



2019

WILLIAMS
COUNTY

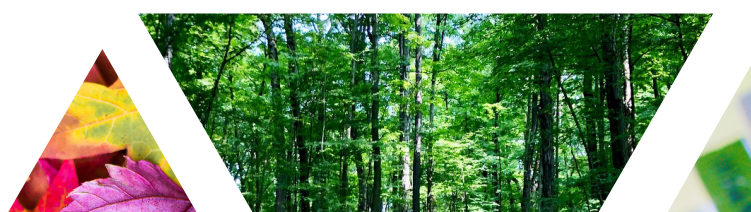


COMMUNITY
HEALTH
ASSESSMENT



EXAMINING THE HEALTH
OF THE COMMUNITY

APPROVED: 09.18.19



Foreword

It is our pleasure, on behalf of the Williams County Partners for Health Committee, to present the 2019 Williams County Community Health Assessment. The data contained in this report is a scientifically valid sampling conducted every three years in the community to better identify and understand health issues facing Williams County residents. Through a combined effort by the Williams County Health Department, Community Hospitals and Wellness Centers – Bryan and Montpelier, and the many organizations listed in this publication, we are able to provide valuable information both to individual residents and organizations in the community. In the past, this information has helped to educate citizens about their community, and we hope you find the new report helpful in that regard. Organizations within the community have been able to leverage grant dollars from this report to bring funds back to Williams County to address needs found in these reports.

In the 2019 report, you will find that in many ways the health of our community is very good and ranks higher than both the nation and state averages. In other areas, you will find we still have challenges that need to be addressed for the betterment of our community.

Whether you use this information to apply for grants or just become more informed, we hope that you find this report useful for your purposes. For additional information or questions regarding the report, please contact Jim Watkins, Williams County Health Commissioner, at 419-485-3141 extension 122.

Sincerely,

James D. Watkins, MPH, RS
Health Commissioner
Williams County Health Department

Chad Tinkel
CEO
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Acknowledgements

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Project Management, Secondary Data, Data Collection, and Report Development

The Hospital Council of Northwest Ohio (HCNO) is a 501(c)(3) non-profit regional hospital association located in Toledo, Ohio. They facilitate community health needs assessments and planning processes in 40+ counties in Ohio, Michigan, and Oregon. Since 2004, they have used a process that can be replicated in any county that allows for comparisons from county to county, within the region, the state, and the nation. HCNO works with coalitions in each county to ensure a collaborative approach to community health improvement that includes multiple key stakeholders, such as those listed above. All HCNO project staff have their master's degree in public health, with emphasis on epidemiology and health education.

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

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

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

Hospital Council of Northwest Ohio
<http://www.hcno.org/community-services/community-health-assessments/>

Community Hospitals and Wellness Centers: <https://www.chwchospital.org/community-health-assessment/>

Williams County Health Department
<http://www.williamscountyhealth.org/administration/community-health-assessment/>

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Executive Summary

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

In 2019, CHWC—Bryan Hospital and CHWC—Montpelier Hospital (“the hospitals”) worked to align their community health needs assessment (CHNA) process both at the local and state levels. The state of Ohio mandated by law (ORC 3701.981) that all hospitals must collaborate with their local health departments on community health assessments (CHA) and community health improvement plans (CHIP). In order to meet this requirement, the hospitals shifted their definition of community to encompass the entire county. This will result in less duplication. In addition, local hospitals have to align with the Ohio State Health Assessment (SHA). This requires alignment of the CHA process timeline and indicators. This local alignment must take place by October 2020. This report represents the continued collaboration between the hospitals and Williams County Partners for Health.

Internal Revenue Services (IRS) Requirements

The Affordable Care Act (ACA), enacted in March 2010, added new Section 501 (r) requirements in Part V, Section B, on 501 (c)(3) organizations that operate one or more hospital facilities. Each 501 (c)(3) hospital organization must conduct a community health needs assessment and adopt an implementation strategy at least once every three years. This report meets these IRS requirements.

DEFINITION OF COMMUNITY & SERVICE AREA DETERMINATION

The community has been defined as Williams County. Most (80%) of CHWC—Bryan Hospital and 84% of CHWC—Montpelier Hospital’s discharges were residents of Williams County. In addition, CHWC collaborates with multiple stakeholders, most of which provide services at the county-level. For these two reasons, the county was defined as the community.

INCLUSION OF VULNERABLE POPULATIONS

Williams County is a rural county. Approximately 13.5% of Williams County residents were below the poverty line, according to the 2013-2017 American Community Survey 5-year estimates. For this reason, data is broken down by income (less than \$25,000 and greater than \$25,000) throughout the report to show disparities.

PROCESS & METHODS FOR ENGAGING COMMUNITY

This community health needs assessment process was commissioned by the Williams County Partners for Health. This coalition has been in existence for 15 years and has approximately 26 member organizations. Multiple sectors, including the general public, were asked through email list serves, social media, and public notices to participate in the process which included defining the scope of the project, choosing questions for the surveys, reviewing initial data, planning a community release, and identifying and prioritizing needs. Thirteen organizations worked together to create one comprehensive assessment and plan.

QUANTITATIVE & QUALITATIVE DATA ANALYSIS

The Hospital Council of Northwest Ohio was contracted to collect the data, analyze it, and provide overall project management. Detailed data collection methods are described later in this section.

IDENTIFYING & PRIORITIZING NEEDS

The identification and prioritization of health needs will take place during the community health improvement planning process. The hospitals will collaborate with the Williams County Partners for Health to create the 2020-2022 Williams County Community Health Improvement Plan (CHIP) in which the identification and prioritization of health needs will take place.

RESOURCES TO ADDRESS NEED

The identification of resources will take place during the community health improvement planning process. The hospitals will collaborate with the Williams County Partners for Health to create the 2020-2022 Williams County Community Health Improvement Plan (CHIP) in which a resource assessment will take place.

CHNA AVAILABILITY

The 2019 Community Health Needs Assessment, as well as the various other assessments used in creating this report, can be found at the following websites:

Community Hospitals and Wellness Centers: <https://www.chwchospital.org/community-health-assessment/>

Williams County Health Department:
<http://www.williamscountyhealth.org/administration/community-health-assessment/>

Hospital Council of Northwest Ohio: <http://www.hcno.org/community-services/community-health-assessments/>

ADOPTION BY BOARD

The Board adopted the 2019 Community Health Needs Assessment on September 18, 2019.

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 examined the structure of its planning process to build commitment and engage partners in the development of a plan that could be realistically implemented. With a steering committee already in place, members examined current membership to determine whether additional stakeholders and/or partners should be engaged, its meeting schedule (which occurs on a quarterly basis and more frequently as needed), and responsibilities of partnering organizations for driving change. The steering committee ensured that the process involved local public health, health care, faith-based communities, schools, local leadership, businesses, organizations serving minority populations, and other stakeholders in the community health improvement process.

2. Visioning

Next, steering committee members re-examined its vision and mission. Vision and values statements provide focus, purpose, and direction to the CHA/CHIP so that participants collectively achieve a shared vision for the future. A shared community vision provides an overarching goal for the community—a statement of what the ideal future looks like. Values are the fundamental principles and beliefs that guide a community-driven planning process.

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.

In order to identify strategic issues, the steering committee considers findings from the visioning process and the MAPP assessments in order to understand why certain issues remain constant across the assessments. The steering committee uses a strategic approach to prioritize issues that would have the greatest overall impact to drive population health improvement and would be feasible, given the resources available in the community and/or needed, to accomplish. The steering committee also arranged issues that were related to one another, for example, chronic disease related conditions, which could be addressed through increased or improved coordination of preventative services. Finally, the steering committee members considered the urgency of issues and the consequences of not addressing certain items.

Figure 1.1 The MAPP Framework



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, the committee to formulate various goals, objectives, and strategies to meet the prioritized health needs.

6. Action cycle

The steering 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. At 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.

Primary Data Collection Methods

DESIGN

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

INSTRUMENT DEVELOPMENT

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

The project coordinator from the Hospital Council of Northwest Ohio conducted a series of meetings with the planning committee from Williams County. During these meetings, HCNO and the planning committee reviewed and discussed banks of potential survey questions. Based on input from the Williams County planning committee, the project coordinator composed drafts of surveys containing 115 items for the adult survey and 77 items for the adolescent survey. Health education researchers from the University of Toledo reviewed and approved the drafts.

SAMPLING | Adult Survey

The sampling frame for the adult survey consisted of adults ages 19 and over living in Williams County. There were 28,142 persons ages 19 and over living in Williams County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 5% (i.e., we can be 95% sure that the "true" population responses are within a 5% margin of error of the survey findings). A sample size of at least 379 adults was needed to ensure this level of confidence. The random sample of mailing addresses was obtained from Melissa Data Corporation in Rancho Santa Margarita, California.

SAMPLING | Adolescent Survey

Youth in grades 6-12 in Williams County public school districts were used as the sampling frame for the adolescent survey. Using the U.S. Census Bureau data, it was determined that approximately 3,622 youth ages 12 to 18 years old live in Williams County. A sample size of 347 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

PROCEDURE | Adult Survey

Data collection for this assessment was completed with a multimodal approach: a random sample via mail, a random sample via e-mail (online), and an online convenience sample. This multimodal approach was a pilot to increase survey response rates across the county.

Prior to mailing the survey, the project team mailed an advance letter to 1,200 adults in Williams County. This advance letter was personalized, printed on Williams County Partners for Health letterhead, and signed by James D. Watkins, Health Commissioner of the Williams County Health Department. The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents' confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected. Three weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Williams County Partners for Health letterhead) describing the purpose of the study, a questionnaire, a self-addressed stamped return envelope, and a \$2 incentive. Approximately three weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire, and another reply envelope. A third wave postcard was sent three weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent.

The online survey yielded 89 completed surveys: 25 from the random sample and 64 from the convenience sample. Methods were compared across the primary mailed survey, the online random sampling, and the online through convenience sampling. Upon review, it was determined that there were very little differences between the survey samples. Therefore, the samples were combined and analyzed as one dataset.

The response rate for the mailing was 36% (n=413; CI=± 4.79). This return rate and sample size means that the responses in the health assessment should be representative of the entire county.

PROCEDURE | Adolescent Survey

The survey was approved by all participating superintendents. Schools and grades were randomly selected. To ensure that students in a particular grade had an equal chance of being selected, the research team used "general" school classes like English or Health to distribute surveys. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 94% (n=404; CI=± 4.60).

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using SPSS 24.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Williams County, the adult data collected was weighted by age, gender, race, and income using 2016 Census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix III.

LIMITATIONS


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

Furthermore, while the survey was mailed to random households in Williams County, those responding to the survey were more likely to be older. For example, only 12 respondents were under the age of 30. While weightings are applied during calculations to help account for this, it still presents a potential limitation (to the extent that the responses from these 12 individuals are substantively different from the majority of Williams County residents under the age of 30).

Finally, it is important to note that, although several questions were asked using the same wording as the CDC questionnaires, the adult data collection method differed. CDC adult data was collected using a set of questions from the total question bank, and adults were asked the questions over the telephone rather than via mail survey. The youth CDC survey was administered in schools in a similar fashion as this county health assessment. Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

2019 Ohio State Health Assessment (SHA)

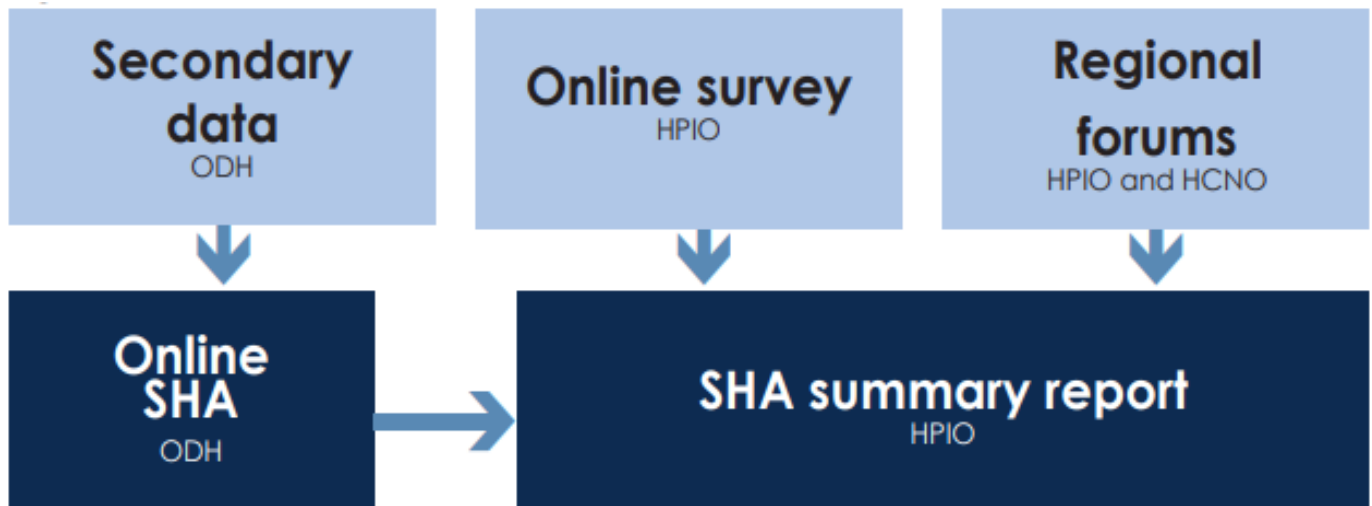
The 2019 Ohio State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, online surveys completed by over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

Similar to the 2019 Ohio SHA, the 2019 Williams 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 between a wide variety of partners at and between the state and local level, including physical and behavioral health organizations and sectors beyond health. It is our hope that this CHA will serve as a foundation for such collaboration.














To view the 2019 Ohio State Health Assessment, please visit: <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-Online-State-Health-Assessment>

FIGURE 1.1 | Components of the 2019 SHA




**2019
ADULT
(AGES 19+)
DATA**

Adult Trend Summary


Adult Variables	Williams County 2013	Williams County 2016	Williams County 2019	Ohio 2017	U.S. 2017
Health Status					
Rated general health as excellent or very good	56%	55%	47%	49%	51%
Rated general health as fair or poor 	10%	14%	13%	19%	18%
Rated mental health as not good on four or more days (in the past 30 days)	15%	23%	30%	26%	24%
Rated physical health as not good on four or more days (in the past 30 days)	18%	20%	20%	23%	22%
Average number of days that physical health was not good (in the past 30 days) 	2.6	3.5	3.5	4.0*	3.7*
Average number of days that mental health was not good (in the past 30 days) 	2.3	4.5	4.4	4.3*	3.8*
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	18%	17%	29%	24%	23%
Health Care Coverage, Access, and Utilization					
Uninsured	15%	5%	7%	9%	11%
Had one or more persons they thought of as their personal health care provider 	51%	51%	86%	81%	77%
Visited a doctor for a routine checkup (in the past 12 months) 	50%	59%	64%	72%	70%
Arthritis, Asthma, & Diabetes					
Ever been told by a doctor they have diabetes (not pregnancy-related) 	8%	7%	12%	11%	11%
Had ever been told they have asthma 	12%	18%	13%	14%	14%
Cardiovascular Health					
Ever diagnosed with angina or coronary heart disease 	6%	6%	7%	5%	4%
Ever diagnosed with a heart attack, or myocardial infarction 	5%	4%	6%	6%	4%
Ever diagnosed with a stroke	3%	1%	4%	4%	3%
Had been told they had high blood pressure 	29%	35%	39%	35%	32%
Had been told their blood cholesterol was high	35%	36%	37%	33%	33%
Had their blood cholesterol checked within the last five years	70%	79%	83%	85%	86%
Weight Status					
Overweight	38%	30%	31%	34%	35%
Obese 	30%	41%	42%	34%	32%
Alcohol Consumption					
Current drinker (had at least one drink of alcohol within the past 30 days)	45%	39%	62%	54%	55%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion) 	18%	15%	17%	19%	17%
Tobacco Use					
Current cigarette smoker (smoked on some or all days) 	20%	22%	16%	21%	17%
Former cigarette smoker (smoked 100 cigarettes in lifetime and now do not smoke)	24%	18%	25%	24%	25%
Current e-cigarette user (vaped on some or all days)	N/A	N/A	5%	5%	5%

N/A – Not Available

 Indicates alignment with the Ohio State Health Assessment

*2016 BRFSS

**2016 BRFSS as compiled by 2019 County Health Rankings

Adult Variables	Williams County 2013	Williams County 2016	Williams County 2019	Ohio 2017	U.S. 2017
Drug Use					
Adults who used marijuana in the past 6 months	3%	4%	3%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	6%	5%	5%	N/A	N/A
Preventive Medicine					
Ever had a pneumonia vaccine (ages 65 and older)	56%	67%	77%	76%	75%
Had a flu shot within the past year (ages 65 and over)	72%	72%	76%	63%	60%
Had a clinical breast exam in the past two years (women ages 40 and older)	68%	66%	52%	N/A	N/A
Had a mammogram within the past two years (women ages 40 and older)	69%	67%	65%	74%*	72%*
Had a pap test in the past three years (women ages 21-65)	66%	54%	59%	82%*	80%*
Cancer					
Ever been told they had skin cancer	5%	6%	7%	6%	6%
Ever been told they had other types of cancer (other than skin cancer)	7%	9%	9%	7%	7%
Quality of Life					
Limited in some way because of physical, mental or emotional problem	20%	15%	22%	21%*	21%*
Mental Health					
Felt sad or hopeless for two or more weeks in the past year	8%	9%	13%	N/A	N/A
Seriously considered attempting suicide in the past year	3%	2%	5%	N/A	N/A
Attempted suicide in the past year	<1%	0%	1%	N/A	N/A
Sexual Behavior					
Had more than one sexual partner in past year	3%	4%	3%	N/A	N/A
Oral Health					
Visited a dentist or a dental clinic (within the past year) 	65%	53%	73%	68%*	66%*
Visited a dentist or a dental clinic (5 or more years ago)	10%	15%	11%	11%*	10%*

N/A – Not Available

*2016 BRFSS

**2015 BRFSS

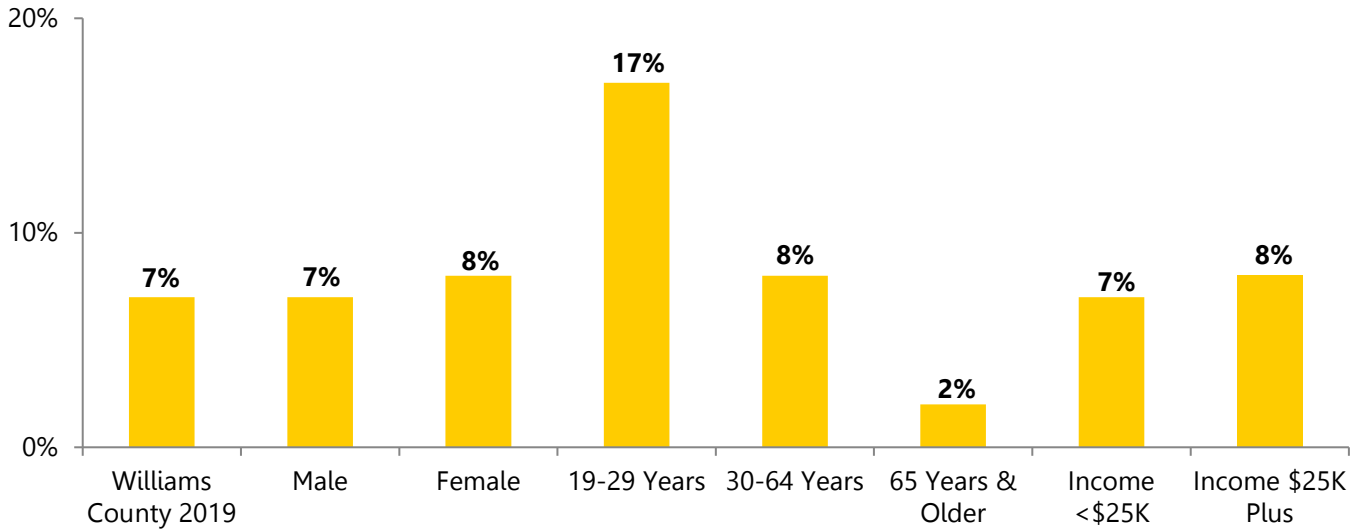
Adult Data Summary

Adult Data Summary | Health Care Access

ADULT HEALTH CARE COVERAGE

One-in-fourteen (7%) Williams County adults were without healthcare coverage.

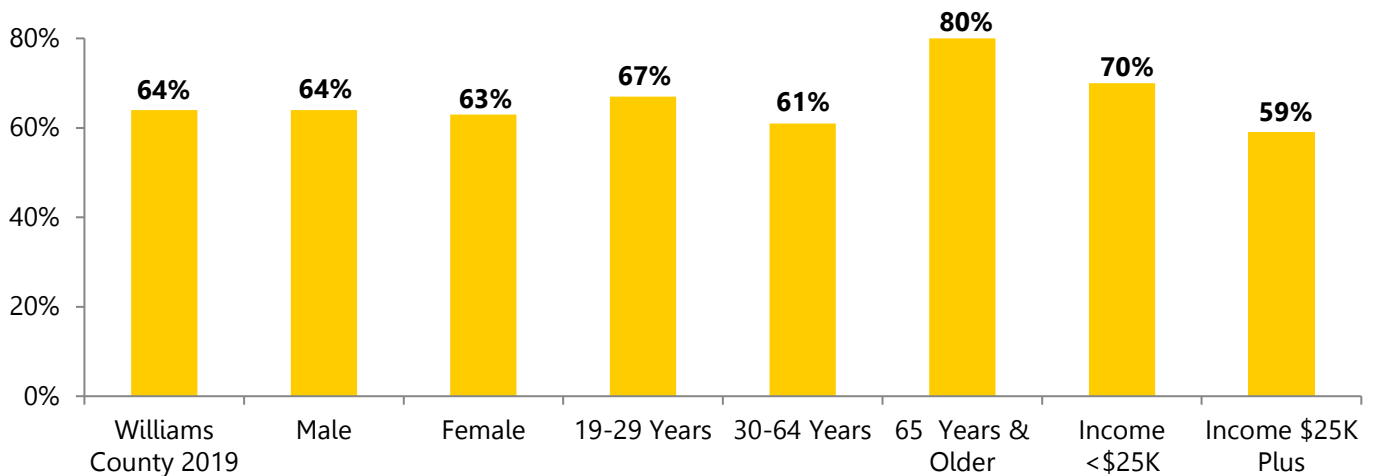
Uninsured Williams County Adults



ADULT ACCESS AND UTILIZATION

Nearly two-thirds (64%) of Williams County adults visited a doctor for a routine checkup in the past year. Three-fifths (60%) of adults went outside of Williams County for healthcare services in the past year.

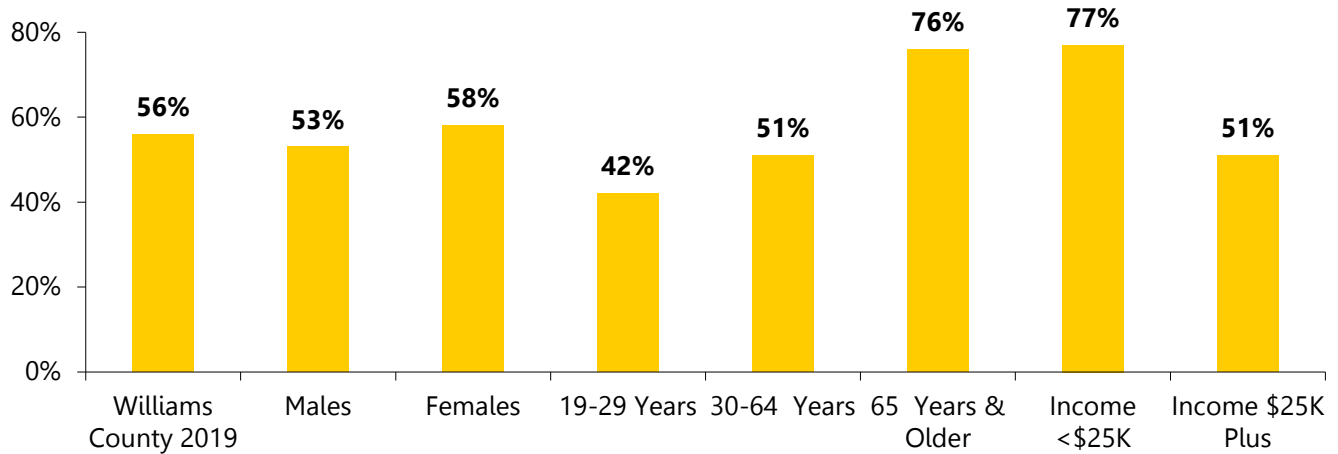
Williams County Adults who Visited a Doctor for a Routine Checkup in the Past Year



ADULT PREVENTIVE MEDICINE

More than half (56%) of Williams County adults had a flu vaccine during the past 12 months. More than three-fourths (77%) of adults ages 65 and older had a pneumonia vaccination at some time in their life.

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



ADULT WOMEN'S HEALTH

More than half (51%) of women ages 40 and older had a mammogram in the past year. Nearly three-fifths (59%) of women ages 21-65 had a Pap smear in the past three years. Forty-seven percent (47%) of women were obese, 34% had high blood pressure, 32% had high blood cholesterol, and 19% were identified as smokers, all known risk factors for cardiovascular diseases.

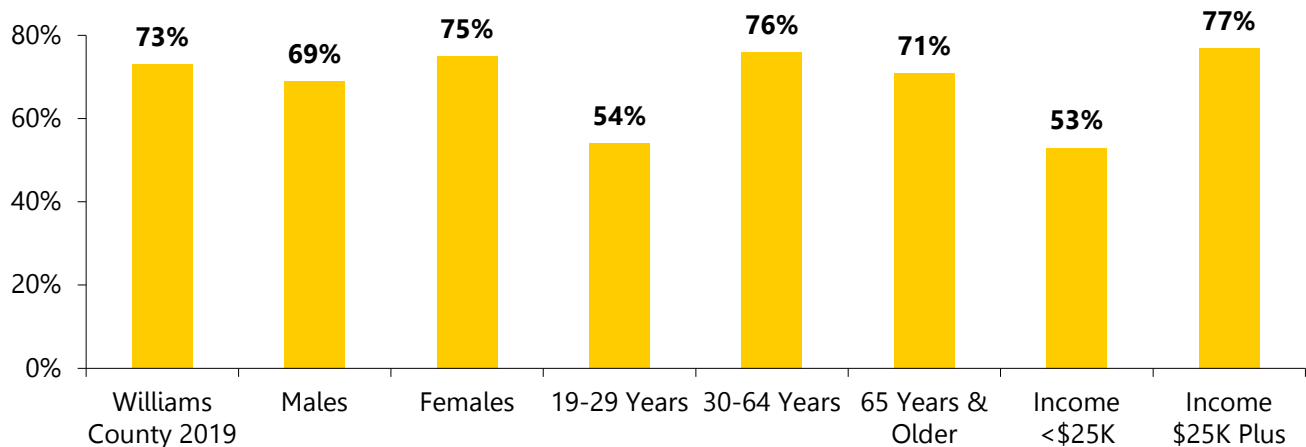
ADULT MEN'S HEALTH

Nearly half (45%) of men had high blood cholesterol, 45% had been diagnosed with high blood pressure, and 11% were identified as smokers, which, along with obesity (38%), are known risk factors for cardiovascular diseases.

ADULT ORAL HEALTH

Nearly three-fourths (73%) of Williams County adults visited a dentist or dental clinic in the past year. Twenty-six percent (26%) of adults who did not see a dentist in the past year were unable to do so due to cost.

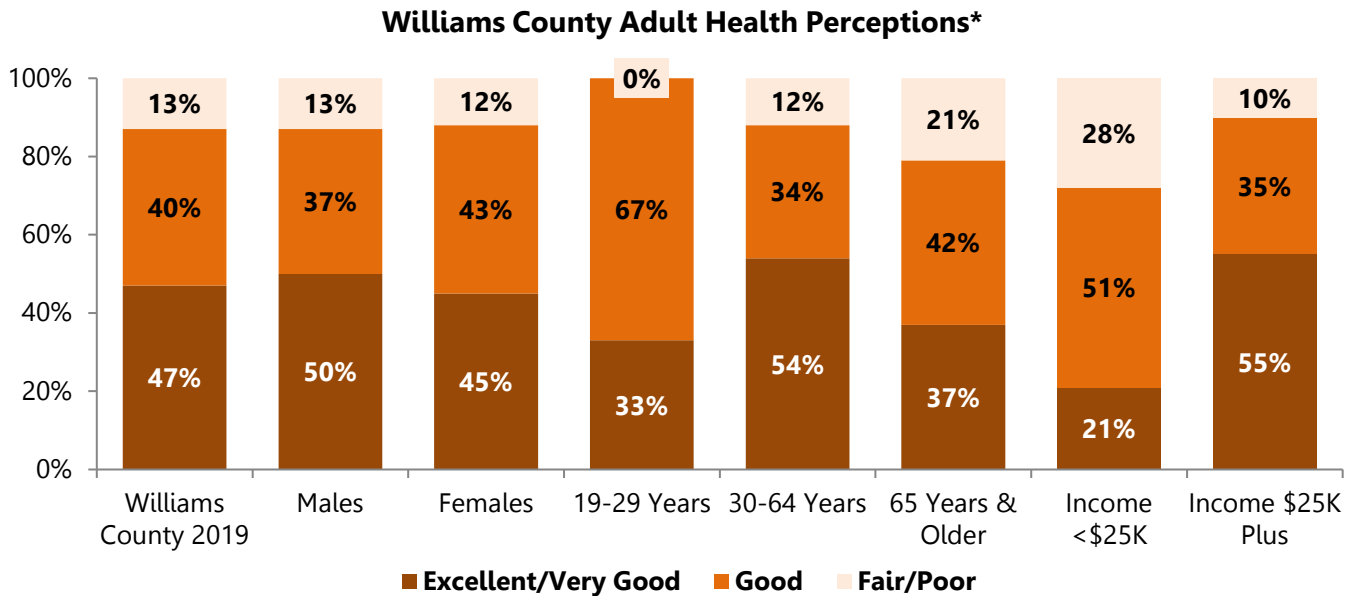
Williams County Adults Visiting a Dentist in the Past Year



Adult Data Summary | Health Behaviors

ADULT HEALTH STATUS PERCEPTIONS

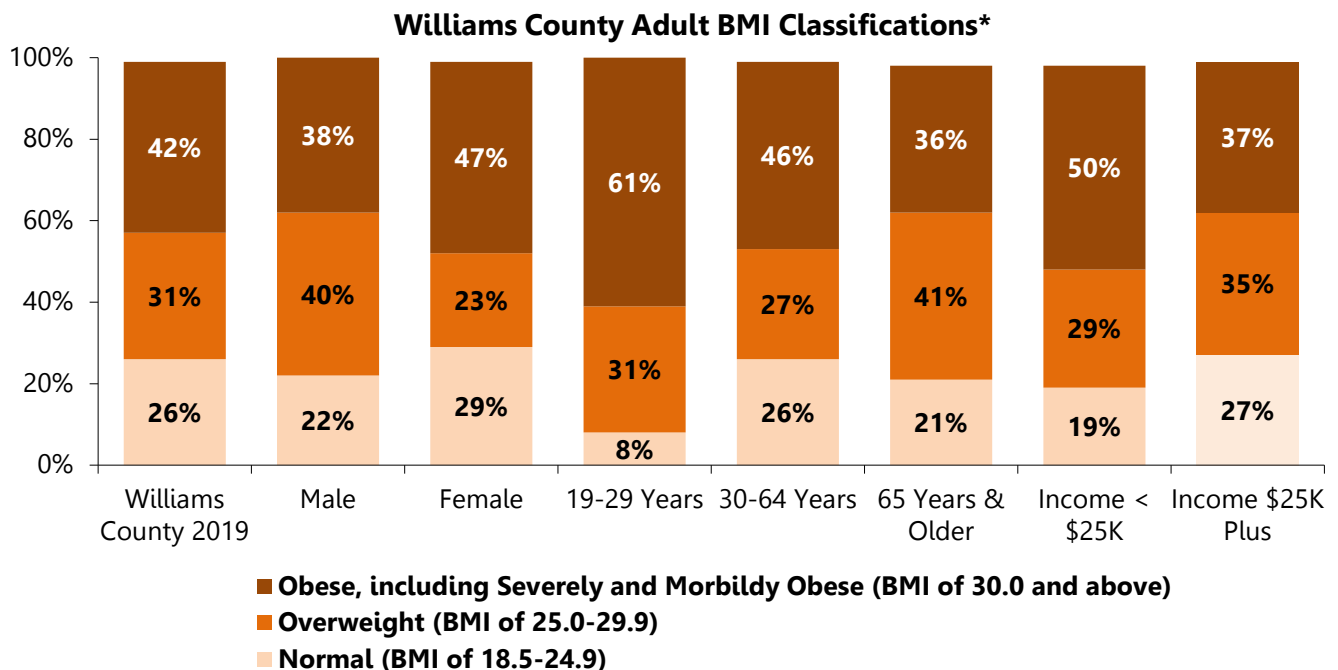
Nearly half (47%) of Williams County adults rated their health status as excellent or very good. Conversely, about one-in-eight (13%) adults described their health as fair or poor, increasing to 28% of those with incomes less than \$25,000.



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

ADULT WEIGHT STATUS

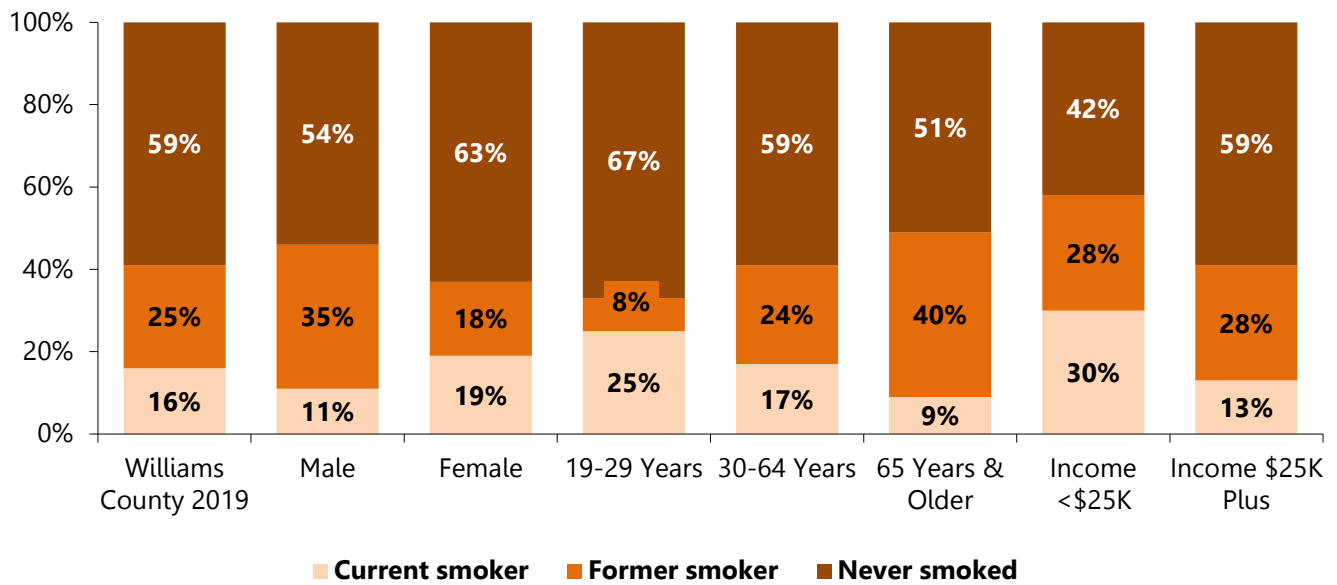
Almost three-quarters (73%) of Williams County adults were either overweight (31%), obese (20%), severely obese (14%), or morbidly obese (8%) by Body Mass Index (BMI). More than half (57%) of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week.



ADULT TOBACCO USE

In 2019, 16% of Williams County adults were current cigarette smokers and 25% were considered former cigarette smokers.

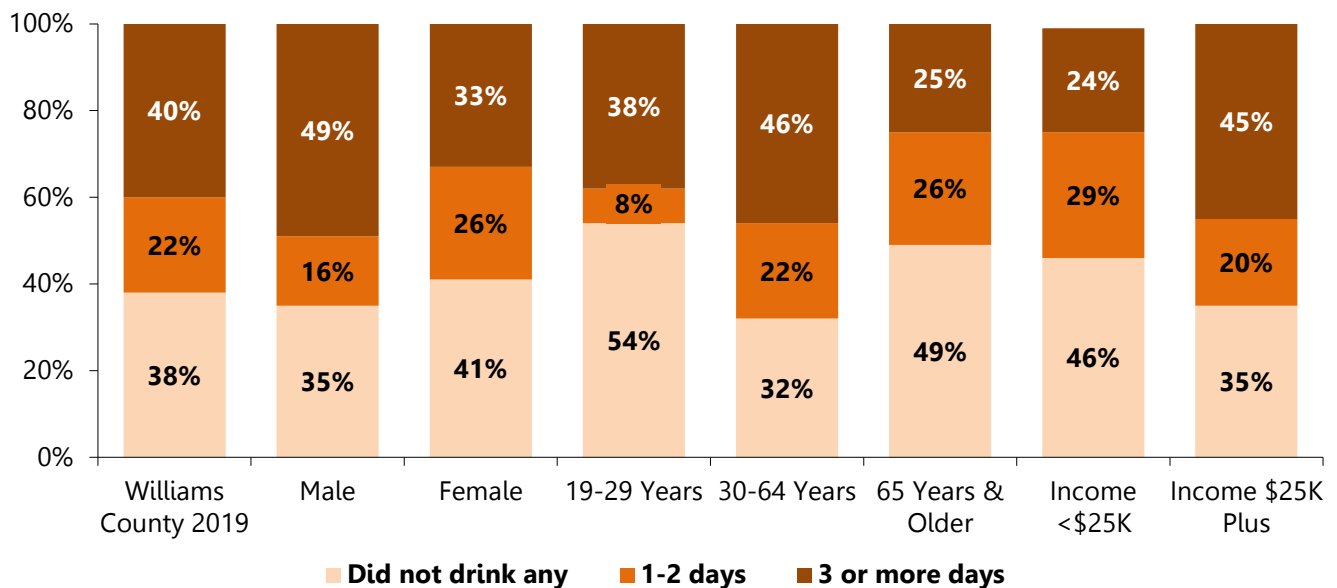
Williams County Adult Cigarette Smoking Behaviors



ADULT ALCOHOL USE

More than three-fifths (62%) of Williams County adults had at least one alcoholic drink in the past month and are considered current drinkers. One-third (33%) of those current drinkers were binge drinkers [had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month].

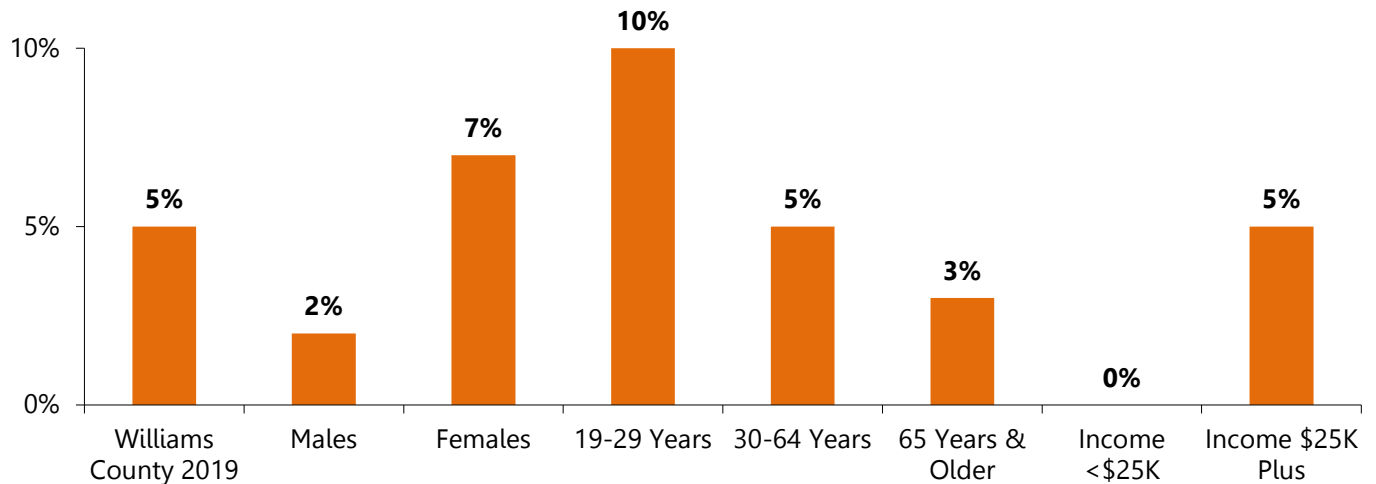
Average Number of Days Drinking Alcohol in the Past Month



ADULT DRUG USE

Three percent (3%) of Williams County adults had used recreational marijuana during the past 6 months. Five percent (5%) 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.

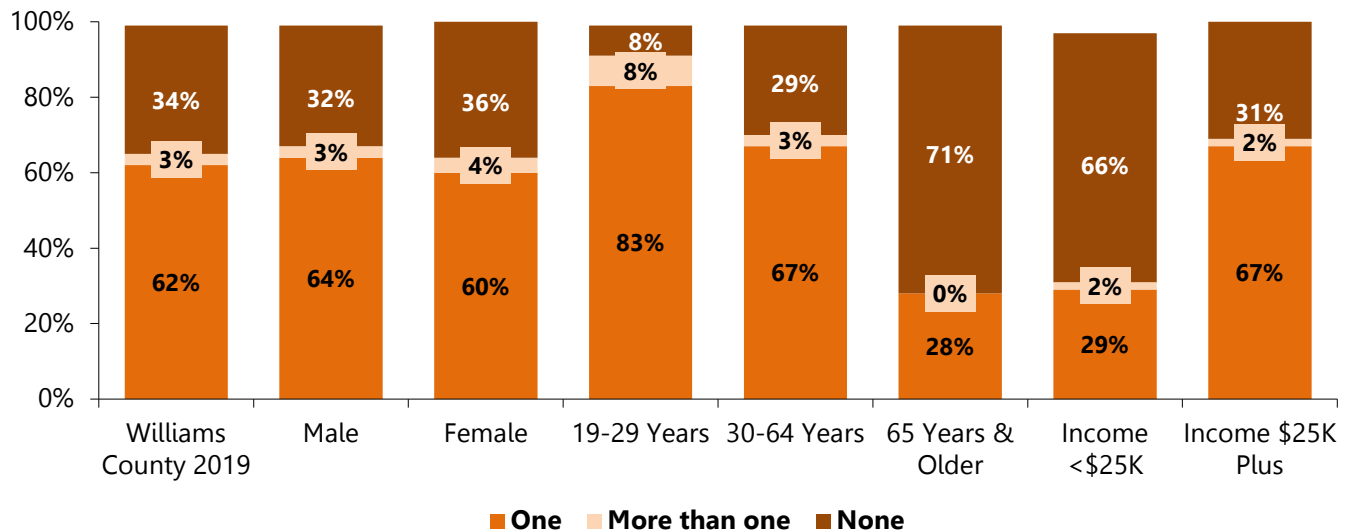
Williams County Adult Prescription Drug Misuse in Past 6 Months



ADULT SEXUAL BEHAVIOR

In 2019, 65% of Williams County adults had sexual intercourse in the past year. Three percent (3%) of adults had more than one partner. Ten percent (10%) of Williams County adults reported being forced to participate in sexual activity when they did not want to.

Number of Sexual Partners in the Past Year



ADULT MENTAL HEALTH

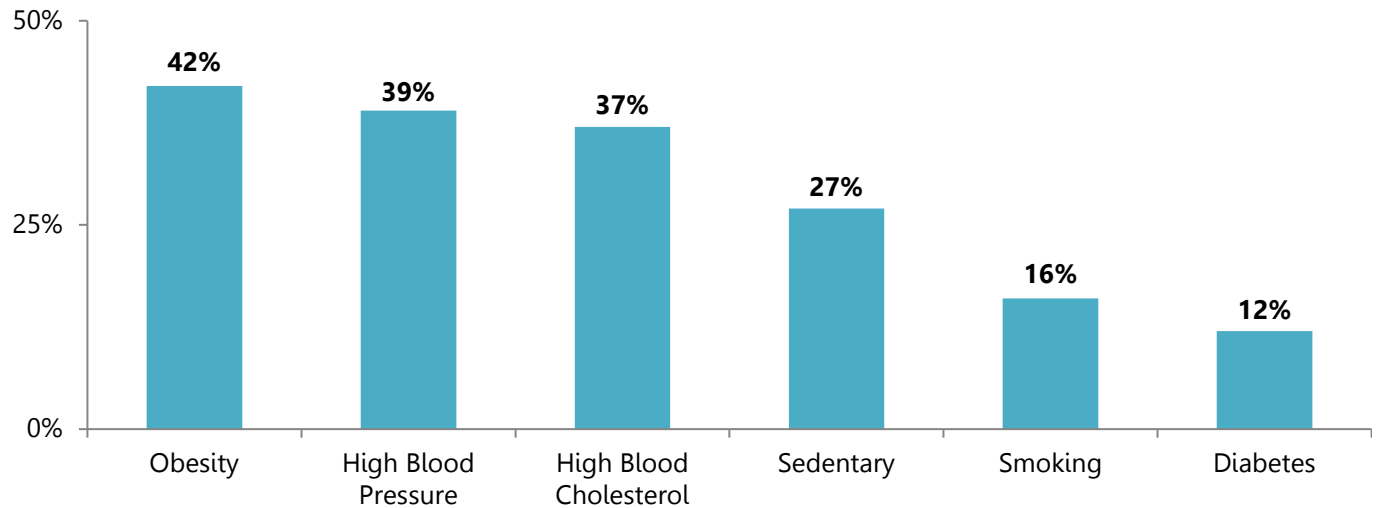
In the past year, 13% of Williams County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities. Five percent (5%) of Williams County adults considered attempting suicide, and 1% actually attempted suicide.

Adult Data Summary | Chronic Disease

ADULT CARDIOVASCULAR HEALTH

Six percent (6%) of Williams County adults survived a heart attack and 4% survived a stroke at some time in their life. Nearly two-fifths (39%) of adults had high blood pressure, 37% had high blood cholesterol, 42% were obese, and 16% were smokers, all known risk factors for cardiovascular disease.

Williams County Adults with CVD Risk Factors



ADULT CANCER

In 2019, 16% of Williams County adults had been diagnosed with cancer at some time in their life.

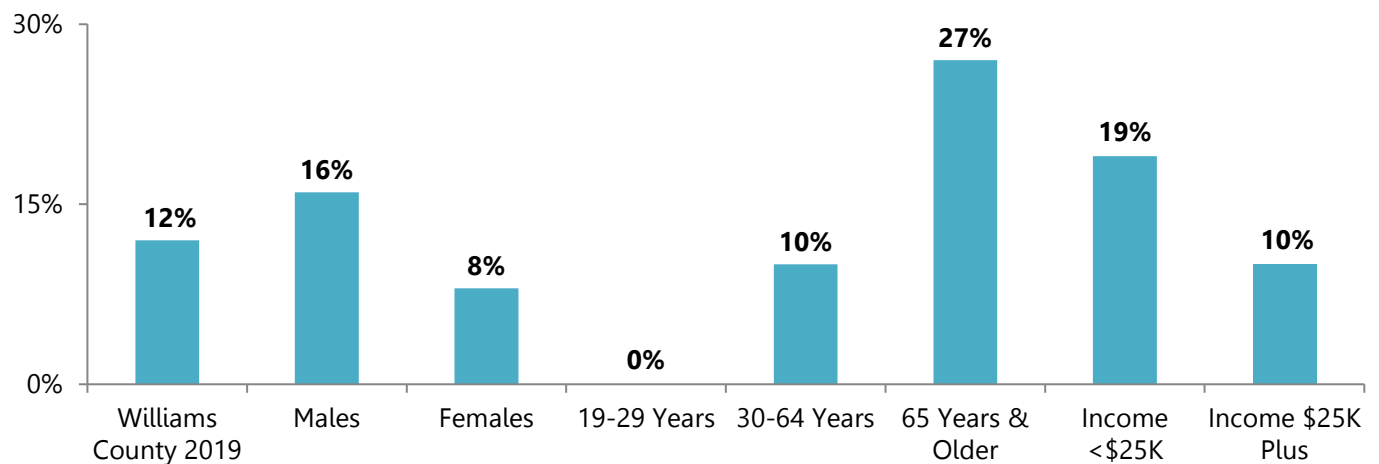
ADULT ASTHMA

In 2019, 13% of Williams County adults had been diagnosed with asthma.

ADULT DIABETES

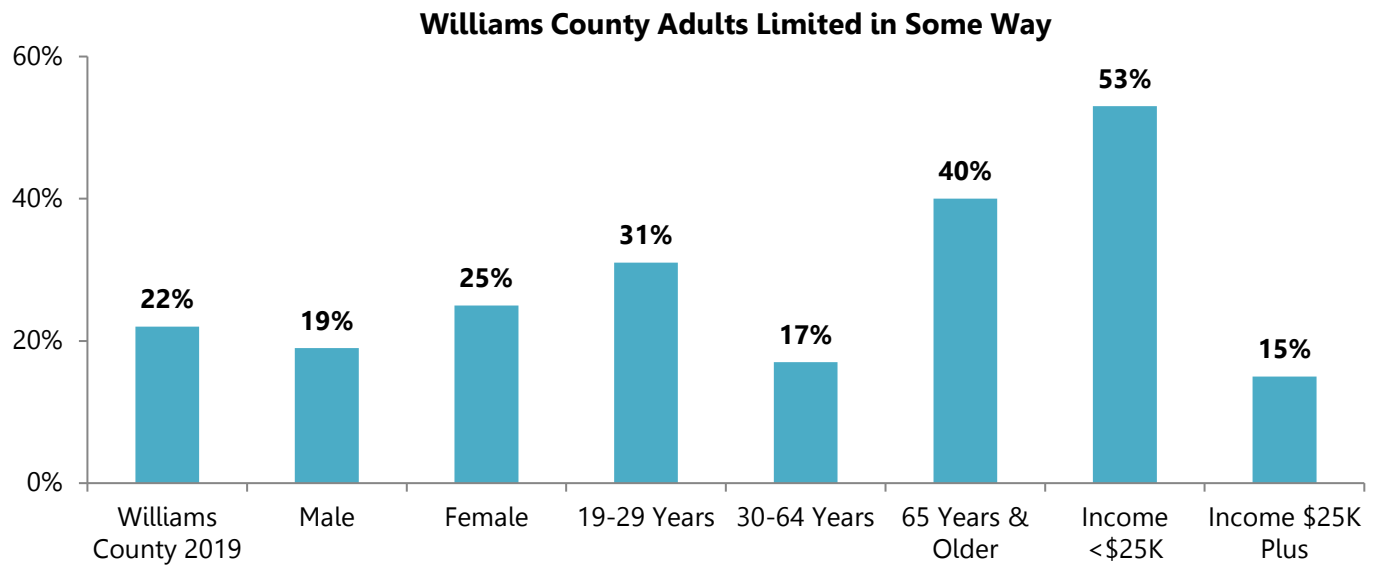
Twelve percent (12%) of Williams County adults had been diagnosed with diabetes.

