

2022

WILLIAMS COUNTY

Community Health Assessment

EXAMINING THE HEALTH OF THE COMMUNITY



Foreword

It is our pleasure, on behalf of the Williams County Health Partners Committee, to present the 2022 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 District, 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 2022 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 to 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,

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Health Commissioner
Williams County Health District

Chad D. Tinkel
President and Chief Executive Officer
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Acknowledgements

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Hospital Council of Northwest Ohio

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 50+ 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, policy, and health education.

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The 2022 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 District

<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 March through May 2022. 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. Following the alignment with the Ohio State Health Assessment (SHA), data and trend summaries will provide an overview of the data found in the full 2022 Williams County Health Assessment.

In 2022, 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 2022. This report represents the continued collaboration between the hospitals and Williams County Health Partners.

Public Health Accreditation Board (PHAB)

National public health accreditation status through the Public Health Accreditation Board (PHAB) requires community health assessments (CHAs) to be completed at least every five years. The purpose of the community health assessment is to learn the health of the population, identify areas for health improvement, identify contributing factors that impact health outcomes, and identify community assets and resources that can be mobilized to improve population health. The Williams County Combined Health District received initial accreditation in 2018.

PHAB standards highly recommend that national models of methodology are utilized in compiling CHAs. The 2022 CHA was completed using the National Association of County and City Health Officials (NACCHO) Mobilizing Action through Partnerships and Planning (MAPP) process. MAPP is a community-driven planning process for improving community health. This process was facilitated by HCNO in collaboration with members of the Williams County Health Partners representing a variety of community sectors.

This assessment includes a variety of data and information from various sources, focusing on primary data at the county level. Supporting data, such as secondary data, demographics, health disparities (including age, gender, and income-based disparities), and social determinants of health*, can be found throughout the report. For a more detailed approach on primary and secondary data collection methods, please see page 9.

**Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (Source: Social Determinants of Health, Healthy People 2030).*

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 (78%) of CHWC—Bryan Hospital and 83% of CHWC—Montpelier Hospital’s discharges in 2021 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 10.3% of Williams County residents were below the poverty line, according to the 2020 U.S. Census Bureau Poverty and Median Income 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 Health Partners. This coalition has been in existence for 15 years and has approximately 26 member organizations. Multiple sectors, including organizations that provide services to low-income and minority populations, as well as 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.

See Acknowledgments on page 2 for a comprehensive list of member organizations involved in the community health needs assessment process.

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 Health Partners to create the 2023-2025 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 2023-2025 Williams County Community Health Improvement Plan (CHIP) in which a resource assessment will take place.

CHNA AND CHIP AVAILABILITY

The 2022 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 Combined Health District:

<http://www.williamscountyhealth.org/administration/community-health-assessment/>

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

The 2023-2025 Williams County Community Health Improvement Plan will also be available at the above websites in March of 2023.

ADOPTION BY BOARD

The Board adopted the 2022 Community Health Needs Assessment on September 21, 2022.

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. Comparisons to local, state and national data were made, along with alignment to the Healthy People 2030 target objectives, when applicable.

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 Williams County Health Partners. During these meetings, HCNO and the planning committee reviewed and discussed banks of potential survey questions. Based on input from the Williams County Health Partners, the project coordinator composed drafts of surveys containing 90 items for the adult survey and 70 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 older living in Williams County. Using U.S. Census Bureau data, it was determined that 27,970 persons ages 19 and older resided in Williams County at the time of survey collection in spring of 2022. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding margin of error of 6% (i.e., we can be 95% sure that the “true” population responses are within a 6% margin of error of the survey findings). A sample size of at least 264 adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Williams County 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 U.S. Census Bureau data, it was determined that approximately 3,389 youth ages 12 to 18 years old live in Williams County. A sample size of 345 adolescents was needed to ensure a 95% confidence interval with a corresponding 5% margin of error. Students were randomly selected and surveyed in the schools.

PROCEDURE | Adult Survey

Prior to mailing the survey to adults, an advance letter was mailed in February of 2022 to 2,000 adults in Williams County. This advance letter was personalized, printed on Williams County Health Partners letterhead, and signed by James D. Watkins, Health Commissioner of the Williams County Health District. 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.

In March of 2022 (six weeks following the advance letter), a mailing procedure was implemented to maximize the survey return rate. The mailing included a personalized, hand-signed cover letter (on Williams County Health Partners stationery) describing the purpose of the study, a questionnaire printed on white paper, a self-addressed stamped return envelope, and a \$2 incentive. Surveys returned as undeliverable were not replaced with another potential respondent.

The response rate for the mailing was 15% (n=290: CI=± 5.73). 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 school superintendents. A list of participating schools can be found in appendix IV. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Passive permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 93% (n=471: CI=± 4.19).

DATA ANALYSIS

Individual responses were anonymous. Only group data was available. All data was analyzed by health education researchers at the University of Toledo using Statistical Product and Service Solutions 26.0 (SPSS). Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Williams County, the adult data collected was weighted by age, gender, race, and income using 2020 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. Additional 2020 Census 5-year estimates are included in Appendix V - Demographic and Household Information.

DEMOGRAPHIC COMPARISONS

When determining income comparison thresholds, researchers concluded it would be best to use the same income thresholds used by other public health organizations for comparison purposes. The CDC, which administers the BRFSS, and America's Health Rankings both use \$25,000 and below as the lower income threshold. For this reason, researchers concluded "Household Income <\$25K" and "Household Income \$25K Plus" were appropriate thresholds to compare households with lower incomes to households with higher incomes.

When establishing age and sex comparisons, researchers determined that approximately 50 or greater responses would be necessary for subgroup analysis. It was determined that there were not enough responses from those ages 19-34, therefore researchers concluded "19-64 Years" and "65 Years and Older" were appropriate thresholds to compare respondents based on age. For sex comparisons, although "transgender" was included as a response option, there were not enough responses within this category. Therefore, researchers determined it would only be appropriate to compare males to females for statistical purposes.

See Appendix VI: Demographic and Household Information and Appendix III: Weighting Methods for further information regarding 2020 U.S. Census Bureau ACS 5-year estimates, 2021 Federal Poverty Thresholds, and Williams County respondent demographics.

SPECIFIC POPULATIONS THAT EXPERIENCE DISPARITIES

Health disparities or the differences in health outcomes between different groups of people (including age, gender, and income-based disparities) can be identified throughout each section of the 2022 Williams County Health Assessment. Income and age-based disparities are particularly prevalent in Williams County. For example, those most likely to rate their general health as fair or poor were adults with annual household incomes under \$25,000 (42%) compared to the general population (16%). Additionally, the prevalence of chronic conditions (e.g., diabetes, high blood pressure, high blood cholesterol, etc.), were higher among those with annual household incomes under \$25,000 compared to the general population.

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

INEQUITIES IN THE FACTORS THAT CONTRIBUTE TO HEALTH CHALLENGES (INCLUDING SOCIAL DETERMINANTS OF HEALTH):

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (Source: Social Determinants of Health, Healthy People 2030). Williams County Health Partners created an entire section within survey development to focus on SDOH specific questions. For example, the SDOH section includes information relating to housing, transportation, and food insecurity, which all contribute to health challenges among Williams County adults. For example, those with low household incomes (<\$25K) were more likely to spend more than 30% of their household income on their housing compared to those with higher household incomes (>\$25K). Please see page 93 for further breakdowns of SDOH data.

RESOURCES TO ADDRESS NEEDS

Numerous resources will be identified through the MAPP planning process, resulting in a comprehensive community health improvement plan (CHIP). Community resources (such as food, mental health, clothing, transportation, housing, etc.) can be found by contacting United Way of Williams County by phone 419-636-8603 or visiting their website at <https://www.unitedwaywc.org>. Additional resources can be found by visiting <https://nocac.org/nocac-resource-guide/>.

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.

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

Although the collection of self-reported data is a common method of research in the field of public health, which is utilized by the BRFSS and YRBSS administered by the CDC, it is also important to consider the possible limitations. There is the potential for respondents to answer dishonestly for their answers to be more socially acceptable, or respondents may not have the ability to accurately assess themselves.

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

Secondary Data Collection Methods

HCNO collected secondary data from multiple sites, including county-level data, wherever possible. HCNO utilized sites, such as the BRFSS, YRBSS, numerous CDC sites, U.S. Census data, Healthy People 2030, Ohio Department of Health (ODH), etc. All of the data is included in the section of the report it corresponds with. All other data will be cited accordingly.

The ODH data was obtained from the Ohio Public Health Information Warehouse. The Ohio Public Health Information Warehouse is a self-service online tool where anyone can obtain the most recent public health data available in Ohio (for example, leading causes of death, cancer mortality, etc.). 2019 mortality data is used as the most recent data available due to 2020-2021 noted as partial and may be incomplete. ODH specifically disclaims responsibility for any analyses, interpretation, or conclusions.

The Williams County Health Partners also provided secondary data that is incorporated throughout the report and cited accordingly.

Key Report Sections

The following sections throughout the report are clarified below. Detailed information regarding definitions (i.e., binge drinker) can be found in appendix II (Acronyms and Terms) of this report.

Data Summary: The data summary consists of key findings from each individual section within the report. This section offers a quick snapshot of data that can be found within the corresponding section of the report. A more comprehensive list of indicators can be found further in the report. Please refer to the table of contents regarding placement of the full section.

Adult and Youth Trend Summary: The adult and youth trend summaries consist of data from the previous Williams County Community Health Assessments. Additionally, state and national adult and youth data is included for comparison purposes. The trend summary highlights all sections found in the report.

Individual Sections: The data throughout the report is broken into individual sections based on the discretion of the Williams County Health Partners. Each individual adult section consists of data from adults ages 19 and older in Williams County. Each individual youth section consists of data from students in Williams ages 12-18 years old in Williams County. The adult individual sections fall under four main categories: health care access, health behaviors, chronic disease, and social conditions. The adult social conditions section consists of topics such as food insecurity, housing, COVID-19, etc. The youth data follows the adult data, which includes nine individual sections. Please reference the table of contents to review placement of individual sections.

Appendix: The appendices is included at the end of this report. Detailed information is included in the appendix regarding information sources, demographics of survey respondents, acronyms and terms, etc.

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 2022 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, to which makes up the Williams County Health Partners. The Community Health Improvement Process (CHIP) follows the CHA process, which will involve the following six phases:

1. Organizing for success and partnership development

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

2. Visioning

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

3. The four assessments

Each of the four assessments generates valuable information. The results of the assessments are particularly valuable when looking at the 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 Williams County Health Partners consider the results of the assessments, including data collected from community members (primary data) and existing statistics (secondary data) to identify key health issues. Upon identifying the key health issues, an objective ranking process is used to prioritize health needs for the CHIP.

5. Formulate goals and strategies

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

6. Action cycle


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

Figure 1.1 The MAPP Framework



2019 Ohio State Health Assessment (SHA)

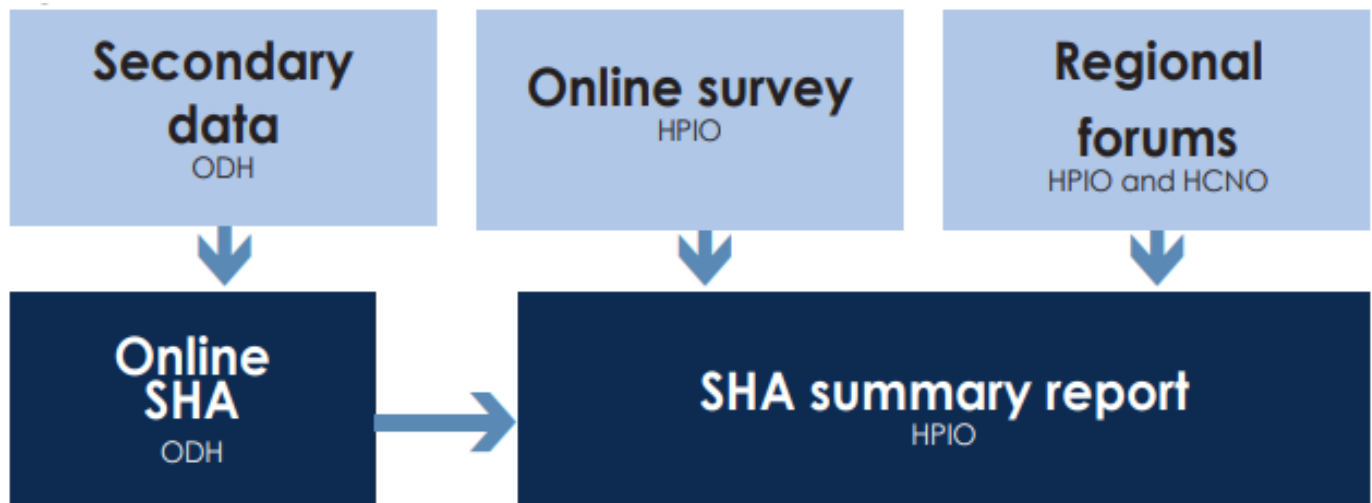
The 2019 Ohio State Health Assessment (SHA) provides data needed to inform health improvement priorities and strategies in the state. This assessment includes over 140 metrics, organized into data profiles, as well as information gathered through five regional forums, online surveys completed by over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

Similar to the 2019 Ohio SHA, the 2022 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



**Acronyms:*












HCNO – Hospital Council of Northwest Ohio

HPIO – Health Policy Institute of Ohio


ODH – Ohio Department of Health

**2022
ADULT
(AGES 19+)
DATA**

Adult Trend Summary

Adult Variables	Williams County 2013	Williams County 2016	Williams County 2019	Williams County 2022	Ohio 2020	U.S. 2020
Health Status						
Rated general health as excellent or very good	56%	55%	47%	41%	55%	57%
Rated general health as fair or poor 	10%	14%	13%	16%	16%	13%
Rated mental health as not good on four or more days (in the past 30 days)	15%	23%	30%	27%	29%*	26%*
Rated physical health as not good on four or more days (in the past 30 days)	18%	20%	20%	27%	24%*	23%*
Average number of days that physical health was not good (in the past 30 days) 	2.6	3.5	3.5	4.8	4.8**	4.1**
Average number of days that mental health was not good (in the past 30 days) 	2.3	4.5	4.4	4.6	4.1**	3.7**
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%	27%	N/A	N/A
Health Care Coverage, Access, and Utilization						
Uninsured 	15%	5%	7%	7%	9%	9%
Visited a doctor for a routine checkup (in the past 12 months) 	50%	59%	64%	67%	77%	76%
Visited a doctor for a routine checkup (5 or more years ago)	15%	8%	9%	6%	6%	6%
Had one or more persons they thought of as their personal health care provider	78%	76%	86%	80%	79%	77%
Arthritis, Asthma, & Diabetes						
Ever been told by a doctor they have diabetes (not pregnancy-related) 	8%	7%	12%	14%	12%	11%
Had ever been told they have asthma	12%	18%	13%	16%	14%	14%
Cardiovascular Health						
Ever diagnosed with angina or coronary heart disease	6%	6%	7%	7%	5%	4%
Ever diagnosed with a heart attack, or myocardial infarction 	5%	4%	6%	9%	5%	4%
Ever diagnosed with a stroke	3%	1%	4%	2%	4%	3%
Had been told they had high blood pressure 	29%	35%	39%	41%	35%*	33%*
Had been told their blood cholesterol was high	35%	36%	37%	37%	33%*	33%*
Weight Status						
Overweight	38%	30%	31%	33%	34%	35%
Obese 	30%	41%	42%	49%	36%	32%
Alcohol Consumption						
Current drinker (had at least one drink of alcohol within the past 30 days)	45%	39%	62%	54%	51%	53%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion within the past 30 days) 	18%	15%	17%	18%	16%	16%
Tobacco Use						
Current cigarette smoker (smoked on some or all days) 	20%	22%	16%	14%	19%	16%
Former cigarette smoker (smoked 100 cigarettes in lifetime and now do not smoke)	24%	18%	25%	28%	24%	25%

N/A – Not Available

 Indicates alignment with the Ohio State Health Assessment
*2019 BRFSS

**2018 BRFSS as compiled by 2021 County Health Rankings

Adult Variables	Williams County 2013	Williams County 2016	Williams County 2019	Williams County 2022	Ohio 2020	U.S. 2020
Drug Use						
Adults who used marijuana in the past 6 months	3%	4%	3%	5%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	6%	5%	5%	7%	N/A	N/A
Preventive Medicine						
Ever had a pneumonia vaccine (ages 65 and older)	56%	67%	77%	68%	72%	72%
Had a flu shot within the past year (ages 65 and over)	72%	72%	76%	72%	65%	68%
Had a clinical breast exam in the past two years (women ages 40 and older)	68%	66%	52%	51%	N/A	N/A
Had a mammogram within the past two years (women ages 40 and older)	69%	67%	65%	70%	71%	72%
Had a pap test in the past three years (women ages 21-65)	66%	54%	59%	58%	77%	78%
Quality of Life						
Limited in some way because of physical, mental or emotional problem	20%	15%	22%	28%	N/A	N/A
Mental Health						
Felt sad or hopeless for two or more weeks in the past year	8%	9%	13%	14%	N/A	N/A
Seriously considered attempting suicide in the past year	3%	2%	5%	5%	N/A	N/A
Attempted suicide in the past year	<1%	0%	1%	<1%	N/A	N/A
Sexual Behavior						
Had more than one sexual partner in past year	3%	4%	3%	4%	N/A	N/A
Oral Health						
Visited a dentist or a dental clinic (within the past year)	65%	53%	73%	58%	65%	67%
Visited a dentist or a dental clinic (5 or more years ago)	10%	15%	11%	16%	N/A	N/A

N/A – Not Available

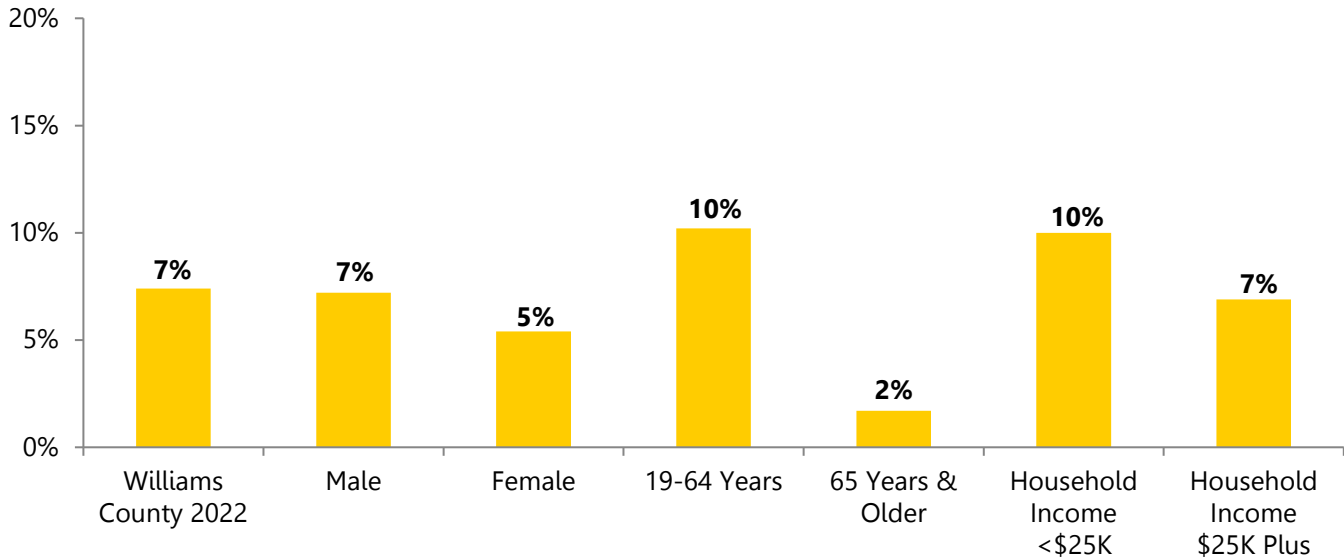
Adult Data Summary

Adult Data Summary | Health Care Access

ADULT HEALTH CARE COVERAGE

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

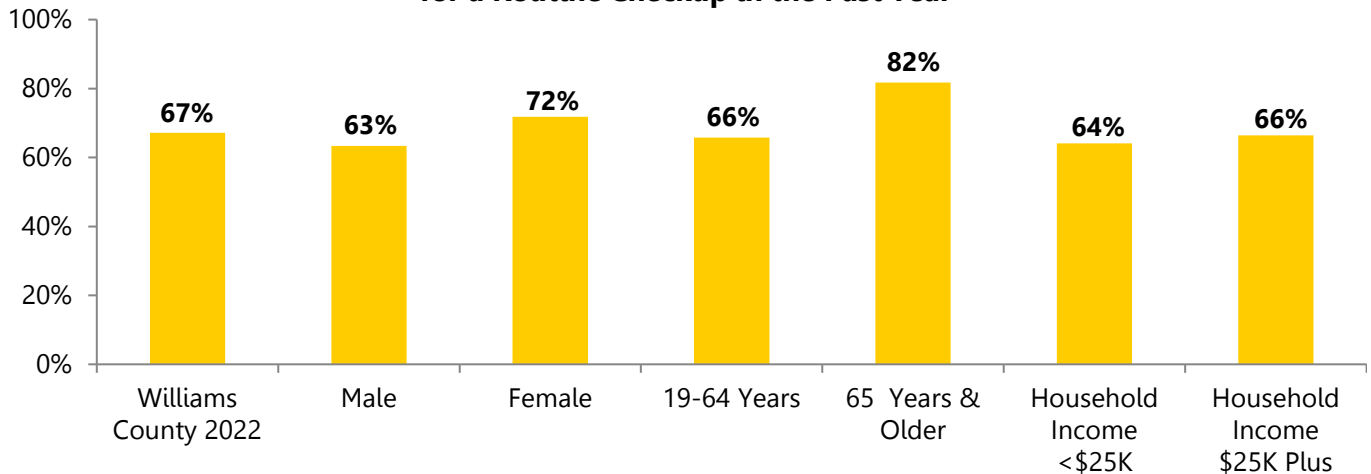
Uninsured Williams County Adults



ADULT ACCESS AND UTILIZATION

Approximately two-thirds (67%) of Williams County adults visited a doctor for a routine checkup in the past year, increasing to 82% of those ages 65 and older. Four out of five (80%) adults indicated they had at least one person they thought of as their personal doctor or health care provider.

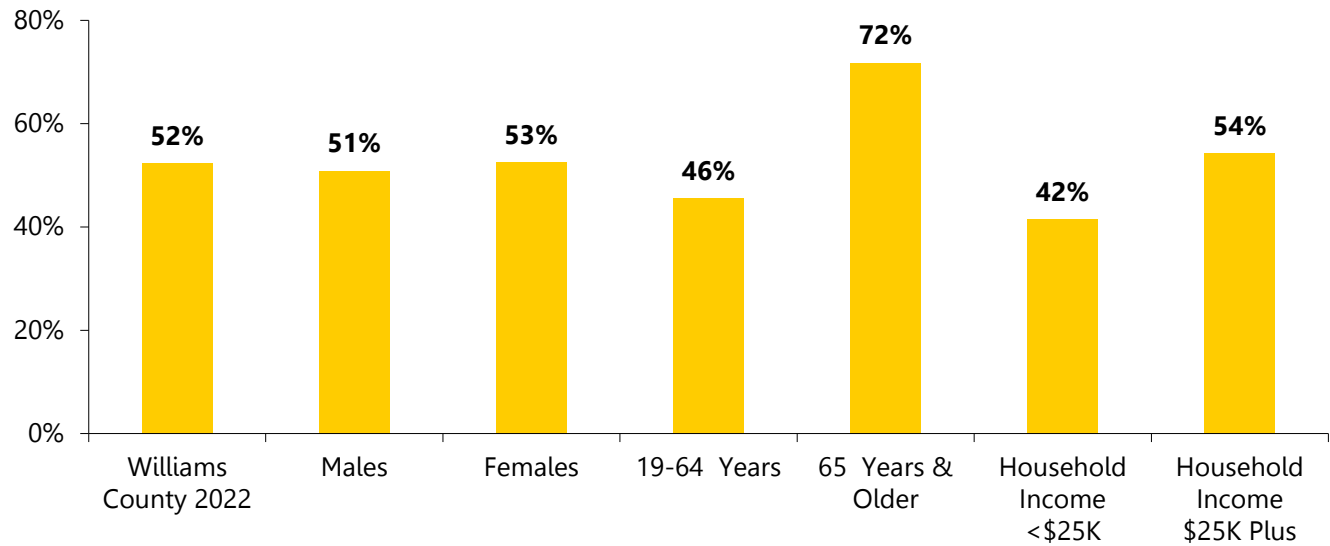
Williams County Adults who Visited a Doctor for a Routine Checkup in the Past Year



ADULT PREVENTIVE MEDICINE

More than half (52%) of Williams County adults had a flu vaccine in the past year. Sixty-eight percent (68%) of adults ages 65 and older had a pneumonia vaccination at some time in their life.

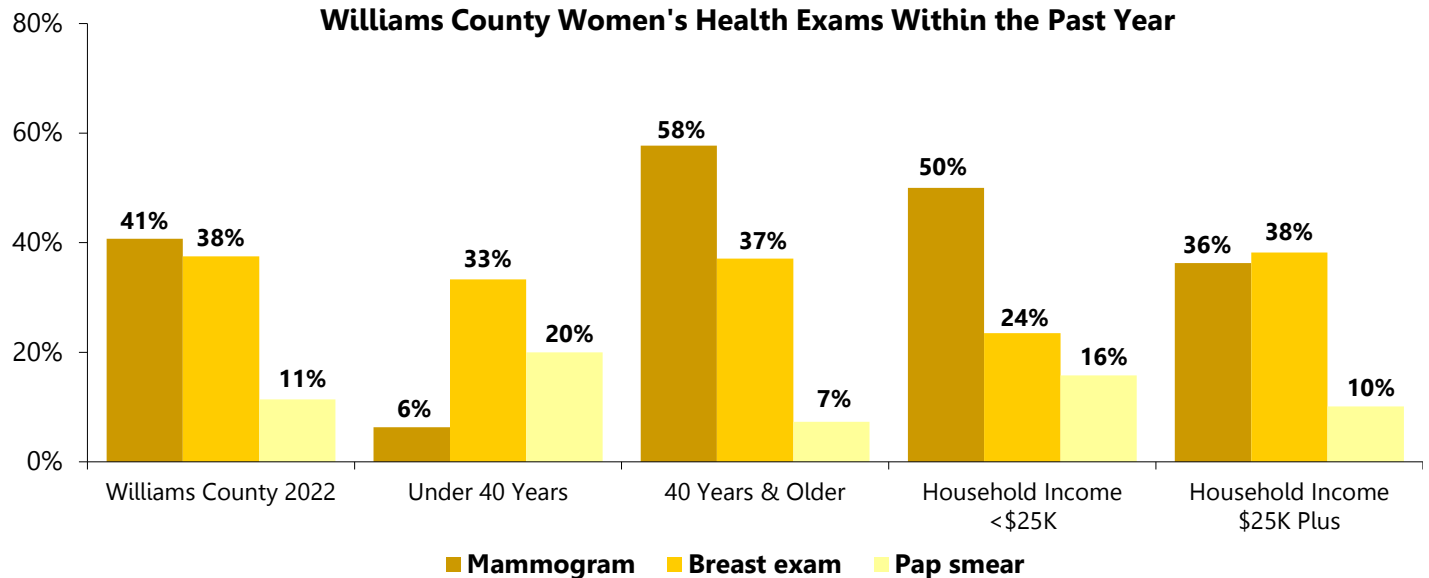
Williams County Adults who Received a Flu Vaccine Within the Past Year



ADULT WOMEN'S HEALTH

More than half (58%) of women ages 40 and older had a mammogram in the past year. Fifty-eight percent (58%) of women ages 21-65 had a pap smear in the past three years. Half (50%) of women were obese, 38% had high blood pressure, 38% had high blood cholesterol, and 16% were identified as smokers, all known risk factors for cardiovascular diseases.

Williams County Women's Health Exams Within the Past Year



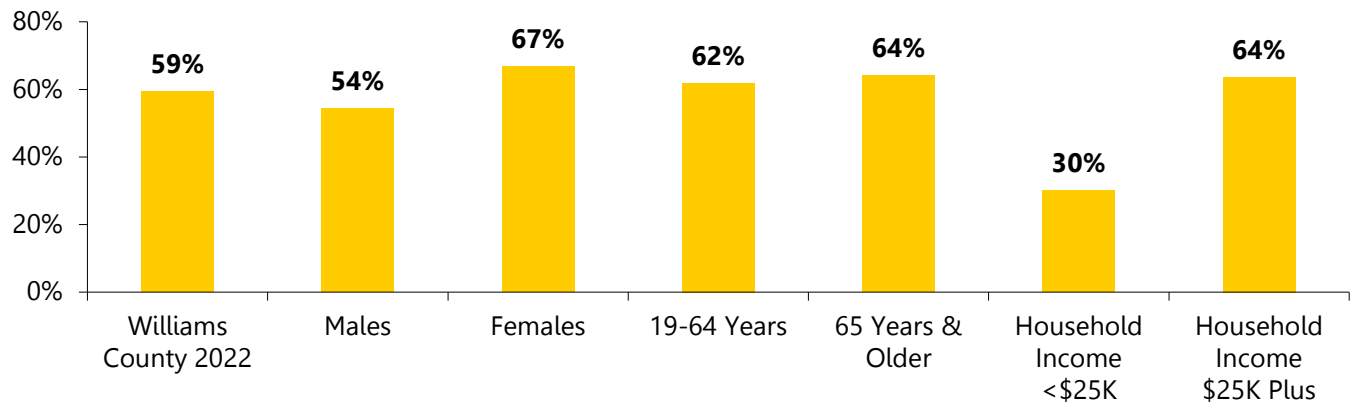
ADULT MEN'S HEALTH

Eighteen percent (18%) of males reported they had a prostate-specific antigen (PSA) test within the past two years. Thirty-eight percent (38%) of men had high blood cholesterol, 46% had been diagnosed with high blood pressure, and 10% were identified as smokers, which, along with obesity (49%), are known risk factors for cardiovascular diseases.

ADULT ORAL HEALTH

In the past year, nearly three out of five (59%) Williams County adults had visited a dentist or dental clinic, decreasing to 30% of those with household incomes less than \$25,000. Thirty-one percent (31%) of adults who did not see a dentist in the past year were unable to do so due to cost.

Williams County Adults Visited a Dentist in the Past Year

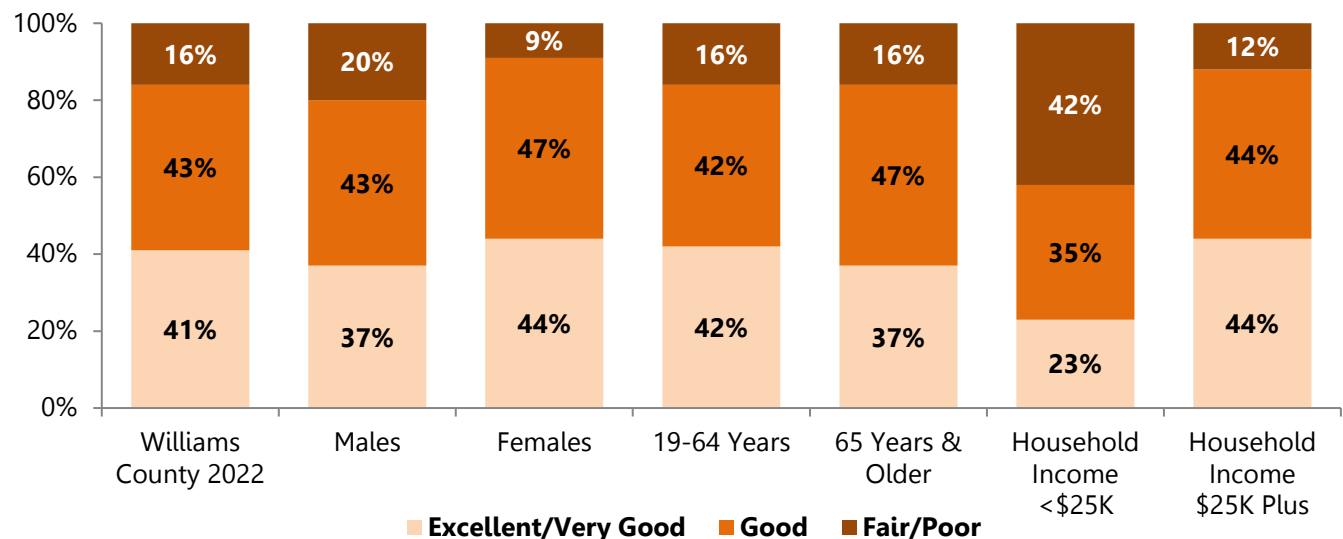


Adult Data Summary | Health Behaviors

ADULT HEALTH STATUS PERCEPTIONS

More than two-fifths (41%) of Williams County adults rated their health status as excellent or very good. Conversely, 16% of adults described their health as fair or poor, increasing to 42% of those with household incomes less than \$25,000. In the past month, adults reported their physical health as not good on an average of 4.8 days in the past months, and their mental health as not good on an average of 4.6 days in the past month.

Williams County Adult Health Perceptions*

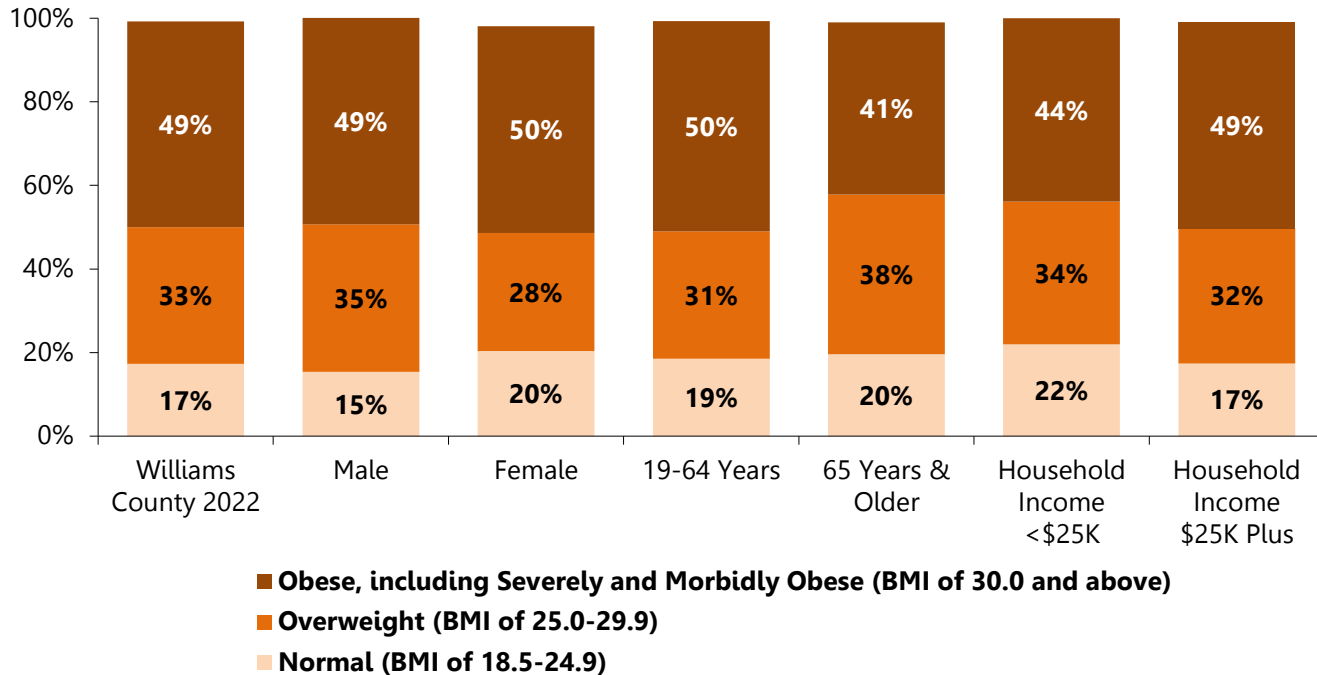


*Respondents were asked: "Would you say that in general your health is excellent, very good, good, fair or poor?"

ADULT WEIGHT STATUS

More than four-fifths (82%) of adults were either overweight (33%), obese (24%), severely obese (12%), or morbidly obese (13%) 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 3 or more days per week. One-third (33%) of adults reported one or more barriers to consuming fruits and vegetables.

Williams County Adult BMI Classifications*

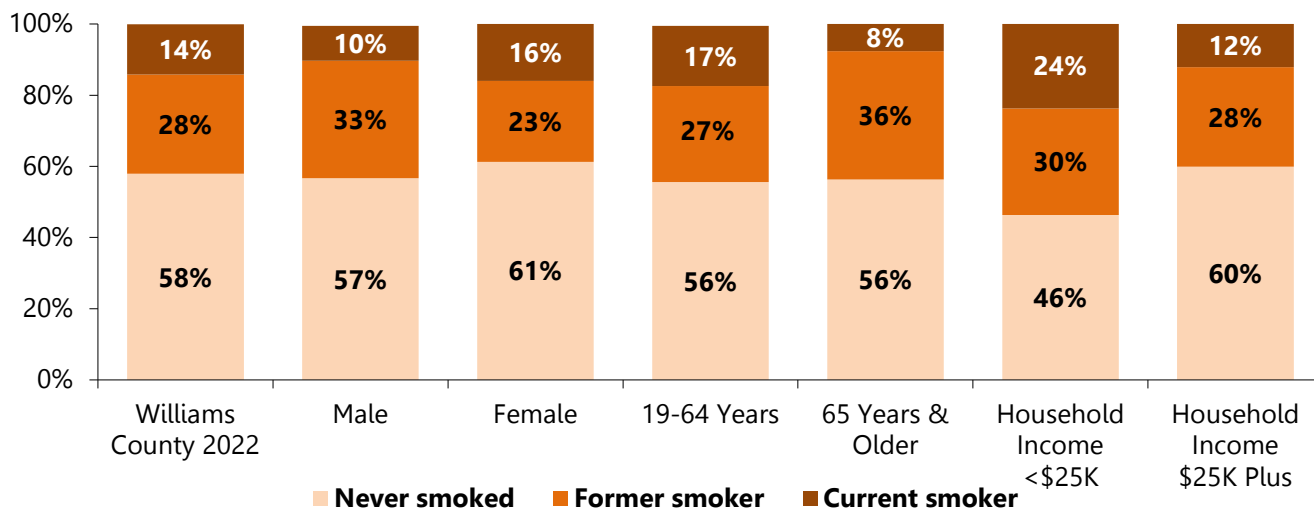


*Percentages may not equal 100% due to the exclusion of data for those who were classified as underweight

ADULT TOBACCO USE

In 2022, 14% of Williams County adults were current cigarette smokers and 28% were considered former cigarette smokers.

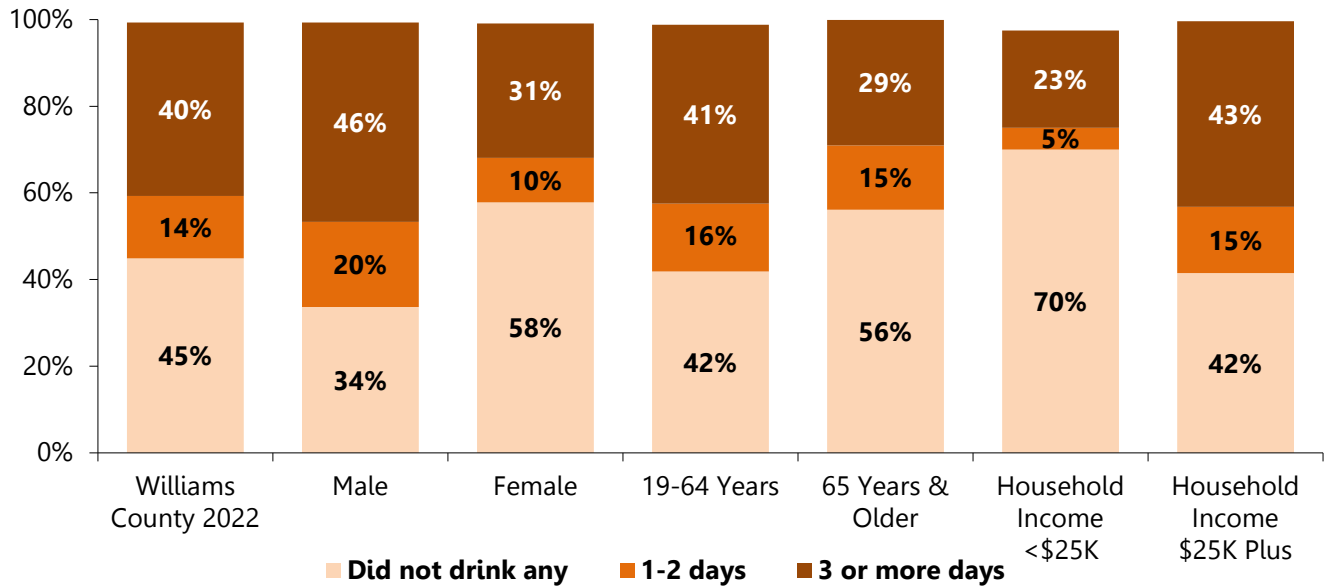
Williams County Adult Cigarette Smoking Behaviors



ADULT ALCOHOL CONSUMPTION

More than half (54%) of Williams County adults had at least one alcoholic drink in the past month and were considered current drinkers. More than one-third (36%) 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*

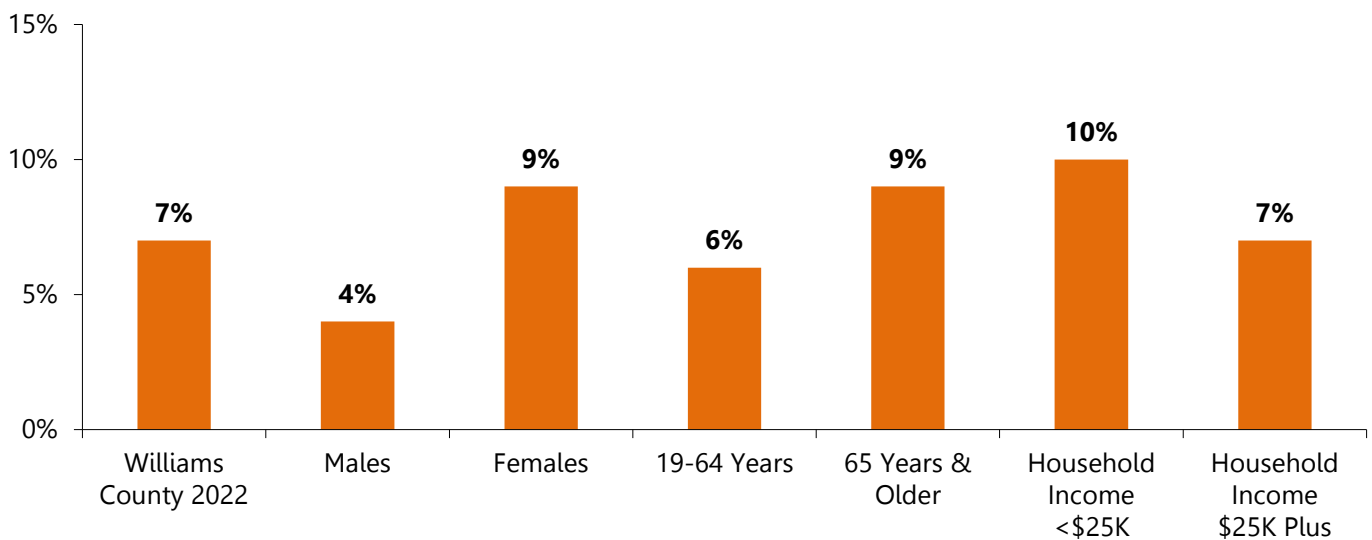


*Percentages may not equal 100% as some respondents answered, "don't know"

ADULT DRUG USE

Five percent (5%) of Williams County adults had used recreational marijuana during the past 6 months. Seven percent (7%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

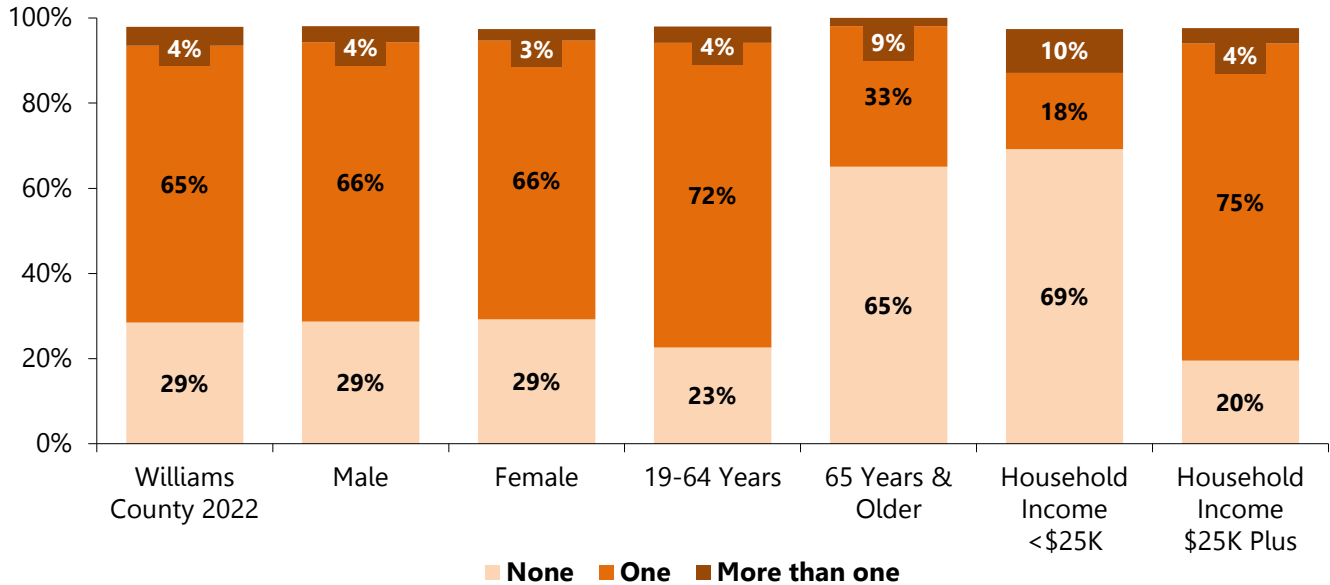
Williams County Adult Prescription Drug Misuse in Past 6 Months



ADULT SEXUAL BEHAVIOR

In 2022, 69% of Williams County adults had sexual intercourse. Four percent (4%) of adults had more than one partner. Nine percent (9%) of Williams County adults reported being forced to participate in sexual activity when they did not want to in their lifetime.

Number of Sexual Partners in the Past Year*

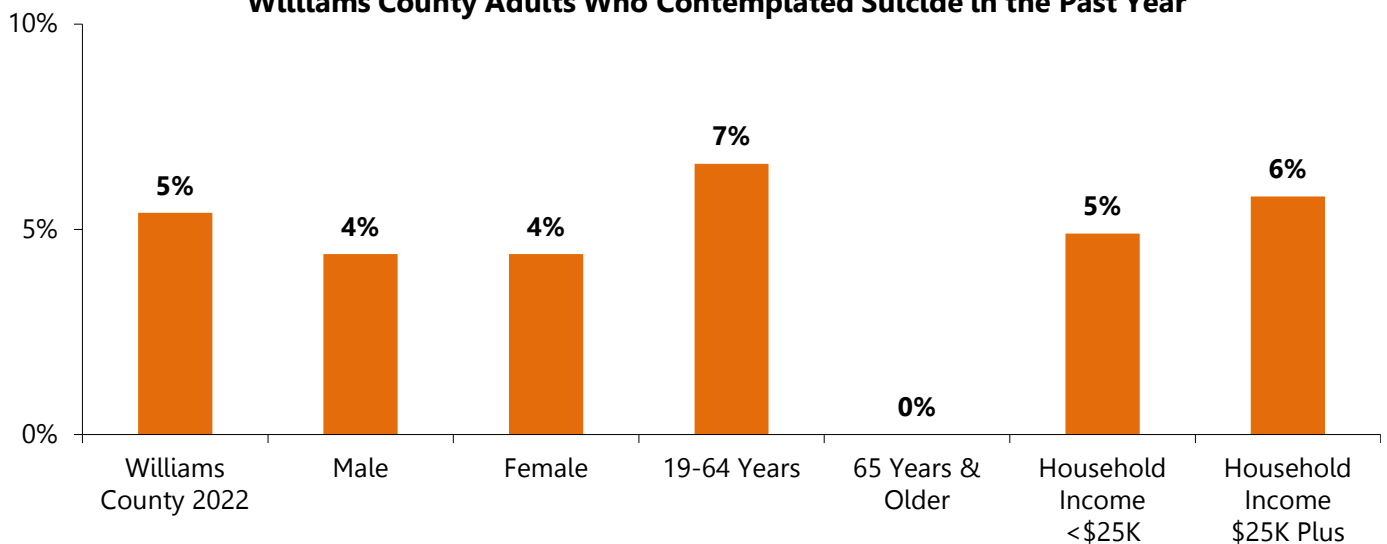


Respondents were asked: "During the past 12 months, with how many different people have you had sexual intercourse?"
 *Percentages may not equal 100% as some respondents answered, "don't know"

ADULT MENTAL HEALTH

In the past year, 14% 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 less than 1% actually attempted suicide in the past year.

Williams County Adults Who Contemplated Suicide in the Past Year

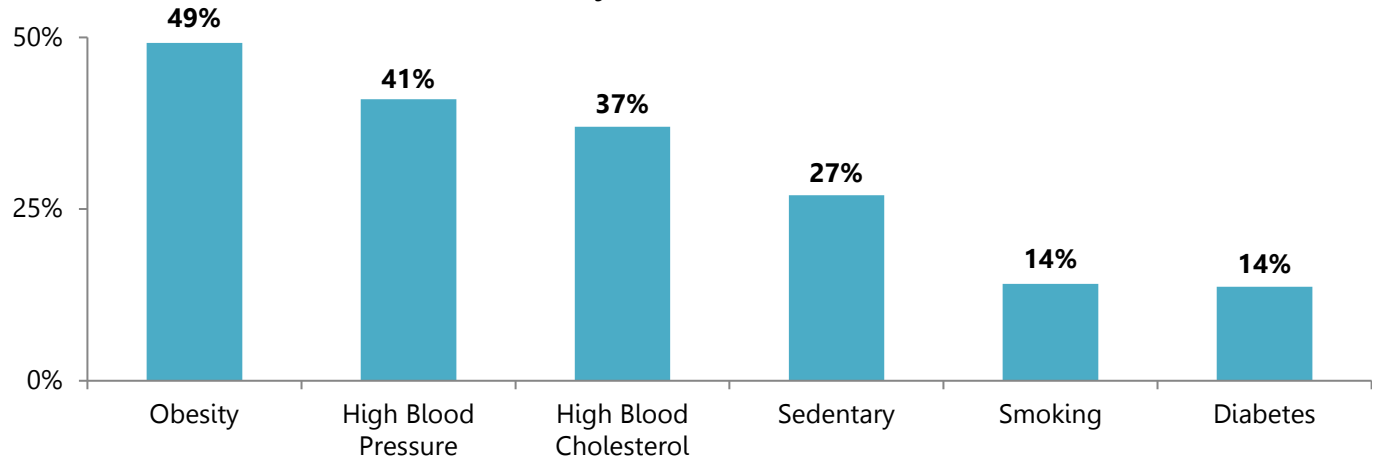


Adult Data Summary | Chronic Disease

ADULT CARDIOVASCULAR HEALTH

One in eleven (9%) adults reported they had survived a heart attack and 2% survived a stroke at some time in their life. More than two-fifths (41%) of adults had high blood pressure, 37% had high blood cholesterol, 49% were obese, and 14% were current smokers, all known risk factors for cardiovascular disease.

Williams County Adults with CVD Risk Factors



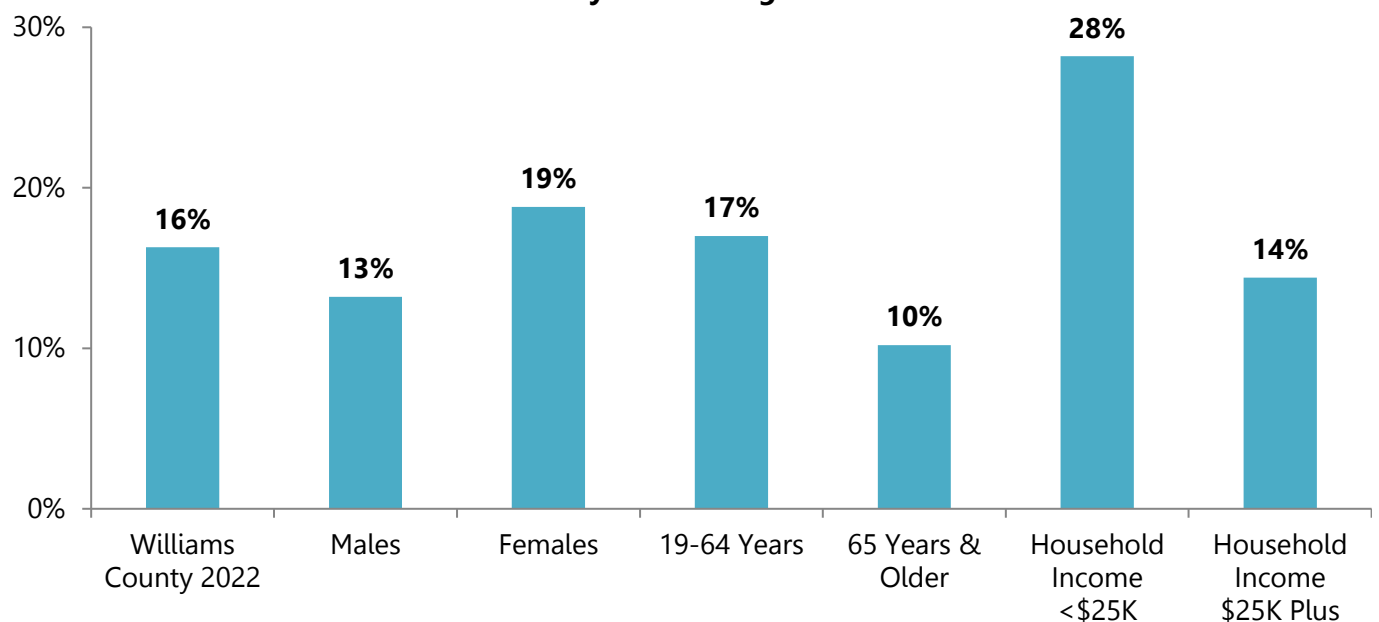
ADULT CANCER

Nearly one out of five (18%) Williams County adults had been diagnosed with cancer at some point in their lives.

ADULT ASTHMA

Sixteen percent (16%) of Williams County adults reported that they had been diagnosed with asthma within their lifetime.

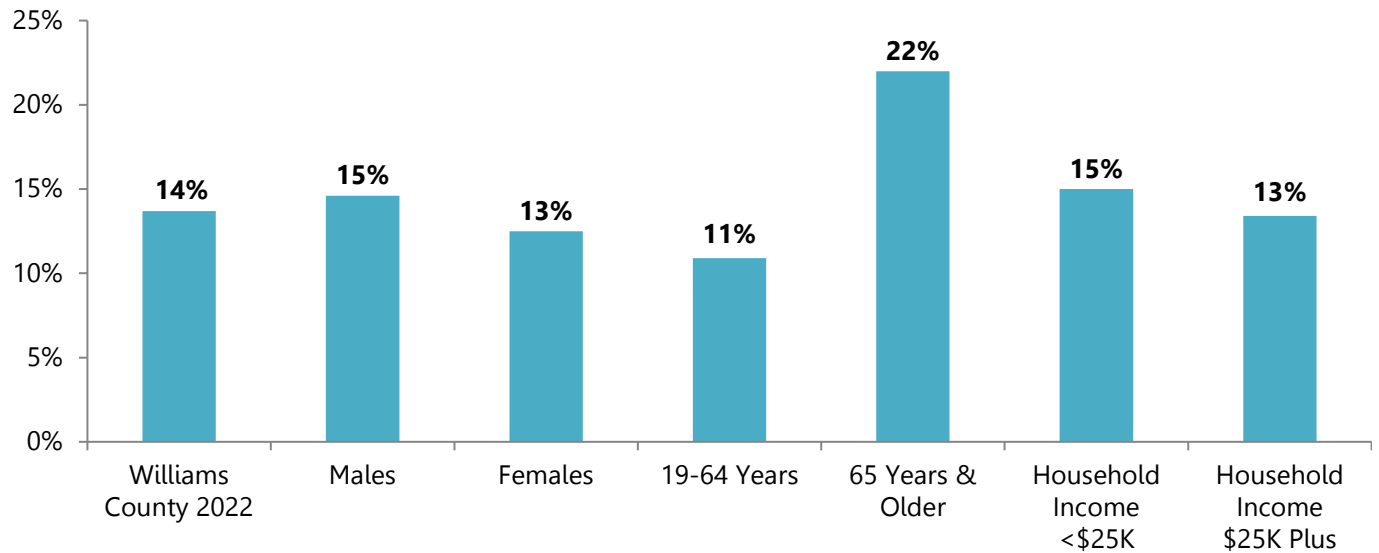
Williams County Adults Diagnosed with Asthma



ADULT DIABETES

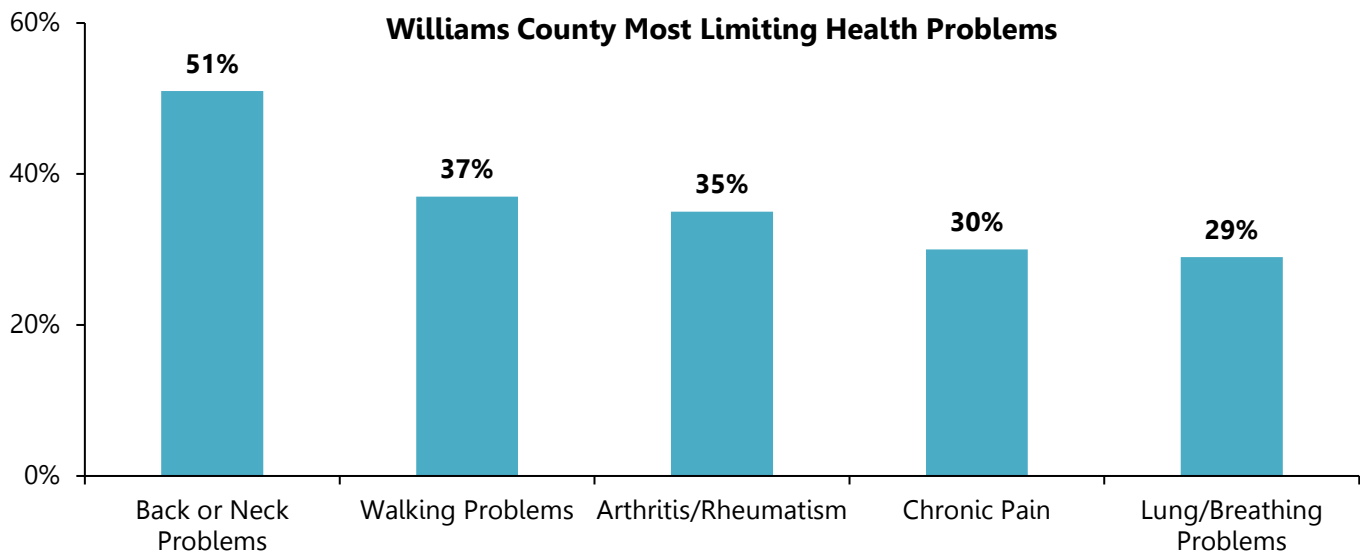
Fourteen percent (14%) of Williams County adults had been diagnosed with diabetes.

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



ADULT QUALITY OF LIFE

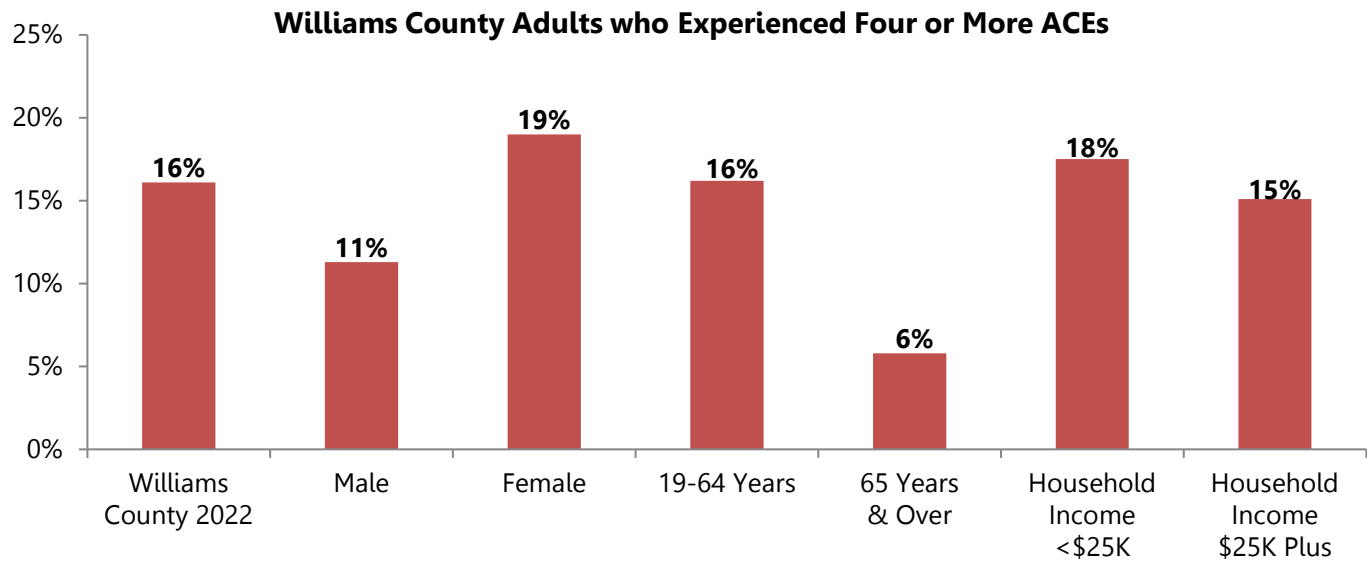
In 2022, more than one quarter (28%) of Williams County adults were limited in some way because of a physical, mental or emotional problem, increasing to 54% of those with household incomes less than \$25,000.



Adult Data Summary | Social Conditions

ADULT SOCIAL DETERMINANTS OF HEALTH

Sixteen percent (16%) of adults experienced four or more adverse childhood experiences (ACEs). More than half (57%) of Williams County adults kept a firearm in or around their home. Five percent (5%) of adults experienced more than one food insecurity issue in the past year.



ADULT ENVIRONMENTAL CONDITIONS

Adults indicated that insects (6%), temperature regulation (5%), and sewage/wastewater problems (5%) threatened their health in the past year.

ADULT PARENTING

One-fourth (25%) of parents never breastfed their child. Parents of children ages 12-17 years old indicated they discussed the following with their child: birth control and safe sex options (100%); abstinence/how to refuse sex (86%); depression, anxiety, and suicide (83%); and career plan/post-secondary education (83%).

ADULT COVID-19

Adults indicated that they experienced changes in their mental health (14%), changes in their physical health (13%), and financial instability (10%) as a result of the COVID-19 pandemic.

Health Care Access: Adult Health Care Coverage

Key Findings

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

Health Coverage

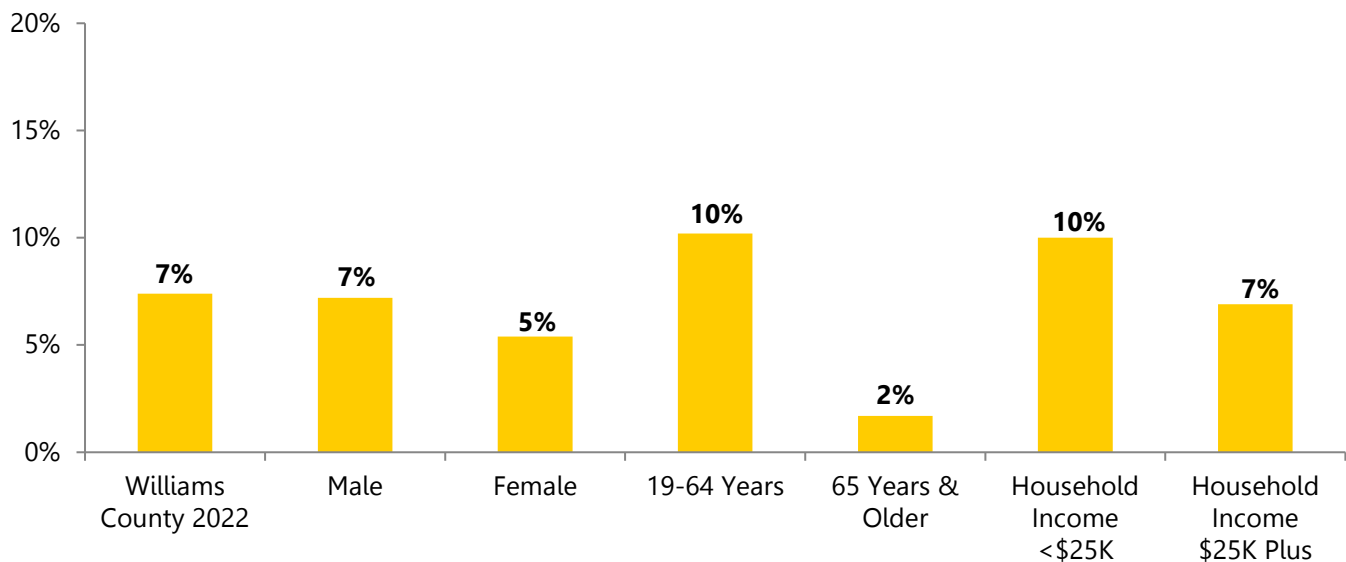
- In 2022, 93% of Williams County adults had health care coverage, leaving 7% of adults uninsured.
- One out of seven (14%) adults with children did not have health care coverage, compared to 1% of those who did not have children living in their household.

In Williams County, 1,950 adults were uninsured.

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Williams County 2022	Ohio 2020	U.S. 2020
Uninsured	15%	5%	7%	7%	9%	9%

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 10% of those ages 19-64.

