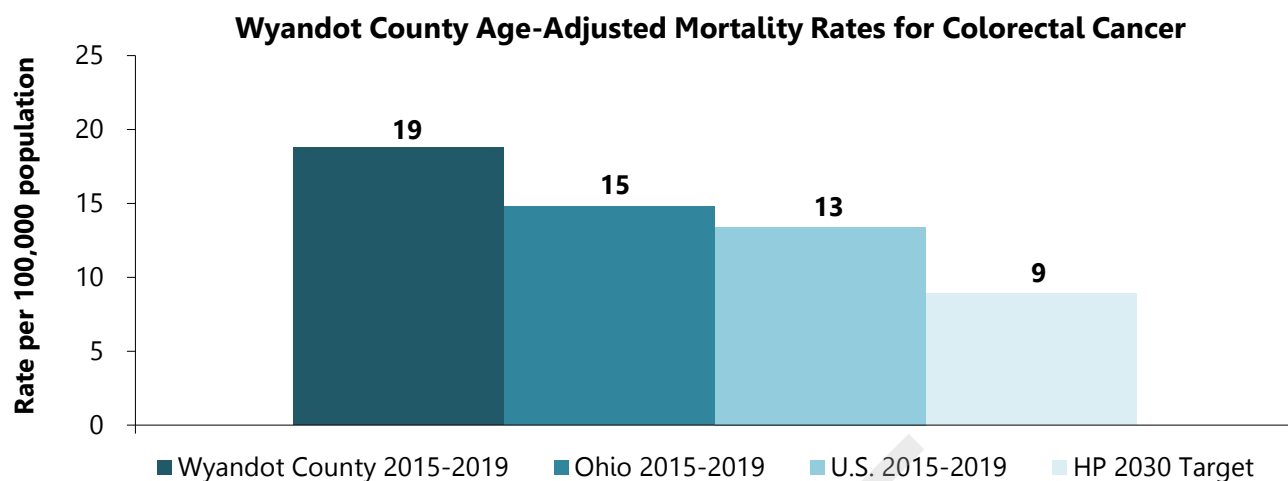


(Source: Ohio Public Health Data Warehouse 2015-2019)

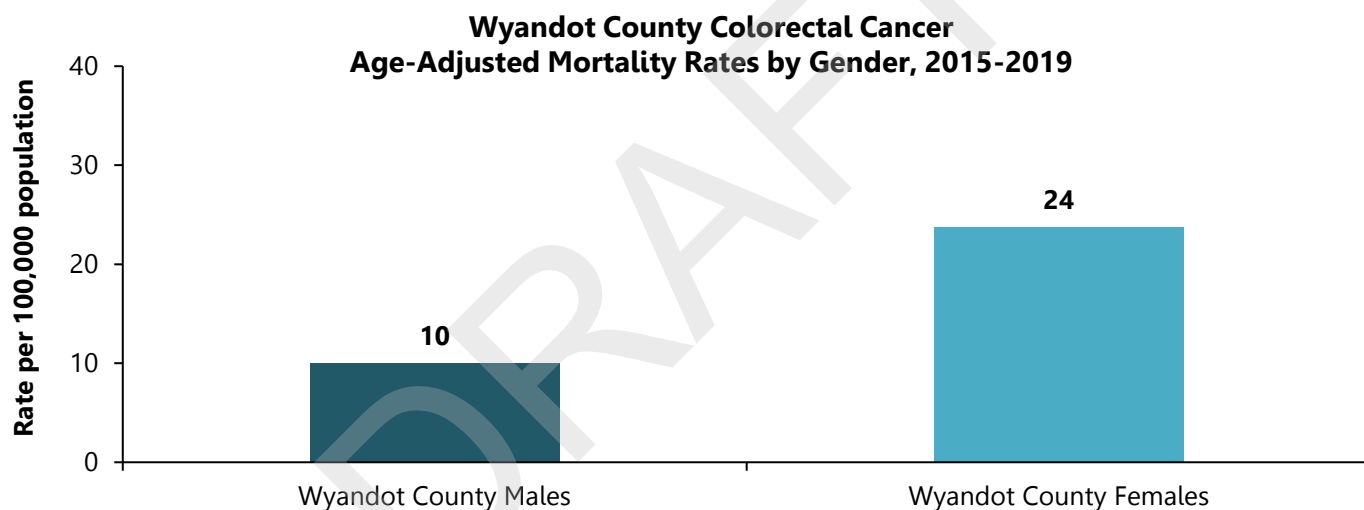
Colorectal Cancer

- ODH indicates that colorectal cancer accounted for 5% of all male and 20% of female cancer deaths from 2017 to 2019 in Wyandot County (Source: Ohio Public Health Data Warehouse, 2017-2019).
- Modifiable factors that increase colorectal cancer risk include excess body weight, physical inactivity, long-term smoking, high consumption of red or processed meat, low calcium intake, heavy alcohol consumption, and very low intake of fruits and vegetables and whole-grain fiber. Hereditary/genetic and medical factors that increase risk include a personal or family history of colorectal cancer and/or adenomatous polyps, certain inherited genetic conditions, a personal history of chronic inflammatory bowel disease, and type 2 diabetes (Source: American Cancer Society, Facts & Figures 2021).
- Screening can prevent colorectal cancer through the detection and removal of precancerous growths, as well as detect cancer at an early stage, when treatment is usually less intensive and more successful. Regular screenings with either stool tests or exams (e.g., colonoscopy) results in a reduction in premature colorectal cancer death. The American Cancer Society recommends men and women at average risk for colorectal cancer be screened starting at age 45 (Source: American Cancer Society, Facts & Figures 2021).

The following graphs show Wyandot County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for colorectal cancer in comparison with the Healthy People 2030 objective, as well as by gender.



(Source: Healthy People 2030, Ohio Public Health Data Warehouse 2015-2019, CDC Wonder 2015-2019)



(Source: Ohio Public Health Data Warehouse 2015-2019)

Wyandot County Incidence of Cancer, 2013-2017

Types of Cancer	Age-Adjusted Rate	Number of Cases
Lung and Bronchus	63.6	99
Breast	54	78
Colon & Rectum	48.5	72
Other Sites/Types	43.2	67
Prostate	76	59
Uterus	37.2	28
Non-Hodgkins Lymphoma	20.3	27
Bladder	14.8	25
Kidney & Renal Pelvis	16.4	24
Thyroid	18.5	23
Pancreas	12.5	20
Leukemia	13.8	19
Melanoma of Skin	12.7	19
Oral Cavity & Pharynx	9.3	15
Liver & Intrahepatic Bile Duct	8.7	14
Brain and Other CNS	7.6	10
Stomach	6.4	9
Cervix	16.9	8
Larynx	4.7	7
Esophagus	4	6
Hodgkins Lymphoma	5	6
Ovary	8.6	6
Multiple Myeloma	2.9	5
Testis	N/A	2
Total		648

(Source: Ohio Cancer Incidence Surveillance System, ODH Information Warehouse, Updated 2/7/2020)

2021 Cancer Estimates

- In 2021, almost 1.9 million new cancer cases are expected to be diagnosed.
- About 608,570 Americans are expected to die of cancer in 2021.
- An estimated 18% of cancer cases and 16% of cancer deaths are attributable to the combined effects of excess body weight, alcohol consumption, physical inactivity, and an unhealthy diet.
- More than 16.9 million Americans with a history of invasive cancer were alive on January 1, 2019, most of whom were diagnosed many years ago and have no current evidence of the disease.
- 80% of lung cancer deaths in the U.S are attributed to smoking.
- In 2021, estimates predict that there will be 73,320 new cases of cancer and 25,140 cancer deaths in Ohio.
- Of the new cancer cases in Ohio, approximately 10,350 (14%) will be from lung and bronchus cancers and 4,610 (6%) will be from melanoma (skin) cancer.
- About 10,450 new cases of female breast cancer are expected in Ohio.
- New cases of male prostate cancer in Ohio are expected to be 9,010.

(Source: American Cancer Society, Facts and Figures 2021)

Chronic Disease: Arthritis

Key Findings

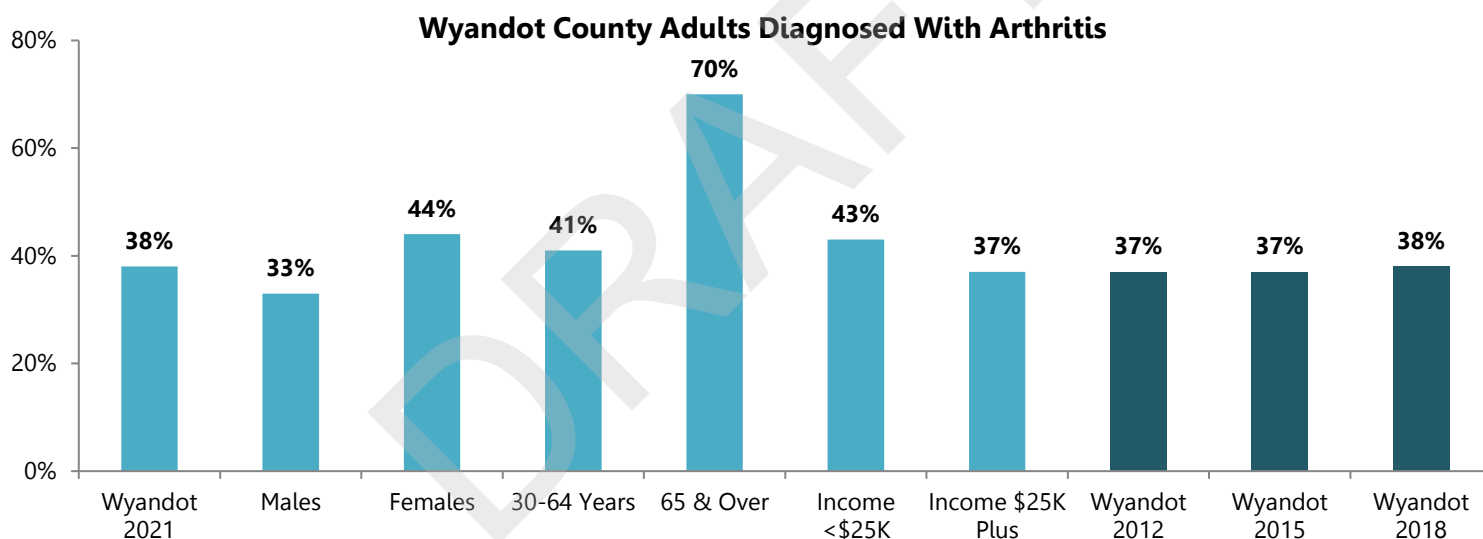
More than one-third (38%) of Wyandot County adults were diagnosed with some form of arthritis.

Arthritis

- More than one-third (38%) of Wyandot County adults were told by a doctor or other health professional that they had some form of arthritis, increasing to 70% of those over the age of 65.
- Wyandot County adults were told by a doctor or other health professional that they had the following: gout (7%), fibromyalgia (6%), rheumatoid arthritis (3%), and lupus (1%).

38% of Wyandot County adults, or approximately 6,393 adults were diagnosed with arthritis.

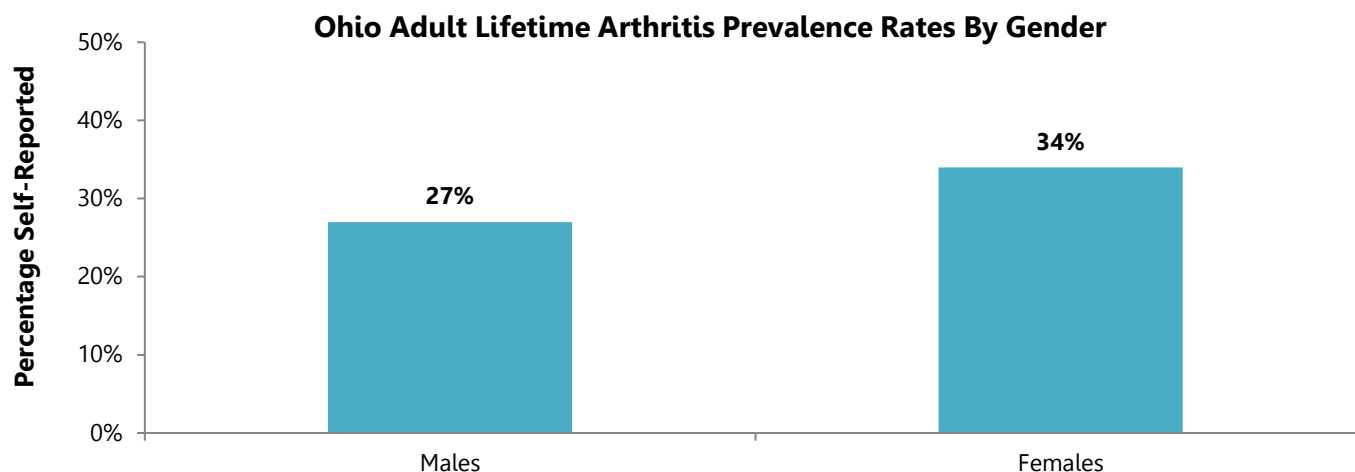
The following graph shows the percentage of Wyandot County adults who were told by a doctor they had arthritis. An example of how to interpret the information includes: 38% of adults were told they had arthritis, including 44% of females and 70% of adults ages 65 and older.



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

Adult Comparisons	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Diagnosed with arthritis	37%	37%	38%	38%	31%	26%

The following graphs demonstrate the lifetime prevalence rates of arthritis by gender for Ohio residents.