Williams County Adults Diagnosed with Diabetes (Not Pregnancy-Related)



ADULT QUALITY OF LIFE

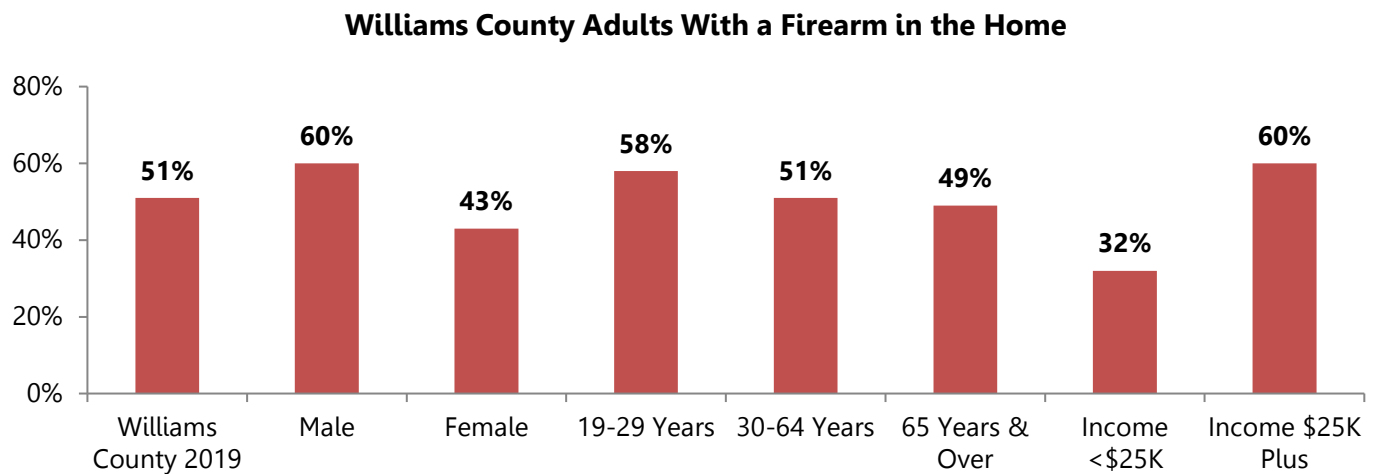
In 2019, 22% of Williams County adults were limited in some way because of a physical, mental or emotional problem.



Adult Data Summary | Social Conditions

ADULT SOCIAL DETERMINANTS OF HEALTH

Six percent (6%) of Williams County adults were abused in the past year. Sixteen percent (16%) of adults experienced four or more Adverse Childhood Experiences (ACEs). More than half (51%) of Williams County adults kept a firearm in or around their home.



ADULT ENVIRONMENTAL HEALTH

Adults indicated that insects (12%), mold (7%), temperature regulation (7%) threatened their health in the past year.

ADULT PARENTING

Approximately one in six (16%) parents never breastfed their child. Two-thirds (67%) of parents discussed bullying, 59% discussed weight status, and 58% discussed dating/relationships and social media issues with their 6-to-17 year-old in the past year.

Healthcare Access: Adult Healthcare Coverage

Key Findings

One-in-fourteen (7%) Williams County adults were without healthcare coverage.

Health Coverage

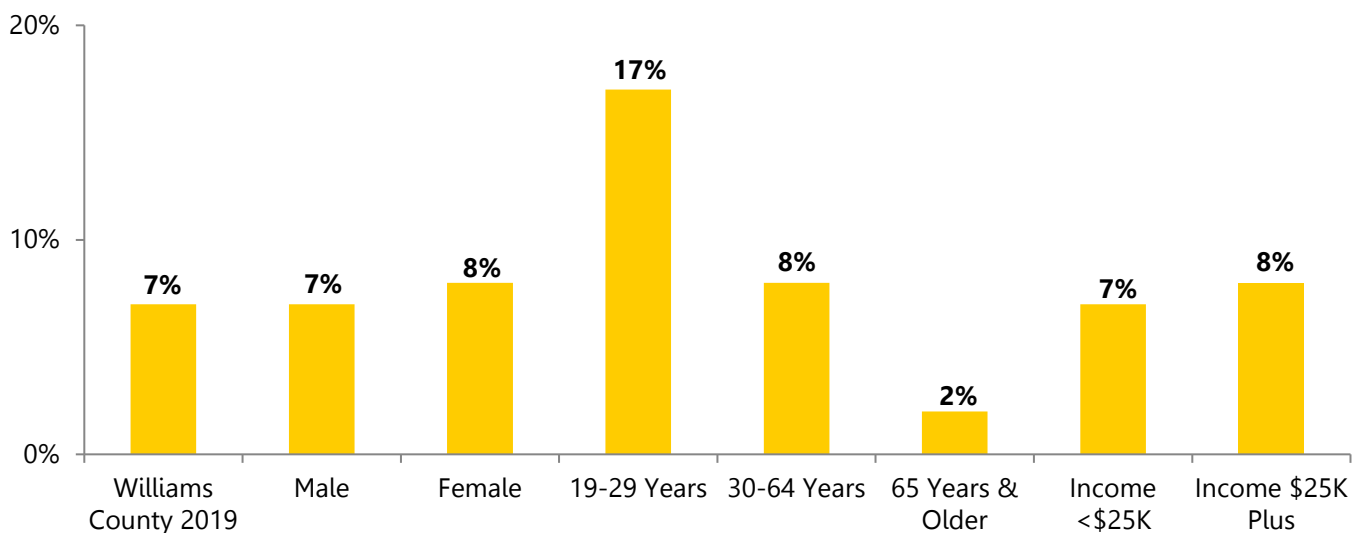
- In 2019, 93% of Williams County adults had healthcare coverage.
- In the past year, 7% of adults were uninsured.
- One-in-ten (10%) adults with children did not have healthcare coverage, compared to 4% of those who did not have children living in their household.

In Williams County, 1,970 adults were uninsured.

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Ohio 2017	U.S. 2017
Uninsured	15%	5%	7%	9%	11%

The following graph shows the percentage of Williams County adults who were uninsured. An example of how to interpret the information in the graph includes: 7% of all Williams County adults were uninsured, including 17% of those ages 19-29.

Uninsured Williams County Adults



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

Healthy People 2020
Access to Health Services (AHS)

Objective	Williams County 2019	Ohio 2017	U.S. 2016	Healthy People 2020 Target
AHS-1.1: Persons under age of 65 years with health insurance	100% age 18-24 91% age 25-34 90% age 35-44 94% age 45-54 100% age 55-64	87% age 18-24 90% age 25-34 90% age 35-44 91% age 45-54 93% age 55-64	85% age 18-24 84% age 25-34 87% age 35-44 90% age 45-54 93% age 55-64	100%

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

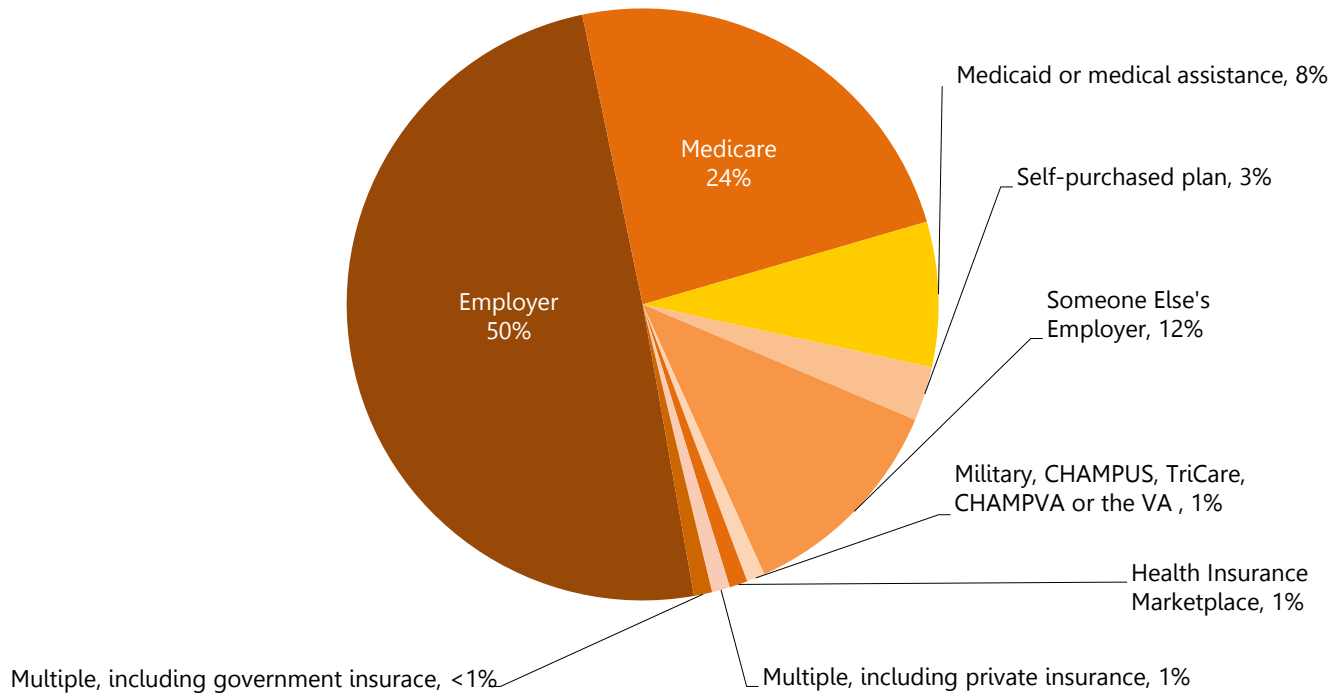
(Sources: Healthy People 2020 Objectives, 2016 BRFSS, 2017 BRFSS, 2019 Williams County Community Health Assessment)

- The following types of healthcare coverage were used: employer (50%); Medicare (24%); someone else’s employer (12%); Medicaid or medical assistance (8%); self-purchased plan (3%); Health Insurance Marketplace (1%); military, CHAMPUS, TriCare, CHAMPVA or the VA (1%); multiple, including private insurance (1%); and multiple, including government insurance (<1%).
- Adult healthcare coverage included the following:
 - Medical (100%)
 - Prescription coverage (93%)
 - Dental (83%)
 - Immunizations (81%)
 - Vision or eyeglasses (76%)
 - Preventive health (70%)
 - Their children (51%)
 - Mental health counseling (49%)
 - Mental health (45%)
 - Outpatient therapy (35%)
 - Their spouse (33%)
 - County physicians (24%)
 - Alcohol and drug treatment (19%)
 - Their partner (17%)
 - Long-term care (14%)
 - Home care (8%)
 - Skilled nursing (8%)
 - Hospice (5%)
 - Transportation (3%)
 - Assisted living (3%)
- Adults had the following issues regarding their healthcare coverage:
 - Cost (36%)
 - Opted out of certain coverage because they could not afford it (10%)
 - Service not deemed medically necessary (8%)
 - Limited visits (8%)
 - Currently working with their insurance company (8%)
 - Opted out of certain coverage because they did not need it (7%)
 - Could not understand their insurance plan (7%)
 - Service no longer covered (4%)
 - Pre-existing conditions (2%)
 - Provider was no longer covered (2%)
- The top reasons uninsured adults gave for being without healthcare coverage were*:
 1. They lost their job or changed employers (39%)
 2. They could not afford the co-pays, premiums, and deductibles (30%)
 3. They became ineligible (11%)

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

The following chart identifies sources of healthcare coverage for Williams County adults.

Source of Healthcare Coverage for Williams County Adults



The following table shows what is included in Williams County adults' health insurance coverage.

Health Coverage Includes:	Yes	No	Don't Know
Medical	100%	0%	0%
Prescription Coverage	93%	0%	7%
Dental	83%	12%	5%
Immunizations	81%	0%	19%
Vision	76%	19%	5%
Preventive Health	70%	3%	27%
Their Children	51%	40%	9%
Mental Health Counseling	49%	11%	40%
Mental Health	45%	15%	40%
Outpatient Therapy	35%	3%	62%
Their Spouse	33%	44%	22%
County Physicians	24%	3%	73%
Alcohol and Drug Treatment	19%	11%	70%
Their Partner	17%	49%	34%
Long-Term Care	14%	6%	80%
Home Care	8%	16%	76%
Skilled Nursing	8%	12%	80%
Hospice	5%	11%	84%
Assisted Living	3%	16%	81%
Transportation	3%	24%	73%

Healthcare Access: Adult Access and Utilization

Key Findings

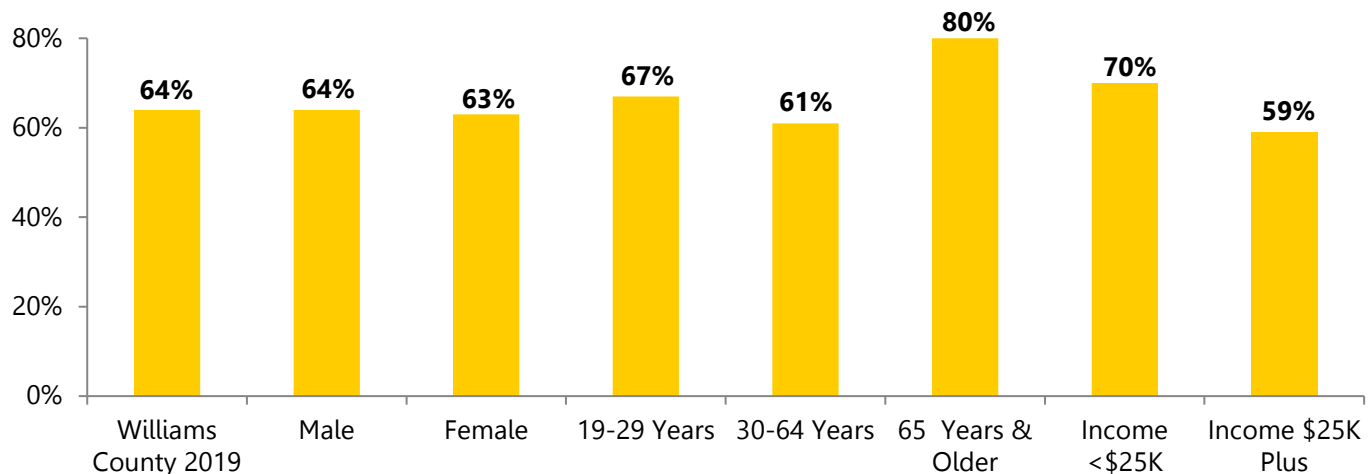
Nearly two-thirds (64%) of Williams County adults visited a doctor for a routine checkup in the past year. Three-fifths (60%) of adults went outside of Williams County for healthcare services in the past year.

Healthcare Access

- Nearly two-thirds (64%) of Williams County adults visited a doctor for a routine checkup in the past year, increasing to 80% of those ages 65 and older.
- Adults with healthcare coverage were more likely to have visited a doctor for a routine checkup in the past year (65%), compared to 38% of those without healthcare coverage.
- More than four-fifths (86%) of adults indicated they had at least one person they thought of as their personal doctor or healthcare provider.
- In the past year, 14% of Williams County adults needed to see a doctor/healthcare professional but could not because of cost.

The following graph shows the percentage of Williams County adults who had a routine check-up in the past year. An example of how to interpret the information includes: 64% of all Williams County adults had a routine check-up in the past year, including 70% of those with incomes less than \$25,000 and 80% of those 65 years and older.

Williams County Adults who Visited a Doctor for a Routine Checkup 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	Williams County 2013	Williams County 2016	Williams County 2019	Ohio 2017	U.S. 2017
Visited a doctor for a routine checkup (in the past 12 months)	50%	59%	64%	72%	70%
Visited a doctor for a routine checkup (5 or more years ago)	15%	8%	9%	9%	7%
Had one or more persons they thought of as their personal health care provider	78%	76%	86%	81%	77%
Unable to see a doctor due to cost (in the past 12 months)	N/A	N/A	14%	13%	14%

- Sixty-two percent (62%) of adults reported they received medical care in the past 12 months. Reasons for not receiving medical care included the following:
 - No need to go (23%)
 - Cost/no insurance (6%)
 - Too long of a wait for an appointment (2%)
 - Office wasn't open when they could get there (1%)
 - Too embarrassed to seek help (1%)
 - Distance (1%)
 - No childcare (<1%)
 - Inconvenient appointment times (1%)
 - Provider did not take their insurance (<1%)
 - Other problems that prevented them from getting medical care (4%)
- The following might prevent Williams County adults from seeing a doctor if they were sick, injured, or needed some kind of health care:
 - Cost/no insurance (23%)
 - Difficult to get an appointment (14%)
 - Inconvenient hours (11%)
 - Could not get time off work (11%)
 - Worried they might find something wrong (6%)
 - Doctor would not take their insurance (5%)
 - Do not trust or believe doctors (4%)
 - Frightened of the procedure or doctor (2%)
 - Could not find childcare (2%)
 - Difficult to find/no transportation (1%)
- Williams County adults have not gotten any of the following recommended major care or preventive care due to cost:
 - Weight loss program (8%)
 - Medications (7%)
 - Mammogram (6%)
 - Colonoscopy (5%)
 - Lab testing (5%)
 - Surgery (5%)
 - Mental health services (5%)
 - Pap smear test (4%)
 - Smoking cessation (2%)
 - PSA test (2%)
 - Immunizations (1%)
 - Alcohol and/or drug treatment (1%)
 - Family planning services (1%)
 - Other care/services (5%)
- Adults usually visited the following places when they were sick or needed advice about their health:
 - A doctor's office (71%)
 - Urgent care center (10%)
 - Internet (4%)
 - Bryan Community Health Center (4%)
 - Family and friends (3%)
 - VA (1%)
 - Chiropractor (1%)
 - A hospital emergency room (<1%)
 - Health department (<1%)
 - Alternative therapies (<1%)
 - Telemedicine (<1%)
 - Multiple places, including a doctor's office (<1%)
 - Did not have a usual place (3%)
- Three-fifths (60%) of adults visited the following places outside of Williams County for healthcare services in the past 12 months:
 - Specialty care (24%)
 - Primary care (18%)
 - Dental services (15%)
 - Female health services (8%)
 - Dermatological care (7%)
 - Obstetrics/gynecology (7%)
 - Cardiac care (5%)
 - Mental healthcare/counseling services (5%)
 - Ear, nose, throat care (5%)
 - Orthopedic care (4%)
 - Pediatric care (3%)
 - Cancer care (3%)
 - Podiatry care (3%)
 - Pediatric therapies (1%)
 - Bariatric care (1%)
 - Addiction services (1%)
 - Skilled nursing rehabilitation (<1%)
 - Another service (8%)

Healthcare Access: Adult Preventive Medicine

Key Findings

More than half (56%) of Williams County adults had a flu vaccine during the past 12 months. More than three-fourths (77%) of adults ages 65 and older had a pneumonia vaccination at some time in their life.

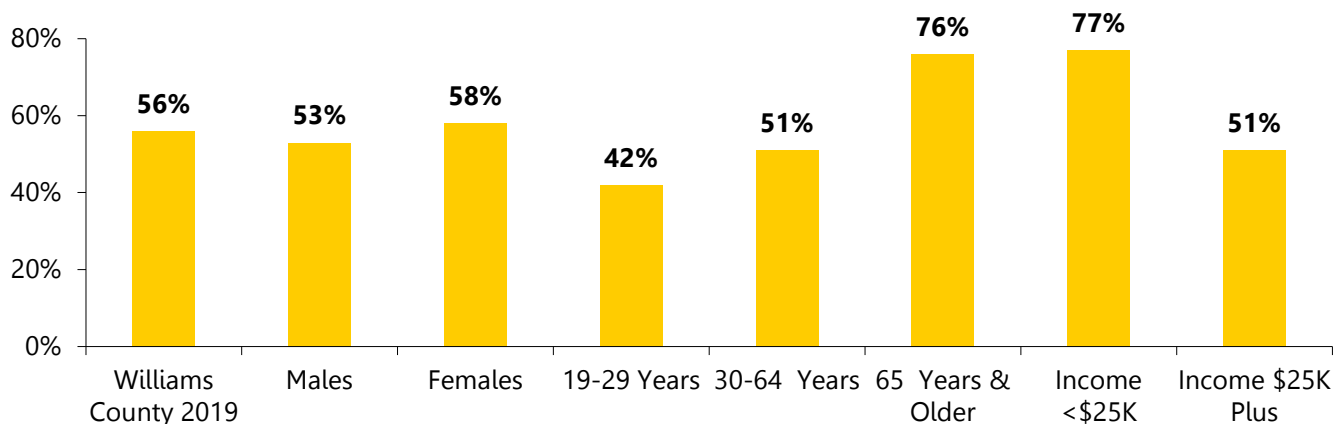
Preventive Medicine

- More than half (56%) of Williams County adults had a flu vaccine during the past 12 months, increasing to 76% of Williams County adults ages 65 and older
- Adults did not get all their recommended flu vaccination for the following reasons: did not need it (20%), got sick from it (9%), believed it does not work (8%), vaccine was not effective (7%), time (4%), cost (3%), religious beliefs (1%), and other (13%).

12,382 Williams County adults did not receive a flu shot in the past year.

The following graph shows the percentage of Williams County adults who received a flu shot within the past year. An example of how to interpret the information shown on the graph includes: 56% of Williams County adults received a flu shot within the past year, including 58% of females and 77% of those with incomes less than \$25,000.

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



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

Healthy People 2020 Immunization and Infectious Diseases (IID)

Objective	Williams County 2019	Ohio 2017	U.S. 2017	Healthy People 2020 Target
IID-12.7: Increase the percentage of non-institutionalized high-risk adults aged 65 years and older who are vaccinated annually against seasonal influenza	76%	63%	60%	90%

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

(Sources: Healthy People 2020 Objectives, 2017 BRFSS, 2019 Williams County Community Health Assessment)

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Ohio 2017	U.S. 2017
Had a flu shot within the past year (ages 65 and over)	72%	72%	76%	63%	60%
Ever had a pneumonia vaccine (ages 65 and older)	56%	67%	77%	76%	75%

- More than one-third (35%) of adults have had a pneumonia vaccination in their life, increasing to 77% of those ages 65 and over.
- Williams County adults have had the following preventive screenings or exams: colonoscopy in the past 10 years (40%), skin cancer screening in the past year (21%), oral cancer screening in the past year (14%), blood stool test in the past year (13%), lung cancer in the past 3 years (4%), and sigmoidoscopy in the past 5 years (3%).
- Nearly two-thirds (64%) of adults over the age of 50 had a colonoscopy in the past 10 years.
- Williams County adults have had the following vaccines:
 - Measles, mumps, and rubella (MMR) in their lifetime (77%)
 - Tetanus booster (Td/Tdap) in the past 10 years (73%)
 - Chicken pox vaccine in their lifetime (48%)
 - Hepatitis B vaccine in their lifetime (47%)
 - Hepatitis A vaccine in their lifetime (37%)
 - Zoster (shingles) vaccine in their lifetime (21%)
 - Human papillomavirus (HPV) vaccine in their lifetime (15%)
- In the past 12 months, adults reported their doctor talked to them about the following topics:
 - Family history (46%)
 - Immunizations (40%)
 - Weight control (35%)
 - Depression, anxiety, or emotional problems (27%)
 - Safe use of prescription medication (22%)
 - Tobacco use (17%)
 - Alternative pain therapy (13%)
 - Family planning (13%)
 - Alcohol use (11%)
 - Injury prevention (10%)
 - PSA test (9%)
 - Bone density (9%)
 - Falls (9%)
 - Safe use of opiate-based pain medications (7%)
 - Sexually transmitted diseases (7%)
 - Genetic testing (6%)
 - Illicit drug abuse (4%)
 - Self-testicular exams (4%)
 - Domestic violence (4%)
 - Firearm safety (3%)

Healthcare Access: Adult Women's Health

Key Findings

More than half (51%) of women ages 40 and older had a mammogram in the past year. Nearly three-fifths (59%) of women ages 21-65 had a Pap smear in the past three years. Forty-seven percent (47%) of women were obese, 34% had high blood pressure, 32% had high blood cholesterol, and 19% were identified as smokers, all known risk factors for cardiovascular diseases.

Women's Health Screenings

- A mammogram is an x-ray picture of the breast. Sixty percent (60%) of women had a mammogram at some time in their life, and one-third (33%) had this screening in the past year.
- More than half (51%) of women ages 40 and over had a mammogram in the past year, and 65% had one in the past two years.
- A clinical breast exam is a physical exam done by a health care provider. Most (86%) Williams County women had a clinical breast exam at some time in their life, and 46% had one within the past year. More than half (52%) of women ages 40 and over had a clinical breast exam in the past two years.
- A Pap smear is a procedure to test for cervical cancer in women. Eighty-five percent (85%) of Williams County women ages 21-65 had a Pap smear at some time in their life, and 32% reported having had the exam in the past year. Nearly three-fifths (59%) of women had a Pap smear in the past three years. Ten percent (10%) of women reported the screening was not recommended by their doctor.
- Women used the following as their usual source of services for female health concerns: Parkview (33%), Bryan Community Health Center (13%), CHWC, (8%), CPC Women's Health Resource (2%), Williams County Health Department (Family Planning Clinic) (2%), a family planning clinic (1%), and some other place (29%). Eleven percent (11%) indicated they did not have a usual source of services for female health concerns.

Williams County Female Leading Causes of Death 2015–2017

Total Female Deaths: 641

1. Heart Diseases (22% of all deaths)
2. Cancers (20%)
3. Chronic Lower Respiratory Diseases (9%)
4. Alzheimer's Disease (8%)
5. Stroke (5%)

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

Ohio Female Leading Causes of Death 2015–2017

Total Female Deaths: 180,539

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

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

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Ohio 2017	U.S. 2017
Had a mammogram within the past two years (women ages 40 and over)	69%	67%	65%	74%*	72%*
Had a pap test in the past three years (women ages 21-65)	66%	54%	59%	82%*	80%*
Had a clinical breast exam in the past two years (women ages 40 and older)	68%	66%	52%	N/A	N/A

*2016 BRFSS

N/A – Not available

Women's Health Concerns

Health Topic	2013 Williams County Women	2016 Williams County Women	2019 Williams County Women	2018 Ohio Women	2017 U.S. Women
Obese	29%	43%	47%	34%	30%
High blood pressure	24%	35%	34%	33%*	31%
High blood cholesterol	33%	37%	32%	33%*	32%
Current smoker	17%	19%	19%	19%	14%
Diabetes	7%	4%	8%	13%	11%
Coronary heart disease	4%	3%	4%	4%	3%
Heart attack	4%	2%	3%	4%	3%
Stroke	4%	2%	3%	4%	3%

*2017 BRFSS

Pregnancy

- Nearly one-fourth (23%) of Williams County women had been pregnant in the past five years.
- During their last pregnancy, Williams County women:
 - Took a multi-vitamin with folic acid (81%)
 - Had a prenatal appointment in the first 3 months (77%)
 - Had a dental exam (49%)
 - Experienced depression (34%)
 - Received WIC benefits (32%)
 - Smoked cigarettes or used other tobacco products (11%)

Healthcare Access: Adult Men's Health

Key Findings

Nearly half (45%) of men had high blood cholesterol, 45% had been diagnosed with high blood pressure, and 11% were identified as smokers, which, along with obesity (38%), are known risk factors for cardiovascular diseases.

Men's Health Concerns

- Seven percent (7%) of men had survived a heart attack at some time in their life.
- Five percent (5%) of men had survived a stroke at some time in their life.
- One-in-ten (10%) men reported that a health professional diagnosed them with coronary heart disease.
- Major risk factors for cardiovascular disease include obesity, high blood cholesterol, high blood pressure, physical activity, and diabetes. *(Source: CDC, Heart Disease, 2019).*

Williams County Male Leading Causes of Death, 2015–2017 Total Male Deaths: 629

1. Cancers (26% of all deaths)
2. Heart Diseases (21%)
3. Chronic Lower Respiratory Diseases (7%)
4. Accidents, Unintentional Injuries (6%)
5. Diabetes (4%)

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

Ohio Male Leading Causes of Death, 2015–2017 Total Male Deaths: 180,695

1. Heart Diseases (24% of all deaths)
2. Cancers (22%)
3. Accidents, Unintentional Injuries (8%)
4. Chronic Lower Respiratory Diseases (6%)
5. Stroke (4%)

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

Men's Health Concerns

Health Topic	2013 Williams County Men	2016 Williams County Men	2019 Williams County Men	2018 Ohio Men	2017 U.S. Men
High blood cholesterol	36%	35%	45%	34%*	35%
High blood pressure	32%	35%	45%	37%*	35%
Obese	32%	38%	38%	34%	30%
Diabetes	8%	10%	16%	12%	11%
Current smoker	24%	25%	11%	22%	19%
Coronary heart disease	7%	11%	10%	6%	5%
Heart attack	6%	6%	7%	7%	5%
Stroke	2%	1%	5%	4%	3%

*2017 BRFSS

Healthcare Access: Adult Oral Health

Key Findings

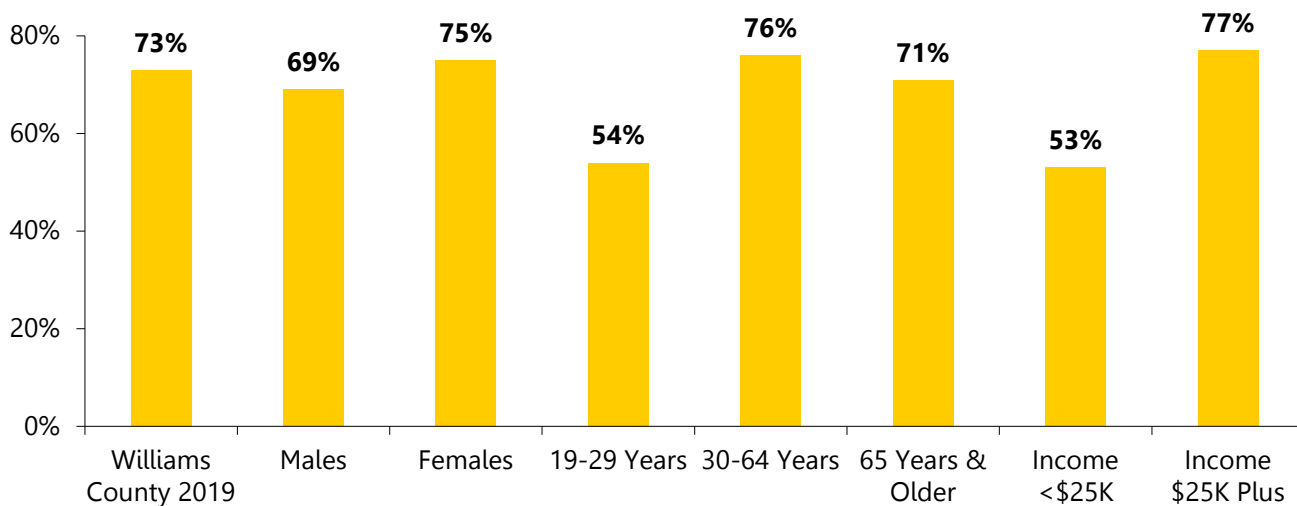
Nearly three-fourths (73%) of Williams County adults visited a dentist or dental clinic in the past year. Twenty-six percent (26%) of adults who did not see a dentist in the past year were unable to do so due to cost.

Access to Dental Care

- In the past year, 73% of Williams County adults had visited a dentist or dental clinic, decreasing to 53% of those with incomes less than \$25,000.
- Three-fourths (75%) of Williams County adults with health insurance had been to the dentist in the past year, compared to 48% of those without health insurance.

The following graph provides information about the frequency of Williams County adult dental visits. An example of how to interpret the information includes: 73% of Williams County adults had been to the dentist in the past year, including 75% of females and 53% of those with incomes less than \$25,000.

Williams County Adults Visiting a Dentist in the Past Year



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

Adult Oral Health	Within the Past Year	Within the Past 2 Years	Within the Past 5 Years	5 or More years	Never	Don't Know
Time Since Last Visit to Dentist/Dental Clinic						
Males	69%	10%	6%	15%	0%	1%
Females	75%	7%	7%	9%	1%	1%
Total	73%	8%	6%	11%	<1%	1%

- Williams County adults who did not visit a dentist in the past year reported the following reasons for not doing so:
 - Cost (26%)
 - Had no reason to go/had not thought of it (25%)
 - Had dentures (13%)
 - Fear, apprehension, nervousness, pain, and dislike going (6%)
 - Could not get into a dentist (6%)
 - Did not have/know a dentist (4%)
 - Could not find a dentist who accepted Medicaid (3%)
 - Dentist did not accept their medical coverage (2%)
 - Multiple reasons (2%)
 - Other reasons (14%)

3,096 Williams County adults last visited dentist or dental clinic 5 or more years ago.

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Ohio 2017	U.S. 2017
Visited a dentist or a dental clinic (within the past year)	65%	53%	73%	68%*	66%*
Visited a dentist or a dental clinic (5 or more years ago)	10%	15%	11%	11%*	10%*

*2016 BRFSS

Health Behaviors: Adult Health Status Perceptions

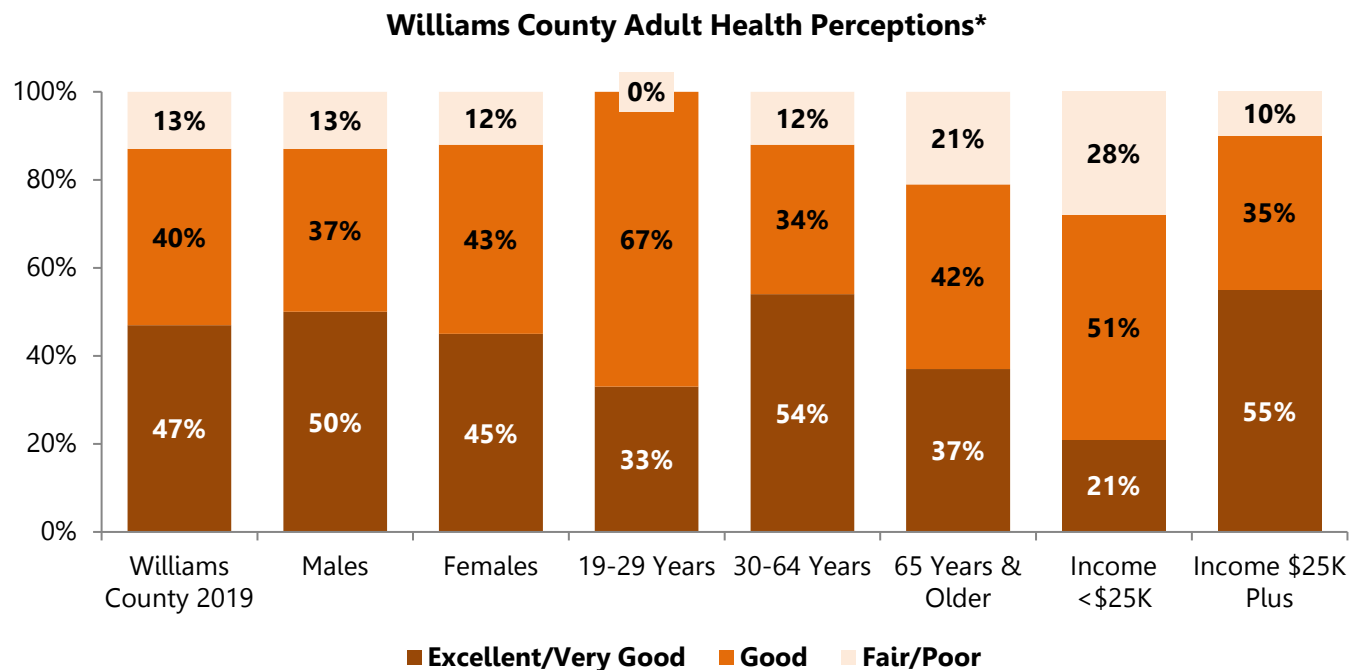
Key Findings

Nearly half (47%) of Williams County adults rated their health status as excellent or very good. Conversely, about one-in-eight (13%) adults described their health as fair or poor, increasing to 28% of those with incomes less than \$25,000.

General Health Status

- Nearly half (47%) of Williams County adults rated their health as excellent or very good. Williams County adults with higher incomes (55%) were most likely to rate their health as excellent or very good, compared to 21% of those with incomes less than \$25,000.
- One in eight (13%) adults rated their health as fair or poor.
- Williams County adults were most likely to rate their health as fair or poor if they:
 - Had been diagnosed with diabetes (32%)
 - Had an annual household income under \$25,000 (28%)
 - Had high blood pressure (25%)
 - Were 65 years of age or older (21%)
 - Had high blood cholesterol (19%)
 - Were divorced or widowed (15%)
- More than one-fourth (29%) of adults reported that poor mental or physical health kept them from doing usual activities such as self-care, work, or recreation at least one day in the past month.

The following graph shows the percentage of Williams County adults who described their general health status as excellent/very good, good, and fair/poor. An example of how to interpret the information includes: 47% of Williams County adults, including 54% of those ages 30-64 and 55% of those with incomes more 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.

Physical Health Status

- One-fifth (20%) of Williams County adults rated their physical health as not good on four or more days in the past month.
- Williams County adults reported their physical health as not good on an average of 3.5 days in the past month.
- Williams County adults were most likely to rate their physical health as not good (on four or more days during the past month) if they:
 - Had an annual household income under \$25,000 (41%)
 - Were female (24%)
 - Were over the age of 65 (24%)

Mental Health Status

- Thirty percent (30%) of Williams County adults rated their mental health as not good on four or more days in the past month.
- Williams County adults reported their mental health as not good on an average of 4.4 days in the past month.
- Williams County adults were most likely to rate their mental health as not good (on four or more days during the past month) if they:
 - Had an annual household income under \$25,000 (43%)
 - Were female (40%)

The following table shows the percentage of adults with poor physical and mental health in the past 30 days.

Health Status	No Days	1-3 Days	4-5 Days	6-7 Days	8 or More Days
Physical Health Not Good in Past 30 Days*					
Males	58%	18%	5%	2%	9%
Females	53%	17%	7%	2%	14%
Total	55%	18%	6%	2%	12%
Mental Health Not Good in Past 30 Days*					
Males	58%	17%	6%	2%	10%
Females	40%	18%	9%	<1%	29%
Total	49%	17%	7%	1%	20%

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

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Ohio 2017	U.S. 2017
Rated general health as excellent or very good	56%	55%	47%	49%	51%
Rated general health as fair or poor	10%	14%	13%	19%	18%
Rated mental health as not good on four or more days (in the past 30 days)	15%	23%	30%	26%	24%
Rated physical health as not good on four or more days (in the past 30 days)	18%	20%	20%	23%	22%
Average number of days that physical health was not good (in the past 30 days)	2.6	3.5	3.5	4.0*	3.7*
Average number of days that mental health was not good (in the past 30 days)	2.3	4.5	4.4	4.3*	3.8*
Poor physical or mental health kept them from doing usual activities, such as self-care, work, or recreation (on at least one day during the past 30 days)	18%	17%	29%	24%	23%

**2016 BRFSS as compiled by 2019 County Health Rankings*

Health Behaviors: Adult Weight Status

Key Findings

Almost three-quarters (73%) of Williams County adults were either overweight (31%), obese (20%), severely obese (14%), or morbidly obese (8%) by Body Mass Index (BMI). More than half (57%) of adults engaged in some type of physical activity or exercise for at least 30 minutes on 3 or more days per week.

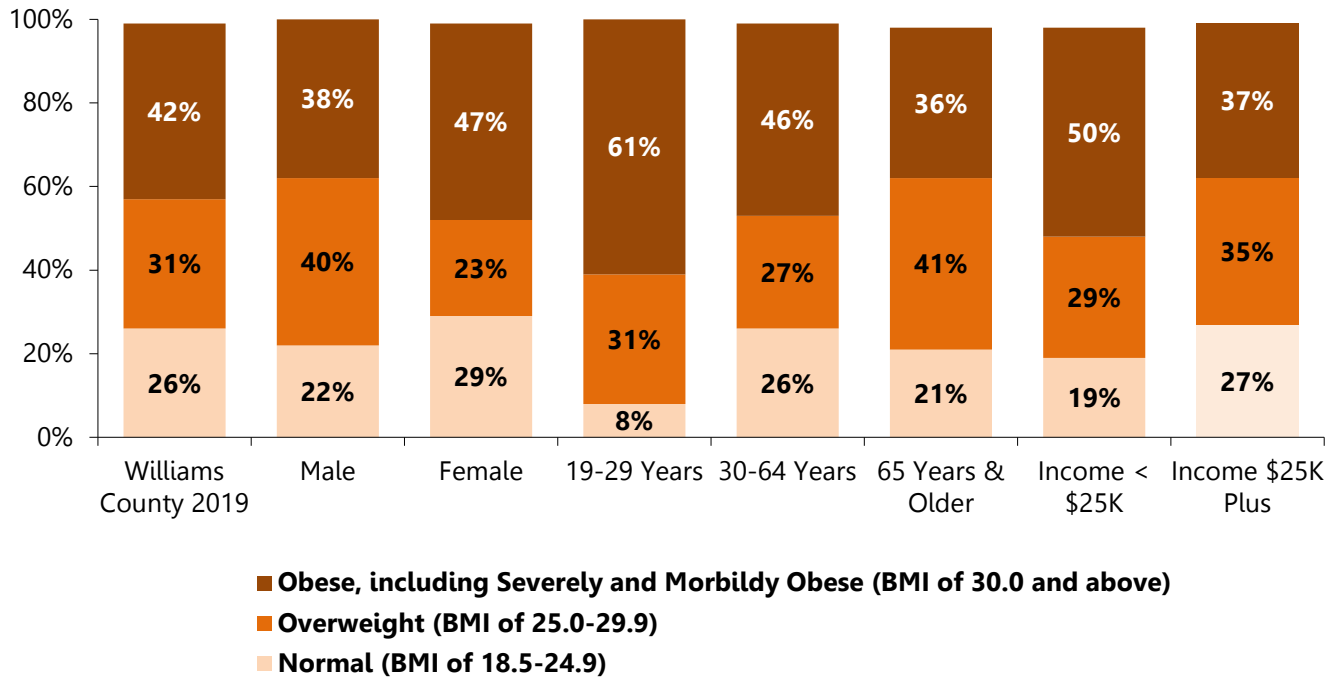
Adult Weight Status

- Nearly three-fourths (73%) adults were either overweight (31%), obese (20%), severely obese (14%), or morbidly obese (8%) by Body Mass Index (BMI), putting them at elevated risk for developing a variety of preventable diseases.
- More than half (56%) of adults were trying to lose weight; 30% were trying to maintain their current weight or keep from gaining weight; and 1% were trying to gain weight.
- Adults did the following to lose weight or keep from gaining weight:
 - Ate less food, fewer calories, or foods low in fat (53%)
 - Drank more water (49%)
 - Exercised (49%)
 - Ate a low-carb diet (20%)
 - Used a weight loss program (5%)
 - Took diet pills, powders or liquids without a doctor's advice (4%)
 - Smoked cigarettes (4%)
 - Took prescribed medications (3%)
 - Health coaching (3%)
 - Went without eating 24 or more hours (2%)
 - Had bariatric surgery (1%)
 - Participated in a prescribed dietary or fitness program (1%)

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Ohio 2017	U.S. 2017
Overweight (BMI of 25.0 – 29.9)	38%	30%	31%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	30%	41%	42%	34%	32%

The following graph shows the percentage of Williams County adults who were overweight or obese by Body Mass Index (BMI). An example of how to interpret the information includes: 26% of all Williams County adults were classified as normal weight, 31% were overweight, and 42% were obese.

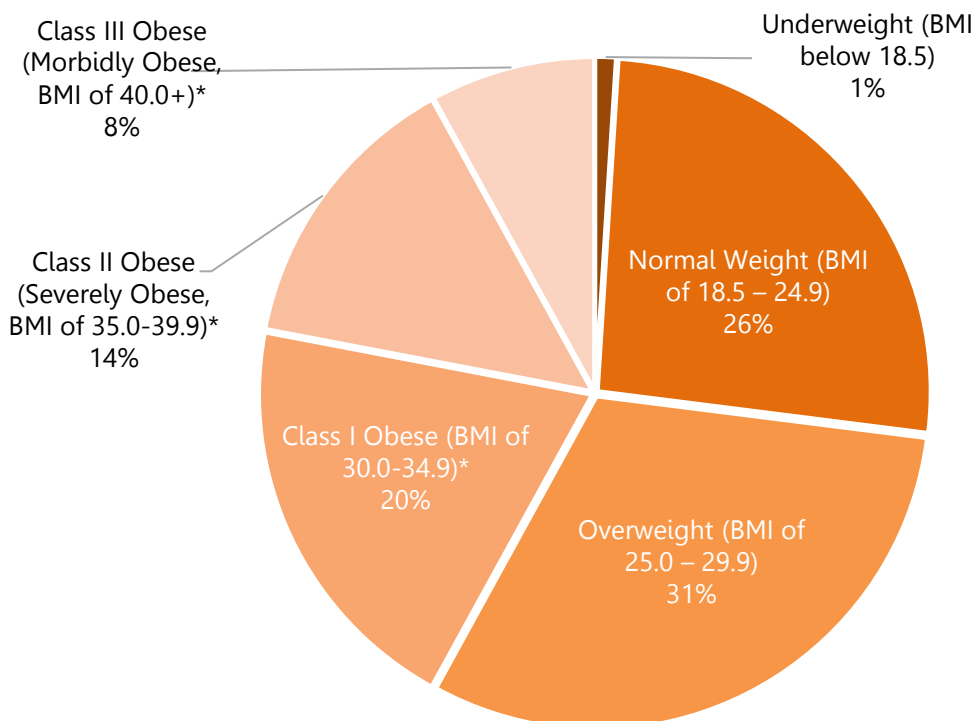
Williams County Adult BMI Classifications*



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

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

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



*Total rate of obesity is 42%.

Physical Activity

- More than half (57%) of adults engaged in some type of physical activity or exercise for at least 30 minutes 3 or more days per week; 31% of adults exercised 5 or more days per week; and 27% of adults were not participating in any physical activity in the past week, including 3% who were unable to exercise.
- The CDC recommends that adults participate in moderate-intensity exercise for at least 2 hours and 30 minutes every week, or vigorous-intensity exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week (*Source: CDC, Physical Activity Guidelines for Americans, 2nd edition, 2019*).
- Williams County adults spent the most time doing the following physical activities in the past year: walking (42%), running/jogging (8%), cycling (4%), exercise machines (3%), occupational exercise (3%), group exercise classes (3%), exercise videos (2%), strength training (2%), swimming (1%), and other (4%). Twelve percent (12%) of adults engaged in multiple types of exercise.
- Reasons for not exercising included the following:
 - Time (24%)
 - Too tired (24%)
 - Weather (20%)
 - Self-motivation or will power (19%)
 - Laziness (15%)
 - Pain or discomfort (12%)
 - Did not like to exercise (11%)
 - Chose not to exercise (8%)
 - Could not afford a gym membership (7%)
 - Ill or physically unable (6%)
 - No exercise partner (5%)
 - Poorly maintained/no sidewalks (5%)
 - No childcare (4%)
 - No walking, biking trails, or parks (3%)
 - Did not know what activities to do (3%)
 - Lack of opportunities for those with physical impairments (3%)
 - No gym available (2%)
 - Afraid of injury (2%)
 - Neighborhood safety (2%)
 - Other reasons (3%)

6,191 Williams County adults were severely or morbidly obese.

- Adults reported the following would help them use community parks, bike trails, and walking paths more frequently:
 - More available parks, bike trails, and walking paths (30%)
 - Improvements to existing parks, trails, and paths (21%)
 - Better promotion and advertising of existing parks, trails, and paths (16%)
 - Designated safe routes (15%)
 - More public events and programs involving parks, trails, and paths (12%)
- Williams County adults had access to a wellness program through their employer or spouse's employer with the following features:
 - Free/discounted gym membership (15%)
 - Health risk assessment (11%)
 - Gift cards or cash for participation in wellness program (10%)
 - Lower insurance premiums for participation in wellness program (9%)
 - On-site health screenings (8%)
 - Free/discounted smoking cessation program (6%)
 - Lower insurance premiums for positive changes in health status (6%)
 - On-site fitness facility (5%)
 - Healthier food options in vending machines or cafeteria (4%)
 - Free/discounted weight loss program (4%)
 - Gift cards or cash for positive changes in health status (2%)
 - On-site health education classes (1%)
 - Did not have access to any wellness programs (29%)
 - Not employed (18%)

Nutrition

- The American Cancer Society recommends that adults eat at least 2 ½ cups of fruits and vegetables per day to reduce the risk of cancer and to maintain good health.
- The table below indicates the number of servings of fruit and vegetables Williams County adults consumed daily.

	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruit	1%	13%	73%	13%
Vegetables	3%	21%	71%	5%

- The table below indicates the number of servings of sugar-sweetened beverages and caffeinated beverages Williams County adults consumed daily.

	0 servings	1-2 servings	3-4 servings	5 or more servings
Sugar-sweetened beverages	50%	39%	6%	5%
Caffeinated beverages	18%	48%	24%	10%

- Williams County adults reported the following reasons they chose the types of food they ate:
 - Taste/enjoyment (64%)
 - Cost (53%)
 - Healthiness of food (51%)
 - Ease of preparation/time (38%)
 - Availability (38%)
 - What their family prefers (36%)
 - Food they were used to (35%)
 - Nutritional content (31%)
 - Calorie content (25%)
 - Artificial sweetener content (10%)
 - If it is organic (8%)
 - If it is genetically modified (7%)
 - Health care provider’s advice (6%)
 - Other food sensitivities (5%)
 - Availability of food at the food pantry (4%)
 - If it is lactose free (4%)
 - Limitations due to dental issues (3%)
 - If it is gluten free (3%)
 - Limitations set by WIC (1%)
 - Other reasons (3%)
- In a typical week, 59% of adults ate 1-to-2 meals out at a restaurant or brought home takeout food; 18% ate 3-to-4 meals, and 7% ate 5 or more meals per week. Sixteen percent (16%) of adults reported they did not eat out or bring takeout home to eat in a typical week.
- Williams County adults reported the following barriers in consuming fruits and vegetables: too expensive (21%), did not like the taste (7%), did not know how to prepare them (4%), no variety (3%), no access (1%), transportation (<1%), and other reasons (4%). Sixty-nine percent (69%) reported no barriers to consuming fruits and vegetables.

Health Behaviors: Adult Tobacco Use

Key Findings

In 2019, 16% of Williams County adults were current cigarette smokers and 25% were considered former cigarette smokers.

In 2019, 4,503 Williams County adults were current smokers.

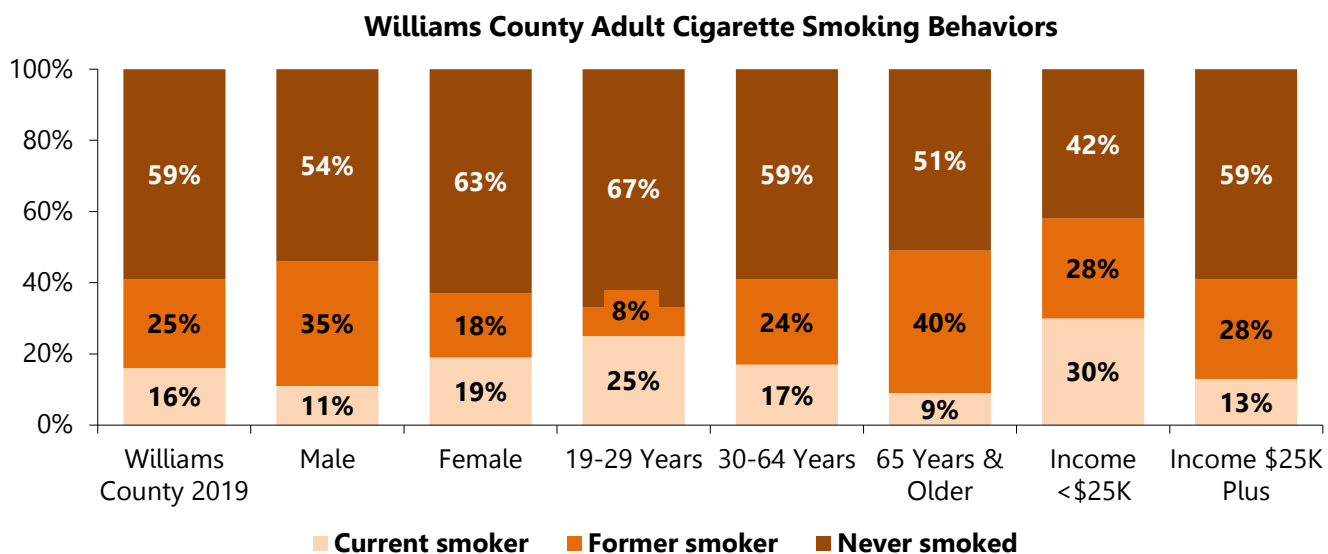
Adult Tobacco Use

- Sixteen percent (16%) of adults were current cigarette smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- In 2019, the American Cancer Society (ACS) stated that tobacco use remains the most preventable cause of death worldwide. Despite decades of declines in cigarette smoking prevalence, almost 32% of cancer deaths in the U.S. are still caused by smoking (*Source: Cancer Facts & Figures, American Cancer Society, 2019*).
- Adult smokers were more likely to have:
 - Been a member of an unmarried couple (63%)
 - Incomes less than \$25,000 (30%)
 - Rated their health status as fair or poor (28%)
- One-quarter (25%) of adults indicated that they were former cigarette smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- Adults smokers reported using the following methods to quit cigarette smoking in the past year: cold turkey (21%), e-cigarette or other electronic vaping products (8%), Chantix (7%), Wellbutrin (5%), nicotine patch (4%), nicotine gum (4%), substitute behaviors (3%), quit line (1%), intervention (1%), and acupuncture (1%).
- Adults used the following tobacco products in the past year: cigarettes (17%); e-cigarettes/vaping products (5%); chewing tobacco, snuff, snus (4%); cigars (3%); little cigars (1%); cigarillos (1%); pipes (1%); and dissolvable tobacco (<1%). Six percent (6%) of adults used more than one tobacco product in the past year.
- Williams County adults had the following rules/practices about cigarette smoking in their home: never allowed (70%), not allowed with children around (6%), allowed anywhere (6%), and allowed in certain rooms (2%).
- Williams County adults had the following rules/practices about cigarette smoking in their car: never allowed (79%), allowed with windows open (7%), not allowed with children around (5%), and allowed anywhere (4%).