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 2030
Access to Health Services (AHS)

Objective	Williams County 2022	Ohio 2020	U.S. 2020	Healthy People 2030 Target
AHS-01: Increase the proportion of persons with medical insurance	100% age 18-24 96% age 25-34 80% age 35-44 84% age 45-54 96% age 55-64	86% age 18-24 85% age 25-34 89% age 35-44 90% age 45-54 92% age 55-64	82% age 18-24 80% age 25-34 84% age 35-44 86% age 45-54 91% age 55-64	92%

(Sources: Healthy People 2030 Objectives, 2020 BRFSS, 2022 Williams County Community Health Assessment)

- Adults in Williams County indicated the following sources for their health care coverage: employer (49%); Medicare (24%); someone else’s employer (10%); Medicaid or medical assistance (5%); multiple, including private insurance (4%); self-purchased plan (3%); military, CHAMPUS, TriCare, CHAMPVA or the VA (2%); Health Insurance Marketplace (1%); and multiple, including government insurance (1%).
- Adults reported their health care coverage included the following:
 - Medical (93%)
 - Prescription coverage (89%)
 - Preventive health (83%)
 - Immunizations (79%)
 - Outpatient therapy (69%)
 - County physicians (68%)
 - Dental (64%)
 - Vision or eyeglasses (62%)
 - Their spouse (60%)
 - Their children (49%)
 - Mental health (48%)
 - Their partner (46%)
 - Mental health counseling (43%)
 - Durable medical equipment (42%)
 - Alcohol and drug treatment (32%)
 - Skilled nursing/assisted living (26%)
 - Home care (26%)
 - Tobacco cessation (23%)
 - Hospice (23%)
 - Long-term care (21%)
 - Air ambulance (16%)
 - Transportation (11%)
- Adults had the following issues regarding their health care coverage:
 - Cost (31%)
 - Opted out of certain coverage because they could not afford it (8%)
 - Could not understand their insurance plan (7%)
 - Service not deemed medically necessary (5%)
 - Currently working with their insurance company (4%)
 - Service no longer covered (3%)
 - Limited visits (2%)
 - Opted out of certain coverage because they did not need it (2%)
 - Provider was no longer covered (2%)
 - Pre-existing conditions (1%)

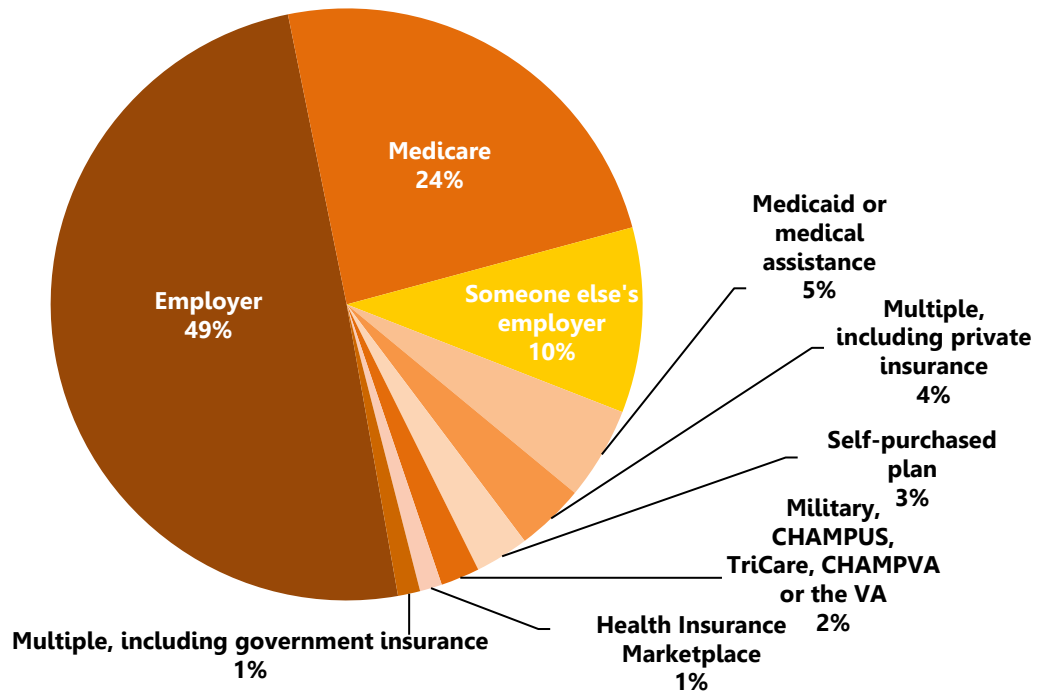
Key Facts about the Uninsured Population in the U.S.

- For the third year in a row, the number of uninsured individuals increased in 2019. In 2019, 28.9 million nonelderly individuals were uninsured, an increase of more than 1 million from 2018.
- Nearly three-fourths (74%) of uninsured adults said that they were uninsured because the cost of coverage was too high.
- Approximately two-fifths (41%) of uninsured adults did not have a regular place to go when they were sick or needed medical advice.
- Three-in-ten (30%) nonelderly adults without coverage say that they went without care in the past year because of cost, compared to 5% of adults with private coverage and 10% of adults with public coverage.
- Because people without health coverage are less likely than those with insurance to have regular outpatient care, they are more likely to be hospitalized for avoidable health problems and to experience declines in their overall health.

(Source: The Henry Kaiser Family Foundation, Key Facts about the Uninsured Population, November 2020)

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

Source of Health Care 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	93%	<1%	6%
Prescription Coverage	89%	5%	6%
Preventive Health	83%	2%	15%
Immunizations	79%	3%	18%
Outpatient Therapy	69%	4%	27%
County Physicians	68%	3%	29%
Dental	64%	30%	6%
Vision/Eyeglasses	62%	33%	5%
Their Spouse	60%	28%	12%
Their Children	49%	36%	15%
Mental Health	48%	6%	46%
Their Partner	46%	36%	18%
Mental Health Counseling	43%	6%	51%
Durable Medical Equipment	42%	7%	51%
Alcohol and Drug Treatment	32%	10%	58%
Home Care	26%	9%	65%
Skilled Nursing/Assisted Living	26%	7%	67%
Hospice	23%	7%	70%
Tobacco Cessation	23%	9%	68%
Long-Term Care	21%	17%	62%
Air Ambulance	16%	10%	74%
Transportation	11%	16%	73%

Health Care Access: Adult Access and Utilization

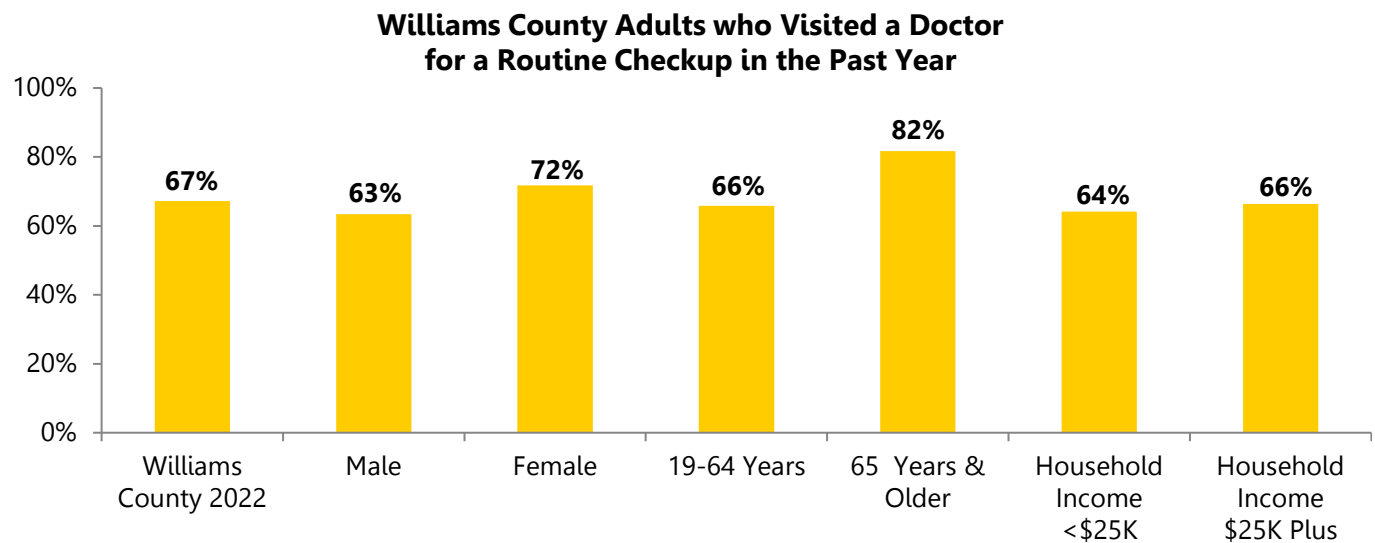
Key Findings

Approximately two-thirds (67%) of Williams County adults visited a doctor for a routine checkup in the past year, increasing to 82% of those ages 65 and older. Four out of five (80%) adults indicated they had at least one person they thought of as their personal doctor or health care provider.

Health Care Access

- Approximately two-thirds (67%) of Williams County adults visited a doctor for a routine checkup in the past year, increasing to 82% of those ages 65 and older.
- Six percent (6%) of adults in Williams County had visited a doctor for a routine checkup five or more years ago.
- Adults with health care coverage were more likely to have visited a doctor for a routine checkup in the past year (68%), compared to 47% of those without health care coverage.
- Four out of five (80%) adults indicated they had at least one person they thought of as their personal doctor or health care provider.

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: 67% of all Williams County adults had a routine check-up in the past year, including 64% of those with household incomes less than \$25,000 and 82% of those 65 years and older.



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

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Williams County 2022	Ohio 2020	U.S. 2020
Visited a doctor for a routine checkup (in the past 12 months)	50%	59%	64%	67%	77%	76%
Visited a doctor for a routine checkup (5 or more years ago)	15%	8%	9%	6%	6%	6%
Had one or more persons they thought of as their personal health care provider	78%	76%	86%	80%	79%	77%

- Almost half (49%) 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 (26%)
 - Cost/no insurance (10%)
 - Too long of a wait for an appointment (8%)
 - Could not get time off work (7%)
 - Office wasn't open when they could get there (6%)
 - COVID-19 (6%)
 - Do not trust or believe doctors (4%)
 - Inconvenient appointment times (4%)
 - No transportation (3%)
 - Can access medical records online (3%)
 - Distance (2%)
 - Too long of a wait in the waiting room (2%)
 - Concerned about privacy (2%)
 - Discrimination/concerned they would be treated differently (2%)
 - Too embarrassed to seek help (1%)
 - No child care (1%)
 - Language barrier (1%)
 - Other problems that prevented them from getting medical care (2%)

- Thirty-one percent (31%) of adults in Williams County reported they had not gotten recommended major or preventive care due to cost.

- Williams County adults had not gotten any of the following recommended major care or preventive care due to cost:
 - Medications (10%)
 - Lab testing (10%)
 - Surgery (7%)
 - Mental health services (7%)
 - Weight loss program (6%)
 - Colonoscopy (6%)
 - Immunizations (6%)
 - Mammogram (5%)
 - Alcohol and/or drug treatment (3%)
 - Pap smear (2%)
 - Smoking cessation (2%)
 - PSA test (1%)
 - Family planning services (1%)
 - Other care/services (7%)

- Adults usually visited the following places when they were sick or needed advice about their health:
 - A doctor's office (65%)
 - Urgent care center (8%)
 - Internet (5%)
 - Bryan Community Health Center (4%)
 - Family and friends (3%)
 - Veteran Affairs (2%)
 - Chiropractor (2%)
 - A hospital emergency room (2%)
 - Alternative therapies (1%)
 - Call 9-1-1/use ambulance service (1%)
 - Telemedicine (<1%)
 - Other (1%)

- Six percent (6%) of adults in Williams County did not have a usual place or source to go to when they were sick or needed advice about their health.

Health Care Access: Adult Preventive Medicine

Key Findings

More than half (52%) of Williams County adults had a flu vaccine in the past year. Sixty-eight percent (68%) of adults ages 65 and older had a pneumonia vaccination at some time in their life.

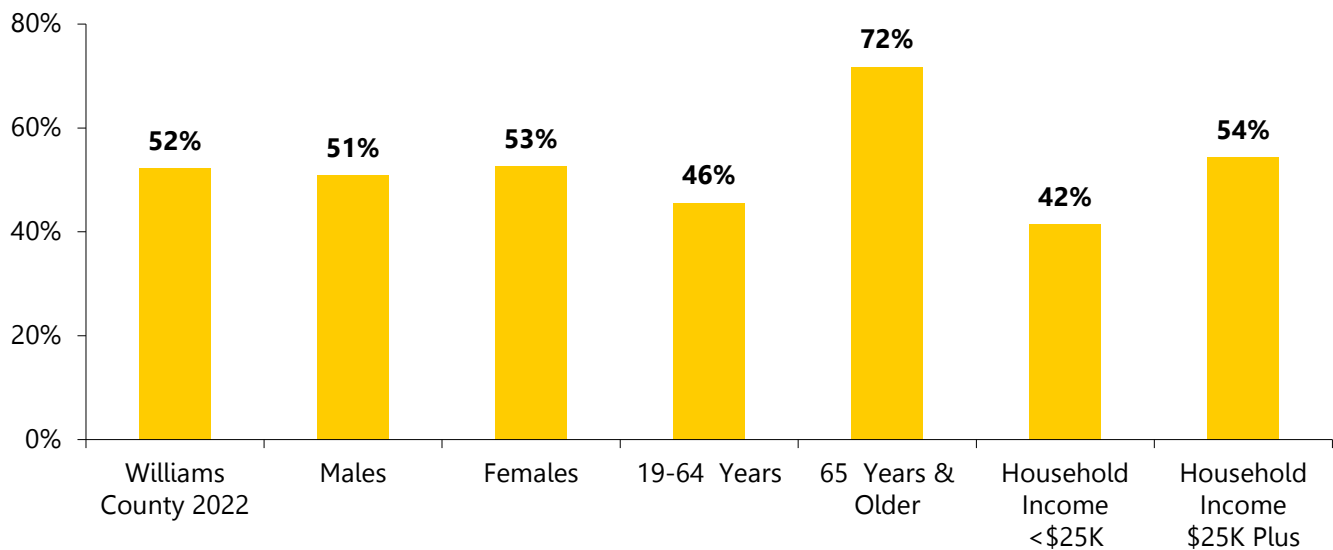
Preventive Medicine

- More than half (52%) of Williams County adults had a flu vaccine during the past 12 months, increasing to 72% of those ages 65 and older.
- Thirty-one percent (31%) of adults have had a pneumonia vaccination in their life, increasing to 68% of those ages 65 and over.

13,426 Williams County adults did not receive a flu vaccine in the past year.

The following graph shows the percentage of Williams County adults who received a flu vaccine within the past year. An example of how to interpret the information shown on the graph includes: 52% of Williams County adults received a flu vaccine within the past year, including 42% of those with household incomes below \$25,000 and 72% of those ages 65 and older.

Williams County Adults who Received a Flu Vaccine 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 2030
Immunization and Infectious Diseases (IID)

Objective	Williams County 2022	Ohio 2020	U.S. 2020	Healthy People 2030 Target
IID-09: Increase the proportion of persons who are vaccinated annually against seasonal influenza	52%	65%	68%	70%

(Sources: Healthy People 2030 Objectives, 2022 Williams County Community Health Assessment)

- Williams County adults reported they have had the following vaccines:
 - Tetanus booster (Td/Tdap) in the past 10 years (66%)
 - Pneumonia vaccine in their lifetime (31%)
 - Zoster (shingles) vaccine in their lifetime – among those 50 years and older (33%)
 - Human papillomavirus (HPV) vaccine in their lifetime (12%)
- See the COVID-19 section for information regarding COVID-19 vaccination among Williams County adults.

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Williams County 2022	Ohio 2020	U.S. 2020
Had a flu vaccine within the past year (ages 65 and over)	72%	72%	76%	72%	65%	68%
Ever had a pneumonia vaccine (ages 65 and older)	56%	67%	77%	68%	72%	72%

- Williams County adults reported they had the following screenings: prostate-specific antigen (PSA) test within the past two years (among males) (18%), depression in the past year (16%), colorectal cancer in the past five years (14%), skin cancer screening in the past year (11%), blood stool test in the past year (11%), bone density in the past year (8%), oral cancer in the past year (6%), balance/falls in the past year (6%), and lung cancer in the past three years (3%).

The following table displays which topics adults reported their doctor discussed with them in the past year:

Health topics	Age 19-64 Years	Age 65+ Years	Total
Alcohol use	12%	5%	9%
Depression, anxiety, or emotional problems	23%	18%	21%
Domestic violence	4%	4%	4%
Falls	6%	21%	13%
Firearm safety	2%	0%	1%
Illicit drug abuse	3%	4%	3%
Immunizations	41%	54%	46%
Injury prevention (e.g., safety belt use, helmet use, smoke detectors, etc.)	7%	4%	6%
Safe use of opiate-based pain medication	5%	7%	6%
Safe use of prescription medication	15%	27%	20%
Tobacco use	21%	10%	16%
Weight control	34%	24%	30%

Recommended Adult Immunization Schedule by Age Group, United States, 2022

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV4) or Influenza recombinant (RIV4) or Influenza live, attenuated (LAIV4)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes) 1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)	2 doses		
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)	1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)			1 dose PCV15 followed by PPSV23 OR 1 dose PCV20
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	19 through 23 years	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations		
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			

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

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

Recommended vaccination based on shared clinical decision-making

No recommendation/ Not applicable

(Source: Centers for Disease Control and Prevention, Recommended Adult Immunization Schedule, 2022)

Health Care Access: Adult Women's Health

Key Findings

More than half (58%) of women ages 40 and older had a mammogram in the past year. Fifty-eight percent (58%) of women ages 21-65 had a pap smear in the past three years. Half (50%) of women were obese, 38% had high blood pressure, 38% had high blood cholesterol, and 16% 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-two percent (62%) of women had a mammogram at some time in their life, and 41% had this screening in the past year.
- More than half (58%) of women ages 40 and over had a mammogram in the past year, and 70% had one in the past two years.
- A clinical breast exam is a physical exam done by a health care provider. Approximately four out of five (81%) Williams County women had a clinical breast exam at some time in their life, and 38% had one within the past year. More than half (51%) 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. Four-fifths (80%) of Williams County women ages 21-65 had a pap smear at some time in their life, and 14% reported having had the exam in the past year. Fifty-eight percent (58%) of women had a pap smear in the past three years. Fifteen percent (15%) 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 in Williams County: Parkview (51%), Community Hospitals and Wellness Centers (14%), Bryan Community Health Center (12%), a family planning clinic (4%), CPC Women's Health Resource (3%), Williams County Health Department (Family Planning Clinic) (3%), and some other place in Williams County (2%). Sixteen percent (16%) of women went to some other place outside of Williams County. Fifteen percent (15%) of women indicated they did not have a usual source of services for female health concerns.
- Due to cost, 7% of women reported they had not gotten a mammogram and 1% had not gotten a pap smear.

Williams County Female Leading Causes of Death, 2017-2019

Total Female Deaths: 683

1. Heart Diseases (23% of all deaths)
2. Cancers (20%)
3. Alzheimer's Disease (7%)
4. Chronic Lower Respiratory Diseases (7%)
5. Stroke (5%)

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

Ohio Female Leading Causes of Death, 2017 - 2019

Total Female Deaths: 183,975

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

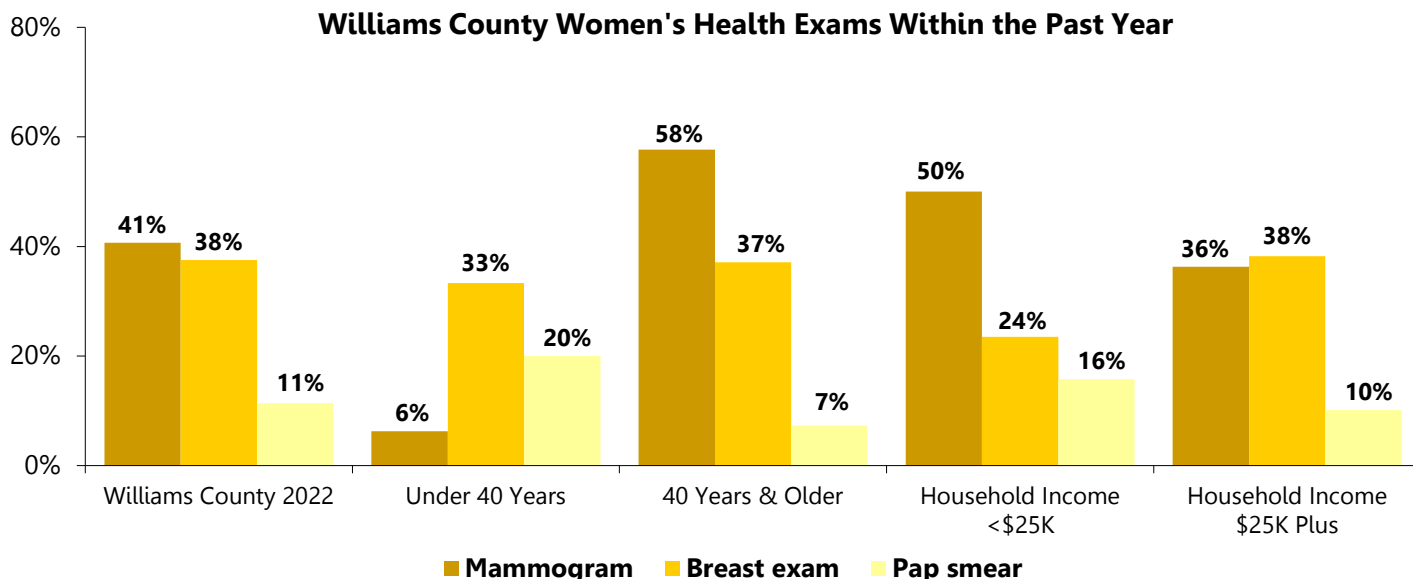
(Source: Ohio Public Health Data Warehouse, 2017-2019)

Women's Health Data

- Approximately 14% of adult females ages 18 years or older reported fair or poor health.
- 11% of adult females in the U.S. currently smoke.
- Of the adult females in the U.S., 20% had four or more drinks in one day at least once in the past year.
- Only 49% of adult females in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- 42% of females ages 20 years and older are obese.
- 45% of females ages 20 and older have hypertension.
- There are 11% of females under the age of 65 without health care coverage.
- The leading causes of death for females in the United States are heart disease, cancer, and COVID-19.

(Source: CDC, National Center for Health Statistics, Women's Health, Fast Stats, February 1, 2022)

The following graph shows the percentage of Williams County females that had various health exams in the past year. Examples of how to interpret the information shown on the graph include: 41% of Williams County females had a mammogram within the past year; 38% had a clinical breast exam, and 11% had a pap smear.



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

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Williams County 2022	Ohio 2020	U.S. 2020
Had a mammogram within the past two years (women ages 40 and over)	69%	67%	65%	70%	71%	72%
Had a pap smear in the past three years (women ages 21-65)	66%	54%	59%	58%	77%	78%
Had a clinical breast exam in the past two years (women ages 40 and older)	68%	66%	52%	51%	N/A	N/A

N/A – Not available

Women's Health Concerns

Health Topic	2013 Williams County Women	2016 Williams County Women	2019 Williams County Women	2022 Williams County Women	2020 Ohio Women	2020 U.S. Women
Obese	29%	43%	47%	50%	37%	32%*
High blood pressure	24%	35%	34%	38%	32%*	31%*
High blood cholesterol	33%	37%	32%	38%	32%*	32%*
Current smoker	17%	19%	19%	16%	19%	12%
Diabetes	7%	4%	8%	13%	13%	11%
Heart attack	4%	2%	3%	7%	4%	3%
Coronary heart disease	4%	3%	4%	3%	4%	3%
Stroke	4%	2%	3%	3%	4%	3%

*2019 BRFSS

Pregnancy

- Eighteen percent (18%) of Williams County women had been pregnant in the past five years.
- During their last pregnancy, Williams County women indicated they: took a multi-vitamin with folic acid (40%), had a prenatal appointment in the first 3 months (40%), and had a dental exam (15%).

Cancer Screening Recommendations for Women

Cervical cancer screening guidelines have changed a lot during the past 20 years. Screenings are now recommended for women between the ages of 21 and 65, unless they've had a hysterectomy. There are two main ways to test. The first is a traditional pap smear. The second is high-risk human papillomavirus (hrHPV) testing. The latter looks for the virus that causes cancer. The two can be used independently or combined as a co-test.

All women 40 and older should start discussing breast cancer screening with their physician to decide if screening should start based on personal preference and the trade-off between benefit and harm. The expert guidelines vary in recommendations between ages 40 and 49, which is why it's important to discuss your plan with your doctor. Women 50 to 74 should be screened every one to two years by mammography. Additionally, women with risk factors such as family history, BRCA mutation or chest radiation should talk with their physician about when to start screening. Most medical organizations no longer recommend clinical breast examinations as part of screening.

(Source: Ohio State University, Health & Discovery, Health Screenings by Age, and Why They're Not Worth Skipping, Updated May 11, 2022)

Health Care Access: Adult Men's Health

Key Findings

Eighteen percent (18%) of males reported they had a prostate-specific antigen (PSA) test within the past two years. Thirty-eight percent (38%) of men had high blood cholesterol, 46% had been diagnosed with high blood pressure, and 10% were identified as smokers, which, along with obesity (49%), are known risk factors for cardiovascular diseases.

Men's Health Screenings

- A prostate-specific antigen (PSA) test measures the level of PSA in the blood and is a common method utilized to screen for prostate cancer. Eighteen percent (18%) of males reported they had PSA test within the past two years.
- Approximately one out of ten (11%) men indicated a doctor or other health professional had talked to them about PSA testing in the past year.
- Three percent (3%) of men reported they had not gotten a PSA test due to cost.
- Two percent (2%) of men indicated a doctor or other health professional had talked to them about self-testicular exams in the past year.

Men's Health Concerns

- One out of eleven (9%) men had survived a heart attack at some time in their life.
- Two percent (2%) of men had survived a stroke at some time in their life.
- Eight percent (8%) of men reported that a health professional diagnosed them with coronary heart disease.

Williams County Male Leading Causes of Death, 2017–2019

Total Male Deaths: 633

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

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

Ohio Male Leading Causes of Death, 2017 – 2019

Total Male Deaths: 187,665

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

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

Men's Health Data

- Approximately 13% of adult males ages 18 years or older reported fair or poor health.
- 14% of adult males in the U.S. currently smoke.
- Of the adult males in the U.S., 31% had 5 or more drinks in 1 day at least once in the past year.
- Only 58% of adult males in the U.S. met the 2008 federal physical activity guidelines for aerobic activity through leisure-time aerobic activity.
- 41% of men 20 years and over are obese.
- There are 12% of males under the age of 65 without health care coverage.
- The leading causes of death for males in the United States are heart disease, cancer and COVID-19.

(Source: CDC, National Center for Health Statistics, Men's Health, Fast Stats, February 1, 2022)

Men's Health Concerns

Health Topic	2013 Williams County Men	2016 Williams County Men	2019 Williams County Men	2022 Williams County Men	2020 Ohio Men	2020 U.S. Men
Obese	32%	38%	38%	49%	34%	31%*
High blood pressure	32%	35%	45%	46%	38%*	35%*
High blood cholesterol	36%	35%	45%	38%	34%*	34%*
Diabetes	8%	10%	16%	15%	12%	12%
Current smoker	24%	25%	11%	10%	20%	16%
Heart attack	6%	6%	7%	9%	6%	5%
Coronary heart disease	7%	11%	10%	8%	6%	5%
Stroke	2%	1%	5%	2%	4%	3%

*2019 BRFSS

Prostate Cancer Awareness

- The prostate is a walnut-sized organ located just below the bladder and in front of the rectum in men. It produces fluid that makes up a part of semen. The prostate gland surrounds the urethra (the tube that carries urine and semen through the penis and out of the body).
- Prostate cancer is the most common non-skin cancer among American men. Prostate cancers usually grow slowly. Most men with prostate cancer are older than 65 years and do not die from the disease. Finding and treating prostate cancer before symptoms occur may not improve your health or help you live longer.
- Men can have different symptoms for prostate cancer. Some men do not have symptoms at all. Some symptoms of prostate cancer are difficulty starting urination, frequent urination (especially at night), weak or interrupted flow of urine, and blood in the urine or semen.
- There is no way to know for sure if you will get prostate cancer. The older a man is, the greater his risk for getting prostate cancer. Men also have a greater chance of getting prostate cancer if they are African-American or have a father, brother, or son who has had prostate cancer.
- Two tests are commonly used to screen for prostate cancer:
 - **Digital rectal exam (DRE):** A doctor or nurse inserts a gloved, lubricated finger into the rectum to estimate the size of the prostate and feel for lumps or other abnormalities.
 - **Prostate-specific antigen test (PSA):** Measures the level of PSA in the blood. PSA is a substance made by the prostate. The levels of PSA in the blood can be higher in men who have prostate cancer. The PSA level may also be elevated in other conditions that affect the prostate.

(Source: Centers for Disease Control and Prevention, Prostate Cancer Awareness, August 23, 2021)

Health Care Access: Adult Oral Health

Key Findings

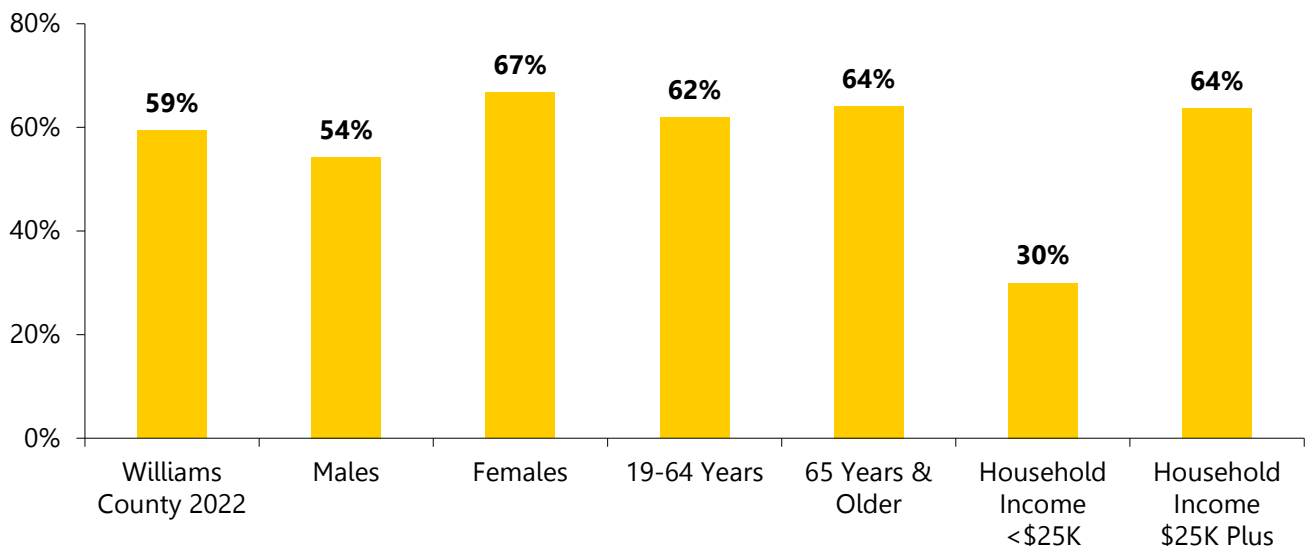
In the past year, nearly three out of five (59%) Williams County adults had visited a dentist or dental clinic, decreasing to 30% of those with household incomes less than \$25,000. Thirty-one percent (31%) of adults who did not see a dentist in the past year were unable to do so due to cost.

Access to Dental Care

- In the past year, nearly three out of five (59%) Williams County adults had visited a dentist or dental clinic, decreasing to 30% of those with household incomes less than \$25,000.
- Sixty-five percent (65%) of Williams County adults with health insurance had been to the dentist in the past year, compared to 61% 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: 59% of Williams County adults had been to the dentist in the past year, including 67% of females and 30% of those with household incomes less than \$25,000.

Williams County Adults Visited 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	54%	6%	17%	19%	3%	1%
Females	67%	13%	5%	12%	0%	3%
Total	59%	9%	11%	16%	3%	2%

- Williams County adults who did not visit a dentist in the past year reported the following reasons for not doing so:
 - Cost (31%)
 - Had dentures (15%)
 - Had no reason to go/had not thought of it (11%)
 - Fear, apprehension, nervousness, pain, and dislike going (10%)
 - Could not get into a dentist (6%)
 - Multiple reasons (6%)
 - Transportation (4%)
 - COVID-19 (4%)
 - Did not have/know a dentist (2%)
 - Could not find a dentist who accepted Medicaid (2%)
 - Dentist did not accept their medical coverage (2%)
 - Other reasons (7%)

4,475 Williams County adults last visited dentist or dental clinic five or more years ago.

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Williams County 2022	Ohio 2020	U.S. 2020
Visited a dentist or a dental clinic (within the past year)	65%	53%	73%	59%	65%	67%
Visited a dentist or a dental clinic (5 or more years ago)	10%	15%	11%	16%	N/A	N/A

N/A – Not available

Oral Health Basics

- Oral health affects our ability to speak, smile, eat, and show emotions. It also affects self-esteem, school performance, and attendance at work and school. Oral diseases—which range from cavities to gum disease to oral cancer—cause pain and disability for millions of Americans. They also cost taxpayers billions of dollars each year.
- Cavities (also called tooth decay) are one of the most common chronic conditions in the United States. Among adults aged 20 and older, approximately 90% have had at least one cavity in their lifetime. One-in-four adults aged 20-to-64 currently has at least one cavity, and more than 40% of adults reported having felt mouth pain in the past year. On average, the nation spends more than \$124 billion a year on costs related to dental care. More than \$45 billion of productivity is lost each year due to untreated dental disease.
- Oral health has been linked with other chronic diseases, like diabetes and heart disease. It is also linked with risk behaviors like using tobacco and eating and drinking foods and beverages high in sugar.
- Public health strategies such as community water fluoridation and school dental sealant programs have been proven to save money and prevent cavities.

(Source: Centers for Disease Control and Prevention, Division of Oral Health, National Center for Chronic Disease Prevention and Health Promotion, November 9, 2021)

Health Behaviors: Adult Health Status Perceptions

Key Findings

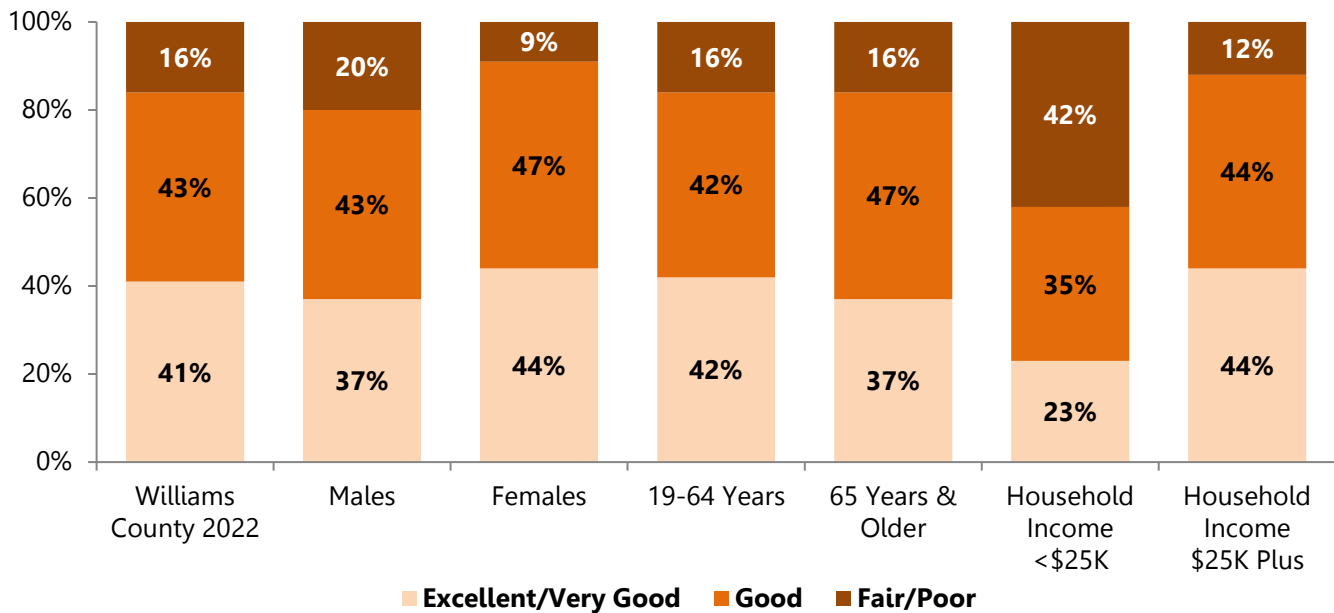
More than two-fifths (41%) of Williams County adults rated their health status as excellent or very good. Conversely, 16% of adults described their health as fair or poor, increasing to 42% of those with household incomes less than \$25,000. In the past month, adults reported their physical health as not good on an average of 4.8 days in the past months, and their mental health as not good on an average of 4.6 days in the past month.

General Health Status

- More than two-fifths (41%) of Williams County adults rated their health as excellent or very good. Williams County adults with higher household incomes (44%) were most likely to rate their health as excellent or very good, compared to 23% of those with household incomes less than \$25,000.
- Sixteen percent (16%) of 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 an annual household income under \$25,000 (42%)
 - Were obese (23%)
 - Had high blood pressure (22%)
 - Were divorced or widowed (22%)
 - Were uninsured (21%)
- More than one-fourth (27%) 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: 41% of Williams County adults, including 23% of those with household incomes below \$25,000 and 44% of those with household incomes \$25,000 or higher, rated their health as excellent or very good.

Williams County Adult Health Perceptions*



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

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

Physical Health Status

- More than one-quarter (27%) 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 4.8 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 (55%)
 - Were male (32%)

Mental Health Status

- Twenty-seven percent (27%) 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 4.6 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 between the ages of 19-64 (30%)

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	46%	15%	13%	1%	19%
Females	50%	16%	3%	4%	13%
Total	47%	15%	9%	2%	17%
Mental Health Not Good in Past 30 Days*					
Males	50%	17%	9%	0%	17%
Females	44%	16%	13%	3%	12%
Total	47%	17%	10%	1%	16%

*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	Williams County 2022	Ohio 2020	U.S. 2020
Rated general health as excellent or very good	56%	55%	47%	41%	55%	57%
Rated general health as fair or poor	10%	14%	13%	16%	16%	13%
Rated mental health as not good on four or more days (in the past 30 days)	15%	23%	30%	27%	29%*	26%*
Rated physical health as not good on four or more days (in the past 30 days)	18%	20%	20%	27%	24%*	23%*
Average number of days that physical health was not good (in the past 30 days)	2.6	3.5	3.5	4.8	4.8**	4.1**
Average number of days that mental health was not good (in the past 30 days)	2.3	4.5	4.4	4.6	4.1**	3.7**
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%	27%	N/A	N/A

N/A – Not Available

*2019 BRFSS

**2018 BRFSS as compiled by 2021 County Health Rankings

Health Behaviors: Adult Weight Status

Key Findings

More than four-fifths (82%) of adults were either overweight (33%), obese (24%), severely obese (12%), or morbidly obese (13%) 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 3 or more days per week. One-third (33%) of adults reported one or more barriers to consuming fruits and vegetables.

Adult Weight Status

- More than four-fifths (82%) of adults were either overweight (33%), obese (24%), severely obese (12%), or morbidly obese (13%) 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; 28% were trying to maintain their current weight or keep from gaining weight; and 2% were trying to gain weight.
- Adults did the following to lose weight or keep from gaining weight:
 - Drank more water (54%)
 - Ate less food, fewer calories, or foods low in fat (50%)
 - Exercised (47%)
 - Ate less junk food and ate more fruits and vegetables (46%)
 - Ate a low-carb diet (15%)
 - Used a weight loss program (5%)
 - Took diet pills, powders or liquids without a doctor's advice (5%)
 - Went without eating for 24 hours or more (4%)
 - Smoked cigarettes (3%)
 - Vomited after eating (1%)
 - Took laxatives (1%)
 - Took prescribed medications (1%)
 - Health coaching (1%)
 - Participated in a prescribed dietary or fitness program (<1%)

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Williams County 2022	Ohio 2020	U.S. 2020
Overweight (BMI of 25.0 – 29.9)	38%	30%	31%	33%	34%	35%
Obese (includes severely and morbidly obese, BMI of 30.0 and above)	30%	41%	42%	49%	36%	32%

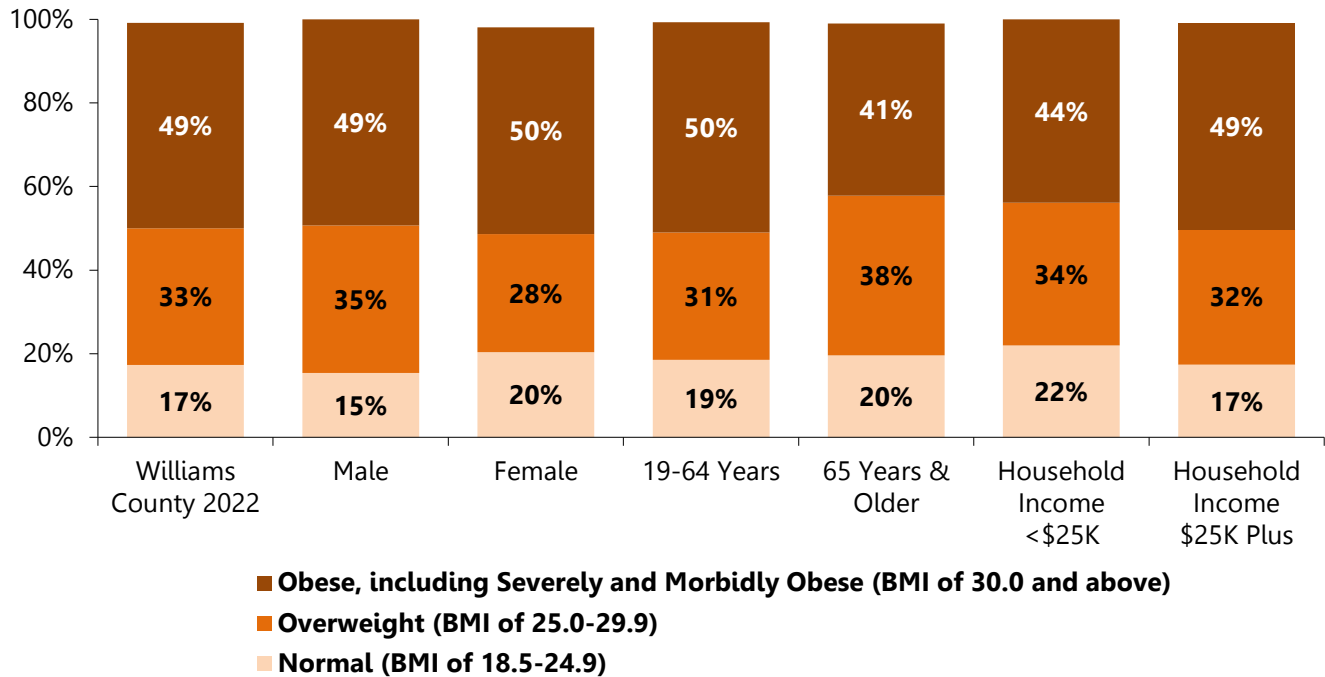
Obesity Facts

- Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death.
- The estimated annual medical cost of obesity in the U.S. was \$147 billion in 2008 U.S. dollars; the medical costs for people who are obese were \$1,429 higher than those of normal weight.
- Non-Hispanic blacks have the highest age-adjusted rates of obesity (49.6%) followed by Hispanics (44.8%), non-Hispanic whites (42.2%), and non-Hispanic Asians (17.4%).
- Obesity is higher among middle-aged adults, 40-59 years old (44.8%) than among younger adults, age 20-39 (40%) or adults over 60 or above (42.8%) adults.

(Source: CDC, Adult Obesity Facts, updated September 30, 2021)

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: 17% of all Williams County adults were classified as normal weight, 33% were overweight, and 49% were obese.

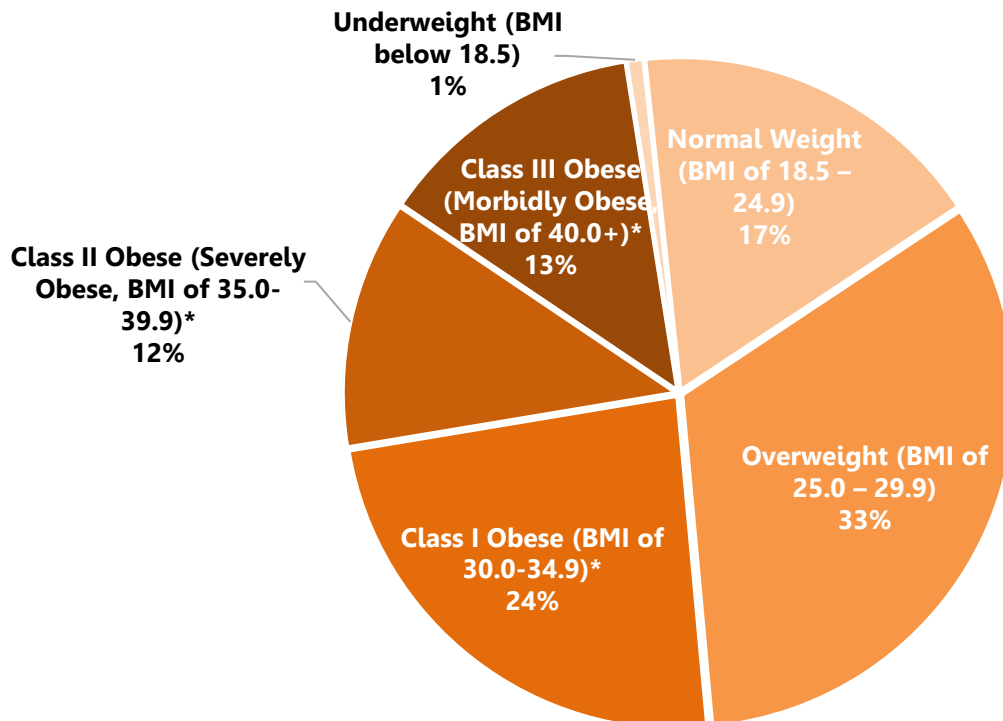
Williams County Adult BMI Classifications*



*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 49%.

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; 29% 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 2% who were unable to exercise.
- The CDC recommends that adults participate in moderate exercise for at least 2 hours and 30 minutes every week or vigorous exercise for at least 1 hour and 15 minutes every week. Whether participating in moderate or vigorous exercise, the CDC also recommends muscle-strengthening activities that work all major muscle groups on 2 or more days per week (Source: CDC, *Physical Activity Basics*, 2022).
- Reasons for not exercising included the following:
 - Self-motivation or will power (23%)
 - Time (22%)
 - Too tired (22%)
 - Weather (22%)
 - Laziness (19%)
 - Pain or discomfort (13%)
 - Chose not to exercise (13%)
 - Did not like to exercise (10%)
 - Could not afford a gym membership (9%)
 - No exercise partner (8%)
 - Ill or physically unable (6%)
 - Poorly maintained/no sidewalks (5%)
 - Neighborhood safety (4%)
 - No transportation to a gym or other exercise opportunity (3%)
 - No gym available (3%)
 - Afraid of injury (3%)
 - No child care (2%)
 - No walking, biking trails, or parks (2%)
 - Did not know what activities to do (2%)
 - Lack of opportunities for those with physical impairments (2%)
 - Doctor advised not to exercise (2%)
 - Too expensive (1%)
 - Other reasons (4%)
 - Don't know (6%)

6,993 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 (23%)
 - Better promotion and advertising of existing parks, trails, and paths (14%)
 - Improvements to existing parks, trails, and paths (12%)
 - Designated safe routes (10%)
 - More public events and programs involving parks, trails, and paths (9%)

Nutrition

- *The American Cancer Society recommends that adults eat at least 2½ cups of vegetables and 1½ cups of fruit per day to reduce the risk of cancer and to maintain good health (Source: American Cancer Society, *Guideline for Diet and Physical Activity*, 2020).*

The tables below indicate the average number of servings of fruit, vegetables, sugar-sweetened beverages, and caffeinated beverages Williams County adults consumed daily.

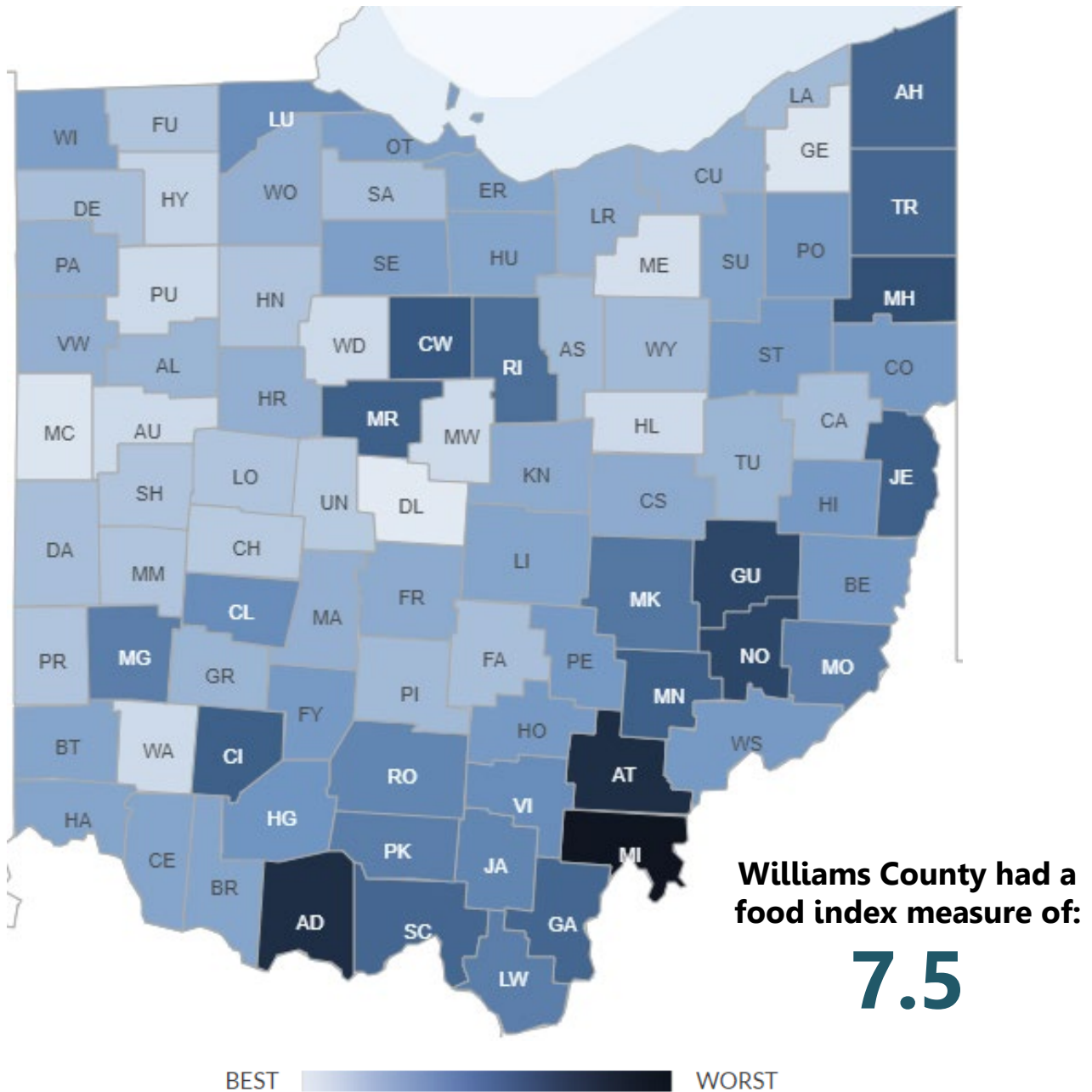
	0 servings	1-2 servings	3-4 servings	5 or more servings
Fruit	17%	73%	8%	2%
Vegetables	8%	74%	15%	3%
Fruit and/or vegetables	4%	45%	35%	16%

	0 servings	1-2 servings	3-4 servings	5 or more servings
Sugar-sweetened beverages	44%	36%	12%	8%
Caffeinated beverages	16%	50%	24%	10%

- Williams County adults reported the following barriers in consuming fruits and vegetables: too expensive (22%), did not like the taste (8%), no variety (2%), no access (2%), distance to access (2%), transportation (2%), did not know how to prepare them (1%), stores didn't accept EBT (1%), and other reasons (6%). Sixty-seven percent (67%) of adults reported no barriers to consuming fruits and vegetables.

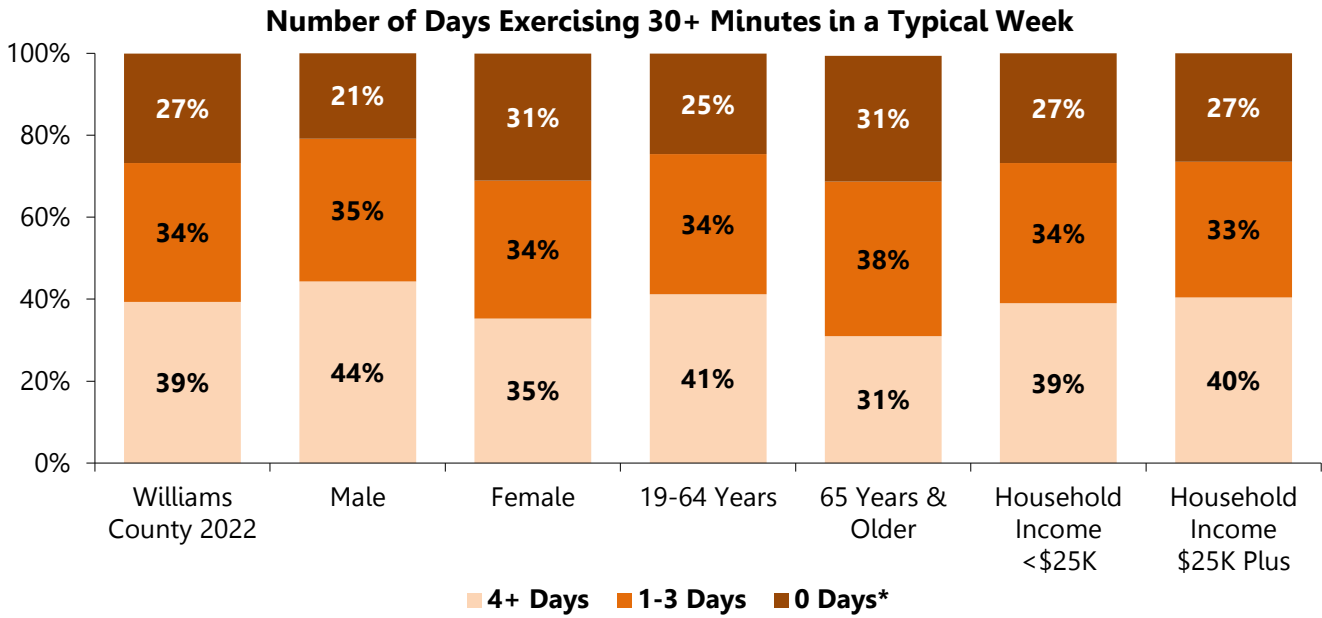
The Food Environment Index measures the quality of the food environment in a county on a scale from zero to 10 (zero being the worst value in the nation, and 10 being the best). The two variables used to determine the measure are limited access to healthy foods (i.e., the percentage of the population who are low income and do not live close to a grocery store) & food insecurity (i.e. the percentage of the population who did not have access to a reliable source of food during the past year).

- The food environment index in Williams County is 7.5.
- The food environment index in Ohio is 6.8.



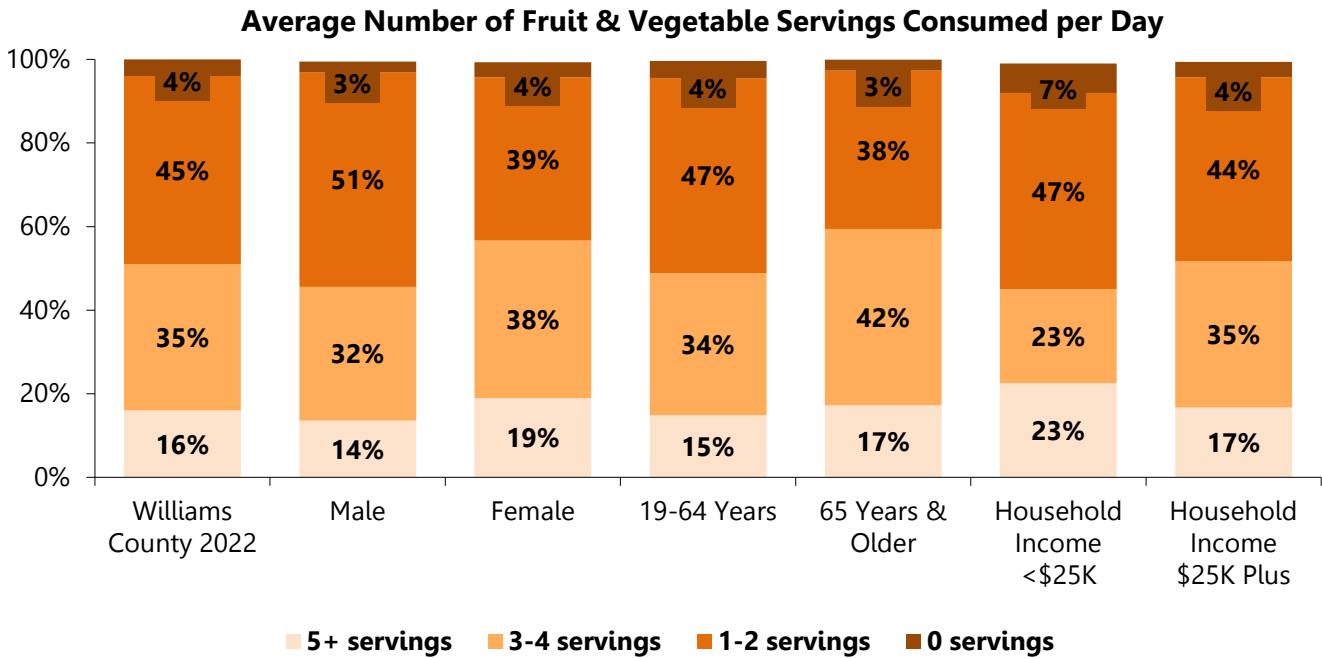
(Source: USDA Food Environment Atlas, as compiled by County Health Rankings 2022)

The following graph shows the number of days Williams County adults engaged in some type of physical activity or exercise for at least 30 minutes in a typical week. An example of how to interpret the information includes: 39% of all Williams County adults engaged in some type of exercise on four or more days in a typical week, increasing to 44% of males.



**Includes those who reported they were unable to exercise*

The following graph shows the average number of fruit and vegetable servings Williams County per day. An example of how to interpret the information includes: 4% of all Williams County adults did not consume any fruits or vegetables per day, increasing to 7% of those with household incomes below \$25,000.



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

Health Behaviors: Adult Tobacco Use

Key Findings

In 2022, 14% of Williams County adults were current cigarette smokers and 28% were considered former cigarette smokers.

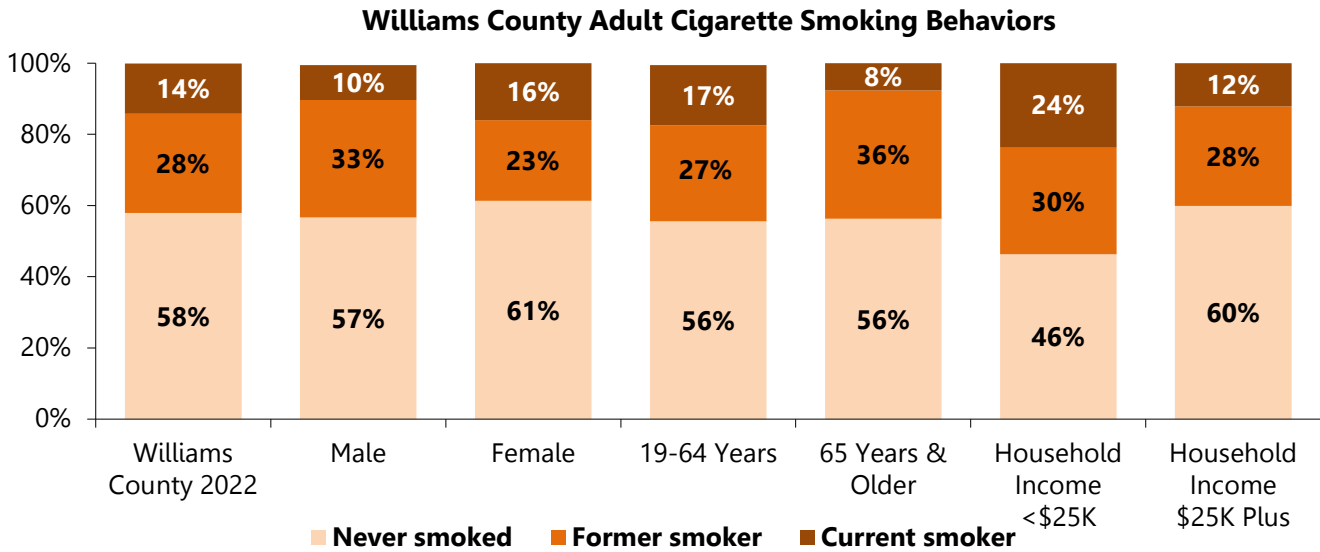
In 2022, 3,916 Williams County adults were current smokers.

Adult Tobacco Use

- Fourteen percent (14%) of adults were current cigarette smokers (those who indicated smoking at least 100 cigarettes in their lifetime and currently smoked some or all days).
- According to the American Cancer Society, smoking causes approximately 80% of lung cancer deaths in the U.S. Men and women who smoke are about 25 times more likely to develop lung cancer than nonsmokers (*American Cancer Society, Facts & Figures 2022*).
- Adult current smokers were more likely to have:
 - Rated their health status as fair or poor (33%)
 - Ever been diagnosed with asthma (28%)
 - Household incomes less than \$25,000 (24%)
- More than one-quarter (28%) of adults indicated that they were former cigarette smokers (smoked 100 cigarettes in their lifetime and now do not smoke).
- Adults used the following tobacco products in the past year: cigarettes (20%); chewing tobacco, snuff, snus (6%); e-cigarettes/vaping products (3%); cigars (3%); little cigars (2%); cigarillos (2%); hookah (1%); and pipes (<1%). Three percent (3%) of adults used more than one tobacco product in the past year.

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Williams County 2022	Ohio 2020	U.S. 2020
Current cigarette smoker (smoked on some or all days)	20%	22%	16%	14%	19%	16%
Former cigarette smoker (smoked 100 cigarettes in lifetime and now do not smoke)	24%	18%	25%	28%	24%	25%

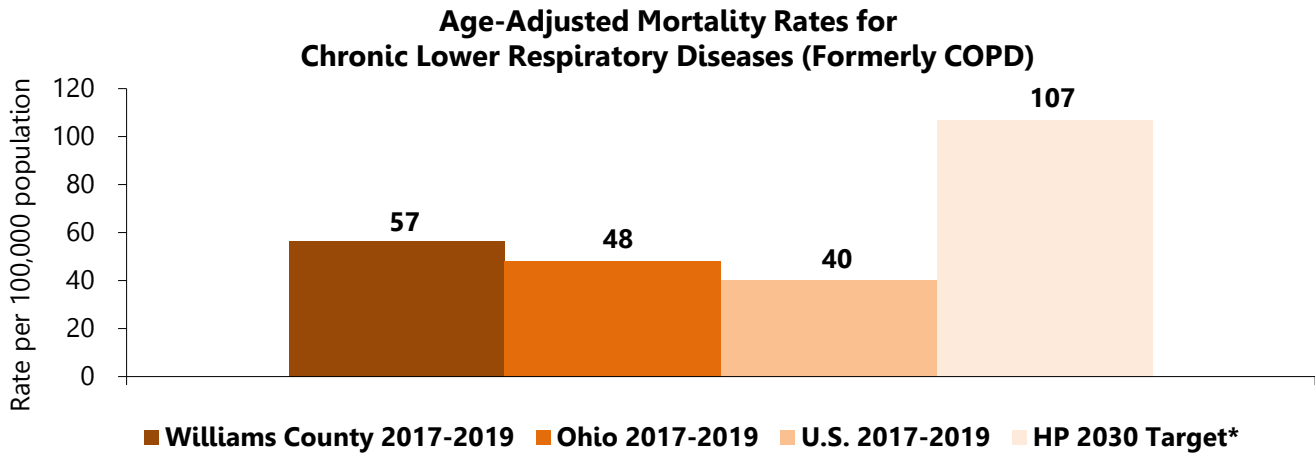
The following graph shows the percentage of Williams County adults' cigarette smoking behaviors. An example of how to interpret the information includes: 14% of all Williams County adults were current cigarette smokers, 28% of all adults were former cigarette smokers, and 58% had never smoked.



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.

Smoking and COPD

The following graph shows Williams County, Ohio, and U.S. age-adjusted mortality rates per 100,000 population for chronic lower respiratory diseases (formerly COPD). The graph indicates that from 2017-2019, 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 2030 target objective.



*The Healthy People 2030's target rate and the U.S. rate is for adults ages 45 years and older.
 (Source: Ohio Public Health Data Warehouse 2017-2019, CDC Wonder 2017-2019, and Healthy People 2030)

Smoking and Other Health Risks

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

(Source: CDC, Effects of Cigarette Smoking, Smoking and Other Health Risks, October 29, 2021)

Health Behaviors: Adult Alcohol Consumption

Key Findings

More than half (54%) of Williams County adults had at least one alcoholic drink in the past month and were considered current drinkers. More than one-third (36%) 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 half (54%) of adults had at least one alcoholic drink in the past month, increasing to 66% of males.
- Of current drinkers, adults drank 3.3 drinks on average on the days that they drank, decreasing to 2.0 drinks for those ages 65 and older.
- Eighteen percent (18%) of 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, 36% were considered binge drinkers.

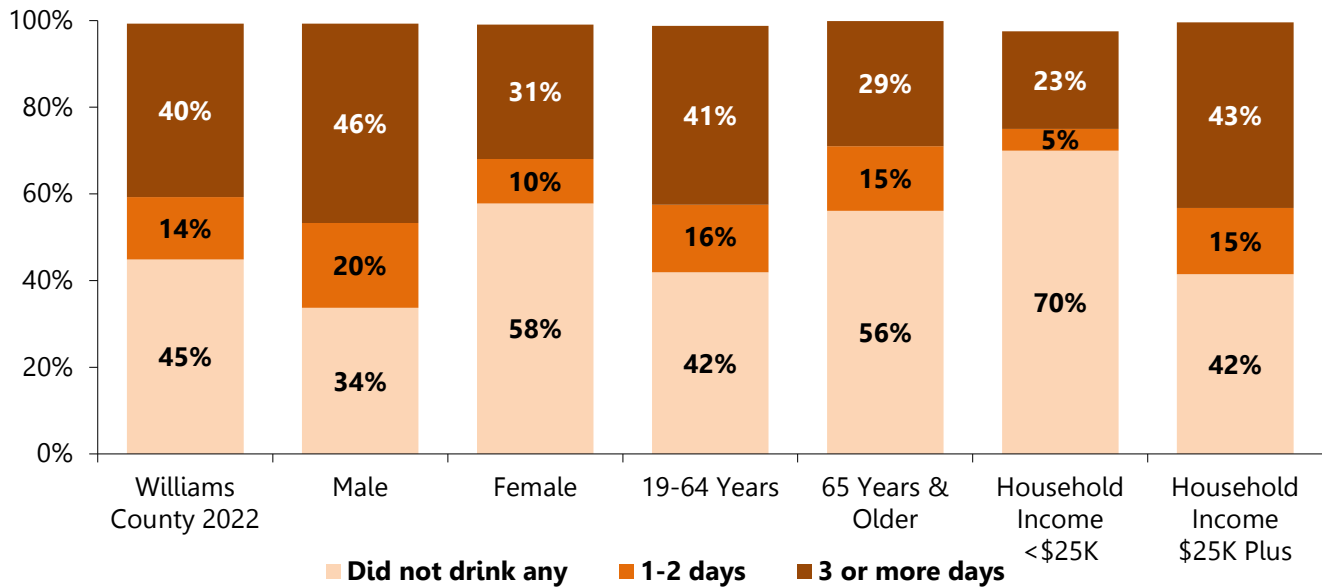
5,035 Williams County adults were binge drinkers.