(Source: 2019 BRFSS)

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 thirty minutes of moderate physical activity at least five days a week. You can get activity in ten-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 eleven 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 5, 2019)

Chronic Disease: Asthma

Key Findings

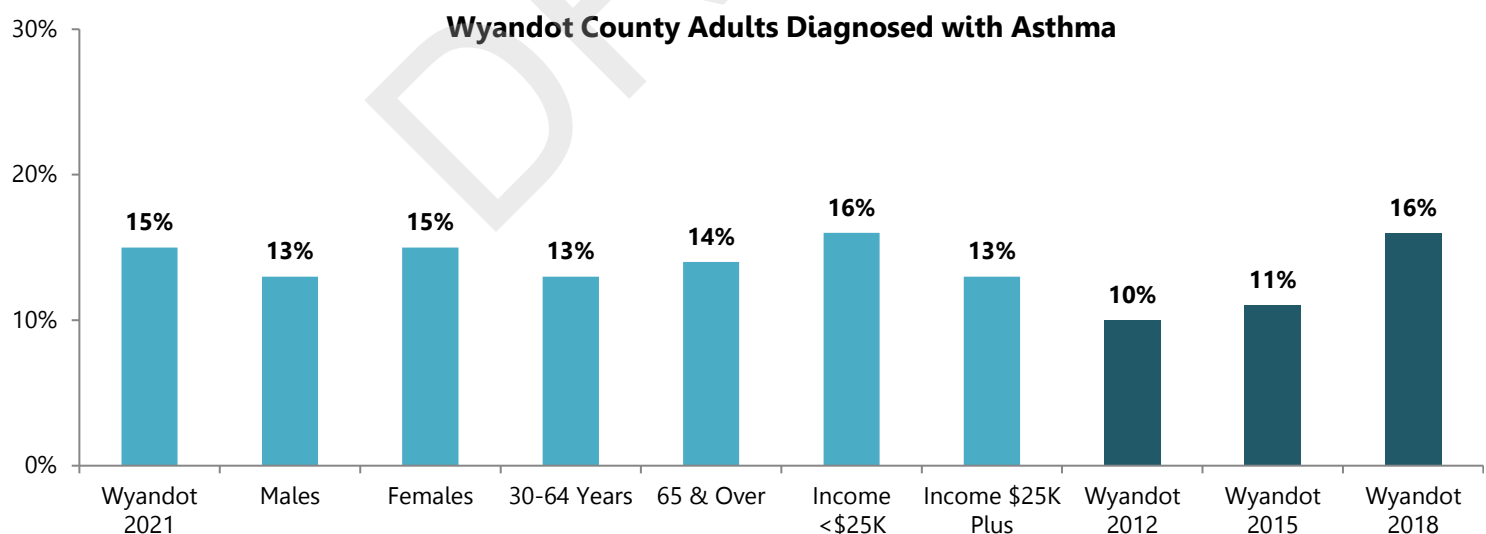
In 2021, 15% of Wyandot County adults were ever told by a doctor or health care professional that they had asthma.

Asthma and Other Respiratory Disease

- In 2021, 15% of Wyandot County adults were ever told by a doctor or health care professional that they had asthma.
- 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, Asthma, Updated September 6, 2019).
- Chronic lower respiratory disease was the third leading cause of death in Wyandot County and the fourth leading cause of death in Ohio in 2016 to 2018 (Source: Ohio Public Health Data Warehouse, 2017-2019).

Adult Comparisons	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Diagnosed with asthma	10%	11%	16%	15%	11%	10%

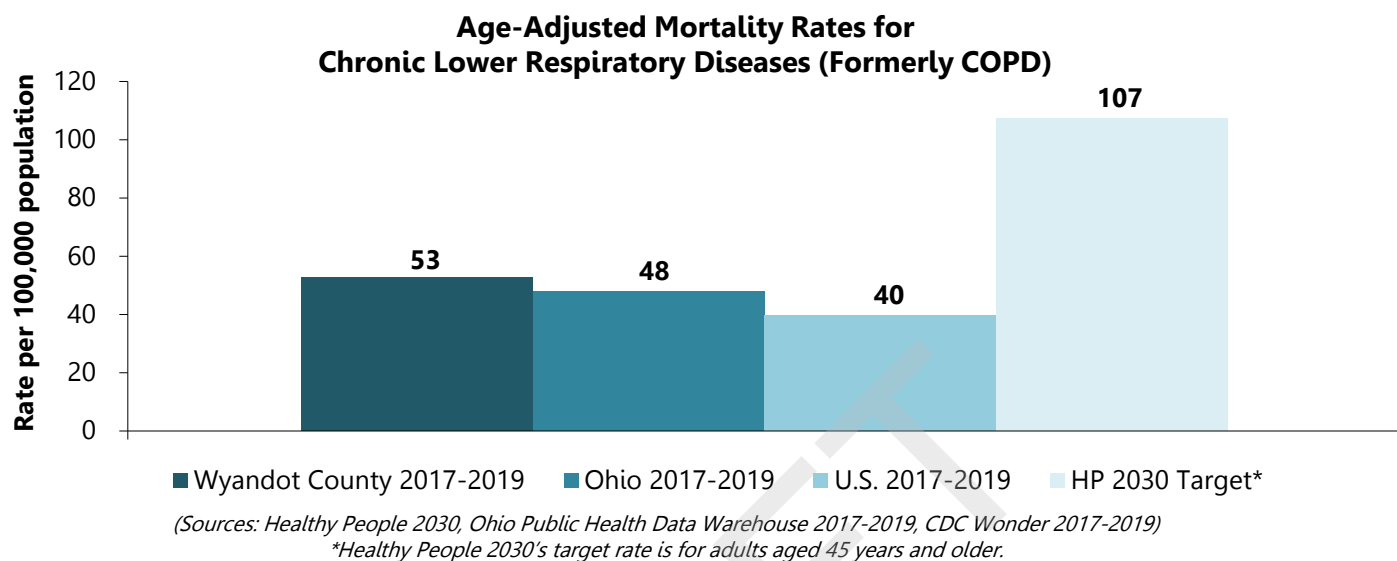
The following graph shows the percentage of Wyandot County adults who were diagnosed with asthma. Examples of how to interpret the information include: 15% of adults were diagnosed with asthma, including 15% of females and 16% of those with incomes less than \$25,000.



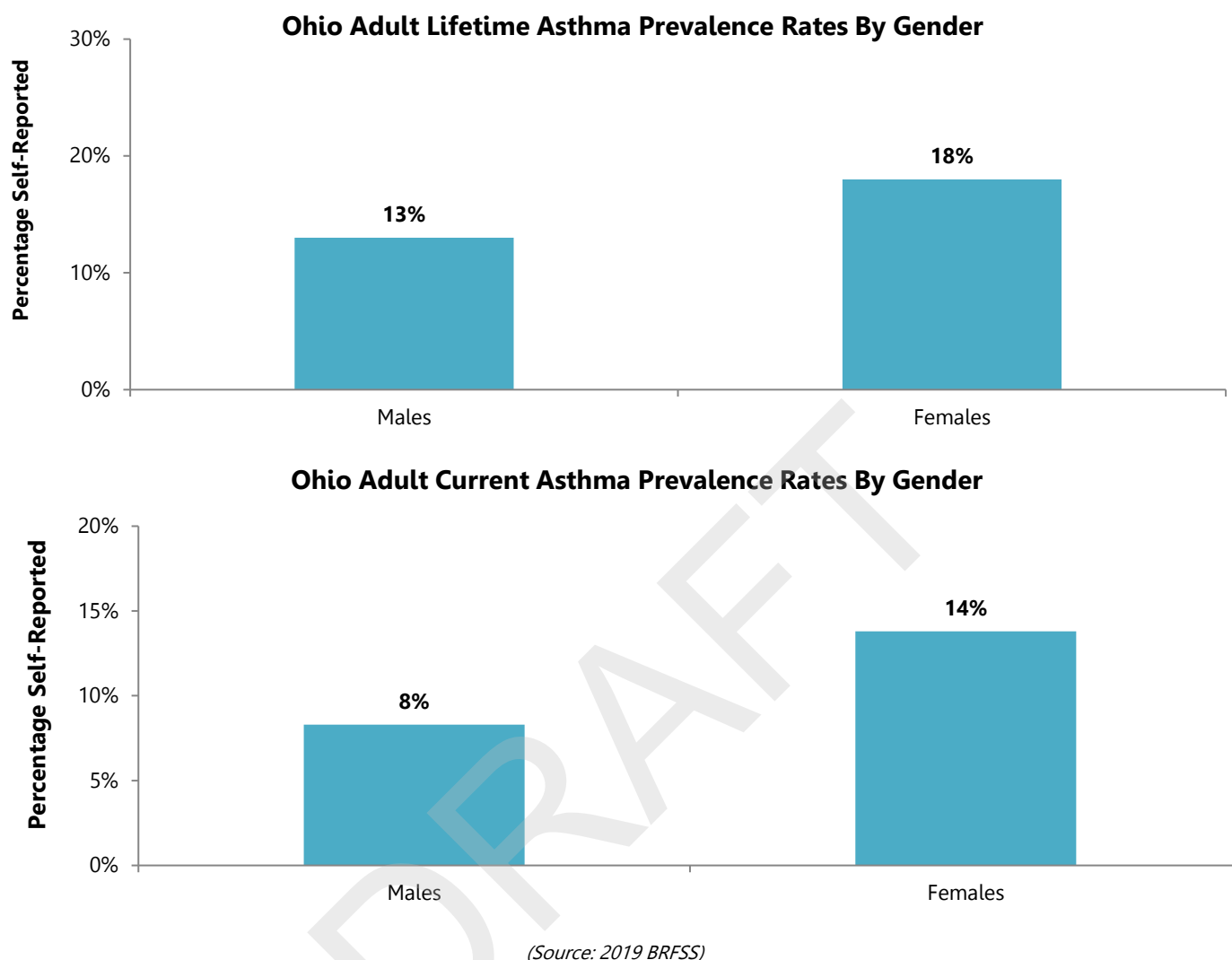
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graph shows the Wyandot County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for chronic lower respiratory diseases (formerly COPD) in comparison with the Healthy People 2030 objective. The graph shows:

- From 2017 to 2019, Wyandot County's age-adjusted mortality rate for chronic lower respiratory disease was higher than the Ohio and U.S. rate but lower than the Healthy People 2030 target objective rate.



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



Asthma Facts

- The number of Americans with asthma grows every year. Currently, 26.5 million Americans have asthma.
- More than 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.
- 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 June 13, 2018)

Chronic Disease: Diabetes

Key Findings

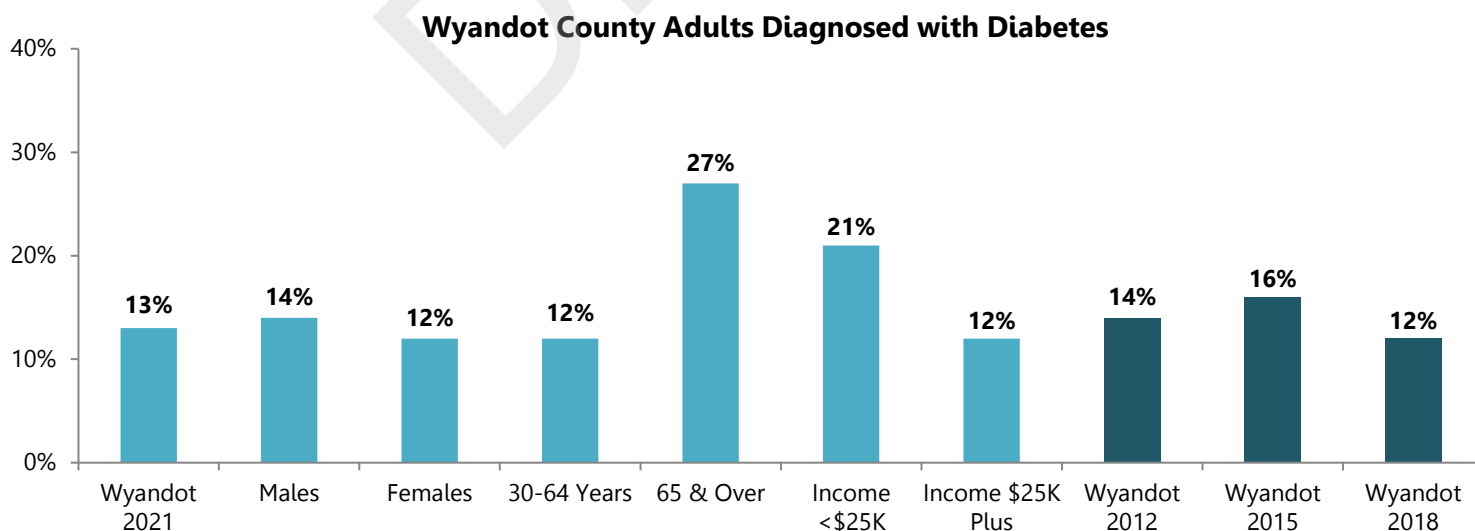
In 2021, 13% of Wyandot County residents reported they were diagnosed with diabetes at some time in their lifetime. More than one-fifth (22%) of adults with diabetes rated their health as fair or poor.

13% of adults, or approximately 2,187 adults were diagnosed with diabetes.