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Ohio 2017	U.S. 2017
Current cigarette smoker (smoked on some or all days)	20%	22%	16%	21%	17%
Former cigarette smoker (smoked 100 cigarettes in lifetime and now do not smoke)	24%	18%	25%	24%	25%

N/A – Not Available

The following graph shows the percentage of Williams County adults' cigarette smoking behaviors. An example of how to interpret the information includes: 16% of all Williams County adults were current cigarette smokers, 25% of all adults were former cigarette smokers, and 59% had never smoked.



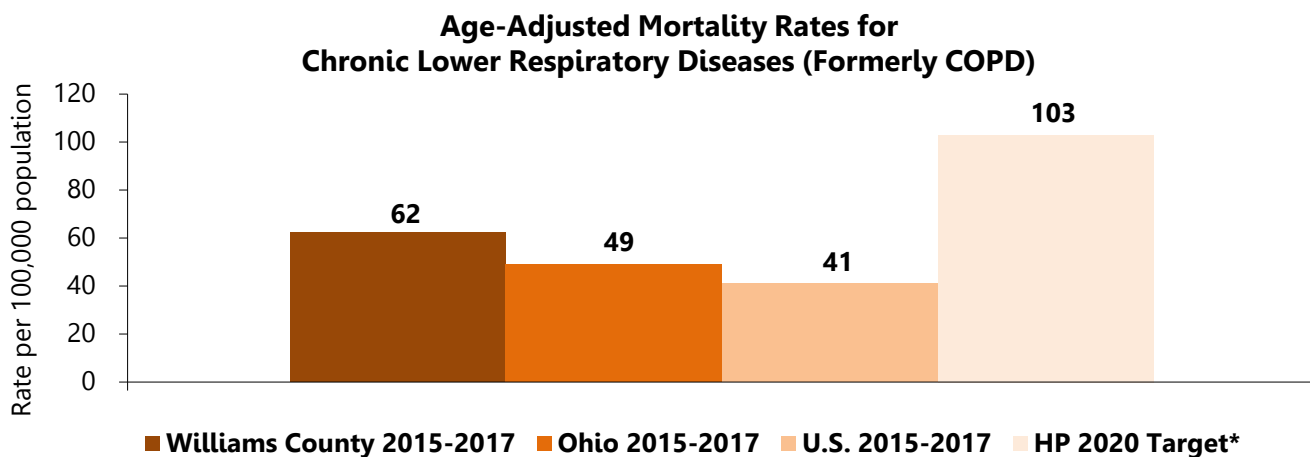
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Adult E-Cigarette Use

- Three-fifths (60%) of Williams County adults believed that e-cigarette vapor was harmful to themselves. Fifty-eight percent (58%) of adults believed that e-cigarette vapor was harmful to others, and 3% did not believe it was harmful to anyone. Thirty-two percent (32%) of adults did not know if e-cigarette vapor was harmful.
- Adults who have used e-cigarettes/vapes in the past year put the following in it: e-liquid or e-juice with nicotine (17%), e-liquid or e-juice without nicotine (8%), and marijuana or THC in your e-liquid (1%).

Smoking and COPD

- The following graph shows Williams County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for chronic lower respiratory diseases (formerly COPD). The graph indicates: from 2015-2017, Williams County's age-adjusted mortality rate for Chronic Lower Respiratory Disease was higher than the Ohio and U.S. rates, but lower than the Healthy People 2020 target objective.



(Source: Ohio Public Health Data Warehouse, 2015-2017, CDC Wonder, 2015-2017 and Healthy People 2020)

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

Health Behaviors: Adult Alcohol Consumption

Key Findings

More than three-fifths (62%) of Williams County adults had at least one alcoholic drink in the past month and are considered current drinkers. One-third (33%) of those current drinkers were binge drinkers [had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month].

Adult Alcohol Consumption

- More than three-fifths (62%) of adults had at least one alcoholic drink in the past month, increasing to 68% of those ages 30-64.
- Of current drinkers, adults drank 3.2 drinks on average on the days that they drank, increasing to 4.0 drinks for males and 5.0 drinks for those with incomes less than \$25,000.
- One-in-six (17%) Williams County adults reported they had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. Among current drinkers, 33% were considered binge drinkers.

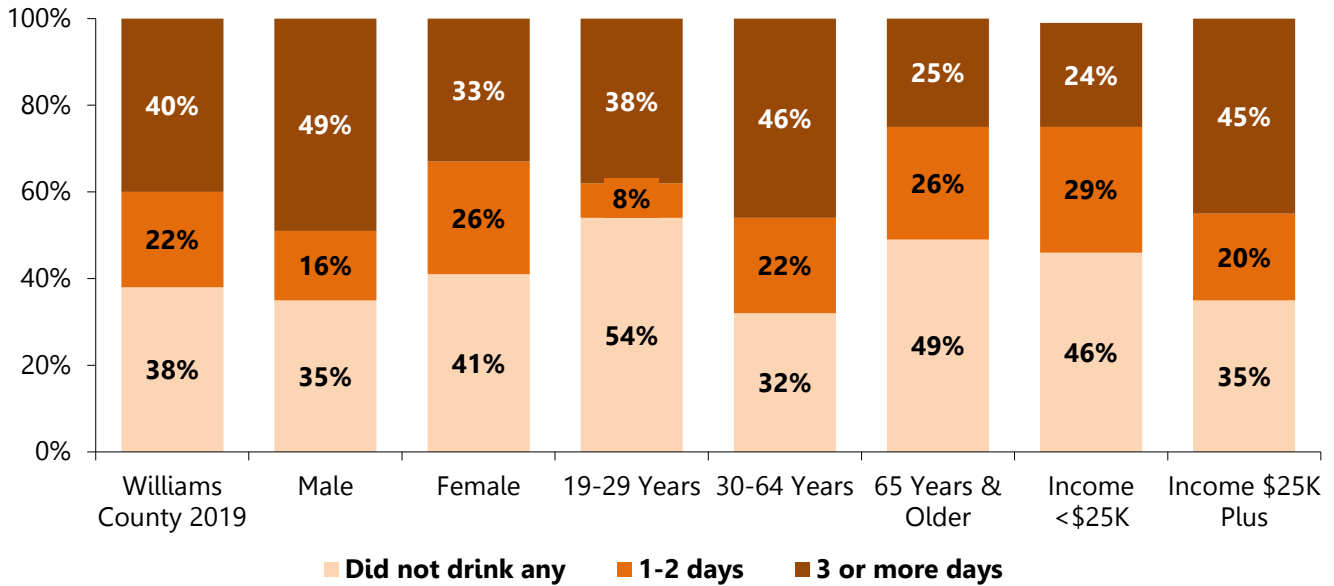
4,784 Williams County adults were binge drinkers.

- Williams County adults indicated they or a family member experienced the following in the past 6 months:
 - Drove after having any alcoholic beverage (10%)
 - Drank more than they expected (7%)
 - Used prescription drugs while drinking (5%)
 - Continued to drink despite problems caused by drinking (3%)
 - Gave up other activities to drink (3%)
 - Failed to fulfill duties at work, home, or school (3%)
 - Spent a lot of time drinking (2%)
 - Tried to quit or cut down but could not (2%)
 - Had legal problems (1%)
 - Drank more to get the same effect (1%)
 - Lost employment (<1%)
 - Experienced financial hardship (<1%)
 - Drank to ease withdrawal symptoms (<1%)
- One percent (1%) of Williams County adults used a program to help with an alcohol problem for themselves or a loved one. Reasons for not using such a program included the following: had not thought of it (9%), could not afford to go (1%), stigma of seeking drug services (1%), limited capacity (<1%), and other reasons (6%). Eighty-four percent (84%) of adults indicated such a program was not needed.

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Ohio 2017	U.S. 2017
Current drinker (had at least one drink of alcohol within the past 30 days)	45%	39%	62%	54%	55%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion)	18%	15%	17%	19%	17%

The following graphs show the percentage of Williams County adults consuming alcohol and the amount consumed on average. An example of how to interpret the information shown on the first graph includes: 38% of all Williams County adults did not drink alcohol, including 35% of males and 41% of females.

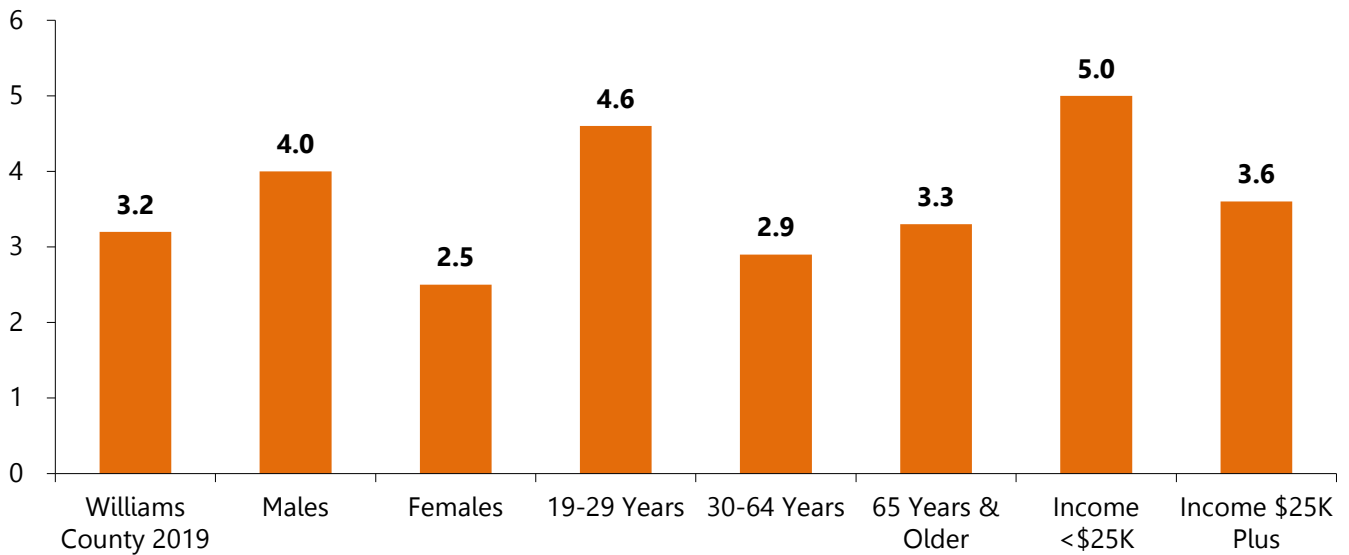
Average Number of Days Drinking Alcohol in the Past Month



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

The following graph shows the the average number of drinks consumed per drinking occasion. An example of how to interpret the information shown on the first graph includes: Williams County adults drank an average of 3.2 drinks per drinking occasion, increasing to 4.0 drinks for males and 5.0 drinks for those with incomes less than \$25,000.

Adult Average Number of Drinks Consumed Per Drinking Occasion

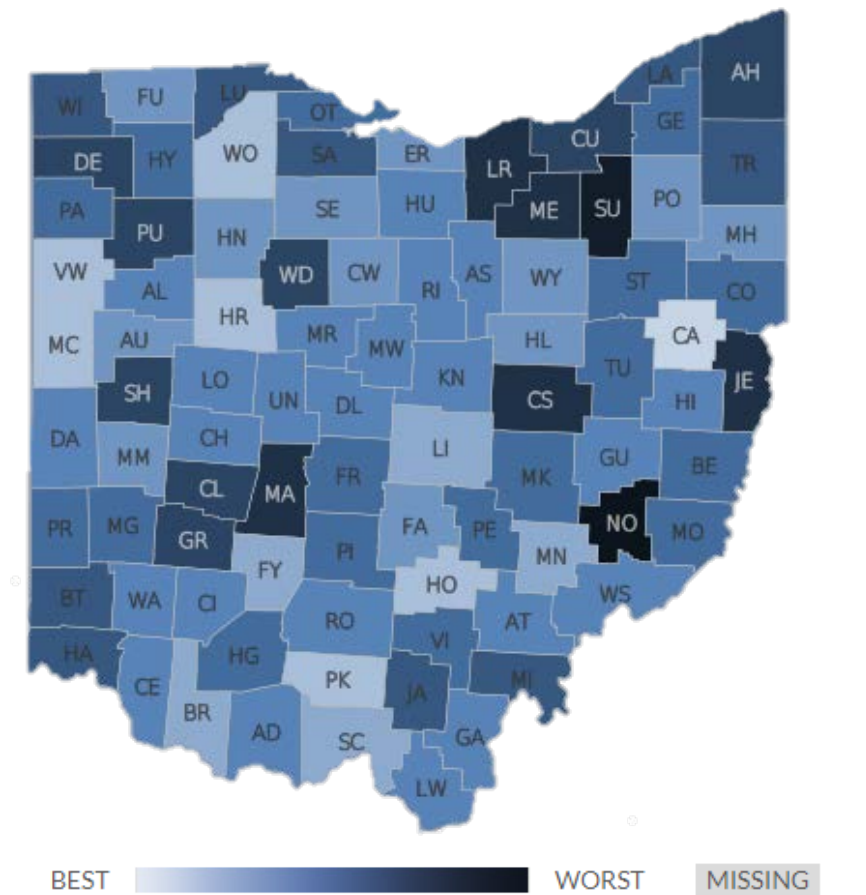


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Alcohol-Impaired Driving Deaths

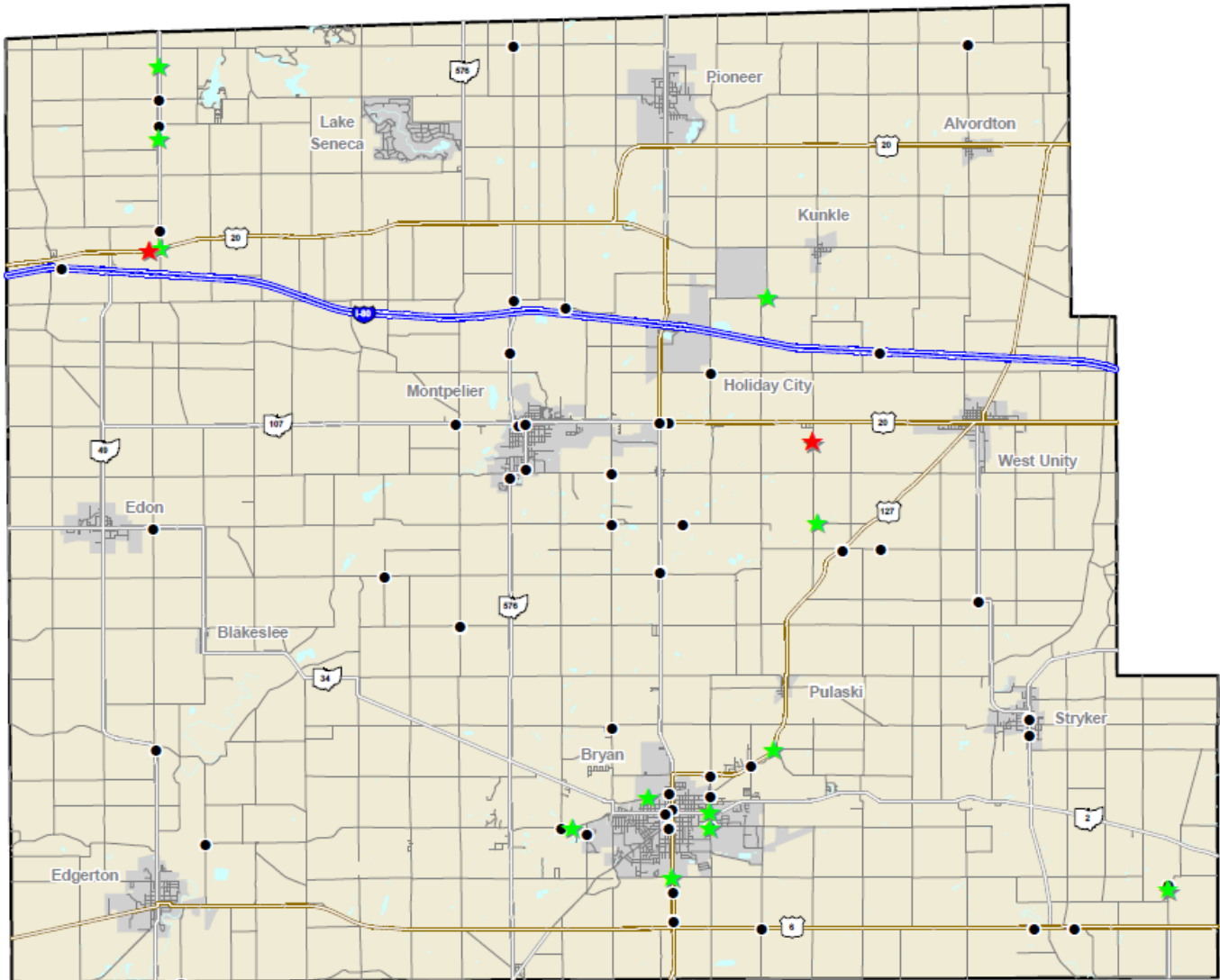
Alcohol-Impaired Driving Deaths is the percentage of motor vehicle crash deaths with alcohol involvement. Approximately 17,000 Americans are killed annually in alcohol-related motor vehicle crashes. Binge/heavy drinkers account for most episodes of alcohol-impaired driving.

- The alcohol-impaired driving deaths in Williams County is 37%.
- The alcohol-impaired driving deaths in Ohio is 34%.



(Source: Fatality Analysis Reporting System, as compiled by County Health Rankings, 2017)

Williams County OVI Activity, 2018



Legend	
★	Fatal Crash (2)
★	Injury Crash (12)
●	OVI Arrest (53)

(Source: Ohio State Highway Patrol, 2019)

Health Behaviors: Adult Drug Use

Key Findings

Three percent (3%) of Williams County adults had used recreational marijuana during the past 6 months. Five percent (5%) 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.

Marijuana and Other Drug Use

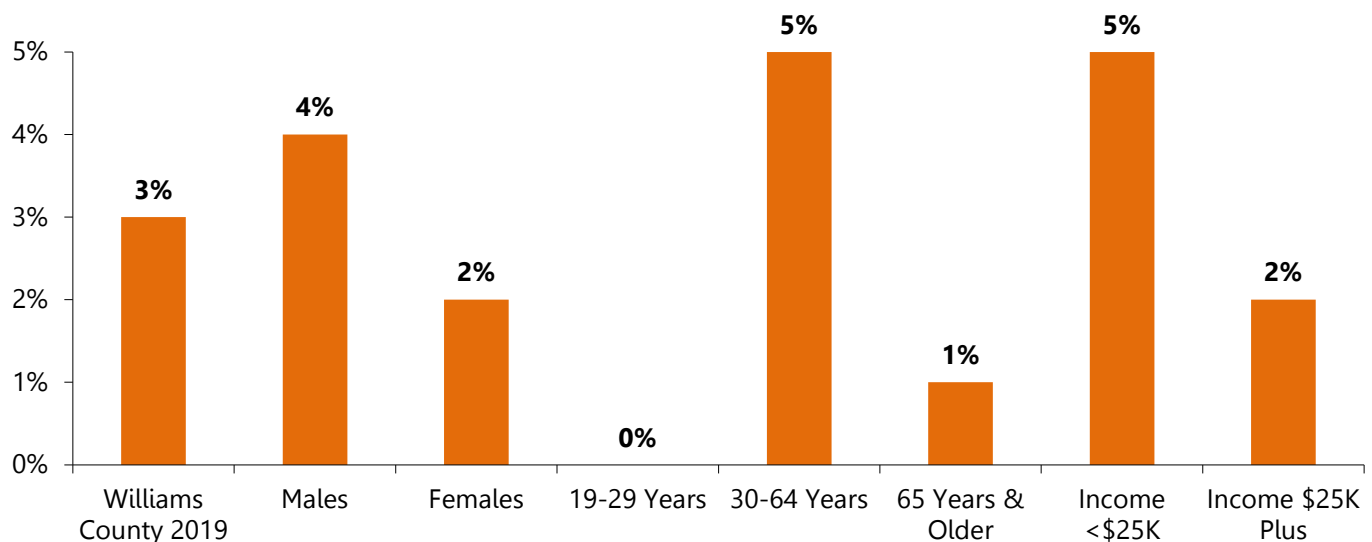
- Three percent (3%) of adults had used marijuana or hashish for recreational purposes in the past 6 months.
- Five percent (5%) of Williams County adults plan on obtaining medical marijuana when it becomes available.

In 2019, 844 Williams County adults used marijuana or hashish for recreational purposes in the past 6 months.

- Adults reported that they, an immediate family member, or someone in their household used the following in the past 6 months: synthetic marijuana/K2 (13%); wax, oil with THC edibles (5%); inappropriate use of over-the-counter medications (4%); amphetamines, methamphetamines, or speed (3%); heroin/fentanyl (3%); cocaine, crack, or coca leaves (3%); inhalants (2%); ecstasy or GHB (2%); LSD, mescaline, peyote, psilocybin, DMT, mushrooms (2%); and bath salts (2%).
- As a result of using drugs, Williams County adults indicated they or a family member: experienced financial hardship (3%), failed a drug screen (2%), placed themselves in dangerous situations (2%), regularly failed to fulfill obligations at work or home (1%), lost or were denied employment because of a failed drug screen (1%), had legal problems (1%), and received Narcan or nasal Naloxone (<1%).

The following graph indicates adult recreational marijuana use in the past 6 months. An example of how to interpret the information includes: 3% of Williams County adults used recreational marijuana in the past 6 months, including 4% of males and 5% of those with incomes less than \$25,000.

Williams County Adult Recreational Marijuana Use in Past 6 Months



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

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Ohio 2017	U.S. 2017
Adults who used recreational marijuana or hashish in the past 6 months	3%	4%	3%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	6%	5%	5%	N/A	N/A

N/A – Not Available

Prescription Drug Misuse

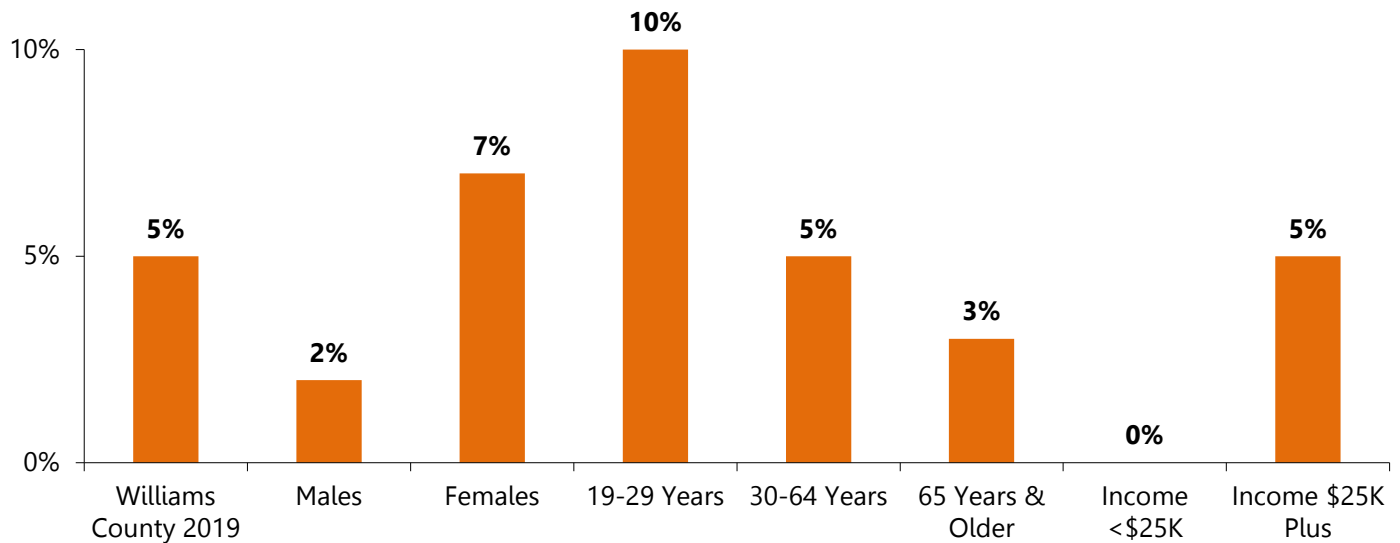
- In the past 6 months, 5% of adults had used drugs not prescribed for them or took more than prescribed to feel good, high, and/or more active or alert.
- Adults reported that they, an immediate family member, or someone in their household took the following medications not prescribed to them to feel good, high, and/or more active or alert during the past 6 months:
 - Steroids (4%)
 - Tranquilizers such as Valium or Xanax (3%)
 - Tramadol/Ultram (3%)
 - Vicodin (3%)
 - Ritalin, Adderall, Concerta, or other ADHD medication (2%)
 - Codeine, Demerol, Morphine, Percocet, Dilaudid, or Fentanyl (2%)
 - OxyContin (2%)
 - Neurontin (1%)
 - Suboxone or methadone (1%)
- One percent (1%) of adults reported they have been prescribed opioid based medications and have had trouble stopping.

In 2019, 1,407 Williams County adults used drugs not prescribed for them or took more than prescribed to feel good, high, and/or more active or alert.

- Adults indicated they did the following with their unused prescription medication:
 - Did not have any unused medication (37%)
 - Took as prescribed (25%)
 - Threw them in the trash (16%)
 - Kept them (15%)
 - Flushed them down the toilet (15%)
 - Took them to a medication collection program (12%)
 - Took them to local law enforcement (7%)
 - Took them to Drug Take Back Days (5%)
 - Kept them in a locked cabinet (3%)
 - Gave them away (1%)
 - Used drug deactivation pouches (1%)
 - Other (2%)

The following graphs indicates adult medication misuse in the past 6 months. An example of how to interpret the information includes: 5% of Williams County adults misused prescription drugs in the past 6 months, including 7% of females and 5% of those with incomes more than \$25,000.

Williams County Adult Prescription Drug Misuse in Past 6 Months



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

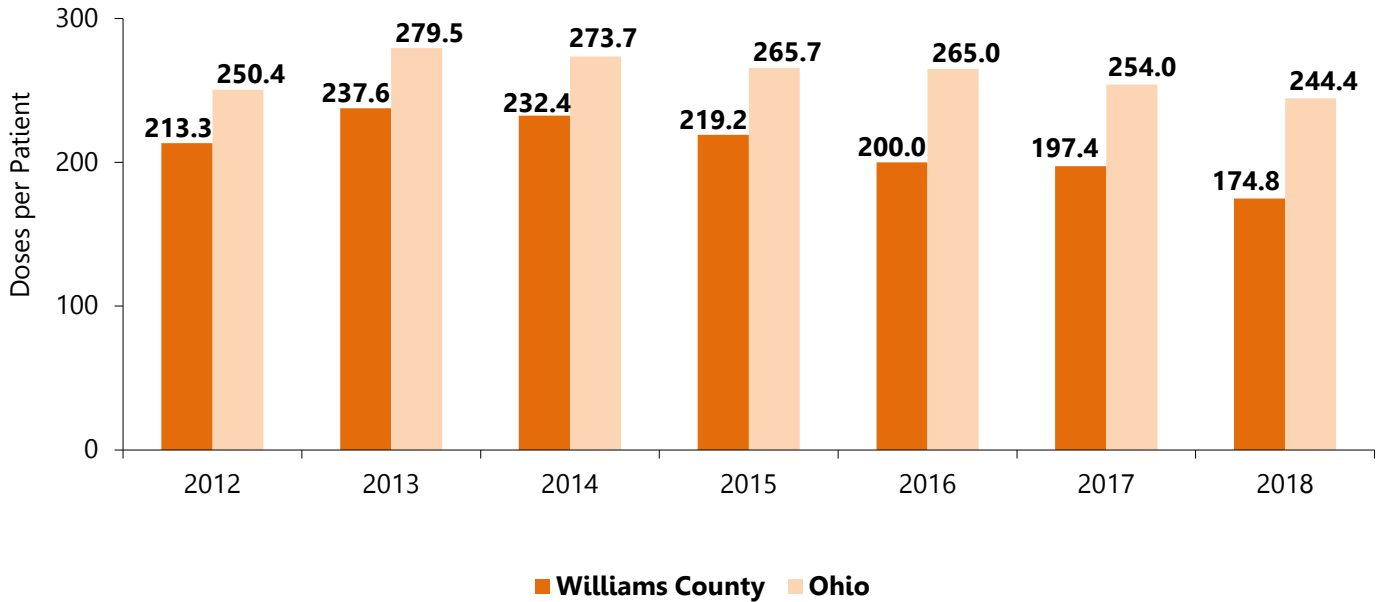
Treatment Programs and Services

- One percent (1%) of Williams County adults had used a program or service to help with an alcohol or drug problem for themselves or a loved one. Reasons for not using a program or service to help with a drug or alcohol problem included: had not thought of it (1%), could not afford to go (<1%), insurance did not cover it (<1%), and other reasons (1%). Ninety-eight percent (98%) of adults indicated this type of program was not needed.

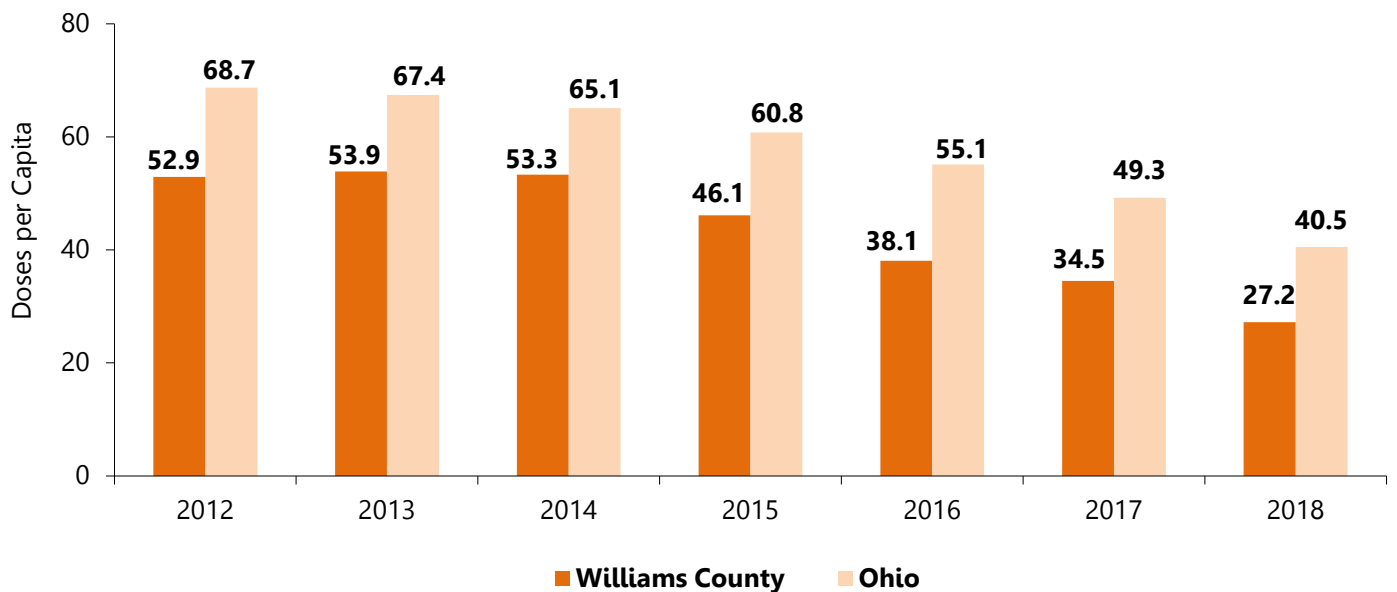
Opiate and Pain Reliever Doses

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

**Williams County and Ohio
Number of Opiate and Pain Reliever Doses Per Patient
2012-2018**



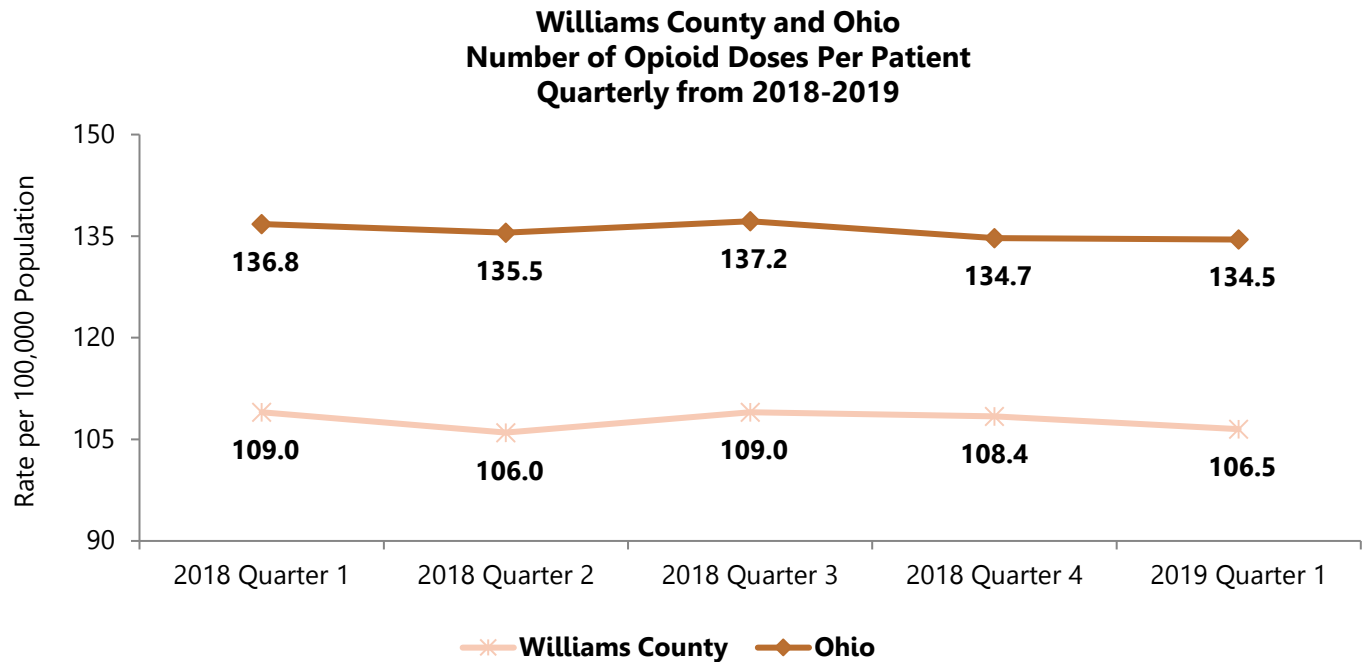
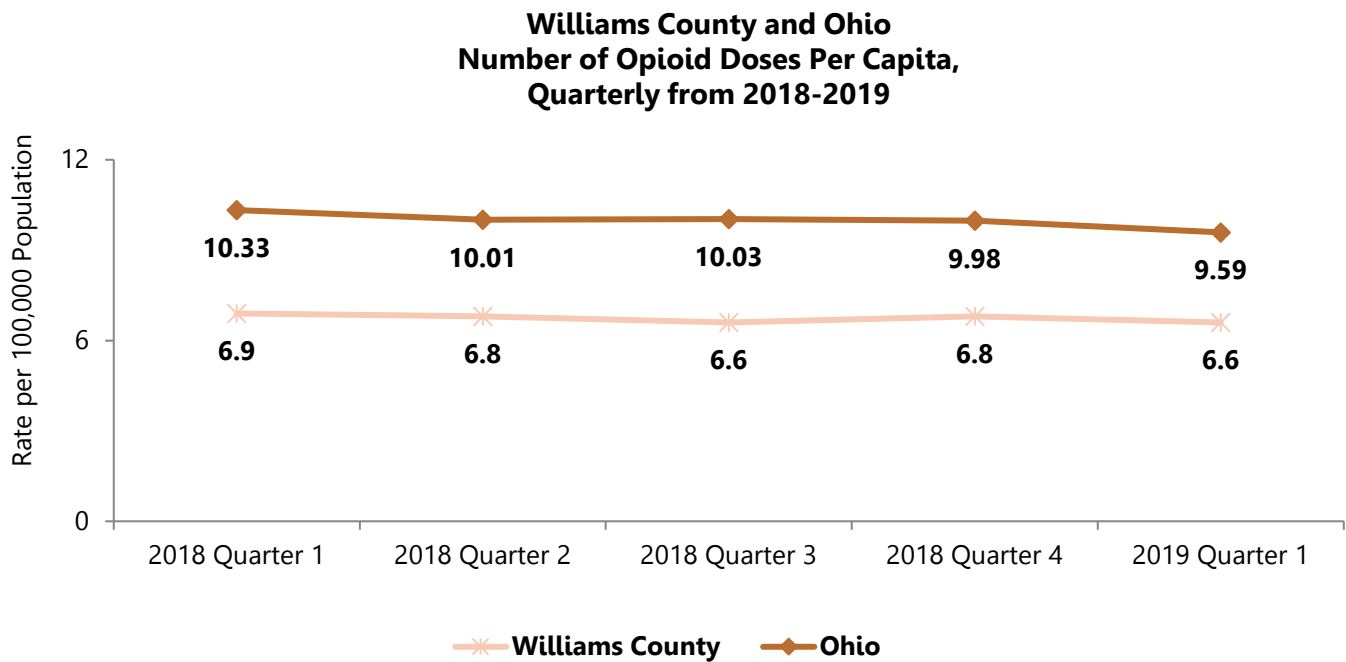
**Williams County and Ohio
Number of Opiate and Pain Reliever Doses Per Capita
2012-2018**



(Source: Ohio Automated Rx Reporting System, Quarterly County Data, 2012-2018)

Opioid Doses

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



(Source: Ohio's Automated Rx Reporting System, 2018-2019)

Unintentional Drug Overdose Deaths

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

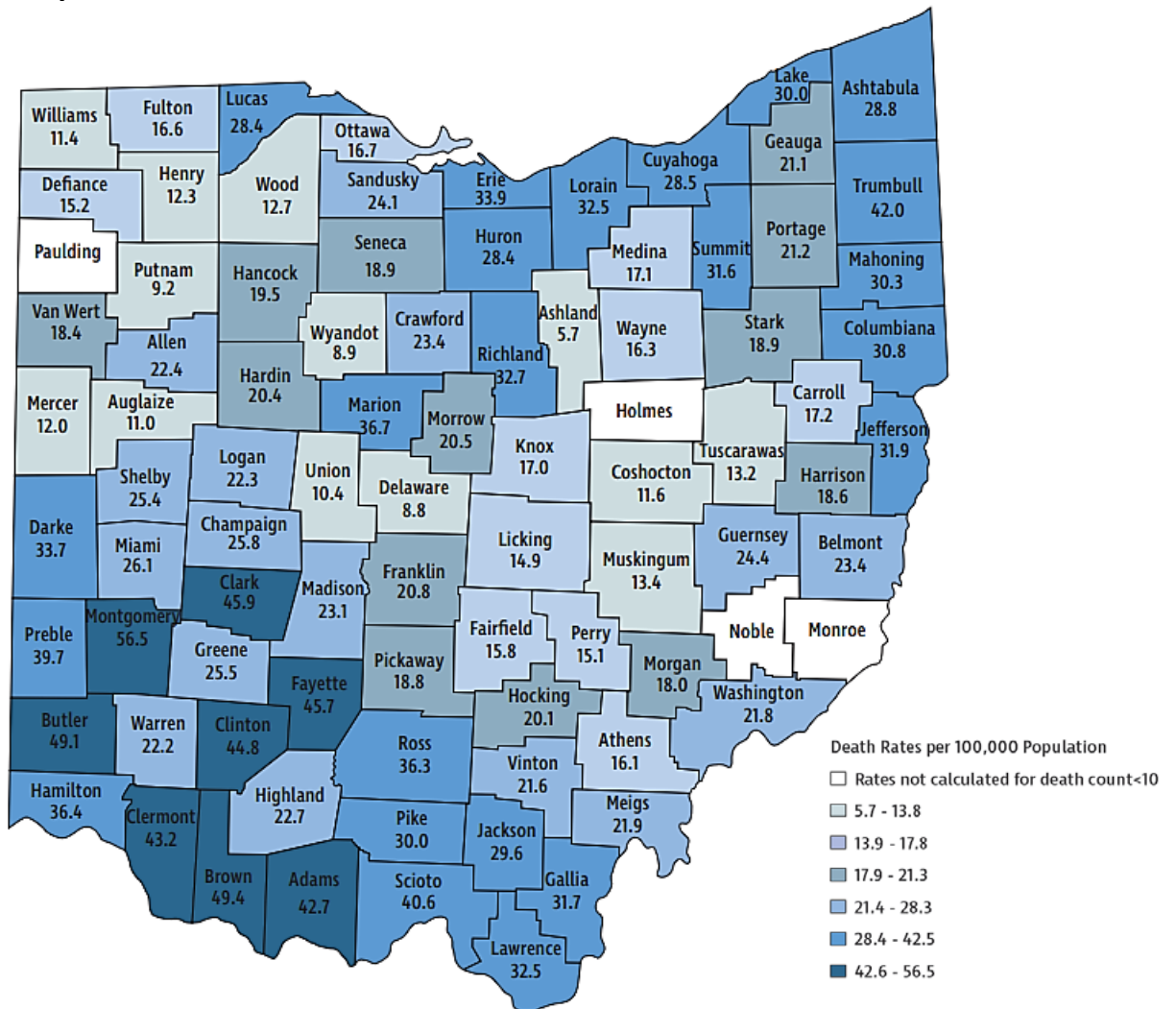
Number of Unintentional Drug Overdose Deaths and Average Crude and Age-Adjusted Annual Death Rates Per 100,000 Population, by County, 2005-2017

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2012-2017 Total	Crude Rate	Age Adjusted Rate
Williams County	1	1	1	2	2	3	1	1	5	2	1	9	4	22	9.9	11.4
Ohio	1,020	1,261	1,351	1,473	1,423	1,544	1,772	1,914	2,110	2,531	3,050	4,050	4,854	18,509	26.6	27.9

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

Age-Adjusted Unintentional Drug Overdose Death Rates for Ohio

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

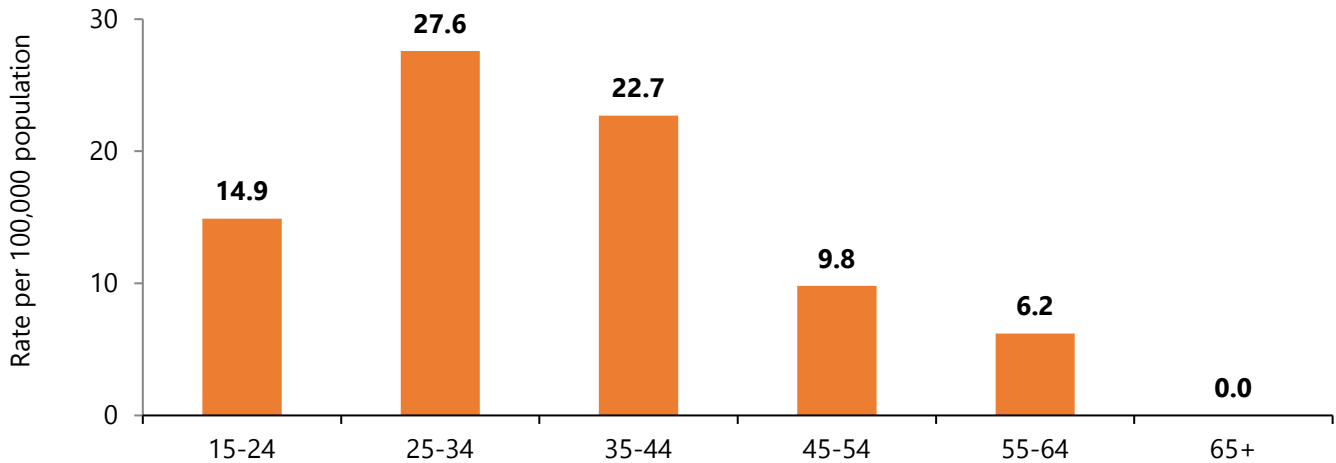


(Source: Ohio Department of Health, 2017 Ohio Drug Overdose Data: General Findings)

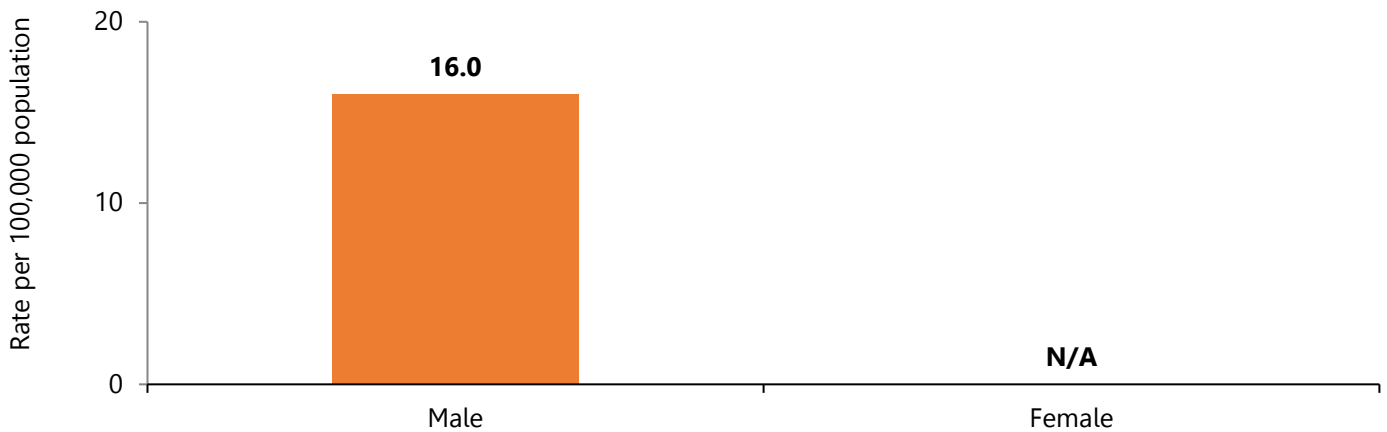
Unintentional Drug Overdose Death Rates by Age and Gender

The following graphs show the average age-adjusted unintentional drug overdose death rate per 100,000 population by age and gender from 2012-2017.

**2012-2017 Williams County
Unintentional Drug Overdose Mortality Rates by Age**



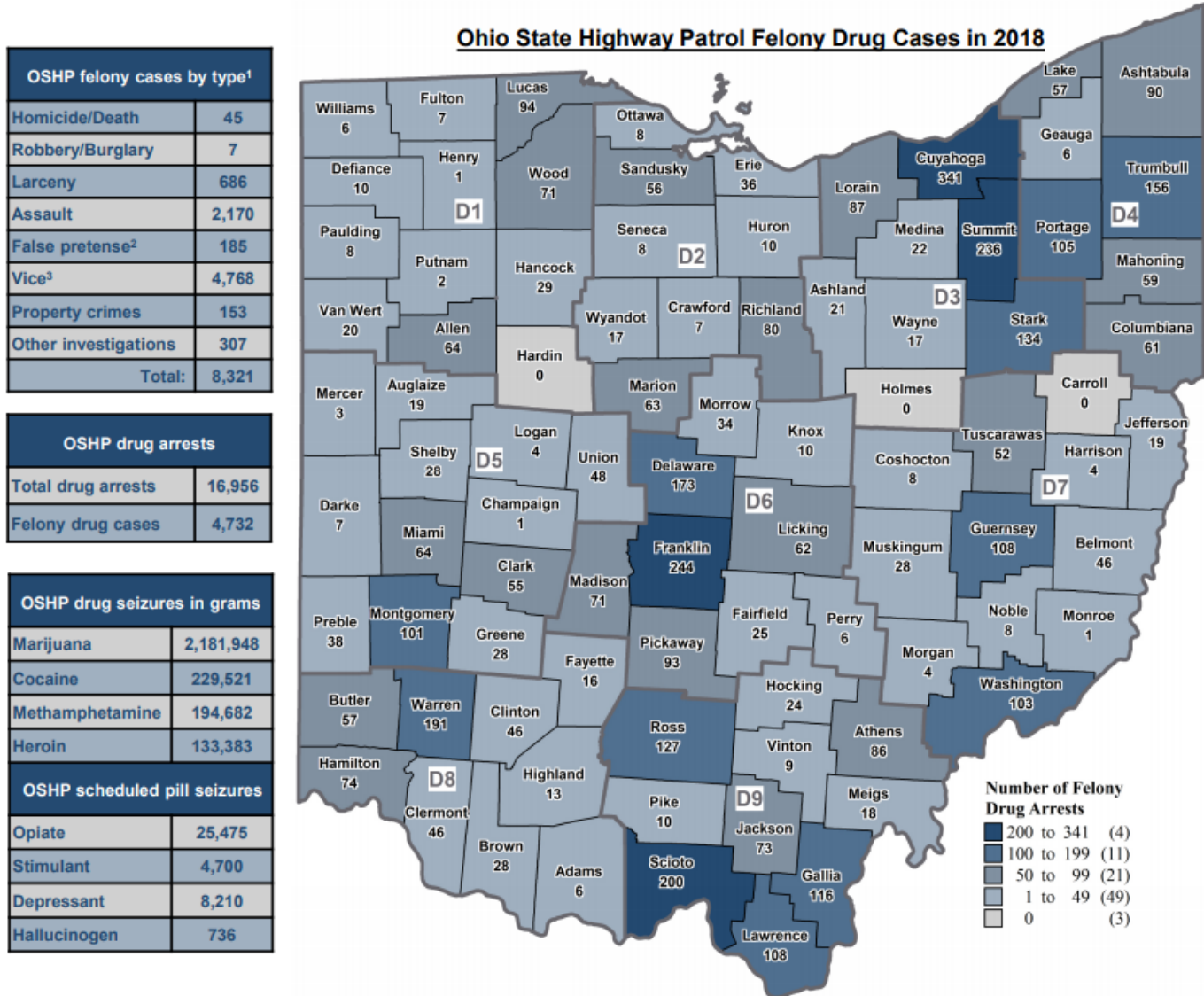
**2012-2017 Williams County
Age-Adjusted Unintentional Drug Overdose Mortality Rates by Gender**



(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Unintentional Drug Overdose Data, Unintentional Drug Overdose Resident Deaths per 100,000 Population by County, updated 7/8/2019)

Felony Cases and Drug Arrests January – June 2018

- Ohio State Highway Patrol (OSHP) investigated a wide range of felony offenses in 2018 including homicide/death (45); robbery/burglary (7); larceny (686); assault (2,170); false pretense (185); vice (4,768); property crimes (153); and various other types of felony offenses (307).
- OSHP Troopers made 16,956 total drug arrests in 2018 - a 2% increase from 2017 and a 20% rise over the previous 3-year average (2015-2017). Total drug arrests in 2018 were 76% higher than they were in 2013.



(Source: Ohio State Highway Patrol, Felony Cases and Drug Arrests, January – June 2018)

Health Behaviors: Adult Sexual Behavior

Key Findings

In 2019, 65% of Williams County adults had sexual intercourse in the past year. Three percent (3%) of adults had more than one partner. Ten percent (10%) of Williams County adults reported being forced to participate in sexual activity when they did not want to.

Adult Sexual Behavior

- Sixty-five percent (65%) of Williams County adults had sexual intercourse in the past year. Three percent (3%) of adults reported they had intercourse with more than one partner in the past year.
- Adults used the following methods of birth control:
 - No partner/not sexually active (25%)
 - They or their partner were too old (18%)
 - Vasectomy (17%)
 - Tubes tied (15%)
 - Hysterectomy (9%)
 - Condoms (7%)
 - Birth control pill (7%)
 - Infertility (3%)
 - IUD (3%)
 - Withdrawal (3%)
 - Having sex only at certain times (3%)
 - Contraceptive ring (2%)
 - Ovaries or testicles removed (2%)
 - Shots (1%)
 - Contraceptive implants (1%)
 - Practicing abstinence (1%)
 - Emergency contraception (<1%)
- Seven percent (7%) of adults were not using any method of birth control and 5% were trying to get pregnant.