- None (0%) 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 (1%), didn't know how to find a program (1%), did not want to miss work (1%), feared the negative impact it might have on their job (1%), and other reasons (3%). Ninety-four percent (94%) of adults indicated such a program was not needed.

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Williams County 2022	Ohio 2020	U.S. 2020
Current drinker (had at least one drink of alcohol within the past 30 days)	45%	39%	62%	54%	51%	53%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion within the past 30 days)	18%	15%	17%	18%	16%	16%

The following graph shows the percentage of Williams County adults consuming alcohol in the past month. An example of how to interpret the information includes: 45% of all Williams County adults did not drink alcohol, including 34% of males and 58% of females.

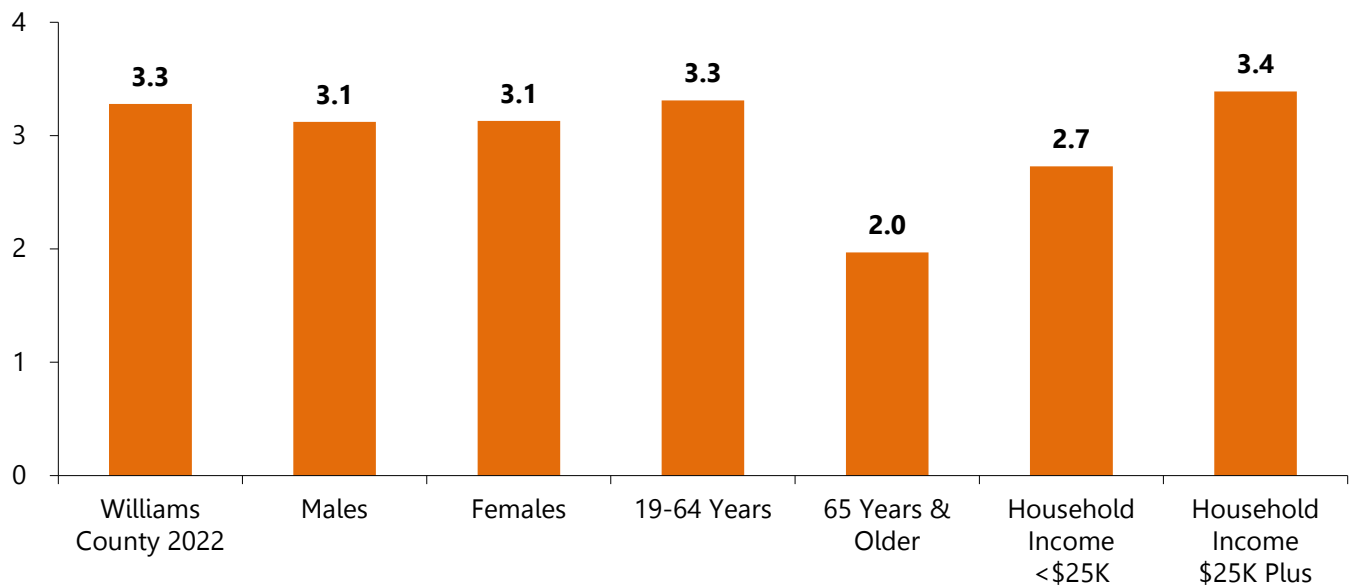
Average Number of Days Drinking Alcohol in the Past Month*



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

The following graph shows the average number of drinks consumed per drinking occasion. An example of how to interpret the information shown in the graph includes: Williams County adults drank an average of 3.3 drinks per drinking occasion, including an average of 2.0 drinks for those ages 65 and older and 3.3 drinks among those ages 19-64 years of age.

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.

Health Behaviors: Adult Drug Use

Key Findings

Five percent (5%) of Williams County adults had used recreational marijuana during the past 6 months. Seven percent (7%) of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months.

Marijuana and Other Drug Use

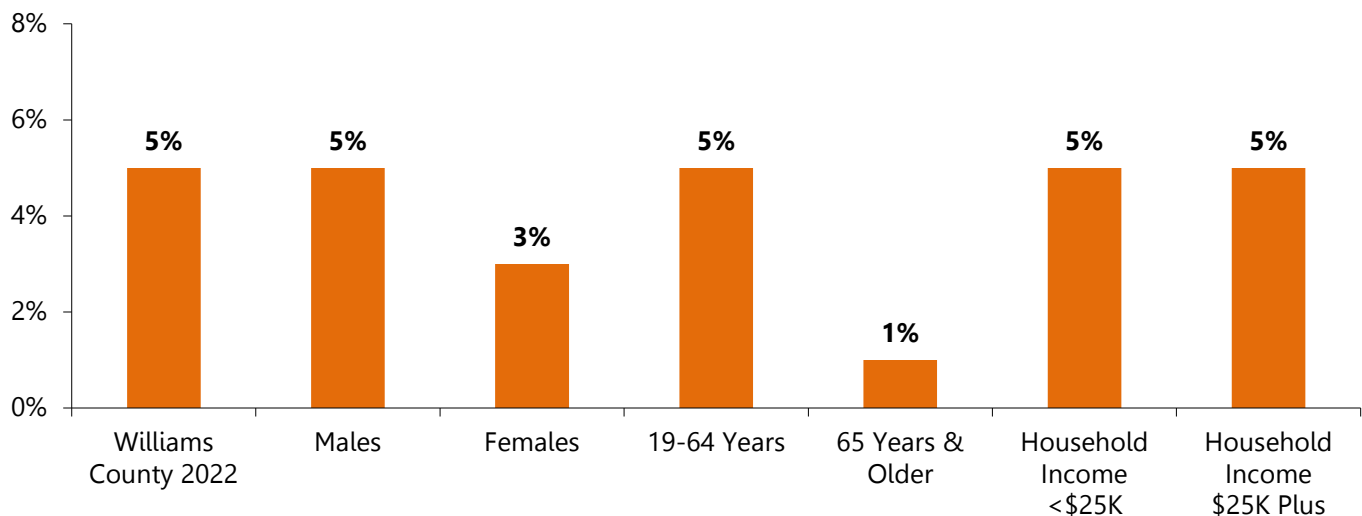
- Five percent (5%) of Williams County adults had used recreational marijuana during the past 6 months.
- Three percent (3%) of Williams County adults used medical marijuana in the past 6 months.

In the past 6 months, 1,399 Williams County adults used marijuana or hashish for recreational purposes.

- Adults reported that they, an immediate family member, or someone in their household used the following in the past 6 months: wax/oil with THC, or edibles (11%); amphetamines, methamphetamines, or speed (6%); synthetic marijuana/K2 (4%); inappropriate use of over-the-counter medications (4%); LSD, mescaline, peyote, psilocybin, DMT, or mushrooms (4%); bath salts (4%); heroin/fentanyl (3%); cocaine, crack, or coca leaves (3%); inhalants (3%); and ecstasy or GHB (3%).
- 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 (2%), received Narcan or nasal Naloxone (2%), lost or were denied employment because of a failed drug screen (1%), had legal problems (1%), overdosed and required EMS/hospitalization (1%), and administered 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: 5% of Williams County adults used recreational marijuana in the past 6 months, including 5% of those ages 19-64 years and 1% of those 65 years and older.

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	Williams County 2022	Ohio 2020	U.S. 2020
Adults who used recreational marijuana or hashish in the past 6 months	3%	4%	3%	5%	N/A	N/A
Adults who misused prescription drugs in the past 6 months	6%	5%	5%	7%	N/A	N/A

N/A – Not Available

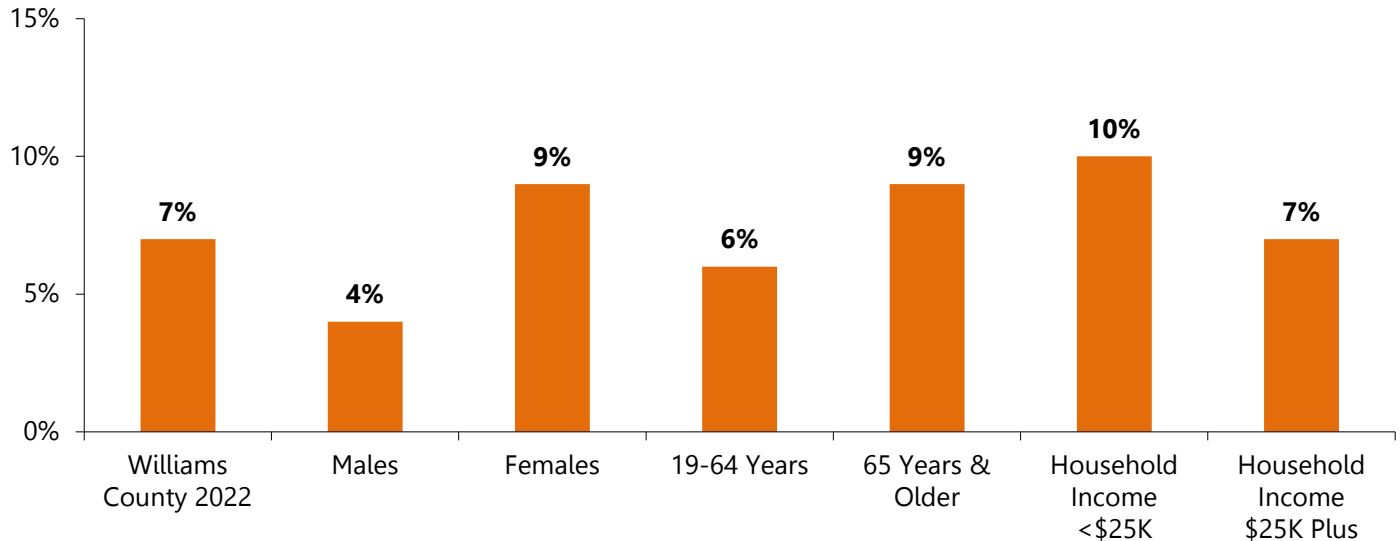
Prescription Drug Misuse

- In the past 6 months, 7% 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:
 - Tranquilizers such as Valium or Xanax (6%)
 - Steroids (4%)
 - Tramadol/Ultram (4%)
 - Vicodin (3%)
 - Codeine, Demerol, Morphine, Percocet, Dilaudid, or Fentanyl (3%)
 - OxyContin (3%)
 - Neurontin (3%)
 - Ritalin, Adderall, Concerta, or other ADHD medication (2%)
 - Suboxone or methadone (2%)

In 2022, 1,958 Williams County adults used drugs not prescribed for them or took more than prescribed to feel good, high, and/or more active or alert.

The following graphs indicates adult medication misuse in the past 6 months. An example of how to interpret the information includes: 7% of Williams County adults misused prescription drugs in the past 6 months, including 4% of males and 10% of those with household incomes less than \$25,000.

Williams County Adult Prescription Drug Misuse in Past 6 Months

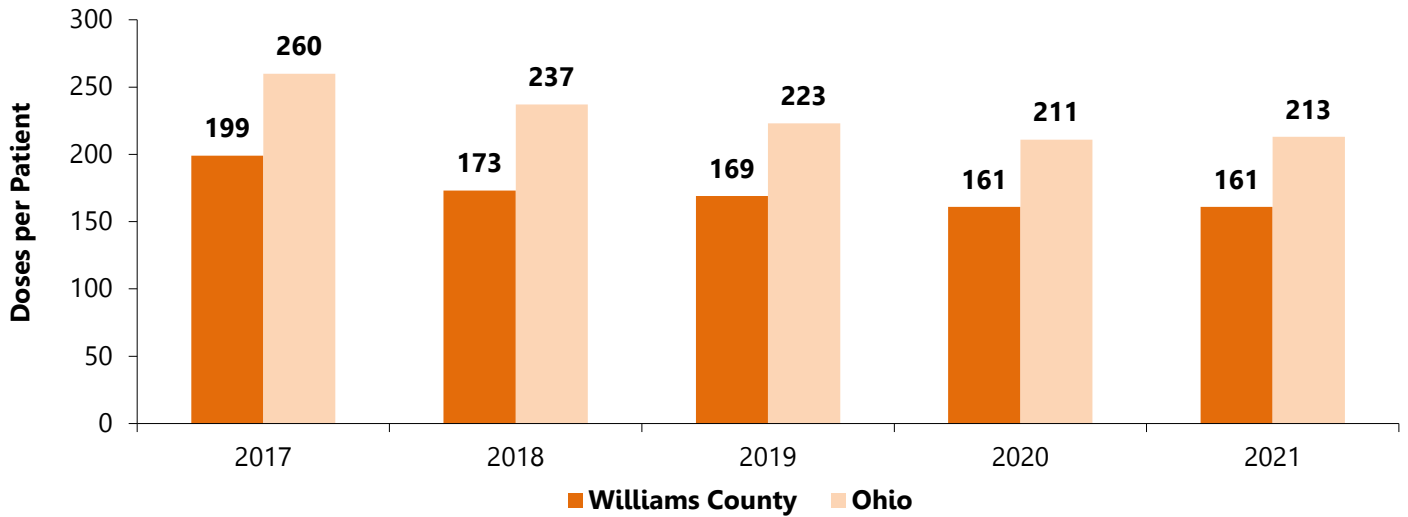


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

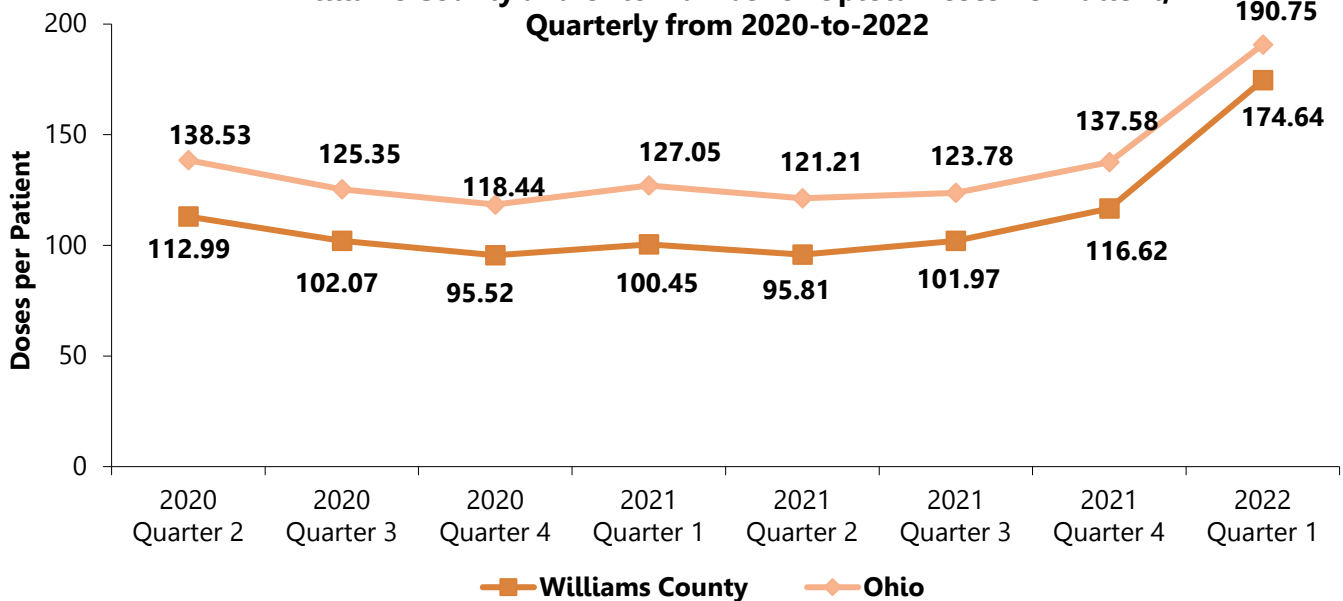
Opiate and Pain Reliever Doses

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

Williams County and Ohio Number of Opiate and Pain Reliever Doses Per Patient, 2017-2021



Williams County and Ohio Number of Opioid Doses Per Patient, Quarterly from 2020-to-2022



(Source for graphs: Ohio's Automated Rx Reporting System, 2017-2022)

Ohio Automated Rx Reporting System (OARRS)

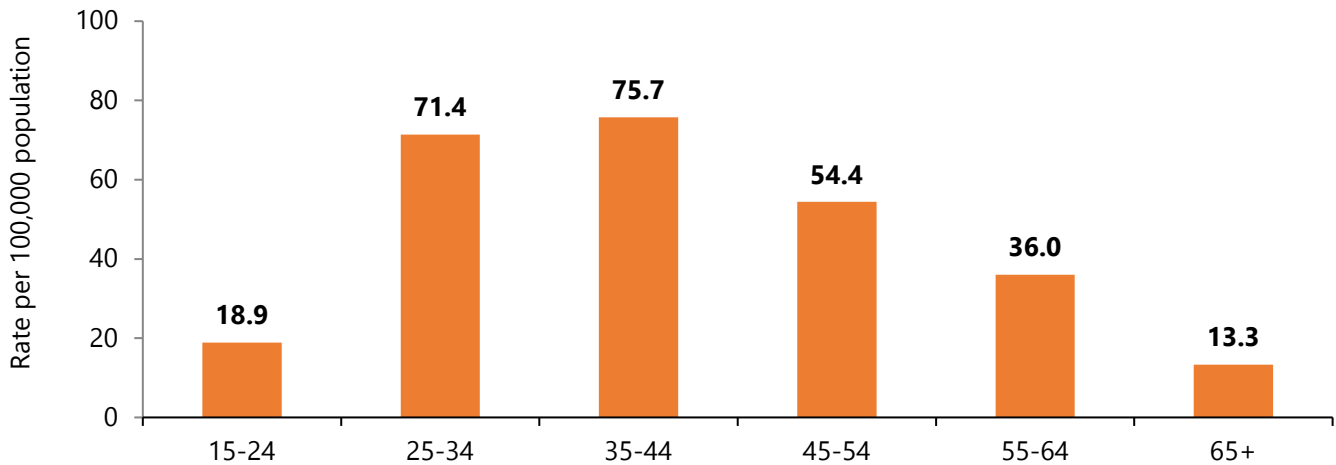
- OARRS has been collecting information from all Ohio-licensed pharmacies and Ohio personal licensed prescribers regarding outpatient prescriptions for controlled substance since 2006.
 - All data reported is updated every 24 hours and is maintained in a secure database.
- OARRS aims to be a reliable tool in addressing prescription drug diversion and abuse.
- With many features such as a patient care tool, epidemic early warning system, drug diversion and insurance fraud investigation tool, OARRS is the only statewide electronic database that helps prescribers and pharmacists avoid potential life-threatening drug interactions.
 - OARRS also works in limiting patients who “doctor shop” which refers to individuals fraudulently obtaining prescriptions from multiple health care providers for the same or multiple prescription for abuse or illegal distribution.
- Additionally, OARRS is also used for investigating and identifying health care professionals with continual inappropriate prescribing and dispensing to patients, and then aids in law enforcement cases against such acts.
- Starting in November 2017, Ohio drug court programs have access to OARRS to provide judges and court personnel with critical information regarding a participant’s use of controlled substance medications.

(Source: Ohio Automated RX Reporting System; What is OARRS?, Retrieved January 2022)

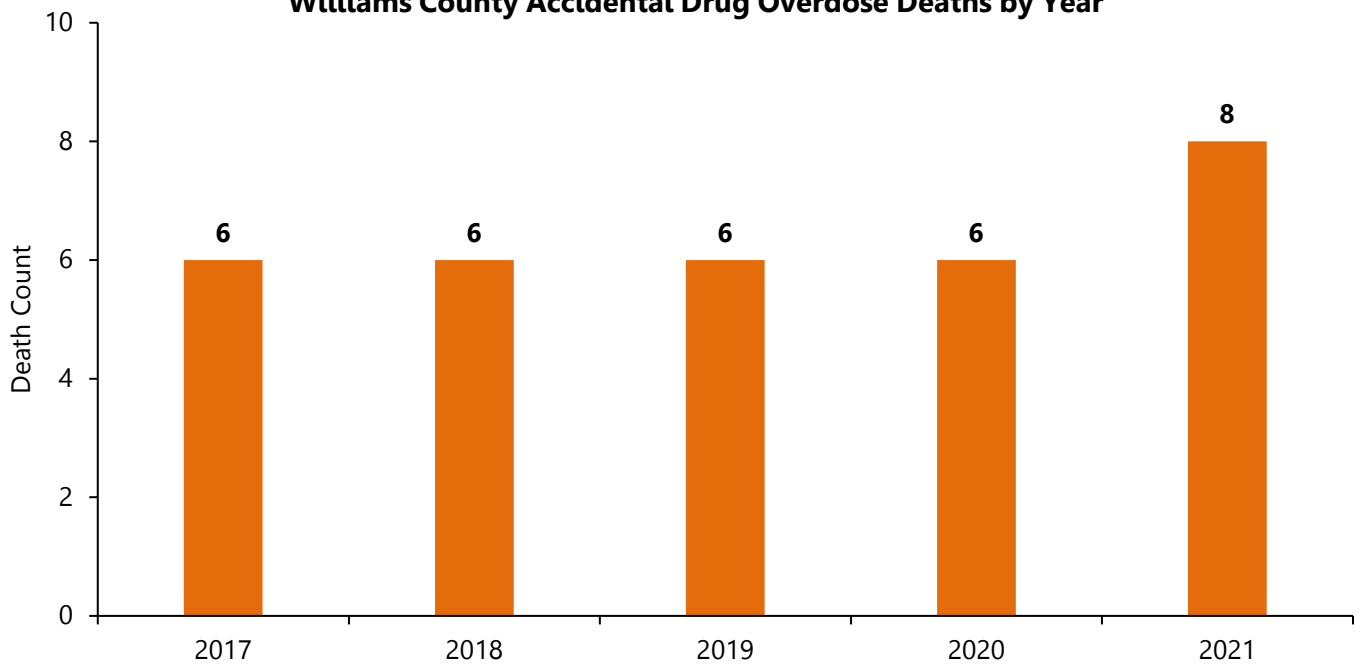
Unintentional Drug Overdose Death Rates by Age and Gender

The following graphs show the average age-adjusted unintentional drug overdose death rate per 100,000 population by age and gender from 2015-2019.

**2015-2019 Williams County
Unintentional Drug Overdose Mortality Rates by Age**



Williams County Accidental Drug Overdose Deaths by Year



(Source for graphs: ODH, Ohio Public Health Data Warehouse, Mortality, Unintentional Drug Overdose Data, Unintentional Drug Overdose)

Health Behaviors: Adult Sexual Behavior

Key Findings

In 2022, 69% of Williams County adults had sexual intercourse. Four percent (4%) of adults had more than one partner. Nine percent (9%) of Williams County adults reported being forced to participate in sexual activity when they did not want to in their lifetime.

Adult Sexual Behavior

- Sixty-nine percent (69%) of Williams County adults had sexual intercourse in the past year. Four percent (4%) of adults reported they had intercourse with more than one partner in the past year.

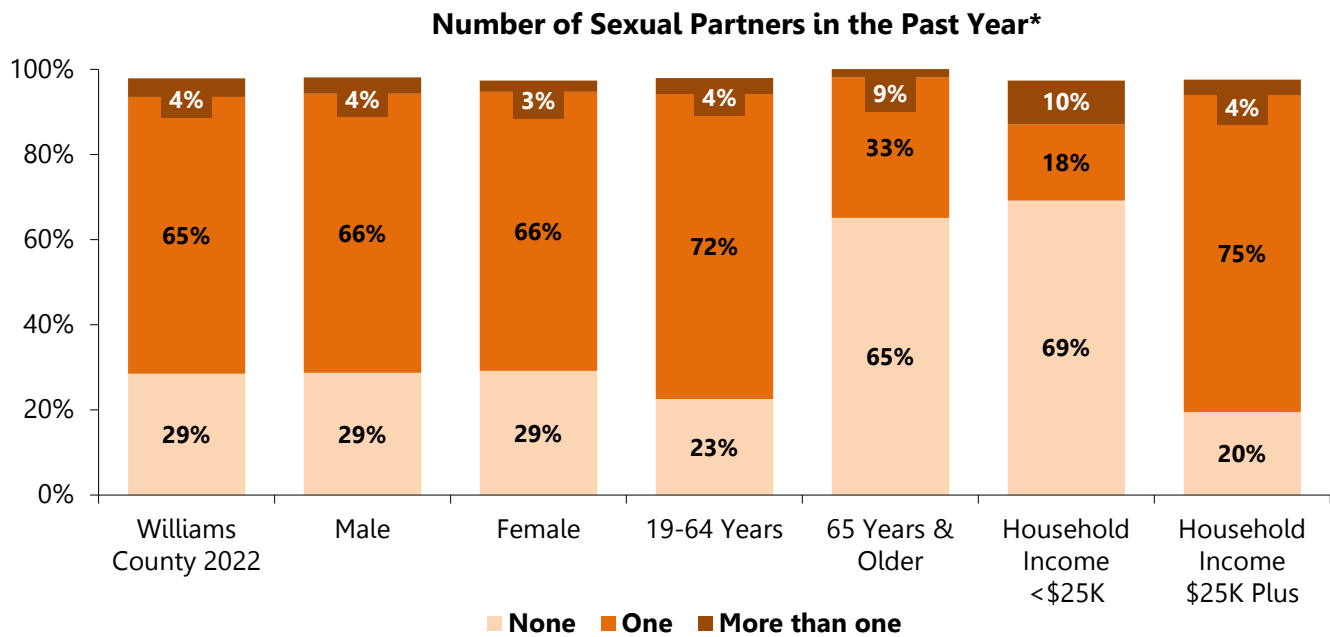
In 2022, 1,119 Williams County adults had intercourse with more than one partner in the past year.

- Nine percent (9%) of Williams County adults were forced or coerced to have any sexual activity when they did not want to in their lifetime, increasing to 16% of females. Almost one-quarter (23%) of those who were forced to have sexual activity reported it.
- Reasons for not reporting their sexual assault included: the stigma (30%), they were in a relationship with the offender (30%), they were scared (25%), they feared the offender (10%), they did not know how (5%), and other reasons (35%).

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Williams County 2022	Ohio 2020	U.S. 2020
Had more than one sexual partner in past year	3%	4%	3%	4%	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: 65% of all Williams County adults had one sexual partner in the past year, 4% had more than one partner, and 29% did not have a sexual partner.



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

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

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

Preventing Sexual Violence

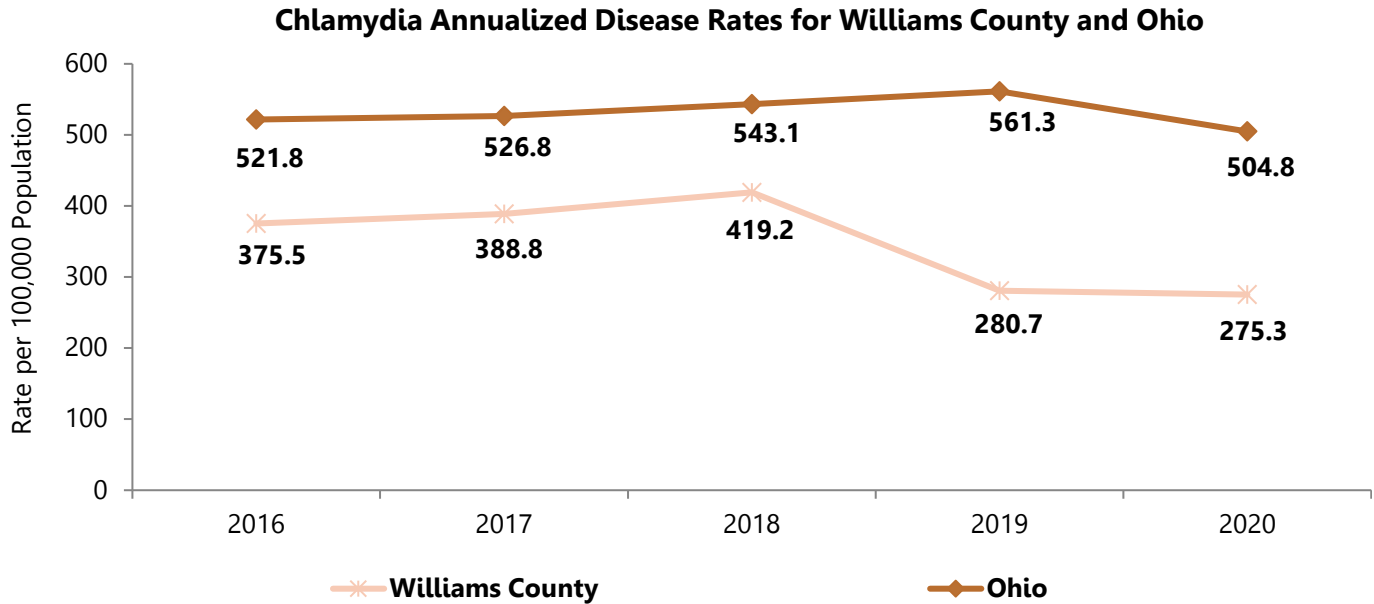
- Sexual violence is a very serious public health issue that affects millions of women and men. In the United States, 1-in-5 women have experienced completed or attempted rape, and about 1-in-14 men have been made to penetrate someone in their lifetime. One-in-three female rape victims and one-in-four male rape victims experienced it for the first time between 11-17 years old.
- Statistics underestimate the problem because many victims do not tell the police, family, or friends about the violence.
- Sexual violence is any sexual activity where consent is not freely given. This includes completed or attempted sex acts that are against the victims will or involve a victim who is unable to consent. Sexual violence also includes:
 - Unwanted sexual contact or
 - Non-contact, unwanted sexual experiences (such as verbal sexual harassment)
- Sexual violence can be committed by anyone including:
 - A current or former intimate partner
 - A family member
 - A person in position of power or trust
 - A friend or acquaintance
 - A stranger, or someone known only by sight
- Sexual violence impacts health in many ways and can lead to long-term physical and mental health problems. For example, victims may experience chronic pain, headaches, and sexually transmitted diseases. They are often fearful or anxious and may have problems trusting others. Anger and stress can lead to eating disorders, depression, alcohol and drug abuse, and even suicidal thoughts.

(Source: CDC, Preventing Sexual Violence, last updated February 5, 2022)

Chlamydia

The following graph shows Williams County chlamydia disease rates per 100,000 population. The graph shows:

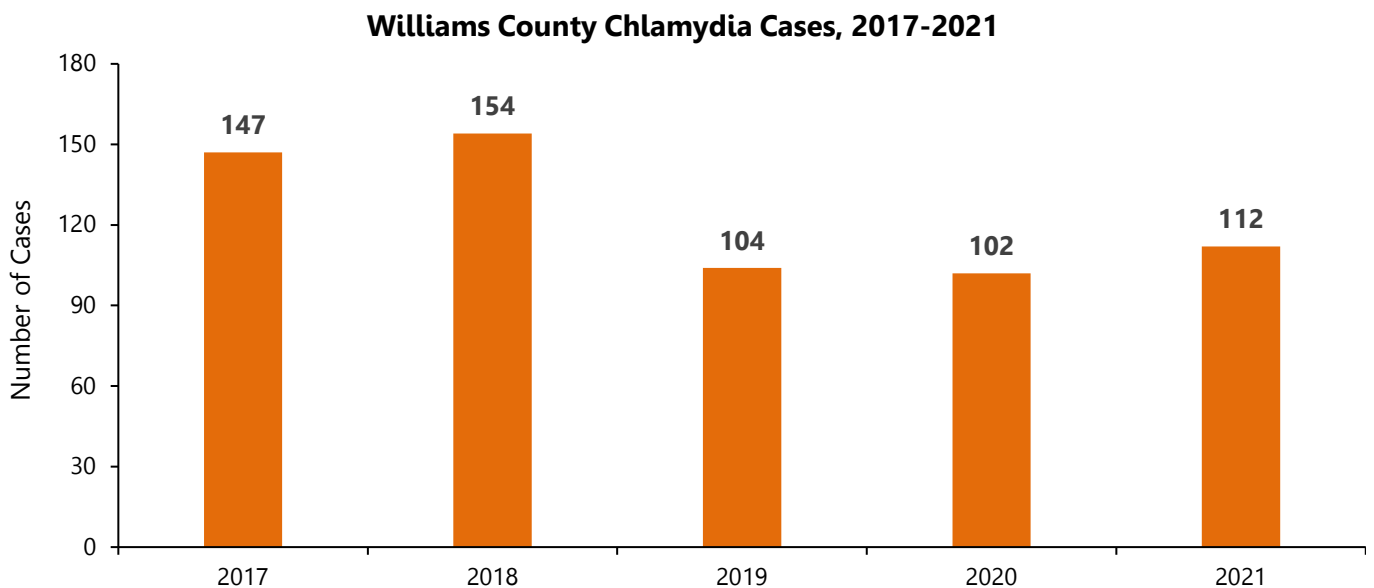
- The rate of diagnosed chlamydia cases was lower for Williams County compared to the Ohio rate between 2016 to 2020.



(Source: Ohio Department of Health, STD Surveillance Program, Data reported through 12/9/2021)

The following graph shows the number of chlamydia cases diagnosed in Williams County annually between 2017 to 2021. The graph shows:

- Williams County chlamydia cases decreased significantly from 2018 to 2019, then gradually increased each year leading up to 2021.

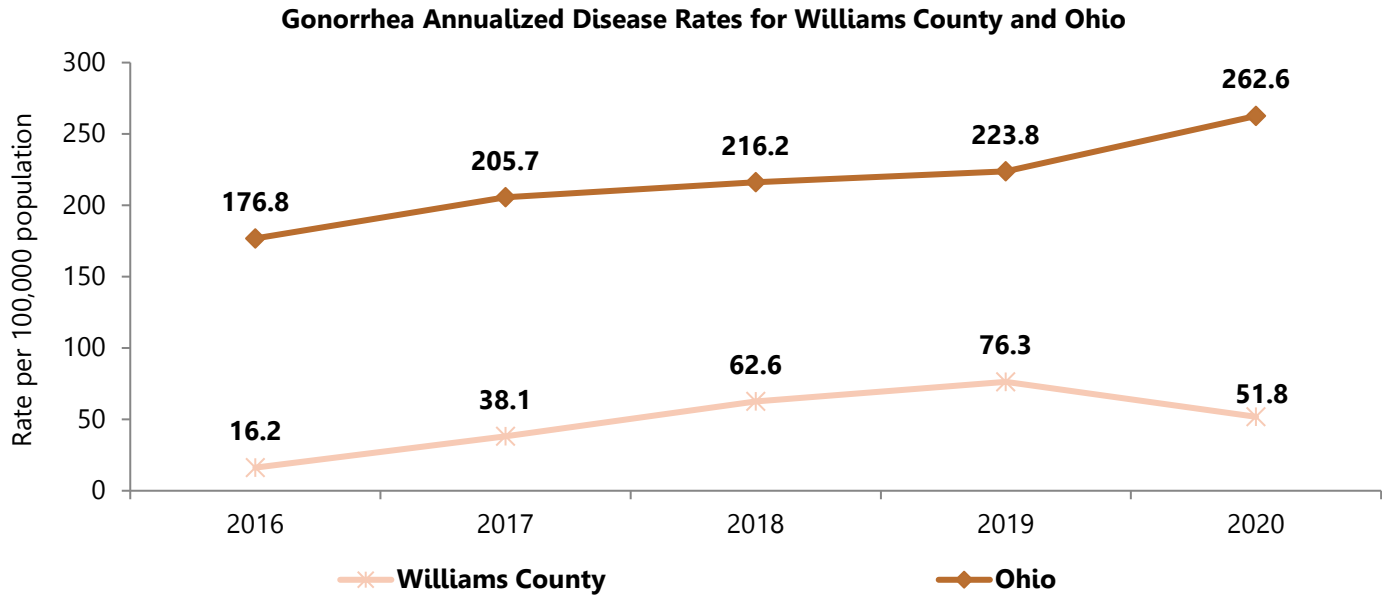


(Source: Williams County Health Partners, Updated May 22, 2022)

Gonorrhea

The following graph shows Williams County gonorrhea disease rates per 100,000 population. The graph shows:

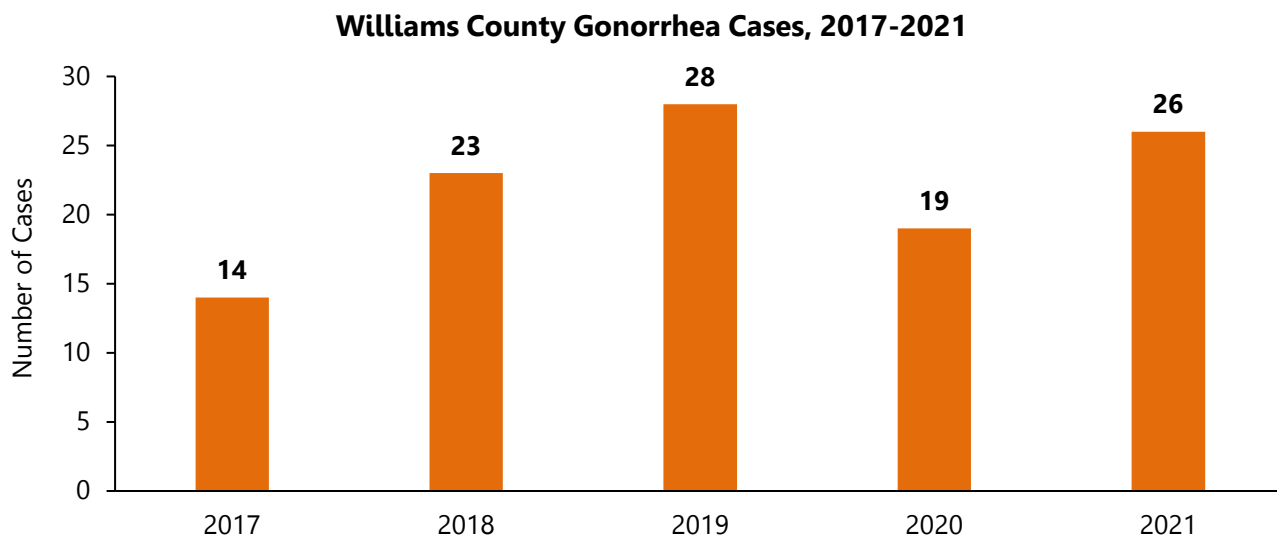
- The Williams County gonorrhea remained lower than the Ohio rate between 2016 to 2020.



(Source: Ohio Department of Health, STD Surveillance Program, Data Reported through 12/9/21)

The following graph shows the number of gonorrhea cases diagnosed in Williams County between 2017 to 2021. The graph shows:

- Williams County gonorrhea cases increased from 2017 to 2019, followed by a decrease in 2020.

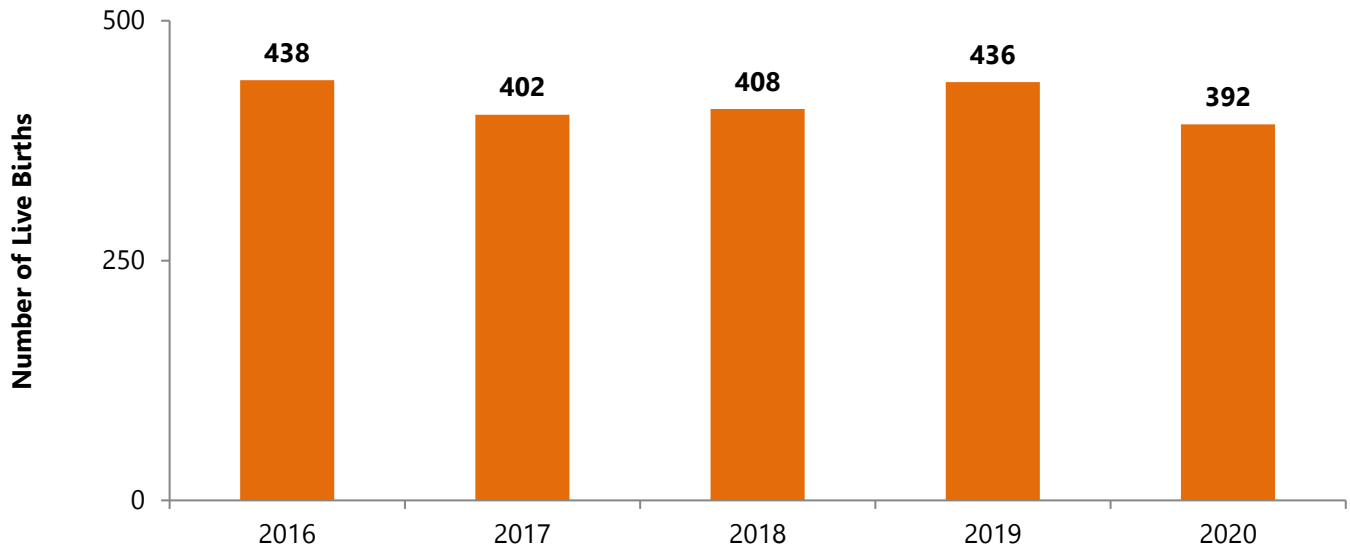


(Source: Williams County Health Partners, Updated May 22, 2022)

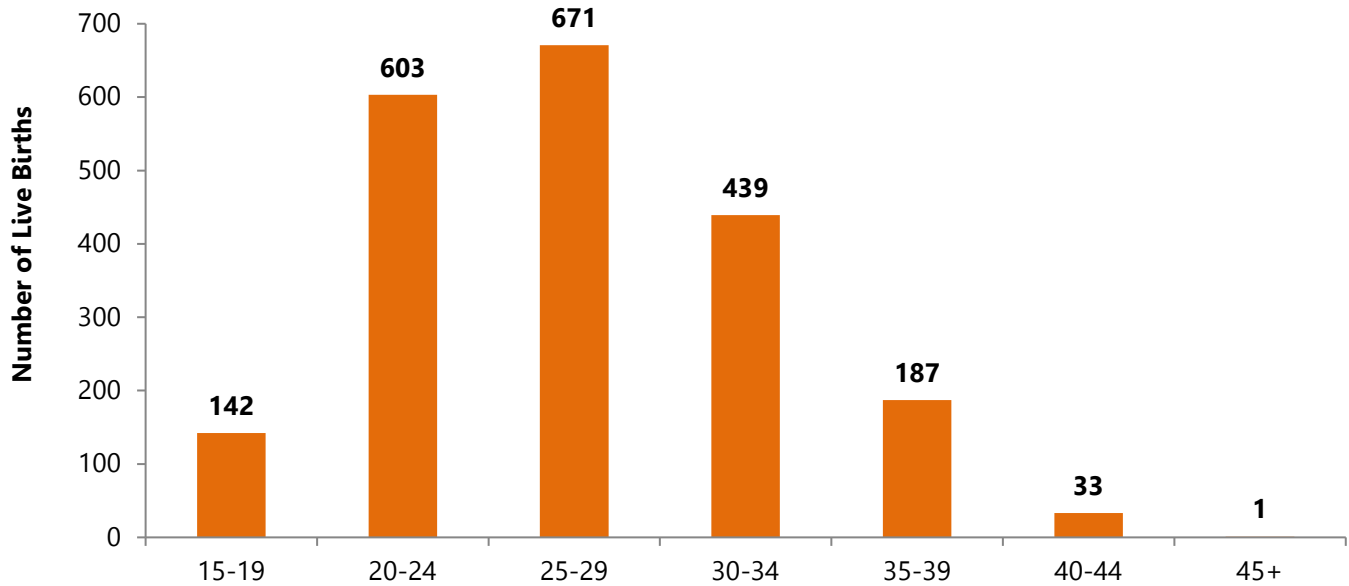
Birth Data

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, 2016-2020



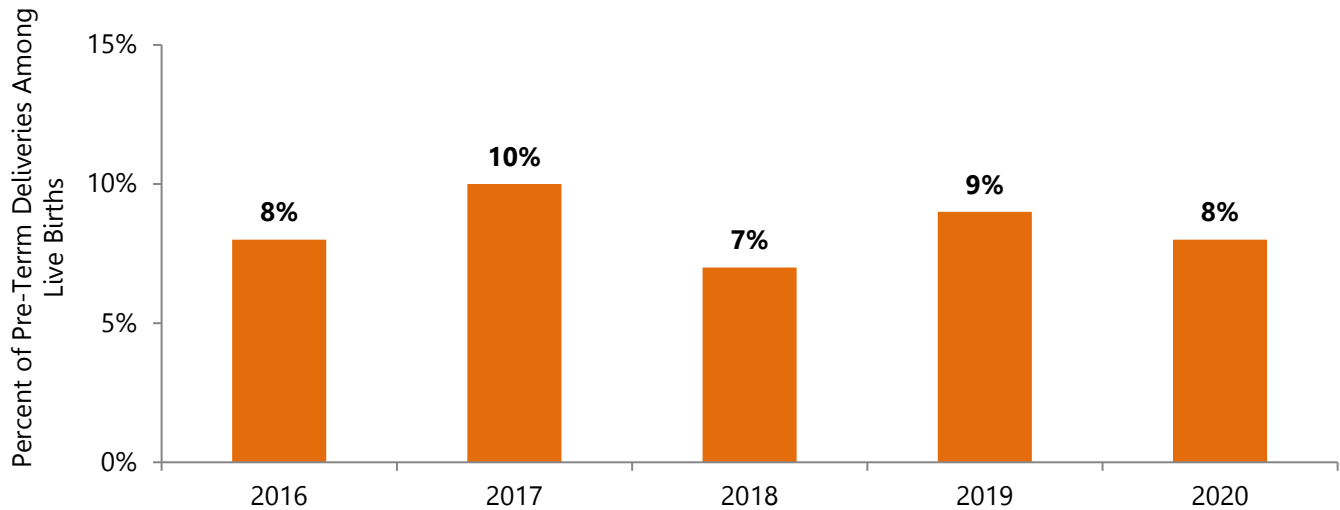
(Source for graphs: ODH Information Warehouse, updated 4/5/2022)

Pre-Term Births

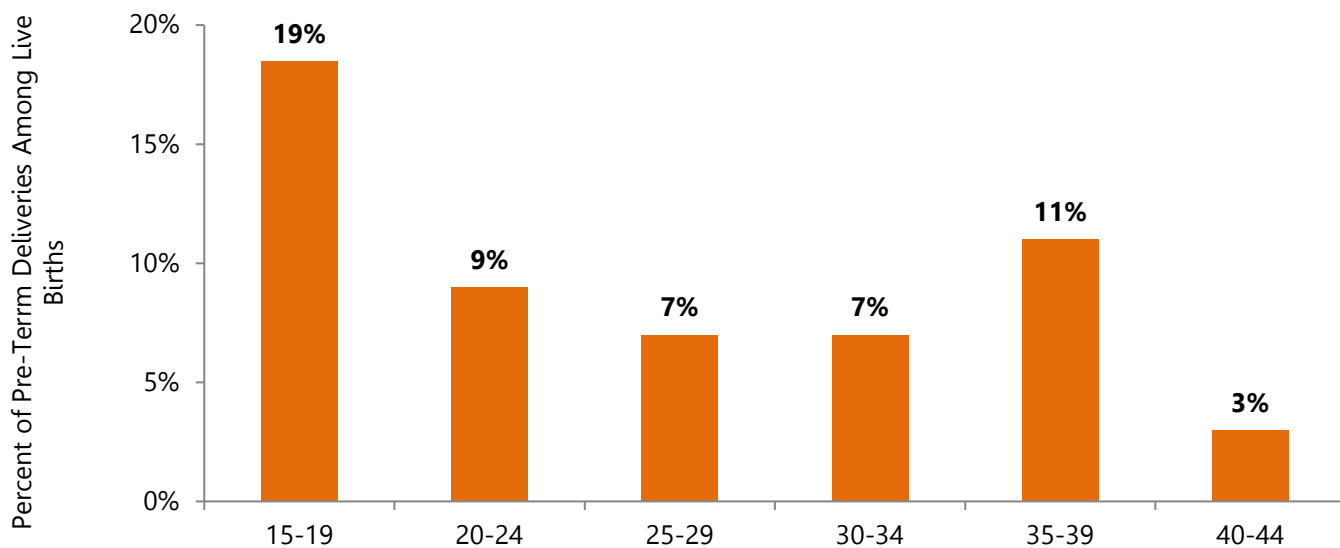
Please note that birth data includes all births to adolescents and adults. Data available from Ohio Department of Health is for birth count only.

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, 2016-2020



Pre-Term Deliveries Among Williams County Resident Live Births by Age of Mother, 2016-2020



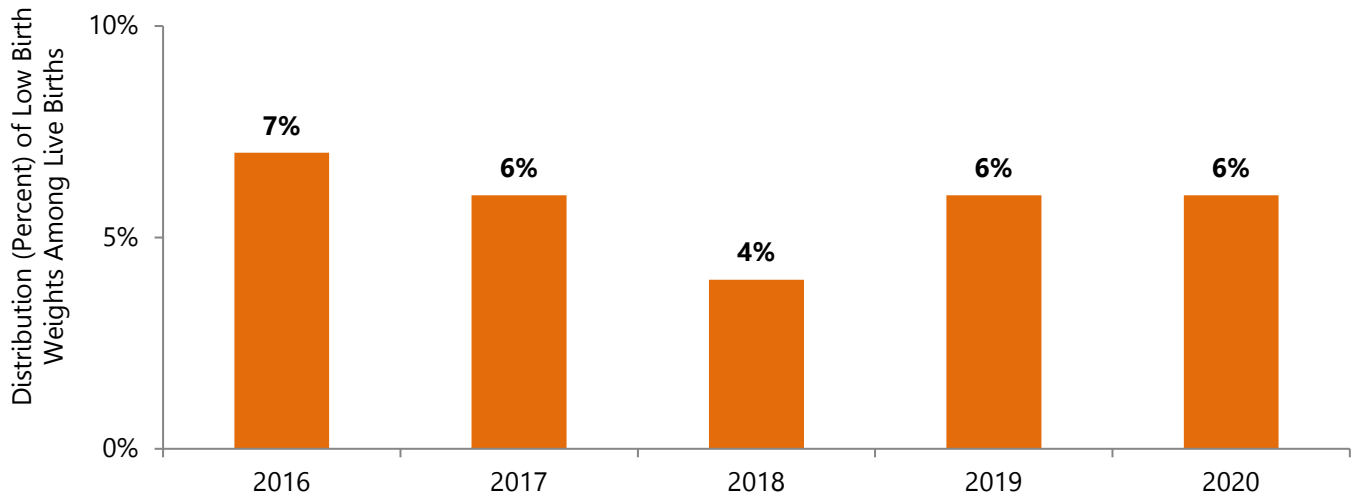
(Source for graphs: ODH Information Warehouse, 2016-2020)

Low Birth Weight

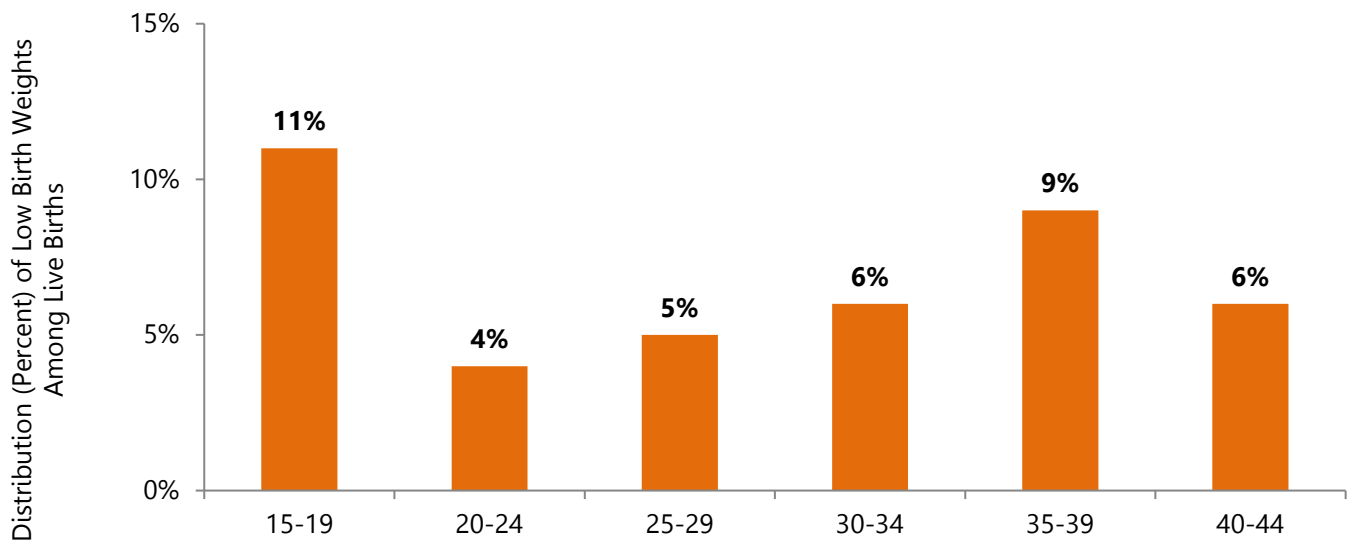
Please note that birth data includes all births to adolescents and adults. Data available from Ohio Department of Health is for birth count only.

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, 2016-2020



Williams County Distribution of Low Birth Weights Among Live Births by Age of Mother, 2016-2020



(Source for graphs: ODH Information Warehouse, 2016-2020)

Health Behaviors: Adult Mental Health

Key Findings

In the past year, 14% 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 less than 1% actually attempted suicide in the past year.

Adult Mental Health

- In the past year, 14% 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.
- Less than one percent (<1%) of adults reported attempting suicide in the past year.

National Suicide Statistics

- 47,511 people in the U.S. died from suicide, and 1,187,775 people attempted suicide in 2019.
- An average of one person killed themselves every 11.1 minutes.
- Suicide is the 10th ranking cause of death in the U.S.
- For every female death by suicide, there are 3.6 male deaths.
- In 2019, there were 1,806 suicide deaths in Ohio.
- The leading suicide methods included:
 - Firearm suicides (50.4%)
 - Suffocation/Hanging (28.5%)
 - Poisoning (12.9%)
 - Cutting/Piercing (1.9%)
 - Drowning (1.1%)

(Source: American Association of Suicidology, Facts & Statistics, 2019)

In 2022, 1,399 Williams County adults considered attempting suicide in the past year.

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Williams County 2022	Ohio 2020	U.S. 2020
Felt sad or hopeless for two or more weeks in the past year	8%	9%	13%	14%	N/A	N/A
Seriously considered attempting suicide in the past year	3%	2%	5%	5%	N/A	N/A
Attempted suicide in the past year	<1%	0%	1%	<1%	N/A	N/A

N/A – Not available

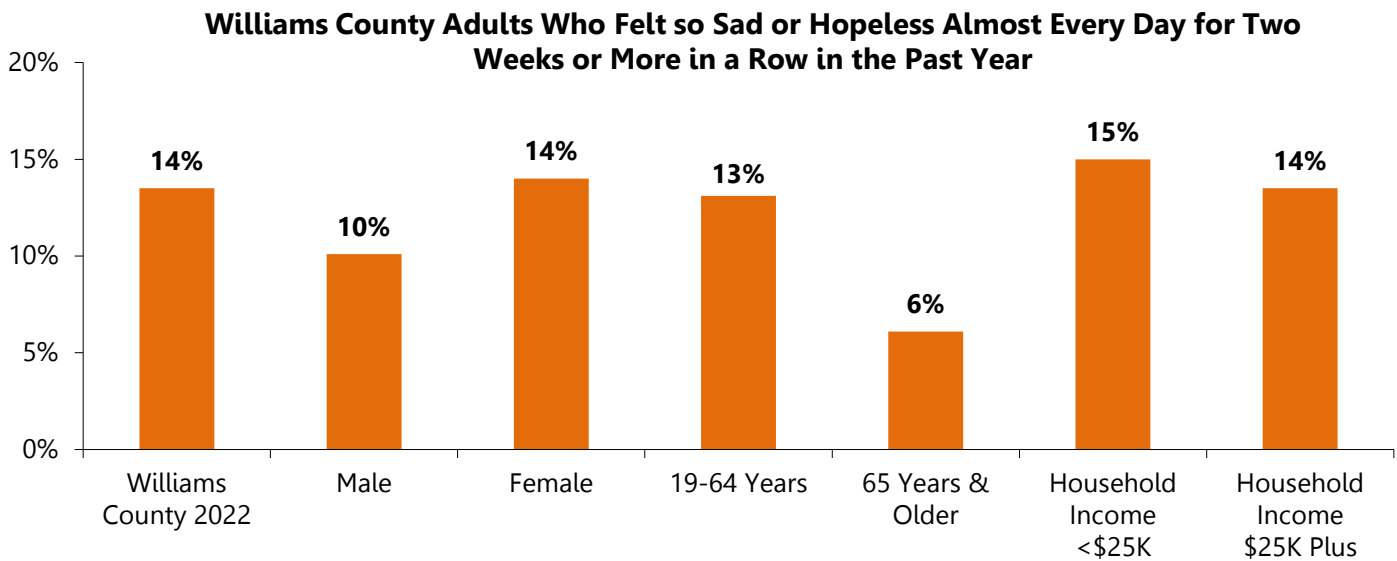
- Williams County adults indicated the following caused them anxiety, stress, or depression:
 - Job stress (38%)
 - Financial stress (36%)
 - Death of a close family member or friend (30%)
 - Current news/politics (25%)
 - Fighting at home (21%)
 - Marital/dating relationship (18%)
 - Sick family member (17%)
 - COVID-19 (17%)
 - Poverty/no money (15%)
 - Raising/caring for children (14%)
 - Other stress at home (11%)
 - Caring for a parent (7%)
 - Family member with mental illness (7%)
 - Social media (6%)
 - Divorce/separation (6%)
 - Unemployment (6%)
 - Not having enough to eat (3%)
 - Sexual orientation/gender identity (2%)
 - Not feeling safe in the community (2%)
 - Not feeling safe at home (1%)
 - Not having a place to live (<1%)
 - Other causes (13%)

- Williams County adults dealt with stress in the following ways:
 - Talked to someone they trust (47%)
 - Listened to music (45%)
 - Spent time outdoors (39%)
 - Handled it themselves (39%)
 - Worked on a hobby (35%)
 - Prayer/meditation (31%)
 - Exercised (28%)
 - Slept (25%)
 - Ate more or less than normal (20%)
 - Went to church (17%)
 - Worked (16%)
 - Drank alcohol (13%)
 - Journalled (8%)
 - Avoided friends/family (6%)
 - Practiced gratitude (5%)
 - Smoked tobacco (5%)
 - Called a professional (4%)
 - Used prescription drugs as prescribed (4%)
 - Took it out on others (3%)
 - Used illegal drugs (3%)
 - Went to a self-help or support group (2%)
 - Misused prescription drugs (1%)
 - Other ways (12%)

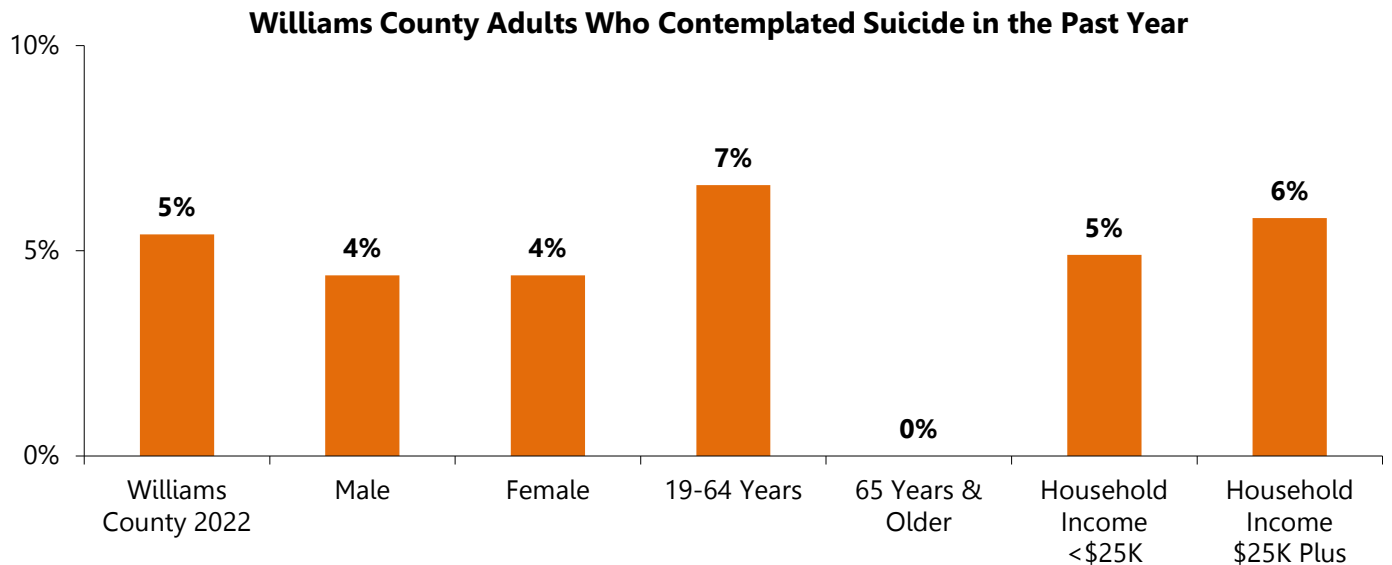
- Eleven percent (11%) of Williams County adults had used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included the following:
 - Did not need a program (59%)
 - Had not thought of it (8%)
 - Could not afford to go (7%)
 - Co-pay/deductible too high (4%)
 - Embarrassed to seek mental health services (3%)
 - Fear (3%)
 - Stigma of seeking mental health services (2%)
 - Took too long to get in to see a doctor (2%)
 - Other priorities (2%)
 - The clinic that their insurance covers is too far away (2%)
 - Did not know how to find a program (1%)
 - Could not find a mental health provider (<1%)
 - Transportation (<1%)
 - Could not find a provider who accepts their insurance (<1%)
 - Other reasons (5%)
 - Didn't know (9%)

- Adults indicated they would do the following if they knew someone who was suicidal:
 - Talk to them (70%)
 - Try to calm them down (45%)
 - Call 9-1-1 (44%)
 - Call a crisis line (39%)
 - Take them to the ER (23%)
 - Call a mental health service agency (22%)
 - Call a friend (20%)
 - Call their spiritual leader (15%)
 - Text a crisis line (10%)
 - Nothing (4%)

The following graph indicates adults feeling so sad or hopeless almost every day for two weeks or more in a row in the past year that this stopped them from doing usual activities. Examples of how to interpret the information include: in the past year, 14% of all Williams County adults felt sad or hopeless almost every day for two weeks or more in a row that this stopped them from doing usual activities, including 10% of males and 15% of those less with household incomes below \$25,000.



The following graph shows the percentage of Williams County adults who contemplated suicide in the past year. An example of how to interpret the information includes: 5% of all Williams County adults contemplated suicide in the past year, including 7% of adults ages 19-64 years old and 6% of those with household incomes of \$25,000 or higher.

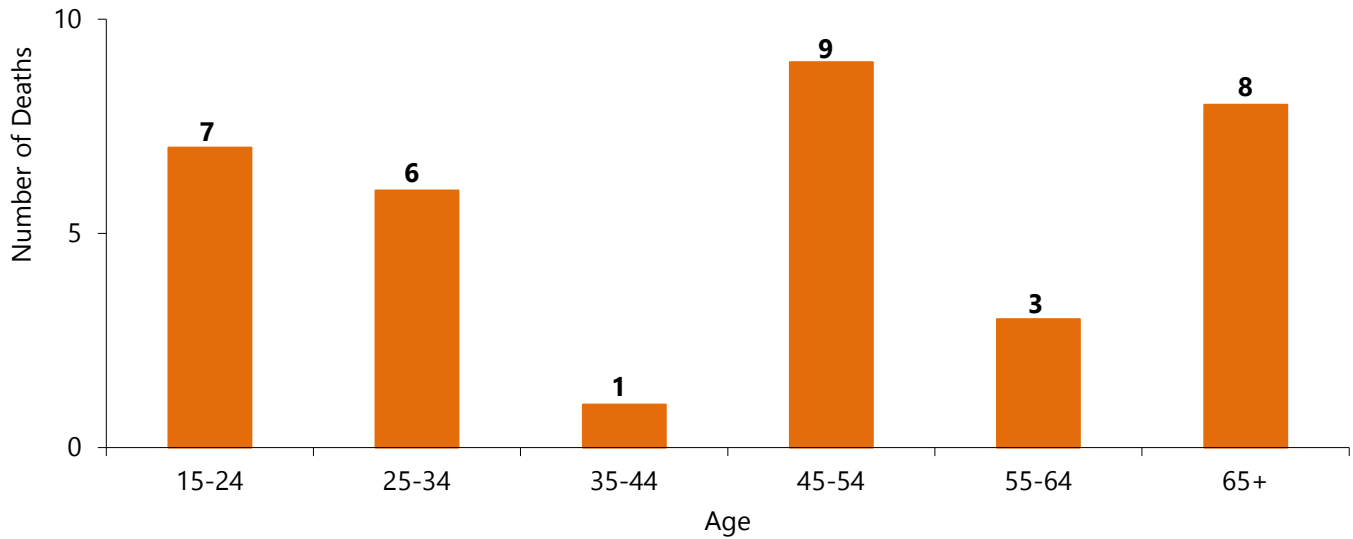


Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

Death by Suicide

The graph below shows the number of Williams County suicide deaths by age between 2017-2021*.

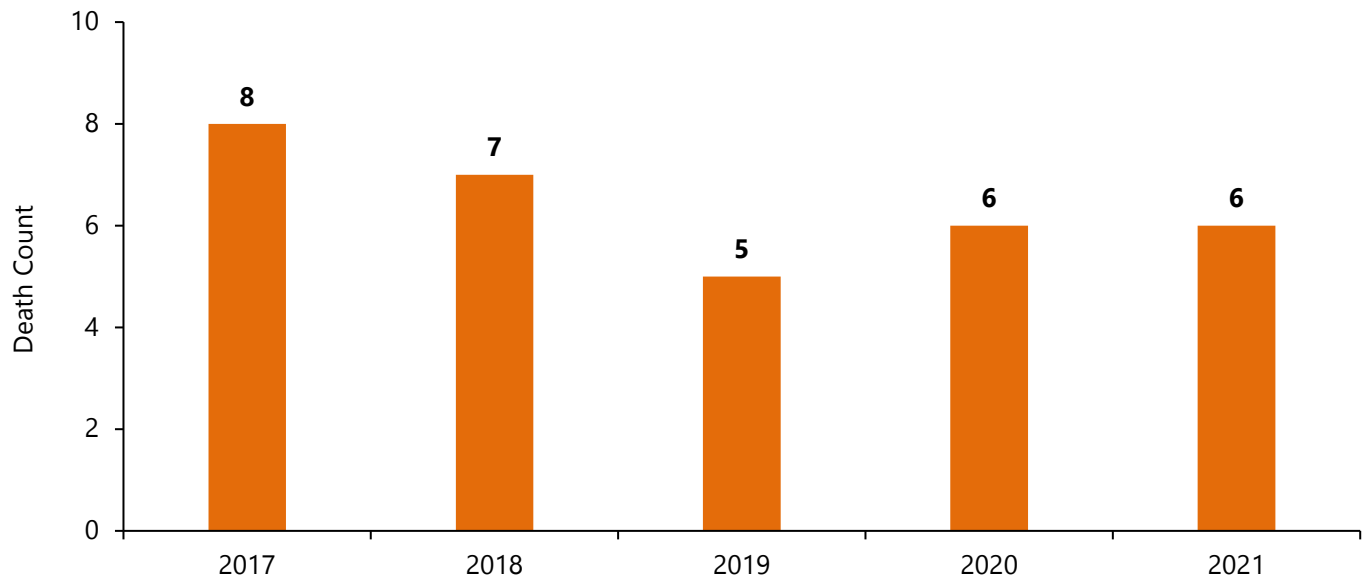
Number of Williams County Deaths By Suicide by Age, 2017-2021*



**Data for 2020 and 2021 were considered partial and incomplete at time of data collection
(Source: ODH, Information Warehouse, Leading Causes of Death, 2017-2021)*

The graph below shows the number of annual Williams County suicide deaths between 2017-2021.