Diabetes

- Thirteen percent (13%) of Wyandot County adults were diagnosed with diabetes at some time in their lifetime, increasing to 27% of those older than the age of 65.
- A test for A1C measures the average level of blood sugar over the past three months. Nine percent (9%) of Wyandot County adults reported getting their A1C checked three or more times in the past year. Eleven percent (11%) said two times, 21% said one time, 44% said none and 16% said they did not know if they had gotten their A1C checked within the past year.
- More than one-fifth (22%) of adults with diabetes rated their health as fair or poor.
- Wyandot County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - Overweight or obese (95%)
 - High blood pressure (80%)
 - High blood cholesterol (62%)

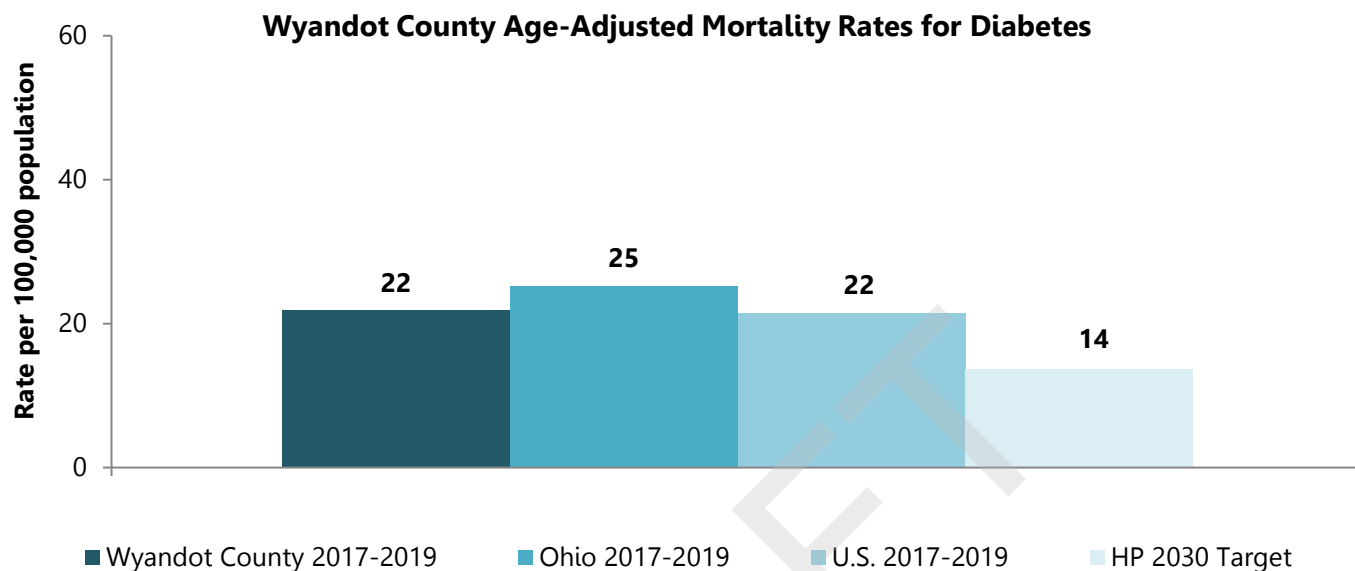
The following graph shows the percentage of Wyandot County adults who were diagnosed with diabetes. Examples of how to interpret the information include: 13% of adults were diagnosed with diabetes, including 14% of males and 27% of adults ages 65 and older.



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 Wyandot County and Ohio residents with comparison to the Healthy People 2030 target objective.

- From 2017 to 2019, Wyandot County's age-adjusted diabetes mortality rate was lower than Ohio's rate, the same as the U.S. rate, and higher than the Healthy People 2030 objective rate.



**The Healthy People 2030 rate is for all causes of death.*

(Source: Ohio Public Health Data Warehouse, 2017-2019, CDC Wonder 2017-2019, Healthy People 2030)

Adult Comparisons	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Diagnosed with diabetes	14%	16%	12%	13%	12%	11%

Statistics About Diabetes

- Among the US population overall, crude estimates for 2018 indicated that:
 - 34.2 million people of all ages—or 10.5% of the US population—had diabetes.
 - 34.1 million adults aged 18 years or older—or 13.0% of all US adults—had diabetes.
 - 7.3 million adults aged 18 years or older who met laboratory criteria for diabetes were not aware of or did not report having diabetes. This number represents 2.8% of all US adults and 21.4% of all US adults with diabetes.
 - The percentage of adults with diabetes increased with age, reaching 26.8% among those aged 65 years or older.
- Among adults aged 18 or older in the U.S., 1.5 million new cases, or 6.9 per 1,000 persons, were diagnosed in 2018.
- Compared to adults aged 18 to 44 years, incidence rates of diagnosed diabetes in 2018 were higher among adults aged 45 to 64 years and those aged 65 years and older
- Prevalence of diagnosed diabetes was highest among American Indians/Alaska Native people (14.7%), people of Hispanic origin (12.5%), and non-Hispanic Black people (11.7%), followed by non-Hispanic Asians people (9.2%) and non-Hispanic white people (7.5%)

(Source: CDC, 2021 National Diabetes Statistics Report, Updated February 14, 2021)

Chronic Disease: Quality of Life

Key Findings

In 2021, 21% of Wyandot County adults were limited in some way because of a physical, mental, or emotional problem. The most limiting health problems were arthritis/rheumatism (48%); back or neck problems (48%); stress, walking problems (31%); and depression, anxiety, and emotional problems (23%).

21% of Wyandot County adults, or approximately 3,533 adults were limited in some way because of a physical, mental or emotional problem.

Impairments and Health Problems

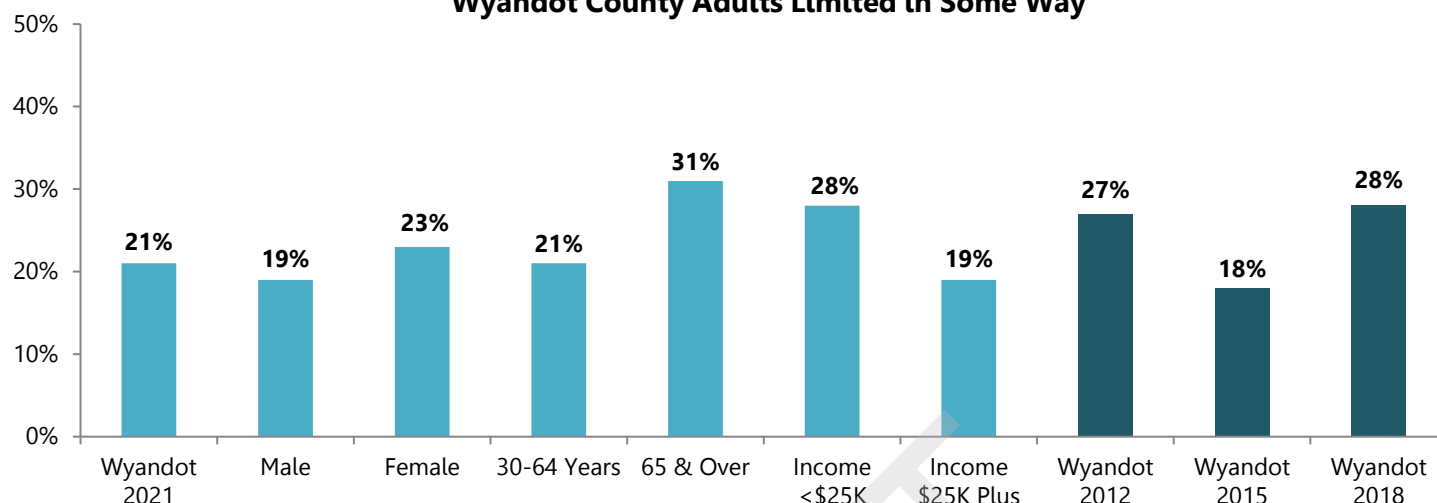
- More than one-fifth (21%) of Wyandot County adults were limited in some way because of a physical, mental or emotional problem increasing to 28% of those with annual incomes less than \$25,000.
- Those who were limited in some way reported the following most limiting problems or impairments:
 - Arthritis/rheumatism (49%)
 - Back or neck problems (48%)
 - Chronic pain (39%)
 - Walking problems (31%)
 - Stress, depression, anxiety, or emotional problems (23%)
 - Chronic illness (22%)
 - Lung/breathing problems (19%)
 - Fitness level (15%)
 - Sleep problems (15%)
 - Fractures, bone/joint injuries (15%)
 - Eye/vision problems (13%)
 - Mental health illness/disorder (9%)
 - Memory loss (8%)
 - Dental problems (6%)
 - Hearing problems (6%)
 - Confusion (6%)
 - Developmental disability (3%)
 - Learning disability (1%)
 - Substance dependency (1%)
 - Drug addiction (1%)
 - Other impairments/problems (10%)
- Wyandot County adults needed help with the following because of an impairment or health problem: household chores (6%), shopping (6%), getting around for other purposes (4%), meal preparation (3%), doing necessary business (3%), bathing (2%), dressing (1%), getting around the house (1%), eating (1%), and other (2%).

Adult Comparisons	Wyandot County 2012	Wyandot County 2015	Wyandot County 2018	Wyandot County 2021	Ohio 2019	U.S. 2019
Limited in some way because of physical, mental or emotional problem	27%	18%	28%	21%	N/A	N/A

N/A – Not Available

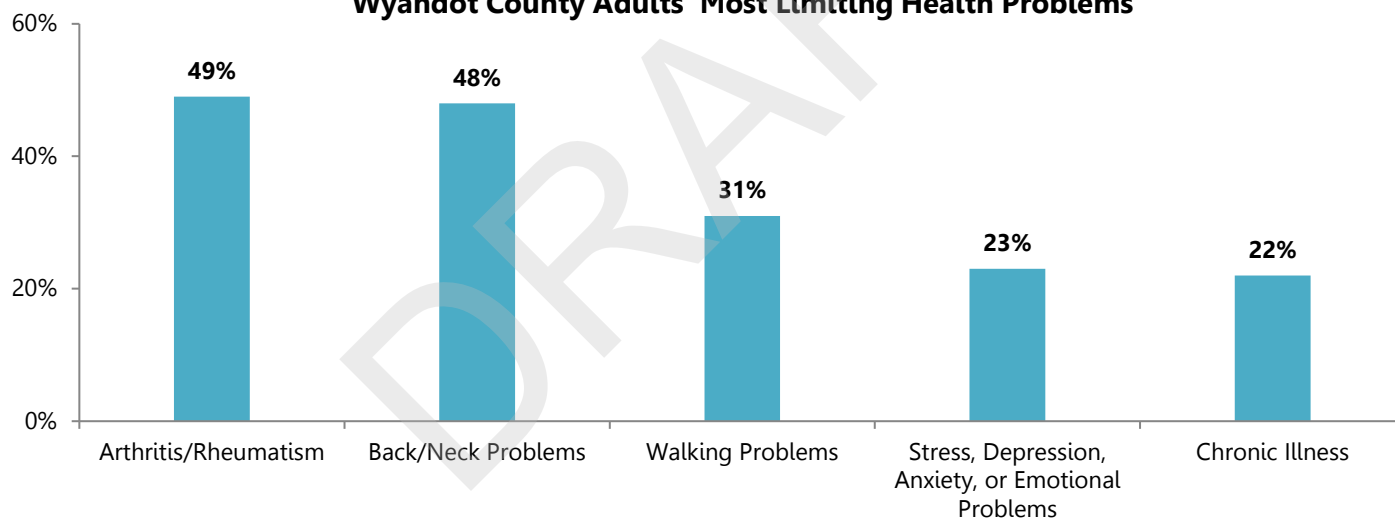
The following graphs show the percentage of Wyandot County adults who were limited in some way and the most limiting health problems. Examples of how to interpret the information on the first graph include: 21% of Wyandot County adults were limited in some way, including 23% of females and 31% of those ages 65 and older.

Wyandot 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.

Wyandot County Adults' Most Limiting Health Problems



Healthy People 2030

Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Wyandot County 2021	Healthy People 2030 Target
AOCBC-2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	49%	39%

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

(Sources: Healthy People 2030 Objectives, 2021 Wyandot County Health Assessment)

Social Conditions: Social Determinants of Health

Key Findings

In 2021, 3% of Wyandot County adults had to choose between paying bills and buying food. Thirteen percent (13%) of adults experienced four or more adverse childhood experiences (ACEs) in their lifetime. Six percent (6%) of Wyandot County adults were threatened with abuse in the past year.

Healthy People 2030

Social determinants of health (SDOH) are the conditions in the environments where 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.

One of Healthy People 2030's 5 overarching goals is specifically related to SDOH: "Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all."

Healthy People 2030 has classified social determinants of health into five domains:

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

Social Determinants of Health



Economic Stability

- Adults experienced the following food insecurity issues during the past year: had to choose between paying bills and buying food (3%), worried food would run out (2%), loss of income led to food insecurity issues (2%), went hungry/ate less to provide more food for their family (2%), were hungry but did not eat because they did not have money for food (2%), and food assistance was cut (<1%),
- Three percent (3%) of adults experienced more than one food insecurity issue.

3% of Wyandot County adults, or approximately 673 adults experienced more than one food insecurity issue in the past year.

- According to the 2019 American Community Survey 5-year Estimates, the median household income in Wyandot County was \$55,767. The U.S. Census Bureau reports median annual household income levels of \$56,602 for Ohio and \$65,843 for the U.S. (Source: U.S. Census Bureau, 2019 American Community Survey 5-year Estimate).
- According to the 2019 American Community Survey 1-year Estimates, 7% of all Wyandot County residents were living in poverty, and 5% of children and youth ages 0-17 were living in poverty (Source: U.S. Census Bureau, 2019 American Community Survey 5-year Estimate).
- The unemployment rate for Wyandot County was 2.9 as of December 2019 (Source: Bureau of Labor Statistics, Local Area Unemployment Statistics).
- According to the 2019 American Community Survey 5-year Estimates, in Wyandot County, there were 9,949 housing units. The owner-occupied housing unit rate was 74%. Rent in Wyandot County cost an average of \$631 per month (Source: U.S. Census Bureau, 2019 American Community Survey 5-year Estimates).

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

Type of Assistance	Received Assistance	Did Not Need Assistance	Did Not Know Where to Look	Did Not Qualify for Assistance
Affordable child care	<1%	87%	2%	11%
Clothing	<1%	89%	1%	9%
Credit counseling	1%	87%	3%	9%
Dental care	7%	79%	4%	9%
Diapers	<1%	89%	1%	10%
Drug or alcohol addiction	1%	89%	1%	10%
Employment	3%	87%	1%	9%
Emergency Shelter	0%	90%	2%	9%
Food	3%	87%	1%	10%
Free tax preparation	4%	86%	2%	9%
Gambling addiction	0%	90%	1%	9%
Health care	9%	81%	2%	8%
Home repair	3%	85%	3%	9%
Homelessness	0%	90%	1%	9%
Legal aid services	1%	89%	1%	9%
Medicare	8%	82%	1%	9%
Mental illness issues including depression	5%	84%	2%	9%
Post incarceration transition issues	0%	90%	1%	9%
Prescription assistance	6%	83%	2%	9%
Rent/mortgage	2%	88%	1%	9%
Transportation	2%	88%	2%	8%
Unplanned pregnancy	0%	90%	1%	9%
Utilities	3%	86%	1%	10%

- The 2014 to 2018 American Community Survey 5-year estimates report that approximately 1,645,986 Ohio residents, or 14.5% of the population, were living in poverty.
- From 2014 to 2018, 9.5% of Wyandot County residents were living in poverty.