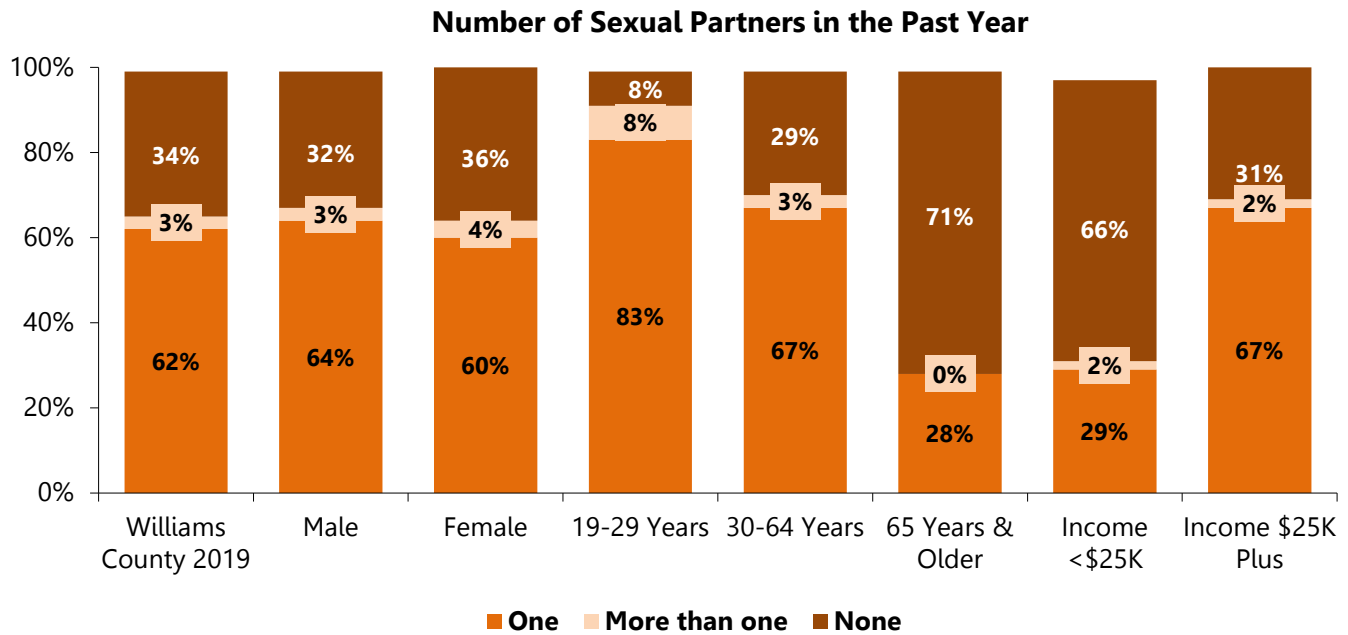
844 Williams County adults had intercourse with more than one partner in the past year.

- The following situations applied to Williams County adults in the past year:
 - Had sex without a condom (28%)
 - Had anal sex without a condom (7%)
 - Had sex with someone they met on social media (3%)
 - Had sexual activity with someone of the same gender (3%)
 - Had sex with someone they did not know (2%)
 - Were forced to have sex (2%)
 - Had 4 or more partners in the past year (1%)
 - Treated for an STD (1%)
 - Engaged in sexual activity they would not have done sober (1%)
 - Tested positive for HIV (<1%)
- One-in-ten (10%) Williams County adults were forced or coerced to have any sexual activity when they did not want to, increasing to 15% of females. Ten percent (10%) of those who were forced to have sexual activity reported it.
- Reasons for not reporting their sexual assault included: they were scared (44%), they were in a relationship with the offender (29%), they did not know how (12%), the stigma (9%), they feared the offender (3%), and other reasons (18%).

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Ohio 2017	U.S. 2017
Had more than one sexual partner in past year	3%	4%	3%	N/A	N/A

N/A – Not available

The following graph shows the number of sexual partners that Williams County adults had in the past year. An example of how to interpret the information in the graph includes: 62% of all Williams County adults had one sexual partner in the past year, 3% had more than one partner, and 34% did not have a sexual partner.

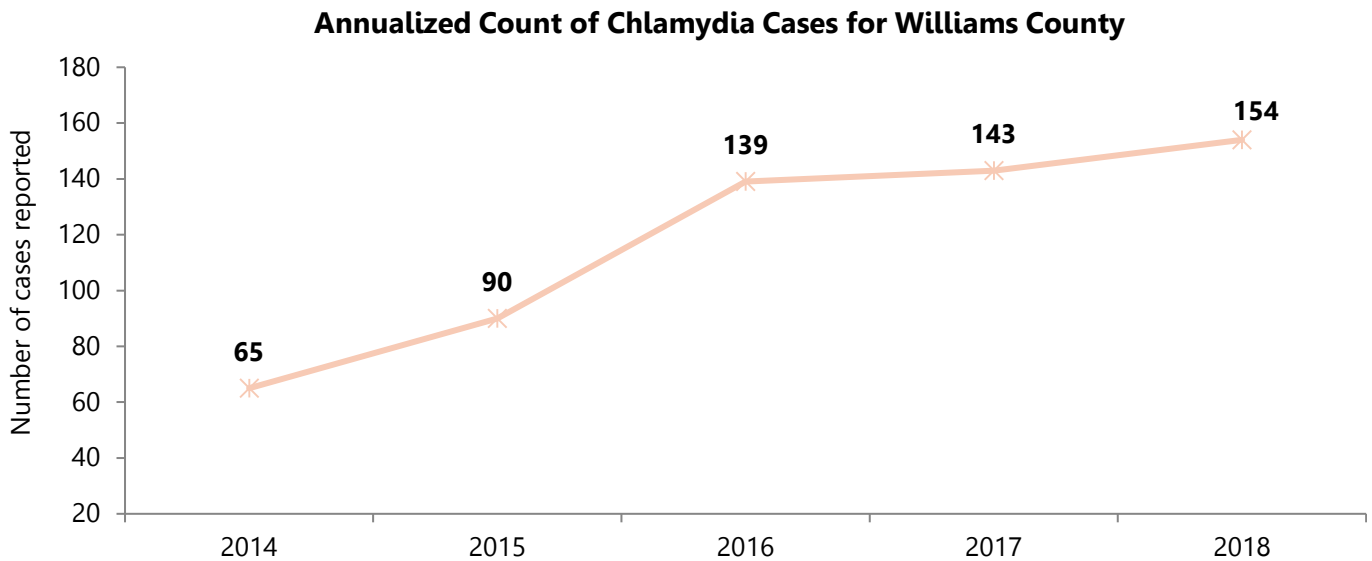
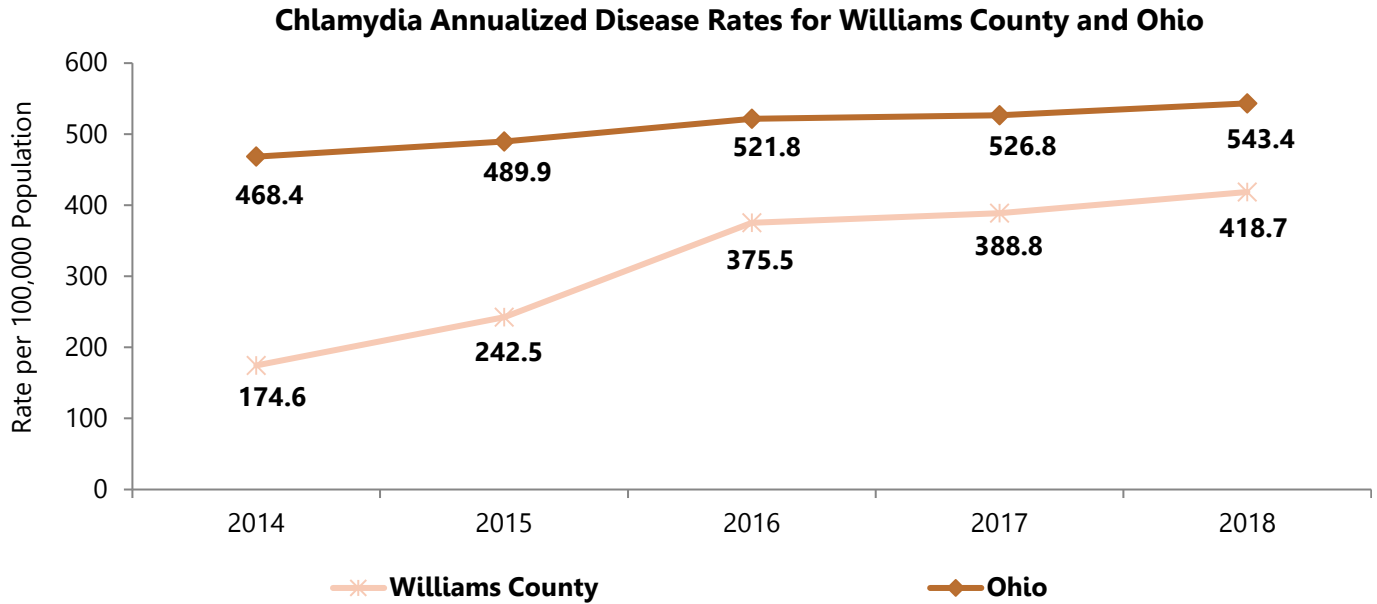


Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"
 Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Chlamydia

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

- Williams County chlamydia rates increased from 2014 to 2018.
- The number of chlamydia cases in Williams County increased from 2014-2018.



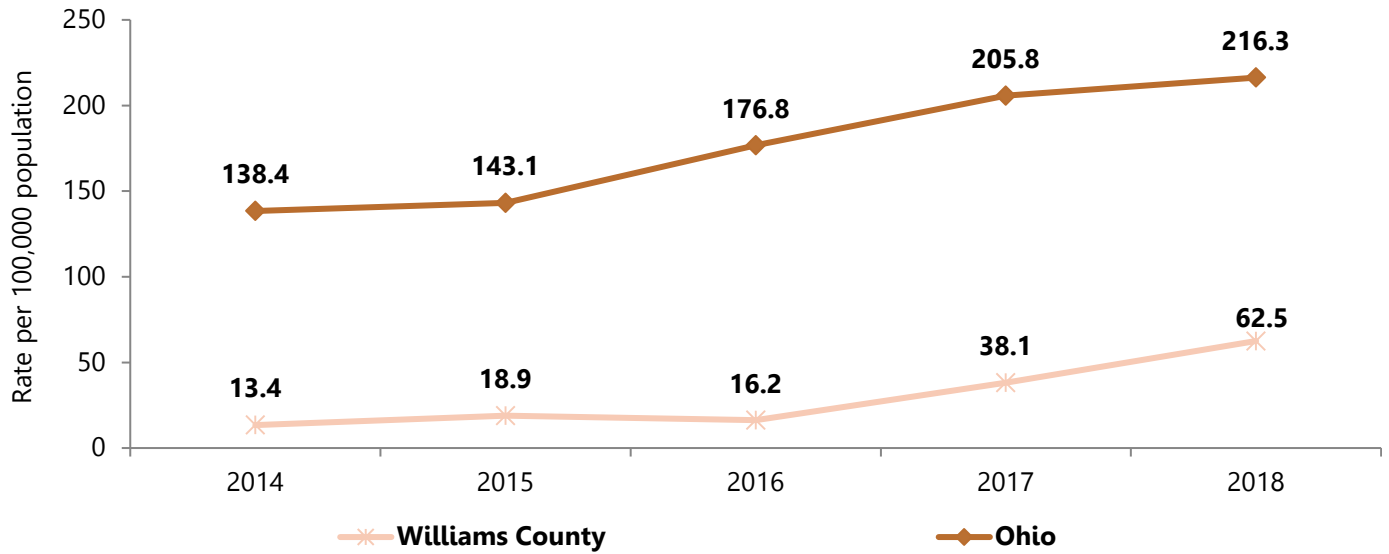
(Source: Ohio Department of Health, STD Surveillance Program, Data reported through 5/2/2019)

Gonorrhea

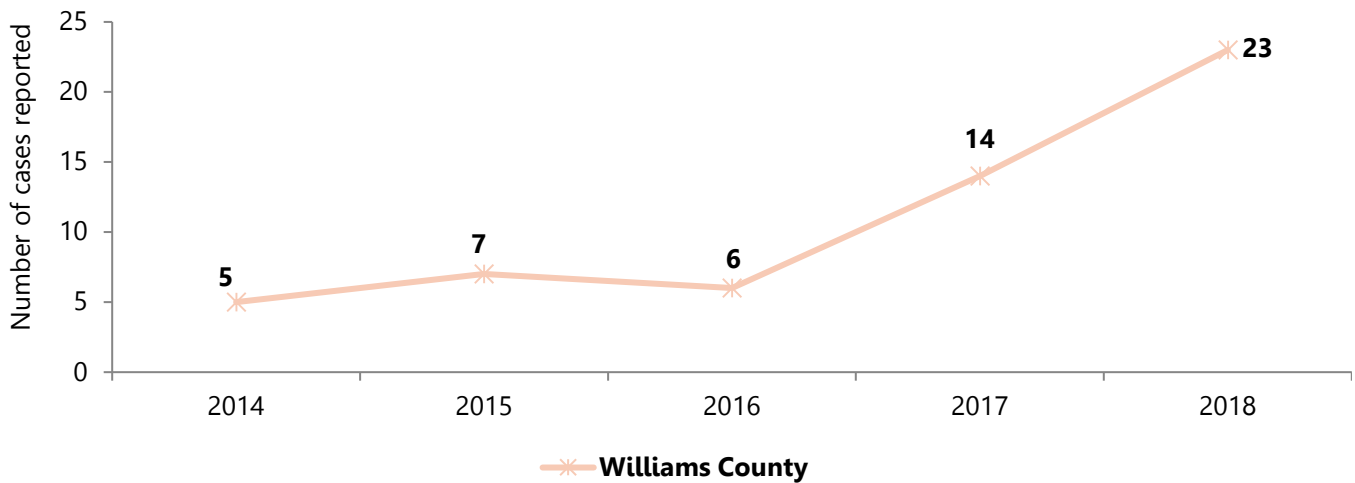
The following graphs show Williams County gonorrhea disease rates per 100,000 population. The graphs show:

- The Williams County gonorrhea rate fluctuated from 2014-2016, then increased from 2016-2018.
- The Williams County gonorrhea cases fluctuated from 2014 to 2016, then increased from 2016-2018.

Gonorrhea Annualized Disease Rates for Williams County and Ohio



Annualized Count of Gonorrhea Cases for Williams County

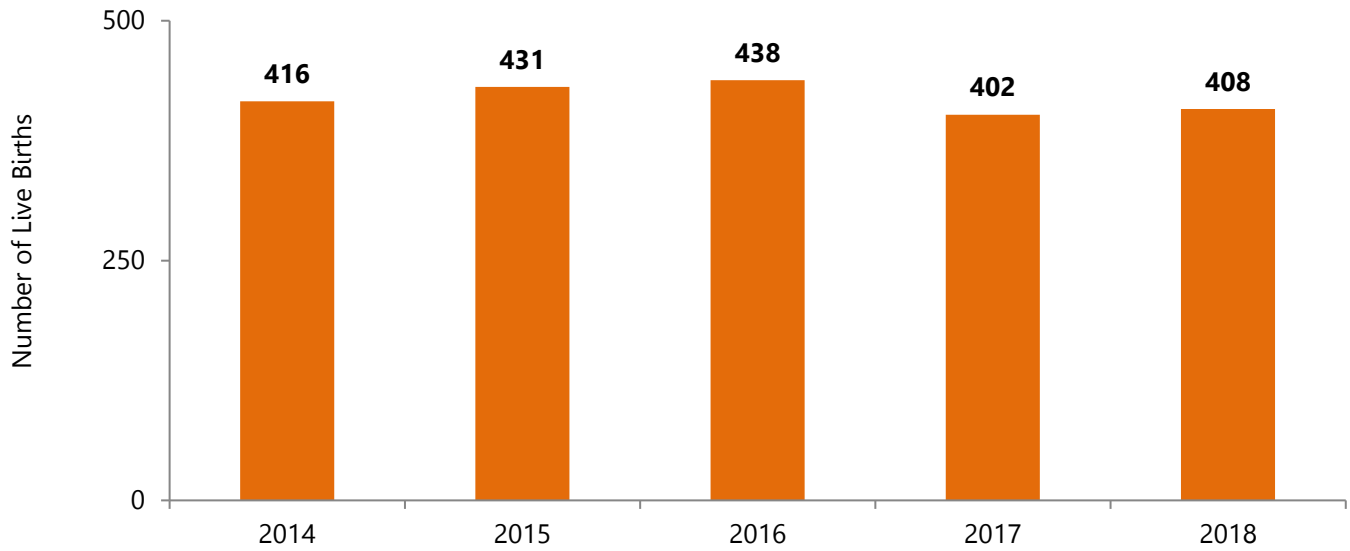


(Source for graphs: Ohio Department of Health, STD Surveillance Program, Data Reported through 5/2/19)

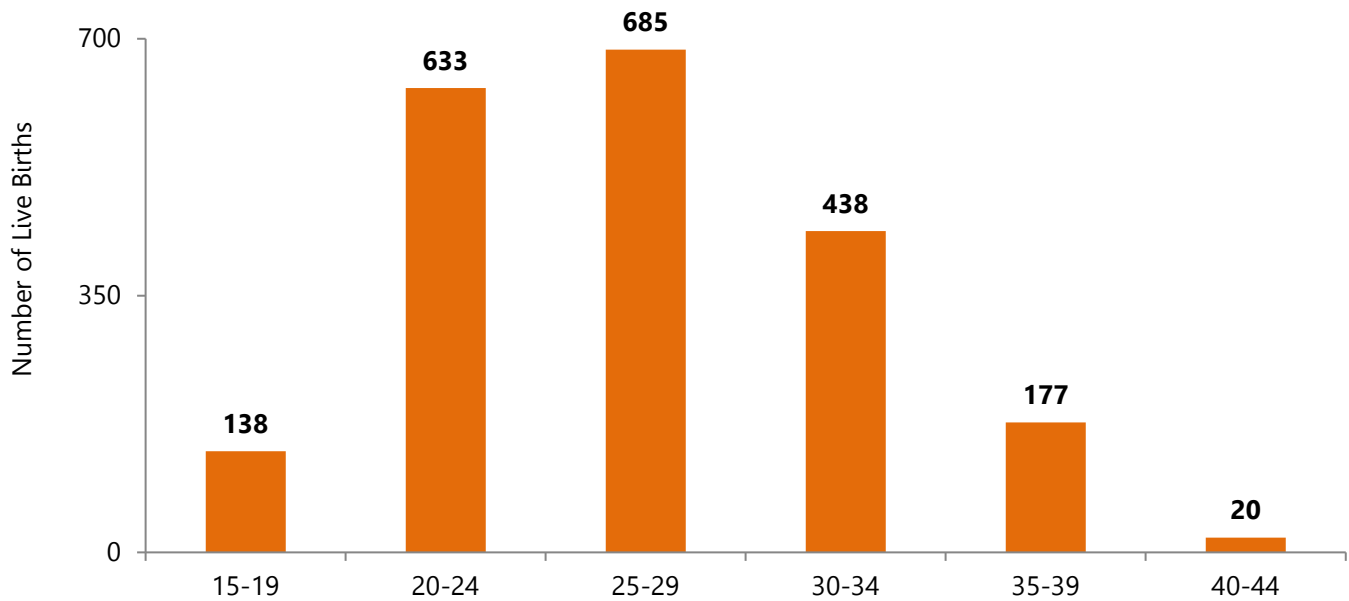
Birth Data

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

Williams County Total Live Births



Williams County Live Births by Age of Mother, 2014-2018



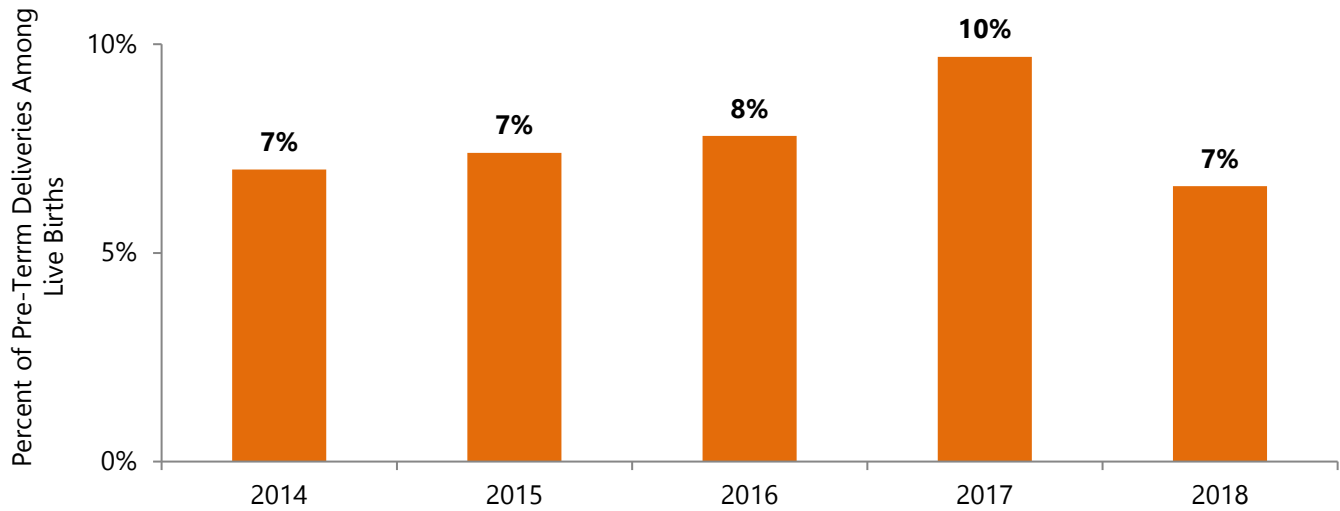
(Source: ODH Information Warehouse, updated 7/14/19)

Pre-Term Births

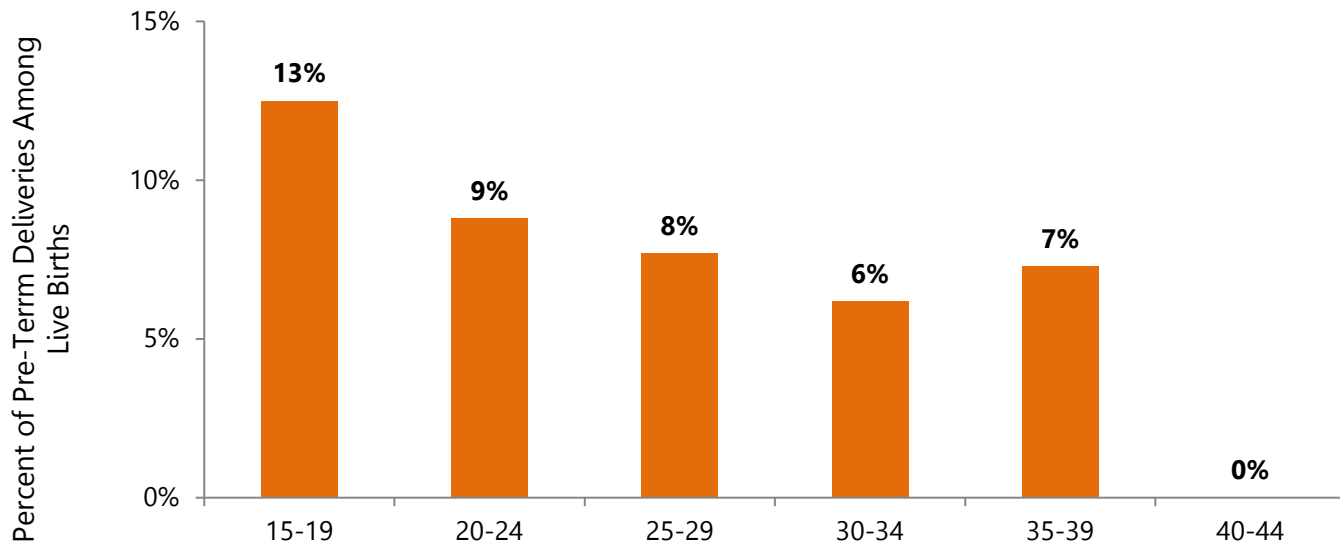
- Please note that birth data includes all births to adolescents and adults. Data available from Ohio Department of Health is for birth count only.

The following graphs show Williams County pre-term deliveries among live births by year as well as by age of mother.

Pre-Term Deliveries Among Williams County Resident Live Births by Year



Pre-Term Deliveries Among Williams County Resident Live Births by Age of Mother, 2014-2018



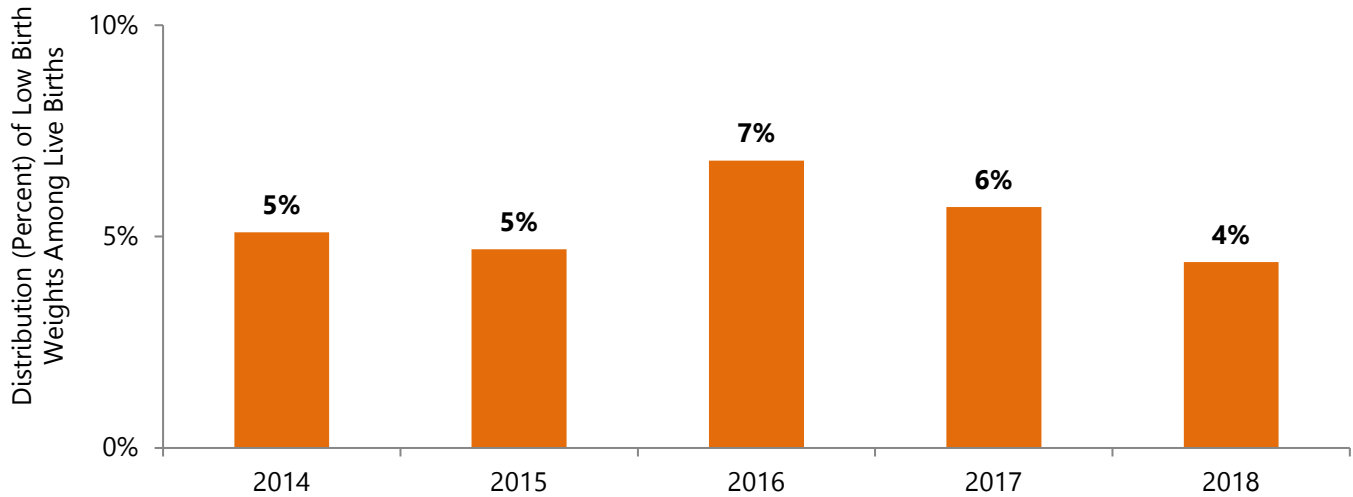
(Source for graphs: ODH Information Warehouse, 2019)

Low Birth Weight

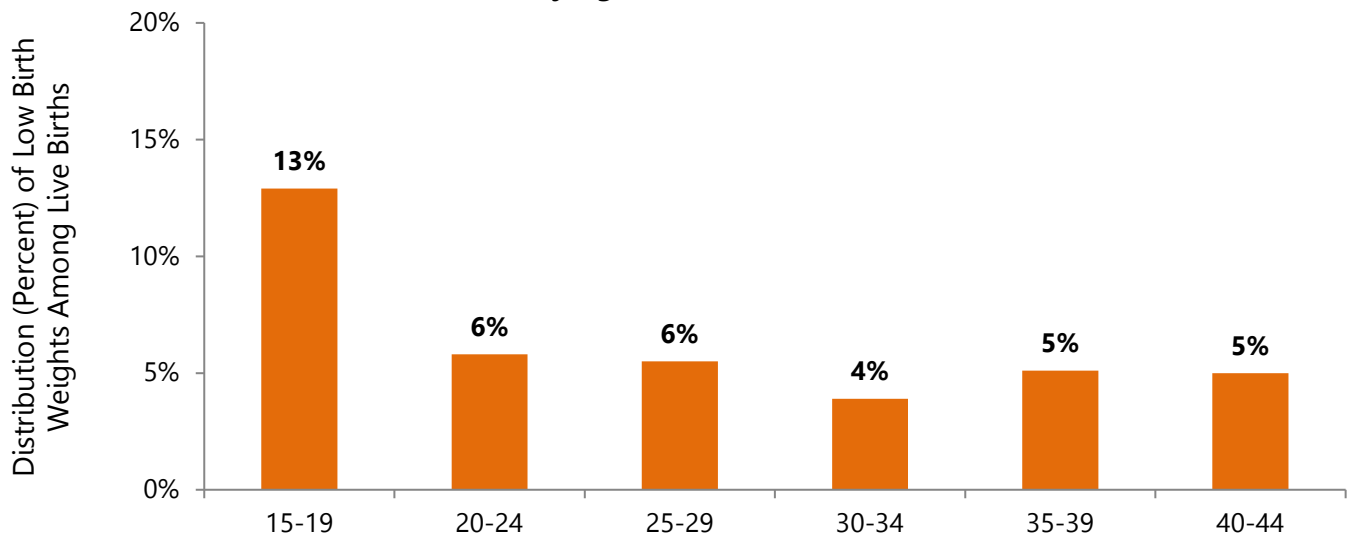
- Please note that birth data includes all births to adolescents and adults. Data available from Ohio Department of Health is for birth count only.

The following graph shows the Williams County distribution of low birth weights among live births by year and age of mother.

Williams County
Distribution of Low Birth Weights Among Live Births by Year



Williams County
Distribution of Low Birth Weights Among Live Births
by Age of Mother, 2014-2018



(Source for graphs: ODH Information Warehouse, 2019)

Health Behaviors: Adult Mental Health

Key Findings

In the past year, 13% of Williams County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities. Five percent (5%) of Williams County adults considered attempting suicide, and 1% actually attempted suicide.

1,407 Williams County adults considered attempting suicide in the past year.

Adult Mental Health

- In the past year, thirteen percent (13%) of Williams County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities.
- Five percent (5%) of adults considered attempting suicide in the past year.
- One percent (1%) of adults reported attempting suicide in the past year.

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Ohio 2017	U.S. 2017
Felt sad or hopeless for two or more weeks in the past year	8%	9%	13%	N/A	N/A
Seriously considered attempting suicide in the past year	3%	2%	5%	N/A	N/A
Attempted suicide in the past year	<1%	0%	1%	N/A	N/A

N/A – Not available

- During the past 12 months, when they, a family member, or someone in their household felt sad, blue, or depressed, adults reported experiencing the following for a period of at least two weeks:
 - Felt fatigued/had no energy (47%)
 - Trouble sleeping or slept too much (41%)
 - Woke up before they wanted (35%)
 - Felt extremely restless or slowed down (30%)
 - Trouble thinking or concentrating (27%)
 - Felt worthless or hopeless (26%)
 - Lost interest in most things (24%)
 - Weight/appetite change (23%)
 - Wanted to go to sleep and not wake up (13%)
 - Thought about death and suicide (12%)
 - Attempted suicide (2%)
- Williams County adults indicated the following caused them anxiety, stress, or depression:
 - Job stress (38%)
 - Financial stress (34%)
 - Death of close family member or friend (22%)
 - Current news/politics (22%)
 - Poverty/no money (18%)
 - Sick family member (16%)
 - Marital/dating relationship (15%)
 - Raising/caring for children (13%)
 - Fighting at home (12%)
 - Other stress at home (9%)
 - Caring for a parent (7%)
 - Social media (7%)
 - Family member with mental illness (6%)
 - Divorce/separation (5%)
 - Unemployment (4%)
 - Not having enough to eat (2%)
 - Not feeling safe at home (2%)
 - Sexual orientation/gender identity (2%)
 - Not feeling safe in the community (1%)
 - Not having a place to live (1%)
 - Other causes (9%)

- Williams County adults dealt with stress in the following ways:
 - Prayer/meditation (41%)
 - Ate more or less than normal (39%)
 - Talked to someone they trust (39%)
 - Exercised (32%)
 - Listened to music (31%)
 - Worked on a hobby (27%)
 - Slept (26%)
 - Worked (20%)
 - Drank alcohol (13%)
 - Smoked tobacco (9%)
 - Took it out on others (7%)
 - Called a professional (4%)
 - Used prescription drugs as prescribed (3%)
 - Used illegal drugs (1%)
 - Self-harm (1%)
 - Other ways (6%)

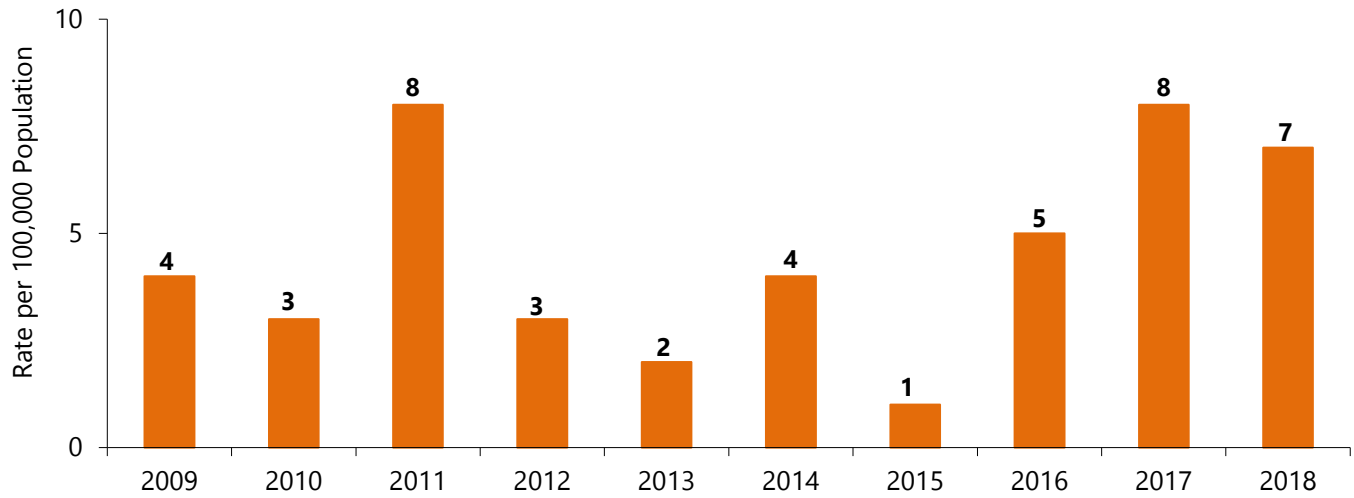
- Thirteen percent (13%) of Williams County adults had used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included the following:
 - Did not need a program (61%)
 - Had not thought of it (9%)
 - Could not afford to go (8%)
 - Co-pay/deductible too high (6%)
 - Stigma of seeking mental health services (6%)
 - Did not know how to find a program (5%)
 - Took too long to get in to see a doctor (3%)
 - Other priorities (2%)
 - Fear (2%)
 - Could not get to the office (1%)
 - Could not find a mental health provider (1%)
 - Transportation (<1%)
 - Other reasons (5%)

- Adults indicated they would do the following if they knew someone who was suicidal:
 - Talk to them (71%)
 - Call a crisis line (47%)
 - Try to calm them down (46%)
 - Call 9-1-1 (43%)
 - Call their spiritual leader (21%)
 - Take them to the ER (19%)
 - Call a friend (12%)
 - Text a crisis line (7%)
 - Nothing (1%)

Death by Suicide

The graph below shows the number of Williams County deaths by suicide by year.

Number of Williams County Deaths By Suicide, 2009-2018



(Source: Williams County Health Department, 2009-2018)

Chronic Disease: Adult Cardiovascular Health

Key Findings

Six percent (6%) of Williams County adults survived a heart attack and 4% survived a stroke at some time in their life. Nearly two-fifths (39%) of adults had high blood pressure, 37% had high blood cholesterol, 42% were obese, and 16% were smokers, all known risk factors for cardiovascular disease.

Heart Disease and Stroke

- Six percent (6%) of adults reported they had survived a heart attack or myocardial infarction, increasing to 15% of those over the age of 65.
- Four percent (4%) of adults reported they had survived a stroke, increasing to 10% of those with incomes less than \$25,000.
- Seven percent (7%) of adults reported they had angina or coronary heart disease, increasing to 13% of those with incomes less than \$25,000 and 18% of those over the age of 65.
- Three percent (3%) of adults reported they had congestive heart failure, increasing to and 8% of those with incomes less than \$25,000 and 9% of those over the age of 65.

Williams County Leading Causes of Death, 2018

Total Deaths: 315

- Heart-Related (37% of all deaths)
- Brain Disorders (14%)
- Cancer (14%)
- Lung-Related (10%)
- Kidney Disease (5%)

(Source: Williams County Health Department, 2018)

Ohio Leading Causes of Death, 2015-2017

Total Deaths: 361,238

- Heart Diseases (23% of all deaths)
- Cancers (21%)
- Accidents, Unintentional Injuries (7%)
- Chronic Lower Respiratory Diseases (6%)
- Stroke (5%)

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

1,689 adults survived a heart attack or myocardial infarction.

High Blood Pressure (Hypertension)

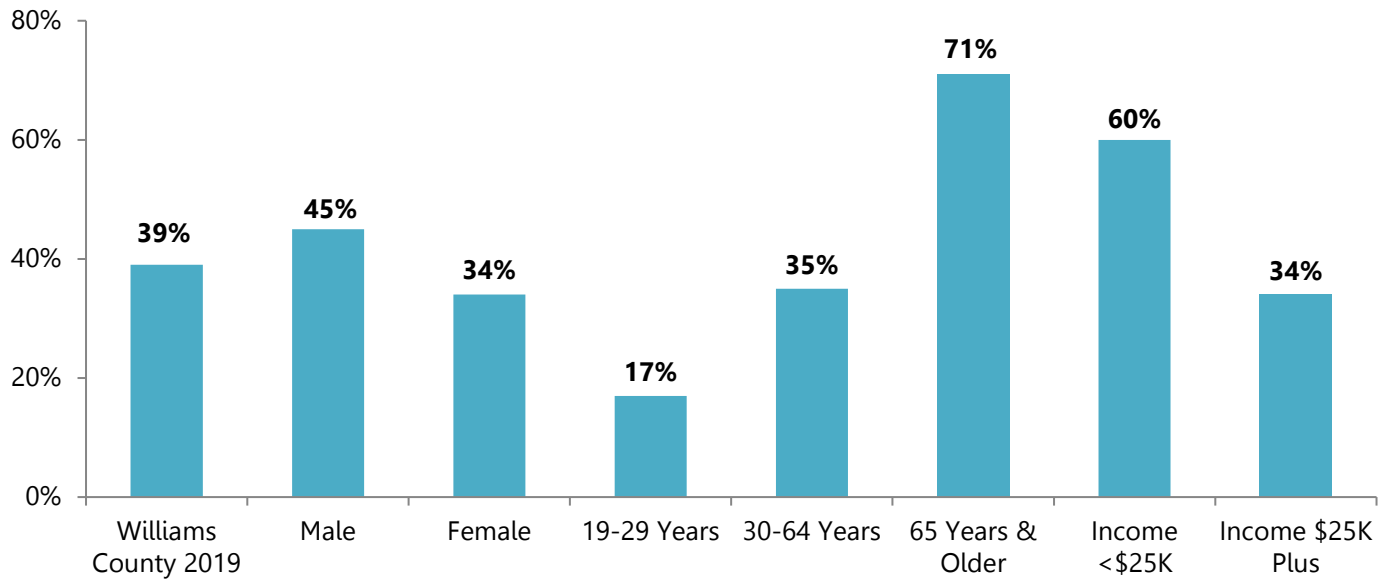
- Nearly two-fifths (39%) of adults had been diagnosed with high blood pressure.
- Seven percent (7%) of adults were told they were pre-hypertensive/borderline high.
- Ninety percent (90%) of adults had their blood pressure checked within the past year.
- Williams County adults diagnosed with high blood pressure were more likely to:
 - Have been age 65 years or older (71%)
 - Have incomes less than \$25,000 (60%)
 - Have been classified as overweight or obese by Body Mass Index (42%)

High Blood Cholesterol

- More than one-third (37%) of adults had been diagnosed with high blood cholesterol.
- More than four-fifths (83%) of adults had their blood cholesterol checked within the past 5 years.
- Williams County adults with high blood cholesterol were more likely to:
 - Have been ages 65 years or older (66%)
 - Have incomes less than \$25,000 (50%)
 - Have been classified as overweight or obese by Body Mass Index (BMI) (41%)

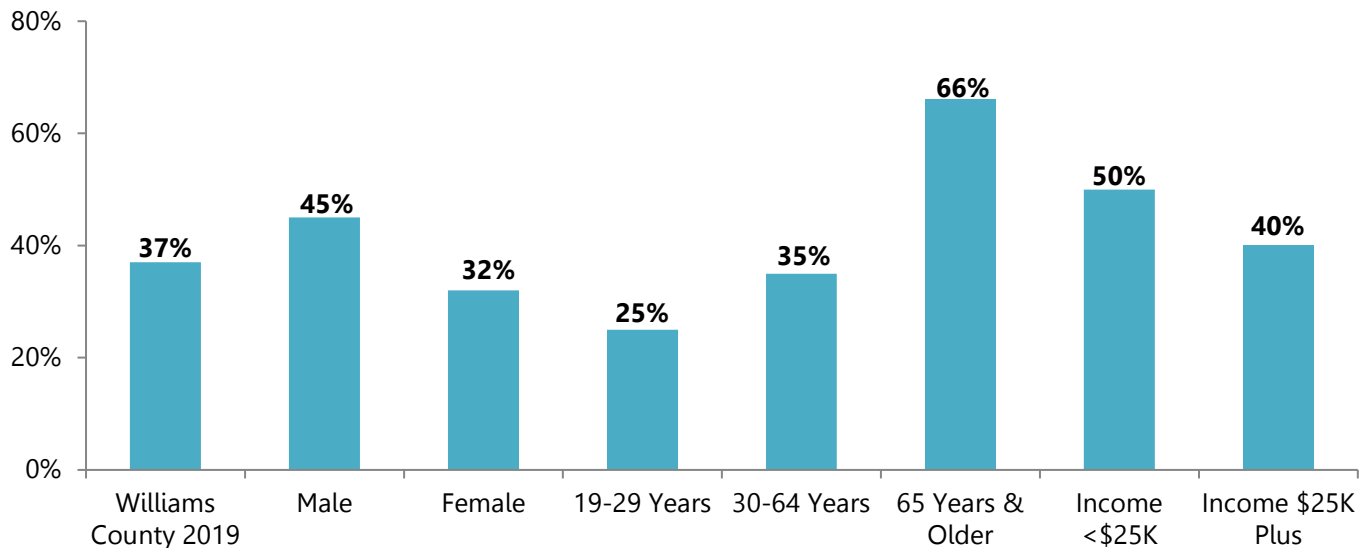
The following graphs show the percentage of Williams County adults who have been diagnosed with high blood pressure and high blood cholesterol. An example of how to interpret the information in the first graph includes: 39% of all Williams County adults have been diagnosed with high blood pressure, including 45% of males, 34% of females, and 71% of those 65 years and older.

Diagnosed with High Blood Pressure*



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

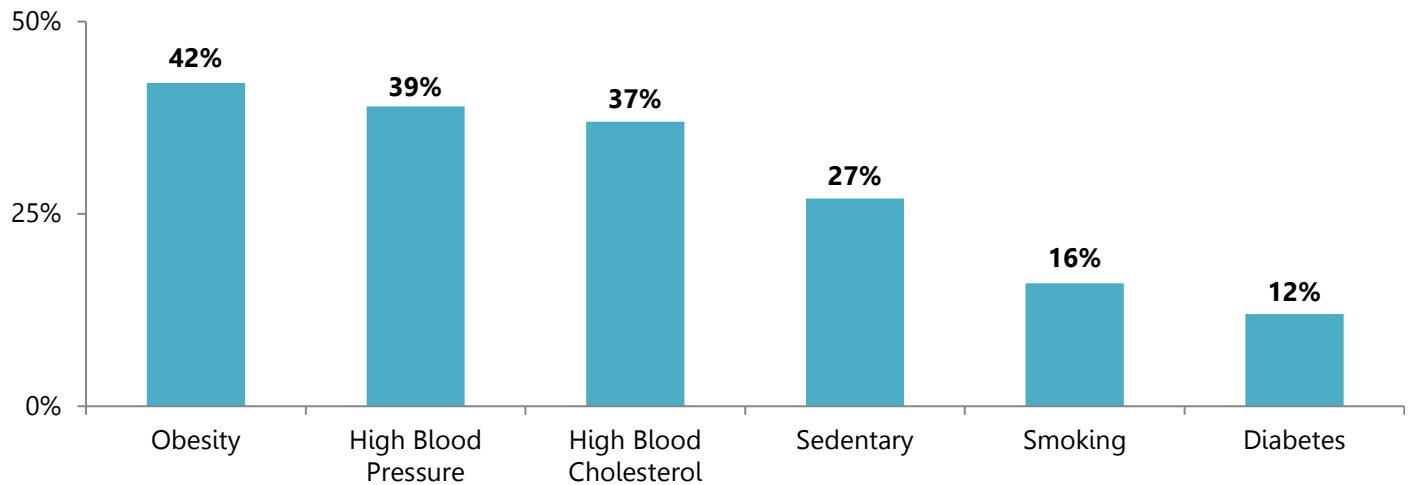
Diagnosed with High Blood Cholesterol



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 Williams County adults who had major risk factors for developing cardiovascular disease (CVD).

Williams County Adults with CVD Risk Factors



Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Ohio 2017	U.S. 2017
Ever diagnosed with angina or coronary heart disease	6%	6%	7%	5%	4%
Ever diagnosed with a heart attack or myocardial infarction	5%	4%	6%	6%	4%
Ever diagnosed with a stroke	3%	1%	4%	4%	3%
Had been told they had high blood pressure	29%	35%	39%	35%	32%
Had been told their blood cholesterol was high	35%	36%	37%	33%	33%
Had their blood cholesterol checked within the last five years	70%	79%	83%	85%	86%

Healthy People 2020 Objectives Heart Disease and Stroke (HDS)

Objective	2019 Williams Survey Population Baseline	2017 U.S. Baseline	Healthy People 2020 Target
HDS-5: Reduce proportion of adults with hypertension	39%	32% Adults age 18 and up	27%
HDS-6: Increase proportion of adults who had their blood cholesterol checked within the preceding 5 years	83%	86% Adults age 18 and up	82%
HDS-7: Decrease proportion of adults with high total blood cholesterol (TBC) levels	37%	33% Adults age 20+ with TBC > 240 mg/dl	14%

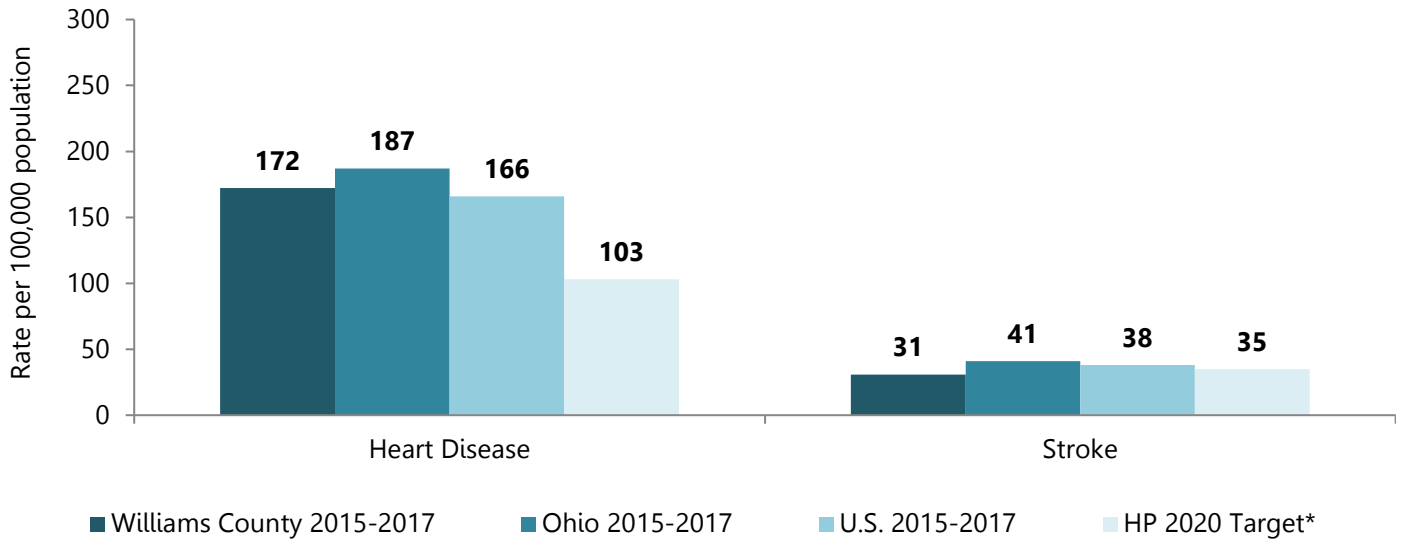
Note: All U.S. figures age-adjusted to 2000 population standard.
(Source: Healthy People 2020, 2017 BRFSS, 2019 Williams County Community Health Assessment)

Age-Adjusted Heart Disease and Stroke Disease Mortality Rates

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

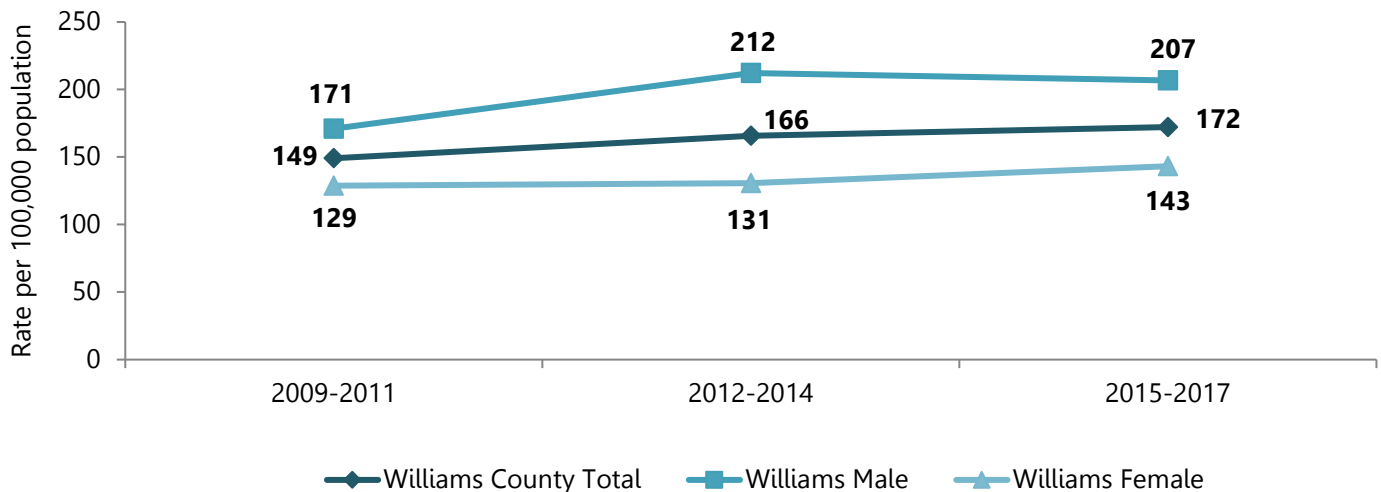
- When age differences are accounted for, the statistics indicate that the Williams County heart disease mortality rate was lower than the figure for the state, but higher than the U.S. and Healthy People 2020 target from 2015-2017.
- The 2015-2017 Williams County age-adjusted stroke mortality rate was below the state, U.S., and Healthy People 2020 target.
- From 2009-2017, the Williams County female and male age-adjusted heart disease mortality rates have been on an upward trend.