Williams County Deaths by Suicide By Year, 2017-2021



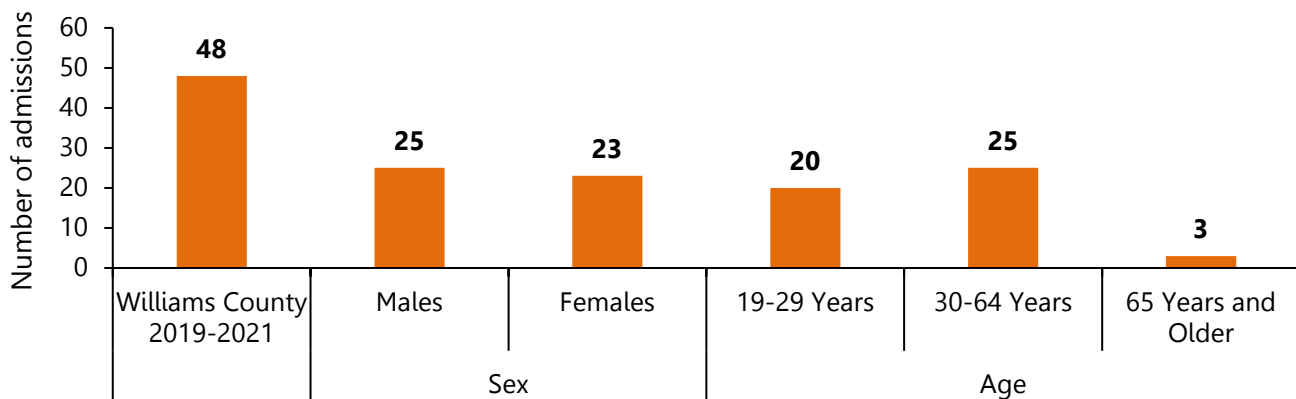
(Source: Williams County Health Department, as compiled by Williams County Health Partners)

The following graphs show Emergency Department admissions with screened suicide risk, as well as Emergency Department admissions with reported suicide ideation or attempt among adults over the age of 18.

Emergency Department Admissions Screened as Suicide Risk Among Adults (>18 Years of Age), 2019-2021

- Between 2019-2021, 48 adults were screened as a suicide risk in the emergency department at CHWC.
- Between 2019-2021, adults 30-64 years were more likely to be screened as a suicide risk in the emergency department. The adults with the lowest screened suicide risk were ages 65 and older.

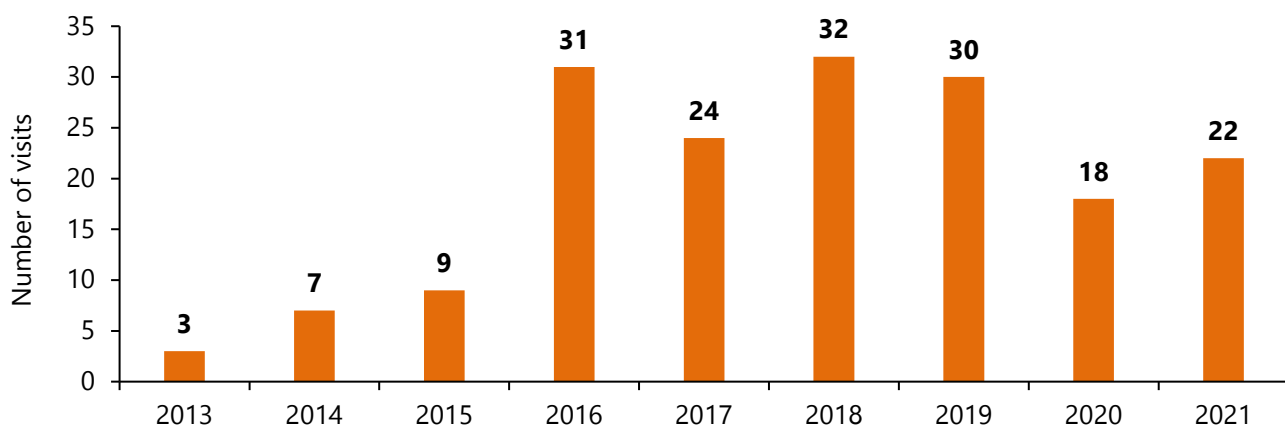
Adult Emergency Department Admissions with Screened Suicide Risk, Williams County 2019-2021



Emergency Department Admissions with Reported Suicide Ideation or Attempt Among Adults (>18 Years of Age), 2013-2021

- Emergency Department admissions with reported suicide ideation or attempt have been increasing over time for adults ages 18 and older.
- 2018 had the highest number of Emergency Department admissions with reported suicide ideation or attempt with a total of 32 visits.

Emergency Department Admissions with Reported Suicide Ideation or Attempt Among Adults

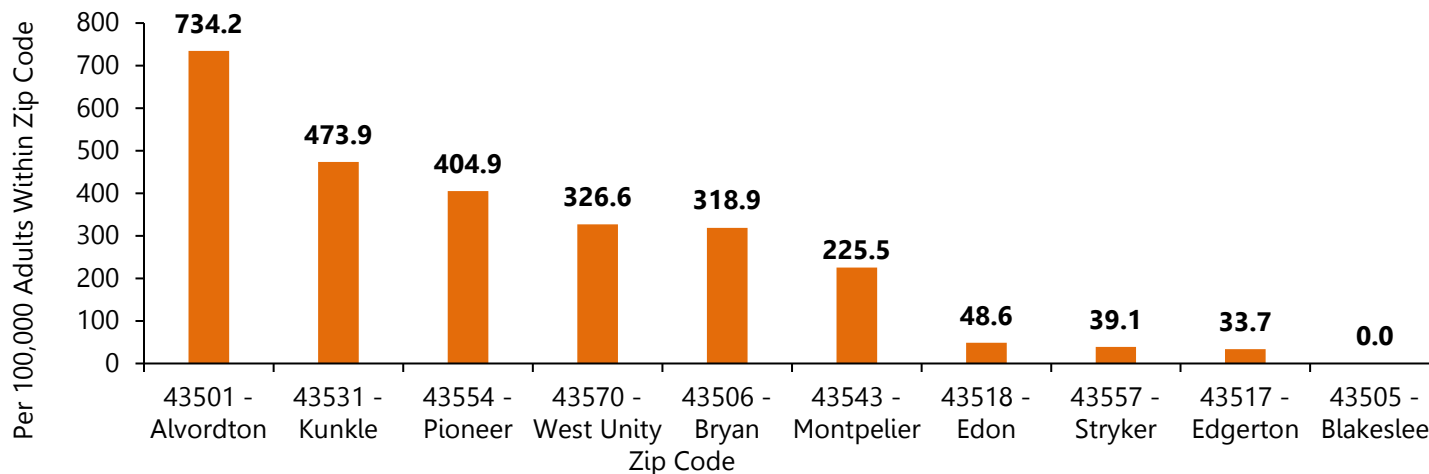


(Source for graphs: Community Hospitals and Wellness Centers, as compiled by Williams County Health Partners)

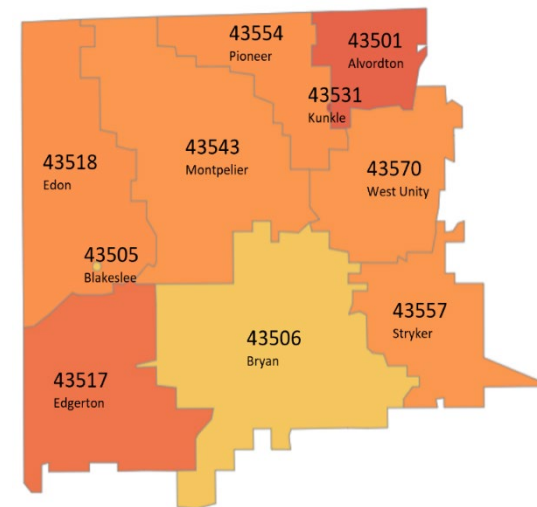
Emergency Department admissions with reported suicide ideation or attempt among adults 18 years of age or older, continued
Suicide Ideation and Attempt Emergency Department Admissions by Zip Code per 100,000 Adults (> 18 Years of Age), 2019-2022

- The graph below shows the rate of suicide ideation within the emergency department per 100,000 adults by zip code from 2019-2021. Using rates allows areas with different population sizes to be compared.
- In 2019-2021, adults from zip code 43501 (Alvordton) had the highest rates of suicide ideation and attempt emergency department admissions. This means that if each of the zip codes had an adult population of 100,000, then there would be about 734 emergency department admissions among adults in this zip code within 2019-2021.
- Adults from zip code 43501 (Alvordton) had over 21x as many suicide ideation/attempt admissions than zip code 43517 (Edgerton), but only 4 additional admissions within 2019-2021.

Suicide Ideation and Attempt Emergency Department Admissions by Zip Code for Adults > 19 (2019-2021)



Williams County Zip Codes



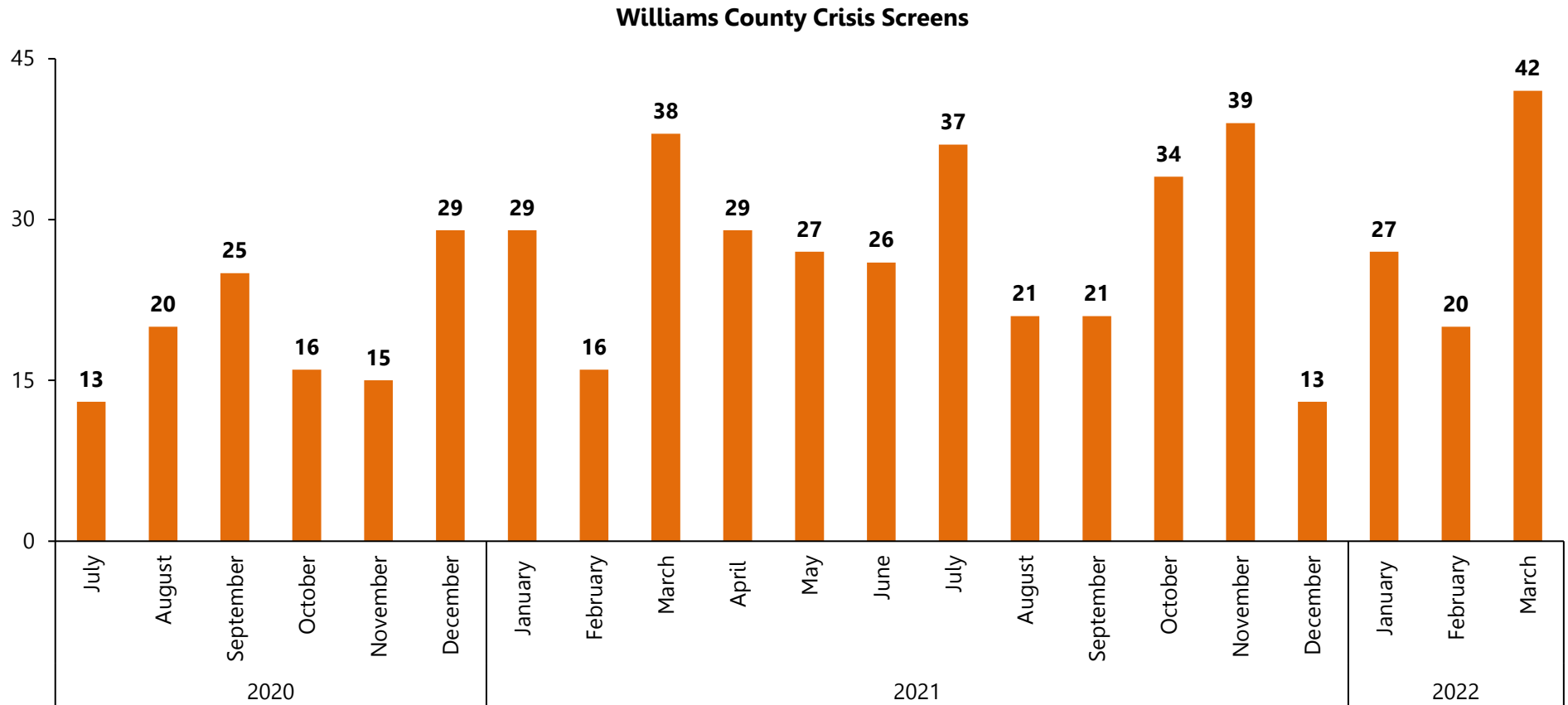
Suicide Ideation and Attempt Emergency Department Admissions by Zip Code for Youth < 18 (2019-2021)

Zip Code	43543 Montpelier	43518 Edon	43506 Bryan	43570 West Unity	43554 Pioneer	43557 Stryker	43517 Edgerton	43501 Alvordton	43505 Blakeslee	43531 Kunkle
Admission Rate per 100,000 Youth within Zip Code	1092.9	544.1	473.0	465.5	369.0	146.8	112.7	0.0	0.0	0.0
Total Number of Suicide Ideation & Attempt ED Admissions within Zip Code	18	5	16	5	2	1	1	0	0	0

(Source: Community Hospitals and Wellness Centers, as compiled by Williams County Health Partners)

Crisis Screening

The graph below shows the number of crisis screenings that took place in Williams County among adults and youth by month from July 2020 through March 2022.



(Source: Four County ADAMhs Board, as compiled by Williams County Health Partners)

Crisis Screening

The tables below show data from the Crisis Care and Counseling Center (CCCC) that took place in Williams County among adults and youth by month and quarter in 2021 and 2022.

SFY 2021	July	August	September	1 st Q	October	November	December	2 nd Q	January	February	March	3 rd Q	April	May	June	4 th Q	Yearly
CCCC Screens Williams	13	20	25	58	16	15	29	60	29	16	38	83	29	27	26	82	283

SFY 2022	July	August	September	1 st Q	October	November	December	2 nd Q	January	February	March	3 rd Q	April	May	June	4 th Q	Yearly
CCCC Screens Williams	37	21	21	79	34	39	13	86	27	20	42	89	N/A	N/A	N/A	N/A	N/A

N/A- Data unavailable due to being collected during SFY 2022

(Source: Four County ADAMhs Board, as compiled by Williams County Health Partners)

Chronic Disease: Adult Cardiovascular Health

Key Findings

One in eleven (9%) adults reported they had survived a heart attack and 2% survived a stroke at some time in their life. More than two-fifths (41%) of adults had high blood pressure, 37% had high blood cholesterol, 49% were obese, and 14% were current smokers, all known risk factors for cardiovascular disease.

Heart Disease and Stroke

- One in eleven (9%) adults reported they had survived a heart attack or myocardial infarction, increasing to 14% of those over the age of 65.
- Seven percent (7%) of adults reported they had angina or coronary heart disease, increasing to 12% of those with household incomes less than \$25,000.
- Five percent (5%) of adults reported they had congestive heart failure, increasing to 9% of those over the age of 65 and 10% of those with household incomes less than \$25,000.
- Two percent (2%) of adults reported they had survived a stroke, increasing to 10% of those with household incomes less than \$25,000.

Williams County Leading Causes of Death, 2017-2019

Total Deaths: 1,316

- Heart Disease (22% of all deaths)
- Cancers (21%)
- Chronic Lower Respiratory Diseases (7%)
- Accidents, Unintentional Injuries (6%)
- Alzheimer's Disease (6%)

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

Ohio Leading Causes of Death, 2017-2019

Total Deaths: 371,649

- Heart Disease (23% of all deaths)
- Cancers (20%)
- Accidents, Unintentional Injuries (7%)
- Chronic Lower Respiratory Diseases (6%)
- Stroke (5%)

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

3,916 adults survived a heart attack or myocardial infarction.

High Blood Pressure (Hypertension)

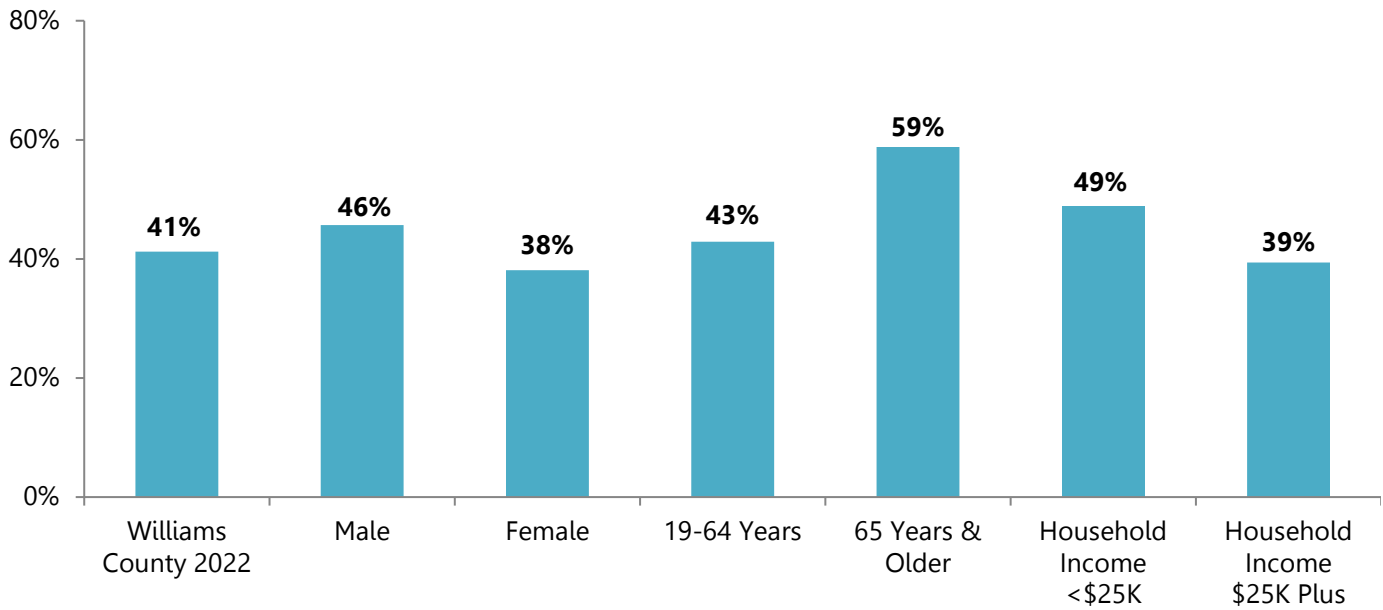
- Approximately two out of five (41%) of adults had been diagnosed with high blood pressure.
- Seven percent (7%) of adults were told they were pre-hypertensive/borderline high.
- Six percent (6%) of women had been told by a doctor, nurse, or other health professional that they had high blood pressure during pregnancy only.
- Williams County adults diagnosed with high blood pressure were more likely to:
 - Have been age 65 years or older (59%)
 - Been obese (including severely and morbidly obese) (53%)
 - Have household incomes less than \$25,000 (49%)

High Blood Cholesterol

- More than one-third (37%) of adults had been diagnosed with high blood cholesterol.
- Williams County adults with high blood cholesterol were more likely to:
 - Have been ages 65 years or older (61%)
 - Been obese (including severely and morbidly obese) (45%)
 - Have household incomes less than \$25,000 (38%)

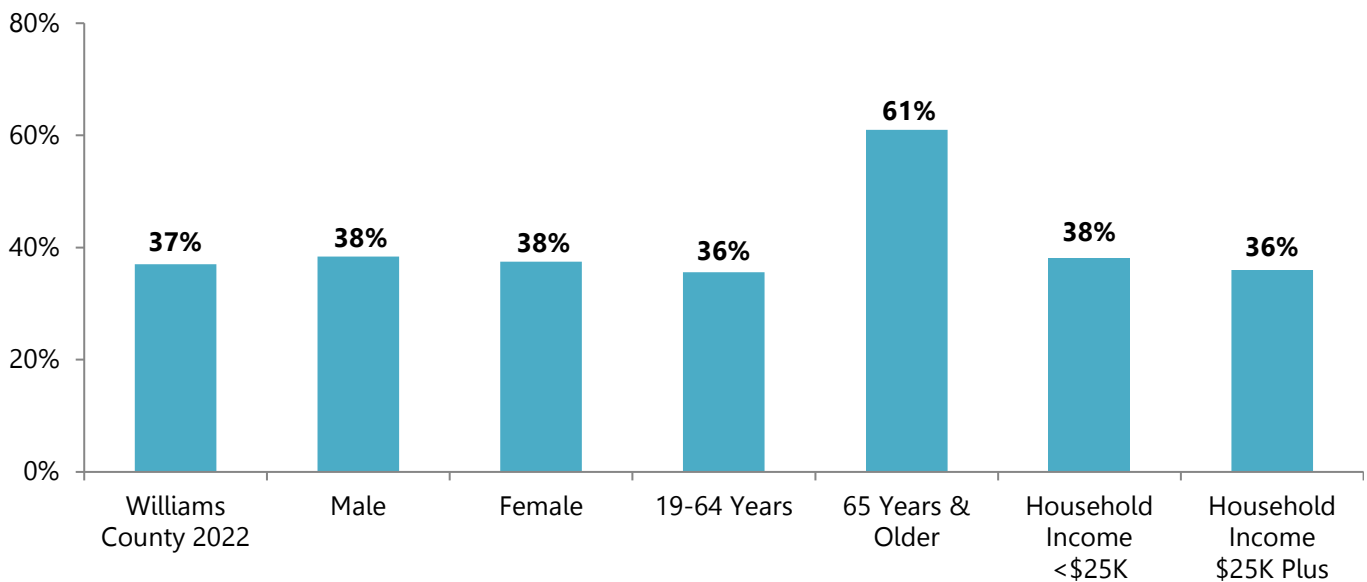
The following graphs show the percentage of Williams County adults who have been diagnosed with high blood pressure and high blood cholesterol. An example of how to interpret the information in the first graph includes: 41% of all Williams County adults have been diagnosed with high blood pressure, including 46% of males and 59% of those 65 years and older.

Diagnosed with High Blood Pressure*



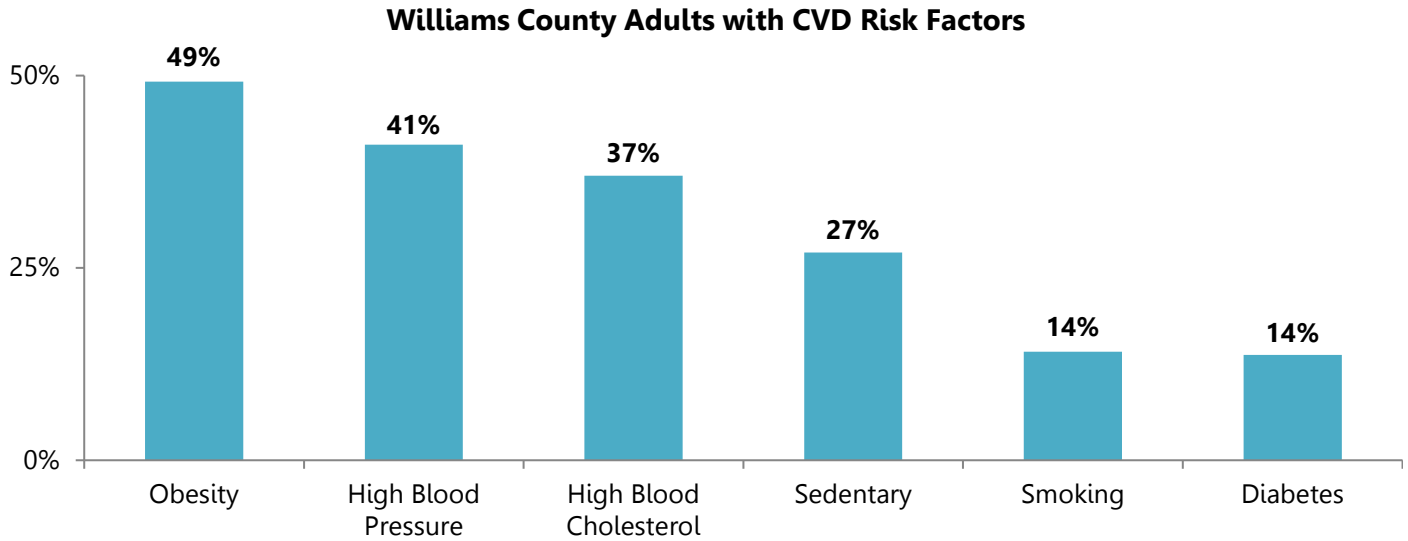
*Does not include respondents who indicated high blood pressure during pregnancy only.

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).



Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Williams County 2022	Ohio 2020	U.S. 2020
Ever diagnosed with angina or coronary heart disease	6%	6%	7%	7%	5%	4%
Ever diagnosed with a heart attack or myocardial infarction	5%	4%	6%	9%	5%	4%
Ever diagnosed with a stroke	3%	1%	4%	2%	4%	3%
Had been told they had high blood pressure	29%	35%	39%	41%	35%*	33%*
Had been told their blood cholesterol was high	35%	36%	37%	37%	33%*	33%*

*2019 BRFSS Data

Healthy People 2030 Objectives Heart Disease and Stroke

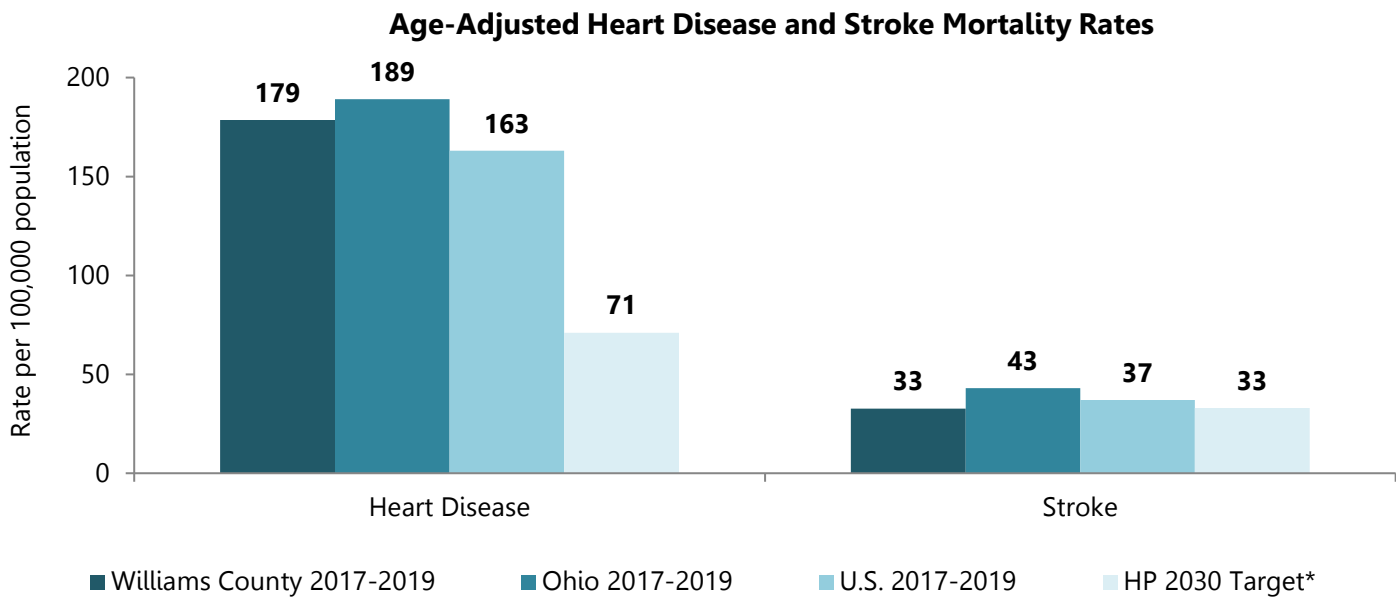
Objective	2022 Williams Survey Population Baseline	2020 Ohio Baseline	2020 U.S. Baseline*	Healthy People 2030 Target
HDS-04: Reduce proportion of adults with hypertension	41% (2022)	35%	33% Adults age 18 and up	28%

*Note: All U.S. figures age-adjusted to 2000 population standard.
(Sources: Healthy People 2030, 2020 BRFSS, 2022 Williams County Health Assessment)

Age-Adjusted Heart Disease and Stroke Disease Mortality Rates

The following graph shows 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 2030 target from 2017-2019.
- The 2017-2019 Williams County age-adjusted stroke mortality rate was below the state and U.S. rates, and equal to the Healthy People 2030 target.



**Note: The Healthy People 2030 Target objective for coronary heart disease is reported for heart attack mortality.
(Sources: Ohio Public Health Data Warehouse 2017-2019, CDC Wonder 2017-2019, and Healthy People 2030)*

Cardiovascular Diseases: The Silent Killer

Cardiovascular diseases (CVDs), a group of heart and blood vessel disorders, are the number one cause of death and disability globally. Hypertension, or high blood pressure, is a leading risk factor for CVD and causes over 10 million deaths worldwide each year. Hypertension treatment is simple, effective, and affordable, yet the condition is often overlooked because it typically does not produce symptoms. Left untreated, this “silent killer” can lead to heart disease, stroke, and kidney failure. People are often not aware that they have high blood pressure because it is not routinely measured. If diagnosed, they may not have reliable access to the healthcare services or the treatment they need to control their blood pressure and reduce their risk of death and disability.

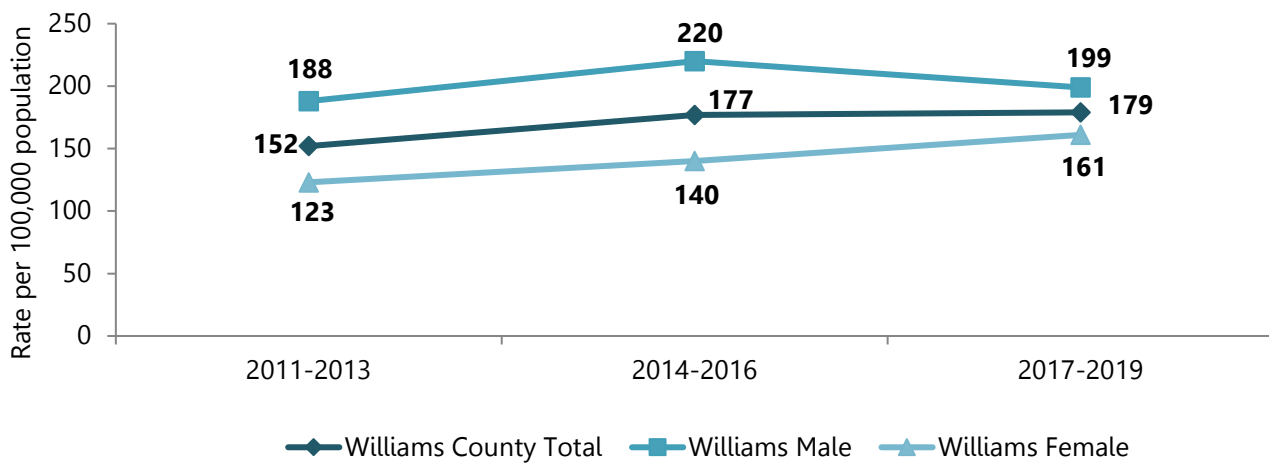
(Source: CDC, Global Health Protection and Security, Cardiovascular Diseases, Updated December 17, 2021)

Age-Adjusted Heart Disease and Stroke Mortality Rates

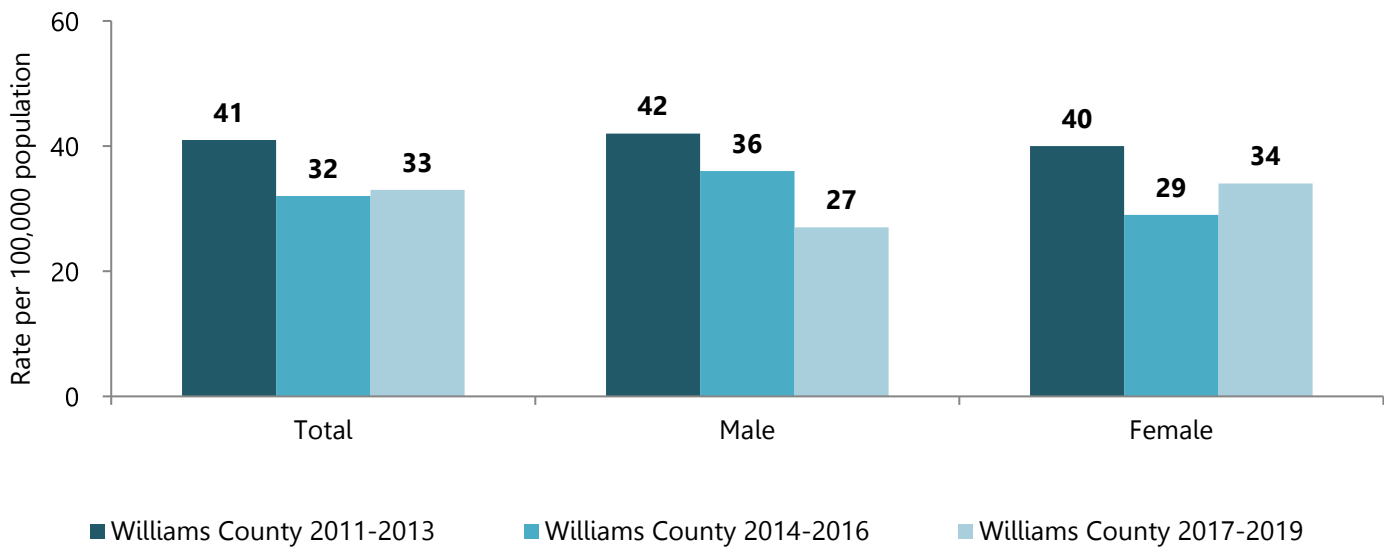
The following graphs show the age-adjusted mortality rates per 100,000 population for heart disease and stroke by gender.

- From 2011-2019, the Williams County female and male age-adjusted heart disease mortality rates have been on an upward trend.
- From 2011-2019, the Williams County stroke mortality rate decreased overall.
- From 2011-2019, the Williams County stroke mortality rate for males showed a significant and steady decline.
- From 2011-2016, the Williams County stroke mortality rate for females decreased significantly, with a slight increase from 2017-2019.

Williams County Age-Adjusted Heart Disease Mortality Rates by Gender



Williams County Age-Adjusted Stroke Mortality Rates by Gender



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

Chronic Disease: Adult Cancer

Key Findings

Nearly one out of five (18%) Williams County adults had been diagnosed with cancer at some point in their lives.

Adult Cancer

- Nearly one out of five (18%) Williams County adults had been diagnosed with cancer at some point in their lives, increasing to 27% of those with household incomes below \$25,000 and 35% of those ages 65 and older.
- Of those diagnosed with cancer, they reported the following types:
 - Cervical (among females) (42%)
 - Breast (among females) (26%)
 - Prostate (among males) (10%)
 - Melanoma (7%)
 - Colon intestine (7%)
 - Lung (5%)
 - Other skin cancer (5%)
 - Bladder (5%)
 - Leukemia (2%)
 - Non-Hodgkin's Lymphoma (2%)
 - Other types of cancer (26%)

Williams County Incidence of Cancer, 2017-2019

All Types: 648 cases

- Lung and Bronchus: 110 cases (17%)
- Breast: 101 cases (16%)
- Colon and Rectum: 73 cases (11%)
- Prostate: 71 cases (11%)

From 2017-2019, there were 281 cancer deaths in Williams County.

(Source: Ohio Cancer Incidence Surveillance System, ODH Ohio Public Health Data Warehouse, 2017-2019)

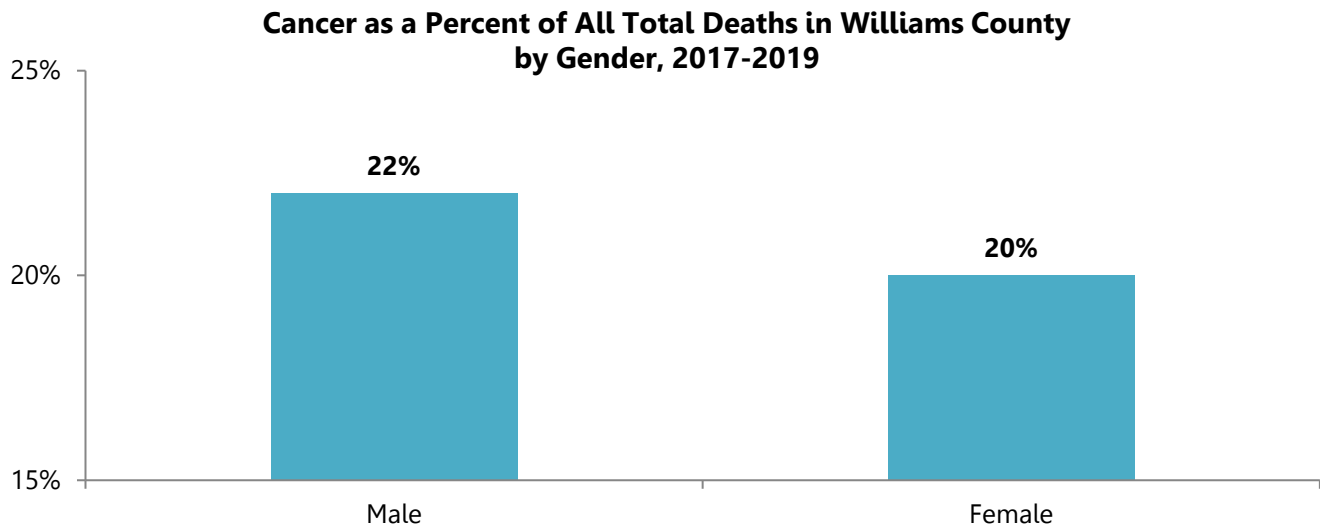
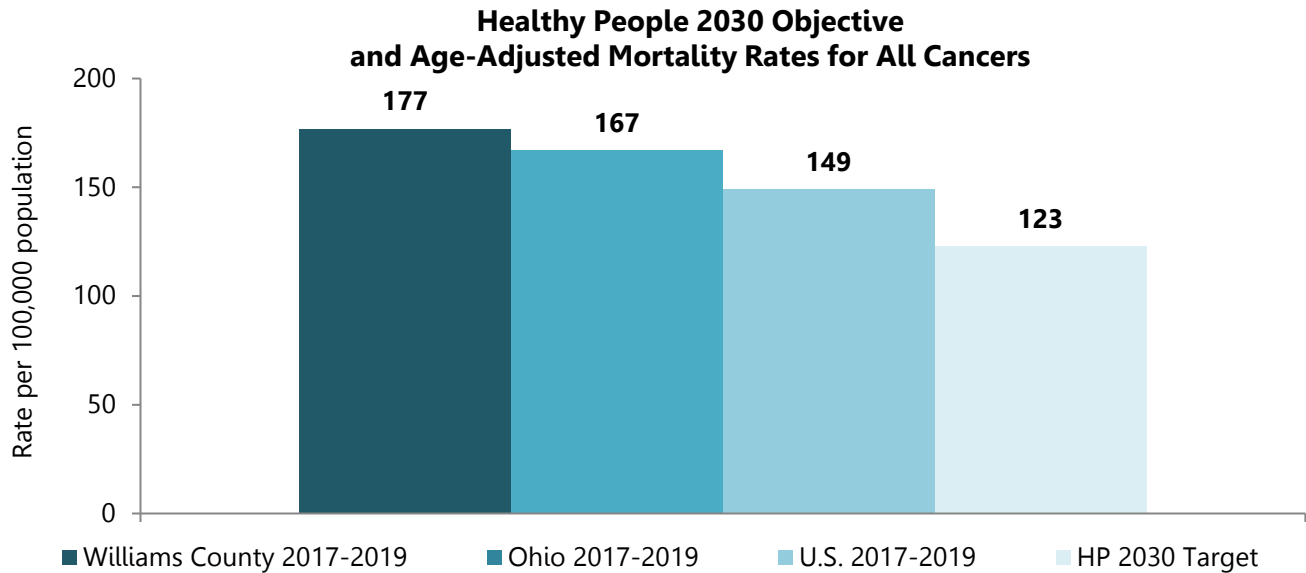
5,035 adults in Williams County were diagnosed with cancer at some point in their lives.

Cancer Facts

- The Ohio Department of Health (ODH) indicates that from 2017-2019, cancers caused 21% (281 of 1,316 of total deaths) of all Williams County resident deaths *(Source: Ohio Public Health Data Warehouse, 2017-2019)*.
- 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 2022)*.
- The American Cancer Society states that about 609,360 Americans are expected to die of cancer in 2022. Cancer is the second leading cause of death in the U.S. exceeded only by heart disease. *(Source: American Cancer Society, Facts & Figures 2022)*.
- The 2022 health assessment has determined that 14% of Williams County adults were current smokers and many more were exposed to environmental tobacco smoke, also a cause of heart attacks and 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 2030 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 2030 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, 2017-2019).



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

Williams County Incidence of Cancer, 2015-2019

Types of Cancer	Number of Cases	Percent of Total Incidence of Cancer
Lung and Bronchus	180	16.9%
Breast	160	15.0%
Colon & Rectum	114	10.7%
Prostate	105	9.8%
Other Sites/Types	69	6.5%
Bladder	52	4.9%
Non-Hodgkins Lymphoma	45	4.2%
Melanoma of Skin	44	4.1%
Uterus	43	4.0%
Pancreas	38	3.6%
Kidney & Renal Pelvis	34	3.2%
Oral Cavity & Pharynx	27	2.5%
Esophagus	25	2.3%
Leukemia	24	2.2%
Thyroid	20	1.9%
Liver & Intrahepatic Bile Duct	19	1.8%
Brain and Other CNS	12	1.1%
Ovary	12	1.1%
Larynx	11	1.0%
Multiple Myeloma	11	1.0%
Testis	8	0.7%
Cervix	7	0.7%
Stomach	6	0.6%
Total	1,068	100%

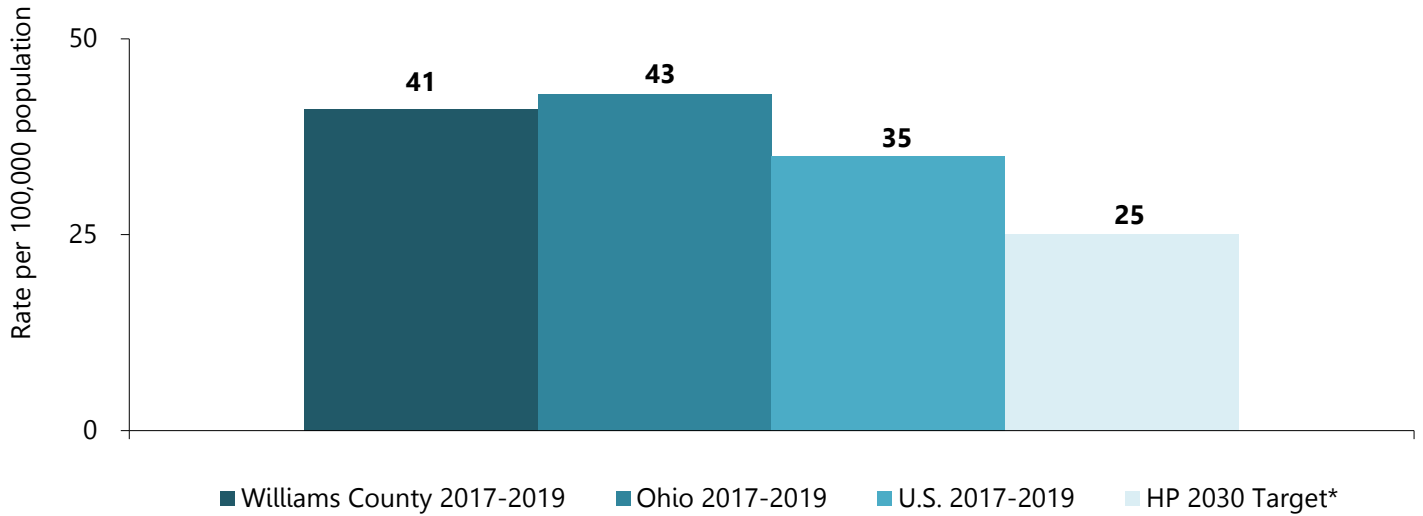
(Source: Ohio Cancer Incidence Surveillance System, Ohio Department of Health Information Warehouse, Updated 4/5/2022)

Lung Cancer

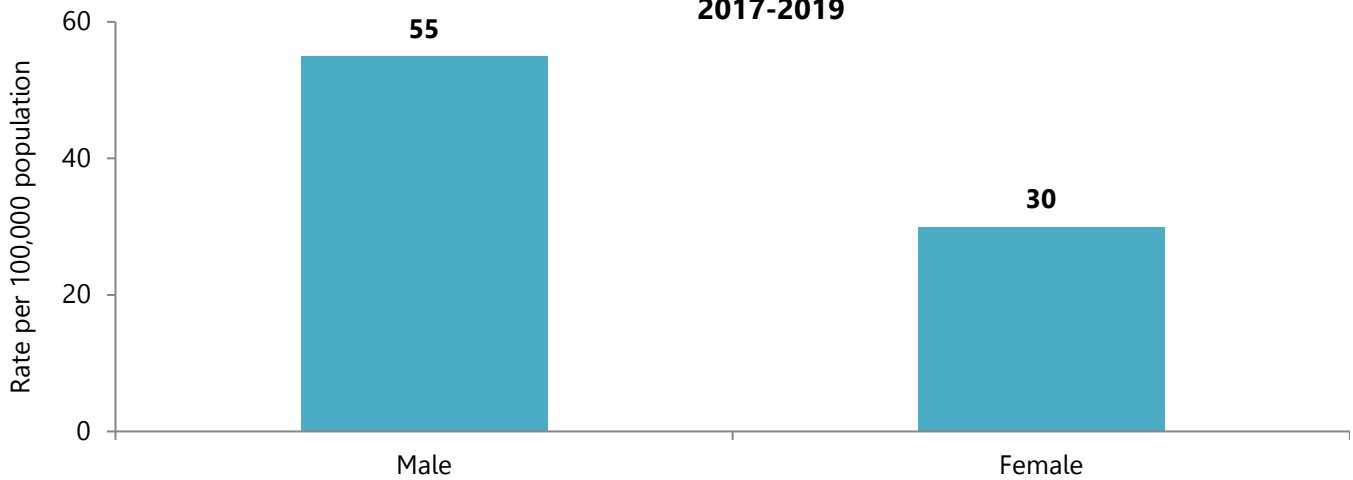
- In Williams County, 10% of male adults were current smokers and 34% were former smokers.
- ODH reports that lung and bronchus cancer was the leading cause of male cancer deaths from 2017-2019 in Williams County. *(Source: Ohio Public Health Data Warehouse, 2017-2019).*
- In Williams County, 16% of female adults were current smokers and 23% were former smokers.
- ODH reports that lung and bronchus cancer was the leading cause of female cancer deaths in Williams County from 2017-2019. *(Source: Ohio Public Health Data Warehouse, 2017-2019).*
- According to the American Cancer Society, smoking causes approximately 80% of lung cancer deaths in the U.S. Men and women who smoke are about 25 times more likely to develop lung cancer than nonsmokers *(American Cancer Society, Facts & Figures 2022).*

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 2030 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 2017-2019



Note: Healthy People 2030's target rate and the U.S. rate is for adults aged 45 years and older

*Healthy People 2030 Target data is for lung cancer only

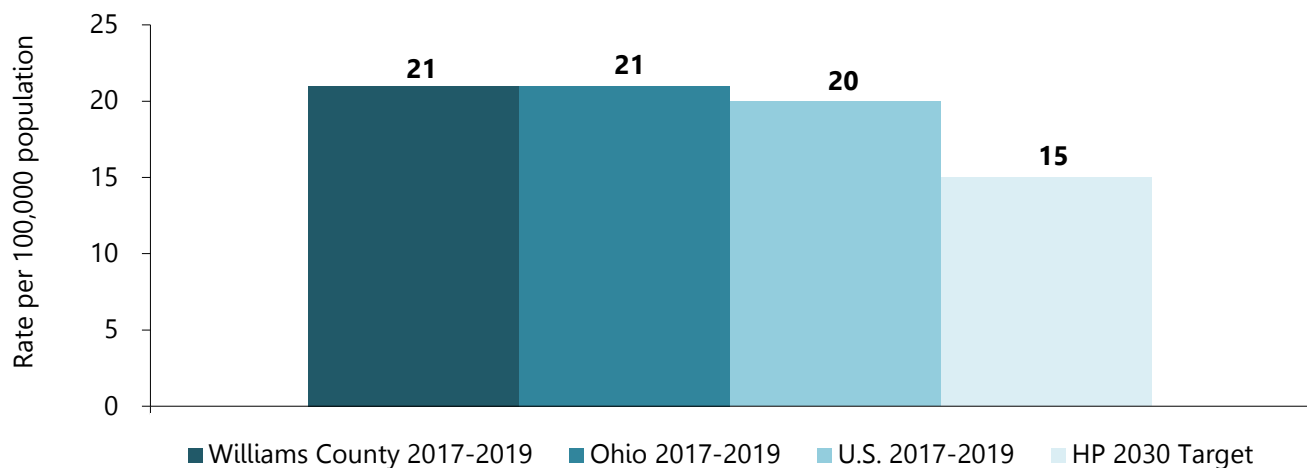
(Sources for graphs: Healthy People 2030, Ohio Public Health Data Warehouse 2017-2019, CDC Wonder 2017-2019)

Breast Cancer

- Breast cancer was the second leading cause of cancer deaths among Williams County females from 2017-2019 (Source: Ohio Public Health Data Warehouse, 2017-2019).
- More than half (58%) 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 2022).
- For women at average risk of breast cancer, recently updated American Cancer Society screening guidelines recommend that those 40-to-44 years of age have the option to begin annual mammography, those 45-to-54 should undergo annual mammography, and those 55 years of age and older may transition to biennial mammography or continue annual mammography. Women should continue mammography as long as overall health is good and life expectancy is 10 or more years. For some women at high risk of breast cancer, annual magnetic resonance imaging (MRI) is recommended in addition to mammography, typically starting at age 30 (Source: American Cancer Society, Facts & Figures 2022).

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 2030 objective.

Age-Adjusted Mortality Rates for Female Breast Cancer



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

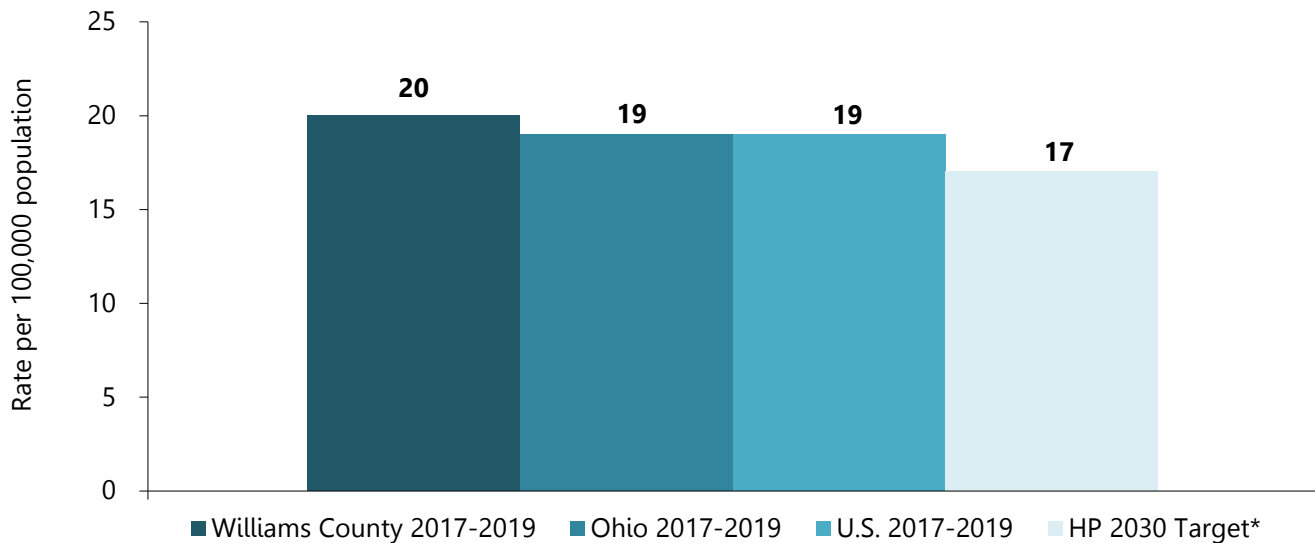
Cervical Cancer

- Almost four out of five (77%) females had a Pap smear at some time in their life, and 11% had one in the past year.
- In 2022, more than 14,000 new cases of cervical cancer are estimated to be diagnosed in the U.S., and 4,280 women are estimated to die from cervical cancer. (Source: American Cancer Society (ACS) Key Statistics for Cervical Cancer, 2022).
- 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 25. Women aged 25-to-65, should have an HPV test every 5 years and a Pap test every 3 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, 2021).

Prostate Cancer

- ODH statistics indicate that prostate cancer deaths accounted for 9% of all male cancer deaths from 2017-2019 in Williams County (Source: Ohio Public Health Data Warehouse, 2017-2019).
- Incidence rates for prostate cancer are 73% 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, smoking, 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 2022).

Age-Adjusted Mortality Rates for Prostate Cancer



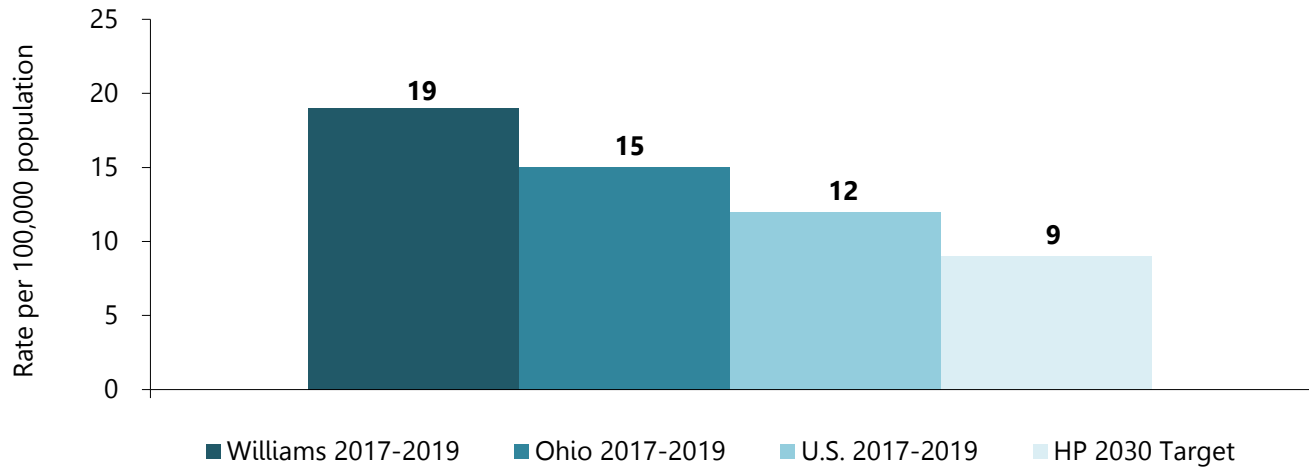
*Note: Healthy People 2030's target rate deaths per 100,000 males
(Sources: Healthy People 2030, Ohio Public Health Data Warehouse 2017-2019, CDC Wonder 2017-2019)

Colon and Rectum Cancers

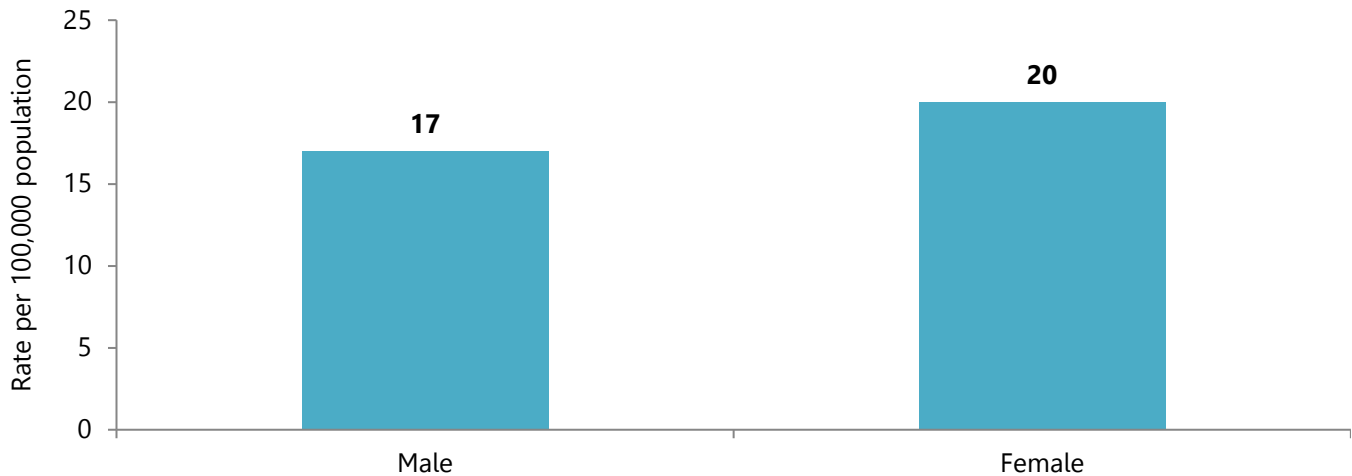
- ODH indicates that colon and rectum cancer deaths accounted for 10% of all Williams County cancer deaths from 2017-2019 (Source: Ohio Public Health Data Warehouse, 2017-2019).
- The American Cancer Society reports several risk factors for colorectal cancer, including age; personal or family history of colorectal cancer, polyps, or inflammatory bowel disease; obesity; physical inactivity; a diet high in red or processed meat; alcohol use; and long-term smoking. Very low intake of fruits and vegetables is also potentially a risk factor for colorectal cancer.
- In the U.S., 88% of colon cancers occur in individuals over the age of 50. Because of this, the American Cancer Society suggests that every person over the age of 50 have regular colon cancer screenings. (Source: American Cancer Society, Facts & Figures 2022).

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 2030 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



Age-Adjusted Mortality Rates by Gender for Colon and Rectum Cancer



(Sources for graphs: Healthy People 2030, Ohio Public Health Data Warehouse 2017-2019)

2022 Cancer Estimates

- In 2022, more than 1.9 million new cancer cases are expected to be diagnosed.
- The World Cancer Research Fund estimates that about 18% of the new cancer cases expected to occur in the U.S. will be related to being overweight or obesity, physical inactivity, and poor nutrition, and thus could be prevented.
- About 609,360 Americans are expected to die of cancer in 2022.
- 80% of lung cancer deaths in the U.S are attributed to smoking.
- In 2022, estimates predict that there will be 73,700 new cases of cancer and 25,120 cancer deaths in Ohio.
- Of the new cancer cases in Ohio, approximately 10,430 (14%) will be from lung and bronchus cancers and 5,870 (8%) will be from colon and rectum cancers.
- About 10,610 new cases of female breast cancer are expected in Ohio.
- New cases of male prostate cancer in Ohio are expected to be 9,530 (13%).

(Source: American Cancer Society, Facts and Figures 2022)

Chronic Disease: Adult Asthma

Key Findings

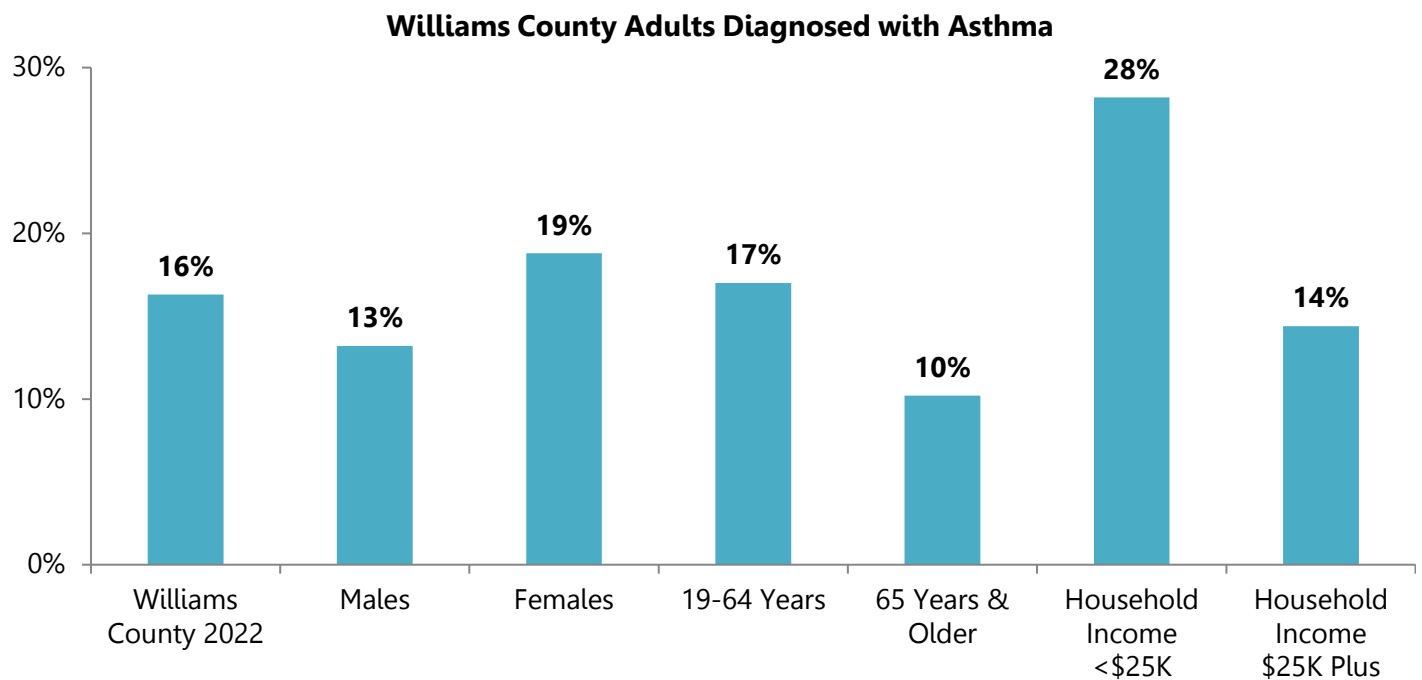
Sixteen percent (16%) of Williams County adults reported that they had been diagnosed with asthma within their lifetime.

Asthma and Other Respiratory Disease

- Sixteen percent (16%) of Williams County adults reported that they had been diagnosed with asthma within their lifetime.
- More than three-fourths (77%) of those diagnosed with asthma were obese (including severely and morbidly obese), and 25% 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; and infections linked to the flu, cold, and respiratory viruses *(Source: CDC, Asthma, 2021)*.
- Chronic lower respiratory disease was the 3rd leading cause of death in Williams County and the 4th leading cause of death in Ohio from 2017-2019. *(Source: Ohio Public Health Data Warehouse, 2017-2019)*.

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Williams County 2022	Ohio 2020	U.S. 2020
Had ever been told they have asthma	12%	18%	13%	16%	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: 16% of adults were diagnosed with asthma, including 13% of males and 28% of those with household incomes below \$25,000.



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

Chronic Disease: Adult Diabetes

Key Findings

Fourteen percent (14%) of Williams County adults had been diagnosed with diabetes.

Diabetes

- Fourteen percent (14%) of Williams County adults had been diagnosed with diabetes (not pregnancy-related), increasing to 22% of those over the age of 65.
- Five percent (5%) of women had been diagnosed with diabetes during pregnancy.
- Four percent (4%) of adults had been diagnosed with pre-diabetes.
- Sixteen percent (16%) of adults with diabetes rated their health as fair or poor.
- Williams County adults diagnosed with diabetes also had one or more of the following characteristics or conditions:
 - High blood pressure (81%)
 - High blood cholesterol (73%)
 - Obesity (BMI 30.0 or higher) (49%)

Diabetes Fast Facts

- More than **37 million** US adults have diabetes, and 1-in-5 of them do not know they have it.
- Diabetes is the **seventh leading cause** of death in the US.
- **Type 2 diabetes** accounts for approximately **90-95%** of all diagnosed cases of diabetes.
- In the last **20 years**, the number of adults diagnosed with diabetes has more than **doubled** as the American population has aged and become more overweight or obese.
- Medical costs and lost work and wages for people with diagnosed diabetes total **\$327 billion** annually.

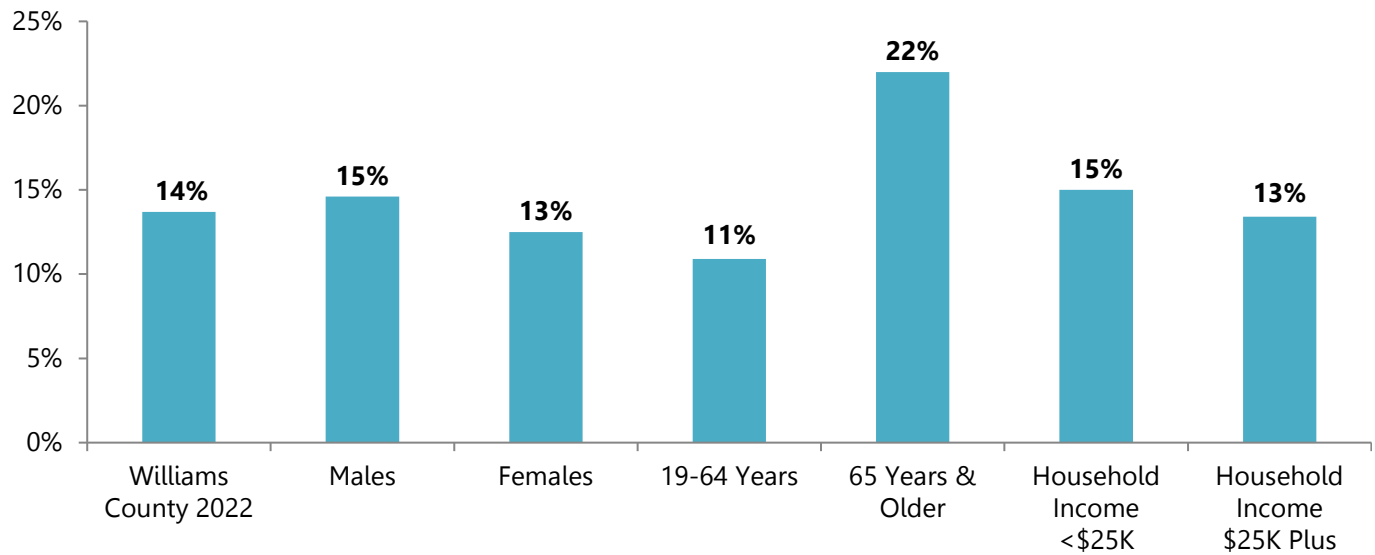
(Source: CDC, About Diabetes, Updated: December 2021)

3,916 adults were diagnosed with diabetes at some point in their lives.

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Williams County 2022	Ohio 2020	U.S. 2020
Ever been told by a doctor they have diabetes (not pregnancy-related)	8%	7%	12%	14%	12%	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: 14% of adults were diagnosed with diabetes, including 11% of adults ages 19-64 and 22% of adults ages 65 and older.