Percentage Population in Poverty

- 4.6% - 9.9%
- 10.0% - 14.9%
- 15.0% - 19.9%
- 20.0% - 30.6%

Appalachian Ohio

SOCIAL DETERMINANTS OF HEALTH | 99

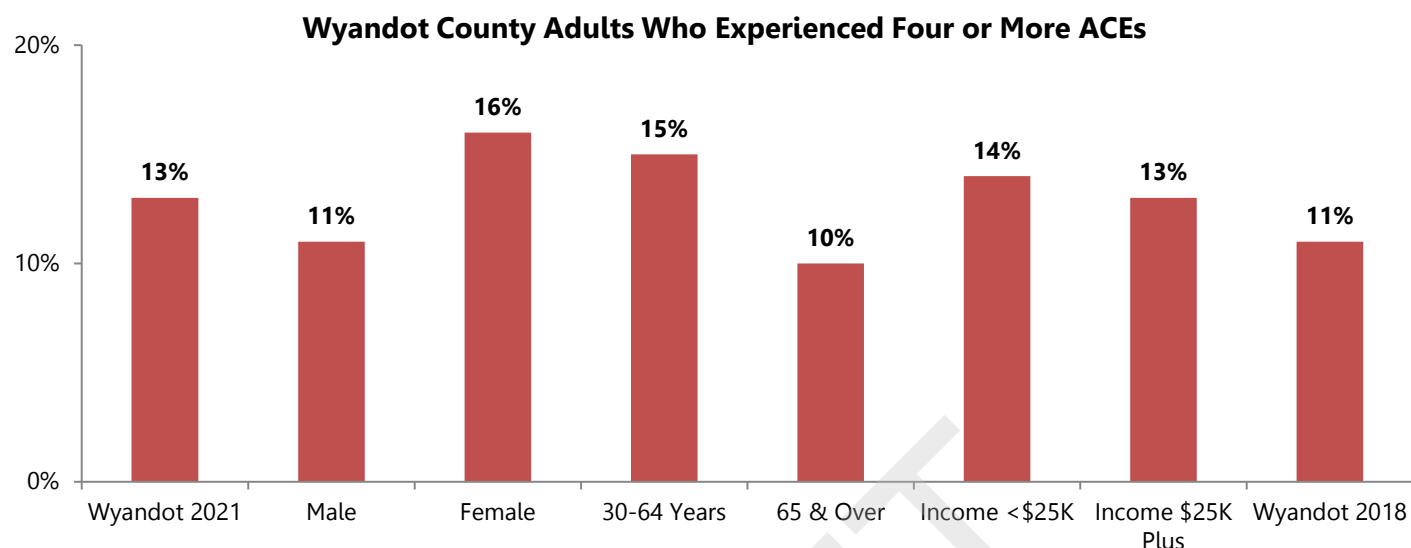
Social and Community Context

- Six percent (6%) of Wyandot County adults were threatened with abuse in the past year. Those who were threatened with abuse were threatened in the past year by the following people: a spouse or partner (38%), a child (29%), another person outside the home (29%), and someone else (33%).
- Five percent (5%) of adults were abused in the past year. Those who were abused were abused by the following: someone outside the home (40%), a spouse or partner (40%), a child (20%), and someone else (20%). Of those who were abused, they were abused in the following ways: verbally (87%), emotionally (40%), through electronic methods (33%), physically (27%), and financially (20%).
- Adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They also include household dysfunction such as witnessing 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 July 2, 2021*).
- Wyandot County adults experienced the following adverse childhood experiences (ACEs):
 - Their parents became separated or were divorced (24%)
 - A parent or adult in their home swore at them, insulted them, or put them down (17%)
 - Lived with someone who was a problem drinker or alcoholic (16%)
 - Lived with someone who was depressed, mentally ill, or suicidal (14%)
 - Someone at least five years older than them or an adult touched them sexually (9%)
 - Lived with someone who used illegal stress drugs, or who abused prescription medications (8%)
 - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (7%)
 - A parent or adult in their home hit, beat, kicked, or physically hurt them (7%)
 - Lived with someone who served time or was sentenced to serve time in prison, jail or correctional facility (7%)
 - Someone at least five years older than them or an adult tried to make them touch them sexually (6%)
 - Their family did not look out for each other, feel close to each other, or support each other (5%)
 - Their parents were not married (2%)
 - Someone at least five years older than them or an adult forced them to have sex (2%)
 - They didn't have enough to eat, had to wear dirty clothing, and had no one to protect them (2%)
- Thirteen percent (13%) of Wyandot County adults experienced four or more adverse childhood experiences (ACEs).

Veterans Affairs

- As a result of military service during the past 10-20 years, the following have affected Wyandot County veterans' immediate family members: access to medical care at a Veterans Affairs facility (9%), post-traumatic stress disorder (PTSD) (5%), had problems getting information on Veterans Affairs eligibility and applying (4%), access to mental health treatment (4%), major health problems due to injury (3%), substance/drug abuse/overdose (3%), had problems getting Veterans Affairs benefits (2%), could not find/keep a job (2%), housing issues (1%), and access to medical care at a non-Veterans Affairs facility (1%).

The following graph shows the percentage of Wyandot County adults who experienced four or more adverse child experiences (ACEs) in their lifetime. Examples of how to interpret the information on the graph include: 13% of all Wyandot County adults had experienced four or more ACEs in their lifetime, including 16% of females and 10% of those 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 table below indicates correlations between those who experienced four or more ACEs in their lifetime and participating in risky behaviors, as well as other experiences. An example of how to interpret the information include: 9% of those who experienced four or more ACEs seriously considered attempting suicide in the past year, compared to 1% of those who did not experience any ACEs.

Behaviors of Wyandot County Adults
*Experienced four or more ACEs vs. Did Not Experience Any ACEs**

Adult Behaviors	Experienced four or more ACEs	Did Not Experience Any ACEs
Current drinker (had at least one alcoholic beverage in the past month)	54%	52%
Binge drinker (drank five or more drinks for males and four or more for females on an occasion in the past month)	45%	37%
Current smoker (currently smoke on some or all days)	30%	10%
Seriously contemplated suicide (in the past year)	9%	1%
Misused prescription drugs (used prescription drugs either not prescribed to them or used them to get high or feel more alert in the past six months)	9%	4%
Had two or more sexual partners (in the past year)	9%	4%

**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.

Adverse Childhood Experiences (ACEs)

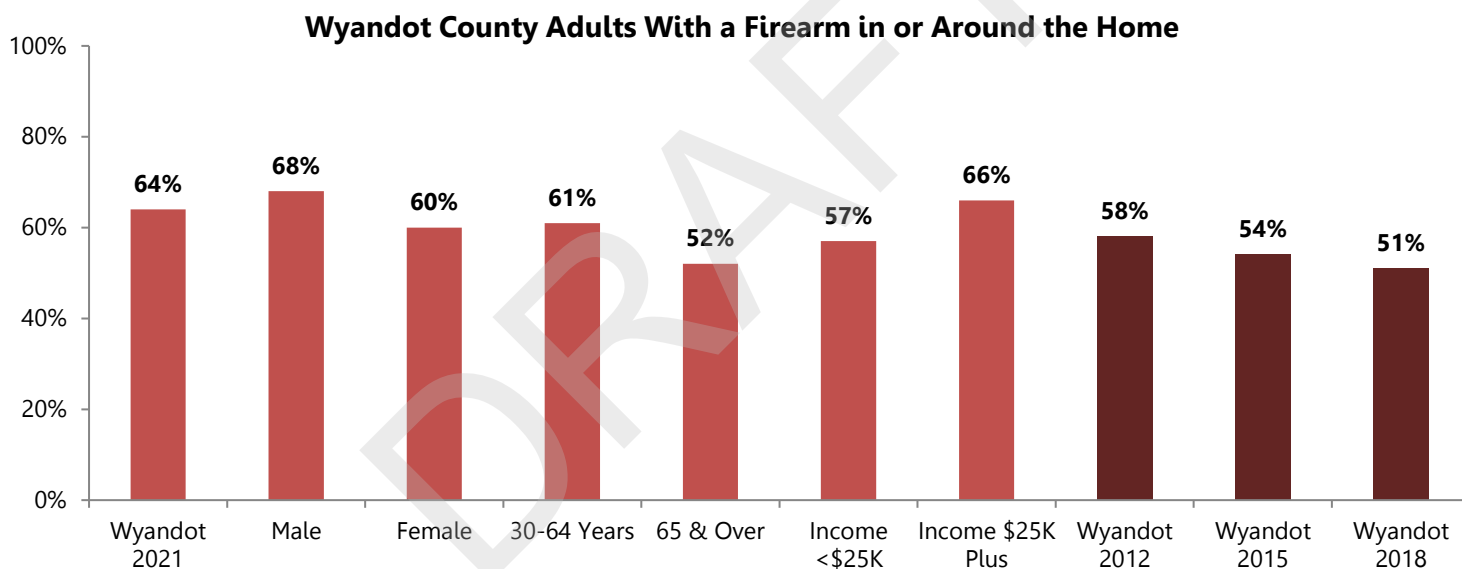
- **Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years),** such as the following:
 - experiencing violence, abuse, or neglect
 - witnessing violence in the home or community
 - having a family member attempt or die by suicide
- Also included are aspects of the child's environment that can undermine their sense of safety, stability, and bonding such as growing up in a household with the following issues:
 - substance misuse
 - mental health problems
 - instability due to parental separation or household members being in jail or prison
- **ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood.** ACEs can also negatively impact education and job opportunities. However, ACEs can be prevented.
- **ACEs are common.** About 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE, and nearly 1 in 6 reported they had experienced four or more types of ACEs.
- **Preventing ACEs could potentially reduce a large number of health conditions.** For example, up to 1.9 million cases of heart disease and 21 million cases of depression could have been potentially avoided by preventing ACEs.
- **Some children are at greater risk than others.** Women and several racial/ethnic minority groups were at greater risk for having experienced 4 or more types of ACEs.
- **ACEs are costly.** The economic and social costs to families, communities, and society totals hundreds of billions of dollars each year.
- **ACEs can have lasting, negative effects on health, well-being, and opportunity.** These experiences can increase the risks of injury, sexually transmitted infections, maternal and child health problems, teen pregnancy, involvement in sex trafficking, and a wide range of chronic diseases and leading causes of death such as cancer, diabetes, heart disease, and suicide.

(Source: CDC Violence Prevention, Fast Facts, Updated April 3, 2020)

Neighborhood and Built Environment

- Wyandot County adults reported the following transportation issues: other car issues/expenses (2%), no car insurance (2%), did not feel safe to drive (1%), disabled (1%), limited public transportation available or accessible (1%), no car (<1%), no driver's license/suspended license (<1%), no public transportation available or accessible (<1%), and could not afford gas (<1%). Two percent (2%) of adults reported having more than one transportation issue.
- Wyandot County adults reported doing the following while driving: talk on hands-free cell phone (45%); eating (34%); talking on hand-held cell phone (27%); texting (17%); using Internet/apps/social media on their cell phone (11%); driving without wearing a seatbelt (10%); being under the influence of alcohol (1%); being under the influence of recreational drugs (1%); being under the influence of prescription drugs (<1%); and other activities (such as applying makeup, shaving, etc.) (<1%). Forty percent (40%) of adults had more than one distraction. One percent (1%) of adults reported they did not drive.
- Sixty-four percent (64%) of Wyandot County adults kept a firearm in or around their home. Five percent (5%) of adults reported that their firearms were unlocked and loaded.

The following graph shows the percentage of Wyandot County adults that have a firearm in or around the home. Examples of how to interpret the information include: 64% of all Wyandot County adults had a firearm in or around the home, including 68% of males and 66% of those with annual incomes of \$25,000 or more.



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

Victims of Gun Violence in America

- Every year, 115,551 people are shot in murders, assaults, suicides & suicide attempts, accidents or by police intervention in America in an average year.
 - 38,826 people die from gun violence and 76,725 people survive gun injuries.
- Every day, an average of 316 persons are shot in America. Of those 316 people, 106 people die and 210 are shot, but survive.
 - Of the 316 people who are shot every day, an average of 22 are children and teens.
 - Of the 106 people who die, 64 are suicides, one death is unintentional, one is by legal intervention, and one with an unknown intent.
 - Of the 210 people who are shot but survive, 95 are assaulted, 90 are shot accidentally, ten are suicide attempts, four are legal interventions and 12 are shot with an unknown intent.

(Source: Brady Campaign to Prevent Gun Violence, Fact Sheet, Updated 2019)

Social Conditions: Environmental Conditions

Key Findings

Wyandot County adults reported the following as the top four issues that threatened their health in the past year: insects (7%), mold (4%), rodents (4%), and temperature regulation (4%). Nine percent (9%) of adults reported they had a disaster plan in preparation of a disaster.

7% of Wyandot County adults, or approximately 1,178 adults reported that insects threatened their or their family members' health in the past year.

Environmental Health

- Wyandot County adults thought the following threatened their or their family members' health in the past year:
 - Insects (7%)
 - Mold (4%)
 - Rodents (4%)
 - Temperature regulation (heating and air conditioning) (4%)
 - Agricultural chemicals (3%)
 - Air quality (2%)
 - Lead paint (2%)
 - Moisture issues (2%)
 - Radon (2%)
 - Chemicals found in household products (2%)
 - Asbestos (1%)
 - Safety hazards (structural problems) (1%)
 - Plumbing problems (1%)
 - Bed bugs (1%)
 - Sanitation issues (<1%)
 - Radiation (<1%)
 - Unsafe water supply/wells (<1%)
 - Sewage/wastewater problems (<1%)
- Eight percent (8%) of Wyandot County adults reported more than one environmental issue that threatened their or their family members' health in the past year.