Age-Adjusted Heart Disease and Stroke Mortality Rates



*The Healthy People 2020 Target objective for coronary heart disease is reported for heart attack mortality.
 (Source: Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017, Healthy People 2020)

Williams County Age-Adjusted Heart Disease Mortality Rates by Gender



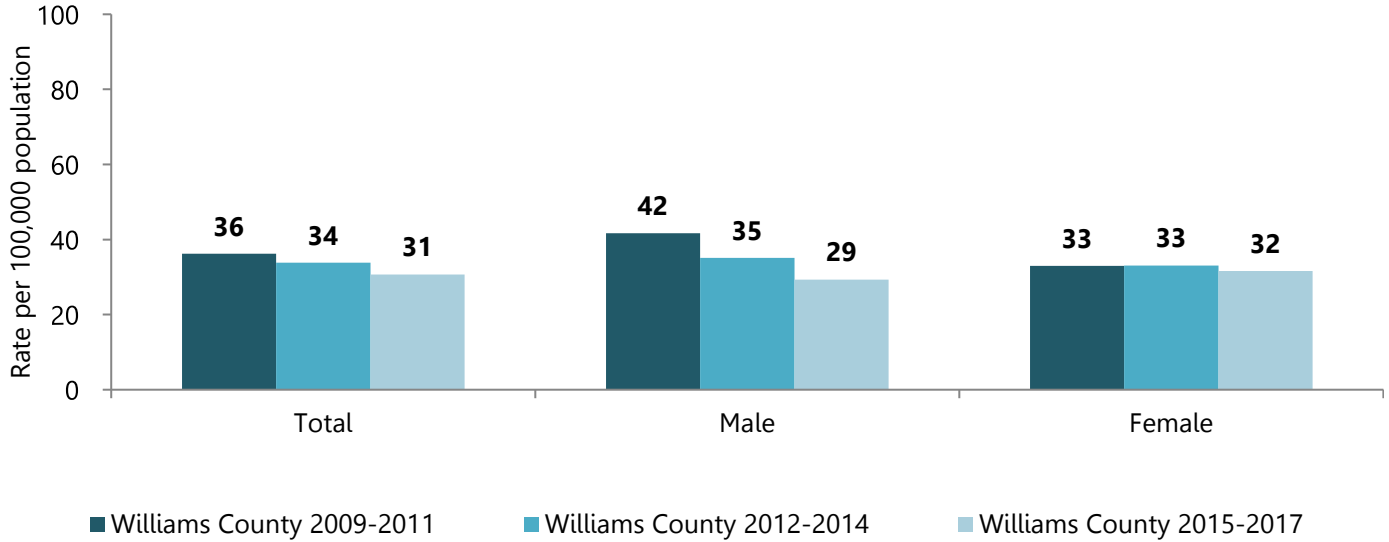
(Source: Ohio Public Health Data Warehouse, 2009-2017)

Age-Adjusted Stroke Disease Mortality Rates

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

- From 2009-2017, the Williams County stroke mortality rate decreased slightly.
- From 2012-2017, the Williams County stroke mortality rate for males decreased.
- The 2012-2017, the Williams County stroke mortality rate for females decreased slightly.

Williams County Age-Adjusted Stroke Mortality Rates by Gender



(Source: Ohio Public Health Data Warehouse, 2009-2017)

Chronic Disease: Adult Cancer

Key Findings

In 2019, 16% of Williams County adults had been diagnosed with cancer at some time in their life.

Adult Cancer

- Sixteen percent (16%) of Williams County adults were diagnosed with cancer at some point in their lives, increasing to 36% of those over the age of 65.
- Of those diagnosed with cancer, they reported the following types:
 - Skin (31%)
 - Breast (27%)
 - Melanoma (17%)
 - Prostate (16%)
 - Cervical (15%)
 - Endometrial (4%)
 - Multiple Types of cancer (3%)
 - Colon (2%)
 - Head and Neck (2%)
 - Lung (2%)
 - Bone (2%)
 - Larynx (2%)
 - Leukemia (2%)
 - Pancreatic (2%),
 - Other Types of cancer (7%)
- The Ohio Department of Health (ODH) indicates that from 2015-2017, a total of 288 Williams County residents died from cancer, the second leading cause of death in the county. Cancers caused 23% of all Williams County resident deaths from 2015-2017 *(Source: Ohio Public Health Data Warehouse, 2015-2017)*.

Williams County Incidence of Cancer, 2012-2016

All Types: 985 cases

- Lung and Bronchus: 168 cases (17%)
- Breast: 149 cases (15%)
- Colon and Rectum: 101 cases (10%)
- Prostate: 84 cases (9%)

In 2015-2017, there were 288 cancer deaths in Williams County.

(Source: Ohio Cancer Incidence Surveillance System, ODH Ohio Public Health Data Warehouse, 2012-2017)

4,503 adults were diagnosed with cancer at some point in their lives.

Cancer Facts

- The Ohio Department of Health (ODH) indicates that from 2015-2017, cancers caused 23% (288 of 1,270 of total deaths) of all Williams County resident deaths *(Source: Ohio Public Health Data Warehouse, 2015-2017)*.
- The American Cancer Society reports that smoking tobacco is associated with cancers of the mouth, lips, nasal cavity (nose) and sinuses, larynx (voice box), pharynx (throat), and esophagus (swallowing tube). Also, smoking has been associated with cancers of the lung, colorectal, stomach, pancreas, kidney, bladder, uterine cervix, ovary (mucinous) and acute myeloid leukemia *(Source: American Cancer Society, Facts & Figures 2018)*.
- The 2019 health assessment has determined that 16% of Williams County adults were current smokers and many more were exposed to environmental tobacco smoke, also a cause of heart attacks and cancer.

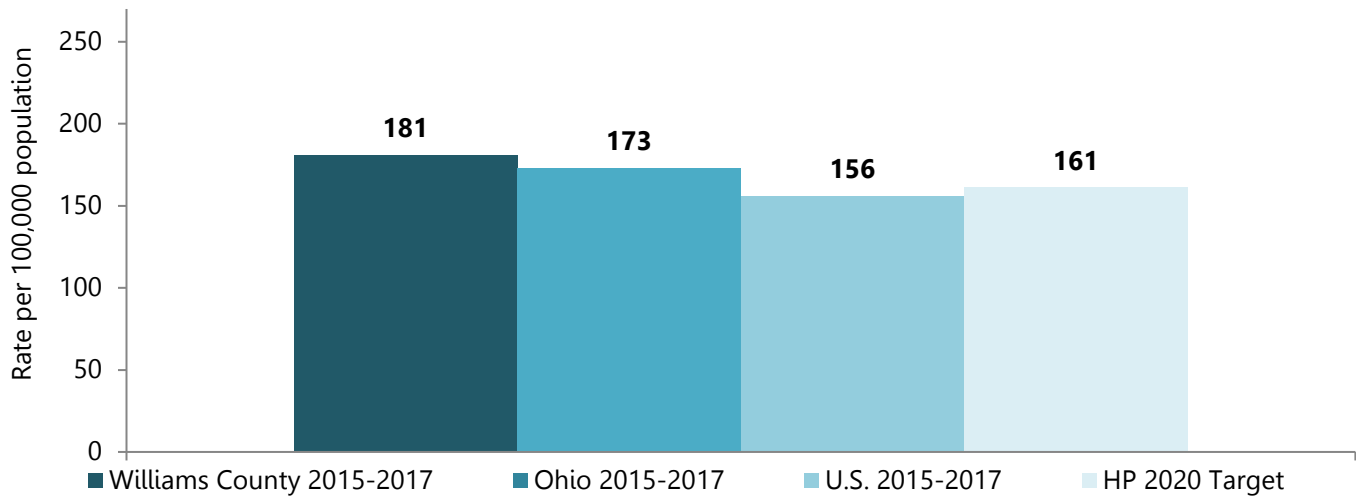
Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Ohio 2017	U.S. 2017
Ever been told they had skin cancer*	5%	6%	7%	6%	6%
Ever been told they had other types of cancer (other than skin cancer)	7%	9%	9%	7%	7%

*Melanoma and other skin cancers are included for "ever been told they had skin cancer"

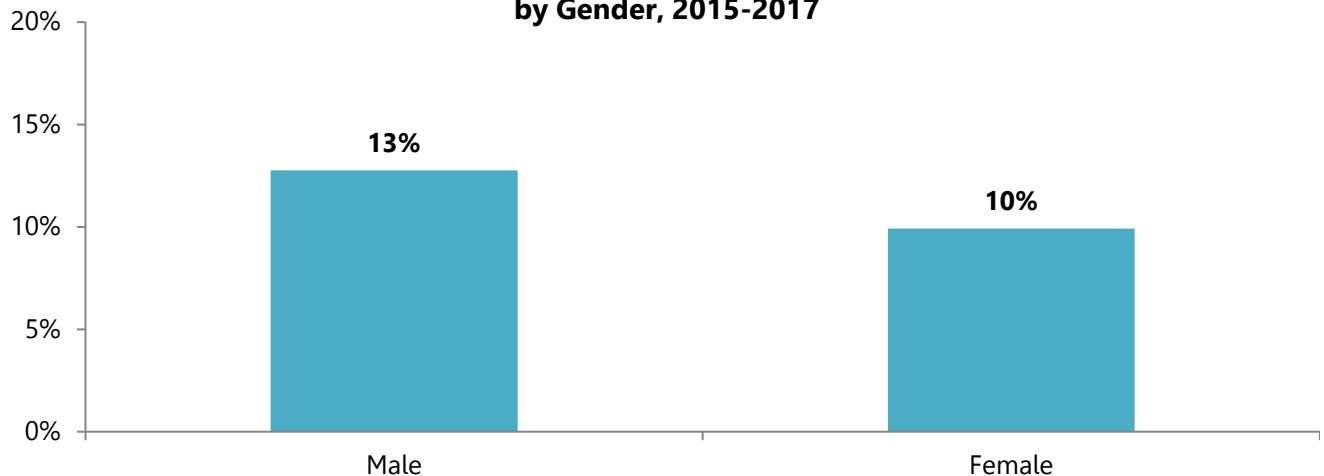
The following graphs show the Williams County, Ohio, and U.S. age-adjusted mortality rates (per 100,000 population, 2000 standard) for all types of cancer in comparison to the Healthy People 2020 objective, and the percent of total cancer deaths in Williams County. The graphs indicate:

- When age differences are accounted for, Williams County had a higher cancer mortality rate than Ohio, the U.S., and the Healthy People 2020 target objective.
- The percentage of Williams County males who died from all cancers was slightly higher than the percentage of Williams County females (Source: Ohio Public Health Data Warehouse, 2015-2017).

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



Cancer as a Percent of All Total Deaths in Williams County by Gender, 2015-2017



(Source: Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017, Healthy People 2020)

Williams County Incidence of Cancer, 2012-2016

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer
Lung and Bronchus	168	17.1%
Breast	149	15.1%
Colon & Rectum	101	10.3%
Prostate	84	8.5%
Other Sites/Types	74	7.5%
Bladder	50	5.1%
Kidney & Renal Pelvis	42	4.3%
Non-Hodgkins Lymphoma	41	4.2%
Uterus	40	4.1%
Melanoma of Skin	38	3.9%
Pancreas	30	3.0%
Leukemia	26	2.6%
Oral Cavity & Pharynx	26	2.6%
Esophagus	19	1.9%
Ovary	17	1.7%
Thyroid	14	1.4%
Multiple Myeloma	13	1.3%
Larynx	12	1.2%
Liver & Intrahepatic Bile Duct	10	1.0%
Stomach	10	1.0%
Testis	9	0.9%
Brain and Other CNS	6	0.6%
Cervix	6	0.6%
Total	985	100%

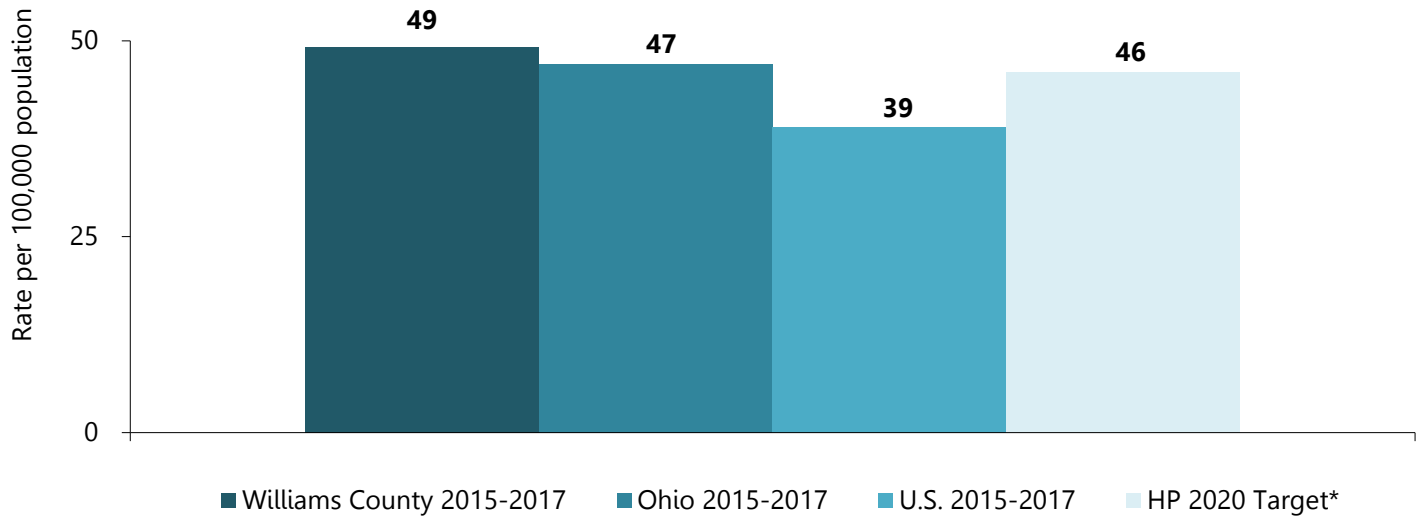
(Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health Information Warehouse, Updated 2/08/2019)

Lung Cancer

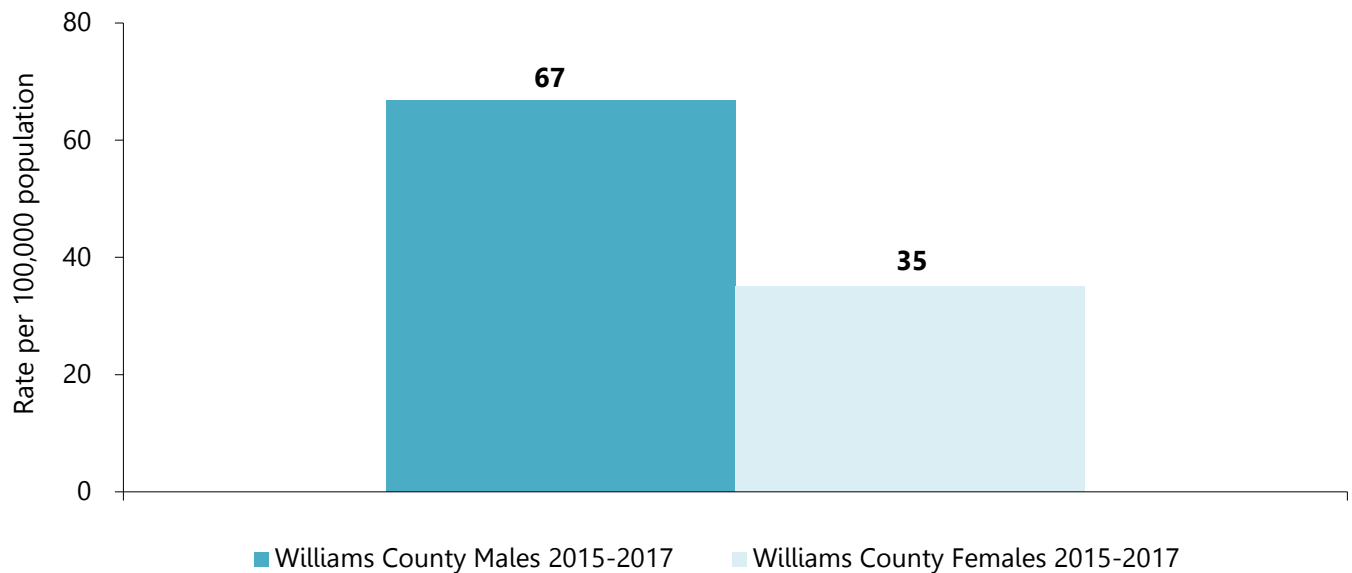
- In Williams County, 11% of male adults were current smokers and 36% were former smokers.
- ODH reports that lung and bronchus cancer was the leading cause of male cancer deaths from 2015-2017 in Williams County. *(Source: Ohio Public Health Data Warehouse, 2015-2017).*
- In Williams County, 19% of female adults were current smokers and 18% were former smokers.
- ODH reports that lung and bronchus cancer was the leading cause of female cancer deaths in Williams County from 2015-2017. *(Source: Ohio Public Health Data Warehouse, 2015-2017).*
- According to the American Cancer Society, smoking causes 81% of lung cancer deaths in the U.S. men and women who smoke are about 25 times more likely to develop lung cancer than nonsmokers *(Source: American Cancer Society, Facts & Figures 2019).*

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

Age-Adjusted Mortality Rates for Lung & Bronchus Cancer



Age-Adjusted Mortality Rates for Lung & Bronchus Cancer by Gender, 2015-2017



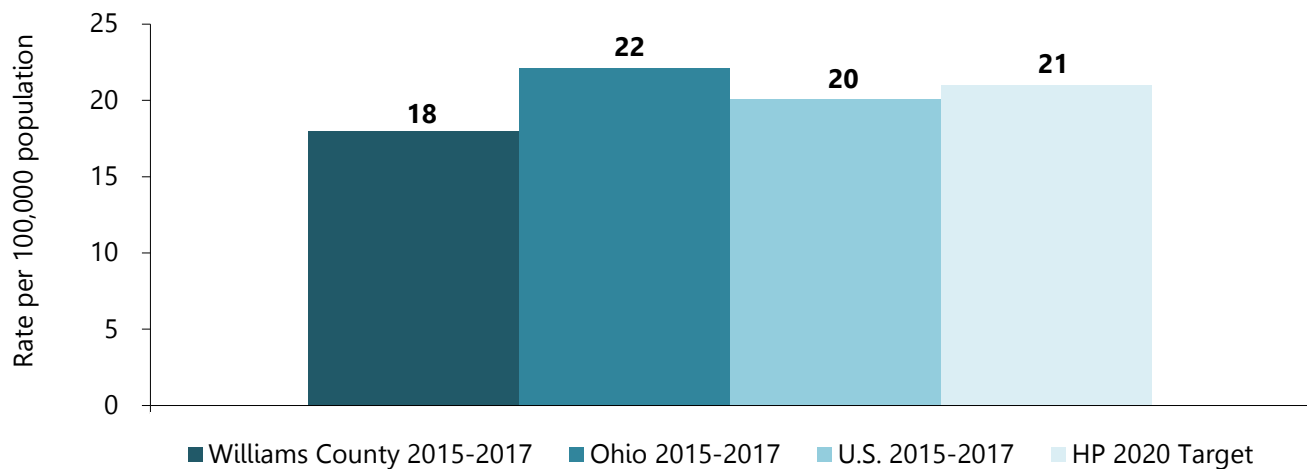
Note: Healthy People 2020's target rate and the U.S. rate is for adults aged 45 years and older.
 *Healthy People 2020 Target data is for lung cancer only
 (Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017)

Breast Cancer

- Breast cancer was the second leading cause of cancer deaths among Williams County females from 2015-2017 (Source: Ohio Public Health Data Warehouse, 2015-2017).
- More than half (51%) of Williams County females over the age of 40 had a mammogram in the past year.
- The 5-year relative survival for women diagnosed with localized breast cancer (cancer that has not spread to lymph nodes or other locations outside the breast) is 99% (Source: American Cancer Society, Facts & Figures 2018).
- For women at average risk of breast cancer, recently updated American Cancer Society screening guidelines recommended that those 40 to 44 years of age have the choice of annual mammography; those 45 to 54 have annual mammography, and those 55 years of age and older have biennial or annual mammography, continuing as long as their overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual screening using magnetic resonance imaging (MRI) in addition to mammography is recommended, typically starting at age 30 (Source: American Cancer Society, Facts & Figures 2018).

The following graphs show Williams County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for breast cancer in comparison with the Healthy People 2020 objective.

Age-Adjusted Mortality Rates for Female Breast Cancer



(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017)

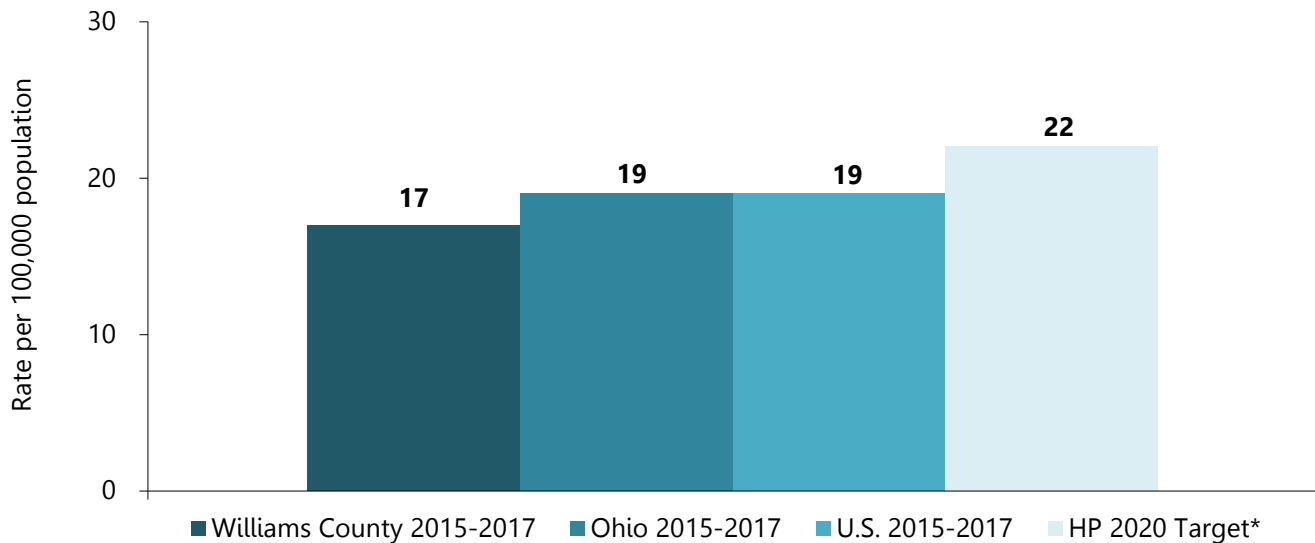
Cervical Cancer

- Eighty-five percent (85%) of females had a Pap smear at some time in their life, and 32% had one in the past year.
- In the United States, Hispanic women are most likely to get cervical cancer, followed by African-Americans, Asians and Pacific Islanders, and whites. (Source: American Cancer Society (ACS) Key Statistics for Cervical Cancer, 2019).
- In 2019, more than 13,000 new cases of cervical cancer are estimated to be diagnosed in the U.S., and 4,250 women are estimated to die from cervical cancer. (ACS 2019 Estimates).
- Cervical cancer was once one of the most common causes of cancer death for American women. The cervical cancer death rate dropped significantly with the increased use of the Pap test. All women should begin cervical cancer testing (screening) at age 21. Women aged 21 to 29, should have a Pap test every 3 years. Beginning at age 30, the preferred way to screen is with a Pap test combined with an HPV test every 5 years. Women over 65 years of age who have had regular screening in the previous 10 years should stop cervical cancer screening as long as they haven't had any serious pre-cancers found in the last 20 years. Women who have been vaccinated against HPV should still follow these guidelines (ACS Guidelines for Prevention and Early Detection of Cervical Cancer).

Prostate Cancer

- ODH statistics indicate that prostate cancer deaths accounted for 2% of all male cancer deaths from 2015-2017 in Williams County (Source: Ohio Public Health Data Warehouse, 2015-2017).
- Incidence rates for prostate cancer are 74% higher in African Americans than in whites, and they are twice as likely to die of prostate cancer. Other risk factors include strong familial predisposition, diet high in processed meat or dairy foods, and obesity. African American men and Caribbean men of African descent have the highest documented prostate cancer incidence rates in the world (Source: American Cancer Society, Facts & Figures 2018).

Age-Adjusted Mortality Rates for Prostate Cancer



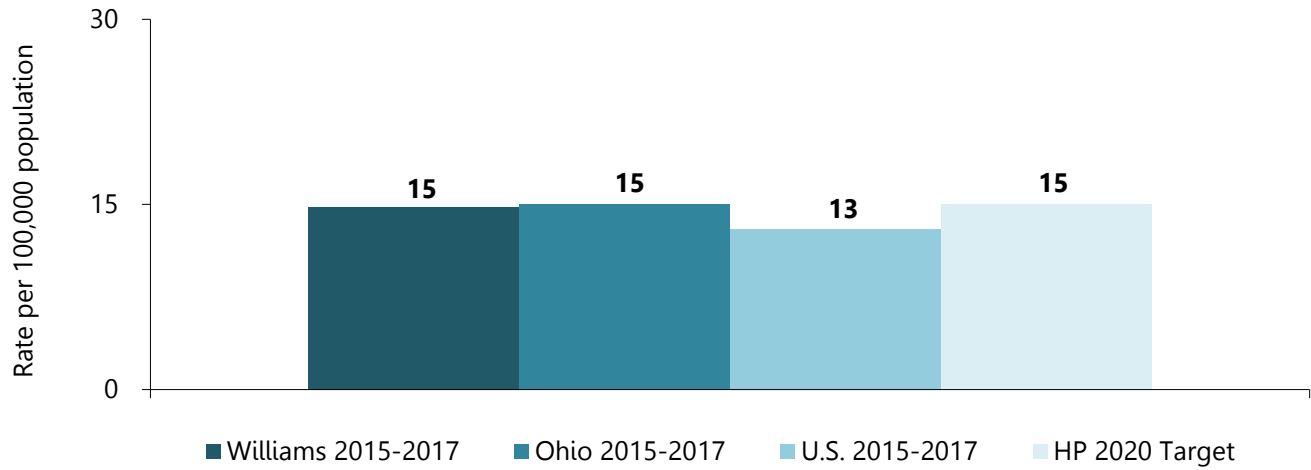
*Note: Healthy People 2020's target rate deaths per 100,000 males.
(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017, CDC Wonder 2015-2017)

Colon and Rectum Cancers

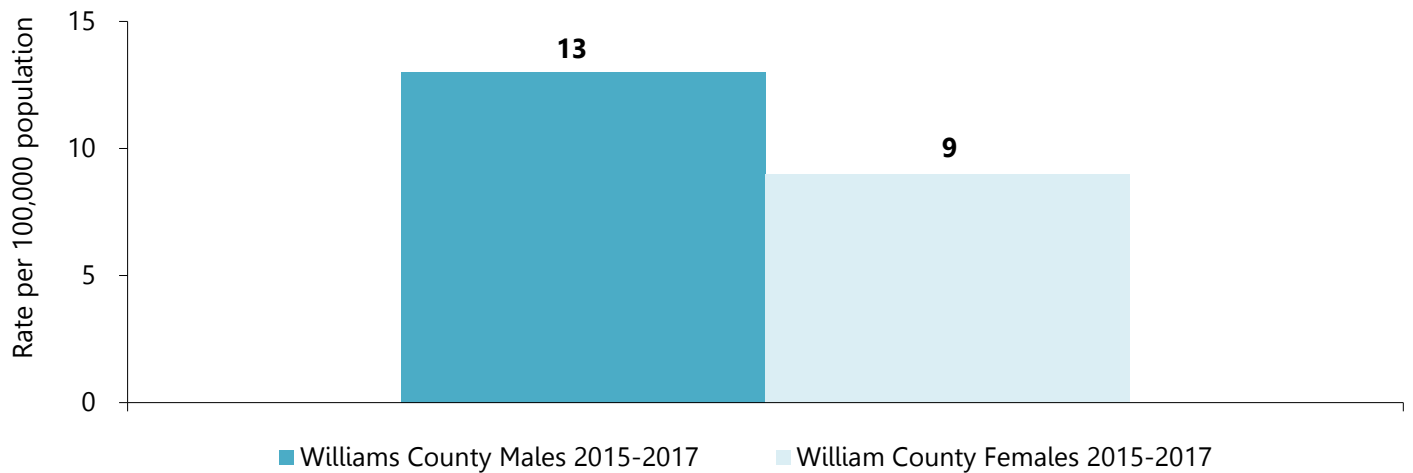
- ODH indicates that colon and rectum cancer deaths accounted for 1% of all Williams County cancer deaths from 2015-2017 (Source: Ohio Public Health Data Warehouse, 2015-2017).
- The American Cancer Society reports several risk factors for colorectal cancer including: age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; obesity; physical inactivity; a diet high in red or processed meat; alcohol use; long-term smoking; and possibly very low intake of fruits and vegetables (Source: American Cancer Society, Facts & Figures 2019).
- In the U.S., 90% of colon cancers occur in individuals over the age of 50. Therefore, the American Cancer Society suggests every person over the age of 50 have regular colon cancer screenings (Source: American Cancer Society, Facts & Figures 2018).

The following graphs show Williams County, Ohio, and U.S. age-adjusted mortality rates per 100,000 populations for colon and rectum cancer in comparison with the Healthy People 2020 objective as well as Williams County age-adjusted mortality rates for colon and rectum cancer by gender.

Age-Adjusted Mortality Rates for Colon and Rectum Cancer



Deaths by Gender for Colon and Rectum Cancer



(Sources: Healthy People 2020, Ohio Public Health Data Warehouse 2015-2017)

Chronic Disease: Adult Asthma

Key Findings

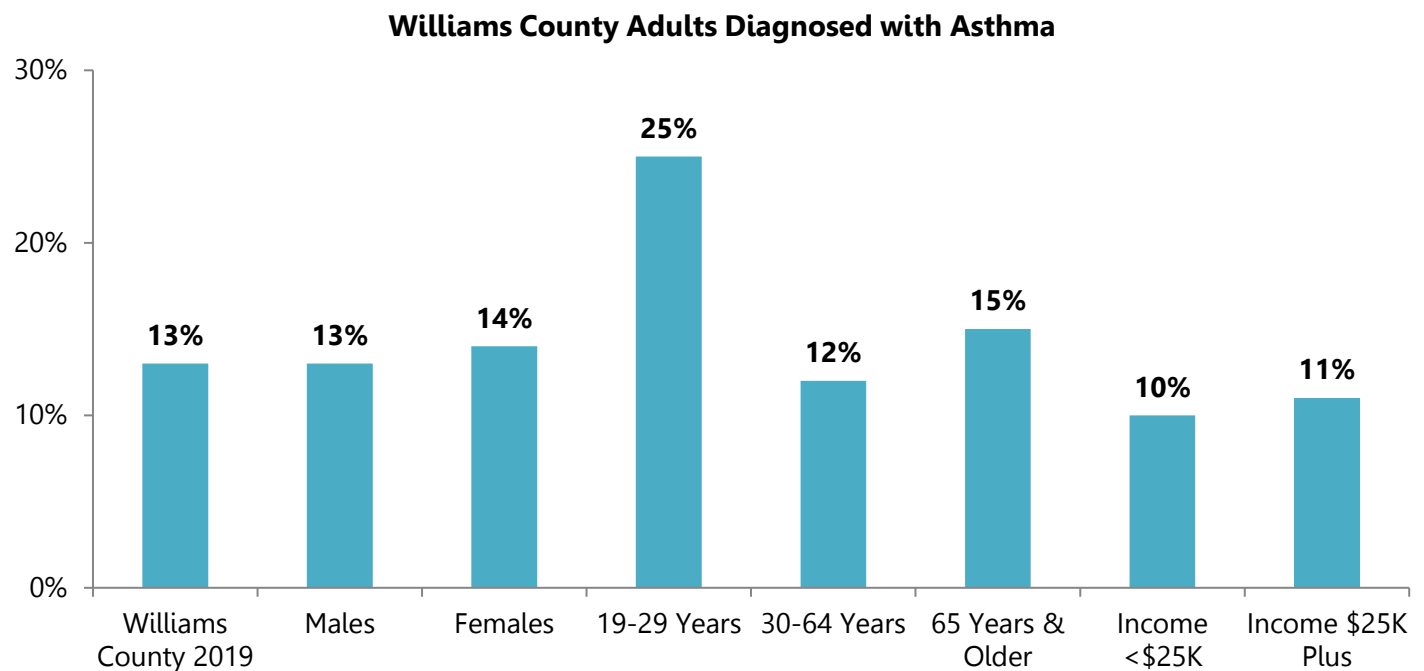
In 2019, 13% of Williams County adults had been diagnosed with asthma.

Asthma and Other Respiratory Disease

- In 2019, 13% of Williams County adults had been diagnosed with asthma.
- More than half (57%) of those diagnosed with asthma were obese, and 9% were current smokers.
- There are several important factors that may trigger an asthma attack. Some of these triggers are tobacco smoke, dust mites, outdoor air pollution, cockroach allergens, pets, mold, smoke from burning wood or grass, infections linked to the flu, colds, and respiratory viruses (*Source: CDC, Asthma, 2017*).
- Chronic lower respiratory disease was the 3rd leading cause of death in Williams County and the 4th leading cause of death in Ohio from 2015-2017. (*Source: Ohio Public Health Data Warehouse, 2015-2017*).

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Ohio 2017	U.S. 2017
Had ever been told they have asthma	12%	18%	13%	14%	14%

The following graph shows the percentage of Williams County adults who were diagnosed with asthma. An example of how to interpret the information includes: 13% of adults were diagnosed with asthma, including 14% of females and 15% 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.

Chronic Disease: Adult Diabetes

Key Findings

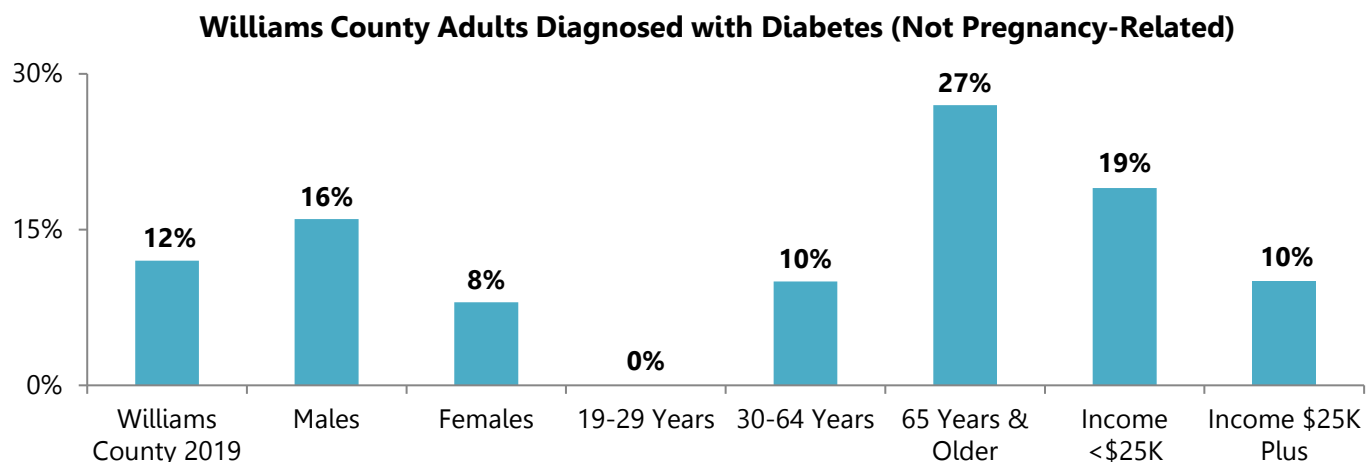
Twelve percent (12%) of Williams County adults had been diagnosed with diabetes.

Diabetes

- Twelve percent (12%) of Williams County adults had been diagnosed with diabetes (not pregnancy-related), increasing to 27% of those over the age of 65.
- Five percent (5%) of women had been diagnosed with diabetes during pregnancy.
- Nine percent (9%) of adults had been diagnosed with pre-diabetes.
- Nearly one-third (32%) of adults with diabetes rated their health as fair or poor.
- Diabetics used the following to treat their diabetes:
 - Diet control (54%)
 - Diabetes pills (49%)
 - Checking a1c annually (44%)
 - Checking blood sugar (41%)
 - Annual vision exam (40%)
 - 6-month checkup with provider (38%)
 - Exercise (36%)
 - Checking their feet (31%)
 - Insulin (20%)
 - Dental exam (9%)
 - Taking a class (6%)
 - Injectable (4%)
- Williams County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - Overweight or obese (86%)
 - High blood pressure (82%)
 - High blood cholesterol (73%)

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Ohio 2017	U.S. 2017
Ever been told by a doctor they have diabetes (not pregnancy-related)	8%	7%	12%	11%	11%

The following graph shows the percentage of Williams County adults who were diagnosed with diabetes. An example of how to interpret the information includes: 12% of adults were diagnosed with diabetes, including 8% of females and 27% of adults ages 65 and older.



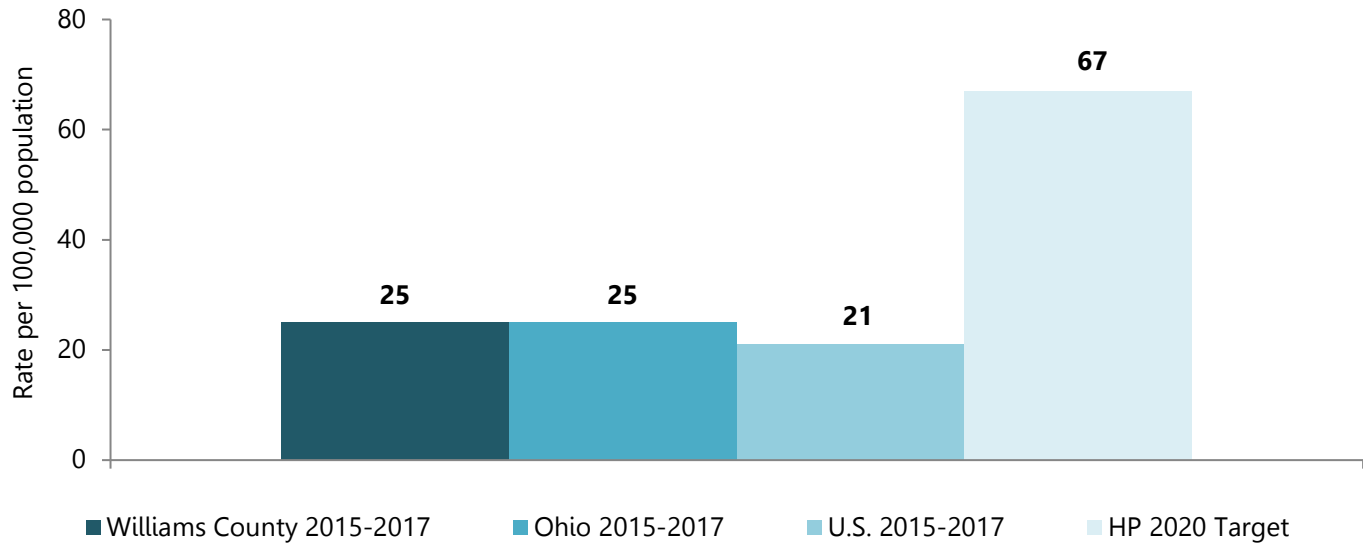
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

Age-Adjusted Mortality Rates for Diabetes

The following graph shows the age-adjusted mortality rates for diabetes for Williams County, Ohio, and U.S. residents with comparison to the Healthy People 2020 target objective.

- From 2015-2017, Williams County's age-adjusted diabetes mortality rate was equal to Ohio, higher than the U.S., and lower than the Healthy People 2020 target objective.

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



(Source: Ohio Public Health Data Warehouse, 2015-2017, CDC Wonder 2015-2017, Healthy People 2020)

Chronic Disease: Adult Quality of Life

Key Findings

In 2019, 22% of Williams County adults were limited in some way because of a physical, mental or emotional problem.

Impairments and Health Problems

- Almost one-quarter (22%) of Williams County adults were limited in some way because of a physical, mental or emotional problem, increasing to 53% of those with incomes less than \$25,000.
- Among those who were limited in some way, the following most limiting problems or impairments were reported:
 - Back or neck problems (46%)
 - Arthritis/rheumatism (44%)
 - Walking problems (41%)
 - Stress, depression, anxiety, or emotional problems (31%)
 - Chronic pain (30%)
 - Lung/breathing problems (22%)
 - Chronic illness (20%)
 - Fitness level (19%)
 - Sleep problems (14%)
 - Hearing problems (14%)
 - Mental health illness/disorder (11%)
 - Fractures, bone/joint injuries (10%)
 - Eye/vision problems (9%)
 - Dental problems (8%)
 - Confusion (3%)
 - Memory loss (2%)
 - Other impairments/problems (16%)
- Williams County adults were responsible for providing regular care or assistance to the following:
 - Multiple children (23%)
 - A friend, family member or spouse with a health problem (8%)
 - An elderly parent or loved one (7%)
 - Grandchildren (3%)
 - An adult child (3%)
 - A friend, family member or spouse with a mental health issue (2%)
 - Someone with special needs (2%)
 - Children with discipline issues (2%)
 - A friend, family member or spouse with dementia (1%)
 - Children whose parents lost custody due to other reasons (1%)
 - Children whose parents used drugs and were unable to care for them (<1%)
 - Foster children (<1%)
- In the past year, Williams County adults reported needing the following services or equipment:
 - Eyeglasses or vision services (30%)
 - Help with routine needs (9%)
 - A cane (8%)
 - Help with personal care needs (7%)
 - Hearing aids or hearing care (7%)
 - A walker (6%)
 - Pain management (6%)
 - Medical supplies (5%)
 - Durable medical equipment (2%)
 - Oxygen or respiratory support (2%)
 - A wheelchair (2%)
 - A wheelchair ramp (1%)
 - A personal emergency response system (1%)
 - Mobility aids or devices (1%)
 - A special bed (<1%)
 - Communication aids or devices (<1%)

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Ohio 2017	U.S 2017
Limited in some way because of physical, mental, or emotional problem	20%	15%	22%	21%*	21%*

*2015 BRFSS

Healthy People 2020

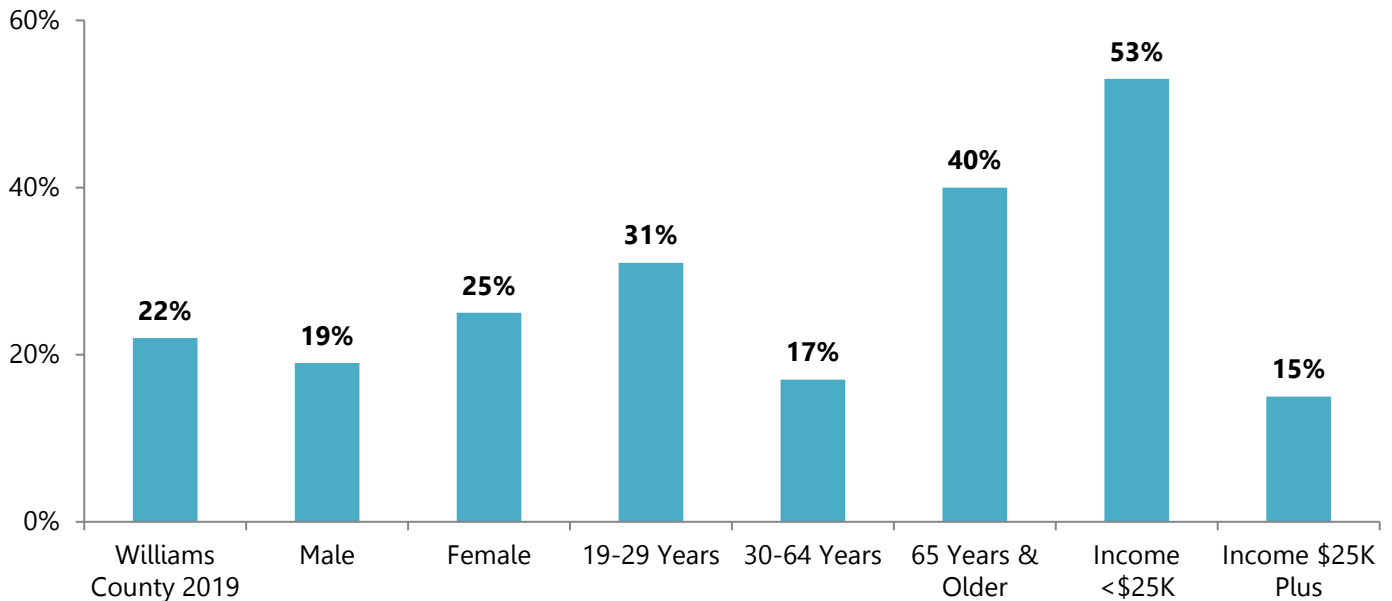
Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Williams County 2019	Healthy People 2020 Target
AOCBC-2: Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	44%	36%

*Note: U.S. baseline is age-adjusted to the 2000 population standard
(Sources: Healthy People 2020 Objectives, 2019 Williams County Community Health Assessment)*

The following graph shows the percentage of Williams County adults who were limited in some way. An example of how to interpret the information shown in the graph includes: 22% of Williams County adults were limited in some way, including 19% of males and 40% of those ages 65 and older.

Williams 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.

Social Conditions: Adult Social Determinants of Health

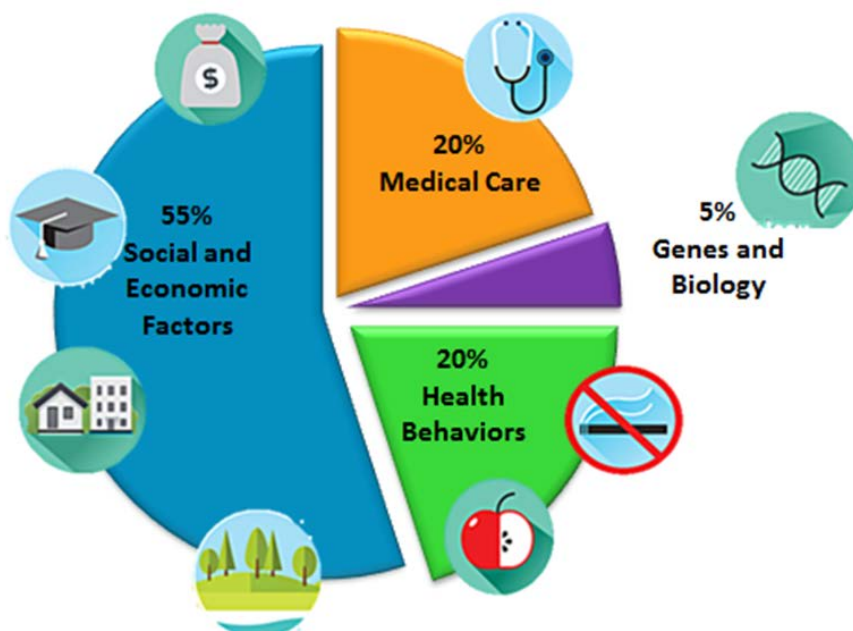
Key Findings

Six percent (6%) of Williams County adults were abused in the past year. Sixteen percent (16%) of adults experienced four or more Adverse Childhood Experiences (ACEs). More than half (51%) of Williams County adults kept a firearm in or around their home.

Social Determinants of Health

- Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
- Conditions (e.g., social, economic, and physical) in these various environments and settings (e.g., school, church, workplace, and neighborhood) have been referred to as “place.” In addition to the more material attributes of “place,” the patterns of social engagement and sense of security and well-being are also affected by where people live.

What Makes Us Healthy?



- Resources that enhance quality of life can have a significant influence on population health outcomes. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, local emergency/health services, and environments free of life-threatening toxins.
- Understanding the relationship between how population groups experience “place” and the impact of “place” on health is fundamental to the social determinants of health—including both social and physical determinants.

(Source: Healthy People 2020, Social Determinants of Health, Updated on 7/09/18)

Healthy People 2020

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

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

Economic Stability

- The median household income in Williams County was \$57,551. The U.S. Census Bureau reports median income levels of \$52,407 for Ohio and \$57,652 for the U.S. (Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates).
- Fourteen percent (14%) of all Williams County residents were living in poverty, and 21% of children and youth ages 0-17 were living in poverty (Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates).
- The unemployment rate for Williams County was 3.6 as of July 2019 (Source: Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information: <http://ohiolmi.com/laus/archive/maps/ratemaptool.htm>).
- There were 15,263 housing units. The owner-occupied housing unit rate was 76%. Rent in Williams County cost an average of \$676 per month (Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates).
- Adults reported the following percent of their household income goes to their housing:
 - Less than 30% (49%)
 - 30-50% (28%)
 - 50% or higher (9%)
 - Don't know (14%)
- Four percent (4%) of adults indicated at least one person in their household went to bed hungry in the past week because they could not afford food, increasing to 12% of those with incomes less than \$25,000.

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

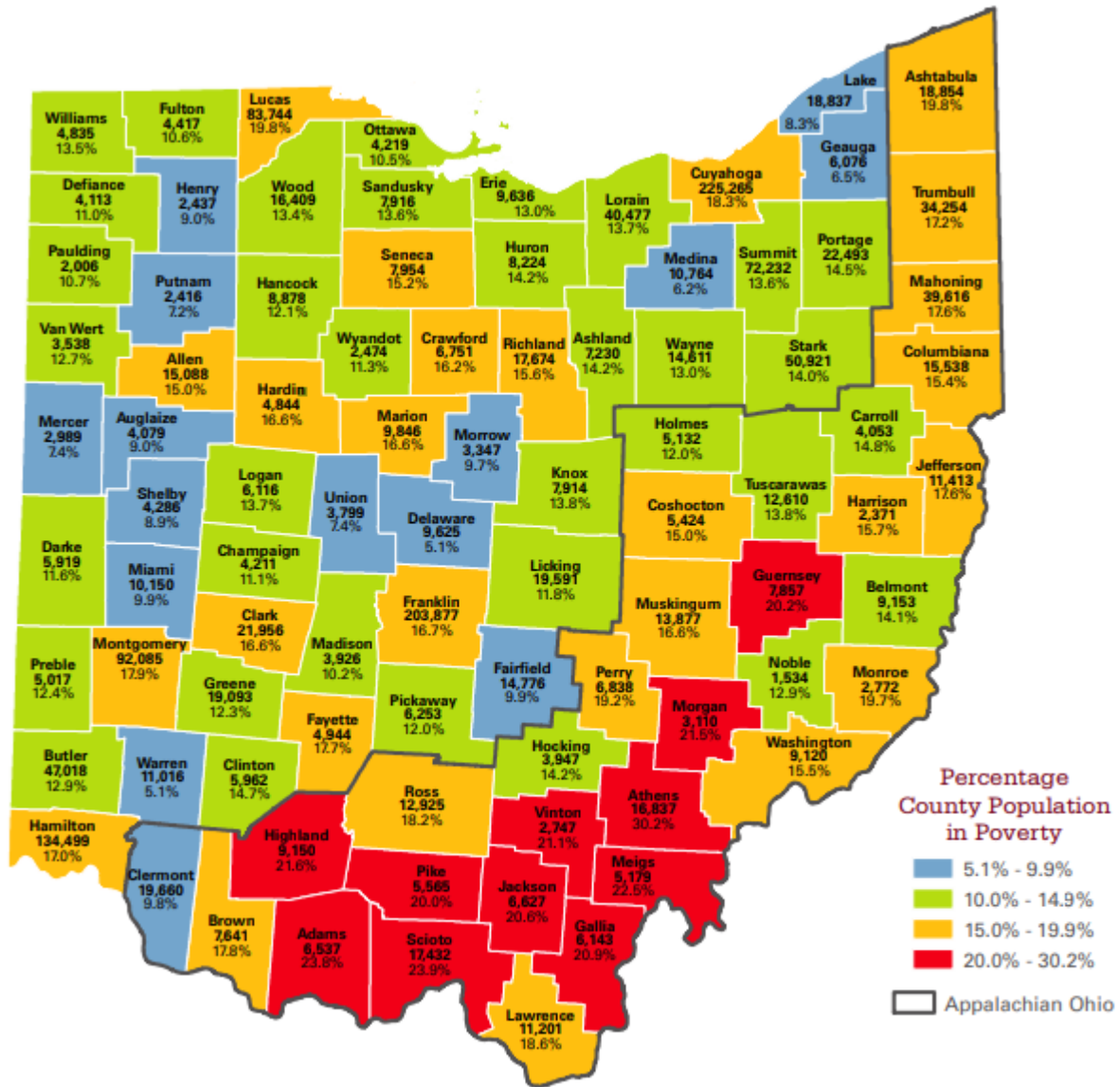
Type of Assistance	Received Assistance	Did Not Know Where to Look	Did Not Need Assistance
Health care	9%	1%	90%
Mental illness issues including depression	9%	4%	86%
Medicare	7%	<1%	97%
Food	7%	1%	92%
Prescription assistance	6%	2%	92%
Dental care	4%	4%	92%
Utilities	4%	3%	93%
Free tax preparation	4%	2%	94%
Rent/mortgage	3%	3%	94%
Home repair	2%	3%	95%
Transportation	2%	2%	96%
Credit counseling	2%	2%	96%
Septic/well repairs	2%	3%	95%
Unplanned pregnancy	1%	<1%	99%
Affordable child care	1%	2%	97%
Diapers	1%	2%	97%
Legal aid services	1%	1%	98%
Employment	1%	<1%	99%
Clothing	1%	2%	97%
Drug or alcohol addiction	1%	1%	98%
Post incarceration transition issues	<1%	<1%	99%

Estimated Poverty Rates

The map below shows the variation in poverty rates across Ohio during the 2013-17 period.