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



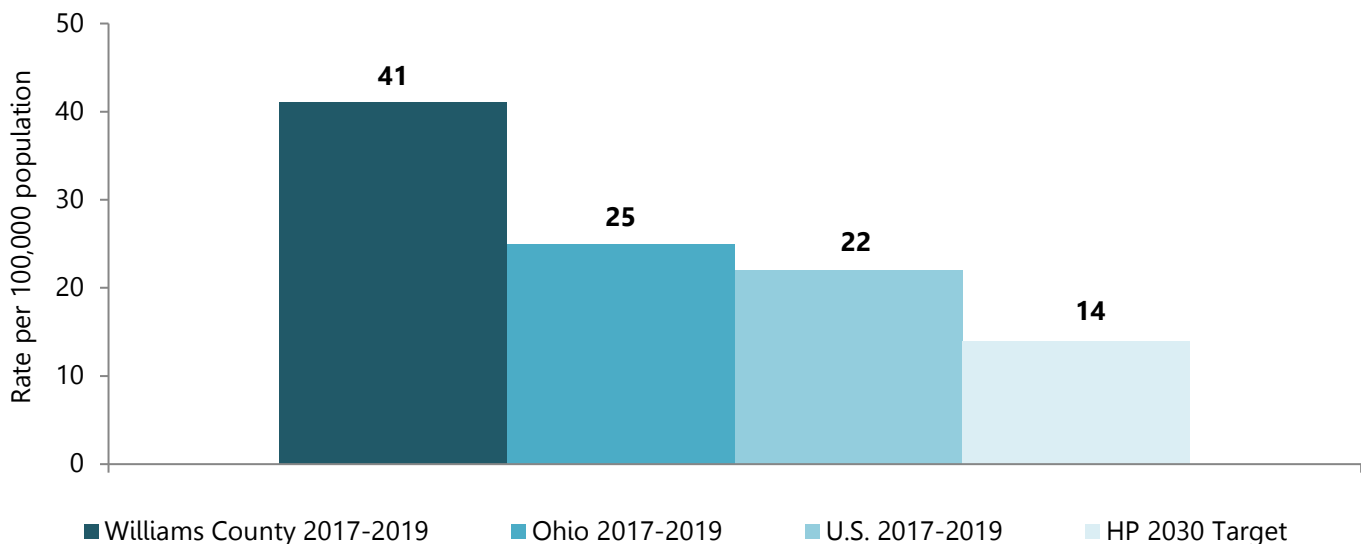
Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

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 2030 target objective.

- From 2017-2019, Williams County's age-adjusted diabetes mortality rate was higher than the Ohio and U.S. rates, as well as the Healthy People 2030 target objective.

Healthy People 2030 Objectives and Age-Adjusted Mortality Rates for Diabetes



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

Chronic Disease: Adult Quality of Life

Key Findings

In 2022, more than one quarter (28%) of Williams County adults were limited in some way because of a physical, mental or emotional problem, increasing to 54% of those with household incomes less than \$25,000.

Impairments and Health Problems

- In 2022, more than one quarter (28%) of Williams County adults were limited in some way because of a physical, mental or emotional problem, increasing to 54% of those with household incomes less than \$25,000.

7,832 adults were limited in some way because of a physical, mental, or emotional problem

- Among those who were limited in some way, the following most limiting problems or impairments were reported:
 - Back or neck problems (51%)
 - Walking problems (37%)
 - Arthritis/rheumatism (35%)
 - Chronic pain (30%)
 - Lung/breathing problems (29%)
 - Stress, depression, anxiety, or emotional problems (28%)
 - Fitness level (24%)
 - Sleep problems (19%)
 - Eye/vision problems (17%)
 - Chronic illness (14%)
 - Fractures, bone/joint injuries (13%)
 - Memory loss (12%)
 - Dental problems (10%)
 - Learning disability (10%)
 - Hearing problems (5%)
 - Mental health illness/disorder (4%)
 - Drug addiction (4%)
 - Substance dependency (4%)
 - Confusion (1%)
 - Other physical disability (14%)
 - Other impairments/problems (4%)
- Williams County adults were responsible for providing regular care or assistance to the following:
 - Multiple children (18%)
 - A friend, family member or spouse with a health problem (9%)
 - An elderly parent or loved one (8%)
 - A friend, family member or spouse with a mental health issue (6%)
 - Grandchildren (3%)
 - An adult child (3%)
 - Children with discipline issues (3%)
 - A friend, family member or spouse with dementia (3%)
 - Someone with special needs (2%)
 - Children whose parents used drugs and were unable to care for them (<1%)
 - Children whose parents lost custody due to other reasons (<1%)
- In the past year, Williams County adults reported needing the following services or equipment:
 - Eyeglasses or vision services (24%)
 - Help with routine needs (8%)
 - Pain management (8%)
 - Medical supplies (8%)
 - A cane (5%)
 - Hearing aids or hearing care (5%)
 - Durable medical equipment (4%)
 - Help with personal care needs (4%)
 - A walker (3%)
 - A wheelchair (3%)
 - A wheelchair ramp (3%)
 - Oxygen or respiratory support (2%)
 - A personal emergency response system (2%)
 - Mobility aids or devices (2%)
 - A special bed (1%)
 - A special telephone (<1%)

Adult Comparisons	Williams County 2013	Williams County 2016	Williams County 2019	Williams County 2022	Ohio 2020	U.S. 2020
Limited in some way because of physical, mental, or emotional problem	20%	15%	22%	28%	N/A	N/A

N/A – Not Available

Healthy People 2030

Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)

Objective	Williams County 2022	Healthy People 2030 Target
A-02: Reduce the proportion of adults with provider-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms	35%	39%

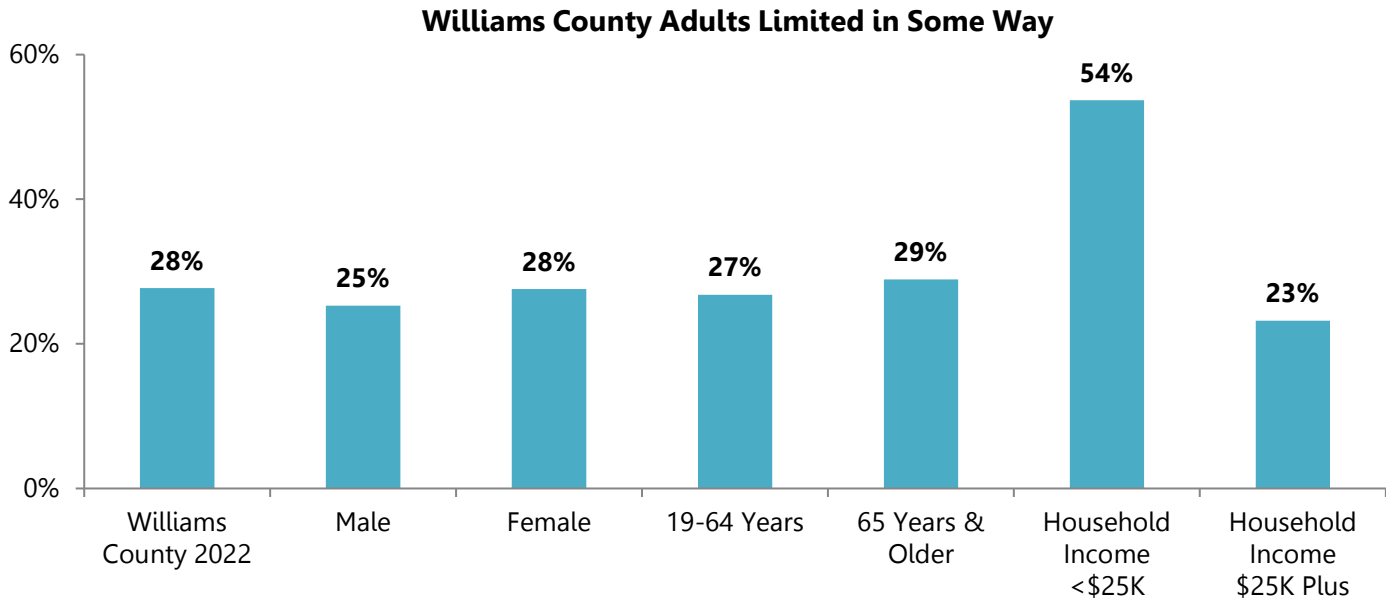
(Sources: Healthy People 2030 Objectives, 2022 Williams County Health Assessment)

Chronic Diseases in America

- The leading causes of death and disability in the U.S. include heart disease, cancer, chronic lung disease, stroke, Alzheimer’s disease, diabetes, and chronic kidney disease.
- Six out of ten adults in the U.S. have a chronic disease, and four out of ten adults in the U.S. have two or more chronic diseases.
- Key lifestyle risks for chronic disease include:
 - Tobacco use
 - Poor nutrition
 - Lack of physical activity
 - Excessive alcohol use
- The leading causes of death and disability contribute to 4.1 trillion dollars in annual health care costs for the U.S.

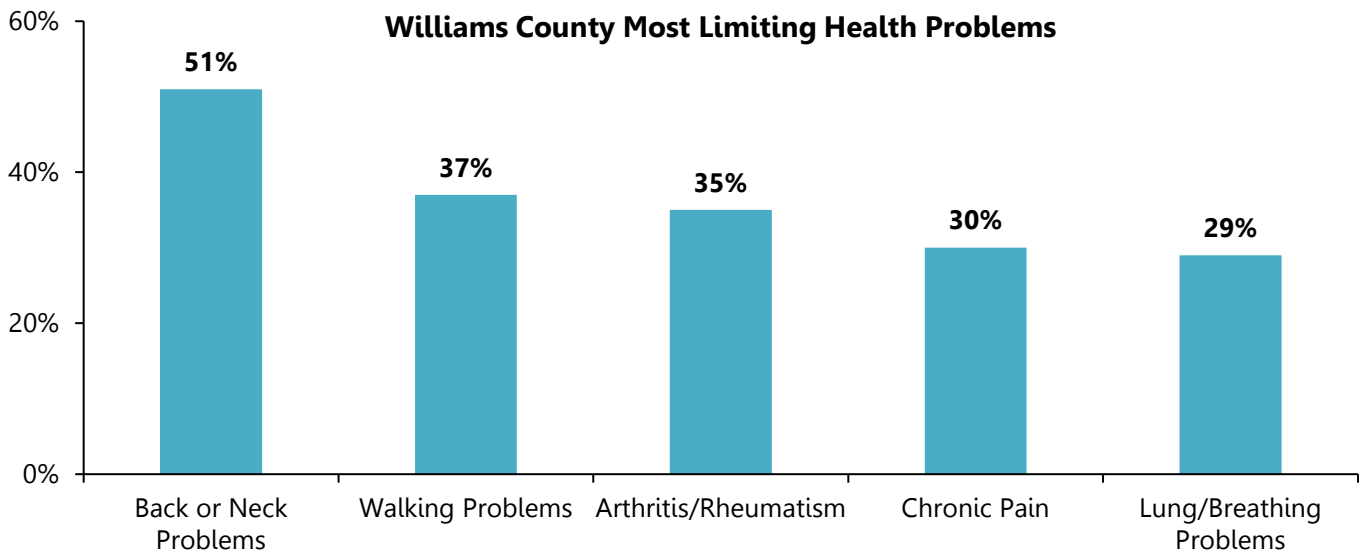
(Source: CDC, National Center for Chronic Disease Prevention and Health Promotion, Chronic Disease in America, Updated May 6, 2022)

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: 28% of Williams County adults were limited in some way, including 23% of those with household incomes below \$25,000 and 54% of those with household incomes of \$25,000 or higher.



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

The following graph shows the percentage of Williams County adults who experienced the most common limiting health problems. An example of how to interpret the information shown in the graph includes: more than half (51%) of Williams County adults were limited due back or neck problems.



Social Conditions: Adult Social Determinants of Health

Key Findings

Sixteen percent (16%) of adults experienced four or more adverse childhood experiences (ACEs). More than half (57%) of Williams County adults kept a firearm in or around their home. Five percent (5%) of adults experienced more than one food insecurity issue in the past year.

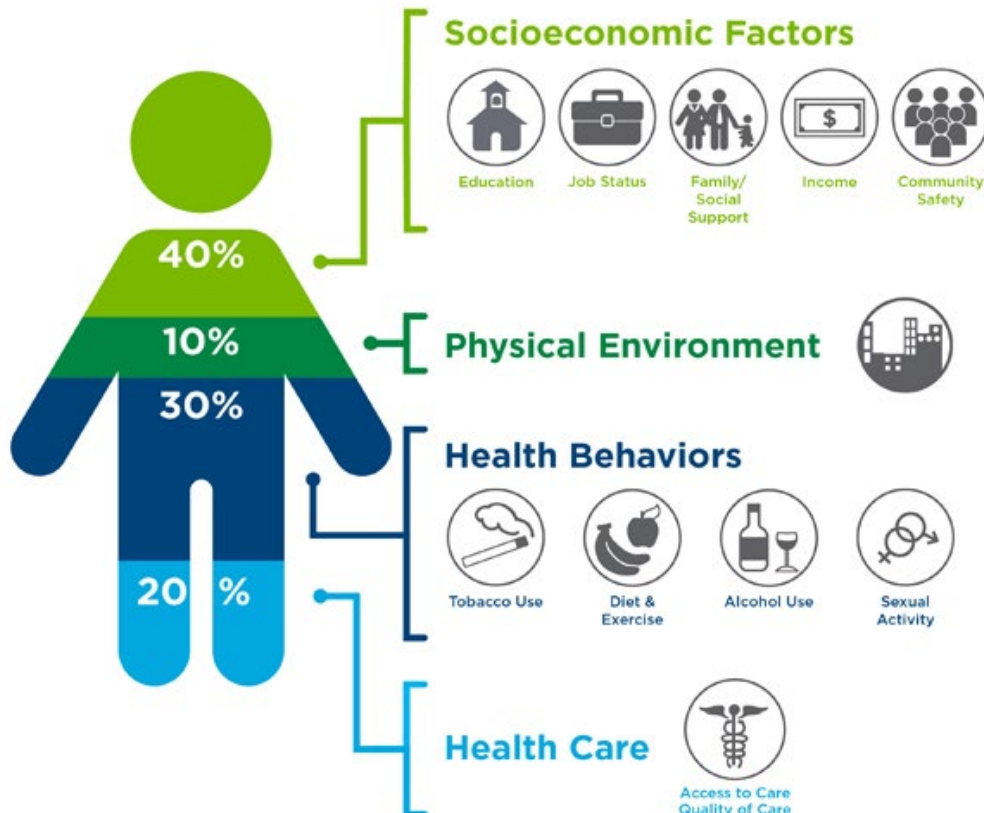
Healthy People 2030

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. One of Healthy People 2030's 5 overarching goals is specifically related to SDOH: "Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all."

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

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

What Goes Into Your Health?



(Source for graphic: Institute for Clinical Systems Improvement, *Going Beyond Clinical Walls, Solving Complex Problems*, Updated October 2014)

Economic Stability

- The median household income in Williams County was \$52,458. The U.S. Census Bureau reports median income levels of \$60,360 for Ohio and \$67,340 for the U.S. (Source: U.S. Census Bureau, *Small Area Income and Poverty Estimates, 2020*).
- Ten percent (10%) of all Williams County residents were living in poverty, and 15% of children and youth ages 0-17 were living in poverty (Source: U.S. Census Bureau, *Small Area Income and Poverty Estimates, 2020*).
- The unemployment rate for Williams County was 3.8 as of February 2022 (Source: Ohio Department of Job and Family Services, February 2022).
- There were 16,652 housing units. The owner-occupied housing unit rate was 91.7%. Rent in Williams County cost an average of \$693 per month (Source: U.S. Census Bureau, *2020 American Community Survey 5-year Estimates*).
- Adults reported the following percent of their household income goes to their housing: less than 30% (44%), 30-50% (31%), and 50% or higher (11%). Fourteen percent (14%) indicated they did not know how much of their household income went toward housing.
- Adults experienced the following food insecurity issues during the past 12 months: had to choose between paying bills and buying food (8%), food assistance was cut (3%), worried food would run out (3%), were hungry but did not eat because they did not have money for food (3%), went hungry/ate less to provide more food for their family (3%), and loss of income led to food insecurity issues (2%).
- Five percent (5%) of adults experienced more than one food insecurity issue in the past year.

Education

- Ninety-one percent (91%) of Williams County adults 25 years and over had a high school diploma or higher (Source: U.S. Census Bureau, *2020 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, *2020 American Community Survey 5-year Estimates*).

Social and Community Context

- Williams County adults reported doing the following while driving:
 - Eating (42%)
 - Talking on hands-free cell phone (39%)
 - Talking on hand-held cell phone (35%)
 - Texting (21%)
 - Not wearing a seatbelt (15%)
 - Using internet on their cell phone (15%)
 - Being under the influence of alcohol (4%)
 - Reading (3%)
 - Being under the influence of recreational drugs (3%)
 - Being under the influence of prescription drugs (2%)
 - Other activities (such as applying makeup, shaving, etc.) (1%)
- Sixteen percent (16%) of Williams County adults reported attending a religious service in-person or virtually 1-3 times per month, and 28% reported attending 4 or more times per month. Fifty-four percent (54%) reported they do not attend any religious services. Two percent (2%) of adults did not know how many times they attended a religious service.
- In an average week, 8% of adults reported having a meal with their 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 (55%) ate a meal with their family 5 or more days per week.

Social and Community Context *(continued)*

- Almost four-fifths (79%) of adults strongly/somewhat agreed that “Williams County area is a place that welcomes and embraces diversity in general.” Conversely, 21% of adults strongly/somewhat disagreed that Williams County embraces diversity.
- More than three-fourths (78%) of Williams County adults indicated it was very/generally easy to find people they were happy socializing with. Almost one-quarter (22%) of adults reported it was very/generally difficult to find people they were happy socializing with.
- Williams County adults reported they would support the following community improvement initiatives:
 - More locally grown foods or farmer’s markets (65%)
 - Local agencies partnering with grocery stores to provide healthier low-cost food items (51%)
 - Safe roadways (38%)
 - Neighborhood safety (34%)
 - Bike/walking trail accessibility or connectivity (32%)
 - New and/or updated parks (31%)
 - Community gardens (30%)
 - New and/or updated recreation centers (28%)
 - Sidewalk accessibility (27%)
- Williams County adults experienced the following in the past 12 months:
 - Death of a family member or close friend (34%)
 - A close family member went to the hospital (32%)
 - Had bills they could not pay (12%)
 - They were a caregiver (11%)
 - Someone close to them had a problem with drinking or drugs (10%)
 - Had a decline in their own health (6%)
 - Someone in their household lost their job or had their hours at work reduced (6%)
 - Had their household income reduced by 50% (5%)
 - Moved to a new address (4%)
 - Knew someone who lived in a hotel (3%)
 - Threatened or abused by someone physically, emotionally, sexually, and/or verbally (3%)
 - Became separated or divorced (3%)
 - Had someone homeless living with them (2%)
 - Their child was abused by someone physically, emotionally, sexually or verbally (2%)
 - Were homeless (<1%)
- Four percent (4%) of Williams County adults were threatened to be abused in the past year.
- Eleven percent (11%) of Williams County adults were abused in the past year, including physical, sexual, emotional, or verbal abuse.

Social and Community Context *(continued)*

Adverse Childhood Experiences (ACEs)

- Adverse childhood experiences, or ACEs, are potentially **traumatic events that occur in childhood** (0-17 years). Examples include:
 - Experiencing violence, abuse, or neglect
 - Witnessing violence in the home or community
 - Having a family member attempt or die by suicide
- Also included are aspects of a child’s environment that can undermine their sense of safety, stability, and bonding, such as growing up in a household with:
 - Substance abuse problems
 - Mental health problems
 - Instability due to parental separation or household members being in jail or prison
- **ACEs are linked to chronic health problems, mental illness, and substance abuse problems.** ACEs can also negatively impact education, job opportunities, and earning potential.
- **How big is the problem?** Approximately 61% of adults surveyed across 25 states reported that they had experienced at least one type of ACE, and nearly 1-in-6 reported they had experienced four or more types of ACEs.
- Up to **1.9 million cases of heart disease** and **21 million cases of depression** could have been potentially avoided by preventing ACEs.
- **Women and several racial/ethnic minority groups are at greater risk** for having experienced 4 or more types of ACEs.

(Source: CDC, Adverse Childhood Experiences (ACEs), Preventing Adverse Childhood Experiences, Updated April 6, 2022)

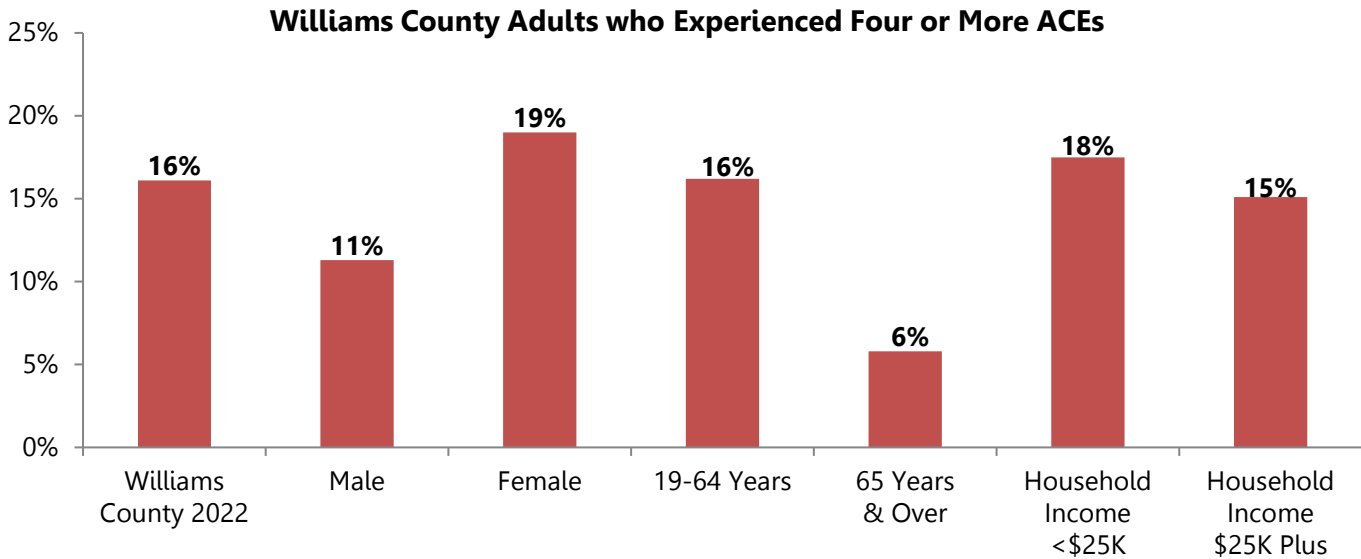
- Williams County adults experienced the following adverse childhood experiences (ACEs):
 - Their parents became separated or were divorced (27%)
 - Lived with someone who was a problem drinker or alcoholic (21%)
 - A parent or adult in their home swore at, insulted, or put them down (19%)
 - Lived with someone who was depressed, mentally ill, or suicidal (19%)
 - Their family did not look out for each other, feel close to each other, or support each other (13%)
 - Lived with someone who used illegal street drugs, or who abused prescription medications (8%)
 - A parent or adult in their home hit, beat, kicked, or physically hurt them (8%)
 - Someone at least 5 years older than them or an adult touched them sexually (7%)
 - Their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (7%)
 - Lived with someone who served time or was sentenced to serve time in prison, jail, or correctional facility (7%)
 - They didn’t have enough to eat, had to wear dirty clothing, and had no one to protect them (6%)
 - Someone at least 5 years older than them or an adult tried to make them touch them sexually (4%)
 - Their parents were not married (3%)
 - Someone at least 5 years older than them or an adult forced them to have sex (2%)
- Sixteen percent (16%) of adults experienced four or more ACEs.

The table below indicates the number of ACEs experienced by Williams County adults:

Number of ACEs	Percent of Williams County Adults
0 ACEs	51%
1 ACE	17%
2 ACEs	9%
3 ACEs	7%
4+ ACEs	16%

Social and Community Context *(continued)*

The following graph shows the percentage of Williams County adults who experienced four or more ACEs. Examples of how to interpret the information shown on the graph include: 16% of all Williams County adults experienced four or more ACEs, including 6% of those ages 65 and over and 19% of females.



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: 22% of those who experienced 4 or more ACEs had considered attempting suicide in the past 30 days, compared to 1% 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
Binge drinker (drank five or more drinks for males and 4 or more for females on an occasion in the past 30 days)	64%	25%
Current drinker (had at least one alcoholic beverage in the past 30 days)	59%	50%
Current smoker (currently smoke on some or all days)	36%	9%
Depressed (felt sad or hopeless for two or more weeks in a row)	24%	9%
Considered attempted suicide (in the past 12 months)	22%	1%
Misused prescription drugs (used prescription drugs either not prescribed to them or used them to get high or feel more alert in the past 6 months)	18%	6%
Had an annual household income less than \$25,000	17%	17%
Used recreational marijuana (in the past 6 months)	11%	1%
Had two or more sexual partners (in the past 12 months)	10%	2%

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

Health and Health Care

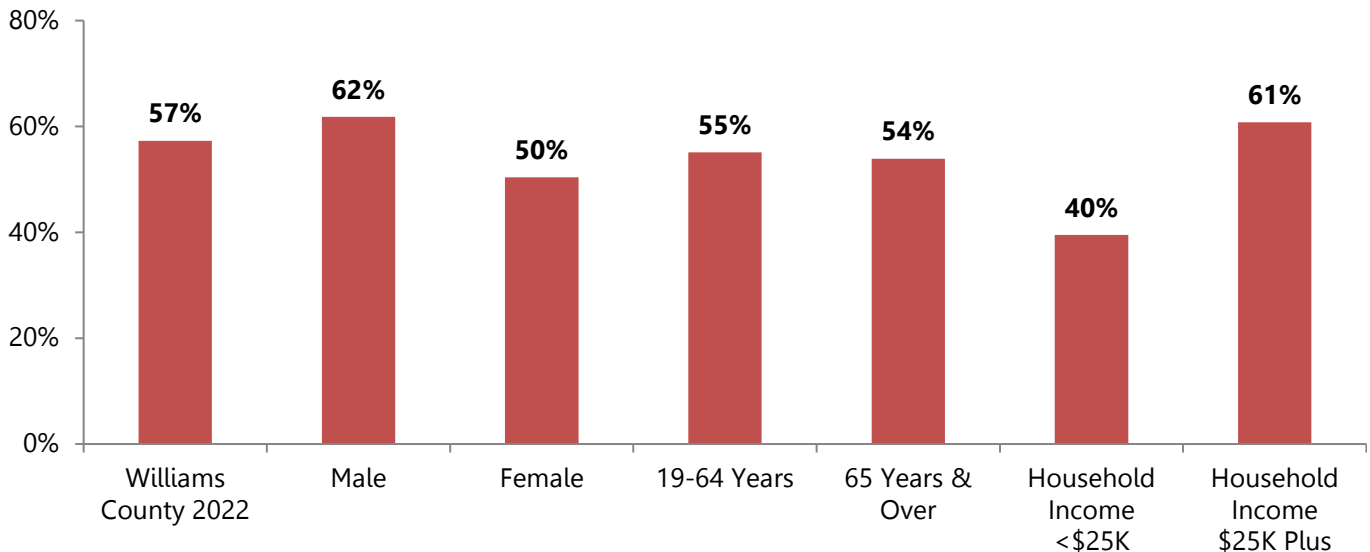
- In the past year, 7% of adults were uninsured.
- Adults had the following issues regarding their healthcare coverage:
 - Cost (31%)
 - Opted out of certain coverage because they could not afford it (8%)
 - Could not understand their insurance plan (7%)
 - Service not deemed medically necessary (5%)
 - Currently working with their insurance company (4%)
 - Service no longer covered (3%)
 - Limited visits (2%)
 - Opted out of certain coverage because they did not need it (2%)
 - Provider was no longer covered (2%)
 - Pre-existing conditions (1%)
- 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

- Seven percent (7%) of Williams County adults reported they had one transportation issue, and an additional 8% reported two or more transportation issues.
- Williams County adults had the following transportation issues: could not afford gas (8%), other car issues/expenses (4%), no car (4%), no public transportation available or accessible (4%), suspended/no driver's license (3%), no car insurance (3%), disabled (3%), limited public transportation available or accessible (2%), did not feel safe to drive (1%), cost of public or private transportation (<1%), and other car issues/expenses (3%).
- More than half (57%) of Williams County adults kept a firearm in or around their home. Seven percent (7%) 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: 57% of all Williams County adults have a firearm in or around the home, including 40% of those with household incomes below \$25,000 and 62% of males.

Williams County Adults With a Firearm in the Home

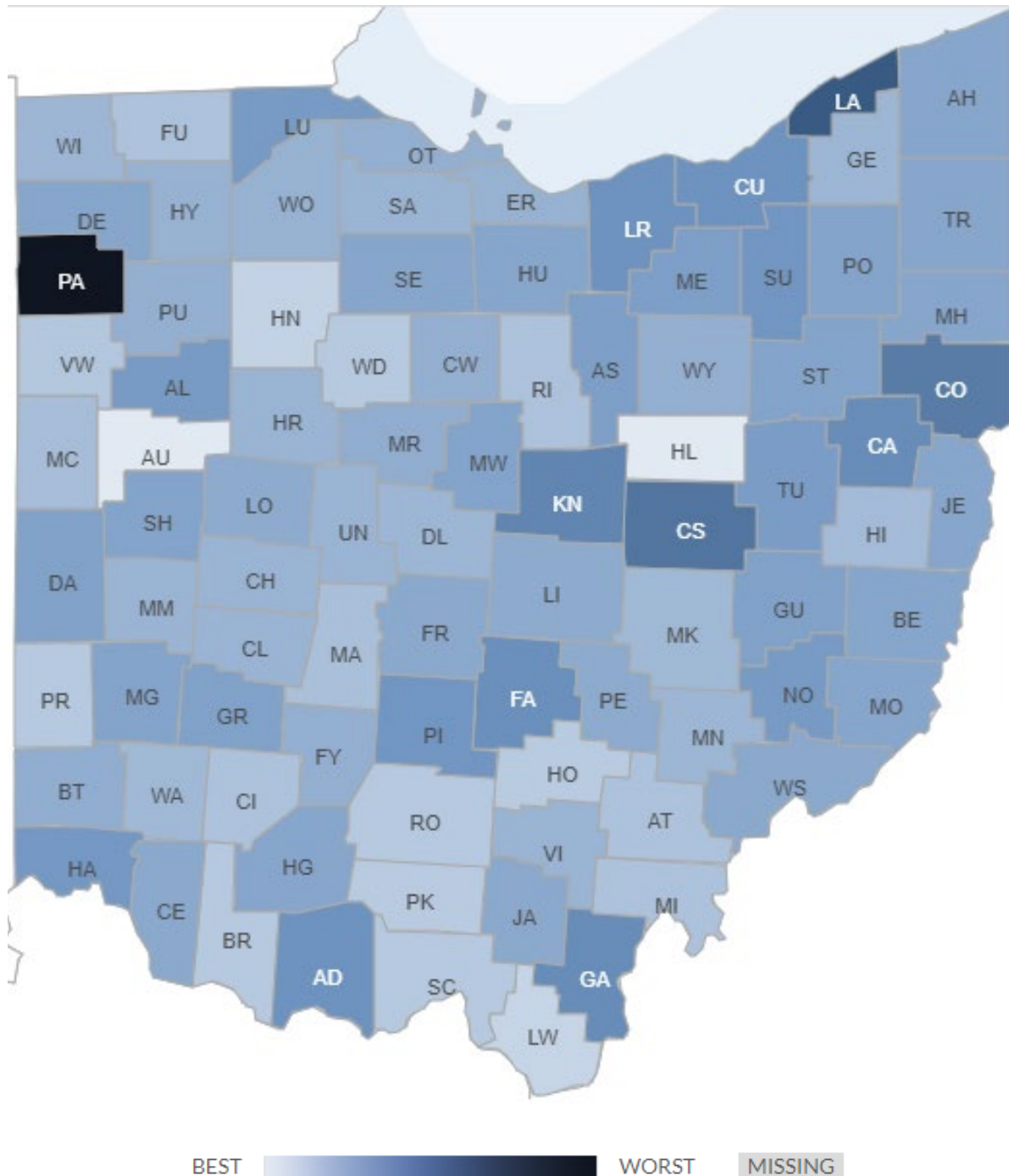


Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey

Alcohol-Impaired Driving Deaths

The map below displays the percentage of driving deaths with alcohol involvement in Ohio from 2016-2020.

- A total of 8 alcohol-impaired driving deaths occurred in Williams County between 2016-2020, accounting for 26% of total driving deaths in the county.
- One-third (33%) of all driving deaths in Ohio involved alcohol.



(Source: Fatality Analysis Reporting System, as compiled by County Health Rankings, 2022)

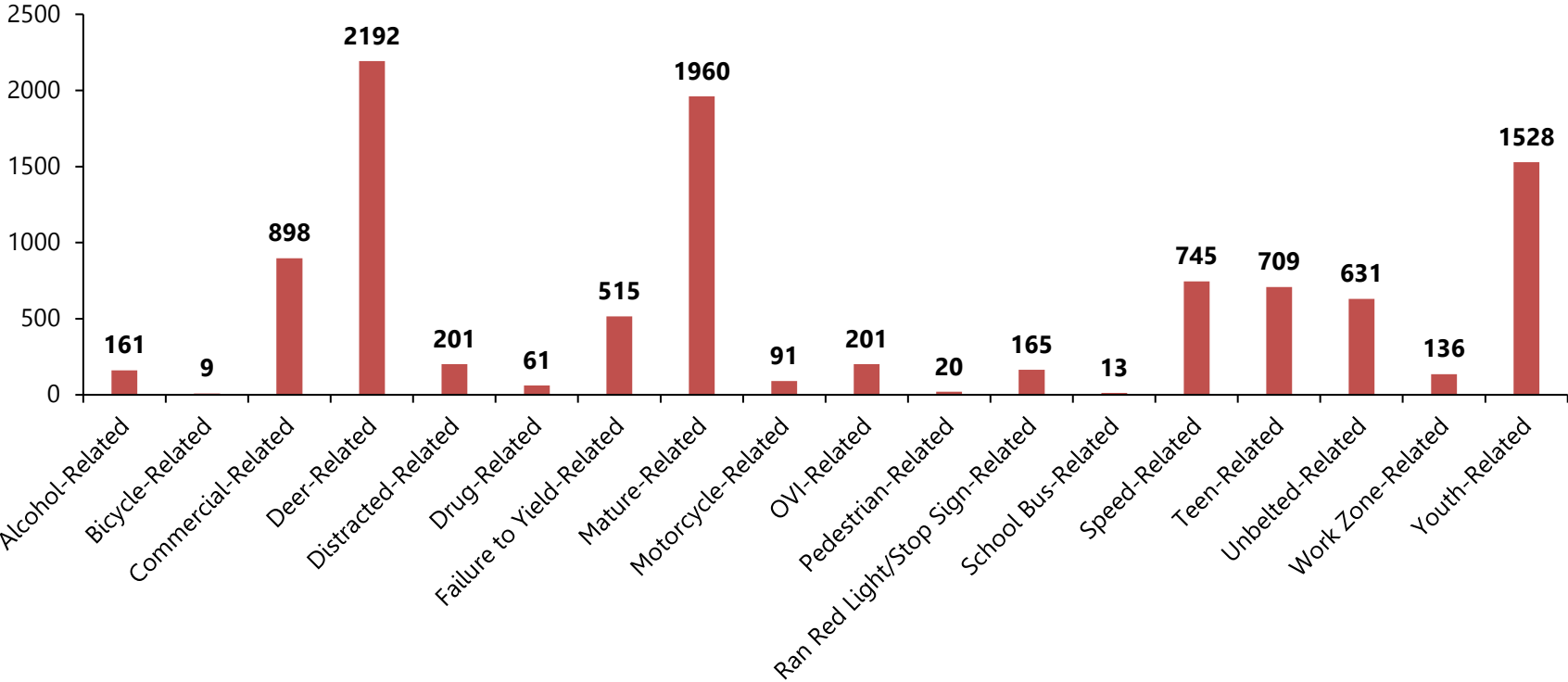
The following table shows Williams County and Ohio motor vehicle accident statistics. The table shows:

- In 2021, 2.9% of the total crashes in Williams County were alcohol-related, compared to 4.1% for Ohio.
- One-quarter (25%) of all fatal crashes in Williams County involved an alcohol-impaired driver, compared to 32% for Ohio in 2021.
- Of the total number of alcohol-related crashes (36) in Williams County, 61% were property damage only, 33% were non-fatal injury, and 6% were fatal injury.
- There were 11,102 alcohol-related crashes in Ohio in 2021. Of those crashes, 56% were property damage only, 40% were non-fatal injury, and 4% were fatal injury.

	Williams County 2021	Ohio 2021
Crash Severities		
Property Damage Only Crashes	980	198,956
Injury Crashes (suspected minor, suspected serious, & possible)	251	69,833
Fatal Crashes	7	1,255
Total Crashes	1,238	270,044
Person Injuries		
Property Damage Only Crashes	1,910	482,805
Injury Crashes (suspected minor, suspected serious, & possible)	388	100,434
Fatal Crashes	8	1,367
Total Injuries	2,341	603,712
Person Types		
Total Drivers in Crashes	1,719	451,792
Total Passengers in Crashes	616	149,308
Total Pedestrians in Crashes	6	2,612
Alcohol-Related		
Property Damage Only Crashes	22	6,219
Injury (non-fatal) Crashes	12	4,479
Fatal Crashes	2	404
Total Alcohol-Related Crashes	36	11,102
Total Impaired Drivers	36	11,024
Total Alcohol-Related Deaths	2	436

(Source: Ohio Department of Public Safety, Crash Reports, Traffic Crash Facts, Retrieved 4/5/2022)

**Number of Williams County Crashes,
January 1, 2017 - May 16, 2022**



(Source: Ohio State Highway Patrol, ODPS Electronic Crash System Design and Layout, OSHP Statistical Analysis Unit, as compiled by Williams County Health Partners)

The following table shows Williams County crashes by hour of the day from 2017-2022*:

Time of Day	Percentage of Total Crashes
12:00AM – 12:59 AM	2.4%
1:00AM – 1:59AM	2.0%
2:00AM – 2:59AM	1.7%
3:00AM – 3:59AM	1.8%
4:00AM – 4:59AM	2.1%
5:00AM – 5:59AM	4.4%
6:00AM – 6:59AM	6.5%
7:00AM – 7:59AM	6.3%
8:00AM – 8:59AM	3.7%
9:00AM – 9:59AM	2.8%
10:00AM – 10:59AM	3.5%
11:00AM – 11:59AM	3.7%
12:00PM – 12:59PM	4.0%
1:00PM – 1:59PM	3.6%
2:00PM – 2:59PM	4.3%
3:00PM – 3:59PM	6.6%
4:00PM – 4:59PM	5.5%
5:00PM – 5:59PM	5.3%
6:00PM – 6:59PM	6.8%
7:00PM – 7:59PM	5.8%
8:00PM – 8:59PM	4.7%
9:00PM – 9:59PM	5.0%
10:00PM – 10:59PM	4.2%
11:00PM – 11:59PM	3.3%

The following table shows Williams County crashes by day of the week from 2017-2022*:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
619	886	945	974	900	1,016	794

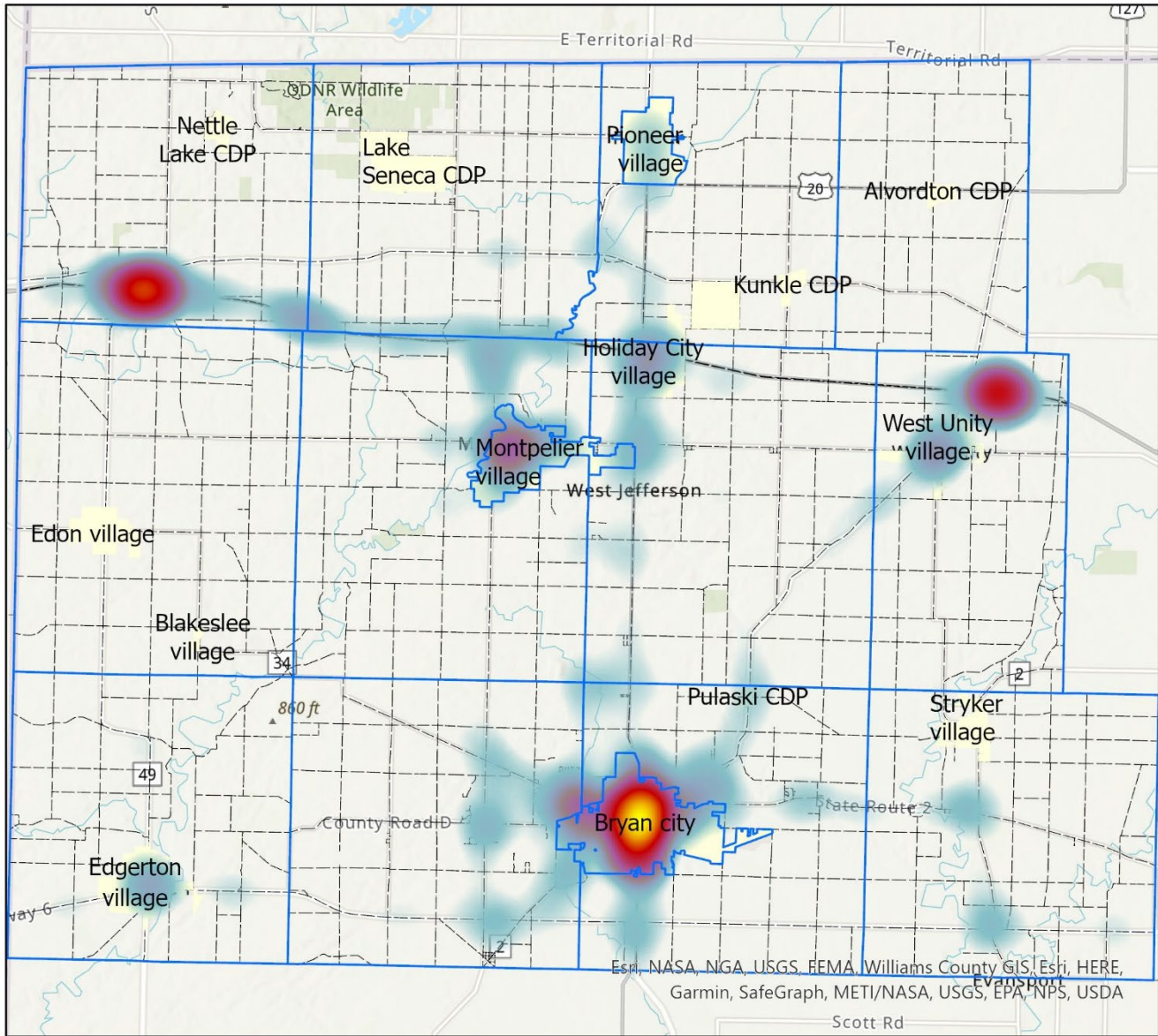
The following table shows Williams County crashes by severity and year from 2017-2022*:

	2017	2018	2019	2020	2021	2022
Fatal	4	6	4	4	7	3*
Serious Injury	20	28	28	21	25	7*
Minor Injury	89	101	149	127	172	39*
Injury Possible	53	57	47	42	54	16*
Property Damage	912	996	964	845	980	334*
Grand Total	1,078	1,188	1,192	1,039	1,238	399*

*Data is incomplete due to data collection taking place in 2022

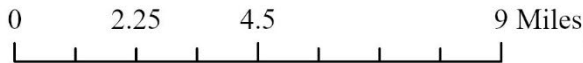
(Source for tables: Ohio State Highway Patrol, ODPS Electronic Crash System Design and Layout, OSHP Statistical Analysis Unit, as compiled by Williams County Health Partners)

Williams County Crash Density Map (2020-2022)



Legend

- Townships
- Municipalities
- Crash Data Density**
- Sparse
- Road Network
- Dense

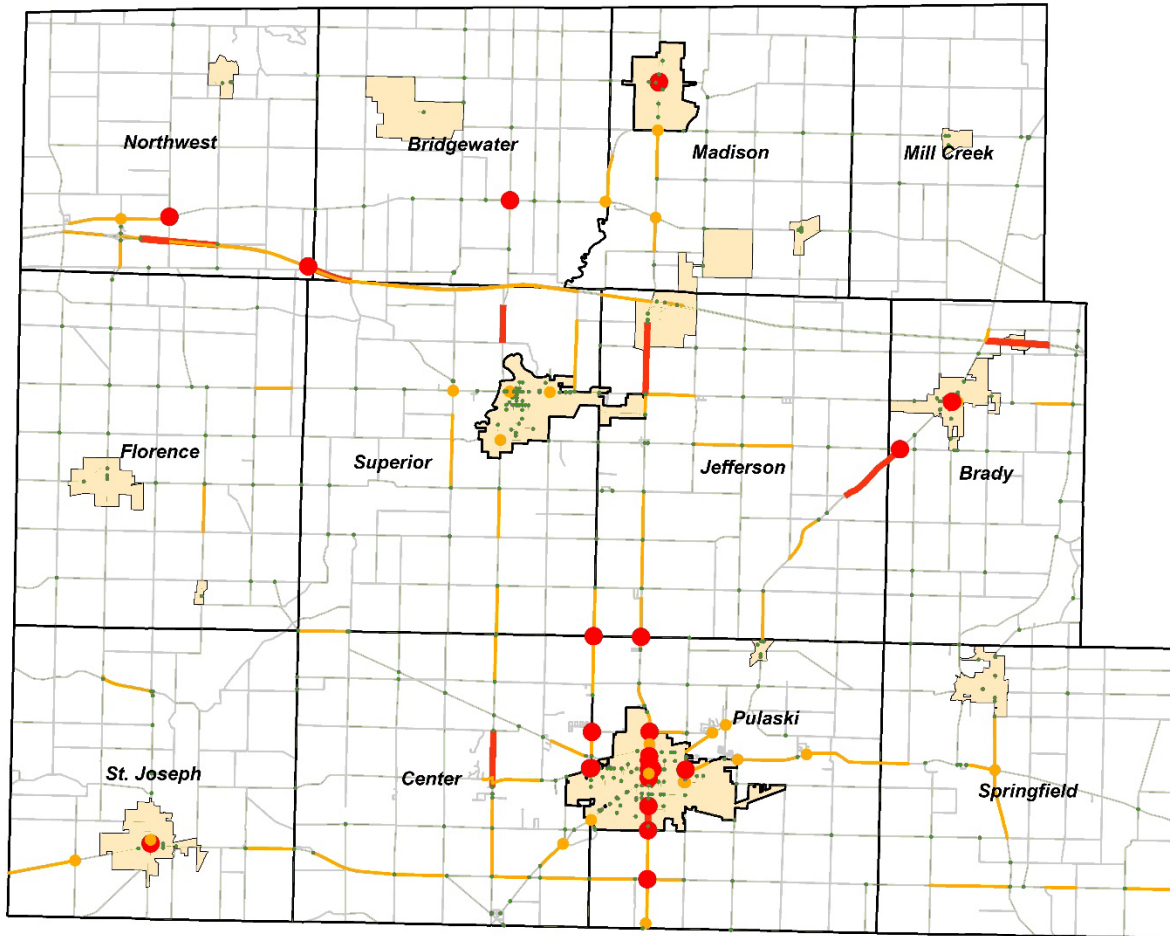


Map Date: 5/26/2022

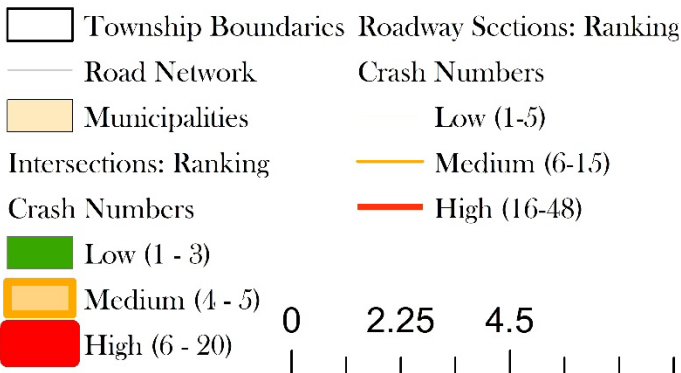


(Source: Maumee Valley Planning Organization, as compiled by Williams County Health Partners, Updated 5/26/2022)

Williams County Top Crash Locations (2020-2022)



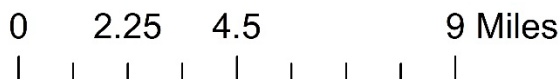
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Maumee Valley Planning Organization
 Serving Northwest Ohio Communities since 1971

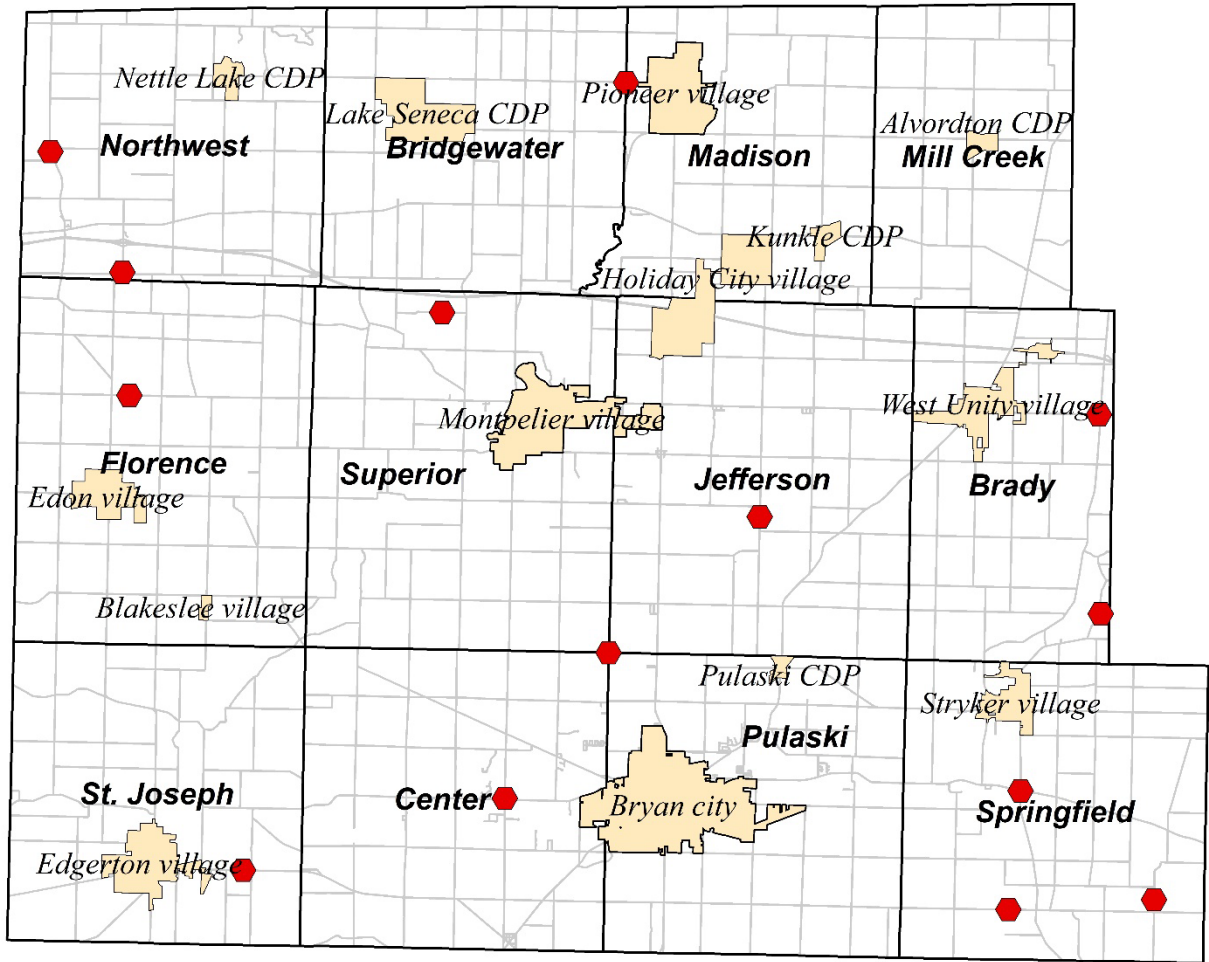


Map Date: 5/26/2022




(Source: Maumee Valley Planning Organization, as compiled by Williams County Health Partners, Updated 5/26/2022)

Williams County Fatal Crash Locations Map (2020-2022)



Legend

- ◆ Fatal Crash Locations
 - Township Boundaries
 - Road Network
- 

0 2.25 4.5 9 Miles

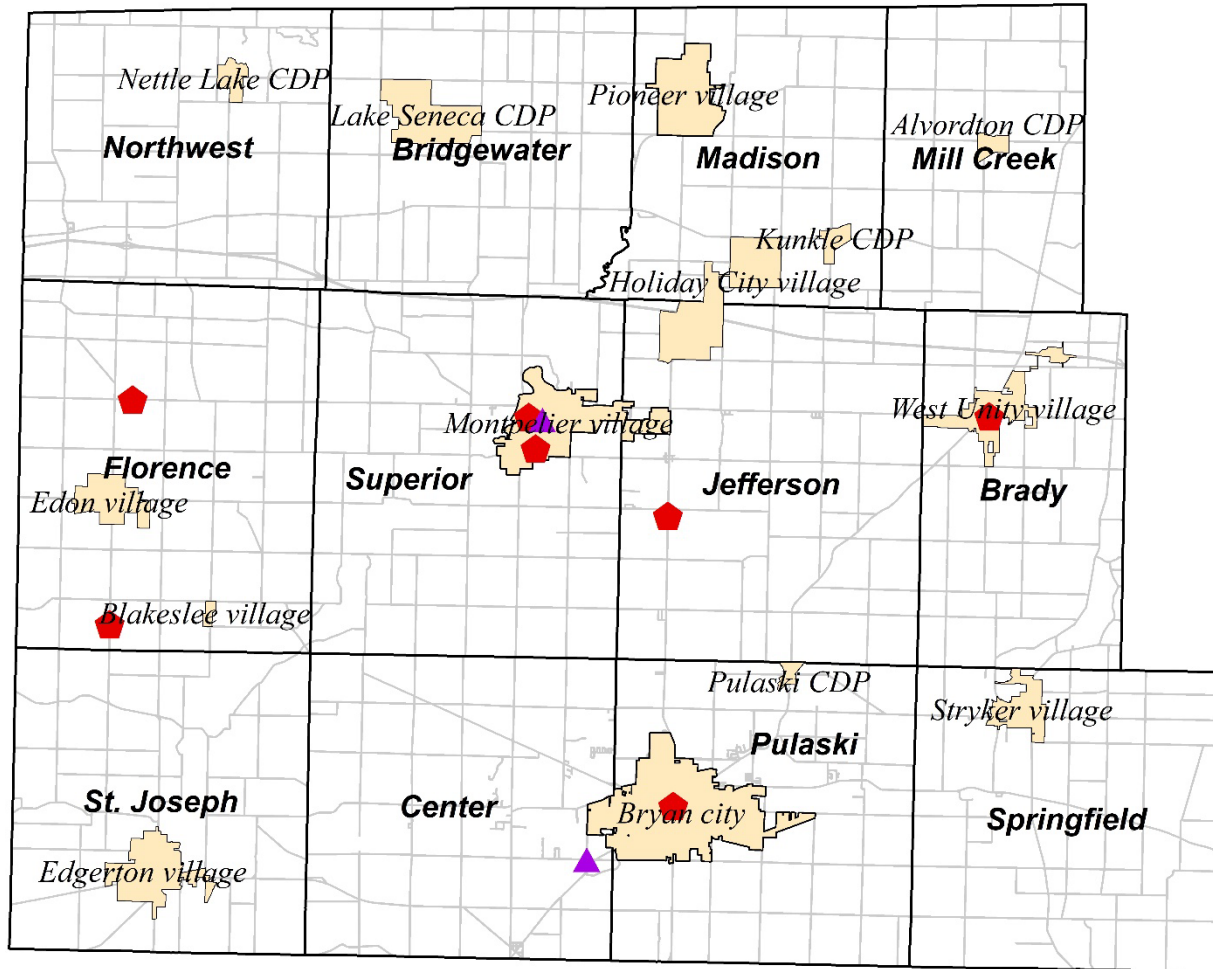


Source: US Census TIGER line,
Ohio Department of Transportation

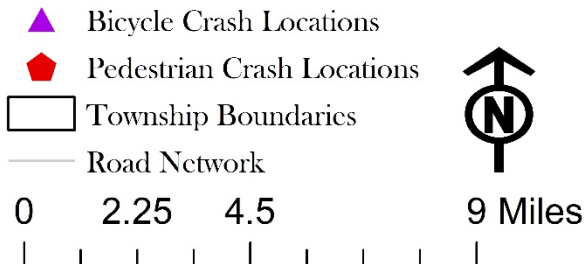
Map Date: 5/26/2022

(Source: Maumee Valley Planning Organization, as compiled by Williams County Health Partners, Updated 5/26/2022)

Williams County Bicycle and Pedestrian Crash Locations (2020-2022)



Legend



Maumee Valley Planning Organization

Serving Northwest Ohio Communities since 1971

Map Date: 5/26/2022

(Source: Maumee Valley Planning Organization, as compiled by Williams County Health Partners, Updated 5/26/2022)

Williams County Social Vulnerability Index (SVI)

The Centers for Disease Control and Prevention use U.S. Census data to determine the social vulnerability of each census tract. Social vulnerability considers several social factors and groups them into four related themes: socioeconomic status (below poverty, unemployed, income, no high school diploma), household composition, and disability (aged 65 or older, aged 17 or younger, older than age 5 with a disability, single-parent households), minority status and language (minority, speak English "less than well"), and housing type and transportation (multi-unit structures, mobile homes, crowding, no vehicle, group quarters). The census tract's social vulnerability score refers to the resilience of the community when confronted with stresses on human health.

Higher scores (dark blue) show a higher vulnerability and lower resilience while lower scores (yellow) show lower vulnerability and higher resilience. In Williams County, certain areas of the county are more vulnerable such as census tracts 9503 (Montpelier), 9504 (West Unity), and 9506 (East Bryan).

SVI Theme Scores by Census Tract

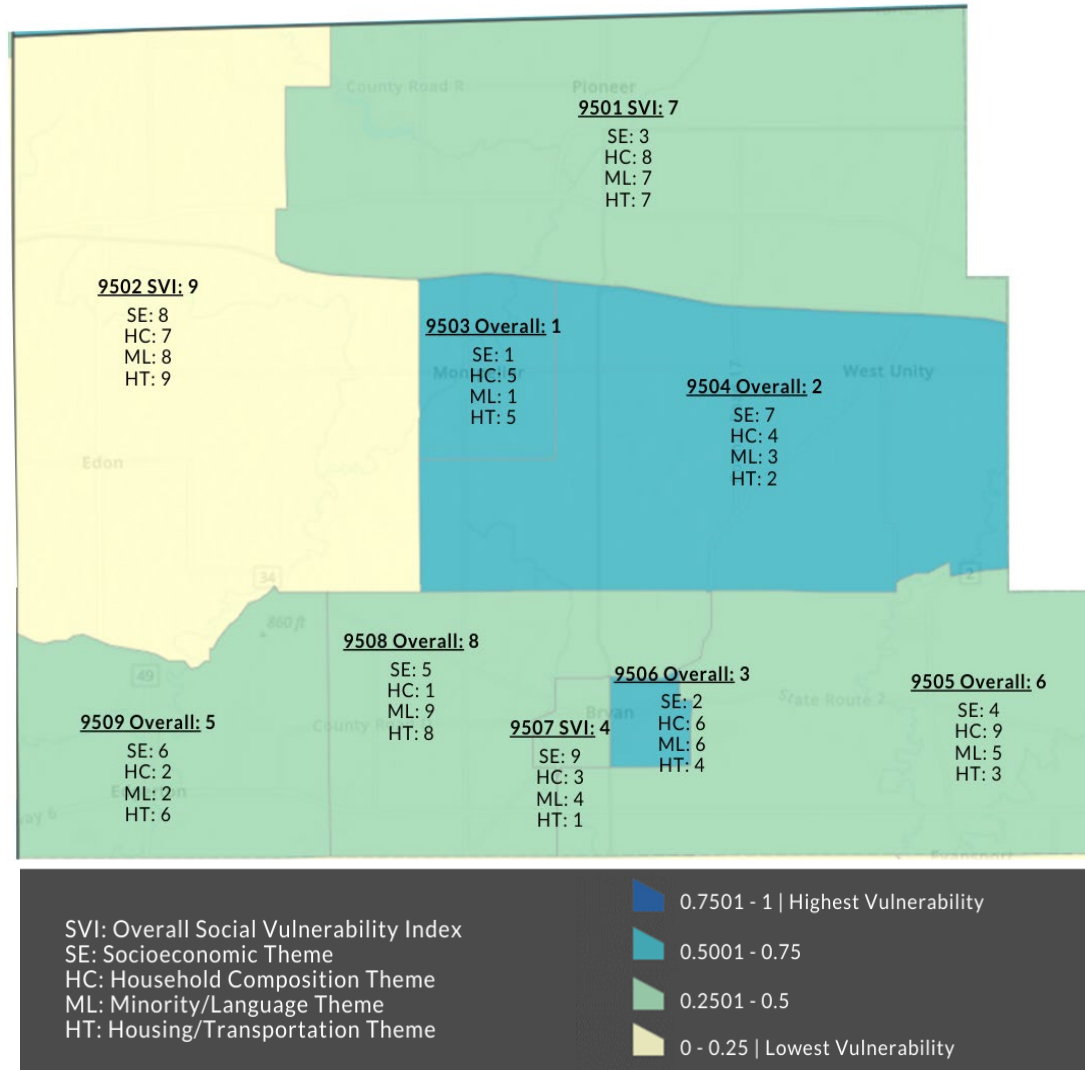
Area	Census Tract	Year	Socioeconomic Theme		Household Composition Theme		Minority/Language Theme		Housing/Transportation Theme		Overall SVI Score	Overall vulnerability
Pioneer/ Alvordton	9501	2018	0.5362	Moderate to High	0.5737	Moderate to High	0.0376	Low	0.3108	Low to Moderate	0.3334	Low to Moderate
Edon/ Northwest	9502	2018	0.4275	Low to Moderate	0.651	Moderate to High	0.0183	Low	0.1059	Low	0.1925	Low
Montpelier	9503	2018	0.7548	High	0.7755	High	0.2583	Low to Moderate	0.4806	Low to Moderate	0.6368	Moderate to High
West Unity	9504	2018	0.4321	Low to Moderate	0.7935	High	0.177	Low	0.7476	Moderate to High	0.5487	Moderate to High
Stryker	9505	2018	0.5297	Moderate to High	0.2213	High	0.1642	Low	0.6971	Moderate to High	0.4295	Low to Moderate
East Bryan	9506	2018	0.6347	Moderate to High	0.7746	High	0.0607	Low	0.5772	Moderate to High	0.5432	Moderate to High
West Bryan	9507	2018	0.2938	Low to Moderate	0.8065	High	0.1769	Low	0.782	High	0.499	Low to Moderate
Center	9508	2018	0.4434	Low to Moderate	0.9151	High	0.0143	Low	0.1647	Low	0.3125	Low to Moderate
Edgerton	9509	2018	0.4373	Low to Moderate	0.8108	High	0.1776	Low	0.4012	Low to Moderate	0.4315	Low to Moderate

(Source: CDC, Agency for Toxic Substances and Disease Registry, Social Vulnerability Index, as compiled by Williams County Health Partners)

SVI by Census Tract – Ranking of each SVI Theme

The map below ranks each census tract by SVI theme, with higher scores indicating higher vulnerability and lower resilience while lower scores indicate lower vulnerability and higher resilience.

Williams County Social Vulnerability Index (SVI)



(Source: CDC, Agency for Toxic Substances and Disease Registry, Social Vulnerability Index, as compiled by Williams County Health Partners)

SVI Theme Rankings (from Most Vulnerable - 1, to Least Vulnerable - 9) by Census Tract within Williams County

Area	Census Tract	Year	Socioeconomic Theme		Household Composition Theme		Minority/ Language Theme		Housing/ Transportation Theme		Overall SVI Score & Rank	
Montpelier	9503	2018	High	1	High	5	Low to Moderate	1	Low to Moderate	5	Moderate to High	1
West Unity	9504	2018	Low to Moderate	7	High	4	Low	3	Moderate to High	2	Moderate to High	2
East Bryan	9506	2018	Moderate to High	2	High	6	Low	6	Moderate to High	4	Moderate to High	3
West Bryan	9507	2018	Low to Moderate	9	High	3	Low	4	High	1	Low to Moderate	4
Edgerton	9509	2018	Low to Moderate	6	High	2	Low	2	Low to Moderate	6	Low to Moderate	5
Stryker	9505	2018	Moderate to High	4	High	9	Low	5	Moderate to High	3	Low to Moderate	6
Pioneer/ Alvordton	9501	2018	Moderate to High	3	Moderate to High	8	Low	7	Low to Moderate	7	Low to Moderate	7
Center	9508	2018	Low to Moderate	5	High	1	Low	9	Low	8	Low to Moderate	8
Edon/ Northwest	9502	2018	Low to Moderate	8	Moderate to High	7	Low	8	Low	9	Low	9

(Source: CDC, Agency for Toxic Substances and Disease Registry, Social Vulnerability Index, as compiled by Williams County Health Partners)

Social Conditions: Adult Environmental Conditions

Key Findings

Adults indicated that insects (6%), temperature regulation (5%), and sewage/wastewater problems (5%) threatened their health in the past year.

1,678 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 (6%)
 - Temperature regulation (5%)
 - Sewage/wastewater problems (5%)
 - Rodents (5%)
 - Safety hazards (3%)
 - Mold/moisture issues (3%)
 - Sanitation issues (3%)
 - Lead paint (2%)
 - Agricultural chemicals (1%)
 - Chemicals found in household products (1%)
 - Food safety/food borne illness (1%)

Mold Prevention Tips

- Exposure to damp and moldy environments may cause a variety of health effects. Some people are sensitive to molds. For these people, exposure to molds can lead to symptoms such as stuffy nose, wheezing, and red or itchy eyes, or skin. Some people, such as those with allergies to molds or with asthma, may have more intense reactions.
- In your home, you can control mold growth by:
 - Keeping humidity levels as low as you can, no higher than 50%, all day long.
 - Making sure your home has enough ventilation. Use exhaust fans which vent outside your home in the kitchen and bathroom. Make sure your clothes dryer vents outside your home.
 - Fixing any leaks in your home's roof, walls, or plumbing so mold does not have moisture to grow.
 - Not using carpet in rooms or areas like bathrooms or basements that may have a lot of moisture.

(Source: CDC, Basic Facts about Mold and Dampness, Updated August 11, 2020)

Social Conditions: Adult Parenting

Key Findings

One-fourth (25%) of parents never breastfed their child. Parents of children ages 12-17 years old indicated they discussed the following with their child: birth control and safe sex options (100%); abstinence/how to refuse sex (86%); depression, anxiety, and suicide (83%); and career plan/post-secondary education (83%).