Disaster Preparedness

- Wyandot County households had the following disaster preparedness supplies: cell phone (89%), cell phone with texting (88%), working flashlight and working batteries (86%), working smoke detector (85%), computer/tablet (78%), three-day supply of nonperishable food for everyone in the household (67%), three-day supply of prescription medication for each person who takes prescribed medicines (61%), three-day supply of water for everyone in the household (one gallon of water per person per day) (46%), working battery-operated radio and working batteries (44%), generator (37%), communication plan (28%), home land-line telephone (27%), family disaster plan (10%), and disaster plan (9%).
- Adults indicated the following as their main method or way of getting information from authorities in a largescale disaster or emergency: television (75%), friends/family (71%), Internet (70%), social media (60%), Wyandot County Emergency Alert System (59%), radio (57%), neighbors (39%), newspapers (24%), and other methods (3%)

COVID-19

- Wyandot County adults and their families were negatively affected by the COVID-19 pandemic in the following ways:
 - Changes to employment status (13%)
 - Change in mental health (13%)
 - Not seeking dental care (11%)
 - Financial instability (11%)
 - Change in physical health (10%)
 - Loss of household income (9%)
 - Educational challenges (i.e., children transitioned to online academics or home-schooling, or adults unable to pursue further education) (9%)
 - Not seeking health care (8%)
 - Death or serious illness of loved one(s) (7%)
 - Increased alcohol use (7%)
 - Lack of Internet access (3%)
 - Lack of childcare (3%)
 - Unable to afford basic needs, such as personal, household, or baby care (2%)
 - Housing instability (2%)
 - Increased drug use (1%)
 - Unable to afford food (1%)
 - Unable to afford medicine (1%)
 - Other (4%)

Social Conditions: Parenting

Key Findings

More than two-fifths (42%) of parents discussed bullying with their 6-to-17 year-old in the past year. Eighty-eight percent (88%) of parents took their child to the doctor for regular visits in the past year. Eight percent (8%) of Wyandot County parents did not believe schools should offer sex education classes.

Parenting

- In the past year, parents took their child to the doctor for the following: regular visits (88%), dental visits (68%), ear infections (27%), behavioral problems (18%), injuries (16%), asthma (6%), head lice (2%), and other visits (51%).
- Wyandot County parents reported their child spent the following unsupervised time after school on an average school day: no unsupervised time (70%), less than one hour (12%), 1 to 2 hours (11%), 3 to 4 hours (6%), and more than 4 hours (3%).
- Wyandot County parents reported the following barriers to childcare: cost/affordability (18%), trust in staff (16%), before and after school transportation (13%), hours of operation (11%), flexibility of the number of days/hours (10%), location (8%), kids-to-teacher ratio (6%), available times (3%), if the childcare facility is licensed (2%), and other (2%).
- Parents thought the following should be covered in school sex education classes: biology (74%), abstinence and refusal skills (72%), birth control and the use of condoms (71%), and other topics (2%). Eight percent (8%) of parents did not believe schools should offer sex education classes.
- Parents discussed the following sexual health and other health topics with their 6-to-17-year-old in the past year:
 - Screen time (50%)
 - Bullying (42%)
 - Weight status (42%)
 - Social media issues (29%)
 - Dating and relationships (27%)
 - Body image (24%)
 - Negative effects of alcohol/tobacco/illegal drugs/misusing prescription drugs (22%)
 - Volunteering (21%)
 - Refusal skills/peer pressure (19%)
 - Energy drinks (18%)
 - Anxiety/depression/suicide (16%)
 - Birth control/condom use/safer sex/STD prevention (14%)
 - Abstinence/how to refuse sex (10%)
 - School/legal consequences of using tobacco/alcohol/other drugs (6%)
- Five percent (5%) of parents reported that they did not discuss any of the above topics with their 6-to-17-year-old in the past year.
- One percent (1%) of Wyandot County adults approved of their child drinking alcohol.

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Association of Suicidology	<ul style="list-style-type: none"> Suicide in the U.S. 	https://suicidology.org/facts-and-statistics/
American Cancer Society	<ul style="list-style-type: none"> 2021 Cancer Facts, Figures, and Estimates 	https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2021.html
	<ul style="list-style-type: none"> Summary of the ACS Guidelines on Nutrition and Physical Activity 	https://www.cancer.org/healthy/eat-healthy-get-active/acs-guidelines-nutrition-physical-activity-cancer-prevention/guidelines.html
American College of Allergy, Asthma & Immunology	<ul style="list-style-type: none"> Asthma Facts 	http://acaai.org/news/facts-statistics/asthma
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"> 2018, 2019 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.bradyunited.org/factsheets
Bureau of Labor Statistics	<ul style="list-style-type: none"> Local Area Unemployment Statistics: Wyandot County and Ohio 	https://ohiolmi.com/?page85481=1&size85481=48
Centers for Disease Control and Prevention (CDC)	<ul style="list-style-type: none"> Adverse Childhood Experiences (ACEs) 	https://www.cdc.gov/violenceprevention/aces/fastfact.html?CDC_AA_reVal=https%3A%2F%2Fwww.cdc.gov%2Fviolenceprevention%2Facestudy%2Ffastfact.html
	<ul style="list-style-type: none"> Arthritis: Key Public Health Messages 	https://www.cdc.gov/arthritis/basics/management.htm
	<ul style="list-style-type: none"> Cancer Fast Facts 	https://www.cdc.gov/chronicdisease/resources/publications/factsheets/cancer.htm
	<ul style="list-style-type: none"> E-Cigarettes and Youth 	https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html
	<ul style="list-style-type: none"> Facts About Adult Oral Health 	https://www.cdc.gov/oralhealth/basics/adult-oral-health/index.html
	<ul style="list-style-type: none"> National Diabetes Statistics Report, 2020 	https://www.cdc.gov/diabetes/pdfs/data/statistics/national-diabetes-statistics-report.pdf
	<ul style="list-style-type: none"> Preventing Teen Drinking and Driving 	https://www.cdc.gov/vitalsigns/mobile-test/index.html
	<ul style="list-style-type: none"> Reproductive Health: Unintended Pregnancy 	https://www.cdc.gov/reproductivehealth/contraception/unintendedpregnancy/index.htm

Source	Data Used	Website
Centers for Disease Control and Prevention (CDC)	<ul style="list-style-type: none"> Smoking and Tobacco Use: About Electronic Cigarettes 	https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html
	<ul style="list-style-type: none"> Smoking and Tobacco Use: Cost of Smoking 	https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm
	<ul style="list-style-type: none"> State Indicator on Fruits and Vegetables: Improving Fruit and Vegetable Access 	https://www.cdc.gov/nutrition/downloads/fruits-vegetables/2018/2018-fruit-vegetable-report-508.pdf
	<ul style="list-style-type: none"> Tobacco Use and Men's Health 	https://www.cdc.gov/heartdisease/men.htm
	<ul style="list-style-type: none"> Youth Physical Activity Guidelines 	https://www.cdc.gov/healthyschools/physicalactivity/guidelines.htm
CDC Wonder	<ul style="list-style-type: none"> About Underlying Cause of Death, 2017-2019 U.S. age-adjusted mortality rates 	http://wonder.cdc.gov/ucd-icd10.html
Cleveland Clinic	<ul style="list-style-type: none"> Cardiovascular Disease and Women's Health 	https://my.clevelandclinic.org/health/diseases/17645-women--cardiovascular-disease
Healthy People 2030: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> All Healthy People 2030 Target Data Points Some U.S. Baseline Statistics Social Determinants of Health 	https://health.gov/healthypeople/objectives-and-data
National Highway Traffic Safety Administration	<ul style="list-style-type: none"> Drunk Driving 	https://www.nhtsa.gov/risky-driving/drunk-driving
Ohio Automated Rx Reporting System (OARRS)	<ul style="list-style-type: none"> Wyandot County Number of Opiate and Pain Reliever Doses Per Capita and Per Patient Ohio Number of Opiate and Pain Reliever Doses Per Capita and Per Patient 	https://www.ohiopmp.gov/
Ohio Department of Health	<ul style="list-style-type: none"> 2019 Ohio Drug Overdose Data: General Findings 	https://odh.ohio.gov/wps/wcm/connect/gov/0a7bdcd9-b8d5-4193-a1af-e711be4ef541/2019_OhioDrugOverdoseReport_Final_11.06.20.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-0a7bdcd9-b8d5-4193-a1af-e711be4ef541-nmv3qSt
	<ul style="list-style-type: none"> STD Surveillance Program: Wyandot County and Ohio STD cases and rates, 2014-2018 	https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/std-surveillance/data-and-statistics/sexually-transmitted-diseases-data-and-statistics

Source	Data Used	Website
Ohio Department of Health, Information Warehouse	<ul style="list-style-type: none"> Incidence of Cancer, 2013-2017 Wyandot County and Ohio Birth Statistics Wyandot County and Ohio Leading Causes of Death Wyandot County and Ohio Mortality Statistics 	https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats
Ohio Development Services Agency	<ul style="list-style-type: none"> Ohio Poverty Report 	https://www.development.ohio.gov/files/research/p7005.pdf
Ohio Poverty Report	<ul style="list-style-type: none"> Estimated Poverty Rates by County, 2014-2018 	https://www.development.ohio.gov/files/research/p7005.pdf
Ohio State Health Assessment	<ul style="list-style-type: none"> 2019 Online State Health Assessment 	https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment
Rape, Abuse, and Incest National Network (RAINN)	<ul style="list-style-type: none"> Scope of the Problem 	https://www.rainn.org/statistics/scope-problem
Substance Abuse and Mental Health Services Administration (SAMHSA)	<ul style="list-style-type: none"> Rise in Prescription Drug Misuse and Abuse Impacting Teens 	https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/teen-prescription-drug-misuse-abuse
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, 2019 Federal Poverty Thresholds Ohio and Wyandot County 2019 Census Demographic Information Small Area Income and Poverty Estimates 	https://data.census.gov/cedsci/
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"> 2017 youth Ohio and U.S. correlating statistics 	https://www.cdc.gov/healthyyouth/data/yrbs/index.htm

Appendix II: Acronyms and Terms

AHS	Access to Health Services , Topic of Healthy People 2020 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
AOCBC	Arthritis, Osteoporosis, and Chronic Back Conditions
BMI	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
BRFSS	Behavior Risk Factor Surveillance System , an adult survey conducted by the CDC.
CDC	Centers for Disease Control and Prevention .
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
HCNO	Hospital Council of Northwest Ohio
HDS	Heart Disease and Stroke , Topic of Healthy People 2020 objectives
HP 2030	Healthy People 2030 , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
HPIO	Health Policy Institute of Ohio
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic ≥ 140 and Diastolic ≥ 90
IID	Immunizations and Infectious Diseases , Topic of Healthy People 2020 objectives
N/A	Data is not available.
NSCH	National Survey of Children's Health
ODH	Ohio Department of Health
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.
SHA	State Health Assessment
SHIP	State Health Improvement Plan
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

DRAFT

Appendix III: Methods for Weighting the 2021 Wyandot 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 2020 Wyandot County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Wyandot County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race/ethnicity (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 Wyandot 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 2020 Wyandot County Survey and the 2019 Census estimates.

2020 Wyandot Survey			2019 Census		Weight
<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	178	52.04678	10,835	49.25000	0.94626
Female	164	47.95322	11,165	50.75000	1.05832

In this example, it shows that there was a slightly larger portion of males in the sample compared to the actual portion in Wyandot County. The weighting for males was calculated by taking the percent of males in Wyandot County (based on Census information) (49.25000%) and dividing that by the percent found in the 2020 Wyandot County sample (52.04678%) [$49.25000 / 52.04678 =$ weighting of 0.946264 for males]. The same was done for females [$50.75000 / 47.95322 =$ weighting of 1.05832 for females]. Thus, males' responses are weighted less by a factor of 0.94626 and females' responses weighted more by a factor of 1.05832.

This same thing was done for each of the 19 specific categories as described above. For example, a respondent who was female, Black, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 2.52002 [1.05832 (weight for females) \times 1.23057 (weight for non-white) \times 1.66783 (weight for age 35-44) \times 1.16019 (weight for income \$50-\$75k)]. Thus, each individual in the 2020 Wyandot County sample has their own individual weighting based on their combination of age, race/ethnicity, 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 24.0) 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	Wyandot Sample	%	Wyandot 2019 Census*	%	Weighting Value
Sex:					
Male	178	52.04678	10,835	49.25000	0.946264
Female	164	47.95322	11,165	50.75000	1.058323
Age:					
20 to 34 years	35	10.41667	3,656	22.20737	2.13191
35 to 44 years	32	9.52381	2,615	15.88410	1.66783
45 to 54 years	44	13.09524	2,901	17.62133	1.34563
55 to 59 years	43	12.79762	1,635	9.93136	0.77603
60 to 64 years	46	13.69048	1,526	9.26927	0.67706
65 to 74 years	108	32.14286	2,235	13.57590	0.42236
75 to 84 years	27	8.03571	1,339	8.13339	1.01216
85+ years	1	0.29762	556	3.37727	11.34763
Race:					
White (non-Hispanic)	329	95.91837	20,895	94.97727	0.99019
Non-White	14	4.08163	1,105	5.02273	1.23057
Household Income:					
Less than \$25k	51	16.08833	1,630	18.12924	1.12686
\$25k to \$35k	39	12.30284	969	10.77744	0.87601
\$35k to \$50k	50	15.77287	1,305	14.51451	0.92022
\$50k to \$75k	64	20.18927	2,106	23.42342	1.16019
\$75k to \$100k	46	14.51104	1,281	14.24758	0.98184
\$100k to \$150k	41	12.93375	1,186	13.19097	1.01989
\$150k or more	26	8.20189	514	5.71683	0.69701

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

*Wyandot County population figures taken from the 2019 Census Estimates.