- The 2013-2017 American Community Survey 5-year estimates that approximately 1,639,890 Ohio residents, or 14.9% of the population, were in poverty.
- From 2013-2017, 13.5% of Williams County residents were in poverty.

Estimated Poverty Rates in Ohio by County (2013-2017)



(Source: 2013-2017 American Community Survey 5-year estimates, as compiled by Ohio Development Services Agency, Office of Research, Ohio Poverty Report, February 2019)

Education

- Ninety percent (90%) of Williams County adults 25 years and over had a high school diploma or higher
(Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates).
- Fifteen percent (15%) of Williams County adults 25 years and over had at least a bachelor's degree or higher
(Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-year Estimates).

Social and Community Context

- Williams County adults reported doing the following while driving:
 - Eating (41%)
 - Talking on hand-held cell phone (41%)
 - Talking on hands-free cell phone (41%)
 - Texting (25%)
 - Not wearing a seatbelt (17%)
 - Using internet on their cell phone (11%)
 - Being under the influence of alcohol (3%)
 - Reading (3%)
 - Being under the influence of prescription drugs (2%)
 - Being under the influence of recreational drugs (2%)
 - Other activities (such as applying makeup, shaving, etc.) (2%)
- Of all adult drivers, 46% reported more than one distraction. Two percent (2%) of adults reported they did not drive.
- Williams County adults experienced the following in the past 12 months:
 - A close family member went to the hospital (32%)
 - Death of a family member or close friend (32%)
 - Had bills they could not pay (14%)
 - Had a decline in their own health (11%)
 - They were a caregiver (7%)
 - Someone close to them had a problem with drinking or drugs (7%)
 - Someone in their household lost their job or had their hours at work reduced (5%)
 - Had their household income reduce by 50% (5%)
 - Moved to a new address (5%)
 - Knew someone who lived in a hotel (4%)
 - Threatened or abused by someone physically, emotionally, sexually, and/or verbally (4%)
 - Had someone homeless living with them (2%)
 - Became separated or divorced (2%)
 - Their child was abused by someone physically, emotionally, sexually or verbally (1%)
 - Witnessed someone in their family being hit or slapped (1%)
 - Their family was at risk for losing their home (1%)
 - Were homeless (<1%)
- Five percent (5%) of Williams County adults were threatened to be abused in the past year. They were threatened by the following: another person outside the home (42%), a spouse or partner (37%), a parent (16%), another family member living in their household (5%), and someone else (5%).
- Six percent (6%) of Williams County adults were abused in the past year, including physical, sexual, emotional, or financial and verbal abuse. They were abused by the following: a spouse or partner (55%), someone outside their home (41%), a parent (5%), and someone else (5%).
- Twenty-four percent (24%) of Williams County adults reported attending a religious service 1-3 times per month, and 29% reported attending 4 or more times per month. Forty-four percent (44%) reported they did not attend a religious service in the past month. Three percent (3%) of adults did not know how many times they attended a religious service.

- Adverse Childhood Experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They also include household dysfunction such as witnessed domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development of depression, alcoholism and alcohol abuse; depression; illicit drug use; chronic obstructive pulmonary disease; suicide attempts; and many other health problems throughout a person’s lifespan (SAMHA, *Adverse Childhood Experiences, Updated on 7/2/2019*).
- Williams County adults experienced the following Adverse Childhood Experiences (ACEs):
 - Their parents became separated or were divorced (23%)
 - A parent or adult in their home swore at, insulted, or put them down (22%)
 - Lived with someone who was a problem drinker or alcoholic (19%)
 - Lived with someone who was depressed, mentally ill, or suicidal (18%)
 - A parent or adult in their home hit, beat, kicked, or physically hurt them (11%)
 - Someone at least 5 years older than them or an adult touched them sexually (10%)
 - Their family did not look out for each other, feel close to each other, or support each other (10%)
 - Lived with someone who used illegal stress drugs, or who abused prescription medications (9%)
 - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (8%)
 - Lived with someone who served time or was sentenced to serve time in prison, jail or correctional facility (6%)
 - Someone at least 5 years older than them or an adult tried to make them touch them sexually (6%)
 - Their parents were not married (6%)
 - Someone at least 5 years older than them or an adult forced them to have sex (5%)
 - They didn’t have enough to eat, had to wear dirty clothing, and had no one to protect them (3%)
- Sixteen percent (16%) of adults experienced four or more Adverse Childhood Experiences (ACEs).

The table below indicates correlations between those who experienced 4 or more ACEs in their lifetime and participating in risky behaviors, as well as other experiences. An example of how to interpret the information includes: 15% of those who experienced 4 or more ACEs had an episode of binge drinking in the past 30 days, compared to 16% of those who did not experience any ACEs.

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

Adult Behaviors	Experienced 4 or More ACEs	Did Not Experience Any ACEs
Current drinker (had at least one alcoholic beverage in the past 30 days)	56%	61%
Binge drinker (drank five or more drinks for males and 4 or more for females on an occasion in the past 30 days)	15%	16%
Had an annual household income less than \$25,000	13%	17%
Current smoker (currently smoke on some or all days)	31%	10%
Depressed (felt sad or hopeless for two or more weeks in a row)	18%	12%
Had two or more sexual partners (in the past 12 months)	11%	4%
Used drugs (used illegal drugs in the past 6 months)	3%	3%
Misused prescription drugs (used prescription drugs either not prescribed to them or used them to get high or feel more alert in the past 6 months)	7%	4%
Considered attempted suicide (in the past 12 months)	16%	1%

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

- In an average week, 13% of adults reported having a meal with their entire family in their home 1-2 days per week. Eighteen percent (18%) reported having a meal with their family 3-4 days per week, and more than half (51%) ate a meal with their family 5 or more days per week.
- Over two-thirds (68%) of adults strongly/somewhat agreed that “Williams County area is a place that welcomes and embraces diversity in general.”
- Three-fourths (75%) of Williams County adults indicated it was very/generally easy to find people they are happy socializing with. Five percent (5%) of adults reported it was very difficult to find people they are happy socializing with.
- Williams County adults reported they would support the following community improvement initiatives:
 - More locally grown foods or farmer’s markets (60%)
 - Bike/walking trail accessibility or connectivity (48%)
 - Local agencies partnering with grocery stores to provide healthier low-cost food items (47%)
 - Safe roadways (38%)
 - New and/or updated parks (38%)
 - Neighborhood safety (36%)
 - Sidewalk accessibility (35%)
 - Community gardens (30%)
 - New and/or updated recreation centers (26%)

Health and Health Care

- In the past year, 7% of adults were uninsured.
- Adults had the following issues regarding their healthcare coverage:

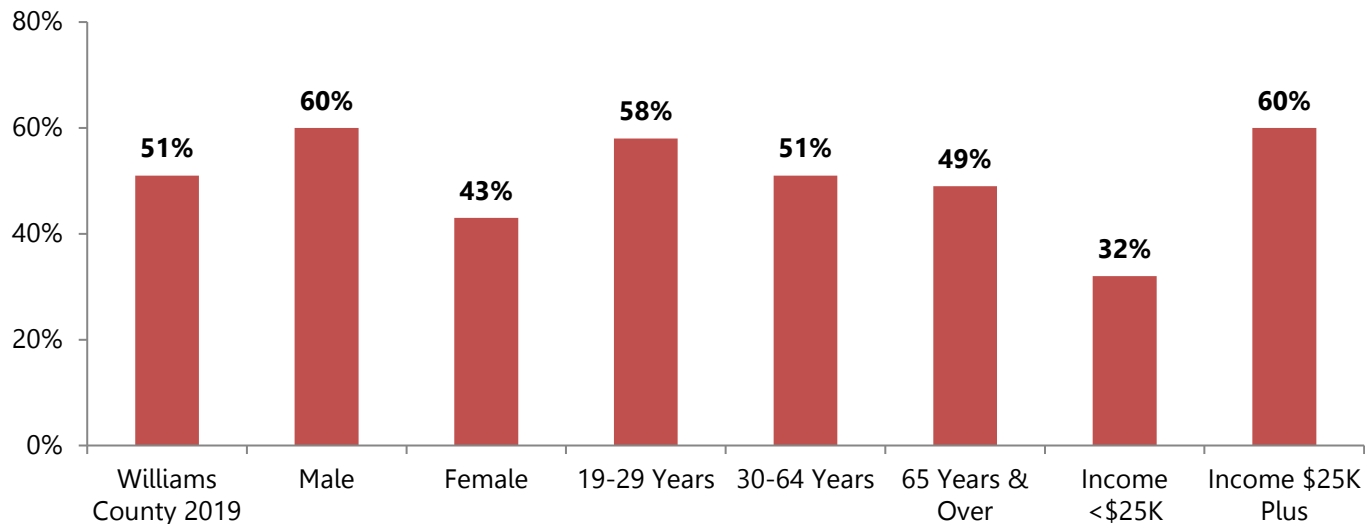
— Cost (36%)	— Opted out of certain coverage because they did not need it (7%)
— Opted out of certain coverage because they could not afford it (10%)	— Could not understand their insurance plan (7%)
— Service not deemed medically necessary (8%)	— Service no longer covered (4%)
— Limited visits (8%)	— Pre-existing conditions (2%)
— Currently working with their insurance company (8%)	— Provider was no longer covered (2%)
- See the Health Perceptions, Health Care Coverage, and Health Care Access sections for further health and health care information for Williams County adults.

Neighborhood and Built Environment

- Williams County adults had the following transportation issues: other car issues/expenses (4%), could not afford gas (3%), no car (2%), did not feel safe to drive (2%), suspended/no driver’s license (2%), limited public transportation available or accessible (2%), no car insurance (2%), no public transportation available or accessible (2%), disabled (1%), and cost of public or private transportation (<1%).
- More than half (51%) of Williams County adults kept a firearm in or around their home. Five percent (5%) of adults reported they were unlocked and loaded.

The following graph shows the percentage of Williams County adults who have a firearm in or around the home. An example of how to interpret the information shown on the graph includes: 51% of all Williams County adults have a firearm in or around the home, including 60% of males.

Williams County Adults With a Firearm in the Home



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.

Veterans' Affairs

- As a result of military service, the following have affected veterans' immediate family members:
 - Post-traumatic stress disorder (PTSD) (13%)
 - Access to medical care at a VA facility (9%)
 - Major health problems due to injury (5%)
 - Had problems getting VA benefits (5%)
 - Access to medical care at a non-VA facility (5%)
 - Had problems getting information on VA eligibility and applying (3%)
 - Could not find/keep a job (2%)
 - Housing issues (2%)
 - Incarceration/re-entry (2%)
 - Access to substance abuse/drug use treatment (2%)
 - Access to mental health treatment (2%)
 - Marital problems (2%)
 - Substance/drug abuse/overdose (1%)
 - Suicide completion (1%)

Social Conditions: Adult Environmental Conditions

Key Findings

Adults indicated that insects (12%), mold (7%), temperature regulation (7%) threatened their health in the past year.

3,377 adults reported that insects threatened their or family member's health in the past year.

Environmental Health

- Williams County adults thought the following threatened their or family member's health in the past year:
 - Insects (12%)
 - Mold (7%)
 - Temperature regulation (7%)
 - Air quality (5%)
 - Agricultural chemicals (5%)
 - Sewage/wastewater problems (4%)
 - Moisture issues (4%)
 - Rodents (4%)
 - Plumbing problems (4%)
 - Chemicals found in products (3%)
 - Food safety/food borne illness (3%)
 - Safety hazards (2%)
 - Bed bugs (1%)
 - Asbestos (1%)
 - Excess medication in the home (1%)
 - Lead paint (1%)
 - Sanitation issues (<1%)
 - Radiation (1%)
 - Cockroaches (<1%)
 - Lyme Disease (<1%)
 - Fracking (<1%)
 - Lice (<1%)

Social Conditions: Adult Parenting

Key Findings












Approximately one in six (16%) parents never breastfed their child. Two-thirds (67%) of parents discussed bullying, 59% discussed weight status, and 58% discussed dating/relationships and social media issues with their 6-to-17 year-old in the past year.

Parenting

- When asked how parents put their child to sleep as an infant, 82% said on their back, 28% said in bed with them or another person, 12% said on their stomach, and 12% said on their side.
- Williams County parents reported they or their spouse breastfed or pumped for their child: more than 9 months (8%), 7-to-9 months (7%), 4-to-6 months (5%), 7 weeks to 3 months (10%), 3-to-6 weeks (3%), 2 weeks or less (33%), still breastfeeding (16%), and never breastfed (16%).
- Parents discussed the following health topics with their 6-to-17-year-old in the past year:
 - Bullying (67%)
 - Weight status (59%)
 - Dating and relationships (58%)
 - Social media issues (58%)
 - Career plan/post-secondary education (57%)
 - Body image (48%)
 - Negative effects of alcohol, tobacco, illegal drugs, or misusing prescription drugs (44%)
 - Refusal skills/peer pressure (43%)
 - Volunteering (40%)
 - Anxiety/depression/suicide (39%)
 - Abstinence/how to refuse sex (34%)
 - Birth control/condom use/safer sex/STD prevention (33%)
 - School/legal consequences of using tobacco/alcohol/other drugs (33%)
 - Energy drinks (30%)


**2019
YOUTH
(AGES <12-18+)
DATA**




Youth Trend Summary

Youth Comparisons*	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2016 (6 th -12 th)	Williams County 2019 (6 th -12 th)	Williams County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Weight Control						
Obese 	14%	13%	13%	14%	13%	15%
Overweight 	16%	11%	16%	14%	14%	16%
Were trying to lose weight	49%	50%	45%	46%	48%	47%
Exercised to lose weight (in the past 30 days)	44%	51%	47%	51%	54%	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight (in the past 30 days)	22%	38%	27%	35%	36%	N/A
Went without eating for 24 hours or more (in the past 30 days)	4%	7%	2%	6%	7%	13%**
Took diet pills, powders, or liquids without a doctor's advice (in the past 30 days)	1%	3%	2%	2%	2%	5%**
Vomited or took laxatives (in the past 30 days)	2%	3%	1%	2%	3%	4%**
Ate 0 servings of fruits and/or vegetables per day 	N/A	N/A	N/A	4%	N/A	N/A
Ate 5 or more servings of fruit and/or vegetables per day 	N/A	N/A	N/A	26%	N/A	N/A
Physically active at least 60 minutes per day on every day in past week	N/A	28%	33%	31%	30%	26%
Physically active at least 60 minutes per day on 5 or more days in past week	59%	49%	54%	59%	56%	46%
Did not participate in at least 60 minutes of physical activity on any day in past week 	12%	11%	15%	10%	12%	15%
Unintentional Injuries and Violence						
Carried a weapon, other than hunting weapons, on school property (in the past 30 days)	2%	2%	1%	1%	1%	4%
Threatened or injured with a weapon on school property (in the past 12 months)	3%	7%	5%	11%	9%	6%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days) 	1%	5%	4%	4%	4%	7%
Bullied (in past year)	50%	47%	47%	43%	39%	N/A
Electronically bullied (in past year) 	8%	13%	12%	9%	7%	15%
Were ever physically forced to have sexual intercourse (when they did not want to)	4%	4%	2%	2%	4%	7%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months) 	3%	3%	1%	3%	4%	8%
Mental Health						
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) 	16%	22%	22%	30%	32%	32%
Seriously considered attempting suicide (in the past 12 months) 	7%	15%	10%	16%	16%	17%
Attempted suicide (in the past 12 months) 	3%	8%	7%	8%	7%	7%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (in the past 12 months)	1%	3%	2%	2%	2%	2%

N/A – Not Available


**Comparative YRBS data for U.S. is 2013

 Indicates alignment with Ohio SHA/SHIP

Youth Comparisons*	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2016 (6 th -12 th)	Williams County 2019 (6 th -12 th)	Williams County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Alcohol Consumption						
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	49%	50%	35%	42%	52%	60%
Current drinker (at least one drink of alcohol on at least 1 day during the past 30 days) 	18%	18%	16%	11%	16%	30%
Binge drinker (drank 5 or more drinks within a couple of hours on at least 1 day during the past 30 days) 	9%	10%	7%	6%	9%	14%
Drank for the first time before age 13 (of all youth)	20%	16%	11%	13%	7%	16%
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	61%	57%	26%	32%	31%	44%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasion during the past 30 days)	15%	12%	10%	13%	10%	17%
Tobacco Use						
Current cigarette smoker (smoked on at least 1 day during the past 30 days)	9%	10%	3%	5%	6%	9%
Smoked cigarettes frequently (smoked on 20 or more days during the past 30 days)	2%	5%	1%	0%	0%	3%
Smoked cigarettes daily (smoked on all 30 days during the past 30 days)	1%	4%	1%	1%	1%	2%
Ever used an electronic vapor product (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens)	N/A	N/A	N/A	30%	39%	42%
Currently used an electronic vapor product (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on at least 1 day during the past 30 days)	N/A	N/A	N/A	17%	25%	13%
Used electronic vapor products frequently (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on 20 or more days during the past 30 days)	N/A	N/A	N/A	4%	7%	3%
Used electronic vapor products daily (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on all 30 days during the past 30 days)	N/A	N/A	N/A	2%	4%	2%
Sexual Behavior						
Ever had sexual intercourse	22%	25%	16%	29%	42%	40%
Had sexual intercourse before the age 13 (for the first time of all youth)	3%	3%	1%	4%	2%	3%
Used a condom (during last sexual intercourse)	76%	57%	56%	65%	69%	54%
Used birth control pills (during last sexual intercourse)	28%	36%	30%	42%	49%	21%
Used an IUD (during last sexual intercourse)	N/A	N/A	6%	9%	11%	4%
Used a shot, patch or birth control ring (during last sexual intercourse)	N/A	N/A	11%	9%	11%	5%
Did not use any method to prevent pregnancy (during last sexual intercourse)	3%	14%	7%	7%	6%	14%
Drug Use						
Currently used marijuana (in the past 30 days) 	4%	9%	4%	6%	8%	20%
Tried marijuana for the first time before age 13 (of all youth)	N/A	N/A	2%	3%	3%	7%
Ever used methamphetamines (in their lifetime)	1%	2%	<1%	1%	1%	3%
Ever used cocaine (in their lifetime)	1%	2%	1%	1%	2%	5%
Ever used heroin (in their lifetime)	<1%	2%	0%	0%	0%	2%
Ever used inhalants (in their lifetime)	6%	9%	4%	3%	2%	6%
Ever used ecstasy (also called MDMA in their lifetime)	N/A	2%	2%	1%	2%	4%
Ever took steroids without a doctor's prescription (in their lifetime)	1%	3%	1%	<1%	<1%	3%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	6%	5%	5%	4%	5%	20%

N/A – Not Available

**Comparative YRBS data for U.S. is 2013

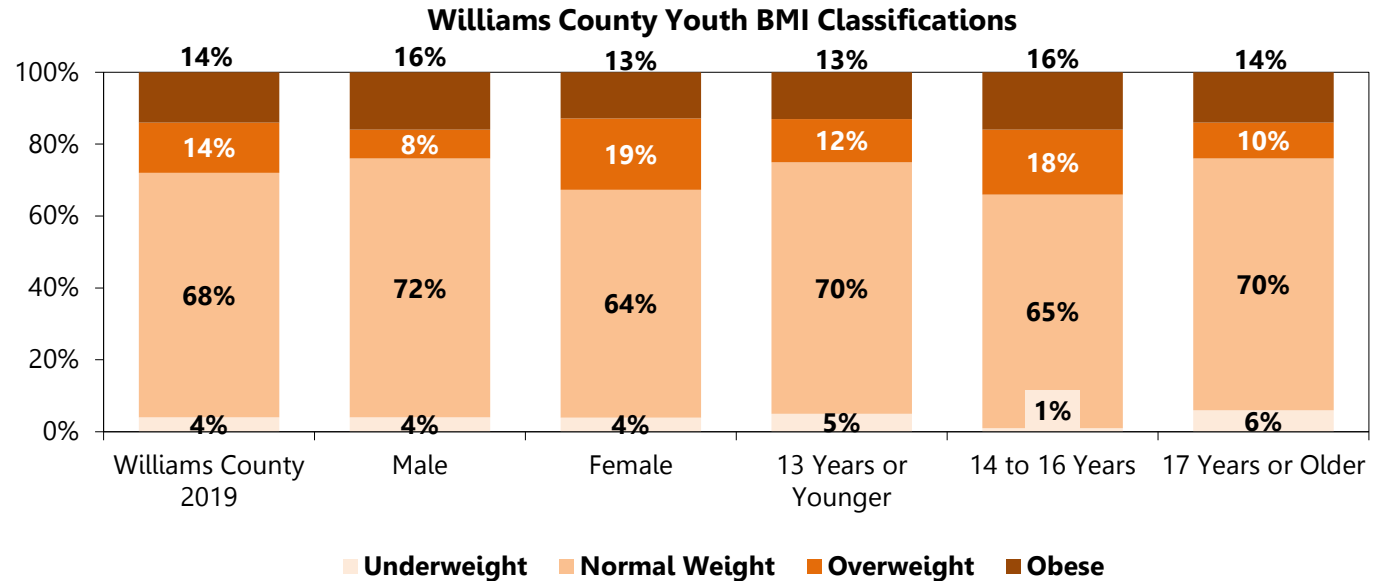
 Indicates alignment with Ohio SHA/SHIP

Youth Data Summary

Data Summary | Youth Health

YOUTH WEIGHT STATUS

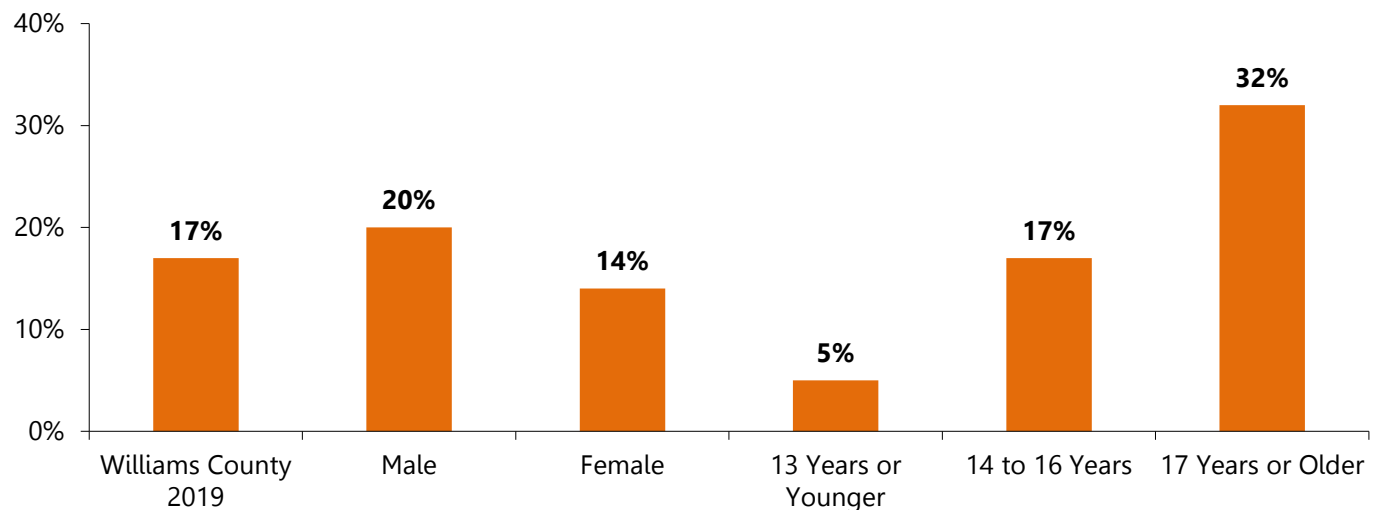
Fourteen percent (14%) of Williams County youth were obese, according to body mass index (BMI) by age. About three in ten youth (31%) participated in at least 60 minutes of physical activity every day.



YOUTH TOBACCO USE

Seventeen percent (17%) of Williams County youth were current electronic vapor product users, increasing to 32% of those ages 17 and older. Five percent (5%) of Williams County youth were current cigarette smokers, having had smoked cigarettes in the past 30 days. Sixty-five (65%) percent of current cigarette smokers were considered depressed, and 65% of current cigarette smokers were also current drinkers, having had a drink in the past 30 days.

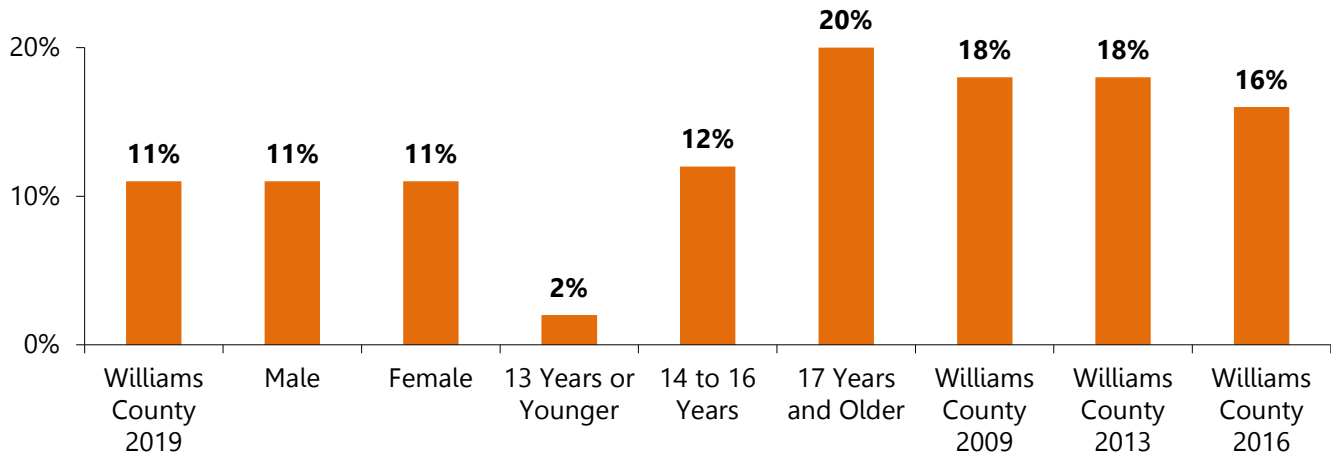
Williams County Youth Who Are Current Electronic Vapor Product Users



YOUTH ALCOHOL USE

Forty-two percent (42%) of Williams County youth had at least one drink of alcohol in their life, increasing to 57% of youth 17 and older. One in nine (11%) youth had at least one drink in the past 30 days, defining them as a current drinker. Of those who drank, 55% were defined as binge drinkers [had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month].

Williams County Youth Who Were Current Drinkers



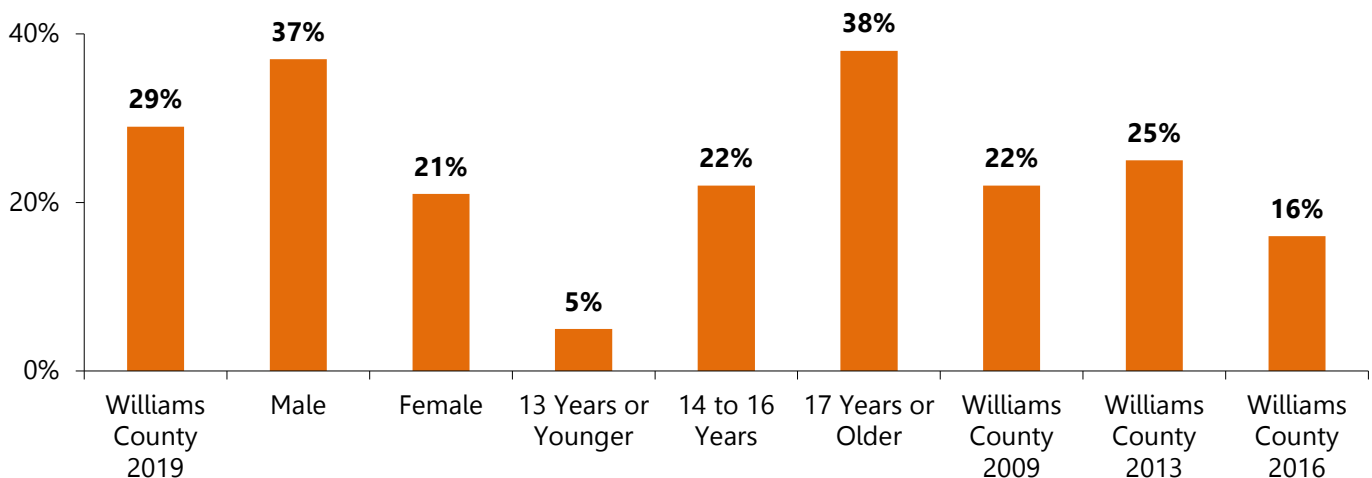
YOUTH DRUG USE

In 2019, 6% of Williams County youth had used marijuana at least once in the past 30 days. Two percent (2%) of youth used prescription drugs not prescribed to them in the past 30 days.

YOUTH SEXUAL BEHAVIOR

Thirty-four percent (34%) of youth engaged in some type of sexual activity (not including kissing or holding hands) during their lifetime. Twenty-nine percent (29%) of Williams County youth have had sexual intercourse, increasing to 36% of males and 55% of those ages 17 and older. Seven percent (7%) of youth engaged in intercourse without a reliable method of protection, and 9% reported they were unsure if they used a reliable method.

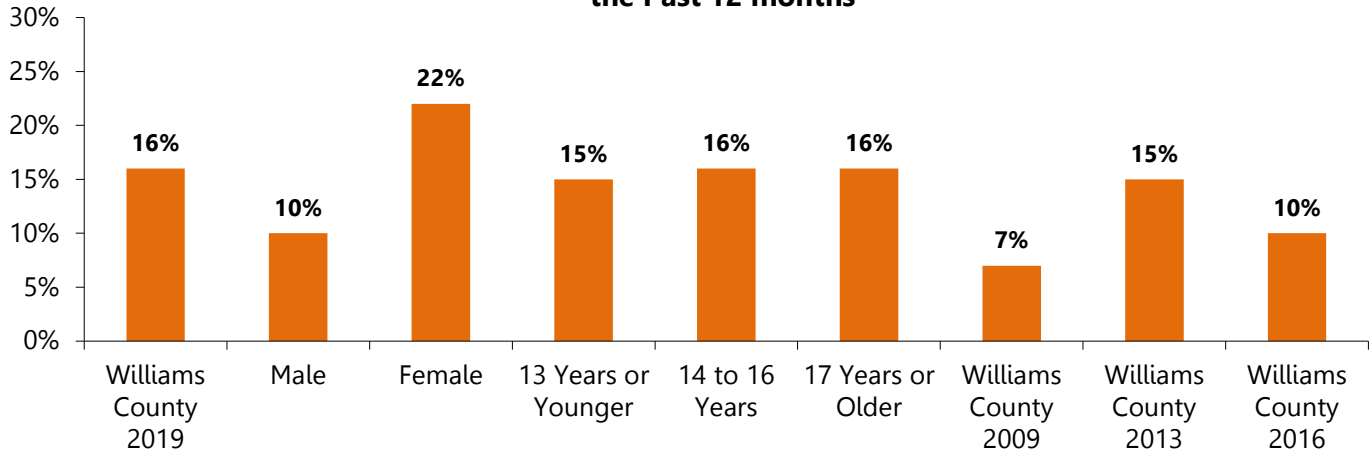
Williams County Youth Who Had Sexual Intercourse



YOUTH MENTAL HEALTH

Three out of ten (30%) youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. Sixteen percent (16%) of youth reported they had seriously considered attempting suicide in the past 12 months and 8% actually attempted suicide.

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



YOUTH COMMUNITY CONTEXT

Thirty percent (30%) of Williams County youth experienced 3+ adverse childhood experiences (defined as childhood abuse, neglect, and exposure to other traumatic stressors) in their lifetime. Twenty-five percent (25%) of Williams County youth drivers had texted while driving in the past 30 days.

YOUTH VIOLENCE

Four percent (4%) of youth did not go to school on one or more days in the past month because they did not feel safe at school or on their way to/from school. Two percent (2%) of youth had ever been forced to participate in sexual intercourse when they did not want to. More than two-fifths (43%) of youth had been bullied in the past year.

Types of Bullying Williams County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 and Younger	14-16 Years Old	17 and Older	Middle School	High School
Verbally Bullied	34%	27%	40%	37%	37%	25%	40%	27%
Indirectly Bullied	23%	12%	35%	23%	28%	17%	23%	23%
Cyber Bullied	9%	5%	14%	8%	9%	9%	10%	7%
Physically Bullied	7%	9%	6%	9%	8%	5%	9%	6%
Sexually Bullied	3%	1%	6%	2%	4%	4%	3%	4%

YOUTH PERCEPTIONS

Almost one-third (32%) of youth thought there was great risk in harming themselves physically or in other ways if they smoked marijuana once or twice a week. Eighty-three percent (83%) of youth reported their parents would feel it was very wrong for them to misuse prescription medications. More than two-fifths (44%) of youth reported their peers would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day.

Youth Health: Weight Status

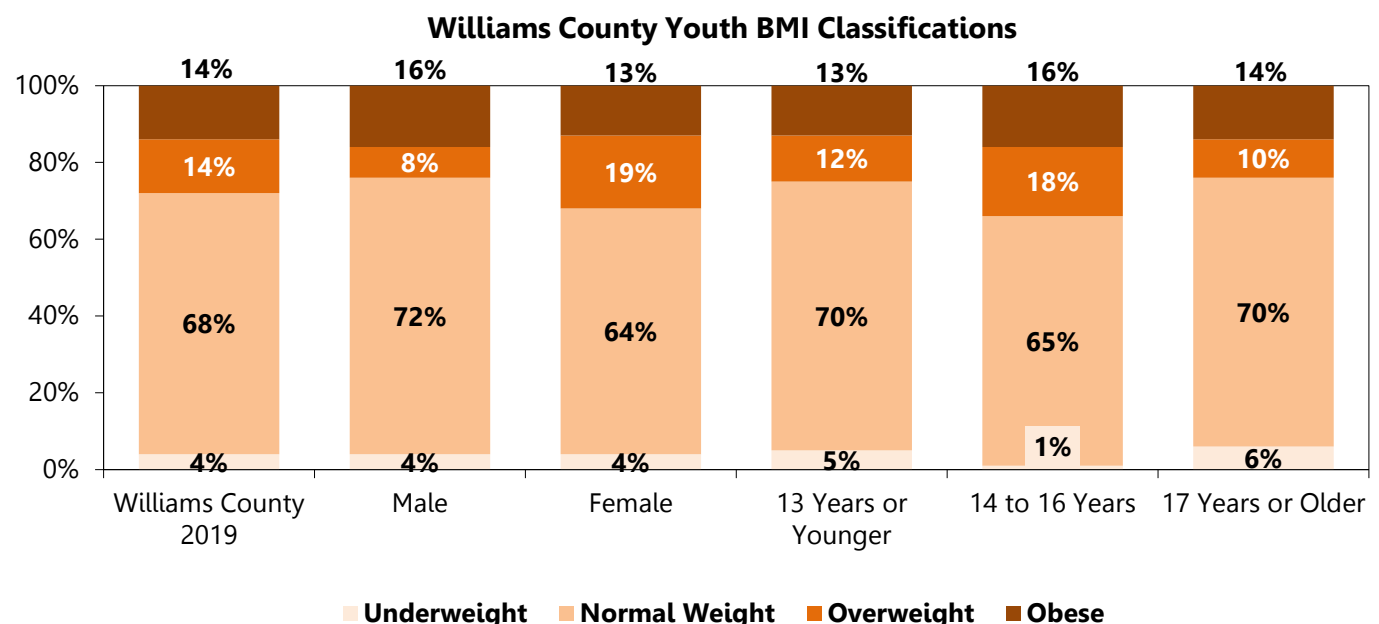
Key Findings

Fourteen percent (14%) of Williams County youth were obese, according to body mass index (BMI) by age. About three in ten youth (31%) participated in at least 60 minutes of physical activity every day.

Youth Weight Status

- BMI for youth is calculated differently from adults. The CDC uses BMI-for-age, which is gender and age specific as youth's body fat changes over the years as they grow. In youth, BMI is used to assess underweight, normal, overweight, and obese.
- Fourteen percent (14%) of Williams County youth were classified as obese by Body Mass Index (BMI) calculations, 14% of youth were classified as overweight, 68% were normal weight, and 4% were underweight.
- Youth reported they were trying to either lose weight (46%), gain weight (14%), or stay the same weight (16%). Almost one-quarter (24%) of youth reported they were not trying to do anything about their weight.
- Youth did the following to lose or keep from gaining weight in the past 30 days:
 - Exercised (51%)
 - Drank more water (44%)
 - Ate less food, fewer calories, or foods lower in fat (35%)
 - Ate more fruits and vegetables (31%)
 - Skipped meals (20%)
 - Went without eating for 24 hours or more (6%)
 - Took diet pills, powders, or liquids without a doctor's advice (2%)
 - Vomited or took laxatives (2%)
 - Smoked cigarettes or e-cigarettes to lose weight (1%)
 - Used illegal drugs (1%)

The following graph shows the percentage of Williams County youth who were classified as obese, overweight, normal weight or underweight according to body mass index (BMI) by age. An example of how to interpret the information includes: 64% of all Williams County youth were classified as normal weight, 14% were obese, 14% were overweight, and 4% were underweight.



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

Nutrition

- The table below indicates the number of servings of fruit and vegetables Williams County youth consumed daily.

	5 or more servings	3-4 servings	1-2 servings	0 servings
Fruit	4%	18%	71%	7%
Vegetables	3%	18%	65%	14%

- More than one-quarter (26%) of youth ate 5 or more servings of fruits **and/or** vegetables per day, 37% of youth ate 3-4 servings, and 33% of youth ate 1-2 servings. Four percent (4%) of youth ate 0 servings of fruits and/or vegetables per day.
- The table below indicates the number of servings of sugar-sweetened beverages and caffeinated beverages Williams County youth consumed daily.

	0 servings	1-2 servings	3-4 servings	5 or more servings
Sugar-sweetened beverages	17%	58%	17%	8%
Caffeinated beverages	38%	43%	12%	7%

- Williams County youth reported that their family gets most of their food from the grocery store (96%), fast food restaurant (2%), convenience/corner store (1%), food pantry (<1%), church (<1%), and other (<1%).
- Williams County youth reported they went to bed hungry on 1 or more days (6%), 2 or more days (3%), and 3 or more days (2%) per week because their family did not have enough money for food.

1,014 Williams County youth were classified as overweight or obese.

Physical Activity

- The CDC recommends that children and adolescents participate in at least 60 minutes of physical activity per day. As part of their 60 minutes per day, aerobic activity, muscle strengthening, and bone strengthening are three distinct types of physical activity that children should engage in, appropriate to their age. Children should participate in each of these types of activity on at least three days per week.
- During the past week, youth participated in at least 60 minutes of physical activity at the following frequencies:
 - Every day (31%)
 - 5 or more days (59%)
 - 3 or more days (79%)
 - 0 days (10%)

Healthy People 2020 Nutrition and Weight Status (NWS)

Objective	Williams County 2019	U.S. 2017	Healthy People 2020 Target
NWS-10.4 Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese	14% (6-12 Grade) 13% (9-12 Grade)	15% (9-12 Grade)	15%*

**The Healthy People 2020 target is for children and youth aged 2-19 years.
(Sources: Healthy People 2020 Objectives, 2017 U.S. YRBS, 2019 Williams County Health Assessment)*

Youth Comparisons	Williams County 2009 (6th-12th)	Williams County 2013 (6th-12th)	Williams County 2016 (6th-12th)	Williams County 2019 (6th-12th)	Williams County 2019 (9th-12th)	U.S. 2017 (9th-12th)
Obese	14%	13%	13%	14%	13%	15%
Overweight	16%	11%	16%	14%	14%	16%
Were trying to lose weight	49%	50%	45%	46%	48%	47%
Exercised to lose weight (in the past 30 days)	44%	51%	47%	51%	54%	N/A
Ate less food, fewer calories, or foods lower in fat to lose weight (in the past 30 days)	22%	38%	27%	35%	36%	N/A
Went without eating for 24 hours or more (in the past 30 days)	4%	7%	2%	6%	7%	13%*
Took diet pills, powders, or liquids without a doctor's advice (in the past 30 days)	1%	3%	2%	2%	2%	5%*
Vomited or took laxatives (in the past 30 days)	2%	3%	1%	2%	3%	4%*
Ate 0 servings of fruits and/or vegetables per day	N/A	N/A	N/A	4%	N/A	N/A
Ate 5 or more servings of fruit and/or vegetables per day	N/A	N/A	N/A	26%	N/A	N/A
Physically active at least 60 minutes per day on every day in past week	N/A	28%	33%	31%	30%	26%
Physically active at least 60 minutes per day on 5 or more days in past week	59%	49%	54%	59%	56%	46%
Did not participate in at least 60 minutes of physical activity on any day in past week	12%	11%	15%	10%	12%	15%

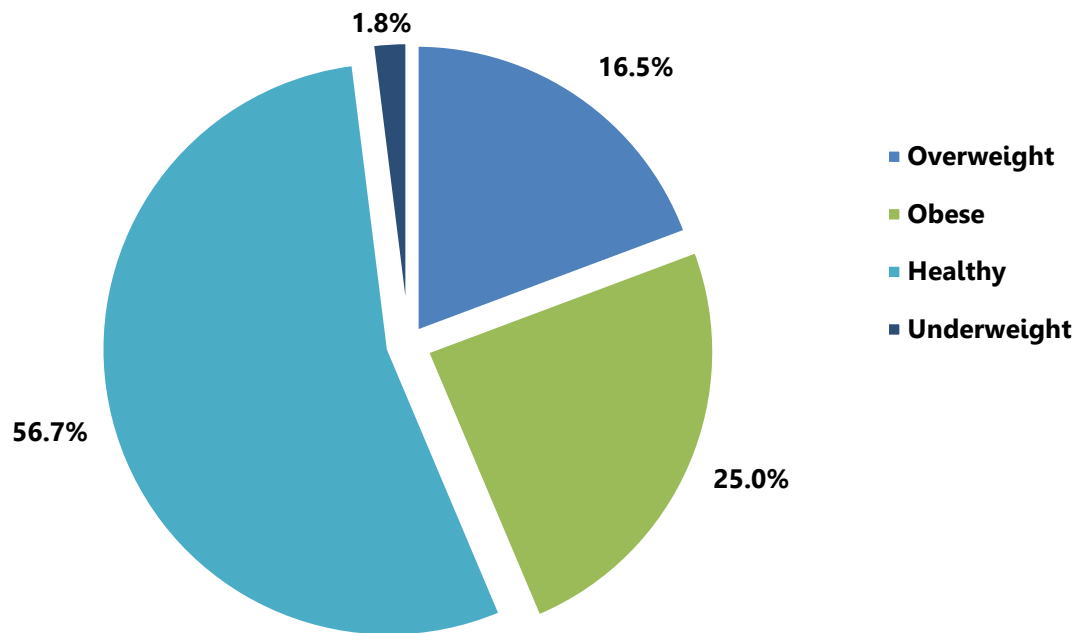
N/A – Not Available

*Comparative YRBS data for U.S. is 2013

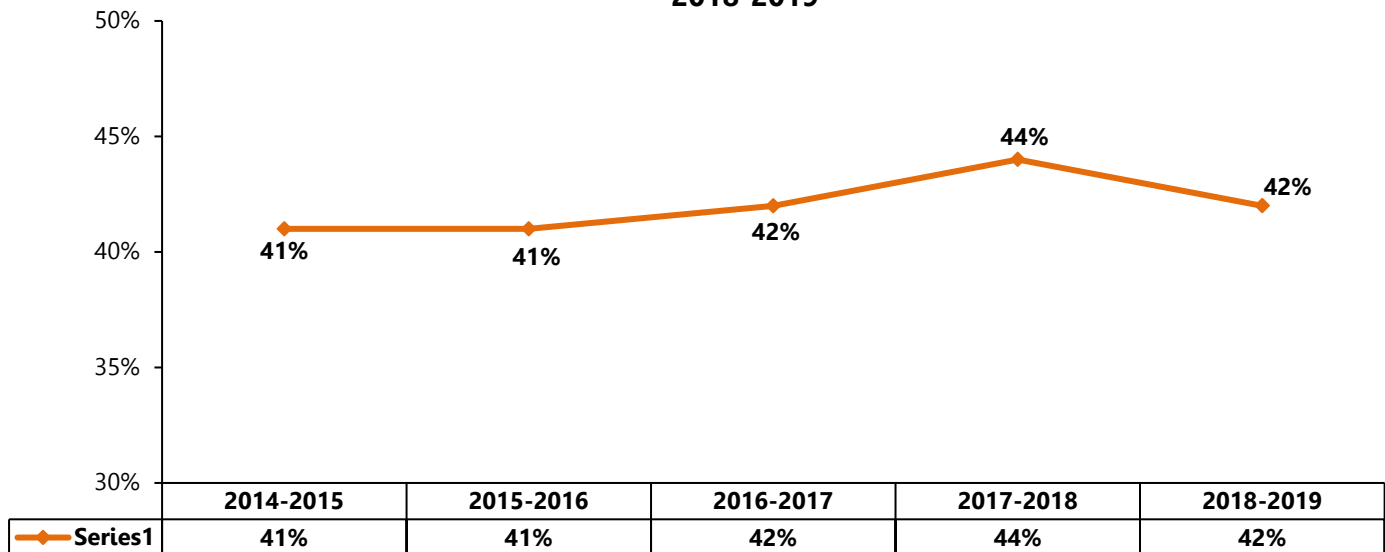
The following graphs show Williams County Youth BMI data from 2018-2019.

Percentage of Williams County Children Grades K-6 Overweight or Obese 2018-2019

Total of 848 Students Screened for BMI

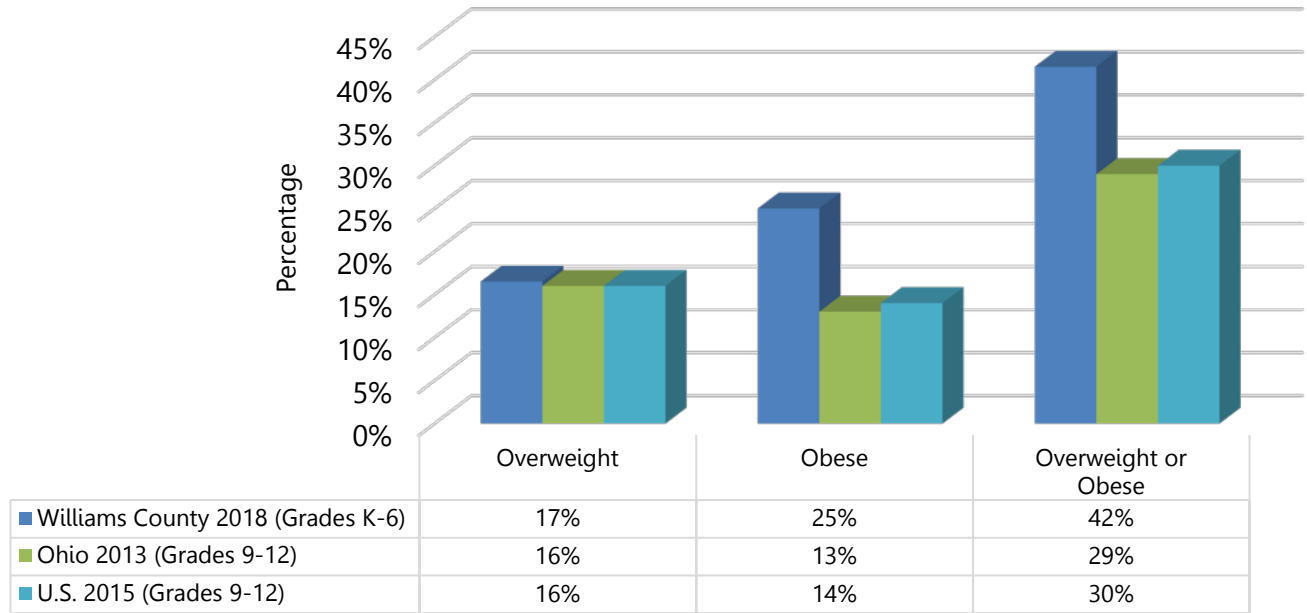


Percentage of Williams County Children Grades K-6 Overweight or Obese, 2018-2019



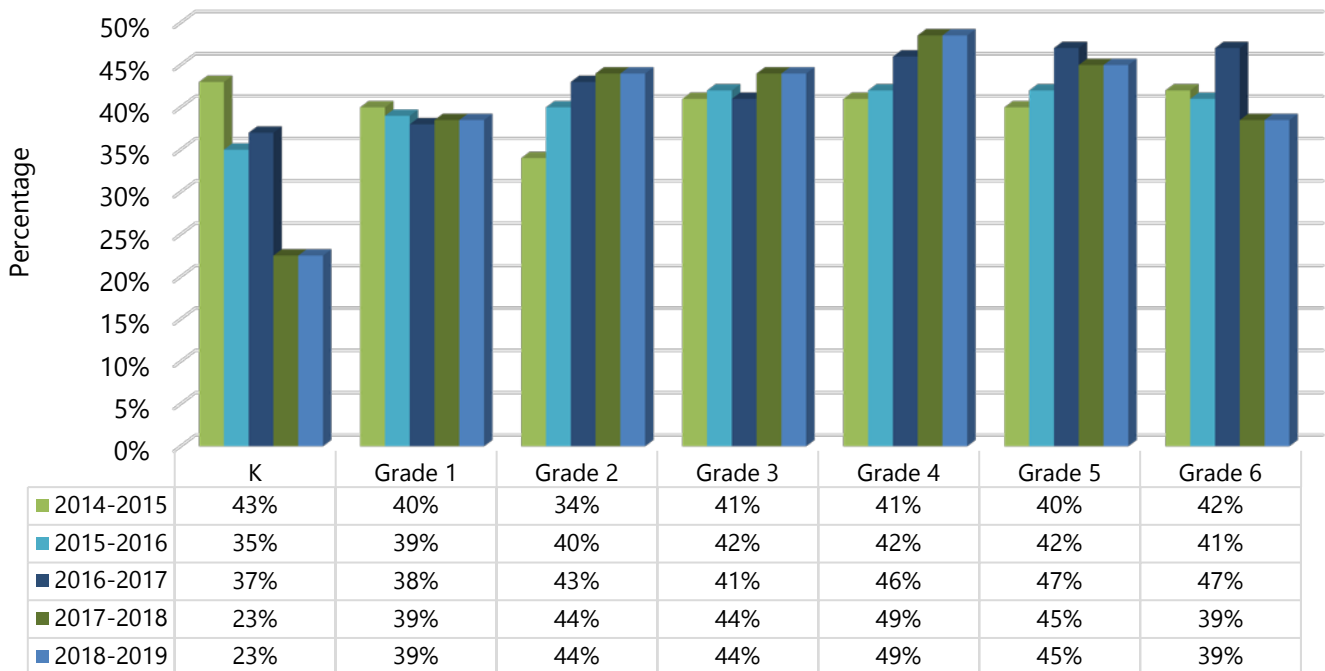
(Source for graphs: The Williams County Health Department, 2018-2019)

Rate of Youth Overweight or Obese by County, State and U.S.



*State and National YRBS data is only available for 2013 and 2015 respectively and for grades 9-12.

Percentage of Williams County Children Grades K-6 Overweight or Obese



(Source for graphs: The Williams County Health Department, 2018-2019)

Youth Health: Tobacco Use

Key Findings

Seventeen percent (17%) of Williams County youth were current electronic vapor product users, increasing to 32% of those ages 17 and older. Five percent (5%) of Williams County youth were current cigarette smokers, having had smoked cigarettes in the past 30 days. Sixty-five (65%) percent of current cigarette smokers were considered depressed, and 65% of current cigarette smokers were also current drinkers, having had a drink in the past 30 days.