Parenting

- When asked how parents put their child to sleep as an infant, 92% said on their back, 14% said on their stomach, 8% said in bed with them or another person, and 8% said on their side.
- In the past 5 years, parents indicated their infant slept in the following places: crib/bassinette (with no bumper pads, blankets, and toys) (92%); pack n' play (65%); car seat (43%); in bed with them or another person (35%); swing (32%); the floor (19%); crib/bassinette (with bumper pads, blankets, and toys) (16%); couch or chair (8%); and other (5%).
- Among adults who had a child in the past five years, parents reported they or their spouse breastfed or pumped for their child: 2 weeks or less (17%), 3-to-6 weeks (8%), 7 weeks to 3 months (12%), 4-to-6 months (8%), 7-to-9 months (8%), and more than 9 months (8%). Fourteen percent (14%) of parents reported their child was still breastfeeding and 25% reported their child was never breastfed.
- Parents discussed the following health topics with their 6-to-11-year-old in the past year:
 - Bullying (73%)
 - Weight status (67%)
 - School/legal consequences of using tobacco/alcohol/other drugs (67%)
 - Refusal skills/peer pressure (65%)
 - Screen time (61%)
 - Body image (60%)
 - Negative effects of alcohol, tobacco, illegal drugs, or misusing prescription drugs (57%)
 - Social media issues (48%)
 - Anxiety/depression/suicide (39%)
 - Dating and relationships (33%)
 - Career plan/post-secondary education (26%)
 - Abstinence/how to refuse sex (24%)
- Parents discussed the following health topics with their 12-to-17-year-old in the past year:
 - Birth control options/safe sex/STD prevention (100%)
 - Abstinence/how to refuse sex (86%)
 - Anxiety/depression/suicide (83%)
 - Career plan/post-secondary education (83%)
 - Dating and relationships (78%)
 - Social media issues (66%)
 - Refusal skills/peer pressure (65%)
 - School/legal consequences of using tobacco/alcohol/other drugs (63%)
 - Screen time (53%)
 - Body image (52%)
 - Weight status (48%)
 - Negative effects of alcohol, tobacco, illegal drugs, or misusing prescription drugs (46%)
 - Bullying (41%)

Facts about Breastfeeding

- The percent of infants who were ever breastfed is 82% in Ohio, compared to 84% in the U.S.
- Breast milk contains antibodies that can fight infection. Through these antibodies, the mother can pass on some protection from infectious illness she had in the past, and those she gets while breastfeeding.
- Breast milk is also made up of other proteins, fats, sugars, and even white blood cells that work to fight infection in many different ways. They are especially helpful in fighting gastrointestinal infections, since breast milk heads right to the stomach and intestine when your baby eats.
- Breast milk has some probiotic factors, as well. Some support the immune system and others serve as a nutrient source for healthy bacteria in the body, called the human microbiome. The healthy microbiome can play a lifelong role in preventing infection and decreasing the risk of allergies, asthma, obesity, and other chronic disease.
- Recent research indicates that breastfed infants are less likely to be obese in adolescence and adulthood. They are also less vulnerable to developing both type 1 and type 2 diabetes.
- Research also shows that children who nurse for more than six months are less likely to develop childhood leukemia and lymphoma than those who receive formula.
- The American Academy of Pediatrics (AAP) recommends that breastfeeding continue for at least 12 months, and thereafter for as long as mother and baby desire. The World Health Organization recommends continued breastfeeding up to 2 years of age or beyond.

(Source: CDC, Breastfeeding, 2018 & Healthy Children, Breastfeeding Benefits Your Baby's Immune System, 9/13/2021)

Social Conditions: Adult COVID-19

Key Findings

Adults indicated that they experienced changes in their mental health (14%), changes in their physical health (13%), and financial instability (10%) as a result of the COVID-19 pandemic.

COVID-19

- Williams County adults and their families were negatively affected by the COVID-19 pandemic in the following ways:
 - Change in mental health (14%)
 - Change in physical health (13%)
 - Financial instability (10%)
 - Death or serious illness of loved one(s) (7%)
 - Loss of household income (6%)
 - Changes to employment status (6%)
 - Educational challenges (i.e., children transitioned to online academics or home-schooling, or adults unable to pursue further education) (6%)
 - Unable to afford medicine (4%)
 - Unable to afford food (3%)
 - Increased alcohol use (3%)
 - Lack of childcare (2%)
 - Increased drug use (2%)
 - Lack of Internet access (2%)
 - Unable to afford basic needs, such as personal, household, or baby care (2%)
 - Housing instability (1%)
 - Other (3%)

3,916 Williams County adults reported a change in their or their families mental health due to the COVID-19 pandemic.

The Pandemic's Toll on Families Two Years In

- The most common negative effects of the pandemic, as reported by parents, are about their children's education and mental health. Almost two-thirds (63%) of parents say that the pandemic has negatively affected their children's education and over half (55%) say the pandemic has had a negative impact on their children's mental health.
- Among all adults, almost half (49%) say the pandemic has had a negative effect on their personal mental health (49%) and 41% say it had a negative impact on their physical health. About four in ten (41%) adults say the pandemic had a negative impact on their financial situation and more than one-quarter (26%) of adults say the pandemic had a negative impact on their employment situation. Around one-third (32%) say the pandemic has had a negative impact on their relationships with family members.
- Adults in households with lower incomes report being harder hit by the pandemic, especially when it comes to financial and employment impacts. Adults with a household income of less than \$40,000 a year are more likely to say the pandemic has had a negative impact on their financial situation (56%), compared to 43% of those with an income between \$40,000 and \$90,000 and 23% of those with a household income of \$90,000 or more a year. In addition, the share of those with lower incomes who say the pandemic had a negative impact on their employment situation (37%) is more than twice the share of those with annual incomes greater than \$90,000 (15%).
- Younger people also report disproportionate effects from the COVID-19 pandemic. Two-thirds of young adults aged 18-29 (67%) report that the pandemic has had a negative impact on their mental health, compared to just over half (54%) of 30-49 year-olds, and 38% of 50-64 year-olds. Young adults are also more likely to report difficulties with their physical health due to the pandemic, with 53% of those under 30 reporting a negative impact, 47% of those 30-49, 37% of those 50-64, and 28% of those over the age of 65. In addition, larger shares of young adults report negative effects on their employment situation (36%) compared to older adults, including those ages 50-64 (23%) and those 65 and older (17%).

(Source: Kaiser Family Foundation, KFF COVID-19 Vaccine Monitor: Views on the Pandemic at Two Years, Updated April 6, 2022)

COVID-19 Vaccination Status

As of May 19, 2022, 47% of Williams County residents had received their first COVID-19 vaccination dose, and 44% had received their second COVID-19 vaccination dose- considering them fully vaccinated. The tables below display the vaccination status of Williams County residents by age and sex.

First Dose

		First Dose
Ages	0-19	1,431
	20-29	1,396
	30-39	1,586
	40-49	1,991
	50-59	2,715
	60-64	2,001
	65-69	1,859
	70-74	1,455
	75-79	1,164
	80+	1,591
	Total	17,189

Sex	Female	9,126
	Male	7,927
	Unknown	136
	Total	17,189

Fully Vaccinated

		Fully Vaccinated
Ages	0-19	1,302
	20-29	1,235
	30-39	1,444
	40-49	1,849
	50-59	2,547
	60-64	1,904
	65-69	1,769
	70-74	1,388
	75-79	1,081
	80+	1,529
	Total	16,048

Sex	Female	8,571
	Male	7,355
	Unknown	122
	Total	16,048

First Booster

		First Booster
Ages	0-19	219
	20-29	354
	30-39	469
	40-49	722
	50-59	1,315
	60-64	1,133
	65-69	1,271
	70-74	1,076
	75-79	834
	80+	1,216
	Total	8,609

Sex	Female	4,762
	Male	3,825
	Unknown	22
	Total	8,609

Second Booster











		Second Booster
Ages	0-19	-
	20-29	1
	30-39	2
	40-49	1
	50-59	81
	60-64	112
	65-69	193
	70-74	216
	75-79	166
	80+	287
	Total	1,059

Sex	Female	613
	Male	446
	Unknown	-
	Total	1,059

(Source: Ohio Department of Health, COVID-19 Vaccine Dashboard, as compiled by Williams County Health Partners)


**2022
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 2022 (6 th -12 th)	Williams County 2022 (9 th -12 th)	Ohio 2019 (9 th -12 th)	U.S. 2019 (9 th -12 th)
Weight Control								
Obese 	14%	13%	13%	14%	21%	20%	17%	16%
Overweight 	16%	11%	16%	14%	15%	15%	12%	16%
Described themselves as slightly or very overweight	26%	31%	32%	N/A	33%	34%	N/A	32%
Were trying to lose weight	49%	50%	45%	46%	48%	47%	N/A	48%
Exercised to lose weight (in the past 30 days)	44%	51%	47%	51%	47%	46%	N/A	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%	42%	N/A	N/A
Went without eating for 24 hours or more (in the past 30 days)	4%	7%	2%	6%	9%	10%	N/A	N/A
Took diet pills, powders, or liquids without a doctor's advice (in the past 30 days)	1%	3%	2%	2%	2%	2%	N/A	N/A
Vomited or took laxatives (in the past 30 days)	2%	3%	1%	2%	4%	4%	N/A	N/A
Ate 0 servings of fruits and/or vegetables per day 	N/A	N/A	N/A	4%	7%	5%	N/A	N/A
Ate 5 or more servings of fruit and/or vegetables per day 	N/A	N/A	N/A	26%	21%	17%	N/A	N/A
Physically active at least 60 minutes per day on every day in past week	N/A	28%	33%	31%	28%	26%	24%	23%
Physically active at least 60 minutes per day on 5 or more days in past week	59%	49%	54%	59%	54%	56%	43%	44%
Did not participate in at least 60 minutes of physical activity on any day in past week 	12%	11%	15%	10%	10%	10%	21%	17%
Watched television for 3 or more hours per day	33%	38%	24%	N/A	16%	17%	N/A	20%*
Unintentional Injuries and Violence								
Threatened or injured with a weapon on school property (in the past 12 months)	3%	7%	5%	11%	7%	8%	N/A	7%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days) 	1%	5%	4%	4%	7%	9%	N/A	9%
Bullied (in past 12 months)	50%	47%	47%	43%	42%	41%	N/A	N/A
Electronically bullied (in past 12 months) 	8%	13%	12%	9%	13%	12%	13%	16%
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%	30%	34%	33%	37%
Seriously considered attempting suicide (in the past 12 months) 	7%	15%	10%	16%	14%	17%	16%	19%
Attempted suicide (in the past 12 months) 	3%	8%	7%	8%	8%	9%	7%	9%
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%	3%	3%	3%


N/A – Not Available


*U.S. rate is for an average school day

 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 2022 (6 th -12 th)	Williams County 2022 (9 th -12 th)	Ohio 2019 (9 th -12 th)	U.S. 2019 (9 th -12 th)
Alcohol Consumption								
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their lifetime)	49%	50%	35%	42%	27%	39%	N/A	N/A
Current drinker (at least one drink of alcohol on at least 1 day during the past 30 days) 	18%	18%	16%	11%	8%	13%	26%	29%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion within the past 30 days) 	9%	10%	7%	6%	7%	12%	13%	14%
Drank for the first time before age 13 (of all youth)	20%	16%	11%	13%	10%	13%	16%	15%
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	61%	57%	26%	32%	46%	51%	N/A	41%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on one or more times during the past 30 days)	15%	12%	10%	13%	11%	12%	N/A	17%
Drove when they had been drinking alcohol (in a car or other vehicle on one or more times during the 30, among students who had driven a car or other vehicle during the past 30 days)	2%	N/A	1%	2%	2%	1%	N/A	5%
Tobacco Use								
Current cigarette smoker (smoked on at least one day during the past 30 days)	9%	10%	3%	5%	3%	4%	5%	6%
Smoked cigarettes frequently (smoked on 20 or more days during the past 30 days)	2%	5%	1%	0%	<1%	<1%	1%	1%
Smoked cigarettes daily (smoked on all 30 days during the past 30 days)	1%	4%	1%	1%	<1%	<1%	<1%	1%
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%	19%	26%	48%	50%
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 one day during the past 30 days)	N/A	N/A	N/A	17%	10%	15%	30%	33%
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%	5%	9%	8%	11%
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%	3%	6%	5%	7%
Usually got their own electronic vapor products by buying them in a store – among current e-cigarette users (such as a convenience store, supermarket, discount store, gas station, or vape store, including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods, during the 30 past days)	N/A	N/A	N/A	N/A	9%	19%	13%	8%


N/A – Not Available

 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 2022 (6 th -12 th)	Williams County 2022 (9 th -12 th)	Ohio 2019 (9 th -12 th)	U.S. 2019 (9 th -12 th)
Drug Use								
Ever used marijuana (in their lifetime)	N/A	N/A	N/A	N/A	15%	23%	30%	37%
Currently used marijuana (in the past 30 days) 	4%	9%	4%	6%	8%	12%	16%	22%
Tried marijuana for the first time before age 13 (of all youth)	N/A	N/A	2%	3%	3%	4%	N/A	6%
Currently used prescription drugs not prescribed to them (in the past 30 days)	N/A	N/A	N/A	2%	3%	4%	N/A	7%*
Ever used prescription medications not prescribed to them, or took more than prescribed to feel good or high (in their lifetime)	5%	8%	3%	N/A	3%	5%	12%*	14%*
Ever used methamphetamines (in their lifetime)	1%	2%	<1%	1%	1%	<1%	N/A	2%
Ever used cocaine (in their lifetime)	1%	2%	1%	1%	1%	2%	4%	4%
Ever used heroin (in their lifetime)	<1%	2%	0%	0%	1%	1%	2%	2%
Ever used inhalants (in their lifetime)	6%	9%	4%	3%	3%	4%	8%	6%
Ever used ecstasy (also called MDMA in their lifetime)	N/A	2%	2%	1%	1%	1%	N/A	4%
Ever took steroids without a doctor's prescription (in their lifetime)	1%	3%	1%	<1%	1%	2%	N/A	2%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	6%	5%	5%	4%	5%	7%	15%	22%

N/A – Not Available

*For Ohio and U.S. data, YRBS asks about prescription pain medicine used without a doctor's prescription or differently than how a doctor told them to use it

 Indicates alignment with Ohio SHA/SHIP

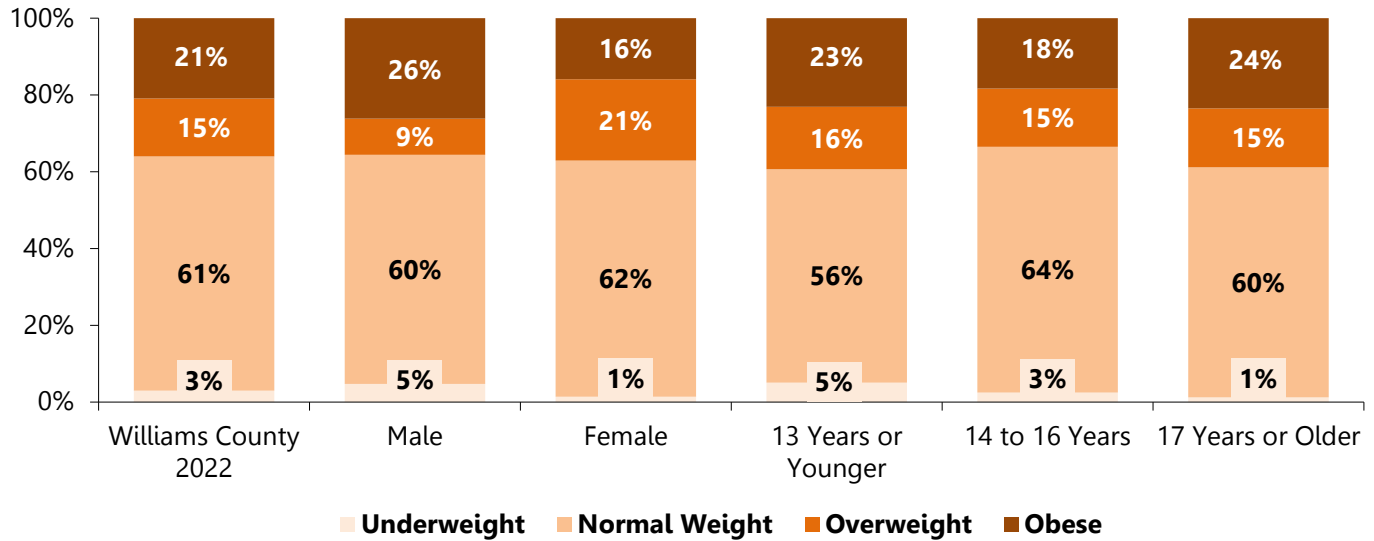
Youth Data Summary

Data Summary | Youth Health

YOUTH WEIGHT STATUS

More than one-in-five (21%) youth in Williams County were classified as obese, according to body mass index (BMI) by age. More than one-quarter (28%) of youth participated in at least 60 minutes of physical activity every day. Seven percent (7%) of youth ate 0 servings of fruits and/or vegetables per day.

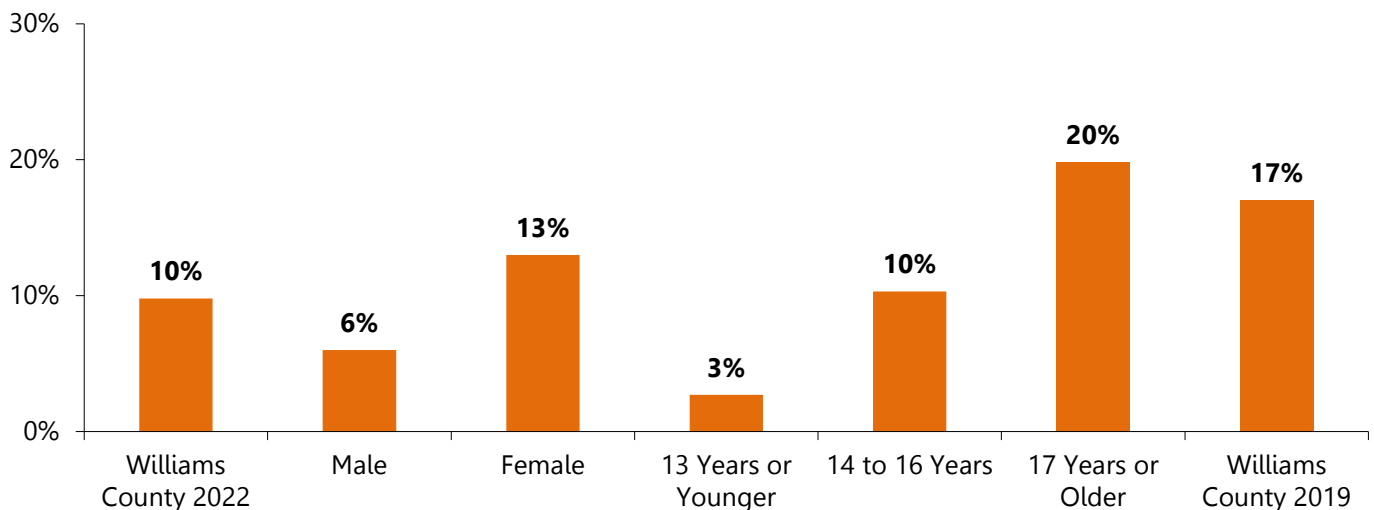
Williams County Youth BMI Classifications



YOUTH TOBACCO USE

Three percent (3%) of Williams County youth were current cigarette smokers, having had smoked cigarettes in the past 30 days. One in ten (10%) Williams County youth were current electronic vapor product users, increasing to 20% of those ages of 17 and older. The average age of onset of electronic vapor product use was 13.5 years old.

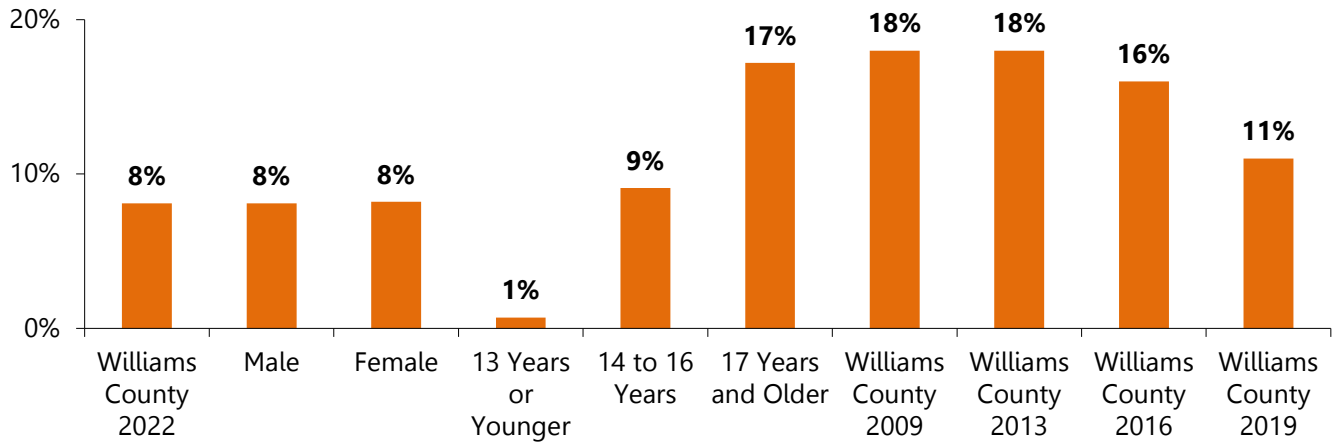
Williams County Youth Who Are Current Electronic Vapor Product Users



YOUTH ALCOHOL CONSUMPTION

More than one-quarter (27%) of youth had at least one drink (other than a few sips) of alcohol in their life, increasing to 52% of those ages 17 and older. Eight percent (8%) of youth had at least one drink in the past 30 days, defining them as current drinkers. Of those who were current drinkers, 87% 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].

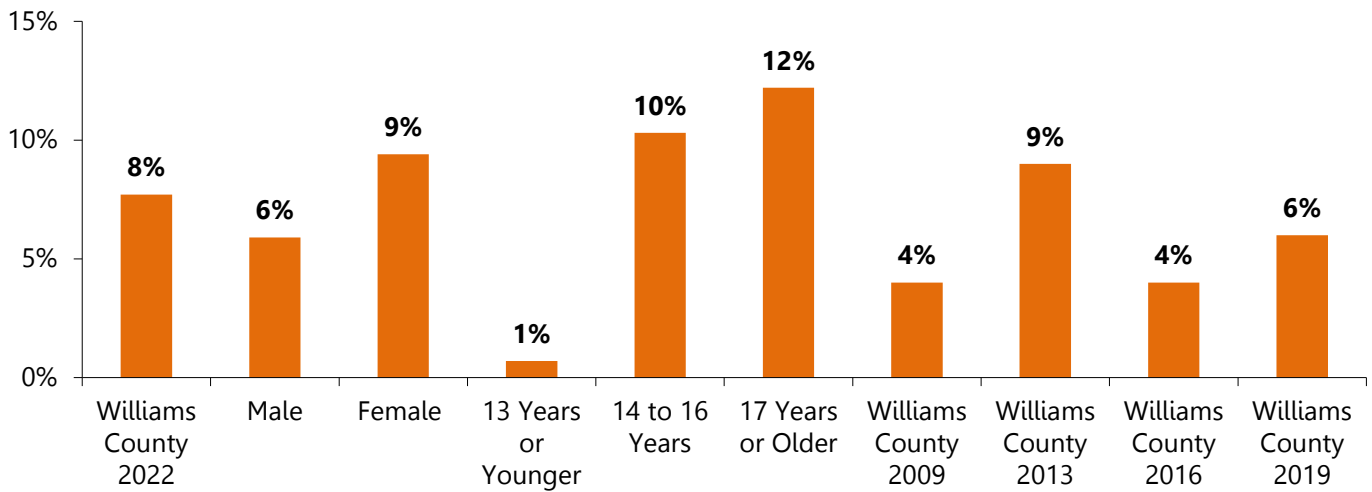
Williams County Youth Who Were Current Drinkers



YOUTH DRUG USE

In 2022, 8% of Williams County youth had used marijuana at least once in the past 30 days. Three percent (3%) of youth used prescription drugs not prescribed to them in the past 30 days.

Williams County Youth Marijuana Use in Past Month



YOUTH PERCEPTIONS

Twenty-two percent (22%) of youth thought that there was no risk in harming themselves (physically or in other ways) if they smoked marijuana once or twice a week. Nearly three-fourths (74%) 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. Fifty-three percent (53%) of youth reported their peers would feel it was very wrong for them to use e-cigarettes/vapes.

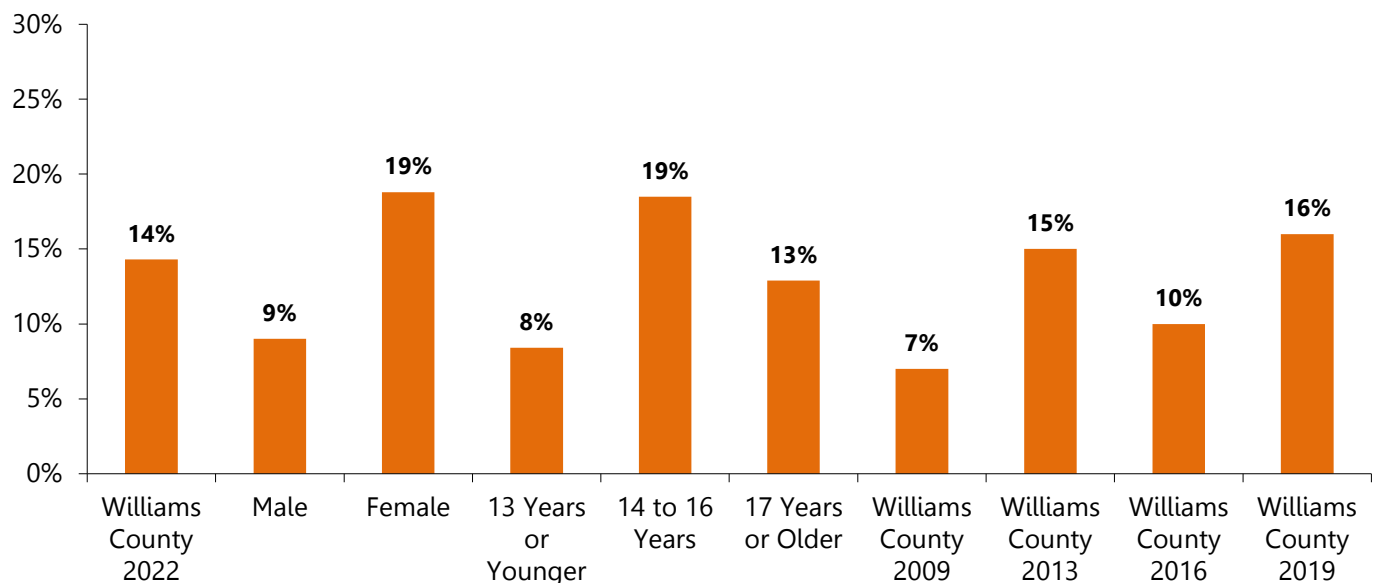
Perceived Degree of Great Disapproval by Parents

<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	84%	83%	85%	92%	84%	73%
Use e-cigarettes/vapes	78%	76%	81%	89%	77%	66%
Having one or two drinks of an alcoholic beverage nearly every day	74%	75%	73%	89%	71%	56%
Smoke marijuana	80%	80%	80%	94%	78%	62%
Misusing prescription drugs	91%	91%	91%	94%	90%	91%

YOUTH MENTAL HEALTH

Almost one in three (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 in the past year, increasing to 38% of females. One-in-seven (14%) youth reported they had seriously considered attempting suicide in the past year, and 8% actually attempted suicide in the past year.

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 or more adverse childhood experiences (defined as childhood abuse, neglect, and exposure to other traumatic stressors) in their lifetime. One out of five (20%) Williams County youth drivers had texted while driving in the past 30 days.

YOUTH VIOLENCE

Seven percent (7%) 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. Twelve percent (12%) of youth felt threatened or unsafe in their home in the past year. More than two-fifths (42%) 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	32%	25%	39%	34%	33%	27%	35%	30%
Indirectly Bullied	22%	14%	29%	20%	25%	15%	20%	23%
Cyber Bullied	13%	9%	16%	13%	14%	9%	13%	12%
Physically Bullied	6%	6%	5%	4%	7%	3%	5%	6%
Sexually Bullied	4%	1%	7%	2%	5%	3%	3%	4%

Youth Health: Weight Status

Key Findings

More than one-in-five (21%) youth in Williams County were classified as obese, according to body mass index (BMI) by age. More than one-quarter (28%) of youth participated in at least 60 minutes of physical activity every day. Seven percent (7%) of youth ate 0 servings of fruits and/or vegetables per day.

Youth Weight Status

- Body mass index (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 (*Source: CDC, About Child & Teen BMI, Updated March 17, 2021*).
- More than one-in-five (21%) youth in Williams County were classified as obese by body mass index calculations. Fifteen percent (15%) of youth were classified as overweight, 61% were normal weight, and 3% were underweight.
- Thirty-four percent (34%) of youth described themselves as being either slightly or very overweight. Fifty-one percent (51%) of youth described themselves as about the right weight, and 15% described themselves as slightly or very underweight.

The table below displays the BMI classifications of Williams County youth compared to how they described their weight status:

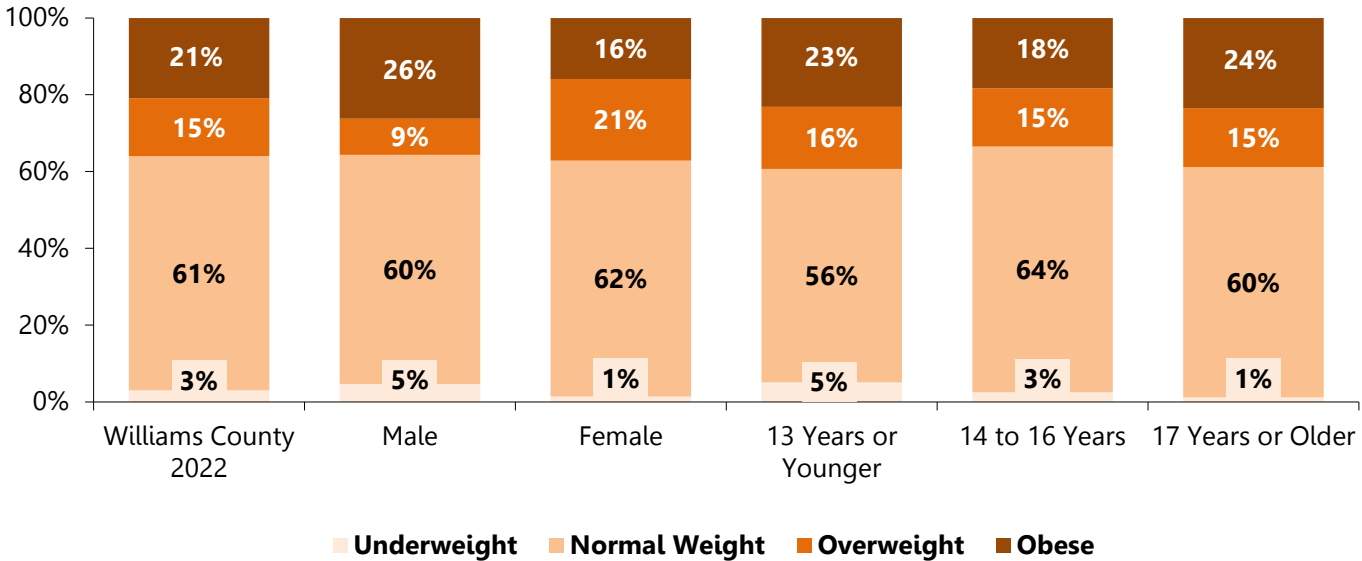
BMI Classification		Youth Weight Status Perception	
Underweight	3%	Slightly/very underweight	15%
Normal weight	61%	About the right weight	51%
Overweight/Obese	36%	Slightly/very overweight	34%

1,220 Williams County youth were classified as overweight or obese.

- Youth reported they were trying to either lose weight (48%), gain weight (13%), or stay the same weight (17%). Almost one-quarter (22%) 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 (47%)
 - Drank more water (46%)
 - Ate less food, fewer calories, or foods lower in fat (36%)
 - Ate more fruits and vegetables (31%)
 - Skipped meals (26%)
 - Went without eating for 24 hours or more (9%)
 - Vomited or took laxatives (4%)
 - Smoked cigarettes or e-cigarettes to lose weight (3%)
 - Took diet pills, powders, or liquids without a doctor's advice (2%)
 - 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: 61% of all Williams County youth were classified as normal weight, 21% were obese, 15% were overweight, and 3% were underweight.

Williams County Youth BMI Classifications



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.

	0 servings	1-2 servings	3-4 servings	5 or more servings
Fruit	11%	70%	16%	3%
Vegetables	16%	69%	13%	2%
Fruit and/or vegetables	7%	34%	38%	21%

- More than one-fifth (21%) of youth ate 5 or more servings of fruits **and/or** vegetables per day, 38% of youth ate 3-4 servings, and 34% of youth ate 1-2 servings. Seven percent (7%) 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	24%	57%	16%	3%
Caffeinated beverages	42%	44%	10%	4%

- Williams County youth reported that their family gets most of their food from the grocery store (96%), fast food restaurant (2%), food pantry (1%), convenience/corner store (<1%), and other (1%).
- Williams County youth reported they went to bed hungry on 1 or more days (7%), 2 or more days (5%), and 3 or more days (4%) per week because their family did not have enough money for food.

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, muscle-strengthening, and bone-strengthening activities 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 (*Source: U.S. Department of Health and Human Services, Physical Activity Guidelines for Americans 2nd Edition, Updated 2018*).
- During the past week, youth participated in at least 60 minutes of physical activity at the following frequencies:
 - Every day (28%)
 - 5 or more days (54%)
 - 3 or more days (75%)
 - 0 days (10%)
- Williams County youth spent an average of 4.0 hours on a cell phone (e.g., text, talk, internet), 1.5 hours watching TV, 1.3 hours playing video games, and 1.4 hours on a computer or tablet on an average day of the week.
- On an average day, youth spent 3 or more hours: using a cell phone (70%), using a computer or tablet (20%), playing video games (19%), and watching TV (16%).

Healthy People 2030 Nutrition and Weight Status (NWS)

Objective	Williams County 2022	Ohio 2019	U.S. 2019	Healthy People 2030 Target
NWS-04 Reduce the proportion of children and adolescents with obesity	21% (6-12 Grade) 20% (9-12 Grade)	17% (9-12 Grade)	16% (9-12 Grade)	16%*

**The Healthy People 2030 target is for children and youth aged 2-19 years
(Sources: Healthy People 2030 Objectives, 2019 Ohio and U.S. YRBS, 2022 Williams County Health Assessment)*

Key Physical Activity Guidelines for Adolescents

It is important to provide young people opportunities and encouragement to participate in physical activities that are appropriate for their age, that are enjoyable, and that offer variety.

Children and adolescents ages 6 through 17 years should do 60 minutes (1 hour) or more of moderate-to-vigorous physical activity daily:

- Aerobic:** Most of the 60 minutes or more per day should be either moderate- or vigorous-intensity aerobic physical activity and should include vigorous-intensity physical activity on at least 3 days a week. Running, hopping, skipping, jumping rope, swimming, dancing, and bicycling are all examples of aerobic activities
- Muscle-strengthening:** As part of their 60 minutes or more of daily physical activity, children and adolescents should include muscle-strengthening physical activity on at least 3 days a week. Muscle-strengthening activities can be unstructured and part of play, such as playing on playground equipment, climbing trees, and playing tug-of-war. Or they can be structured, such as lifting weights or working with resistance bands.
- Bone-strengthening:** As part of their 60 minutes or more of daily physical activity, children and adolescents should include bone-strengthening physical activity on at least 3 days a week. Running, jumping rope, basketball, tennis, and hopscotch are all examples of bone-strengthening activities.

(Source: U.S. Department of Health and Human Services, Physical Activity Guidelines for Americans 2nd Edition, Updated 2018)

Youth Comparisons	Williams County 2009 (6th-12th)	Williams County 2013 (6th-12th)	Williams County 2016 (6th-12th)	Williams County 2019 (6^h-12th)	Williams County 2022 (6^h-12th)	Williams County 2022 (9th-12th)	Ohio 2019 (9th-12th)	U.S. 2019 (9th-12th)
Obese	14%	13%	13%	14%	21%	20%	17%	16%
Overweight	16%	11%	16%	14%	15%	15%	12%	16%
Described themselves as slightly or very overweight	26%	31%	32%	N/A	34%	34%	N/A	32%
Were trying to lose weight	49%	50%	45%	46%	48%	47%	N/A	48%
Exercised to lose weight (in the past 30 days)	44%	51%	47%	51%	47%	46%	N/A	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%	42%	N/A	N/A
Went without eating for 24 hours or more (in the past 30 days)	4%	7%	2%	6%	9%	10%	N/A	N/A
Took diet pills, powders, or liquids without a doctor's advice (in the past 30 days)	1%	3%	2%	2%	2%	2%	N/A	N/A
Vomited or took laxatives (in the past 30 days)	2%	3%	1%	2%	4%	4%	N/A	N/A
Ate 0 servings of fruits and/or vegetables per day	N/A	N/A	N/A	4%	7%	5%	N/A	N/A
Ate 5 or more servings of fruit and/or vegetables per day	N/A	N/A	N/A	26%	21%	17%	N/A	N/A
Physically active at least 60 minutes per day on every day in past week	N/A	28%	33%	31%	28%	26%	24%	23%
Physically active at least 60 minutes per day on 5 or more days in past week	59%	49%	54%	59%	54%	56%	43%	44%
Did not participate in at least 60 minutes of physical activity on any day in past week	12%	11%	15%	10%	10%	10%	21%	17%
Watched television for 3 or more hours per day (on an average day)	33%	38%	24%	N/A	16%	17%	N/A	20%*

*U.S. rate is for an average school day

N/A – Not Available

Youth Health: Tobacco Use

Key Findings

Three percent (3%) of Williams County youth were current cigarette smokers, having had smoked cigarettes in the past 30 days. One in ten (10%) Williams County youth were current electronic vapor product users, increasing to 20% of those ages of 17 and older. The average age of onset of electronic vapor product use was 13.5 years old.

Youth Tobacco Use

- Youth used the following forms of tobacco in the past year: e-cigarettes (11%); cigarettes (5%); cigars (2%); Swishers (1%); hookah (1%); dissolvable tobacco products (1%); cigarillos (1%); little cigars (1%); pouch [snus] (<1%); Black and Milds (<1%); chewing tobacco, snuff, or dip (<1%); and bidis (<1%). Eighty-seven percent (87%) of youth reported they did not use any tobacco products in the past year.
- Three percent (3%) of youth were current cigarette smokers, having smoked at some time in the past 30 days.

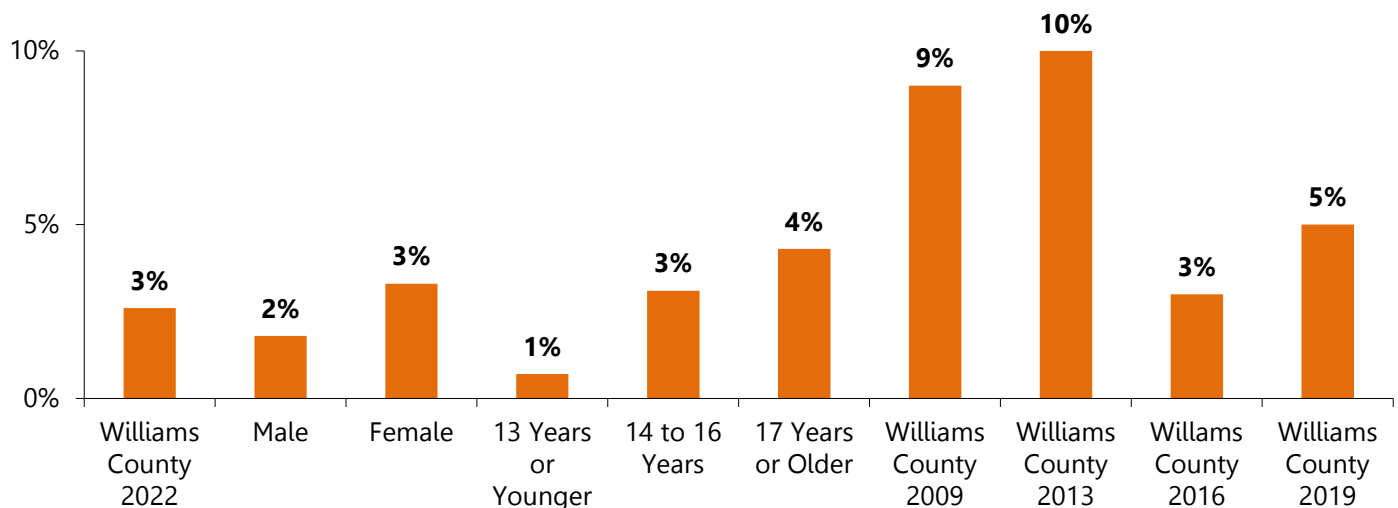
102 Williams County youth were current cigarette smokers.

The table below indicates the number of days youth reported smoking cigarettes in the past 30 days:

	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
Cigarettes	97%	2%	<1%	<1%	<1%	0%	<1%

The following graph shows the percentage of Williams County youth who were current cigarette smokers. An example of how to interpret the information includes: 3% of all Williams County youth were current cigarette smokers, including 3% of females and 4% 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: 50% of current cigarette smokers misused prescription drugs in the past 30 days, compared to 2% 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	100%	88%
Used marijuana (in the past 30 days)	100%	5%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)**	83%	28%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	67%	29%
Had at least one drink of alcohol (in the past 30 days)	58%	7%
Contemplated suicide (in the past 12 months)	50%	13%
Used prescription drugs not prescribed to them (in the past 30 days)	50%	2%
Were bullied (in the past 12 months)	33%	42%
Attempted suicide (in the past 12 months)	25%	7%

*"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.

Youth Electronic Vapor Product (E-Cigarette) Use

- Nineteen percent (19%) of youth used an electronic vapor product, such as e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods, at some time in their lifetime, increasing to 30% of those ages 17 and older.
- One-in-ten (10%) youth were current electronic vapor users, having used an electronic vapor product in the past 30 days, increasing to 20% of those ages 17 and older.

339 Williams County youth were current electronic vapor product users.

- Of those who had ever tried electronic vapor products, 29% reported they had started using electronic vapor products at 12 years old or younger, 40% had done so between the ages of 13 and 14, and 31% started vaping at the age of 15 or older. The average age of onset was 13.5 years old.

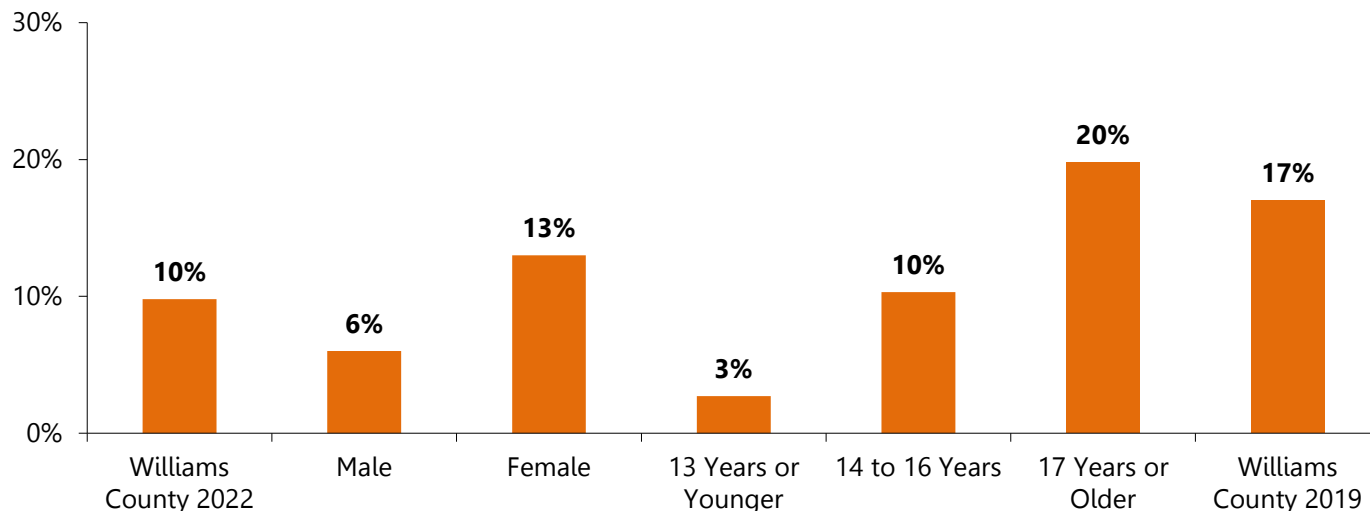
The table below indicates the number of days youth reported using electronic vapor products in the past 30 days:

	0 days	1 or 2 days	3 to 5 days	6 to 9 days	10 to 19 days	20 to 29 days	All 30 days
Electronic vapor products	90%	3%	1%	1%	<1%	1%	3%

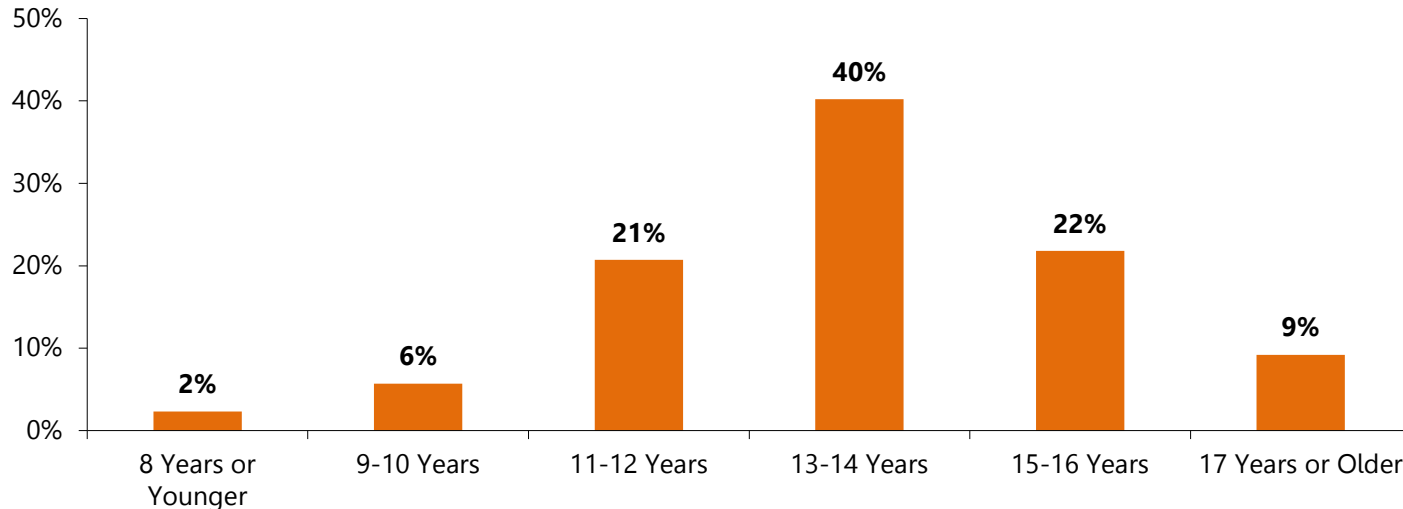
- Youth who used an electronic vapor product in the past year put the following in it: e-liquid or e-juice with nicotine (76%); e-liquid or e-juice without nicotine (31%); and marijuana or THC (26%).

The following graphs show 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: 10% of all Williams County youth were current electronic vapor product users, including 13% of females and 20% 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.

- Youth who used electronic vapor products in the past 30 days reported getting their products from the following:
 - Got or bought them from a friend, family member, or someone else (54%)
 - Bought them in a vape shop or tobacco shop (11%)
 - Took them from a store or another person (7%)
 - Bought them on the internet (e.g., product website, vape store website, or other website like eBay, Amazon, Facebook Marketplace, or Craigslist) (4%)
 - Bought them in a convenience store, supermarket, discount store, or gas station (4%)
 - Bought them at a mall or shopping center kiosk or stand (2%)
 - Some other way (41%)

**Healthy People 2030
Tobacco Use (TU)**

Objective	Williams County 2022	Ohio 2019	U.S. 2019	Healthy People 2030 Target
TU-05 Reduce current e-cigarette use (past month) in adolescents	10% (6-12 Grade) 15% (9-12 Grade)	30% (9-12 Grade)	33% (9-12 Grade)	11%*
TU-06 Reduce current cigarette smoking (past month) in adolescents	3% (6-12 Grade) 4% (9-12 Grade)	5% (9-12 Grade)	6% (9-12 Grade)	3%*

**The Healthy People 2030 target is for youth in grades 6-12
(Sources: Healthy People 2030 Objectives, 2019 Ohio and U.S. YRBS, 2022 Williams County Health Assessment)*

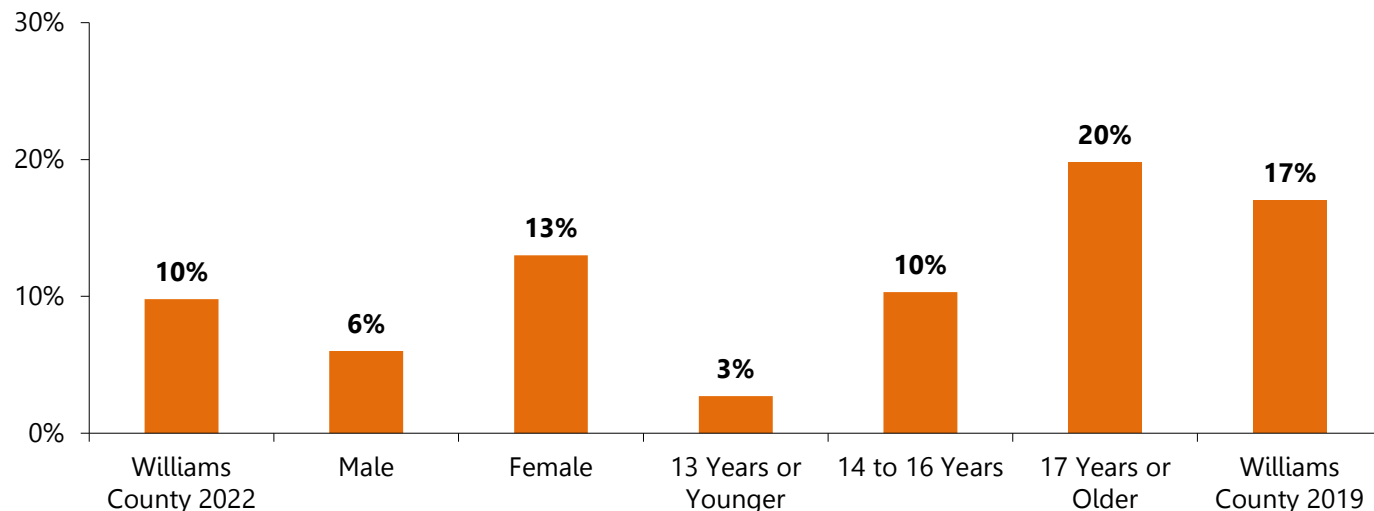
The table below indicates the number of days youth witnessed the following people using tobacco or e-cigarettes in the past 30 days:

Youth Social Environment Exposure to Tobacco or E-Cigarettes (in the past 30 days)

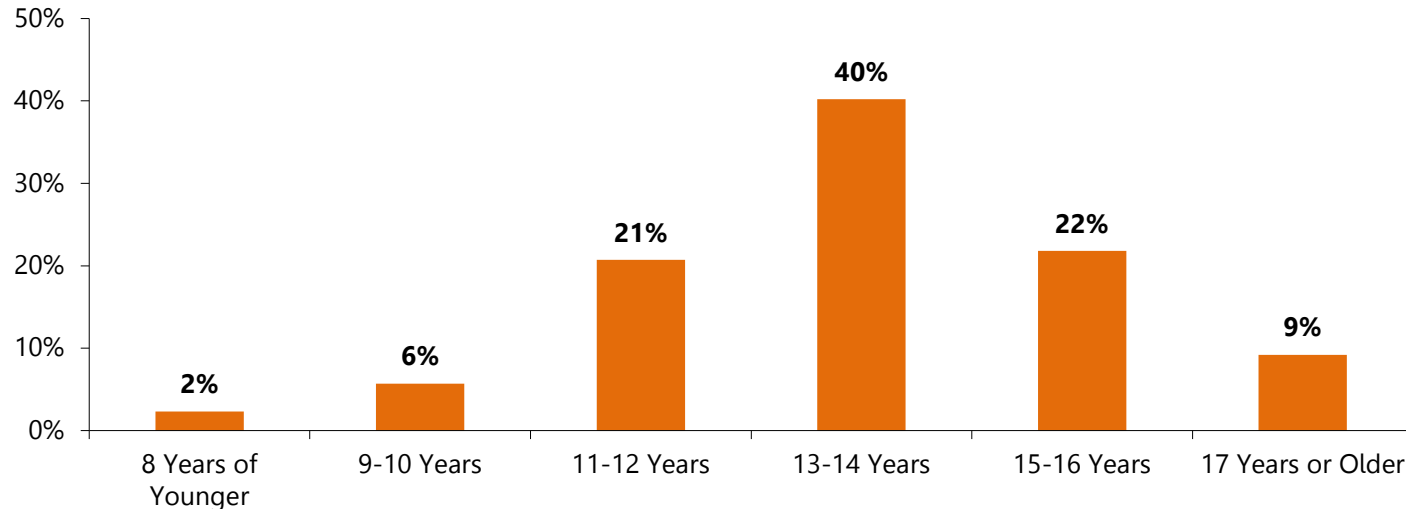
	0 Days	1 to 9 Days	10 to 19 Days	20 to 29 Days	All 30 Days
Current Smokers					
Someone who lives with them	18%	9%	9%	0%	64%
A family member <u>not</u> living with them	0%	50%	8%	8%	34%
A friend	8%	17%	8%	8%	59%
Someone online or in the media	8%	8%	8%	17%	59%
Non-Current Smokers					
Someone who lives with them	65%	10%	3%	2%	20%
A family member <u>not</u> living with them	68%	21%	2%	1%	8%
A friend	77%	11%	5%	3%	4%
Someone online or in the media	60%	26%	6%	4%	4%
Current E-Cigarette Users					
Someone who lives with them	36%	5%	11%	2%	46%
A family member <u>not</u> living with them	25%	39%	5%	4%	27%
A friend	19%	21%	16%	14%	30%
Someone online or in the media	29%	16%	16%	16%	23%
Non-Current E-Cigarette Users					
Someone who lives with them	67%	11%	2%	2%	18%
A family member <u>not</u> living with them	72%	19%	2%	1%	6%
A friend	82%	11%	3%	2%	2%
Someone online or in the media	62%	26%	5%	3%	4%

The following graphs show 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: 10% of all Williams County youth were current electronic vapor product users, including 13% of females and 20% 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.

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 2022 (6 th -12 th)	Williams County 2022 (9 th -12 th)	Ohio 2019 (9 th -12 th)	U.S. 2019 (9 th -12 th)
Current cigarette smoker (smoked on at least one day during the past 30 days)	9%	10%	3%	5%	3%	4%	5%	6%
Smoked cigarettes frequently (smoked on 20 or more days during the past 30 days)	2%	5%	1%	0%	<1%	<1%	1%	1%
Smoked cigarettes daily (smoked on all 30 days during the past 30 days)	1%	4%	1%	1%	<1%	<1%	<1%	1%
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%	19%	26%	48%	50%
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 one day during the past 30 days)	N/A	N/A	N/A	17%	10%	15%	30%	33%
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%	5%	9%	8%	11%
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%	3%	6%	5%	7%
Usually got their own electronic vapor products by buying them in a store – among current e-cigarette users (such as a convenience store, supermarket, discount store, gas station, or vape store, including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods, during the 30 past days)	N/A	N/A	N/A	N/A	15%	19%	13%	8%

N/A – Not Available

Flavors and Marketing Make E-cigarettes Appealing to Youth

- E-cigarettes come in various flavors, including fruit, candy, mint, and menthol.
- In 2021, most youth who reported using e-cigarettes used flavored varieties (85%). Among middle and high school students who currently used any type of flavored e-cigarette in 2021, the most commonly used flavors were fruit (72%), candy, desserts, or other sweets (34%), mint (30%), and menthol (29%).
- On January 2, 2020, the U.S. Food and Drug Administration (FDA) finalized an enforcement policy that prohibits the sale of prefilled cartridge e-cigarettes in any flavor other than tobacco or menthol, unless authorized by the FDA. The FDA has since taken additional steps to prohibit certain companies from selling youth-appealing, flavored disposable e-cigarettes, and flavored e-liquids without authorization.
- E-cigarettes are also advertised using the same themes and tactics that have been shown to increase youth initiation of other tobacco products, including cigarettes. In 2021, about 7 in 10 middle school and high school students (70%)—more than 17.7 million youth—said they had seen e-cigarette advertising.
- Widespread advertising for e-cigarettes, including via media for which advertising for conventional tobacco products is prohibited (e.g., TV), and the lower costs of some e-cigarettes relative to regular cigarettes has contributed to use among youth.
- Many youth also report using e-cigarettes because they are curious about these products.

(Source: CDC, *Smoking & Tobacco Use, Quick Facts on the Risks of E-Cigarettes for Kids, Teens, and Young Adults, Updated April 7, 2022*)

Youth Health: Alcohol Consumption

Key Findings

More than one-quarter (27%) of youth had at least one drink (other than a few sips) of alcohol in their life, increasing to 52% of those ages 17 and older. Eight percent (8%) of youth had at least one drink in the past 30 days, defining them as current drinkers. Of those who were current drinkers, 87% 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

- More than one-quarter (27%) of youth had at least one drink of alcohol (other than a few sips) in their life, increasing to 52% of those ages 17 and older.
- Eight percent (8%) of youth had at least one drink in the past 30 days, defining them as current drinkers, increasing to 17% of those ages 17 and older.

371 youth were current drinkers.

- In the past month, 7% of all youth had five or more alcoholic drinks on an occasion (for males) or four or more alcohol drinks in the last month (for females) and would be considered binge drinkers, increasing to 16% of those ages 17 and older. Of those who were current drinkers, 87% were defined as binge drinkers.
- Of all youth, 14% had consumed alcohol for the first time before the age of 13.
- Of those who reported drinking at some time in their life, 39% reported they had started drinking at the age of 12 years old or younger, 31% had done so between the ages of 13 and 14, and 30% had their first drink at the age of 15 or older. The average age of onset was 12.8 years old.
- Youth drinkers reported they got their alcohol from the following:
 - Someone gave it to them (46%)
 - Someone older bought it (33%)
 - A parent gave it to them (33%)
 - Gave someone else money to buy it for them (22%)
 - Took it from a store or family member (17%)
 - An older friend or sibling bought it for them (11%)
 - Bought it in a liquor store/convenience store/supermarket/discount store/gas station (11%)
 - Bought it at a restaurant, bar, or club (7%)
 - A friend's parent gave it to them (4%)
 - Bought it with a fake ID (4%)
 - Some other way (17%)
- In the past 30 days, 11% of youth reported riding in a car or other vehicle with someone who had been drinking alcohol.
- Among youth drivers, 2% reported drinking alcohol while driving a car or other vehicle in the past 30 days.

The table below indicates the number of days youth witnessed the following people drinking alcohol in the past 30 days:

Youth Social Environment Exposure to Drinking Alcohol (in the past 30 days)

	0 Days	1 to 9 Days	10 to 19 Days	20 to 29 Days	All 30 Days
Current Drinkers					
Someone who lives with them	26%	45%	5%	8%	16%
A family member <u>not</u> living with them	46%	27%	8%	11%	8%
A friend	22%	57%	11%	5%	5%
Someone online or in the media	27%	46%	8%	5%	14%
Non-Current Drinkers					
Someone who lives with them	57%	31%	4%	2%	6%
A family member <u>not</u> living with them	71%	23%	2%	1%	3%
A friend	91%	9%	0%	<1%	<1%
Someone online or in the media	71%	25%	2%	1%	1%

**Healthy People 2030
Substance Abuse (SU)**

Objective	Williams County 2022	Ohio 2019	U.S. 2019	Healthy People 2030 Target
SU-04 Reduce the proportion of adolescents who drank alcohol in the past month	8% (6-12 Grade) 13% (9-12 Grade)	26% (9-12 Grade)	29% (9-12 Grade)	6%*
SU-09 Reduce the proportion of persons engaging in binge drinking during the past month	7% (6-12 Grade) 12% (9-12 Grade)	13% (9-12 Grade)	14% (9-12 Grade)	8%**

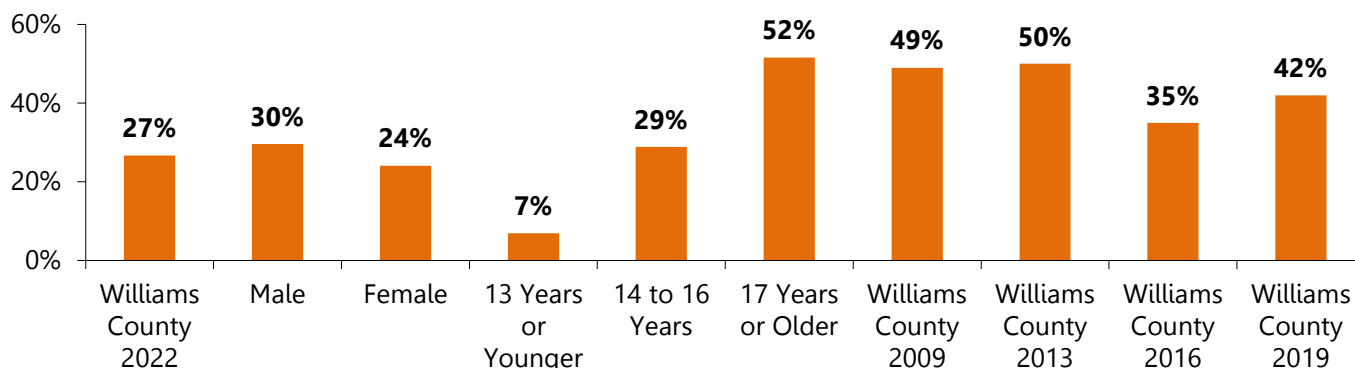
*The Health People 2030 target is for youth aged 12-17 years

**The Healthy People 2030 target is for youth aged 12-20 years

(Sources: Healthy People 2030 Objectives, 2019 Ohio and U.S. YRBS, 2022 Williams County Health Assessment)

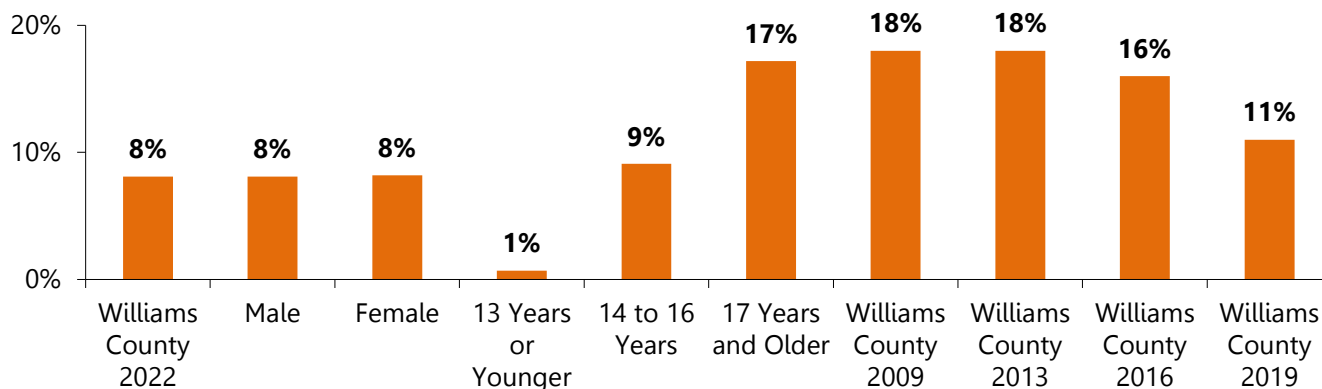
The following graphs show the percentage of Williams County youth who drank in their lifetime, as well as those who were considered current drinkers and were binge drinkers in the past month. An example of how to interpret the information on the first graph includes: 27% of all Williams County youth had drunk at some time in their life, including 30% of males and 52% of those ages 17 and older.

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

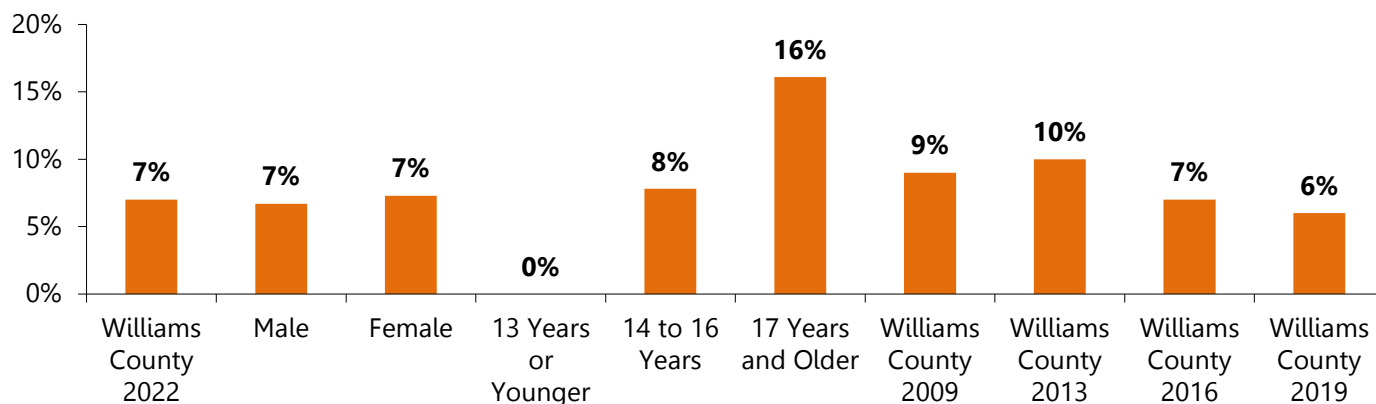


*Includes youth who ever had a drink of alcohol other than a few sips

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.

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: 19% of current drinkers smoked cigarettes in the past month, compared to 1% 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	95%	88%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)**	62%	28%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	58%	28%
Used marijuana (in the past 30 days)	54%	4%
Were bullied (in the past 12 months)	51%	41%
Contemplated suicide (in the past 12 months)	42%	12%
Attempted suicide (in the past 12 months)	27%	9%
Used prescription drugs not prescribed to them (in the past 30 days)	22%	2%
Smoked cigarettes (in the past 30 days)	19%	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 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 2022 (6 th -12 th)	Williams County 2022 (9 th -12 th)	Ohio 2019 (9 th -12 th)	U.S. 2019 (9 th -12 th)
Ever drank alcohol (at least one drink of alcohol on at least 1 day during their life)	49%	50%	35%	42%	27%	39%	N/A	N/A
Current drinker (at least one drink of alcohol on at least 1 day during the past 30 days)	18%	18%	16%	11%	8%	13%	26%	29%
Binge drinker (males having five or more drinks on one occasion, females having four or more drinks on one occasion within the past 30 days)	9%	10%	7%	6%	7%	12%	13%	14%
Drank for the first time before age 13 (of all youth)	20%	16%	11%	13%	10%	13%	16%	15%
Obtained the alcohol they drank by someone giving it to them (of current drinkers)	61%	57%	26%	32%	46%	51%	N/A	41%
Rode with a driver who had been drinking alcohol (in a car or other vehicle on one or more times during the past 30 days)	15%	12%	10%	13%	11%	12%	N/A	17%
Drove when they had been drinking alcohol (in a car or other vehicle on one or more times during the 30 days, among students who had driven a car or other vehicle during the past 30 days)	2%	N/A	1%	2%	2%	1%	N/A	5%

N/A – Not Available

Youth Health: Drug Use

Key Findings

In 2022, 8% of Williams County youth had used marijuana at least once in the past 30 days. Three percent (3%) of youth used prescription drugs not prescribed to them in the past 30 days.