Appendix IV: Wyandot County Sample Demographic Profile*

Adult Variable	2021 Adult Survey Sample	Wyandot County Census 2015-2019 (5-year estimates)	Ohio Census 2019 (1-year estimates)
Age			
20-29	8.7%	11.2%	13.2%
30-39	22.1%	11.3%	12.6%
40-49	11.1%	12.3%	11.9%
50-59	22.4%	14.4%	13.1%
60 plus	32.6%	25.7%	24.4%
Gender			
Male	51.1%	49.3%	49.0%
Female	47.5%	50.8%	51.0%
Race/Ethnicity			
White	95.3%	98.3%	83.5%
Black or African American	0%	0.8%	14.4%
American Indian or Alaskan Native	1.8%	0.4%	0.8%
Asian	0%	1.0%	3.0%
Other	1.9%	0.7%	1.3%
Hispanic Origin (may be of any race)	1.7%	3.0%	4.0%
Marital Status†			
Married	65.7%	55.3%	47.0%
Never been married/member of an unmarried couple	14.4%	24.2%	32.7%
Divorced/Separated	12.8%	14.5%	13.9%
Widowed	5.4%	6.0%	6.3%
Education†			
Less than High School Diploma	4.0%	8.3%	9.2%
High School Diploma	34.5%	45.7%	32.6%
Some college/College graduate	60.9%	46.2%	58.1%
Income (Families)			
\$14,999 and less	4.6%	8.7%	6.0%
\$15,000 to \$24,999	9.8%	10.2%	5.9%
\$25,000 to \$49,999	19.8%	25.1%	18.7%
\$50,000 to \$74,999	21.4%	23.2%	19.4%
\$75,000 or more	37.9%	32.8%	49.9%

*The percent's 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 Wyandot 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: Demographics and Household Information

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

Age	Total	Males	Females
Wyandot County	22,615	11,186	11,429
0-4 years	1,440	748	692
1-4 years	1,153	613	540
< 1 year	287	135	152
1-2 years	558	305	253
3-4 years	595	308	287
5-9 years	1,516	773	743
5-6 years	623	324	299
7-9 years	893	449	444
10-14 years	1,565	842	723
10-12 years	922	505	417
13-14 years	643	337	306
12-18 years	2,216	1,160	1,194
15-19 years	1,509	771	738
15-17 years	980	502	478
18-19 years	529	269	260
20-24 years	1,120	565	555
25-29 years	1,258	618	640
30-34 years	1,308	684	624
35-39 years	1,445	732	713
40-44 years	1,458	731	727
45-49 years	1,638	851	787
50-54 years	1,744	842	902
55-59 years	1,587	818	769
60-64 years	1,347	643	704
65-69 years	1,000	482	518
70-74 years	859	405	454
75-79 years	692	281	411
80-84 years	561	215	346
85-89 years	371	139	232
90-94 years	141	36	105
95-99 years	46	8	38
100-104 years	10	2	8
105-109 years	0	0	0
110 years & over	0	0	0
Total 85 years and over	568	185	383
Total 65 years and over	3,680	1,568	2,112
Total 19 years and over	18,662	9,008	9,654

WYANDOT COUNTY PROFILE

(Source: U.S. Census Bureau, 2019)
2019 ACS 5-year estimates

General Demographic Characteristics

	Number	Percent (%)
Total Population		
2019 Total Population	22,000	100%
Largest City – City of Upper Sandusky		
2019 Total Population	6,696	100%
Population by Race/Ethnicity		
Total population	22,000	100%
White	21,627	98.3%
Black or African American	183	0.8%
American Indian or Alaskan Native	87	0.4%
Native Hawaiian/Other Pacific Islander	0	0.0%
Asian	220	1.0%
Other	162	0.7%
Two or more races	255	1.2%
Hispanic or Latino (of any race)	660	3.0%
Population by Age		
Under 5 years	1,239	5.6%
5 to 14 years	2,916	13.2%
15 to 24 years	2,265	12.0%
25 to 44 years	5,028	22.9%
45 to 64 years	6,062	27.5%
65 years and more	4,130	18.8%
Median age (years)	42.1	N/A
Household by Type		
Total households	9,081	100%
Households with own children <18 years	2,458	27.1%
Married-couple family household	4,764	52.5%
Married-couple family household with own children <18 years	1,562	17.2%
Female householder, no spouse present	910	10.0%
Female householder, no spouse present, with own children <18 years	624	6.9%
Nonfamily household (single person) living alone	2,350	25.9%
Nonfamily household (single person) 65 years and over	846	9.3%
Average household size	2.39 people	N/A
Average family size	2.87 people	N/A

General Demographic Characteristics, Continued

Housing Occupancy		
Median value of owner-occupied units	\$122,200	N/A
Median housing units with a mortgage	\$1,095	N/A
Median housing units without a mortgage	\$408	N/A
Median value of occupied units paying rent	\$631	N/A
Median rooms per total housing unit	6.3	N/A
Total occupied housing units	9,081	100%
No telephone service available	163	1.8%
Lacking complete kitchen facilities	10	0.1%
Lacking complete plumbing facilities	7	0.1%
Total household with a computer (includes desktop, laptop, smartphone, tablet, and other types of computers)	7,962	87.7%
Total households with a broadband internet subscription	7,042	77.5%

Selected Social Characteristics

School Enrollment		
Population 3 years and over enrolled in school	4,909	100%
Nursery & preschool	401	8.2%
Kindergarten	272	5.5%
Elementary School (Grades 1-8)	2,314	47.1%
High School (Grades 9-12)	1,227	25.0%
College or Graduate School	695	14.2%
Educational Attainment		
Population 25 years and over	15,220	100%
< 9 th grade education	302	2.0%
9 th to 12 th grade, no diploma	933	6.1
High school graduate (includes equivalency)	6,959	45.7%
Some college, no degree	2,620	17.2%
Associate degree	1,795	11.8%
Bachelor's degree	1,748	11.5%
Graduate or professional degree	863	5.7%
Percent high school graduate or higher	N/A	91.9%
Percent Bachelor's degree or higher	N/A	17.2%
Marital Status		
Population 15 years and over	17,845	100%
Never married	4,318	24.2%
Now married, excluding separated	9,868	55.3%
Separated	321	1.8%
Widowed	1,071	6.0%
Widowed females	849	4.8%
Divorced	2,266	12.7%
Divorced females	1,397	7.8%
Veteran Status		
Civilian population 18 years and over	16,927	100%
Veterans 18 years and over	1,415	8.4%

Selected Economic Characteristics

<i>Employment Status</i>		
Population 16 years and over	17,618	100.0%
16 years and over in labor force	11,617	65.9%
16 years and over not in labor force	6,001	34.1%
Females 16 years and over	8,979	--
Females 16 years and over in labor force	5,527	61.6%
Population living with own children <6 years	1,370	--
All parents in family in labor force	1,099	80.2%
Population living with own children 6 to 17 years	3,413	--
All parents in family in labor force	2,879	84.4%
<i>Class of Worker</i>		
Civilian employed population 16 years and over	11,308	100.0%
Private wage and salary workers	9,482	83.9%
Government workers	1,296	11.5%
Self-employed in own not incorporated business workers	508	4.5%
Unpaid family workers	22	0.2%
<i>Occupations</i>		
Civilian employed population 16 years and over	11,308	100%
Production, transportation, and material moving occupations	3,114	27.5%
Management, business, science, and arts occupations	3,094	27.4%
Sales and office occupations	2,094	18.5%
Service occupations	1,686	14.9%
Natural resources, construction, and maintenance occupations	1,320	11.7%
<i>Leading Industries</i>		
Civilian employed population 16 years and over	11,308	100.0%
Manufacturing	3,192	28.2%
Educational services, and health care and social assistance	2,412	21.3%
Retail trade	1,105	9.8%
Construction	846	7.5%
Arts, entertainment, and recreation, and accommodation and food services	741	6.6%
Professional, scientific, and management, and administrative and waste management services	579	5.1%
Transportation and warehousing, and utilities	519	4.6%
Other services, except public administration	462	4.1%
Public administration	400	3.5%
Agriculture, forestry, fishing and hunting, and mining	335	3.0%
Wholesale trade	320	2.8%
Finance and insurance, and real estate and rental and leasing	300	2.7%
Information	97	0.9%

Selected Economic Characteristics, Continued

<i>Income in 2019</i>		
Total households	9081	9081
Less than \$10,000	403	4.4
\$10,000 to \$14,999	392	4.3
\$15,000 to \$24,999	925	10.2
\$25,000 to \$34,999	969	10.7
\$35,000 to \$49,999	1305	14.4
\$50,000 to \$74,999	2106	23.2
\$75,000 to \$99,999	1281	14.1
\$100,000 to \$149,999	1186	13.1
\$150,000 to \$199,999	295	3.2
\$200,000 or more	219	2.4
Median household income (dollars)	\$55,767	N/A
<i>Income in 2019</i>		
Families	6132	6132
Less than \$10,000	77	1.3
\$10,000 to \$14,999	140	2.3
\$15,000 to \$24,999	463	7.6
\$25,000 to \$34,999	522	8.5
\$35,000 to \$49,999	844	13.8
\$50,000 to \$74,999	1483	24.2
\$75,000 to \$99,999	1120	18.3
\$100,000 to \$149,999	1069	17.4
\$150,000 to \$199,999	235	3.8
\$200,000 or more	179	2.9
Median family income (dollars)	\$67,718	N/A
Per capita income (dollars)	\$28,541	N/A
<i>Poverty Status in 2019</i>		
People in families	N/A	4.6%
Unrelated individuals 15 years and over	N/A	22.7%

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

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2019	\$ 46,428	32 nd of 88 counties
BEA Per Capita Personal Income 2018	\$ 45,230	30 th of 88 counties
BEA Per Capita Personal Income 2017	\$ 42,384	34 th of 88 counties
BEA Per Capita Personal Income 2016	\$ 40,601	33 rd of 88 counties
BEA Per Capita Personal Income 2015	\$ 39,516	36 th of 88 counties

(Source: Bureau of Economic Analysis, https://apps.bea.gov/iTable/index_regional.cfm)

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

**Poverty Rates, 5-year averages
2014 to 2018**

Category	Wyandot	Ohio
Population in poverty	9.5%	14.5%
< 125% FPL (%)	13.4%	18.8%
< 150% FPL (%)	21.1%	23.0%
< 200% FPL (%)	30.4%	32.0%
Population in poverty (2003)	6.3%	10.7%

*(Source: The Ohio Poverty Report, Ohio Development Services Agency, February 2019,
<http://www.development.ohio.gov/files/research/P7005.pdf>)*

Employment Statistics, as of December 2020

Category	Wyandot	Ohio
Labor Force	12,600	5,643,700
Employed	12,100	5,339,200
Unemployed	500	295,500
Unemployment Rate* in December 2020	3.9	5.2
Unemployment Rate* in November 2020	3.6	5.2
Unemployment Rate* in December 2019	2.9	3.8

**Rate equals unemployment divided by labor force.*

(Source: Ohio Department of Job and Family Services, August 2020, <https://ohiolmi.com/Home/RateMapArchive>)

Estimated Poverty Status in 2019

Age Groups	Number	90% Lower Confidence Interval	90% Upper Confidence Interval	Percent	90% Lower Confidence Interval	90% Upper Confidence Interval
Wyandot County						
All ages in poverty	1,723	1,355	2,091	8.0%	6.3%	9.7%
Ages 0-17 in poverty	494	359	629	10.2%	7.4%	13.0%
Ages 5-17 in families in poverty	335	234	436	9.3%	6.5%	12.1%
Median household income	\$55,995	\$50,857	\$61,133			
Ohio						
All ages in poverty	1,568,586	1,542,309	1,594,863	13.8%	13.6%	14.0%
Ages 0-17 in poverty	489,053	474,343	503,763	19.2%	18.6%	19.8%
Ages 5-17 in families in poverty	329,764	317,103	342,425	17.8%	17.1%	18.5%
Median household income	\$56,155	\$55,735	\$56,575			
United States						
All ages in poverty	41,852,315	41,619,366	42,085,264	13.1%	13.0%	13.2%
Ages 0-17 in poverty	12,997,532	12,873,127	13,121,937	18.0%	17.8%	18.2%
Ages 5-17 in families in poverty	8,930,152	8,834,521	9,025,783	17.0%	16.8%	17.2%
Median household income	\$61,937	\$61,843	\$62,031			

(Source: U.S. Census Bureau, 2018 Poverty and Median Income Estimates, <https://www.census.gov/data/datasets/2018/demo/saie/2018-state-and-county.html>)

Federal Poverty Thresholds in 2020 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$13,465					
1 Person 65 and >	\$12,413					
2 people Householder < 65 years	\$17,331	\$17,839				
2 People Householder 65 and >	\$15,644	\$17,771				
3 People	\$20,244	\$20,832	\$20,852			
4 People	\$26,695	\$27,131	\$26,246	\$26,338		
5 People	\$32,193	\$32,661	\$31,661	\$30,887	\$30,414	
6 People	\$37,027	\$37,174	\$36,408	\$35,674	\$34,582	\$33,935
7 People	\$42,605	\$42,871	\$41,954	\$41,314	\$40,124	\$38,734
8 People	\$47,650	\$48,071	\$47,205	\$46,447	\$45,371	\$44,006
9 People or >	\$57,319	\$57,597	\$56,831	\$56,188	\$55,132	\$53,679

(Source: U. S. Census Bureau, Poverty Thresholds 2019, <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>)

Appendix VI: County Health Rankings

	Wyandot County 2021	Ohio 2021	U.S. 2021
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2017-2019)	8,300	8,500	6,900
Overall health. Percentage of adults reporting fair or poor health (age-adjusted) (2018)	18%	18%	17%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2018)	4.3	4.1	3.7
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2018)	4.9	4.8	4.1
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2013-2019)	7%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2018)	24%	21%	17%
Obesity. Percentage of adults that report a BMI of 30 or more (2017)	34%	34%	30%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2015 & 2018)	8.5	6.8	7.8
Physical inactivity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2017)	24%	26%	23%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2019)	59%	84%	84%
Excessive drinking. Percentage of adults reporting binge or heavy drinking (2018)	19%	18%	19%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2015-2019)	16%	32%	27%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2018)	240.6	542.3	539.9
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2013-2019)	22	22	21

(Source: 2021 County Health Rankings for Wyandot County, Ohio, and U.S. data)

	Wyandot County 2021	Ohio 2021	U.S. 2021
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2018)	7%	8%	10%
Access to health care/medical care. Ratio of population to primary care physicians (2018)	4,390:1	1,300:1	1,320:1
Access to dental care. Ratio of population to dentists (2019)	3,630:1	1,560:1	1,400:1
Access to behavioral health care. Ratio of population to mental health providers (2020)	1,980:1	380:1	380:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees (2018)	4,054	4,901	4,236
Mammography screening. Percentage of female Medicare enrollees ages 65-74 that receive annual mammography screening (2018)	48%	43%	42%
Flu vaccinations. Percentage of Medicare enrollees that had an annual flu vaccination (2018)	50%	51%	48%
Social and Economic Factors			
Education. Percentage of adults age 25 and over with a high school diploma or equivalent (2015-2019)	92%	90%	88%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2015-2019)	58%	66%	66%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2019)	3.1%	4.1%	3.7%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2019)	10%	18%	17%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2015-2019)	3.8	4.7	4.9
Family and social support. Percentage of children that live in a household headed by single parent (2015-2019)	23%	27%	26%
Family and social support. Number of membership associations per 10,000 population (2018)	19.6	11.0	9.3
Violence. Number of reported violent crime offenses per 100,000 population (2014 & 2016)	93	293	386
Injury. Number of deaths due to injury per 100,000 population (2015-2019)	88	91	72

(Source: 2021 County Health Rankings for Wyandot County, Ohio, and U.S. data)

	Wyandot County 2021	Ohio 2021	U.S. 2021
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2016)	8.9	9.0	7.2
Air, water, and toxic substances. Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation (2019)	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 (2013-2017)	10%	14%	18%
Transportation. Percentage of the workforce that drives alone to work (2015-2019)	85%	83%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2015-2019)	28%	31%	37%

(Source: 2021 County Health Rankings for Wyandot County, Ohio, and U.S. data)

N/A – Not Available

Appendix VII: Wyandot County Resource Inventory

<insert resources>

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Appendix VIII: Focus Groups and Key Informant Interviews

ACCREDITATION

DOMAIN

7.1.2.1

Wyandot County



Public Health

Prevent. Promote. Protect.