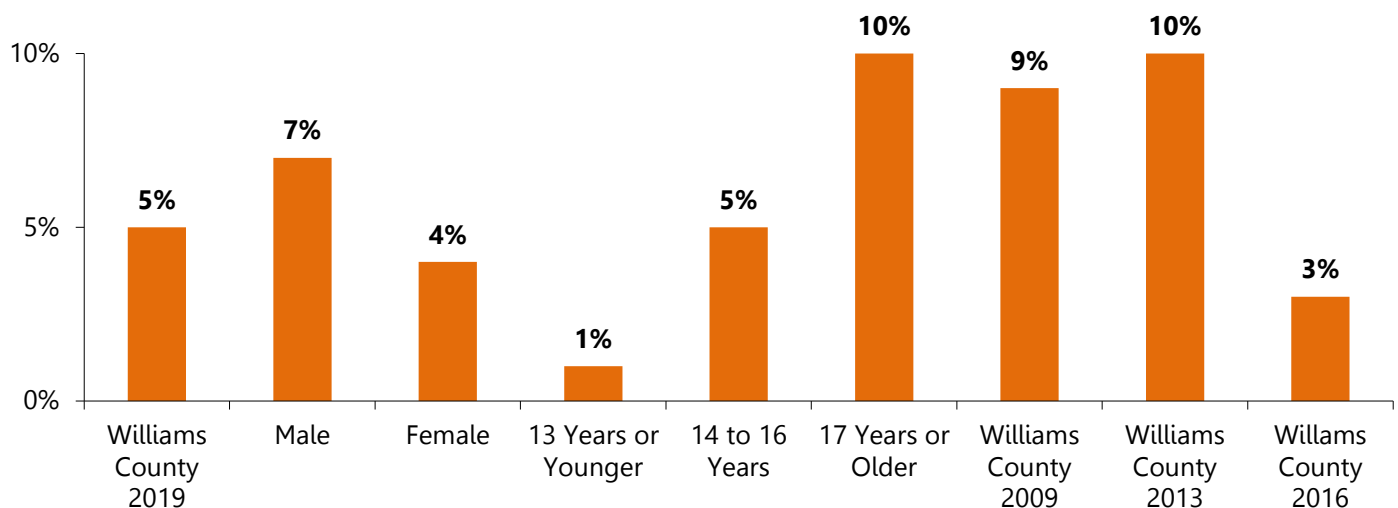
Youth Tobacco Use

- Youth used the following forms of tobacco in the past year: e-cigarettes (20%); cigarettes (7%); chewing tobacco, snuff, or dip (5%); cigars (5%); Swishers (5%); Black and Milds (3%); pouch [snus] (2%); cigarillos (2%); and little cigars (1%). About three quarters (76%) of youth reported they did not use any tobacco products in the past year.
- Five percent (5%) of youth were current cigarette smokers, having smoked at some time in the past 30 days.
- In the past 30 days, Williams County youth smoked cigarettes at the following frequencies: 0 days (95%), 1 or 2 days (2%), 3 to 5 days (1%), 6 to 9 days (<1%), 10 to 19 days (<1%), and all 30 days (1%).

181 Williams County youth were current cigarette smokers.

The following graph shows the percentage of Williams County youth who were current cigarette smokers. An example of how to interpret the information includes: 5% of all Williams County youth were current cigarette smokers, including 7% of males and 10% of those 17 and older.

Williams County Youth Who Are Current Cigarette Smokers



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

The table below indicates correlations between current cigarette smokers and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 65% of current cigarette smokers had at least one drink of alcohol in the past 30 days, compared to 8% of non-current cigarette smokers.

Behaviors of Williams County Youth
*Current cigarette smokers vs. Non-Current cigarette smokers**

Youth Behaviors	Current Cigarette Smoker	Non-Current Cigarette Smoker
Currently participate in extracurricular activities	95%	93%
Had at least one drink of alcohol (in the past 30 days)	65%	8%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	65%	28%
Were bullied (in the past 12 months)	55%	43%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)**	55%	14%
Used marijuana (in the past 30 days)	40%	4%
Contemplated suicide (in the past 12 months)	35%	14%
Attempted suicide (in the past 12 months)	20%	7%
Used prescription drugs not prescribed to them (in the past 30 days)	15%	1%

*"Current cigarette smokers" indicate youth who self-reported smoking at any time during the past 30 days.
 Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.
 **"ACEs" indicate youth who self-reported having experienced three or more adverse childhood experiences in their lifetime.

**Healthy People 2020
 Tobacco Use (TU)**

Objective	Williams County 2019	U.S. 2017	Healthy People 2020 Target
TU-2.2 Reduce use of cigarettes by adolescents (past month)	5% (6-12 Grade) 6% (9-12 Grade)	9% (9-12 Grade)	16%*

*The Healthy People 2020 target is for youth in grades 9-12.
 (Sources: Healthy People 2020 Objectives, 2017 YRBS, 2019 Williams County Health Assessment)

Youth Electronic Vapor Product (E-Cigarette) Use

- Thirty percent (30%) of youth used an electronic vapor product, such as JUUL, Vuse, MarkTen, blu, e-cigarettes, vape pens, hookah pens, mods, at some time in their lifetime, increasing to 50% of those 17 and older.
- Seventeen percent (17%) of youth used an electronic vapor product in the past 30 days, increasing to 32% of those 17 and older.

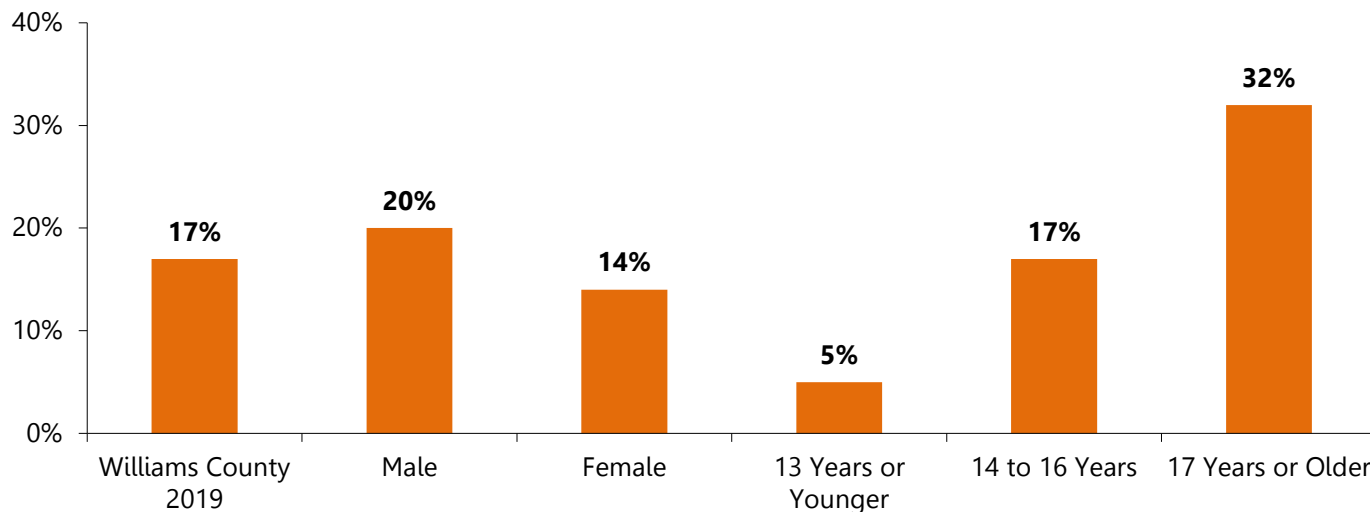
616 Williams County youth were current electronic vapor product users.

- Of those who tried electronic vapor products, 19% had done so before the age of 13, and another 26% had done so before 15 years of age. **The average age of onset was 14.5 years old.**

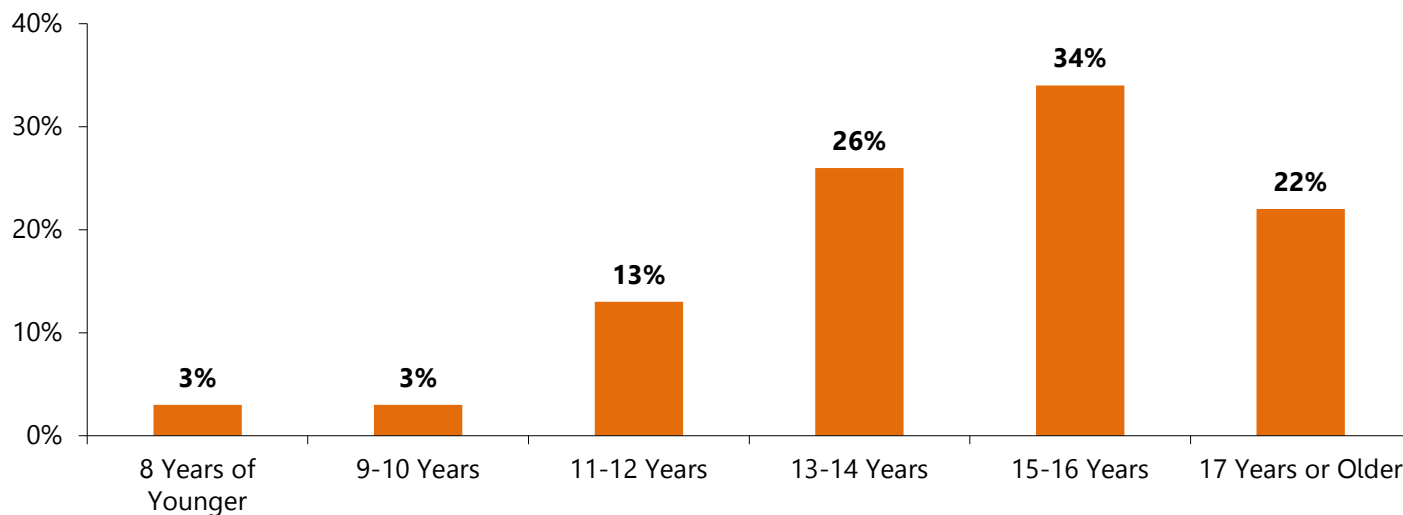
- In the past 30 days, Williams County youth used electronic vapor products at the following frequencies: 0 days (83%), 1 or 2 days (7%), 3 to 5 days (2%), 6 to 9 days (2%), 10 to 19 days (3%), 20 to 29 days (2%) and all 30 days (2%).
- Youth who used an electronic vapor product in the past year put the following in it: e-liquid or e-juice with nicotine (54%); e-liquid or e-juice without nicotine (61%); homemade e-liquid or e-juice (2%); and marijuana or THC (22%).

The following graphs shows the percentage of Williams County youth who were current electronic vapor product users, and the age of onset for use of electronic vapor product use. An example of how to interpret the information on the first graph includes: 17% of all Williams County youth were current electronic vapor product users, including 20% of males and 32% of those 17 and older.

Williams County Youth Who Are Current Electronic Vapor Product Users



Age of Onset for Williams County Youth Electronic Vapor Product Use



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.

E-Cigarette Use Among Youth and Young Adults

- E-cigarettes are a rapidly emerging and diversified product class. These devices typically deliver nicotine, flavorings, and other additives to users via an inhaled aerosol. These devices are referred to by a variety of names, including “e-cigs,” “e-hookahs,” “mods,” “vape pens,” “vapes,” and “tank systems.”
- E-cigarettes are now the most commonly used tobacco product among youth, surpassing conventional cigarettes in 2014. E-cigarette use is strongly associated with the use of other tobacco products among youth and young adults, including cigarettes and other burned tobacco products.
- About one-quarter of U.S. youth and young adults have ever tried e-cigarettes.
- Besides increasing the possibility of addiction and long-term harm to brain development and respiratory health, e-cigarette use is associated with the use of other tobacco products that can do more damage to the body.
- Sixty-percent (60%) of e-cigarette users in high school use flavors.
- In 2018, 1 in 5 high school students reported using e-cigarettes in the past month.
- Marketing and advertising of conventional tobacco products like cigarettes are proven to cause youth to use tobacco products. Scientists are also finding that youth who are exposed to e-cigarette advertisements are more likely to use the product than youth who are not exposed.

(Source: U.S. Department of Health and Human Services, CDC, Office on Smoking and Health, E-cigarette Use Among Youth and Young Adults, A Report of the Surgeon General, Fact Sheet, 2019)

Youth Comparisons	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2016 (6 th -12 th)	Williams County 2019 (6 th -12 th)	Williams County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Current cigarette smoker (smoked on at least 1 day during the past 30 days)	9%	10%	3%	5%	6%	9%
Smoked cigarettes frequently (smoked on 20 or more days during the past 30 days)	2%	5%	1%	0%	0%	3%
Smoked cigarettes daily (smoked on all 30 days during the past 30 days)	1%	4%	1%	1%	1%	2%
Ever used an electronic vapor product (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens)	N/A	N/A	N/A	30%	39%	42%
Currently used an electronic vapor product (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on at least 1 day during the past 30 days)	N/A	N/A	N/A	17%	25%	13%
Used electronic vapor products frequently (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on 20 or more days during the past 30 days)	N/A	N/A	N/A	4%	7%	3%
Used electronic vapor products daily (including e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens, on all 30 days during the past 30 days)	N/A	N/A	N/A	2%	4%	2%

Youth Health: Alcohol Use

Key Findings

Forty-two percent (42%) of Williams County youth had at least one drink of alcohol in their life, increasing to 57% of youth 17 and older. One in nine (11%) youth had at least one drink in the past 30 days, defining them as a current drinker. Of those who drank, 55% were defined as binge drinkers [had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month].

Youth Alcohol Consumption

- About four in ten (42%) youth had at least one drink of alcohol in their life, increasing to 57% of those ages 17 and older.
- One out of nine (11%) youth had at least one drink in the past 30 days, defining them as current drinkers, increasing to 20% of those ages 17 and older.

398 youth were current drinkers.

- Based on all youth surveyed, 6% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers, increasing to 14% of those ages 17 and older. Of those who were current drinkers, 55% were defined as binge drinkers.
- Of all youth, 13% had drunk alcohol for the first time before the age of 13.
- More than one-third (34%) of youth who reported drinking at some time in their life had their first drink at 12 years old or younger, 28% took their first drink between the ages of 13 and 14, and 40% started drinking between the ages of 15 and 18. The average age of onset was 13.2 years old.
- Youth drinkers reported they got their alcohol from the following:
 - Someone gave it to them (32%)
 - Someone older bought it (21%)
 - A parent gave it to them (19%)
 - A friend's parent gave it to them (9%)
 - Bought took it from a store or family member (8%)
 - It with a fake ID (2%)
 - Bought it in a liquor store/convenience store/gas station (1%)
 - An older friend or sibling bought it for them (1%)
 - Some other way (28%)
- In the past 30 days, 13% of youth reported riding in a car or other vehicle with someone who had been drinking alcohol.

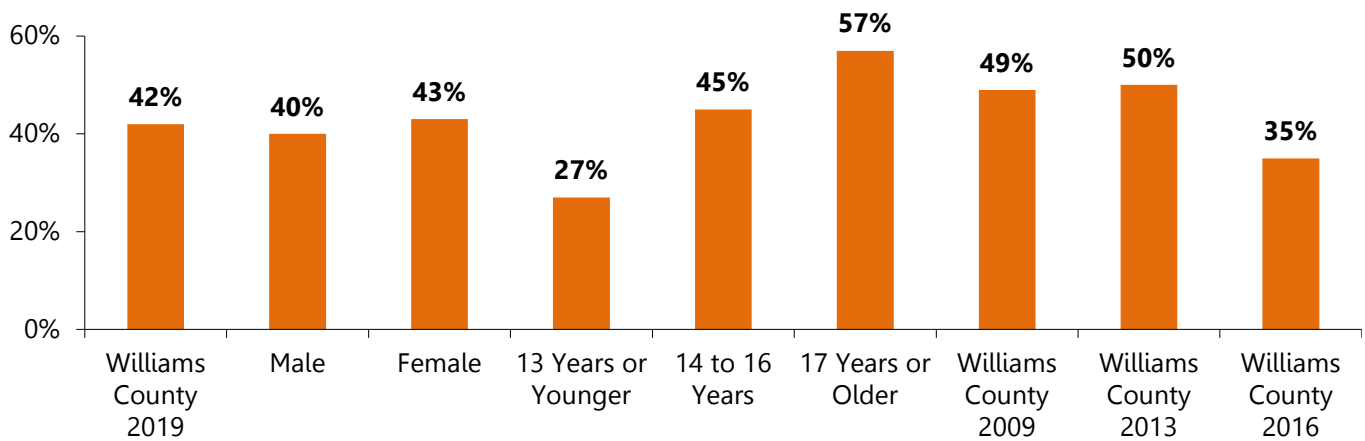
Healthy People 2020 Substance Abuse (SA)

Objective	Williams County 2019	U.S. 2017	Healthy People 2020 Target
SA-14.4 Reduce the proportion of persons engaging in binge drinking during the past month	6% (6-12 Grade) 9% (9-12 Grade)	14% (9-12 Grade)	9%*

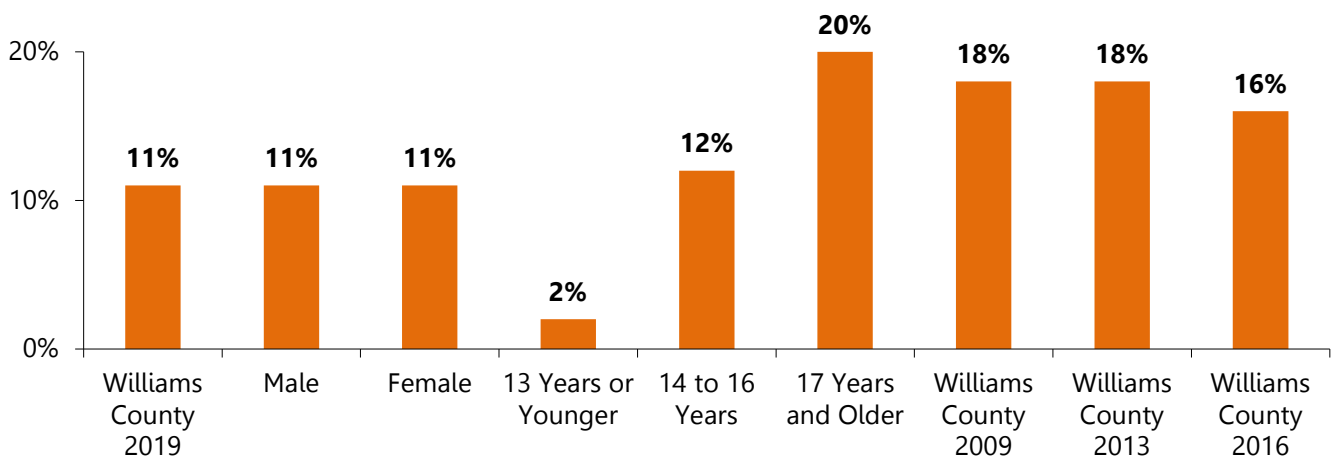
**The Healthy People 2020 target is for youth aged 12-17 years.
(Sources: Healthy People 2020 Objectives, 2017 YRBS, 2019 Williams County Health Assessment)*

The following graphs show the percentage of Williams County youth who drank in their lifetime, were current drinkers, and were binge drinkers. An example of how to interpret the information on the first graph includes: 42% of all Williams County youth had drunk at some time in their life, including 40% of males and 43% of females.

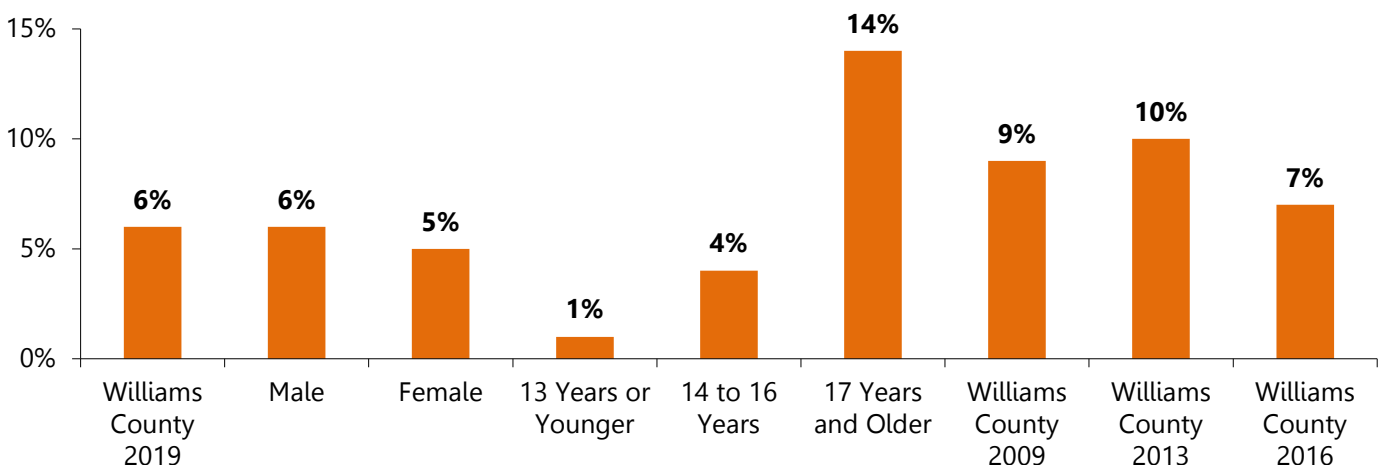
Williams County Youth Who Had At Least One Drink In Their Lifetime



Williams County Youth Who Were Current Drinkers



Williams County Youth Binge Drinking in Past Month



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

Youth Comparisons*	Williams County 2009 (6th-12th)	Williams County 2013 (6th-12th)	Williams County 2016 (6th-12th)	Williams County 2019 (6th-12th)	Williams County 2019 (9th-12th)	U.S. 2017 (9th-12th)
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	49%	50%	35%	42%	52%	60%
Current drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	18%	18%	16%	11%	16%	30%
Binge drinker (drank 5 or more drinks within a couple of hours on at least 1 day during the past 30 days)	9%	10%	7%	6%	9%	14%
Drank for the first time before age 13 (of all youth)	20%	16%	11%	13%	7%	16%
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	61%	57%	26%	32%	31%	44%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on 1 or more occasion during the past 30 days)	15%	12%	10%	13%	10%	17%

The table below indicates correlations between current drinkers and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 62% of current drinkers felt sad or hopeless for two or more weeks in a row in the past year, compared to 26% of non-current drinkers.

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

Youth Behaviors	Current Drinker	Non-Current Drinker
Currently participate in extracurricular activities	98%	98%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	62%	26%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)**	51%	27%
Were bullied (in the past 12 months)	51%	43%
Contemplated suicide (in the past 12 months)	41%	12%
Smoked cigarettes (in the past 30 days)	31%	2%
Used marijuana (in the past 30 days)	29%	6%
Attempted suicide (in the past 12 months)	20%	6%
Used prescription drugs not prescribed to them (in the past 30 days)	10%	1%

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

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

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

Youth Health: Drug Use

Key Findings

In 2019, 6% of Williams County youth had used marijuana at least once in the past 30 days. Two percent (2%) of youth used prescription drugs not prescribed to them in the past 30 days.

Youth Marijuana Use

- In 2019, 6% of Williams County youth used marijuana at least once in the past 30 days, increasing to 12% of those ages 17 and older.

217 youth used marijuana in the past 30 days.

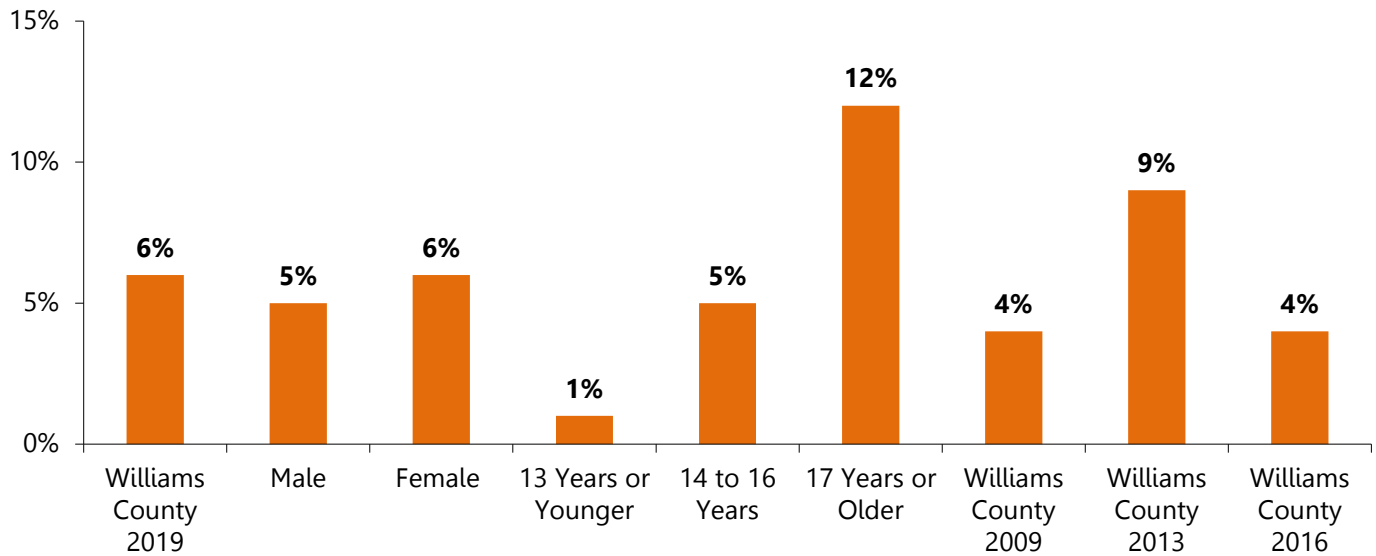
- About one-fifth (21%) of youth who used marijuana at some time in their life tried it for the first time at 12 years old or younger, 27% tried it between the ages of 13 and 14, and 53% tried it between the ages of 15 and 18. The average age of onset was 14.1 years old.

Youth Other Drug Use

- Williams County youth have tried the following drugs at least once in their life:
 - Liquid THC (4%)
 - Inhalants (3%)
 - Misused cough syrup (3%)
 - Posh/salvia/synthetic marijuana (3%)
 - Cocaine (1%)
 - Misused over-the-counter medications (1%)
 - Ecstasy/MDMA/Molly (1%)
 - Methamphetamines (1%)
 - K2/Spice (1%)
 - Misused hand sanitizer (1%)
 - Steroids without a doctor's prescription (<1%)
 - Bath salts (<1%)
 - None (90%)
- Williams County youth who reported using illegal drugs usually got them in the following ways:
 - A friend gave it to them (56%)
 - Bought it from a friend (28%)
 - Another family member gave it to them (10%)
 - A parent gave it to them (3%)
 - They took it from a store or family member (3%)
 - Bought it from someone else (33%)
 - The internet (5%)
- Two percent (2%) of Williams County youth used prescription drugs not prescribed to them in the past 30 days.
- In the past 12 months, 4% of youth reported being offered, sold, or given an illegal drug on school property.
- Youth who did not use alcohol, tobacco or drugs reported the following reasons for not using them: their parents would be upset (83%), their values (74%), legal consequences (70%), might get kicked out of extra-curricular activities (62%), health problems (57%), their friends would not approve (44%), random student drug testing (32%), and other (31%).

The following graphs indicate youth marijuana use in the past 30 days. An example of how to interpret the information includes: 3% of youth have used inhalants at some point in their life, including 4% of males and 3% of females.

Williams County Youth Marijuana Use in Past Month



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

The table below indicates correlations between current marijuana use and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 86% of current marijuana users felt sad or hopeless for two or more weeks in a row in the past year, compared to 27% of non-marijuana users.

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

Youth Behavior	Current Marijuana User	Non-Current Marijuana User
Currently participate in extracurricular activities	100%	98%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	86%	27%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)**	71%	27%
Were bullied (in the past 12 months)	62%	42%
Contemplated attempting suicide (in the past 12 months)	55%	13%
Had at least one drink of alcohol (in the past 30 days)	55%	8%
Smoked cigarettes (in the past 30 days)	36%	3%
Attempted suicide (in the past 12 months)	18%	7%
Used prescription drugs not prescribed to them (in the past 30 days)	5%	2%

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

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

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

Youth Comparisons	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2016 (6 th -12 th)	Williams County 2019 (6 th -12 th)	Williams County 2019 (9 th -12 th)	U.S. 2017 YRBS (9 th -12 th)
Currently used marijuana (in the past 30 days)	4%	9%	4%	6%	8%	20%
Tried marijuana for the first time before age 13 (of all youth)	N/A	N/A	2%	3%	3%	7%
Ever used methamphetamines (in their lifetime)	1%	2%	<1%	1%	1%	3%
Ever used cocaine (in their lifetime)	1%	2%	1%	1%	2%	5%
Ever used heroin (in their lifetime)	<1%	2%	0%	0%	0%	2%
Ever used inhalants (in their lifetime)	6%	9%	4%	3%	2%	6%
Ever used ecstasy (also called MDMA in their lifetime)	N/A	2%	2%	1%	2%	4%
Ever took steroids without a doctor's prescription (in their lifetime)	1%	3%	1%	<1%	<1%	3%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	6%	5%	5%	4%	5%	20%

N/A – Not Available

Youth Health: Sexual Behavior

Key Findings

Thirty-four percent (34%) of youth engaged in some type of sexual activity (not including kissing or holding hands) during their lifetime. Twenty-nine percent (29%) of Williams County youth have had sexual intercourse, increasing to 36% of males and 55% of those ages 17 and older. Seven percent (7%) of youth engaged in intercourse without a reliable method of protection, and 9% reported they were unsure if they used a reliable method.

Youth Sexual Behavior

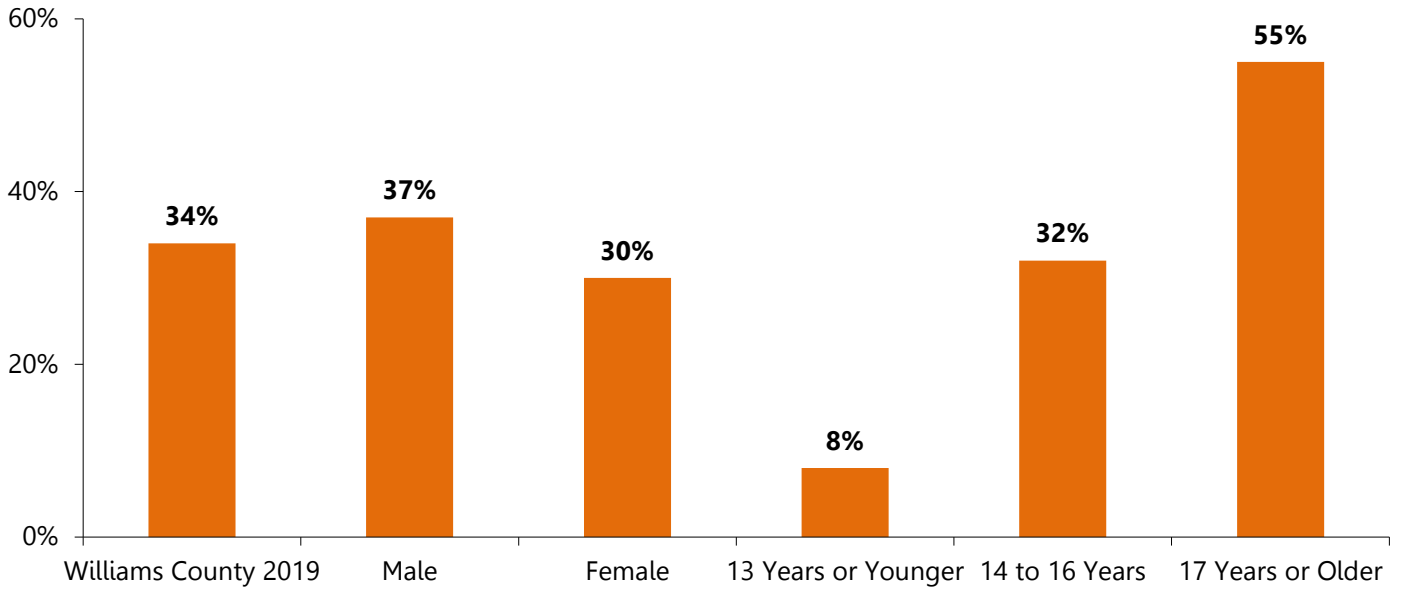
- Thirty-four percent (34%) of youth engaged in some type of sexual activity (not including kissing or holding hands) during their lifetime, increasing to 37% of males and 55% of those 17 and older.
- Twenty-nine percent (29%) of Williams County youth have had sexual intercourse, increasing to 36% of males and 55% of those ages 17 and older.

1,050 youth have had sexual intercourse at least once in their lives.

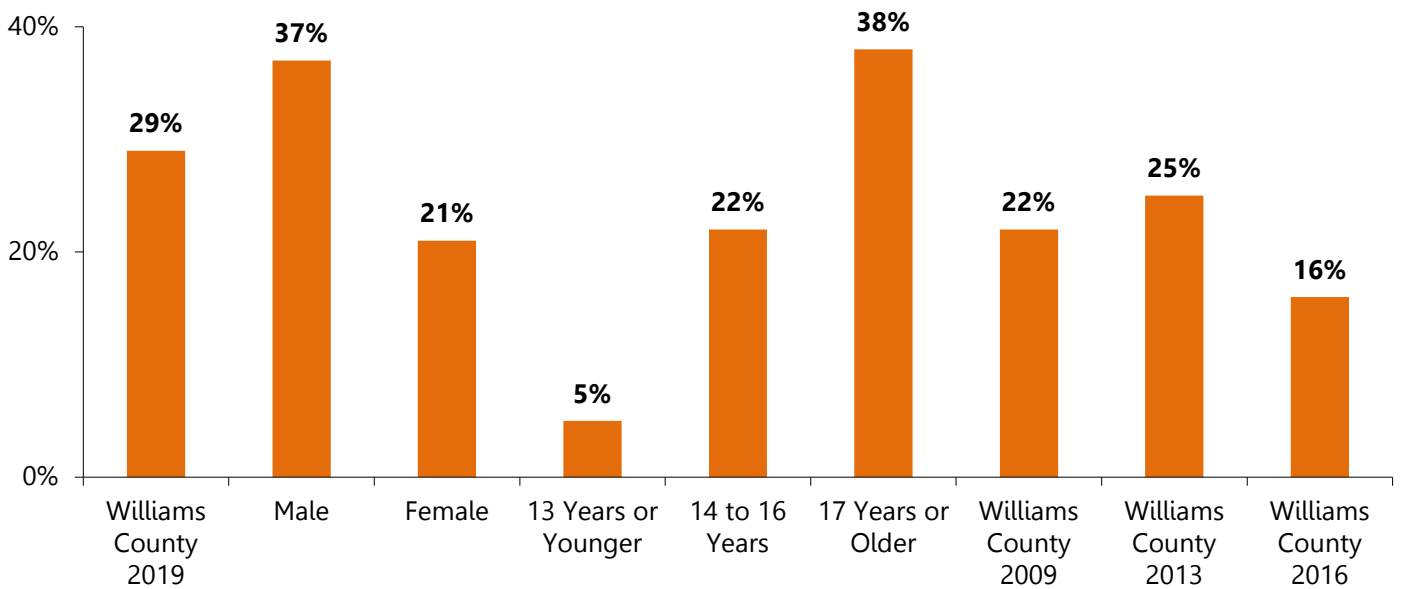
- Of sexually active youth, 15% had done so by the age of 13, and another 40% had done so by 15 years of age. The average age of onset was 15.0 years old.
- Of all youth, 3% were sexually active before the age of 13.
- Sexually active used the following to prevent pregnancy:
 - Condoms (65%)
 - Birth control pills (42%)
 - Withdrawal method (16%)
 - IUD (9%)
 - Shot, patch or birth control ring (9%)
 - Unsure (9%)
 - None (7%)
 - Were gay or lesbian (4%)
 - Some other method (2%)
- Forty-one percent (41%) of youth indicated they are planning to stay abstinent until marriage, increasing to 63% of those 13 and younger.
- In the past 30 days, Williams County youth reported the following situations applied to them:
 - They received a text or an e-mail with a revealing or sexual photo of someone (17%)
 - They texted, emailed, or posted electronically a revealing or sexual photo of themselves (9%)
 - A revealing or sexual photo of them was texted, e-mailed, or posted electronically without their permission (2%).
- Youth were taught about pregnancy prevention, sexually transmitted diseases (STD's), HIV/AIDS infection, or the use of condoms from the following:
 - School (88%)
 - Parents (58%)
 - Doctor (30%)
 - Internet or social media (27%)
 - Friends (21%)
 - Church (14%)
 - Siblings (12%)
 - Somewhere else (5%)

The following graphs show the percentage of Williams County youth who engaged in some type of sexual activity (not including kissing or holding hands) during their lifetime and the percentage of youth who had sexual intercourse. An example of how to interpret the information on the first graph includes: 34% of all Williams County youth engaged in some type of sexual activity (not including kissing or holding hands) in their life, including 37% of males, and 30% of females.

Williams County Youth Who Engaged in Some Type of Sexual Activity (Not Including Kissing or Holding Hands) in Their Lifetime



Williams County Youth Who Had Sexual Intercourse



Youth Comparisons	Williams County 2009 (6th-12th)	Williams County 2013 (6th-12th)	Williams County 2016 (6th-12th)	Williams County 2019 (6th-12th)	Williams County 2019 (9th-12th)	U.S. 2017 YRBS (9th-12th)
Ever had sexual intercourse	22%	25%	16%	29%	42%	40%
Had sexual intercourse before the age 13 (for the first time of all youth)	3%	3%	1%	4%	2%	3%
Used a condom (during last sexual intercourse)	76%	57%	56%	65%	69%	54%
Used birth control pills (during last sexual intercourse)	28%	36%	30%	42%	49%	21%
Used an IUD (during last sexual intercourse)	N/A	N/A	6%	9%	11%	4%
Used a shot, patch or birth control ring (during last sexual intercourse)	N/A	N/A	11%	9%	11%	5%
Did not use any method to prevent pregnancy (during last sexual intercourse)	3%	14%	7%	7%	6%	14%

N/A- Not Available

Youth Health: Mental Health

Key Findings

Three out of ten (30%) youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities. Sixteen percent (16%) of youth reported they had seriously considered attempting suicide in the past 12 months and 8% actually attempted suicide.

Youth Mental Health

- Three out of ten (30%) youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 41% of females.

1,087 youth felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.

- Sixteen percent (16%) of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 22% of females.
- In the past year, 8% of youth had attempted suicide. Four percent (4%) of youth had made more than one attempt.
- Of those who attempted suicide, 2% resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.

580 youth seriously considered attempting suicide.

- Youth reported the following caused them anxiety, stress or depression:
 - Academic success (44%)
 - Fighting with friends (39%)
 - Self-image (35%)
 - Death of close family member or friend (35%)
 - Sports (29%)
 - Stress at home (28%)
 - Fighting at home (26%)
 - Peer pressure (25%)
 - Being bullied (22%)
 - Dating relationship (21%)
 - Breakup (20%)
 - Parent divorce/separation (17%)
 - Social media (15%)
 - Poverty/no money (13%)
 - Current news/world events/political environment (11%)
 - Caring for younger siblings (10%)
 - Alcohol or drug use in the home (9%)
 - Parent is sick (9%)
 - Not having enough to eat (6%)
 - Sexual orientation (5%)
 - Not having a place to live (4%)
 - Other (20%)
- Youth reported how likely they would seek help if they were feeling depressed or suicidal: very likely (15%), somewhat likely (17%), somewhat unlikely (11%), very unlikely (13%).

- When dealing with personal problems or feelings of depression or suicidal thoughts, youth reported with whom they talk to about their concerns:
 - Best friend (32%)
 - Parents (19%)
 - Girlfriend/boyfriend (16%)
 - No one (13%)
 - Brother/sister (9%)
 - Adult relative (7%)
 - Professional counselor (7%)
 - Pastor/priest/youth minister (6%)
 - Caring adult (5%)
 - School counselor (4%)
 - Teacher (4%)
 - Coach (4%)
 - Adult friend (4%)
 - Religious leader (3%)
 - Crisis text line (2%)
 - Other (3%)
- Williams County youth indicated the following would keep them from seeking help if they were dealing with anxiety, stress, depression, or thoughts of suicide:
 - They would seek help (48%)
 - They can handle it themselves (36%)
 - Worried what other might think (26%)
 - No time (15%)
 - Don't know where to go (10%)
 - Paying for it (9%)
 - Family would not support them going to get help (7%)
 - Currently in treatment (6%)
 - Transportation (4%)

Healthy People 2020 Mental Health and Mental Disorders (MHMD)

Objective	Williams County 2019	U.S. 2017	Healthy People 2020 Target
MHMD-2 Reduce suicide attempts by adolescents[‡]	2% [‡] (6-12 Grade) 2% [‡] (9-12 Grade)	2% [‡] (9-12 Grade)	2%*

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

*[‡]This objective is based upon attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.
(Sources: Healthy People 2020 Objectives, 2017 YRBS, 2019 Williams County Health Assessment)*

Youth Comparisons	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2016 (6 th -12 th)	Williams County 2019 (6 th -12 th)	Williams County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Felt sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities in the past 12 months)	16%	22%	22%	30%	32%	32%
Seriously considered attempting suicide (in the past 12 months)	7%	15%	10%	16%	16%	17%
Attempted suicide (in the past 12 months)	3%	8%	7%	8%	7%	7%
Suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse (in the past 12 months)	1%	3%	2%	2%	2%	2%

The table below indicates correlations between those who contemplated suicide in the past 12 months and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 70% of those who contemplated suicide were bullied in the past 12 months, compared to 39% of those who did not contemplate suicide.

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

Youth Behaviors	Contemplated Suicide	Did Not Contemplate Suicide
Currently participate in extracurricular activities	97%	92%
Were bullied (in the past 12 months)	70%	39%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)**	57%	25%
Had at least one drink of alcohol (in the past 30 days)	28%	7%
Used marijuana (in the past 30 days)	20%	3%
Smoked cigarettes (in the past 30 days)	12%	4%

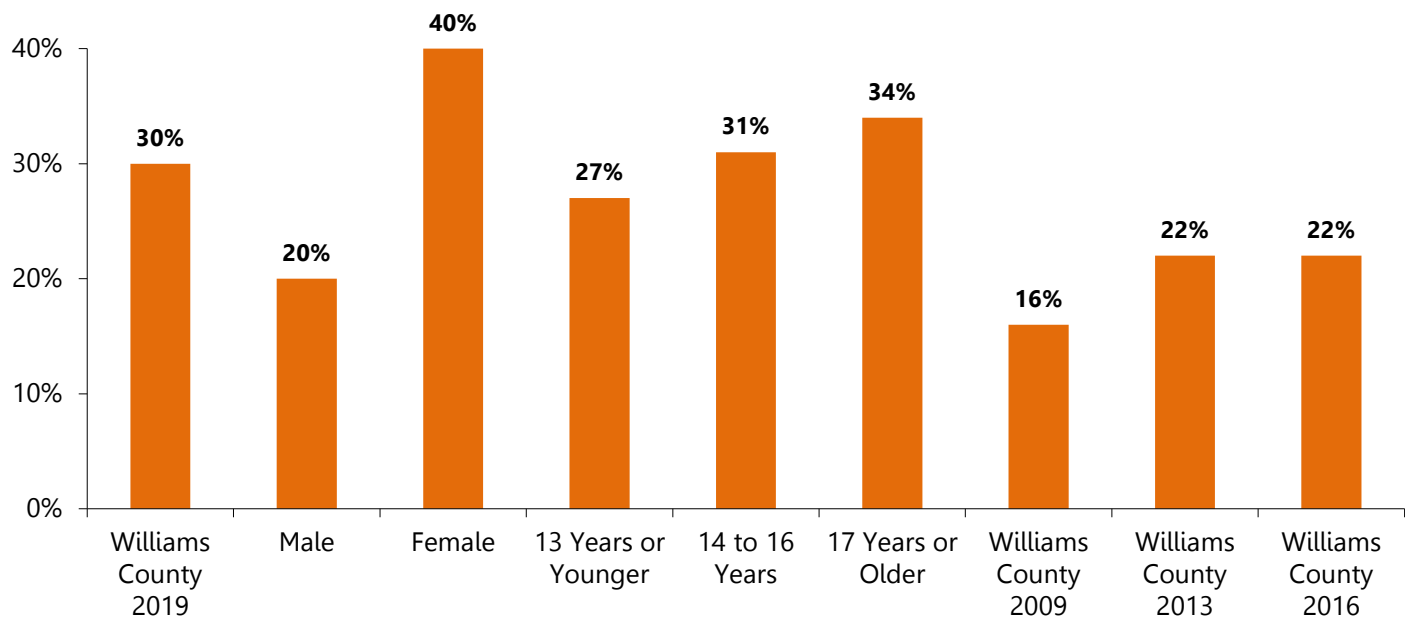
*"Contemplated suicide" indicates youth who self-reported seriously considering attempting suicide in the past year.

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

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

The following graph shows Williams County youth who felt sad or hopeless for two or more weeks in a row. An example of how to interpret the information includes: 30% of youth felt sad or hopeless for two or more weeks in a row, including 20% of males, and 40% of females.

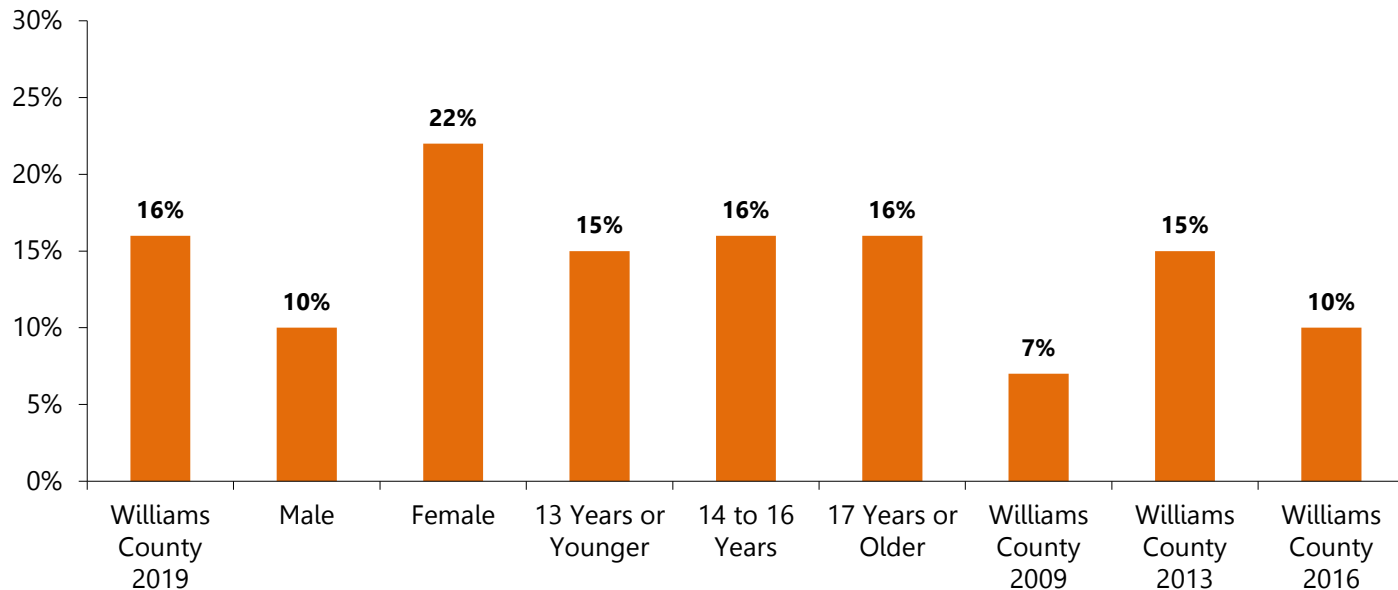
Williams County Youth Who Felt Sad or Hopeless for Two or More Weeks in a Row



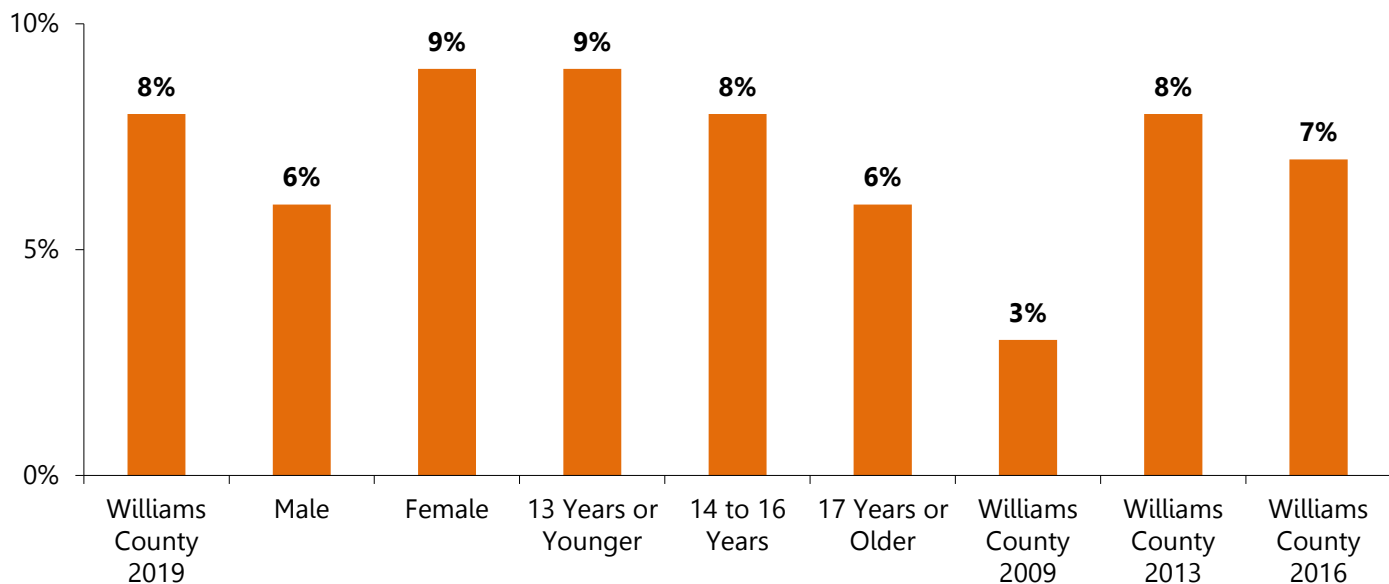
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graphs show Williams County youth seriously considered attempting suicide in the past year and had attempted suicide in the past year. An example of how to interpret the information on the first graph includes: 16% of youth seriously considered attempting suicide in the past year, including 10% of males, and 22% of females.

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



Williams County Youth Who Attempted Suicide in the Past 12 Months



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

Youth Health: Community Context

Key Findings

Thirty percent (30%) of Williams County youth experienced 3+ adverse childhood experiences (defined as childhood abuse, neglect, and exposure to other traumatic stressors) in their lifetime. Twenty-five percent (25%) of Williams County youth drivers had texted while driving in the past 30 days.

Personal Safety

- In the past 30 days, youth drivers did the following while driving: wore a seatbelt (99%), ate (44%), talked on their cell phone (36%), drove while tired or fatigued (34%), texted (25%), used their cell phone other than for talking or texting (22%), used marijuana (3%), drank alcohol (2%), read (2%), used illegal drugs (2%), and applied makeup (2%).
- In the past year, 19% of Williams County youth reported having a concussion from playing a sport or being physically active.
- Of all youth who have a social media account or online gaming account, they reported the following situations applied to them: their account is currently checked private (56%); they knew all of the people in “my friends” (54%); their parents have their passwords to some of their accounts (23%); had physically met all of the people they play online with (21%); their friends have their passwords to some of their accounts (10%); their parents do not know they have an account (5%); they share personal information about themselves such as where they live (4%).