Youth Marijuana Use

- Among all youth, 15% reported they had tried marijuana at least once in their lifetime.
- In 2022, 8% of Williams County youth used marijuana at least once in the past 30 days, indicating that they are current marijuana users, increasing to 12% of those ages 17 and older.

271 youth used marijuana in the past 30 days.

- Of those who reported ever trying marijuana at some time in their life, 22% reported they had tried marijuana for the first time at the age of 12 years old or younger, 40% had done so between the ages of 13 and 14, and 38% had tried marijuana for the first time at the age of 15 or older. The average age of onset was 14.0 years old.

Youth Prescription Medication Misuse

- Three percent (3%) of Williams County youth used prescription drugs not prescribed to them in the past 30 days, indicating current prescription drug misuse.
- Williams County youth who reported using medications not prescribed to them usually got them in the following ways:
 - They took it from a friend or family member (57%)
 - Social media (29%)
 - A parent gave it to them (29%)
 - Another family member gave it to them (21%)
 - A friend gave it to them (21%)
 - Bought it from a friend (14%)
 - Bought it from someone else (14%)
 - The internet (14%)

Rise in Prescription Drug Misuse and Abuse Impacting Teens

A common misperception is that prescription drugs are safer or less harmful to one's body than other kinds of drugs. However, there is a range of short- and long-term health consequences for each type of prescription drug used inappropriately.

These impacts can be particularly harmful to a developing adolescent brain and body. Our brains continue to develop until we reach our early- to mid-twenties. During adolescence, the pre-frontal cortex further develops to enable us to set priorities, formulate strategies, allocate attention, and control impulses. The outer mantle of the brain also experiences a burst of development, helping us to become more sophisticated at processing abstract information and understanding rules, laws, and codes of social conduct. Drug use impacts perception—a skill adolescent brains are actively trying to cultivate—and can fracture developing neural pathways. Additionally, as our brains are becoming hardwired during adolescence, the pathways being reinforced are the ones that stick. If those pathways include addiction, the impact may lead to life-long challenges.

As with any type of mind-altering drug, prescription drug misuse and abuse can affect judgment and inhibition, putting adolescents at heightened risk for HIV and other sexually transmitted infections, misusing other kinds of drugs, and engaging in additional risky behaviors.

(Source: SAMHSA, Rise in Prescription Drug Misuse and Abuse Impacting Teens, Updated April 13, 2022)

Youth Other Drug Use

- Williams County youth have tried the following drugs at least once in their life:
 - CBD/hemp products (7%)
 - Liquid THC (4%)
 - Inhalants (3%)
 - Misused prescription medication (3%)
 - Misused cough syrup (2%)
 - Posh/salvia/synthetic marijuana (2%)
 - Hallucinogenic drugs (2%)
 - Misused over-the-counter medications (2%)
 - Cocaine (1%)
 - Misused hand sanitizer (1%)
 - Heroin (1%)
 - Steroids without a doctor's prescription (1%)
 - Bath salts (1%)
 - Ecstasy/MDMA/Molly (1%)
 - Methamphetamines (1%)
 - K2/Spice (<1%)
 - Pharm party/skittles (<1%)
 - GhB (<1%)
 - None (88%)
- Williams County youth who reported using illegal drugs usually got them in the following ways:
 - A friend gave it to them (59%)
 - Bought it from a friend (28%)
 - Another family member gave it to them (10%)
 - A parent gave it to them (15%)
 - They took it from a friend or family member (18%)
 - Bought it from someone else (26%)
 - Social media (13%)
 - The internet (8%)
- In the past 12 months, 5% 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 (72%), their values (68%), legal consequences (61%), health problems (49%), might get kicked out of extra-curricular activities (46%), their friends would not approve (38%), random student drug testing (32%), and other (32%).

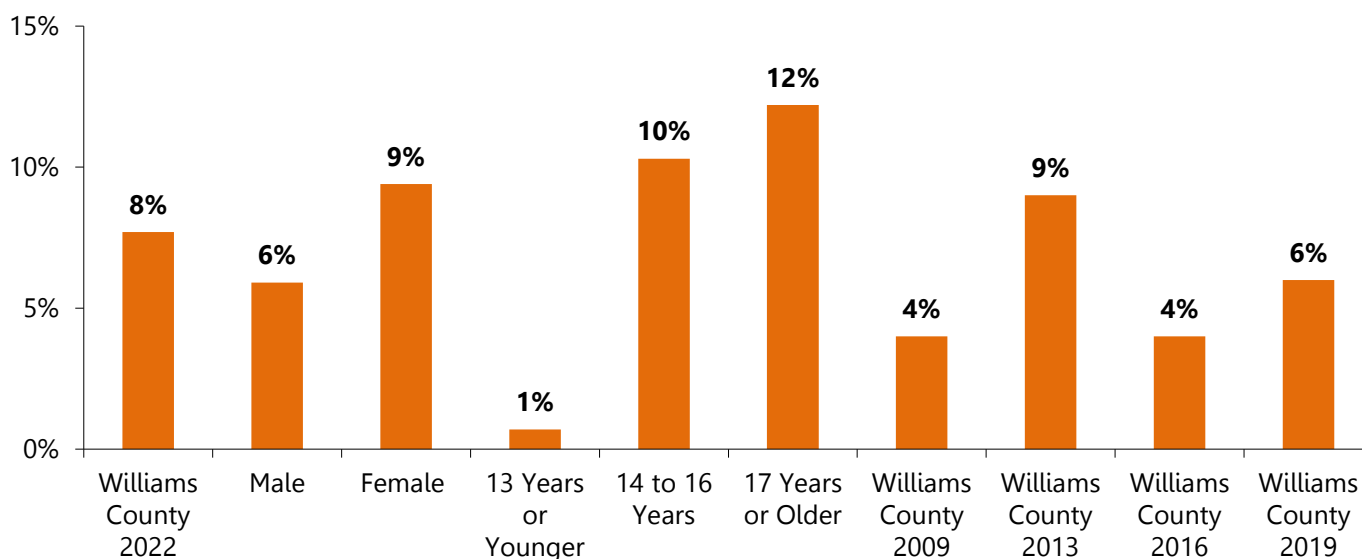
The table below indicates the number of days youth witnessed the following people using marijuana, illegal drugs, or prescription drugs not prescribed to them in the past 30 days:

**Youth Social Environment Exposure to Marijuana, Illegal Drugs,
and Prescription Medication Misuse (in the past 30 days)**

	0 Days	1 to 9 Days	10 to 19 Days	20 to 29 Days	All 30 Days
Current Marijuana Users					
Someone who lives with them	64%	11%	3%	3%	19%
A family member <u>not</u> living with them	64%	13%	3%	3%	17%
A friend	32%	21%	18%	6%	23%
Someone online or in the media	34%	37%	3%	12%	14%
Non-Current Marijuana Users					
Someone who lives with them	97%	1%	1%	0%	1%
A family member <u>not</u> living with them	94%	5%	<1%	0%	1%
A friend	91%	7%	1%	0%	1%
Someone online or in the media	83%	14%	1%	<1%	1%
Currently Misused Prescription Drugs					
Someone who lives with them	67%	19%	0%	7%	7%
A family member <u>not</u> living with them	56%	26%	6%	6%	6%
A friend	50%	18%	13%	0%	19%
Someone online or in the media	44%	31%	0%	0%	25%
Did Not Currently Misuse Prescription Drugs					
Someone who lives with them	95%	1%	1%	0%	3%
A family member <u>not</u> living with them	93%	4%	<1%	0%	3%
A friend	88%	7%	2%	1%	2%
Someone online or in the media	80%	16%	1%	1%	2%

The following graphs indicate youth marijuana use in the past 30 days. An example of how to interpret the information includes: 8% of youth had used marijuana in the past month, including 9% of females and 12% of those ages 17 or older.

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.

Teen Marijuana Use

In 2019, 37% of US high school students reported lifetime use of marijuana and 22% reported use in the past 30 days. Past-year vaping of marijuana also remained steady in 2020 following large increases in 2018 and 2019. However, large percentages of middle and high school students reported past-year marijuana vaping—8% of eighth graders, 19% of 10th graders, and 22% of 12th graders.

The teen brain is actively developing and continues to develop until around age 25. Marijuana use during adolescence and young adulthood may harm the developing brain. Negative effects of teen marijuana use include:

- Difficulty thinking and problem-solving
- Problems with memory and learning
- Reduced coordination
- Difficulty maintaining attention
- Problems with school and social life

(Source: CDC, Marijuana and Public Health, Teens, Updated September 8, 2021)

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: 58% of current marijuana users contemplated attempting suicide in the past year, compared to 11% 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	83%	89%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	69%	27%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)**	67%	28%
Contemplated attempting suicide (in the past 12 months)	58%	11%
Had at least one drink of alcohol (in the past 30 days)	56%	4%
Were bullied (in the past 12 months)	50%	41%
Smoked cigarettes (in the past 30 days)	34%	0%
Attempted suicide (in the past 12 months)	31%	6%
Used prescription drugs not prescribed to them (in the past 30 days)	26%	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.

Healthy People 2030
Substance Abuse (SU)

Objective	Williams County 2022	Ohio 2019	U.S. 2019	Healthy People 2030 Target
SU-06 Reduce the proportion of adolescents who used marijuana in the past month	8% (6-12 Grade) 12% (9-12 Grade)	16% (9-12 Grade)	22% (9-12 Grade)	6%*

*The Health People 2030 target is for youth aged 12-17 years

(Sources: Healthy People 2030 Objectives, 2019 Ohio and U.S YRBS, 2022 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 2022 (6th-12th)	Williams County 2022 (9th-12th)	Ohio 2019 YRBS (9th-12th)	U.S. 2019 YRBS (9th-12th)
Ever used marijuana (in their lifetime)	N/A	N/A	N/A	N/A	15%	23%	30%	37%
Currently used marijuana (in the past 30 days)	4%	9%	4%	6%	8%	12%	16%	22%
Tried marijuana for the first time before age 13 (of all youth)	N/A	N/A	2%	3%	3%	4%	N/A	6%
Currently used prescription drugs not prescribed to them (in the past 30 days)	N/A	N/A	N/A	2%	3%	4%	N/A	7%*
Ever used prescription medications not prescribed to them, or took more than prescribed to feel good or high (in their lifetime)	5%	8%	3%	N/A	3%	5%	12%*	14%*
Ever used methamphetamines (in their lifetime)	1%	2%	<1%	1%	1%	<1%	N/A	2%
Ever used cocaine (in their lifetime)	1%	2%	1%	1%	1%	2%	4%	4%
Ever used heroin (in their lifetime)	<1%	2%	0%	0%	1%	1%	2%	2%
Ever used inhalants (in their lifetime)	6%	9%	4%	3%	3%	4%	8%	6%
Ever used ecstasy (also called MDMA in their lifetime)	N/A	2%	2%	1%	1%	1%	N/A	4%
Ever took steroids without a doctor's prescription (in their lifetime)	1%	3%	1%	<1%	1%	2%	N/A	2%
Were offered, sold, or given an illegal drug on school property (in the past 12 months)	6%	5%	5%	4%	5%	7%	15%	22%

N/A – Not Available

*YRBS asks about prescription pain medicine used without a doctor's prescription or differently than how a doctor told them to use it

Youth Health: Perceptions

Key Findings

Twenty-two percent (22%) of youth thought that there was no risk in harming themselves (physically or in other ways) if they smoked marijuana once or twice a week. Nearly three-fourths (74%) 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. Fifty-three percent (53%) of youth reported their peers would feel it was very wrong for them to use e-cigarettes/vapes.

Perceived Risk of Drug Use

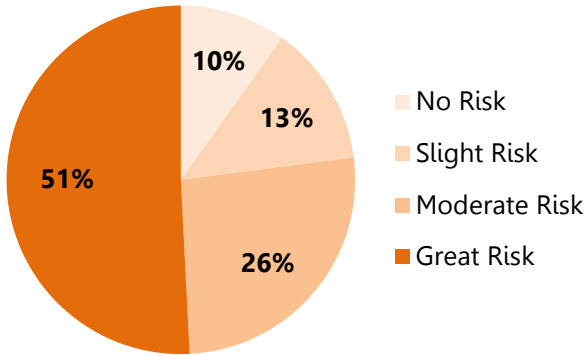
- Fifty-one percent (51%) of Williams County youth thought there was a great risk in harming themselves physically or in other ways if they smoked one or more packs of cigarettes per day. Ten percent (10%) of youth thought that there was no risk in smoking one or more packs of cigarettes per day.
- Almost one-third (30%) of Williams County youth thought there was a great risk in harming themselves physically or in other ways if they used e-cigarettes/vapes. Ten percent (10%) of youth thought that there was no risk in using e-cigarettes/vapes.
- Thirty-one percent (31%) 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. Ten percent (10%) of youth thought that there was no risk in drinking five or more alcoholic beverages once or twice a week.
- More than one-quarter (27%) of youth thought there was great risk in harming themselves physically or in other ways if they smoked marijuana once or twice a week. Twenty-two percent (22%) of youth thought that there was no risk if they smoked marijuana once or twice a week.
- Approximately two-thirds (66%) 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. Eight percent (8%) of youth thought that there was no risk in misusing prescription drugs.

Perceived Great Risk of Drug Use

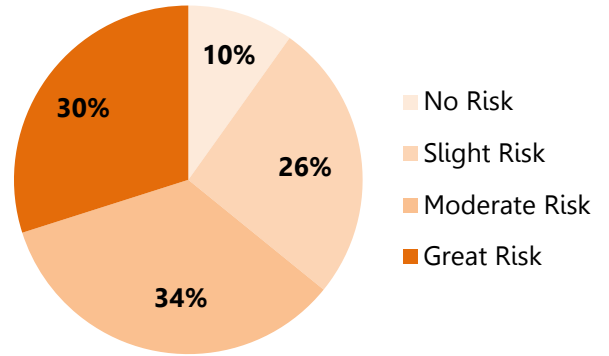
<i>How much do you think people risk harming themselves if they:</i>	Total	Female	Male	13 and Younger	14-16 Years Old	17 and Older
Smoke one or more packs of cigarettes per day	51%	54%	47%	49%	52%	51%
Use e-cigarettes/vapes	3%	30%	29%	33%	28%	28%
Have five or more drinks of an alcoholic beverage once or twice a week	31%	32%	29%	33%	30%	29%
Smoke marijuana once or twice a week	27%	27%	26%	37%	24%	17%
Misusing prescription drugs	66%	68%	63%	68%	65%	65%

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

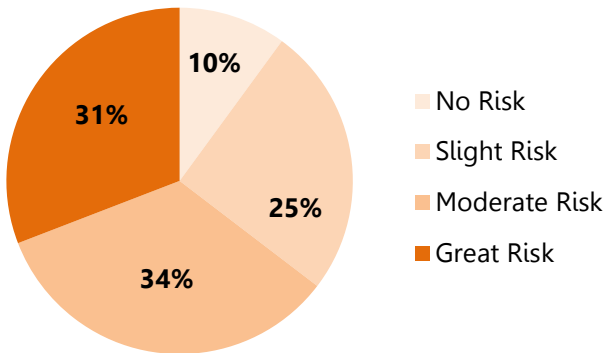
Smoke one or more packs of cigarettes per day



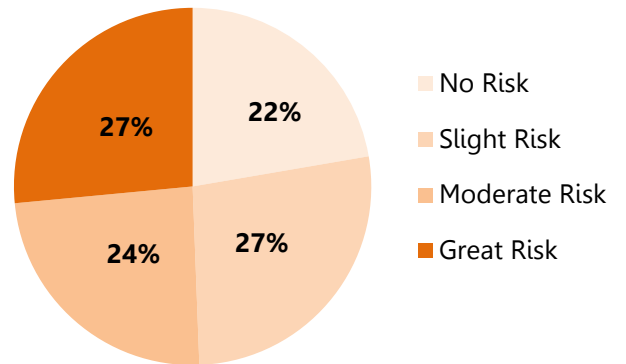
Use e-cigarettes/vapes



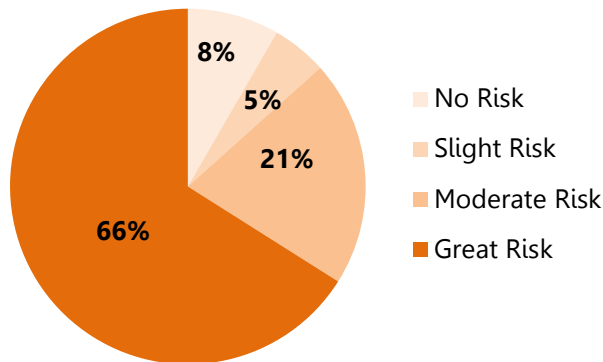
Have five or more drinks of an alcoholic beverage once or twice a week



Smoke marijuana once or twice a week



Misuse prescription drugs



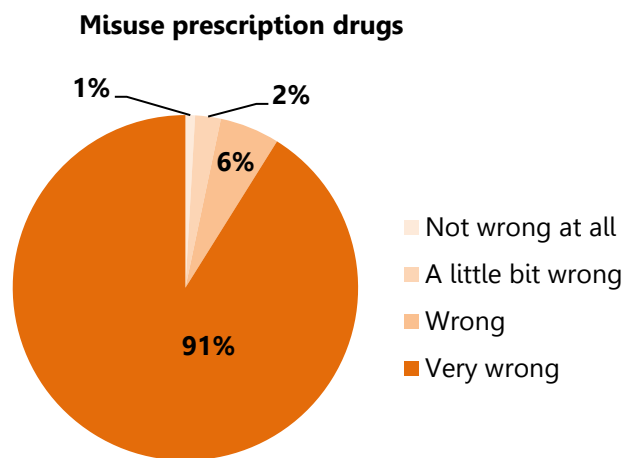
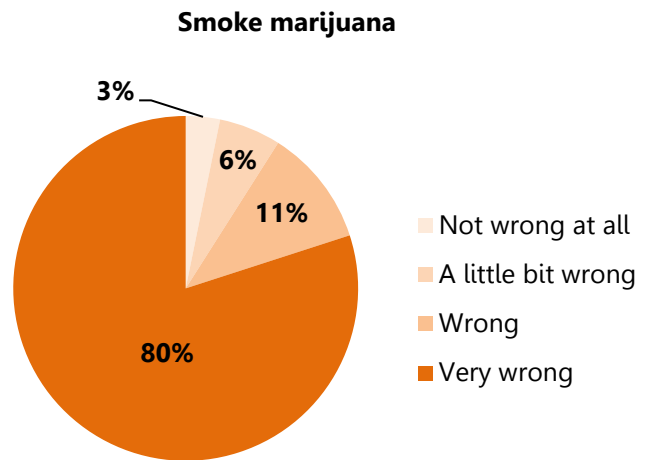
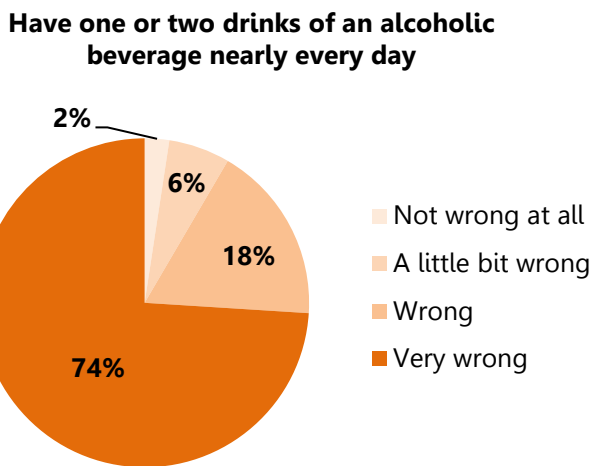
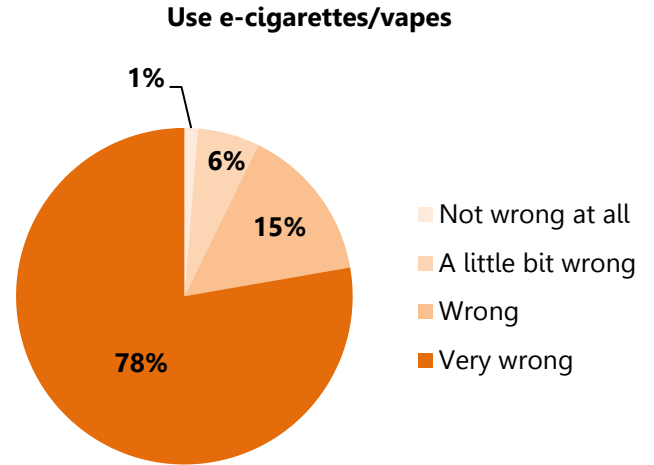
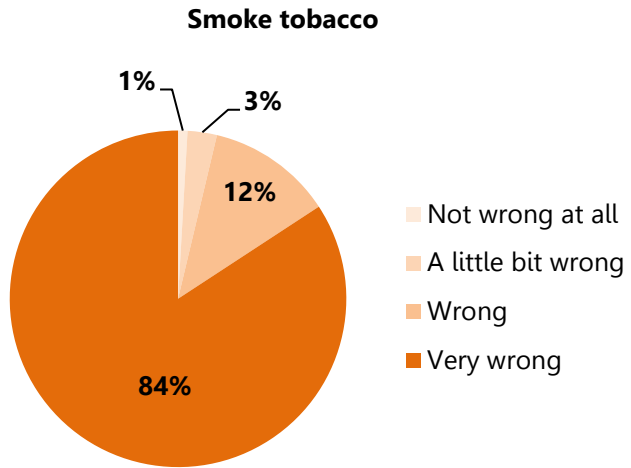
Degree of Disapproval of Use by Parents

- Eighty-four percent (84%) of youth reported their parents would feel it was very wrong for them to smoke tobacco.
- More than three-quarters (78%) of youth reported their parents would feel it was very wrong for them to use e-cigarettes/vapes.
- Seventy-four percent (74%) 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.
- Four-out-of-five (80%) youth reported their parents would feel it was very wrong for them to smoke marijuana.
- Ninety-one percent (91%) 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	84%	83%	85%	92%	84%	73%
Use e-cigarettes/vapes	78%	76%	81%	89%	77%	66%
Having one or two drinks of an alcoholic beverage nearly every day	74%	75%	73%	89%	71%	56%
Smoke marijuana	80%	80%	80%	94%	78%	62%
Misusing prescription drugs	91%	91%	91%	94%	90%	91%

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



Degree of Disapproval of Use by Peers

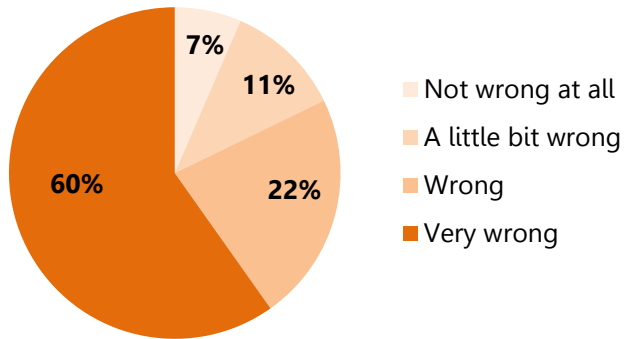
- Three-fifths (60%) of Williams County youth reported their peers would feel it was very wrong for them to smoke tobacco.
- Fifty-three percent (53%) of youth reported their peers would feel it was very wrong for them to use e-cigarettes/vapes.
- Over half (56%) of youth reported their peers would feel it was very wrong for them to have one or two drinks of an alcoholic beverage nearly every day.
- Fifty-nine percent (59%) of youth reported their peers would feel it was very wrong for them to use marijuana.
- Nearly three-out-of-four (74%) youth reported their peers would feel it was very wrong for them to misuse prescription medication.

Perceived Degree of Great Disapproval by Peers

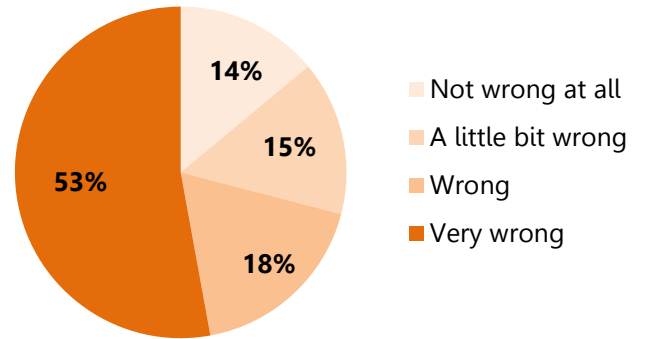
<i>Friends feel it would be very wrong for you to do the following:</i>	Total	Female	Male	13 and Younger	14-16 Years Old	17 and Older
Smoke tobacco	60%	61%	59%	76%	58%	40%
Use e-cigarettes/vapes	53%	51%	54%	74%	50%	26%
Having one or two drinks of an alcoholic beverage nearly every day	56%	58%	54%	76%	55%	29%
Smoke marijuana	59%	60%	58%	79%	57%	34%
Misusing prescription drugs	74%	73%	74%	84%	71%	65%

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

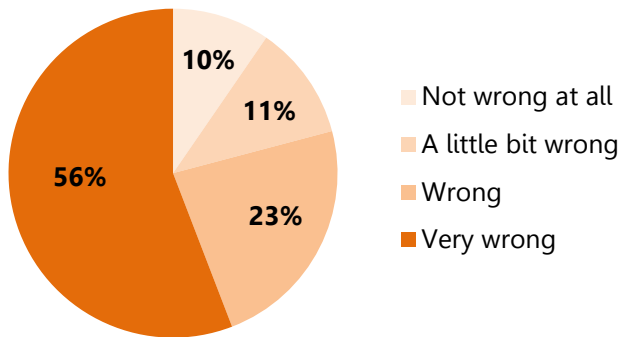
Smoke tobacco



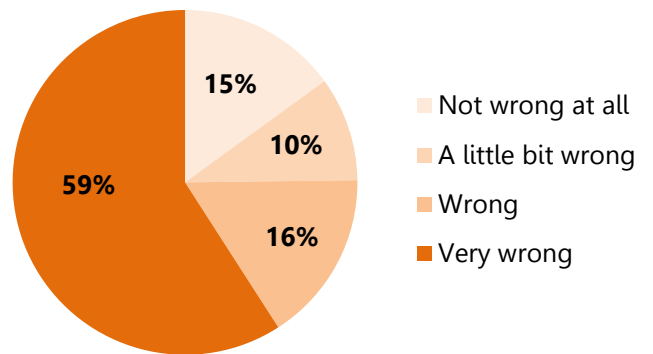
Use e-cigarettes/vapes



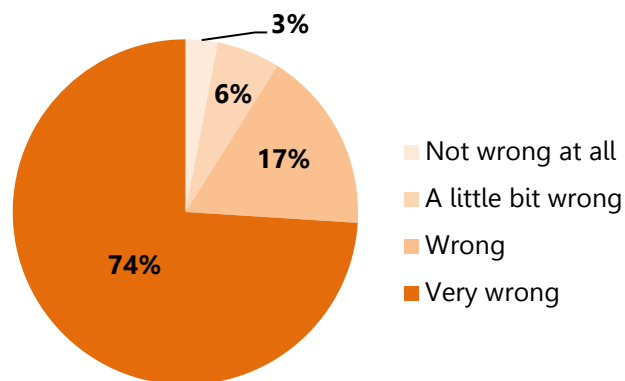
Have one or two drinks of an alcoholic beverage nearly every day



Smoke marijuana



Misuse prescription drugs



Youth Health: Mental Health

Key Findings

Almost one in three (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 in the past year, increasing to 38% of females. One-in-seven (14%) youth reported they had seriously considered attempting suicide in the past year, and 8% actually attempted suicide in the past year.

Youth Mental Health

- Almost one in three (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 in the past year, increasing to 38% of females.
- Williams County Youth reported their mental health was not good within the past 30 days at the following frequencies:
 - Never (26%)
 - Rarely (19%)
 - Sometimes (31%)
 - Most of the time (19%)
 - Always (5%)

1,017 youth felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities in the past year.

- One-in-seven (14%) youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 19% of females.
- In the past year, 8% of youth had attempted suicide. Four percent (4%) of youth had made more than one attempt in the past year.
- Of those who attempted suicide in the past year, 28% reported their suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.

474 youth seriously considered attempting suicide in the past year.

- Youth reported the following caused them anxiety, stress, or depression:
 - Self-image (42%)
 - Academic success (41%)
 - Fighting with friends (36%)
 - Death of a close family member or friend (33%)
 - Stress at home (28%)
 - Sports (26%)
 - Peer pressure (23%)
 - Being bullied (22%)
 - Fighting at home (21%)
 - Dating relationship (21%)
 - Breakup (21%)
 - Social media (20%)
 - Parent divorce/separation (16%)
 - Current news/world events/political environment (15%)
 - Poverty/no money (11%)
 - Taking care of younger siblings (11%)
 - Parent is sick (10%)
 - COVID-19 (9%)
 - Sexual orientation (7%)
 - Alcohol or drug use in the home (7%)
 - Not having a place to live (2%)
 - Not having enough to eat (2%)
 - Other (19%)

- Youth reported the following ways of dealing with anxiety, stress, or depression:
 - sleep (52%)
 - hobbies (37%)
 - text someone (33%)
 - eat more or less than normal (27%)
 - exercise (25%)
 - talk to someone in their family (23%)
 - talk to a peer (22%); use social media (22%)
 - pray/read the Bible (13%)
 - break something (11%)
 - journal (11%)
 - shop (11%)
 - talk to a mental health professional (9%)
 - use marijuana (5%)
 - use prescription drugs that are prescribed for them (5%)
 - use tobacco/vape (4%)
 - drink alcohol (3%)
 - use prescription drugs not prescribed for them (1%)
 - use other illegal drugs (<1%)
 - other (16%)
- Youth reported how likely they would seek help if they were feeling depressed or suicidal: very likely (14%), somewhat likely (20%), somewhat unlikely (12%), and very unlikely (16%). Almost two-fifths (38%) of youth reported they never feel depressed or suicidal.
- When dealing with personal problems or feelings of depression or suicidal thoughts, youth reported with whom they talk to about their concerns:
 - Best friend (30%)
 - Girlfriend/boyfriend (17%)
 - Parents (16%)
 - No one (14%)
 - Brother/sister (9%)
 - Professional counselor (7%)
 - Caring adult (6%)
 - Adult relative (5%)
 - Pastor/priest/youth minister (4%)
 - School counselor (4%)
 - Adult friend (4%)
 - Religious leader (3%)
 - Coach (3%)
 - Teacher (2%)
 - Crisis text line (1%)
 - Probation officer (<1%)
 - Other (5%)
- 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 (37%)
 - They can handle it themselves (35%)
 - Worried what others might think (22%)
 - No time (12%)
 - Don't know where to go (10%)
 - Paying for it (9%)
 - Family would not support them in going to get help (9%)
 - Currently in treatment (7%)
 - Transportation (4%)
 - Friends would not support them in going to get help (3%)
 - Other (9%)

Healthy People 2030 Mental Health and Mental Disorders (MHMD)

Objective	Williams County 2022	Ohio 2019	U.S. 2019	Healthy People 2030 Target
MHMD-02 Reduce suicide attempts by adolescents	8% (6-12 Grade) 9% (9-12 Grade)	7% (9-12 Grade)	9% (9-12 Grade)	2%*

**The Healthy People 2030 target is for youth in grades 9-12
(Sources: Healthy People 2030 Objectives, 2019 Ohio and U.S. YRBS, 2022 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 2022 (6 th -12 th)	Williams County 2022 (9 th -12 th)	Ohio 2019 (9 th -12 th)	U.S. 2019 (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%	30%	34%	33%	37%
Seriously considered attempting suicide (in the past 12 months)	7%	15%	10%	16%	14%	17%	16%	19%
Attempted suicide (in the past 12 months)	3%	8%	7%	8%	8%	9%	7%	9%
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%	3%	3%	3%

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: 68% of those who contemplated suicide were bullied in the past 12 months, compared to 37% 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	85%	89%
Were bullied (in the past 12 months)	68%	37%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)**	58%	25%
Had at least one drink of alcohol (in the past 30 days)	24%	6%
Used marijuana (in the past 30 days)	24%	4%
Used prescription drugs not prescribed to them (in the past 30 days)	14%	2%
Smoked cigarettes (in the past 30 days)	10%	2%

*"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.

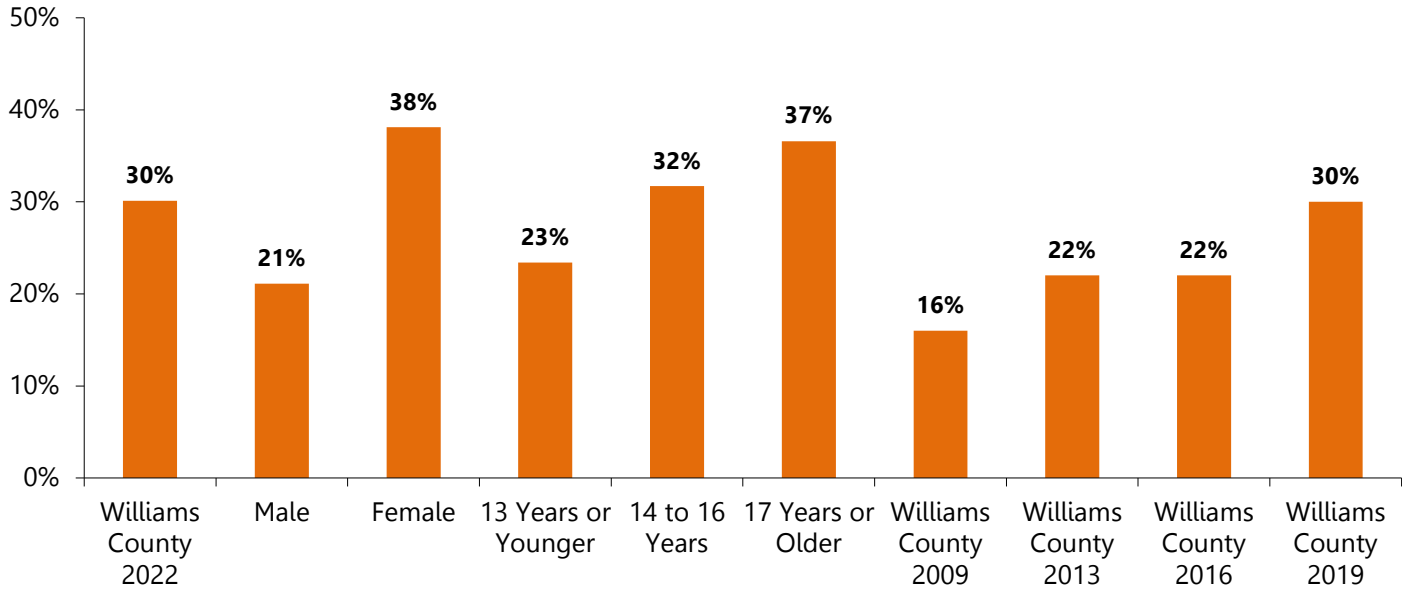
**"ACEs" indicate youth who self-reported having experienced three or more adverse childhood experiences in their lifetime.

The table below compares youth who felt so sad or hopeless almost every day for two week or more in a row that they stopped doing usual activities, by age and gender:

Youth Mental Health	13 Years or Younger	14-16 Years Old	17-19 Years and Older
Felt Sad or Hopeless Almost Every Day for 2 Weeks or More in a Row			
Males	11%	23%	31%
Females	34%	39%	43%
Total	23%	31%	37%

The following graph shows Williams County youth who felt sad or hopeless for two or more weeks in a row in the past year. 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 38% of females and 37% of youth ages 17 or older.

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.

Adolescent Mental Health

Adolescence is a time for young people to have a healthy start in life. The number of adolescents reporting poor mental health is increasing:

- More than 1 in 3 high school students had experienced persistent feelings of sadness or hopelessness in 2019, a 40 percent increase since 2009
- In 2019, approximately 1 in 6 youth reported making a suicide plan in the past year, a 44% increase since 2009

Some groups are more affected than others:

- These feelings were found to be more common among lesbian, gay, or bisexual students and female students
- Almost half of lesbian, gay, or bisexual students and nearly one-third of students not sure of their sexual identity reported they had seriously considered suicide—far more than heterosexual students
- The number of black students who reported attempting suicide in 2019 rose by almost 50%.

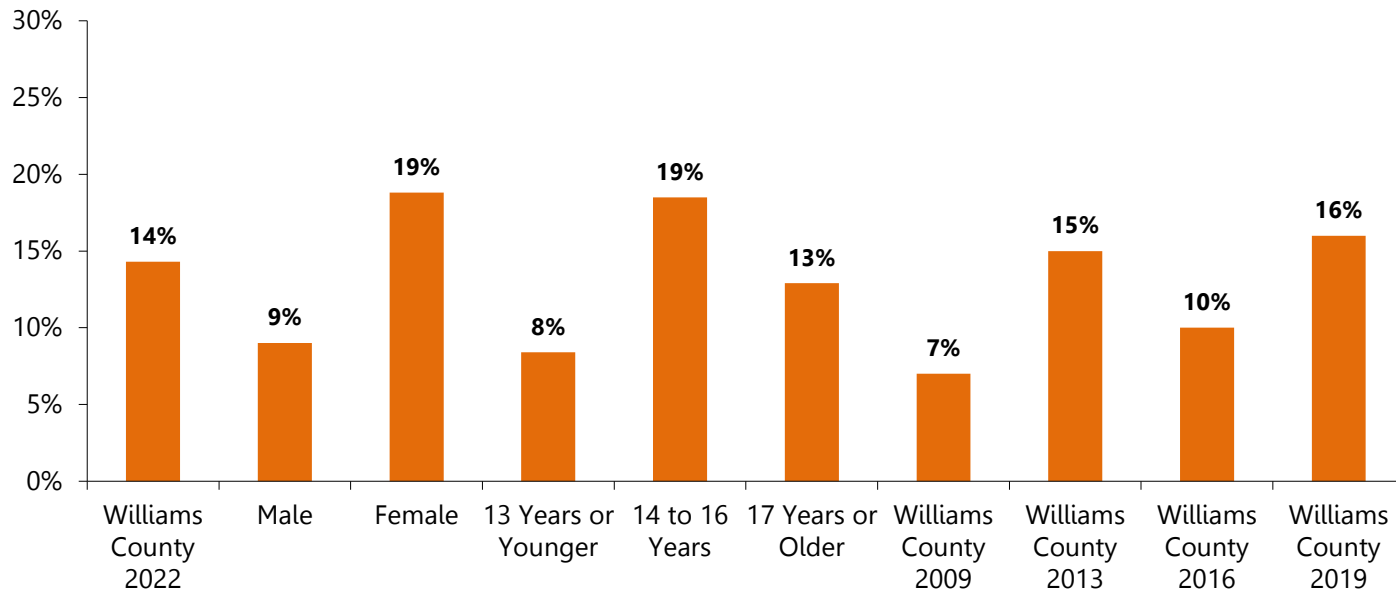
Poor mental health in adolescence is more than feeling blue. It can impact many areas of a teen’s life. Youth with poor mental health may struggle with school and grades, decision-making, and their health.

Mental health problems in youth often go hand-in-hand with other health and behavioral risks like increased risk of drug use, experiencing violence, and higher risk sexual behaviors than can lead to HIV, STDs, and unintended pregnancy. Because many health behaviors and habits are established in adolescence that will carry over into adult years, it is very important to help youth develop good mental health. Building strong bonds and connecting to youth can protect their mental health. Schools and parents can create these protective relationships with students and help them grow into healthy adulthood.

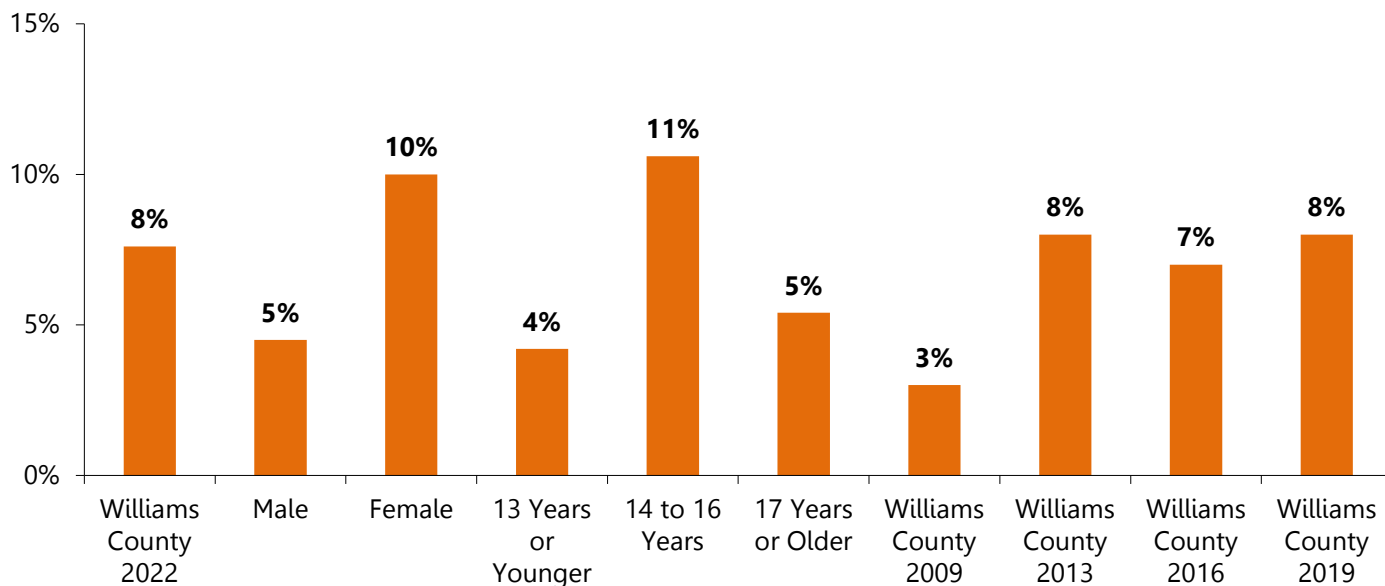
(Source: CDC, Adolescent and School Health, Mental Health, Updated May 12, 2021)

The following graphs show Williams County youth who 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: 14% of youth seriously considered attempting suicide in the past year, including 19% of females, and 19% of youth ages 14 to 16.

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



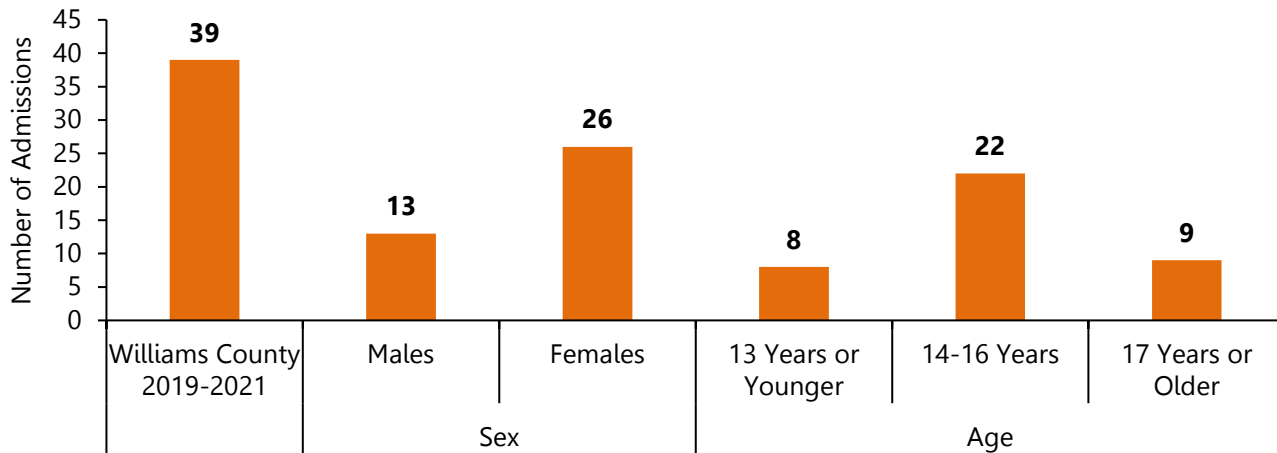
Note for graphs: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The following graphs show Emergency Department admissions screened as suicide risk, as well as Emergency Department admissions with reported suicide ideation or attempt among youth 18 years of age or younger.

Emergency Department Admissions Screened as Suicide Risk Among Youth (≤ 18 Years of Age), 2019-2021

- Between 2019-2021, 39 youth were screened as a suicide risk in the emergency department at CHWC.
- Between 2019-2021, females and youth 14-16 years were more likely to be screened as a suicide risk in the emergency department.

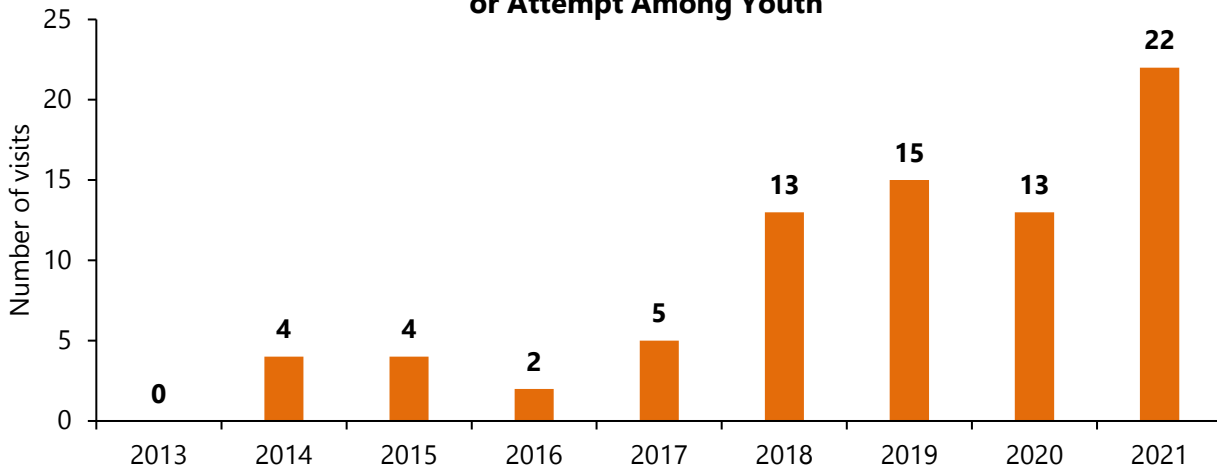
Youth Emergency Department Admissions with Screened Suicide Risk, Williams County 2019-2021



Emergency Department Admissions with Reported Suicide Ideation or Attempt Among Youth (≤ 18 Years of Age), 2013-2021

- Emergency Department admissions with reported suicide ideation or attempt have been increasing over time for youth 18 years old or younger.
- Between 2013-2021, 2021 had the highest number of Emergency Department admissions with reported suicide ideation or attempt with a total of 22 visits.

Emergency Department Admissions with Reported Suicide Ideation or Attempt Among Youth

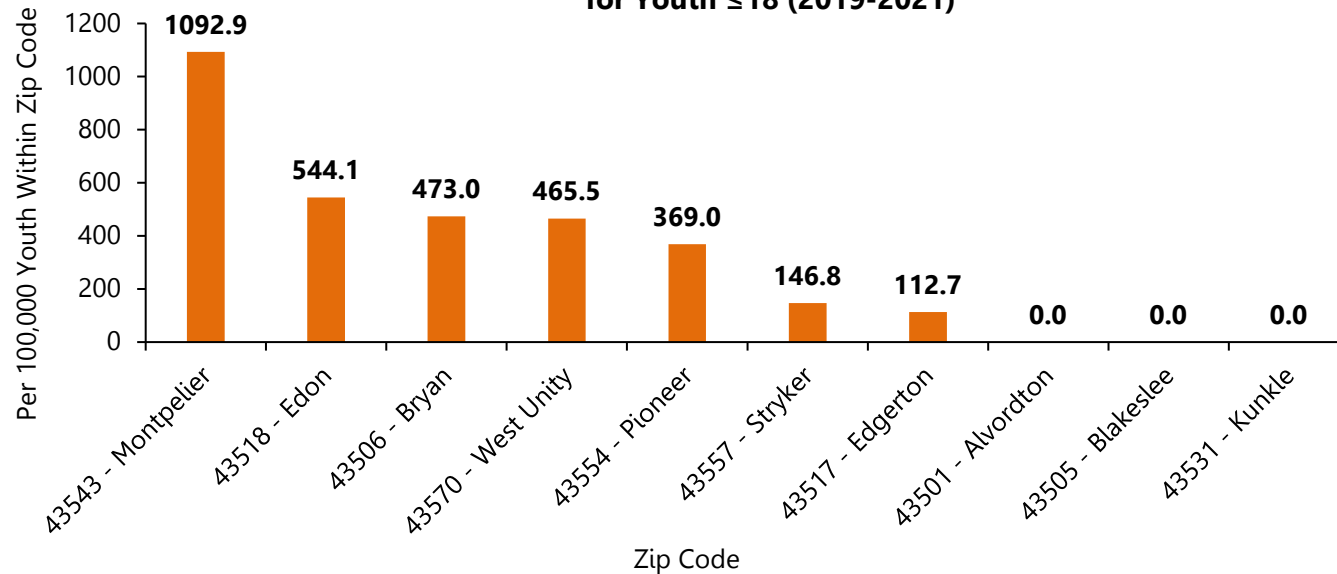


(Source for graphs: Community Hospitals and Wellness Centers, as compiled by Williams County Health Partners)

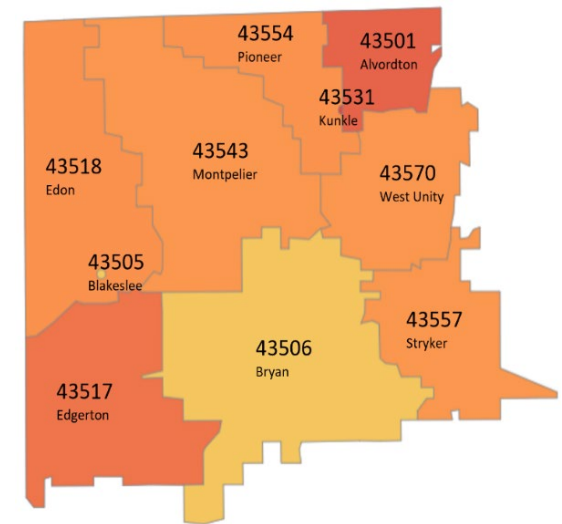
Emergency Department admissions with reported suicide ideation or attempt among youth 18 years of age or younger, continued
Suicide Ideation and Attempt Emergency Department Admissions by Zip Code per 100,000 Youth (≤18 Years of Age), 2019-2022

- From 2019-2021, youth from zip code 43543 (Montpelier) had the highest rate of suicide ideation and attempt admissions to the Emergency Department.
- Youth from zip code 43543 (Montpelier) had over twice as many suicide ideation and attempt admissions to the Emergency Department than zip code 43506 (Bryan).

Suicide Ideation and Attempt Emergency Department Admissions by Zip Code for Youth ≤18 (2019-2021)



Williams County Zip Codes



Suicide Ideation and Attempt Emergency Department Admissions by Zip Code for Youth ≤19 (2019-2021)

Zip Code	43543 Montpelier	43518 Edon	43506 Bryan	43570 West Unity	43554 Pioneer	43557 Stryker	43517 Edgerton	43501 Alvordton	43505 Blakeslee	43531 Kunkle
Admission Rate per 100,000 Youth within Zip Code	1092.9	544.1	473.0	465.5	369.0	146.8	112.7	0.0	0.0	0.0
Total Number of Suicide Ideation & Attempt ED Admissions within Zip Code	18	5	16	5	2	1	1	0	0	0

(Source: Community Hospitals and Wellness Centers, as compiled by Williams County Health Partners)

Youth Health: Community Context

Key Findings

Thirty percent (30%) of Williams County youth experienced 3 or more adverse childhood experiences (defined as childhood abuse, neglect, and exposure to other traumatic stressors) in their lifetime. One out of five (20%) 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 (84%), ate (37%), drove while tired or fatigued (32%), talked on their cell phone (24%), texted (20%), used their cell phone other than for talking or texting (17%), used marijuana (3%), drank alcohol (2%), applied makeup (2%), read (1%), used illegal drugs (1%), and misused prescription drugs (1%).
- In the past year, 14% of Williams County all youth reported having a concussion from playing a sport or being physically active. Among those who reported having a concussion in the past year, 42% indicated they had more than one concussion.
- Of all youth who have a social media account or online gaming account, they reported the following situations applied to them:
 - They believed that sharing personal information online is dangerous (69%)
 - They knew all of the people in “my friends” (56%)
 - Their account is currently checked private (44%)
 - They take technology breaks (32%)
 - They had physically met all of the people they play online with (29%)
 - They wished they spent less time on social media (28%)
 - their parents have their passwords to their accounts (22%)
 - They had been asked to meet someone they met online (14%)
 - They felt anxious many times after checking social media (14%)
 - They felt sad or depressed many times after checking social media (11%)
 - They had been bullied as a result of their accounts (10%)
 - Their friends have their passwords to some or all of their accounts (9%)
 - They felt pressured to have a social media account (9%)
 - They wished they did not have a social media account (8%)
 - Their parents do not know they have an account (7%)
 - They share personal information about themselves such as where they live (7%)
 - They had participated in sexual activity with someone they met online (6%)

Social and Community Context

- In the past month, Williams County youth reported they usually slept at the following places: parent/guardian’s home (96%); home of a friend, family member, or other person (3%); shelter or emergency housing (<1%); motel or hotel (<1%); and somewhere else (<1%). Less than one percent (<1%) of youth indicated they did not have a usual place to sleep in the past 30 days.
- Youth reported living with: both parents (50%), one of their parents (22%), mother and step-father (18%), parents have joint custody (12%), father and step-mother (12%), mother and her partner (7%), grandparents (6%), father and his partner (3%), another relative (2%), on their own or with friends (1%), and guardians/foster parents (1%).
- On an average school day, youth reported being unsupervised at the following frequencies: less than one hour (25%), 1 to 2 hours (29%), 3 to 4 hours (12%), and more than 4 hours (14%). One fifth (20%) of youth reported they were never unsupervised.

Social and Community Context (continued)

- Youth reported they participated in the following extra-curricular activities:
 - Sports or intramural program (47%)
 - Exercise outside of school (42%)
 - School club or social organization (27%)
 - Part-time job (25%)
 - Church youth group (24%)
 - Church or religious organization (21%)
 - Take care of siblings after school (18%)
 - Some other organized activity (15%)
 - Volunteer in the community (12%)
 - Babysit for other kids (12%)
 - Take care of parents or grandparents (2%)
- Twelve percent (12%) of youth indicated that they did not currently participate in any extracurricular activities.
- Williams County youth reported getting to school in the following ways: someone drops them off (53%); drive (26%); take the bus (34%); walk (10%); and ride bike, skateboard, or scooter (5%).
- Williams County youth reported they got the following amounts of sleep on an average school night: 4 hours or less (7%), 5 hours (9%), 6 hours (20%), 7 hours (29%), 8 hours (25%), 9 hours (7%) and 10 hours or more (3%).

**Healthy People 2030
Sleep (SH)**

Objective	Williams County 2022	Ohio 2019	U.S. 2019	Healthy People 2030 Target
SH-04 Increase the proportion of high school students who get enough sleep (8 or more hours per night)	35% (6-12 Grade) 24% (9-12 Grade)	19% (9-12 Grade)	22% (9-12 Grade)	27%*

*The Healthy People 2030 target is for youth in grades 9-12
(Sources: Healthy People 2030 Objectives, 2019 Ohio and U.S. YRBS, 2022 Williams County Health Assessment)

- Youth reported their parent or guardian regularly did the following:
 - talk to them about school (70%)
 - ask about homework (65%)
 - go to meetings or events at school (58%)
 - make the family eat a meal together (57%)
 - help with school work (51%)
 - talk to them about healthy choices (47%)
 - help them get up and ready for school (39%)
 - talk to them about social media (32%)
 - talk to them about alcohol, drug use, or sex (30%)
- Ten percent (10%) of youth indicated that their parent or guardian did not regularly do any of the above.
- Williams County youth indicated that an adult had discussed the following topics with them in the past year:
 - goals for their future (74%)
 - dating and healthy relationships (51%)
 - respecting themselves (46%)
 - healthy ways to deal with stress and emotions (43%)
 - body image (25%)
 - condoms/safer sex/STD prevention (23%)
 - abstinence and how to refuse sex (18%)
 - birth control options (17%)
- Fourteen percent (14%) of youth reported adults had not discussed any of the above topics with them in the past year.

Social and Community Context (continued)

Youth reported they talked to and looked up to the following number of people in the following places:

	None	1 Person	2 People	3+ People
School	25%	19%	17%	39%
Community	33%	20%	12%	35%
Home	15%	18%	37%	30%

- Youth reported the following as plans for their future: graduate high school (82%), follow own career path (56%), attend a 4-year college (53%), attend a community college or technical/trade school (20%), join the military (7%), no plans for the future yet (4%), and won't finish high school (<1%).

Adverse Childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are stressful or traumatic events that may have a lasting impact on children's health and well-being. Early experiences have a broad and profound impact on an individual's development and subsequent emotional, cognitive, social, and biological functioning.

The relationship between ACEs and health was first described in a 1998 study, which found a higher number of adverse childhood exposures was associated with a higher number of risk factors for leading causes of death in adults.

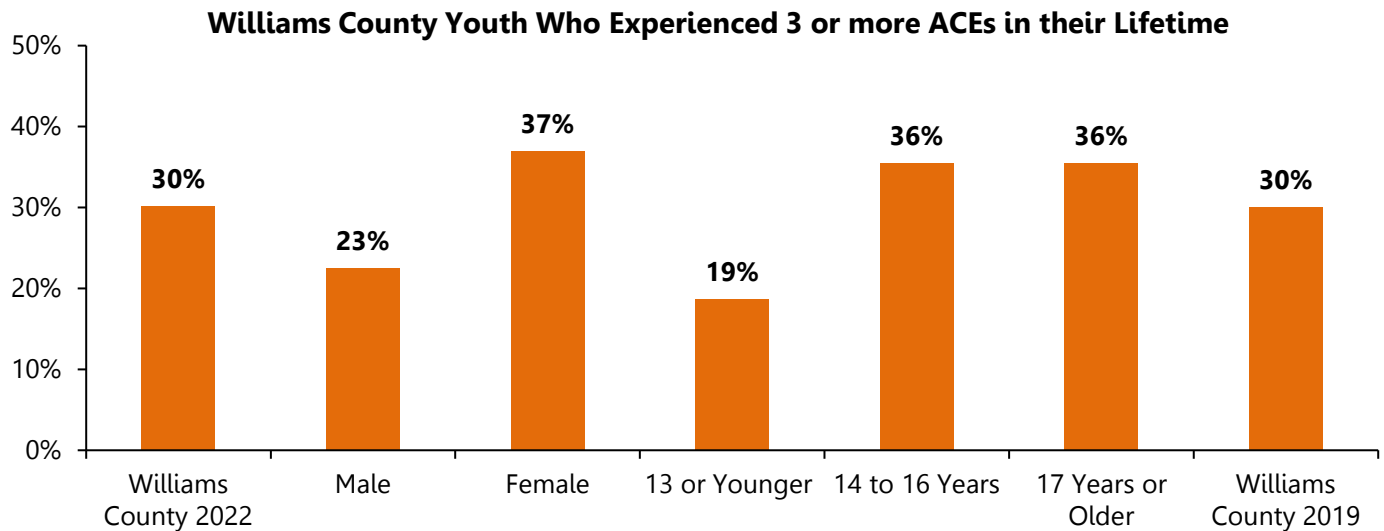
(Source: America's Health Rankings, Adverse Childhood Experiences, 2021)

- Three-out-of-five (60%) youth reported the following adverse childhood experiences (ACEs):
 - Parents became separated or were divorced (39%)
 - 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 (23%)
 - Parents were not married (20%)
 - Lived with someone who was depressed, mentally ill or suicidal (20%)
 - Lived with someone who was a problem drinker or alcoholic (17%)
 - Lived with someone who served time or was sentenced to serve in prison or jail (12%)
 - Lived with someone who used illegal drugs or abused prescription medication (9%)
 - Parents or adults in home abused them (6%)
 - Did not have enough to eat, had to wear dirty clothes, and had no one to protect them (6%)
 - An adult or someone 5 years older than them touched them sexually (6%)
 - Parents or adults in the home abused each other (5%)
 - An adult or someone 5 years older than them tried to make them touch them sexually (4%)
 - An adult or someone 5 years older than them forced them to have sex (2%)
- Thirty percent (30%) of Williams County youth experienced 3 or more ACEs in their lifetime.

The table below indicates the number of ACEs experienced by Williams County youth:

Number of ACEs	Percent of Williams County Youth
0 ACEs	40%
1 ACE	18%
2 ACEs	12%
3 ACEs	9%
4+ ACEs	21%

The following graph shows the percentage of Williams County youth who had experienced three or more ACEs in their lifetime. An example of how to interpret the information includes: 30% of all Williams County youth had experienced three or more ACEs in their lifetime, including 23% of males and 37% of females.



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

2,033 youth had three or more 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: 55% of those who experienced 3 or more ACEs reported feeling sad or hopeless for two or more weeks in a row in the past year, compared to 15% of those who did not experience any ACEs.

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

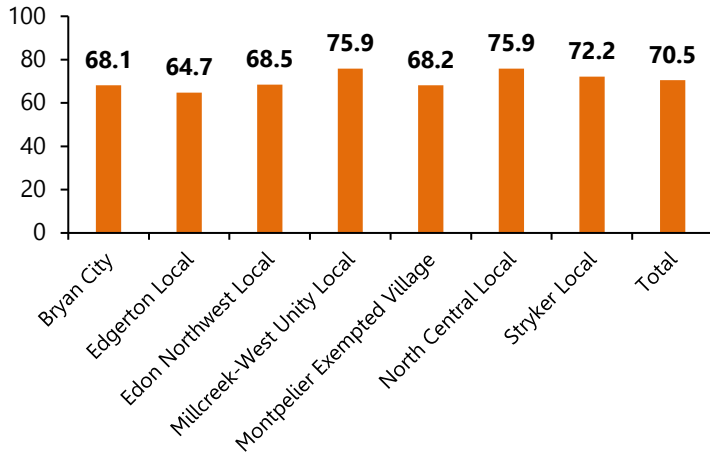
Youth Behaviors	Experienced 3 or More ACEs	Did Not Experience Any ACEs
Currently participate in extracurricular activities	86%	92%
Were bullied (in the past 12 months)	59%	34%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	55%	15%
Contemplated attempting suicide (in the past 12 months)	28%	6%
Attempted suicide (in the past 12 months)	18%	2%
Used marijuana (in the past 30 days)	17%	4%
Had at least one drink of alcohol (in the past 30 days)	16%	4%
Used prescription drugs not prescribed to them (in the past 30 days)	8%	1%
Smoked cigarettes (in the past 30 days)	7%	1%

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

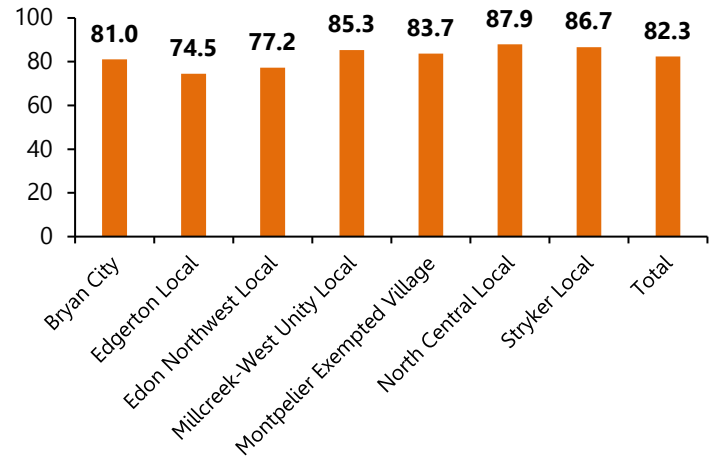
Health Care Access and Utilization

The graphs below indicate the percentage of Williams County public school students in grades K-12 who participated in Medicaid that received the following services in 2020-2021:

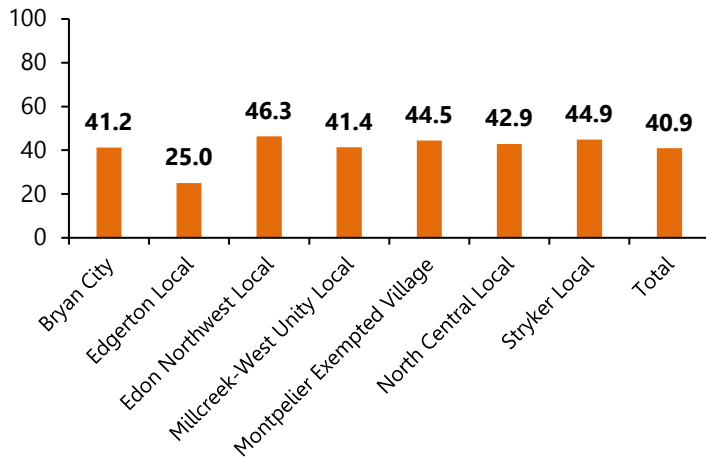
Primary Care Physician (PCP) Visit



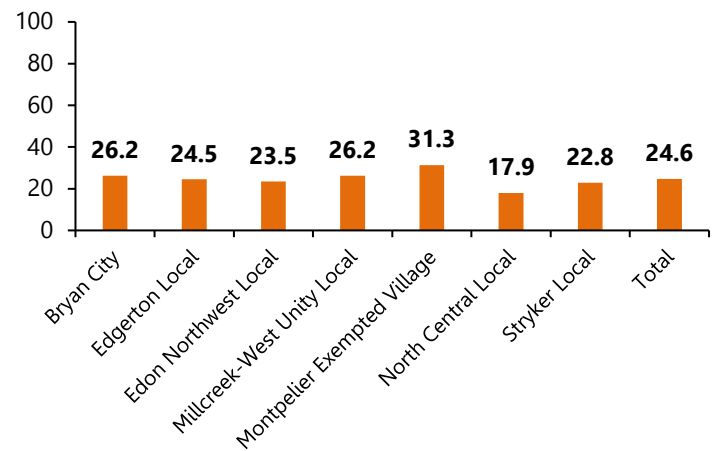
PCP Visit within 2 Years



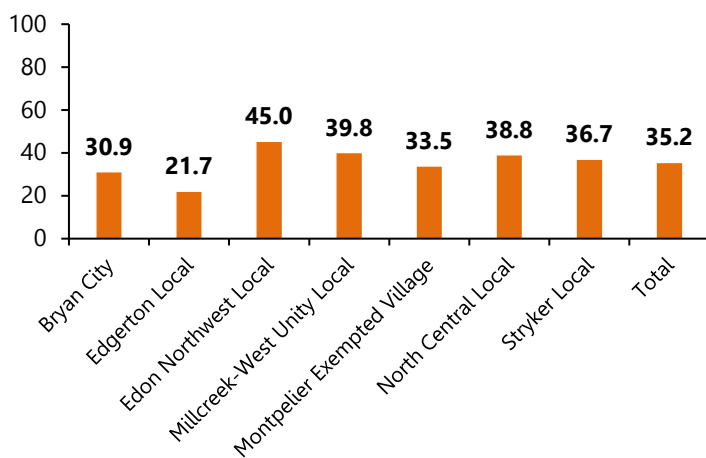
Comprehensive Well-Child Visit



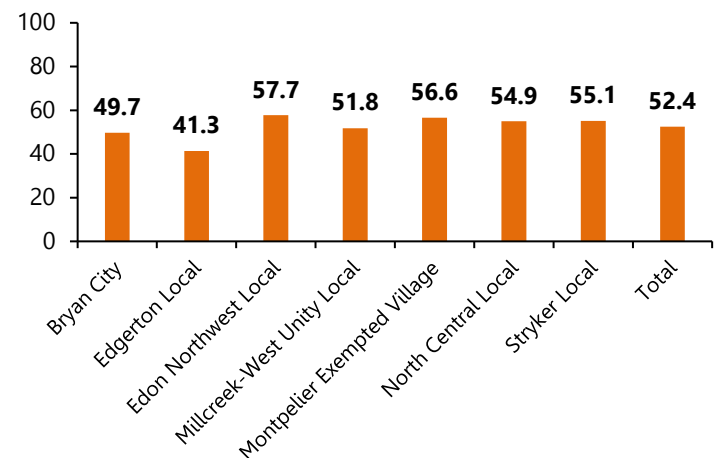
Trips to Emergency Room



Dental Care Visit



Dental Care Visit within 2 Years



(Source: Ohio Department of Education and Ohio Department of Medicaid, Ohio Health Students Profiles, as compiled by Williams County Health Partners)

Williams County Children Services Data (2020)

Reports Screened-In by Agency

The table below reviews the total number of child welfare reports for the state fiscal year 2020 in Williams County. "Multiple allegations" is defined as more than one allegation, such as physical abuse, sexual abuse, or neglect, all on one report. "Other" includes medical neglect, shaken baby, or out-of-home perpetrator.