Wyandot County General Health District Community Themes & Strengths Assessment Focus Group and Key Informant Survey Overview of Findings July 2021

DOCUMENT CREATED: July 23, 2021

**Wyandot County Public Health
Community Themes and Strengths Assessment
Focus Groups and Key Informant Interviews
Table of Contents**

<u>Section</u>	<u>Page #</u>
I. Introduction and Research Process	128
II. Focus Group Profile	132
III. Key Informant Profile	132
IV. Overview of Emerging Themes	133
V. Appendix A: Focus Group Summary Reports	135
VI. Appendix B: Key Informant Interview Summary Reports	137

Introduction and Research Process

Background

Wyandot County Public Health is dedicated to providing health and safety services that positively impact the well-being of all citizens of Wyandot County. Wyandot County Public Health, together with Wyandot County Health Alliance, conducted Community Health Assessments in 2003, 2006, 2009, 2012, 2015, 2018. Information derived from the Community Themes and Strengths Assessment will be included in the 2021 Community Health Assessment.

Upon completion of the 2021 Community Health Assessment, the Health Partners will develop a Community Health Improvement Plan (CHIP) to address the needs of the public. The “Mobilizing for Action through Planning and Partnership” strategic planning model developed by the National Association of County and City Health Officials (NACCHO) will be followed through the strategic planning process.

The Partners are completing the 2021 cycle of the community health assessment process. As the leader of this process, Wyandot County Public Health is committed to following the MAPP model. This model utilizes four different types of assessments to complete a more comprehensive community health assessment:

- Community Health Status Assessment (completed in 6/11/15, 3/9/18, 2021 in development)
- Local Public Health System Assessment (completed 1/5/16, spring 2018, 2021 in development)
- Forces of Change Assessment (completed 11/13/15, spring 2018, 2021 in development)
- Community Themes & Strengths Assessment (completed 11/24/15, spring 2018, 2021 in development)

Community Themes and Strengths Assessment Research

This report summarizes the outcomes from research activity conducted for the *Community Themes and Strengths Assessment*. Wyandot County Public Health oversaw the focus groups and key stakeholder and informant survey process.

The goals of this effort were to determine what is important to Wyandot County residents and how they perceive the quality of life in Wyandot County; and to identify local resources that can be used to improve the community’s health. To better inform this process, the leadership included a community engagement component to identify community thoughts and perspectives. Individuals from Wyandot County were engaged through surveys or a one-on-one interview process. The information will help the leadership team identify both strengths and gaps in the local health care system that can be addressed in the County’s Community Health Improvement Plan for the future.

Specifically, our research project included:

- Utilizing focus group and key informant interview surveys to collect data and complete analysis.
- Facilitating a final approach and documentation of the planned focus group populations and key informant groups among the various populations and stakeholder groups audiences identified by Wyandot County Public Health.
- Producing focus group summary reports, including information regarding key informant interview participant statistics, analyzed data, and necessary recommendations, where possible.
- Preparing a report summary that synthesizes the major themes identified through the focus group and key informant interviews

Our Approach:

Wyandot County Public Health examines health care services, businesses, agencies and the public to ensure that there is continuity of services for the population. Our goal is to understand the capacity and the barriers within the health care system. Our survey analysis will provide us with qualitative data to identify (1) gaps in service (2) availability of service (3) root causes for the service/availability gaps (4) possible solutions and (5) a commitment to re-examine health care services on an on-going basis.

Assessing Health Equity in our community has brought to light many factors that can contribute to lack of access to health care, including insurance status, transportation, travel distance, availability of a regular source of care, wait time for appointments, and office wait times. Social conditions also influence access to health care, including: education and literacy level, language barriers, knowledge of the importance of symptoms, trust in the health care system, and employment leave flexibility. Once the barriers and gaps in service are identified, strategies will be developed and implemented to address them and improve access to health care services. We have a commitment to revisit the Health Equity Assessment as part of our Community Health Assessment (CHA).

The *Community Themes and Strengths Assessment* project was designed to hear the needs of the local community capturing insights from specific population groups and stakeholders identified in the 2021 Community Health Assessment as experiencing barriers to health care services:

- Residents with lower incomes
- Residents age 65 years and older
- Residents with chronic disease(s)
- Spanish speaking residents
- Families with children with serious medical issues or developmental delays

Community Themes and Strengths Questionnaires

In order to identify Community Themes and Strengths, focus group and key informant surveys were developed using the MAPP model. The surveys developed were designed to obtain qualitative data for the project. The questions included:

Focus Group Questions:

Please introduce yourself by name, and tell us how long you have lived in Wyandot County.

Let's suppose I didn't know anything about Wyandot County. What would you explain to me are the major benefits of the health care system here?

What are the difficulties you have experienced in obtaining healthcare services for yourself or family members in the past few years?

What about transportation? How do you get to the doctor or clinic?

Tell me how you go about finding the "right" doctor to help you?

What about the cost of health care services? Insurance?

How does a clinic or doctor's office hours affect your ability to obtain the healthcare services you need?

How do your job, family, or other schedule commitments affect your ability to obtain health care services?

What kind of health care services have you needed/do you need that you haven't been able to get anywhere? Why do you say that?

What kind of healthcare services have you needed/do you need that you haven't been able to get in Wyandot County?

What can Wyandot County do to improve your access to the kind of healthcare services you need?

What about transportation? What can Wyandot County do to improve your ability to get to the doctor?

How can Wyandot County help you find the right doctor?

What can clinics and doctors do to make their office hours more convenient? What about the way you go about scheduling appointments to obtain the health care services you need?

What is the MOST IMPORTANT thing Wyandot County can do to improve health care services for residents? Remember only one thing.

Key Informant Questions:

Tell me a little bit about yourself, your organization, and the population you serve.

What do you believe are the most important health issues that must be addressed to improve the health and quality of life for the clients you serve?

What do you think are the factors that contribute to these health issues?

Which groups within the population you serve appear to struggle the most with the issues you've identified, and how does it impact their lives? (Are there specific challenges that impact low-income, underserved/uninsured individuals, individuals with disabilities? Are there specific challenges due to ethnic or racial groups/language barriers? Are there challenges due to age or gender?)

What barriers or challenges might affect your client's ability to access healthcare or social services? (Examples could be lack of transportation, health insurance, language barriers.)

Could you tell us some of the strengths and resources locally that address these issues, such as groups initiatives, services, or programs?

What services or programs could potentially have the greatest impact on the needs that you have identified?

If there were one thing Wyandot County could do to improve health care services for residents, what would it be? Remember only one thing.

Participant Profiles

Focus Group Profile

The overall makeup and composition of the focus group participants Included:

Focus Group Audience	Number of Participants
Hispanic non-English Speaking	8
BCMH/WYCBDD	3
WIC	7
Seniors	8
Families with Children with Special Needs	3
Total Participants	28

** It should be noted that although focus group participants are counted only once in the graphic above, many actually participate in multiple programs. In addition, participants represent a wide range demographics including but not limited to those with varying disabilities, age, culture and socioeconomic classes.

Key Informant Profile

The overall makeup and composition of the key informant interviews as follows:

Audience	Number of Interviews
Business	1
Government organization	2
Health Care	3
Spanish Speaking Interpreter	1
Community Organization	3
Education	1
Total	11

** It should be noted that although Key Informant participants are counted only once in the graphic above, many actually represent multiple audiences.

Overview of Emerging Themes

The following summary findings represent an overview of emerging themes derived from the focus group and key informant surveys conducted by Wyandot County Public Health staff during May and June of 2021. The community themes identified below may not be the only conclusions one might extract from data collected. Consequently, it is suggested that the summary focus group reports and key informant interviews contained in the Appendices be reviewed in order to gain a broader view of issues derived from this research, including the views and unique needs of each focus group population.

SUMMARY – Focus Group Themes

It is clear that those surveyed are generally happy with the local healthcare system and local organizations that collaborate to provide services to the public. In particular, individuals are happy with the expansion of Wyandot Memorial Hospital's services, which includes expanded emergency room and surgical suites. Personalized services received, due to being a small community, were also identified as a positive.

When exploring barriers that exist to obtaining services locally, three major themes emerged: lack of local specialized clinic services, cost of services, and the need for expanded clinic hours. Access to specialized services was identified as a barrier due to the need to travel outside of the county for appointments. These services included BCMH, maternity ward, developmental disabilities and pediatric therapies, including dental services for children. Of the services provided locally, limitations on appointment times in the evening and on weekends were seen as a barrier for individuals that work and have school-aged children. The cost and limitations of medical insurance also create barriers, a particular concern for those that wish to work, but would lose their government Medicaid benefits and those whose insurance does not cover needed services like speech and occupational therapies. Additionally, barriers exist for those families without insurance, and that lack legal identification, resulting in them seeking care outside of the County.

To overcome identified barriers, individuals felt that having additional specialists available locally, with expanded hours, would benefit the community. The provision of specialists to assist with navigating healthcare plans and finding in-network services was seen as a benefit. The development of local resource guides, which include services available for non-English speaking residents, and increased advertising of available local services would also be helpful. This includes advertising related to local transportation options, which have improved, but not all residents of the county may know how to access them.

When identifying the one thing that would improve the healthcare services in the community, overwhelming individuals believed that the expansion of specialized clinic services and clinic hours, as well as access to qualified physicians, would benefit the community the most. Additional affordable health insurance options would also benefit residents and improve access to care.

SUMMARY – Key Informant Themes

When examining health priorities in Wyandot County, many factors that impact individual health and create health disparities were identified. Financial limitations, the lack of affordable housing, and mental health issues were all noted as affecting families. In addition, individual health issues due to poor lifestyle choices, chronic illness, substance abuse, and mental health are also seen as having a negative impact. This coupled with the limited availability of certain health services, the general lack of knowledge of locally available services, or the failure of individuals to identify the need for personal health services, further impact our population.

The issues seen as contributing to poor health included stresses on individuals due to family situations, personal finances, and social pressures like bullying. Isolation due to the pandemic is also believed to be impacting the individual's health. In addition, limitations on accessing treatment due to limited providers, transportation options, linguistic barriers, cost of treatment, or individual's reluctance to obtain treatment due to the stigma, were also considered factors.

Those persons most affected by the aforementioned health issues included low to moderate income families that lack resources to secure affordable housing or healthy foods, individuals within family units that lack an adequate internal or external support structures, including minority families, and elderly individuals without extended family support that lack the resources to access needed services. Persons with developmental disabilities, mental health, and substance abuse disorders also appear disproportionately affected.

Local issues affecting health were identified and included the limited local availability of specialty health and mental health services, transportation issues, and linguistic barriers when seeking services. Obtaining access to and addressing gaps in insurance were also considered an issue. Additionally, lack of and/or access to communication technology due to person's age, or living in rural areas, were seen as a challenge related to accessing and informing the public regarding available health and social services.

While evaluating community strengths, the addition of Wyandot Rides, as well as transportation and meal services provided through the Wyandot County Council on Aging were viewed as a great benefit to clients. Overall individuals believed that currently local organizations partner well with each other to assure the provision of needed services to the public. This included mental health, schools, hospital, Health Alliance, Family Children First Council and the health department.

New services thought to have the greatest impact upon the health of the community included transitional housing for families, additional partnerships, the expansion of local mental health and recovery services, and more effective and increased outreach to the elderly and Hispanic community. Expansion of programs targeting school age kids like mentoring, drug abuse, and anti-bullying were also mentioned as programs that could have a positive impact on children's health.

Overall, the most critical things identified to improve the health of the community were the provision of financial assistance to struggling families that earn just above the poverty level, and assuring funding is available to local agencies to maintain and expand local programs and services like mentorship and mental health and recovery programs. Additionally, the expansion of specialized local services for medical and behavioral health treatment, as well as creating a centralized program resource inventory that is easily accessible by the public and assists with patient navigation were seen as critical.

Appendix A: Focus Group Summary Reports

Wyandot County Health Alliance
2021 Community Themes and Strengths Assessment
Focus Groups: _____ Summary _____
Focus Groups
Hispanic non-English Speaking - 8
Seniors - 8
WIC - 7
BCMH/WYCBDD - 3
HMG - 4

Let's suppose I didn't know anything about Wyandot County. What would you explain to me are the major benefits of the health care system here?

1. Established Hospital that consistently upgrades facilities and services.
2. Active Health Department that works closely with the Family and Children First Council
3. Stable Physician base
4. Good cancer care for family members close to home.
5. Help me grow services are helpful and supportive.
6. Personalized services due to small community
7. BCMH Nursing is a great resource.
8. Local medical specialist services are growing.
9. Caring Nursing home Facilities with access to most specialists.
10. Centralized in Upper Sandusky
11. Easy access to physicians.
12. Wyandot Memorial Hospital's Improved ER and Surgical Unit

What are the difficulties you have experienced in obtaining healthcare services for yourself or family members in the past few years?