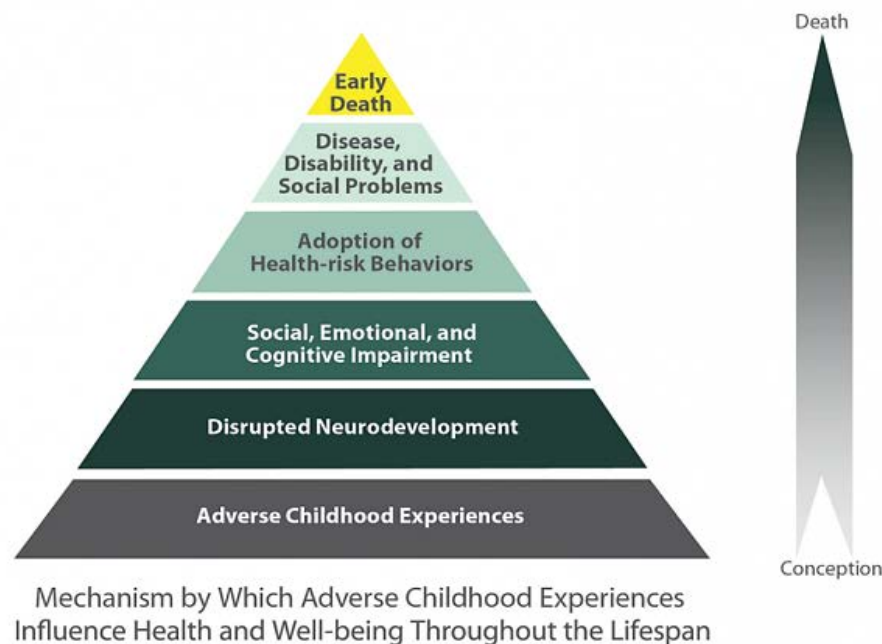
Social and Community Context

- Williams County youth lived in the following: house (94%), apartment (3%), in a relative’s home (2%), and other (2%).
- Ninety-three percent (93%) of youth participated in the following extra-curricular activities:
 - Sports or intramural program (57%)
 - Exercise outside of school (54%)
 - School club or social organization (31%)
 - Church or religious organization (24%)
 - Part-time job (30%)
 - Take care of siblings after school (22%)
 - Church youth group (28%)
 - Volunteer in the community (14%)
 - Babysit for other kids (16%)
 - Some other organized activity (14%)
 - Take care of parents or grandparents (4%)
- Williams County youth reported getting to school in the following ways: someone drops them off (39%); drive (30%); take the bus (27%); walk (5%); and ride bike, skateboard, or scooter (<1%).
- On the average school day, youth reported being unsupervised at the following frequencies: less than one hour (24%), 1 to 2 hours (28%), 3 to 4 hours (15%), and more than 4 hours (16%). Eighteen percent (18%) of youth reported they were never unsupervised.

Adverse Childhood Experiences (ACEs)

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

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



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

- Sixty-three percent (63%) of youth reported the following adverse childhood experiences (ACEs):
 - Parents became separated or were divorced (42%)
 - Parents or adults in home swore at them, insulted them or put them down (29%)
 - Family did not look out for each other, feel close to each other, or support each other (20%)
 - Parents were not married (17%)
 - Lived with someone who served time or was sentenced to serve in prison or jail (16%)
 - Lived with someone who was a problem drinker or alcoholic (15%)
 - Lived with someone who was depressed, mentally ill or suicidal (15%)
 - Lived with someone who used illegal drugs or misused prescription drugs (11%)
 - Parents or adults in home abused them (7%)
 - Parents or adults in the home abused each other (6%)
 - Did not have enough to eat, had to wear dirty clothes, and had no one to protect them (5%)
 - An adult or someone 5 years older than them touched them sexually (4%)
 - An adult or someone 5 years older than them tried to make them touch them sexually (2%)
 - An adult or someone 5 years older than them forced them to have sex (1%)
- Thirty percent (30%) of Williams County youth experienced 3+ adverse childhood experiences in their lifetime.

1,087 youth had three or more Adverse Childhood Experiences (ACEs).

The table below indicates correlations between those who experienced 3 or more ACEs in their lifetime and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 63% of those who experienced 3 or more ACEs were bullied during the past 12 months, compared to 31% of those who did not experience any ACEs.

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

Youth Behaviors	Experienced 3 or More ACEs	Did Not Experience Any ACEs
Currently participate in extracurricular activities	91%	95%
Were bullied (in the past 12 months)	63%	31%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	55%	14%
Had at least one drink of alcohol (in the past 30 days)	18%	7%
Used marijuana (in the past 30 days)	13%	2%
Attempted suicide (in the past 12 months)	12%	1%
Smoked cigarettes (in the past 30 days)	10%	4%
Seriously considered attempting suicide (in the past 12 months)	%	%

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

Youth Health: Violence

Key Findings

Four percent (4%) of youth did not go to school on one or more days in the past month because they did not feel safe at school or on their way to/from school. Two percent (2%) of youth had ever been forced to participate in sexual intercourse when they did not want to. More than two-fifths (43%) of youth had been bullied in the past year.

Violence-Related Behaviors

- One percent (1%) of youth had carried a weapon (for other than hunting) on school property in the past 30 days.
- Eleven percent (11%) of youth were threatened or injured with a weapon on school property in the past year.
- Four percent (4%) of youth did not go to school on one or more days in the past month because they did not feel safe at school or on their way to or from school.
- Fifteen percent (15%) of youth felt threatened or unsafe in their home in the past year.

Physical and Sexual Violence

- Three percent (3%) of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months.
- In the past year, 5% of youth reported an adult or caregiver had ever hit, slapped or physically hurt them on purpose.
- Eleven percent (11%) of youth reported another teen/student hit, slapped, or physically hurt them on purpose in the past 12 months.
- Two percent (2%) of youth had ever been forced to have sexual intercourse when they did not want to, increasing to 4% of females and those 17 and older.
- Youth had been forced to do the following when they did not want to: touched in an unsafe way (6%), other sexual activity (3%), and oral sex (2%).
- Williams County youth reported they purposely hurt themselves in their lifetime by the following ways: cutting (16%), scratching (12%), hitting (10%), biting (7%), self-embedding (4%), and burning (4%).

Bullying

- More than two-fifths (43%) of youth had been bullied in the past year. The following types of bullying were reported:
 - 34% of youth were verbally bullied (teased, taunted or called harmful names)
 - 23% youth were indirectly bullied (spread mean rumors about them or kept them out of a “group”)
 - 9% of youth were cyber bullied (teased, taunted or threatened by e-mail or cell phone)
 - 7% of youth were physically bullied (were hit, kicked, punched or people took their belongings)
 - 3% of youth were sexually bullied (used nude or semi-nude pictures to pressure someone to have sex that did not want to, blackmail, intimidate, or exploit another person)
- In the past year, Williams County youth reported they have been a victim of teasing or name calling because of the following reasons: weight, size, or physical appearance (29%); someone thought they were gay, lesbian or bisexual (12%); race or ethnic background (7%); and gender (5%).

Types of Bullying Williams County Youth Experienced in Past Year

Youth Behaviors	Total	Male	Female	13 and Younger	14-16 Years Old	17 and Older	Middle School	High School
Verbally Bullied	34%	27%	40%	37%	37%	25%	40%	27%
Indirectly Bullied	23%	12%	35%	23%	28%	17%	23%	23%
Cyber Bullied	9%	5%	14%	8%	9%	9%	10%	7%
Physically Bullied	7%	9%	6%	9%	8%	5%	9%	6%
Sexually Bullied	3%	1%	6%	2%	4%	4%	3%	4%

Youth Comparisons	Williams County 2009 (6 th -12 th)	Williams County 2013 (6 th -12 th)	Williams County 2016 (6 th -12 th)	Williams County 2019 (6 th -12 th)	Williams County 2019 (9 th -12 th)	U.S. 2017 (9 th -12 th)
Carried a weapon, other than hunting weapons, on school property (in the past 30 days)	2%	2%	1%	1%	1%	4%
Threatened or injured with a weapon on school property (in the past 12 months)	3%	7%	5%	11%	9%	6%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	1%	5%	4%	4%	4%	7%
Bullied (in past year)	50%	47%	47%	43%	39%	N/A
Electronically bullied (in past year)	8%	13%	12%	9%	7%	15%
Were ever physically forced to have sexual intercourse (when they did not want to)	4%	4%	2%	2%	4%	7%
Experienced physical dating violence (including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with in the past 12 months)	3%	3%	1%	3%	4%	8%

N/A – Not available

Youth Health: Perceptions

Key Findings

Almost one-third (32%) of youth thought there was great risk in harming themselves physically or in other ways if they smoked marijuana once or twice a week. Eighty-three percent (83%) of youth reported their parents would feel it was very wrong for them to misuse prescription medications. More than two-fifths (44%) of youth reported their peers would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day.

Perceived Risk of Drug Use

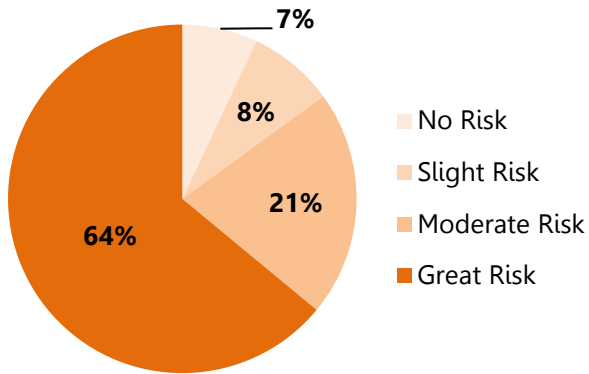
- Sixty-four percent (64%) of Williams County youth thought there was a great risk in harming themselves physically or in other ways if they smoked one or more packs of cigarettes per day. Seven percent (7%) of youth thought that there was no risk in smoking one or more packs of cigarettes per day.
- Thirty-seven percent (37%) of youth thought there was a great risk in harming themselves physically or in other ways if they drank five or more alcoholic beverages once or twice a week. Seven percent (7%) of youth thought that there was no risk in drinking five or more alcoholic beverages once or twice a week.
- Almost one-third (32%) of youth thought there was great risk in harming themselves physically or in other ways if they smoked marijuana once or twice a week. About one-fifth (19%) of youth thought that there was no risk if they smoked marijuana once or twice a week.
- Sixty-five percent (65%) of youth thought there was a great risk in harming themselves physically or in other ways if they used prescription drugs that were not prescribed for them. Four percent (4%) of youth thought that there was no risk in misusing prescription drugs.

Perceived Great Risk of Drug Use

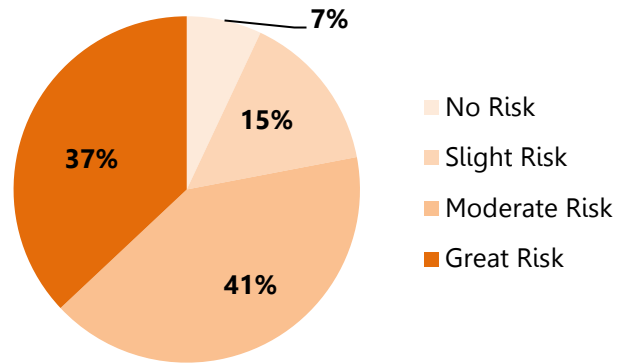
<i>How much do you think people risk harming themselves if they:</i>	Total	Female	Male	13 and Younger	14-16 Years Old	17 and Older
Smoke one or more packs of cigarettes per day	64%	67%	60%	68%	61%	63%
Have five or more drinks of an alcoholic beverage once or twice a week	37%	28%	45%	42%	37%	29%
Smoke marijuana once or twice a week	32%	41%	24%	51%	28%	16%
Misusing prescription drugs	65%	61%	68%	67%	64%	61%

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

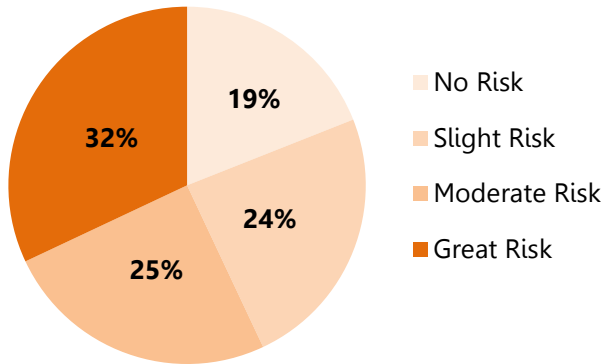
Smoke one or more packs of cigarettes per day



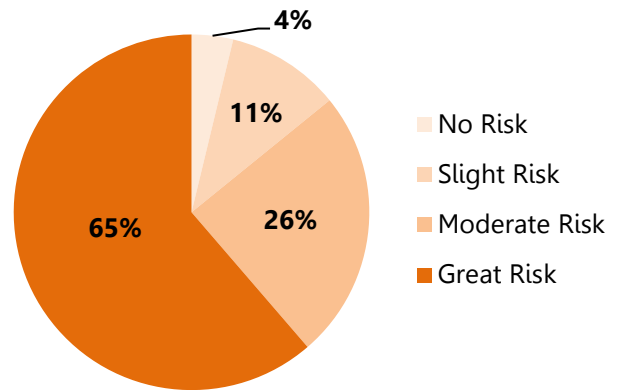
Have five or more drinks of an alcoholic beverage once or twice a week



Smoke marijuana once or twice a week



Misuse prescription drugs



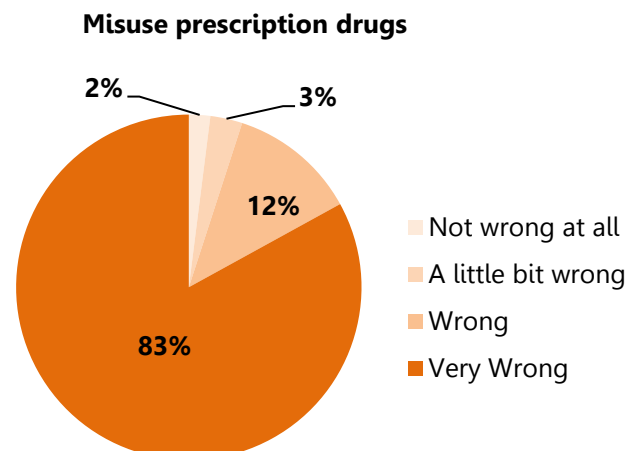
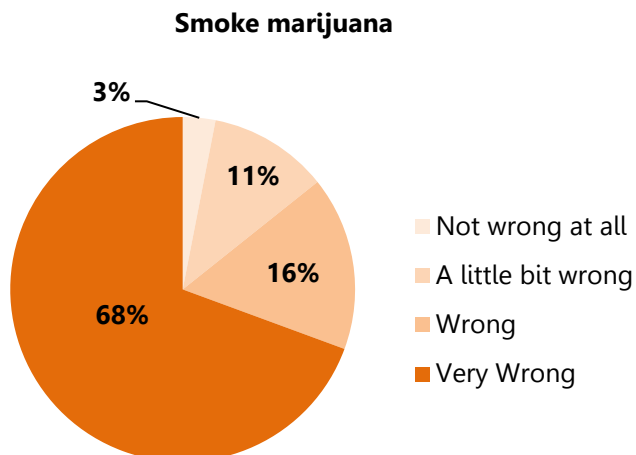
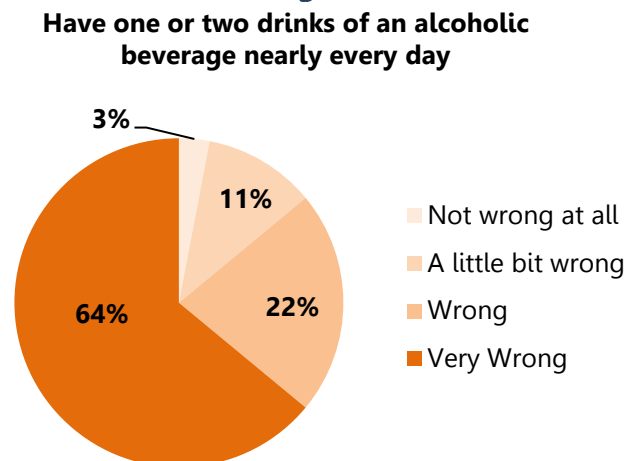
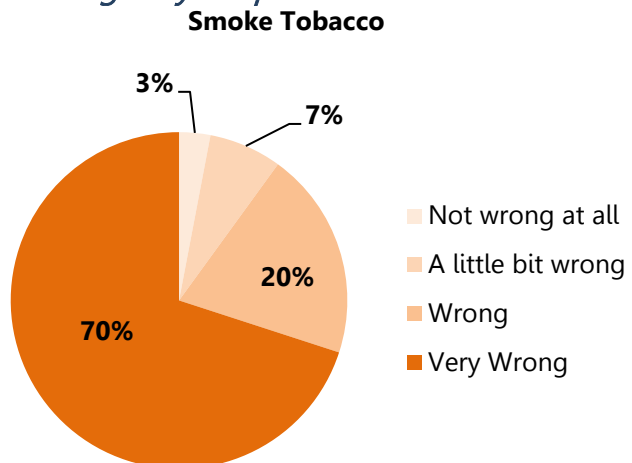
Degree of Disapproval of Use by Parents

- Seven out of ten (70%) youth reported their parents would feel it was very wrong for them to smoke tobacco.
- Nearly two-thirds (64%) 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.
- Sixty-eight percent (68%) of youth reported their parents would feel it was very wrong for them to smoke marijuana.
- Eight-three percent (83%) of youth reported their parents would feel it was very wrong for them to misuse prescription medications.

Perceived Degree of Great Disapproval by Parents

<i>Parents feel it would be very wrong for you to do the following:</i>	Total	Female	Male	13 and Younger	14-16 Years Old	17 and Older
Smoke tobacco	70%	71%	70%	81%	76%	51%
Having one or two drinks of an alcoholic beverage nearly every day	64%	59%	68%	76%	64%	49%
Smoke marijuana	68%	75%	62%	87%	65%	50%
Misusing prescription drugs	83%	81%	84%	83%	76%	77%

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



Degree of Disapproval of Use by Peers

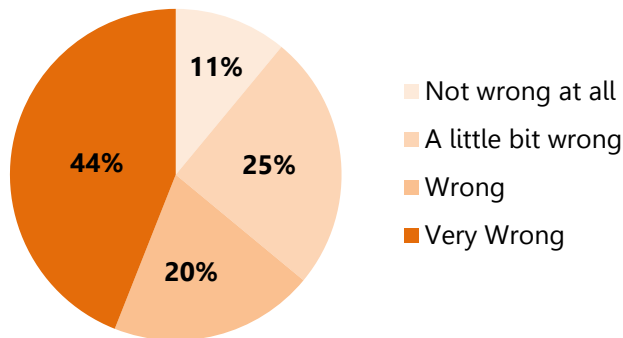
- More than two-fifths (44%) of Williams County youth reported their peers would feel it was very wrong for them to smoke cigarettes.
- Forty-four percent (44%) of youth reported their peers would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day.
- Almost half (47%) of youth reported their peers would feel it was very wrong for them to use marijuana.
- Two-thirds (66%) of youth reported their peers would feel it was very wrong for them to misuse prescription medication.

Perceived Degree of Great Disapproval by Peers

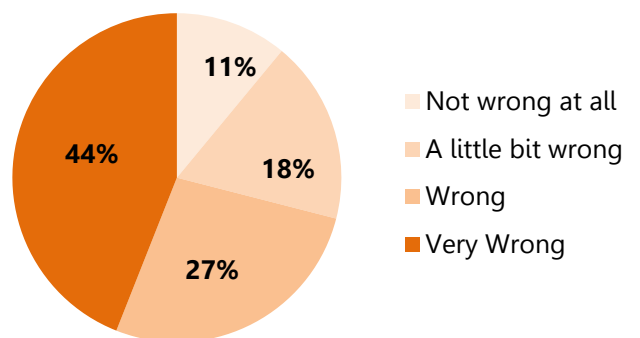
<i>Friends feel it would be very wrong for you to do the following:</i>	Total	Female	Male	13 and Younger	14-16 Years Old	17 and Older
Smoke tobacco	44%	38%	50%	57%	46%	25%
Having one or two drinks of an alcoholic beverage nearly every day	44%	42%	45%	60%	39%	31%
Smoke marijuana	47%	53%	41%	64%	46%	28%
Misusing prescription drugs	66%	66%	66%	69%	66%	63%

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

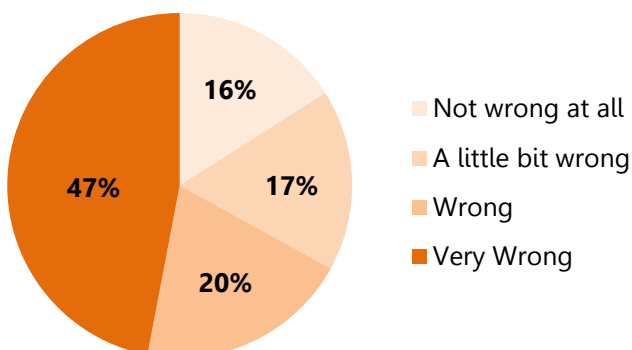
Smoke Tobacco



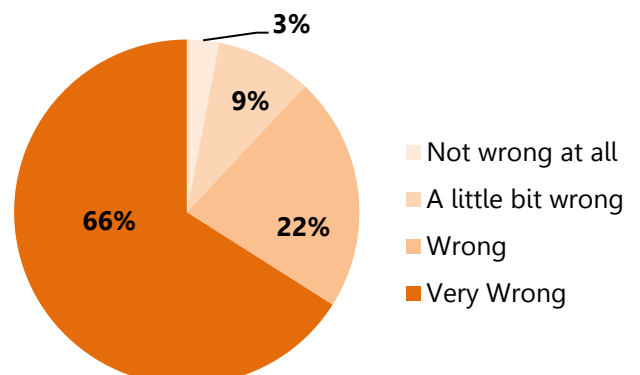
Have one or two drinks of an alcoholic beverage nearly every day



Smoke marijuana



Misuse prescription drugs



Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Cancer Society (ACS)	<ul style="list-style-type: none"> 2019 Cancer Facts, Figures, and Estimates 	www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2019/cancer-facts-and-figures-2019.pdf
	<ul style="list-style-type: none"> ACS Guidelines for Nutrition and Physical Activity 	www.cancer.org/healthy/eat-healthy-get-active/acs-guidelines-nutrition-physical-activity-cancer-prevention/guidelines.html
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> 2010 - 2016 Adult Ohio and U.S. Correlating Statistics 	https://www.cdc.gov/brfss/index.html
Brady Campaign to Prevent Gun Violence	<ul style="list-style-type: none"> Victims of Gun Violence in America 	http://www.bradycampaign.org/sites/default/files/Brady-Campaign-5Year-Gun-Deaths-Injuries-Stats_08-23-2018.pdf
CDC, Adolescent and School Health	<ul style="list-style-type: none"> Sexual Risk Behavior 	www.cdc.gov/healthyyouth/sexualbehaviors/
CDC, Alcohol and Public Health	<ul style="list-style-type: none"> Excessive Drinking is Draining the U.S. Economy 	www.cdc.gov/features/costsofdrinking/index.html
CDC, Arthritis	<ul style="list-style-type: none"> Key Public Health Messages 	www.cdc.gov/arthritis/about/key-messages.htm
	<ul style="list-style-type: none"> Arthritis Risk Factors 	www.cdc.gov/arthritis/basics/risk-factors.htm
CDC, Asthma	<ul style="list-style-type: none"> Common Asthma Triggers 	www.cdc.gov/asthma/triggers.html
CDC, Breast Cancer	<ul style="list-style-type: none"> What Can I do to Reduce My Risk of Breast Cancer? 	www.cdc.gov/cancer/breast/basic_info/prevention.htm
CDC, Community Health Improvement Navigator	<ul style="list-style-type: none"> Community Health Improvement Navigator 	www.cdc.gov/chinav/
CDC, Diabetes	<ul style="list-style-type: none"> About Diabetes 	www.cdc.gov/diabetes/basics/diabetes.html
	<ul style="list-style-type: none"> Diabetes by the Numbers 	www.cdc.gov/diabetes/basics/diabetes.html
CDC, Healthy Weight	<ul style="list-style-type: none"> Adult BMI 	www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html
CDC, Heart Disease	<ul style="list-style-type: none"> Heart Disease Risk Factors 	www.cdc.gov/heartdisease/risk_factors.htm
CDC, National Center for Health Statistics	<ul style="list-style-type: none"> Men's Health 	www.cdc.gov/nchs/fastats/mens-health.htm
	<ul style="list-style-type: none"> Women's Health 	www.cdc.gov/nchs/fastats/womens-health.htm
CDC, Obesity	<ul style="list-style-type: none"> Adult Obesity Facts 	www.cdc.gov/obesity/data/adult.html
CDC, Oral Health	<ul style="list-style-type: none"> Adult Oral Health 	www.cdc.gov/oralhealth/basics/adult-oral-health/index.html
CDC, Prostate Cancer	<ul style="list-style-type: none"> What Are the Benefits and Harms of Screening? 	www.cdc.gov/cancer/prostate/basic_info/benefits-harms.htm
CDC, Sexual Violence Prevention	<ul style="list-style-type: none"> Sexual Violence Prevention 	www.cdc.gov/features/sexualviolence/index.html

Source	Data Used	Website
CDC, Smoking & Tobacco Use	<ul style="list-style-type: none"> Youth and Tobacco Use 	www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm
	<ul style="list-style-type: none"> Smoking and COPD 	https://www.cdc.gov/tobacco/campaign/tips/diseases/copd.html
CDC, Violence Prevention	<ul style="list-style-type: none"> Adverse Childhood Experiences (ACE's) 	www.cdc.gov/violenceprevention/acestudy/index.html
CDC, Centers for Disease Control and Prevention	<ul style="list-style-type: none"> Mold Prevention Tips 	www.cdc.gov/mold/dampness_facts.htm
	<ul style="list-style-type: none"> Suicide Rising Across the U.S. 	www.cdc.gov/vitalsigns/suicide/index.html
CDC Wonder, About Underlying Cause of Death, 2008-2016	<ul style="list-style-type: none"> U.S. Comparisons 	http://wonder.cdc.gov/ucd-icd10.html
County Health Rankings	<ul style="list-style-type: none"> Food Environment Index USDA Food Environment Atlas Fatality Analysis Reporting System 	http://countyhealthrankings.org
CDC, Sexually Transmitted Diseases Surveillance, 2017	<ul style="list-style-type: none"> U.S. Chlamydia and Gonorrhea Rates 	https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/std-surveillance/data-and-statistics/sexually-transmitted-diseases-data-and-statistics
Healthy People 2020: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> All Healthy People 2020 Target Data Points Some U.S. Baseline Statistics Predictors of Access to Health Care Social Determinants of Health 	www.healthypeople.gov/2020/topics/objectives2020
Foundation for Advancing Alcohol Responsibility	<ul style="list-style-type: none"> Underage Drinking Statistics 	www.responsibility.org/alcohol-statistics/underage-drinking-statistics
National Institute on Drug Abuse	<ul style="list-style-type: none"> Drug Facts: Heroin 	www.drugabuse.gov
Ohio Department of Health, Information Warehouse	<ul style="list-style-type: none"> Hardin County and Ohio Unwed and Live Birth Statistics Sexually Transmitted Diseases Incidence of Cancer, 2011-2015 HIV/AIDS Surveillance Program Statistics: Access to Health Services 2014-2016 Hardin County and Ohio Leading Causes of Death Age-Adjusted Mortality Rates 	www.odh.ohio.gov/

Source	Data Used	Website
Ohio Department of Job & Family Services	<ul style="list-style-type: none"> Unemployment Rates 	http://ohiolmi.com/laus/current.htm
Ohio Department of Health	<ul style="list-style-type: none"> 2017 Ohio Drug Overdose Data: General Finding 	odh.ohio.gov/wps/wcm/connect/gov/5deb684e-4667-4836-862b-cb5eb59acbd3/2017_OhioDrugOverdoseReport.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0J00QO9DDDDM3000-5deb684e-4667-4836-862b-cb5eb59acbd3-moxPbu6
Ohio Mental Health and Addiction Services, <i>Ohio Automated Rx Reporting System</i>	<ul style="list-style-type: none"> Opiate and Pain Reliever Doses Per Capita Opiate and Pain Reliever Doses Per Patient New Limits on Prescription Opiates Will Save Lives and Fight Addiction What is OARRS? 	mha.ohio.gov/Portals/0/assets/Research/Maps/Ohio_OARRS_Opioids_2012_v2.pdf
Ohio State Highway Patrol	<ul style="list-style-type: none"> Felony Cases and Drug Arrests 	http://statepatrol.ohio.gov/
The Henry Kaiser Family Foundation	<ul style="list-style-type: none"> Key Facts about the Uninsured Population, 2017 	https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> American Community Survey 5-year estimates, 2012-2016 Ohio and Hardin County 2016 Census Demographic Information Ohio and U.S. Health Insurance Sources Small Area Income and Poverty Estimates Federal Poverty Thresholds 	www.census.gov
United States Department of Agriculture (USDA), Food Insecurity in the U.S.	<ul style="list-style-type: none"> Food Insecurity 	https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/interactive-charts-and-highlights/#characteristics
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, Centers for Disease Control	<ul style="list-style-type: none"> 2013-2017 U.S. Youth correlating statistics 	https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=XX

Appendix II: Acronyms and Terms

AHS	Access to Health Services , Topic of Healthy People 2020 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
AOCBC	Arthritis, Osteoporosis, and Chronic Back Conditions
BMI	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
BRFSS	Behavior Risk Factor Surveillance System , an adult survey conducted by the CDC.
CDC	Centers for Disease Control and Prevention .
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
HCNO	Hospital Council of Northwest Ohio
HDS	Heart Disease and Stroke , Topic of Healthy People 2020 objectives
HP 2020	Healthy People 2020 , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
Health Indicator	A measure of the health of people in a community, such as cancer mortality rates, rates of obesity, or incidence of cigarette smoking.
High Blood Cholesterol	240 mg/dL and above
High Blood Pressure	Systolic ≥ 140 and Diastolic ≥ 90
IID	Immunizations and Infectious Diseases , Topic of Healthy People 2020 objectives
N/A	Data is not available.
ODH	Ohio Department of Health
OSHP	Ohio State Highway Patrol
Race/Ethnicity	Census 2010: U.S. Census data consider race and Hispanic origin separately. Census 2010 adhered to the standards of the Office of Management and Budget (OMB), which define Hispanic or Latino as “a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.” Data are presented as “Hispanic or Latino” and “Not Hispanic or Latino.” Census 2010 reported five race categories including: White, Black or African American, American Indian & Alaska Native, Asian, Native Hawaiian and Other Pacific Islander. Data reported, “White alone” or “Black alone”, means the respondents reported only one race.
Weapon	Defined in the YRBS as “a weapon such as a gun, knife, or club”
Youth	Defined as 12 through 18 years of age
Youth BMI Classifications (2-19 years)	Underweight is defined as BMI-for-age $\leq 5^{\text{th}}$ percentile Overweight is defined as BMI-for-age 85 th percentile to $< 95^{\text{th}}$ percentile. Obese is defined as $\geq 95^{\text{th}}$ percentile.
YRBS	Youth Risk Behavior Survey , a youth survey conducted by the CDC

Appendix III: Methods for Weighting the 2019 Williams County Health Assessment Data

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

In some cases, the procedures of the survey methods may purposefully over-sample a segment of the population in order to gain an appropriate number of responses from that subgroup for appropriate data analysis when investigating them separately (this is often done for minority groups). Whether the over-sampling is done inadvertently or purposefully, the data needs to be weighted so that the proportioned characteristics of the sample accurately reflect the proportioned characteristics of the population. In the 2019 Williams County survey, a weighting was applied prior to the analysis that weighted the survey respondents to reflect the actual distribution of Williams County based on age, sex, race, and income.

Weightings were created for each category within sex (male, female), race (White, Non-White), Age (8 different age categories), and income (7 different income categories). The numerical value of the weight for each category was calculated by taking the percent of Williams County within the specific category and dividing that by the percent of the sample within that same specific category. Using sex as an example, the following represents the data from the 2019 Williams County Survey and the 2017 Census estimates.

<u>Sex</u>	<u>2019 Williams Survey</u>		<u>2017 Census</u>		<u>Weight</u>
	<u>Number</u>	<u>Percent</u>	<u>Number</u>	<u>Percent</u>	
Male	204	50.49505	18,360	49.53995	0.981085
Female	200	49.50495	18,701	50.46005	1.019293

In this example, it shows that there was a slightly larger portion of males in the sample compared to the actual portion in Williams County. The weighting for males was calculated by taking the percent of males in Williams County (based on Census information) (49.53995%) and dividing that by the percent found in the 2019 Williams County sample (50.49505%) [$49.53995 / 50.49505 =$ weighting of 0.981085 for males]. The same was done for females [$50.46005 / 50.46005 =$ weighting of 1.019293 for females]. Thus, males' responses are weighted less by a factor of 0.981085 and females' responses weighted heavier by a factor of 1.019293.

This same thing was done for each of the 19 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 0.884212 [1.019293 (weight for females) \times 0.97197 (weight for White) \times 0.97197 (weight for age 35-44) \times 0.91823 (weight for income \$50-\$75k)]. Thus, each individual in the 2019 Williams County sample has their own individual weighting based on their combination of age, race, sex, and income. See next page for each specific weighting and the numbers from which they were calculated.

Multiple sets of weightings were created and used in the statistical software package (SPSS 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	Williams Sample	%	Williams 2017 Census*	%	Weighting Value
Sex:					
Male	204	50.49505	18,360	49.53995	0.981085
Female	200	49.50495	18,701	50.46005	1.019293
Age:					
20 to 34 years	36	9.09091	6,458	23.23941	2.55634
35 to 44 years	33	8.33333	4,417	15.89478	1.90737
45 to 54 years	55	13.88889	4,976	17.90637	1.28926
55 to 59 years	50	12.62626	2,832	10.19108	0.80713
60 to 64 years	52	13.13131	2,556	9.19788	0.70045
65 to 74 years	95	23.98990	3,527	12.69207	0.52906
75 to 84 years	60	15.15152	2,167	7.79805	0.51467
85+ years	15	3.78788	856	3.08036	0.81321
Race:					
White	385	95.77114	34,499	93.08707	0.97197
Non-White	17	4.22886	2,562	6.91293	1.63470
Household Income:					
Less than \$25,000	59	20.77465	3,387	22.19092	1.06817
\$25,000 to \$34,999	32	11.26761	2,028	13.28703	1.17922
\$35,000 to \$49,999	50	17.60563	2,776	18.18777	1.03307
\$50,000 to \$74,999	66	23.23944	3,257	21.33919	0.91823
\$75,000 to \$99,999	35	12.32394	2,014	13.19531	1.07071
\$100,000 to \$149,999	27	9.50704	1,289	8.44526	0.88832
\$150,000 or more	15	5.28169	512	3.35452	0.63512

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

* Williams County population figures taken from the 2017 Census.

Appendix IV: School Participation

The following schools were randomly chosen and agreed to participate in the 2019 Williams County Health Assessment:

Bryan City Schools

Bryan MS

Bryan HS

Edon-Northwest Local

Edon Jr./Sr. HS

Millcreek-West Unity Local

Hilltop Elementary

Hilltop JH/HS

Montpelier Exempted Village

Montpelier Elementary

Montpelier JH/ HS

North Central Local

North Central JH/ HS

Stryker Local

Stryker HS

Appendix V: Williams County Sample Demographic Profile*

Adult Variable	2018-2019 Adult Survey Sample	Williams County Census 2017 (1-year estimate)
Age		
20-29	8.4%	10.8%
30-39	21.1%	12.1%
40-49	15.8%	13.8%
50-59	18.7%	15.4%
60 plus	31.5%	21.7%
Race/Ethnicity		
White	96.3%	96.6%
Black or African American	0.0%	1.7%
American Indian and Alaska Native	4.3%	0.7%
Asian	0.3%	0.7%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%
Some other race	2.5%	1.6%
Marital Status†		
Married Couple	64.2%	52.6%
Never been married/member of an unmarried couple	15.2%	25.6%
Divorced/Separated	15.6%	13.8%
Widowed	5.0%	8.0%
Education†		
Less than High School Diploma	3.4%	10.3%
High School Diploma	28.6%	44.6%
Some college/College graduate	67.9%	45.1%
Income (Families)		
\$14,999 and less	7.1%	6.4%
\$15,000 to \$24,999	9.2%	6.9%
\$25,000 to \$49,999	28.2%	28.3%
\$50,000 to \$74,999	21.9%	24.1%
\$75,000 or more	27.6%	16.8%

* 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).

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

Appendix VI: Demographics and Household Information

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

Age	Total	Males	Females
Williams County	37,642	18,679	18,963
0-4 years	1,885	939	946
1-4 years	388	184	204
< 1 year	388	184	204
1-2 years	911	454	457
3-4 years	974	485	489
5-9 years	2,543	1,304	1,239
5-6 years	999	512	487
7-9 years	1,544	792	752
10-14 years	2,515	1,253	1,262
10-12 years	1,549	792	757
13-14 years	966	461	505
12-18 years	4,001	2,041	1,960
15-19 years	2,548	1,333	1,215
15-17 years	1,588	804	784
18-19 years	960	529	431
20-24 years	1,959	1,050	909
25-29 years	2,118	1,101	1,017
30-34 years	2,250	1,149	1,101
35-39 years	2,293	1,208	1,085
40-44 years	2,361	1,189	1,172
45-49 years	2,824	1,413	1,411
50-54 years	3,080	1,550	1,530
55-59 years	2,700	1,351	1,349
60-64 years	2,147	1,048	1,099
65-69 years	1,818	848	970
70-74 years	1,374	685	689
75-79 years	1,044	437	607
80-84 years	873	345	528
85-89 years	587	209	378
90-94 years	250	70	180
95-99 years	73	11	62
100-104 years	11	2	9
105-109 years	1	0	1
110 years & over	0	0	0
Total 85 years and over	922	292	630
Total 65 years and over	6,031	2,607	3,424
Total 19 years and over	28,142	13,870	14,272

WILLIAMS COUNTY PROFILE

(Source: U.S. Census Bureau, 2017)
2017 ACS 1-year estimates

General Demographic Characteristics

	Number	Percent (%)
Total Population		
2017 Total Population	37,061	100%
Largest City – Bryan City		
2017 Total Population	8,415	100%
Population by Race/Ethnicity		
Total Population	37,061	100%
White	35,819	96.6%
Black or African American	627	1.7%
American Indian and Alaska Native	249	0.7%
Asian	272	0.7%
Native Hawaiian and Other Pacific Islander	9	0.0%
Some other race	575	1.6%
Population by Age		
Under 5 years	2,160	5.8%
5 to 17 years	6,335	17.0%
18 to 24 years	2,910	7.9%
25 to 44 years	8,742	23.6%
45 to 64 years	10,364	27.9%
65 years and more	6,550	17.7%
Median age (years)	41.4	N/A
Household by Type		
Total households	15,263	100.0%
Total families	9,794	64.2%
Households with children <18 years	4,024	26.4%
Married-couple family household	7,581	49.7%
Married-couple family household with children <18 years	2,748	18.0%
Female householder, no husband present	729	4.8%
Female householder, no husband present with children <18 years	439	2.9%
Nonfamily household (single person)	5,469	35.8%
Nonfamily household (single person) living alone	4,625	30.3%
Nonfamily household (single person) 65 years and >	1,977	13.0%
Households with one or more people <18 years	4,562	29.9%
Households with one or more people 60 years and >	4,595	30.10%
Average household size	2.35 people	N/A
Average family size	2.90 people	N/A

General Demographic Characteristics, Continued

	Number	Percent (%)
<i>Housing Occupancy</i>		
Median value of owner-occupied units	\$94,200	N/A
Median housing units with a mortgage	\$6,753	N/A
Median housing units without a mortgage	\$4,913	N/A
Median value of occupied units paying rent	\$665	N/A
Median rooms per total housing unit	6.1	N/A
Total occupied housing units	16,630	100%
No telephone service available	349	2.3%
Lacking complete kitchen facilities	62	0.4%
Lacking complete plumbing facilities	50	0.3%

Selected Social Characteristics

	Number	Percent (%)
<i>School Enrollment</i>		
Population 3 years and over enrolled in school	8,534	100%
Nursery & preschool	672	7.9%
Kindergarten	429	5.0%
Elementary School (Grades 1-8)	3,884	45.5%
High School (Grades 9-12)	2,041	23.9%
College or Graduate School	1,508	17.6%
<i>Educational Attainment</i>		
Population 25 years and over	25,656	100%
< 9 th grade education	643	2.5%
9 th to 12 th grade, no diploma	2,007	7.8%
High school graduate (includes equivalency)	11,443	44.6%
Some college, no degree	5,445	21.2%
Associate degree	2,380	9.3%
Bachelor's degree	2,404	9.4%
Graduate or professional degree	1,334	5.2%
Percent high school graduate or higher	N/A	89.7%
Percent Bachelor's degree or higher	N/A	14.6%
<i>Marital Status</i>		
Population 15 years and over	30,065	100%
Never married	7,697	25.6%
Now married, excluding separated	15,814	52.6%
Separated	421	1.4%
Widowed	2,405	8.0%
Widowed females	1,867	12.3%
Divorced	3,728	12.4%
Divorced females	2,004	13.2%
<i>Veteran Status</i>		
Civilian population 18 years and over	28,553	100%
Veterans 18 years and over	2,575	9.0%

Selected Social Characteristics, Continued

	Number	Percent (%)
Disability Status of the Civilian Non-Institutionalized Population		
Total civilian noninstitutionalized population	35,876	100.0%
Civilian with a disability	5,151	14.4%
Under 18 years	8,469	100.0%
Under 18 years with a disability	324	3.8%
18 to 64 years	21,180	100.0%
18 to 64 years with a disability	2,761	13.0%
65 Years and over	6,227	100.0%
65 Years and over with a disability	2,066	33.2%

Selected Economic Characteristics

	Number	Percent (%)
Employment Status		
Population 16 years and over	29,551	100%
16 years and over in labor force	18,517	62.7%
16 years and over not in labor force	11,034	37.3%
Females 16 years and over	14,901	100%
Females 16 years and over in labor force	8,816	59.2%
Population living with own children <6 years	2,473	100%
All parents in family in labor force	1,770	71.6%
Class of Worker		
Civilian employed population 16 years and over	17,586	100.0%
Private wage and salary workers	14,520	82.6%
Government workers	2,106	12.0%
Self-employed workers in own not incorporated business	913	5.2%
Unpaid family workers	47	0.3%
Occupations		
Employed civilian population 16 years and over	17,586	100%
Natural resources, construction, and maintenance occupations	5,339	30.4%
Production, transportation, and material moving occupations	4,407	25.1%
Sales and office occupations	3,566	20.3%
Management, business, science, and art occupations	2,560	14.6%
Service occupations	1,714	9.7%
Leading Industries		
Employed civilian population 16 years and over	17,586	100%
Manufacturing	5,854	33.3%
Educational services, and health care and social assistance	3,240	18.4%
Retail trade	1,952	11.1%
Professional, scientific, and management, and administrative and waste management services	1,092	6.2%
Arts, entertainment, and recreation, and accommodation and food services	1,092	6.2%
Transportation and warehousing, and utilities	879	5.0%
Construction	823	4.7%
Other services, except public administration	700	4.0%
Agriculture, forestry, fishing and hunting, and mining	416	2.4%
Finance and insurance, and real estate and rental and leasing	367	2.1%

	Number	Percent (%)
Income in 2017		
Households	901	100%
< \$10,000	733	5.9%
\$10,000 to \$14,999	1755	4.8%
\$15,000 to \$24,999	2030	11.5%
\$25,000 to \$34,999	2778	13.3%
\$35,000 to \$49,999	3251	18.2%
\$50,000 to \$74,999	2015	21.3%
\$75,000 to \$99,999	1282	13.2%
\$100,000 to \$149,999	275	8.4%
\$150,000 to \$199,999	244	1.8%
\$200,000 or more	901	1.6%
Median household income	\$47,593	N/A
Income in 2017		
Families	9,794	100%
< \$10,000	402	4.1%
\$10,000 to \$14,999	351	2.3%
\$15,000 to \$24,999	1053	6.9%
\$25,000 to \$34,999	1557	10.2%
\$35,000 to \$49,999	2763	18.1%
\$50,000 to \$74,999	3678	24.1%
\$75,000 to \$99,999	2686	17.6%
\$100,000 to \$149,999	1832	12.0%
\$150,000 to \$199,999	458	3.0%
\$200,000 or more	275	1.8%
Median family income	\$57,551	N/A
Per capita income in 2017	\$24,160	N/A
Poverty Status in 2017		
Families	N/A	9.2%
Individuals	N/A	13.5%

(Source: U.S. Census Bureau, 2017)

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

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2017	\$39,684	45 th of 88 counties
BEA Per Capita Personal Income 2016	\$38,775	43 rd of 88 counties
BEA Per Capita Personal Income 2015	\$37,954	44 th of 88 counties
BEA Per Capita Personal Income 2014	\$36,499	47 th of 88 counties
BEA Per Capita Personal Income 2013	\$35,127	49 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, 2013-2017 5-year averages

Category	Williams County	Ohio
Population in poverty	13.5%	14.9%
< 125% FPL (%)	18.0%	19.3%
< 150% FPL (%)	23.5%	23.6%
< 200% FPL (%)	36.4%	32.5%
Population in poverty (2002)	7.5%	10.2%

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

Employment Statistics: July 2019

Category	Williams County	Ohio
Labor Force	19,400	5,927,600
Employed	18,700	5,655,000
Unemployed	700	272,600
Unemployment Rate* in July 2019	3.6	4.6
Unemployment Rate* in June 2019	3.3	4.2
Unemployment Rate* in July 2018	3.7	4.7

**Rate equals unemployment divided by labor force.
 (Source: Ohio Department of Job and Family Services, December 2018,
<http://ohiolmi.com/laus/OhioCivilianLaborForceEstimates.pdf>)*

Estimated Poverty Status in 2017

Age Groups	Number	90% Confidence Interval	Percent	90% Confidence Interval
Williams County				
All ages in poverty	3,830	3,153 to 4,507	10.7%	8.8 to 12.6
Ages 0-17 in poverty	1,137	875 to 1,399	13.9%	10.7 to 17.1
Ages 5-17 in families in poverty	759	567 to 951	12.5%	9.3 to 15.7
Median household income	\$50,347	\$46,890 to \$53,804		
Ohio				
All ages in poverty	1,575,401	1,551,281 to 1,599,521	13.9%	13.7 to 14.1
Ages 0-17 in poverty	507,119	493,056 to 521,182	19.8%	19.2 to 20.4
Ages 5-17 in families in poverty	339,888	328,221 to 351,555	18.2%	17.6 to 18.8
Median household income	\$54,077	\$53,670 to \$54,484		
United States				
All ages in poverty	42,583,651	42,342,619 to 42,824,683	13.4%	13.3 to 13.5
Ages 0-17 in poverty	13,353,202	13,229,339 to 13,477,065	18.4%	18.2 to 18.6
Ages 5-17 in families in poverty	9,120,503	9,033,090 to 9,207,916	17.3%	17.1 to 17.5
Median household income	\$60,336	\$60,250 to \$60,422		

(Source: U.S. Census Bureau, 2017 Poverty and Median Income Estimates, <https://www.census.gov/data/datasets/2017/demo/saipe/2017-state-and-county.html>)

Poverty Thresholds in 2018 by Size of Family and Number of Related Children Under 18 Years

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$13,064					
1 Person 65 and >	\$12,043					
2 people Householder < 65 years	\$16,815	\$17,308				
2 People Householder 65 and >	\$15,178	\$17,242				
3 People	\$19,642	\$20,212	\$20,231			
4 People	\$25,900	\$26,324	\$25,465	\$25,554		
5 People	\$31,234	\$31,689	\$30,718	\$29,967	\$29,509	
6 People	\$35,925	\$36,068	\$35,324	\$34,612	\$33,553	\$32,925
7 People	\$41,336	\$41,594	\$40,705	\$40,085	\$38,929	\$37,581
8 People	\$46,231	\$46,640	\$45,800	\$45,064	\$44,021	\$42,696
9 People or >	\$55,613	\$55,883	\$55,140	\$54,516	\$53,491	\$52,082

(Source: U. S. Census Bureau, Poverty Thresholds 2018, <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>)

Appendix VII: County Health Rankings

	Williams County 2019	Ohio 2019	U.S. 2019
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2015-2017)	7,400	8,500	6,900
Overall health. Percentage of adults reporting fair or poor health (age-adjusted) (2016)	16%	17%	16%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2016)	3.8	4.0	3.7
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2016)	4.0	4.3	3.8
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2011-2017)	6%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2016)	20%	23%	17%
Obesity. Percentage of adults that report a BMI of 30 or more (2015)	38%	32%	29%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2015 and 2016)	7.8	6.7	7.7
Physical inactivity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2015)	31%	25%	22%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2018)	64%	84%	84%
Drug and alcohol abuse. Percentage of adults reporting binge or heavy drinking (2016)	17%	19%	18%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2013-2017)	27%	33%	29%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2016)	375	521	497.3
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2011-2017)	32	26	25

(Source: 2019 County Health Rankings for Williams County, Ohio, and U.S. data)

	Williams County 2019	Ohio 2019	U. S. 2019
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2016)	6%	7%	10%
Access to health care/medical care. Ratio of population to primary care physicians (2016)	2,180:1	1,300:1	1,330:1
Access to dental care. Ratio of population to dentists (2017)	1,840:1	1,620:1	1,460:1
Access to behavioral health care. Ratio of population to mental health providers (2018)	1,230:1	470:1	440:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2016)	4,330	5,135	4,520
Mammography screening. Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening (2016)	37%	41%	41%
Flu vaccinations. Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination (2016)	48%	47%	45%
Social and Economic Factors			
Education. Percentage of ninth-grade cohort that graduates in four years (2017-2018)	94%	85%	85%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2013-2017)	55%	65%	65%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2017)	5%	5%	4%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2017)	14%	20%	18%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2013-2017)	3.6	4.8	4.9
Family and social support. Percentage of children that live in a household headed by single parent (2013-2017)	30%	36%	33%
Family and social support. Number of membership associations per 10,000 population (2016)	18	11	9
Violence. Number of reported violent crime offenses per 100,000 population (2014 and 2016)	N/A	293	386
Injury. Number of deaths due to injury per 100,000 population (2013-2017)	75	82	67

(Source: 2019 County Health Rankings for Williams County, Ohio, and U.S. data)

	Williams County 2019	Ohio 2019	U.S. 2019
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2014)	11.8	11.5	8.6
Air, water, and toxic substances. Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation (2017)	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 (2011-2015)	12%	15%	19%
Transportation. Percentage of the workforce that drives alone to work (2013-2017)	89%	83%	76%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2013-2017)	19%	30%	35%

(Source: 2019 County Health Rankings for Williams County, Ohio, and U.S. data)

N/A – Data is not available

Appendix VIII: Community Stakeholder Perceptions

1. What surprised you the most? (n=11)

- Adult mental health (6)
- Youth substance use (6)
- Youth mental health (3)
- Adult alcohol use (2)
- Adult health (2)
- Men's health
- ACE data
- Female substance use
- Women's health
- Youth sexual activity

2. What would you like to see covered in the Community Health Needs Assessment next time? (n=8)

- Vaping rates (2)
- Senior citizen data (2)
- Social media and its ties to mental health
- Community safety (bike trails)
- Youth perception on vaping
- Data for those <12
- Sleep data
- Screen time data
- Household data
- Increase the demographic of those who take survey
- Men's health
- Food insecurity
- Unsure – it is extensive now

3. What will you or your organization do with this data? (n=11)

- Modify our existing health care and educational services to reflect new county needs (4)
- Grant applications (4)
- Strategic planning for new service lines (4)
- Increase Education (2)

4. Based on the Community Health Needs Assessment, what health topics do you see as the most important? Please list 2 or more choices. (n=10)

- Mental health (8)
- Drug and alcohol use (3)
- Obesity (2)
- Women's health
- Physical health
- Tobacco use
- ACE's

5. Are there any groups or agencies you think would be valuable resources or partners to work towards the above health issues you identified? (n=7)

- Schools (3)
- Hospitals (2)
- Health Department (2)
- Drug Free Coalition
- Suicide Prevention Coalition
- A Renewed Mind
- Health Agencies
- United Way
- Four County ADAHMS Board
- UWWC
- Churches
- Mental health agencies

6. What are some barriers people may face regarding the issues you identified? (n=7)

- Cost of health care (insurance, medications, out of pocket costs) (3)
- Transportation (3)
- Social norms at odds with health realities (2)
- Awareness/education
- Socioeconomic status
- Lack of services
- Lack of healthy/fresh foods
- Access to health care

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

- Social media (4)
- Mail
- Collaborate with appropriate agencies
- Community Forums
- Local news
- Newspaper
- Health department website

8. Other comments or concerns: (n=4)

- Ask more questions about nutrition and their knowledge
- Improve women's health
- Improve oral health of lower income individuals
- Gun safety
- Distracted driving
- Increase ACE questions
- ACE prevention