Reports Screened-In by Agency		543
By Type	Physical Abuse	30%
	Neglect	20%
	Sexual Abuse	12%
	Emotional Maltreatment	3%
	Multiple Allegations	26%
	Families in Need of Assistance, Dependency, Other	8%
By Category	Abuse or Neglect (Traditional Reponse)	45%
	Abuse or Neglect (Alternative Reponse)	47%
	Dependency	1%
	Families in Need of Assistance	6%

Children in Court Custody in Williams County by Year

The data below includes an unduplicated count of children in agency custody at any point during the state fiscal year 2020.

	2018	2020
Total in custody anytime during year	79	57
Rate per 1,000 children	9.5	6.8

Permanency

"Children who gained permanency" is defined as children with custody ending state fiscal year 2020 through reunification (return to parent/guardian/custodian), custody to relative, guardianship, or adoption. "Children waiting to be adopted" is defined as children in permanent custody not in adoptive placement during the state fiscal year.

Children who gained permanency through...	2018	2020
Reunification	13	15
Guardianship	1	10
Custody to Relative	8	13
Adoption	3	1
Children waiting to be adopted	4	1

(Source for tables: Statewide Automated Child Welfare Information System, as compiled by Williams County Health Partners)

Williams County Children Services Data (2020), continued

Youth Aged Out of Care

“Youth aged out of care” is defined as children with custody ending during the state fiscal year due to age.

	2018	2020
Number Aged Out	0	5

Children Served

	7/1/2018	7/1/2020
Total	82	93
In Custody	57 (70%)	13 (14%)
In Home	25 (30%)	80 (86%)

Profile of Children in Custody on 7/1/2020

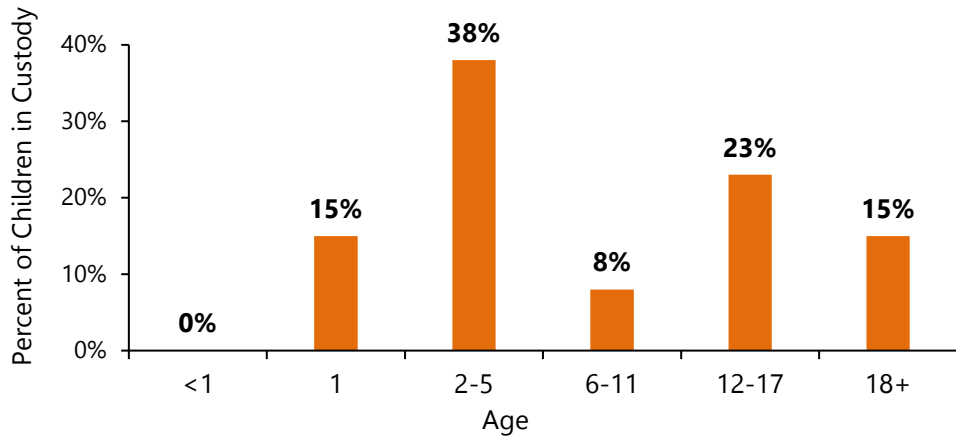
Gender	Female	46%
	Male	54%
Race	White	92%
	African American	0%
	Multiracial	8%
	Other	0%
Ethnicity	% Hispanic	15%

(Source for tables: Statewide Automated Child Welfare Information System, as compiled by Williams County Health Partners)

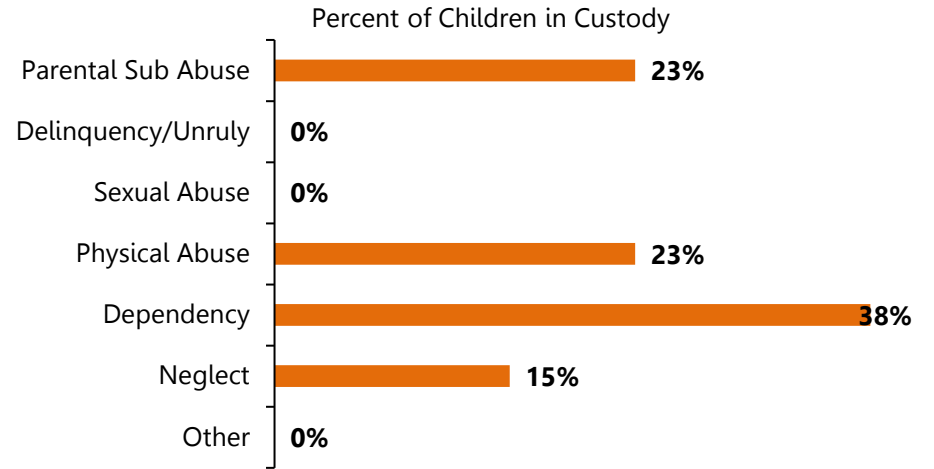
Williams County Children Services Data (2020), continued

The following charts show characteristics of children in custody in Williams County.

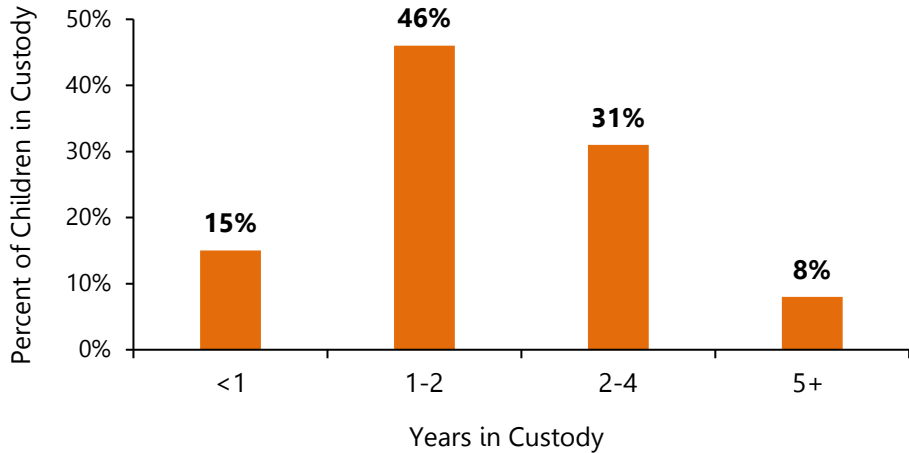
Age in Years of Children in Custody in Williams County (7/1/2020)



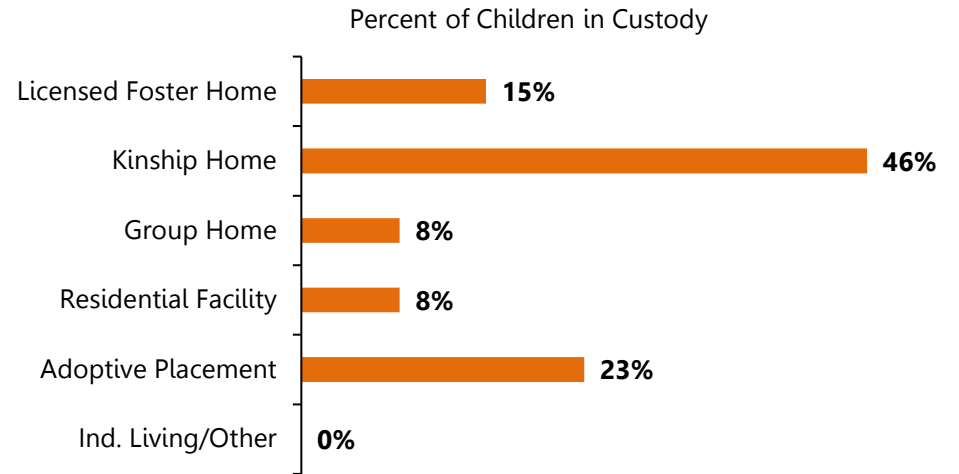
Primary Reason for Removal



Years In Custody



Placement Type



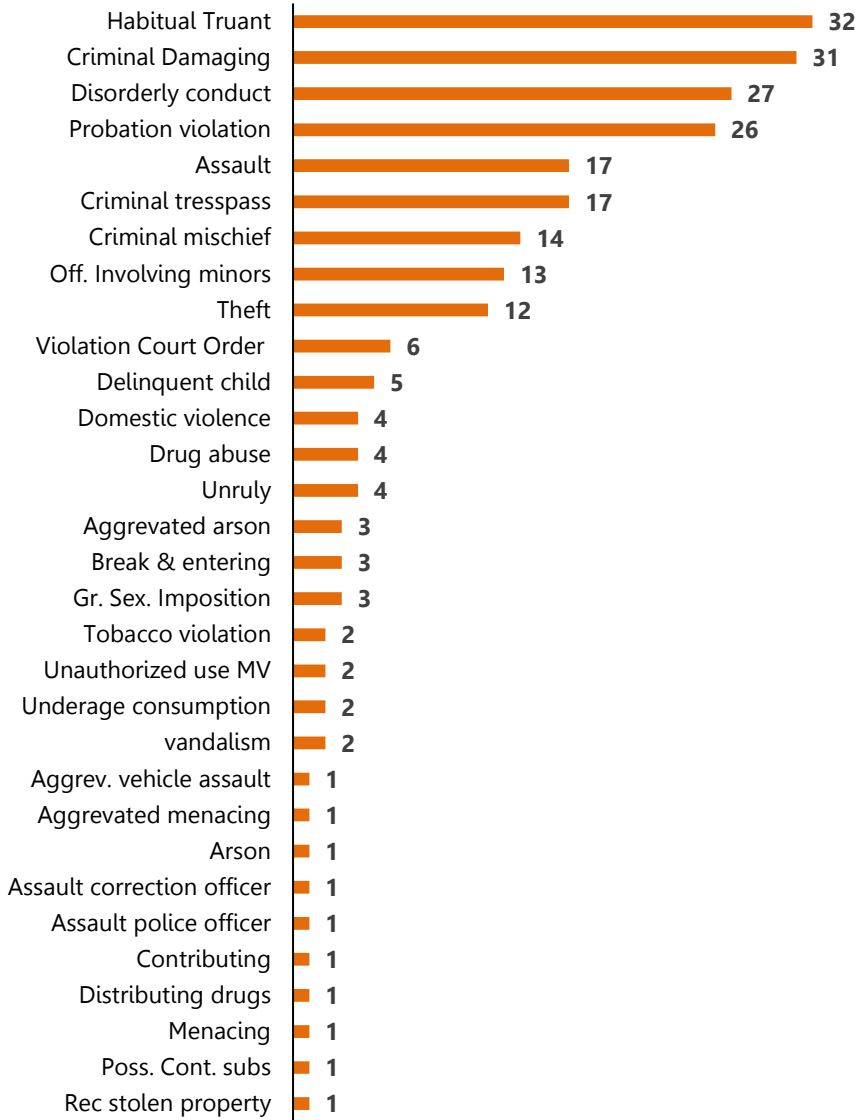
(Source for graphs: Statewide Automated Child Welfare Information System, as compiled by Williams County Health Partners)

Williams County Juvenile Division Data

The following graphs show charges against delinquent youth, as well as youth delinquency cases by age, sex, and city. Youth delinquency cases are defined by any child under the age of 18 who violates any state or federal law or any local ordinance or regulation which violation would be a crime if committed by an adult.

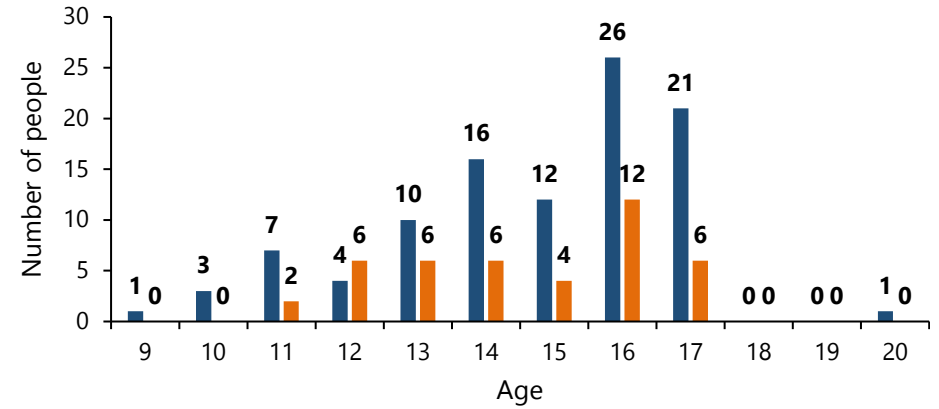
Charges Against Delinquent Youth (2021)

Number of people

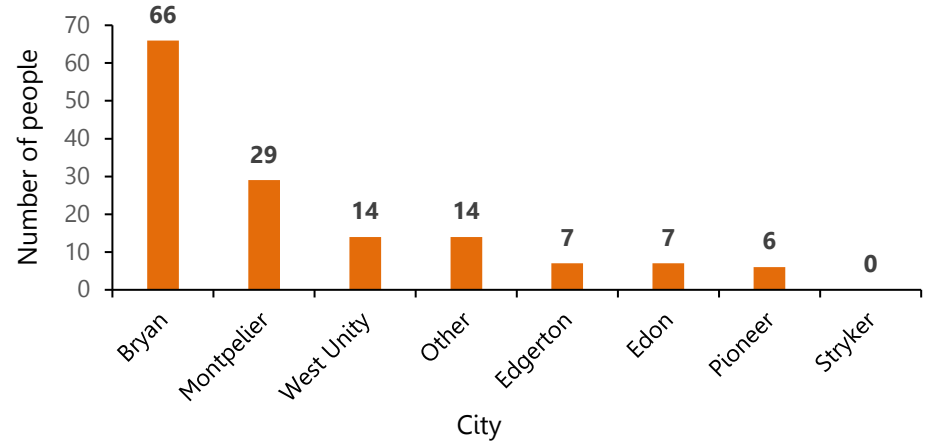


Youth Delinquency Cases by Age and Sex (2021)

Male Female



Youth Delinquency Cases by City (2021)

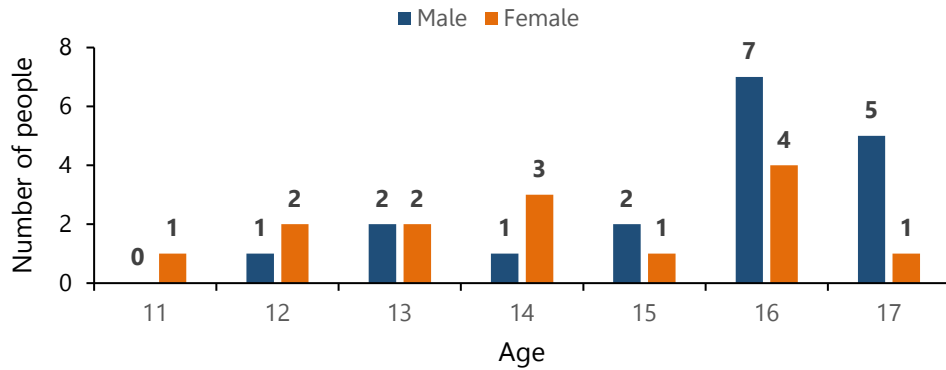


(Source for graphs: Williams County Common Pleas Court Juvenile Division 2021 Annual Report, as compiled by Williams County Health Partners)

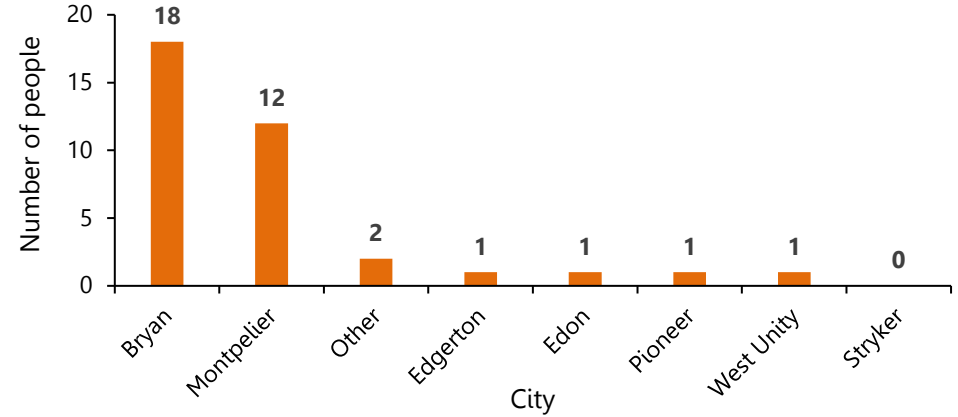
Williams County Juvenile Division Data, continued

The following graphs show unruly cases from juvenile delinquents by age and sex, as well as city. This data includes any child who violates a law applicable only to a child; which includes a child who is habitually truant from school and who previously has not been adjudicated an unruly child for being a habitual truant; a child who is not under the reasonable control of the child's parents, guardian or custodian by reason of being habitually disobedient or a child who engages in other conduct is an unruly child.

Unruly Cases from Juvenile Delinquents by Age and Sex (2021)

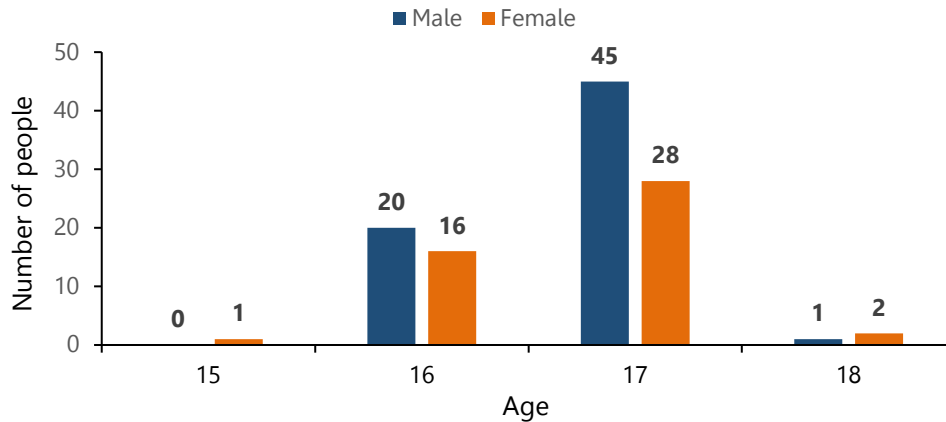


Unruly Cases from Juvenile Delinquents by City (2021)

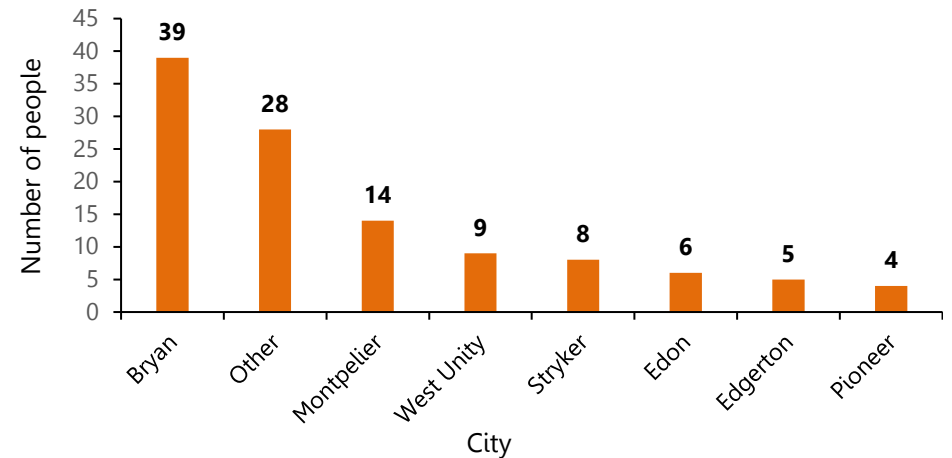


The following graphs show unruly cases from juvenile delinquents by age and sex, and city. This data includes data for any child who violates any traffic law, traffic ordinance or traffic regulation of the state or local political subdivision is a juvenile traffic offender.

Juvenile Traffic Cases by Age and Sex (2021)



Juvenile Traffic Cases by City (2021)

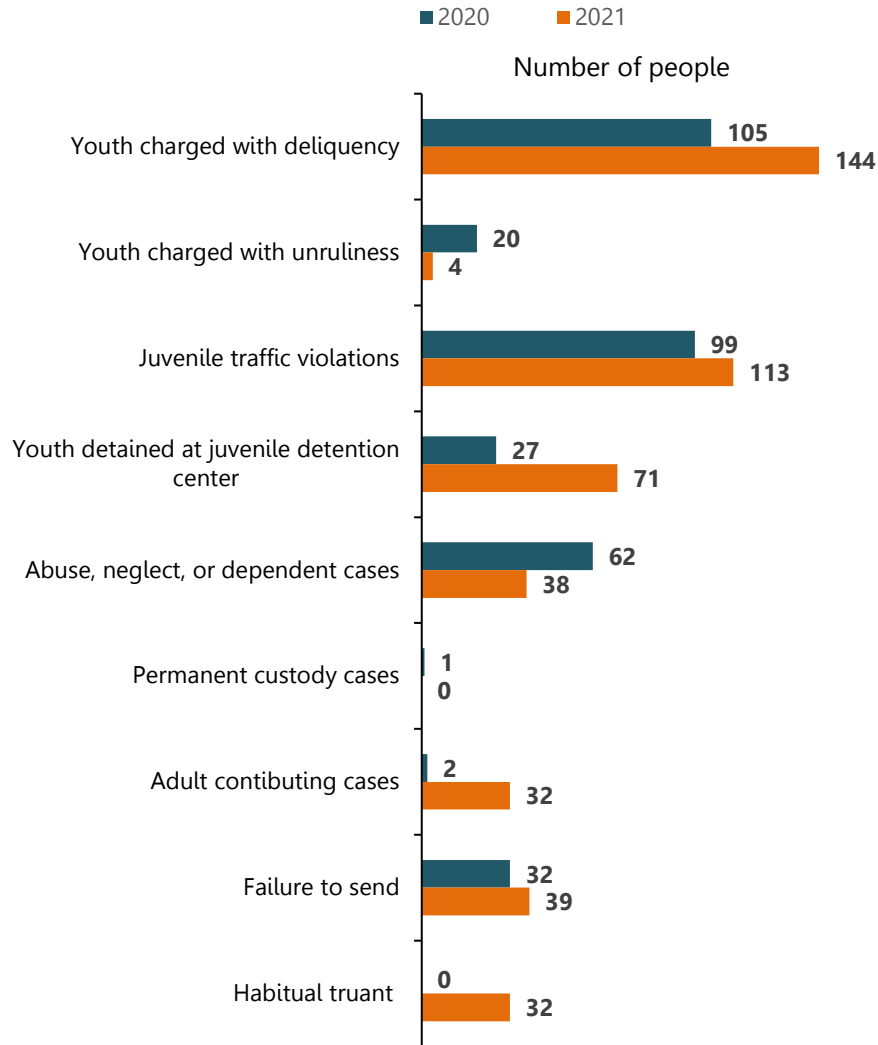


(Source for graphs: Williams County Common Pleas Court Juvenile Division 2021 Annual Report, as compiled by Williams County Health Partners)

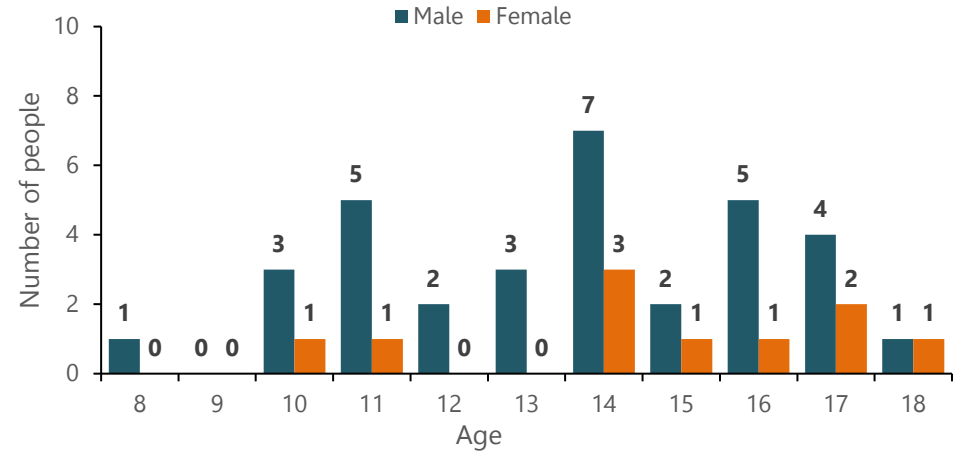
Williams County Juvenile Division Data, continued

The following graphs show juvenile detention charge trends, as well as juvenile diversion by age, sex, and city. For juvenile detention charges, failure to send charges is defined as no parent, guardian or other person having care of a child of compulsory school age who violates any provision of the Ohio Revised Code regarding school attendance. Truancy cases are defined by the act of staying away from school without a good reason; absenteeism. Juvenile diversion uses programming, supervision, and support as ways to redirect youth. The program reduces recidivism rates, reduces court costs and provides necessary services and resources to youth and their families. The purpose of this program is to provide one-time visit with the diversion officer that is educational and involves the entire family to assist in finding solutions to presenting issues.

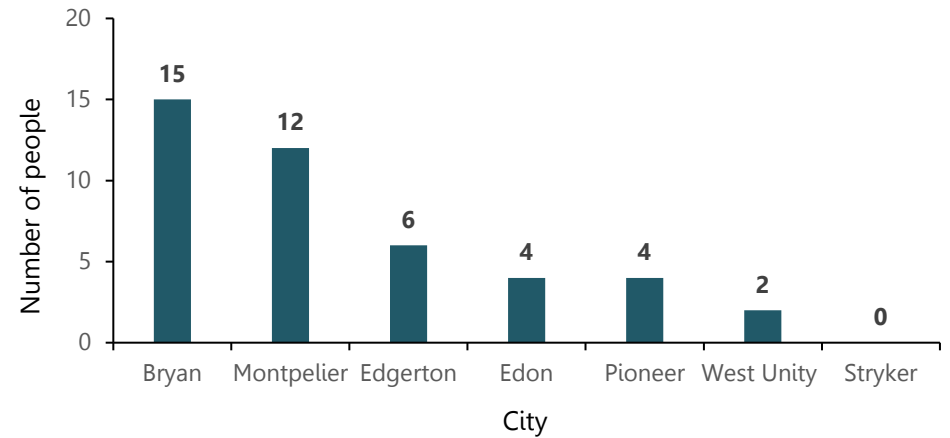
Juvenile Detention Charges (2020-2021)



Juvenile Diversion by Age and Sex (2021)



Juvenile Diversion by City (2021)



(Source for graphs: Williams County Common Pleas Court Juvenile Division 2021 Annual Report, as compiled by Williams County Health Partners)

Youth Health: Violence

Key Findings

Seven percent (7%) 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. Twelve percent (12%) of youth felt threatened or unsafe in their home in the past year. More than two-fifths (42%) of youth had been bullied in the past year.

Violence-Related Behaviors

- In the past year, seven percent (7%) of youth were threatened or injured with a weapon on school property, including 4% who were threatened or injured with a weapon two or more times on school property in the past year.
- Seven percent (7%) 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.
- Twelve percent (12%) of youth felt threatened or unsafe in their home in the past year.

237 youth had been threatened or injured with a weapon on school property in the past year.

Physical and Sexual Violence

- One percent (1%) of youth reported a boyfriend or girlfriend hit, slapped, or physically hurt them on purpose in the past 12 months.
- In the past year, 3% of youth reported a parent or caregiver had ever hit, slapped or physically hurt them on purpose.
- Twelve percent (12%) of youth reported another teen/student hit, slapped, or physically hurt them on purpose in the past 12 months.
- One percent (1%) of youth reported another adult hit, slapped, or physically hurt them on purpose in the past 12 months.
- Williams County youth reported they purposely hurt themselves in their lifetime by the following ways:
 - scratching (18%)
 - cutting (15%)
 - hitting (13%)
 - biting (10%)
 - burning (5%)
 - self-embedding (4%)

Bullying

- More than two out of five (42%) youth had been bullied in the past year. The following types of bullying were reported:
 - 32% of youth were verbally bullied (teased, taunted, or called harmful names)
 - 22% youth were indirectly bullied (spread mean rumors about them or kept them out of a “group”)
 - 13% of youth were cyber bullied (teased, taunted, or threatened through texting or social media)
 - 6% of youth were physically bullied (were hit, kicked, punched or people took their belongings)
 - 4% 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)

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	32%	25%	39%	34%	33%	27%	35%	30%
Indirectly Bullied	22%	14%	29%	20%	25%	15%	20%	23%
Cyber Bullied	13%	9%	16%	13%	14%	9%	13%	12%
Physically Bullied	6%	6%	5%	4%	7%	3%	5%	6%
Sexually Bullied	4%	1%	7%	2%	5%	3%	3%	4%

The table below indicates correlations between those who were bullied in the past 12 months and participating in risky behaviors, as well as other activities and experiences. An example of how to interpret the information includes: 15% of youth who were bullied attempted suicide in the past 12 months, compared to 3% of youth who were not bullied.

Behaviors of Williams County Youth Bullied vs. Non-Bullied*

Youth Behaviors	Bullied	Non-Bullied
Currently participate in extracurricular activities	88%	89%
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	47%	18%
Experienced 3 or more adverse childhood experiences (ACEs) (in their lifetime)**	43%	21%
Contemplated suicide (in the past 12 months)	23%	8%
Attempted suicide (in the past 12 months)	15%	3%
Had at least one drink of alcohol (in the past 30 days)	10%	7%
Used marijuana (in the past 30 days)	9%	7%
Used prescription drugs not prescribed to them (in the past 30 days)	6%	1%
Smoked cigarettes (in the past 30 days)	2%	3%

*“Bullied” indicate youth who self-reported being bullied in the past 12 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.

**“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 2022 (6 th -12 th)	Williams County 2022 (9 th -12 th)	Ohio 2019 (9 th -12 th)	U.S. 2019 (9 th -12 th)
Threatened or injured with a weapon on school property (in the past 12 months)	3%	7%	5%	11%	7%	8%	N/A	7%
Did not go to school because they felt unsafe (at school or on their way to or from school in the past 30 days)	1%	5%	4%	4%	7%	9%	N/A	9%
Bullied (in past year)	50%	47%	47%	43%	42%	41%	N/A	N/A
Electronically bullied (in past year)	8%	13%	12%	9%	13%	12%	13%	16%

N/A – Not available

Bullying

Bullying is widespread in the United States. Bullying negatively impacts all youth involved including those who are bullied, those who bully others, and those who witness bullying, known as bystanders.

Bullying is common:

- About 1 in 5 high school students reported being bullied on school property.
- More than 1 in 6 high school students reported being bullied electronically in the last year.
- Reports of bullying are highest in middle schools (28%) followed by high schools (16%), combined schools (12%), and primary schools (9%).
- Reports of cyberbullying are highest in middle schools (33%) followed by high schools (30%), combined schools (20%), and primary schools (5%).

Some youth experience bullying more than others:

- Nearly 40% of high school students who identify as lesbian, gay, or bisexual and about 33% of those who were not sure of their sexual identity experienced bullying at school or electronically in the last year, compared to 22% of heterosexual high school students.
- About 30% of female high school students experienced bullying at school or electronically in the last year, compared to about 19% of males.
- Nearly 29% of White high school students experienced bullying at school or electronically in the last year compared to about 19% of Hispanic and 18% of Black high school students.

Bullying is a frequent discipline problem.

- Nearly 14% of public schools report that bullying is a discipline problem occurring daily or at least once a week.

Bullying can result in physical injury, social and emotional distress, self-harm, and even death. It also increases the risk for depression, anxiety, sleep difficulties, lower academic achievement, and dropping out of school. Youth who bully others are at increased risk for substance misuse, academic problems, and experiencing violence later in adolescence and adulthood. Youth who bully others and are bullied themselves suffer the most serious consequences and are at greater risk for mental health and behavioral problems.

(Source: CDC, Violence Prevention, Bullying, Updated September 2, 2021)

Appendix I: Health Assessment Information Sources

Source	Data Used	Website
American Academy of Pediatrics, Healthy Children	<ul style="list-style-type: none"> Breastfeeding Benefits 	https://www.healthychildren.org/English/ages-stages/baby/breastfeeding/Pages/Breastfeeding-Benefits-Your-Babys-Immune-System.aspx
American Association of Suicidology	<ul style="list-style-type: none"> Suicide Statistics 	https://suicidology.org/facts-and-statistics/
American Cancer Society	<ul style="list-style-type: none"> 2022 Cancer Facts, Figures, and Estimates 	https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2022.html
	<ul style="list-style-type: none"> Guidelines for the Prevention and Early Detection of Cervical Cancer 	https://www.cancer.org/cancer/cervical-cancer/detection-diagnosis-staging/cervical-cancer-screening-guidelines.html
	<ul style="list-style-type: none"> Key Statistics for Cervical Cancer 	https://www.cancer.org/cancer/cervical-cancer/about/key-statistics.html#:~:text=The%20American%20Cancer%20Society's%20estimates,will%20die%20from%20cervical%20cancer.
America's Health Rankings	<ul style="list-style-type: none"> Teen Suicide in the U.S. Adverse Childhood Experiences 	https://www.americashealthrankings.org/
Asthma and Allergy Foundation of America	<ul style="list-style-type: none"> Asthma Facts and Figures 	https://www.aafa.org/asthma-facts/
Behavioral Risk Factor Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Behavioral Surveillance Branch, Centers for Disease Control	<ul style="list-style-type: none"> 2018 - 2020 Adult Ohio and U.S. Correlating Statistics 	https://www.cdc.gov/brfss/index.html
CDC, Adolescent Mental Health	<ul style="list-style-type: none"> Adolescent Mental Health 	https://www.cdc.gov/healthyyouth/mental-health/index.htm
CDC, Asthma	<ul style="list-style-type: none"> Common Asthma Triggers 	https://www.cdc.gov/asthma/triggers.html
CDC, Breastfeeding	<ul style="list-style-type: none"> Facts about Breastfeeding 	https://www.cdc.gov/breastfeeding/data/facts.html
CDC, Breast Cancer	<ul style="list-style-type: none"> What Can I do to Reduce My Risk of Breast Cancer? 	https://www.cdc.gov/cancer/breast/basic_info/prevention.htm
CDC, Cardiovascular Disease	<ul style="list-style-type: none"> Cardiovascular Diseases: The Silent Killer 	https://www.cdc.gov/globalhealth/healthprotection/ncd/cardiovascular-diseases.html
CDC, Chronic Disease	<ul style="list-style-type: none"> Chronic Diseases in America 	https://www.cdc.gov/chronicdisease/resources/infographic/chronic-diseases.htm

Source	Data Used	Website
CDC, Diabetes	<ul style="list-style-type: none"> Diabetes Fast Facts 	https://www.cdc.gov/diabetes/basics/quick-facts.html
CDC, Heart Disease	<ul style="list-style-type: none"> Heart Disease Risk Factors 	www.cdc.gov/heartdisease/risk_factors.htm
CDC, Mold	<ul style="list-style-type: none"> Facts About Mold and Dampness 	https://www.cdc.gov/mold/dampness_facts.htm
CDC, National Center for Health Statistics	<ul style="list-style-type: none"> Women's Health 	https://www.cdc.gov/nchs/fastats/womens-health.htm
	<ul style="list-style-type: none"> Men's Health 	https://www.cdc.gov/nchs/fastats/mens-health.htm
	<ul style="list-style-type: none"> Contraceptive Use 	https://www.cdc.gov/nchs/fastats/contraceptive.htm
CDC, Oral Health	<ul style="list-style-type: none"> Adult Oral Health 	https://www.cdc.gov/oralhealth/basics/index.html
CDC, Overweight & Obesity	<ul style="list-style-type: none"> Adult Obesity Facts 	https://www.cdc.gov/obesity/data/adult.html
CDC, Physical Activity	<ul style="list-style-type: none"> Physical Activity Facts 	https://www.cdc.gov/physicalactivity/basics/index.htm
CDC, Prostate Cancer	<ul style="list-style-type: none"> Prostate Cancer Awareness 	https://www.cdc.gov/cancer/prostate/index.htm
CDC, Sexual Violence	<ul style="list-style-type: none"> Preventing Sexual Violence 	https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html
CDC, Smoking and Tobacco Use	<ul style="list-style-type: none"> Health Effects of Cigarette Smoking 	https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/effects_cig_smoking/index.htm
CDC, Teen Marijuana Use	<ul style="list-style-type: none"> Marijuana and Public Health, Teens 	https://www.cdc.gov/marijuana/health-effects/teens.html#:~:text=Marijuana%20use%20might%20have%20permanent,with%20regular%20or%20heavy%20use.&text=Compared%20with%20teens%20who%20do,not%20get%20a%20college%20degree.
CDC, Underage Drinking	<ul style="list-style-type: none"> Alcohol and Public Health, Underage Drinking 	https://www.cdc.gov/alcohol/fact-sheets/underage-drinking.htm#:~:text=Underage%20drinking%20is%20a%20significant,under%20age%2021%20each%20year.&text=Underage%20drinking%20cost%20the%20U.S.%20%2424%20billion%20in%202010.
CDC, Vaccines	<ul style="list-style-type: none"> Recommended Adult Immunization Schedule 	https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf
CDC, Violence Prevention	<ul style="list-style-type: none"> Adverse Childhood Experiences (ACE) 	https://www.cdc.gov/violenceprevention/acestudy/
	<ul style="list-style-type: none"> Bullying 	https://www.cdc.gov/violenceprevention/youthviolence/bullyingresearch/fastfact.html

Source	Data Used	Website
CDC, Wonder	<ul style="list-style-type: none"> About Underlying Cause of Death, 2017-2019 U.S. age-adjusted mortality rates 	http://wonder.cdc.gov/ucd-icd10.html
CDC, Youth Vaping	<ul style="list-style-type: none"> Flavors and Marketing Make E-Cigarettes Appealing to Youth 	https://www.cdc.gov/tobacco/basic_information/e-cigarettes/Quick-Facts-on-the-Risks-of-E-cigarettes-for-Kids-Teens-and-Young-Adults.html#:~:text=The%20use%20of%20e%2Dcigarettes,the%20early%20to%20mid%2D20s.&text=E%2Dcigarettes%20can%20contain%20other%20harmful%20substances%20besides%20nicotine.
CDC, Youth Weight, Nutrition, and Physical Activity	<ul style="list-style-type: none"> Healthy Weight, Nutrition, and Physical Activity: Tips for Parents 	https://www.cdc.gov/healthyweight/children/index.html
County Health Rankings	<ul style="list-style-type: none"> USDA Food Environment Atlas Fatality Analysis Reporting System Health Outcomes & Factors 	http://www.countyhealthrankings.org
Healthy People 2030: U.S. Department of Health & Human Services	<ul style="list-style-type: none"> Access to Health Services All Healthy People 2030 Target Data Points Predictors of Access to Health Care Social Determinants of Health Some U.S. Baseline Statistics 	http://health.gov/healthypeople
The Henry Kaiser Family Foundation	<ul style="list-style-type: none"> Key Facts about the Uninsured Population 	https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/
	<ul style="list-style-type: none"> Impact of COVID-19 	https://www.kff.org/coronavirus-covid-19/poll-finding/kff-covid-19-vaccine-monitor-pandemic-two-years/
Ohio Automated Rx Reporting System (OARRS)	<ul style="list-style-type: none"> Williams County Number of Opiate and Pain Reliever Doses Per Patient Ohio Number of Opiate and Pain Reliever Doses Per Patient What is OARRS? 	https://www.ohiopmp.gov/Reports.aspx

Source	Data Used	Website
Ohio Department of Health, Information Warehouse	<ul style="list-style-type: none"> Williams County and Ohio Birth Statistics 	https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/OhioLiveBirths
	<ul style="list-style-type: none"> Incidence of Cancer 	https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/StateLayoutLockdownCancers
Ohio Department of Health, STD Surveillance Data	<ul style="list-style-type: none"> Williams County and Ohio Chlamydia and Gonorrhea Disease Rates Williams County Chlamydia and Gonorrhea Cases 	www.odh.ohio.gov/odhprograms/stdsur/stdsur1.aspx
Ohio Department of Health, Violence and Injury Prevention	<ul style="list-style-type: none"> 2020 Ohio Drug Overdose Report 	https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/violence-injury-prevention-program/media/2020+ohio+drug+overdose+report
Ohio Department of Job and Family Services	<ul style="list-style-type: none"> Ohio Civilian Labor Force Estimates 	https://ohiolmi.com/_docs/LAUS/OhioCivilianLaborForceEstimates.pdf
Ohio Department of Public Safety	<ul style="list-style-type: none"> Crash Reports, Traffic Crash Facts 	https://ohtrafficdata.dps.ohio.gov/crashstatistics/home
Ohio State University, Women's Health Screenings	<ul style="list-style-type: none"> Cancer Screening Recommendations for Women 	https://health.osu.edu/wellness/prevention/health-screenings-by-age
Stanford Children's Health	<ul style="list-style-type: none"> How to Increase Your School-Aged Child's Social Ability 	https://www.stanfordchildrens.org/en/topic/default?id=the-growing-child-school-age-6-to-12-years-90-P02278
Substance Abuse and Mental Health Services Administration, Youth Prescription Drug Misuse and Abuse	<ul style="list-style-type: none"> Rise in Prescription Drug Misuse and Abuse Impacting Teens 	https://www.samhsa.gov/homelessn-ess-programs-resources/hpr-resources/rise-prescription-drug-misuse-abuse-impacting-teens
U. S. Department of Commerce, Census Bureau; Bureau of Economic Analysis	<ul style="list-style-type: none"> American Community Survey 5-year estimate, 2020 	https://www.census.gov/programs-surveys/acs/
	<ul style="list-style-type: none"> Federal Poverty Thresholds 	https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html
	<ul style="list-style-type: none"> Small Area Income and Poverty Estimates 	https://www.census.gov/data/datasets/2020/demo/saipe/2020-state-and-county.html
U. S. Department of Commerce, Bureau of Economic Analysis	<ul style="list-style-type: none"> GDP & Personal Income 	https://apps.bea.gov/iTable/index_regional.cfm
U.S. Department of Health and Human Services, Physical Activity Guidelines for Americans	<ul style="list-style-type: none"> Youth Physical Activity Guidelines for Americans 2nd Edition 	https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf

Source	Data Used	Website
Youth Risk Behavior Surveillance System, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, CDC	<ul style="list-style-type: none"> <li data-bbox="597 247 945 310">• 2019 youth Ohio and U.S. correlating statistics 	https://www.cdc.gov/healthyyouth/data/yrbs/results.htm

Appendix II: Acronyms and Terms

AHS	Access to Health Services , Topic of Healthy People 2020 objectives
Adult	Defined as 19 years of age and older.
Age-Adjusted Mortality Rates	Death rate per 100,000 adjusted for the age distribution of the population.
Adult Binge Drinking	Consumption of five alcoholic beverages or more (for males) or four or more alcoholic beverages (for females) on one occasion.
AOCBC	Arthritis, Osteoporosis, and Chronic Back Conditions
BMI	Body Mass Index is defined as the contrasting measurement/relationship of weight to height.
BRFSS	Behavior Risk Factor Surveillance System , an adult survey conducted by the CDC.
CDC	Centers for Disease Control and Prevention
CHWC	Community Hospitals and Wellness Centers
Current Smoker	Individual who has smoked at least 100 cigarettes in their lifetime and now smokes daily or on some days.
HCNO	Hospital Council of Northwest Ohio
HDS	Heart Disease and Stroke , Topic of Healthy People 2020 objectives.
HP 2030	Healthy People 2030 , a comprehensive set of health objectives published by the Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services.
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 2020: U.S. Census data consider race and Hispanic origin separately. Census 2020 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 2020 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 2022 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 2022 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 2022 Williams County Survey and the 2020 Census estimates.

	2022 Williams Survey		2020 Census		Weight
	<u>Sex</u>	<u>Number</u>	<u>Percent</u>	<u>Number</u>	
Male	160	56.73759%	18,202	49.51578	0.872716
Female	122	43.26241%	18,558	50.48422	1.166930

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) (49.51578%) and dividing that by the percent found in the 2022 Williams County sample (56.73759%) [$49.51578 / 56.73759 =$ weighting of 0.872716 for males]. The same was done for females [$50.48422 / 43.26241 =$ weighting of 1.166930 for females]. Thus, males' responses are weighted less by a factor of 0.872716 and females' responses weighted heavier by a factor of 1.166930.

This same thing was done for each of the 19 specific categories as described above. For example, a respondent who was female, White, in the age category 35-44, and with a household income in the \$50-\$75k category would have an individual weighting of 1.93027 [1.16693 (weight for females) \times 0.97652 (weight for White) \times 1.69518 (weight for age 35-44) \times 0.99926 (weight for income \$50-\$75k)]. Thus, each individual in the 2022 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 28.0) 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 2020 Census*	%	Weighting Value
Sex:					
Male	160	56.73759	18,202	49.51578	0.872716
Female	122	43.26241	18,558	50.48422	1.166930
Age:					
20 to 34 years	25	8.89680	6,436	23.32983	2.62227
35 to 44 years	26	9.25267	4,327	15.68492	1.69518
45 to 54 years	49	17.43772	4,381	15.88067	0.91071
55 to 59 years	19	6.76157	2,819	10.21858	1.51127
60 to 64 years	41	14.59075	2,716	9.84522	0.67476
65 to 74 years	77	27.40214	3,776	13.68761	0.49951
75 to 84 years	39	13.87900	2,243	8.13064	0.58582
85+ years	5	1.77936	899	3.25878	1.83144
Race:					
White	264	94.62366	33,967	92.40207	0.97652
Non-White	15	5.37634	2,793	7.59793	1.41322
Household Income:					
Less than \$25,000	47	18.72510	2,712	17.76497	0.94872
\$25,000 to \$34,999	34	13.54582	2,049	13.42198	0.99086
\$35,000 to \$49,999	44	17.52988	2,313	15.15132	0.86431
\$50,000 to \$74,999	58	23.10757	3,525	23.09053	0.99926
\$75,000 to \$99,999	32	12.74900	2,240	14.67313	1.15092
\$100,000 to \$149,999	20	7.96813	1,589	10.40875	1.30630
\$150,000 or more	16	6.37450	838	5.48932	0.86114

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 2020 Census.

Appendix IV: School Participation

The following schools were randomly chosen and agreed to participate in the 2022 Williams County Health Assessment:

Bryan City Schools

Bryan MS

Bryan HS

Edgerton Local Schools

Edgerton Jr./Sr. HS

Edon-Northwest Local Schools

Edon Elementary School

Edon Jr./Sr. HS

Millcreek-West Unity Local Schools

Hilltop JR/HS

Appendix V: Williams County Sample Demographic Profile*

Adult Variable	2022 Adult Survey Sample	Williams County Census 2020 (5-year estimate)
Age		
20-29	10.3%	11.3%
30-39	19.7%	12.6%
40-49	12.2%	11.1%
50-59	20.5%	15.1%
60 plus	34.1%	26.2%
Race/Ethnicity		
White	90.5%	94.5%
Black or African American	0.0%	1.1%
American Indian and Alaska Native	0.9%	0.2%
Asian	1.3%	0.6%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%
Some other race	3.8%	1.1%
Marital Status†		
Married Couple	62.0%	50.4%
Never been married/member of an unmarried couple	14.8%	27.2%
Divorced/Separated	12.9%	13.8%
Widowed	7.1%	8.6%
Education†		
Less than High School Diploma	3.5%	14.5%
High School Diploma	28.6%	51.4%
Some college/College graduate	67.9%	34.1%
Income (Families)		
\$14,999 and less	6.3%	5.3%
\$15,000 to \$24,999	8.2%	5.1%
\$25,000 to \$49,999	25.2%	22.0%
\$50,000 to \$74,999	19.5%	26.2%
\$75,000 or more	29.3%	41.3%

* 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 PROFILE

(Source: U.S. Census Bureau, 2020)
2020 ACS 5-year estimates

General Demographic Characteristics

	Number	Percent (%)
Total Population		
2020 Total Population	36,760	100%
Largest City – Bryan City		
2020 Total Population	8,243	100%
Population by Race/Ethnicity		
Total Population	36,760	100%
White	35,607	96.9%
Black or African American	805	2.2%
American Indian and Alaska Native	322	0.9%
Asian	278	0.8%
Native Hawaiian and Other Pacific Islander	18	0.0%
Some other race	779	2.1%
<i>*Race alone or in combination with one or more races.</i>		
Population by Age		
Under 5 years	2,139	5.8%
5 to 19 years	7,024	19.1%
20 to 24 years	1,997	5.4%
25 to 44 years	8,766	23.9%
45 to 64 years	9,916	27.0%
65 years and more	6,918	18.8%
Median age (years)	41.4	N/A
Household by Type		
Total households	15,266	100%
Total families	9,671	63.3%
Households with children <18 years	4,033	26.4%
Married-couple family household	7,244	47.5%
Married-couple family household with children <18 years	2,786	18.2%
Female householder, no husband present	1,530	10.0%
Female householder, no husband present with children <18 years	683	4.5%
Nonfamily household (single person)	5,595	36.7%
Nonfamily household (single person) living alone	N/A	85.2%
Nonfamily household (single person) 65 years and >	N/A	40.5%
Households with one or more people <18 years	N/A	29.4%
Households with one or more people 60 years and >	N/A	43.7%
Average household size	2.34 people	N/A
Average family size	2.91 people	N/A

General Demographic Characteristics, Continued

	Number	Percent (%)
<i>Housing Occupancy</i>		
Median value of owner-occupied units	\$108,000	N/A
Median monthly owner costs for housing units with a mortgage	\$1,030	N/A
Median monthly owner costs for housing units without a mortgage	\$392	N/A
Median value of occupied units paying rent	\$693	N/A
Median rooms per total housing unit	6.2	N/A
Total occupied housing units	15,266	100%
No telephone service available	240	1.6%
Lacking complete kitchen facilities	50	0.3%
Lacking complete plumbing facilities	68	0.4%
<i>Language Spoken at Home</i>		
Population 5 years and over	34,621	N/A
Speak only English	33,680	97.3%
Speak a language other than English	941	2.7%
Spanish	565	1.6%
Other Indo-European languages	176	0.5%
Asian and Pacific Island languages	14	0.0%
Other languages	0	0.0%

Selected Social Characteristics

	Number	Percent (%)
<i>School Enrollment</i>		
Population 3 years and over enrolled in school	7,911	100%
Nursery & preschool	496	6.3%
Kindergarten	423	5.3%
Elementary School (Grades 1-8)	3,721	47.0%
High School (Grades 9-12)	2,009	25.4%
College or Graduate School	1,262	16.0%
<i>Educational Attainment</i>		
Population 25 years and over	25,600	100%
< 9 th grade education	426	1.7%
9 th to 12 th grade, no diploma	1,771	6.9%
High school graduate (includes equivalency)	10,833	42.3%
Some college, no degree	5,997	23.4%
Associate degree	2,711	10.6%
Bachelor's degree	2,517	9.8%
Graduate or professional degree	1,345	5.3%
Percent high school graduate or higher	23,403	91.4%
Percent Bachelor's degree or higher	3,862	15.1%

Selected Social Characteristics, Continued

	Number	Percent (%)
<i>Marital Status</i>		
Population 15 years and over	29,944	100%
Never married	N/A	27.2%
Now married, excluding separated	N/A	50.4%
Separated	N/A	1.0%
Widowed	N/A	8.6%
Widowed females	N/A	12.7%
Divorced	N/A	12.8%
Divorced females	N/A	13.2%
<i>Veteran Status</i>		
Civilian population 18 years and over	28,386	100%
Veterans 18 years and over	2,210	7.8%
<i>Disability Status of the Civilian Non-Institutionalized Population</i>		
Total civilian noninstitutionalized population	35,807	100%
Civilian with a disability	6,009	16.8%
Under 18 years	8,343	100%
Under 18 years with a disability	481	5.8%
18 to 64 years	20,862	100%
18 to 64 years with a disability	2,929	14.0%
65 Years and over	6,602	100%
65 Years and over with a disability	2,599	39.4%

Selected Economic Characteristics

	Number	Percent (%)
<i>Employment Status</i>		
Population 16 years and over	29,332	100%
16 years and over in labor force	18,308	62.4%
16 years and over not in labor force	11,024	37.6%
Females 16 years and over	14,884	100%
Females 16 years and over in labor force	8,677	58.3%
Population living with own children <6 years	2,407	100%
All parents in family in labor force	1,585	65.8%
<i>Class of Worker</i>		
Civilian employed population 16 years and over	17,602	100%
Private wage and salary workers	14,761	83.9%
Government workers	1,869	10.6%
Self-employed workers in own not incorporated business	949	5.4%
Unpaid family workers	23	0.1%
<i>Occupations</i>		
Employed civilian population 16 years and over	17,602	100%
Management, business, science, and arts occupations	4,757	27.0%
Service occupations	2,747	15.6%
Sales and office occupations	3,324	18.9%
Natural resources, construction, and maintenance occupations	1,376	7.8%
Production, transportation, and material moving occupations	5,398	30.7%

Selected Economic Characteristics, Continued

	Number	Percent (%)
<i>Leading Industries</i>		
Employed civilian population 16 years and over	17,602	100%
Agriculture, forestry, fishing and hunting, and mining	266	1.5%
Construction	769	4.4%
Manufacturing	5,694	32.3%
Wholesale trade	432	2.5%
Retail trade	1,999	11.4%
Transportation and warehousing, and utilities	864	4.9%
Information	173	1.0%
Finance and insurance, and real estate and rental and leasing	509	2.9%
Professional, scientific, and management, and administrative and waste management services	984	5.6%
Educational services, and health care and social assistance	3,396	19.3%
Arts, entertainment, and recreation, and accommodation and food services	1,300	7.4%
Other services, except public administration	624	3.5%
Public administration	592	3.4%
<i>Income In 2020</i>		
Households	15,266	100%
< \$10,000	564	3.7%
\$10,000 to \$14,999	576	3.8%
\$15,000 to \$24,999	1,572	10.3%
\$25,000 to \$34,999	2,049	13.4%
\$35,000 to \$49,999	2,313	15.2%
\$50,000 to \$74,999	3,525	23.1%
\$75,000 to \$99,999	2,240	14.7%
\$100,000 to \$149,999	1,589	10.4%
\$150,000 to \$199,999	541	3.5%
\$200,000 or more	297	1.9%
Median household income	<i>\$52,855</i>	N/A
<i>Income in 2020</i>		
Families	9,671	100%
< \$10,000	364	3.8%
\$10,000 to \$14,999	146	1.5%
\$15,000 to \$24,999	491	5.1%
\$25,000 to \$34,999	867	9.0%
\$35,000 to \$49,999	1,262	13.0%
\$50,000 to \$74,999	2,536	26.2%
\$75,000 to \$99,999	1,861	19.2%
\$100,000 to \$149,999	1,412	14.6%
\$150,000 to \$199,999	505	5.2%
\$200,000 or more	227	2.3%
Median family income	<i>\$64,978</i>	N/A
Per capita income in 2020	<i>\$27,395</i>	N/A

Selected Economic Characteristics, Continued

	Number	Percent (%)
Poverty Status in 2020		
Families	N/A	8.4%
All People	N/A	11.0%

(Source: U.S. Census Bureau, 2020)

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

	Income	Rank of Ohio Counties
BEA Per Capita Personal Income 2020	\$46,040	50 th of 88 counties
BEA Per Capita Personal Income 2019	\$42,965	44 th of 88 counties
BEA Per Capita Personal Income 2018	\$41,256	47 th of 88 counties
BEA Per Capita Personal Income 2017	\$39,830	47 th of 88 counties
BEA Per Capita Personal Income 2016	\$38,969	44 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

Employment Statistics: February 2022

Category	Williams County	Ohio
Labor Force	18,400	5,755,100
Employed	17,700	5,481,200
Unemployed	700	273,900
Unemployment Rate* in February 2022	3.8	4.8
Unemployment Rate* in January 2022	4.1	4.8
Unemployment Rate* in February 2021	5.2	6.5

*Rate equals unemployment divided by labor force.

(Source: Ohio Department of Job and Family Services, February 2022, <https://ohiolmi.com/docs/LAUS/OhioCivilianLaborForceEstimates.pdf>)

Estimated Poverty Status in 2020

Age Groups	Number	90% Lower Confidence Interval	90% Upper Confidence Interval	Percent	90% Lower Confidence Interval	90% Upper Confidence Interval
Williams County						
All ages in poverty	3,667	2,971	4,363	10.3	8.3	12.3
Ages 0-17 in poverty	1,206	932	1,480	15.2	11.7	18.7
Ages 5-17 in families in poverty	811	611	1,011	14.0	10.5	17.5
Median household income	\$52,458	\$45,297	\$59,619			
Ohio						
All ages in poverty	1,428,219	1,398,807	1,457,631	12.6	12.3	12.9
Ages 0-17 in poverty	417,333	400,878	433,788	16.6	15.9	17.3
Ages 5-17 in families in poverty	281,878	267,654	296,102	15.3	14.5	16.1
Median household income	\$60,360	\$59,900	\$60,820			
United States						
All ages in poverty	38,371,394	38,309,115	38,433,673	11.9	11.9	11.9
Ages 0-17 in poverty	11,204,423	11,176,652	11,232,194	15.7	15.7	15.7
Ages 5-17 in families in poverty	7,798,566	7,778,138	7,818,994	14.9	14.9	14.9
Median household income	\$67,340	\$67,251	\$67,429			

Source: U.S. Census Bureau, 2020 Poverty and Median Income Estimates, <https://www.census.gov/data/datasets/2020/demo/saipe/2020-state-and-county.html>

Federal Poverty Thresholds in 2021 by Size of Family and Number of Related Children Under 18 Years of Age

Size of Family Unit	No Children	One Child	Two Children	Three Children	Four Children	Five Children
1 Person <65 years	\$14,097					
1 Person 65 and >	\$12,996					
2 people Householder < 65 years	\$18,145	\$18,677				
2 People Householder 65 and >	\$16,379	\$18,606				
3 People	\$21,196	\$21,811	\$21,831			
4 People	\$27,949	\$28,406	\$27,479	\$27,575		
5 People	\$33,705	\$34,195	\$33,148	\$32,338	\$31,843	
6 People	\$38,767	\$38,921	\$38,119	\$37,350	\$36,207	\$35,529
7 People	\$44,606	\$44,885	\$43,925	\$43,255	\$42,009	\$40,554
8 People	\$49,888	\$50,329	\$49,423	\$48,629	\$47,503	\$46,073
9 People or >	\$60,012	\$60,303	\$59,501	\$58,828	\$57,722	\$56,201

Source: U. S. Census Bureau, Poverty Thresholds 2021, <https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html>

Appendix VII: 2022 County Health Rankings

	Williams County 2022	Ohio 2022	U.S. 2022
Health Outcomes			
Premature death. Years of potential life lost before age 75 per 100,000 population (age-adjusted) (2018-2020)	8,100	8,700	7,300
Overall health. Percentage of adults reporting fair or poor health (age-adjusted) (2019)	20%	18%	17%
Physical health. Average number of physically unhealthy days reported in past 30 days (age-adjusted) (2019)	4.4	4.2	3.9
Mental health. Average number of mentally unhealthy days reported in past 30 days (age-adjusted) (2019)	5.3	5.2	4.5
Maternal and infant health. Percentage of live births with low birthweight (< 2500 grams) (2014-2020)	6%	9%	8%
Health Behaviors			
Tobacco. Percentage of adults who are current smokers (2019)	24%	22%	16%
Obesity. Percentage of adults that report a BMI of 30 or more (2019)	38%	35%	32%
Food environment. Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best) (2019)	7.5	6.8	7.8
Physical inactivity. Percentage of adults aged 20 and over reporting no leisure-time physical activity (2019)	30%	28%	26%
Active living environment. Percentage of population with adequate access to locations for physical activity (2010 & 2021)	51%	77%	80%
Excessive drinking. Percentage of adults reporting binge or heavy drinking (2019)	20%	21%	20%
Drug and alcohol abuse and injury. Percentage of driving deaths with alcohol involvement (2016-2020)	26%	33%	27%
Infectious disease. Number of newly diagnosed chlamydia cases per 100,000 population (2019)	272.5	559.4	551
Sexual and reproductive health. Teen birth rate per 1,000 female population, ages 15-19 (2014-2020)	25	21	19

(Source: 2022 County Health Rankings for Williams County, Ohio, and U.S. data)

	Williams County 2022	Ohio 2022	U.S. 2022
Clinical Care			
Coverage and affordability. Percentage of population under age 65 without health insurance (2019)	8%	8%	11%
Access to health care/medical care. Ratio of population to primary care physicians (2019)	2,160:1	1,290:1	1,310:1
Access to dental care. Ratio of population to dentists (2020)	1,920:1	1,570:1	1,400:1
Access to behavioral health care. Ratio of population to mental health providers (2021)	1,180:1	350:1	350:1
Hospital utilization. Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees (2019)	3,472	4,338	3,767
Mammography screening. Percentage of female Medicare enrollees ages 67-69 that receive mammography screening (2019)	40%	45%	43%
Flu vaccinations. Percentage of Medicare enrollees that had an annual flu vaccination (2019)	49%	51%	48%
Social and Economic Factors			
Education. Percentage of adults ages 25 and over with a high school diploma or equivalent (2016-2020)	91%	91%	89%
Education. Percentage of adults ages 25-44 years with some post-secondary education (2016-2020)	60%	66%	67%
Employment, poverty, and income. Percentage of population ages 16 and older unemployed but seeking work (2020)	7.8%	8.1%	8.1%
Employment, poverty, and income. Percentage of children under age 18 in poverty (2020)	15%	17%	16%
Employment, poverty, and income. Ratio of household income at the 80th percentile to income at the 20th percentile (2016-2020)	3.4	4.6	4.9
Family and social support. Percentage of children that live in a household headed by single parent (2016-2020)	16%	27%	25%
Family and social support. Number of membership associations per 10,000 population (2019)	18.0	10.9	9.2
Violence. Number of reported violent crime offenses per 100,000 population (2014 & 2016)	N/A	293	386
Injury. Number of deaths due to injury per 100,000 population (2016-2020)	101	96	76

(Source: 2022 County Health Rankings for Williams County, Ohio, and U.S. data)
N/A – Data is not available

	Williams County 2022	Ohio 2022	U.S. 2022
Physical Environment			
Air, water, and toxic substances. Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5) (2018)	8.9	9.0	7.5
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 (2020)	Yes	N/A	N/A
Housing. Percentage of households with at least 1-of-4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities (2014-2018)	10%	13%	17%
Transportation. Percentage of the workforce that drives alone to work (2016-2020)	87%	82%	75%
Transportation. Among workers who commute in their car alone, the percentage that commute more than 30 minutes (2016-2020)	18%	31%	37%

*(Source: 2022 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=12)

- Youth depression and suicide (3)
- Obesity rates (2)
- Disparities among income levels
- Suicide rates overall
- Food insecurity
- No youth sexual behavior data
- Youth reporting they didn't have anyone to look up to
- Declining vaping rates among youth
- Low adult response rate
- Great response rate

2. What would you like to see covered in the report next time? (n=8)

- Youth sexual behavior (2)
- Connection between number of ACEs and poor health or coping mechanisms
- More diverse representation (low income, high school education or less)
- Metrics to identify highest area of need and provide largest return on investment
- Crime statistics and comparisons
- Youth/child electronic use
- Subgroup data by communities within Williams County

3. What will you or your organization do with this data? (n=12)

- Program development (3)
- Strategic planning (2)
- Youth awareness and understanding (2)
- Identify ways to increase access, address a broader range of issues in the community, and determine services to enhance wellbeing of the community (2)
- Forecasting trends (e.g., aging population's needs)
- Grant writing
- Understand driving forces within community (e.g., policing)
- Advocate for schools and businesses

4. Based on the Community Health Assessment, what health topics do you see as the most important? Please list 2 or more choices. (n=12)

- Mental health (5)
- Substance use (drugs, alcohol, tobacco, vaping) (4)
- Youth mental health and suicide (2)
- Dental care (2)
- Low income population (health behaviors and health outcomes) (2)
- Obesity (2)
- Cancer screening
- Physical wellness
- Health care availability
- Affordable mental health programs
- Youth substance use (e.g., vaping, marijuana)
- Food insecurity
- Religious service attendance
- Unreported sex crimes

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)

- Mental health agencies/providers – partner with health providers in community (2)
- Job and Family Services (2)
- YMCA/local gyms/youth programming (2)
- Bryan Area Ministerial Association/churches (2)
- Compassion Medical Clinic
- Bryan Community Health Center
- Community Hospitals and Wellness Centers
- Parkview Physicians Group
- Williams County Health District
- ADAMhs Board
- Shalom
- Recovery Services
- Substance use agencies
- Schools
- Ohio State Extension
- Williams County Community Gardeners

6. What are some barriers that your community or organization may face regarding the issues you identified? (n=11)

- Funding/sustainability (3)
- Capacity/human resources/workforce shortage (3)
- Perception/self-image of youth (2)
- Time commitment to participate in planning
- Trust with public health
- Need for case management for clients to address all needs
- Transportation
- Confidentiality
- Accessibility/availability of physical activity opportunities for youth and adults
- Stigma/peer pressure
- Accessibility to healthy foods

7. In your opinion, what is the best way to communicate the information from the Community Health Assessment to the rest of the public? (n=12)

- Social media (e.g., Facebook - Citizens for a Better Williams County) (8)
- Website access/online (4)
- Presentations/webinars/seminars/town hall (3)
- Radio (e.g., WBNO) (3)
- QR codes (2)
- Emails to organizations/groups to forward out (2)
- Schools (2)
- Health care provider/doctor offices (2)
- Public events – specifically within underserved populations
- Public service announcements
- Health District sharing key takeaways and solutions using various platforms
- Targeted mailing campaign
- Billboards – simple, impactful messaging

8. Other comments or concerns: (n=0)

- None noted