- 1) Limited pediatric therapies for children.
- 2) Lack of specialists in the field of developmental disabilities.
- 3) Insurance does not cover cost of needed speech and occupational therapies.
- 4) Limitation on primary care appointments in evenings and on weekends for individuals that work.
- 5) Cost of medical treatment, particularly for that are ineligible for Medicaid.
- 6) Insurance is expensive, and can't work due to potential loss of Medicaid
- 7) Lack of BCMH providers, especially for therapies.
- 8) Keeping Primary care physicians
- 9) Need additional of OBGYN services locally.
- 10) Unable to qualify for health services locally due to lack of SS# and/or green card.
- 11) Struggle to pay for services.

What kind of health care services have you needed/do you need that you haven't been able to get anywhere? Why do you say that?

- 1) Therapies
- 2) Pediatric dentistry
- 3) PKU Treatment for child (phenylketonuria)
- 4) Limitation on Prenatal Lead Check
- 5) Maternity Ward
- 6) Mental Health Services, awareness and training
- 7) Neurological and behavioral psychologists
- 8) BCMH covered speech, occupational and physical therapies
- 9) Local specialists to interpret x-rays, cat scans, ultrasounds
- 10) Most healthcare services obtained in Marion County due to no insurance.

What can Wyandot County do to improve your access to the kind of healthcare services you need?

- 1) Add specialist to hospital resources
- 2) Determine specialty healthcare needs based upon current primary physician referrals, and make those services available locally.
- 3) Assist with navigating healthcare plans and finding in-network specialists.
- 4) Continue to support local transportation initiative.
- 5) Advertise local services.
- 6) Expand specialty physician and clinic options.
- 7) Expand appointment hours to include some evenings and weekends.
- 8) Option to access to healthcare without requiring Social Security Number.
- 9) Establish resource lists with physician offices that can assist non-English speaking clients.

What is the MOST IMPORTANT thing Wyandot County can do to improve health care services for residents? Remember only one thing.

- 1) Provide affordable speech, occupational and physical therapies locally so services do not have to be obtained out-of-county.
- 2) Expand urgent care services to Carey, Ohio.
- 3) Expand specialty healthcare services to improve wait times.
- 4) Expanded office hours for families that work.
- 5) Improved Emergency Room services at hospital.
- 6) Provide a single point of contact for available services in the community.
- 7) Increase the number of EMT's and Paramedics in the community due to senior population and major transportation routes.
- 8) No Improvements necessary
- 9) Expand Specialty clinic options (Gastro, Thyroid, OBGYN, Neurology), with more available days for scheduling.
- 10) Assure access to high quality physicians.

11) Expand affordable health insurance option in Wyandot County.

Appendix B: Key Informant Interview Summary Reports

Wyandot County Health Alliance

2021 Community Themes and Strengths Assessment

Key informant Surveys: _____ Summary _____

Key informants

United Way of North Central Ohio

Open Door Resource Center

Mohawk School District

Firelands Counseling and recovery services

Wyandot County Department of Developmental Disabilities

Wyandot County Department of job and Family services

Family and Children First Counsel

Upper Sandusky Exempted Village Schools (interpreter)

Wyandot County Office of Economic Development

Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties

Freedom Caregivers

Wyandot County Skilled Nursing & Rehabilitation Center

What do you believe are the most important health issues that must be addressed to improve the health and quality of life for the clients you serve?

1. The availability of quality, affordable housing needs to be addressed.
2. Homelessness.
3. Mental health and drug use.
4. Loneliness, inactivity
5. Obesity and poor health conditions related to inactivity
6. Chronic illness, mental Health, substance Abuse
7. The provision of intensive home-based therapy, mental health services, mental health services for children
8. Improvements in patient services for culturally challenged families related to how to access healthcare care for their children, navigate the healthcare system in U.S., make appointments, arrival times, insurance, forms, specialists, etc.
9. Mental health seems to be an ever-increasing need among both adults and youth. In order for our rural community to be economically viable well into the future, we need to identify and address these sometimes-unseen issues early in a person's life.
10. Untreated disorders for addiction and mental health. Stigma.
11. Individuals not knowing how to access resources.
12. Isolation and lack of access to basic services (for elderly individuals) can contribute to a decline in physical health and cognitive function.
13. Identifying those individuals in the community that need 24-hour care 7 days a week, when family or services are not available, before they have an accident or need hospital care due to a progressive disease/illness that turns worse due to poor medication management.

What do you think are the factors that contribute to these health issues?

1. Education and money
2. The lack of a transitional housing facility in Wyandot County
3. Drug use among adolescent youth
4. Stresses of academic success, family conflict, sports, personal relationships (including romantic), and life after school are very difficult for students.
5. The isolation, loneliness, and stress within the family unit (possible financial issues) have had a direct impact on students.
6. Lack of sufficient social organizations in Wyandot County for clients.
7. Inactivity, low expectations (i.e., it's easier to give in/appease than to insist/assist on activity and movement).
8. Stress, low-Income, family Issues
9. Lack of providers
10. For minorities, the lack of extended family, friends, neighbors to guide them
11. Delaying treatment due to lack of either money, insurance, transportation, work hours/time off, or stigma. Sometimes not recognizing a health issue.
12. External factors that affect both adult and youth mental health issues include social media, news, and cultural expectations, while internal factors can consist of family situations, bullying, and peer-pressure just to name a few.
13. Socioeconomic factors affect access to services; many seniors lack the financial resources to pay for in-home care. Reimbursement for clients eligible for Ohio's Passport program are so low, agencies have limited exposure to them.
14. Current challenges in attracting and recruiting enough employees to fill the demand for healthcare services impedes efforts to care for all who need service.
15. Many older individuals, and those with progressive diseases, are unable to satisfactorily care for themselves due to a lack of available family support to make sure they take medications properly, and/or regular physician appointments for disease management.

Which groups within the population you serve appear to struggle the most with the issues you've identified and how does it impact their lives? (Are there specific challenges that impact low-income, underserved/uninsured individuals, disabilities? Are there specific challenges due to ethnic or racial groups, language barriers? Are there challenges due to age or gender?)

1. Low to middle income families are impacted by the lack of available affordable housing. New construction in our area typically brings houses in the \$250,000 range which is beyond the means of these people
2. The drug use is witnessed more in the middle and high schools, with a majority of the issues rest on the shoulders of our high school students. Within this population, some of the major factors we see are: disengaged parents, students who are court involved, students being raised by guardians who are not the biological parents, poor academic successes, and from families that may not be home frequently (possibly single parents/parents working multiple jobs).

3. The mental health issues are being witnessed on all grades. There are increases in mental health concerns in younger and younger students. Several students have been admitted in the hospital from the elementary this year. Mental health issues effect all students. What we see that differs is access to treatment. Some students/families have easier access to treatment. In addition, we have observed staff missing work for mental health issues this school year. Again, I believe the pandemic has had an impact on this health of our students and staff.
4. Some of our clienteles do not feel as though they fit in with others.
5. Individuals with developmental disabilities do not feel as though they fit in with others.
6. Low-Income, adolescents, elderly, abuse victims, non-English speaking
7. Families who have children involved in multiple services; specifically, children with severe behavior problems
8. Minority families who are new to the area and do not have someone to guide them through the process. Stigma if they do not speak English or cannot pass for white. Parents whose children are not English proficient yet, or old enough to translate and fill out forms. I'm guessing that the impact would be that they don't seek out care and available resources. It also causes a strain between children and parents... Children don't want to be viewed as different and sometimes look down on their parents.
9. Mental health issues can, and do, effect individuals across many populations. I do not have local data on hand to back up which are more greatly impacted.
10. Suicide deaths, older white males.
11. Overdose deaths related to people who are using opiates and are not treated.
12. Low income and indigent elderly individuals struggle most in accessing services.
13. Mostly those that live on their own without the family support or the financial means to have in home care. Some families do not know about Medicaid and are unable or unwilling to put the work in to get their loved one on the assistance.

What barriers or challenges might affect your client's ability to access healthcare or social services? (Examples could be lack of transportation, health insurance, language barriers.)

1. To some extent transportation (although Wyandot Rides has been a big help)
2. The barriers we see are: parents unwilling to see the issues as important or concerning, parents absent from the home, parents/families who do not have access to services, lack of knowledge of available services.
3. The fact that they do not have technology; consequently, they do not hear about what is available in the county.
5. Communication barriers, access barriers (i.e., public transportation, etc.)
6. Transportation, available providers
7. Lack of providers
8. Transportation (only one vehicle, lack of driver's license, etc.) Parents do not qualify for health insurance. Language barrier. Parents can't afford to take off work to meet during agency or office hours. Unfamiliar with how to use technology, or the only Internet access they have is through their phone.
9. In a rural community such as ours, transportation would likely be the largest barrier. Although we do have an on-demand public transportation system now, I've heard of many

that still do not know about the service. Language barriers could also be driving this miscommunication.

10. Transportation. Many needed services may not be located within Wyandot County, which can lead to a barrier scheduling transportation service.
11. Lack of transportation can affect a clients' ability to remain socially connected and viable;
12. Gaps in health insurance can create barriers to receiving adequate health services.
13. A financial means to pay privately for care or a reliable family member that can get the needed information to apply for Medicaid assistance. Applying for Medicaid assistance takes a lot of time and paperwork to determine eligibility. Many families get frustrated with all the requested documentation and sometimes do not know how to get what is needed.

Could you tell us some of the strengths and resources locally that address these issues, such as groups initiatives, services, or programs?

1. The biggest strength of Wyandot County agencies is their ability to work together. I'm thinking specifically of things like the Health Alliance and Family and Children First.
2. School assists students and families with access to mental health services, drug awareness/education, and connecting students and families with available services when issues are identified. We have several partners, including: Mental Health and Recovery Services Board, Wyandot Counseling Associates, Seneca County Health Department, and Wyandot County Health Department.
3. Public transportation has increased availability/accessibility. Increased awareness of special needs and accommodations.
4. Public Transportation, Local partnerships
5. We have a strong mental health board, but limited due to lack of funds
6. Wyandot Ride Service, but I don't know if the families I serve are using the service. I'm guessing the language barrier may mean it is under-utilized? I understand that child and family services, as well as the hospital, are using online translation to try to close the gap.
7. The Wyandot County Health Alliance, who carries out community health surveys every 3 years, does a great job of monitoring and trying to address the largest issues identified through the survey. Agencies including the Mental Health and Recovery Board, Wyandot Memorial Hospital, and other area counseling agencies, including in school counselors, are all part of alleviating the mental health issues.
8. There are 24/7 crisis services available. There is counseling and prevention in the school systems. Narcan will be available soon in the community.
9. The council on aging, mobile meals, area Wyandot Ride Service, and various churches' outreach in some cases mitigate the impact of social isolation and lack of financial resources. Although difficult to measure, one of our community's strengths is its close-knit nature and commitment of neighbors caring for neighbors, which probably lessens isolation and challenges for some seniors.
10. Long term facilities willingness to assist with navigate individuals through the Medicaid process when they are struggling. Many families/residents are very private with their financial situation and do not want JFS to have access to their personal financial situation.

What services or programs could potentially have the greatest impact on the needs that you have identified?

1. A transitional housing facility. I'm thinking something where families could stay 1-2 weeks at the most while they are working on finding housing
2. We have a successful partnership with Wyandot Counseling Associates to provide mental health services to students and families. They also can assist with the drug awareness and education programming. We have implemented Signs of Suicide (SOS) at the middle and high schools.
3. A Drop-in Center for those experiencing a mental illness.
4. More treatment options.
5. Intensive home based therapy
6. A (Hispanic) communication system, online message board, or something with FAQs and where questions could be asked and answered directly. An orientation team/network for families who are new to Wyandot county. Partnership with the new Wyandot Community Connection.
7. Things such as mentorship programs, drug abuse prevention programs, and anti-bullying programs all have a part in the effort. In my opinion, programs held at organizations such as the community center and local churches, which engage all types of youth to enhance social and societal skills and mindsets, could have the greatest impact on the future of mental health in Wyandot County. The Wyandot County Mentorship Program is one great example.
8. Having the "human resources" such as psychiatry, therapists to increase the number of services that can be offered within the county to avoid out of county treatment.
9. Increased reimbursement for individuals eligible for the Passport program would help them better access needed health services.
10. Increased outreach about available services for elderly individuals would create interest and greater participation in programs like mobile meals and senior center activities.
11. Enhanced JFS outreach, including additional face to face conversations with individuals, so they have an easier time navigating the Medicaid process.

If there were one thing Wyandot County could do to improve health care services for residents, what would it be? Remember only one thing.

1. Expand services for those households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county (the ALICE Threshold). While conditions have improved for some households, many continue to struggle, especially as wages fail to keep pace with the cost of household essentials (housing, child care, food, transportation, health care, and a basic smartphone plan).^{*} Please see the attached ALICE report for Wyandot County [ALICE Project – Ohio \(unitedforalice.org\)](https://www.unitedforalice.org) for additional information.
2. Increase public's knowledge of available resources and how to gain access to those resources.
3. Create resource guides for programs that thoroughly outline processes to receive needed program services. Individuals can be discouraged by not understanding program processes, then choose to not go back.
5. Home-based family therapy for children with significant behavioral health concerns.

6. More specialized services for medical/mental health
7. Local professional services that specialize in the diagnosis and treatment of autism
8. I think the drive-thru testing is great and the addition of Urgent care is nice; although, I have not used it. I am also not sure whether (Hispanic) families know of it, or how many families have family doctors, use the ER for non-emergency illness, etc.
9. More funding to local programs impacting mentorship programs, drug abuse prevention programs, and anti-bullying programs such as Family and Children First.
10. Continue to seek for state and federal grant opportunities that can bring funding and resources to the community.
11. I feel this county is adept at serving its residents and creating solutions for shortfalls. Increased navigation services might be of value in helping more people know where to turn for specific types of help and how to work through processes and systems.
12. If different providers/agencies worked more as a team keeping regular open lines of communication, when a client needs extra services, other agencies could step in and help. Maybe a monthly provider call might help get the lines of communication open.